

Healthcare Transformation Collaboratives Cover Sheet



1. Collaboration Name:

Alivio Medical Center at LeClaire Courts (AMCLC)

2. Name of Lead Entity:

Alivio Medical Center

3. List All Collaboration Members:

Alivio Medical Center
UI Health
Lurie Children's Hospital
Healthcare Alternative Systems, Inc.
Bienestar Pharmacy
City Colleges of Chicago
National Louis University
Chicago Botanic Garden

4. Proposed Coverage Area:

LeClaire Courts, zip code 60638

5. Area of Focus:

The AMCLC collaborative will improve the health and wellbeing of some of West and South Chicago's most vulnerable residents, including those historically disenfranchised and underserved, through an innovative and transformative model of care.

6. Total Budget Requested:

\$16,000,000

Alivio Medical Center at LeClaire Courts (AMCLC)

2. Project Description

Brief Project Description

1. **Provide an official name for your collaboration. NOTE: Please ensure that this name matches the name given in the "Application Name" field in the Project Information form at the beginning of the application.**

Alivio Medical Center at LeClaire Courts (AMCLC)

2. **Provide a one to two sentence summary of your collaboration's overall goals**

The AMCLC collaborative will improve the health and wellbeing of some of West and South Chicago's most vulnerable residents, including those historically disenfranchised and underserved, through an innovative and transformative model of care.

Detailed Project Description

Provide a narrative description of your overall project, explaining what makes it transformational.

Specify your service area, identify the healthcare challenges it faces, and articulate your goals in addressing these challenges; explain your strategy and how it addresses the causes of these challenges, and lay out the expected timeframe for the project.

Describe any capital improvements, new interventions, delivery redesign, etc. Your narrative should explain the need for each significant item in your budget, clarifying how each connects to the overall goals and operations of the collaboration.

Provide your narrative here:

Project Overview

The AMCLC collaborative will transform the health landscape for residents of West and South Chicago by providing a whole-person, holistic care model, that is culturally competent and accessible, connecting the community to a wide range of health care and supportive services. Providing comprehensive health care services where patients live and work will improve the health and wellness not just of the individual but for the entire community allowing them to live their healthiest lives.

Service Area and Target Population

The AMCLC collaborative's service area spans nine zip codes: 60608, 60609, 60652, 60623, 60629, 60632, 60638, 60804, and 60402. These zip codes correspond to the neighborhoods of Lower West Side, Bridgeport, New City (Back of the Yards), McKinley Park, West Lawn, Chicago Lawn, Ashburn, South Lawndale, Brighton Park, Archer Heights, Gage Park, Garfield Ridge, Cicero, and Berwyn. The proposed new service site is in 60638 in the Community Area of Garfield Ridge, and specifically in LeClaire Courts, which is the northern part of the Community Area. While the nine zip codes make up the complete service area, three of the nine zip codes are considered the collaborative's priority area zip codes, and are where it is expected the majority of patients for the proposed site will reside—60638 (Garfield Ridge), 60632 (Brighton Park, Archer Heights, Gage Park), and 60629 (West Lawn, Chicago Lawn). The

target population are the low-income individuals – those living under 200 percent of the federal poverty level - in the service area.

Healthcare Challenges

The health care system in the service area is marked by a scarcity of primary health services for low-income, un- or under-insured populations. The service area is largely minority with Latino/Hispanic, African American, and growing Asian racial/ethnic groups. In addition to a shortage of health care services, the service area is in dire need of access to culturally, linguistically, and financially affordable care that not only addresses primary medical care, but also dental, behavioral health (mental health and substance abuse), and enabling services that serve the whole person, including addressing the social determinants of health.

As described in the Community Input, Racial Equity, Health Equity and Outcomes, Access to Care, and Social Determinants of Health sections of this application, and evidenced in the Data Support section, there are tremendous health disparities and barriers to access for the target populations.

Goals for Addressing the Challenges

The AMCLC collaborative will address the challenges described above by improving access to health care and enabling services for its target population. By the end of the project period, the AMCLC collaborative will:

1. Provide services for more than 15,000 patients and render more than 54,000 health care visits annually.
2. Provide services to all individuals and families regardless of insurance status or ability to pay.

Overview of Collaborative Partners

The AMCLC collaborative is comprised of eight organizations who have proudly and effectively served their communities for a collective 550+ years and include Alivio Medical Center (lead applicant), UI Health, Lurie Children’s Hospital, Healthcare Alternative Systems, Inc. (H.A.S.), Bienestar Pharmacy, City Colleges of Chicago, National Louis University, and Chicago Botanic Gardens.

Alivio Medical Center – For over 30 years, Alivio Medical Center (AMC) has been a vital resource and advocate for thousands of families in the underserved Latino communities in Chicago. From its humble beginning of one medical center in Pilsen, AMC has grown into a nationally recognized leader providing quality cost-effective healthcare in a bilingual and bicultural environment. AMC served over 30,783 patients in 2020 across its seven service delivery sites, including three school-based health centers and one mobile clinic.

All of AMC’s primary health center sites provide family and adult medicine, including geriatrics, pediatrics, obstetrics, gynecology, ultrasound, midwifery, family planning, dental, psychiatry and behavioral health, and 340B pharmacy services. Support services offered include Medicaid and Get Covered Illinois (the state’s health insurance marketplace) enrollment, Health Advocates/Community Health Workers (CHW) (Compañeros en Salud), diabetes management, case management, nutritional counseling, care coordination, prenatal education, lactation consultation, and senior health programming and advocacy. The Health Advocates/CHW and care coordinators refer patients to the Illinois Breast and Cervical Cancer Program (IBCCP) for mammograms and pap tests, provide awareness and education regarding HIV, sexually transmitted infections, and chronic diseases. AMC also provides an onsite Registered Dietitian/Certified Diabetic Educator (RD/CDE), Health Educators, Chicago Family Case Management (CFCM), and the Women, Infants Children (WIC) Program. The RD/CDE and Health

Educator offer one-on-one consultations and group classes on nutrition and diabetes to all patients in need. AMC formally and informally collaborates with many institutions and hospital partners in the training of Certified Nurse Midwives, Resident Physicians, and Medical Students.

The provision of culturally competent and linguistically appropriate services is what enables AMC to stand out among community health centers in Chicago. All employees providing direct patient service at AMC are fluent bilingual and/or bilingual bicultural Spanish speaking. Additionally, on staff are three providers who are fluent in Chinese. No interpreters/translators are ever used for Spanish or Chinese speaking patients. For patients needing interpreter services for languages other than Spanish or Chinese, including American Sign Language, AMC contracts with a language service (Cyracom) which provides real-time interpreting services. AMC will continue to provide its comprehensive and robust service offering at the proposed service site at LeClaire Courts further described below.

UI Health – UIC Hospital, now the University of Illinois Hospital & Health Sciences System (UI Health), opened its doors in 1980 and today provides comprehensive care, education, and research to the people of Illinois and beyond. A part of the University of Illinois at Chicago (UIC), UI Health comprises a clinical enterprise that includes a 450-bed tertiary care hospital, 21 outpatient clinics, and 14 Mile Square Health Center facilities, which are Federally Qualified Health Centers. It also includes the seven UIC health science colleges: the College of Applied Health Sciences; the College of Dentistry; the School of Public Health; the Jane Addams College of Social Work; and the Colleges of Medicine, Pharmacy, and Nursing, including regional campuses in Peoria, Quad Cities, Rockford, Springfield, and Urbana. UI Health is dedicated to the pursuit of health equity. In collaboration with their academic partners, UI Health's mission is to advance healthcare to improve the health of their patients and communities, promote health equity and develop the next generation of healthcare leaders. As a partner in the AMCLC collaborative, UI health will provide imaging and specialty care at the proposed service delivery site further described below.

Lurie Children's Hospital – Ann & Robert H. Lurie Children's Hospital of Chicago, formerly Children's Memorial Hospital and commonly known as Lurie Children's Hospital, has a 138-year legacy and is a nationally ranked pediatric acute care children's hospital located in Chicago. Their mission is "they are dedicated to the health and well-being of all children." The hospital has 360 beds and is affiliated with the Northwestern University Feinberg School of Medicine. The hospital provides comprehensive pediatric specialties and subspecialties to infants, children, teens, and young adults aged 0–21 throughout Illinois and surrounding regions. Lurie Children's Hospital hosts 70 pediatric subspecialties and has locations across the Chicago area. Their Center for Childhood Resilience (CCR) was founded in 2004 and provides training, education, and outreach to school professionals, community agencies, city leaders, and parents to increase young people's access to mental health services. Their team of specialists share insights and best practices, advocate and lead policy reform, and conduct research to advance innovative, sustainable, and evidence-based strategies that advance mental health reform and build trauma-informed communities. As a partner in the AMCLC collaborative, Lurie Children's Hospital will provide onsite trauma-informed care programming to pediatric patients and their families further described below.

Healthcare Alternative Systems, Inc. – Healthcare Alternative Systems, Inc. (H.A.S.) is a 501 (c) 3 non-profit organization providing behavioral health services to Chicago and the surrounding communities since 1974. Their mission is to provide a continuum of multicultural and bilingual (English/Spanish) behavioral care and social services that empower individuals, families, and communities. H.A.S. is the premier behavioral health resource for Chicago's Latino community. H.A.S. understands that to be

effective, behavioral health services need to be holistic, personalized, and participant-centered. They offer a continuum of programs addressing substance abuse, mental health, adolescent issues, family relationships, and more. Every year, H.A.S. serves over six thousand individuals. As a partner in the AMCLC collaborative, H.A.S. will provide behavioral health and substance use disorder services on site in a co-located service model further described below.

Bienestar Pharmacy – Olympia Fields Pharmacy, Inc. dba Bienestar Pharmacy is AMC's current contracted pharmacy serving AMC's patients and the general community at its three primary fixed sites. AMC partners with Bienestar's 340B pharmacy specialists to operate and administer AMC's 340B Drug Pricing Program. The 340B Pharmacy program enables AMC to provide outpatient drugs at significantly reduced prices. Medications are discounted up to 50 percent or more. Having a strong pharmacy partner helps AMC patients with access to discounted medications, education regarding their medication, free delivery services, and refill reminder calls. These coordinated and affordable services have made an impact on patients' suffering from chronic conditions who are on multiple medications (i.e., diabetes, cardiovascular disease, hypertension, asthma, etc.) and has greatly improved medication adherence and compliance. In addition, Bienestar Pharmacy also provides durable medical equipment, lactation pumps, nebulizers, vaporizers and IUDs. The longtime partnership will continue with the Bienestar operating the pharmacy within AMC at the proposed site.

City Colleges of Chicago – The City Colleges of Chicago is a system of seven community colleges and six satellite sites that has provided learning opportunities for residents of the Chicago area for over 100 years. Programs range from two-year associate degrees to several weeks-long occupational certificates, free courses for the GED and free English as a second language (ESL) courses. AMC has partnered with City Colleges of Chicago on several fronts over the years. and is currently providing COVID-19 vaccines at their Arturo Velasquez Westside Technical Institute location. City Colleges of Chicago will provide medical education and other training programs at AMCLC's Center for Learning and Innovation at the proposed service site further described below.

National Louis University – National Louis University (NLU) is a private university with its main campus in Chicago. NLU has over 130 years of experience and enrolls undergraduate and graduate students in more than 60 programs across its four colleges. The Undergraduate College at National Louis University is dedicated to supporting underserved but college-qualified high school graduates in receiving an education at a reduced tuition rate. These students are able to choose between any of the university's undergraduate degree options. NLU will provide educational programs at the Center for Learning and Innovation at the proposed service site further described below.

Chicago Botanic Garden – The Chicago Botanic Garden opened more than 45 years ago as a beautiful place to visit, and it has matured into one of the world's great living museums and conservation science centers. Every year, more than one million people visit the Garden's 27 gardens and four natural areas, uniquely situated on 385 acres on and around nine islands, with six miles of lake shoreline. Chicago Botanic Garden will be a collaborative partner to help plan and implement a serenity garden and is exploring the possibility to bring the Windy City Harvest Youth Farm program to AMCLC's proposed service site.

AMCLC's Proposed Project

As part of a larger community development project – the LeClaire Courts Redevelopment Project - the proposed AMCLC collaborative project will undergo a capital project to add a new community health center in LeClaire Courts, located in the Vittum Park/ LeClaire/ Garfield Ridge Community Area and

Southwest Planning Region of Chicago, Illinois. See attachment 2.2 for a map depicting the location of the proposed service site attached in this section. Located on the 4400 Block of S. Cicero Avenue, the 40,000 square foot state-of-the-art community health center will be part of the redevelopment plan of LeClaire Courts, which was once home to the LeClaire Courts public housing complex. The LeClaire Court redevelopment plan will create 650-700 residential units, and of those units, 75 percent will be allocated to affordable housing with 40 percent being set aside for the former LeClaire Courts residents, who were displaced when the complex was torn down over 13 years ago.

The redevelopment project will connect local jobs and housing to create a long-term community where residents will have easy walking distance to groceries, retail, and healthcare services. The project has demonstrated strong community engagements by hosting community hearings, meetings with residents, and working groups with stakeholders since 2019. AMCLC will act as the anchor for the newly imagined redevelopment project at the historic LeClaire Courts and is the subject of this application. On October 12, 2021, at a Community Group Meeting, AMC was named as the designated community health center to provide healthcare and enabling services. The proposed health center will be the hub for the AMCLC collaborative's service offerings, which will be co-located ensuring a one-stop-shop for residents of LeClaire Courts and the surrounding communities, which make up the proposed service area. See attachment 2.2 for Alivio Medical Center at LeClaire Courts Renderings.

Proposed Services

AMCLC's proposal includes a transformative and integrated approach to improve access to a wide range of primary and specialty health care and enabling services. The proposed services are outlined below and will be provided under one roof ensuring continuity of care:

Adult and Family Medicine – AMC will provide primary medical care to individuals and families across all lifecycles including primary and preventive health care, immunizations, management of acute and chronic medical health problems, medication monitoring, health assessments, health education and advocacy. Services are provided using evidence-based screening tools. Primary care providers will include Family Physicians, Internists, Family Nurse Practitioners, and Physician's Assistants. Pediatrics and Senior Services are further described below.

Pediatrics – AMC will provide pediatric primary care to patients newborn through age 17. The services will be provided by a diverse team of providers consisting of Pediatricians, Family Physicians, Internists, Family Nurse Practitioners, and Physician's Assistants. Services will include well child visits, sick visits, immunizations, preventive and diagnostic screenings, sports physicals, and more. Behavioral health, further described below, will also be available for pediatric patients using trauma-informed approaches delivered by both AMC staff and collaborative partners.

Chronic Disease Prevention and Support – AMC will focus on the prevalence of Type 2 Diabetes among its patients. The diabetes education program at AMC offers comprehensive education and support for patients with diabetes to self-manage and cope with their condition. The diabetes program works under the direction of a Certified Diabetes Educator and in collaboration with health providers at AMC to improve patient outcomes such as hemoglobin A1C and behavior change. Nutrition education is crucial in chronic disease prevention and support. AMC will offer monthly nutrition classes for weight management for children, adolescents, and adults. These classes will be instructed by a Registered Dietitian. The classes will focus on providing education to make lasting behavioral changes to control weight and prevent and manage chronic conditions.

Women's Health – AMC will provide a wide range of women's health services including gynecological care such as screenings for cervical and breast cancer (free with the Illinois Breast and Cervical Cancer Program [IBCCP]), STI testing and treatment (including patient delivered partner therapy), HIV testing, voluntary family planning, pregnancy testing, preconception care, and coordinated referrals, as needed.

Obstetrics & Midwifery – AMC will provide obstetrical care including prenatal, intrapartum (labor and delivery) and postpartum care. Historically AMC has sustained some of the lowest 'low birth weight' rates and highest 'early entry into prenatal care' rates in the Chicago region and nationwide among Federally Qualified Health Centers as evidenced in its Universal Data System (UDS) submissions in recent years. AMC's 'early entry into prenatal care' rate, defined by pregnant patients entering care in the first trimester, is 93.36 percent compared to the National average of 76.97. Additionally, AMC's 'low birth weight' rate, defined by newborns weighing greater than 2,500 grams, is 1.57 compared to national average of 8.03. AMC attributes the above average outcomes to the highly motivated and dedicated OB/GYN physicians and Certified Nurse Midwives (CNM's) on staff, free pregnancy testing, on-site ultrasound, and accessible clinical hours. AMC will continue to provide culturally-sensitive prenatal care through its traditional midwifery services from CNMs. AMC's CNMs labor with the patient, accompany the patient during the entire birthing process and promote a birthing process which is less intrusive and less medicated. AMC's CNMs practice in accordance with the Standards for the Practice of Midwifery, as defined by the American College of Nurse Midwives. These standards meet or exceed the global competencies and standards for the practice of midwifery as defined by the International Confederation of Midwives.ⁱ

There are currently discussions to incorporate a birthing center in the future for AMC's patients at the proposed site. Although the AMCLC collaboration isn't proposing the birthing center as a part of this application, there is evidence of need and the collaborative will continue to assess the feasibility of incorporating a birthing center into the space. The birthing center would provide nurturing and compassionate labor support, all necessary medical equipment to monitor and care for the mother and baby, breastfeeding education and support, complete newborn examinations performed within a few hours of birth, and more. If a birthing center comes to fruition, AMC welcomes the continuity of care it would bring where women would have seamless and integrated care from preconception through postpartum and newborn care.

COVID-19 Response – AMC has been active in its service area responding to the COVID-19 pandemic first through testing, and now through vaccination efforts, and some treatment. AMC has modified its service delivery model through workflow redesign as well as offering telehealth. The proposed service site will continue to support COVID-19 response efforts, including its telehealth offerings. Telehealth increases flexibility in providing healthcare by allowing greater access to providers and specialties otherwise limited by physical constraints. Telehealth increased patient access in situations where provider scarcity or specialty recruitment poses a challenge. In addition to telehealth providing additional resources to the community, this technology will expand AMCLC's ability to reach patients who otherwise are unable to physically visit the health center. Additionally, the use of telehealth allows AMC to increase support for its programs, increased attendance, and ensure delivery of patient education in a manner accessible to all patients.

HIV Prevention – AMCLC will offer HIV education and prevention programming with the goal to increase access to HIV testing, HIV treatment, and decrease the risk of HIV transmission. The grant-funded program will be staffed by a full-time HIV Prevention Manager and two full time

HIV PrEP Navigators. The program will encompass increased HIV testing by implementing universal opt-out HIV testing across all AMC service sites, including point-of-care testing and lab-based testing, prescribing and utilizing *Ready, Set, PrEP*, which makes PrEP available at no cost to individuals who lack prescription drug coverage. Other goals include enhancing AMC's electronic medical record (EMR) by adding in an HIV high risk algorithm and training medical assistants and nurses to provide rapid HIV testing. HIV PrEP Navigators will also provide HIV education and outreach. Patients in need of HIV treatment will be referred to Cook County Health and Howard Brown Health Center.

Dentistry – AMC will provide full dental services for both adults and children with a special emphasis on the patient populations at high risk for dental disease: pediatrics, pregnant women, and adult diabetics. Services will include: dental exams, diagnostic radiographs, prophylaxis, fluoride application, space maintainers, dental sealants, resin restorations, stainless steel crowns, pulpotomies, pulpectomies, pulp capping, gross debridement, scaling and root planning, dental extractions, and use of nitrous oxide analgesia. Education is a key component of the program including educating new mothers on pediatric oral health habits, for example not putting sugary substances in baby bottles and the importance of toddler tooth brushing.

Behavioral Health – The AMCLC collaborative will provide behavioral health services integrated with primary care as part of AMC's Patient Centered Medical Home (PCMH) model of care. Services provided will include mental health assessments, screening for substance use disorders, individual, family and group therapy, crisis intervention and medication management. Additionally, most behavioral health providers are Illinois Certified in Domestic Violence and Sexual Assault.

AMC will directly employ a behavioral health coordinator, and mental health and substance use services will be expanded by partnering with Healthcare Alternative Services, Inc. (H.A.S.) and Lurie Children's Hospital. H.A.S. will offer substance abuse and domestic violence programming as well as postpartum services. H.A.S. will also create and staff a Living Room, which is a national, growing mental health model that offers a safe and accessible place for people seeking mental health support without fear of judgement or stigma. It acts both as an alternative to an emergency room for individuals in crisis, as well as helps people with a mental health diagnosis learn and develop coping skills for a healthier life. Lurie Children's Hospital will provide onsite trauma-informed care programming to pediatric patients and their families.

Trauma-Informed Adolescent Practices – AMCLC will launch an innovative adolescent practice focusing on the specific needs of teens. Providers will ask patients in behavioral assessments for any cases of violence in their lives in order to provide a psychosocial care treatment. Such assessments usually uncover histories of physical, sexual, and emotional abuse and childhood trauma. A cornerstone of the program will be a community violence prevention and trauma recovery program in conjunction with the Ann and Robert H. Lurie Hospital staff. Of note, the service area is severely affected by crime. Crimes that are collected by the FBI from local law enforcement agencies include violent offenses (forcible rape, murder and non-negligent manslaughter, armed robbery, and aggravated assault, including assault with a deadly weapon) and property offenses. Physical health is impacted as community violence often inhibits families' ability to participate in outdoor activities, or physical activity, because they may be afraid to go outside. The larger redevelopment project has also addressed many of these issues as it plans green space in the Le Claire community. However, it is also being discussed to have Chicago Botanic Garden create a Serenity Garden to contribute to community healing.

Senior Services – In addition to primary medical care for seniors, senior advocacy programming will be a critical component serving the 55+ population with nutrition assistance, exercise, health and wellness services and the opportunity for life-long learning. Senior advocacy programming will include: benefits checkups; Benefits Enrollment Center programs; Low-Income Heat and Energy Assistance Program; Get-Covered Illinois Marketplace and Medicaid expansion enrollment assistance; Medicare counseling; Senior Health Assistance Program (assistance with prescription drug programs); information, assistance, and referrals for Supplemental Nutrition Assistance Program (SNAP); Medicare Savings Programs; Low Income Subsidy for Prescription Drug Plans; Medicare Part D enrollment; Medicare's preventive services; all Department of Family and Support Services; Area Agency on Aging programs; and Medicare/Medicaid fraud prevention through the Senior Medicare Patrol and Enrollment events. As a result of these direct interventions and assistance, community residents will have improved nutrition and the ability to participate in health and wellness programming in their own language, which will increase their knowledge of and utilization of services and benefits to improve their quality of life.

Pharmacy – Pharmacy services will be provided by Olympia Fields Pharmacy, Inc. dba Bienestar Pharmacy. AMC and Bienestar Pharmacy have a longstanding formal contract to provide federal 340B drug pricing at a discounted rate to AMC patients and this relationship will continue at the proposed site.

Urgent Care Center – AMC will offer walk-in appointments and extended hours in an effort to meet the urgent health care needs of the community, as well as aid hospitals in keeping unnecessary visits out of emergency departments (ED). Staff will also educate and connect those without a medical home to AMC.

Care Management – AMC will provide coordinated care management at the proposed site for all patients in need. Care Coordinators conduct Health Risk Assessments to determine the risk for vulnerable populations. Patients who are high and medium risk receive thorough care coordination services such as medical and behavioral health appointment tracking; referrals to social services such as food pantries, homeless shelters, domestic violence support, and mental health counseling. AMC's care coordinators also provide support for some of the social determinants of health including barriers to access to healthcare such as transportation, income, and language.

AMC is also part of an existing unique collaboration with Medical Home Network (MHN), an Illinois non-profit Accountable Care Organization (ACO) dedicated to improving the health and quality of care for Medicaid patients in Chicago's south and southwest neighborhoods. MHN is a unique collaboration of disparate health care entities. AMC, along with 11 other provider members, came together in 2014 to improve health care delivery in the safety net, enhance quality of care, and reduce medical costs. The ACO includes nine Federally Qualified Health Centers and three Hospital Systems and their Physician Practices. The ACO uses a patient-centered approach that relies on a primary care physician and care team who follow a patient's care throughout the entire health care continuum. AMC's care management teams include two care managers, one registered nurse, one licensed clinical professional counselor, and four care coordinators. A major care component of the ACO is MHN's risk stratification approach which proactively assesses patient risk and stratifies the patients most in need of care by using addressable medical, behavioral, and social barriers that can impede a patient's treatment plan and, if unidentified, may increase their risk over time.

Community Outreach – AMC has a robust community outreach strategy that will extend to the proposed site. Currently, AMC implements two programs to reach the Latino/a communities it serves— *Compañeros en Salud* and *Ventanilla de Salud*.

Compañeros en Salud is a health promotion program dedicated to providing culturally and linguistically appropriate health and nutrition education. The program is comprised of community health workers (CHWs) who are volunteers and staff employees and are trained to educate, guide and provide outreach services to the Latino/a communities regarding their health problems. The programs they address include health promotion, diabetes self-management, men's health, and women's health. *Compañeros en Salud* are members of the community in which they work and serve as liaisons between the community and our healthcare centers. Their main objective is to promote community awareness, wellness, and positive health behaviors.

The *Ventanilla de Salud (VDS)* is a program of the Government of Mexico developed by the Department of Health and the Ministry of Foreign Affairs and implemented through 50 Mexican Consulates in the United States and local health organizations. Since 2016 AMC has collaborated with the Mexican Consulate on the VDS program, along with participation from other health organizations. The VDS program serves as a bridge between institutions, non-profits, and people, no matter their immigration status, to provide access to health services in Illinois and Northern Indiana. The mission of the VDS program is to improve access to primary and preventive health services, to increase health insurance coverage and to promote a culture of preventive health care among Mexicans and their families living in the United States by providing information, education, counselling, and quality referrals in a safe and friendly environment. Alivio has provided a care coordinator and CHW to provide outreach services at the VDS program located at the Mexican Consulate in Chicago, and through the AMC mobile unit. AMC has been able to reach a population that otherwise would not have the resources to access primary and mental healthcare services, in turn increasing patient visits and encounters.

AMC looks forward to expanding its community outreach strategy to the Black and Chinese populations in the proposed service area. The LeClaire Courts Redevelopment Project is dedicated to bringing back residents who were displaced over 13 years ago—primarily Black individuals and families. Although the neighborhoods of LeClaire Courts and Garfield Ridge are not currently predominantly Black and Chinese, the redevelopment project is sure to bring these communities into the service area and priority zip codes, as described in the Racial Equity, Community Input, Data Support, and Health Equity and Outcomes sections of this application.

Case Management – AMC will provide case management at the proposed site with its two government funded programs for women and children who work in close coordination: Women, Infants, and Children (WIC) and Illinois Department of Human and Services Family Case Management Program.

The WIC program continues to rank as one of the top agencies in breastfeeding initiation rates. WIC benefits include individual nutrition counseling, group nutrition education, breastfeeding education, and supplies, monthly food coupons and cooking demonstrations. WIC staff work closely with Chicago Family Case Management staff to educate women and providing them with the knowledge and tools to raise healthy children.

The Family Case Management program includes three case managers, and a program manager who manage over 500 cases per month, educating patients on everything from finding schools with GED programs to assisting with immigration issues to offering healthy cooking demonstrations and

breastfeeding classes. By providing pregnancy tests at no cost to the community, AMC's staff is the first to tell a woman she is pregnant, and this interaction often becomes the start of a long-lasting bond. AMC strives to build trust with patients who need services. AMC provides specialized case management to expectant mothers from their first trimester through the baby's first birthday and builds a strong relationship in the first formative two years of life. AMC's approach to prenatal and postnatal education with new mothers has been shown to decrease infant mortality and morbidity. It's often a matter of prevention; even something as simple as making sure a woman realizes what symptoms warrant a visit to the doctor can make all the difference.

Food Security/Nutrition - To address the need for food security and nutrition education, the AMCLC collaborative will launch an innovative nutrition program incorporating both an onsite garden designed by the Chicago Botanic Garden and a partnership with the development's proposed grocery store partner to offer cooking classes, grocery store tours, and other nutritional-based educational opportunities.

Chicago Botanic Garden will also host a Youth Farm site at the proposed service site. The Youth Farm carries the Chicago Botanic Garden's mission into neighborhoods, while creating access to high-quality produce in underserved communities and encouraging healthy lifestyle choices and habits. Youth Farm teens work in all aspects of sustainable farming and food systems—from planting a farm, managing a garden, cooking with the food they grow, and selling it at local farm stands and markets. Teens are paid a stipend for four hours per week in the spring and fall, and 20 hours per week in the summer, but the benefits far outweigh the wages they earn. By the end of the season, they have gained valuable job and teamwork skills, discovered a whole new way to look at the food they eat, and grown their support system to include supervisors, program coordinators, legislators, and their fellow participants. In addition to actual farming and farm-based workshops, each Youth Farm season combines field trips, nutrition education, and entrepreneurship to create a richer educational and life experience for each of the participants.

Advocacy – AMC was founded on the principles of community advocacy. AMC's leadership has formed collaborative relationships with other trusted community organizations to tackle issues such as health insurance, immigration rights, civil rights, census awareness and social determinants of health that can impede patients from receiving quality affordable healthcare and critical services. As an example, AMC serves as the fiscal agent of the Healthy Illinois Campaign. The mission and purpose of the Healthy Illinois Campaign is to make quality, affordable health care coverage accessible to the undocumented and to make health care plans available. Due to AMC advocacy efforts, Illinois is the first state in the nation to expand publicly-funded health care coverage to undocumented seniors and seniors who have held green cards for less than five years.

Specialty Services – AMCLC's partnership with two local hospitals - UI Health and the Ann and Robert H. Lurie Children's Hospital – will offer onsite specialty care for both adult and pediatric patients. UI Health will provide specialists on a rotating schedule including an endocrinologist, cardiologist, and an orthopedist. AMC will also directly employ a urologist that will practice at AMC.

Imaging – Through the partnership with UI Health, advanced diagnostic imaging services will be offered on site including MRI and/or CAT scan enabling AMCLC to offer a full range of diagnostic ultrasounds, general radiology, and state-of-the-art digital mammography.

Center for Learning and Innovation – AMCLC will house an onsite Center for Learning and Innovation (CLI)—a large multi-functional classroom-like space for everything from GED completion, medical education courses, health education classes for patients, supportive services for the community (resume-building, job search, etc.), community meetings, and more. In an effort to recruit more bicultural and bilingual medical staff from the community, AMC will partner with City Colleges of Chicago and National Louis University to host onsite health- and medical-related certificate and degree courses to attract entry level medical staff and further educate and elevate existing employees. The space will be transformative for the community, intended to bring everyone together in a comfortable and trusted space as people better their lives through education and partnership.

Transportation – AMC will provide public transportation vouchers for its patients, as needed. Many of AMC's patients - including the elderly - must use public transportation or rely upon a family member or friend to drive them when they need medical care. Importantly, the building is situated directly on the corner of 44th and Cicero, with a bus stop located right in front of the building. Located immediately off I-55 expressway, the site will allow for easy vehicle access and improved sidewalk and street crossing infrastructure. The space is also walkable within the complex and neighborhood.

Projected Project Impact

The AMCLC collaborative is projected to serve 12,313 patients and render 39,060 visits in the first year of operation and will grow substantially to its full capacity by the third year. The health center is projected to serve more than 15,000 patients and render more than 54,000 visits annually at its full capacity. Further, as described in the Racial Equity and Jobs sections of this application, the impacts are far reaching for minority populations and short and long-term employment for the community. Similarly, as evident in the Quality Metrics section of this application, continuous quality improvement of health care services is at the forefront of AMCLC's service offering and will address the pillars and overall vision for improvement in the 2021-2024 Comprehensive Medical Programs Quality Strategy set forth by the Illinois Department of Healthcare and Family Services Division of Medical Programs.

Timeline

AMCLC expects to break ground on the health center in Spring 2022, and be 50 percent operational by October 2023. AMCLC will be operating at full capacity by January 2024 and beyond. Please refer to the Milestones section of this application for complete details.

Budget Alignment

The proposed five-year budget will support the project design including capital investments in the 40,000 square foot, state-of-the-art health center complete with construction and furniture, fixtures, and equipment (FFE). Construction will commence in project year (PY) 1 and conclude in PY 2. FFE costs are budgeted in PY 2 and includes the buildout of medical exam rooms, dental operatories, other clinical and non-clinical spaces. Consultant fees will support a project manager and other services (legal, architectural, etc.) that will ensure the project is completed on time and on budget. Costs for rental/leases, utilities, telecommunications, personnel, contractual services, supplies, training and education, travel, to plan and carry out the proposed services are outlined above beginning in PY 2 and ramp up through PY 5. At the end of PY 5, 49.9 FTEs will be directly employed by AMC, with additional contracted services to support AMC operations and collaborative partners' activities. A line-by-line explanation of expenses is outlined in the Budget section of this application.

3. Governance Structure

Structure and Processes

1. Please describe in detail the governance structure of your collaboration and explain how authority and responsibility will be distributed and shared. How will policies be formulated and priorities set?

The AMCLC collaborative will implement in an Advisory Committee governing model comprised of executive leadership and two Board Members from Alivio Medical Center (lead applicant), and executive leadership from UI Health, Lurie Children's Hospital, Healthcare Alternative Systems, Inc. (H.A.S.), Bienestar Pharmacy, City Colleges of Chicago, National Louis University, and Chicago Botanic Gardens. Additionally, Community Representatives will be part of Advisory Committee, including residents of the larger LeClaire Courts Redevelopment Project.

The Advisory Committee will be a standing committee of AMC's Board of Directors and will be defined in AMC's Corporate Bylaws. It is important to note that as a Federally Qualified Health Center under the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care's Health Center Program authorized by Section 330 of the Public Health Service Act, AMC must remain in compliance with regard to Board Authority (per Chapter 19 of the Health Center Program Compliance Manual). These requirements state that AMC must demonstrate compliance by fulfilling the following: "The health center's organizational structure, articles of incorporation, bylaws, and other relevant documents ensure the health center governing board maintains the authority for oversight of the Health Center Program project, specifically:

- The organizational structure and documents do not allow for any other individual, entity or committee (including, but not limited to, an executive committee authorized by the board) to reserve approval authority or have veto power over the health center board with regard to the required authorities and functions; and
- In cases where a health center collaborates with other entities in fulfilling the health center's HRSA-approved scope of project, such collaboration or agreements with the other entities do not restrict or infringe upon the health center board's required authorities and functions; [...]"¹

This Advisory Committee structure allows the lead organization to remain compliant with HRSA regulation as an FQHC. AMC's Corporate Bylaws will outline the standing Advisory Committee's membership, general provisions (authority and responsibilities) scope (commitment, duties, training expectations, strategic planning, scope of services, policy and procedure development, quality metrics, etc.) and financial management of project budget (fund distribution between entities, etc.). The AMC Board of Directors will be responsible for broad oversight, strategic alignment between all collaborative partners, and policy approval, with quarterly reports from the Advisory Committee. Quarterly reports from the Advisory Committee will include all deliverables in the Scope of Work identified in the final contract between AMC and The Illinois Department of Healthcare and Family Services to ensure commitments are met on time and on budget. The Advisory Committee will also be supported by the Board of Director's standing Quality Improvement and Finance Committees, ensuring good faith, adherence to policies and procedures and adherence to fiscal integrity measures and compliance. The Advisory Committee will meet quarterly to discuss goals, progress, compliance, barriers, and successes as outlined in this proposal. Policies, procedures, and priorities will be set in the Advisory Committee informed by fiscal review, patient data, and continued assessment from the QI committee.

As mentioned above, Community Representatives will hold seats on the AMCLC Advisory Committee to ensure alignment and communication with community needs and transparency. The Advisory Committee's Community Representatives will also conduct community forums to highlight availability of clinical and ancillary services available and report back out to the community on progress and successes.

2. How will collaborating entities be made accountable for achieving desired outcomes? How will the collaboration be made accountable for acting prudently, ethically, legally, and with extensive participation from each participating entity?- What methods will be used to enforce policy and procedure adherence?

As described above, the AMC Corporate Bylaws will outline the expectations of the Advisory Committee. Advisory Committee members will be expected to sign a pledge to adhere to accountability policies, assign appropriate staffing and resources, strive to achieve agreed upon outcomes, and work in good faith efforts with all partners. Advisory Committee member selection and policy and procedure creation will be developed considering best practices related to diversity, equity, and inclusion. As described in the Minority Participation section of this application, collaborative partners, including AMC as the lead entity, are largely minority and/or woman led, and will strongly influence committee structure, characteristics, and overall direction. Policy and procedure adherence will, in part, be measured in coordination with the Quality Improvement Committee, who will be responsible for measurement and improvement of Quality Metrics, which include clinical performance, and other process, impact, and outcome measures. Importantly, as an FQHC, AMC is heavily regulated by HRSA, including adherence to policies and procedures, with a requirement that the Board of Directors approve all policies, and the executive leadership approving all procedures. The Board of Directors is also required to be representative of the community served; all Directors must live or work in the service area, and at least 51 percent of Directors must be patients of AMC. Patient Directors must also be representative of the age, sex, and economic status of the patients served. AMC is compliant with HRSA in these regards.

New Legal Entity

3. Will a new umbrella legal entity be created as a result of your collaboration? NO

3A. Please give details on the new entity's Board of Directors, including its racial and ethnic make-up.
N/A

Payments and Administration of Funds

4. How will you ensure direct payments to providers within your collaboration are utilized for your proposed program's intended purpose? If the plan is to use a fiscal intermediary, please specify.

Financial management will be a responsibility of AMC's finance department under direction of the Chief Financial Officer. Transformation funding dissemination will be explicitly outlined in formal contracts/agreements with collaborative partners in the same manner as other subawards or contracted services. Payment amount, methods, and frequency will be made based on deliverables (services rendered) agreed upon and requested through invoices from collaborative partners. Importantly, contracts for services and financial management are heavily regulated by HRSA. Fiscal responsibility is also overseen by the Finance Committee with monthly reports to AMC's Board of Directors.

4. Racial Equity

A fundamental focus of healthcare transformation is racial equity. Please provide a high level description of how the design of your proposal incorporates racial equity. (Greater detail will be requested in the questions below.)

The design of the AMCLC collaborative is focused on transformative community change, offering health services helping to foster whole-person wellness at all levels. Paramount to this belief is that effective health access must be inclusive and culturally competent, providing access, where no one is excluded due to their culture, race, or ability to pay. The AMCLC collaborative is designed to make a strong impact, specifically with historically marginalized communities, making healthcare more accessible and equitable. The service area is largely diverse with 85.54 percent of individuals identifying as a racial or ethnic minority—65.82 percent identify as Latino/Hispanic, 15.82 percent as Black, and 3.54 percent as Asian.ⁱ The design of the program will offer specific services and wellness aligned specifically for minority populations and underserved communities. Service development is informed by ongoing community forums and partnerships, while overall services are designed to address health care gaps inherent with communities of color in alignment with state and local data.

Informing the creation of the AMCLC collaborative is the historical knowledge and services of Alivio Medical Center (AMC), the lead applicant for this project, who has been delivering services in Chicago for over 30 years. AMC was established to meet the needs of historically marginalized, minority and multilingual communities, including the uninsured, working poor immigrants and elderly. All of AMC's clinical staff and frontline staff are bilingual/bicultural. Understanding the opportunity gap inherent with their community, AMC offers a sliding fee discount scale to uninsured and underinsured patients to ensure affordability, and work against socioeconomic barriers present. AMC does not turn anyone away based on inability to pay. AMC's leadership has formed collaborative relationships with other trusted community organizations to tackle issues such as health insurance access, immigration rights, civil rights, census awareness and social determinants of health that can impede patients from receiving quality affordable healthcare and critical services. Just as AMC was founded on the principles of community advocacy, the health center is at the forefront of all matters pertaining to their target population. As an example, AMC serves as the fiscal agent of the Healthy Illinois Campaign. The mission and purpose of the Healthy Illinois Campaign is to make quality, affordable health care coverage accessible to the undocumented and to make health care plans available.

Additional AMCLC services are designed to address social determinants of health, that remain inherent in minority communities. In addition to culturally informed primary services, collaborative partners will be integrating specialty services focused on community anti-violence healing, nutrition and green space programs, a Center for Learning and Innovation, workforce development, and providing health and wellness spaces focused on bringing the community together. The AMCLC collaborative is dedicated to the principle of breaking down barriers and creating a health center where those systemically overlooked and marginalized can participate in services built on belonging and access.

Racial Equity Impact Assessment Questions

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

According to the UDS Mapper, in the service area 65.82 percent of individuals identify as Latino/Hispanic, 15.82 percent as Black, and 3.54 percent as Asian; with a total of 85.54 percent identifying as a racial/ethnic minority. Importantly, there are pockets within the service area where

racial/ethnic minorities are in the 90th percentile—60623 (South Lawndale) at 97.09 percent, 60804 (Cicero) at 93.65 percent, 60629 (West Lawn, Chicago Lawn) at 92.31 percent, 60632 (Brighton Park, Archer Heights, Gage Park) at 91.48 percent, and 60652 (West Lawn, Chicago Lawn, Ashburn) at 90.37 percent. Similarly, there is significant variance in specific racial groups by community. For example, in 60609 (New City, McKinley Park) 25.08 percent are Black, while the total service area is only 15.82 percent Black. Similarly, while the total service area is 3.54 percent Asian, 60608 (Lower West Side, Bridgeport, McKinley Park) reports a 12.47 percent Asian population.

Of paramount importance is the specific location where this proposal will be located. In 60638 (Garfield Ridge), data reflects a lower representation of minorities at 55.66 percent (Latino/Hispanic at 50.36 percent, Black at 3.95 percent, and Asian at 3.54 percent). However, the available data does not consider the historical relocation of nearly an entire African American population when the Chicago Housing Authority forced residents out of LeClaire Courts over 13 years ago. The LeClaire Courts on the southwest side of Chicago has a profound historical and racial definition since the 1950s and it is expected that the larger LeClaire Courts Redevelopment Project will bring a large minority population to its 650-700 multi-family housing units, including those who were previous residents with rights to return.

2. Have stakeholders from different racial/ethnic groups — especially those most adversely affected or from vulnerable communities — 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 have been engaged in the development of this proposal including community-based organizations and healthcare providers practicing in the service area mentioned above. Community leaders and residents involved in the larger LeClaire Courts Redevelopment Project – where the proposed site will be based – have voiced their support during multiple community townhalls, online forums and through interviews with media. To date, 18 community forums have been hosted by the LeClaire Courts Redevelopment Project, in concert with Chicago Housing Authority (CHA), Alderman Rodriquez of the 22nd Ward, former residents of LeClaire Courts who were previously forced out, and other entities. Community forums were accessible in English and Spanish. These forums and community feedback have informed the specific health needs and proposed services.

In order to remain focused on the needs and evolutions of the community, the AMCLC collaborative will continue to engage in community outreach through multiple channels, including partnerships and collaborative listening forums. AMCLC will conduct health surveys and needs assessments in an ongoing effort to fully understand the needs and priorities of the communities served. Supporting this process will be community health workers, both providing services, education, and outreach in the service areas. In addition, community members will hold seats on the AMCLC Advisory Committee formed to ensure alignment and communication for community needs and transparency. The AMCLC collaborative will also conduct community forums to highlight availability of clinical and ancillary services available and report back out to the community on progress, successes, and challenges.

3. 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?

There are essentially no “advantaged” groups intended to be served by the proposed project. The racial/ethnic groups most disadvantaged by lack of access to primary medical care, dental, behavioral

health, specialty care, and enabling services are the entire targeted service area, which are predominately minority—Hispanic/Latino and African American individuals and families. Although all are underserved, there are significant disparities and inequalities between Black and Latino/Hispanic community members. Disease burden and mortality have trends by race/ethnicity, yet all are distressingly high in the service area compared with state and national averages. As discussed in the Health Equity and Outcomes, Access to Care, and Social Determinants of Health sections of this proposal, minorities are subject to higher incidences of chronic diseases, such as, diabetes, heart disease, adult asthma, hypertension, and more. They have greater barriers to accessing quality care, and more factors that impact health. These inequalities are well researched and understood. Although AMC is an anchor and trusted healthcare provider in the Latino/Hispanic communities, there are still gaps in care and access issues that need to be addressed for undocumented immigrants. Data for this population is scarce and does not reflect the complete need of this vulnerable population.

4. 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?

For decades, Blacks and Latinos/Hispanics in the United States have been disproportionately affected by the vast numbers of health disparities: burden of disease, mental health, uninsured and underinsured, community features, language barriers, and lack of access to care, especially specialty care. The health care system in Southwest Chicago and the surrounding areas is marked by a scarcity of primary health services for low-income African Americans, Latinos/Hispanics and a growing Asian population, and the uninsured or underinsured community. Due to the shortage of these services, Southwest Chicago is in dire need of access to culturally, linguistically, and financially affordable health care.

The causes of these are undoubtedly rooted in the historic and current systemic and institutionalized racism throughout the country. Black and Latino/Hispanic individuals have been set up for poverty due to larger inequities that have been institutionalized in criminal justice system, redlining neighborhoods or communities, and more.

The war on drugs has produced profoundly unequal outcomes across racial groups, manifested through racial discrimination by law enforcement and the disproportionate drug war misery suffered by communities of color; these communities bear the impact of the discriminatory enforcement of laws, and some of the most egregious racial disparities can be seen in the case of Black and Latino/Hispanic people. Disparities in arrests and incarceration rates for these communities are not reflective of increased prevalence of drug use, but rather of law enforcement's focus on urban areas, lower income communities, and communities of color.

Redlining, or the systemic denial of various services to residents of specific, often racially associated, neighborhoods or communities, either explicitly or through the raising of prices, have greatly impacted the poverty rates in Black and Latino/Hispanic communities. For example, denial of financial services such as banking or insurance, other services such as health care or even supermarkets have been denied to residents. In the case of retail business, purposely locating stores impractically far away from targeted residents has resulted in a redlining effect. The impacts of redlining are not only affecting those directly experiencing the effect—it translates to lack of generational wealth passed between generations; today's Black and Latino/Hispanic communities are not able to benefit from their past familial investments in the same way that white populations often can. There is strong evidence of redlining in Chicago. Racially driven government housing policy essentially led to redlining for public housing, which categorized neighborhoods in order to determine where the government would insure housing

mortgages, a practice which helped neighborhoods to stay both economically and racially segregated. In the 1980 census African Americans made up about 50 percent of the Chicago South side's population while Latino/Hispanics made up 40 percent as a result of white flight.ⁱⁱ This led to disinvestment and redlining to the community. The value judgements of different areas are directly related to the maintenance of white spaces. Although many of these white spaces were originally planned out and were put into effect *de jure*, many of these spaces are still racially segregated due to *de facto* influences today. Spatially, these areas show markedly different housing styles (apartments vs. homes), price differences, and differing zoning policies. Thus, the effects of racial segregation are still felt in the South Side of Chicago, and traditionally black areas are often labelled or viewed as “iconic ghettos” to this day.ⁱⁱⁱ

5. What does the proposal seek to accomplish? Will it reduce disparities or discrimination?

The AMCLC collaborative is focused on addressing and reducing disparities of health that align specifically with racial and health access inequities. The collaborative’s proposal includes a transformative model of an “all-in” approach to improve access to a wide range of health care services including primary and preventative care across the lifespan, behavioral health, internal medicine, an urgent care center, full-service pharmacy, dental care, community education and outreach, benefits enrollment, and other supportive services.

The collaborative will also leverage existing partnerships between Alivio Medical Center (AMC) and two local hospital systems, the University of Illinois Hospital & Health Science System (UI Health), and the Ann & Robert Lurie Children’s Hospital to provide specialty care in an accessible community health center. In order to create greater equity, not just to health services, AMCLC will also feature the Center for Learning and Innovation in partnership with City Colleges of Chicago and National Louis University to provide workforce development. The onsite Center for Learning and Innovation will be a large multi-functional classroom-like space for everything from medical education courses, health education classes for patients, supportive services for the community (resume-building, job search, etc.), community meetings, and more. In an effort to recruit more bicultural and bilingual medical staff from the community, the collaborative will host onsite health- and medical-related certificate and degree courses to attract entry level medical staff and further educate and elevate existing employees. The space will be transformative for the community, intended to bring everyone together in a comfortable and trusted space as people better their lives through education and partnership.

6. What are negative or unforeseen consequences and positive impacts/opportunities for equity as a result of this proposal? Which racial/ethnic groups could be harmed or could benefit? How could adverse impacts be prevented/minimized and equitable opportunities be maximized?

The AMCLC collaborative believes there will be no negative or unforeseen consequences resulting from the project. The transformative project will provide positive impact in reducing health disparities in the targeted minority groups.

7. 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?

Reducing racial disparities and advancing racial equity requires a long-term and sustained effort. The collaborative aims to bring community members and stakeholders together to continue to identify ongoing inequalities, agree on plans, and put them into action. Townhall meetings and needs assessments will be conducted on regular basis. All the while, the root causes of systemic and institutionalized racism will be front of mind. It takes time to bring people on board, agree on a plan,

and put it into action. Innovating and experimenting is a critical part of the change process too. Importantly, the AMCLC collaborative has been a trusted healthcare provider for these disenfranchised groups for a collective 550+ years and are excited and prepared to bring these efforts to the LeClaire Courts neighborhood and surrounding communities in the service area.

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?

The proposal is realistic in its vision and alignment based on community input and primary and secondary data collection, as well as community feedback. The proposal is in the process of securing funding for the specific site and services, with seed funding secured. Including the HTC grant opportunity, funding opportunities are being pursued for federal, foundation and local funding partners. The lead entity, AMC, is a FQHC, therefore significant revenue will be sustained through Medicare and Medicaid reimbursement. AMC has a long history of providing services to underserved populations throughout Chicago. AMC takes pride in actively working to reframe and dismantle systems that perpetuate privilege and access to quality healthcare as a societal privilege, as compared to a right.

The project will be overseen by an AMCLC Advisory Committee, with continual quality improvement policies and procedures, to ensure the highest quality of care and alignment with community needs. Data collection will be ongoing. All of AMC's sites utilize the Athena Practice Electronic Medical Record (EMR) system. The EMR system improves record keeping, data collection accuracy and extraction for tracking, analyzing, and reporting of key performance indicators. Additionally, the system will track across the proposal site, fostering stronger integrated care at multiple service points. Patient surveys are provided annually and reported back to internal and external stakeholders, helping to foster aligned community services and quality.

9. 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?

Success indicators and benchmarks will be aligned with multiple sources, including:

- AMCLC Advisory Committee
- Milestones (outlined in section 14 of this application)
- Quality Metrics (outlined in this section 13 of this application) by way of quality improvement dashboards
- Community Engagement Activities (townhalls, other community organizing)
- Community Needs Assessments
- Unique Patient and Productivity Goals (aligned with the proposed project budget outlined in section 15 of this application)
- Financial Statements
- Patient Satisfaction Surveys
- Staffing Profiles
- Staff Satisfaction Surveys

The AMCLC collaborative is built upon the tenet that racial equity in health, community, and operational system results in empowering and sustainable access. Impacts are documented and evaluated quarterly by the AMCLC Advisory Committee as to remain agile and responsive to community needs and trends.

The level, diversity, and quality of stakeholder engagement will be represented and analyzed through quality improvement with continual community surveys and conversations, as well as specific Advisory Committee representatives. Additionally, patient visits and care delivery will be monitored with specific quality metrics aligned with the pillars of the HFS Quality Strategy.

5. Community Input

Service Area of the Proposed Intervention

1. **Identify your service area in general terms (e.g., "West Chicago", "East St. Louis Metro Area", "Southeastern Illinois").**

Southwest Chicago

2. **Please select all Illinois counties that are in your service area. (NOTE: Selecting a county does not mean that your intervention must service the entire county.)**

Select counties:

Cook County

3. **Please list all zip codes in your service area, separated by commas.**

60652, 60609, 60629, 60632, 60638, 60402, 60804, 60623, 60608

Community Input

1. **Describe the process you have followed to seek input from your community and what community needs it highlighted.**

The Alivio Medical Center at LeClaire Courts (AMCLC) collaborative is designed to meet the real world needs of its service area communities in southwest Chicago.

The proposed AMCLC collaborative site is located in the planned LeClaire Courts Redevelopment Project—a larger development project of Cabrera Capital Partners LLC and The Habitat Company. The LeClaire Courts area is a historically under-resourced area of the city. From a historical context and as a community redevelopment opportunity, community input has been paramount to the process of both the revitalizing of LeClaire Courts and defining the AMCLC collaborative, serving the new residents and the surrounding community at large.

Community input has been assessed through the following sources:

- Community Needs Data
- Needs Assessments
- Community Partner Forums
- Community Town Halls
- Research Studies

LeClaire Courts is a noted landmark in the southwest Chicago landscape. In 2013, the LeClaire Courts Transportation and Access study solicited by the Chicago Housing Authority (CHA), as part of the goal to *advance the GO TO 2040 initiative* focused on “*regional plan goals, specifically those of creating livable communities that are healthy, safe and walkable, offer choices for timely transportation to schools, jobs,*

services and basic needs, and provide an alluring “sense of place.” The study was prepared by URS Corporation, SB Friedman Development Advisors, and MKC Associates (URS team) on behalf of CHA and the Chicago Metropolitan Agency for Planning (CMAP) and was developed and documented using a multi-phase process consisting of data collection and review, key informant interviews, and formulation of conclusions and recommendations. Each analysis included formal reviews by CMAP and CHA and their input and feedback was incorporated into the study. Throughout the study, the URS team maintained communications and held conversations with key stakeholders, including transportation and transit agencies, business entities and organizations, and public officials. The URS team convened and, with CMAP and CHA, held informal conversations with the current and previous Chicago aldermen within the study area and received their guidance and insights. Key insights below offered the foundation of the current redevelopment vision and baseline community needs assessment:

- The area in the vicinity of the site has a substantial uninsured population, estimated at approximately 21 percent, the third-highest level among the Chicago community areas and slightly higher than Chicago’s citywide average of 20 percent of residents uninsured.
- A Federally Qualified Health Center (FQHC) is a viable need in the area. FQHCs operate in lower-income communities designated as having a health professional shortage (primary medical, dental or mental health) and/or a medically underserved area or population. As indicated, the LeClaire Courts site is within a Mental Health Professional Shortage Area and a Medically Underserved Area/ Population.
- The U.S. Department of Health and Human Services has identified that the area has a shortage of mental health professionals, as well as a medically underserved Asian-American population. There is, therefore, potential for a new FQHC; new centers range in size from 15,000 to 25,000 square feet. In contrast, the likelihood of a hospital or independent physicians group locating at the site seems low.ⁱ

Following the community analysis and review of 2013, formal collaborations were formed between CHA, the 22nd Ward redevelopment groups, and city developers for focused land use and redevelopment.

Collaborative Site Partnership.

The LeClaire Courts Redevelopment Project will feature 650-700 new multi-family housing units ranging in size from studios up to five-bedroom units, of which, 65-75 percent will be affordable housing. Additionally, the site will welcome a combination of residents who formerly lived at the site and have a right to return, as well as new families. The project will cover 32 acres, creating a campus effect. The AMCLC collaborative will be the health destination on the campus, serving new residents and the expanded community.

The LeClaire Courts Redevelopment Project is dedicated to the neighborhood legacy of southwest Chicago. Community input has been at the core in its vision, working in partnership with chosen collaborative partners. The site is in Chicago’s 22nd Ward, whose Alderman, Michael Rodriguez, has backed the project. “What’s critical is the amount of community input that has and will continue to go into this development,” Rodriguez said.ⁱⁱ Paramount to the continued community conversation was strong community needs assessment, community input, online forums, and townhalls. Community-based participatory research was utilized at multiple levels to inform the proposed collaboration. Input and research involved community members, organizational representatives, health and business leaders, elected representatives, researchers, and others in all aspects of the research process, with all partners in the process contributing expertise and sharing in the decision-making and ownership.

LeClaire Partners commenced community engagement in May 2019 and has held 18 different community meetings, open forums, and as outlined below. Meetings have been, and continue to be, organized through Alderman Michael Rodriguez, 22nd Ward, the Chicago Housing Authority and other community stakeholders, including Alivio Medical Center. Community forums were held in English and Spanish, and all materials were provided in English and Spanish.

- *May 30, 2019* – LeClaire Working Group organized by Alderman Rodriguez including local community group leaders from Vittum Park, Archer Heights, Hearst Community Organization and other surrounding organizations.
- *July 24, 2019 & December 11, 2019* – Hearst Community Organization meetings with local residents.
- *August 17, 2019, November 30, 2019, & January 13, 2020* – Gateway to Midway Committee Meetings led by Tom Baliga, and include local community leaders from surrounding community organizations.
- *November 13, 2019* – LeClaire Working Group organized by Alderman Rodriguez including local community group leaders from Vittum Park, Archer Heights, Hearst Community Organization and other surrounding organizations.
- *December 7, 2019* – A tour of the LeClaire Courts site and 22nd Ward with Alderman Rodriguez and Commissioner Maurice Cox and local community leaders.
- *March 5, 2020 & February 8, 2021* - Chicago Housing Authority Working Group including “Right of Return Residents”, Alderman Rodriguez and the Hearst Community Organization.
- *December 17 & 18, 2020* – Community wide virtual meeting with over 100 participants. Organized with Alderman Rodriguez and the Hearst Community Organization. This was recorded and Q&A were provided in English and Spanish with real time translation.
- *February 12, 2021* – A tour of the LeClaire Courts site with Alderman Rodriguez, Representative Marie Newman, Hearst Community Organization, and Academy for Global Citizenship Charter School.
- *March 3, 2021* – Cicero Avenue Corridor Study Working Group virtual meeting. Hosted by Chicago Department of Planning and Development and Chicago Department of Transportation to kickoff community engagement for the Cicero Avenue Corridor. LeClaire Partners will directly engage in the process.
- *June 21, 2021* – LeClaire Partners and the CHA participated in a focus group session for the Cicero Avenue Corridor Study. Hosted by Chicago Department of Planning and Development and Chicago Department of Transportation to continue community engagement for the Cicero Avenue Corridor.
- *June 29, 2021* – LeClaire Partners and the CHA presented the latest plans and zoning updates to the LeClaire Right-of-Return Residents Working Group hosted by the CHA to gain participation in programming and Community Art engagement.
- *October 12, 2021* – Community wide virtual meeting with over 100 participants. Organized with Alderman Rodriguez and the Hearst Community Organization.
- *October 12, 2021* – LeClaire Partners and the CHA presented the latest plans and zoning updates to the LeClaire Right-of-Return Residents Working Group hosted by the CHA to gain participation in programming and Community Art engagement.
- *October 14, 2021* – LeClaire Partners, in conjunction with Alderman Rodriguez presented to the leaders of local community groups to discuss feedback from larger community presentations.

Community Input Insights.

Key themes and needs were identified throughout community forums and meetings:

- **Need for Culturally Competent Care** – The health center service site must meet the needs of the area’s diverse communities. The community service area is comprised of a strong multi-racial mix.
- **Accessible Primary, Urgent and Preventative Care** – Health care services delivered onsite must address the key health determinants of underserved communities. “This redevelopment is dedicated to bringing health care to the community. Minority populations are disproportionately affected by chronic diseases such as heart disease and kidney failure.”ⁱⁱⁱ
- **Establish an FQHC** – Free and sliding scale comprehensive health services for uninsured or underinsured must be provided.
- **Senior Services** – The age population for many of the Right to Return LeClaire Court residences and the community will be over 55+.
- **Pharmacy Services** – Accessible, easy, and convenient for the community to access medicine.
- **Pre-Natal Care and Pediatric Care** – The surrounding community campus will have additional schools, pre-k to teen, including a need for family health.
- **Health and Nutrition** – The area is a Food Desert. Create healthy options, fresh grocers, and education.
- **Mental/Behavioral Health** – The community needs support to address trauma, historical and racial.
- **Street Accessibility** – Provide easy access for residents, pedestrians, and public transportation clients.

As evidenced in the Project Description section of this application, and summarized below, the AMCLC collaborative is designed to meet the community needs with the current service area and expected growth forecasted to 2025.

COLLABORATIVE PARTNER	AREAS OF SERVICE
Alivio Medical Center (Lead Entity)	Primary Care, Urgent Care, Women’s Care, Senior Care
UI Health	Preventative screening, testing
Lurie Children’s Hospital	Pediatric, Trauma Informed Counseling
City Colleges of Chicago	Education, Medical Training, Work Placement
National Lewis University	Education, Medical Training, Work Placement
Healthcare Alternative Systems (H.A.S.)	Mental/Behavioral Health
Chicago Botanic Gardens	Nutrition/Green/Wellness
Bienestar Pharmacy	Pharmacy

Ongoing Community Input.

Prior to final decisions regarding the complement of clinical services to be offered at the site, the AMCLC collaborative is scheduled to conduct additional listening sessions and with community to fully understand the needs and priorities. In addition, a community advisory council is being formed to ensure alignment and communication with community members. The AMCLC collaborative will also conduct community forums to highlight availability of healthcare and supportive services available and report back out to the community on progress and successes. The AMCLC collaborative will continue to engage a full-spectrum with Community Based Organizations, including CHA, Alderman Rodriguez, Ward 22, and LeClaire Courts former residents to ensure that the health services received are a positive experience and to maintain their engagement and support over time.

Additionally, Letters of the Support for the project are attached from various community leaders including:

ORGANIZATION NAME	CEO/ED NAME
AARP	Alvaro Obregon
AgeOptions	Diane Slezak
Chicago Hispanic Health Coalition	Esther E. Sciammarella
City Council - City of Chicago	Alderman Michael Rodriguez
Consulate General of Mexico Of Chicago	Ambasadora Reyna Torres Mendivil
Healthy Illinois	Carmen Velasquez
Illinois Business Immigration Coalition	Rebecca Shi
Lurie Children’s Hospital	Matthew Davis, MD
MacNeal Hospital	Margaret Norton-Rosko
Martin Cabrera	Martin Cabrera
Mujeres Latinas en Accion	Linda Xochitl Tortolero
State Senator - 1st District	Antonio Munoz
Congresswoman Marie Neuman	Ben Hardin
State Representative Aaron Ortiz	Aaron Ortiz
Speaker of the House Emmanuel Chris Welch	Chris Welch
City Colleges of Chicago	Juan Salgado

Input from Elected Officials

1. **Did your collaborative consult elected officials as you developed your proposal?**
YES

1A. If you consulted Illinois federal or state legislators, please select all legislators whom you consulted.

Select legislators:

1B. If you consulted local officials, please list their names and titles here.

6. Data Support

1. **Describe the data used to design your proposal and the methodology of collection.**
For this proposal, primary and secondary data were collected and analyzed from a variety of sources. These qualitative and quantitative analyses are helpful in highlighting health outcomes that significantly impact the community and to help the Alivio Medical Center at LeClaire Courts (AMCLC) collaborative better understand which types of services will most positively improve outcomes for residents in the service area.

The following data sources were frequently used throughout this application, and a full list of citations are attached below with corresponding endnotes by section:

1. Demographic data from U.S. Census Bureau 2020 (<https://www.census.gov/data.html>);
2. Uniform Data System (UDS) data for Illinois (<https://data.hrsa.gov/tools/data-reporting/program-data?type=AWARDEE&state=IL>);
3. UDS Mapper (<https://maps.udsmapper.org/map/>);
4. Chicago Health Atlas (<https://chicagohealthatlas.org/>);
5. Chicago Metropolitan Agency for Planning (CMAP), Illinois, Community Snapshots, August 2021 Release (https://www.cmap.illinois.gov/data/community-snapshots#Community_Data_Snapshot_map_2017);
6. University of Illinois at Chicago School of Public Health and Institute for Healthcare Delivery Design for the Illinois Department of Healthcare and Family Services. Transformation Data & Community Needs Report: Chicago-South Side February 2021 (<https://www2.illinois.gov/hfs/SiteCollectionDocuments/20210226TransformationReportSouthChicagoDigitalCMP.pdf>).

7. Health Equity and Outcomes

1. **Name the specific healthcare disparities you are targeting in your service area, including by race and ethnicity. Describe the causes of these disparities that your project specifically seeks to address and explain why you have chosen to address these causes.**

The Alivio Medical Center at LeClaire Courts (AMCLC) collaborative will target obesity, diabetes, hypertension, women's health, birth health, oral health, mental health, and more. Additional disparities are discussed in sections 8 – Access to Care and 9 – Social Determinants of Health.

Obesity, Diabetes, and Hypertension.

Obesity is a major risk factor for Type 2 diabetes, as well as cardiovascular disease, stroke, and certain types of cancers. It is approaching tobacco use as the leading preventable cause of death in the United States and is a major contributor of the escalating costs of healthcare. Obesity and obesity-related chronic disease are extremely costly; it is estimated that 28.2 percent of all healthcare dollars nationwide are spent treating obesity.ⁱ One of the reasons that might account for the high risk in the service area with regards to heart disease, cancers, stroke, and diabetes, as noted by the leading causes of death rates, is the prevalence of obesity in the community. Across the service area, communities vary with regard to obesity rates. In Lower West Side, only 19.9 percent of adults are obese, whereas in Archer Heights, Chicago Lawn, and South Lawndale 55.4, 40.5, and 41.5 percent of adults are obese, respectively. Furthermore, seven of 14 communities in the service area have a higher obesity rate than the City of Chicago as a whole.ⁱⁱ It cannot be ignored that these communities are also more racially and ethnically diverse. As an example, South Lawndale is comprised on 97.09 percent racial/ethnic minorities with 66.8 percent Latino/Hispanic and 30.46 percent Black.

There are several possible explanations for the prevalence of obesity. First, racial/ethnic populations differ in behaviors that contribute to weight gain. Minority race/ethnicity and low-income were associated with lower physical activity in most groups.ⁱⁱⁱ Differences exist in attitudes and cultural norms regarding body weight. Also, certain populations have less access to affordable, healthy foods and safe locations for physical activity. Evidence suggests that neighborhoods with large minority populations –

such as those in the proposed service area – have fewer chain supermarkets and produce stores. Evidence also suggests that healthy foods are relatively more expensive than energy-dense foods, especially in minority and low-income communities. These populations also have less access to physical activity facilities and resources.

Similar to obesity, specific communities are more prevalent with adults with diabetes. In Gage Park, 9.8 percent of adults have ever been diagnosed with diabetes, whereas in Archer Heights, Chicago Lawn, and Garfield Ridge 24.5, 16.8, and 18.5 percent of adults have been diagnosed with diabetes, respectively.^{iv} Of note, Garfield Ridge is the community where the AMCLC is building its new health center. Seven of the 14 communities in the service area have a higher diabetes prevalence than the City of Chicago. Likewise, diabetes-related mortality rates are higher than the City of Chicago in seven of 14 communities in the service area. The New City community has the highest diabetes-related mortality rate at 78.5/100,000 followed by Chicago Lawn at 72.2/100,000 compared to the City of Chicago at a rate of 59.5/100,000.^v New City is 52.99 percent Latino/Hispanic, 25.08 percent Black, and 6.23 percent Asian. According to the Transformation Data and Community Needs Report for Chicago's South Side Study Area, there are more hospital admissions among Medicaid recipients in South Chicago (679/100,000) than any other Study Area. This is particularly alarming when comparing to national benchmarks (181/100,000) for the general population as reference. Specifically, long-term complications of diabetes and uncontrolled diabetes are higher than any other Study Area of Chicago.^{vi} Similarly, diabetes is among the most frequent chronic ambulatory care-sensitive conditions (ACSCs) associated with emergency department visits and hospitalizations for Medicaid enrollees in the South Chicago Study Area.^{vii}

Adult hypertension is also a concern in the AMCLC service area. While only one community is higher than the City of Chicago (Archer Heights at 33.7 percent), Ashburn (54.4/100,000), Chicago Lawn (68.8/100,000), and New City (58.3/100,000) have considerably higher mortality rates from stroke than the City of Chicago (51.7 percent). This means that while other communities have a higher incidence of disease, AMCLC's service area residents are more likely to die from hypertension-related causes. Similar to diabetes, hospital admission rates for congestive heart failure among Medicaid patients are also higher in the South Chicago (1,300/100,000) than any other Study Area. The national benchmark for the general population is 365/100,000.^{viii} Hypertensive disease is among the top seven most frequent inpatient hospitalization blocks in the South Chicago Study Area (46.4/10,000) and is one of the most frequent chronic ACSCs associated with emergency department visits and hospitalizations for Medicaid enrollees.^{ix}

Women's Health.

Women often make the healthcare decisions for the family and are the primary caregivers; therefore, the health of women affects not only the individual but her family and the community. Women, who are key in maintaining healthy families, access the health system more than men, both for themselves and on behalf of their children. Many become pregnant and give birth, a significant health event, then typically become their child's primary caregiver, a role that greatly influences household health overall. Women experience unique health care challenges and are more likely to be diagnosed with certain diseases than men. For example, cancer kills more than 250,000 women in the United States annually and access to early testing and preventive services could help more women detect malignancies earlier, such as breast and reproductive cancers. In addition, raising awareness about symptoms and risk factors for STDs and HIV is an important component of prevention and early diagnosis and treatment.^x The service area's communities tend to fare better than the City of Chicago as a whole for cervical and breast cancer mortality with one exception—in New City the rate for cervical cancer mortality is higher

than the city.^{xi} Chlamydia infection is highest in the Chicago Lawn community (1,434/100,000) when compared to any other community in the service area and the City of Chicago as a whole.^{xii}

Violence against women – particularly intimate partner violence and sexual violence – is a major public health problem and a violation of women's human rights. Estimates published by WHO indicate that globally about 1 in 3 (30 percent) of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. Most of this violence is intimate partner violence. Worldwide, almost one third (27 percent) of women aged 15-49 years who have been in a relationship report that they have been subjected to some form of physical and/or sexual violence by their intimate partner.^{xiii}

Violence can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings. The social and economic costs of intimate partner and sexual violence are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children. Children who grow up in families where there is violence may suffer a range of behavioral and emotional disturbances. These can also be associated with perpetrating or experiencing violence later in life.^{xiv} Homicide and firearm-related mortality rates are higher in three of 12 communities in the service area—Ashburn, Chicago Lawn, and New City—although this data is not delineated by gender.^{xv} Importantly, however, these communities have some of the highest rates of ethnic minorities at over 85 percent.

Improving the well-being of women is an important public health goal for the U.S. As stated by *Healthy People*, their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. Pregnancy can also provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include hypertension and heart disease, diabetes, depression, genetic conditions, sexually transmitted diseases (STDs), tobacco use and alcohol abuse, inadequate nutrition, or unhealthy weight.

Maternal and Birth Health.

According to the Centers for Disease Control, the risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care.^{xvi} Early prenatal care provides an effective and cost-efficient way to prevent, detect and treat maternal and fetal medical problems. It provides an excellent opportunity for health care providers to offer counseling on healthy living habits that lead to optimal birth outcomes. Late or no prenatal care substantially increases the likelihood that an infant will require admission to a neonatal intensive care unit or require a longer stay in the hospital at substantial cost to the family and the health care system. In South Chicago, complications of labor and delivery are among the top seven most frequent Inpatient Hospitalization Blocks for Medicaid enrollees at 54.6/10,000.^{xvii} Preterm births and low birthweight babies are more prevalent in 10 of 12 communities within the service area when compared to the City of Chicago.^{xviii} Interestingly, this is despite early entry to prenatal care; only two of the 12 communities in the service area fare worse than the City of Chicago when it comes to women accessing care in the first trimester.^{xix} In Chicago specifically, when layering in race and ethnicity, the African American infant mortality rate (10.5/1,000 live births) is more than three times higher than white infants.^{xx} Regarding the health of the mother, despite just 17 percent of live births in Illinois being non-Hispanic Black, African American women have the highest rates of severe maternal morbidity (101.5/10,000 deliveries), and the highest pregnancy-

associated mortality ratio (109 deaths/100,000 live births).^{xxi} Failure to thrive is among the most frequent ACSCs associated with emergency department visits and hospitalizations in the South Chicago Study Area.^{xxii}

Birth health statistics are a predictor of two factors: maternal exposure to health risks and an infant's current and future morbidity. The health consequences of birth health statistics are numerous and are often stated as a predictor of a community's overall health. For example, births to teen mothers are a particular concern since the births can pose medical and social problems for the mother as well as her infant. Adolescent mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and live in poverty than their peers who are not mothers. Teen moms are also more likely to smoke during pregnancy and to suffer from depression during and after pregnancy. Compared to children born to older mothers, children born to teens are more likely to have a higher rate of early mortality and hospitalization, drop out of high school, enter foster care, be on welfare, and have children as teens themselves.^{xxiii} Births to teen mothers are higher in 9 of 12 communities within the service area when compared to the City of Chicago.^{xxiv}

Additionally, exclusive breastfeeding is recommended for the first six months after birth, followed by continued breastfeeding for one year or longer, as mutually desired by the infant-parent dyad. Despite continued public health efforts to increase rates of breastfeeding, barriers persist that result in inequitable access to breastfeeding services, disproportionately affecting African American breastfeeding families and support systems. Both of these rates are three times higher than white women. The state of Illinois reports 84.2 percent for "ever breastfed" and 42.1 percent for "exclusive breastfeeding at 3 months," far exceeding rates on the South Side of Chicago.^{xxv} For example, in the communities with higher African American populations, "ever breastfed" rates can be as low as 1.4 percent, and for "exclusive breastfeeding at 3 months," rates are found as low as 0.6 percent.^{xxvi} While a stark comparison, these breastfeeding rates are reflective of trends found across the United States.^{xxvii}

Oral Health.

The 2000 U.S. Surgeon General's Report "Oral Health in America" conclusively linked chronic oral infections to other overall health problems, including diabetes, heart disease, and adverse pregnancy outcomes. Furthermore, oral health is related to quality of life and poor oral health can have significant consequences on a person's diet, nutrition, speech, social interaction, self-esteem, mental health, education, and career achievement.^{xxviii} Dental disease is an epidemic, and it is disproportionately affecting the poor, the uninsured, and especially children.

Tooth decay is the most common preventable illness affecting U.S. children today. When left untreated, tooth decay can contribute to a wide range of problems, including poor nutrition, sub-normal growth, and unnecessary pain.^{xxix} The American Academy of Pediatric Dentistry advises that children visit the dentist or have an oral health assessment from his/her primary care professional by six months of age and that a dental home should be established by their first birthday.^{xxx} It is also recommended that they visit the dentist twice yearly thereafter.^{xxxi} Meanwhile, the American Dental Association advocates that adults see a dentist at least once a year, and potentially more frequently depending on the patient's individual needs. However, the reality for many is that dental care is out of reach.

In South Chicago, dental conditions are cited as the most preventable ACSCs associated with emergency department visits and hospitalizations among Medicaid enrollees (63.1/10,000).^{xxxii}

Mental Health.

Mental health disorders are a significant public health problem, both in their own right and because they are often associated with many other chronic diseases.^{xxxiii} Untreated disorders may leave individuals at risk for substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.^{xxxiv} This increased morbidity is often a result of lower use of medical care, lower treatment adherence for concurrent chronic diseases, and higher risk for adverse health outcomes.^{xxxv} The effects of mental illness range from minor disruptions in daily functioning to incapacitating personal, social, and occupational impairments and early death.^{xxxvi,xxxvii,xxxviii} Also, the economic repercussions of mental illness in the United States are substantial. Approximately 1 in 5 adults in the U.S. — 43.8 million, or 18.5 percent — experiences mental illness in a given year and cost the United States an estimated \$300 billion annually, which included approximately \$193 billion from lost earnings and wages, \$24 billion in disability benefits,^{xxxix} and \$100 billion in healthcare expenditures.^{xl} Also, among all 36.2 million people who received mental health services, the average expenditure per person was \$1,591 and among all 4.6 million children who received mental health services, the average expenditure was \$1,931.^{xli}

Mental illness exacerbates morbidity from the multiple chronic diseases with which it is associated, including heart disease, diabetes, obesity, asthma, epilepsy, and cancer.^{xlii,xliii,xliv} This increased morbidity is often a result of lower use of medical care, lower treatment adherence for concurrent chronic diseases, and higher risk for adverse health outcomes.^{xlv} Rates for injuries, both intentional (e.g., homicide and suicide) and unintentional (e.g., motor vehicle), are 2-6 times higher among persons with a mental illness than in the overall population.^{xlvi,xlvii} Mental illness is also associated with increased use of tobacco products, at a rate of two to four times higher than in the general population.^{xlviii}

Depression is the most common type of mental illness affecting adults in the U.S. The CDC estimates that by the year 2020, depression will be the second leading cause of disability throughout the world, after ischemic heart disease.^{xlix} In a study conducted by the National Survey on Drug Use and Health in 2016, approximately 18.3 percent adults aged 18 or older (44.7 million) had any mental illness and 4.2 percent (10.4 million adults) had a serious mental illness. In 2016, 6.7 percent of adults aged 18 or older (16.2 million adults) had at least one major depressive episode, and 4.3 percent of adults (10.3 million adults) had a major depressive episode with severe impairment in the past year.^l

Mental health issues have increased during the COVID-19 pandemic. On average, more than one in three adults in the U.S. has reported symptoms of anxiety and/or depressive disorder since May 2020. In comparison, from January to June 2019, approximately one in ten adults reported symptoms of anxiety and/or depressive disorder.^{li} The need for mental health and substance use care is expected to increase due to the COVID-19 pandemic, which may exacerbate mental health conditions and barriers to accessing care experienced by those already in need of these services and leave many people newly in need of mental health and substance abuse treatment.^{lii}

Mood affective disorders, such as bipolar and depression, are the number one cause of most frequent inpatient hospitalizations in the South Chicago Study Area.^{liii} Similarly, schizophrenia and other non-mood psychotic disorders are in the top four causes.^{liv} Four of 12 communities in the service area, have a higher rate of suicide mortality than the City of Chicago.^{lv}

Mental and behavioral disorders due to psychoactive substance use are also among the top seven most frequent inpatient hospitalizations in South Chicago.^{lvi} Alcohol-induced mortality is higher in 8 of the 12

communities in the service area when compared to the City of Chicago, some of which are significantly higher at 14.0/100,000 in Ashburn and Bridgeport compared to the city at 8.5/100,000.^{lvii} Opioid-related overdose mortalities are also higher in three of the 12 service area communities, including Chicago Lawn, which is a priority area for the proposed service site.^{lviii}

The AMCLC collaborative chose to address these health inequities primarily due to burgeoning need from the community it already serves. Primary data collection discussed in the Community Input section of this application indicated a need for accessible primary, urgent, and preventable care from an established FQHC, along with prenatal care, pediatrics, nutrition, and mental/behavioral health care. Secondary data collection described in this and other sections of the application reinforce what the community needs and demands. AMC has a long history of rising to meet the needs of its communities in southwest Chicago as this was the impetus for its founding more than 30 years ago. As a FQHC designated through Health Resources and Services Administration (HRSA), AMC is required to provide these services either directly, or through formal written contracts or referral arrangements regardless of insurance status or ability to pay. Whenever possible, AMC provides its services on site, under one roof, to ensure continuity of care and exceptional care coordination to serve the whole person. Additionally, AMC is well suited to provide these critical services to the community given its representation throughout its organizational structure—from the patient-majority governing board through line staff.

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

As described in the project description, the AMCLC collaborative will provide direct access to healthcare services to the low-income and underserved populations regardless of ability to pay. Services will include adult and family medicine, pediatrics, chronic disease prevention and support, women's health, obstetrics and midwifery, COVID-19 response, dentistry, behavioral health (mental health and substance use disorder), trauma-informed adolescent practices, senior services, pharmacy, urgent care center, care management, community outreach, case management, specialty services, imaging, a Center for Learning and Innovation, and transportation. Through this robust service offering, the stated health inequities will be addressed in an integrated, whole-person approach. AMCLC will prioritize project management to keep pace to the timeline outlined in the Milestones section of this application. The project goals, stated in the Project Description, as well as the defined measurable process and impact objectives to assess clinical performance defined in the Quality Metrics section of this application, will be monitored through AMC's current robust QI Program. Performance dashboards will be created, shared and monitored with AMCLC's Advisory Committee, AMC's executive leadership and the larger governing board on a quarterly basis.

3. Why will the activities you propose lead to the impact you intend to have?

The AMCLC collaborative will appropriately rely on its collective 550+ year history of serving the community with both the very services proposed in this application, and their experience in creating new, innovative programs. Their strong leadership and competent staff will continue to move their missions forward to rise and meet the needs of the communities they serve. The AMCLC collaborative members, including the lead applicant, must meet the federal, state and local rules and regulations set forth by their regulatory and accrediting bodies including HRSA, The Joint Commission, National Committee for Quality Assurance, Centers for Medicaid and Medicare, Higher Learning Commission, and others.

7. Health Equity and Outcomes

1. Name the specific healthcare disparities you are targeting in your service area, including by race and ethnicity. Describe the causes of these disparities that your project specifically seeks to address and explain why you have chosen to address these causes.

The Alivio Medical Center at LeClaire Courts (AMCLC) collaborative will target obesity, diabetes, hypertension, women's health, birth health, oral health, mental health, and more. Additional disparities are discussed in sections 8 – Access to Care and 9 – Social Determinants of Health.

Obesity, Diabetes, and Hypertension.

Obesity is a major risk factor for Type 2 diabetes, as well as cardiovascular disease, stroke, and certain types of cancers. It is approaching tobacco use as the leading preventable cause of death in the United States and is a major contributor of the escalating costs of healthcare. Obesity and obesity-related chronic disease are extremely costly; it is estimated that 28.2 percent of all healthcare dollars nationwide are spent treating obesity.ⁱ One of the reasons that might account for the high risk in the service area with regards to heart disease, cancers, stroke, and diabetes, as noted by the leading causes of death rates, is the prevalence of obesity in the community. Across the service area, communities vary with regard to obesity rates. In Lower West Side, only 19.9 percent of adults are obese, whereas in Archer Heights, Chicago Lawn, and South Lawndale 55.4, 40.5, and 41.5 percent of adults are obese, respectively. Furthermore, seven of 14 communities in the service area have a higher obesity rate than the City of Chicago as a whole.ⁱⁱ It cannot be ignored that these communities are also more racially and ethnically diverse. As an example, South Lawndale is comprised on 97.09 percent racial/ethnic minorities with 66.8 percent Latino/Hispanic and 30.46 percent Black.

There are several possible explanations for the prevalence of obesity. First, racial/ethnic populations differ in behaviors that contribute to weight gain. Minority race/ethnicity and low-income were associated with lower physical activity in most groups.ⁱⁱⁱ Differences exist in attitudes and cultural norms regarding body weight. Also, certain populations have less access to affordable, healthy foods and safe locations for physical activity. Evidence suggests that neighborhoods with large minority populations – such as those in the proposed service area – have fewer chain supermarkets and produce stores. Evidence also suggests that healthy foods are relatively more expensive than energy-dense foods, especially in minority and low-income communities. These populations also have less access to physical activity facilities and resources.

Similar to obesity, specific communities are more prevalent with adults with diabetes. In Gage Park, 9.8 percent of adults have ever been diagnosed with diabetes, whereas in Archer Heights, Chicago Lawn, and Garfield Ridge 24.5, 16.8, and 18.5 percent of adults have been diagnosed with diabetes, respectively.^{iv} Of note, Garfield Ridge is the community where the AMCLC is building its new health center. Seven of the 14 communities in the service area have a higher diabetes prevalence than the City of Chicago. Likewise, diabetes-related mortality rates are higher than the City of Chicago in seven of 14 communities in the service area. The New City community has the highest diabetes-related mortality rate at 78.5/100,000 followed by Chicago Lawn at 72.2/100,000 compared to the City of Chicago at a rate of 59.5/100,000.^v New City is 52.99 percent Latino/Hispanic, 25.08 percent Black, and 6.23 percent Asian. According to the Transformation Data and Community Needs Report for Chicago's South Side Study Area, there are more hospital admissions among Medicaid recipients in South Chicago (679/100,000) than any other Study Area. This is particularly alarming when comparing to national benchmarks (181/100,000) for the general population as reference. Specifically, long-term complications

of diabetes and uncontrolled diabetes are higher than any other Study Area of Chicago.^{vi} Similarly, diabetes is among the most frequent chronic ambulatory care-sensitive conditions (ACSCs) associated with emergency department visits and hospitalizations for Medicaid enrollees in the South Chicago Study Area.^{vii}

Adult hypertension is also a concern in the AMCLC service area. While only one community is higher than the City of Chicago (Archer Heights at 33.7 percent), Ashburn (54.4/100,000), Chicago Lawn (68.8/100,000), and New City (58.3/100,000) have considerably higher mortality rates from stroke than the City of Chicago (51.7 percent). This means that while other communities have a higher incidence of disease, AMCLC's service area residents are more likely to die from hypertension-related causes. Similar to diabetes, hospital admission rates for congestive heart failure among Medicaid patients are also higher in the South Chicago (1,300/100,000) than any other Study Area. The national benchmark for the general population is 365/100,000.^{viii} Hypertensive disease is among the top seven most frequent inpatient hospitalization blocks in the South Chicago Study Area (46.4/10,000) and is one of the most frequent chronic ACSCs associated with emergency department visits and hospitalizations for Medicaid enrollees.^{ix}

Women's Health.

Women often make the healthcare decisions for the family and are the primary caregivers; therefore, the health of women affects not only the individual but her family and the community. Women, who are key in maintaining healthy families, access the health system more than men, both for themselves and on behalf of their children. Many become pregnant and give birth, a significant health event, then typically become their child's primary caregiver, a role that greatly influences household health overall. Women experience unique health care challenges and are more likely to be diagnosed with certain diseases than men. For example, cancer kills more than 250,000 women in the United States annually and access to early testing and preventive services could help more women detect malignancies earlier, such as breast and reproductive cancers. In addition, raising awareness about symptoms and risk factors for STDs and HIV is an important component of prevention and early diagnosis and treatment.^x The service area's communities tend to fare better than the City of Chicago as a whole for cervical and breast cancer mortality with one exception—in New City the rate for cervical cancer mortality is higher than the city.^{xi} Chlamydia infection is highest in the Chicago Lawn community (1,434/100,000) when compared to any other community in the service area and the City of Chicago as a whole.^{xii}

Violence against women – particularly intimate partner violence and sexual violence – is a major public health problem and a violation of women's human rights. Estimates published by WHO indicate that globally about 1 in 3 (30 percent) of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. Most of this violence is intimate partner violence. Worldwide, almost one third (27 percent) of women aged 15-49 years who have been in a relationship report that they have been subjected to some form of physical and/or sexual violence by their intimate partner.^{xiii}

Violence can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings. The social and economic costs of intimate partner and sexual violence are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children. Children who grow up in families where there is violence may suffer a range of behavioral and emotional disturbances. These can also be associated with perpetrating or experiencing violence later in life.^{xiv} Homicide and firearm-related mortality rates are higher in three

of 12 communities in the service area—Ashburn, Chicago Lawn, and New City—although this data is not delineated by gender.^{xv} Importantly, however, these communities have some of the highest rates of ethnic minorities at over 85 percent.

Improving the well-being of women is an important public health goal for the U.S. As stated by *Healthy People*, their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. Pregnancy can also provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include hypertension and heart disease, diabetes, depression, genetic conditions, sexually transmitted diseases (STDs), tobacco use and alcohol abuse, inadequate nutrition, or unhealthy weight.

Maternal and Birth Health.

According to the Centers for Disease Control, the risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care.^{xvi} Early prenatal care provides an effective and cost-efficient way to prevent, detect and treat maternal and fetal medical problems. It provides an excellent opportunity for health care providers to offer counseling on healthy living habits that lead to optimal birth outcomes. Late or no prenatal care substantially increases the likelihood that an infant will require admission to a neonatal intensive care unit or require a longer stay in the hospital at substantial cost to the family and the health care system. In South Chicago, complications of labor and delivery are among the top seven most frequent Inpatient Hospitalization Blocks for Medicaid enrollees at 54.6/10,000.^{xvii} Preterm births and low birthweight babies are more prevalent in 10 of 12 communities within the service area when compared to the City of Chicago.^{xviii} Interestingly, this is despite early entry to prenatal care; only two of the 12 communities in the service area fare worse than the City of Chicago when it comes to women accessing care in the first trimester.^{xix} In Chicago specifically, when layering in race and ethnicity, the African American infant mortality rate (10.5/1,000 live births) is more than three times higher than white infants.^{xx} Regarding the health of the mother, despite just 17 percent of live births in Illinois being non-Hispanic Black, African American women have the highest rates of severe maternal morbidity (101.5/10,000 deliveries), and the highest pregnancy-associated mortality ratio (109 deaths/100,000 live births).^{xxi} Failure to thrive is among the most frequent ACSCs associated with emergency department visits and hospitalizations in the South Chicago Study Area.^{xxii}

Birth health statistics are a predictor of two factors: maternal exposure to health risks and an infant's current and future morbidity. The health consequences of birth health statistics are numerous and are often stated as a predictor of a community's overall health. For example, births to teen mothers are a particular concern since the births can pose medical and social problems for the mother as well as her infant. Adolescent mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and live in poverty than their peers who are not mothers. Teen moms are also more likely to smoke during pregnancy and to suffer from depression during and after pregnancy. Compared to children born to older mothers, children born to teens are more likely to have a higher rate of early mortality and hospitalization, drop out of high school, enter foster care, be on welfare, and have children as teens themselves.^{xxiii} Births to teen mothers are higher in 9 of 12 communities within the service area when compared to the City of Chicago.^{xxiv}

Additionally, exclusive breastfeeding is recommended for the first six months after birth, followed by continued breastfeeding for one year or longer, as mutually desired by the infant-parent dyad. Despite

continued public health efforts to increase rates of breastfeeding, barriers persist that result in inequitable access to breastfeeding services, disproportionately affecting African American breastfeeding families and support systems. Both of these rates are three times higher than white women. The state of Illinois reports 84.2 percent for “ever breastfed” and 42.1 percent for “exclusive breastfeeding at 3 months,” far exceeding rates on the South Side of Chicago.^{xxv} For example, in the communities with higher African American populations, “ever breastfed” rates can be as low as 1.4 percent, and for “exclusive breastfeeding at 3 months,” rates are found as low as 0.6 percent.^{xxvi} While a stark comparison, these breastfeeding rates are reflective of trends found across the United States.^{xxvii}

Oral Health.

The 2000 U.S. Surgeon General’s Report “Oral Health in America” conclusively linked chronic oral infections to other overall health problems, including diabetes, heart disease, and adverse pregnancy outcomes. Furthermore, oral health is related to quality of life and poor oral health can have significant consequences on a person’s diet, nutrition, speech, social interaction, self-esteem, mental health, education, and career achievement.^{xxviii} Dental disease is an epidemic, and it is disproportionately affecting the poor, the uninsured, and especially children.

Tooth decay is the most common preventable illness affecting U.S. children today. When left untreated, tooth decay can contribute to a wide range of problems, including poor nutrition, sub-normal growth, and unnecessary pain.^{xxix} The American Academy of Pediatric Dentistry advises that children visit the dentist or have an oral health assessment from his/her primary care professional by six months of age and that a dental home should be established by their first birthday.^{xxx} It is also recommended that they visit the dentist twice yearly thereafter.^{xxxi} Meanwhile, the American Dental Association advocates that adults see a dentist at least once a year, and potentially more frequently depending on the patient’s individual needs. However, the reality for many is that dental care is out of reach.

In South Chicago, dental conditions are cited as the most preventable ACSCs associated with emergency department visits and hospitalizations among Medicaid enrollees (63.1/10,000).^{xxxii}

Mental Health.

Mental health disorders are a significant public health problem, both in their own right and because they are often associated with many other chronic diseases.^{xxxiii} Untreated disorders may leave individuals at risk for substance abuse, self-destructive behavior, and suicide. Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases.^{xxxiv} This increased morbidity is often a result of lower use of medical care, lower treatment adherence for concurrent chronic diseases, and higher risk for adverse health outcomes.^{xxxv} The effects of mental illness range from minor disruptions in daily functioning to incapacitating personal, social, and occupational impairments and early death.^{xxxvi,xxxvii,xxxviii} Also, the economic repercussions of mental illness in the United States are substantial. Approximately 1 in 5 adults in the U.S. — 43.8 million, or 18.5 percent — experiences mental illness in a given year and cost the United States an estimated \$300 billion annually, which included approximately \$193 billion from lost earnings and wages, \$24 billion in disability benefits,^{xxxix} and \$100 billion in healthcare expenditures.^{xl} Also, among all 36.2 million people who received mental health services, the average expenditure per person was \$1,591 and among all 4.6 million children who received mental health services, the average expenditure was \$1,931.^{xli}

Mental illness exacerbates morbidity from the multiple chronic diseases with which it is associated, including heart disease, diabetes, obesity, asthma, epilepsy, and cancer.^{xlii,xliii,xliv} This increased morbidity

is often a result of lower use of medical care, lower treatment adherence for concurrent chronic diseases, and higher risk for adverse health outcomes.^{xlv} Rates for injuries, both intentional (e.g., homicide and suicide) and unintentional (e.g., motor vehicle), are 2-6 times higher among persons with a mental illness than in the overall population.^{xlvi,xlvii} Mental illness is also associated with increased use of tobacco products, at a rate of two to four times higher than in the general population.^{xlviii}

Depression is the most common type of mental illness affecting adults in the U.S. The CDC estimates that by the year 2020, depression will be the second leading cause of disability throughout the world, after ischemic heart disease.^{xlix} In a study conducted by the National Survey on Drug Use and Health in 2016, approximately 18.3 percent adults aged 18 or older (44.7 million) had any mental illness and 4.2 percent (10.4 million adults) had a serious mental illness. In 2016, 6.7 percent of adults aged 18 or older (16.2 million adults) had at least one major depressive episode, and 4.3 percent of adults (10.3 million adults) had a major depressive episode with severe impairment in the past year.^l

Mental health issues have increased during the COVID-19 pandemic. On average, more than one in three adults in the U.S. has reported symptoms of anxiety and/or depressive disorder since May 2020. In comparison, from January to June 2019, approximately one in ten adults reported symptoms of anxiety and/or depressive disorder.^{li} The need for mental health and substance use care is expected to increase due to the COVID-19 pandemic, which may exacerbate mental health conditions and barriers to accessing care experienced by those already in need of these services and leave many people newly in need of mental health and substance abuse treatment.^{lii}

Mood affective disorders, such as bipolar and depression, are the number one cause of most frequent inpatient hospitalizations in the South Chicago Study Area.^{liii} Similarly, schizophrenia and other non-mood psychotic disorders are in the top four causes.^{liv} Four of 12 communities in the service area, have a higher rate of suicide mortality than the City of Chicago.^{lv}

Mental and behavioral disorders due to psychoactive substance use are also among the top seven most frequent inpatient hospitalizations in South Chicago.^{lvi} Alcohol-induced mortality is higher in 8 of the 12 communities in the service area when compared to the City of Chicago, some of which are significantly higher at 14.0/100,000 in Ashburn and Bridgeport compared to the city at 8.5/100,000.^{lvii} Opioid-related overdose mortalities are also higher in three of the 12 service area communities, including Chicago Lawn, which is a priority area for the proposed service site.^{lviii}

The AMCLC collaborative chose to address these health inequities primarily due to burgeoning need from the community it already serves. Primary data collection discussed in the Community Input section of this application indicated a need for accessible primary, urgent, and preventable care from an established FQHC, along with prenatal care, pediatrics, nutrition, and mental/behavioral health care. Secondary data collection described in this and other sections of the application reinforce what the community needs and demands. AMC has a long history of rising to meet the needs of its communities in southwest Chicago as this was the impetus for its founding more than 30 years ago. As a FQHC designated through Health Resources and Services Administration (HRSA), AMC is required to provide these services either directly, or through formal written contracts or referral arrangements regardless of insurance status or ability to pay. Whenever possible, AMC provides its services on site, under one roof, to ensure continuity of care and exceptional care coordination to serve the whole person. Additionally, AMC is well suited to provide these critical services to the community given its representation throughout its organizational structure—from the patient-majority governing board through line staff.

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

As described in the project description, the AMCLC collaborative will provide direct access to healthcare services to the low-income and underserved populations regardless of ability to pay. Services will include adult and family medicine, pediatrics, chronic disease prevention and support, women's health, obstetrics and midwifery, COVID-19 response, dentistry, behavioral health (mental health and substance use disorder), trauma-informed adolescent practices, senior services, pharmacy, urgent care center, care management, community outreach, case management, specialty services, imaging, a Center for Learning and Innovation, and transportation. Through this robust service offering, the stated health inequities will be addressed in an integrated, whole-person approach. AMCLC will prioritize project management to keep pace to the timeline outlined in the Milestones section of this application. The project goals, stated in the Project Description, as well as the defined measurable process and impact objectives to assess clinical performance defined in the Quality Metrics section of this application, will be monitored through AMC's current robust QI Program. Performance dashboards will be created, shared and monitored with AMCLC's Advisory Committee, AMC's executive leadership and the larger governing board on a quarterly basis.

3. Why will the activities you propose lead to the impact you intend to have?

The AMCLC collaborative will appropriately rely on its collective 550+ year history of serving the community with both the very services proposed in this application, and their experience in creating new, innovative programs. Their strong leadership and competent staff will continue to move their missions forward to rise and meet the needs of the communities they serve. The AMCLC collaborative members, including the lead applicant, must meet the federal, state and local rules and regulations set forth by their regulatory and accrediting bodies including HRSA, The Joint Commission, National Committee for Quality Assurance, Centers for Medicaid and Medicare, Higher Learning Commission, and others.

9. Social Determinants of Health

1. Name the specific social determinants of health you are targeting in your service area. Describe the causes of these social determinants that your project specifically seeks to address and explain why you have chosen to address these causes.

Social determinants of health (SDOH) are conditions in the environment in which people are born, live, learn, work, play and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.ⁱ The patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include economic stability, employment, safe and affordable housing, access to education, public safety, availability of healthy foods, access to transportation, local emergency/health services, and environments free of life-threatening toxins.ⁱⁱ Differences in health are striking in communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods, or substandard education. Social determinants of health also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition, which raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods. Poverty is the single largest determinant of health, and ill health is an obstacle

to social and economic development. Low-income people live shorter lives and have poorer health than affluent people. This disparity has drawn attention to the remarkable sensitivity of health to the social environment.

A person's zip code can be more of a health predictor than genetic code. To improve population health in and around the AMCLC collaborative's service area, the public health system must expand to include non-traditional partners such as transportation, workforce development, and housing. The AMCLC collaborative will target several indicators related to SDOH, such as economic stability, education, language and immigration, health literacy, environment, food insecurity, housing insecurity, health insurance, and transportation. Please note that SDOH factors related to access to care including insurance status, housing insecurity, and transportation are instead described in the Access to Care section of this application.

Economic Stability.

Rising socio-economic status tends to improve health outcomes, while falling socio-economic status tends to decrease levels of health and wellness. Income is one of the strongest predictors of health outcomes worldwide. Health care access, outcomes, and life expectancy improve as income increases.ⁱⁱⁱ Lower incomes are associated with higher rates of mortality, premature births, and other health issues. Households with higher incomes are likely to have more educated residents, lower unemployment rates, and better access to healthcare. These factors contribute to better health outcomes related to mortality, chronic diseases, and other health indicators.^{iv,v} When households earn incomes much lower than the average cost of living, they tend to make sacrifices in important areas. Those lifestyle compromises can include eating less food and/or unhealthier food, living in substandard housing, and/or delaying medical care. Additionally, the lack of resources to meet basic needs causes long-term stress, which makes the body less resistant to other health risks.^{vi}

Residents who live in a poverty-stricken community are often subjected to additional costs and limitations. Research has shown the wide-ranging social and economic effects that result when the poor are concentrated in economically segregated and disadvantaged communities such as those in the service area. Concentrated poverty can limit educational opportunities, lead to increased crime rates and poorer health outcomes.^{vii} Specifically, violent crime rates tend to be higher in economically distressed neighborhoods.^{viii} For health outcomes, residents living in low-income neighborhoods tend to have worse physical and mental health issues, such as asthma, caries, depression, and heart conditions, compared to higher-income areas.^{ix} Individuals living in poverty are also at higher risk for behaviors that lead to preventable chronic diseases such as higher levels of stress, limited physical activity, poor dietary habits, and cigarette smoking.^x

While impoverished households can be found in virtually every tract throughout the AMCLC's service area, it is unmistakable that a majority of these households are located in specific geographic areas. Most low-income service area residents have low-paying jobs or struggle with unemployment. Nearly one-half (45.51 percent) of the population in the service area is considered "low income," living below 200 percent of the Federal Poverty Level (FPG).^{xi} In 2021, 200 percent of the FPL corresponds to \$53,000 for a family of four.^{xii} Within the service area, 304,773 individuals live below 200 percent FPG.^{xiii} These residents make up target population, a group that most often lacks insurance and access to services. Eleven of 14 of the communities in the service area have a median household income lower than the City of Chicago and 12 of 14 communities are lower than Cook County.^{xiv} All 14 communities have lower per capita incomes than both the City of Chicago and Cook County and range from a low of \$12,771 (South Lawndale) to \$30,808 (Garfield Ridge).

The unemployed population experiences worse health and higher mortality rates than the employed population.^{xv} Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide.^{xvi} The unemployment rate is worse in six of the 14 communities than the City of Chicago, and 10 of 14 communities are worse than Cook County. Unemployment rates vary significantly by service area community from 4.0 percent (Berwyn) to 20.88 percent (Chicago Lawn).

As discussed, those living in poverty have limited access to health care and health care coverage, but other types of resources as well. The Supplemental Nutrition Assistance Program (SNAP) is just one of the kinds of resources available to those living in poverty. Approximately 10.54 percent are receiving SNAP or food stamps in the zip code where the proposed site will be built (60638 – Garfield Ridge), along with 23.11 percent in 60632 (Brighton Park, Archer Heights, Gage Park) and 26.51 percent in 60629 (West Lawn, Chicago Lawn)—the two neighboring zip codes and priority areas.

Educational Attainment.

Educational attainment is considered a key driver of health status since low levels of education are often linked to poverty and poor health. Lack of education is a major impediment to wage growth among service area workers as well. Early childhood development is influenced by characteristics of the child, the family, and the broader social environment. Physical health, cognition, language, and social and emotional development underpin school readiness. Publicly funded, center-based, comprehensive early childhood development programs are a community resource that promotes the well-being of young children. Programs such as Head Start are designed to close the gap in readiness to learn between poor children and their more economically advantaged peers. Systematic reviews of the scientific literature demonstrate effectiveness of these programs in preventing developmental delay, as assessed by reductions in retention in grade and placement in special education.^{xvii}

There are differences in educational attainment between the service area communities, the City of Chicago, and Cook County. Of the 14 communities in the service area (residents ages 16 and older), all have a lower high school diploma percentage than the City of Chicago (85.1 percent) and Cook County (87.1 percent). In fact, South Lawndale fares the worst with only 56.33 percent with a high school diploma, followed by Cicero (64.6 percent), and Brighton Park (66.17 percent). Similarly, 39.5 percent of residents in the City of Chicago have a bachelor's degree, whereas communities including Gage Park, Cicero, and South Lawndale fare worse at 7.04, 7.10, and 7.85 percent, respectively. This data clearly demonstrates a significant difference in education level. As mentioned, this is considered a significant indicator of poverty and poor health among the service area residents.

Access to quality education is also key. Service area residents are zoned to attend Chicago Public Schools. In 60638, there are a total of nine Chicago Public Schools, whereas there are 29 in 60632, and 21 in 60629.

Language and Immigration.

The make-up of the American population is quickly changing as a result of immigration patterns and significant increases among racially, ethnically, culturally and linguistically diverse populations already residing in the United States. As a large urban center in the U.S., Chicago clearly reflects this shifting landscape within its own residents. Approximately one in five (20.3 percent) of residents in the City of Chicago are foreign born. The AMCLC collaborative's target population within the service area reflects

this shifting ethnic and cultural landscape. According to the latest Census Bureau numbers, between 37 percent (Ashburn) and 86.5 percent (Gage Park) service area community households speaks a language other than English at home. The population of Spanish speakers at home represents more than half of the residents in the service area communities of Archer Heights, Brighton Park, Gage Park, Lower West Side, New City, South Lawndale, West Lawn, Berwyn, and Cicero. Many of these residents report speaking English “less than very well.” These linguistic barriers can have a harmful effect on health outcomes by creating obstacles to healthcare access and utilization. Difficulties with English can hamper a person’s ability to seek medical services or understand the healthcare they are given. Persons with Limited English Proficiency (LEP) are also less likely to have a regular source of medical care or follow a provider’s instructions.^{xviii}

However, even beyond addressing language barriers, the delivery of high-quality primary health care requires health care practitioners to have a deeper understanding of the socio-cultural background of patients, their families and the environments in which they live. According to the National Center for Cultural Competence^{xix}, nowhere are the divisions of race, ethnicity and culture more sharply drawn than in the health of those residing in the United States. There are continuing disparities in the incidence of illness and death among African Americans, Latino/Hispanic Americans, Native Americans, Asian Americans, Alaskan Natives and Pacific Islanders as compared with the U.S. population as a whole.

An Institute of Medicine (IOM) report documented racial/ethnic disparities in the diagnosis and treatment of several conditions, even when analyses were controlled for socioeconomic status, insurance status, co-morbidity, and age, among other potential confounders.^{xx} These disparities are due, in part, to variations in patients’ health beliefs, values, preferences, and behaviors. These include variations in patient recognition of symptoms; thresholds for seeking care; the ability to communicate symptoms or concerns or beliefs about certain kinds of care (i.e., concerns of a provider who understands their meaning; the ability to understand the prescribed management strategy; expectations of care; and adherence to preventive measures and medications). These factors influence patient and physician decision-making and the interactions between patients and the healthcare delivery system, thus contributing to health disparities. Additional health studies have also shown that these disparities are frequently evident in chronic health outcomes for ethnic minorities and English language learners. Specific attention has been paid to diabetes care to underserved communities. These studies often demonstrate that ethnic minorities are less likely to receive the standard of care for diabetes than their non-ethnic English-speaking counterparts.^{xxi}

Therefore, the focus of community health centers is to give to culturally competent primary health services that help clinical encounters facilitate more favorable outcomes, enhance the potential for a more rewarding interpersonal experience and increase the satisfaction the patient receiving health care services. Culturally competent health care should include provider’s understanding of the:

- Language, beliefs, values, traditions and practices of a culture;
- Culturally defined, health-related needs of individuals, families and communities;
- Culturally based belief systems of the etiology of illness and disease and those related to health and healing; and
- Attitudes toward seeking help from health care providers.

Health Literacy.

As education and poverty impacts health literacy, it, in turn, affects health access. The importance of health literacy for a wide range of health-related outcomes – including the use of preventive medical services, control of chronic conditions, and, ultimately, mortality, is well established. The U.S.

Department of Health and Human Services (HHS) defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.”^{xxii} Adequate health literacy may include being able to read and comprehend essential health-related materials (e.g., prescription bottles, appointment slips, etc.). Adequate health literacy may increase a person’s capacity to take responsibility for their health and their family’s health. Low or limited health literacy skills are more prevalent among certain population groups and may be linked to many poor health outcomes. The impact of health literacy on skills needed to make health-related decisions may affect a patient’s adherence to a treatment regimen.

Several factors may influence an individual’s health literacy, including living in poverty, education, race/ethnicity, age, and disability. Health literacy is considered a more significant predictor of health status than income level, ethnicity, age, education, or employment.^{xxiii} Not surprisingly, low-income, minority, and immigrant groups have the poorest health literacy. Adults living below the poverty level have lower health literacy than adults living above the poverty level. Some of the greatest disparities in health literacy occur among racial and ethnic minority groups from different cultural backgrounds and those who do not speak English as a first language. People with low health literacy and limited English proficiency are twice as likely as individuals without these barriers to report poor health status.^{xxiv}

Nationally, annual costs associated with low health literacy are between \$106 to \$238 billion.^{xxv} Low health literacy are felt by: a) individuals, families, and communities struggling to access quality care or maintain healthy behaviors, b) health care delivery systems unable to provide safe and effective services and c) governments, employers, insurers, and patients facing higher costs.^{xxvi} Unfortunately, health literacy data is lacking for the service area.

Environment.

Environmental factors - such as outdoor air pollution, household air pollution, drinking water contamination and occupational exposure to hazardous materials, pesticides, lead exposure and chemicals – influence the risk and experience of chronic disease. The conditions in which people live and work can vary according to factors such as income, occupation, education and ethnicity and lead to inequalities in exposure to environmental risks and related diseases. For example, exposure to air pollution can have devastating effects such as increased risks of heart attacks, aggravation of asthma, difficulty breathing, coughing, chronic bronchitis, and more.

Air pollution is the largest single environmental health risk, estimated to kill 1 in 8 people globally, due to heart disease, stroke, respiratory disease, and cancer. Chronic exposure to outdoor air pollutants, such as ozone and fine particulate matter, are particularly damaging to pregnant women, infants, and young children as well as the elderly and those with existing lung and cardiovascular disease.^{xxvii} Fine particulate matter, also known as particle pollution or PM, is the term for a mixture of extremely small particles and liquid droplets found in the air. With an aerodynamic diameter less than 2.5 micrometers (PM2.5) and generated by vehicle engines and power plants, PM2.5 has been linked to a variety of health issues, including high rates of asthma, as well as dementia and Type 2 diabetes.^{xxviii} In the AMCLC service area’s priority zip codes, there is significant environmental burden. Environmental burden is scored based on 11 environmental benchmarks defined by the U.S. Environmental Protection Agency, including toxic pollution in the air and water, proximity to hazardous waste, exposure to lead paint and vehicle traffic. It also factors in demographic characteristics, including race and income.^{xxix} In 60638, where the proposed site is located, the environmental burden is ranked 6/10 (medium burden), whereas in 60632 and 60629 there is high burden, with scores of 7/10 and 8/10, respectively.^{xxx}

Asthma is a serious health condition influenced by environmental exposure. Poverty can play a major role in developing asthma and the ability to manage it. This can be because of poor rental housing, location near highways, not being able to pay for treatment and more. Asthma is one of the most common chronic conditions in children and is most often caused by exposure to cigarette smoke (smokers or second-hand smoke), air pollution, allergens, or occupational exposure. Asthma is one of the most common chronic illnesses in the United States, and racial/ethnic disparities in asthma prevalence are substantial.^{xxxix,xxxii} Comprehensive community-based approaches are highly effective in reducing environmental allergens, missed school days, and emergency department (ED) visits, as well as increasing symptom-free days.^{xxxiii} In South Chicago, asthma is the most frequent Ambulatory Care-Sensitive Conditions (ACSC) associated with ED visits and Hospitalizations among Medicaid enrollees at a rate of 203.1/10,000.^{xxxiv}

Food Insecurity.

Food insecurity is a condition in which households lack access to adequate and nutritious food because of limited money or other resources. The risk for food insecurity increases when money to buy food is limited or not available.^{xxxv,xxxvi,xxxvii} In 2016, Black non-Hispanic households were nearly two times more likely to be food insecure than the national average (22.5 percent versus 12.3 percent, respectively). Among Hispanic households, the prevalence of food insecurity was 18.5 percent compared to the national average (12.3 percent).^{xxxviii} Populations who are food insecure may be at an increased risk for a variety of negative health outcomes and health disparities including obesity and chronic disease. Children and teenagers who are food insecure are more than two times as likely to repeat a grade and miss more school days. Neighborhood conditions may affect physical access to food.^{xxxix} For example, people living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores.^{xl} Predominantly Black and Hispanic neighborhoods have fewer full-service supermarkets than predominantly white and non-Hispanic neighborhoods.^{xli} Access to healthy foods is also affected by lack of transportation and long distances between residences and supermarkets or grocery stores.

The priority zip codes of 60638, 60632, and 60629 are considered food insecure. 60638 has a low food access percentage of 51.27, compared to that of 27.61 percent for the City of Chicago. As mentioned, lack of grocery stores within each neighborhood can increase food insecurity, especially, if they're inaccessible for the community. Within 60638, there are only five grocery stores, 20 in 60632 and 15 in 60629. Importantly, the service site is in a "food desert" defined by a population of 500 or more being farther than ½ mile from a supermarket in an urban area.^{xlii}

The LeClaire Courts Redevelopment Project plans to address this important issue of food insecurity by anchoring the project with a full-service grocery store. At the highest request of the neighbors during community input sessions, AMCLC and a grocer have been prioritized in Phase One. This will also positively impact another SDOH, which is the walkability to access food. AMCLC envisions partnering with the grocer to provide nutritional education classes, cooking classes and store tours focusing on patients with chronic disease such as diabetes and WIC participants.

The AMCLC collaborative is targeting economic stability, education, language and immigration, health literacy, environment, food insecurity, housing insecurity, health insurance, and transportation because these factors are well known barriers to care and create some of the greatest health disparities and outcomes for its patients and the community.

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

The AMCLC collaborative is targeting economic stability, education, language and immigration, health literacy, environment, food insecurity, housing insecurity, health insurance, and transportation through its well established and robust community partnerships with community-based organizations and other social service agencies. All patients are screened for SDOH factors at their initial AMCLC visit, and thereafter at least an annual basis. If patients need assistance with SDOH, they are assigned to a care coordinator who can place a referral for appropriate resources including SNAP, WIC, food pantries, housing coordinators, eligibility workers, legal aid, etc. The new Center for Innovation and Learning will directly serve as a source of education to those interested, and to improve health literacy through health education classes and other course offerings. Primary medical care services will treat environmental conditions such as asthma. Direct services provided are measured as part of AMC's Quality Improvement (QI) Program where key performance indicators are tracked through dashboards that are shared with executive leadership and the Board of Directors. Referrals for services are tracked through AMC's practice management system and electronic health record. Care coordinators and referral coordinators ensure that referral appointments are kept by assisting patients with navigating the healthcare and social service systems. SDOH screenings will also be compared to previous screenings to assess impacts and outcomes at the unique patient level. Importantly, the AMCLC collaborative and the larger LeClaire Courts Redevelopment Project will address economic stability through job creation, as further described in the Jobs section of this application.

3. Why will the activities you propose lead to the impact you intend to have?

As stated in the Access to Care and Health Equity and Outcomes sections of this application, the AMCLC collaborative will rely on its rich history of serving the low-income, underserved, largely minority populations for a collective 550+ years. AMC is the trusted health care provider for the Latino/Hispanic population offering bilingual and bicultural care. The QI Program and other tracking will identify trends so that AMC can continuously make improvements to care and expand its reach as needed by patients and the community. As a result, the AMCLC collaborative will create a medical home for many of the uninsured and unserved community members in the service area.

10. Care Integration and Coordination

1. Describe how your proposal improves the integration, efficiency, and coordination of care across provider types and levels of care.

AMCLC's Integrated Model of Care and Care Coordination.

The AMCLC collaborative will bring patient-centered, effective, integrated care under one roof. Offering all services at one site is key to patient compliance and healthier outcomes. This "one stop shop" model provides comprehensive services in one location, reducing referrals and specialty care wait times. Provider partners will be co-located, where patient hand-offs can be coordinated easily, and services can be integrated with a multitude of care providers. Stronger patient flow will allow for greater efficiency and services. For instance, if a patient is visiting for primary care services and shows signs of mental health needs, the integration of the onsite services will allow for a warm hand-off to a behavioral health coordinator who can be assessed immediately, and a follow-up plan can be put in motion.

Importantly, AMCLC will be using several centralized functions as it does now across its health center locations, that not only improves care coordination, but it also brings a consistency to the patient experience that is invaluable. Centralized functions include call center, referrals, billing, practice

management system (PMS), and electronic health record (EHR). AMCLC will use AthenaPractice as its PMS and EHR organization-wide so that the record is complete and provides a complete health history for the whole patient.

AMCLC will provide coordinated care management at the proposed site for all patients in need. Care Coordinators conduct Health Risk Assessments to determine the risk for vulnerable populations. Patients who are high and medium risk receive thorough care coordination services such as medical and behavioral health appointment tracking; referrals to social services such as food pantries, homeless shelters, domestic violence support, and mental health counseling. AMCLC's care coordinators also provide support for some of the social determinants of health including barriers to access to healthcare such as transportation, income, and language. Service integration and care coordination will also be measured through the Quality Improvement (QI) Program with key performance indicators tracked on a performance dashboard that is shared with the QI Committee, executive leadership, and the Board of Directors. These efforts are further described in the Quality Metrics section of this application.

AMCLC is experienced in care coordination efforts through its existing unique partnership with Medical Home Network (MHN), an Illinois non-profit Accountable Care Organization (ACO) dedicated to improving the health and quality of care for Medicaid patients in Chicago's south and southwest neighborhoods. MHN is a unique collaboration of disparate health care entities. AMC, along with 11 other provider members, came together in 2014 to improve health care delivery in the safety net, enhance quality of care, and reduce medical costs. The ACO includes nine Federally Qualified Health Centers and three Hospital Systems and their Physician Practices. The ACO uses a patient-centered approach that relies on a primary care physician and care team who follow a patient's care throughout the entire health care continuum. AMC's care management teams include two care managers, one registered nurse, one licensed clinical professional counselors, and four care coordinators. A major care component of the ACO is MHN's risk stratification approach which proactively assesses patient risk and stratifies the patients most in need of care by using addressable medical, behavioral, and social barriers that can impede a patient's treatment plan and, if unidentified, may increase their risk over time.

Admitting Privileges and other Hospital Coordination

As part of AMC's credentialing process, all of AMC's physicians and Certified Nurse Midwives are required to have admitting privileges to either Mount Sinai, UI Health, and/or MacNeal Hospital. The hospitalist group at both Mount Sinai Hospital and MacNeal Hospital cover AMC's adult, pediatric, and obstetrics patients when admitted. AMC has remote access to the Mount Sinai Hospital and MacNeal Hospital EMR systems to obtain any pertinent health information and maintain uninterrupted care.

In addition to admitting privileges, for seamless continuity of care, AMC has long established collaborative relationships with John Stroger Jr. Cook County Hospital, MacNeal Hospital, Mount Sinai, and UI Health. With the increasing complexity of patients requiring hospital care, AMC providers utilize hospitalists to oversee their clinical management while in the hospital. AMC has access to John H. Stroger Hospital of Cook County's online e-Consult referral system. The AMC team can manually update if a patient has been to the ED, admitted to the hospital and when discharged from the hospital. The care management team flags the patient's primary care provider in the EMR to inform them of the recent hospital visit. John H. Stroger, Jr. Hospital of Cook County is the biggest safety net hospital in the City of Chicago and Cook County. All four partner hospitals are teaching institutions with accredited residency programs in multiple specialties. Importantly, as part of this proposal, AMC will

grow its relationship with UI Health as a collaborative partner, where UI Health will rotate specialty providers through the proposed site and provide imaging on site.

AMC's OB/GYN and Certified Nurse Midwives (CNM) take call at the hospital to provide treatment and management of pregnant patients throughout labor, delivery, and post-partum care. Both Mount Sinai and MacNeal Hospitals provide backup hospitalist services to all AMC patients when needed. Both hospitals are provided with prenatal records of all AMC's patients. AMC staff and providers have access to the EMR system at both partner hospitals, access includes hospital notes medication, labs, radiographs subspecialty consult, and discharge summaries.

For AMC's ACO patients, AMC receives real time alerts if an AMC patient is either seen in the emergency department (ED) or admitted to one of the area hospitals. The care management team follows up with these patients within seven days by calling and arranging for post-ED discharge or post-admission follow up appointments with their primary care provider. Studies have shown that having follow up with primary care providers after hospital admission has greatly reduced readmission and patient satisfaction. AMC's care management team also helps to gather information from staff at hospitals to do medication reconciliation, specialist follow up appointments, and referral preauthorization. In collaboration with MHN, the care management team utilizes a technology solution that proactively assesses and stratifies patient's health risk into high, medium, and low risk groups. This enables providers to prioritize the patients most in need of care by using addressable medical, behavioral, and social barriers that can impede a patient's treatment plan. Using this tool, care coordinators can continuously reassess risk, and make auto-risk adjustments based on patient performance to prioritize outreach and engagement. MHN's care management process enables the creation of customized care plans which in turn results in the improvement of patient outcomes and reduction in the cost of care and hospital utilization.

2. Do you plan to hire community health workers or care coordinators as part of your intervention? YES

2A. Please submit care coordination caseload numbers and cost per caseload (stratified by risk, if applicable).

While community health workers and care coordinators are not in the proposed budget, they will support the proposed site as part of AMC's centralized model in the manner described above. Care Coordinators' caseloads vary and are largely dependent on risk level and complexities of the patients' needs. Caseload numbers and cost per caseload were not available at the time of application submission. Caseload data can be made available upon request at a later date.

3. Are there any managed care organizations in your collaborative? NO

3A. Please list the names of the managed care organizations in your collaborative. N/A

3A. If no, do you plan to integrate and work with managed care organizations? YES

3B. Please describe your collaborative's plans to work with managed care organizations.

AMC has long-standing, established partnerships with the following managed care organizations (MCO), and these will extend to support the new proposed project:

- Aetna Better Health

- Blue Cross Community Health Plans
- County Care
- Meridian
- Molina
- Youthcare
- WellCare
- United HealthCare
- Village MD

11. Minority Participation

1. Please provide a list of entities that will be a part of your collaboration/partnership that are certified by the Illinois Business Enterprise Program (BEP) and/or not-for-profit entities majorly controlled and managed by minorities that will be used on the project as subcontractors or equity partners.

The AMCLC collaborative is comprised of eight organizations who have proudly and effectively served its communities for a collective 550+ years. Of those organizations, the following are AMCLC collaborative partners representative of Minority or Women Led business or non-profits:

- Alivio Medical Center (lead applicant), Minority & Women Led
- Healthcare Alternative Systems, Inc. (H.A.S.), Minority Led
- Bienestar Pharmacy, Minority Led
- City Colleges of Chicago, Minority Led
- National Louis University, Woman and Minority Led
- Chicago Botanic Gardens, Woman Led

Additional partners connected to the AMCLC site area include:

- Cabrera Capital, Minority Enterprise Business (MEB).

2. Please describe the respective role of each of the entities listed above, and specify whether they will have a role only during the implementation of your proposal or if they will have a role in the ongoing operation of your transformed delivery system.

Alivio Medical Center (lead applicant entity), Minority & Women Led

AMC is a non-profit health center and Federally Qualified Health Center that will provide family and adult medicine, pediatrics, obstetrics, gynecology, ultrasound, midwifery, voluntary family planning, dental, behavioral health, 340B pharmacy services, and supportive and enabling services. AMC is a Latino/Hispanic-led organization currently serving 94.87 percent racial/ethnic minority patients, with Latino/Hispanic patients comprising 88.21 percent of its patient base (based on 2020 UDS Data). The Executive team and Board of Directors consists of 90 percent minority members. Supportive services offered include Medicaid and Get Covered Illinois (the state's health insurance marketplace) enrollment, Health Advocates/Community Health Workers (Compañeros en Salud), diabetes management, case management, nutritional counseling, care coordination, prenatal education, lactation consultation, and senior health programming and advocacy. The Health Advocates/Community Health Workers and care coordinators refer patients to the Illinois Breast and Cervical Cancer Program (IBCCP) for mammograms and pap tests, provide awareness and education regarding HIV, sexually transmitted infections, and chronic diseases. AMC also provides an onsite Registered Dietitian/Certified Diabetic Educator (RD/CDE), Health Educators, Chicago Family Case Management (CFCM), and the Women, Infants Children (WIC)

Program. The RD/CDE and Health Educator offer one-on-one consultations and group classes on nutrition and diabetes to all patients in need. AMC formally and informally collaborates with many institutions and hospital partners in the training of Certified Nurse Midwives, Resident Physicians, and Medical Students.

Healthcare Alternative Systems, Inc. (H.A.S.), Minority Led

H.A.S is a non-profit that provides behavioral health services to Chicago and the surrounding communities. Their mission is to provide a continuum of multicultural and bilingual (English/Spanish) behavioral care and social services that empower individuals, families, and communities. H.A.S. is the premier behavioral health resource for Chicago's Latino community. H.A.S. understands that in order to be effective, behavioral health services need to be holistic, personalized, and participant-centered. They offer a continuum of programs addressing substance abuse, mental health, adolescent issues, family relationships, and more. Every year, H.A.S. serves over six thousand individuals. As a partner in the AMCLC collaborative, H.A.S. will provide behavioral health and substance use disorder services on site.

Bienestar Pharmacy, Minority Led

Bienestar Pharmacy is AMC's current contracted pharmacy serving AMC's patients and the general community. AMC partners with Bienestar's 340B pharmacy specialist to operate and administer AMC's 340B Drug Pricing Program. The 340B Pharmacy program enables AMC to provide outpatient drugs at significantly reduced prices. Medications are discounted up to 50 percent or more. Having a strong pharmacy partner helps AMC patients with access to discounted medications, education regarding their medication, free delivery services, and refill reminder calls. These coordinated and affordable services have made an impact on patients' suffering from chronic conditions who are on multiple medications (i.e., diabetes, cardiovascular disease, hypertension, asthma, etc.) and has greatly improved medication adherence and compliance. In addition, Bienestar Pharmacy also provides durable medical equipment, lactation pumps, nebulizers, vaporizers and IUDs. The longtime partnership will continue with Bienestar operating the pharmacy within AMC at the proposed site.

City Colleges of Chicago, Minority Led

City Colleges of Chicago is an educational institution with a system of seven community colleges and six satellite sites that has provided learning opportunities for residents of the Chicago area for over 100 years. Programs range from two-year associate degrees to several weeks-long occupational certificates, free courses for the GED and free English as a second language (ESL) courses. AMC has partnered with City Colleges of Chicago on several fronts over the years and is currently providing COVID-19 vaccines at their Arturo Velasquez Westside Technical Institute location. City Colleges of Chicago will provide medical education and other training programs at AMCLC's Center for Learning and Innovation at the proposed service site.

National Louis University (NLU), Woman and Minority Led

NLU is a private university with a main campus in Chicago with over 130 years of experience and enrolls undergraduate and graduate students in more than 60 programs across its four colleges. The Undergraduate College at NLU is dedicated to supporting underserved but college-qualified high school graduates in receiving an education at a reduced tuition rate. These students are able to choose between any of the university's undergraduate degree options. NLU will provide educational programs at the Center for Learning and Innovation at the proposed service site.

Chicago Botanic Garden, Woman Led

Chicago Botanic Garden is a non-profit organization and is one of the world's great living museums and conservation science centers. Every year, more than one million people visit the Garden's 27 gardens and four natural areas, uniquely situated on 385 acres on and around nine islands, with six miles of lake shoreline. Chicago Botanic Garden will be a collaborative partner to help plan and implement a serenity garden and is exploring the possibility to bring the Windy City Harvest Youth Farm program to AMCLC's proposed service site.

All of the above AMCLC collaborative partners will have a continual role in the ongoing operation of the proposed transformative healthcare delivery system. Also, it is worth noting, it is AMC's policy to seek local, minority and women led companies as vendor and business partners.

Cabrera Capital, MWEB Business

Cabrera Capital are the lead construction partners for the development of LeClaire Courts. The MWBE construction partners will have a role in the beginning of the project during the construction of the building, although not a member of the proposed AMCLC collaborative. The project developer and at least eight construction partners on the project are also minority owned and/or led. See Attachment 11.2. An aggressive goal of 45 percent minority participation on the project construction has been set by Cabrera Capital which is expected to create over 100,000 hours of construction work.

12. Jobs

Existing Employees

1. For collaborating providers, please provide data on the number of existing employees delineated by job category, including the zip codes of the employees' residence and benchmarks for the continued maintenance and improvement of these job levels.

The Alivio Medical Center at LeClaire Courts (AMCLC) collaborative will employ both existing and new employees as part of the proposed project. Existing staff from AMC primarily includes positions that will be shared across AMC's service sites and are proportionately allocated to this project; however, all other staff who provide direct services will be new hires. Existing staff include the Revenue Cycle Manager (60638), Purchasing Manager (60634), Facilities Manager (60632), Director of Development (60513), Human Resources Director (60638), Chief Financial Officer (60490), Chief Operating Officer (60160), and Chief Executive Officer (60546). Twenty percent are residents of the proposed service area. All existing staff are representative of the patient population with regard to race/ethnicity, culture, and linguistics. All AMC staff are reviewed annually by their supervisors, including the CEO by the Board of Directors, where they are assessed, given a merit increase in salary and title when appropriate, and plans for growth and professional aspirations are discussed. AMC has a long track record of promoting from within when able to.

Collaborative partners that will provide direct services, including UI Health, Lurie Children's Hospital, and H.A.S. will likely use existing specialists and behavioral health providers; however, they have not yet been identified. Similarly, they will make every effort to provide staffing that are representative of the communities served.

City Colleges of Chicago and National Louis University will provide staffing to support the activities within the proposed Center for Learning and Innovation. Importantly, they will be training and educating the next wave of healthcare professionals and the AMCLC collaborative will use this as a recruiting tool

for entry-level positions within the proposed project. This is especially important in order to prioritize the hiring of individuals from the service area communities.

Chicago Botanic Gardens will use existing staff to plan and implement a serenity garden, but those staff have not yet been identified.

New Employment Opportunities

2. Please estimate the number of new employees that will be hired over the duration of your proposal.

In Project Year (PY) 1, the proposed project will focus entirely on the capital investment with the build out of their clinic site within the larger LeClaire Court Redevelopment Project, which is slated to sustain hundreds of construction jobs during this time. AMCLC's project plan and timeline shows recruitment to begin in PY1, hiring the bulk of its direct service medical services staff at the new health center in PY 2. In PY 2, AMCLC timeline shows the health center opening in October 2023 with staffing at 50 percent full capacity (and 28 new hires (24.2 FTE). In Years 3 and 4, as AMCLC continues to develop their community services and recognition, they will be operating at 80 percent productivity. In PY 5 and beyond, staffing will include an additional 20 individuals for a total of 48 employees (47.9 FTE) at 100 percent productivity.

Additionally, Bienestar will hire pharmacy staff including a pharmacist and a pharmacy technician. As mentioned in the Project Description, the collaborative is exploring the opportunity to bring the Windy City Harvest Youth Farm program to the proposed site. If that happens, Chicago Botanic Garden will also hire youth from the communities served to implement the program.

With the proposed staffing profile, the AMCLC collaborative expects to directly employ between 50 and 55 FTE new employees. AMC makes every effort to hire from the community to serve the community and has a proven track record of doing so. New hires will also be representative of the patient population with regard to race/ethnicity, culture, and linguistics. AMC prides itself on creating high-wage, health service industry jobs, and career tracks for its employees.

3. Describe any new employment opportunities in the future alignment of your proposal and how those opportunities reflect the community you serve.

AMCLC will operate a large, new state-of-the-art health center, with street access on the main thoroughfare of Cicero Avenue anchored in the larger Le Claire Courts Redevelopment Project. The larger project is expected to infuse the area with more than 775 construction jobs, including over 100,000 construction hours, and 675 permanent jobs across healthcare, grocery, day care, retail, and business services sector. As described above, within the AMCLC collaborative, the majority of positions will be new hires in the fast-growing medical field upon launching the project. In alignment with AMC's mission, roles will be filled with bilingual and bicultural staff. To support economic development in the surrounding communities, all job openings will be announced through local channels such as social service agencies and chambers of commerce. As capacity is projected to increase over the first three years, employment opportunities will increase as well.

4. Please describe any planned activities for workforce development in the project.

As previously mentioned in section 8 Access to Care, AMCLC's service area is consumed by Medically Underserved Areas/Populations (MUA/Ps) and Health Professional Shortage Areas (HPSAs) in one of the most impoverished neighborhoods in the U.S. Community workforce development is a key collaborative

element. The AMCLC will house the Center for Learning and Innovation that will facilitate programming by the City Colleges of Chicago and National Louis University. The Center for Learning and Innovation will act as both a health education destination to advance community awareness and engagement, as well as an opportunity to enable community members who are interested in pursuing careers in health services. The education partners will offer certificated and credentialed programming to recruit and train new AMCLC staff. Additionally, current AMC staff in health care roles will have the opportunity to elevate their education and careers by achieving higher levels of education and credentialing through onsite National Louis University degree programs. The Center for Learning and Innovation at AMCLC is meant to support greater workforce development opportunities in its service area and throughout southwest Chicago creating a pipeline of community connected care providers that is severely lacking.

12. Jobs

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COMMITTEE ON TRANSPORTATION AND
INFRASTRUCTURE

SUBCOMMITTEE ON HIGHWAYS AND TRANSIT

SUBCOMMITTEE ON RAIL, PIPELINES, AND
HAZARDOUS MATERIALS

COMMITTEE ON SMALL BUSINESS

SUBCOMMITTEE ON ECONOMIC GROWTH,
TAX, AND CAPITAL ACCESS

SUBCOMMITTEE ON INNOVATION,
ENTREPRENEURSHIP, AND WORKFORCE
DEVELOPMENT

SUBCOMMITTEE ON CONTRACTING
AND INFRASTRUCTURE

CONGRESSWOMAN MARIE NEWMAN
3RD DISTRICT, ILLINOIS

U.S. House of Representatives
Washington, DC 20515

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1022 LONGWORTH HOB,
WASHINGTON, DC 20515
P: (202) 225-5701

CHICAGO OFFICE:
6245 SOUTH ARCHER AVE,
CHICAGO, IL 60638
P: (773) 948-6223
newman.house.gov

October 14, 2021

Theresa Eagleson, Director
Department of Healthcare and Family Services
Prescott Bloom Building
201 S. Grand Avenue
Springfield, IL 62793

RE: Healthcare Transformation Collaboratives

Dear Director Eagleson,

I am writing to express my support for Alivio Medical Center's application for the State of Illinois's Healthcare Transformation Collaborative funding, which includes federal match funding. Their proposal focuses on the establishment of a new comprehensive healthcare center in the Southwest side neighborhood of LeClaire Courts on 44th and Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in Chicago. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents. They provide access to cost effective health care in a culturally sensitive and respectful way.

In addition to the establishment of the health care community center, the redevelopment plan will create affordable housing units for 675 residents. I applaud Alivio's project for their innovative proposal to connect local jobs and housing in a long-term community where residents will have easy access to essential services that focus on health and realigning the strength of the community. Alivio Medical Center is highly respected among community-based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

I urge your full and fair consideration for Alivio Medical Center's application, consistent with all relevant rules and regulations, to establish a new Alivio Medical center site in LeClaire Courts. If I can answer any additional questions for you, please feel free to contact me at (773) 948-6223.

Sincerely,



Marie Newman
Member of Congress



CABRERA CAPITAL PARTNERS, LLC

October 18, 2021

Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Esther Corpuz;

On behalf of Cabrera Capital Partners I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

Cabrera Capital Partners and Alivio Medical Center have been working together on a redevelopment of a thirty-three acre site in the City of Chicago where Alivio will locate its' newest medical facility and provide much needed medical care to a community that is under-served. This facility will change healthcare accessibility on Chicago's southwest side and lead to greater health and well being for the area residents. My experience with Alivio has led me to develop the highest regard for them. Alivio Medical Center is highly respected among community based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

The community health center will be part of the redevelopment plan of LeClaire Courts, which was once home to the LeClaire Courts public housing complex. The residents of this community were displaced when the complex was torn down over 10 years ago.

In addition to a comprehensive health center, the redevelopment plan will create an estimated 725 housing units, of which approximately 75% will be affordable. The project will connect local jobs and housing to create a long-term community where residents will have easy walking distance to groceries, childcare, retail and integrated healthcare services that are focused on addressing social determinants of health and realigning the strength of the community.

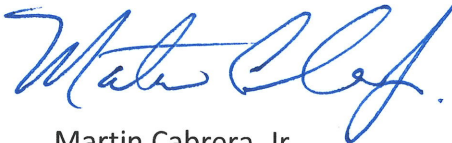
- An "all-in" approach offering a wide range of healthcare services including Adult and Family Medicine, Obstetrics, midwifery and women's health, psychiatry and behavioral health, dentistry, full service pharmacy and an extended hour urgent care center.

- On site imaging that includes, general radiology, ultrasound, a CT scan and a state of the art breast care center.
- On site specialty care for adults and children.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Martin Cabrera, Jr.", with a stylized flourish at the end.

Martin Cabrera, Jr.
Chief Executive Officer
Cabrera Capital Partners



SPRINGFIELD OFFICE:
ROOM 300, STATE HOUSE
SPRINGFIELD, ILLINOIS
217-782-5350

DISTRICT OFFICE:
10055 W. ROOSEVELT RD. STE E
WESTCHESTER, IL, 60154

ILLINOIS HOUSE OF REPRESENTATIVES
EMANUEL "CHRIS" WELCH
SPEAKER

November 10, 2021

Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Esther Corpuz,

On behalf of the 7th House District of Illinois, I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

My office and Alivio Medical Center have worked closely during the pandemic to make sure that our community had access to COVID-19 vaccines and COVID-19 testing. My experience with Alivio has led me to develop the highest regard for them. Alivio Medical Center is highly respected among community based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Warmest regards,

A handwritten signature in cursive script that reads "Emanuel P. Welch".

Emanuel "Chris" Welch
State Representative, 7th District
Speaker of the Illinois House

DISTRICT OFFICE:
4374 S. ARCHER AVENUE
CHICAGO, IL 60632
773-236-0117
district@repaaronortiz.com



CAPITOL OFFICE:
258-W STRATTON BLDG
SPRINGFIELD, IL 62704
217-782-1117

Aarón M. Ortíz
STATE REPRESENTATIVE
1st DISTRICT

October 28th, 2021

To: Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Re: Letter of Support - State of Illinois Healthcare Transformation Collaborative Funding

Dear Esther Corpuz,

I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

My office and Alivio Medical Center have worked closely during the pandemic to make sure that our community had access to covid vaccines, covid testing, and culturally sensitive information about these services. Together, we've been able to vaccinate hundreds of individuals and provide outreach to countless other families. My experience with Alivio has led me to develop the highest regard for them. Alivio Medical Center is highly respected among community-based organizations, residents, and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Thank you,

A handwritten signature in black ink, reading "Aarón M. Ortíz".

Aarón M. Ortíz
State Representative
1st District of Illinois



Tony Munoz

STATE SENATOR • 1st DISTRICT
Assistant Majority Leader
www.SenatorTonyMunoz.com

Springfield Office:
323 Capitol Building
Springfield, IL 62706
(217) 782-9415

District Office:
1836 W. 35th St. 1st Fl.
Chicago, IL 60609
(773) 869-9050

Oct. 25, 2021

Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Esther Corpuz,

I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

My experience with Alivio has led me to develop the highest regard for them. Alivio Medical Center is highly respected among community based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Sen Tony Munoz". The signature is written in a cursive, flowing style.

Senator Antonio "Tony" Munoz
Assistant Majority Leader | 1st District



Pilsen HQ
2124 W. 21st Place
Chicago, IL 60608
773.890.7676

Brighton Park
4700 S. California Ave.
Chicago, IL 60632
773.890.8620

North Riverside
7222 W. Cermak Road. 509
North Riverside, IL 60546
708.442.1299

October 13, 2021

Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Esther Corpuz:

On behalf of Mujeres Latinas en Acción, I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

Mujeres Latinas en Acción and Alivio Medical Center have worked collaboratively on the Community Health Workers pilot program in the Western Suburbs for the past two and a half years allowing us to conduct more extensive health outreach. My experience with Alivio has led me to develop the highest regard for them. Alivio Medical Center is highly respected among community based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Thank you.

Sincerely,

Linda X. Tortolero
President & CEO



Chicago Hispanic Health Coalition

October 15, 2021
Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Esther Corpuz,

On behalf of The Chicago Hispanic Health Coalition I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClair Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

The Chicago Hispanic Health Coalition and Alivio Medical Center have worked on Juntos Contra la Diabetes over the past years. My experience with Alivio has led me to develop the highest regard for them. Alivio Medical Center is highly respected among community-based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Thank you

Sincerely,

Esther E. Sciammarella, M.S.,
Executive Director



Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Esther Corpuz,

On behalf of Healthy Illinois, I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

Healthy Illinois and Alivio Medical Center have worked on providing healthcare for the uninsured and underinsured in Illinois to balance costs and prevent health-related financial crises for individuals and families. My experience with Alivio has led me to develop the highest regard for them. Alivio Medical Center is highly respected among community based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Carmen Velasquez". The signature is written in a cursive style.

Carmen Velasquez

November 11, 2021

Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Ms. Corpuz,

On behalf of City Colleges of Chicago, I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

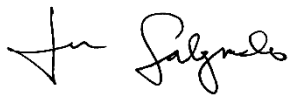
Alivio plays a key role in our city's provision of health care. In particular, Alivio has partnered with Daley College's Arturo Velasquez Instituto in the fight against the coronavirus to provide community members with access to COVID testing and vaccinations.

Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured makes them a valuable city asset worthy of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Thank you.

Sincerely,



Juan Salgado
Chancellor, City Colleges of Chicago

10-19-21

Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Esther Corpuz,

On behalf of MacNeal Hospital I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

MacNeal and Alivio Medical Center have worked together to serve the needs of our communities, particularly in the area of women's health and obstetrics. We have provided a laborist to support obstetrics patients for several years. MacNeal also provides one Family Medicine faculty part-time to provide perinatal care for Alivio's patients. My experience with Alivio has led me to develop the highest regard for them. Alivio Medical Center is highly respected among community based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Thank you.

Sincerely,

Peggy Norton-Rosko, DNP, RN, NEA-BC
Interim President, MacNeal Hospital



October 13, 2021

Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Esther Corpuz,

On behalf of the American Business Immigration Coalition, I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

The American Business Immigration Coalition, and Alivio Medical Center have worked on successfully advocating for healthcare coverage for undocumented immigrants. My experience with Alivio has led me to develop the highest regard for them. Alivio Medical Center is highly respected among community-based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Thank you.

Sincerely,

Rebecca Shi
Executive Director



Connecting Older Adults with Community-based Resources and Options

October 25, 2021

Esther Corpuz
CEO
Alivio Medical Center
966 W 21st Street
Chicago, IL 60608

Dear Esther Corpuz,

On behalf of AgeOptions, I write in support of Alivio Medical Center's application for *U.S. Department of Health and Human Services' Health Resources and Services Administration for Service Area Competition*. As the Area Agency on Aging of suburban Cook County, AgeOptions helps older adults, people with disabilities and caregivers in suburban Cook thrive as they age by empowering them with information and resources.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

AgeOptions has provided funding to Alivio Medical Center that have worked for health promotion and disease prevention and other programs over the past years that have been successful in reaching a high risk population. My experience with Alivio has led me to develop a high regard for them. Alivio Medical Center is highly respected among community-based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Diane Slezak".

Diane Slezak
President and Chief Executive Officer

The Area Agency on Aging of Suburban Cook County, since 1974

1048 Lake Street, Suite 300
Oak Park, Illinois 60301-1102

phone (800)699-9043
(708)383-0258

fax (708)524-0870
TTY (708)524-1653

www.ageoptions.org



COUNCIL CHAMBER

CITY HALL, ROOM 300
121 NORTH LA SALLE STREET
CHICAGO, ILLINOIS 60602
TELEPHONE: (312) 744-9491

MICHAEL D. RODRÍGUEZ

ALDERMAN - 22ND WARD

PUBLIC SERVICE OFFICE

2500 SOUTH ST. LOUIS AVENUE
CHICAGO, ILLINOIS 60623
TELEPHONE: (773) 762-1771
FAX: (773) 762-1825
WARD22@CITYOFCHICAGO.ORG



CITY COUNCIL COMMITTEE MEMBERSHIPS

AVIATION
BUDGET AND GOVERNMENT OPERATIONS
COMMITTEES AND RULES
CONTRACT OVERSIGHT AND EQUITY
HOUSING AND REAL ESTATE
SPECIAL EVENTS, CULTURAL AFFAIRS AND RECREATION
TRANSPORTATION AND PUBLIC WAY (VICE CHAIR)
WORKFORCE DEVELOPMENT AND AUDIT
ZONING, LANDMARKS AND BUILDING STANDARDS

October 13, 2021

Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Esther Corpuz,

On behalf of 22nd Ward Public Service Office, I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenue.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of our residents.

The 22nd Ward Public Service Office and Alivio Medical Center have worked on multiple projects together over the past years, most recently Covid-19 testing/vaccines, which has led to a dramatic decrease in deaths and Covid-19 positivity rate, saving many community residents lives. My experience with Alivio has led me to develop the highest regard for them. Alivio Medical Center is highly respected among community based organizations, residents and throughout the city of Chicago and Cook County. Undoubtedly, Alivio plays a key role in our city's provision of health care.

It is my feeling that given Alivio's presence, expertise, and enthusiasm for serving our community's underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me at (773)762-1771.

Sincerely,

Michael D. Rodriguez
Alderman, 22nd Ward

November 9, 2021

Ms. Esther Corpuz
CEO, Alivio Medical Center
966 W 21st Street
Chicago, IL 60608

Dear Ms. Corpuz,

On behalf of Ann & Robert H. Lurie Children's Hospital of Chicago, I write in support of Alivio Medical Center's application for the IDHFS Transformation Proposal for the redevelopment of the LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our LatinX community through bilingual and bicultural health care providers has made a meaningful difference in the lives of Chicagoans who are supported by Alivio.

Lurie Children's and Alivio Medical Center have partnered for many years to improve the health and well-being of children and adolescents in under-resourced communities. Together, they share in the care of many youth, providing high-quality primary and specialty care. We are so pleased that you serve as the Chair of Lurie Children's Magoon Institute for Healthy Communities Advisory Council, providing essential guidance on our community health programs and initiatives. Last year, Alivio and Lurie Children's partnered to provide COVID-19 vaccines to childcare providers in Chicago's Little Village neighborhood.

Lurie Children's is eager to continue to engage with Alivio and its partners on the redevelopment of LeClaire Courts. We believe the model of providing both clinical and community services on one site will be a model for others, and is well-aligned with the goals of the Illinois Healthcare Transformation Collaborative initiative. In addition, we look forward to exploring the potential for Lurie Children's to provide pediatric specialty care at this location based on data and community need.

Thank you for your consideration.

Sincerely,



Matthew M. Davis, MD, MAPP
Executive Vice President and Chief, Community Health Transformation
Founders' Board Centennial Professor and Chair, Department of Pediatrics
Ann & Robert H. Lurie Children's Hospital of Chicago



**CONSULATE GENERAL OF MEXICO
Chicago, Illinois, October 18th, 2021**

**Esther Corpuz
CEO
Alivio Medical Center
966 W 21st St
Chicago, IL 60608**

Dear Esther Corpuz,

On behalf of the Consulate General of Mexico en Chicago, I write in support of Alivio Medical Center's application for the State of Illinois Healthcare Transformation Collaborative funding for the redevelopment of LeClaire Courts site on 44th & Cicero Avenues.

For over 30 years, Alivio Medical Center has provided critical health care services for those in need in our city. In particular, Alivio's commitment to our Latino community through bilingual and bicultural health care providers has made a real difference in the lives of the community of Mexican origin in Illinois.

The Consulate General of Mexico and Alivio Medical Center have worked together since 2016 in two crucial programs to address the primary health needs of our community. The first one, known as Ventanilla de Salud, provides information, referrals, as well as health services to the people that visit the Consulate's premises every day. The second one, known as Ventanilla de Salud's Mobile Unit, visits our communities bringing health information and services to them.

Only in the last two years, our Ventanilla de Salud gave information, referrals and direct medical services to 165 thousand people that visited the Consulate's office in Chicago, and to 55 thousand people that were reached through its mobile unit. This outstanding service was also notorious during the first half of 2021, in which the Ventanilla de Salud reached 37,803 people, while the Mobile Unit, served 8,088 persons.

Another example of the great collaboration between Alivio Medical Center and the Consulate General of Mexico in Chicago, takes place during the *Binational Health Week*. Throughout the month of October, the Ventanilla the Salud and the Mobile Unit focus on mobilizing community organizations, as well as federal and state agencies to improve the well-being of our community.



Just during the 2020 Binational Health Week, the Ventanilla de Salud offered 12 on-site and 19 virtual events targeting COVID-19 informative sessions, COVID-19 vaccination campaigns, flu vaccines, health referrals and other medical services that benefited more than 35,000 people. This year, the Ventanilla de Salud is offering virtual and on-site events emphasizing the preventive measures for COVID-19 considering the variants of the virus, flu vaccination campaigns, COVID-19 testing, as well as referrals to general health services.

Because of its permanent commitment, expertise, and service to our community, especially to those underserved and uninsured, Alivio is most deserving of continued funding.

If I can answer any additional questions for you, please feel free to contact me.

Sincerely,

Amb. Reyna Torres Mendivil
Consul General of Mexico in Chicago

JESÚS "CHUY" GARCÍA

4TH DISTRICT, ILLINOIS

1519 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-8203

**COMMITTEE ON TRANSPORTATION &
INFRASTRUCTURE**

SUBCOMMITTEE ON
HIGHWAYS AND TRANSIT

SUBCOMMITTEE ON
RAILROADS, PIPELINES, AND HAZARDOUS
MATERIALS

Congress of the United States
House of Representatives
Washington, DC

COMMITTEE ON FINANCIAL SERVICES

SUBCOMMITTEE ON
NATIONAL SECURITY INTERNATIONAL
DEVELOPMENT, AND MONETARY POLICY

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON NATURAL RESOURCES

VICE CHAIR

SUBCOMMITTEE FOR
INDIGENOUS PEOPLES
OF THE UNITED STATES

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

November 12, 2021

Esther Corpuz
Chief Executive Officer
Alivio Medical Center
966 W 21st St
Chicago, IL 60608

Dear Esther Corpuz,

I write in support of Alivio Medical Center's application for the Illinois Healthcare Transformation Collaborative funding intended for a new community health center in Chicago's Southwest side that will be part of the redevelopment plan of LeClaire Court, once home to the LeClaire Courts public housing complex.

The health care system in Chicago's Southwest side and the surrounding communities is marked by a scarcity of primary health services for low-income African American, Latino and Asian-American populations, including both the uninsured or underinsured. There exists a dire need to invest in and support equitable access to culturally, linguistically and financially affordable health care services. Alivio Medical Center has provided critical health care services for those in need in the City of Chicago and neighboring western suburbs for over 30 years. In particular, Alivio continues to demonstrate a commitment to the Latino community through bilingual and bicultural health care providers making a significant difference in the lives of our residents.

The proposed LeClaire Court development plan will create 675 residential units and of those units, 80% will be affordable housing, with 40% set aside for former LeClaire Courts residents, who were displaced for over 13 years across the state and the city. The project will connect local jobs and housing to create a long-term community where residents will have easy walking distance to groceries, retail, and healthcare services.

Given the positive impact this health center will have for underserved communities, I support this project and recommend federal, state, and local funding support to make this proposal a reality. Thank you for your consideration. If you have any questions, please contact my District Director, Patty Garcia, at Patty.Garcia@mail.house.gov or 773-475-0833.

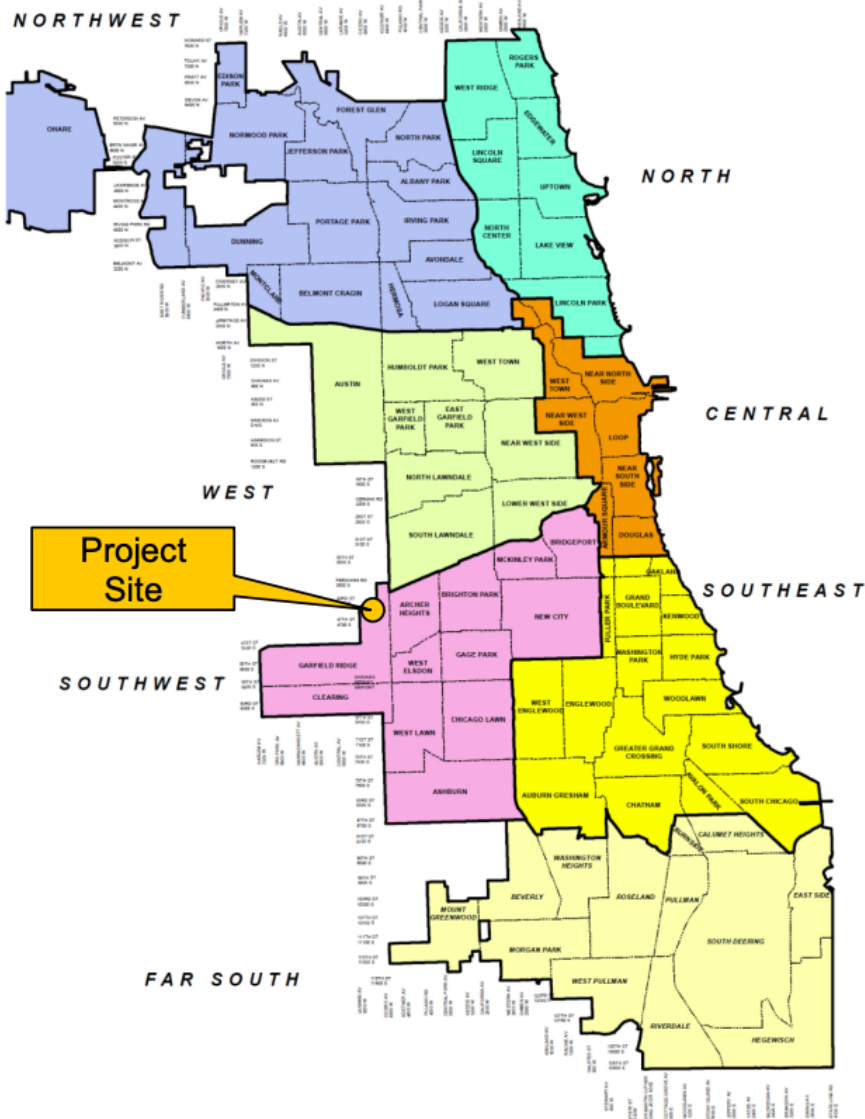
Sincerely,



Jesús G. "Chuy" García
Member of Congress
Illinois' 4th Congressional District

2.2 Attachment

Chicago Map with Proposed Service Site



Source: CMAP Community Area Snapshot, August 2021

Alivio Medical Center at LeClaire Courts Renderings

Alivio Medical Center at LeClaire Courts
44th & Cicero Avenue | Chicago

