

# **Jackson Park Hospital**

## **Community Health Needs Assessment (CHNA)**

**March 2018**

**Revised June 2018 with posting of Implementation Strategy**



Jackson Park Hospital

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## II. Introduction

### A. Overview of Jackson Park Hospital

Jackson Park Hospital & Medical Center is a 256-bed short-term comprehensive acute care facility serving the south side of Chicago for nearly 100 years. The hospital offers full medical, surgical, obstetric, psychiatric, and medical stabilization (detox) services as well as medical sub-specialties including cardiology, pulmonary, gastrointestinal disease, renal, orthopedics, ENT, ophthalmology, infectious disease, HIV, hematology/oncology and geriatrics. Quality ambulatory care is provided onsite through the family medicine center and senior health center. The hospital also provides medical education and training through its family medicine residency program and several affiliated medical schools. The patient population served by Jackson Park Hospital are underserved, underprivileged, economically challenged and, most times, underinsured. 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: (a) our operations will be patient-centered; (b) all patients will be treated with dignity and respect; (c) patients' rights will be honored. We will serve anyone in need of healthcare regardless of race, color, religion, gender, national origin, disability, age, or ability to pay. We believe in high levels of ethical and professional conduct. We believe in operating in an efficient and effective manner in order to thrive as a viable community healthcare provider.

### B. Defining Community for the Community Health Needs Assessment (CHNA)

Jackson Park Hospital's primary service area encompasses nine zip codes corresponding to 20 community areas in the City of Chicago.<sup>1</sup> Figure 1 is a map of the hospital's service area and list of communities in the service area. The total population in these zip codes is 481,995; nearly a quarter (23.8%) of the residents are under 18, while 14.8% are over the age of 65.<sup>1</sup> 83.7% of the population is Black, 11.3% is White, and 1.3% is Asian, with a small percentage identifying with other racial groups, and 8.4% of the population identifies as Hispanic/Latino.<sup>1</sup>

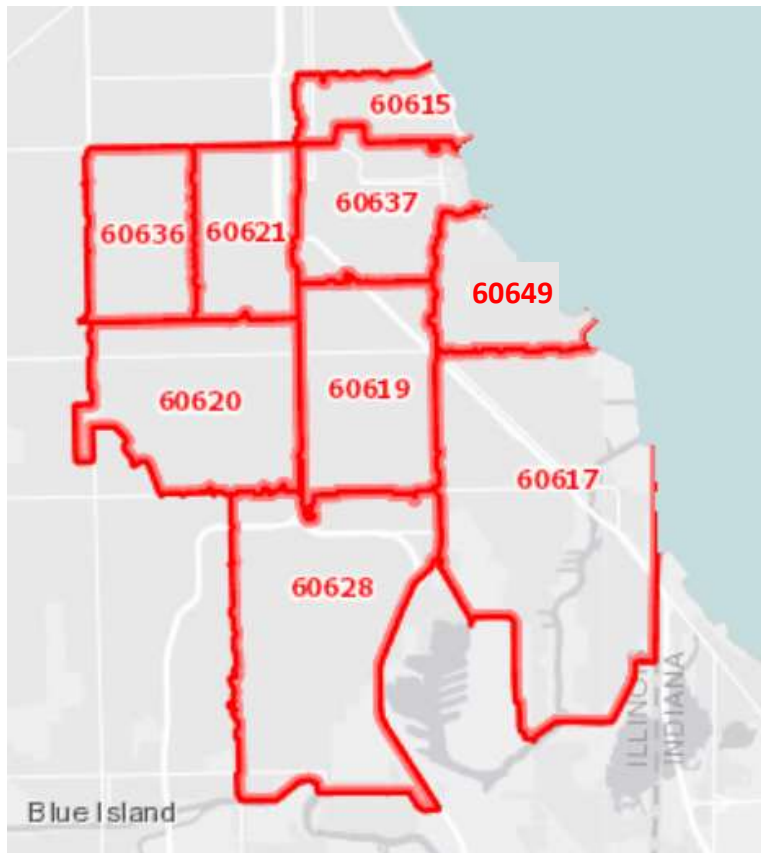
In the communities that make up Jackson Park Hospital's service area, life expectancy ranges from 68 to 81 years of age, with almost all of the community areas having a life expectancy lower than the Chicago average of 77 years of age (Figure 2 and 3). The leading causes of death in these communities are heart disease and cancer.

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<sup>1</sup> American Community Survey, 2010-2014

**Figure 1. Jackson Park Hospital Service Area Map and List of Community Areas**

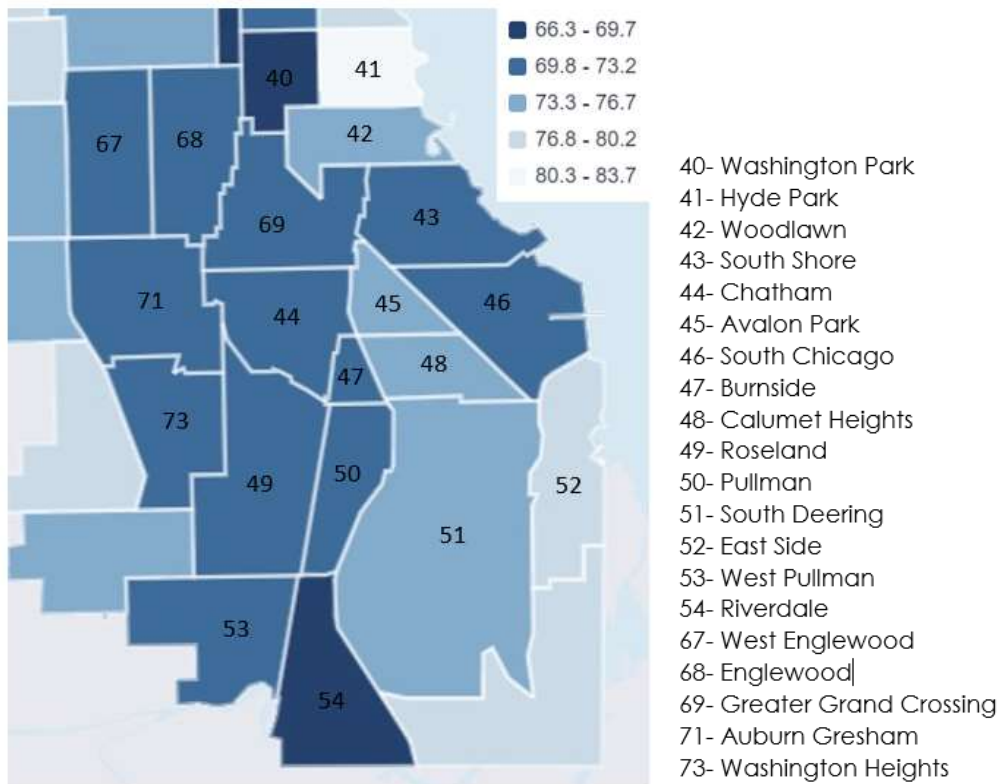
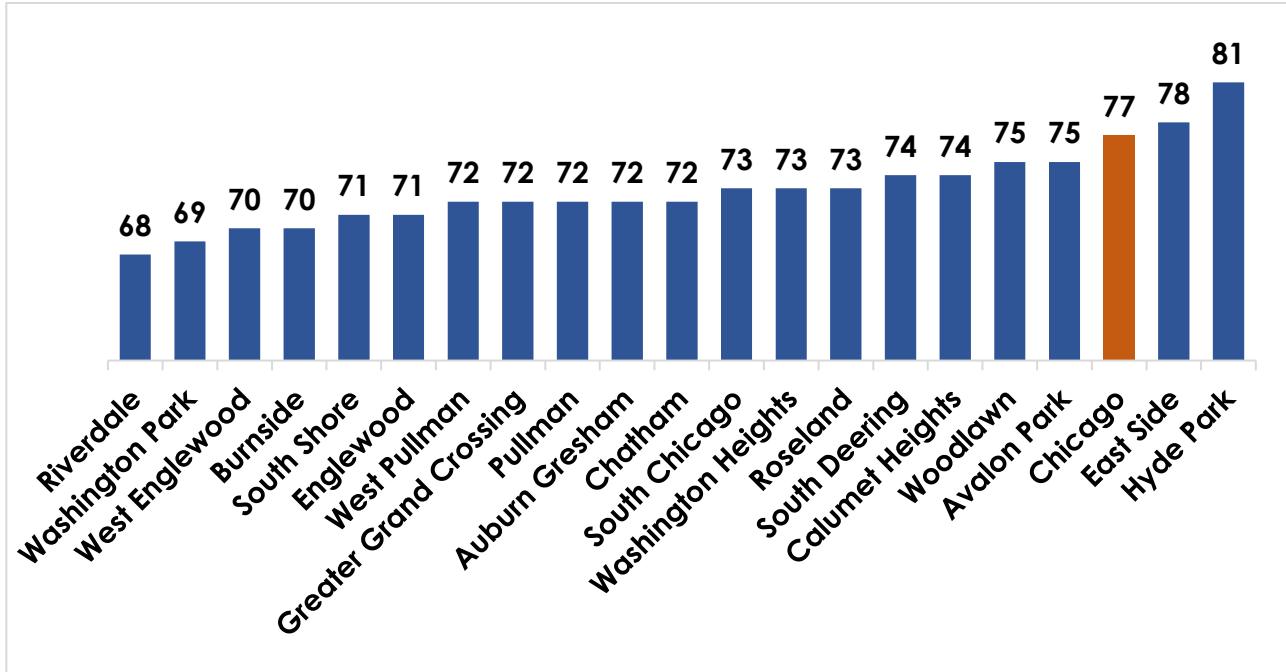
Jackson Park Hospital's service area covers nine zip codes corresponding to 20 community areas in Chicago. The communities in Jackson Park Hospital's service area are: South Shore, Greater Grand Crossing, Chatham, Burnside, Avalon Park, Washington Park, Hyde Park, Woodlawn, Calumet Heights, South Chicago, South Deering, East Side, Washington Heights, Auburn Gresham, Roseland, West Pullman, Pullman, Riverdale, Englewood, and West Englewood.



**Zip Codes and Community Areas in Jackson Park Hospital's Service Area**

<b>Zip Code</b>	<b>Community Areas</b>
60649	South Shore
60619	Greater Grand Crossing, Chatham, Burnside, Avalon Park
60615	Hyde 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

Figures 2 and 3. Life Expectancy, 2015



Data Source: Illinois Department of Public Health, Death Certificate, US Census. Two-year estimates.

## C. Community Health Needs Assessment Methods/Process

Jackson Park Hospital worked with 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 Community Commons websites. IPHI also conducted two focus groups with community residents in March 2018 and three key informant interviews with staff leaders from Jackson Park Hospital. Jackson Park Hospital wrote up a summary of implementation activities completed since the 2015 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 within four-and-a-half months of posting this CHNA.

## D. Prioritized Community Health Needs

The CHNA identifies many significant health needs and health inequities affecting the communities served by Jackson Park Hospital. Jackson Park Hospital staff and leadership reviewed the CHNA data and community input and prioritized five significant community health needs based on (a) size and seriousness of the issue, (b) value to the community, (c) addressing disparities and root causes, (d) existing interventions, initiatives, and opportunity to make an impact, and (e) feasibility. The priority community health needs are:

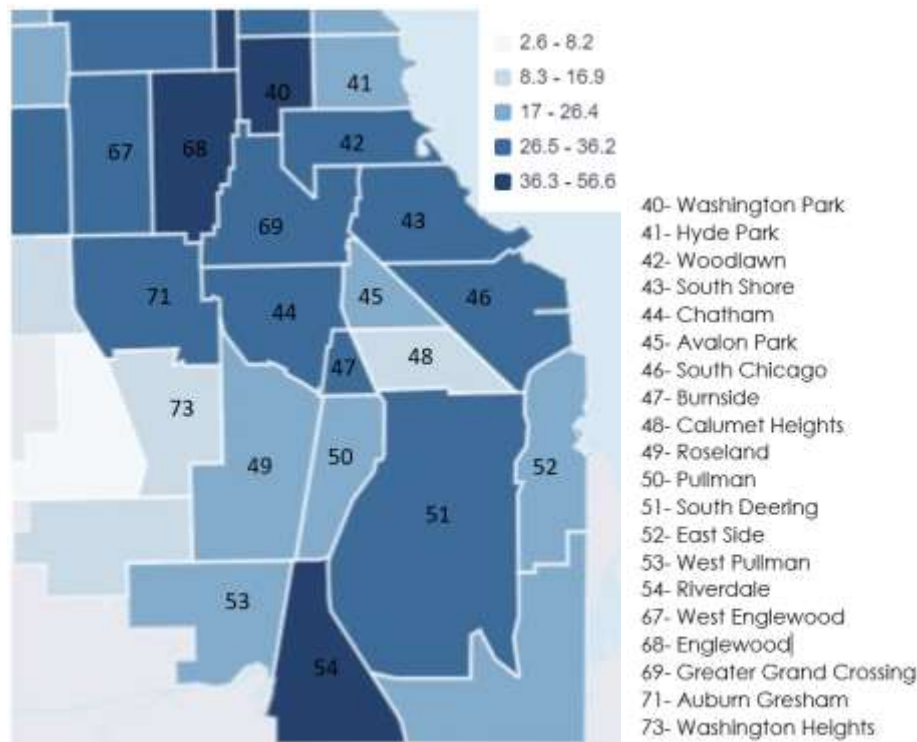
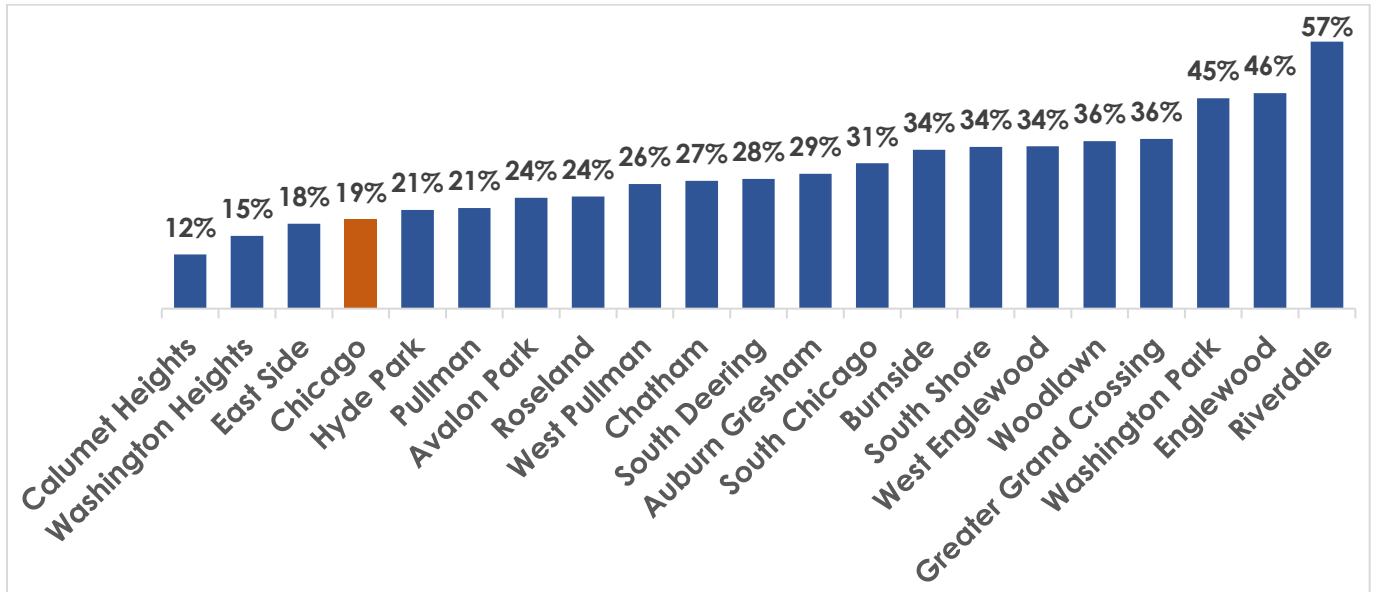
- Access and transportation
- Behavioral health (mental health and substance use)
- Chronic disease prevention, including diabetes
- Maternal and child health, including prenatal
- Workforce development

The Community Health Needs Assessment (CHNA) was adopted by the hospital board on June 22, 2018.

### III. Health Status in the Community – Health Indicator Data

#### A. Social, Economic, and Structural Determinants of Health

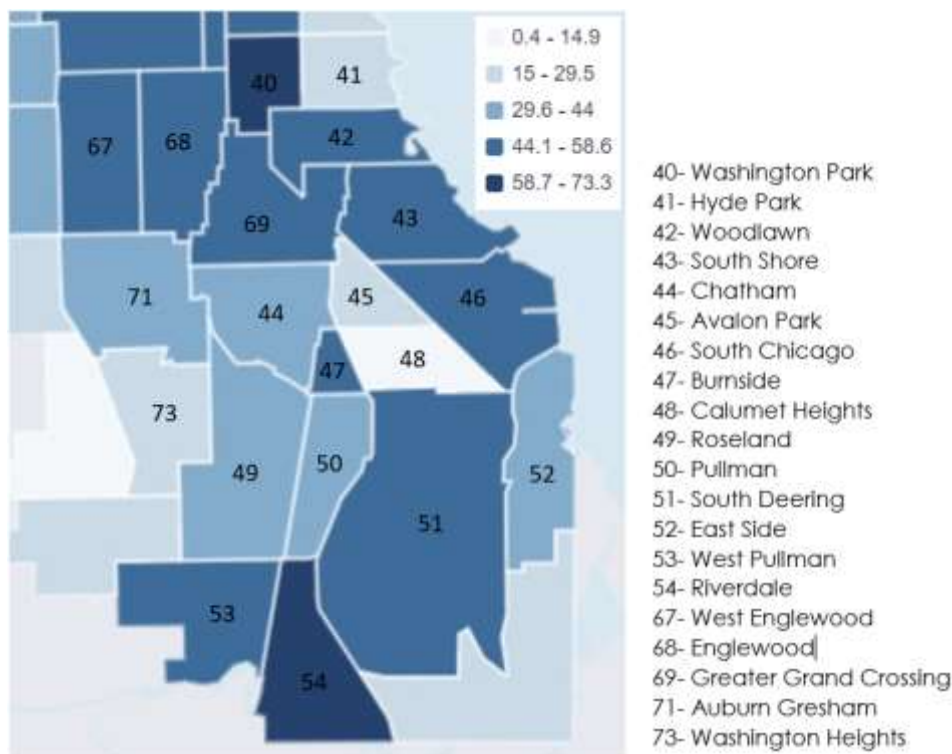
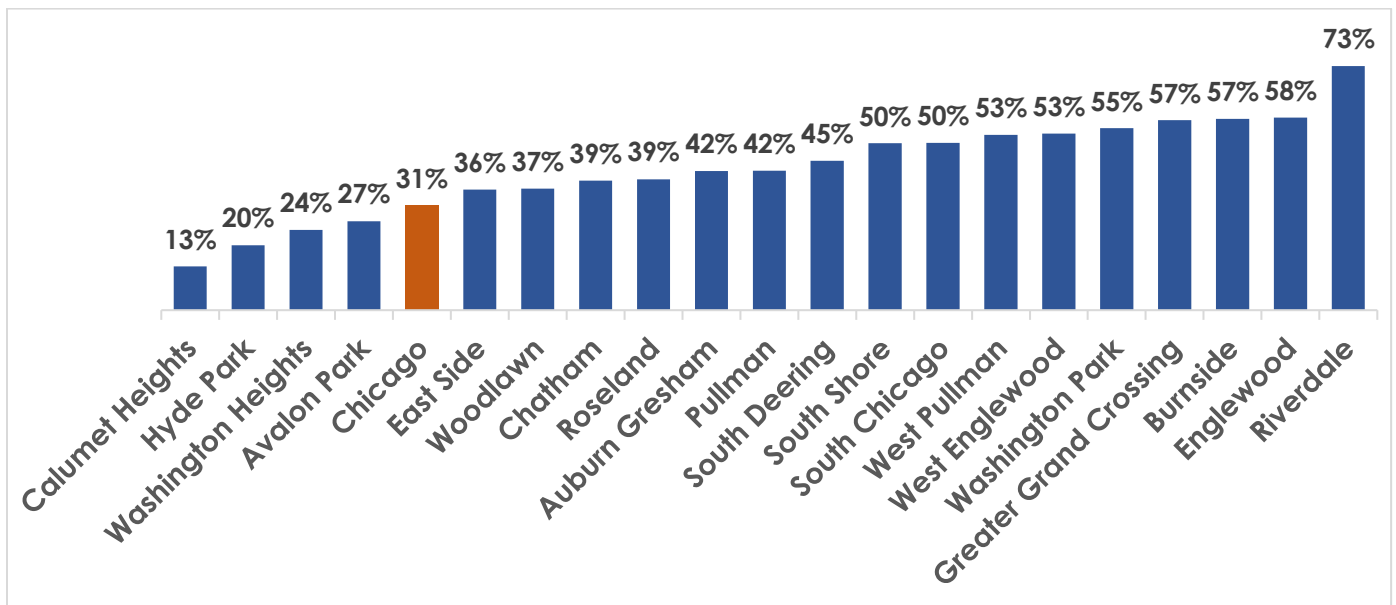
Figures 4 and 5. Poverty: Percentage of households living below the poverty threshold, 2015



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

Household poverty rates range from 11.5% to 56.6% of households in the community areas served by Jackson Park Hospital, with the majority of community areas experiencing higher household poverty rates than the Chicago average of 18.9%.

**Figures 6 and 7. Childhood Poverty: Percentage of children (under 18 years old) living below the poverty threshold, 2015**

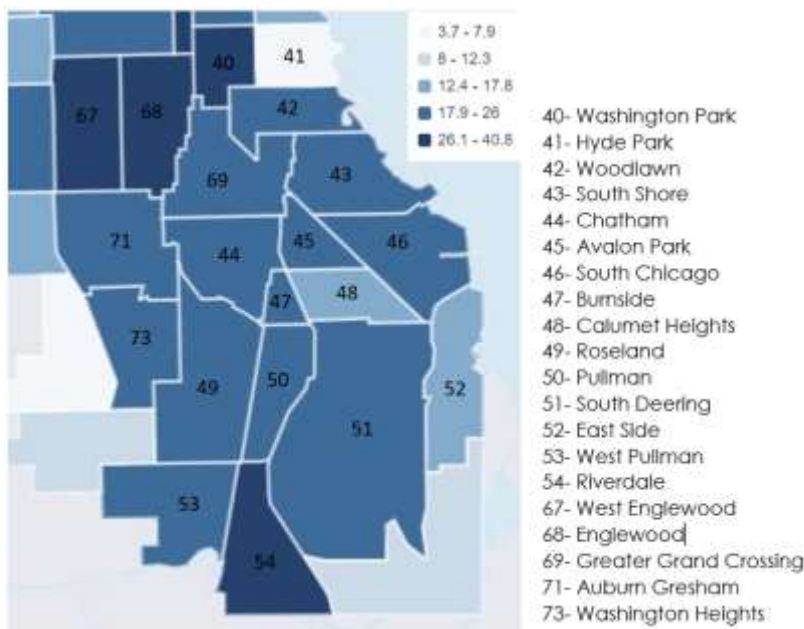
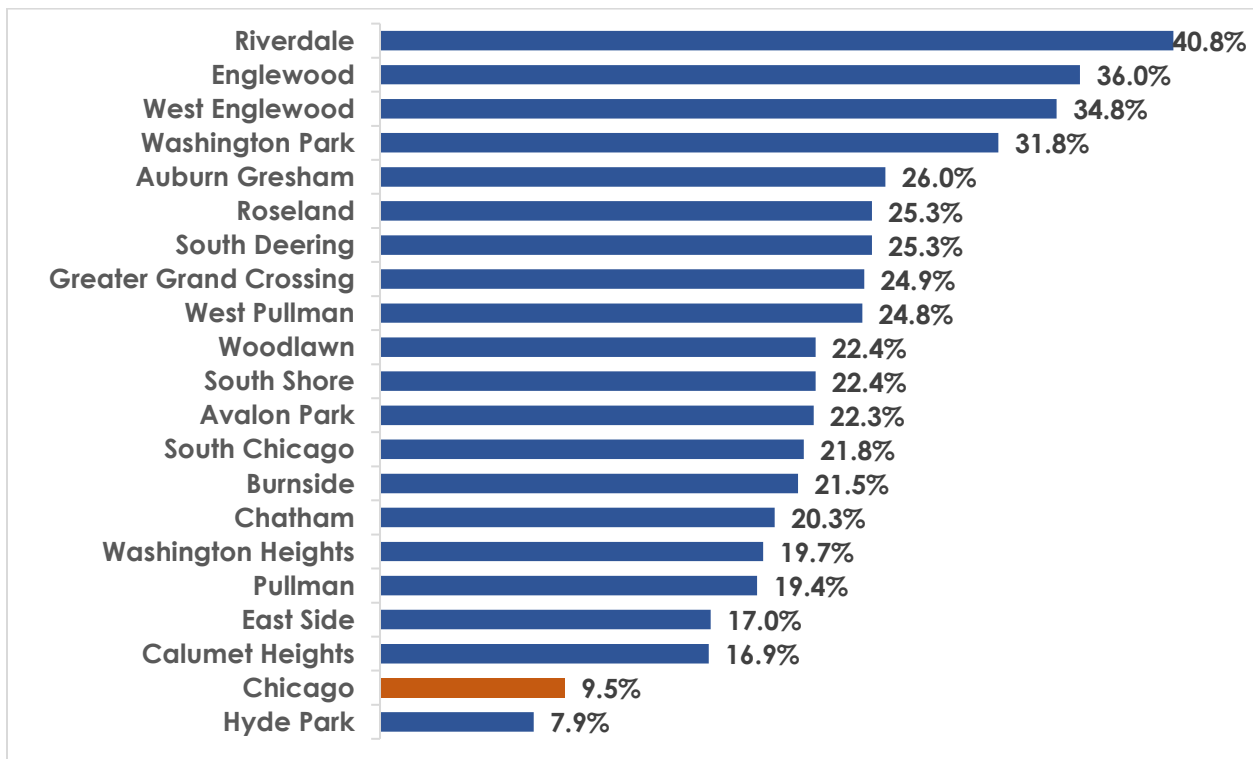


Data Source: U.S. Census Bureau: American Community Survey. Five-year estimates for community areas, one-year estimate for Chicago.

Child poverty rates range from 13.1% to 73.3% in the community areas served by Jackson Park Hospital, with the majority of community areas experiencing higher child poverty rates than the Chicago average of 31.4%.



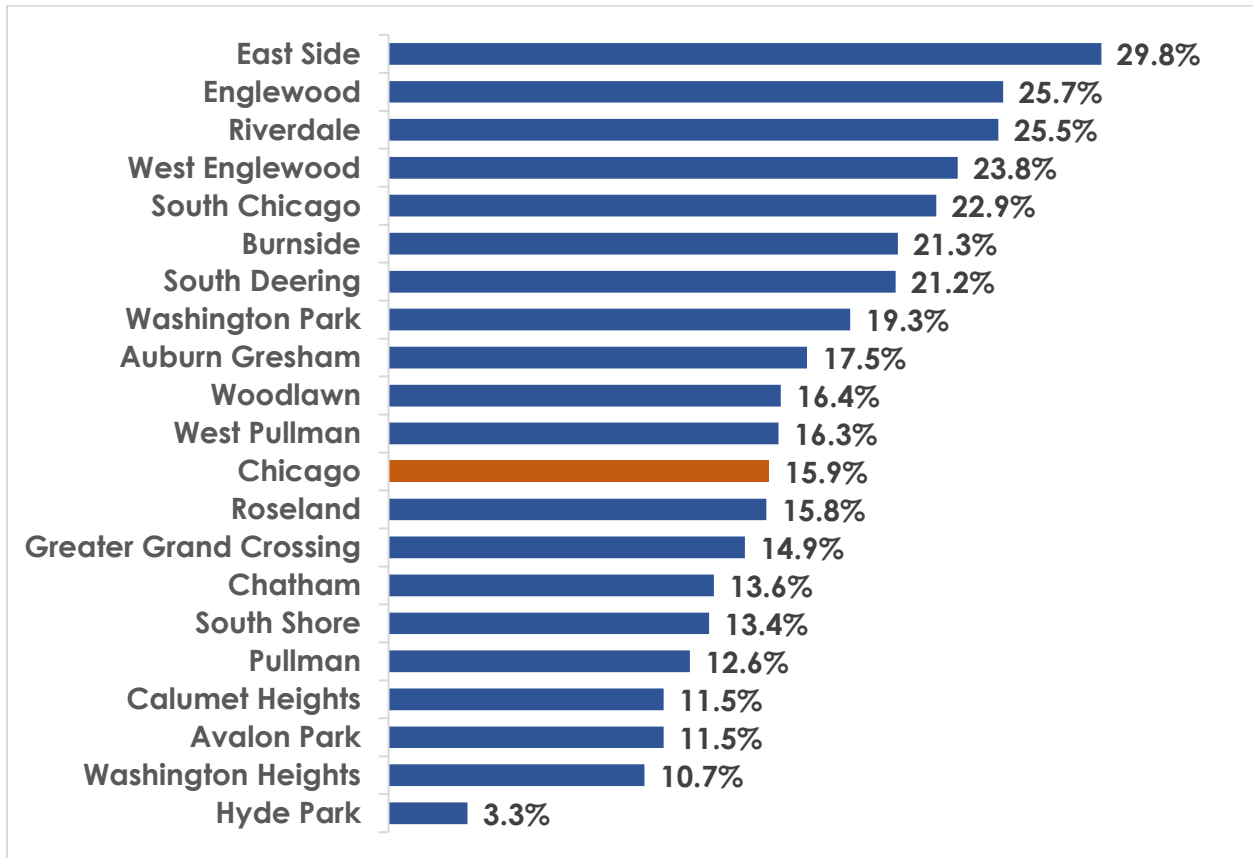
**Figures 8 and 9. Unemployment: Percentage of adults aged 16 years and over in the civilian labor force who were unemployed, 2015**



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

The community areas in Jackson Park Hospital's service area experience high rates of unemployment. Riverdale has the highest rate of unemployment(40.8%), while all community areas (except Hyde Park) have unemployment rates above the Chicago average of 9.5%.

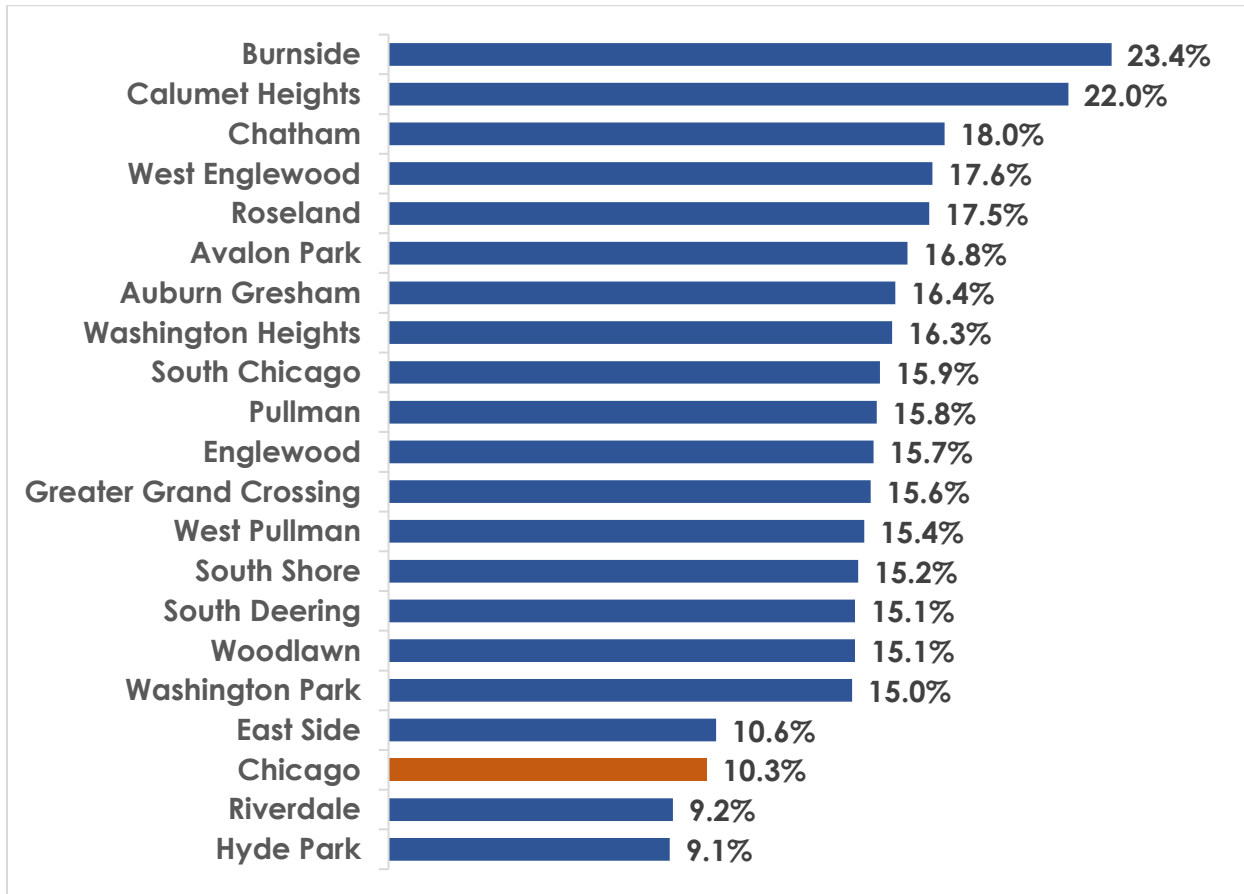
**Figure 10. Educational Attainment: Percentage of adults aged 25 years and older without a high school diploma or equivalency, 2015**



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

The number of adults without a high school diploma in these community areas ranges from nearly double the Chicago average percentage (East Side, 29.8%) to only 3.3% in Hyde Park.

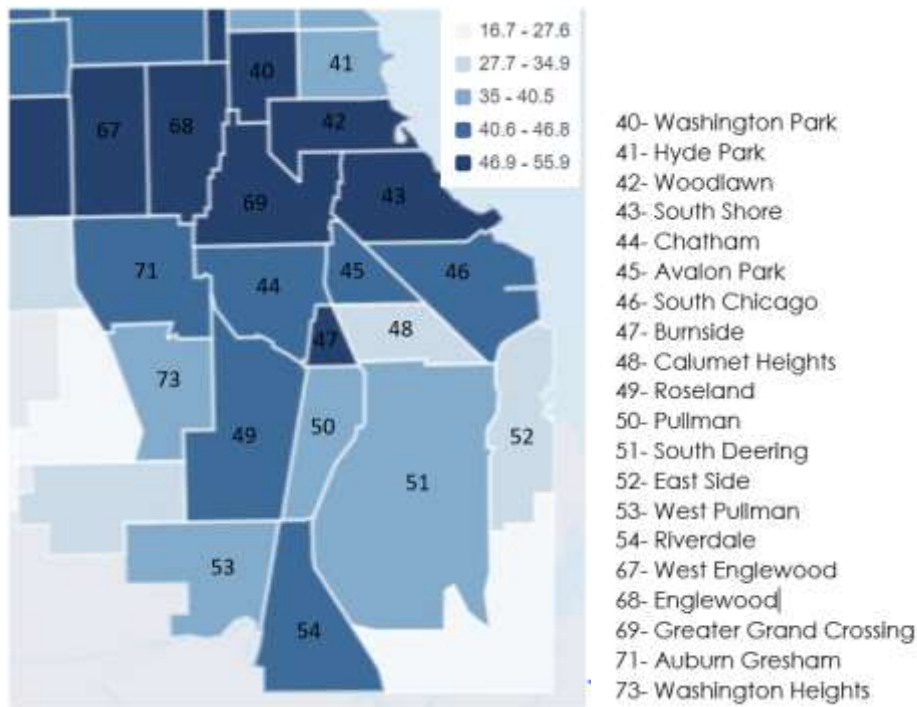
**Figure 11. Disability:** Percentage of people with limitations in functioning (vision, hearing, mobility, and cognitive functioning) and self-care, 2015



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

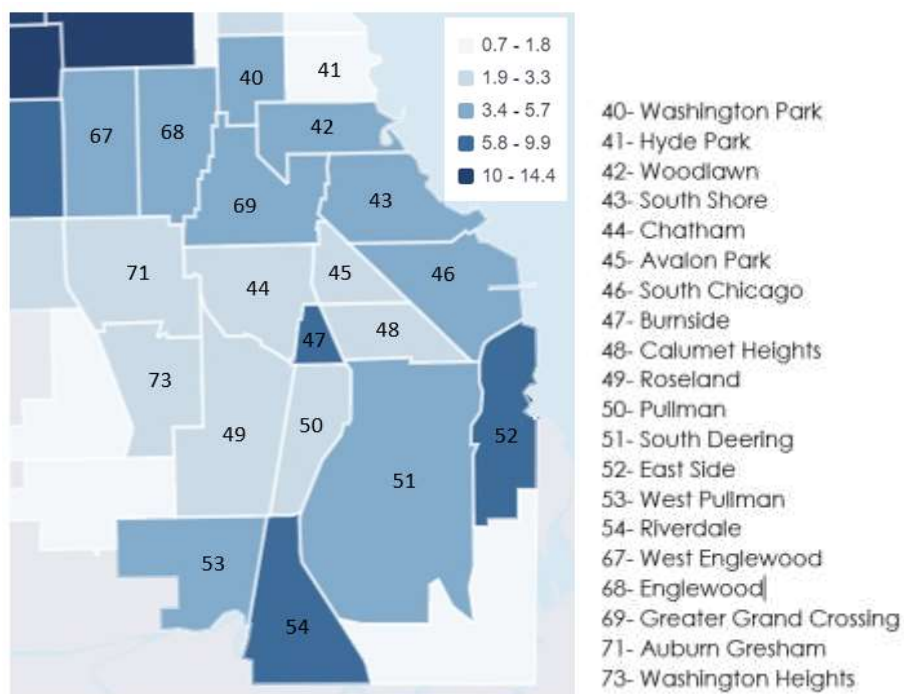
The percentage of people living with a disability in these community areas ranges from 9.1% (Hyde Park) to 23.4% (Burnside), with most of the community areas having a higher percentage of people living with a disability than the Chicago average of 10.3%.

**Figure 12. Severe Cost-Burdened Housing:** Percentage of households who spend 35% or more of their income on housing costs, 2015



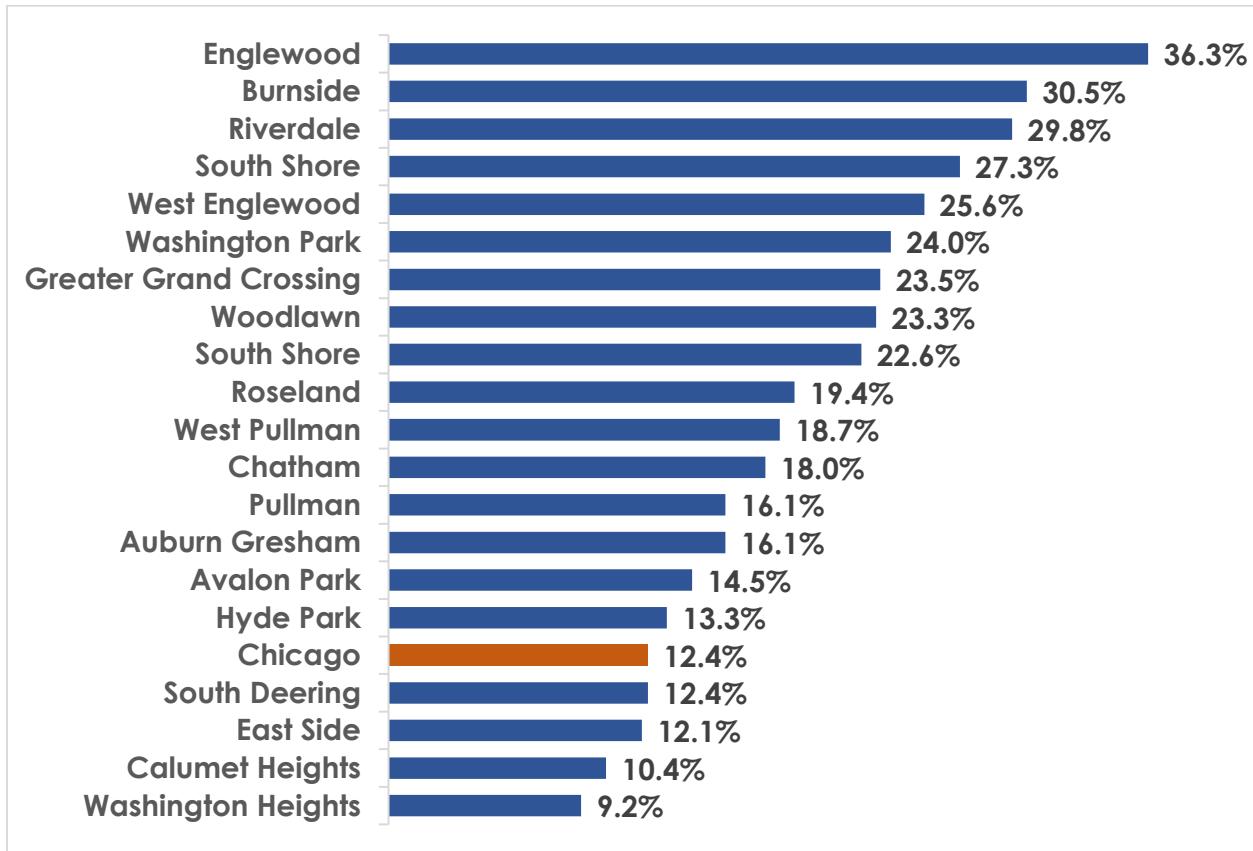
Data Source: US Census Bureau: American Community Survey. Five-year estimates.

**Figure 13. Crowded Housing:** Percentage of occupied housing units with more than one person per room, 2015



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

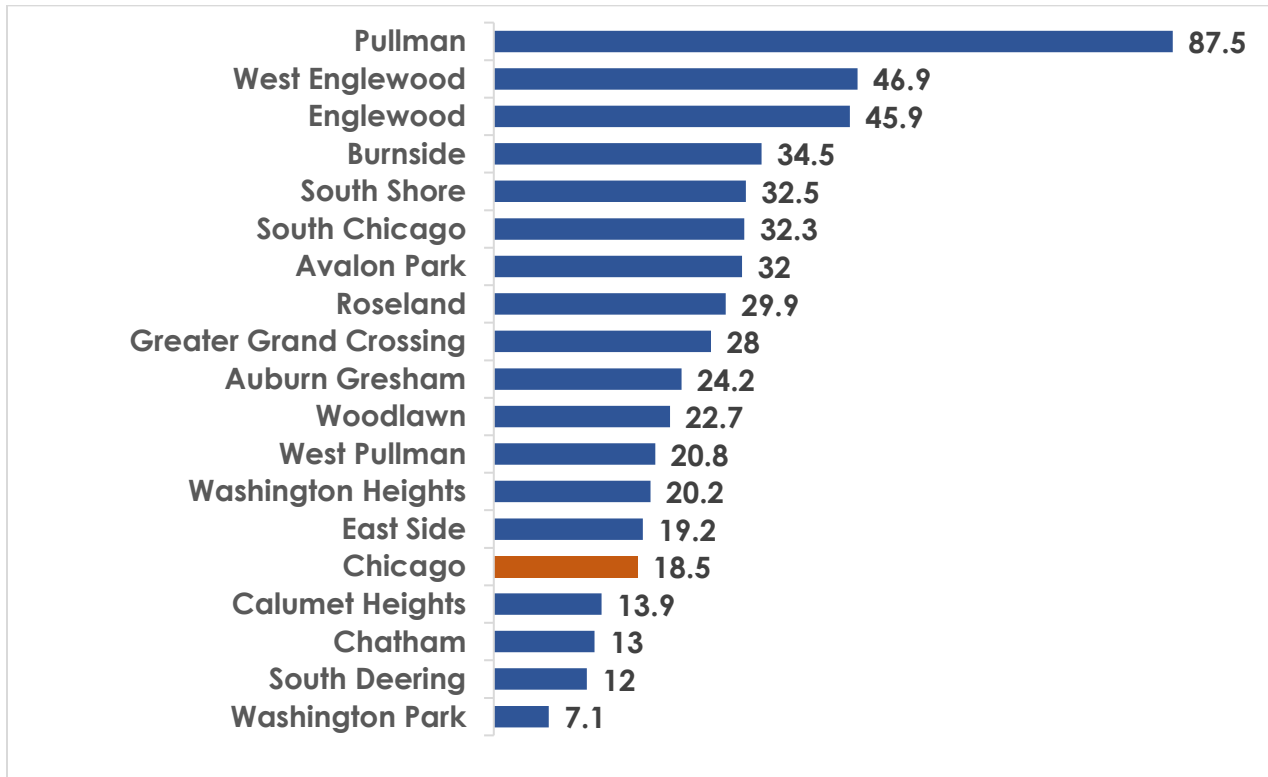
**Figure 14. Vacant Housing:** Percentage of housing units that are vacant, 2015



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

Between 36.3% and 9.2% of all housing units in the community areas served by Jackson Park Hospital are vacant. Most of these community areas have more vacant housing than the Chicago average of 12.4%.

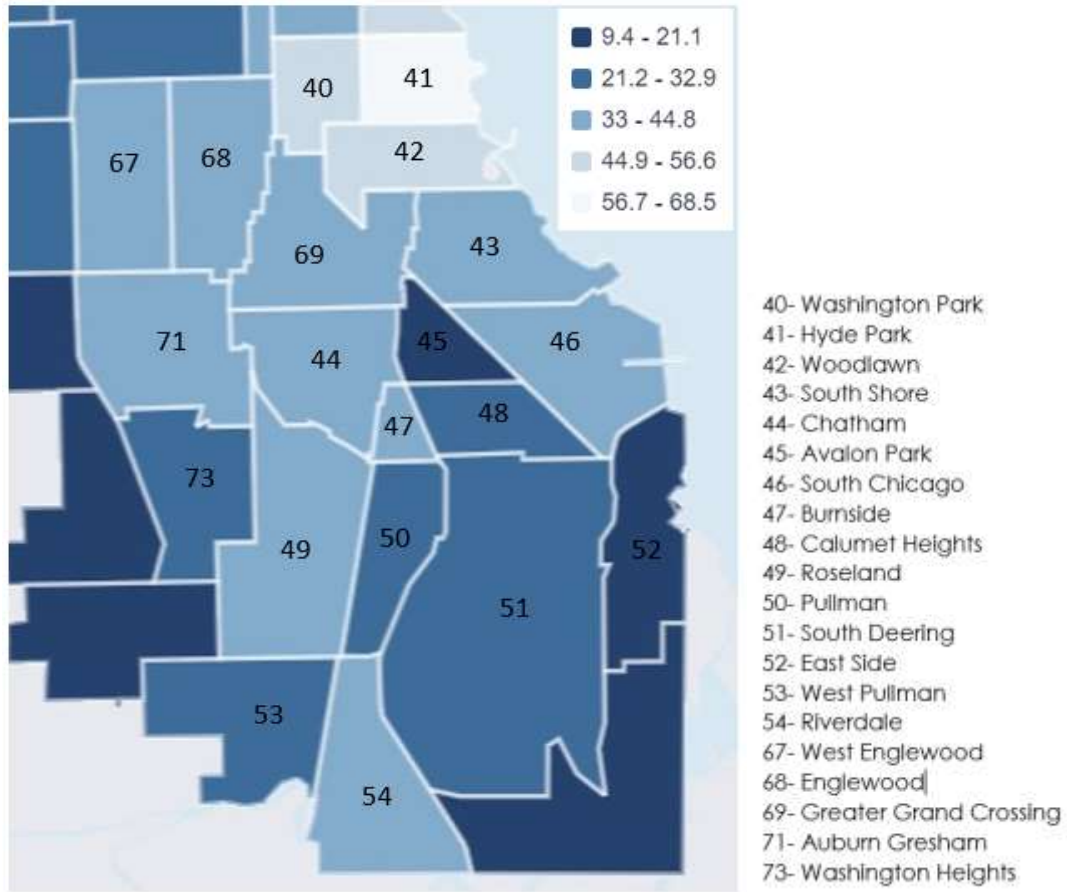
**Figure 15. Lead: Rate of children age 0 to 2 with peak annual venous blood lead level 6 mcg/dL or higher (lead poisoning) per 1,000 children receiving any blood lead screening test, 2016**



Data Source: CDPH blood lead surveillance records. Data for Hyde Park and Riverdale is not available.

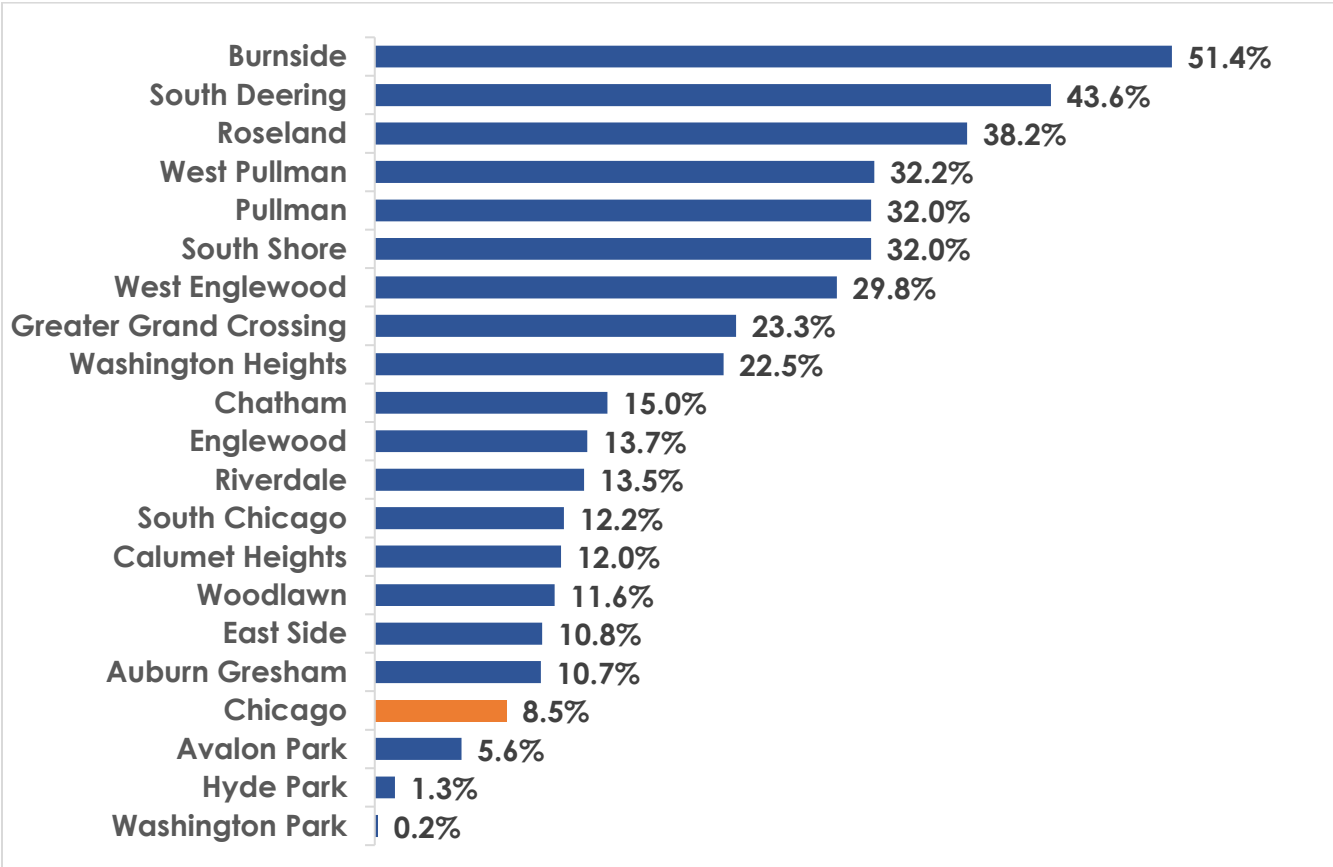
The communities served by Jackson Park Hospital experience high level of lead poisoning. Most of the community areas have higher rates of lead poisoning than the Chicago average. Pullman has a notably high rate of lead poisoning with 87.5 per 1,000 children aged 0 to 2 presenting with high levels of lead in their blood.

**Figure 16. Public Transportation and Active Transportation: Percentage of workers aged 16 years and over who walk, bike, or take public transportation to commute to work, 2015**



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

**Figure 17. Food Access: Percentage of people with low income and living more than 1/2 mile from the nearest supermarket, supercenter, or large grocery store (food access), 2015**

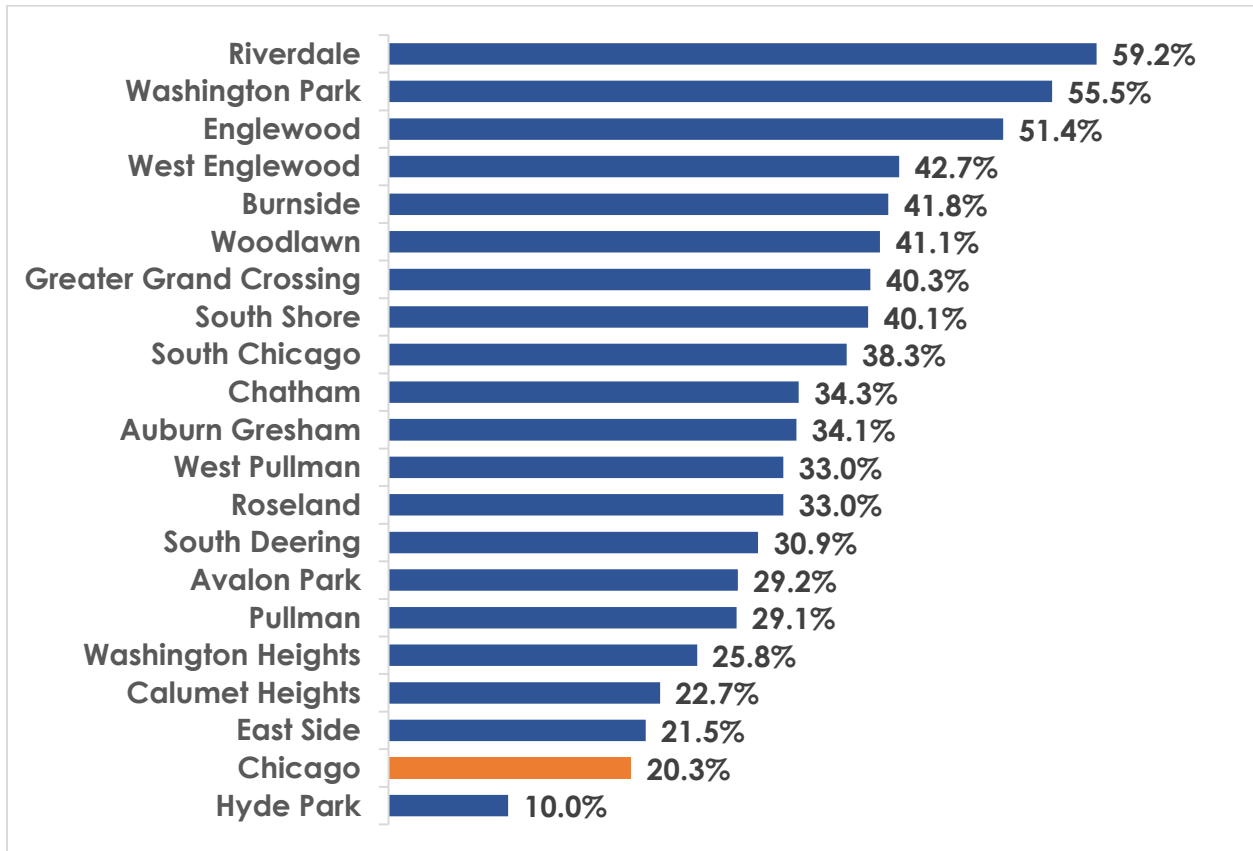


Data Source: United States Department of Agriculture (USDA) Food Access Research Atlas.

Many low-income people in these communities live more than 1/2 mile from a supermarket, which limits their access to healthy food. Most of these community areas have higher percentages of low-income people living more than 1/2 mile from a supermarket than the Chicago average of 8.5%. Burnside has an exceptionally high rate with over half of low-income people living more than 1/2 mile from a supermarket.



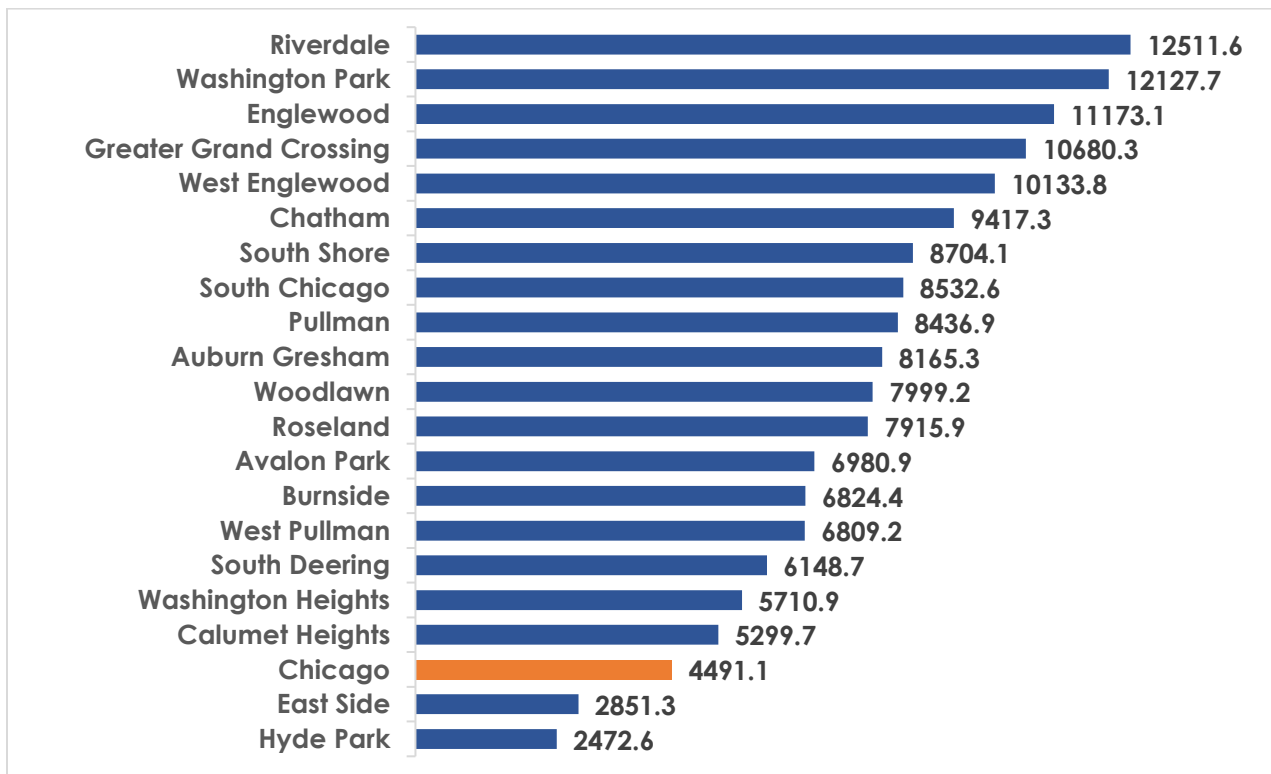
**Figure 18. Food Assistance:** Percentage of households receiving food stamps/SNAP, 2015



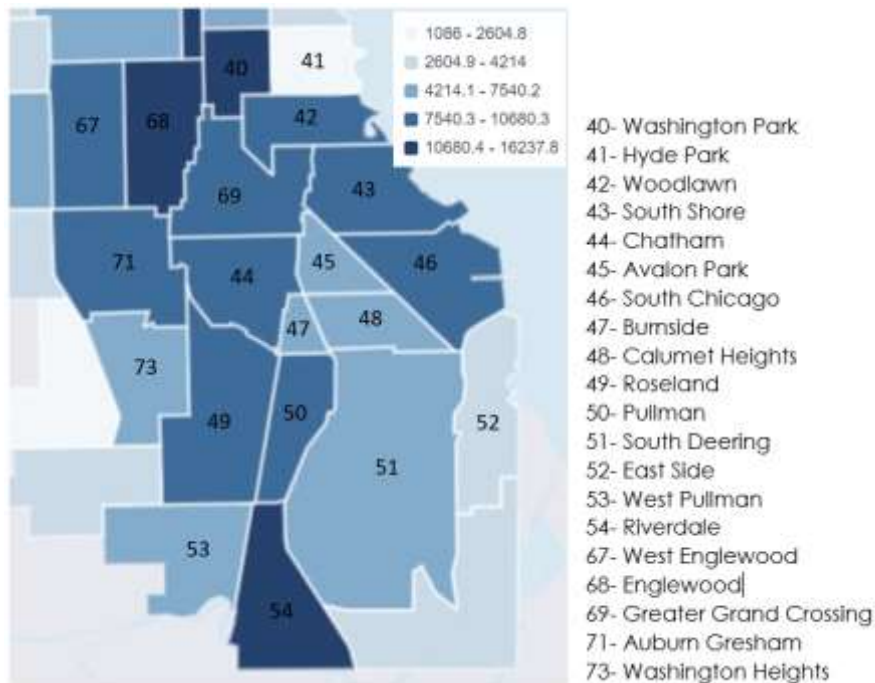
Data Source: U.S. Census Bureau: American Community Survey. Five-year estimates for community areas, one-year estimate for Chicago.

All of the community areas served by Jackson Park Hospital, except Hyde Park, have higher percentages of households receiving SNAP benefits than the Chicago average of 20.3%. In three community areas (Riverdale, Washington Park, and Englewood) over half of households receive SNAP benefits.

**Figure 19 and 20. Violent Crime: Rate of reported violent crime incidents per 100,000 population, 2016**



Data Source: Chicago Data Portal/ Chicago Police Department; US Census Bureau, 2010 Census.

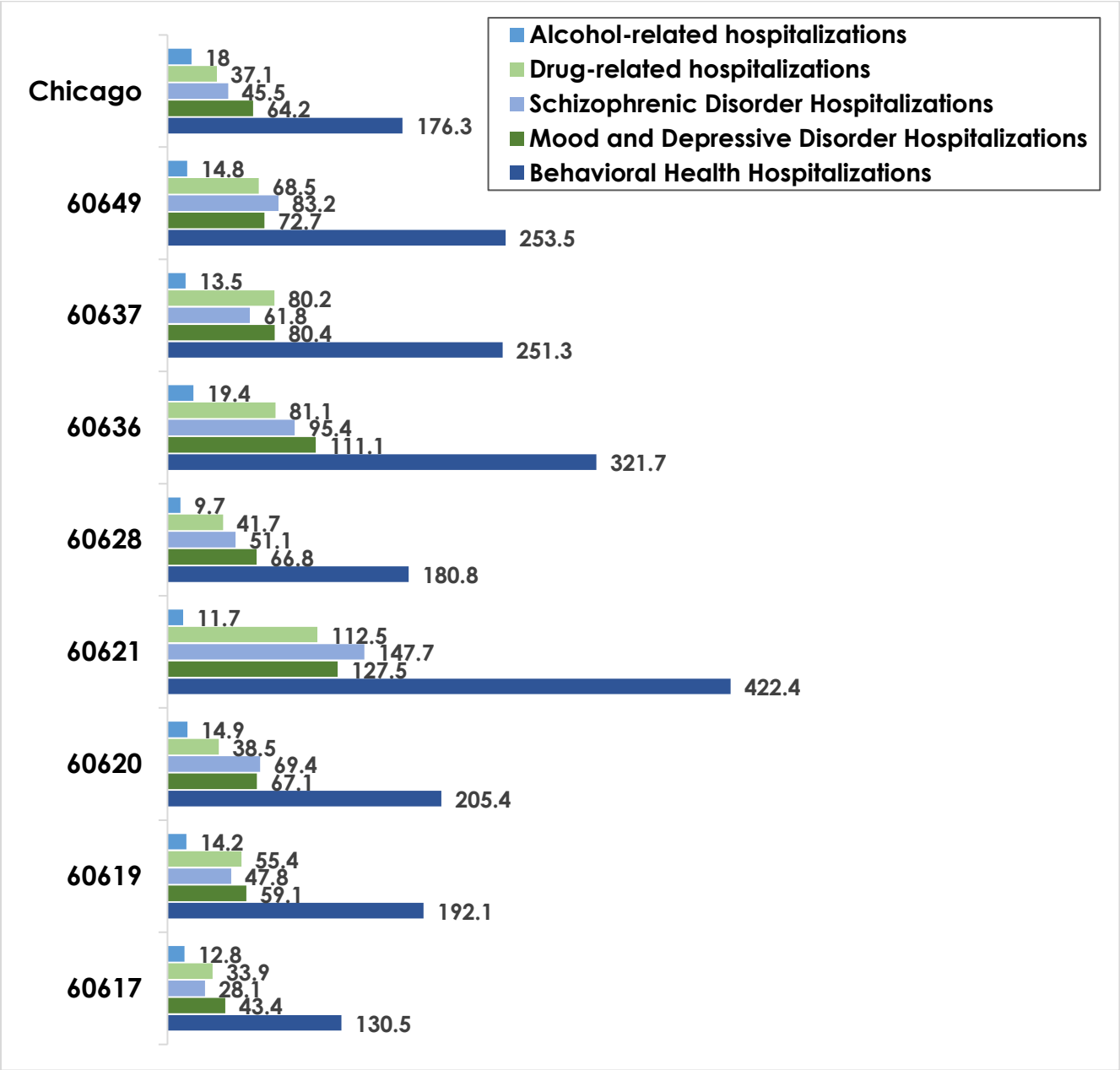


The communities served by Jackson Park Hospital have high rates of violence, with most of the communities having higher rates of violent crime than the Chicago average. Six of these community areas have over double the rate of violent crime incidents than the Chicago average rate.

## B. Behavioral Health – Mental Health and Substance Use Disorders

**Figure 21. Behavioral health hospitalizations, age-adjusted rates, per 10,000 population, 2014.**

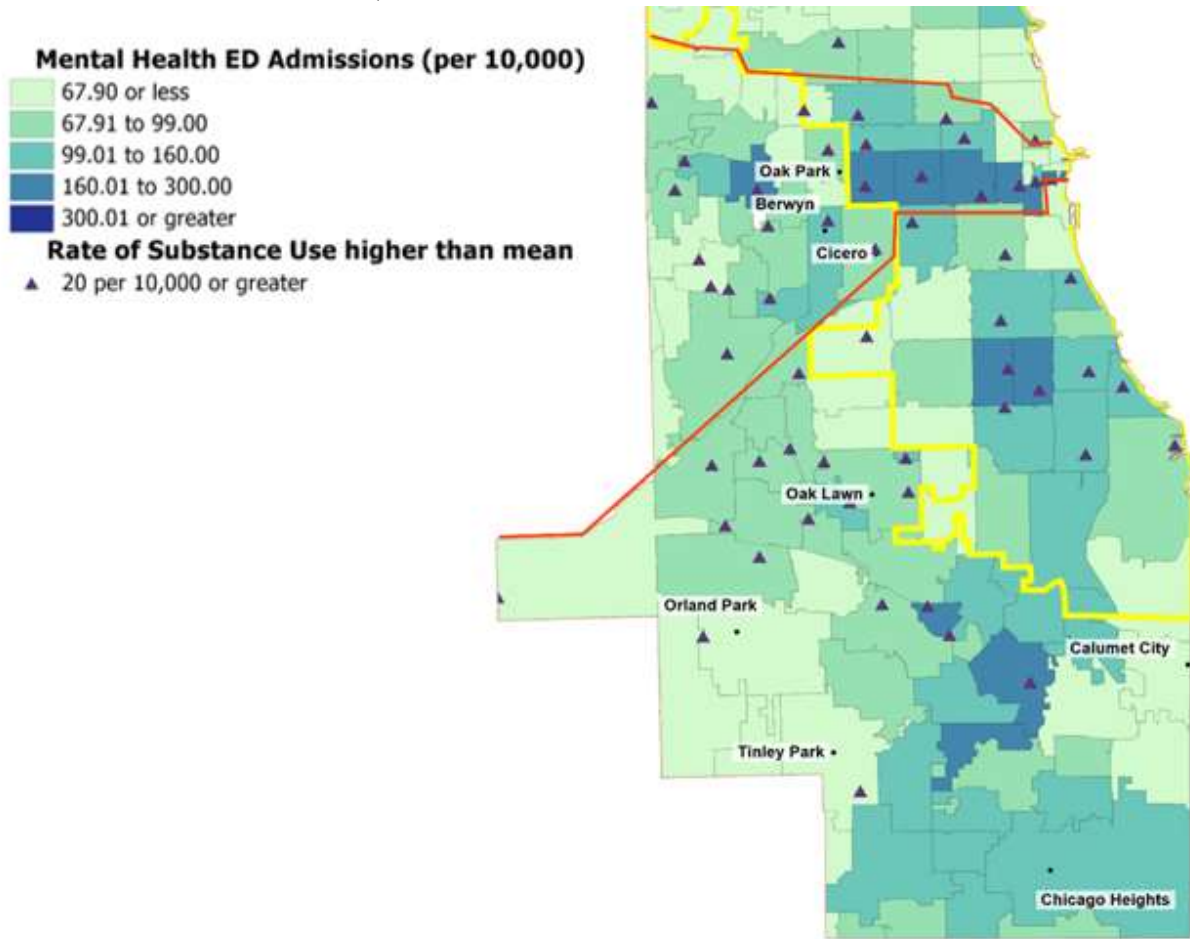
Mood and depressive disorder hospitalization discharges, schizophrenic disorder hospitalization discharges, drug-related hospitalization discharges, and alcohol-related hospitalization discharges. Excludes discharges to Veterans Administration hospitals.



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

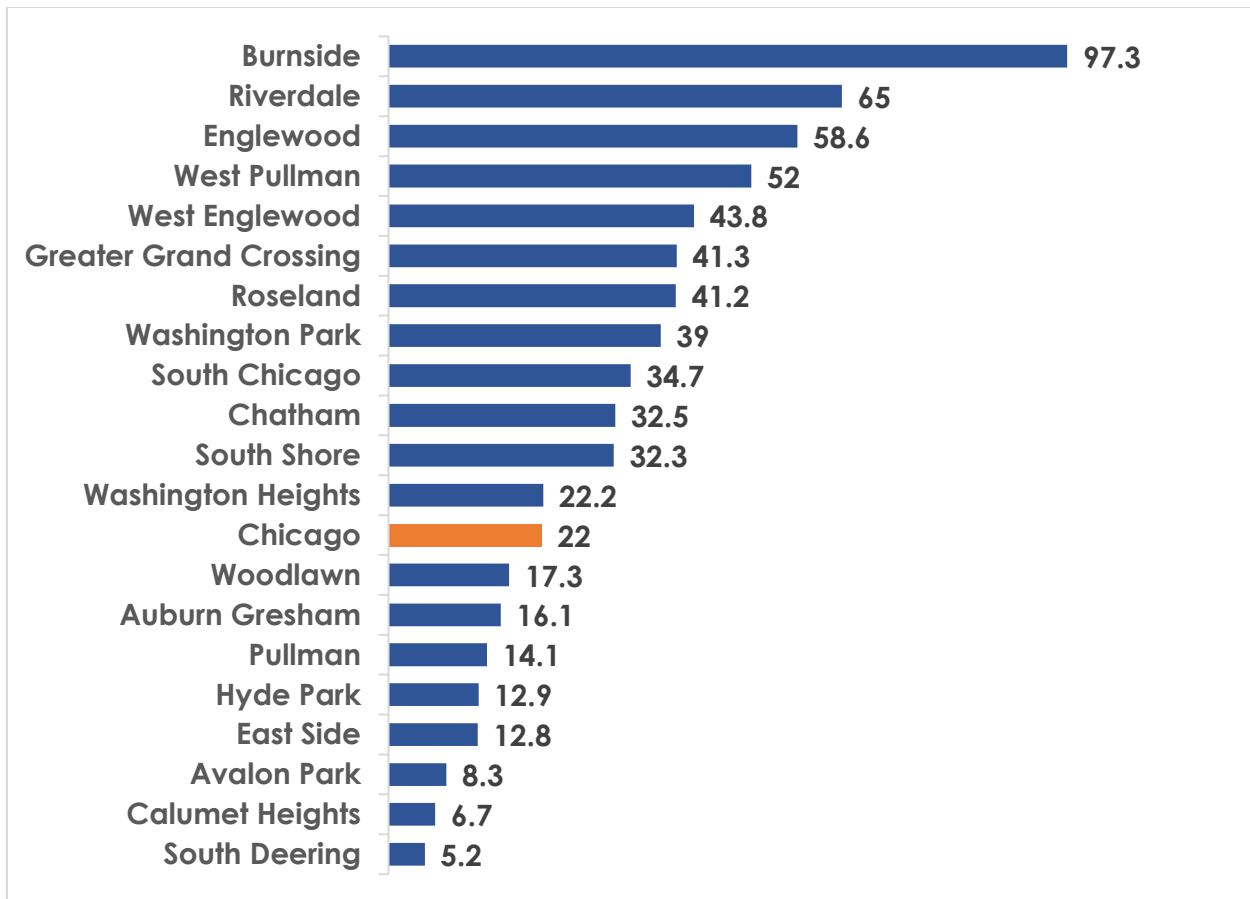
This chart shows the relative rates of hospitalizations for behavior health, mood and depressive disorders, schizophrenic disorders, and drug-related causes in the zip codes served by Jackson Park Hospital.

**Figure 22. Behavioral Health in Emergency Departments: ED admission rate for mental health and substance abuse, 2012-2014**



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

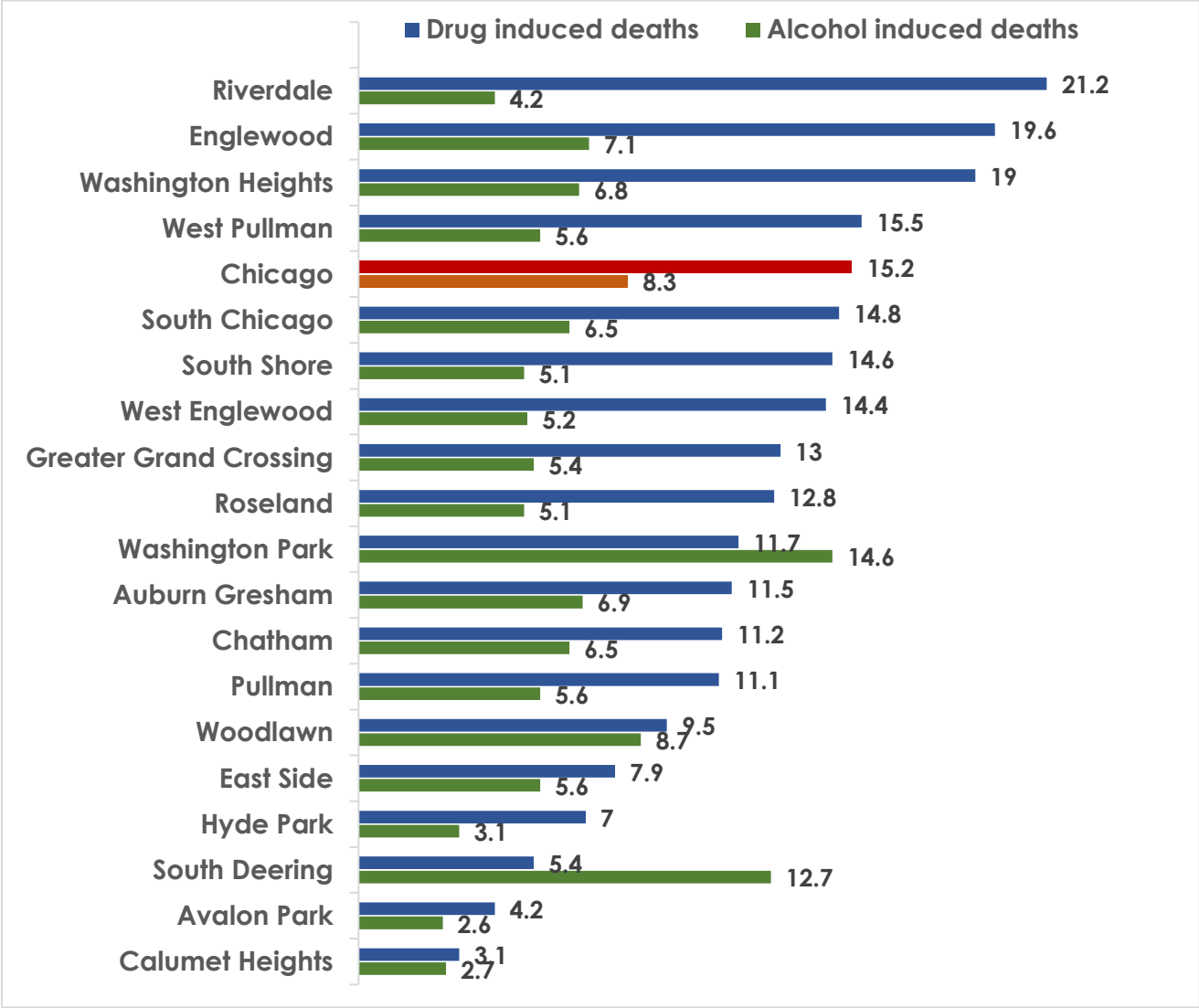
**Figure 23. Opioid Overdose Mortality: Age-adjusted rate of opioid-related overdose deaths per 100,000 population, 2016.**



Data Source: Cook County Medical Examiner's Office; US Census Bureau, 2010 and 2000 census

In Jackson Park Hospital's service area, opioid-related overdose deaths range from 5.2 per 100,000 population (South Deering) to 97.3 per 100,000 population (Burnside). Over half of these communities have an opioid-related overdose death rate higher than the Chicago rate of 22 per 100,000 population.

**Figure 24. Alcohol and Drug Induced Mortality:** Age-adjusted rate of people who died due to dependent and nondependent use of alcohol or accidental poisoning by alcohol (alcohol-induced deaths) and poisoning and medical conditions caused by use of legal or illegal drugs or from poisoning due to medically prescribed and other drugs (drug-induced deaths) per 100,000 population, 2015

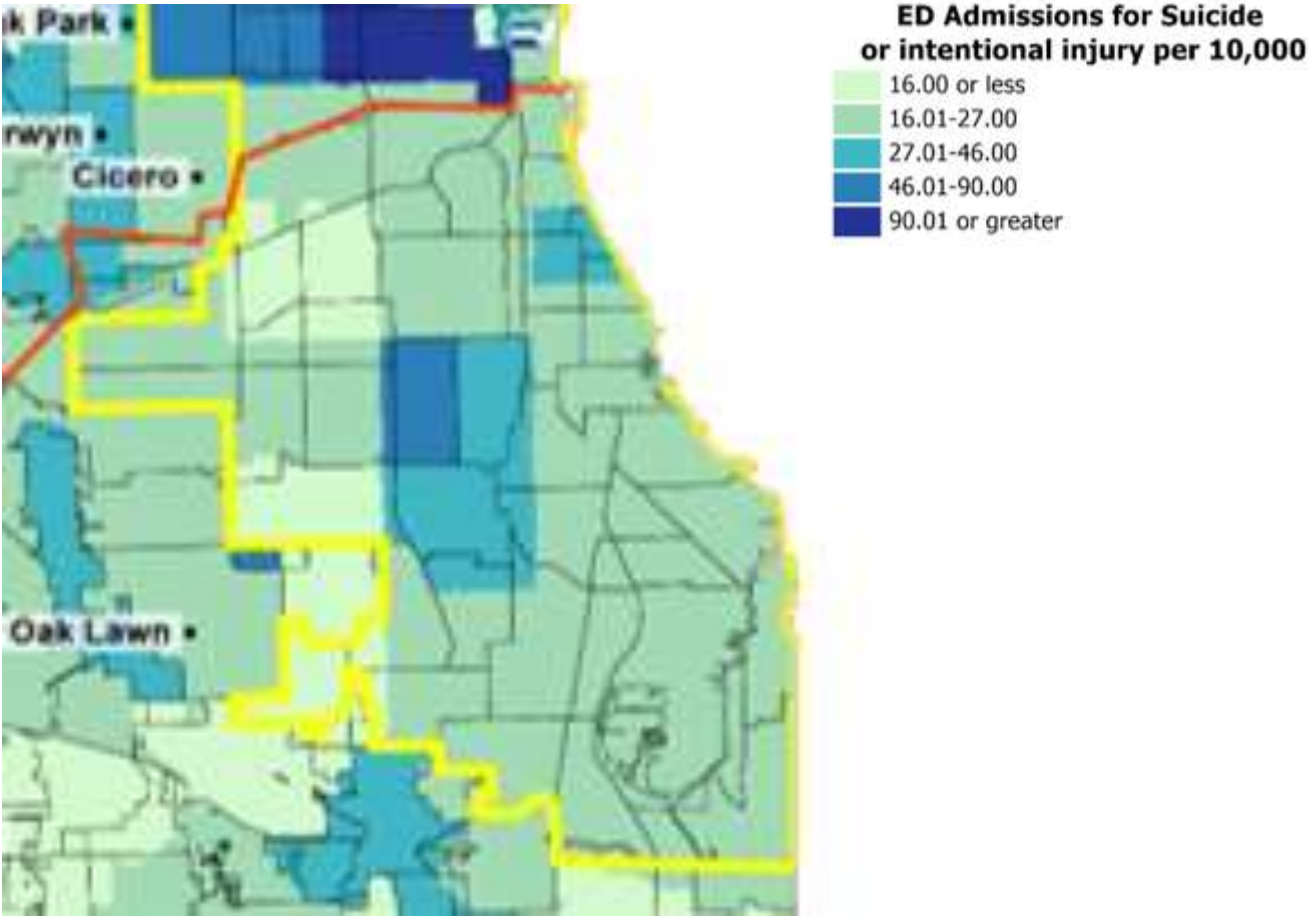


Data Source: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files; US Census Bureau, 2010 and 2000 Census. Five-year estimates for community areas, one-year estimate for Chicago.

In these community areas, alcohol-related deaths range from 2.6 per 100,000 population (Avalon Park) to 14.6 per 100,000 population (Washington Park). Most of these communities have a lower rate of alcohol-related deaths than the Chicago average of 8.3 per 100,000 population.

In these community areas, the rate of drug-induced deaths ranges from 3.1 per 100,000 population (Calumet Heights) to 21.2 per 100,000 population (Riverdale). Most of these communities have a lower rate of drug-induced deaths than the Chicago average 15.2 per 100,000 population.

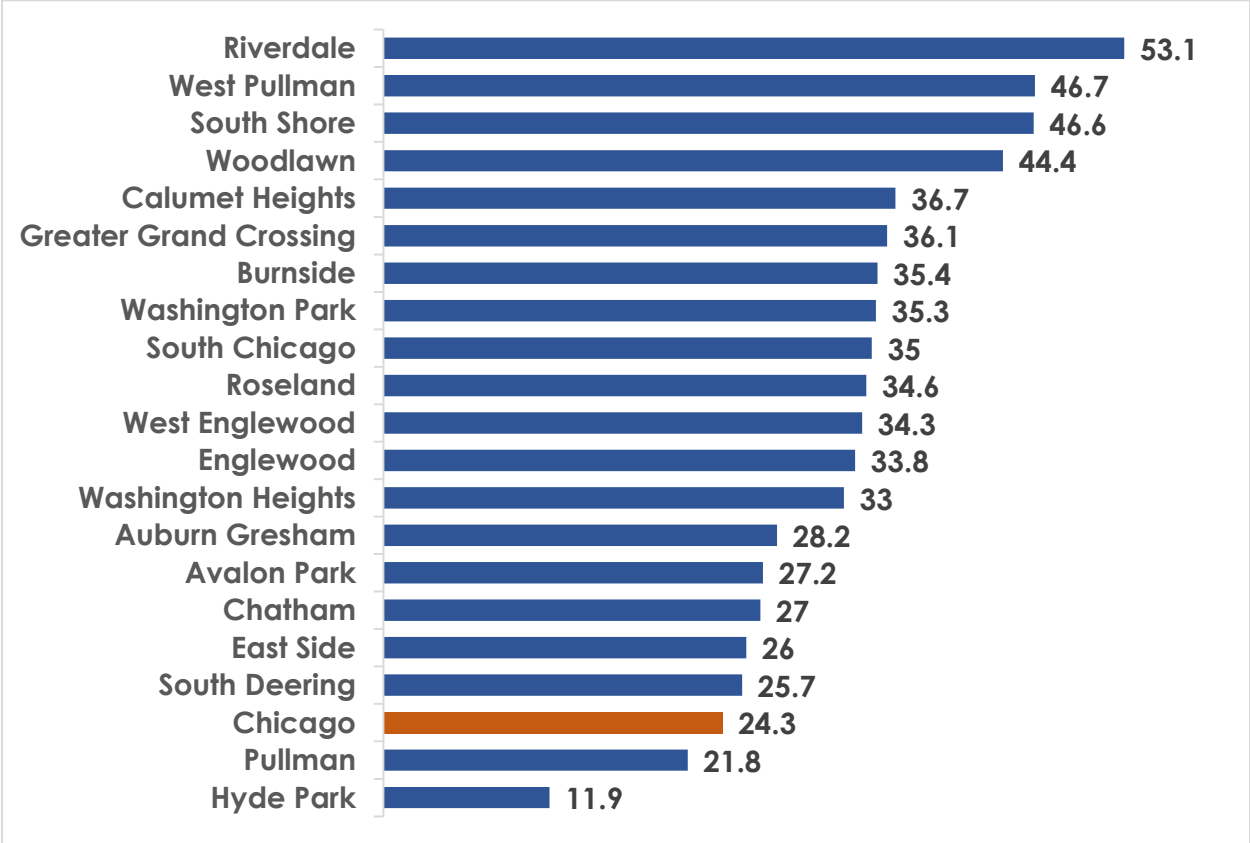
Figure 25. Suicide: Emergency Department visits for suicide, 2012-2014



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

### C. Chronic Disease

**Figure 26. Diabetes Mortality:** Age-adjusted rate of people whose deaths were diabetes-related, per 100,000 population, 2015

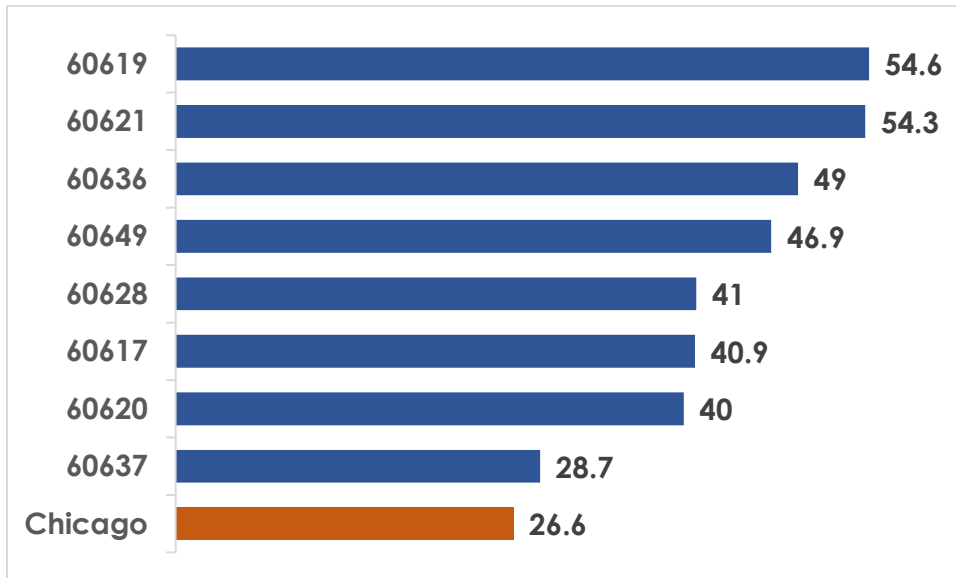


Data Source. Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files; US Census Bureau. Five-year estimates for community areas, one-year estimate for Chicago.

Diabetes mortality rates in Jackson Park Hospital's service area ranges from 11.9 per 100,000 population (Hyde Park) to 53.1 per 100,000 population (Riverdale). Most of these community areas have diabetes mortality rates higher than the Chicago average of 24.3 per 100,000 populations.



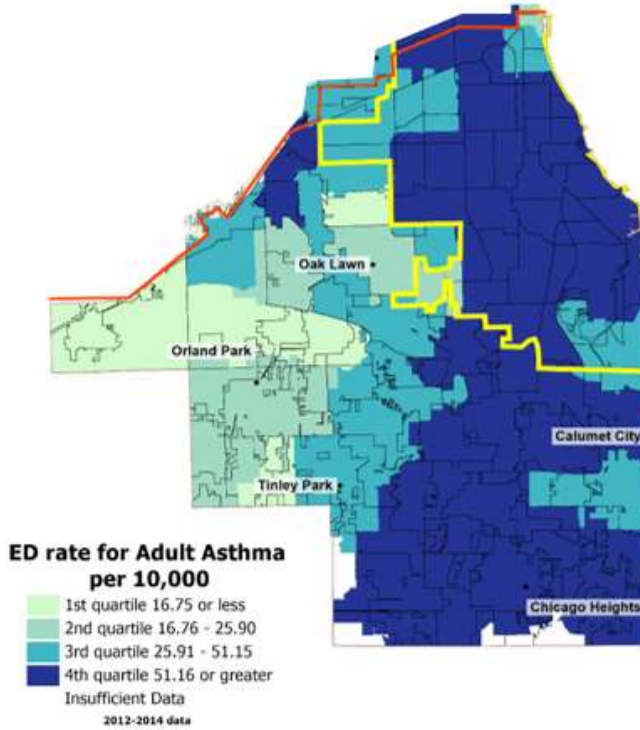
**Figure 27. Diabetes Hospitalization: Age-adjusted rate of diabetes-related hospitalization discharges, excluding discharges to Veterans Administration hospitals, per 10,000 population, 2014**



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

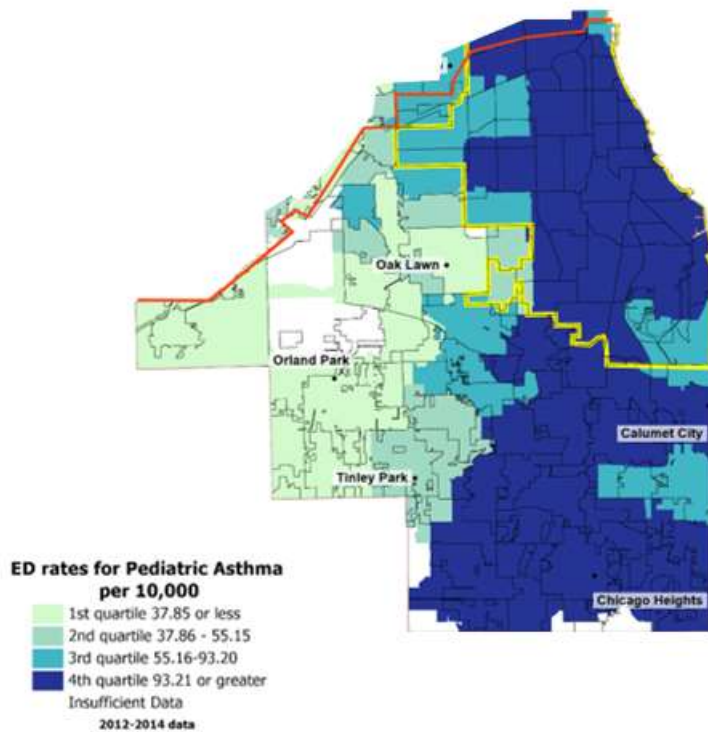
The zip codes served by Jackson Park Hospital all have higher rates of diabetes-related hospitalizations than the Chicago average of 26.6 per 10,000 population, with 60619 having the highest rate of diabetes-related hospitalizations at 54.6 per 10,000 population.

**Figure 28. Adult Asthma: Emergency Department visit rate for adult asthma, 2012-2014**



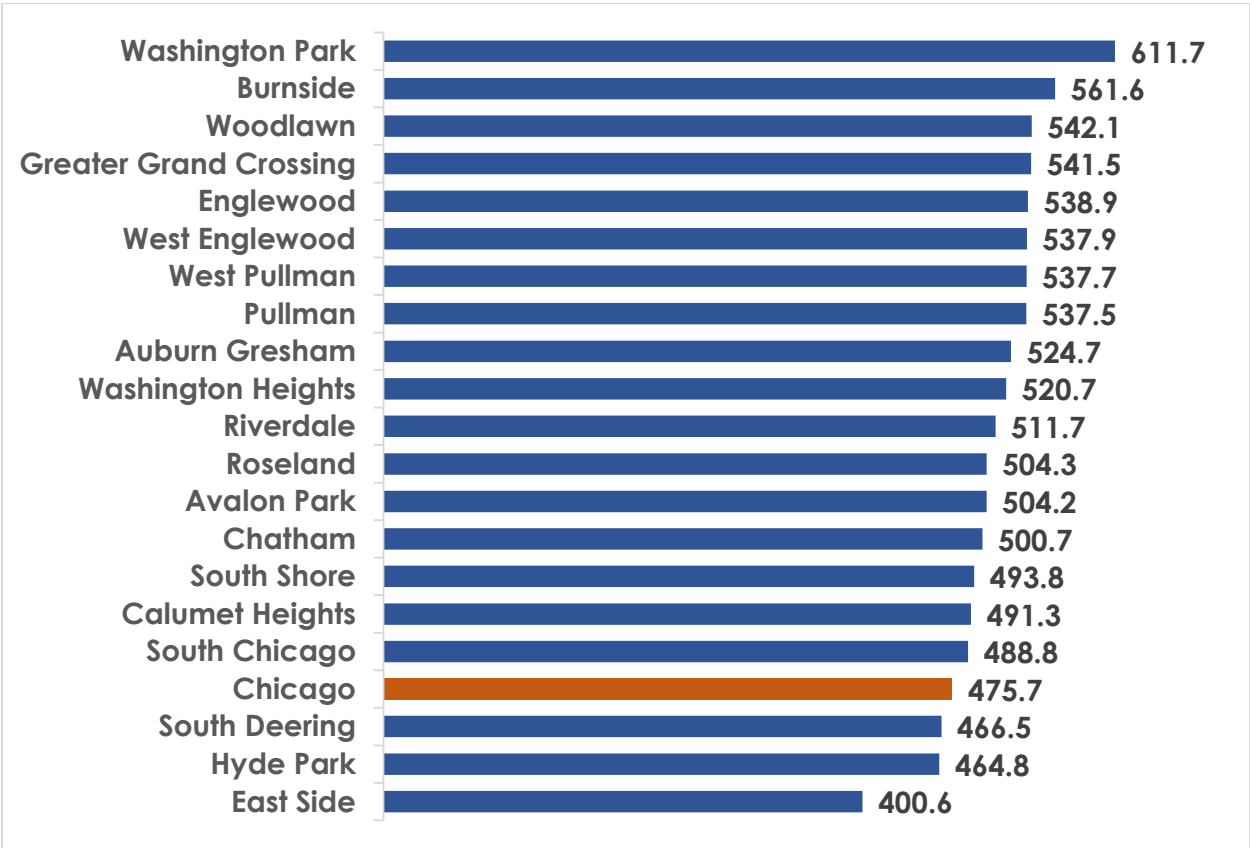
Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata 2012-2014

**Figure 29. Pediatric Asthma: Emergency Department visit rate for pediatric asthma, 2012-2014**



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

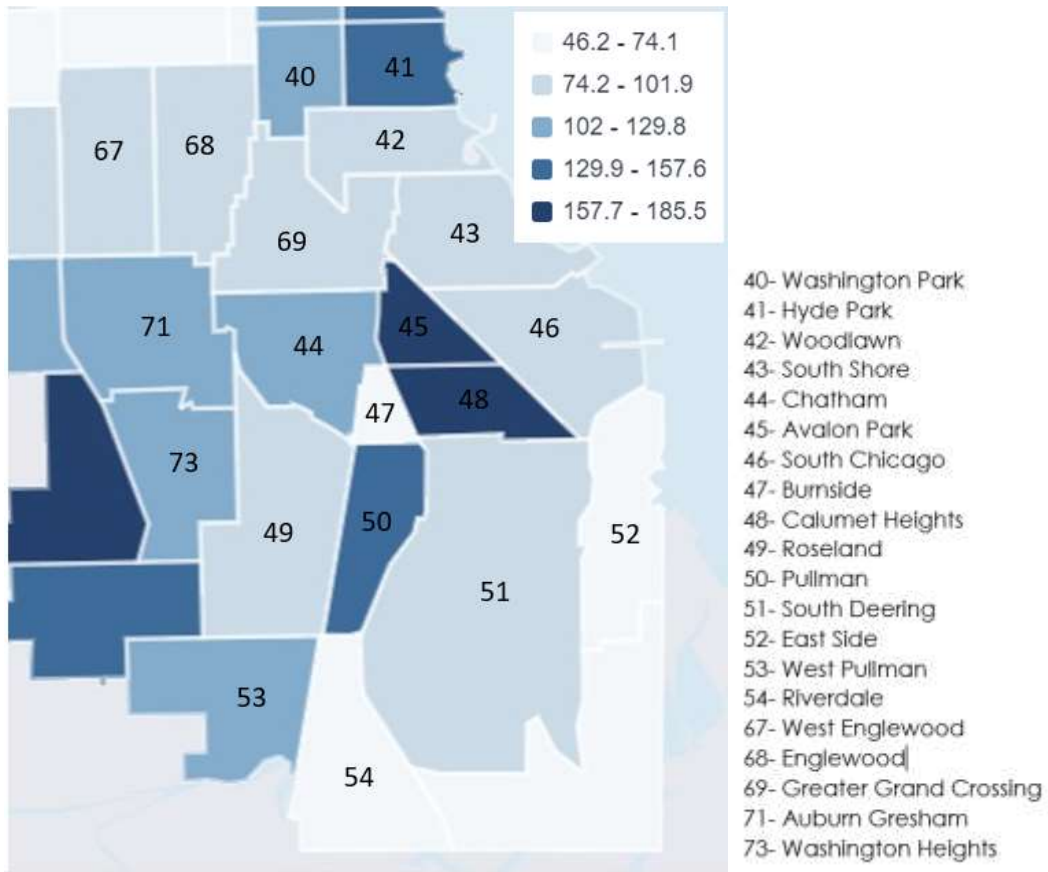
**Figure 30. Cancer incidence: Age-adjusted rate of diagnosed incident cases of all cancer types per 100,000 population, 2013**



Data Source: Illinois Department of Public Health, Illinois Cancer Registry; US Census Bureau, 2010 Census, five-year estimate.

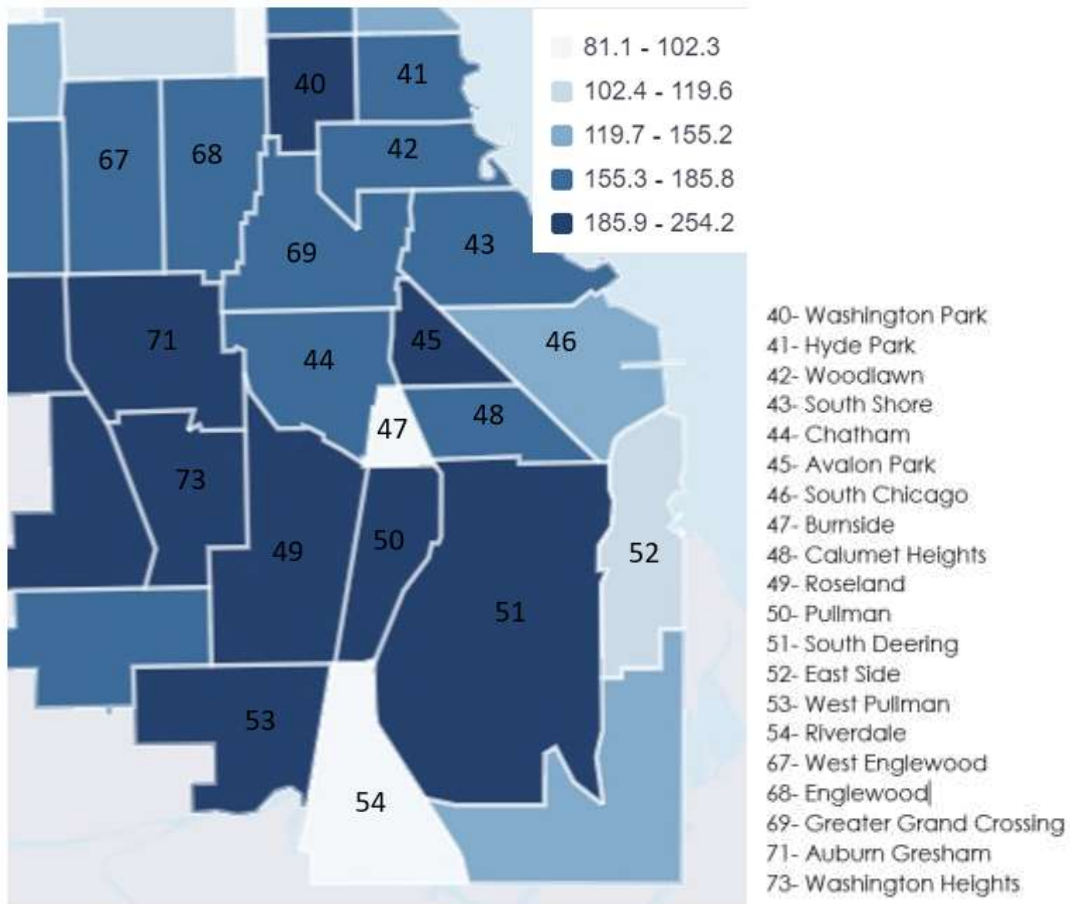
Cancer incidence in these community areas ranges from 400.6 per 100,000 population (East Side) to 611.7 per 100,000 population (Washington Park). Most of the community areas have a higher incidence of cancer than the Chicago average of 475.7 per 100,000 population.

**Figure 31. Breast Cancer Incidence: Age-adjusted rate of diagnosed incident cases of invasive and in situ female breast cancer per 100,000 population, 2013**



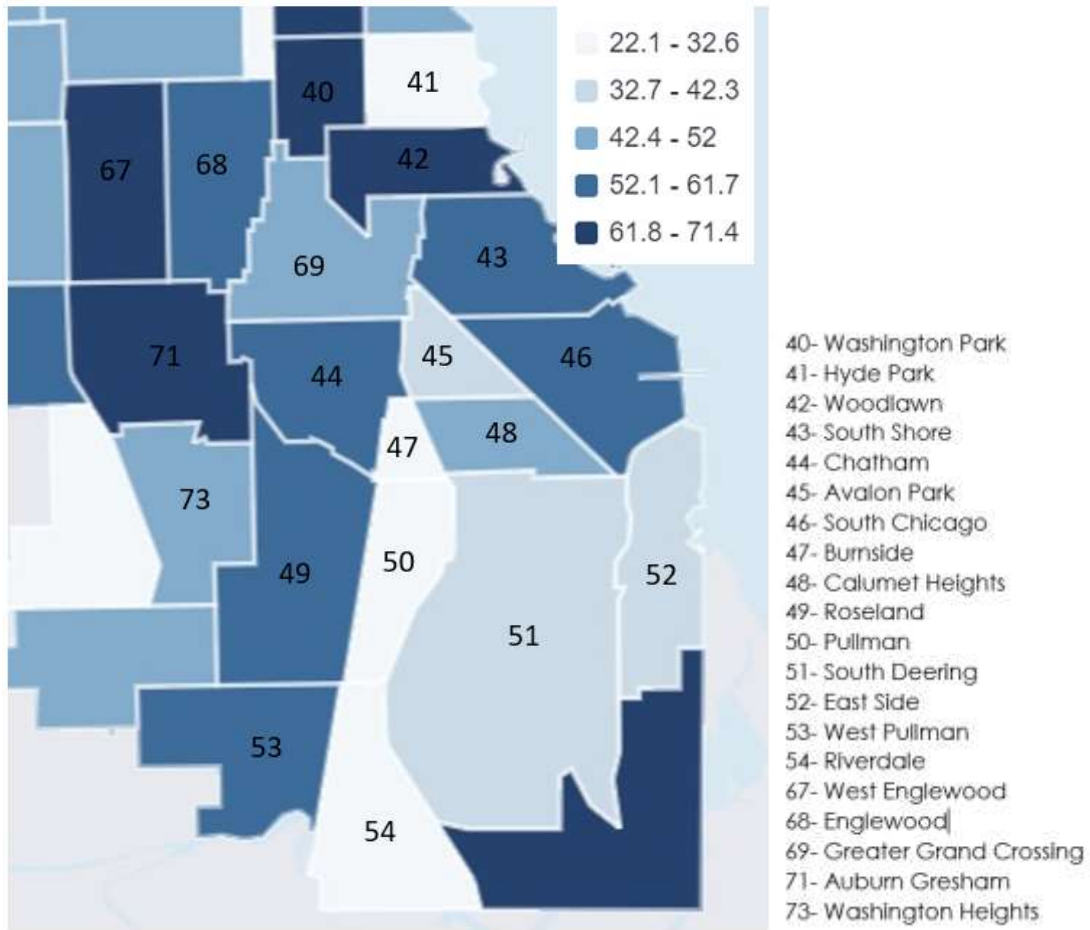
Data Source: Illinois Department of Public Health, Illinois Cancer Registry; US Census Bureau. Five-year estimates.

**Figure 32. Prostate Cancer Incidence: Age-adjusted rate of diagnosed incident cases of invasive prostate cancer per 100,000 population, 2013**



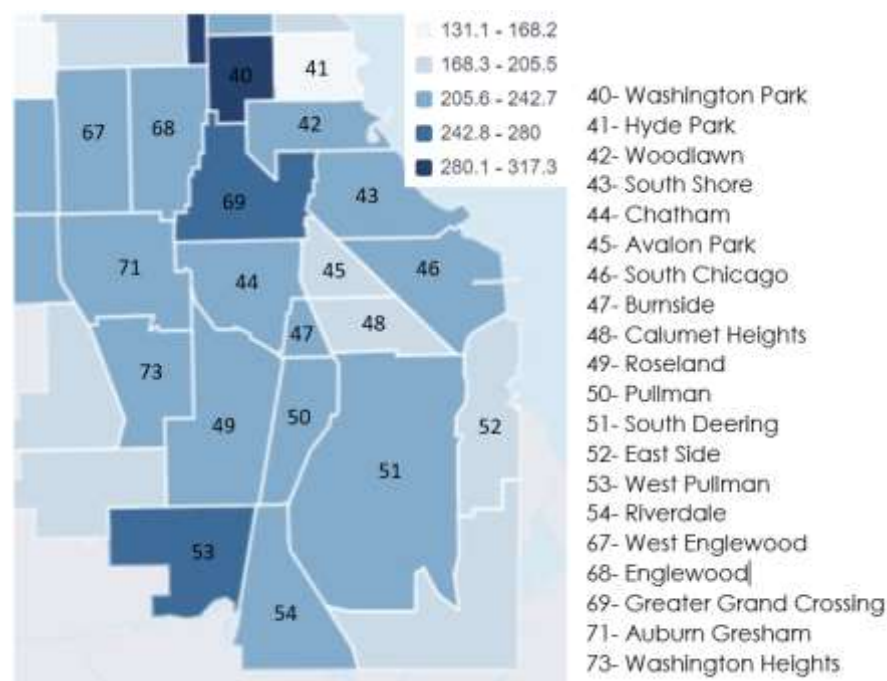
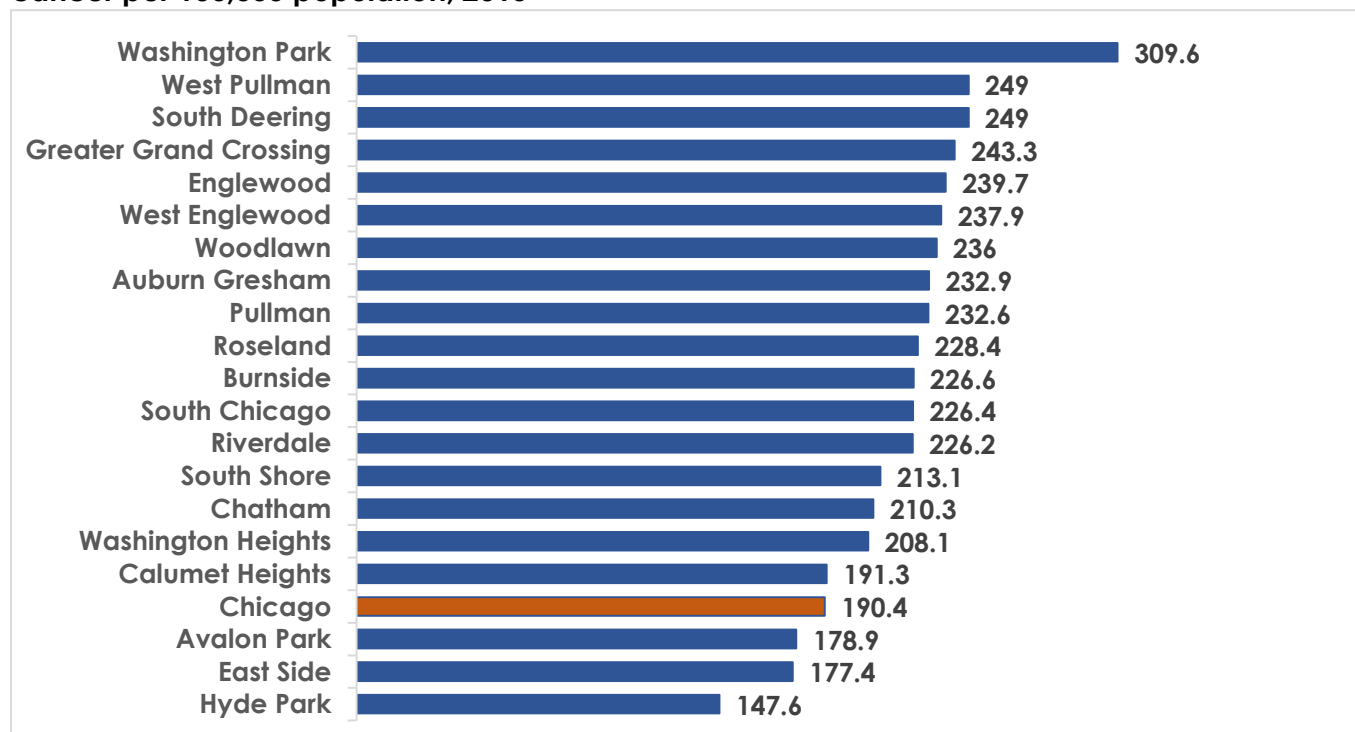
Data Source: Illinois Department of Public Health, Illinois Cancer Registry; US Census Bureau. Five-year estimates.

**Figure 33. Colorectal Cancer Incidence: Age-adjusted rate of diagnosed incident cases of invasive colorectal cancer per 100,000 population, 2013**



Data Source: Illinois Department of Public Health, Illinois Cancer Registry; US Census Bureau. Five-year estimates.

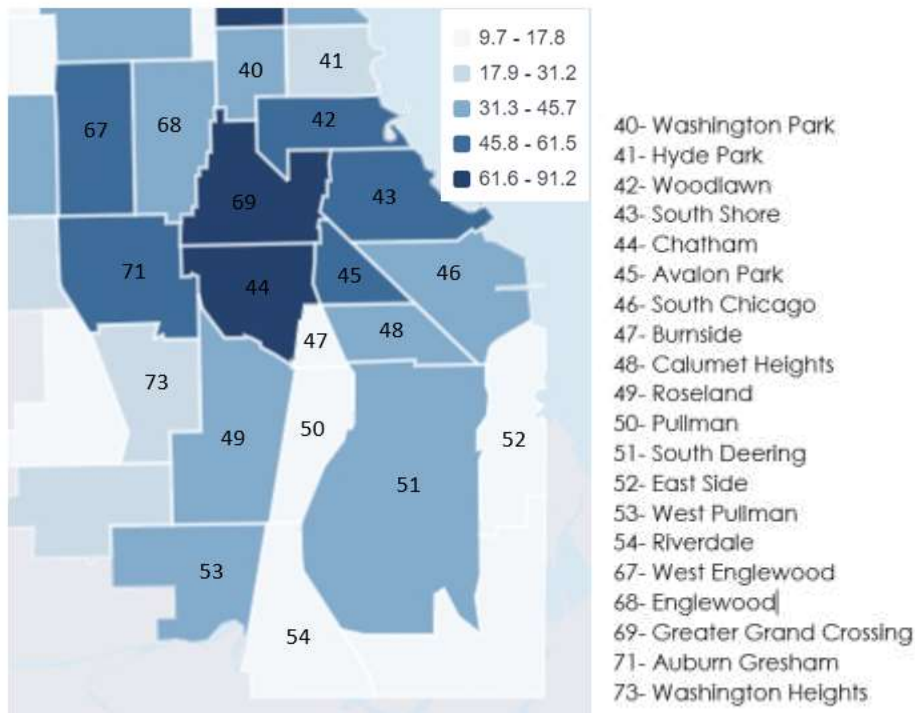
**Figures 34 and 35. Cancer Mortality: Age-adjusted rate of people who died due to cancer per 100,000 population, 2015**



Data Source: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files; US Census Bureau, 2010 and 2000 Census. Five-year estimates for community areas, one-year estimate for Chicago.

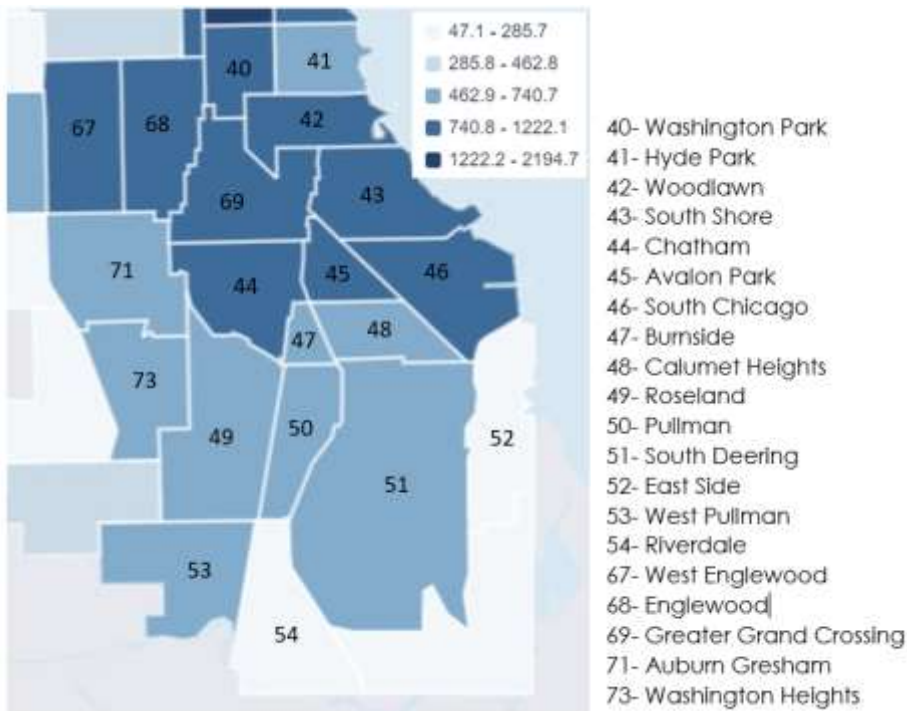
Cancer mortality rates in the Jackson Park Hospital's service area range from 147.6 per 100,000 population (Hyde Park) to 309.6 per 100,000 population (Washington Park). Most of these community areas have cancer mortality rates higher than the Chicago average of 190.4 per 100,000 population.

**Figure 36. HIV Incidence:** Rate of people newly diagnosed with HIV per 100,000, 2015



Data Source: Chicago enhanced HIV/AIDS Reporting System

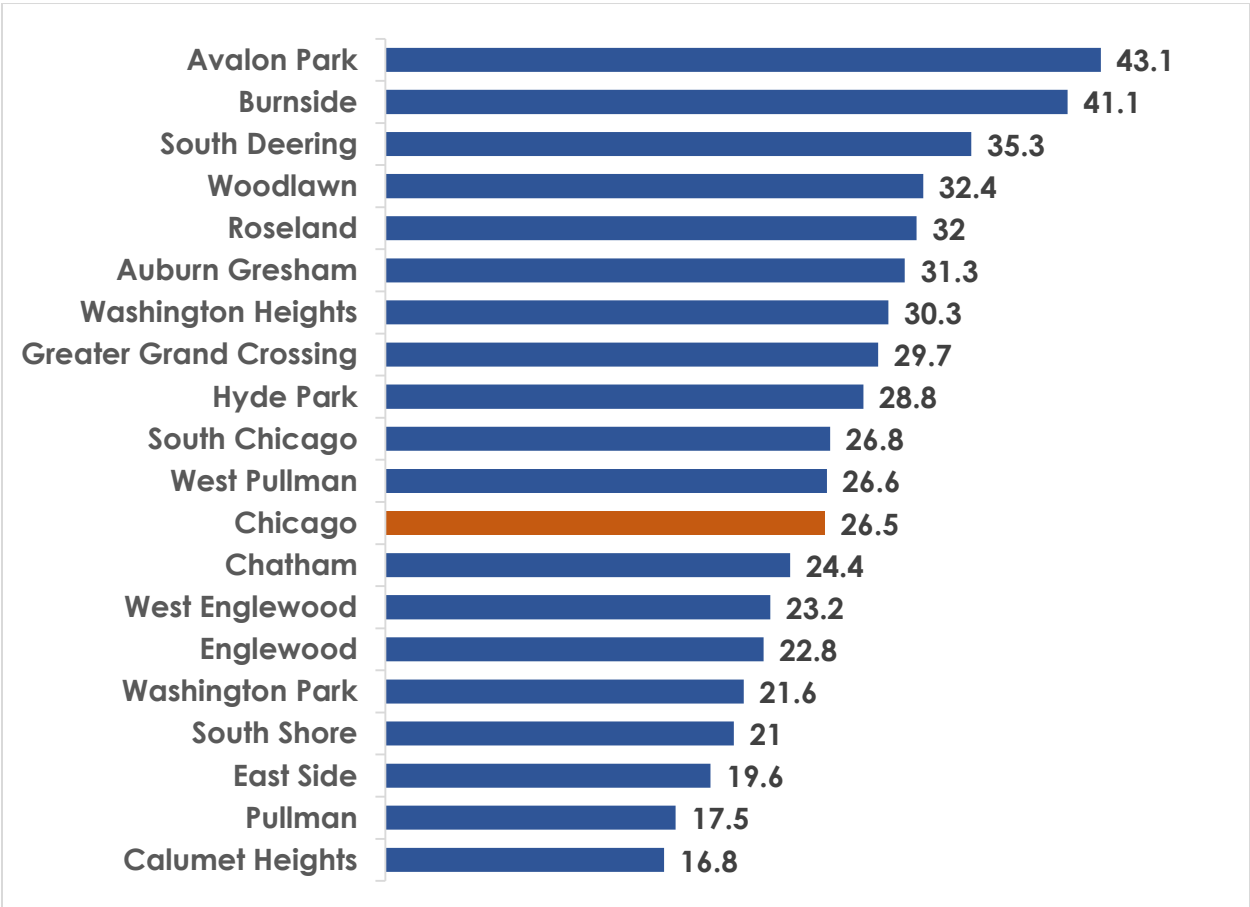
**Figure 37. HIV Prevalence:** Rate of people living with HIV per 100,000 population, 2014



Data Source: Chicago enhanced HIV/AIDS Reporting System



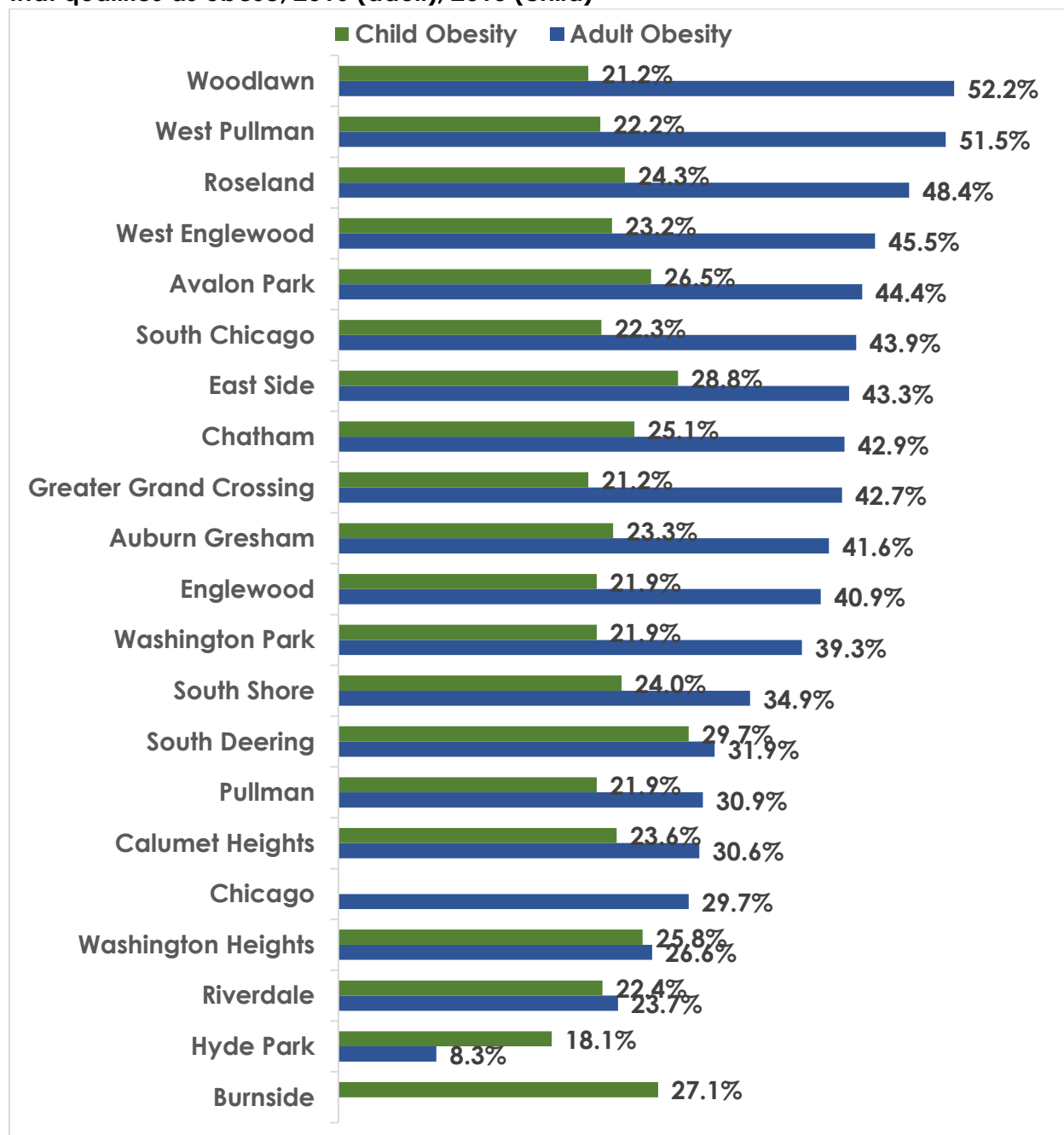
**Figure 38. Physical Inactivity: Percentage of adults who reported that they did not participate in any physical activities or exercises in the past month, 2016**



Data Source: Chicago Department of Public Health, Healthy Chicago Survey (2014-2016). Three-year estimates for community areas, one-year estimate for Chicago.

Between 16.1% and 43.1% 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).

**Figure 39. Obesity in Adults and Children: Percentage of adults and children with a BMI that qualifies as obese, 2016 (adult), 2013 (child)**

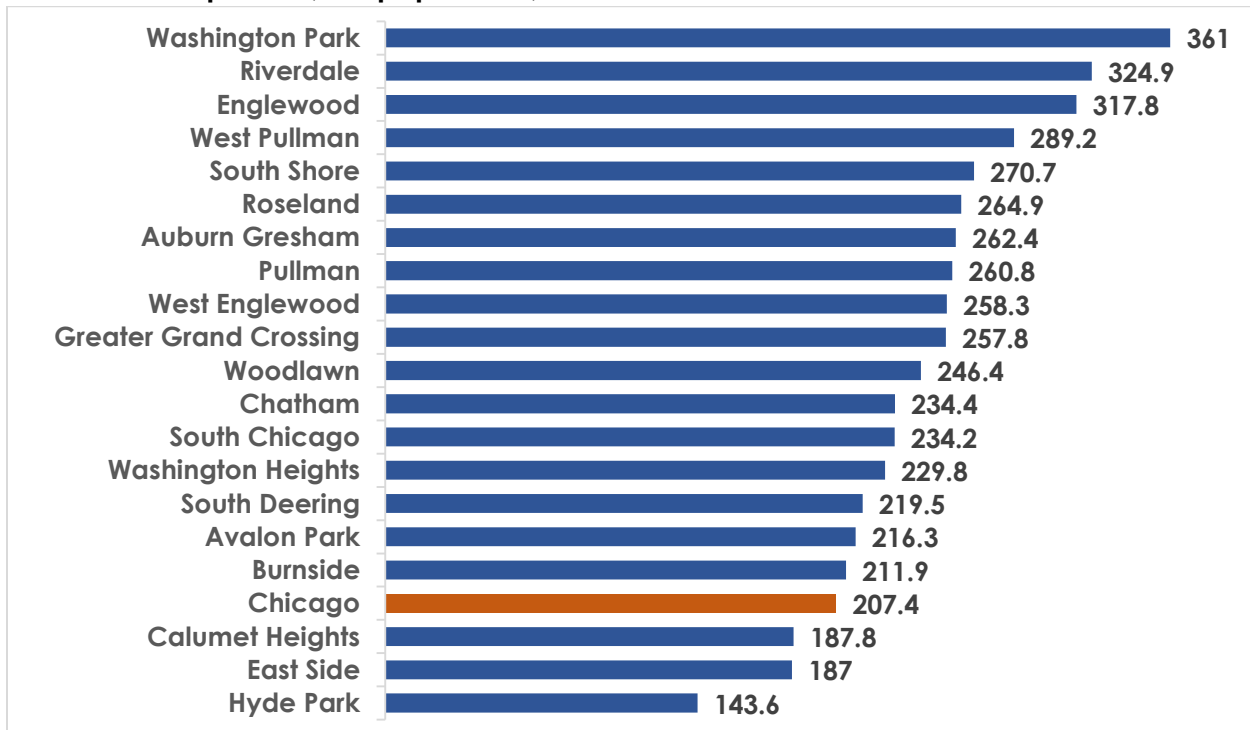


Adult data: CDPH Healthy Chicago Survey (2014-2016). Three-year estimates for community areas, one-year estimate for Chicago; Adult obesity defined as percentage of adults (18 years and older) who reported a height and weight that yield a body mass index of 30 or greater; adult obesity data unavailable 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).

Child data: Chicago Public Schools IMPACT SIM, Two-year estimate; Child obesity defined as percentage of CPS students with valid data elements on the Illinois Child Health Examination form whose BMI is equal to or greater than the 95th percentile on the CDC BMI-for-age growth charts; data unavailable for city of Chicago.

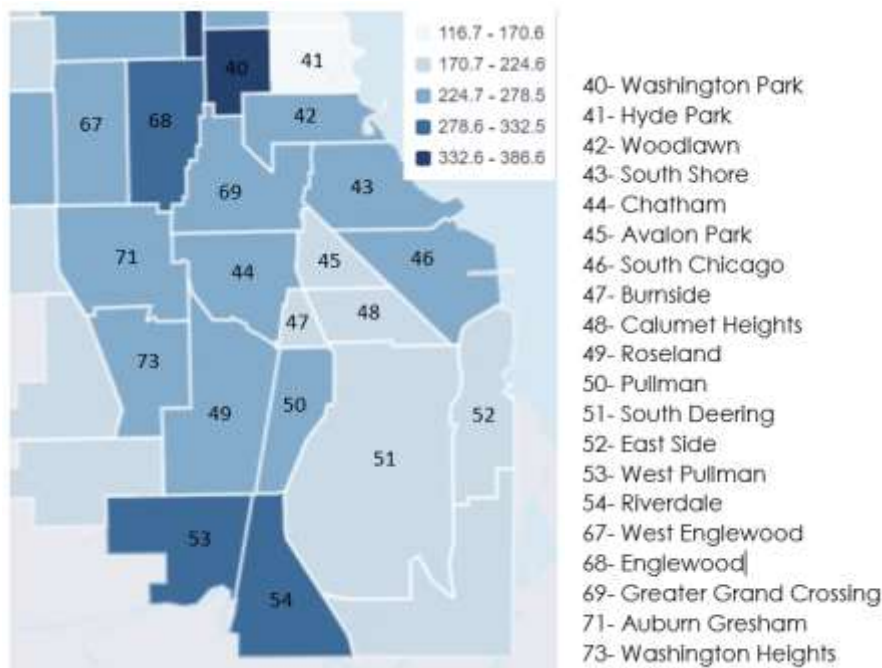
Obesity rates for adults and children in Jackson Park Hospital's service area range from 8.3% to 52.2%, with adult obesity rates being consistently higher than those for children (except Hyde Park).

**Figure 40 and 41. Heart Disease Mortality: Age-adjusted rate of people who died due to heart disease per 100,000 population, 2015**

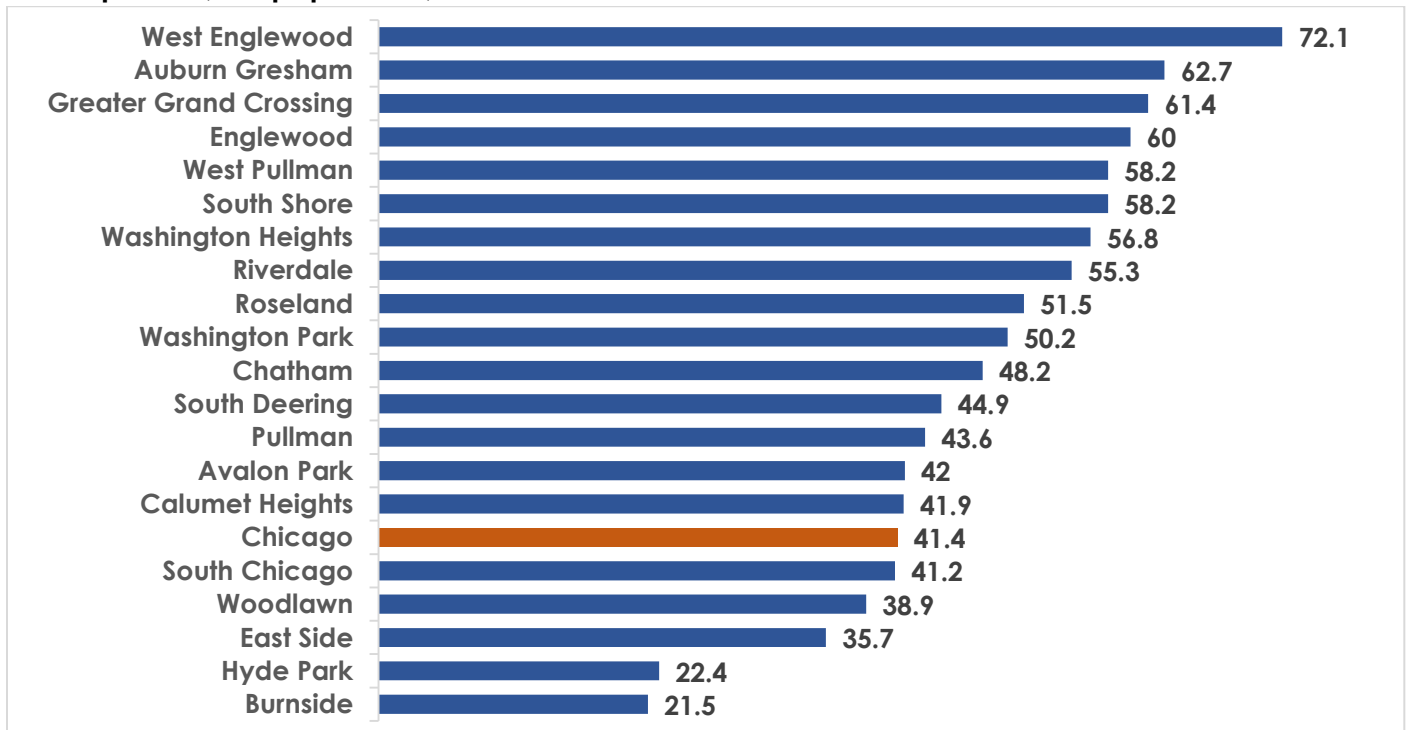


Data Source: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files; US Census Bureau. Five-year estimates for community areas, one-year estimate for Chicago.

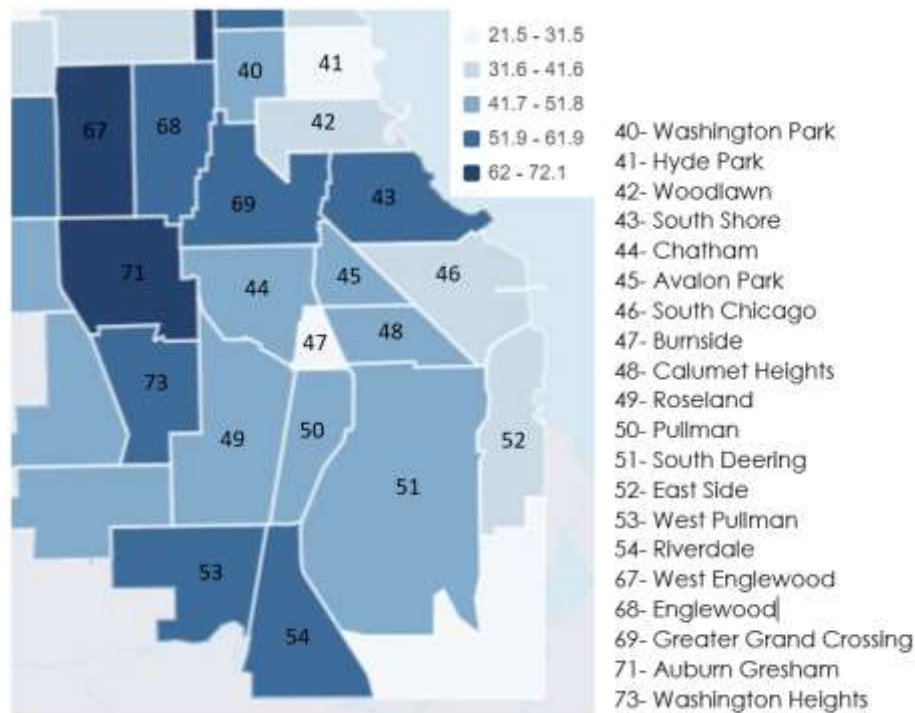
The communities served by Jackson Park Hospital have rates of heart disease deaths ranging from 143.6 per 100,000 population (Hyde Park) and 361 per 100,000 population (Washington Park), with most of the communities having a higher rate than the Chicago average of 207.4 per 100,000 population.



**Figure 42. Cerebrovascular Mortality: Age-adjusted rate of people who died due to stroke per 100,000 population, 2015**

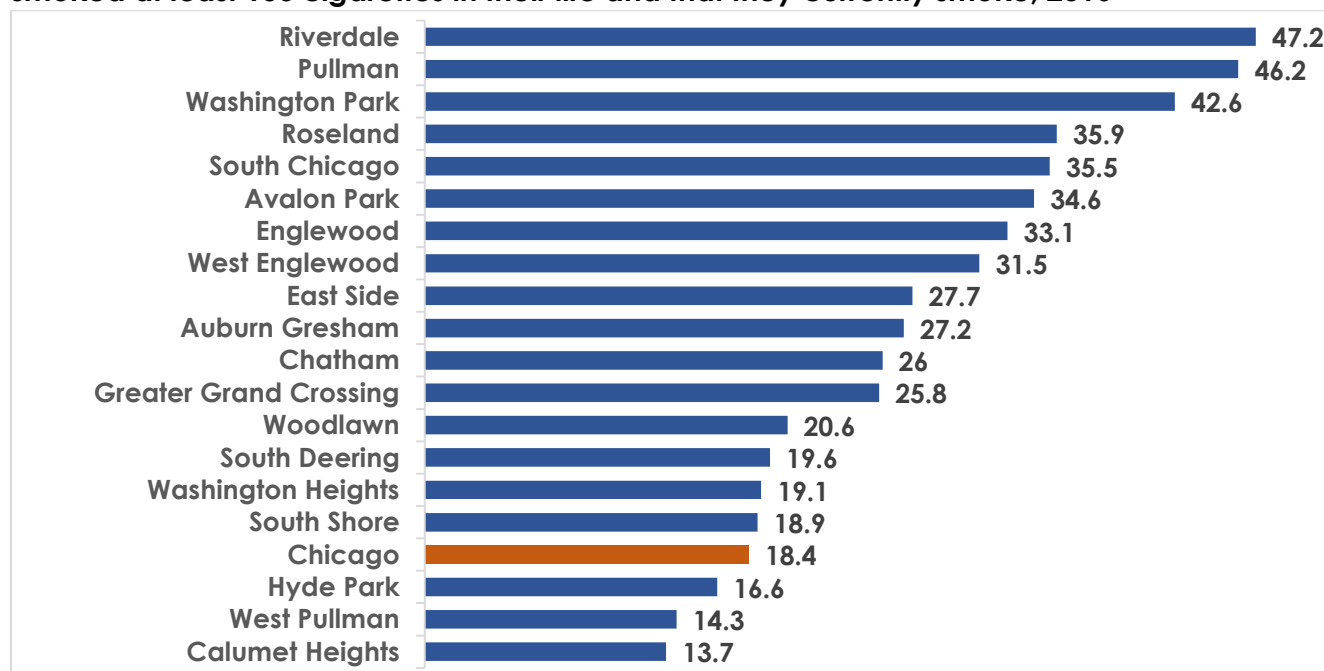


Data Source: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files; US Census Bureau. Five-year estimates for community areas, one-year estimate for Chicago.



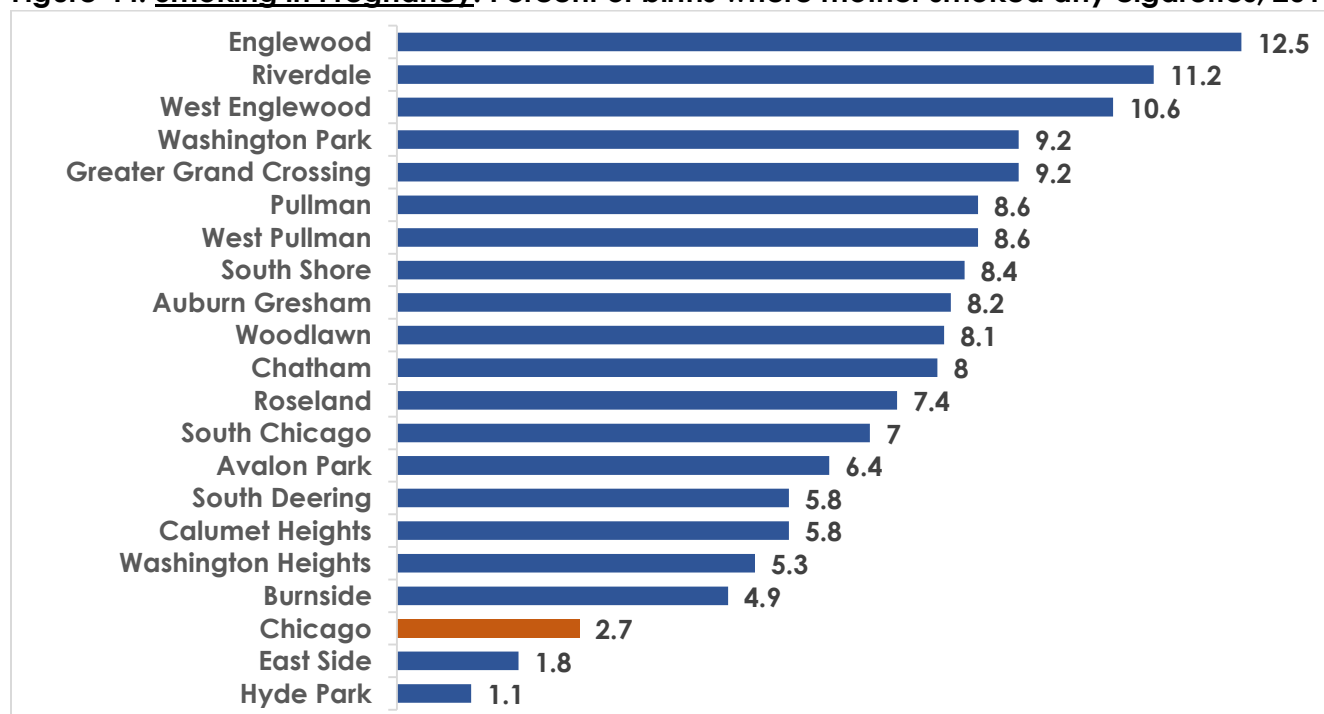
The communities served by Jackson Park Hospital have rates of heart disease deaths ranging from 21.5 per 100,000 population (Burnside) and 72.1 per 100,000 population (West Englewood), with most of the communities having a higher rate than the Chicago average of 41.4 per 100,000 population.

**Figure 43. 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



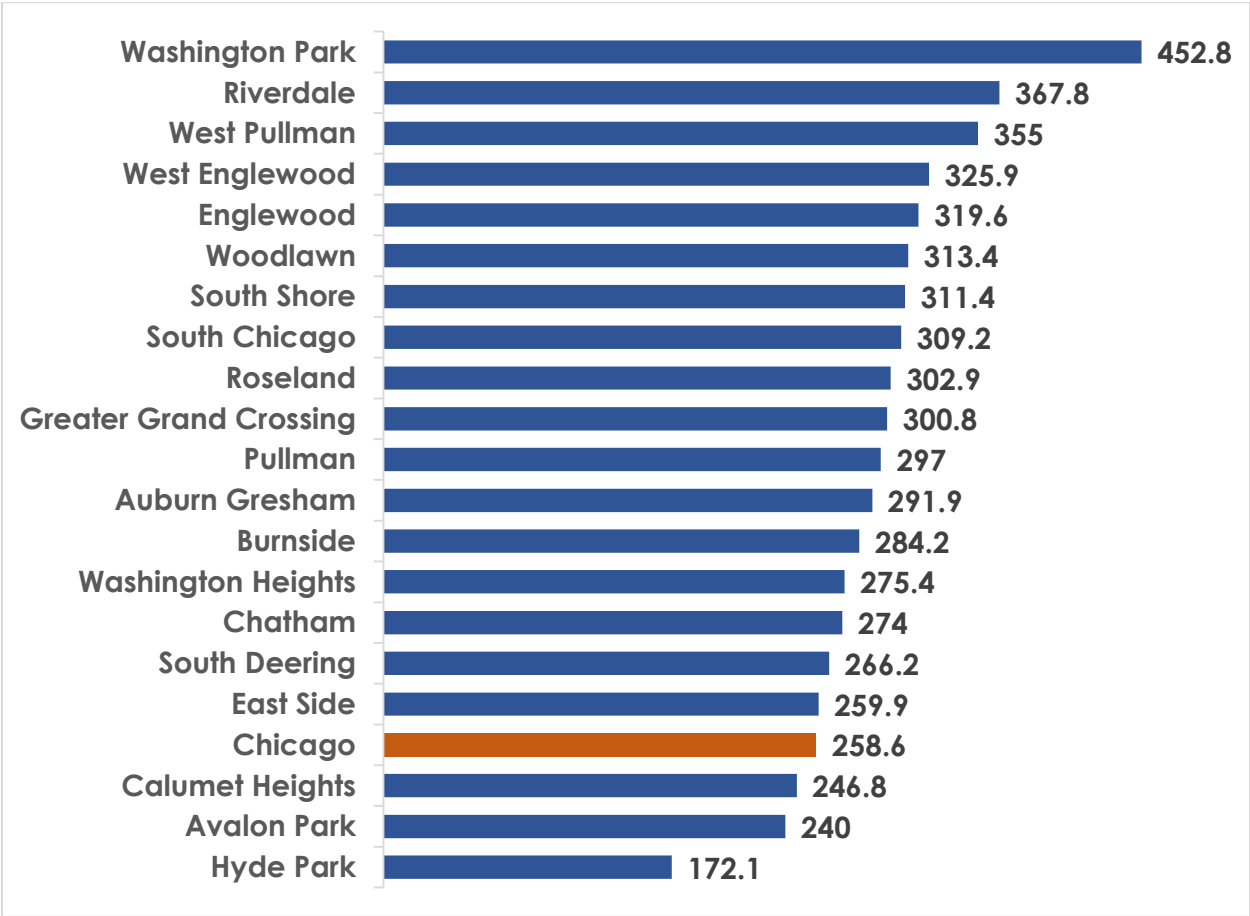
Data Source: Chicago Department of Public Health, Healthy Chicago Survey. US Census Bureau. Three-year estimates for community areas, one-year estimate for Chicago.

**Figure 44. Smoking in Pregnancy:** Percent of births where mother smoked any cigarettes, 2014



Rates of adult smoking in these community areas range from 13.7% in Calumet Heights to 47.2% in Riverdale, with most of the community areas having higher rate of smoking than the Chicago average of 18.4%. The rates of smoking during pregnancy range from 1.1% and 12.5% of pregnancies in Jackson Park Hospital's service area, with most community areas having a higher rate of smoking during pregnancy than the Chicago average of 2.7%. Survey data may be less reliable in community areas with smaller populations (Burnside, Pullman, Washington Park, Avalon Park, and Riverdale).

**Figure 45. Age-adjusted rate of people who died due to diseases related to tobacco use or exposure per 100,000, 2015**

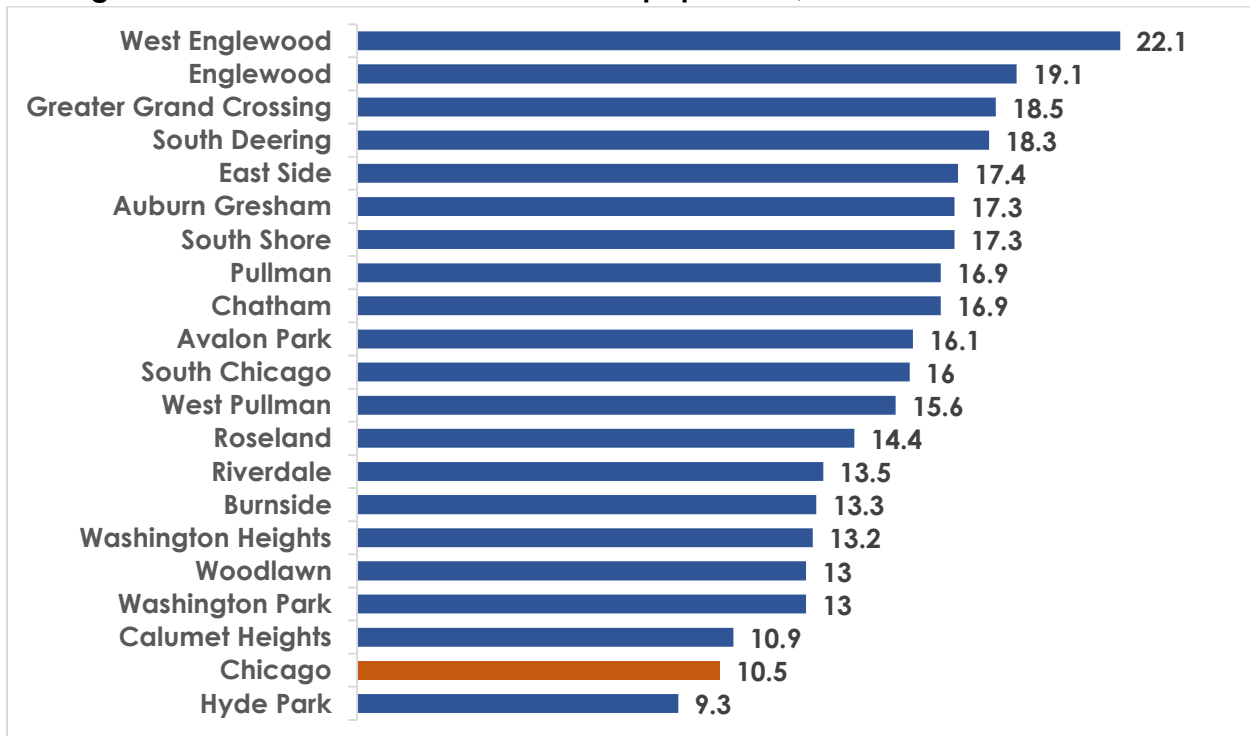


Data Source: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files; US Census Bureau. Five-year estimates for community areas, one-year estimate for Chicago.

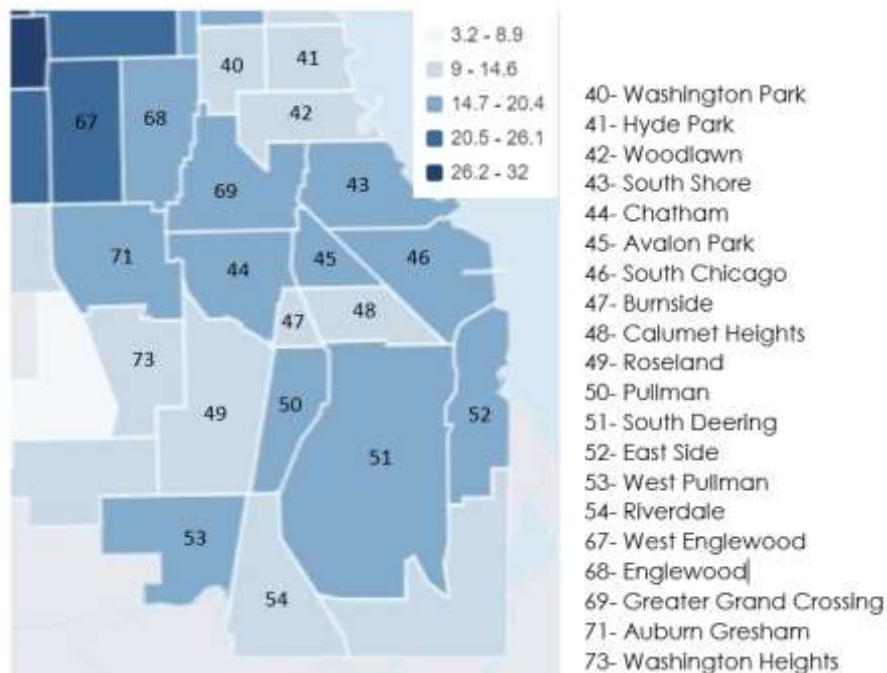
The rate of deaths from tobacco-related diseases in Jackson Park Hospital's service area ranges from 172.1 per 100,000 population (Hyde Park) to 452.8 per 100,000 population (Washington Park), with most of the community areas having rates of tobacco-related deaths higher than the Chicago average of 258.6 per 100,000 population.

## D. Access to Care

Figures 46 and 47. **Uninsured**: Percentage of people with no health insurance coverage among the total civilian non-institutionalized population, 2015

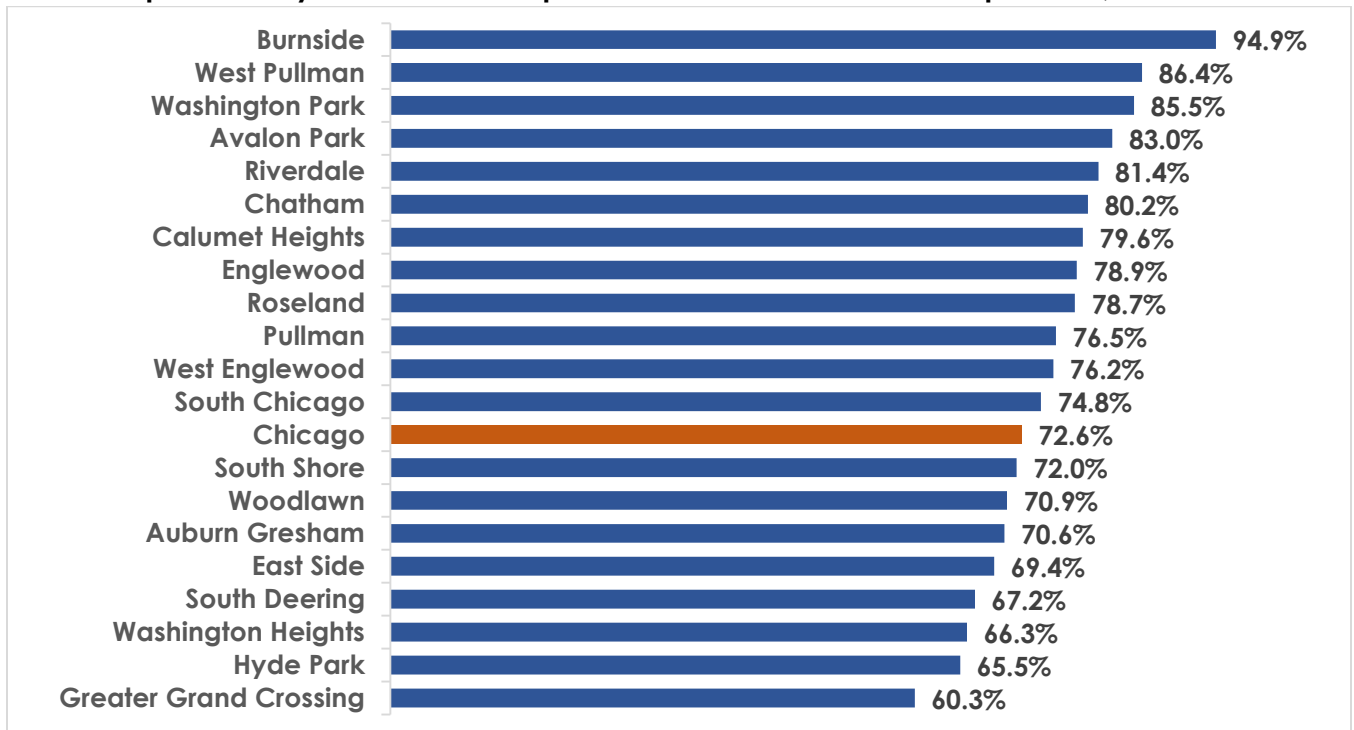


Data Source: US Census Bureau: American Community Survey 2015. Five-year estimates for community areas, one-year estimate for Chicago.

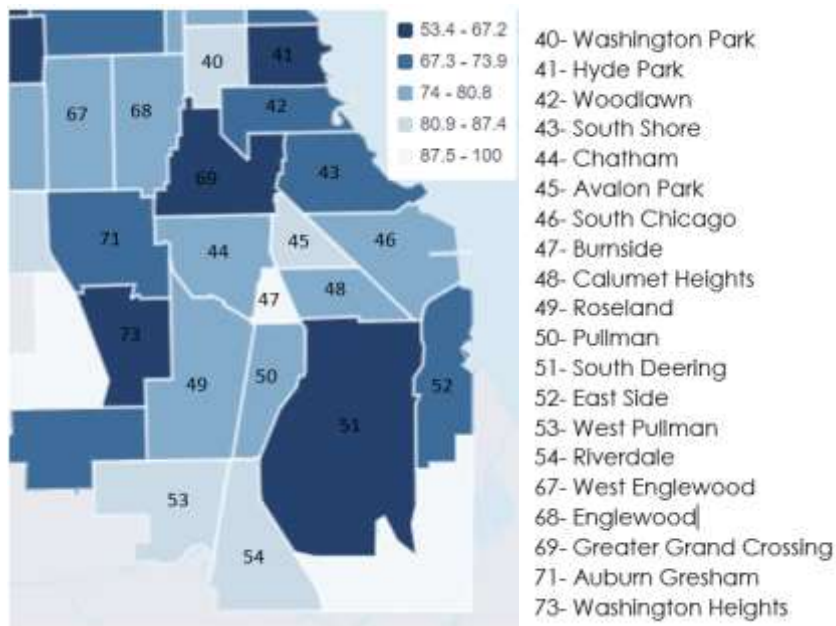


In these community areas, between 9.3% (Hyde Park) and 22.1% (West Englewood) of people have no health insurance. All but one community area have more people living without health insurance than the Chicago average of 10.5%.

**Figure 48. 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, 2016



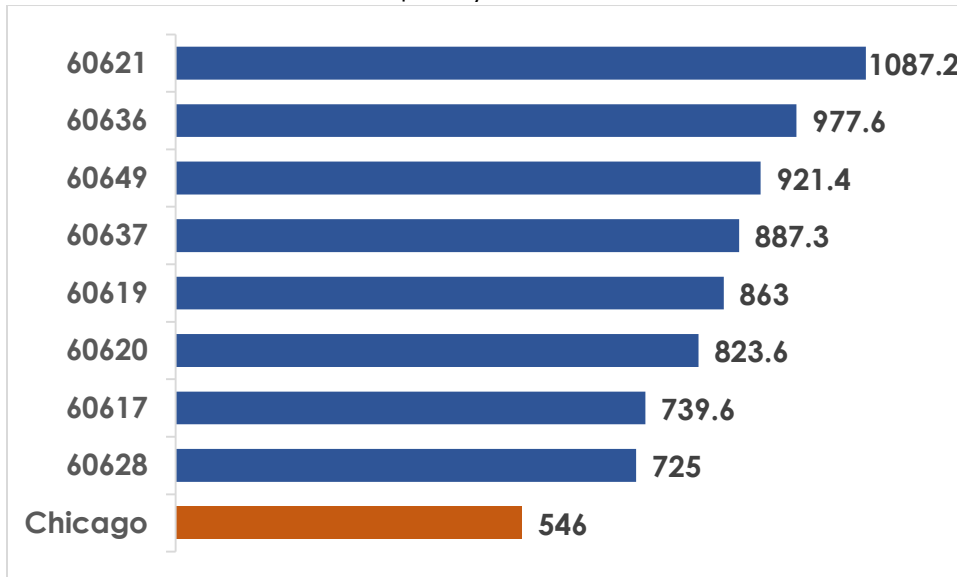
Data Source: Chicago Department of Public Health, Healthy Chicago Survey. Three-year estimates for community areas, one-year estimate for Chicago.



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).



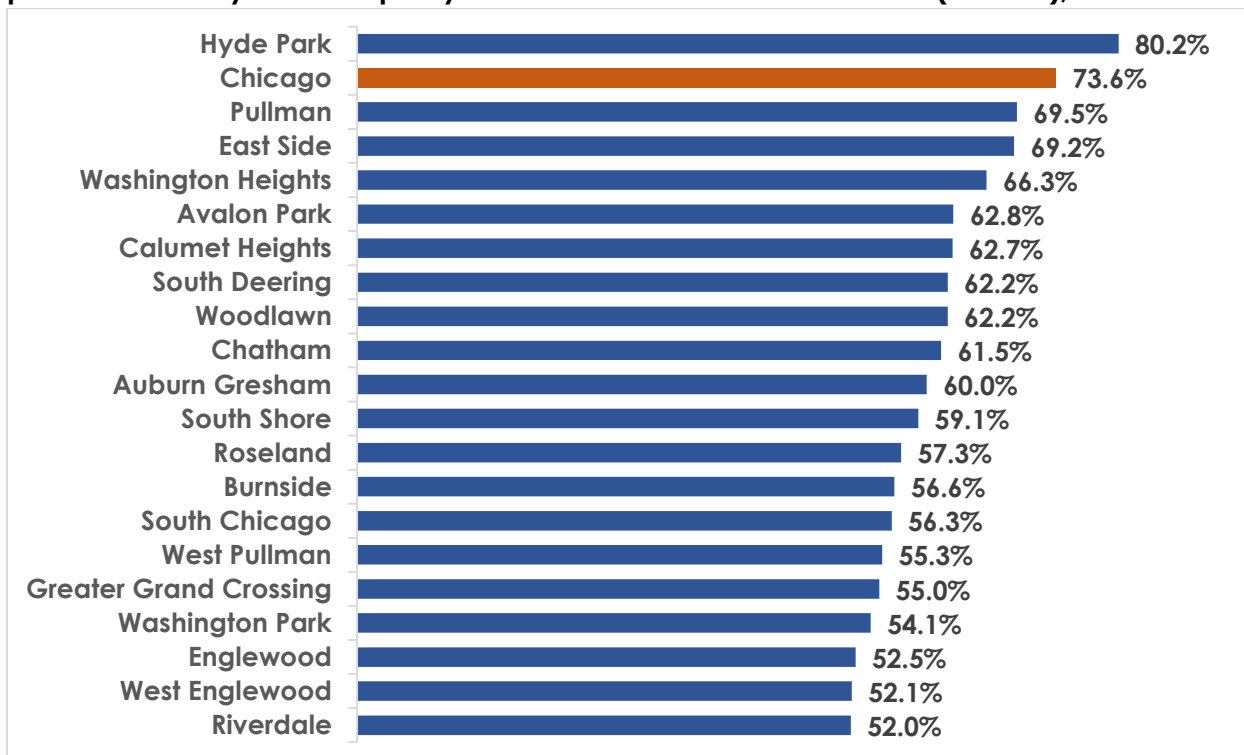
**Figure 49. Avoidable emergency department (ED) visits, that are non-urgent or primary care treatable, age-adjusted rates per 10,000 population, 2014 (excluding discharges to Veterans Administration hospitals)**



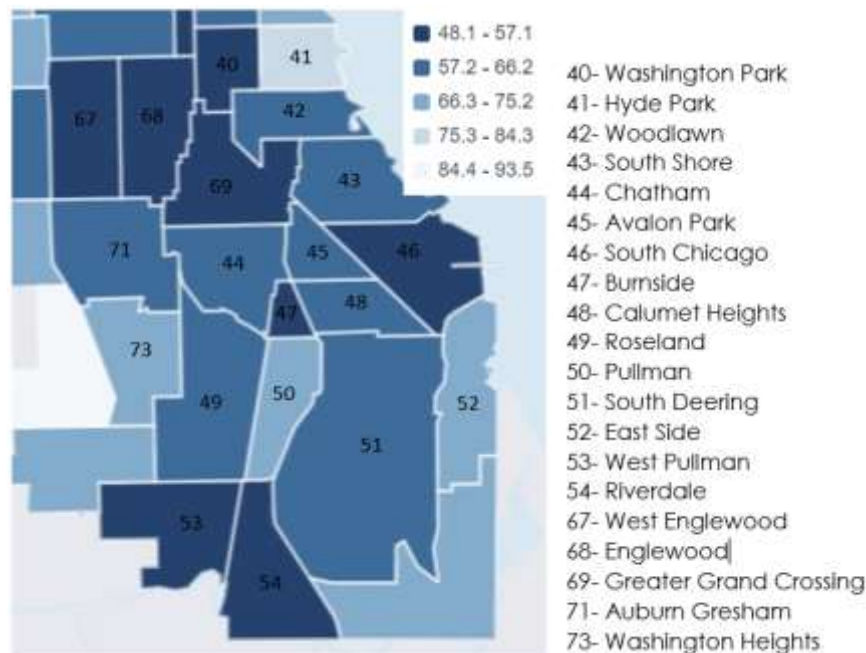
Data Source: Discharge Data, Division of Patient Safety and Quality, Illinois Department of Public Health; US Census Bureau.

The zip codes served by Jackson Park Hospital all have higher rates of avoidable ED visits than the Chicago average of 546 per 10,000 population, with 60621 having the highest rate of avoidable ED visits at 1087.2 per 10,000 population.

**Figure 50 and 51. Prenatal Care: Percentage of births where the mother received adequate prenatal care by the Adequacy of Prenatal Care Utilization Index (APNCU), 2014**

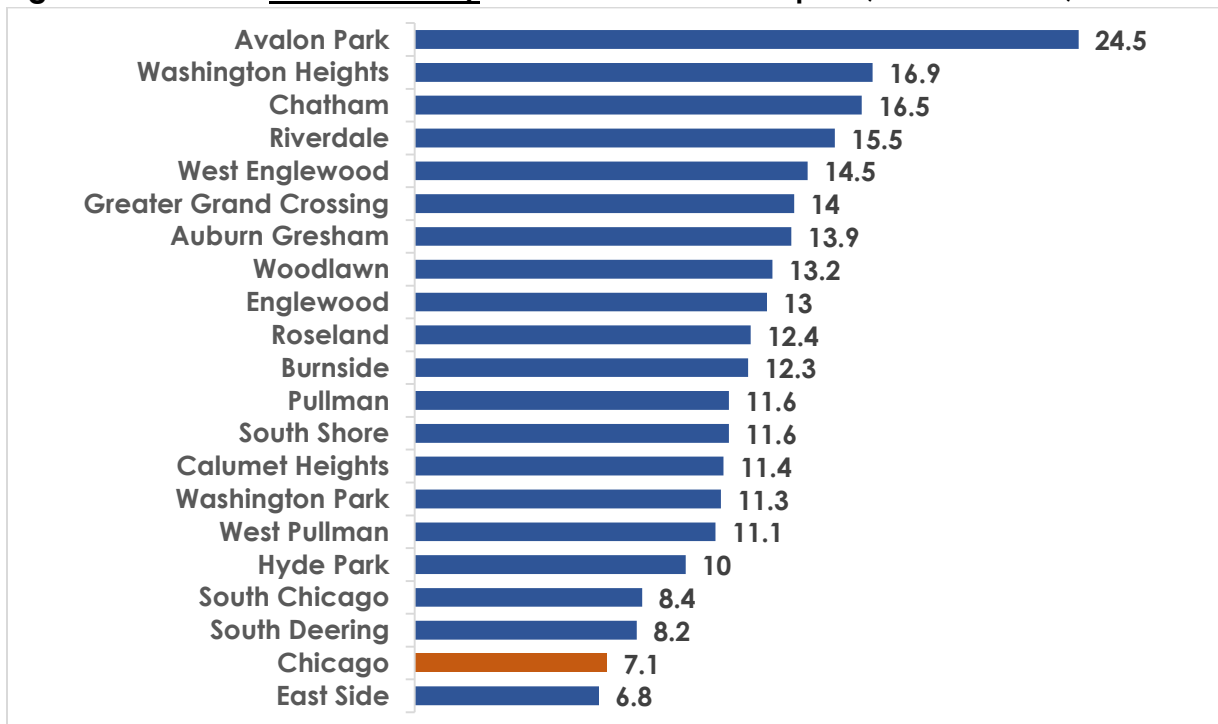


Data Source: Illinois Department of Public Health, Vital Statistics. Three-year estimates for community areas, one-year estimate for Chicago.

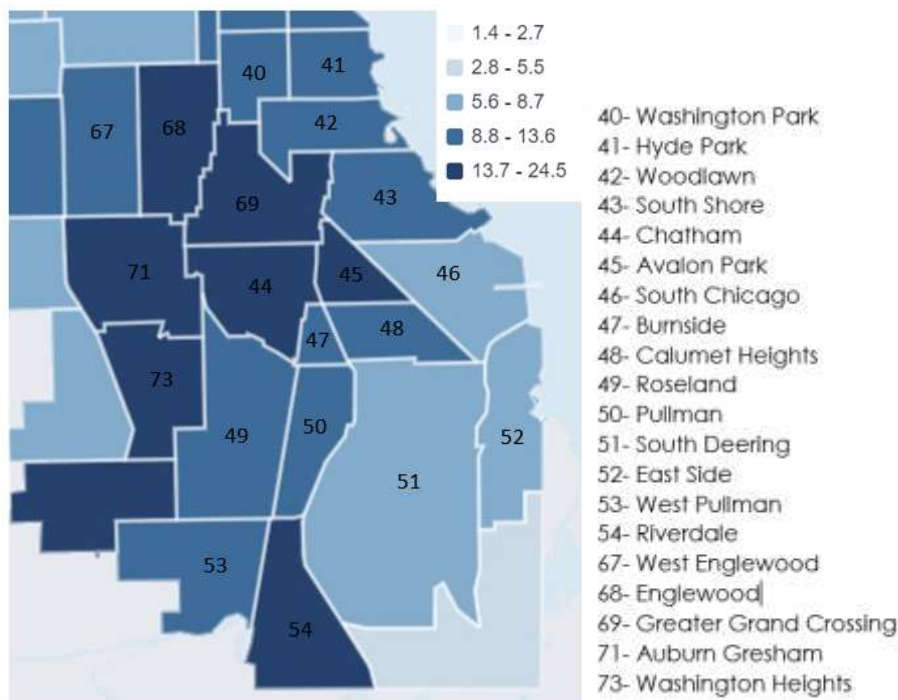


In the community areas served by Jackson Park Hospital, between 52% (Riverdale) and 80.2% (Hyde Park) of mothers receive early and adequate prenatal care, with all but one community area having a lower rate of early and adequate prenatal care than the Chicago average of 73.6%.

**Figures 52 and 53. Infant Mortality: Rate of infant deaths per 1,000 live births, 2014**

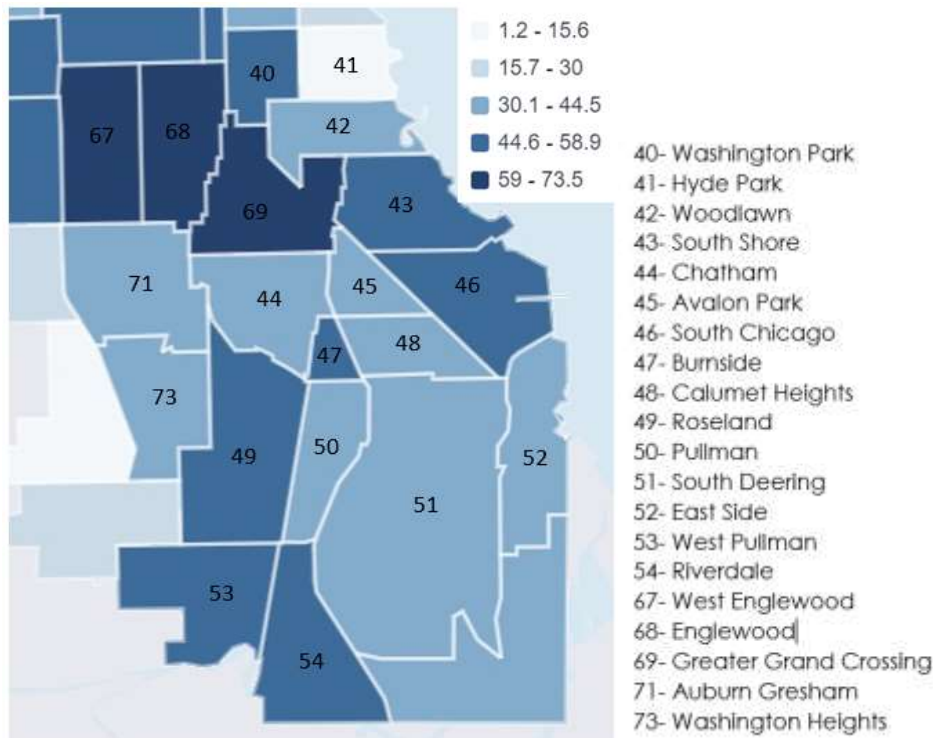
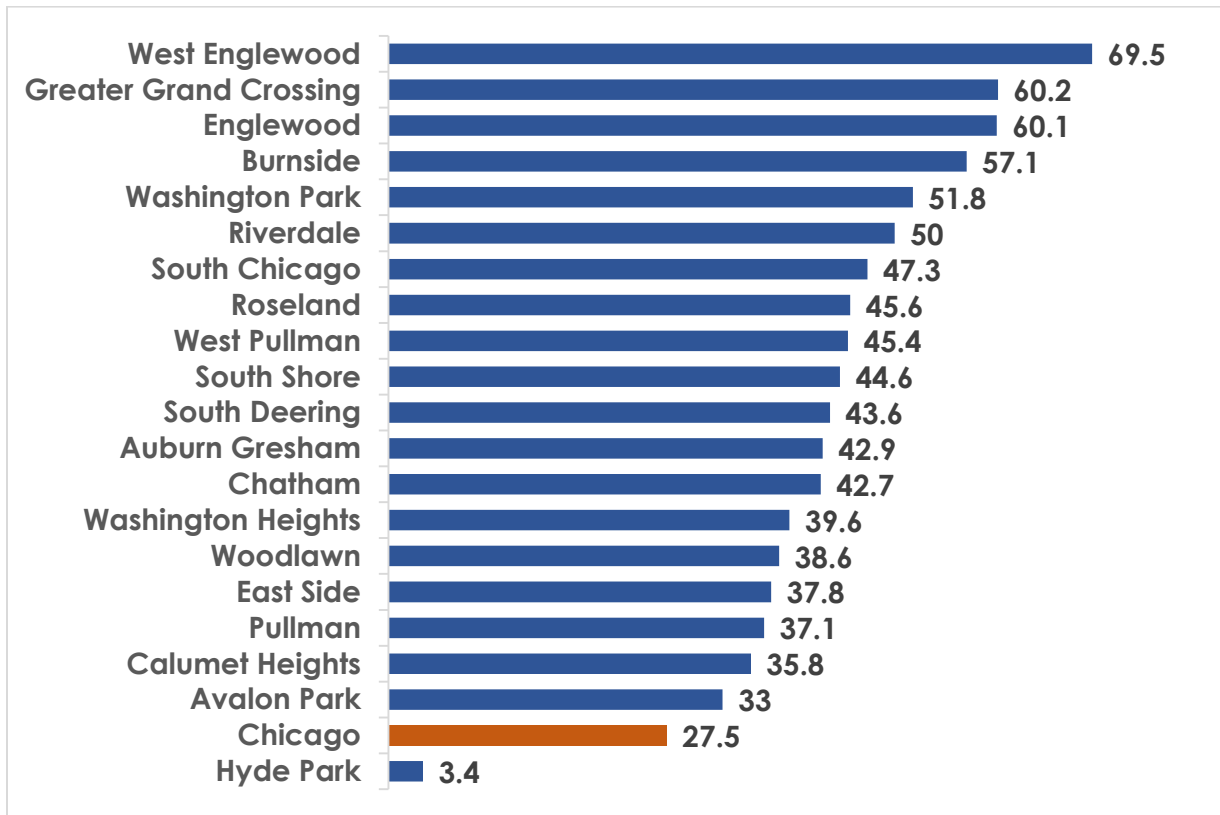


Data Source: Illinois Department of Public Health, Vital Statistics. Five-year estimates for community areas, one-year estimate for Chicago.



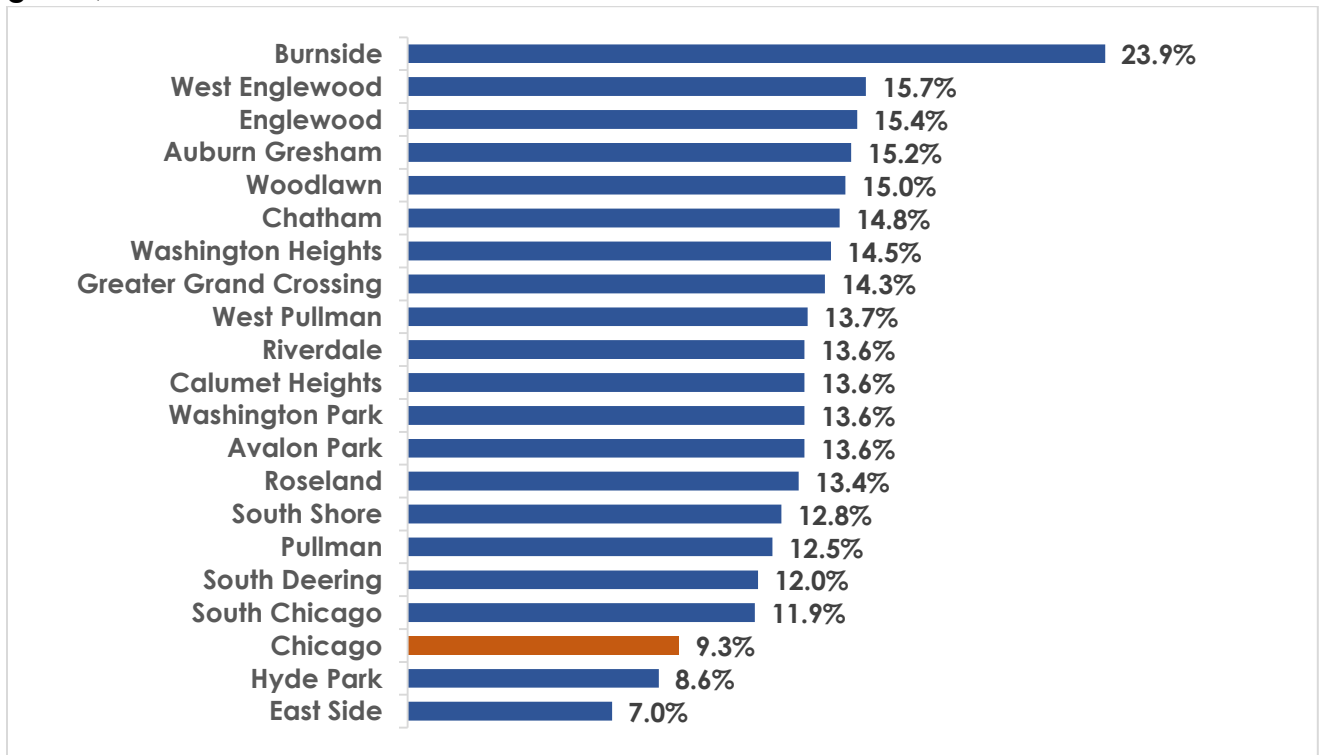
There are high rates of infant mortality in the Jackson Park Hospital service area. All but one community area has a higher rate of infant mortality than the Chicago average of 7.1 deaths per 1,000 live births. Avalon Park has the highest infant mortality rate with 24.5 deaths per 1,000 live births.

**Figure 54 and 55. Teen Birth Rate: Births to females aged 15-19 years per 1,000 population, 2011-2015**

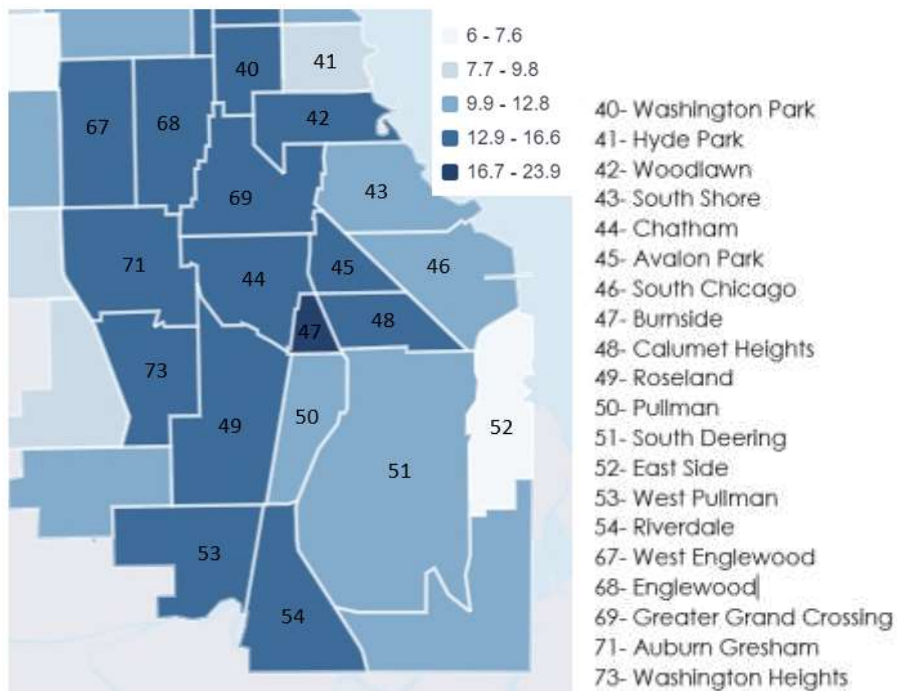


Data Source: Illinois Department of Public Health, Vital Statistics; US Census Bureau. Five-year estimates.

**Figures 56 and 57. Low Birthweight: Percentage of births with a birthweight less than 2500 grams, 2010-2014**



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 of 9.3%, with Burnside having the highest rate at 23.9%.

## **IV. Health Status in the Community – Community and Stakeholder Input**

### **A. Community Focus Groups**

#### **Overview of Two Community Focus Groups conducted in March 2018**

The Illinois Public Health Institute (IPHI) conducted two community focus groups on behalf of Jackson Park Hospital in March 2018, and Jackson Park Hospital staff were present to hear the input. The purpose of these focus groups was to gather input from community stakeholders and learn more about the assets and needs present in these communities. Each focus group was 60-90 minutes, facilitated by IPHI staff. Each focus group was hosted by community-based organizations and consisted of 10-25 community members, with time for participants to share their experiences, as well as ideas for how to improve their community. (Appendix B lists the focus group questions.) Participants were also provided an opportunity to submit written comments, and four community members submitted written comments which have been incorporated into this summary report. (See Appendix A for full written comments.)

The first focus group was conducted at a senior center in the Chatham community and included participation from approximately 25 older adults from multiple communities on the Southside of Chicago, representing Jackson Park Hospital's service area. Participants in this focus group identified many strengths and needs in their community. The participants reported that their community has a strong sense of family and social connection. Block clubs, churches, and community meetings allow community members to connect with each other and learn about the services available in their community. They also reported that there are many accessible health centers, including physical and occupational therapy, as well as job training programs. Among things in the community that need improvement, participants cited healthcare access (including vision, hearing, and dental care), transportation, mental health services, job availability, parenting education, nutrition education, and more transparent information about the services available in the community. Focus group participants identified some populations within their community that have unique needs that need to be taken into consideration, including homeless, people with mental health conditions, children and youth, families, and seniors.

The second focus group consisted of a diverse group of approximately 18 community members in Calumet Heights, including several clergy. This group was clearly passionate about their community and shared many insightful comments about the state of their community. The participants reported that their community has a vibrant history and many of the pioneers are still living within the community. They have strong schools and LSCs (local school councils). The group described their community as creative, spiritual, and effective at communicating. Among the things in the community that need improvement, participants noted lack of healthy food options, lack of support for parents and young mothers, poor communication, scarcity of jobs, community safety issues, and lack of education around community services and self-improvement. They also stressed the need for integrated and holistic services. Focus group participants

identified several populations within their community that have unique needs that need to be taken into consideration, including seniors, youth, teen parents, people dealing with mental illness, addiction, or homelessness, teachers, clergy, men, members of the LGBTQ community, immigrants, and people with different cultural backgrounds.

## **Key Community Health and Wellness Topics – Focus Groups**

*Most Discussed Topics by Community Members at Focus Groups*

### **A. Health Education and Access to Healthcare and to Wellness**

- Overall medical services for prevention, education, and early detection
- Poor dental health can lead to other issues
- Eye care/vision /hearing checks for children and seniors- “Lots of people experiencing cataracts”
- Bring the services directly to the community- via fairs with schools, churches or other community organizations- mobile healthcare buses
- More home healthcare and mobile services like tele-doctors
- Need free healthcare management classes
- More senior wellness checks provided- “Some seniors are forgetting to take their medications”
- Transportation and care busses needed to get to and from appointment
- Holistic care organizations that provide wrap around health services
- More one-on-one services for women’s health
- Organizations that specialize in allowing safe spaces to talk/vent and providing information on dealing with specific issues like food security and homelessness (similar to Alcohol Anonymous)

### **B. Mental Health and Substance Use Disorders**

- More locations for people to receive services, both for mental health and for substance abuse
- Learn how to handle depression
- Participants 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 south side

### **C. Communication and Information Sharing**

- Information needed from Jackson Park Hospital and other local health systems on services and events.
- Some people in the community report that Jackson Park Hospital does not have a very strong reputation in the community, and there are opportunities to build more communications and partnership with the community. Focus group participants appreciated the opportunity to provide input through these focus groups.

### **D. Transportation**

- Better and more affordable transportation options for accessing healthcare and other community services

## **E. Diet and Nutrition**

- Local stores need to offer healthy food choices
- Information classes on healthy and affordable diet and nutrition

## **F. Education and Youth Development**

- Teachers need extra support in classrooms and dealing with the many issues children bring into the class
- Extracurricular and youth development programs are needed
- People need to learn the history of the community and its founders to get a sense of where they came from and the work done to build the community
- Intergenerational activities to ensure everyone feels included in the community
- Programs that provide exposure to different positive experiences
- Classes for parents and families on building strong family units and raising mentally and physically strong children
- Affordable places for families to enjoy healthy activities together

## **G. Jobs and Workforce Development**

- Pipelines for healthcare careers from the local community that start in the schools and continue through college
- More job training or information on where free training is available, especially technology training and other high demand career jobs
- Jobs and opportunities for youth was also raised as a need

## **H. Community Safety**

- Children need safe places to play and have physical activities
- Community building sources are needed to create an environment of unity
- Community members need to learn how to communicate better- "get to know your neighbor"
- More "neighborhood policing" where the officers and community get to know each other

## **I. Environment**

- Neighborhood cleanup plans
- Less abandoned buildings
- Community builds pride in their own area
- "Bring back block clubs"

## **Key Community Strengths – Focus Groups**

Focus group participants identified several strengths and resources in the community including:

- Vibrant history
- Strong communication
- Strong sense of spirituality and faith-based leadership on community issues
- Ability to network through the community
- Local School Councils, faith-based organizations, and other community groups



## Key Community Issues in Need of Improvement – Focus Groups

Focus group participants identified the following issues in need of improvement related to community health and wellness:

- Mental Health
- Substance Use
- Transportation
- Jobs and Workforce development
- Community education (nutrition, parenting, health, availability of social services)
- Community safety issues
- Healthy food options
- More funding to local community organizations and services
- Specialized services for young mothers and single mothers
- Better economic development and job opportunities
- More exercise facilities- the local YMCA closed so community members now have to travel to get to one
- More connection to the spiritual community to learn about accountability, love, and respect

## B. Key Informant Interviews

### Physician, Inpatient and Outpatient Psychiatry, Jackson Park Hospital

- Jackson Park Hospital is well-positioned to conduct community-based research to better understand and serve the health needs of African American communities and to inform better treatment, services, and community health interventions to benefit African American communities.
- Fetal Alcohol Exposure is a major public health issue impacting communities across the south side of Chicago
  - 4 out of every 10 patients he sees in the outpatient psych clinic have had fetal alcohol exposure
  - A large proportion of African American youth in juvenile detention and/or special education have symptoms of fetal alcohol syndrome
  - Unlike most mainstream studies that look at alcoholism as the cause of fetal alcohol exposure, the main cause among his patients on the south side is exposure during the 1<sup>st</sup> and 2<sup>nd</sup> trimesters prior to the mother's knowledge of the pregnancy
  - He has found that this fetal alcohol exposure is linked with intellectual disabilities, autism, speech and language disorders, suicide
- Jackson Park Hospital is serving an extremely underserved population and provides a key community resource as a safety net hospital and a place for community based research
- Violence prevention is another key public health need

## **Emergency Department Medical Director, Jackson Park Hospital**

- Mental health concerns are far and away the most critical, without exception
  - Conservatively, 95% of medical patients in ED have co-morbid mental health issues
  - At least 60-70% of mental health intakes have co-morbid substance/alcohol use
  - High need for comprehensive outpatient services for behavioral health
    - Half day programs on mental health and substance/alcohol use
    - Outpatient opiate treatment– suboxone plus therapy
- Chronic illness is a major concern in communities surrounding Jackson Park Hospital
  - Zip codes in and around 60649 have the highest concentration of cardiovascular, cerebrovascular, and diabetes in the whole city
- Opportunity: enhance infrastructure of the Emergency Department
- Opportunity: develop programs/preventive services for those with co-morbid physical and mental health conditions to reduce ED visits for non-emergent issues
- Opportunity: Leverage the strategic geographic location of Jackson Park Hospital to meet community needs and enhance the service lines at Jackson Park Hospital
  - Ongoing need/demand for more tertiary care centers on the south side, and only expected to increase with U of C trauma center
  - Significant economic development planned for the area – new golf course in South Shore, etc. – make this a strategic moment for growing/expanding services
  - Big opportunity to open outpatient mental health and substance use programs and facilities, particularly people with dual-diagnosis

## **V.P. of Resource Development, Jackson Park Hospital**

- Promoting Wellness through Access to Care and Health Education is a key priority
- Access includes transportation, and access/affordability of medications
- Fear and lack of understanding are also barriers to good health
- Health education and Wellness programs (for all age groups)
  - Understanding and managing chronic disease and advanced disease disorders
  - Prevention and shifting mentality of only going to doctor when sick
  - We see people at end stages of disease at the ED & it could have been avoided
  - Need to do more on alcohol and drugs; other key areas are asthma, obesity, and cancer
  - Health literacy of patients and community members is also a concern
- Outreach
  - For Jackson Park Hospital to impact access and health education, outreach is key, we go to our community members, shows we're legitimately concerned, shows care for the community as a whole
  - Attract new patients and get the word out about what we do; many people in the community think JPH is only for psych or is closed. We need to get the word out about what we do.
  - See p. 61 for information about Jackson Park Hospital's current community partnerships and outreach
  - Key partners are local businesses, banks, senior centers, large churches, elected officials, and special events
  - Opportunity to expand out to YMCA, YWCA, schools, and to leverage the work of the senior healthcare program and the OB unit and prenatal care work

## V. Health Status in the Community – Maps of Community Resources

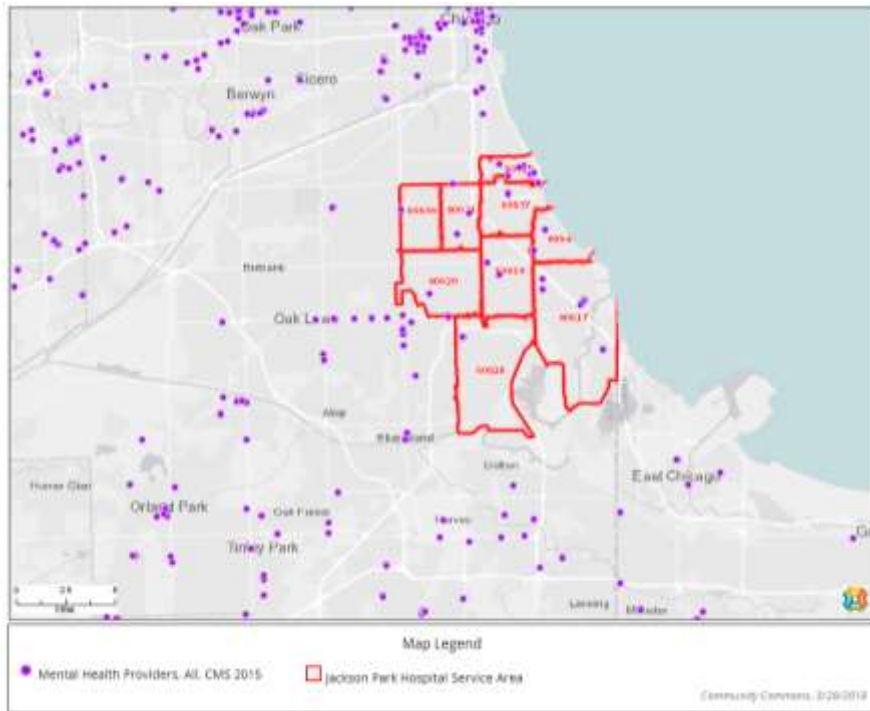
Figure 58. Community Health Centers in Jackson Park Hospital's service area



Figure 59. Federally Qualified Health Centers (FQHCs) in Jackson Park Hospital's service area



**Figure 60. Mental Health Providers in Jackson Park Hospital's service area**



**Figure 61. Substance Abuse Treatment Facilities in Jackson Park Hospital's service area**

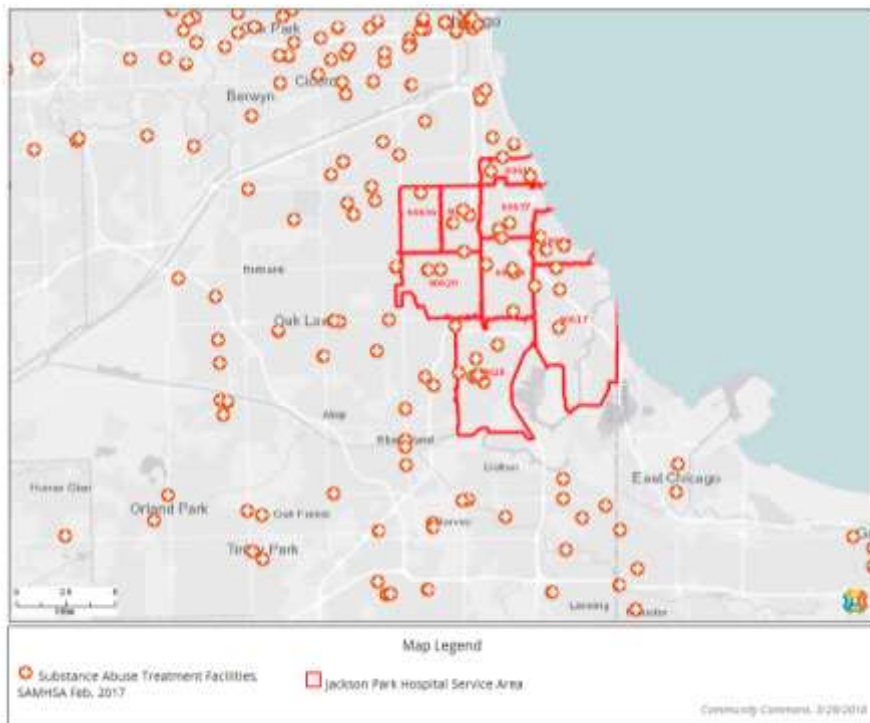
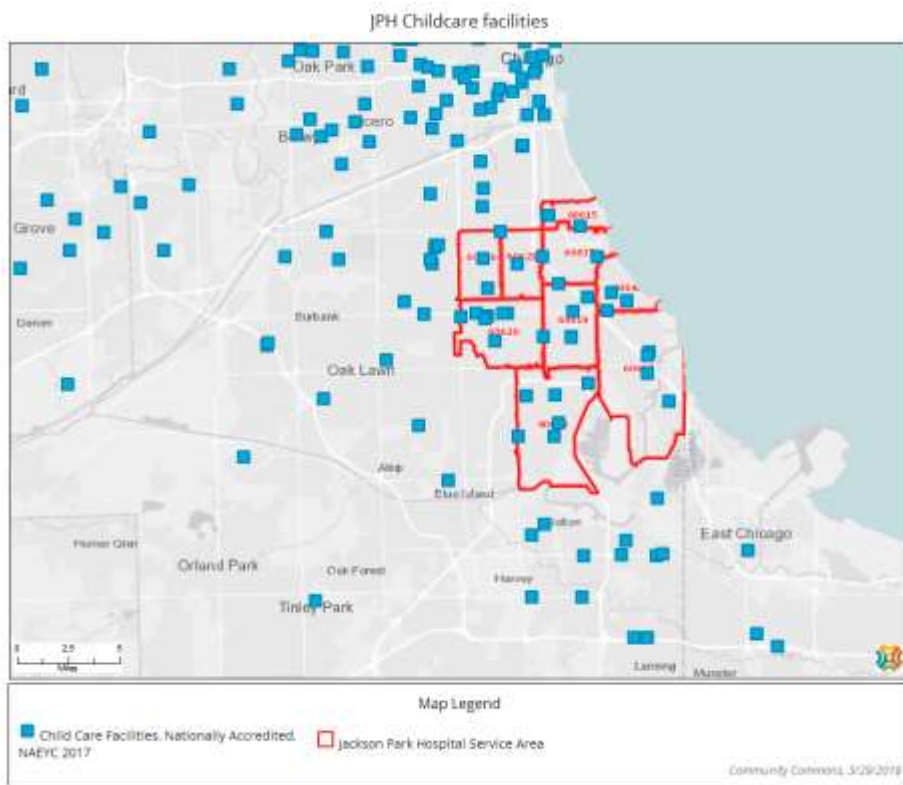


Figure 62. Licensed Childcare & Head Start Facilities in Jackson Park Hospital's service area



**Figure 63. Public Schools in Jackson Park Hospital's service area**

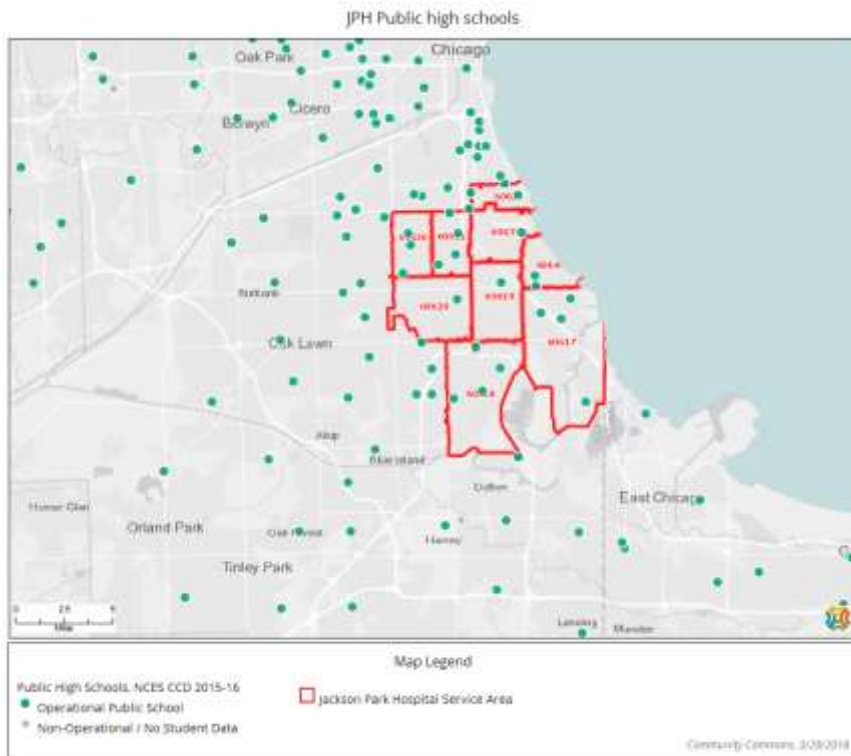
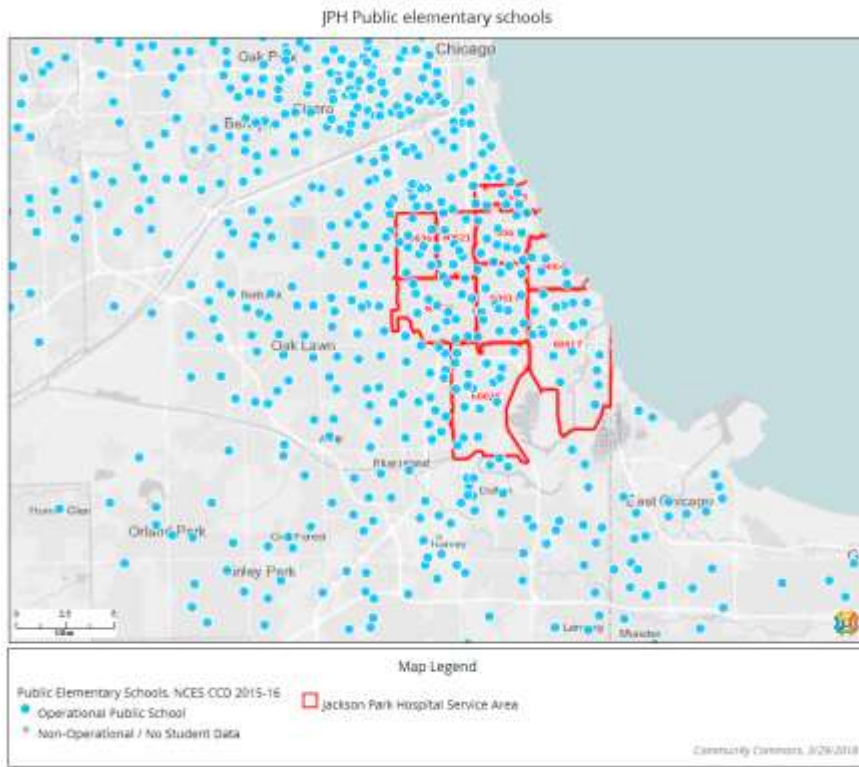


Figure 64. Private Schools in Jackson Park Hospital's service area



Figure 65. Higher Education Facilities in Jackson Park Hospitals' service area

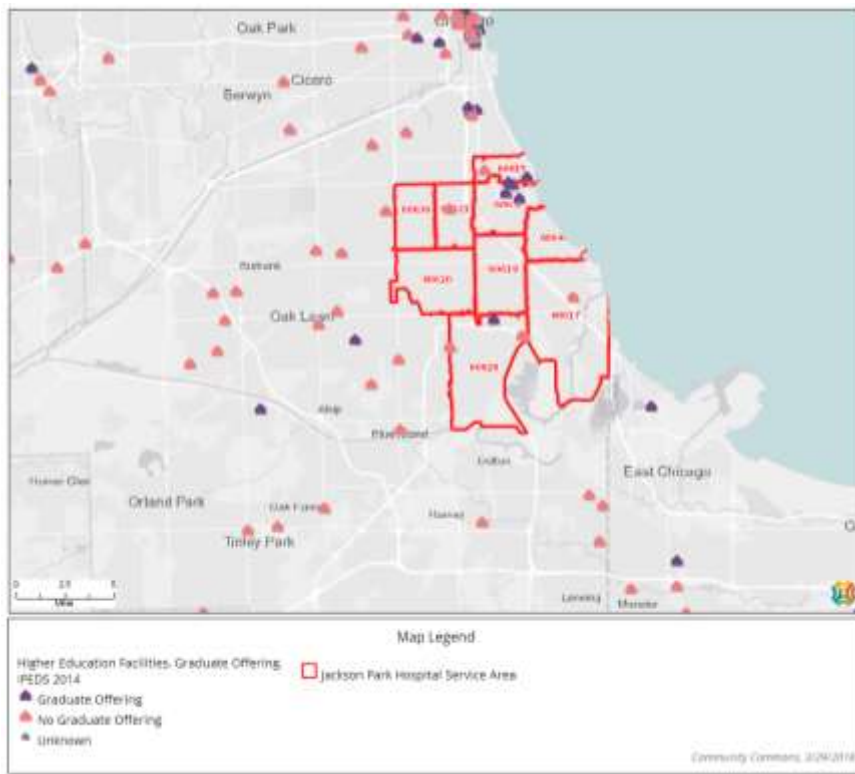


Figure 66. Public Libraries in Jackson Park Hospital's service area

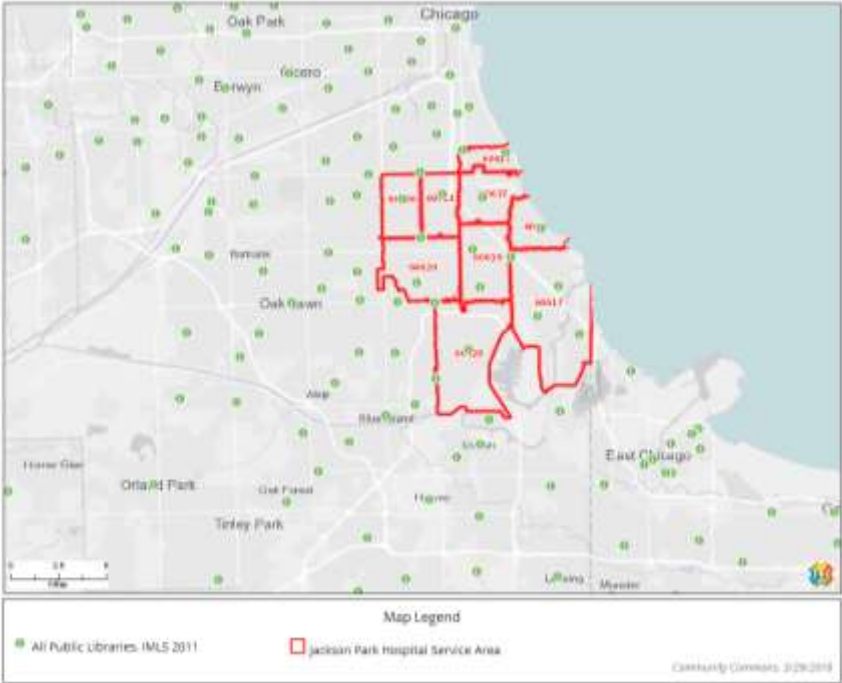
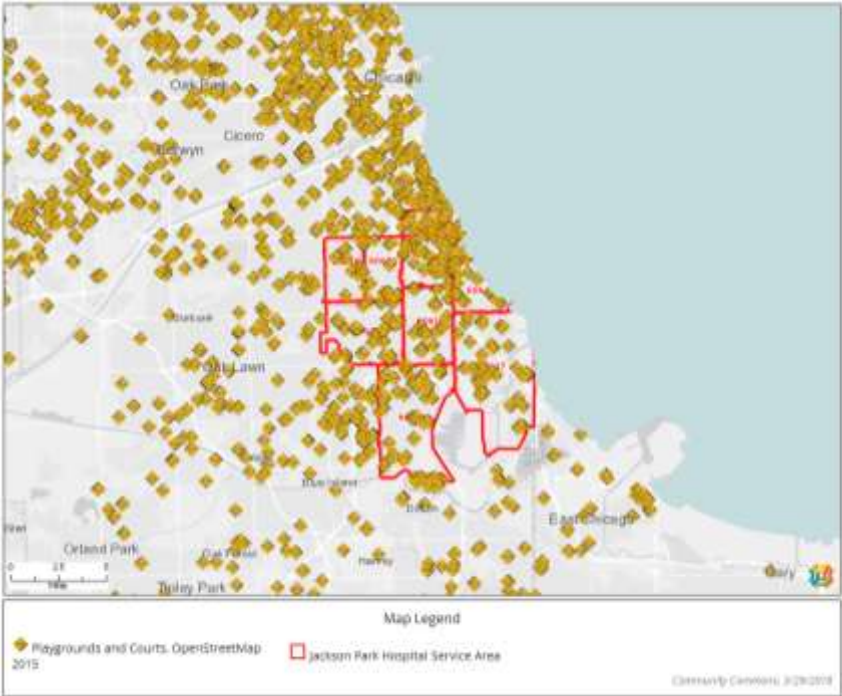
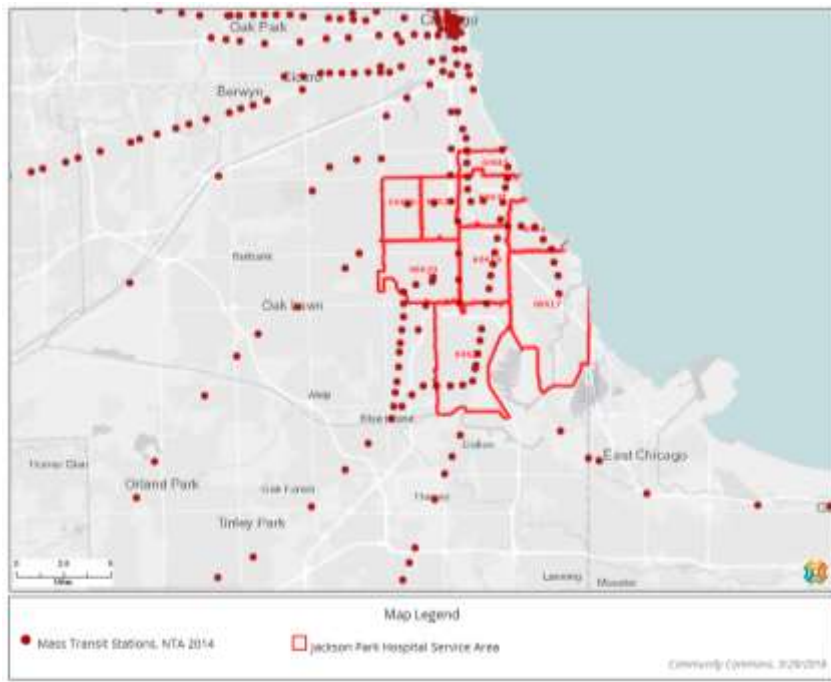


Figure 67. Playgrounds and courts in Jackson Park Hospital's service area





**Figure 68. Mass Transit Stations in Jackson Park Hospital's service area**



**Figure 69. Farmers Markets in Jackson Park Hospital's service area**

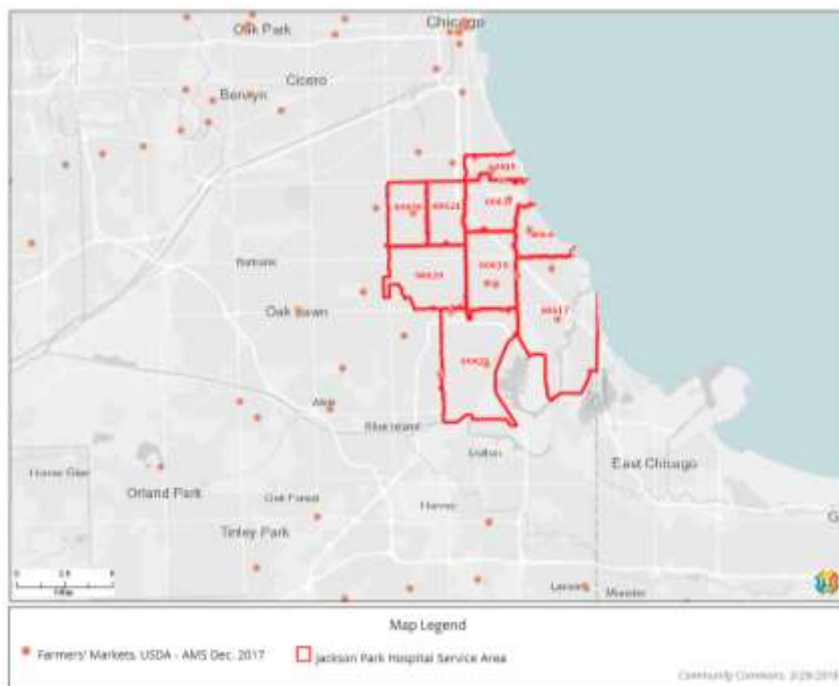


Figure 70. Major Supermarkets in Jackson Park Hospital's service area

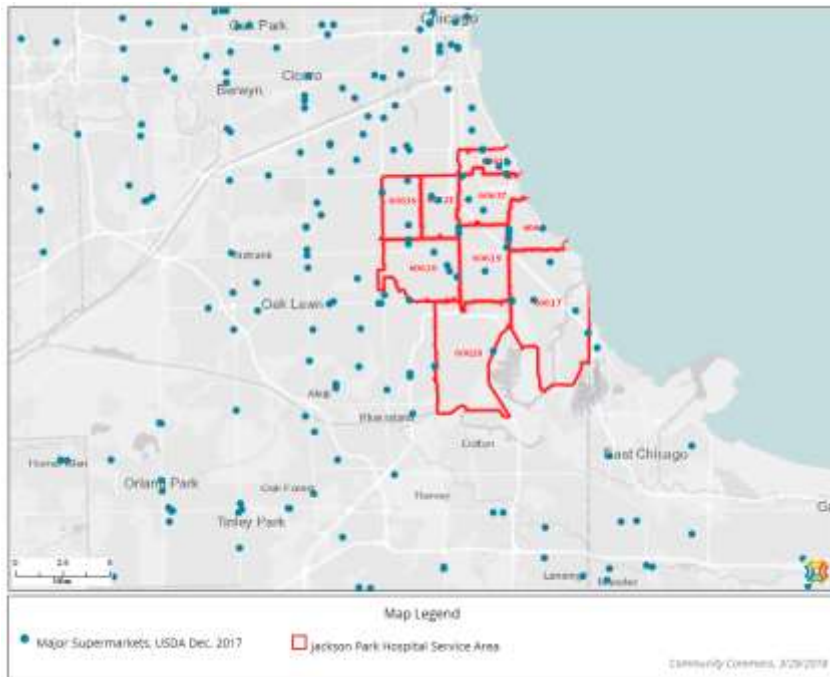


Figure 71. SNAP-authorized Retailers in Jackson Park Hospital's service area

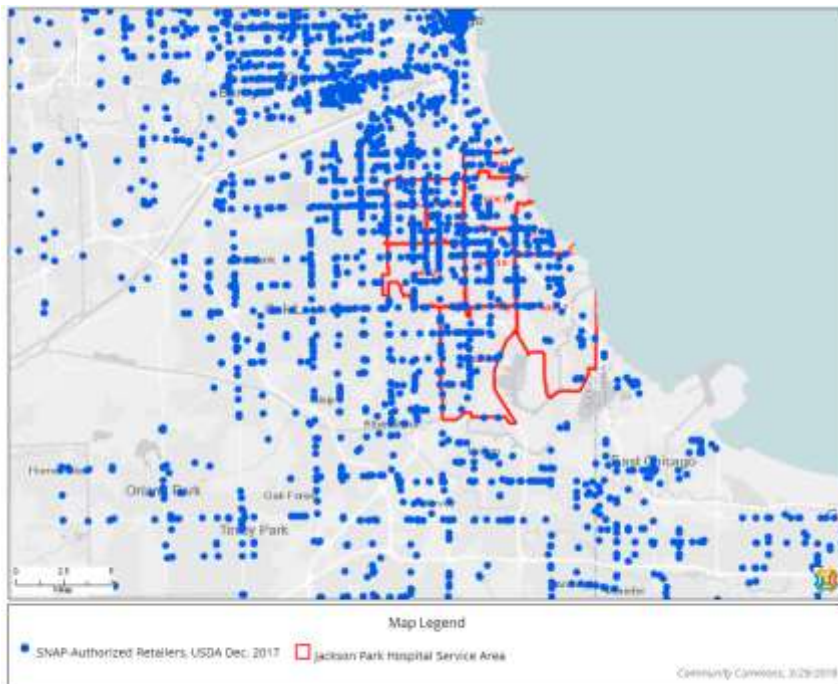
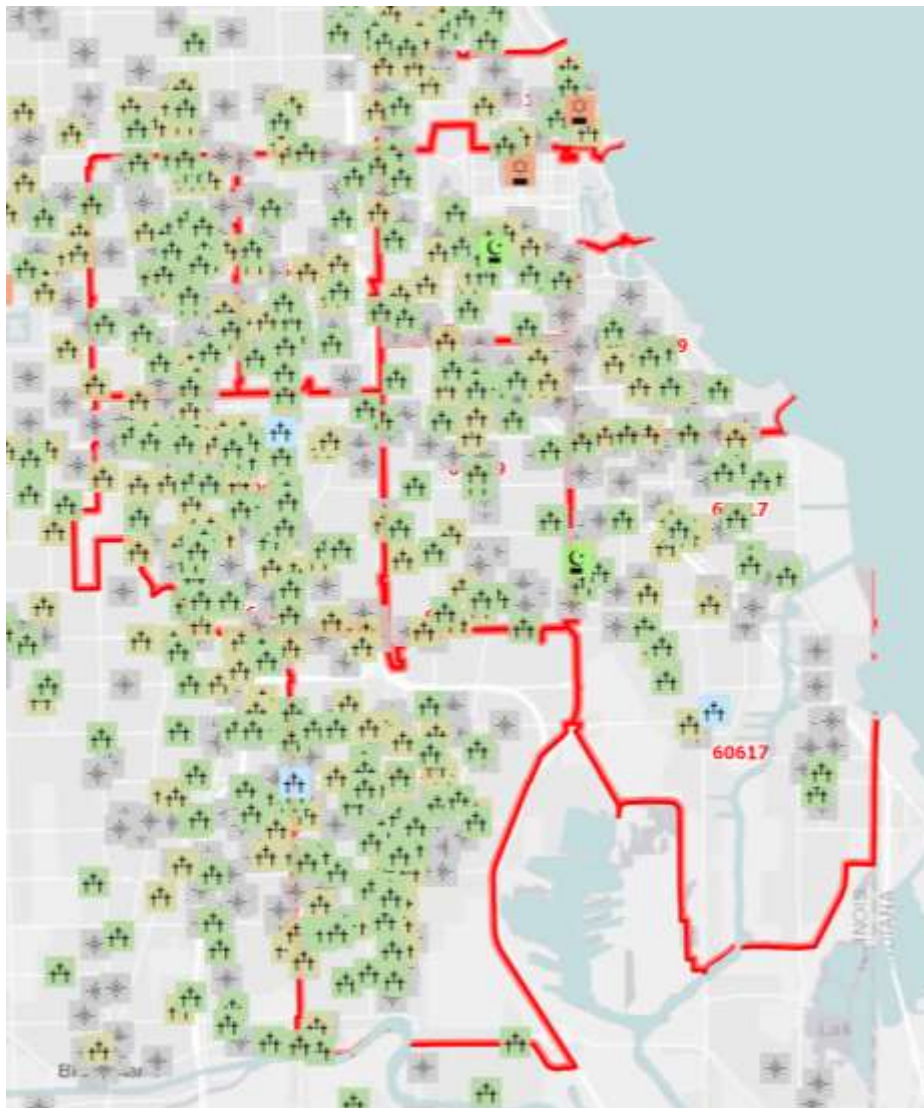


Figure 72. Places of Worship in Jackson Park Hospital's service area



Map Legend

Nonprofit Organizations, Places of Worship, IRS 2015

	Christian - Protestant		Jackson Park Hospital Service Area
	Christian - Catholic		
	Christian - Other		
	Jewish		
	Islamic		
	Buddhist		
	Hindu		
	Other / Unlisted		

*Community Commons, 6/11/2018*

## VI. Summary of Jackson Park Hospital's Community Health Implementation Activities – 2015-2018

### A. Senior Healthcare Program

Jackson Park Hospital has developed a senior program to further address the needs of our community. The Jackson Park Hospital Golden L.I.G.H.T. (**L**iving **I**n **G**ood **H**ealth **T**oday) Senior Healthcare Program delivers comprehensive medical and social services designed to maintain and improve independent living. Golden L.I.G.H.T. provides seniors over the age of 55 with important services such as referrals to social services, primary care, internal medicine, cardiology, urology, endocrinology, rheumatology, physical therapy, ophthalmology, podiatry and gynecology.

To address the obstacles our seniors may face when seeking medical and social services, the Golden L.I.G.H.T. program includes benefits such as:

- Free transportation to all clinic appointments
- All services received under one roof in a caring family environment
- Multidisciplinary team dedicated to the senior's care
- Discounts on prescriptions
- Free delivery of prescriptions
- Dedicated Specialty Unit for all seniors who require admission to the hospital

### B. Community Partnerships and Outreach

In our outreach efforts of defining our community's healthcare needs, our collected data steered us to the following outreach services and programs.

By partnering with the various businesses, social agencies and groups, churches, community leaders, etc., Jackson Park Hospital is helping to build a strong system to support healthcare in our communities.

Our priorities for outreach and community partnerships were set by:

- Increase of disease within our service area
- Prevalence of health needs

#### OUTSIDE PARTNERSHIPS

**Jewel/Osco** – Monthly - Blood Pressure/Diabetes Screening

(Rotation of three (3) sites)

75<sup>th</sup> & Stony Island

87<sup>th</sup> & State

1655 East 95<sup>th</sup> Street

**Bank of America** – Monthly – Blood Pressure/Diabetes Screening

(Rotation of two (2) sites)

7131 Stony Island

1651 East 95<sup>th</sup> Street

**Citibank** (8650 Stony Island) – Monthly – Blood Pressure/Diabetes Screening

**City of Chicago** – Blood Pressure/Diabetes Screening  
**Dept. of Family & Support Services – Senior Center**, 8300 So. Cottage Grove

### SPECIAL EVENTS/HEALTH FAIRS

**8<sup>th</sup> -Eighth Ward- City of Chicago** – Summer Annual Health Fair  
Blood Pressure/Diabetes Screening

**3<sup>rd</sup> -Third Legislative District of IL.** – Annual Health Fair  
Blood Pressure/Diabetes Screening

**WVON Talk Radio** – 30 minute Health Talks (May '17) with Jackson Park Hospital featured Physicians – Topics Womens' Health, Maternal, Infant & Child Care

**Zeta Phi Beta Sorority** – Special Project with Sorority discussing teen pregnancy With young “moms to be” about parenting skills, newborn care, etc., speakers are JPH nurses. Meet 2-3 times annually.

**Black Women’s Expo** – Annual Outreach on general health education and services at Jackson Park Hospital. Note, over 33,000 women of color in attendance.

**Coppin AME Church** – Provided speaker on the importance of mammograms and breast health – fall 2017

**Apostolic Church of God** – Provided speaker on the Importance of Mammograms and Breast Health – fall '17

**Chatham Park South Co-Op Apartments** (over 55 yrs. of age residence)

- Provided Physician to speak on knee & hip replacement
- Provided Physician to speak on cataract surgery

Jackson Park Hospital is so proud to join with our partners, other health care providers, local businesses and agencies in helping to meet the demands of healthcare in our community.

## **C. Outpatient Services**

Jackson Park Hospital feels it is our responsibility to provide outpatient services to our patients to ensure we have a healthier, stronger and more informed community.

Our **Onsite Services** are as follows:

- **Smoking Cessation**
- **Diabetic Education**
- **Hypertension**
- **Asthma**
- **Weight Loss and Management**

These 1-2 hour sessions meet every Tuesday under the direction of the Director, Family Medicine - Medical Residency Training Program

**Prenatal Care Program** – Conducted by the Nurse Practitioner - discusses the importance of:

- **Prenatal Care**
- **Nutrition**
- **Alcohol & Drug Usage**
- **Exercise**
- **Smoking while Pregnant**

Breast feeding and infant care is conducted under the direction of the OB Dept.

## **D. In Development - Substance Abuse Rehabilitation Program**

Jackson Park Hospital currently has a Medical Stabilization program. A natural next step is the creation of a program to manage patients addicted to opiates or other substances who are looking for opportunities to stabilize and normalize their lives.

A growing number of patients addicted to opiates are fifty years of age or greater. Heroin, along with various prescription medications, are classified as opiates.

Data from 2016 reveals that greater than 2.1 million people have an opioid use disorder.

- 170,000 people used heroin for the first time in 2016
- 948,000 people were using heroin
- 15,469 deaths were attributed to heroin
- 116 people were dying every day from opioid related drug overdoses, and
- The impact on the economy was greater than 504 billion.

In 2015, admissions to programs for substance abuse in Chicago accounted for 6,335 admissions or 32 % of all hospital admissions for substance use disorders, with alcohol abuse being the second highest with 5,106 hospital admissions or 26.1%.

To that end, Jackson Park Hospital is exploring expanding our current Medication Stabilization program and Outpatient Suboxone program to include counseling.

Our program will focus on inpatient rehabilitation aimed at patients sixty-five (65) years of age or older who have a lifetime history of heroin or other substance abuse - patients who are at a point in their lives where they just want to feel normal.

Our proposed program will wean patients off of heroin and place them on suboxone maintenance. The inpatient program will be a comprehensive treatment program combined with inpatient counseling aimed at life style change and relapse prevention.

Patients will then be referred to our outpatient patient groups designed to help them maintain a substance free life style.

If the patient relapses, they can be re-admitted into our inpatient setting.

The goal is to have a program with all of the components a patient would require for moving towards a substance free existence.

## **Appendix A. Written Comments from Focus Group Participants**

### **Jackson Park Hospital, Community Health Needs Assessment 2018 Written Comments from 4 Community Members at Focus Groups March 21, 2018 and March 23, 2018**

Four individuals submitted written comments via the form provided at in-person focus groups. Two individuals from zip code 60619, one individual from zip code 60653, and one individual from zip code 60649. The comments have been transcribed word-for-word below.

#### **1. What are the most important health and wellness needs in your community?**

60619a- Better nutritional foods offered in local stores- within two blocks in the direction of 83<sup>rd</sup> St.

60653- Accessibility to hospitals, medical centers, social services, poverty stricken individuals

60649- Education!!! To educate our community on how to manage their health needs. To reach out to the community and provide classes at the schools, churches and organizations to help them live healthy lives.

#### **2. What people in the community have unique needs that need to be taken into account?**

60619a- Young people with infants and strollers, older folk with walkers and wheelchairs, city should provide "care buses" or other transportation methods for people who take up more than regulated space on public transportation, shopping carts also on weekends

60619b- Parent organizations on how to raise mentally strong and physically strong children

60653- seniors, youths

60649- People with substance abuses. Whether it be alcohol or drugs this group needs greater help. Also the younger generation so they can be educated on health management and pass it on to their children.

#### **3. Other comments or feedback:**

60619b- Agency that oversees all community chains of helping the aged, to make sure that whatever they do is true and not just for paper for funding purposes.

60653- Thanks

60649- Please consider going to the schools and offering free classes on living healthy lives. Classes on substance abuse, diet and exercise, stress management, diabetes, etc.

## Appendix B. Focus Group Questions

### Welcome and Intro

- **Share welcome and purpose**

*Thank you for volunteering your time this evening. I am XX with the Illinois Public Health Institute. We are helping Jackson Park Hospital to conduct a community health needs assessment. Our discussion will be focused on, community health issues, barriers to health in your community, the things that help people in your community to be healthy and what we can do to be an even healthier community in the future. I'll be leading our discussion today and I am joined by Genny Turner who will be taking some notes.*

- **Explain process.**

*So, just to **clarify the expectations in a focus group**. There are **no wrong answers**. We are going to talk about your experiences, observations and perceptions. You won't hurt our feelings or make us feel good with whatever opinions you might share. We are interested in hearing your point of view even if it is different from what others have expressed. So, please feel free to speak open and honestly.*

*We're going to make every effort to keep the **discussion focused** and within our time frame. If too much time is being spent on one question or topic, we may **move the conversation along** so we can cover all of the questions. So, please don't take it personally!*

*As I mentioned, Genny will be the **note taker** for the focus group today. She will be involved in writing an overall summary report from all the focus groups that are being conducted as part of this process. We will only be using first names today and there will not be any names attached to the comments on the final report. All the information will be **synthesized** into the final report so no idea or comment will be attributed to any individual.*

### **Any questions?**

### **Participant Introductions:**

*On that note, let's get started.*

### **Discussion Questions:**

#### **1. Let's start off by hearing how you all define a "healthy community"? (5 mins)**

##### **Probes:**

- *What does a community need to have **present** to be a healthy community?*
- *What things are **NOT present** or are limited in a healthy community?*

#### **2. What are the best things about your community? (5 mins)**

##### **Probes:**

- *What are some of the **unique strengths** about your community?*
- *What things are present in your community that **makes it a healthy place to live** or helps you be healthy or improves your quality of life?*

#### **3. Now, let's talk about some of the things about your community that aren't so great or need to be improved. (5 mins)**



Probes:

- *What things are present in your community that **make it hard to be or stay healthy** or have the best life you can have?*

- 4. So, looking over this list of things that need to be improve to be a healthier community, what are the biggest issues facing your community? (5 mins)**

Probes:

- *If you had to choose one thing to make your community better for everyone, what would it be?*
- 5. What people in the community have unique needs that need to be taken into account? (i.e. youth, older adults, immigrants, homeless, etc.) (5 mins)**
- 6. What ideas do you have for how these issues could be addressed? What might work to improve the specific issues? (10 mins)**

Probes:

- 7. Round-robin: Top health community health issue.**

- *As we start wrapping up today, we would really like to hear a closing thought from each of you. What is the most important community health issue?*

*Thank you very much for your time today and all the information you shared will help us inform the needs assessment. If you would like to see a final copy of the report, we will be providing it to the organization hosting this focus group meeting.*