

UI Health Mile Square Health Center Community Needs Assessment

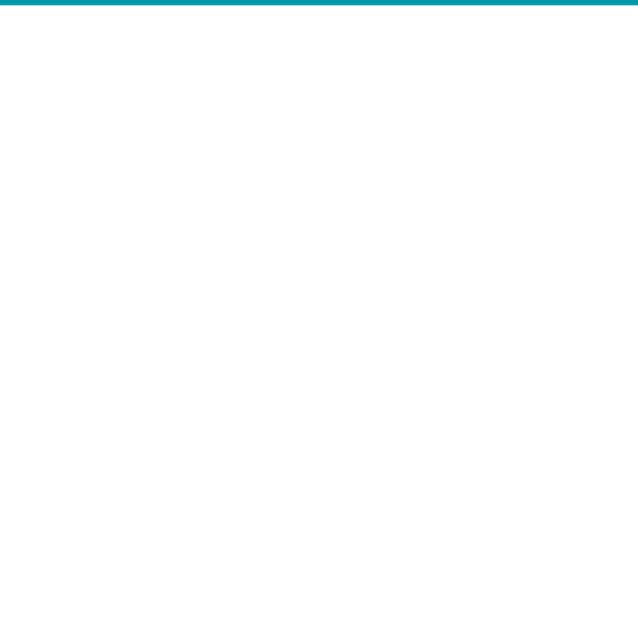


Table of Contents

I.	Letter From Our President/CEO	2
II.	Executive Summary	3
III.	Introduction	4
	A. Organizational Background	4
	B. Purpose of This Report	5
	C. Methods	6
	D. Service Area Definition.....	7
	E. How to Read This Report.....	14
IV.	Service Area Population.....	15
	A. Overall Context and Community Hardship.....	15
	B. Social and Community Context.....	16
	C. Economic Stability.....	24
	D. Education Access and Quality	37
	E. Neighborhood and Built Environment	40
	F. Health and Health Care.....	54
V.	Health Disparities.....	62
	A. Diabetes and Cardiovascular Disease	63
	B. Cancer.....	65
	C. Prenatal, Perinatal, and Pediatric Health	67
	D. Behavioral Health and Addictions	68
	E. COVID-19.....	70
	F. Other Health Indicators	72
VI.	Other Safety Net Health Services	73
	A. West/Northwest Region of UI Mile Square’s Service Area.....	74
	B. Near South/South Region of UI Mile Square’s Service Area	75
	C. Near Southwest Region of UI Mile Square’s Service Area	77
	D. Berwyn/Cicero Region of UI Mile Square’s Service Area.....	78
	E. Rockford Region of UI Mile Square’s Service Area	79
VII.	Health Care Environment.....	80
VIII.	Conclusion	82
IX.	Appendices	83
	Appendix A – UI Mile Square Clinic Locations	83
	Appendix B – Crosswalk of ZCTAs and Community Areas.....	84
	Appendix C – Data Sources for Health Disparities.....	85
	References	86

I. Letter From Our President/CEO

Dear community member,

As we reflect on the past three years of COVID-19 and the end of the public health emergency, we are acutely aware of the ongoing health and socioeconomic needs in our communities. From deepening food insecurity and mental health concerns to the exacerbation of housing instability and health disparities, the pandemic has exposed many inequities and challenges we face.

For over five decades, UI Health Mile Square Health Center (UI Mile Square) has been dedicated to addressing these inequities by providing comprehensive and high-quality health services. We remain committed to our mission to provide holistic, quality health services in the midst of an underserved, urban community.

Building upon our legacy as one of the nation's oldest Federally Qualified Health Centers (FQHCs), we continue to grow in response to ever-changing community needs and to ensure a future health care workforce that can address those needs. Some recent highlights include:

- In partnership with the Greater Auburn-Gresham Development Corporation and others, we launched our newest clinical site within the new Auburn-Gresham Healthy Lifestyle Hub. The site offers primary care, behavioral health and substance use disorder care, dental care, pharmacy services, and more, colocated with other resources like banking.
- We now offer an accredited dental assistant training program, which is a 12-week, evening program that culminates in a certificate in dental assisting. The program provides career opportunities for local residents and helps grow and diversify the health care workforce.
- Thanks to a Teaching Health Center Grant, we started a 1-year residency for recent dental graduates that encourages them to consider a career treating underserved patients in an FQHC setting. The program is interdisciplinary and dental residents offer care alongside behavioral health providers, pediatricians, primary care providers, and midwives.

We are proud of these recent expansions and our many other patient care, academic research, and grant-funded initiatives throughout the city of Chicago, the nearby suburbs of Cicero and Berwyn, and the Rockford, Illinois, area. Yet we must keep engaging with the community consistently to understand the differing needs across these communities. In fact, as an FQHC, it is our responsibility to regularly assess the needs of the populations we serve.

I am therefore extremely pleased to present to you the 2023 UI Mile Square Community Needs Assessment. This comprehensive report integrates quantitative data, qualitative feedback from community members and patients, and other sources to provide valuable insights into the needs of the diverse communities we serve across the Chicago and Rockford areas. The report offers useful data on our communities, highlights social needs and health disparities they experience, and puts our work in the context of the greater safety net and health care environment.

Here at UI Mile Square, we are excited about this report and look forward to it helping guide our future work. We hope it will also serve as a valued resource for you — our community members, patients, and partners — as we collectively strive to build healthier communities.

Sincerely,



Henry Taylor
President and CEO

II. Executive Summary

This needs assessment, prepared for UI Health Mile Square Health Center (UI Mile Square) by Leading Healthy Futures (LHF), provides a comprehensive, mixed-methods examination of UI Mile Square's target population, service area, and the landscape of other health care services and trends in its communities.

The 45 zip codes that comprise the UI Mile Square service area are located in two distinct areas of northern Illinois: the Chicago area, including both the city of Chicago and the two near-west suburbs of Cicero and Berwyn; and the Rockford area. A total of 13 UI Mile Square practice sites serve the service area, 12 in the Chicago area and one in Rockford. Eight are primary care clinics and five are permanent school-based clinics.

The service area is home to 2,078,238 total residents, 317,175 in the Rockford area and 1,761,063 in the Chicago area. Of these, 41 percent are low-income or in poverty. The service area has seen a notable decline in poverty and extreme poverty since the last needs assessment, though poverty in some communities, such as Rockford, has remained flat. Potential contributing factors to declines in poverty may include increases in the minimum wage and pandemic-related expansions of public benefits and tax credits.

Despite the declines in poverty, many needs remain. Within the overall service area, 38 percent of residents are either uninsured or carry public insurance, 76 percent of residents identify as a racial or ethnic minority, and 35 percent of residents speak a language other than English at home. Access to safe and affordable housing and healthy and affordable food are increasingly challenging due to inflation and gentrification. Community violence continues to be a top concern for many residents. While unemployment is currently low and educational attainment has been improving in the service area, both remain worse than other comparison communities, posing barriers to residents experiencing the highest possible quality of life.

Although there are, remarkably, more than 170 total health center clinic sites within all parts of the service area and many other safety net providers, 302,702 low-income residents remain unserved by any health center. Nearly all of the service area is covered by one or more Medically Underserved Area or Medically Underserved Population designation, and there are numerous Health Professional Shortage Area (HPSA) designations in the service area as well, including Primary Care HPSA, Mental Health HPSA, and Dental HPSA.

Disease burden for many conditions is higher in the service area compared with state and national averages. Service area residents experience high rates of diabetes prevalence and mortality, heart disease mortality, adult and childhood obesity, cancer morbidity and mortality, and adverse pre- and perinatal indicators. Behavioral health and addiction issues, such as opioid overdoses, are also significant in the service area, and asthma, sexually transmitted diseases, and oral health access are also challenges. Although different regions of the service area experience different health disparities, all suggest the need for increased access to health education, prevention, screening, and treatment.

UI Mile Square has been responsive to these needs by increasing its addictions, dental, and other services, expanding access in geographic communities such as Rockford and Auburn Gresham, and adding valuable community training programs for dental assistants, dentists, and others. Going forward, recommendations from community members and patients include expanding awareness of the health center's services and investing in community outreach; offering more and greater access to long-term behavioral health services; increasing hours and walk-in availability, decreasing wait times, and improving phone access to clinics; and continually ensuring that staff are as responsive to and reflective of the community as possible.

III. Introduction

A. Organizational Background

UI Health Mile Square Health Center (UI Mile Square) has provided quality health care services to vulnerable Chicagoland residents for over 50 years and is one of the oldest Federally Qualified Health Centers (FQHC) in the nation. UI Mile Square is part of the University of Illinois at Chicago (UIC), which includes the broader University of Illinois Hospital and Health Sciences System (UI Health). As such, UI Mile Square is the only public sector academic FQHC in Chicago and one of only a few in the nation. UI Mile Square provides an array of medical services, including family medicine; pediatrics; women’s health; behavioral health and substance use disorder services, including Medications for Opioid Use Disorder (MOUD); optometry; urgent care; dental; HIV/AIDS care; and social/enabling services. In addition, as part of UI Health, UI Mile Square provides its patients with access to an advanced health care system and a vast array of services — resources that UI Mile Square leverages to reduce health disparities among its target patient population.

Over the years, UI Mile Square has responded to growing community needs by expanding geographically to cover most of the city of Chicago, with the current service area encompassing more than 50 percent of the city’s population. The service area also includes the suburban Cook County municipalities of Cicero and Berwyn and much of the city of Rockford in Winnebago County, 90 miles to the northwest of Chicago. UI Mile Square has also responded programmatically through the development of an urgent care center, school-based and integrated primary care mental health clinics, and specialty care programs such as mental health and substance abuse. The UI Mile Square enterprise provided over 138,000 visits to more than 51,000 unique patients in 2022, a new record for the organization.



Mission

The mission of UI Mile Square is to provide holistic, quality health services in the midst of an underserved urban community. The concept of holistic services includes actions not only to restore health but also to prevent disease, promote healthy lifestyles, and provide personalized support to individuals and families. Community education, outreach, advocacy, and caring involvement are important attributes of our mission.

To achieve this mission, UI Mile Square's most recent strategic vision focused its leadership around four key strategic pillars:

- Financial Growth and Acumen — Mile Square's board and leadership position the health center for continued, sustainable growth.
- Clinical Excellence — Mile Square's provider team delivers high-quality, patient-centered care that aligns with community needs.
- Satisfaction — Mile Square's staff and patients alike feel supported, valued, and heard.
- Community Engagement — Mile Square engages with its community consistently and proactively to build trust and understand community needs.

Clinics

The UI Mile Square enterprise comprises 13 practice sites. Five are primary care clinics located throughout the city of Chicago: Mile Square Main in the Near West Side community, Back of the Yards, Englewood, South Shore, and the newest Chicago primary care site, located in Auburn Gresham. UI Mile Square also operates one primary care site in the Chicago area in the near-western Cook County suburb of Cicero and one primary care site in Rockford, Illinois. Mile Square Main is the flagship clinic, which provides expanded primary and specialty care services, urgent care and Women, Infants, and Children (WIC) programming.

The UI Mile Square enterprise also includes five permanent year-round School-Based Health Centers: Hope Health and Wellness (Near West Side); Davis Health and Wellness Center (Brighton Park); Dr. Cynthia Barnes-Boyd/Drake Health and Wellness Center (Douglas); Englewood Health and Wellness Center (Englewood); and National Teachers Academy Health and Wellness Center (Near South Side). Finally, as of this assessment, UI Mile Square operates one nurse-led practice site (Humboldt Park) managed by UIC College of Nursing, which is closing at the end of August 2023.

UI Mile Square practice sites are vital to the research and academic mission of UIC and UI Health. UI Mile Square clinics are staffed by health professionals from UI Health, a leader in research, clinical practice, outreach, and teaching aimed at eliminating health disparities and providing access to high-quality personalized health care to those who need it most.

B. Purpose of This Report

This report provides a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the UI Mile Square service area. This report may be used for a variety of strategic purposes, such as guiding resource allocation, consideration of new sites or services or hours of operations, and other decision-making. Ultimately, the report supports UI Mile Square in its efforts to improve the health and wellness of community members, increase life spans, improve quality of life, reduce health disparities among service area residents, and increase accessibility of health services.

C. Methods

This needs assessment incorporates both quantitative and qualitative data. Quantitative data was collected using the most recently available data sets as of January 2023 from the American Community Survey (ACS); UDS Mapper; CDC Wonder, the Behavioral Risk Factor Surveillance System (BRFSS); the Youth Risk Behavior Survey (YRBS); the Chicago Department of Public Health's (CDPH) Chicago Health Atlas and other city of Chicago sources; the Cook County Department of Public Health's (CCDPH) Cook County Health Atlas; county health rankings; the National Survey of Children's Health; Policy Map; City Health Dashboard; CDC PLACES; and other publicly available online sources.

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

Qualitative data was gathered through three methodologies. First, a community survey for patients and local community residents was conducted from March 2023 through May 2023. This survey was available in both English and Spanish and could be completed online, on paper at select UI Mile Square sites, or administered in person by community health workers at various sites and community events throughout the service area. In total, 612 responses (597 complete responses) were received to the survey. Of these, 535 responses (87%) came from residents of the service area, representing 41 of the 45 zip codes in the service area.

It should be noted that the survey was a self-reported survey conducted by a self-selected convenience sample of individuals connected to or coming into contact with UI Mile Square, not a controlled random sample of the service area population. As such, it is important to note that convenience samples are vulnerable to hidden and systemic biases, where the sample results may differ from the results that would be derived from the entire population. It is therefore unknown how responses in this convenience sample survey may differ from the whole service area population. Even with the high number of responses obtained, survey findings in this report are rounded to the nearest whole number so as not to convey a greater level of precision than was obtained. Despite such limitations, the survey responses provide valuable insight into community members' perspectives and perceived needs.

The second methodology was subject-matter expert interviews, which were conducted between March 2023 and April 2023. Eight individuals in the service area were interviewed, including UI Mile Square board members, representatives of community-based nonprofits, and municipal or neighborhood experts, both in the Chicago and Rockford portions of the service area. The interviews provided community insight and recommendations for UI Mile Square through these lenses. Eight total phone interviews were conducted by a third-party consultant.

Finally, one focus group was held in April 2023 in order to provide additional insight into community needs from the perspective of patients. The conversation was held as part of an existing Diabetes Prevention Program (DPP) with patients and community members based out of the Auburn Gresham site and was facilitated by a third-party consultant.

D. Service Area Definition

The overall University of Illinois Mile Square Health Center (“UI Mile Square”) service area encompasses 45 Zip Code Tabulation Areas (ZCTAs) in two distinct parts of northern Illinois. The first is the Chicago area, which entails 30 total ZCTAs within the city of Chicago and the near-west suburbs of Cicero and Berwyn. The second part of the service area is the Rockford area, which entails 15 ZCTAs in Winnebago, Boone, Ogle, Lee, and DeKalb counties. These two major areas are shown on the map below in the context of northern Illinois. Please note that a ZCTA is a statistical entity developed by the U.S. Census Bureau for tabulating summary statistics. In this report, the terms ZCTA and zip code may be used interchangeably.

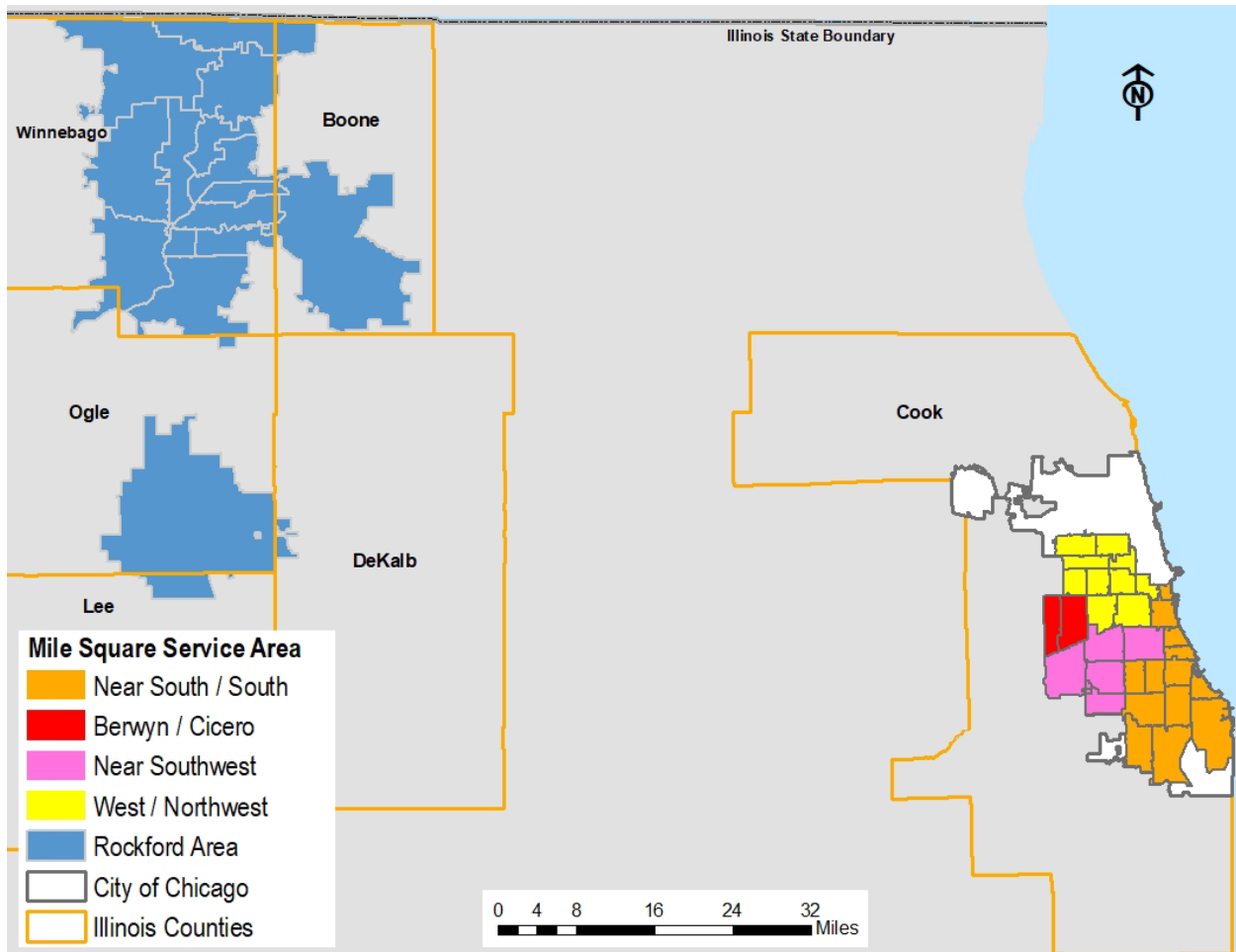


Figure 1: Overall UI Mile Square service area, including Rockford and Chicago areas.

The zip codes in the service area were determined based on several criteria that align with Health Center Program requirements and UI Mile Square’s overall strategy, including:

- Zip codes in which 75 percent or more of all UI Mile Square patients reside
- Zip codes in which a UI Mile Square clinic is located
- Zip codes listed on a *Form 5B: Service Sites* for a UI Mile Square clinic site, indicating it is a zip code served by that site
- Zip codes in which UI Mile Square has one of the largest market shares, increasing patient volume, or which otherwise is a relevant zip code going forward

Given the large geographic service area and the fact that there are meaningful differences in demographics and community needs across the service area, five different regions have been defined for descriptive purposes in this report — four in the Chicago area and one that comprises the Rockford area. Regions were defined based on normal community patterns. This division allows UI Mile Square to understand and respond to a large variety of needs across a very broad area. These regions are outlined on the map above and table below.

Region	Zip Codes	% Mile Square Patients	# Mile Square Patients
<i>West/Northwest</i>	60607, 60608, 60612, 60622, 60623, 60624, 60639, 60644, 60647, 60651	28.1%	14,354
<i>Near South/South</i>	60605, 60615, 60616, 60617, 60619, 60620, 60621, 60628, 60636, 60637, 60643, 60649, 60653	29.6%	15,147
<i>Near Southwest</i>	60609, 60629, 60632, 60638, 60652	16.7%	8,543
<i>Berwyn/Cicero</i>	60402, 60804	2.7%	1,390
<i>Rockford</i>	61008, 61068, 61072, 61073, 61080, 61101, 61102, 61103, 61104, 61107, 61108, 61109, 61111, 61114, 61115	9.8%	5,009

The maps on the five pages that follow show these geographic regions of the service area in greater detail, including the locations of UI Mile Square primary care sites, integrated care sites, and school-based health centers. Figure 2 shows the Chicago portion of the overall UI Mile Square service area according to its zip codes, with each region highlighted in colors that correspond to the tables above.

Given that many residents and partners understand the community in neighborhood terms rather than by zip code, Figure 3 shows the same Chicago portion of the service area but according to the official Chicago Community Areas, which are the defined neighborhood boundaries used for many public health and city services in Chicago. A crosswalk showing the zip codes and community areas can be found in Appendix B. Also included on the Chicago area maps in Figures 2 and 3 are the municipalities of Cicero and Berwyn. These two suburbs adjacent to Chicago are still located within Cook County and considered part of the Chicago metropolitan area.

The map in Figure 4 shows the Rockford portion of the service area, which was added to the UI Mile Square service area in 2020. This region overlaps five counties: Winnebago, Boone, Ogle, Lee, and DeKalb. By far, the bulk of the region is within Winnebago County; however, a few zip codes are primarily in Boone or Ogle counties. As such, all three of these counties are used for comparisons in the demographic sections of this report. Figure 4 shows the 15 zip codes in this region in relation to the major cities and towns, counties, and the UI Mile Square L.P. Johnson primary care site.

To better illustrate the reach of UI Mile Square’s clinics and the volume of patients served, Figures 5 and 6 show the number of unique patients UI Mile Square served in 2022 according to zip code. Figure 5 shows the more than 77 percent of unduplicated 2022 patients who live in the 30 Chicago area zip codes, with the highest concentrations of patients in close proximity to UI Mile Square sites. Figure 6 shows the 9.8 percent of 2022 patients from the Rockford area zip codes, who are also clustered around the UI Mile Square L.P. Johnson site.

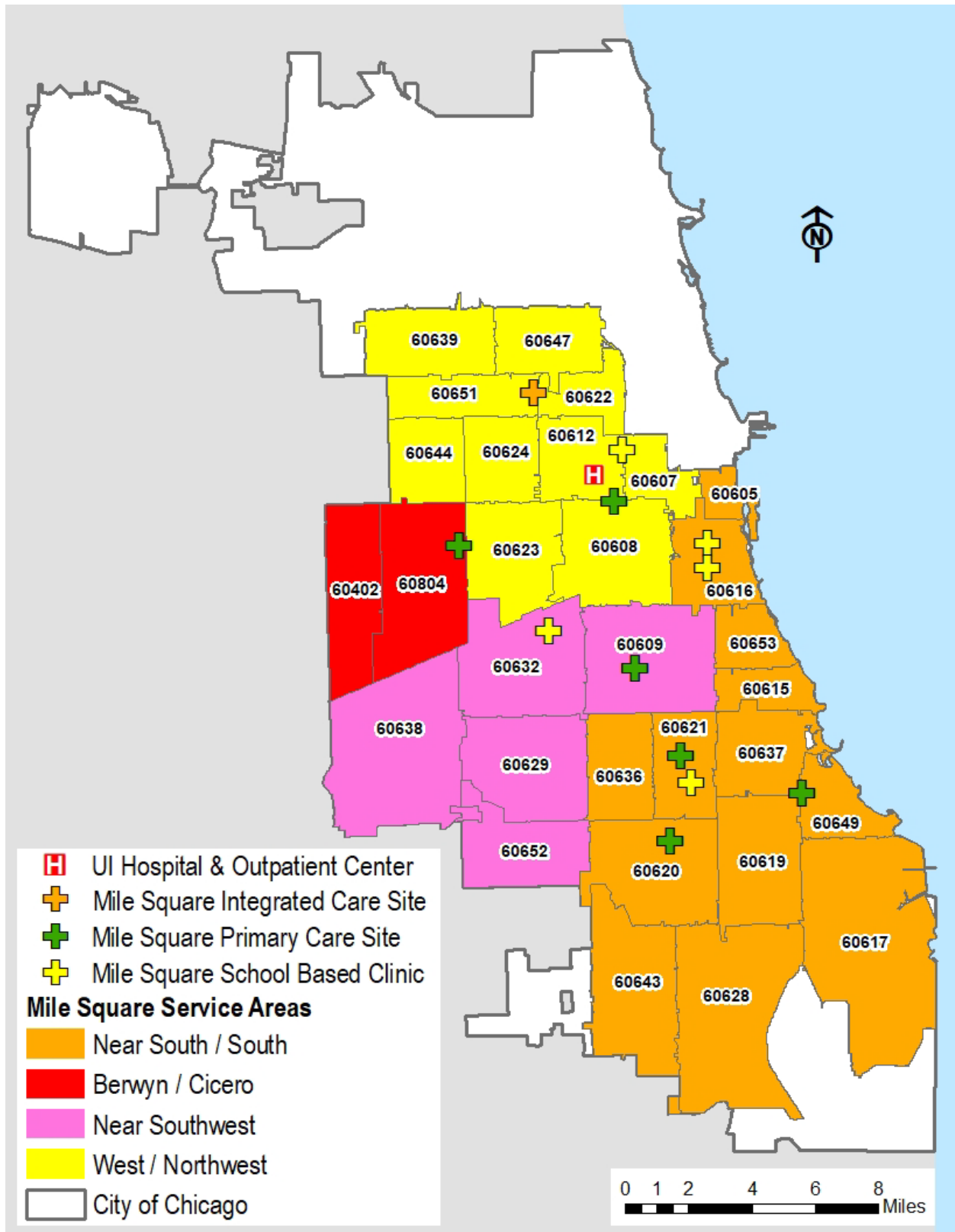


Figure 2: Chicago area regions of UI Mile Square service area by zip code

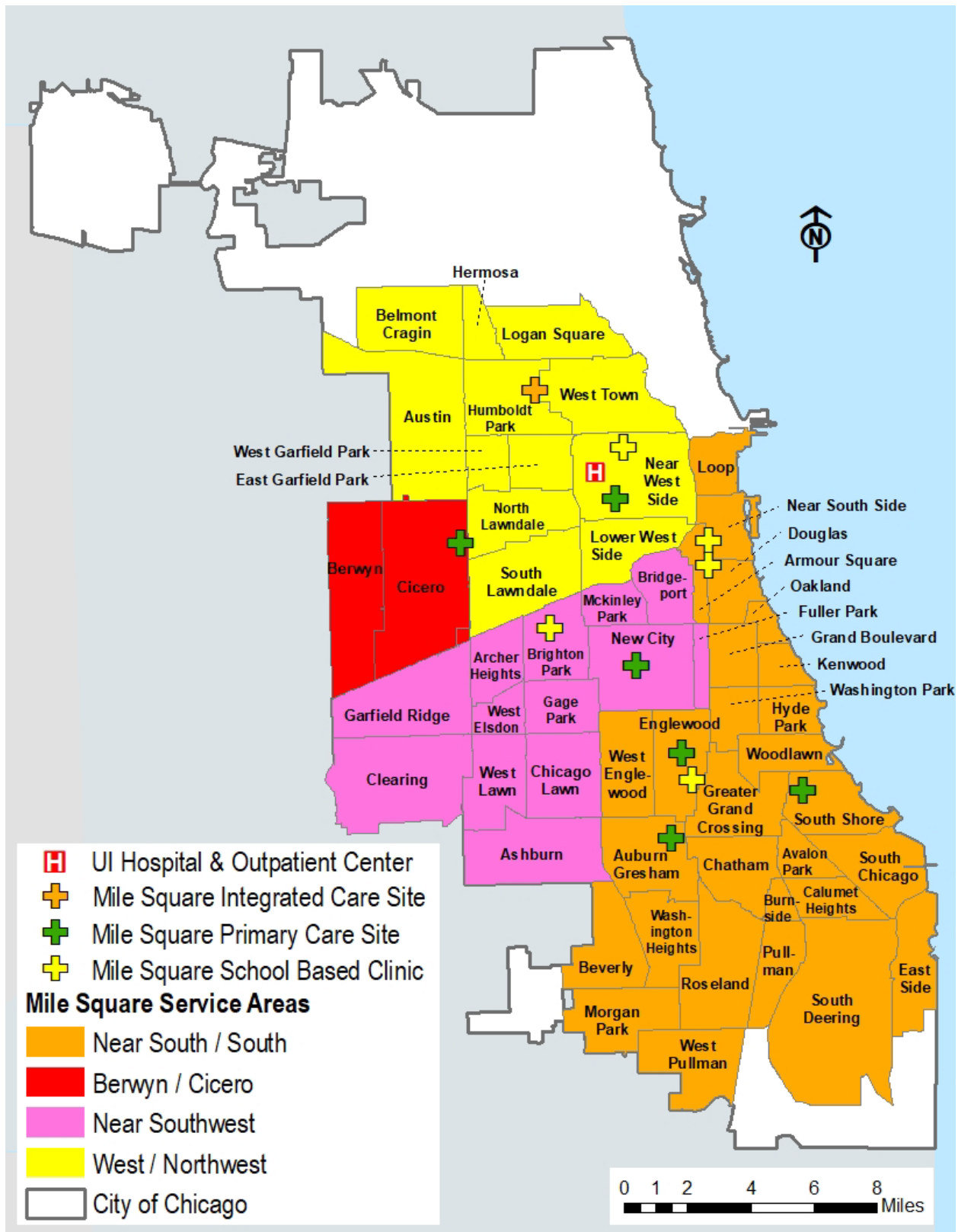


Figure 3: Chicago area regions of UI Mile Square service area by Chicago Community Area

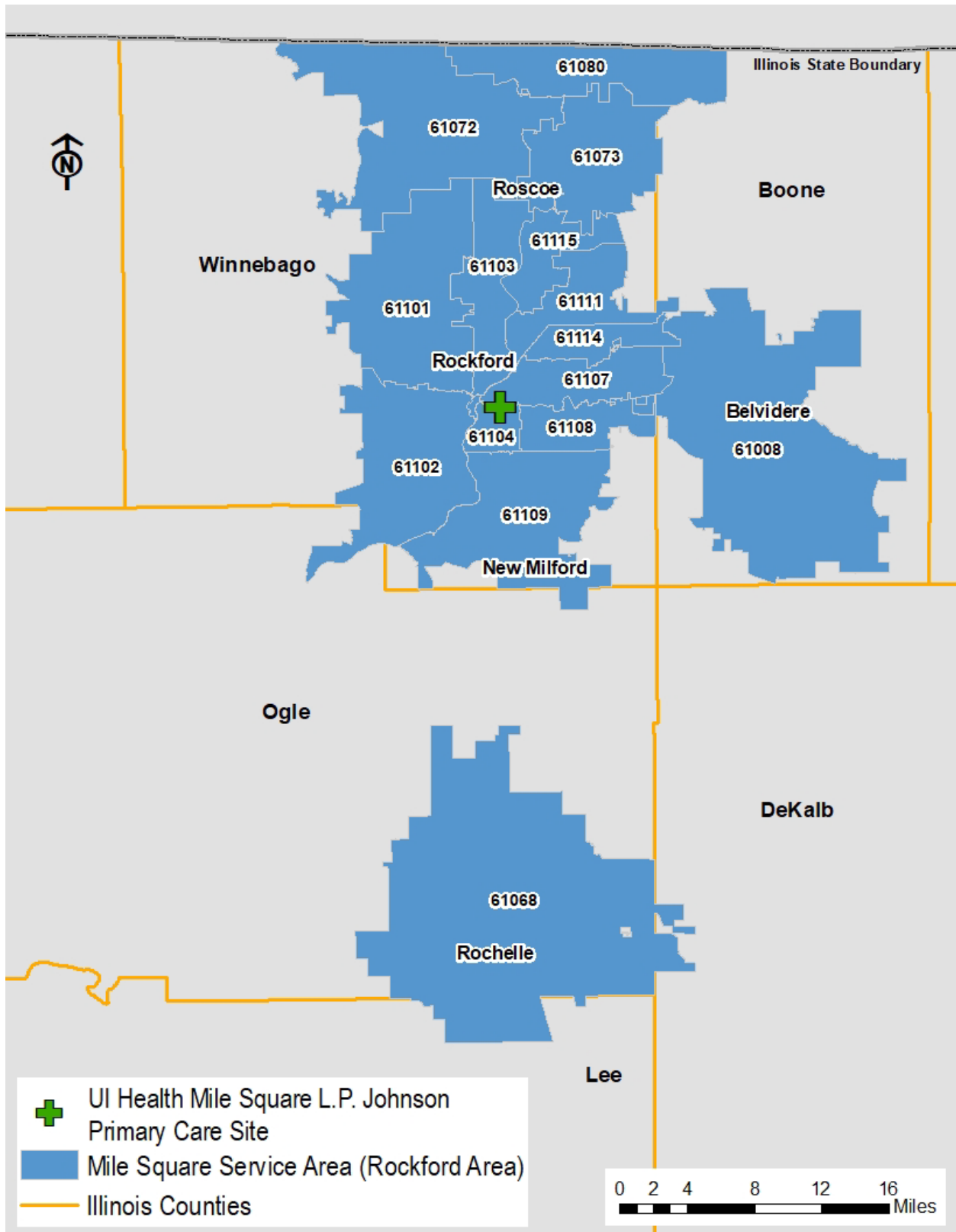


Figure 4: Rockford regions of UI Mile Square service area by zip code

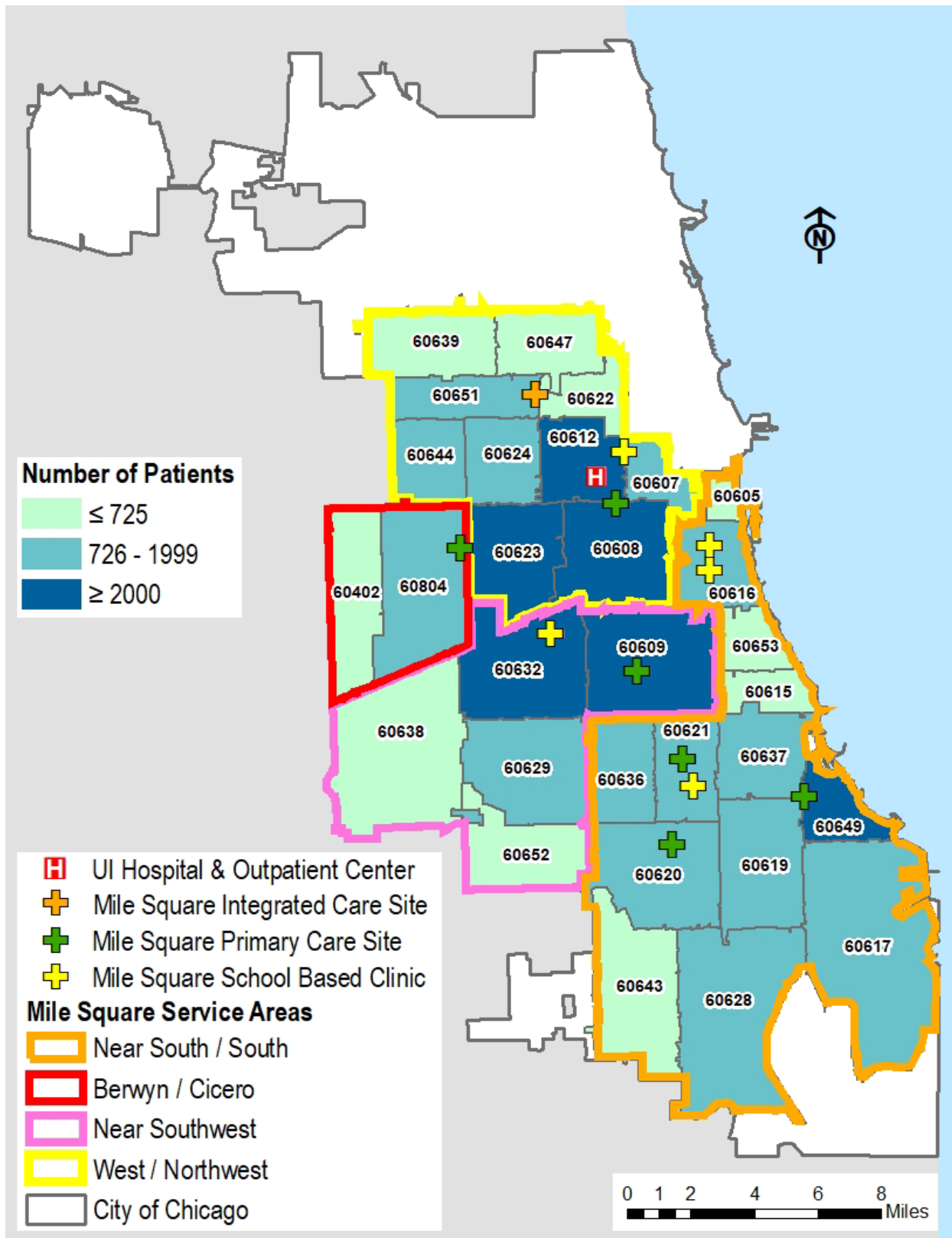


Figure 5: Number of unique UI Mile Square patients in 2022 according to zip code, Chicago area

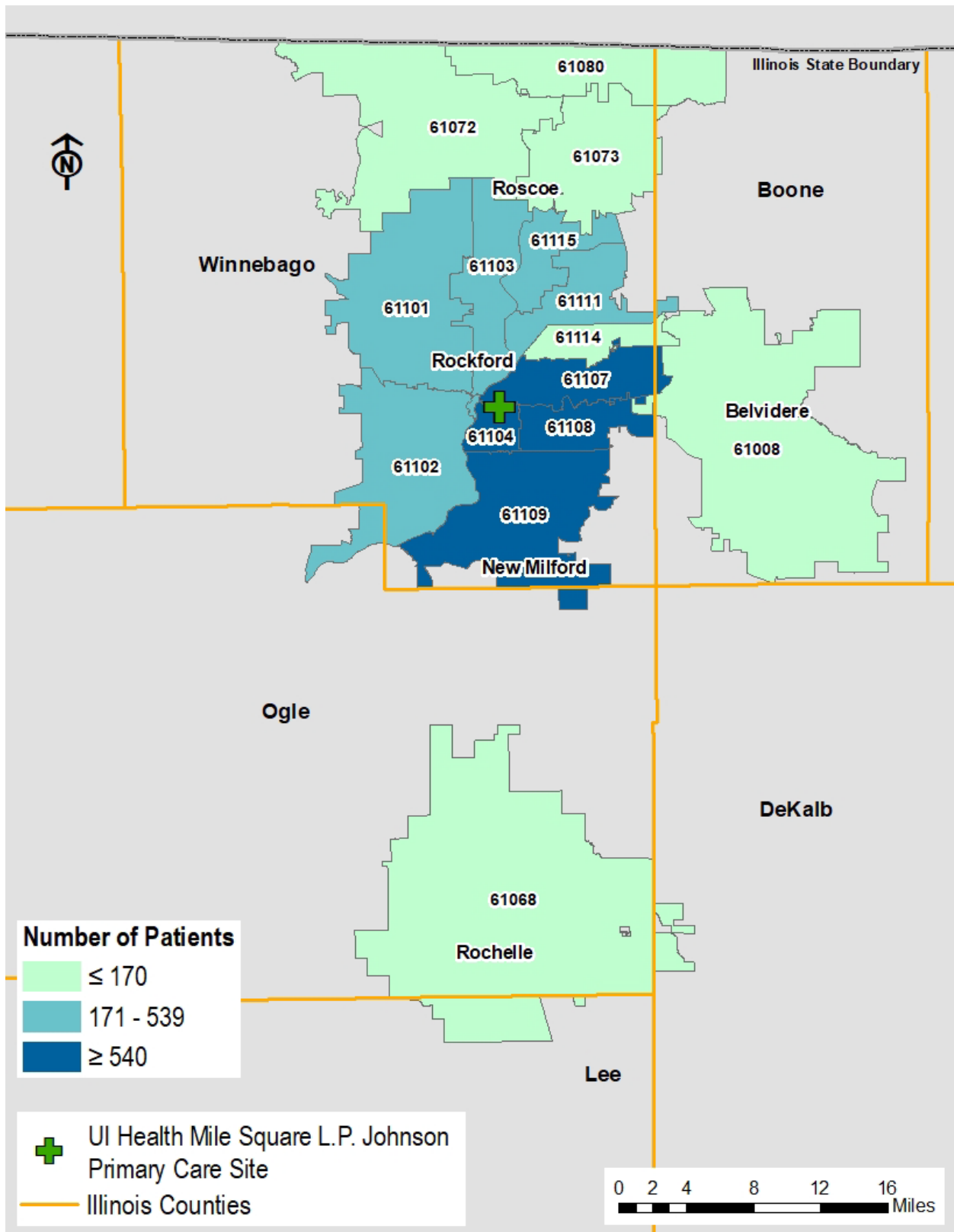


Figure 6: Number of unique UI Mile Square patients in 2022 according to zip code, Rockford area

E. How to Read This Report

This report begins with an examination of UI Mile Square’s service area, including population characteristics, demographics, and socioeconomic information for the service area at large, and then for the five distinct regions within the service area. Except where otherwise noted, data in this section is from the ACS 2017–2022 five-year estimates. This section is organized around the five key area of social determinants of health (SDOH) developed by Healthy People 2030:

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

The report next describes morbidity, mortality, and health disparities in the service area, including for diabetes, cardiovascular disease, cancer, prenatal and perinatal health, child health, behavioral health, COVID-19, and other health indicators, with comparisons to national and state averages. The report also considers community factors such as Medically Underserved Areas, Health Professional Shortage Areas, and other unique community factors affecting the service area.

All components required in the Health Center Program Compliance Manual Chapter 3: Needs Assessment are present in this report. The crosswalk in the table below identifies where each item can be found within this report.

Social Determinants of Health



Figure 7: Five key areas of social determinants of health per Healthy People 2030

Items needed to demonstrate compliance		Primary Section in this Report	Page
Factors associated with access to care and health care utilization	Geography	IV.E. Neighborhood/Built Environment	40
	Transportation	IV.E. Neighborhood/Built Environment	40
	Occupation	IV.C. Economic Stability	34
	Transience	IV.E. Neighborhood/Built Environment	47
	Unemployment	IV.C. Economic Stability	32
	Income Level	IV.C. Economic Stability	24
	Educational attainment	IV.D. Educational Access and Quality	37
Significant causes of morbidity, mortality, and any health disparities	Diabetes, cardiovascular disease, cancer, low birth weight, behavioral health	V. Health Disparities	62
Other unique health needs or characteristics that impact health status or access to/utilization of primary care	Social factors	IV.B. Social and Community Context	16
	Physical environment	IV.E. Neighborhood/Built Environment	50
	Cultural/ethnic factors	IV.B. Social and Community Context	16
	Language needs	IV.B. Social and Community Context	22
	Housing status	IV.E. Neighborhood/Built Environment	43

The next section describes other health safety net services across the five UI Mile Square service area regions. The report concludes with a discussion of the health care policy environment in the UI Mile Square service area.

IV. Service Area Population

As previously noted, Healthy People 2030 identifies five key areas of social determinants of health (SDOH) which can be used as a lens for describing the UI Mile Square service area population. These areas are social and community context, economic stability, education access and quality, neighborhood and built environment, and health care access and quality. This section begins with an overall look at community context and community hardship in the UI Mile Square service area. It then looks at various quantitative data related to all five areas, including distinctions by the service area's five regions. Qualitative findings from the interviews, focus group, and self-report survey using a convenience sample are included as relevant to share additional community perspectives and insight, but it should be noted that these are not necessarily representative of the whole service area population.

A. Overall Context and Community Hardship

The UI Mile Square Service area comprises 2,078,238 residents — 1,761,063 in the Chicago area and 317,175 in the Rockford area. Service area communities are overwhelmingly made up of racial and ethnic minorities and populations that experience high socioeconomic hardship and face unique health challenges centered around social determinants of health.

One way of measuring overall community hardship is with the Economic Hardship Index. This composite score helps compare social and economic conditions between Chicago communities. The six indicators in the index are:

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

As shown on the adjacent map from the Chicago Health Atlas, zip codes in the UI Mile Square service area are disproportionately those with high economic hardship. Whereas the city of Chicago's overall hardship score is 55.2, the UI Mile Square service area includes all five of the zip codes with a hardship index score above 90 in the city and only serves four with scores below 50. Of the 28 city of Chicago zip codes served by UI Mile Square, 19 have hardship index scores between 70 and 94.¹ Using the same index, suburban Cicero also has a hardship index score of 80.5.²

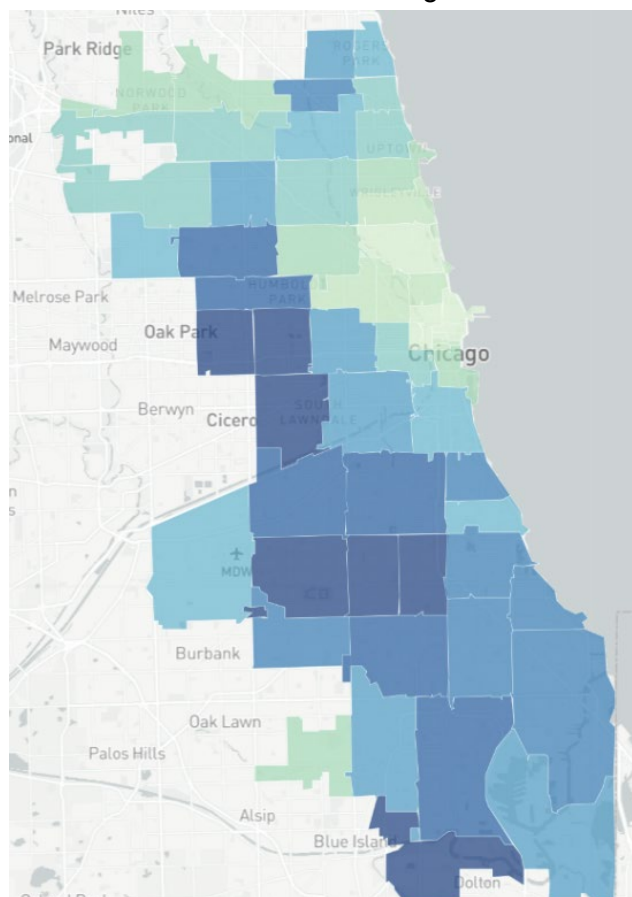
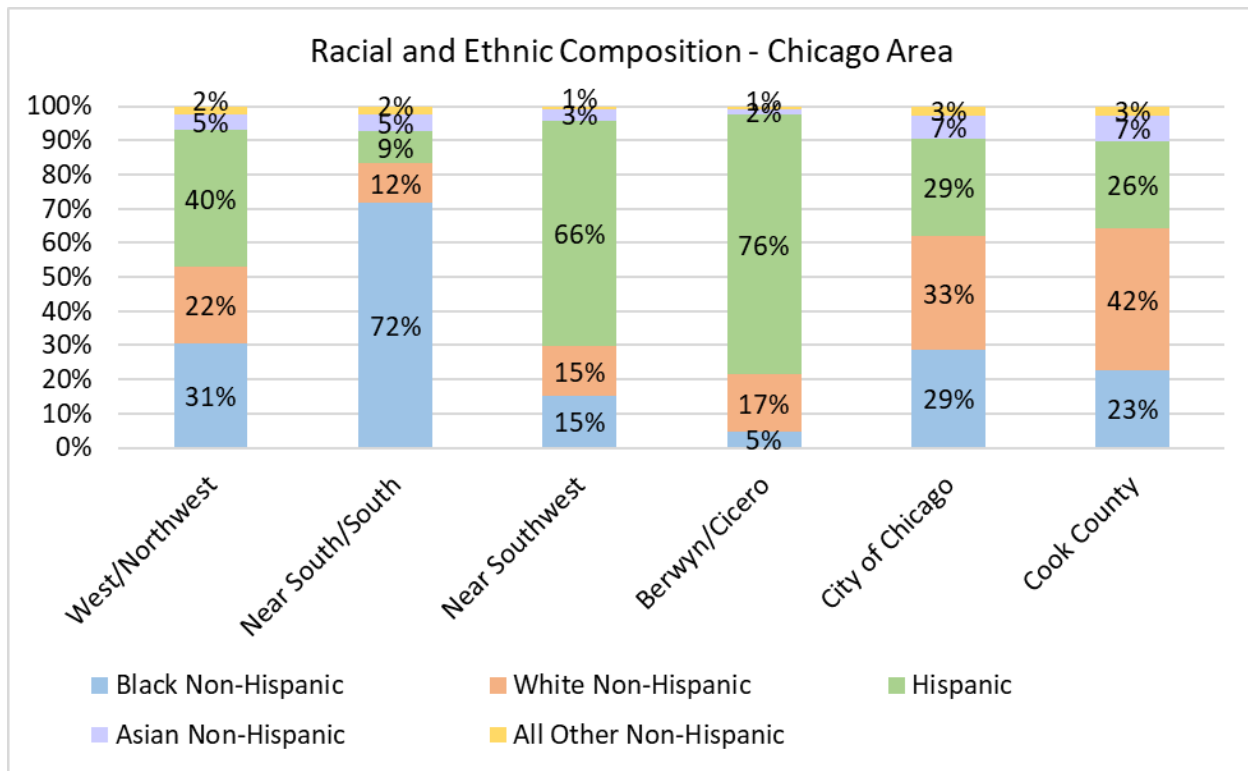


Figure 8: Hardship Index by Chicago community area, 2017–2021. Darker blue indicates a higher degree of hardship according to the index. Source: Chicago Health Atlas

B. Social and Community Context

Race/Ethnicity — Chicago Area

Racial and ethnic composition varies throughout the UI Mile Square service area. Overall, 36 percent of the population identifies as Black/African American, and another 34 percent identifies as Hispanic. Individuals identifying as white non-Hispanic account for 24 percent of the overall service area population, followed by Asian non-Hispanic and all other races (non-Hispanic) at 4 percent and 2 percent respectively.



Racial and economic segregation has persisted for decades in Chicago and continues today, exacerbated by historical policies and practices that reflect the racial segregation and geographic isolation we see today among Blacks, Hispanics/Latinos and whites. Although the overall service area population is fairly evenly distributed among the major racial and ethnic groups, the service area is very segregated at the regional level, consistent with Chicago's segregation at the neighborhood and community level. As seen in the graph above, which shows the racial and ethnic composition of the service area's four Chicago-area regions, the West/Northwest region is the most diverse, with 40 percent of the population identifying as Hispanic, 31 percent as Black non-Hispanic, 22 percent as white non-Hispanic, and 5 percent Asian non-Hispanic. The highest concentrations of Black non-Hispanic populations reside in the Near South/South (72%) region, while the highest concentrations of Hispanic populations reside in the Berwyn/Cicero (76%) and Near Southwest (66%) regions. In all Chicago-area regions, racial and ethnic minority populations comprise the majority, with no more than 22 percent white non-Hispanic in any of the four regions. In contrast, the white non-Hispanic population makes up a plurality of both the city of Chicago (33%) and of Cook County (42%).

These statistics demonstrate Chicago's ongoing and persistent neighborhood racial segregation. According to the Metropolitan Planning Council report *The Cost of Segregation*, the Chicago metropolitan area has consistently ranked among the top 10 in the highest levels of African

American–white racial segregation from 1990 to 2010.³ As the report states, “segregation on the basis of race and class results in inequitable opportunities for education and other public services, job prospects, and even health outcomes.”

The maps below in Figure 9 illustrate Chicago’s neighborhood segregation visually, with the concentration of Black populations (image to the left) most visible on the South and West sides, the concentration of Hispanic populations (center image) most concentrated on the West and Southwest sides, and the concentration of Asian populations (image to the right) most concentrated in the downtown and Near South areas that are home to Chinatown.

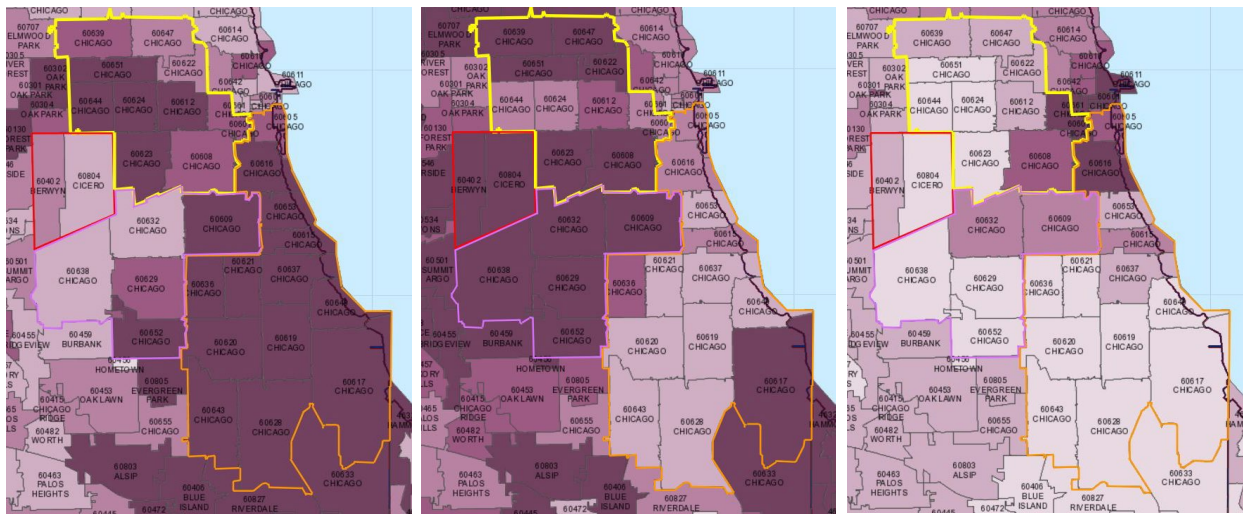


Figure 9: Concentrations of Black (left), Hispanic/Latino (center), and Asian (right) residents by zip code in the Chicago area, with service area regions outlined. Darker purple indicates higher populations of individuals identifying with that race/ethnicity. Source: UDS Mapper

UI Mile Square’s responsiveness to the racial and ethnic diversity of the workforce has been received positively, with three of the five Chicago-based qualitative conversations highlighting the way UI Mile Square represents the community in its hires of Black/African American staff at all levels. Interview and focus group participants noted the way having Black staff from the neighborhood employed at all levels of the organization, from front desk and security to nurses and doctors, “feels good” and is relatable and familiar. One individual noted that communicating with your doctors is easier when they understand the community’s diet, culture, and struggles. Another noted that a representative staff person can be an inspiration to children from Black communities, demonstrating that they too could be doctors, nurses, or other health care professionals someday.

Still, despite the already racially/ethnically diverse workforce, numerous open-ended responses from community survey respondents suggested that the health center might benefit from hiring even more staff, particularly more providers, who reflect the community. Requests for Black/African American providers were particularly prevalent, with several respondents noting that available providers used to be more diverse, asking what happened to the Black doctors, or saying that they need “more doctors that are African American that the people can trust.”

Race/Ethnicity — Rockford Area

While the four Chicago area regions are majority minority, the Rockford region is majority white non-Hispanic. As shown below, the zip codes that comprise the Rockford area are quite a bit less diverse than those in the Chicago area, with only 16 percent of the population identifying as Hispanic, 12 percent as Black non-Hispanic, and 3 percent as Asian, with a full 66 percent identifying as white non-Hispanic. Still, the Rockford zip codes remain slightly more diverse than the counties of which they are a part (Winnebago, Boone, and Ogle), and one interview subject noted that the area has diversified over time.

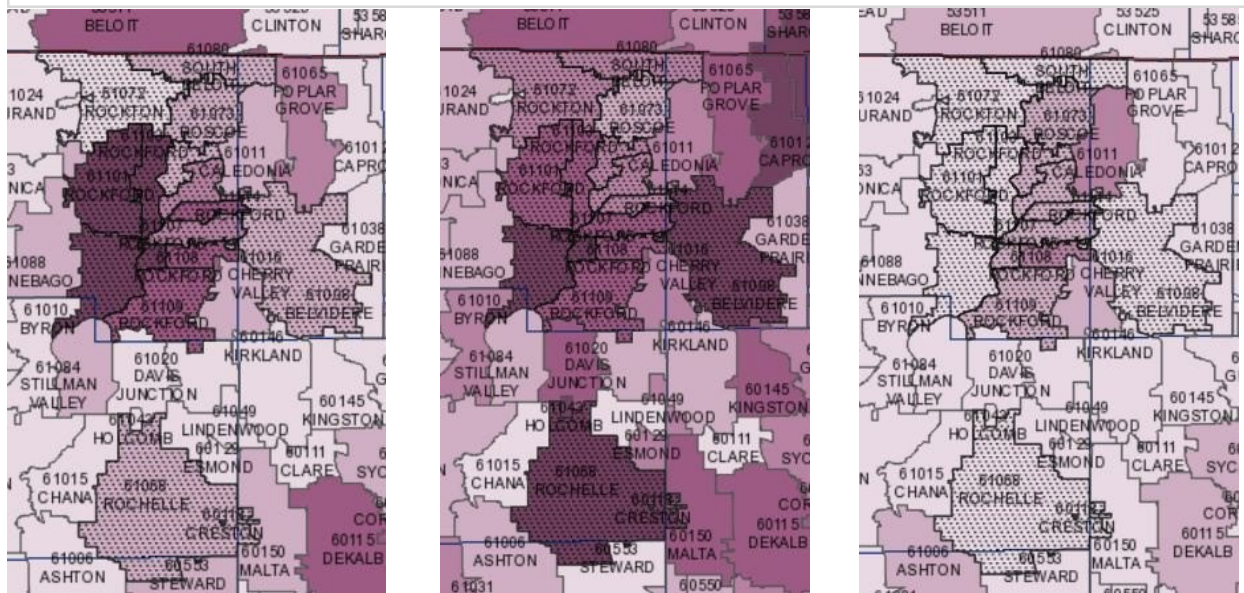
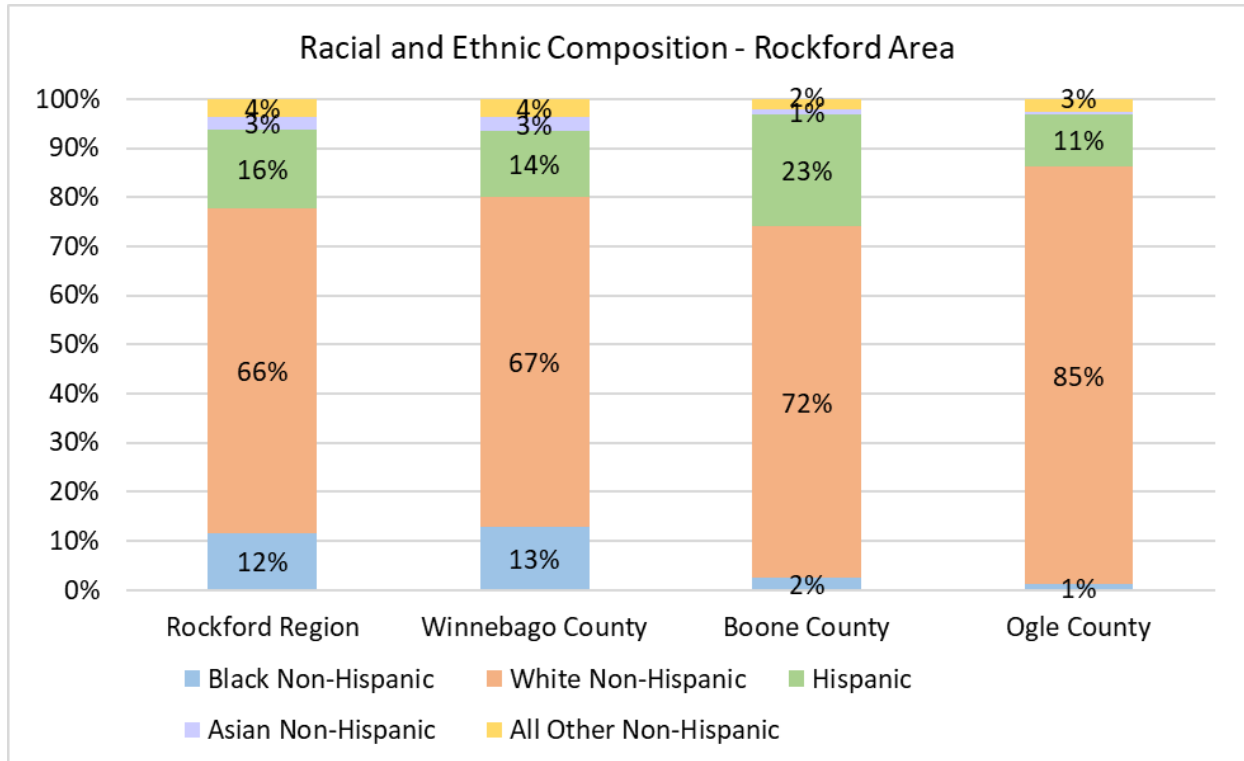


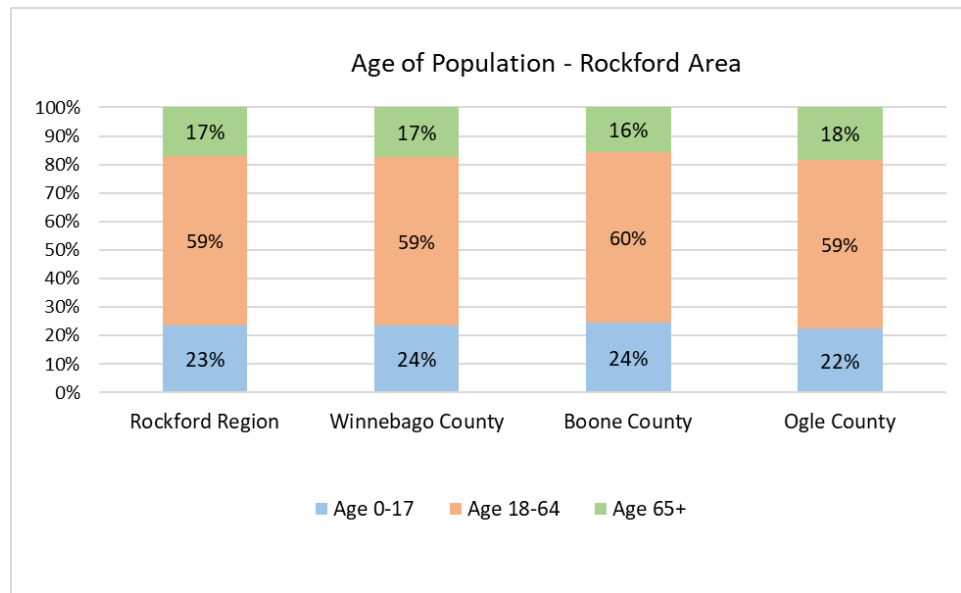
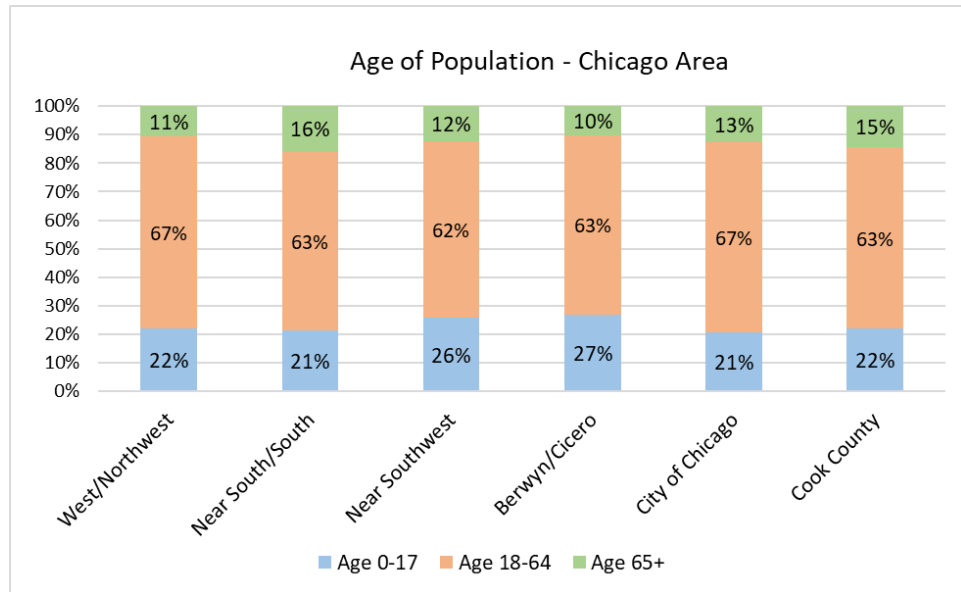
Figure 10: Concentrations of Black (left), Hispanic/Latino (center), and Asian (right) residents by zip code in the Rockford area. Darker purple indicates higher populations identifying with that race/ethnicity. Source: UDS Mapper

Age

Persons age 18 to 64 years comprise the largest share of the service area population (63%), followed by persons age 0 to 17 years (23%) and persons age 65 years and up (14%). This is fairly similar to the trend in all the Chicago area regions, the Rockford region, and all comparison areas (city of Chicago and counties of Cook, Winnebago, Boone, and Ogle).

A few notable differences are that the Near South/South region has the largest proportion of older adults (16%) and the smallest proportion of children (21%). In contrast, the Near Southwest and Berwyn/Cicero regions have a higher percent of their populations age 17 and under (27% and 26%, respectively), making them somewhat younger populations than the Near South/South. The West/Northwest region has the highest proportion of working-age adults (67%).

The Rockford region has the greatest proportion of older adults, at 17 percent, but this is consistent with the slightly higher percent of older adults in Winnebago and surrounding counties overall as compared to Cook.



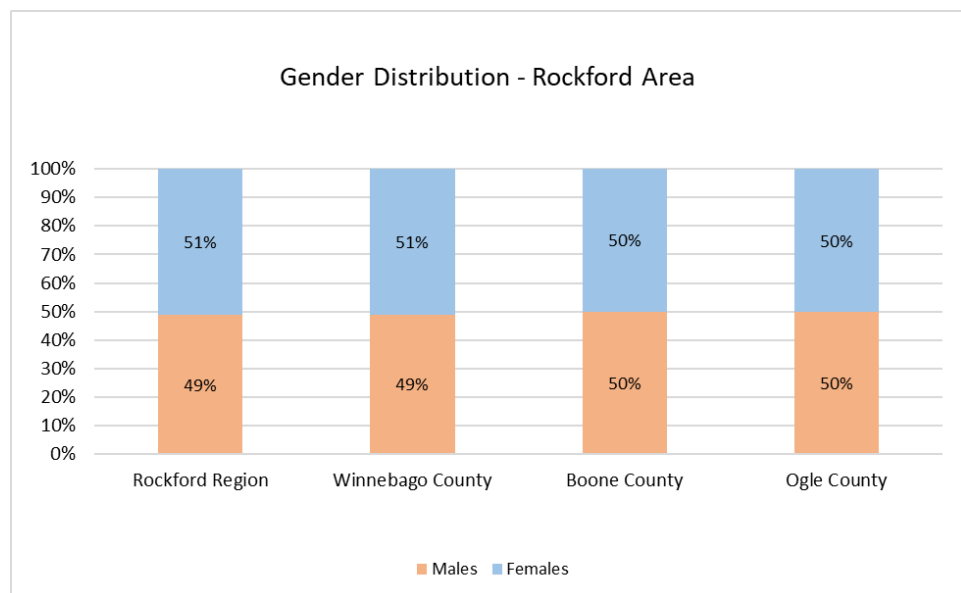
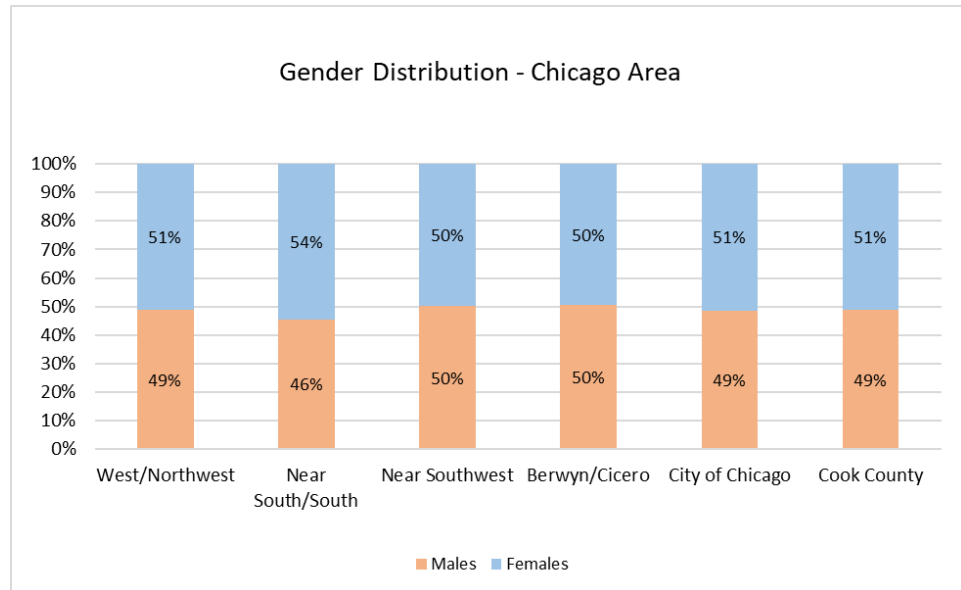
Sex/Gender

All but one of UI Mile Square's service area regions are consistent with population norms for sex distribution, with the population evenly or nearly evenly divided between males and females.

Only the Near South/South region is unbalanced, with males representing only 46 percent of the total population for all ages. This is consistent with earlier data (2012, 2015, and 2018 ACS five-year estimates), indicating that this is not a new trend. As sex or gender assigned at birth is distributed fairly equally, this imbalance in the Near South/South region suggests that individuals identifying as male leave the area's population at a rate that outpaces those

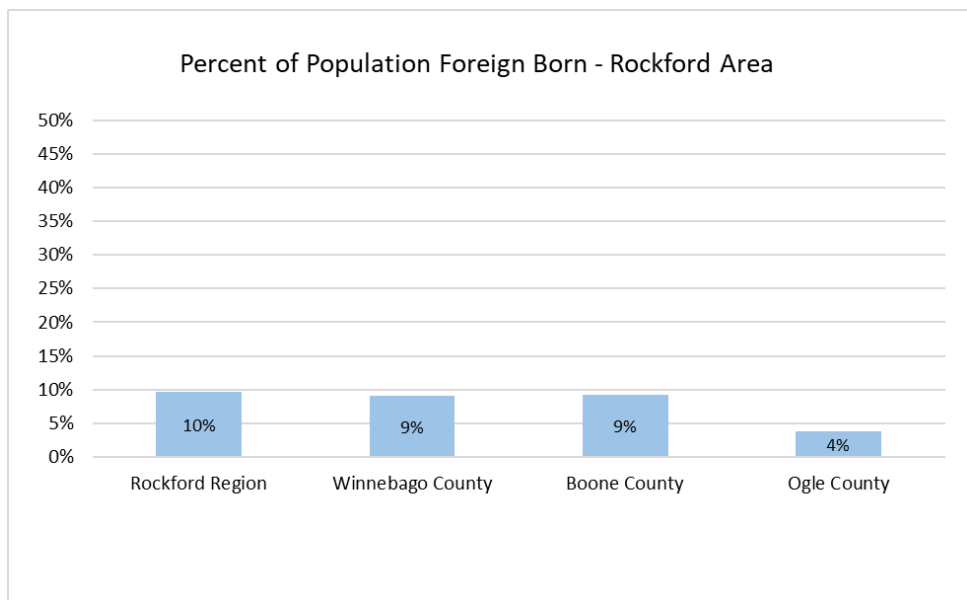
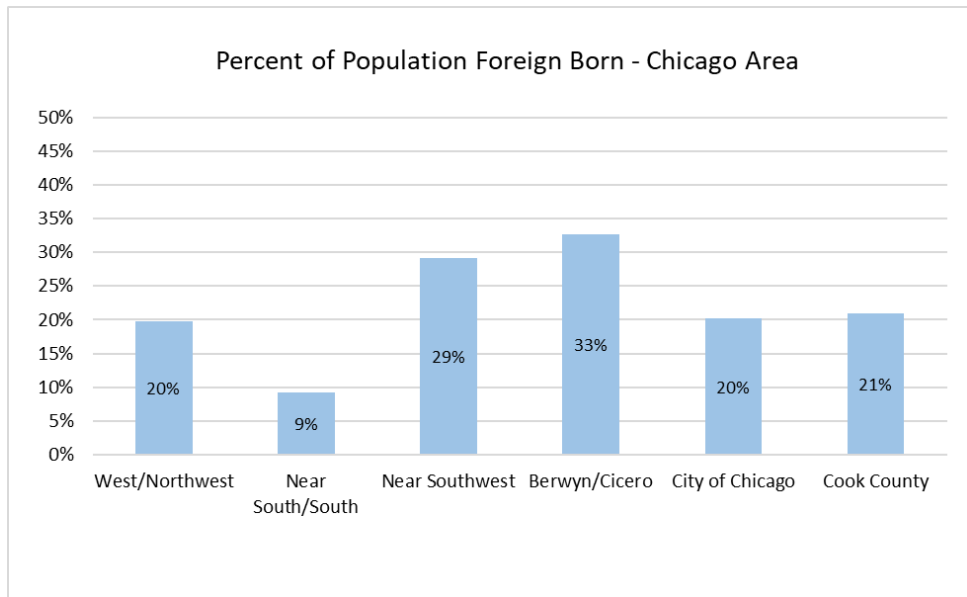
identified as female leaving the population. This may be through earlier death among males due to fatal violence or adverse health conditions, greater incarceration rates among males, or higher rates of relocation for employment or other opportunities. Notably, this region is also home to the highest percentage of individuals who identify as Black/African American, suggesting a possible pattern of early death, incarceration, or relocation among Black males that differs from males of other races and ethnicities.

Please note that as of the 2017–2021 ACS, data was only available on sex with two answer choices: male and female. No gender identity question with a fuller range of choices, such as nonbinary, is currently asked in the ACS.



Foreign-Born Populations

The proportion of foreign-born individuals in the entire service area is 17 percent. However, there is meaningful variation across the different regions of the service area. In the Chicago portion of the service area, two regions, Near Southwest and Berwyn/Cicero, each have roughly one-third of their population (29% and 33% respectively) that was born outside the United States, well above the 20 percent in the city of Chicago and the 21 percent in Cook County. These regions are also home to the largest Hispanic populations in the service area (66% and 76% respectively), demonstrating need for linguistic and cultural competence in this area.

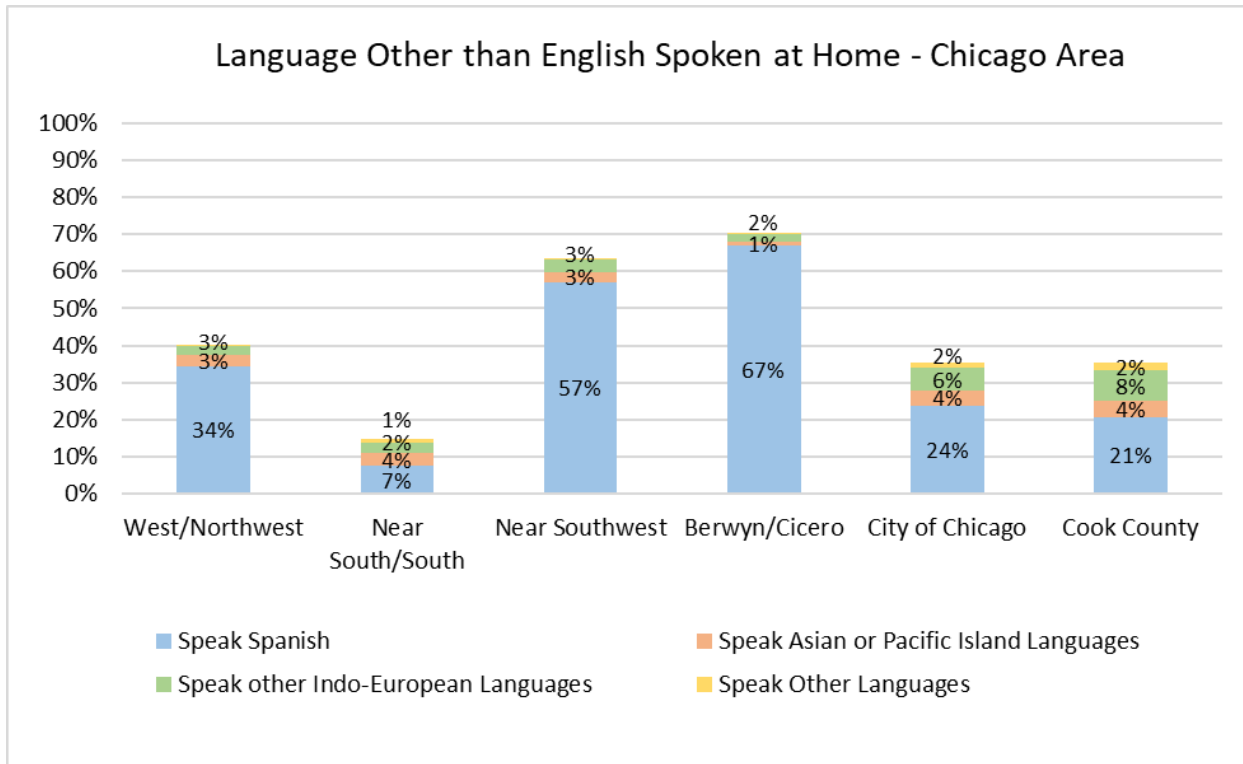


In contrast, the Near South/South region and the Rockford region are home to the lowest percent of foreign-born individuals (9% and 10% respectively). In the case of Near South/South, this is likely because the population is predominantly U.S.-born Black/African American individuals. In the case of Rockford, this is only slightly above the overall foreign-born rates in Winnebago and Boone counties.

Some of the most common countries of origin for foreign-born residents in the Chicago area include Mexico, Belize, Guatemala, the Dominican Republic, Ecuador, Jamaica, China, Ghana, Nigeria, India, the Philippines, Ukraine, and Poland, as well as numerous other countries in the Middle East, Africa, Asia, and Central America. In the Rockford area, the most common countries include Mexico, India, and the Philippines, as well as Germany, Colombia, Brazil, Yemen, and elsewhere in the Middle East and Africa.⁴

Language Spoken at Home

The overall percentage of the service area population that speaks a language other than English at home is 35 percent, similar to the city of Chicago (36%) and Cook County (35%), and well above Winnebago County (15%).

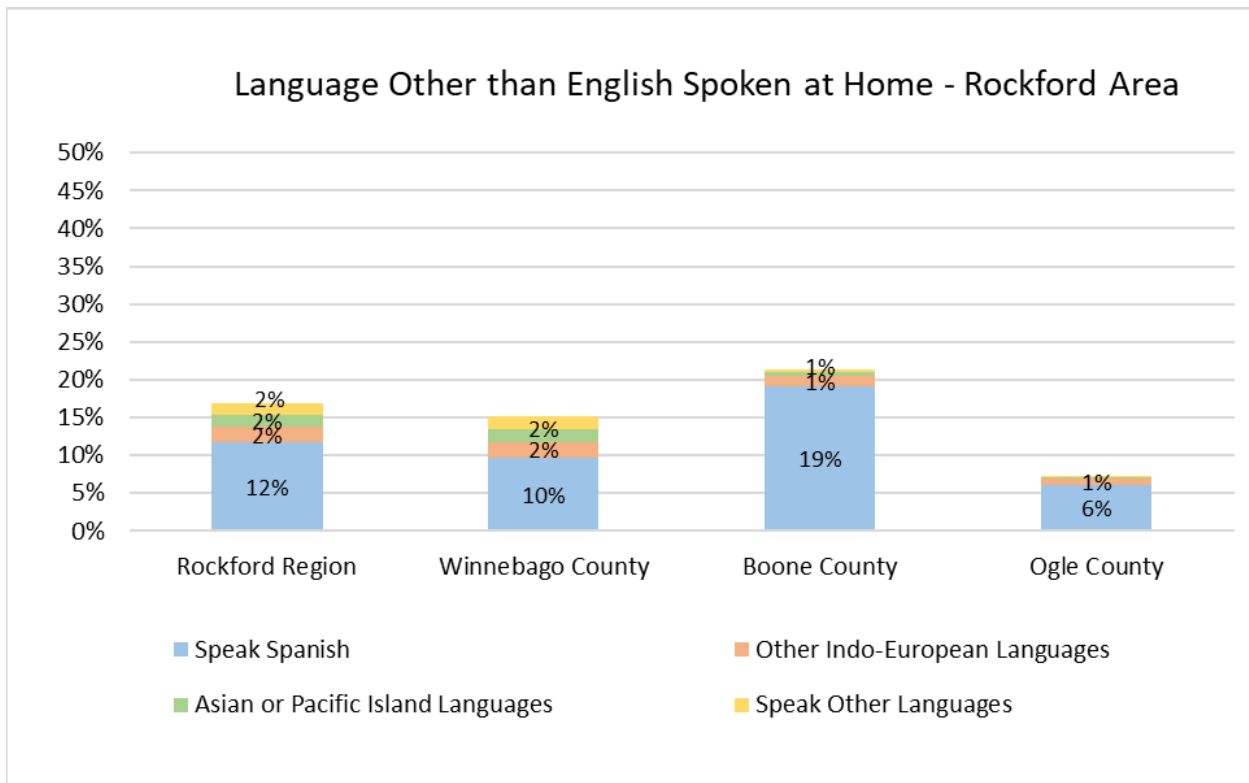


Two regions greatly exceed these rates of speaking a language other than English at home. Consistent with the foreign-born population data for the service area, the vast majority of the population speaks a language other than English at home in Berwyn/Cicero (70%) and Near Southwest (64%), where the population largely identifies as Hispanic and there are large numbers of foreign-born individuals. West/Northwest also has a somewhat higher rate of speaking a non-English language at home, at 40 percent. These statistics further demonstrate the need for linguistic and cultural competence in health care delivery in these portions of the service area.

In all regions, the most common non-English language spoken at home is Spanish. In Berwyn/Cicero and Near Southwest, 64 percent to 68 percent of each region’s total population speaks Spanish at home, with another 3 percent to 6 percent speaking other non-English languages at home.

Notably, in the Near South/South and the Near Southwest regions, 4 percent of the population speaks an Asian or Pacific Island language at home (compared to 1 percent to 3 percent in other regions). Another 2 percent of the population in each region speaks a non-Spanish Indo-European language at home. Thus, even though there is the greatest need for Spanish-language services in the region, access to interpretation in other languages, such as Chinese, Russian, Polish, and other Slavic languages, is also very important.

In the Rockford area, although a much smaller proportion of the area speaks a non-English language, the same pattern exists, wherein most speak Spanish (12% of the total population) and a smaller but still meaningful proportion speak other languages.

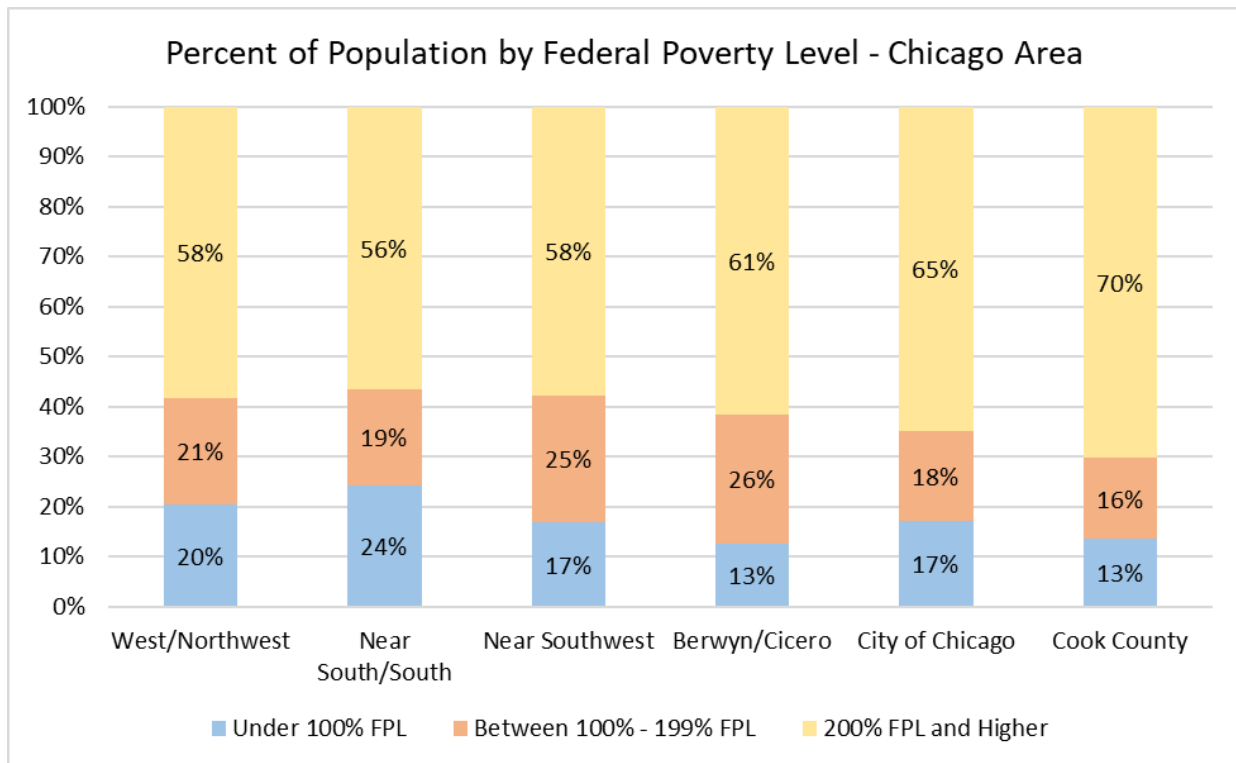


Responses to the patient and community survey underscored the importance of access to bilingual or multilingual health services. Among survey respondents from across the service area, 13 percent (80/601) felt most comfortable speaking Spanish and 3.5 percent (21/601) felt most comfortable speaking a language other than English and Spanish. When asked what types of health professionals or services the community needs more of, more than 10 percent (47/458) said services in other languages, with the majority of those suggesting Spanish. Other suggested languages included Cantonese and French. Furthermore, a number of open-ended comments from survey respondents requesting more Spanish-speaking or bilingual staff.

C. Economic Stability

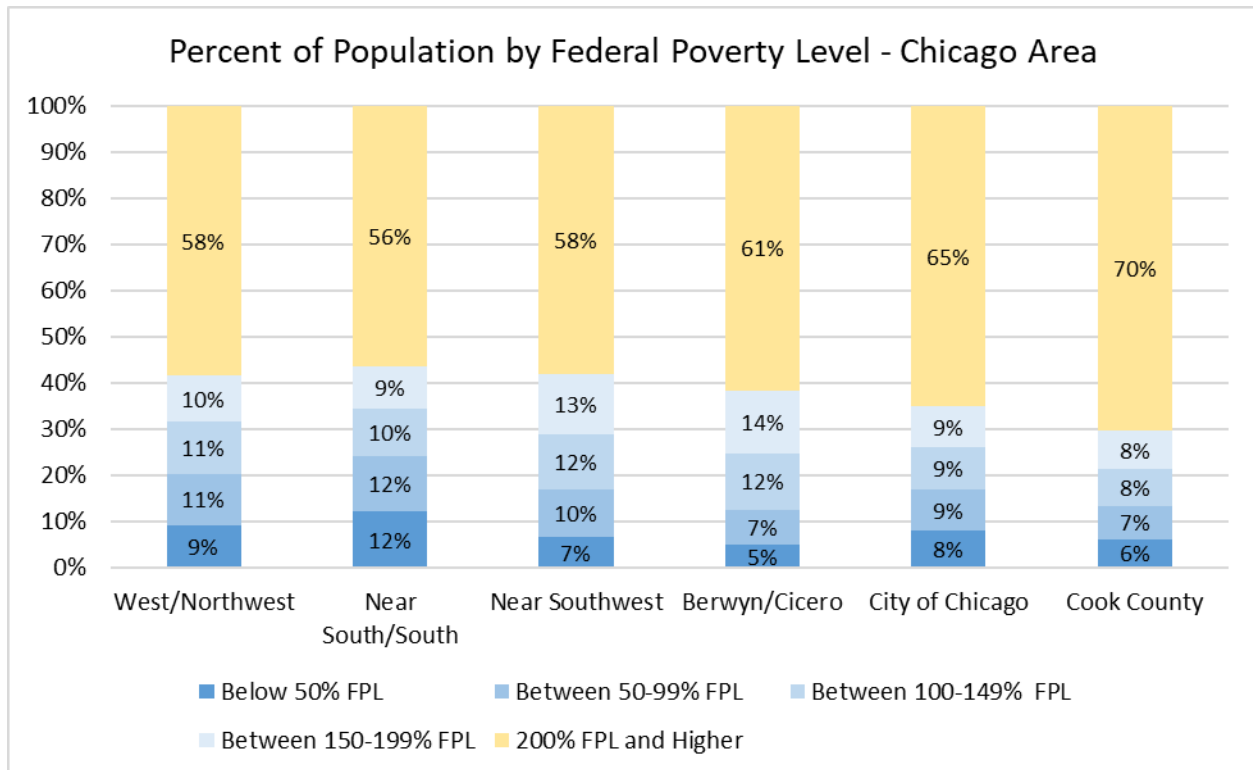
Poverty and Income Distribution — Chicago Area

Despite overall trends toward greater economic stability and reduced poverty in recent years, the Chicago components of the service area continue to demonstrate high rates of poverty and low-income populations compared to the city of Chicago or Cook County. One-fifth of the Chicago service area population (20%) is living in poverty, defined as individuals living at or below 100 percent of the federal poverty level (FPL). Another 22 percent is living between 101 percent and 200 percent of the FPL, which is considered low-income. In total, 42 percent of the service area population is considered low-income or in poverty — much higher than in Chicago (35%) or Cook County (30%).



Each Chicago area region has between 13 percent and 24 percent of its population living in poverty, compared to 13 percent in Cook County and 17 percent in Chicago (only Berwyn/Cicero, which is not in the city of Chicago, has a lower poverty rate than the city). Between 19 percent and 26 percent of each region's population is living between 101 percent and 200 percent FPL, above the 16 percent in Cook County and 18 percent in Chicago. Of all the regions, the greatest concentration of low income is found in the Near South/South region, where 43 percent of the total population is low-income (24%) or in poverty (19%).

The graph below represents the entire population in each Chicago-area region broken into smaller income brackets to further illustrate income distribution. The greatest concentration of extreme poverty, or living under 50 percent FPL, is found in the Near South/South region at 12 percent extreme poverty, more than double the rate of Berwyn/Cicero (5%) or Cook County (6%). Extreme poverty is also a significant issue in West/Northwest (9%). These rates are meaningfully improved from prior years but still represent significant levels of extreme poverty. Potential contributing factors to the reduction in poverty and extreme poverty include minimum wage ordinances in Chicago and Cook County and pandemic-related expansions of public benefits and tax credits in 2020 and 2021.



In both Near Southwest and Berwyn/Cicero, the proportion of individuals living in extreme poverty is comparatively small (7% and 5% respectively), while the proportion between 100 percent and 199 percent FPL (25% and 26% respectively) is much higher than in other regions. This may indicate that this region has a large number of individuals who are working in low-wage or part-time jobs that keep them from getting above 200 percent FPL. These individuals may not have access to employer-based insurance or other benefits, yet many of them also exceed the 138 percent FPL threshold in Illinois to qualify for Medicaid.

Among interview and focus group conversations, nearly half (4/9) mentioned poverty and affordability as a major community barrier, noting rising costs and the impact of inflation on making life expensive in the community. Experts described the community as being “plagued by poverty,” saying that when it comes to community challenges, poverty is “at the root of it all.”

Population in Poverty by Zip Code — Chicago Area

The map below illustrates poverty at the zip code level. Of the service area's 30 Chicago area zip codes, 11 zip codes have 25 percent or more of residents living in poverty (at or below 100 percent FPL) and another 11 have between 16 percent and 24 percent of residents living in poverty.

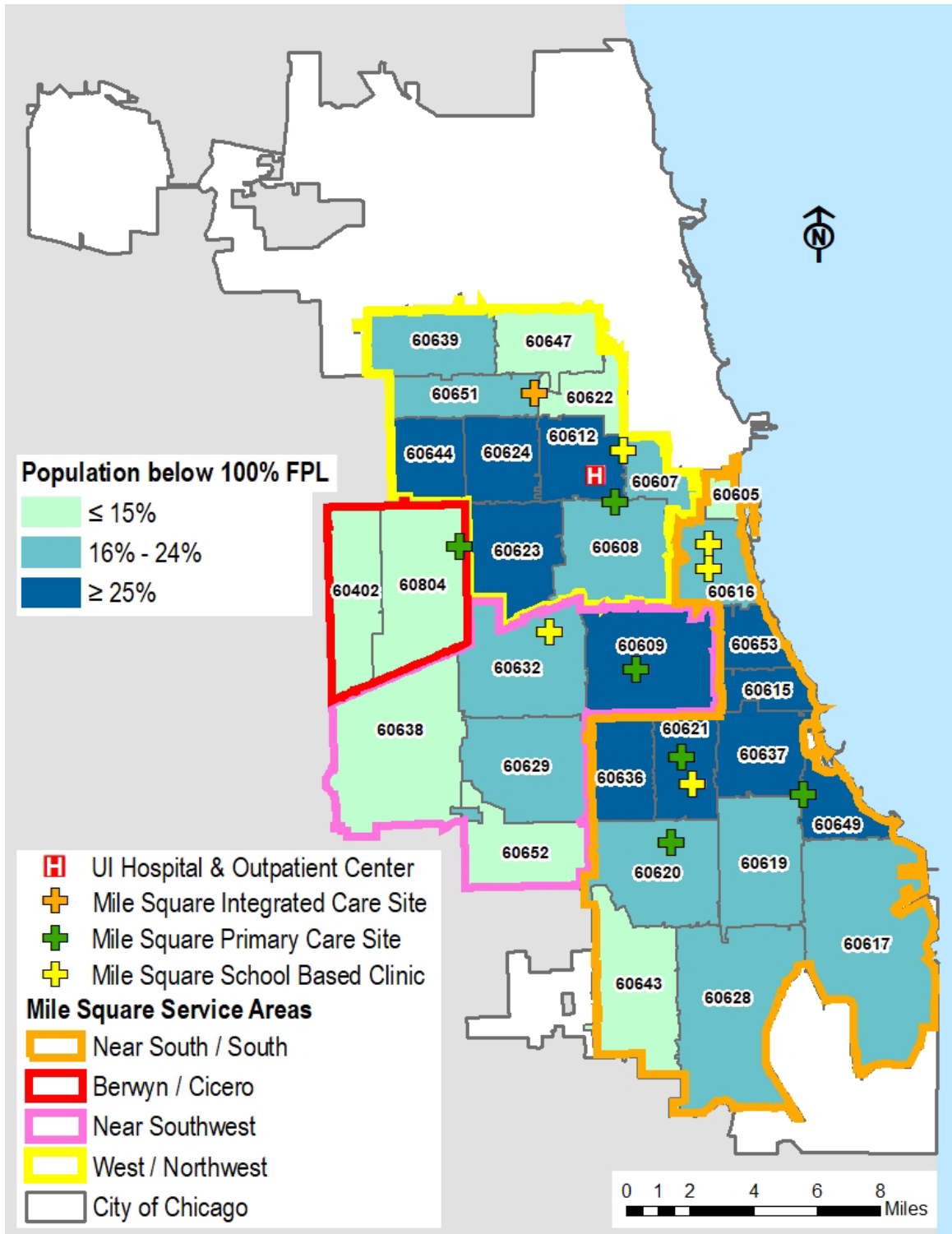


Figure 11: Population in poverty by zip code — Chicago area

Low-Income Population by Zip Code — Chicago Area

Six of the 30 zip codes in the Chicago portion of the service area have 50 percent or more of the population who are considered low-income (living below 200 percent FPL). Another 15 zip codes report 35 percent to 49 percent of their population as low-income. The locations of Mile Square clinics are in close proximity to these concentrations of low-income residents.

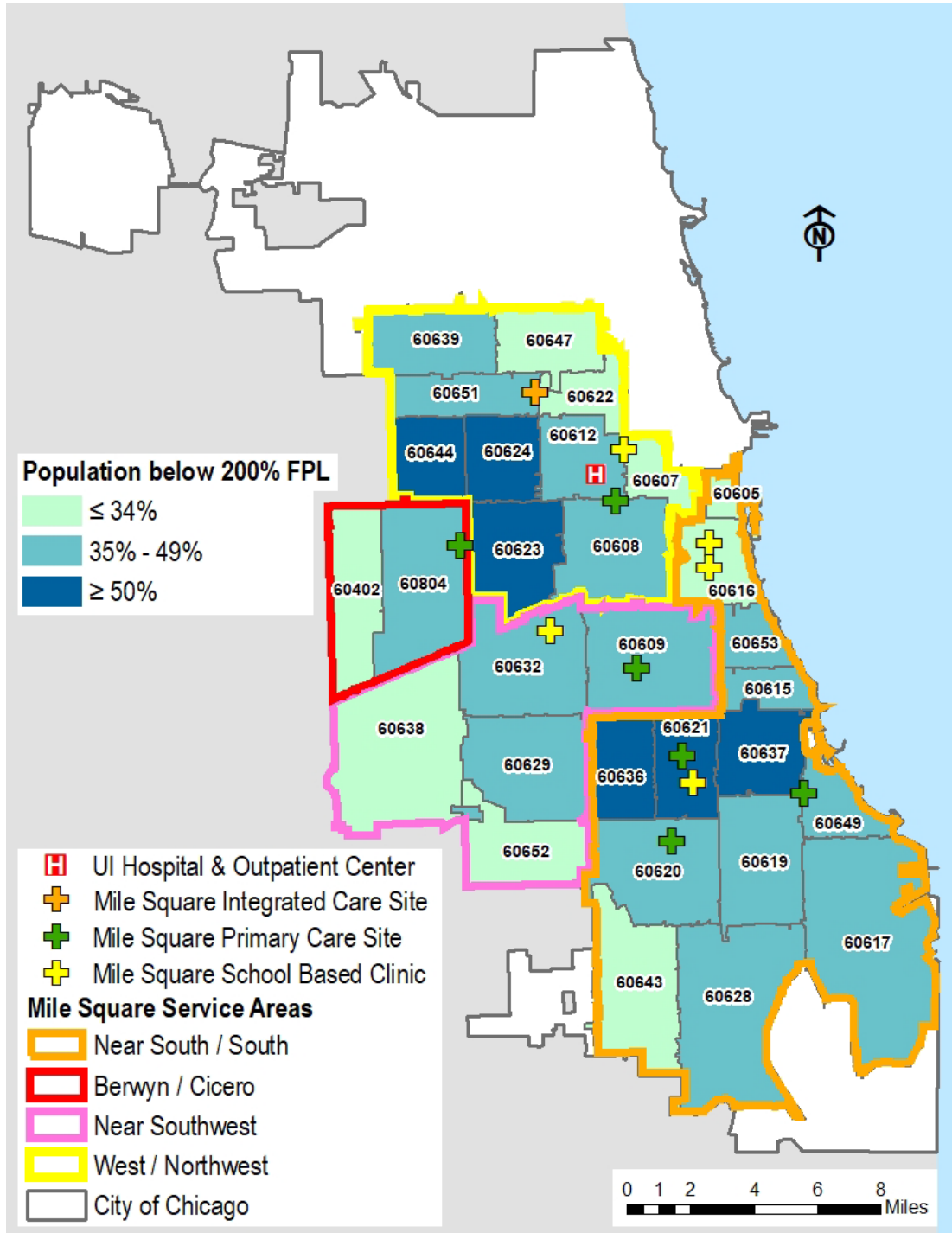
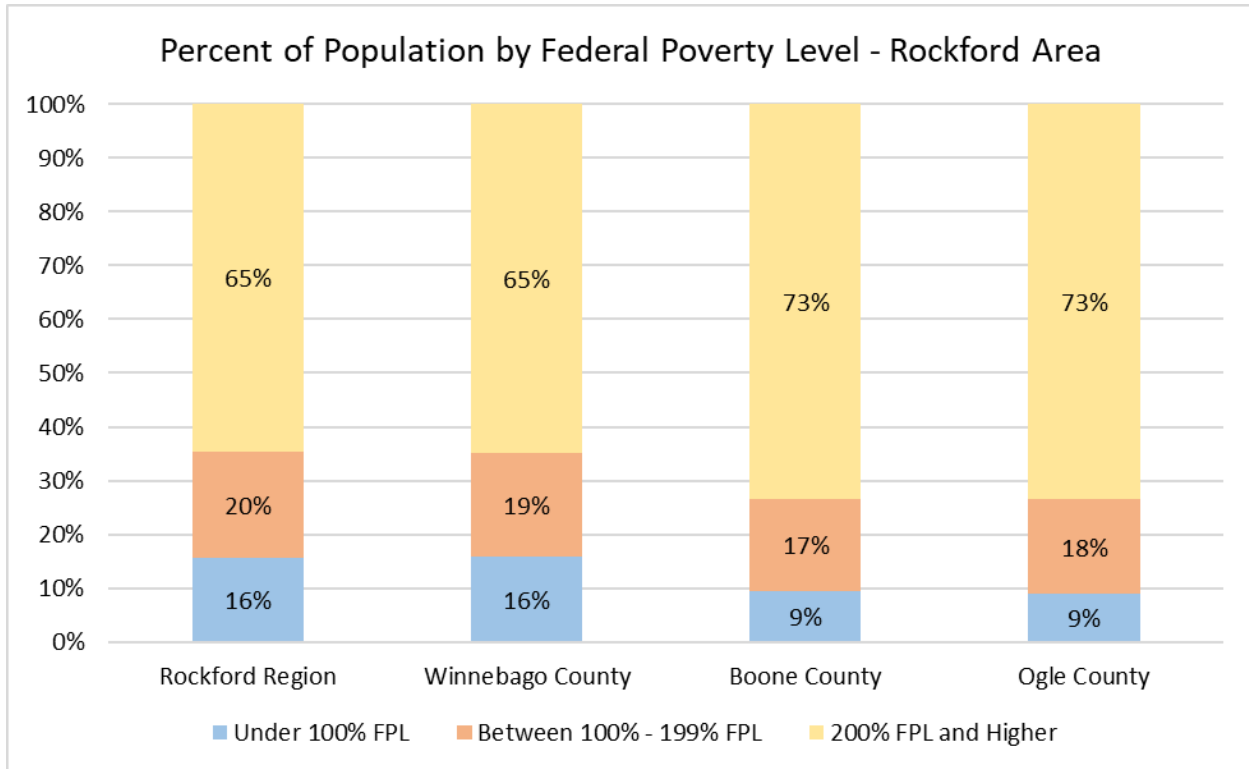


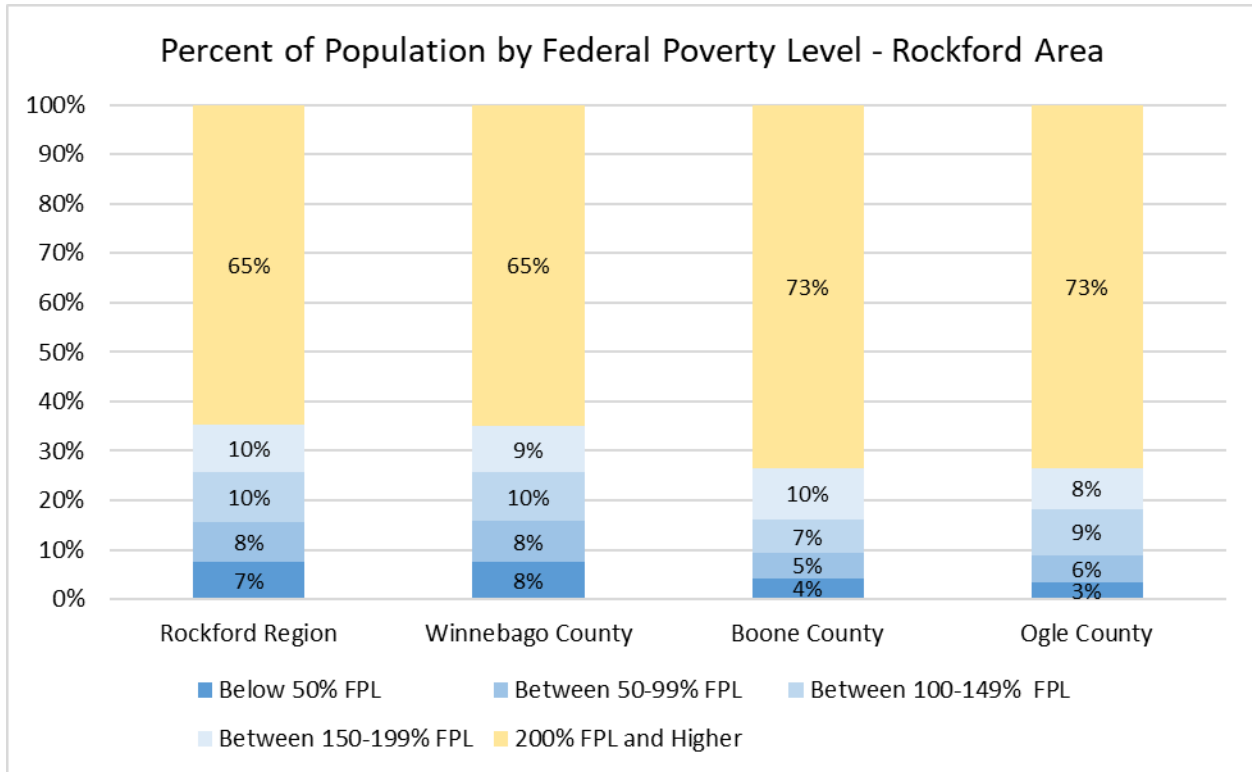
Figure 12: Low-income population by zip code — Chicago area

Poverty and Income Distribution — Rockford Area

Rates of poverty and low-income status are slightly better in the Rockford region and its associated counties than in the Chicago area, but only slightly. In total, 36 percent of the Rockford region population is either low-income (20%) or in poverty (16%), which exceeds Boone and Ogle counties substantially, is on par with Winnebago County, and is actually meaningfully higher than either the city of Chicago or Cook County.



The distribution of income in the Rockford area aligns closely with overall Winnebago County rates. These actually exceed the Cook County poverty rates shown in the prior graph and are fairly close to overall city of Chicago rates. In fact, the UI Mile Square Rockford region has a comparable amount of extreme poverty (7%) to the Near Southwest region (7%) and more than the Berwyn/Cicero region (5%), demonstrating significant need for services in the Rockford region.



Notably, while the Chicago area has seen reductions in poverty in recent years, the degree of poverty and low-income status in the Rockford area has remained somewhat flat. One possible contributing factor is that Rockford has a slightly older population. Child poverty has been decreasing dramatically in the U.S. over the past 25 years; just in Illinois, the percent of low-income children dropped from 56 percent in 2013 to 37 percent in 2020, and children living in poverty dropped from 16 percent to 7 percent over the same time period.⁵ This may have had more of an impact on the Chicago area’s overall poverty rate compared to Rockford.

Another possible factor is differing minimum wage laws. The city of Chicago passed a minimum wage ordinance in 2015 that gradually raised the minimum wage from \$10 in 2015 to \$13 in 2019⁶ and Cook County passed a similar rule raising the minimum wage to \$13 by 2020.⁷ However, during this same time period, the Illinois minimum wage remained flat at \$8.25, as it had been since 2010.⁸ This may have contributed to the stagnant poverty levels seen in the Rockford area.

It is also possible that some of the pandemic-related public benefits and tax credits in 2020 and 2021 were not as readily available in Rockford or that there was lower uptake of those resources.

Population in Poverty by Zip Code — Rockford Area

Four of the 15 zip codes within the Rockford region experience 17 percent or more of residents living in poverty, with another six having 11 percent to 16 percent of the population living in poverty.

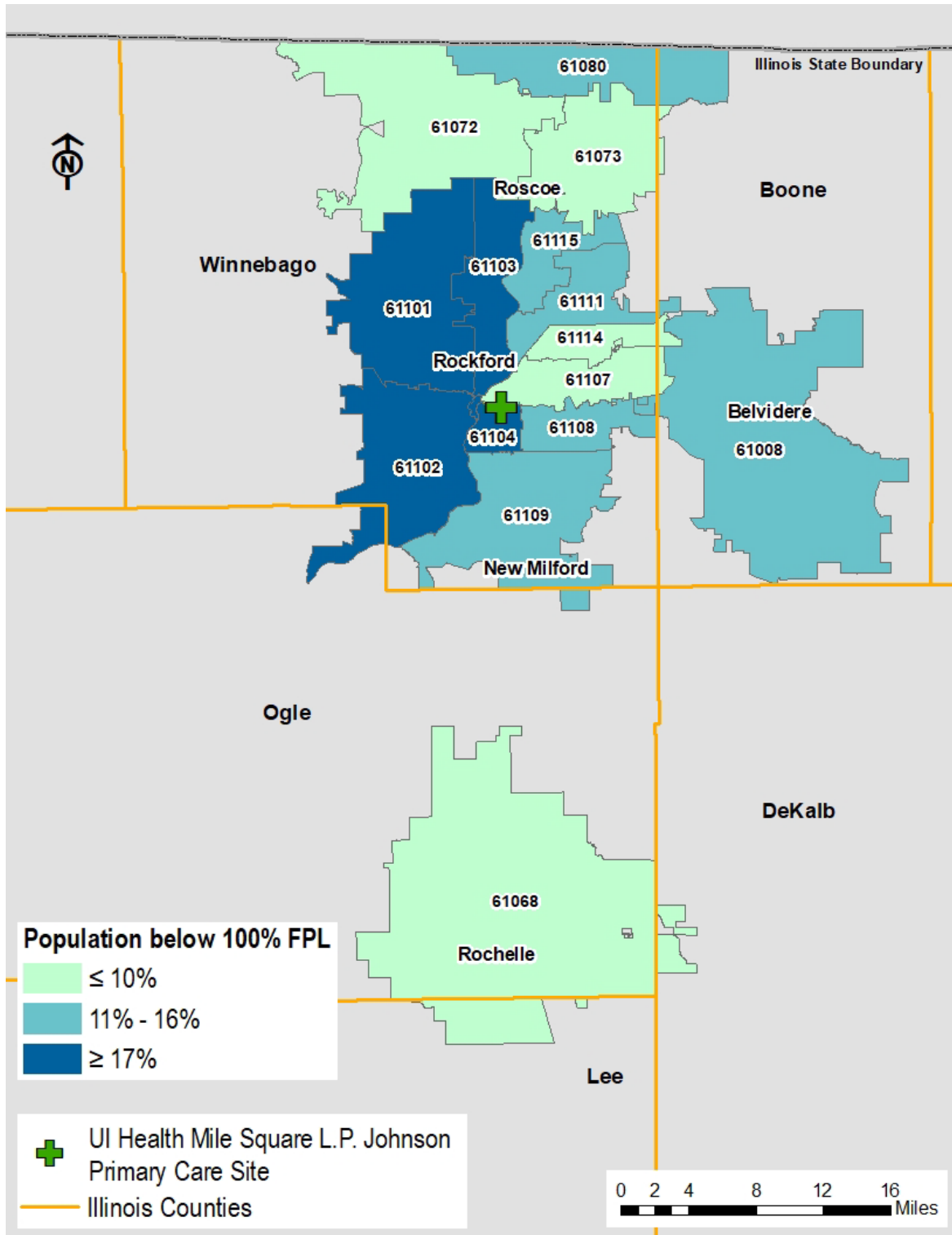


Figure 13: Population in poverty by zip code — Rockford area

Low-Income Population by Zip Code — Rockford Area

Four of the 15 zip codes in the Rockford region have 40 percent or more of residents who are low-income. Another seven zip codes have 26 percent to 39 percent of their population that is low-income. UI Mile Square’s Rockford site is located in a zip code with a high rate of low-income residents.

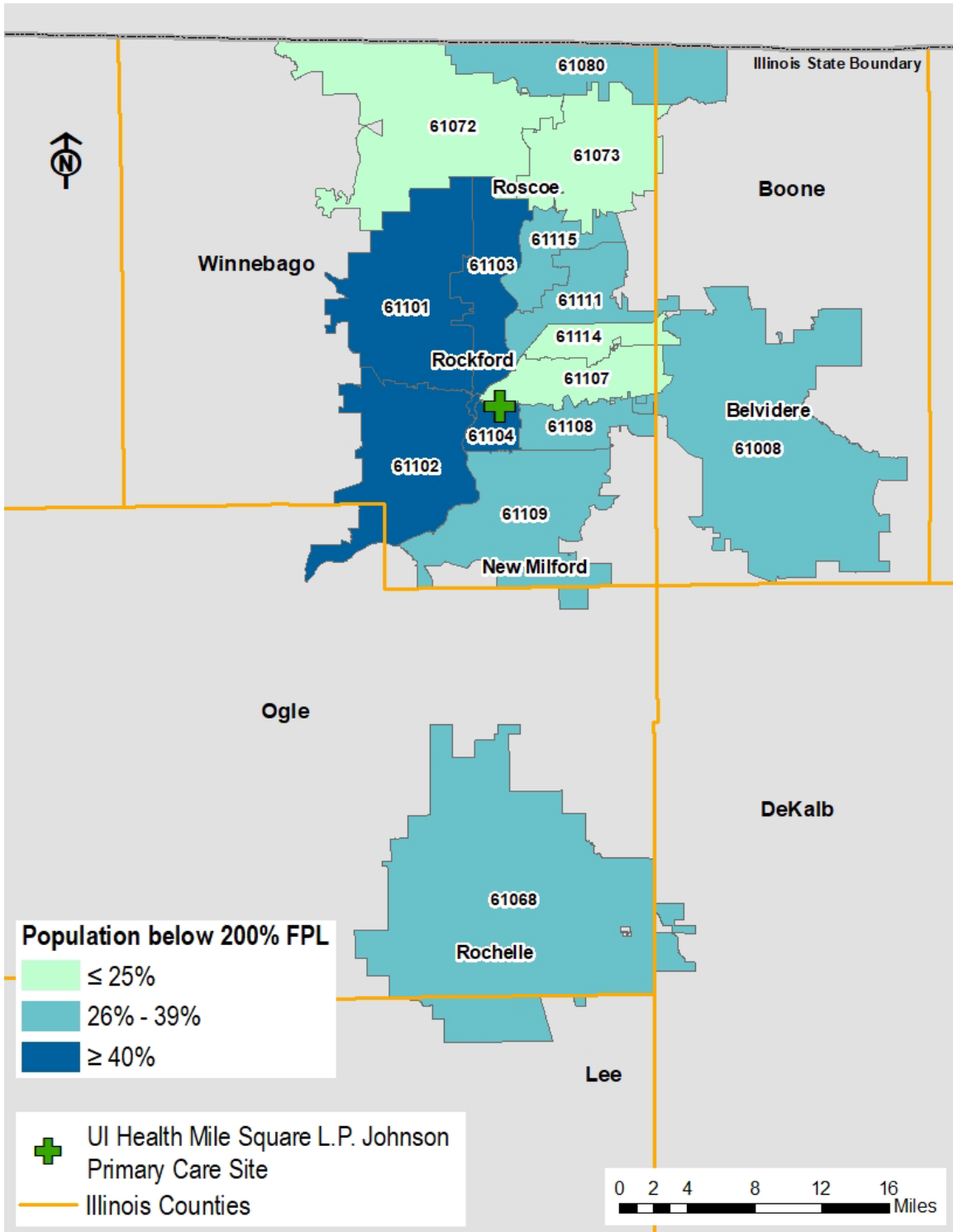


Figure 14: Low income population by zip code — Rockford area

Unemployment

According to the City Health Dashboard, as of November 2022, 5.3 percent of Chicago's labor force is unemployed. Although this is a substantial improvement from past years, when unemployment could be twice as high, even the current rate compares unfavorably to other communities; among all City Health Dashboard cities, an average of 3.4 percent of the labor force is unemployed. Berwyn and Cicero have similar unemployment rates to Chicago, at 5.2 percent and 5 percent respectively. The city of Rockford has an even higher unemployment rate, at 6.9 percent as of November 2022.⁹

Unemployment rates vary substantially across different communities within the service area. The table on the following page shows the total labor force over age 16, the unemployed population over age 16, and the percent unemployed by zip code in the service area. Disparities in unemployment rates are apparent, with some zip codes having just 3 percent of the labor force unemployed, while three zip codes (60624, 60621, and 60636) have unemployment rates above 22 percent. It should be noted that this data is from the 2017–2021 ACS five-year estimates and therefore includes two years (2020 and 2021) during the COVID-19 pandemic, which caused a dramatic increase in unemployment.

In addition to the geographic disparities in unemployment, major racial and ethnic disparities exist. Unemployment is much higher among Black Chicagoans than other racial and ethnic groups. In August 2022, while the overall unemployment rate in Chicago was 5.8 percent, the rate among Black residents was 14.3 percent, more than double. Chicago's racial unemployment gap is even larger than the nationwide gap (3.7% unemployment for all Americans, compared to 6.4% for Black Americans). Some of the barriers to employment that may contribute to this include lack of education, lack of job work history or work in the formal economy, past contact with the justice system, and a lack of diverse hiring practices on the part of employers.¹⁰

It is important to note that these unemployment numbers only consider those who are in the labor force and are either working or actively looking for work. In the UI Mile Square service area, only 63 percent of the population over age 16 is in the labor force. Some service area communities, particularly in the Near South/South, have barely half their population in the labor force. Individuals who are not in the labor force includes students, stay-at-home parents or other unpaid caregivers, retired individuals, discouraged workers not looking for work, seasonal workers not looking for work during their offseason, and those who cannot work due to disability or illness. Critically, the population outside the labor force also includes institutionalized individuals, such as those who are incarcerated. The recent "great resignation" resulting from the COVID-19 pandemic may further increase the population not in the labor force or choosing different types of labor, such as self-employment, in the coming years.¹¹

Among community survey respondents, nearly half (41%, or 231/570) were employed full-time, while 17 percent were in part-time or temporary work (96/570) and just under 3 percent (15/570) said they had their own company. Another 15 percent (87/570) reported not seeking work due to being a student, retired, disabled, or an unpaid primary caregiver. However, another 15 percent (87/570) of all respondents reported being unemployed and seeking work. Unemployment was also a community challenge noted in qualitative conversations and open-ended survey responses. Some specific challenges included having lost jobs or had jobs downsized during the pandemic and being unable to maintain employment that provides for their families.

Region	Zip Code	# Civilians in Labor Force Age 16+	# Unemployed Age 16+	% Unemployed Age 16+
West/Northwest	60607	19,405	1,368	7.0%
	60608	40,906	3,077	7.5%
	60612	17,326	1,874	10.8%
	60622	39,164	1,223	3.1%
	60623	34,356	4,293	12.5%
	60624	15,624	3,469	22.2%
	60639	43,910	2,780	6.3%
	60644	20,635	3,581	17.4%
	60647	57,454	2,133	3.7%
	60651	31,098	3,215	10.3%
Near South/South	60605	21,532	1,470	6.8%
	60615	24,327	2,379	9.8%
	60616	30,048	1,902	6.3%
	60617	38,766	4,742	12.2%
	60619	30,914	4,861	15.7%
	60620	30,780	5,649	18.4%
	60621	10,540	2,515	23.9%
	60628	30,343	5,763	19.0%
	60636	11,919	2,638	22.1%
	60637	22,661	3,968	17.5%
	60643	24,033	2,728	11.4%
	60649	25,617	3,984	15.6%
	60653	16,912	2,781	16.4%
	Near Southwest	60609	30,838	4,413
60629		50,429	6,827	13.5%
60632		41,212	4,847	11.8%
60638		30,755	2,222	7.2%
60652		21,697	2,635	12.1%
Berwyn/Cicero	60402	34,155	1,753	5.1%
	60804	41,294	1,693	4.1%
Rockford	61008	17,902	1,297	7.2%
	61068	8,130	935	11.5%
	61072	6,283	243	3.9%
	61073	10,717	603	5.6%
	61080	5,265	237	4.5%
	61101	9,162	1,242	13.6%
	61102	7,578	1,013	13.4%
	61103	10,763	1,013	9.4%
	61104	8,606	1,222	14.2%
	61107	15,201	1,243	8.2%
	61108	13,738	698	5.1%
	61109	13,759	1,124	8.2%
	61111	12,471	877	7.0%
	61114	7,393	372	5.0%
	61115	12,008	830	6.9%
Total Service Area		1,047,626		10.5%

Civilians in labor force, unemployed individuals over 16 years, and unemployment rates by zip code and region within the service area. Highlighted zip codes have unemployment rates above 20 percent, while other zip codes have rates as low as 2 percent. Source: American Community Survey 2017–2021

Occupation

Within the service area, several types of occupations are more common. These include office occupations (20.3%); production, transportation, and material moving occupations (17.5%); management, business, science, and arts occupations (14.2%); and education, legal, community services, arts, and media occupations (10.9%). Many individuals employed in production, transportation, and material moving occupations may be in low-wage or part-time jobs such as laborers, fabricators, or metal workers, which often do not include health insurance or sick leave.

Occupation Category	Number	Percent
Management, business, science, and arts occupations	131,871	14.2%
Computer, engineering, and science occupations	44,643	4.8%
Education, legal, community service, arts, and media occupations	102,436	10.9%
Health care practitioners and technical occupations	45,377	4.8%
Health care support occupations	39,561	4.2%
Protective service occupations	29,441	3.1%
Food preparation and serving-related occupations	58,060	6.2%
Building and grounds cleaning and maintenance occupations	41,684	4.4%
Personal care and service occupations	27,994	3.0%
Sales and office occupations	190,530	20.3%
Natural resources, construction, and maintenance occupations:	62,290	6.6%
Production, transportation, and material moving occupations	164,007	17.5%
Total	937,894	100%



Food Insecurity and Basic Needs

As a result of these economic conditions, families in many parts of the service area struggle with accessing basic needs. Food insecurity, for example, has fluctuated since the beginning of the COVID-19 pandemic in March 2020 but has remained consistently above pre-pandemic levels. According to the Greater Chicago Food Depository's Hunger in Our Community Spring 2022 Status Report, more than 16 percent of all households in the Chicago metro area experienced food insecurity in early 2022, and 22 percent of households with children experienced food insecurity. Black households and Latino households experienced higher food insecurity rates than white households — between 24 percent of all Latino and 29 percent of all Black households, compared to just 11 percent of white households.¹² Food inflation and sharply rising food prices, especially for fresh and minimally processed foods, have made it increasingly challenging for low-income households to afford groceries.¹³

Food insecurity is exacerbated by “food deserts,” geographic gaps in supermarkets, large grocery stores, or other reliable food access points. Food deserts are disproportionately found in low-income communities of color, following patterns of disinvestment and racial/ethnic segregation. For example, one 2018 study found that although Black/African American residents comprise one-third of Chicago's population, they make up 80 percent of residents in areas of persistently low or volatile food access. This occurred even as the overall number of full-service supermarkets in Chicago increased and the mean distance from residents to supermarkets decreased over the same time period.¹⁴

The adjacent map and map on the following page illustrate this, showing census tracts where at least 33 percent of residents live more than 0.5 miles from the nearest supermarket or large grocery store (“low access”) and at least 20 percent of residents live in poverty (“low income”). Both the Chicago and Rockford portions of the service area have numerous census tracts considered low income and low access, suggesting geographic and financial barriers to affordable, healthy food.

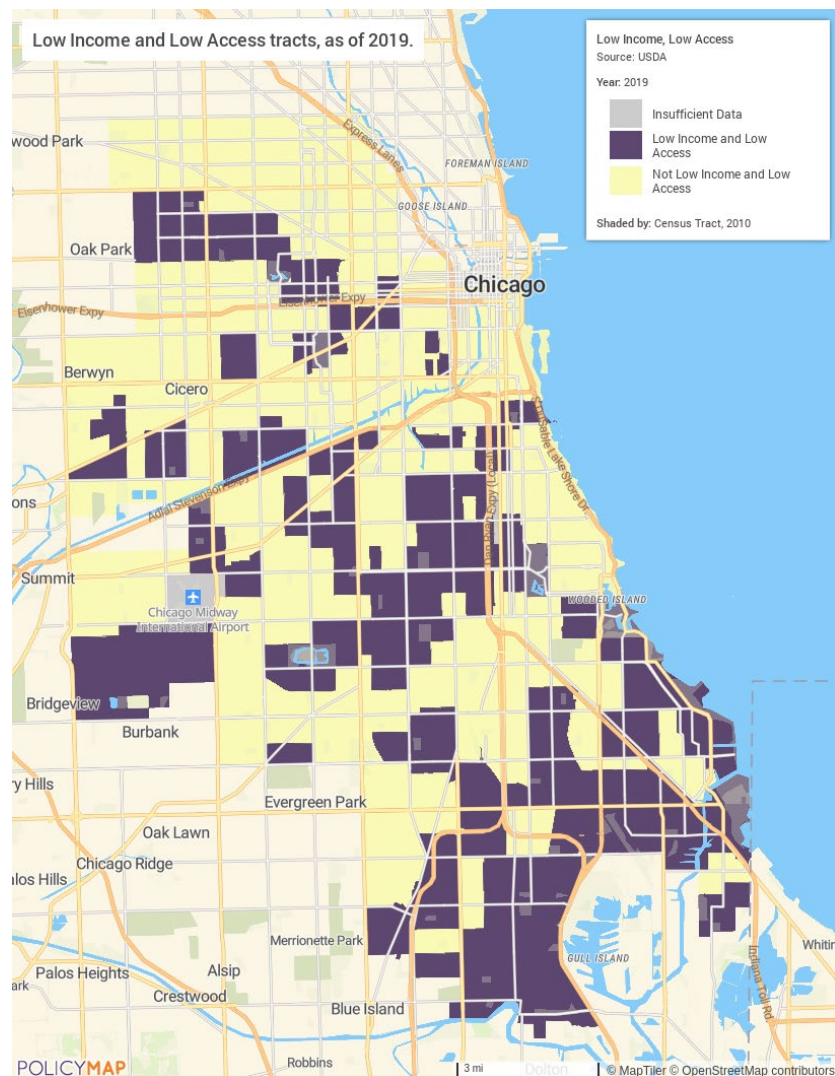


Figure 15: Low-income and low-access census tracts in the UI Mile Square Chicago area, 2019. Source: PolicyMap

In the UI Mile Square patient and community survey, food was the most commonly selected basic need that respondents had been unable to access within the past year, by nearly 13 percent (71/568) of all respondents. In addition to food, more than 8 percent (47/568) were unable to access transportation, nearly 8 percent (44/578) were unable to access medicine or health care, and 7 percent (40/568) were unable to access utilities when really needed. Utilities also came up in open-ended survey comments to a question about experiences during the pandemic, including several references to utilities being shut off or needing to apply to programs like the Low Income Home Energy Assistance Program (LIHEAP) in order to keep utilities on.

Food insecurity was also discussed extensively in interviews and the focus group, with half (5/9) of all conversations referencing food insecurity, making it one of the most commonly noted community challenges.

Some participants highlighted recent closings of grocery stores and the way this causes food deserts across the service area. One focus group participant referred to the community not as a food desert but as a “food swamp” awash in fast food and junk food, with not much in the way of healthy foods. Others spoke to how expensive it is to eat healthfully and purchase fresh foods. One expert interviewed mentioned that there was a lot more access to free food through food pantries, giveaway programs, or other initiatives during the pandemic, lamenting that it took a pandemic for society to notice how serious the community’s food needs are.

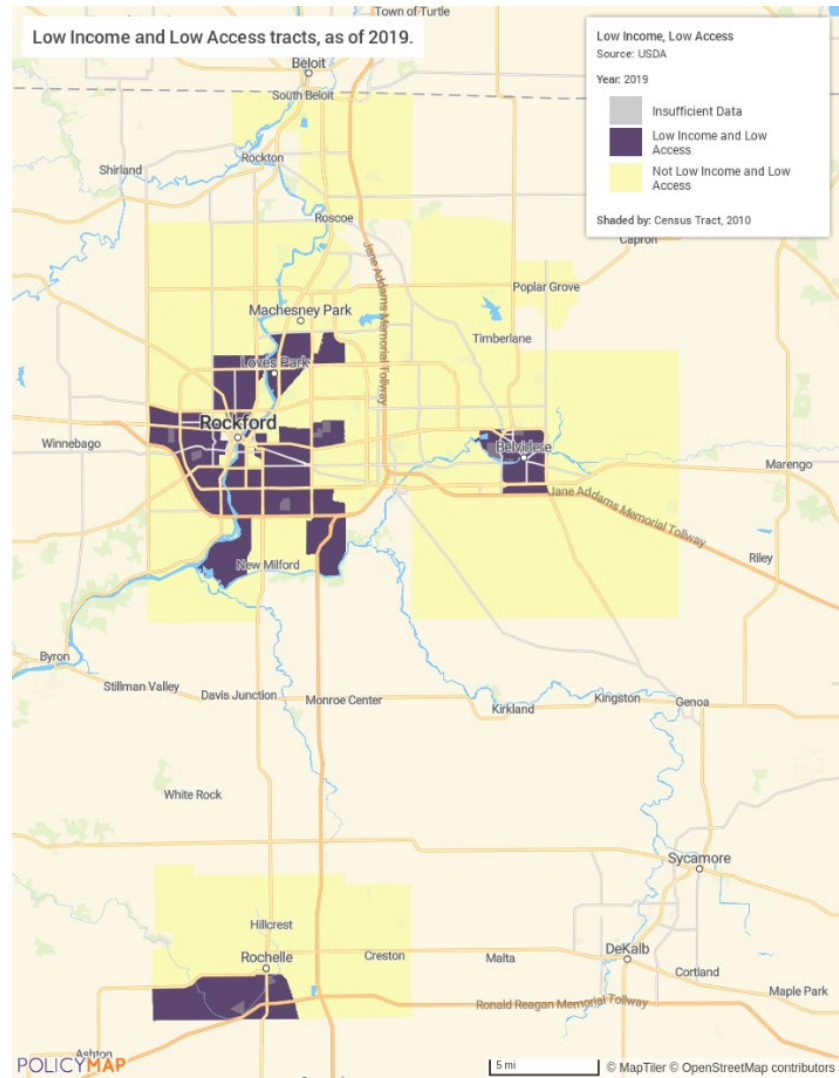
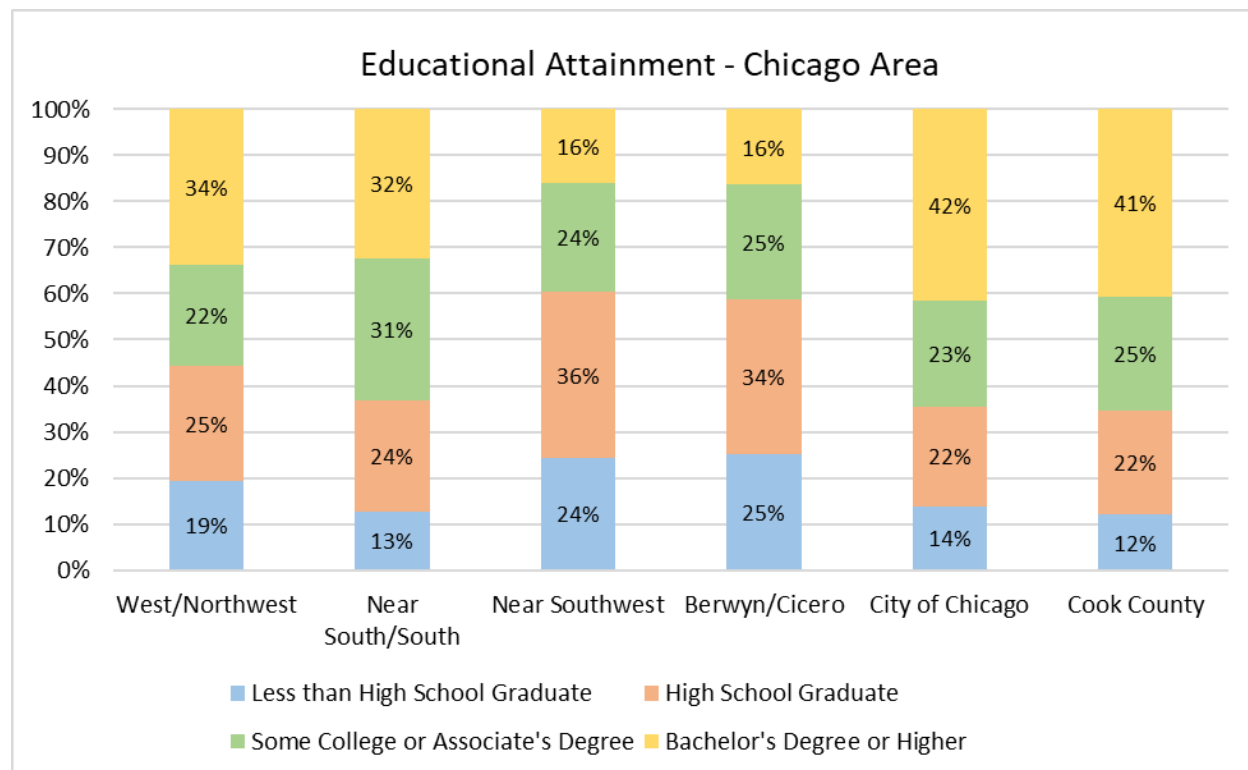


Figure 16: Low income and low access census tracts in the UI Mile Square Rockford area, 2019. Source: PolicyMap.

D. Education Access and Quality

Education Access and Quality — Chicago Area

Education access may be improving in the UI Mile Square service area, as its educational attainment rates are gradually increasing over time. Nonetheless, the overall rate of educational attainment in the service area remains lower than in surrounding areas. A full 18 percent of the Chicago service area population has not graduated from high school or earned a General Education Diploma (GED), much higher than in the city of Chicago (14%) or Cook County (12%). Another 28 percent of Chicago service area residents have a high school diploma but no more, much higher than in the city of Chicago (22%) or Cook County (22%).



The Near Southwest and Berwyn/Cicero regions have the lowest educational attainment: 24 percent and 25 percent of each region's population respectively have not graduated from high school or earned a GED, and another 36 percent and 34 percent have only a high school diploma. This 59 percent to 60 percent of the population that has no more than a high school diploma is far higher than rates in Chicago (36%) and Cook County (34%). Rates of bachelor's degree attainment are also extremely low in these regions; only 16 percent each, compared to 42 percent and 41 percent in Chicago and Cook County. The Near Southwest and Berwyn/Cicero regions have the highest proportions of immigrant communities, many of whom may have not completed their education in their country of origin, which could be a contributing factor to this lower educational attainment.

The West/Northwest region also has a lower rate of educational attainment, with 19 percent of the population lacking a high school diploma or GED and another 25 percent with only a high school diploma. This is simultaneously the region with the highest portion of its population with a bachelor's degree or higher (35%), though it is still lower than Chicago and Cook County.

The Near South/South region has the highest overall educational attainment in the service area, with only 13 percent of its population with less than a high school education and only 24 percent having a high school diploma but no more. This region has the largest proportion of its population that has some college or an associate degree, at 31 percent (compared to 22% to 25% in the other Chicago-area regions), perhaps signifying a population that has somewhat better access to vocational and technical schools and other post-high school education; the University of Chicago is also present in this area. However, with a smaller proportion of bachelor's degrees than in the city or county, this region clearly still faces barriers to accessing and completing higher education.

Several individual zip codes have particularly alarming educational attainment numbers. Rates of individuals without a high school education are as high as 30 percent in 60632 (Near Southwest), 30 percent in 60639 (West/Northwest), 32 percent in 60623 (West/Northwest), and 32 percent in 60804 (Berwyn/Cicero). Rates of bachelor's degrees or higher are as low as 11 percent in 60804 (Berwyn/Cicero) and 10 percent in 60636 (Near South/South).

Respondents to the community survey were relatively comparable in educational attainment to the overall communities. More than 12 percent of respondents (72/584) reported having less than a high school diploma, below the 17 percent of the full service area. Another 37 percent (217/584) had a high school diploma or GED but no more, somewhat more than the 28 percent in the service area. Nearly 19 percent (109/584) report having some education after high school, slightly less than the service area as a whole at 27 percent. Finally, nearly 25 percent (144/584) report having a vocational, associate's, or bachelor's degree or higher, which is similar to the 28 percent in the community as a whole.

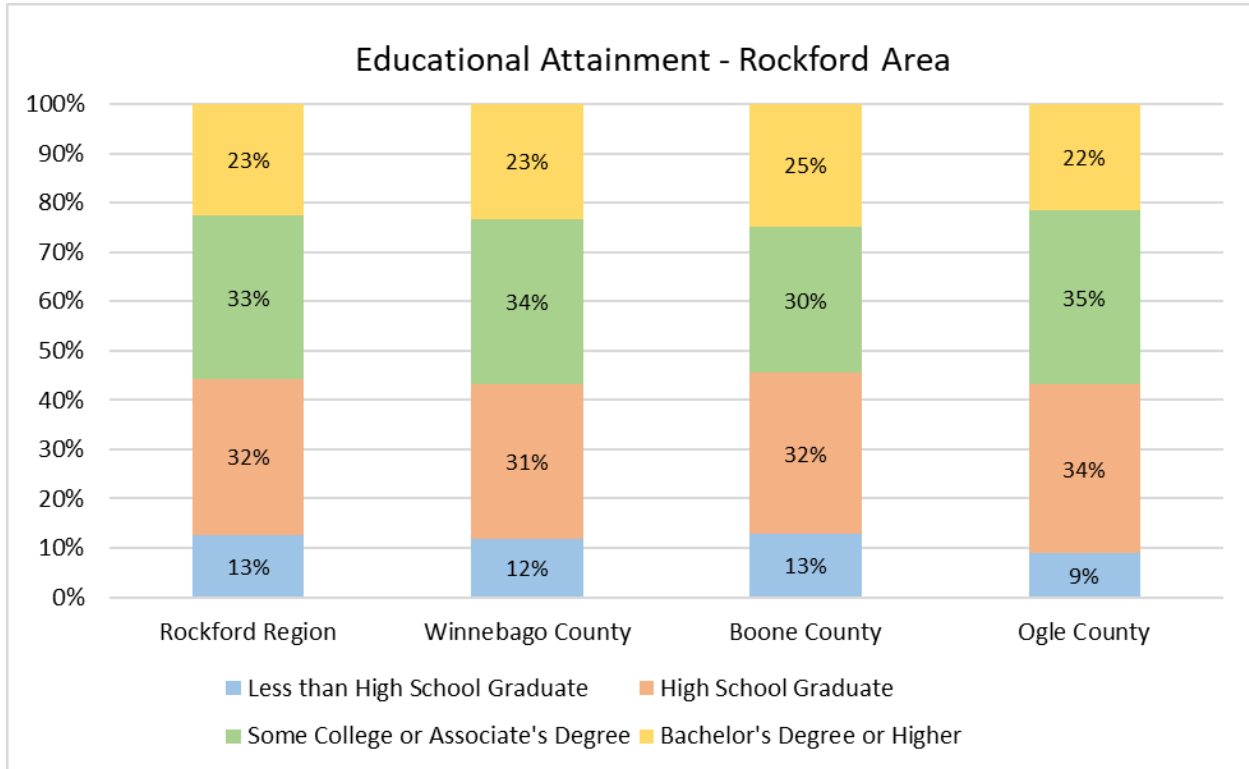
Several subject matter experts interviewed (3/8) pointed to the need for greater community access to education, as well as other social services and supports like jobs and housing, and a few cited barriers to education, such as fear of going to school due to violence and mass shootings. Education was also connected directly to employment: One expert interviewed spoke specifically to the need for community education and programs in the health and allied health fields, in order to get more Black and Brown residents on the path to becoming employed as health professionals.

UI Mile Square's new dental assistant program is an example of one such educational program. Offered in the evenings, the program recruits from within the served community and provides career opportunities for local residents while also helping to diversify the health care workforce. Students have stated they previously felt 'lost' and were bouncing around different jobs and struggling to stay motivated until the program and this career path granted them renewed focus.



Educational Access and Quality — Rockford Area

In the Rockford region, educational attainment is comparable to the counties in which the Rockford zip codes lie. Approximately 13 percent of the region’s population lacks a high school diploma, on par with Winnebago, Boone, and Ogle county rates (12%, 13%, and 9% respectively), and 32 percent of the population has no more than a high school diploma (compared to 31%, 32%, and 34% respectively). Notably, more of the Rockford area’s population as a whole has some college or an associate degree (33%) than in the Chicago area regions (22% to 31%) but not necessarily higher rates of bachelor’s degree attainment.



E. Neighborhood and Built Environment

Transportation — Chicago Area

UI Mile Square sites are located across the city, easing access for patients regardless of mode of transportation and where they live. The maps on this page show the shaded area from which a patient could drive and get to one of three key Mile Square primary care sites in less than 30 minutes with traffic (all transportation maps from UDS Mapper, accessed April 2023). These three clinic sites — Main, Auburn Gresham, and Cicero — reach all regions across the Chicago portion of the UI Mile Square service area. For example, residents of the Near South/South have easy access to the Auburn Gresham site (top), as well as several other sites, such as Englewood and South Shore. Berwyn/Cicero residents have the Cicero site nearby (bottom right). The Main site (bottom left) can be reached in 30 minutes from parts of all four Chicago-area regions. Additional Chicago-area sites, including school-based health center sites, provide additional access to residents.

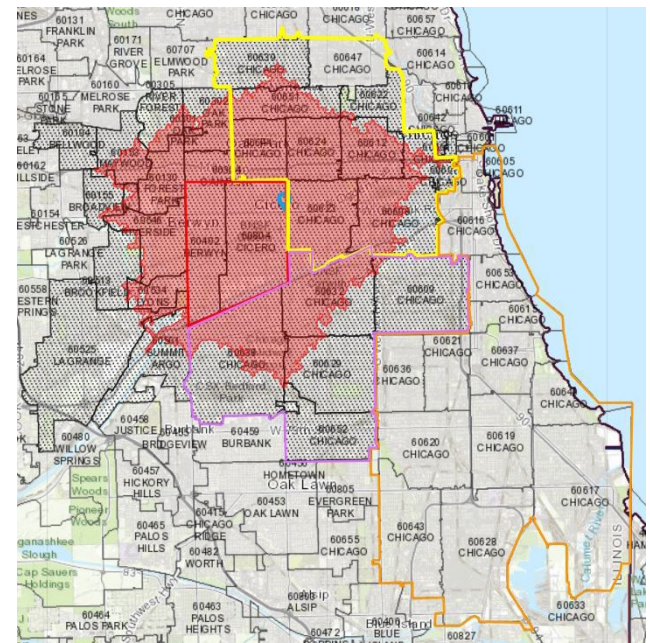
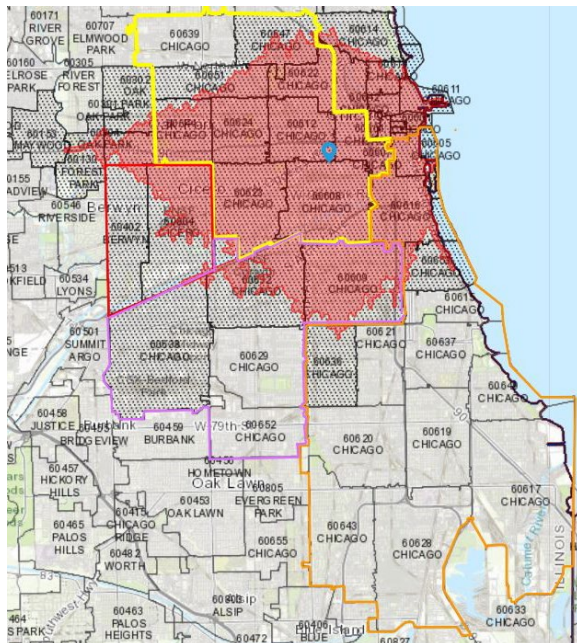
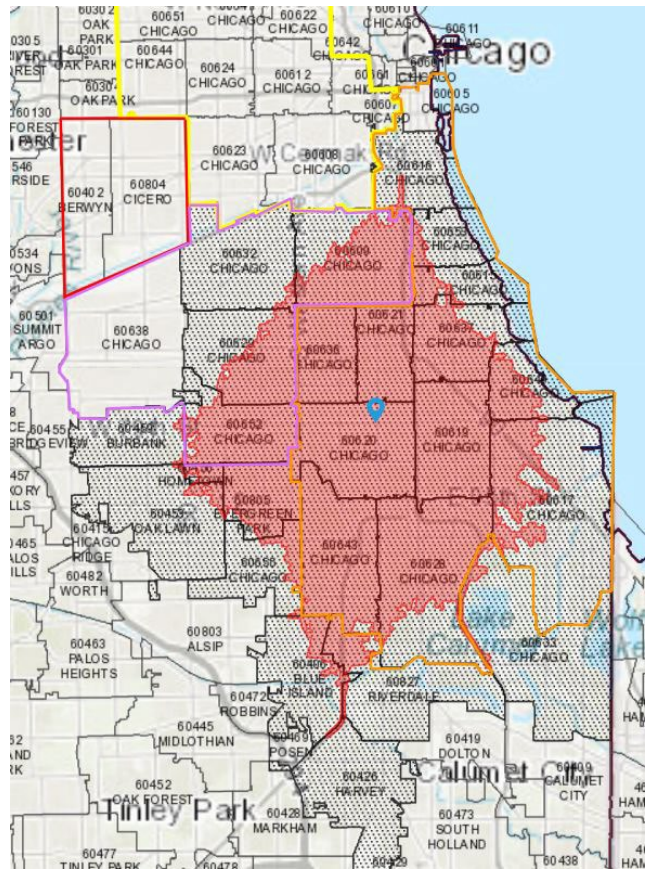


Figure 17: 30-minute drive time with traffic from three key UI Mile Square Health Center sites: Auburn Gresham (top), Main (bottom left), and Cicero (bottom right). Source: UDS Mapper

Despite this geographic proximity and the presence of the Chicago Transit Authority (CTA) public transit system, Metra commuter rail systems, and several expressways, many transportation barriers exist in the service area. As seen on the following map of public transit access, most parts of UI Mile Square’s Chicago service area are within 0.25 miles (or 402 meters) of a transit stop. Nonetheless, there are pockets where transit access is challenging, particularly in the furthest south zip codes of 60628 and 60643 and the southwest zip codes of 60652 and 60638.

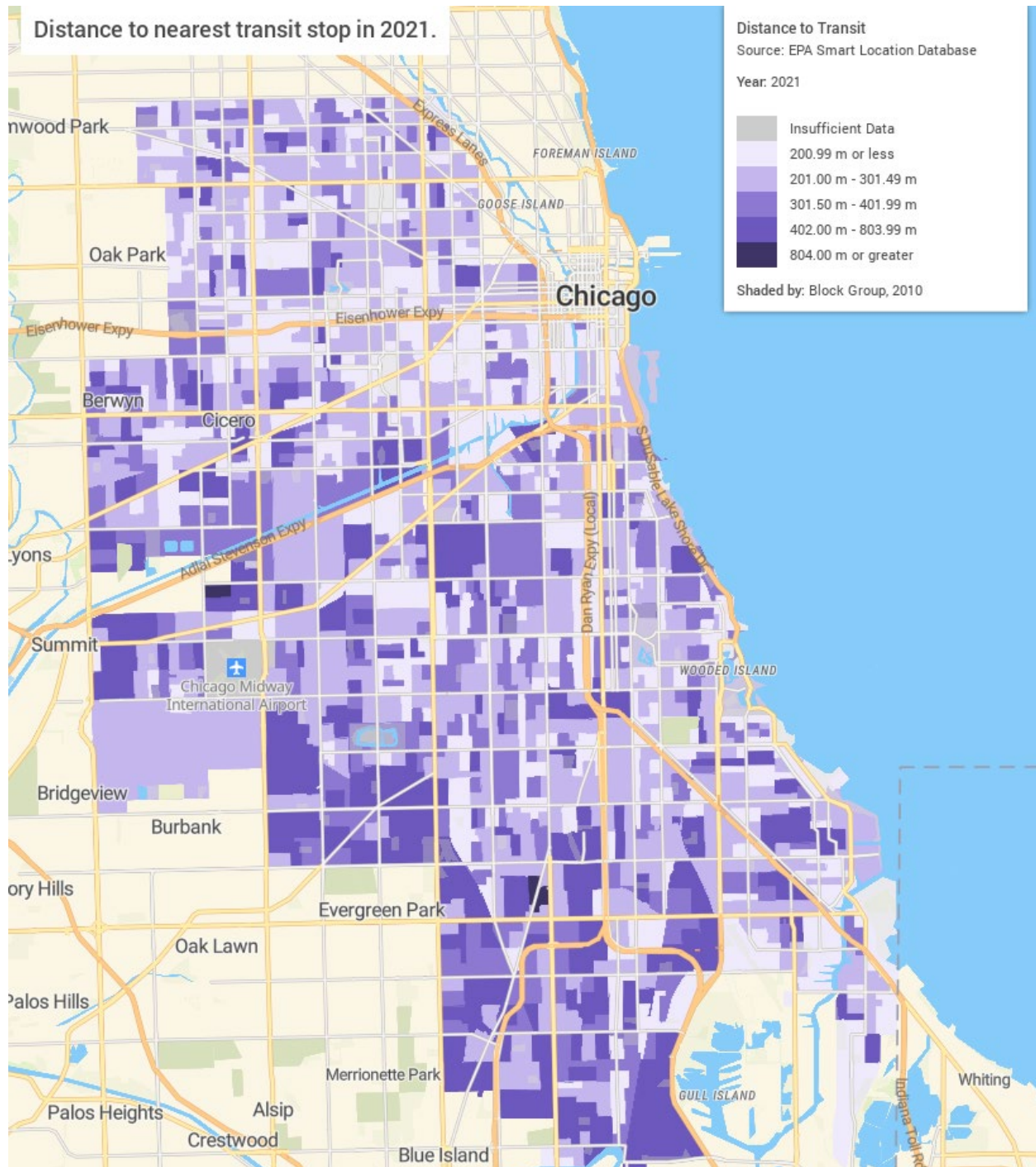


Figure 18: Distance to nearest public transit stop by census tract in UI Mile Square Chicago service area, 2021. Source: PolicyMap.

Transportation — Rockford Area

The Rockford area has much less of a transportation infrastructure than the Chicago area. Only 3 percent of the population in 61101 and 61104 travel to work via public transportation, and public transit is only available in the immediate region of the city of Rockford.

Nonetheless, the UI Mile Square site in Rockford is geographically accessible via car, with all zip codes in the service area accessible within a 45-minute drive and most within 30 minutes.

Interview subjects across the service area but particularly in Rockford (3/4 Rockford conversations) expressed that transportation is a barrier to care. Experts discussed the lack of sufficient public transit or reliable transportation services for seniors, low-income individuals, and others without vehicles. Although subjects noted public insurance programs that cover transit, these services can be unreliable enough that patients fear being late to or missing appointments entirely, which can jeopardize their care and their ability to stay part of that provider's panel. Similarly, in open-ended comments to the community survey, a number of respondents asked if UI Mile Square could provide transportation services to easily access appointments.

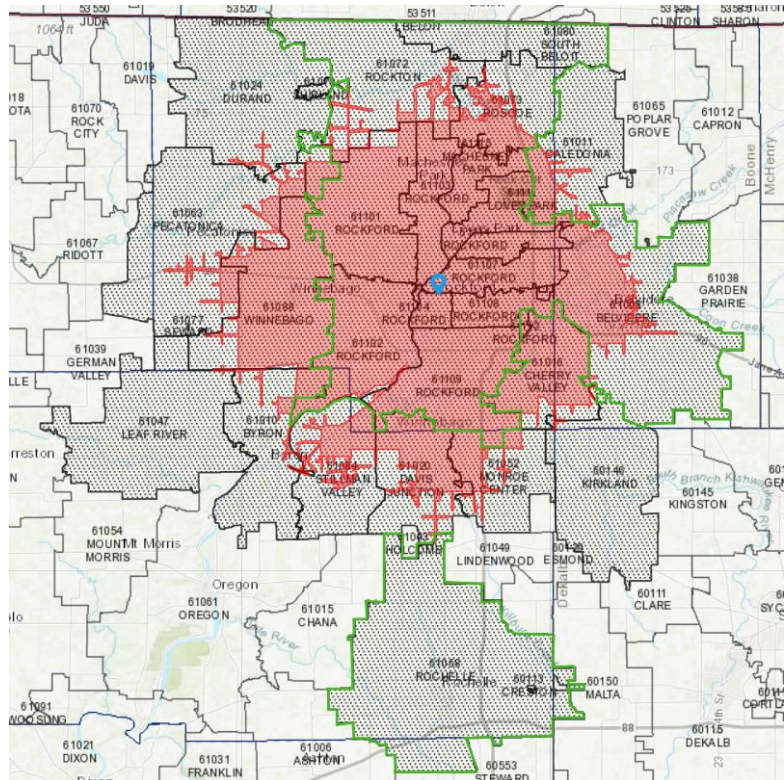
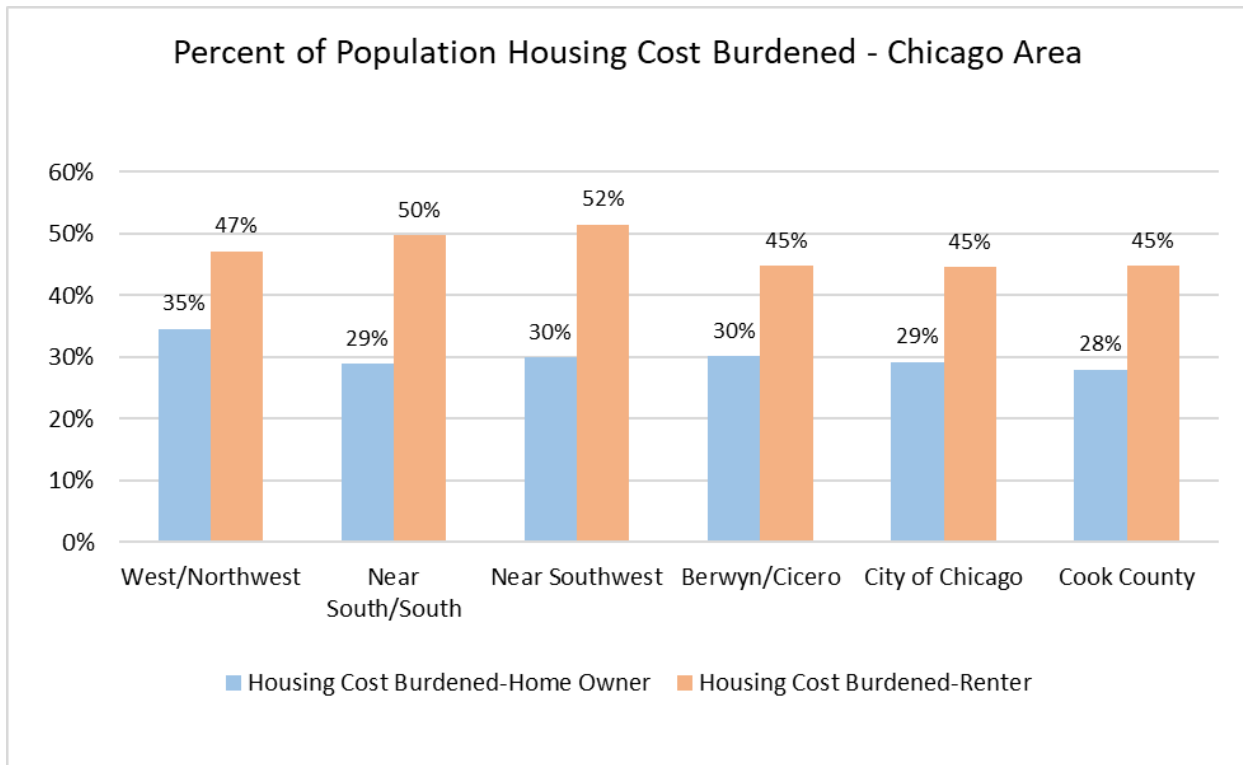


Figure 19: A 45-minute drive time with traffic from UI Mile Square LP Johnson Health Center site. Source: UDS Mapper

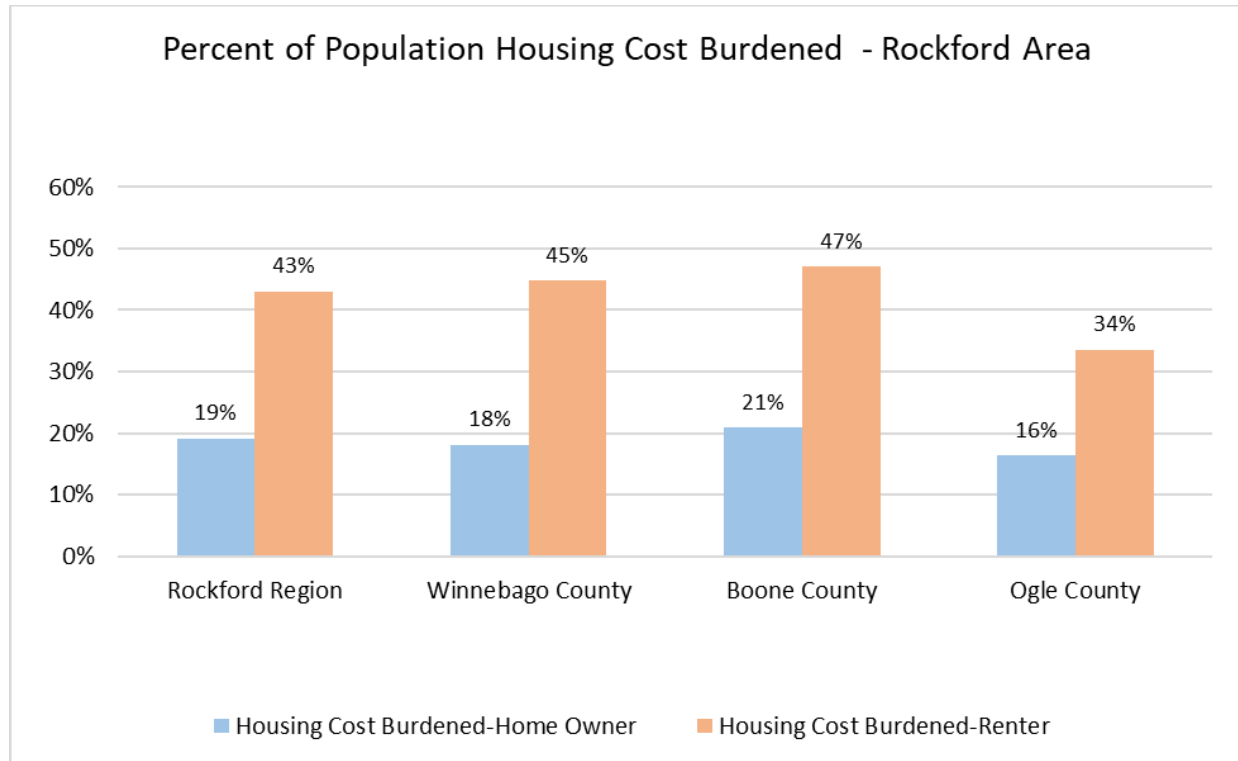
Housing Cost Burden

Housing and access to stable, affordable, safe, non-crowded housing is a key social determinant of health for many residents of the service area. High housing costs and the housing instability that can ensue put individuals at risk for homelessness or transience. High housing costs also reinforce the critical necessity of public housing and of ensuring residents of public housing have access to robust services.

A full 29 percent of homeowners and 48 percent of renters in the service area are considered housing cost-burdened, spending more than 30 percent of their gross income on housing and utilities. As shown in the graph below, every Chicago-area region has at least as high a level of housing cost burden for both renters and owners as the Cook County and city of Chicago averages. In the Near South/South and Near Southwest, half or more of all renters are housing cost-burdened.



In the Rockford region, the UI Mile Square zip codes have a similar level of housing cost burden as Winnebago County as a whole (slightly more housing cost burden for homeowners and slightly less for renters). However, it bears emphasizing that 43 percent of all renters in the UI Mile Square Rockford zip codes are spending more than 30 percent of their gross income on housing and utilities — nearly as high as Berwyn/Cicero, the city of Chicago, and Cook County.

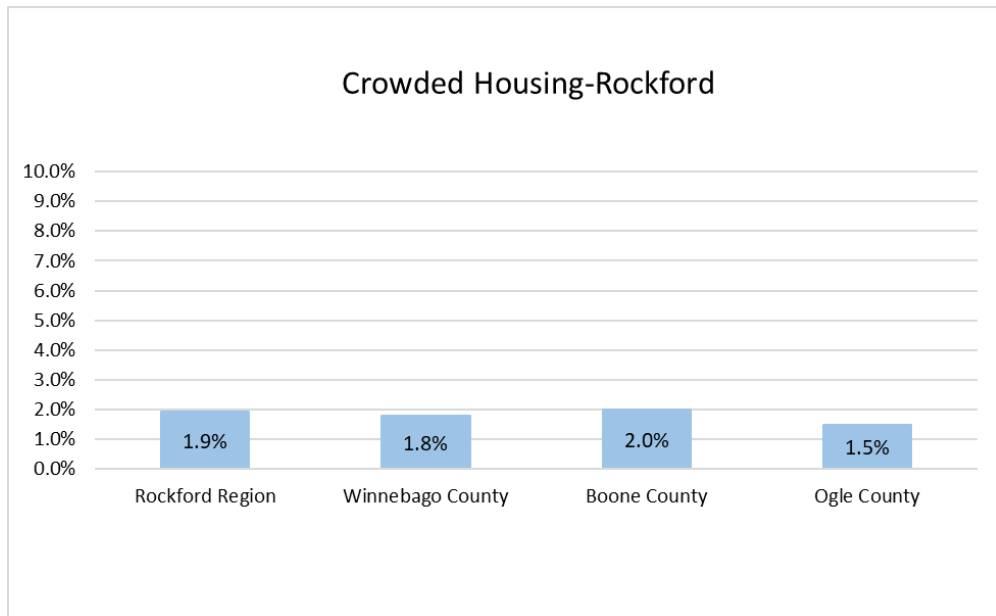
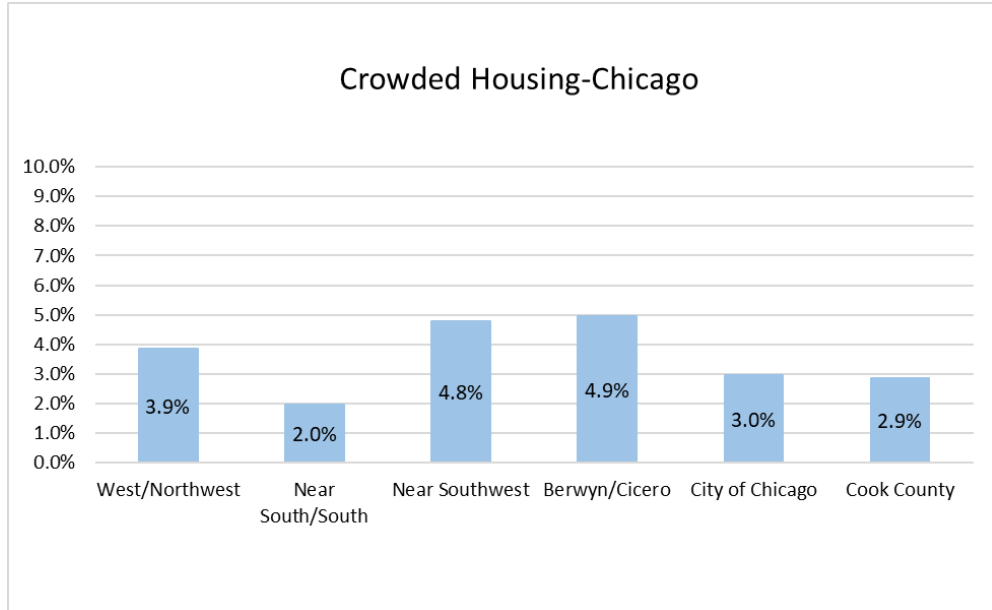


Housing and housing costs were a major need discussed in more than half (5/9) of all qualitative conversations. Experts interviewed noted that housing has gotten extremely expensive in these communities, as new construction and gentrification have made costs even more difficult for legacy residents of these communities. Many older housing projects have been closed, and not enough affordable housing is available within established communities.

Crowded Housing

In addition, some communities have larger average household sizes than others, which can be a risk factor for crowded housing and for overall housing and economic instability. The Near Southwest and Berwyn/Cicero have the highest rates of crowded housing, defined as occupied housing units with more than one person per each room in the house.

At the zip code level, 60804 (Berwyn/Cicero), 60629 (Near Southwest), and 60632 (Near Southwest) have the highest rates of crowded housing in the service area, with 6 percent to 7 percent of all occupied housing units considered crowded.



Safe, Lead-Free Housing

Access to safe, high-quality housing free of lead or other toxins is another housing challenge in Chicago. According to the City Health Dashboard, 38 percent of Chicago's houses in 2020 had high potential elevated lead risk. This is more than twice the level across all Dashboard cities, where the average was less than 18 percent. Berwyn and Cicero have even higher rates, with 51.5 percent and 54 percent respectively of homes with potential elevated lead risk. Although the rate of housing in Rockford with potential lead risk is meaningfully lower, at only 28 percent, this is still substantially above the average of all Dashboard cities.

The adjacent census tract-level map shows that many of the city of Chicago census tracts with the highest rates of housing with elevated lead risk are concentrated in the South and West sides, in communities served by UI Mile Square.

The issue of access to safe housing was also discussed in interviews. One subject matter expert described their community as filled with “beautiful brick bungalows plagued with lead paint.”

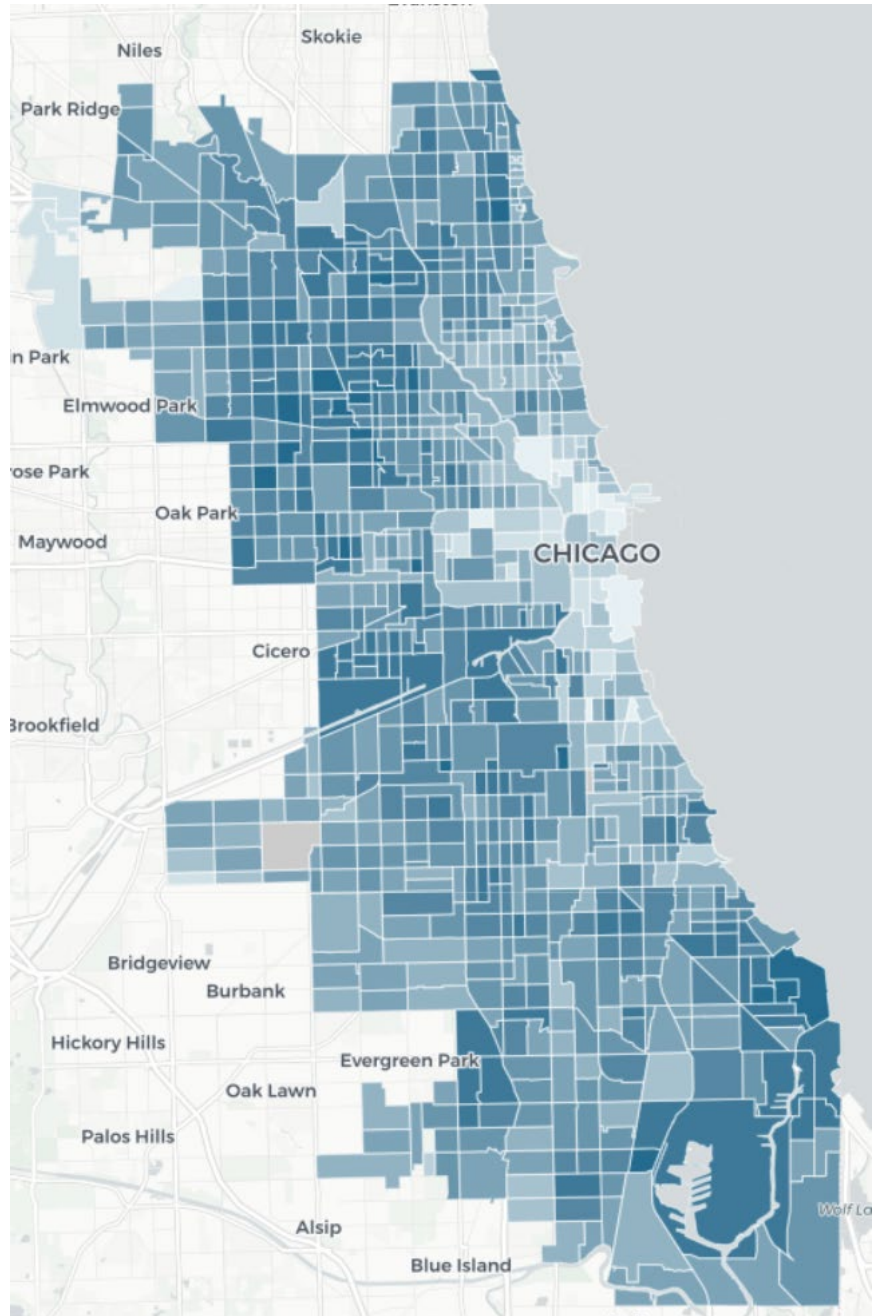


Figure 20: Housing with potential lead risk by census tract, 2000. Darker blue indicates a higher proportion of homes at high potential elevated lead risk. Source: City Health Dashboard

Homelessness and Transience

Transience and homelessness are significant problems within the service area. According to the City of Chicago 2022 Homeless Point-in-Time Count & Survey report, the total number of homeless persons estimated in the 2022 street and shelter count was 3,875. Chicago has seen a 10 percent decrease in homelessness since 2007, with estimates of about 2 per 1,000 Chicagoans experiencing homelessness on a given night, much lower than Philadelphia (4 per 1,000) or New York City (9 per 1,000). However, even with these improvements, nearly 4,000 Chicago residents still met the definition of homeless at the time of the count. Black Chicagoans are vastly overrepresented among the city's homeless population, where they comprise 75 percent of all individuals experiencing homelessness.¹⁵

Please note that Chicago's 2021 and 2022 homelessness numbers cannot be directly compared to prior years due to a change in methodology from complete count to sampling resulting from the COVID-19 pandemic. It is unknown how other COVID-related changes, such as the eviction moratorium, economic stimulus payments, and increased homeless prevention resources, may have affected this data. Formal homelessness numbers also undercount individuals who are experiencing housing insecurity and transience, such as those who are living doubled up or in unstable housing situations.

Qualitative feedback supports housing stability and homelessness being a community concern. In addition to concerns about the cost of housing, experts interviewed noted the high rates of homelessness in the community and the insufficient volume of shelters to accommodate everyone. Among respondents to the self-report convenience survey, nearly 6 percent (34/591) said they themselves did not have housing (e.g., they were staying with others, in a hotel, in a shelter, outside on the street, in a car, or in a park). Furthermore, more than 17 percent (100/583) of survey respondents reported that in the past five years, they had been worried about losing their home or apartment. Additionally, when asked about experiences since the start of the COVID-19 pandemic, 5 percent of survey respondents had a landlord threaten eviction (26/481) and a similar number became unstably housed or homeless (24/481).



Public Housing

Nationally, over 900,000 households live in public housing, of which the majority have incomes below the federal poverty level and more than 70 percent of which are headed by a person of color.¹⁶ Chicago has the third largest public housing system in the nation, the Chicago Housing Authority (CHA), with 15,927 public housing units and more than 52,000 Section 8 vouchers as of 2021. The table below shows the demographics of Chicago public housing residents. Public housing residents are disproportionately women, working-age adults and youth, and Black/African American individuals.¹⁷ These individuals are among the most vulnerable in the service area, with extremely low average household incomes, safety concerns that limit physical activity, poor access to services, and challenges accessing fresh foods.

	Public Housing			Section 8 Voucher			All CHA
	All Family-Designated	Senior-Designated	Total Public Housing	HCV	PBV	Total Voucher	
OVERALL DEMOGRAPHICS							
Total Households	9,133	4,363	13,496	40,849	9,193	50,042	63,538
Total Residents	22,668	4,853	27,521	93,700	11,702	105,402	132,923
Average Household Size	2.5	1.1	2.0	2.3	1.3	2.1	2.1
HEAD OF HOUSEHOLD GENDER							
Female	8,006	2,163	10,169	33,810	4,649	38,459	48,628
Male	1,127	2,000	3,127	7,039	4,344	11,383	14,910
RESIDENT AGE							
Youth (0-17)	9,302	3	9,305	33,207	1,559	34,766	44,071
Working-Age (18-54)	9,726	52	9,778	42,689	2,761	45,450	55,228
Near-Elderly (55-61)	1,444	102	1,546	6,633	1,019	7,652	9,198
Elderly (62+)	2,196	4,696	6,892	11,171	6,363	17,534	24,426
HEAD OF HOUSEHOLD RACE/ETHNICITY							
African American, non-Hispanic	8,094	2,051	10,145	36,086	6,722	42,808	52,953
Hispanic, any race	866	660	1,526	3,504	805	4,309	5,835
White, non-Hispanic	128	839	967	1,060	1,083	2,143	3,110
Asian, non-Hispanic	19	768	787	86	515	601	1,388
Other/Unknown race	26	45	71	113	68	181	252
HOUSEHOLD INCOME							
# at 0-30% AMI (Extremely Low)	7,117	4,010	11,127	34,557	8,215	42,772	53,899
# at 31-50% AMI (Very Low)	1,319	303	1,622	5,128	826	5,954	7,576
# at 51-80% AMI (Low Income)	523	45	568	1,134	140	1,274	1,842
# at 81%+ AMI (Moderate)	174	5	179	30	12	42	221
% at 0-30% AMI (Extremely Low)	78%	92%		85%	89%	85%	85%
% at 31-50% AMI (Very Low)	14%	7%	12%	13%	9%	12%	12%
% at 51-80% AMI (Low Income)	6%	1%	4%	3%	2%	3%	3%
% at 81%+ AMI (Moderate)	2%	0%	1%	0%	0%	0%	0%
HEAD OF HOUSEHOLD EMPLOYMENT STATUS							
# of Work-Eligible Employed	2,662	1	2,663	8,486	527	9,013	11,676
% of Work-Eligible Employed	53%	33%	53%	41%	30%	40%	43%
DISABILITY STATUS							
Households with a disabled member	2,518	1,749	4,267	14,399	3,941	18,340	22,607
% households w/ disabled member	28%	40%	32%	35%	43%	37%	36%

Source: Chicago Housing Authority Q3 2021 resident demographics

Most of the public housing population traditionally served by UI Mile Square were residents of three of Chicago's largest public housing complexes, in close proximity to UI Mile Square's long-time (former) main site at 2045 West Washington Street.¹⁸ As a result of the Chicago Housing Authority's Plan for Transformation, much of the public housing population has shifted to Section 8 vouchers for private-market housing in communities across the city, though many of these residents remain heavily concentrated in the service area.

As seen on the maps below (not to scale), the Chicago area exhibits an extremely high density of public housing buildings and developments, with some also located in the Rockford area. Most UI Mile Square sites are located within three miles or less of a public housing residential facility.

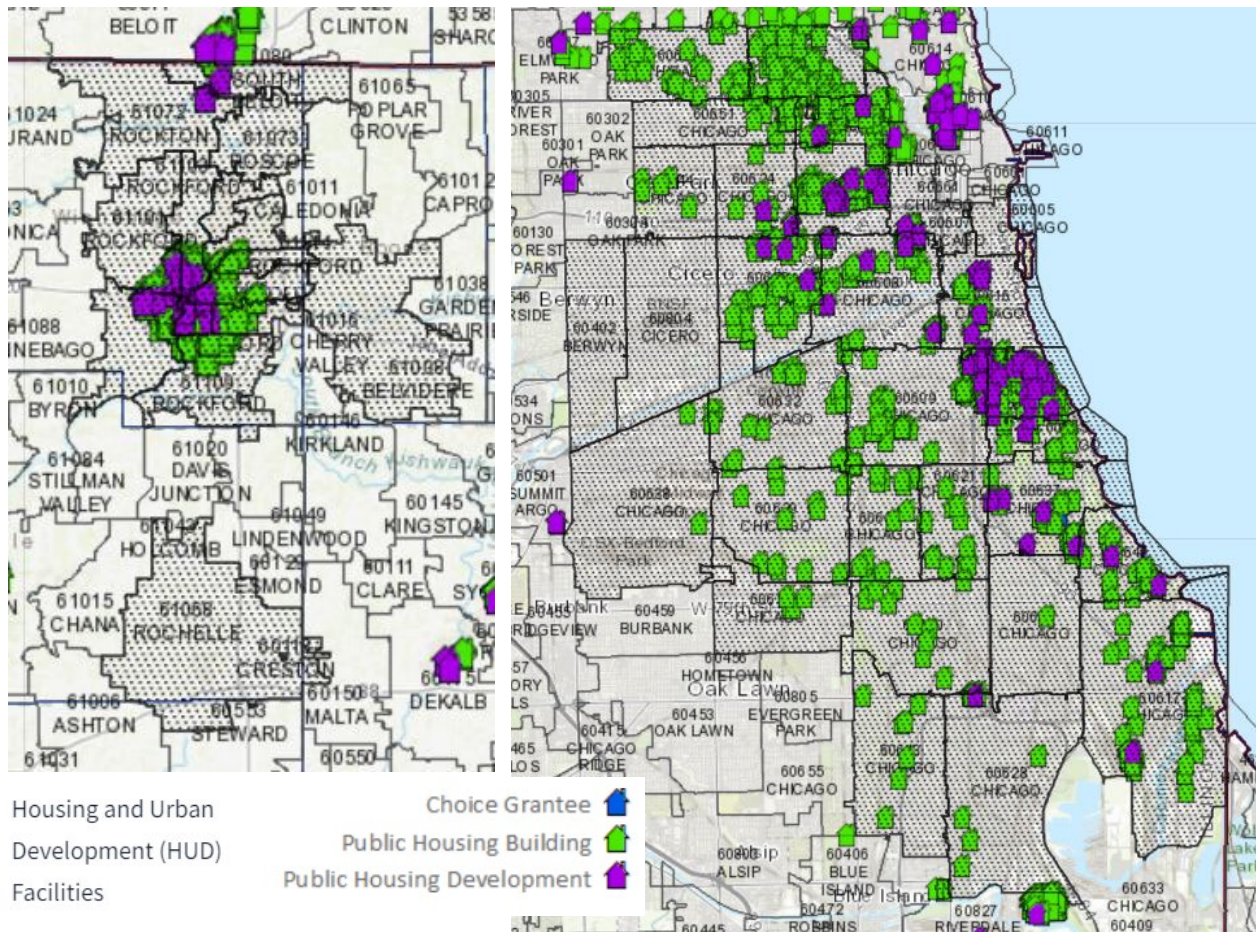


Figure 21: Public housing locations in the Rockford area (left) and the Chicago area (right). Not to scale. Source: UDS Mapper

Physical Environment

A community's physical environment can impact the health of its residents. The World Health Organization (WHO) includes physical environment among its determinants of health, including safe water and clean air, healthy workplaces, and safe houses, communities, and roads.¹⁹ Parks and other green spaces can improve mental health, reduce stress, and provide healthy opportunities for exercise and recreation. Conversely, vacant lots, unsafe housing, and urban blight can cause harm to physical health, mental health, and cognitive development.²⁰

According to the City Health Dashboard, Chicago fares better than the average of all Dashboard cities for a number of environmental measures. Nearly all (97.9%) of Chicago residents had park access in 2018 (and 98% in Berwyn and Cicero, compared to just 60% in the average Dashboard city). Chicago's 2019 walkability score of 77.4 (73 in Berwyn and Cicero) is far higher than the 41.3 average across all Dashboard cities. However, even for these strong measures, some disparities exist. For example, though overall walkability in the area is good, most of the census tracts with the poorest walkability are concentrated to the south and southwest, in communities served by UI Mile Square.

Rockford also fares better than the average of all Dashboard cities on these same measures, but only slightly. Just 63 percent of residents have park access (compared to the average of 60%) and the walkability score is 41.7 (compared to the average of 41.4).

For air quality, the data is mixed. Chicago's average ozone concentration in the air, at 22.6 parts per billion (21.4 in Berwyn and Cicero) is also better (lower) than in other across-the-Dashboard cities. Rockford's ozone concentration is slightly worse, at 25.6 parts per billion, but still better than the Dashboard average. However, Chicago experiences a higher level of air pollution than other cities as measured by particulate matter, with an annual average daily fine particulate matter (PM2.5) concentration of 10.3, compared to the Dashboard city average of 9.1. Berwyn and Cicero are slightly worse, at 10.7 each. Rockford has a slightly better particulate matter level, at 9.4, but that's still above the average.

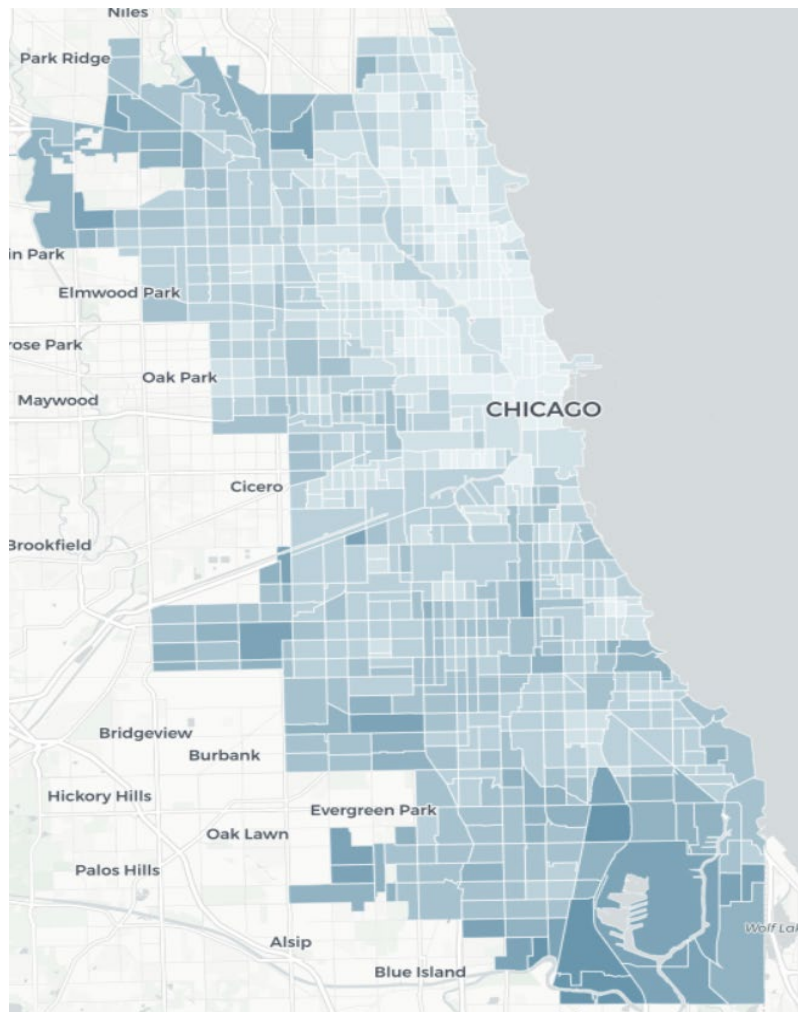


Figure 22: Chicago walkability by census tract as calculated by Walk Score index, 2019. Darker blue indicates fewer neighborhood amenities accessible by walking. Source: City Health Dashboard

Interview subjects and focus group participants from both communities recognized both the benefits and the challenges of their physical environments. One-third of conversations (3/9) highlighted assets such as access to park districts, free park programming, walking paths, and other green spaces. The downtown riverwalk in Rockford, for example, was seen as a great community feature that makes walking and being in nature possible. However, participants also noted that many of these assets benefit middle- and upper-class residents far more than they do low-income residents.

Furthermore, nearly half of all conversations (4/9) referenced insufficient levels of access to these types of assets in the physical environment. Experts from both parts of the service area noted that the community is not always pedestrian-friendly or exercise-friendly. Several felt there were not enough safe sidewalks, green spaces, parks, bike paths, or running tracks, especially ones that community members can access for free. Others also noted that crime or fear of crime can deter residents from using the outdoor spaces that do exist.



Violence

According to the Pew Research Center, in raw numbers, Chicago has consistently placed among the top three cities nationwide for homicides since 1985 (though lower on a per capita basis).²¹ The UI Mile Square service area in particular experiences high rates of community violence. Per the Chicago Health Atlas, many community areas in the service area have homicide rates three or four times the overall 2021 citywide homicide rate of 20.6 per 100,000. As shown on the map below (left) in the darkest blue, these community areas include West Englewood (68.0), Washington Park (70.3), East Garfield Park (78.3), Greater Grand Crossing (78.4), West Pullman (79.0), Fuller Park (80.4), North Lawndale (81.7), Englewood (85.6), and West Garfield Park (91.1). Firearm-related homicides specifically are elevated in these same areas, as is violent crime inclusive of nonfatal criminal sexual assault, robbery, aggravated assault, and aggravated battery.

Community violence can affect residents' sense of safety. The map below (right) shows the community areas that have the highest (blue) and lowest (yellow) neighborhood safety, according to CDPH's 2020 Health Chicago Survey²²; these communities are almost the exact inverse of the homicide and other violent crime maps. Similarly, nearly half (44% to 50%) of adult respondents to SUHI's Community Health Survey 2.0 from Humboldt Park, North Lawndale, and West Englewood indicated feeling unsafe alone during the nighttime; in West Englewood, 35 percent felt unsafe alone during the daytime as well.²³ Research among Latino residents of Chicago indicates that a sense of safety is an important factor affecting the use of parks and recreation spaces, and that gang presence in parks can make it hard to access those spaces for recreation.²⁴

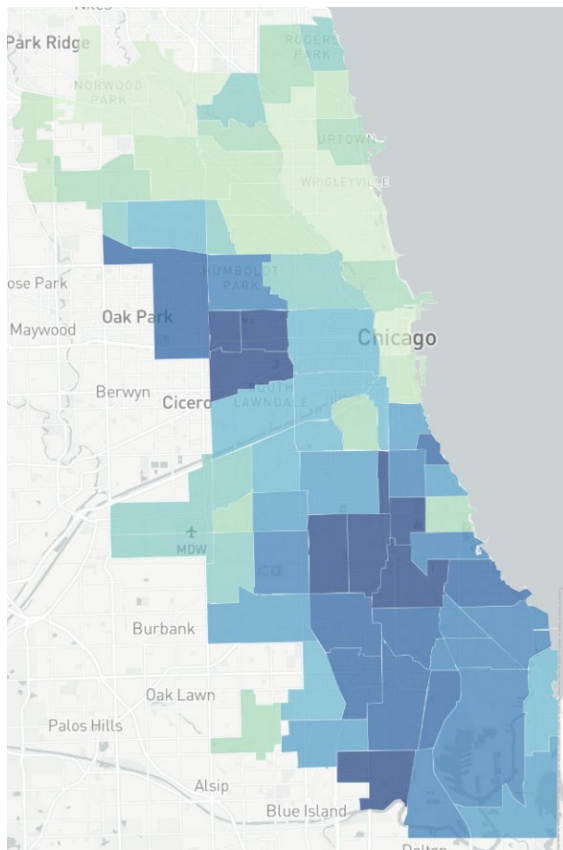


Figure 24: Age-adjusted rate of deaths due to homicide per 100,000 by Chicago community area, 2021. Darker blue indicates higher homicide rate. Source: Chicago Health Atlas

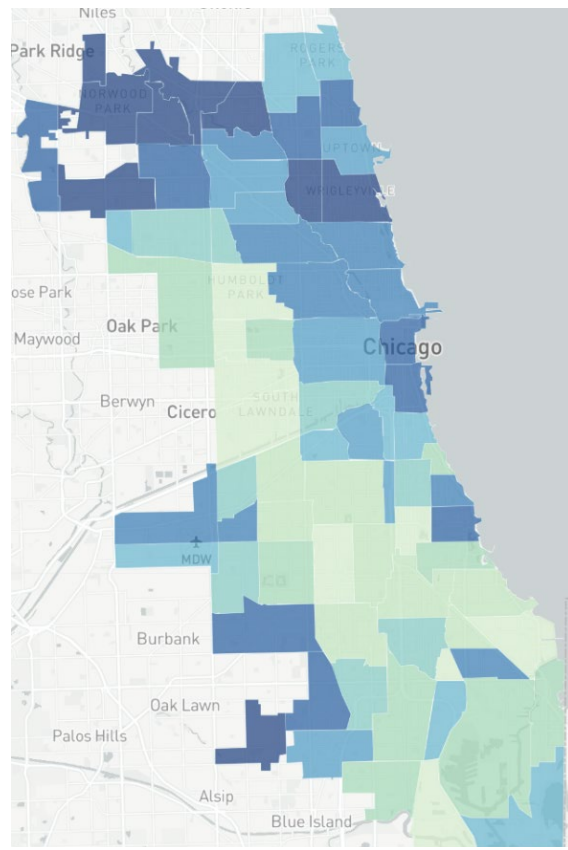


Figure 23: Percent of adults who report that they feel safe in their neighborhood all or most of the time, 2020. Darker blue indicates greater safety while yellow indicates less safety. Source: Chicago Health Atlas

Participants in UI Mile Square’s 2023 community survey listed violence and safety as concerns. More than 16 percent (96/597) expressed that they do not feel safe in their neighborhood and where they live. More than 2 percent (15/589) expressed that they had been afraid of their partner or ex-partner in the last year. Additionally, nearly 32 percent of respondents (175/555) said that accident or injury was among the top two reasons people in the community see a provider, and more than 5 percent (29/555) said domestic violence was a top reason.

Furthermore, some survey respondents indicated that violence and safety in the community had worsened during the pandemic. When asked about experiences since the start of the COVID-19 pandemic, nearly 6 percent of respondents (28/481) reported increased violence in their home or neighborhood. This is in addition to those who experienced other personal safety concerns, such as being required to work in an unsafe environment during the pandemic (15% or 70/481), being subject to racial discrimination due to Asian heritage (1% or 4/481), and being subject to discrimination for any reason (4% or 21/481).

Community violence also emerged as a theme in nearly half of all qualitative conversations (4/9), all in Chicago. In particular, gun violence, mass shootings, and assault weapons were mentioned as significant safety concerns for everyone but especially for younger people. One expert noted that kids fear going to school because of all the occurrences of gun violence. Gang violence, perceptions of crime, and overall unrest and lawlessness were also seen as concerns. Additionally, the prevalence of gun violence colored conversations about access to emergency care; when discussing overall hospital access, one focus group participant noted the need for somewhere closer to transport victims of shootings.

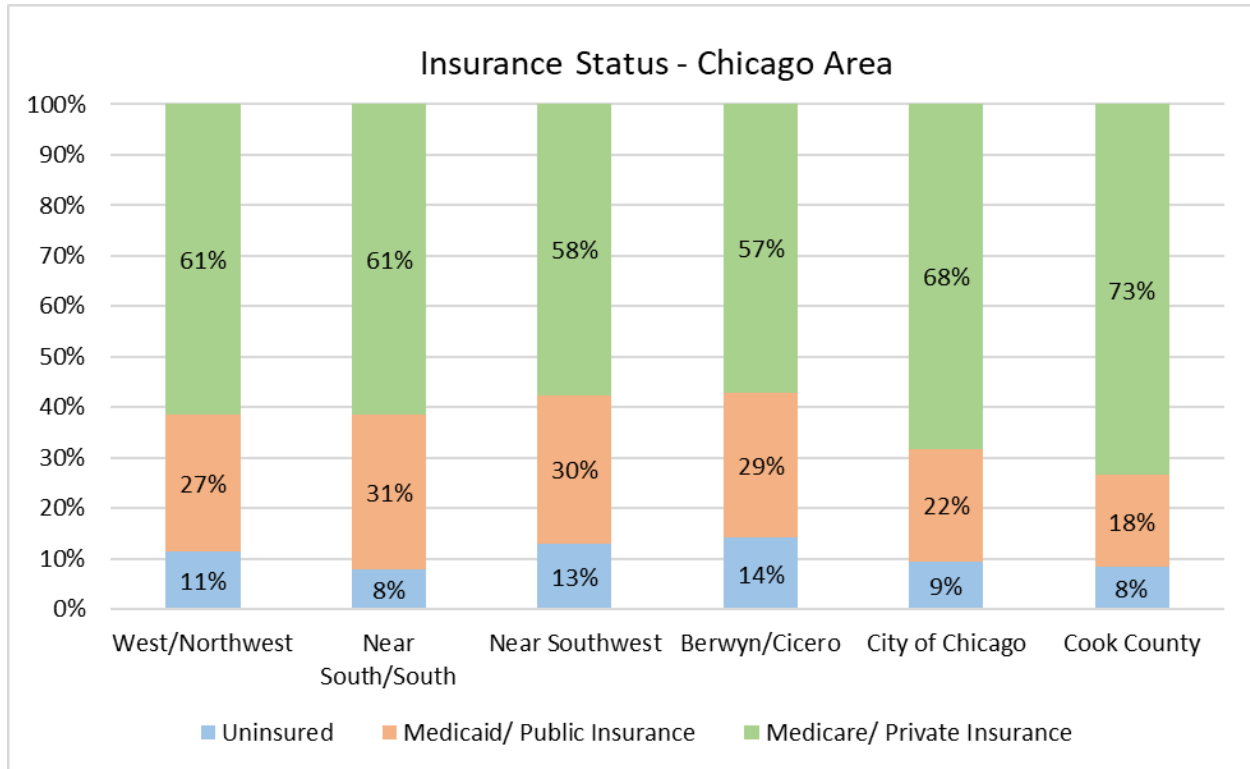
Given the high rates of community violence, trauma was also a frequently mentioned concern. One-third (3/9) of conversations, including both Chicago and Rockford conversations, referenced trauma, particularly from witnessing death or violence, but also from other experiences, such as those during the COVID-19 pandemic. Several emphasized the need for greater access to trauma-informed care to address the prevalence of trauma in the community.



F. Health and Health Care

Insurance Status — Chicago Area

In the Chicago portion of UI Mile Square’s service area, nearly 11 percent of the total population is uninsured and 29 percent is publicly insured. Public insurance includes Medicaid and other needs-based public insurance, such as the Children’s Health Insurance Program (CHIP). Private insurance and Medicare rates are 62 percent overall, lower than in Chicago (68%) or Cook County (73%).

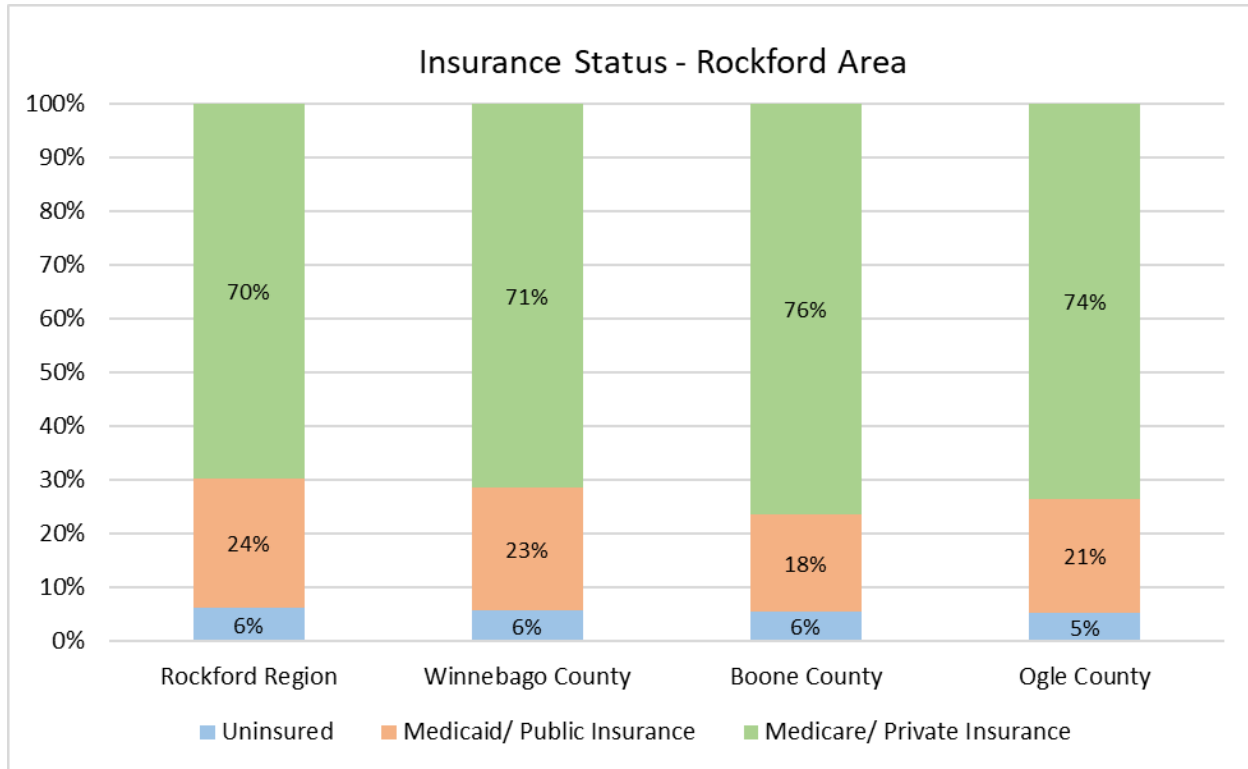


The highest uninsured rate in the Chicago area is in Berwyn/Cicero, where 14 percent of residents are uninsured, compared to 10 percent in Chicago and only 9 percent in Cook County. This region has a high portion of immigrant populations, not all of whom are eligible for Medicaid or for insurance premium subsidies on the Affordable Care Act (ACA) State-Federal Partnership Marketplace. This may be a contributing factor to higher uninsured rates.

Conversely, in Near South/South, where the population is largely U.S.-born African Americans, a much smaller portion of the population is uninsured (8%), while a larger percent is publicly insured (31%). This speaks to the impact of insurance eligibility on enrollment and access. A large proportion of the Near Southwest region’s population has Medicaid or other public insurance (30%), and a relatively small portion has private insurance or Medicare (58%).

Insurance Status — Rockford Area

In the Rockford region, only 6 percent of the population is uninsured — lower than the various Chicago-area regions and on par with Winnebago, Boone, and Ogle counties. However, 24 percent of the Rockford region population has Medicaid or other public insurance, which is slightly higher than in the comparison counties, as well as above Chicago or Cook County, demonstrating the need for safety net services in this community.



Insurance — Trends and Issues

Overall since 2013, Illinois has seen a large influx in newly enrolled individuals because of the ACA, both through the Marketplace and through expanded Medicaid enrollment. As of December 2022, Illinois has enrolled 3,777,876 individuals in Medicaid and CHIP, a net increase of 43.8 percent (1,150,933 individuals) since October 2013.²⁵

However, recent reports indicate that the number of Americans without health insurance is on the rise for the first time in a decade, mostly due to a decline in Medicaid participation. This may be in part driven by eligible immigrants not enrolling in or disenrolling from Medicaid due to fear.²⁶ A Kaiser Family Foundation (KFF) report found that if fear associated with the political environment leads to Medicaid and CHIP disenrollment rates of just 15 percent to 35 percent among those in households with noncitizens, that could amount to as many as 2 million to 4.7 million individuals who disenroll.²⁷ Another KFF survey of Hispanic adults found that one-quarter of undocumented Hispanic adults and 10 percent of lawful permanent resident Hispanic adults reported that they or a family member did not participate in a government assistance program in the past three years due to immigration-related fears.²⁸

Responses to UI Mile Square’s community survey demonstrate that both access to insurance coverage and the high cost of care, even if one has insurance, are major concerns for community

members. When asked what keeps people in the community from seeing a doctor, dentist, or counselor, 52 percent of survey respondents (282/541) selected lack of health insurance as one of the top three factors. Just as many respondents (53% or 286/541) said that costs are among the top three things that keep people from accessing care.

When asked about the problems they themselves experience with their insurance, more than 10 percent of respondents said that they can't see the doctors they want to see (60/580), 8 percent said their plan does not cover the services they need (47/580), nearly 6 percent (33/580) said costs are too expensive (including the costs of monthly insurance payments, bills from visits, or prescriptions), and 5 percent (28/580) said it is confusing or hard to understand how to use their insurance. Nearly 8 percent (44/568) also reported being unable to get medicine or health care in the last year when it was really needed. All of these were greater than the number who self-identified as being uninsured (4% or 26/589) or who use a sliding fee scale at a health center as a main way they pay for care (2% or 10/589), which seems to demonstrate that barriers to care exist even for those with insurance.

Lack of health insurance was a major theme emerging in half of all qualitative conversations (5/9) and open-ended survey comments. Experts in both communities noted that insurance is a major driver of where people go for care and that not every clinic accepts every insurance. It can also be hard to get insurance, since it can be very expensive and many people do not have access to employer-based coverage. A comparable number of conversations (5/9, as well as open-ended survey comments) highlighted Medicaid barriers, such as the complexity of applications, the lack of awareness of public insurance options like CountyCare, and the fact that not all providers or clinics, especially mental health providers, accept Medicaid.

Finally, cost barriers were also a major theme for respondents, with nearly half of all conversations (4/9, as well as open-ended survey comments) discussing the high cost of care. Experts pointed out that community members worry about hefty co-pays, high medication costs, or being refused services due to inability to pay. Many residents cannot afford services without insurance and are unaware of options like sliding fee services at community health centers or discount medication programs. This points to the importance of broader public awareness in ensuring that community members are able to access programs for which they are eligible.



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

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic locations or certain populations with a lack of access to primary care. Nearly all of UI Mile Square's service area is covered with one or more MUA/MUP designations, demonstrating the area's barriers to health care.

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

- Communities — Asian American Population

In addition, the following areas have MUA designations within the Chicago area:

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

Further, the following areas are designated as having MUPs within the Chicago area:

- Chicago Lawn, West Lawn, Ashburn
- Low Income — Cicero Service Area
- Low Income — Logan Square/Hermosa

Finally, a few portions of the Rockford area are partially covered by MUA designations:

- Winnebago Service Area
- White Rock Service Area



Health Professional Shortage Areas (HPSA)

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

Primary Care HPSA

The UI Mile Square service area has 20 designated Primary Care Health Professional Shortage Areas (Primary Care HPSA) that are active and not proposed for withdrawal — 17 in the Chicago area and three in the Rockford area. The HPSA scores range from 11 to 21, with an average score of 15.75. This is higher than at the time of UI Mile Square’s last needs assessment, when it was only 14.2. The number of primary care provider FTEs needed ranges from just 0.19 FTE to as many as 16.97 FTE, for a total of 152.15 more FTE needed in the service area in order to meet the need.

One HPSA within the service area at the time of UI Mile Square’s last needs assessment has been proposed for withdrawal and is not shown, covering the rapidly gentrifying area of West Town. Simultaneously, other HPSAs have increased in score, including in Englewood, Auburn Gresham, and the Near West Side, demonstrating significant levels of need in core UI Mile Square communities. This aligns with feedback from survey respondents, 31 percent (142/458) of whom called doctors one of the top three types of health professionals or services that the community needs in greater numbers.

Primary Care HPSA Name	Primary Care HPSA Score	Primary Care FTE Needed
Chicago Area Primary Care HPSAs		
Logan Square	15	16.97
Humboldt Park	13	0.19
Low Income-Austin	19	14.21
Low Income-North Lawndale/Garfield Park	21	10.95
Low Income-Chicago Near West Side	19	4.98
Low Income-Near South Armour Square/Douglas	17	2.96
Low Income-Lower Westside/McKinley Park/Bridgeport	18	8.34
Low Income-Cicero Berwyn	13	6.94
Low-Income South Lawndale	17	7.85
Low Income-Brighton/Gage Parks	16	11.52
Low Income-New City	17	4.91
Low-Income South Chicago/South Shore	19	14.07
West Englewood/Englewood	14	4.01
Chicago Lawn	14	6.91
Low Income-Hyde Park/Woodlawn/Washington Park	19	18.19
Auburn Gresham/Washington Heights/Chatham	13	3.54
Roseland/Pullman/Burnside	13	3.14
Rockford Area Primary Care HPSAs		
Low Income-Belvidere Service Area	16	2.54
Low Income-Rockford West Side	11	5.41
Low-Income Dekalb Service Area	11	4.52
Summary	Average: 15.75	Total: 152.15

Source: UDS Mapper, HRSA Data Warehouse: <https://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>
Please note that HPSAs proposed for withdrawal have been excluded.

Dental Care HPSAs

There are 14 Dental Care Health Professional Shortage Areas (Dental Care HPSAs) designated in the UI Mile Square service area, 11 in the Chicago area and three in the Rockford area. Several are new since the last UI Mile Square needs assessment, including in Ashburn/Washington Heights, Englewood/Auburn Gresham, Riverdale/Pullman/Roseland, and Dekalb County near Rockford. The average score is 16.79, increased from 13.9 in the last needs assessment, and all but one Dental Care HPSA has a score of 10 or higher. The number of dental care FTEs needed ranges from less than 1 to as many as 21.2, with a total of 175.68 dental providers needed, substantially above the 148.2 FTE needed as of UI Mile Square’s 2020 needs assessment.

Dental Care HPSA Name	Dental Care HPSA Score	Dental Care FTE Needed
Chicago Area Dental Care HPSAs		
Low Income-Near North (Chicago)	11	11.57
Low-Income-Ashburn/Washington Heights	19	20.71
Low Income-Maywood/Cicero	8	10.32
Low Income-Near South (Chicago)	19	10.30
Low Income-Midsouth Area (Chicago)	19	21.20
Chicago Englewood/Gresham	21	12.50
Low Income-Chicago Midway Central	19	10.03
Low Income-Southeast North	16	15.93
Low Income-Chicago Southeast Side	19	9.86
Low Income-Southeast Chicago	21	16.19
Low-Income-Riverdale/Pullman/Roseland	19	8.85
Rockford Area Dental Care HPSAs		
Low Income-Belvidere	10	0.83
Low-Income-Winnebago County	17	19.95
Low-Income-Dekalb County	17	7.44
Summary	Average: 16.79	Total: 175.68

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

The need for greater access to dental care in Rockford specifically emerged in interviews. All four Rockford experts interviewed brought up both that access to dental care is a major gap in Rockford and that UI Mile Square has greatly expanded access to dental care since coming to Rockford in 2020. Several said that dental services from UI Mile Square are “going really well” and lauded the “one-stop shop” model, housing dental and mental health services under the same roof as primary care. Several suggested that UI Mile Square could lean into dental further in Rockford, which aligns with the significant gaps and shortages seen in the HPSA scores above.

Additionally, among survey respondents, nearly 18 percent (82/458) called dental care one of the top three types of health professionals or services that the community needs in greater numbers.

Mental Health Care HPSAs

The eight Mental Health Care Professional Shortage Areas (Mental Health HPSAs), seven in the Chicago area and one in the Rockford area, range from 10 to 19 and have an average score of 16.13. The number of mental health professional FTEs needed ranges from 2 to nearly 20, with a total of 65.06 FTEs needed.

Mental Health Care HPSA Name	Mental Health Care HPSA Score	Mental Health Care FTE Needed
Chicago Area Mental Health Care HPSAs		
Low Income-Chicago Northeast	17	19.57
Low Income-Chicago Near South	19	4.16
Cicero Berwyn	10	5.15
Chicago Central	19	16.86
West Englewood/Englewood	19	2.02
South Shore/Chatham/Avalon Park/Burnside	15	9.47
South Chicago	14	3.53
Rockford Area Mental Health Care HPSAs		
Whiteside/Lee-Catchment Area 1-03-03	16	4.3
Summary	Average: 16.13	Total: 65.06

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

Among survey respondents, more than 16 percent (75/458) called counseling for depression, anxiety, family problems, etc., one of the top three types of health professionals or services that the community needs in greater numbers. Just 5 percent (23/458) selected drug and alcohol counseling as one of the top three most needed services.

However, among interviews and focus groups, the need for more mental health services was one of the most common themes. Nearly all (8/9) conversations included references to the community's growing mental health needs, including the need for more counseling, long-term services, psychiatric services, crisis centers, domestic violence services, support groups, and services for children and youth. Several noted that mental health wait-lists are far too long, creating barriers to services. Half of all conversations (4/9), as well as many open-ended survey responses, specifically suggested that UI Mile Square offer more mental health services to close the gap and help ensure access to quality, consistent, and long-term mental health services.

Unserved by Health Centers

Within the UI Mile Square service area, there are 815,325 low-income residents, of whom 512,623 are current health center patients. In 2021, UI Mile Square served 38,746 individuals in this area, or 7.6 percent of all area health center patients in 2021. The total health center penetration for all low-income individuals is 62.9 percent, leaving 302,702 low-income residents unserved by any health center. This represents an opportunity for all local health centers, including UI Mile Square, to help close the gap and reach these residents.

Region	Low-Income Population 2016–2020 Five-Year Estimates	Total # Health Center Patients, 2021	Unserved Low-Income Population	Health Center Penetration of Low-Income Population	UI Mile Square Unique Patients, 2021	UI Mile Square % of All Health Center Patients
West/Northwest	246,647	167,035	79,612	67.7%	9,622	5.8%
Near South/South	249,884	132,437	117,447	53.0%	13,008	9.8%
Near Southwest	154,357	120,120	34,237	77.8%	11,001	9.2%
Berwyn/Cicero	54,958	33,100	21,858	60.2%	1,240	3.7%
Rockford	109,479	59,931	49,548	54.7%	3,875	6.5%
Total	815,325	512,623	302,702	62.9%	38,746	7.6%

Figure 25: Low-income populations, health center patients, unserved populations, and UI Mile Square patients by service area region. Please note that total health center patients and UI Mile Square patients are 2021 data, while total low income population is derived from the American Community Survey 2016–2020 five-year estimates. Sources: UDS Mapper and UI Mile Square’s own UDS data

UI Mile Square has continued to reach new unserved residents and grow its overall patient volume. During CY 2022, UI Mile Square served a total of 51,131 unduplicated patients, a new record. In addition to the 44,443 unique individuals who live within the UI Mile Square service area, UI Mile Square served another 6,688 individuals who live in other zip codes.



V. Health Disparities

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

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

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

Please note that when county-level data is the smallest available, the four Chicago area regions are all extrapolated using Cook County data. In the case of the Rockford region, because it is split over multiple counties, each zip code is extrapolated according to its primary county (Winnebago, Boone, and Ogle) and a weighted average is created.

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



A. Diabetes and Cardiovascular Disease

Diabetes and cardiovascular disease are both widely prevalent conditions and among the leading causes of death and disability nationwide.

The age-adjusted diabetes prevalence in all four Chicago area regions, at 11.9 percent to 13.5 percent, is above both the state and national averages (10.8% and 11.8% respectively). In Rockford, the rate (11.1%) is between the state and national average. Although these rates rank below those from the prior UI Mile Square needs assessment, they remain quite elevated; the map below, from CDC PLACES, highlights the degree to which diabetes rates in the service area zip codes exceed other zip codes in northern Illinois. The adult obesity prevalence, which ranges from 34.7 percent to 42.3 percent across the service area, is also quite elevated compared to the nation (33.9%) and state (34.2%). These rates have increased since the prior assessment across the service area.

Health Indicator	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Diabetes & Cardiovascular Disease							
Diabetes prevalence among adults	12.4%	13.5%	12.2%	11.9%	11.1%	10.8%	11.8%
Diabetes mortality rate (per 100k)	27.5	36.1	36.1	22.9	25.4	24.2	27.9
Adult obesity prevalence	38.0%	36.0%	36.0%	42.3%	34.7%	34.2%	33.9%
Adults who have been told they have high blood pressure	30.7%	34.8%	28.3%	27.3%	31.4%	30.0%	32.4%
Heart disease mortality rate (per 100k)	214.8	257.4	181.7	190.6	288.8	207.6	204.2
Cerebrovascular (stroke) mortality rate (per 100k)	54.5	68.4	46.2	46.7	64.8	49.4	46.5

Age-adjusted diabetes mortality rate is worse than both the state and nation in the Near South/South and New Southwest regions (36.1 per 100,000 each), where there are more than 12 excess deaths per 100,000 per year compared to the state. Diabetes mortality is worse than the state only in West/Northwest and Rockford (27.5 and 25.4 per 100,000 respectively) and somewhat better than both the state and nation in Berwyn/Cicero (22.9 per 100,000), despite the region's high diabetes and obesity prevalence.

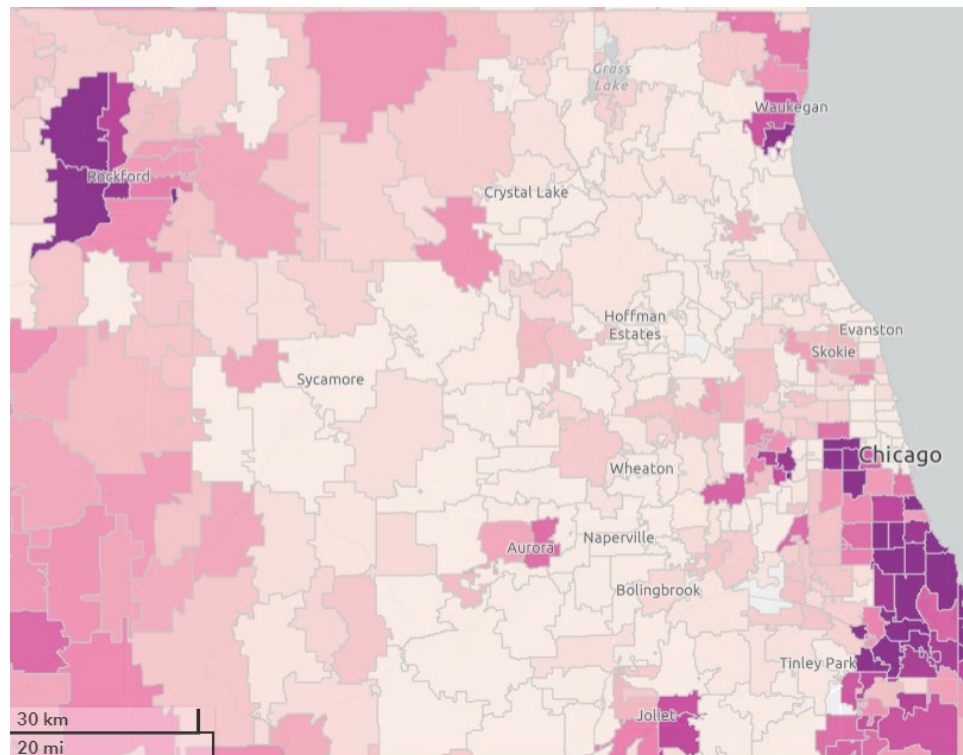


Figure 26: Diabetes crude prevalence rate by zip code in entire service area. Darker pink indicates higher diabetes prevalence, with dark purple zip codes in both the Rockford and Chicago portions of the service area. Source: CDC PLACES

For cardiovascular disease, the situation is more mixed across the service area. High blood pressure, an important cardiovascular disease risk factor, is very elevated in Near South/South, with 34.8 percent of adults reporting they have been told they have high blood pressure, compared to only 30.0 percent in the state or 32.4 percent in the nation as a whole. The Rockford and West/Northwest regions also have slightly higher proportions of their adult populations

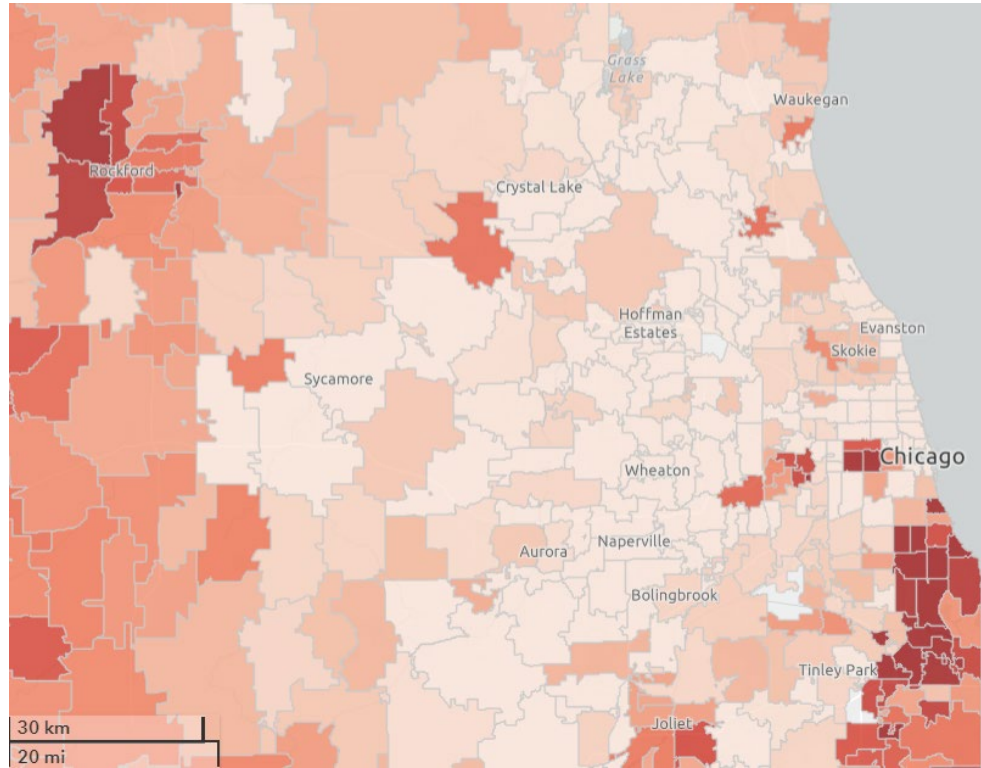


Figure 27: High blood pressure crude prevalence rate by zip code in entire service area. Darker red indicates greater prevalence of high blood pressure, with several dark red zip codes in the Rockford and Chicago portions of the service area. Source: CDC PLACES

with high blood pressure than the state. The other two regions have lower rates of high blood pressure than the state or nation; these are also the regions with the highest proportion of their populations that identifies as Hispanic/Latino.

Age-adjusted mortality from heart disease and stroke are both high in three regions: West/Northwest, Near South/South, and Rockford. This may be in part influenced by the disproportionate heart disease mortality rates in Black/African American populations. Heart disease mortality is especially elevated in Rockford, where there are 288.8 deaths per 100,000 — more than 80 excess deaths per 100,00 compared to the state or nation. Cerebrovascular or stroke mortality is highest in Near South/South, where the rate is 68.4 deaths per 100,00 — approximately 20 excess deaths per 100,00 compared to the state and national averages. Consistent with the blood pressure pattern, Near Southwest and Berwyn/Cicero experience lower rates of heart disease and stroke mortality, as is often seen in largely Hispanic populations.

Chronic diseases like heart disease and diabetes were noted as a key community challenge in three qualitative conversations, all with experts in Chicago. Among survey respondents, only 32 percent (176/549) were aware that UI Mile Square offers specialty services, like diabetes care and podiatry, to address these conditions.

B. Cancer

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

Health Indicator	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Cancer							
No Pap test in the past three years	29.9%	27.4%	32.1%	33.0%	26.5%	27.9%	22.3%
No mammogram in the past two years	18.7%	21.0%	16.1%	20.5%	21.1%	19.9%	21.7%
No PSA (prostate) test in past two years	74.2%	80.7%	75.2%	75.2%	67.6%	69.0%	68.2%
No colorectal screening in past year	87.4%	89.7%	86.8%	86.2%	92.6%	93.5%	90.7%
Breast/chest cancer mortality rate (per 100k)	16.0	20.7	13.2	13.4	16.8	13.9	13.0
Colorectal cancer mortality (per 100k)	18.0	21.9	15.4	15.8	24.2	17.1	16.2
Adults who currently smoke cigarettes	11.3%	12.8%	10.3%	9.9%	12.1%	12.0%	14.4%

As the table above shows, the cancer indicators in the UI Mile Square service area present a mixed picture. For colorectal cancer screening, all regions are faring somewhat well, with a better rate of adults 50 and older receiving a fecal occult blood test (FOBT) in the past year. Colorectal cancer screening rates are also improving across the whole service area compared to the prior UI Mile Square needs assessment, suggesting that the work of UI Mile Square and other safety net providers to increase screening rates may be making a difference. Unfortunately, this has not fully translated into reduced mortality, as several regions (West/Northwest, Near South/South, and Rockford) all have higher colorectal cancer mortality rates than the state or nation, suggesting racial and socioeconomic disparities in access to treatment, as well as treatment success rates or other factors that mitigate the effects of better screening rates.

All regions have better mammogram rates than the national average, and two are better than the state average as well. As with colorectal cancer screening, this may indicate success with health outreach and education efforts in the community. However, despite these generally good screening rates, breast/chest cancer mortality rates are elevated compared to the national average across all five regions and worse than the state in three regions: West/Northwest, Near South/South, and Rockford. Near South/South has the most elevated breast/chest cancer mortality rate, with 20.7 deaths per 100,000 compared to only 13.9 per 100,000 statewide or 13.0 per 100,000 nationwide. This again reinforces that improved screening rates do not always translate directly or immediately into improved mortality, and that other factors may influence mortality rates.

Cervical cancer and prostate cancer screening rates are somewhat poorer. All five regions are worse than the nation for cervical cancer (Pap) screening, with especially elevated rates in West/Northwest, Near Southwest, and Berwyn/Cicero. These regions also have lower private insurance coverage rates and higher uninsured rates. The rate of PSA tests for prostate cancer screening is also poor in all Chicago-area regions. Rockford is the only region with a better PSA test rate than the state or nation; it also has the best cervical cancer screening rate.

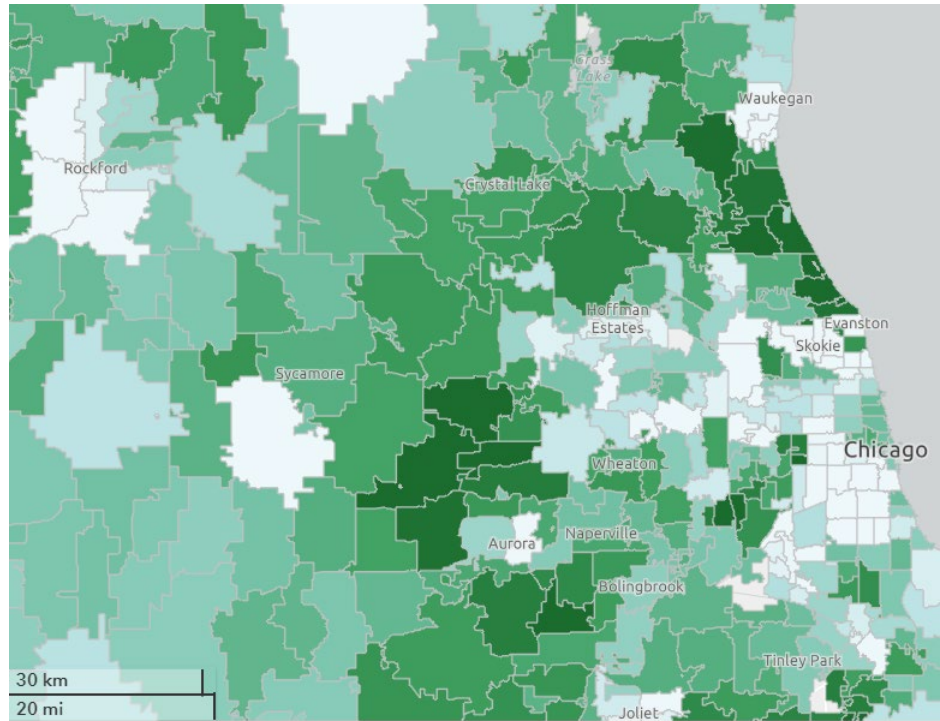


Figure 28: Cervical cancer screening crude prevalence by zip code in entire service area. Lighter green indicates lower rate of cervical cancer screening, with very low rates in both the Rockford and Chicago portions of the service area. Source: CDC PLACES

The percent of adults who currently smoke cigarettes is better than the state and national average in three regions — West/Northwest, Near Southwest, and Berwyn/Cicero, with Berwyn/Cicero in particular reporting a low smoking rate. Near South/South and Rockford have slightly higher smoking rates than the state but still better than the nation.

In one-third (3/9) of qualitative conversations, cancer was mentioned as an important condition, as well as a need for more access to mammography and other imaging services in the community. One expert praised UI Mile Square’s high-quality care and its ability to connect patients to outstanding, comprehensive cancer care within the UI Health system.

C. Prenatal, Perinatal, and Pediatric Health

Much of the UI Mile Square service area experiences very poor prenatal and perinatal health outcomes. Rates of births to teenage mothers, for example, are higher than the state and/or national averages across all the service area regions. Late entry to prenatal care is also high across all the Chicago-area regions, with only Rockford having a lower rate of women entering prenatal care after the first trimester.

Health Indicator	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Prenatal, Perinatal, and Pediatric Health							
Low birth weight (<2500 grams) births	8.9%	12.5%	8.3%	8.1%	10.0%	8.5%	8.5%
Percent of births that are preterm	10.7%	13.0%	10.6%	10.5%	13.1%	10.7%	10.5%
Infant mortality rate per 1,000	5.4	8.8	5.2	5.1	9.6	5.5	5.4
Births to teenage mothers	3.8%	5.0%	4.6%	4.7%	6.6%	3.4%	4.0%
Late entry into prenatal care (after first trimester)	21.2%	24.8%	22.7%	22.6%	19.5%	20.0%	21.2%
Percent of children (10-17) who are obese	19.5%	17.7%	20.4%	19.9%	15.3%	16.1%	17.0%
Percent of high school students with less than 1 hour of physical activity in last week	16.1%	19.0%	14.4%	14.1%	12.2%	12.3%	17.0%
Percent of high school students with no visit to a dentist in last year	30.2%	33.5%	28.3%	27.9%	23.4%	23.8%	24.1%
Pediatric asthma prevalence	22.9%	26.5%	20.7%	20.2%	20.7%	20.5%	21.8%

Two regions have elevated rates of low birth-weight births, preterm births, and infant mortality: Near South/South and Rockford. For each of these three indicators, Near South/South and Rockford exceed the state and national averages substantially. For example, the percent of low birth-weight births in Near South/South is 12.5 percent, well above the 8.5 percent in the state and nation. Similarly, in Rockford, the infant mortality rate is 9.6 infant deaths per 1,000, nearly double that of the state, nation, or several other regions (5.1 to 5.5 per 1,000). All three other regions fare similarly to the state and national averages on these three indicators.

It should be noted that nearly all prenatal and perinatal indicators (except infant mortality and births to teenage mothers) are worst in the Near South/South region. This extends to the access-to-care measure of late entry to prenatal care, even though the Near South/South has a lower uninsured rate than other regions and among the better rates for other access indicators discussed in this report. This may point to the need for unique interventions to improve access to prenatal care and birth outcomes within this predominantly Black/African American community.

Childhood obesity in the service area is worse than both the state and national average in all Chicago regions, with only Rockford faring better than the state or national average. This parallels the adult obesity rates, which are poor across the service area but worse in the Chicago regions compared to Rockford. All Chicago regions also have high rates of high school students with less than an hour of physical activity in the last week and high rates of high school students with no visit to a dentist in the past year, compared to the state and/or nation. Pediatric asthma is also a health challenge in several regions, specifically West/Northwest and Near South/South, where pediatric asthma prevalence rates exceed the state and national averages.

Among community survey respondents, 60 percent (331/549) were aware that UI Mile Square offers women's health and pregnancy services, while fewer than 56 percent (306/549) were aware that UI Mile Square offers child and adolescent health services. One subject matter expert suggested that UI Mile Square has an opportunity to work more closely with schools in Rockford to expand access to pediatric preventive services while also building broader awareness.

D. Behavioral Health and Addictions

Across the UI Mile Square service area, indicators of behavioral health are highly variable. Depression and suicide rates are low in several regions compared to the state or national averages, specifically West/Northwest, Near South/South, and Near Southwest. However, rates of both depression and suicide are quite elevated in Rockford and Berwyn/Cicero. Caution should be taken in interpreting these data points, as behavioral health conditions are known to be widely underreported, particularly among communities of color.

Health Indicator	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Behavioral Health & Addictions							
Adults ever told they have a form of depression	15.4%	12.4%	16.6%	17.6%	28.2%	17.0%	20.5%
Suicide rate	8.6	7.7	8.3	17.6	17.9	11.4	14.5
Binge alcohol use	14.6%	12.4%	15.8%	16.5%	15.1%	14.8%	15.4%
Overdose mortality rate	34.3	48.5	28.9	27.2	46.7	23.8	23.3

For substance use indicators, three regions have elevated binge alcohol use rates. More notably, all five regions are above the state and national averages for overdose mortality rate. Two regions in particular, Near South/South and Rockford, have overdose mortality rates double the state and national average. Indeed, although the needs in Chicago are significant, data suggests that Rockford has some of the most elevated behavioral health needs, consistently exceeding the state and national averages.

In recent years, opioids have become a greater problem in both Chicago and Rockford; opioid-related deaths in particular are on the rise. As shown on the county-level map of Illinois, the opioid overdose mortality rate per 10,000 is actually highest in Winnebago County, which comprises most of the Rockford area, at 4.67 per 10,000 population in 2021. Cook County has the third highest rate in the state, at 4.25 per 10,000. The zip code-level map of Northern Illinois below shows the total overdose counts (fatal and nonfatal) by zip code, with high numbers of overdoses in served zip codes in the Rockford area, such as 61109, 61104, 61101, and 61108, and most zip codes in the Chicago portion of the service area.

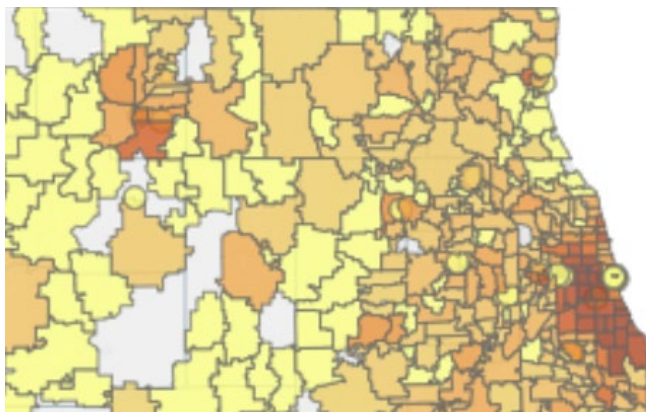


Figure 30: Overdose counts by zip code, 2021. Darker orange denotes a higher number of total fatal and nonfatal overdoses. Source: Illinois Department of Public Health Opioid Data Dashboard

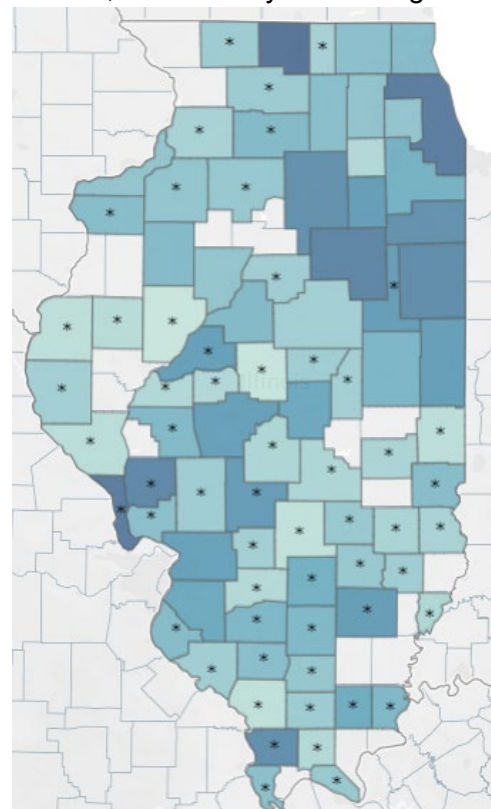


Figure 29: Opioid overdose mortality rate per 10,000 in Illinois by county, 2021. Darker blue indicates higher rate of fatal overdose. Winnebago and Cook have among the highest rates. Asterisks denote fewer than 10 overdoses. Source: Illinois Department of Public Health Opioid Data Dashboard

For Chicago, CDPH data showed a 32 percent increase in opioid-related EMS responses and a 52 percent increase in opioid-related deaths between 2019 and 2020, with 86 percent of 2020 opioid related deaths involving fentanyl. Deaths were highest among Black, non-Latino adults and persons living in communities experiencing high economic hardship.²⁹ Although most Chicago community areas had at least one opioid-related overdose death in 2020, deaths were concentrated in South and West Side communities served by UI Mile Square, shown in dark blue on the adjacent map, such as Austin, Humboldt Park, East Garfield Park, West Garfield Park, North Lawndale, Washington Park, Fuller Park, Oakland, and Englewood.

Mental health and substance use concerns came up frequently in qualitative conversations and community survey responses. As previously noted, more than 16 percent of survey respondents (75/458) called counseling for depression, anxiety, family problems, etc., one of the top three types of health professionals or services that the community needs in greater numbers, and 5 percent (23/458) selected drug and alcohol counseling as one of the top three most needed services. In addition, when asked about experiences since the start of the COVID-19 pandemic, 41 percent (198/481) reported an increase in depression, anxiety, or other mental health concerns.

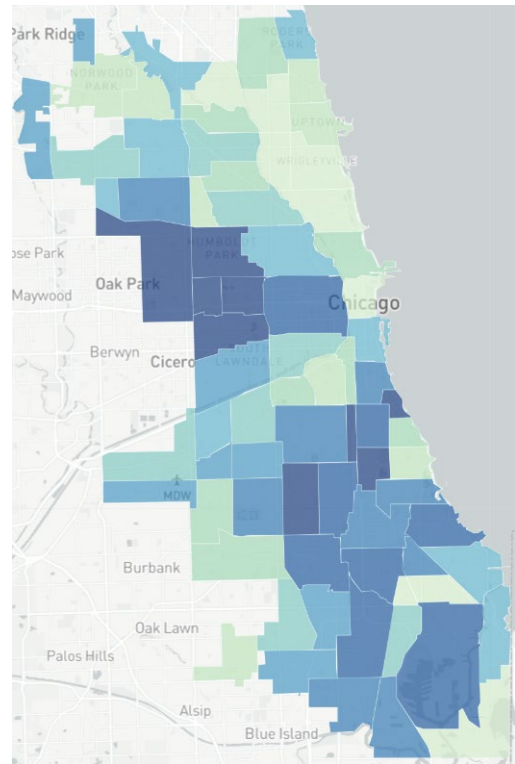


Figure 31: Opioid-related overdose mortality rate per 100,000 by Chicago community area, 2020. Darker blue indicates higher opioid-related overdose mortality rate. Source: Chicago Health Atlas

Among interviews and focus groups, growing mental health needs was the No. 1 most frequent theme; as previously noted, nearly all (8/9) conversations referred the need for more mental health services across the continuum of care, and many referred to the community's mental health needs as a crisis. One-third of conversations (3/9) also spoke to growing substance use and addiction challenges in the community, echoing the data regarding high opioid overdose rates in Chicago and Winnebago County and emphasizing the need for more addiction services and MOUD sites. Many experts lamented that the community is not aware of all that UI Mile Square offers, and that awareness of substance use disorder services is especially low.

As noted previously, in open-ended survey comments, quite a few respondents suggested UI Mile Square provide more mental health services and more access to mental health services by accepting all insurances, having more providers, and advertising their mental health services more. This recommendation for UI Mile Square to expand its behavioral health services was also shared in half of the qualitative conversations (4/9). Three of these were from Rockford, pointing to the importance of this issue in Rockford and to the access gaps and barriers to receiving needed behavioral health and addiction services in the Rockford area.

E. COVID-19

The COVID-19 public health emergency has had a considerable impact on the service area and the needs of the target population. As of April 2023, the city of Chicago has more than 773,000 cumulative diagnosed cases of COVID-19, suburban Cook County has had more than 777,000, Winnebago County has had nearly 102,000, and Boone and Ogle counties each more than 17,000. Chicago has experienced more than 7,700 COVID-19 deaths and suburban Cook County has had more than 7,500 deaths, while Winnebago, Boone, and Ogle counties combined have had over 1,100 deaths.³⁰

Communities in the UI Mile Square service area have been disproportionately hard-hit by COVID-19. Many of the Chicago zip codes with the highest case, hospitalization, and death rates from COVID-19 during both 2020 and 2021 were those served by Mile Square. In fact, as of April 2023, the top three Chicago zip codes with the most cumulative COVID-19 cases were all in the service area (60629, 60632, and 60639), as were the top zip codes with the most cumulative deaths (60629, 60623, and 60628).³¹

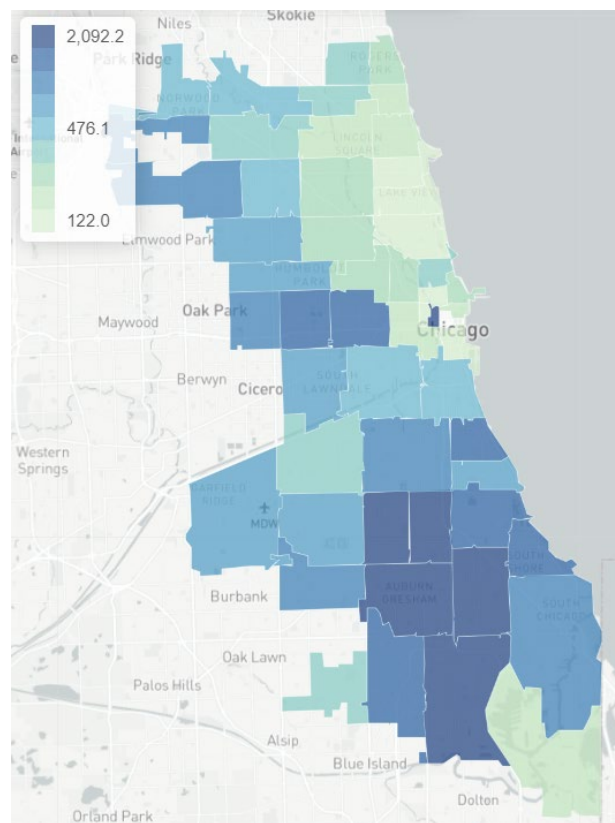


Figure 33: COVID-19 hospitalization rates per 100,000 by zip code, 2021. Darker blue denotes higher hospitalization rate. Source: Chicago Health Atlas

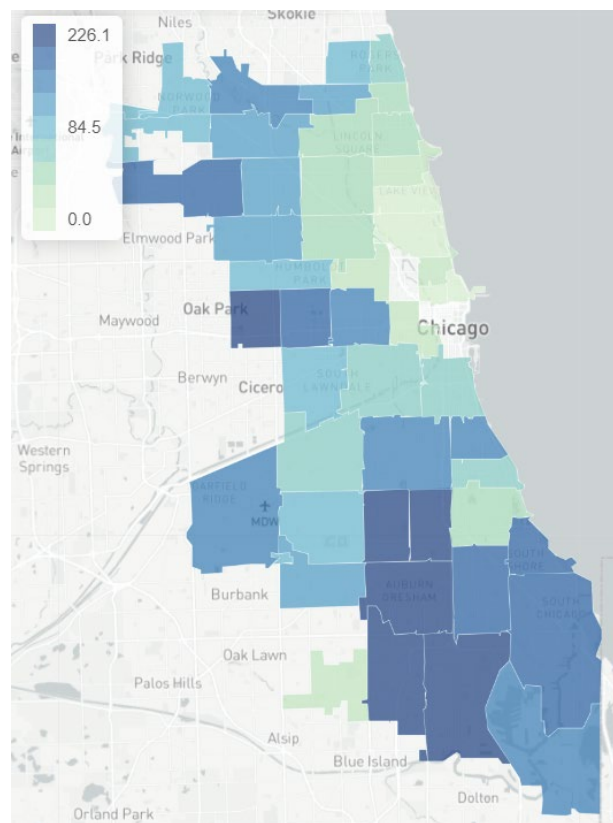


Figure 33: COVID-19 death rate per 100,000 by zip code, 2021. Darker blue denotes higher death rate. Source: Chicago Health Atlas

Many communities disproportionately affected by COVID-19 have been identified as having “social vulnerability,” according to a social vulnerability index used by the city of Chicago, which also makes these communities vulnerable to barriers to vaccine uptake. Indeed, although nearly 71 percent of all Chicago residents have a completed vaccine series as of April 2023, only 10 of the 28 zip codes served by UI Mile Square in Chicago have achieved 71 percent of their population with a completed series. Black/African American residents have the lowest vaccine and booster rates among major racial/ethnic groups.³²

Berwyn and Cicero, the service area's two suburban Cook County communities, have also been disproportionately affected by COVID-19. Cicero has had the largest number of cumulative COVID-19 cases of any municipality in the Cook County Department of Public Health jurisdiction. Both Cicero and Berwyn also trail suburban Cook County as a whole for vaccine coverage, with only 66 percent and 71 percent of the population respectively having their complete vaccine series, compared to more than 72 percent.³³

Compared to the Chicago area, the Rockford area has a much lower overall vaccination rate, with only 57 percent of Winnebago County having a completed series, 57 percent in Ogle County, and 61 percent in Boone County.³⁴ These all trail Chicago, Cook County, and the state, though it should be noted that several individual zip codes in the Chicago portion of the service area do have comparable vaccine coverage rates to the Rockford area, including 60617, 60619, 60620, 60621, 60624, 60628, 60637, 60644, 60649, and 60653, which all have complete vaccine series rates of 50 percent to 59 percent as of April 2023.³⁵

Survey responses helped shed light on the many ways in which the COVID-19 pandemic has adversely affected community residents. When asked about experiences since the start of the COVID-19 pandemic, by far the most frequently selected response was an increase in depression, anxiety, or other mental health concerns (41% or 198/481). Other common experiences included being fired from or losing a job (21% or 99/481), being required to work in an unsafe environment (15% or 70/481), having utilities shut off (11% or 54/481), increased experiences of violence in the home or neighborhood (6% or 28/481), a landlord threatening eviction (5% or 26/481), becoming unstably housed or homeless (5% or 24/481), being subject to discrimination for any reason (4% or 21/481), and being unable to obtain needed medications or prescriptions (4% or 20/481).



F. Other Health Indicators

Other notable health disparities exist in specific regions of the service area. For example, adult asthma prevalence is elevated slightly above the state average across all five regions. Influenza and pneumonia death rates are above the national average in all five regions, and above the state average in West/Northwest, Near South/South, and Rockford. Unintentional injury death is lower than the state and national averages in Near Southwest and Berwyn/Cicero, while above the state and national average in West/Northwest, Near South/South, and Rockford.

Health Indicator	West/ Northwest	Near South/ South	Near Southwest	Berwyn/ Cicero	Rockford	State Average	National Average
Other Health Indicators							
Age-adjusted death rate (per 100k)	871.9	1094.1	724.8	756.4	1089.1	819.8	826.4
Adult asthma prevalence	9.4%	9.6%	9.6%	9.4%	8.7%	8.7%	9.8%
Adults without a visit to a dental clinic during the past year	34.2%	38.4%	33.0%	31.9%	31.1%	31.6%	33.3%
Flu and pneumonia death rate (per 100k)	19.1	21.6	16.6	17.5	20.5	18.7	16.5
Unintentional injury death rate (per 100k)	56.4	74.0	49.3	47.5	82.3	50.7	54.9

Most notably, the age-adjusted all-cause death rate is highly varied across the service area. West/Northwest, at 871.9 per 100,000, is somewhat elevated but still close to the state and national averages of 819.8 and 826.4 per 100,000 respectively. Both Near Southwest and Berwyn/Cicero are well below these rates, perhaps reflecting the better health and life expectancy in many Hispanic/Latino and immigrant populations. Conversely, the age-adjusted death rate is far higher in Rockford (1089.1 per 100,000) and Near South/South (1094.1 per 100,000), with each region having more than 260 excess deaths per 100,000 compared to the state and national averages. This combines the high mortality rates already discussed — such as from cancer, diabetes, heart disease, stroke, and drug overdose — with other causes of death in the community, such as homicide and accidental injury death.

Additionally, some indicators demonstrate that access to care remains a barrier. For example, all four Chicago regions exceeded the state average for the rate of adults without a visit to a dentist in the last year, with two regions well exceeding the national average. Only Rockford fared better than the state for adults without a visit to a dental clinic during the past year.

One of the most significant effects of the pandemic on access to care in the service area has been the major disruptions to routine preventive care. Many Illinois health centers experienced a decrease in number of patients during 2020 as compared to 2019. Decreases in Illinois health center patients were especially evident among children and youth under age 18; Black, Asian, and multiracial patients; low-income patients; school-based health center patients; and substance use disorder patients.³⁶ With Chicago Public Schools fully remote during much of 2020 and early 2021, youth in particular experienced challenges accessing care that previously have been provided at school-based health centers.

VI. Other Safety Net Health Services

There are over 170 total health center clinic sites in the UI Mile Square service area, including temporary and administrative sites. Despite the presence of these many health center sites, 302,702 low-income residents remain unserved by any health center in the service area.

Feedback from UI Mile Square's community survey further illuminates patterns and preferences regarding where individuals go — or do not go — for care. Among survey respondents, 32 percent (178/550) said that most people in the community go to the emergency room when they want to see a doctor, while 26 percent (142/550) said most people go to a community health center or free clinic. Only 3 percent (16/550) said most people go to a private practice, and 23 percent (11/550) said most use a clinic inside a drug store. Survey respondents were divided over whether they preferred to schedule an appointment (31% or 165/541) or to walk into a clinic, even if there is a wait (28% or 150/541) or whether "it depends" (22% or 117/541). No differences were seen between those survey respondents identifying as UI Mile Square patients and those who did not.

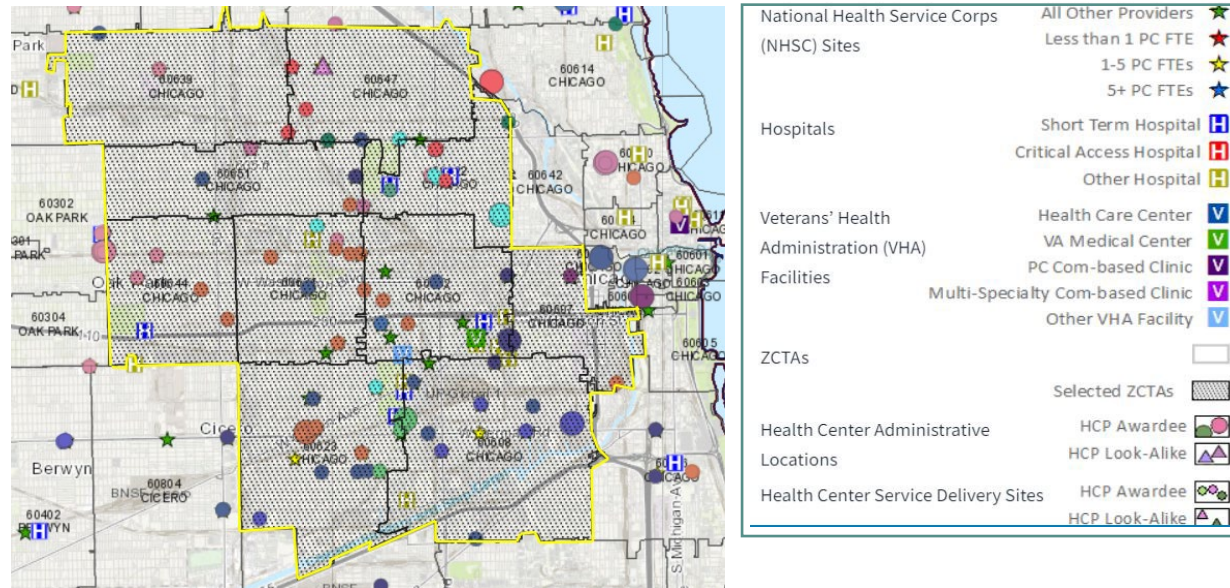
Survey responses also suggest that many are not aware of the full breadth of services UI Mile Square offers. Some services were well-known among respondents: Eighty-eight percent (484/549) of respondents reported being aware that the health center provides medical care, 60 percent (331/549) were aware of women's health and pregnancy services, and nearly 56 percent (306/549) were aware of child and adolescent services. However, fewer than half reported knowing about other services such as dental care (47% or 260/549); mental health care (45% or 246/549); specialty services like diabetes, podiatry, and cancer survivorship (32% or 176/549) or health insurance enrollment (32% or 176/549); vision care (31% or 171/549); and substance use or MAT services (23% or 124/549). These numbers are all somewhat increased from UI Mile Square's prior needs assessment survey in 2019, which could suggest improved patient and community awareness of the services offered.

Interview subjects and focus group participants shared some of these perspectives. More than half of qualitative conversations (5/9) discussed how many people use the emergency department as primary care or don't know where to go beside the emergency department. Several noted that community members tend to wait until their pain is unbearable and they have to seek emergency care. Four distinct conversations spoke directly to fear and mistrust of medical care and doctors within the Black/African American community, stemming from generations of mistreatment, trauma, racism in medicine, and infamous incidents like the Tuskegee syphilis study, which violated the informed consent of low-income Black men in the process. Interviewees noted that many in the Black community, particularly men, have learned not to go to the doctor preemptively. Other conversations (3/9) suggest a general lack of knowledge about when to seek primary care versus urgent care versus emergency care. Furthermore, a concern noted by all four Rockford experts was a lack of sufficient emergency department access and long wait times due to recent hospital closures in Rockford.

With these service delivery factors in mind, this section highlights the types of health safety net providers available in each community. Each section below shows a map of one region of the UI Mile Square service area and illustrates the number and location of safety net providers and their reach into the low-income population. A list of each FQHC or hospital system and how many sites each has in the region is provided, and the dominant health center in each zip code is identified. Additionally, the number of known substance abuse and mental health facilities, opioid treatment programs, and DATA-waived providers is also provided to contextualize the other services available. It should be noted that some of the DATA-waived providers are likely located at the hospital or FQHC sites identified.

A. West/Northwest Region of UI Mile Square's Service Area

The West/Northwest region has an abundance of safety net providers. Total health center penetration of the low-income population is 68 percent, with over 167,000 patients being served in this area in 2021. Of these individuals, UI Mile Square served 9,622, or 5.8 percent, in 2021 and 14,354 in 2022. The most dominant providers are varied; ACCESS and Erie are both dominant in three zip codes, PCC is dominant in two zip codes, and Heartland Health Outreach and Lawndale Christian are each dominant in one zip code.



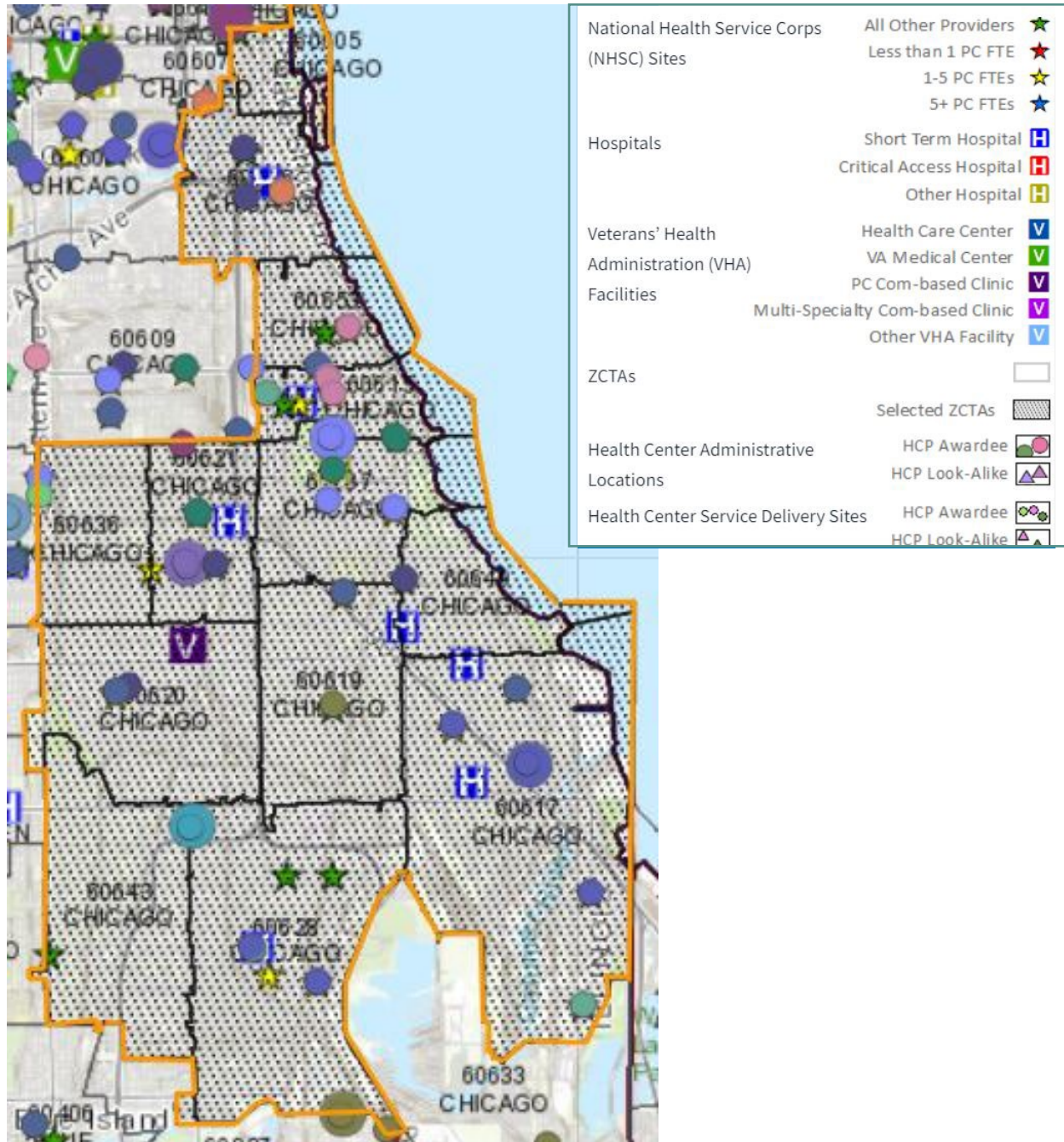
In addition, the West/Northwest region's safety net includes the following safety net providers:

Hospitals	FQHCs and Look-Alikes
Mount Sinai Hospital Medical Center	Access Community Health Network (12 sites)
VA Chicago Healthcare System	Alivio Medical Center (7 sites)
Loretto Hospital	Erie Family Health Center (7 sites)
Saint Anthony Hospital	Howard Brown Health Center (2 sites)
Rush University Medical Center	Lawndale Christian Health Center (21 sites)
John H. Stroger Jr. Hospital	PCC Community Wellness Center (5 sites)
University of Illinois Hospital	Primecare Community Health Inc. (8 sites)
University of Illinois Medical Center	Esperanza Health Centers (5 sites)
Norwegian American Hospital	Infant Welfare Society (1 site)
Illinois State Pediatric Institute	Near North Health Service Corps (2 sites)
Municipal Contagious Disease Hospital	Aunt Martha's Community Health Center (1 site)
Schwab Rehabilitation Institute	Heartland International Health Centers (1 site)
Garfield Park Hospital	Heartland Health Outreach (1 site)
Presence Saints Mary and Elizabeth Medical Center	UI-Mile Square (4 sites)
Behavioral Health Care Providers	VHA Facilities
Substance abuse treatment facility (65 sites)	Chicago VA Clinic
Mental health treatment facility (26 sites)	Jesse Brown Department of Veterans Affairs Medical Center
Opioid treatment programs (9 sites)	
DATA-waived providers (303)	

B. Near South/South Region of UI Mile Square's Service Area

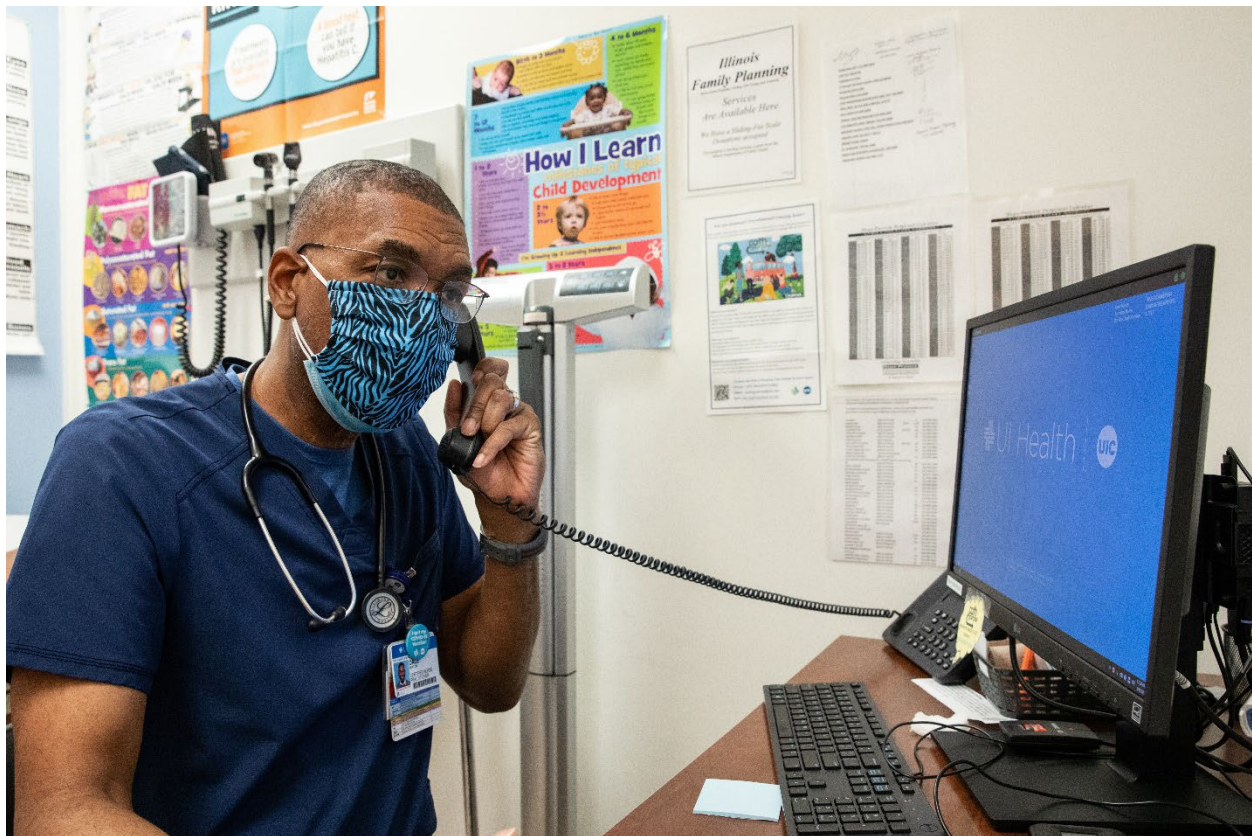
The Near South/South region has a large number of existing safety net providers. Total health center penetration of the low-income population is 54 percent, with over 132,000 patients being served in this area in 2021. Of these individuals, UI Mile Square served 13,008 unduplicated patients in 2021 — 9.8 percent of all patients served in the region — and 15,147 patients in 2022.

The dominant FQHCs vary across the zip codes. The dominant provider is ACCESS, with four zip codes with the largest market share, followed by Friend Family, which is dominant in three zip codes, and Chicago Family with two zip codes. Others that are dominant in one zip code only include Near North, Howard Brown, Christian Community, and UI-Mile Square.



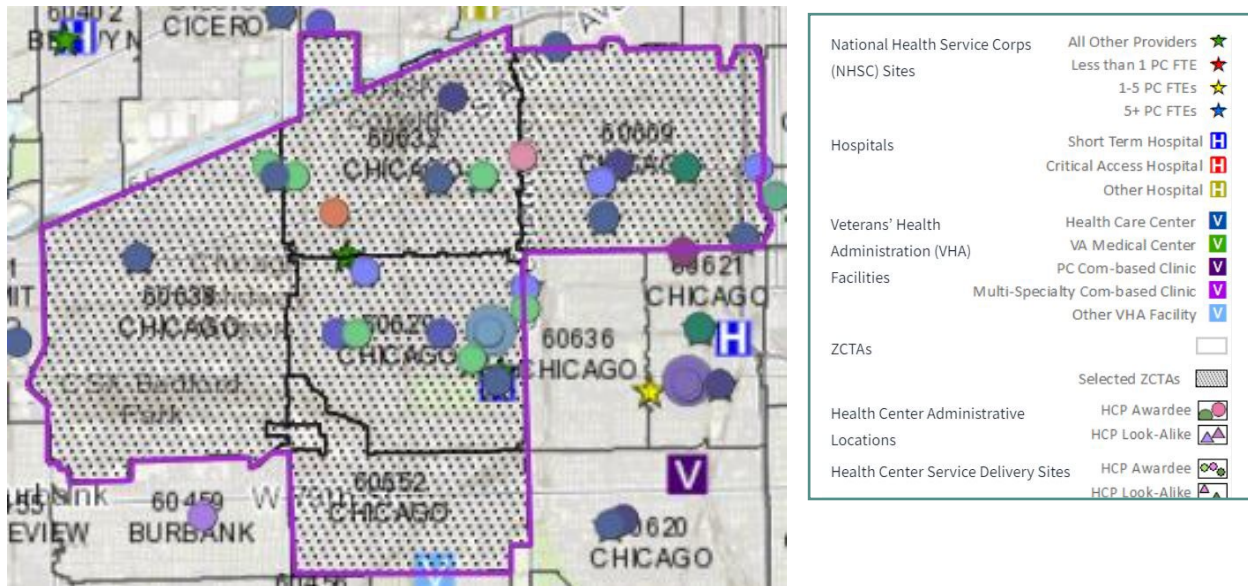
In addition, the Near South/South region’s safety net includes the following safety net providers:

Hospitals	FQHCs
Advocate Trinity Hospital	ACCESS Community Health Network (4 sites)
Roseland Hospital	Aunt Martha’s Health and Wellness (3 sites)
The University of Chicago Medical Center	Beloved Community Family Wellness Center (3 sites)
St. Bernard Hospital	Chicago Family Health Center (6 sites)
Mercy Hospital and Medical Center	Friend Family Health Center (6 sites)
Jackson Park Hospital	Heartland Alliance Health (1 site)
South Shore Medical Center	Howard Brown Health Center (5 sites)
Provident Hospital of Chicago	Near North Health Service Corporation (3 sites)
University of Chicago Hospitals	TCA Health (2 sites)
	Christian Community Health Center (3 sites)
	Lawndale Christian Health Center (1 site)
Behavioral Health Care Providers	
Substance abuse treatment facility (41 sites)	UI Mile Square Health Center (6 sites)
Mental health treatment facility (7 sites)	
Opioid treatment programs (16 sites)	
DATA-waived providers (91)	
	Veterans Health Administration Facilities
	Auburn Gresham VA Clinic



C. Near Southwest Region of UI Mile Square’s Service Area

The Near Southwest region has several existing safety net providers. Total health center penetration of the low-income population is almost 78 percent, with over 120,000 patients being served in this area in 2021. Of these patients, UI Mile Square served 11,001, which is 9.2 percent of all the patients served in 2021. UI Mile Square also served 8,543 unduplicated patients from this region in 2022. The most dominant service providers in the area are ACCESS and Esperanza, which are both dominant in two zip codes. UI-Mile Square is the dominant provider in the other zip code.

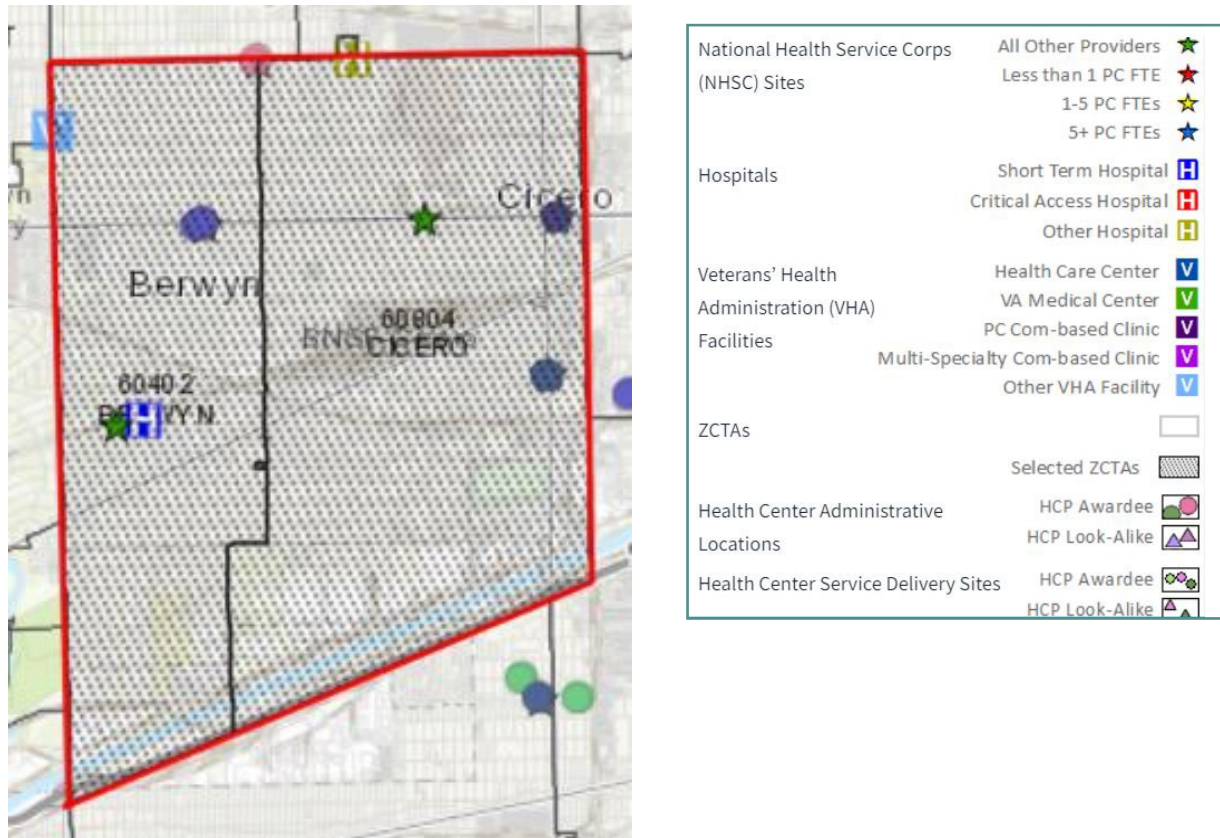


In addition, the Near Southwest region’s safety net includes the following safety net providers:

Hospitals	FQHCs
Holy Cross Hospital	ACCESS Community Health Network (7 sites)
	Chicago Family Health Center (1 site)
Behavioral Health Care Providers	Esperanza Health Centers (5 sites)
Substance abuse treatment facilities (17 sites)	Friend Family Health Center (3 sites)
Mental health treatment facilities (4 sites)	
Opioid treatment programs (2 sites)	Howard Brown Health Center (1 site)
DATA-waived providers (20)	Inner City Muslim Action Network (5 sites)
	Lawndale Christian Health Center (1 site)
Veterans Health Administration Facilities	PCC Community Health (1 site)
Chicago Vet Center	Alivio Medical Center (2 sites)
	UI Mile Square Health Center (2 sites)

D. Berwyn/Cicero Region of UI Mile Square's Service Area

The total health center penetration of the low-income population in Berwyn/Cicero is 60 percent, with over 33,000 patients being served in this area. In 2021, UI Mile Square served 1,240 patients who live in this region — 3.7 percent of the total health center patients served. In 2022, UI Mile Square served 1,390 patients from the region. ACCESS Community Health Network dominates the Cicero market, while Alivio Medical Center dominates in Berwyn.

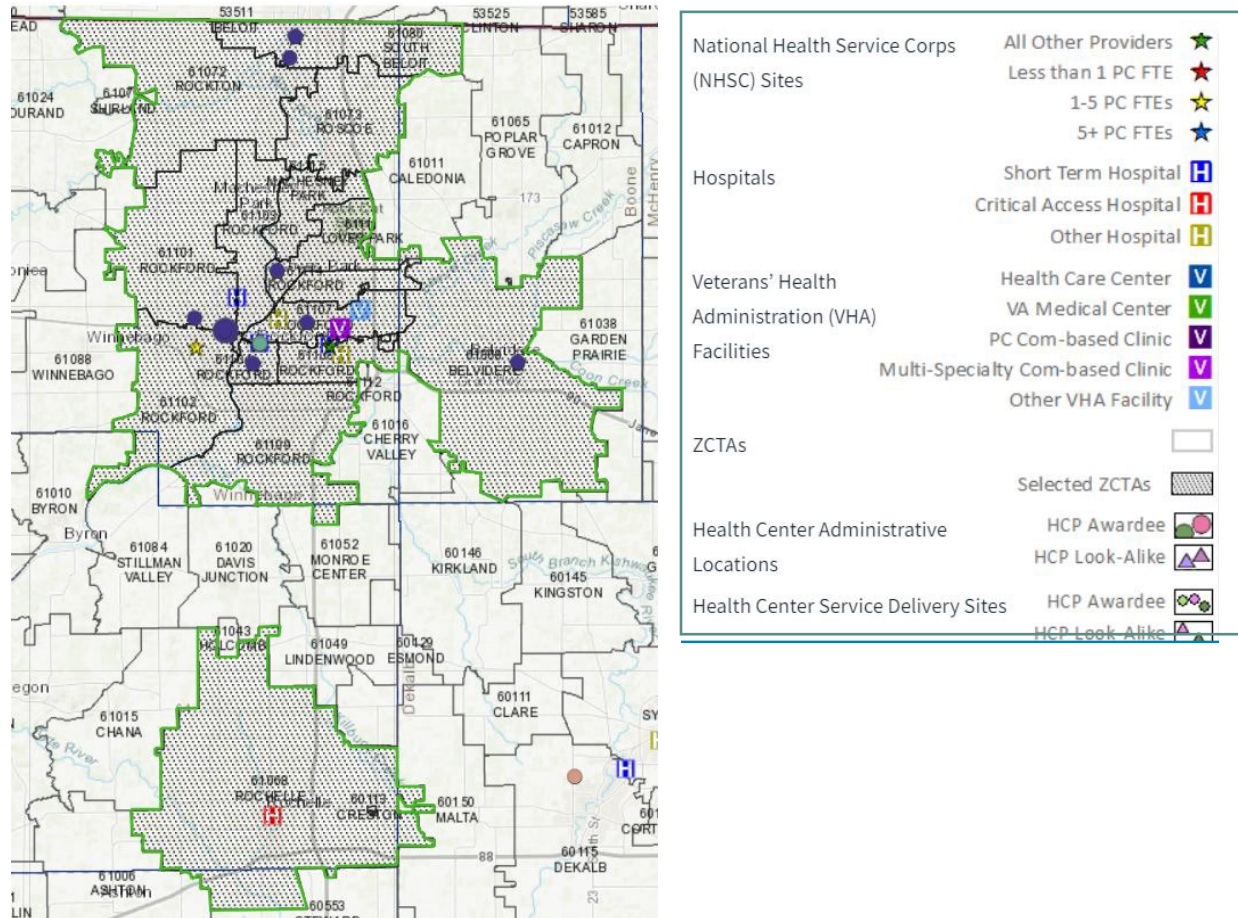


In addition, the Berwyn/Cicero safety net includes the following hospitals and other providers:

Hospitals	FQHCs
MacNeal Hospital	ACCESS Community Health Network (2 sites)
Hartgrove Hospital	Alivio Medical Center, Inc. (2 sites)
	PCC Community Wellness Center (1 site)
Behavioral Health Care Providers	UI Mile Square Health Center (1 site)
Substance abuse treatment facilities (5 sites)	
Mental health treatment facilities (6 sites)	
Opioid treatment programs (2 sites)	
DATA waived providers (9)	

E. Rockford Region of UI Mile Square's Service Area

The Rockford region has a number of existing safety net providers, many of whom are different from those serving the various Chicago-area regions. Total health center penetration of the low-income population is 54.7 percent, with nearly 60,000 patients being served in this area in 2021. In 2021, UI Mile Square served 3,875 patients — 6.5 percent of the total patients served. In 2022, UI Mile Square served 5,009 patients from Rockford. Other FQHCs within the greater Rockford region are Crusader Central Clinic Association, the more dominant health center, and Aunt Martha's.



In addition, the Rockford region's safety net includes the following safety net providers. Crucially, Mercyhealth Hospital on the west side (still listed below) recently closed, which, according to three individuals interviewed, has been a tremendous access barrier for low income patients.

Hospitals	FQHCs
Swedish American Hospital	Crusader Clinic (9 sites)
Saint Anthony Hospital	Aunt Martha's Community Health Center (1 site)
Mercyhealth Hospital	UI Mile Square Health Center (1 site)
Rockford Municipal Tuberculosis Sanatorium	
Rochelle Community Hospital	Behavioral Health Care Providers
Van Matre Health South Rehabilitation Hospital	Substance abuse treatment facilities (14 sites)
	Mental health treatment facilities (6 sites)
	Opioid treatment programs (1 site)
	DATA waived providers (49)

VII. Health Care Environment

UI Mile Square and its served communities exist within the overall health care environment, which continues to evolve at the local, state, and federal levels. Most notable have been changes due to the COVID-19 pandemic. Over the past three years, the federal government has enacted numerous policies to aid in the response, from adding flexibility to telehealth requirements and ensuring continuous enrollment for Medicaid beneficiaries to covering tests, vaccines, and treatment with no cost-sharing and coordinating a mass vaccination program. Since the COVID-19 Public Health Emergency (PHE) was declared in March 2020, the Health Resources and Services Administration (HRSA) has provided over \$9 billion to Health Center Program grantees and look-alikes in one-time funds to respond to the PHE, maintain health center capacity, expand testing capacity, support capital and infrastructure improvements, and increase access to and confidence in vaccines.³⁷ Health centers have also had access to a number of federal programs providing direct access to masks, tests, vaccines, and therapeutics for distribution to patients.

On May 11, 2023, the official COVID-19 PHE ended, which has affected some flexibilities enacted that were available during the emergency. Several items which are unaffected by the end of the PHE include the FDA's emergency use authorizations for COVID-19 products, including tests, vaccines, and treatments; availability of COVID-19 vaccines and treatments such as Paxlovid; and major Medicare and Medicaid telehealth flexibilities, which have been extended through December 2024.³⁸

However, several key items are affected by the end of the PHE and will impact health center patients. These include an end to the requirement for private insurance to cover COVID-19 home and lab tests without cost-sharing, and an end to required reporting of COVID-19 laboratory results and immunization data to the CDC, though in Illinois, providers and laboratories remain required to report SARS-CoV-2 infection to their local health departments. Most crucially, as of April 2023, Medicaid enrollees now need to go through their state's redetermination process, a process that had been paused during the PHE to ensure continuous coverage. This will likely result in some individuals losing their Medicaid coverage during the unwinding of the continuous enrollment provision; Kaiser Family Foundation estimates that between 5 million and 14 million people could lose their coverage.³⁹ The Illinois Department of Healthcare and Family Services will be reevaluating eligibility for almost 4 million individuals currently enrolled, with the earliest potential coverage loss coming in July 2023.⁴⁰



One key expansion of insurance coverage in recent years has been for undocumented immigrant adults who would be eligible for the Affordable Care Act adult program based on income if not for their immigration status. The first of these programs, Health Benefits for Immigrant Seniors, launched in December 2020 and provides Medicaid-like coverage for qualifying immigrants 65 and older. A second program, called Health Benefits for Immigrant Adults, was launched in 2022 to cover qualifying individuals age 55 to 64 and was further expanded down to age 42.⁴¹ With existing coverage for low-income undocumented children, Illinois now has coverage options for all low-income undocumented individuals under age 18 and above age 42.

Despite the expansion of coverage options for low-income individuals, Federally Qualified Health Centers (FQHCs) have yet to receive a rate increase to serve these individuals, even amid historically high levels of inflation that threaten health centers' abilities to maintain their service capacity. In May 2023, the Illinois Primary Health Care Association (IPHCA) finally secured a \$50 million rate increase to better align Illinois health center funding with that of other states.⁴² The Illinois General Assembly has already approved rate increases for hospitals, as well as stability payments for mental health and substance use providers.⁴³

Another sustainability concern is recent threats to the federal 340B drug pricing program, which safety net hospitals and health centers use to offer lower prescription drug costs for patients. Insurers and pharmacy benefit managers have been blocking health centers from accessing the medications and savings in the program. To prevent insurers and pharmacy benefit managers from hurting access to the program, the bipartisan Preserving Rules Ordered for the Entities Covered Through (PROTECT) 340B Act was reintroduced to Congress in April 2023.⁴⁴

Workforce shortages, recruitment and retention problems, and challenges ensuring a diverse workforce are additional difficulties health centers face. To mitigate these, in May 2023, IPHCA successfully lobbied for an expansion of billable behavioral health provider types, as well as funding for the Equity and Representation in Health Care Act, which will provide access to loan repayment and scholarship programs and community representation initiatives.⁴⁵ An additional workforce threat is health worker burnout, which was already at crisis levels prior to the COVID-19 pandemic. Health worker burnout became even greater during this pandemic, to the point that in 2022, the U.S. Surgeon General declared health worker burnout to be a national crisis.⁴⁶

In March 2023, Illinois became the third state, after Maine and Nevada, to mandate paid sick leave. Starting in 2024, companies that employ four or more people will be required to provide covered employees at least five days (40 hours) of sick leave annually, to be used "for any purpose." Employers subject to local paid sick leave ordinances, such as those in Chicago and Cook County, are exempt from the state mandate.⁴⁷

Following the overturning of *Roe v. Wade* by the U.S. Supreme Court in 2022, in January 2023, Illinois signed into law the new Patient and Provider Protection Act. This bill shields providers of reproductive and gender-affirming care from legal action originating in other states, protects the Illinois licenses of providers licensed in multiple states who provide care that is legal in Illinois but may be under threat elsewhere, and strengthens protections for patients from within and outside Illinois who seek abortion or gender-affirming care.⁴⁸

Looking forward, in November 2022, Democratic Gov. J.B. Pritzker was reelected, and the Democrats secured supermajorities in both the House and Senate and all five elected constitutional offices. Health and social service-related campaign promises and priorities for the administration include making preschool available for all families, eliminating childcare deserts, and expanding childcare options; making college tuition-free for working-class families; and making health care coverage more affordable and accessible overall.⁴⁹

VIII. Conclusion

UI Mile Square continues to fulfill its mission to provide holistic, quality health services in the midst of an underserved urban community. Over the past three years of the COVID-19 pandemic, it has further stepped up to meet clinical needs for COVID-19 testing, vaccination, and treatment, as well as many other growing needs, such as food insecurity and addictions.

Service area residents are impacted by many social and economic factors. Despite notable reductions in poverty, residents are burdened by inflation and rising food costs, gentrification and high housing costs, low educational attainment, and pervasive community violence. Disease burden and mortality are high, particularly around diabetes, obesity, heart disease, cancer, and prenatal and pediatric health indicators. Behavioral health needs and addictions are a growing concern. Despite a wide array of safety net providers in the area, health care access remains insufficient and a challenge for many residents. Mental health and addictions services, oral health services, and specialty services can be even more challenging to access.

UI Mile Square has many opportunities to enhance its delivery of services to the community to meet the needs identified in this assessment. Strategies could include greater investments in outreach and awareness-raising; expansion of certain service lines, especially behavioral health and dental; increasing hours of operations or walk-in/same-day capacity; and continually increasing the diversity of its staff and providers and the pipeline of health workers in the community. Hopefully, current state and federal policy efforts, such as those to increase health center reimbursement rates and expand access to loan repayment and scholarship programs for staff from within the community, will help support these future strategies.



IX. Appendices

Appendix A – UI Mile Square Clinic Locations

Primary Care Clinics

Mile Square Main

1220 South Wood Street
Chicago, IL 60608

Englewood

641 West 63rd Street
Chicago, IL 60621

Back of the Yards

4630 South Bishop Street
Chicago, IL 60609

Cicero

4747-51 West Cermak Road
Cicero, IL 60804

Humboldt Park*

3240 West Division Street
Chicago, IL 60651

South Shore

7037 South Stony Island Avenue
Chicago, IL 60649

UI Health Mile Square Health Center L.P.

Johnson Rockford

1221 East State Street
Rockford, IL 61104

Auburn Gresham

839 West 79th Street
Chicago, IL 60620

School-Based Clinics

Hope Health and Wellness Center

1628 West Washington Boulevard
Chicago, IL 60612

Davis Health and Wellness Center

3050 West 39th Place
Chicago, IL 60632

National Teachers Academy

55 West Cermak Road
Chicago, IL 60616

Dr. Cynthia Barnes-Boyd/Drake Health and Wellness Center

2710 South Dearborn Street
Chicago, IL 60616

Englewood Health and Wellness Center

6835 South Normal Boulevard
Chicago, IL 60621

*Site scheduled to close August 31, 2023

Appendix B – Crosswalk of ZCTAs and Community Areas

Region	Community Areas	Zip Codes
West/ Northwest	Austin	60607
	Belmont Cragin	60608
	East Garfield Park	60612
	Hermosa	60622
	Humboldt Park	60623
	Logan Square	60624
	Lower West Side	60639
	Near West Side	60644
	North Lawndale	60647
	South Lawndale	60651
	West Garfield Park	
	West Town	
	Near South/ South	Armour Square
Auburn Gresham		60615
Avalon Park		60616
Beverly		60617
Burnside		60619
Calumet Heights		60620
Chatham		60621
Douglas		60628
East Side		60636
Englewood		60637
Grand Boulevard		60643
Greater Grand Crossing		60649
Hyde Park		60653
Kenwood		
Loop		
Morgan Park		
Near South Side		
Oakland		
Pullman		
Roseland		
South Chicago		
South Deering		
South Shore		
Washington Heights		
Washington Park		
West Englewood		
West Pullman		
Woodlawn		

Region	Community Areas	Zip Codes	
Near Southwest	Archer Heights	60609	
	Ashburn	60629	
	Bridgeport	60632	
	Brighton Park	60638	
	Chicago Lawn	60652	
	Clearing		
	Fuller Park		
	Gage Park		
	Garfield Ridge		
	New City		
	McKinley Park		
	West Elsdon		
	Berwyn/ Cicero	Berwyn	60402
		Cicero	60804
Rockford	Belvidere	61008	
	Loves Park	61068	
	Machesney Park	61072	
	Rochelle	61073	
	Rockford (8 ZCTAs)	61080	
	Rockton	61101	
	Roscoe	61102	
	South Beloit	61103	
		61104	
		61107	
		61108	
		61109	
		61111	
	61114		
	61115		

Appendix C – Data Sources for Health Disparities

Please note that all disparities were extrapolated using race and ethnicity.

Health Indicator	Source
Diabetes and Cardiovascular Disease	
Diabetes prevalence among adults	Behavior Risk Factor Surveillance System (BRFSS), Illinois, 2021
Diabetes mortality rate (per 100k)	CDC Wonder, 2018-2021
Adult obesity prevalence	BRFSS, Illinois, 2021
Adults who have been told they have high blood pressure	BRFSS, Illinois, 2021
Adults that have not had cholesterol checked within past 5 years	BRFSS, Illinois, 2021
Heart disease mortality rate (per 100k)	CDC Wonder, 2018-2021
Cerebrovascular (stroke) mortality rate (per 100k)	CDC Wonder, 2018-2021
Cancer	
No Pap test in the past three years	BRFSS, Illinois, 2020
No mammogram in the past two years	BRFSS, Illinois, 2020
No PSA (prostate) test in past two years	BRFSS, Illinois, 2020
No colorectal screening in past year	BRFSS, Illinois, 2020
Breast/chest cancer mortality rate (per 100k)	CDC Wonder, 2018-2021
Colorectal cancer mortality (per 100k)	CDC Wonder, 2018-2021
Adults who currently smoke cigarettes	BRFSS, Illinois, 2021
Prenatal, Perinatal, and Pediatric Health	
Low birth weight (<2500 grams) births	CDC Wonder, 2018-2021
Percent of births that are preterm	CDC Wonder, 2018-2021
Infant mortality rate per 1,000	CDC Wonder, 2018-2021
Births to teenage mothers	CDC Wonder, 2018-2021
Late entry into prenatal care (after first trimester)	CDC Wonder, 2018-2021
Percent of children (10–17) who are obese	2020-2021 National Survey of Children's Health
Percent of high school students with less than 1 hour of physical activity in last week	Youth Risk Behavior Survey (YRBS), Illinois, 2021
Percent of high school students with no visit to a dentist in last year	YRBS, Illinois, 2021
Pediatric asthma prevalence	YRBS, Illinois, 2021
Behavioral Health	
Adults ever told they have a form of depression	BRFSS, Illinois, 2021
Suicide rate	CDC Wonder, 2018-2021
Binge alcohol use	BRFSS, Illinois, 2021
Overdose mortality rate	CDC Wonder, 2018-2021
Other Health Indicators	
Age-adjusted death rate (per 100k)	CDC Wonder, 2018-2021
Adult asthma prevalence	BRFSS, Illinois, 2021
Adults without a visit to a dental clinic during the past year	BRFSS, Illinois, 2021
Flu and pneumonia death rate (per 100k)	CDC Wonder, 2018-2021
Unintentional injury death rate (per 100k)	CDC Wonder, 2018-2021

References

- ¹ Chicago Health Atlas. Hardship Index. <https://chicagohealthatlas.org> Based on data from American Community Survey.
- ² Cook County Health Atlas. Hardship Index. <https://cookcountyhealthatlas.org> Based on data from American Community Survey.
- ³ Metropolitan Planning Council. *The Cost of Segregation*. March 2017. Accessed August 25, 2018. <https://www.metroplanning.org/uploads/cms/documents/cost-of-segregation.pdf>
- ⁴ PolicyMap. Predominant country of birth among the foreign born population between 2014-2018. www.policymap.com Based on data from American Community Survey.
- ⁵ Thomson, Dana; Fuller, James; Ryberg, Renee; and Friedhoff, Alec. "State-level Data for Understanding Child Poverty." ChildTrends. Accessed June 6, 2023. <https://www.childtrends.org/publications/state-level-data-for-understanding-child-poverty>
- ⁶ Office of the Mayor of the City of Chicago. "City of Chicago Raises Minimum Wage to \$10." July 1, 2015. Accessed June 6, 2023. https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2015/July/07_01.15.pdf
- ⁷ Cook County Commission on Human Rights. "Interpretive and Procedural Rules: Governing the Cook County Minimum Wage Ordinance." July 1, 2018. Accessed June 6, 2023. <https://www.cookcountyil.gov/sites/g/files/yywepo161/files/service/cook-county-minimum-wage-rules-approved-7-1-18.pdf>
- ⁸ Illinois Department of Labor. "Historic Minimum Wage Rates." Accessed June 6, 2023. <https://labor.illinois.gov/content/dam/soi/en/web/idol/laws-rules/fls/documents/minimumwagehistoricrates.pdf>
- ⁹ City Health Dashboard. "Civilian Labor Force that is unemployed, by month." Local Area Unemployment Statistics, U.S. Bureau of Labor Statistics. November 2022. <https://www.cityhealthdashboard.com/>
- ¹⁰ Gunderson, Erica. "Unemployment Rate for Black Chicagoans More than Double Rate for White Residents. Community Organizations Working to Close the Gap." WTTW, September 3, 2022. <https://news.wttw.com/2022/09/03/unemployment-rate-black-chicagoans-more-double-rate-white-residents-community>
- ¹¹ Fox, Michelle. "The Great Resignation has changed the workplace for good." CNBC. May 10, 2022. <https://www.cnbc.com/2022/05/10/the-great-resignation-has-changed-the-workplace-for-good-.html>
- ¹² Greater Chicago Food Depository. "Hunger in Our Community: A Spring 2022 Status Report." April 2022. <https://www.chicagosfoodbank.org/news/hunger-in-our-community-spring-2022/>
- ¹³ Milam, Sophie. "Rising Food Prices: Impact on Hunger & Nutrition Assistance Programs." Greater Chicago Food Depository, May 2022. <https://www.chicagosfoodbank.org/news/rising-food-prices/>
- ¹⁴ Kolak, Marynia, et al. "Food deserts persist in Chicago despite more supermarkets." *Chicago Reporter*, 2018. <http://www.chicagoreporter.com/food-deserts-persist-in-chicago-despite-more-supermarkets/>
- ¹⁵ Nathalie P. Voorhees Center for Neighborhood and Community Improvement, UIC College of Urban, Planning and Public Affairs. "City of Chicago 2022 Homeless Point-in-Time County and Survey Report." Chicago Department of Family and Support Services. 2022. https://www.nhipdata.org/local/upload/file/2022%20PIT%20Report_Final%20Chicago.pdf
- ¹⁶ Fischer, Will; Acosta, Sonya; and Bailey, Anna. "An Agenda for the Future of Public Housing." Center on Budget and Policy Priorities, March 11, 2021. <https://www.cbpp.org/research/housing/an-agenda-for-the-future-of-public-housing>
- ¹⁷ Chicago Housing Authority. CHA Q3 2021 Resident Demographics. <https://www.thecha.org/about/plans-reports-and-policies/demographic-and-operational-statistics>
- ¹⁸ This site closed on January 3, 2014, and was replaced by UI Mile Square Main site located at 1220 Sout Wood Street in the Illinois Medical District in Chicago.
- ¹⁹ World Health Organization, "Determinants of Health." https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
- ²⁰ de Leon, E, and Schilling, J. "Urban Blight and Public Health: Addressing the Impact of Substandard Housing, Abandoned Buildings, and Vacant Lots." Urban Institute, April 2017. https://www.urban.org/sites/default/files/publication/89491/2017.04.03_urban_blight_and_public_health_v_prn_report_finalized.pdf

-
- ²¹ Gramlich, John, and DeSilver, Drew. "Despite recent violence, Chicago is far from the U.S. 'murder capital,'" November 13, 2018. Pew Research Center. <https://www.pewresearch.org/fact-tank/2018/11/13/despite-recent-violence-chicago-far-from-u-s-murder-capital/>
- ²² Chicago Health Atlas. Neighborhood safety rate. <https://chicagohealthatlas.org> Based on data from Chicago department of Public Health, Healthy Chicago Survey.
- ²³ Sinai Urban Health Institute. Community Health Survey 2.0 Community Health Profiles, 2016.
- ²⁴ Stodolska, Monika; Acevedo, Juan Carlos; and Shiner, Kimberly J. 2009. "Gangs of Chicago: Perceptions of crime and its effect on the recreation behavior of Latino residents in urban communities." *Leisure Science*. 31: 466-482.
- ²⁵ Centers for Medicare & Medicaid Services. "Medicaid & CHIP in Illinois." <https://www.medicaid.gov/state-overviews/stateprofile.html?state=illinois>
- ²⁶ Galewitz, Phil. "Breaking a 10-Year Streak, The Number of Uninsured Americans Rises." *Kaiser Health News*, September 10, 2019. <https://khn.org/news/number-of-americans-without-insurance-rises-in-2018/>.
- ²⁷ Artiga, Samantha; Garfield, Rachel; and Damico, Anthony. "Estimated Impacts of Final Public Charge Inadmissibility Rule on Immigrants and Medicaid Coverage." Kaiser Family Foundation, September 2019.
- ²⁸ Pillai, Drishti and Artiga, Samantha. "2022 Changes to the Public Charge Inadmissibility Rule and the Implications for Health Care." Kaiser Family Foundation, May 2022. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/2022-changes-to-the-public-charge-inadmissibility-rule-and-the-implications-for-health-care/>
- ²⁹ Chicago Department of Public Health. 2020 Chicago Opioid Overdose Data Brief. Han Health Alert, December 31, 2021. <https://www.chicagohan.org/data-and-resources/cdph-reports>
- ³⁰ Illinois Department of Public Health. COVID-19 Statistics. <https://dph.illinois.gov/covid19/data.html>
- ³¹ Chicago Department of Public Health. Chicago COVID-19 Dashboard. <https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html>
- ³² Chicago Department of Public Health. Chicago COVID-19 Dashboard.
- ³³ Cook County Department of Public Health. COVID-19 Data. <https://ccdphcd.shinyapps.io/covid19/>
- ³⁴ Illinois Department of Public Health. COVID-19 Vaccine Administration Data. <https://dph.illinois.gov/covid19/vaccine/vaccine-data.html>
- ³⁵ Chicago Department of Public Health.. Chicago COVID-19 Dashboard.
- ³⁶ Health Resources and Services Administration. UDS Data Five-Year Summary, Illinois. <https://data.hrsa.gov/tools/data-reporting/program-data/state/IL>
- ³⁷ Health Resources and Services Administration. Health Center Program. Coronavirus-Related Funding. <https://bphc.hrsa.gov/funding/coronavirus-related-funding>
- ³⁸ U.S. Department of Health and Human Services. "Fact Sheet: End of the COVID-19 Public Health Emergency." May 9, 2023. <https://www.hhs.gov/about/news/2023/05/09/fact-sheet-end-of-the-covid-19-public-health-emergency.html>
- ³⁹ Tolbert, Jennifer, and Ammula, Meghana. "10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision," April 5, 2023, Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision>
- ⁴⁰ Illinois Health and Hospital Association. "End of Federal Public Health Emergency and State of Illinois Disaster Proclamation on May 11, 2023." March 3, 2023. <https://www.team-ihh.org/files/nongated/quality/end-of-phe-disaster-proclamation-03-02-2023.aspx>
- ⁴¹ . "Illinois expands health care coverage for immigrants ages 42 and older." WIFR, July 14, 2022. <https://www.wifr.com/2022/07/14/illinois-expands-health-care-coverage-immigrants-ages-42-up/>
- ⁴² DoGood, Silence. "IPHCA Secures \$50M Rate Increase, Behavioral Health Expansion, and Workforce Investment Benefiting Community Health Centers and Underserved Areas." *The Southland Journal*, May 28, 2023. <https://thesouthlandjournal.com/iphca-secures-50m-rate-increase-behavioral-health-expansion-and-workforce-investment-benefiting-community-health-centers-and-underserved-areas/>
- ⁴³ Illinois Primary Care Association. Health Source e-newsletter, Winter 2023. <https://online.flippingbook.com/view/805634841/8/>
- ⁴⁴ Office of U.S. Rep. Abigail Spanberger. "Spanberger, Johnson Introduce Bipartisan Bill to Protect 340B Program, Prevent Higher Drug Prices." April 6, 2023. <https://dustyjohnson.house.gov/media/press-releases/johnson-spanberger-introduce-bipartisan-bill-protect-340b-program-prevent>

⁴⁵ DoGood, Silence. "IPHCA Secures \$50M Rate Increase, Behavioral Health Expansion, and Workforce Investment Benefiting Community Health Centers and Underserved Areas." *The Southland Journal*, May 28, 2023. <https://thesouthlandjournal.com/iphca-secures-50m-rate-increase-behavioral-health-expansion-and-workforce-investment-benefiting-community-health-centers-and-underserved-areas/>

⁴⁶ U.S. Department of Health and Human Services, Office of the Surgeon General. "Addressing Health Worker Burnout: U.S. Surgeon General's Advisory on Building a Thriving Health Workforce." 2022. <https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf>

⁴⁷ Lee, Sang-yul; Spang, Brian E.; Rigney, Erinn L.; and To, Jin J. "Illinois Guarantees One Week of Paid Leave for All Workers," *K&L Gates Hub*, March 15, 2023. <https://www.klgates.com/Illinois-Guarantees-One-Week-of-Paid-Leave-for-All-Workers-3-15-2023>

⁴⁸ Savage, Claire and O'Connor, John. "Illinois enacts safeguard for abortion patients, providers." Associated Press. January 13, 2023. <https://apnews.com/article/abortion-us-supreme-court-health-care-costs-illinois-bbc4df0d3bec21ad84febd9ee0f0937d>

⁴⁹ Illinois Primary Care Association. Health Source e-newsletter, Winter 2023. <https://online.flippingbook.com/view/805634841/8/>