



COMMUNITY HEALTH NEEDS ASSESSMENT

Central Region

APPENDICES

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LOYOLA
UNIVERSITY
HEALTH SYSTEM



Steering Committee for the Health Impact Collaborative of Cook County	
Armand Andreoni, Co-lead for Central Region	Loyola University Medical Center / Gottlieb
Barb Giloth, Lead for South Region	Advocate Health Care
Bonnie Condon	Advocate Health Care
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Elissa Bassler, Laurie Call	Illinois Public Health Institute
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Mariana Wrzosek, Co-lead for North Region	Presence Health
Paula Besler, Co-lead for North Region	Advocate Lutheran General Hospital
Raj Shah, Christopher Nolan	Rush University Medical Center
Steve Seweryn, Kiran Joshi	Cook County Department of Public Health
Will Snyder	Presence Health

Central Region Leadership Team	
Armand Andreoni (Central co-lead)	Loyola University Medical Center and Gottlieb Memorial Hospital
Charles Williams (Central co-lead)	Norwegian American Hospital
Julia Bassett	Rush Oak Park
Kathy Chan, Marcelino Garcia	Cook County Health and Hospital System
Mike Charley	Oak Park Health Department
Sheri Cohen	Chicago Department of Public Health
Celia Gonzalez, Victor Villalobos	Presence Saints Mary and Elizabeth
Lena Hatchett	Loyola Stritch School of Medicine
Christopher Nolan	Rush University Medical Center / Rush Oak Park
Ken Pawola, Stacy Lindahl	RML Specialty Hospital
Dedra Ries	Cook County Department of Public Health
Raj Shah	Rush University Medical Center / Rush Oak Park
Marissa Townes-Jenkins	Presence Health

Central Region Stakeholder Team Members as of March 2016
Age Options
Aging Care Connections
American Cancer Society
Casa Central
Catholic Charities
Chicago Police Department - 14th District
Chicago Public Schools
CommunityHealth
Diabetes Empowerment Center
Healthcare Alternatives Systems
Housing Forward
Infant Welfare-Oak Park/The Children's Clinic
Interfaith Leadership Project
Loyola University Stritch School of Medicine
Metropolitan Planning Council
Mile Square Health Center
PCC Wellness
PLCCA: Proviso Leyden Council for Community Action
Proviso Township Mental Health Commission
Respiratory Health Association
Saint Anthony's Hospital
West 40 Intermediate Service Center
West Cook YMCA
West Humboldt Park Development Council
West Side Health Authority
Wicker Park Bucktown Chamber of Commerce

Background

The Health Impact Collaborative of Cook County organized 23 focus groups throughout Chicago and Suburban Cook County between October 2015 and March 2016, including seven focus groups in the Central Region. The goal of the focus groups was to understand the needs, assets, and potential resources in various communities of Chicago and Suburban Cook County and to gather ideas about how hospitals can partner with communities to improve health. The focus groups findings are an integral component of data in the CHNA, and the hospitals and their partners in the Health Impact Collaborative of Cook County focused on hearing from community representatives who have direct knowledge and experience related to the health inequities in our region.

Focus Groups

The Illinois Public Health Institute (IPHI) facilitated the focus groups, most of which were implemented in 90 minute sessions with approximately 8 to 10 participants. IPHI adjusted the length of some sessions to be as short as 45 minutes and as long as two hours to accommodate the needs of the participants, and some groups included as many as 25 participants.

The questions and topics that were discussed during the focus groups included the following:

- How do you define a healthy community?
- What are the best things about your community? What is good about your community that you wish there was more of?
- What are some things about your community that are not so great or need to be improved?
- Looking over the list of things the group has identified that need to be improved, what are the biggest issues facing your community? If you had to make one thing better what would it be?
- Are there particular groups of people that are more vulnerable than others or have unique needs that are important to address to be a healthier community?
- What ideas do you have for how these issues could be addressed or improved?

Participants

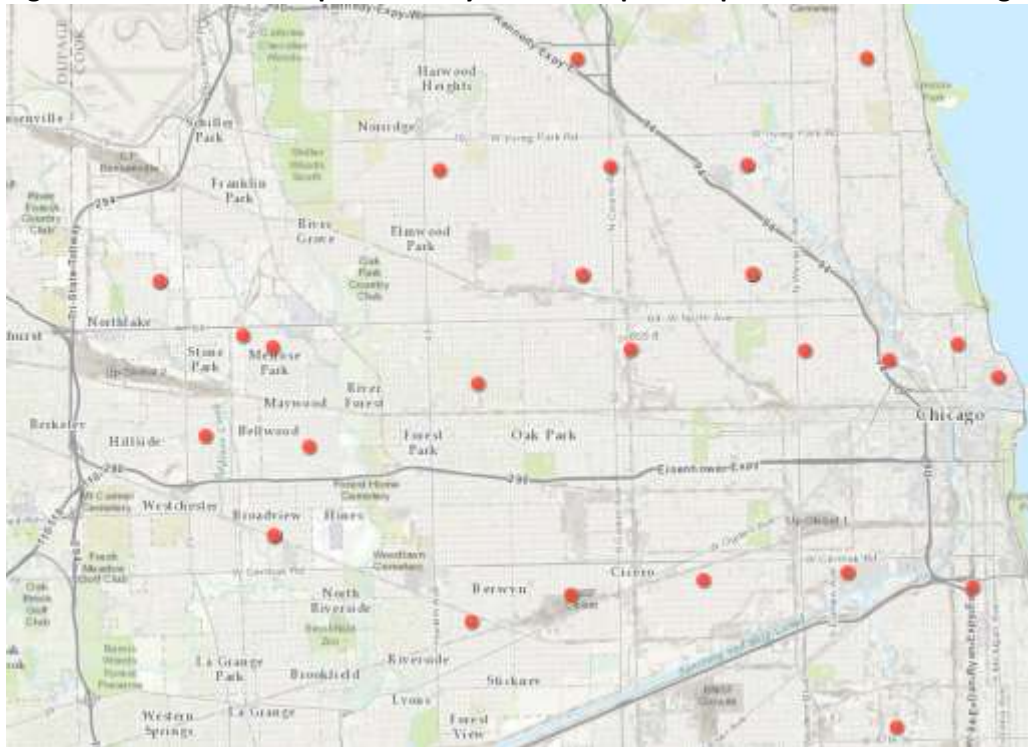
Members of the Regional Leadership Team and Stakeholder Advisory Team hosted the focus groups and recruited focus group participants, with an intentional approach to include a diverse range of communities and service providers. Recruiters specifically sought out participants who belong to or interact with populations such as racial or ethnic minorities, immigrants, limited English speakers, low-income communities, families with children, formerly incarcerated individuals, veterans, seniors, and young adults. Recruiters directed their efforts towards populations with unique needs because they often experience health inequities and their voices are often unheard in assessment processes. Cross-regional input from these populations of interest is summarized on pages 15-18.

Table 1 describes the focus group participants in the Central Region of the Health Impact Collaborative of Cook County. Participants represented diverse racial and ethnic backgrounds and varied socioeconomic statuses. The English as a Second Language (ESL) class and Quinn Community Center focus groups included individuals with a wide range of English proficiency and different immigration statuses. Multiple individuals in the Housing Forward and Norwegian American Hospital Intensive Outpatient Program (IOP) groups had experienced homelessness at some point in their past. Many individuals in the National Alliance for the Empowerment of the Formerly Incarcerated (NAEFI) group had previously been incarcerated or sentenced to mental health or substance abuse treatment. Figure 1 is a map of the communities represented by participants.

Table 1. Descriptions of Focus Group locations and participants - Central Region

Host Organization	Location	Description
Casa Central	Diabetes Empowerment Center in Humboldt Park, Chicago, Illinois (2/18/16)	Most participants were local community residents who use the social services provided by Casa Central and the Diabetes Empowerment Center. Casa Central staff members who reside in Humboldt Park also participated in the group. Casa Central is a community-based social service organization that provides intergenerational services to Latino community members.
Catholic Charities	St. Mary of Celle Church in Berwyn, Illinois (12/10/2015)	Participants came from Berwyn and other nearby communities in West Cook County. They were native Spanish speakers participating in an ESL course sponsored by Catholic Charities.
Housing Forward	Housing Forward in Maywood, Illinois (11/30/2015)	Participants were clients utilizing Housing Forward's services to secure & retain permanent housing. Housing Forward serves the communities in West Cook County by preventing the loss of housing before it occurs, alleviating the need for long-term shelter, moving people into sustainable permanent housing solutions, and improving housing retention.
National Alliance for the Empowerment of the Formerly Incarcerated (NAEFI)	Sankofa Cultural Arts and Business Center in the Austin community, Chicago, Illinois (1/30/2016)	Focus group participants included 12 members of a re-entry circle for formerly incarcerated individuals along with a handful of staff. NAEFI is a community-based organization serving Illinois residents who were formerly incarcerated. The re-entry circles that NAEFI hosts allow people returning to the community to share their experiences and learn from each other in a safe space while building a social support network.
Norwegian American Hospital (2 focus groups completed)	Norwegian American Hospital in the Humboldt Park community, Chicago, Illinois (12/1/2015)	Focus group participants were primarily patients in the IOP program, but each of the two groups also included one staff member. The Norwegian Intensive Outpatient Program (IOP) provides outpatient behavioral health services for individuals in crises and/or individuals who have been court ordered to behavioral health treatment. Patients are in the program for up to six months and typically participate three days a week.
Presence Saints Mary and Elizabeth Medical Center (Faith leaders)	Presence Saints Mary and Elizabeth Medical Center in West Town, Chicago, Illinois (12/15/2015)	Participants included faith leaders, hospital staff and chaplains who served the hospital population and/or the surrounding community areas. A number of the participants were residents of nearby communities. <i>(Note: This group is referred to as the "Faith leaders focus group")</i>
Quinn Community Center	Quinn Community Center, St. Eulalia Parish in Maywood, Illinois (11/16/2015)	Participants were community members primarily from Maywood, Broadview and Melrose Park that engage in the programs provided by the community center. The Quinn Community Center has social outreach programs including adult programs, youth programs, senior social programs, a year-round soup kitchen, community gardens, technology workshops, and business development programs for unemployed women.

Figure 1. Communities Represented by Focus Group Participants in the Central Region.



Focus group participants represented a large geographical area within the Central region. Communities both on the West Side of Chicago and in West Suburban Cook County were well represented.

Cross-cutting Themes from Focus Groups in the Central Region

Several cross-cutting themes emerged from the seven focus groups during the analysis phase. The major themes that focus group participants identified as having a significant impact on overall community health included:

- access to affordable healthcare;
- immigrant health;
- mental and behavioral health (facilities, providers, treatment options);
- senior health;
- family services (intergenerational activities and services);
- educational opportunities (education inequity, literacy);
- community cohesion-community partnerships;
- safety (gangs, illicit drugs/drug trafficking, violent crime, property crimes, negative police presence, youth violence, traffic/transportation safety, personal safety);
- funding (severe service cuts, stabilized and sustained funding, grant-writing support);
- policy change and advocacy (homeless community, substance abuse/behavioral health treatment, behavioral health, intellectual disabilities);
- infrastructure and built environment (transportation, safe and clean green spaces and trails);
- economic development (local business development, unemployment);
- quality affordable housing; and
- healthy food access.

Priority Groups Identified by Focus Group Participants in the Central Region:

- Racial and ethnic minorities
- Immigrants (particularly those who are undocumented or linguistically isolated)
- Older adults and caregivers
- Children and adolescents (particularly children living in low-income communities or communities with high violent crime rates)
- Working poor and unemployed adults (particularly parents, older adults, immigrants, and formerly incarcerated individuals)
- Single parent families
- Uninsured individuals
- Individuals with mental illness
- Individuals with intellectual disabilities
- Individuals living in long-term care facilities and group homes
- Incarcerated or formerly incarcerated (particularly those with felony records, older adults, and individuals living with mental illness or substance abuse)

Access to care

Major Barriers to Accessing Care

- Lack of information and awareness about community resources
- Resource information is not accessible for those with low literacy rates, intellectual disabilities, and limited English Proficiency
- The high-cost of healthcare, medications, and insurance
- Not having the knowledge needed to seek out routine preventive care

Focus group participants in the Central Region identified multiple issues or barriers that impact the accessibility and affordability of healthcare. All seven groups mentioned the need for a centralized database or service that provides information about health services, benefits, and resources available to community residents. Participants in the NAEFI re-entry circle stated that a mobile unit that travels into communities and explains benefits would be useful. The NAEFI, Norwegian IOP, and ESL groups stressed the need for resources and information to be in a simplified and understandable format with special consideration for those with low literacy rates, intellectual disabilities, and limited English proficiency. Many individuals recognized community assets already in place, but indicated the need for increased awareness about those resources. Participants also stated that the process for accessing health services, benefits, and resources should be simplified and that many residents needed assistance with the various application processes.

Affordability and accessibility of healthcare services and medication were mentioned as barriers to accessing care or treatment in all of the seven groups. Individuals living in low-income communities expressed the need for additional low-cost or free health clinics. Centers that provide multiple medical services within the same facility to residents in catchment areas were cited as a possible method of making healthcare more accessible to low-income communities.

Participants in several groups indicated that immigrants' access to healthcare could be improved through the addition of more culturally and linguistically competent providers at hospitals and clinics. High insurance costs and lack of insurance were identified as barriers to accessing healthcare in the ESL, Housing Forward, Norwegian IOP, Quinn Community Center, NAEFI and Casa Central focus groups. As a result of poor insurance or Medicare/Medicaid coverage, Norwegian IOP patients living in residential facilities indicated that on-site visits with health specialists and physicians were severely limited and that after excessively long waits they

"The hearing aids that I received in the nursing home are low quality. They break often and it takes a long-time to fix them. They require expensive batteries that the nursing home charges me for."

- Norwegian IOP Patient -

received lower quality treatments or medical devices. Restrictions on the benefits available to individuals that are transitioning back into the community following incarceration and limited low-cost alternatives are significantly hindering the ability of that population to access needed health services. Faith leaders, Housing Forward clients, Norwegian IOP patients, and community residents utilizing the Quinn Community Center all mentioned the cost of prescription medications as a barrier to treatment compliance, accessing medication and treatment alternatives, and recovery from illness. Multiple participants indicated that dental and vision insurance and/or services need to be more affordable and accessible.

Health education about routine preventive care was specifically mentioned by the ESL, faith leaders, and NAEFI groups as a need in their communities. Parents, youth, and immigrants were identified as populations that are more likely to not have information about how and where to seek out preventive services.

Immigrant Health

"I work and live here [Humboldt Park] and we make a point to have bilingual services because it is definitely a need. I don't see that in many other places and that eliminates a large chunk of the population, especially seniors."

- Casa Central Staff Member -

The Faith leader, ESL, and Casa Central groups indicated that immigrants are at increased risk for health issues related to isolation, behavioral health, and discrimination and have less access to quality medical care. The importance of culturally and linguistically competent providers across the spectrum of care and prevention programs was mentioned in six of the seven groups. Although language interpretation services are available at hospitals, the ESL and Casa Central groups cited long wait times for interpreters and incorrect interpretations of medical terminology as barriers to utilizing those services.

Participants cited lack of sensitivity to cultural difference as a significant issue impacting immigrant health. Several participants stated that a lack of cultural sensitivity can result in unfair treatment and perceptions that hospitals are not welcoming to immigrants. Undocumented immigrants and linguistically isolated individuals were mentioned as being more vulnerable to poor treatment. Participants recommended sensitivity training for hospital staff to ensure that immigrants feel that they are treated with dignity and respect, and several representatives of community based organizations emphasized the knowledge and expertise that CBOs can contribute related to this work.

"Police don't get involved when there is a crime because they don't understand what we are saying."

- ESL Student in Berwyn -

A lack of culturally and linguistically competent staff was also cited as a problem in government agencies including local police and emergency responders. ESL participants stated that they had trouble reporting crimes and communicating with police due to a language barrier.

Focus group participants pointed to support and expansion of existing language programs like ESL courses as a potential opportunity to improve immigrant community health. Representation in local government and assistance in understanding various government offices were also mentioned as avenues for improving immigrant health.

Mental and Behavioral Health

Closing of mental health services and institutions has led to an increased burden on communities and community-based organizations. All seven focus groups in the Central Region discussed that the lack of mental health services has led to a number of problems including increased hospitalization, more expensive care, high incarceration, homelessness, substance abuse, suicide, and overburdening of existing programs or facilities. In addition, the resources available for community health workers and social workers have decreased. Participants indicated that more long-term programs and additional staff would be required to address the

growing issue of decreasing mental and behavioral health services. The Forces of Change Assessment (FOCA) also indicated that reduced and inadequate funding and cuts to social services, health care, and public health are seriously threatening mental and behavioral health.

The Norwegian IOP group stated that there is a need for transitional living options for individuals following inpatient programs to help prevent relapse. Norwegian IOP patients expressed that linkage to community-based organizations that provide crisis prevention services, such as drop-in counseling appointments, could decrease the need for intensive hospital-based programs.

“Mentally ill people and people with drug addiction are sent to prison instead of treatment.”

- Housing Forward Client -

Multiple participants in the Housing Forward and Norwegian IOP groups explained that many people living with drug addiction are self-medicating for mental and behavioral health issues. Individuals in the Housing Forward group believed that people with substance abuse issues should be sent to treatment instead of being sent to jail or prison. The issues of self-medication with substance abuse and high

incarceration of drug users were also echoed in the Forces of Change Assessment. The NAEFI group indicated that transitional living options are important for individuals living with mental illness following incarceration to prevent the cycle of repeated incarcerations.

Parents in the ESL, Housing Forward, Quinn Community Center, and NAEFI groups highlighted that children, adolescents, and young adults are at increased risk for behavioral health problems because of a lack of youth-friendly services and trauma-informed care. Individuals in the NAEFI re-entry circle cited the need for youth-competent behavioral health providers to serve juveniles both in the community and in correctional facilities. NAEFI participants also indicated the need for providers to treat post-traumatic stress disorder in youth who live in areas with high violent crime rates.

Multiple individuals in the Norwegian IOP focus group described issues related to abuse and neglect in residential facilities. Leadership accountability and facility oversight were mentioned as immediate needs.

Senior Health

Participants from the Casa Central, Norwegian IOP, NAEFI, and Quinn Community Center focus groups cited that seniors were more vulnerable or at increased risk for community health problems. Lack of benefits for the formerly incarcerated, poor employment opportunities, and the need for assistance with aging in place and end-of-life decisions were specific issues raised by groups in both the city and suburbs.

Participants in the NAEFI re-entry circle reported that formerly incarcerated older adults are often excluded from receiving social or medical benefits. As a result, they are unable to afford medical care or the medications that they require. NAEFI participants also discussed the high cost of medications and care for seniors and stated that seniors in their community have had to spend down their assets to get the medical care and medications they need.

Individuals in the Casa Central focus group expressed a need for job security and training for older adults still in the workforce. Housing Forward and Quinn Community Center participants stated that activities and services for seniors improve their mental and physical well-being. Examples of activities and services highlighted by individuals in the Housing Forward and Quinn Community Center groups included special events for seniors sponsored by the Mayor’s office, exercise classes, and community center programs.

Family Based Services

Four of the seven focus groups stated the need for family-based services and programs in many communities. Family-based services mentioned by the different groups included affordable childcare, after-school programs, mentorship programs, exercise and recreation facilities, and entertainment opportunities.

More than 30% of respondents to the Community Health Survey from the Central region indicated that there were few or no programs available to youth outside of school hours, highlighting the need for additional programs targeting youth. NAEFI and Housing Forward participants stated that interventions should target families as a unit and that improving family health could help address many individual health-related issues. Several individuals in the focus groups indicated that future health interventions could leverage trusted faith-

“Broken families are a starting place of all other health problems. Support for family-oriented solutions is needed.”

- Community Resident at the Quinn Community Center in Maywood -

based organizations. Faith-based organizations could also provide programs that bring the community together, improving community cohesion. The ESL class cited the need for announcements or flyers advertising the family services and activities already available in their communities. Participants in the ESL group also highlighted the need for activities and programs to be available at a variety of times during the day

including evenings, so that residents who work or attend school can participate.

Education

“It is a health problem when you can’t read.”

- Formerly Incarcerated NAEFI Re-entry Circle Participant -

All of the groups in the Central Region mentioned schools and education as a major component of health in their communities. Every group had participants who stated that their public school district was substandard. Statements from focus group participants about the quality of their local schools align strongly with data from other portions of the Community Health Needs Assessment indicating that a number of communities on the

West Side of Chicago and West Cook suburbs are disproportionately affected by poor educational opportunities.

Community Partnerships and Community Cohesion

According to the focus group participants in the Central Region, communities that have helpful and respectful neighbors as well as an integration of diverse residents are healthier. As a result, participants believe that activities and services that improve community relations and team work among residents would improve community health. Community residents indicated that there should be more partnerships among residents, public services, hospitals, and schools. Partnerships should include data sharing and sharing of resources such as funding.

Safety

“It’s hard to live a healthy lifestyle and healthy life in the midst of violence.”

- Formerly Incarcerated NAEFI Re-entry Circle Participant -

Several safety issues were discussed by residents and the majority of participants in the Central Region focus groups felt that their community was unsafe. Some of the safety issues mentioned as having the greatest impact on community health in both the West Side of Chicago and West suburbs included illicit drugs/drug trafficking, gang violence, negative police

presence (ethnic and racial profiling, police corruption), property crimes (home and vehicle break-ins, theft), youth violence/bullying, and traffic. Results from the Community Health Survey were similar, with many respondents from the Central region indicating that they had felt unsafe in the last 12 months due to gang activity (31%) and drug use/drug dealing (29%).

The ESL, NAEFI, Quinn Community Center, and Housing Forward groups all indicated that improved cooperation between police and the communities they serve would improve many of the safety-related issues. The ESL and Housing Forward groups located in the West Cook suburbs specifically mentioned elimination of police corruption and increased accountability of officers as needs. Community task

“If the police were better, then a lot of the other problems would fall into place.”

- Housing Forward Client -

forces, neighborhood watch, and changes in community attitudes towards police were issues that residents in the city said they themselves needed to address. Participants in the ESL group stated that police profiling of Hispanic and Latino community members, undocumented immigrants, and minority men was an ongoing problem in their communities.

Funding

Faith leaders, Norwegian IOP, NAEFI, Casa Central, and ESL groups all mentioned the need for stabilized and sustained funding for community-based organizations and services. Across these groups, the participants who were staff at community-based organizations indicated a need for grant writing support. Staff also suggested that hospitals could provide grants to help stabilize funding during state budget shortfalls.

Norwegian IOP patients and staff explained that there have been severe cuts to services and social work staff at residential facilities for physically and/or intellectually disabled individuals in the last several years. NAEFI, Casa Central, and ESL participants indicated that community-based organizations provide many essential services to residents and have a positive impact on community health. Despite the benefit of the services provided by community-based organizations, services are still being significantly restricted by funding issues according to participants and staff. Participants conveyed a perception that the declining funding trend will continue in the future.

Policy change and advocacy

The major policy and advocacy issues discussed by the focus groups in the Central Region included:

- outreach and advocacy for the homeless community;
- treatment for mental illness or substance abuse in lieu of incarceration;
- advocacy for mentally ill individuals and/or individuals with intellectual disabilities;
- changes to employment policies for formerly incarcerated individuals; and
- increased and sustainable funding for community-based services

“Politicians don’t care about the mentally ill... we need people to advocate for us.”
- Norwegian IOP Patient -

Infrastructure and Built Environment

Transportation was another major issue discussed by participants in West Side of Chicago and west Cook suburbs. Transportation services for seniors and disabled individuals have been discontinued or are extremely limited. As a result, it is difficult to use public transportation to go to clinics and medical appointments and pick-up prescriptions. Individuals in the Norwegian group explained that there are a limited number of subsidized bus cards available and that it is difficult to apply for transportation assistance. Although transportation to clinics and appointments is available to individuals in residential facilities, transportation to shopping or other independent living resources is not.

Several residents in the Central Region mentioned the need to expand public transit routes and/or hours. Participants from the West suburbs appear to be disproportionately affected by infrequent bus service and a lack of public transportation options particularly in the evenings and on weekends.

Six of the seven groups cited safe and clean green spaces such as walking and biking trails as a benefit to community health. Clean and intact streets as well as lighting on streets and in parks were mentioned as components of healthy communities. Participants in the Housing Forward focus group stated the need for more lighting on streets for improved community safety. Residents, particularly from the West suburbs, indicated the presence of abandoned buildings that need to be demolished in their neighborhoods.

Economic Development

Low-income communities on the West Side of Chicago and West suburbs noted a lack of retail and other local businesses in their neighborhoods. Participants explained that the lack of businesses in their communities was largely due to a long-standing and currently ongoing divestment in the Central and South regions of Chicago and suburban Cook County. Residents would like to see both local and outside businesses incentivized to locate in low-income communities.

Participants also expressed a need for greater job and workforce development in their communities to address high unemployment. Residents explained that many adults are unemployed in the Central Region due to a lack of economic opportunities in their communities, so an approach that addresses economic development and workforce development is needed. Fair employment opportunities for immigrants, older adults, those with mental illness, and individuals who are intellectually or physically disabled are also needed. Individuals in the ESL, Housing Forward, Casa Central, Norwegian IOP, and NAEFI groups believed that unemployment was leading to other community health problems. Participants in the NAEFI re-entry circle reported that economic instability directly affected the health of families in their communities.

Housing

“There needs to be more homeless outreach and advocacy so they can get into care and services”
- Housing Forward Client -

Residents indicated that there is a shortage of quality affordable housing in some communities. Faith leaders, Casa Central, Housing Forward, and Quinn Community Center groups all identified homelessness as a major issue in the Central Region. According to people utilizing Housing Forward’s services, hospitals and health departments should support organizations that serve homeless community members both financially and as community partners.

Norwegian IOP patients discussed the need for more assisted living services to support the independent living of those with intellectual or physical disabilities. They also indicated a need for more transitional living options for those transitioning back into the community following an inpatient program or stay at a residential facility.

Healthy Foods

Residents in the Central Region highlighted inequities in access to healthy foods. Participants reported that many communities in the Central Region, particularly those on the West Side of Chicago and certain clusters in the West suburbs, Maywood and the surrounding areas in particular, do not have access to markets with fresh produce. Those who had the ability to travel outside their community in order to buy healthier foods indicated that they are not always affordable. Knowledge about how to prepare healthy meals was another need mentioned by participants. Providing healthy foods in schools was identified as a way to provide healthier meals to children.

Community members living in residential facilities highlighted that their access to healthy food options was severely limited. The participants stated that a significant amount of the fruits and vegetables served in the residential facilities is packaged or canned. SNAP/Link benefits are not available to residents at long-term care facilities and their small financial allowances limit their ability to purchase food on their own. Farmers markets were mentioned as an affordable solution, however, individuals living in residential facilities explained that the closest farmers markets are too far away for walking and transportation to the markets is not readily available.

Summary of Key Findings

Table 2 describes some of the key findings from each of the focus groups in the Central Region.

Table 2. Key Summary of Findings from Focus Groups in the Central Region

Key Findings of Focus Groups Completed in the Central Region	
Host Organization	Key Findings
<u>Casa Central</u> Participants in Casa Central programs and staff from the Diabetes Empowerment Center in the Humboldt Park community and surrounding areas on the west side of Chicago.	<ul style="list-style-type: none"> Community-based services are positively impacting the health of individuals living in communities on the West Side of Chicago. There needs to be more community engagement from local hospitals located on the West Side of Chicago. Residents trust and have relationships with community-based organizations such as Casa Central and the Diabetes Empowerment Center and those connections could be leveraged by hospitals to engage the communities they serve. There are long-waits to see bi-lingual providers and some interpretation services do not accurately interpret medical terminology. Healthcare providers are not sensitive to the needs of immigrants. Programs for youth living on the West Side of Chicago are needed. The mental and behavioral health needs of residents in the city are not being addressed. Community Health Workers could be trained to identify individuals that need to be connected with mental and behavioral health services. Schools on the West Side of the city that do not have as many resources are struggling. There is a need for programs that empower community residents to engage in prevention and self-care to improve their health.
<u>English as a Second Language (ESL)</u> Students at St. Mary de Celle Church in Berwyn, IL.	<ul style="list-style-type: none"> Many communities in the West suburbs are low income so medical services need to be more affordable. Hospitals could do more work to provide community-based services where West Suburban residents live. The long waits for translation services at hospitals is a major barrier to immigrants accessing medical services. Sensitivity training for medical staff at hospitals is needed. A lack of culturally and linguistically competent staff was cited as a problem in government agencies including local police and emergency responders. Drug, gangs, break-ins, and theft are some of the biggest issues affecting the health of communities in the West suburbs. Community leaders could be convened and leveraged to address the safety and security needs of everyone in the community (Churches, businesses, schools, and police are some of the entities that should be involved). Many residents indicated a need for more information about programs and services available in their communities. Information about political policies and political candidates should be provided in multiple languages so that residents can make informed choices when they vote. There is a need for Bilingual politicians in local government that can speak to the needs of the immigrant community.

Table 2. Key Summary of Findings from Focus Groups in the Central Region

Host Organization	Key Findings of Focus Groups Completed in the Central Region
	Key Findings
Faith Leaders Faith leaders, hospital staff, and community members in the Humboldt Park and West Town communities on the West Side of Chicago.	<ul style="list-style-type: none"> • There are pockets in the West Side of Chicago that are unsafe, particularly in the evening and early morning. • Prescription drug abuse and illegal drug use are becoming increasingly bigger problems in the West region of the city. • Schools, particularly those on the West Side of Chicago, are substandard due to severely limited resources. • Low-income families are being pushed out of the neighborhoods on the West Side of Chicago because of the changing socioeconomic demographics. • There is a large number of homeless individuals in the communities on the West Side of the city, it is in part due the closings of mental health institutions in the last several years.
Housing Forward Clients of Housing Forward in Maywood, IL.	<ul style="list-style-type: none"> • There are several inequities among townships and villages in the West suburbs. • Community health in the West suburbs would improve if there were better community-police relationships. • The expansion of public transit hours and routes is needed, particularly in the West suburbs • Youth violence has become socially acceptable, so more positive youth programs are needed. • Individuals with substance abuse issues and/or mental illness should be sent to treatment not prison. • Family-based solutions to community health problems are needed. • Additional outreach and advocacy are needed to get homeless individuals into community based programs and health care services.
NAEFI National Alliance for the Empowerment of the Formerly Incarcerated (NAEFI) re-entry circle participants and staff.	<ul style="list-style-type: none"> • Individuals in correctional facilities often have low literacy rates which affects their ability to understand healthcare information, decreases their ability to find much needed transition services, further decreases their employment opportunities, and negatively impacts other aspects of their health. • Participants stated that the education system in the West and south sides of Chicago is deplorable. • Older adults transitioning back into the community following incarceration often have health problems but are frequently ineligible for benefits such as Medicare and Medicaid. • A lack of mental health services is contributing to poor health and crime in the community. • Post-traumatic stress disorder (PTSD) treatment needs to be available for youth and adults who live in areas with high violent crime rates and for those transitioning back to the community following incarceration.

Table 2. Key Summary of Findings from Focus Groups in the Central Region

Host Organization	Key Findings of Focus Groups Completed in the Central Region
<u>Norwegian IOP</u> Patients in the Norwegian IOP program on the West Side of Chicago.	Key Findings <ul style="list-style-type: none"> • Preventive mental and behavioral health services, such as drop-in counseling appointments, are needed in most communities. • Information about healthcare resources needs to be in a format that individuals with intellectual disabilities can understand. • Healthcare professionals do not visit long-term care facilities often enough. • Individuals in residential facilities receive low quality medical care, less effective treatments, and low quality assistive devices. • It can be difficult for individuals with mental illness or intellectual disabilities to advocate for their needs alone, so they need people to advocate for and with them to policymakers.
<u>Quinn Community Center</u> Community residents participating in programs at the Quinn Community Center in Maywood, IL.	<ul style="list-style-type: none"> • Illegal drug activity is one of the biggest negative health behaviors in the West suburbs. • Tobacco and alcohol use is high in some of the suburban communities. • Access to healthy foods is extremely limited in some of the townships and villages, and it is leading to other health problems in the community including obesity and diabetes. • The mental and behavioral health needs of youth in the West suburbs are not being met and it has led to other serious issues such as depression and suicide. • Many adults in West suburban communities are unemployed due to a lack of economic opportunity. • A shortage of youth programs has led to other community problems such as youth violence and bullying. • Intergenerational family-based interventions are needed to improve health in suburban communities. • In some of the suburban communities there is a need for improved access to free or low-cost clinics as well as more affordable medication and treatment options.

Cross-Regional Populations of Interest in Chicago and Suburban Cook County

Over the course of twenty-three focus groups held from October 2015 to March 2016 in the three Health Impact Collaborative regions in Cook County, several populations were identified as being in need of special consideration during the assessment, planning, and implementation phases of the CHNA process. Focus group participants in Chicago and Suburban Cook County indicated that several groups of community members were more likely to experience health inequities.

Priority Groups in Chicago and Suburban Cook County that are more likely to experience health inequities, as identified by focus group participants

- Racial and ethnic minorities
- Immigrants (including undocumented immigrants, and linguistically isolated individuals)
- Children and adolescents
- Single parents
- Older adults
- Caregivers
- Women
- Lesbian, Gay, Bisexual, Queer, Intersex, and Asexual (LGBTQIA) individuals
- Transgender individuals
- Veterans
- Individuals living with mental illness
- Individuals with intellectual disabilities
- Individuals with physical disabilities
- Low-income communities
- Homeless individuals or families
- Incarcerated or formerly incarcerated

Much of the focus group input about opportunities to improve community health for these groups transcended the three regions and is relevant and applicable across all of Chicago and Cook County. As a result, cross-regional information for the priority groups is included in this report. The following summaries provide information about the needs that were identified across the three regions (North, Central and South Cook County).

Racial and Ethnic Minorities

Community members indicated that racial and ethnic minorities have a disproportionate burden of health problems. Hospitals often do not collect specific ethnic or racial data on the communities in their service areas. As a result, it is difficult to assess the needs of minority communities. Residents explained that they felt minorities were not treated as well by healthcare professionals and highlighted the need for culturally and linguistically competent providers.

Multiple groups cited discrimination against minorities by local law enforcement. The need for culturally and linguistically competent community police officers was indicated. Racism in the social justice system¹ was considered a serious problem by several residents. Government agencies were also cited as discriminatory and as lacking linguistically competent staff.

¹ Social Justice System was a term utilized by participants to refer to the broader societal issues related to criminal justice, incarceration, and societal-values.

Participants stated that minorities were more likely to live in low-income neighborhoods with fewer job opportunities. Residents emphasized the need to give locally owned businesses incentives to establish in low-income minority neighborhoods. School districts in low-income minority communities were often described as substandard. Inequities in quality affordable housing were also mentioned.

Sexual Assault Nurse Examiners emphasized that there is not equitable access to services for victims of domestic violence and sexual assault, with many racial and ethnic groups having less access. Participants indicated that sexual violence prevention efforts need to be culturally competent.

Immigrants

Immigrants were identified in all three regions of Chicago and Suburban Cook County as having unique needs. Focus groups that discussed the needs of immigrant communities included:

- Arab American Family Services (Arab-American staff members serving Bridgeview, Illinois and the surrounding communities in South Suburban Cook County);
- Asian Human Services (staff members serving the Asian community on the North Side of Chicago and Northern Suburbs);
- English as a Second Language (ESL) Class at St. Mary of Celle Church (students participating in an ESL class located Berwyn, Illinois in the Southwest Suburbs);
- Casa Central (local community members accessing the social services provided by Casa Central);
- Chinese American Service League (Chinese-American staff members serving residents of the Chinatown neighborhood on the South Side of Chicago);
- Hanul Family Alliance (Korean community members living on the North Side of Chicago); and the
- Polish American Association (Polish staff and community residents living on the North Side of Chicago).

Community members in seven of the eight groups focused on immigrant health stated that cultural differences were often barriers to accessing care. They indicated a need for sensitivity training of healthcare professionals so that immigrants feel that they are treated with dignity and respect regardless of English proficiency or citizenship status. Additional culturally and linguistically competent providers are needed. Participants from Arab American Family Services indicated the need for culturally competent providers could be met if hospitals provided more opportunities for training and hiring in local immigrant communities. Participants in the CASL group suggested incentivizing international students, minority students, and bilingual students in health profession majors to serve for a specified period of time in immigrant communities. Staff and community residents cited the need for hospital partnerships with trusted community-based organizations that serve immigrant, refugee, and minority communities.

The Arab American Family Services, Polish American Association, and Asian Human Services groups mentioned that health department and hospital methods of data collection should include collecting information on additional racial and ethnic groups. For example, Polish-Americans are one of the largest ethnic groups in Chicago and Suburban Cook County, however, they are often recorded as “white” only with current data collection practices. As a result, community-based organizations serving Polish-Americans find it difficult to fully assess their community’s needs. Collection of additional data would allow the needs of many ethnic and racial groups to be more accurately assessed.

Undocumented immigrants and linguistically isolated individuals were identified as being at increased risk for not having their health needs met. Undocumented immigrants were described as being less likely to access needed healthcare services due to fear of deportation. Undocumented seniors were identified as a group needing specific services and benefits. The ESL, Casa Central, Hanul Family Alliance, and Polish American Association groups stated that individuals with limited English proficiency have difficulty accessing healthcare services, even if interpreter services are available. Participants cited long wait times for interpreters and inaccurate translations of medical terminology as major barriers to seeking and/or obtaining medical care.

Community members in the ESL and Hanul Family Alliance groups stated that they have had trouble reporting crimes and communicating with police due to language barriers. Multiple residents in the ESL and Polish American Association groups indicated the need for additional multi-lingual staff in local police districts and other government agencies. Services for translating health-related information, such as discharge papers, should also be more readily available. The Polish American Association, Asian Human Services, and Arab American Family Services groups all described the importance of having community resource information in a variety of languages.

Immigrant community members indicated a need for services that help individuals understand the complex U.S. healthcare system. Residents highlighted the need for those services to be culturally and linguistically appropriate.

Multiple immigrant groups indicated that shifting demographics and socioeconomics in their communities have led to an overall decrease in community safety.

Seniors and Caregivers

Participants identified community centers, activities, and events as positively contributing to the health of seniors in Chicago and suburban Cook County. Community members indicated a need for additional activities and services for older adults. Other services mentioned as a need for seniors in Chicago and Suburban Cook County Included:

- affordable housing services (particularly for LGBTQ individuals and undocumented immigrants);
- transportation to medical appointments;
- in-home health services (check-ups, preventive screenings);
- check-ins with seniors living alone; and
- services that support aging in place.

Support for caregivers was mentioned as a community need in multiple groups. Caregivers described the need for oversight and standardization of home health aides and their training. Caregivers also mentioned the need for help with aging in place and end-of-life decisions. LGBTQ seniors need culturally sensitive providers and caregivers that understand their unique needs

LGBQIA and Transgender Community Members

Participants explained that LGBQIA and transgender community members are more likely to experience a number of health-related issues including:

- homelessness (in particular youth homelessness);
- substance abuse;
- a lack of culturally competent mental and behavioral health services;
- a lack of resources for aging in place; and
- a lack of residential facilities available to older adults.

Community members indicated that healthcare services and providers that are culturally competent in the needs of LGBQIA and transgender residents are strongly needed.

Many community members indicated that they felt mistreatment by law enforcement, schools, and healthcare providers is negatively impacting members of the LGBQIA and transgender community. Rights² for transgender community members were described as particularly lacking in the communities throughout Chicago and

² Participants are referring to the broader societal movement to provide equal rights and protections for LGBQIA and transgender community members.

Suburban Cook County. Residents highlighted the need for inclusive policies and practices in many community-based institutions.

Veterans and Former Military

Veterans and former military service members were another population that was mentioned as having unique community health needs. There are widely varying definitions of veteran status and participants explained that it affects the benefits for which former and retired military are eligible. Community residents that were veterans and former military indicated that there needs to be more resources and benefits available to everyone who has served in the U.S. military.

Veterans and former military stated that VA hospitals provide quality care but that there are excessively long waits to see medical providers. Residents stated that Choice Care, which extends veteran's medical benefits to institutions outside the VA, should be expanded.

Participants who are former service members identified female veterans and former military as having unique needs. Individuals indicated that service members who have been victims of sexual assault are in need of both advocacy and recovery services. Health services that are designed to meet the needs of female service members such as gender specific behavioral health treatments and reproductive health services need to be improved and expanded.

Veterans and former military expressed the need for increased outreach to veterans who are struggling with health issues such as homelessness and Post Traumatic Stress Disorder (PTSD), because they often do not know about the benefits and services available to them. Participants also indicated that untreated PTSD or other behavioral health issues and traumatic brain injuries have led to interpersonal violence and domestic abuse issues among former service members and their families. As a result, participants highlighted the need to accurately assess the prevalence of interpersonal violence issues among former military so that they can receive treatment and care along with their families.

Veterans and former military cited the need for help with grant writing so that funding can be secured for community-based organizations that serve veteran communities.

Individuals Living with Mental Illness or Substance Abuse

Due to severe budget cuts in the last several years, many mental health institutions and community based providers have closed and several services have been discontinued. Community residents indicated that, as a result of budget cuts over several years, the mental and behavioral health needs of youth and adults in their communities are not being met. Community members stated that the closing of mental health institutions has caused or exacerbated a number of community health problems including:

- the mass incarceration of individuals with mental illness and substance abuse problems;
- substance abuse as a form of self-medication for individuals with unmet mental health needs;
- increased hospitalization;
- homelessness;
- suicide; and
- the overburdening of existing programs and facilities

Individuals living with mental illness and their caregivers explained that community-based crisis prevention services, such as drop-in counseling, would improve their health outcomes. Multiple individuals believed that there should be scholarships and incentives for physicians and social workers to enter behavioral health fields. Some participants stated the need for additional Crisis Intervention Trained community responders.

Community residents indicated that transitional living services such-as group homes are important following an inpatient program. Formerly incarcerated individuals cited the need for transition services following incarceration to prevent relapse.

Participants in a number of groups stated that they felt mistreated (received lower quality treatment, not receiving treatment for medical issues unrelated to mental illness, and had their concerns about behavioral health treatment options ignored by medical staff) because of their mental illness or intellectual disability. Families of individuals living with mental illness or an intellectual disability stated that their concerns are often ignored by medical staff during the decision making process surrounding treatments and that it has resulted in family members receiving previously ineffective treatments. Sensitivity training for current healthcare staff and students in health-related fields of study was cited as a potential solution.

Needed policy changes mentioned by participants included treatment instead of incarceration for individuals with mental illness or substance abuse health issues as well as advocacy and funding for mental health services.

Individuals living with intellectual or physical disabilities

Several community members explained that some communities are not accessible for disabled residents. In addition, transportation services and other independent living resources for individuals with disabilities have decreased in the last several years.

Community members highlighted that healthcare information needs to be provided in a format that can be understood by individuals with intellectual disabilities. Participants stated that individuals with intellectual disabilities are often not treated with dignity or respect by healthcare providers. Multiple participants cited problems of abuse and neglect in residential facilities. LGBTQIA and transgender community members with disabilities are more likely to experience discrimination and health inequities.

Job training and fair employment of individuals with mental illness or intellectual disabilities was also a need mentioned by multiple groups.

Summary of Key Findings

Each of the focus groups provided insight into several broad community health issues. Figure 2 highlights the topics covered in each of the focus groups. The social determinants of health, access to care, infrastructure and the built environment, behavioral health; and policy change and advocacy were the major topic areas discussed across regions. Several key themes arose related to the social determinants of health including educational opportunities, workforce development, community cohesion, safety, immigration status, linguistic isolation, and economic opportunities. Participants mentioned multiple issues related to the built environment including transportation, lead exposure, quality affordable housing, and access to healthy foods. Policy change and advocacy were repeatedly mentioned as avenues for improving community health. Advocacy for individuals living with mental illness and their families; advocacy for homeless individuals and families; discontinuing incarceration for substance abuse and mental illness; advocacy for individuals living with disabilities; better medical benefits for the formerly incarcerated; expansion of veterans benefits to all former military; and the promotion of economic equity were some of the systems-level policy changes recommended by community residents. Tables 3-5 summarize the key findings from each of the focus groups.

Figure 2. Key Themes Discussed in each of the 23 Focus Groups

	North								Central							South							
	Adult Down Syndrome Center	Asian Human Services	Hanul Family Alliance	Harper College	Healthy Rogers Park Network	Howard Brown Health	Norwood Park Senior Center	Polish American Association	ESL Class	Quinn Community Center	Housing Forward	Faith leaders	Casa Central	Norwegian American IOP	NAEFI	Arab American Family Services	Chinese American Service League	Human Resources Development Institute	National Alliance on Mental Illness	Park Forest Village Hall	Sexual Assault Nurse Examiners	Stidkney Senior Center	VFW Post 311
Access to affordable healthcare	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Mental and behavioral health	●	●	●	●	●	●	●	●		●	●	●	●	●	●	●	●	●	●	●			●
Substance abuse			●	●	●	●		●						●					●	●			
Intellectual disabilities	●						●							●	●								
Physical Disabilities														●		●				●			
Family services	●	●		●	●		●		●	●	●	●			●		●	●	●	●	●		●
Health education					●		●	●		●			●				●	●	●	●	●		
Educational opportunities	●	●	●	●	●	●	●		●	●	●	●	●	●	●		●	●	●	●	●	●	●
Community cohesion-community partnerships		●	●	●	●				●	●	●			●	●	●	●	●			●	●	●
Safety (personal safety, crime, safe school passages, traffic safety)	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●	●	●	●
Funding-State budget crisis	●	●	●	●	●	●		●	●			●	●	●	●	●	●		●	●		●	●
Policy change and advocacy	●			●		●		●	●		●			●	●		●		●	●	●	●	●
Infrastructure and built environment	●	●	●	●	●	●	●	●	●	●	●			●		●	●	●			●	●	●
Economic development	●		●	●	●	●			●	●	●	●			●		●	●		●		●	●
Quality affordable housing		●	●	●	●		●	●	●	●	●	●		●	●			●		●	●		●
Healthy foods	●	●	●		●			●	●	●	●	●	●	●	●	●	●			●	●	●	
Immigrants		●	●	●	●	●		●	●		●		●			●	●			●		●	
Undocumented immigrants			●	●	●	●		●								●							
Linguistically isolated		●	●		●			●	●				●			●	●			●	●	●	
Seniors	●		●	●	●		●	●			●	●	●	●	●	●	●	●		●	●	●	
Child and adolescent health	●	●		●	●			●	●	●	●	●	●		●	●	●	●	●	●	●	●	●
Working poor or unemployed	●	●	●	●	●				●	●	●	●		●	●	●	●		●	●	●	●	●
Single parent families								●		●					●					●			
Uninsured or underinsured	●			●			●	●	●	●	●	●	●	●	●				●			●	●
Long-term residential facilities	●					●	●							●					●				
incarcerated or formerly incarcerated						●					●				●				●				

Table 3. Key Findings of Focus Groups Completed in the North Region

Host Organization	Key Findings
<p><u>Adult Down Syndrome Center</u> Parents and families of individuals with Down Syndrome, medical providers, a representative from a residential facility, and adults living with Down Syndrome in the City of Chicago and Suburban Cook County.</p>	<ul style="list-style-type: none"> • Inpatient and outpatient mental health facilities, day programs, special recreation programs, residential facilities, and support systems for both youth and adults are all needed to ensure the health of individuals with intellectual disabilities. Funding issues and the state budget crisis is threatening services that are needed for individuals in the community that have intellectual disabilities and their caregivers. • There is a lack of behavioral and mental health services for individuals with intellectual disabilities. Behavioral health services specifically for aging adults with intellectual disabilities are also greatly lacking. • It takes families a long time to find resources because there are no consolidated resource centers and existing databases need improvement. Schools provide ties to resources, but there is no continuity into adulthood. Families also need information on legal resources and advice. • Job training, fair employment, and volunteer opportunities can significantly improve the health and independence of individuals living with Down syndrome. However, employment and volunteer opportunities are severely lacking.
<p><u>Asian Human Services (AHS)</u> AHS staff members and community residents in the Uptown and Edgewater communities of Chicago.</p>	<ul style="list-style-type: none"> • There is a need for data collection about the needs, health statuses, and healthcare utilization of different Asian communities. Hospitals and health departments should work with community based organizations to design assessments. • Underfunding of services such as schools, adult literacy programs, daycare, mental health services, and preventative health screenings needs to be addressed. • The need for case coordination, case management, health navigation, and referrals systems is one of the biggest issues facing Asian communities in Chicago and Suburban Cook County. • Language barriers and a lack of cultural competency are major issues affecting access to medical services, social services, and schools. • Access to non-emergency preventative care as well primary prevention, such as healthy eating and exercise, help communities members avoid health crises in the future. • There is a need to educate immigrant community members about the Affordable Care Act and the benefits that are available.
<p><u>Hanul Family Alliance</u> Korean community members in the Albany Park community of Chicago.</p>	<ul style="list-style-type: none"> • The one resounding complaint across all participants was health care for undocumented community members and immigrants. Several participants commented that there is not enough useful resources and facilities for immigrants and refugees. • Language barriers have led to difficulty communicating with police or emergency services. There are excessively long waits for translation services at some of the hospitals. A couple participants believed that culturally competent police officers and health care professionals would help immigrants communicate better regarding societal and health related frustrations. Language barriers prevent immigrants from accessing free health care prevention workshops and screening services. Informational publications need to be in a variety of languages. • Emergency rooms at hospitals are too slow and some immigrant community members perceive the staff there as unfriendly. • Better public education opportunities are needed.

Table 3. Key Findings of Focus Groups Completed in the North Region

Host Organization	Key Findings
<p><u>Harper College</u> Students and faculty in the college's Health Services Department as well as community partners including staff at social service organizations and representatives from local government in the Northwest suburbs of Cook County.</p>	<ul style="list-style-type: none"> • If health systems and hospitals better integrated community health workers into their institutions, then they could better respond to community health needs in a culturally competent way. • Better Medicaid coverage for dental, vision, and auditory services is needed, particularly for seniors. State and federal governments should incentivize students including doctors, social workers, and other healthcare providers to serve Medicaid and uninsured populations. • Premature discharge of patients with mental health needs because of lack of insurance coverage is a problem in the Northwest Suburbs. Young adults with mental health need are at an increased risk for not receiving the healthcare services they need. Many young adults are transferred back and forth between facilities every few days because of poor Medicaid coverage and as a result become lost in the healthcare system. • Mental health training for emergency responders is needed. Many arrest issues are due to mental health. • There needs to be standardized screening for everything from domestic violence to mental health. • In the entire state of Illinois there is a lack of affordable housing. • Funding for programs and services needs to be stabilized and sustained. • Services and care for homeless individuals are an asset that could be expanded.
<p><u>Healthy Rogers Park Community Network</u> Representatives from local social service organizations, clinics, hospitals, and community groups that are a part of the Healthy Rogers Park Community Network in the Rogers Park community on the North Side of Chicago.</p>	<ul style="list-style-type: none"> • Language and cultural backgrounds affect how well immigrants on the North Side of Chicago access healthcare services. • There is instability in funding for smaller organizations. There needs to be a shift from project-based funding in the non-profit sector. • There is a large population of low-income seniors in the Rogers Park and Edgewater neighborhoods of Chicago. The state funding for many of the services for seniors has been severely cut. Staff in organizations serving seniors has also been cut. There are not enough transportation services to medical appointments available for seniors. • Expansion of Community Health Worker programs and hospital partnerships with local high schools would improve community health. • Behavioral health services including inpatient programs need to be expanded or created on the North Side of Chicago. • There is a large number of children who are food insecure on the North Side of Chicago. Healthy food is expensive and there needs to be more education on how to eat healthy for less cost. • There is a large variation in school success on the North Side of Chicago. • There needs to be violence prevention curriculum in schools starting at a very young age. • There is a large percentage of overcrowded homes in the Rogers Park neighborhood of Chicago.

Table 3. Key Findings of Focus Groups Completed in the North Region	
Host Organization	Key Findings
<p><u>Howard Brown Health</u> LGBTQ community members from across Chicago and Suburban Cook County and staff who were residents of communities on the North Side of Chicago.</p>	<ul style="list-style-type: none"> • Multiple individuals highlighted the inequities between the different regions of Chicago and Suburban Cook County. Participants stated that compared to the West and south sides of the city, the north Side of Chicago has the best access to public transportation, more access to healthy foods, more community involvement from residents, and more homeless shelters. • More culturally competent mental health providers are needed in LGBTQ and minority communities. Culturally competent substance abuse services are also needed. The stigma associated with seeking behavioral health services needs to be addressed, particularly in ethnic or racial minority communities. • LGBTQ community members stated that they have experienced transphobia, ableism, and racism from other residents and that sensitivity training is needed in many sectors of the community. • Major changes are needed in police culture and police interactions with community members. Psychological evaluations and mental health services should be mandatory for police officers, especially those who work in high crime areas or experience trauma. Several changes are needed in the criminal justice system as a whole including a decrease in the imprisonment rate for the mentally ill, rights for transgendered incarcerated individuals, better medical care in correctional facilities, educational opportunities in prisons, and transitional services for the formerly incarcerated. • Quality education should be available to all students regardless of where they live. In many parts of Chicago and Suburban Cook County the education system has failed tremendously. Schools should empower students and provide workforce development opportunities.
<p><u>Norwood Park Senior Center</u> Family members and caregivers of individuals requiring assisted living or full-time care in the Norwood Park community of Chicago.</p>	<ul style="list-style-type: none"> • There needs to be a single source of information about community resources, social services, and healthcare services. • Standardization of training for home health aides and oversight of home healthcare agencies is needed. • Caregivers need help accessing legal resources and navigating issues surrounding survivor's benefits. • In-home wellness checks are important for home-bound and isolated seniors. Managed care services that include routine check-in calls from doctor's offices are helpful and should be expanded.

Table 3. Key Findings of Focus Groups Completed in the North Region	
Host Organization	Key Findings
<p><u>Polish American Association</u></p> <p>Polish-American staff who were also community members of the Portage Park and surrounding neighborhoods on the North Side of Chicago.</p>	<ul style="list-style-type: none"> • Closing of mental health clinics has resulted in extremely limited mental health services being available in the portage park neighborhood of Chicago, a lack of substance abuse services, and a lack of services for youth. • There is an affordable housing shortage on the North Side of Chicago. There is a large homeless community in Portage Park and the surrounding areas. Many undocumented immigrants cannot access housing services because of their immigration status. Navigating applications for services and housing is often too difficult for immigrants with limited English proficiency. It is difficult to find even temporary housing for individuals, families, and seniors if they are experiencing a housing crisis. • Communities on the North Side of Chicago are lacking positive leadership in local government that understands the needs of the Polish community. • There is a lack of Polish speaking medical providers in low-cost or free clinics throughout Chicago and Suburban Cook County. Immigration status also affects whether or not individuals can access insurance through the Healthcare Marketplace. • There needs to be better data collection at the hospital, health department, state, and federal levels on the different Ethnic and Racial communities living in the U.S.

Table 4. Key Findings of Focus Groups Completed in the Central Region

Host Organization	Key Findings
<p><u>Casa Central</u> Participants in Casa Central programs and staff from the Diabetes Empowerment Center in the Humboldt Park community and surrounding areas on the West Side of Chicago.</p>	<ul style="list-style-type: none"> • Community-based services are positively impacting the health of individuals living in communities on the West Side of Chicago. • There needs to be more community engagement from local hospitals located on the West Side of Chicago. • Residents trust and have relationships with community-based organizations such as Casa Central and the Diabetes Empowerment Center and those connections could be leveraged by hospitals to engage the communities they serve. • There are long-waits to see bi-lingual providers and some interpretation services do not accurately interpret medical terminology. • Healthcare providers are not sensitive to the needs of immigrants. • Programs for youth living on the West Side of Chicago are needed. • The mental and behavioral health needs of residents in the city are not being addressed. • Community Health Workers could be trained to identify individuals that need to be connected with mental and behavioral health services. • Schools on the West Side of the city that do not have as many resources are struggling. • There is a need for programs that empower community residents to engage in prevention and self-care to improve their health.
<p><u>English as a Second Language (ESL)</u> Students at St. Mary de Celle Church in Berwyn, IL.</p>	<ul style="list-style-type: none"> • Many communities in the West suburbs are low income so medical services need to be more affordable. • Hospitals could do more work to provide community-based services where West Suburban residents live. • The long waits for translation services at hospitals is a major barrier to immigrants accessing medical services. • Sensitivity training for medical staff at hospitals is needed. • A lack of culturally and linguistically competent staff was cited as a problem in government agencies including local police and emergency responders. • Drug, gangs, break-ins, and theft are some of the biggest issues affecting the health of communities in the West suburbs. • Community leaders could be convened and leveraged to address the safety and security needs of everyone in the community (Churches, businesses, schools, and police are some of the entities that should be involved). • Many residents indicated a need for more information about programs and services available in their communities. • Information about political policies and political candidates should be provided in multiple languages so that residents can make informed choices when they vote. • There is a need for Bilingual politicians in local government that can speak to the needs of the immigrant community.

Table 4. Key Findings of Focus Groups Completed in the Central Region

Host Organization	Key Findings
<u>Faith Leaders</u> Faith leaders, hospital staff, and community members in the Humboldt Park and West Town communities on the West Side of Chicago.	<ul style="list-style-type: none"> • There are pockets in the West Side of Chicago that are unsafe, particularly in the evening and early morning. • Prescription drug abuse and illegal drug use are becoming increasingly bigger problems in the West region of the city. • Schools, particularly those on the West Side of Chicago, are substandard due to severely limited resources. • Low-income families are being pushed out of the neighborhoods on the West Side of Chicago because of the changing socioeconomic demographics. • There is a large number of homeless individuals in the communities on the West Side of the city, it is in part due the closings of mental health institutions in the last several years.
<u>Housing Forward</u> Clients of Housing Forward in Maywood, IL.	<ul style="list-style-type: none"> • There are several inequities among townships and villages in the West suburbs. • Community health in the West suburbs would improve if there were better community-police relationships. • The expansion of public transit hours and routes is needed, particularly in the West suburbs • Youth violence has become socially acceptable, so more positive youth programs are needed. • Individuals with substance abuse issues and/or mental illness should be sent to treatment not prison. • Family-based solutions to community health problems are needed. • Additional outreach and advocacy are needed to get homeless individuals into community based programs and health care services.
<u>Norwegian IOP</u> Patients in the Norwegian IOP program on the West Side of Chicago.	<ul style="list-style-type: none"> • Preventive mental and behavioral health services, such as drop-in counseling appointments, are needed in most communities. • Information about healthcare resources needs to be in a format that individuals with intellectual disabilities can understand. • Healthcare professionals do not visit long-term care facilities often enough. • Individuals in residential facilities receive low quality medical care, less effective treatments, and low quality assistive devices. • It can be difficult for individuals with mental illness or intellectual disabilities to advocate for their needs alone, so they need people to advocate for and with them to policymakers.

Table 4. Key Findings of Focus Groups Completed in the Central Region

Host Organization	Key Findings
<p><u>NAEFI</u> National Alliance for the Empowerment of the Formerly Incarcerated (NAEFI) re-entry circle participants and staff.</p>	<ul style="list-style-type: none"> • Individuals in correctional facilities often have low literacy rates which affects their ability to understand healthcare information, decreases their ability to find much needed transition services, further decreases their employment opportunities, and negatively impacts other aspects of their health. • Participants stated that the education system in the West and south sides of Chicago is deplorable. • Older adults transitioning back into the community following incarceration often have health problems but are frequently ineligible for benefits such as Medicare and Medicaid. • A lack of mental health services is contributing to poor health and crime in the community. • Post-traumatic stress disorder (PTSD) treatment needs to be available for youth and adults who live in areas with high violent crime rates and for those transitioning back to the community following incarceration.
<p><u>Quinn Community Center</u> Community residents participating in programs at the Quinn Community Center in Maywood, IL.</p>	<ul style="list-style-type: none"> • Illegal drug activity is one of the biggest negative health behaviors in the West suburbs. • Tobacco and alcohol use is high in some of the suburban communities. • Access to healthy foods is extremely limited in some of the townships and villages, and it is leading to other health problems in the community including obesity and diabetes. • The mental and behavioral health needs of youth in the West suburbs are not being met and it has led to other serious issues such as depression and suicide. • Many adults in West suburban communities are unemployed due to a lack of economic opportunity. • A shortage of youth programs has led to other community problems such as youth violence and bullying. • Intergenerational family-based interventions are needed to improve health in suburban communities. • In some of the suburban communities there is a need for improved access to free or low-cost clinics as well as more affordable medication and treatment options.

Table 5. Key Findings of Focus Groups Completed in the South Region

Host Organization	Key Findings
<p><u>Arab American Family Services</u> Arab-American staff who were residents of Bridgeview, IL and surrounding communities.</p>	<ul style="list-style-type: none"> • Arab-American immigrants feel that they are treated disrespectfully by hospital staff. There needs to be more diversity in the front-line staff at hospitals. • There is a need for more culturally competent providers and better quality translation services at hospitals. Hospitals could contract with immigrant and refugee serving community-based organizations to provide cultural sensitivity and educational workshops as well as quality translation services. • Culturally competent providers that are trauma informed are needed to serve immigrant women who are victims of domestic violence or sexual violence. • There is a need for better ethnic and racial data collection at hospitals.
<p><u>Chinese American Service League (CASL)</u> Chinese-American staff who were residents of the Chinatown community in Chicago.</p>	<ul style="list-style-type: none"> • More qualified Chinese-speaking and culturally competent doctors are needed. Both generalists and specialists are needed. International students at medical schools and in healthcare programs could be incentivized to serve immigrant communities. It can be hard for immigrant patients to go to hospitals because they do not understand the healthcare system. In addition, there is a language barrier at some of the major medical centers. • There should be culturally specific integration services for immigrants that are new to the community. Information should include lists of healthcare facilities that have translation services. There is a language barrier preventing immigrants from accessing behavioral health services and many do not know about mental health resources that are available. • Aging residents and residents with disabilities can become isolated. Funding is needed to provide services for disabled community members and seniors. • There is a disconnection of social service organizations. Competition and political issues need to be put aside so that community issues can be addressed. • Safety is major concern of residents in the Chinatown neighborhood in Chicago. Community members reported robberies, physical violence, and assault as some of the biggest safety concerns.

Table 5. Key Findings of Focus Groups Completed in the South Region

Host Organization	Key Findings
<p><u>Human Resources Development Institute (HRDI)</u> Clients in HRDI's day programs on the South Side of Chicago.</p>	<ul style="list-style-type: none"> • Gang activity and illicit drugs are major issues leading to many of the other safety-related concerns on the South Side of Chicago. • Opportunities, such as block parties, are important for building community cohesiveness and trust among neighbors. • There needs to be more positive community involvement from the police. • Family-based solutions are needed to address many of the health issues in the city. • The mental health needs of many residents living on the South Side of Chicago are not being met.
<p><u>National Alliance on Mental Illness (NAMI)</u> Parents, families, and caregivers of adults with mental illness living in South Suburban Cook County.</p>	<ul style="list-style-type: none"> • Hospitals need to be more sensitive to mental health patients. Behavioral health therapists, doctors, and nurses all need sensitivity training so that patients and their families feel that they are treated with dignity and respect. • Doctors and social workers need to be incentivized to go into behavioral health. • Health education of family members is important so that they know how to navigate the system. There needs to be a place that family members can go to learn about the services that are available and where they can get • Stigma surrounding behavioral health problems is an issue that needs to be addressed with family members, community residents, and healthcare providers. • There needs to be a shift in healthcare so that more attention is given to recovery from mental illness than crisis management. • Mental health services for children and adolescents are severely lacking in the South Suburbs. Some communities have judicial mental health courts that sentence young people with minor offenses to treatment instead of jail and they should be expanded to other communities. Young adult and youth peer-to-peer support groups for persons with mental illness could be beneficial. • Greater transparency is needed at residential facilities to ensure that residents are receiving proper care. More coordinated efforts are needed between providers and long-term nursing home facilities to screen and place nursing residents with mental illness in more appropriate housing and programs.

Table 5. Key Findings of Focus Groups Completed in the South Region

Host Organization	Key Findings
<p><u>Park Forest</u> Community residents, health department staff, service providers, and local government representatives in Park Forest, IL.</p>	<ul style="list-style-type: none"> • More local businesses are needed. • There is a need for a variety of locally grown and affordable healthy food options in grocery stores. • More information is needed about the healthcare resources, facilities, and services available in Park Forest. • There is a limited number of behavioral health services available in the south suburbs. • There are a number of safety-related issues in the south suburbs. • There is less community cohesiveness in low-income areas. • Funding issues have affected the availability of homeless shelters. There needs to be additional funding and support for intergenerational services such as daycares, caregiver support services, senior services, and services for children and adolescents.
<p><u>Sexual Assault Nurse Examiners (SANE)</u> SANE providers serving the South Side of Chicago and South Suburbs at Advocate South Suburban Hospital.</p>	<ul style="list-style-type: none"> • Education inequity is a huge problem on the South Side of Chicago and the South Suburbs. • Sexual violence prevention, awareness of human trafficking issues, as well as screenings for domestic violence and sexual abuse in women and children are needed in the south region. Health education in the community and prevention education of healthcare providers is an important need in the South Side of Chicago and the South Suburbs. More prevention focused health education curriculum, such as violence prevention education, is needed in schools. • There needs to be more low-cost or free community-based healthcare resources and clinics outside of the emergency department. Individuals need to be connected to services in the community following hospitalization so that there is a continuum of care. • Personal safety and crime are very big concerns in the South region.

Table 5. Key Findings of Focus Groups Completed in the South Region

Host Organization	Key Findings
<p><u>Stickney Senior Center</u> Seniors participating in the services provided at the center in Stickney, IL.</p>	<ul style="list-style-type: none"> • Crime, drugs, gangs, and vandalism are some of biggest safety-related issues facing resident in South Suburbs of Cook County. • Many stores, businesses, and restaurants have closed in the South Suburbs and it has caused numerous issues including job loss, decreased access to healthy foods, lost revenue for the city, and decreases in the overall aesthetics of the community. • Additional screening and preventative services are needed in the community. In-home healthcare services are needed for individuals who are isolated and/or have mobility problems. More urgent care clinics are needed in the community, because that are not many options for urgent care outside of a doctor's office or hospital. • Senior centers provide opportunities for socializing, hot meals, and activities. Many residents stated that the center improved their overall health and wellness. Participants stated that other communities in the South Suburbs could benefit from having local senior centers.
<p><u>Veterans of Foreign Wars (VFW) Post 311</u> Veterans, retired military, and former military living in Richton Park, IL and the surrounding areas.</p>	<ul style="list-style-type: none"> • The definition of veteran status varies widely and it affects the benefits to which former military personnel are entitled. Veteran's benefits should be expanded to all former or retired military. • The services provided by the Veterans Administration's (VA) hospitals and medical centers are generally of good quality, however, there are extremely long waits to see a provider. Choice Care, which extends veteran benefits to additional hospitals outside the VA, should be expanded. • In the South Suburbs, school quality is substandard. Rich Township schools have been placed on academic probation for the last four years. Schools need to provide more job preparedness coursework, expand trade schools, and provide business training. • The South Suburbs have been particularly hard hit by the foreclosure crisis and it has led to the devaluing of property, fewer resources for school districts, and businesses leaving the communities. There needs to be bank and business re-investment in the communities they serve. • Homelessness is a serious issue affecting many veterans and former military. • Many veterans do not know about the benefits and services that are available to them. As a result, there needs to be additional outreach to individuals not already engaged with a veteran's organization.

Health Impact Collaborative of Cook County, Central Region

Community Resident Survey Results

Purpose, Methodology, and Executive Summary

Purpose:

The purpose of the Community Themes and Strengths Assessment (CTSA) was to identify themes that interest and engage the community, demonstrate perceptions about quality of life, and identify community assets. Community resident surveys were utilized in combination with focus group data to identify community themes and strengths for Chicago and Cook County.

Community Survey Methodology:

The Community Themes and Strengths Assessment included both focus groups and community resident surveys. The purpose of collecting this community input data was to identify issues of importance to community residents, gather feedback on quality of life in the community and identify community assets that can be used to improve communities.

By leveraging its partners and networks, the Collaborative collected approximately 5,200 resident surveys between October 2015 and January 2016, including 1,200 in the Central region. The survey was available on paper and online and was disseminated in five languages – English, Spanish, Polish, Korean, and Arabic. The majority of the responses were paper-based (about 75%) and about a quarter were submitted online.

The community resident survey was a convenience sample survey, distributed by hospitals and community-based organizations through targeted outreach to diverse communities in Chicago and Cook County, with a particular interest in reaching low income communities and diverse racial and ethnic groups to hear their input into this Community Health Needs Assessment. The community resident survey was intended to complement existing community health surveys that are conducted by local health departments for their IPLAN community health assessment processes. IPHI reviewed approximately 12 existing surveys to identify possible questions, and worked iteratively with hospitals, health departments, and stakeholders from the 3 regions to hone in on the most important survey questions. IPHI consulted with the UIC Survey Research Laboratory to refine the survey design. The data from paper surveys was entered into the online SurveyMonkey system so that electronic and paper survey data could be analyzed together. Survey data analysis was conducted using SAS statistical analysis software, and Excel was used to create survey data tables and charts.

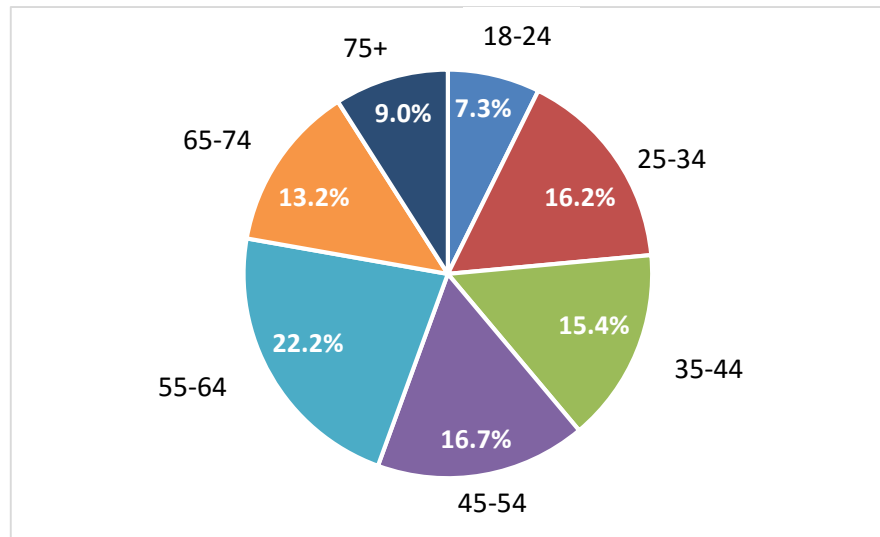
Community Resident Survey Topics

- ✓ Adult Education and Job Training
- ✓ Barriers to Mental Health Treatment
- ✓ Childcare, Schools, and Programs for Youth
- ✓ Community Resources and Assets
- ✓ Discrimination/Unfair Treatment
- ✓ Food Security and Food Access
- ✓ Health Insurance Coverage
- ✓ Health Status
- ✓ Housing, Transportation, Parks & Recreation
- ✓ Personal Safety
- ✓ Stress

Demographic Characteristics of Survey Respondents

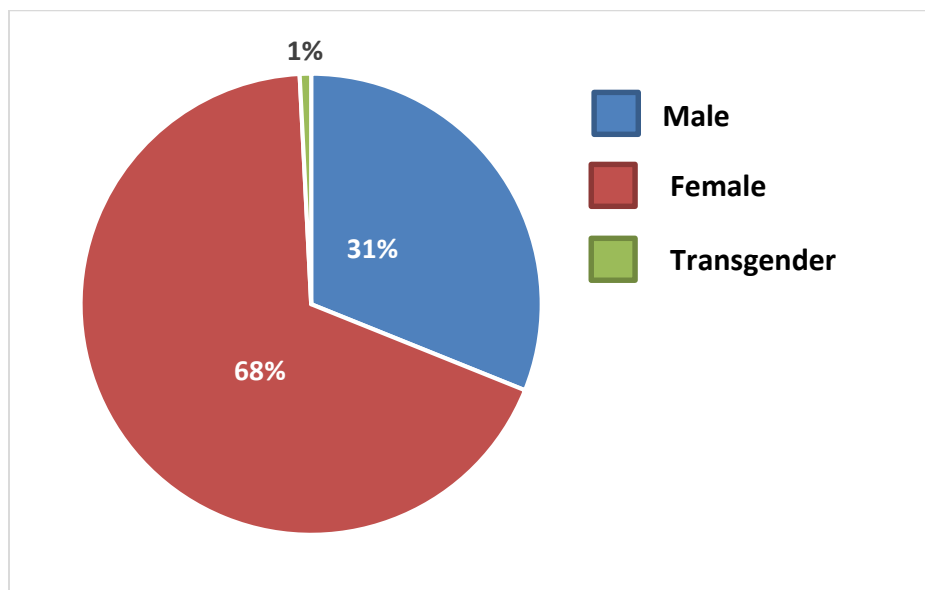
a) Age

Age (n=918)	
18-24	7.3%
25-34	16.2%
35-44	15.4%
45-54	16.7%
55-64	22.2%
65-74	13.2%
75+	9.0%



Survey respondents represented a wide range of ages, with the largest group of respondents between ages 55-64 (22%). The least represented age groups were 18-24 (7%) and 75+ (9%).

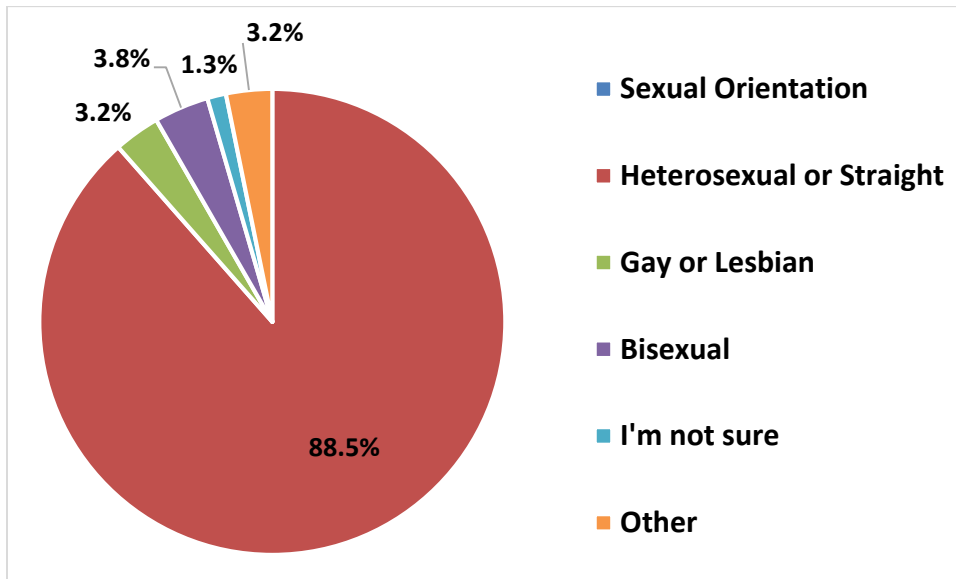
b) Gender (n=875)



The majority of respondents identified as female (68%), with 31% of respondents identifying as male and 1% as transgender. Compared to the North and South regions, the Central region had the highest number of transgender survey respondents.

c) Sexual Orientation

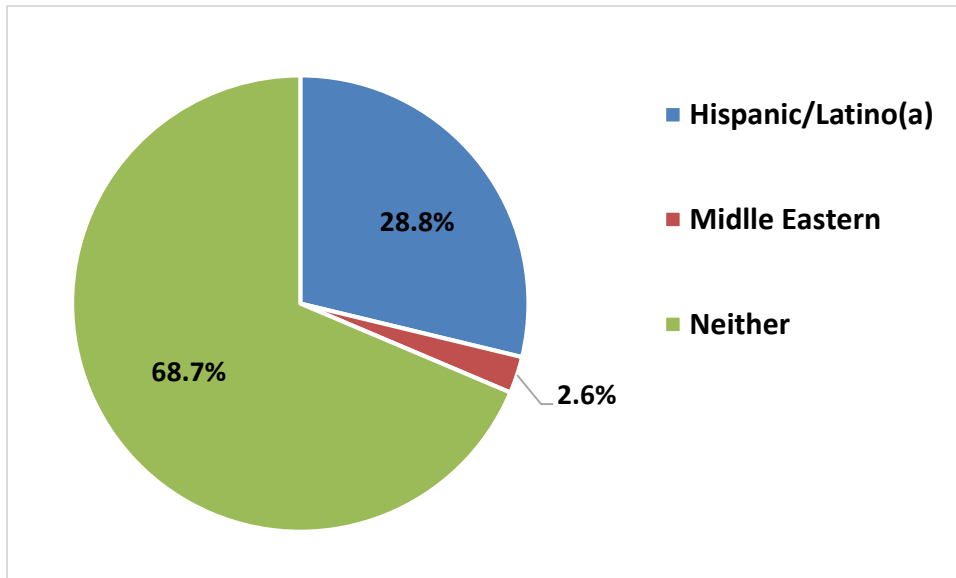
Sexual Orientation (n=843)	
Heterosexual or Straight	88.5%
Gay or Lesbian	3.2%
Bisexual	3.8%
I'm not sure	1.3%
Other	3.2%



The majority of respondents (89%) identified as heterosexual or straight, while 3% identified as gay or lesbian and 4% identified as bisexual.

d) Ethnicity

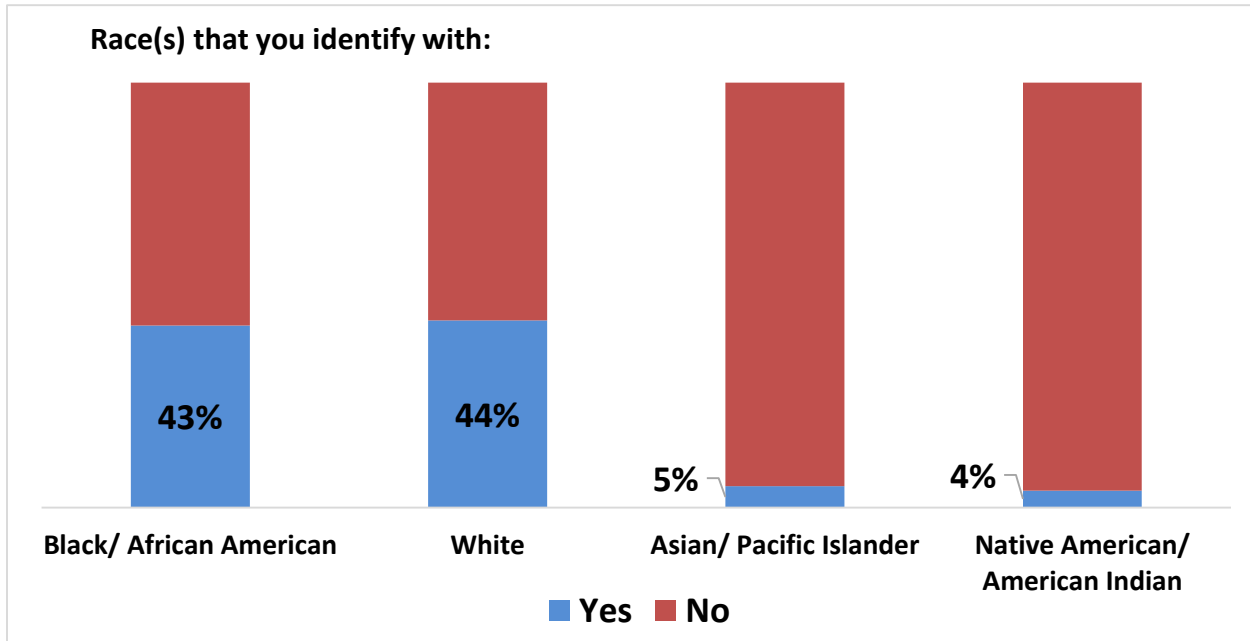
Ethnicity (n=767)	
Hispanic / Latino(a)	28.8%
Middle Eastern	2.6%
Neither	68.7%



Individuals identifying as Hispanic or Latino(a) comprised 28.8% of survey respondents. Those identifying as Middle Eastern made up 2.6% of respondents, while the remaining 68.7% identified as neither.

e) Race

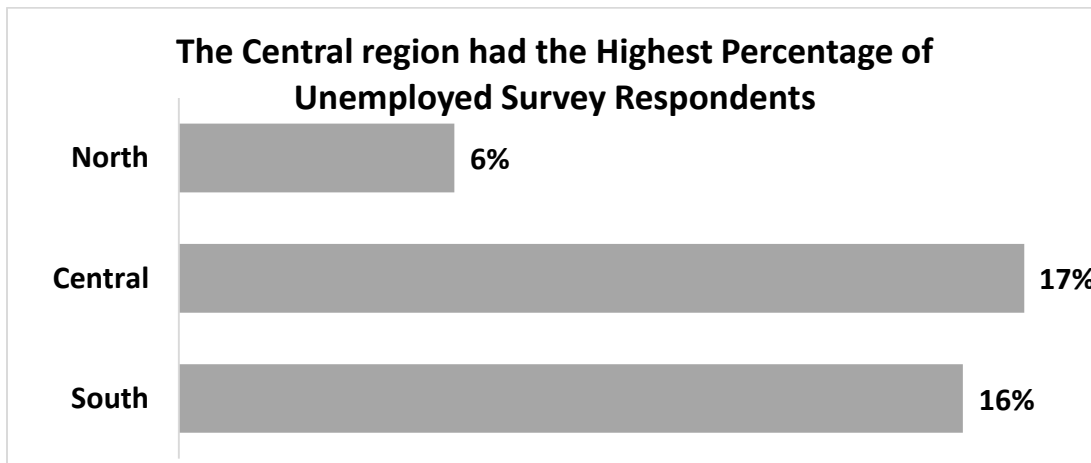
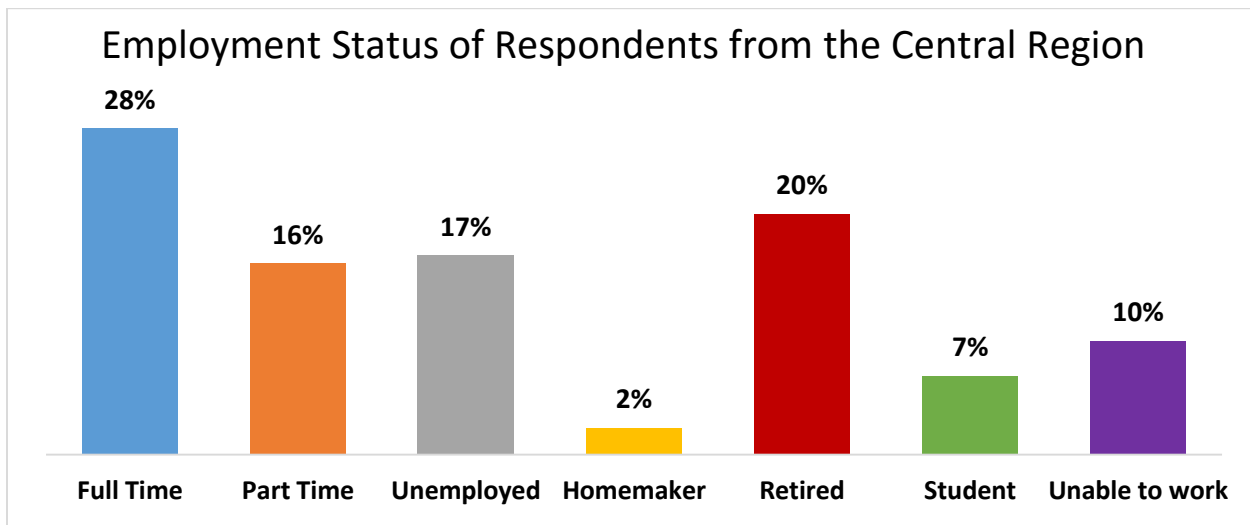
Race (n=767)	Yes	No
Black / African American	43%	57%
White	44%	56%
Asian / Pacific Islander	5%	95%
Native American /American Indian	4%	96%



The majority of respondents identified as either White (44%) or African American (43%). Individuals identifying as Asian/Pacific Islander (5%) or Native American/American Indian (4%) comprised the remaining respondents.

f) Employment Status

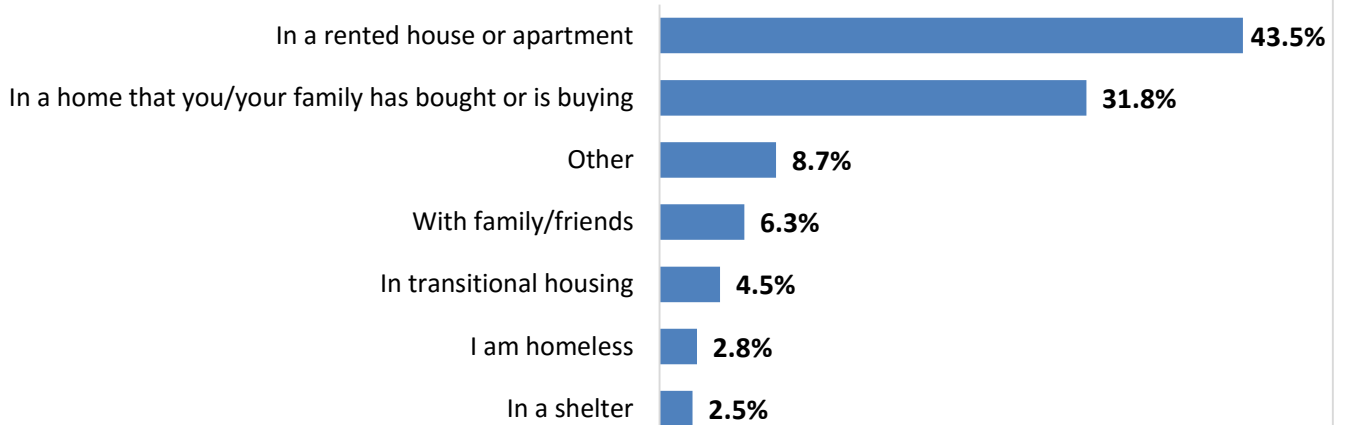
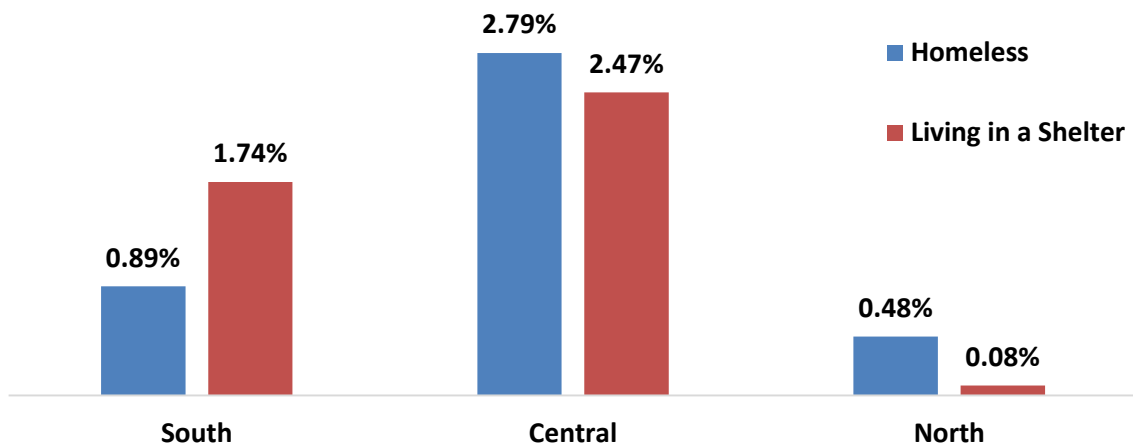
Employment Status (n=880)	
Full Time	28%
Part Time	16%
Unemployed	17%
Homemaker	2%
Retired	20%
Student	7%
Unable to work	10%



The largest groups of respondents were either employed full time (28%) or retired (20%). Those who were unemployed (17%) or unable to work (10%) represented over a quarter of survey respondents. The Central region had the highest unemployment rate (17%) among survey respondents compared to the North (6%) and South (16%).

g) Housing Status

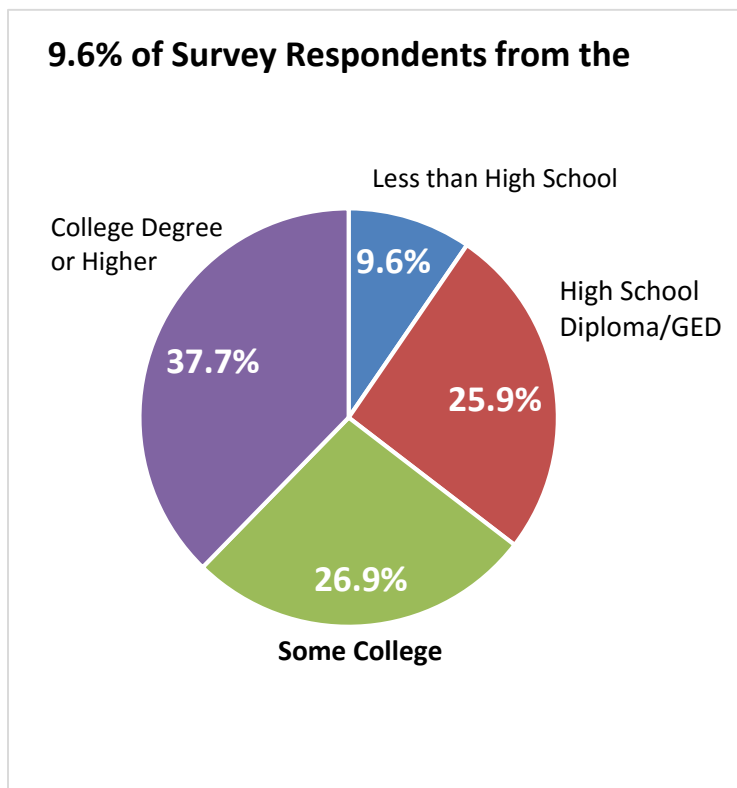
Housing Status (n=933)	
In a shelter	2.5%
I am homeless	2.8%
In transitional housing	4.5%
With family/friends	6.3%
Other	8.7%
In a home that you/your family has bought or is buying	31.8%
In a rented house or apartment	43.5%

Most Respondents from the Central Region Live in a Rented House or Apartment**The Central Region Had the Highest Percentage of Survey Respondents who were Homeless or Living in a Shelter**

Most respondents reported living in a rented house or apartment (43.5%) or living in a home they had purchased or were in the process of buying (31.8%). Those living in transitional housing (4.5%), identifying as homeless (2.79%), or living in a shelter (2.5%) made up 10% of total respondents. Compared to the North and South, the Central region had the highest percentage of respondents reporting homelessness (2.79%) or living in a shelter (2.5%).

h) Educational Attainment

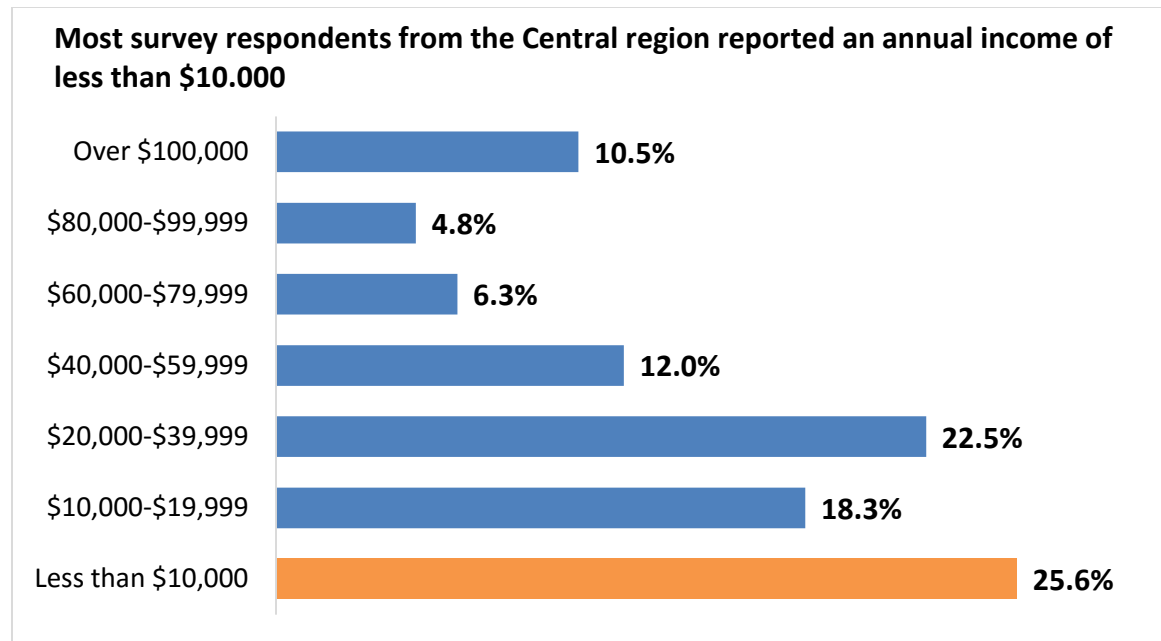
Education (n=878)	
Less than High School	9.6%
High School Diploma/GED	25.9%
Some College	26.9%
College Degree or Higher	37.7%



Approximately 9.6% of survey respondents from the Central region reported having less than a college education. More than half of respondents reported having a high school diploma/GED or some college.

i) Annual Income

Annual Household Income (n=765)	
Less than \$10,000	25.6%
\$10,000-\$19,999	18.3%
\$20,000-\$39,999	22.5%
\$40,000-\$59,999	12.0%
\$60,000-\$79,999	6.3%
\$80,000-\$99,999	4.8%
Over \$100,000	10.5%

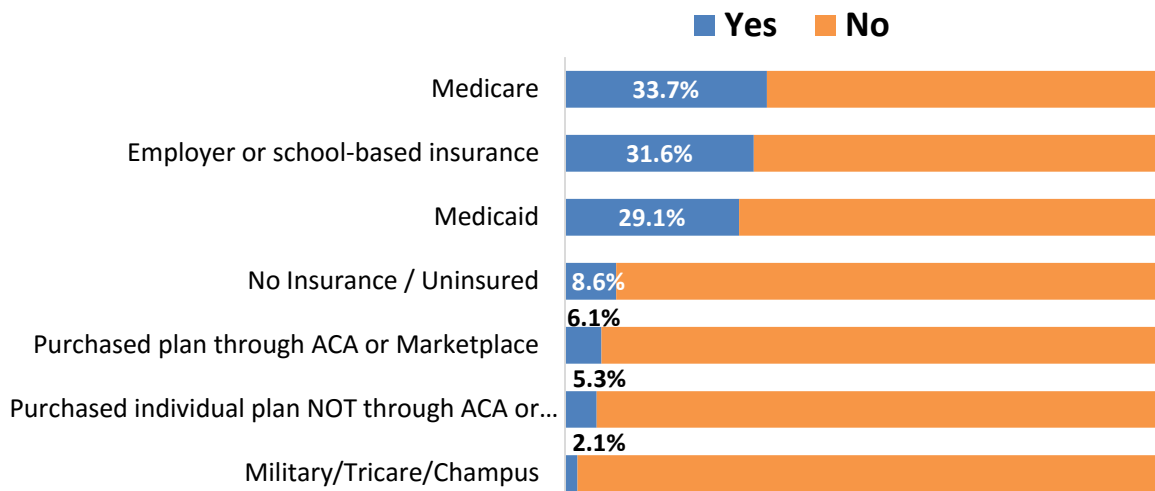


Over a quarter of respondents (26%) reported an annual household income of less than \$10,000 and two-thirds or respondents (67%) reported an annual household income of less than \$39,999. Twenty-two percent of respondents reported an income of over \$60,000.

j) Healthcare Coverage

Healthcare Coverage / Insurance (n=922)	Yes	No
Military/Tricare/Champus	2.1%	97.9%
Purchased individual plan NOT through ACA or Marketplace	5.3%	94.7%
Purchased plan through ACA or Marketplace	6.1%	93.9%
No Insurance / Uninsured	8.6%	91.4%
Medicaid	29.1%	70.9%
Employer or school-based insurance	31.6%	68.4%
Medicare	33.7%	66.3%

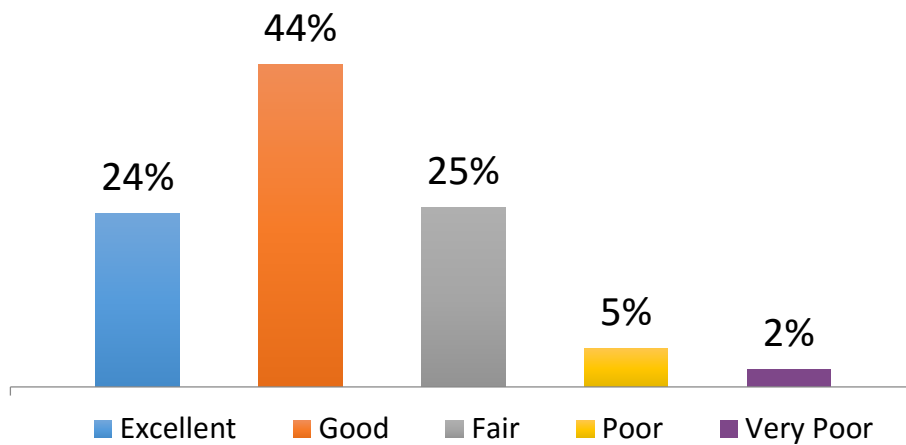
62.8% of Survey Respondents in the Central Region had Medicaid or Medicare Coverage and 8.6% of Survey Respondents Reported Being



Sixty-three percent of respondents reported Medicare (34%) or Medicaid (29%) coverage. Approximately one third reported employer or school-based insurance coverage (32%), while 11% of individuals reported purchasing an insurance plan. Nine percent of respondents reported being uninsured.

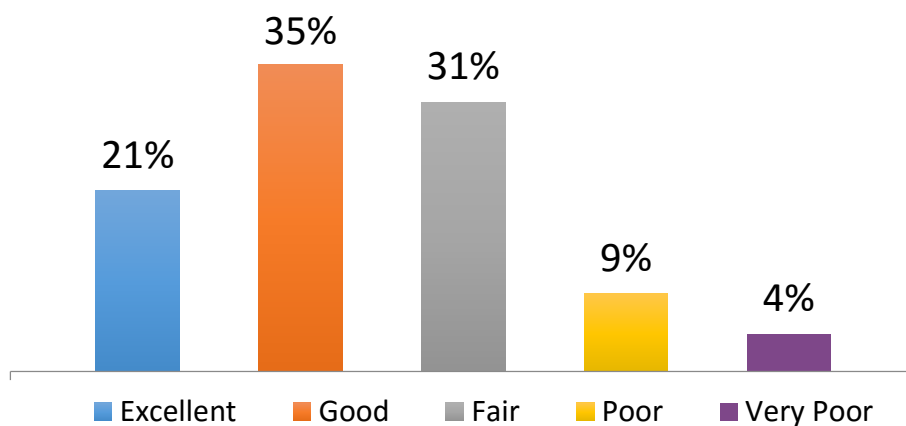
1) Quality of Life

How would you rate your community ... as a healthy place to live? (n=1014)



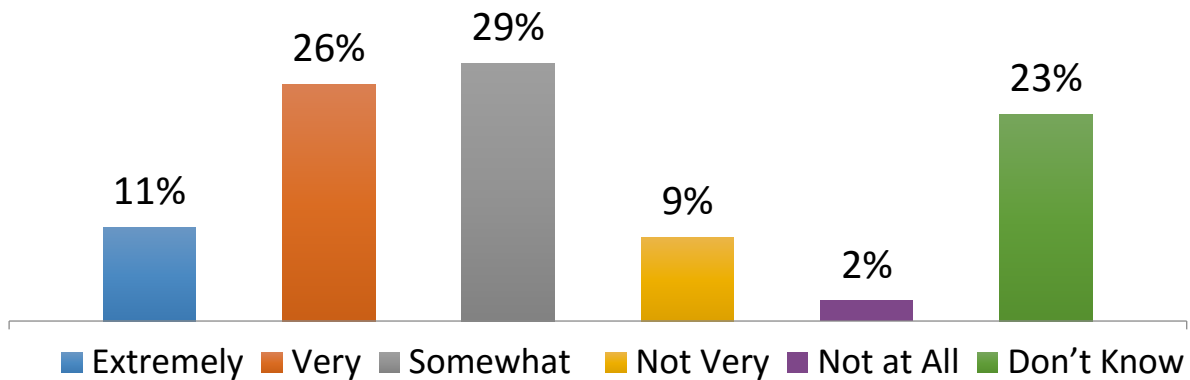
Two-thirds of respondents rated their communities as healthy places to live (68% excellent or good ratings), while a quarter rated their communities as fair. The remaining 7% of respondents rated their communities as poor or very poor places to live.

How would you rate your community ... as a place to raise children? (n=965)



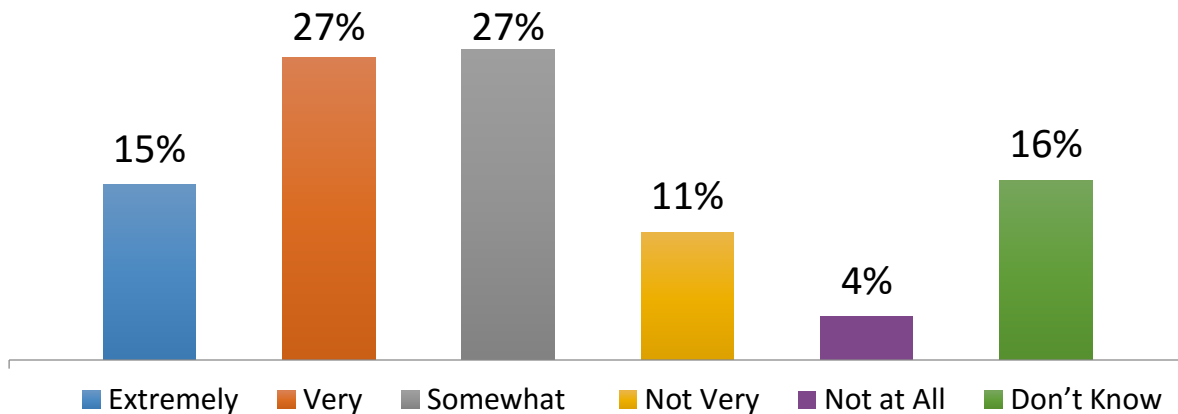
Thirteen percent of individual respondents rated their communities as poor or very poor places to raise children. Another 31% of respondents rated their communities as fair for raising children.

How available is good childcare in your community? (n=987)



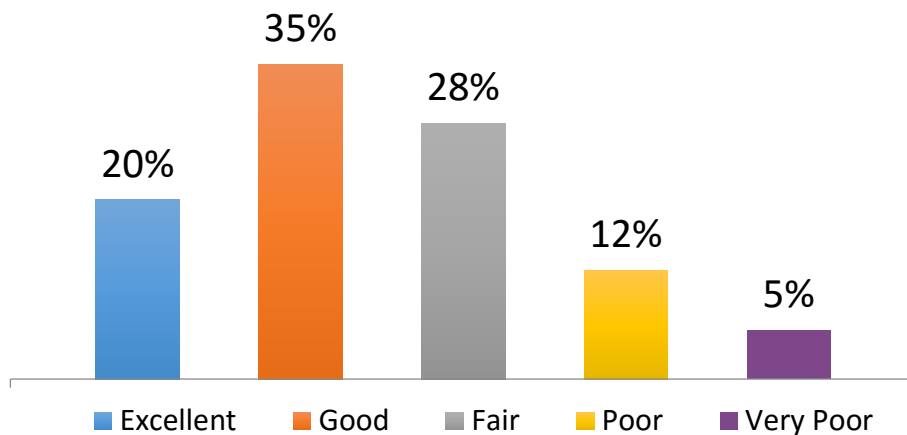
Approximately one-third of respondents (35%) reported good childcare as extremely or very available. Another 29% felt that good childcare was somewhat available, while 11% found childcare to be not very or not at all available.

How good are the schools (kindergarten through 12th grade) in your community? (n=1001)



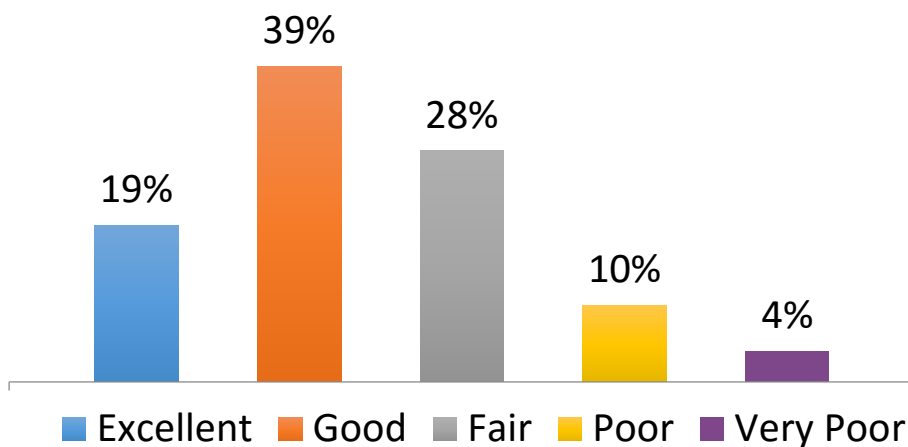
Fifteen percent of individuals rated schools as not very or not at all good. Another 27% of respondents reported schools as somewhat good, while 42% of respondents found schools to be extremely or very good.

How would you rate your community ... as a place to grow old? (n=987)



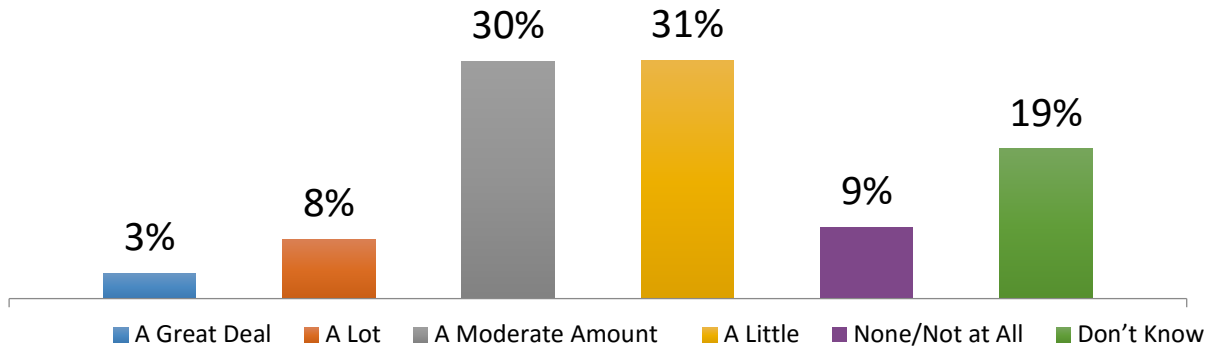
Seventeen percent of respondents rated their communities as poor or very poor places to grow old, while 28% felt their communities were fair places for aging.

How would you rate your community ... as a place to work? (n=969)



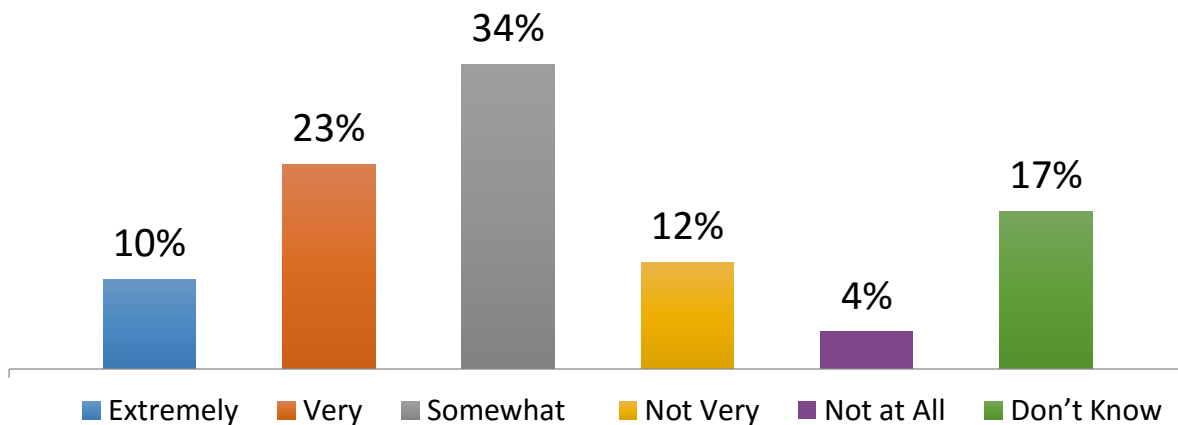
Fifty-eight percent of respondents rated their communities as excellent or good places to work, while thirteen percent felt their communities were poor or very poor places to work. The remaining 28% rated their communities to be fair places of work.

How many good jobs can be found in your community? (n=981)



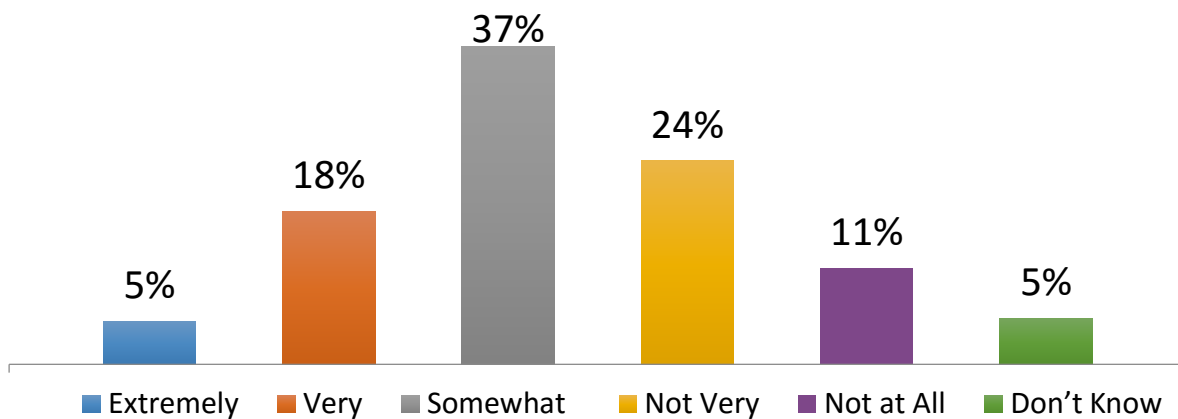
Eleven percent of respondents reported that a great deal or a lot of good jobs could be found in their communities, while 30% reported “a little” and 9% reported “none/not at all” for good jobs in their communities. Nineteen percent of respondents did not know about the availability of good jobs in the community.

How adequate is adult education and job training in your community? (n=995)



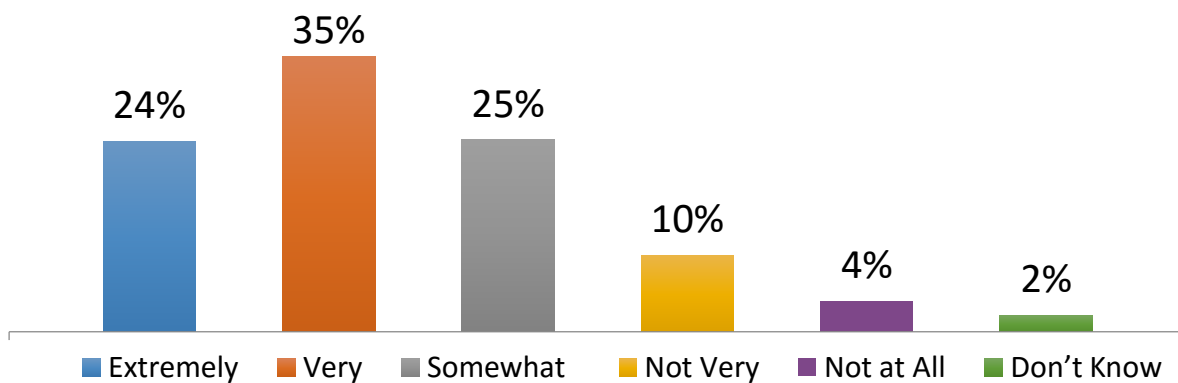
A third of respondents found adult education and job training to be somewhat adequate (34%), while another third felt job training was extremely or very adequate (33%). Sixteen percent of respondents reported lacking job training/adult education opportunities and 17% were unaware of these opportunities in the community.

How affordable is the housing in your community? (n=997)



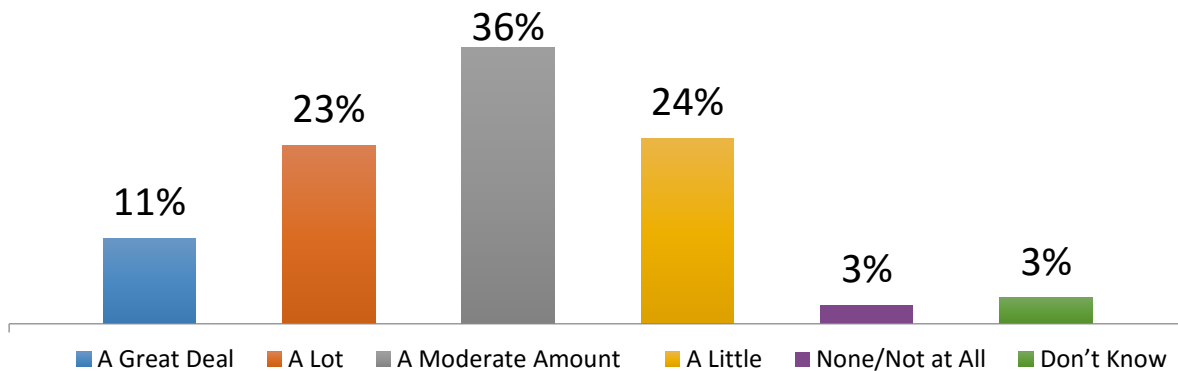
Thirty-five percent of respondents felt that affordable housing was not very or not at all available. Another 37% of respondents found affordable housing to be somewhat available, while 23% of respondents found affordable housing to be very or extremely available.

How available are healthy foods, including fresh fruits and vegetables, in your community? (n=1012)



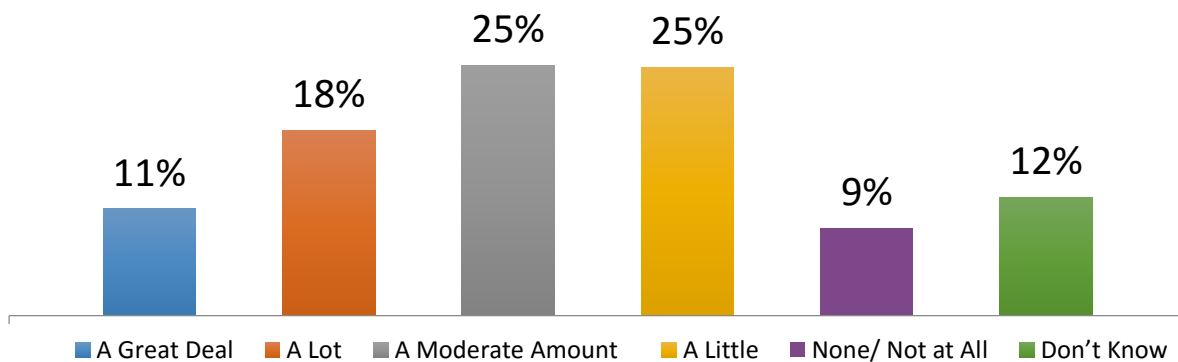
The majority of respondents (59%) found healthy foods to be extremely or very available. Fourteen percent of respondents felt healthy food options were not very or not at all available.

How many parks and recreational facilities does your community have? (n=982)



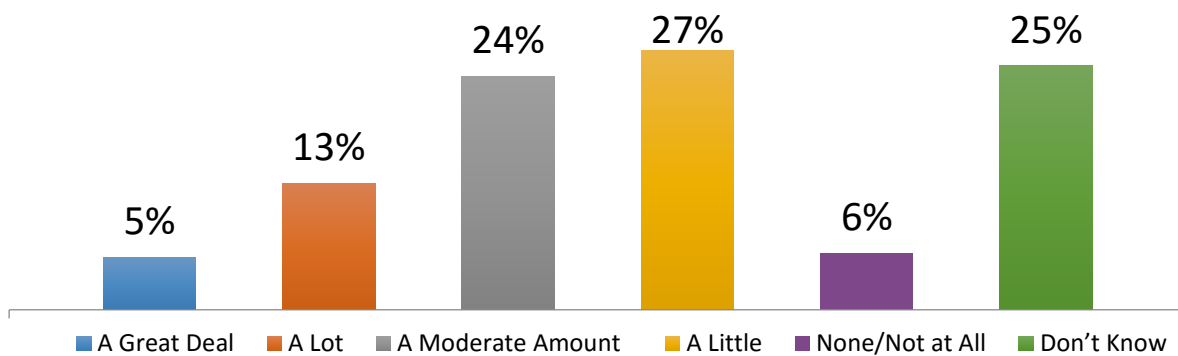
Respondents most frequently answered that a moderate amount of parks and recreational facilities were available in the area (36%). Thirty-four percent reported that a great deal or a lot of parks were available in the area, while 26% found that few or none at all were available.

How many art, culture, and music activities does your community have? (n=979)



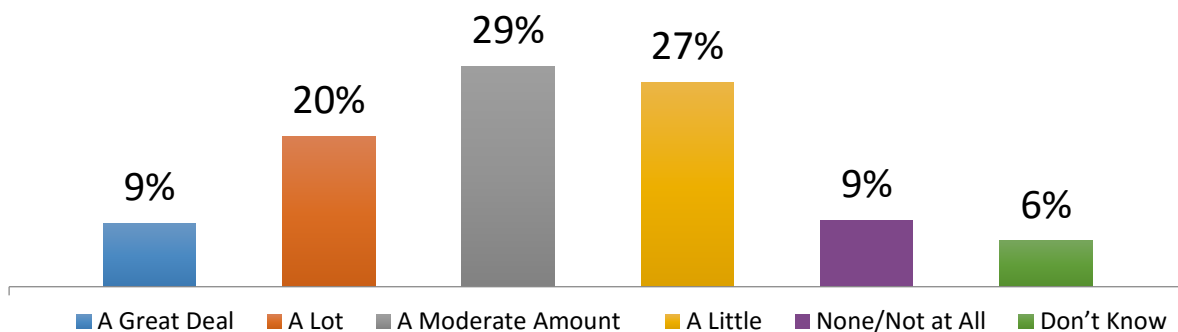
Twenty five percent of respondents felt that a moderate amount of art, culture and music activities were available in their communities, while another 25% felt that their communities offered a little of these services. Nine percent felt there were none of these activities, while 12% did not know.

How many programs or activities for teens and youth during non-school hours does your community have? (n=967)



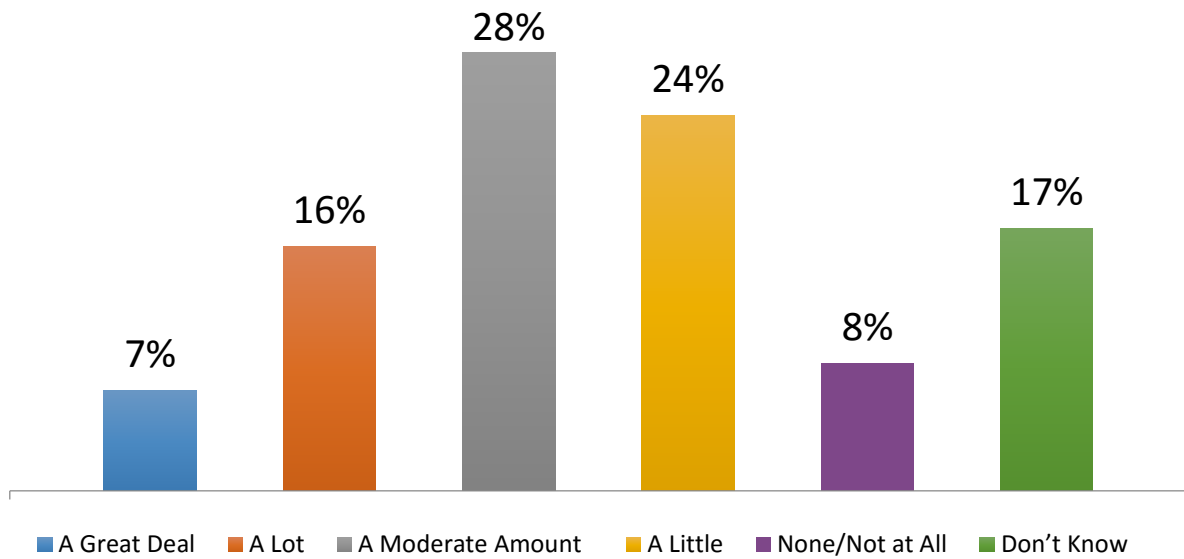
Eighteen percent of respondents reported a great deal or a lot of programs or activities for teens/youth, while 33% reported a little or none at all.

How much do neighbors trust and look out for each other in your community? (n=984)



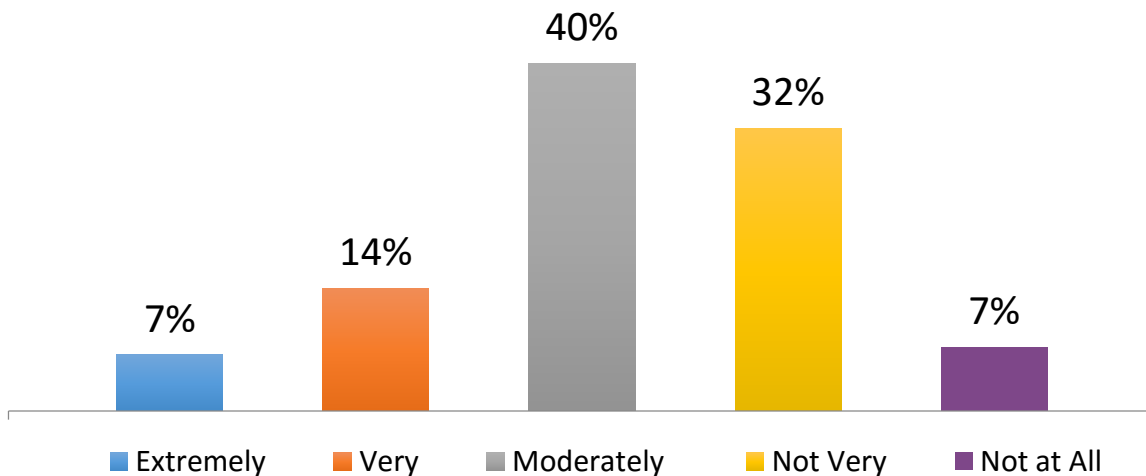
Over a quarter of respondents reported a great deal or a lot of trust between neighbors and looking out for others in the community. Another 29% reported a moderate amount of trust, while 36% reported a little or no trust.

How many opportunities are available for you to participate in improving your community? (n=974)

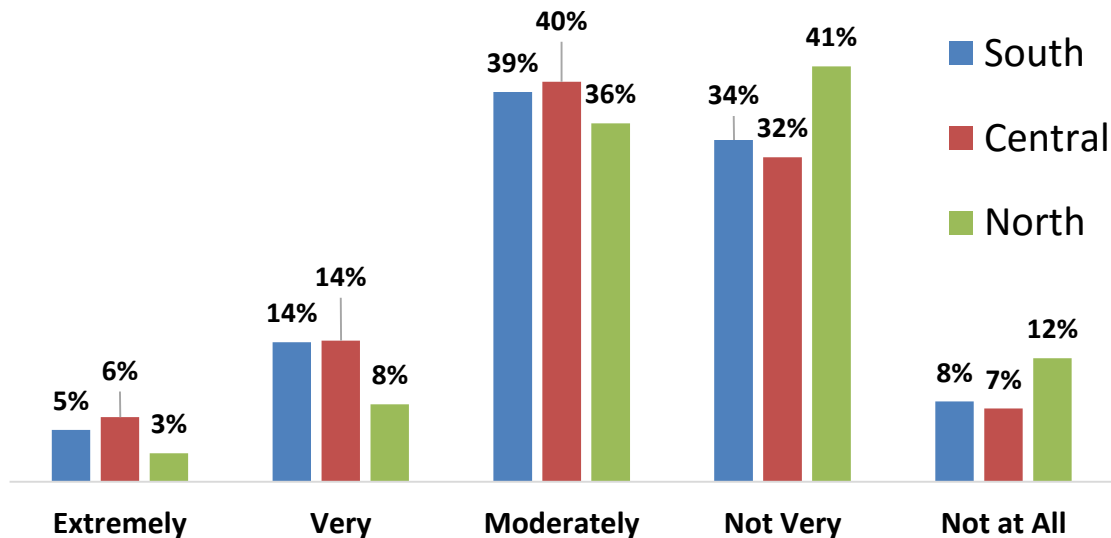


Almost a third of respondents reported little or no opportunities for participation in community improvement. Another 28% reported a moderate amount of opportunities for participation, while 22% reported a great deal or a lot of community participation opportunities.

How common is hunger in your community? (n=946)

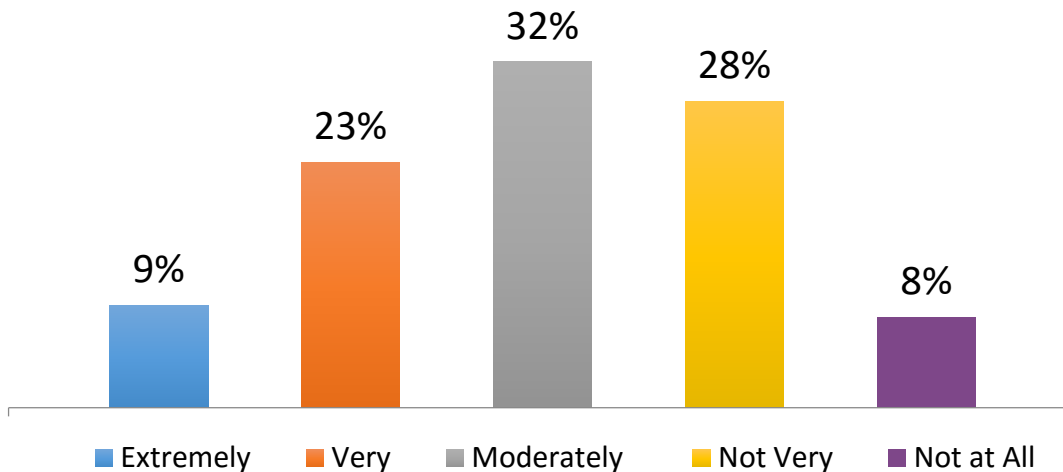


A higher percentage of survey respondents from the Central and South Regions reported that hunger was an “extremely”, “very”, or “moderately” big problem in their communities compared to respondents from the North region.



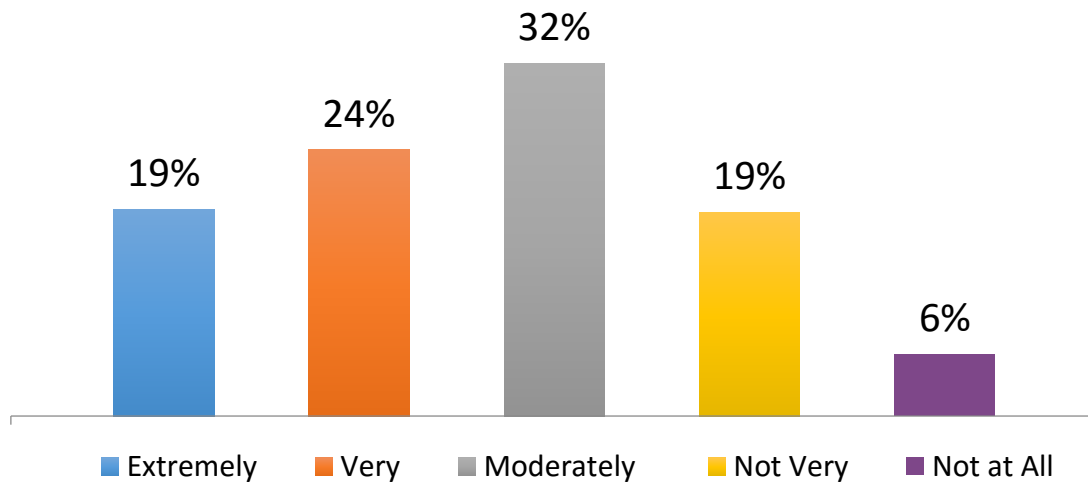
Hunger was rated as an extremely or very common issue for 20% of respondents. Another 40% felt that it was a moderate problem, while 39% felt that it was not a very common issue or not an issue at all. A higher percentage of respondents from the Central and South regions rated hunger as an “extremely”, “very”, or “moderately” big problem in their communities compared to respondents from the North region.

How common is it to drop out of school in your community? (n=893)



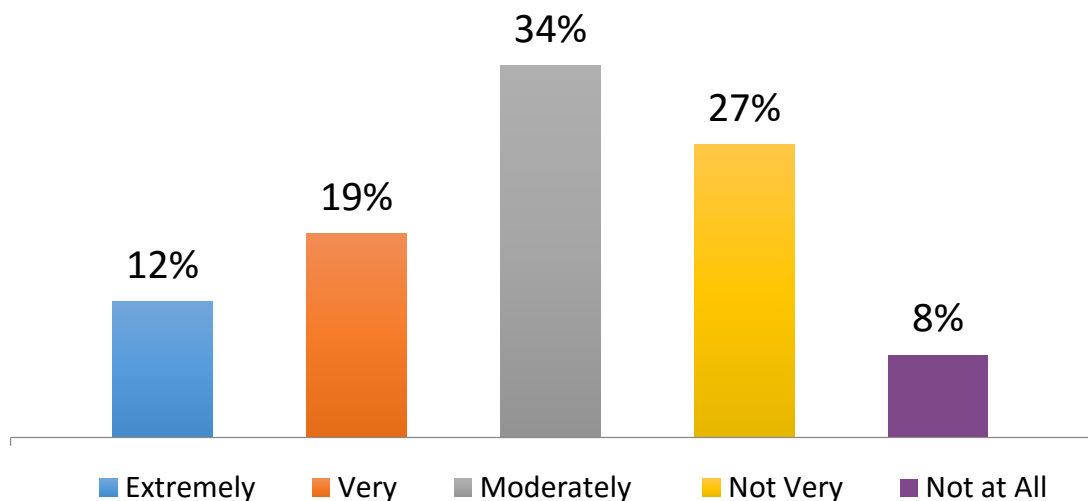
Almost a third of respondents (32%) reported that dropping out of school was an extremely or very common occurrence. Another 32% reported that it was a moderately common problem.

How common is drug abuse in your community? (n=906)



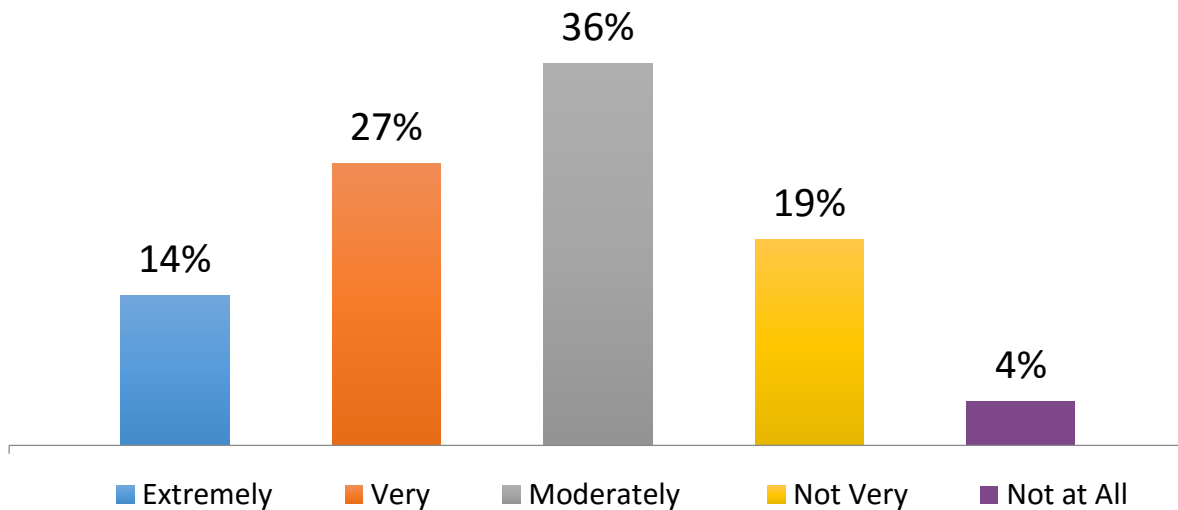
Drug abuse was reported as an extremely or very common problem by 43% of respondents and a moderately common issue by 32% of respondents from the Central region.

How common is homelessness in your community? (n=921)



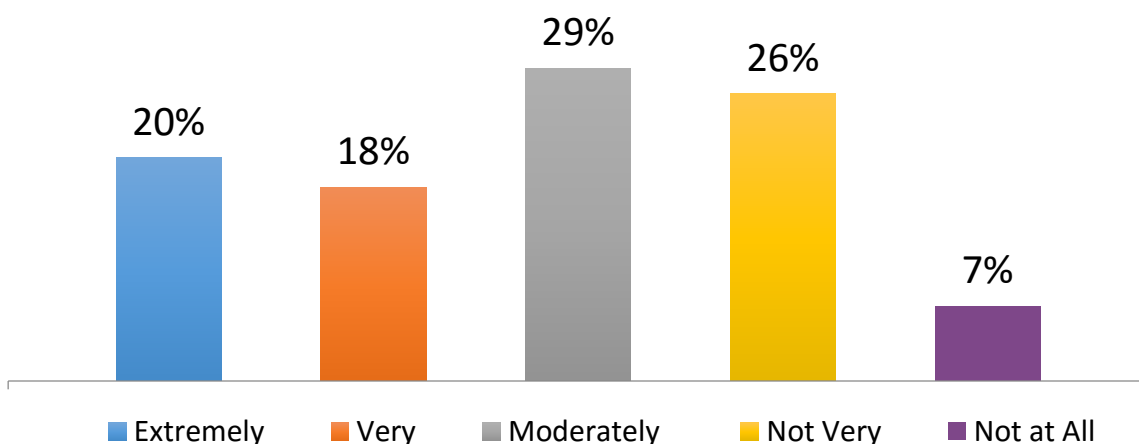
Homelessness was reported as extremely or very common by almost a third of respondents (31%), while another third (34%) reported it as a moderately common issue.

How common are low wages or unemployment in your community? (n=910)

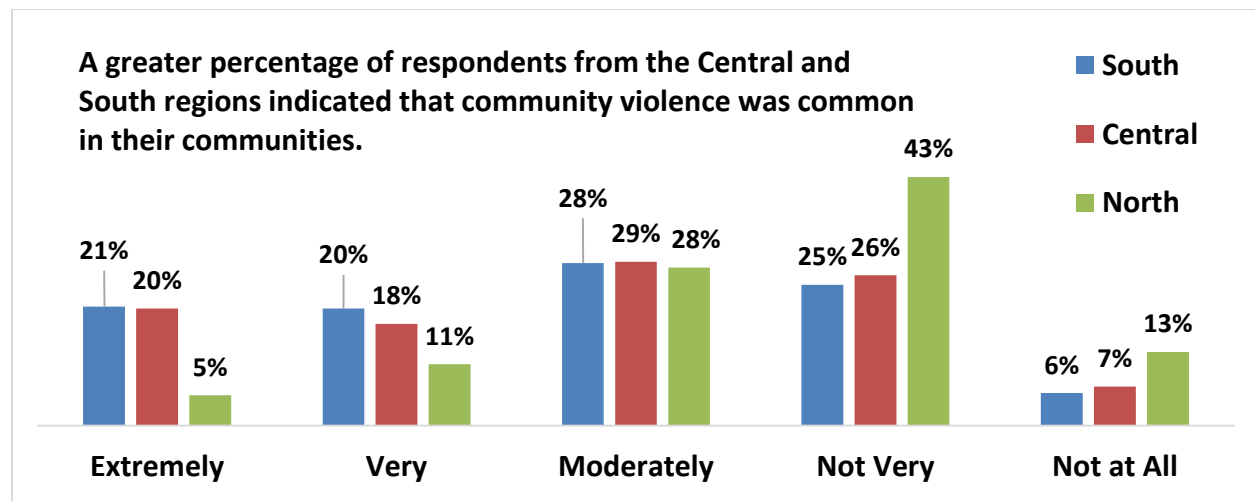


Low wages or unemployment were reported as extremely or very common by 40% of respondents and another 36% reported this as a moderately common issue.

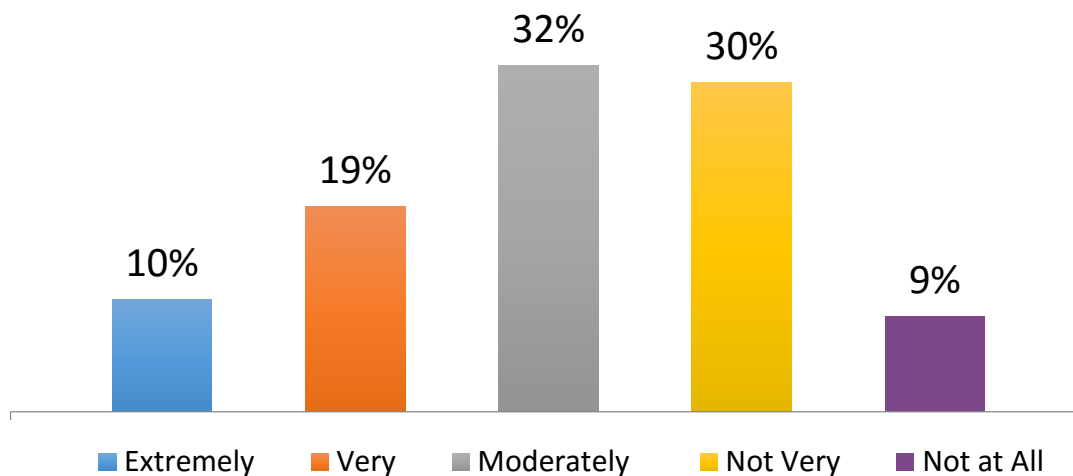
How common is Community Violence (gang-related crime, gun violence, drug-related crime, etc.) in your community? (n=939)



Thirty-eight percent of respondents reported community violence as extremely or very common, while another 29% reported it was moderately common. A quarter of respondents (26%) felt that community violence was not very common.

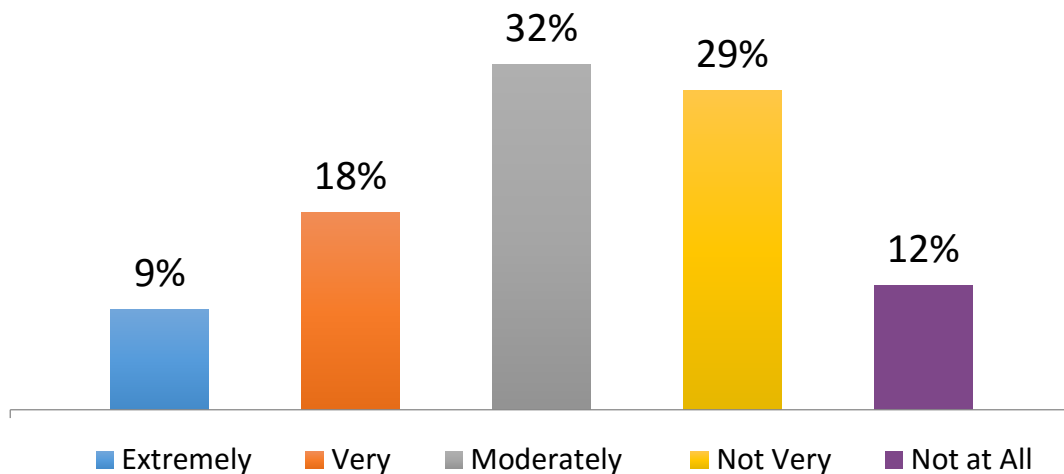


How common is Interpersonal Violence (domestic violence, child abuse, sexual assault, dating violence, elder abuse, bullying, etc.) in your community? (n=912)



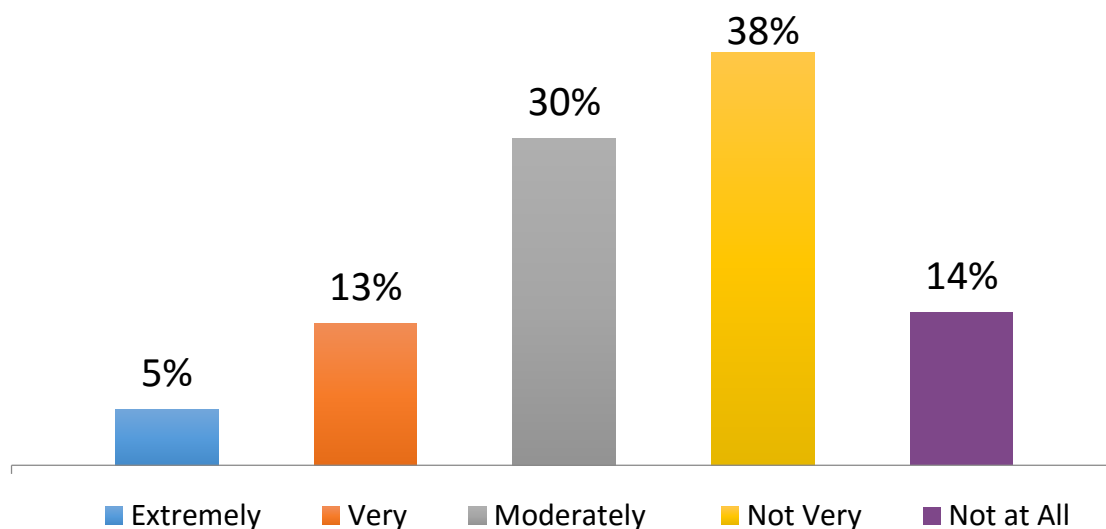
Interpersonal violence, including domestic violence, child abuse, sexual assault, and other forms of abuse was rated as extremely or very common by 29% of respondents. Another third rated it as moderately common and 30% reported that this type of violence was not very common.

How common is it for community members to be treated unfairly because of race, ethnicity, or skin color? (n=932)



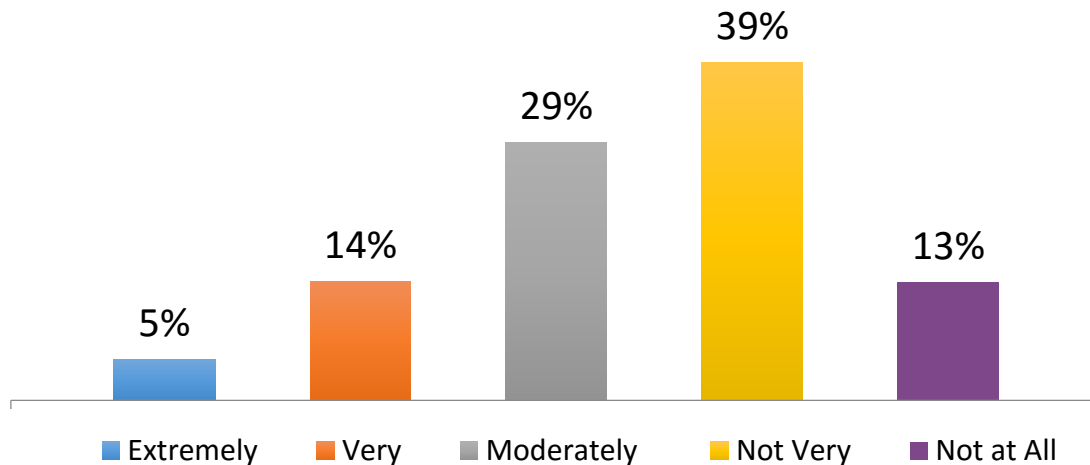
Twenty-seven percent of respondents reported that being treated unfairly because of race, ethnicity, or skin color was extremely or very common in their communities. Another third of respondents reported that this was moderately common.

How common is it for community members to be treated unfairly because of gender? (n=914)



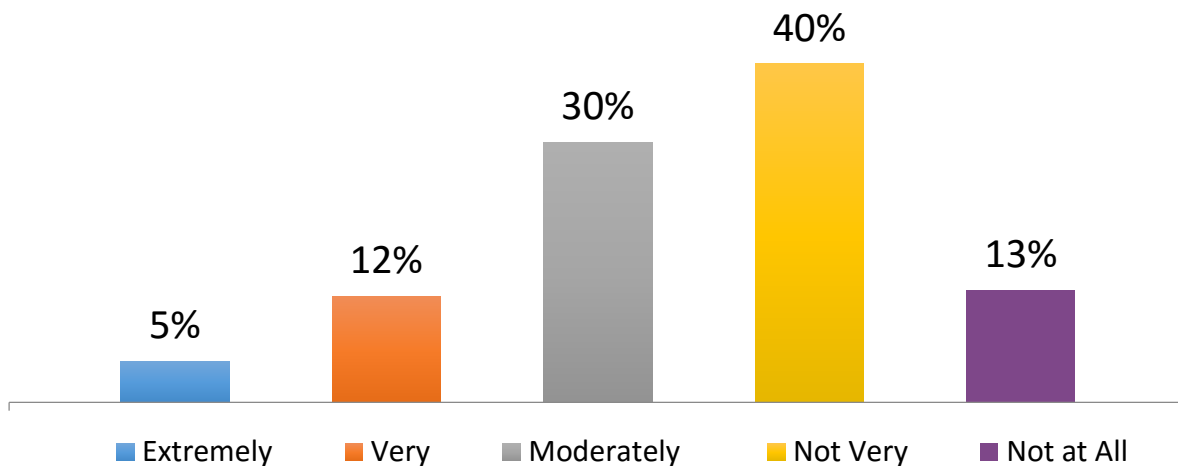
Eighteen percent of respondents reported that unfair treatment related to gender was extremely or very common in their communities. Thirty percent reported that this was a moderate issue, while 52% reported that this was not very common or not at all common.

**How common is it for community members to be treated unfairly because of sexual orientation?
(n=912)**



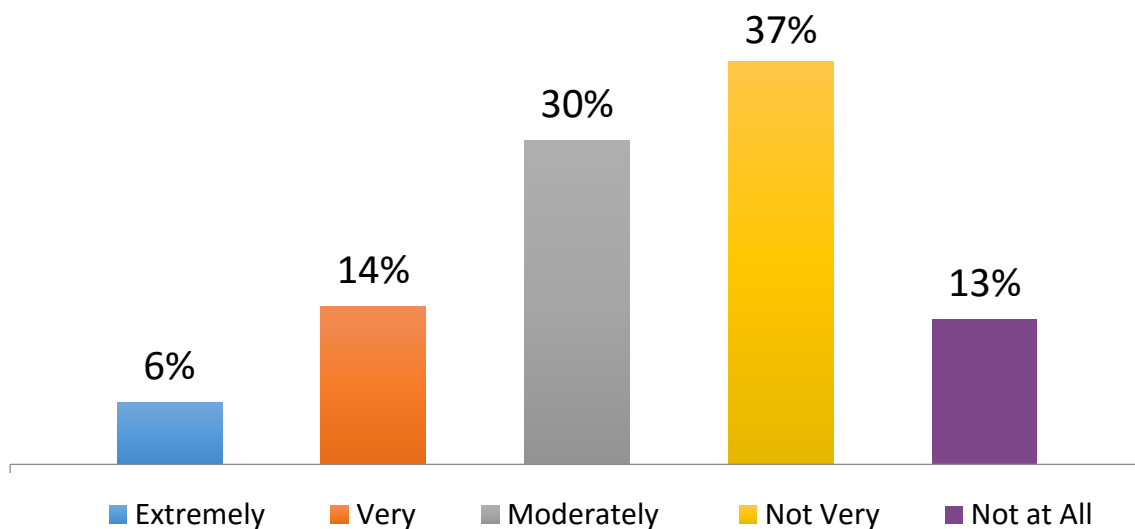
Almost half of respondents reported that unfair treatment based on sexual orientation was extremely, very, or moderately common in their communities. Another half of respondents did not feel that this was a common issue in their communities.

How common is it for community members to be treated unfairly because of age? (n=915)



Seventeen percent or respondents reported that unfair treatment because of age was an extremely or very common issue in their communities. Thirty percent reported that this was moderately common, while another 39% reported that this was not very common.

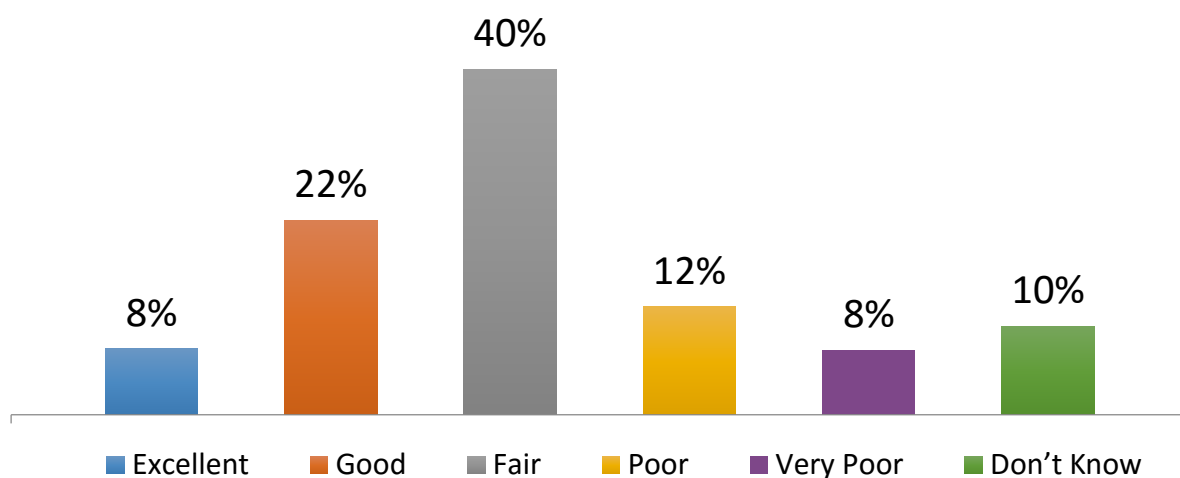
How common is it for community members to be treated unfairly because of the way that they speak English? (n=919)



Twenty percent of respondents reported that unfair treatment because of the way they speak English was extremely or very common. Another 30% reported this as a moderate issue, while 50% reported this as uncommon or not a problem at all.

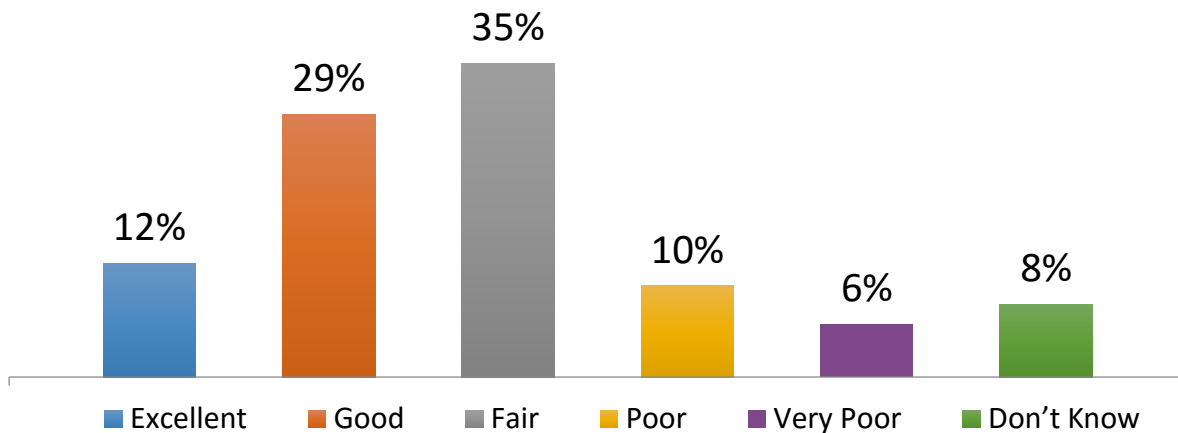
Public Transportation:

Cost of Fares (n=909)



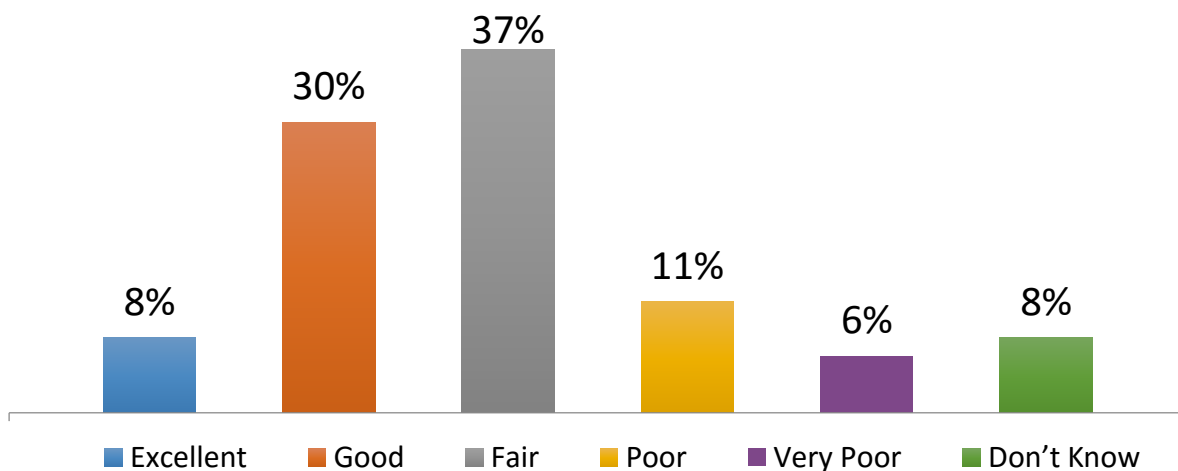
Thirty percent of respondents felt that the cost of fares was good or excellent. Forty percent of respondents reported that the cost of fares on public transit was fair, while nearly 20% found costs poor or very poor.

Convenience of stops/timing for public transportation (n=934)



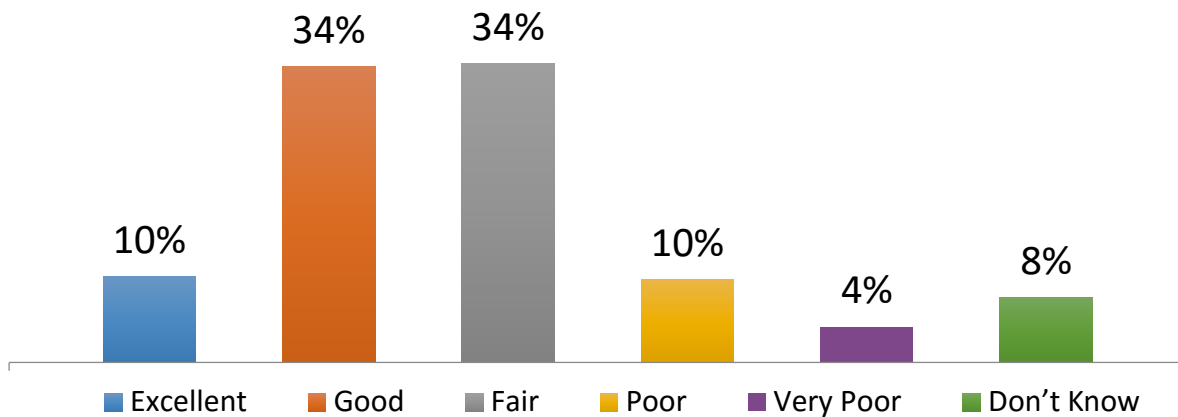
Forty-two percent of respondents reported excellent or good ratings for conveniences of stops and timing on public transportation. Another 35% found convenience to be fair, while 16% found convenience to be poor or very poor.

Personal safety on public transportation (n=946)



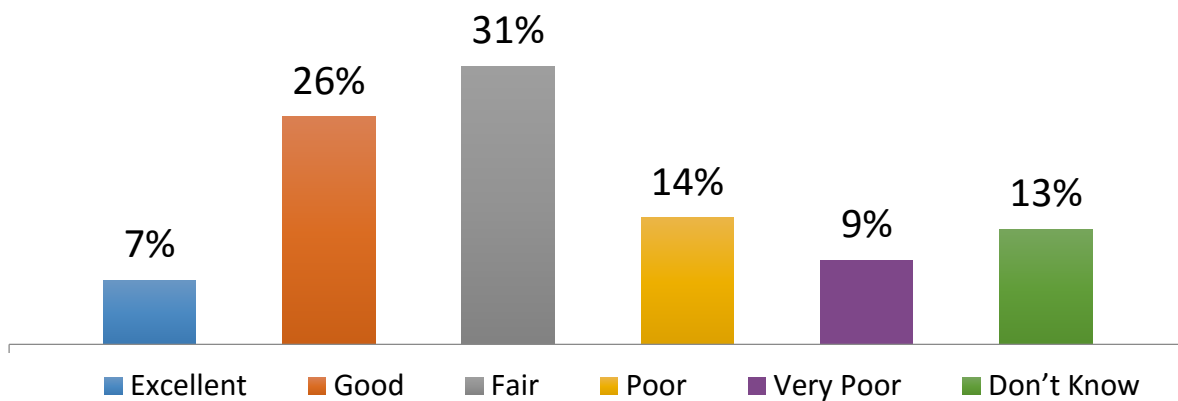
Thirty-eight percent of respondents reported that their personal safety was excellent or good on public transportation, while 37% rated it to be fair. Seventeen percent of respondents rated it as poor or very poor, while 8% did not know.

Reliability of public transportation (n=941)



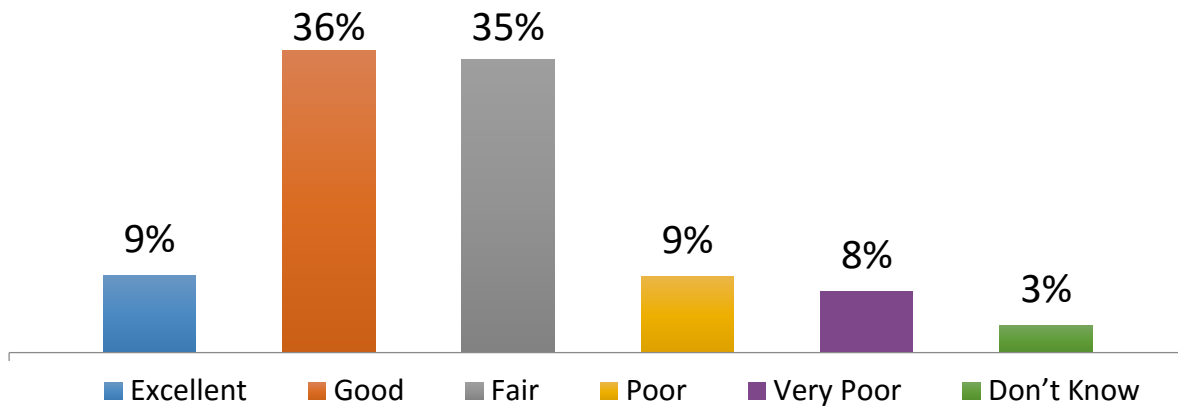
Forty-four percent of respondents rated the reliability of public transportation to be excellent or good, while 35% found it fair and 14% found it to be poor or very poor.

Quality and convenience of bike lanes (n=940)



A third of respondents reported the quality of bike lanes as excellent or good, while 31% found them to be fair and 23% reported that bike lanes were poor or very poor. Another 13% did not know about the condition of bike lanes.

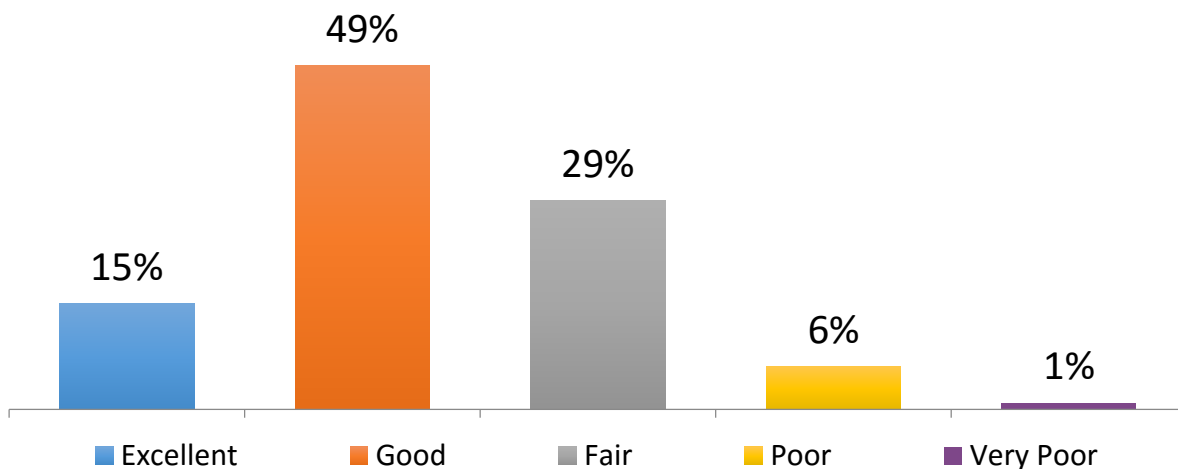
Quality of sidewalks (n=943)



Forty-five percent of respondents report excellent or good sidewalk quality, while 16% felt sidewalk condition was poor or very poor.

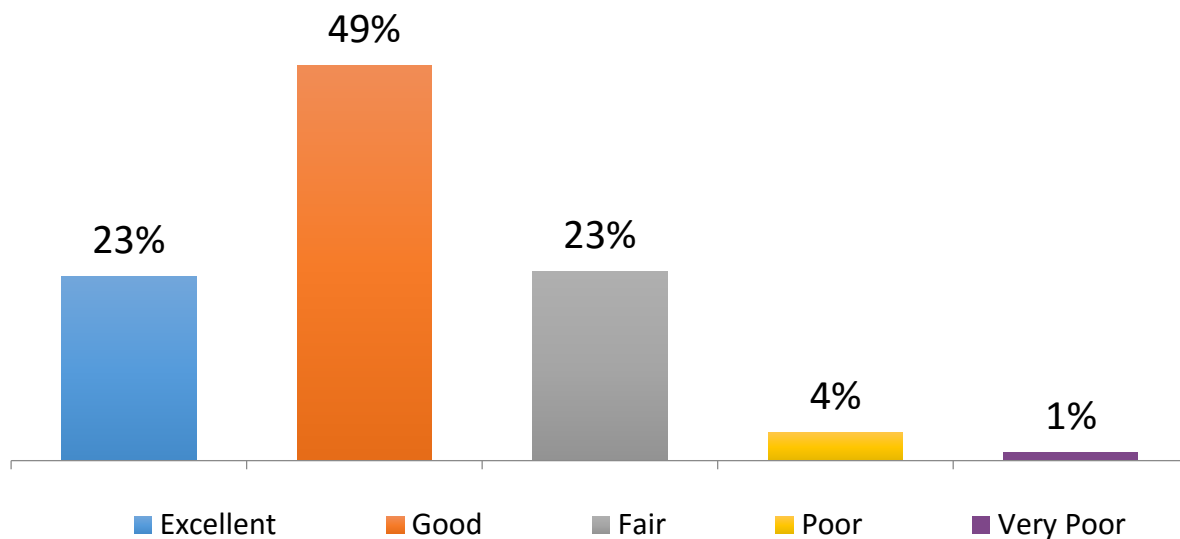
PHP Information

In General, how would you rate your overall health? (n=945)



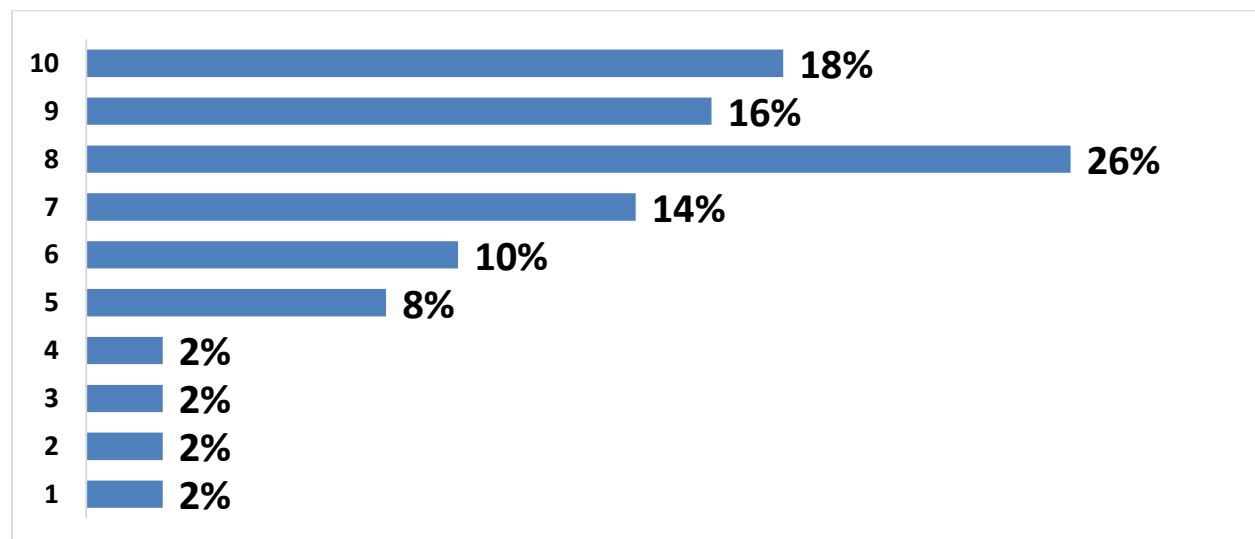
Sixty-four percent of respondents rated their overall health as excellent or good. An additional 30% rate their overall health as fair, while 7% feel their health is poor or very poor.

In general, how would you rate your overall mental or emotional health? (n=933)



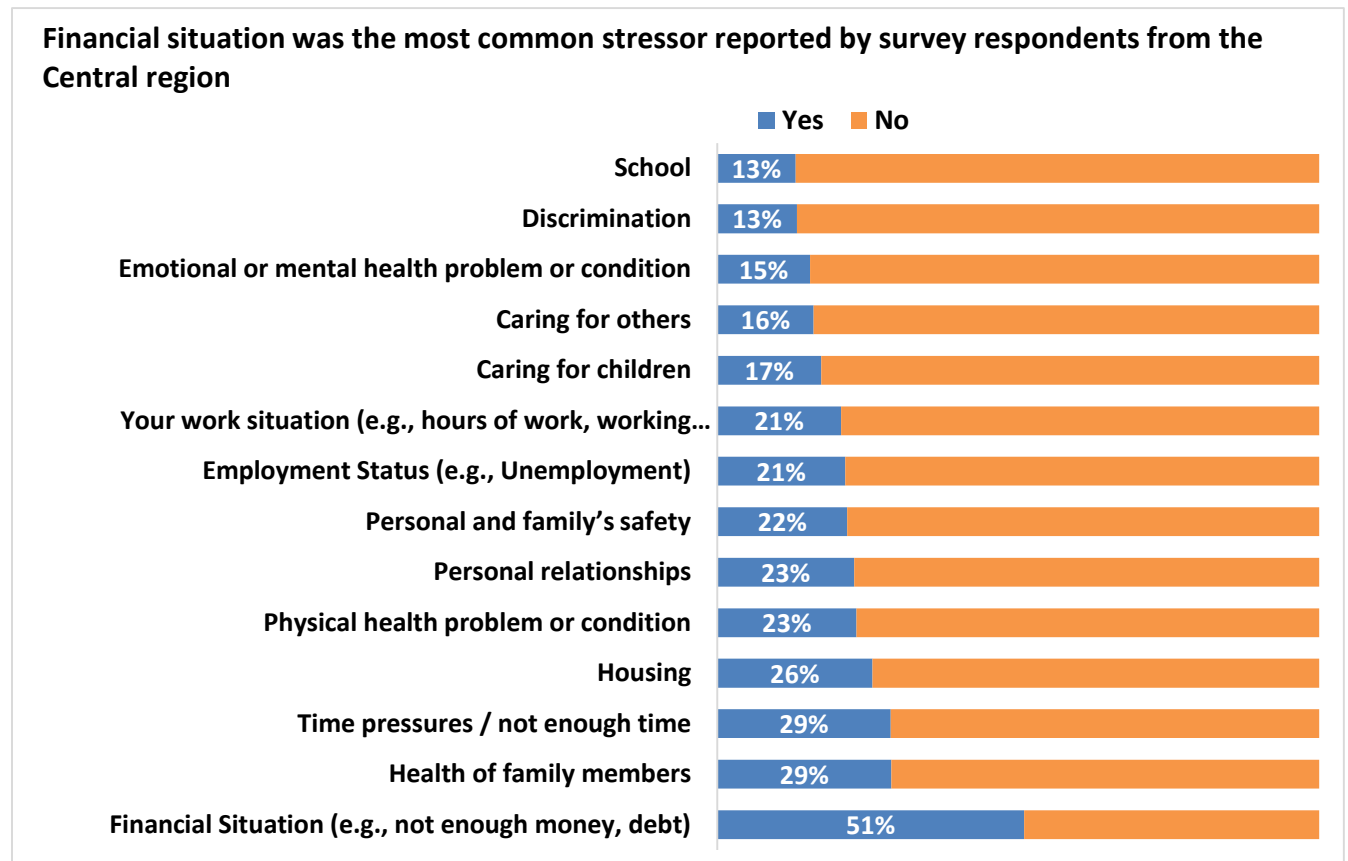
Almost a quarter of respondents rated their overall mental or emotional health as excellent, while another 49% rated their overall mental or emotional health as good. Five percent of respondents rated their health as poor or very poor.

Using a scale for 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied”, how do you feel about your life as a whole right now? (n=903)



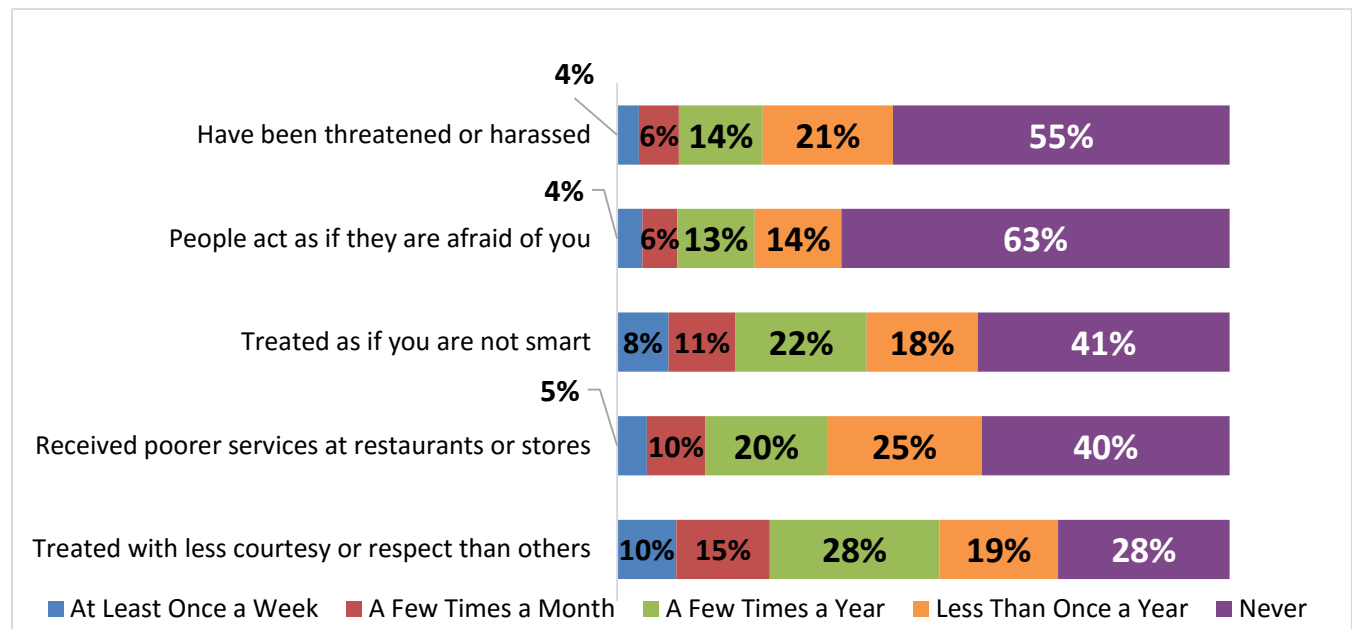
The majority of respondents from the Central region report being satisfied with their life as a whole.

Thinking about stress in your day-to-day life, which of these contribute the most to feelings of stress you may have? Check all that apply. (n=874)



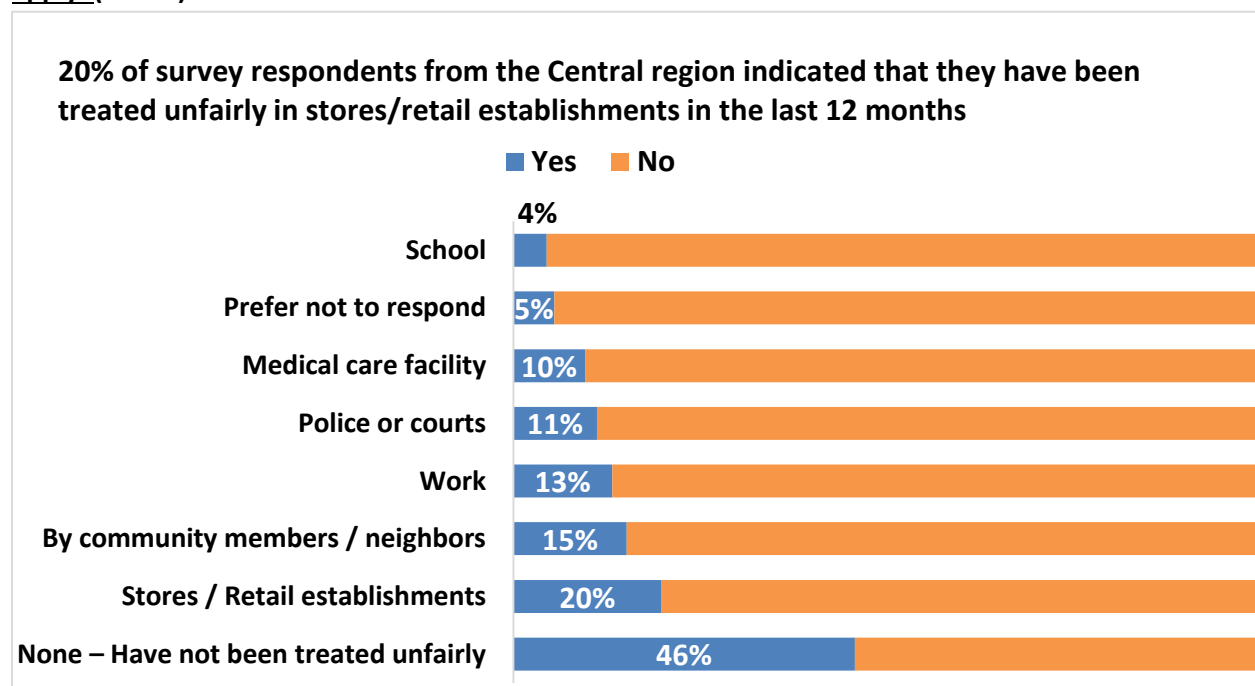
The majority of respondents in central Cook County report their financial situation as a contributor to stress (51%). Health of family members and time pressures were the next most frequent responses, with 29% of respondents citing these as daily stressors.

In your day to day life, how often have any of the following things happened to you: (n=870)



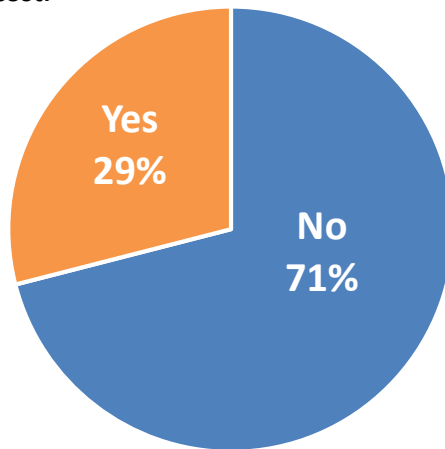
Eleven percent of respondents reported being threatened or harassed at least once a week or a few times a month. Seventeen percent of respondents reported being treated as if they were not as smart, fifteen percent reported receiving poorer service at restaurants or stores, and twenty-five percent reported being treated with less courtesy or respect at least once per week or a few times per month.

In which of the following places have you been treated unfairly in past 12 months? Check all that apply. (n=874)



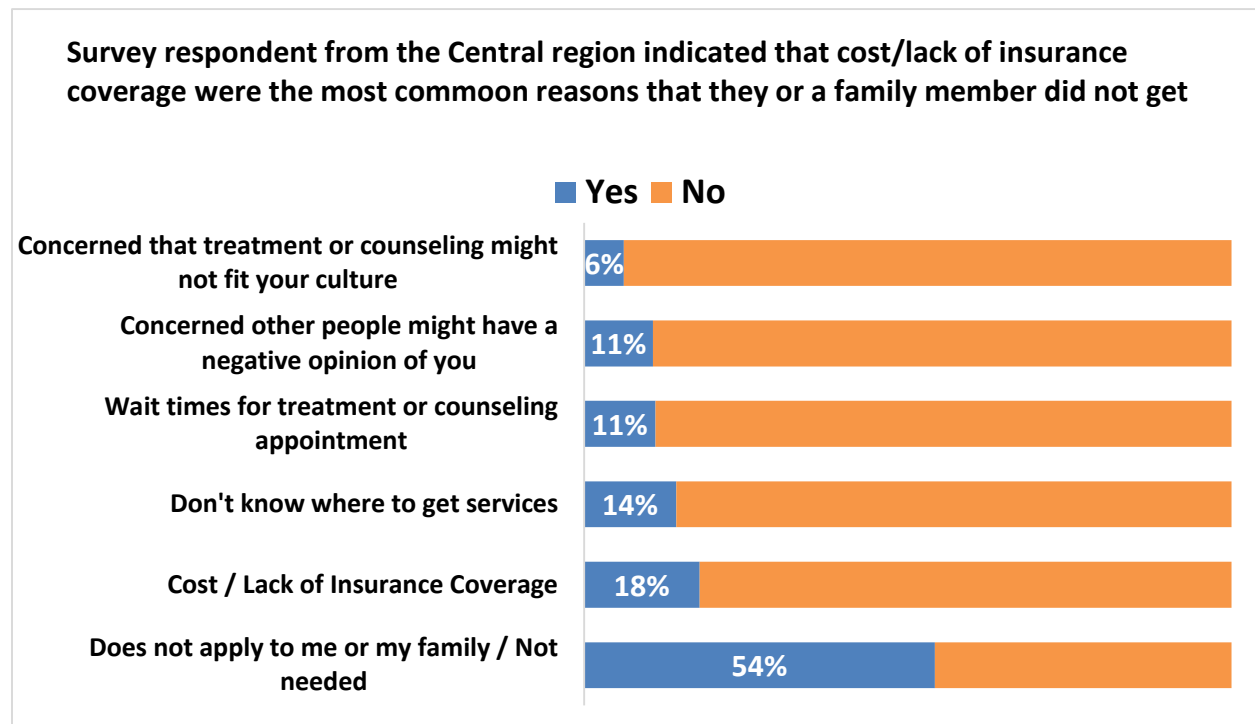
In the past 12 months, did you or a member of your family put off or not seek medical care because of cost? (n=876)

29% of survey respondents from the Central region indicated that they or a family member put off or did not seek medical care in the last 12 months due to cost.



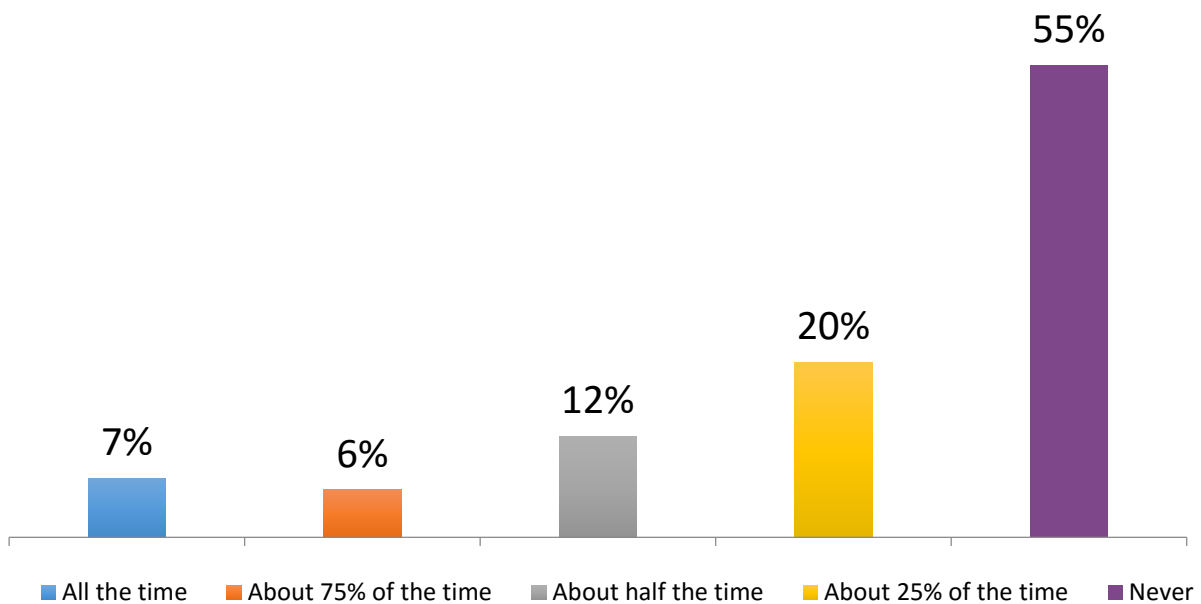
Thirty percent of survey respondents from the Central region indicated that they or a family member put off or did not seek medical care because of cost.

Please think about any time when you or a member of your family may have needed mental health treatment or counseling. If you did not get needed mental health care, which of these statements explain why you did not get it? Select all that apply. (n=801)



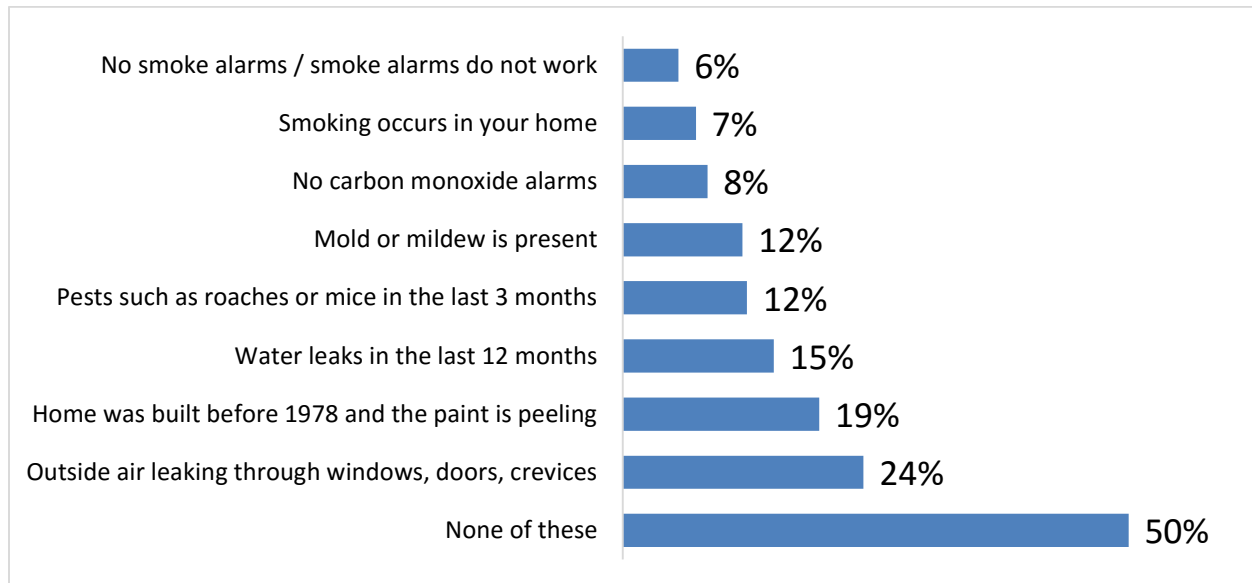
Respondents most often cited cost or lack of insurance coverage (18%), as well as not knowing where to get services (14%) as factors in not getting needed mental health treatment or counseling. Wait times for services and being perceived negatively by others were both factors cited by 11% of respondents.

In the past 12 months, how often did you or your family worry about whether your food would run out before you had the money to buy more? (n=865)



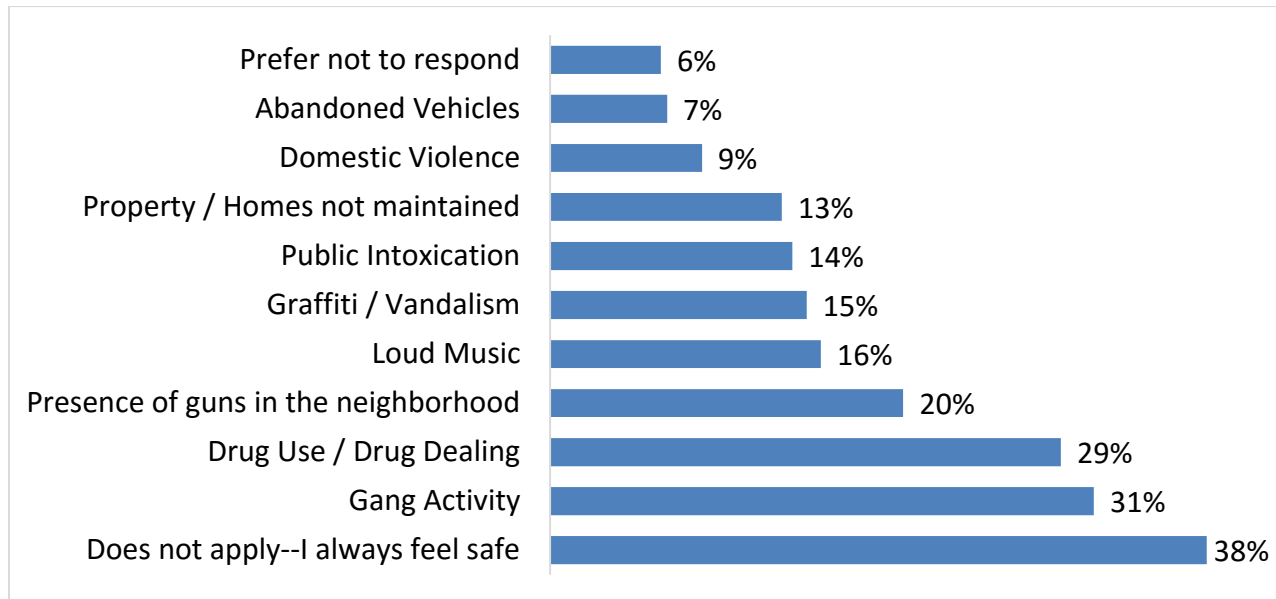
Twenty-five percent of respondents reported that over the past 12 months, they worried at least half the time about whether food would run out before having the money to buy more. Twenty percent of respondents reported this concern approximately a quarter of the time, while over half of respondents reported that they never worried about running out of food.

Which of the following describes your current home? Check all that apply. (n=867)



Nearly a quarter of respondents reported outside air leaking through windows, doors and crevices. The next most frequent home maintenance concern reported was peeling paint, which was cited by 19% of respondents. Fifteen percent of respondents reported water leaks over the past 12 months and 12% of respondents reported pests such as roaches or mice in the last 3 months, as well as mold/mildew being present.

Please indicate any reasons you felt unsafe in your neighborhood in the past 12 months. Check all that apply. (n=850)



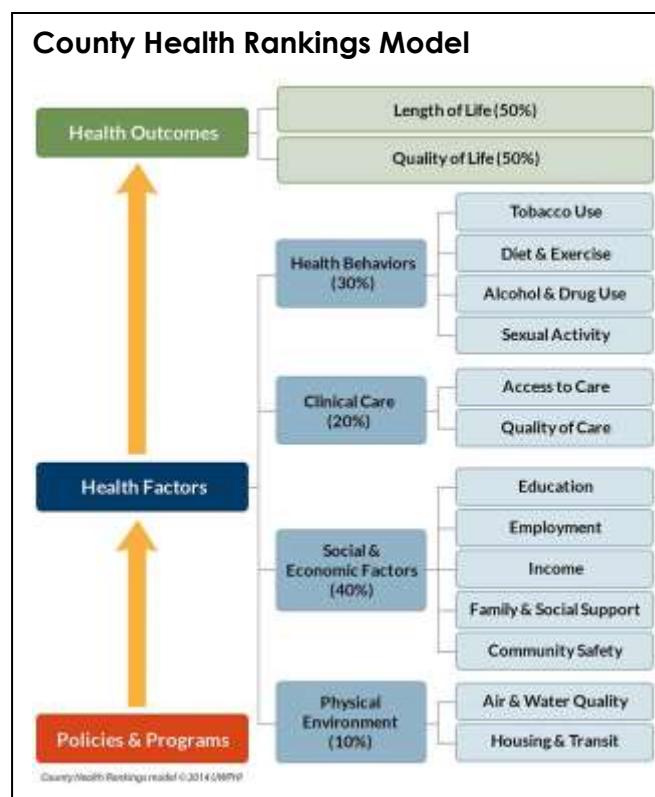
Respondents cited gang activity as the primary reason they felt unsafe in their neighborhoods over the past 12 months (31%). Drug use and drug dealing was the second most common response at 29%, followed by the presence of guns in the neighborhood at 20%. Thirty-eight percent of respondents reported always feeling safe in their neighborhoods.

OVERVIEW OF INDICATORS AND METHODS

The Community Health Status Assessment (CHSA) is one of four assessments that comprise the Health Impact Collaborative of Cook County's CHNA. This CHSA report describes health status and community conditions in the Central region. The indicators in this report fall into the following categories:

- ✓ Demographics
- ✓ Socioeconomic Factors
- ✓ Health Behaviors
- ✓ Physical Environment
- ✓ Health Care and Clinical Care
- ✓ Mental Health
- ✓ Health Outcomes (Birth Outcomes, Morbidity, Mortality)

The CHSA was conducted by the Illinois Public Health Institute in partnership with the Cook County Department of Public Health and the Chicago Department of Public Health. The indicators for this CHNA were selected through an iterative process, with input from hospitals, health departments and community stakeholders. The Health Impact Collaborative of Cook County used the County Health Rankings model to guide selection of assessment indicators. IPHI worked with the health departments, hospitals, and community stakeholders to identify available data related to Health Outcomes, Health Behaviors, Clinical Care, Physical Environment, and Social and Economic Factors. The Collaborative decided to add Mental Health as an additional category of data indicators, and IPHI and Collaborative members also worked hard to incorporate and analyze diverse data related to social and economic factors.



Data was compiled from a range of sources, including:

- Seven local health departments: Chicago Department of Public Health, Cook County Department of Public Health, Evanston Health & Human Services Department, Oak Park Health Department, Park Forest Health Department, Stickney Public Health District, and Village of Skokie Health Department

- Additional local data sources including: Cook County Housing Authority, Illinois Lead Program, Chicago Metropolitan Agency for Planning (CMAP), Illinois EPA, State/Local Police
- Hospitalization and ED data: Advocate Health Care through its contract with the Healthy Communities Institute made available averaged, age adjusted hospitalization and Emergency Department statistics for four time periods based on data provided by the Healthy Communities Institute and the Illinois Hospital Association (COMPdata)
- State agency data sources: Illinois Department of Public Health (IDPH), Illinois Department of Healthcare and Family Services (HFS) Illinois Department of Human Services (DHS), Illinois State Board of Education (ISBE)
- Federal data sources: Decennial Census and American Communities Survey via two web platforms-American FactFinder and Missouri Census Data Center, Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Dartmouth Atlas of Health Care, Feeding America, Health Resources and Services Administration (HRSA), United States Department of Agriculture (USDA), National Institutes of Health (NIH) National Cancer Institute, and the Community Commons / CHNA.org website

Cook County Department of Public Health, Chicago Department of Public Health, and IPHI used the following software tools for data analysis and presentation: Census Bureau American FactFinder website, CDC Wonder website, Community Commons / CHNA.org website, Microsoft Excel, SAS, Maptitude, and ArcGIS.

Data Limitations

The Health Impact Collaborative of Cook County made substantial efforts to be comprehensive in data collection and analysis for this CHNA; however, there are a few data limitations to keep in mind when reviewing the findings:

- Population health and demographic data often lag by several years, so data is presented for the most recent years available for any given data source.
- Data is reported and presented at the most localized geographic level available – ranging from census tract for American Communities Survey data to county-level for Behavioral Risk Factor Surveillance System (BRFSS) data. Some data indicators are only available at the county or City of Chicago level, particularly self-reported data from the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBS).
- Some community health issues have less robust data available, especially at the local community level. In particular, there is limited local data that is available consistently across the county about mental health and substance use, environmental factors, and education outcomes.
- The data analysis for these regional CHNAs represents a new set of data-sharing activities between the Chicago and Cook County Departments of Public Health. Each health department compiles and analyzes data for the communities within their respective jurisdictions, so the availability of data for countywide analysis and the systems for performing that analysis are in developmental phases.

The mission, vision, and values of the Collaborative have a strong focus on improved health equity in Chicago and suburban Cook County. As a result, the Collaborative utilized the CHSA process to identify inequities in social, economic, healthcare, and health outcomes in addition to describing the health status and community conditions in the Central region. Many of the health disparities vary by geography, gender, sexual orientation, age, race, and ethnicity.

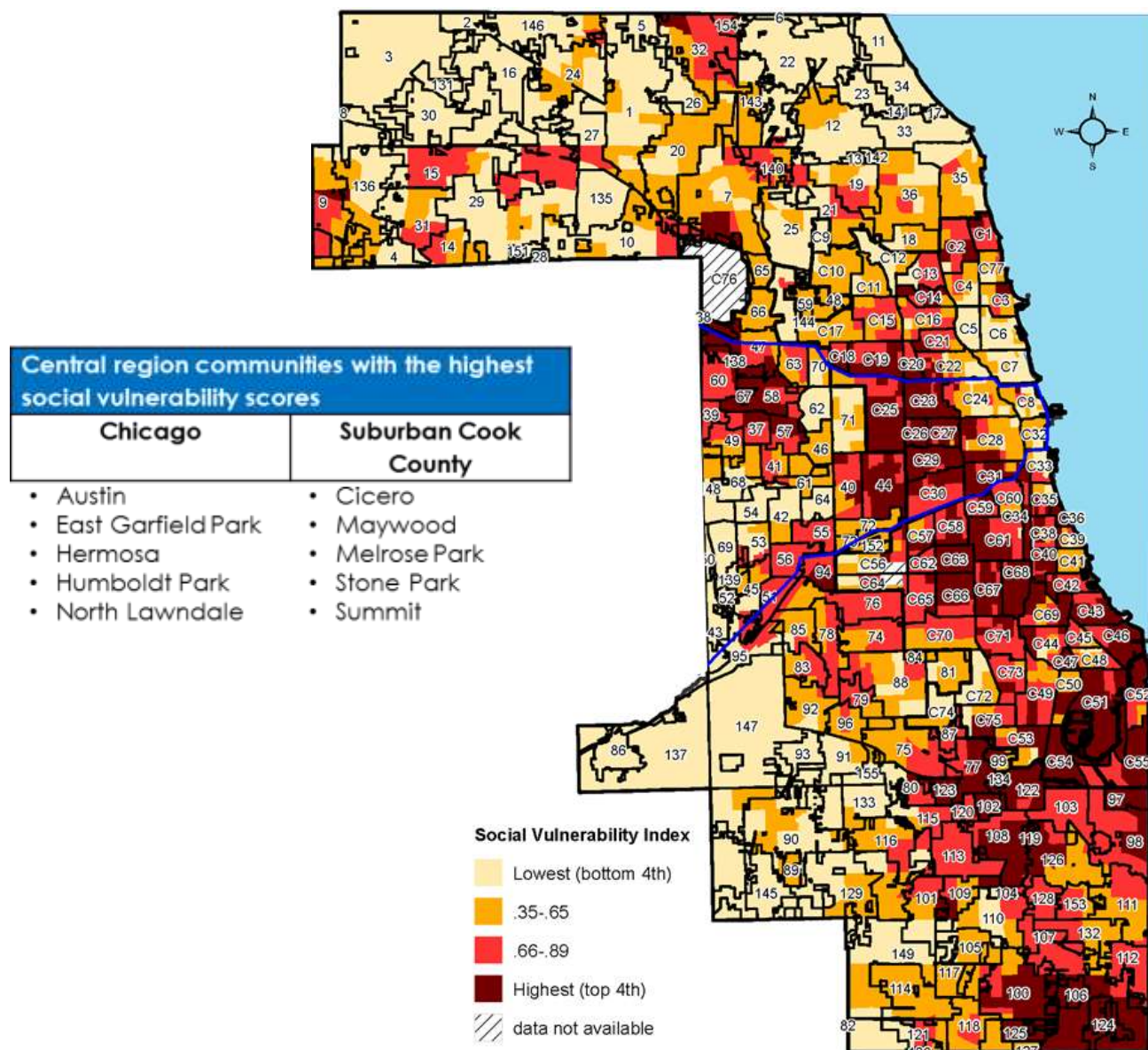
For several health indicators, geospatial data was used to create maps showing the geographic distribution of health issues. The maps were used to determine the communities of highest need in each of the three regions. For this CHNA, communities with rates for negative health issues that were above the statistical mean were considered to be high need.

Social Vulnerability Index (SVI)

The Social Vulnerability Index is an aggregate measure of the capacity of communities to prepare for and respond to external stressors on human health such as natural or human-caused disasters, or disease outbreaks. The Social Vulnerability Index ranks each census tract on 14 social factors, including poverty, lack of vehicle access, and crowded housing.

Communities with high Social Vulnerability Index scores have less capacity to deal with or prepare for external stressors and as a result are more vulnerable to threats to human health.

Social Vulnerability Index by Census Tract, 2010 ¹

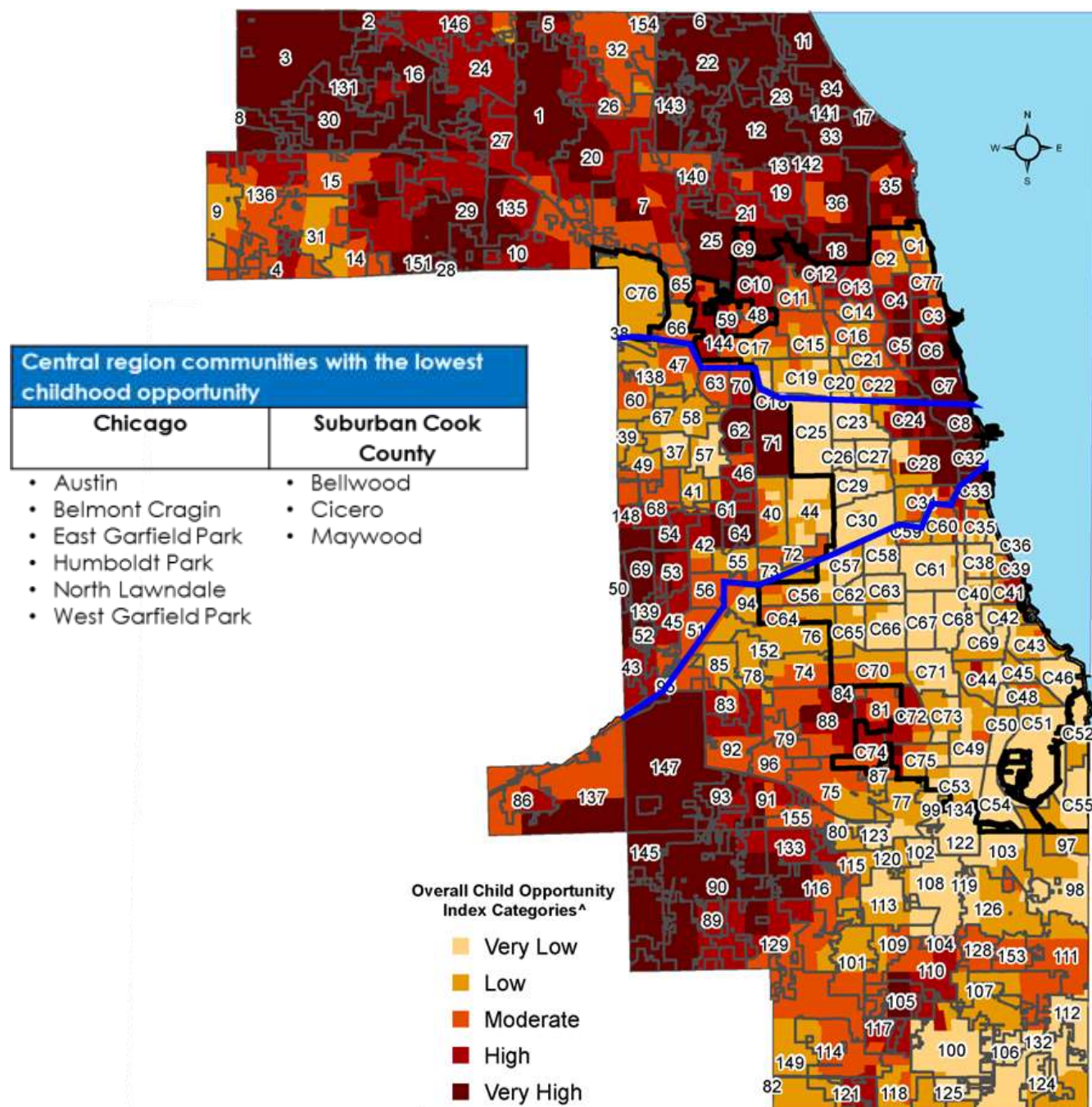


¹ Agency for Toxic Substances and Disease Registry. (2014). The Social Vulnerability Index. <http://svi.cdc.gov/>

Childhood Opportunity Index

The Childhood Opportunity Index is based on several indicators in each of the following categories: demographics and diversity; early childhood education; residential and school segregation; maternal and child health; neighborhood characteristics of children; and child poverty. Children that live in areas of low opportunity have an increased risk for a variety of negative health indicators such as premature mortality, are more likely to be exposed to serious psychological distress, and are more likely to have poor school performance.²

Childhood Opportunity Index by Census Tract, 2009-2013



² Ferguson, H., Bovaird, S., Mueller, M. (2007). *Pediatrics and Child Health*, 12(8), 701-706.

DEMOGRAPHICS

Race and Ethnicity

Race and ethnicity in the Central region

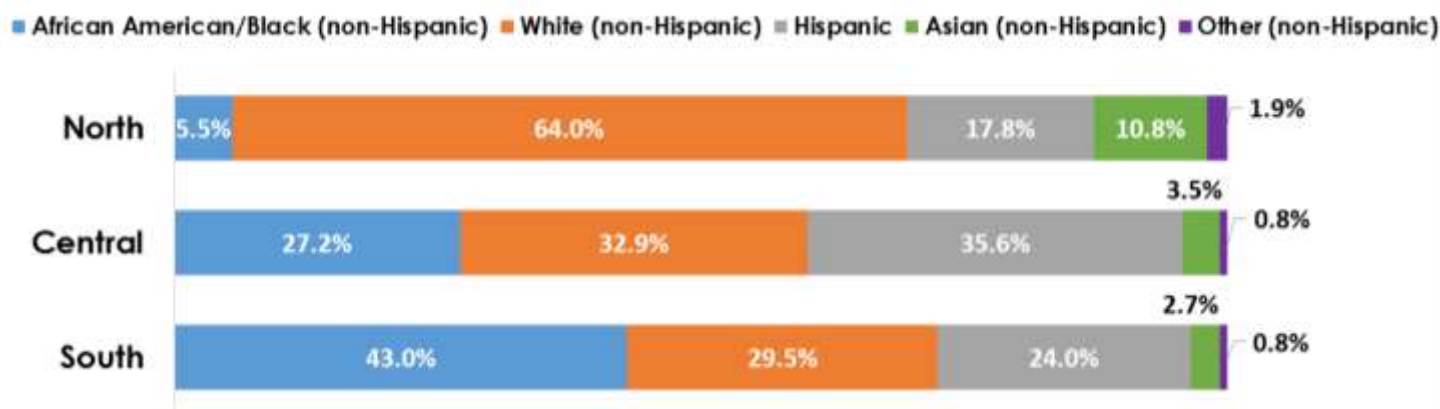
Race/Ethnicity	2010 Population	2000 Population	Change in Population	Percent Change in Population
Black (non-Hispanic)	293,389	347,413	-54,024	-16%
White (non-Hispanic)	385,235	404,688	-19,453	-5%
Asian (non-Hispanic)	39,661	27,852	11,809	42%
Hispanic/Latino	387,818	355,260	32,558	9%

Data Source: U.S. Census Bureau 2010 Census

As of the 2010 census, the Central region has 1,120,297 residents compared to 1,152,141 residents in the 2000 census. The total land area encompassed by the Central region is roughly 94 square miles, and the population density in the region is approximately 11,918 residents per square mile based on the 2010 Census data.³

Hispanic/Latino individuals make up the largest ethnic group in the Central region, representing nearly 36% of the total population. Compared to the North and South regions, the Central region has the highest percentage of Hispanic/Latino individuals. Approximately 33% of the Central region is white and African American/black (non-Hispanic) residents represent 27% of the population. A relatively small percentage of the Central region's population is Asian (3.5% as of 2010). However, the Asian population is experiencing significant growth with an increase of 11,809 Asian residents (42% increase) between 2000 and 2010 in the Central region.

Regional race and ethnicity

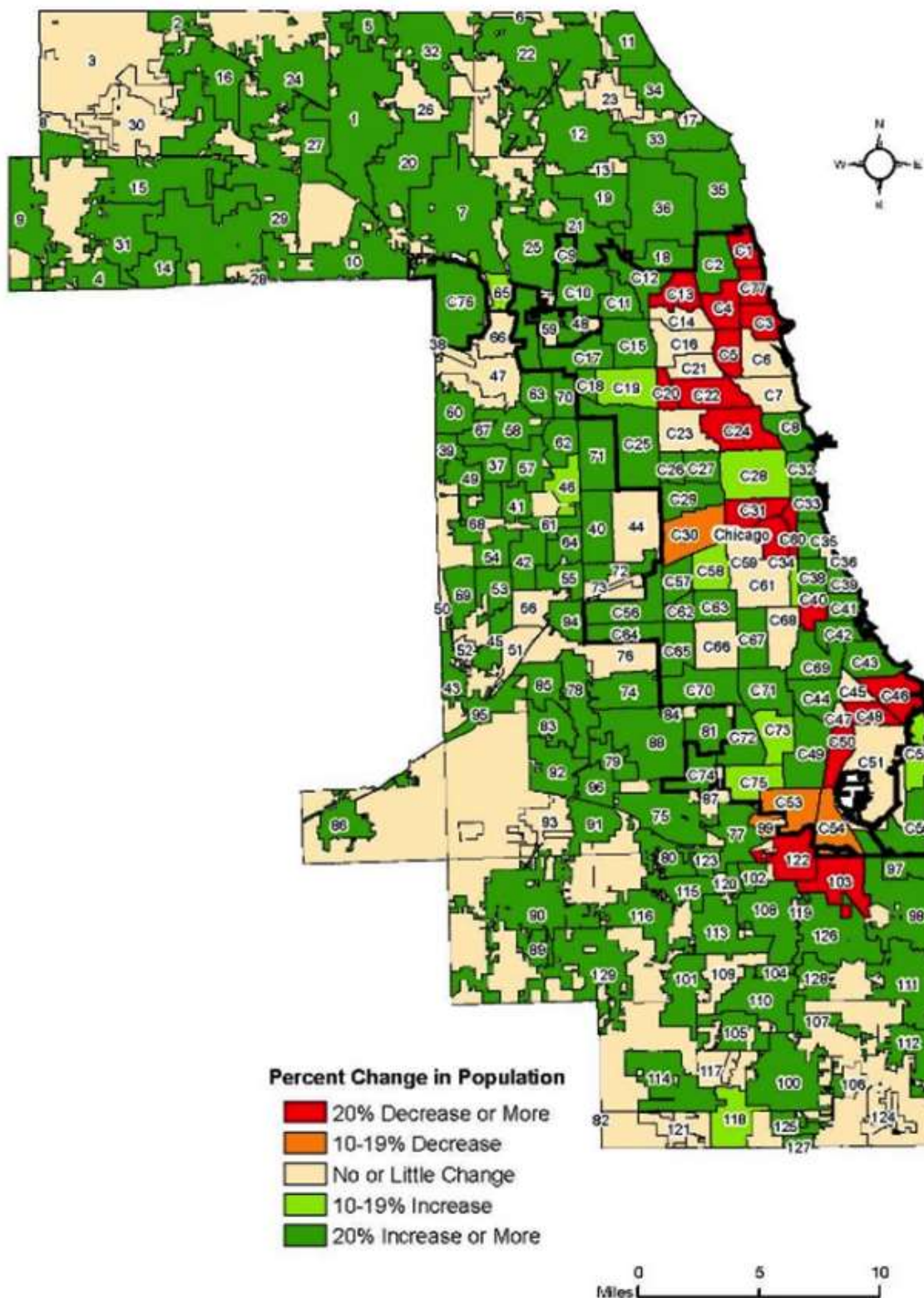


Data Source: Cook County Department of Public Health, U.S. Census Bureau 2010 Census

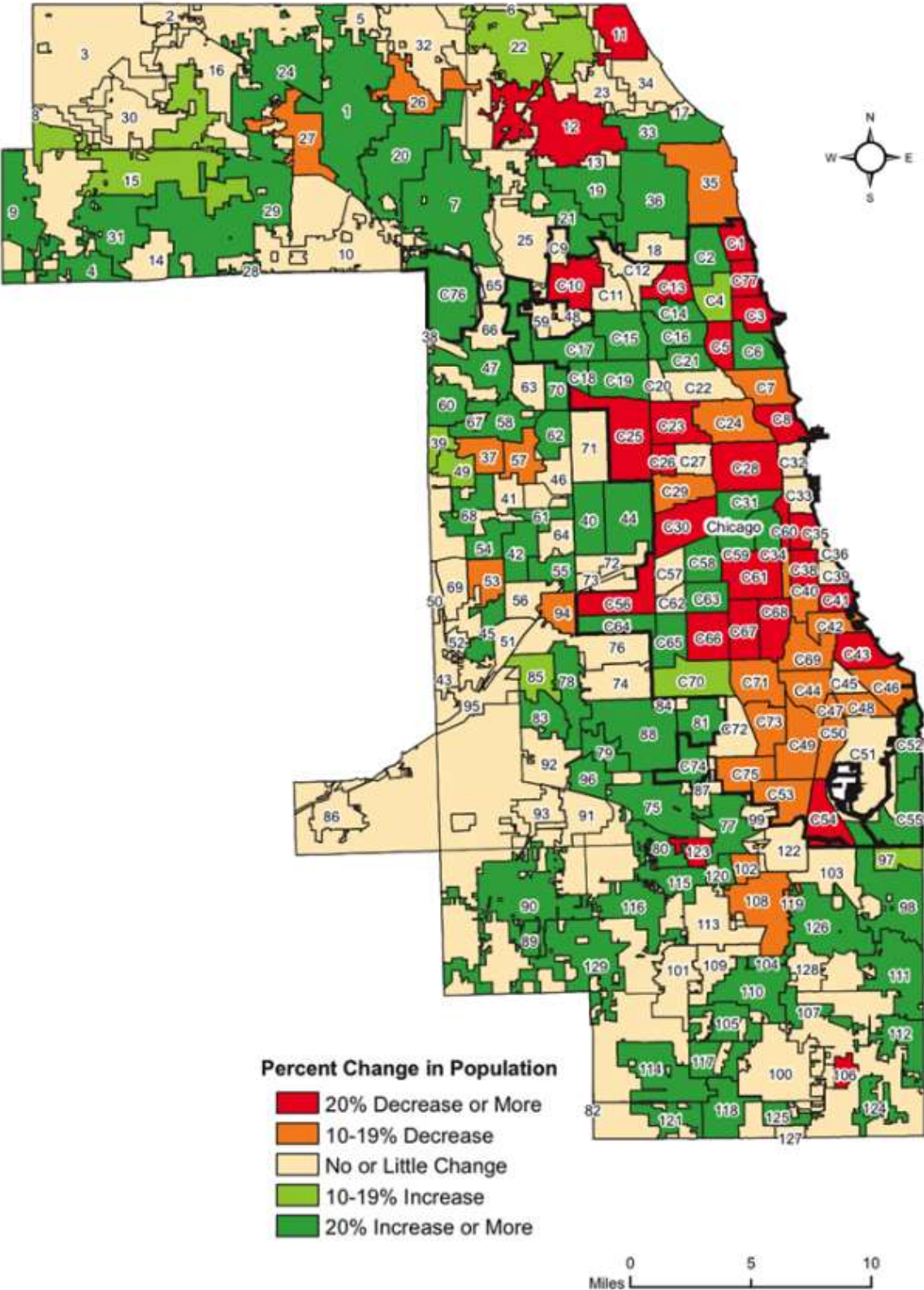
³ 2010 Decennial Census and American Communities Survey, 2010-2014.

Change in Hispanic/Latino Population, Cook County, 2000-2010

In the Central Cook Region, the Hispanic/Latino population increased by 37,000 from 2000 to 2010.

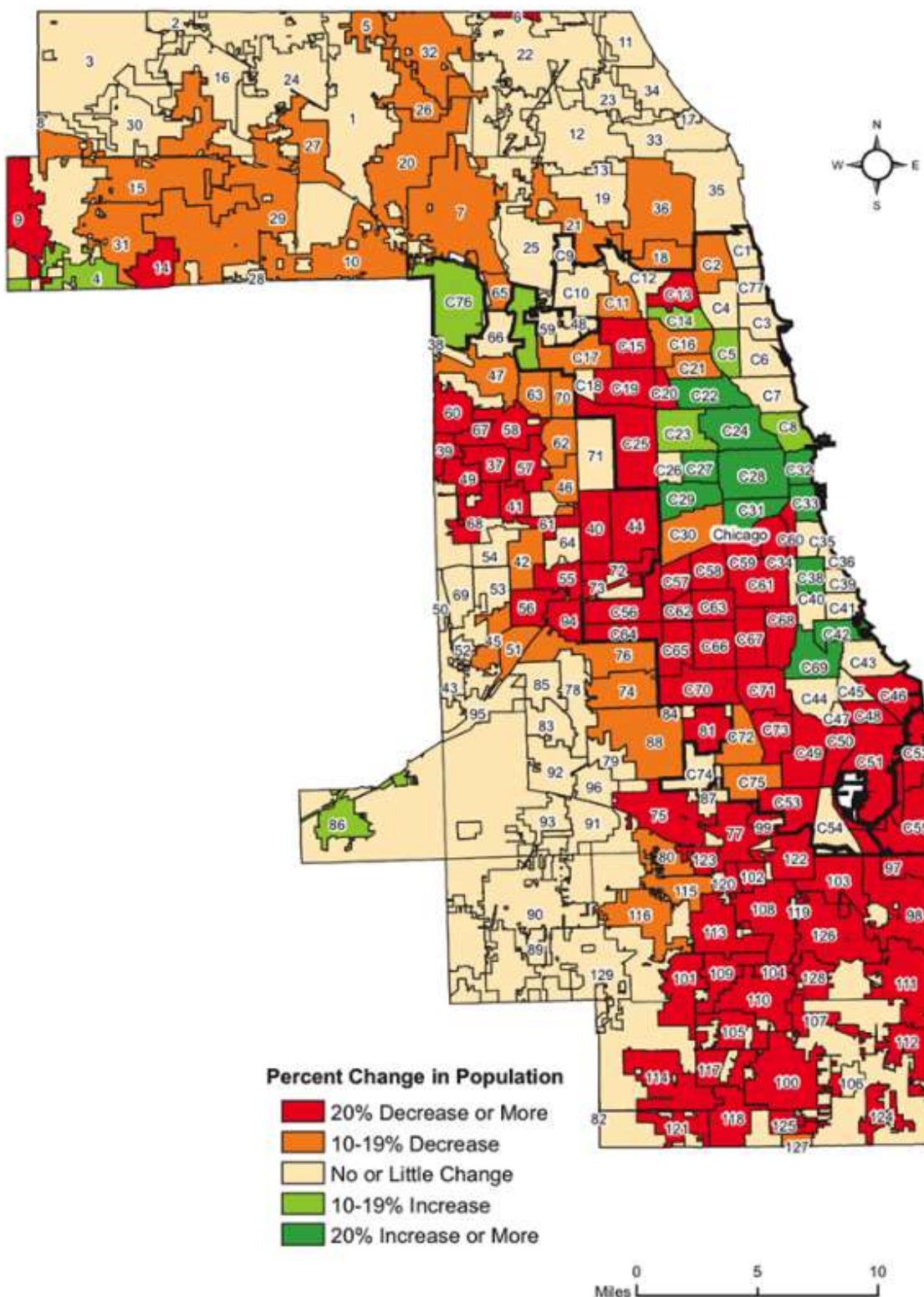


Change in African American Population, Cook County, 2000-2010



Change in White (non-Hispanic) Population, Cook County, 2000-2010

The population of whites (non-Hispanic) in Cook County decreased by 280,053 from 2000 to 2010.



Gender

Census data shows that the population of males and females in the Central region is approximately equal, with slightly more females (51%) than males (49%). While data on transgender individuals is very limited, a 2015 study by the U.S. Census Bureau estimates that there are approximately 3.4 to 4.7 individuals per 100,000 residents in Illinois that are transgender.⁴

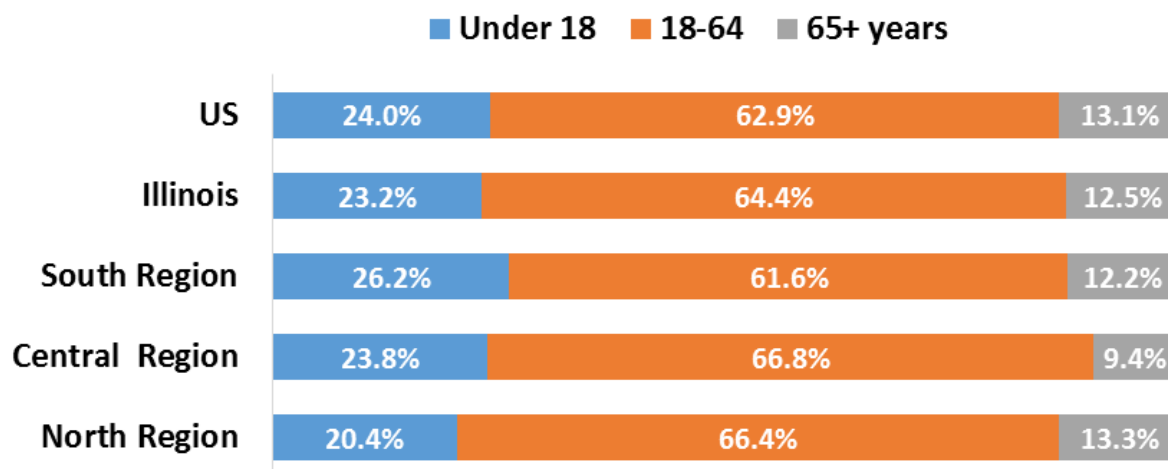
Gender	United States	Illinois	Suburban Cook County	Chicago
Female Population (2010)	50.84%	50.96%	51.73%	51.47%
Male Population (2010)	49.16%	49.04%	48.27%	48.53%

Data Source: Cook County Department of Public Health, U.S. Census Bureau 2010 Census

Age

Children and adolescents under 18 represent nearly a quarter (24%) of the population in the Central region. Two-thirds of the population is 18 to 64 years old, and about 10% are older adults age 65 and over.

Age distribution of residents, by region, 2010



Data Source: U.S. Census Bureau 2010 Census

The overall population age 65 and older remained approximately the same between 2000 and 2010. However, several communities in the Central region experienced a growth in their older adult population. More assessment data about the community health implications of a growing older adult population can be found on page 47 of this report.

The population of Chicago and Suburban Cook County decreased across all age categories from 2000-2010 except for the population aged 55-64 which experienced a 30% increase. However, the population aged 55-64 increased less in Chicago and Suburban Cook County (30%) than it did in Illinois (42% increase) and the U.S. (51% increase).

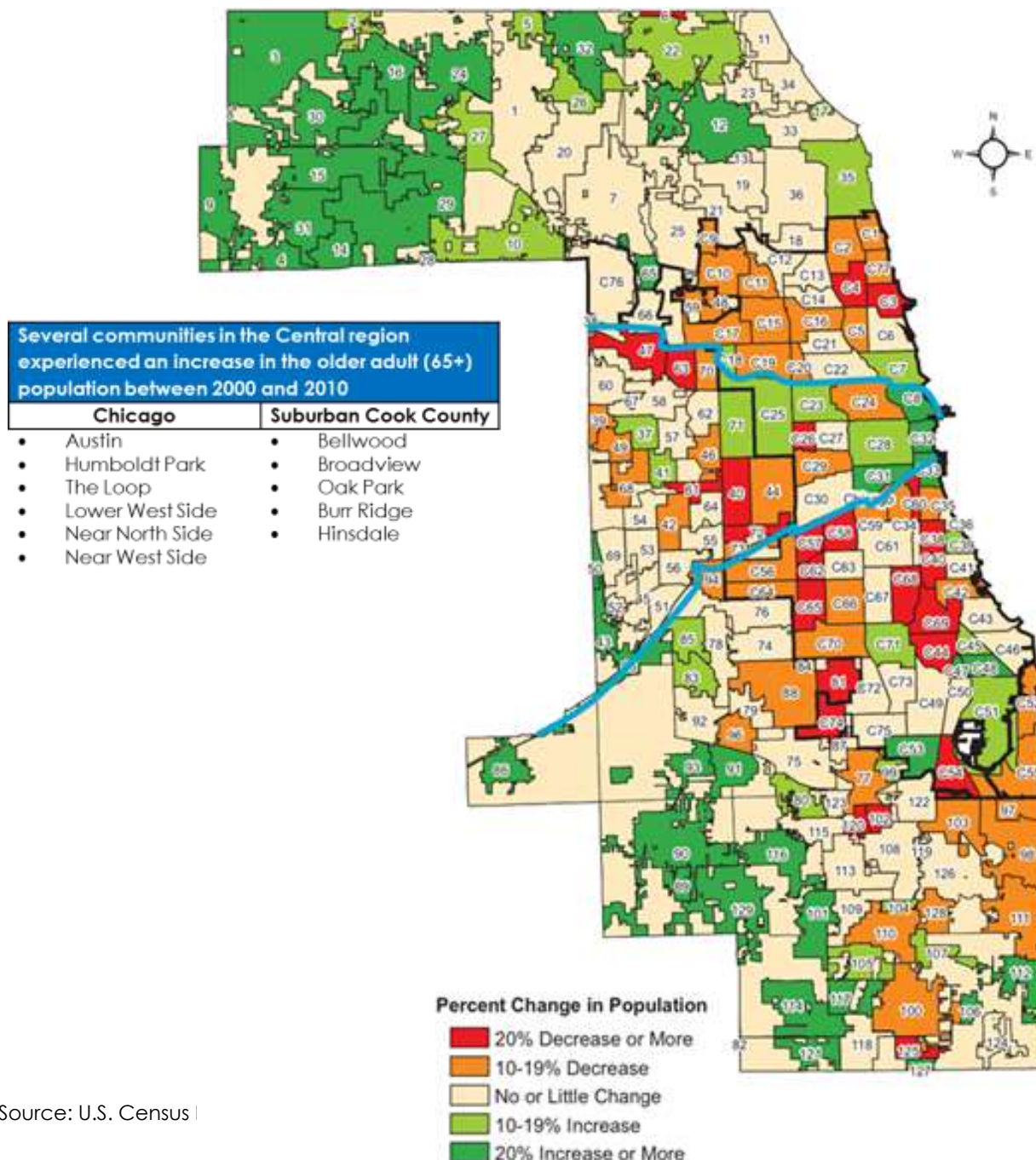
⁴ Harris, B.C. (2015). Likely transgender individuals in U.S. Federal Administration Records and the 2010 Census. U.S. Census Bureau.

http://www.census.gov/srd/carra/15_03_Likely_Transgender_Individuals_in_ARs_and_2010Census.pdf

	North Region	Central Region	South Region	Illinois	US
Under 18	20.4%	23.8%	26.2%	23.2%	24.0%
18-64	66.4%	66.8%	61.6%	64.4%	62.9%
65+ years	13.3%	9.4%	12.2%	12.5%	13.1%

Data Source: Cook County Department of Public Health, U.S. Census Bureau 2010 Census

Map of change in population age 65 or older in Chicago and Cook County, 2000-2010

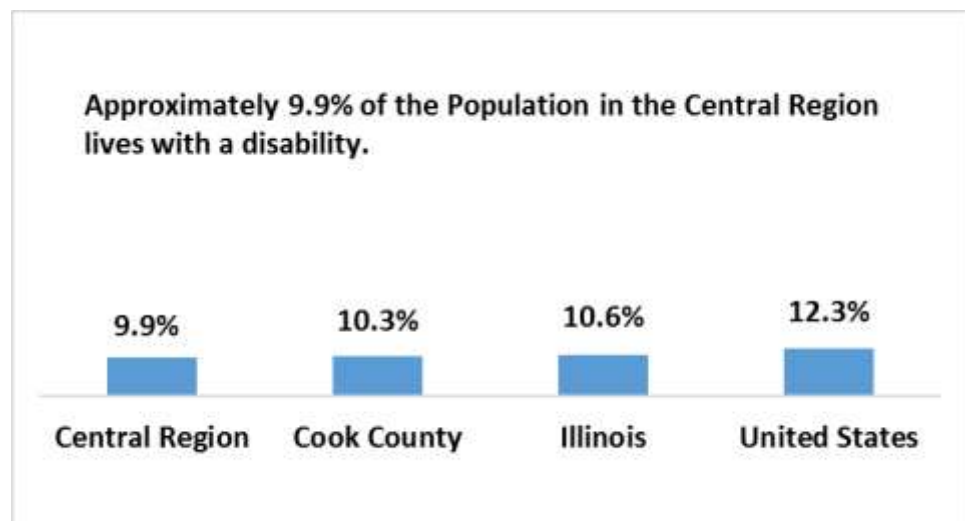


Data Source: U.S. Census

Disabled Population

Approximately 10% of the population in the Central region lives with a disability. More than a third (37%) of those living with a disability in Chicago and Suburban Cook County are over the age of 65.

Percent of the Total Population in Chicago and Suburban Cook County Living with a Disability, 2009-2013



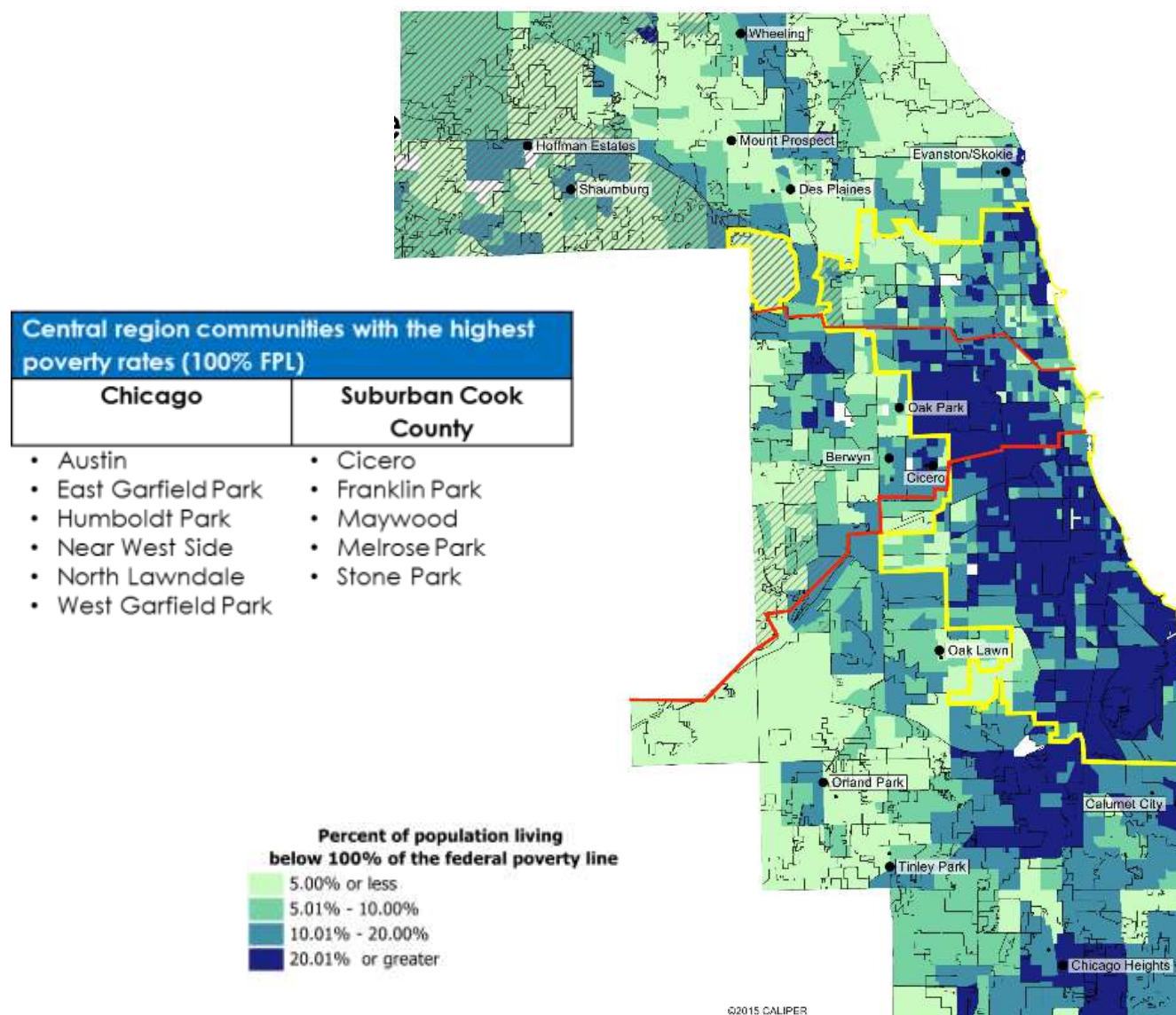
Data Source: Cook County Department of Public Health, American Communities Survey, 2009-2013

SOCIOECONOMIC FACTORS

Poverty

The poverty rate in the Central region was 20.3% in 2009-2013, compared to 14.1% in Illinois and 15.6% in the U.S. The Federal Poverty Guidelines define poverty based on household size, ranging from \$11,880 for a one-person household to \$24,300 for a four-person household and \$40,890 for an eight-person household. As shown in the map, the communities in the Central region with the **highest rates of population living at or below 100% of the Federal Poverty Level are: Austin, East Garfield Park, Humboldt Park, Near West Side, North Lawndale, and West Garfield Park.**

Map of poverty rates in Cook County – population living below 100% of the Federal Poverty

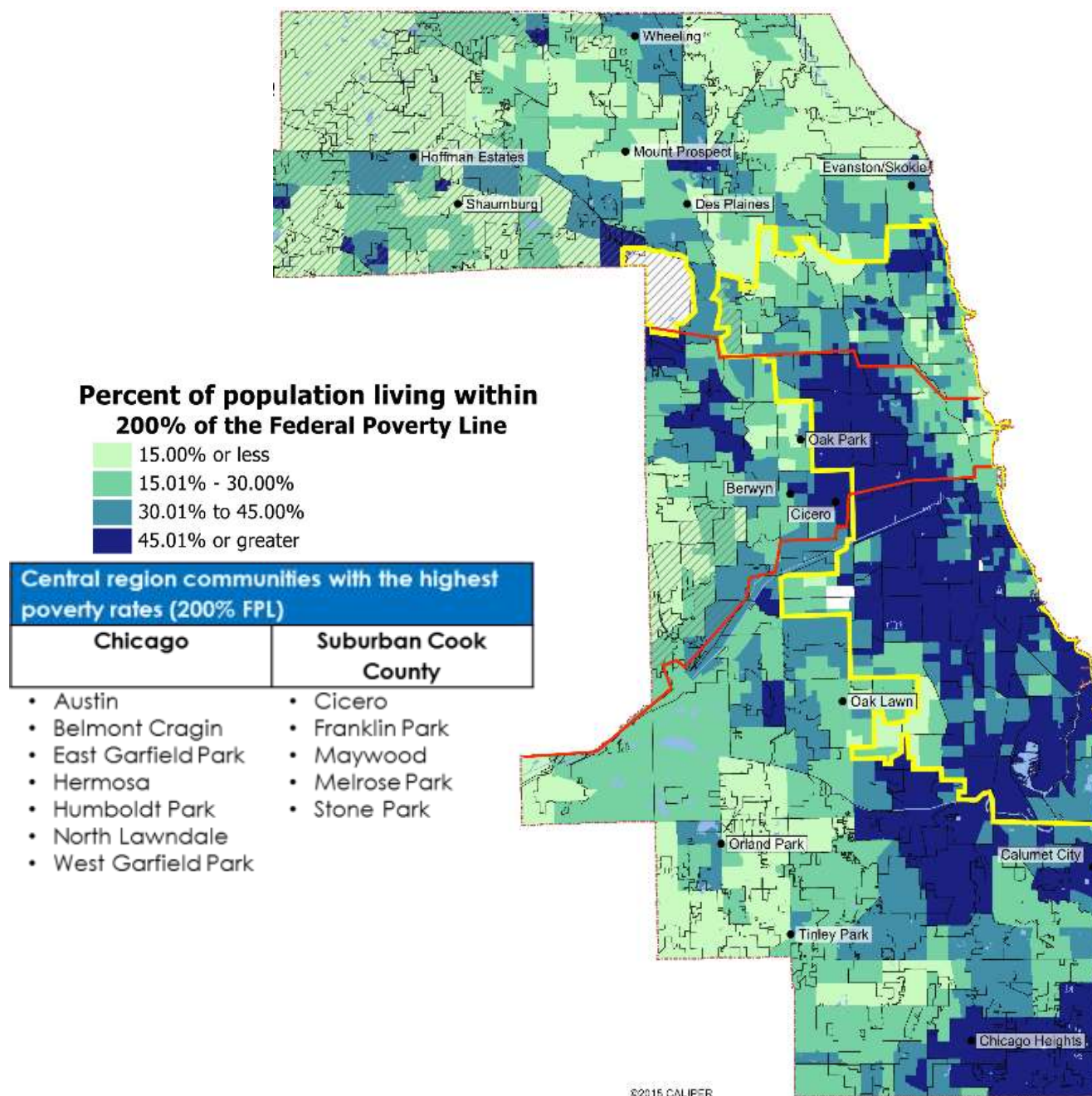


Level (FLP), 2009-2013

Data Source: American Communities Survey, 2009-2013

The communities in the Central region with the **highest rates of population living at or below 200% of the Federal Poverty Level** are: **Austin, Cicero, East Garfield Park, Hermosa, Humboldt Park, Maywood, Melrose Park, North Lawndale, Stone Park, and West Garfield Park.**

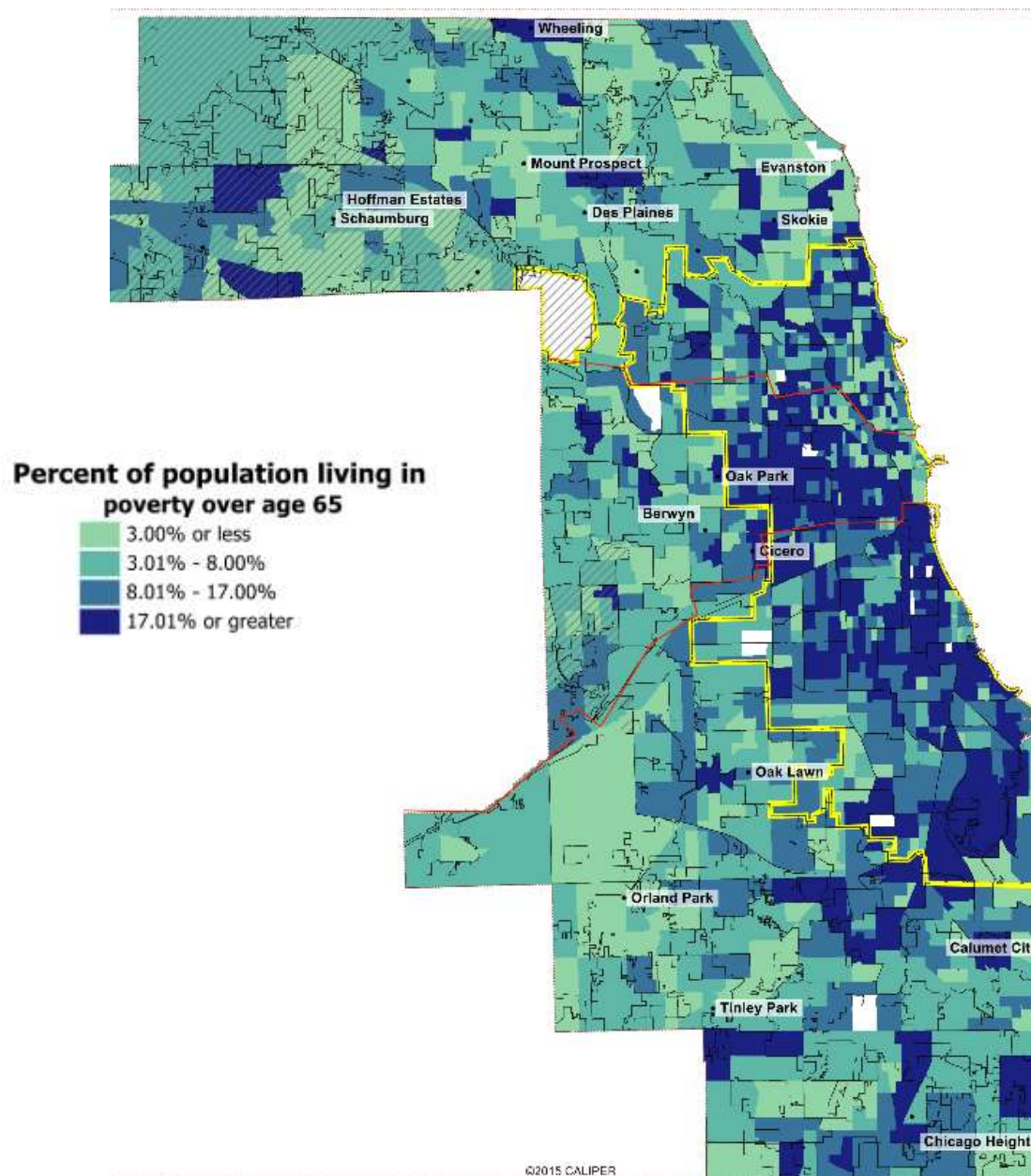
Map of poverty rates in Cook County – population living below 200% of the Federal Poverty Level (FLP), 2009-2013



Data Source: American Communities Survey, 2009-2013

Individuals aged 65 or older account for 12% of those living in poverty in Chicago and Suburban Cook County as of 2009-2013. In the Central region, the **communities with the highest rates of older adults in poverty are: Austin, East Garfield Park, Hermosa, Humboldt Park, Near West Side, North Lawndale, Stone Park, and West Garfield Park.**

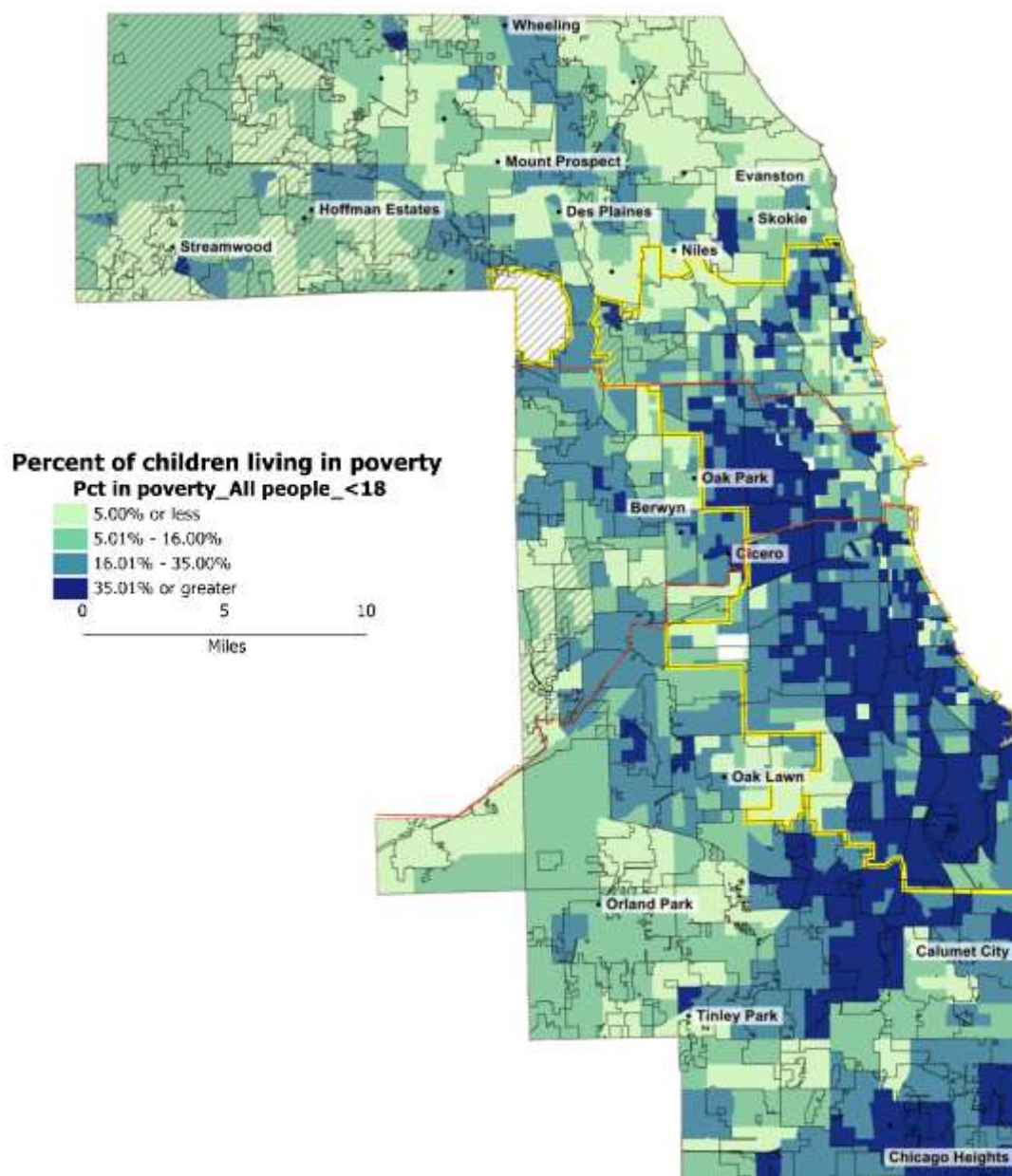
Map of Older Adults (65+) in Poverty, 2009-2013



Data Source: American Communities Survey, 2009-2013

The percentage of children in poverty in Chicago and Suburban Cook County increased by 15% between 2000-2010. In the Central region, 30% of children and adolescents live below 100% of the federal poverty level and nearly half of all children and adolescents live below 200% of the federal poverty level. Poverty rates for children in the Central region are much higher than the rates for Illinois and the U.S. In the Central region, the **communities with the highest rates of children in poverty are: Austin, East Garfield Park, Humboldt Park, Logan Square, North Lawndale, and West Garfield Park.**

Map of Child Poverty, 2009-2013

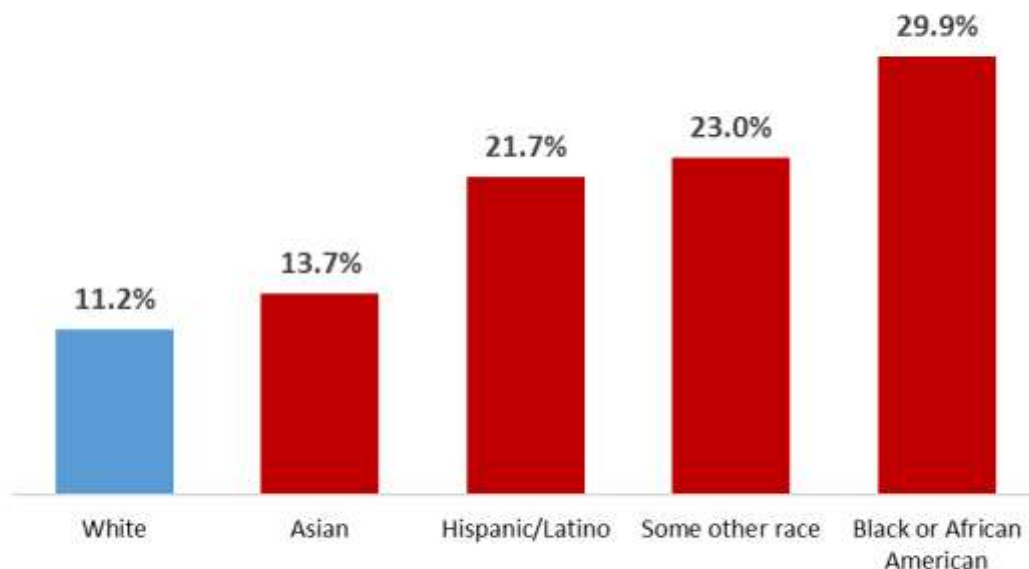


Data Source: American Communities Survey, 2009-2013

Communities of color are much more likely to live at or below the Federal Poverty Levels in Chicago and Suburban Cook County.

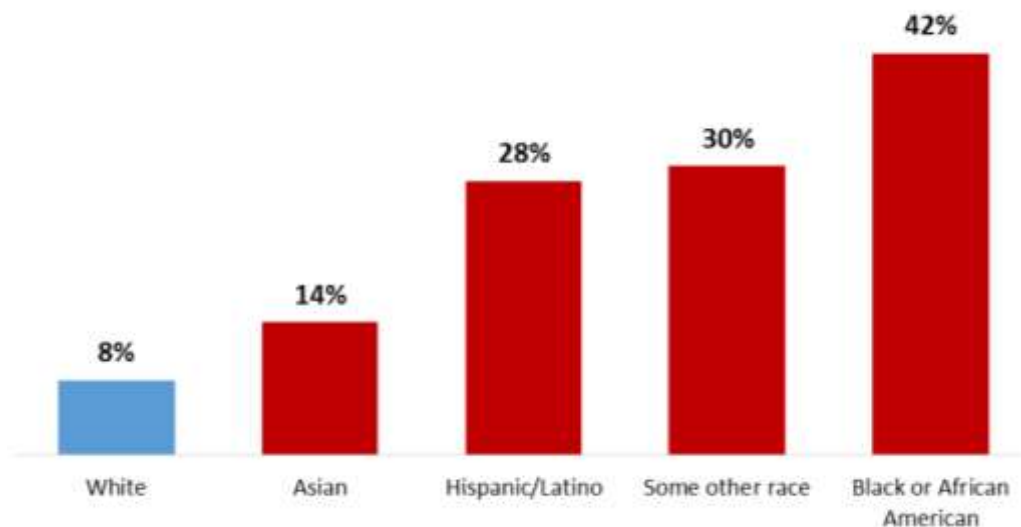
Comparison of Poverty Rates by Race and Ethnicity

Racial and Ethnic Minorities have Higher Rates of Poverty than White Non-Hispanics in Chicago and Suburban Cook County



Percentage of the population living at or below 100% FPL in Chicago and Suburban Cook County by race
Date Source: American Communities Survey, 2009-2013

Minority Children have Much Higher Rates of Poverty than White non-Hispanic Children in Chicago and Suburban Cook County

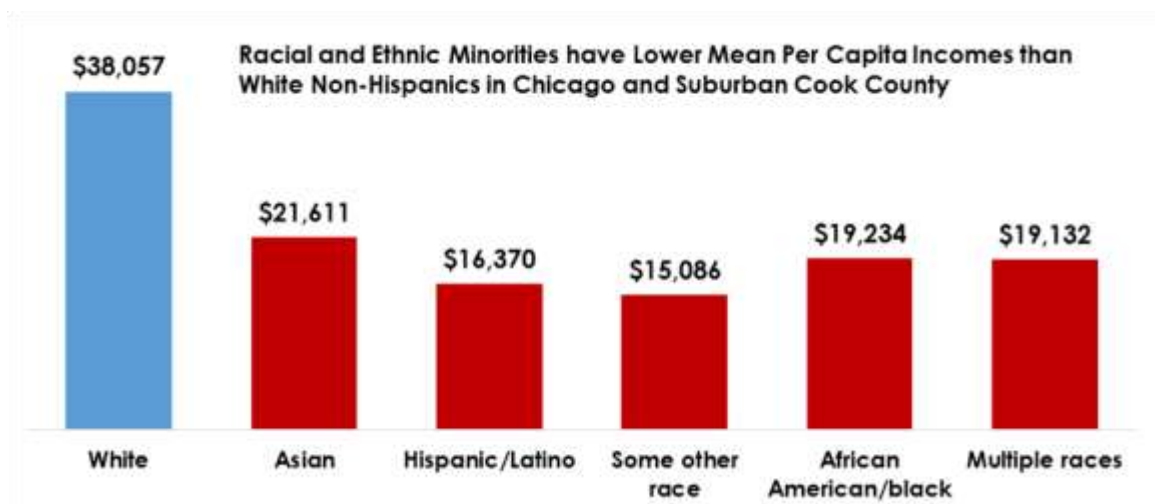


Data Source: American Communities Survey, 2010-2014

Income

The mean per capita income in communities of color is lower than it is for white non-Hispanics. The per capita income disparity index by race and ethnicity is higher in Chicago and Suburban Cook County than it is in Illinois and the U.S.

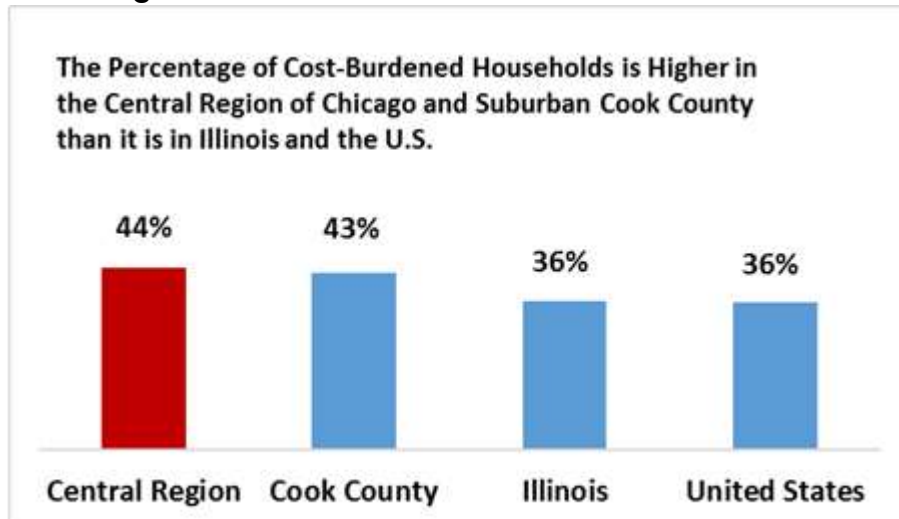
Comparison of Mean per Capita Income by Race and Ethnicity



Geography	Per Capita Income Disparity Index Score (0=No Disparity, 1-40=Some Disparity, Over 40=High Disparity)
Chicago and Cook County	39.48
Illinois	32.67
United States	29.20

Data Source: American Communities Survey, 2009-2013

Percentage of Cost-Burdened Households

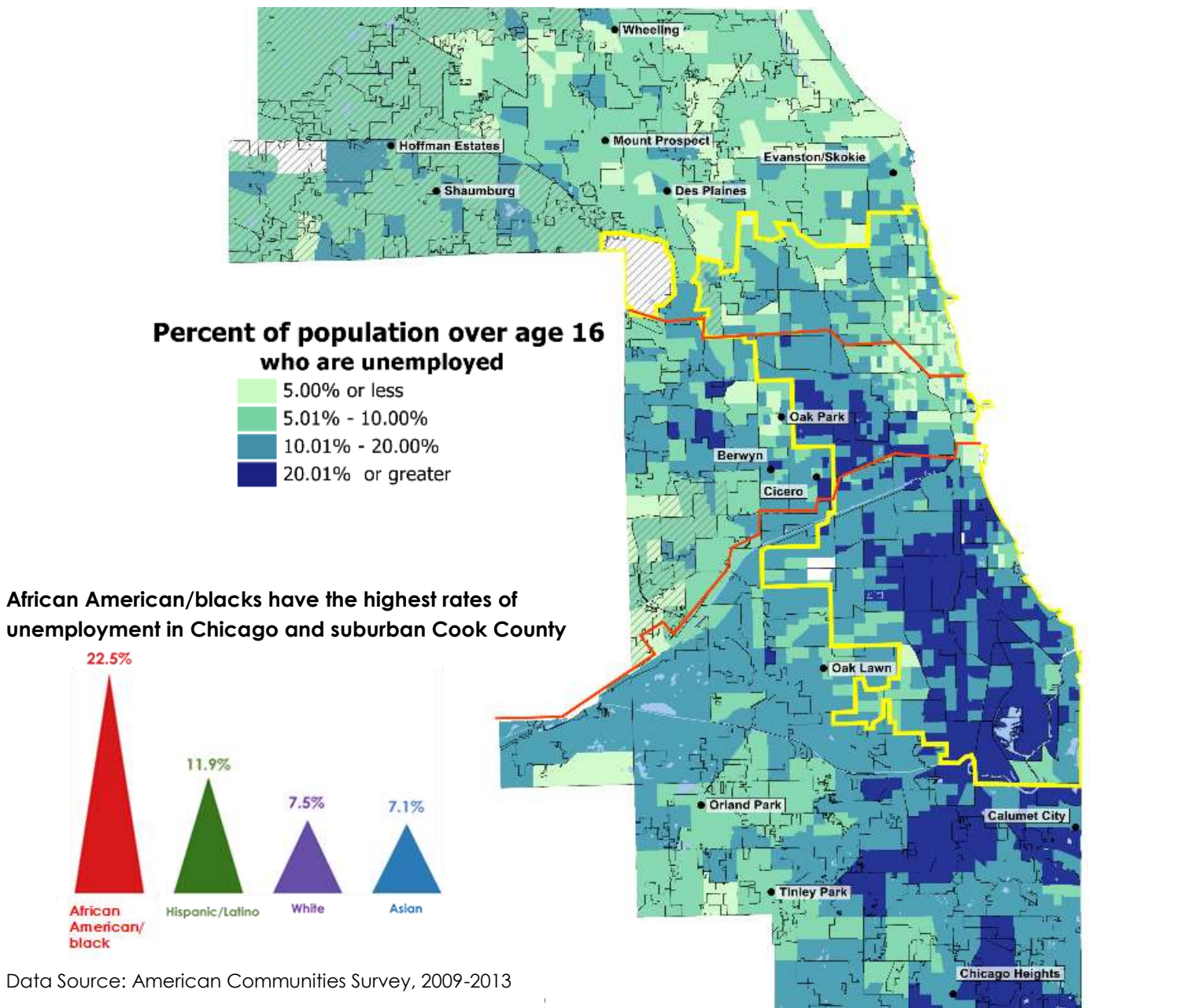


Data Source: American Communities Survey, 2009-2013

Unemployment

The unemployment rate in Chicago increased by 69% between 2000 and 2009-2013 and increased in Suburban Cook County by 133% during the same time period. The unemployment rate in the Central region from 2009-2013 was 12.3%, compared to 9.2% overall in the U.S. The communities in the Central region with the highest unemployment rates are: Austin, Maywood, North Lawndale, and West Garfield Park.

Unemployment rates, population over age 16, 2009-2013

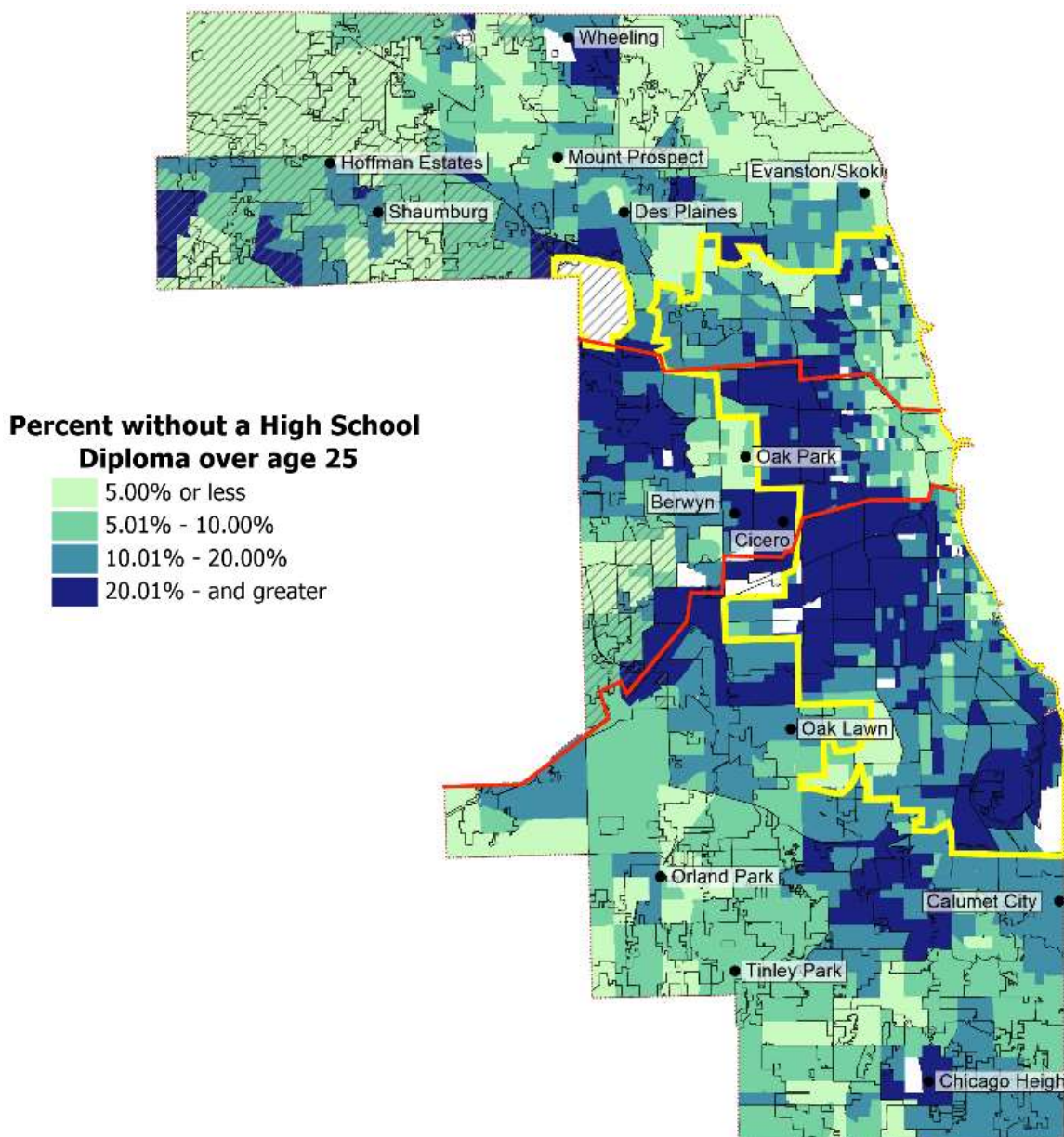


Data Source: American Comm

Educational Attainment

Overall, 18.8% of the population over age 25 in the Central region does not have a high school education, compared to 12.7% in Illinois and 14.0% in the U.S. The **communities in the Central region with the highest proportion of population without a high school education are: Austin, Belmont Cragin, Cicero, Franklin Park, Hermosa, Humboldt Park, Melrose Park, Montclare, North Lawndale, Northlake, Stone Park, and West Garfield Park.**

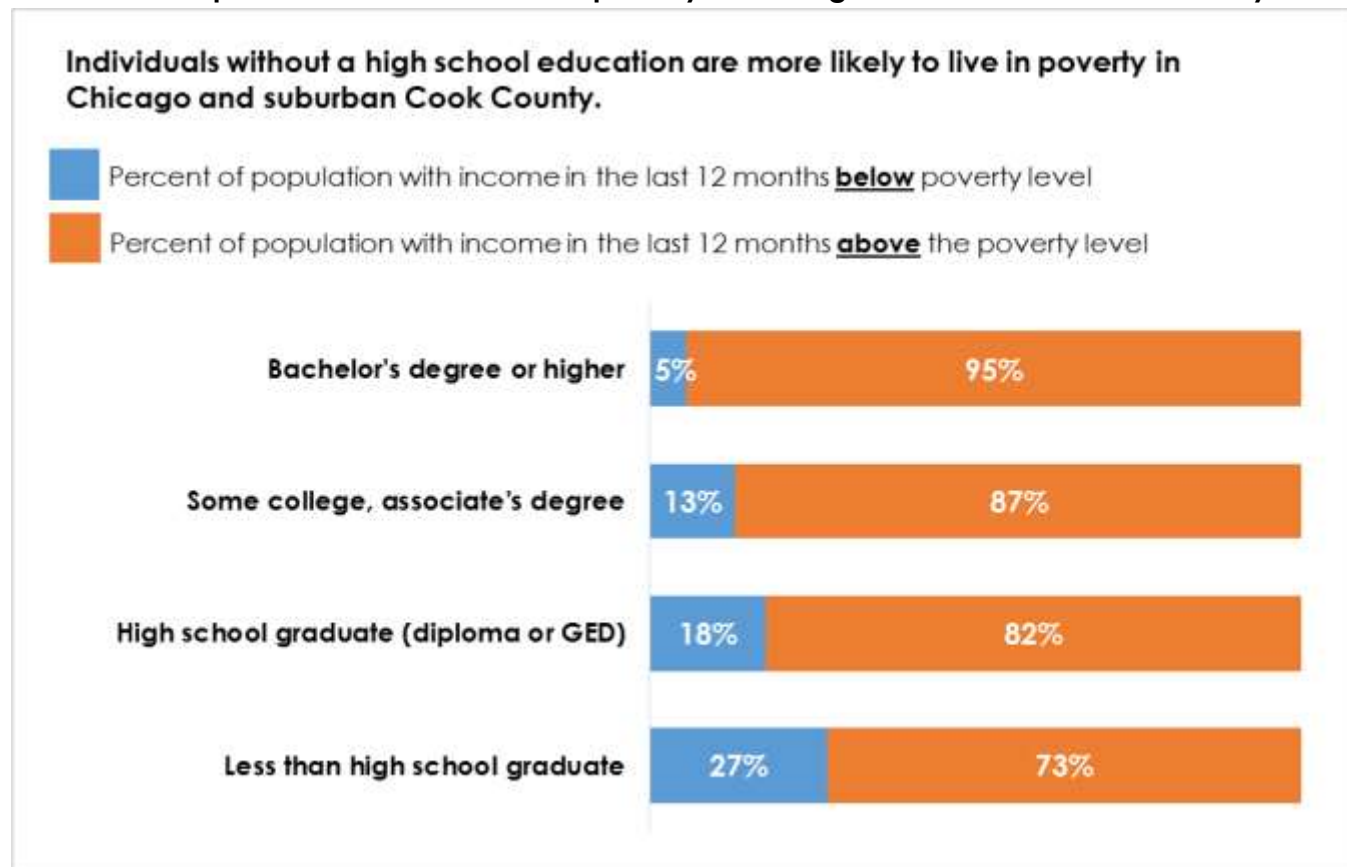
Map of Population over age 25 without a High School Education



Data Source: American Communities Survey, 2009-2013

Twenty-seven percent of those without a high school education in Cook County live below the federal poverty level.

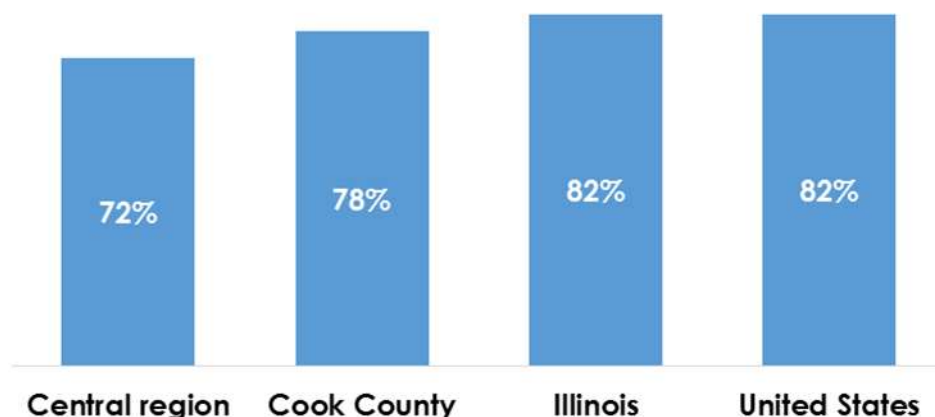
The relationship between education and poverty in Chicago and suburban Cook County



Data Source: American Communities Survey, 2010-2014

The overall high school graduation rate for the Central region is 72%, substantially lower than Illinois and the U.S.

High school graduation rates in Chicago and suburban Cook County, 2011-2012

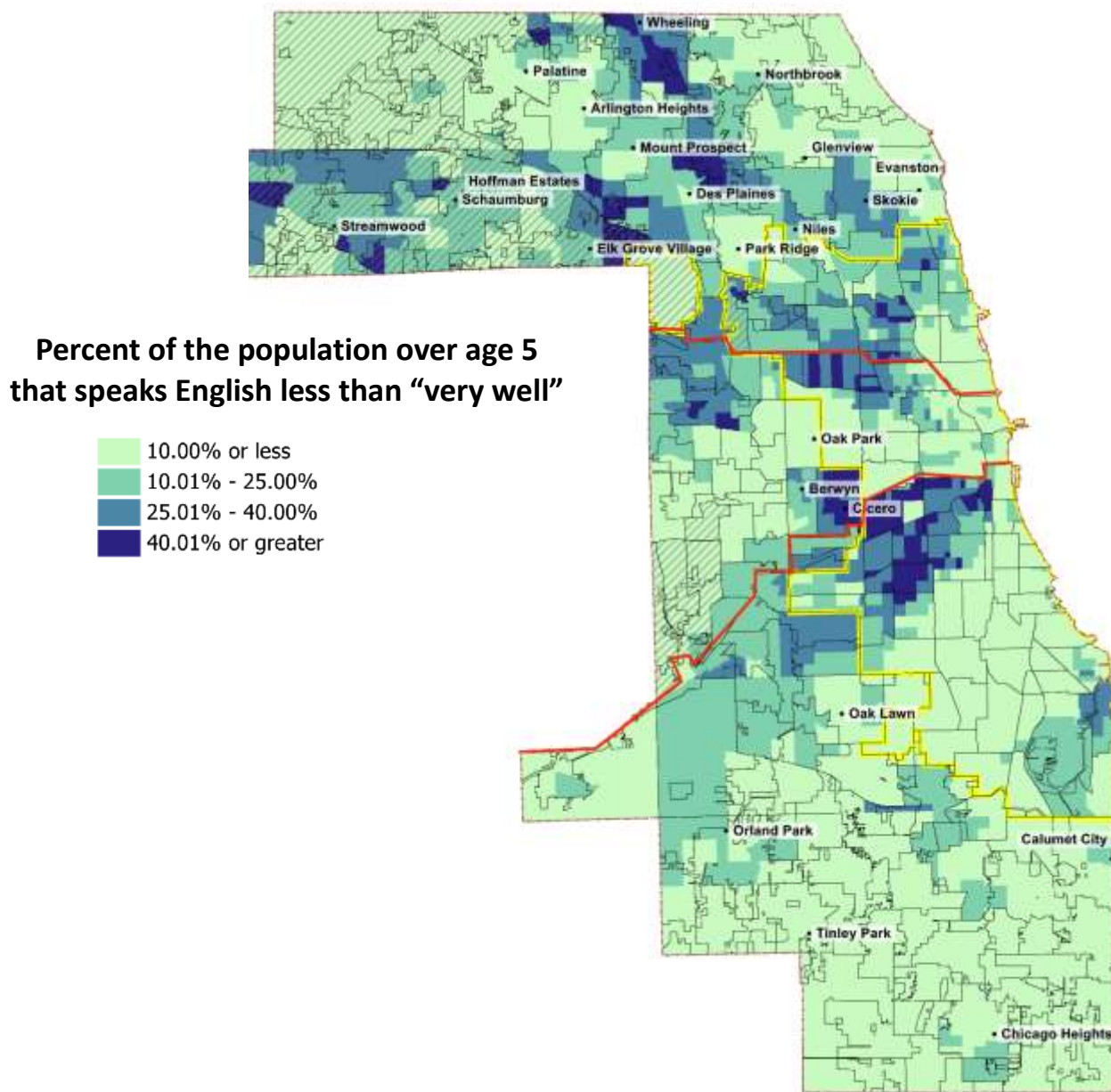


Data Source: U.S. Department of Education, EDFacts (2011-2012)

Limited English Households

Limited English proficiency is defined by the U.S. Census Bureau as individuals who respond to the American Communities Survey as speaking English less than “very well”. **The Chicago community areas of Hermosa and Belmont Cragin and the West Cook suburban communities of Cicero, Franklin Park and Stone Park have high rates of limited English proficiency.** Each of those communities has census tracts where over 40% of the population has limited English proficiency, self-identifying as speaking English less than “very well”.

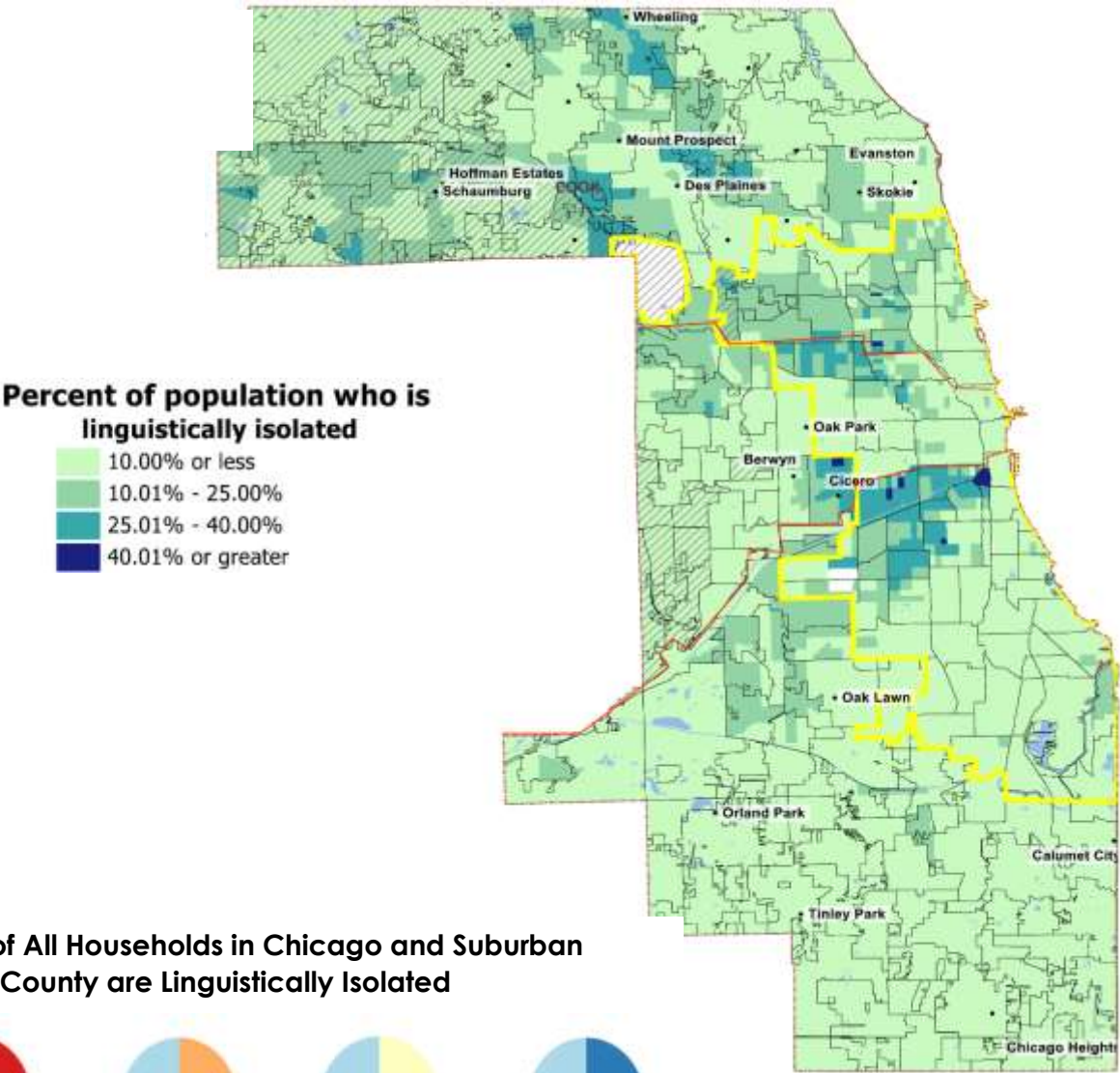
Map of Limited English Proficiency in Cook County, 2009-2013



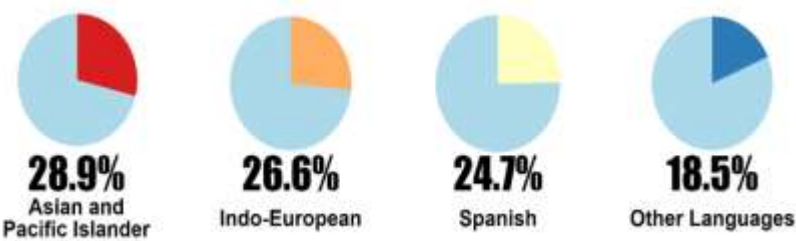
Data source: American Communities Survey, 2009-2013

A linguistically isolated household is defined by the U.S. Census Bureau as a household where all adults have limitations communicating in English. A household is classified as linguistically isolated if no household member age 14 years and over spoke only English and no household member age 14 years and over who spoke another language spoke English "Very well". As shown in the map, **over 25% of households in the Belmont Cragin and Hermosa community areas of Chicago and the suburban municipality of Cicero are linguistically isolated.**

Map of Linguistically Isolated Households in Cook County, 2009-2013



8.4% of All Households in Chicago and Suburban Cook County are Linguistically Isolated



Languages Spoken by Linguistically Isolated Households in the city and county.

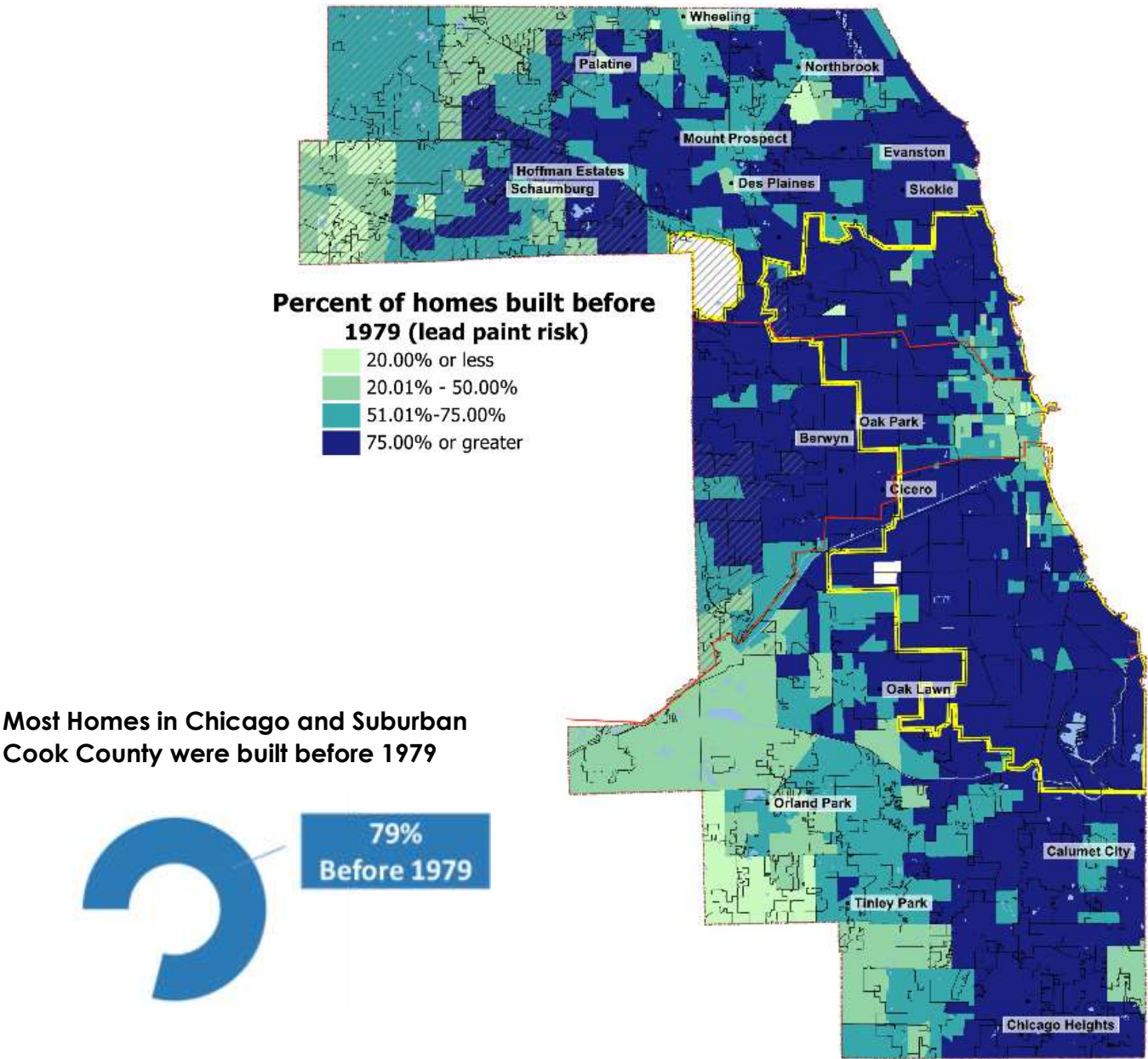
Data source: American Communities Survey, 2009-2013

ENVIRONMENT

Physical Environment

Seventy-nine percent of homes in Cook County were built before 1979. Homes built prior to 1979 are more likely to contain lead paint.

Map of Homes Built Before 1979 (lead paint risk)



Data Source: American Communities Survey, 2009-2013

Air Quality – Particulate Matter 2.5 and Ozone

The World Health Organization (WHO) has identified air particles with a diameter of 10 microns or less, which can penetrate and lodge deeply inside the lungs, as the most damaging to human health.⁵ Chronic exposure to these particles contributes to the risk of developing cardiovascular, respiratory diseases, and lung cancer. The percentage of days with particulate matter 2.5 microns or less (PM 2.5) levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year is higher in the Central Region than it is for Cook County, Illinois, and the U.S. In 2008, there were no days in the Central region that exceeded the National Ambient Air Quality Standards for Ozone levels (75 parts per billion).

Geography	Percentage of Days Exceeding the Standards, (Population Adjusted Average)
Central Region	1.91%
Cook County	1.56%
Illinois	1.08%
United States	1.19%
Central Region	1.91%

Data Source: Centers for Disease Control & Prevention, National Environmental Public Health Tracking Network, 2008

Food Access

Approximately 15% of the population in Chicago and Suburban Cook County have experienced food insecurity in the report year (2013). The rate of food insecurity in Chicago and Cook County is higher than the rate for Illinois. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Geography	Percentage of the population that experienced food insecurity at some point in 2013
Cook County	14.62%
Illinois	13.62%
United States	15.21%

Data Source: Feeding America. 2013.

Public Transportation and Motor Vehicle Ownership

The percentage of the population utilizing public transportation as their primary means of commute to work is higher in the Central region than it is for Cook County, Illinois, and the U.S. Both the rates for the Central region and Cook County overall are much higher than the rates for the state and the U.S.

⁵ World Health Organization. (2014). Ambient (outdoor) air quality and health. <http://www.who.int/mediacentre/factsheets/fs313/en/>

Geography	Percent of the Population Using Public Transit for Commute to Work
Central Region	21.7%
Cook County	18.1%
Illinois	8.9%
United States	5.1%

Data Source: American Communities Survey, 2010-2014

The percentage of households with no motor vehicle is high in the Central region compared to Cook County, Illinois and the U.S. and could indicate a need for transportation alternatives.

Geography	Households with No Motor Vehicle
Central Region	23.1%
Cook County	17.8%
Illinois	10.8%
United States	9.1%

Data Source: American Communities Survey, 2010-2014

Safety and Violence

Violent crime rates in Cook County (386.8 per 100,000) are higher than the rates for Illinois (306.2 per 100,000). Violent crime in each of the three regions of Cook County ranged from approximately 80.3 (per 100,000) in the North region to approximately 187.1 (per 100,000) in the Central region. The six highest violent crime rates in suburban Cook cities ranged from 569.4 (per 100,000) to 209.5 (per 100,000).

Violent Crime

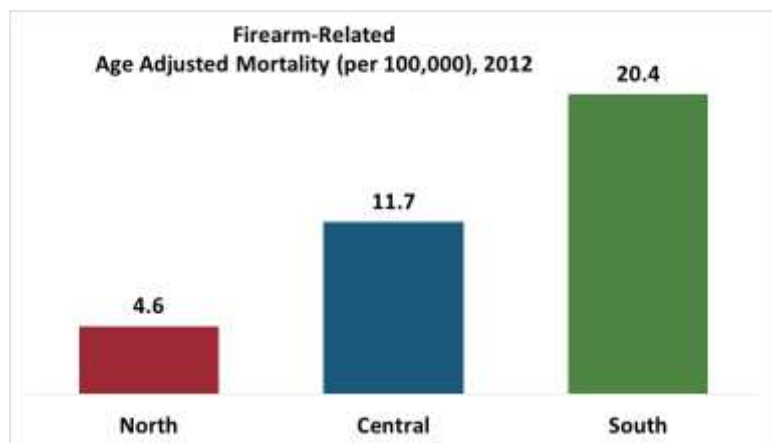
Chicago community areas and Suburban Cities in the Central Region with the Highest Violent Crime Rates.	
Chicago Communities	Suburban Cities
Austin	McCook
West Garfield Park	Maywood
East Garfield Park	Stone Park
North Lawndale	Hillside
Humboldt Park	Cicero
West Town	Broadview

Data Sources: CDPH 2014, CCDPH 2009-2013, IDPH 2012

Although violent crime occurs in all communities, violent crime disproportionately affects residents living in communities of color in Chicago and Suburban Cook County.⁶ In addition, homicide and firearm-related mortality is highest in the Central and South regions and in communities of color.

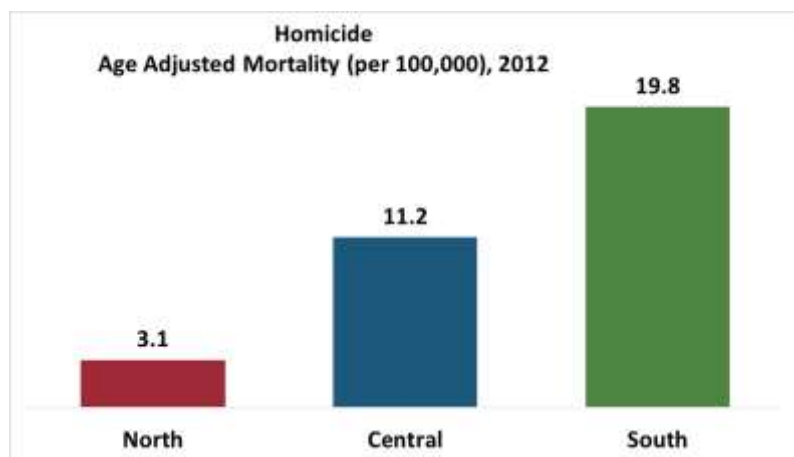
⁶ Data Sources for Violent Crime: CDPH 2014, CCDPH 2009-2013, IDPH 2012

Firearm-Related Mortality Rate, 2012



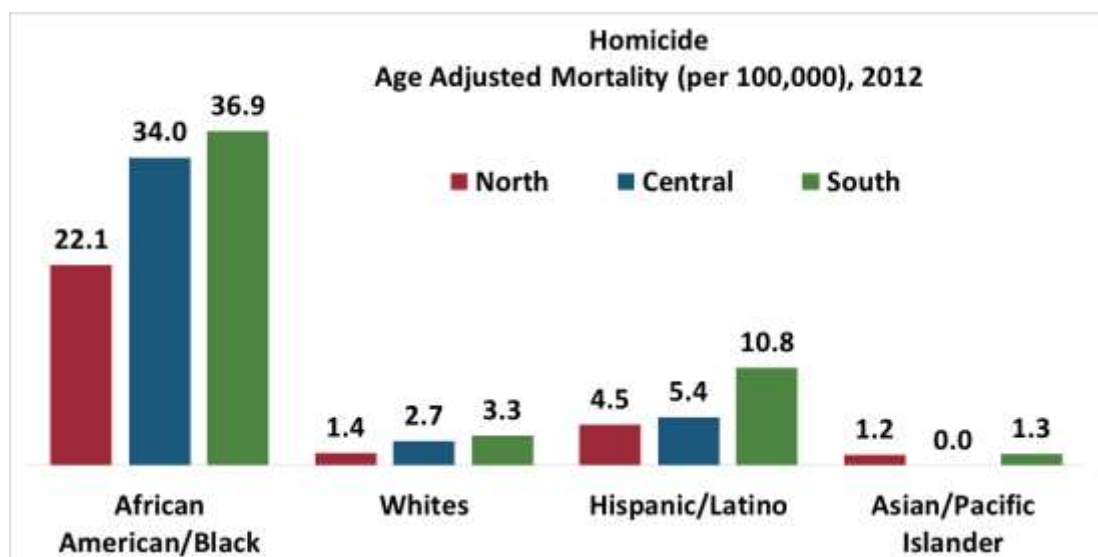
Data Source: Illinois Department of Public Health

Homicide Mortality Rate, 2012



Data Source: Illinois Department of Public Health

Homicide, disparities by race and ethnicity, 2012



HEALTH BEHAVIORS

Health Behaviors, Adults

Most adults in Suburban Cook County (84.9%) reported that they did not eat the daily recommended amount of fruits and vegetables. In the city of Chicago, a higher percentage of adults eat the recommended amount of fruits and vegetables (70.8%) than in Illinois (77.5%) and the U.S. (76.6%). More than a quarter of adults in Chicago and Suburban Cook County reported that they did not engage in physical activity during leisure times. Youth that reported engaging in less than the daily recommended amount of physical activity (60 minutes) ranged from 13.5% in Suburban Cook County to 21.5% in Chicago. Poor diet and physical inactivity are two of the major predictors of obesity and other chronic diseases.

The percentage of adults that reported smoking a cigarette in the last 30 days ranged from 14% to more than 18% in Chicago and Suburban Cook County. The percentage of youth that reported smoking in the last 30 days ranged from 12% in Suburban Cook County to 11% in Chicago. In the city of Chicago, the percentage of adults that smoke has decreased by approximately 17% and the percentage of youth smokers has decreased by approximately 10%.

Self-reported health behaviors, Adults				
	Suburban Cook County (2012)	Chicago (2014)	Illinois (2013)	United States (2013)
Adults Eating LESS than Five Daily Servings of Fruits and Vegetables	85%	71%	78%	77%
Heavy Drinking in the Previous month	N/A	9%	7%	6%
Current Smokers	14%	18%	18%	19%
No Leisure-Time Physical Activity	26%	29%	25%	25%

Data Source: Behavioral Risk Factor Surveillance System and Healthy Chicago Survey

Health Behaviors, Youth

Self-reported health behaviors, Youth				
	Suburban Cook County (2012)	Chicago (2014)	Illinois (2013)	United States (2013)
Current Smokers (high school students)	12%	11%	18%	16%
No Leisure-Time Physical Activity	16%	22%	13%	15%

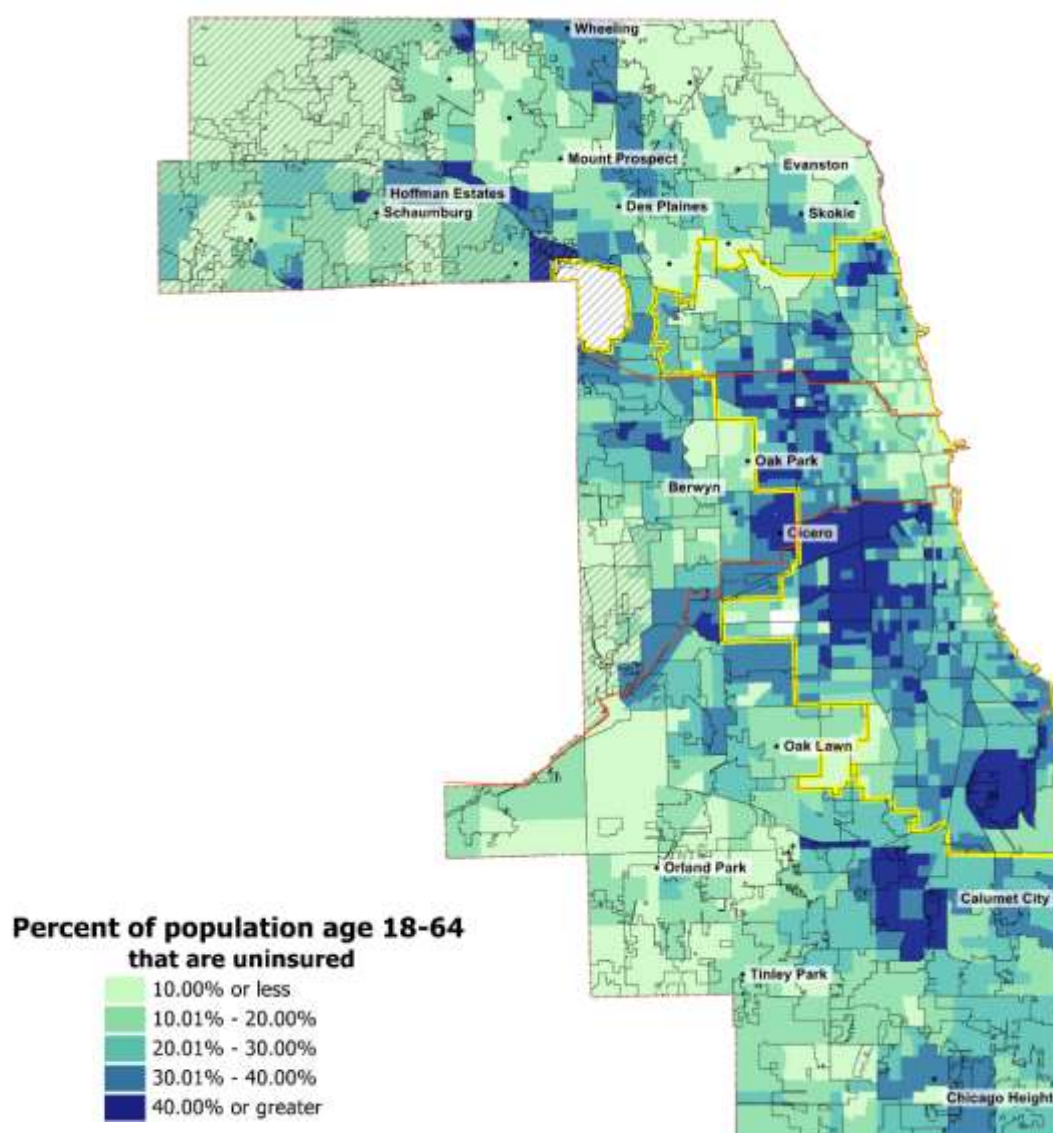
Data Source: Youth Risk Behavior Surveillance System

HEALTH CARE AND CLINICAL CARE

Uninsured Population

In the post-Affordable Care Act landscape, the size and makeup of the uninsured population is shifting rapidly. Recent 2015 estimates indicate that between 52-70% of residents in the Central region of Chicago who are eligible for healthcare marketplace plans are uninsured and 74-78% of eligible Suburban Cook County residents are uninsured⁷. The map below shows self-reported insurance status from the American Communities Survey, representing aggregated rates for 2009-2013. Aggregated rates from 2009-2013 show that 25.5% of the adult population age 18-64 in the Central region reported being uninsured, compared to 18.8% in Illinois and 20.6% in the U.S.

Uninsured Population, age 18-64, Self-Reported, 2009-2013



Data Source: American Communities Survey, 2009-2013

⁷ Illinois Marketplace Signups 2015. (2015). Health and Disabilities Advocates. <http://data.illinoishealthmatters.org/enrollment/il-marketplace-enr-2015-data.html>

Self-Reported Use of Preventive Care

Routine cancer screening may help prevent premature death from cancer and it may reduce cancer morbidity since treatment for earlier-stage cancers is often less aggressive than treatment for more advanced-stage cancers.⁸ One of the objectives for Healthy People 2020 is to reduce the overall cancer death rate to a target of 161.4 cancer deaths (per 100,000 population). In 2012, the estimated cancer mortality rate was higher for the Central region (182.3 per 100,000) compared to Illinois (179.1 per 100,000) and the U.S. (171.5 per 100,000) with all rates being well above the Healthy People 2020 target. Overall rates of self-reported cancer screenings vary greatly across Chicago and Suburban Cook County compared to the rates for Illinois and the U.S.

The CDC recommends that all adults aged 65 or older receive the pneumococcal vaccine. The vaccines have been shown to be 50-85% effective at preventing invasive pneumococcal disease in healthy adults.⁹ Approximately one-third of Chicago residents aged 65 or older reported that they had not received a pneumococcal vaccination in 2014.

Self-Reported Use of Preventive Care

Self-reported use of preventive care				
	Suburban Cook County (2012)	Chicago (2014)	Illinois (2013)	United States (2013)
Cervical Cancer Screening	16%	20%	23%	22%
Colorectal Cancer Screening	46%	53%	24%	N/A
Breast Cancer Screening	42%	29%	27%	27%

Data Source: Behavioral Risk Factor Surveillance System and Healthy Chicago Survey

Self-reported pneumococcal vaccination among adults 65+

Self-reported use of preventive care				
	Suburban Cook County (2012)	Chicago (2014)	Illinois (2013)	United States (2013)
Lack of Pneumococcal Vaccination (65+)	N/A	30%	31%	53%

Data Source: Behavioral Risk Factor Surveillance System and Healthy Chicago Survey

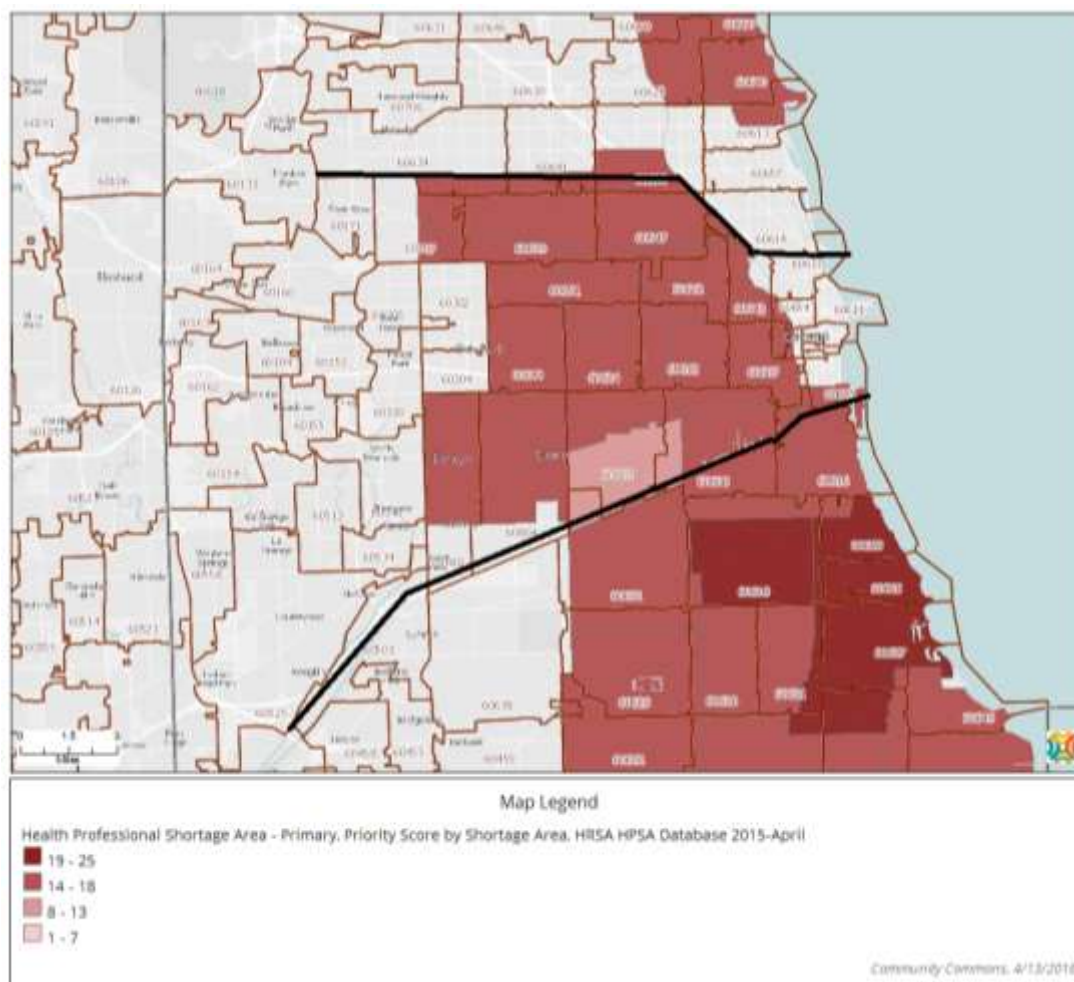
⁸ National Institutes of Health – National Cancer Institute. (2016). Cancer Screening Overview. <http://www.cancer.gov/about-cancer/screening/hp-screening-overview-pdq>

⁹ Centers for Disease Control and Prevention. (2015). Vaccines and Immunizations. <http://www.cdc.gov/vaccines/vpd-vac/pneumo/vacc-in-short.htm>

Health Professional Shortage Areas

Health Professional Shortage Areas are designated by the Health Resources and Services Administration (HRSA) as areas having shortages of primary care, dental care, or mental health providers. Each shortage area is assigned a score based on factors such as geography (a county or service area), population characteristics (e.g., low-income or Medicaid eligible), or the presence of different types of facilities (e.g., federally qualified health centers, or state or federal prisons).¹⁰ The shortage areas with the highest scores are the ones with the greatest need for health professionals, services, or facilities. There are several communities in the Central region that are designated as primary care health professional shortage areas as shown in the maps. Shortages of mental health professionals is also a critical aspect of access to healthcare. See page 71 of this report for data about mental health professional shortage areas.

Map of primary care provider shortage areas in the Central region, 2015

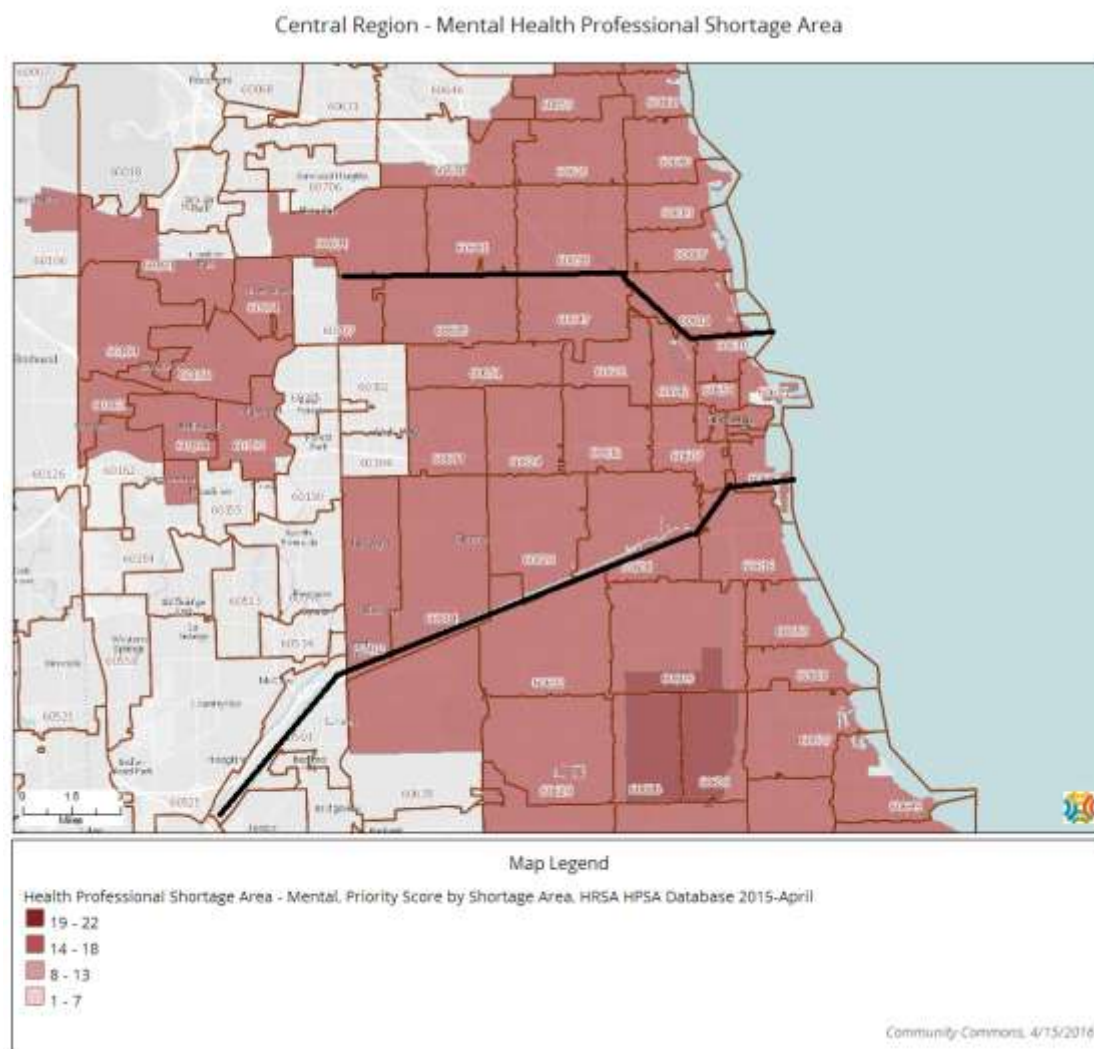


Data Source: Health Resources and Services Administration, Health Professional Shortage Area Database, 2015

¹⁰ U.S. Department of Health and Human Services Administration – Health Resources and Services Administration. (2016). <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

Mental Health Professional Shortage Areas are designated by the Health Resources and Services Administration (HRSA) as areas having shortages of mental health providers. Each shortage area is assigned a score (1-22) based on a variety of different factors including geographic area (a county or service area), population (e.g., low income or Medicaid eligible), or the presence of different types of facilities (e.g., federally qualified health centers, or state or federal prisons.)¹¹ The higher a score is for an area, the greater the need for mental health professionals, services, or facilities. The majority of communities in the Central region are designated as mental health professional shortage areas.

Map of mental health professional shortage areas in the Central region, 2015



Data Source: Health Resources and Services Administration, Health Professional Shortage Area Database, 2015

¹¹ U.S. Department of Health and Human Services Administration – Health Resources and Services Administration. (2016). <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

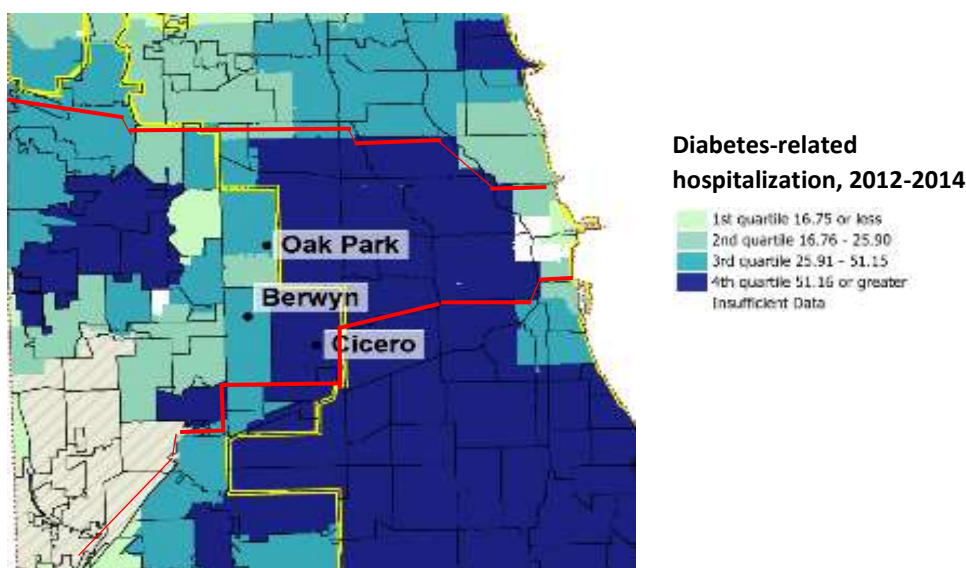
Hospitalization Data

Diabetes-Related

The map below shows the diabetes-related hospitalization rates for the Central region. The Chicago community areas in the Central region with diabetes-related hospitalization rates of 51.16 per 10,000 or greater include the Near West Side, West Town, Logan Square, Hermosa, Humboldt Park, West Garfield Park, East Garfield Park, and North Lawndale. The Suburban Cook County municipalities in the Central region with diabetes-related hospitalization rates of 51.16 per 10,000 or greater include Maywood, Melrose Park, Bellwood, Hillside, Lyons, and Cicero.

Hospitalizations and emergency room visits are indicative of poorly controlled diabetes. Poorly controlled diabetes can lead to severe or life-threatening complications such as heart and blood vessel disease; nerve damage; kidney damage; eye damage and blindness; foot damage and lower extremity amputation; hearing impairment; skin conditions; and Alzheimer's disease.¹² The mortality rate from diabetes-related conditions is higher in the Central region (182.3 per 100,000) than it is for Illinois (179.1 per 100,000) and the U.S. (171.5 per 100,000). In addition, non-Hispanic African American/Blacks and Hispanic/Latinos in the Central region have much higher diabetes-related mortality rates than non-Hispanic whites and Asians.

Diabetes-related hospitalization rate (per 10,000) in the Central region, 2012-2014



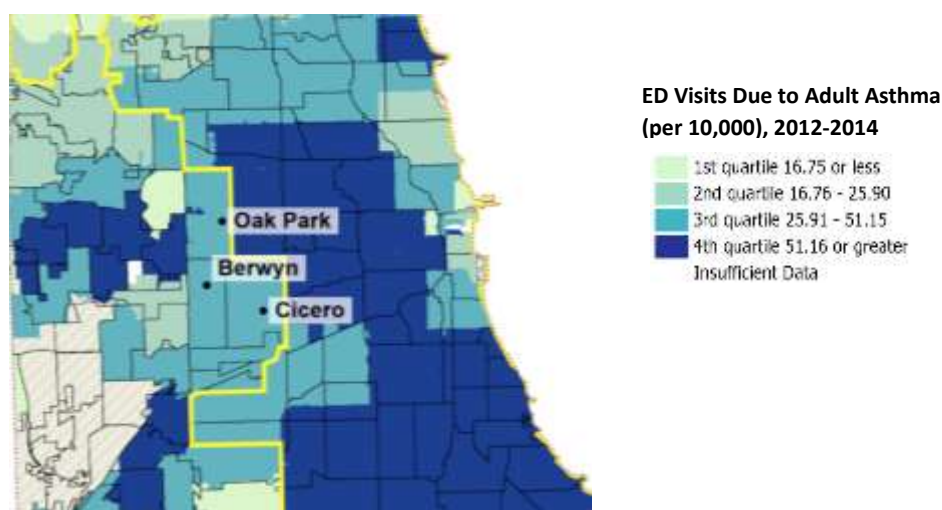
Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014

¹² Mayo Clinic. <http://www.mayoclinic.org/diseases-conditions/type-2-diabetes/symptoms-causes/dxc-20169861>

Adult and Child Asthma

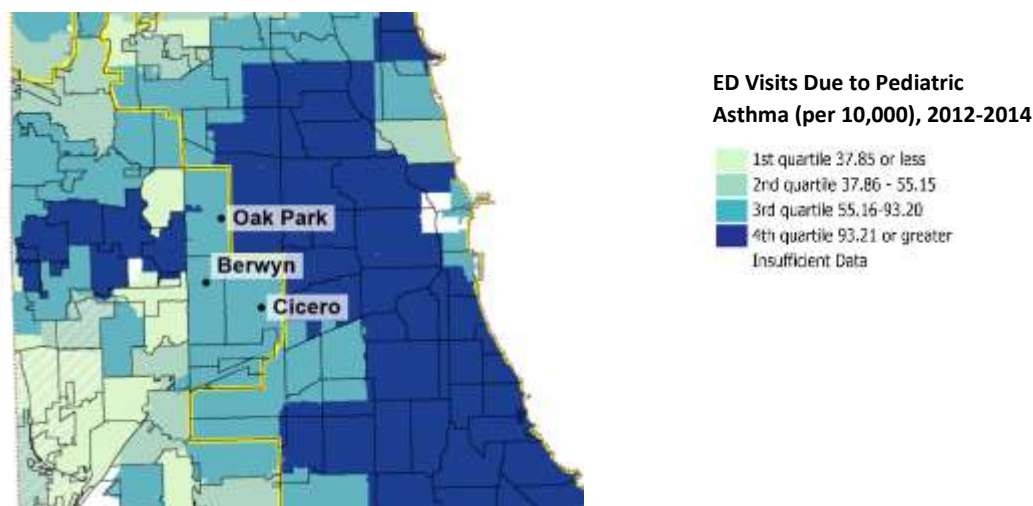
Communities on the West side of Chicago and West Cook suburbs have disproportionately high rates of ED visits for asthma. ED visits are indicative of increased exposure to environmental contaminants that can trigger asthma as well as poorly managed asthma. The Chicago community areas with the highest rates of ED visits due to adult and pediatric asthma include the Near West Side, West Town, Logan Square, Hermosa, Humboldt Park, West Garfield Park, East Garfield Park, and North Lawndale. The suburban Cook municipalities with the highest rates of ED visits due to adult and pediatric asthma include Cicero (highest pediatric rates only), Maywood, Melrose Park, Bellwood, Hillside, Lyons, Forest Park and Broadview.

Emergency Department (ED) visits due to adult asthma for Central region by zip code, 2012-2014 (age-adjusted rates per 10,000)



Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014

Emergency Department (ED) visits due to pediatric asthma (per 10,000) for Central region by zip code, 2012-2014



Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014

Provider Availability

A large percentage of adults reported that they do not have at least one person that they consider to be their personal doctor or health care provider. Regular visits with a primary care provider improves chronic disease management and reduces illness and death.¹³ As a result it is an important form of prevention.

Self-Reported Data on the Availability of a Consistent Source of Primary Care

	Suburban Cook County (2012)	Chicago (2014)*	Illinois (2013)	United States (2013)
Lack of consistent source of primary care (self-reported)	13.0%	20.1%	22.9%	19.2%

Data Source: Behavioral Risk Factor Surveillance System and Healthy Chicago Survey

Prenatal Care

Access to prenatal care is an important preventative measure to reduce the risk of pregnancy complications, reduce the infant's risk for complications, reduce the risk for neural tube defects, and help ensure that the medications women take during pregnancy are safe.¹⁴ Nearly 20% of women in Illinois and suburban Cook County do not receive prenatal care prior to the third month of pregnancy or receive no prenatal care. (Recent comparable data for the City of Chicago was not available at the time this report was produced.)

Prenatal care

Number of births to mothers with prenatal care starting after the third month of pregnancy or no prenatal care received (per 100 live births), 2008-2012			
	Suburban Cook County	Illinois	United States
Number of births to mothers that lacked prenatal care (per 100 live births)	18.6	19.0	19.3

Data Source: Illinois Department of Public Health, 2008-2012

¹³ National Institutes of Health. (2005). Contribution of Primary Care to Health Systems and Health. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>

¹⁴ National Institute of Child Health and Human Development. (2013). <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/pages/prenatal-care.aspx>

MENTAL HEALTH AND SUBSTANCE USE

The WHO emphasizes the need for a network of community based mental health services.¹⁵ The WHO has also indicated that the closing of mental hospitals and facilities is often not accompanied by the development of community based services, leading to a service vacuum.¹⁰ In addition, research indicates that better integration of behavioral health services including substance abuse treatment into the healthcare continuum can have a positive impact on health outcomes.¹⁶

Self-Reported Mental Health Status

The CDC has identified indicators of mental health representing three domains: emotional well-being (such as perceived life satisfaction, happiness, cheerfulness, and peacefulness), psychological well-being (such as self-acceptance, personal growth including openness to new experiences, spirituality, self-direction, and positive relationships), and social well-being (such as social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, and sense of community).¹⁷ Approximately a third of residents in Suburban Cook County reported that they lack social or emotional support and the average number of days that adults aged 18 or older reported that their mental health was not good is 3.2. Approximately 20% of residents from Chicago reported that they lack social or emotional support and the average number of days that mental health was rated as not good is 3.3.

Self-reported emotional and mental health indicators

Self-reported emotional and mental health indicators				
	Suburban Cook County (2012)	Chicago (2014)	Illinois (2013)	United States (2013)
Percentage of adults that lack social or emotional support	34%	44%	20%	23%
Average number of days (in the past 30 days) that adults report their mental health as not good	3.2	3.1	3.3	3.4

Data Source: Behavioral Risk Factor Surveillance System (BRFSS) (2013) and Healthy Chicago Survey (2014)

Medicare Depression Data, 2012

The percentage of the Medicare fee-for-service population with depression is slightly lower for the Central region and Cook County than it is for Illinois and the U.S.

Geography	Percentage of the Medicare fee-for-service population with depression
Central Region	14.1%
Cook County	14.1%
Illinois	14.7%
United States	15.4%

¹⁵ World Health Organization. (2007). <http://www.who.int/mediacentre/news/notes/2007/np25/en/>

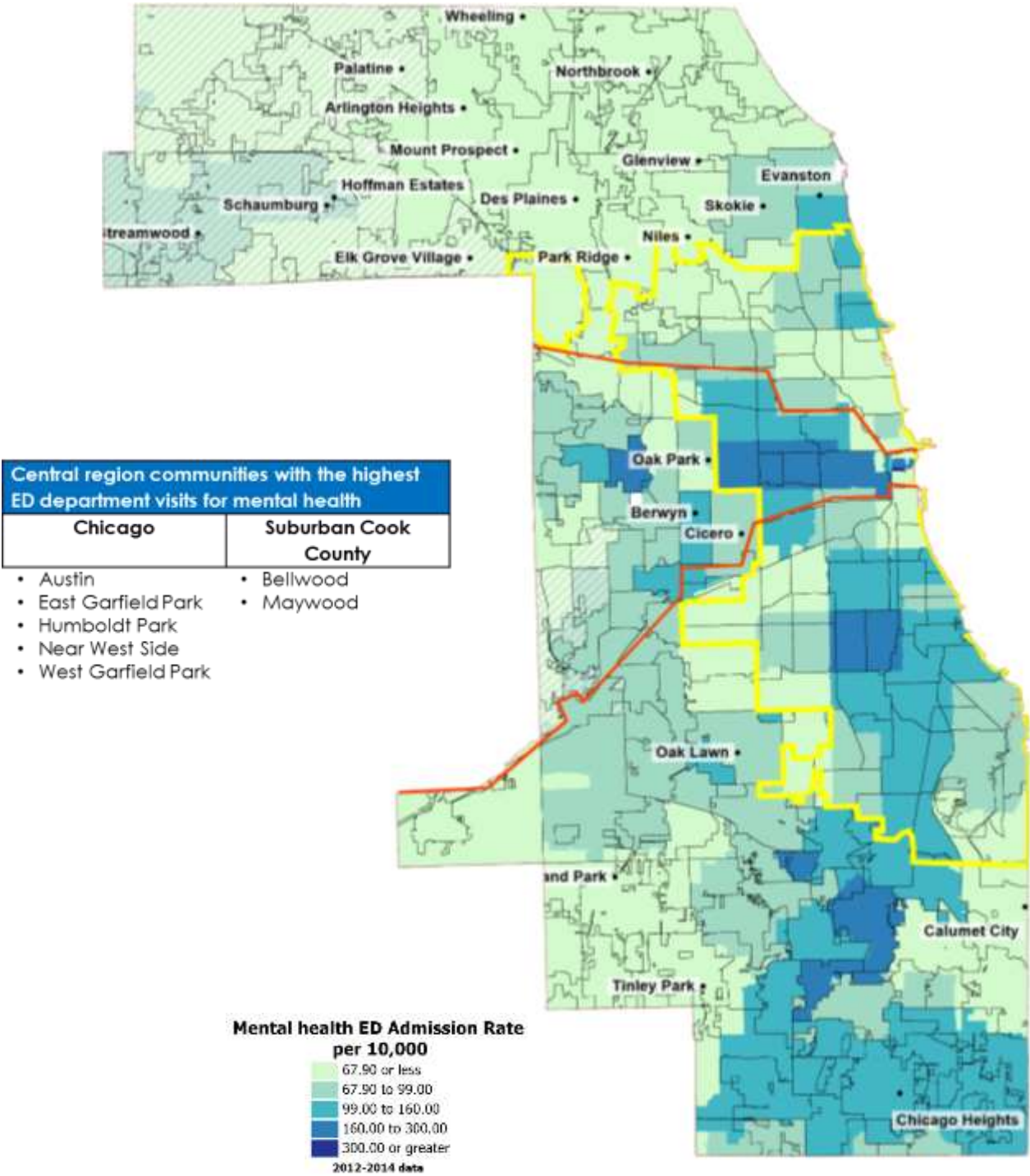
¹⁶ American Hospital Association. (2012). Bringing behavioral health into the care continuum: opportunities to improve quality, costs, and outcomes. <http://www.aha.org/research/reports/tw/12jan-tw-behavhealth.pdf>

¹⁷ Centers for Disease Control and Prevention. (2013). Mental Health Basics. <http://www.cdc.gov/mentalhealth/basics.htm>

Hospitalization for Mental Health and Substance Use

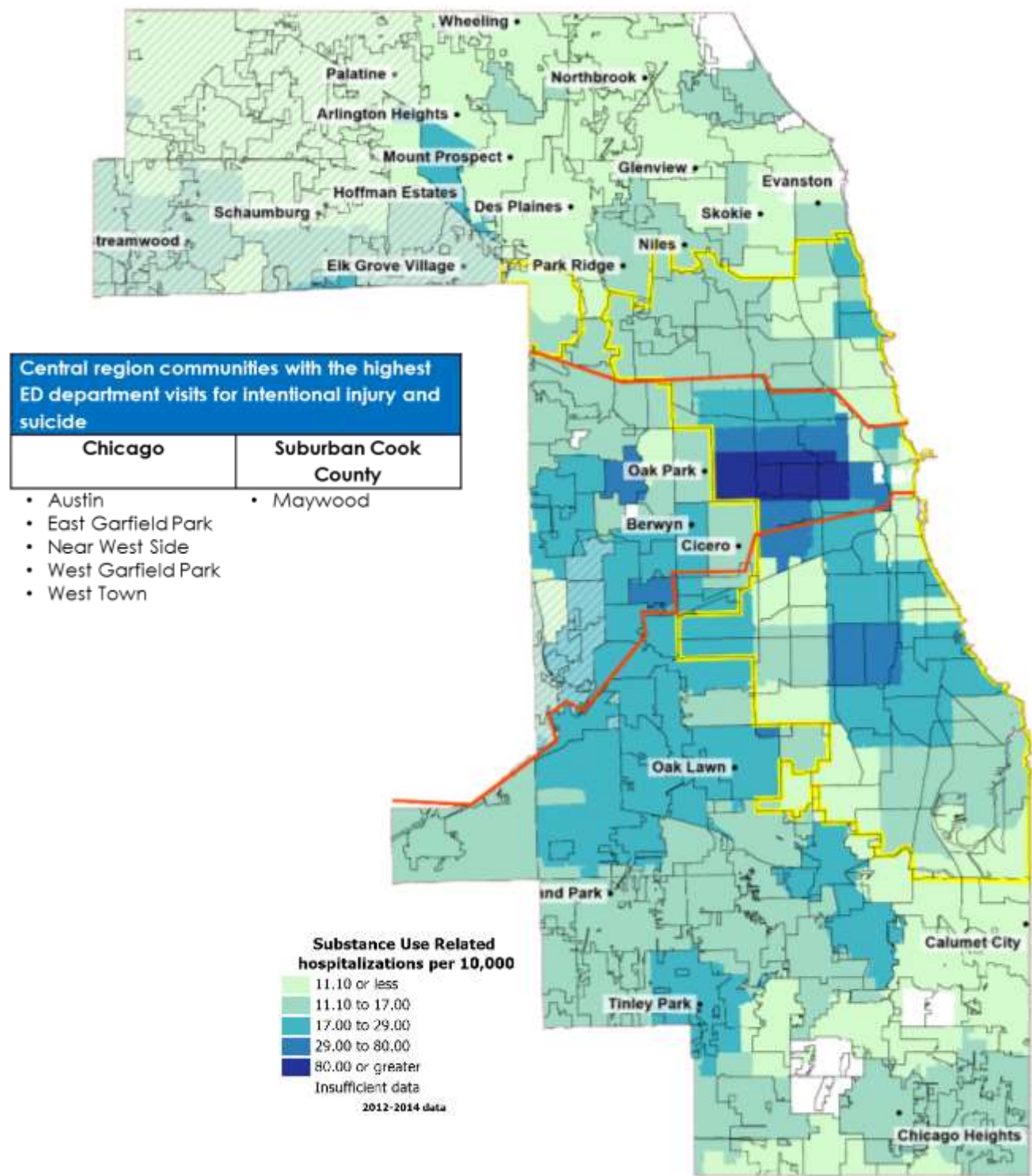
High rates of Emergency Department (ED) visits for mental health and substance use may indicate a lack of community-based treatment options, services, and facilities.

Emergency Department (ED) visits for mental health in Cook County, by zip code (age-adjusted rate per 10,000)



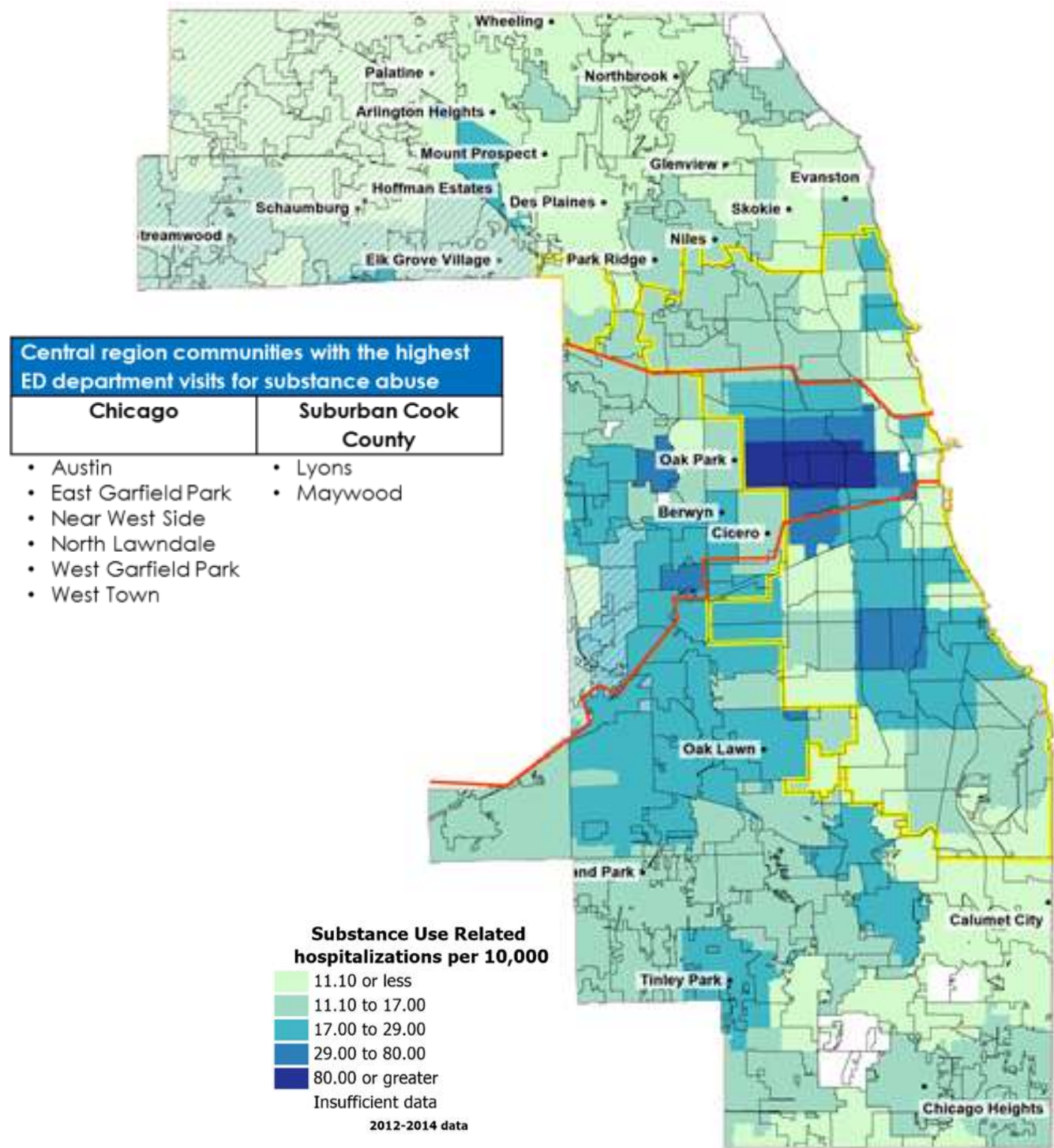
Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014

Emergency Department (ED) visits for intentional injury and suicide in Cook County, by zip code (age-adjusted rate per 10,000)



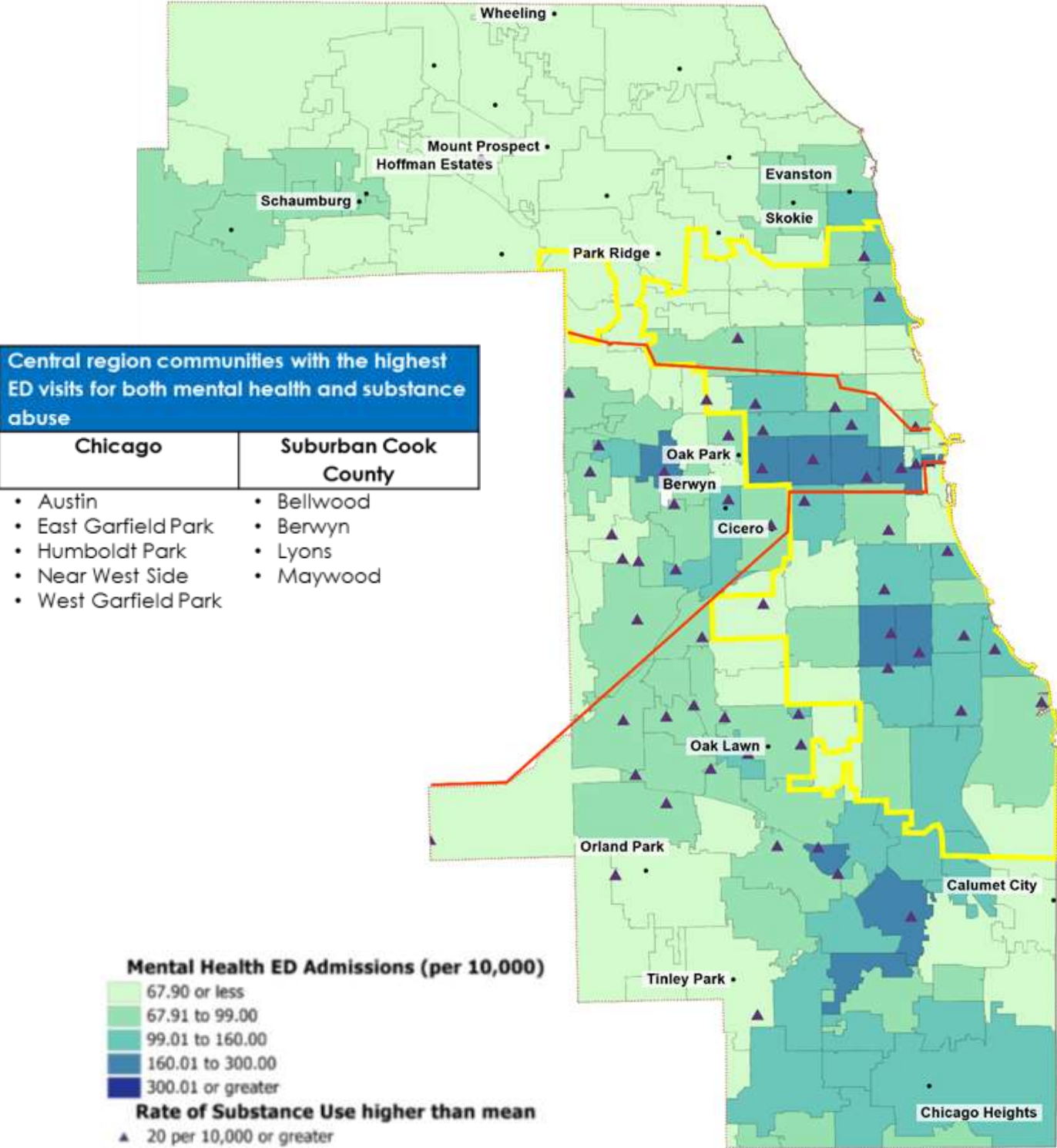
Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014

Emergency Department (ED) visits for substance abuse in Cook County, by zip code (age-adjusted rate per 10,000)



Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014

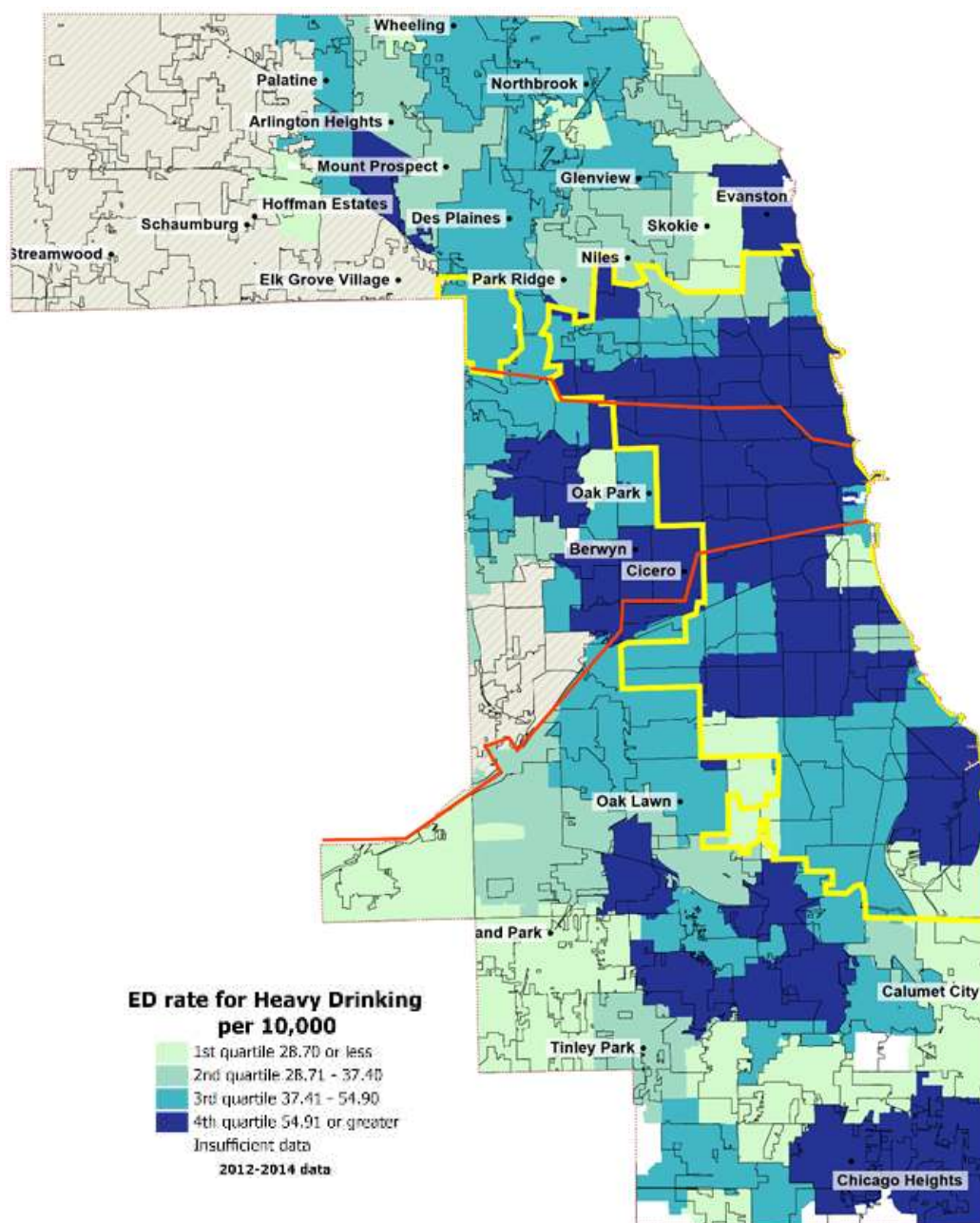
Emergency Department (ED) visits for mental health and substance abuse in Cook County, by zip code (age-adjusted rates per 10,000)



Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014

Several communities in the Central region of Chicago and suburban Cook County have ED visit rates of 54.91 per 10,000 or greater for alcohol abuse. Nationwide, ED visits for alcohol abuse have been on an upward trajectory. Between 2001 and 2010, the rate of ED visits for alcohol-related diagnoses for males and females increased 38%. The nationwide rate for males as of 2010 is 94 per 10,000 and the rate for females is 36 per 10,000.¹⁸

Emergency Department (ED) visits for alcohol abuse in Cook County, by zip code (age-adjusted rate per 10,000)



Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014

¹⁸ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a9.htm>

Youth Substance Use

Drug use in adolescent and teen years may be part of a pattern of risky behavior which could include unsafe sex, driving while intoxicated, and other unsafe activities.¹⁹ Drug use in adolescent or teenage years can result in multiple negative outcomes including school failure, problems with relationships, loss of interest in normal healthy activities, impaired memory, increased risk for infectious disease, mental health issues, and overdose death.³⁹ As a result, preventive measures to prevent or reduce drug use among adolescents and teens are important.³⁹

Substance use among youth in suburban Cook County

Illinois Youth Survey, comparing 2010 and 2014 survey results

- In 2014, 52% of 12th graders reported drinking alcohol in the past month, 41% reported marijuana use, 9% reported using prescription drugs to get high, and 7% reported MDMA/ecstasy use.
- The number of 12th graders in Cook County that reported drinking alcohol in the past year (52%) is lower than the state average (63%). All other self-reported rates for drug use among students in Cook County are approximately the same as those for the state of Illinois.
- Alcohol use reported among middle school and high school students decreased slightly from 2010 to 2014. This follows a national trend of decreases in adolescent and teenage alcohol use that has been occurring over the last 15 years.
- 12th graders' reporting heavy drinking decreased from 33% in 2010 to 28% in 2014.
- Rates of self-reported cocaine/crack use among 12th graders decreased by 3%, and self-reported marijuana and MDMA/ecstasy use both increased by 2%.
- Self-reported use of inhalants, hallucinogens/LSD, methamphetamine, and heroin did not change between 2010 and 2014.

24% (67) of eligible elementary/middle schools and 48% (35) of eligible high schools in suburban Cook County participated in the 2014 Illinois Youth Survey.

¹⁹ National Institute on Drug Abuse. (2014). Principles of adolescent substance use disorder treatment: A research-based guide.

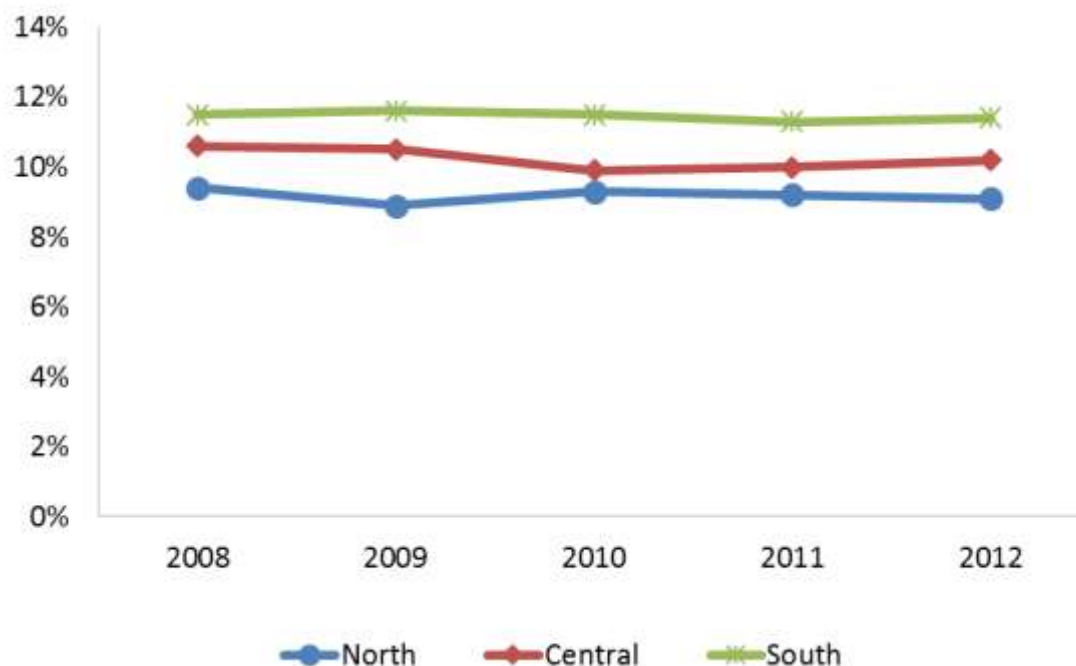
HEALTH OUTCOMES

Birth Outcomes

Preterm birth and low birth weight infants are at greater risk for premature mortality and/or morbidity over the lifetime.²⁰ Rates of preterm births, low birthweight infants, and infant mortality have shown little variation from 2008-2012. There are large inequities across racial and ethnic groups in birth outcomes. In Chicago and Suburban Cook County, African American infants are more than four times as likely as white infants to die before their first birthday.²¹ African American infants are also more likely to be born preterm compared to white and Hispanic infants.⁹ Approximately 3% of infants are born with diagnosed birth defects and 1.5% are born with very low birth weight in Chicago and Suburban Cook County.⁹

Adolescents are more likely to have a low birth weight infant or preterm birth and the risks are particularly high for second births to adolescent mothers.²² Hispanic and African American teens are over four times more likely to give birth than white teens and the rates in communities with low child opportunity are up to 20 times that rates of communities with plentiful opportunities for children.¹⁴ In the City of Chicago, the teen birth rate is 1.5 times higher than the national rate.¹⁴ However, teen births have decreased overall for all ethnic groups from 2008-2013.

Preterm Births per 100 live births, 2008-2012



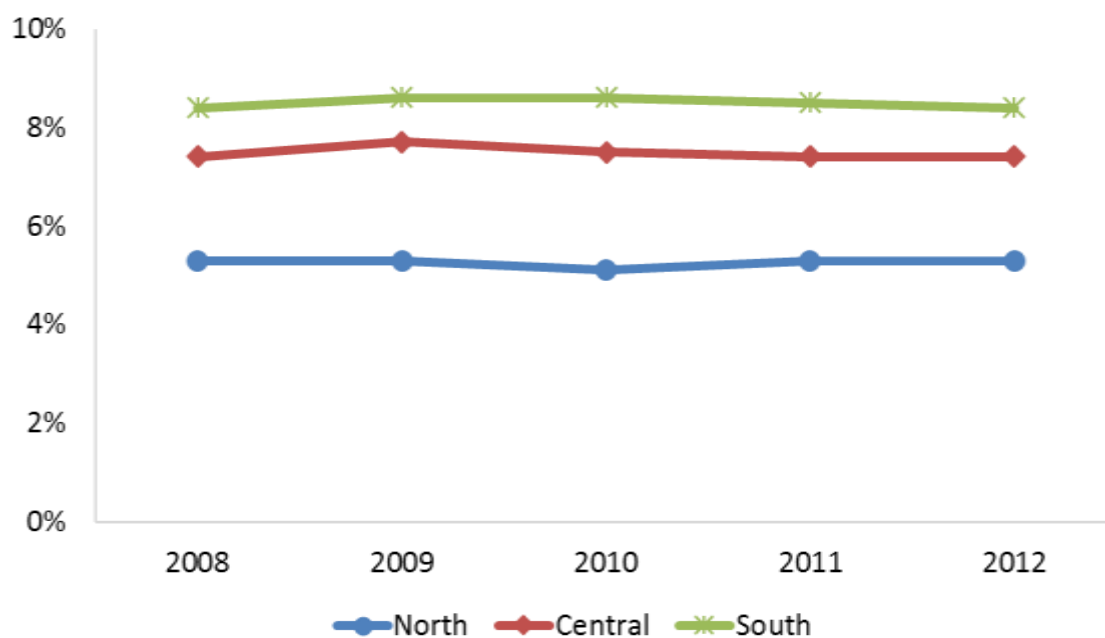
²⁰ County Health Rankings and Roadmaps (2016).

²¹ Healthy Chicago 2.0. (2016).

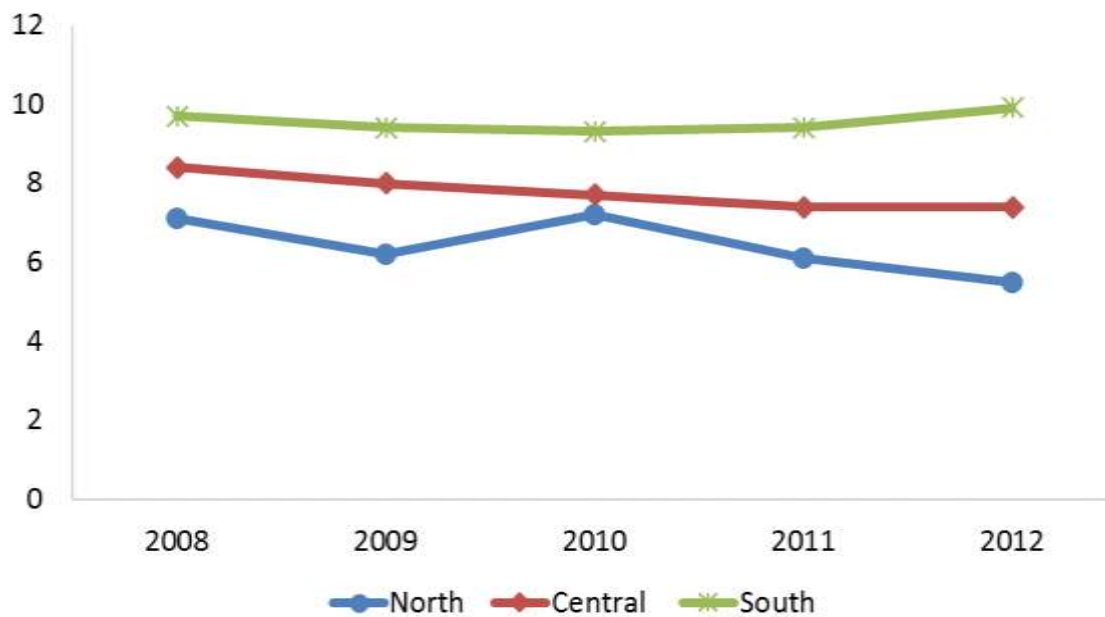
²² Guttmacher Institute. (2009) Perspectives on Sexual and Reproductive Health.

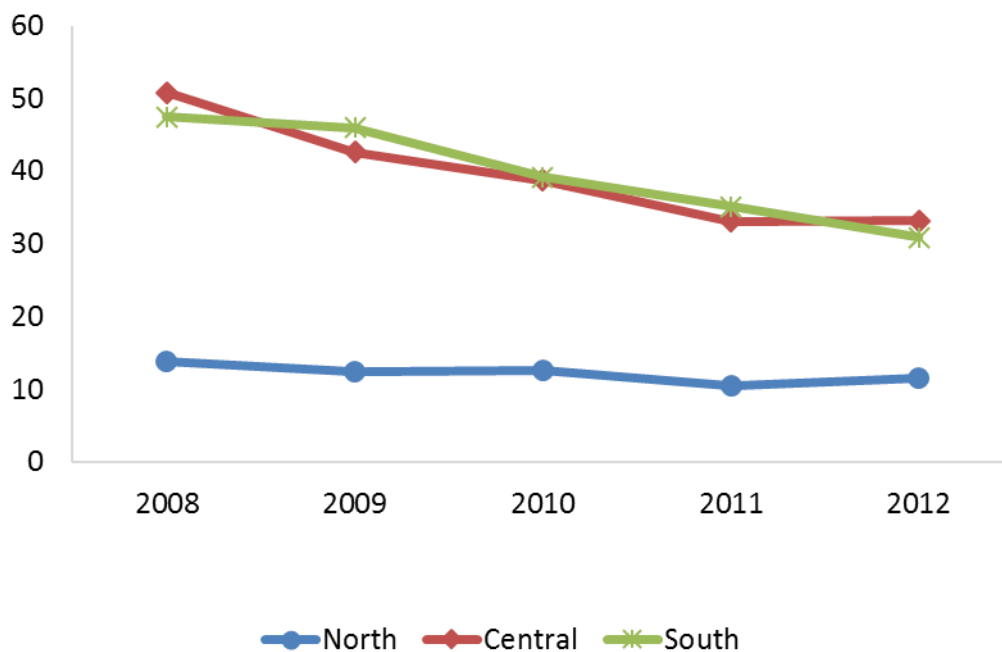
<https://www.guttmacher.org/about/journals/psrh/2009/06/second-births-teenage-mothers-risk-factors-low-birth-weight-and-preterm>

Low Birth Weight, 2008-2012



Infant Mortality, 2008-2012



Teen Birth Rates, 2008-2012**Disparities in Birth Outcomes, by Race and Ethnicity, City of Chicago, 2012**

Race-ethnicity of mother	Infant Mortality Rates (per 1,000 live births)	Teen Birth Rate (per 1,000 females aged 15-19)	Low Birth Weight	Preterm Births
Hispanic	5.9	43.7	7.5%	9.0%
Non-Hispanic Asian/Pacific Islander	4.2	6.3	9.0%	8.3%
Non-Hispanic Black	11.6	57.5	14.2%	13.7%
Non-Hispanic White	4.3	10.3	7.2%	9.1%

Morbidity

Overweight and obese are the comorbidities most often reported by adults in Chicago and Suburban Cook County. In addition, Suburban Cook County has the highest rate of self-reported overweight diagnosis (38.6%) compared to Chicago (35.3%), Illinois (35.4%) and the U.S. (31.1%). Chicago has the highest rate of self-reported obesity diagnosis compared to Suburban Cook County (28.1%) and the United States (28.8%) and the same rate as Illinois (29.4%). Comorbidities may indicate an increased risk for mortality due to a variety of conditions. Chronic diseases accounted for approximately 64% of deaths in Chicago in 2014.²³

Self-Reported Data on Diagnosis, Adults

	Suburban Cook County (2012)	Chicago (2014)*	Illinois (2013)	United States (2013)
Asthma (Adults)	7.8%	7.6%	9.0%	9.1%
Overweight (Adults)	38.6%	35.3%	35.4%	31.1%
Obesity (Adults)	28.1%	29.4%	29.4%	28.8%
Diabetes (Adults)	9.9%	6.6%	9.7%	9.0%

Data Source: Behavioral Risk Factor Surveillance System and Healthy Chicago Survey

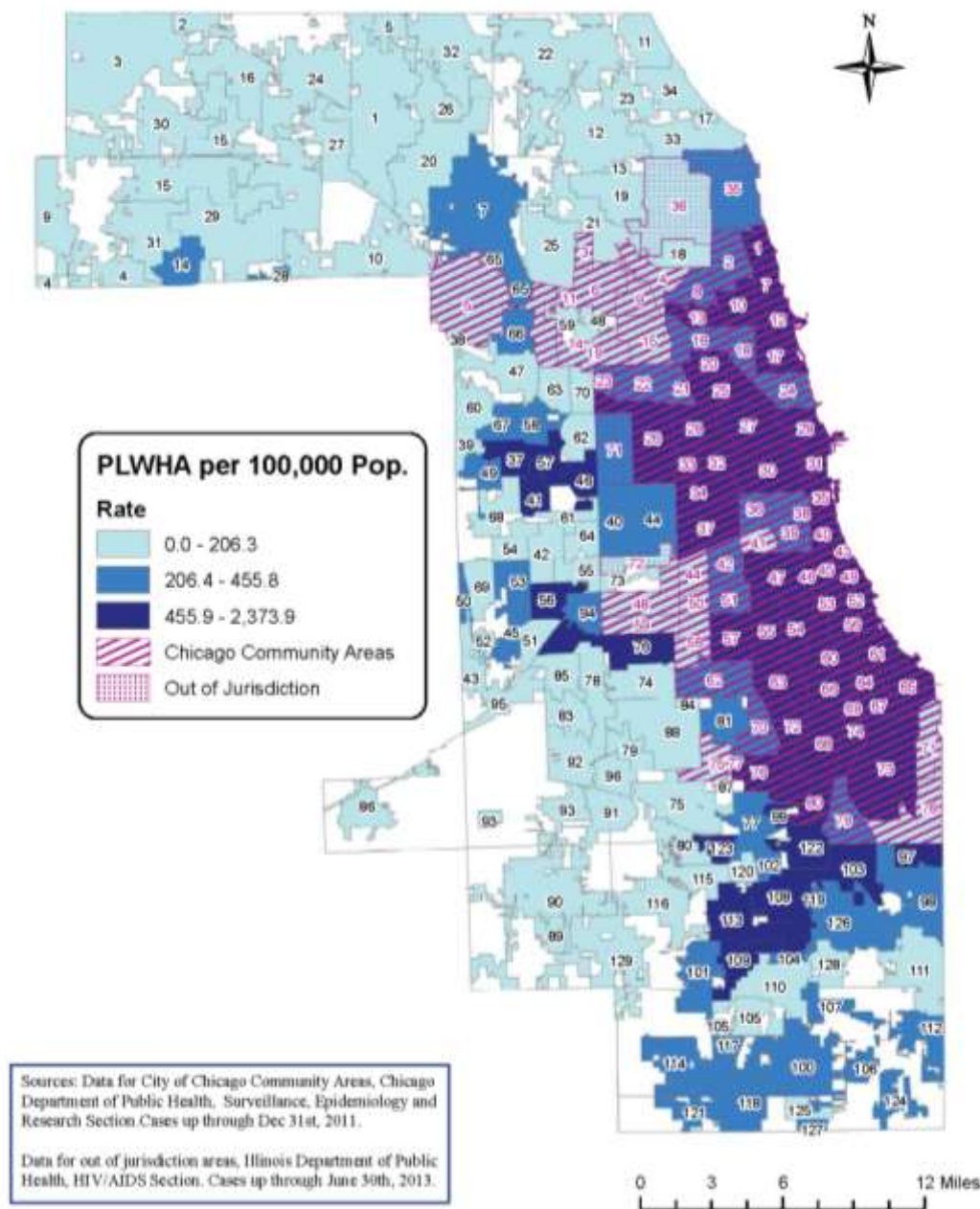
Self-Reported Data on Diagnosis, Adults

	Suburban Cook County (2010)	Chicago (2013)	Illinois (2013)	United States (2013)
Overweight (Youth)	15.0%	15.6%	15.8%	16.6%
Obesity (Youth)	11.0%	14.5%	11.4%	13.7%

Data Source: Youth Risk Behavior Surveillance System

²³ Healthy Chicago 2.0. (2016).

Prevalence (per 100,000) of Persons Living with HIV, 2013

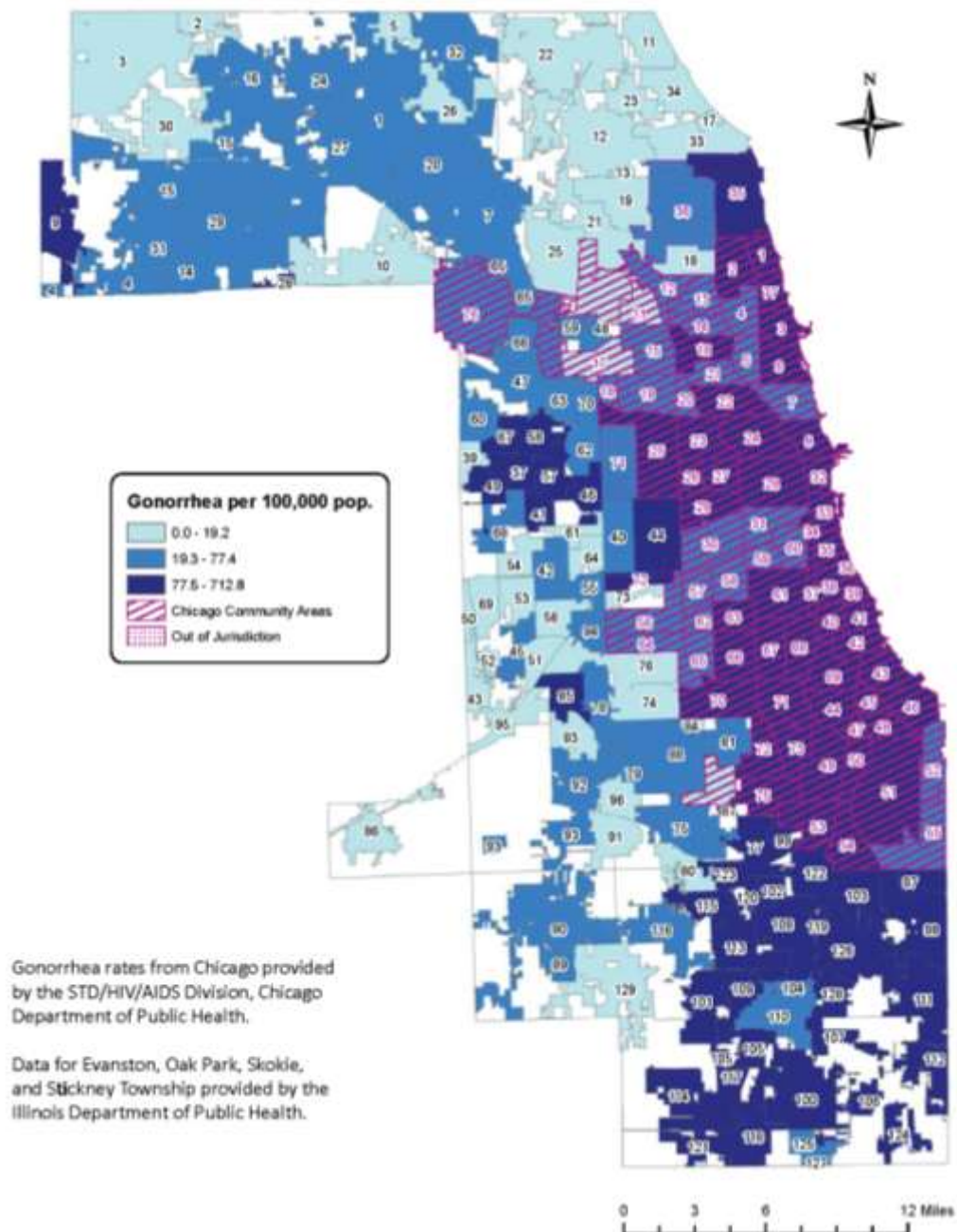


Highest Rates of People Living with HIV Infection in 2013, by Community Area, Chicago:
East Garfield Park (1084), North Lawndale (1019), Humboldt Park (779)

Highest Rates of People Living with HIV Infection in 2013, West Suburban Cook County:
Broadview (908), Forest Park (713), Bellwood (535), Oak Park (409)

Incidence of new HIV cases is declining. In Chicago from 2010 to 2014, the number of HIV infection diagnoses fell from 1,033 to 973, and the decline was seen across all race/ethnic groups. In fact, in the case of Non-Hispanic Blacks, there has been an overall decline of incidence for all STIs.

Gonorrhea Rates (per 100,000 population), 2014



Highest Rates of gonorrhea in 2014, by Community Area, Chicago

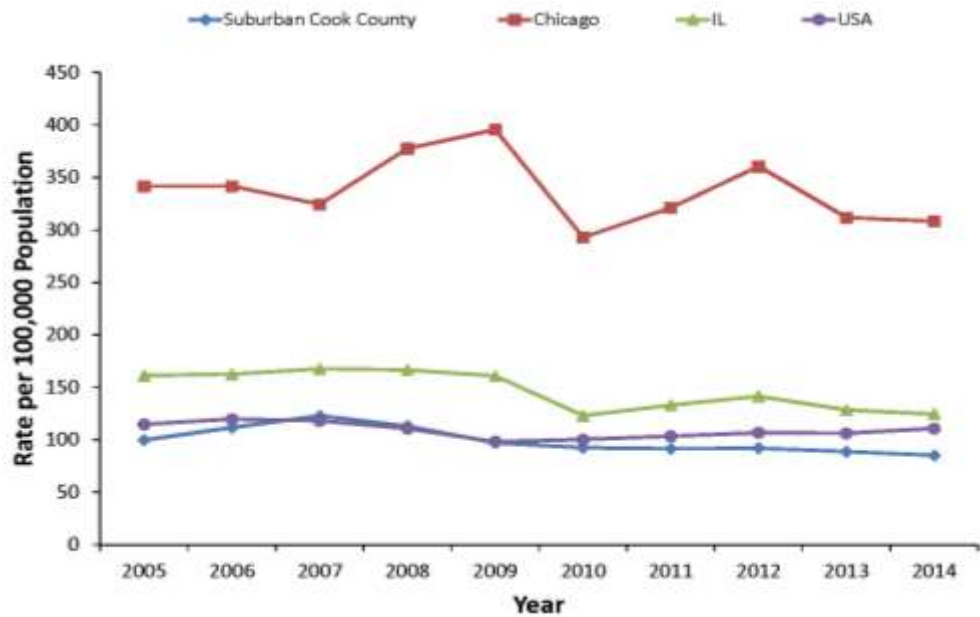
West Garfield Park (1294), East Garfield Park (963), North Lawndale (988.5)

Highest Rates of gonorrhea in 2014, West Suburban Cook County:

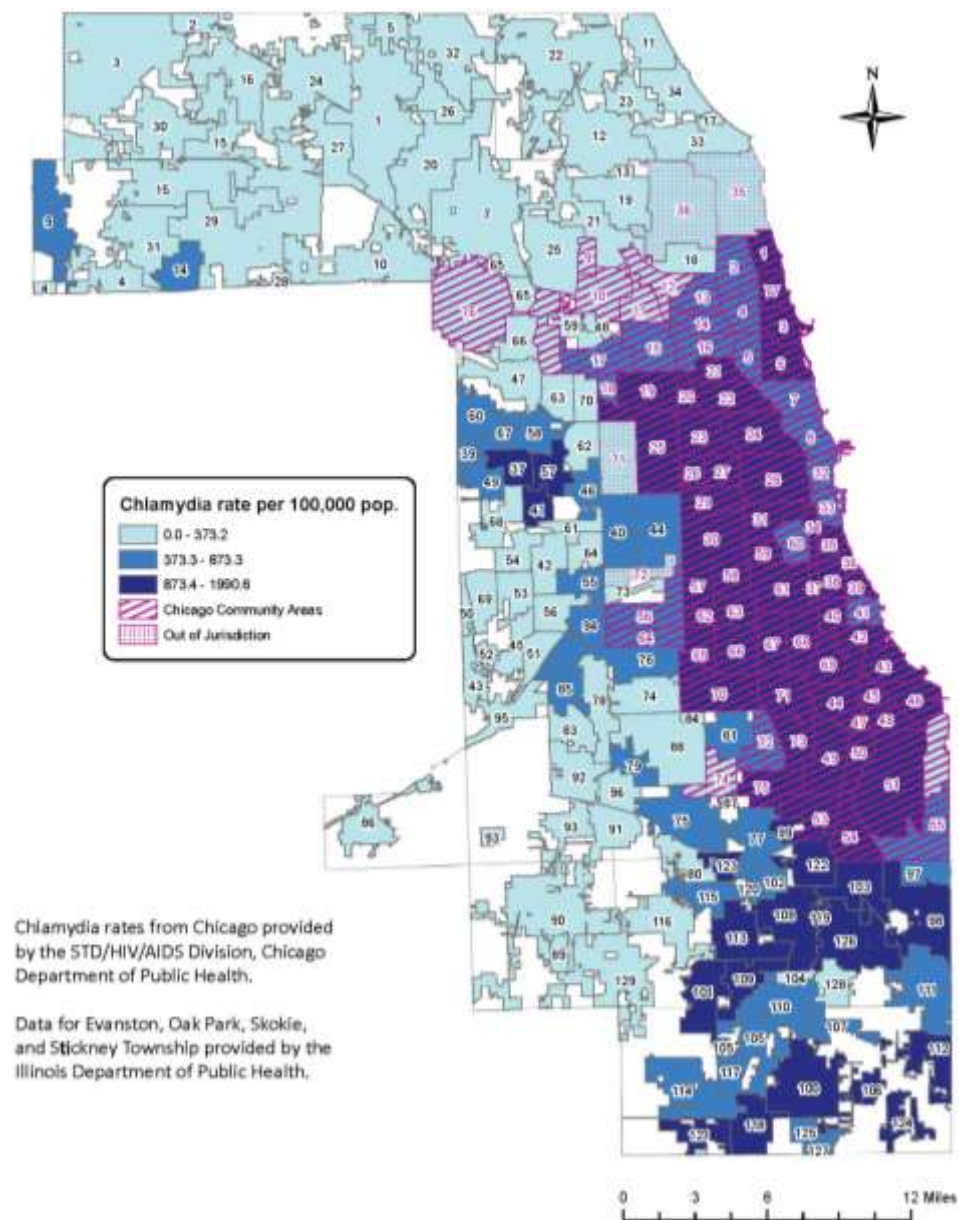
Stone Park, Melrose Park, Bellwood, Hillside, Broadview

Since 2007, gonorrhea rates in Suburban Cook County have been steadily declining and were slightly lower compared to rates in Illinois and the United States. Gonorrhea rates in Chicago (308.1 per 100,000 population) are much higher than those for Suburban Cook County (85.0 per 100,000 population), Illinois (124.5 per 100,000 population), and the United States (110.7 per 100,000 population).

Trends in Gonorrhea Rates (per 100,000 population), 2005-2014



Chlamydia Rates (per 100,000 population), 2014



Highest Rates of Chlamydia in 2014, by Community Area, Chicago

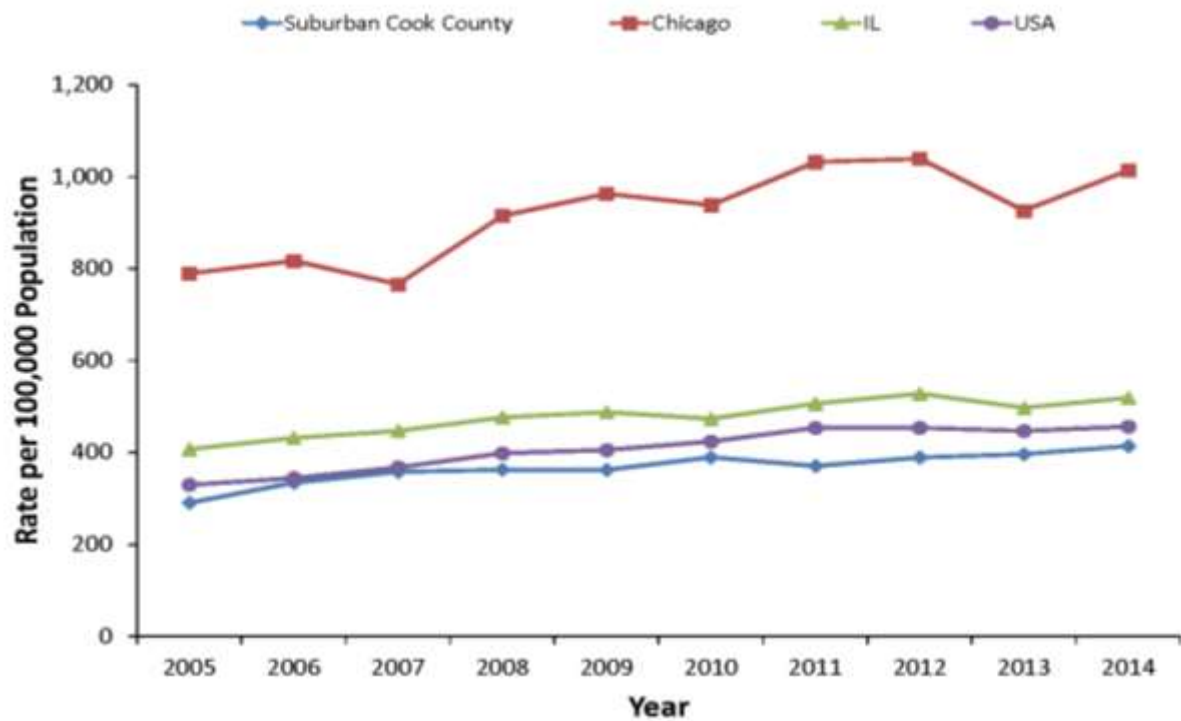
Austin (2042), West Garfield Park (2900), East Garfield Park (2728), North Lawndale (2801)

Highest Rates of Chlamydia in 2014, West Suburban Cook County:

Maywood, Bellwood, Broadview

In Suburban Cook County in 2014, 44% of reported chlamydia cases were in non-Hispanic blacks. The rate of chlamydia infections for non-Hispanic blacks in Suburban Cook County (1,114.9 per 100,000 population) was much higher than the rates for Hispanics (364.1 per 100,000 population), non-Hispanic whites (113.0 per 100,000 population), and Asian/Pacific Islanders (58.1 per 100,000 population). The same trends were true for the City of Chicago with 46.7% of chlamydia cases occurring in non-Hispanic blacks, 27.1% in non-Hispanic whites, 16.7% in Hispanics, and 3.4% in Asian/Pacific Islanders.

Trends in Chlamydia Rates (per 100,000 population), 2005-2014



Mortality

There are disparities in life expectancy and mortality in Chicago and Suburban Cook County. In both Chicago and suburban Cook County, life expectancy varies widely between communities with high economic opportunities and communities with low economic opportunities. In suburban Cook County, life expectancy is approximately 79.7 years. The 2012 citywide life expectancy for residents in Chicago is 77.8 years. Overall in Chicago, life expectancy for people in areas of high economic hardship is five years lower than those living in communities with better economic conditions.²⁴ In addition, infant mortality is higher in the Central and South regions than it is in the North. Years of potential life lost is the average number of years a person might have lived if they had not died prematurely. It can also be used as an indicator of health disparities.

Communities in the Central region with the lowest and highest life expectancies

Lowest life expectancies:

Chicago		Suburban Cook County	
Community area	Life expectancy (Years)	Community	Life expectancy (Years)
West Garfield Park	71.7	Maywood	74.4
North Lawndale	72.8	Melrose Park	75.2
Austin	73.7	Bellwood	76.7

Highest life expectancies:

Chicago		Suburban Cook County	
Community area	Life expectancy (Years)	Community	Life expectancy (Years)
Lower West Side	80.9	River Forest	83.5
South Lawndale	81.3	Western Springs	83.6
Loop	83.7	La Grange Park	84.1

Data Source: Illinois Department of Public Health, 2008-2012

Leading Causes of Death

Leading causes of death, Chicago and Cook County

Chicago (2012)	Cook County (2012)	Illinois (2014)	United States (2014)
<ul style="list-style-type: none"> Heart Disease Cancer Stroke and Cerebrovascular Diseases Chronic Lower Respiratory Diseases Accidents 	<ul style="list-style-type: none"> Heart Disease Cancer Stroke and Cerebrovascular Diseases Chronic Lower Respiratory Diseases Accidents 	<ul style="list-style-type: none"> Heart Disease Cancer Chronic Lower Respiratory Diseases Stroke and Cerebrovascular Diseases Accidents 	<ul style="list-style-type: none"> Heart Disease Cancer Chronic Lower Respiratory Diseases Accidents Stroke and Cerebrovascular Diseases

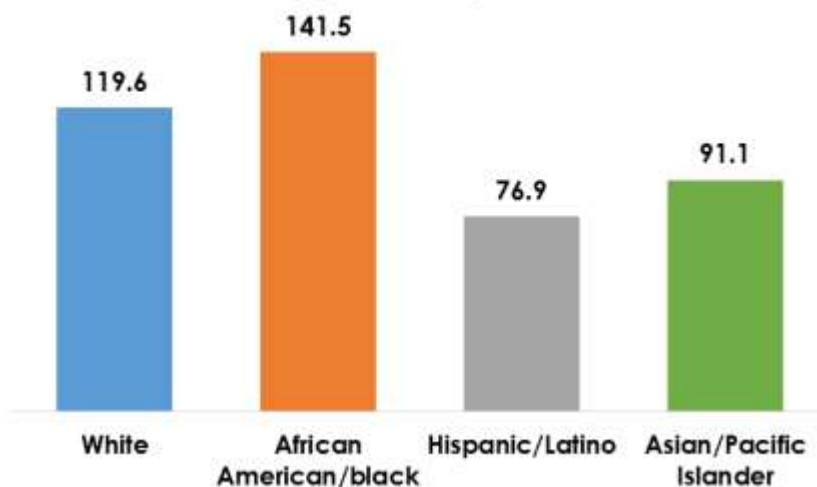
²⁴ Healthy Chicago 2.0. (2016).

The Healthy Chicago 2.0 Assessment found that **chronic diseases accounted for approximately 64% of deaths in Chicago in 2014.**²⁰ The top three leading causes of death across Chicago and suburban Cook County are heart disease, cancer, and stroke.

Racial and ethnic disparities in mortality rates persist in the Central region of Chicago and Cook County. And, there are major variations in chronic disease-related mortality rates across both the Chicago community areas and Cook County suburbs.

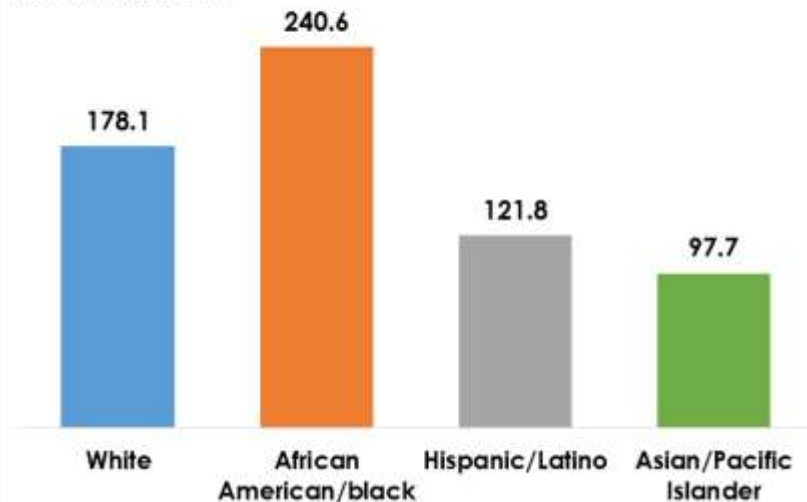
Chronic disease-related mortality (per 100,000) for Central region, by race and ethnicity

African American/Blacks have the Highest Rates of Coronary Heart Disease Mortality (per 100,000)



Data Source: Illinois Department of Public Health, 2012

Cancer mortality (per 100,000) is Highest Among African American/Blacks



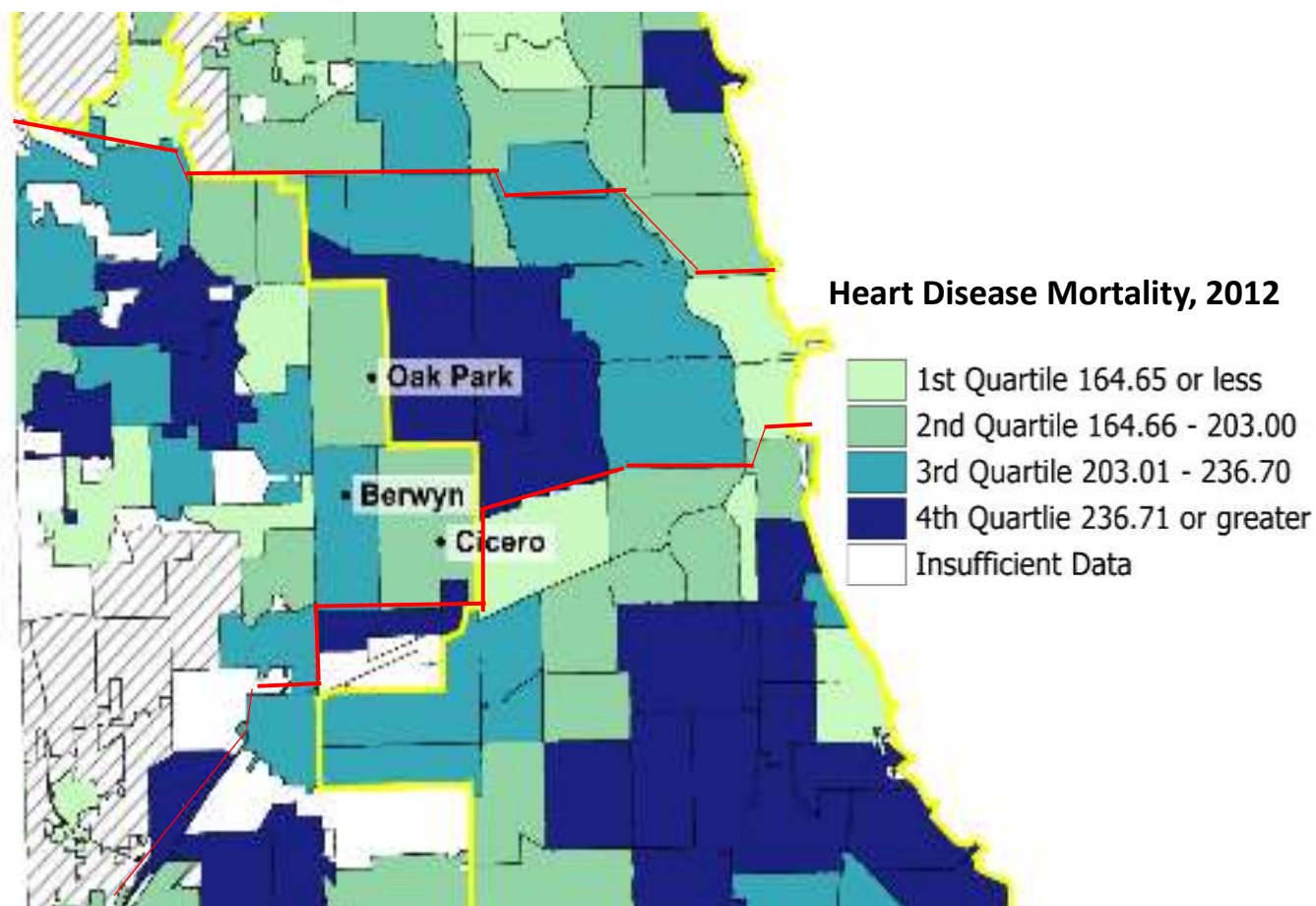
Data Source: Illinois Department of Public Health, 2012

Heart Disease

Coronary heart disease is the most common type of heart disease and the second leading cause of death in the Central region. Coronary heart disease mortality is higher in the Central region (116.7 deaths per 100,000 population) than it is in Illinois (114.2 deaths per 100,000 population) and the U.S. (112.1 deaths per 100,000 population). One of the objectives of Healthy People 2020 is to reduce coronary heart disease deaths with a target rate of 103.4 deaths per 100,000 population. The rates for the Central region are well above the target set by Healthy People 2020. The communities in the Central region with the highest rates of coronary heart disease mortality are Austin, East Garfield Park, Hillside, Humboldt Park, Maywood, Melrose Park, North Lawndale, and West Garfield Park.

Geography	Heart Disease Mortality Rate (per 100,000)
Central Region	116.7
Illinois	114.2
United States	112.1

Heart Disease Mortality, Age-Adjusted Rate per 100,000 population, 2012

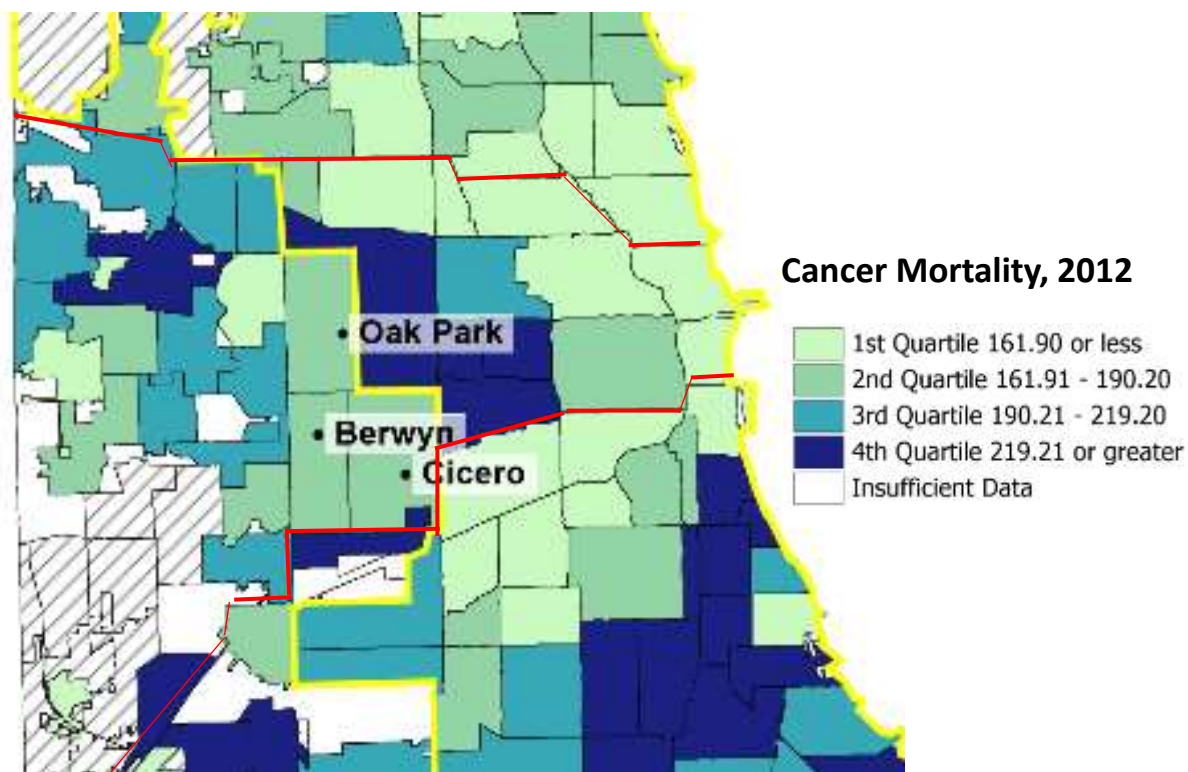
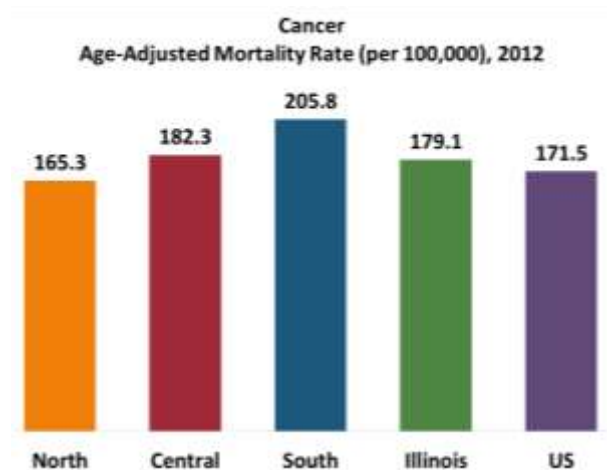


Data Source: Illinois Department of Public Health, 2012

Cancer

Cancer is the leading cause of death in the Central region. Cancer mortality is higher in the Central region (182.3) than it is in Illinois (179.1) and the U.S. (171.5). One of the Healthy People 2020 objectives is to reduce the overall cancer death rate. The target rate set by Healthy People 2020 is 161.4 deaths per 100,000 population. The cancer death rate in the Central region is well above the target rate. The communities with the highest cancer mortality rates are Austin, East Garfield Park, Melrose Park, North Lawndale, and West Garfield Park.

Cancer Mortality, Age-Adjusted Rate per 100,000 population, 2012

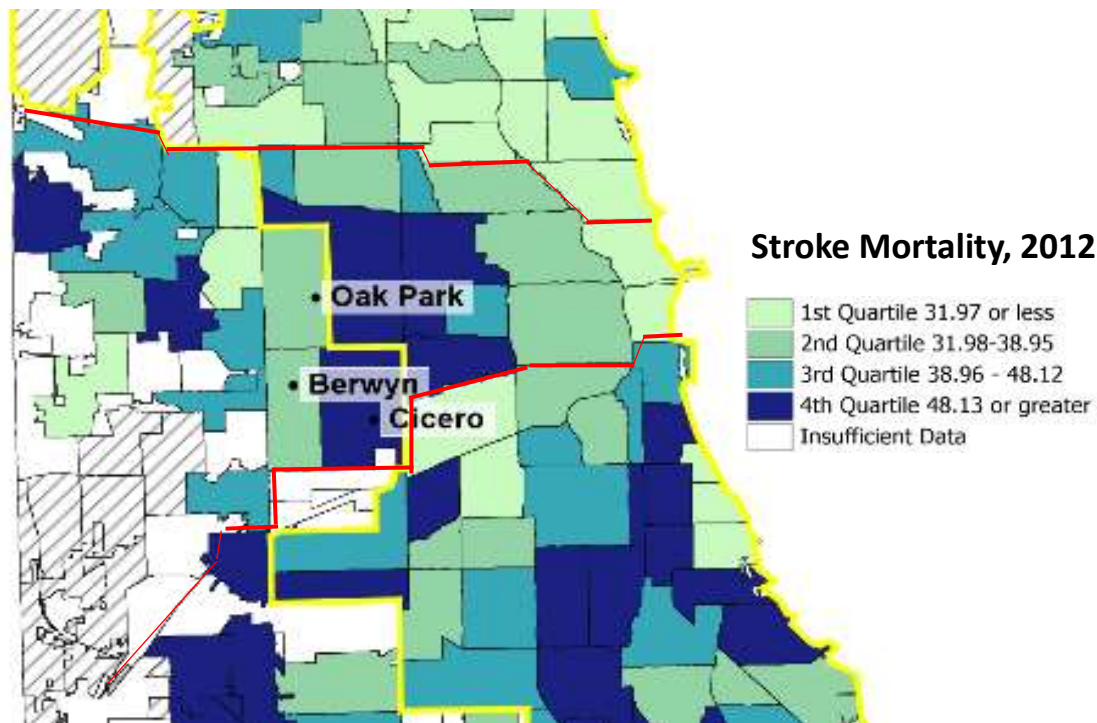
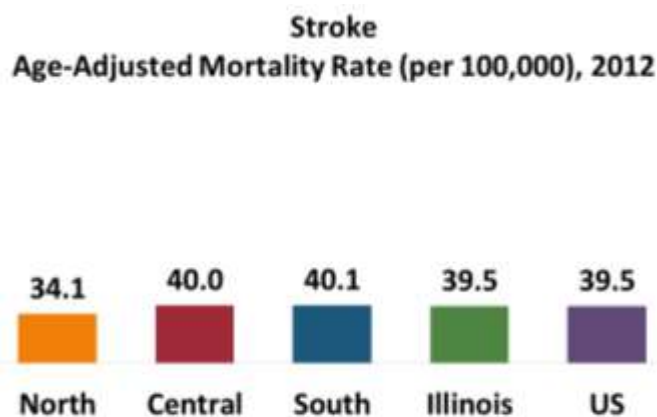


Data Source: Illinois Department of Public Health, 2012

Stroke

The stroke mortality rate for the Central region (40.0 deaths per 100,000) is slightly higher than the rate for Illinois (39.5 deaths per 100,000) and the U.S. (39.5 deaths per 100,000). The target set by Healthy People 2020 is to reduce the overall death rate from stroke to 34.8 deaths per 100,000 population. The stroke mortality rate for the Central region is above the Healthy People 2020 goal. The communities in the Central region with the highest stroke mortality rates are Austin, Cicero, Humboldt Park, Maywood, North Lawndale, Northlake, and West Garfield Park.

Stroke Mortality, Age-Adjusted Rate per 100,000 population, 2012

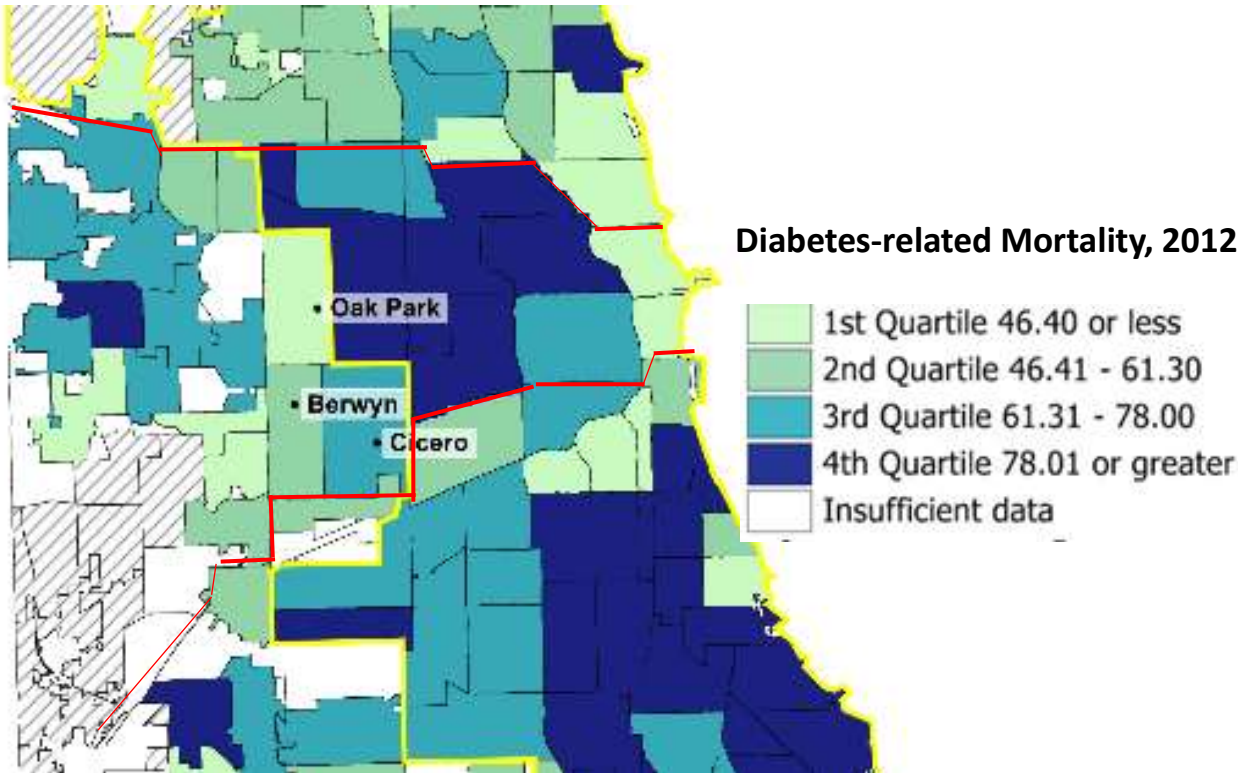
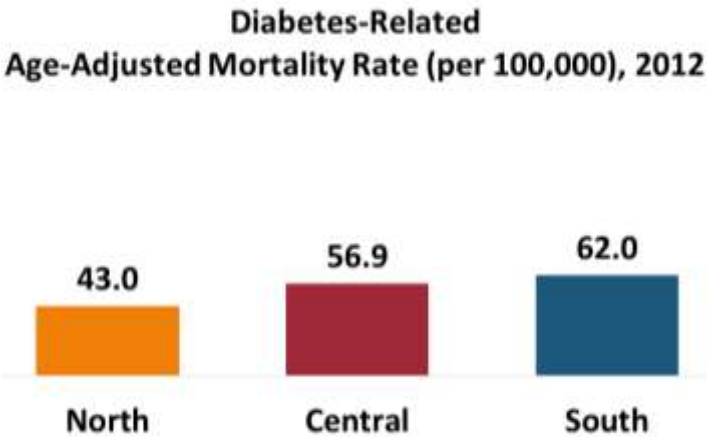


Data Source: Illinois Department of Public Health, 2012

Diabetes

The diabetes mortality rate for the central region is slightly lower than the rate for Illinois (63.2 per 100,000 population) and the U.S. (70.8 per 100,000 population). A Healthy People 2020 objective is to reduce the diabetes death rate to a target of 66.6 deaths per 100,000 population. The diabetes death rate for the Central region is within the Healthy People 2020 goal. The communities with the highest diabetes mortality rates are Austin, Bellwood, Belmont Cragin, East Garfield Park, Hermosa, Humboldt Park, Logan Square, Montclare, North Lawndale, West Garfield Park, and West Town.

Diabetes-related Mortality, Age-Adjusted Rate per 100,000 population, 2012



Data Source: Illinois Department of Public Health

HEALTH IMPACT COLLABORATIVE OF COOK COUNTY FORCES OF CHANGE ASSESSMENT (FOCA) REPORT

BACKGROUND

The Forces of Change Assessment (FOCA) is designed to consider external forces that may have an impact on community health and the public health and healthcare system's ability to promote and improve community health. The broader environment is constantly affecting communities and local public health systems. State and federal legislation, rapid technological advances, changes in the organization of healthcare services, shifts in economic forces, and changing family structures and gender roles are all examples of forces of change. These forces are important because they affect—either directly or indirectly—the health and quality of life in the community and the effectiveness of the local public health system.¹

Forces of change are broad and all-encompassing, and include:

- **Trends:** patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors:** discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- **Events:** one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

FOCA PROCESS

For this collaborative CHNA, the Forces of Change Assessment was conducted as a collaborative-wide activity to understand the key forces impacting community health across Chicago and suburban Cook County. Each regional stakeholder advisory team, including the Central stakeholder team, provided input into the collaborative-wide FOCA between August and October of 2015.

Consistent with the Health Impact Collaborative's goal of efficiently leveraging existing data and processes, the stakeholder advisory teams did not start from scratch. Instead, they reviewed and reacted to the results of the Forces of Change Assessments that had been recently conducted by the Chicago Department of Public Health (CDPH) for Healthy Chicago 2.0 and the Cook County Department of Public Health (CCDPH) for their WePLAN. CDPH conducted their FOCA between October 2014 and January 2015 through a series of five community conversations along with additional input from CDPH management, the Chicago Board of Health, and the Partnership for a Healthy Chicago. CCDPH conducted their FOCA between June and July 2015 through discussion at four community focus groups.

At the three regional Stakeholder Advisory Team meetings in August 2015, Illinois Public Health Institute (IPHI) staff provided the teams with a summary of the results of these two FOCA, including a listing of identified categories, forces, potential threats presented by the

¹ The Forces of Change Assessment is one of the four integral components of the MAPP assessment framework developed by the National Association of County and City Health Officials (NACCHO).

forces to community health, and potential opportunities created by the forces for better community health. As a large group, each of the teams answered the following questions:

- Are there any major forces missing from the summary that are likely to have an impact on health and health equity in Cook County? In particular, think about potential forces that may not be affecting health now, but will influence health and quality of life in the future. (Types of Forces include: Social, Economic, Political, Technological, Environmental, Scientific, Legal, Ethical)

Then, in small groups, participants in each region reflected on the following questions, in relation to the Health Impact Collaborative's vision of *improved health equity, wellness and quality of life across Cook County*:

- What forces reinforce health inequity in our community?
- How can we mitigate or prevent these forces?
- Who or what institutions have the power to mitigate and prevent?
- What are some of the assets, strengths, bright spots in the communities that can be catalyzed to reinforce health equity in our community?
- What is the role of hospitals and local health departments in this work? Where do we have opportunities to partner and influence?

When the teams met again in October, 2015, they reflected briefly on the FOCA results compiled from across all three regions, and had a short discussion of which forces would have the most impact on community health if not addressed. They also discussed the role of the Health Impact Collaborative of Cook County in fostering solutions.

FINDINGS

Sixteen categories of forces were identified as a result of all stages of this process (from the Cook County and Chicago Health Department processes and the Health Impact Collaborative dialogue). In alphabetical order, these are:

- **Access to health care, behavioral health and social services**
- **Aging population**
- **Built environment: housing, infrastructure and transportation**
- **Chronic disease**
- **Climate and environment**
- **Data and technology**
- **Economic stability/security and inequality**
- **Education**
- **Food and food systems**
- **Globalization/global forces**
- **Health care systems issues/health care transformation**
- **Immigration and cultural competence**
- **Mental/behavioral health**
- **Policy and politics**
- **Racism, discrimination and stigma**
- **Safety and violence**

Key finding – **health care systems issues/health care transformation and global forces/globalization** were additional forces identified by Health Impact Collaborative stakeholders: While most of the stakeholder advisory team discussions enhanced and expanded on the results of the health department processes, the Health Impact Collaborative stakeholder advisory teams raised and added health care systems/health care transformation as a significant, previously unidentified force of change. The HICCC process also identified global forces/globalization as a separate force as well. See full descriptions below.

Key finding – Several themes emerged from the forces of change assessment:

- The identified forces of change have a significant impact on health inequities, and they are especially affecting health through their impact on social determinants of health like housing, education, racial/ethnic bias, and income.
 - Housing issues were identified several times (in aging, built environment, economic stability/security/inequality; globalization; racism/discrimination/stigma)
- Negative impacts on mental health are emerging from a number of the forces of change (access to care, built environment, health care systems, mental health, racism/discrimination/stigma, and safety and violence).
- Workforce, jobs and economic issues arose not only in the economic stability category, but also in aging, built environment, education, globalization, health care systems, mental/behavioral health.
- Reduced and inadequate funding and cuts to social services, health care and public health present a threat in several of the forces of change categories (access to care, economic stability, education, health care systems, mental/behavioral health, and policy).
- Changes to systems resulting from the Affordable Care Act (access to care, health care systems) is a force of change
- Several concepts and ideas were identified more than once as presenting opportunities: collaboration among sectors, community health workers, the role of schools, advocacy and policy, social media and new technologies, and leveraging new models and evidence-based approaches.

Key finding – **Economic stability/security and inequality** is a crucial force of change and is likely to have the most impact on community health if unaddressed: During the October follow-up discussion, all three regional stakeholder advisory teams identified this force as one that could have the greatest impact on community health.

Key finding – **Access to care, chronic illness, mental health care, the aging population, and education** (including health literacy) were also identified as likely to have the most impact if unaddressed. One or more regional stakeholder advisory teams identified these forces that, if unaddressed, will have a large impact on community health or the public health system.

Key finding – **Advocacy and policy development** is a role for the Health Impact Collaborative of Cook County to address forces of change. Stakeholders discussed legislative advocacy and policy development as a potential role for the Collaborative in

developing solutions to access to care issues, as well as a role for the Collaborative in policy and advocacy related to addressing economic instability and inequality.

Key finding – Community collaborations to promote **workforce development** was identified by all three teams as an appropriate role for the HICCC in solving the economic stability/security and inequality force of change.

Key trends, events, factors, threats and opportunities (categories listed in alphabetical order):

- **Access to health care, behavioral health and social services:** The key forces in this category included the effects of the Affordable Care Act and the transition to Medicaid managed care, the inadequacy of the mental health care system, and federal threats to access to reproductive health care. Threats included challenges facing residents in navigating insurance systems, lack of providers accepting Medicaid, cuts to social services, and medical service distribution issues; opportunities included the trusted relationships fostered by community health workers and increasing collaborative advocacy for access to care.
- **Aging population:** the growing population of older adults was identified as a significant trend that impacts the workforce and tax base, highlights gaps in supports and services for seniors, presents increasing cost and quality of life issues associated with an increasing burden of chronic disease, and the aging of the caregiving population. Opportunities included emerging methods for creating age-friendly cities and communities.
- **Built environment: housing, infrastructure and transportation:** Lack of affordable housing and transportation especially for vulnerable populations were identified as significant factors affecting health. Homelessness, gentrification, and transit inequalities were seen as threats, while building on current efforts to improve physical infrastructure like sidewalks and bike lanes and outdoor recreation space, initiatives to rehab vacant housing, policies to support affordable housing, and creating jobs through housing initiatives were identified as an opportunity.
- **Chronic Disease:** the growing burden of chronic disease was identified as a force of change threatening community well-being with the poorly understood interaction between genetics and environment identified as a threat, and increasing community and technological resources for disease prevention and management identified as potential opportunities.
- **Climate and environment:** Global warming, air quality, radon, lead and water quality were identified as forces of change that present direct threats to health. Federal action on climate change and multi-sector healthy housing initiatives are opportunities.
- **Data and technology:** Increasing availability of health related data, social media and health applications for personal health improvement were identified as trends. Issues of privacy and trust and contribution differential access to data can have on health inequality are threats, while electronic health records, increasing real-time data for public health purposes, and the ability to empower residents with access to data are opportunities.

- **Economic stability/security and inequality:** The processes identified increasing poverty and wealth disparities, lack of livable wage jobs, high student loan debt, and interconnections among economics, housing, transportation, and workforce issues as forces of change. Threats include the association between poverty and poor health, the increasing need for social services as economic security declines, the risk of homelessness and the effect of reduced power of labor unions. Opportunities include living wage legislation, school-based job training, promoting lower-cost/debt-free higher education and leveraging the case management aspects of health care transformation to assist individuals with housing, food, and other social determinants.
- **Education:** Unequal school quality and school closings in Chicago, unequal application of discipline policies on minorities, and disparities in access to quality early childhood education were identified as forces of change. These produce threats like lack of job and college readiness the effect long-term on the criminal justice system of poor early childhood education. Opportunities include efforts to apply evidence-based school improvement programs, vocational learning opportunities, advocacy, and using maternal/child health funding to improve early childhood outcomes.
- **Food and food systems:** Lack of access to fresh fruits and vegetables, unhealthy food environments driven by federal food policies and food marketing and increasing community gardens/urban agriculture were the identified forces; resulting threats included increasing obesity and chronic disease and lowered school performance. Numerous opportunities were identified, including SNAP double bucks programs, incentivizing grocery store and community gardens, using hospital campuses/land as places for gardens, farmers markets and grocery stores, and the workforce development prospects for urban agriculture.
- **Globalization/global forces:** Trends and factors related to this topic centered on the outsourcing of jobs from the U.S. and the impact of terrorism and overseas US military involvement. Lack of jobs threatens community health through increasing social and community breakdown, and the culture of fear and discrimination bred by the media. Availability of new health technologies from other countries was identified as an opportunity to reduce health care costs.
- **Health care systems issues/health care transformation:** The transition of the health care system from sick care to preventive care and population health, as well as the changing role of health departments from providers to coordinators were identified as the key trends. Threats to health from these trends include competition among providers as a barrier to population health approaches, consolidation of health care and integration with services threatens the viability of small, trusted community groups, continuing barriers to providing mental health services in the transforming delivery system, and barriers to hospitals playing a role in addressing social determinants of health because this may be seen as “political.” However, this transformation process provides many opportunities to improve community health, including the emergence of telehealth, building hospitals’ understanding of population health, promoting hospital collaboration on system development and advocacy, building a health care workforce pipeline, collaborating to address mental health, opportunities through social media to promote access and

knowledge of services, strengthening the role of health departments to promote chronic disease prevention through system and environmental changes, and the collaboration by safety net hospitals to link early childhood and health outcomes.

- **Immigration and cultural competence:** Key factors and trends in this category were the availability of new evidence-based approaches to health disparities and growing populations of refugees. Lack of culturally effective services contribute to poor health outcomes and poor outcomes from other types of human services, and challenges that exist in ensuring access to linguistically and culturally proficient care to the many diverse populations in the region. Community health workers, the transition to patient-centered care, quality improvement interventions, working with faith organizations were identified as opportunities arising from these forces.
- **Mental/behavioral health:** Trends and factors within this category included the criminalization of addiction, easy access to drugs, and the use of drugs to self-medicate in lieu of access to mental health services. Threats related to these forces included funding cuts, low/lack of reimbursement/low salaries leading to provider shortages, and stigma as a barrier to access to treatment. Opportunities included training first responders and implementing new community health models.
- **Policy and politics:** Shrinking public health budgets, new policies, the overall Illinois budget, and growing distrust in government were identified as forces of change. Threats include budget cuts in many services, especially for social determinants of health related programs, and the potential these trends have to increase health disparities. Opportunities include promoting more civic engagement in policy, advocacy, taking a health in all policies approach, and collaboration and alignment/reducing silos.
- **Racism, discrimination and stigma:** Forces include ongoing existence of implicit bias, mass incarceration affecting communities of color, and unequal quality of education across racial, ethnic and class categories. These forces present threats to overall health outcomes and increases in health disparities. Opportunities include conducting public education campaigns, embedding equity into organizational values, and implementing collective impact and community organizing, and promoting social movements.
- **Safety and violence:** The identified factors and trends include gun violence, intimate partner violence, policy violence, and bullying. The threats from these forces include the link between community violence and chronic disease and mental health problems, and the impact of fear and stress on health and wellbeing. Opportunities promoting the role of schools to provide safety and nurture for children and services for families, and increasing communication between communities and police.



Forces of Change Matrix – Chicago, Cook County, and Regional Team Dialogue



**Note: Items in blue font were added during regional community stakeholder advisory discussions. Bullets in which Cook or Chicago are underlined denote that an issue was specific to that local public health system.*

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
Access to Care: Health Care, Behavioral Health, Social Services	<ul style="list-style-type: none"> Emergence of the Affordable Care Act and Medicaid Managed Care Inadequate state mental health system <u>Chicago</u>: City mental health clinic closures <u>Risk to Planned Parenthood funding-impact on reproductive health</u> <u>Declining acceptance of Medicaid patients due to low reimbursement</u> 	<ul style="list-style-type: none"> Difficulty navigating health/insurance systems Not everyone covered & threat of inadequate care, <u>many providers not accepting new Medicaid patients</u> Access to social services Unequal distribution of medical services <u>Cuts to programs and services, including suspension of enrollment/outreach programs, childcare subsidies, etc.</u> 	<ul style="list-style-type: none"> Navigators and community health workers can bring about trust in system Public health and managed care work to assure network advocacy Advocacy for mental health services
Aging Population	<ul style="list-style-type: none"> Growing population of older adults with services and supports they need 	<ul style="list-style-type: none"> Impacts on workforce, economic development and tax base. Gaps in supports and services threatens health and quality of life for seniors Increased burden of diseases that affect older adults From <u>Chicago FOCA</u>: Possibility of older adults relocating to more age-friendly, affordable areas <u>Aging caregivers (70 yr olds with 90 yr old parents)</u> 	<ul style="list-style-type: none"> WHO Global Network of Age-Friendly Cities; community-wide assessment with recommendations for improvements <u>Age-friendly communities and hospital initiatives</u>
Built Environment- Housing, Infrastructure, & Transportation	<ul style="list-style-type: none"> Lack of rental housing and affordable housing in safe neighborhoods The high cost of living and property taxes have contributed to a lack of affordable and safe housing. <u>Aging housing stock</u> <u>Economic challenges and rising housing costs have contributed to more intergenerational living</u> 	<ul style="list-style-type: none"> High cost of living leaves less month for other essential needs, Threatens health, mental health and well-being Homelessness potential consequence which linked to poor health outcomes. <u>Gentrification displaces communities of color</u> <u>Transportation very challenging for low income, seniors, & people w/ disabilities</u> 	<ul style="list-style-type: none"> Initiatives to rehab vacant housing for vulnerable populations <u>Chicago</u>: Ordinance amendments require 10-20% units more affordable in market rate developments <u>Opportunity to create new jobs building/rehabbing housing</u> <u>Efforts to redesign outdoor spaces to foster recreation by Healthy Schools Campaign</u>

Developed with data from Chicago and Cook County Forces of Change Assessments (FOCA), and Regional Team Dialogue

Forces of Change Matrix – Chicago, Cook County, and Regional Team Dialogue

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
(cont.) Built Environment- Housing, Infrastructure, & Transportation		<ul style="list-style-type: none"> first responders act as cabdrivers to hospitals due to lack of access to transit (mentioned specific to NW suburbs) Transit inequality- mismatch between where public transit exists and where people need it (particularly low in Southern Cook County) Transportation service has to be scheduled 2 days in advance for public aid- this affects discharge availability- criteria to access it (case management) 	<ul style="list-style-type: none"> Opportunity to scale up projects that have been successful (sidewalks, play spaces, bike lanes...)
Chronic Disease	<ul style="list-style-type: none"> Growing burden of chronic disease 	<ul style="list-style-type: none"> Need to understand the complex interaction between environment and genetics 	<ul style="list-style-type: none"> 12 step model could be adopted as model of support for people with diabetes for example Activity trackers- could this help to shift health?
Climate and Environment	<ul style="list-style-type: none"> Global warming trends Air quality Radon levels Lead poisoning Water quality 	<ul style="list-style-type: none"> Direct threats to health 	<ul style="list-style-type: none"> Federal climate change legislation Multi-sector strategies to create healthy housing <u>Chicago</u>: Climate Action Plan
Data and Technology	<ul style="list-style-type: none"> Open data trends make health-related data more widely available Health applications for personal fitness and well-being Big data for public health needs Social media usage to connect 	<ul style="list-style-type: none"> Ethical challenges in technology- privacy, transparency, trust and provide for common good-must be addressed Differential access can increase health inequalities 	<ul style="list-style-type: none"> Foster networks & systems to increase use of reliable & secure platforms/mobile apps Implement a universal EHR system Empower residents with open data Improve public health through research and real-time data
Economic stability/security and Inequality	<ul style="list-style-type: none"> Poverty and wealth disparity Keeping up with high cost of living Lack of decent paying jobs Social determinants of health interconnect & contribute to inequities. 	<ul style="list-style-type: none"> Housing instability; risk for foreclosures and homelessness More people qualify for social services and assistance Poverty associated with poorer health 	<ul style="list-style-type: none"> Living wage legislation School based job training and apprenticeships Support higher education reimbursement and lower interest rate for student loans (<u>Chicago ex</u>: Free tuition at City Colleges)

Developed with data from Chicago and Cook County Forces of Change Assessments (FOCA), and Regional Team Dialogue

Forces of Change Matrix – Chicago, Cook County, and Regional Team Dialogue

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
(cont.) Economic stability/security and Inequality	<ul style="list-style-type: none"> High student loan debt: young people can't afford rent, loans and healthcare so they go uninsured Interconnectedness of economics, housing, and transportation Interconnectedness of workforce readiness-debt, rising rent, lack of skilled workforce 	<ul style="list-style-type: none"> Cook County FOCA: Diminishing power of labor unions & "right- to- work" efforts especially affecting populations of color 	<ul style="list-style-type: none"> When a patient is discharged, look at whether they have housing, access to food
Education	<ul style="list-style-type: none"> Unequal school quality Chicago: School closings Unequal discipline (suspension and expulsion) among black youth Disparities of Access/quality of early childhood education 	<ul style="list-style-type: none"> Lack of job and college readiness that can threaten individual and community well-being Inadequate early childhood education leads to greater involvement in the justice system in the future 	<ul style="list-style-type: none"> Improve school quality through model school improvements and evidence-based programming Community & vocational learning opps Advocacy efforts Opportunities to leverage MCH funding to improve outcomes for birth- 5
Food and Food Systems	<ul style="list-style-type: none"> Lack of healthy food access Federal food policies and food marketing contributing to unhealthy food environments Increase in community gardens and urban agriculture 	<ul style="list-style-type: none"> Obesity and chronic disease School performance threatened 	<ul style="list-style-type: none"> Extension of SNAP Double Bucks incentives at farmers markets Incentives for locally owned grocery stores & community gardens in food deserts Encourage development of urban agriculture- foster through community benefit and use hospital land to build gardens, farmer's markets, grocery stores Incentivize urban ag as a job creation mechanism- collaborate with YMCAs and other community based orgs to work with youth to educate on urban ag and foster workforce development
Globalization/ Global Forces	<ul style="list-style-type: none"> Outsourcing of jobs, stock market impact, transfer of jobs Impact of terrorism, US military involvement overseas 	<ul style="list-style-type: none"> Many jobs being taken overseas- telemarketing jobs- a lot of people got started off that way, now they are outsourced, banks- economy has gone down b/c jobs aren't available- leads to crime & homelessness & violence Media coverage breeds culture of fear, perpetuates discrimination 	<ul style="list-style-type: none"> New technology coming in from other countries-- hospitals taking a look at what that means in terms of technology being much cheaper than what we have in the states

Developed with data from Chicago and Cook County Forces of Change Assessments (FOCA) and regional team dialogue

Forces of Change Matrix – Chicago, Cook County, and Regional Team Dialogue

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
Health care systems issues/ Health care transformation	<ul style="list-style-type: none"> Affordable Care Act (ACA) move from sick care to preventative care Transition to population health approach Health Department used to be direct service provider- now play more of a role as convener to create coordination 	<ul style="list-style-type: none"> Competition threatens population health approach ACA consolidation make it hard for small groups that have community trust to continue to thrive Continuing challenge of addressing mental health through the health care system Can be challenging for hospitals to find ways to address social determinants of health without being too political 	<ul style="list-style-type: none"> Leverage social media to educate the public about resources and services Emergence of telehealth and potential expansion in access Health Departments can serve as a catalyst for system and environmental change to prevent chronic disease so people stay healthier longer Build Hospital leaders' understanding of population health and importance of collaboration as good business Inspire collaboration among CEOs with better perspectives- how do we tell the story of hospital budget cuts- Advocate, Presence CEOs getting together to collaborate for advocacy Hospitals and HDs could mentor youth from underrepresented groups to nurture them as future health care professionals Leverage collaboration to determine how to address mental health Hospitals looking at incentivizing psychiatrists to do this work as part of their community benefit Safety net hospitals collaborating as a group- helping to articulate how early childhood impacts health care outcomes through collective story telling

Developed with data from Chicago and Cook County Forces of Change Assessments (FOCA), and Regional Team Dialogue

Forces of Change Matrix – Chicago, Cook County, and Regional Team Dialogue

Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
Immigration & Cultural Competence	<ul style="list-style-type: none"> Evidence-based approach to address health disparities Culturally effective care and services are essential Growing refugee populations 	<ul style="list-style-type: none"> When not culturally effective, results may be poor health outcomes or poor outcomes from other services Challenging to ensure access to linguistically and culturally competent providers to the diversity of populations 	<ul style="list-style-type: none"> Community health workers and patient navigators can help build a culturally effective health care system Continual development of skills that follow the principles of patient-centered care Quality improvement interventions with attention to diverse patient groups Opportunity: skype translation, community health workers, work with faith orgs where diverse people gather, leverage ACS translation service as an existing asset
Mental/ behavioral health	<ul style="list-style-type: none"> Criminalization of addiction Availability of drugs-low price of heroin Self-medicating behavior due to lack of mental health access 	<ul style="list-style-type: none"> Mental health funding cuts Lack of reimbursements for psychiatrists and medication management Low salaries for mental health professionals leads to provider shortages Role of stigma influences access to treatment 	<ul style="list-style-type: none"> Training with police and first responders on mental health first aid and first response; (specific example from Park Ridge mentioned) working on national models of community health approach to mental health Opportunity: Evanston policy work to reduce access to tobacco
Policy and Politics	<ul style="list-style-type: none"> New state leadership; shrinking public health budget New public health policies Distrust in government Overall State budget 	<ul style="list-style-type: none"> Budget cuts impact multiple sectors and services Decreased funding for social determinants of health Potential to increase health disparities From <u>Cook County FOCA</u>: Power is concentrated - corporations, institutions and government 	<ul style="list-style-type: none"> Civic engagement to address policy making Community health issue forums & advocacy promotion Health in all policies approach in government decision-making Collaborate, unify, eliminate silos From <u>Cook County FOCA</u>: Social movements can shift the balance of power
Racism, Discrimination and Stigma	<ul style="list-style-type: none"> Implicit or covert forms of bias common Mass incarceration- disproportionate impact on communities of color Unequal quality of education / unequal distribution of educational resources 	<ul style="list-style-type: none"> Poorer health outcomes; increased health disparities; decreased access to resources 	<ul style="list-style-type: none"> Public education campaigns to reduce stigma Organizational values Collective impact, community organizing and social movements

Developed with data from Chicago and Cook County Forces of Change Assessments (FOCA), and Regional Team Dialogue

Forces of Change Matrix – Chicago, Cook County, and Regional Team Dialogue

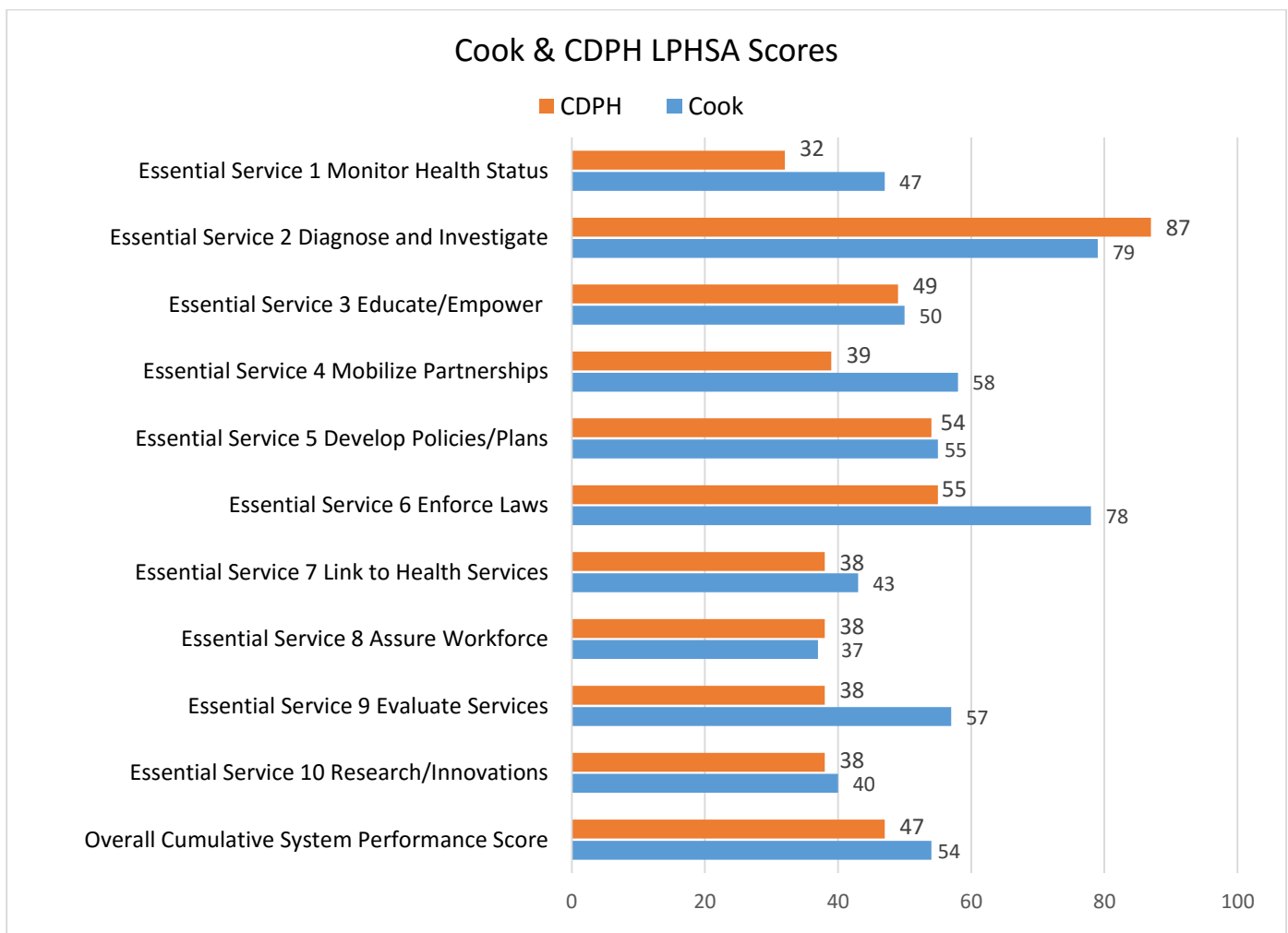
Categories	Forces of Change (Trend, Events, Factors)	Potential Threats Posed to Community Health	Potential Opportunities Created for Community Health
Safety and Violence	<ul style="list-style-type: none"> • Gun violence • Intimate partner violence • Police violence • Bullying 	<ul style="list-style-type: none"> • Community violence linked to chronic disease and mental health problems • <u>Impact of fear on health and wellbeing</u> 	<ul style="list-style-type: none"> • Role of schools to provide safe, nurturing environment for children and youth and connect families to services • Increased communication between communities and police

**Note: Items in blue font were added during regional community stakeholder advisory discussions. Bullets in which Cook or Chicago are underlined denote that an issue was specific to that jurisdiction.*

Developed with data from Chicago and Cook County Forces of Change Assessments (FOCA), and Regional Team Dialogue

Essential Public Health Service Scores

EPHS	EPHS Description	Cook Ranking	Chicago Ranking
1	Monitor health status to identify community health problems.	7 th	10 th
2	Diagnose and investigate health problems and health hazards in the community.	1 st	1 st
3	Inform, educate, and empower people about health issues.	6 th	4 th
4	Mobilize community partnerships to identify and solve health problems.	3 rd	5 th
5	Develop policies and plans that support individual and community health efforts.	5 th	3 rd
6	Enforce laws and regulations that protect health and ensure safety.	2 nd	2 nd
7	Link people to needed personal health services & assure provision of health services.	8 th	6 th -9 th
8	Assure a competent public and personal health care workforce.	10 th	6 th -9 th
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	4 th	6 th -9 th
10	Research for new insights and innovative solutions to health problems.	9 th	6 th -9 th



Essential Service 1: Monitor health status to identify and solve community health problems.

Both scored moderate

- Common areas for improvement:
 - Need to improve data dissemination to LPHS partners and community members
 - Need to make data more accessible, understandable, and actionable

Essential Service 2: Diagnose and investigate health problems and health hazards in the community.

Both scored optimal

- Common strengths:
 - Strong surveillance
 - Strong emergency preparedness
 - Excellent laboratory capacity

Essential Service 3: Inform, educate, and empower people about health issues.

Both scored moderate

- Common strength: Strong risk communication
- Common area for improvement:
 - Need to strengthen relationships with media to better disseminate messaging to the public
 - Opportunities to strengthen partnerships with communities for coordinated messaging and outreach about health issues.

Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.

Chicago scored moderate; Cook scored significant

- Common areas for improvement:
 - Many coalitions exist, but efforts are siloed and narrow. Increase coordination and breadth of focus to maximize impact.

Essential Service 5: Develop policies and plans that support individual and community health efforts.

Both scored significant

- Common strength: Strong emergency planning

Essential Service 6: Enforce laws and regulations that protect health and ensure safety.

Chicago scored significant; Cook scored optimal

- Common strength: Good enforcement of laws and regulations
- Common area for improvement:
 - Opportunities to strengthen policy review to impact social determinants of health and health equity.

Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Both scored moderate

- Common strengths: Good identification/understanding of vulnerable and marginalized populations
- Common areas for improvement:
 - Need to improve care coordination through a referral follow up system
 - Need to improve access to culturally/linguistically competent care

Essential Service 8: Assure competent public and personal health care workforce.

Both scored moderate

- Common areas for improvement:
 - Workforce assessments are conducted, but they are done in silos and assess individual organizations rather than the public health system as a whole
 - Leadership development and training opportunities exist, but are not necessarily made available at all organizational levels

Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Chicago scored moderate; Cook scored significant

- Common strengths: Strong evaluation of personal health services
- Common areas for improvement:
 - Need for increased data sharing across system for collective Quality Improvement
 - Evaluation of population health services is much less robust than evaluation of personal services

Essential Service 10: Research for new insights and innovative solutions to health problems.**Both scored moderate**

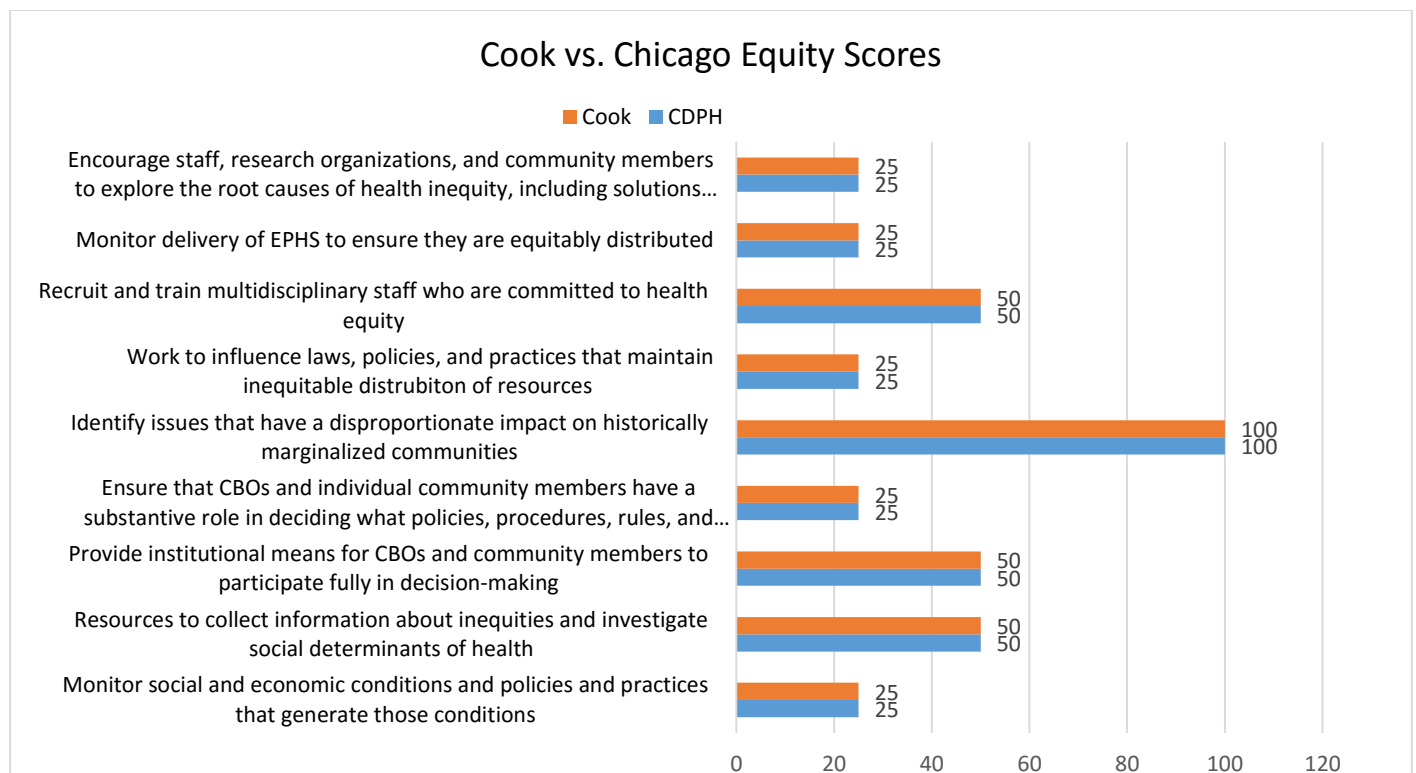
- Common strengths:
 - Many existing linkages with academic institutions
 - Growing momentum of community based participatory research
- Common areas for improvement:
 - Limited capacity to participate in research due to lack of funding and resources
 - Need for more practice-based & action-oriented research that can directly inform public health practice
 - Need to develop a shared research agenda with health equity and practice focus

Health Equity Findings from the Chicago and Cook County Local Public Health System Assessments

Both Cook and Chicago reported growing attention and emphasis on health equity across the public health system. WePlan and Healthy Chicago 2.0 have health equity integrated within their assessment frameworks. However, stakeholders from both assessments perceived a need for greater monitoring of social and economic conditions that drive inequity, and perceived that their respective systems have the resources that would allow for collection of information on health inequity.

Both Cook and Chicago stakeholders reported a growing recognition for the importance of community voices in influencing policy and decision making. While there is a good understanding of issues that have a disproportionate impact on marginalized communities and serve to perpetuate inequity, system performance in addressing and influencing these issues has been low. Stakeholders pointed to funding and political barriers as limiting factors in this work. The public health system must seek out funding opportunities that address the social determinants of health and mobilize grassroots efforts among the public to advocate for policy and systems changes that promote greater equity.

Stakeholders from both groups also underscored the importance of building greater competency and understanding of the principles of health equity across the public health workforce. Health equity should also be further built in to evaluation and research activities across the public health system.



COUNTY HEALTH RANKING DATARank of Cook County (64 out of 102 counties in state)

Measures	COOK	ILLINOIS	US
Health Outcomes	64		
<i>Length of Life</i>	40		
Premature death /100,000	6,600	6,300	
<i>Quality of Life</i>	88		
% Adults reporting fair or poor health	17%	17%	
Avg. physically unhealthy days/month	3.7	3.8	
Avg. mentally unhealthy days/month	3.4	3.6	
% Live births with low birth weight <2500g	9%	8%	
Health Factors	71		
<i>Health Behaviors</i>	7		
% Adults report currently smoking cigarettes	16%	17%	18%
% Adults reporting BMI >= 30	25%	27%	27%
Food environment index	7.7	7.8	
% Adults 20+ reporting no leisure-time physical activity	20%	22%	
% Pop. with adequate access to locations for physical activity	99%	89%	
% Adults reporting binge drinking	21%	21%	17%
% Alcohol-impaired driving deaths	38%	36%	
Chlamydia rate /100,000	661.2	495.5	456.08
Teen birth rate /1,000 female pop., ages 15-19	39	33	36.6
<i>Clinical Care</i>	85		
% Pop. under age 65 without health insurance	18%	15%	20%
Ratio of pop. to primary care physicians	1050:1	1240:1	74.5
Ratio of pop. to dentists	1210:1	1410:1	63.2
Ratio of pop. to mental health providers	470:1	560:1	134.1
Preventable hospital stays /1,000 Medicare enrollees	55	59	59.2
% Diabetic Medicare enrollees receiving HbA1c test	84%	86%	85%
% Female Medicare enrollees receiving mammography	63%	65%	63%
<i>Social & Economic Factors</i>	87		
% Students who graduate HS in 4 years	78%	83%	84%
% Adults, age 25-44 with some college education	68%	67%	
% Pop. age 16+ unemployed but seeking work	7%	7%	5%
% Under age 18 in poverty	25%	20%	44%
% Adults without social/emotional support	7	10	21%
% Children in single parent households	38%	32%	
Violent crime /100,000	631	430	395.5
Injury mortality /100,000	46	50	26
<i>Physical Environment</i>			
Avg. daily fine particulate matter in micrograms/cubic meter (PM2.5)	13.1	12.5	9.1
% Pop. potentially exposed to water exceeding a violation limit /yr			
% Households with severe housing problems	24%	19%	36%
% Workforce driving alone to work	62%	73%	
% Commuting 30+ mins to work, driving alone	50%	40%	

Source: County Health Rankings & Roadmaps

Loyola University Health System
2016 CHNA
Inventory of Health Services - Hospitals

Hospital Name	Address	City	ZipCode	Ownership Type	Network Name
Gottlieb Memorial Hospital	701 W N Ave	Melrose Park	60160	Voluntary Nonprofit - Other	Loyola University Health System
Hines VA Hospital	5000 S 5th Ave	Hines	60141	Governmental - Federal	VA Great Lakes Health Care System (VISN 12)
Kindred Hospital Northlake	365 E N Ave	Northlake	60164	Proprietary - Corporation	Kindred Healthcare
Loretto Hospital	645 S Central Ave	Chicago	60644	Voluntary Nonprofit - Other	
Loyola University Medical Center	2160 S 1st Ave	Maywood	60153	Voluntary Nonprofit - Other	Loyola University Health System
MacNeal Hospital	3249 S Oak Park Ave	Berwyn	60402	Proprietary - Other	Tenet Healthcare
Madden Mental Health Center	1200 S 1st Ave	Hines	60141	Governmental - State	
Riveredge Hospital	8311 W Roosevelt Rd	Forest Park	60130	Proprietary - Corporation	Universal Health Services
Rush Oak Park Hospital	520 S Maple Ave	Oak Park	60304	Voluntary Nonprofit - Other	Rush Health (AKA: Rush System for Health)
Shriners Childrens Hospital - Chicago	2211 N Oak Park Ave	Chicago	60707	Voluntary Nonprofit - Church	Shriners Hospitals For Children
West Suburban Medical Center	3 Erie Ct	Oak Park	60302	Proprietary - Corporation	Tenet Healthcare
Westlake Community Hospital	1225 Lake St	Melrose Park	60160	Proprietary - Corporation	Tenet Healthcare

Source of Facility Data: Market Expert National Facility Database

Network Analyst 2.8

PRVA0211.SQP

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Loyola University Health System
2016 CHNA
Inventory of Health Services
Medical Group Practice

Physician Group Name	Address	Number of Physicians	Physician Group Name	Address	Number of Physicians
5Th Avenue Chiropractic Center	8605 W Cermak Rd	1	C Couropmitree MD SC	3416 Harlem Ave	1
A & G Dermatology Associates	1733 N Harlem Ave	2	Celar Chiropractic LTD	4413 Roosevelt Rd	2
A&A Vision Inc	603 Madison St	1	Center For Women	1419 W Lake St B	4
Academic & Clinical Associates In Dermatology LTD	7047 N Ave	2	Centrum Counseling & Phobia Clinic	1101 Lake St	1
Academic Medicine Service SC	3 Erie Ct	2	Charles E Davis PhD PC	1010 Lake St	1
Advanced Chiropractic Specialists PC	8364 Grand Ave	1	Chicago Advanced Pain And Headache Clinics LTD	6626 W Cermak Rd	1
Advanced Dermatology Center SC	2735 N Harlem Ave	1	Chicago Eye Center	4113 St Charles Rd	1
Advanced Liver And Gastrointestinal Disease Center LLC	3501 Harlem Ave	1	Chicago Musculoskeletal Institute SC	5120 W Jackson Blvd	1
Advanced Podiatry Clinics LTD	1835 N 19th Ave	1	Chicago Neurological Services LTD	610 S Maple Ave	1
Affiliates In Diseases & Surgery Of The Skin SC	1050 Chicago Ave	2	Chicagoland Integrated Professionals Inc	3249 Oak Park Ave	1
Affiliates In Primary Care	1111 Superior St	2	Chicagoland Retinal Consultantsllc	3722 S Harlem Ave	4
Ahmed Hussain LTD	3249 Oak Park Ave	1	Chiro One Wellness Center Of Forest Park LLC	7251 Madison St	2
Aims Physical Therapy Corp	1835 N 19th Ave	1	Chiropractic Family Health Clinic LLC	35 W Conti Pkwy	1
Alicja Barbara Poleszak SC	7740 W N Ave	1	Christopher D Frame LLC	7310 W N Ave	1
All Family Foot And Ankle Center	2124 S Austin Blvd	1	Cicero Medical Clinica San Lazaro LLC	5712 W 35th St	1
Allan O Muehrcke MD SC	1 Erie Court Su	3	Cimpar Consulting LLC	1111 Superior St	1
Allen C Bernthal MD LTD	6827 W Stanley	1	Cimpar SC	1111 Superior St	10
Alma Comprehensive Medical Center LTD	318 Madison St	1	Clinical Cardiology Consultants SC	675 W N Ave	1
Almansur Family Practice Services LTD	7318 Madison St	1	Coleman Chiropractic Sports Care PC	110 S 5th Ave	1
Alpha Rehab Center Inc	3253 Harlem Ave	1	Community Orthopaedics LTD	348 Sherwood Rd	1
Alpha Rehabilitation Medical Center LTD	3253 Harlem Ave	2	Consultant In Cardiovascular Imaging SC	675 W N Ave	1
Alpha Vein Solutions Inc	3253 Harlem Ave	1	Consultants In Cardiovascular Medicine SC	675 W N Ave	2
Altcare Health Center LTD	831 S Oak Park Ave	1	Continental Chronic Pain LTD	3249 Oak Park Ave	6
Amal Alkhalafawi MD SC	7613 W Belmont Ave	1	Corporate Health Resource Center Inc	1100 Lake St	1
American Current Care Of Illinois PC	10137 Grand Ave	39	Couret Medical & Urgent Care SC	2930 N Mannheim Rd	1
American Vision Center	7317 W 25th St	1	CVT Surgeons LTD	1225 W Lake St	1
Americare Health & Rehab Centetr PC	1900 S Mannheim Rd	1	Dacia Medical Professional Corporation	917 S Oak Park Ave B	1
Amundson & Schwartz Psychological Consulting Inc	1101 Lake St	1	Daniel V Fortuna DCSC	2947 Oak Park Ave	1
Anarkali Internists SC	610 S Maple Ave	1	David R Schatz MD SC	3 Erie Ct	1
Anthony J Martino MDsc	1419 W Lake St	2	Davis Chiropractic LTD	202 S Marion St	1
Anthony M Marinelli MD SC	1 Erie Ct	3	Dawn R Hackel Dpm PC	153 N 19th Ave	1
Antonio Senat MD LTD	2201 W Roosevelt Rd	1	Dbc-Berwyn Radiation Oncology Center	6801 W 34th St	3
Associates In Behavioral Science	3300 S Harlem	4	Demorest Consutants LLC	7255 W Grand Ave	2
Asthma And Allergy Center Of Chicago SC	7420 Central	1	Dennis Michael Wolf MD LTD	6826 Windsor Ave	2
Ava Womens Health Assocaites SC	675 W N Ave	3	Dhanalakshmi P Ganesan MDsc	7357 W N Ave	1
Barbara J Majchrowski Od PC	5805 W 35th St	1	Diabetes And Internal Medicine Of Illinoisinc	675 W N Ave	1
Beatriz Huertas Rivera MD SC	1419 W Lake St D	1	Disomma Foot & Ankle Clinic PC	1100 Lake St	1
Behrooz Eshaghy MD SC	1111 Superior St	1	Donald D Nash MD SC	520 S Maple Ave	1
Berwyn Medical SC	7008 Cermak Rd	5	Dr Forecki And Associates LTD	137 W N Ave	6
Berwyn Orthopedic Surgeons LTD	3231 Euclid Ave	1	Dr Kathleen M Schafer DPM Inc	9132 Ogden Ave	1
BHS Digestive Disease Associates	3249 Oak Park Ave	3	Dr Kijowski & Assoc Optometrists PC	1440 W N Ave	1
Bhupendra R Patel MD SC	9663 Franklin Ave	1	Dr Robert E Puls PC	626 N Kenilworth Ave	1
Body Genesis Center For Integrative Medicine	937 S Mannheim Rd	1	Drs Jessen Wesley And Assoc	7011 W N Ave	1
			Drs Miller Pearlman & Klenetsky -Oral & Maxillofacial Surgery LTD	1126 Westgate St	2
Boycin Medical Clinic LTD	5219 W Madison St	1	Eastlake Chiropractic & Healthcare Center	137 N Oak Park Ave	1
Brian P Igoo MDsc	347 E Burlington	1	Edm Consultant Services LTD	675 W N Ave	1
Broadway Medical Clinic SC	947 S Mannheim Rd	1	Elizabeth Becerra MD PC	6545 Cermak Rd	1
Broadway Orthopedics LTD	1111 Superior St	1	Elmwood Park Immediate Health Care Center LLC	2333 N Harlem Ave	1
Brook Park Medical Associates SC	3101 Maple Ave	2	Emergency Professionals Of Illinois SC	3249 Oak Park Ave	3
Brookville Medical Center	5650 W Madison St	5	Empatia Care LTD SC	9518 W Franklin Park	1
Bruce Rachum Dc Professional Corporation	6430 Cermak Rd	1			

Loyola University Health System
2016 CHNA
Inventory of Health Services
Medical Gorup Practice

Physician Group Name	Address	Number of Physicians	Physician Group Name	Address	Number of Physicians
Encompass Physicians LLC	701 W N Ave	7	La Grange Family Care Center Inc	412 Sherwood Rd	1
Endocrine Associates LLC	520 S Maple Ave	2	La Grange Memorial Hospital Cardiology	2434 Wolf Rd	34
Endocrinology Consults And Care Service Corporation	1 Erie Ct	1	La Sagrada Familia Medical Clinic LLC	6013 W Cermak Rd	1
Eric Kelley MD SC	2215 S 17th Ave	1	Lake Cicero Clinic	4801 W Lake St	3
Esteban Linarez Sleep LLC	850 Madison St	2	Lake Street Family Physicians SC Inc	1010 Lake St	4
Estesham J Ghani MD SC	9223 Ogden Ave	1	Laura E Loya Frank MD SC	154 N 19th Ave	1
Family Medical Care LTD	965 Lake St	2	Laura M Cozzi MD PC	675 W N Ave	1
Family Medical Dental Center	6721 Cermak Rd	1	Lee Jenkins MD SC	675 W N Ave	1
Family Service & Mental Health Center Of Oak Park	120 S Marion St	2	Leonard Dubin MD LLC	675 W N Ave	1
Family Service And Mental Health Center Of Cicero	5341 W Cermak Rd	3	Leonard Stallings MD & Associates LTD	5120 W Jackson Blvd	1
Familymed Centers PC	5700 W Cermak Rd	1	Leyden Family Service & Mental Health Center	10001 W Grand Ave	2
Flow Chiropractic LLC	1515 N Harlem Ave	1	Liberty Physical Therapy And Rehabilitation PC	2206 S Austin Blvd	2
Franklin Park Eye Center PC	3541 Rose St	1	Licudine & Licudine MD SC	4758 W Washington Blvd	2
Freedom Foot Clinics Of Illinois SC	6842 W Cermak Rd	1	Lisa J Peters MD SC	1010 Lake St	1
Gary M Mccray MD SC	480 N Wolf Rd	1	Lloyd W Klein MD SC	675 W N Ave	1
Gary R Speulda Psyd LTD	8311 Roosevelt Rd	1	Locke & Uchitelle PC	7411 Lake St	2
George V Bucciero Dpm PC	3249 Oak Park Ave	2	Longinotti Chiropractic Center LTD	1144 Lake St	1
Gm Psychological Services Inc	7001 N Ave	1	Loretto Hospital	645 S Central Ave	10
Gottlieb Community Health Services Corporation	675 W N Ave	8	Loyola University Medical Center	2160 S 1st Ave	734
Gottlieb Eye Center	675 W N Ave	5	Luis E Mendoza LTD	5610 W Cermak Rd	1
Gottlieb Midwest Anesthesiologists	701 W N Ave	9	Luis F Santiago MD SC	5533 W Cermak Rd	1
Grand Harlem Medical Center Urgent Care LLC	2502 N Harlem Ave	2	Lyndon D Taylor MD LLC	1100 Lake St	1
Hai Solomon MD SC	675 W N Ave	1	Mack Foot & Ankle SC	2821 Rose St	1
Hasmukh V Patel MDsc	645 S Central Ave	1	MacNeal Hospital	3340 Oak Park Ave	44
Healthstop	3635 Harlem Ave	1	MacNeal Physicians Group LLC	3722 Harlem Ave	83
Healthy Hearts Doctors LLC	6920 W Ogden Ave	2	Malapati Inc	824 Marengo Ave	1
Helene M Ruiz-Pla MD SC	1835 N 19th Ave	1	Manuel Amalicay MD SC	430 Sherwood Rd	1
Hernan Reyes MD SC	5610 W Cermak Rd	1	Manuel Cesar Iglesias MD SC	701 W N Ave	1
Hugar Foot & Ankle Specialists	1614 N Harlem Ave	2	Marcia Pavlou Phd PC	721 N Grv	1
Illinois Cardiothoracic Surgeons LLC	1111 Superior St	1	Marcos A Lopez MD SC	9005 W Cermak Rd	6
Illinois Pathology Associates LTD	3249 Oak Park Ave	9	Maria Slobodian MD SC	1 Erie Ct	1
Integrative Chiropractic & Wellness LLC	7756 Madison St	1	Marius Nunez Medical Grp SC	7036 Cermak Rd	1
Intermed LTD	404 Sherwood Rd	2	Mark J Sokolowski MD SC	1 Erie Ct	1
J Martinez Chiropractic Center PC	137 N 19th Ave	1	Mary L Kelly DO SC	1125 Westgate St	1
Jaime R Escobar MD LTD	1111 Superior St	1	Mc Carthy Eye Center SC	7055 N Ave	2
James Koop MD LLC	675 W N Ave	1	McCammon Chase Total Wellness Center Inc	917 S Oak Park Ave B	1
Jeffrey J Rager Dmpmc	1835 Brdway St	1	Meadowcrest Chiropractic LTD	48 E 31st	1
Jencare Neighborhood Medical Center Berwyn LLC	6326 Cermak Rd	3	Medical Associates Of Illinois SC	1950 N Harlem Ave	1
Jill A Setterlun Od LTD	8826 Ogden Ave	1	Medical Surgical Dermatology SC	3253 S Harlem Ave	3
Joseph A Franco MD SC	1 Erie Ct	1	Medicor Partners SC	3231 Euclid Ave	2
Joseph J Furlin MD SC	675 W N Ave	1	Medinah Spine & Rehabilitation LTD	3113 Calwagner St	4
Joy Of Health LLC	101 Madison St	1	Melrose Eyecare Center	2528 N Harlem Ave	2
Js Hasan Plastic Surgery SC	2450 Wolf Rd	1	Mercado Foot Clinic LTD	6545 W N Ave	2
Kasturi PC	1111 Superior St	1	Metropolitan Institute Of Pain Inc	2333 N Harlem Ave	1
Katarzyna Mencil MD SC	7740 W N Ave	1	Metropolitan Advanced Radiological Services LTD	3249 S Oak Park Ave	25
Kathy Meyer DDS PC	7544 W N Ave	1	Michael Walsh Dpm PC	9806 W Grand Ave	1
Khalil Y Karim MD SC	1111 Superior St	1	Midwest Allergy Inc	10001 W Roosevelt Rd	1
King Chiropractic Specialists Inc	7363 N Ave	1	Midwest Associates In Neurology LTD	1 Erie Ct	1
Kirk Eye Center SC	7427 Lake St	4	Midwest Eye PC	10215 W Roosevelt Rd	2
Klein Chiropractic PC	146 E N Ave	1	Midwest Institute For Minimally Invasive Therapies	675 W N Ave	3

Loyola University Health System
2016 CHNA
Inventory of Health Services
Medical Group Practice

Physician Group Name	Address	Number of Physicians	Physician Group Name	Address	Number of Physicians
Midwest Podiatry Services LTD	610 S Maple Ave	4	Radiology Consultants LLC	520 S Maple Ave	4
Mk Medical Group LLC	5729 W Cermak	1	Radiology Consultants LTD	520 S Maple Ave	4
MI Medical Services Corporation	5535 W Cermak Rd B	1	Rafath Rasheed MD SC	1440 W N Ave	1
Monique Brotman DO LLC	1010 Lake St	1	Ramesh C Dhingra MD SC	701 W N Ave	1
Moore Dermatology SC	675 W N Ave	1	Ramesh P Melvani S C Inc	344 Sherwood Rd	1
Mysore N Shivarammdsc	6901 Cermak Rd	1	Regen Spinal Rehabilitation PC	9620 W Grand Ave	1
Mz Sait MD LTD	675 W N Ave	1	Reynaldo M Caluag MD SC	1111 Superior St	1
Nagulapalli S Rao MD SC	1 Erie Ct	2	Rheumatology Specialist PC	675 W N Ave	2
Najjar Medical LTD	701 W N Ave	2	Ricardo C Dizon MD LTD	1907 S Cicero Ave	1
Narendra D Dabhade MD LTD	9722 W Grand Ave	1	Richard S Goldberg MD LTD	8311 W Roosevelt Rd	1
National Therapeutic Systems Inc	3071 S Wolf Rd	1	Ridgeland Foot And Ankle Center	2618 Ridgeland Ave	4
Nephrology Associates Of Northern Illinois LTD	855 Madison St	77	River Forest Chiropractic	7367 N Ave	1
Neurologic Care Associates PC	3340 S Oak Park Ave	6	River Forest Health And Wellness Inc	7354 Central Ave	1
Neurological Surgery And Spine Surgery S C	1701 S 1st Ave	5	River Forest Medical Assoc Inc	7353 N Ave	1
Neurology Clinical Neurophysiology And Sleep Medicine PC	1225 Lake St	2	River Forest Medical Center Incorporated	1125 Westgate	1
Neuropsychiatric Services SC	645 S Central Ave	1	Riverside Orthopedics LTD	6641 Ogden Ave	1
North American Partners In Anesthesia Illinois LLC	3249 S Oak Park Ave	35	Robert D Zimmerman MD SC	1 Erie Ct	2
Norybdeer Limited	519 S 7th Ave	1	Robert G Strnad MD LTD	353 E Burlington St	1
Oak Park Behavioral Medicine LLC	101 N Marion St	1	Robert Rutkowski DCPC	8528 Grand Ave	1
Oak Park Medical Center	424 N Austin Blvd	1	Rodney SChainis MD LLC	675 W N Ave	1
Oak Park Oral Surgery PC	821 S Oak Park Ave	1	Roger A Lupei PhD PC	1024 N Blvd	1
Ondrej Chudoba MD SC	1541 Clinton Pl	1	Romano Orthopaedics LLC	1 Erie Ct	1
Optica Eye Center Inc	115 N 19th Ave	2	Ronald S Weiss MD SC	7120 W Cermak Rd	5
Orthopaedic Associates Of Riverside LLC	353 E Burlington St	5	Roselia Herrera MD SC	6039 W Cermak Rd	1
Orthopedics Midwest SC	675 W N Ave	1	Rosin Optical Co Inc	6233 W Cermak Rd	26
Panton Eye Center	7740 W N Ave	2	Roya Family Medical Center LTD	714 N 19th Ave	1
Partners In Womens Healthllc	7339 Madison St	3	Rush Oak Park Nocturnist	520 S Maple Ave	29
Paul C Ellstein Chiropractic Physicians SC	1011 Lake St	1	Rush Oak Park Physicians Group Adult Medicine	610 S Maple Ave	8
PCC Community Wellness Center	14 Lake St	59	Rush Oak Park Physicians Group Anchor	610 S Maple Ave	5
			Rush Oak Park Physicians Group Center For Diabetes And		
Pealre	904 W N Ave	4	Endocrine	520 S Maple Ave	6
Pediatric Counseling Center	610 S Maple Ave	4	Rush Oak Park Physicians Group Elmwood Park	7734 W N Ave	3
Perez Health Incorporated	6842 Cermak Rd	1	Rush Oak Park Physicians Group Family Medicine	610 S Maple Ave	6
Personal Physicians West	5909 W 35th St	4	Rush Oak Park Physicians Group Lake Street	1011 Lake St	3
Peter E Eupierre MD PC	1111 Superior St	1	Rush Oak Park Physicians Group North Riverside	7222 W Cermak Rd	5
Peter Grant MD LTD	1011 Lake St	1	Sage Neuropsychology Consultants	137 N Oak Park Ave	1
Physicians To You Home Health Limited	2103 S 60th Ct	5	Sana & Saba Medical Center LTD	5535 W Cermak Rd A	1
Pillars Community Services	333 N La Grange Rd	4	Sanders And Associates	2225 Enterprise Dr	1
Prairie Medical Group	2434 Wolf Rd	7	Sanjay M Patel MD SC	5730 W Roosevelt Rd	1
Premier Internal Medicine	2910 Harlem Ave	2	Saritha Vankana MDsc	1516 Madison St	1
Premier Pain Specialists LLC	2550 Oak Park Ave	9	Scott A Zimmerman Dpm LTD	1440 W N Ave	2
Presence Behavioral Health	1414 Main St	12	Sejal Shah MD LTD	610 S Maple Ave	1
Presence Immediate Care - Elmwood Park	7230 W N Ave	41	Shermi V Parikh Medical Corporation SC	3253 Harlem Ave	1
Primary Care Associates LTD	6840 Windsor Ave	5	Sinha S Chunduri MDsc	1111 Superior St	1
Primary Health Care Specialists SC	5857 W 35th St	1	Slobodan D Vucicevic MD SC	3501 Harlem Ave	1
Prime Care Ltc Consulting Inc	401 W Lake St	1	Smith Chiropractic Health Care SC	7716 W N Ave	2
Procure Medical Center Of Oak Park SC	6715 N Ave	1	Solomon Primary Care Doctors LLC	645 S Central Ave	1
Pulmonary And Critical Care Physicians PC	3231 S Euclid Ave	5	Sound Care Hearing Group	610 S Maple Ave	1
Pure Health Wellness Center LLC	167 N Marion	1	Spaccapaniccia Podiatry LTD PC	675 W N Ave	2
R Gandhi MD SC	520 S Maple Ave	1	Special Care Orthopedics & Hand Surgery LTD	675 W N Ave	1
Rachna Shah MD SC	675 W N Ave	1	Srikanth Ravindran MD Inc	8311 Roosevelt Rd	1

Appendix H

Loyola University Health System
2016 CHNA
Inventory of Health Services
Medical Gorup Practice

Physician Group Name	Address	Number of Physicians
Subodh C Desai MD SC	2137 S Oak Park Ave	1
Suburban Foot Physicians Inc	10442 W Cermak Rd	2
Suburban Metabolic Institute LLC	3340 Oak Park Ave	3
Suburban Otolaryngologysc	610 S Maple Ave	4
Suburban Surgery Center	1950 N Harlem Ave	7
Suburban Surgical Associates LTD	3340 Oak Park Ave	3
Suburban Urology AssociatesLtd	3340 S Oak Park Ave	1
Teresa Mckenzie MD LLC	7605 /2 W N Ave	1
Terrie L Weir Medical PC	7605 /2 N Ave	1
The Family Doctors	8905 Burlington Ave	1
Timothy Putnam MD SC	1225 W Lake St	3
Tinnirello Chiropractic & Family Wellness Clinic LTD	2827 Harlem Ave	1
Total Care Medical Clinic	6929 W Ogden Ave	1
Tracy Campbell MD LLC	675 W N Ave	1
Tree Of Life Health Center PC	6968 W N Ave	1
U S Home Care Visiting Physicians	6832 W N Ave	4
UHS Of Hartgove Inc	5730 W Roosevelt Rd	3
Uropartners LLC	2225 Enterprise Dr	62
Vhs Genesis Labs Inc	3231 S Euclid Ave	6

Source of Facility Data: Market Expert National Facility Database

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Physician Group Name	Address	Number of Physicians
VHS West Suburban Medical Center Inc	3 Erie Ct	24
VHS Westlake Hospital Inc	1225 W Lake St	1
Village Eye Physicians LTD	1046 Chicago Ave	2
Villasenor In Home Patient Care LLC	1639 Oak Park Ave	1
Vincent Domingo Dc Professional Corporation	3545 Rose St	4
Wes Corporation	7222 W Cermak Rd	1
West Suburban Eye Associates LLC	7411 W Lake St	6
West Suburban Family Practice Associates LTD	7632 W N Ave	3
West Suburban Infectious Disease Specialists SC	610 S Maple Ave	3
West Suburban Radiology & Ultrasound PC	3304 S Grove Ave	1
West Suburban Senior Services	439 Bohland Ave	1
Westchester Eye Surgeons SC	10439 W Cermak Rd	1
Western Open MRI	6728 W Cermak Rd	1
Westgate Orthopaedics LTD	1125 Westgate St	1
William J Wise MD SC	7929 Ogden Ave	2
William Piccione MD LLC	610 S Maple Ave	1
Windy City Eyes PC	6560 W Fullerton Ave	1
Total		1,940

Loyola University Health System
2016 CHNA
Inventory of Health Services
Ambulatory Surgery Center-Facility Profile

Surgery Center Name	Address	Firm Type
Advanced Ambulatory Surgical Center Inc	2333 N Harlem Ave	Ambulatory Surgery Center
Childrens Outpatient Svs Of Westchester	2301 Enterprise Dr	Ambulatory Surgery Center
Elmwood Park Sameday Surgery LLC	1614 N Harlem Ave	Ambulatory Surgery Center
Loyola University Ambulatory Surgery	2160 S 1st Ave	Ambulatory Surgery Center
Novamed Eye Surgery Center Of River Forest LLC	7427 Lake St	Ambulatory Surgery Center
Oak Park Eye Center SC	7055-61 W N Ave	Ambulatory Surgery Center
Regent Surgical Health	4 Westbrook Corporate Ctr	Ambulatory Surgery Center Corporation
Surgery Center of Mount Dora LLC	4 Westbrook Corporate Ctr	Ambulatory Surgery Center

Source of Facility Data: Market Expert National Facility Database

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Loyola University Health System
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Inventory of Health Services
Imaging Centers-Facility Profile

Imaging Center Name	Address
A-1 Medical Imaging	1419 W Lake St
Advantage MRI LLC - Oak Park	6525 N Ave
American X-Ray Services LLC	9914 Derby Ln
Athletic Imaging Inc	2615 Harrison St
Berwyn Magnetic Resonance Center	3345 Oak Park Ave
Chicago - Oak Park - Imaging	6434 W N Ave
Community Imaging LLC	2615 Harrison St
Gottlieb Memorial Hospital Imaging	701 W N Ave
Hawthorne Works Medical Imaging LLC	4701 W Cermak Rd
High-Tech Imaging INC	353 E Burlington St
Kindred Hospital Northlake Imaging	365 E N Ave
Loretto Hospital Imaging	645 S Central Ave
Loyola University Medical Center Imaging	2160 S 1st Ave
MacNeal Hospital Imaging	3249 S Oak Park Ave
MacNeal Outpatient Imaging	3722 Harlem Ave
Midwest Open MRI - Melrose Park	8319 W N Ave
Midwest Open MRI - North Riverside	8415 W Cermak Rd
Midwest Open MRI Inc	7810 W N Ave
Oak Park Imaging Services LLC	610 S Maple Ave
PET Imaging Of Chicago	6801 34th St
Res-Health Advanced Imaging Center	420 William St
Res-Health Breast Care Center	420 William St
Rush Oak Park Hospital Imaging	520 S Maple Ave
West Suburban Medical Center Imaging	3 Erie Ct
Westbrook Open MRI LLC	3067 Wolf Rd
Westlake Community Hospital Imaging	1225 Lake St

Source of Facility Data: Market Expert National Facility Database

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Inventory of Health Services
Skilled Nursing Home-Facility Profile

Skilled Nursing Facility Name	Ownership Type
Gottlieb Memorial Hospital SNF	Voluntary Nonprofit - Other
Jackson Square Nursing Center	Proprietary - Other
Columbus Manor Res Care Home	Proprietary - Corporation
Infinity Healthcare Management	Proprietary - Partnership
Mac Neal Memorial Hospital	Voluntary Nonprofit - Other
West Suburban Hospital Med Center - Hospital Based SNF	Proprietary - Corporation
Rush Oak Park Hsp Skilled Care Unit	Voluntary Nonprofit - Other
Ariaa Post Acute Care	Proprietary - Other
Elmwood Care Inc	Proprietary - Other
The Grove Of LaGrange Park LLC	Proprietary - Other
Berkeley Nursing & Center Center	Proprietary - Corporation
Helia Healthcare	Proprietary - Corporation
Mayfield Care Center	Proprietary - Other
Presence Villa Scalabrini Nrsg & Rehab	Voluntary Nonprofit - Other
Oakridge Nursing & Rehab Center Llc	Proprietary - Corporation
Court Yard Healthcare -	Proprietary - Corporation
Oak Park Healthcare Center Inc	Proprietary - Other
Aperion Care Forest Park	Proprietary - Other
Kantata Adult Life Services	Voluntary Nonprofit - Other
Westchester Health & Rehab Center	Proprietary - Corporation
Cedar Pointe Rehab & Nursing	Proprietary - Other
Plymouth Place	Voluntary Nonprofit - Other
Pershing Convalescent Home	Proprietary - Corporation
Columbus Park Nursing & Rehab Center	Proprietary - Other
Alden Town Manor	Proprietary - Corporation

Source of Facility Data: Market Expert National Facility Database

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Loyola University Health System
2016 CHNA
Inventory of Health Services
Home Healthcare-Facility Profile

Home Health Facility Name	Address	City	State	ZipCode
All Wellness Home Health Care INC	3541 N Rose St	Franklin Park	IL	60131
Angel Home Health Agency Serv Corp	9909 W Roosevelt Rd	Westchester	IL	60154
Community Care Home Health Services INC	10001 Derby Ln	Westchester	IL	60154
Crown Home Health Services INC	1701 S 1st Ave	Maywood	IL	60153
Daughters Of Divine Love Home Health Care Agency	6832 W N Ave	Chicago	IL	60707
Deliverance Home Health Care INC	1921 N Harlem Ave	Chicago	IL	60707
Destiny Healthcare Services INC	9909 W Roosevelt Rd	Westchester	IL	60154
Elc Health Care LLC	6555 W N Ave	Oak Park	IL	60302
Esperanza Home Health Care INC	2725 N Thatcher Ave	River Grove	IL	60171
Faith Home Healthcare INC	9919 W Roosevelt Rd	Westchester	IL	60154
Fmr Home Health INC	10526 W Cermak Rd	Westchester	IL	60154
Girling Home Health	7222 W Cermak Rd	North Riverside	IL	60546
Global Home Health I LLC	126 Harrison St	Oak Park	IL	60304
Golden Haven Care INC	6525 W N Ave	Oak Park	IL	60302
Hands And Heart Home Health INC	153 1/2 N Brdway Ave	Melrose Park	IL	60160
Ico Care Home Health INC	1107 S Mannheim Rd	Westchester	IL	60154
Illinois Bone And Joint Institute Home Health	1107 S Mannheim Rd	Westchester	IL	60154
Loyola Univ Center For HM Care	701 W N Ave	Melrose Park	IL	60160
Maxim Healthcare Services INC - Oak Park	1049 Lake St	Oak Park	IL	60301
Med Care Health Management Corporation	1107 S Mannheim Rd	Westchester	IL	60154
Medical City Home Health Corporation	1907 S Cicero Ave	Cicero	IL	60804
Medtec Home Health Agency INC	1127 S Mannheim Rd	Westchester	IL	60154
New Haven Home Health Care INC	6429 W N Ave	Oak Park	IL	60302
Professional Home Healthcare INC	1701 S 1st St	Maywood	IL	60153
Rising Sun Home Health Care INC	1107 S Mannheim Rd	Westchester	IL	60154
Someone Who Cares Home Health	1405 S Harlem Ave	Berwyn	IL	60402
Sunshine Home Care INC	2040 N Harlem Ave	Elmwood Park	IL	60707
Vanguard Home CareCommunity Health Center	2315 Enterprise Dr	Westchester	IL	60154

Source of Facility Data: Market Expert National Facility Database

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Loyola University Health System
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Inventory of Health Services
Hospice -Facility Profile

Hospice Name	Network Name
Genetiva Hospice	Kindred Healthcare
Gentiva Hospice - Westchester	Kindred Healthcare
Gottlieb Hospice Care	Loyola University Health System
Loyola Univ Center For Home Care & Hospice	Loyola University Health System

Source of Facility Data: Market Expert National Facility Database

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