2019 Community Health Needs Assessment and 2020–2022 Community Health Implementation Plan

RUSH

Where we've been…

Where we are today…

And what's next

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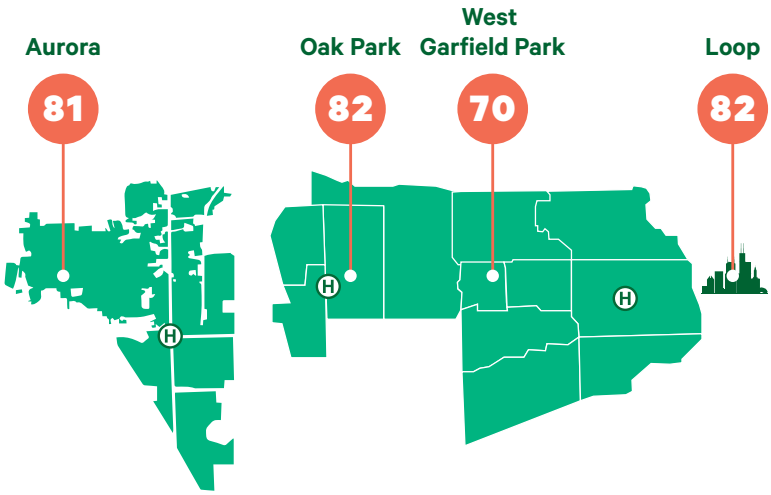
Where you live makes a lot of difference to your health.

A baby born today near Rush Oak Park Hospital is likely to live to be 82 years old. In Aurora near Rush Copley Medical Center, life expectancy is 81 years. But in West Garfield Park, near Rush University Medical Center, life expectancy is just 70 years. These disparities reinforce the fact that where you live, work and play can influence how long you live.



While violence is often blamed for the disparities in life expectancy, more than half of the early deaths in under-resourced communities are actually caused by common conditions like heart disease, cancer, stroke and diabetes. Morbidity and mortality from these and other health conditions are more prevalent in people living in neighborhoods afflicted by poverty, racism, and lack of access to health care, educational opportunities and good jobs.

All of these factors create major obstacles to health equity. According to the World Health Organization, health equity is achieved when everyone has a fair opportunity to attain their full health potential and no one is prevented from achieving that potential. Where there is more equitable access to education, jobs, resources and health care, life expectancy gaps are smaller.

A hospital's mission is to help heal people — and that's why Rush University System for Health is working to address the social inequities that contribute to poor health. Health equity is a

Race, racism and health equity

Research has shown that the impact of race on health stems largely from differences in access to resources and opportunities that can hurt or enhance health. Additionally, researchers have found that racial and ethnic discrimination can negatively affect health across lifetimes and generations.

— The Robert Wood Johnson Foundation

The goals and strategies you'll read about in the following pages show how Rush University Medical Center and Rush Oak Park Hospital are working toward **health equity.**

In many of the West Side neighborhoods near Rush University Medical Center, structural racism is one of the biggest barriers to health equity.

Structural racism means the laws, policies and unofficial practices that give advantages to white people and disadvantage people of color in our society.

Structural racism takes many forms. Banks' refusal to approve mortgage loans for homes in black neighborhoods — a policy known as "redlining" — prevented people who live there from having the same chance at home ownership as

people in white neighborhoods. Students of color have less access to top-rated Chicago public schools: A 2018 analysis by the nonprofit Kids First Chicago showed that highly ranked schools enroll 45% of the district's black students, 72% of Latinx students and 91% of white students (despite the fact that the district is 90% nonwhite).

And these are just two examples. **People of color feel the effects of structural racism everywhere,** from employment to wealth accumulation, from criminal justice to health care. Ultimately, this affects their health and overall well-being. It also affects where people choose to live: Chicago's black population has declined for seven straight years, according to the U.S. Census Bureau.

Undoing those effects means working to reform systems that are hundreds of years old. It means providing resources and opportunities that will help close the gaps in education, housing, employment, income, health care and other areas. And it means working to heal our communities in ways that go far beyond just providing health care.

When everyone has more opportunities to be healthier, everyone in our community benefits.

systemwide strategy for achieving Rush's mission: to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

Because inequities are so deeply rooted in our social systems and structures, a team approach is required. We are coordinating our efforts and resources with other health systems, community residents, nonprofit organizations, government agencies and faith communities. Rush hospitals are partnering with these organizations to have a greater collective impact in our communities. In the pages that follow, you'll read about the inequities that exist in our communities and how we are addressing them. Instead of simply treating the illnesses that are a result of these inequities, Rush is working to create healthier communities.

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Where we've been: A progress report

Collaborating more with other health systems was one of the biggest changes spurred by Rush's partnership with the Alliance for Health Equity (AHE) in creating our last Community Health Needs Assessment (CHNA): Health inequities are so deeply rooted in longstanding conditions that one organization alone cannot address them, so we're working in partnership with others. Based on the data we analyzed and the community feedback we received, we've also made a number of other changes in how we do things at Rush University Medical Center and Rush Oak Park Hospital.

- **We formed West Side United (WSU)** with five other health systems and the Illinois Medical District, plus community residents, education providers, the faith community, business, government and other organizations. By addressing inequality in health care, education, economic vitality and the physical environment, our goal is to reduce the life expectancy gap between the Chicago Loop and the West Side by 50% by 2030.
- **We adopted an Anchor Mission Strategy** that guides how we use our economic power to improve health in the communities served by Rush University Medical Center and Rush Oak Park Hospital. With thousands of employees and millions of dollars spent on goods and services every year, every dollar we spend — on payroll, medical supplies, construction, catering, donations and more — is an opportunity to support the community. Our Anchor Mission Strategy work means that we do the following:
  - Hire locally and develop talent
  - Use local labor for capital projects
  - Buy and source locally
  - Invest locally and create financial stability for employees
  - Volunteer and support community-building

- **We helped form the West Side Anchor Committee** under the umbrella of WSU, with representatives from six West Side health care institutions and the Illinois Medical District, that together employ more than 43,000 people and spend $2.8 billion on supplies and services each year. Each is adopting its own anchor mission strategy.
- **Rush University Medical Center is a partner in the Chicago HEAL Initiative (HEAL)** begun by U.S. Sen. Dick Durbin, bringing together 10 Chicago hospitals to reduce gun violence, heal the physical and mental trauma of violence and create economic opportunities in our neighborhoods.
- We heard from community residents that we need to be out in the community more, so **we've added more staff to our Office of Community Engagement and Department of Social Work and Community Health,** enabling us to serve more people.

- We also heard that many people, particularly immigrants, sometimes fear seeking health care, so **we created a policy to protect people who need care but lack legal permission to be in the United States.** We've also submitted comments on proposed changes to the federal Public Charge Rule that would affect our community members' ability to get access to health care and healthy food.
- We committed to **training all Rush leaders** in cultural competence (the ability to provide care to patients with diverse values, beliefs and behaviors) and implicit bias (unconscious associations that can lead us to evaluate someone negatively on the basis of characteristics such as race, gender, ability or sexual orientation).
- We know that Rush has to think about how government policy shapes health care, so **we supported the Tobacco 21 legislation that increases the legal age for buying tobacco products in Illinois from 18 to 21.** Gov. J.B. Pritzker signed this bill into law in April 2019.

In addition to these changes, our 2016 CHNA gave rise to the following goals and strategies that made up our 2017–2019 Community Health Implementation Plan (CHIP). Some of these strategies required intensive planning, so they didn't begin producing results immediately, but all of them eventually went into effect between fiscal years 2017 and 2019. Here's a look at the impact of that work.

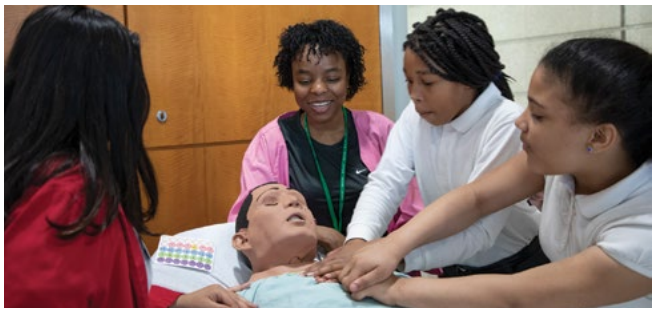
Rush University Medical Center and Rush Oak Park Hospital Community Health Implementation Plan, 2017–2019

GOAL 1 Reduce inequities caused by the social, economic and structural determinants of health

STRATEGY Improve educational attainment

MEASURES Evaluate and retool existing programs; identify neighborhoods and schools with the highest need; implement updated strategy and begin tracking improvements

RESULTS We selected West Side partner schools that include Helen M. Hefferan STEM Elementary School, Robert Nathaniel Dett Elementary School, Washington Irving Elementary School, Genevieve Melody STEM Elementary School, Josiah Pickard Elementary School, Michele Clark Magnet High School, Instituto Health Sciences Academy, Benito Juarez Community Academy and Richard T. Crane Medical Prep High School. Students whose participation is noted below came from these schools and others on the West Side.



Tracking improvements is a long-term goal, but we have tracked program reach to date: 1,900 students participated in enrichment, instruction and work-based learning. 334 teachers/school leaders participated in professional development sessions. 250+ high school students participated in apprenticeship/internship program. 1,700+ students and parents attended events on STEM/health care topics. 50+ high school students participated in externship program. 25 students trained as peer educators. 1,400 students participated in curriculum about chronic conditions/risk factors screening. 93 students participated in IT certification and apprenticeship program. 450 students participated in workshops on health equity, health careers, college readiness and professionalism.

STRATEGY Identify, measure and mitigate the social determinants of health among those at risk — particularly children, young adults and people with chronic illnesses

MEASURE Develop and implement social determinants of health screening tool with a goal of screening and referring 25% of eligible patients

RESULTS Developed and implemented tool and established eligibility criteria; screened and referred 7,000 people

STRATEGY Participate in regional community health improvement collaboratives

MEASURES Collect and share health data; annually create a regional approach to improving one or more social, economic and structural determinants of health

RESULTS Collected and shared health data with AHE and others; in partnership with AHE, developed 2 regional approaches to improve outcomes related to food insecurity and housing

GOAL 2 Improve access to mental and behavioral health services

STRATEGY Address psychological trauma through screening tools and referral programs in school-based health centers and faith-based organizations

MEASURES Develop and pilot school-based and church-based screening, wellness and referral networks; roll out church-based screening to at least 5 partner churches annually; begin screening 500 students annually at Rush's school-based health centers

RESULTS Spiritual Care Training developed and conducted with 5 churches; trained 240 community members in Mental Health First Aid; referred more than 700 people to mental health services; screened more than 2,000 students at school-based health centers

STRATEGY Expand access to other screenings and services

MEASURE Train 200 community members in Mental Health First Aid

RESULTS 240 people trained

MEASURE Link 100 people to needed mental health services

RESULTS More than 700 people referred to services

GOAL 3 Prevent and reduce chronic conditions and risk factors

STRATEGY Reduce risk factors through assessments, chronic condition management programs and better access to healthy food

MEASURE Donate food daily for distribution to people in need

RESULTS Rush Food Surplus program provided more than 60,000 meals from Rush University Medical Center and Rush Oak Park Hospital to partner institutions Franciscan Outreach and Oak Park River Forest Food Pantry. Also implemented Top Box program that enabled Rush employees and community members to purchase more than 3,500 boxes of fresh produce

MEASURE Create faith-based programs in at least one community of need to help people reduce cardiovascular and diabetes risk factors; expand education and screening programs into at least one community of need and hold events for at least 300 people

RESULTS Added 7 new church partners across multiple communities; screened and provided educational materials to more than 1,500 people; engaged more than 300 people in Walk to Wellness program

STRATEGY Expand free and subsidized screenings

MEASURE Provide breast cancer screening and follow-up to at least 300 uninsured women

RESULTS 750 women screened in partnership with the Metropolitan Chicago Breast Cancer Task Force

STRATEGY Develop and deliver community services to help people stop smoking

MEASURE Integrate counseling into existing community service projects with goal of achieving 10% decrease in tobacco use among participants

RESULTS Began building infrastructure. To date: 11 people trained to provide in-person Courage to Quit classes; more than 100 providers trained to talk to patients about tobacco; developed partnership between Rush, Pro-Change Behavior Systems and Illinois Tobacco Quitline; invested $10,000 in training and personnel to help partner housing for low-income people become a smoke-free community

GOAL 4 Increase access to care and community services

STRATEGY Expand access to primary care medical homes for people without insurance and for others without medical homes

MEASURE Refer at least 150 uninsured people to medical homes each year

RESULTS Connected more than 850 people with CommunityHealth, which helps enroll people in insurance, and integrated referral process with Franciscan Outreach shelter

STRATEGY Implement adverse childhood event screenings and referrals at school-based health centers

MEASURE Screen 500 students each year

RESULTS 999 students screened

STRATEGY Expand access to insurance

MEASURE Develop process for referring and enrolling the uninsured; set baseline numbers for both

RESULTS Connected more than 850 people with CommunityHealth, and integrated referral process with Franciscan Outreach shelter

Where we are today: The 2019 Rush University Medical Center and Rush Oak Park Hospital CHNA

When we created our 2016 CHNA, we knew it was just the first document of an ongoing journey. Health inequities are the result of decades of injustice, so it will take a long time to fix them.

We're glad to see that some of the health factors we've been tracking show improvement. For example, data available in 2016 showed unemployment in West Garfield Park at 27%. It's down to 19%, although that's still significantly higher than the citywide rate of 11%. Similarly, according to 2016 data, 35% of people in South Lawndale lacked health insurance, and that's down to 29% — but still significantly higher than the citywide rate of 15%.

In other words, health equity gaps remain. So the needs, goals and strategies you'll read about in the following pages are nearly the same as the ones we outlined in our 2016 CHNA and 2017–2019 CHIP, with several important adjustments.

For example, citywide public health data — as well as data from our emergency rooms — shows that more black women have pregnancy-related complications than white women, so we've added a new CHIP goal to improve the health of these mothers and babies.

We've also worked to coordinate our efforts across AHE, WSU, the West Side Anchor Committee and HEAL to deepen our impact.

This CHNA adds Humboldt Park to our list of communities served. It was a gap in our previous West Side map, but we know that people who live there come to Rush University Medical Center and Rush Oak Park Hospital. We also see some needs in the communities of Bridgeport, McKinley Park and Berwyn. While we don't have many programs in these communities, we're considering whether we should expand our reach to include them.

How we created this report

This CHNA followed a process similar to the creation of our 2016 CHNA to identify the health needs in the communities we serve on the West Side of Chicago and the western suburbs.

Rush University Medical Center and Rush Oak Park Hospital worked with the AHE, which brings together more than 30 nonprofit and public hospitals, seven local health departments and more than 100 community organizations to improve health across Chicago and Cook County. Each hospital has to conduct its own CHNA, so it made sense to come together to align our goals, analyze data and talk with community members: Collaborating with the AHE helps all member hospitals make sure we're targeting the right areas of need and working toward the same goals, so we can make a real difference.

Rush Copley Medical Center worked with Kane Health Counts and other community partners on its own CHNA, using data and community input from people who live in Kane, Kendall and other counties in the Rush Copley service area. Its CHNA and CHIP differ slightly from what you'll read here, but the focus

When you examine the life expectancy map of Chicago, residents who live closest to excellent health care at Rush University Medical Center had among the worst health outcomes in the city. The answer is not just about providing more health care. If we don't address the social and structural conditions with the greatest bearing on health outcomes — like poverty, structural racism, poor educational achievement, food insecurity, housing and safety on Chicago's West Side — we will not achieve our mission of improving health.

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on health equity — and the strategies for achieving it — is consistent across the entire Rush system. You can read the Rush Copley CHNA and CHIP at www.rushcopley.com/about/community-health-needs-assessment-reports/.

Health care is an evidence-based profession, so of course this CHNA contains a lot of data about the factors that have an impact on health in 12 of the neighborhoods where many Rush University Medical Center and Rush Oak Park Hospital patients live. We acknowledge some limitations with our data, including gaps in data for our suburban communities and quantitative information about mental health at a community level. Qualitative information is also limited by the number of people who chose to participate in our surveys and focus groups.

We worked with the AHE to collect and analyze data from sources that include the federal American Communities Survey; the Chicago, Cook County and Illinois departments of public health; the Healthy Chicago Survey; and the Centers for Disease Control and Prevention. This data helped us and other AHE partners identify needs for our CHNAs and create strategies for our CHIPs.

Data doesn't give us the whole picture. It's just as important for us to have input from the people who live in the neighborhoods we serve.

Together with the AHE and WSU, we held more than 25 conversations where we invited people to talk with us about health in their neighborhoods. The Alliance for Health Equity conducted another 23 discussions around the city and Cook County. We met with neighbors at churches, parks, community centers and other gathering places, and also conducted a written and electronic survey; in total, we heard from more than 2,000 community residents in five different languages.

That feedback told us what's most important in each neighborhood according to the people who live there.

Neighborhood data snapshots

For each neighborhood, we list some of the things that can help make the quality of life better, like grocery stores and public parks. We compiled our lists — which we realize are not exhaustive — with the help of NowPow, the software Rush uses to connect patients to resources, along with input from people who live in each neighborhood.

It's important to keep in mind that these lists don't tell the whole story. For example, a neighborhood might have several public parks, but if people don't feel safe spending time there, how much do the parks contribute to quality of life? A neighborhood might have one large grocery store, but if it's not easy or safe for most people to walk there, how big an asset is it? For that matter, how do we define a grocery store? Is it a big supermarket, or a bodega that includes fresh produce? We tried to be inclusive, and also to understand the context around the information provided.

And we want to be sure we acknowledge one major category of assets: the hundreds of community-based organizations where people come together to strengthen neighborhoods and support the people who live there. Many of the people who work in these organizations provided us with quotes about what health equity means to them, and also participated in our focus groups.

Neighborhood data includes the following:

Life expectancy: Chicago's differences in life expectancies between neighborhoods are some of the highest in the nation.

Data sources: Chicago Department of Public Health (CDPH), Cook County Department of Public Health (CCDPH), Illinois Department of Public Health (IDPH) Vital Stats, 2013–2017

Total population, race and ethnicity, percentage of immigrants: This data gives a quick overview of who lives in each neighborhood.

Data source: U.S. Census Bureau American Community Survey 2013–2017 (ACS)

Unemployment rate: A community's rate of unemployment is a strong indication of its health. In many neighborhoods, the unemployment rate is down since our last CHNA but still above the citywide average.

Data source: ACS

Feeling of safety: This data reflects how many people say they feel safe in their neighborhood most of the time or all of the time.

Data source: Chicago Police Department

Individual poverty and child poverty: Poor people are less likely to be healthy. This data shows the percentages of adults and children 17 and under who live in households with income below the federal poverty level.

Data source: ACS

Servings of fruit and vegetables: People who eat the recommended amounts of healthy food are healthier overall.

Data sources: Healthy Chicago Survey; Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS)

Older adults living alone: Older people who are lonely die at a much higher rate than those who are less socially isolated.

Data source: ACS

Housing cost burden: If you have to pay 30% or more of your income for housing, you might not be able to afford basics like food, clothing, transportation and health care.

Data source: ACS

No high school diploma: People who don't graduate from high school are more likely to have lower incomes and to develop chronic illnesses; on average, those without a high school diploma live 12 years less than those with one.

Data source: ACS

Good prenatal care: Consistent prenatal care means that a mom is more likely to have a healthy pregnancy and a healthy baby.

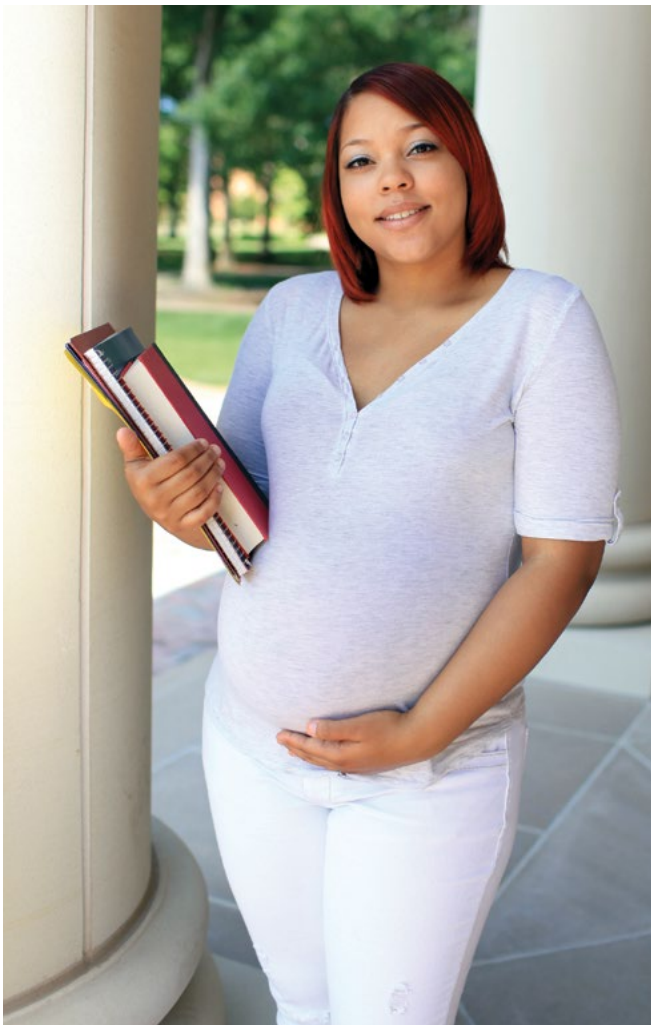
Data source: IDPH Vital Stats, 2013–2017

Health care coverage: People who don't have health insurance have worse access to health care than people who are insured, and often go without care because of cost.

Data source: ACS

Chronic conditions and risk factors: Diabetes, obesity, hypertension (high blood pressure) and smoking are indicators of overall health.

Data source: Healthy Chicago Survey



Good prenatal care is important because early, consistent care gives us better opportunities to make sure mothers stay healthy and have the right nutrition, education and mental health support — and we also have the opportunity to intervene early if something is not right.

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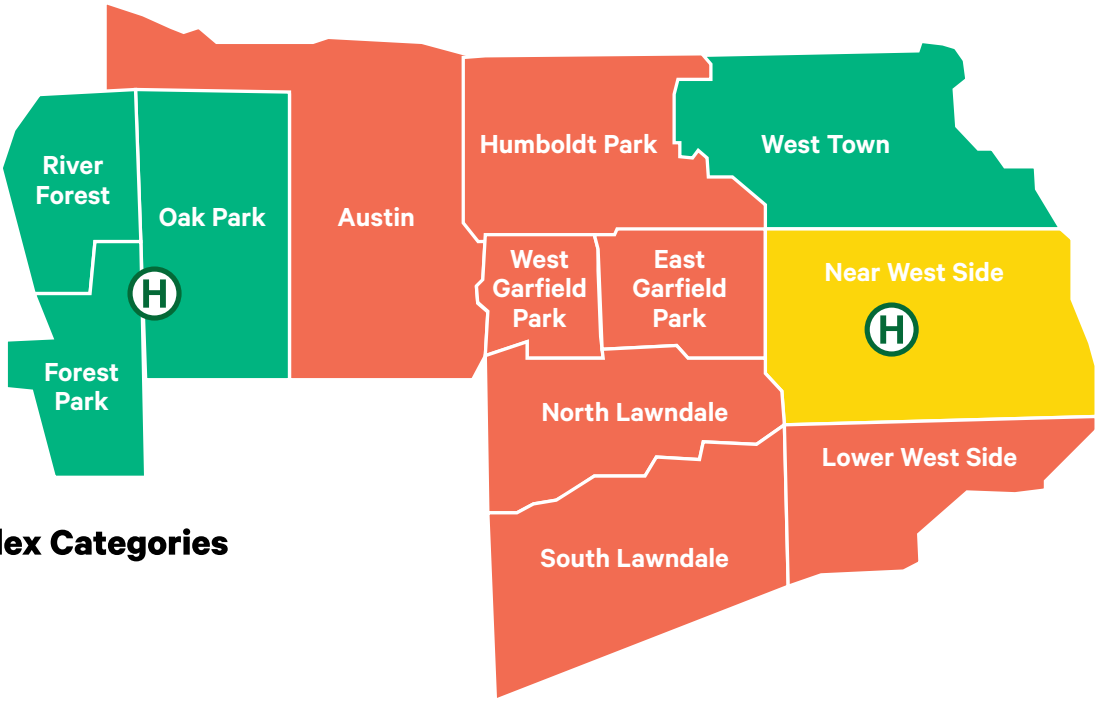


Hardship Index Categories

- **Low**
- **Medium**
- **High**

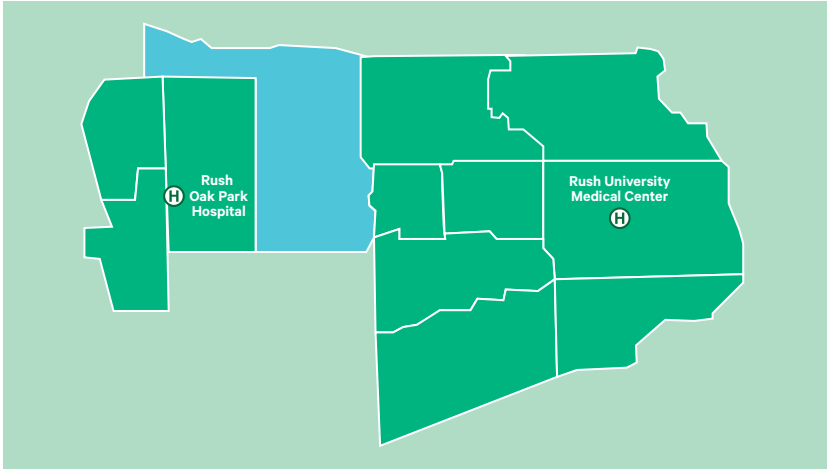
To create this map of where people in the Rush University Medical Center and Rush Oak Park Hospital service area experience the most hardship, we used the following six factors from the American Community Survey:

- Dependency (the number of people under age 18 and over age 64)
- Crowded housing (the percentage of housing with more than one person per room)
- Poverty
- Per-capita income
- Unemployment
- No high school diploma

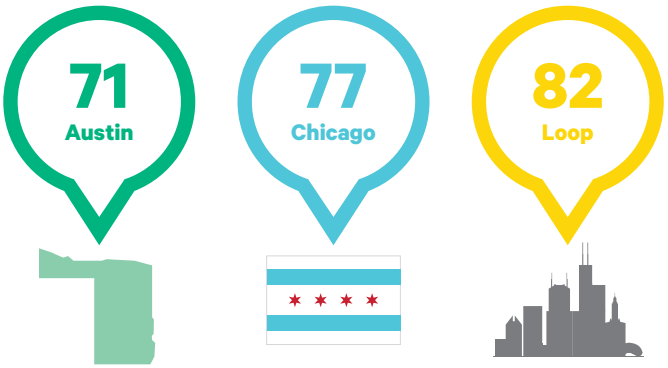
Each neighborhood snapshot also includes comments from people who came to the discussions, completed surveys and live in our communities. On the following pages, you'll see what some of the challenges look like — and what some of the bright spots in each neighborhood look like as well.

We want to talk about solutions alongside challenges. The CHIP goals at the end of this report, updated for 2019, address the concerns that we see in the public health data and that we heard from people who came to discussions and filled out surveys.

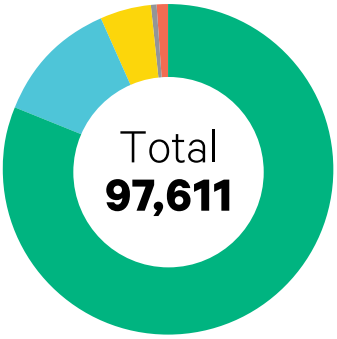
Austin



Life expectancy



Race/Ethnicity*



82% Black

13% Hispanic/Latino

5% White

.5% Asian

1% Other

- **6** grocery stores and food markets
- **5** pharmacies
- **16** public parks
- **2** community-based health centers
- **36** public and private schools
- **5** churches that partner with Rush

*Percentages rounded

Bright spots

Life is better and healthier with resources like...

Austin Coming Together

A coalition of community-based organizations that are collaborating to improve education and economic development outcomes for Austin

New Moms

Helps young mothers with safe, stable housing, job training and parenting skills, as well as doula services and a prenatal support group

Challenges

Austin community members said that even though there are a lot of corner stores, it can be hard to find healthy food. A lot of people said they don't feel safe in the neighborhood, and several mentioned that Austin needs more mental health services to help people deal with depression and PTSD after witnessing violence.

More people are working: The unemployment rate is **down almost 5%** from 2016 (although unemployment is still about 7% higher than in the rest of Chicago).

"I'm most proud of our schools on the West Side!"

Just 1 in 5 people say they get 5 servings daily of **healthy food** like fruits and vegetables.

20% AUS **31%** CHI

Fewer people in Austin than in Chicago overall say they **feel safe** in their neighborhood.

55% AUS **78%** CHI

Poverty rates are higher than the city average.

Individuals in poverty

30% AUS **22%** CHI

Children in poverty

42% AUS **31%** CHI

About half of people spend a third or more of their income on housing.

49% AUS **36%** CHI

"We have to go miles to grocery stores because they aren't in walking distance — what is often around is corner stores or fast-food restaurants."

"Health equity is **equal access to resources:** quality education, decent jobs, physical safety and diverse populations living side by side."

A lower percentage of moms get **good prenatal care** than in the city overall.

55% AUS **64%** CHI

The rates of some chronic conditions and risk factors are higher than the citywide rates.

Diabetes

14% AUS **9%** CHI

Obesity

39% AUS **31%** CHI

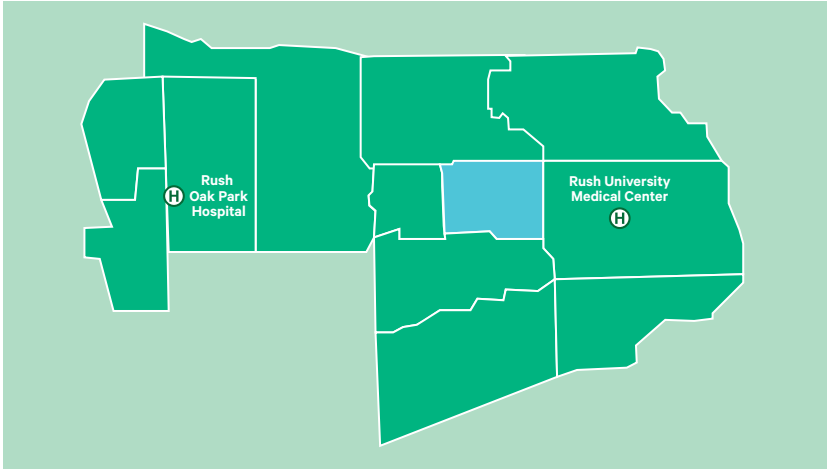
Hypertension

36% AUS **28%** CHI

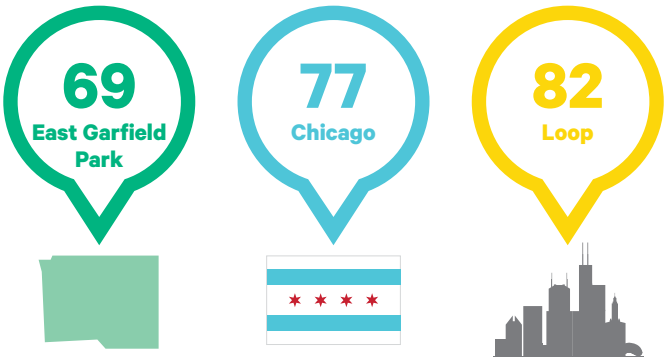
Smoking

38% AUS **19%** CHI

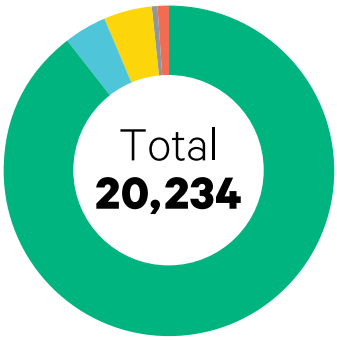
East Garfield Park



Life expectancy



Race/Ethnicity*



90% Black

4% Hispanic/Latino

5% White

.4% Asian

1% Other

- **0** grocery stores or food markets
- **18** public parks
- **3** community-based health centers
- **3** mental health centers
- **25** public and private schools
- **3** churches that partner with Rush

Bright spots

Life is better and healthier with resources like...

Breakthrough

Helps people get out of poverty with programs around education, job training, health, violence prevention and spiritual development

Garfield Park Community Council

Brings community members and allies together to build a stronger community by supporting new businesses, housing, safety programs and wellness

Challenges

A need for more mental health services in East Garfield Park came up often in focus groups. People also talked about the effects of disinvestment on the West Side going back decades, and about the lack of quality jobs and education, which contributes to violence.

*Percentages rounded

Unemployment is down, but still higher than the city average.

18% EGP | 11% CHI

"I like the sense of community on the West Side."

Fewer people in East Garfield Park than in Chicago overall say they **feel safe** in their neighborhood.

67% EGP | 78% CHI

Poverty rates are higher than the city average.

Individuals in poverty

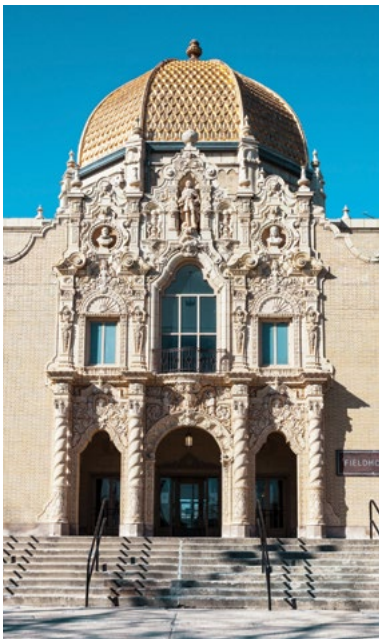
43% EGP | 22% CHI

Children in poverty

55% EGP | 31% CHI

More than half of people spend a third or more of their income on housing.

52% EGP | 36% CHI



"Hospitals train staff on mental health; why not train residents, too? We can use it and share it in our community."

"Health equity is that **everyone** has the **right** to receive medical treatment and care."

A lower percentage of moms get **good prenatal care** than in the city overall.

52% EGP | 64% CHI

Most chronic condition and risk factor rates match city averages, but East Garfield Park has more people who smoke.

Diabetes

8% EGP | 9% CHI

Obesity

33% EGP | 31% CHI

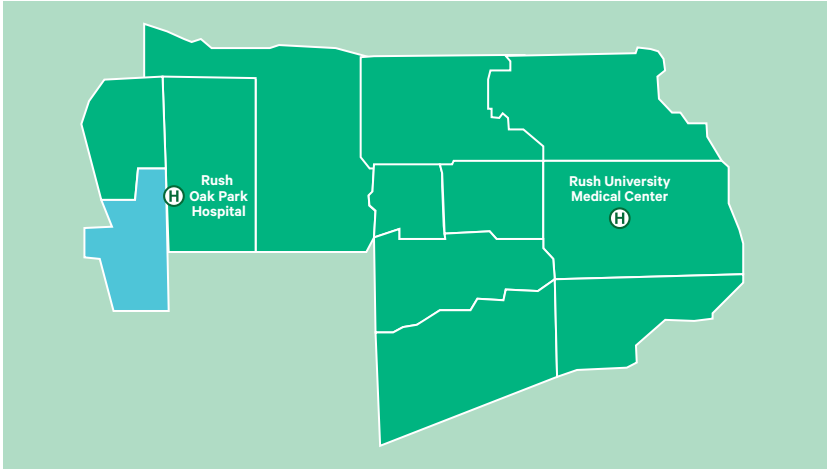
Hypertension

28% EGP | 28% CHI

Smoking

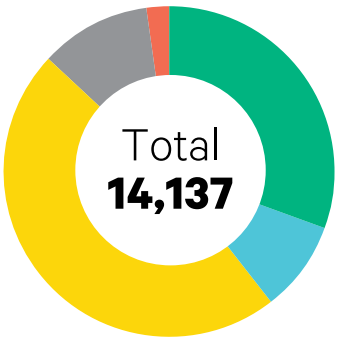
37% EGP | 19% CHI

Forest Park



Life expectancy

Race/Ethnicity*



31% Black

9% Hispanic/Latino

48% White

11% Asian

2% Other

- **2** grocery stores and food markets
- **7** child care centers
- **3** public parks
- **3** mental health facilities
- **2** nursing care facilities
- **6** public and private schools

Bright spots

Life is better and healthier with resources like...

Howard Mohr Community Center

With programs for everyone including a day care program, a food pantry, Meals on Wheels and transportation for seniors

Housing Forward

Offers housing and a shelter for people experiencing homelessness, plus services to help people move from housing crisis to housing stability

Challenges

People talked about wanting more diversity and racial equity in their community. They also mentioned a need for more mental health services, as well as social services for LGBTQ people; others talked about a lack of job opportunities and affordable housing.

*Percentages rounded

The unemployment rate is **a little lower** than the rate in Chicago.

10% FP | **11%** CHI

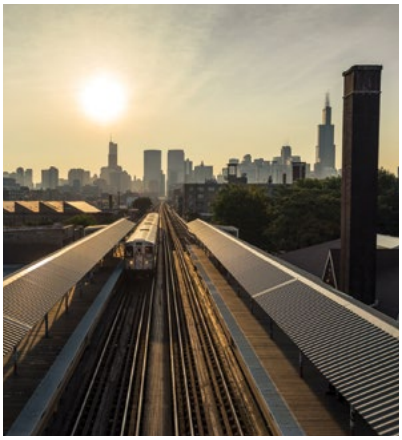
Poverty rates are lower than in Chicago.

Individuals in poverty

11% FP | **22%** CHI

Children in poverty

15% FP | **31%** CHI



"There's a small-town feel here, with a lot of local businesses, but also easy access to the city."

"Everyone deserves **a fair chance** to lead a healthy life and should have **full access** to the opportunities that enable them to do so **without discrimination.**"

Many people spend a third or more of their income on housing.

40% FP | **36%** CHI

Most people have at least a high school education.

94% FP | **83%** CHI

Almost 1,000 people in Forest Park are older adults who live alone.

"We could use more community services sponsored by the hospital, such as the smoking cessation class, which is very helpful."

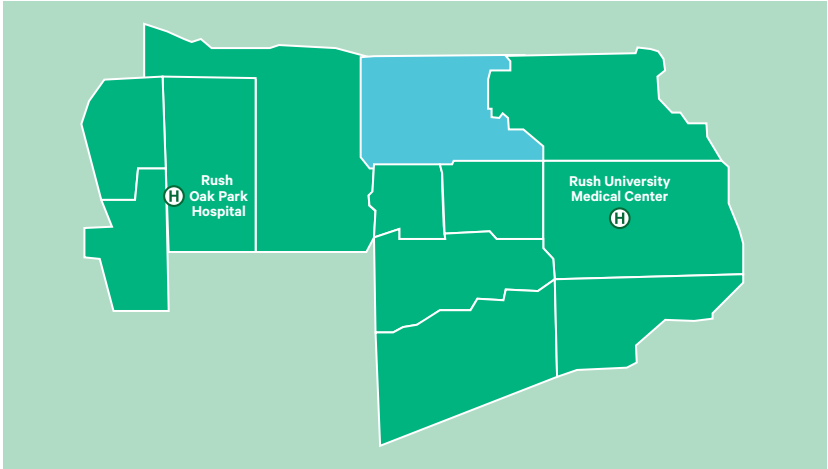
Forest Park focus group participants identified their top 5 health concerns

1. **Mental health** (e.g., depression, anxiety, post-traumatic stress disorder, suicide)
2. **Age-related illness** (e.g., arthritis, hearing/vision loss, dementia/Alzheimer's)
3. **Obesity**
4. **Diabetes**
5. **Cancer** and **dental problems** (tie)

And they identified the top 5 things necessary for a healthy community

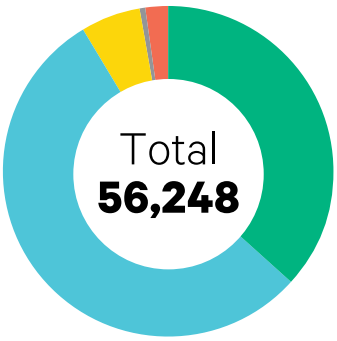
1. **Access to health care and mental health services**
2. **Access to community services**
3. **Access to healthy food**
4. **Affordable housing**
5. **Access to transportation**

Humboldt Park



Life expectancy

Race/Ethnicity*



37% Black

55% Hispanic/Latino

6% White

.6% Asian

2% Other

- **4** grocery stores and food markets
- **5** pharmacies
- **9** child care centers
- **15** public parks
- **3** community-based health centers
- **8** public and private schools

Bright spots

Life is better and healthier with resources like...

Bickerdike Redevelopment Corp.

Founded by neighbors and community groups to provide affordable housing in Humboldt Park and nearby neighborhoods, and working to improve quality of life in the community

Kelly Hall YMCA

A place where people of all ages, interests and abilities come together to participate in programs designed to keep youth and families safe and motivated to succeed

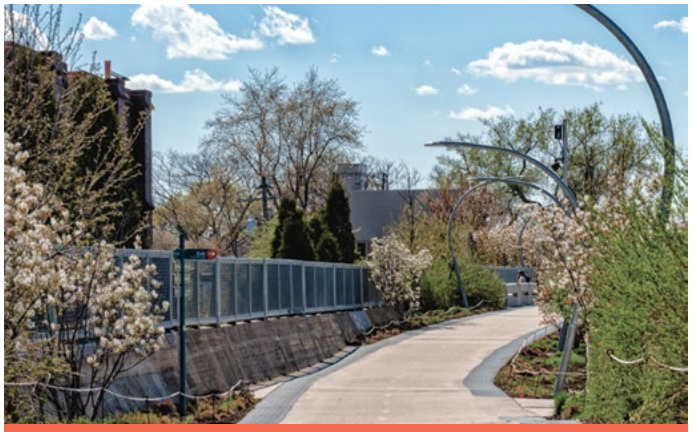
Challenges

Gentrification is a concern for people who worry that there will be less affordable housing in the neighborhood. Community members also talked about the need for better education and jobs for youth, and the problems that arise when young people wind up with criminal records after being arrested for minor offenses.

*Percentages rounded

More people are working: The unemployment rate is **down almost 3%** from 2016 (although unemployment is still about 4% higher than in the rest of Chicago).

"I'm from Atlanta, but I like the sense of community on the West Side. I like to go to the Turkey Chop [restaurant] and help out."



"Our restaurant's rent was $4,000 a month and our business was doing well. However, once they created the 606 trail, the rent went to $7,000 and we had to close down."

Fewer people in Humboldt Park than in Chicago overall say they **feel safe** in their neighborhood.

53% HP | 78% CHI

"Health equity is a **holistic effort** to **ensure complete** and **equal access** to **resources** that provide the best opportunity to lead a healthy life."

Poverty rates are higher than in the city overall.

Individuals in poverty

31% HP | 22% CHI

Children in poverty

41% HP | 31% CHI

More people lack health insurance than the Chicago average.

22% HP | 15% CHI

Many people spend a third or more of their income on housing.

46% HP | 36% CHI

Almost a third of people didn't graduate from high school.

30% HP | 17% CHI

The rates of some conditions are slightly higher than in the rest of the city, but fewer people have high blood pressure.

Diabetes

13% HP | 9% CHI

Obesity

35% HP | 31% CHI

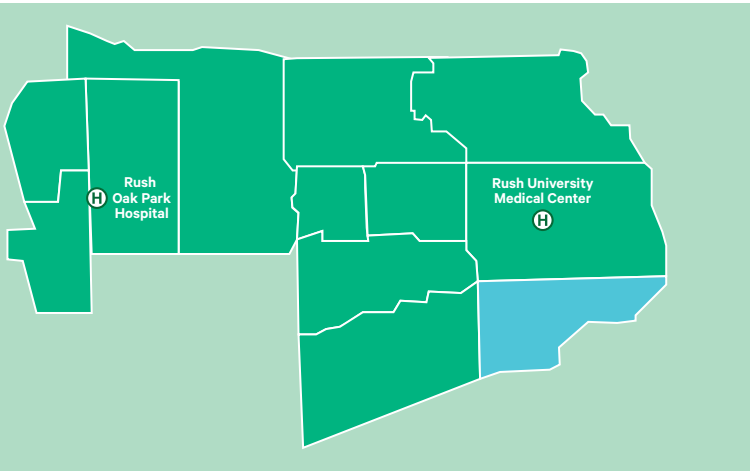
Hypertension

22% HP | 28% CHI

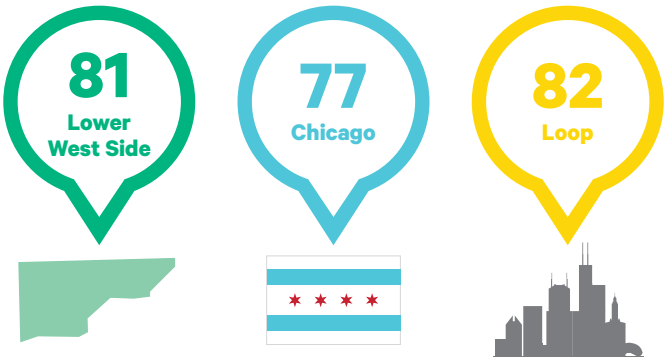
Smoking

28% HP | 19% CHI

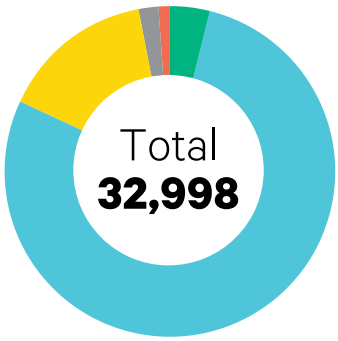
Lower West Side



Life expectancy



Race/Ethnicity*



4% Black

78% Hispanic/Latino

15% White

2% Asian

1% Other

- **2** grocery stores and food markets
- **11** child care centers
- **22** public parks
- **5** community-based health centers
- **11** public and private schools
- **1** church that partners with Rush

Bright spots

Life is better and healthier with resources like...

El Valor

A cornerstone of the Lower West Side, with early childhood education programs, services for people with disabilities and programs for parents aim to build a stronger community

Instituto del Progreso Latino

Provides education, training and employment programs for immigrants that help people take part in the changing U.S. society while maintaining their cultural identity

Challenges

Gentrification is a major concern for many people as housing costs rise in the neighborhood. Other issues that came up in focus groups include gang violence, a lack of mental health services and a need for the community to come together to fight inequities in education and other areas.

*Percentages rounded

More people are working: The unemployment rate is **down almost 7%** from 2016, and unemployment is about 2% lower than in the rest of Chicago.

One in four people doesn't have health insurance.

25% LWS **15%** CHI

About a third of people say they get 5 servings daily of **healthy food.**

36% LWS **31%** CHI

More people on the Lower West Side are **immigrants** than in Chicago overall.

35% LWS **21%** CHI

"The West Side is growing in every way!"

"The biggest challenge is displacement of those with lower resources — we're being forced out. The landlord will remodel an apartment and then start charging $2,000 in rent."

Fewer people on the Lower West Side than in Chicago overall say they **feel safe** in their neighborhood.

69% LWS **78%** CHI

"Health equity is the opportunity for **all individuals** to access the support they need for physical *and* mental wellness."

About a third of people didn't graduate from high school.

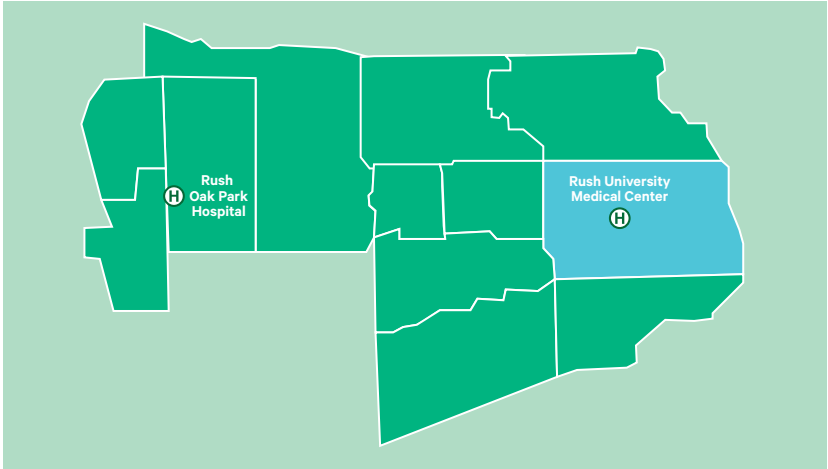
33% LWS **17%** CHI

The rates of diabetes and hypertension are a little higher than in the rest of the city, but the obesity rate is lower.

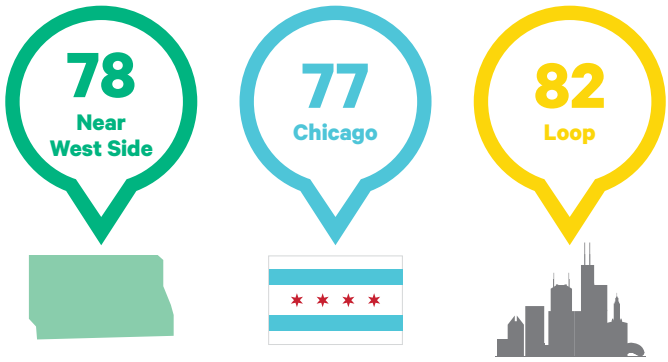
	LWS	CHI
Diabetes	13%	9%
Obesity	24%	31%
Hypertension	31%	28%
Smoking	N/A†	19%

†We didn't have enough data to calculate how many Lower West Side community members are smokers.

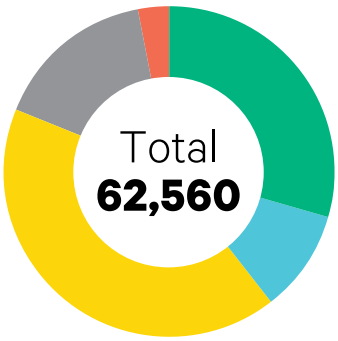
Near West Side



Life expectancy



Race/Ethnicity*



30% Black

10% Hispanic/Latino

42% White

16% Asian

3% Other

- **5** grocery stores and food markets
- **11** child care centers
- **18** public parks
- **4** mental health centers
- **4** hospitals
- **19** public and private schools

*Percentages rounded

Bright spots

Life is better and healthier with resources like...

Near West Side Community Development Corp.
Provides services like job and financial skills training, housing, youth programs and community development to improve the neighborhood's jobs, education and amenities

Chicago Center for Arts and Technology
A place with arts and technology programs for youth, job training programs for adults and art studios, plus a beautiful space for everyone

Challenges

People have concerns about gentrification changing the neighborhood, which can lead to higher housing prices and different kinds of stores. They also say there's a need for more health insurance and mental health services, places to buy healthy food and affordable child care.

The unemployment rate is **slightly lower** than in the city overall.

9% NWS | 11% CHI

The poverty rates are comparable to the city overall.

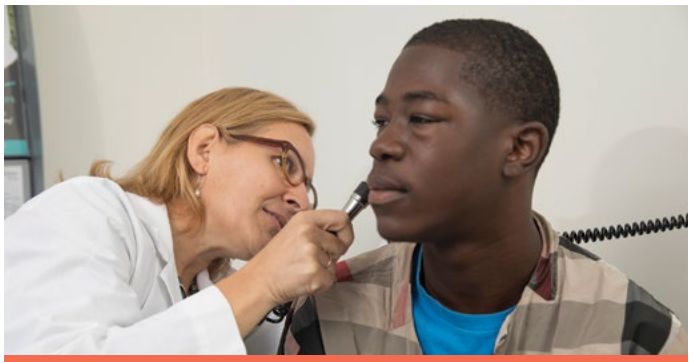
Individuals in poverty

25% NWS | 22% CHI

Children in poverty

27% NWS | 31% CHI

"The West Side is growing — it's up and coming; there's growing beauty."



"Most of us don't have health insurance. You can't get a mammogram or go to the doctor for checkups. If we had health insurance we would go more often, not just when we're sick."

Most people on the Near West Side **feel safe** in their neighborhood.

82% NWS | 78% CHI

"Health equity to me is that there are **no barriers or prejudice** that people face when receiving care."

Just over one-fourth of people spend a third or more of their income on housing.

28% NWS | 36% CHI

The rates of many chronic conditions and risk factors are lower than in the city overall.

Diabetes

6% NWS | 9% CHI

Obesity

20% NWS | 31% CHI

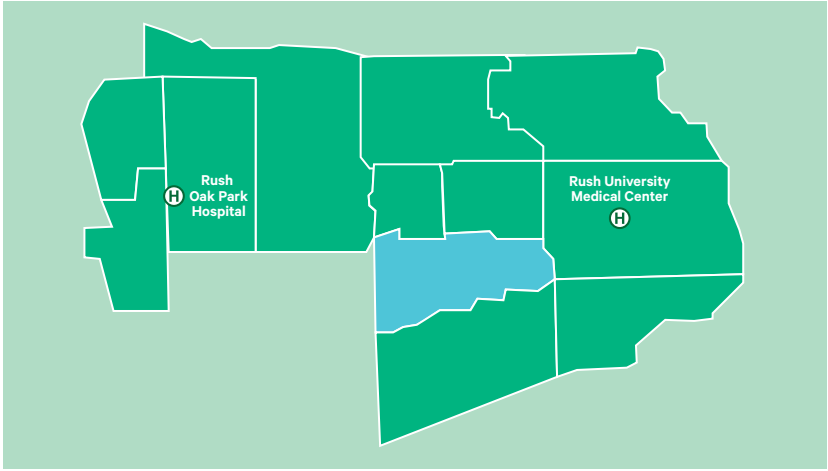
Hypertension

24% NWS | 28% CHI

Smoking

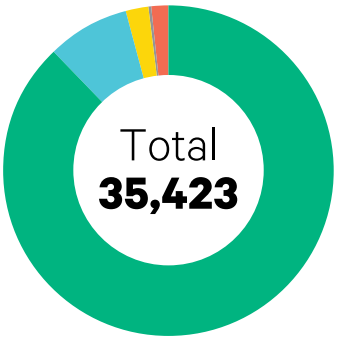
10% NWS | 19% CHI

North Lawndale



Life expectancy

Race/Ethnicity*



88% Black

8% Hispanic/Latino

2% White

.2% Asian

2% Other

- **1** grocery store or food market
- **3** child care centers
- **13** public parks
- **4** community-based health centers
- **28** public and private schools
- **3** churches that partner with Rush

Bright spots

Life is better and healthier with resources like...

UCAN

A youth services nonprofit focused on preventing violence, healing trauma, building strong families and educating and empowering youth

Family Focus Lawndale

Supports families with after-school programs, parenting classes, early childhood home visits, doula services and more

Challenges

Young people say that the neighborhood needs programs for youth, plus more mental health resources and education. Other community members say that violence, gentrification and job opportunities — especially for the formerly incarcerated — are challenges for their community.

*Percentages rounded

The unemployment rate is **twice as high** as the overall rate in the city.

22% NL | 11% CHI

Poverty rates are high.

Individuals in poverty

45% NL | 22% CHI

Children in poverty

57% NL | 31% CHI

"On the block I live, we watch out for each other and take care of each other."

Fewer people in North Lawndale than in Chicago overall say they **feel safe** in their neighborhood.

48% NL | 78% CHI

Many people spend a third or more of their income on housing.

53% NL | 36% CHI

A high percentage of people didn't graduate from high school.

27% NL | 17% CHI

A lower percentage of moms get **good prenatal care** than in the city overall.

53% NL | 64% CHI

"We need mentorships and programs run by young black males for young fellows who have been convicted — to help them go back to school and earn a legal income."

"I think health equity in Lawndale is related to **employment, affordable** and **culturally relevant health care,** and **healthy food** options."

The rates of some chronic conditions and risk factors are high.

Diabetes

13% NL | 9% CHI

Obesity

47% NL | 31% CHI

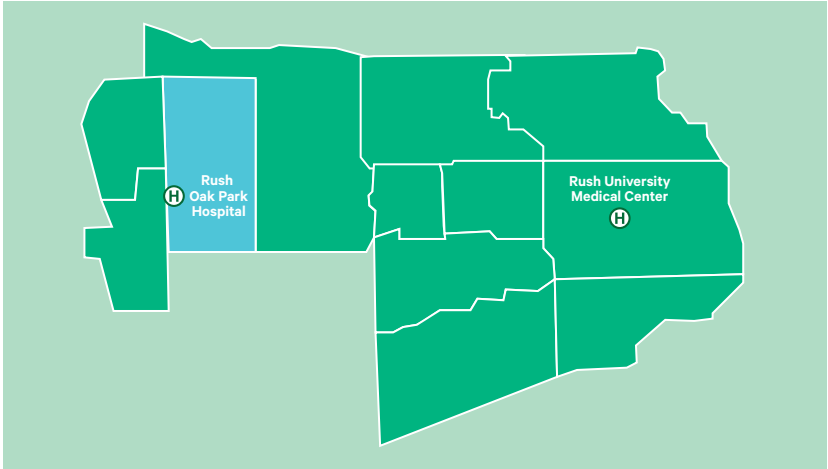
Hypertension

35% NL | 28% CHI

Smoking

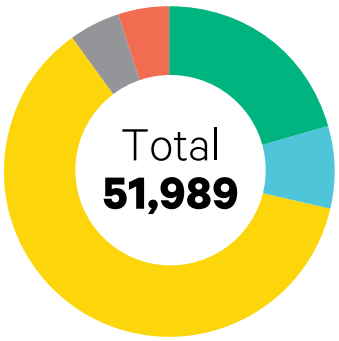
35% NL | 19% CHI

Oak Park



Life expectancy

Race/Ethnicity*



21% Black

8% Hispanic/Latino

62% White

5% Asian

5% Other

- **6** grocery stores and food markets
- **10** child care centers
- **22** public parks
- **6** community-based health centers
- **2** hospitals
- **13** public and private schools

Bright spots

Life is better and healthier with resources like...

Oak Park River Forest Infant Welfare Society

Where children receive medical, dental and behavioral health care as well as a primary care medical home — essential for consistent care

NAMI Metro Suburban Drop-In Center

A safe place for people with mental health issues to socialize and find new skills and tools for work, life and friendship

Challenges

Some people said that the costs of living and of operating a small business in Oak Park can be a challenge. Others want to see more racial diversity and inclusiveness, more affordable housing and better resources for child care.

*Percentages rounded

The unemployment rate is **a little lower** than the rate in Chicago.

7% OP | **11%** CHI

Poverty rates are lower than in Chicago.

Individuals in poverty

9% OP | **22%** CHI

Children in poverty

6% OP | **31%** CHI

"It's safe, beautiful and clean here."

About one in three people spends a third or more of their income on housing.

34% OP | **36%** CHI

Most people have at least a high school education.

97% OP | **83%** CHI

About 2,350 people in Oak Park are older adults who live alone.

"Health equity means many things — including that your **likelihood of dying** isn't dependent on race, sex, sexual orientation or income."

"We need better access to health care for those without insurance, and better help for those seeking to enroll in Medicaid."

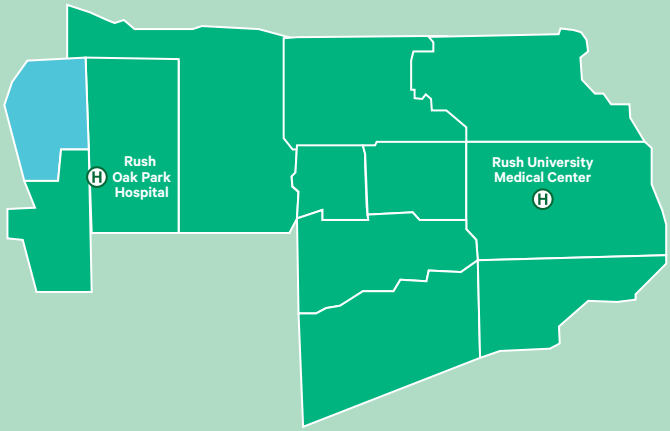
Oak Park focus group participants identified their top 5 health concerns

1. **Age-related illness** (e.g., arthritis, hearing/vision loss, dementia/Alzheimer's)
2. **Diabetes**
3. **Mental health** (e.g., depression, anxiety, post-traumatic stress disorder, suicide)
4. **Heart disease and stroke**
5. **Cancer**

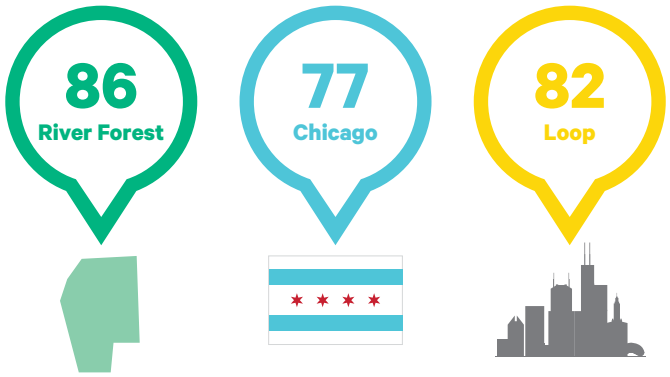
And they identified the top 5 things necessary for a healthy community

1. **Access to health care and mental health services**
2. **Access to community services**
3. **Access to healthy food**
4. **Safety and low crime**
5. **Affordable housing**

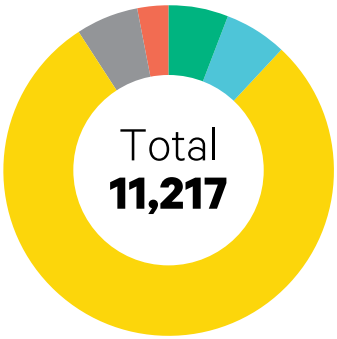
River Forest



Life expectancy



Race/Ethnicity*



6% Black

6% Hispanic/Latino

78% White

6% Asian

3% Other

- **3** grocery stores
- **7** child care centers
- **8** public parks
- **2** mental health facilities
- **1** immediate care center
- **8** public and private schools

Bright spots

Life is better and healthier with resources like...

Oak Park River Forest Food Pantry

Where people volunteer more than 2,100 hours every month to help feed their neighbors in 13 ZIP codes (including the Austin neighborhood)

Oak Park River Forest Community Foundation

A place where donors connect to community-based nonprofits and vice versa, coming together to build a vibrant, sustainable and caring community

Challenges

People talked about a need for better mental health services, affordable healthy food and better public transportation. Resources for seniors also came up as a gap; several people mentioned a wish for more programs for young people, along with ways for youth to tell the community what they need.

*Percentages rounded

The unemployment rate is **lower** than the rate in Chicago.

3% RF

11% CHI

About 420 people in River Forest are older adults who live alone.

Poverty rates are also lower than in Chicago.

Individuals in poverty

5% RF

22% CHI

Children in poverty

3% RF

31% CHI

"First, you have to eliminate the stigma around common mental health problems, and you need more outreach programs."

"We have great schools here, and it's clean and quiet."

"Health equity happens when we work together to build **resilient communities** and **empower individuals** for a healthy future."

Housing cost burden is similar to Chicago's.

34% RF

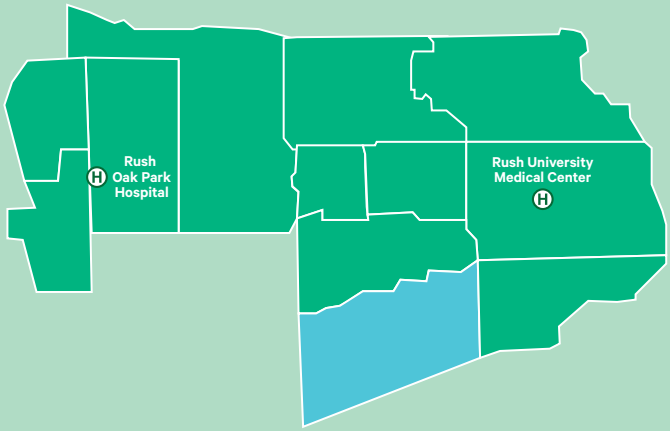
36% CHI

Most people have at least a high school education.

97% RF

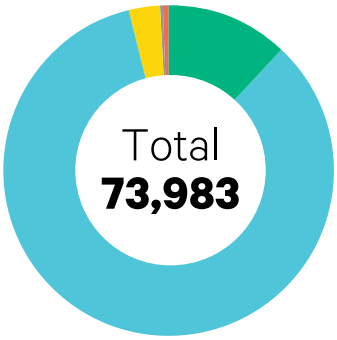
83% CHI

South Lawndale



Life expectancy

Race/Ethnicity*



12% Black

84% Hispanic/Latino

3% White

.3% Asian

.4% Other

- **2** grocery stores and food markets
- **4** child care centers
- **3** mental health centers
- **9** public parks
- **6** community-based health centers
- **31** public and private schools

*Percentages rounded

Bright spots

Life is better and healthier with resources like...

Enlace Chicago

Dedicated to helping people confront inequities and break down barriers through education, health care, immigration services and violence prevention initiatives

Erie Neighborhood House

Founded in 1870 and today helping children and youth grow and develop, and empowering adults to build a stronger neighborhood

Challenges

People who attended focus groups identified gangs and drugs as major concerns. They also talked about high housing prices, the quality of schools, a need for more mental health services and the difficulties of getting involved in the community for people who are undocumented.

More people are working: The unemployment rate is **down 7%** from 2016, and unemployment is slightly lower than in the rest of Chicago.

More people are without health insurance than the Chicago average.

29% SL 15% CHI

More people in South Lawndale are **immigrants** than in Chicago overall.

39% SL 21% CHI

"Our parks are great — the new one near the Little Village arch has space for skating, bikes, soccer and a water playground."

"There are barriers to getting involved in the neighborhood if you don't have papers; for example, an organization that's looking for volunteers will ask for fingerprints."

Poverty rates are higher than in the city overall.

Individuals in poverty

35% SL 22% CHI

Children in poverty

48% SL 31% CHI

Fewer people in South Lawndale than in Chicago overall say they **feel safe** in their neighborhood.

54% SL 78% CHI

"Equity in health requires institutions to **love, listen to** and **partner with** communities."

Many people spend a third or more of their income on housing.

46% SL 36% CHI

Half of the adults in the community didn't graduate from high school.

50% SL 17% CHI

The rates of diabetes and obesity are high compared to the rest of the city, but hypertension and smoking are lower.

Diabetes

16% SL 9% CHI

Obesity

43% SL 31% CHI

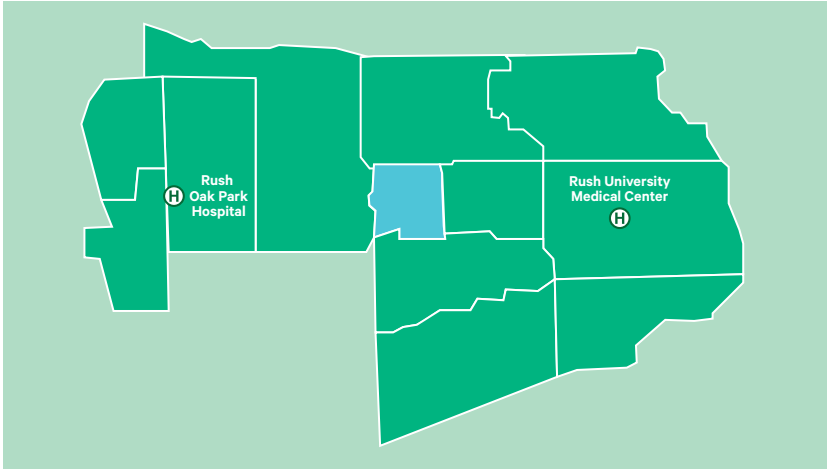
Hypertension

19% SL 28% CHI

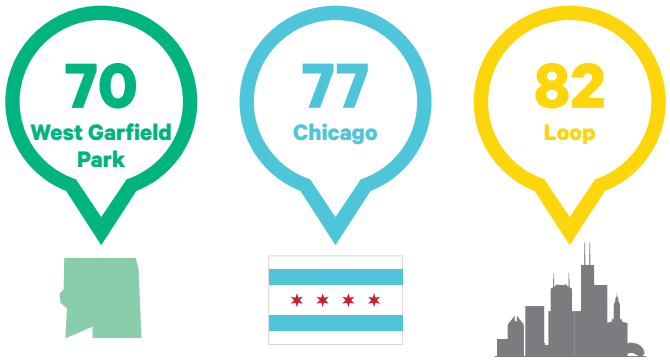
Smoking

12% SL 19% CHI

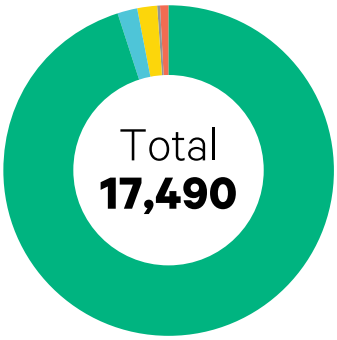
West Garfield Park



Life expectancy



Race/Ethnicity*



96% Black

2% Hispanic/Latino

2% White

.2% Asian

.6% Other

- **4** grocery stores and food markets
- **3** child care centers
- **8** public parks
- **1** community-based health center
- **9** public and private schools
- **5** churches that partner with Rush

Bright spots

Life is better and healthier with resources like...

Bethel New Life

Working for decades to create opportunities to bring people out of poverty — and to change systems and policies to help lift the entire community out of poverty

Garfield Park Community Council

Brings community members and allies together to build a stronger community by supporting new businesses, housing, safety programs and wellness

Challenges

In our focus groups, West Garfield Park community members talked often about having to leave the neighborhood to find affordable, healthy food and activities for their families. They also said that community leaders need to communicate better with people who live in the neighborhood.

*Percentages rounded

More people are working: The unemployment rate is **down almost 9%** from 2016 (although unemployment is still about 8% higher than in the rest of Chicago).

A lower percentage of moms get **good prenatal care** than in the city overall.

51% WGP | 64% CHI

Poverty rates are higher than in the city overall.

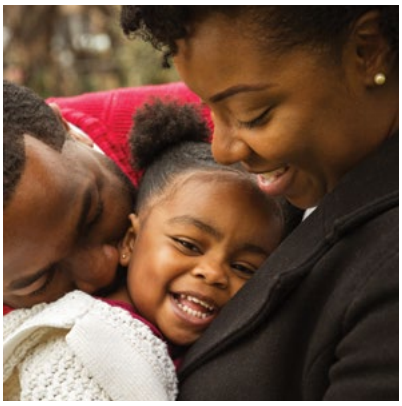
Individuals in poverty

47% WGP | 22% CHI

Children in poverty

60% WGP | 31% CHI

"I think we need more supermarkets, because not everyone has a car. Then maybe kids will learn about fruits and vegetables and learn how to eat."



"We are very family-oriented, and we like that kind of atmosphere."

Fewer people in West Garfield Park than in Chicago overall say they **feel safe** in their neighborhood.

49% WGP | 78% CHI

"The ability to increase the **social capital** and **self-determination** of those directly impacted by health inequities is health equity."

More than half of people spend a third or more of their income on housing.

55% WGP | 36% CHI

More than one-fourth of people didn't graduate from high school.

28% WGP | 17% CHI

Rates of chronic conditions and risk factors are higher than the city average.

Diabetes

13% WGP | 9% CHI

Obesity

45% WGP | 31% CHI

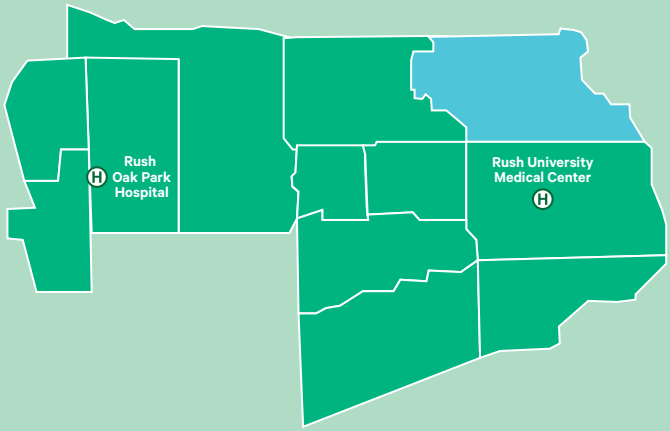
Hypertension

34% WGP | 28% CHI

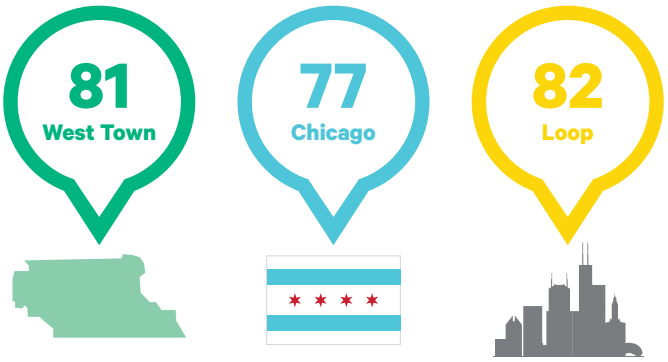
Smoking

40% WGP | 19% CHI

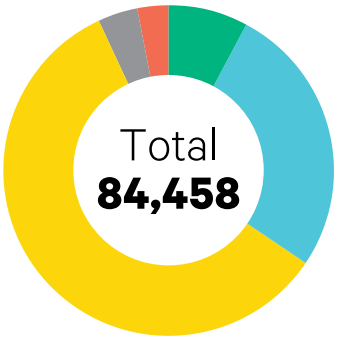
West Town



Life expectancy



Race/Ethnicity*



8% Black

27% Hispanic/Latino

59% White

4% Asian

3% Other

- **5** grocery stores and food markets
- **9** child care centers
- **13** public parks
- **9** community-based health centers
- **25** public and private schools
- **1** church that partners with Rush

Bright spots

Life is better and healthier with resources like...

CommunityHealth

Connects people who are low income and don't have health insurance with primary care doctors, medical and dental care, screenings and other services for staying healthy

Greater West Town Community Development Project

Focuses on jobs and education for West Town community members — and on breaking down barriers that stand in the way

Challenges

Gentrification and its impact on the cost of housing came up as a big concern in focus groups. The quality of schools and the impact on young people's lack of preparation for good jobs was also an issue, and people mentioned a need for services related to mental health and substance abuse.

*Percentages rounded

Poverty rates are lower than in the city overall.

Individuals in poverty

15% WT | 22% CHI

Children in poverty

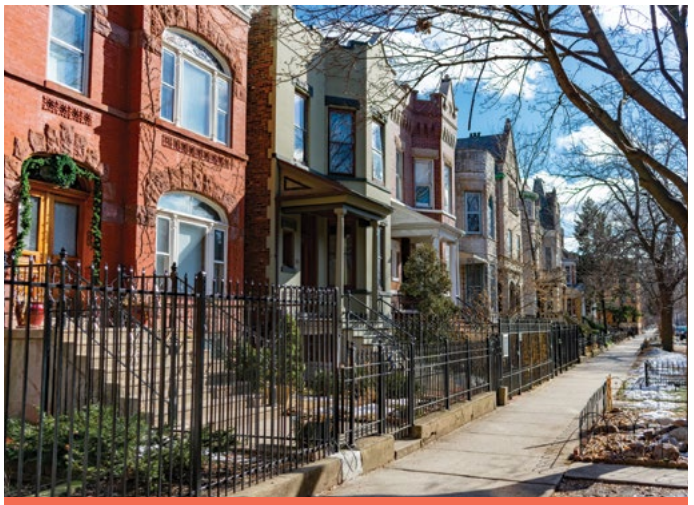
21% WT | 31% CHI

Almost three-quarters of moms get **good prenatal care.**

71% WT | 64% CHI

The unemployment rate is **lower** than in the city overall.

5% WT | 11% CHI



"When I bought my house, my taxes were $400 a year, and now they're $11,500 a year. For the people who stay here, working modestly, it's almost impossible."

More than 1,660 older adults in West Town live alone.

"One of the best things about our community is the culture — we don't lose our culture."

More people in West Town than in Chicago overall say they **feel safe** in their neighborhood.

85% WT | 78% CHI

"Our health system should be equitable so **every family can bear the weight** of serious illness without the additional fear of poverty or collapse."

About one-fourth of people spend a third or more of their income on housing.

27% WT | 36% CHI

Most people have high school diplomas.

90% WT | 83% CHI

The rates of some chronic conditions and risk factors are lower than in the rest of the city.

	WT	CHI
Diabetes	4%	9%
Obesity	19%	31%
Hypertension	23%	28%
Smoking	15%	19%

What's next

Rush University Medical Center and Rush Oak Park Hospital Community Health Implementation Plan (CHIP), 2020–2022

Instead of creating a separate CHNA and CHIP as we did in 2016, this year we've combined them so we can talk about health equity solutions in the same document where we outline the challenges our neighborhoods face.

On the next phase of our journey toward health equity, we'll keep concentrating on the goals we and our partners identified in 2016:

- Reduce inequities caused by social, economic and structural determinants of health
- Increase access to mental and behavioral health services
- Prevent and/or manage chronic conditions and risk factors
- Increase access to quality health care

And we're adding one new goal:

- Improve maternal and child health outcomes

According to data released in 2018 by the Illinois Department of Public Health, non-Hispanic black women in our state were six times as likely to die of a pregnancy-related condition as non-Hispanic white women. In Chicago, an average of seven babies per 1,000 under age 1 die each year — but in East Garfield Park and North Lawndale, where almost 90% of residents are black, that number is twice as high. Eliminating disparities and driving better outcomes for moms and babies is the focus of this new goal.

While many of our CHIP strategies remain the same, we've added some new ones and adjusted others slightly according to what we've learned. Because making lasting, widespread change requires a massive team effort, the following goals align with the goals adopted by the AHE, WSU, HEAL and the Healthy Chicago 2.0 plan from the Chicago Department of Public Health; nearly every hospital in Cook County is also working toward similar goals. In the following pages, icons indicate where our work dovetails with that of the AHE (A), HEAL (H) and WSU (W).

GOAL 1 Reduce inequities caused by the social, economic and structural determinants of health

STRATEGY Improve K–16 educational outcomes through skills development, internships and industry-recognized credentials (H) (W)

INITIATIVE Provide high school and college apprenticeship/internship programs that serve at least 250 students annually

INITIATIVE Increase student and family interest and awareness of STEM/health care topics and careers through work-based learning experiences, serving 1,250 students and 150 parents/community members annually

INITIATIVE Ensure that 75% of all participating high school students are on track to receive an industry-recognized credential

STRATEGY Identify the social determinants of health through screenings, and refer those in need of social services (A) (W)

INITIATIVE With West Side ConnectED, roll out screening tool to Rush Oak Park Hospital and Rush Copley Medical Center; screen 10,000 patients/community members annually and connect them to resources

INITIATIVE Integrate social determinants of health screening into community-based programming, connecting with at least 3 partners per year

STRATEGY Increase local hiring and develop career ladders for employees (H) (W)

INITIATIVE Launch 4 career pathway programs, including medical assistant, nursing assistant, nursing and health IT, serving 375 people over the next 3 years

INITIATIVE Work in partnership with WSU toward its goal of employing 3,500 West Side community members over the next 3 years

STRATEGY Increase spending with local businesses (H) (W)

INITIATIVE Increase local vendor presence at all 3 hospitals; goal is 3 vendors per year (beginning in FY20 for Rush Oak Park Hospital and in FY21 for Rush Copley Medical Center)

INITIATIVE Rush University Medical Center will aim to increase its FY20 spending with West Side vendors by at least $1.4 million

STRATEGY Increase investment in local communities (A) (W)

INITIATIVE Invest $7.5 million in West Side communities over 3 years through partnership with WSU

GOAL 2 Increase access to mental and behavioral health services

STRATEGY Conduct community-based trainings — including train-the-trainer programs — in Mental Health First Aid and Spiritual Care A W

INITIATIVE Pilot a West Side health ministry among 5 churches in those communities

INITIATIVE Conduct Mental Health First Aid training for 500 people over 3 years

STRATEGY Increase community screenings and referrals to mental health services A H W

INITIATIVE Pilot a faith-based mental health support service across 3 West Side churches

INITIATIVE Provide mental health screenings to 1,000 Chicago Public School students through Rush's School-Based Health Centers (SBHCs)

INITIATIVE Conduct workshops on trauma-informed care, awareness building and stigma reduction in 5 West Side churches

STRATEGY Provide mental health clinical services in community settings through partnerships; support community-based efforts A H W

INITIATIVE Partner with 5 West Side schools that do not have SBHCs

GOAL 3 Prevent and/or manage chronic conditions and risk factors

STRATEGY Reduce risk factors through assessments, health education/promotion and chronic condition management programs, with a focus on hypertension (e.g., West Side Alive, Live Healthy West Side) A W

INITIATIVE Evaluate current programs and align them across the Rush System

INITIATIVE Serve 750 people over 3 years with programming about chronic conditions (including hypertension) and risk factors; train staff and volunteers from 10 community organizations to offer chronic condition self-management education to 300 people

STRATEGY Improve access to healthy food A W

INITIATIVE Expand Food is Medicine program across Rush University Medical Center and Rush Oak Park Hospital and serve people identified as food-insecure

INITIATIVE Expand Top Box Foods to 5 community partners in West Side neighborhoods

INITIATIVE Continue Rush Food Surplus Program and donate 20,000 meals per year

INITIATIVE Pilot new access initiatives for food security, including meal delivery

STRATEGY Develop and deliver community programs to help people stop smoking

INITIATIVE Decrease tobacco use prevalence among program participants at partner agencies by 10% in 3 years

INITIATIVE Bring lung health programming to 5 community-based partners

INITIATIVE Continue local and regional advocacy efforts to promote lung health

GOAL 4 Increase access to quality health care

STRATEGY Expand access to primary care medical homes for those with or without insurance, and help people obtain insurance when possible

INITIATIVE Talk about primary care and insurance with 85% of patients before they're discharged from a specific unit at Rush University Medical Center

INITIATIVE Refer 400 people per year to CommunityHealth and other partner agencies

STRATEGY Support training and deployment of community health workers A W

INITIATIVE Pilot integration of one community health worker into a SBHC to increase access to care for young people and their families

INITIATIVE Enhance community health worker team with 3 local hires over the next 3 years, and support community-based organizations in their efforts

GOAL 5 Improve maternal and child health outcomes

STRATEGY Participate in Live Healthy West Side collaborative, focused on maternal and child health A W

INITIATIVE Determine interventions and set baseline measures in year 1; ongoing implementation in years 2-3

STRATEGY Support breastfeeding education and promotion programs

INITIATIVE Continue participation in Baby-Friendly USA Inc., and provide education and outreach to at least 500 women annually

STRATEGY Identify pregnant and parenting women with high Adverse Childhood Experiences (ACEs) scores and connect them to evidence-based home-visiting programs A H

INITIATIVE Provide coordinated referrals for parenting support services to those with ACEs ≥ 3

INITIATIVE Implement depression screening and linkages to care during new OB visits, postpartum visits and newborn/infant visits

A = AHE H = HEAL W = WSU

Appendix 1: IRS Form 990, Schedule H Compliance

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

IRS Form 990, Schedule H Element	Rush University Medical Center	Rush Oak Park Hospital
Part V Section B Line 1a A definition of the community served by the hospital facility	Pages 11, 15	Pages 11, 15
Part V Section B Line 1b Demographics of the community	Pages 16-39	Pages 16-39
Part V Section B Line 1c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Pages 45-46	Pages 45-46
Part V Section B Line 1d How data was obtained	Pages 11-15	Pages 11-15
Part V Section B Line 1f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups	Pages 40-43	Pages 40-43
Part V Section B Line 1g The process for identifying and prioritizing community health needs and services to meet the community health needs	Pages 11-15	Pages 11-15
Part V Section B Line 1h The process for consulting with persons representing the community's interests	Page 12	Page 12
Part V Section B Line 1i Information gaps that limit the hospital facility's ability to assess the community's health needs	Page 12	Page 12

Appendix 2: Existing health care facilities and resources within the community

This list contains information collected through focus groups, NowPow and community resources; we realize that it is not exhaustive.

ACCESS at Anixter Center

ACCESS at Sinai

ACCESS Austin Family Health Center

ACCESS Bethany Family Health Center

ACCESS Cabrini Family Health Center

ACCESS Centro Medico

ACCESS Centro Medico San Rafael

ACCESS Community Health Network

ACCESS Humboldt Park Family Health Center

ACCESS Madison Family Health Center

ACCESS Pilsen Family Health Center

ACCESS Plaza Family Health Center

ACCESS Servicio Medicos la Villita

ACCESS Westside Family Health Center

Alivio Medical Center

Alivio Medical Center–Western

Alivio Medical Center at Little Village Lawndale High School

AMITA Health Saints Mary and Elizabeth Medical Center–Saint Mary Campus and Saint Elizabeth Campus

Aperion Care Forest Park

Austin Health Center of Cook County

Berkeley Nursing and Rehab Center

Bobby E. Wright Comprehensive Community Mental Health Center

California Gardens and Rehabilitation Center

Center Home for Hispanic Elderly

Centro De Salud Esperanza

CILA Residential

Community Care Options–Fillmore

Community Counseling Centers of Chicago

CommunityHealth

Dr. Jorge Prieto Health Center of Cook County

El Valor Residence

Elmhurst Memorial Elmhurst Clinic–Oak Park

Erie West Town Health Center

Erie Clemente Wildcats School-Based Health Center

Erie De Diego Health Center

Erie Division Street–Erie Family Health Center

Erie West Town–Erie Family Health Center

Erie Westside Health Center

Erie Westside Health Center at Laura S. Ward Elementary

Esperanza Little Village

FamilyPlex

Garfield Park Behavioral Hospital

Generations at Columbus Park

Gottlieb Center for Immediate Care

Haymarket Center

Health Connect One

Hope Health and Wellness Center

Infant Welfare Society's Children Clinic

Jesse Brown VA Medical Center

John H. Stroger, Jr. Hospital of Cook County

Lawndale Christian Health Center–Breakthrough Urban Ministries

Lawndale Christian Health Center–Farragut Academy

Lawndale Christian Health Center–Homan Square

Lawndale Christian Health Center–Ogden Campus

Lawndale Mental Health Center

Little Village Nursing and Rehabilitation

The Loretto Hospital

Lower West Neighborhood Health Center

Loyola Center for Health at Oak Park

Marillac Social Center

Mayfield Care Center

Mile Square Health Center

Mile Square School Based Health Centers

MISG Community Mental Health

Mount Sinai Hospital

NAMI Metro Suburban Drop-In Center

Nazareth Family Health Center

Norwegian American Hospital

Oak Park Counseling Center

Oak Park Healthcare Center

Oak Park Veterans Center

Oak Street Health

Oakpark Community Mental

Pacific Garden Mission Health Clinic

Paramount of Oak Park

Park House Nursing and Rehabilitation Center

PCC Community Lake Street Family Health Center

PCC Community South Family Health Center

PCC Walk-In Wellness Center at Norwegian American Hospital

PCC West Town Family Health Center

Pilsen Wellness Center

PrimeCare Community Health Center–West Town

Pro Health Medical Center

Riveredge Hospital

RML Specialty Hospital Chicago

Rush Oak Park Hospital

Rush School-Based Health Center at Crane Medical Preparatory

Rush School-Based Health Center at Orr Academy

Rush School-Based Health Center at Simpson Academy for Young Women

Rush Sue Gin Health Clinic at Oakley Square

Rush University Medical Center

Sacred Heart Home

Saint Anthony Hospital

Schwab Rehabilitation Hospital

The Children's Clinic

The Suburban Fellowship Center

Thresholds Carroll Street

Thrive Counseling Center

UI Health

West Side Community Triage and Wellness Center

West Suburban Medical Center

Winston Manor CNV and Nursing

Youth Services of Oak Park

Appendix 3: 2020–2022 CHIP at a glance

GOAL 1	**Reduce inequities caused by the social, economic and structural determinants of health**
STRATEGY	**Improve K–16 educational outcomes through skills development, internships and industry-recognized credentials** H W
INITIATIVES	Provide high school and college apprenticeship/internship programs that serve at least 250 students annually
	Increase student and family interest and awareness of STEM/health care topics and careers through work-based learning experiences, serving 1,250 Students and 150 parents/community members annually
	Ensure that 75% of all participating high school students are on track to receive an industry- recognized credential
STRATEGY	**Identify the social determinants of health through screenings, and refer those in need of social services** A W
INITIATIVES	With West Side ConnectED, roll out screening tool to Rush Oak Park Hospital and Rush Copley Medical Center; screen 10,000 patients/community members annually and connect them to resources
	Integrate social determinants of health screening into community-based programming, connecting with at least 3 partners per year
STRATEGY	**Increase local hiring and develop career ladders for employees** H W
INITIATIVES	Launch 4 career pathway programs, including medical assistant, nursing assistant, nursing and health IT, serving 375 people over the next 3 years
	Work in partnership with WSU toward its goal of employing 3,500 West Side community members over the next 3 years
STRATEGY	**Increase spending with local businesses** H W
INITIATIVES	Increase local vendor presence at all 3 hospitals; goal is 3 vendors per year (beginning in FY20 for Rush Oak Park Hospital and in FY21 for Rush Copley Medical Center)
	Rush University Medical Center will aim to increase its FY20 spending with West Side vendors by at least $1.4 million
STRATEGY	**Increase investment in local communities** A W
INITIATIVE	Invest $7.5 million in West Side communities over 3 years through partnership with WSU
GOAL 2	**Increase access to mental and behavioral health services**
STRATEGY	**Conduct community-based trainings — including train-the-trainer programs — in Mental Health First Aid and Spiritual Care** A W
INITIATIVES	Pilot a West Side health ministry among 5 churches in those communities
	Conduct Mental Health First Aid training for 500 people over 3 years
STRATEGY	**Increase community screenings and referrals to mental health services** A H W
INITIATIVES	Pilot a faith-based mental health support service across 3 West Side churches
	Provide mental health screenings to 1,000 Chicago Public School students through Rush's School-Based Health Centers (SBHCs)
	Conduct workshops on trauma-informed care, awareness building and stigma reduction in 5 West Side churches
STRATEGY	**Provide mental health clinical services in community settings through partnerships; support community-based efforts** A H W
INITIATIVE	Partner with 5 West Side schools that do not have SBHCs

A = Alliance for Health Equity (AHE)
H = Chicago HEAL Initiative (HEAL)
W = West Side United (WSU)

(continued on next page)

GOAL 3	**Prevent and/or manage chronic conditions and risk factors**
STRATEGY	**Reduce risk factors through assessments, health education/promotion and chronic condition management programs, with a focus on hypertension (e.g., West Side Alive, Live Healthy West Side)** A W
INITIATIVES	Evaluate current programs and align them across the Rush System
	Serve 750 people over 3 years with programming about chronic conditions (including hypertension) and risk factors; train staff and volunteers from 10 community organizations to offer chronic condition self-management education to 300 people
STRATEGY	**Improve access to healthy food** A W
INITIATIVES	Expand Food is Medicine program across Rush University Medical Center and Rush Oak Park Hospital and serve people identified as food-insecure
	Expand Top Box Foods to 5 community partners in West Side neighborhoods
	Continue Rush Food Surplus Program and donate 20,000 meals per year
	Pilot new access initiatives for food security, including meal delivery
STRATEGY	**Develop and deliver community programs to help people stop smoking**
INITIATIVES	Decrease tobacco use prevalence among program participants at partner agencies by 10% in 3 years
	Bring lung health programming to 5 community-based partners
	Continue local and regional advocacy efforts to promote lung health
GOAL 4	**Increase access to quality health care**
STRATEGY	**Expand access to primary care medical homes for those with or without insurance, and help people obtain insurance when possible**
INITIATIVES	Talk about primary care and insurance with 85% of patients before they're discharged from a specific unit at Rush University Medical Center
	Refer 400 people per year to CommunityHealth and other partner agencies
STRATEGY	**Support training and deployment of community health workers** A W
INITIATIVES	Pilot integration of one community health worker into a SBHC to increase access to care for young people and their families
	Enhance community health worker team with 3 local hires over the next 3 years, and support community-based organizations in their efforts
GOAL 5	**Improve maternal and child health outcomes**
STRATEGY	**Participate in Live Healthy West Side collaborative, focused on maternal and child health** A W
INITIATIVE	Determine interventions and set baseline measures in year 1; ongoing implementation in years 2-3
STRATEGY	**Support breastfeeding education and promotion programs**
INITIATIVE	Continue participation in Baby-Friendly USA Inc., and provide education and outreach to at least 500 women annually
STRATEGY	**Identify pregnant and parenting women with high Adverse Childhood Experiences (ACEs) scores and connect them to evidence-based home-visiting programs** A H
INITIATIVES	Provide coordinated referrals for parenting support services to those with ACEs ≥ 3
	Implement depression screening and linkages to care during new OB visits, postpartum visits and newborn/infant visits

A = Alliance for Health Equity (AHE)
H = Chicago HEAL Initiative (HEAL)
W = West Side United (WSU)

Appendix 4: CHNA and CHIP collaborators

Rush Oak Park Hospital, Rush University Medical Center and Rush University

John Andrews, MHSM, strategic sourcing manager–purchased services and business diversity manager, purchasing and contracting

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Nathaniel Powell, MSW, MA, program coordinator, community health and benefit

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Grisel Rodriguez-Morales, MSW, LCSW, manager, health promotion and Rush Generations programs

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Kimberly Sareny, director, creative and brand strategy, marketing and communications

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Bradley Spencer, senior editor/writer, internal communications and media relations

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Patty Stevenson, graphic designer

Elizabeth Stewart, DNP, RN, director, skilled care unit

Shweta Ubhayakar, MBBS, MS, manager, community anchor mission; instructor, health systems management

Eric Yang, MPH, statistician, Center for Community Health Equity

Laura Zimmermann, MD, MS, medical director, prevention center; primary care internist; assistant professor, preventive medicine and internal medicine

Rush Oak Park Hospital Board of Trustees

Rush University Medical Center Board of Trustees

Rush Oak Park Hospital executive management

Rush University Medical Center executive management

West Side United Team

Karen Aguirre, MPH, program manager

Martina Coe, MPH, program manager

Stephanie Gomez, MA, program manager

Ayesha Jaco, MAM, senior program manager

Elena Jimenez, MPP, program manager

Neighborhood Profile Contributors

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Victoria Finner, medical phlebotomist team leader/trainer, Lawndale Christian Health Center

Danton Floyd, founder and lead organizer, 360 Nation

Rey B. Gonzalez, president and CEO, El Valor

Luis Gutierrez, founder and CEO, Latinos Progresando

Denise Holman, health services manager, Deborah's Place

Liz Holt, executive director, Oak Park River Forest Chamber of Commerce

Bradly K. Johnson, director of core programs, BUILD, Inc.

Garth T. Katner, PhD, resource development manager, West Town Bikes

Laurie Kokenes, executive director, Forest Park Chamber of Commerce & Development

Bertha Segura De Gonzalez, Vital Bridges food pantries coordinator, Heartland Alliance

Mark Tisdahl, volunteer and outreach coordinator, Sarah's Inn

Focus Group Hosts

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Amanda Benitez, director of community health, Enlace

Mike Bryant, pastor, Kedvale New Mt. Zion M.B. Church

Esther Corpuz, chief executive officer, Alivio Medical Center

DeWayne F. Davis, pastor, New Morning Star

Donald Dew, president and chief executive officer, Habilitative Systems

Percy Giles, pastor, Temple of Faith MB Church

Celia Gonzalez, strategic relations program coordinator, AMITA Health Saints Mary and Elizabeth

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Sandra Ramirez, director of development, Alivio Medical Center

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Mike Tomas, executive director, Garfield Park Community Council

Steve Spiller, pastor, Greater Galilee Baptist Church

2019 Chicago Community Trust On the Table Participants

Karen Aguirre, MPH, program manager, West Side United

David Ansell, MD, MPH, senior vice president for community health equity; associate provost for community affairs, Rush

Amanda Benitez, director of community health, Enlace

Paul Bennett, manager of community initiatives, AgeOptions

Felicia Brown, employee and community member, Rush

Brandi Calvert, senior director, housing operations, Center for Housing and Health

Carlos DeJesus, senior director, Center for Housing and Health

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The CHNA and CHIP are part of Rush's mission to support the vitality and well-being of our communities. For more information about Rush's community engagement mission and activities, and to see future supplements to this document as they are posted, visit rush.edu/chna.

We welcome input from everyone in the community. If you have questions or comments, please contact us:

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