Rush University Medical Center would like to extend a special thank you to everyone who participated in the Community Health Needs Assessment process. The insight and collaboration of many people allowed Rush to develop a comprehensive understanding of the community and its health needs and prepare for a productive community outreach planning effort. Specifically, we would like to thank the following individuals:

**Interview Participants**

- Walter Burnett
  Alderman 27th Ward, Chicago
- Reverend Marshall Elijah Hatch Sr.
  Pastor, New Mount Pilgrim Missionary Baptist Church
- Reverend George Henderson
  Pastor, Greater Garfield Park Missionary Baptist Church
- Art Jones, MD
  Chief Medical Officer, Medical Home Network
- Roderick Jones, MPH
  Director of Epidemiology, Chicago Department of Public Health
- Sally Lemke, MS, RN, WHNP-BC
  Rush Clinic at Simpson Academy
- José E. Lopez
  Executive Director, Puerto Rican Cultural Center
- Cheryl Lulias
  President and Executive Director, Medical Home Network
- Reverend Johnny Lee Miller
  Pastor, New Mount Pilgrim Missionary Baptist Church
- Crystal Palmer
  CAC Liaison, Chicago Housing Authority
- Christopher Provenzano
  Executive Director, University Village Association
- Reverend Charles Robinson
  Pastor, Holy Starlight Missionary Baptist Church
- Erica Salem, MPH
  Deputy Commissioner, Chicago Department of Public Health
- Andrew Teitelman, LCSW
  Vice President, Resident Services, Chicago Housing Authority
- Reverend Albert D. Tyson III
  Presiding Elder, North District Chicago Conference of African Methodist Episcopal Churches
- Debra G. Wesley
  President, Sinai Community Institute; Executive Vice President for Community Outreach – Sinai Health System

**Community Health Needs Assessment Steering Committee**

- Cynthia Barginere, RN, DNP, FACHE
  Vice President, Clinical Nursing, Chief Nursing Officer
- Elizabeth M. Cullen
  Administrative Project Assistant
- Melanie C. Dreher, PhD, RN, FAAN
  John L. and Helen Kellogg Dean of College of Nursing of Rush University
- Gena P. Faas, MPA
  Manager, Government Affairs
- Sarah Finneghan
  Associate Vice President, Donor Engagement
- Francis Fullam, MA
  Senior Director, Marketing Research and Patient Relations
- Lauren L. Goebel, MBA, MHSA
  Assistant Vice President, Rush System for Health
- Robyn L. Golden, MA, LCSW
  Director of Health and Aging
- Joan E. Kurtenbach, MPH
  Vice President, Strategic Planning, Marketing and Communications
- Neha Mehta
  Senior Analyst, Strategic Planning, Marketing and Program Development
- Martha Clare Morris, ScD
  Assistant Provost for Community Research
- Terry Peterson, MPA
  Vice President, Corporate and External Affairs
- Steven K. Rothschild, MD
  Vice Chairman, Preventive Medicine
- Katharine E. Struck, JD
  Associate General Counsel
- Susan M. Swider, PhD, APHN-BC
  Professor, College of Nursing
- Simone Tseng, MHSA
  Associate Vice President, Strategic Planning and Program Development
- Marilyn Wideman, DNP, RN-BC, FAAN
  Associate Vice President for Community Healthcare Practice, Associate Provost for Professional Education and Community Engagement
- Elizabeth Wurth, MHSA
  Administrative Fellow
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Rush University Medical Center’s long-standing commitment to the community spans more than 175 years. This commitment has grown and evolved through significant thought and care in considering our community’s most pressing health needs. As part of this effort, Rush will conduct a periodic, comprehensive Community Health Needs Assessment (CHNA), which represents a combination of quantitative and qualitative data that serve to guide both our community benefits and strategic planning.

The assessment will be conducted every three years in accordance with regulations promulgated by the Internal Revenue Service pursuant to Section 501(r)(3) of the Internal Revenue Code. The CHNA will serve as a foundation for developing an implementation strategy to address those needs that (a) the hospital determines it is able to meet in whole or in part, (b) are otherwise part of its mission, and (c) are not met or are not adequately met by other programs and services in the defined service area.

The CHNA process was guided by a Community Health Needs Assessment Steering Committee. Rush is fortunate to have many representatives that are involved with our outreach, research and partnership efforts, also providing public health and local expertise of the community (see acknowledgements page for list of Steering Committee members).

Rush University Medical Center is an academic medical center that encompasses a hospital for adults and children with 669 staffed beds (including Rush Children’s Hospital), the 72-bed Johnston R. Bowman Health Center for older adult and rehabilitative care, and Rush University. It also operates Rush Oak Park Hospital, which has conducted a separate CHNA with a distinct service area.

**Our Investment in the Community**

At Rush University Medical Center, our mission is to provide the best possible care — whether it’s on our campus or in the community — through collaboration with local institutions. Rush joins its neighbors in serving the greater Chicago area by providing health care, educating future health care providers, supporting research, and sending volunteers throughout our community. In fiscal year 2011 (July 2010-June 2011), the cost to Rush to provide these community benefits to the West Side and the Chicago area was more than $220 million.

This assessment considered multiple data sources, including secondary data (regarding demographics, health status indicators, and measures of health care access), assessments prepared by other organizations in recent years, and primary data derived from interviews with persons who represent the broad interests of the community, including those with expertise in public health.

The report brings together and provides an analysis of these various sources, and sets forth the community health priorities identified through the CHNA process.
In 2012, Rush University Medical Center conducted a comprehensive, multifactor assessment that fulfills federal regulatory requirements, and also provides a consistent and standardized database to guide the development and implementation of Rush’s strategic plans while promoting opportunities to work collaboratively to address the health needs of service area residents.

The assessment includes the collection and analysis of the most up-to-date health, social, economic, housing and other data, as well as qualitative input directly from community leaders, representatives, and agencies through focus groups and interviews. Additionally, Professional Research Consultants, Inc. was contracted to conduct a phone survey of residents in Rush’s service area using questions based on the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) survey. This methodology allowed the steering committee to analyze both quantitative data and qualitative input. The steering committee reviewed all data available and collectively, through discussion, prioritized those health needs of our community that varied substantially from benchmark data and often times were also aligned with national, state and local public health initiatives.

The CHNA enables Rush University Medical Center to ensure our resources are appropriately directed towards opportunities where the greatest impact can be realized. Rush will focus on providing resources that address each of the following health needs through direct patient care, health education and promotion, pipeline training programs, community-based research, and developing and supporting community partnerships aligned with these identified health needs in our community.

The following is a brief summary of priority health needs in Rush’s service area:

- **Social Determinants of Health**  
  Rush’s service area shows high rates of poverty, unemployment, low education attainment, and a large uninsured and Medicaid population.

- **Access to Health Services**  
  Structural, financial, and personal barriers hinder residents from accessing health services in the area.

- **Physical Activity, Nutrition, Weight Control**  
  Nutrition and physical activity of the population must be improved to tackle high rates of obesity.

- **Diabetes**  
  Diabetes and elevated blood sugar levels remain serious health issues in the service area.

- **Heart Disease and Cardiovascular Risk Factors**  
  Heart disease is the leading cause of death among residents. Many residents suffer from high blood pressure and high cholesterol, major symptoms of heart disease.

- **Women’s Health**  
  Breast cancer mortality and mammography screening rates show significant disparities among racial/ethnic groups. Caesarean section rates in the area are much higher than CDC’s health goals.

- **Mental Health**  
  Many residents suffer from poor mental health status and have high rates of symptoms for chronic depression. Substance abuse is a public health issue in the area as well.

- **Asthma and Chronic Respiratory Disease**  
  Chicago has the highest asthma mortality rate in the country, with asthma prevalence rates particularly high in Rush’s service area. Smoking rates in Rush’s service area, although declining, are higher than CDC’s health goals.
Rush identified the community it serves by including communities surrounding the hospital and conducting a patient origin ZIP code analysis. Rush’s service area comprises seven ZIP codes, including the community areas of Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale, and South Lawndale. The demographics and health status statistics used in this report included both the ZIP code level and community area level data where available. Since Chicago residents more readily identify with community areas than ZIP codes, the report attempted to show data by community areas where possible. As shown in the map (figure 1), the seven ZIP codes in our service area show significant overlap with the community areas mentioned.

Figure 1. Chicago Map by ZIP Code and Community Area
Community Surveys

Rush retained Professional Research Consultants, Inc. (PRC), facilitated by the Metropolitan Chicago Healthcare Council (MCHC), to conduct community interviews in Rush’s service area. More information on PRC is provided in Appendix C. The final 216-question survey instrument was approved by MCHC and PRC, with input from participating member hospitals. The survey instrument used for this study is based largely on the U.S. Department of Health and Human Services’ Behavioral Risk Factor Surveillance System, as well as various public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues.

To ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phones interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities. For comparison purposes, PRC gave Rush access to data from all ZIP codes within DuPage, Lake, and Cook counties.

Surveys were administered among a random sample of households within each ZIP code. Once the surveys were completed, they were weighted in proportion to the actual population distribution at the ZIP code level to appropriately represent the demographics (gender, age, race, ethnicity, and poverty status) of the hospital’s service area.

While this assessment is comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that certain information gaps might, in some ways, limit Rush’s ability to assess all of the community’s health needs. For example, certain population groups, such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish, are not represented in the survey data. Other population groups, for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups, might not be identifiable or might not be represented in numbers sufficient for independent analyses.

Focus Groups

As part of the study, PRC also conducted two focus groups in June 2012 relevant to Rush’s location — Cook County and Downtown/West Chicago. Sixteen key informants took part. These included physicians, other health professionals, social service providers, community leaders, and public health experts, as well as individuals who work with low-income, minority, or medically underserved populations, and those who work with persons with chronic disease conditions.

Interviews

Rush conducted in-person individual interviews with external stakeholders and internal staff between September 2012 and January 2013. Participants were chosen because of their ability to identify the primary health concerns of the community, their expertise in public health or their association with the types of program interventions or resources that could address identified concerns.

The interviewees consisted of government officials, community organization leaders, church leaders, school leaders, physicians, public health officials and nurses. By virtue of their positions and professional training, these individuals have considerable expertise related to their constituent groups and have provided invaluable insights throughout Rush’s CHNA process. Please see the acknowledgements page for the list of all participants including those with special knowledge or expertise in public health and leaders or representatives of medically underserved, low-income, and minority populations.
Secondary Sources

Existing data sources were consulted to complement the research quality of the CHNA. This data included demographics, social and health indicators, mortality statistics, and other public health data. Additionally, Appendix A, a health care asset map, and Appendix B, a list of various health resources in Rush’s service area, have been included to identify the existing health care facilities and other resources within the community which are available to meet the needs identified through this CHNA.

The following sources were referenced for this report:

- Centers for Disease Control and Prevention (CDC)
- CDC’s Healthy People 2020
- Chicago Department of Public Health (CDPH)
- CDPH’s Chicago Plan
- CDPH’s Healthy Chicago Plan
- *Journal of Allergy and Clinical Immunology*
- National Center for Health Statistics
- National Prevention Strategy
- Patient Protection and Affordable Care Act of 2010
- Sinai Urban Health Institute
- United Way of Metropolitan Chicago’s Health & Wellness Impact Plan 2012 – 2016
- U.S. Bureau of Labor Statistics
- U.S. Census Bureau
- U.S. Department of Health & Human Services
- The CHNA Steering Committee
Demographics

In 2010, the Rush service area had a total population of 330,661, which is a 9 percent decrease from 2000. Most of Chicago’s community areas experienced a drop in population between 2000 and 2010. The age profile remained fairly stable from 2000 to 2010 (table 1).

<table>
<thead>
<tr>
<th>Community Area</th>
<th>Age 0–17</th>
<th>Age 18–44</th>
<th>Age 45–64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Town</td>
<td>15%</td>
<td>63%</td>
<td>16%</td>
<td>6%</td>
</tr>
<tr>
<td>West Garfield Park</td>
<td>31%</td>
<td>36%</td>
<td>23%</td>
<td>10%</td>
</tr>
<tr>
<td>East Garfield Park</td>
<td>30%</td>
<td>38%</td>
<td>23%</td>
<td>9%</td>
</tr>
<tr>
<td>Near West Side</td>
<td>14%</td>
<td>63%</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>North Lawndale</td>
<td>33%</td>
<td>37%</td>
<td>21%</td>
<td>9%</td>
</tr>
<tr>
<td>South Lawndale</td>
<td>30%</td>
<td>48%</td>
<td>17%</td>
<td>5%</td>
</tr>
<tr>
<td>Lower West Side</td>
<td>27%</td>
<td>48%</td>
<td>18%</td>
<td>7%</td>
</tr>
<tr>
<td>Total Rush Area</td>
<td>23%</td>
<td>52%</td>
<td>18%</td>
<td>7%</td>
</tr>
<tr>
<td>Total Chicago</td>
<td>23%</td>
<td>44%</td>
<td>23%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Table 1. Age Profile
Source: Chicago Department of Public Health, 2010; U.S. Census Bureau, 2010

Overall, 39 percent of residents in Rush’s service area are Hispanic, 32 percent are black, 24 percent are white, and 5 percent identified as other. However, the race profile for the service area varies by individual community area (figure 2).
Demographics and Health Trends

Mortality Rates

Most mortality rates for the communities in Rush’s service area are higher than the corresponding Chicago, U.S. baseline, and Healthy People 2020 target rates (figure 3). In general, mortality rates (per 100,000 population) are higher in Rush’s community areas than in Chicago overall and the rest of the United States, with some variance among different racial/ethnic groups. North Lawndale and West Garfield have particularly high mortality rates in most disease types.

The mortality rate overall dropped by 21 percent in Chicago between 1999 and 2007. In particular, Chicago heart disease mortality rate decreased 37 percent during that time.

Natality Rates

The teen birth rate is calculated from the number of births to teens aged 15–19 per 1,000 population of 15–19 females. West Garfield Park and North Lawndale have two of the highest teen birth rates within Chicago, with rates of 115 and 109 per 1,000, respectively. In Chicago, teen birth rates declined by 37 percent in the past decade.

Infant mortality in East and West Garfield Park, North Lawndale, and the Lower West Side is significantly higher than the U.S. baseline of seven per 100,000.

Figure 3. Mortality Rates (per 100,000)
Source: Chicago Department of Public Health, 2007
Health Status

Overall, community survey respondents reported being healthy, with 44 percent reporting very good or excellent health and 76 percent reporting good or better health. Twenty-four percent ranked their health as fair/poor, which is high compared to other areas (figure 4).

Risk factors for chronic disease — including obesity, high blood pressure, high cholesterol, diabetes, mental health, and asthma — are highly prevalent in Rush’s service area (figure 5), and were cited as major health issues by both primary and secondary sources. The following pages attempt to provide a more detailed analysis of each major health issue identified.

Figure 4. Percent of Respondents Rating Their Physical Health as Fair/Poor in Rush’s Service Area
Source: PRC, 2012; CDC, 2011

Figure 5. Have You Ever Been Told by a Doctor or Health Professional That You Have Any of the Following? (In Rush’s service area)
Source: PRC, 2012
Overview

The World Health Organization defines social determinants of health as circumstances shaped by the distribution of wealth, power, and resources. These social determinants are largely responsible for the differences in health status among communities.

Poverty, Unemployment, and Education

Rush’s community areas have high rates of poverty. Five of the seven communities report a higher percentage of households living below the poverty line ($23,550) than in Chicago as a whole, and all seven communities have higher rates than Illinois and the U.S. A few of Rush’s communities have particularly high rates of poverty. The poverty rate in East and West Garfield Park is 40 percent and is 38 percent in North Lawndale. Six communities had an unemployment rate above 10 percent in 2011, including West Garfield Park with 25 percent and North Lawndale with 19 percent.

Many of the same communities with high poverty and unemployment rates also have a low level of educational attainment among the adult population. In five of the seven communities in the Rush service area, more than a quarter of residents 25 years of age and older do not have a high school diploma. In South Lawndale, 59 percent of people in this age group do not have a high school diploma, which is the worst rate among all communities in Chicago.

Violence

Violence is a major issue in Rush’s service area. The CDPH’s Chicago Plan ranked violence as the 2nd most important health-related issue in Chicago’s West Side. Figure 3 shows mortality rates due to homicide as much higher in Rush’s service area compared to overall Chicago, U.S., and Healthy People 2020 target rates. Violence prevention is a focus of the Chicago Department of Public Health over the next five years. In 2010 alone, violence claimed 435 lives in Chicago.

According to PRC’s surveys, 16 percent of respondents in Rush’s service area ranked their neighborhood as “not at all safe” and 9 percent have been victims of violent crime in the past five years.

Students missing school due to safety issues was also noted as a major concern in Rush’s service area.
Health Coverage

In FY 2010, there were 127,057 Medicaid recipients in Rush’s service area. This represents 38 percent of the area’s population. Children made up 59 percent of the area’s Medicaid recipients (figure 6).

In 2010, Chicago had an uninsured rate of 20 percent. Of the uninsured, Hispanics comprise the largest proportion, followed by blacks, whites, and Asians (figure 7).

According to PRC’s survey data for Rush’s service area, of those currently insured, 13 percent went without health coverage at some point over the past year.

Figure 6. Breakdown of Medicaid Enrollees in Rush’s Service Area
Source: Illinois Department of Healthcare and Family Services, FY2010

Figure 7. Chicago’s Uninsured by Race/Ethnicity
Source: Chicago Department of Public Health, 2009

Note: Partial Medicaid consist of Medicare beneficiaries who are enrolled in a Medicaid program that does not offer Medicaid health coverage, but does provide assistance in paying Medicare premiums and other out-of-pocket costs. Medicaid programs that provide “partial” Medicaid benefits include Medicare Savings Programs (QMB, SLMB, QI, and QDWI).
Overview

The Patient Protection and Affordable Care Act of 2010 highlights the importance of access to health care as a public health issue on a national level. In Chicago, access to care was found to be an important issue as well. Having access to health services is an important determinant of health status and is critical to eliminating health disparities and increasing years of healthy life.

According to the U.S. Department of Health and Human Services, structural, financial, and personal barriers can limit access to health care. Structural barriers include the lack of providers or facilities to meet special needs or the difficulties in the scheduling process for a patient to get needed care. The key financial barriers that patients experience are a lack of health insurance and not having the financial capacity to cover health services outside their health plan or insurance program. Personal barriers include cultural or spiritual differences, language and transportation barriers, not knowing how or when to seek care, or concerns about confidentiality or discrimination.

Several data sources and community interviews indicated that there are major concerns in Rush’s service area related to access to health services, particularly financial and structural barriers.

Ratings and Use of Health Services in Rush’s Area

Rush community area respondents reported satisfaction with the overall health care services available to them in the area — with ratings of 44 percent very good or excellent, 36 percent good, and 20 percent fair or poor (figure 8).

The majority of survey respondents go to a hospital-based clinic (34 percent) or a doctor’s office (36 percent) when sick or in need of medical advice, while some (7 percent) visit an emergency room. Thirty percent have not had a routine exam in the past year.

Figure 8. Rating of Health Care Services Available in Rush’s Service Area
Source: PRC, 2012
Structural Barriers

Structural barriers include difficulty getting appointments and receiving continuity of care.

According to the community surveys, 44 percent of the respondents indicated at least one barrier in accessing health care services in the past year. Inconvenient hours, difficulty getting appointments, and difficulty finding a physician were noted as reasons that prevented respondents from getting care (figure 9). In addition, Rush's patients identify some challenges to access and scheduling appointments in the Press-Ganey patient satisfaction surveys.

Figure 9. Percent of Respondents Who Noted the Following Barriers for Not Getting Care in Rush's Service Area
Source: PRC, 2012

Financial Barriers

Due to increasing unemployment rates and a high poverty level, many residents are uninsured and cannot afford health care services.

According to the community surveys, in the past year, 21 percent stated that cost prevented them from getting care. In addition, 21 percent responded that cost prevented them from getting prescriptions and 20 percent skipped doses of their prescriptions to save money (figure 10).

Personal/Cultural Barriers

According to several interviews and demographic data from the U.S. Census Bureau, the diversity of Chicago's population highlights the importance of diversity and cultural effectiveness within the public health and health care workforce. Rush's service area includes a large Hispanic population (see figure 2), who report that language and cultural barriers often prevent them from receiving adequate care.

According to Chicago's Department of Public Health, health education is particularly important for non-white racial/ethnic groups. Chicagoans are in need of linguistically and culturally effective information to help them understand and access the care they need.

In addition, inadequate transportation is also a barrier to care, with 11 percent of community survey respondents stating that transportation hindered a physician visit in the past year.

Figure 10. Percent of Respondents With Cost Barriers to Care in Rush's Service Area
Source: PRC, 2012
Overview

The problem of adult and child obesity has reached epidemic levels, both nationally and in Chicago. Sixty-seven percent of Chicago adults are considered either overweight or obese; this shows a 48 percent increase over the past decade. The Healthy People 2020 target is 31 percent or less in the population.

It is widely recognized that being overweight or obese can lead to a variety of chronic diseases, including heart disease, diabetes, hypertension, cancer, stroke, and osteoarthritis. It is critical to address this issue not only to enhance health and well-being within the community but also to reduce health care costs over the long term.

According to the Chicago Department of Public Health, 71 percent of high school students and 29 percent of adults do not get adequate physical activity, and over 70 percent of students and adults do not eat the recommended number of servings of fruits and vegetables. In 2010, an estimated 380,000 Chicagoans lived in food deserts, an area where there is little to no access to foods needed to maintain a healthy diet.

Rates in Rush’s Service Area

According to the community surveys, 40 percent of respondents were overweight (25 ≤ BMI < 30) and 32 percent of respondents were obese (BMI ≥ 30.) The total 72 percent is greater than the already high Chicago, Illinois, and U.S. rates (figure 11).

Poor nutrition is a major cause of obesity. Nutritious foods are generally more expensive and fresh fruits and vegetables are difficult to access in economically poorer communities. Twenty-nine percent of community survey respondents stated that it is somewhat or very difficult to find fresh produce affordably. Despite 47 percent of respondents receiving medical advice on nutrition, obesity rates are still climbing.

Inactivity also promotes obesity. According to community surveys, 54 percent of community respondents do not meet physical activity guidelines. According to PRC and interviews, due to safety concerns, lower income residents are less likely to spend time outside or in parks and are more likely to drive instead of walk. Twenty-four percent of community survey respondents said it was somewhat or very difficult to find safe places to exercise.

In addition, children in Rush’s service area are more likely to spend time in front of a television or computer. Fifty-seven percent of children from the community surveys have three or more hours of screen time per day, much higher than the U.S. average of 43 percent.

Interview Findings

In Rush community interviews, participants pointed to issues with lunch offerings in school cafeterias, unhealthy foods being the easy and affordable choice, and portion control as key contributors to poor nutrition.
Overview

As with many chronic diseases, diabetes mellitus is often the result of behavioral risk factors, such as poor diet and being overweight or obese. As diabetes rates increase, so does the risk for other chronic and acute conditions. Education, screening, and effective medical management can help control these conditions, which are often lifestyle and diet-related.

Diabetes-Related Mortality and Hospitalizations

Diabetes is the fifth leading cause of death in Chicago. Rush’s service area has a diabetes-related age-adjusted death rate of 84 per 100,000, higher than Chicago’s rate of 71 and the Healthy People 2020 target of 66 (figure 3). Significant variation exists among racial/ethnic groups, with Hispanics and blacks having higher diabetes-related mortality rates than whites.

While diabetes-related deaths have shown a 16 percent decrease in the past decade for all Chicagoans, short-term and long-term hospitalization rates have grown by 8 percent and 35 percent respectively. Hospitalization rates are particularly high in Rush’s service area (figure 12).

Diabetes Prevalence

According to the PRC community surveys, 10 percent of respondents have diabetes or high blood sugar levels. According to the Chicago Department of Public Health, the diabetes rate in Chicago has doubled from 2000 to 2009. Large increases occurred in specific groups: adults aged 25–44, adults over 65 years, and individuals with incomes less than $15,000.

Interview Findings

Community interviews indicated diabetes is a health issue that affects all ages. Organizations from school-based clinics through senior housing services all mentioned the prevalence of the disease in their communities. One school-based health clinic also noted that they have seen increasing rates of pre-diabetes symptoms among teenagers.
Heart Disease and Cardiovascular Risk Factors

Overview

Heart disease is the leading cause of death in the United States. Heart disease is one of the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in health care expenditures and related expenses in 2010 alone. High blood pressure and cholesterol are the leading risk factors for heart disease, along with obesity, diabetes, cigarette smoking, and poor diet, which are discussed in other sections of this assessment.

Mortality Rates

Heart disease is the leading cause of death in Chicago. Rush’s service area has a similar age-adjusted mortality rate as Chicago as a whole, at 163 deaths per 100,000. This is much higher than the U.S. average and Healthy People 2020 targets (figure 3). However, according to the Chicago Department of Public Health, coronary heart disease mortality rates have been declining steadily with a 36 percent decrease from 2000 to 2009.

While heart disease also showed a decrease in hospitalization rates, with a 37 percent decrease between 1999 and 2007, hypertension-related hospitalizations went up by 14 percent.

Prevalence Rates

While 4 percent of community survey respondents were told they had heart disease by a physician or health care practitioner, many more have high blood pressure, high cholesterol, or cardiovascular risk factors. These rates are much higher than the Healthy People 2020 objectives (figure 13).

Eighty-six percent of community survey respondents have at least one cardiovascular risk factor. These risk factors include, in addition to elevated blood pressure and high cholesterol, diabetes, obesity, and cigarette smoking.

Although rates of hypertension and high cholesterol in Rush’s service area are higher than Healthy People 2020 targets, the proportion of respondents that have had these checked recently is on par or higher than targets (figure 14).
Overview

According to the Society of Women’s Health Research, women’s health is generally defined as issues specific to human female anatomy, including areas where biological sex differences between women and men exist. This encompasses reproductive health, breast cancer, routine screenings, maternal health, and childbirth. They can also include medical situations in which women face problems not directly related to their biology, such as gender-differentiated access to medical treatment.

Breast Cancer and Mammography

Breast cancer is the most common type of cancer among women and accounts for one-fourth of all cancer diagnoses in the United States. In the Rush service area, the breast cancer mortality rate is 27 per 100,000. The Healthy People 2020 target is 21 per 100,000.

Due to advances in mammography screening and breast cancer treatment, breast cancer mortality rates have been decreasing in Chicago overall. However, there are significant disparities among racial/ethnic groups. According to the Chicago Department of Public Health, although breast cancer mortality for black women in Chicago decreased by 14 percent between 1999 and 2007, it still is 48 percent higher than the rate for whites (figure 15). The Sinai Urban Health Institute published a report in 2007 that brought attention to these disparities and suggested improvements, including gathering data on mammography quality.

Routine mammograms are essential for detecting breast cancer at an early stage. According to community survey interviews, only 73 percent of women respondents between the ages of 50 and 74 received mammograms in the past two years, lower than the U.S. average and the Healthy People 2020 target of 81 percent.

Maternal Health

Caesarean sections are increasing in the U.S. and Chicago, estimated at 32 percent in the U.S. by the National Institute of Health and at 35 percent according to the Illinois Department of Public Health. It is estimated that only 5 percent of C-sections are true emergencies. Research suggests C-sections are associated with extra risks, including physical problems, longer recovery, and breathing problems. Healthy People 2020 seeks to lower the C-section rate to 15 percent among low-risk women giving birth for the first time.

Teen Pregnancy

Infants born to teenage mothers, especially mothers younger than 15 years of age, are more likely to suffer from low birthweight, neonatal death, and sudden infant death syndrome. The CDPH’s Chicago Plan listed teen pregnancy as the sixth top health issue on Chicago’s West Side. In 2008, about 32 out of every 1,000 girls aged 10–19 years in Chicago gave birth. The overall teen birth rate in Chicago has declined by 37 percent in the past decade; however, the decreases have been significantly greater among whites (70 percent) than blacks (38 percent) and Hispanics (23 percent).

Figure 15. Breast Cancer Mortality Rates per 100,000 in Chicago
Source: Chicago Department of Public Health’s Chicago Plan, 2007
Overview

According to the National Institute of Mental Health, one in four adults across the nation experiences a mental health disorder in any given year. Chicago is no exception.

Mental Health Statistics

CDPH’s Chicago Plan ranked mental health as the fifth most important health issue on Chicago’s West Side. According to the community surveys in Rush’s area, 23 percent of respondents rated their mental health status as fair/poor (figure 16) compared to the 12 percent average in the U.S. In addition, 34 percent of respondents have had symptoms of chronic depression in the past two years.

According to the Illinois Health Facilities and Services Review Board, acute mental illness accounted for 12 percent of all 2010 inpatient hospital days in Illinois. Between 1999 and 2007, the number of hospital discharges with mental health problems (non-drug or alcohol-related) increased by 10 percent.

Gender, ethnic/racial, and age subgroups reported different frequencies for poor mental health. Females reported a higher rate of poor mental health than men did. Also, residents with less than a high school education reported a higher rate of poor mental health.

Substance Abuse

In Rush’s service area, alcohol use is a significant public health issue, with 25 percent of community survey respondents identifying themselves as binge drinkers.

According to the Chicago Department of Public Health, between 1999 and 2007, the number of hospital discharges for drug or alcohol-related mental health increased by 25 percent in Chicago as a whole.

Interview Findings

Many community leaders identified mental health issues among youths and teens and a lack of resources available to treat this segment of the population as a major health concern. While there are some resources in the community — such as the State of Illinois prevention fund, social service agencies, and churches — the mental health need in the community is largely unmet. Participants mentioned the need for outpatient psychiatry services during the day and the need for mental health practitioners at schools.

Figure 16. Ratings of Mental Health in Rush’s Service Area
Source: PRC, 2012
Asthma

Asthma affects people of all ages, but it most often starts during childhood. In the United States, more than 22 million people are known to have asthma.

According to The Journal of Allergy and Clinical Immunology, Chicago has one of the highest asthma mortality rates in the United States. The overall prevalence of asthma in Chicago is 13 percent. Many communities within Rush’s service area show rates higher than 17 percent (figure 17).

Chronic Lower Respiratory Disease and Lung Disease

Chronic lower respiratory disease, also known as CLRD, is a progressive disease and the fourth leading cause of death in the United States. The symptoms of CLRD typically worsen over time, especially if there is continued exposure to cigarette smoke or pollution. A person with CLRD is more susceptible to infections, which can damage lungs and airways and can lead to chronic lung disease. Each year, there are an average of 67,800 CLRD hospitalizations in Illinois.

Nine percent of PRC community survey respondents reported being diagnosed with chronic lung disease, compared to a national average of 7 percent according to Healthy People 2020.

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in Chicago and the United States. From 2000 to 2009, tobacco use among adults in Chicago declined from 24 to 19 percent. In Rush’s service area, 21 percent of community survey respondents reported being a current smoker.

Although smoking rates are declining, the Chicago Department of Public Health reports a health goal of reducing smoking prevalence by 2020 to 12 percent.

Interview Findings

Participants noted that while tobacco use is down, it is still a major issue in the area. The Chicago Department of Public Health partnered with the Chicago Housing Authority and Respiratory Health Association on a major smoking cessation effort. Emergency asthma interventions remain a critical health need in Chicago. School-based health clinics cited the need for more education directed toward school-age children.

Figure 17. Chicago Neighborhood Asthma Prevalence
Source: Journal of Allergy and Clinical Immunology, 2007
The development of the Community Health Needs Assessment (CHNA) has enabled Rush to continue its exploration and strengthen its commitment to the community. The CHNA process presented an exciting opportunity to engage a diverse group of stakeholders internally at Rush and across the community. We are grateful for the access and analysis of data that the Chicago Department of Public Health was able to provide. Rush also worked diligently to gain a broad perspective of health issues from a wide range of service providers and community leaders. Community input is equally as important as data and statistics in forming a comprehensive profile of Rush’s service area.

Internally, the relationships that were strengthened between different Rush departments and community efforts, and particularly between many Rush leaders with interest and expertise in community health, will facilitate a more coordinated Rush presence in our community. The formation and participation of the CHNA Steering Committee was an invaluable way to promote collaboration among all relevant parties and a perfect example of how our organization can and will contribute to our community.

Finally, Rush feels that the CHNA process offers an exciting opportunity for hospitals, local health departments, and other organizations dedicated to improving health to strengthen collaborative work. Incorporating community input and collaboration is an ongoing process, and Rush will continue to work with current and future partners to play a role in a collective and collaborative approach for addressing the community’s health needs.

From the results of the Community Health Needs Assessment and guidance from the CHNA Steering Committee, Rush developed a comprehensive implementation plan to address each of the priority health needs in Rush’s service area. This plan lays out how Rush will contribute to creating a solution for the health needs of the community. Rush is focused on supporting and fostering programs and partnerships that involve direct patient care, health education and promotion, pipeline training, and community-based research. A more detailed approach will be available for the Internal Revenue Service, as part of this fiscal year’s Form 990 submission. Additional information about current programming that Rush participates with can be found in our annual Community Benefit Report, available on www.rush.edu.

Again, we would like to take this time to thank everyone for their contributions to this report.
Appendix B: Health Resources in Rush’s Service Area

Hospitals
RML Specialty Hospital Chicago
Jesse Brown VA Medical Center
John H. Stroger Jr. Hospital of Cook County
Mount Sinai Hospital
Norwegian American Hospital
RML Specialty Hospital Chicago
Rush University Medical Center
Sacred Heart Hospital
Saint Anthony Hospital
Schwab Rehabilitation Hospital
St. Mary and Elizabeth Medical Center – Saint Mary Campus
St. Mary and Elizabeth Medical Center – St. Elizabeth Campus
University of Illinois Hospital and Health Sciences System


Community Based Health Centers
ACCESS at Anixter
ACCESS at Bethany
ACCESS Cabrini Family Health Center
ACCESS Centro Medico
ACCESS Centro Medico San Rafael
ACCESS Haymarket
ACCESS Kling Professional Medical Center
ACCESS Madison Family Health Center
ACCESS Near West
ACCESS Paul and Mimi Francis Westside Family Health Center
ACCESS Pilsen Family Health Center
ACCESS Plaza Medical Center
ACCESS Servicio Medico la Villita
ACCESS Sinai Institute
ACCESS Warren Family Health Center
Alivio Medical Center
Alivio Medical Center-Western
Centro De Salud Esperanza
Chicago West Town Clinic
CommunityHealth
Dr. Jorge Prieto Health Center of Cook County
Erie Family Health Center – West Town
Fantus Health Center
James Jordan Family Life Center
Lawndale Christian Health Center

3435 W. Van Buren St., Chicago, IL 60624
820 S. Damen Ave., Chicago, IL 60612
1900 W. Polk St., Chicago, IL 60612
1500 S. Fairfield Ave., Chicago, IL 60608
1044 N. Francisco Ave., Chicago, IL 60622
3435 W. Van Buren St., Chicago, IL 60624
1653 W. Congress Pkwy., Chicago, IL 60612
3240 W. Franklin Blvd., Chicago, IL 60624
2875 W. 19th St., Chicago, IL 60623
1401 S. California Blvd., Chicago, IL 60608
2233 W. Division St., Chicago, IL 60622
1431 N. Claremont Ave., Chicago, IL 60622
1740 W. Taylor St., Chicago, IL 60612
2020 N. Clybourn Ave., Chicago, IL 60607
3435 W. Van Buren St., Chicago, IL 60624
3450 S. Archer Ave., Chicago, IL 60608
3700 W. 26th St., Chicago, IL 60623
3204 W. 26th St., Chicago, IL 60623
932 W. Washington St., Chicago, IL 60607
2720 W. 15th St., Chicago, IL 60608
3800 W. Madison St., Chicago, IL 60624
1158 W. Taylor St., Chicago, IL 60607
3752 W. 16th St., Chicago, IL 60623
1817 S. Loomis St., Chicago, IL 60608
2533 W. Cermak Rd., Chicago, IL 60608
3303 W. 26th St., Chicago, IL 60623
2653 W. Ogden Ave., Chicago, IL 60608
2409 W. Warren Blvd., Chicago, IL 60612
966 W. 21st St., Chicago, IL 60608
2355 S. Western Ave., Chicago, IL 60608
2001 S. California Ave., Chicago, IL 60608
2418 W. Division St., Chicago, IL 60622
2611 W. Chicago Ave., Chicago, IL 60622
2424 S. Pulaski Rd., Chicago, IL 60623
1701 W. Superior St., Chicago, IL 60622
1901 W. Harrison St., Chicago, IL 60612
2102 W. Monroe St., Chicago, IL 60612
3517 W. Arthington St., Chicago, IL 60623
Appendix B: Health Resources in Rush's Service Area

Lawndale Christian Health Center – Ogden 3860 W. Ogden St., Chicago, IL 60623
Lower West Neighborhood Health Center 1713 S. Ashland Ave., Chicago, IL 60608
Marillac Health and Wellness Center 212 S. Francisco Ave., Chicago, IL 60612
Mile Square Health Center 2045 W. Washington Blvd., Chicago, IL 60612
Mile Square James Jordan Family Life Center 2102 W. Monroe St., Chicago, IL 60612
Nazareth Family 1127 N. Oakley Blvd., Chicago, IL 60622
Near West Family Center 2310 W. Roosevelt Ave., Chicago, IL 60608
Pacific Garden Mission Clinic 1458 S. Canal St., Chicago, IL 60607
PCC Clinic at Interfaith House 3456 W. Franklin Blvd., Chicago, IL 60624
PCC Walk in Wellness Center 1044 N. Francisco Ave., Chicago, IL 60622
PCC West Town Family Health Center 1044 N. Mozart St., Chicago, IL 60622
PrimeCare Community Health Center – West Town 1431 N. Western Ave., #406, Chicago, IL 60622
ProHealth Medical Center 2736 W. Division St., Chicago, IL 60622
Sidney Hillman HC 333 S. Ashland Ave., Chicago, IL 60607


School Based Health Centers
Crane Tech Prep High School 2245 W. Jackson Blvd., Chicago, IL 60612
Erie Clemente Wildcats Student Health Center 1147 N. Western Ave., Chicago, IL 60622
Erie Henson School Based Health Center 1326 S. Avers Ave., Chicago, IL 60623
Erie Westside Health Center at Ryerson Elementary 646 N. Lawndale Ave., Chicago, IL 60624
Farragut High School Health Center 2345 S. Christiana Ave., Chicago, IL 60623
Jose Clemente Orozco Academy 1940 W. 18th St., Chicago, IL 60608
Jose de Diego School Based Health 1313 N. Claremont Ave., Chicago, IL 60622
Little Village Lawndale Community High School 3120 S. Kostner Ave., Chicago, IL 60623
Orr Academy High School 730 N. Pulaski Rd., Chicago, IL 60624
Simpson Academy for Young Women 1321 S. Paulina St., Chicago, IL 60647
Spry Community (Elementary) School 2400 S. Marshall Blvd., Chicago, IL 60623
UIC College Prep (Mile Square Health Center, Hope Health and Wellness Center) 1231 S. Damen Ave., Chicago, IL 60608
University of Illinois Medical Center 1623 W. Washington Blvd., Chicago, IL 60612
Mile Square Health Center
Hope Health and Wellness Center

Appendix B: Health Resources in Rush’s Service Area

Chicago Housing Authority Sites
Albany Terrace Apartments (Senior) 3030 W. 21st Pl., Chicago, IL 60623
Apartamentos Las Americas (Senior) 1611 S. Racine Ave., Chicago, IL 60608
Irene McCoy Gaines Apartments (Senior) 3700 W. Congress Pkwy., Chicago, IL 60624
Judge Green Apartments (Senior) 4030 S. Lake Park Ave., Chicago, IL 60624
Lidia Pucinska Apartments (Senior) 847 N. Greenview Ave., Chicago, IL 60622
Patrick Sullivan Apartments (Senior) 1633 W. Madison St., Chicago, IL 60612
Bridgeport Homes (Traditional) 3175 S. Lituanica Ave., Chicago, IL 60608
Wicker Park Apartments and Annex (Senior) 141 N. Damen Ave., Chicago, IL 60622
William Jones Apartments (Senior) 1447 S. Ashland Ave., Chicago, IL 60608
North Town Village (Mixed) 1311 N. Halsted St., Chicago, IL 60622
Jackson Square at West End (Mixed) 2433 W. Adams St., Chicago, IL 60612
Westhaven Park/Village of Westhaven (Mixed/Traditional) 100 N. Hermitage Ave., Chicago, IL 60612
Roosevelt Square/Brooks Homes (Mixed/Traditional) 1222 W. Roosevelt Rd., Chicago, IL 60608
Loomis Courts (Traditional) 1314 W. 15th St., Chicago, IL 60607
Harrison Courts (Traditional) 2309 W. Harrison St., Chicago, IL 60608
Park Douglas (Mixed) Not built yet, Chicago, IL


Pharmacy Walk-in Clinics
Take Care Clinic at Walgreens 3401 W. Roosevelt Rd., Chicago, IL 60624
Minute Clinic at CVS 1165 N. Clark St., Chicago, IL 60610


Parks and Recreation
Mary Bartelme Park 115 S. Sangamon St., Chicago, IL 60607
Miller Playlot Park 846 S. Miller St., Chicago, IL 60607
Sheridan Park 910 S. Aberdeen St., Chicago, IL 60607
Skinner Park 1331 W. Monroe St., Chicago, IL 60607
Arrigo Park 801 S. Loomis St., Chicago, IL 60607
Garibaldi Playground Park 1520 W. Polk St., Chicago, IL 60607
Park No. 516 2900 S. Ashland Ave., Chicago, IL 60608
Canal Origins 2701 S. Ashland Ave., Chicago, IL 60608
Florian S. Jacolik Park 2731 South Eleanor St., Chicago, IL 60608
Harrison Park 1824 S. Wood St., Chicago, IL 60608
Barrett Park 2022 W. Cermak Rd., Chicago, IL 60608
Throop Park 1811 S. Throop St., Chicago, IL 60608
Mulberry Playlot Park 3150 S. Robinson St., Chicago, IL 60608
Baraga Playlot Park 2434 S. Leavitt St., Chicago, IL 60608
Dvorak Park 1119 W. Cullerton St., Chicago, IL 60608
Appendix B: Health Resources in Rush’s Service Area

Kucinski-Murphy Park
Addams/Medill Park
Bosley Playground Park
Wilson Community Center Park
Fosco Park
McGuane Park
Hoyne Playground Park
Guadalupe Reyes Park
Palmisano Park
Wilson (John P.) Park
Daley (Richard J.) Park
Washtenaw Park
Sain Park
Park No. 489
Ellen Gates Starr Park
Touhy-Herbert Park
Claremont Playlot Park
Altgeld Park
Park No. 510
Dogwood Playlot Park
Barberry Park
Superior Playlot Park
Horan Park
Nancy Jefferson Park
Snapping Turtle
Commercial Club Playground
Park No. 520
Snowberry Playlot Park
Bickerdike Square Park
Dean Playground Park
Wicker Park
Western Park
Clemente Park
Park No. 399
Humboldt Park
Shedd Park
Lincoln Playground Park
Miami Playlot Park
Park No. 519
Homan Park
London Playlot Park
Madero Park
1635 W. 33rd Pl., Chicago, IL 60608
1301 W. 14th St., Chicago, IL 60608
3044 S. Bonfield St., Chicago, IL 60608
3225 S. Racine Ave., Chicago, IL 60608
1312 S. Racine Ave., Chicago, IL 60608
2901 S. Poplar Ave., Chicago, IL 60608
3417 S. Hamilton Ave., Chicago, IL 60608
821 W. 19th St., Chicago, IL 60608
2700 S. Halsted St., Chicago, IL 60608
1122 W. 34th Pl., Chicago, IL 60608
3150 S. Western Ave., Chicago, IL 60608
2521 S. Washtenaw Ave., Chicago, IL 60608
2453 W. Monroe St., Chicago, IL 60612
2420 W. Adams St., Chicago, IL 60612
2306 W. Maypole Ave., Chicago, IL 60612
2106 W. Adams St., Chicago, IL 60612
2334 W. Flournoy St., Chicago, IL 60612
515 S. Washtenaw Ave., Chicago, IL 60612
2162 W. Polk St., Chicago, IL 60612
2732 W. Polk St., Chicago, IL 60612
2825 W. Arthington St., Chicago, IL 60612
2101 W. Superior St., Chicago, IL 60612
3035 W. Van Buren St., Chicago, IL 60612
3101 W. Fulton St., Chicago, IL 60612
534 N. Albany Ave., Chicago, IL 60612
1845 W. Rice St., Chicago, IL 60622
916 N. Honore St., Chicago, IL 60622
1851 W. Huron St., Chicago, IL 60622
1461 W. Ohio St., Chicago, IL 60622
1344 N. Dean St., Chicago, IL 60622
1425 N. Damen Ave., Chicago, IL 60622
907 N. Western Ave., Chicago, IL 60622
2334 W. Division St., Chicago, IL 60622
1420 N. Artesian Ave., Chicago, IL 60622
1440 N. Humboldt Dr., Chicago, IL 60622
3660 W. 23rd St., Chicago, IL 60623
2410 S. Trumbull Ave., Chicago, IL 60623
2754 S. Trumbull Ave., Chicago, IL 60623
1944 S. St. Louis Ave., Chicago, IL 60623
2140 S. Homan Ave., Chicago, IL 60623
1654 S. Trumbull Ave., Chicago, IL 60623
3203 W. 28th St., Chicago, IL 60623
Appendix B: Health Resources in Rush’s Service Area

Ginkgo Playlot Park  
Christiana Playlot Park  
Hornbeam Playlot Park  
Ninebark Playlot Park  
Piotrowski Park  
Millard Playlot Park  
Crawford Playlot Park  
Park No. 534  
Franklin Park  
Douglas Park  
Smith Park  
Park No. 550  
Mason Playlot Park  
Garfield Park  
Violet Playlot Park  
Roscoe Lee Boler Park  
Sumner Park  
Garfield Park Conservatory  
Homan Square Park  
St. Louis Playlot Park  
Ohio and Harding Park  
Tilton Park  
Gladys Playlot Park  
Playlot Park No. 422  
Orr Park  
Magnolia Playlot Park  
Central Playlot Park  
Kells Playground Park  
Smith Park  


Childcare Centers

Cordi Marian Center  
Corporate Child Care C.C.C. Learning Center  
It Takes a Village At River City, LLC  
Laurance Armour Day School  
Little Green Tree House  
Montessori Academy of Chicago  
The Northern Trust Child Care Center  
Wholly Innocence Day Care Center  

1448 S. Trumbull Ave., Chicago, IL 60623  
1533 S. Christiana Ave., Chicago, IL 60623  
1416–26 S. Hamlin Ave., Chicago, IL 60623  
1447 S. Harding Ave., Chicago, IL 60623  
4247 W. 31st St., Chicago, IL 60623  
1331 S. Millard Ave., Chicago, IL 60623  
1516 S. Karlov Ave., Chicago, IL 60623  
1300 S. St. Louis St., Chicago, IL 60623  
4320 W. 15th St., Chicago, IL 60623  
1401 S. Sacramento Dr., Chicago, IL 60623  
4320 W. 5th Ave., Chicago, IL 60624  
730 S. Springfield Ave., Chicago, IL 60624  
4100 W. West End Ave., Chicago, IL 60624  
100 N. Central Park Ave., Chicago, IL 60624  
4120 W. Taylor St., Chicago, IL 60624  
3601 W. Arthington St., Chicago, IL 60624  
4320 W. 5th Ave., Chicago, IL 60624  
300 N. Central Park Ave., Chicago, IL 60624  
3559 W. Arthington St., Chicago, IL 60624  
339 N. St. Louis Ave., Chicago, IL 60624  
601 N. Harding Ave., Chicago, IL 60624  
305 N. Kostner Ave., Chicago, IL 60624  
3301 W. Gladys Ave., Chicago, IL 60624  
3232 W. Congress Pkwy., Chicago, IL 60624  
744 N. Pulaski Rd., Chicago, IL 60624  
3224 W. Flournoy St., Chicago, IL 60624  
721 N. Central Park Ave., Chicago, IL 60624  
3201 W. Chicago Ave., Chicago, IL 60624  
4320 W. 5th Ave., Chicago, IL 60624  
1100 S. May St., Chicago, IL 60607  
610 S. Canal St., Chicago, IL 60607  
800 S. Wells St., Ste. 90, Chicago, IL 60607  
2150 W. Harrison St., Chicago, IL 60612  
118 S. Ashland Ave., Chicago, IL 60607  
1335 W. Randolph St., Chicago, IL 60607  
801 S. Canal St., Chicago, IL 60607  
120 N. Sangamon St., Chicago, IL 60607
Appendix B: Health Resources in Rush’s Service Area

American Kidz Academy West Loop LLC
Discovery Days Learning Academy
Carole Robertson Center for Learning
Easter Seals Gilchrist-Marchman Center
El Hogar Del Niño/Cuidar
Gads Hill Child Care Center
Guadalupano Family Center
Marcy-Newberry Asso Inc/Alba/Fosco Cmty
New Zion Child Care Academy
Rauner YMCA
The Guadalupe Reyes Children and Family Center
Daly Day Care Center
Fellowship House Day Care Center
Gads Hill Center After School
Lil’ Einstein’s Institute for Scholars
Richard J. Daley/AVI-CDC
Smart Learning Center
Dr. Effie O. Ellis YMCA Day Care Center
Malcolm X. College Child Development Center
Marillac Social Center
Onward Neighborhood House Day Care Program
UIC Children’s Center II
Great Expectations Learning Academy Inc.
Casa Central CSC Child Development Center
Centro Infantil Consulo Lee Corretje
Erie Community Center
North Avenue Day Nursery
ABC Daycare and Preschool
Casa Central After School Program
Erie Neighborhood House D.C. Program
The Nicholson School
Fifth City Child Development Institute Inc.
Little Giant’s Child Care Center
Nia Family Center
North Lawndale YMCA
YMCA Orr Family Development Center


Grocery Stores
Dominick’s
1 N. Halsted Ave., Chicago, IL 60661
Dominick’s
1340 S. Canal St., Chicago, IL 60607
Dominick’s
2021 W. Chicago Ave., Chicago, IL 60622
Appendix B: Health Resources in Rush's Service Area

Nursing Homes

- Monroe Pavilion Health Treatment Center
  1400 W. Monroe St., Chicago, IL 60607
- California Gardens and Rehab
  2829 S. California Blvd., Chicago, IL 60608
- El Valor Residence
  1931 W. 19th St., Chicago, IL 60608
- Schwab Rehabilitation Center SNU
  1401 S. California Blvd., Chicago, IL 60608
- Center Home Hispanic Elderly
  1401 N. California Blvd., Chicago, IL 60622
- Winston Manor CNV and Nursing
  2155 W. Pierce St., Chicago, IL 60622
- Saints Mary and Elizabeth Medical Center
  1431 N. Claremont Ave., Chicago, IL 60622
- Park House Nursing and Rehab Center
  2320 S. Lawndale Ave., Chicago, IL 60623
- Sacred Heart Home
  1550 S. Albany St., Chicago, IL 60623

Mental Health Facilities

- Lawndale Mental Health Center
  1201 S. Campbell St., Chicago, IL 60608
- Bobby E. Wright Community Mental Health Center
  9 S. Kedzie St., Chicago, IL 60612
- Cook County Hospital System
  1969 Ogden St., Chicago, IL 60612
- Haymarket Center
  108 N. Sangamon St., Chicago, IL 60607
- Sinai Mile Square
  2040 W. Washington Blvd., Chicago, IL 60612
- Near West Men’s Residential Home
  2207 W. 18th St., Chicago, IL 60608
- Norwegian American Hospital
  1044 N. Francisco Ave., Chicago, IL 60622
- Pilsen Wellness Center
  2319 S. Damen Ave., Chicago, IL 60608
- Pilsen Wellness Center
  3113 W. Cermak Rd., Chicago, IL 60623
- Pilsen Wellness Center
  2635 W. 23rd St., Chicago, IL 60608
- Rush University Medical Center
  1653 W. Congress Pkwy., Chicago, IL 60612
- Saint Anthony Hospital
  2875 W. 19th St., Chicago, IL 60623
- University of Illinois Hospital and Health Sciences System
  1740 W. Taylor St., Chicago, IL 60612
- Jesse Brown VA Medical Center
  1430 S. Ashland Ave., Chicago, IL 60608

Sources:

- http://www.dominicks.com/FL/Grocery/Store-Locator-Results
- http://www.wholefoodsmarket.com/stores/list
- http://www.costco.com/

Accessed January 16, 2013


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