What We Heard
Coming Together to Improve Health and Wellness on the West Side
Dear Colleagues,

On January 10, 2017, stakeholders from various sectors and organizations who work, live, and congregate on the West Side of Chicago came together for an initial conversation to discuss the idea of a West Side Total Health Collaborative. The notion is simple: bring together a diverse group of stakeholders to address health and other inequities on the West Side. However, we humbly recognize that elevating equity and closing the health disparity gap is no small feat. For this very reason, we invited a broad collective of residents, healthcare providers, educators, government leaders, businesses, grant makers, community-based organizations, members of the faith community, and others to come together to hear from one another on how to make the West Side Total Health Collaborative a reality.

This report is an acknowledgment of what we heard at the January 10 meeting. We know that not everyone was around the table. Therefore, we have planned a subsequent community listening tour. We hope that this report and the following community conversations generate a lot of discussion around these ideas and the very health inequities we are collectively striving to eliminate.

We invite you to comment, challenge, and encourage us to improve the concepts presented in this report. We want to connect and engage with the abundance of great work already going on in the culturally rich, diverse neighborhoods on Chicago’s West Side. The collaborative’s goal is to magnify the impact of existing initiatives, develop new programs, and provide coordinated support to existing neighborhood collaboratives.

This is an invitation to each of you to join us on what we hope is an exciting adventure. This is an opportunity for all of us that call the West Side home in some capacity.

Sincerely your partners in health,
Larry Goodman, Robert Barish, and Jay Shannon
Reflection

The West Side Total Health Collaborative is a bold and welcome commitment to changing health outcomes and quality of life for the residents on the West Side of Chicago. The West Side is the gateway to the Loop and the heart of civic and commercial vitality that establishes Chicago as a global city. Yet, the arteries circulating opportunity and prosperity to the West Side are blocked. Decades of good intentions have fallen short of achieving goals for health equity and a fair opportunity for all to secure a better quality of life.

The challenges are massive and complex; time is short in the face of accelerating change driven by technology and globalization; and failure to act effectively will result in increased disparities hollowing out lives and neighborhoods. The human costs measured by years lost due to shorter life expectancies and the social costs born out of reduced levels of education attainment, high rates of unemployment, and increasing violence reflecting despair and hopelessness are not acceptable and affect us all.

THREE PROMISES SET THE WEST SIDE TOTAL HEALTH COLLABORATIVE APART:

FIRST » Care has been taken to ensure diverse voices are at the table from the start. Close to fifty organizations gathered for this first meeting, and the door is open to further expand and actively recruit residents.

SECOND » This Collaborative affirms and engages residents as experts best able to define problems and solutions and connects them with anchor organizations and civic leaders with influence and resources to bring about real and lasting changes.

THIRD » The Collaborative is comprehensive, beginning with the framework of social determinants of health, and going beyond to embrace the entirety of factors that define quality of life for residents in West Side neighborhoods.

To have a realistic chance at making a difference demands collaboration at a scale commensurate with the challenges. Going forward, trust must be built and continuously earned. Participants must hear their ideas considered and embraced and see themselves as part of the solutions still to be determined. The initial meeting of the West Side Total Health Collaborative delivered a down payment on these promises. Broad and inclusive engagement will move these ideas to actions that benefit all residents and bring about equity for health and for life.

Terry Mazany
Executive Summary

The West Side of Chicago is home to a diverse population, culturally rich neighborhoods, and institutions serving residents across the region, and its vibrancy is critical to the health and wellness of the city. For too long, however, the West Side has been overlooked and under-resourced. As a result, West Side residents face major health, economic, and other inequities that prevent their communities from thriving.

These challenges are complex and intertwined. Historical and current injustices such as structural racism, economic deprivation, and community disinvestment have long reaching impact on health and well-being, not only for residents in these neighborhoods but for the whole metropolitan area. We know that children cannot do well in school if they are hungry. We know that people who live in violent communities are likely to experience mental health issues. Where poverty is concentrated, health problems proliferate across the lifespan. There are a great number of residents and organizations working across the West Side to address these issues, but these efforts are often loosely connected. As a result, these efforts can be unintentionally competitive due to limited or dwindling resources, or too intensely focused on a single issue rather than looking at the cumulative impact of issues affecting the well-being of individuals, families, and communities. To be successful, we need to work together to holistically address inequities in West Side communities.

On January 10, 2017, we came together as a group of people concerned about and committed to the West Side. We discussed how we could work more effectively together. The proposed West Side Total Health Collaborative generated excitement, and we received helpful feedback on how to create a multi-sector collaborative that will be inclusive, equitable, and representative of communities on the West Side. The following report documents the feedback we received—what we heard and what this feedback means for the collaborative going forward.

The following report is organized into three sections:

1/ The Opportunity to Improve Health Equity on the West Side
2/ The West Side Convening
3/ Summary of Feedback Received
The Opportunity to Improve Health Equity on the West Side

Life expectancy varies widely among Chicago residents living within blocks of one another. Life expectancy is the average number of years a person born today is expected to live, and varies depending on several factors, including where he or she lives. This measure provides a helpful snapshot of challenges and opportunities in communities, shedding light on a wide range of issues from access to healthcare to educational achievement to median household income.

On Chicago’s West Side, an area of more than 400,000 residents, there is a clear gap in life expectancy compared to the city average. For example, there is a sixteen-year gap between residents of West Garfield Park and the Loop (see figure 1). By comparison, this gap in life expectancy is the same as that between the United States and Haiti. 

The West Side is home to one of the largest concentrations of healthcare institutions and centers in the Chicago region, yet residents have some of the worst health outcomes in the city. In 2016, many West Side hospitals completed Community Health Needs Assessments (CHNA), using hospital data, resident surveys, and other data sources to identify the issues of greatest concern in their service areas. These reports found several barriers to health equity in West Side communities, including inadequate health insurance coverage, a lack of affordable healthcare access, and an overall lack of knowledge about when, why, and where to seek health coverage.

These CHNAs also found that barriers to health and wellness extend far beyond the health sector, including social determinants of health (see figure 2). The World Health

---

1 For example, see Rush’s 2016 Community Health Need Assessment and the University of Illinois Community Assessment of Needs (UI-CAN) 2016.
Organization defines social determinants of health as “the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.” 2 Social determinants include a wide range of factors that influence a person’s well-being such as structural racism, education, employment and income, health behaviors, housing, family and social support, food access, violence, and transportation.

These barriers are reflected in the Chicago Department of Public Health’s hardship index (see figure 3), which found that West Side neighborhoods face some of the highest levels of economic hardship in Chicago. For example, as of 2014, 25% of North Lawndale residents were unemployed, compared to 13% of Chicagoans overall. Likewise, 48% of residents in West Garfield Park in 2014 were living below the poverty line; in Chicago overall, the poverty rate was 23%. 3

While barriers to health and wellness are core challenges for West Side communities, the West Side has a rich history of community pride and generations of committed residents, community leaders, community-based organizations, faith-based organizations, and others. Many people have dedicated their

---

2 [http://www.who.int/social_determinants/en/](http://www.who.int/social_determinants/en/)
3 2014 American Community Survey 5-year estimates.
lives to improving the West Side, and their work provides vital support to their neighborhoods.

In addition to the crucial investments of residents and organizations, the West Side is home to a diverse community and many important assets. For example, Little Village has a thriving retail district. This commercial strip is the second highest-grossing shopping district in Chicago after the Magnificent Mile. Additionally, the Madison-Pulaski shopping area has served the West Side for decades. Malcolm X College, a City Colleges of Chicago campus focused on health sciences, opened a new, state-of-the-art facility in 2016 on the Near West Side. The new campus features on-site simulations such as a virtual hospital and an ambulance cab, providing students with real-life training opportunities to better prepare them for careers in the fast-growing healthcare industry. Garfield Park is home to one of the largest conservatories in the country, which draws visitors from across the Chicago region. Countless West Side faith-based institutions are deeply involved in community and social service efforts that benefit local residents. These represent just a few of the many assets that make the West Side a vibrant area of Chicago.

However, the West Side has lagged other areas of the city in economic development, education, and health. It is time to consider a more coordinated approach. The challenges facing the West Side are deeply rooted and intertwined. No one organization or sector can effectively move the needle without addressing multiple interrelated issues. To be successful, West Side organizations need to work together to address barriers to health and wellness across multiple sectors.

The proposed West Side Total Health Collaborative (described in more detail in the next section) provides a significant opportunity to improve health and wellness by working together across many sectors, making sure to focus on inclusion and equity. The solution is not to bring together major institutions to “fix” the West Side communities. We will succeed by harnessing the collective power, ideas and work of residents, institutions, government, the faith community, and community-based organizations. We can make our neighborhoods strong, healthy, and vibrant places to live. This work is on all of us—it is bigger than any one person, organization, or institution. It will be challenging, but deeply important, and we are optimistic for what we can accomplish together.

---

*Crain’s Chicago Business, 2015.*
On January 10, 2017, a group of people and organizations concerned about the West Side came together to share ideas and feedback on the idea of a West Side Total Health Collaborative (see appendix 4 for the meeting agenda). Nearly 120 individuals and 50 organizations attended (see appendices 1 and 2 for a full list of guests and participating organizations). Individuals and organizations included West Side residents, community-based organizations, citywide social service agencies, educational institutions, community healthcare networks, public sector agencies, national subject matter experts, and foundations.

We recognize that many individuals and organizations who will be critical partners in this work going forward were not in attendance at this initial meeting. We asked all meeting participants to recommend additional contacts to engage. Over the next couple of months, we will reach out to them and will continue to engage all those interested through a community listening tour. This is an open invitation to all those who would like to participate in a collaborative aimed at making health equity a reality for the West Side.

After presenting the issues described in the first part of this report, we shared the idea of forming a West Side Total Health Collaborative. The proposed collaborative would bring together people working in many sectors across multiple neighborhoods to improve health and wellness on the West Side. The collaborative’s goal would be to magnify the impact of existing initiatives, develop new programs, and provide coordinated support to existing neighborhood collaboratives.

It is important that the members of the collaborative decide what the group should focus on and how everyone will work together. To get this conversation started, we shared some initial ideas for feedback on January 10 (see appendix 3 for a full proposal). For example, we suggested that healthcare
institutions could work together to hire people from West Side neighborhoods, purchase equipment and services from local businesses, and invest in local communities. Another idea we suggested was a coordinated effort to advocate for policy changes that could remove barriers to the West Side’s vibrancy. By this we mean using the influence and resources of West Side institutions to magnify strategic advocacy efforts. Working together, the group would have a much more powerful voice than each individual.

To get input on these ideas, we then asked attendees to break off into small groups. Specifically, everyone discussed three questions:

1. What do you think of this idea?
2. If financial resources were available and you could better coordinate your work with other groups, what new programs or initiatives would you launch to move the needle on employment, education, health or public safety?
3. Are there other barriers to working together more closely? What are they? How might they be removed?

We received an overwhelmingly positive response to the idea and a lot of detailed feedback in response to the discussion questions. Following the meeting, we sent a survey to everyone with additional questions (see appendix 5 for a sample feedback survey). Ninety-eight percent of people who filled out the survey said that the idea of a West Side Total Health Collaborative was “definitely” or “probably” worth pursuing. Ninety-eight percent of people also said that the collaborative would “definitely” or “probably” add a unique value to current West Side initiatives.

During the small group conversations and in the survey, people shared helpful responses to the second and third questions, as well as overarching suggestions for the West Side Total Health Collaborative to consider as it moves forward. All the feedback we received was constructive and well-informed by these leaders’ experiences working to improve communities on the West Side. This report serves to document the discussion and feedback we received.
Summary of Feedback Received

Three main themes came out of the small group conversations and survey:

1. Leverage the unique roles that community residents and organizations can play.
2. Balance a long-term vision with the need to build trust and momentum with community members.
3. Start by building the capacity of existing efforts.

In addition, the survey asked people to list areas of need the West Side Total Health Collaborative could focus on. The following are the top areas people mentioned:

1. Education and workforce development;
2. Physical environment;
3. Public safety; and
4. Healthcare (with a particular emphasis on mental health).

These initiatives will be explored in more detail at the end of the report.

**THEME #1** Leverage the unique roles that community residents and organizations can play.

There was a strong message from meeting participants that this is an opportunity to make a large, lasting difference on the West Side.

As Nicole Robinson, Vice President of Community Impact at the Greater Chicago Food Depository, noted, “This effort has the potential to convene communities in unique and unprecedented ways.”

While the collaborative will grow and change over time, it is very important to set it up correctly from the start. From the very beginning, West Side residents must own the collaborative.

“My concern is if it is not from the heart with genuine concern for the residents/humanity then it will not be beneficial to the community.”

- Calisa Williams, Austin resident

Building an effective collaborative takes a lot of time and effort, but patience, careful planning, and inclusion are the important factors that will make this work in the long term. One important part of inclusion is to say clearly what each person and group can contribute.
People brought up several key points related to this theme:

- The collaborative must be a community partnership from the start.
- The collaborative and its governance structure must be representative of the West Side.
- An accountability structure will keep the collaborative in line with its mission.
- Dedicated backbone support will ensure that the collaborative is on track and that it has the resources to thrive.

**Community Partnership.** Community members are the problem solvers. People who live on the West Side understand the challenges and opportunities in their communities better than anyone else, and they know best what solutions will and will not work. Community members must be active co-creators throughout this process. In a successful collaborative, residents play an active role in identifying core challenges, developing strategies to address these challenges, and identifying opportunities for community-based organizations and institutions to make those strategies happen.

> “You cannot develop good programs without listening to the individuals directly and giving them agency.”
> — Norman Kerr, Vice President for Violence Prevention at UCAN

Likewise, community-based organizations, faith-based organizations, and other community stakeholders will be critical partners in implementing the strategies the collaborative develops. As community leaders, these organizations can also play an important role in engaging community members in the collaborative. Several people stressed the importance of relationship-building.

> “[We need to] cultivate relationships first, have one-on-ones, and learn what are the concerns from those at the table.”
> — Katya Nuques, Executive Director of Enlace Chicago

Finally, many people recommended that institutions play a key role in building the capacity of existing programs and collaboratives, such as through technical assistance. For example, a few people suggested that institutions could work with community partners to develop integrated data tools. One person suggested that the collaborative could develop a system to track screenings, referrals, navigation activities, and reporting across community services. Others discussed using the research and program evaluation expertise of research institutions to help the collaborative measure success. Importantly, many meeting participants stressed that institutions should support, but not dominate, these collective efforts:

> “Big actors like Rush need to lead, but not own,” said Kim Erwin, an assistant professor at IIT Institute of Design who has worked on healthcare collaboratives. Another added: “Ground rules need to be established so that small organizations have power at the table.”

**Shared Governance.** To be successful, we must set up the collaborative so that it is representative of the West Side. No one institution or organization should own or dominate the collaborative; rather, the collaborative should create a structure for co-ownership so that those who guide its mission, vision, and key strategies are people that truly understand the challenges and opportunities in West Side communities. Everyone should have an equal voice.

> “Don’t make top-down decisions and then invite everyone to something that has been already decided.”
> — Katya Nuques

Additionally, people noted that those in the collaborative should be collaborative members first and representatives of their organizations second. As Calisa Williams explains:
“We have a common goal to make change...not for self-recognition or financial gains or wanting to be known for being the first to tackle this problem.”

**Accountability and Sustainability.** In addition to shared governance, many people said that the collaborative should develop a clear accountability structure.

> Accountability is the largest barrier with collaboratives. Who’s going to get credit and who’s accountable when things go wrong?
> 
> – Darnell Shields, Executive Director of Austin Coming Together

Accountability will come through a shared mission, vision, priorities, and goals, things the members of the collaborative should decide together.

Because this is a big idea, there will be times when the collaborative fails. A good accountability structure will hold the collaborative to high standards while giving the group ways to correct its mistakes. If the collaborative creates a culture of sharing lessons learned, it can improve together.

**Backbone Support.** While the members of the collaborative will be responsible for defining and implementing strategies, the collaborative will need ongoing support from a backbone organization. Among the several possible roles of this organization, the backbone could be responsible for managing initiatives and work groups, measuring and reporting on progress, researching new approaches and policies, bringing new partners on board, and preparing grant applications. As one person described, backbone support would “ensure that effective work continues or is scaled up.”

All of this feedback means there are several things the collaborative should consider:

1/ The challenges facing the West Side are complex and intertwined, and the collaborative should think about new ideas to build the capacity of existing efforts and launch initiatives where there are gaps. While it is important to look at what has already worked in Chicago or other cities, West Side residents may have ideas about new approaches that have not been tried before.

“It’s okay to test innovative ideas that have the potential to drive change,” noted Melissa Gutierrez Kapheim, Manager of Operations for UIC’s Population Health Sciences program.

If successful, these initiatives will add to the evidence base and allow other neighborhoods or cities to copy what works. It will also help build community power and ownership over work that affects the everyday lives of individuals living and working in West Side neighborhoods.

2/ While quantitative metrics will be useful for understanding a baseline and how far the collaborative progresses, it is important to find and use qualitative information—the experiences and sentiments of West Side Community members.

> More important than quantitative data is the qualitative data that comes from knocking on doors and speaking to individuals.
> 
> – Norman Kerr
Many people strongly advised that fundraising activities must be coordinated with partners and not be led solely by one institution.

“Don’t raise funds naming the collaboration as something that exists without letting partners know you are going to do it,” noted Katya Nuques.

“Since dollars are scarce, people are not as willing to trust one another,” explained Ravi Hansra, Senior Vice President of Learning, Evaluation, and Community Impact at the YMCA of Metropolitan Chicago.

Katya Nuques also advised: “Don’t have an ‘elite’ treatment for academia and health organizations and a different one for community-based organizations. Include all organizations in the conversations about funding from the beginning.”

These and other comments show that those at the January 10 meeting feel strongly that the collaborative should make decisions about funding together. This includes what types of funding to pursue, how to talk about the work of the collaborative, and how to allocate funding.

The collaborative should fail fast, learn from its mistakes, and recover quickly. Given the complexity of the work ahead, the collaborative will not always be successful at first. Rather than giving up, members should share lessons learned from these experiences, brainstorm ways to overcome setbacks, and try again. The collaborative can be innovative and flexible by trying out new ideas on a small scale first. This will allow the collaborative to test ideas, pivot based on early results, and work out the kinks before rolling something out broadly across the West Side.

As Ravi Hansra summarized: “Pilot it, prototype it, scale it.”

Several people discussed the importance of defining what success would look like on the West Side over a multi-year horizon, but also emphasized that the collaborative would not be successful without first building trust and momentum with West Side communities. To do so, many people stressed that the collaborative should first focus on engaging new voices and building relationships between individuals who may have never collaborated with one another before.

Without building trust and momentum, the collaborative will be unable to keep partners engaged, particularly as the work becomes increasingly challenging. As such, participants emphasized that the collaborative should identify opportunities for quick wins—initiatives that the collaborative could tackle in the first year or two that would prove that the idea works.

“We need quick wins to engage and get people involved.”
Through quick wins, the collaborative will be able to demonstrate to West Side communities that they are not just talking about change—they are taking action. Furthermore, the collaborative should articulate from the start that its goal is to support, not compete, with existing efforts, which will help to build trust with other initiatives.

**Defined Mission and Scope.** While the long-term vision and goals of the collaborative will naturally grow and change through community input and feedback from ongoing initiatives, many people stressed the importance of a clear mission to guide the collaborative and define the types of activities the collaborative will take on. As many noted, the collaborative will be charged with addressing long-standing, complex challenges that may involve many individuals, organizations, and sectors to resolve. Without a clear mission and defined objectives, the collaborative could end up taking on more than it can successfully manage at any one point, inserting itself in areas that other organizations are better suited to address, or reinventing work that other organizations are already doing.

As one community leader said, the collaborative cannot “recreate the wheel and operate parallel processes.”

All of this feedback means there are several things the collaborative should consider:

1/ Without the support and active engagement of the community, the collaborative will not be successful, which is why building trust and momentum is so critical. One person suggested that the collaborative could build momentum with community members through a community leadership program. In particular, the collaborative could engage youth and support them in developing as West Side community leaders.

“Engaging a pipeline of youth who are excited about the collaboration and provided leadership training ensures the partnership will continue through the next generation.”

– Kaitlyn Fruin, medical student at Rush University Medical Center

2/ The collaborative must be representative of the West Side communities and ensure that the right set of leaders are at the table. Importantly, the collaborative cannot just rely on the “usual suspects” to make decisions, provide feedback, and oversee initiatives. The collaborative should strive to look for new voices, and the governing body should reflect this diversity. However, the collaborative should be thoughtful about how to promote inclusion while maintaining a manageable size of decision-makers to move initiatives forward.

3/ If this works, the collaborative will be working on the West Side for years to come. During this time, participating organizations and institutions will naturally evolve, including changes in leadership and/or priorities. To ensure its long-term sustainability, the collaborative should strive to be leadership-proof—that is, not dependent on any one leader or organization to move forward. The collaborative’s vision should be embraced by and distributed throughout all participating organizations and community members.

**THEME #3** Start by building the capacity of existing efforts.

There are a great number of community-based organizations and collaboratives currently working on the West Side. However, the effectiveness, reach, and scale of these organizations and initiatives may be limited by a lack of funding, staff, or specific skills required to achieve maximum impact. Rather than launching new programs that may duplicate ongoing efforts, the collaborative should identify opportunities to make existing organizations and collaboratives more effective where there are current gaps.

“We can either collaborate or compete with one another.”

– Ravi Hansra, Senior Vice President of Learning, Evaluation, and Community Impact at the YMCA of Metropolitan Chicago

Another community leader added: “I would work within those already established collaborations and expand those collaborations.”
Building the capacity of existing efforts would use the strength of existing relationships with the community, which will benefit the collaborative as it seeks to build trust with West Side communities. Likewise, through this support, community-based organizations and neighborhood collaboratives would receive additional skills and resources to more effectively carry out their mission.

In order to build the capacity of existing efforts, many people suggested that the collaborative first conduct a “landscape scan.” This means that the collaborative learn about what is already going on to understand where there is overlap and gaps of resources. Furthermore, taking the time to understand what is already happening would enable the collaborative to identify places where existing efforts could work together, thereby identifying opportunities to strengthen coordination and maximize effectiveness. Finally, a landscape scan would help the collaborative identify and invest in efforts that are already working, allowing it to scale successful programs across the West Side.

People brought up several key points related to this theme:

- Build the capacity of existing efforts through technical assistance.
- Invest resources to scale what is already working across the West Side.

**Build Capacity of Existing Efforts.** Community-based organizations have strong relationships in their communities, developed over years of building trust with community residents and partners. Providing services such as technological software, data sharing capabilities, evaluation models, and other types of technical assistance will strengthen the great work already being done on the West Side, identify additional opportunities for collaboration, and maximize the impact of all partners involved.

**Scale Successful Efforts.** By looking at what is already going on, the collaborative can make data-driven decisions about where to invest resources. In addition to building the capacity of existing efforts, this would allow the collaborative to identify initiatives that are already working well in their communities and come up with strategies to scale them across the West Side. Many people noted that we are often unaware of what each other is doing, which impedes our collective success. By creating a forum to share successes and lessons learned, the collaborative can achieve greater impact on a wider scale.

All of this feedback means there are several things the collaborative should consider:

1. The purpose of the collaborative is not to reinvent the wheel, but rather to support community-based organizations and neighborhood collaboratives, connect the resources and skills of institutions, organizations, and residents, and work towards a shared vision for the West Side.

2. Before launching new initiatives, the collaborative should seek input from a wide range of community members and invite them to take part in the collaborative. Through these conversations, the collaborative can learn more about what organizations are already doing, what challenges they currently face, and what the collaborative could do to support them. This can serve as the basis for a landscape scan.

3. The collaborative should create opportunities to share data, lessons learned, and measures of progress. Open communication will help ensure that the collaborative is not duplicating efforts or perpetuating silos.
Suggested Priorities for the Collaborative

In addition to soliciting general feedback, we asked people during the meeting and in the feedback survey to identify programmatic initiatives the collaborative could pursue together. The ideas fell into four main thematic areas: 1) education and workforce development, 2) physical environment, 3) public safety, and 4) healthcare. Figure 4 lists examples of the common responses people shared in table conversations and in the feedback survey.

It will ultimately be up to the collaborative—an inclusive group with a much wider reach than the group who initially met on January 10—to identify priorities and early wins, but the following list could serve as a helpful guide.

Specific initiatives identified by survey respondents include:

1/ Education and Workforce Development. Many people emphasized that the collaborative could focus on strengthening connections between local schools, higher education institutions, and local businesses to develop a strong education and workforce development pipeline for West Side students.

“The stress of poverty in Chicago exists alongside a workforce shortage.”

Illustrating that point, many West Side healthcare institutions have difficulty finding the right kind of skilled workers to fill their open positions. One person noted that there are “lots of open jobs for technicians, nurses, and office coordinators.”

Moreover, there are higher educational institutions like Malcolm X College with programs targeted to meet this demand. According to Malcolm X President David Sanders, Malcolm X’s College to Careers program is “built on preparing Chicagoans for the 84,000 healthcare jobs coming into the Chicago area over ten years.” Participants noted that many residents may not be aware of education and/or career paths they could pursue, or career ladder opportunities for entry-level employees. One of the initiatives the collaborative could pursue is a targeted healthcare education strategy to meet local employment demand.

2/ Physical Environment. The West Side has several important assets, including access to transportation, parks, and diverse housing stock. However, there is more to be done to maintain and improve the West Side’s assets,
including strategies to develop or beautify key commercial corridors, preserve and expand affordable housing options, and make neighborhoods attractive spaces in which to live and work, including developing community gardens and other public spaces.

3/ Public Safety. Among people who listed violence in the survey, this was the top concern. Many stressed that without first addressing rising rates of violence and the root causes leading to gun violence and other public safety issues on the West Side, the collaborative would be unable to move the needle.

“Public safety is an immediate crisis and the biggest priority that needs to be addressed.”

4/ Healthcare (with a particular emphasis on mental health). On a related note, many people stressed that West Side neighborhoods face high rates of trauma, other mental health issues, substance abuse, and domestic violence remains a persistent challenge. Several suggested that the collaborative should work on connecting West Side residents to mental health screenings and services for mental health, substance abuse, and domestic violence counseling. Many community-based and faith-based organizations are actively involved in this space, as well as healthcare institutions, and the collaborative could play an important role in connecting existing services, assessing where there are gaps, and investing in new initiatives to fill these gaps.

Figure 4: Suggested Programmatic Initiatives for the Collaborative
Conclusion

When we convened partners on January 10 for a discussion around the idea of a West Side Total Health Collaborative, we knew that this was just the first step. We are excited by the enthusiastic response we received to the idea of forming a West Side multi-sector collaborative, and we are ready to move forward with all of you. The feedback you shared has made this idea much stronger and will guide the West Side Total Health Collaborative for years to come.

However, we know that many important voices were not in the room for this initial meeting, and the valuable feedback we received came from just a small sampling of the West Side community. We want to hear from everyone who lives, works, and believes in the West Side about how we can all work together to help our communities thrive.

If you have additional feedback after reading this report, would like to get involved, or know other community leaders and organizations who should be involved in this work, please share your thoughts by emailing wscommunityconversations@gmail.com. We will also be holding community conversations across the West Side in the coming weeks to engage new partners and hear from new voices. Please join us for these meetings and let us know how we can support the West Side.

We have a vision that the West Side can be a set of vibrant communities that are attractive places to live and raise families and economic engines for Chicago. Together, we can make this vision a reality.
Appendices

Appendix 1: January 10 Meeting Guests

Jon Altizer  
Director, Clinical Business Development  
Blue Cross Blue Shield Association

Christina Anderson  
Senior Associate  
Civic Consulting Alliance

David Ansell  
Senior Vice President for Community Health Equity  
Rush University Medical Center

Anjali Asthana  
Graduate Student, Health Systems Management  
Rush University Medical Center

Sam Bagchi  
System Chief Quality and Medical Officer  
Presence Health

Robert Barish  
Vice Chancellor for Health Affairs  
University of Illinois at Chicago

Cee Barnes-Boyd  
Senior Director, Community Engagement and Neighborhood Health Partnerships  
University of Illinois at Chicago

Brian Battle  
Principal  
Civic Consulting Alliance

Marcus Betts  
Senior Director of Community and Corporate Relations  
University of Illinois at Chicago

Becky Betts  
Chief of Staff to Arne Duncan  
Emerson Collective

Mark Capeless  
Manager  
Bain & Company

Tameeka Christian  
Director of Community Development  
Saint Anthony Hospital

Andrea Clinton  
Program Assistant  
Civic Consulting Alliance

Stephanie Comer  
President  
Comer Family Foundation

Megan Cunningham  
Managing Deputy Commissioner  
Chicago Department of Public Health

Heide Cygan  
Assistant Professor, College of Nursing  
Rush University Medical Center

Colby Dailey  
Managing Director  
Build Healthy Places Network

Katherine Dato  
Rush University Medical Center

Fanny Diego Alvarez  
Associate Director  
Enlace

Kathy Donahue  
Senior Vice President, Program Development and Evaluation  
Catholic Charities

Sruthi Doniparthi  
Graduate Student, Health Systems Management  
Rush University Medical Center

Arne Duncan  
Managing Partner  
Emerson Collective

Kim Erwin  
Assistant Director  
IIT Institute of Design

Brian Fabes  
Chief Executive Officer  
Civic Consulting Alliance

Paulo Fernandes  
Senior Business Analyst  
A.T. Kearney

Angela Freeman  
Administrative Assistant  
Rush University Medical Center

Sharon Gates  
Senior Director, Community Engagement  
Rush University Medical Center

Judith Gethner  
Executive Director  
Illinois Partners for Human Service

Leslie Glotzer  
Analyst  
Civic Consulting Alliance

Robyn Golden  
Director of Health and Aging  
Rush University Medical Center

Larry Goodman  
Chief Executive Officer  
Rush University Medical Center
Melissa Gutierrez
Manager of Research Operations, Population Health Sciences Program
University of Illinois at Chicago

Ravi Hansra
Senior Vice President of Learning, Evaluation, and Community Impact
YMCA of Metro Chicago

Meghan Harte
Executive Director
LISC Chicago

Marshall Hatch
Senior Pastor
New Mount Pilgrim Missionary Baptist Church

Trent Haywood
Chief Medical Officer and Senior Vice President
Blue Cross Blue Shield Association

Dougal Hewitt
Chief Officer for Mission and External Affairs
Presence Health

Darlene Hightower
Associate Vice President, Community Engagement and Practice
Rush University Medical Center

Sharon Homan
President
Sinai Urban Health Institute

Ted Howard
President and Co-Founder
Democracy Collaborative

Ankit Jain
Senior Associate Consultant
Bain & Company

Tricia Johnson
Associate Chair, Department of Health Systems Management
Rush University Medical Center

Bernita Johnson-Gabriel
Senior Advisor for Neighborhood Development and Housing
Chicago Office of the Mayor

Art Jones
Chief Medical Officer
Medical Home Network

Norman Kerr
Vice President for Violence Intervention and Prevention Services
UCAN

Jerry Krishnan
Associate Vice Chancellor for Population Health Sciences
University of Illinois at Chicago

Amy LaBoy
Director of Programs and Services
Greater Chicago Food Depository

Alejandro Leza
Program Manager
Chicago Anchors for a Strong Economy

Denise Little
Chief Operating Officer
Chicago Public Schools

Cheryl Lulias
President and Executive Director
Medical Home Network

Ann Lundy
Chief Operating Officer
Access Community Health Network

Jessica Lynch
Program Manager
Illinois Public Health Institute

Kate Maehr
Executive Director and Chief Executive Officer
Greater Chicago Food Depository

Terry Mazany
President and Chief Executive Officer
Chicago Community Trust

Diane McKeever
Senior Vice President for Philanthropy
Rush University Medical Center

Suzet McKinney
Executive Director
Illinois Medical District

Kandis Meinders
Associate
A.T. Kearney

Bruce Miller
Chief Executive Officer
Lawndale Christian Health Center

Michael Modak-Truran
Analyst
Civic Consulting Alliance

Julie Morita
Commissioner
Chicago Department of Public Health

Lisa Morrison Butler
Commissioner
Chicago Department of Family and Support Services

Jose Muñoz
Vice President of Community Ownership
The Resurrection Project

Sid Nair
Consultant
Bain & Company

Christopher Nolan
Manager, Community Benefit and Population Health
Rush University Medical Center

Katya Nuques
Executive Director
Enlace

Antonio Ortiz
President
Cristo Rey Jesuit High School

Lynn Ostrowski
Executive Director
Aetna Foundation

John O’Toole
Graduate Student, Health Systems Management
Rush University Medical Center

Barb Otto
Chief Executive Officer
Health and Disability Advocates

Allison Parker
Graduate Student, Health Systems Management
Rush University Medical Center

Monica Peek
Associate Professor of Medicine
University of Chicago Medicine

Terry Peterson
Vice President, Corporate and External Affairs
Rush University Medical Center

John Pontarelli
Associate Vice President for Corporate Communications
Rush University Medical Center
Appendix 2: Participating Organizations

A.T. Kearney
Access Community Health Network
Aetna Foundation
Austin Coming Together
Bain & Co.
Blue Cross Blue Shield Association
Bobby E. Wright CBHC
Build Healthy Places Network
Catholic Charities
Chicago Anchors for a Strong Economy
Chicago Community Trust
Chicago Department of Family & Support Services
Chicago Department of Public Health
Chicago Public Schools
Civic Consulting Alliance
Corner Family Foundation
Cook County Health & Hospitals System
Cristo Rey Jesuit High School
Democracy Collaborative
Emerson Collective
Enlace
Garfield Park Community Council
Greater Chicago Food Depository
Health and Disability Advocates
IFF
IIT Institute of Design
Illinois Medical District
Illinois Partners for Human Service
Illinois Public Health Institute
Instituto del Progreso Latino
Lawndale Christian Health Center
LISC
Malcolm X College
Mayor’s Office
Medical Home Network
New Mount Pilgrim Missionary Baptist Church

Presence Health
Rush University Medical Center
Saint Anthony Hospital
Sinai Health System
Sinai Urban Health Institute
The Resurrection Project
UCAN
University of Illinois at Chicago
United Way of Metropolitan Chicago
University of Chicago Medicine
YMCA of Metro Chicago
Appendix 3: Proposed Activities for Collaboration

By working together, partner institutions can magnify the impact of existing initiatives, develop new programs and provide coordinated resources to existing collaboratives.

Examples of Potential Collaborations on the West Side

<table>
<thead>
<tr>
<th>Business Units</th>
<th>Patient Care</th>
<th>Community Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaborate on internal anchor strategy initiatives</strong></td>
<td><strong>Coordinate patient care delivery</strong></td>
<td><strong>Coordinate institutional participation in neighborhood collaboratives</strong></td>
</tr>
<tr>
<td>West Side health institutions align business units and coordinate anchor initiatives that will magnify local community impact in construction, hiring, investments and purchasing.</td>
<td>West Side health institutions share information on the top patient needs they encounter and identify opportunities to collectively optimize patient care, through joint public health and information technology initiatives.</td>
<td>Provide support for existing, community based collective impact collaboratives in education, safety, health and employment to help identify top community priorities and coordinate resources to meet emerging needs.</td>
</tr>
<tr>
<td><strong>Support backbone structure of neighborhood collaboratives</strong></td>
<td><strong>Amplify the voice of the community through combined influence</strong></td>
<td></td>
</tr>
<tr>
<td>Provide “backbone” support to neighborhood collaboratives by sharing expertise in financial management, grant writing, research, evaluation and other capacity building resources.</td>
<td>Leverage our collective influence and support community based organizations to amplify West Side needs as a unified voice that will magnify impact.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4: January 10 Meeting Agenda

7:00    Arrival

7:05    Welcome
David Sanders
President, Malcolm X College

7:10    Introductions
Larry Goodman
CEO, Rush University Medical Center
Robert Barish
Vice Chancellor for Health Affairs, University of Illinois at Chicago
Jay Shannon
CEO, Cook County Health & Hospitals System

7:20    Overview
Larry Goodman

7:30    Opportunity for Collaboration
Darlene Oliver Hightower
Associate Vice President for Community Engagement and Practice, Rush University Medical Center

7:35    Table Discussions
Questions:
• What do you think of this idea?
• If financial resources were available and you could better coordinate your work with other groups, what new programs or initiatives would you launch to move the needle on employment, education, health or public safety?
• Are there other barriers to working together more closely? What are they? How might they be removed?

8:20    Report Out
Darlene Oliver Hightower
Karriem Watson
Director of Community Engagement in Clinical Research, University of Illinois at Chicago

8:45    Reflections
Terry Mazany
President and CEO, The Chicago Community Trust

8:50    Thank You and Next Steps
David Ansell
Senior Vice President for Community Health Equity, Rush University Medical Center
Robert Winn
Associate Vice Chancellor for Community Based Practice, University of Illinois at Chicago
Appendix 5: Sample Feedback Survey

1. Name ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

2. Organization ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

3. In your own words, please describe the proposal. ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

4. Is this idea worth pursuing?
   - Definitely not
   - Probably not
   - Probably
   - Definitely

5. Will this idea add a unique value to existing efforts on the West Side?
   - Definitely not
   - Probably not
   - Probably
   - Definitely

6. What do you consider to be the top five opportunities that this group should focus on?
   ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

7. How well do your existing work, programs, and goals align with this proposal?
   - Not at all
   - Not well
   - Somewhat
   - Very well

8. If you responded “somewhat” or “very well” to the previous question, describe how your existing work, programs, and goals align or might align with this proposal.
   ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

9. Based on your experience with existing collaboratives and partnerships, what would make this proposal especially effective?
   ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

10. What are your concerns?
    ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

11. Who else should be part of these discussions going forward? Please include names, organizations, and contact information.
    ___________________________ ___________________________ ___________________________ ___________________________ ___________________________

12. Anything else you would like to share?
    ___________________________ ___________________________ ___________________________ ___________________________ ___________________________