

2022-2023

University of Illinois Community Assessment of Needs (UI-CAN)





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Clockwise from top: Hospital, rendering of 55th and Pulaski Collaborative, the new Specialty Care Building

WELCOME

Letter from the Chief Executive



The care of our patients and their families is at the heart of the University of Illinois Hospital & Clinics' (UI Health) mission to advance healthcare to improve the health of our patients and communities, promote health equity, and develop the next generations of healthcare leaders.

In pursuit of our mission, UI Health conducts an assessment of community needs every three years. The 2022–2023 University of Illinois Community Assessment of Needs (UI-CAN) identifies the most pressing health concerns of the communities served by UI Health. This report serves as an invaluable resource for our entire system as we create healthier communities and redefine standards of care in Chicago.

It offers analysis of our service areas based on a combination of quantitative data and input from community members, health experts, and local organizations. We are pleased to share this “snapshot,” which will help UI Health set the strategy for moving forward in partnership with members of the community, community organizations, and neighboring health systems.

UI Health is one of Chicago’s leading healthcare providers, dedicated to serving our community through our 462-bed tertiary care hospital, clinics, fourteen Mile Square Health Center Federally Qualified Health Centers, and seven UIC health science colleges. We pride ourselves on keeping you and your family healthy.

A handwritten signature in black ink, appearing to read "Michael B. Zenn". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Michael B. Zenn, MBA
Chief Executive Officer, University of Illinois Hospital & Clinics

WELCOME

Letter from the Chief Diversity and Community Health Equity Officer



I am honored to share the 2022-2023 UI Health Community Assessment of Needs (UI-CAN). In the midst of a global pandemic, UI Health sought to learn from the vast communities we serve what was important to them. With the partnership of the Alliance for Health Equity and the collaborating hospitals, we were able to obtain data about the communities in our Primary Service Area via surveys, focus groups, and research through a variety of modalities that accommodated limited face-to-face contact to develop a comprehensive Community Health Needs Assessment of the areas that we serve. In addition, the new primary lead of this assessment is UI Health's

Office of Diversity and Community Health Equity, ensuring that there is alignment between the UI-CAN and our diversity and health equity goals.

The community is vital to everything that UI Health does. Our mission to advance healthcare for *everyone* through outstanding clinical care, education, research, and social responsibility relies heavily on the engagement of the communities we serve —and on meeting their needs. This commitment is evidenced in our investments, such as the Specialty Care Building, our new 55th and Pulaski Health Collaborative, and the Mile Square Immediate and Primary Care Center which anchors the Auburn Gresham Healthy Lifestyle Hub with Auburn Gresham Development Corporation and the UIC Neighborhood Center.

We continue to invest in the community by hiring from the areas that we serve, partnering with organizations like JumpHire and other workforce development agencies that are focused on readying members of the community for employment in healthcare. As part of our academic mission, our College of Medicine has actively endeavored to expand the diversity of students, faculty, residents, and fellows that are often underrepresented in medicine so there are

physicians that reflect the communities we serve—which is key to addressing health inequities.

The 2022–2023 UI-CAN is designed to be an assessment, a resource, and a snapshot in time of the communities UI Health serves with pride. We hope that you find this report useful in moving from assessment to action.

Sincerely,

Rani Morrison Williams

Rani Morrison Williams, MS, MSW, LCSW, FACHE
Chief Diversity and Community Health Equity Officer





SECTION 1

Executive Summary

The University of Illinois Hospital & Clinics (UI Health) published our first UI Community Assessment of Needs (UI-CAN) in 2013 and since then, we have issued a report every three years. Due largely to the COVID-19 pandemic, the 2022 UI-CAN indicates a significant shift in healthcare since our last report in 2019. This year’s report reflects a modified assessment methodology in recognition of the changing needs of the communities we serve since the arrival of the pandemic, and our ongoing collaboration and partnerships with our academic counterparts and mission-driven organizations.



In 2022, UI Health continued our collaboration with the Alliance for Health Equity (AHE), the largest collaboration of its kind in the country, to develop

the UI-CAN. AHE is a partnership between the Illinois Public Health Institute, more than thirty hospitals, seven local health departments, and more than a hundred community-based organizations. Through this partnership, there were many methods of data collection to identify community health needs throughout Cook County and Chicago. To supplement the work of the AHE collaborative, UI Health obtained additional primary and secondary data to understand the needs of people who live in the communities we serve.

As UI Health collected and reviewed data over the last two years, several community priorities that have significant impact on the healthcare of UI Health communities became distinctly apparent:

- 1 COVID-19
- 2 RACISM IS A PUBLIC HEALTH CRISIS
- 3 VIOLENCE AND SAFETY
- 4 THE DIGITAL DIVIDE

This UI-CAN will further explore these identified areas of need in the context of the communities that UI Health serves.

SECTION 2

Overview: UI Health

UI Health is a patient-centered organization. Providing safe, high-quality, and cost-effective care for our patients is our foremost responsibility. The care of our patients and their families will always be at the heart of our mission.

In our dedication to the pursuit of health equity, UI Health provides comprehensive care, education, and research to the people of Illinois and beyond. A part of the University of Illinois Chicago (UIC), UI Health comprises a clinical enterprise that includes a 462-bed tertiary care hospital, 21 outpatient clinics, and our new 200,000-square-foot, state-of-the-art Specialty Care Building which includes specialty clinics, imaging and diagnostic services, pharmacy services, and the Bruno & Sallie Pasquinelli Outpatient Surgery Center; the new UI Health 55th & Pulaski Health Collaborative which provides comprehensive healthcare services for the residents of Chicago's Gage Park and West Elsdon communities; and fourteen Mile Square Health Center locations, which are all Federally Qualified Health Centers (FQHCs). 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. The UI Hospital is inseparable from its broader health system. With its seven health science colleges, the collective expertise of UI Health brings a contemporary healthcare workforce to the task of improving healthcare delivery models.

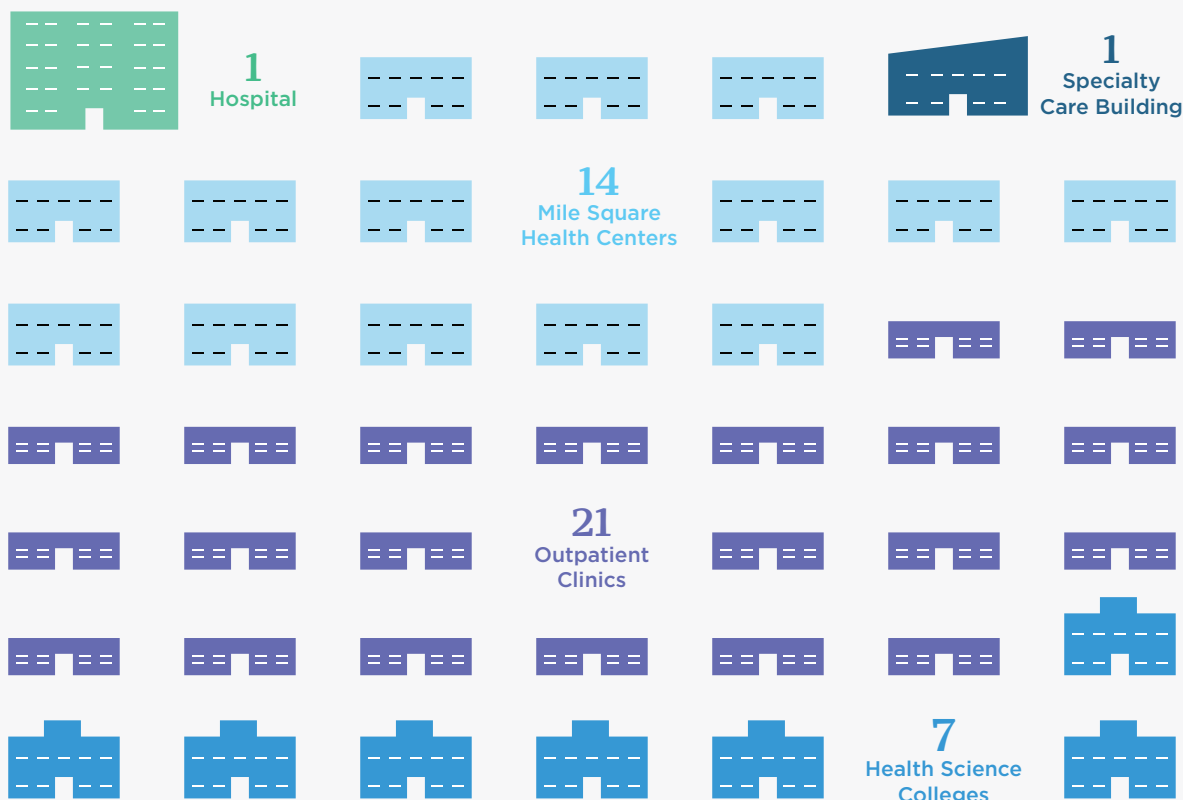
Mission, Vision, and Values

Our Mission

The Mission of UI Health is to advance healthcare for everyone through outstanding clinical care, education, research, and social responsibility.

Our Vision

Our vision is to be the preeminent healthcare provider known for improving the health and wellness of our communities, providing exemplary care for our patients, and advancing the knowledge to do so.



Our Values and I CARE—Inclusion, Compassion, Accountability, Respect, Excellence—Standards

Inclusion:

We believe diversity is our strength and do not tolerate discrimination in any form. We recognize and celebrate differences and uniqueness among our patients, staff, and faculty to ensure that everyone feels valued and respected.

Compassion:

We will treat our patients and their families with kindness and compassion and strive to better understand and respond to their needs.

Accountability:

We will hold ourselves accountable as an organization and as individuals to act ethically and responsibly in everything we do, to be excellent stewards of our natural and financial resources, and to be transparent in our actions.

Respect:

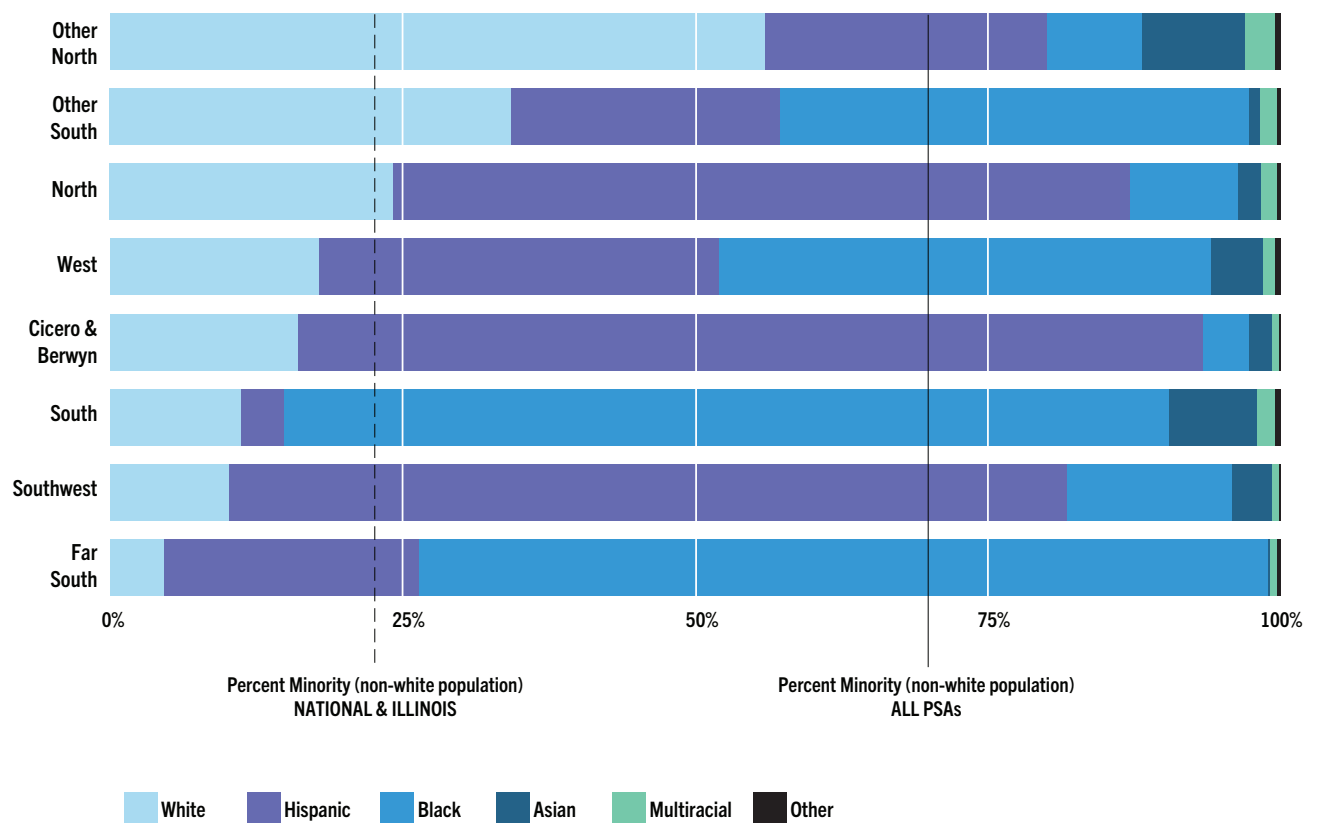
We will act with respect, openness, and honesty in our relationships with patients, families, and coworkers. We will work collaboratively to promote the well-being of the communities we serve and to advance patient care, education, and research.

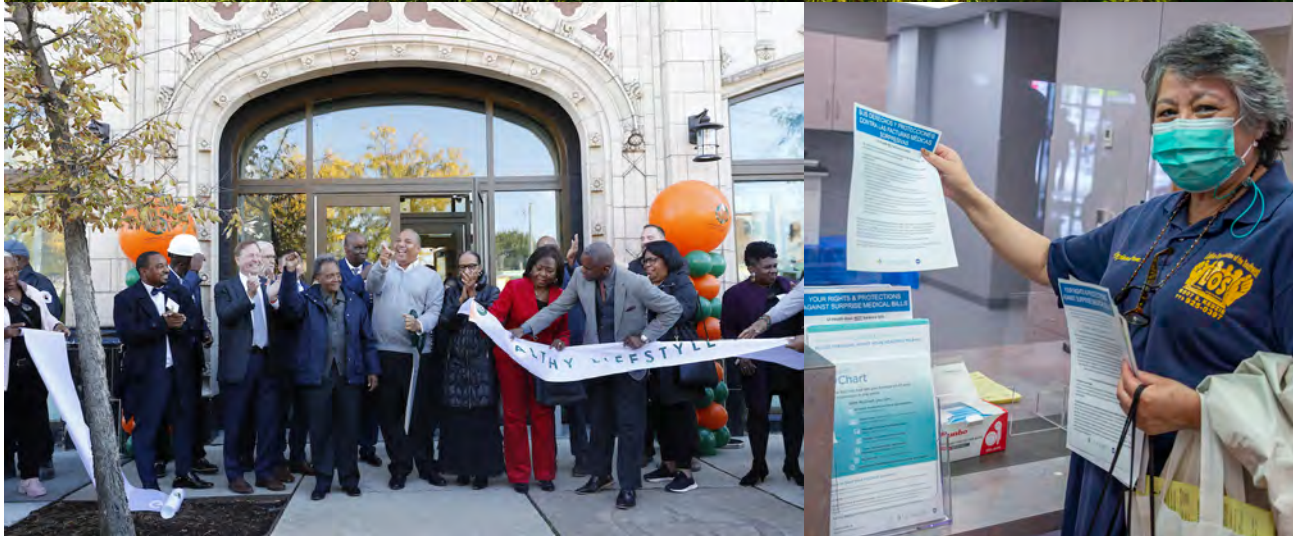
Excellence:

We will work as a team to leverage best practices and innovation in providing the highest-quality care for our patients and families. We will devote ourselves to continuously improve in everything we do.

Excellence in Patient Care

UI Health is a Certified Comprehensive Stroke Center, the first designated Center of Excellence in Robotic Surgery in the United States, has a designated children’s hospital, and in September 2022 opened the Specialty Care Building, which offers same-day surgery and specialty care, including transplant and ophthalmology. Mile Square Health Clinics has fourteen locations, including a brand new health center colocated at the Auburn-Gresham UIC Neighborhood Center. In all, UI Health has more than forty healthcare access points that provide primary and specialty services throughout the Chicago area.



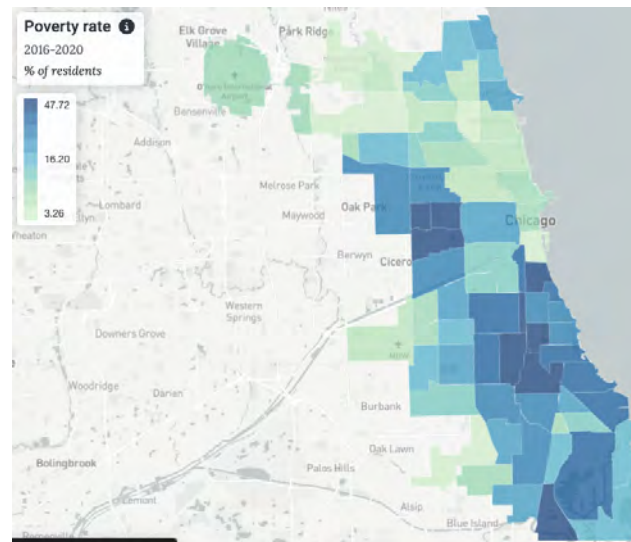
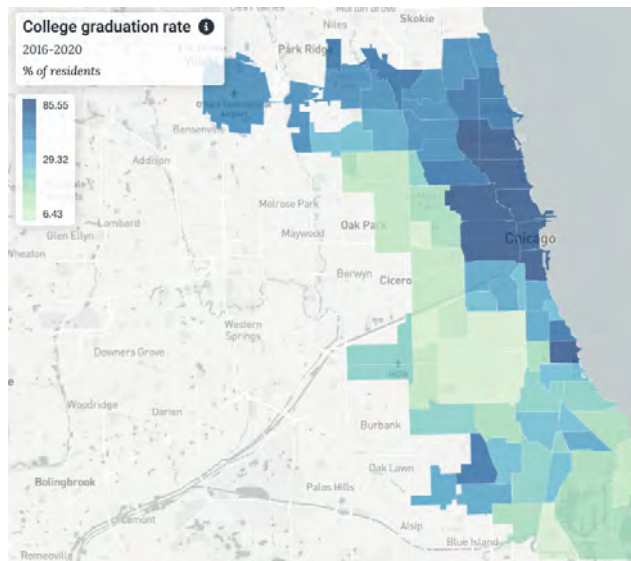
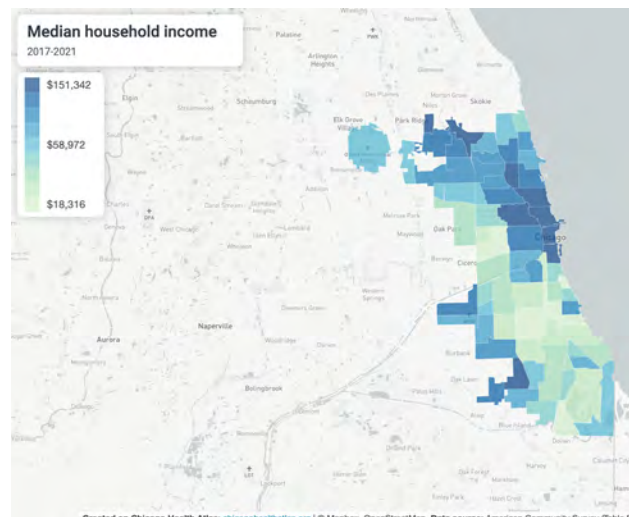
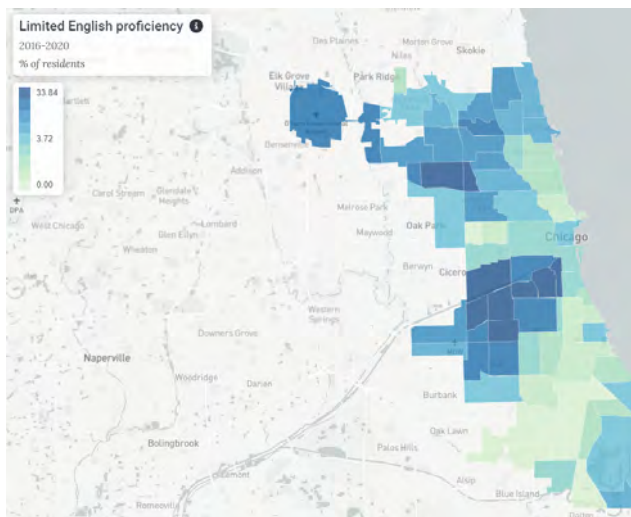


Clockwise from top: Specialty Care Building and Outpatient Care Center: 55th and Pulaski Collaborative, Ribbon Cutting at Mile Square Primary and Immediate Care Center (Auburn Gresham).

SECTION 3

UI Health Community Profile

The UI Health Primary Service Area (PSA) closely mirrors the city of Chicago and is diverse in location, demographics, and many other characteristics.



UI Health Primary Service Area (PSA)

13
Rockford

TERRITORIES/NEIGHBORHOODS

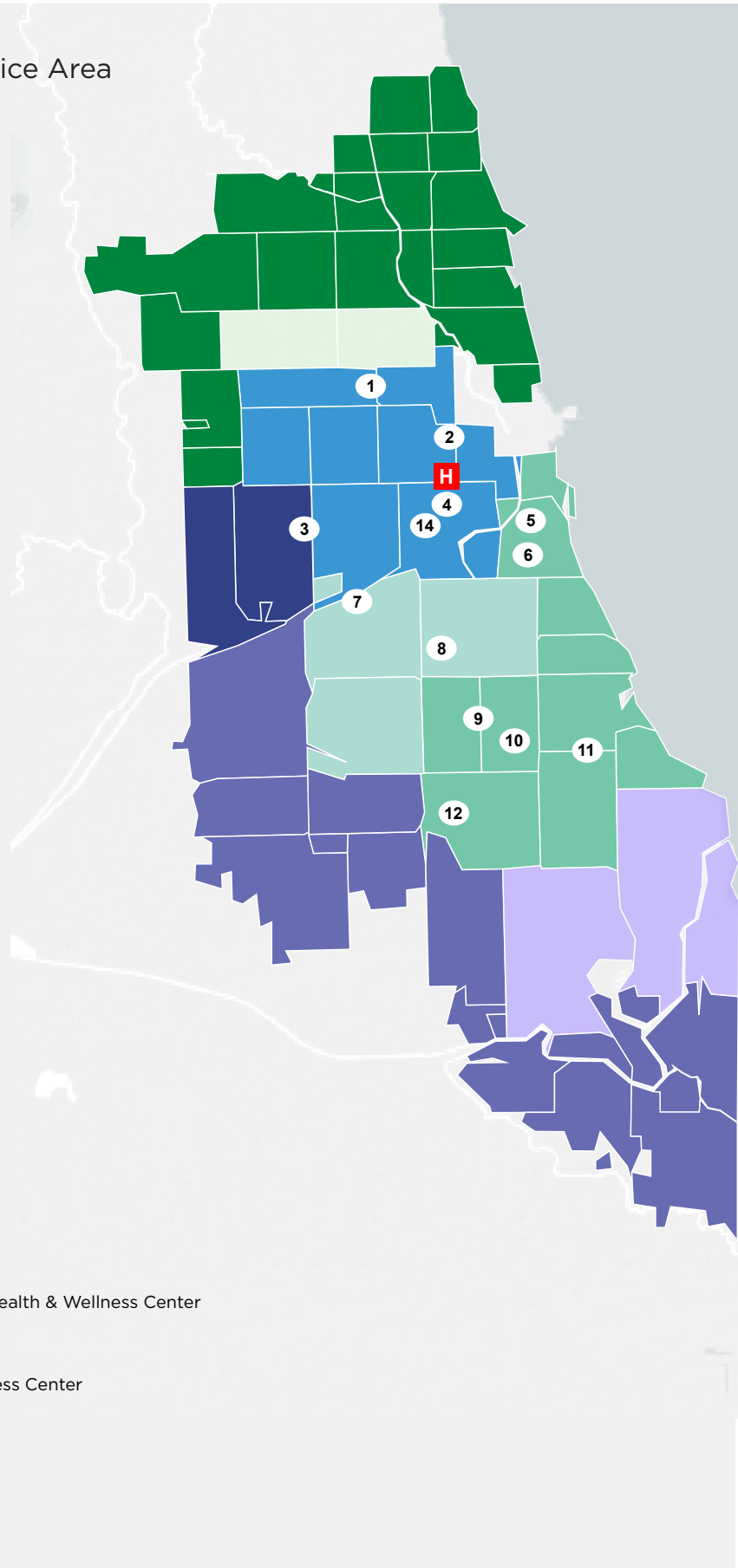
- Cicero/Berwyn
- Far South
- North
- Other North
- Other South
- South
- Southwest
- West

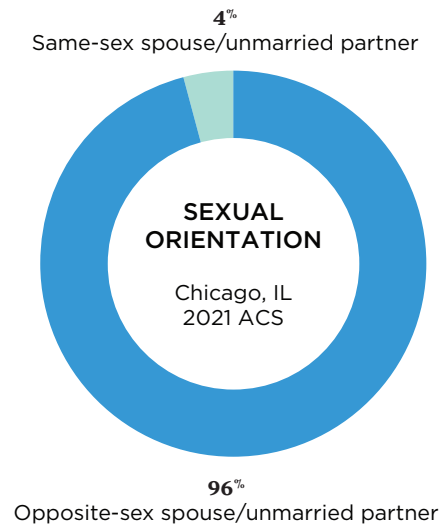
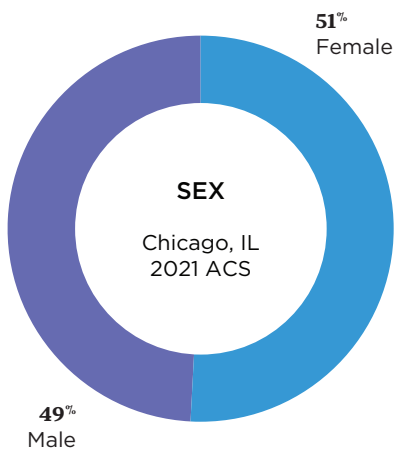
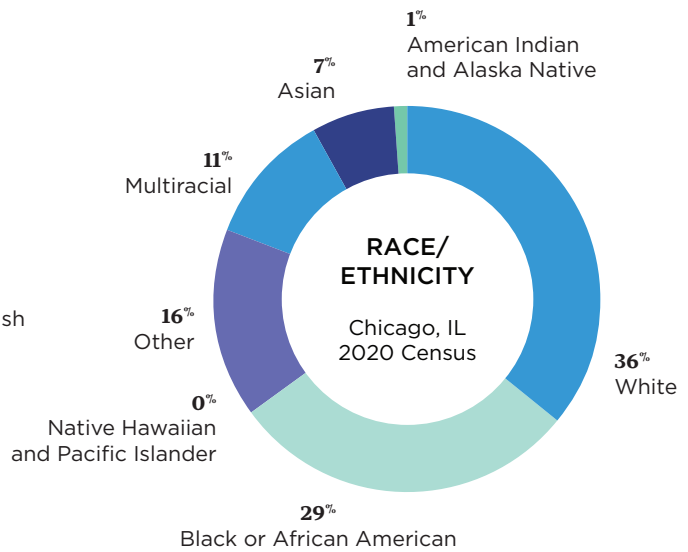
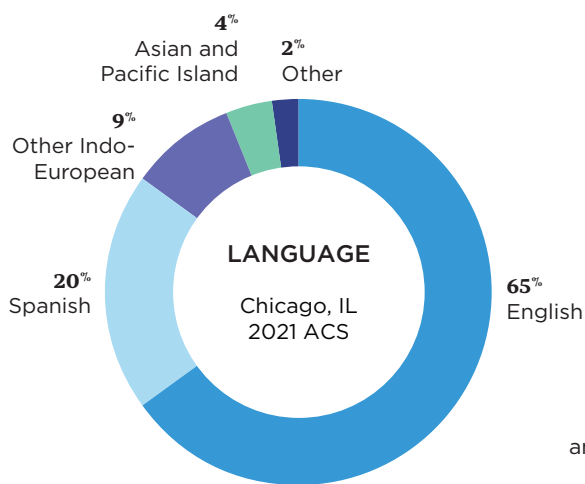
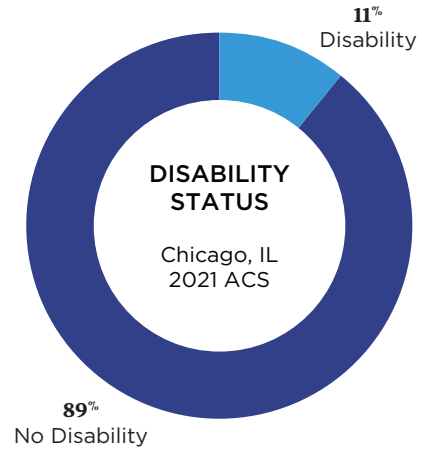
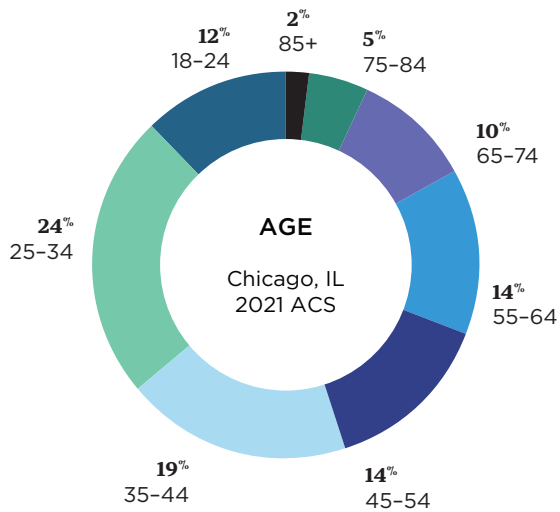
HOSPITAL

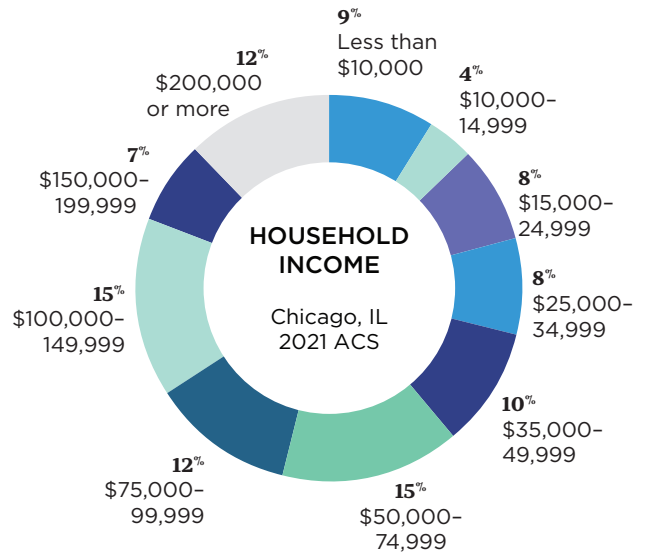
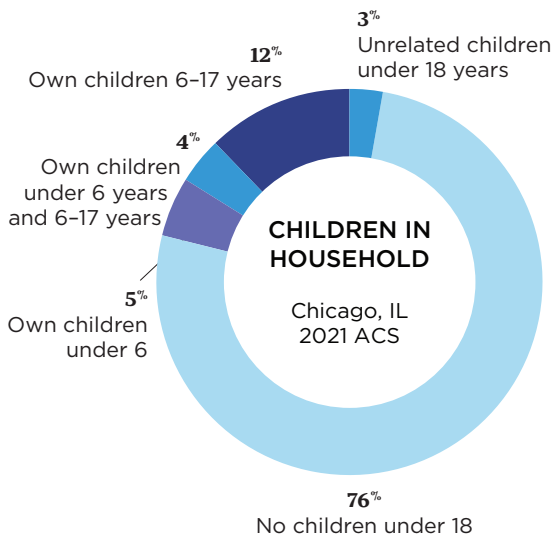
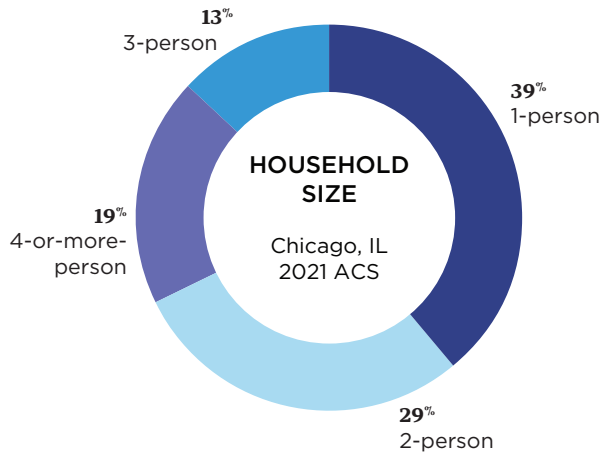
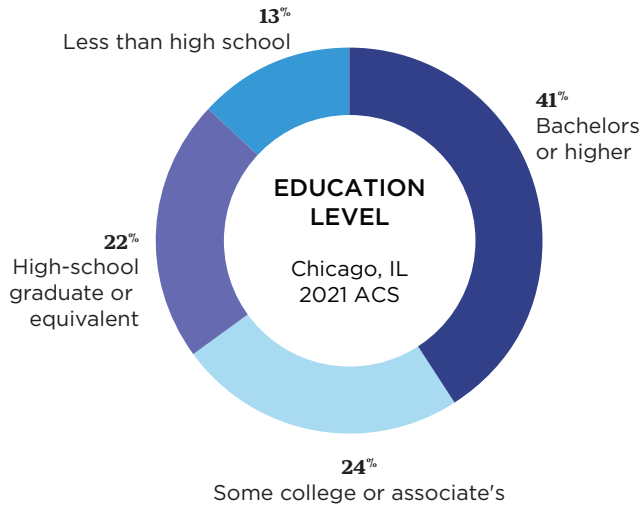
- University of Illinois Hospital

MILE SQUARE HEALTH CENTERS

- 1 Humboldt Park
- 2 Hope Institute Learning Academy
- 3 Cicero
- 4 Main
- 5 National Teachers Academy
- 6 Dr. Cynthia Barnes-Boyd/Drake Health & Wellness Center
- 7 Davis Health & Wellness Center
- 8 Back of the Yards
- 9 Englewood
- 10 Englewood STEM Health & Wellness Center
- 11 South Shore
- 12 Auburn Gresham
- 13 Rockford
- 14 Urgent Care







SECTION 4

Methods

UI Health’s 2022 Community Assessment of Needs is based in part on qualitative and quantitative data collected between May 2021 and March 2022 as part of the collaborative Community Health Needs Assessment (CHNA) for Cook County, Illinois, conducted by the Alliance for Health Equity, a collaborative of thirty-four hospitals, including UI Health, working with health departments and regional and community-based organizations to improve health equity, wellness, and quality of life across Chicago and Suburban Cook County. Alliance for Health Equity partners collected primary data through four methods:



- community input surveys
- community resident focus groups
- healthcare and social service provider focus groups
- regional stakeholder listening sessions

Analysis of primary and secondary data from a range of sources identified community health needs in Chicago and Suburban Cook County. This collaborative CHNA process is adapted from the Mobilizing for Action through Planning and Partnerships (MAPP) framework, which is a community-engaged strategic planning framework developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). The Chicago, Cook, and Illinois Departments of Public Health all use the MAPP framework for community health assessment and planning. This inclusive, community-driven process leverages and aligns health department assessments and actively engages stakeholders, including community members, to identify and address strategic priorities to advance health equity. In the context of the COVID-19 pandemic, adjustments were made in the assessment process to accommodate an increasing need for virtual participation by organizations, healthcare partners, and community members.

Addressing health and racial equity has been central to the development of the 2022 collaborative Community Health Needs Assessment. 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. The Alliance for Health Equity uses various methods and strategies of community engagement for the CHNA and implementation:

- gathering input from community residents who are underrepresented in traditional assessment and implementation planning processes
- partnering with community-based organizations to collect community input through surveys and focus groups
- engaging community-based organizations and community residents as members of implementation committees and work groups
- drawing on the expertise of the members of implementation committees and work groups in assessment design, data interpretation, and identification of effective implementation strategies and evaluation metrics
- working with hospital and health department community advisory groups to gather input into the CHNA and implementation strategies
- collaborating with local coalitions to support and align with existing community-driven efforts

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, healthcare services, higher education, and many others. 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.

Between September 2021 and December 2021, Alliance for Health Equity partners collected community input surveys available online in English and Spanish. The survey asked participants about the health status of their communities, community strengths, opportunities for improvement, priority health needs, and COVID-19 impacts. Hospitals, community-based organizations, and health departments distributed the surveys to gain insight from priority populations that have been historically excluded in assessment processes. In addition, UI Health conducted our own surveys, which UIC’s CHAMPIONS NETwork distributed to UI Health patients on-site as part of a summer learning experience. We also hosted listening sessions in the Gage Park and West Elsdon communities.



SECTION 5

Community Priorities

1
COVID-19

2
RACISM IS A
PUBLIC HEALTH
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VIOLENCE AND
SAFETY

4
THE DIGITAL
DIVIDE

COVID-19

The AHE Community Input Survey identified COVID-19 as the third most important health need in the community, just behind age-related illness and mental health. COVID-19 has affected the community profoundly since 2020, exacerbating a wide range of existing disparities ([2022 AHE CHNA](#), p. 23). In major cities across the United States, including Chicago, it was quickly evident that people of color were being affected differently from their white counterparts, with a disproportionate share of deaths due to COVID-19. Life expectancies have declined since the start of the pandemic, for all races and ethnicities. Black life expectancy dropped 2 years, Asian life expectancy dropped 2.1 years, and Hispanic life expectancy dropped 3.2 years, compared to the white life expectancy decline of 1.1 years ([CDPH Impacts on Life Expectancy](#)).

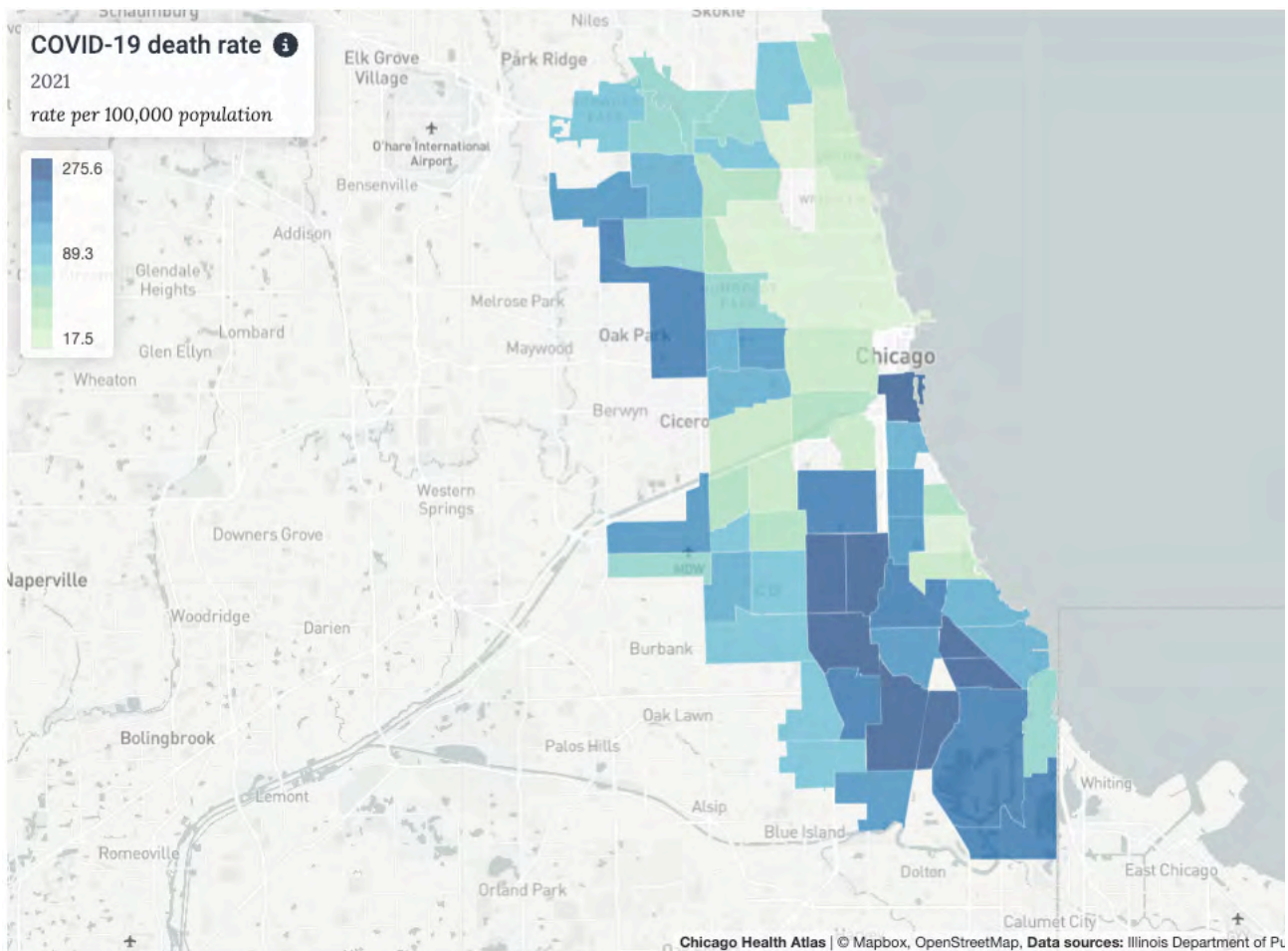
Communities of color were significantly affected by the lockdowns and restrictions imposed to reduce transmission of COVID-19. Millions of people across the United States were laid off or faced anxiety around the possibility of being laid off. While government financial intervention provided some relief to individuals and families, the pandemic accelerated a shift in the US economy. Some jobs that were lost early on did not come back. Job losses were the largest in low-wage industries, resulting in poorer families experiencing more unemployment and financial stress ([CBPP 2021](#)). Access to care was substantially limited during the early months of the pandemic. Elective procedures were canceled or postponed as healthcare systems transitioned from normal course of business to emergency response, while trying to balance the health of our patients with the health of our staff. COVID-19 also brought about the adoption of telehealth, allowing clinicians to meet with patients virtually while sheltering in place, which was convenient for patients with adequate technology, but left

a gap for those patients who did not have the device or internet service virtual medical visits required. Crowded housing is prevalent in our primary service area. Social distancing is one of the principal ways to avoid transmission of COVID-19. However, it is difficult to practice social distancing in crowded multigenerational and multifamily households. In these situations, residents may not be able to effectively isolate someone suspected of having COVID-19. They may have to share bedrooms and bathrooms, increasing the risk of transmission ([2022 AHE CHNA](#), p. 57).

While the pandemic has disrupted the lives of nearly everyone, it has also presented a unique opportunity to do more—and to do better—to address health disparities. UI Health opened its mass vaccination clinic in January 2021 to administer the vaccine to the public at the Credit Union 1 Arena on the campus of University of Illinois Chicago. Individuals seeking to be vaccinated did not need to be UI Health patients. As part of our effort to spread awareness about the vaccine’s availability, we contacted many of our patients via phone. We focused outreach in the Englewood, West Englewood, Back of the Yards, Humboldt Park, Pilsen, and South Shore neighborhoods for temporary vaccine administration in partnership with Protect Chicago Plus.



A patient receiving the COVID-19 vaccine at UI Health’s mass vaccination clinic at the Credit Union 1 Arena



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COVID-19

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RACISM IS A
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VIOLENCE AND
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Racism Is a Public Health Crisis

Community-based focus groups held by the Alliance for Health Equity called out racism and discrimination as root causes of identified social, economic, and health-related inequities. Health disparities are systematic and plausibly avoidable health differences related to race/ethnicity, skin color, religion, or nationality; socioeconomic resources or position (reflected by income, wealth, education, or occupation); gender, sexual orientation, gender identity; and age, geography, disability. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of healthcare received. Racial and ethnic disparities in healthcare are known to reflect access to care and other issues that arise from differing socioeconomic conditions. In April 2022 the Chicago Department of Public Health released data demonstrating that the life expectancy gap between Black

Chicagoans and white Chicagoans had risen to ten years, and for the first time in decades, the average life expectancy of Black Chicago residents was less than seventy years. Additionally, Latinx Chicago residents have lost seven years of life expectancy since 2012.

Maternal mortality is an example of a health disparity fueled by racism and discrimination. Maternal health is defined as women's health during pregnancy, childbirth, and postpartum. This period is critical for women's health since they typically have more interaction with and access to healthcare services. In addition, pregnancy provides an opportunity to identify, treat, and manage underlying chronic conditions to improve a woman's overall health ([IDPH MM Report 2021](#)). Since 2000, maternal mortality rates in the United States have been increasing among Black and Latina women even though the global trend has been the opposite ([MacDorman et al., 2016](#)). Vast maternal health disparities exist between racial and ethnic groups beyond just access, to include factors such as poverty, quality of education, health literacy, employment, housing, childcare availability, and community safety.

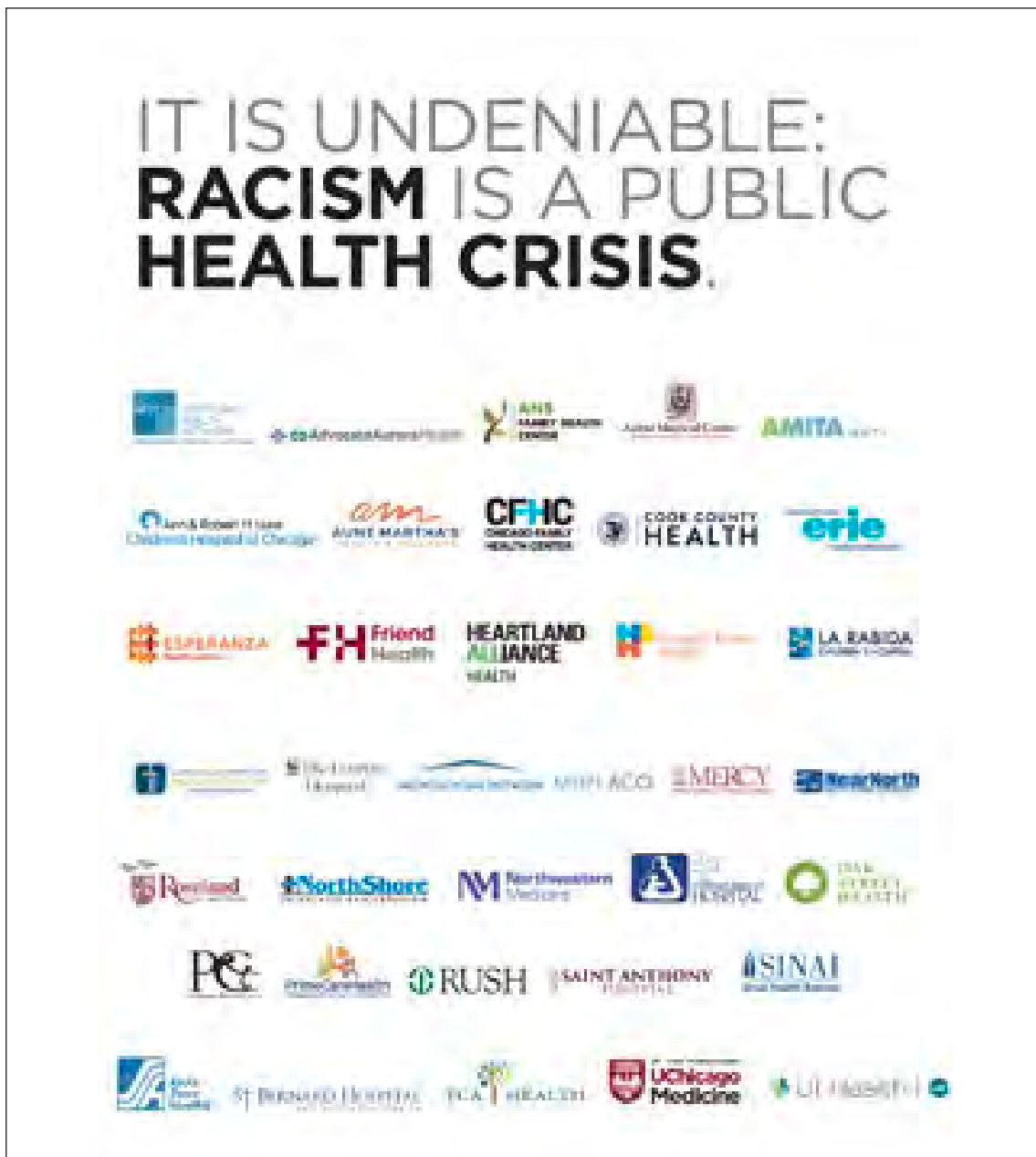
The murder of George Floyd by a police officer in Minneapolis on May 25, 2020, and other killings by police in other parts of the nation gave rise to protests across the country, including Chicago, and heightened awareness of structural and systemic racism. These conditions are not unique to Chicago, but they result in real impacts to those who live here and experience racism in the city. Addressing the root causes of disinvestment, poverty, and inequitable social policies that lead to poor health outcomes needs to start with addressing systemic racism.

In June of 2020 UI Health was among thirty-six healthcare organizations to jointly sign a statement recognizing that racism is a public health crisis. In doing so, UI Health committed to taking seven action steps:

1. Reexamine our institutional policies with an equity lens and make any policy changes that promote equity and opportunity.
2. Improve access to primary and specialty care.
3. Continue to focus on helping communities overcome chronic conditions like diabetes, heart disease, and asthma.
4. Continue to advocate for investments that create innovative solutions to achieve enduring improvements in access, quality, and health outcomes for our communities.

5. Continue our commitment to hiring locally and promoting leaders of color.
6. Renew and expand our commitment to providing anti-racism and implicit bias training for physicians, nurses, and staff.
7. Advocate for increased funding for social needs, social services, and programs that promote social justice.

[\(News at UI Health 2020\)](#)



1
COVID-19

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Violence and Safety

Survey and focus group data established trauma and violence as a significant factor impacting health. Many social conditions such as poverty, educational inequity, access to healthcare, mass incarceration, lack of infrastructure investment, and generational trauma contribute to violence and poor health.

Community Safety

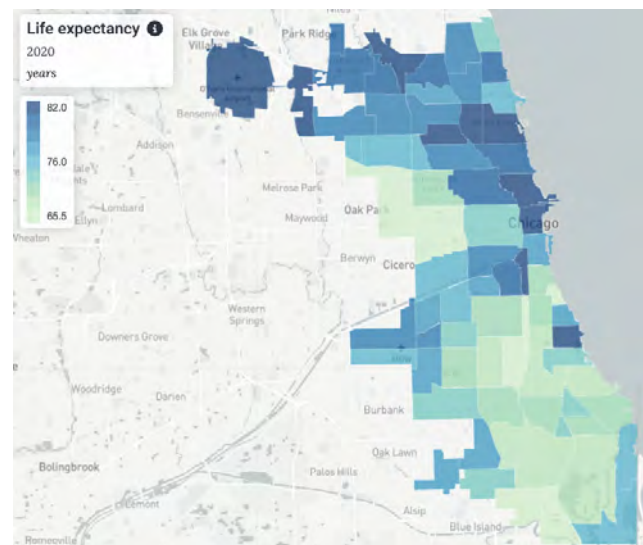
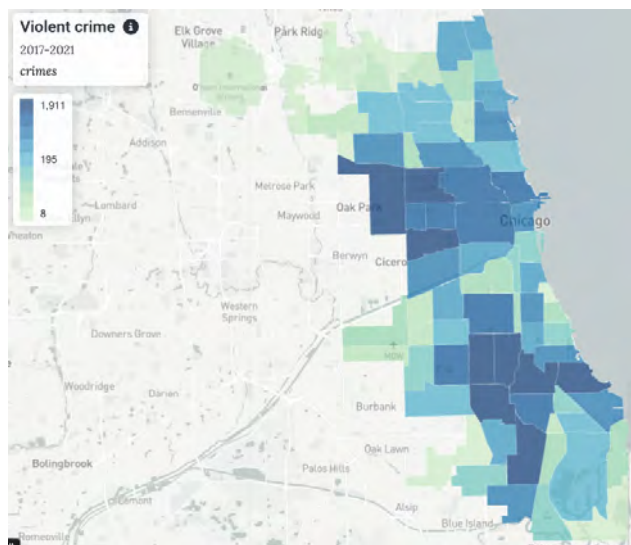
Firearm access, whether legal or illegal, continues to pose a risk to our communities and have lasting negative effects on overall community safety. Most shootings and homicides happen outdoors in public spaces. African American and Hispanic males are disproportionately victims of gun-related homicide ([Center for American Progress](#)). Most shootings in Chicago are concentrated on Chicago's South and West Sides, where poverty, low educational attainment, and poor health outcomes including shorter life expectancy are prevalent ([Brookings Institute](#), see figures on the next page).

Interpersonal Violence/Personal Safety

The pandemic increased social isolation, which in turn affected personal safety. People such as teachers, who would normally see indications of abuse, were less able to identify warning signs in the online classroom. As a result, reported incidence of child abuse dropped dramatically. However, physical abuse of school-aged children tripled during the early months of the pandemic when widespread stay-at-home orders were in effect. According to an article in *US News and World Report*: "There was a great deal of economic stress, job insecurity, and loss of housing potential during this time frame along with the closing of schools, which can be a reprieve for parents and kids" ([US News 2021](#)). Even in cases where children were not being abused, the trauma of the pandemic could not be avoided as they dealt with their parents' or their own isolation, loss of control, and stress that came with an environment of increased uncertainty. These same aspects of trauma impacted adults as well. According to the [CDC](#), one in five women, and almost one in seven men have experienced physical violence from a partner in their lifetime. For the same reasons child abuse increased, domestic violence cases increased 25–33 percent globally in 2020 according the *American Journal of Emergency Medicine*. It is reasonable to conclude that intimate partner violence (IPV) is widespread, and yet another type of violence impacting the community.

Violence and Trauma

The impact of violence and trauma is long-lasting. Studies show that there are both psychological and physical effects, just from exposure to trauma. The impact is even greater, of course, on its victims. Violence affects the targets, the perpetrators, as well as the community at large, and the health impact can be cumulative. There are effects on the brain, neuroendocrine system, and immune system, which can lead to depression, anxiety, post-traumatic stress disorder (PTSD), suicide, increased risk of cardiovascular disease, and premature mortality ([Health Affairs](#)). Living in a community with high rates of violence carries an increased risk of chronic disease—there may be limits on access to recreational spaces, comfort with outdoor activities, and healthy food options. In addition, violence can reduce the engagement of the community due to fear, while at the same time strain economic growth, education, legal systems, and healthcare ([CDC](#)). As voiced by survey respondents, safety and violence affect many areas of physical/mental health and well-being.



Life expectancy ([Brookings Institute](#))

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VIOLENCE AND
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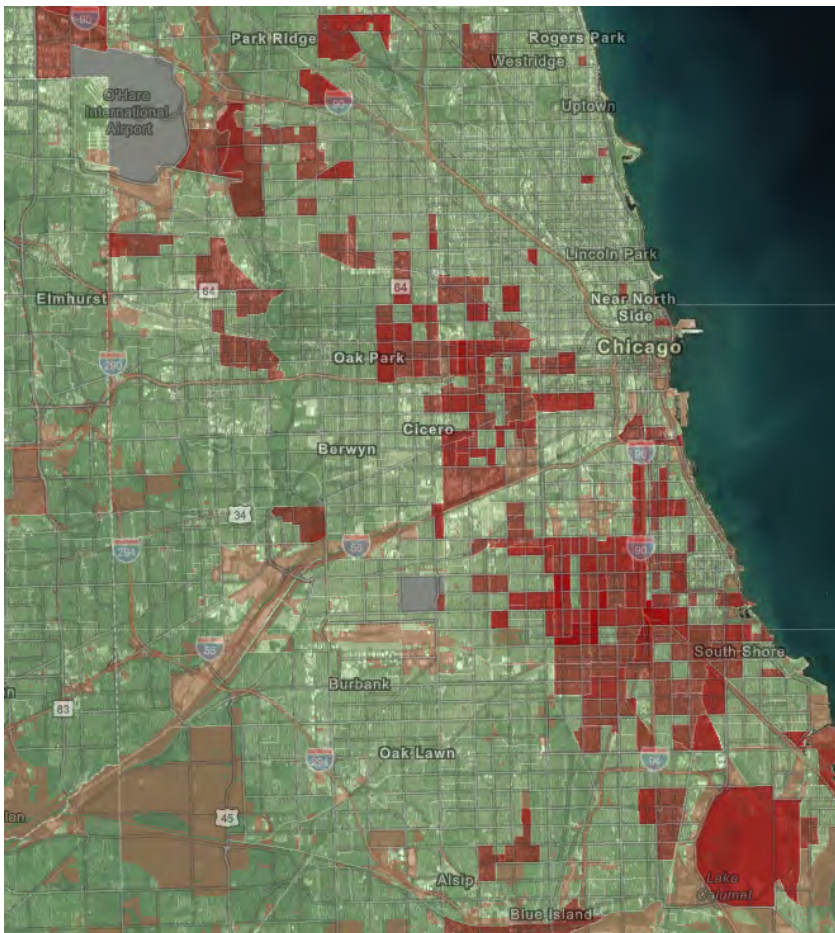
4
THE DIGITAL
DIVIDE

The Digital Divide

We are increasingly relying on technology to help us navigate our daily lives. To take full advantage of the digital ecosystem and ever-growing numbers of services available only online, a person needs access to at least a smartphone and personal computer. However, there is significant disparity in technology adoption by income level. A 19 percent gap in smartphone adoption exists between households making less than \$30,000 and those making over \$100,000 per year. There is a similar 33 percent gap in desktop and laptop ownership and a 36 percent gap in broadband at home ([Pew Digital Divide by Income, 2021](#)).

By race, smartphone and tablet computer adoption are approximately the same between white, Black, and Hispanic adults, but disparities in desktop/laptop ownership and home broadband are more pronounced. In the United States, 69 percent of Black adults and 67 percent of Hispanic adults own a desktop or laptop computer, compared to 80 percent of white adults. Similarly, 71 percent of Black adults and 65 percent of Hispanic adults have home broadband, compared to 80 percent of white adults ([Pew Digital Divide by Race, 2021](#)).

Taken together, these differences contribute to a growing digital divide that is leaving people behind and fueling economic and social inequality ([US NTIA 1995](#)). For some people, the cost of a computer, smartphone, or high-speed internet may be out of reach, preventing them from participating on equal footing for employment opportunities, access to healthcare, level of education, and social connection. The skills and familiarity with technology needed to benefit from these technologies are particularly difficult for older adults to obtain, putting them at a disadvantage that can lead to increased social isolation and poorer health outcomes.



Top: UI Health staff at work during the COVID-19 pandemic, Bottom: Areas of Broadband Need, Chicagoland.

SECTION 6

Summary and Next Steps

Following the 2019 UI-CAN report UI Health was able to shift our services and care under unimaginable conditions. The past three years have been incredibly productive as we worked to address the needs of the communities we serve—needs clearly exacerbated by a global pandemic.

- cared for thousands of COVID-19 patients
- established a COVID-19 clinic at our Pilsen Clinic, as well as drive-through testing at Mile Square Health Centers
- opened the first mass vaccine clinic in the city of Chicago open to non-patients at Credit Union 1 Arena
- partnered with the City of Chicago’s Protect Chicago Plus program to vaccinate individuals throughout various neighborhoods such as Englewood and North Lawndale
- expanded telehealth across our clinics
- implemented a new electronic medical record
- increased wages for staff
- secured several research grants to study the effects of long-term COVID and remote patient monitoring, as well as served as a leader in COVID-19 vaccine clinical trials
- established a new pediatric partnership with Cook County Health to better serve our young patients across Chicago and Cook County
- expanded our charity care eligibility

- became the first health system awarded Blue Cross Blue Shield of Illinois Health Equity Pilot Project grant, which spans three years with a focus on improving health equity, addressing health disparities, and increasing physician workforce diversity
- opened the 55th and Pulaski Health Collaborative, a collaboration of Illinois Healthcare and Family Services, Friend Family Health Center, Alivio Health Center, Mile Square Health Center, and University of Illinois Physician Group to bring specialty services and immediate care into the West Elsdon and Gage Park communities
- opened the Specialty Care Building, expanding outpatient surgery and pharmacy access, and increasing capacity for critical specialty care such as transplant, ophthalmology, and otorhinolaryngology (ear, nose, and throat)

UI Health is invested in the communities we serve, and the findings in this 2022 UI-CAN report will provide the foundation of an implementation plan to continue to address the community's needs throughout Chicago. We see great opportunity to improve collaboration with community-based organizations, local educational institutions, government entities, and other healthcare organizations to develop programming and opportunities to benefit our patients and the community at large. With this roadmap of priorities, UI Health has a clear path to focus on pandemic response and chronic disease, violence, improving technological offerings, and addressing racism.

Despite the challenges of a global pandemic, UI Health was able to pivot to meet the needs of our patients and our communities, with a particular focus on health equity. With the 2022 UI-CAN we look forward to expansion of what we started over the last three years, as well as setting our sights on new and meaningful solutions.

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Office of Diversity and Community Health
Equity UI Health
722 W. Maxwell Street
Chicago, IL 60607

Please contact ui-can@uic.edu with any questions, comments, or feedback.



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