

**AMITA Health Resurrection Medical
Center—Chicago
Community Health Needs Assessment (CHNA)
2019 - 2022**

Ministry Overview

AMITA Health is the largest, faith-based health system in the state of Illinois with 19 hospitals, 230 sites of care, more than 26,000 employees and 7000 physician partners. AMITA Health provides high quality, compassionate care leading in telehealth, behavioral health and serving 10% of the state's Medicaid population. AMITA Health's mission, values and vision draw on the heritages of both Alexian Brothers Health System, Adventist Midwest Health, and Presence Health to build a shared AMITA Health identity.

Our mission statement: To extend the healing ministry of Jesus - demonstrates our organization's commitment to the faith-based care we provide our patients and their families; our aspirations for the future; and our guiding principles that we put into practice every day. Inspired by faith, AMITA Health embraces the dignity of each person and family and delivers excellent care with empathy.

Our vision statement: AMITA Health will be a leader in faith-based health care in Chicago - speaks to our aspirations for serving our communities. In the statement, we make specific commitments for how we will achieve that aspiration:

- Be a system of outstanding quality with coordinated and comprehensive care
- Provide wholistic care in a highly personal environment
- Partner with patients and families to achieve wellness for all those we are privileged to serve.

Our values:

God Honoring: Living respectfully in all human relationships.

Justice: Resources provided to all, especially the poor and vulnerable.

Compassion: To minister to others in their struggles.

Integrity: Authenticity and honesty in our words and actions.

Dignity: Treating all persons with respect, equality, and solidarity.

In 2018 to 2019, AMITA Health Resurrection Medical Center – Chicago (AHRMCC) participated in the Alliance for Health Equity which included over 30 hospitals in Chicago and Suburban Cook County, seven health departments, and more than 100 community organizations, facilitated by the Illinois Public Health Institute. Together, the Alliance for Health Equity developed a collaborative Community Health Needs Assessment (CHNA) which will follow this Ministry Overview. This Overview provides more information about the service area of AHRMCC, its existing programs, and its specific needs identified and prioritized through the CHNA. The full collaborative CHNA as well as assessment reports can be found here: <https://allhealthequity.org/projects/2019-chna-reports/>

AMITA Health Resurrection Medical Center – Chicago (AHRMCC) has been meeting the health needs of the northwest side of Chicago and Suburban Cook County residents for over 50 years. AHRMCC is a 337-bed community-based teaching acute-care hospital with 502 physicians, 77 residents, 1,592 employees, and 180 volunteers contributing 53,000 hours.

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AMITA Health Resurrection Medical Center – Chicago (AHRMCC):

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Licensed Beds:	337
Associates:	1,592
Admissions:	12,715
ER Visits:	41,550
Births:	1,089
IP Surgeries:	2,906
OP Surgeries:	4,470
Physicians:	502

Primary Service Area Population:	
- Non-Hispanic White:	62%
- Non-Hispanic Black:	3%
- Asian/Pacific Islander:	9%
- Hispanic/Latino:	27%
- Children Under Age 18:	21%
- Adults 65+:	17%
Median Household Income:	\$58,460 - 105,583

Services and Recognitions:

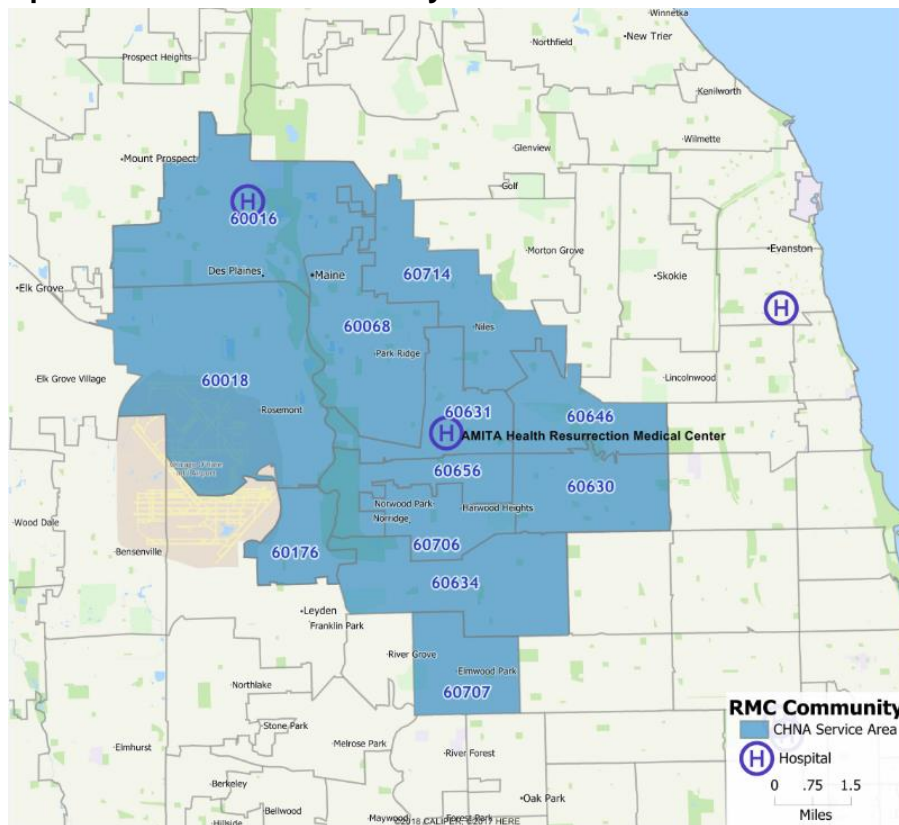
- The Leapfrog Group 'A' Patient Safety Score
- Healthgrades Patient Safety Excellence Award, Distinguished Hospital with Clinical Excellence, Neurosciences and Pulmonary Care, Top 100 Best Hospital for Stroke, Orthopedic Surgery, Critical Care
- DNV Certified Comprehensive Stroke Center and The Joint Commission Certified Primary Stroke Center
- American Heart Association Mission: Lifeline STEMI Silver Receiving Center
- American College of Cardiology Accreditation Services Chest Pain Center
- Blue Distinction Centers+ (BDC+): Cardiac Care
- Becker's Hospital Review – 'Top 100 Oncology Program'
- National Accreditation Program for Breast Centers Recognition
- CARF-accredited 65-bed Inpatient Rehabilitation Unit
- Level III+ Perinatal and Special Care Nursery
- Nationally recognized telehealth services in Critical Care; teleICU, teleSICU and teleStroke care
- Teaching hospital with over 90 residents within the following ACGME accredited residency programs: Emergency Medicine, Family Practice, OB/GYN, Palliative Care, Sports Medicine and Transitional Year

AHRMCC's Primary Service Area (PSA) is made up of six community areas in Chicago and seven cities outside of Chicago. The six community areas in Chicago are: Belmont-Cragin/Dunning/Montclare (60634), Edison Park/Norwood Park (60631), Forest Glen (60646),

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Irving Park/Portage Park (60641), Jefferson Park (60630), and Oriole Park/O’Hare (60656). The areas outside of Chicago but within Suburban Cook County are: Niles (60714), Harwood Heights (60706), Norridge (60706), Park Ridge (60068), Rosemont (60018), Des Plaines (60016), Schiller Park (60176), and Elmwood Park/Montclare (60707). New for this CHNA is 60707 which is Montclare and Elmwood Park. We define the primary service area as the collection of ZIP codes where approximately 75% of hospital patients reside, as seen in the map below:

Figure 1.1. Map of the AHRMCC Community

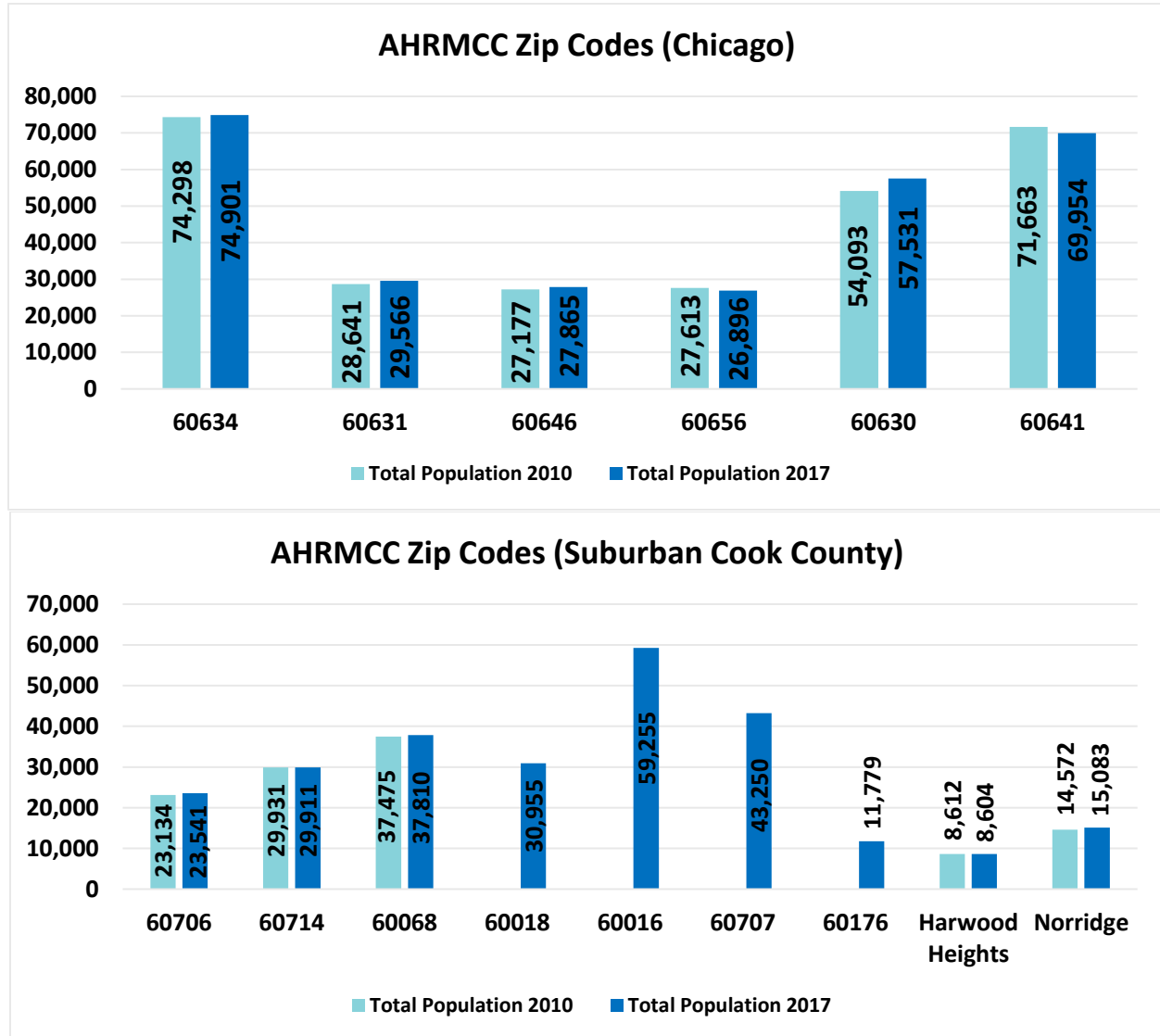


Population

According to the United States Census Bureau for 2017, the total population of AHRMCC’s CHNA communities is 519,927. Belmont-Cragin/Dunning/Montclare (60634) with 74,901 and Portage Park/Irving Park (60641) with 69,954 are the most populous communities in the service area. From 2010 to 2017, Irving Park/Portage Park (60641) continues to see a population decrease. In suburban Cook County, the communities with the most Households with Child(ren) under 18 are Des Plaines (60616), Park Ridge (60068), and Elmwood Park (60707). The communities with the most Households with Member(s) over 65 are Des Plaines (60016), Niles (60714), and Park Ridge (60068).

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Figure 1.2. Total Population 2010 Compared to 2017

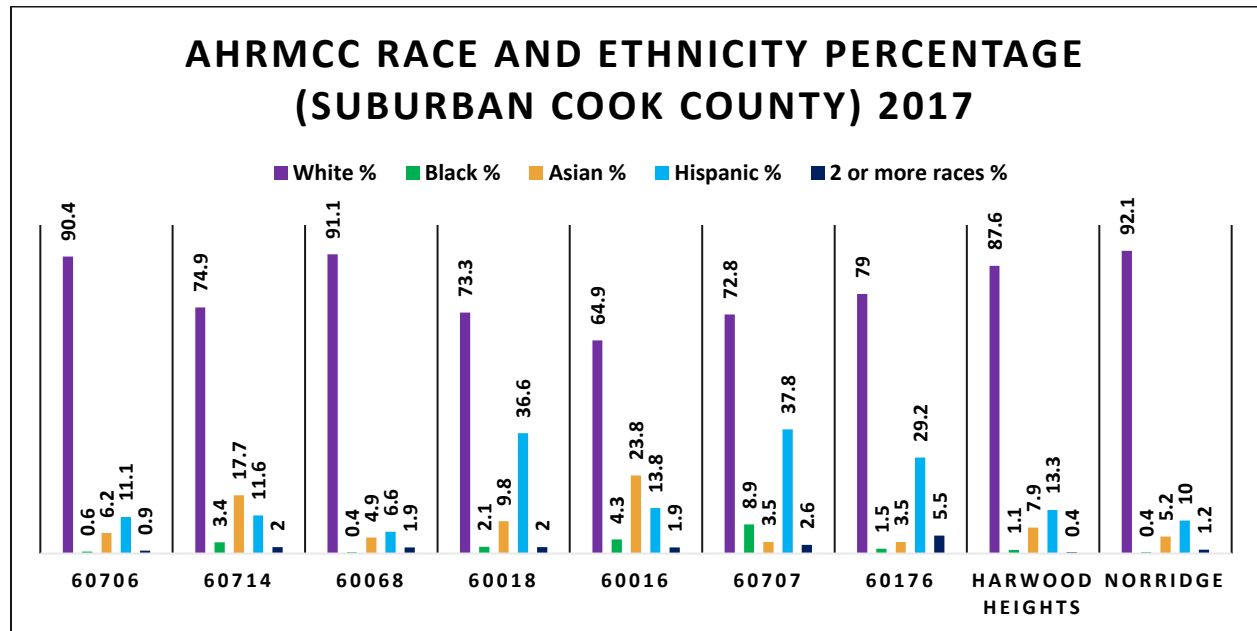
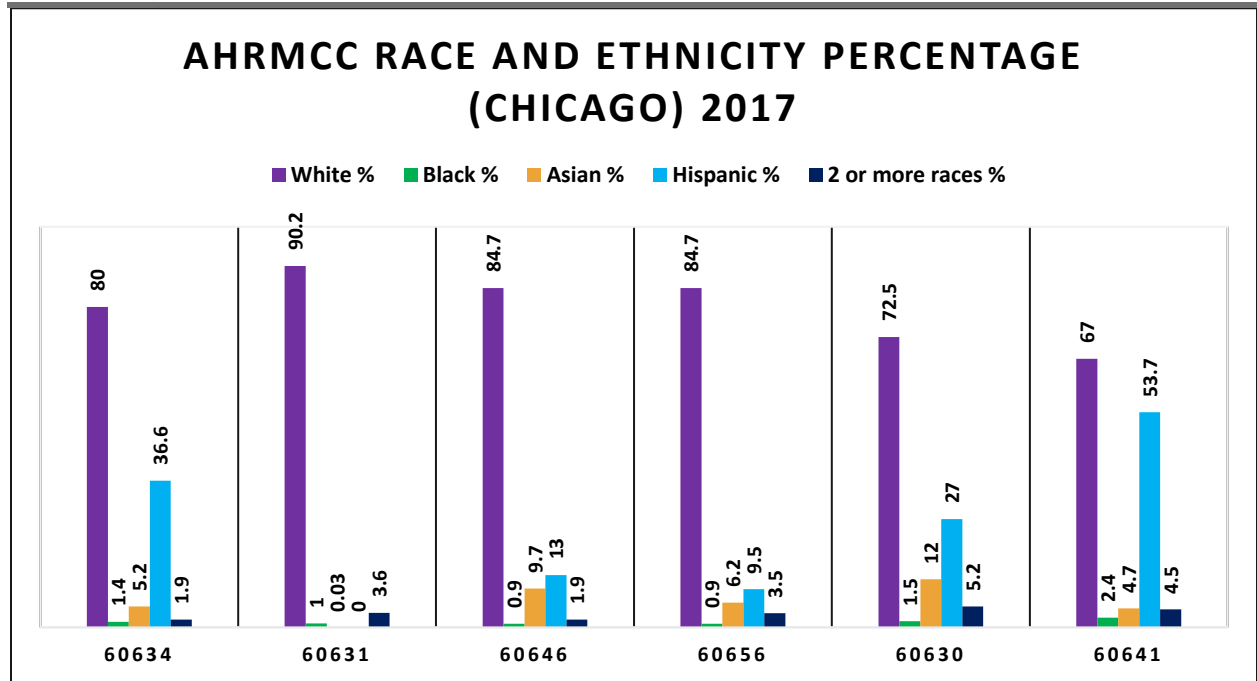


Ethnicity

According to the United States Census Bureau for 2017, the percentage of White population remains over 80% in Edison Park/Norwood Park (60631), Dunning (60634), Forest Glen (60646), Oriole Park/O'Hare (60656), Harwood Heights (60706), Norridge (60706), and Park Ridge (60068). The greatest proportion of Hispanic residents is in Irving Park/Portage Park (60641), Elmwood Park (60707), Belmont-Cragin/Dunning/Montclare (60634), Rosemont (60018) and Schiller Park (60176). In Des Plaines (60016), 23.8% of the residents identified as Asian, 17.7% in Niles (60714) and 12% in Jefferson Park (60630).

Figure 1.3. Race and Ethnicity 2017

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Prioritized Focus Areas

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AMITA Health Resurrection Medical Center-Chicago has identified the following two focus areas as significant health needs. These are the focus areas identified by the Alliance for Health Equity through a collaborative prioritization process.

1. Social and Structural Determinants of Health which include policies that advance equity and promote physical and mental well-being; and conditions that support healthy eating and active living.

2. Access to Care, Community Resources, and Systems Improvements which consist of increased timely linkage to appropriate care including Behavioral Health and Social Services; and resources, referrals, coordination, and connection to community-based services.

Aligned with these focus areas, the priority health conditions will consist of Chronic Disease Prevention and Management (cancer, diabetes, hypertension, and obesity); Mental Health; and Substance Use Disorders.

Priority Community Health Issues

Based on the findings from the collaborative assessment methods and existing community health priorities in Chicago and suburban Cook County, the 2019 Alliance for Health Equity CHNA identifies the following community health priorities.



AHRMCC Community Needs

The prioritized focus areas were agreed upon through the collaborative based on the needs of the community. The AHRMCC service area has specific needs with these focus areas, which are described in more detail here (See Appendix A for summary of

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the qualitative data and Appendix C for the quantitative data collected). These specific needs were also guided by informal feedback from community and stakeholders. No written feedback was received on the previous CHNA or Implementation Strategy.

Social and Economic Data:

- **Poverty:** Rosemont 49.4%, Belmont-Cragin 30.2%, and Schiller Park 25.1% have the highest Child Poverty Rates; Rosemont 24.1%, Belmont-Cragin 19.4%, and O'Hare 14.8% have the highest Individual Poverty Rates in our areas.
- The **Median Household Income** in all our areas is \$62,608 compared to \$53,006 for Chicago, \$62,992 for Illinois, and \$61,822.00 in United States (2017).
- **Unemployment:** The average Unemployment Rate in our areas is 6.8% which is above Cook County, Illinois, and the US.. Belmont-Cragin 10.8%, Rosemont 9.1%, Schiller Park 8.8%, O'Hare 8.0%, Portage Park 7.9% and Elmwood Park 7.9% compared to 3.7% in Cook County; 4.5% in Illinois and 3.9% in United States (March 2019).
- **Educational Attainment: No High School Diploma or Equivalent:** Belmont-Cragin has the highest at 36%, Rosemont 22.7%, Montclare 20.9%, and Schiller Park 16.7%.
- **Educational Attainment: Bachelor's Degree or Higher:** Forest Glen has the highest at 60.6%, Park Ridge 56.5%, Edison Park 47.2%, Norwood Park 37.7%, and Irving Park 37.5%.

Health Behaviors (Chicago areas):

- **Physical Inactivity (Adults):** O'Hare had the highest percentage at 31%, followed by Belmont-Cragin 28.5% and Edison Park 26.6%
- **Soda Consumption (Adults):** Belmont-Cragin had the highest percentage at 31%, followed by O'Hare 23.6% and Montclare 23.2%
- **Binge Drinking (Adults):** Montclare had the highest 31.0%, followed by O'Hare 28.5% and Dunning 23.3%
- **Smoking (Adults):** Dunning had the highest 23.6%, followed by Montclare 24.4% and Irving Park 20.9%.

Clinical Care/Access to Care:

- **Uninsured Population (self report):** Rosemont has the highest uninsured rate at 26.1%, Belmont-Cragin 23.6%, Irving Park 20.4%, O'Hare 17.7%, and Montclare 16.8%.

Nativity/Maternal & Child Health:

- **Infant Mortality:** Montclare has the highest 8.1%, Belmont-Cragin 6.4%, and Forest Glen 5.8%.
- **Low Birthweight:** Jefferson Park 9.2%, Dunning 8.5%, and Montclare 8.3%.
- **Pre-term Births:** Montclare 11.2%, Dunning 11% and Jefferson Park 11%.
- **Teen Birth Rate:** Belmont-Cragin 37.9%, Montclare 25.4%, and Irving Park 22.7%.

Morbidity (Chicago areas):

- **Obesity:** Montclare has the highest obesity rates of 43.7%, Portage Park 34.7%, and Belmont-Cragin 32.4%.

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- **Hypertension:** Montclare has the highest 41%, Jefferson Park 31.9%, and Belmont-Cragin 27.9%.
- **Cancer Incidence (Top three areas)** (See Appendix B):
 Breast Cancer – Portage Park, Dunning, Irving Park
 Colorectal Cancer – Dunning, Portage Park, Norwood Park
 Lung Cancer – Portage Park, Norwood Park, Dunning
 Prostate Cancer – Portage Park, Belmont-Cragin, Dunning

Mortality (Age-Adjusted Rate per 100,000):

- **Heart Disease Deaths:** Montclare 226.1, Irving Park 205.8, and Elmwood Park 202.3
- **Coronary Heart Disease Deaths:** Montclare 149.6. Schiller Park 142.7, and Elmwood Park 136.8
- **Breast Cancer Deaths:** Montclare 31.1, Des Plaines 28.7, Elmwood Park 27.9, Norwood Park 24.6
- **Colorectal Cancer Deaths:** Montclare 22.4, Dunning 21.9, Norridge 21.9, Elmwood Park 19.4, and Norwood Park 17.6
- **Lung Cancer Deaths:** Schiller Park 67.8, Des Plaines 52.3, Portage Park 50.1, Elmwood Park 48.9, Jefferson Park 48.1
- **Stroke Deaths:** O’Hare 38, Portage Park 37.9, Norridge 37, Forest Glen 36.7
- **Diabetes-Related Deaths:** Montclare 66.6, Belmont-Cragin 64.8, Schiller Park 64.1, Elmwood Park 56.6
- **Suicide Deaths:** Des Plaines 18.6, Niles 13.9, Jefferson Park 11.1, Dunning 10.9, Norwood Park 10.5
- **Homicides:** Belmont-Cragin, Montclare, Jefferson Park
- **Firearm Related Homicides:** Des Plaines, Belmont-Cragin, Montclare
- **Accidents Deaths:** Jefferson Park, Portage Park, Montclare
- **Drug Overdose Deaths:** Forest Glen, Jefferson Park, Portage Park
- **Drug-Induced Deaths:** Forest Glen, Jefferson Park, Portage Park
- **Alzheimer’s Deaths:** Park Ridge, Des Plaines, Norridge, Irving Park
- **Injury Deaths:** Jefferson Park, Portage Park, Montclare

Length & Quality of Life:

- **Years of Potential Life Lost (YPLL):** Des Plaines 7650, Jefferson Park 7270, Montclare 6969, Elmwood Park 6875.
- **Life Expectancy:**
Highest: Rosemont 84.9 years, Edison Park 83.4, Norridge 82.7, Forest Glen 82.1, and park Ridge 82.1.
Lowest: Montclare 77 years, Elmwood Park 77.5, Des Plaines 78.1, Irving Park 79.3, Schiller Park 79.3

Community Assets

The following organizations, schools, parishes, businesses, and local government agencies play a crucial role in civic life of the local community and are integral to the

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health and wellness of its residents. We intend to engage with these community stakeholders and resources as we develop and refine programs to address our prioritized community needs.

A-Abiding Care	Northside Learning Center (CPS High School)
Advocate Lutheran General Hospital	Norwood Crossing
Alderman Anthony Napolitano	Norwood Life Society
American Cancer Society	Norwood Senior Center
American Heart Association	Norwood Park Chamber of Commerce
American Medical Association	Norwood Park Fire Department
Ascension Living – Presence Resurrection Nursing & Rehabilitation Center	Oak Street Health
Ascension Living – Presence Resurrection Retirement Community	Our Lady, Mother of the Church
Aunt Bertha	Park Ridge Fire Department
Boy Scout Troop 626	Rainbow Hospice and Palliative Care
Catholic Charities	Representative Michael McAuliffe
The Center of Concern	Resurrection College Prep
Chicago Fire Department	Rosemont Park District
Chicago Police Department - 16 th District	Rosemont Public Safety
Commissioner Peter Silvestri	Salvation Army
Edison Park Chamber of Commerce	State Senator John Mulroe
Frisbie Senior Center	Schiller Park Fire Department
Greater Chicago Food Depository	School District 207
Irving Park Food Pantry	St. Cornelius Parish
Mary, Seat of Wisdom Parish	St. Juliana Parish
Maine Community Youth Assistance Foundation (MCYAF)	St. Maria Goretti Parish
New Hope Community Food Pantry	St. Thomas Orthodox Church, Chicago
Niles Family Services	Union Ridge Elementary School District #86
Niles Fire Department	State Senator John Mulroe

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Progress Addressing Needs Identified in the 2016 CHNA: Existing Programs

AMITA Health Resurrection Medical Center-Chicago (AHRMCC) is committed to creating awareness and utilization of available resources in the community to facilitate collaboration between AHRMCC and the broader community. The following programs are existing community benefit programs AHRMCC sponsored in the community to address community needs identified in the 2016 CHNA. In 2019-2022, AHRMCC will address the prioritized needs by enhancing these existing programs and, where necessary, replacing or supplementing them with new programs to better address community health needs with a particular focus on social and structural determinants of health and access to care, community resources, and systems improvements.

Focus Area: Social Determinants of Health

Workforce Development Programs: High School Internships

At AHRMCC, we have partnered with our local high schools to offer Workforce Development programs. The Resurrection College Prep High School's Practicum Program is a one semester elective course that provides students hands-on, work-based learning experiences through placements with one or two mentors in career fields that they have decided upon or are strongly considering for their future. Another partnership is with the Maine Township District 207 High Schools and their Career Pathway program. Through relevant career education and work-based learning opportunity, we assist to build a future pipeline of qualified employees and the students gain valuable career awareness and preparation. The third program is with Northside Learning Center High School which is a Chicago Public School educating students with significant intellectual disabilities and impaired adaptive functioning. The age range of students, 14 1/2 to 22 years of age, allows for repeated instruction of important skills. This program enables the students to be competitive candidates in the workforce and in turn will enable them to become independent, involved and productive members of the community.

Food Access Programs: Community Garden, Kids Summer Meals Program, SNAP Benefits/Applications

Community Garden: The Community Garden is a collaboration of various community organizations to improve access to quality, healthy affordable food. The garden is on the AHRMCC campus. In partnership with New Hope Community Food Pantry (NHCFP), Boy Scouts, Community Leader Board, and other community organizations, various produce items were planted and donated to the NHCFP for their low-income clients to increase their access of vegetables.

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Kids Summer Meals: Nearly half of all children living in Chicago and Cook County live at or below the 200% of the federal poverty level. The percentage of children in poverty is higher for Cook County than it is for Illinois and in the U.S. 50% of enrolled school children in the North region are eligible for free or reduced price lunches. The Kids Summer Meals Program is essential to those students when school is on summer break. This program is a collaboration between the Greater Chicago Food Depository, New Hope Community Food Pantry, St. Cornelius Parish in Jefferson Park, and AHRMCC.

SNAP Benefits: Poverty can create barriers to accessing health services, healthy food, and other necessities needed for good health status. It can also affect housing status, educational opportunities, an individual's physical environment, and health behaviors. SNAP Benefits can assist low-income individuals and families with additional resources. This program is in collaboration with the Greater Chicago Food Depository, New Hope Community Food Pantry, and AHRMCC.

Focus Area: Mental Health and Substance Use

Mental Health First Aid

In response to a demonstrated system and state-wide need of addressing barriers to accessing and utilizing mental health services, AHRMCC and its community partners implemented an evidence-based program, Mental Health First Aid (MHFA), to reduce the stigma associated with mental illness and improve the coordination of mental health care throughout a six county service area. A system-wide action team was created to oversee the process, with administrative, local and behavioral health representatives that earned support from applicable Senior and Executive leadership teams. Community stakeholders partnered in the development of the strategy and its implementation throughout the process, recruiting trainees, identifying resources, and disseminating findings. Program participants increased recognition of mental health disorders, increased understanding of appropriate treatments, improved confidence in providing help to others during crisis situations, and decreased stigmatizing attitudes. Having demonstrated its effectiveness, the program continues to expand and add both participants and partners.

Focus Area: Chronic Disease Prevention: Cancer, Diabetes, Heart Disease, Stroke

Colorectal Cancer Screenings: Reducing colorectal cancer is a major public health concern. Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet it's one of the most preventable.

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Estimated costs for one year of treatment for a patient with metastatic (late-stage) colon cancer are as high as \$310,000, with an estimated annual cost nationwide of \$14 billion.² When adults ages 45 and older get screened for colon cancer, it can be prevented through the detection and removal of precancerous polyps or detected at a stage when treatment is most effective. Best practice from the American Cancer Society is to screen adult ages 45-75 years and 75-85 years old to check with their physicians.

Diabetes Prevention Program (DPP): The incidence of pre-diabetes is on the rise with over 86 million Americans being affected. Research has shown that with changes in lifestyle individuals can decrease their A1c levels. The American Diabetes Association recommends that those with pre-diabetes are counseled for their diet and physical activity. This program is in collaboration with AHRMCC and Sodexo dieticians.

Influenza Vaccinations: Seasonal Influenza vaccinations are provided in collaboration with various community partners. Aligning with Healthy People 2020 goal is to provide seasonal influenza vaccination to the senior population and immune-compromised community residents.

Let's Move Our Numbers (LMON) and Diabetes A1c Screenings: These screenings are conducted with many community partnerships to increase access to health screening services, health education and referrals to local resources as needed. Participants will be able to take control of their health and know their risk factors for heart disease and stroke. Screening includes lipid panel (total cholesterol, triglycerides, HDL, LDL), FBS as well as Blood Pressure and BMI assessment. Participants have the option to obtain their Diabetes A1c blood test.

Focus Area: Access to Care and Community Resources

AMITA Health Community Resource Directory: AMITA Health is partnering with Aunt Bertha, a community-wide software platform, to connect millions of Americans to available social services in their community. Through this partnership, we are launching a community resource directory to support clinicians and community partners in better addressing the social service needs of the community.

The **Faith Community Nursing Program** is to serve the faith community, create safe and sacred places for healing, and advocate with compassion, mercy, and dignity. The role of the Faith Community Nurse is to increase access to care and health services and provide referrals as needed and also to increase health education and awareness based on the needs of the communities that they serve.

Every month at AHRMCC in partnership with Blue Cross and Blue Shield of Illinois, a **Health Insurance Help Desk** is available. The goal is to decrease the rate of uninsured residents by enrolling eligible individuals in the Affordable Care Act (ACA) insurance

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options, Medicaid, and Medicare, and educate individuals on how to use their health care plans.

Conclusion

AHRMCC and members of the Alliance for Health Equity which included over 30 hospitals, 7 health departments, and over 100 community partners, have worked together over the last 12 months for a comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model for the CHNA proved to yield robust data from various perspectives including health status and health behaviors. The CHNA process presented an exciting opportunity to engage diverse groups of community residents and stakeholders. The input from those community health issues that we need to address collectively for meaningful impact. All of the issues prioritized are issues that cannot be addressed by any one organization alone. Leveraging the continued participation of community stakeholders invested in health equity and wellness, including actively identifying and engaging new partners, will continue to be essential for developing and deploying aligned strategic plans for community health improvement in any of the following priority areas:

1. Social and Structural Determinants of Health which include policies that advance equity and promote physical and mental well-being; and conditions that support healthy eating and active living.
2. Access to Care, Community Resources, and Systems Improvements which consist of increased timely linkage to appropriate care including Behavioral Health and Social Services; and resources, referrals, coordination, and connection to community-based services.

Aligned with these focus areas, the priority health conditions will consist of Chronic Disease Prevention and Management (cancer, diabetes, hypertension, and obesity); Mental Health; and Substance Use Disorders.

To be successful, AHRMCC will continue to partner with local public health departments across Chicago and suburban Cook County to adopt shared and complimentary strategies and leverage resources to improve efficiencies and increase effectiveness for overall improvement. Data sharing across the local public health departments was instrumental in developing this CHNA and will continue to be an important tool for establishing, measuring, and monitoring outcome objectives. The shared leadership model driving the CHNA will be essential to continue to balance the voice of all partners

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in the process including the hospitals, health departments, stakeholders, and community members.

Driven by a shared mission and a set of collective values that have guided the CHNA process and decision making, AHRMCC will work together to develop implementation plans and collaborative action targeted to achieving the shared vision of improved health equity, wellness, and quality of life across our communities. Engaging in this collaborative CHNA process has developed a solid foundation and opened the door for many opportunities moving forward.

The Board of Directors of AMITA Health has approved this Community Health Needs Assessment (CHNA). The below signatures indicate that this plan has been reviewed and approved in 2019.

Approved by the AMITA Health Board

Date Approved

Plan Prepared By:



Mariana Wrzosek, MPH, BSN, BS, RN, CPN, CHES
Director, Community Health
AMITA Health Resurrection Medical Center – Chicago

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AMITA Health Resurrection Medical Center–Chicago’s Participation in the Alliance for Health Equity

Ministry Lead

Mariana Wrzosek, MPH, BSN, BS, RN, CPN, CHES
Director, Community Health

AMITA Health Resurrection Medical Center–Chicago will share this document and Implementation Strategies to address the needs identified in this document with all internal stakeholders including employees, volunteers, and physicians. This Community Health Needs Assessment (CHNA) is available at www.amitahealth.org and is also broadly distributed within our community to stakeholders including community leaders, government officials, service organizations and community collaborators.

We welcome feedback on this Community Health Needs Assessment and its related Implementation Strategy. Kindly send any feedback you have to Mariana.Wrzosek@amitahealth.org or to the following address:

Community Health
Attn: Mariana Wrzosek
AMITA Health Resurrection Medical Center–Chicago (AHRMCC)
7435 West Talcott Avenue
Chicago, IL 60631

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Appendix A – Qualitative Data for AHRMCC Areas

		Indicator	Top Communities in AHRMCC Service Area				
			1	2	3	4	5
Demographics	Total Population	Total Population (2016, 5 year estimates)	Belmont-Cragin	Portage Park	Des Plaines	Irving Park	Dunning
		Non-Hispanic African American or Black	Montclare	Rosemont	Elmwood Park	Irving Park	Belmont-Cragin
	Race/Ethnicity	Non-Hispanic White	4.5	3.7	3.2	2.8	2.8
		Non-Hispanic Asian or Pacific Islander	Edison Park	Park Ridge	Norridge	Norwood Park	Harwood Heights
		Hispanic/Latinx	88.7	86.4	83.8	82.6	79.7
		Numbers for other racial and ethnic groups are too small to report at a localized level	Niles	Des Plaines	Forest Glen	Jefferson Park	O'Hare
			16.7	13.2	10.6	9.7	9.2
	Disability	Households with Child(ren) under 18 (suburban Cook County areas only)	Belmont-Cragin	Montclare	Irving Park	Portage Park	Franklin Park
		Households with Member(s) over 65 (suburban Cook County areas only)	80.6	58.4	44.6	44.3	42.7
		Median Age (suburban Cook County areas only)					
Social and Economic	Individual Poverty	Des Plaines	Park Ridge	Elmwood Park	Niles	Franklin Park	
	Child Poverty	Des Plaines	Niles	Park Ridge	Elmwood Park	Norridge	
	Older Adult Poverty (65+) (suburban Cook County only)	28.9					
	Median Household Income	Harwood Heights	Norridge	Niles	Montclare	Elmwood Park	
	Unemployment	Rosemont	Belmont-Cragin	O'Hare	Schiller Park	Portage Park	
	Economic Hardship (Chicago areas only)	24.1	19.4	14.8	13.6	13.1	
	Housing Cost Burdened	Rosemont	Belmont-Cragin	Schiller Park	O'Hare	Niles	
	Older Adults Living Alone	49.4	30.2	25.1	23.4	20.3	
	Grandparents Raising Grandchildren	Harwood Heights	Elmwood Park	Norridge			
	SNAP Participation	16.3	11.7	9.6			
	Population in Limited English Speaking Households	Belmont-Cragin	Rosemont	Schiller Park	O'Hare	Portage Park/Elmwood Park	
	"Foreign Born" Individuals	HIGH-57.0	Medium-45.7	Medium-38.5			
	Educational Attainment: No High School Diploma nor equivalent	Elmwood Park	Belmont-Cragin	Schiller Park	Montclare	Norridge	
	Educational Attainment: Bachelor's Degree or Higher	45.9	44.7	41	40.2	37.5	
	Violent Crime	Des Plaines	Norwood Park	Portage Park	Niles	Park Ridge	
	Perceptions of neighborhood safety (Highest percentages)	Belmont-Cragin	Portage Park	Irving Park	Montclare	Des Plaines	
	Physical Environment	Commuters Using Active Transportation (Chicago areas only)	Belmont-Cragin	Montclare	Portage Park	Rosemont	O'Hare
		Commuters Using Public Transit (Suburban Cook County areas)	20.4	17.1	13.9	11.5	11.4
Households with no vehicle (Suburban Cook County areas)		Belmont-Cragin	Portage Park	Irving Park	Des Plaines	Dunning	
Crowded housing		O'Hare	Harwood Heights	Niles	Schiller Park	Belmont-Cragin	
		Belmont-Cragin	Rosemont	Montclare	Franklin Park	Schiller Park	
Health Behaviors	Fruit and vegetable servings (Adults - 5 servings/day)	36	22.7	20.9	17.9	16.7	
	Physical Inactivity (Adults)	Forest Glen	Park Ridge	Edison Park	Norwood Park	Irving Park	
	Soda Consumption (Adults)	60.6	56.5	47.2	37.7	37.5	
	Binge Drinking (Adults)	Belmont-Cragin	Portage Park	Irving Park	O'Hare	Dunning	
	Smoking (Adults)	Dunning	Montclare	Irving Park	Jefferson Park	Norwood Park	

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Clinical Care / Access to Care	Uninsured Population (self report)	Rosemont 26.1	Belmont-Cragin 23.6	Irving Park 20.4	O'Hare 17.7	Montclare 16.8	
	Healthcare Satisfaction	Edison Park	Forest Glen	Dunning			
	Consistent Source of Primary Care Provider	Forest Glen	Jefferson Park	Portage Park			
	Routine Checkup	Norwood Park	Forest Glen	Portage Park			
	Received Needed Care	Dunning	Montclare	Edison Park			
	Early and Adequate Prenatal Care	Edison Park	Norwood Park	Forest Glen			
	Annual Dental Cleaning	Edison Park	Norwood Park	Forest Glen			
	Colorectal cancer screening	Forest Glen	Edison Park	Jefferson Park			
Natality / Maternal & Child Health	Total Births (five years)	Belmont-Cragin (6253)	Portage Park (5671)	Schiller Park (4909)			
	Crude Birth Rate	Des Plaines (19.5)	O'Hare (17.6)	Belmont-Cragin (15.9)			
	Infant Mortality	Montclare (8.1)	Belmont-Cragin (6.4)	Forest Glen (5.8)			
	Low Birthweight	Jefferson Park (9.2)	Dunning (8.5)	Montclare (8.3)			
	Pre-term Births	Montclare (11.2)	Dunning (11)	Jefferson Park (11)			
	Teen birth rate	Belmont-Cragin (37.9)	Montclare (25.4)	Irving Park (22.7)			
Health Outcomes	Morbidity	Obesity (adults)	Montclare (43.7)	Portage Park (34.7)	Belmont-Cragin (32.4)		
		Hypertension	Montclare (41)	Jefferson Park (31.9)	Belmont-Cragin (27.9)		
		Colorectal cancer incidence	Dunning	Portage Park	Norwood Park		
		Breast cancer incidence	Portage Park	Dunning	Irving Park		
		Lung cancer incidence	Portage Park	Norwood Park	Dunning		
		Prostate cancer incidence	Portage Park	Belmont-Cragin	Dunning		
		HIV Prevalence	Belmont-Cragin	Irving Park	Portage Park		
		Chlamydia Incidence	Portage Park 1009	Belmont-Cragin 527	Elmwood Park 354		
		Gonorrhea Incidence	Portage Park 155	Irving Park/Belmont-Cragin 67	Elmwood Park 56		
	Mortality	Heart Disease Deaths	Montclare (226.1)	Irving Park (205.8)	Elmwood Park (202.3)		
		Coronary Heart Disease Deaths	Montclare (149.6)	Schiller Park (142.7)	Elmwood Park (136.8)		
		Breast Cancer Deaths	Montclare (31.1)	Des Plaines (28.7)	Elmwood Park (27.9)	Norwood Park (24.6)	Dunning (22.0)
		Colorectal Cancer Deaths	Montclare (22.4)	Dunning (21.9)	Norridge (21.9)	Elmwood Park (19.4)	Norwood Park (17.6)
		Lung Cancer Deaths	Schiller Park (67.8)	Des Plaines (52.3)	Portage Park (50.1)	Elmwood park (48.9)	Jefferson Park (48.1)
		Prostate Cancer Deaths	Des Plaines	Park Ridge	Irving Park		
		Stroke Deaths	O'Hare	Portage Paek	Franklin Park	Norridge	Forest Glen
		Diabetes-related Deaths	Montclare (66.6)	Belmont-Cragin (64.8)	Schiller Park (64.1)	Franklin Park (63.3)	Elmwood Park (56.6)
		Chronic Lower Respiratory Disease Deaths	Montclare	Belmont-Cragin	Schiller Park	Franklin Park	Elmwood Park
		Suicide deaths	Des Plaines (18.6)	Niles (13.9)	Jefferson Park (11.1)	Dunning (10.9)	Norwood Park (10.5)
		Homicides	Belmont-Cragin	Montclare	Jefferson Park		
		Firearm related homicides	Des Plaines	Belmont-Cragin	Montclare		
		Accidents deaths	Jefferson Park	Portage Park	Montclare		
		Drug overdose deaths	Forest Glen	Jefferson Park	Portage Park		
		Drug-induced deaths	Forest Glen	Jefferson Park	Portage Park		
Length & Quality of Life	Alzheimer's deaths	Park Ridge	Des Plaines	Norridge/Irving Park			
	Alcohol induced deaths	Portage Park	Montclare	Irving Park			
	Injury deaths	Jefferson Park	Portage Park	Montclare			
	Years of Potential Life Lost (YPLL)	Des Plaines (7650)	Jefferson Park (7270)	Montclare (6969)			
Life Expectancy	Highest Rosemont (84.9) Edison Park (83.4) Norridge (82.7) Forest Glen (82.1) Park Ridge (82.1) Norwood Park (81.2)	Lowest Montclare (77) Elmwood Park (77.5) Franklin Park (77.8) Des Plaines (78.1) Irving Park (79.3) Schiller Park (79.3)					

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Appendix B - Cancer Incidence by AHRMCC Zip Codes from 2011-2015
 (Illinois Cancer Registry, Illinois Department of Public Health)

Cancer Incidence by Zip Code - Illinois Cancer Registry, Illinois Department of Public Health		60016		60018		60088		60076		60630		60631		60634		60641		60646		60656		60706		60707		60714															
Cancer Type	Year	Male		Female		Total		Male		Female		Total		Male		Female		Total		Male		Female		Total		Male		Female		Total											
		Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total											
All Cancers Combined	2011-2015	794	959	1753	385	394	779	571	675	1246	132	131	263	616	741	1357	436	528	964	894	1025	1919	692	796	1488	364	494	858	383	401	784	367	400	767	545	626	1171	525	634	1159	
All Other Cancers		240	300	540	92	133	225	155	207	362	39	45	84	170	224	394	105	165	270	222	303	525	202	255	457	106	130	236	110	126	236	97	117	214	135	204	339	166	207	373	
Breast-In-situ		0	54	54	0	23	23	0	49	49	0	4	4	0	54	54	0	37	37	0	56	56	0	42	42	0	28	28	0	27	27	0	17	17	0	28	28	0	31	31	
Breast-Invasive		0	259	259	0	85	85	0	202	202	0	30	30	0	199	199	0	130	130	0	257	257	0	206	206	0	155	155	0	97	97	0	104	104	0	169	169	0	155	155	
Cervix		0	14	14	0	4	4	0	7	7	0	1	1	0	11	11	0	3	3	0	20	20	0	28	28	0	3	3	0	6	6	0	9	9	0	11	11	0	4	4	
Colorectal		95	71	166	46	33	79	75	50	125	17	9	26	73	66	139	45	41	86	104	114	218	81	68	149	42	44	86	42	52	94	47	44	91	61	65	126	67	69	136	
Leukemias & Lymphomas		62	69	131	35	30	65	60	54	114	9	9	18	48	44	92	52	41	93	84	64	148	57	45	102	44	31	75	29	31	60	28	25	53	50	31	81	41	44	85	
Lung & Bronchus		117	113	230	64	50	114	65	60	125	33	21	54	100	90	190	66	73	139	130	133	263	100	84	184	40	69	109	60	44	104	60	46	106	82	69	151	73	70	143	
Nervous System		7	8	15	4	4	8	9	9	18	3	1	4	14	6	20	8	6	14	24	12	36	9	13	22	4	3	7	8	3	11	3	5	8	7	14	7	14	8	12	20
Oral Cavity		36	13	49	22	10	32	17	9	26	6	2	8	27	6	33	16	7	23	29	21	50	35	14	49	15	7	22	14	3	17	10	7	17	19	10	29	19	10	29	
Prostate		150	0	150	67	0	67	131	0	131	18	0	18	118	0	118	96	0	96	166	0	166	141	0	141	74	0	74	69	0	69	69	0	69	104	0	104	78	0	78	
Urinary System		86	54	140	55	12	67	59	28	87	7	9	16	66	41	107	48	25	73	125	45	170	67	41	108	39	24	63	51	12	63	53	26	79	87	32	119	73	32	105	

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Appendix C – Quantitative Data

Community Input Survey Respondent Demographics AHRMCC Service Area

Approximately 5,800 surveys were collected from community residents through targeted outreach to communities affected by health disparities across the city and county between October 2018 and January 2019. With the Community Input Survey Data, 866 respondents were in the AHRMCC Service Area. Surveys with incomplete responses were not included. Survey respondents in AHRMCC’s area tended to be older. Among respondents in AHRMCC’s area, over 1/3 of respondents were over 65.

Zip codes (N=820)

Zip	Frequency	Percent
60016	125	15.24
60068	65	7.93
60176	7	0.85
60630	152	18.54
60631	107	13.05
60634	85	10.37
60641	74	9.02
60646	33	4.02
60656	61	7.44
60706	44	5.37
60707	40	4.88
60714	27	3.29

Demographics (N=820)

Language	Frequency	Percent
Missing	0	0
English	746	90.98
Spanish	59	7.2
Chinese	0	0
Polish	15	1.83

Age	Frequency	Percent
Missing	28	3.41
18-24	48	5.85
25-34	77	9.39
35-44	78	9.51
45-54	137	16.71
55-64	186	22.68
65-74	153	18.66
75-84	82	10
85 or older	31	3.78

Gender Identity	Frequency	Percent
Missing	25	3.05
Female	589	71.83
Male	196	23.9
Non-Binary or Genderqueer	5	0.61
Gender Neutral	1	0.12
Transwoman	0	0
Transman	1	0.12
Other	3	0.37

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Sexual Orientation	Frequency	Percent
Missing	54	6.59
Straight	682	83.17
Gay or Lesbian	13	1.59
Bisexual	9	1.1
Prefer not to answer	47	5.73
Other	15	1.83

Race/Ethnicity	Frequency	Percent
Missing and Other	65	7.93%
Asian	55	6.71%
East Asian	1	0.12%
South Asian	4	0.49%
Pacific Islander	5	0.61%
African American/Black	14	1.71%
Hispanic/Latino(a)	129	15.73%
Middle Eastern/Arab American	8	0.98%
Native American	6	0.73%
White	507	61.83%
Multiracial	31	3.78%

Highest level of education	Frequency	Percent
Missing	35	4.27
Some or no high school	44	5.37
High school graduate or GED	147	17.93
Vocational or technical school	29	3.54
Some college	168	20.49
College graduate or higher	397	48.41

Household size	Frequency	Percent
Missing	86	10.48
1	156	19.02
2	218	26.59
3	127	15.49
4	120	14.63
5	62	7.56
6	28	3.41
7	11	1.34
8	8	0.98
9	1	0.12
10+	3	0.37

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Children in the household	Frequency	Percent
No children in my household	491	65.99%
Child/children age 0-4 in my household	87	11.69%
Child/children age 5-12 in my household	135	18.15%
Child/children age 13-17 in my household	113	15.19%

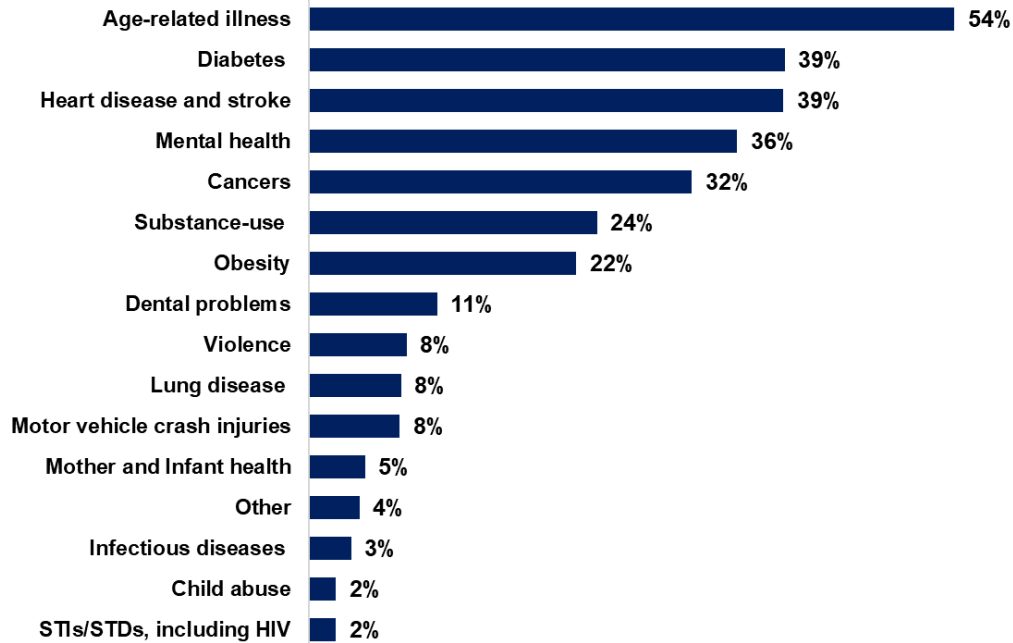
Multiple responses allowed
 744 responded to the question
 (90.73%)

Anyone in the household have a disability?	Frequency	Percent
Missing	42	5.12
No	595	72.56
Yes	183	22.32

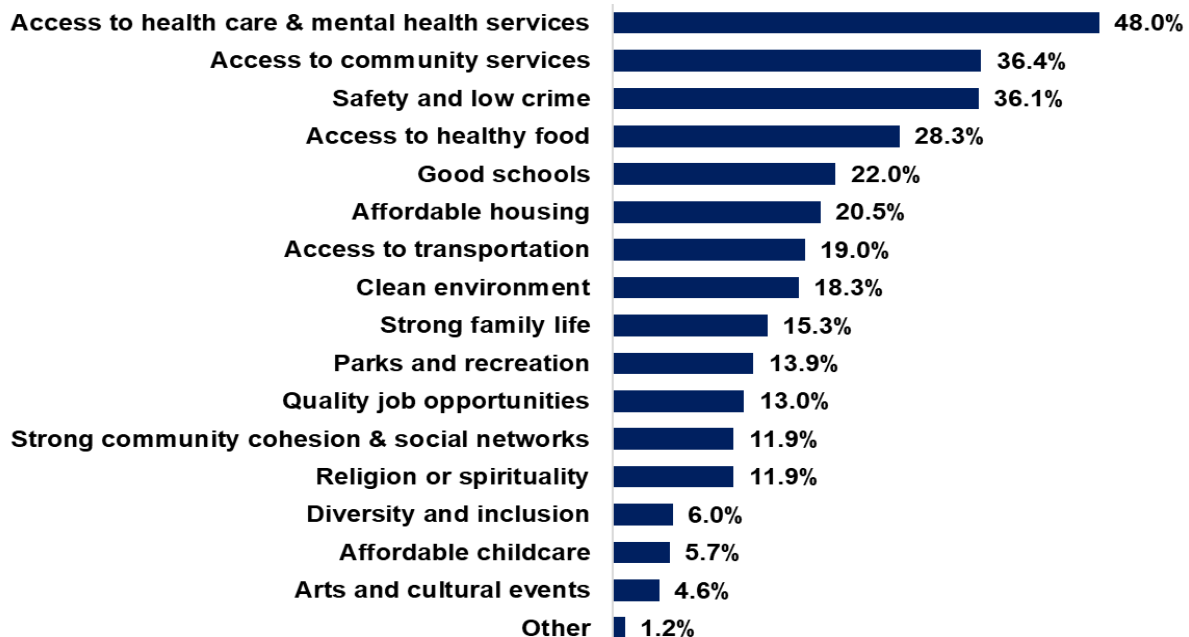
Annual Household Income	Frequency	Percent
Missing	14	1.71
Less than \$10,000	67	8.17
\$10,000 to \$19,999	85	10.37
\$20,000 to \$39,999	144	17.56
\$40,000 to \$59,999	104	12.68
\$60,000 to \$79,999	75	9.15
\$80,000 to \$99,999	55	6.71
Over \$100,000	128	15.61
Prefer not to answer	148	18.05

The top five health issues – all selected by more than 30% of respondents – were:
 Age-related illness, Diabetes, Heart disease and stroke, Mental health, and Cancers.

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The top six things for a healthy community—all selected by more than 20% of respondents—were: Access to healthcare and mental health services, Access to community services, Safety and low crime, Access to healthy food, Good schools, and Affordable housing.



The top five greatest strengths or best things in the community of the survey respondents are:

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Community Cohesion (formerly Neighborhood Feel), Safety and Low Crime, Transportation, Accessibility, and Education.

N=820			
What are the greatest strengths or best things in the community where you live?			
What are the greatest strengths or best things in the community where you live? (List up to 3)			
Code	Definition	Count	Percent
Community Cohesion (formerly Neighborhood Feel)	Community qualities and attributes. People in the community.	272	43.38%
Safety and Low Crime	Feeling of safety or a lack of crime in the community.	185	29.51%
Transportation	Ability to get from one place to another whether it be by car, bus, or train.	158	25.20%
Accessibility	Convenient to important needs like work, parks, schools, malls, grocery stores etc.	120	19.14%
Education	Quality educational opportunities such as schools, colleges, or libraries.	118	18.82%
Parks and Recreation	Green space or natural environments	84	13.40%
Community Services	Resources in community like programs, events, organizations, etc.	57	9.09%
Cleanliness	Environment that is free of trash, dirt, or pollution.	56	8.93%
Entertainment	Events, businesses, or activities that provide entertainment.	56	8.93%
Health Care	Access to hospitals, health care needs, or emergency services.	47	7.50%
Quiet	The area is quiet.	44	7.02%
Diversity and Inclusion	A range of human differences including race, sex, gender, ethnicity, culture, economic	43	6.86%
Religion or Spirituality	Religious spaces or a spiritual community.	40	6.38%
Housing	Quality housing in the community.	27	4.31%
Food	Food availability in the community.	26	4.15%
Businesses	The stores in the community.	25	3.99%
Older Adults	Resources for people 65 years and older	13	2.07%
Walkability	Area to walk in the community for exercise.	13	2.07%
Affordability	Low cost assets in the community.	13	2.07%
Immigrant	Resources for immigrant populations such as bilingual services and community organi	12	1.91%
Affordable Housing	Low cost housing or property taxes.	9	1.44%
Leadership	People or groups in positions of power such as aldermen, mayors, or neighborhood bo	9	1.44%
Nothing	No positive aspects of the community.	7	1.12%
Economic Development	Growth related to economics, politics, or social well-being of the community.	5	0.80%
Built Environment	Human-made structures like buildings, street lighting, roads, street signs, etc.	4	0.64%
Child and Adolescent Engagement	Resources for people 17 years and younger.	3	0.48%

The top five greatest strengths or best things in the community of the survey respondents are:

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N=820			
What are things that you would like to see improved in your community?			
Code	Definition	Count	Percent
Safety and Low Crime	Feeling of safety, a lack of crime in the community, or a good relationship with law enforcement.	81	16.91%
Infrastructure	Human-made structures like buildings, street lighting, roads, street signs, etc.	49	10.23%
Community Cohesion (formerly Neighborhood Feel)	The sense of unity and peace in the community and the amount of community events.	45	9.39%
Transportation	Ability to get from one place to another whether it be by car, bus, or train.	38	7.93%
Health Care	Health care services that are accessible and high quality.	36	7.52%
Affordable Housing	Lower cost housing or property taxes	30	6.26%
Education	Learning opportunities in the community	30	6.26%
Community Services	Resources in the area such as community organizations and programs	26	5.43%
Economic Development	Growth related to economics, politics, or social well-being of the community.	19	3.97%
Mental Health	Access to behavioral health resources.	19	3.97%
Older Adults	Resources for adults 65 years and older.	18	3.76%
Affordability	Lower cost assets in the community	17	3.55%
Child and Adolescent Engagement	Incorporating youth and making more programming for youth, after school programs, education programs	17	3.55%
Pollution	Harmful substances in the community	17	3.55%
Cleanliness	Improving the cleanliness of the community	15	3.13%
Diversity and Inclusion	A range of human differences including race, sex, gender, ethnicity, culture, economic status, etc.	15	3.13%
Entertainment	Events, businesses, or activities that provide entertainment.	14	2.92%
Food Accessibility	Access to food that is affordable, healthy, and high quality.	14	2.92%
Nothing	Nothing in the community needs improvement	14	2.92%
Green Space	Parks and natural spaces in the community.	8	1.67%
Affordable Services	Lower cost services in the community such as childcare or recreational programs	6	1.25%
Fitness	Opportunities for exercise in the community.	6	1.25%
Substance Use	Harmful use of substances	6	1.25%
Housing	A place to reside that is high quality	5	1.04%
Leadership	People or groups in positions of power such as aldermen, mayors, or neighborhood boards.	5	1.04%
Accessibility	Increased access to needs such as grocery stores, transportation, health care, etc.	3	0.63%
Homelessness	Being without permanent shelter.	3	0.63%
Religion or Spirituality	Religious spaces or a spiritual community.	3	0.63%
Everything	Dissatisfied with the state of the community	2	0.42%
Health Education	Information sharing regarding health services and conditions.	2	0.42%
Health Insurance Coverage	Method of payment for medical services such as private insurance, Medicare, Medicaid, self-pay, out of pocket	2	0.42%
People with Disabilities	Resources for people with disabilities	1	0.21%