



INSIGHT



Insight Hospital and
Medical Center Chicago

Community Health Needs Assessment 2023



ALLIANCE
for **HEALTH**
EQUITY

Hospitals and Communities
Improving Health Across
Chicago and Cook County

Prepared By: Illinois Public Health Institute

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Introduction to Insight Hospital and Medical Center

The Insight Hospital and Medical Center is dedicated to transformation and impact. Insight Hospital and Medical Center delivers world-class, compassionate, and expert care to every patient who comes through the doors. As stewards of holistic health, Insight is committed to seeing the community flourish through increased access to care and improved health outcomes.

Opened in 2021, the Insight Hospital & Medical Center Chicago – formerly known as Mercy Hospital – is the oldest hospital in Chicago, and, at one point, was the second busiest emergency department in the state. This 414-bed pillar in Chicago’s South Side, previously facing closure by Trinity Health, is once again thriving under Insight leadership, offering critical care services, and on track to becoming one of Chicago’s premier healthcare institutions.



Insight Hospital and Medical Center's Commitments

Medical Treatment

- Focus on community needs
- World renowned subspecialty growth
- Comprehensive growth in advanced neuroscience

Research & Education

- Research to enhance treatments and health outcomes
- Educational institution for fellows, residents, interns, medical students, health administration, health related fields, innovation, ethics, science, philosophy and art

Diversity and Inclusion

- Support the next generation of healthcare practitioners that reflect the diversity of Chicago
- Inclusion is how we unleash the power of our diverse team. We strive to foster an environment of belonging and empowerment at work. We listen and engage with our diverse communities.

Social Responsibility

- Youth engagement and empowerment
- Engaging in the issues of the local community, city, state, and country

Innovation and Incubation

- Develop innovative and insightful medical techniques, ideas and products
- Development of peer reviewed articles in ethics, philosophy, medicine, business, and science

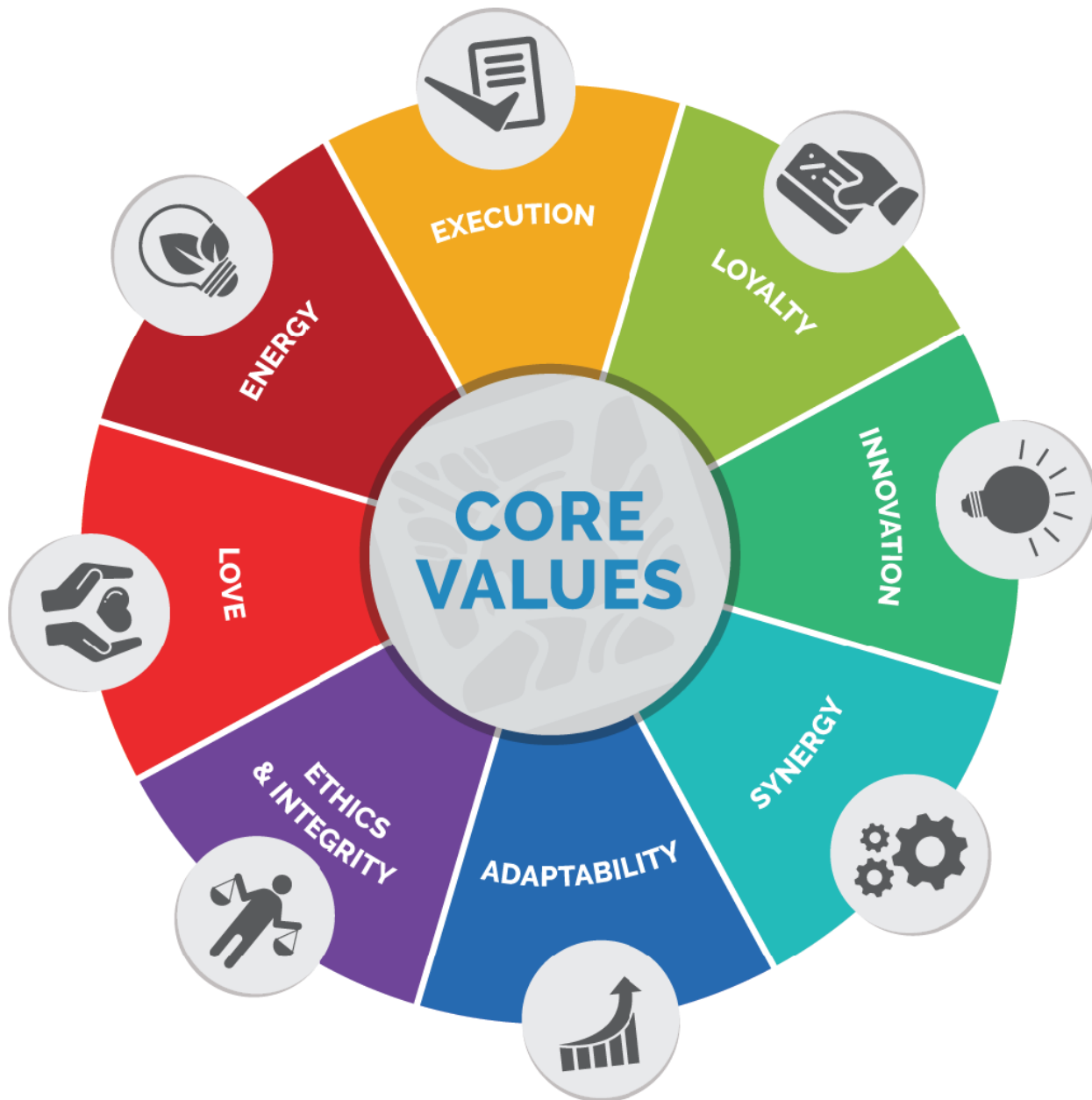
Insight Hospital and Medical Center is a nonprofit safety net healthcare provider. The Insight Hospital & Medical Center Chicago Board of Directors is the body responsible for corporate governance, establishment of policies and objectives, and management of the group’s resources. The leadership has a strong commitment to high standards of corporate governance.

The Insight network was born in 2008 when neurosurgeon Dr. Jawad Shah and three staff walked into a 600,000 square-foot former General Motors technology center in Flint, Michigan and envisioned a comprehensive wellness campus delivering a spectrum of world-class healthcare services. The challenge was

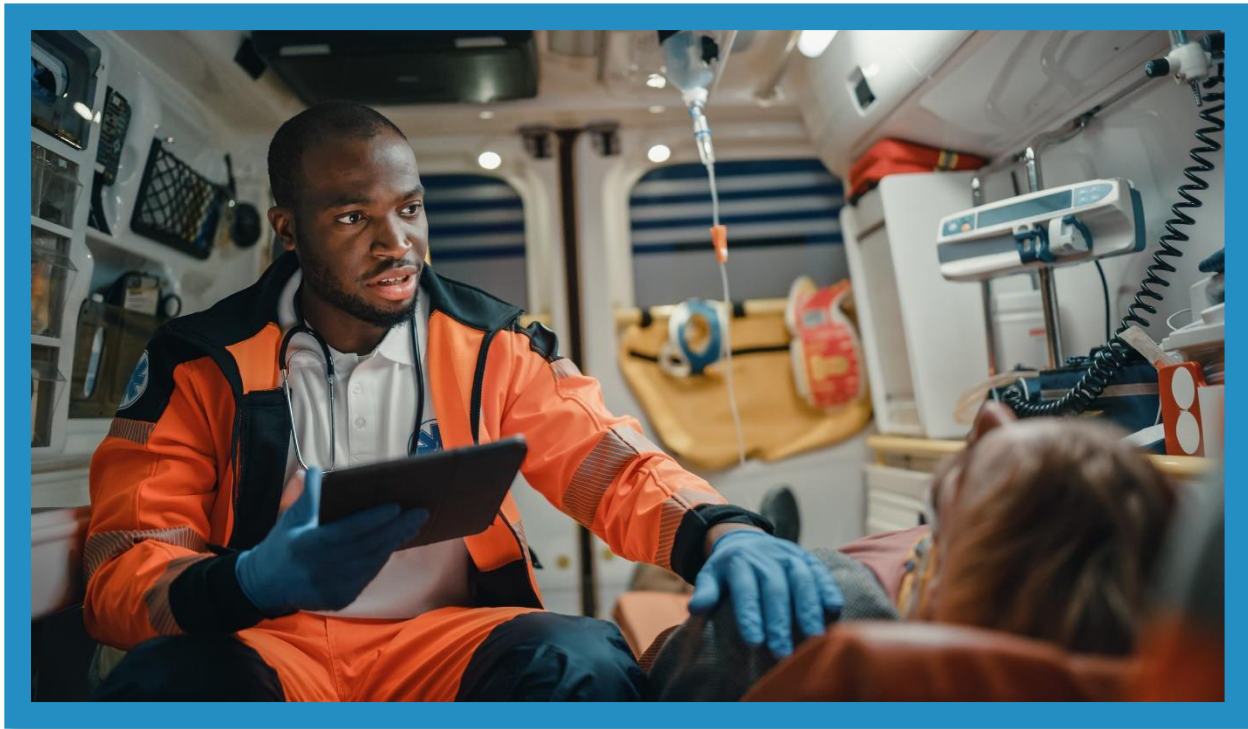
to show how a struggling city could be revitalized and become a hub for excellence, innovation, and healing. If Insight could grow in Flint, then it could be possible to serve communities around the country. In 14 years, Insight has grown to over 1,200 staff, physicians, and affiliates, with multiple locations throughout Michigan and Illinois including the Insight Hospital and Medical Center in Chicago.

Love, loyalty, innovation, synergy, adaptability, energy, execution, and ethics and integrity are our core values. Love is the foundation for Insight: love for patients, love for colleagues, love for families, and love for community. Patient care, second to none, is our goal. To deliver top-notch patient care, we also invest in research, education, and engagement. Insight is committed to building up the communities we serve. This is embodied by the expansion of the charitable Sylvester Broome Empowerment Village (SBEV). SBEV started in a former Flint elementary school and became home to a positive ecosystem for youth and their families. What started with five students a week has now grown to over 500 students a day in multiple locations, all offering enrichment in arts, athletics, and academics.

Figure 1. Insight Hospital and Medical Center’s Core Values



Insight continues to explore new ways to bring our expertise to underserved communities and to address health disparities. For example, Chicago has the largest life expectancy gap in the country among its neighborhoods, with residents in the near north side living to age 90, while in a south side neighborhood that Insight serves living to only age 60 (Illinois Department of Public Health, Death Certificate Data Files, 2020). Insight Hospital and Medical Center maintains an institution-wide focus on moving towards equal health outcomes.



Access to specialty care and emergency services

Insight has the opportunity to provide increased access to care through the Emergency Department and a specialist network uncommon in safety-net hospitals. As a result, Insight is committed to providing world-class specialists and top-notch patient care, regardless of ability to pay or level of insurance. For example, the Neurosurgery Department offers a range of services including:

- **Brain Surgery:** IHMC provides surgical treatment for a range of brain conditions, including brain tumors, traumatic brain injuries, and vascular malformations.
- **Spine Surgery:** IHMC offers a range of surgical treatments for conditions affecting the spine, including spinal tumors, herniated discs, and spinal stenosis.
- **Peripheral Nerve Surgery:** IHMC specializes in the surgical treatment of peripheral nerve disorders, including carpal tunnel syndrome, ulnar neuropathy, and sciatica.
- **Functional Neurosurgery:** IHMC offers a range of surgical treatments for conditions that affect the brain's functional areas, including epilepsy, Parkinson's disease, and essential tremor.
- **Pediatric Neurosurgery:** The IHMC team includes specialists in pediatric neurosurgery who provide surgical treatment for a range of neurological disorders in children, including brain tumors, hydrocephalus, and spina bifida.

Insight's Emergency Center is staffed around-the-clock by board-certified emergency medicine doctors and is equipped to handle the most serious medical emergencies. Insight's state-of-the-art facility allows providers to make fast and accurate diagnoses and provide prompt treatment and life-saving care in a calm and compassionate setting. The department features 25 private treatment suites, two nurses' stations, spacious

waiting areas, private triage areas, and a six-bay ambulance area with private entrance. One of the treatment suites is a decontamination room that can be used in the event of an emergency involving chemical exposure.

Insight's Emergency Department is equipped to diagnose and treat a wide range of medical conditions quickly and effectively. Services include:

- **Emergency Stroke Care:** In the event of a stroke, timeliness of care is critical. Rapid diagnosis and prompt treatment can help prevent permanent disability or even death. As one of the few designated Stroke Centers in Illinois, Insight offers a sophisticated and comprehensive approach to caring for stroke patients, and it all starts in the Emergency Center. All members of the Emergency Center staff are trained to recognize the signs of stroke and to implement Insight's advanced stroke treatment protocol. If a patient is identified as a stroke patient, a CT is performed within 30 minutes to determine the type of stroke and, subsequently, the best course of treatment. There is a neurologist on-call 24 hours a day to guide treatment of stroke patients. To improve outcomes and best-practice protocol, Insight participates in numerous clinical studies.
- **Emergency Heart Care:** A rapid response is also critical when it comes to matters of the heart. With more than half of Emergency Center admissions related to chest pain, IHMC's emergency medicine team has considerable expertise in recognizing the signs of a cardiac emergency. The Emergency Center staff is trained to implement Insight's advanced care protocols. The Insight Cardiac Catheterization lab is available 24 hours a day to address emergency heart care needs, and cardiologists are on call around-the-clock to guide treatment. IHMC has ranked in the 90th percentile nationwide for response time to heart attack patients. At Insight, it's just 90 minutes from the door to a procedural intervention, such as an angioplasty or cardiac catheterization. The time to an EKG is just 10 minutes after arrival, while the national benchmark is 11 minutes.
- **Critical Care:** The Critical Care team is available 24/7 to provide advanced medical care to critically ill patients, including those requiring ventilator support, hemodynamic monitoring, or advanced cardiac life support.
- **Radiology Services:** The Emergency Department has an on-site radiology department that provides quick and accurate diagnostic imaging services, including X-rays, CT scans, and ultrasounds.
- **Laboratory Services:** The on-site laboratory provides rapid diagnostic testing, including blood tests and other diagnostic tests.
- **Behavioral Health Services:** The Emergency Department has a team of mental health professionals available 24/7 to provide evaluation and crisis intervention for patients experiencing a mental health emergency.

Insight was able to reestablish the Emergency Department and be granted the Comprehensive Emergency Department designation from the Illinois Department of Public Health. After nearly a year without ambulance runs to one of the city's oldest hospitals, Insight Hospital & Medical Center, received Chicago Fire Department ambulances to its Emergency Room once again. This has allowed local residents to receive emergency care more quickly which is an important factor that determines patient outcomes.

These important inpatient strategies, that were implemented in direct response to community needs, will be combined with community health improvement strategies in an effort to reduce health inequities within the hospital's service area.

Introduction to the Alliance for Health Equity and Collaborative CHNA

Insight is an active member of the Alliance for Health Equity and has aligned their CHNA and implementation activities with collaborative members. The Alliance for Health Equity (Alliance or AHE) is a partnership between the Illinois Public Health Institute (IPHI), hospitals, health departments, and community organizations across Chicago and Suburban Cook County. This initiative is one of the largest collaborative hospital-community partnerships in the country with the current involvement of over 30 nonprofit and public hospitals, six local health departments, and representatives of nearly 100 community organizations. Working through the Alliance, hospitals in Chicago and throughout Cook County aim to make a positive impact on health outcomes by sharing resources and information, cooperating on data collection and analysis, and collaborating on community health improvement strategies. Alliance partners work together to create a county-wide CHNA that is paired with service area specific chapters for each hospital. This allows hospitals to partner on a variety of local and regional health improvement strategies.



The Alliance for Health Equity includes the following committees and workgroups:

- Steering Committee
- CHNA Committee
- Trauma-Informed Hospitals Collaborative
- Mental Health and Substance Use Disorders Committee
- Social and Structural Determinants of Health Committee
 - Subcommittee: Food Security/Food Access Workgroup
 - Subcommittee: Housing and Health Workgroup

Summary of Collaborative Health Equity Approach to CHNA

The Alliance documents the health status of communities within Chicago and Suburban Cook County by combining robust public health data and community input with existing research, plans, and assessments. Taken together, the information highlights the systemic inequities that are negatively impacting health. In addition, the CHNA provides insight into community-based assets and resources that could be leveraged or enhanced during the implementation of health improvement strategies.

In 2022, the Alliance completed a county-wide CHNA in partnership with other hospitals, the Chicago Department of Public Health, Cook County Department of Public Health, and community organizations. IPHI updated the assessment data for 2023 and collected additional community input to create a service area focused CHNA for Insight.

Primary and secondary data from a diverse range of sources were utilized for robust data analysis to identify community health needs in Chicago and Suburban Cook County. IPHI worked with the CHNA committee and steering committee to design and facilitate a collaborative, community-engaged assessment. The CHNA process is adapted from the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-engaged strategic planning framework that was developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Both the

Chicago and Cook County Departments of Public Health use the MAPP framework for community health assessment and planning. The MAPP framework promotes a system focus, emphasizing the importance of community engagement, partnership development, and the dynamic interplay of factors and forces within the public health system. The Alliance chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity.

Primary data for the CHNA was collected through three methods:

- *Community input surveys*
- *Community resident focus groups*
- *Social service provider focus groups*

In alignment with the purpose, vision, and values, the Alliance for Health Equity prioritizes engagement of community members and community-based organizations as a critical component of assessing and addressing community health needs.

Community partners have been involved in the assessment and ongoing implementation process in several ways; both in providing community input and in decision making processes (page 9 of collaborative countywide CHNA Report). The community-based organizations engaged in the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing and homeless services, food access and food justice, community safety, planning and community development, immigrant rights, youth development, community organizing, faith communities, mental health services, substance use services, policy and advocacy, transportation, older adult services, health care services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, youth, older adults and caregivers, LGBTQ+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults.

Epidemiologists from the Cook County Department of Public Health (CCDPH) and Chicago Department of Public Health (CDPH) and Metopio are invaluable partners in identifying, compiling, and analyzing secondary data for the CHNA. IPHI and the Alliance for Health Equity steering committee worked with CDPH and CCDPH to refine a common set of indicators based on an adapted version of the County Health Rankings and Roadmaps Model.

Assessment data and findings are organized in six areas:

(Additional information can be found in Figures 6 and 7 on page 11 of the countywide CHNA report)

- overview of health inequities
- mental health and substance use disorders
- access to quality health care and community resources
- COVID-19 (health, economic, and social factors of the pandemic)
- social and structural determinants of health
- chronic conditions – risk factors, prevention, and management

The following summary report highlights primary and secondary data related specifically to Insight Chicago's service area. Additional primary and secondary data for Chicago and Suburban Cook County can be found in the countywide CHNA report at allhealthequity.org.

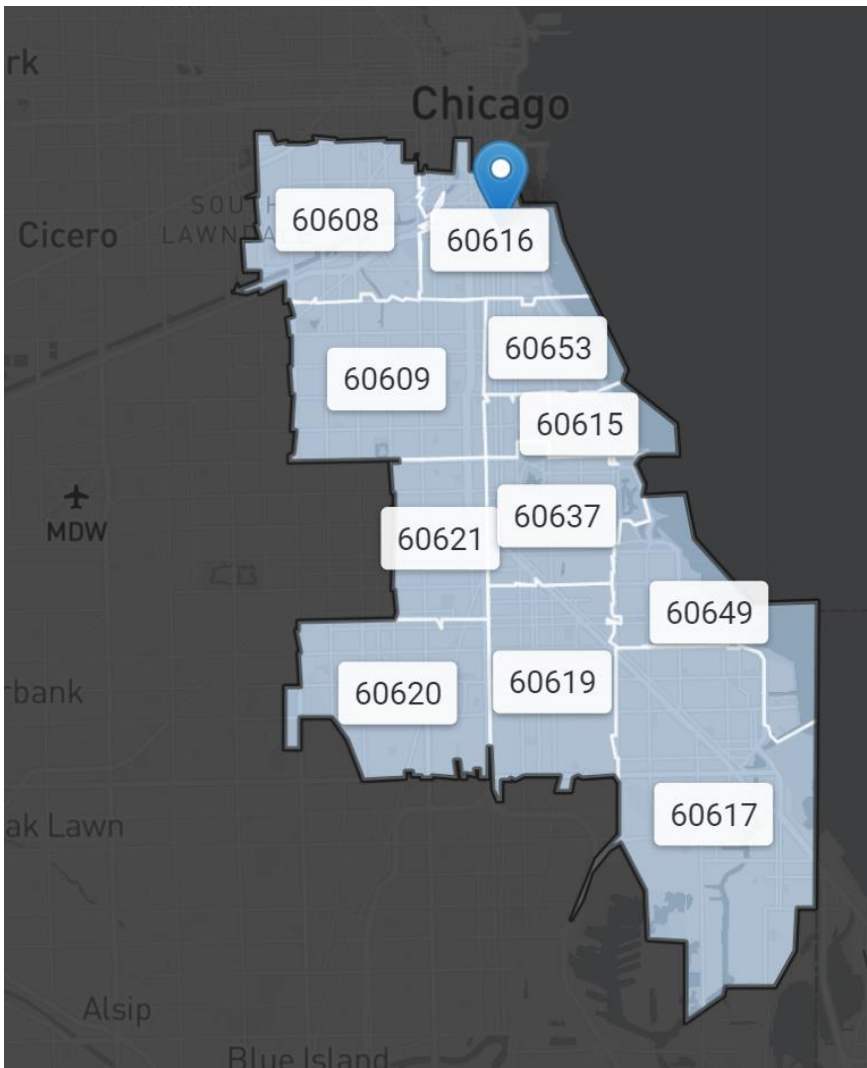
Communities Served

For the 2023 Community Health Needs Assessment, community is defined as Insight Hospital and Medical Center’s combined primary and secondary service area. The average population for the service area from 2017-2021 was 616,977 residents. The area encompasses 11 zip codes and includes 33 community areas within the city of Chicago, Illinois (Figures 2-3).

Figure 2. Zip codes and community areas included in Insight Hospital and Medical Center’s service area

Zip codes	Community Areas	
		Armour Square
60616	Ashburn	Lower West Side
60653	Auburn Gresham	McKinley Park
60609	Avalon Park	Near South Side
60608	Bridgeport	Near West Side
60619	Burnside	New City
60615	Calumet Heights	North Lawndale
60637	Chatham	Oakland
60620	Douglas	Pullman
60617	East Side	Roseland
60621	Englewood	South Chicago
60649	Fuller Park	South Deering
	Gage Park	South Lawndale
	Grand Boulevard	South Shore
	Greater Grand Crossing	Washington Park
	Hegewisch	Woodlawn
	Hyde Park	

Figure 3. Map of Insight Hospital and Medical Center's service area

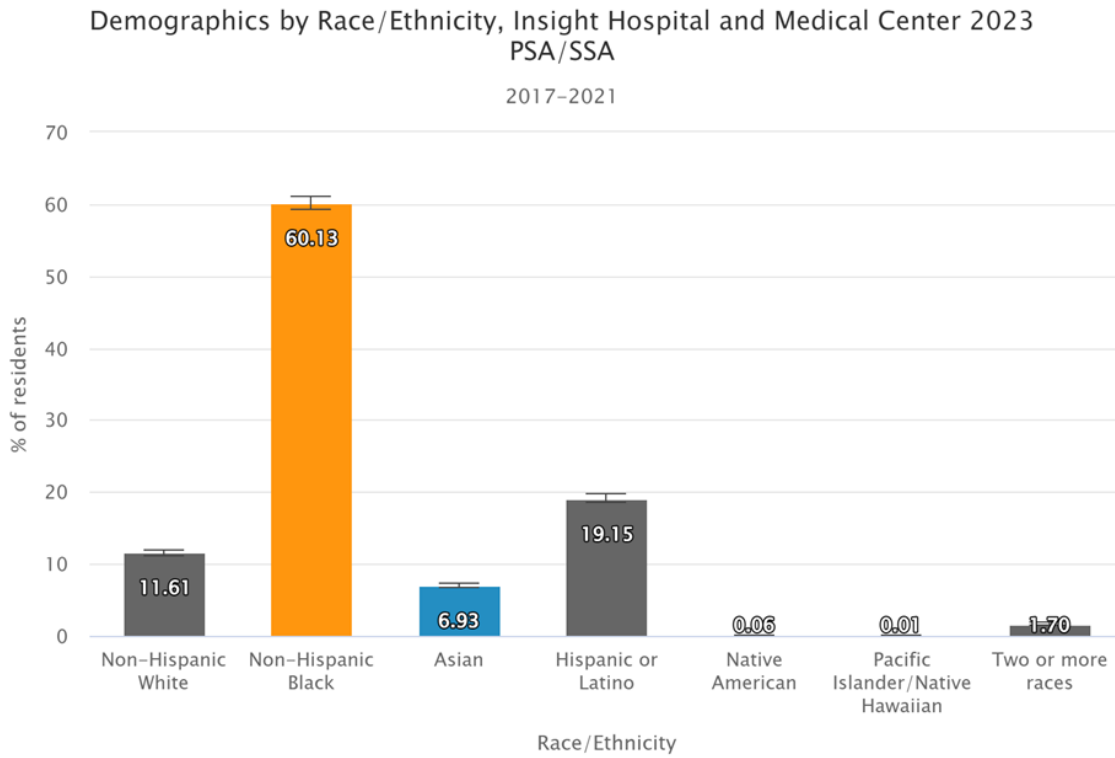


Demographics

The largest racial/ethnic group within the service area is non-Hispanic Black (60%) followed by Hispanic or Latino (19%), non-Hispanic White (12%), Asian (7%), two or more races (2%), Native American (0.06%) and Pacific Islander/Native Hawaiian (0.01%) (Figure 4).

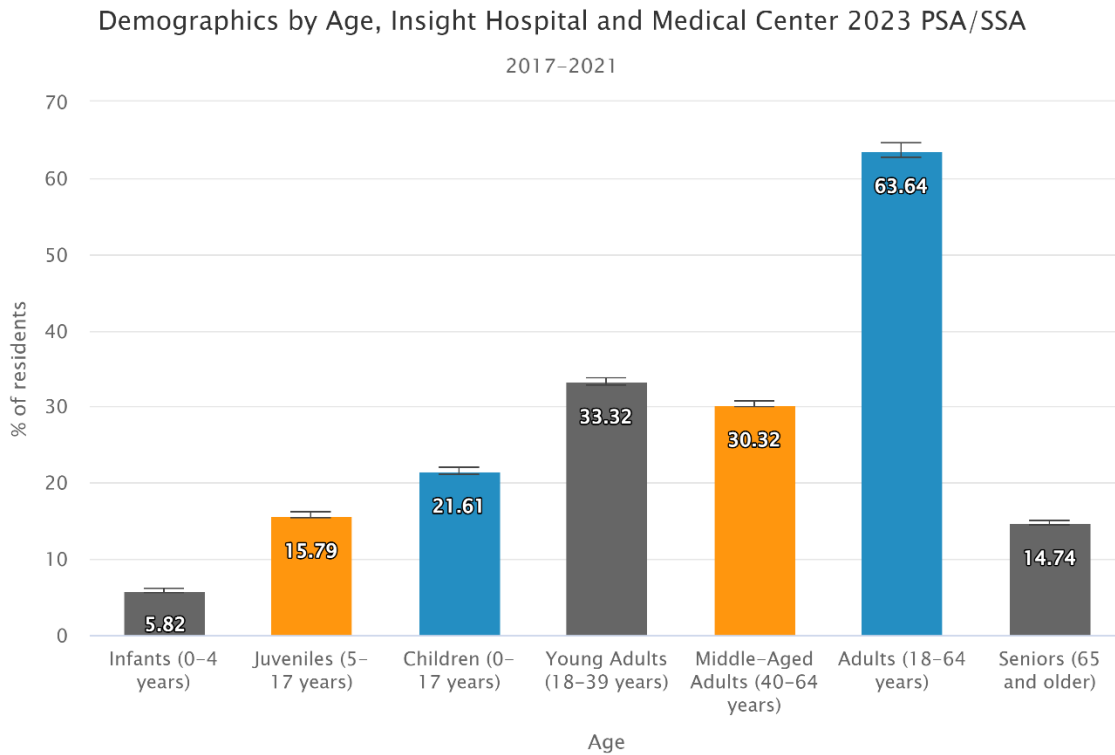
Twenty-two percent of the service area's population is children between ages 0-17 years, 64% are adults aged 18-64 years, and 15% are seniors aged 65 or older (Figure 5). Between 2017-2021 an average of forty percent of seniors aged 65 or older within the service area are living alone outside of group and nursing homes (American Community Survey 2017-2021).

Figure 4. Race/Ethnicity of residents within Insight Hospital and Medical Center’s service area



Created on Metopio | metop.io/i/tbp5swb3 | Data sources: Decennial Census (2020 data only), American Community Survey (ACS) (Table B01001)
Demographics: Percent of residents within each major demographic group. Use this to explore age, gender, and racial/ethnic breakdowns. This data is expressed as a percent; to see a breakdown of all residents by count, use Population.

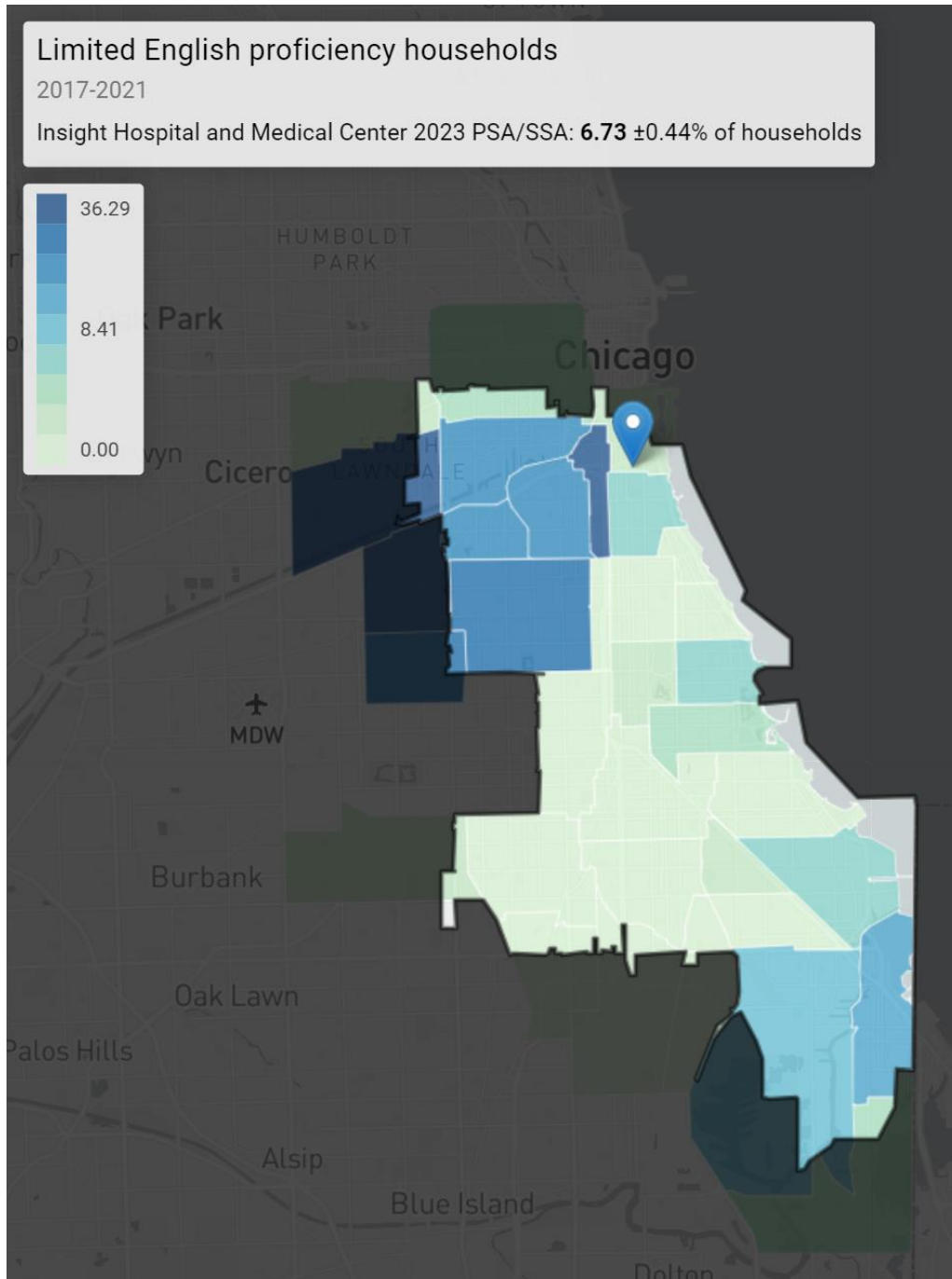
Figure 5. Age distribution of population within Insight Hospital and Medical Center’s service area



Created on Metopio | metop.io/i/er9q5w8s | Data sources: Decennial Census (2020 data only), American Community Survey (ACS) (Table B01001)
Demographics: Percent of residents within each major demographic group. Use this to explore age, gender, and racial/ethnic breakdowns. This data is expressed as a percent; to see a breakdown of all residents by count, use Population.

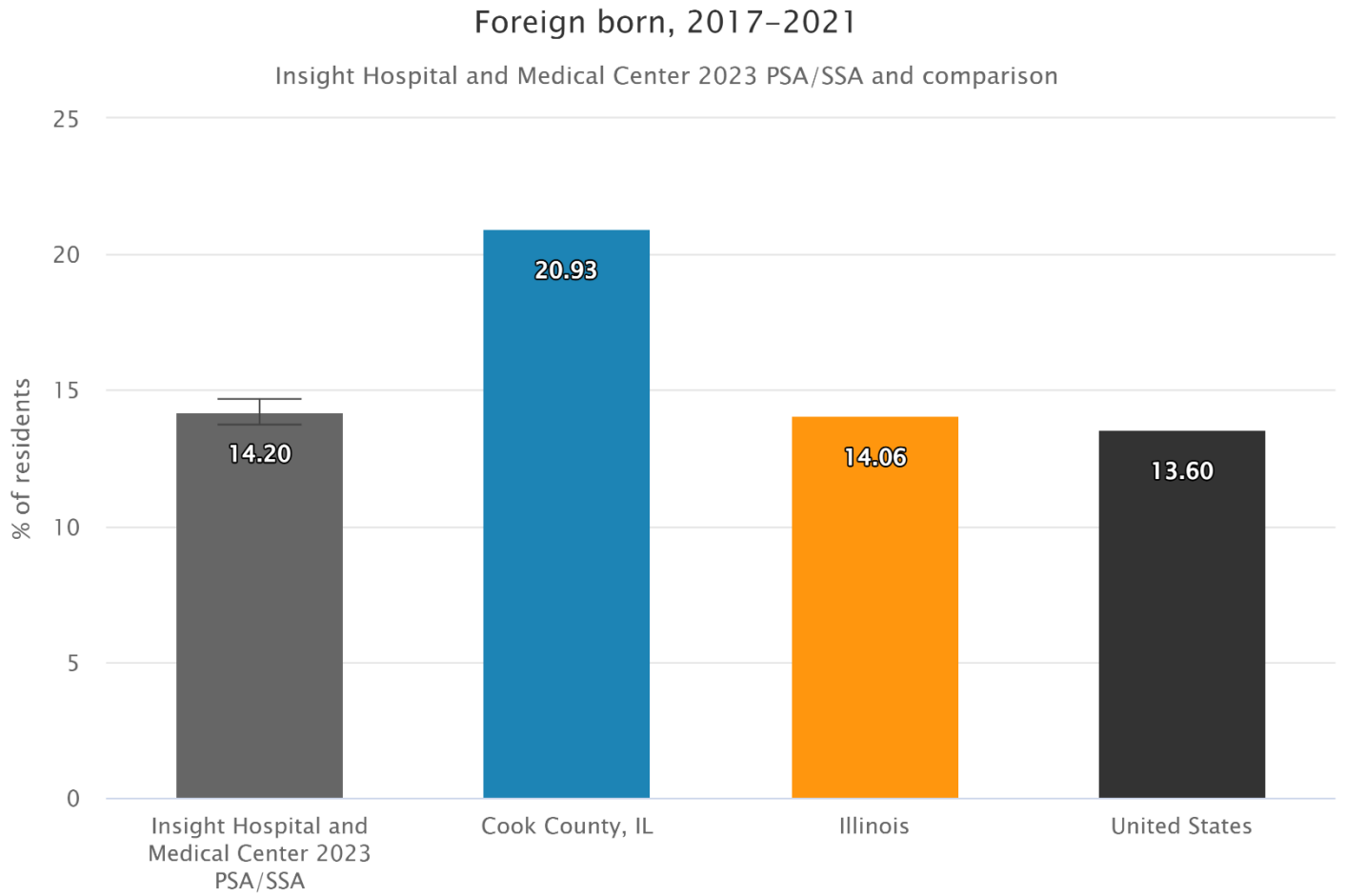
Approximately 7% of households are considered limited English proficiency (Figure 6). The overall percentage of population that is foreign-born is similar to rates for Illinois and the U.S. overall (Figure 7). However, there is significant geographic variation in the foreign-born population, with Armour Square having the highest percentage of foreign-born individuals at 52% (Figure 8).

Figure 6. Map of limited English proficiency households in Insight Hospital and Medical Center’s service area



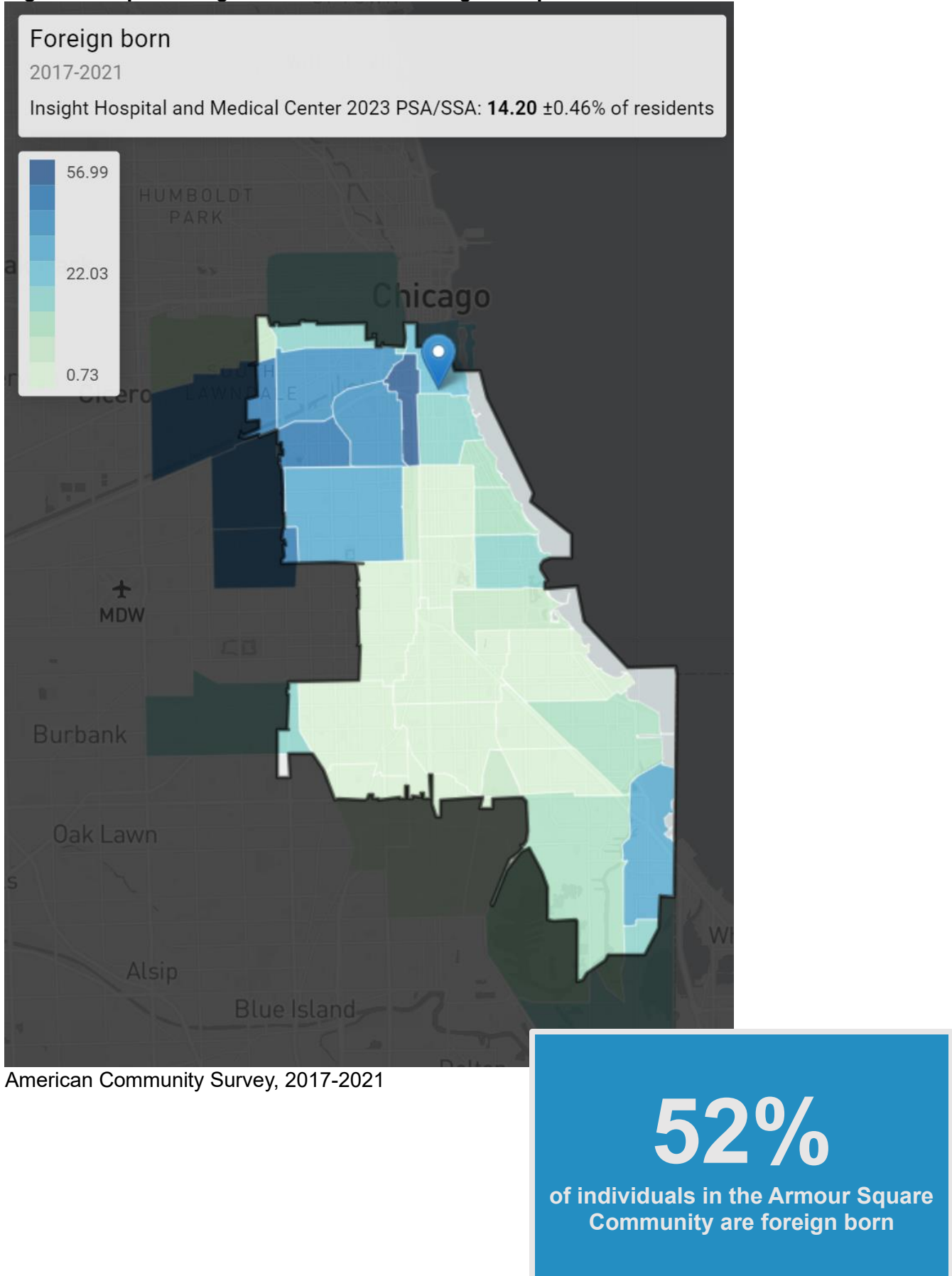
American Community Survey, 2017-2021

Figure 7. Percentage of foreign-born residents



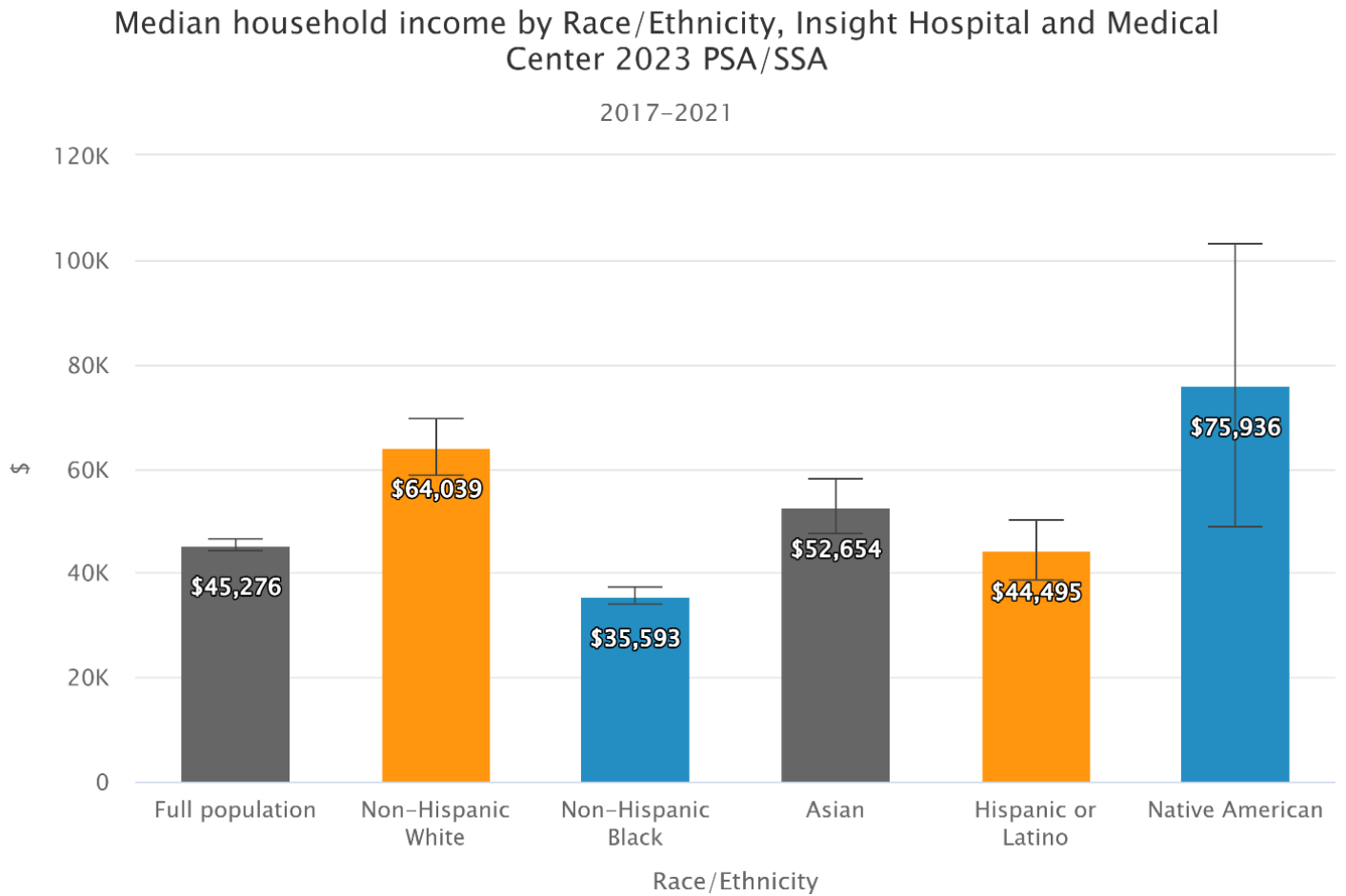
Created on Metopio | metop.io | Data source: American Community Survey (ACS) (Table B05002)
Foreign born: Percent of residents who were not U.S. citizens at the time of birth (includes both naturalized citizens and those who are not currently citizens).

Figure 8. Map of foreign-born residents in Insight Hospital and Medical Center's service area



The median household income within the service area is low (\$45,276) compared to Cook County (\$72,121), Illinois (\$72,563), and the United States (\$69,021) (American Community Survey, 2017-2021). In addition, there are significant inequities between racial and ethnic groups in median household income (Figure 9).

Figure 9. Median household income by race/ethnicity within Insight Hospital and Medical Center's service area



Created on Metopio | metop.io | Data source: American Community Survey (ACS) (Table B19013)
Median household income: Income in the past 12 months.

Community Input



Community input is the most valuable data resource in the Alliance for Health Equity CHNA process



Primary data: Community input survey and focus groups

Community input is the most valuable data resource in the Alliance for Health Equity CHNA process.

First-hand information from communities most impacted by inequities is the most up-to-date data available about community health needs, particularly in the rapidly developing post-COVID-19 surge landscape. The Alliance for Health Equity worked closely with hospital partners and community-based organizations to collect community input data through a community input survey and focus groups. The Alliance collected 531 surveys within Insight Hospital and Medical Center's service area from 2021-2022 and conducted eleven focus groups with populations relevant to the service area. In addition, a community stakeholder focus group was conducted in June 2023 with Insight Hospital and Medical Center's community partners to review and provide feedback on community health priorities.

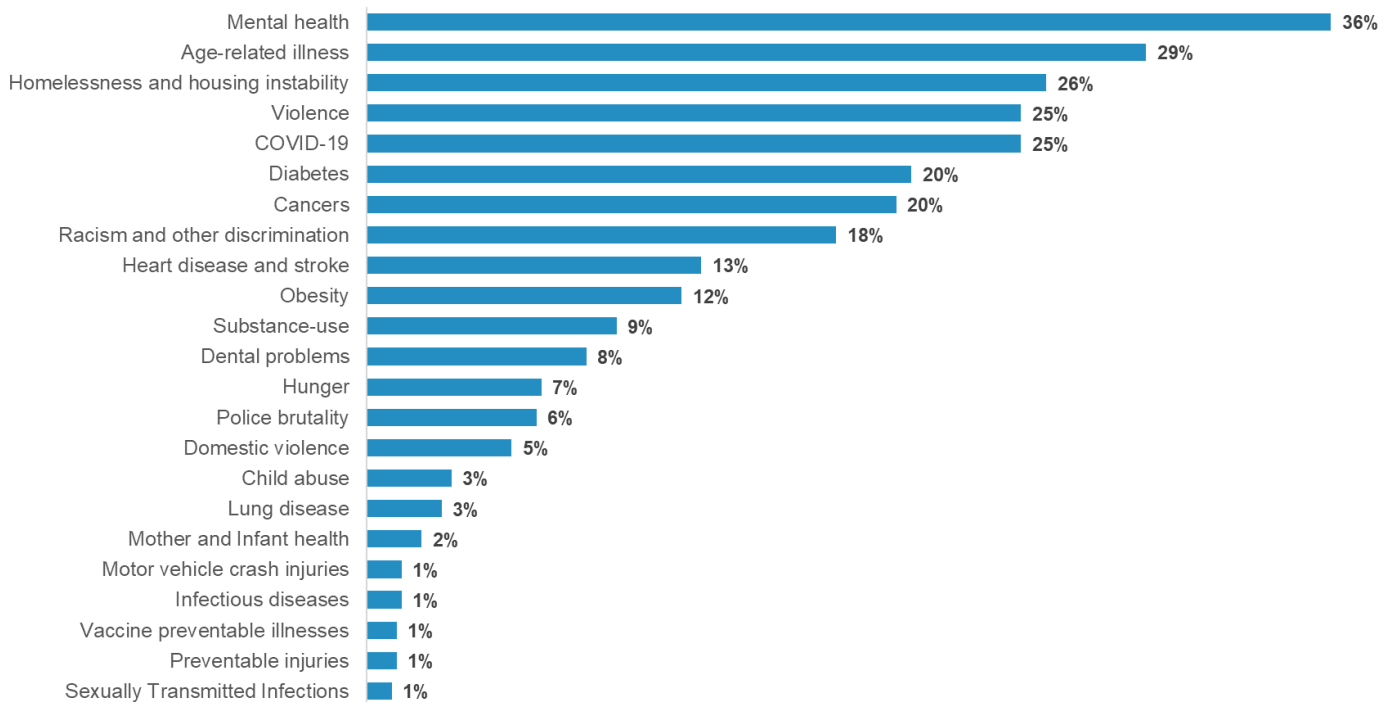
Community input survey

The community input survey was a qualitative tool designed to understand community health needs and assets with a focus on hearing from community members that are most impacted by health inequities. Responses to key questions from community members within the service area are included in Figures 10-11. A more detailed analysis of the county-wide survey results is available at allhealthequity.org.

The most important health needs identified by respondents in the service area align with those identified for the county overall. Mental health was identified as the top health need (36%), with 25% or more of respondents identifying age-related illness, homelessness and housing instability, violence, and COVID-19 as other top health needs (Figure 10). When asked, 81% of survey respondents shared they would feel comfortable approaching someone in their community for assistance.

Figure 10. Most important health needs identified by survey respondents in Insight Hospital and Medical Center’s service area (n=530)

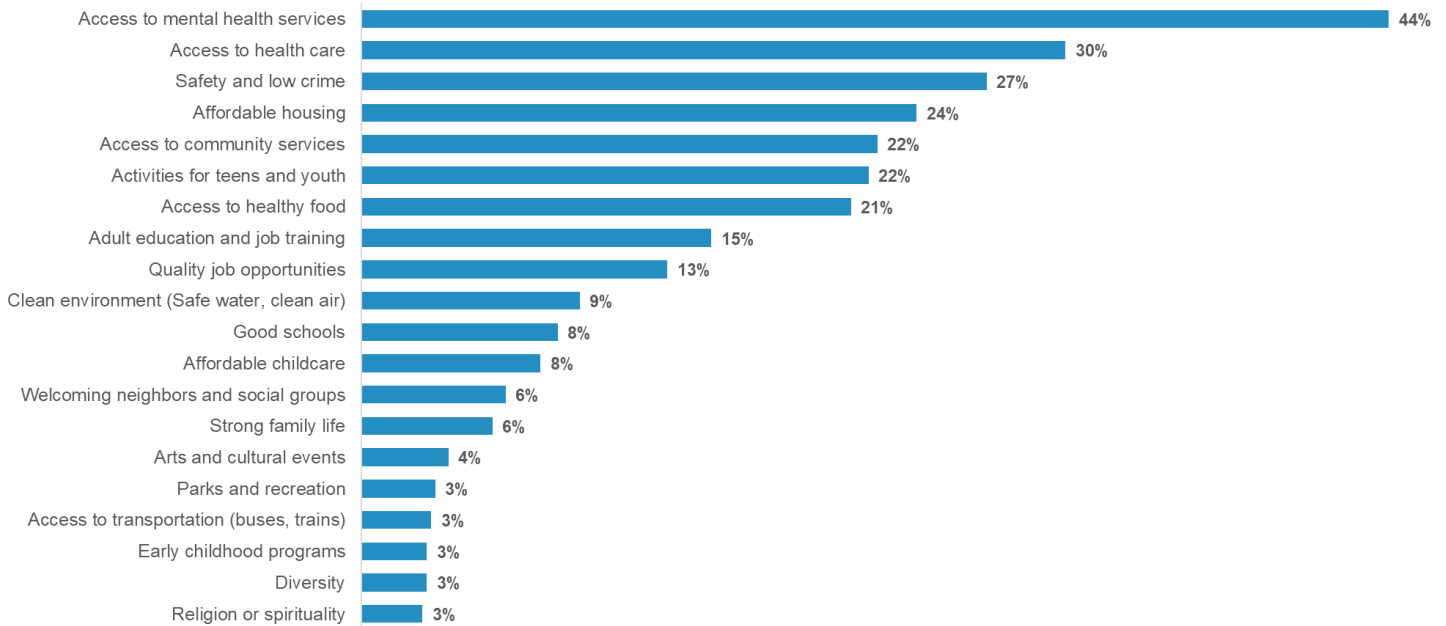
What are the most important health needs in your community?



36%
of survey respondents in
Insight’s service area identified
mental health as an important
health need

When asked about what is needed to support improvements in chosen health priorities 44% of survey respondents indicated that access to mental health services is needed (Figure 11). Additional necessities to support improvement included access to health care (30%), safety and low crime (27%), affordable housing (24%), access to community services (22%), activities for teens and youth (22%), and access to healthy food (21%) (Figure 11).

Figure 11. Needed supports for improvement in priority health issues (n=531)
What is needed to support improvements in the health needs you chose?



Survey respondents were asked about how COVID-19 has impacted people in their household. The top responses and overall results are presented in Figure 12. The top three responses are factors directly related to mental health. Several additional COVID-19 challenges were mentioned by survey respondents in the service area (Figure 13).



The top three COVID-19 impacts reported by survey respondents are related to mental health

Figure 12. Community input survey responses within Insight Hospital and Medical Center’s service area – COVID-19 challenges

The COVID-19 pandemic is challenging in many ways. Did anyone in your household experience any of the following due to the COVID-19 pandemic? (n=529)	Top responses selected by 20% or more of respondents
Not knowing when the pandemic will end, lack of control	44%
Feeling nervous, anxious, or on edge	42%
Feeling alone or isolated, not being able to socialize with other people	39%
Stress regarding employment status	27%
Death of family members or friends	21%
Loss of employment	20%

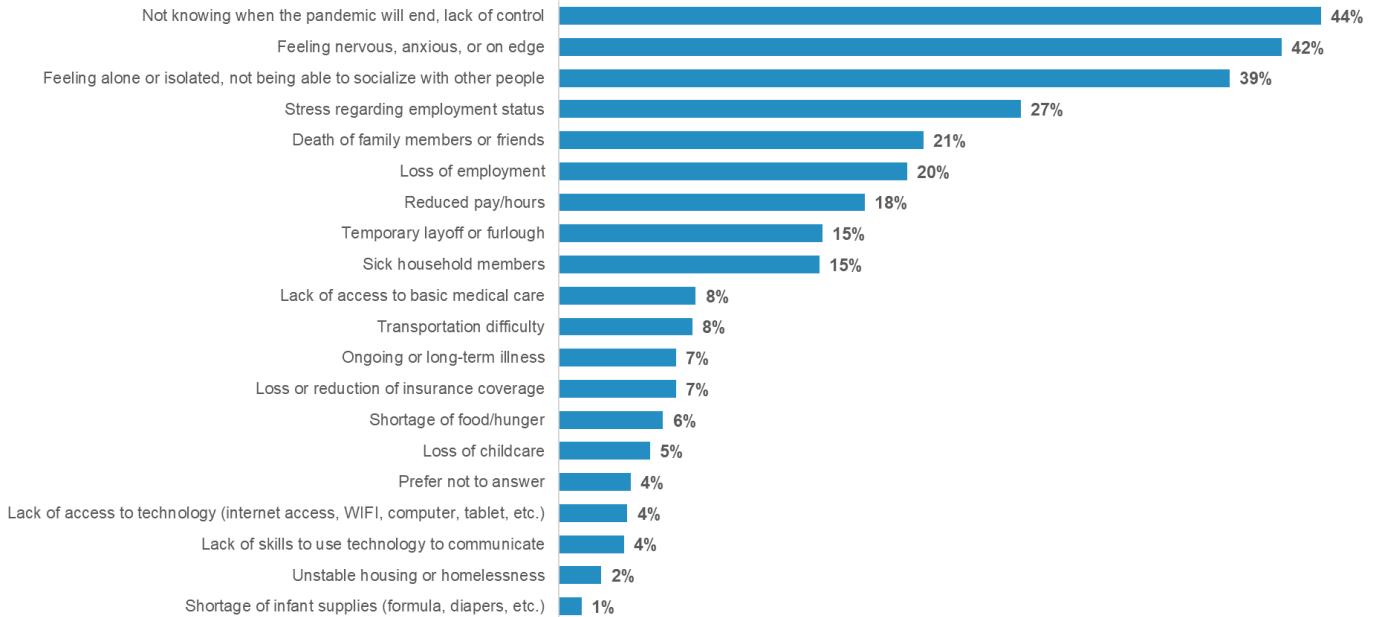


Figure 13. Additional COVID-19 challenges mentioned by survey respondents in Insight Hospital and Medical Center’s service area (direct quotes)

Social	<ul style="list-style-type: none"> • Not gathering with family, separation from family • Unable to visit dying loved ones • Restricted movement, inability to see family and friends in person
Mental health	<ul style="list-style-type: none"> • Unhappy Kids
Employment-related	<ul style="list-style-type: none"> • Remote working • Increased workload of essential workers • Concern for spouse being an essential worker • Having to pay for WIFI and buy laptop to work from home
Health	<ul style="list-style-type: none"> • Cancer treatment was delayed due to cancellation of "elective" biopsy surgery • Post-COVID health issues
Misinformation	<ul style="list-style-type: none"> • Anger over the denial of COVID, antivaxxers • Poor government leadership

Focus groups

In total, eleven focus groups were held with community members and service providers representing populations within Insight Hospital and Medical Center's service area.

- One service-area focus group hosted by Insight Hospital and Medical Center with community members was conducted on June 8, 2023.
- Ten focus groups (out of a total of 43 focus groups countywide) that were conducted as part of the collaborative CHNA between August 2021 and February 2022 that included community members representing Insight's service area:
 - Community Health Workers (CHWs)
 - LGBTQIA+ community members
 - Immigrant and refugee serving organizations
 - NAMI Chicago (Individuals with lived experience of mental illness)
 - NAMI Chicago (Family members and caregivers of individuals living with mental illness)
 - Enlace Chicago
 - North Lawndale Community Coordinating Council
 - North Lawndale Employment Network
 - Primo Center
 - UCAN

There were five major themes identified based on the focus group input collected:

- **Behavioral health** – stigma, substance use, trauma and crisis, social determinants of health, and integrated care
- **Child and adolescent health** – childcare, education, COVID-19 impacts on child and adolescent health, programs, and services
- **Healthcare** – insurance and public benefits, local access to services, LGBTQIA+ affirming care, primary care access, and culturally and linguistically appropriate care
- **Social and structural determinants of health** – income, employment, education, opportunities for youth, housing and homelessness, and food systems; and
- **Chronic conditions** – socioeconomic causes, health behaviors, access and communication, obesity, asthma, hypertension, and diabetes.

In addition to the five overall themes, there were four cross-cutting topics identified that are pervasive and impact health across the spectrum of concerns:

- **Racism and discrimination**
- **COVID-19**
- **Safety and violence**
- **Community cohesion**

An overall description of the themes and cross-cutting topics is included in Figure 14. A summary of the June 8, 2023 focus group with community members from Insight Chicago's service area follows.

Figure 14. Description of key themes discussed by focus group participants

Theme	Descriptions of top issues discussed	Example quotes from participants
Mental health and behavioral health	<ul style="list-style-type: none"> • Increased holistic integrated care • Increased awareness and treatment of substance use disorders • Mental health crises – improved education about crises and how to address safely • Reducing stigma • Improving overall access to behavioral health treatment • COVID-19 has had profound impacts on mental health (mostly negative), children and adolescents have experienced a large burden of the negative impacts • Addressing the connections between mental health and other determinants of health 	<p><i>“Awareness and education surrounding mental illness, so people can better help when it comes to deescalating a crisis”</i></p> <p><i>“Because mental health is an invisible disability, others may question the legitimacy of mental illness as something that affects individuals’ lives”</i></p>
Child and adolescent health	<ul style="list-style-type: none"> • More programs and services are needed for children and adolescents in communities particularly after the closure of services following COVID-19 • Affordable childcare is scarce • Inequities in education • COVID-19 impacts • Child and adolescent behavioral health needs are continuing to increase • Overall child and adolescent health is a priority across communities 	<p><i>“Early childhood education is vital”</i></p> <p><i>“Due to community violence, it is hard being healthy. It’s not just about having a park, but for people to feel safe and to feel comfortable letting our kids out late.”</i></p>
Healthcare	<ul style="list-style-type: none"> • Several factors influence access <ul style="list-style-type: none"> ○ Ease of access to health clinics ○ Insurance coverage and public benefits ○ Immigration status ○ Linguistically and culturally appropriate services ○ Bureaucracy that requires extensive paperwork and approvals before accessing care • Discrimination, racism, and lack of empathy among healthcare professionals are impacting access and quality of care • Several additional healthcare needs discussed <ul style="list-style-type: none"> ○ Behavioral health services ○ Affordable specialty care ○ Engagement in primary care ○ Telehealth coverage ○ Expanded use of CHWs and in-home health promoters/health services ○ Building trust with communities ○ Better communication about resources ○ Transportation to appointments 	<p><i>“People are only going for care when an ambulance comes and picks them up off the ground”</i></p> <p><i>“Immigrants are taking expired medication they brought from home because they cannot access medical care.”</i></p> <p><i>“If people are worried about not being able to pay for housing or bills, they won’t be focused on accessing health services”</i></p>
Social and structural determinants of health	<ul style="list-style-type: none"> • Some of the most discussed needs included: <ul style="list-style-type: none"> ○ Access to affordable and supportive housing ○ Access to healthy foods, farmers markets, and grocery stores ○ Quality education ○ Affordable childcare ○ Economic opportunity and community investment ○ Improved infrastructure ○ Environmental health 	<p><i>“Health starts with economic health”</i></p> <p><i>“We need [a] cleaner community”</i></p>
Chronic conditions	<ul style="list-style-type: none"> • Obesity, diabetes, and hypertension were common chronic conditions mentioned by participants • Several health behaviors and social determinants are contributing to chronic disease <ul style="list-style-type: none"> ○ Inactivity in youth and young adults ○ Inadequate access to healthy foods ○ Cost of medical care ○ Smoking • COVID-19 infection is causing complications for those with chronic conditions 	<p><i>“Chronic health issues communities are facing come from diet and access to healthy and affordable foods”</i></p> <p><i>Unfortunately, ever since I got sick from covid..I’ve had health problems, but now it’s worse..”</i></p>

Focus Group Description

The focus group took place on June 8, 2023, from 9am to 11am in a conference room at Insight Hospital and Medical Center in Chicago, IL. The group was facilitated by Leah Barth, Senior Program Manager, from Illinois Public Health Institute and had approximately 15 people in attendance. The participants represented a diverse group including hospital staff, community leaders, and representatives from local community-based organizations.

Mental Health (including isolation)

The COVID 19 pandemic had a large impact on mental health in communities. While it caused stress, isolation, and worsening mental health, it also raised awareness that mental health struggles are common. The commonality of experiences and shared difficulties made more people feel open to the idea of seeking treatment, even without a diagnosable condition.

Community members still experience traditional types of mental health stressors such as difficulty during transitional times and symptoms associated with depression; many describe that they feel upset, unmotivated, and have a lack of purpose and identity. It was noted that purpose is very important for people.

In addition to purpose, community was described as a large contributor to good mental health. As a result of the pandemic, community functions that traditionally assist with grief and healing, such as funerals and visits with family or friends, were unavailable. While the isolation of COVID-19 may be gone for much of the population, its mental health impacts remain.

As previously mentioned in the survey data section of this report, most people in Insight’s service area reported that they are comfortable seeking help from someone in their community. Despite this finding, mental health statistics within the community are not improving and, in some cases, poor mental health is contributing to poor physical health.

Access to care and benefits

Focus group participants expressed that there is a lack of healthcare providers within the service area. As a result, existing providers are often overbooked and difficult to access. The loss of services at Mercy Hospital and Medical Center before the transition to Insight exacerbated access issues. Many patients were forced to seek specialty care outside of their communities which created additional transportation and accessibility related problems. In-home care and referrals provided through caseworkers, community health workers, and home health care workers could be an effective strategy to improve access to care, however, available resources are insufficient to meet current needs.

Access to primary care

Access to primary care is another important factor in maintaining and improving the health of communities. Community education on the importance of primary care in identifying and managing chronic health conditions is a continuing need. Focus group participants described how issues such as inadequate paid leave policies and limited provider service hours can lead to patients utilizing emergency care to treat symptoms instead of treating or managing their conditions in a primary care setting. Despite ongoing efforts to connect emergency department patients with primary and specialty care providers, additional challenges such as a lack of reliable patient information and/or communication methods further complicate care coordination attempts. Strategies that change the narrative around the benefits of primary care may be effective in improving community engagement. For example, one-on-one conversations that explain the health benefits and cost savings of routine medical care to community members. Focus group participants emphasized that building rapport and trust between patients and providers will be an essential component to any access to care strategies that are implemented.

Access to culturally and linguistically appropriate care

Community members who are non-native English speakers face unique barriers to accessing health services. Specific priority health issues may vary between populations, but most have trouble finding bilingual services, bilingual providers, and informational materials in their primary languages. Community-based immigrant and refugee serving organizations are often relied upon for language services but can be overwhelmed by requests and/or lack the needed medical translation experience. Language access problems can lead to important medical information including follow-up instructions to be misunderstood or missed completely.

Misinformation within communities of color contributes to access problems. For example, a focus group participant described how SNAP enrollment is low for the Chinese immigrant population because they fear it could impact their ability to gain citizenship. Misinformation about the prevalence and incidence of health conditions such as tuberculosis prevents certain immigrant sub-populations such as seniors from accessing services as they are reluctant to engage in community-based health resources outside their homes. Again, home health workers, community health workers, and caseworkers may be able to help bridge the gap between community members isolated at home and community-based services.

Racism and discrimination

Racism and discrimination dramatically impact the ability of communities of color to access healthcare services. For example, lack of understanding among providers about the social influencers of health may lead to the unnecessary labeling of patients as “non-compliant.” These labels in turn create bias and impact how providers interact with their patient populations. Poor provider interactions can create an atmosphere of fear for patients of color, further impacting their willingness to access needed health services.

Children and adolescents

In surveys and focus groups, community members consistently expressed that access to activities and services for children and adolescents significantly decreased during the pandemic. Examples included the closure or significant reduction of after-school childcare programs, decreases in sports programs, and the elimination of extracurricular academic programs. Insight focus group participants described how parent and student engagement dropped during the pandemic and highlighted how it has yet to return to pre-pandemic levels.

Potential solutions

Improvements in health literacy and education

Focus group participants explained that community members may be avoiding healthcare settings due to fear whether it be fear of discrimination, fear of judgement, a general fear of physicians and hospitals, or fear of the ongoing COVID-19 threat. Community education was highlighted as a potential solution to that fear. Partnerships with trusted community-based entities such as faith-based institutions to provide programs that encourage preventative care and engagement with primary care services were described as a potential strategy. Overall improvements in community education about existing resources could increase access as well.

Provider education and training

Focus group input indicates that provider education and training to reduce bias would be beneficial to improving access. In addition, focus group participants expressed the need for providers to be more educated on the social and structural influencers of health and how they impact a patient’s ability to engage in care.

Healthcare partnerships

Focus group participants stated that people should be viewed with a more holistic lens. Patients in communities like those served by Insight often have complex needs. It would be beneficial for hospitals like Insight to create additional partnerships with community-based providers to offer in-house services beyond medical care. Participants recommended pairing partnership strategies with universal screening tools so that patient needs related to things such as transportation, work hours, language, etc. can be identified and addressed.

Focus group priority health issues

Focus group participants were asked to identify what they thought should be the top priority for improving community health. Responses included the following:

- Holistic integrated care
- Simplifying education
- Best quality of life
- Awareness within the community of Insight Hospital
- Awareness – integration of care
- Ease of access
- Cultural competency
- Awareness – direct communication with community residents
- Education for patients and for doctors
- Comprehensive communication
- Trust building

Health inequities

Health inequities can be defined as differences in the burden of disease, mortality, or distribution of health determinants between different population groups (Centers for Disease Control and Prevention, 2023; Weinstein et al., 2017). Health inequities can exist across many dimensions such as race, ethnicity, gender, sexual orientation, age, disability status, socioeconomic status, geographic location, and military status (Centers for Disease Control and Prevention, 2023; Weinstein et al., 2017).

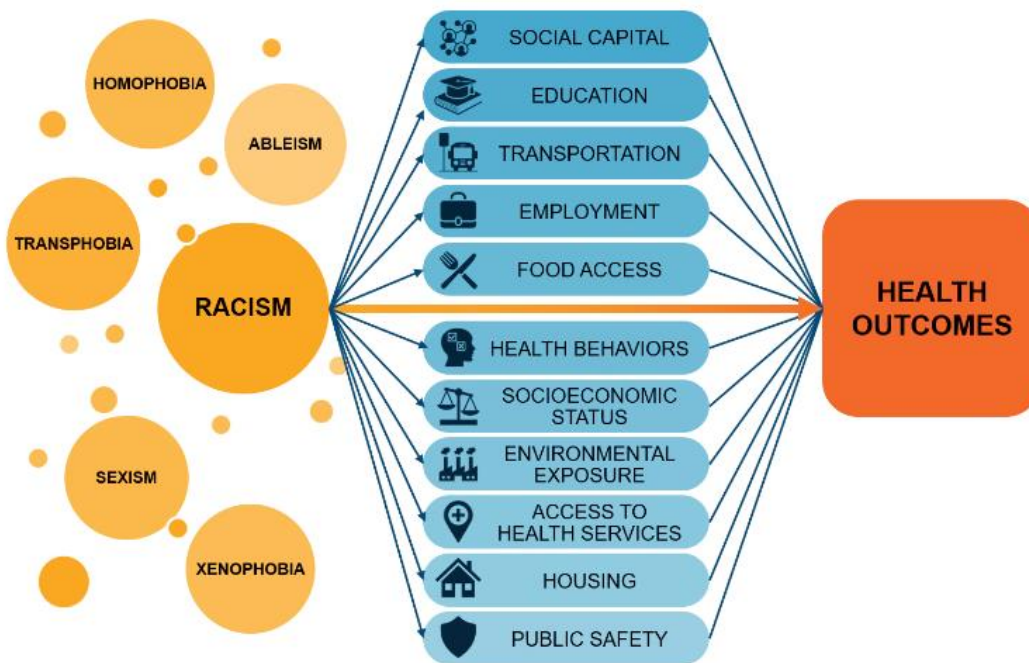
There are four overarching concepts that demonstrate the necessity of addressing health inequities:

1. **Inequities are unjust.** Health inequities result from the unjust distribution of the underlying determinants of health such as education, safe housing, access to health care, and employment.
2. **Inequities affect everyone.** Conditions that lead to health disparities are detrimental to all members of society and lead to loss of income, lives, and potential.
3. **Inequities are avoidable.** Many health inequities stem directly from government policies such as tax policy, business regulation, public benefits, and healthcare funding and can therefore be addressed through policy interventions.
4. **Interventions to reduce health inequities are cost-effective.** Evidence-based public health programs to reduce or prevent health inequities can be extremely cost effective particularly when compared to the financial burden of persistent disparities (Centers for Disease Control and Prevention, 2023; Metropolitan Planning Council, 2017; Weinstein et al., 2017).

Structural racism

Race and ethnicity are socially constructed categories that have profound effects on the lives of individuals and communities. Racial and ethnic health inequities are the most persistent inequities in health over time in the United States (Weinstein et al., 2017). Racial and ethnic inequities in health are directly linked to racism (Figure 15).

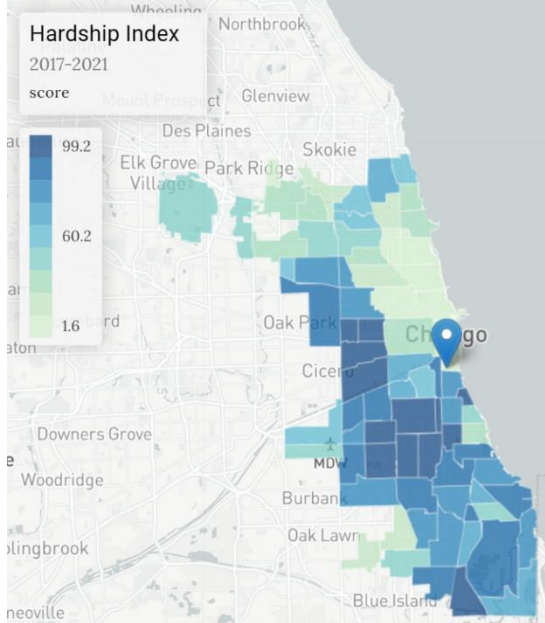
Figure 15. Difference in health outcomes among racial and ethnic groups are directly linked to racism



Source: Boston Public Health Commission's Racial Justice and Health Equity Initiative; available: <http://www.bphc.org/whatwedo/health-equity-social-justice/racial-justice-health-equity-initiative/Documents/RJHEI%202015%20Overview%20FINAL.pdf>

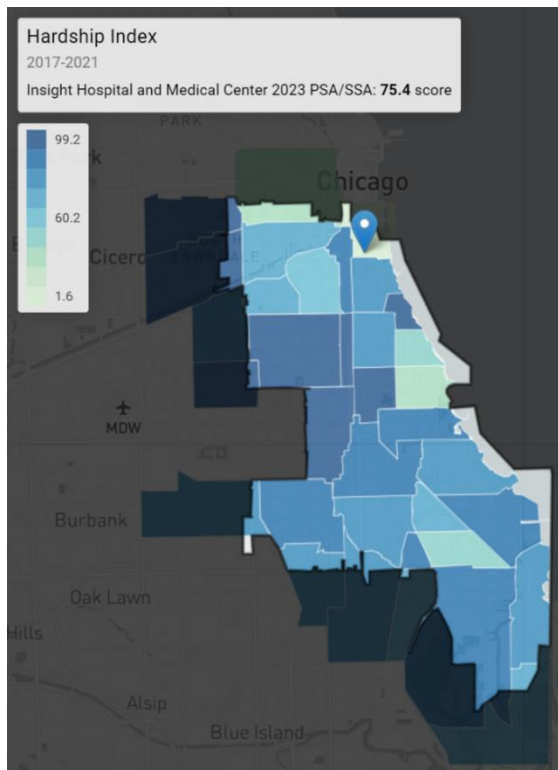
Insight Hospital and Medical Center's service area encompasses many of the communities experiencing the highest levels of hardship within Chicago (Figures 16-17). The area has suffered significant social disruption over the past 100 years along with persistent and pervasive racial and ethnic inequities (Henricks et al., 2017). As a result, community-level violence, poor education opportunities, lack of quality job opportunities, poor quality housing stock, healthcare shortages, and poor health outcomes have been concentrated in black and brown communities on the South Side of Chicago.

Figure 16. Map of Hardship Index scores in Chicago, Illinois



Chicago Health Atlas, Chicago Department of Public Health, 2017-2021

Figure 17. Map of Hardship Index scores in Insight Hospital and Medical Center's service area



Chicago Health Atlas, Chicago Department of Public Health, 2017-2021

There is a common misconception that racism is a rare problem of isolated individual’s attitudes and actions or that racism is a thing of the past (Race Forward, 2014). While individual racism is important to address, there are other less obvious yet ultimately more destructive forms of racism (Braveman et al., 2022; Race Forward, 2014). Systemic and structural racism are forms of racism that are deeply embedded in systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences (Braveman et al., 2022).

Inequities in mortality

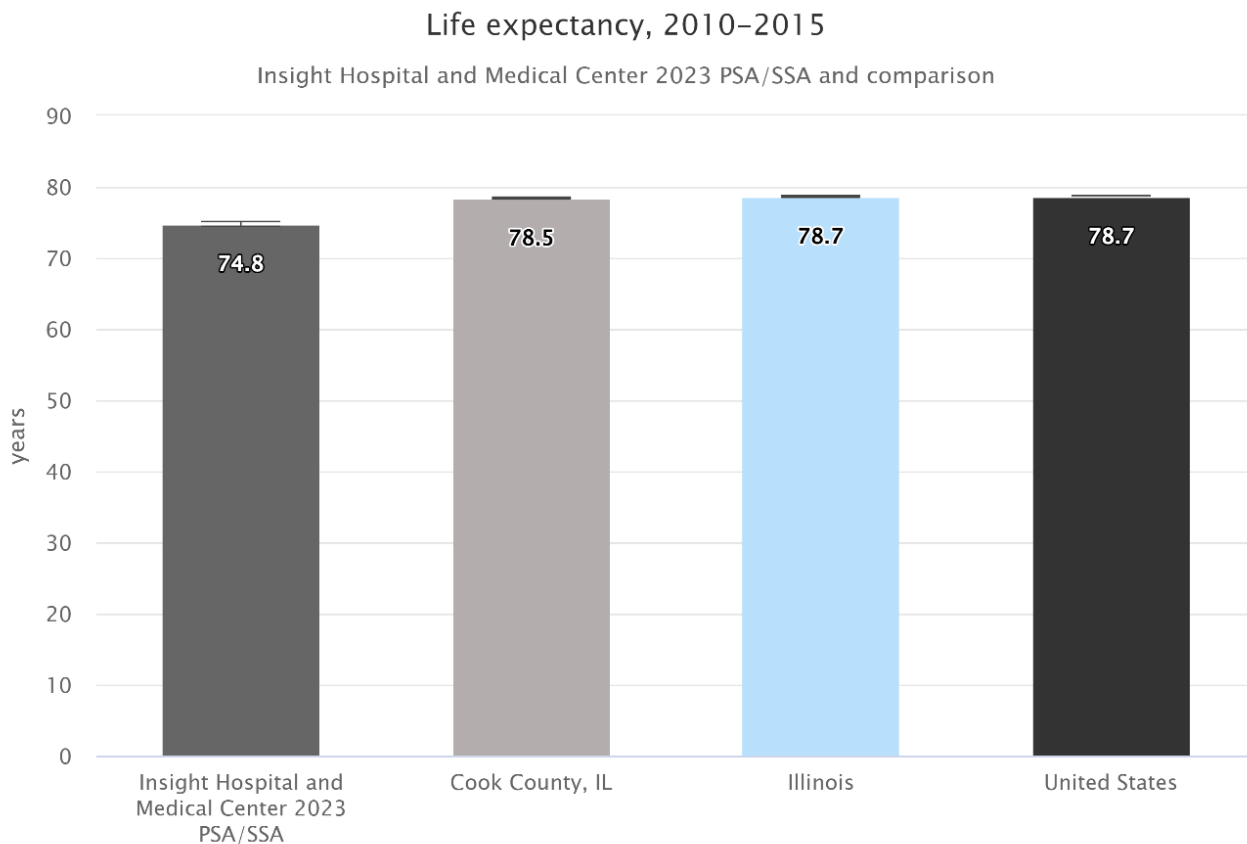
Race-specific mortality records dating as far back as the 1800s indicate that Black individuals in the U.S. have higher rates of mortality compared to white individuals (Benjamins et al., 2021). Although some mortality gaps have narrowed over time, these disparities remain critical markers of injustice (Benjamins et al., 2021).

Life expectancy

Life expectancy is the average number of years an individual is expected to live. During the COVID-19 pandemic, the U.S. experienced its largest decline in life expectancy since the 1920s decreasing 2.7 years between 2019 and 2021 (Hill & Artiga, 2023). The pandemic also worsened existing racial inequities in life expectancy and mortality in the U.S. (Hill & Artiga, 2023). The largest declines in life expectancy were experienced by American Indian and Alaskan Natives (6.6 years) followed by Hispanic (4.2 years) and Black people (4.0 years) (Hill & Artiga, 2023). The declines were largely due to COVID-19 and reflect the disproportionate burden of excess deaths and premature deaths among people of color (Hill & Artiga, 2023).

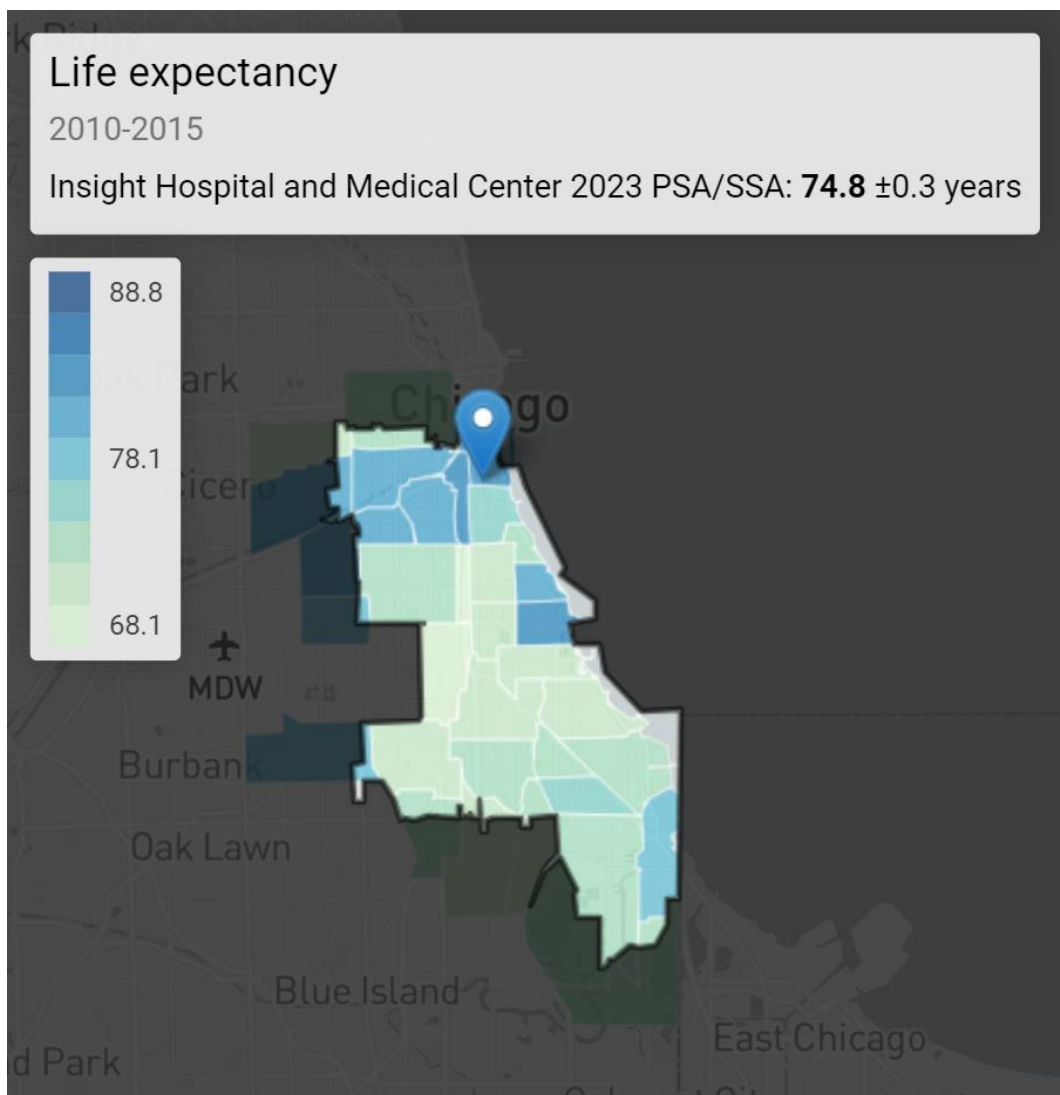
As shown in Figure 18, life expectancy for Insight Hospital and Medical Center’s service area is approximately four years lower than the averages for the county, state, and nation overall. There are additional geographic inequities in life expectancy within the service area (Figure 19).

Figure 18. Differences in life expectancy by geography



Created on Metopio | metop.io | Data sources: Center for Urban Population Health (WI data; estimates for 2014–2018, derived from death counts by age and ZIP code obtained from Life expectancy; Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Figure 19. Map of life expectancy within Insight Hospital and Medical Center’s Service Area



Centers for Disease Control and Prevention, U.S. Small-area Life Expectancy Estimates Project (USALEEP)

Health equity priority populations

Differences in the social determinants of health are the result of historical marginalization, systemic exclusion, and structural racism and underpin inequities in morbidity and mortality. Unequal distribution of resources, opportunities, and power in communities leads to an inequitable burden of disease. There are numerous examples of how different populations are impacted by systemic racism and discrimination.

Black, American Indian and Alaskan Native, and Hispanic or Latino populations are the most impacted by the lifelong inequities caused by structural and institutional racism. For example, children of color are more likely to live in physical residences that have been impacted by lower home ownership; mass incarceration; redlining and gentrification; and wealth gaps (Heard-Garris et al., 2021). Schools attended by children of color are more likely to contain environmental risks such as air, water, and noise pollution, and lower school funding due to inequitable allocation resulting from the local income tax base (Heard-Garris et al., 2021). In addition, children of color may not experience the health and physical benefits of green space because of underexposure to park spaces due to historical atrocities and poor park quality (Heard-Garris et al., 2021).

Asian, Native Hawaiian, and other Pacific Islanders are a diverse population in the U.S. and the fastest growing racial or ethnic group (Pillai et al., 2023). However, there are significant differences in socioeconomic and health outcomes among Asian subpopulations. A lack of subpopulation data has led to the overshadowing of numerous health and economic inequities because the overall Asian population typically fares as well as or

slightly better than whites (Pillai et al., 2023). The need to close the data gap for this population is of particular concern as incidences of hate and discrimination against the community have continued to increase since March of 2020 and the start of the COVID-19 pandemic in the U.S. (Jeung et al., 2021).

Immigrants and refugees, particularly undocumented immigrants, have been consistently negatively impacted by the social determinants of health such as poverty, food insecurity, housing instability, lack of educational attainment, and challenges in health care access (Chang, 2019). Additionally, they face systemic exclusion and marginalization, difficulties with acculturation, and fear of deportation (Chang, 2019).

Children, youth, and older adults experience unique health risks. For example, ageism and provider bias frequently lead to lower quality care and worse health outcomes for older adults (United Nations, 2018; Wallace, 2021). In addition, social and structural factors shape health outcomes across the lifespan, amplifying the importance of childhood wellbeing for lifelong health (Wallace, 2021).

People with disabilities typically have less access to healthcare, experience higher rates of depression and anxiety, more often engage in risky behaviors such as smoking, and are less physically active (Krahn et al., 2015; Okoro et al., 2018). In addition, due to structural barriers, they are more likely to live in poverty and more likely to experience food insecurity for economic reasons (Krahn et al., 2015; Okoro et al., 2018).

Secondary data

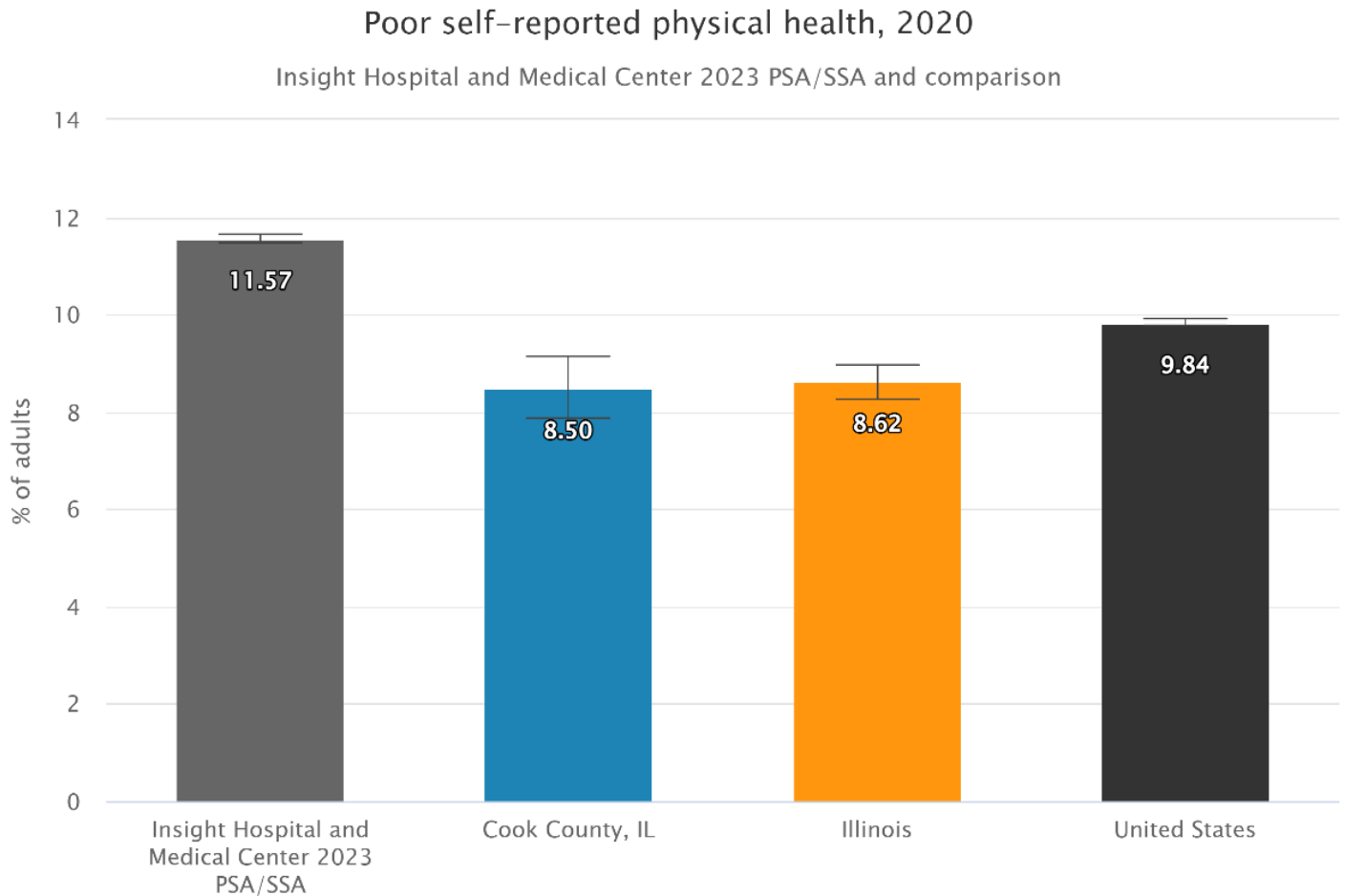
Secondary data provides insight into the current health status of communities. The following are key highlights of data related to overall health, health behaviors, chronic disease, social determinants of health, and mental health. When available, population and geographic comparisons are included.

Overall health

Existing research indicates that self-reported health remains an important predictor of mortality (Wuorela et al., 2020). The measure integrates biological, mental, social, and cultural aspects of a person (Wuorela et al., 2020). The percentage of individuals reporting poor overall physical health is high in the service area compared to the county, state, and nation overall (Figure 20). High rates of poor self-reported physical health such as those within the service area are connected to high rates of hardship and poor health outcomes.



Figure 20. Individuals reporting fair or poor physical health in Insight Hospital and Medical Center’s service area



Created on Metopio | metop.io | Data source: PLACES

Poor self-reported physical health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their physical health was not good.

Health behaviors

There are five key health behaviors that are strongly correlated with chronic disease outcomes: smoking, physical activity, alcohol consumption, body weight, and sufficient daily sleep. Some communities in Chicago face significant barriers to engaging in preventative health behaviors such as access to safe exercise spaces, access to healthy affordable foods, and access to mental health and substance use disorder treatment. The status of health behaviors for communities in Insight Hospital and Medical Center’s service area (Figure 21).

Figure 21. Key health behaviors impacting chronic disease outcomes within Insight Hospital and Medical Center’s service area

Health behaviors	Time Period	Insight Hospital & Medical Center	Chicago, IL	Illinois	United States
Fruit and vegetable consumption among high school students High school students who have had at least 4 servings of fruits or vegetables per day during the last 7 days	2019	Not Available	21%	22%	23%
Cigarette smoking prevalence Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.	2020	18%	15%	15%	16%
Binge drinking Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.	2020	12%	14%	15%	17%
Sleeping less than 7 hours Percent of resident adults aged 18 and older who report usually getting insufficient sleep (<7 hours for those aged ≥18 years, on average, during a 24-hour period)	2020	40%	35%	33%	34%
No exercise Percent of resident adults aged 18 and older who answered “no” to the following question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”	2020	34%	28%	24%	23%

Chronic conditions

A chronic condition is an ongoing physical or mental health condition that lasts a year or more, requires ongoing medical attention, and/or limits activities of daily living. Worldwide and in the United States chronic diseases are the leading cause of disability and death. Chronic conditions such as heart disease, stroke, cancer, diabetes, arthritis, asthma, and mental health create a significant health and economic cost for individuals and communities. Prevention and management of chronic conditions can significantly reduce the burden of these diseases on individuals and society. The percentage of individuals with common chronic conditions within the service area are presented in Figure 22.

Figure 22. Percentage of individuals with chronic conditions in Insight Hospital and Medical Center's service area

Condition	Time Period	Insight Hospital & Medical Center	Chicago, IL	Illinois	United States
Obesity	2020	37%	32%	33%	33%
High blood pressure	2019	38%	30%	29%	30%
Current asthma	2020	11%	10%	9%	10%
Arthritis	2020	24%	20%	22%	22%
Diagnosed diabetes	2020	15%	11%	9%	10%
Chronic obstructive pulmonary disease (COPD)	2020	7%	5%	5%	6%
Diagnosed stroke	2020	4%	3%	3%	3%
Cancer diagnosis rate	2015-2019	554.80 per 100,000 population	469.29 per 100,000 population	571.22 per 100,000 population	449.40 per 100,000 population
Coronary heart disease	2020	6%	5%	5%	6%
Chronic kidney disease	2020	4%	3%	3%	3%

Behavioral Risk Factor Surveillance System (BRFSS), Diabetes Atlas, CDC PLACES

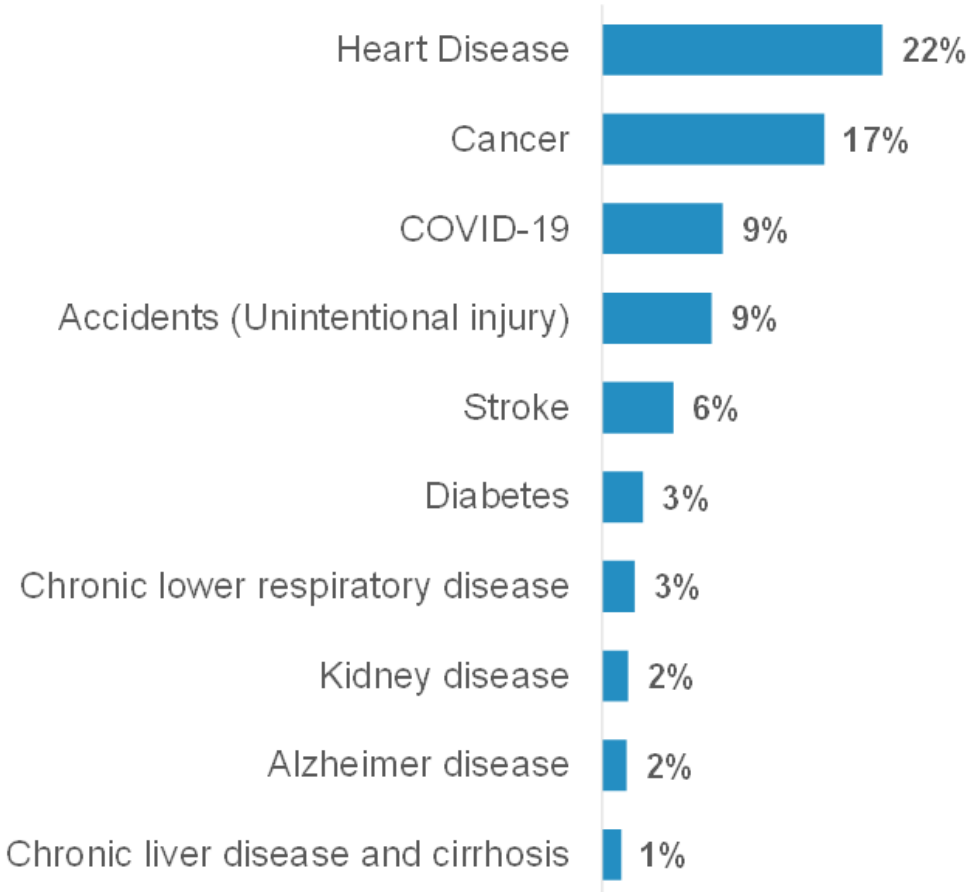
Obesity and hypertension are often interconnected risk factors for cardiovascular disease, the leading cause of death in Chicago and the U.S. (Figure 23). Within the service area, 37% of adults report being obese and 38% report having been diagnosed with high blood pressure (Figure 22). In addition, these conditions are linked to increased risk of poor outcomes following COVID-19 infection.

Mortality

Within Chicago, the top four leading causes of death are heart disease, cancer, COVID-19, and accidents (unintentional injury) (Figure 23). The geographic distribution of mortality due to heart disease and cancer are presented in Figures (24-25). Insight Hospital and Medical Center's service area has some of the city's highest rates for heart disease and cancer mortality.

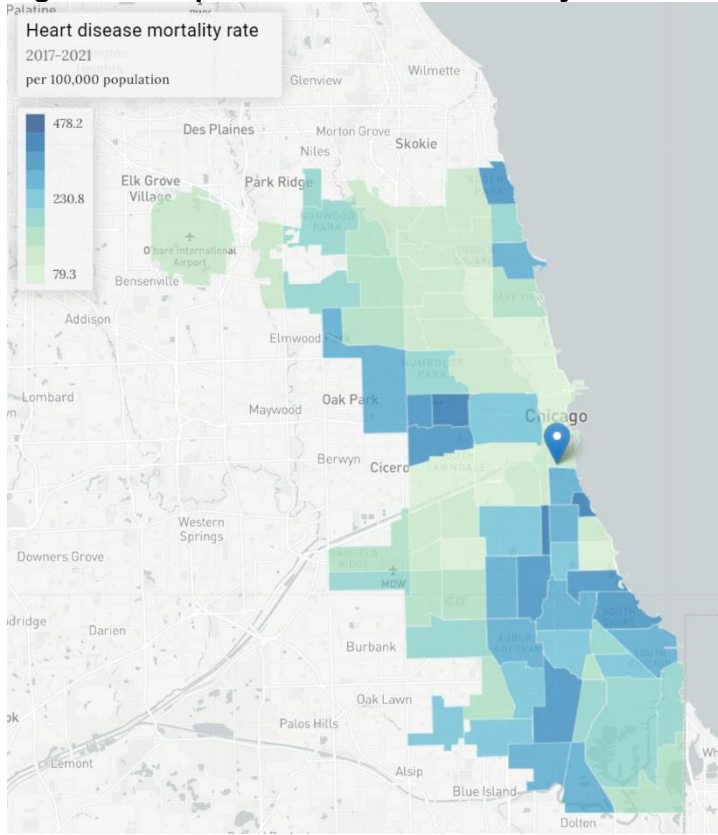
Figure 23. Leading causes of death in Chicago, Illinois

Leading causes of death in Chicago, Illinois (2021)



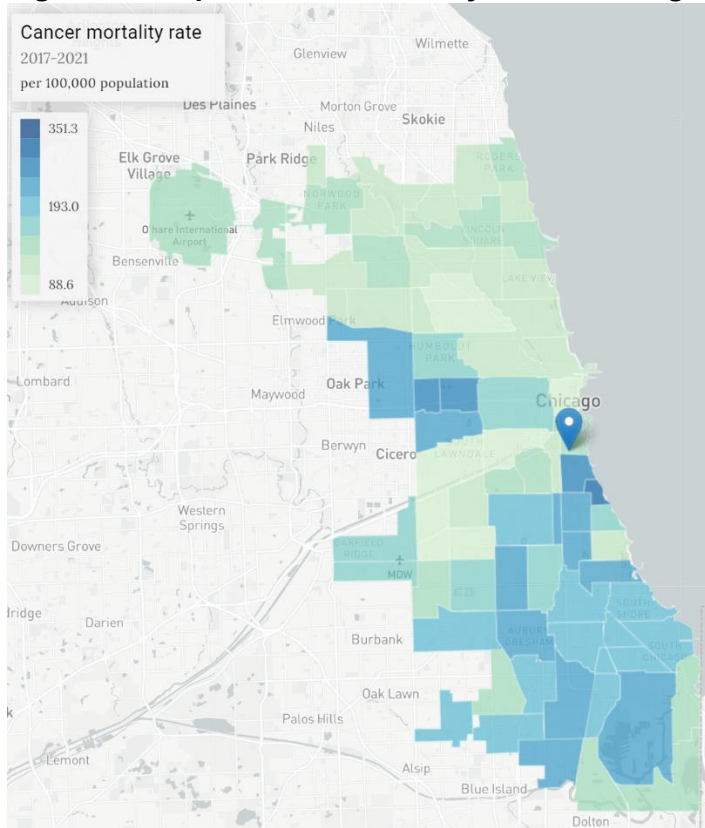
Statewide Leading Causes of Death by Resident County, Illinois Residents, 2021- Illinois Department of Public, Division of Vital Statistics

Figure 24. Map of heart disease mortality rate in Chicago, Illinois



Illinois Department of Public Health, Death Certificate Data Files, Chicago Health Atlas

Figure 25. Map of cancer mortality rate in Chicago, Illinois



Illinois Department of Public Health, Death Certificate Data Files, Chicago Health Atlas

Maternal and Child Health

Maternal health is defined as the health of women during pregnancy, childbirth, and in the postpartum period (Illinois Department of Public Health, 2021). This period is a critical time for women's health since they typically have more interaction with and access to health care services (Illinois Department of Public Health, 2021). In addition, pregnancy provides an opportunity to identify, treat, and manage underlying chronic conditions to improve a woman's overall health (Illinois Department of Public Health, 2021).

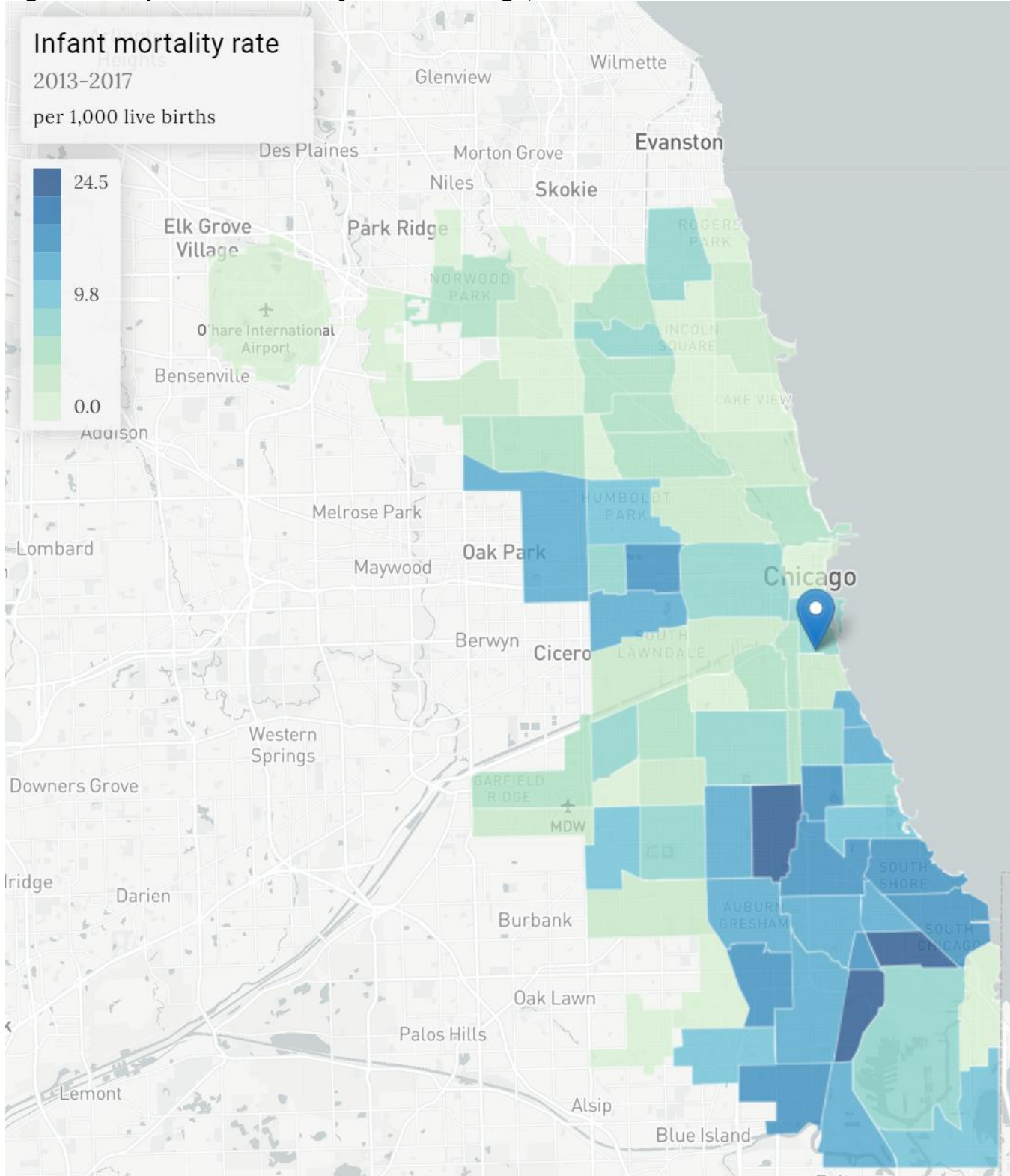


Severe pregnancy complications (maternal morbidity) and mortality are used on an international level to judge the overall health status of a country, state, or community (Illinois Department of Public Health, 2021). Since the year 2000, maternal mortality rates in the United States have been increasing even though the global trend has been the opposite (MacDorman et al., 2016). In addition, vast maternal health disparities exist between racial and ethnic groups (Illinois Department of Public Health, 2021). The persistent nature of racial and ethnic disparities in maternal health indicate that inequities are due to more than just access to health care but include factors such as poverty, quality of education, health literacy, employment, housing, childcare availability, and community safety (Illinois Department of Public Health, 2021).

In a 2021 report, a Maternal Mortality Review Committee found that in Illinois between 2016-2017, Black women were three times more likely to die of pregnancy-related conditions than their white counterparts (Illinois Department of Public Health, 2021). The report also found that the gap in pregnancy-related deaths between Black and white women has narrowed, but not due to improved health outcomes for Black women (Illinois Department of Public Health, 2021). Instead, it is an effect of worsening conditions for white women, especially due to mental health conditions, including substance use disorder and suicide (Illinois Department of Public Health, 2021). Nationally and statewide in Illinois, between 2011 and 2013, Black women experienced infant mortality at nearly two times the rate as white, Asian, and Hispanic/Latinx/e women. The trend is more pronounced in Cook County, IL including Chicago where women of color experience infant mortality as high as four times the rate of white women. The COVID-19 pandemic further worsened health inequities in maternal health outcomes with maternal death rates sharply increasing in 2020 and 2021 (Simpson, 2023; U. S. Government Accountability Office, 2022). The rate increases were highest among Black and Hispanic women compared to non-Hispanic white women (Simpson, 2023; U. S. Government Accountability Office, 2022).

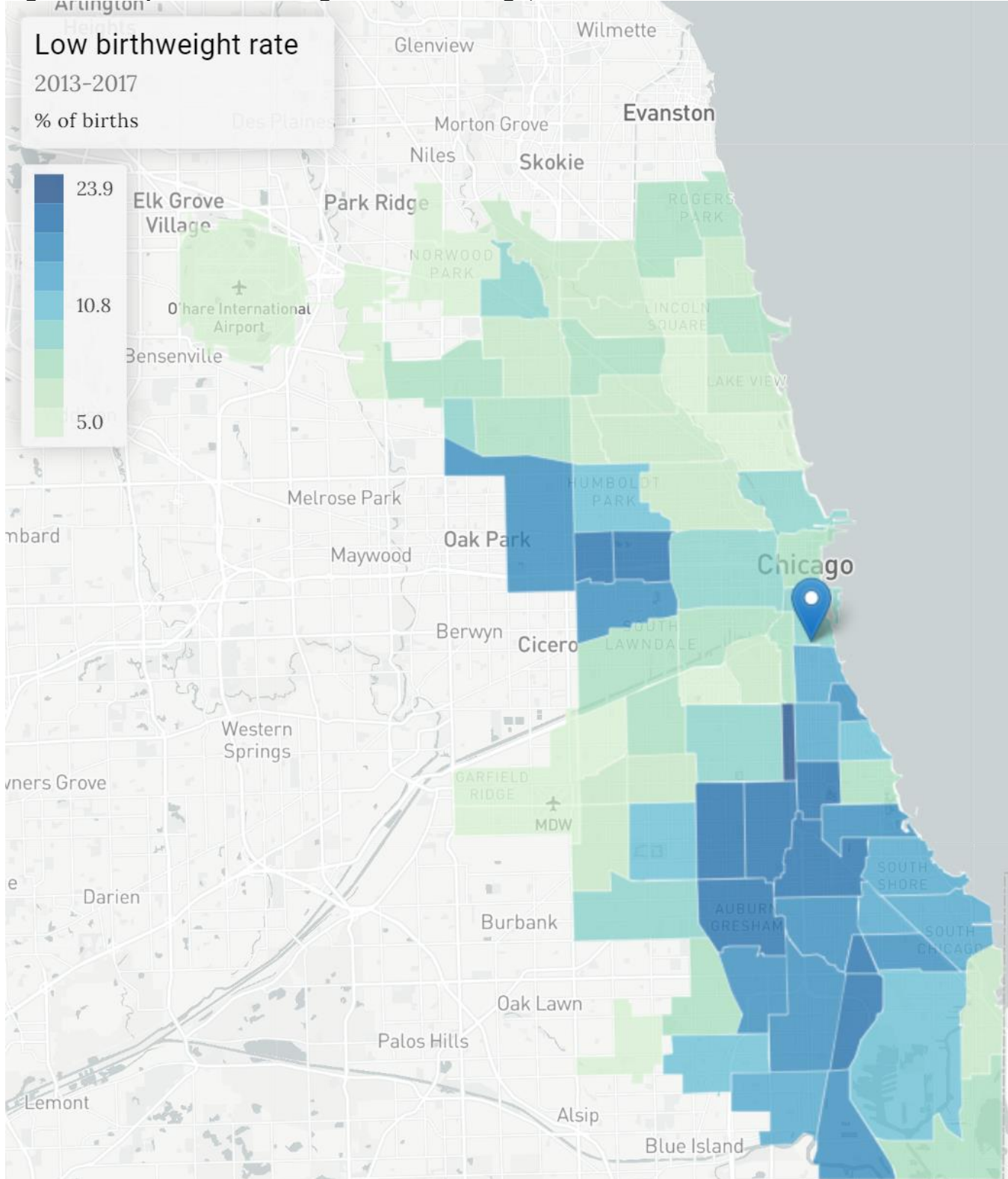
Within the service area, several communities have high rates of infant mortality (Figure 26). Other risk factors for poor infant and childhood outcomes such as low birthweight and preterm births are high within the service area as well (Figures 27-28). Additionally, preterm birth and low birthweight are more likely among infants born to adolescent mothers and the teen birth rates within the service area are high (15%) compared to the rates for the city (11%), state (7%), and nation overall (10%) (Figure 29). The service area findings are consistent with overall population trends of high inequities in health outcomes among women and infants of color. These findings highlight the need for maternal and child health interventions within the service area.

Figure 26. Map of infant mortality rates in Chicago, Illinois



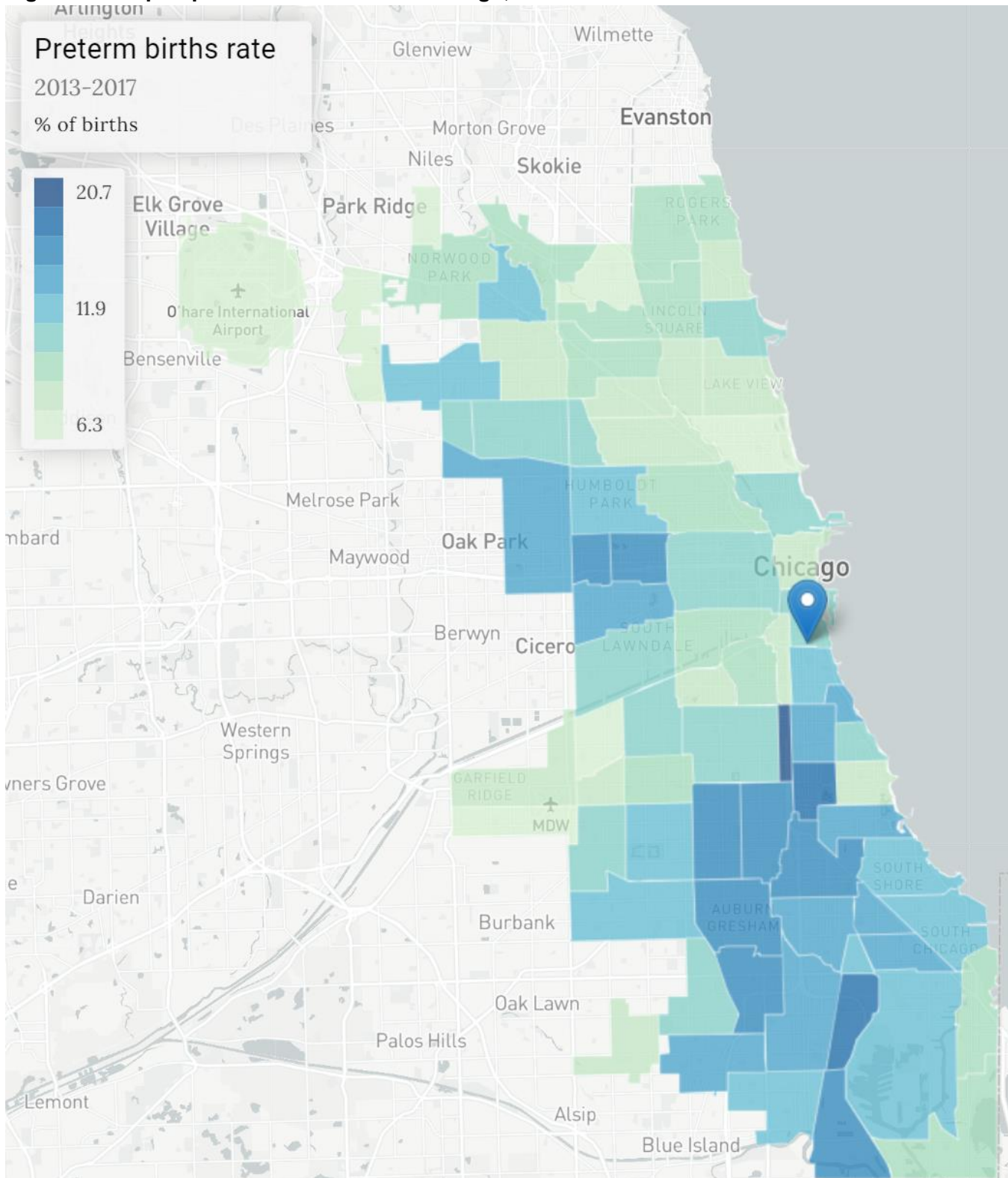
Chicago Health Atlas, Chicago Department of Public Health, 2013-2017

Figure 27. Map of low birthweight rates in Chicago, Illinois



Chicago Health Atlas, Chicago Department of Public Health, 2013-2017

Figure 28. Map of preterm births rate in Chicago, Illinois

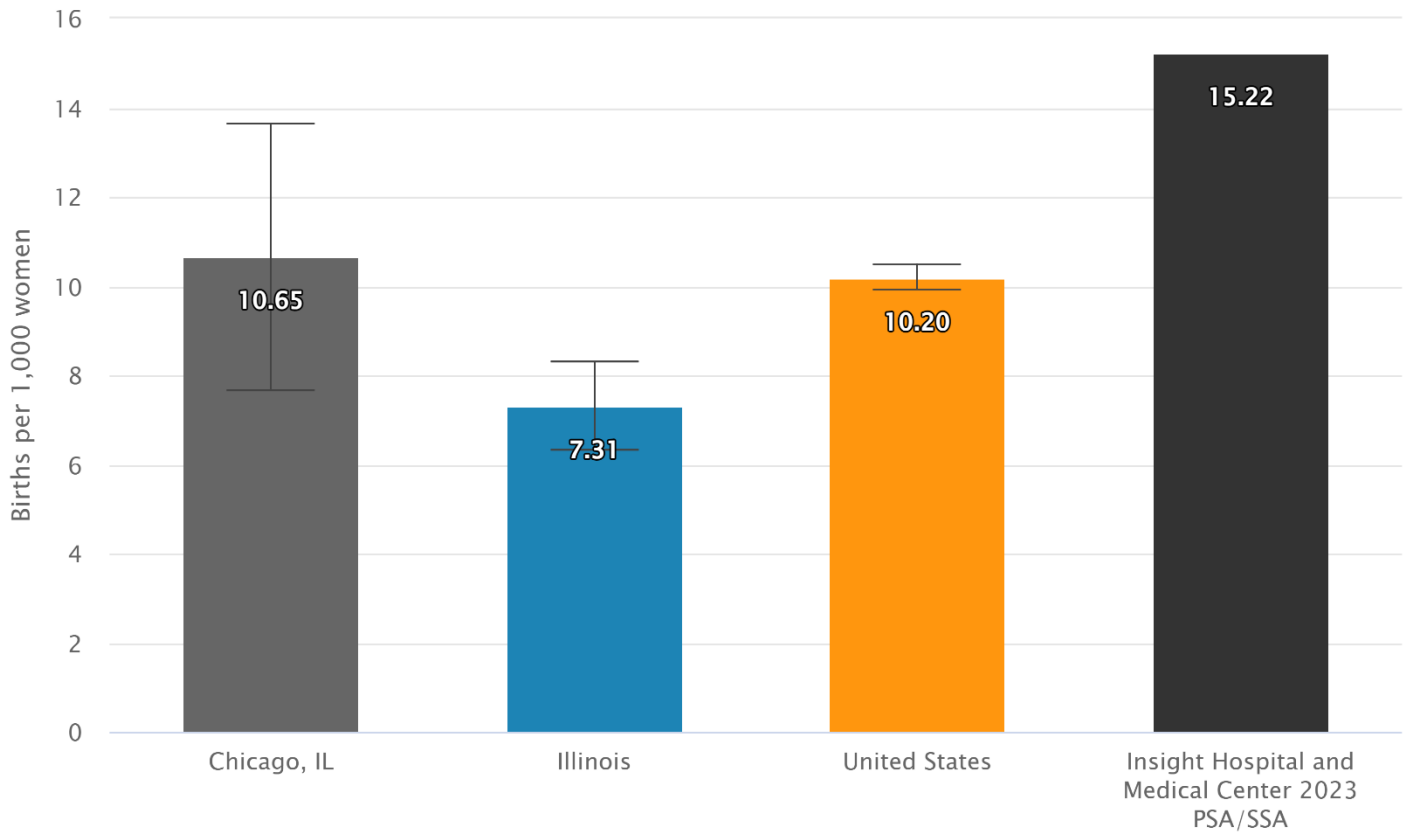


Chicago Health Atlas, Chicago Department of Public Health, 2013-2017

Figure 29. Comparison of teen birth rates in Insight Hospital and Medical Center’s service area

Teen birth rate (Females, Juveniles (5–17 years)), 2017–2021

Chicago, IL and comparison



Created on Metopio | metop.io | Data source: American Community Survey (ACS) (Table B13002)
Teen birth rate: Women age 15–19 with a birth in the past year, per 1,000 women age 15–19. Does not include births to women below age 15.

Social determinants of health

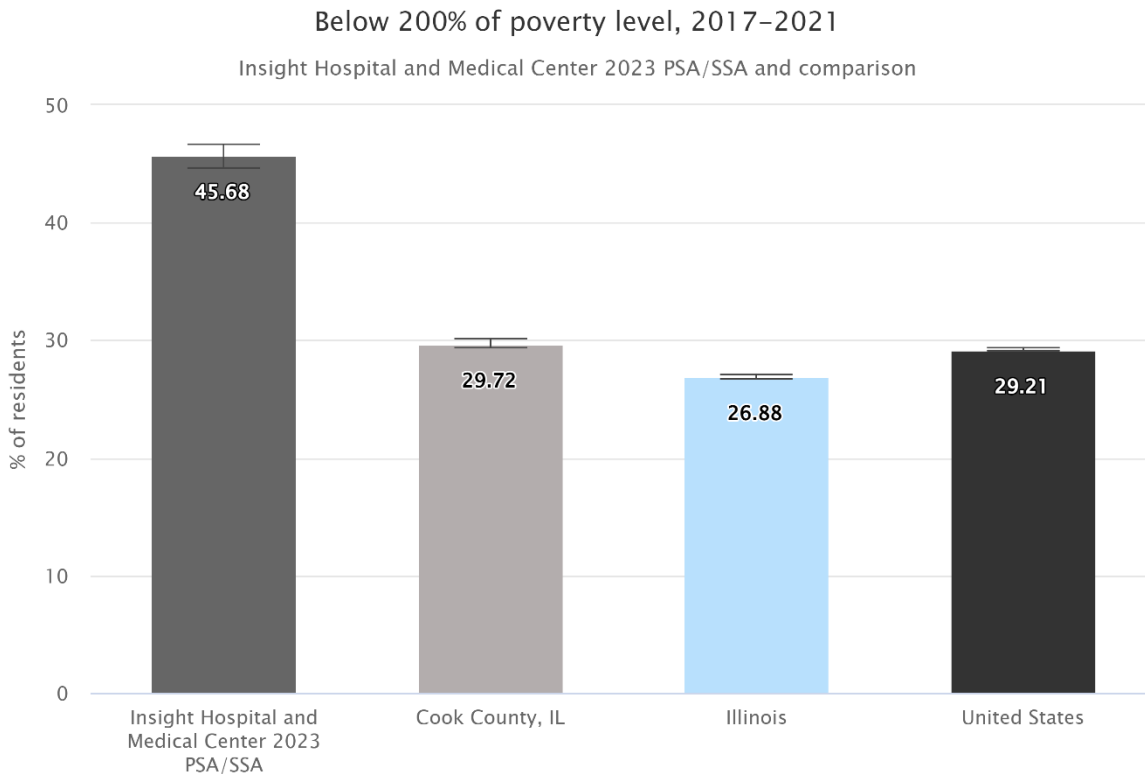
Social determinants of health such as poverty, limited access to healthy foods, exposure to violence, limited access to healthcare, and housing conditions are both underlying root causes of chronic disease and are barriers to the management of chronic disease. Communities within Insight Hospital and Medical Center’s service area face significant inequities related to the social determinants of health.



Poverty

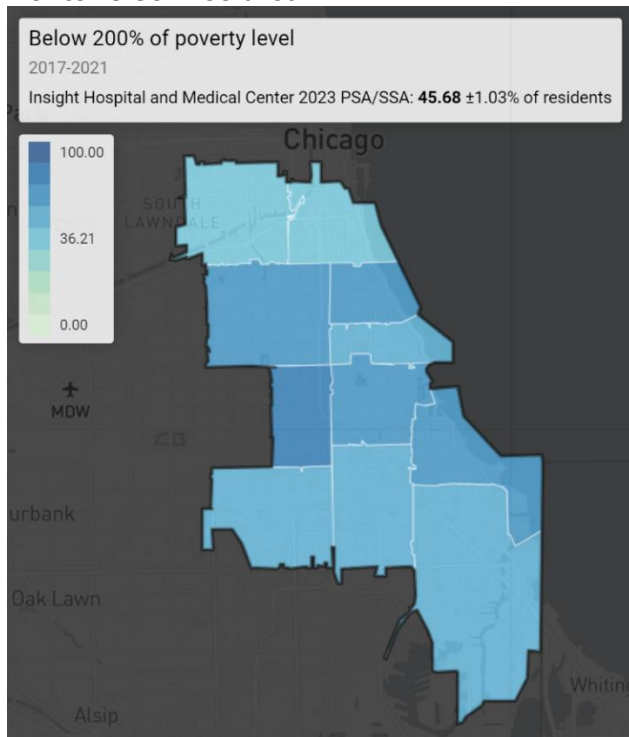
Healthy People 2020 highlights that communities with high rates of poverty are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. Within Insight Hospital and Medical Center’s service area a large proportion of the population lives below the 200% poverty level (Figures 30-31).

Figure 30. Percentage of residents living below the 200% federal poverty level in Insight Hospital and Medical Center’s service area



Created on Metopio | metop.io | Data source: American Community Survey (ACS) (Table C17002)
Below 200% of poverty level: Individuals in families that are below 200% of the federal poverty level, past 12 months income.

Figure 31. Map of individuals living below the 200% poverty level within Insight Hospital and Medical Center's service area

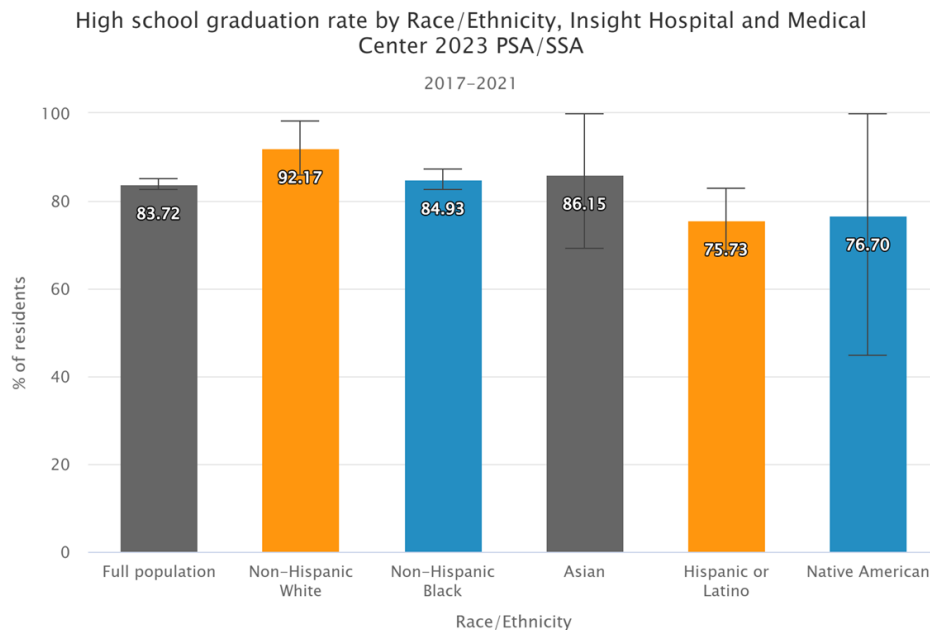


American Community Survey, 2017-2021

Education

Education is an important determinant of health because poverty, unemployment, and underemployment are highest among those with lower levels of educational attainment. High school graduation rates are lower for the service area (83%) compared to the city (86%). There are racial and ethnic inequities in high school graduation rates as well with Hispanic or Latino residents having the lowest graduation rates (Figure 32).

Figure 32. High school graduation rates by race/ethnicity in Insight Hospital and Medical Center's service area



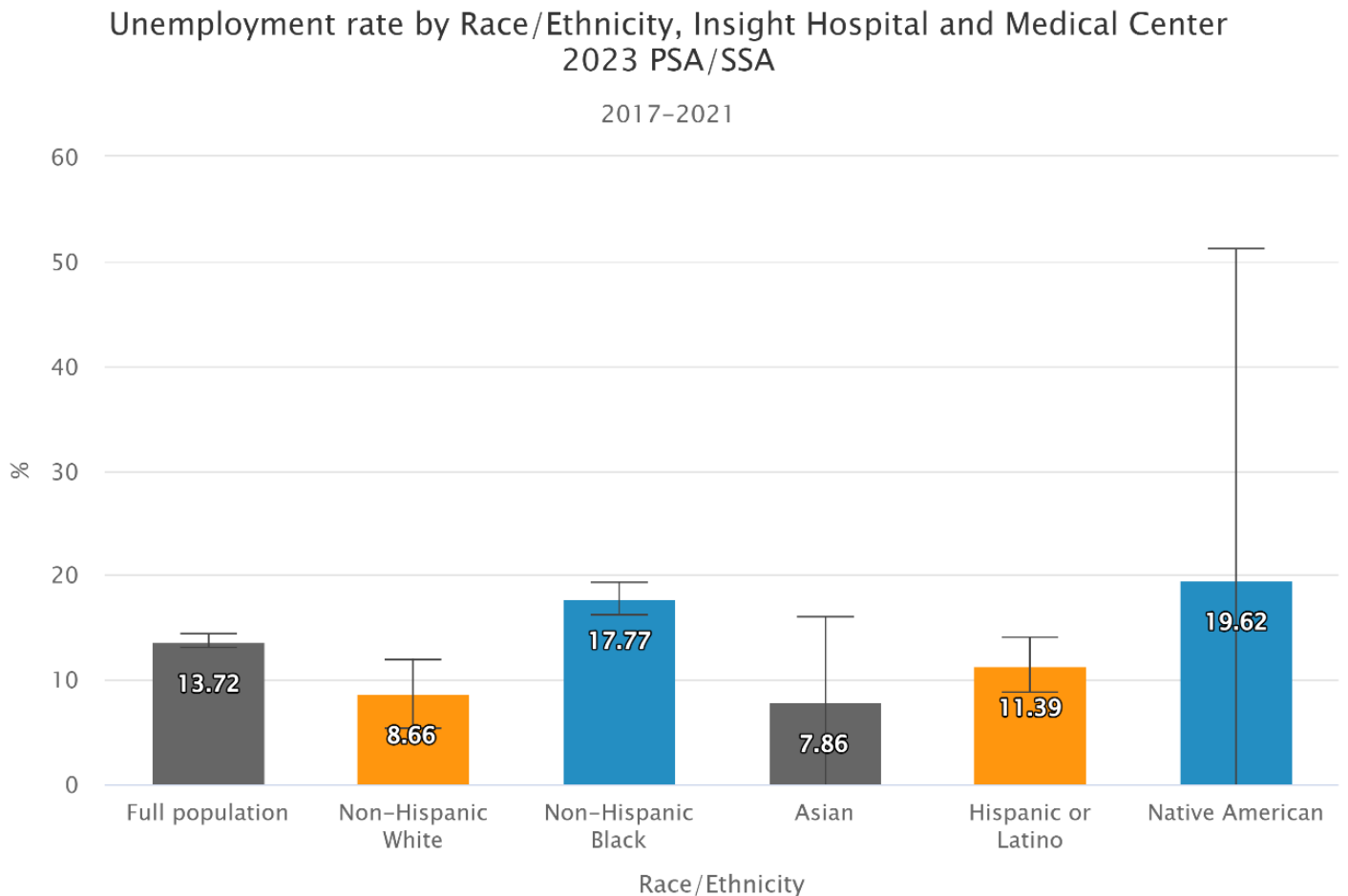
Created on Metopio | metop.io | Data source: American Community Survey (ACS) (Table B15002)
High school graduation rate: Residents 25 or older with at least a high school degree; including GED and any higher education

Unemployment

Unemployment and underemployment can create financial instability, which influences access to health care services, insurance, healthy foods, stable quality housing, and other basic needs. Unemployment rates are approximately 4% than the rates for the city overall with non-Hispanic Blacks and Native American's having the highest rates of unemployment within the service area (Figure 33). The geographic distribution of unemployment within the service area is presented in Figure 34.

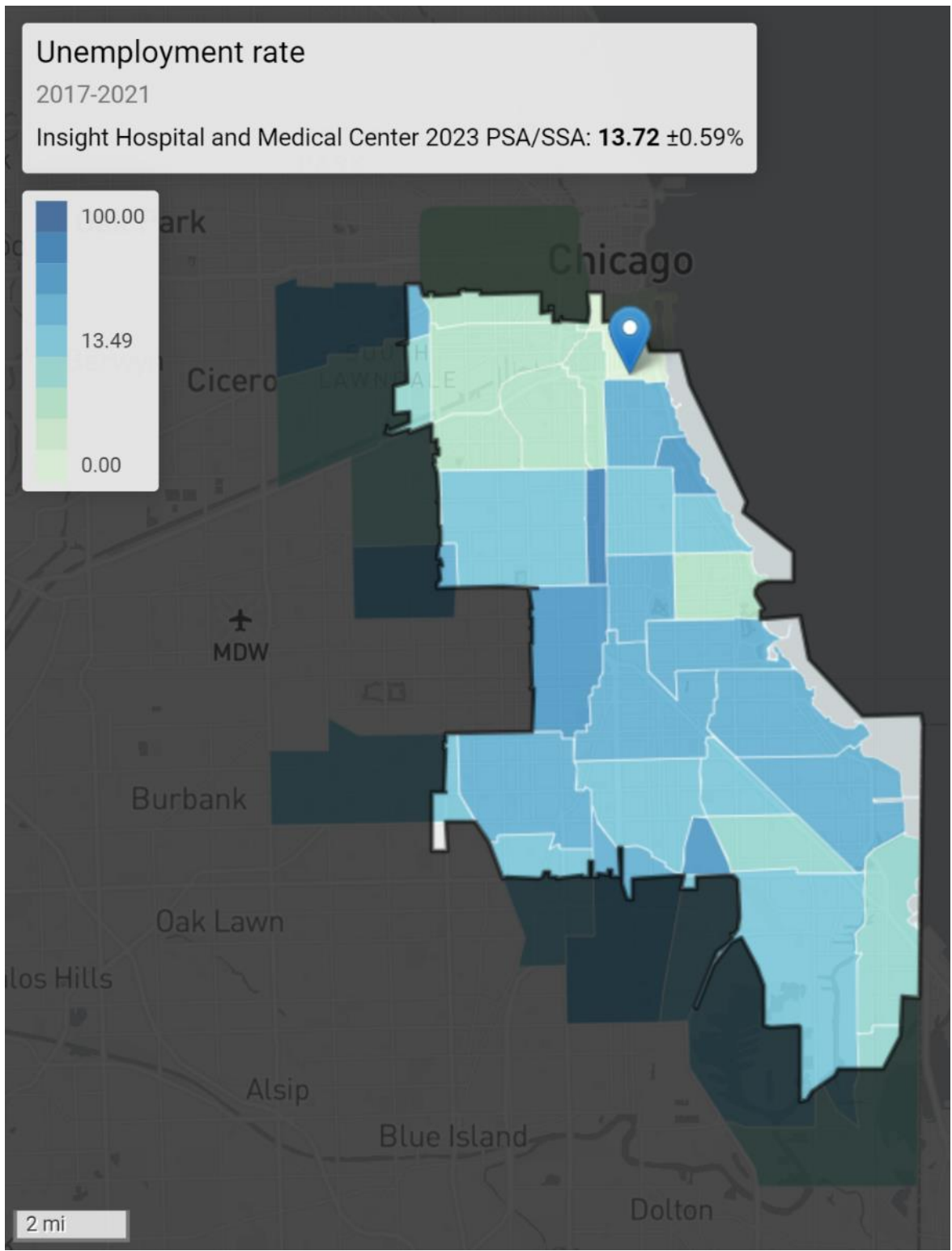
As previously stated, education and employment can have a significant influence on access to healthcare and health outcomes among youth and adults. Workforce development is a strategy that has the potential to improve both education and employment outcomes within marginalized communities experiencing poor health outcomes (Holzer, 2008; Perez-Johnson & Holzer, 2021; Pittman et al., 2021). Healthcare workforce development - particularly in the areas of increasing diversity within the healthcare sector, improving provider access among populations with the highest needs, advancing the social mission of health professional's education, implementing practice strategies that address root causes, and safe and fair working conditions for the entire workforce – have the potential to significantly improve health equity (Pittman et al., 2021). Community input clearly indicates that improved access to care, quality educational opportunities, and quality job opportunities are all important for improving health within Chicago communities.

Figure 33. Unemployment rate by race/ethnicity in Insight Hospital and Medical Center's service area



Created on Metopio | metop.io | Data source: American Community Survey (ACS) (Tables B23025, B23001, and C23002)
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Figure 34. Map of unemployment rates in Insight Hospital and Medical Center's service area

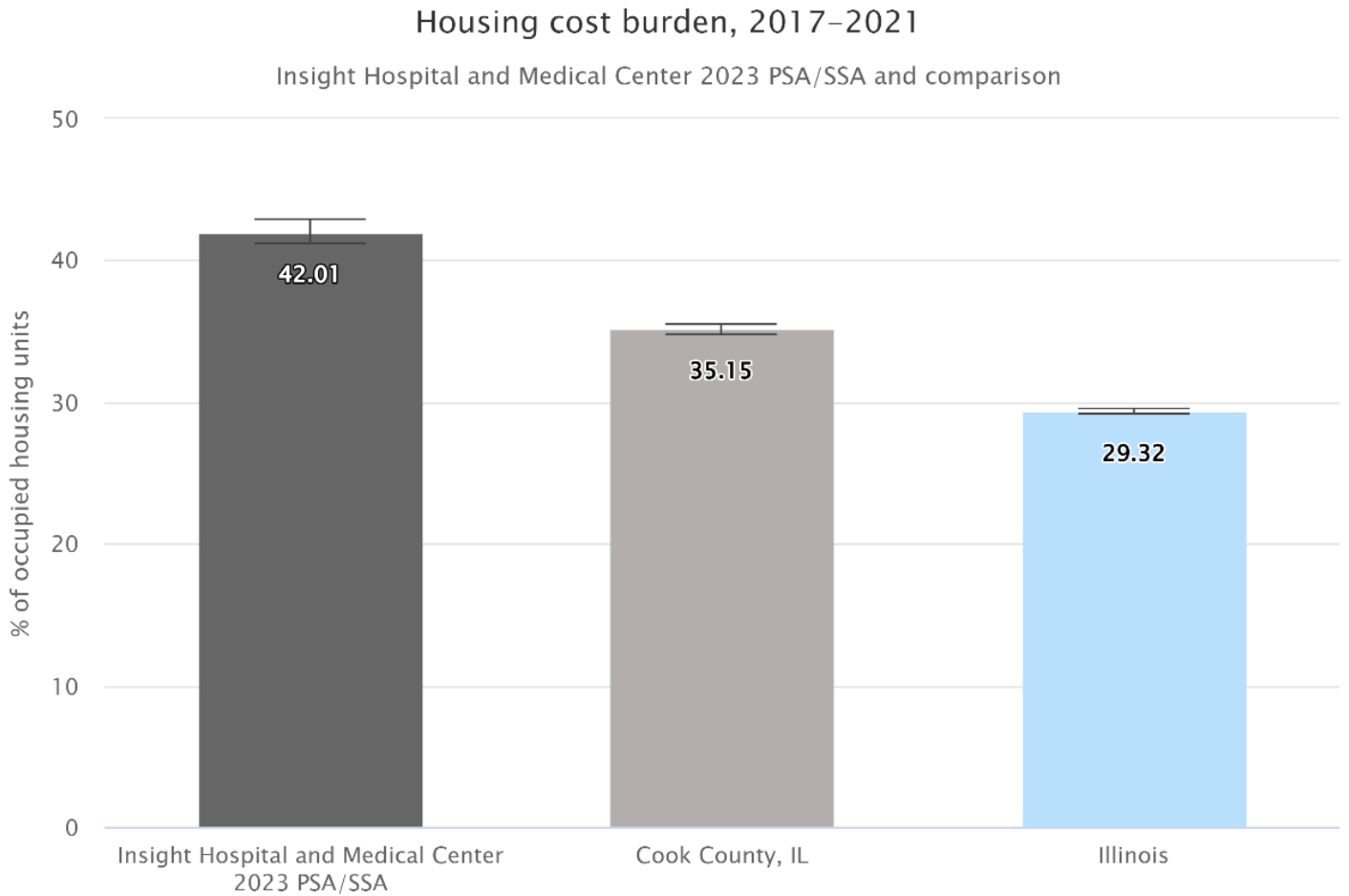


American Community Survey, 2017-2021

Housing

Housing can serve as an opportunity for many people in this country, offering a pathway to better health, education, and business. However, for some people, housing (or the lack thereof) provides a significant path to health inequities that have been sustained for decades due to systemic racism. Forty-two percent of households in the service area are considered housing cost burdened meaning they spend more than 30% of income on housing costs (Figure 35). The Woodlawn and Washington Park communities have the highest rates of housing cost burdened households at 55% (Figure 36). In addition, 24% of occupied households in the service area are considered severe housing cost burdened – spending more than 50% of income on housing costs.

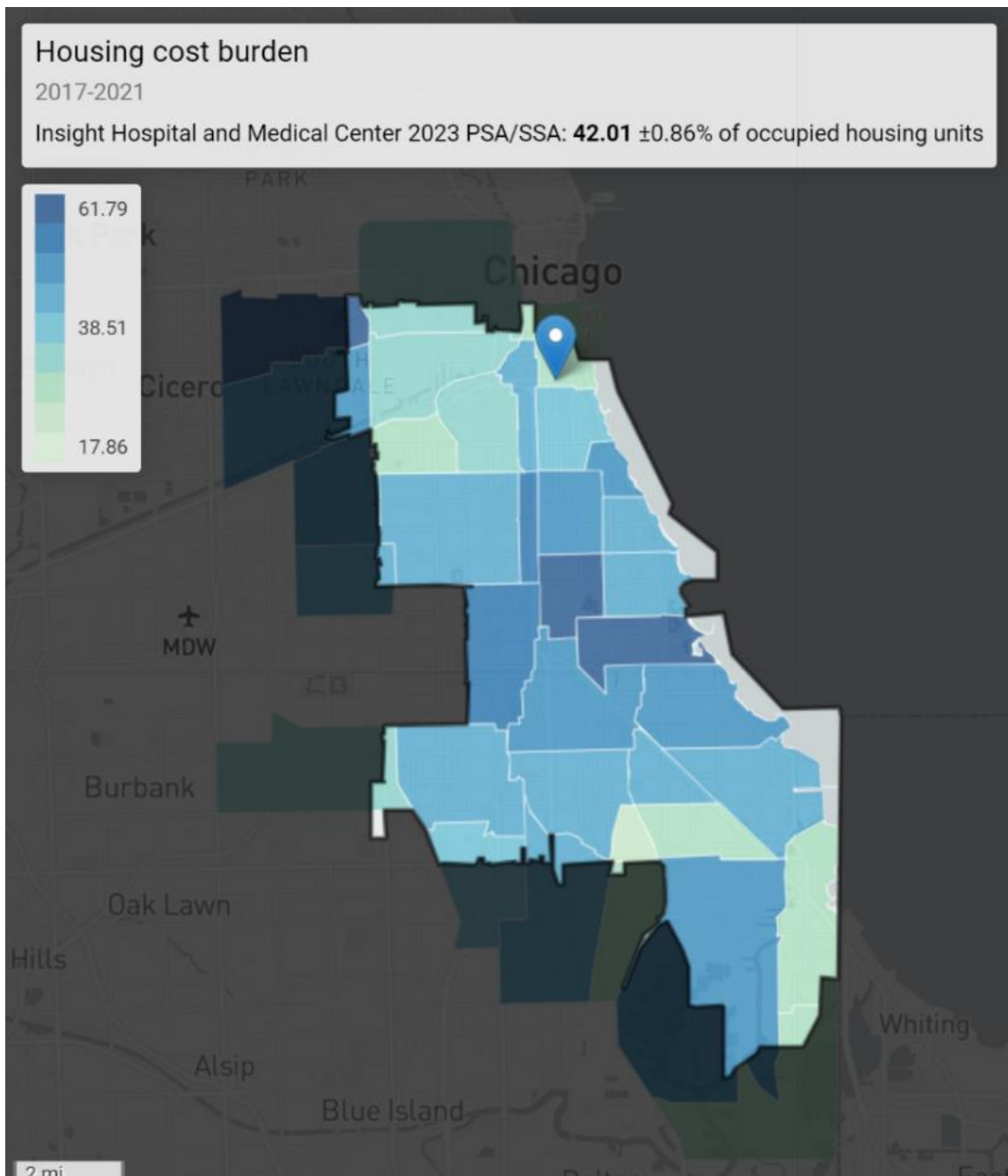
Figure 35. Percentage of households that are housing cost burdened within Insight Hospital and Medical Center’s service area



Created on Metopio | metop.io | Data source: American Community Survey (ACS) (Tables B25070/B25091)
Housing cost burden: Households spending more than 30% of income on housing are considered housing cost–burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

42%
of households in the
service area are cost
burdened

Figure 36. Map of housing cost burdened households within Insight Hospital and Medical Center's service area

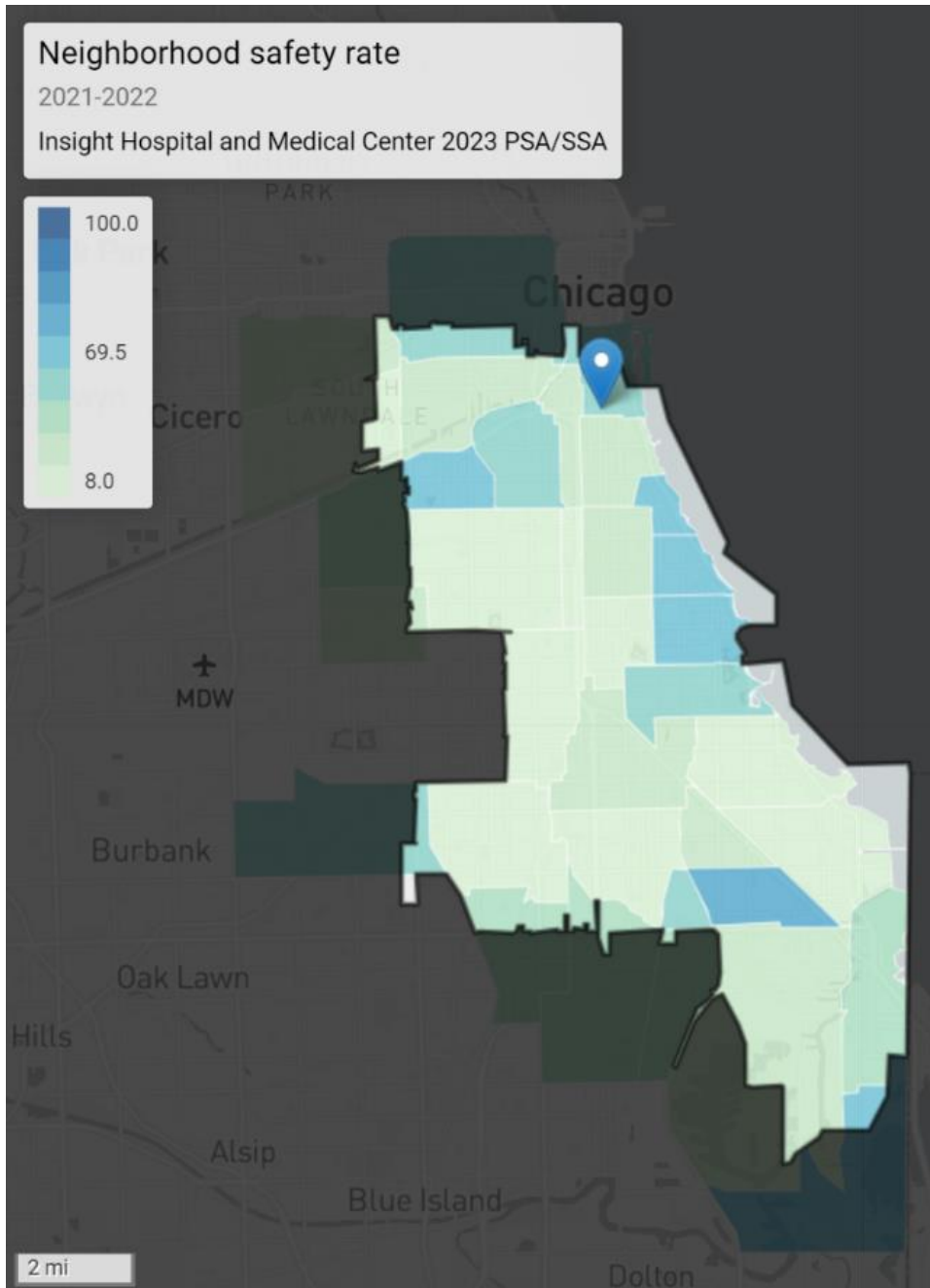


American Community Survey, 2017-2021

Community safety and violence

The root causes of community violence are multifaceted but include issues such as the concentration of poverty, education inequities, poor access to health services, mass incarceration, differential policing strategies, and generational trauma. Research has established that exposure to violence has significant impacts on physical and mental well-being. In addition, exposure to violence in childhood has been linked to trauma, toxic stress, and an increased risk of poor health outcomes across the lifespan. Violence also has a negative impact on the socioeconomic conditions within communities that contribute to the widening of disparities. The community rates of individuals that report feeling safe in their neighborhood “all of the time” or “most of the time” are low in the service area (Figure 37).

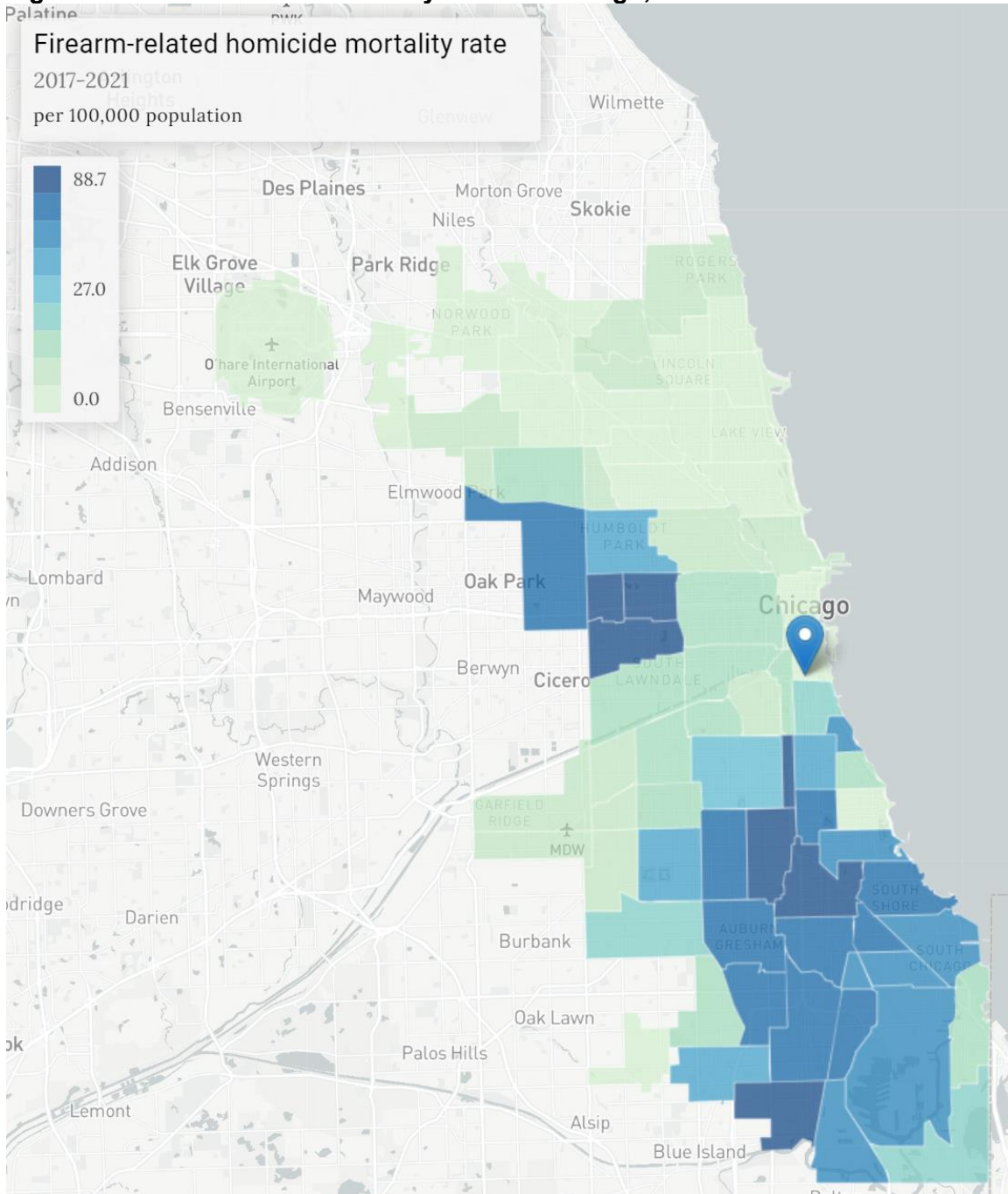
Figure 37. Map of neighborhood safety rate in Insight Hospital and Medical Center’s service area



Healthy Chicago Survey, Chicago Department of Public Health, 2020-2021

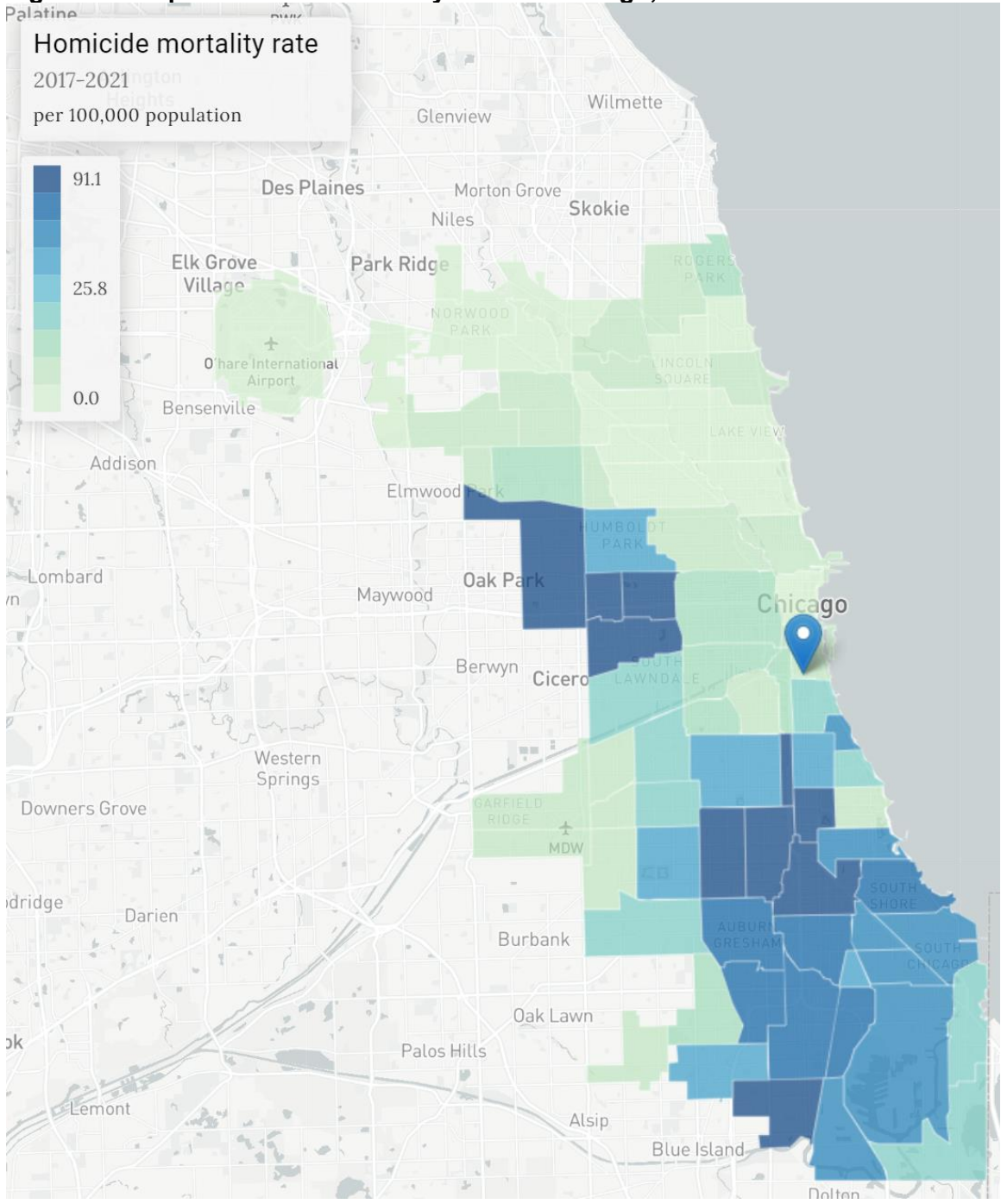
Firearm and homicide mortality rates are highest within the South and West Sides of Chicago, including those communities within Insight Hospital and Medical Center's Service Area (Figures 38-39)

Figure 38. Firearm-related mortality rates in Chicago, Illinois



Chicago Health Atlas, Chicago Department of Public Health

Figure 39. Map of homicide mortality rates in Chicago, Illinois



Access to healthcare

There are several complex factors that influence access to health care including proximity; affordability; availability, convenience, accommodation, and reliability; quality and acceptability; openness and approachability; and cultural responsiveness and appropriateness. Insurance coverage is associated with improved access to health services and better health monitoring. Within the service area, the uninsured rate is 10% which is only slightly higher than the rates for the county (9%), state (7%), and U.S. (9%) (American Community Survey, 2017-2021) (Figure 40). The uninsured rate is highest among Hispanic or Latino residents (Figure 41).

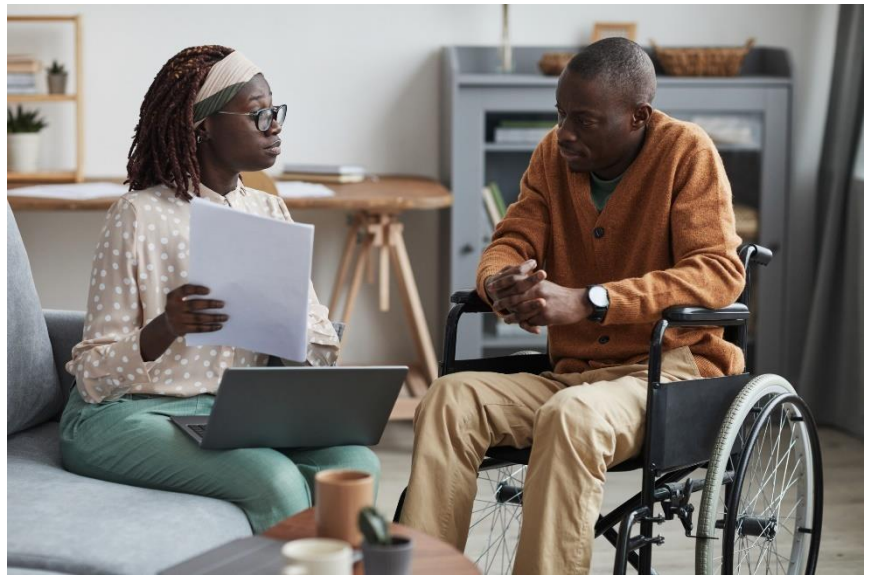
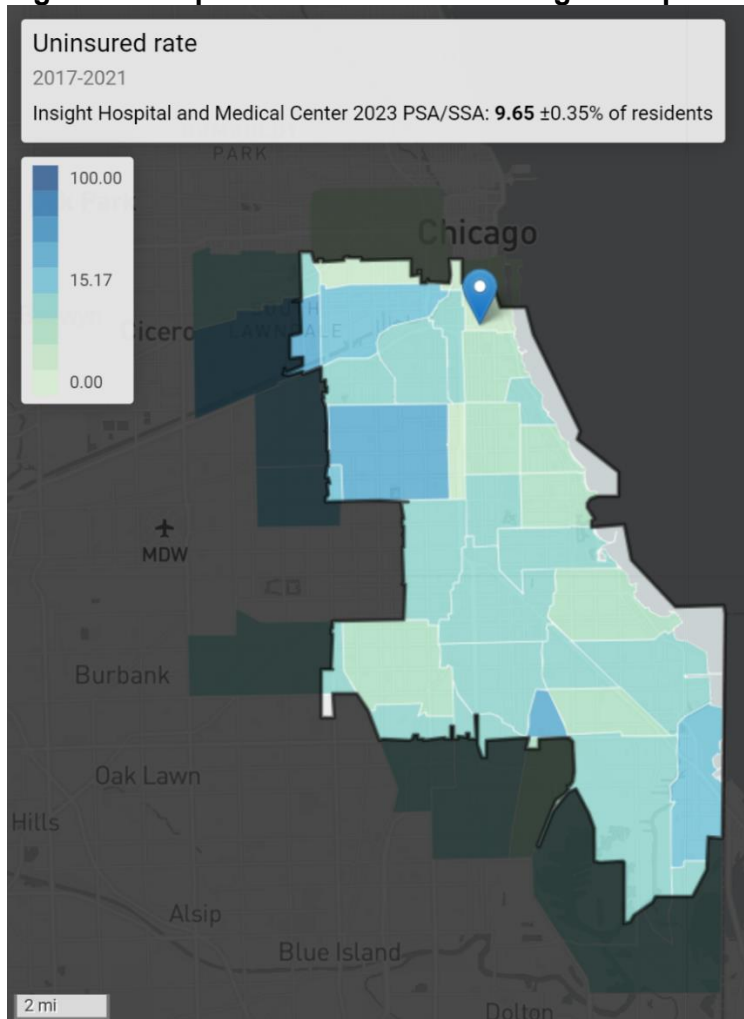


Figure 40. Map of uninsured rate in Insight Hospital and Medical Center’s service area

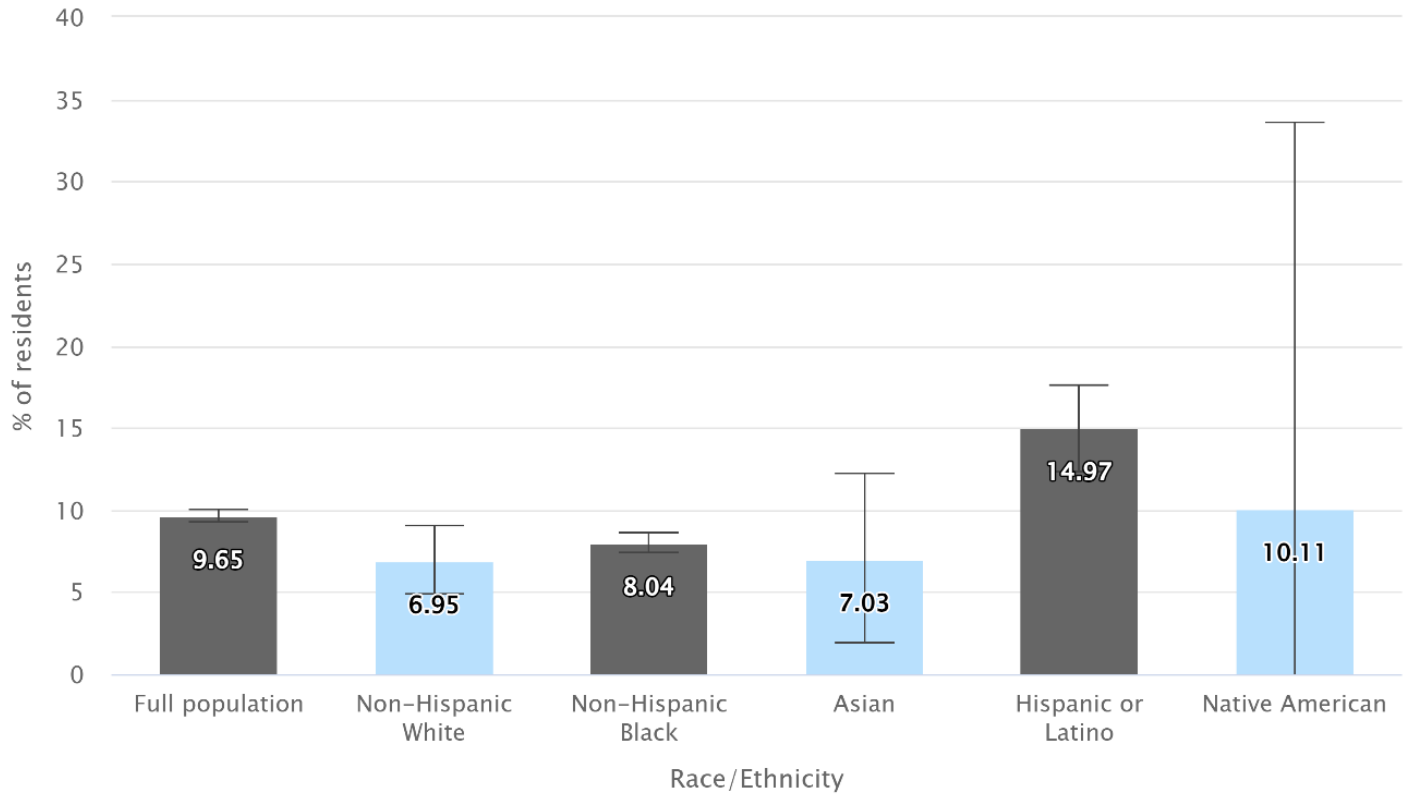


American Community Survey, 2017-2021

Figure 41. Uninsured rate by race/ethnicity in Insight Hospital and Medical Center’s service area

Uninsured rate by Race/Ethnicity, Insight Hospital and Medical Center 2023
PSA/SSA

2017–2021

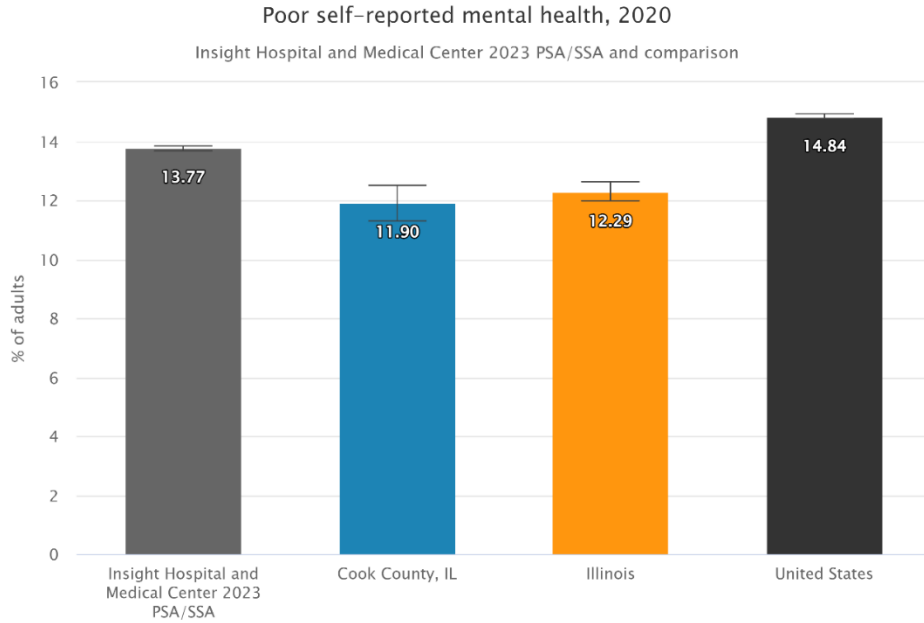


Created on Metopio | metop.io | Data source: American Community Survey (ACS) (Tables B27001/C27001)
Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Mental Health and Substance Use Disorders

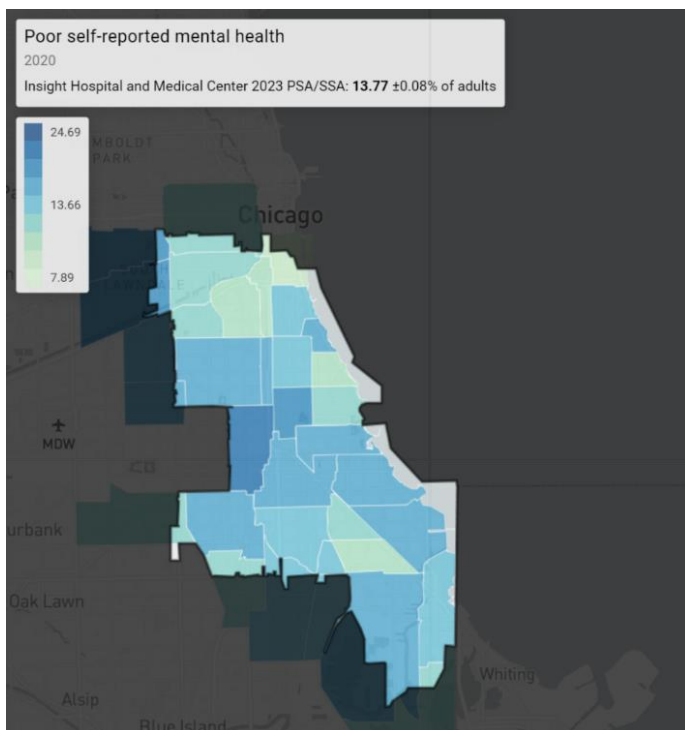
The World Health Organization states that mental health is an integral and essential component of overall health and wellbeing. Mental health continues to be a top priority for communities in Chicago including those within Insight Hospital and Medical Center’s service area. The overall percentage of adults reporting poor mental health is 14% in the service area which is similar to other populations, however, there is considerable variation in this rate between community areas (Figures 42-43).

Figure 42. Self-reported poor mental health within Insight Hospital and Medical Center’s service area



Created on Metopio | metop.io/j/qvuez2wz | Data source: PLACES
 Poor self-reported mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Figure 43. Map of self-reported poor mental health within Insight Hospital and Medical Center’s service area

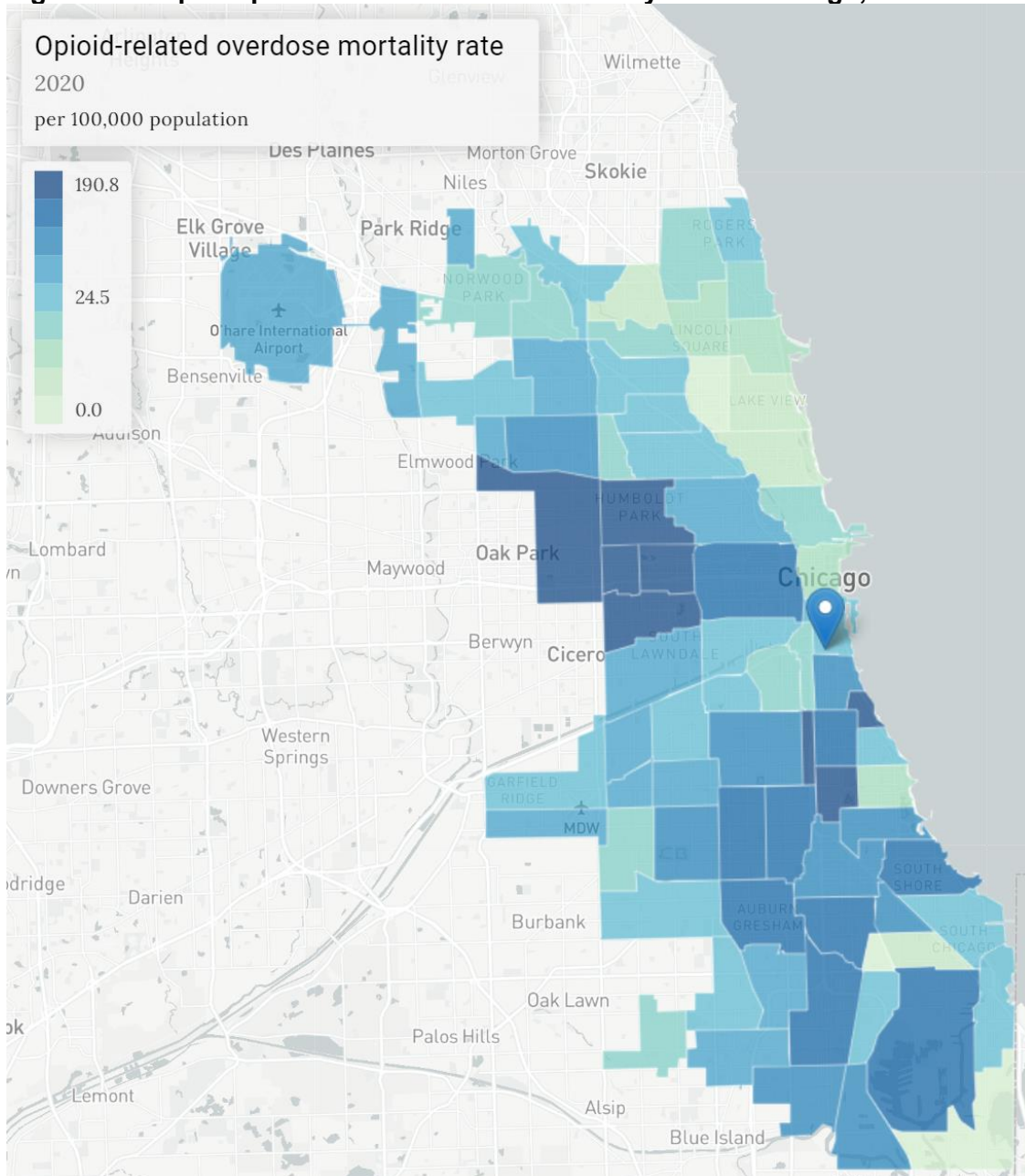


Healthy Chicago Survey, Chicago Department of Public Health

Drug and alcohol use

Before the start of the COVID-19 pandemic, opioid overdose and drug-related deaths were steadily increasing in the city and county. In March of 2020, the rates of opioid overdose mortality and drug-related deaths began to skyrocket (Centers for Disease Control and Prevention, National Center for Health Statistics, 2021). This trend is expected to continue with synthetic opioids such as fentanyl continuing to accelerate mortality rates (Centers for Disease Control and Prevention, National Center for Health Statistics, 2021). The communities on the South and West Sides of Chicago including those within the service area have been most heavily impacted by opioid-overdose mortality (Figure 44).

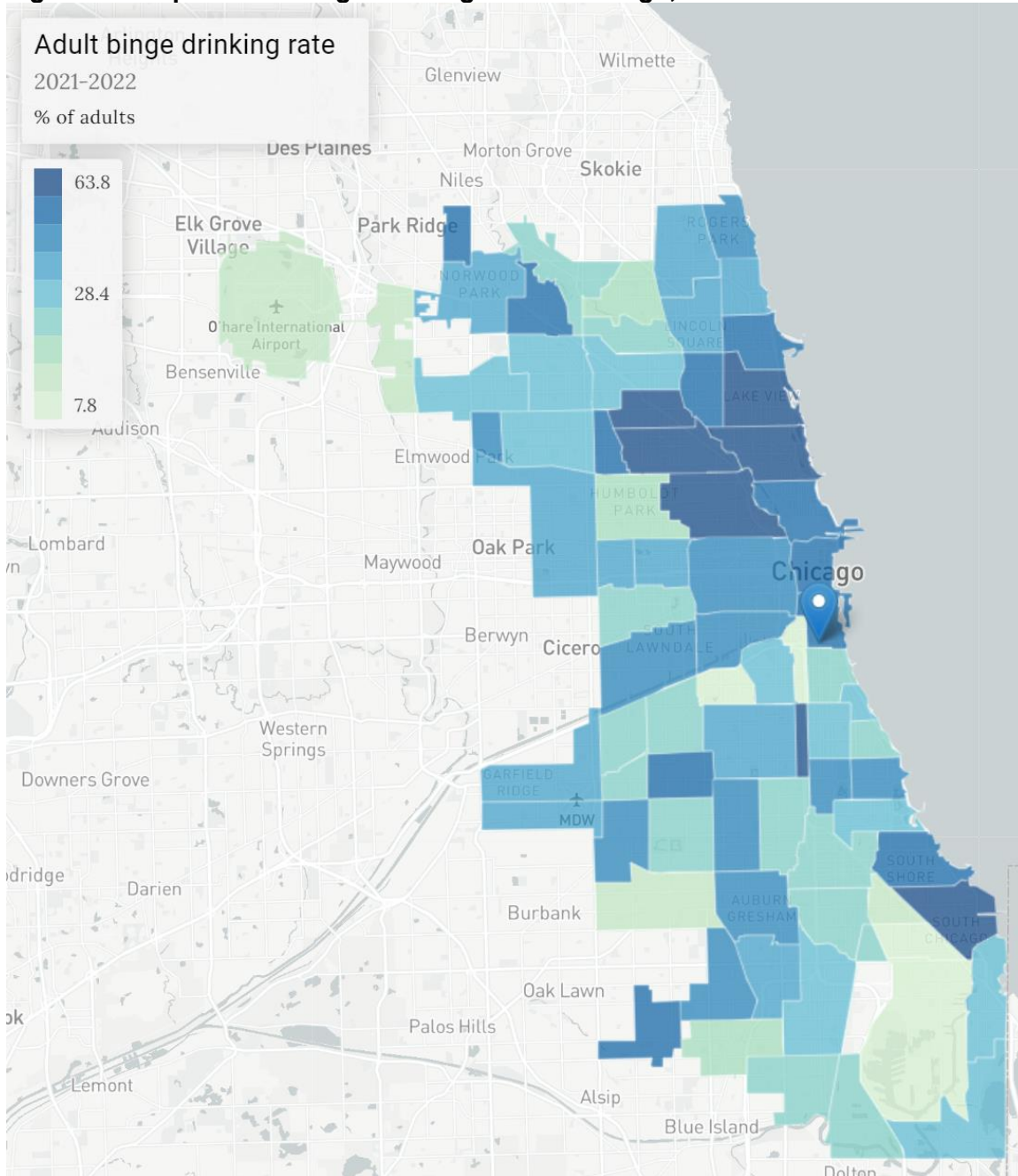
Figure 44. Map of opioid-related overdose mortality rate in Chicago, Illinois



Chicago Department of Public Health, Chicago Health Atlas

In addition to increases in drug overdoses, emerging evidence indicates that alcohol-related issues such as binge drinking increased as result of the pandemic (Grossman et al., 2020). Those experiencing COVID-19 related stress were more likely to increase alcohol consumption (Grossman et al., 2020). Within the city of Chicago, binge drinking rates vary considerably by geography including within the service area (Figure 45).

Figure 45. Map of adult binge drinking rate in Chicago, Illinois



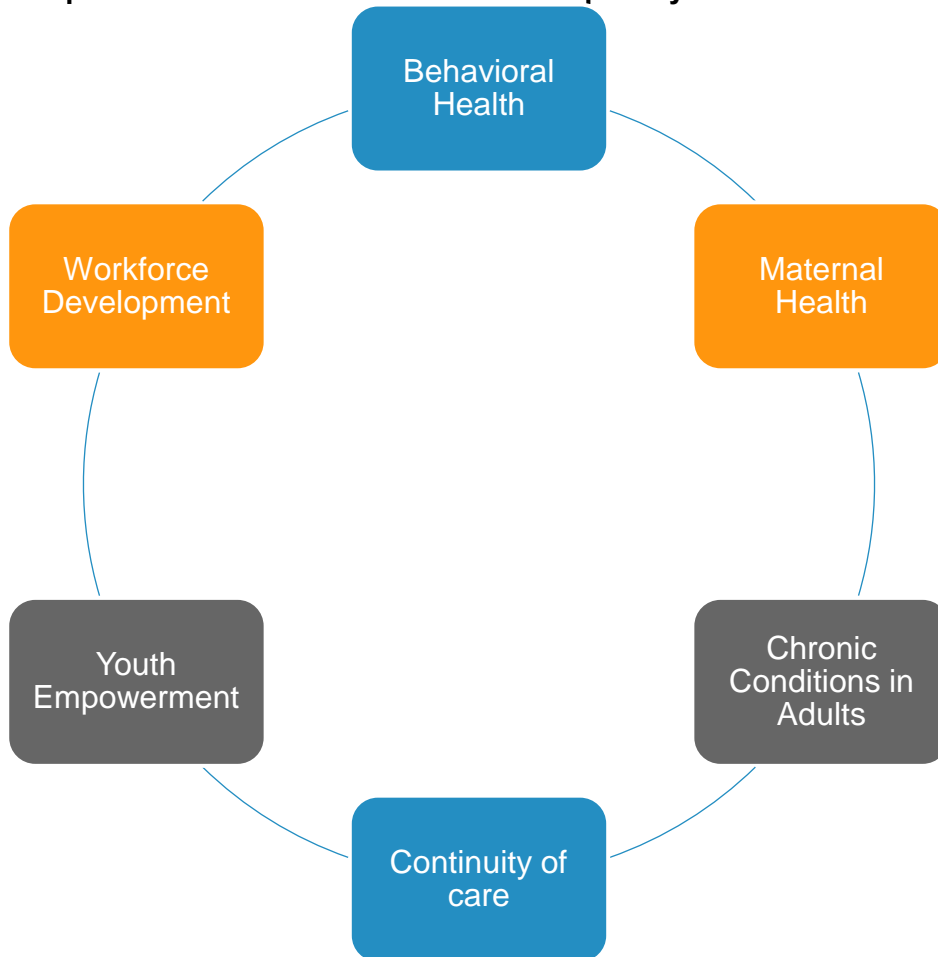
Chicago Department of Public Health, Chicago Health Atlas

Insight Hospital and Medical Center Priority Health Needs

Based on review of primary and secondary data and in consultation with community partners, Insight Hospital and Medical Center will address the following primary health needs over the next three years through the implementation plan:

- behavioral health;
- maternal health;
- chronic conditions in adults;
- continuity of care;
- youth empowerment; and
- workforce development (Figure 46).

Figure 46. Insight Hospital and Medical Center’s 2023-2026 priority health issues



Collaborative alignment

The Alliance has adopted several priority community health issues to address through collective impact strategies with the goals of increased health equity, improved health, improved quality of life, improved systems of care, and increased life expectancy. Insight implementation activities will center collaboration with the Alliance for Health Equity and South Side Health Equity Collaborative in addressing health inequities in areas where Insight can have the greatest impact. In addition, Insight will provide a high-quality point of access for community care through the Emergency Department.

South Side Health Equity Collaborative

One overarching strategy is for Insight Hospital and Medical Center to lead the implementation of the South Side Health Equity Collaborative (SSHEC), a State of Illinois Healthcare Transformation Collaborative, which is noted as one of the key initiatives for alignment by the Alliance for Health Equity (2022 CHNA). The South Side Health Equity Collaborative seeks to improve the health status of individuals and communities on the South Side of Chicago in a manner that is community-informed, data-driven, and deployed with a racial equity first lens. It focuses innovative strategies on healthcare access and social conditions that are directly contributing to shortened life spans and poorer quality of life in highly vulnerable communities of color that have been historically disinvested and disproportionately harmed by structural racism.

Insight Hospital and Medical Center is the lead entity for the SSHEC. The collaborative involves several cross-sectoral members in implementation of health improvement strategies on the South Side of Chicago. In addition to Insight Hospital and Medical Center, the SSHEC includes:

- Chinese American Service League;
- Friend Health;
- HRDI, Inc;
- Inner-city Muslim Action Network; and
- Sylvester Broome Empowerment Village.

The core areas of work are aligned with Insight's community health priorities: behavioral health, maternal health, chronic conditions in adults, continuity of care, youth empowerment, and workforce development. As previously mentioned, these health priorities are also aligned with those identified by the Alliance for Health Equity.

Implementation strategies

Behavioral health

Many emergency department visits for mental health and substance use disorders could be reduced if communities were better connected to community-based care. In collaboration with SSHEC partners, Insight will be creating a care coordination system that will connect ED patients seamlessly with appropriate community-based service providers.

Strategies

- Care coordination will be initiated in the Emergency Department with patients that have mental health and substance use disorder concerns.
- Care plans will be developed for each patient to ensure that they receive access to the appropriate level of care and care coordination services will follow patients as needed through inpatient services then connect them with behavioral health providers, community health centers, and/or community behavioral health centers based on the patient's care plan.

Insight acknowledges that behavioral health needs are complex and are often accompanied by other health conditions that can often be exasperated by the social determinants of health. As a result, the SSHEC will be implementing strategies to screen patients for behavioral health conditions and the social determinants of health in primary care settings. In addition, Insight and other SSHEC members will be working to build a network of comprehensive care providers that specialize in integrated care. Care coordination will again be implemented to connect community members with needed services.

Strategies

- Implementation of uniform screening for depression and substance use disorders in primary care.
- Implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT), an evidence-based harm-reduction methodology used to identify and assist individuals with problematic alcohol and drug use with a focus on accident and injury prevention.
- Providing family support therapeutic sessions as part of care plans to improve treatment outcomes for youth.

- Screening and identification of social determinants of health-related needs in both primary care and behavioral health care settings.
- Connecting patients that have social needs with appropriate community-based providers and resources.

Maternal health

Black and brown communities have the highest rates of maternal mortality in the nation. The SSHEC takes a holistic, patient-centered, multi-faceted approach to improve access to quality care and to address the social determinants of health that impact maternal health outcomes in the brown and Black communities on the South Side of Chicago. The SSHEC model is based on the concept that the best outcomes for both parents and babies are achieved by respectfully addressing clinical needs and tailoring services based on the social needs of patients. By keeping pregnant people engaged in ongoing care, issues can be identified and addressed proactively.

Strategies

- Implementation of the Centering Pregnancy model. Centering pregnancy is a group prenatal care model that is relationship-centered and holistic in its attention to non-medical aspects of health and wellbeing. Centering programs engage a small group of women in the same stage of pregnancy in 90-minute, ACOG/ACNM recommended sessions. This allows patients to spend more time with providers and encourages self-care by exploring such topics as monitoring weight, monitoring blood pressure, exploring mental health, learning infant care, and discussing family planning. The centering program allows pregnant people to remain engaged throughout a pregnancy, allows them to stay well-connected with clinical staff, and helps create a community support network with other parents.

Chronic conditions in adults

The leading causes of death in Chicago communities are directly tied to chronic conditions. Insight aims to reduce premature mortality due to diabetes and hypertension by strengthening clinical and community services on Chicago's South Side which is a provider shortage area.

Strategies

- Improve access to care by engaging community health workers.
- Increasing specialty provider availability for underserved and historically marginalized communities on Chicago's South Side through increased recruitment.
- Development of a lifestyle center that will be a referral source for community members living with chronic conditions.
- Provide improved access to specialists such as diabetes educators, endocrinologists, podiatrists, pharmacists, and cardiologists while simultaneously providing access to services such as nutrition counseling, smoking cessation services, and exercise programs.
- Installing technology within the lifestyle center that assists clients with reading food labels and provides access to adaptive and culturally aware cooking strategies that promote healthy cooking methods and portions.

Continuity of care

Insight's Continuity of Care Concierge (IC3) program was created in an effort to provide individuals in the south side of Chicago communities with resources to continue their care, in an effort to help increase their quality of life and life expectancy. IC3's primary goal is to have every single patient that walks out of our door walk to have what they need to improve their health, be it a follow-up appointment, insurance enrollment, access to social services, medications, or even simply a safe space to discuss their health needs.

The IC3 program is particularly important for patients who utilize the Emergency Department for their healthcare needs. It is often the case that additional specialty services are available but are not being utilized such as neurosurgery, neurology, psychiatry, OB/GYN, oncology, pain management, pulmonology, orthopedics, and cardiology.

Strategies

- IC3 provides patient consultations and then coordinates removing barriers to continued healthcare by providing guidance and resources to:
 - set patients up with primary care physicians at Insight;
 - schedule specialty physician appointments as a follow up to their care;
 - set up patients with any radiology testing needed to further continue their care;
 - set-up self-pay patients with Medicaid;
 - connect patients with social services resources;
 - connect patients with pharmacy services; and
 - connect patients with transportation support services.

Youth empowerment

Insight embraces the concept that strong families are a hallmark of strong communities. Strategies that improve child health outcomes have the potential to impact health outcomes across the lifespan. Children and youth living on the South Side of Chicago experience increased levels of hardships such as daily violence and trauma, economic instability, food deserts, school closures, and insufficient athletic programs. These frequent battles place uncertainty, stress, and hopelessness on youth, but Insight hopes to mitigate some of the symptoms of distress and provide resources to increase the welfare of children. In Flint, Michigan, Insight affiliates led the launch of a successful youth empowerment program, the Sylvester Broome Employment Village (SBEV). In assessing the needs of youth on the South Side of Chicago, Insight determined that the SBEV model could be replicated to create a safe environment for young people. The SBEV Chicago facility will provide access to services and programs in areas such as athletics, academic, nutrition, and counseling.

Strategies

- Provide a safe space for youth and improve the well-being of families through continued implementation of SBEV Chicago.
- Provide access to designated facilities and programs centered on athletics, academics, nutrition, and counseling.
- Universal screening of youth program participants for social determinants of health needs, stress factors, and behavioral health concerns.
- Provide behavioral health and other health services directly or in partnership with adolescent health providers for youth aged 5-20 years old. Services include:
 - behavioral Health/Mental Health Services for youth who meet medical necessity;
 - community based outpatient care for youth and families including therapy;
 - school-based therapy; and
 - programs for improving daily living, coping, anger control, and social strategies.

Workforce development

Registered Nurses (RNs) and medical assistants have the most substantial employment gaps in the healthcare workforce. In fact, these two positions account for more than half of the current openings spread throughout the Chicago region. This gap is especially prevalent for the underserved communities in Insight's service area. Insight and the SSHEC are aiming to transform the workforce landscape by empowering individuals seeking family-sustaining careers to move into the healthcare sector.

Strategies

- Create a pipeline to employment for individuals of color through a robust Basic Nursing Assistant program. This is where individuals can gain the required skill set and then seamlessly transition into a college's Registered Nursing program. The nursing assistant program will bridge the gap in educational requirements for students who have traditionally lacked needed prerequisites due to the short-falls and high costs of the education system in the U.S.

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