



RUSH UNIVERSITY MEDICAL CENTER  
**Community Health Needs Assessment Report**



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

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Rush University Medical Center's long-standing commitment to the community spans more than 175 years. This commitment has grown and evolved through significant thought and care in considering our community's most pressing health needs. As part of this effort, Rush will conduct a periodic, comprehensive Community Health Needs Assessment (CHNA), which represents a combination of quantitative and qualitative data that serve to guide both our community benefits and strategic planning.

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

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

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

### Our Investment in the Community

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

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

The report brings together and provides an analysis of these various sources, and sets forth the community health priorities identified through the CHNA process.

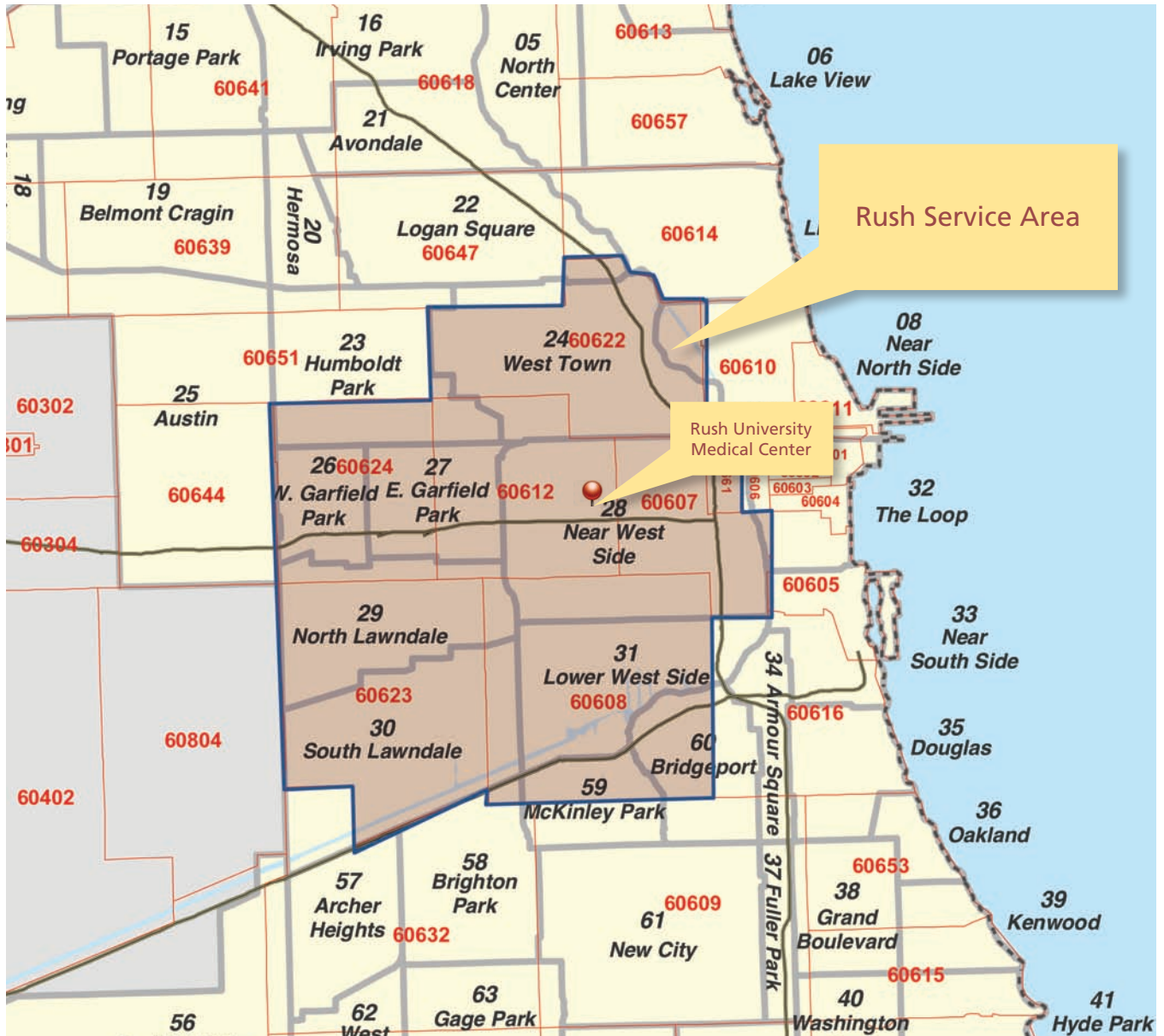
In 2012, Rush University Medical Center conducted a comprehensive, multifactor assessment that fulfills federal regulatory requirements, and also provides a consistent and standardized database to guide the development and implementation of Rush's strategic plans while promoting opportunities to work collaboratively to address the health needs of service area residents.

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

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

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

- **Social Determinants of Health**  
Rush's service area shows high rates of poverty, unemployment, low education attainment, and a large uninsured and Medicaid population.
- **Access to Health Services**  
Structural, financial, and personal barriers hinder residents from accessing health services in the area.
- **Physical Activity, Nutrition, Weight Control**  
Nutrition and physical activity of the population must be improved to tackle high rates of obesity.
- **Diabetes**  
Diabetes and elevated blood sugar levels remain serious health issues in the service area.
- **Heart Disease and Cardiovascular Risk Factors**  
Heart disease is the leading cause of death among residents. Many residents suffer from high blood pressure and high cholesterol, major symptoms of heart disease.
- **Women's Health**  
Breast cancer mortality and mammography screening rates show significant disparities among racial/ethnic groups. Caesarean section rates in the area are much higher than CDC's health goals.
- **Mental Health**  
Many residents suffer from poor mental health status and have high rates of symptoms for chronic depression. Substance abuse is a public health issue in the area as well.
- **Asthma and Chronic Respiratory Disease**  
Chicago has the highest asthma mortality rate in the country, with asthma prevalence rates particularly high in Rush's service area. Smoking rates in Rush's service area, although declining, are higher than CDC's health goals.



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

Source: Northeastern Illinois Planning Commission, 2003

Rush identified the community it serves by including communities surrounding the hospital and conducting a patient origin ZIP code analysis. Rush's service area comprises seven ZIP codes, including the community areas of Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale, and South Lawndale.

The demographics and health status statistics used in this report included both the ZIP code level and community area level data where available. Since Chicago residents more readily identify with community areas than ZIP codes, the report attempted to show data by community areas where possible. As shown in the map (figure 1), the seven ZIP codes in our service area show significant overlap with the community areas mentioned.

## Community Surveys

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

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

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

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

## Focus Groups

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

## Interviews

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

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

## Secondary Sources

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

The following sources were referenced for this report:

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



## Demographics

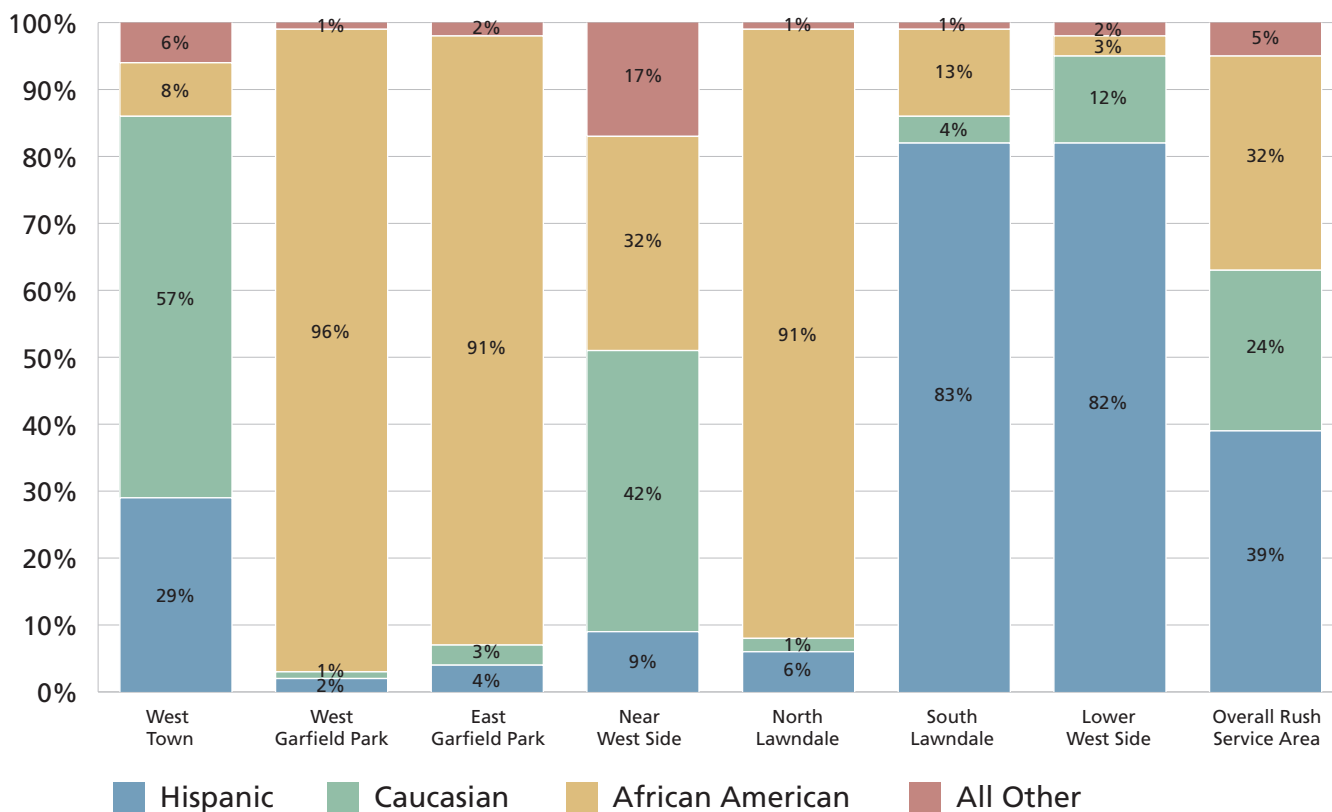
In 2010, the Rush service area had a total population of 330,661, which is a 9 percent decrease from 2000. Most of Chicago's community areas experienced a drop in population between 2000 and 2010. The age profile remained fairly stable from 2000 to 2010 (table 1).

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

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

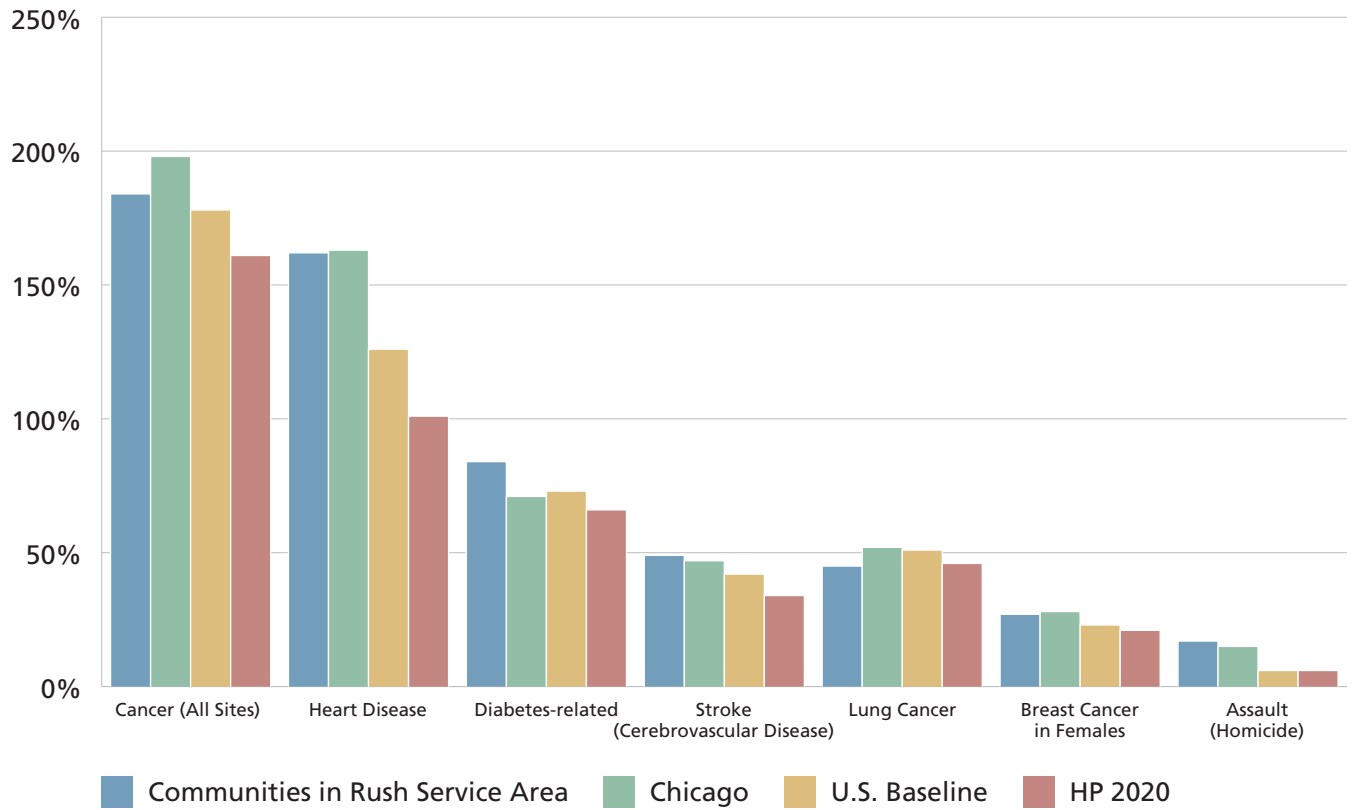
**Table 1. Age Profile**

Source: Chicago Department of Public Health, 2010; U.S. Census Bureau, 2010



**Figure 2. Race/Ethnicity Profile for Communities in Rush's Service Area**

Source: Chicago Department of Public Health, 2010



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

### Mortality Rates

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

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

### Nativity Rates

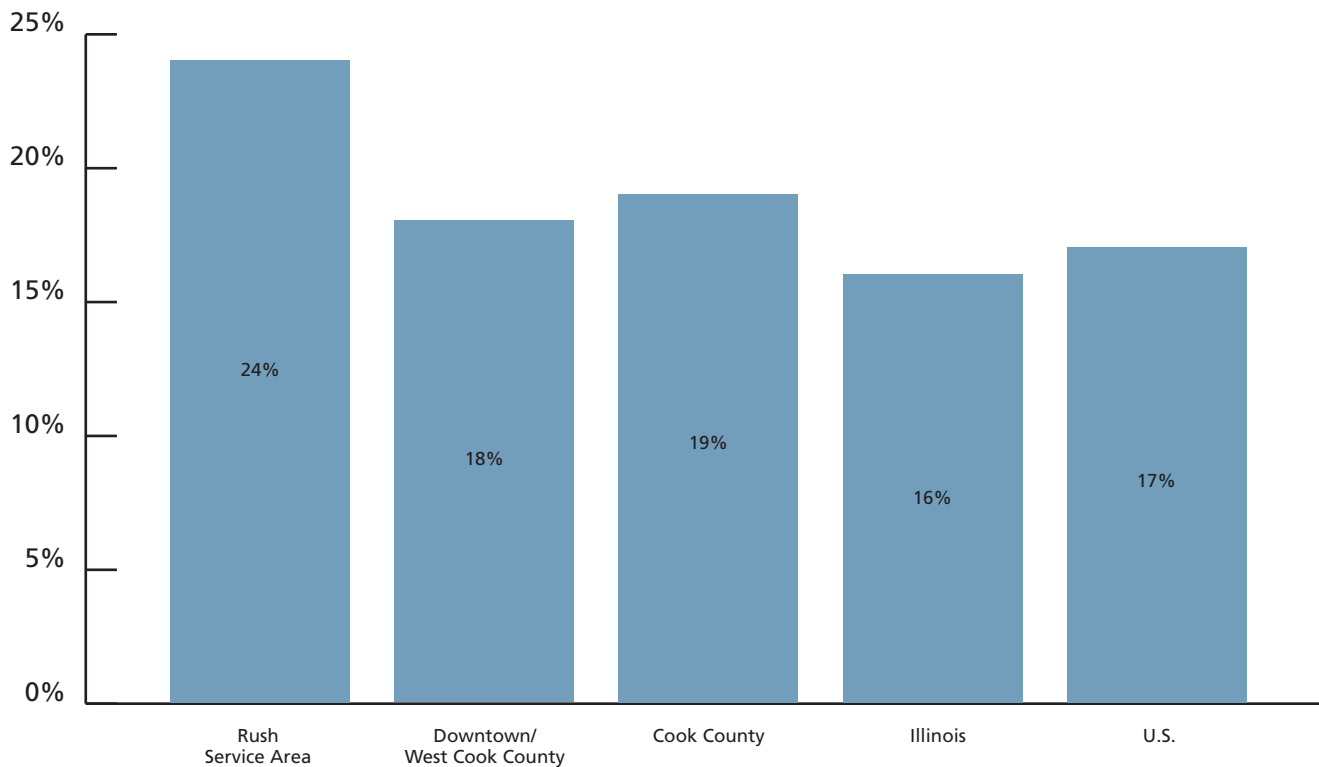
The teen birth rate is calculated from the number of births to teens aged 15–19 per 1,000 population of 15–19 females. West Garfield Park and North Lawndale have two of the highest teen birth rates within Chicago, with rates of 115 and 109 per 1,000, respectively. In Chicago, teen birth rates declined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

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

### Health Status

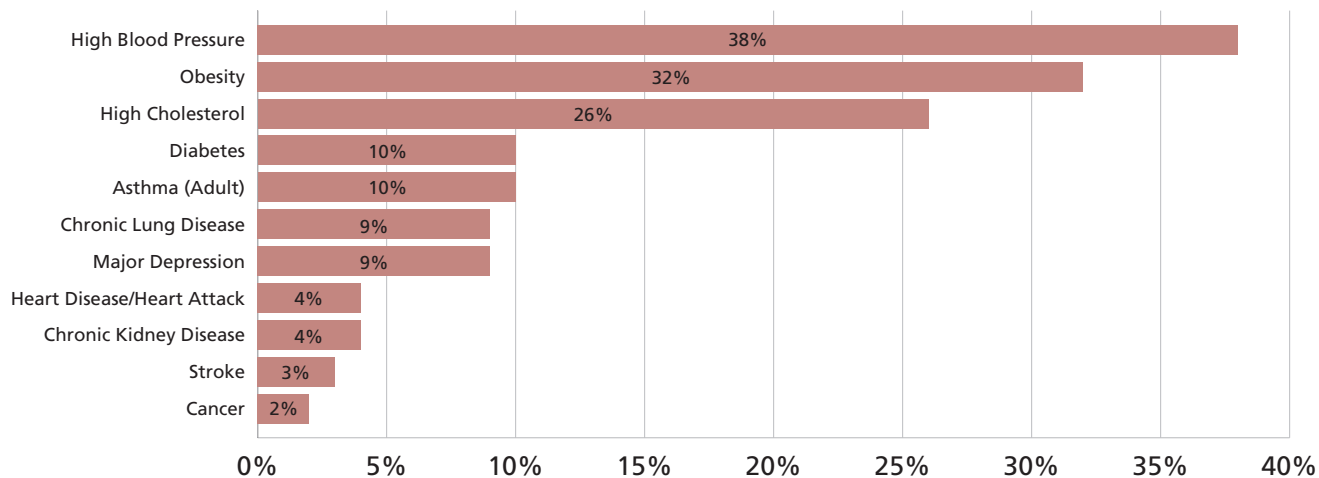
Overall, community survey respondents reported being healthy, with 44 percent reporting very good or excellent health and 76 percent reporting good or better health. Twenty-four percent ranked their health as fair/poor, which is high compared to other areas (figure 4).

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



**Figure 4. Percent of Respondents Rating Their Physical Health as Fair/Poor in Rush’s Service Area**

Source: PRC, 2012; CDC, 2011



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

Source: PRC, 2012

## Overview

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

## Poverty, Unemployment, and Education

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

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

## Violence

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

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

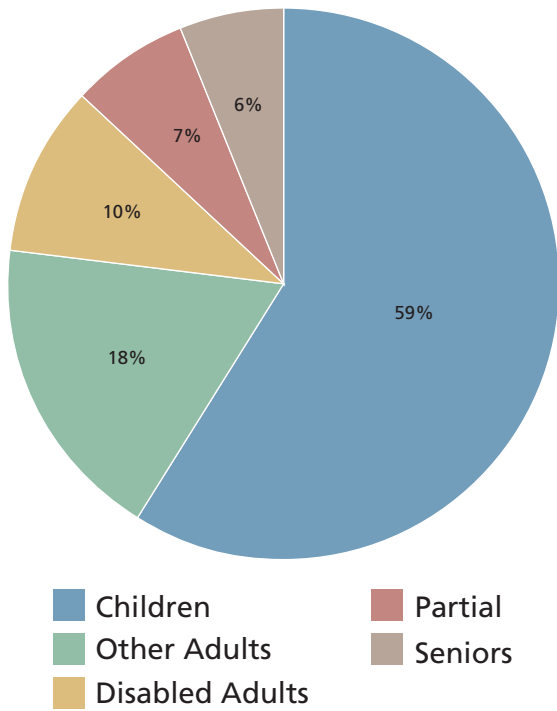
Students missing school due to safety issues was also noted as a major concern in Rush's service area.

### Health Coverage

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

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

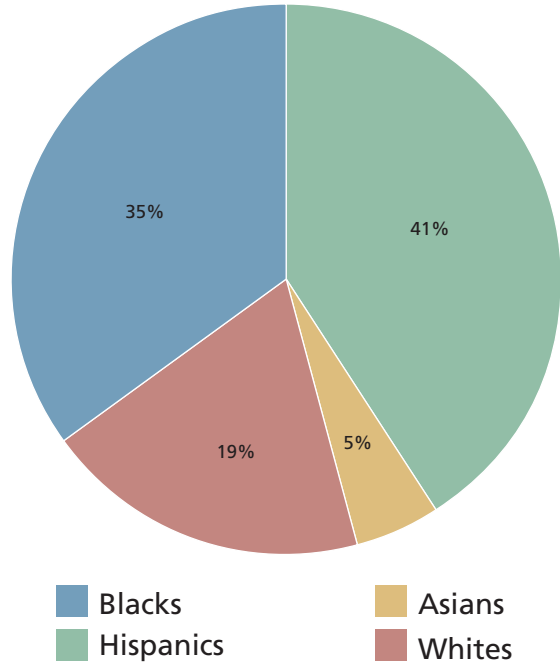
According to PRC’s survey data for Rush’s service area, of those currently insured, 13 percent went without health coverage at some point over the past year.



**Figure 6. Breakdown of Medicaid Enrollees in Rush's Service Area**

Source: Illinois Department of Healthcare and Family Services, FY2010

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



**Figure 7. Chicago's Uninsured by Race/Ethnicity**

Source: Chicago Department of Public Health, 2009

### Overview

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

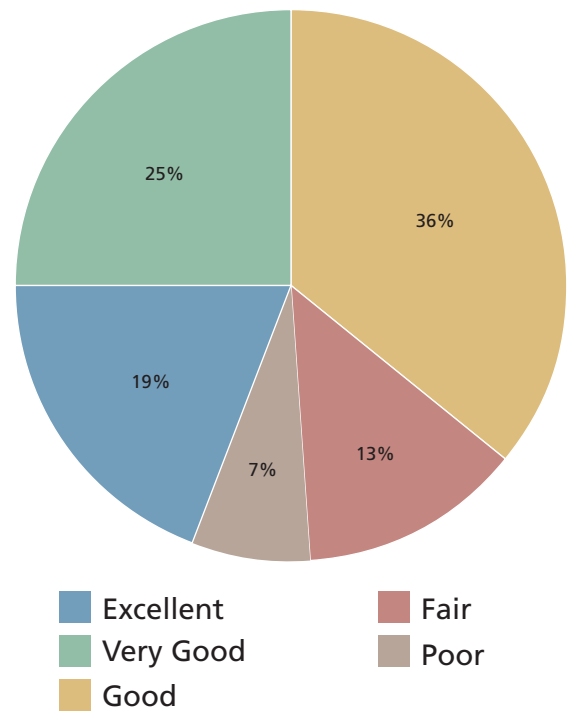
According to the U.S. Department of Health and Human Services, structural, financial, and personal barriers can limit access to health care. Structural barriers include the lack of providers or facilities to meet special needs or the difficulties in the scheduling process for a patient to get needed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

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

### Ratings and Use of Health Services in Rush’s Area

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

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



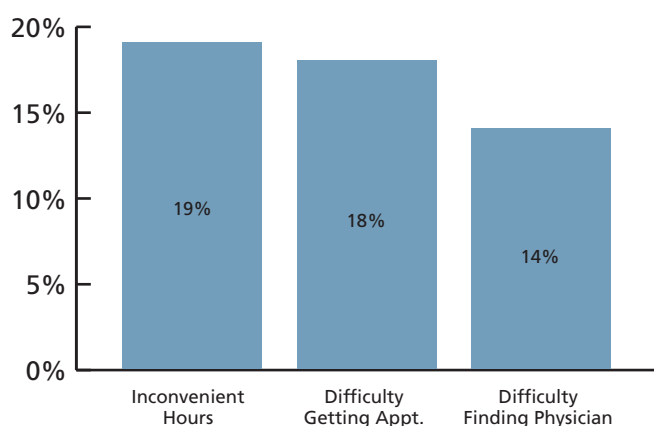
**Figure 8. Rating of Health Care Services Available in Rush’s Service Area**

Source: PRC, 2012

### Structural Barriers

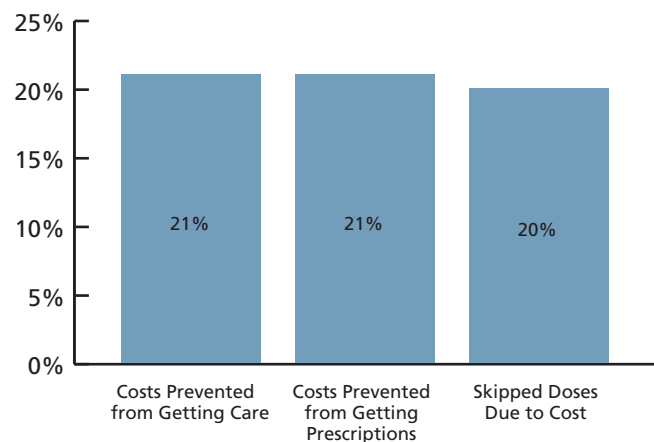
Structural barriers include difficulty getting appointments and receiving continuity of care.

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



**Figure 9. Percent of Respondents Who Noted the Following Barriers for Not Getting Care in Rush's Service Area**

Source: PRC, 2012



**Figure 10. Percent of Respondents With Cost Barriers to Care in Rush's Service Area**

Source: PRC, 2012

### Financial Barriers

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

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

### Personal/Cultural Barriers

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

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

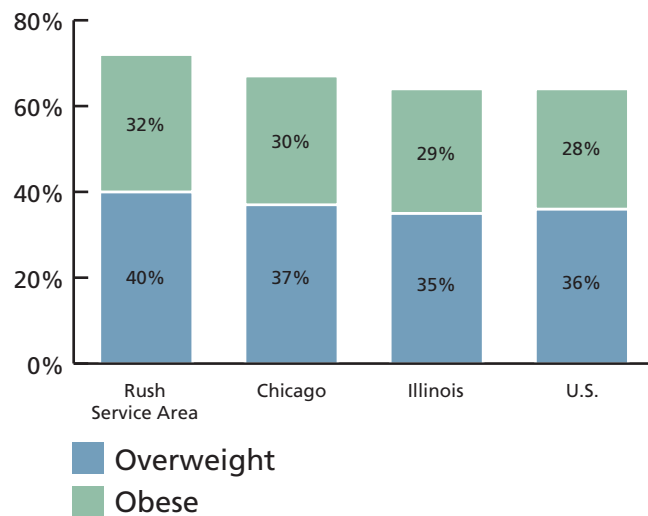
In addition, inadequate transportation is also a barrier to care, with 11 percent of community survey respondents stating that transportation hindered a physician visit in the past year.

## Overview

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

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

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



**Figure 11. Overweight and Obesity Rates**

Source: PRC, 2012; Chicago Department of Public Health, 2009; CDC, 2011

## Rates in Rush's Service Area

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

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

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

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

## Interview Findings

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



## Overview

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

## Diabetes-Related Mortality and Hospitalizations

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

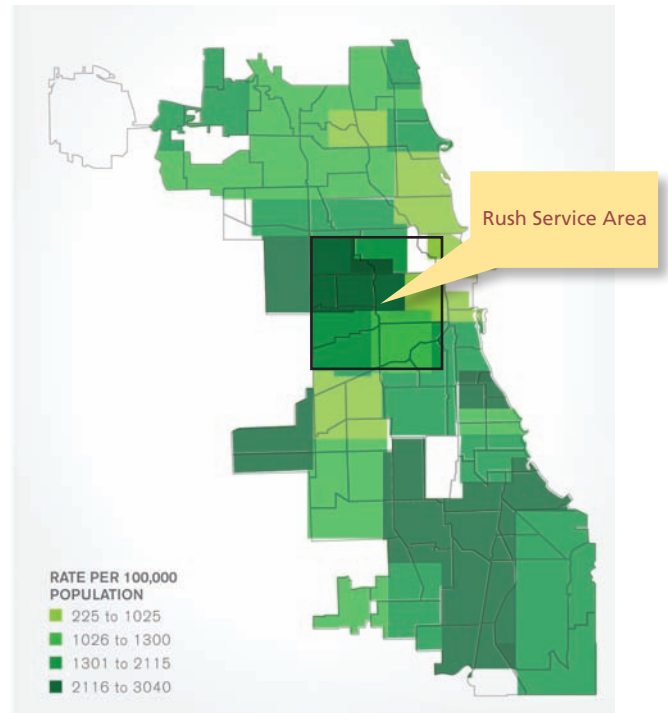
While diabetes-related deaths have shown a 16 percent decrease in the past decade for all Chicagoans, short-term and long-term hospitalization rates have grown by 8 percent and 35 percent respectively. Hospitalization rates are particularly high in Rush's service area (figure 12).

## Diabetes Prevalence

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

## Interview Findings

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



**Figure 12. Diabetes Hospitalizations by Chicago ZIP Codes**

Source: Chicago Department of Public Health's Chicago Plan, 2007

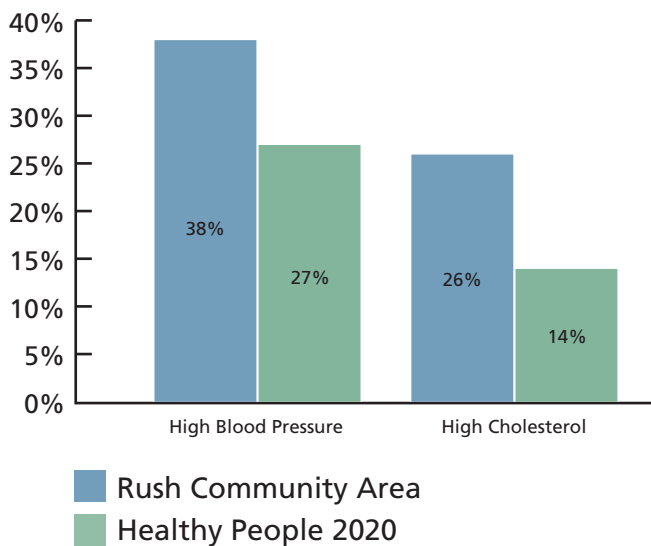
### Overview

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

### Mortality Rates

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

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



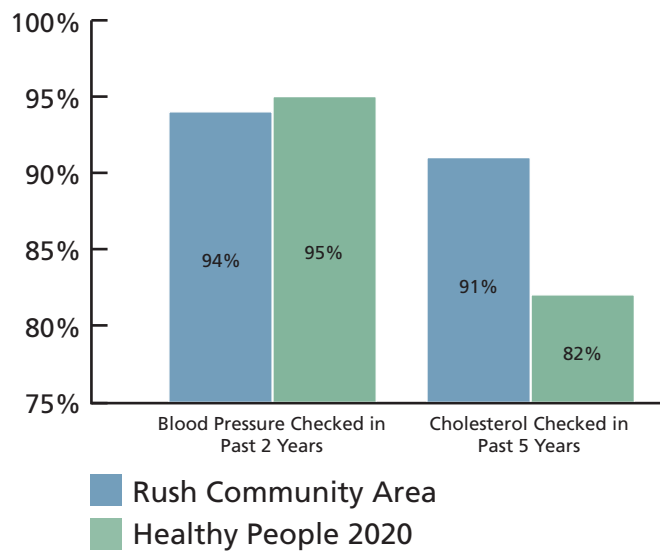
**Figure 13. Percent With High Blood Pressure and Cholesterol**  
Source: PRC, 2012; Healthy People 2020 Objectives

### Prevalence Rates

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

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

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



**Figure 14. Percent That Had Blood Pressure and Cholesterol Checked Recently**  
Source: PRC, 2012; Healthy People 2020 Objectives

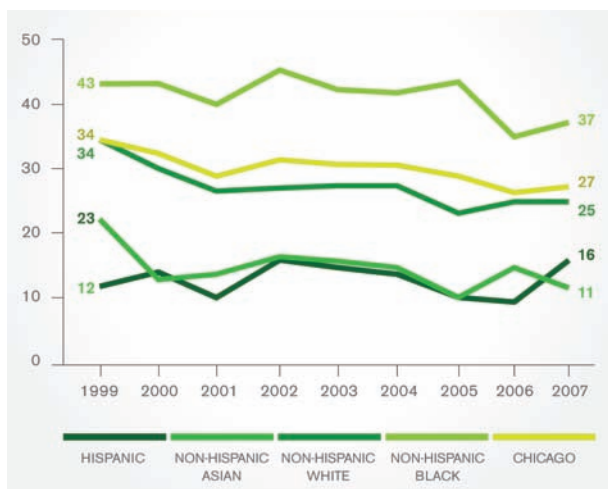
## Overview

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

## Breast Cancer and Mammography

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

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



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

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

## Maternal Health

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

## Teen Pregnancy

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

**Overview**

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

**Mental Health Statistics**

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

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

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

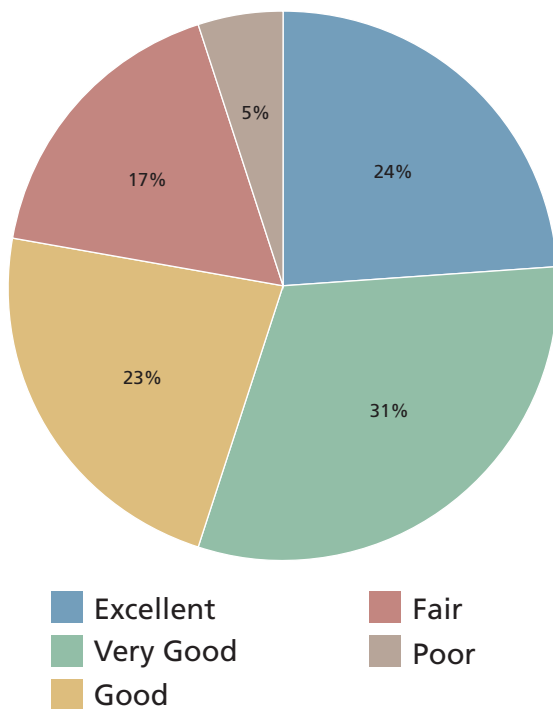
**Substance Abuse**

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

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

**Interview Findings**

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

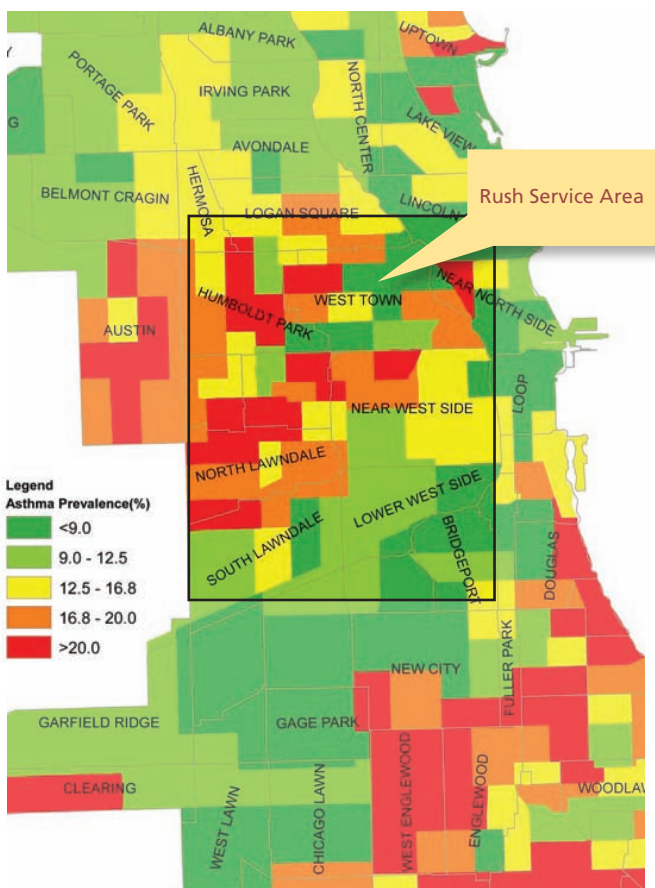


**Figure 16. Ratings of Mental Health in Rush’s Service Area**  
Source: PRC, 2012

## Asthma

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

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



**Figure 17. Chicago Neighborhood Asthma Prevalence**  
Source: Journal of Allergy and Clinical Immunology, 2007

## Chronic Lower Respiratory Disease and Lung Disease

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

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

## Tobacco Use

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

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

## Interview Findings

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

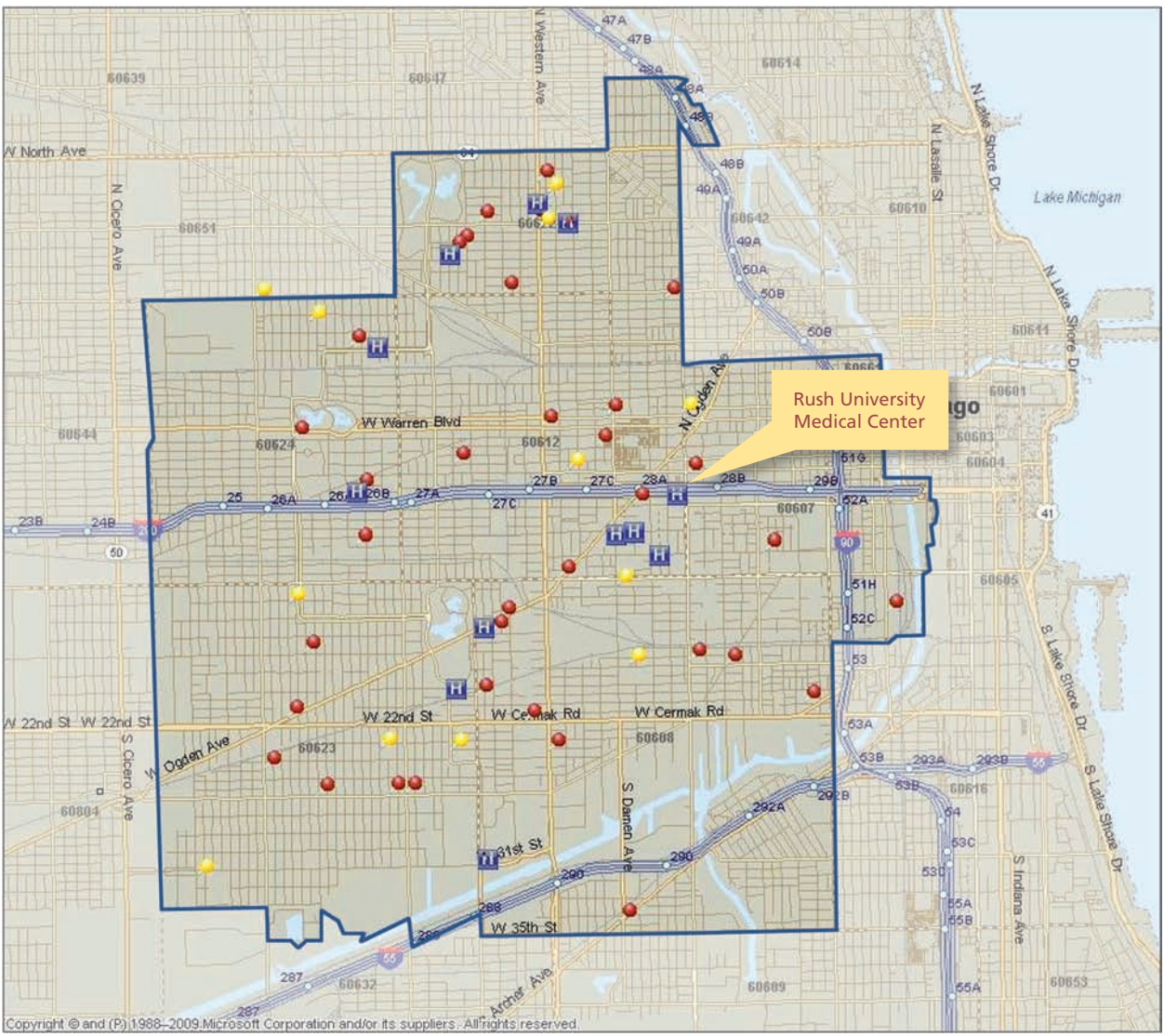
The development of the Community Health Needs Assessment (CHNA) has enabled Rush to continue its exploration and strengthen its commitment to the community. The CHNA process presented an exciting opportunity to engage a diverse group of stakeholders internally at Rush and across the community. We are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




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

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

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

Again, we would like to take this time to thank everyone for their contributions to this report.



-  Hospital
-  Community-Based Health Center
-  School-Based Health Center

## Hospitals

RML Specialty Hospital Chicago	3435 W. Van Buren St., Chicago, IL 60624
Jesse Brown VA Medical Center	820 S. Damen Ave., Chicago, IL 60612
John H. Stroger Jr. Hospital of Cook County	1900 W. Polk St., Chicago, IL 60612
Mount Sinai Hospital	1500 S. Fairfield Ave., Chicago, IL 60608
Norwegian American Hospital	1044 N. Francisco Ave., Chicago, IL 60622
RML Specialty Hospital Chicago	3435 W. Van Buren St., Chicago, IL 60624
Rush University Medical Center	1653 W. Congress Pkwy., Chicago, IL 60612
Sacred Heart Hospital	3240 W. Franklin Blvd., Chicago, IL 60624
Saint Anthony Hospital	2875 W. 19th St., Chicago, IL 60623
Schwab Rehabilitation Hospital	1401 S. California Blvd., Chicago, IL 60608
St. Mary and Elizabeth Medical Center – Saint Mary Campus	2233 W. Division St., Chicago, IL 60622
St. Mary and Elizabeth Medical Center – St. Elizabeth Campus	1431 N. Claremont Ave., Chicago, IL 60622
University of Illinois Hospital and Health Sciences System	1740 W. Taylor St., Chicago, IL 60612

Source: [http://www.hfsrb.illinois.gov/HospProf\\_ABR.htm](http://www.hfsrb.illinois.gov/HospProf_ABR.htm), Accessed November 14–16, 2012

## Community Based Health Centers

ACCESS at Anixter	2020 N. Clybourn Ave., Chicago, IL 60607
ACCESS at Bethany	3435 W. Van Buren St., Chicago, IL 60624
ACCESS Cabrini Family Health Center	3450 S. Archer Ave., Chicago, IL 60608
ACCESS Centro Medico	3700 W. 26th St., Chicago, IL 60623
ACCESS Centro Medico San Rafael	3204 W. 26th St., Chicago, IL 60623
ACCESS Haymarket	932 W. Washington St., Chicago, IL 60607
ACCESS Kling Professional Medical Center	2720 W. 15th St., Chicago, IL 60608
ACCESS Madison Family Health Center	3800 W. Madison St., Chicago, IL 60624
ACCESS Near West	1158 W. Taylor St., Chicago, IL 60607
ACCESS Paul and Mimi Francis Westside Family Health Center	3752 W. 16th St., Chicago, IL 60623
ACCESS Pilsen Family Health Center	1817 S. Loomis St., Chicago, IL 60608
ACCESS Plaza Medical Center	2533 W. Cermak Rd., Chicago, IL 60608
ACCESS Servicio Medico la Villita	3303 W. 26th St., Chicago, IL 60623
ACCESS Sinai Institute	2653 W. Ogden Ave., Chicago, IL 60608
ACCESS Warren Family Health Center	2409 W. Warren Blvd., Chicago, IL 60612
Alivio Medical Center	966 W. 21st St., Chicago, IL 60608
Alivio Medical Center-Western	2355 S. Western Ave., Chicago, IL 60608
Centro De Salud Esperanza	2001 S. California Ave., Chicago, IL 60608
Chicago West Town Clinic	2418 W. Division St., Chicago, IL 60622
CommunityHealth	2611 W. Chicago Ave., Chicago, IL 60622
Dr. Jorge Prieto Health Center of Cook County	2424 S. Pulaski Rd., Chicago, IL 60623
Erie Family Health Center – West Town	1701 W. Superior St., Chicago, IL 60622
Fantus Health Center	1901 W. Harrison St., Chicago, IL 60612
James Jordan Family Life Center	2102 W. Monroe St., Chicago, IL 60612
Lawndale Christian Health Center	3517 W. Arthington St., Chicago, IL 60623



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

Sources: <http://www.communityhealth.org/medical-dental-care/>, [http://www.accesscommunityhealth.net/resources/pdf/AccessMAP\\_sheet.pdf](http://www.accesscommunityhealth.net/resources/pdf/AccessMAP_sheet.pdf), [http://www.cityofchicago.org/dam/city/depts/cdph/statistics\\_and\\_reports/CAHRIFINAL05042011.pdf](http://www.cityofchicago.org/dam/city/depts/cdph/statistics_and_reports/CAHRIFINAL05042011.pdf), <http://www.iphca.org/FindaHealthCenter/CookCounty/Chicago.aspx>, Accessed Dec 5–12, 2012

### School Based Health Centers

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

Sources: [http://www.cityofchicago.org/dam/city/depts/cdph/statistics\\_and\\_reports/CAHRIFINAL05042011.pdf](http://www.cityofchicago.org/dam/city/depts/cdph/statistics_and_reports/CAHRIFINAL05042011.pdf), <http://www.illmaternal.org/icshc/docs/ILSHCrcFY11Chicago.pdf>, Accessed December 5, 2013

### Chicago Housing Authority Sites

Albany Terrace Apartments (Senior)	3030 W. 21st Pl., Chicago, IL 60623
Apartamentos Las Americas (Senior)	1611 S. Racine Ave., Chicago, IL 60608
Irene McCoy Gaines Apartments (Senior)	3700 W. Congress Pkwy., Chicago, IL 60624
Judge Green Apartments (Senior)	4030 S. Lake Park Ave., Chicago, IL 60624
Lidia Pucinska Apartments (Senior)	847 N. Greenview Ave., Chicago, IL 60622
Patrick Sullivan Apartments (Senior)	1633 W. Madison St., Chicago, IL 60612
Bridgeport Homes (Traditional)	3175 S. Lituanica Ave., Chicago, IL 60608
Lawndale Gardens (Traditional)	California Ave. and 25th St., Chicago, IL 60608
Wicker Park Apartments and Annex (Senior)	141 N. Damen Ave., Chicago, IL 60622
William Jones Apartments (Senior)	1447 S. Ashland Ave., Chicago, IL 60608
North Town Village (Mixed)	1311 N. Halsted St., Chicago, IL 60622
Jackson Square at West End (Mixed)	2433 W. Adams St., Chicago, IL 60612
Westhaven Park/Village of Westhaven (Mixed/Traditional)	100 N. Hermitage Ave., Chicago, IL 60612
Roosevelt Square/Brooks Homes (Mixed/Traditional)	1222 W. Roosevelt Rd., Chicago, IL 60608
Loomis Courts (Traditional)	1314 W. 15th St., Chicago, IL 60608
Harrison Courts (Traditional)	2309 W. Harrison St., Chicago, IL 60612
Park Douglas (Mixed)	Not built yet, Chicago, IL

Source: <http://www.thecha.org/pages/housing/19.php>, Accessed October 19, 2012

### Pharmacy Walk-in Clinics

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

Source: [http://takecarehealth.com/LocationSearchResults.aspx?location\\_query=60624](http://takecarehealth.com/LocationSearchResults.aspx?location_query=60624), <http://www.minuteclinic.com/locations/>, Accessed December 5, 2012

### Parks and Recreation

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

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

Ginkgo Playlot Park	1448 S. Trumbull Ave., Chicago, IL 60623
Christiana Playlot Park	1533 S. Christiana Ave., Chicago, IL 60623
Hornbeam Playlot Park	1416–26 S. Hamlin Ave., Chicago, IL 60623
Ninebark Playlot Park	1447 S. Harding Ave., Chicago, IL 60623
Piotrowski Park	4247 W. 31st St., Chicago, IL 60623
Millard Playlot Park	1331 S. Millard Ave., Chicago, IL 60623
Crawford Playlot Park	1516 S. Karlov Ave., Chicago, IL 60623
Park No. 534	1300 S. St. Louis St., Chicago, IL 60623
Franklin Park	4320 W. 15th St., Chicago, IL 60623
Douglas Park	1401 S. Sacramento Dr., Chicago, IL 60623
Smith Park	4320 W. 5th Ave., Chicago, IL 60624
Park No. 550	730 S. Springfield Ave., Chicago, IL 60624
Mason Playlot Park	4100 W. West End Ave., Chicago, IL 60624
Garfield Park	100 N. Central Park Ave., Chicago, IL 60624
Violet Playlot Park	4120 W. Taylor St., Chicago, IL 60624
Roscoe Lee Boler Park	3601 W. Arthington St., Chicago, IL 60624
Sumner Park	4320 W. 5th Ave., Chicago, IL 60624
Garfield Park Conservatory	300 N. Central Park Ave., Chicago, IL 60624
Homan Square Park	3559 W. Arthington St., Chicago, IL 60624
St. Louis Playlot Park	339 N. St. Louis Ave., Chicago, IL 60624
Ohio and Harding Park	601 N. Harding Ave., Chicago, IL 60624
Tilton Park	305 N. Kostner Ave., Chicago, IL 60624
Gladys Playlot Park	3301 W. Gladys Ave., Chicago, IL 60624
Playlot Park No. 422	3232 W. Congress Pkwy., Chicago, IL 60624
Orr Park	744 N. Pulaski Rd., Chicago, IL 60624
Magnolia Playlot Park	3224 W. Flournoy St., Chicago, IL 60624
Central Playlot Park	721 N. Central Park Ave., Chicago, IL 60624
Kells Playground Park	3201 W. Chicago Ave., Chicago, IL 60624
Smith Park	4320 W. 5th Ave., Chicago, IL 60624

Source: <http://www.chicagoparkdistrict.com/parks/search/> Accessed January 3, 2012

### Childcare Centers

Cordi Marian Center	1100 S. May St., Chicago, IL 60607
Corporate Child Care C.C.C. Learning Center	610 S. Canal St., Chicago, IL 60607
It Takes a Village At River City, LLC	800 S. Wells St., Ste. 90, Chicago, IL 60607
Laurance Armour Day School	2150 W. Harrison St., Chicago, IL 60612
Little Green Tree House	118 S. Ashland Ave., Chicago, IL 60607
Montessori Academy of Chicago	1335 W. Randolph St., Chicago, IL 60607
The Northern Trust Child Care Center	801 S. Canal St., Chicago, IL 60607
Wholly Innocence Day Care Center	120 N. Sangamon St., Chicago, IL 60607

American Kidz Academy West Loop LLC	229 S. Peoria St., Chicago, IL 60607
Discovery Days Learning Academy	1417 W. Taylor St., Chicago, IL 60607
Carole Robertson Center for Learning	2020 W. Roosevelt Rd., Chicago, IL 60608
Easter Seals Gilchrist-Marchman Center	1001 W. Roosevelt Rd., Chicago, IL 60608
El Hogar Del Niño/Cuidar	1710 S. Loomis St., #18, Chicago, IL 60608
Gads Hill Child Care Center	2653 W. Ogden Ave., Chicago, IL 60608
Guadalupano Family Center	1814 S. Paulina St., Chicago, IL 60608
Marcy-Newberry Asso Inc/Alba/Fosco Cmty	1073 W. Maxwell St., Chicago, IL 60608
New Zion Child Care Academy	1252 S. Wolcott Ave., Chicago, IL 60608
Rauner YMCA	2700 S. Western Ave., Chicago, IL 60608
The Guadalupe Reyes Children and Family Center	1951 W. 19th St., Chicago, IL 60608
Daly Day Care Center	834 W. 31st St., #836, Chicago, IL 60608
Fellowship House Day Care Center	844 W. 32nd St., Chicago, IL 60608
Gads Hill Center After School	1919 W. Cullerton St., Chicago, IL 60608
Lil' Einstein's Institute for Scholars	1854 S. Racine Ave., Chicago, IL 60608
Richard J. Daley/AVI-CDC	2800 S. Western Ave., Chicago, IL 60608
Smart Learning Center	2841 S. Archer Ave., Chicago, IL 60608
Dr. Effie O. Ellis YMCA Day Care Center	10 S. Kedzie Ave., Chicago, IL 60612
Malcolm X. College Child Development Center	1900 W. Van Buren St., Chicago, IL 60612
Marillac Social Center	212 S. Francisco Ave., Chicago, IL 60612
Onward Neighborhood House Day Care Program	600 N. Leavitt St., Chicago, IL 60612
UIC Children's Center II	1919 W. Taylor St., Rm. 116 #M/c5, Chicago, IL 60612
Great Expectations Learning Academy Inc.	1146 S. California Ave., Chicago, IL 60612
Casa Central CSC Child Development Center	1343 N. California Ave., Chicago, IL 60622
Centro Infantil Consulo Lee Corretje	2739 W. Division St., #41, Chicago, IL 60622
Erie Community Center	1701 W. Superior St., Chicago, IL 60622
North Avenue Day Nursery	2001 W. Pierce Ave., Chicago, IL 60622
ABC Daycare and Preschool	1634 W. North Ave., Chicago, IL 60622
Casa Central After School Program	1343 N. California Ave., Chicago, IL 60622
Erie Neighborhood House D.C. Program	1701 W. Superior St., Chicago, IL 60622
The Nicholson School	1700 W. Cortland St., Chicago, IL 60622
Fifth City Child Development Institute Inc.	3411 W. 5th Ave. Bldg. C, Chicago, IL 60624
Little Giant's Child Care Center	3863 W. Harrison St., Chicago, IL 60624
Nia Family Center	744 N. Monticello Ave., Chicago, IL 60624
North Lawndale YMCA	3449 W. Arthington St., Chicago, IL 60624
YMCA Orr Family Development Center	730 N. Pulaski Rd., Chicago, IL 60624

Source: <http://childcarecenter.us/search>, Accessed January 4, 2013

### Grocery Stores

Dominick's	1 N. Halsted Ave., Chicago, IL 60661
Dominick's	1340 S. Canal St., Chicago, IL 60607
Dominick's	2021 W. Chicago Ave., Chicago, IL 60622

Dominick's	3145 S. Ashland Ave., Chicago, IL 60608
Jewel	1220 S. Ashland Ave., Chicago, IL 60608
Jewel	370 N. Desplaines St., Chicago, IL 60661
Jewel	1341 N. Paulina St., Chicago, IL 60622
Aldi	1739 W. Cermak St., Chicago, IL 60608
Aldi	3835 W. Madison St., Chicago, IL 60624
Aldi	5629 W. Fillmore St., Chicago, IL 60612
Mariano's	40 S. Halsted St., Chicago, IL 60661
Whole Foods	1101 S. Canal St., Chicago, IL 60607
Costco	1430 S. Ashland Ave., Chicago, IL 60608

Sources: <http://www.dominicks.com/IFL/Grocery/Store-Locator-Results>, <http://www.jewelosco.com/stores/store-search-results.html?ZIPCode=60623&city=&state=>, <http://traderjoes.com/stores/index.asp?q=60130>, <http://www.wholefoodsmarket.com/stores/list>, [http://aldi.us/us/html/service/store\\_locator\\_ENU\\_HTML.htm?WT.z\\_src=main](http://aldi.us/us/html/service/store_locator_ENU_HTML.htm?WT.z_src=main), <http://www.marianos.com/default.aspx>, <http://www.costco.com/> Accessed January 16, 2013

### Nursing Homes

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

Source: <http://www.idph.state.il.us/webapp/LTCApp/ltc.jsp>, Accessed January 16, 2013

### Mental Health Facilities

Lawndale Mental Health Center	1201 S. Campbell St., Chicago, IL 60608
Bobby E. Wright Community Mental Health Center	9 S. Kedzie St., Chicago, IL 60612
Cook County Hospital System	1969 Ogden St., Chicago, IL 60612
Haymarket Center	108 N. Sangamon St., Chicago, IL 60607
Sinai Mile Square	2040 W. Washington Blvd., Chicago, IL 60612
Near West Men's Residential Home	2207 W. 18th St., Chicago, IL 60608
Norwegian American Hospital	1044 N. Francisco Ave., Chicago, IL 60622
Pilsen Wellness Center	2319 S. Damen Ave., Chicago, IL 60608
Pilsen Wellness Center	3113 W. Cermak Rd., Chicago, IL 60623
Pilsen Wellness Center	2635 W. 23rd St., Chicago, IL 60608
Rush University Medical Center	1653 W. Congress Pkwy., Chicago, IL 60612
Saint Anthony Hospital	2875 W. 19th St., Chicago, IL 60623
University of Illinois Hospital and Health Sciences System	1740 W. Taylor St., Chicago, IL 60612
Jesse Brown VA Medical Center	820 S. Damen Ave., Chicago, IL 60612

Sources: [http://www.cityofchicago.org/content/dam/city/depts/cdph/clinical\\_care\\_and\\_more/CDPHLocationsUpdatedCMHC2011Ver2.pdf](http://www.cityofchicago.org/content/dam/city/depts/cdph/clinical_care_and_more/CDPHLocationsUpdatedCMHC2011Ver2.pdf), Accessed January 14, 2013, <http://www.hrdi.org/hrdi/BedAvailability/tabid/91/Default.aspx> Accessed February 12, 2013

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