

# Wood Street Community Health Corridor

2023 Anchor Hospital Community  
Development Plan

*Door-to-Door Community Survey of Wood Street Residents*



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*UChicago Medicine Ingalls Memorial employees helping moms care for babies with supplies at the Drive Thru Baby Shower September 2021*

## Executive Summary




From October 2022 through April 2023, the Ingalls Development Foundation engaged in a comprehensive planning process to develop the Wood Street Community Health Corridor: Anchor Hospital Community Development Plan. This plan focuses on the emerging opportunity for UCM Ingalls to play an instrumental role in leveraging its economic strength and community relationships to advance a plan that revitalizes a critical corridor in its anchor home community in Harvey, IL. The Wood Street Community Health Corridor is defined specifically by the six-block area between 147<sup>th</sup> and 159<sup>th</sup> street just south of the hospital campus.

Our planning process was structured around four phases: Project Design and Launch, Discovery and Engagement, Goal Strategy and Development, and Finalizing the Plan. The process was informed by the State of Illinois Department of Transportation (IDOT) announcement to reconstruct Wood Street beginning in 2023, the campus development plans for Maya Angelou Elementary School on Wood Street, UCM Ingalls facilities capital investment plans on Wood Street, the 2021-2022 UCM Ingalls Community Health Needs Assessment and Strategic Implementation Plan. Finally, the planning process included data collected through a Door-to-Door Survey among Wood Street residents to better understand their needs and relationship to the hospital. The list below outlines the **four goals** used to guide each step of the planning process:

1. **Co-Create** a plan with community partners to support a community development plan for the Centennial Anniversary for UChicago Ingalls Memorial
2. **Integrate equity** in all we do to ensure access to opportunities and resources
3. **Secure opportunities** to leverage public/private/philanthropic investment along the Wood Street Corridor

**4. Deliver** an actionable Community Development Plan for a Wood Street Community Health Corridor

During a robust stakeholder engagement process, 156 stakeholders shared input through key advisor interviews, steering committee meetings, focus groups, and community listening sessions. Through continuous learning and adaptation based on feedback, three priority focus areas emerged:

-  Strengthen community assets to promote health and wellness
-  Leverage UCM Ingalls to attract investment to improve community health
-  Prioritize health and housing initiatives to address social determinants of health

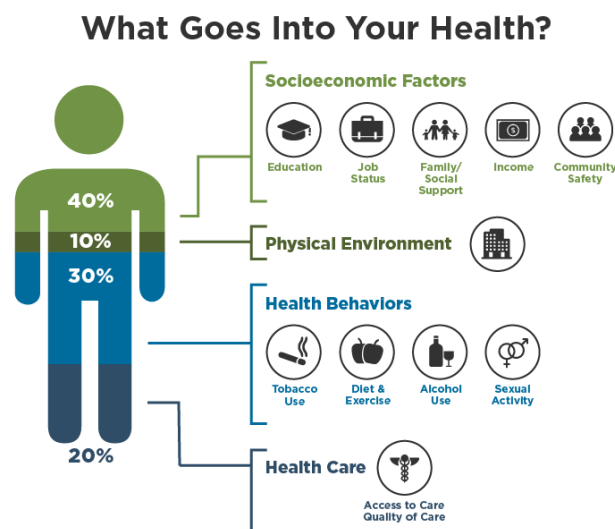
The development of this Anchor Hospital Community Development Plan is one of the many pieces of the puzzle that will catalyze the work necessary to advance health equity in the Harvey community; it will help realize the community's vision of the Wood St. Corridor as a “destination location,” where people have access to what they need to be healthy and thrive.

## Introduction

### The Intersection of Health Equity, SDOH, and Community Development

What do health equity and the social determinants of health (SDOH) have to do with community development? The healthcare sector spends more than \$1 trillion each year treating preventable conditions caused by poverty and social inequity.<sup>1</sup> We also know that poor health limits the economic potential of people and communities.<sup>2</sup> It's a two-way street: poverty begets poor health, and poor health limits people's ability to economically thrive. Socioeconomic factors, institutional racism, physical environments, and health behaviors drive health outcomes more than medical care.<sup>3</sup> Figure 1 shows the various components that contribute to a person's overall health.

Figure 1. Factors Affecting an Individual's Health and Well-Being



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

## Community Development

Community development initiatives can play a significant role in promoting health equity by addressing SDOH, which as previously stated, are the underlying factors that contribute to

<sup>1</sup> Build Healthy Places Network. The Intersection of Community Development & Mental Health. Published July 2020. Available at: [https://buildhealthyplaces.org/content/uploads/2020/12/BHPN\\_Factsheet-The\\_Intersection\\_of\\_Community\\_Development\\_Mental\\_Health.pdf](https://buildhealthyplaces.org/content/uploads/2020/12/BHPN_Factsheet-The_Intersection_of_Community_Development_Mental_Health.pdf). Accessed May 8, 2023.

<sup>2</sup> Pastor M, Morello-Frosch R. Integrating Public Health and Community Development to Tackle Neighborhood Distress and Promote Well-Being. *Health Affairs*. Published November 2014. Available at: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.0640>. Accessed May 8, 2023.

<sup>3</sup> Booske BC, Athens JK, Kindig DA, Park H, Remington PL. Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Population Health Institute. Published February 2010. Available at: <https://www.countyhealthrankings.org/sites/default/files/differentPerspectivesForAssigningWeightsToDeterminantsOfHealth.pdf>. Accessed May 8, 2023.



healthcare inequities. Community development can provide opportunities for economic growth, affordable housing, safe neighborhoods, and improved access to healthy foods and healthcare services. For instance, a community development initiative that creates safe and accessible public spaces can encourage physical activity and promote community cohesion, which can have positive effects on the physical and mental health of individuals in the community.

Furthermore, evidence shows that community development work has health-related effects. [Arnot Health](#), a nonprofit hospital system in New York, NY, has partnered with more than 30 community organizations through the Creating Healthy Places to Live, Work, and Play Program. Part of this program includes renovating playgrounds and building exercise trails, which were subsequently noted to increase their county health measure for access to exercise opportunities to increase by 18 percentage points. Ultimately, community development efforts that prioritize health equity can help to create more resilient and thriving communities that support the health and well-being of all residents.

As outlined above and described in the below case studies, strong relationships between community partners, health systems, and developers are critical to the success of achieving health equity through community development initiatives. Based on the relationships UCM Ingalls has built with community partners, board members, hospital and foundation staff, as well as its concerted effort to engage residents through community health needs assessments (CHNAs) and door-to-door surveys, UCM Ingalls is well positioned to partner in coalescing stakeholders and leverage key investments to revitalize the Wood Street Community Health Corridor.

Below are two examples of community development projects that emerged from partnerships between health systems, developers, community-based organizations, and faith-based organizations.

### Figure 1. Case Studies

#### ***Ogden Commons - Sinai Health System, North Lawndale, Chicago, IL***

Ogden Commons is a 10-acre, multi-phase, mixed-use development just east of Douglas Park in Chicago. The area where Ogden Commons is located included blighted properties and once housed the now demolished Ogden Courts and Lawndale public housing developments. Ogden Commons will bring new investment, jobs, and housing to historic North Lawndale. Combining health services, new retail businesses, and high-quality housing, Ogden Commons will enhance and expand the infrastructure of North Lawndale and serve as a catalyst of new opportunities. Ogden Commons will be one of the largest Opportunity Zone mixed-use projects, providing 120,000 square feet of commercial space and 350 mixed-income units. Sinai Health System will provide an array of ambulatory services that will address inequities in the community and improve patient experience through ease of care navigation, decrease infection rates and recovery times, and lower healthcare costs, particularly for Medicaid and Medicare beneficiaries with high rates of comorbidities. Read more [here](#).

#### ***Healthy Neighborhoods, Healthy Families - Nationwide Children's Hospital (NCH), Columbus, OH***

During the 2008 economic recession, NCH observed that hundreds of vacant lots surrounded the hospital. Housing is key to improving pediatric health outcomes because (1) housing plays a documented role in the health of children, and this neighborhood had severe housing shortage; (2) outreach efforts made clear that housing was a neighborhood priority; and (3) housing instability forced children to move too frequently to make the most of school-based or neighborhood-based programs. Through a partnership with a community housing development organization (CD4AP), the hospital conducted an in-depth community engagement strategy to build relationships with community members, ultimately creating the HNHF Realty Collaborative. To date, 441 homes have been impacted by HNHF and partners, with a total financial investment of \$50,840,000. Read more [here](#).

## What Is Health Equity?

According to the Centers for Disease Control and Prevention (CDC), “Health equity is a state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices
- Overcome economic, social, and other obstacles to health and health care
- Eliminate preventable health disparities

To achieve health equity, we must change the systems and policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities.”<sup>4</sup>

It is important to note that equity and equality are not synonymous. Health equity acknowledges that the needs of a community will vary for each person or population in it, and no universal standard or approach fits everyone’s unique needs (see Figure 2).

**Figure 2. Equality versus Equity**

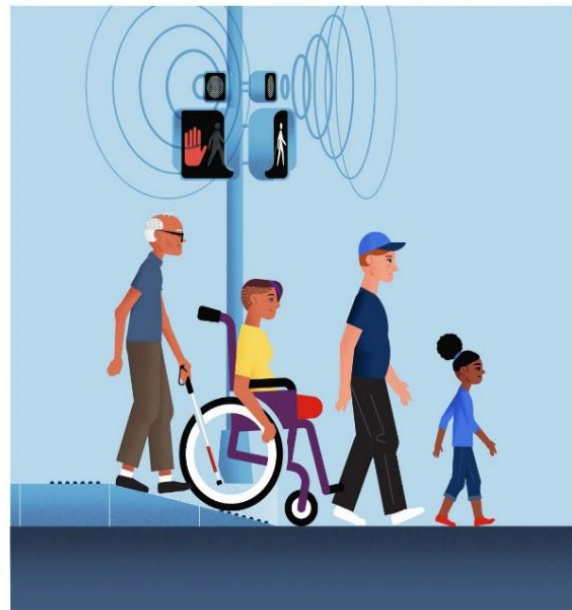
**EQUALITY:**

Everyone gets the same – regardless if it’s needed or right for them.



**EQUITY:**

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



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<sup>4</sup> Centers for Disease Control and Prevention. What Is Health Equity? Available at: <https://www.cdc.gov/healthequity/whatis/index.html>. Accessed May 8, 2023.

## Social Determinants of Health/Health Related Social Needs

As defined in [Healthy People 2030](#), the social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a range of health, functioning, and quality-of-life outcomes and risks. As Figure 3 demonstrates, SDOH can be grouped into five domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.

**Figure 3. Social Determinants of Health**



SDOH contribute to spectrum of health disparities and inequities. Examples include:

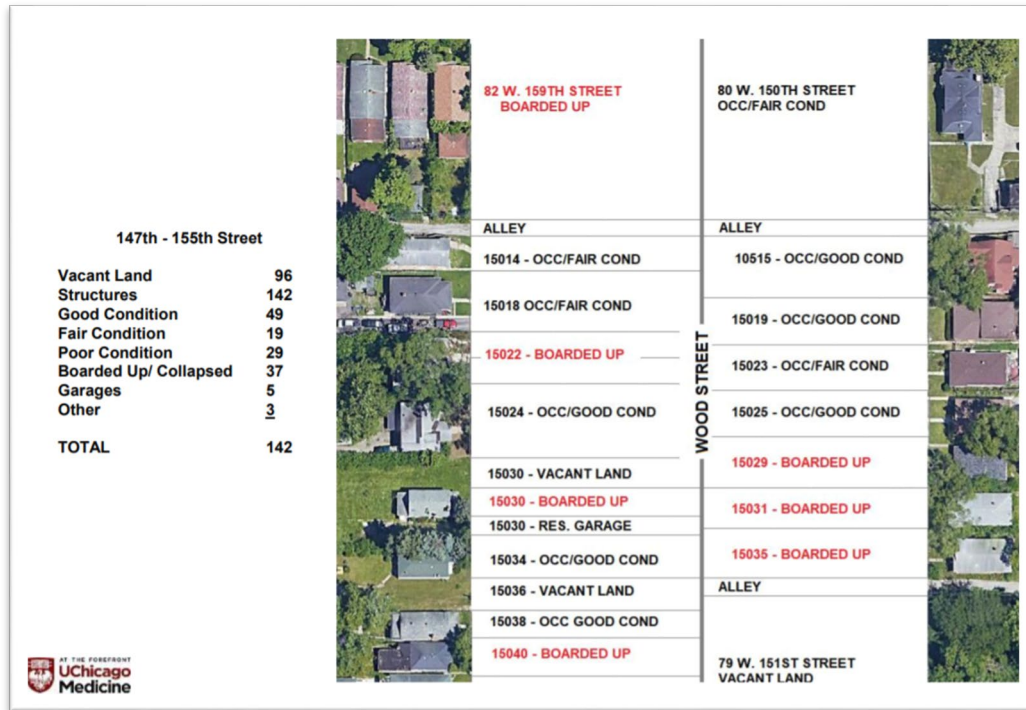
- Access to nutritious foods and physical activities
- Safe transportation and neighborhoods
- Stable housing
- Racism, discrimination, and violence
- Educational opportunities
- Language and literacy skills
- Polluted air and water



## Our Focus: The Wood Street Corridor

This community development plan focuses on the revitalization of the Wood Street Corridor, specifically the six-block area between 147<sup>th</sup> and 159<sup>th</sup> Streets just south of the hospital campus (see Figure 4). This stretch of land includes residences, vacant lots, and blighted and boarded up properties.

**Figure 4. Characteristics of the Wood Street Community Health Corridor**



Through the planning process, we sought to achieve the following four goals:



**Co-Create** a plan with community partners to support a community development plan for the Centennial Anniversary for UChicago Ingalls Memorial



**Integrate** equity in all we do to ensure access to opportunities and resources



**Secure** opportunities to leverage public, private, and philanthropic investment along the Wood Street Corridor



**Deliver** an actionable Community Development Plan for a Wood Street Community Health Corridor

## A Living Document

The Wood Street Community Health Corridor Anchor Hospital Community Development Plan is a living document that can serve as a guide for future investment on Wood Street, which allows flexibility in the face of unanticipated or unplanned events resulting from changing political, social, and resource environments.



UChicago Medicine Ingalls Staff gardening with the community (UCM Ingalls Memorial Rooftop Garden)

## Background: Where We've Been

### Asset-Based Community Development—Building on Harvey's Strengths

Asset-based community development is a strategy for achieving sustainable community-driven development, whereby existing assets in the community are identified and reinforced. The City of Harvey is rich in history and community, which is why a strengths-based lens was used throughout the planning process. This plan builds on Harvey's strengths, recent investments, and successes, some of which are noted in Table 1 below.

**Table 1. Recent Investments in Harvey**

	<b>Capital Investment</b>	A proposed \$90 million Illinois Department of Transportation reconstruction project.
	<b>Campus Renovations</b>	School District 152: \$12 million Maya Angelou School Renovation & Expansion Project.
	<b>New Maternal Child Health and Wellness Center</b>	Family Christian Health Center opened a new Maternal Child Health and Wellness Center in January 2021.
	<b>New Transit-Oriented Development Plan</b>	The plan aims to build on Downtown Harvey's role as a civic and public transit hub, with more than 3,400 bus and commuter rail trips daily from the Harvey Metra Station and adjacent Pace Bus transportation center—both of which are about to see significant investment.



**New Transit-Oriented Development *District***

In January 2021, the City of Harvey established its first residential tax increment financing (TIF) District. Over time, the TIF District will help businesses and investors, and residents in the area looking at opportunities for renovating or building new housing in the city’s downtown.



**Community Tech Support**

The City of Harvey teamed up with PCs for People and School District 205 to distribute refurbished computers to local families in need.



**Opening of New Storefronts**

Restoration Ministries Thrift Store, Harvey Furniture Plus, and 160 Driving Academy.






**City approval of proposed multi-family units in downtown Harvey**

The proposed project would provide high-quality housing for residents in the area and within walking distance of the downtown Metra train station and PACE bus station.

As an anchor institution in Harvey, UCM Ingalls provides vital services to the community and serves as an economic driver. When UCM Ingalls thrives, so does Harvey. Table 2 demonstrates the investments made by the Ingalls Development Foundation to continue to strengthen this community asset.

**Table 2: Ingalls Development Foundation-Funded Capital Improvements for UCM Ingalls Campus, Fiscal Year 2022**

	Total Investment (\$)	
	<b>Wood Street Renovation</b>	\$2,500,000
		Planned improvements: <ul style="list-style-type: none"> <li>▪ Full depth pavement removal and replacement</li> <li>▪ Create five lanes from south of 159<sup>th</sup> Street to 141<sup>st</sup> Street</li> <li>▪ Create 3-lanes from 141<sup>st</sup> Street to south of 138<sup>th</sup> St.</li> <li>▪ Shared-use path (west side)</li> <li>▪ Sidewalk (east side)</li> <li>▪ Bridge deck improvements over the Little Calumet River</li> </ul>
	<b>North Building Renovation – Inpatient Rehabilitation</b>	\$6,551,505
		Scope: <ul style="list-style-type: none"> <li>▪ Renovate the first and floors of the North Building for improved inpatient rehabilitation services</li> <li>▪ Renovations included infrastructure improvements               <ul style="list-style-type: none"> <li>+ Plumbing, electric, HVAC, roof repairs</li> <li>+ IT services, cabling, WiFi/DAS, Network (LAN)</li> </ul> </li> </ul>
	<b>Harvey Campus Elevator Modernization</b>	\$876,296
		Scope: <ul style="list-style-type: none"> <li>▪ 22 elevators located on the Harvey Campus</li> <li>▪ Oldest elevators were installed in 1957</li> <li>▪ Modernizations have focused on several immediate needs and upgrades to the oldest elevators present</li> <li>▪ Three separate upgrades have been initiated to date</li> </ul>

- + Elevator 11 Modernization
- + Elevator 3 and 4 Drive Replacement
- + Elevator 10 Modernization

Scope:

- Three separate projects have been initiated:
  - + Roof replacement of northeast section of lower roof
  - + Window upgrades: Replace east side entrance glazing and insulation charge that failed and was leaking
  - + Replace one building chiller, which serves portions of the first and second floors



**Wyman Gordon  
Infrastructure  
Improvements**

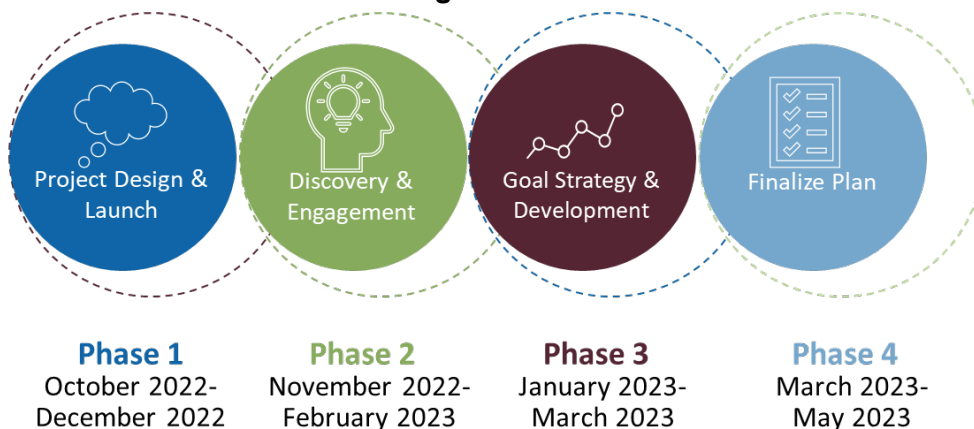
\$550,592

As Table 2 demonstrates, Harvey and the UCM Ingalls campuses are experiencing an infusion of resources and investment. Leveraging these investments and coordinating resources provide many opportunities to meaningfully improve the ability of these medical centers to serve the surrounding communities.

### Plan to Develop the Wood Street Community Health Corridor: Supporting Health Equity for Community Health and Wellness

The planning process for the Wood Street Community Health Corridor occurred in four phases: (1) project design and launch, (2) discovery and engagement, (3) goal strategy and development, and (4) finalization. Each phase was intended to inform the next, incorporating continuous learning and adaptation based on input and feedback throughout. This process was built on research conducted at UCM Ingalls, which incorporated data from the residents living in the UCM Ingalls core Thornton Township Communities, including Harvey, that were surveyed to prepare the [Community Health Needs Assessment](#) in addition to Door-to-Door Surveys conducted among residents living on Wood Street. The planning process included a variety of data collection methods including key advisor interviews, steering committee meetings, focus groups, and community listening sessions. To conclude the process, two final community listening sessions were conducted in-person to share the draft plan with the community.

**Figure 5. Five Phases of the Planning Process**



### *Core Team*

The Core Team oversaw the planning effort, providing guidance and direction to support and inform the work, making key decisions along the way to move the process forward. This group met on a biweekly basis October 2022–April 2023 and included executive staff members from Ingalls Development Foundation (IDF) and UCM Ingalls as well as the Health Management Associates team.

### *Steering Committee*

The steering committee was composed of 15 key stakeholders who represented UCM, UCM Ingalls, developers, housing partners, elected officials, school district partners, and FQHC partners. The committee participated in three planning meetings in December 2022–April 2023 during which they identified key trends and opportunities, proposed a vision for the Wood Street Corridor, and provided input to develop the final recommendations.

## **A Community-Centered Approach**

Before embarking on the stakeholder engagement process, UCM Ingalls conducted a Community Health Needs Assessment (CHNA) and a Door-to-Door Survey to better understand the needs and interests of the people in the Harvey community. Anchor institutions, such as UCM Ingalls, are vital to the communities they serve. With the potential to make decisions that can have major effects on their communities, it is critical to understand the community's needs and interests to effect meaningful change. It is important to note that both the CHNA and the survey are tools intended to be updated and redeployed on a recurring basis. This approach enables continuous evaluation of initiatives, which is essential for maintaining sustainability and establishing a reliable baseline.

### *UCM Ingalls Community Health Needs Assessment*

As required by the Affordable Care Act, a CHNA enables communities to identify issues of greatest concern and decide how to allocate resources to address those issues, thereby making the greatest possible impact on community health status. The [2021–2022 CHNA](#) process for UCM Ingalls involved engagement with multiple community stakeholders who collected, organized, and interpreted data. They provided insights and expertise around the indicators to be assessed, the types of focus group questions to ask, how to interpret results, and how to prioritize the areas of greatest need. Based on this input, three priority areas emerged for UCM Ingalls:

1. **Prevent and manage chronic diseases**, specifically heart disease, diabetes, and cancer
2. **Provide access to care and services** with a focus on maternal and mental health
3. **Reduce health inequities** driven by SDOH, with special attention to food insecurity and workforce development

### *Door-to-Door Survey on Wood Street*

In addition to the CHNA, the IDF, UChicago Medicine's Comprehensive Care Program and UChicago Harris School of Public Policy have been partnering since 2019 to develop and implement a plan to survey Harvey residents. The first priority for the survey was the Wood Street Corridor (13 blocks, Wood Street from 147th to 159th Streets). At this time, IDF was interested in exploring potential investments that could be made on and/or near the Ingalls



campus. To best inform their investment research, great value was placed on having an early understanding of residents' needs and development preferences.

The next step was to create an institutional review board (IRB)-approved survey tool and a plan to longitudinally survey residents about:

- Unmet social needs
  - Preferences for development opportunities
  - How to best engage them in follow-up surveys
- ▶ **Status (as of November 2022): 37 of 85 (44%) of homes on Wood St. surveyed**
- 34 completed in person at residents' front doors
  - 3 completed via phone
  - 44 percent of homes on Wood St. completed surveys within four rounds of door canvassing
    - Expect to increase completed surveys to at least 50 percent of homes
- ▶ **Findings and Considerations:**
- Most residents were very approachable, appreciated being asked their opinions, and are willing to complete future surveys
    - A small number expressed lack of trust in UChicago/Ingalls
    - Among those who were asked, all were willing to participate in stakeholder interviews
  - At least seven households on Wood Street (and probably more) are Spanish-speaking and do not seem to be bilingual
    - We are able to conduct the survey in Spanish but need to consider how to communicate with these households beyond the survey itself
  - May want to engage Harvey residents to conduct surveys in the future



Wood Street Community Health Corridor, Community Listening Session (Ingalls Memorial Hospital, January 20, 2023)

## What We Heard: Stakeholder Engagement

Building on the initial engagement with Wood Street residents through the community door-to-door survey, the core team facilitated a stakeholder engagement process that included key advisor interviews, steering committee meetings, community listening sessions, and focus groups from October 2022 to April 2023. The planning process included engagement and outreach with **156** participants.

**Table 3. Wood Street Community Health Corridor Stakeholder Engagement**

Engagement	Participants
Community door-to-door survey	37 (44% of residents)
Key advisor interviews	15
Steering committee meetings (3)	15
Community listening sessions (4)	78
Focus groups (2)	11
<b>TOTAL</b>	<b>156</b>

## Key Themes

During the Discovery and Engagement phase, we received many ideas and suggestions from the stakeholder groups. In the Goal and Strategy Development phase, the information was evaluated, assimilated, and synthesized into key themes.

Overall, stakeholders conveyed a strong sense of what they referred to as ‘Harvey Pride.’ People spoke to the richness of the history and community in Harvey, and the strength of its existing schools, small businesses, community partners, healthcare centers, and faith-based organizations. Stakeholders wanted to see their city thrive and shared several ideas on how to achieve their vision of a healthy and thriving community. They also underscored the importance of ensuring that investments made in Harvey benefit the people who live there.

In addition, centering community voice remained a key piece of feedback. Consistent communication on the progress of planning initiatives and community development projects remained a top priority, as community members shared that in the past communication has not always been transparent, and it is critical to center community voice to build trust. In the final community listening sessions, stakeholders reiterated their excitement and eagerness to see the outcome of the planning process, while also noting the distrust and hesitation some in the community feel due to years of disinvestment in Harvey. Stakeholders shared their appreciation for having a space to share their thoughts and concerns, and again emphasized the importance of creating mechanisms for consistent communication to ensure residents are aware of what is happening in their community and are empowered to provide feedback.

## Vision for the Wood Street Community Health Corridor

Throughout the engagement process, we posed the question: “What do you envision when you picture a healthy and thriving Wood Street Corridor?” Figure 6, adapted from Change Lab Solutions,<sup>5</sup> describes what we heard from the community in response to this question. People in the community said they would like the Wood Street Corridor to become a “destination location”—someplace that felt inviting, attractive, and well-resourced that people would feel compelled to visit. It is important to note that the image below was not shared prior to any of our engagement sessions, though the feedback that was shared aligns with the depiction of planning for healthy, equitable communities.

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<sup>5</sup> [https://www.changelabsolutions.org/sites/default/files/2019-07/Planning101-1\\_Planning-for-Healthy-Equitable-Communities-INFOGRAPHIC\\_FINAL\\_20190627.pdf](https://www.changelabsolutions.org/sites/default/files/2019-07/Planning101-1_Planning-for-Healthy-Equitable-Communities-INFOGRAPHIC_FINAL_20190627.pdf)

**Figure 6. Making Wood Street Corridor a Destination Location**



Adapted from: “Planning for Healthy, Equitable Communities” *Change Lab Solutions*

Building on their vision for Wood Street, several themes emerged throughout the stakeholder engagement process that informed how the vision could be implemented. These ideas included:

- ▶ Develop a communication plan
- ▶ Support infrastructure investments
- ▶ Strengthen hospital investment to sustain community health
- ▶ Build equitable processes for business opportunities
- ▶ Strengthen community assets to promote health and wellness
- ▶ Build partnerships to enhance health and wellness in Harvey
- ▶ Center community voice

- ▶ Promote equity, health, and wellness
- ▶ Support workforce development in Harvey
- ▶ Provide opportunities to develop and improve housing
- ▶ Prioritize relationship building
- ▶ Lift up existing community assets

The above themes were presented at the second steering committee meeting in February 2023, during which members were asked to identify any gaps, additional areas of focus, and the highest priority items. Based on their feedback, we identified the following **three priority focus areas**:



The remaining themes were not lost through this prioritization process. Rather, they were folded under the priority focus areas as strategies or included in the overarching framework. This is further detailed in the Findings section of the report.

After the first community listening sessions in January 2023, the core team assessed the representation of voices so far in the planning process and decided two groups of people required deeper engagement—Ingalls staff and healthcare workers in the community. Two focus groups took place in March to capture their ideas on what they enjoy most about working in Harvey, what would make working in Harvey easier, and their hopes for the future (see Appendix E: Focus Group Questions).

In addition, they represented the people they serve by voicing patient concerns and advocating for patient services. Their responses closely aligned with the feedback received in earlier interviews, community listening sessions, and steering committee meetings, and validated data around improved infrastructure and strengthening community assets. They also shared that better communication to the community is needed about the breadth of services provided at both Ingalls and FQHCs in the area.

In the final steering committee meeting and community listening sessions in April, we asked each member to say one word that described how they felt about the culmination of the planning process. Overall, participants shared that the plan made them feel hopeful about future investments in Wood Street and eager to take next steps toward implementation of the priority focus areas (see Figure 6).



**Figure 6. Sentiments about Planning Process**





Wood Street Community Health Corridor, Community Listening Session

## Findings

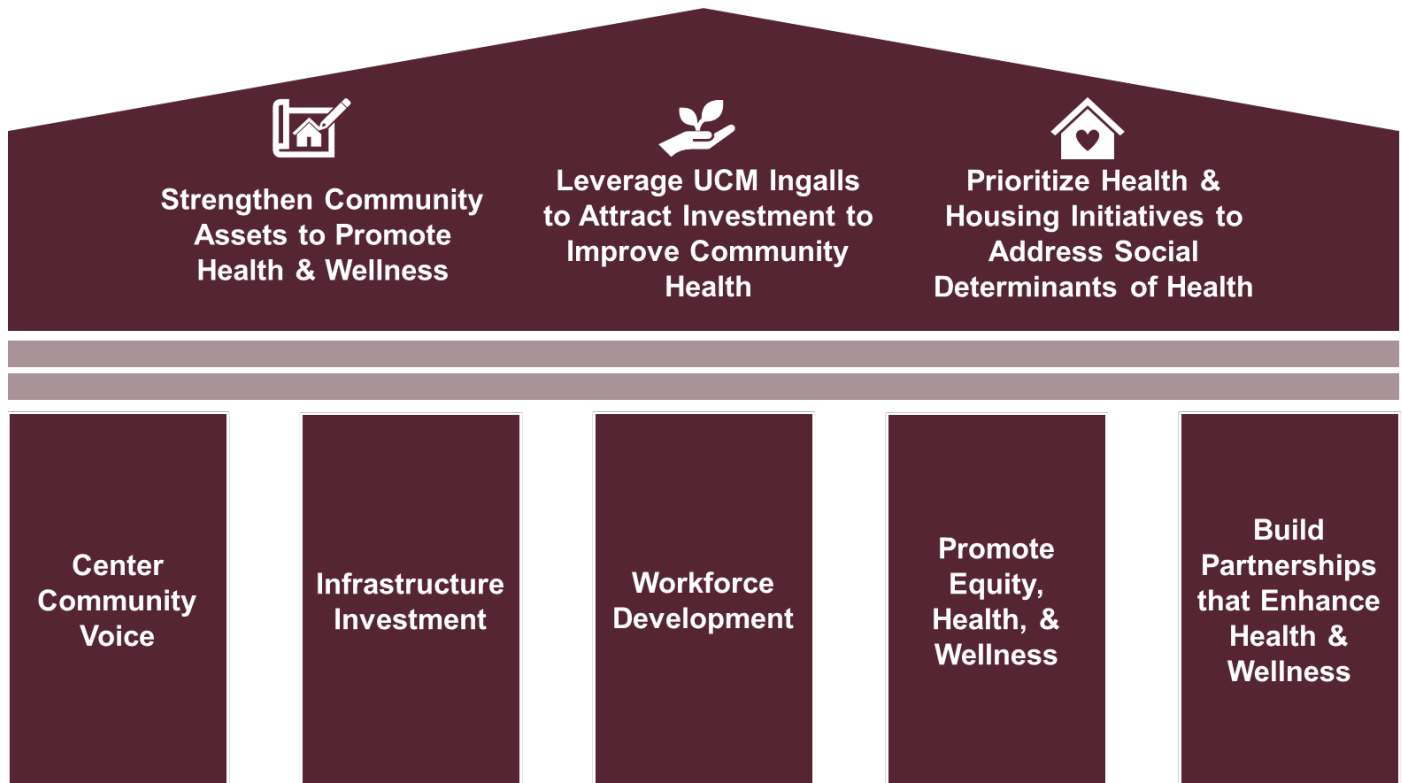
### The Framework

Five core components were drawn out of the key themes to form a foundation for an operating framework for this work moving forward. As Figure 7 indicates, the five core components of the framework are **Center Community Voice, Infrastructure Investment, Workforce Development, Promote Equity, Health & Wellness, and Build Partnerships that Enhance Health and Wellness**. As the priority focus areas are implemented, each component will serve as a guiding principle. In other words, for each priority focus area, we will:

1. Center community voice
2. Prioritize infrastructure investment
3. Prioritize workforce development
4. Promote equity, health, and wellness
5. Build partnerships that enhance health and wellness

This framework will serve as the foundation for all future work in the implementation phase. Specifically, it will provide the essential groundwork and direction necessary to achieve the priority focus areas identified during the planning phase.

**Figure 7. Core Components of Implementation**



## Community Action Plan: Wood Street Health Corridor Development

The following section provides a breakdown of strategies and activities for each of the three priority focus areas. They are outlined as proposed next steps in the implementation phase of this work and include the estimated timeline and current status for each activity. In addition, we demonstrate that each strategy is aligned with the identified priority areas in the UCM Ingalls CHNA, UCM CHNA, and IDF Strategic Plan. Please note that focus areas and strategies are not listed in priority order.



### Focus Area: Strengthen Community Assets to Promote Health and Wellness

Throughout the engagement process, participants shared how much they valued the various resources, community organizations, FQHCs, educational institutions, and UCM Ingalls Hospital within the Harvey community. Working to bring these assets to bear in the further development of the Wood Street Health Corridor is a priority focus area that is needed to realize the vision of health and wellness.

*“[I envision] A health-driven corridor providing health and mental wellness resources. Outdoor recreation, retail businesses, and modernized affordable housing.” –Community Member*

**Table 4. Strategies for Implementing Plans to Improve Health and Wellness**

Strategy	Activity/Implementation Plan	Timeline	Status	<u>Ingalls CHNA Alignment</u>	<u>UCM CHNA Alignment</u>	<u>IDF 3 Pillars Alignment</u>
<b>Improve built environment (e.g., green space) on Wood Street to address perceptions of Harvey as an unsafe area</b>	Co-convene a working group with the City of Harvey	August 2023	Not Started	Priority 3: Reduce Health Inequities	Priority 3: Reduce Inequities Caused by the Social Determinants of Health	Pillar 2: Building Community
	Convene four meetings to develop an action plan	August 2023–January 2024	Not Started			
	Finalize action plan	January 2024	Not Started			
	Implement action plan	January 2024–January 2025	Not Started			
<b>Development of a community wellness center concept on Wood Street</b>	Convene a working group with representatives from UCM Ingalls, UCM, Family Christian Health Center and Aunt Martha’s	September 2023	Not Started	Priority 1: Prevent and Manage Chronic Diseases	Priority 1: Prevent and Manage Chronic Diseases	Pillar 2: Building Community
	Convene four meetings to develop a concept paper	October 2023 – March 2024	Not Started	Priority 2: Provide Access to	Priority 2: Build Trauma Resiliency	

	Finalize concept paper	March 2024	Not Started	Care and Services		
<b>Provide healthy food options (e.g., grocery store, restaurants)</b>	Align with City of Harvey Efforts to identify grocery stores	August 2023	Not Started	Priority 1: Prevent and Manage Chronic Diseases	Priority 1: Prevent and Manage Chronic Diseases	Pillar 2: Building Community
	Co-convene a food access working group to develop an action plan	August 2023	Not Started			
	Co-convene four meetings to develop an action plan	August 2023–January 2024	Not Started	Priority 3: Reduce Health Inequities	Priority 3: Reduce Inequities Caused by the Social Determinants of Health	
	Finalize action plan	January 2024	Not Started			
	Implement action plan	January 2024–January 2025	Not Started			

 **Leverage UCM Ingalls to Attract Investment to Improve Community Health**

Throughout the community engagement process, community members shared how much they value UCM Ingalls and are interested in learning more about the services and resources offered. Working to support the stability and growth of UCM Ingalls is critical to achieving continued stability and growth in Harvey. Building on UCM Ingalls and IDF relationships and investments and collaborating with community partners can strengthen the community’s efforts to attract investment.

*“How can you bring public, private, and government funds together? You need private funds for sustainability because government funds won’t sustain...Need to create a revenue building engine that will sustain the community. But you need investment from the public and private industry. That’s what you’re going to have to do. UCM can’t do it by themselves. But if you bring everyone together, it will sustain itself.” –Key Advisor*

**Table 5. Strategies to Attract Investment**

Strategy	Activity/Implementation Plan	Timeline	Status	<u>Ingalls CHNA Alignment</u>	<u>UCM CHNA Alignment</u>	<u>IDF 3 Pillars Alignment</u>
<b>Explore development of Center for Community Health Science</b>	Identify interested research clinicians	September 2023	Not Started	Priority 2: Provide Access to Care and Services	Priority 3: Reduce Inequities Caused by the Social Determinants of Health	Pillar 2: Building Community
	Convene four meetings to develop a plan	September 2023–February 2024	Not Started			
	Implement plan	February 2024–January 2025	Not Started			



<b>Identify opportunities to develop workforce housing for healthcare staff</b>	Convene a working group with representatives from UCM Ingalls, UCM, Family Christian Health Center, Aunt Martha's, and other healthcare providers	October 2023	Not Started	Priority 1: Provide Access to Care and Services	Priority 3: Reduce Inequities Caused by the Social Determinants of Health	Pillar 3: Enhancing Our Campus
	Convene four meetings to develop a plan	November 2023–March 2024	Not Started			
	Finalize/implement plan	March 2024–January 2025	Not Started			
<b>Strengthen community behavioral health resources and supports</b>	Convene a committee of behavioral health providers and representatives of CBOs	October 2023	Not Started	Priority 1: Provide Access to Care and Services	Priority 2: Build Trauma Resiliency	Pillar 1: Expanding Access to Care
	Convene four meetings to develop a plan	November 2023–March 2024	Not Started			
	Finalize/implement Plan	March 2024 – January 2025	Not Started			



### Prioritize Health and Housing Initiatives to Address SDOH

Prioritizing the development of existing and new housing within Harvey is a clear priority that directly aligns with addressing barriers for health within the community. Working to collaborate across partners to improve existing homes and develop new housing opportunities will strengthen the opportunities for health and wellness.

*“[There are] lots of vacant land on which to build to meet community needs.” –Community Member*

**Table 6. Strategies for Addressing Social Determinants of Health**

Strategy	Activity/Implementation Plan	Timeline	Status	<u>Ingalls's CHNA Alignment</u>	<u>UCM CHNA Alignment</u>	<u>IDF 3 Pillars Alignment</u>
<b>Improve existing Wood Street residences and develop vacant lots and</b>	Align with City of Harvey efforts	August 2023	Not Started	Priority 3: Reduce Health Inequities	Priority 3: Reduce Inequities Caused by the Social Determinants of Health	Pillar 2: Building Community
	Co-convene a community-based group to work on short term improvements to implement while broader	August 2023	Not Started			

<b>blighted properties</b>	development is under way.					
	Co-convene four meetings to develop an action plan	August 2023–January 2024	Not Started			
	Finalize action plan	January 2024	Not Started			
	Implement action plan	January 2024–January 2025	Not Started			
<b>Develop affordable and mixed income housing</b>	Align with City of Harvey efforts	August 2023	Not Started	Priority 3: Reduce Health Inequities	Priority 3: Reduce Inequities Caused by the Social Determinants of Health	Pillar 2: Building Community
	Co-convene four meetings to develop an action plan	August 2023 to January 2024	Not Started			
	Finalize action plan	January 2024	Not Started			
	Implement action plan	January 2024–January 2025	Not Started			
<b>Partner with City to enhance public safety on Wood Street</b>	Align with City of Harvey efforts	August 2023	Not Started	Priority 3: Reduce Health Inequities	Priority 3: Reduce Inequities Caused by the Social Determinants of Health	Pillar 2: Building Community
	Co-convene four meetings to develop an action plan	August 2023–January 2024	Not Started			
	Finalize action plan	January 2024	Not Started			
	Implement action plan	January 2024–January 2025	Not Started			

## Recommendations: Key Next Steps

### ▶ Share the Plan Publicly

To continue to build on the momentum and to further deepen the trust within the community, it is critical to continue to share and engage about this work with key stakeholders and the community.

- Post it online, link to it through social media.
- Build a mechanism to continue gathering community input for this process.
- Use this plan to inform other community development planning efforts in the City of Harvey.

### ▶ Build System Alignment

Draft a board resolution for approval at the hospital and system level with a commitment to fund the next phase of this work.

- This alignment will continue to build the trust and relationship with the community for UCM and UCM Ingalls. Given the challenges with changing hospital leadership at Ingalls and other financial challenges, it is important that the community clearly see the alignment and continued investment in Harvey and the Wood Street Health Corridor.

### ▶ Invest in Continued Planning and Implementation

Leverage the work that has been completed. Few organizations in the country are as far along as UCM Ingalls in building its relationship with the community, but we are just getting started. The framework is in place, **co-created with the community**, now we must commit to a planning process for each of the three focus areas.

- Implement the Action Plan
- Collaborate with Community and City Partners
- Continually engage with the community throughout the process

### ▶ Identify Where This Work Should Continue

IDF has a unique opportunity to leverage itself as a convenor to catalyze larger, long-term sustainable investments in Harvey that can transform the health of the community.

- Leverage subject matter expert and consultant support, continuing to build on strong relationships with the Ingalls Development Foundation

### ▶ Continue to Identify Funding Opportunities to Support the Wood Street Community Health Corridor

Given the prioritization of addressing health-related social needs as well as racial equity, there are a number of opportunities for funding to support this work. It is critical that this plan is leveraged to secure additional funding and support from both public and private partners.

- Funding to support addressing racial and health equity through foundations and grant opportunities
- Various strategies such as the Center for Community Health Science and the Community Wellness Centers should be conceptually built out further to secure additional funding through grants.
- Possible opportunity to apply for funding through the Illinois Medicaid Healthcare Transformation
  - ❑ Capital Funding
  - ❑ Service Funding
  - ❑ Funding for Partnerships with FQHCs and Community-Based Organizations

## Closing Note

The Ingalls Development Foundation secured a grant to create this Anchor Hospital Community Development Plan to expand and build on the work already in progress along Wood Street, as well as to help drive new and innovative ways to reduce inequities. This plan will serve as a catalyst for development activities throughout Harvey and the Southland and will promote and maintain the essential services provided at UCM Ingalls Memorial Hospital. This plan is a living document, and IDF will make adaptations and adjustments as needed.

## Acknowledgements

The development of the Community Action Plan for the Wood Street Community Health Corridor was an inclusive and comprehensive process guided by a core team including the Ingalls Development Foundation and UCM Ingalls and facilitated by Health Management Associates. Community partners and organizations that were part of the planning process are listed below.

- |  |  |
|--|--|
| ▪ Antero Group   | ▪ Restoration Ministries               |
| ▪ City of Harvey   | ▪ Retail Equity Partners Holdings      |
| ▪ Community Economic Development Association of Cook County (CEDA) | ▪ Southland Development Authority      |
| ▪ Cook County Bureau of Economic Development                       | ▪ Southland Ministerial Health Network |
| ▪ Family Christian Health Center                                   | ▪ State of Illinois                    |
| ▪ Harris School of Public Policy                                   | ▪ Synergy Behavioral Health            |
| ▪ Harvey School District 152                                       | ▪ The Daly Group, LLC                  |
| ▪ Neighborhood Housing Services                                    | ▪ Thornton Township High School        |
| ▪ Neighborscapes   | ▪ University of Chicago Medicine       |

## Appendix A: Core Team Members

<b>NAME</b>	<b>ORGANIZATION</b>
<b>PAUL DONOHUE, VP PHILANTHROPY &amp; COMMUNITY RELATIONS</b>	Ingalls Development Foundation
<b>MARY JO CRANDALL, VP OPERATIONS</b>	UCM Ingalls Memorial Hospital
<b>DONELLA BRADFORD, DIRECTOR OF COMMUNITY AFFAIRS AND VOLUNTEER SERVICES</b>	UCM Ingalls Memorial Hospital
<b>LINDA CONWAY, BOARD MEMBER</b>	Ingalls Development Foundation
<b>ROHIT D'SOUZA, DEVELOPMENT MANAGER</b>	Ingalls Development Foundation
<b>LETICIA REYES NASH, PRINCIPAL</b>	Health Management Associates
<b>DEBRA CAREY, PRINCIPAL</b>	Health Management Associates
<b>KELSEY MOORE, CONSULTANT</b>	Health Management Associates
<b>COURTNEY AVERY, CONSULTANT</b>	Arc Health Equity, LLC



## Appendix B: Steering Committee Members

NAME	ORGANIZATION
PAUL DONOHUE, VP PHILANTHROPY & COMMUNITY RELATIONS	Ingalls Development Foundation
DR. PERRY GILBERT, CMO	UCM Ingalls Memorial Hospital
GRETCHEN PACHOLEK, CNO, VP PATIENT CARE SERVICES	UCM Ingalls Memorial Hospital
CHRISTOPHER CLARK, MAYOR	City of Harvey
TIM WILLIAMS, CITY ADMINISTRATOR	City of Harvey
DR. LISA GREEN, CEO, CO-FOUNDER	Family Christian Health Center
MACHELLE ANDERSON, PROJECT DIRECTOR	Community Economic Development Authority of Cook County
HENRY JOHNSON, BOARD MEMBER	UCM Hospital System
KEVIN PURCELL, BOARD MEMBER	UCM Hospital System
REP. WILL DAVIS	State of Illinois Representative
KAREN VRDOLYAK, VP DEVELOPMENT AND ADMINISTRATION	Restoration Ministries
BO KEMP, CEO	Southland Development Authority
CASEY NESBIT, PRESIDENT	Harvey School District 152
ANTONIA MCBRIDE, BOARD MEMBER	Ingalls Development Foundation
ERIC NEAGU, PRINCIPAL	Antero Group
CURTIS WITEK, CITY ENGINEER	Antero Group

## Appendix C: Community Door-to-Door Survey

### HARVEY SURVEY: READ OUTLOUD TO SURVEY PARTICIPANT

#### Introduction & Oral Consent

Hello! My name is [Name]. I am here as part of a team from the University of Chicago and Ingalls Development Foundation doing research surveying Harvey residents to learn about community's needs and how we might best work together to address those needs. Would you be willing to share a minute of your time for me to tell you about the survey?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**If no**, is there another time that would be better for you or is there someone else in the house who might be

willing to answer?

- **If no**, thank you for your time.
- **If yes**, record answer.

**If yes**, the survey takes about 10 minutes. It asks about needs you and your family might have, your thoughts about some possible community development projects, and how we can best stay in touch with you over time to learn if community development efforts are benefitting you.

Your answers will be kept confidential and be available only to the research team. Your answers will be combined with the answers of others for reporting so that they cannot be linked back to you.

Participation in this study is entirely voluntary. You can skip any questions you do not want to answer. You may or may not experience personal benefit from taking part in this study, but knowledge gained from your participation may benefit you and others in Harvey.

If you have any questions, comments, or concerns about this study, you can contact Emily Perish at 815-931-4326, or our Institutional Review Board, which approved this study. The Institutional Review Board number is 312-413-8457.

If you are willing to participate and age 18 or older, we would need you to provide a verbal yes to participate. Are you willing to participate in this study?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Study Subject ID: \_\_\_\_\_

- **If no** because not 18 years or older, go to "If less than 18..."

- **If not willing** "Might there be another time that would be better?"
  - **If so**, when?"
    - **If given a time**, "Thanks very much; we'll come back at that time. Have a good day/evening."
  - **If not given a time**, "Thanks very much for your time. Have a good day/evening."
- **If less than 18**, "Is there someone 18 or older available now?"
  - **If yes**, "Can we please speak with them?"
  - **If no**, "When might there be someone age 18 or older available?"
    - **If given a time**, "Thanks very much; we'll come back at that time. Have a good day/evening."
    - **If not given a time**, "We appreciate you speaking with us but we need someone 18 or older to take the survey. Thanks very much for your time. Have a good day/evening."

**Thanks for being willing to take the survey. If any of the questions are confusing, please tell me.**

**1. Many people have needs that are not met in important areas of their lives. I am going to name some common areas of unmet need and ask if you have no unmet need, a little unmet need, some unmet need, or a lot of unmet need in those areas:**

**(Read for every area:**

**Thinking about food. Would you say you have no unmet need, a little unmet need, some unmet need, or a lot of unmet need for food?)**

	No	A little	Some	A lot	Don't Know	Refused
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money to pay for basic needs, such as utilities, coats and shoes, other household needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment, education, or job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health or dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying for public benefits, like food stamps or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare or activities for children you care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting or financial planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companionship or social support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in activities you enjoy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating and physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual or religious support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Next, we would like to get your opinion about types of development projects that could be built on the Ingalls Hospital campus and nearby vacant property.**

**I will read a list of potential projects and ask if you strongly oppose the project, oppose the project, have no opinion, favor the project or strongly favor the project.**

**(Read for every project:**

**Thinking about affordable homes for singles or couples. Do you strongly oppose the project, oppose the project, have no opinion about the project, favor the project or strongly favor affordable homes for singles or couples?)**

***[If applicable, hand the participant the card]***

	<b>Strongly Oppose</b>	<b>Oppose</b>	<b>No Opinion</b>	<b>Favor</b>	<b>Strongly Favor</b>
Affordable housing for singles or couples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable housing for older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable housing for families with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable childcare center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional medical facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional public safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grocery stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food pantries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce training center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail businesses run by Harvey residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community parks and gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

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**Now I have a few more short questions before we get to the last part of the survey.**

- 3) What gender are you?
  - a) Man
  - b) Woman
  - c) Non-binary
  - d) Prefer a different identity: \_\_\_\_\_
  - e) Prefer not to answer
  
- 4) What is your age? \_\_\_\_\_
  
- 5) Please select all labels that you identify with?
  - a) Hispanic/Latinx
  - b) African American
  - c) White
  - d) Asian
  - e) Native American
  - f) Other: \_\_\_\_\_
  - g) Prefer not to answer
  
- 6) What is your highest level of education?
  - a) Less than high school graduate
  - b) High school graduate
  - c) GED
  - d) Some college
  - e) Associates degree
  - f) Bachelor's degree
  - g) Graduate or professional degree
  
- 7) Are you employed?
  - a) Yes, full-time
  - b) Yes, part-time
  - c) Yes, self-employed
  - d) Not employed, by choice
  - e) Not employed and seeking employment
  - f) Retired
  - g) Not applicable
  
- 8) Do you rent or own your current home?
  - a) Rent
  - b) Own
  - c) Not applicable
  
- 9) How many people live in your household, including yourself? Include people who regularly stay with you.
  - a) Number of adults, age 18 and older \_\_\_\_\_
  - b) Number of teens, age 13-17 \_\_\_\_\_
  - c) Number of children, age 4-12 \_\_\_\_\_
  - d) Number of Infants and toddlers, age 0-3 \_\_\_\_\_



10) What is your household's total annual income from all sources?

- a) Less than \$10,000
- b) \$10,001-\$25,000
- c) \$25,001- \$50,000
- d) More than \$50,000
- e) Don't know
- f) Prefer not to answer

**Thank you so much for your responses. We are almost done with the survey.**

11a. To help make sure the Ingalls Development Foundation and other organizations are best serving you and the community, we would like your permission to contact you for future surveys. Would that be okay?

- a) Yes
- b) No. IF no, Thank you for your time. We are grateful for your participation.

11b. If yes: Thank you. To contact you, we need your name and your contact information. This information will be confidential and only shared within our study team.

- Please tell me your name?: \_\_\_\_\_
- Please share your cell phone number: \_\_\_\_\_
- If there is another phone number at which we can reach you, please share that number: \_\_\_\_\_
- Please share your street address: \_\_\_\_\_
- Please share your email address: \_\_\_\_\_

12) How would you prefer to take follow-up surveys?

- a) Online on your phone or computer
- b) An interviewer reading the questions to you over the phone
- c) An interviewer reading the questions to you in person at your door
- d) Filling in a paper survey at a gathering, event
- e) By mail
- f) Other:

13) If we are unable to reach you with the information you gave us, can you share the name and phone number of someone else who would know how to reach you and whom you would give us permission to call? is there someone else who will most likely know how to contact you?

- What is the contact's name?: \_\_\_\_\_
- What is the contact's cell phone number: \_\_\_\_\_

**Thank you so much for your time! We look forward to future opportunities to talk with you.**

# Appendix D: Key Advisor Interview Guide

## Introduction

- » Thank you for taking the time to speak with me. We are from Health Management Associates (HMA), a national consulting firm that works to support hospitals and foundations as well as state and local governments and community-based organizations on a wide range of efforts including health and community planning.
- » We are working with the Ingalls Development Foundation, which operates in support of University of Chicago Medicine (UCM) Ingalls Hospital and the community, on a community planning process to address the needs of the community surrounding the Wood Street Community Health Corridor.
- » Background [as needed]:  
The Ingalls Development Foundation and UChicago Medicine Ingalls Memorial, in partnership with HMA, are engaged in a strategic planning process focused on developing a Wood Street Community Health corridor in partnership with community stakeholders.

**Vision Statement:** Our vision is to establish a thriving Wood Street Community Health Corridor anchored by Ingalls and its community partners that addresses core community health needs.

### Key Talking Points:

- **Engage** community stakeholders around the Centennial Anniversary for UChicago Ingalls Memorial.
- **Embrace equity**
- **Explore** the opportunities and possibilities to leverage public, private, and philanthropic investment along the Wood Street Corridor
- **Collaborate** on a community development plan for a Wood Street Community Health Corridor

The project focuses on revitalizing the six-block stretch of vacant lots and boarded-up properties on either side of Wood Street and 147<sup>th</sup> Street south through the heart of our hospital campus. It is bolstered by:

- A [proposed \\$90 million reconstruction project announced by the state on Wood Street](#) through the Illinois Department of Transportation.
- Another \$10–\$15 million in capital projects under way or already completed along this corridor to enhance neighboring anchor institutions.
- An assessment by UCM Ingalls about its own capital needs to advance patient care delivered at the hospital.
- A key goal is to better address the systematic social drivers of health such as generational poverty, crime, racism, disinvestment, and deep health disparities in Harvey.

- » Ingalls is eager to ensure that the hospital meets the needs of the community and gains perspectives on stakeholders' ideas for the corridor.
- » Although I have a list of questions to help guide the discussion, the conversation is open—please feel free to share any information at any time you think might be relevant.
- » Your individual responses in this interview will not be shared. We will take the notes from this conversation and combine them with responses from other stakeholder interviews to inform discussion with a smaller planning committee and set of recommendations.
- » Do you have any questions about this process or its goals before we begin?
- » Your participation in this interview process is completely voluntary; you can conclude the interview at any time.

### **General Questions**

How do they see the role of Ingalls in developing the corridor as:

- UCM System
- Developers and city partners
- Community members
- Funders
- Board members

### **Questions**

1. Can you share with us a little more about your work and connection to Harvey, Ingalls, and the Wood Street Corridor? (Question will build off prior research and understanding by interview lead.)
2. [As applicable] What are you hearing/working on around development in Harvey?
3. As you think about the Harvey community in the context of the Wood Street Corridor, what would you identify as the two or three greatest needs?
  - a. Specific needs
  - b. Specific services/community resources
4. What do you think would be most critical for the Wood Street Corridor to have that would foster additional investment in Harvey?
5. What do you think would be most critical for the Wood Street Corridor to have that would promote community health and wellness?
6. What opportunities as it relates to capital funding should we be considering?

- a. What should we be considering as it relates to sustainability?
7. What advice, if any, do you for the steering committee as it launches its work and develops a vision and recommendations for what the Wood Street Corridor could be?
  - a. What should we avoid or focus on in our engagement work?
8. Please share any additional areas of focus or gaps that we may have missed today.

## Appendix E: Focus Group Questions

1. Please take two minutes to share why you choose to work at Ingalls/FQHC.
2. What amenities/resources within Harvey or near your place of work would make it a better place for you to live and/or work?
3. What do you think would be most critical for the Wood Street Community Health Corridor to enhance the patient experience?
  - a. What do you think would be most critical for the Wood Street Community Health Corridor to enhance the patient experience?
4. What do you think would be most critical for the Wood Street Community Health Corridor to enhance the patient experience?
5. Please share your ideas on what can be done on the Wood Street Community Health Corridor to strengthen workforce recruitment.