



Jackson Park Hospital
caring for you

Community Health Needs Assessment



March 2021

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Introduction

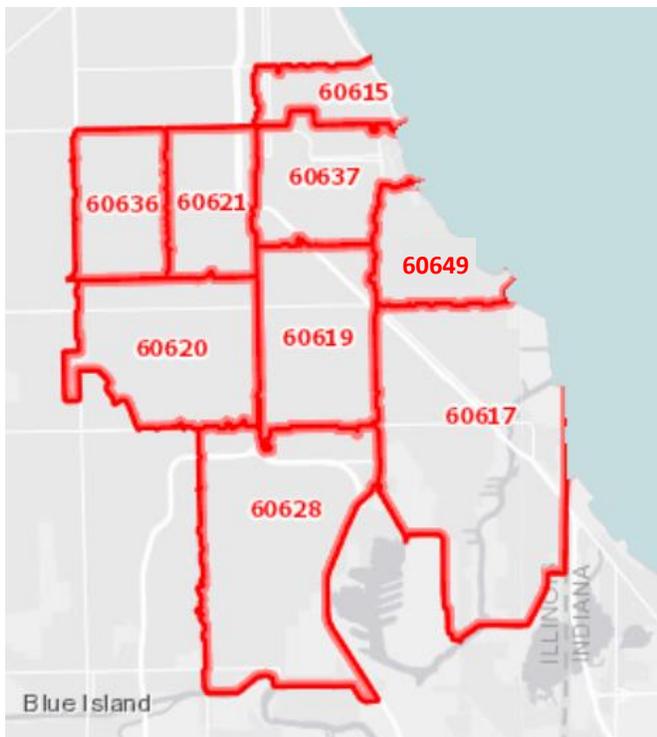
Description of Jackson Park Hospital and the communities we serve

Jackson Park Hospital & Medical Center is a 256-bed acute, short-term comprehensive care facility serving the south side of Chicago. The hospital offers a wide range of inpatient and outpatient diagnostic, therapeutic and ancillary services with a commitment to medical education at all levels. The hospital offers full medical, surgical, psychiatric, and medical stabilization services as well as medical sub-specialties including cardiology, pulmonary, gastrointestinal disease, renal, orthopedics, ENT, ophthalmology, infectious disease, HIV, hematology/oncology and geriatrics. Ambulatory care is provided through the family medicine center and senior health center. Approximately 80 percent of the hospital's patients are covered by Medicare and Medicaid.

Jackson Park Hospital's mission is to provide compassionate and high quality healthcare service to meet the needs of the patients and communities we serve. We believe that all human beings possess intrinsic value. We will strive to ensure: our operations will be patient-centered; all patients will be treated with dignity and respect; patients' rights will be honored.

Jackson Park Hospital's primary service area includes eight zip codes corresponding to 20 community areas in the City of Chicago.

Jackson Park Hospital's Primary Service Area

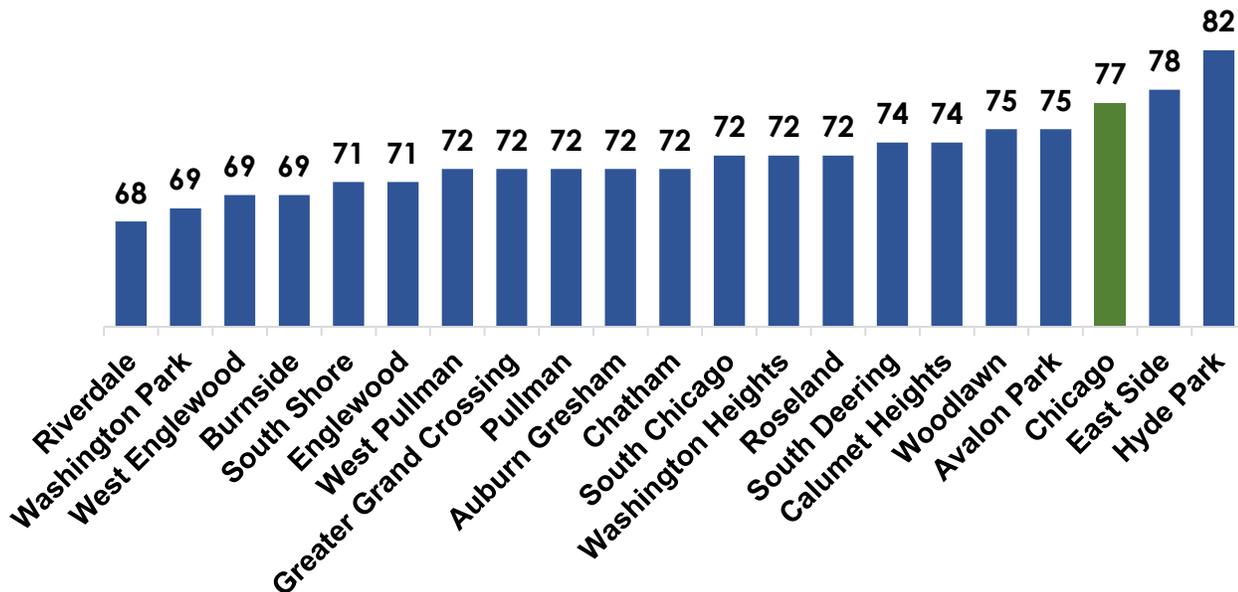


Zip Code	Community Areas
60649	South Shore
60619	Greater Grand Crossing, Chatham, Burnside, Avalon Park
60637	Washington Park, Hyde Park, Woodlawn
60617	Calumet Heights, South Chicago, South Deering, East Side
60620	Washington Heights, Auburn Gresham
60628	Roseland, West Pullman, Pullman, Riverdale
60621	Englewood
60636	West Englewood

The total population in these eight zip codes is estimated at 428,700; about 23% of the residents are under 18, while 15% are over the age of 65. Eighty-five percent of the population identifies as Black (84.6%), 9.7% Hispanic/Latinx, 4.0% White (non-Hispanic), and 0.7% Asian, with a small percentage identifying with other racial groups. (American Community Survey, US Census Bureau, 2014-2019 five-year estimates)

In the communities that make up Jackson Park Hospital’s service area, life expectancy ranges from 68 to 82 years of age, with almost all of the community areas having a life expectancy lower than the Chicago average of 77 years of age. (Chicago Department of Public Health, Chicago Health Atlas)

Life Expectancy, 2017



Overview of the Alliance for Health Equity

The Alliance for Health Equity is a collaborative of 36 hospitals working with health departments and regional and community-based organizations to improve health equity, wellness, and quality of life across Chicago and Suburban Cook County. The purpose of the Alliance for Health Equity is to improve population and community health by:

- promoting health equity;
- supporting capacity building, shared learning, and connecting local initiatives;
- addressing social and structural determinants of health;
- developing broad city and county wide initiatives and creating systems;
- engaging community partners and working collaboratively with community leaders;
- developing data systems for population health to support shared impact measurement and community assessment; and
- collaborating on population health policy and advocacy.

The Alliance for Health Equity was developed so that participating organizations can collaboratively assess community health needs, collectively develop shared implementation plans to address

community health needs, more efficiently share resources, and have a greater impact on the large population residing in Cook County. Currently, 36 hospitals, 6 local health departments including Chicago Department of Public Health and Cook County Department of Public Health, and nearly 100 community-based organizations are participating in the Alliance for Health Equity. The Illinois Public Health Institute (IPHI) serves as a backbone organization that helps to facilitate the assessment and implementation processes, convenes partners across sectors, and provides technical support. The Alliance for Health Equity is comprised of a steering committee and workgroups and committees collaborating on implementation strategies for several community health priorities. Jackson Park Hospital sits on the steering committee for the Alliance for Health Equity.

Community Engagement

In keeping with our purpose, vision, and values, the Alliance for Health Equity prioritizes engagement of community members and community-based organizations as a critical component of assessing and addressing community health needs. The Alliance for Health Equity's methods of community engagement for the CHNA and implementation strategies include:

- Gathering input from community residents who are underrepresented in traditional assessment and implementation planning processes;
- Partnering with community-based organizations for collection of community input through surveys and focus groups;
- Engaging community-based organizations and community residents as members of implementation committees and workgroups;
- Utilizing the expertise of the members of implementation committees and workgroups in assessment design, data interpretation, and identification of effective implementation strategies and evaluation metrics;
- Working with hospital and health department community advisory groups to gather input into the CHNA and implementation strategies; and
- Partnering with local coalitions to support and align with existing community-driven efforts.

The community-based organizations engaged in the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing services, food security, community safety, planning, community development, immigrant rights, primary and secondary education, faith communities, behavioral health services, advocacy, policy, transportation, older adult services, health care services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, youth, older adults and caregivers, LGBTQ+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults.

Jackson Park Hospital's CHNA process

Jackson Park Hospital worked with the Alliance for Health Equity and the Illinois Public Health Institute (IPHI) to conduct this Community Health Needs Assessment (CHNA), using community health status data from approximately 20 publicly available sources that are accessible through the Chicago Health Atlas and SparkMap websites. IPHI reviewed local resource lists and community plans to compile community assets. IPHI also conducted eight key informant interviews with community members who have been active partners to Jackson Park Hospital. Jackson Park Hospital wrote up a summary of implementation activities completed since the 2018 CHNA.

This CHNA was conducted to meet federal requirements and guidelines, including:

- clearly defining a community served by the hospital, and ensuring that defined community does not exclude low-income or vulnerable communities in proximity to the hospital;
- a clear description of the CHNA process and methods; community health needs; collaboration, including with public health experts; and a description of existing facilities and resources in the community;
- input from persons representing the broad needs of the community;
- opportunity for community comment on the CHNA and health needs in the community;
- posting the CHNA and making it available to the public;

And, Jackson Park Hospital will adopt and submit an implementation strategy to the IRS following the posting of this CHNA.

This Community Health Needs Assessment (CHNA) identifies many health needs and health inequities affecting the communities served by Jackson Park Hospital: (in alphabetical order)

- Access to healthcare – inequities in service availability, access to primary and secondary care, and transportation
- Care coordination and linkage to services
- Chronic disease management and prevention – diabetes, hypertension, lung health
- Food insecurity and food access
- Housing and homelessness
- Infectious disease, including COVID-19
- Jobs and workforce development
- Maternal and child health, including prenatal care
- Mental Health
- Substance Use Disorders
- Trauma
- Violence and community safety
- Youth development and education

Priority Community Health Issues

Jackson Park Hospital staff and leadership prioritized five significant community health needs.¹

Access to Healthcare

Chronic Disease Management and Prevention

Housing and Homelessness

Community Education - Maternal and Child Health, including prenatal care

Mental Health and Substance Use Disorders

The Community Health Needs Assessment (CHNA) was adopted by the hospital board on March 19, 2021.

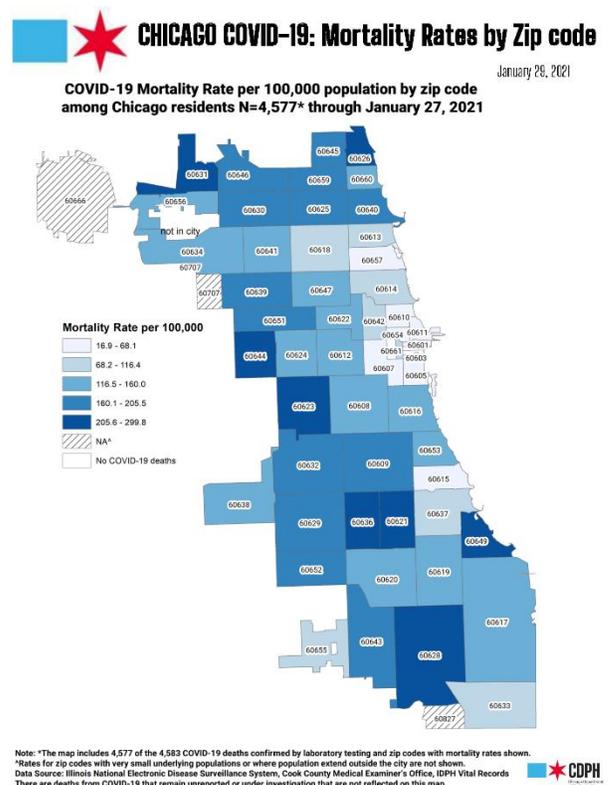
COVID-19 Impacts

The COVID-19 pandemic has had profound effects on health and well-being within the communities served by Jackson Park Hospital. Mortality rates in four of the zip codes served by Jackson Park Hospital are among the highest in the City (60649, 60621, 60628, 60636).

COVID-19 has also had substantial impacts on other health issues such as: mental health, trauma, unemployment, food security and nutrition, and housing instability.

COVID-19 has amplified longstanding racial inequities in access to healthcare, quality of care, poverty and economic opportunity, housing and homelessness, food security, and prevalence of chronic illness. Black and Latinx communities in Chicago (including the communities in Jackson Park Hospital's service area) have experienced disproportionate severe cases and death from COVID-19 as well as a disproportionate economic burden.

Throughout 2020, Jackson Park Hospital focused a substantial amount of time and energy on COVID-19, as described in more detail in Appendix 3.



¹ Priority community health issues were selected based on size and seriousness of the issue, value to the community, addressing disparities, opportunity to make an impact, and feasibility.

Key Findings

Health Inequities

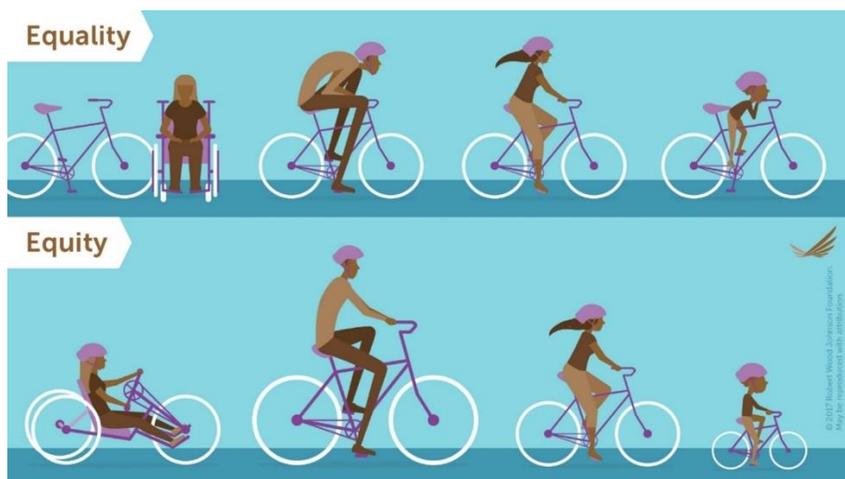
Overview of Health Inequities

Health inequities can be defined as differences in the incidence, prevalence, mortality, burden of disease, or the distribution of health determinants between different population groups (National Institutes of Health, 2017; World Health Organization, n.d.-b). Health inequities can exist across many dimensions such as race, ethnicity, gender, sexual orientation, age, disability status, socioeconomic status, geographic location, and military status (National Academies of Sciences, Baciú, Negussie, Geller, & Weinstein, 2017). There are four overarching concepts that demonstrate the necessity of addressing health inequities:

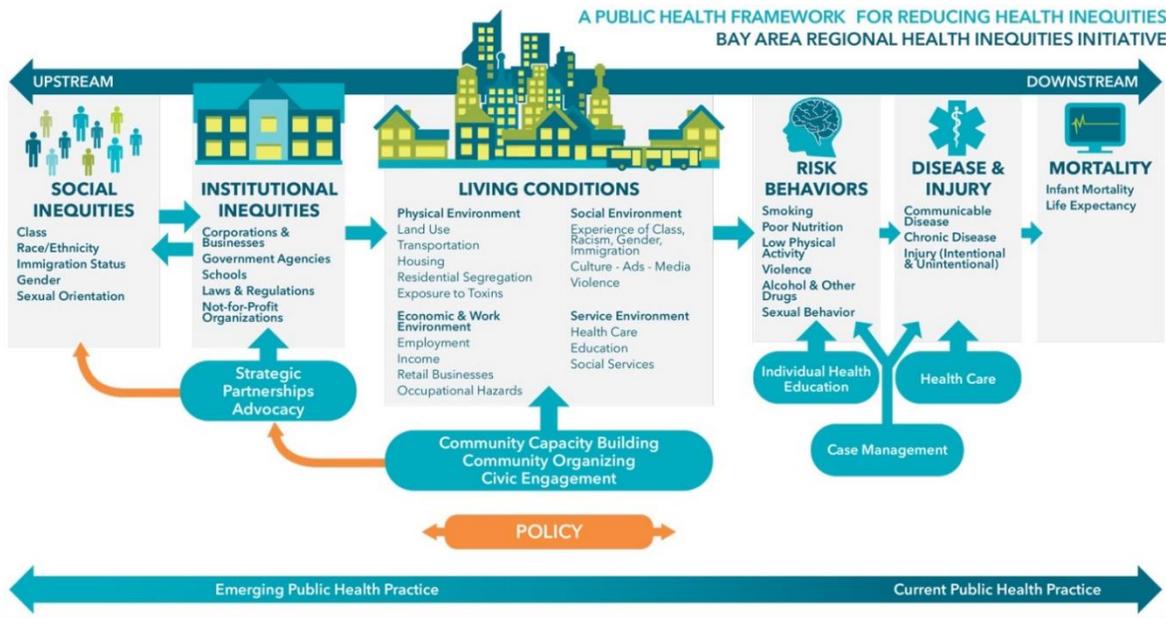
1. Inequities are unjust – Health inequities result from the unjust distribution of the underlying determinants of health such as education, safe housing, access to health care, and employment;
2. Inequities affect everyone – Conditions that lead to health disparities are detrimental to all members of society and lead to loss of income, lives, and potential;
3. Inequities are avoidable – Many health inequities stem directly from government policies such as tax policy, business regulation, public benefits, and health care funding and can, therefore, be addressed through policy interventions; and
4. Interventions to reduce health inequities are cost-effective – Evidence-based public health programs to reduce or prevent health inequities can be extremely cost effective particularly when compared to the financial burden of persistent disparities (Metropolitan Planning Council, 2017; National Academies of Sciences et al., 2017).

It is important to note that equality and equity are different. Health inequities involve more than unequal access to the resources needed to maintain or improve health (World Health Organization).

The difference between equality and equity



(TEQuity and Robert Wood Johnson Foundation, 2018)



BARHII Bay Area Regional Health Inequities Initiative, 2015)

Racial Inequities, and the role of racism

Race and ethnicity are socially constructed categories that have profound effects on the lives of individuals and communities as a whole. Racial and ethnic disparities are arguably the most persistent inequities in health over time in the United States (National Academies of Sciences et al., 2017). Racial and ethnic inequities in health are directly linked to racism.

“Racism is the system of structuring opportunity and assigning value based on the social interpretation of how one looks. which is what we call “race”, that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.” American Public Health Association (APHA) Past President Camara Jones, MD, PhD, MPH

Racism structures opportunity and assigns value based on how a person looks resulting in conditions that unfairly advantage some and unfairly disadvantage others (American Public Health Association, 2019). Racism diminishes the overall health of our nation by preventing some people the opportunity to attain their highest level of health and is a driving force of the social determinants of health (American Public Health Association, 2019). In addition, racism can be traumatic to the individuals and communities that are routinely exposed to it thus causing and exacerbating health inequities. Racism can be unintentional or intentional and operates at individual, interpersonal, institutional, and structural levels.

Racial equity is reached when race and ethnicity no longer determine an individual or community’s socioeconomic and health outcomes. Racial equity is achieved when those most impacted by structural and institutional inequity are meaningfully involved in the creation and implementation of institutional policies and practices that impact their lives (Center for Social Inclusion).

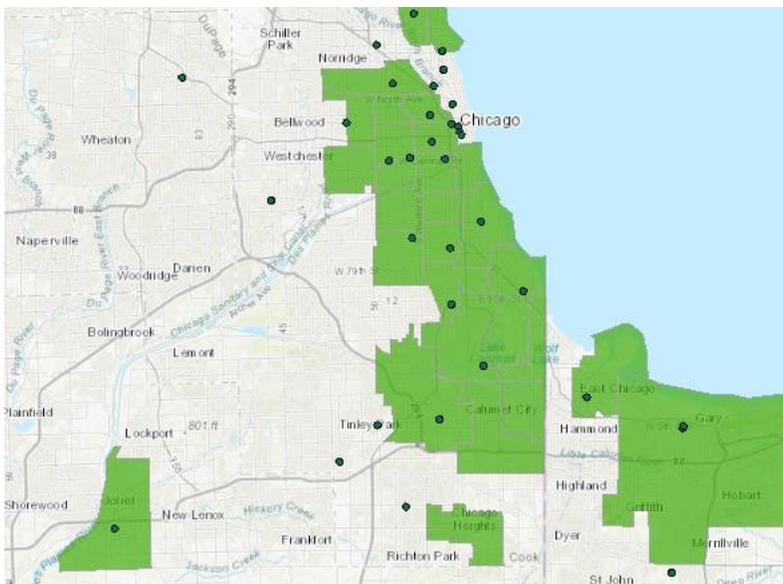
Inequities in Access to Health Care

Access to health care is a complex and multifaceted concept that includes dimensions of proximity; affordability; availability, convenience, accommodation, and reliability; quality and acceptability; openness, cultural responsiveness, appropriateness and approachability.

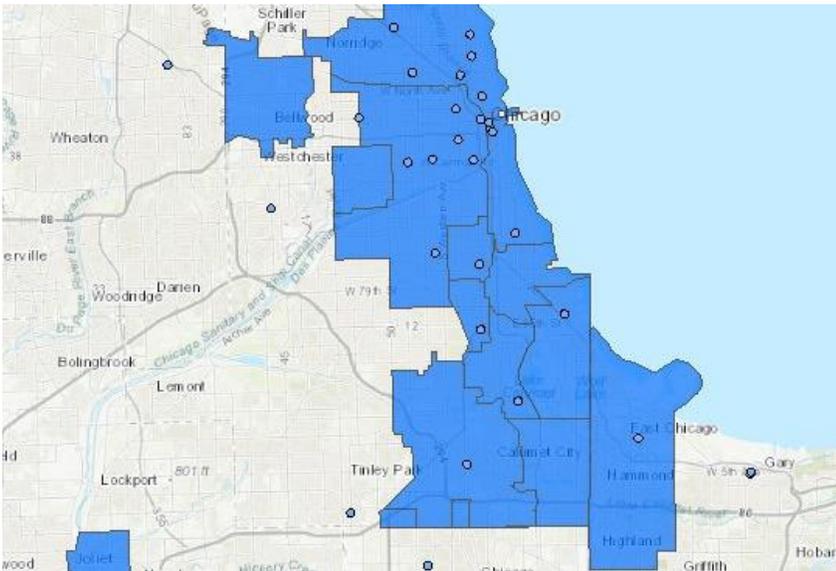
One of the strongest and most researched causes of inequities in health care and health outcomes is income inequality. Around the world, wealthy individuals have better health than low-income individuals. However, the United States has one of the world's largest health gaps between its wealthiest and poorest citizens (Hero, Zaslavsky, & Blendon, 2017). In a study of 32 middle- and high-income nations, the United States ranked 30th in health outcome disparities between the richest and poorest with only Chile and Portugal fairing worse (Hero et al., 2017). Low-income communities historically have less physical access to hospitals, clinics, doctor offices, skilled professionals, medical technology, essential medicine, and proper procedures to deal with illness and disease (A. Powell, 2016). Additionally, quality of health care services can vary greatly between communities. Inequalities in health insurance are another factor leading to significantly worse health outcomes in low-income communities (A. Powell, 2016). Health insurance is the primary way in which individuals access the U.S. health care system, with 53% of Illinois residents receiving coverage through employer sponsored plans. However, one in five low-income Americans still go without care because of cost compared to 1 in 25 high-income Americans (Amadeo, 2019).

Jackson Park Hospital sits amidst several health professional shortage areas for primary care, mental health, and dental providers. The Health Resources and Services Administration designates Health Professional Shortage Areas for primary care, dental health, and mental health. Shortage areas are either due to geography (shortage of providers for the entire population within a defined geographic area) or are population specific for low-income residents in an area.

Primary Care Health Professional Shortage Areas, HRSA, 2020



Mental Health Professional Shortage Areas, HRSA, 2020



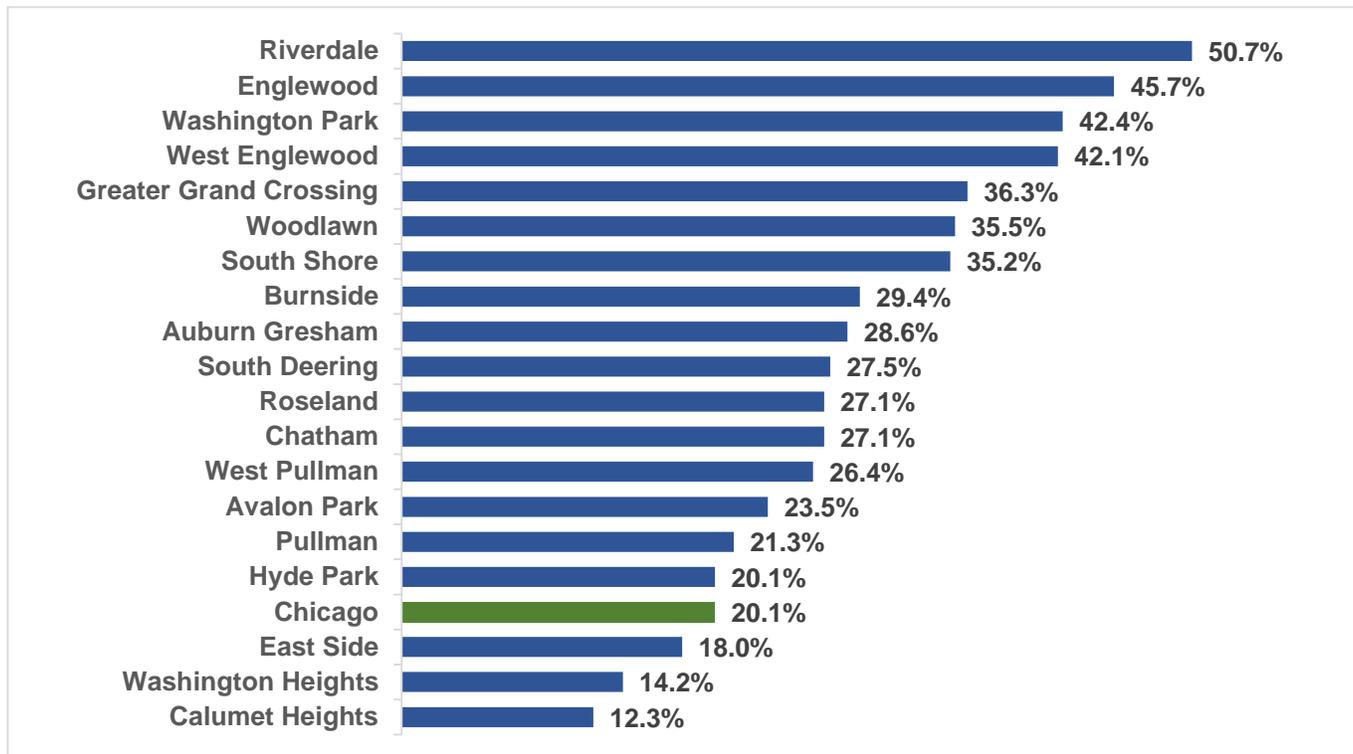
Inequities in Community Safety and Trauma

Although violence occurs in all communities, it is concentrated in low-income communities of color. The root causes of community violence are multifaceted but include issues such as the concentration of poverty, education inequities, poor access to health services, mass incarceration, differential policing strategies, and generational trauma. Research has established that exposure to violence has significant impacts on physical and mental well-being. In addition, exposure to violence in childhood has been linked to trauma, toxic stress, and an increased risk of poor health outcomes across the lifespan.

Inequities are particularly detrimental not only because they limit access to services and other resources, but also because the experiences of marginalization and discrimination are traumatic. Research has established that traumatic experiences can cause stress that is toxic to the body and can result in dysregulation, inflammation, and disease. The effects of trauma and toxic stress are detrimental throughout the lifespan but can be particularly deleterious when exposure begins in childhood. As a result, exposure to trauma and the resulting toxic stress contribute to widening health disparities. Supporting and partnering with communities that have experienced trauma to build resiliency is an important step in reducing health inequities, however, it is critical to address the underlying root causes of traumatizing inequities with a focus on future prevention.

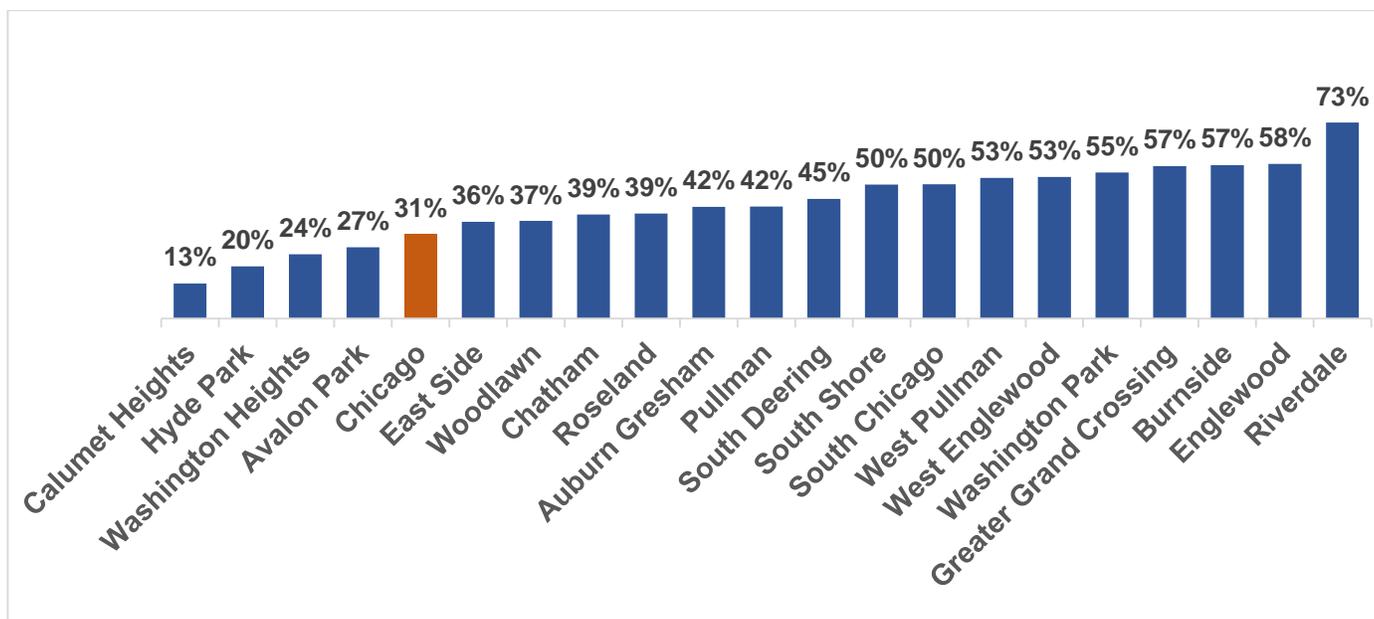
Social, Economic, and Structural Determinants of Health

Poverty: Percentage of households living below the poverty threshold, 2015-2019



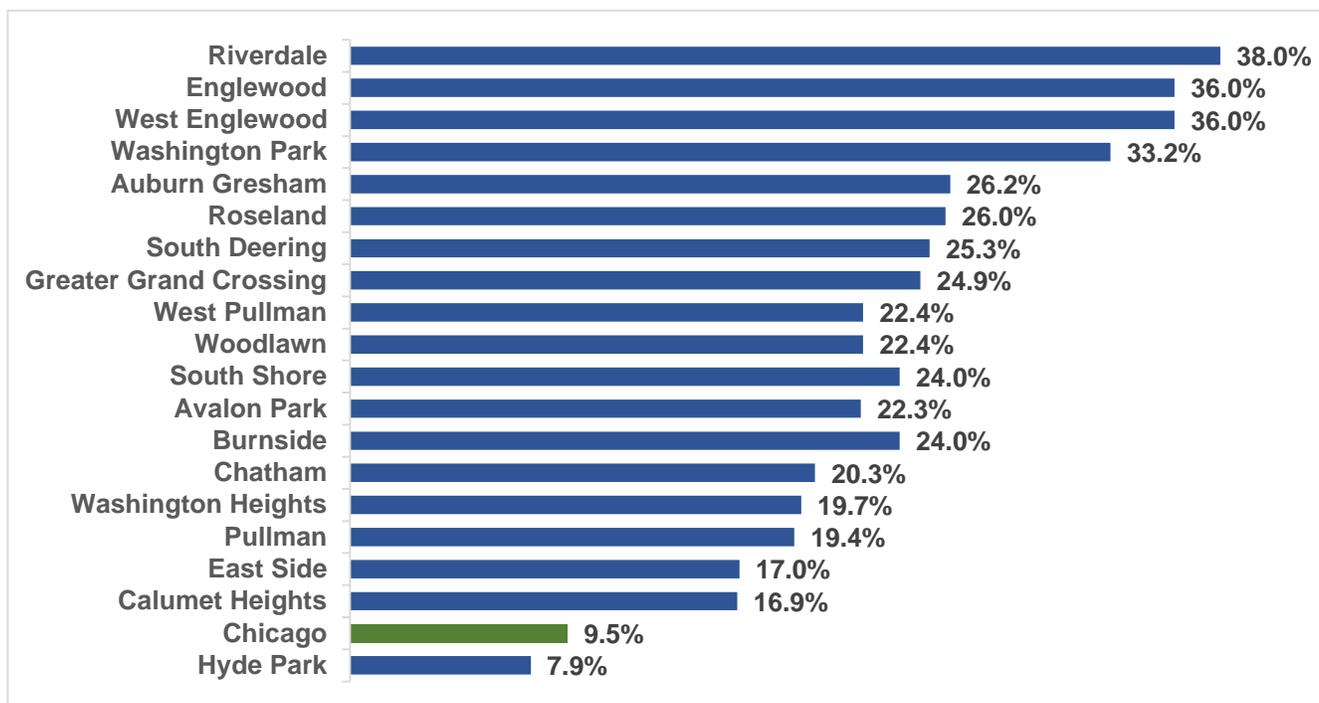
Data Source: US Census Bureau: American Community Survey. Five-year estimates.

Childhood Poverty: Percentage of children (under 18 years old) living below the poverty threshold, 2015-2019



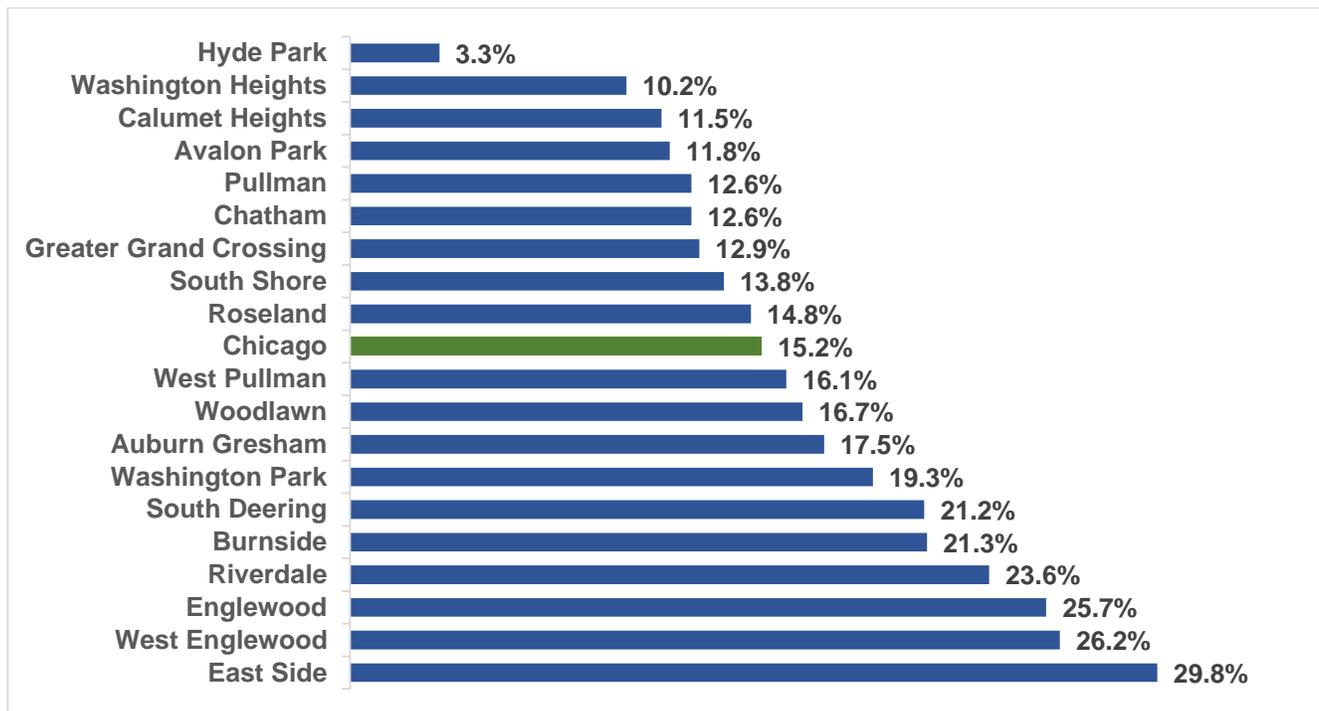
Data Source: U.S. Census Bureau: American Community Survey. Five-year estimates for community areas, one-year estimate for Chicago.

Unemployment: Percentage of adults aged 16 years and over in the civilian labor force who were unemployed, 2015-2019



Data Source: *Illinois Department of Public Health, Vital Statistics; US Census Bureau.* Five-year estimates for community areas, one-year estimate for Chicago.

Educational Attainment: Percentage of adults aged 25 years and older without a high school diploma or equivalency, 2015-2019



Data Source: U.S. Census Bureau: American Community Survey. Five-year estimates for community areas, one-year estimate for Chicago.

Mental Health and Substance Use Disorders

Quality: An overarching need for Behavioral Health Care

NAMI Chicago's "Roadmap to Wellness: Reframing the Mental Health Conversation for Chicago" explicitly makes the case for an understanding of mental health that is inclusive of all people and is "seen as primary health care" (NAMI Chicago, 2019). Mental health is separated from general health providers and state agencies, and in our everyday language, "mental health" is detached from a general concept of wellness in a way that "cardiac health," for example, is not. As a result, mental health services are provided in a distinct, stigmatized silo that is not subject to the same demand for quality as most other health care sectors. Validated symptom rating scales for monitoring outcomes of mental health interventions, for example, are rarely used, and incentives for implementing such measurement-based care practices are missing (The Kennedy Forum, 2015).

Fragmentation of services, integration of care, and reimbursement

- A common theme in mental health assessments is fragmentation—gaps, bottlenecks, and silos within and between types of providers and health plans and between various state agencies responsible for health and human services.
- The physical, operational, and financial separation of mental health from general health care creates barriers to timely access to necessary services for individuals and families and interferes with population health approaches that depend on seamless connections between various services.
- Efforts toward integrating primary and mental health care are underway, from county-wide care coordination strategies to neighborhood partnerships. At the state-level, Illinois' Behavioral Health Transformation Plan presents opportunities to strengthen and replicate these local projects.
- A workforce that is linguistically competent and culturally humble is a necessary condition to overcoming the burden of stigma and structural racism. In particular, access to providers of evidence-based practices, such as Assertive Community Treatment, Medication for Opioid Use Disorders, and peer support, is crucial for people with serious mental illness and opioid use disorders.
- State programs to increase the number of certified prescribers and expand reimbursement for telehealth and telepsychiatry, and local initiatives create opportunities to extend the existing workforce to reach more people in need. There is need to advocate for higher state reimbursement rates to address the workforce crisis (Illinois Department of Human Services, 2018; Illinois General Assembly, 2019).

Trauma and childhood adversity

- Experiences of trauma and adversity in childhood, including abuse and household instability, extreme discrimination and poverty, or the loss of a parent, is widespread, affecting more than half of all adults in Illinois.
- Research is revealing how exposure to trauma and adversity puts individuals at greater risk for mental illness, substance use disorder, and chronic illness across the lifespan. Trauma and adversity disproportionately affect communities of color and sexual and gender minorities, and are particularly prevalent among justice-involved populations, making addressing trauma a priority for achieving health equity (SAMHSA, 2014).

- Trauma-informed practice protocols are available for health care, schools, law enforcement and corrections, and child welfare systems to mitigate past experiences of stigma and trauma and to prevent further harm.

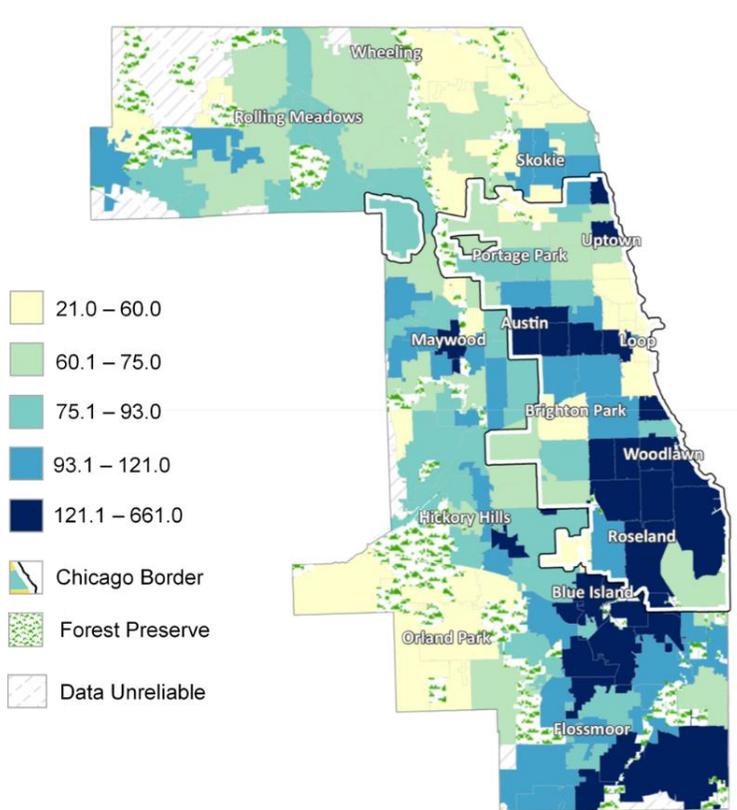
Stigma and discrimination

- Assessments of mental health needs across Chicago indicate that stigma and discrimination against people with mental illness and substance use disorder persists in communities, schools, workplaces, and even in health care settings. For older adults, ageism combines with stigma to overshadow mental illness when symptoms are dismissed as part of a normal aging process.
- Stigma deters people from seeking treatment before a crisis, and the experience of discrimination discourages ongoing engagement with treatment.
- Insurance parity laws and mental health awareness training resources create opportunities to reduce stigma and fight discrimination, while the national response to the opioid crisis has increased mainstream attention to individual lived experiences of both substance use and harm reduction.
- Any progress in reducing stigma and discrimination is likely to increase demand for services. Yet community residents and referring medical providers already report barriers to access due to mental health professional shortages. Low reimbursement rates stifle the potential for workforce growth.

Behavioral Health - Utilization of emergency care

Mental health-related ED visit rates for adults in Cook County communities range from 21 per 10,000 to 661 per 10,000 illustrating that the need for quality community-based and preventative behavioral health treatment is staggeringly high in some communities. As shown in the map below, people living in the communities in Jackson Park Hospital's service area on the south side of Chicago experience the highest rates of emergency department visits for mental health.

Age-adjusted mental health emergency department visit rates per 10,000 (adults)



Illinois COMPdata, 2015-2017, Analysis conducted by Conduent Healthy Communities Institute

Suicide and intentional injury

Suicide among Black Chicagoans increased significantly between 2019 and 2020.

Deaths due to suicide by race/ethnicity

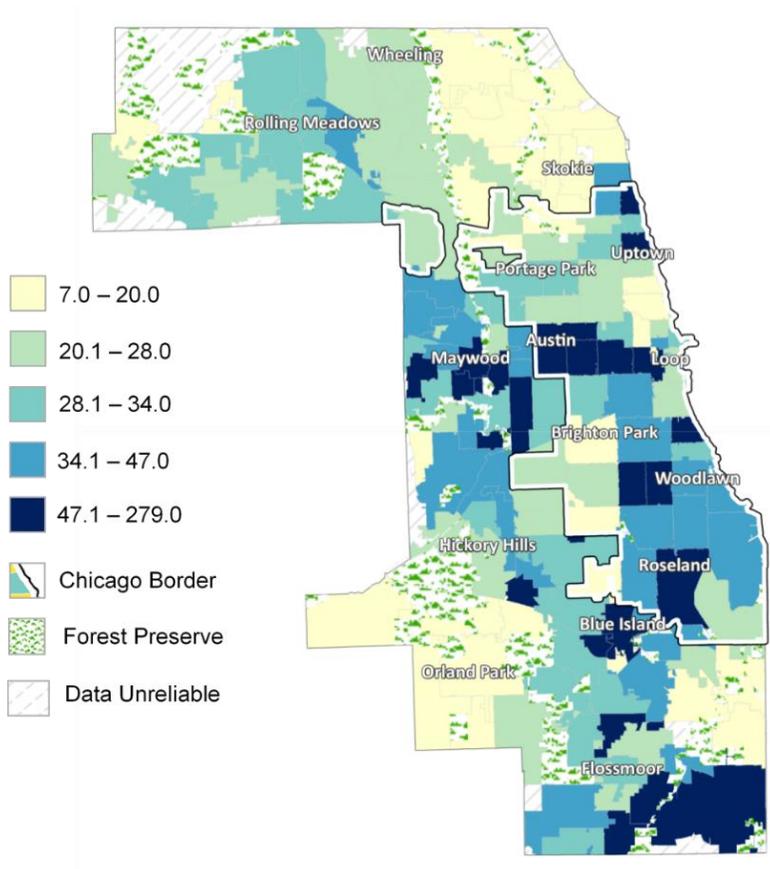
From January through June for each year

2020 suicide deaths 2019 suicide deaths Percentage change 2019-2020

Chicago

	2020 suicide deaths	2019 suicide deaths	Percentage change 2019-2020
White, non-Hispanic	36	71	-49%
Black, non-Hispanic	35	17	106%
Hispanic	18	25	-28%
Other, non-Hispanic	6	5	20%

Suicide/self-inflicted injury emergency department visit rates per 10,000, 2017 (Adults, age-adjusted rates)



Illinois COMPdata, 2015-2017, Analysis conducted by Conduent Healthy Communities Institute

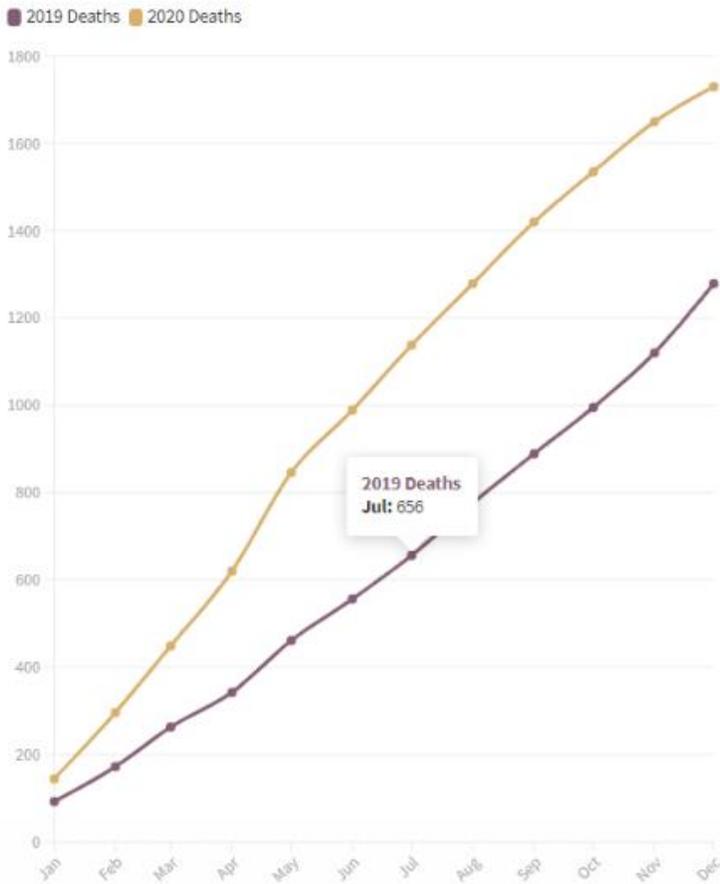
Substance use disorders

Opioid overdose deaths are increasing across Cook County and particularly on the south and west sides of Chicago. Chicago communities saw a dramatic uptick in 2020 amidst the COVID-19 pandemic. In Chicago, opioid-related overdose deaths increased by over 50% between 2019 and 2020. There are striking racial inequities in opioid overdoses statewide; Black Illinoisans are 5.5 times more likely to visit the emergency department for opioid overdose than White Non-Hispanic Illinoisans

Between January and June of 2020, there were 573 opioid-related deaths. While overdoses are experienced citywide, Chicago’s West and South Sides have an extremely disproportionate burden of overdose fatalities.

Cook County Opioid Deaths: 2019/2020 Comparison

Each line below shows cumulative Cook County opioid deaths for their year.



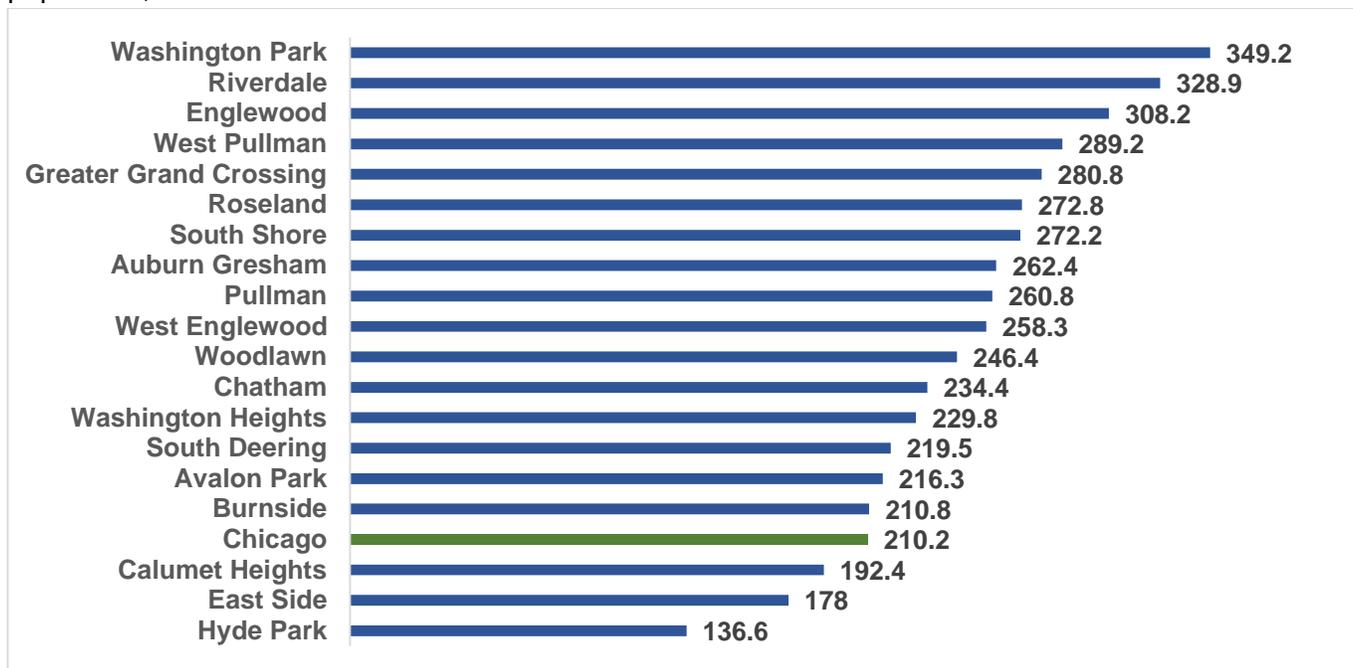
Source: [Cook County Medical Examiner Case Archive](#)

Community input, public health data, and assessment findings show that communities on the south side of Chicago (and across the City) need a mental health system that aligns programs, public agencies, and funding to provide accessible, affordable, culturally competent, and trauma-informed prevention and early treatment services as well as crisis intervention through partnerships that include schools and the justice system. Building and maintaining that system will require investments in housing, workforce development, data-sharing infrastructure, payment reform, and eliminating stigma.

Chronic Disease

Heart Disease

Heart Disease Mortality: Age-adjusted rate of people who died due to heart disease per 100,000 population, 2017

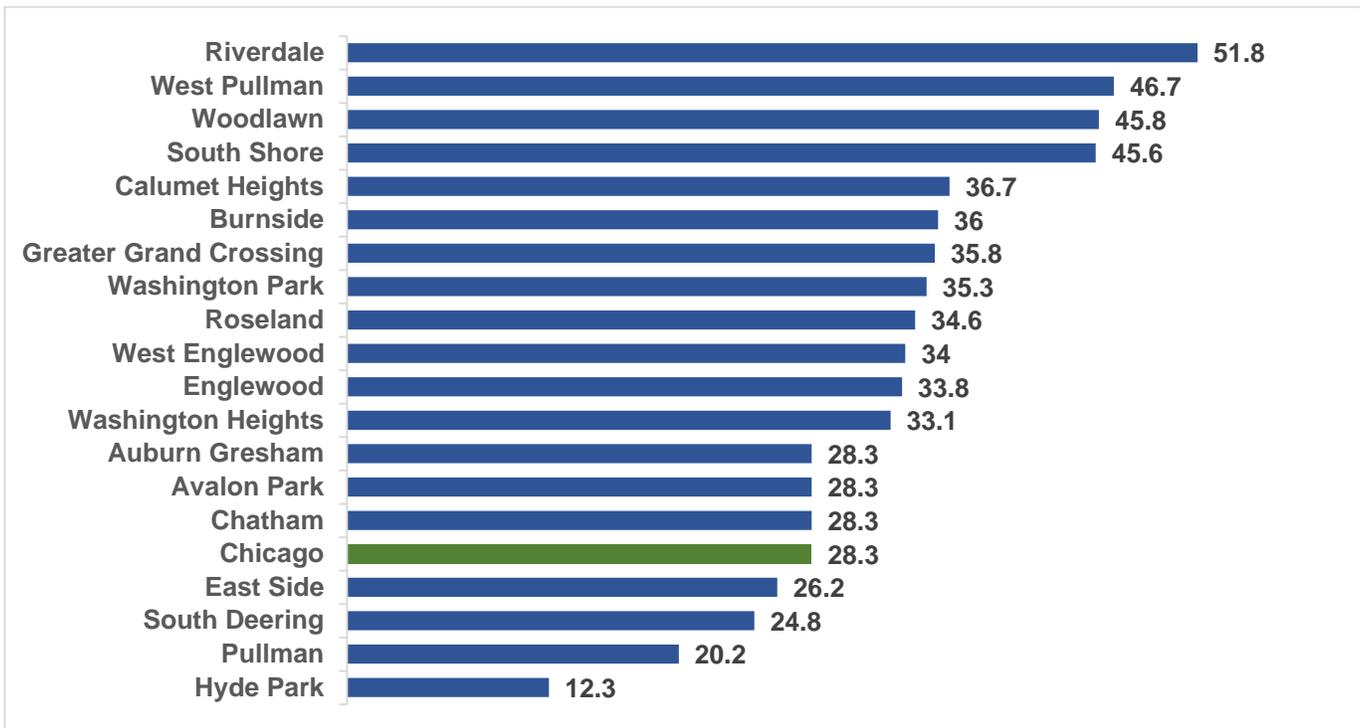


Data Source: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files; US Census Bureau. Five-year estimates for community areas, one-year estimate for Chicago.

The communities served by Jackson Park Hospital have rates of heart disease deaths ranging from 143.6 per 100,000 population (Hyde Park) and 361 per 100,000 population (Washington Park), with most of the communities having a higher rate than the Chicago average of 207.4 per 100,000 population.

Diabetes

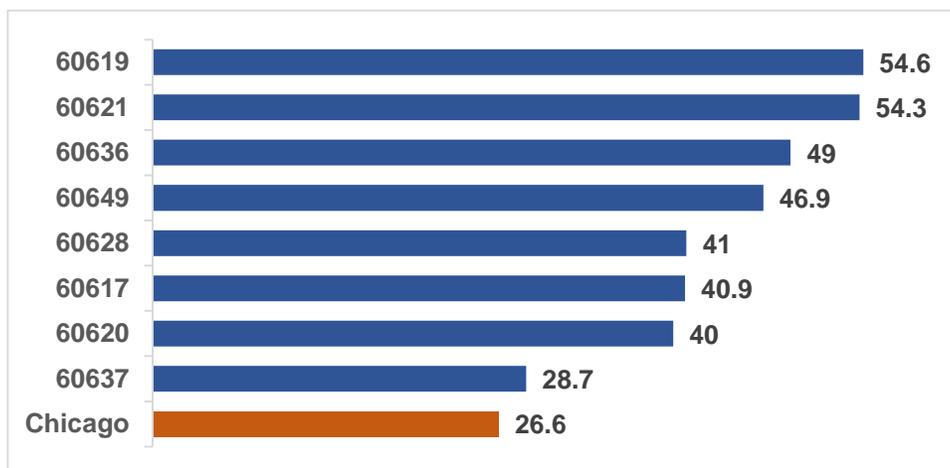
Diabetes Mortality: Age-adjusted rate of people whose deaths were diabetes-related, per 100,000 population, 2017



Data Source. Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files; US Census Bureau. Five-year estimates for community areas, one-year estimate for Chicago.

Diabetes mortality rates in Jackson Park Hospital’s service area ranges from 12.3 per 100,000 population (Hyde Park) to 51.8 per 100,000 population (Riverdale). Most of these community areas have diabetes mortality rates higher than Chicago overall.

Diabetes Hospitalization: Age-adjusted rate of diabetes-related hospitalization discharges, per 10,000 population, 2017

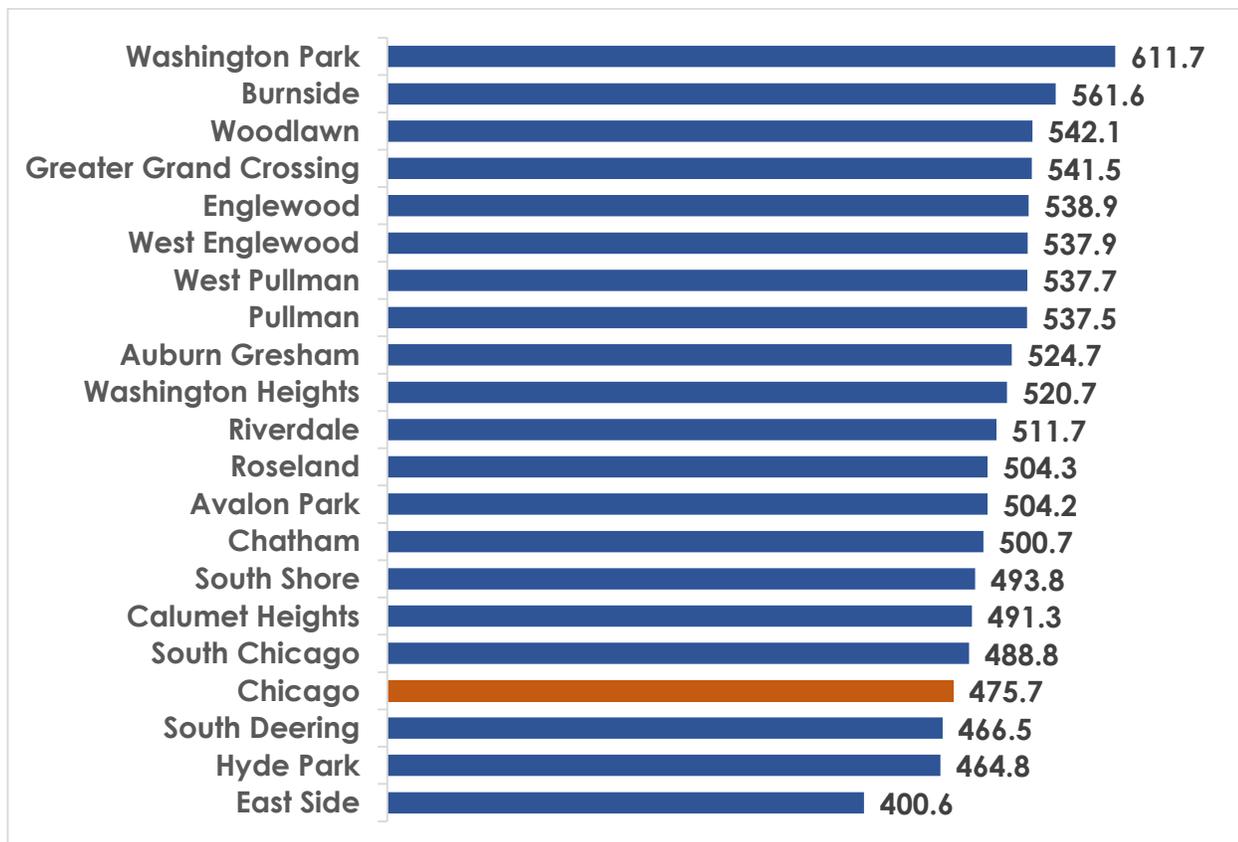


Data Source: Data, Division of Patient Safety and Quality, Illinois Department of Public Health; US Census Bureau.

The zip codes served by Jackson Park Hospital all have higher rates of diabetes-related hospitalizations than Chicago, with 60619 having the highest rate of diabetes-related hospitalizations at 54.6 per 10,000 population.

Cancer

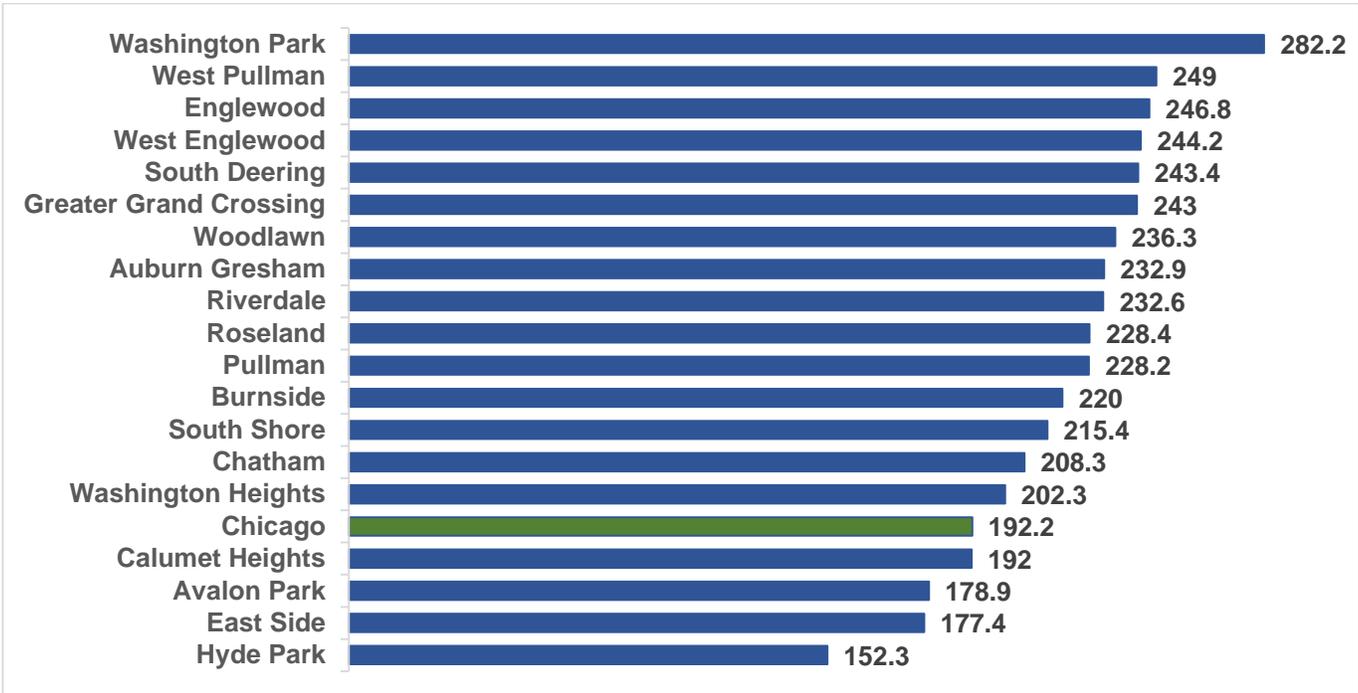
Cancer incidence: Age-adjusted rate of diagnosed incident cases of all cancer types per 100,000 population, 2015



Data Source: Illinois Department of Public Health, Illinois Cancer Registry.

Cancer incidence in these community areas ranges from 400.6 per 100,000 population (East Side) to 611.7 per 100,000 population (Washington Park). Most of the community areas have a higher incidence of cancer than Chicago overall.

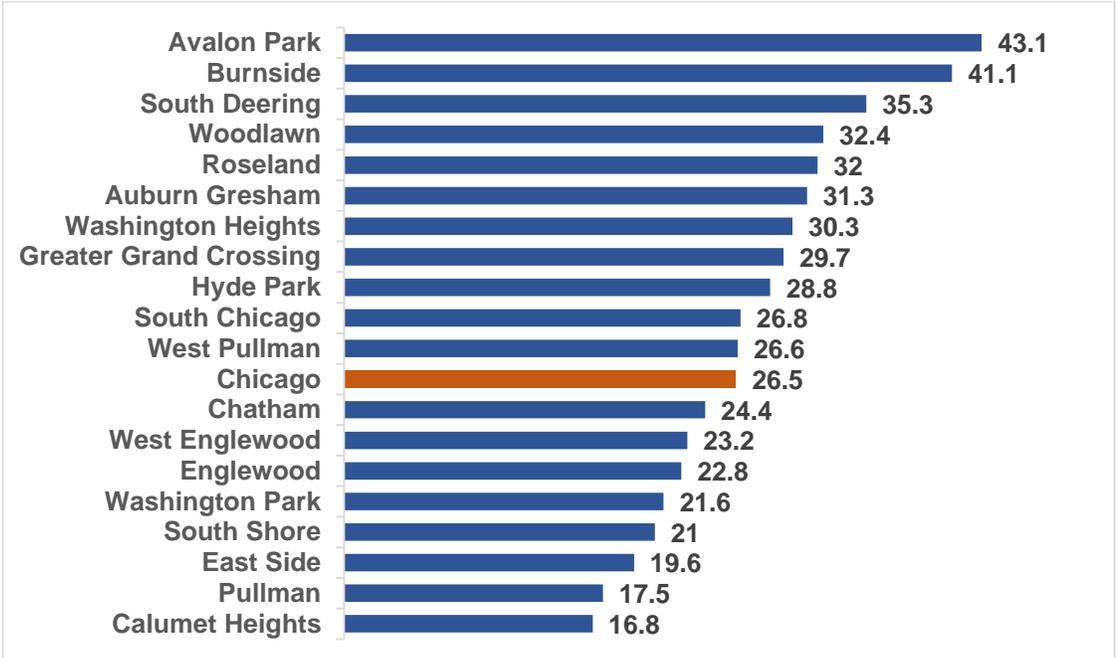
Cancer Mortality: Age-adjusted rate of people who died due to cancer per 100,000 population, 2017



Data Source: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files.

Cancer mortality rates in the Jackson Park Hospital's service area range from 152.3 per 100,000 population (Hyde Park) to 282.2 per 100,000 population (Washington Park). Most of these community areas have cancer mortality rates higher than Chicago overall.

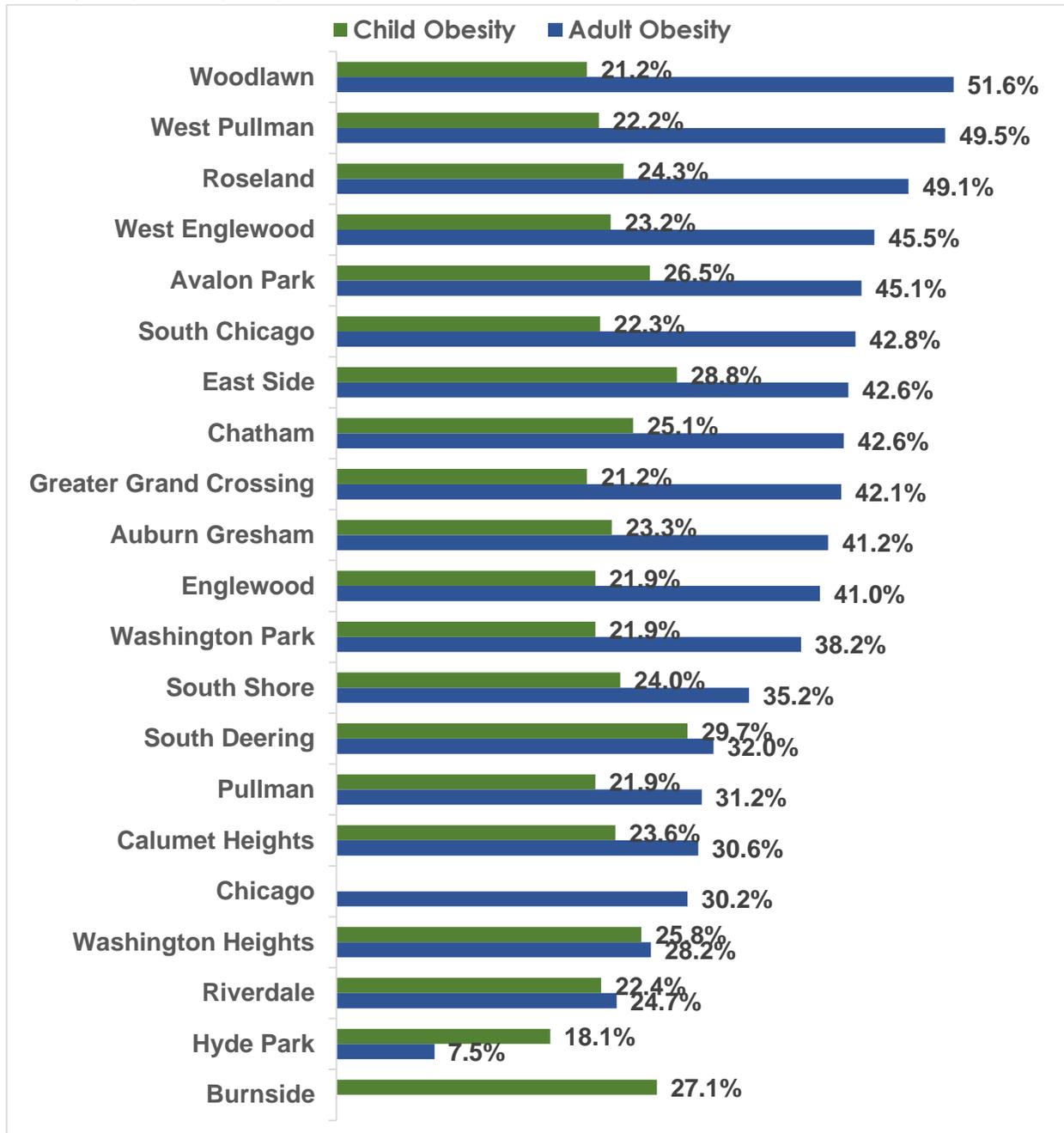
Physical Inactivity: Percentage of adults who reported that they did not participate in any physical activities or exercises in the past month, 2016-2018



Data Source: Chicago Department of Public Health, Healthy Chicago Survey (2016-2018). Three-year estimates for community areas, one-year estimate for Chicago.

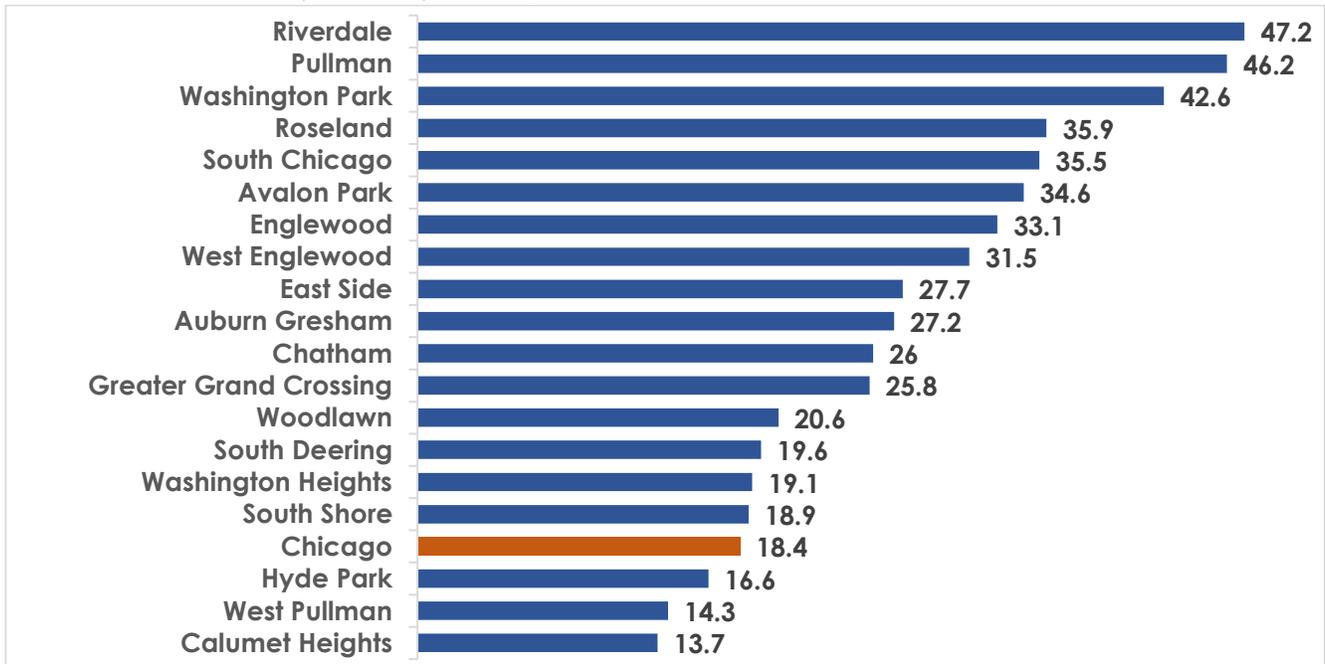
Between 16% and 43% of adults in Jackson Park Hospital’s service area reported that they had not participated in any physical activities in the past month. Survey data may be less reliable in community areas with smaller populations (Burnside, Pullman, Washington Park, Avalon Park, and Riverdale).

Obesity in Adults and Children: Percentage of adults and children with a BMI that qualifies as obese, 2018 (adult), 2013 (child)



Adult data: CDPH Healthy Chicago Survey (2016-2018). Three-year estimates for community areas, one-year estimate for Chicago; Adult obesity defined as percentage of adults (18 years and older) who reported a height and weight that yield a body mass index of 30 or greater; adult obesity data unavailable for Burnside because of the small number of residents. Survey data may be less reliable in community areas with smaller populations (Pullman, Washington Park, Avalon Park, and Riverdale).

Current Smokers: Estimated percentage of adults who report that they've smoked at least 100 cigarettes in their life and that they currently smoke, 2016-2018



Access to Care and Maternal and Child Health

Access to health care is broadly defined as the “the timely use of personal health services to achieve the best health outcomes” (Institute of Medicine, 1993). Healthy People 2020 describes the three steps required for an individual to access health care services:

- gaining entry into the health care system;
- accessing a location where needed health care services are provided; and
- finding a health care provider whom the patient trusts and can communicate with (U.S. Department of Health and Human Services, 2019b).

There are several complex factors that further influence access to health care including proximity; affordability; availability, convenience, accommodation, and reliability; quality and acceptability; openness, cultural responsiveness, appropriateness and approachability.

Uninsured: Percentage of people with no health insurance coverage among the total civilian non-institutionalized population, 2017

Year 2017	Number	Rate
▼ Race-Ethnicity		
Chicago	263,376	9.8
Hispanic or Latino	136,933	17.5
Asian	14,177	7.8
African American or Black	58,862	7.4
Non-Hispanic White	50,072	5.6
▼ Age		
0-18	17,515	2.9
19-64	239,919	13.6
65+	5,942	1.8
▼ Gender		
Male	148,053	11.4
Female	115,323	8.3

Data Source: US Census Bureau: American Community Survey 2017.

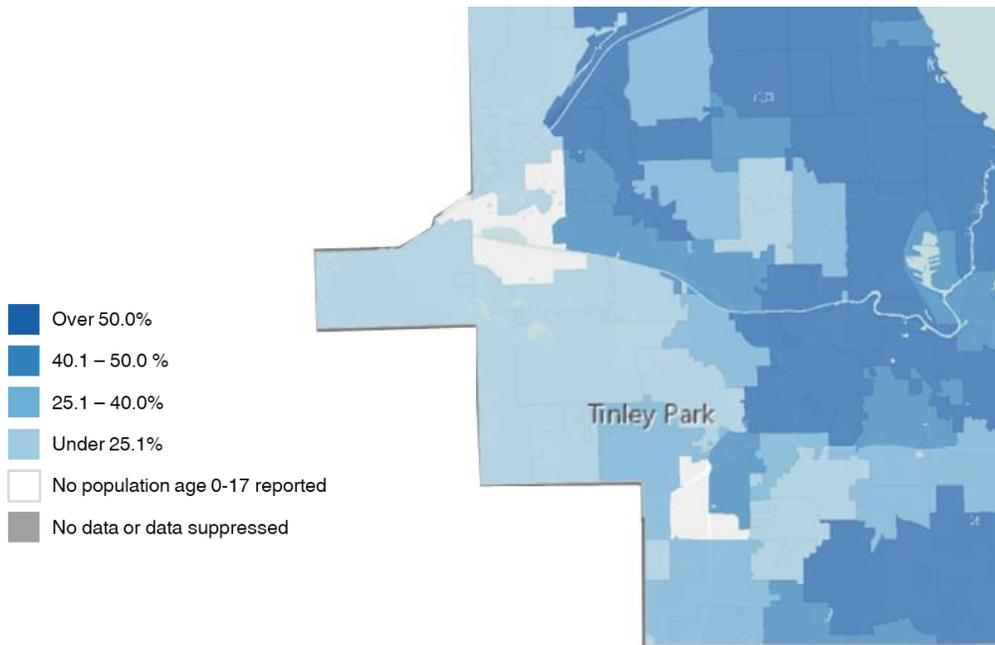
Pre-COVID in Chicago, 9.8% of the population reported being uninsured, including 17.5% of Latinx Chicagoans and 7.4% of Black Chicagoans. Several national studies in 2020 have estimated that the rates of uninsured have increased substantially over the past year with individuals and families losing coverage as they are laid off from work.

Also, as shown in the map below, most of the communities in Jackson Park Hospital’s service area have a high proportion (over 40% pre-COVID) of children that receive coverage through Medicaid. Therefore,

availability of providers that accept Medicaid is very important in the communities served by Jackson Park Hospital.

Children receiving Medicaid coverage

U.S. Census Bureau, American Community Survey, 2012-2016



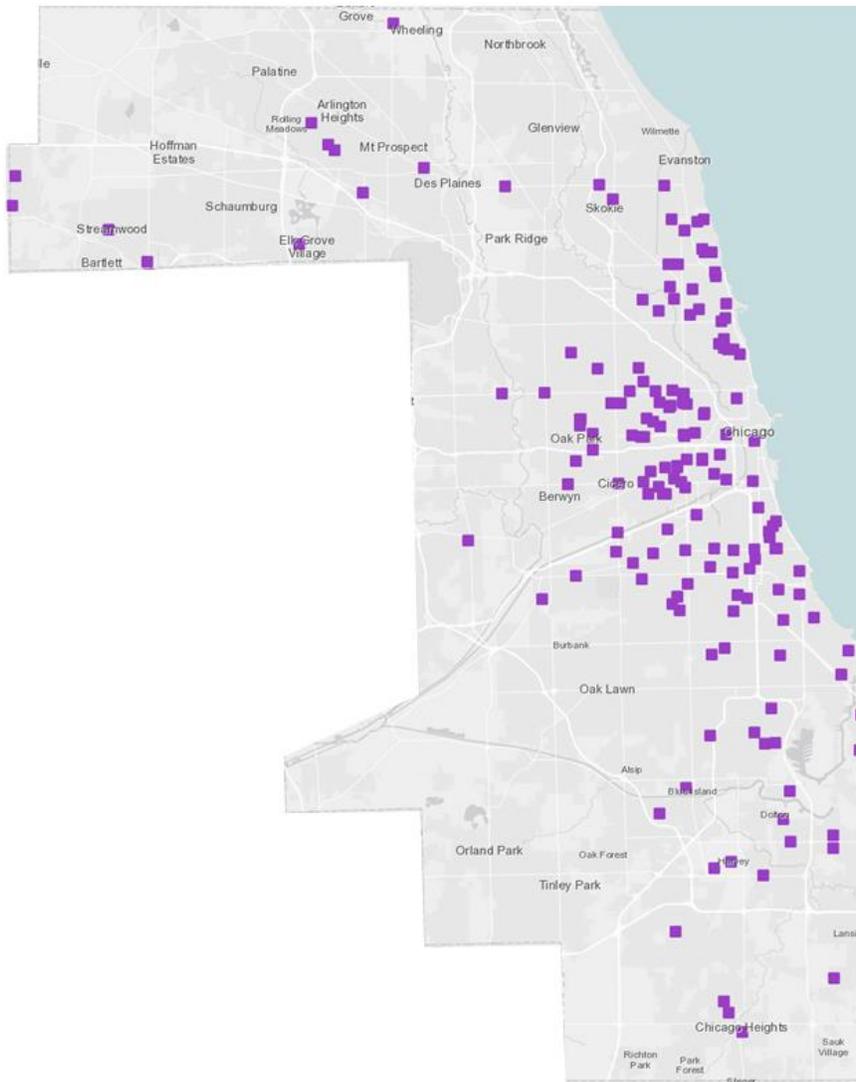
Map source: CARES Engagement Network

Federally Qualified Health Centers (FQHCs) have an important role in eliminating disparities in access to health care. For example, nationwide, most FQHC patients have low-incomes with 93% falling below the 200% Federal Poverty Level (FPL) and 72% below the 100% FPL (National Association of Community Health Centers, 2015). Besides primary and preventative care, most FQHCs provide behavioral, oral, vision, and pharmacy services (National Association of Community Health Centers, 2015). By law FQHCs must:

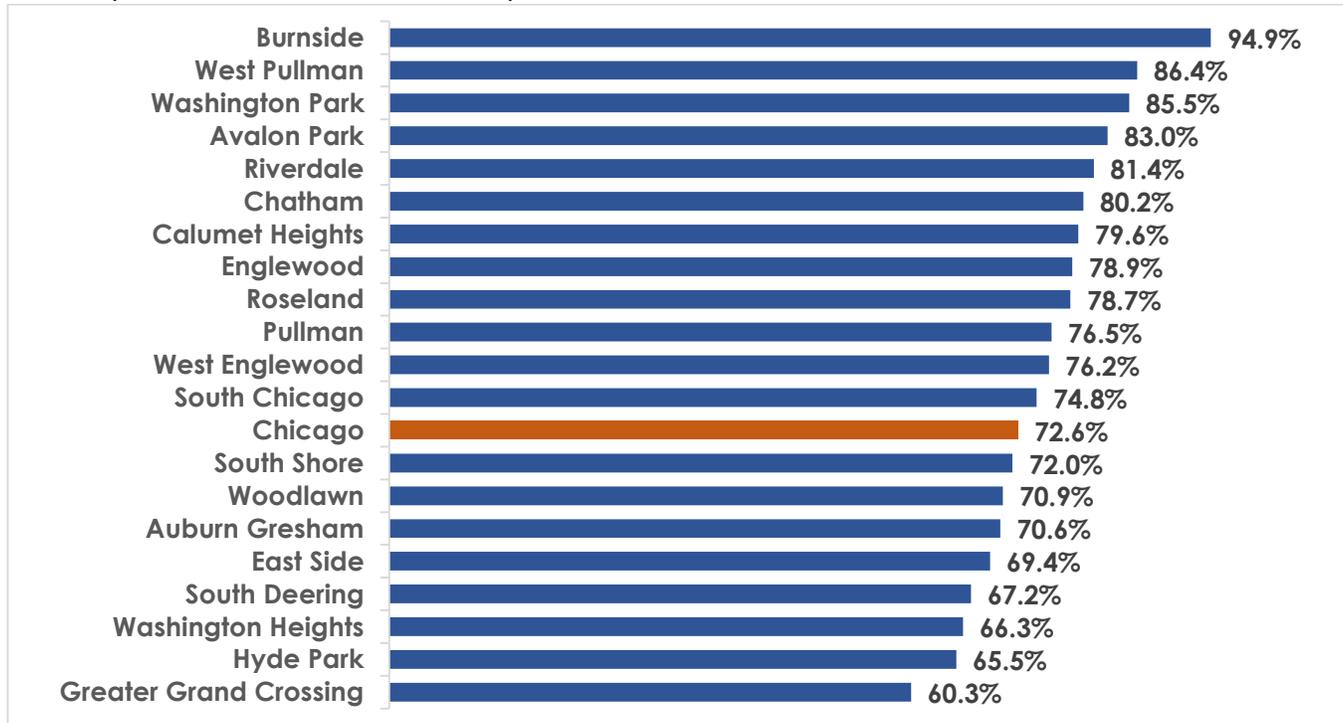
- serve a federally-designated medically underserved area or a medically underserved population;
- serve all individuals regardless of ability to pay;
- charge no more than a “nominal fee” to uninsured and underinsured individuals with incomes below 100% FPL, and charge uninsured and underinsured individuals between 101% - 200% FPL based on a sliding fee scale; and
- provide non-clinical enabling services to increase access to care, such as transportation, translation, and case management (National Association of Community Health Centers, 2015).

The map below shows the distribution of FQHCs across Cook County, including the south side of Chicago.

Federally Qualified Health Centers (FQHCs). CMS Providers of Service (POS) database, 2018



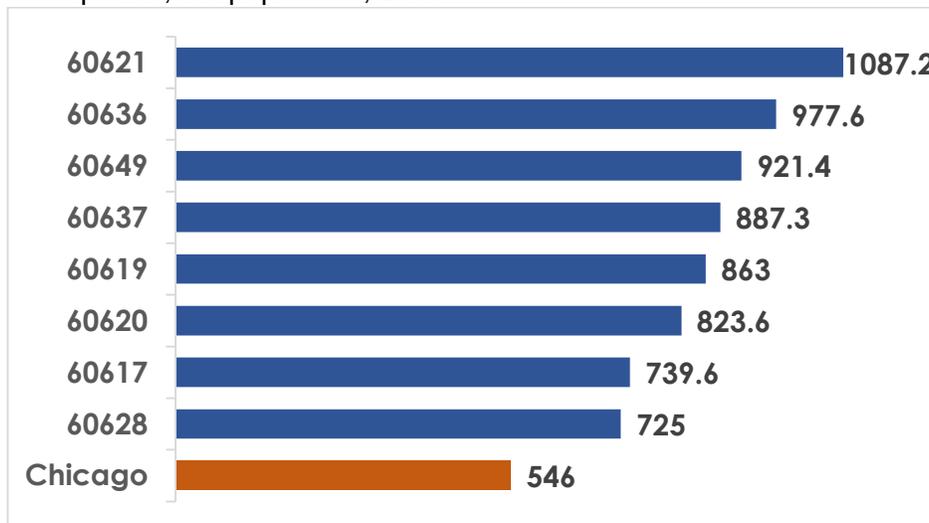
Primary Care Provider: Percentage of adults who report that they have at least one person they think of as their personal doctor or health care provider, 2018



Data Source: Chicago Department of Public Health, Healthy Chicago Survey. Three-year estimates for community areas, one-year estimate for Chicago.

In the communities served by Jackson Park Hospital, between 60.3% and 94.9% of adults report having a primary care provider. Survey data may be less reliable in community areas with smaller populations (Burnside, Pullman, Washington Park, Avalon Park, and Riverdale).

Avoidable emergency department (ED) visits, that are non-urgent or primary care treatable, age-adjusted rates per 10,000 population, 2017



Data Source: Discharge Data, Division of Patient Safety and Quality, Illinois Department of Public Health; US Census Bureau.

The zip codes served by Jackson Park Hospital all have higher rates of avoidable ED visits than Chicago overall, with 60621 having the highest rate of avoidable ED visits.

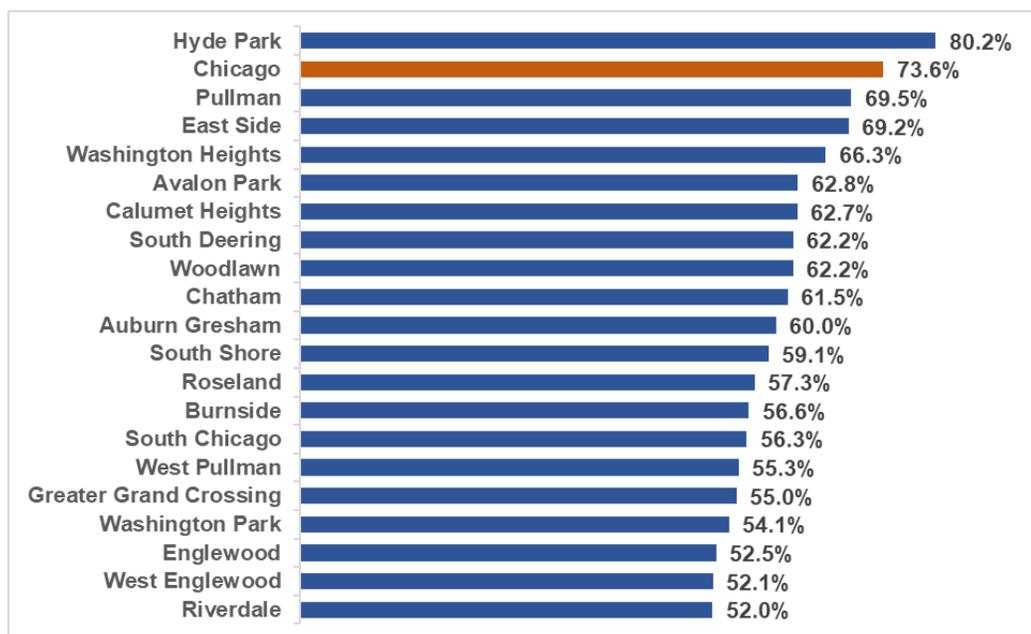
Health care quality can vary greatly between communities due to several factors including the geographic proximity of a spectrum of emergency or urgent care services, percentage of the population receiving public benefits, funding for community-based services, education and training levels of health care staff, and localized provider shortages. Race and ethnicity also play a critical role in the quality of health care that patients receive.

Previous studies have established that racial and ethnic disparities in health care are in part a result of differential access to care and differing socioeconomic conditions. However, previous research has also established that when these differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received (IOM, 2015). For example,

- A study of patient weight, race, and provider communication quality found that overweight/obese African American patients and healthy weight Hispanic patients experienced disparities in provider communication quality (Wong, Gudzone, & Bleich, 2015).
- In a study of providers, physicians were more likely to rate their African American patients as less educated, less intelligent, more likely to abuse drugs and alcohol, and less likely to adhere to treatment regimens (van Ryn & Burke, 2000). The differences in perceptions persisted even after controlling for confounding variables (van Ryn & Burke, 2000).

Perceptions of discrimination in health care have been associated with several outcomes among patients of color including decreased use of preventative health care, delayed use of prescription medication and medical tests, and worse chronic disease management and outcomes (Hausmann et al., 2008; Trivedi & Ayanian, 2006; Van Houtven et al., 2005). In addition, research has shown that persistent exposure to racism is traumatic for individuals and that trauma is an underlying root cause of many negative health outcomes.

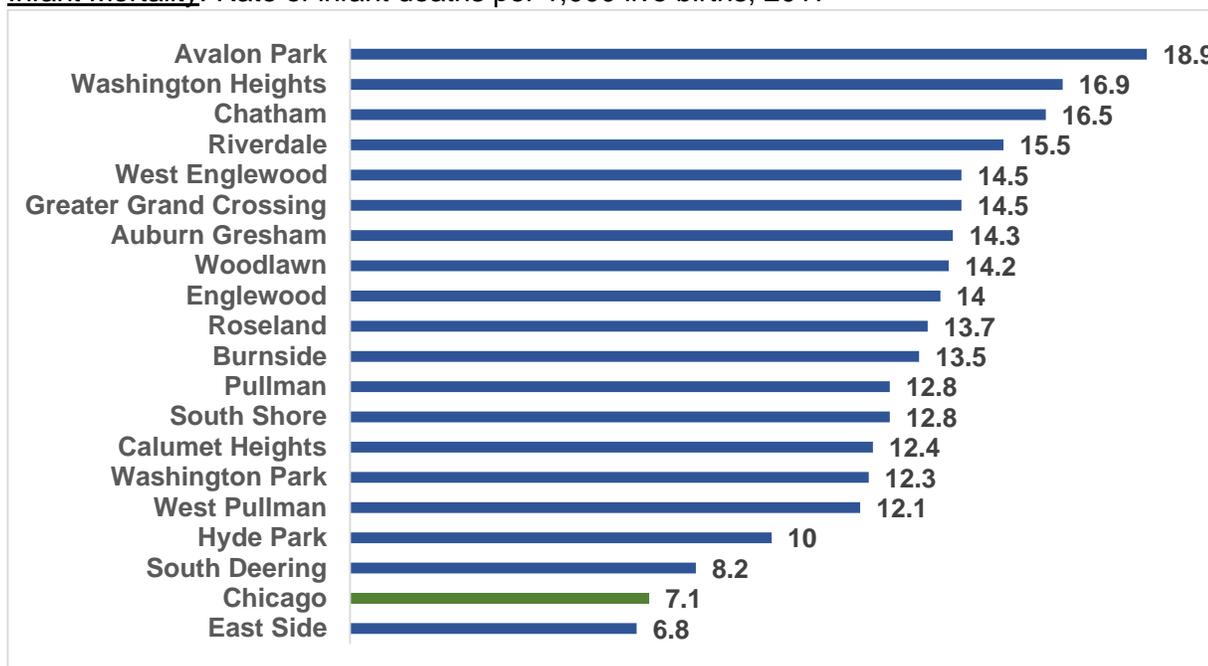
Prenatal Care: Percentage of births where the mother received adequate prenatal care by the Adequacy of Prenatal Care Utilization Index (APNCU), 2015



Data Source: Illinois Department of Public Health, Vital Statistics. Three-year estimates for community areas, one-year estimate for Chicago.

In the community areas served by Jackson Park Hospital, between 52% (Riverdale) and 80.2% (Hyde Park) of mothers receive early and adequate prenatal care, with all but one community area having a lower rate of early and adequate prenatal care than the Chicago average of 73.6%.

Infant Mortality: Rate of infant deaths per 1,000 live births, 2017

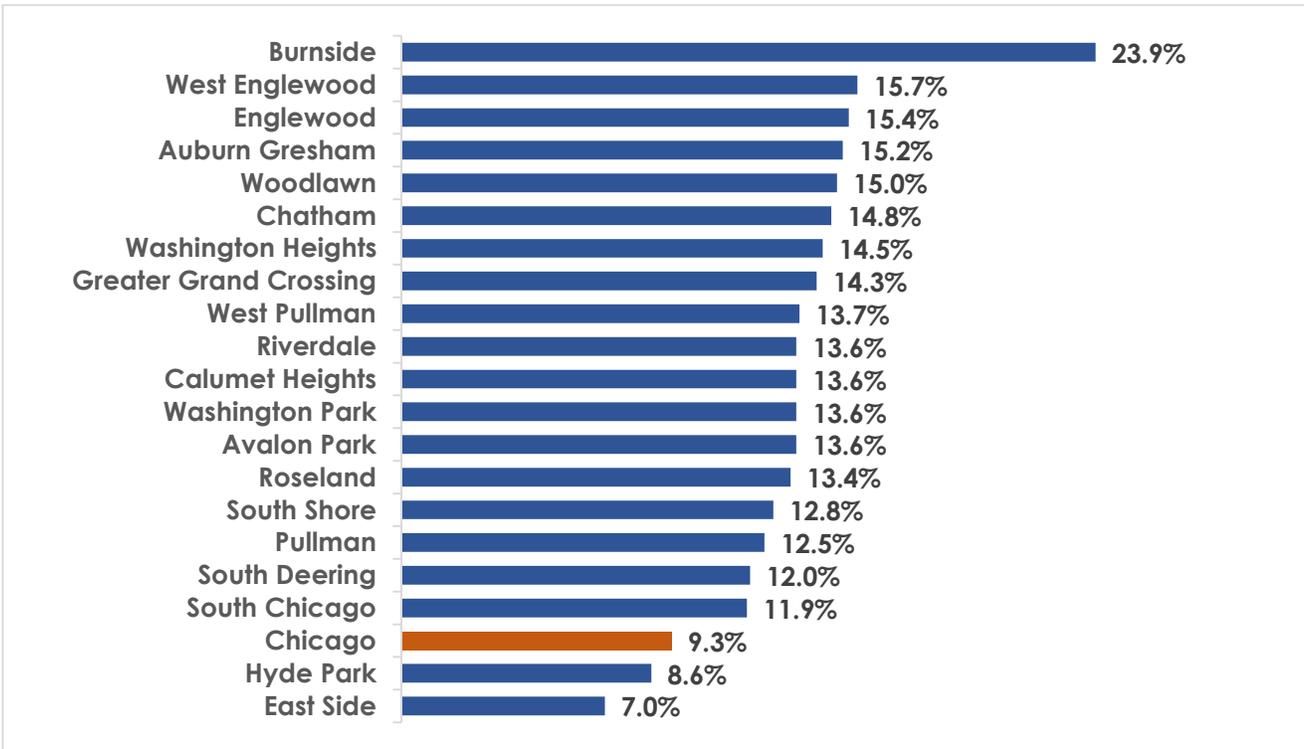


Data Source: Illinois Department of Public Health, Vital Statistics. Five-year estimates for community areas, one-year estimate for Chicago.

There are high rates of infant mortality in the Jackson Park Hospital service area. All but one community area has a higher rate of infant mortality than Chicago overall.

A recent Illinois Department of Public Health (IDPH) report also pointed to disparities in maternal mortality as a major public health issue that disproportionately impacts Black communities in Chicago and across the state.

Low Birthweight: Percentage of births with a birthweight less than 2500 grams, 2013-2017



Data Source: Illinois Department of Public Health, Vital Statistics. Five-year estimates for community areas, one-year estimate for Chicago.

Almost all of the community areas served by Jackson Park Hospital have a higher percentage of babies born with a low birthweight than the Chicago average.

Appendices

Appendix 1. List of community-based organizations and assets

Federally Qualified Health Centers (FQHCs) on the South Side of Chicago

- Access Community Health Network
- Beloved
- Chicago Family Health Center
- Christian Community Health Center
- Cook County Health, Ambulatory Care Centers
- Friend Health
- Heartland Alliance Health
- Howard Brown Healthcare
- IMAN
- TCA Health

Community Mental Health Centers on the South Side of Chicago:

- City of Chicago Mental Health Clinics
- Gateway
- Healthcare Alternative Systems (HAS)
- HRDI
- Roseland Community Triage Center
- Thresholds

United Way Neighborhood Networks on the South Side of Chicago

- Auburn Gresham / Greater Auburn Gresham Development Corporation
- Bronzeville
- South Chicago / Claretian Associates

LISC Community Development Quality of Life Plans on the South Side of Chicago

- Auburn Gresham
- Englewood
- Back of the Yards
- Bronzeville
- Quad Communities

Homeless Service Organizations on the South Side of Chicago

- Margaret's Village
- Featherfist
- Zacchaeus House
- Family Rescue
- Ignite (formerly Teen Living)

Appendix 2. Summary of community input from key informant interviews

Summary of community input from key informant interviews

The Illinois Public Health Institute (IPHI) conducted eight (8) key informant interviews with community members that live in Jackson Park Hospital's service area during January-February 2021. Because of COVID-19 precautions, all interviews were conducted by phone. The majority of the community members we spoke with were older adults along with about three younger people. Two of the people we interviewed also identified themselves as faith leaders.

Key Community Issues, as identified by key informants

- COVID-19
- Access to Healthcare and Wellness Education
- Mental Health
- Substance Use Disorders
- Economic Opportunity and Jobs
- Community Safety Issues
- Education and Youth Development
- More funding to local community organizations and services

COVID-19 and Access to Care

- Given the timing of these interviews (Jan/Feb 2021), there was a lot of discussion and questions about vaccine access.
- COVID-19 has caused a lot of ongoing health problems and trauma in the community, particularly in African American communities in Chicago.
- COVID has shown disparities in access to care, especially on the South Side of Chicago.
- People with chronic conditions like heart disease, high blood pressure, lung disease, obesity, and diabetes were most impacted by bad outcomes in COVID. Shows the need to continue to address these chronic conditions in our community.
- Many people, across all generations, are dealing with isolation and mental health issues during COVID. This particularly affects seniors and young people in our community.

Access to Healthcare and Wellness Education

- Overall medical services for prevention, education, and early detection.
- Need for mental health services and also treatment options for opioids and substance use disorders.
- Need for dental and eye care.
- COVID has shown the need for services directly in the community and mobile options and home care.
- Continued need for senior wellness checks.
- Need for connection between healthcare and social services like food access, homeless services, employment help, services for families and children, services for older adults, etc.
- Continued need for women's health services on the south side of Chicago and also for prenatal care.

- There is a need for classes for parents and families to support them in raising mentally and physically strong children.

Mental Health and Substance Use Disorders

- COVID and the events of 2020 show this is a major need – both mental health and also treatment for substance use disorders including alcohol and opioids.
- More locations for people to receive services, both for mental health and for substance abuse. Several people mentioned having family members or neighbors who are not able to access the services they need.
- One person we talked to works in the mental health field and agrees there are not enough services available especially for people with Medicaid or uninsured/underinsured.
- Better linkages and connections between mental health services and other healthcare.
- Faith communities are also providing important mental health and spiritual care for community members.
- People of all ages need to learn how to handle depression and also be resilient to trauma.
- The people we interviewed identified that some people in their communities don't feel comfortable seeking care for mental health, that there is still stigma about mental health in the community.
- A few people we interviewed also identified that homelessness related to mental health conditions was a concern in the community, and that homeless are some of the most vulnerable in the communities on the southside.

Economic Opportunity and Jobs

- COVID has caused a lot of layoffs, less hours for some, and difficulties for local businesses.
- We all need to come together to support local business opportunities and jobs in the community for youth and for families in our south side communities.
- Pipelines for healthcare careers from the local community that start in the schools and continue through college. And, pathways to advance in health careers as well.
- For youth and for people who are laid off, there is a need for more free training program and especially training and job opportunities in high-demand careers.
- Needs for youth also tie into education.

Community Safety

- Children, youth, and their families need safe places to play.
- Seniors in the community sometimes don't feel safe going outside and can be isolated. (both because of community safety and violence concerns and because of COVID concerns)
- There are a number of organizations that sponsor community events and those organizations need our support and funding and resources to continue their work. There is a need to have more opportunities for neighbors to know each other.
- Faith communities are important partners in addressing safety, trauma, and positive opportunities for youth.
- There should be partnerships between community organizations, healthcare, mental health, and police and the City to support community safety.

Education and Youth Development

- Many children and families have struggled during the COVID-19 pandemic, and there is a need to focus on education in the coming years as we come out of the pandemic.
- Teachers need extra support in classrooms to support students and the issues they are dealing with, especially now with COVID.
- Extracurricular youth development programs are needed in greater numbers, and community members need to know about the ones that do exist.
- Intergenerational activities to ensure everyone feels included in the community. Affordable places for families to enjoy healthy activities together.

Key Community Strengths

- Local School Councils, faith-based organizations, block clubs, community development organizations, and other community groups
- In some communities in the Jackson Park service area, there is a strong sense of community and ties to a vibrant history but it seems to vary across communities and some don't have as much of connection and sense of community. Those communities need support.
- In many areas across the Jackson Park service area, there is a strong sense of spirituality and faith-based leadership on community issues.
- Community-based safety net providers like Jackson Park Hospital are needed in the community and appreciate the community-based services.

Appendix 3. Summary of Jackson Park Hospital's work on 2019 implementation strategies

Jackson Park Hospital Foundation
 CHNA Implementation Strategy, Fiscal Years 2019-2021
 Update as of March 5, 2021

Goal 1.A. Provide comprehensive medical and social services to older adults (55+) to maintain and improve independent living, with a particular focus on residents of senior buildings.

- Free transportation to all clinic appointments
- Multidisciplinary team dedicated to the senior's care
- Dedicated specialty unit for all seniors who require admission to the hospital
- Discounts on prescriptions, and free delivery of prescriptions

Plan for Measuring and Tracking Impact:

1.A. Jackson Park Hospital will track number of seniors served through the Golden L.I.G.H.T. program, use of different services and benefits by Golden L.I.G.H.T. participants, and satisfaction with the program.

Update:

Due to the COVID 19 pandemic, all marketing and education services under the Golden L.I.G.H.T. umbrella have been suspended indefinitely. The staff has been re-deployed in assisting discharged patients follow up with their primary care physicians by making appointments with the physician and transportation.

1.B. Jackson Park Hospital will keep a log of the transportation trips provided and types of services used by patients served through transportation. This log will track transportation provided for the Golden L.I.G.H.T.

program as well as expanded transportation services. Since this is a new program and service, there is not a baseline available as of May 2018. We will establish a baseline by September 2018 as well as targets for increased service. We will also look into opportunities to track patient and provider satisfaction with transportation services.

Update:

Since we began free transportation to all clinic appointments we have recorded 6,062 trips. In addition to clinic appointments, we will transport patients for our specialist, physical therapy, surgery, oncology and ancillary testing.

1.C. Jackson Park Hospital and First Source keep records of individuals enrolled in insurance coverage and patients' use of charity assistance.

Update:

For the twelve ending December 31, 2020, First Source has assisted 554 individuals enroll into a health insurance plan to cover their inpatient stay. They also assisted 1,763 individuals obtain health insurance to cover their outpatient expenses. They have also assisted 1,238 individuals obtain charity assistance from the hospital which amounted to \$9,996,292 in charity care in 2019 and \$7,085,908 in 2020. Through January 31, 2021 (nine months), the hospital has provided \$5,366,798 in charity care.

Behavioral Health (Mental Health and Substance Use)

Goal 2.A. Increase access to Suboxone treatment in the community.

Strategy: Implement a program to provide Suboxone treatment in both inpatient and outpatient settings.

Update:

In April 2020, the hospital began to provide Suboxone treatment on an inpatient basis. Outpatient Suboxone treatment has been limited again because of the effects COVID 19 has had on the City of Chicago.

Goal 2.B. Explore development of telehealth services for outpatient mental health.

Strategy: Explore development of telehealth services for outpatient mental health.

Update:

The hospital and one of its leading Psychiatrists researched the cost of developing telehealth services at the hospital. It was determined that the cost of implementing this new program along with the startup cost could not be supported alone. This item may qualify as a transformation program request with the State of Illinois once the transformation program is approved by the legislators.

Goal 2.C. Explore partnerships for promoting mental health wellness in the community.

Strategy: Work with the Alliance for Health Equity and community-based partners to understand opportunities for partnerships related to models for serving people with behavioral health needs in the community such as drop-in center/welcoming center/living room, addressing barriers to medication access, and community trainings such as mental health first aid.

Strategy: Identify ways to leverage existing outreach staff and events to share information and health education on behavioral health. Develop new relationships with community-based partners as part of the 1115 waiver program that is in various stages of implementation by the State of Illinois.

Update:

The 1115 waiver program has been delayed by the State of Illinois. Until this program has been started by the State, the hospital does not want to start any new programs that may interfere with the 1115 waiver program. The hospital is recruiting a Board Certified Psychiatrist to provide outpatient behavioral medicine services to the community as part of our Family Practice residency program.

Chronic Disease Prevention

Goal 3.A. Increase community access to wellness resources, knowledge of chronic disease risk factors, and chronic disease prevention through health education and prevention services in the community.

Strategy: Provide access to chronic disease prevention and management services through three clinics: smoking cessation clinic, weight management clinic, and diabetes clinic.

Strategy: Provide chronic disease services and education/outreach to older adults through the Golden L.I.G.H.T. program.

Strategy: Partner with community organizations, agencies, and businesses to provide prevention and wellness services within the community including health screenings, health education, training and/or seminars. This includes:

- Hospital outreach staff visit surrounding neighborhoods, participating in events and health fairs, providing information and services not only to people who are sick but also to teach community residents how to stay healthy.
- Free blood pressure/hypertension screenings, and diabetes risk assessments
- Information on health and nutrition, breast self-exams and mammography, P.S.A. lab testing, and pulmonary function testing at outreach events
- Clinical experts from the hospital providing health education and answering community questions via community seminars and radio talk shows
- The hospital sponsors a Family Practice Residency program that has 18 medical Residents. These residents see patients at local supportive living facilities as well as skilled nursing homes in addition to the patients they serve at the hospital.

Update:

Because of the pandemic, the hospital has postponed all of its outside community activities until the governor and mayor have lifted all travel restrictions in the City and State,

Goal 3.B. Explore partnerships for community-based chronic disease prevention related to nutrition and diet, diabetes, obesity, cancer, and lung health.

Strategy: Work with the Alliance for Health Equity and community-based partners to understand opportunities for partnerships for community-based chronic disease prevention related to nutrition and diet, diabetes, obesity, cancer, and lung health.

Update:

After the governor and mayor have lifted all travel restrictions in the City and State, the hospital will work with the Alliance for Health Equity and community-based partners to understand opportunities for partnerships for community-based chronic disease prevention related to nutrition and diet, diabetes,

obesity, cancer, and lung health. The hospital is also ready to partner with the appropriate community organization to apply for transformation funds through the State of Illinois.

Maternal and Child Health, including Prenatal

Goal 4.A. Expand the hospital's role to partner with social agencies and community based providers and OB physicians to provide education in the community about prenatal care and increase the proportion of women who are accessing prenatal care. Strategy: Identify partners in the community to work together on prenatal care.

Goal 4.B. Increase community knowledge and resources on topics related to maternal and child health. Strategy: Expand outreach and education in the community on topics related to maternal and child health including: immunization, child nutrition, prenatal care, and mental health and substance use.

Plan for Measuring and Tracking Impact:

4.A. and 4.B. The strategies under goals 4.A. and 4.B. are new and in an exploratory phase. As any new programs or initiatives are developed and implemented, we will develop plans for measuring and tracking impact. Jackson Park Hospital anticipates providing education and resources on topics related to maternal and child health at 12 events in 2018.

Update:

After the governor and mayor have lifted all travel restrictions in the City and State, the hospital will work with the Alliance for Health Equity and community-based partners to understand opportunities for partnerships for community-based maternal and child health including: immunization, child nutrition, prenatal care, and mental health and substance use. The hospital is also ready to partner with the appropriate community organization to apply for transformation funds through the State of Illinois to address these needs.

Workforce Development

Goal 5.A. Explore partnerships for increasing community-based workforce development and retention in entry-level positions such as medical assistant (MA), constant observers, and others.

Strategy: Work with 8th Ward Alderman Michelle Harris, community partners, job training sites, and regional workforce collaborative to design a pilot project for workforce development.

Plan for Measuring and Tracking Impact:

5.A. The strategy under goal 5.A. is new and in an exploratory phase. As any new programs or initiatives are developed and implemented, we will develop plans for measuring and tracking impact.

Partners to Engage:

Hospital resource development leadership and staff, Alderman Michelle Harris, community partners, job training sites, and regional workforce collaborative.

Update:

After the governor and mayor have lifted all travel restrictions in the City and State, the hospital will work with the Alliance for Health Equity and community-based partners to understand opportunities for partnerships for community-based workforce development programs. The hospital is also ready to partner with the appropriate community organization to apply for transformation funds through the State of Illinois to address these needs.

