T rA nsfo R ming the G age Park/West E lsdon commun i T y through Partnership to improve access to specialty care and comprehensive ***health*** *services* (T.A.R.G.E.T HEALTH)

UI Health Physicians Group (UIPG)

UI Health | UIC

Application for Transformation

Funding Cover Sheet

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Application for Transformation
Funding Cover Sheet

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Add more pages as necessary.

ILLINOIS DEPARTMENT OF Healthcare and Family Services

Racial Equity Impact Assessment Guide by RACE FORWARD

1. IDENTIFYING STAKEHOLDERS

Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal/policy?

Based upon the demographics of Gage Park and the West Elsdon communities, the racial/ethnic groups most impacted by this proposal are predominantly Hispanic/ Latino (93%), with a smaller percentage being African American (3.4%) and Asian (0.4%).

2. ENGAGING STAKEHOLDERS

Have stakeholders from different racial/ethnic groups especially those most adversely affected—been informed, meaningfully involved and authentically represented in the development of this proposal? Who's missing and how can they be engaged?
Stakeholders from different racial/ethnic groups been engaged in the development of this proposal including Community based organizations (CBOs) and providers practicing in the Gage Park/West Elsdon community and have voiced support for the proposal. In addition, prior to offering the initial complement of services, there will be additional listening sessions with the community to ensure alignments with the community needs and priorities. This engagement will be organized through the UIC Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP)

3. IDENTIFYING AND DOCUMENTING RACIAL INEQUITIES

Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?
The racial/ethnic groups most disadvantaged by lack of access to specialty care is the entire community which is predominately minority. Disease burden and mortality are distressingly high in the Gage Park/ West Elsdon service area compared with state and national averages. Service area residents are subject to high rates of diabetes prevalence and mortality, heart disease mortality, adult and childhood obesity, cancer morbidity and mortality, and adverse pre- and perinatal indicators. Behavioral health issues such as substance use are also significant in the service area, and asthma, sexually transmitted diseases, and oral health access are also challenging within the community. The vast number of health disparities all point to the need for better access to specialty care and education in addition to prevention, screening, and primary care treatment in the service area.

4. EXAMINING THE CAUSES

What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?
The vast number of health disparities all point to the need for better access to specialty care and education in addition to prevention, screening, and primary care treatment in the service area.

5. CLARIFYING THE PURPOSE

What does the proposal seek to accomplish? Will it reduce disparities or discrimination?
We are leveraging University of Illinois Physician Group clinical expertise across our clinical departments, our partnerships with UI Mile Square Health Center and Alivio Medical Center, both federally qualified health centers, our community partnership/affiliation with UIC Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP), and our academic partners within the UIC College of Applied Health Sciences to transform health care delivery in the Gage Park/ West Elsdon neighborhood to reduce the health disparities facing that community.

6. CONSIDERING ADVERSE IMPACTS

What adverse impacts or unintended consequences could result from this policy? Which racial/ethnic groups could be negatively affected? How could adverse impacts be prevented or minimized?

We believe that there will be no adverse impact of improving access to specialty care and advanced diagnostics for the community. All will be welcome to the clinical site regardless of racial/ethnic identification, insurance status or immigration. No one will be denied care.

7. ADVANCING EQUITABLE IMPACTS

What positive impacts on equity and inclusion, if any, could result from this proposal? Which racial/ethnic groups could benefit? Are there further ways to maximize equitable opportunities and impacts?

The scope of needs and social determinants of health affecting the Gage Park/ West Elsdon community is vast. Service area residents are impacted by poor economic opportunities and the resultant barriers. Disease burden and mortality are high in the service area, particularly around diabetes, obesity, heart disease, cancer, and prenatal and pediatric health indicators. Despite a wide array of safety net providers in the area, health care access to specialty care and advanced diagnostics remains insufficient and a challenge for many service area residents. We believe this clinical site will be of tremendous benefit to the community and through care integration empower community resident to be advocates for their healthcare access.

8. EXAMINING ALTERNATIVES OR IMPROVEMENTS

Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

Community engagement along with care coordination and integration are key drivers of this proposal and will allow for incorporating alternative and novel ideas for continued refinement and improvement.

9. ENSURING VIABILITY AND SUSTAINABILITY

Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and

enforcement. Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

We believe the proposal is realistic and will meet the needs of the community. We also believe this proposal will be successful in transforming healthcare delivery in the Gage Park/West Elson community.

10. IDENTIFYING SUCCESS INDICATORS

What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

In collaboration with the Community Advisory Council quality assurance client satisfaction metrics will be developed.

OCEAN-HP will identify key community partners including community-based organizations (CBO), faith institutions, schools and other entities for stakeholder input. OCEAN-HP's will coordinate and lead a community needs assessment within the Complex's target area with the first six months of grant approval.

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I. Executive Summary

Dedicated to the pursuit of health equity, the University of Illinois Physicians Group (UIPG) in partnership with two premier Federally Qualified Health Centers (FQHC) in the State of Illinois, UI Mile Square Health Center and Alivio Medical Center, is committed to delivering comprehensive clinical services that improve the health status of communities of color. The disproportionate impact of the COVID19 pandemic on black and brown communities, as a result of the disproportionately greater burden of co-morbidities, socio-economic challenges along with occupational and environmental hazards, has highlighted the devastating consequences of inequities in access to specialty care, mental health, preventative care and overall health care.

The University of Illinois Physician Group (UIPG) consists of physicians and providers representing 17 clinical departments (Anesthesiology, Dermatology, Family & Community Medicine, Emergency Medicine, General Surgery & Surgical Subspecialities, Internal Medicine and Medical Subspecialities, Neurology, Neurosurgery, Ophthalmology, Otolaryngology, Obstetrics & Gynecology, Orthopedics, Pathology, Pediatrics, Psychiatry, Radiology, and Urology), as part of the academic health enterprise of the University of Illinois at Chicago, which includes seven UIC health science colleges – Applied Health Sciences, Dentistry, Nursing, Medicine, Pharmacy, Public Health, and Social Work.

UI Mile Square Health Center (UI Mile Square) has provided quality health care services to vulnerable Chicagoland residents for over 50 years and is one of the oldest Federally Qualified Health Centers (FQHC) in the nation. UI Mile Square is part of the University of Illinois Chicago (UIC), which includes the broader University of Illinois Hospital & Health Sciences System (UI Health). As such, UI Mile Square is the only public sector academic FQHC in Chicago and one of only a few in the nation.

Alivio Medical Center is a bilingual, bicultural organization committed to providing access to quality cost-effective health care to the Hispanic community, the uninsured, and the underinsured, and not to the exclusion of other cultures and races. As a Federally Qualified Health Center, the mission of Alivio is expressed through the provision of services, advocacy, education, and evaluation provided in an environment of caring and respect.

Disease burden and mortality are distressingly high in the Gage Park/West Elsdon service area compared with state and national averages. Service area residents are subject to high rates of diabetes prevalence and mortality, heart disease mortality, adult and childhood obesity, cancer morbidity and mortality, and adverse pre- and perinatal indicators. Behavioral health issues such as substance use are also significant in the service area, and asthma, sexually transmitted diseases, and oral health access are also challenges within the community. The vast number of health disparities all point to the need for better access to specialty care and education in addition to prevention, screening, and primary care treatment in the service area. After speaking with numerous individuals and providers in the community, we believe we have an understand of the unique needs of Gage Park and West Elsdon and will provide high quality services that will lead to better outcomes.

A Comprehensive Care Complex in the Community (C4) represents an “all-inclusive” response to IDHFS Transformation Proposal RFA. We are leveraging UIPG clinical expertise across our clinical departments, our partnerships with the federally qualified health centers UI Mile Square Health Center and Alivio Medical Center, our community partnership/affiliation with UIC Office of Community Engagement and Neighborhood Health

Partnerships (OCEAN-HP), and our academic partners within the UIC College of Applied Health Sciences to transform health care delivery in the Gage Park/ West Elsdon neighborhood with a distinct focus on addressing the specific needs of the community, including social and structural determinants of health. We propose to transform the health of the community by bringing comprehensive healthcare to the community where it belongs allowing the community full access to healthcare in their communities.

This proposal includes a transformative model of an "all-in" approach to improve access to a wide range of health care services including specialty care, advanced diagnostic services including MRI, advanced Cardiac and Obstetric Ultrasounds, Ophthalmologic diagnostics, Digital mammography, occupational/physical therapy, and nutrition that is ready to engage/deploy which will improve the health and wellness not just of the individual, but for the entire community. The UIPG brings a unique depth to the clinical expertise in specialty care available to Gage Park/West Elsdon neighborhoods and surrounding communities along with UI Mile Square, Alivio Medical Center, and a fully integrated community engagement component that is strongly committed to addressing social determinants of health (SDOH) and thus realigning the strength of a community-academic partnership. UI Mile Square expertise in integrated behavioral care and trauma-informed mental health support services will address unmet behavioral health needs in the community where less than 5% of residents report seeking mental health services despite 4X the numbers of residents reporting depression, anxiety, and post-traumatic stress disorder. (Chicago Health Atlas). Given the health disparities surrounding maternal and infant indicators in the Gage Park /West Elsdon neighborhoods, a Women's Wellness Center providing a comprehensive and complimentary range of services, co-led by the UIPG and Alivio Medical Center, will support a community where there are higher rates of late-stage breast cancer incidence, higher teen births, and significant numbers of preterm births. Alivio Medical Center has a well-established Ob-Gyn and Midwifery program that offers bilingual and bicultural obstetrician/gynecologists and nurse midwives and complete case management from prenatal to postnatal care and beyond. Orthopedic care will help address one of the highest health needs of this community and will benefit from the integration of several imaging modalities. Primary Care at the site will be provided in conjunction with our FQHC partners. This partnership integrates clinical care and social determinants of health, to offer a bilingual culturally competent comprehensive community-focused approach to care.

With the recent sale of Mercy Medical Center hospital to Insight Chicago that excluded the Mercy Medical Facility on Pulaski, there is a potential void in a significant range of clinic services previously provided to communities surrounding the 5525 S. Pulaski location. We propose to acquire the location and not only continue but significantly enhance the primary and specialty care previously offered and transform services offered in the community by bringing much needed advanced diagnostics and greater care integration to an under-resourced community. As an organization, health equity and providing care to the underserved is part of our mission and we are committed to improving access particularly for disadvantaged populations. Establishing a care complex collaboration in the community will evolve a sicker community into a healthier community. In addition, this care complex is an opportunity for community transformation and model for future health care delivery. Investment in this project will improve outcomes, increase access, reduce disparities and inequities, and will provide for a healthier community across all levels of care.

II. PROPOSAL

Who we are and what we do:

The University of Illinois Physician Group (UIPG) consists of physicians and providers representing 17 clinical departments (Anesthesiology, Dermatology, Community & Family Medicine, Emergency Medicine, General Surgery & Surgical Subspecialities Internal Medicine and Medical Subspecialities, Neurology, Neurosurgery, Ophthalmology, Otolaryngology, Obstetrics & Gynecology, Orthopedics, Pathology, Pediatrics , Psychiatry, Radiology, and Urology,) as part of the academic health enterprise of the University of Illinois at Chicago, which includes seven UIC health science colleges – Applied Health Sciences, Dentistry, Nursing, Medicine, Pharmacy, Public Health, and Social Work. The UIPG currently serves a large Medicaid population and accepts all Managed Medicaid plans.

UI Mile Square Health Center (MSHC) has provided quality health care services to vulnerable Chicagoland residents for over 50 years and is one of the oldest Federally Qualified Health Centers (FQHC) in the nation. UI Mile Square is part of the University of Illinois at Chicago (UIC), which includes the broader University of Illinois Hospital & Health Sciences System (UI Health). As such, UI Mile Square is the only public sector academic FQHC in Chicago and one of only a few in the nation. MSCHC accepts all patients, regardless of their ability to pay.

Alivio Medical Center is a bilingual, bicultural organization committed to providing access to quality cost effective health care to the Hispanic community, the uninsured, and the underinsured, and not to the exclusion of other cultures and races. As a Federally Qualified Health Center, the mission of Alivio is expressed through the provision of services, advocacy, education and evaluation provided in an environment of caring and respect.

The UIC Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP) is an organizational unit of the University of Illinois Health Sciences System (http://oceanhp.uic.edu). OCEAN-HP focuses on developing mutually beneficial partnerships that improve the health of communities. Our definition of health is broad and directs us to make purposeful contributions towards improving health, supporting education, capacity-building and creating healthy environments among other contributors to the health of neighborhoods. We have a long history of developing partnerships with community-based organizations that have a similar mission. Our work has included programs that address the health of individuals, families and communities ranging from activities to build organizational capacity, to train lay health workers, and to provide health education, health services and community organizing to address problems identified with community stakeholders. The UIC Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP) fosters partnerships to bring together the expertise, resources and wisdom from the community with that of the university to strengthen the quality of life for all beneficiaries. The OCEAN-HP mission is to promote health equity, revitalize historically underserved communities, and build leadership capacity through service, education, and research. ***OCEAN-HP Core Services are:***

a) Community Health and Education - Clinical and Behavioral Health Services in School

b) Community Health Worker (CHW) Education and Deployment – OCEAN-HP operates a Community Health worker training and deployment program in the Englewood Community. This program is entitled H.E.R.O - **H**ealth, **E**ducation, **R**esources and **O**pportunities. This program provides training

and education to individuals living in the target community. These H.E.R.O CHWs are then deployed into the community to provide support, education, and linkages to resource for individuals who lack a primary care home, have health challenges and/or who need help in navigating the various systems etc. that impact their health and well-being.

c) Community Health and Education - Nutrition Services OCEAN-HP administers the city-wide Chicago Partnership for Health Promotion, a USDA supported nutrition education program (www.uic-cphp.org). The Chicago Partnership for Health Promotion (CPHP) represents a network of community-based programs designed to improve nutrition and reduce disparities in outcomes associated with poor nutrition and lack of physical activity. CPHP provides high quality education in a variety of venues across the city including schools, shelters, community health centers, senior centers, churches, community agencies, and park districts, to name a few.

d) Faith and Health - The reach of our population health model has been extended over the four years through our Center for Faith and Community Health Transformation (http://chicagofaithandhealth.org). The Office of Faith-based Community Health Promotion Partnerships (OFCHPP) is a program that establishes mutually supportive and beneficial relationships between the University and the faith community of the Chicago Metropolitan Area. OCEAN-HP assists faith institutions in developing health ministries, providing training and education on topics such as healthy eating, health and wellness, and trauma-informed care.

e) Community Engagement and Research OCEAN-HP is an important vehicle through which UIC researchers learn about the resources and needs of Chicago communities, make connections to conduct responsive research and disseminate research findings. More importantly, OCEAN-HP's focus on capacity building prepares community partners to utilize this information and to generate new research questions. This year OCEAN-HP will lead the development of a community driven research agenda. OCEAN-HP also functions as a vehicle to connect the community to the University.

f) Consultation Services and Capacity Building - OCEAN-HP staff are skilled professionals with a deep commitment to service but also to build capacity in others so that they are equipped with the knowledge necessary to improve their individual work performance and/or, on a broader scale, improve the health of their community. To accomplish this goal, OCEAN-HP provides three key trainings to organizations, individuals and partners: 1) trauma informed care 2) leadership/partnership development and 3) community health worker program design and implementation as well basic skill training for community health workers.

A. Community Input

The community service area is 60629, which includes the communities of Gage Park and the West Elsdon neighborhood. The service area is home to 45,562 individuals, of whom 18.6 percent are low-income or in poverty. Within the service area, 25.7 percent of residents are either uninsured or carry public insurance, 96.4 percent of residents identify as a racial or ethnic minority, and 70 percent of residents speak a language other than English at home. Community violence and low educational attainment also prevent many residents from enjoying the highest possible quality of life.

Discussions with primary care providers practicing within the Gage Park community indicate a need for greater access to specialty care, wrap-around services, and advanced diagnostics capabilities. We have engaged and the following healthcare providers and leaders in the area:

- Dr. Jorge Cavero, CEO of the Cavero Medical Group 407 W. 63rd Street, Chicago, IL 60629. The Cavero Medical Group Ltd is a single-site medical office with health care providers specializing in Family Medicine, Internal Medicine, & Pediatrics.
- Alejandro Clavier, MD, MPH Medical Director Esperanza Health Center VIDA Pediatrics 3124 W. 59th St, Chicago, IL 60629. Esperanza at VIDA Pediatrics is a thriving pediatrics practice in Gage Park that offers a full array of pediatric services exclusively.
- Roberto Montejano Sr., President/CEO Envision Community Services 4324 W. 63rd Street Suite 4, Chicago, IL 60629
- Esther Corpuz, CEO (Chief Executive Officer), Alivio Medical Center 2355. S. Western Ave. Chicago, IL 60608.

Discussions with elected officials representing the communities of Gage Park/West Elsdon have either been scheduled or completed with the following individuals:

- State Senator Celina Villanueva
- State Representative Angelica Guerrero-Cuellar
- Alderwoman Silvana Tabares
- Alderman Marty Quinn

To ensure rapid launch of clinical services, we are integrating and leveraging existing collaborations between the UIC Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP), as well as the community outreach framework of our FQHCs UI Mile Square and Alivio Medical Center (See Letters of Support from OCEAN-HP, UI Mile Square, and Alivio Medical Center).

We have also engaged with various community stakeholders to discuss what they perceive as the needs of their communities, and ways investment in healthcare delivery and addressing social determinants of health could lead to better outcomes for residents. Please see letters of support from Luis Martinez, Los Comales, and Envision Community Services. Additionally, we have letters of support from the UIC College of Applied Health Science and UIC Nutrition Science program, who are committed to collaborating in advancing health equity.

Attached Letters of Support:

Community Providers & CBOs:

- Esther Corpuz
- Luis C. Martinez, Attorney at Luis C Martinez Attorney at Law, 4111 W. 63rd St., Chicago, IL 60629
- Roberto Montejano Sr.
- Ana Luisa Garcia
- Jesus Esquivel, Executive Director of Opportunities for All, 2150 S. Canalport Ave., Ste 4A-10, Chicago, IL 60608
- Eddy Borrayo, President & CEO of Rincon Family Services, 3710 N Kedzie Ave., Chicago, IL 60618
- Harold Jaimes, President at Jamies Medical Group, 3153 W. Fullerton Ave., Chicago, IL 60647
- Pravin Muniyappa, Allergist & Imunulogoist, 5525 S. Pulaski Rd., Chicago, IL 60629

Elected Officials:

- Marty Quinn
- Silvana Tabares
- Angelica Guerrero-Cuellar
- Celina Villanueva
- Edgar Gonzalez, JR.
- Aaron M. Ortiz, 1st District

Prior to final decisions regarding the complement of clinical services to be offered at the clinical site, OCEAN-HP will conduct listening sessions with community groups representing the Gage Park and West Elsdon communities to fully understand the needs and priorities of the community. In addition, there will be a community advisory council formed to ensure alignment and communication with community members. OCEAN-HP will also conduct community forums to highlight availability of clinical and ancillary services available to community and report back out to the community on progress & successes. We will continue to build a collaborative relationship with Community Based Organizations (CBOs) to make sure that the health services received are a positive experience and to maintain their engagement and support over time.

After several conversations with key community leaders and healthcare providers, it became clear that the closure of Mercy Medical on 55th & Pulaski was going to leave a void in access to healthcare for the community. Many patients in the community walk or use public transportation to receive health services. The proposed market area was defined by a 15-minute drive time analysis.

The drive time was utilized to help address the issue patients in this community and across the country face in terms of access to healthcare. According to a report from Altarum, it takes more than half an hour for patients to travel to healthcare appointments, and that is followed by 11 minutes of waiting (www.healthcaredive.com). With several area hospital closures; residents of the West Elsdon/Gage Park community have one facility located within that drive time and it is located on a hospital campus which has proven difficult for patients to navigate. Additionally, traveling and wait times result in a cost to the patients, including lost work time. The proposed market definition encompasses a large population and provides access to comprehensive services in half the time, while lowering the overall cost to the patient.

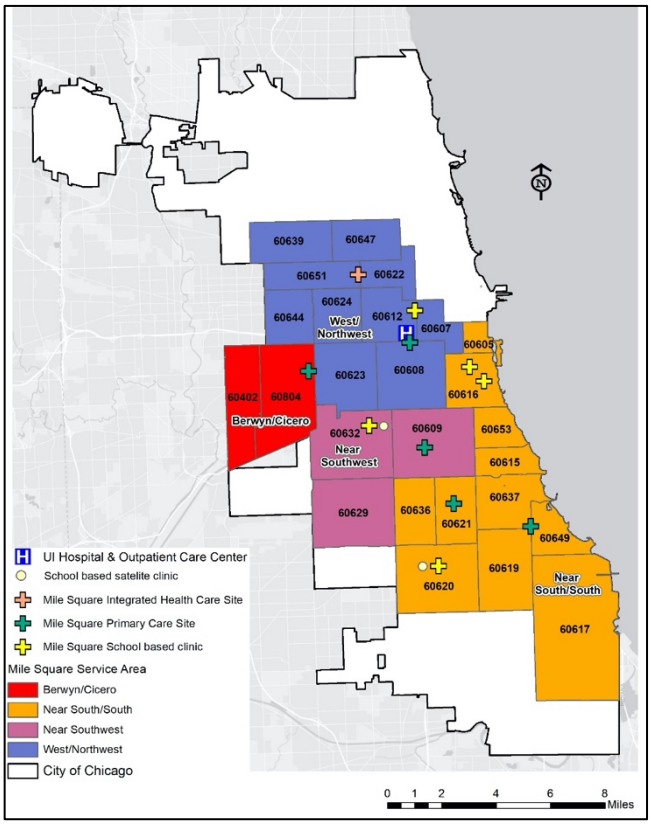


Figure 1: Map of Mile Square Health service area

As part of ongoing community needs assessments, UI Mile Square conducted several focus groups pre-COVID (December 2019) with not only UI Mile Square patients, but with community members across all their existing sites, one of which is in the neighboring zip code of 60609. These conversations were held with naturally occurring groups of cancer survivors and individuals with diabetes/pre-diabetes, respectively, and the groups were facilitated by a third-party consultant. Additionally, a community survey for patients and local community residents was conducted from December 2019 through February 2020. This survey was available in both English and Spanish and could be completed online, on paper at select UI Mile Square sites, or administered in-person by community health workers at various health fairs and community outreach events throughout the service area. In total, 357 responses (353 complete responses) were received to the survey from 23 of 26 Chicago area zip code in the service area. Despite such limitations, the survey responses provided valuable insight into community members' perspectives and perceived needs that have been incorporated into the initial planning proposal.

B. Data

This proposal reflects a systematic, data-driven approach to understanding the health status, behaviors, and needs of residents within the 60629-service area. It will be used to align resources and decision-making in order to improve the health and wellness of the Gage Park/ West Elsdon community members, increasing life spans and improving quality of life; reduce health disparities among service area residents; and increase accessibility of health services.

Quantitative data was collected using the most recently available data sets from the American Community Survey; UDS Mapper; the University of Illinois Community Assessment of Needs (UI-CAN) 2019; CDC Wonder, the Behavioral Risk Factor Surveillance System (BRFSS); the Chicago Department of Public Health's (CDPH) Chicago Health Atlas and other city of Chicago sources; county health rankings; the National Survey of Children's Health; CDC HIV Surveillance Reports; CDC Sexually Transmitted Diseases Surveillance; Policy Map; and other publicly available online sources.

At times, the best available data may be only available at the city, county, or state levels rather than zip code level. In these cases, a methodology recommended by HRSA is used to estimate the percent of a population with a certain disease or condition in each zip code. This methodology allows health data only available at the state or county level, for example, to be reliably extrapolated down to a smaller geography such as zip code. Data are compared to benchmarks such as national or state averages. Data is also shown by the official Chicago community area if that is the most current and relevant data available, such as from CDPH, Sinai Urban Health Institute, or UI Health. These do not line up with zip code boundaries but are commonly used across Chicago agencies.

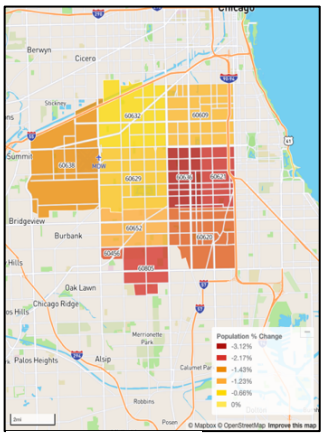


Figure 2

- 60632 – Brighton Park
- 60629 – Elsdon/Gage Park
- 60609 – New City/Fuller Park
- 60636 – West Englewood
- 60620 – South Englewood
- 60638 – Clearing
- 60652 – Clarkdale
- 60805 – Evergreen Park
- 60456 – Hometown

The 60629 zip code area is projected to have a slight decrease in anticipated population growth over a ten year projection. Nonetheless, **these communities will face double digit increases in signficant health conditions** including the following:

- Cardiovascular Disease
- Kidney Disease
- Orthopedic-Related
- Diabetes
- Mental Health/Behaviorial Health

CARE Family	10-Year Actual Change (volumesDashboard)	10-Year Percent Change (volumesDashboard)
End Stage Renal Disease	211,249	25.70%
Congestive Heart Failure	87,205	24.40%
Osteoarthritis	223,161	22.30%
Dementia and Cognitive Disorders	92,480	22.20%
Dysrhythmia	124,336	21.80%
Diabetes Mellitus	157,802	20.40%
Mood Disorders, Persistent	113,962	20.20%
Anxiety and Personality Disorders	154,134	17.10%
Autism	124,608	15.40%
Adjustment Disorders	83,456	15.20%

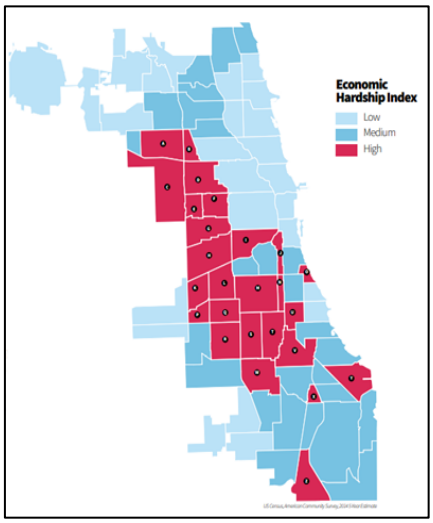
Figure 3: 10-year projection in health conditions

It is also a community with a low Child Opportunity Index, high Economic Hardship, and a majority of racial and ethnic minorities. One way of measuring overall community hardship is with the Economic Hardship Index. This composite score helps compare social and economic conditions between Chicago communities. The six indicators in the index are:

- Crowded housing (percent of occupied housing units with more than one person per room);
- Poverty (percent of households living below the federal poverty level)
- Unemployment (percent of persons in the labor force over the age of 16 years that are unemployed);
- Education (percent of persons over the age of 25 years without a high school diploma);
- Dependency (percent of population under 18 or over 64 years of age); and
- Income (per capita income).

As noted by CDPH in its *Healthy Chicago 2.0: Partnering to Improve Health Equity 2016-2020,* considering these indicators as a group provides a more complete, multidimensional measure of socioeconomic need than individual measures alone.[1] Both Gage Park and West Elsdon are Chicago community areas identified by CDPH as having high economic hardship as shown on the following map:

Figure 4: Hardship Index by Chicago Community Area



- **West Elsdon**
- **Gage Park**
- Chicago Lawn
- West Englewood
- Englewood
- Washington Park

Community Area Data and Health Status Indicators for zip code 60629

- 5% report visiting a mental health specialist
- 38% report witnessing domestic violence
- 40% of residents were admitted with most recent Emergency department visit
- 52% of residents reported having their BP checked in the past year
- 101.3 coronary artery disease deaths (CAD) per 100,000 population

Most Recent Health Status Indicators Available:

INDICATOR	GAGE PARK	WEST ELSDON	CHICAGO (AVERAGE)
Cervical Cancer incidence	16.2	2.6	20.5
Female Breast Cancer incidence	91.2	78.8	108.8
Coronary Artery Disease	101.3	101.1	96.6
Chronic Liver Disease/Cirrhosis	Not availbale	12.4	10.1
Obesity-Adult	36.3%	41%	30.8%
Obesity-Childhood	30.70%	31%	Not available
No health insurance	25.70%	15%	--

Market demand forecasting, market demographics, and state data were employed to guide the services proposed. The data was collected through the Sg2 platform which allowed for a comprehensive view of the market area and need when considering the prevalent diseases affecting the community. The data collected was based on utilization of outpatient services specific to the proposed market area.

The proposed market area showed a significant Latin X population. Within a mile from the proposed location the Latin X community makes up for 85% of the population, 69% within three miles and 55% within five miles. According to the U.S. Department of Health and Human Services Office of Minority Health, Latin X health is often shaped by factors such as language/cultural barriers, lack of access to preventative care, and the lack of health insurance. The Centers for Disease Control and Prevention has cited some of the leading causes of illness and death among the Latin X population, including heart disease, cancer, stroke and diabetes. The collaboration between UIPG, Mile Square Health Center, and Alivio Medical Center is a natural fit for this community to help support vital services to maintain the health of this community.

The data below further supports the need to have the key services affecting the population.

Proposed Specialty Care Offerings (UIPG)

Based upon these reviews of the various health status indicators, morbidity and mortality data, the UIPG along with our FQHC partners propose to transform and redesign the healthcare delivery model to the residents of the Gage Park/West Elsdon neighborhoods by bringing access to specialty care and advanced diagnostics to the community along with needed behavioral and mental health enhanced services (UI Miles Square) and a state - of-the art Women Wellness Center featured advanced obstetric ultrasounds capabilities (Alivio Medical Center/UIPG). In addition, we bring patient –friendly technology and digital platforms for enhanced access and communication, for example telehealth or community health text messaging reminders or online appointments. Our electronic health platform (EHR) features MyChart which will allow community members to get email reminders about visit and discharge notes online after clinic appointments to allow them to be a partner in their care.

Market Demand Forecast				
		2019	2029	2029
	Service Line	Volumes	Volumes	% Change
1	General Medicine	1,135,172	1,081,590	-4.70%
2	Orthopedics	931,692	949,970	2.00%
3	Behavioral Health	821,317	917,513	11.70%
4	Spine	695,740	675,630	-2.90%
5	Neurosciences	342,315	360,022	5.20%
6	Cardiology	293,988	326,912	11.20%
7	ENT	282,308	259,029	-8.20%
8	Cancer	260,842	281,040	7.70%
9	Ophthalmology	230,721	245,476	6.40%
10	Dermatology	212,638	213,428	0.40%
11	Pulmonology	170,747	176,877	3.60%
12	Endocrine	152,479	167,505	9.90%
13	Nephrology	141,067	169,637	20.30%
14	Gynecology	136,001	117,331	-13.70%
15	Gastroenterology	121,904	125,400	2.90%
16	Infectious Disease	97,582	98,448	0.90%
17	Urology	92,046	97,802	6.30%
18	General Surgery	83,075	84,338	1.50%
19	Allergy and Immunology	78,224	74,163	-5.20%
20	Obstetrics	75,637	64,818	-14.30%
21	Rheumatology	68,842	68,230	-0.90%
22	Vascular	65,276	72,662	11.30%
23	Burns and Wounds	64,193	67,215	4.70%
24	Breast Health	37,545	36,665	-2.30%
25	Hematology	26,961	29,311	8.70%
26	Genetics	17,027	17,424	2.30%
27	Hepatology	16,990	18,597	9.50%
28	Neonatology	16,533	16,199	-2.00%
29	Normal Newborn	4,829	4,002	-17.10%

Specialty	Descriptions
Cardiology	Our specialists combine medical and surgical approaches to deliver the highest level of care for disorders and diseases of the heart. Our team of experienced cardiologists provide complete heart care, from diagnosis to intervention, and is supported by a multidisciplinary team of specialists, including neurologists, imaging experts, and vascular surgeons.
Endocrinology-Diabetes	Our specialists are involved in the latest diabetes and endocrinology research, providing patients with more accurate diagnoses and access to the most advanced treatment options. Our experienced team provides a range of treatment options for diabetes and endocrine disorders. Patients have access to clinicians with expertise in care for type 1, type 2, gestational diabetes, adrenal disorders, and other endocrine disorders all dedicated to ensuring our patients receive the best care possible, and we partner with other specialty programs to coordinate the care of each patient, including Bariatric Surgery, Cardiology, Ophthalmology, and Transplant.
Gastroenterology/Hepatology	Our specialists diagnose and treat diseases of the liver and gastrointestinal (GI) tract, which includes the esophagus, stomach, gallbladder, pancreas, small and large intestine (colon), and rectum. Our patients benefit from the latest advancements in diagnosis and treatment and utilize state of the art technology to make diagnoses and create therapy plans.
Infectious Disease	Our specialists diagnose and treat infection-related medical and surgical conditions and diseases, working closely with your primary care teams to develop a personalized care plan.
Hematology/Oncology	Our programs feature state-of-the-art diagnostic and treatment options, and every patient has access to the latest cancer resources, including educational opportunities, and support and survivorship groups. Areas of cancer expertise include: Breast, Colorectal, Prostate, Lung, Skin, Hematology/Blood, and Head & Neck.
Nephrology	Our specialists diagnose and treat patients with conditions and diseases of the kidney, including end-stage renal disease (ESRD), kidney transplantation, acute kidney failure, kidney stones, and immunological kidney diseases. Our kidney transplant outcomes are among the best in Chicago
Rheumatology	Our specialists provide care to patients with the full spectrum of rheumatic and autoimmune diseases, including arthritis and allied conditions and disorders of connective tissue.
Pulmonology	Our specialists provide the highest level of care and treatment for lung disorders and diseases. Our Lung Health Program is staffed by some of the best pulmonary specialists in the Chicago area, and we provide a full array of services, including state-of-the-art diagnostic technology, Spirometry, and effective treatments and cures
General Surgery & Subspecialities (Breast, Oncology, Colorectal)	The general surgery department is comprised of a variety of Chicago's top specialists, providing expert care for a variety of surgical treatments. Our specialists in general surgery and surgical subspecialties, such as breast, oncology, and colorectal, offer premier care ranging from tumor resection to breast reconstruction.
Pediatrics Subspecialities	Our pediatrics department conveniently utilizes primary care physicians and specialists at one location to accommodate all patient needs. Pediatric services range from well and sick visits to established emergency services on a dedicated pediatric floor.
Ophthalmology	For more than 150 years, the ophthalmology department has provided care to patients with some of the most complicated and serious eye diseases. Our nationally recognized specialists treat eye disease ranging from conjunctivitis to keratitis, and more. The Illinois Eye and Ear Infirmary is the number one referral destination in the Chicagoland region for complex patients.
Orthopedics	Our orthopedic specialists feature a range of diverse clinicians who treat a myriad of conditions from broken bones and fractures to scoliosis. The department of Orthopedics offer the latest surgical and nonsurgical technology, aimed at getting you back on your feet in no time. At UI Health, our clinicians offer care consisting of either inpatient and outpatient surgery, rehabilitation, and orthotics and prosthetics – they work with you to find a treatment plan that best suits your needs.
Radiology	Our imaging specialists provide a number of radiologic offerings from PET/CT to ultrasound and specialize in a number of radiologic services, including mammography and interventional radiology. We work with your doctors to provide diagnostic answers to your medical conditions and coordinate treatment.
Women's Health	Our specialists provide a multitude of services at the Women's Health center, from gynecologic and contraceptive care, obstetrics, maternal fetal medicine and infertility treatment. Our Women's Health center is home to the largest midwifery practice in the state of Illinois. We also work with the Neonatologists in our level III nursery, ensuring care is their if your new one needs it.
Dermatology	Our expert specialists at UI Health provide care to patients with a variety of conditions, ranging from acne to melanoma and skin cancer. Our dermatologists are constantly involved in research to bring the best, advanced and cutting-edge treatments available to you.
Otolaryngology (ENT)	The ENT department at UI Health is one of Chicago's leading centers for comprehensive diagnosis and treatment of conditions of the ear, nose, and throat ranging from sinusitis to cancer. Our specialists provide the latest cutting-edge treatments due to extensive research performed by the department.

UI Mile Square Health Center Integrated Behavioral Health Model of Care

Long-term Therapy (Psychologist)	Brief Intervention (BHC/LCSW)	Child Psych Testing	Psychiatry Consultant	Walk-In MSHC Psych APNs	Medication Assisted Treatment (MAT)

• 60-min sessions (patient time spent with provider usually 50 min)
• Long-term: no session limit
• Can dive deeper into trauma, past experiences,
• Waitlist for new patients
• **Cannot** prescribe medication
	• 30-min session (patient time usually spent with provider usually 25 min)
	• Short-term: up to 12 sessions in a year
	• Teaches coping skills, stress relief strategies, goal setting, behavior change, symptom management, etc.
	• Available for new, same-day warm hand-off or walk-ins
	• **Cannot** prescribe medication
	• **Cannot** do psych eval, for court, disability, etc.
		• 1-4 hour sessions depending on testing
		• Occurs over the course of several sessions
		• No follow-up therapy after testing complete, will refer out for services
		• Can help with writing letters for school accommodations
		• **Cannot** prescribe medication
			• PCPs utilize to manage psych medications for patients
			• PCP must initiate/send referral
			• Patients do not directly meet with Psych Consultant
			• Can occur via phone or E-Consult
			• Psych Consultant will give recommendations if pt would need to see a psych provider
				• Available for walk-in appts.
				  • New diagnosis of SMI
				  • Stabilization
				  • Changes in mental health
				  • New patient
				• Available for scheduled appts at the discretion of PCP and Psych APN (ie. Team-based care)
				• PCPs to manage long-term
					• For patients with Opioid Use or Alcohol Use disorder
					• Always accepting new patients
					• MAT provider manages medications
					• Counseling not embedded in MAT program at this time- can refer to BHC for counseling/brief intervention

Figure 5

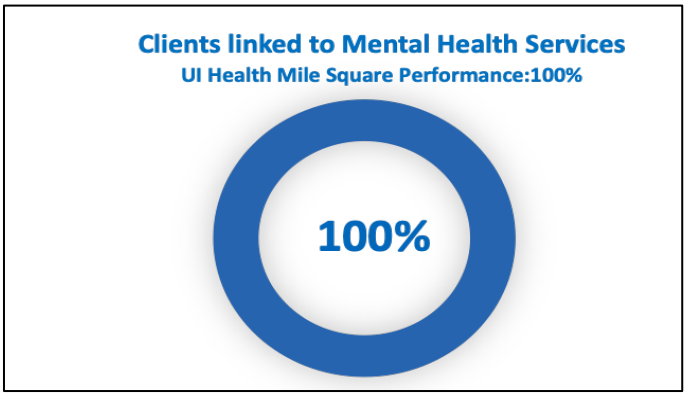


Figure 6

MSHC BH Model of Care

- ✓ Integrated Behavioral Health Collaborative Care Model:
  - Patients are co-managed between behavioral health and primary care
  - Stable patients are maintained by primary care and new consults and unstable patients have access to specialty behavioral health services.
- ✓ Medical Care:
  - Primary care clinicians who are advocates of behavioral health at each Mile Square site actively co-manage patients with addiction and mental health disorders.
  - They will continue medication management including long-acting injectable medications, anti-psychotics, and other medications that are currently prescribed by our psychiatry clinicians.
- ✓ Therapy Services (See table 1 and fig 3):
  - Same day, warm hand-off services are available for all patients by the onsite Behavioral Health Consultant (BHC) (LCSW/CADC).
  - The BHC is responsible for brief interventions, assessments, short-term therapy/follow-up if needed, and bridging of services if patient requires long-term therapy.
  - The BHC coordinates follow-up with medical appointments (if needed).
  - Minimum of 1 BHC (LCSW) per site – Main, Humboldt Park, Cicero, BOTY (Back of the Yards), South Shore, Englewood and Rockford.
  - Long Term Therapy provided by Clinical Psychologists (>3 months).
- ✓ Walk-in Access and Bridge Services in Urgent Care/Main:
  - Teamlet Approach (1 LCSW and 1 Psych APN for each shift)
    - 3 Psychiatry APNs were hired to provide care 6 days per week and evening hours
    - 3 LCSWs were hired to provide care 6 days per week and evening hours
  - Available via telehealth to off-sites.
  - Walk-in evaluation and management, bridge services, and follow-up

Figure 7

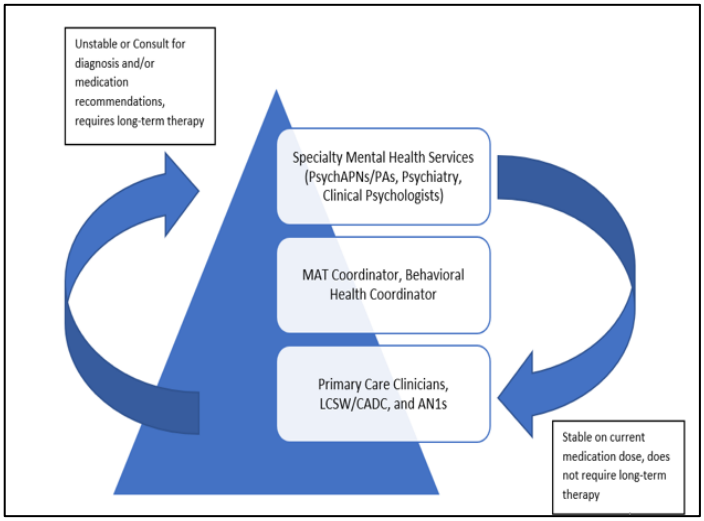


Figure 8

The Mile Square Health Center integrated behavioral health model of care ensures patients are appropriately and effectively managed, by bringing in different modalities to ensure proper care is provided. The behavioral health model of care incorporates patient care under the management of a behavioral health specialist and a primary care physician. By having the collaboration of a primary care physician and behavioral health specialist, patients are provided advocacy and medication management. This comprehensive model not only includes developing treatment plans for patients, whether intervention is short term or long term, but it also offers walk-in appointments and management.

Women's Wellness Center (Alivio Medical Center/ UIPG Dept of Obstetrics & Gynecology)

The age demographics of the communities, various health status indicators, and outcome data demonstrate opportunities around reproductive health, pregnancy, and cancer screenings.

- Early & Adequate Prenatal Care in 1st trimester has seen a steady and significant decline over the years to the most recent numbers of 66.7% for the predominately Hispanic /Latinx Gage Park/West Elsdon community. This is compared to 81.9 % for non-Hispanic Whites and 57.9% for Non-Hispanic Blacks.
- Infant Mortality Rate of 11.4 % for non-Hispanic Blacks, 5.5% for Hispanic/Latinx and 3.6 % for Non-Hispanic whites.
- Late-stage Female Breast Cancer incidence is 52.2 per 100,000 population compared to the Chicago average of 49.8 per 100,000.

Combining the strengths of two well established programs, the Women's Wellness Center will offer well-women exams and family planning needs utilizing the existing framework of Alivio Medical Center. The UIPG specialties will provide complementary services to the Alivio Medical Center OB & Midwifery program to address complex issues related to fertility, pregnancy, high-risk pregnancy complications and birth, and proactively address adverse pre- and perinatal indicators. In addition, the UIPG will provide specialty and subspecialty services for a multitude of gynecological concerns, including abnormal uterine bleeding, complex contraception, urinary incontinence, minimally invasive surgical management, female cancer screening and management, menopause, and sexual health.

C. Health Equity and Outcomes

The Care Complex Collaboration in the community (C4) represents a revised healthcare delivery system to a community that has faced significant and worsening health disparities over the years. The void that will be left following the sale of the Mercy Medical Building on 55th and Pulaski will only exacerbate the health inequities facing the Gage Park /West Elsdon communities. Access to specialty care and advanced diagnostics is something that can benefit not only the residents within the 60629 zip codes, but residents in the neighboring communities as well as other communities throughout the Southwest side of Chicago. Currently, access to specialty care and advanced diagnostics, such as Magnetic Resonance Imaging (MRI), Advanced Cardiac and Obstetrics Ultrasounds, Advanced Ophthalmologic evaluation for eye disease and state-of-the-art pulmonary lung assessments for smokers, etc., have been traditionally limited to academic centers or larger hospital systems, thus requiring community members to travel out of their communities for these initial assessments. Through the IDHFS transformation funds, we propose to change the model by providing state-of-the art care and access within the community, thus eliminating many of the barriers related to transportation, inflexible work schedules, childcare obligations, etc. By partnering with FQHCs with demonstrated successes in community engagement and care coordination, we believe that we can create a new model of care integration within distressed communities.

Communities of color have been disproportionately affected by health disparities due to gaps in access to care, economic opportunities, and higher prevalence of underlying medical conditions. Our collective commitment and expertise in health equity as an organization and a physician group has contributed to our ability to successfully engage diverse populations across the City of Chicago and within the State of Illinois.

Delivering high quality care to the communities we serve is part of the mission of the University of Illinois Physician Group. The specific disparities that will be targeted through this proposal include:

- Cardiovascular Disease
- Diabetes
- Obesity
- Cancer
- Women & Infant Mortality
- Behavioral Health

As the Gage Park/West Elsdon community is 96% minority, our outcomes will be reflective of predominately individuals of color, but services and care are intended to be of benefit and available to all residents of the neighborhoods. By preventing delays in accessing needed specialty care, we can systematically decrease the occurrence of secondary complications such as heart failure, strokes, renal failure requiring dialysis, and myocardial infarctions. We believe that this approach over time will substantially improve the health of this community.

D. Quality Metrics

The Care Complex Collaboration in the community proposal aligns very well with the IDHFS' Quality Strategy. The overarching goal of this proposal is to improve overall health outcomes among a predominately minority community that has traditionally faced significant health disparities. Based upon the health status indicators for the Gage Park/ West Elsdon community, along with data from prediction models, the health disparities around heart disease, mental health, cancer, and diabetes are significant and will worsen over time. The measurable quality metrics we propose include the following:

- Improve access to specialty care
    - Tracking of referrals from community providers, FQHC partners, and Primary Care Providers
    - Time to New Appointment Scheduling, Time to 3rd Available Appointment (proxy for access)
- Increase effective coordination of care. (OCEAN-HP and Care Integration Managers and Community Health Workers)
    - Increased patient compliance for the following health screenings: breast and cervical cancer, diabetes, and hypertension.
    - Reduce risk of developing a chronic illness such as diabetes and/or hypertension.
    - Increased patient compliance with specialty appointments
    - Improved health literacy for patients in the areas of diabetes and/or hypertension (implemented within a culturally humble framework)
    - Patient satisfaction ratings that are 95% and above.
- Improve participation in preventive care and screenings.
    - Focus on the number of Breast Cancer, Cervical Cancer, Colon Cancer screenings. There will be mammography on-site, as well as a Women's Wellness Center, to facilitate convenience of scheduling of screening exams. There will also be a GI specialty services onsite as well.
- Promote integration of behavioral and physical healthcare
    - The Integrated Behavioral Health program will allow us to track and monitor effective linkage to mental health services.

- Identify and prioritize reducing health disparities
    - The health disparities around cardiovascular disease, kidney disease, cancer, and maternal child health have been identified and will be prioritized through the initial offerings of advanced diagnostics and specialty care.

E. Care Integration and Coordination

The multidisciplinary team for this project will include a behavioral health specialist, a registered Nurse/APN and four community health care workers. A key skill of CHWs is their ability to engage as well as educate individuals on the importance of good health. "Community health workers are recognized in the Patient Protection and Affordable Care Act as important members of the health care workforce. The evidence shows that they can help improve healthcare access and outcomes; strengthen healthcare teams; and enhance quality of life for people in poor, underserved, and diverse communities."

The University of Illinois Office of Community Engagement and Neighborhood Health Partnerships (OCEAN-HP) is an organizational unit of the University of Illinois Hospital & Health Sciences System (http://oceanhp.uic.edu). OCEAN-HP has a long history of developing health partnerships with schools, churches, community organizations, park P's districts and public health care providers to list a few. OCEAN-HP's work includes programs that address the health of individuals, families and communities ranging from activities to build organizational capacity, train lay health workers, provide health education and health services, and community organizing to address problems identified with community stakeholders.

The Office of Community Engagement and Neighborhood Health Partnerships will implement its current care coordination model into the UI Health @ Pulaski Care Complex Collaboration. Care Coordination will positively enhance not only the patient experience but will create better health outcomes for active participants. Consistent with OCEAN-HP's mission is the goal of providing quality comprehensive services to the individuals and families served within our health care delivery system. Care coordination is a patient centered approach necessary in a time where health centers are measured not only on the quantity of patients seen but also on the quality of the care delivered. Care coordination addresses potential gaps in meeting patients interrelated medical, social, developmental, behavioral, educational, informal support system, and financial needs to achieve optimal health and wellness, according to the patient wishes/preferences.

While it is important to provide specialty services in communities that heretofore many underserved and/or economically challenged communities have been unable to access, it is equally important, if not vital, to ensure patients are able to navigate a complex health care system while also adjusting and addressing life's many challenges. These challenges have been amplified since the COVID 19 Pandemic. The care coordination model proposed here will assist families/patients in addressing these issues and therefore will increase patient's compliance with appointments and ultimately improved health outcomes. Further, the approach taken for these care coordination services are "client centered." The patient is deeply involved in the development of their care plan and the services required to meet their needs.

I. Program Goals

The goals of the Care Coordination model are to:

1. Ensure that all patients referred for care coordination are assessed for risk and referred to a provider that can best address their needs, level of care, and wishes.

2. Ensure that patients receiving care coordination have improved health outcomes related to disease management and/or behavioral health.
3. Ensure that patients/care givers are involved in the development and implementation of their care plan.
4. Ensure that patients are empowered to make informed health care decisions.
5. Reduce/prevent avoidable hospitalization, readmissions, and emergency room (ER) visits.
6. Provide ongoing education, support, and motivation for patients in adherence to their health and wellness plan.
7. Assist patients in addressing any barriers to care that negatively impact the adherence to the care plan.

OCEAN - HP's role in the UI Health @ Pulaski Care Complex Collaboration will be to provide the services that will enrich the development and implementation of this center, bringing its 20+ year history of community engagement and health care integration in unique settings, such as its school-based health centers. OCEAN-HP will provide the following to this project:

1. Training and Deployment of Community Health workers (CHW).

   The CHWs will be recruited from community partners. It is important to note that the ideal CHW will have the cultural understanding of the target community. These CHW will be deployed to lead community forums and education session about the complex, provide one on one patient support/referrals/system navigation within the care coordination program, and work with Community partners to ensure continues awareness and support patient navigation to the services that will be offered in the complex.

2. Community Engagement –

   OCEAN-HP will identify key community partners including community-based organizations (CBO), faith institutions, schools and other entities that are potential sources for patient recruitment. OCEAN-HP's Community engagement efforts also include:
   a) Hosting of two annual community town halls promoting the complex, that are also educational and address the predominant health care concerns of the community.
   b) Coordinate and lead a community needs assessment within the complex's target area within the first six months of grant approval.
   c) Develop a Community Advisory Committee for the complex.
   d) Coordinate and lead 2 focus groups within the first year to explore community needs.
   e) Participate with the Physician group in the development of a quality assurance client satisfaction metrics that is shared with the Community Advisory for input and to address any identified challenges, etc.

3. Health education –

   Through its Chicago Partnership for Health Promotion program and the Diabetes education program, OCEAN-HP will provide ongoing nutrition education groups, including culturally designed and appropriate food demonstrations and diabetes education on site.

4. Patient Self-Management and Support – "Me 4 Me"

   This complex will implement an innovative strategy to be both preventive in nature, while promoting the health literacy and self-management of individuals at risk for developing serious chronic conditions, such as diabetes and high blood pressure. The leadership of this project acknowledges and supports HFS efforts to provide patients with the resources and tools that can prevent the development of the costly illnesses that impact the health care finance system, thus reducing the system's ability to direct resources to those who have serious chronic medical illness. It is with this objective in mind that

OCEAN-HP, in partnership with the UIPG, will implement a self-management component within this complex. Patients who are identified as high-risk for developing diabetes and/or hypertension will be referred to the Me 4 Me Program. The Me 4 Me Program will operate within the care coordination structure. The Case Coordinator nurse will receive the referral and risk assessment from the physician. They will then reach out to the patient to provide information about the program and access their willingness to participate in the project. The Me 4 Me Program will include the provision of a free glucometer and/or blood pressure monitor to the patient. The Care Coordinator Nurse will provide guidance to the patient about the use of the equipment and answer any clinical questions the patient may have regarding their health and provide information on things they can do to reduce potential health risk. The patient will be assigned a Community Health Worker who will continue to follow up with the patient quarterly. The quarterly visit will include support and re-education on things the patient can do to reduce their risk of diabetes and/or hypertension. In addition, referrals to additional support services such as nutritional counseling and diabetes support classes will be offered. There will be 200 patients served in this project annually. The primary indicator of success will be that a minimum of 50% of the active participants will not need to be placed on medication for the target disease, i.e. diabetes and/or hypertension.

F. Access to Care

Access to Care is the fundamental driver of this proposal. While access to specialty care has been highlighted, it is important to stress that by combining efforts with two separate FQHCs with unique strengths, we will enhance access to both preventative care (dental, cancer screenings), primary care, family planning, and behavioral health/mental health, in addition to specialty care and advanced diagnostics. Through a partnership with the UIC College of Applied Health Sciences, we will improve access to important ancillary services such as Nutrition, Physical Therapy, and Occupational Therapy. (See letters of Support)

G. Social Determinants of Health

Strategies to address SDOH must be multifaceted, occurring not only in the healthcare domain but also in communities and workplaces, to enhance the relevance of information available to different populations and the resources available to them to protect themselves and those around them. Since the start of the pandemic, Illinois has had over 1.21 million cases of Sars-CoV-2. Historically, these vulnerable populations have faced more severe illness and death rates during public health emergencies. Inequities in social determinants of health (SDOH) have put racial and ethnic minority groups at increased risk of complications. In order to achieve health equity in our communities, it is paramount that efforts focus on addressing underlying SDOHs that serve as barriers to achieving optimal health for these communities.

Using maps of community health status indicators and social determinants of health in tandem with outcome data and other data sources to match treatment & follow-up options to the needs of the Gage Park and West Elsdon communities is necessary to reverse the disproportionate impact of health disparities on communities of color. Successful community engagement and care integration will be the primary drivers of clinical services offered to positively impact SDH. Creation of a dynamic, interactive community-academic partnership model that will examine the relationships among clinical care (both primary and specialty care), socioeconomic status, environmental/perceived stress, social resources, and quality of life indicators is essential in transforming our healthcare delivery models.

Healthy People 2020 identifies five key areas of social determinants of health (SDOH) which can be used as a lens for describing the Gage Park/ West Elsdon service area population.

These key determinants, as shown on Figure 9, are:

1. Social and Community Context,
2. Economic Stability,
3. Education,
4. Neighborhood and Built Environment, and
5. Health and Health Care.

In the following sections, we include data on the morbidity, mortality, and health disparities in the proposed service area, including for diabetes, cardiovascular disease, cancer, prenatal and perinatal health, child health, and behavioral health with comparisons to national and state averages as the targets of this transformation proposal. We present additional community factors such as Medically Underserved Areas, Health Professional Shortage Areas, and other unique community factors affecting the service area.

We begin with an overall look at community context and community hardship in the proposal service area. Followed by various quantitative data related to all five areas, including distinctions by the service area's five regions. The Gage Park/West Elsdon communities falls into the Near South west region.

Figure 9: Social Determinants of Health

Social and Community Context

Race/Ethnicity – Chicago Area

Racial and ethnic composition varies only slightly throughout the Gage Park and West Elsdon service area. Overall, 3.5% percent of the population identifies as Black/African American, and another 93% percent identify as Hispanic. White Non-Hispanics account for 3.3% percent of the overall service area population, followed by Asian Non-Hispanic and All Other races (non-Hispanic) at 0.4%percent and 0.01% percent, respectively.

The service area is very segregated at the regional level, consistent with Chicago's segregation at the neighborhood and community level. As can be seen in the graph above, which shows the racial and ethnic composition of the service area's Chicago area regions, the West/Northwest region is the most diverse, with 42 percent of the population identifying as Hispanic, 32 percent as Black Non-Hispanic, 21 percent as White Non-Hispanic, and 4 percent Asian Non-Hispanic. The highest concentrations of Black Non-Hispanic populations reside in the Near South/South (72%) region, while the highest concentrations of Hispanic populations reside in the Berwyn/Cicero (77%) and Near Southwest (71%) regions.

These statistics demonstrate Chicago's ongoing and persistent neighborhood racial segregation and the isolation grounded in geographic areas. According to the Robert Wood Johnson Foundation:

> *The effects of residential segregation are often stark: blacks and Hispanics who live in highly segregated and isolated neighborhoods have lower housing quality, higher concentrations of poverty, and less access to good jobs and education. As a consequence, they experience greater stress and have a higher risk of illness and death.*[2]

Age

The Near Southwest and Berwyn/Cicero regions each have 28 percent of their populations age 17 and under, making them somewhat younger populations than the Near South/South surrounding counties overall as compared to Cook.

Foreign-Born Populations

In the Chicago area, two regions, Near Southwest and Berwyn/Cicero, each have 34 percent of their population that was born outside the United States – well above the 21 percent in the city of Chicago and in Cook County. These regions are also home to the largest Hispanic populations in the service area (71% and 77% respectively), demonstrating need for linguistic and cultural competence in health care in this area.

Poverty – Chicago Area

Overall rates of poverty have trended downward over the last three years in Cook County. Yet even as the trend is improving, however, all Chicago area regions of the service still have greater rates of poverty and low-income populations than the city or county as a whole. Nearly a quarter of the

Figure 10: Chicago-land area racial and ethnic composition

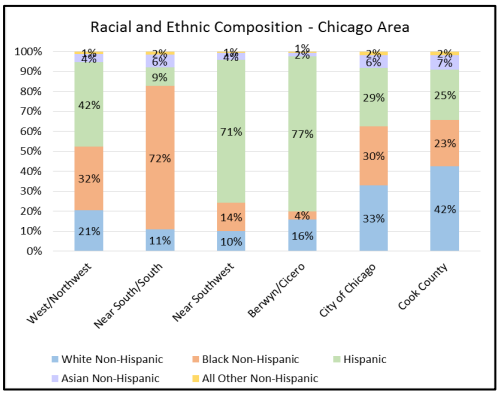
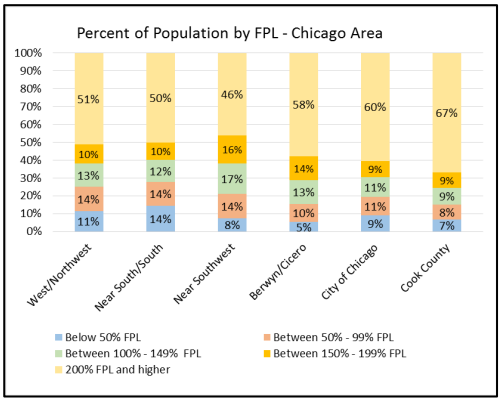


Figure 11: Chicago-area population age



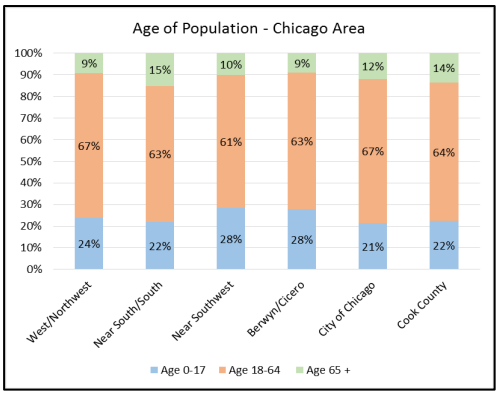
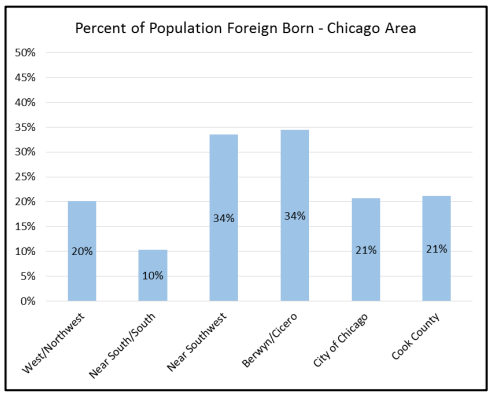


Figure 12: Percent of Chicago population foreign born

Figure 13: Percent of Chicago population by FPL



population (23%) is living in poverty, defined as individuals living at or below 100 percent of the Federal Poverty Level (FPL). Another near quarter of the population (24%) is living between 101 percent and 200 percent of the FPL, which is considered low-income. In total, 47 percent of the service area population is considered low-income or in poverty – much higher than in Chicago (40%) or Cook County (33%).

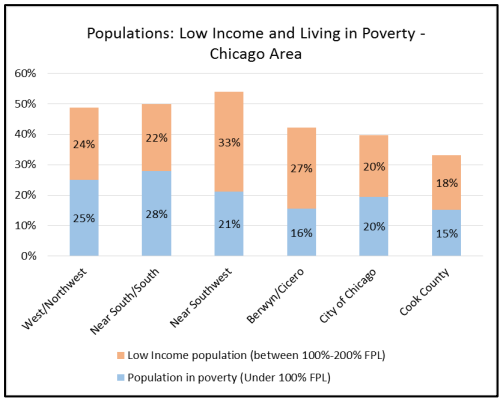
The Gage Park/ West Elsdon community has between 16 and 28 percent of its population living in poverty, compared to 15 percent in Cook County and 20 percent in Chicago. Of all of the regions, the greatest concentration of those living at or below 200 percent FPL is found in the Near Southwest, where 54 percent of the total population is low-income (33%) or in poverty (21%).

Economic Stability

Income Distribution – Chicago Area

The adjacent graph represents the entire population in each Chicago-area region broken into income brackets, including those living above 200 percent FPL. Notably, the population living in extreme poverty (below 50% FPL) can be seen in blue. In Near South/South, this is an incredibly high 14 percent of the population – double the rate of Cook County, and nearly triple the rate in Berwyn/Cicero. Extreme poverty is also a significant issue in West/Northwest (11%).

Figure 14: Low income and poverty populations



On the other hand, in Near Southwest, the proportion of individuals in extreme poverty is comparatively small, while the proportion between 100 and 149 percent FPL (17%) and those between 150 and 199 percent FPL (16%) are much higher than in other regions. This may indicate that this region has a large number of individuals who are working but are working in low-wage or part-time jobs that keep them from getting above 200 percent FPL. These individuals may not have access to employer-based insurance or other benefits but many of them also exceed the 138 percent FPL threshold in Illinois to qualify for Medicaid.

Unemployment

Despite improvements to the labor market nationally and locally over the last several years, the Gage Park / West Elsdon service area continues to experience higher unemployment rates than other nearby communities. At 14 percent, the overall service area unemployment rate is higher than the city of Chicago (9%) or Cook County (8%).

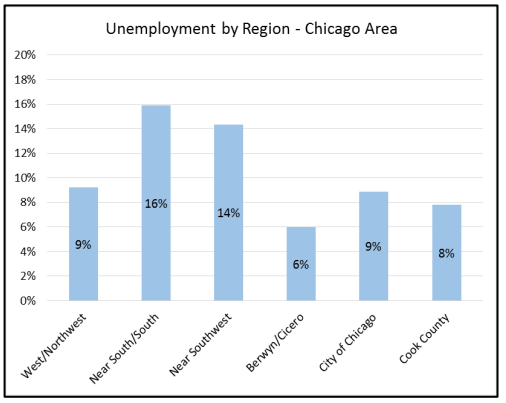


Figure 15: Unemployment by region in the Chicagoland area

Unemployment is highest among populations residing in the Near South/South (16%) and Near Southwest (14%) regions. These regions have the smallest White Non-Hispanic populations; Near South/South is predominantly Black/African American while Near Southwest is predominantly Hispanic. Individual ZCTAs in these areas can have event higher unemployment rates, with the highest rates in 60636 (30%) and 60621 (26%) – rates that are triple the city average.

It should be noted that unemployment numbers only consider those who are in the labor force and are either working or actively looking for work. This vast number of individuals who are not in the labor force includes students, stay-at-home parents or other unpaid caregivers, retired individuals, discouraged workers not looking for work, seasonal workers not looking for work during their offseason, and those who cannot work due to disability or illness. Critically, the population outside the labor force also includes institutionalized individuals such as those who are incarcerated.

Housing Cost Burden

Housing and access to stable, affordable, safe, non-crowded housing is a key social determinant of health for many residents of the service area. In terms of housing costs, a household is considered "housing cost burdened" if the household spends more than 30 percent of their gross income on rent and utilities.

As seen in the adjacent graphs, 40 to 46 percent of each Chicago area region is housing cost burdened, more than in Chicago (40%) or Cook County (38%) as a whole.

The Near South/South and Near Southwest communities have the highest housing burden, with 46 percent of each community being housing cost burdened. These are also the regions with the highest proportion of their populations that are low-income or living in poverty.

Educational Attainment – Chicago Area

The Near Southwest and Berwyn/Cicero regions have the lowest educational attainment: 30 percent of each region's population have not graduated from high school or earned a GED, and another 39 percent and 31 percent, respectively, have only a high school diploma. This 61 to 69 percent of the population that have no more than a high school diploma is far higher than the rates in Chicago (38%) and Cook County (36%). Rates of bachelor's degree attainment is also extremely low in these regions; only 11 and 14 percent, respectively, compared to 38 percent in Chicago and Cook County. The Near Southwest and Berwyn/Cicero regions have the highest proportions of immigrant communities, many of whom may have not completed their education in their country of origin, which could be a contributing factor to the lower educational attainment rates.

Household Size and Crowded Housing

In addition, some communities have larger household sizes than others, which can be a risk factor for crowded housing and overall housing and economic instability. As can be seen, Near Southwest and Berwyn/Cicero have the highest average household size compared to other communities.

At the ZCTA level, 60804 (Berwyn/Cicero) and 60632 (Near Southwest) have the highest average household sizes in the service area, at 3.71 and 3.64 respectively. These ZCTAs also have 10 and 11 percent, respectively, of their occupied housing units with more than one person per each

room in the house, which is considered crowded housing.

Insurance Status – Chicago Area

The Near Southwest region has the largest proportion of its population that has Medicaid or other public insurance (36%) compared to the other regions, and the smallest portion with private insurance or Medicare (51%). This region has the overall highest proportion of residents under 200 percent FPL, which may create affordability barriers for private insurance.

Figure 16: Chicago area housing burden

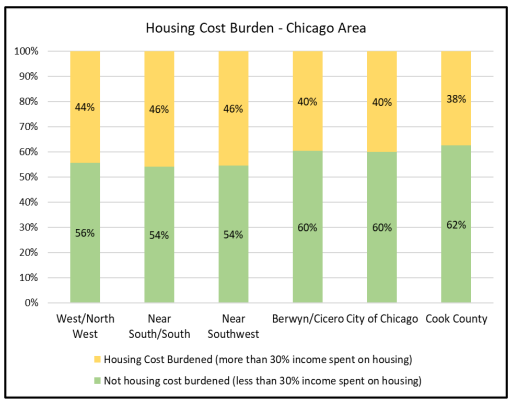
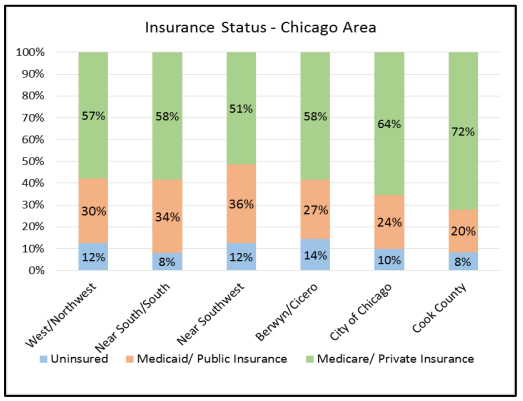


Figure 17: Chicago-land area educational attainment



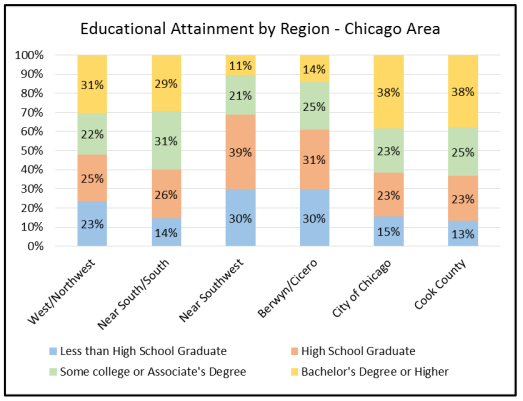


Figure 18: Average Household size by Chicago area

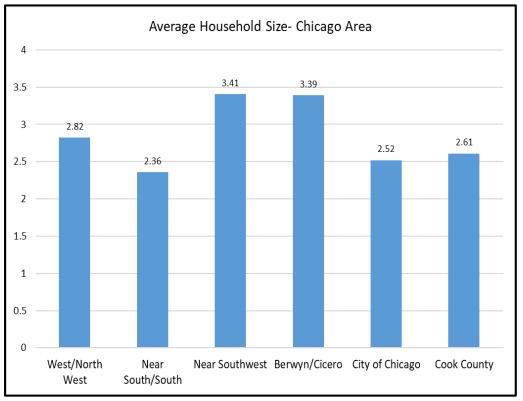


Figure 19: Insurance status by Chicago area

Occupation

Within the service area, several types of occupations are more common. These include office occupations (21.5%); production, transportation, and material moving occupations (18.9%); management, business, and financial occupations (12.1%); and education, legal, community services, arts, and media occupations (10.1%). Many individuals employed in production, transportation, and material moving occupations may be in low-wage or part-time jobs such as laborers, fabricators, or metal workers, which often do not include health insurance or sick leave.

Urgent Care 5525 S Pulaski Rd, Chicago, IL 60629						
Radius	**1 Mile**		**3 Mile**		**5 Mile**	
2020 Population by Occupation	**42,627**		**239,676**		**649,421**	
Real Estate & Finance	1,044	2.45%	5,274	2.20%	15,983	2.46%
Professional & Management	5,177	12.14%	32,103	13.39%	95,901	14.77%
Public Administration	540	1.27%	4,074	1.70%	13,808	2.13%
Education & Health	2,765	6.49%	17,945	7.49%	56,795	8.75%
Services	4,999	11.73%	30,416	12.69%	80,964	12.47%
Information	266	0.62%	1,493	0.62%	4,644	0.72%
Sales	4,849	11.38%	27,345	11.41%	76,798	11.83%
Transportation	3,281	7.70%	21,542	8.99%	58,300	8.98%
Retail	2,773	6.51%	13,215	5.51%	34,180	5.26%
Wholesale	766	1.80%	4,137	1.73%	10,627	1.64%
Manufacturing	4,018	9.43%	20,006	8.35%	48,254	7.43%
Production	6,262	14.69%	31,234	13.03%	75,881	11.68%
Construction	2,821	6.62%	13,935	5.81%	32,214	4.96%
Utilities	1,472	3.45%	8,758	3.65%	25,269	3.89%
Agriculture & Mining	67	0.16%	404	0.17%	785	0.12%
Farming, Fishing, Forestry	19	0.04%	200	0.08%	600	0.09%
Other Services	1,508	3.54%	7,595	3.17%	18,418	2.84%

Figure 20: Occupation by population by radius

Medically Underserved Areas and Medically Underserved Populations (MUA/MUP)

MUAs/MUPs identify geographic locations or certain populations with a lack of access to primary care. These designations are determined based on population to provider ratio, percent of the population below the federal poverty level, percent of the population over age 65, and the infant mortality rate.

The following Governor-Designated MUA/MUP covers the Chicago area:

- Communities - Asian American Population

In addition, the following areas are Medically Underserved Area designations within the Chicago area:

- Austin Community Service Area
- Brighton Park/Gage Park Service Area
- Cook Service Area
- Humboldt Park Service Area
- Kenwood Area
- LeClaire Courts Service Area
- Roseland Service Area

Health Professional Shortage Areas (HPSA)

A Health Professional Shortage Area (HPSA) designation indicates a shortage of health professionals in primary care, mental health care, or dental health care. The higher the score, the greater the need. The Full Time Equivalent (FTE) needed indicates how many new providers would be needed to remove the designation. HPSAs are scored from 0-25 for primary care and mental health, and 0-26 for dental health.

Primary Care HPSA

The HPSA scores range from nine to 20, with an average HPSA Score of 14.2. The number of primary care provider FTEs needed ranges from just half an FTE to as many as 24.6 FTE, for a total of 150.42 more FTE needed in the service area in order to meet the need.

Primary Care HPSA Name	Primary Care HPSA Score	Primary Care FTE Needed
Chicago Area Primary Care HPSAs		
Logan Square	17	24.6
Humboldt Park	9	0.5
Low Income-West Town/Chicago	10	1.8
Low Income-Austin	17	12.9
Low Income-North Lawndale/ Garfield Park	20	12.4
Low Income-Chicago Near West Side	16	5.7
Low Income-Near South Armour Square/Douglas	10	0.2
Low Income-Lower Westside/McKinley Park/Bridgeport	16	8.72
Low Income-Cicero Berwyn	14	4.35
Chicago/South Lawndale	17	7.7
Low Income-Brighton/Gage Parks	16	10.8
Low Income-New City	17	4.7
West Englewood/Englewood	11	0.45
Low Income-Hyde Park/Woodlawn/Washington Park	19	20
Auburn Gresham/Washington Heights/Chatham	10	2.5
South Chicago/South Shore	18	13.5
Roseland/Pullman/Burnside	9	3.6
South Deering	14	3.2
Rockford Area Primary Care HPSAs		
Low-Income Belvidere Service Area	16	2.8
Low Income-Rockford West Side	11	5.4
Mendota	11	4.6
Summary	**Average: 14.2**	**Total: 150.42**

Source: UDS Mapper, HRSA Data Warehouse: https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx

Mental Health Care HPSAs

The eight Mental Health Care Professional Shortage Areas (Mental Health HPSAs), seven in the Chicago area and one in the Rockford area, range from 12 to 19 and have an average score of 16.25. The number of mental health professional FTEs needed ranges from 4 to 31, with a total of 85.8 FTEs needed.

Mental Health Care HPSA Name	Mental Health Care HPSA Score	Mental Health Care FTE Needed
Chicago Area Mental Health Care HPSAs		
Low Income-Chicago Northeast	17	19.6
Low Income-Chicago Near South	12	3.9
Cicero/Berwyn	14	5.4
Chicago Central	18	31.8
West Englewood/Englewood	15	3.7
South Shore/Chatham/Avalon Park/Burnside	19	9.6
South Chicago	19	4
Rockford Area Mental Health Care HPSAs		
Whiteside/Lee-Catchment Area 1-03-03	16	7.8
Summary	**Average: 16.25**	**Total: 85.8**

Source: UDS Mapper, HRSA Data Warehouse: https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx

Unserved by Health Centers

Region	Low-Income Population 2013-2017 5-year estimates	Total # Health Center Patients, 2018	Unserved Low-Income Population	Health Center Penetration of Low-Income Population
West/Northwest	301,962	160,734	141,228	53%
Near South/South	262,211	115,367	146,844	44%
Near Southwest	146,027	81,871	64,156	56%
Berwyn/Cicero	63,933	29,482	34,451	46%
Rockford	114,468	54,925	59,543	50%
Total	**888,601**	**442,379**	**446,222**	**50%**

III. Health Disparities

As a result of these social determinants of health, the Gage Park/West Elsdon service area population experiences severe health disparities in numerous health indicators, including diabetes, cardiovascular disease, cancer, prenatal and perinatal health, child health, behavioral health, and others. The following section details the population health status in the service area by examining the prevalence or rate of chronic disease within each region.

To more fully describe the substantial and disproportionate impact of these health issues, this section also compares each of the five service area regions to the state and nation on these indicators. Sources used include but are not limited to CDPH and the Chicago Health Atlas, CDC Wonder, BRFSS, UDS Mapper, and the Substance Abuse and Mental Health Services Administration (SAMHSA);

When using data only available at a larger geographic level, such as county- or state-level data, this report uses an extrapolation method wholly consistent with HRSA's former *Form 9* methodology to extrapolate the indicator down to the service area or region level. Using this method, rates of disease by race and ethnicity or by age at the larger geographies are applied to the race and ethnicity or age of people living in smaller geographies. This provides the most accurate estimate of morbidity and mortality rates at smaller geographic levels when only county-level data is available.

Please note that when county-level data is the smallest available, the four Chicago area regions are all extrapolated using Cook County data.

In each of the tables that present this data, green highlights indicate the health indicator is better than both the state and national average; yellow highlights indicate health status is worse than one of the state or national average; and red highlights indicate that health status is worse than both the state and national average.

A. Diabetes

The age-adjusted diabetes prevalence in all five regions, at 12.3 to 14.4 percent, is above both the state and national averages (10% and 10.9% respectively). The same is true for adult obesity prevalence, which ranges from 32.7 to 38.4 percent across the service area, compared to only 30.9 percent nationally and 31.8 percent statewide. Age-adjusted diabetes mortality rate is worse than both the state and nation in all the Chicago regions, but only worse than the state average in Rockford.

	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Diabetes							
Diabetes prevalence	13.40%	13.30%	14.40%	14.10%	12.30%	10.00%	10.90%
Adult obesity prevalence	36.0%	38.40%	34.00%	35.40%	32.70%	31.80%	30.90%
Diabetes mortality rate	26.9	31.40	25.92	24.23	21.97	21.5	22.7

Near Southwest and Berwyn/Cicero have the highest diabetes prevalence rates, at 14.4 percent and 14.1 percent respectively. This is consistent with the higher diabetes prevalence found in many Hispanic populations.

B. Cardiovascular Disease

Heart disease is one of the nation's leading causes of death and disability. Modifiable risk factors include high blood pressure, high cholesterol, cigarette smoking, diabetes, poor diet, lack of physical activity, and being overweight or obese.

The proportion of one risk factor, high blood pressure, is very elevated in Near South/South, with 36.27 percent of adults reporting they have been told they have high blood pressure compared to only 32.3 percent in the state or nation as a whole.

	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Cardiovascular Disease							
Heart disease mortality rate	207.54	244.28	184.23	185.8	191.87	202.3	198.1
Adults who have been told they have high blood pressure	31.47%	36.27%	28.92%	27.40%	32.60%	32.30%	32.30%
Adults who have not had blood cholesterol checked in past 5 years	13.68%	11.64%	13.62%	15.46%	13.03%	13.20%	13.80%
Cerebrovascular mortality rate	45.13	53.11	41.05	40.41	48.2	45.6	44.4

For the access to care measure of adults who have not had their cholesterol checked in the past five years, Berwyn/Cicero has the highest rate of lacking a blood cholesterol check, at 15.46 percent compared to 13.2 to 13.8 percent in the state or nation, and West/Northwest and Near Southwest also have somewhat higher rates than the state average. The regions with the lowest uninsured rates, lowest proportion of foreign-born residents, and lowest rates of speaking a language other than English are those that display better access to preventive care, while the regions with greater uninsured, immigrant, and/or non-English speaking populations are those that may display lower rates of care. This indicates that different populations within the service area may require different, tailored interventions to address the different ways cardiovascular disease plays out in each community.

C. Cancer

A leading cause of death and health care costs nationwide, cancer rates can be reduced through early screening and other measures. Risk factors contributing to certain cancers include use of tobacco, physical inactivity, poor nutrition, obesity, and more.

	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Cancer							
Women who have not had a pap test in the past three years	19.29%	16.62%	20.79%	21.45%	20.42%	20.70%	19.80%
Women with no mammogram in the past two years	18.92%	16.73%	20.30%	19.40%	21.49%	21.30%	21.70%
Adults with no FOBT within the past year	91.32%	88.55%	92.86%	93.80%	93.13%	92.50%	91.10%
Adults who currently smoke cigarettes	14.94%	19.02%	15.34%	11.51%	16.18%	15.50%	16.10%
Breast cancer mortality rate	14.88	18.80	12.56	12.49	14.07	13.6	12.7
Colorectal cancer mortality	19.56	23.97	17.09	16.87	17.75	18.0	16.4

As the table above shows, the cancer indicators in the Gage Park/West Elsdon service area present a mixed picture. For colorectal cancer screening, all but one region fares more poorly than the nation and three (Near Southwest, Berwyn/Cicero, and Rockford) are also worse than the state.

For cervical cancer screening, the same regions with the worst colorectal cancer screening rates – Near Southwest, Berwyn/Cicero, and Rockford – have elevated rates of women without a pap test in the past three years.

D. Prenatal and Perinatal Health

Most of the Gage Park/West Elsdon service area experiences several poor prenatal and perinatal health outcomes. Births to teenage mothers, for example, is higher than the state or national averages across all the service area regions. Late entry to prenatal care is also high across all the Chicago area regions.

	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Prenatal and Perinatal Health							
Low birth weight (<2500 grams)	8.99%	11.38%	8.44%	8.06%	9.42%	8.54%	8.27%
Percent of births that are preterm	11.21%	13.09%	10.96%	10.66%	9.46%	10.67%	10.02%
Infant mortality rate	6.82	9.82	6.21	5.73	9.95	6.55	6.13
Births to teenage mothers	5.18%	6.47%	5.60%	5.38%	6.03%	4.42%	4.74%
Late entry into prenatal care	26.23%	31.29%	26.24%	25.39%	18.41%	21.39%	21.94%

The percent of births that are preterm is elevated above the state and national averages in West/Northwest, Near South/South, and Near Southwest.

E. Child Health

Childhood obesity in the service area is worse than both the state and national average in the West/Northwest and Near South/South regions, and slightly above the state average in the other three regions. The same regions with the highest adult obesity rates are those with the highest childhood obesity. According to CDPH data showing in Chicago Health Atlas, several of the highest rates of childhood obesity in the entire city are found in the following community areas: Lower West Side, South Lawndale, McKinley Park, Brighton Park, Gage Park, West Elsdon, Eastside, and South Deering.[3] As with adult obesity, childhood obesity is a significant risk factor for a number of chronic diseases and conditions.

	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Child Health							
Percent of children (10-17) who are obese	15.50%	16.10%	15.00%	14.30%	14.20%	14.20%	15.30%

F. Behavioral Health

Mental health can be defined as a state of successful mental function, resulting in productive activities, fulfilling relationships, and an ability to adapt and cope with challenges. Good mental health is essential to personal well-being, relationship building, and the ability to contribute to society. Mental health issues are associated with increased rates of risk factors such as smoking, physical inactivity, obesity and substance abuse.

Across the Gage Park/West Elsdon service area, indicators of mental health are highly variable. Suicide rates are low across all regions compared to the state or national averages. Depression rates are also relatively low, except in Near Southwest, where the rate is above both the state and the national average. Caution should be taken in interpreting these overall positive rates, as behavioral health conditions are known to be widely under-reported.

	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Behavioral Health							
Adults ever told they have a form of depression	16.74%	15.98%	20.17%	16.62%	18.30%	17.70%	19.60%
Suicide rate	6.75	5.98	6.44	7.08	10.94	9.4	12.1
Binge alcohol use	18.44%	16.87%	18.76%	19.49%	19.70%	19.50%	16.20%
Overdose mortality rate	12.58	15.86	10.74	10.51	19.66	11.5	12.6

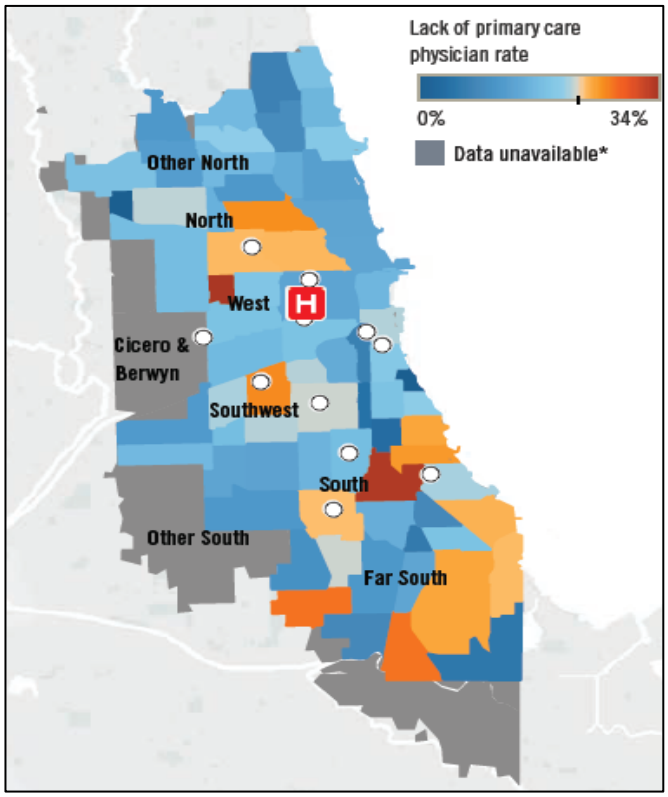
G. Other Health Indicators

Access to Care Indicators

Overall, across all Gage Park/West Elsdon service area regions, a number of indicators demonstrate that access to care remains a barrier.

The percent of adults that could not see a doctor in the past year due to cost is well above the state and national average in all Chicago area regions. Relatedly, the 2019 UI-CAN found high rates of households without a primary care physician in many of these same communities. The adjacent map shows the concentrations of residents lacking a primary care provider. Furthermore, according to CDPH, compared to other groups, a smaller proportion of Hispanic residents have a primary care provider or have had a routine checkup in the last year; Hispanic residents also have the lowest rates of health care satisfaction among the major ethnic and racial groups.[4]

Figure 21: Household without a Primary Care Physician

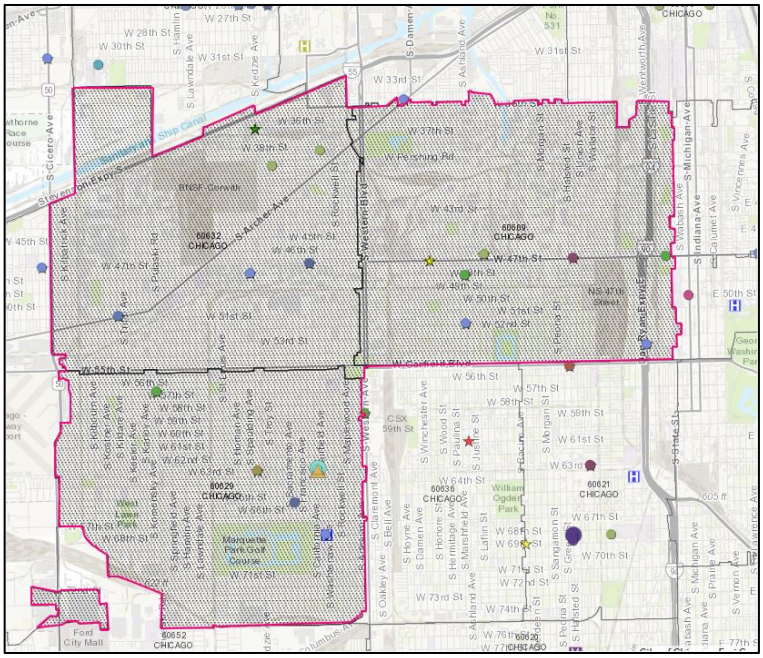


Source: UI-CAN 2019

	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Other Health Indicators							
Age-adjusted death rate (per 100,000)	726.81	853.4	656.65	649.76	798.83	726.9	729.2
HIV infection prevalence	0.78%	0.88%	0.73%	0.73%	0.33%	0.33%	0.37%
Adult current asthma prevalence	9.08%	12.30%	8.35%	6.55%	8.85%	8.70%	9.50%
Influenza and pneumonia death rate	15.81	17.14	15.03	15.01	13.86	18.2	17
Percent of adults (18+ years old) that could not see a doctor in the past year due to cost	16.35%	16.37%	17.79%	17.78%	11.37%	11.50%	12.20%
Percent of adults without a visit to a dentist or dental clinic in the past year for any reason	38.30%	37.46%	40.77%	40.92%	32.09%	31.90%	32.40%
Adult current e-cigarette users	3.27%	3.41%	5.92%	2.89%	4.66%	4.40%	4.60%
Men without a PSA test in the past 2 years	75.71%	70.62%	77.71%	77.08%	73.72%	67.50%	66.80%

H. Near Southwest Region of the Gage Park/West Elsdon Service Area

The Near Southwest region has several existing safety net providers. Total health center penetration of the low-income population is 56 percent, with nearly 82,000 patients being served in this area.



In addition, the Near Southwest Region's safety net includes the following safety net providers:

Hospitals	**FQHCs**
• Holy Cross Hospital	• ACCESS Community Health Network (4 sites)
	• Chicago Family Health Center (1 site)
Behavioral Health Care Providers	• Esperanza Health Centers (2 sites)
• Substance abuse and mental health facilities (13 sites)	• Friend Family Health Center (3 sites)
• Opioid treatment programs (1 site)	• Howard Brown Health Center (5 sites)
• DATA waived providers (13)	• Inner City Muslim Action Network (1 site)
	• Lawndale Christian Health Center (1 site)
	• **UI-Mile Square Health Center (3 sites)**

IV. BUDGET

A comprehensive budget plan to include building and property acquisition, as well as substantial expansion of clinical and diagnostic modalities to serve the patient population, driven by current and projected service area disease patterns. (see attachment). Due to age of facility, and enhanced needs related to expanded equipment and clinical care offerings, additional funds are detailed as anticipated investments necessary to fully implement the proposed scope. Operating losses in the initial three years are included as volume is projected to ramp up over the course of the full 10-year timeline. Scope of budget focuses on fully equipping the facility and the operating revenues and expenses specific to the MSP/UIPG. Outside this scope are the operating budgets for related entities (FQHC partner and College of Applied Health Sciences).

Of the total estimated $13.8m budget:
35% is for acquisition of site
17% for facility improvement costs
48% for advanced diagnostic equipment, installation, and medical equipment

This clinical site is projected to be self-sustaining after initial volume ramp up, based upon the mix of primary care, specialty care, diagnostics, and therapy services.

Leveraging the investments in flexible specialist and primary care space and the spectrum of diagnostic modalities, the clinical center will be well positioned to achieve gradually improving economies of scale which will grow revenue to cover operating expenses. Frequent service offering reviews will be undertaken to ensure the correct mix of services are available to our patients to ensure achievement of optimization of space, staff, and equipment. Adjustments in the specialists from the wide spectrum of UIPG clinical departments will be made to reflect the evolving health needs of those in the adjoining neighborhood.

The UIPG contributions would include full funding of the Community Engagement team (estimated at $4.5m over 10-year plan), total net operating costs during 10-year ramp up ($4.6m), and cost of all UI faculty compensation, and related benefits, for those to provide clinical care at this clinic site.

It should be noted that at the time of the proposal submission, we have not performed a detailed review of the facility, necessitating substantial estimates for this budget, which may include components that could result in future modification after the detailed engineering and architectural reviews.

V. MILESTONES

Milestone	Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Award from State of Illinois	0 months																			
Negotiate with Trinity for sale of property	2 months																			
Secure UI Board of Trustees approval for purchase agreement	1 month																			
Hire additional healthcare workers to be employed at the site	3 months																			
Begin marketing new site	2 months																			
Set up new location within UI Health electronic medical record system	2 months																			
Certify compliance with all applicable regulations	1 month																			
First patient seen at this site							X													
Contract with firms for design, engineering, and construction services	3 months																			
Design any changes to the facility	2 months																			
Conduct repairs and renovations of the building	9 months																			
Secure Certificate of Need from Health Facilities & Services Review Board	6 months																			
Procure equipment to be placed at the site	6 months																			
Install equipment	2 months																			
Hire additional healthcare workers to be employed at the site	3 months																			
Set up new location within UI Health electronic medical record system	2 months																			
Market additional services at new site	2 months																			
Terminal cleaning	1 month																			
Commissioning (air balancing, testing, IT install & testing, etc.)	1 month																			
Certify compliance with all applicable regulations	1 month																			
All services see patients at the new site																				X

VI. RACIAL EQUITY

The Care Complex Collaboration partnership is focused on racial equity. The demographics of the Gage Park/West Elsdon community is comprised of 96%+ racial and ethnic minorities. This proposal addresses a fundamental driver of health inequity facing predominately minority communities around lack of access to specialty care, preventative care, and integrated care delivery models. As part of the transformational spirit of the UI Health @Pulaski care complex collaborative, we propose to redesign the healthcare delivery model by partnering with local community providers to bring not only access to specialty care in the community, but advanced diagnostics to the community and providing these services in the community. Redesigning the model will address many of the barriers facing residents of the community around transportation, inflexible work schedules, childcare concerns, etc. and improve the opportunities for better healthcare outcomes among residents of the Gage Park/West Elsdon communities. As the overall healthcare delivery model changes across the country to a more ambulatory setting, this proposal addresses the reality of social determinants of health as tangible obstacles to health equity among underserved populations.

VII. MINORITY PARTICIPATION

The University of Illinois Board of Trustees established goals for the utilization of minority and women business enterprise construction vendors pursuant to the Business Enterprise for Minorities, Women, and Persons with Disabilities Act (BEP Act) 30 ILCS 575/4(b). The Office of Procurement Diversity oversees the BEP program at the University of Illinois System by ensuring that diverse businesses (qualified certified businesses owned by minorities, women, persons with disabilities, and veterans) are included in the University procurement process. As part of the program, an institutional goal has been set to hire a minimum of 30% of BEP contractors and 20% of design BEP professionals (Architects & Engineers) for all capital projects undertaken at the University of Illinois Chicago.

THE ILLINOIS BUISNESS ENTERPRISE PROGRAM	Companies
Metro Chicago	**2,454**
Minority-owned Business Enterprise	1,019
Persons with Disabilities Business Enterprise Program	17
Service-Disabled Veteran-Owned Small Business	49
Sheltered Workshop (Community Rehabilitation Programs)	16
Veteran Owned Small Business	95
Women Minority-Owned Business Enterprise	626
Women-Owned Business Enterprise	632

In addition, Alivio Federally Qualified Health Center is an Hispanic serving organization. It's leadership team and board are reflective of the Hispanic community they serve and the neighborhoods of Gage Park and West Elsdon.

VIII. SUSTAINABILITY

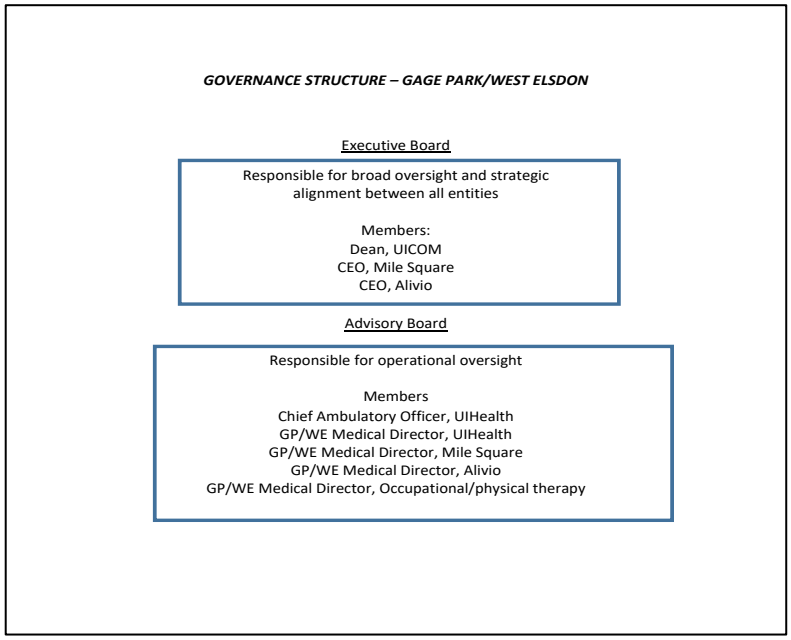
Leveraging the investments in flexible specialist and primary care space and the spectrum of diagnostic modalities, the clinical center will be well positioned to achieve gradually improving economies of scale which will grow revenue to cover operating expenses. Frequent service offering reviews will be undertaken to ensure the correct mix of services are available to our patients to ensure achievement of optimization of space, staff, and equipment. Adjustments in the specialists from the wide spectrum of UIPG clinical departments will be made to reflect the evolving health needs of those in the adjoining neighborhood. This clinical site is projected

to be self-sustaining after initial volume ramp up, based upon the mix of primary care, specialty care, diagnostics, and therapy services.

IX. GOVERNANCE STRUCTURE

The parties of this collaborative proposal – UI Health, Mile Square Health Center and Alivio Medical Center – intent to form a shared governance structure to oversee the activities related to this healthcare transformation initiative. There will be an Executive Board as well as an Advisory Board that will contain both clinical leadership and representatives from the Community Engagement Advisory Council. Each entity will appoint members to represent the following areas:

- Executive Leadership
- Clinical Leadership
- Operational Leadership
- Financial Leadership



Upon news of a grant award, work will begin to acquire the clinic and plan for its operation. This shared governance counsel will oversee planning, decision making, budgeting, performance metrics, and grant reporting. It will also help set policies and procedures for the clinic and monitor compliance. The expected frequency is that this group will be monthly at first, and likely continue at that interval through the first year of the grant, moving to quarterly as appropriate.

A budget for the grant revenue will be set annually with monthly reporting against this forecast. Each entity in the collaborative will be responsible for accounting for its own use of grant funds. UI Health in turn will be responsible for producing the overall grant accounting, combining the reports of the separate groups.

X. CONCLUSION

The UIPG, along with its community partners UI Mile Square Health Center and Alivio Medical Center, is fulfilling its mission to provide access to comprehensive quality health services in the midst of an underserved, urban community.

The scope of needs and social determinants of health affecting the Gage Park/ West Elsdon community is vast. Service area residents are impacted by poor economic opportunities and the resultant barriers. Disease burden and mortality are high in the service area, particularly around diabetes, obesity, heart disease, cancer, and prenatal and pediatric health indicators. Despite a wide array of safety net providers in the area, health care access to specialty care and advanced diagnostics remains insufficient and a challenge for many service area residents. Mental health services, substance use disorder services, oral health services, and ancillary specialty services like cancer care and diabetes education can be even more challenging to access.

The UIPG and our FQHC partners have many opportunities to enhance its delivery of services to the community to meet the needs identified in this transformation proposal. Strategies will include greater outreach, awareness, and community engagement education activities; expansion of specialty access; increasing hours of services; and developing greater walk-in and/or same-day capacity.

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[1] Dircksen JC, Prachand NG, et al. Healthy Chicago 2.0: Partnering to Improve Health Equity. City of Chicago, March 2016.
[2] Schwartz, D. (March 16, 2016) Culture of Health. *What's the Connection Between Residential Segregation and Health?* Accessed March 8, 2017 at http://www.rwjf.org/en/culture-of-health/2016/03/what_s_the_connectio.html
[3] CDPH. Chicago Health Atlas, 2019
[4] CDPH, Chicago Health Atlas, 2019.