

# What We Heard

Coming Together to  
Improve Health and Wellness  
on the West Side

JULY 2017 UPDATE





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**Rush University Medical Center**  
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**Cook County Health and Hospitals System**  
**Presence Health**  
 with support from **Civic Consulting Alliance**

## West Side Total Health Collaborative Timeline



# Dear Colleagues,

On January 10, 2017, stakeholders from various sectors and organizations who work, live, and congregate on the West Side of Chicago came together for an initial conversation to discuss the idea of a West Side Total Health Collaborative. The notion is simple: bring together a diverse group of stakeholders to address health and other inequities on the West Side. However, we humbly recognize that elevating equity and closing the health disparity gap is no small feat. For this very reason, we invited a broad collective of residents, healthcare providers, educators, government leaders, businesses, grant makers, community-based organizations, members of the faith community, and others to come together to hear from one another on how to make the West Side Total Health Collaborative a reality.

This report is an acknowledgment of what we heard at the January 10 meeting. We know that not everyone was around the table. Therefore, we have planned a subsequent community listening tour. We hope that this report and the following community conversations generate a lot of discussion around these ideas and the very health inequities we are collectively striving to eliminate.

We invite you to comment, challenge, and encourage us to improve the concepts presented in this report. We want to connect and engage with the abundance of great work already going on in the culturally rich, diverse neighborhoods on Chicago's West Side. The collaborative's goal is to magnify the impact of existing initiatives, develop new programs, and provide coordinated support to existing neighborhood collaboratives.

This is an invitation to each of you to join us on what we hope is an exciting adventure. This is an opportunity for all of us that call the West Side home in some capacity.

Sincerely your partners in health,

Larry Goodman, Robert Barish, and Jay Shannon

March 2017



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# Reflection



**Terry Mazany**  
President and CEO  
Chicago Community Trust

The West Side Total Health Collaborative is a bold and welcome commitment to changing health outcomes and quality of life for the residents on the West Side of Chicago. The West Side is the gateway to the Loop and the heart of civic and commercial vitality that establishes Chicago as a global city. Yet, the arteries circulating opportunity and prosperity to the West Side are blocked. Decades of good intentions have fallen short of achieving goals for health equity and a fair opportunity for all to secure a better quality of life.

The challenges are massive and complex; time is short in the face of accelerating change driven by technology and globalization; and failure to act effectively will result in increased disparities hollowing out lives and neighborhoods. The human costs measured by years lost due to shorter life expectancies and the social costs born out of reduced levels of education attainment, high rates of unemployment, and increasing violence reflecting despair and hopelessness are not acceptable and affect us all.

## **THREE PROMISES SET THE WEST SIDE TOTAL HEALTH COLLABORATIVE APART:**

**FIRST »** Care has been taken to ensure diverse voices are at the table from the start. Close to fifty organizations gathered for this first meeting, and the door is open to further expand and actively recruit residents.

**SECOND »** This Collaborative affirms and engages residents as experts best able to define problems and solutions and connects them with anchor organizations and civic leaders with influence and resources to bring about real and lasting changes.

**THIRD »** The Collaborative is comprehensive, beginning with the framework of social determinants of health, and going beyond to embrace the entirety of factors that define quality of life for residents in West Side neighborhoods.

To have a realistic chance at making a difference demands collaboration at a scale commensurate with the challenges. Going forward, trust must be built and continuously earned. Participants must hear their ideas considered and embraced and see themselves as part of the solutions still to be determined. The initial meeting of the West Side Total Health Collaborative delivered a down payment on these promises. Broad and inclusive engagement will move these ideas to actions that benefit all residents and bring about equity for health and for life.

# Executive Summary



The West Side of Chicago is home to a diverse population, culturally rich neighborhoods, and institutions serving residents across the region, and its vibrancy is critical to the health and wellness of the city. For too long, however, the West Side has been overlooked and under-resourced. As a result, West Side residents face major health, economic, and other inequities that prevent their communities from thriving.

These challenges are complex and intertwined. Historical and current injustices such as structural racism, economic deprivation, and community disinvestment have long reaching impact on health and well-being, not only for residents in these neighborhoods but for the whole metropolitan area. We know that children cannot do well in school if they are hungry. We know that people who live in violent communities are likely to experience mental health issues. Where poverty is concentrated, health problems proliferate across the lifespan. There are a great number of residents and organizations working across the West Side to address these issues, but these efforts are often loosely connected. As a result, these efforts can be unintentionally competitive due to limited or dwindling resources, or too intensely focused on a single issue rather than looking at the cumulative impact of issues affecting the well-being of individuals, families, and communities. To be successful, we need to work together to holistically address inequities in West Side communities.

On January 10, 2017, we came together as a group of people concerned about and committed to the West Side. We discussed how we could work more effectively together. The proposed West Side Total Health Collaborative generated excitement, and we received helpful feedback on how to create a multi-sector collaborative that will be inclusive, equitable, and representative of communities on the West Side. The following report documents the feedback we received—what we heard and what this feedback means for the collaborative going forward.

The following report is organized into three sections:

- 1/ The Opportunity to Improve Health Equity on the West Side**
- 2/ The West Side Convening**
- 3/ Summary of Feedback Received**

# The Opportunity to Improve Health Equity on the West Side

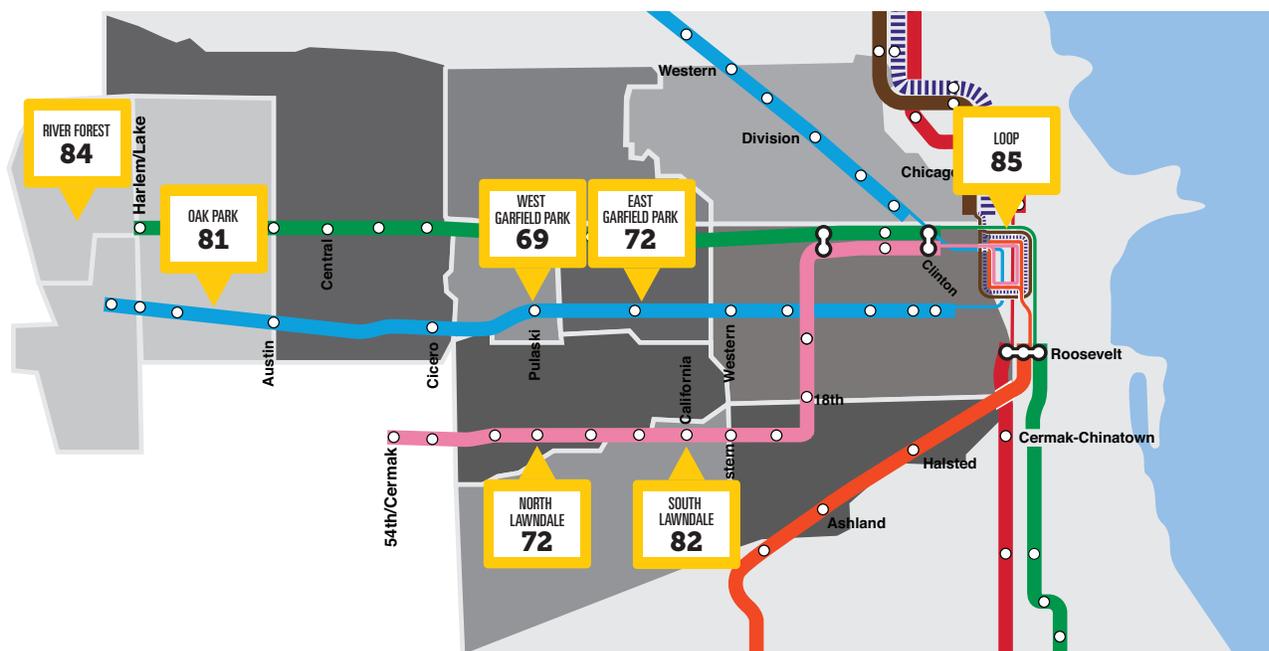
Life expectancy varies widely among Chicago residents living within blocks of one another. Life expectancy is the average number of years a person born today is expected to live, and varies depending on several factors, including where he or she lives. This measure provides a helpful snapshot of challenges and opportunities in communities, shedding light on a wide range of issues from access to healthcare to educational achievement to median household income.

On Chicago's West Side, an area of more than 400,000 residents, there is a clear gap in life expectancy compared to the city average. For example, there is a sixteen-year gap between residents of West Garfield Park and the Loop (see figure 1). By comparison, this gap in life expectancy is the same as that between the United States and Haiti.

The West Side is home to one of the largest concentrations of healthcare institutions and centers in the Chicago region, yet residents have some of the worst health outcomes in the city. In 2016, many West Side hospitals completed Community Health Needs Assessments (CHNA), using hospital data, resident surveys, and other data sources to identify the issues of greatest concern in their service areas. These reports found several barriers to health equity in West Side communities, including inadequate health insurance coverage, a lack of affordable healthcare access, and an overall lack of knowledge about when, why, and where to seek health coverage.<sup>1</sup>

These CHNAs also found that barriers to health and wellness extend far beyond the health sector, including social determinants of health (see figure 2). The World Health

Figure 1: Life Expectancy (Years) at Birth by Neighborhood



<sup>1</sup> For example, see Rush's 2016 Community Health Need Assessment and the University of Illinois Community Assessment of Needs (UI-CAN) 2016.

Figure 2: Pathways to Health and Wellness



Organization defines social determinants of health 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.”<sup>2</sup> Social determinants include a wide range of factors that influence a person’s well-being such as structural racism, education, employment and income, health behaviors, housing, family and social support, food access, violence, and transportation.

These barriers are reflected in the Chicago Department of Public Health’s hardship index (see figure 3), which found that West Side neighborhoods face some of the highest levels of economic hardship in Chicago. For example, as of 2014, 25% of North Lawndale residents were unemployed, compared to 13% of Chicagoans overall. Likewise, 48% of residents in West Garfield Park in 2014 were living below the poverty line; in Chicago overall, the poverty rate was 23%.<sup>3</sup>

While barriers to health and wellness are core challenges for West Side communities, the West Side has a rich history of community pride and generations of committed residents, community leaders, community-based organizations, faith-based organizations, and others. Many people have dedicated their



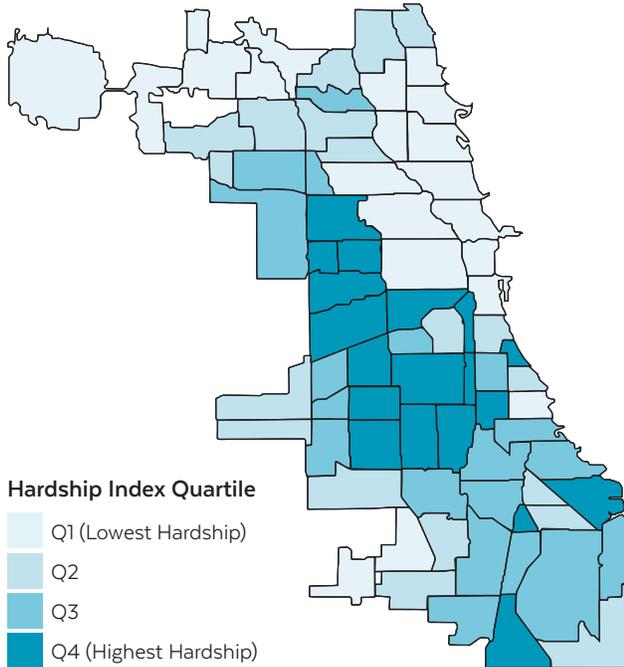
<sup>2</sup> [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/).

<sup>3</sup> 2014 American Community Survey 5-year estimates.

Figure 3: Hardship Index

## Hardship Index

Crowded Housing  
Households Below Poverty  
Unemployment  
High School Graduation  
Dependent Population  
Income



Methodology source: [http://www.rockinst.org/pdf/cities\\_and\\_neighborhoods/2004-08-an\\_update\\_on\\_urban\\_hardship.pdf](http://www.rockinst.org/pdf/cities_and_neighborhoods/2004-08-an_update_on_urban_hardship.pdf)

lives to improving the West Side, and their work provides vital support to their neighborhoods.

In addition to the crucial investments of residents and organizations, the West Side is home to a diverse community and many important assets. For example, Little Village has a thriving retail district. This commercial strip is the second



<sup>4</sup> Crain's Chicago Business, 2015.

highest-grossing shopping district in Chicago after the Magnificent Mile.<sup>4</sup> Additionally, the Madison-Pulaski shopping area has served the West Side for decades. Malcolm X College, a City Colleges of Chicago campus focused on health sciences, opened a new, state-of-the-art facility in 2016 on the Near West Side. The new campus features on-site simulations such as a virtual hospital and an ambulance cab, providing students with real-life training opportunities to better prepare them for careers in the fast-growing healthcare industry. Garfield Park is home to one of the largest conservatories in the country, which draws visitors from across the Chicago region. Countless West Side faith-based institutions are deeply involved in community and social service efforts that benefit local residents. These represent just a few of the many assets that make the West Side a vibrant area of Chicago.



However, the West Side has lagged other areas of the city in economic development, education, and health. It is time to consider a more coordinated approach. The challenges facing the West Side are deeply rooted and intertwined. No one organization or sector can effectively move the needle without addressing multiple interrelated issues. To be successful, West Side organizations need to work together to address barriers to health and wellness across multiple sectors.

The proposed West Side Total Health Collaborative (described in more detail in the next section) provides a significant opportunity to improve health and wellness by working together across many sectors, making sure to focus on inclusion and equity. The solution is not to bring together major institutions to “fix” the West Side communities. We will succeed by harnessing the collective power, ideas and work of residents, institutions, government, the faith community, and community-based organizations. We can make our neighborhoods strong, healthy, and vibrant places to live. This work is on all of us—it is bigger than any one person, organization, or institution. It will be challenging, but deeply important, and we are optimistic for what we can accomplish together.

# The West Side Convening



On January 10, 2017, a group of people and organizations concerned about the West Side came together to share ideas and feedback on the idea of a West Side Total Health Collaborative (see appendix 4 for the meeting agenda). Nearly 120 individuals and 50 organizations attended (see appendices 1 and 2 for a full list of guests and participating organizations). Individuals and organizations included West Side residents, community-based organizations, citywide social service agencies, educational institutions, community healthcare networks, public sector agencies, national subject matter experts, and foundations.

We recognize that many individuals and organizations who will be critical partners in this work going forward were not in attendance at this initial meeting. We asked all meeting participants to recommend additional contacts to engage. Over the next couple of months, we will reach out to them and will continue to engage all those interested through a community listening

tour. This is an open invitation to all those who would like to participate in a collaborative aimed at making health equity a reality for the West Side.

After presenting the issues described in the first part of this report, we shared the idea of forming a West Side Total Health Collaborative. The proposed collaborative would bring together people working in many sectors across multiple neighborhoods to improve health and wellness on the West Side. The collaborative's goal would be to magnify the impact of existing initiatives, develop new programs, and provide coordinated support to existing neighborhood collaboratives.

It is important that the members of the collaborative decide what the group should focus on and how everyone will work together. To get this conversation started, we shared some initial ideas for feedback on January 10 (see appendix 3 for a full proposal). For example, we suggested that healthcare

institutions could work together to hire people from West Side neighborhoods, purchase equipment and services from local businesses, and invest in local communities. Another idea we suggested was a coordinated effort to advocate for policy changes that could remove barriers to the West Side's vibrancy. By this we mean using the influence and resources of West Side institutions to magnify strategic advocacy efforts. Working together, the group would have a much more powerful voice than each individual.

To get input on these ideas, we then asked attendees to break off into small groups. Specifically, everyone discussed three questions:

- 1/ What do you think of this idea?
- 2/ If financial resources were available and you could better coordinate your work with other groups, what new programs or initiatives would you launch to move the needle on employment, education, health or public safety?
- 3/ Are there other barriers to working together more closely? What are they? How might they be removed?

We received an overwhelmingly positive response to the idea and a lot of detailed feedback in response to the discussion questions. Following the meeting, we sent a survey to everyone with additional questions (see appendix 5 for a sample feedback survey). Ninety-eight percent of people who filled out the survey said that the idea of a West Side Total Health Collaborative was "definitely" or "probably" worth pursuing. Ninety-eight percent of people also said that the collaborative would "definitely" or "probably" add a unique value to current West Side initiatives.

During the small group conversations and in the survey, people shared helpful responses to the second and third questions, as well as overarching suggestions for the West Side Total Health Collaborative to consider as it moves forward. All the feedback we received was constructive and well-informed by these leaders' experiences working to improve communities on the West Side. This report serves to document the discussion and feedback we received.



# Summary of Feedback Received

Three main themes came out of the small group conversations and survey:

- 1 Leverage the unique roles that community residents and organizations can play.
- 2 Balance a long-term vision with the need to build trust and momentum with community members.
- 3 Start by building the capacity of existing efforts.



In addition, the survey asked people to list areas of need the West Side Total Health Collaborative could focus on. The following are the top areas people mentioned:

- 1/ Education and workforce development;
- 2/ Physical environment;
- 3/ Public safety; and
- 4/ Healthcare (with a particular emphasis on mental health).

These initiatives will be explored in more detail at the end of the report.

## THEME #1 Leverage the unique roles that community residents and organizations can play.

There was a strong message from meeting participants that this is an opportunity to make a large, lasting difference on the West Side.

As Nicole Robinson, Vice President of Community Impact at the Greater Chicago Food Depository, noted, “This effort has the potential to convene communities in unique and unprecedented ways.”

While the collaborative will grow and change over time, it is very important to set it up correctly from the start. From the very beginning, West Side residents must own the collaborative.

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**“My concern is if it is not from the heart with genuine concern for the residents/humanity then it will not be beneficial to the community.”**

- Calisa Williams, Austin resident

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Building an effective collaborative takes a lot of time and effort, but patience, careful planning, and inclusion are the important factors that will make this work in the long term. One important part of inclusion is to say clearly what each person and group can contribute.

People brought up several key points related to this theme:

- The collaborative must be a community partnership from the start.
- The collaborative and its governance structure must be representative of the West Side.
- An accountability structure will keep the collaborative in line with its mission.
- Dedicated backbone support will ensure that the collaborative is on track and that it has the resources to thrive.

**Community Partnership.** Community members are the problem solvers. People who live on the West Side understand the challenges and opportunities in their communities better than anyone else, and they know best what solutions will and will not work. Community members must be active co-creators throughout this process. In a successful collaborative, residents play an active role in identifying core challenges, developing strategies to address these challenges, and identifying opportunities for community-based organizations and institutions to make those strategies happen.

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“You cannot develop good programs without listening to the individuals directly and giving them agency.”

- Norman Kerr, Vice President for Violence Prevention at UCAN

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Likewise, community-based organizations, faith-based organizations, and other community stakeholders will be critical partners in implementing the strategies the collaborative develops. As community leaders, these organizations can also play an important role in engaging community members in the collaborative. Several people stressed the importance of relationship-building.

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“[We need to] cultivate relationships first, have one-on-ones, and learn what are the concerns from those at the table.”

- Katya Nuques, Executive Director of Enlace Chicago

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Finally, many people recommended that institutions play a key role in building the capacity of existing programs and collaboratives, such as through technical assistance. For example, a few people suggested that institutions could work with community partners to develop integrated data tools. One person suggested that the collaborative could develop a system to track screenings, referrals, navigation activities, and reporting across community services. Others discussed using the research and program evaluation expertise of research institutions to help the collaborative measure success. Importantly, many meeting participants stressed that institutions should support, but not dominate, these collective efforts:

“Big actors like Rush need to lead, but not own,” said Kim Erwin, an assistant professor at IIT Institute of Design who has worked on healthcare collaboratives. Another added: “Ground rules need to be established so that small organizations have power at the table.”

**Shared Governance.** To be successful, we must set up the collaborative so that it is representative of the West Side. No one institution or organization should own or dominate the collaborative; rather, the collaborative should create a structure for co-ownership so that those who guide its mission, vision, and key strategies are people that truly understand the challenges and opportunities in West Side communities. Everyone should have an equal voice.

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“Don't make top-down decisions and then invite everyone to something that has been already decided.”

- Katya Nuques

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Additionally, people noted that those in the collaborative should be collaborative members first and representatives of their organizations second. As Calisa Williams explains:



“We have a common goal to make change...not for self-recognition or financial gains or wanting to be known for being the first to tackle this problem.”

**Accountability and Sustainability.** In addition to shared governance, many people said that the collaborative should develop a clear accountability structure.

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“Accountability is the largest barrier with collaboratives. Who’s going to get credit and who’s accountable when things go wrong?”  
- Darnell Shields, Executive Director of Austin Coming Together

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Accountability will come through a shared mission, vision, priorities, and goals, things the members of the collaborative should decide together.

Because this is a big idea, there will be times when the collaborative fails. A good accountability structure will hold the collaborative to high standards while giving the group ways to correct its mistakes. If the collaborative creates a culture of sharing lessons learned, it can improve together.

**Backbone Support.** While the members of the collaborative will be responsible for defining and implementing strategies, the collaborative will need ongoing support from a backbone organization. Among the several possible roles of this organization, the backbone could be responsible for managing initiatives and work groups, measuring and reporting on progress, researching new approaches and policies, bringing

new partners on board, and preparing grant applications. As one person described, backbone support would “ensure that effective work continues or is scaled up.”

All of this feedback means there are several things the collaborative should consider:

1/ The challenges facing the West Side are complex and intertwined, and the collaborative should think about new ideas to build the capacity of existing efforts and launch initiatives where there are gaps. While it is important to look at what has already worked in Chicago or other cities, West Side residents may have ideas about new approaches that have not been tried before.

“It’s okay to test innovative ideas that have the potential to drive change,” noted Melissa Gutierrez Kapheim, Manager of Operations for UIC’s Population Health Sciences program.

If successful, these initiatives will add to the evidence base and allow other neighborhoods or cities to copy what works. It will also help build community power and ownership over work that affects the everyday lives of individuals living and working in West Side neighborhoods.



2/ While quantitative metrics will be useful for understanding a baseline and how far the collaborative progresses, it is important to find and use qualitative information—the experiences and sentiments of West Side Community members.

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“More important than quantitative data is the qualitative data that comes from knocking on doors and speaking to individuals.”  
- Norman Kerr

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- 3/ Many people strongly advised that fundraising activities must be coordinated with partners and not be led solely by one institution.

“Don’t raise funds naming the collaboration as something that exists without letting partners know you are going to do it,” noted Katya Nuques.

“Since dollars are scarce, people are not as willing to trust one another,” explained Ravi Hansra, Senior Vice President of Learning, Evaluation, and Community Impact at the YMCA of Metropolitan Chicago.

Katya Nuques also advised: “Don’t have an ‘elite’ treatment for academia and health organizations and a different one for community-based organizations. Include all organizations in the conversations about funding from the beginning.”

These and other comments show that those at the January 10 meeting feel strongly that the collaborative should make decisions about funding together. This includes what types of funding to pursue, how to talk about the work of the collaborative, and how to allocate funding.

- 4/ The collaborative should fail fast, learn from its mistakes, and recover quickly. Given the complexity of the work ahead, the collaborative will not always be successful at first. Rather than giving up, members should share lessons learned from these experiences, brainstorm ways to overcome setbacks, and try again. The collaborative can be innovative and flexible by trying out new ideas on a small scale first. This will allow the collaborative to test ideas, pivot based on early results, and work out the kinks before rolling something out broadly across the West Side.

As Ravi Hansra summarized: “Pilot it, prototype it, scale it.”



## THEME #2 Balance a long-term vision with the need to build trust and momentum with community members.

Many people emphasized that the collaborative will need to strike a balance between co-creating a shared long-term vision for the West Side and achieving quick wins to build a track record of success.

“We need to have short-term goals that allow us to build for the long-term,” one person said.



Several people discussed the importance of defining what success would look like on the West Side over a multi-year horizon, but also emphasized that the collaborative would not be successful without first building trust and momentum with West Side communities. To do so, many people stressed that the collaborative should first focus on engaging new voices and building relationships between individuals who may have never collaborated with one another before.

Without building trust and momentum, the collaborative will be unable to keep partners engaged, particularly as the work becomes increasingly challenging. As such, participants emphasized that the collaborative should identify opportunities for quick wins—initiatives that the collaborative could tackle in the first year or two that would prove that the idea works.

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“We need quick wins to engage and get people involved.”

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Through quick wins, the collaborative will be able to demonstrate to West Side communities that they are not just talking about change—they are taking action. Furthermore, the collaborative should articulate from the start that its goal is to support, not compete, with existing efforts, which will help to build trust with other initiatives.

**Defined Mission and Scope.** While the long-term vision and goals of the collaborative will naturally grow and change through community input and feedback from ongoing initiatives, many people stressed the importance of a clear mission to guide the collaborative and define the types of activities the collaborative will take on. As many noted, the collaborative will be charged with addressing long-standing, complex challenges that may involve many individuals, organizations, and sectors to resolve. Without a clear mission and defined objectives, the collaborative could end up taking on more than it can successfully manage at any one point, inserting itself in areas that other organizations are better suited to address, or reinventing work that other organizations are already doing.

As one community leader said, the collaborative cannot “recreate the wheel and operate parallel processes.”

All of this feedback means there are several things the collaborative should consider:

- 1/ Without the support and active engagement of the community, the collaborative will not be successful, which is why building trust and momentum is so critical. One person suggested that the collaborative could build momentum with community members through a community leadership program. In particular, the collaborative could engage youth and support them in developing as West Side community leaders.

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“Engaging a pipeline of youth who are excited about the collaboration and provided leadership training ensures the partnership will continue through the next generation.”

- Kaitlyn Fruin, medical student at Rush University Medical Center

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- 2/ The collaborative must be representative of the West Side communities and ensure that the right set of leaders are at the table. Importantly, the collaborative cannot just rely on the “usual suspects” to make decisions, provide feedback, and oversee initiatives. The collaborative should strive to look for new voices, and the governing body should reflect this diversity. However, the collaborative should be thoughtful about how to promote inclusion while maintaining a manageable size of decision-makers to move initiatives forward.
- 3/ If this works, the collaborative will be working on the West Side for years to come. During this time, participating organizations and institutions will naturally evolve, including changes in leadership and/or priorities. To ensure its long-term sustainability, the collaborative should strive to be leadership-proof—that is, not dependent on any one leader or organization to move forward. The collaborative’s vision should be embraced by and distributed throughout all participating organizations and community members.

### THEME #3 Start by building the capacity of existing efforts.

There are a great number of community-based organizations and collaboratives currently working on the West Side. However, the effectiveness, reach, and scale of these organizations and initiatives may be limited by a lack of funding, staff, or specific skills required to achieve maximum impact. Rather than launching new programs that may duplicate ongoing efforts, the collaborative should identify opportunities to make existing organizations and collaboratives more effective where there are current gaps.

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“We can either collaborate or compete with one another.”

- Ravi Hansra, Senior Vice President of Learning, Evaluation, and Community Impact at the YMCA of Metropolitan Chicago

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Another community leader added: “I would work within those already established collaborations and expand those collaborations.”



Building the capacity of existing efforts would use the strength of existing relationships with the community, which will benefit the collaborative as it seeks to build trust with West Side communities. Likewise, through this support, community-based organizations and neighborhood collaboratives would receive additional skills and resources to more effectively carry out their mission.

In order to build the capacity of existing efforts, many people suggested that the collaborative first conduct a “landscape scan.” This means that the collaborative learn about what is already going on to understand where there is overlap and gaps of resources. Furthermore, taking the time to understand what is already happening would enable the collaborative to identify places where existing efforts could work together, thereby identifying opportunities to strengthen coordination and maximize effectiveness. Finally, a landscape scan would help the collaborative identify and invest in efforts that are already working, allowing it to scale successful programs across the West Side.

People brought up several key points related to this theme:

- Build the capacity of existing efforts through technical assistance.
- Invest resources to scale what is already working across the West Side.

**Build Capacity of Existing Efforts.** Community-based organizations have strong relationships in their communities, developed over years of building trust with community residents and partners. Providing services such as technological software, data sharing capabilities, evaluation models, and other types of technical assistance will strengthen the great work already being done on the West Side, identify additional opportunities for collaboration, and maximize the impact of all partners involved.

**Scale Successful Efforts.** By looking at what is already going on, the collaborative can make data-driven decisions about where to invest resources. In addition to building the capacity of existing efforts, this would allow the collaborative to identify initiatives that are already working well in their communities and come up with strategies to scale them across the West Side. Many people noted that we are often unaware of what each other is doing, which impedes our collective success. By creating a forum to share successes and lessons learned, the collaborative can achieve greater impact on a wider scale.

All of this feedback means there are several things the collaborative should consider:

- 1/ The purpose of the collaborative is not to reinvent the wheel, but rather to support community-based organizations and neighborhood collaboratives, connect the resources and skills of institutions, organizations, and residents, and work towards a shared vision for the West Side.
- 2/ Before launching new initiatives, the collaborative should seek input from a wide range of community members and invite them to take part in the collaborative. Through these conversations, the collaborative can learn more about what organizations are already doing, what challenges they currently face, and what the collaborative could do to support them. This can serve as the basis for a landscape scan.
- 3/ The collaborative should create opportunities to share data, lessons learned, and measures of progress. Open communication will help ensure that the collaborative is not duplicating efforts or perpetuating silos.

# Suggested Priorities for the Collaborative

In addition to soliciting general feedback, we asked people during the meeting and in the feedback survey to identify programmatic initiatives the collaborative could pursue together. The ideas fell into four main thematic areas: 1) education and workforce development, 2) physical environment, 3) public safety, and 4) healthcare. Figure 4 lists examples of the common responses people shared in table conversations and in the feedback survey.

It will ultimately be up to the collaborative—an inclusive group with a much wider reach than the group who initially met on January 10—to identify priorities and early wins, but the following list could serve as a helpful guide.

Specific initiatives identified by survey respondents include:

**1/ Education and Workforce Development.** Many people emphasized that the collaborative could focus on strengthening connections between local schools, higher education institutions, and local businesses to develop a strong education and workforce development pipeline for West Side students.

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**“The stress of poverty in Chicago exists alongside a workforce shortage.”**

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Illustrating that point, many West Side healthcare institutions have difficulty finding the right kind of skilled workers to fill their open positions. One person noted that there are “lots of open jobs for technicians, nurses, and office coordinators.”

Moreover, there are higher educational institutions like Malcolm X College with programs targeted to meet this demand. According to Malcolm X President David Sanders, Malcolm X’s College to Careers program is “built on preparing Chicagoans for the 84,000 healthcare jobs coming into the Chicago area over ten years.” Participants noted that many residents may not be aware of education and/or career paths they could pursue, or



career ladder opportunities for entry-level employees. One of the initiatives the collaborative could pursue is a targeted healthcare education strategy to meet local employment demand.

**2/ Physical Environment.** The West Side has several important assets, including access to transportation, parks, and diverse housing stock. However, there is more to be done to maintain and improve the West Side’s assets,



including strategies to develop or beautify key commercial corridors, preserve and expand affordable housing options, and make neighborhoods attractive spaces in which to live and work, including developing community gardens and other public spaces.

**3/ Public Safety.** Among people who listed violence in the survey, this was the top concern. Many stressed that without first addressing rising rates of violence and the root causes leading to gun violence and other public safety issues on the West Side, the collaborative would be unable to move the needle.

**“Public safety is an immediate crisis and the biggest priority that needs to be addressed.”**

Many people focused on how violence destabilizes communities, including rising rates of trauma and residents’ inability to travel safely to school, employment, and other destinations.

**4/ Healthcare (with a particular emphasis on mental health).**

On a related note, many people stressed that West Side neighborhoods face high rates of trauma, other mental health issues, substance abuse, and domestic violence remains a persistent challenge. Several suggested that the collaborative should work on connecting West Side residents to mental health screenings and services for mental health, substance abuse, and domestic violence counseling. Many community-based and faith-based organizations are actively involved in this space, as well as healthcare institutions, and the collaborative could play an important role in connecting existing services, assessing where there are gaps, and investing in new initiatives to fill these gaps.

Figure 4: Suggested Programmatic Initiatives for the Collaborative





## Conclusion

When we convened partners on January 10 for a discussion around the idea of a West Side Total Health Collaborative, we knew that this was just the first step. We are excited by the enthusiastic response we received to the idea of forming a West Side multi-sector collaborative, and we are ready to move forward with all of you. The feedback you shared has made this idea much stronger and will guide the West Side Total Health Collaborative for years to come.

However, we know that many important voices were not in the room for this initial meeting, and the valuable feedback we received came from just a small sampling of the West Side community. We want to hear from everyone who lives, works, and believes in the West Side about how we can all work together to help our communities thrive.

If you have additional feedback after reading this report, would like to get involved, or know other community leaders and organizations who should be involved in this work, please share your thoughts by emailing [wscommunityconversations@gmail.com](mailto:wscommunityconversations@gmail.com). We will also be holding community conversations across the West Side in the coming weeks to engage new partners and

hear from new voices. Please join us for these meetings and let us know how we can support the West Side.

We have a vision that the West Side can be a set of vibrant communities that are attractive places to live and raise families and economic engines for Chicago. Together, we can make this vision a reality.



“ I love the fact  
that the West Side  
already has  
everything it needs  
to be amazing.  
We just need  
to put it to work.”

# Companion Piece

## Community Conversations Update



### Introduction

On January 10, 2017, Rush University Medical Center, University of Illinois Hospital and Health Sciences System, and Cook County Health and Hospitals System convened over 130 people from 50 organizations who are committed to Chicago's West Side to discuss the idea of the West Side Total Health Collaborative (Collaborative). This was an important conversation, resulting in the valuable feedback outlined in the first section of this report.

This meeting was just the start, and we needed to hear more voices from the community. With the collaboration of our new partner, Presence Health, we hosted 21 Community Conversations during March and April throughout the West Side. More than 330 residents and community leaders attended these events. The conversations were rich with ideas and feedback on the Collaborative that will directly inform the next steps.

The Collaborative will only be successful if it reflects the vision and interests of West Side community members. We want to do more than solicit feedback. One tenet that will set the Collaborative apart from other collective impact initiatives is that community members will play a central role in the decision

making process from the start. Further, as demonstrated by these Community Conversations, we want to have frank discussions about structural racism and the systemic barriers that have negatively impacted the economic vitality and vibrancy of West Side communities. These Community Conversations were a critical first step.

### Community Engagement Framework



The Sunderland Community Development Plan provides a framework for understanding different levels of engagement ([www.sunderland.gov.uk](http://www.sunderland.gov.uk)).



### Listening Tour Locations

- 1 Austin Coming Together and Westside Health Authority
- 2 BUILD
- 3 Coalition of Hope
- 4 CPS Principals
- 5 El Valor\*
- 6 Enlace Chicago\*
- 7 Every Block a Village
- 8 Garfield Park Community Council
- 9 Greater Galilee Baptist Church
- 10 Kedvale New Mt. Zion M.B. Church
- 11 Marillac St. Vincent
- 12 Mile Square Health Center
- 13 Oakley Square Apartments
- 14 Rush University Medical Center Employees (2 sessions)
- 15 Salvation Army
- 16 SAME Network
- 17 St. Pius V\*
- 18 UCAN
- 19 West Side Stakeholders
- 20 YMCA

\*Sessions conducted in Spanish

### Overview of Community Conversations

In each conversation, we asked community members to share their thoughts on the following questions:

- 1/ What do you love about the West Side?
- 2/ What are the gaps in existing programs that serve your neighborhood?
- 3/ What could institutions, organizations, and residents do together that would make your neighborhood healthier and more vibrant?
- 4/ Is this Collaborative a good idea?
- 5/ What should we call it?<sup>1</sup>

Participants in the Community Conversations readily shared their perspectives on what makes the West Side a great place to live and work, reflecting a spirit of pride and strong neighborhood identity throughout the West Side. Building on this hopefulness, many people expressed enthusiasm for the Collaborative and had numerous suggestions on what the Collaborative could do to fill gaps in programs and services on the West Side to make communities healthier and more vibrant. Participants in the Community Conversations also shared valuable input on potential pitfalls the Collaborative could face and advice on how to avoid them. This document summarizes the robust discussions and ideas we heard during the Community Conversations.

<sup>1</sup>The name “West Side Total Health Collaborative” is provisional. Members of the Planning Committee will determine a name for the Collaborative based on suggestions from the Community Conversations.



While we are at the beginning of this collective journey, we are already acting upon suggestions from community members. For example, the initial geography of the Collaborative did not include Humboldt Park, but after hearing from community members about the need for this neighborhood to be included, we have expanded the Collaborative’s geographic focus. Likewise, we heard from many individuals that a 16-person Planning Committee was not sufficient to capture the diverse perspectives of the West Side communities. For this reason, we have added sub-committees that will include additional community members. One of the first responsibilities of the Planning Committee will be to read the feedback we received from the Community Conversations, summarized in this report, and consider ways the input can be addressed. This work will ensure that all members understand the input we received in the last few months.

## Key Themes

Three main themes came out in the Community Conversations:

- 1 Nothing about us without us
- 2 Coordinate and communicate existing resources
- 3 Harness the diversity and unique neighborhood identities of the West Side

### THEME #1 Nothing about us without us

There is a spirit of community pride and hopefulness among West Side residents, and a desire to reshape the narrative about the West Side communities. As one person explained, “The news media is negative instead of positive. This community is still home to me” (Marillac St. Vincent).

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“It [the West Side] feels comfortable. On the block I live, we watch out for each other and take care of each other.”

– Participant, Kedvale New Mount Zion Baptist Church conversation

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Another person added, “I was born and raised on the West Side of Chicago. It’s a hidden jewel that no one knows about and I hope that people will find it” (Garfield Park Community Council). “They [West Side community members] have a feeling of hope and strength” (Marillac St. Vincent). Many people noted that the West Side feels like a big family, one that sticks together for the good and bad. “We are very family-oriented and we like that kind of atmosphere” (West Side Stakeholders).

While there are many challenges facing West Side communities, the pride and hopefulness should not be underestimated, and the West Side Total Health Collaborative must harness this energy through a ground-up, inclusive approach. West Side residents know better than anyone what can be done to make their communities healthier and more vibrant.

While Community Conversations participants were excited about the idea of the Collaborative, several people expressed concern about how the Collaborative would work. Specifically, how would the Collaborative share power with West Side community members, and how long would the healthcare institutions spearheading the effort be willing to commit?

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**“It’s a good idea, but don’t put a time on it... You need consistency and staying power to make it work.”**

- Participant, Coalition of Hope conversation

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Another added, “It looks great on paper, but what about action and follow up?” (SAME Network Alumni). Others asked how the Collaborative would be able to maintain momentum and keep the work moving. “Is the administrative support coming from your group [the healthcare institutions]? That’s where [other] committees I’ve been on in the past ha[ve] failed...it’s not a full time job” (Mile Square Health Center).

Additionally, as many people noted, West Side community members must be the ones leading the Collaborative, not the healthcare institutions. Community members were clear that they do not want large institutions coming in to “save” their communities. They want authentic partners. They also want to be the catalysts for change. “The hospitals need to come and ask us [...] how to make this better” (St. Pius V Catholic Church).

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**“The community has to be the ones to do it. It has to come from within.”**

- Participant, Oakley Square Apartments conversation

---

“We want people who live in our community to be the ones to make the changes. We can all work together to fill the gaps that are out there” (El Valor).

Moreover, although Community Conversations participants expressed hope for the Collaborative and the potential impact it could achieve, many people warned of two factors that could derail its success: lack of trust and apathy among younger West Side residents.

Several conversations focused on a significant lack of trust in the West Side healthcare institutions. As one participant explained, “Every hospital in the area has lost the trust in the community” (Coalition of Hope).

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**“Presence, trust, and consistency are the three things that are going to be the most important in sustaining this program.”**

-Participant, Salvation Army conversation

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To be successful, the Collaborative must first acknowledge that institutions have previously overpromised and under-delivered in these communities. The Collaborative must be intentional about building trust with West Side communities, which will come through transparency, shared power with community members, and a demonstration of long-term commitment.

Others noted that younger generations of West Side residents feel increasingly hopeless and apathetic about the state of their communities. “We need to support our students. There is no sense of hope in them” (Enlace Chicago).





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**“The reality for us is we’re trying to get young folks to live some type of normalcy but they are walking around hopeless.”**

- Participant, West Side Stakeholders conversation

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As one youth in the session at BUILD expressed, “There’s no point in putting programs in the Austin area where it can be messed up. The people who are killing each other will mess up the program. I don’t think it’s a good idea.” A young participant in the session at UCAN added, “There’s too much negativity going on. That probably leads to the cause of shorter life expectancy.”

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**“Every time we do this [collaborative efforts], nothing happens.”**

- Participant, UCAN conversation

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These statements suggest that the Collaborative will need to focus on building hope and identifying opportunities for younger residents to drive change in their communities.

All of this affirms that the Collaborative must be grounded in the voices of the community as a guiding principle of the work ahead. The first, critical step is forming a committee of community advisors to develop the vision and goals for the Collaborative. For more information, see the section “Planning Committee.”

## THEME #2 Coordinate and communicate existing resources

While the West Side Total Health Collaborative intends to bring new resources to the West Side, many people in the Community Conversations emphasized that the West Side already has great assets that serve the communities. As one participant noted, “I love the fact that the West Side already has everything it needs to be amazing. We just need to put it to work” (Coalition of Hope). Though there are many critical gaps (see side bar on page 31 for more detail on the recommended focus areas for the West Side Total Health Collaborative), participants suggested that an important challenge is the coordination and communication of existing resources.

Many people noted that they are not aware of some programs or services in their communities and suggested that it would be helpful to map resources available on the West Side to increase awareness and identify opportunities for greater collaboration between initiatives. “Programs have to do better in giving out information about their services” (St. Pius V Catholic Church).

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**“We need to inform people that hospitals are not just for the sick, but rather they are also there to help and assist by providing information about these projects.”**

- Participant, St. Pius V Catholic Church conversation

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Others emphasized that without coordination or communication, many programs end up competing with one another for resources.

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“There is a real distrust among community-based organizations among each other because they are chasing the same dollars.”

- Participant, Garfield Park Community Council conversation

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Still others expressed frustration that there are a great number of initiatives but it is unclear what outcomes these efforts are achieving. “We have programs and programs and programs, another program to add to the programs and we still not getting anywhere” (Greater Galilee Baptist Church). The Collaborative must find ways to overcome competition among community-based organizations and the perception of competition between those organizations and the Collaborative around funding and other resources. To be successful, we must also acknowledge that we are asking groups to work together when they may not have done so in the past. This will require a shift of perspective from competition to true collaboration.

To prevent the Collaborative from further duplicating efforts or competing for limited resources, some Community Conversations participants recommended that the Collaborative focus first on bringing community stakeholders together and scaling successful ideas before creating new initiatives. “We don’t want to reinvent the wheel if we can support the programs already here and build upon them” (Austin Coming Together).

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“Sometimes organizations fight for resources. We need to show the community that we are together and that shows that you are a part of the community. Working together is very important.”

- Participant, Coalition of Hope conversation

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### THEME #3 Harness the diversity and unique neighborhood identities of the West Side

The geography of the West Side Total Health Collaborative now includes nine community areas—Near West Side, Lower West Side, North Lawndale, South Lawndale, East Garfield Park, West Garfield Park, West Town, Humboldt Park, and Austin. Each community area is unique and has its own identity.

During the Community Conversations, many participants emphasized that to be successful, the Collaborative must recognize and respect the diversity of the West Side. Some people expressed skepticism that the 16-member Planning Committee (see more detail in the “Planning Committee” section) would be able to represent the full West Side, given that even within a single community area there is a high degree of variation. “How do you get all the West Side into these positions [referring to the Planning Committee]?” asked someone in the session at the Garfield Park Community Council.

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“Each community should have [a] Planning Committee. Part of my concern is that person over in Humboldt Park...they might not know what the concerns over here [in Austin] are.”

- Participants, Austin Coming Together conversation

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These are important points for the Collaborative to consider—many of the Community Conversations participants felt strongly connected to their neighborhood, and no two neighborhoods on the West Side are the same.

While many participants highlighted the unique qualities and needs of the West Side community areas, attendees also recognized that working together as one West Side community, harnessing the assets of each neighborhood, could lead to great outcomes. “We need to bring these communities together to save our babies” (Garfield Park Community Council). This sentiment was echoed in the session with the Coalition of Hope: “There is no your turf, my turf. This is all ours.”

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“I think there are a lot of good actors in this area but bringing them together to widen the safety net for the entire community is a good thing.”

-Participant, Rush University Medical Center employees conversation

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The Collaborative is committed to harnessing the diversity and neighborhood identities of the West Side, recognizing the unique populations, assets, and needs of each of the West Side neighborhoods. What may work in one neighborhood may not work in exactly the same way in another. The Collaborative must be flexible and adaptive to unique community needs. At the same time, however, by working together as one large West Side community, we can attract greater resources and interest to the West Side. Furthermore, working together, we can learn from one another and build on each other's strengths and success. Together, we can change the narrative about the West Side.



## Recommended Focus Areas for the Collaborative

During the Community Conversations, we asked participants to tell us about the gaps in programs and services in their neighborhoods and what West Side institutions could do to make their communities more healthy and vibrant. At right are some of the most frequent gaps that people noted. Once the Planning Committee is assembled, one of the first priorities will be to determine the program scope of the West Side Total Health Collaborative. These recommended focus areas, listed in the side bar at right, will be critical in determining the types of initiatives the Collaborative can undertake.

### Recommended focus areas include:

#### Improved access to jobs

“We need help with economics and jobs. There are a lot of hiring barriers, especially for ex-offenders.”

- Participant, Garfield Park Community Council conversation

“There is a stereotype that people on the West Side are lazy and don't want to work. That's not true.”

- Participant, Every Block a Village conversation

#### Support for community businesses and entrepreneurs such as small-business counseling

“If we had a business, I would be proud to train other individuals in our community to work and get some kind of work ethic so they can provide for their own housing and for society.”

- Participant, Every Block a Village conversation

#### Effective youth programming and more engagement from local schools in their communities

“After school programs are expensive and there's no funding. Programs need to be based on what the community says it needs”

- Participant, Oakley Square Apartments conversation

#### Resources for mental and behavior health needs

“There are no mental health facilities over here. The largest mental health facility on the West Side is Cook County Jail”

- Participant, Every Block a Village conversation

#### Greater access to oral healthcare

“A big need over here is dental. There are like two centers and the problem is you can't get in there”

- Participant, Austin Coming Together conversation

#### Safer outdoor spaces for physical activity

“I don't feel safe walking in the neighborhoods so I can't walk for my physical activity”

- Participant, Enlace Chicago conversation

#### Greater access to healthy foods

“I live in this area and I have to jump in my car to access healthy food. So, we can do so much education, but if we don't have access to food...”

- Participant, Garfield Park Community Council conversation

“We have to travel outside of our community to eat healthy food”

- Participant, Rush Employees conversation



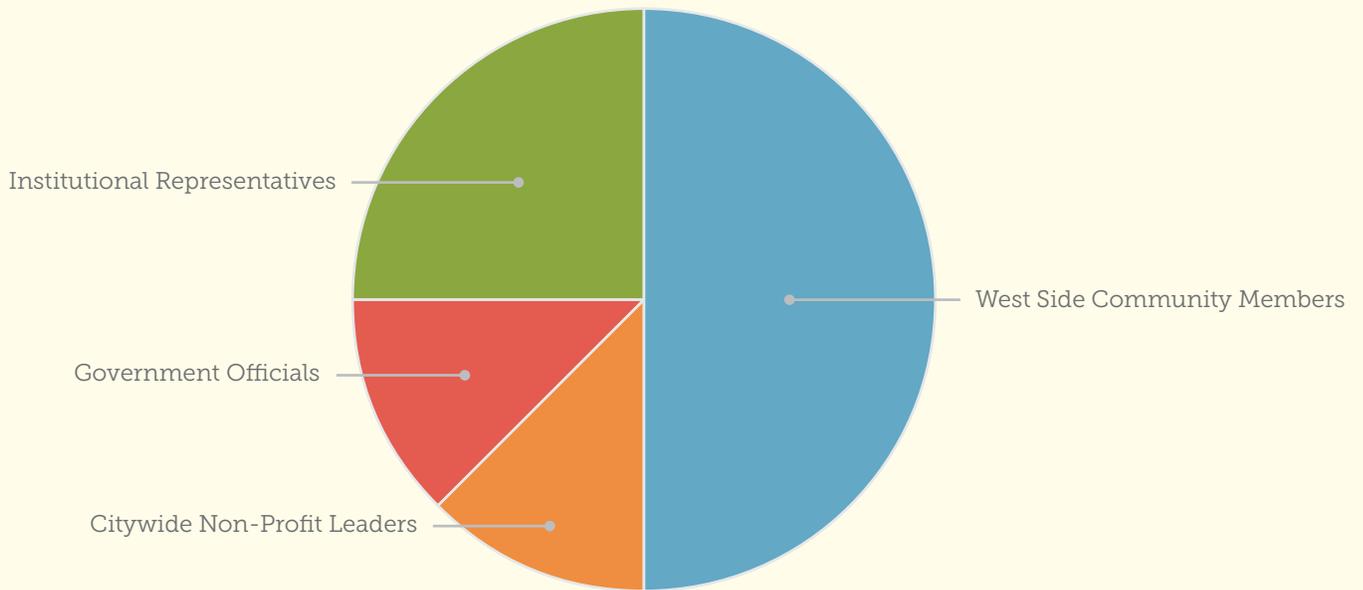
government officials, and leaders from West Side institutions. In addition to the 16 members of the Planning Committee, community members will participate in sub-committees in the coming months to provide input on the Collaborative’s governance structure, data collection and sharing, operational structure funding, communications strategy, and other areas as needed. A working team from the four healthcare institutions participating in the Collaborative (Rush University Medical Center, University of Illinois Hospital & Health Sciences System, Cook County Health and Hospitals System, and Presence Health) will support the Planning Committee.

During the Community Conversations, we received 150 nominations from participants for these Committee roles. On June 5, 2017, we invited all community nominees to an information session to learn more about the Planning Committee, and those who were interested submitted an application to share their relevant experience and vision for the West Side. The community seats on the Planning Committee are inclusive of all neighborhoods, respectful of prior experience working collaboratively, and open to new voices and perspectives. To select the institutional representatives on the Committee, we considered availability to participate and diversity in geographic location and focus area.

## Planning Committee

In addition to soliciting feedback on the West Side Total Health Collaborative, we also asked participants to help us identify potential members for the new Planning Committee. The 16-member Planning Committee, which will run from August through December 2017, will develop the long-term vision and scope for the Collaborative. In order to ensure a diverse range of perspectives, Planning Committee membership will include West Side residents, community-based program directors, community leaders, citywide non-profit leaders, non-elected

### 16-Member Collaborative Planning Committee



## Existing West Side Collaboratives

We know that there are a number of great neighborhood collaboratives working throughout the West Side on issues ranging from mental health to public safety to education. Rather than reinventing the wheel or duplicating efforts, the West Side Total Health Collaborative seeks to learn from and support existing collaboratives.

To that end, we asked individuals who attended the Community Conversations to let us know what collaboratives they participated in or knew about. While there are likely many more collaboratives than those listed below, we hope this table provides a useful overview of some of the partnerships across the West Side. We will continue to update this table as we learn more.

### West Side Collaboratives

COLLABORATIVE NAME	COMMUNITY AREA	FOCUS AREAS (Not Exhaustive)
North Lawndale Coordinating Council	North Lawndale	Comprehensive Planning Civic Engagement
Austin Coming Together	Austin	Early Childhood Workforce Development Youth Built Environment
Trauma Response & Intervention Movement (TR <sup>4</sup> IM)	West Side	Trauma Violence Prevention
West Side Stakeholders	West Garfield Park	Substance Abuse Violence Prevention
Garfield Park Community Council (GPCC)	East and West Garfield Park	Housing Open Space Wellness
Extended Anti-Violence Initiative (EAVI)	East Garfield Park	Public Safety Reducing Drug and Gang Violence
Garfield Park Garden Network	East and West Garfield Park	Wellness Food Security
Healthy Chicago Hospital Collaborative	City Wide	Access to Care Mental Health Obesity Social Determinants
SPARCC	City Wide	Economic Development Transit Racial Equity
Leaders Network	West Side	Economic Empowerment Educational Advancement Leadership Development
Violence Prevention Collaborative	South Lawndale	Violence Prevention
Little Village Education Collaborative	South Lawndale	Education
Little Village Youth Safety Network	South Lawndale	Youth Violence Prevention
Roots to Wellness	West Side	Behavioral Health Mental Health
Hope Response Coalition	Lower West Side South Lawndale	Food Housing Healthcare Employment
Community Health Promoters	South Lawndale	Health



## Conclusion/Next Steps

Thank you to everyone who joined us for the Community Conversations and has expressed interest in participating in the Planning Committee and sub-committees. The West Side Total Health Collaborative will be successful if you are a part of it, and we are grateful to those who have already shared their time and ideas with us. If you have additional feedback after reading this report or would like to learn more about how you can be involved, please get in touch with us by emailing [wsccommunityconversations@gmail.com](mailto:wsccommunityconversations@gmail.com).

In the coming months, we will be working with the Planning Committee members to develop a vision and roadmap for the Collaborative, and we want your thoughts. Stay tuned for opportunities to get involved through the Planning Committee sub-committees and other Collaborative events. We look forward to continuing to learn from you, West Side residents and community members, on how we can all work together to make the West Side a healthy and vibrant place for everyone to live and work.

# Appendices

## Appendix 1: January 10 Meeting Guests

### **Jon Altizer**

Director, Clinical Business Development  
Blue Cross Blue Shield Association

### **Christina Anderson**

Senior Associate  
Civic Consulting Alliance

### **David Ansell**

Senior Vice President for Community Health Equity  
Rush University Medical Center

### **Anjali Asthana**

Graduate Student, Health Systems Management  
Rush University Medical Center

### **Sam Bagchi**

System Chief Quality and Medical Officer  
Presence Health

### **Robert Barish**

Vice Chancellor for Health Affairs  
University of Illinois at Chicago

### **Cee Barnes-Boyd**

Senior Director, Community Engagement and Neighborhood  
Health Partnerships  
University of Illinois at Chicago

### **Brian Battle**

Principal  
Civic Consulting Alliance

### **Marcus Betts**

Senior Director of Community and Corporate Relations  
University of Illinois at Chicago

### **Becky Betts**

Chief of Staff to Arne Duncan  
Emerson Collective

### **Mark Capeless**

Manager  
Bain & Company

### **Tameeka Christian**

Director of Community Development  
Saint Anthony Hospital

### **Andrea Clinton**

Program Assistant  
Civic Consulting Alliance

### **Stephanie Comer**

President  
Comer Family Foundation

### **Megan Cunningham**

Managing Deputy Commissioner  
Chicago Department of Public Health

### **Heide Cygan**

Assistant Professor, College of Nursing  
Rush University Medical Center

### **Colby Dailey**

Managing Director  
Build Healthy Places Network

### **Katherine Dato**

Rush University Medical Center

### **Fanny Diego Alvarez**

Associate Director  
Enlace Chicago

### **Kathy Donahue**

Senior Vice President, Program Development and Evaluation  
Catholic Charities

### **Sruthi Doniparthi**

Graduate Student, Health Systems Management  
Rush University Medical Center

### **Arne Duncan**

Managing Partner  
Emerson Collective

### **Kim Erwin**

Assistant Director  
IIT Institute of Design

### **Brian Fabes**

Chief Executive Officer  
Civic Consulting Alliance

### **Paulo Fernandes**

Senior Business Analyst  
A.T. Kearney

**Angela Freeman**

Administrative Assistant  
Rush University Medical Center

**Sharon Gates**

Senior Director, Community Engagement  
Rush University Medical Center

**Judith Gethner**

Executive Director  
Illinois Partners for Human Service

**Leslie Glotzer**

Analyst  
Civic Consulting Alliance

**Robyn Golden**

Director of Health and Aging  
Rush University Medical Center

**Larry Goodman**

Chief Executive Officer  
Rush University Medical Center

**Melissa Gutierrez**

Manager of Research Operations, Population Health Sciences Program  
University of Illinois at Chicago

**Ravi Hansra**

Senior Vice President of Learning, Evaluation, and Community Impact  
YMCA of Metro Chicago

**Meghan Harte**

Executive Director  
LISC Chicago

**Marshall Hatch**

Senior Pastor  
New Mount Pilgrim Missionary Baptist Church

**Trent Haywood**

Chief Medical Officer and Senior Vice President  
Blue Cross Blue Shield Association

**Dougal Hewitt**

Chief Officer for Mission and External Affairs  
Presence Health

**Darlene Hightower**

Associate Vice President, Community Engagement and Practice  
Rush University Medical Center

**Sharon Homan**

President  
Sinai Urban Health Institute

**Ted Howard**

President and Co-Founder  
Democracy Collaborative

**Ankit Jain**

Senior Associate Consultant  
Bain & Company

**Tricia Johnson**

Associate Chair, Department of Health Systems Management  
Rush University Medical Center

**Bernita Johnson-Gabriel**

Senior Advisor for Neighborhood Development and Housing  
Chicago Office of the Mayor

**Art Jones**

Chief Medical Officer  
Medical Home Network

**Norman Kerr**

Vice President for Violence Intervention and Prevention Services  
UCAN

**Jerry Krishnan**

Associate Vice Chancellor for Population Health Sciences  
University of Illinois at Chicago

**Amy LaBoy**

Director of Programs and Services  
Greater Chicago Food Depository

**Alejandro Leza**

Program Manager  
Chicago Anchors for a Strong Economy

**Denise Little**

Chief Operating Officer  
Chicago Public Schools

**Cheryl Lulias**

President and Executive Director  
Medical Home Network

**Ann Lundy**

Chief Operating Officer  
Access Community Health Network

**Jessica Lynch**

Program Manager  
Illinois Public Health Institute

**Kate Maehr**

Executive Director and Chief Executive Officer  
Greater Chicago Food Depository

**Terry Mazany**

President and Chief Executive Officer  
Chicago Community Trust

**Diane McKeever**

Senior Vice President for Philanthropy  
Rush University Medical Center

**Suzet McKinney**

Executive Director  
Illinois Medical District

**Kandis Meinders**

Associate  
A.T. Kearney

**Bruce Miller**

Chief Executive Officer  
Lawndale Christian Health Center

**Michael Modak-Truran**

Analyst  
Civic Consulting Alliance

**Julie Morita**

Commissioner  
Chicago Department of Public Health

**Lisa Morrison Butler**

Commissioner  
Chicago Department of Family and Support Services

**Jose Muñoz**

Vice President of Community Ownership  
The Resurrection Project

**Sid Nair**

Consultant  
Bain & Company

**Christopher Nolan**

Manager, Community Benefit and Population Health  
Rush University Medical Center

**Katya Nuques**

Executive Director  
Enlace Chicago

**Antonio Ortiz**

President  
Cristo Rey Jesuit High School

**Lynn Ostrowski**

Executive Director  
Aetna Foundation

**John O'Toole**

Graduate Student, Health Systems Management  
Rush University Medical Center

**Barb Otto**

Chief Executive Officer  
Health and Disability Advocates

**Allison Parker**

Graduate Student, Health Systems Management  
Rush University Medical Center

**Monica Peek**

Associate Professor of Medicine  
University of Chicago Medicine

**Terry Peterson**

Vice President, Corporate and External Affairs  
Rush University Medical Center

**John Pontarelli**

Associate Vice President for Corporate Communications  
Rush University Medical Center

**Wendy Raymer**

Director, U.S. Community Affairs  
BMO Financial Group

**Mary Reinemann**

Senior Associate Consultant  
Bain & Company

**Jose Rico**

Senior Vice President of Community Investment  
United Way of Metropolitan Chicago

**Claude Robinson**

Executive Vice President of Youth Development and Diversity  
UCAN

**Nicole Robinson**

Vice President of Community Impact  
Greater Chicago Food Depository

**Alma Rodriguez**

Program Officer, Health  
Chicago Community Trust

**Rashad Saafir**

President and Chief Executive Officer  
Bobby E. Wright CBHC

**Amy Sagen**

Associate Director, Health Policy and Strategy  
University of Illinois at Chicago

**Erica Salem**

Director of Strategic Health Initiatives  
Health and Disability Advocates

**Juan Salgado**

President and Chief Executive Officer  
Instituto del Progreso Latino

**Sonali Salgado**

Associate Consultant  
Bain & Company

**David Sanders**

President  
Malcolm X College

**Kate Schellinger**

Chief of Staff  
Illinois Medical District

**Nicholas Schwerin**

Senior Business Manager of Community Based Practices  
Rush University Medical Center

**Zack Schrantz**

President and Chief Executive Officer  
UCAN

**Matthew Shanley**

Undergraduate Intern  
Civic Consulting Alliance

**Jay Shannon**

Chief Executive Officer  
Cook County Health and Hospitals System

**Erin Shelp**

Associate Director, Corporate and Foundation Relations  
Rush University Medical Center

**Darnell Shields**

Director of Operations  
Austin Coming Together

**James Sifuentes**

Vice President of Mission and Community Development  
Saint Anthony Hospital

**Will Snyder**

System Vice President of External Affairs  
Presence Health

**Angela Taylor**

Wellness Coordinator  
Garfield Park Community Council

**Karen Teitelbaum**

President and Chief Executive Officer  
Sinai Health System

**Daniel Thiel**

Analyst  
Civic Consulting Alliance

**Donna Thompson**

Chief Executive Officer  
Access Community Health Network

**Curtis Toler**

Community Change Leader  
Emerson Collective

**Mike Tomas**

Executive Director  
Garfield Park Community Council

**Katie Tuten**

Program Development  
Catholic Charities

**Shweta Ubhayakar**

Project Manager and Adjunct Faculty  
Rush University Medical Center

**Nicole Vahl**

Health and Science Program Manager  
Illinois Medical District

**Susana Vasquez**

Vice President, Strategic Partnerships  
IFF

**Shawn Vogen**

Associate Vice President, Trustee and Principal Giving  
Rush University Medical Center

**Shelby Wallace**

Graduate Student, Health Systems Management  
Rush University Medical Center

**Karriem Watson**

Director of Community Engagement in Clinical Research  
University of Illinois at Chicago

**Laura Wetter**

Development Associate  
Garfield Park Community Council

**Calisa Williams**

Care Coordinator  
Rush University Medical Center

**Robert Winn**

Associate Vice Chancellor for Community Based Practice  
University of Illinois at Chicago

**Anna Wojcik**

Strategic Project Manager  
University of Illinois at Chicago

**Sophia Worobec**

Senior Director, Corporate and Foundation Relations  
Rush University Medical Center

**Kathryn Yaros**

Relationship Manager  
Chicago Anchors for a Strong Economy

## Appendix 2: Participating Organizations

A.T. Kearney  
Access Community Health Network  
Aetna Foundation  
Austin Coming Together  
Bain & Co.  
Blue Cross Blue Shield Association  
Bobby E. Wright CBHC  
Build Healthy Places Network  
Catholic Charities  
Chicago Anchors for a Strong Economy  
Chicago Community Trust  
Chicago Department of Family & Support Services  
Chicago Department of Public Health  
Chicago Public Schools  
Civic Consulting Alliance  
Comer Family Foundation  
Cook County Health & Hospitals System  
Cristo Rey Jesuit High School  
Democracy Collaborative  
Emerson Collective  
Enlace Chicago  
Garfield Park Community Council  
Greater Chicago Food Depository  
Health and Disability Advocates  
IFF  
IIT Institute of Design  
Illinois Medical District  
Illinois Partners for Human Service  
Illinois Public Health Institute  
Instituto del Progreso Latino  
Lawndale Christian Health Center  
LISC  
Malcolm X College  
Mayor's Office  
Medical Home Network  
New Mount Pilgrim Missionary Baptist Church  
Presence Health  
Rush University Medical Center  
Saint Anthony Hospital  
Sinai Health System  
Sinai Urban Health Institute  
The Resurrection Project  
UCAN  
University of Illinois at Chicago  
United Way of Metropolitan Chicago  
University of Chicago Medicine  
YMCA of Metro Chicago

### Appendix 3: Proposed Activities for Collaboration

By working together, partner institutions can magnify the impact of existing initiatives, develop new programs and provide coordinated resources to existing collaboratives.

Examples of Potential Collaborations on the West Side				
Business Units	Patient Care	Community Engagement		
<p><b>Collaborate on internal anchor strategy initiatives</b></p> <p>West Side health institutions align business units and coordinate anchor initiatives that will magnify local community impact in construction, hiring, investments and purchasing.</p>	<p><b>Coordinate patient care delivery</b></p> <p>West Side health institutions share information on the top patient needs they encounter and identify opportunities to collectively optimize patient care, through joint public health and information technology initiatives.</p>	<p><b>Coordinate institutional participation in neighborhood collaboratives</b></p> <p>Provide support for existing, community based collective impact collaboratives in education, safety, health and employment to help identify top community priorities and coordinate resources to meet emerging needs.</p>	<p><b>Support backbone structure of neighborhood collaboratives</b></p> <p>Provide “backbone” support to neighborhood collaboratives by sharing expertise in financial management, grant writing, research, evaluation and other capacity building resources.</p>	<p><b>Amplify the voice of the community through combined influence</b></p> <p>Leverage our collective influence and support community based organizations to amplify West Side needs as a unified voice that will magnify impact.</p>

## Appendix 4: January 10 Meeting Agenda

**7:00**     **Arrival**

**7:05**     **Welcome**

**David Sanders**

*President, Malcolm X College*

**7:10**     **Introductions**

**Larry Goodman**

*CEO, Rush University Medical Center*

**Robert Barish**

*Vice Chancellor for Health Affairs, University of Illinois at Chicago*

**Jay Shannon**

*CEO, Cook County Health & Hospitals System*

**7:20**     **Overview**

Larry Goodman

**7:30**     **Opportunity for Collaboration**

**Darlene Oliver Hightower**

*Associate Vice President for Community Engagement and Practice, Rush University Medical Center*

**7:35**     **Table Discussions**

Questions:

- What do you think of this idea?
- If financial resources were available and you could better coordinate your work with other groups, what new programs or initiatives would you launch to move the needle on employment, education, health or public safety?
- Are there other barriers to working together more closely? What are they? How might they be removed?

**8:20**     **Report Out**

**Darlene Oliver Hightower**

**Karriem Watson**

*Director of Community Engagement in Clinical Research, University of Illinois at Chicago*

**8:45**     **Reflections**

**Terry Mazany**

*President and CEO, The Chicago Community Trust*

**8:50**     **Thank You and Next Steps**

**David Ansell**

*Senior Vice President for Community Health Equity, Rush University Medical Center*

**Robert Winn**

*Associate Vice Chancellor for Community Based Practice, University of Illinois at Chicago*

## Appendix 5: Sample Feedback Survey

1. Name \_\_\_\_\_

2. Organization \_\_\_\_\_

3. In your own words, please describe the proposal.

\_\_\_\_\_

4. Is this idea worth pursuing?

- Definitely not
- Probably not
- Probably
- Definitely

5. Will this idea add a unique value to existing efforts on the West Side?

- Definitely not
- Probably not
- Probably
- Definitely

6. What do you consider to be the top five opportunities that this group should focus on?

\_\_\_\_\_

7. How well do your existing work, programs, and goals align with this proposal?

- Not at all
- Not well
- Somewhat
- Very well

8. If you responded “somewhat” or “very well” to the previous question, describe how your existing work, programs, and goals align or might align with this proposal.

\_\_\_\_\_

9. Based on your experience with existing collaboratives and partnerships, what would make this proposal especially effective?

\_\_\_\_\_

10. What are your concerns?

\_\_\_\_\_

11. Who else should be part of these discussions going forward? Please include names, organizations, and contact information.

\_\_\_\_\_

12. Anything else you would like to share?

\_\_\_\_\_





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