Schwab Rehabilitation
2019 Community Health Needs Assessment
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This year, Sinai Health System (SHS) celebrates 100 years of serving our community. Reflecting on this history, we are pleased to release our 2019 Community Health Needs Assessment, which outlines our priorities for improving community health in the coming years.

SHS is a safety net health care system on Chicago’s West and Southwest Sides that provides services to all, regardless of insurance or citizenship status. Our hospitals – Mount Sinai Hospital (MSH), Sinai Children’s Hospital (within MSH), Holy Cross Hospital, and Schwab Rehabilitation – as well as our system entities, Sinai Medical Group, Sinai Community Institute, and Sinai Urban Health Institute – are committed to improving the health of the individuals and communities that we serve.

The SHS service area largely comprises communities of color that face historic disinvestment and marginalization, oftentimes due to racist policies and practices. This history has resulted in staggering differences in health between the communities we serve and our well-resourced neighbors. As a longstanding health care system, we also understand the incredible resilience of the people and organizations within our communities.

We know that despite the immense challenges, these groups continue to address housing and economic inequities, mend the fractures, and grow their communities in an effort to make them whole, thriving places of wellness, where everyone has the opportunity to flourish.

The following report highlights the many challenges faced within our communities. Tackling these challenges and pursuing wellness for all is not an easy task, but our system has pursued this endeavor alongside our community partners for the past 100 years. Looking forward, we reiterate our commitment to this effort, and strive to strengthen our work to build thriving communities and individuals.

We see this Community Health Needs Assessment and subsequent Community Health Improvement Plan as our commitment to work with community residents and organizations as resilient partners, fighting back against injustices which threaten the overall wellbeing of those we serve. We focus this assessment and our improvement plan around treating the whole person, across the whole lifespan, within whole communities. We focus on the whole because no one can reach complete wellbeing if we only treat one part. As we work to pursue this wholeness, we also recognize that our City too must be made whole. Chicago cannot flourish and thrive when many of its communities are left out.

When we treat the whole person, we not only consider their physical wellness and absence of disease, but also their psychological, social, and spiritual wellbeing. When we provide care across the whole lifespan, we consider unique approaches to addressing health issues from 1
infancy to adolescence to middle age to seniorhood. Underlying these efforts is our commitment to working with residents and local partners to build whole communities – to find innovative and multi-faceted solutions that end community violence, to ensure that affordable and nutritious food is accessible to all, to dismantle unjust policies that disproportionately incarcerate fathers, brothers, and sons.

The CHNA is our first step to identifying the ways we seek to treat the whole person, across the whole lifespan, within whole communities. While the challenges are great, we will not stand down in this time of need. We will work alongside our communities to treat, heal, grow, and ensure that all are made whole, and that all can thrive in wellness.

To achieve these aims, we will focus our efforts in five key areas. First and foremost, we will leverage our community and professional partnerships to collaboratively address the social determinants of health, such as financial security and economic opportunity, healthy food access and affordability, and freedom from injustice. Second and related to our first aim, we will seek out multi-sector solutions that create safe communities, free from violence, and also address the trauma caused by past violence. Third, we will ensure that quality, age- and ability-appropriate health care is accessible to all, regardless of race, ethnicity, zip code, income, involvement with the justice system, gender identity, sexual orientation, or citizenship status. Fourth, we will work to prevent the onset of infectious and chronic disease, and provide excellence in care when community members fall ill. Fifth, we will ensure we treat the whole person by focusing on mental health and substance use disorders, providing timely and culturally sensitive care to those in need.

It is with these priorities in mind that we will enter the coming years, dedicated to pursuing community wellbeing and wholeness. We would like to acknowledge and thank each and every contributor to the development of these priorities. In particular, we would like to thank Sinai leadership and caregivers as well as the Alliance for Health Equity. Most importantly, we thank the community members themselves. It is to you that we dedicate this Community Health Needs Assessment and subsequent Community Health Improvement Plan. Without you, Sinai Health System would not be here. It is our great honor to serve you and stand alongside you in the fight for a better, more just future.

Karen Teitelbaum
President and Chief Executive Officer of Sinai Health System
Sinai Health System

Sinai Health System (SHS) is a safety net health care system that provides services to all, regardless of insurance or citizenship status. Founded 100 years ago on the West and Southwest Sides of Chicago, SHS originally provided care to Eastern European Jewish immigrants. Today we serve predominantly Non-Hispanic Black and Hispanic/Latinx communities. As a national model of an urban health care delivery system, SHS is devoted to making a positive difference in the lives of the people in the communities we serve.

Mission, Vision, and Values

The mission, vision, and values of SHS guide our work to provide care and services to diverse communities and to improve overall health and wellbeing.

Mission

To improve the health of the individuals and communities we serve.

Vision

Sinai Health System will become the national model for the delivery of urban health care.

Values

Respect – We will create an atmosphere of mutual respect and fairness, treating each person with dignity that recognizes each individual’s unique talents and contributions.

Integrity – We will hold ourselves accountable for our actions and be honest and ethical in all our dealings.

Quality – We will continuously improve our services as measured by the best practices in the industry.

Teamwork – We will celebrate the opportunity to come together as caregivers in an inclusive workplace where diversity and open communication are valued.

Safety – We will foster an environment that focuses on protecting our patients, visitors, and caregivers from harm or injury.
Sinai Health System Member Institutions

SHS comprises seven member institutions: Mount Sinai Hospital (MSH), Holy Cross Hospital (HCH), Schwab Rehabilitation (Schwab), Sinai Children’s Hospital (SCH), Sinai Community Institute (SCI), Sinai Medical Group (SMG), and Sinai Urban Health Institute (SUHI).

Our member institutions provide a full range of high quality outpatient and inpatient services, and a variety of innovative, community- and data-driven health, research, and social service programs. SHS caregivers deliver a wealth of knowledge, expertise, and passion to improve the lives of the more than 1.5 million people living in our diverse service area and are dedicated to building stronger, healthier communities.

Mount Sinai Hospital
Located on Chicago’s West Side, MSH has 288 licensed beds and provides an array of medical, surgical, pharmaceutical, behavioral health, and diagnostic services. MSH is a level 1 trauma center and provides care to 44,000 emergency department and 2,400 trauma patients annually. As a teaching hospital, MSH trains more than 700 health care professionals each year. MSH is accredited by the Joint Commission and received the Joint Commission’s “Gold Seal of Approval.”

Holy Cross Hospital
Joining SHS in 2012, HCH is a 264-licensed bed community hospital located on Chicago’s Southwest Side. HCH receives more ambulance visits than any other hospital in Illinois. In 2017, HCH saw more than 48,000 emergency department visits and 9,500 hospital admissions. HCH is accredited by the Health Facilities Accreditation Program and is Primary Stroke Certified.

Schwab Rehabilitation
Located on Chicago’s West Side, Schwab provides comprehensive inpatient and outpatient rehabilitation services to adults and children and is one of only two free-standing rehabilitation hospitals in Chicago. Schwab offers a unique environment that features 102 licensed beds, 7 treatment gyms with state-of-the-art equipment, and an award-winning therapeutic rooftop garden. Schwab maintains community affiliations with the University of Chicago Pritzker School of Medicine and the University of Illinois. In 2017, Schwab was ranked 11 of 84 hospitals for its residency program in physical medicine and rehabilitation by Doximity (an online professional network for U.S. physicians). It is accredited by the Joint Commission, with its teaching program accredited by the Accreditation Council for Graduate School Medicine.
Patient services include: general rehabilitation, kids rehabilitation, orthotics and prosthetics, pain management, spinal cord injury, stroke, and a sub-acute care center. Levels of care include: inpatient acute rehabilitation, sub-acute rehabilitation, and specialized physician clinics and therapy services.

**Sinai Children’s Hospital**
Located in MSH on Chicago's West Side, SCH provides the highest level of neonatal care (level III neonatal intensive care unit). SCH offers an array of outpatient pediatric care, including specialties such as pediatric surgery and anesthesiology, gastroenterology, hematology, endocrinology, and neurology. Other pediatric specialties include cardiology, infectious disease, and neonatology. SCH also offers a variety of support services, such as HIV/AIDS programming and pediatric weight management.

**Sinai Community Institute**
SCI provides comprehensive and individualized health and human services to address social and economic barriers to health. SCI’s portfolio includes a variety of programs that serve over 14,000 clients of all ages each year. Programs include Workforce Development, Sinai Technology Center, Sinai Adult Protective Services, Early Childhood Development Program, and Learn Together Afterschool Program.

**Sinai Medical Group**
SMG comprises 18 clinical sites located on Chicago’s West and Southwest Sides. SMG has more than 300 health care providers dedicated to offering high quality primary care and specialty care across 40 specialties.

**Sinai Urban Health Institute**
SUHI is the nationally-recognized community research center of SHS. With its epidemiologists, public health professionals, and community health workers, SUHI is devoted to improving health through community partnership, data-driven research, and health interventions. From its Community Health Survey to its community health worker model, SUHI works on an array of research projects that are emulated across the country.

**Schwab Rehabilitation Community Benefits**
In 2018, Schwab provided $1.1 million in community benefits, including charity care (free care based on family size, income, and other criteria), community health services, education, and coverage for bad debts. Charity care comprised $0.9 million of total community benefits. These benefits provide support to community programs and initiatives that improve overall community health.
Alliance for Health Equity

The Alliance for Health Equity (Alliance) is a collaboration of 37 hospitals, 3 health departments, and community-based organizations working to improve health equity, wellness, and quality of life across 77 Chicago community areas and 125 Cook County suburban municipalities. The Illinois Public Health Institute (IPHI) serves as the Alliance’s backbone organization. The purpose of the Alliance is to improve population and community health by: 1) promoting health equity; 2) supporting capacity building, shared learning, and connecting local initiatives; 3) addressing social and structural determinants of health; 4) developing broad city- and county-wide initiatives and creating systems; 5) engaging community partners and working collaboratively with community leaders; 6) developing data systems to support shared impact measurement and community assessment; and 7) collaborating on population health policy and advocacy.

As part of its work to improve community health, the Alliance conducts a collaborative county and citywide Community Health Needs Assessment (CHNA). The 2019 CHNA is the second consecutive collaborative CHNA in Cook County and Chicago, and was intentionally built on the success of previous efforts, including the 2016 collaborative CHNA, Healthy Chicago 2.0 (2016), and Cook County WePLAN (2016). The Alliance worked closely with its Steering Committee and the City and County health departments to compile, design, and create the CHNA to meet regulatory requirements for nonprofit hospitals.

Alliance for Health Equity Structure and Shared Leadership

The Alliance convenes a Steering Committee and several workgroups and committees working on implementation approaches to address community health priorities (see Figure 1 in the Alliance Collaborative CHNA Report at allhealthequity.org/2019-chna-reports/). Sinai Health System (SHS) is an active member of the Alliance, with hospital representatives across workgroups and committees, most notably the Steering Committee, Policy Committee, and CHNA Committee. Through this membership, SHS contributors collaborated with Alliance partners to: 1) design, implement, and guide the CHNA approach; 2) identify, interpret, assess, and analyze primary and secondary data; and 3) identify, review, and prioritize community health issues. Participating in the Alliance’s collaborative CHNA was critical to the determination of Schwab Rehabilitation’s (Schwab) own health priorities.

Collaborative Assessment Model and Process

The Alliance worked with its Steering and CHNA Committees to design and facilitate a collaborative, community-engaged CHNA between March 2018 and March 2019. Engagement from community members across diverse social and economic backgrounds and multi-sector community-based organizations was prioritized as a crucial aspect of the assessment and implementation processes. Details regarding the Alliance’s approach are outlined in the Alliance Collaborative CHNA Report located at allhealthequity.org/2019-chna-reports/. In short, the Alliance adapted the Mobilizing for Action through Planning and Partnerships framework.
CHNA Methodology

Primary and Secondary Data Collection – Alliance Collaborative CHNA Report

The Alliance collected primary data via four methods: 1) a 16-question community input survey administered to over 5,900 adults aged 18 and over; 2) 27 community resident focus groups and 22 learning map sessions; 3) three health care and social service provider focus groups; and, 4) two stakeholder assessments (Forces of Change and Health Equity Capacity Assessments) led by partner health departments.

Alliance partners and stakeholders identified, gathered, and analyzed secondary data from a variety of sources. The data was organized into six categories: social and structural determinants of health, physical environment, health behaviors, health care and clinical care, behavioral health (mental health and substance use disorders), and health outcomes (birth outcomes, morbidity, and mortality).

For complete information about the Alliance, the collaborative CHNA process, and data collection, see the Collaborative CHNA Report at allhealthequity.org/2019-chna-reports/.

Schwab Rehabilitation CHNA Methodology

To understand the health of the communities served by Schwab Rehabilitation (Schwab), we leveraged the primary and secondary data gathered by the Alliance and its partners as well as data from Schwab’s 2016 CHNA. We compiled data at the community area level to assess the unique health needs of the diverse populations living in Schwab’s service area.

SHS CHNA Oversight

A Sinai Health System (SHS) Executive Advisory Board comprising 11 members of SHS leadership oversaw the hospital-specific CHNAs, ongoing system-wide CHNA activities and priorities, and the strategic approach for developing the subsequent Community Health Improvement Plan (CHIP). The Executive Advisory Board met to confirm the health priorities resulting from this CHNA in June 2019.

The Executive Advisory Board includes: Dr. Airica Steed, Executive Vice President and Chief Operating Officer; Laurie Hernandez, SHS Board of Directors; Roberta Rakove, Senior Vice President of Government Affairs; Dr. Sharon Homan, President of Sinai Urban Health Institute; Dan Regan, Director of Communications and Public Relations; Dr. Michelle Gittler, Director of Schwab Rehabilitation; Sallie Hazelrigg, Chief Development Officer; Dr. Maria Iliescu, Chief Medical Officer; Karen Janousek, Chief Population and Growth Officer; Edward Carne, President of Sinai Medical Group; and, Debra Wesley, President of Sinai Community Institute.

In addition, we convened three Hospital CHNA Committees (one each for Holy Cross Hospital, Mount Sinai Hospital, and Schwab) to provide specific guidance on the development of hospital
priorities. The Hospital CHNA Committees each convened once during the development of the CHNA and reviewed and ranked health needs by priority for each hospital using a multi-voting approach. The committees included about 10 caregivers (i.e., staff members), with at least one hospital representative who leads community engagement efforts.

Schwab’s CHNA Committee representatives included: Mary Gollinger, Vice President of Schwab Rehabilitation; Dr. Ray Lee, Director of Spinal Cord Injury Program; Lana Janssen, Director of Nursing; Amy Dhanani, Director Rehabilitation Services; Juel Vonmoore-Amin, Nurse Manager; Julie Welsh, Manager of Quality and Accreditation; Shirley Copland, Manager of Rehabilitation Services; Laura Rodriguez, Infectious Disease Receptionist; and Claude Hall, Director of Grants and Strategy.

Health Need Identification and Prioritization

We identified a comprehensive list of health needs for Schwab’s service area by aligning priority health needs from the 2019 Alliance Collaborative CHNA Report with findings from Schwab’s 2016 CHNA report. The process for identifying priority health needs in the 2019 Alliance CHNA is outlined at allhealthequity.org/2019-chna-reports/.

The Schwab CHNA Committee prioritized the hospital’s health needs using a multi-voting approach and the following criteria: 1) the magnitude and seriousness of the health problem; 2) the reoccurrence of a health issue from Schwab’s 2016 CHNA; 3) the prioritization of health issues by community members (from community input data); and, 4) the changeability of the health problem. Using these criteria, Schwab’s CHNA Committee determined a list of health needs organized from highest to lowest priority. The outputs of this activity were reviewed with the SHS Executive Board, which finalized the health priorities highlighted in this CHNA report. A summary of each health need can be found in the Community Health Needs section.

Gaps in Data Collection and Challenges

Although we gathered extensive data and input from the communities we serve, there are some limitations and challenges to consider. First, there is often a lag in population health data availability, such as individual poverty rates. Therefore, many data within this report represent timeframes prior to 2019. In addition, we used data available at various geographic levels (e.g., census tract, zip code, community area). Doing so may make it difficult to compare indicators representing different geographic levels. Lastly, while the Alliance conducted various activities focused on collecting primary data from community members, it is important to note that qualitative data only reflects the viewpoints of those community members who attended and participated in community input surveys and focus groups.
Schwab Rehabilitation Progress Since 2016

Schwab Rehabilitation’s (Schwab) 2016 Community Health Needs Assessment (CHNA) prioritized three key areas over the past three years. While not comprehensive, the list below highlights key efforts taken by Schwab and Sinai Health System (SHS) since 2016 to improve community health. Activities focused on improving care for those suffering from disease as well as primary prevention.

Stroke

Chicago Quits

- In 2017, Sinai Urban Health Institute (SUHI) partnered with the Respiratory Health Association and the Chicago Department of Public Health (CDPH) as part of Chicago Quits, a program that aims to bring smoking cessation services to the Chicago communities most affected by tobacco use. As part of this initiative, SUHI is providing two programs: (1) the Courage to Quit Adult Smoking Cessation Program, an evidence-based tobacco treatment program providing information, support, and skills to help participants quit tobacco use; and (2) the Counsel to Quit Brief Clinical Tobacco Intervention, which aims to identify tobacco users, encourage them to quit, and provide referrals to tobacco cessation resources.

Development and Pilot of Complex Care Model

- In 2018, SUHI began an intervention for patients with complex medical and social needs, focusing on patients with multiple chronic health conditions. In the program, each patient is paired with a community health worker (CHW) who helps link them to appropriate health care services and connect them to programs and services that address social needs like housing, food access, and employment.

Occupational Therapy and Stroke

- To improve medication understanding and adherence, Schwab occupational therapists (OT) team up with physicians to determine patient discharge medications. The OTs then work with patients and family members to ensure that they understand how, why, and when to take different medications. The OTs use a variety of strategies to improve understanding so that patients can manage their medications at home. The program is particularly important among patients who face cognitive deficits.

Stroke Adjustment Groups

- Inpatient and outpatient stroke adjustment groups are available to Schwab patients that have suffered a stroke. The groups address many challenges that come with suffering a stroke, including emotional and relationship issues, coping skills, risk factors, and healthy lifestyles. A key program element is the peer mentor, a former Schwab stroke
patient that shares their recovery story. In addition, patients are able to access individual counseling.

**Diabetes**

*Controlling Hyperglycemia Among Minority Patients*

- In 2016, SUHI began recruiting diabetic patients from Mount Sinai Hospital (MSH), Holy Cross Hospital (HCH), and Sinai Medical Group (SMG) outpatient clinics to test whether providing them with diabetes-related text messages or home visits from a CHW in addition to usual care improved diabetes outcomes. At the end of the study, participants in the usual care group were more likely to have a higher (worse) HbA1c level than when they started than participants in the CHW group that completed all of the home visits. Participants in the CHW group were more likely than those in the text message group to be very satisfied with the program.

**Diabetes Education Classes**

- Sinai Community Institute (SCI) offers Diabetes Health Education and Lifestyle Program (HELP) to diabetic patients. As part of the program, patients receive education about: meal planning and lifestyle changes; medications and how to use them; and preventing complications. Patients are also invited to schedule individual consultations with a registered dietician or nurse.

**Diabetes Prevention Program Implementation**

- In 2018, SUHI, in partnership with CDPH and the Illinois Public Health Institute (IPHI), was funded by the Centers for Disease Control and Prevention (CDC) to develop the Chicago Collaboration to Advance Reach, Equity, and Systems (CARES) to Prevent Diabetes. As part of this project, SUHI will participate in a collaborative of health care providers, CHWs, researchers, and other experts working to reduce disparities in diabetes outcomes. In addition, SUHI’s CHWs were trained as Diabetes Prevention Program (DPP) lifestyle coaches in early 2019 to provide evidence-based lifestyle change support in SHS communities.

**Mobile Retinal Exam Program**

- Sinai’s Mobile Retinal Exam Program is available at a variety of SMG clinics every month. As part of the program, patients can receive their required annual diabetic eye exam sooner and without visiting a separate location. Photos taken at the mobile exam site are reviewed by ophthalmologists and patients are contacted for follow-up exams as necessary.

**Sinai Wearable Device Pilot**

- Early in 2018, SHS undertook a pilot quality improvement project at five SMG clinics that serve diabetic patients. Through the program, participants wore continuous glucose monitoring devices and reviewed readings with their provider. In addition, a CHW
completed two home visits and provided education and referrals to patients and their families to help manage their diabetes and social needs.

Violence

Chicago Gun Violence Research Collaborative

- The Chicago Gun Violence Research Collaborative (CGVRC) is a group of academic researchers, community groups, and other stakeholders originally convened in 2016 by SHS and IPHI in response to high levels of gun violence in Chicago. SHS, and specifically SUHI, led the first year of the CGVRC fellowship. During the fellowship, program graduate-level fellows worked on projects to identify the root causes and perceptions of gun violence and explored effective prevention strategies.

Domestic Violence Program

- Historically, Schwab has offered support services to people with disabilities that experience domestic violence. However, in 2017, the program was expanded to offer services to any domestic violence victims living in Cook County. The program offers counseling, support, advocacy, and education to clients referred from MSH’s emergency department, SCI, and other departments. In fiscal year 2018, the program served over 50 male and female adult clients ranging in age from 18 to over 60 years old and responded to numerous hotline calls for support, information, and referrals.

Exploring Non-Fatal Gun Violence at Mount Sinai Hospital and Schwab Rehabilitation

- In 2018, SUHI completed an in-depth study of gun violence at MSH and Schwab. The study sought to describe the extent of gun violence by looking beyond gun-related homicides and exploring non-fatal gun violence injuries. The project gathered data on the experiences of health care providers and patients that deal with gun violence and also examined demographic and injury-specific data on gun violence victims. Through these various data sources, the team was able to identify ways to improve care for gun violence victims across SHS.

Living Independently for Tomorrow

- In 2018, Schwab converted two hospital rooms into transitional living spaces for patients discharged from inpatient rehabilitation as part of the Living Independently for Tomorrow (LIFT) program. The program aims to improve the transition to home following spinal cord injuries. Patients are able to stay in the room with a caregiver for up to two weeks after their discharge so that they have time to develop self-care skills before they return home. During the two weeks, the patients and caregivers work with a Health Educator to develop skills for daily living, coordinate follow-up care, and obtain needed medical equipment.
Overarching Community Health Improvement

West Side United

- SHS is a member of West Side United (WSU), a collaborative of health systems and community partners working together to improve health on Chicago’s West Side. SHS is deeply involved in the WSU effort, with SHS personnel serving on the Executive Leadership Team, co-leading WSU’s overarching evaluation approach, and co-chairing WSU’s Maternal and Child Health committee. SHS also participates in WSU’s career pathways program, which provides training to SHS employees in entry-level positions to help them advance into higher paying, in-demand clinical positions.
Schwab Rehabilitation

Service Area

Schwab Rehabilitation (Schwab) is dedicated to providing care to all individuals, across all stages of life, living in socially and economically diverse communities on Chicago’s West, Southwest, and South sides. Schwab’s service area is defined as the largest 75% catchment area for all inpatient hospital discharges. Based on this definition, Schwab’s service area comprises 21 zip codes and 43 Chicago community areas (Figure 2). Figure 3 shows Schwab’s service area.

Figure 2. Schwab Rehabilitation service area zip codes and associated community areas

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Demographics

Schwab serves a diverse population of over 1.3 million people, 50% of Chicago’s total population. Importantly, Schwab provides care to an area of Chicago experiencing an overall population decrease, particularly among Non-Hispanic Black residents. Today, over 70% of the population in 38 of Schwab’s 43 community areas identify as people of color (Non-Hispanic Black, Hispanic/Latinx, and/or Non-Hispanic Asian/Pacific Islander). Of these 38 community areas, 21 are predominantly Non-Hispanic Black and 10 are predominantly Hispanic/Latinx (Figure 4). The proportion of foreign-born individuals in 14 of Schwab’s community areas is greater than that of the city (21%), which underlines the importance of Schwab addressing the unique needs of this group within its health improvement planning. Additionally, 26% of the population in Schwab’s service area is under the age of 18 and 11% is over the age of 65.

Figure 4. Race and ethnicity in Schwab Rehabilitation’s service area, by community area
Each community’s most common racial/ethnic group. If a race/ethnicity makes up 70% or more of a community, the community is shaded in a darker color.

Source: 2016, American Community Survey 5-Year Estimates
Overall Health

The populations served by Schwab reveal substantial disparities in life expectancy and overall health. Life expectancy at birth, in years, ranges from 67 (Fuller Park) to 82 (Hyde Park), compared to 77 in Chicago (Figure 5). Further, the proportion of residents reporting good, very good, or excellent overall health was lower in 23 Schwab community areas than in Chicago as a whole (2015-17, data unavailable for Oakland).

Figure 5. Life expectancy in Schwab Rehabilitation’s service area, by community area
Average life expectancy at birth in years.

Source: 2016, Illinois Department of Public Health, Division of Vital Records
Community Health Needs and Priorities

2019 Community Health Priorities

Schwab Rehabilitation’s (Schwab) 2019 health priorities were selected based on quantitative and qualitative data (see subsequent sections), as well as thoughtful consideration of Sinai Health System’s (SHS) entire service area. To achieve the SHS aim of treating the whole person, across the whole lifespan, within whole communities, the following five priorities were selected as key areas of focus for SHS and Schwab over the next three years:

- **Social Determinants of Health**: Social determinants include a broad range of factors that are not traditionally considered “health-related,” but are critically important to achieving optimal wellbeing. Social determinants of health include factors such as financial security and economic opportunity, healthy food access and affordability, and freedom from injustice.

- **Community Safety**: Communities and people cannot thrive while feeling unsafe in their neighborhoods. Within this priority, we will seek out multi-sector solutions that create safe communities, free from violence, and also address the trauma caused by past violence.

- **Health Care Accessibility and Use**: This priority focuses on access to quality primary and specialty care, as well as adequate insurance coverage. Within this aim, we will ensure that quality, age- and ability-appropriate health care is accessible to all, regardless of race, ethnicity, zip code, income, involvement with the justice system, gender identity, sexual orientation, or citizenship.

- **Chronic and Infectious Disease**: This priority area includes a focus on preventing and treating cardiometabolic disease (heart disease, stroke, and diabetes), cancer, and infectious disease (predominantly HIV and hepatitis).

- **Behavioral Health**: We cannot treat the whole person without addressing behavioral health. In this focus area, we will address the great burden of mental health and substance use disorders within our communities, providing timely and culturally sensitive care to those in need.

It is with these priorities in mind that SHS and Schwab enter the coming years, dedicated to pursuing community wellbeing and wholeness. For additional information on how the five priority areas were selected from this complete list of health needs, see the CHNA Methodology section.
Social and Structural Determinants of Health

Transportation and the Built Environment

People with limited mobility or special health care needs face a variety of challenges in navigating their homes, neighborhoods, and health care facilities, including a lack of transportation options.

Schwab Caregiver Insights: Although secondary data on this topic was unavailable, caregivers discussed a number of challenges that patients with limited mobility or special health care needs face when they return to their community from the hospital.

- Available **housing stock** may not be suitable to patient needs because of stairs or other features within the home, especially for those using mobility devices like wheelchairs.
- Finding a **suitable housing environment** for someone with special health care needs can be a challenge. Not just the home itself, but the neighborhood, transportation options, and sidewalks can create unnecessary barriers and challenges for those with limited mobility.
- Getting **accessible parking** can be a challenge and involve long wait times before a space is secured.
- A **lack of transportation** for those with limited mobility and/or special health care needs creates difficulties in meeting daily needs and accessing necessary medical care.
- Accessible **public transportation** options are limited, and patients’ ability to arrive at appointments is dependent on scheduled transportation arriving as planned.
- The **high demand for and the limited availability of services** like physical therapy means that patients that are late or miss their appointments due to transportation issues may be forced to wait for weeks or months before they can reschedule.
Educational Attainment

Twenty-seven of the 43 community areas in Schwab’s service area had lower high school graduation rates than Chicago as a whole (Figure 6), and 39 had lower college graduation rates than the city.

- The percent of the population aged 25 years or older without a high school diploma or equivalent ranged from 3% (Beverly, Hyde Park) to 50% (South Lawndale), compared to 16% in Chicago (Figure 6).
- The percent of the population aged 25 years or older with a bachelor’s degree or higher ranged from 5% (West Garfield Park) to 74% (Hyde Park), compared to 39% in Chicago (2012-16).

**Community Insights:** While some community survey participants said that education was a local strength, others expressed a need for improvement. Respondents identified good schools as one of the top 10 necessities for a healthy community.

“On the West Side, there isn’t much funding to create better opportunities like schools and jobs.”
Financial Instability

The unemployment rate in 41 of the 43 community areas in Schwab’s service area was higher than for Chicago as a whole (Figure 7). In addition, 39 community areas had lower median household incomes and 35 had higher poverty rates.

- **Unemployment rates** ranged from 7% (Beverly) to 35% (Englewood), compared to 8% in Chicago (Figure 7).
- **Median household income** ranged from $21,437 (Fuller Park) to $93,037 (Beverly), compared to $53,006 in Chicago (2012-16).
- **Individual poverty** (the proportion of the population living in households with incomes below the federal poverty level) ranged from 4% (Beverly) to 47% (West Garfield Park), compared to 19% in Chicago (2012-16).

**Figure 7. Unemployment rate in Schwab Rehabilitation’s service area, by community area**

Among civilian workforce aged 16 years or older.

Community Insights: Community survey respondents said that they would like to see more economic growth in their community and identified quality jobs as essential for a healthy community.

“I have to go out of my neighborhood to do anything. I don’t shop in my neighborhood. I don’t eat in my neighborhood.”

Schwab Caregiver Insights: Caregivers noted that unemployment rates are high among people with disabilities, so this is a particularly important issue for Schwab’s patient population.
Community Safety

Community violence, as measured by the violent crime rate, was higher in 27 of the 43 community areas in Schwab’s service area than Chicago as a whole (Figure 8). In addition, the proportion of adults who felt safe in their neighborhood was lower in 32 community areas than Chicago (data unavailable for Burnside).

- The violent crime rate (crime incidents reported to the Chicago Police Department relating to violence, including homicide, assault, robbery, and battery) per 100,000 total population ranged from 1,797 (Beverly) to 16,238 (Fuller Park), compared to 4,491 in Chicago (Figure 8).
- From 2015 to 2017, the percent of adults who reported that they felt safe in their neighborhood "all" or "most of the time" ranged from 43% (Washington Park) to 93% (Calumet Heights), compared to 78% in Chicago.

Community Insights: While some community survey participants felt safe in their community, violence was identified as the second most important community health problem (selected by 38% of respondents). Violence was also a priority in Schwab’s 2016 CHNA.

“My mom has been stuck up a couple times [while running] and she is scared. She saw a guy trying to hurt his girlfriend and she had to hide in a park bathroom and call the police.”

Schwab Caregiver Insights: Caregivers noted that violent crime and community safety are issues across Schwab’s service area, and are not just limited to any one population.
**Housing and Food Security**

The proportion of households facing severe housing cost burden was higher in 33 of the 43 Schwab community areas than in Chicago as a whole (Figure 9). Additionally, the proportion of residents with easy access to fruits and vegetables was lower in 31 of Schwab’s community areas compared to Chicago and 25 of Schwab’s community areas had higher rates of limited food access than the city.

- Across Schwab’s community areas, the proportion of **households with severe housing cost burden** (households spending 35% or more of income on housing) ranged from 19% (Beverly) to 56% (Englewood), compared to 36% in Chicago (Figure 9).
- From 2015 to 2017, the percent of adults who reported that they had **very easy access to fruits and vegetables** ranged from 46% (Burnside) to 87% (Beverly), compared to 69% in Chicago.
- In 2015, **limited food access** (individuals with an annual family income ≤200% of the federal poverty level for family size and who lived more than ½ mile from the nearest supermarket, supercenter, or large grocery store) ranged from 0% (Belmont Cragin, Gage Park, Hermosa, Kenwood, Lower West Side, Washington Park) to 57% (Fuller Park), compared to 9% in Chicago.

*Figure 9. Severe housing cost burden in Schwab Rehabilitation’s service area, by community area.*

35% or more of income on housing.
Community Insights: Survey participants said that affordable housing and access to everyday needs (e.g., grocery stores) are not community strengths. At the same time, respondents identified these as two of the top 10 necessities for a healthy community.

“We have food deserts in Chicago, and you go a long way before you find healthy food, but you find fast food like Burger King.”

Schwab Caregiver Insights: Schwab patients face many barriers to eating healthy, including finding transportation to stores with healthy options, and navigating grocery stores and home kitchens. Relatedly, accessible housing for people with disabilities is often unavailable.

Health Care Access and Use

Primary and Specialty Care Access

Of Schwab’s 43 community areas, 27 had a lower proportion of adults receiving needed clinical care than Chicago overall. Avoidable emergency department (ED) visits are those that are non-urgent or treatable in primary care settings (e.g., asthma flare-ups, diabetes, and congestive heart failure). These visits often suggest barriers to primary care. Nineteen of Schwab’s 21 zip codes had higher rates of avoidable ED visits than Chicago.

- From 2015 to 2017, the percent of adults who reported that they received a routine annual checkup with a doctor or health care provider ranged from 53% (West Elsdon) to 100% (Burnside), compared to 77% in Chicago.
- From 2015 to 2017, the percent of adults reporting that it was "usually" or "always" easy to get needed care, tests, or treatment through their health plan in the past year ranged from 41% (Washington Park) to 96% (Pullman), compared to 83% in Chicago.
- In 2017, the avoidable ED visit rate per 10,000 population ranged from 393 (60608) to 1,300 (60644), compared to 544 in Chicago.

Community Insights: Community survey respondents identified access to health care and mental health services as the most important factor for ensuring a healthy community (these factors were selected by 44% of respondents).

“I want to see the same services at County [another local safety-net hospital near Schwab] as Rush and Northwestern, the same medical benefit.”

Schwab Caregiver Insights: For people with disabilities, it can be difficult to find an office that is physically able to accommodate their needs. Many outpatient facilities across the city are not designed with accessibility in mind so clinics may not always have the necessary equipment to serve this population.
Insurance Coverage

Almost all of Schwab’s community areas (35 of 43) had higher percentages of uninsured individuals than Chicago as a whole (Figure 10).

- The percent of the population without health insurance coverage ranged from 4% (Beverly) to 29% (South Lawndale), compared to 10% in Chicago (Figure 10).

Community Insights: Many community survey respondents emphasized that improvements were needed in health care and health insurance access and quality.

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

Source: 2016, American Community Survey 5-Year Estimates
Improved Health and Health Equity

Cardiovascular Health

All of the community areas in Schwab’s service area had higher rates of heart disease mortality than Chicago as a whole (Figure 11). Further, the stroke mortality rate was higher than the city average in 29 Schwab community areas. Twenty-seven community areas had a higher proportion of residents diagnosed with high blood pressure (also known as hypertension) than Chicago. Thirty-four community areas had a higher prevalence of adult obesity, indicated by a BMI of 30 or greater as calculated from height and weight, than Chicago (data not available for Fuller Park and Burnside).

- The age-adjusted heart disease mortality rate per 100,000 total population ranged from 148 (South Lawndale) to 369 (Fuller Park), compared to 93 in Chicago (Figure 11).
- The age-adjusted stroke mortality rate per 100,000 total population ranged from 16 (Burnside) to 79 (Oakland), compared to 40 in Chicago (2012-16).
- From 2015 to 2017, the percent of adults who reported that a doctor, nurse, or other health professional had diagnosed them with high blood pressure (excluding borderline high, pre-hypertensive, or pregnancy-related hypertension) ranged from 16% (Archer Heights, West Elsdon) to 58% (Burnside), compared to 28% in Chicago.
- The prevalence of obesity among adults ranged from 12% (Hyde Park) to 60% (Archer Heights), compared to 31% in Chicago (2015-17).
Community Insights: Community survey participants identified heart disease and stroke as two of the top 10 most important community health problems. Additionally, stroke was a health priority in Schwab’s 2016 CHNA.

Schwab Caregiver Insights: Caregivers identified high levels of obesity in the community as a particular concern because of its relationship with cardiovascular disease and diabetes (below). They also noted that education is an important component of preventing outcomes like stroke. Schwab is working to provide education in the community about stroke prevention and to support families that have been affected by stroke.

Diabetes

Compared to Chicago as a whole, the proportion of adults diagnosed with diabetes was higher in 28 of Schwab’s 43 community areas (data unavailable for Burnside, Fuller Park, Hyde Park, McKinley Park, Washington Park, and West Elsdon). In addition, 36 Schwab community areas had higher diabetes-related mortality rates than Chicago and 19 of Schwab’s 21 zip codes had higher rates of adult diabetes-related hospitalizations (Figure 12).

- From 2015 to 2017, the percent of adults who reported that a doctor, nurse, or other health professional had diagnosed them with diabetes (excluding pre-diabetes or gestational diabetes) ranged from 6% (Near West Side, Brighton Park) to 28% (Pullman), compared to 9% in Chicago.
- The age-adjusted diabetes-related mortality rate per 100,000 total population ranged from 36 (Hyde Park) to 121 (Oakland), compared to 56 in Chicago (2012-16).
- The age-adjusted adult hospitalization rate due to diabetes per 10,000 population ranged from 22 (60615) to 60 (60621), compared to 26 in Chicago (Figure 12).
Community Insights: Almost half of community survey participants (46%) named diabetes as the top community health problem, making it the number one health issue as selected by community survey respondents. It was also a priority in Schwab’s 2016 CHNA.

“One of my concerns is that I have diabetes and so does my daughter. Sometimes when I get home, I make food and sometimes I just grab chicken. I hear some people meal prep. I leave home at 6 am and get home at 6 or 7 pm, it is hard for me.”

Schwab Caregiver Insights: Schwab sees many patients that have undergone amputations due to uncontrolled conditions like diabetes. Caregivers noted that some people may not be aware that their diabetes is worsening before they suffer a complication that requires hospitalization.
Behavioral Health (Including Mental Health and Substance Use)

Substantial variation was seen in the number of ED visits for mental health-related issues, such as anxiety or cognitive disorders, across Schwab’s service area (Figure 13). Additionally, ED visits for substance abuse-related issues, such as the use, abuse, and dependence of opioids, varied by a factor of 14 across Schwab’s service area zip codes. Ten of Schwab’s 43 community areas had higher drug-induced mortality rates than the city as a whole.

- Among adults, the age-adjusted **ED visit rate for mental health issues** per 10,000 population ranged from 60 (60632) to 262 (60621) (Figure 13) (data unavailable for Chicago).
- Among adults, the age-adjusted **ED visit rate for substance use-related issues** per 10,000 population ranged from 14 (60632) to 197 (60644) (2015-17, data unavailable for Chicago).
- The age-adjusted **drug-induced mortality rate** per 100,000 total population ranged from 7 (West Elsdon) to 55 (West Garfield Park), compared to 26 in Chicago (2012-16).

![Figure 13. Emergency department visits for mental health issues in Schwab Rehabilitation’s service area, by zip code](image)

Source: 2015-2017, Illinois Health and Hospital Association COMP Data

**Community Insights:** Community survey participants identified mental health (37%) and substance use (37%) as two of the top five community health problems.

“A lot of the facilities that cater to people with mental illness have been closed. You have to go to Oak Park or to the North Side to get care.”
**Schwab Caregiver Insights:** The adjustment to living with functional limitations after a stroke or a traumatic injury can be challenging for patients, which in turn can impact mental health. There can also be stigma associated with disabilities, which may contribute to mental health challenges.

**Injuries and Trauma**

Mortality rates due to accidents and injuries vary widely across Schwab’s community areas. Of Schwab’s 43 community areas, 26 had higher age-adjusted homicide rates and 24 had higher age-adjusted firearm-related homicide rates than Chicago.

- The age-adjusted *injury mortality rate* (death due to injury) per 100,000 total population ranged from 37 (Hyde Park) to 146 (West Garfield Park) (2012-16), compared to 75 in Chicago (2016).
- The age-adjusted *accident mortality rate* (death due to unintentional injury) per 100,000 total population ranged from 22 (Kenwood) to 82 (West Garfield Park) (2012-16), compared to 42 in Chicago (2016).
- The age-adjusted *homicide rate* per 100,000 total population ranged from 5 (McKinley Park) to 69 (West Englewood), compared to 27 in Chicago (2012-16).
- The age-adjusted *firearm-related homicide rate* per 100,000 total population ranged from 4 (West Lawn) to 60 (West Englewood), compared to 23 in Chicago (2012-16).
- 88% of non-fatal shootings in Chicago (crimes reported to the Chicago Police Department involving a firearm where the victim survived) occurred in Schwab community areas (2016).

**Schwab Caregiver Insights:** Many of Schwab’s patients come with spinal cord injuries, which raise specific health concerns:

- **Appropriate follow-up:** Follow-up is important for these patients, but when patients seek care at different facilities, continuity of care can be disjointed. The specialized care and understanding of their medical history might not always be available when a patient goes elsewhere for care.
- **Access to primary care:** It is important for patients to access regular primary care so that they can avoid using the emergency department for issues like urinary tract infections, which require special considerations for those with spinal cord injuries. Appropriate diagnosis and treatment is essential for preventing issues like drug resistance.

Caregivers also discussed the relationship between trauma and behavioral health.

“[We need to] address children who are going through all of this trauma. Schools need more resources or education for children. Give them someone to talk to if they feel unsafe. It is so prevalent now that our children are being traumatized.”
Community Assets

While facing many health challenges, the communities served by Schwab Rehabilitation are filled with resources that aim to improve wellbeing. The list below highlights various assets that can help strengthen Schwab’s efforts to address community health. Some organizations provide direct services or lead community development efforts, and some serve as institutional partners with Sinai Health System.

Health Services

**Hospitals**
- Advocate Health System
- Ann & Robert H. Lurie Children’s Hospital of Chicago
- Garfield Park Hospital
- Hartgrove Behavioral Health System
- Jackson Park Hospital
- Jesse Brown VA Medical Center
- John H. Stroger, Jr. Hospital of Cook County
- La Rabida Children’s Hospital
- The Loretto Hospital
- Provident Hospital of Cook County
- RML Specialty Hospital
- Roseland Community Hospital
- Rush University Medical Center
- Saint Anthony Hospital
- South Shore Hospital
- St. Bernard Hospital and Health Care Center
- The University of Chicago Medical Center
- The University of Illinois Hospital & Health Sciences System

**Federally Qualified Health Centers**
- Access Community Health Network
- Alivio Medical Center
- Aunt Martha’s Health and Wellness
- Beloved Community Family Wellness Center
- Chicago Family Health Center
- Christian Community Health Center
- Erie Family Health Center
- Esperanza Health Center
- Friend Family Health Center
- Heartland Health Outreach
- Howard Brown Health
- Inner City Muslim Action Network
- Lawndale Christian Health Center
- Mile Square Health Center
- Near North Health Service Corporation
- PCC Community Wellness Center
- Roseland Christian Health Ministries
- TCA Health

Social Services and Community Organizations

- Annie B. Jones (ABJ) Community Services
- Action Coalition of Englewood
- The Ark of St. Sabina
- Association House
- Breakthrough
- The Catholic Charities
- Centro Comunitario Juan Diego
- Chicago Children’s Advocacy Center
- Children’s Home & Aid
- Connections for Abused Women and their Children
- El Valor
- Enlace Chicago
- Erie Neighborhood House
- Family Focus
- Family Rescue
- Featherfist
- Firman Community Services
- Greater Chicago Food Depository
- Hope Organization
- I AM ABLE
- I Grow Chicago
- Illinois Action for Children
- Imagine Englewood if...
- Lakeside Community Committee
- Le Penseur Youth Services
- Marillac St. Vincent Family Services
- Metropolitan Family Services
- Metropolitan Tenants Organization
- Mujeres Latinas en Acción
- The Night Ministry
- Outreach Chicago
- The Port Ministries
- The Resurrection Project
- The Salvation Army
- SGA Youth and Family Services
- South Central Community Services
- Taller de Jose
- Taproots
- Treatment Alternatives for Safe Communities (TASC)
- Thresholds
Trauma Response and Intervention Movement (TRIM)
True to Life Foundation
UCAN
Union League Boys and Girls Clubs
Universal Family Connection
Upworld
Urban Youth Outreach
WIC Food Centers
Youth of Englewood

Education
Chicago Public Libraries
Chicago Public Schools
City Colleges of Chicago
DePaul University
Gary Comer Youth Center
Illinois Institute of Technology
Loyola University Chicago
Northwestern University
Rosalind Franklin University
University of Chicago
University of Illinois at Chicago

Community Development
Accion Chicago
AFC Community Development Corporation (CDC)
Austin Coming Together
Austin CDC
Brighton Park Neighborhood Network
Central Austin Neighborhood Association
Chicago Eco House
Greater Englewood Chamber of Commerce
Greater Englewood CDC
Greater Southwest Development Corporation
Growing Home
Hebron CDC
Hope Works CDC
Little Village Chamber of Commerce
Local Initiatives Support Corporation Chicago
Near West Side CDC
New Covenant CDC
North Lawndale Community Coordinating Council
North Lawndale Employment Network
People of Vision CDC
Quad Communities Development Corporation
Resident Association of Greater Englewood
Southwest Organizing Project
Spanish Coalition for Housing
St. Paul Community Development Ministries
Sustainable Englewood
Teamwork Englewood

West Humboldt Park Development Council
West Side Forward

Government and Other Partners
Alliance for Health Equity
Chicago Asthma Consortium
Chicago Department of Public Health
Chicago Hispanic Health Coalition
Chicago Metropolitan Agency for Planning
Cook County Department of Public Health
EverThrive Illinois
Health and Medicine Policy Research Group
Healthy Chicago Hospital Collaborative
Healthy Communities Cook County
Healthy Illinois Campaign
Illinois Alliance for Welcoming Health Care
Illinois Catholic Health Care Association
Illinois Children’s Healthcare Foundation
Illinois Community Health Worker Network
Illinois Hospital Association
Instituto del Progreso Latino
Jewish Council on Urban Affairs
Jewish Federation of Metropolitan Chicago
Latino Alzheimer’s and Memory Disorders Alliance
Marshall Square Resource Network
National Latino Education Institute
Oral Health Forum
Outreach Coalition Connectivity Network
Police Accountability Task Force
West Side United

Funders
Avon Foundation for Women
Blue Cross Blue Shield of Illinois
Chicago Community Trust
Healthy Communities Foundation
The Lynn Sage Foundation
Michael Reese Health Trust
National Institutes of Health
Patient-Centered Outcomes Research Institute
Susan G. Komen Foundation
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