Community Health Needs Assessment
Holy Cross Hospital
June 2016

2701 W 68th St, Chicago, IL 60629
About Us

Located on the West and Southwest sides of Chicago, Sinai Health System is comprised of Mount Sinai Hospital, Holy Cross Hospital, Sinai Children’s Hospital, Schwab Rehabilitation Hospital, Sinai Medical Group, Sinai Community Institute, and Sinai Urban Health Institute.

The member institutions of Sinai Health System collectively deliver a full range of high-quality outpatient and inpatient services, as well as a large number of innovative community-based health, research, and social service programs. We focus our collective depth of expertise and passion to improve the health of the 1.5 million people who live in our diverse service area. Sinai Health System, with our team of dedicated caregivers, is uniquely committed to building stronger, healthier communities.

Mission

Our mission is to improve the health of the individuals and communities we serve. For more information about us, please visit our website: http://www.sinai.org/
Making Lives Better
It’s our promise to the community

The mission of Sinai Health System is to improve the health of the individuals and communities we serve.

To better meet our mission, this Community Health Needs Assessment has been produced to provide an overview of the health status of our communities.

Produced by the Sinai Urban Health Institute, in collaboration with a diverse set of stakeholders, this assessment provides an overview of social and public health data that describe not only the communities we serve, but also how those communities compare to the broader Chicago area population. Each measure provides important information for developing the tactics necessary to improve the communities’ overall health.

Sinai Health System would like to recognize all those who made this assessment possible.

Thank you for letting us be your community partner.
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Introduction

As part of the Affordable Care Act (ACA) of 2010, each hospital facility in the U. S. must conduct a Community Health Needs Assessment (CHNA). This very important aspect of the ACA mandates that hospitals must assess the health of the communities they serve, not just the patients who walk into their buildings, and that they must make a plan to improve community health.

This report brings together epidemiological data and the input of our community members to describe health needs and assets of the communities Holy Cross Hospital serves. Together, the data findings and community input help us determine the most important health issues to address as a hospital and as a health system.

This CHNA is part of our continual process to not only understand the health-related needs of the communities we serve, but to work with our community members and partners to develop and implement creative strategies to address these needs.

The real goal of conducting a Community Health Needs Assessment is to use it to motivate and guide actual changes. Holy Cross Hospital has a long history of striving to improve the health of the poor communities on the Southwest side of Chicago. This assessment and corresponding plan of action provide an ideal blueprint from which Holy Cross Hospital can continue to improve community health through changes inside and outside our walls.

Here we present, with pleasure, the 2016 Community Health Needs Assessment for Holy Cross Hospital. CHNAs for Mount Sinai Hospital and Schwab Rehabilitation Hospital can be found on our website, www.sinai.org.

These reports are consistent with the mission and vision of our health system and also with the language and spirit of the federal regulations requiring such assessments. We hope that these assessments, like the previous ones we have done, will provide a roadmap to improved health for communities on the West and Southwest sides of Chicago. We believe this report is critical not only for guiding the actions of our health system, but also that it may be a valuable resource for members of our community and the organizations which serve them. It is in this spirit that we share this CHNA with the reader.

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Dr. Martin Luther King, Jr., 1966
Sinai Health System Overview

The Sinai Health System (SHS) is a unique health care delivery system on the West and Southwest sides of Chicago. Mount Sinai Hospital was founded in 1919 to provide care to Eastern European Jewish immigrants in the area as well as to create a place for Jewish doctors to practice. We now serve predominantly African-American and Latino communities, but our mission has remained the same. This mission addresses our desire to make a difference in both the individuals and the communities we serve. As we develop innovative and effective ways to do this, we strive to become the national model for the delivery of urban health care.

Along with Holy Cross Hospital (HCH), our system includes Mount Sinai Hospital, Schwab Rehabilitation Hospital, Sinai Children’s Hospital, Sinai Medical Group, the Sinai Community Institute (SCI), and the Sinai Urban Health Institute (SUHI).

**Holy Cross Hospital (HCH)** is a 274-bed Catholic community hospital on the southwest side of Chicago, offering intensive care, medical and surgical services, as well as obstetrics, rehabilitation, hospice, and an array of diagnostic and therapeutic services. Its Emergency Department receives 50,000 visits per year, and more ambulance runs than any hospital in the state, a function of the hospital’s geographic isolation and local unaddressed health needs. HCH is engaged with its surrounding communities in collaborative efforts to address housing, education, immigration, and safety concerns that impact health.

**Mount Sinai Hospital (MSH)** is a 319-bed teaching hospital with a Level 1 Trauma Center, 60,000 emergency visits, and 4,000 deliveries a year. MSH is a community-based hospital that provides exceptional medical, surgical, behavioral health, therapeutic, and diagnostic services. Sinai also trains more than 700 health care professionals a year.

**Schwab Rehabilitation Hospital (SRH)** was the first accredited rehabilitation hospital in the Midwest. Today it serves as a regional 102-bed rehabilitation center with innovative therapies including music and horticulture. It is the only rehabilitation facility in the Chicago area accredited by both the Joint Commission and CARF in the disease-specific area of stroke.

**Sinai Children’s Hospital (SCH)** includes pediatric cardiology, gastroenterology, nephrology, allergy, endocrinology, urology, physical medicine and rehabilitation, and neurology services. In 2010, there were 2,280 admissions to SCH. SCH has a Level III Neonatal Intensive
Care Unit Center, which is the highest level of care for fragile newborns, and a Pediatric Intensive Care Unit.

**Sinai Medical Group (SMG)** includes 295 physicians with 39 medical and surgical specialties who work at Mount Sinai Hospital and other Sinai Health System sites throughout the Chicago area.

**Sinai Community Institute (SCI)** provides education, employment counseling, case management, and nutrition services that address the social and economic factors affecting the health of the community’s most vulnerable members—infants, children, adolescents, and older adults. Of the 30,000 annual client visits, approximately 98% are for low-income minority women and children.

**Sinai Urban Health Institute (SUHI)** is a leading research center focused on eliminating health disparities through social epidemiology, program evaluation, health interventions, teaching, and consulting. SUHI is currently implementing a wide range of health interventions within the community to address issues such as pediatric asthma, breast cancer screening, and diabetes.
The Communities We Serve

The HCH primary service area includes the following Chicago community areas:

- Archer Heights
- Auburn Gresham
- Brighton Park
- Chicago Lawn
- Gage Park
- West Elsdon
- West Englewood
- West Lawn

A description of the demographic and socioeconomic characteristics of individuals living in these communities is provided in the next section.

Holy Cross Hospital Community Benefits

In 2015, HCH provided $9.3 million in community benefits, including charity care, subsidized health services, language assistance, education, research donations, coverage for bad debts, and volunteer services. Breaking this number down, charity care comprised $5.6 million of that $9.3 million and other community benefits added up to another $3.7 million. These benefits provide resources for many unfunded community initiatives that promote health and healing.
CHNA Methodology & Process

To best understand the health of our community, we have assembled data from a variety of quantitative and qualitative sources. More specifically, this report includes data from surveys, birth and death certificates, and hospital data, among other sources. This information provides us with a comprehensive snapshot of the communities’ health in terms of morbidity and mortality. We interpret the data and place the findings in context in order to make them more useful to community members and organizations. In addition to the extensive quantitative data analyzed here, we also solicited input from community members, stakeholders, and community-based organizations that have a broad interest in the health of the community. We obtained this information through more personal data collection methods of interviews and focus groups. The knowledge we gathered from community members in this way helps to provide context for the quantitative data. When combined, the overall report offers a great deal of information to help guide our health system’s priorities and the efforts of other community-based organizations.

The CHNA begins by describing the communities we serve. Next, we examine prominent causes of death and illness in these communities, as well as leading reasons for hospital admissions and readmissions. We then discuss birth outcomes and child and adolescent health. These data are followed by the valuable community input we obtained through focus groups and interviews. Following this, we review community assets that aid in health improvements. Finally, we present our priority health areas, which are based on all of the data included in this assessment.
The Holy Cross Hospital Community Health Needs Assessment was conducted through the following process:

**Data Collection & Analysis**
- Gather demographic and epidemiological data

**Community Engagement**
- Conduct focus groups and key informant interviews

**Synthesis of Inputs**
- Analyze qualitative and quantitative data

**Prioritization of Health Needs**
- Chronic Disease
  - Diabetes
  - Hypertension
  - Asthma
- Cancer
- Mental & Behavioral Health
- Violence

**Action Plan Development**
- Create a plan to address health priorities over the next three years

**Implementation: Making Lives Better**
- Implement Action Plan in partnership with the community
The Communities We Serve

Throughout the remainder of this document, Holy Cross Hospital, which includes Sinai Children’s Hospital, will be referred to as HCH. The HCH Primary Service Area (PSA) is comprised of 8 communities on the Southwest side of Chicago, where 80% of our patients reside (Figure 1). The map below outlines HCH’s PSA and displays HCH and other hospitals and clinics in the area.

Figure 1. Holy Cross Hospital Service Area Map

Holy Cross Hospital Communities

- Archer Heights (57)
- Auburn Gresham (71)
- Brighton Park (58)
- Chicago Lawn (66)
- Gage Park (63)
- West Elsdon (62)
- West Englewood (67)
- West Lawn (65)
The communities we serve are young, economically challenged, and primarily Black and Hispanic.

**Age Distribution**
The communities in the HCH PSA are young. All of the communities within the HCH PSA have a greater percentage of community members under age 18 or over age 64 than the city overall (Figure 2).

**Race and Ethnicity**
All of the communities in the HCH PSA have minority populations exceeding 75%. Two of these communities are mostly Black, 5 are mostly Hispanic/Latino, and one community, Chicago Lawn, is roughly half Hispanic/Latino and half Black (Figure 3).
Median Household Income

The communities within the HCH PSA are economically challenged. All but one of the communities served by HCH have median household incomes less than Chicago as a whole (Figure 4). The median household income for West Englewood is roughly half of the city median income.

![Figure 4. Median Household Income by Community Area](image)

Individuals Living in Poverty

Twenty one percent of Chicagoans live below the poverty line. In the communities Holy Cross serves, the percentage living below the poverty line ranges from 14% to 40%. Five of the HCH PSA communities have a poverty rate higher than the city of Chicago (Figure 5). West Englewood has nearly double the percentage of community members living in poverty than Chicago as a whole.

![Figure 5. Percent Living in Poverty by Community Area](image)
Unemployment
Thirteen percent of Chicagoans age 16 and over are unemployed (Figure 6). All but one of the communities within HCH’s PSA have a higher unemployment rate than the city overall. Auburn Gresham’s unemployment rate is more than double that of Chicago’s, and West Englewood’s is nearly triple the citywide rate.

Figure 6. Percentage of Adults 16 and Over Who are Unemployed

Educational Attainment
Nineteen percent of Chicagoans age 25 and over lack a high school diploma. Seven of the 8 communities in the HCH PSA have higher percentages of adults who have not completed high school than the city average (Figure 7). Gage Park and Brighton Park have more than twice the percentage of adults without a high school education than the city as a whole.

Figure 7. Percentage of Adults 25 and Over Without a High School Diploma
Crowded Housing

Crowded housing is defined as a housing unit with more than one person per room. Five percent of Chicagoans live in crowded housing conditions. Six of the 8 communities within the HCH PSA have a higher than average percentage of individuals living in crowded housing (Figure 8). West Elsdon has twice the percentage of people living in crowded housing conditions, and Gage Park and Brighton Park have about triple the percentage of crowded housing conditions.

Figure 8. Percentage of Individuals Living in Crowded Housing

Hardship Index

The Hardship Index is a socioeconomic disadvantage score based on housing, poverty, employment, educational attainment, and age indicators. Each Community Area receives a score ranging from 1 to 100 with 100 being the greatest hardship. Four of the 8 communities in the HCH PSA have Hardship Index scores between 75 and 100 (Figure 9). Gage Park, and West Englewood, and Brighton Park have some of the highest levels of hardship in the city.

Figure 9. Hardship Index Scores by Community Area
Community Health Profile

What we die from and how old we are when we die tell us a lot about our health and how to go about improving it. The following is an examination of life expectancy and mortality data for the city of Chicago and the eight communities in the HCH PSA. Life expectancy is the number of years a person can expect to live at the time of birth. Mortality data tell us what people are dying from.

Life Expectancy

Life expectancy varies substantially across Chicago and across the communities we serve. Differences in life expectancy are one of the clearest examples of racial and income inequalities. The two communities with the lowest life expectancies, West Englewood and Auburn Gresham, are over 90% Black and have the lowest median incomes of the 8 communities in our Primary Service Area (Figure 10). People living in West Englewood can expect to die 8 years sooner than the average Chicagoan.

Figure 10. Life Expectancy by Community Area

How does place influence health and life expectancy?

Where a person lives affects health outcomes such as life expectancy. For instance, affordable healthy foods and a safe place to exercise are not always available in every Chicago community. People who can access healthy foods and exercise are more likely to lead a healthy lifestyle and thus live longer. In addition to poverty, other societal factors such as racism, low education, and pollution also impact health. It follows then that how many people die and what people die from varies from community to community.
Top Causes of Death

Heart Disease
Heart disease is the leading cause of death in the U.S. and in Chicago. Heart disease mainly affects older people and occurs when the heart and blood vessels are not working the way they should. The citywide heart disease mortality rate is 146 deaths per 100,000 people. Four of the 8 communities in the HCH PSA have heart disease mortality rates higher than the city rate (Figure 13). These 6 communities are primarily Black communities on the west and southwest sides of the city.

Figure 11. Heart Disease Mortality Rate per 100,000 (2006-2010)

Cancer
Cancer is the second leading cause of death in the U.S. and in Chicago. While the overall cancer death rate has declined and the number of survivors has increased, large disparities still exist between racial and ethnic groups, cities, and communities, with Black men suffering the highest cancer mortality rates. Cancer is a leading cause of death for all eight communities in the HCH PSA, but even within our PSA there are large differences. Auburn Gresham and West Englewood have cancer mortality rates over 50% higher than Brighton Park and Archer Heights. (Figure 12).
Lung cancer mortality rates are substantially higher for West Englewood and Auburn Gresham than the city as a whole, and over twice as high as lung cancer mortality in Gage Park and Brighton Park (Figure 13).

Prostate cancer mortality rates are much higher in Chicago than the nation as a whole, and West Englewood’s prostate cancer mortality rate is substantially higher. The community has a prostate cancer mortality rate six times higher than the national rate, and 1.5 times higher than the city rate (Figure 14).
Figure 14. Prostate Cancer Mortality Rates (2006-2010)

Stroke

Stroke is the fifth leading cause of death in the U.S. and the fourth leading cause of death in Chicago. Similar to a heart attack, a stroke can result when a blood vessel is damaged or blocked, denying oxygen-rich blood to the brain. The risk factors for stroke include unhealthy lifestyle factors and conditions such as high blood pressure that may be modified or prevented. The citywide stroke mortality rate is 43 deaths per 100,000 individuals. Five of the eight communities in the HCH PSA have stroke mortality rates higher than the city rate. Stroke mortality is particularly high in Chicago Lawn and West Englewood (Figure 15).

Figure 15. Stroke Disease Mortality Rate (2006-2010)
**Homicide**

While homicide is not one of the top causes of death in the U.S. or Chicago, the communities surrounding HCH are disproportionately plagued by violence, which unfortunately often results in death. Homicide mortality disparities are particularly evident in some of our communities. Homicide mortality is markedly higher for two of our communities, West Englewood and Auburn Gresham, than the city as a whole. West Englewood has one of the highest homicide mortality rates in the city, three times higher than Chicago as a whole and 10 times higher than the national rate (Figure 16).

**Figure 16. Homicide Mortality Rate (2006-2010)**

<table>
<thead>
<tr>
<th>Community</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Englewood</td>
<td>52</td>
</tr>
<tr>
<td>Auburn Gresham</td>
<td>42</td>
</tr>
<tr>
<td>Chicago Lawn</td>
<td>24</td>
</tr>
<tr>
<td>Archer Heights</td>
<td>13</td>
</tr>
<tr>
<td>Gage Park</td>
<td>12</td>
</tr>
<tr>
<td>Brighton Park</td>
<td>11</td>
</tr>
<tr>
<td>West Lawn</td>
<td>9</td>
</tr>
<tr>
<td>West Elsdon</td>
<td>4</td>
</tr>
</tbody>
</table>

**U.S. (5) Chicago (15)**
Hospitalization and ED Admissions

Like information about what people die from, hospitalization and Emergency Department (ED) admissions data help us to understand the burden of specific diseases and conditions for different groups of people. This data is available by zip code rather than community area. We present here several of the top hospitalization and ED admissions for the HCH PSA, which includes 4 zip codes (60620, 60629, 60632, and 60636).

Adult Asthma Hospitalization and ED Admissions

Asthma is one of the leading causes of hospitalization in the HCH PSA and is also considered an ambulatory care sensitive condition (ACSC), which means it is potentially preventable with proper outpatient care. Within the four HCH PSA zip codes, 60636 and 60620, roughly corresponding with West Englewood and Auburn Gresham, have the highest burden of asthma ED admissions and hospitalizations (Figures 17 and 18). The hospitalization rate for zip code 60636 was three times higher than the rate for the city overall.

Adult Chronic Obstructive Pulmonary Disease (COPD) Hospitalization and ED Admissions

COPD is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing. COPD is a major cause of death and illness in the U.S. It presents exacerbations that often lead to ED and hospital admissions. Chicago as a whole has lower rates than the nation for COPD hospitalization and ED admission. However, the zip code 60636, roughly corresponding with West Englewood, has COPD hospitalization and ED admissions higher than the city and national rates (Figures 19 and 20).
Adult Heart Disease Hospitalization and ED Admissions

There are substantial disparities within the HCH PSA for heart disease hospitalization and ED admissions. Zip code 60636 has a heart disease hospitalization rate (Figure 21) and ED admission rate (Figure 22) that is more than double that of zip code 60632.

![Figure 21. Adult Heart Disease Hospitalization Rate](image1)

![Figure 22. Adult Heart Disease ED Admissions Rate](image2)

Adult Diabetes Hospitalization and ED Admissions

The zip codes 60636 and 60620, roughly corresponding with West Englewood and Auburn Gresham, have much higher than national or city average hospitalization and ED admission rates for diabetes. West Englewood’s diabetes hospitalization and ED admissions rate is over double that of Chicago as a whole (Figures 23 and 24).

![Figure 23. Diabetes Hospitalization Rate](image3)

![Figure 24. Diabetes ED Admissions Rate](image4)
**Adult Stroke Hospitalization and ED Admissions**

As previously mentioned, five of the communities we serve have higher than average stroke mortality rates, with Chicago Lawn and West Englewood having particularly high rates of death from stroke. The zip code 60636 has a much higher than city average for both stroke hospitalization and ED admissions (Figures 25 and 26).

**Adult Mental Illness Hospitalization and ED Admissions**

Mental illness is a serious concern that severely impacts the safety and quality of life of community members experiencing these conditions. All but one of our zip codes has a mental health hospitalization rate dramatically higher than the national rate, and two of our zip codes, 60636 and 60626 have rates much higher than the city (Figures 26 and 27). The overall mental illness ED visit rate data for the US was not available, but the data available shows that the same two zip codes have ED admissions rates much higher than the city. Mental health hospitalization and ED admissions for the zip code 60636, roughly corresponding with West Englewood, were more than double the city rate.
**Adult Serious Mental Illness ED Admissions**

Mental illness ED admissions are designated as serious when related to psychoses including schizophrenic disorders, affective psychoses (including manic, major depressive and bipolar), paranoid states, and nonorganic psychoses. All zip codes in our service have higher rates of serious mental illness ED admissions compared to the US as a whole (Figure 28). The zip code 60636 had a serious mental illness ED admissions rate more than twice as high as Chicago as a whole.

![Figure 28. Serious Mental Health ED Admissions Rate](image)

**Adult Alcohol/Drug Abuse Hospitalization and ED Admissions**

The zip code 60636 had a drug and alcohol hospitalization rate 2.5 times higher than that of the city as a whole, and had far more ED admissions than neighboring communities or the city overall (Figures 29 and 30).

![Figure 29. Drug/Alcohol Hospitalization Rate](image)  ![Figure 30. Drug/Alcohol ED Admissions Rate](image)
Community Input

Importance of Community Input

Holy Cross Hospital is invested in developing strong partnerships with its surrounding community and community-based organizations. Hearing from community members on their lived experience and their perspectives on the issues that most impact their health and quality of life is critically important in helping us to construct an understanding of community health and to create a plan to improve it.

The topics below describe some of the key issues we heard in our focus groups with community members and leaders.

Concerns

Barriers to Health
Community members described many barriers to staying healthy, including access to healthy food, health insurance, and access to culturally and linguistically competent health care. They also reported a desire for more health information, particularly reproductive health information for youth, and for more opportunities to exercise, like community fitness classes.

Community members also reported that low self-esteem is a problem in their communities, particularly for youth. They expressed a desire for more programming for youth, and for support for parents to help them recognize signs of depression among their children.

Top Health Issues Impacting the Communities Holy Cross Serves

Diabetes
In every Holy Cross Hospital focus group, diabetes was the top health concern cited by community members. Every focus group participant either had diabetes or knew someone in their community who was diabetic. Community members reported that diabetes is caused primarily by poor diet, and noted that the greatest barrier to preventing and addressing diabetes is the lack of access to healthy food. Community members reported that healthy foods are often prohibitively expensive, and they often have to travel outside of their neighborhoods to access fresh produce. Furthermore, while community members recognized that diabetes can be managed with diet, exercise, and regular medical care, they noted that financial constraints often forced a choice between medications and food.

How Holy Cross Can Help
Community members identified the need for local farmer’s markets with reasonably priced produce, as well as pamphlets that explain how to manage diabetes on a budget. Spanish-speaking community members reported a desire for cooking classes and fitness classes like Zumba, both instructed in Spanish.

**Depression and Mental Illness**
Mental and behavioral health issues were the next most commonly cited health concern among community focus groups, with depression being the most frequently mentioned in this category. Community members identified many causes of depression and mental illness, from work and family stress to exposure to trauma and violence. They also explained that one of the most challenging aspects of mental illness is the stigma and lack of cultural acceptance of these conditions.

*How Holy Cross Can Help*
Community members identified the need for more behavioral health resources in the community, including support groups and culturally competent care. Community members reported that many people look to the faith community in times of emotional crisis, so churches and mosques are important partners to involve in supporting mental and behavioral health. Additional community education is needed to reduce the stigma of mental and behavioral health issues so people are not too afraid to seek help. Holy Cross offers many mental health resources to the community, including by working with Esperanza Clinic to offer mental health counseling for children and by using Holy Cross Spanish interpreters. Holy Cross, in collaboration with Catholic Charities, will also be opening a mental health center at St. Casimir across the street from the hospital, through the Under the Rainbow program. Holy Cross has also offered community education events on depression, grief, and separation, hosted at St. Gall, targeted to the Spanish-speaking community.

**Asthma**
Asthma was the third most frequently cited health issue affecting the communities Holy Cross serves. Community members reported an understanding of many of the factors that contribute to asthma, including pollution, secondhand smoke, exposure to mold and old housing stock, and stress.

*How Holy Cross Can Help*
Community members reported that they would like to see an asthma class offered to youth in the community to teach them how to manage their asthma effectively. The class could teach young people to recognize their asthma triggers, how to properly take controller and rescue medications, and what to do in the event of an asthma episode.

**Cancer**
Cancer was also a commonly raised concern among community members. Many community members had a loved one or neighbor with cancer. Community members reported that the greatest barrier the community experiences related to cancer is accessing care in a timely manner so cancer is detected early.

*How Holy Cross Can Help*

Community members reported that the hospital could help the community address cancer by communicating the importance of early detection and making cancer screenings widely accessible.

**Community Themes and Strengths**

Community leaders from organizations across the areas Holy Cross serves gathered to discuss some of the most important themes and forces they see in their communities.

**Growth in the Latino Community**

Community leaders serving the Latino community reported an increasing Latino presence in Southwest Chicago. This trend is driven partially by the gentrification occurring in traditional Latino communities like Pilsen and Little Village, leading Latino families to move further southwest. The challenge associated with the demographic shift is that the infrastructure to serve this population is still located in Pilsen and Little Village, even though the Latino population is beginning to decline in those areas. It will take time for supportive services, such as bilingual health clinics and social service agencies, to build infrastructure in the areas where the Latino population is growing. Building such infrastructure is particularly necessary to serve the undocumented population living in the shadows. Undocumented individuals do not qualify for many services that would be available for other community members, so they rely on trusted community organizations for services and support. A strength associated with this trend is that Latino families are bringing new small businesses to the area and promoting local economic growth.

**Housing and Land Use**

Southwest Chicago was strongly affected by the recession and housing crisis, resulting in many families facing foreclosures. The high foreclosure rate negatively impacts neighborhood stability. The Southwest Organizing Project (SWOP) has been very active in investing in strengthening housing in the Chicago Lawn community. One community leader reported that SWOP’s work saved more than 600 families in the communities from foreclosure. SWOP has also purchased affordable housing units to rent to families so they can stay in the community.

Another community leader mentioned that there are many empty lots and buildings in the communities around Holy Cross, but these spaces can be reframed as assets and opportunities for further development. Vacant lots can be used to create community gardens and other outdoor gathering spaces, and empty buildings can be repurposed to accommodate new businesses.
Improving Schools and Increased Educational Opportunities
Local organizations have invested a lot of resources into strengthening local schools around the community. Community leaders reported that Elevate programming at Merrill Elementary and GEAR UP at Gage Park High School have strengthened the schools, improved educational outcomes, and increased parent engagement. Community leaders also emphasized the importance of making schools hubs for services, to improve access to health care and mental health services, community programming, and other services for local families.

Lack of Opportunities for Young Men
Community leaders expressed concern that young men in the community are a vulnerable, underserved population facing a lack of employment and recreational opportunities. This contributes to negative outcomes, such as violence, crime, mental and behavioral health issues, and a sense of hopelessness. Community leaders emphasized the need for more investment in positive youth development among this population.

Persistent Violence
Community leaders emphasized the important role that violence plays in shaping community wellbeing. Many reported not feeling safe outside, and not feeling comfortable having their children play outside. One parent whose child was the victim of a shooting discussed the traumatic impact it had on the family. While community-based organizations are doing a good job investing in the area and strengthening neighborhoods to make them safer and more prosperous, addressing violence is an ongoing struggle in the area, and has negative implications for physical and mental health and social wellbeing.

Mental and Behavioral Health
Mental and behavioral health are among the foremost challenges facing the communities around Holy Cross. Community leaders reported that youth are particularly vulnerable, partially as a result of exposure to trauma and violence. They reported an increasing trend of suicide and self-harm among youth, and emphasized the importance of educating parents on how to recognize mental and behavioral health issues, and making them aware of available resources. One of the greatest challenges regarding this issue is the stigma and fear families feel about talking about mental and behavioral health, so addressing these fears is an important first step in improving psychosocial wellbeing in the community.

Re-Entry Support for Formerly Incarcerated Individuals
Community leaders reported that formerly incarcerated individuals returning to the community after prison are a vulnerable population with high levels of unmet need. The re-entry population can face challenges finding employment and housing, so organizations need to ensure that supports are in place to assist them. Leaders also identified the need for anger and stress management support groups for people struggling to re-enter after prison. Above all, it was emphasized that this population needs to be framed as a community asset rather than as a deficit.
**Chronic Disease**
There is a high burden of uncontrolled chronic disease in the communities around Holy Cross, particularly diabetes and high blood pressure. There are community initiatives to improve food access, including community gardens and an IMAN Sunday morning produce market, as well as some cooking classes, but more resources are needed to successfully address chronic disease. Community leaders connected neighborhood violence to the lack of physical activity in the community, and reported the need for fitness classes and indoor recreation opportunities.

**Reproductive Health Needs**
Community leaders reported that reproductive health is an unmet need. Sex education and access to contraception are needed for young people in the community, and better outreach to pregnant women is needed to ensure access and connection to prenatal care and postpartum services.

**Community Diversity in Chicago Lawn**
One of the most unique features of the Chicago Lawn neighborhood is the high level of both ethnic and religious diversity present in the community. Community leaders reported that organizations across racial and religious lines have strong, cohesive partnerships, which is a tremendous community asset.

**Opportunities to Further Strengthen the Community**

Community leaders identified the following opportunities to further strengthen the communities Holy Cross serves:

**Community Resource Directory & Community Member Blog**
Community leaders reported that the biggest barrier to connecting residents to services is not knowing who they refer to. They identified the need for a community services directory, available both in paper and online, that is updated regularly and that community-based organizations can access to document all of the services and resources available across partner organizations. One community leader reported that Imagine Englewood if... created a community resource map to document neighborhood assets and services, which could serve as a good starting point or model for the broader Southwest Chicago community.

Community leaders also shared that a blog or Facebook page targeted to community members could be used to share messaging about community events, opportunities, and services.

**Mental Health Community Health Workers (CHWs)**
Community leaders reported that CHWs serving Mount Sinai communities are an important asset that should be made available to communities in Southwest Chicago as well. They
emphasized the need for mental health CHWs in particular, who could educate the community about mental and behavioral health resources in a culturally competent way.

**Programming to Support Healthy Eating and Active Living**
Given the high burden of chronic disease present in the communities around Holy Cross, more programming is needed to support healthy behaviors, including diabetes education, cooking and nutrition classes, and fitness classes.

**Restorative Justice**
Community leaders reported that restorative justice efforts have a growing presence in the community, and emphasized that such efforts should be strengthened and expanded to promote community healing, safety, and wellbeing.

**Opportunities to Improve Patient Experiences at Holy Cross**
Community leaders acknowledged the important role Holy Cross Hospital plays as a community resource and institution and partner in health promotion. They suggested that Holy Cross could further improve its services to patients by providing follow-up calls following ED discharge to monitor patient outcomes and ensure proper referral and linkage to follow-up care. They also reported that many community members feel more comfortable going to Mount Sinai Hospital because they perceive it as more user-friendly to immigrants, and easier to navigate culturally and linguistically. Improving the ease of service navigation at Holy Cross would help support a positive patient experience there.

**Community Resources**
Community members and leaders described some of the many rich assets that exist in the communities around Holy Cross:

**Community Development**

**Inner-city Muslim Action Network**
IMAN is a community-based organization that provides health services and community development programming to the Chicago Lawn community.

**Greater Southwest Development Corporation**
GSDC does economic development work in Chicago Lawn to promote the growth of small businesses in the community, and manages subsidized housing for community members.

**Teamwork Englewood**
Teamwork Englewood is a convening organization serving Englewood and West Englewood, dedicated to improving quality of life through safety, health economic development, and youth development issues.

Aldermanic Offices
Holy Cross Hospital is actively engaged in community development across the primary service area and with five aldermanic offices and districts.

The Southwest Organizing Project
SWOP serves more than 3,000 families, and works on economic development, education, immigration, health, housing, and antiviolence in the Chicago Lawn community.

Social Services

Catholic Charities
Catholic Charities provides community services including immigration services, early childhood education, substance abuse assistance, and counseling.

Metropolitan Family Services
Metropolitan Family Services provides human services, counseling and legal services to empower Chicago families. Metropolitan Family Service recently partnered with the Greater Southwest Development Corporation and WINGS (Women in Need Growing Stronger) to establish a domestic violence shelter in Chicago Lawn. The shelter will have 40 beds and is expected to serve 100 families within the first year.

St. Gall Catholic Church
St. Gall Catholic Church offers a food pantry, ESL classes, and many other social services to the Chicago Lawn community, including a domestic violence support group, and family and youth programs. St. Gall also houses the southwest chapter of Catholic Charities.

Education

Marquette School of Excellence
Marquette School of Excellence is a CPS charter elementary school serving 1250 children and their families. Their school-based health center provides primary health care and health education services to students and their families.

Maria Kaupas Center
Maria Kaupas Center is a Catholic organization dedicated to education, leadership and community building, and safe afterschool programming for the students of Catalyst-Maria School.
Morrill Elementary
Morrill Elementary is a CPS elementary school in Chicago Lawn that serves 830 students and their families, and offers important community resources, such as a community garden.

Health Services

Esperanza Health Center
Esperanza is a Federally Qualified Health Center that operates a school-based clinic at the Marquette School of Excellence. The Clinic provides primary care and behavioral health services to 20,000 patients annually, and offers educational programming for diabetes, breastfeeding, and other community health issues.

Access Community Health Network
Access Community Health Network is a system of Federally Qualified Health Centers with several locations throughout the Holy Cross service area.

IMAN Community Health Center
IMAN Community Health Center is a free clinic that provides primary health care services to the uninsured population on the southwest side.

Parish Nurse Outreach

The following churches offer parish nursing services to community members on the southwest side:
- St. Rita Cascia
- St. Nicholas of Tolentine
- Queen of the Universe
- Nativity of the Blessed Virgin Mary
2016 Holy Cross Hospital Community Health Priorities

Based on epidemiological data and input from community members on the most important health issues, Holy Cross Hospital will focus on the follow priorities for the next three years:

- **Chronic Disease**
  - Diabetes
  - Hypertension
  - Asthma

- **Mental & Behavioral Health**

- **Violence**

- **Cancer**