Overview

There are critical resources in Chicago’s low-income communities that can improve the health of residents but are inaccessible, underutilized or unused.

Not enough residents are learning important information about healthier lifestyle choices and health care options, or signing up for available health care insurance. Local health care providers are missing opportunities to build their understanding of how to serve local populations. The deep relationships and local knowledge of community-based organizations aren’t always effectively leveraged to address issues of public health. When decisions are made about the health care system and how resources are allocated, locally, statewide and nationally, the voices of residents in the community are too often unheard.

In a series of meetings dedicated to advancing the health of residents in three low-income Chicago communities—Chicago Lawn, Little Village and South Chicago—these challenges were clear. The good news is, local assets can go far to address these issues. Representatives in the three neighborhoods identified strategies and programs that can leverage and connect these assets to improve public health. Participants included community residents and representatives of community-based organizations, elected officials, schools, social service agencies, the police department, and local health care providers such as hospitals, federally qualified health centers, and behavioral health providers.

LISC Chicago convened the Community Health Planning process with the goal of generating strategies that could support neighborhood partners in addressing patterns of poor health that disproportionately affect low-income neighborhoods. This report is built from that work: three parallel planning processes in Chicago Lawn, Little Village and South Chicago, each dedicated to local needs, resources and opportunities, and a cross-community process with the three communities to explore similarities and opportunities for partnerships and collaborations.

The Community Health Planning process centers on the idea of connection. Health disparities in low-income and minority communities arise from a connected web of individual, community and systemic factors. And so to improve community health, LISC Chicago worked with experienced community-based organizations to bring together traditional and non-traditional health partners to deepen connections and focus on
specific strategies in enhance community health infrastructure.

The key tool in the plan is an established network of community resident and institutional leaders that works with what each community identified as their version of health promoters—community health workers, parent mentors in local schools, members of local faith institutions or leaders working together—who will connect community-based organizations, the health care sector and residents to undertake a variety of programs that work together to improve health and expand the capacity of the community to advocate for its health.

In many ways, this is not a new idea. This plan builds off existing strengths and previous work in each neighborhood. LISC has been supporting projects that leverage the role of CBOs in neighborhoods around health for several years, and the lead agencies in each of the pilot communities—the Southwest Organizing Project in Chicago Lawn, Enlace Chicago in Little Village and Claretian Associates in South Chicago—each have a history of working on health.

There is a growing national interest in the intersection between community development and public health, as well, including efforts led by the Robert Wood Johnson Foundation and the Federal Reserve Bank of San Francisco. In addition, legislative efforts like the Affordable Care Act require hospitals to plan for how they are connecting to the community in their Community Health Needs Assessments.

By building on the programs and experience of LISC and its local partners, the Community Health Planning process utilizes existing relationships and local knowledge to go even further. This plan outlines a collaborative model to create a civic infrastructure around health in high-need Chicago neighborhoods.

LISC would like to acknowledge the support of generous partners in its work around public health in Chicago’s communities and for this Community Health Planning process: The Chicago Community Trust, the Otho S. A. Sprague Memorial Institute, the Lloyd A. Fry Foundation, and Blue Cross and Blue Shield of Illinois.

Health in the Pilot Communities

The health of residents is always an issue in a community, but it is a pressing concern in the Community Health Planning neighborhoods. Chicago Lawn, Little Village and/or South Chicago rank among the highest in the city for health issues such as the percentage of babies with low birth weight, children with lead poisoning, liver disease and cirrhosis, rates of diabetes, and number of deaths by homicide. According to the

1 http://www.chicagohealthatlas.org/
2008-2012 American Community Survey, 20 percent of South Chicago residents lack comprehensive health coverage, in Chicago Lawn that number is 25 percent, and 36 percent in Little Village.\(^2\)

Although these numbers are daunting, they are not surprising. Health disparities in low-income communities of color have been well-established, as have the social determinants of health. In May, the VCU Center on Society and Health, with support from the Robert Wood Johnson Foundation, released a map, for instance, that showed a 16-year difference in life expectancy just seven stops apart on Chicago’s Elevated rapid transit line. The demographics of the three pilot communities play a role in their health data.

- **Chicago Lawn** is a multi-ethnic working class community on Chicago’s Southwest Side. The neighborhood is 51 percent African American and 44 percent Latino, with an estimated 4,800 undocumented immigrants among the 55,628 residents. An average of 28 percent of Chicago Lawn households fell below the poverty line between 2008 and 2012, and the community has a median household income of $37,779.

- **Little Village** is known as the principal port-of-entry for Mexican immigrants to the Midwest. The community has nearly 80,000 residents, and the population is 82 percent Latino. About a third of its residents are undocumented immigrants and a third are living below the poverty line. The average household income is $33,668.

- **South Chicago** has been rebuilding itself since the steel industry began a precipitous decline in the 1980s and 1990s. Today the community population of 35,000 residents is 70 percent African American and 22 percent Latino. Twenty-eight percent of the residents live below the poverty line, and the household median income is $33,102.

At the same time, however, there are many health care assets in each community. Chicago Lawn residents have access to health care at Holy Cross Hospital, Esperanza Health Center Clinic at Marquette School, Friend Family Health Clinic, the Inner-city Muslim Action Network Health Clinic, Metropolitan Family Services and the Chicago Family Health Center. Residents in Little Village are served by Saint Anthony Hospital, Sinai Health Systems, Esperanza Health Centers, Jorge Prieto Family Health Center, Lawndale Christian Health Center and others. South Chicago residents are served by Advocate Trinity Hospital, South Shore Hospital, Family Rescue domestic violence services, and an office of the City of Chicago Department of Family Support Services. As important, other community-based organizations are resources for residents in all three

\(^2\) [http://www.chicagohealthatlas.org/map/all_uninsured_all_uninsured/#?year=2008](http://www.chicagohealthatlas.org/map/all_uninsured_all_uninsured/#?year=2008)
neighborhoods—faith-based institutions, schools, YMCAs, arts programs, social service programs, block clubs and more.

The three lead organizations selected to take part in this process understand the challenges their respective communities face and the assets they bring to the table. Their long histories of organizing and facilitating local initiatives enabled them to engage local stakeholders in substantive examinations of local health care issues and work toward formulating potential solutions to the problems they face.

**Claretian Associates, South Chicago:** Since 1991, Claretian Associates has worked to develop a robust network of relationships and initiatives that build affordable housing, create arts programming and establish green space. Claretian has worked to improve local food security networks, enhance opportunities for physical activity and increase access to psychological care. The organization has also worked extensively on issues of violence prevention through programming such as its annual Hoops in the Hood youth basketball tournament and partnerships with CeaseFire and Safe Passage programs for students.

**Enlace Chicago, Little Village:** The original Little Village Quality-of-Life Plan was created through a community-driven process facilitated by Enlace in 2003 and 2004. The plan was revised in 2013 with the participation of more than 80 organizations and 650 community stakeholders. Health is a key component of both plans, and Enlace’s planning process created an opportunity for local, city and statewide organizations to focus on the implementation of the health section of the most recent plan. Enlace works to improve the health of the community through various initiatives focused on increasing the capacity of community hubs, like schools and gardens, to offer wellness programming and education, support recreation and physical activity, and produce healthy food. Enlace also convenes and participates in various networks focused on health, including the Violence Prevention Collaborative, Roots to Wellness, the Hope Response Coalition and Neighborhood Sports Little Village. In collaboration with LISC, Enlace has previously worked to address health-related concerns through All Kids and Affordable Care Act enrollment efforts.

**Southwest Organizing Project (SWOP), Chicago Lawn:** A coalition of more than 30 local faith institutions, schools, health care providers and others, SWOP roots its work in comprehensive community organizing efforts that seek to leverage existing assets for the benefit of the larger community. SWOP has ongoing effective campaigns around housing, education, immigrant rights, public safety and access to quality affordable healthcare for all. Their planning process brought together representatives of more than a dozen local organizations—all
of which focus directly or indirectly on issues of community health. In collaboration with LISC, SWOP has previously worked to address health-related concerns through All Kids and Affordable Care Act enrollment efforts, the Elev8 initiative, comprehensive immigration reform, anti-violence efforts and general health care coordination among Chicago Lawn institutions.

**Creating the Community Health Plans**

For more than three decades, LISC Chicago has worked to connect neighborhoods to the resources they need to become stronger and healthier. LISC and its long-time community partners like Enlace, SWOP and Claretian Associates engage other local leaders and leverage their extensive understanding of their communities through well-planned, well-executed community development initiatives.

As part of its comprehensive community development initiatives, LISC has done notable work around health over the years. LISC worked with local partners to build and operate Elev8 school-based health centers in five Chicago Public Schools and launched the Hoops in the Hood summer youth basketball program and administers PlayStreets, youth development programs that both increase public safety and support fitness and nutrition. More recently, LISC has organized and supported a grassroots campaign to connect residents to the Illinois health insurance exchange for the Affordable Care Act, as well as the Illinois All Kids program.

Over the course of several months in 2014, LISC undertook a high-level planning exercise to determine how the organization might effectively leverage its network for the benefit of residents’ health. LISC Chicago contracted Millennia Consulting to conduct this multifaceted study of its potential role in the health arena. Since neither LISC nor most of its partner organizations serve as direct providers of health care services, this study focused heavily on examining the civic infrastructure developed by the LISC network. This study ultimately resulted in the identification of three main areas in which LISC and its partner organizations might effectively contribute to community health:

1. **Increased Access to Care** Many of the communities LISC and its partners serve have high rates of uninsured residents, many of whom have never had coverage or are hesitant to enroll due to distrust of or negative experiences with the traditional health care system. Community-based organizations can reach residents the State, health care providers, and private insurers may not be able to and help them enroll in health coverage and select a provider. They can develop new and culturally-appropriate strategies to enroll “hard to reach”
populations and incorporate a broader spectrum of partners in the outreach process.

2. **Effective Use of Health Resources** Enrollment in coverage alone does not improve health outcomes. Therefore, community partners can play a critical role in helping residents access and navigate the health care system (via health literacy training, emphasis on preventive care and selection of a medical home, etc.) as well as provide resources outside the traditional health care system that support healthy lifestyles (e.g., community programs that promote exercise, healthy eating, place-making, and public safety) and address the social determinants of health from a community development perspective.³

3. **Improved Policy** A diverse set of neighborhood health partners can use their collective expertise to identify and mitigate health system challenges at the neighborhood level and beyond. Their collective voice could address issues such as difficult to understand ACA materials, problematic providers, community-specific barriers to health care and healthy living, and the needs of specific populations, such as people who are undocumented. In addition to addressing issues at the neighborhood level, these collaboratives can plug into citywide, State or national advocacy organizations (i.e., The Shriver Center, Illinois Coalition for Immigrant and Refugee Rights) to lend a neighborhood voice to specific community health issues.

Following the completion of this study, LISC engaged Health Management Associates—a national consulting group with a focus on publically financed health care—to help facilitate the Community Health Planning process of convening three community organizations to further plan for improved health in their communities. Participating organizations were selected via a competitive application process.

In the health pilot’s neighborhood-level planning efforts, each partner organization hosted three or four community meetings with a mix of people in the neighborhood who want to work to improve local health. Community residents and representatives of community-based organizations, elected officials, schools, social service agencies, the police department, and local health care providers such as hospitals, federally qualified health centers, and behavioral health providers were all represented.

---

³ The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. [http://www.who.int/social_determinants/en/]
These stakeholders focused on taking stock of existing health care resources, identifying opportunities for improvement and discussing how their respective networks might effectively work toward improving local health metrics. The resulting plans outline opportunities and programs for local health initiatives in each of the three pilot communities.

While their processes shared a number of similarities in terms of issues they addressed, each community faced its own unique set of challenges. Representatives of all three organizations convened collectively on several occasions to discuss the interconnectedness of their planning processes, share suggestions and raise concerns about issues relevant beyond their respective neighborhood boundaries. These gatherings took place both before and after the neighborhood-level planning processes.

**The Cross-Community Approach**

This Community Health Planning process is best understood in the context of a social-environmental model. An individual’s health is influenced by family, community of friends and neighbors, work or lack of employment, built environment, housing, government policies and other social constructs. Participants in the discussions repeatedly noted that to truly improve health outcomes in their community, solutions must occur simultaneously on multiple levels—individual, community and systemic. Tightly focused programs working in isolation will not be able to achieve far-reaching impact over time.

To build such a multi-level community health campaign, the neighborhood’s civic infrastructure must be connected as well. The programs, power and knowledge of community-based organizations, health providers and residents must work in concert—no one side of this triangle has sufficient capacity or knowledge alone. Participants strongly argued, however, that information and capacity does not only flow in one direction. For example, as important as it is for residents to learn health care information available at a local health care provider, it is as important for the provider’s staff to learn from residents how to best attract and serve patients.

Note that in this pilot, residents are an explicit part of this equation. Much of the current work and thinking around how community development and public health can work together focuses on collaborations, communication and coordination between health care providers and community development organizations. While recognizing the importance of that relationship, this Community Health Planning process also includes similar collaborations, communication and coordination directly between residents and health care providers and between residents and community-based organizations.
That may seem like a fine point: Certainly CBOs represent and communicate with residents around health issues in models such as the Build Healthy Places Network. However, Enlace, SWOP and Claretian Associates all use community-organizing models to affect change in the neighborhood. The community health plans reflect the importance and power of deep resident involvement for community development in all three pilot communities.

**Health Promoters**

All three communities independently determined they would depend on their own version of a “health promoter,” volunteers or staff from the neighborhood who will serve as a focal point, liaison and connection for the coordinated health efforts in the community. Broadly speaking, these health promoters will fulfill many of the roles of a community health worker: A trusted member or someone with a close understanding of the community served who can provide health information to residents and facilitate access to services, help improve the quality and cultural competency of service delivery, and advocate for policy and systems change that improves access to health care in their communities.

Each community process focused on a local variation on this model that works best in their neighborhood with their local CBOs’ capacity and strengths.

- **Chicago Lawn, Community Organizing Campaign:** SWOP’s programs in Chicago Lawn all operate through its existing network of member institutions and resident leaders. The community health planning process has identified the community’s key stakeholders around health and the most pressing local issues. The next step will be a community organizing campaign using SWOP’s deliberate, collective process of planning, action and evaluation to determine which programs will be most effective and how to best use grassroots staff and resident leaders to accomplish these goals.

- **Little Village, Community Health Workers:** Dozens of organizations in Little Village currently use community health workers to help improve local health. The Little Village Health Plan proposes a Community Health Worker Network to leverage this resource to address the detailed health goals in its Quality-of-Life plan. By connecting resources and coordinating efforts, Enlace and its local partners can deepen and widen the reach and impact of Little Village’s community health workers.

- **South Chicago, Health Ambassadors:** South Chicago is planning to create a cadre of health ambassadors—local residents who will be trained and work part-time to do outreach among their neighbors, associates and other residents around health. Building on established relationships and experience as leadership in block clubs, local schools, community watcher programs and the Safe Passages
program to help students get safely to school, the health ambassadors would be the outreach arm of a planned social marketing campaign that connects residents with existing health resources in the community, utilizing, in many cases informal community centers such as barbershops, hair salons, laundromats, grocery stores and schools.

All health promoters will be liaisons between the resources and programs of the local lead agency, health care providers and residents. They will be able to use established local relationships to get culturally accurate information to residents in ways that go beyond a lecture or brief interaction. As one participant in the process noted, “You can tell anyone a lot, but without connecting to their self-interest, it won’t take hold. We need a health care awakening.” The health promoters will have the resources and skills to start that awakening.

**Community Goals and Programs**

Each community plan includes goals for its community health initiative and suggested programs that the health promoters will initiate. In the cross-community process, the participants discussed reoccurring ideas and categorized them into three broad groups: self-care information, health system navigation and policy.

Note that although these are listed here separately to explain each in turn, it is expected that these programs will often work in concert across categories. A discussion with a resident about healthy eating could lead to talking about options for health insurance or choosing a primary care physician, for example. And a local parent who is unhappy as she learns about limits in local health care availability can become involved with a campaign to advocate for more health care funding in the community.

**Self-care information and outreach**

The self-care options in the Community Health Plans are about how to “help families become proactive in their health,” as one cross-community participant said. Health promoters will get local residents specific information on topics that are identified locally as a high priority. They will focus on residents’ capacity to process and incorporate that information to make decisions that improves their health.

As with any communication with local residents in this pilot, the participants noted that the self-care information must be interesting, informative and culturally appropriate for moderate- and low-income, African-American and Latino populations. They also pointed out that marketing studies have shown that for a message to truly be effective, it must be delivered multiple times. Simply leaving a stack of brochures at the library is insufficient. To change behavior, community health promoters will meet with residents individually and in groups and have appropriate materials for distribution. Health care
campaigns around the following topics were identified as notably important by participants.

**Healthy lifestyle**: Some of the medical issues for residents of low-income communities, including chronic illnesses such as diabetes, obesity and hypertension, can be limited or even avoided with preventive healthy choices. Information and options around nutrition, regular exercise, social connections and other issues can help residents lead healthier lives.

**Behavioral health**: Participants from all three communities noted that there are too few options for mental health treatment in their neighborhood. They also pointed out, though, that stigma is a barrier for behavioral health treatment for many residents. For this issue, culturally appropriate outreach and messages are particularly important. “The mental health issues and concerns of a 16-year-old African-American girl in high school are going to be really different than a middle-aged Latino father,” one participant said.

**Violence Prevention**: Violence is one of the biggest concerns in all three of the neighborhoods participating in Community Health Planning. Participants considered violence prevention programs in the healthy community context in two main ways. One is the view of violence as a public health issue in and of itself. The other is the connection between mental health and violence—untreated behavioral health is one cause of violence in the community, and in turn, violence itself is a cause of stress, trauma and other mental health issues.

**Navigation of the health care system**
Effective, affordable connection to the health care system is an obvious priority for improving health. With the passage of the Affordable Care Act, the number of people in Chicago’s low-income communities who are eligible for affordable health insurance has risen considerably. However, of the 500,000 uninsured (adult, non-senior) Chicagoans eligible for coverage at the start of the first ACA open enrollment period, only 220,000 were enrolled in a health plan by April 2015. This means a significant number of Chicagoans—many of whom are low-income people of color—remain disconnected from coverage. Further, many people who have secured coverage do not necessarily seek out the care now accessible to them, for a variety of reasons.

Proposed community health programs in the three communities that improve how well residents can navigate the health care system will be built on the CBOs and health promoters’ relationships and local knowledge of the community: who is trusted, where

---

5 Enroll Chicago Report published by the Chicago Department of Public Health (July 2013).
people congregate, what tools work for which populations (e.g. older people at church, younger people with social media). As with the self-care programs, they are designed to work in within the local context.

**Enroll residents in health insurance:** Enlace Chicago and SWOP have already been involved in outreach programs to help uninsured, eligible residents sign up for the ACA and Illinois’ All Kids program. The health promoters can expand on these efforts, using evidence-informed options such as those outlined in “What Worked and What’s Next?” This Kaiser Family Foundation report cites the importance of a broad array of media, events and social media on outreach and marketing.

Some families and individuals in low-income communities don’t sign up for health insurance even when they’re aware of their options. Participants in the planning meetings noted that some residents have issues with the plan’s affordability, coverage or privacy, and others struggle to pay even low premiums while they are healthy. The promoters can learn and develop new strategies to enroll these “hard to reach” individuals and bring in new, trusted partners for the outreach process.

**Connect disengaged residents:** Even with insurance, too many residents are not actively involved in the health care system. Health promoters can help families find a medical home in the community, explain the importance of preventive health measures such as mammograms and prostate exams, and help with important tasks such as calculating medical costs and understanding prescription options. With their expertise, trust and connections, health promoters can help with referrals and relationships to the existing health care provider resources identified in each of the pilot communities during the planning process.

As with health insurance, disengagement with the health care system is not simply due to lack of information or motivation. Planning participants talked about a cultural distrust of doctors and health care institutions in the immigrant and African-American communities. As one participant said, “We need to address the sociological and historical barriers.” Health promoters will be aware of and ready to grapple with these issues when working to help residents become more engaged with the health care system.

**Address the needs of undocumented immigrants:** In all three communities, particularly Little Village and Chicago Lawn, programs will specifically address the unique health care issues of undocumented immigrants. ACA marketplace and Medicaid coverage does not extend to undocumented immigrants (Illinois All Kids Insurance does cover all children under a certain income level), leaving over 100,000 undocumented Chicagoans with limited healthcare options beyond
safety net providers Many families, worried about alerting any public officials to their immigration status, avoid the health care system as much as possible, including All Kids. Health promoters can be a resource for outreach and information about insurance and the best health care options in the community for uninsured undocumented immigrants, as well as helping connect community residents to efforts advocating for systemic changes to increase access.

Changing the health care system
Responsibility for improving community health does not lie solely with residents. The Community Health Planning process will engage local institutions in the health care system itself, at multiple levels, to improve resources, services, care and cost in the three pilot neighborhoods. It will also amplify the community voice in policy discussions that have a direct impact on the quality of life in these low-income communities.

Community information for local health care providers: Local residents and community-based organizations can supply important cultural and community information to the neighborhood’s hospitals, community clinics and behavioral health programs. Health care is a relationship between patient and provider, and just as residents are better served by knowing more about how the health care system works, these institutions and their staff can be more effective by knowing more about the needs, concerns, strengths and culture of their local patients. As health promoters connect with residents, they can facilitate bi-directional communication—both health and insurance information and engagement to residents and community information and input to the local health care system.

Improving local health care: The Community Health Plans can also be a vehicle to change and improve local health care, above and beyond understanding and communication with residents. “We need to make sure the health care system works for us and it works well,” one resident explained. That can include coordinating efforts between health care providers and community-based organizations, as well as serving as a forum for local health care providers to collaborate and communicate amongst themselves. The pilot program can also be a consumer voice for better care and more options offered by health care providers. For example, the wait time for some services, even for those insured by an HMO, can be as long as a year in these neighborhoods, some communities are underserved for needs such as behavioral health, and too few doctors accept Medicaid.

Local, state and federal advocacy: Many health care issues cannot be adequately solved within the neighborhood. Local, state and federal legislation, budgets and administrative guidelines set the community health care system’s

---

6 Enroll Chicago Report published by the Chicago Department of Public Health (July 2013).
options and limitations, including a number of issues identified during the planning process. These included access for undocumented immigrants, Medicaid reimbursement levels, barriers that residents continue to face around accessing adequate and affordable insurance and pending budget cuts for state programs.

Community Health Planning would help facilitate identification of the most pressing issues at the community level, coordination of a response and the organization of resident power to advocate for changes. This work can connect to citywide or national advocacy campaigns, as well, such as The Shriver Center and the Illinois Coalition for Immigrant and Refugee Rights. In some communities, this extensive outreach can build on existing relationships and campaigns.

**Moving Forward**

The federal U.S. Department of Health and Human Services’ Healthy People 2020 program cites five social determinants of health: economic stability, education, social and community context, health and health care, and neighborhood and built environment. The LISC model of comprehensive community development encompasses all these issues, with each neighborhood determining the right local mix of priorities and issue. Community health is woven into how LISC and its partners help Chicago neighborhoods become better, healthier places to live. Community Health Planning and implementation of these plans are the next steps to do more for this critical issue.

The Community Health Planning process had several important outcomes: each of the three participating communities developed local action plans to establish their own model for health promoters; began to build a local coalition of health care providers, CBO and residents; and focused on the issues and programs that are priorities in their community.

To enhance implementation of these local plans in the three pilot communities and to leverage this work to support the expansion of health expertise in the broader LISC Chicago network, LISC will lead the following network-wide efforts:

**Public Health Training Series:** Although all three lead agencies involved in Community Health Planning have experience in community health in various capacities, their mission is not primarily health oriented, and the experience of most of their staff is in community organizing and community development, not public health. A public health training series will help local CBOs become more fluent and knowledgeable about the field’s issues, terminology and state-of-the-art programs and policies. LISC will enlist the help of academics and practitioners
in the fields of community development, public health and community health sciences to design a series of roundtables to help LISC’s partners understand how community development and organizing expertise can be applied to impact the social determinants of health. LISC will survey participants before and after the trainings to measure changes in understanding of these concepts. LISC will also sponsor a committed cohort of series participants to attend the American Public Health Association conference in Chicago, which will include a number of seminars on community development and urban planning.

**Peer Networking/Cross Trainings:** LISC will bring together local health promoters and allies from the three pilot communities, other interested community partners, and experts in the field of community health promotion to share ideas and best practices on how to access and motivate people, messages, etc. in a peer-to-peer model (for example, Gads Hill Center, which uses the National Council of La Raza health curriculum, can share their experience). These trainings can be built on LISC’s ongoing series of community organizing and outreach workshops.

**Health Education Materials:** LISC will work with local communities to access hyper-local, culturally appropriate health education materials. LISC will work with community partners and their local health promoters to identify an initial set of issues and gaps in information where these materials would be useful. LISC will help identify experts who can help find or create the literature, promotional materials, talking points, etc. needed to help health promoters begin information campaigns in their communities.

These efforts will take place through December 2015 using committed funding for Community Health Planning. Simultaneously, LISC will work with the three Community Health Planning agencies to leverage these efforts for early implementation and to identify additional partnerships and resources to advance the local efforts.
Appendix: Community Planning Participants

Little Village

Simone Alexander, Enlace Chicago
Teresa Berumen, Enlace Chicago
Romina Castillo, Enlace Chicago
Ricky Drew, Enlace Chicago
Maria J. Gonzalez, Enlace Chicago
Ilda Hernandez, Enlace Chicago and Eli Whitney school
Maria Herrera, Enlace Chicago
Nicole Llorens, Enlace Chicago
Sahida Martinez, Enlace Chicago
Kevin Rak, Enlace Chicago
Azucena Sanchez, Enlace Chicago
Mayela Sandoval, Enlace Chicago
Marlene Silva, Enlace Chicago
Silvia Trejo, Enlace Chicago
Jaime Arteaga, United Way
Marie Ayala, Pilsen Wellness Center
Ann Barnes, Consortium to Lower Obesity in Chicago Children
Arturo Carillo, Saint Anthony Hospital Community Wellness Program
Abraham Celio, Universidad Popular
Tameeka Christian, Saint Anthony Hospital Community Wellness Program
Elio DeArrudah, Universidad Popular
Sandy De Leon, Ounce of Prevention Fund
Santiago Espada, Saint Anthony Hospital
Lela Fausze, UIC-Chicago Partnership for Health Promotion
Raul Garcia, Sinai Health System
Maria Gonzalez, Mujeres Latinas en Accion
Michael Guarrine, Erie Neighborhood House
Gregory Hampton, Esperanza Health Centers
Jeni Herbert-Beirne, UIC School of Public Health
Laura Leon, Sinai Health System
Anu Lopez, Pilsen Wellness Center
Cynthia Magallanes, Saint Anthony Hospital
Dalia Majumdar, Sinai Urban Health Institute
Anna Mayer, Taller de Jose
Bertha Morin, Mujeres Latinas en Accion
Andrea Munoz, Jorge Prieto Health Center
Olivia Ramirez, Universidad Popular
Maria Ramos, Erie Neighborhood House
Alyssa Sionghio, Lawndale Christian Health Center
Jamie Van Wagendonk, Illinois Coalition for Immigrant and Refugee Rights
Michael Villareal, Erie Neighborhood House
Melissa Whitney, Gad Hills Center

Chicago Lawn

Willona Booker, Marquette School parent and neighborhood resident
Odeon Clunis, Chicago Family Health Center
Sister Regina Dubickas, Sisters of St. Casimir and neighborhood resident
Linda Ewing, Holy Cross Hospital/Sinai Health Systems
Eugenia Flores, Talman School parent and neighborhood resident
Oscar Gonzales, St. Rita Church and neighborhood resident
Ebony Henderson, Marquette School parent and neighborhood resident
Earl Johnson, Neighborhood Housing Services and neighborhood resident
Dr. Altaf Kaiseruddin, Inner-city Muslim Action Network
Brother Richie Mercado, Saint Rita of Cascia Church and neighborhood resident
Cynthia Moore, Churchview Supportive Living
Eren Morales, Metropolitan Family Services
Dr. Mark Multach, Sinai Health Systems
Carolina Rivera, Talman School parent and neighborhood resident
Edith Robles, St. Nicholas of Tolentine Church and neighborhood resident
Dennis Ryan, Holy Cross Hospital
Mayra Sarabia, Eberhart School parent and neighborhood resident
Rachel Smith Kovarsky, Friends Family FQHC
Laurie Sedio, Metropolitan Family Services
Jean Xoubi, Metropolitan Family Services
Jamanika Chillis, SWOP Staff
Francisco Lozornio LCSW, SWOP staff and neighborhood resident
David McDowell, SWOP staff
Andrea Ortez, SWOP staff
Maggie Perales, SWOP staff and neighborhood resident
Francelia Ramos, SWOP staff and neighborhood resident

South Chicago

Jackie Samuel, Claretian Associates
Angela Hurlock, Claretian Associates
Andrea Porter, Claretian Associates
Ariana Tarifa, Claretian Associates
Graciela Robledo, Claretian Associates
Yessenia Carreon, Office of Ald. John Pope, 10th Ward
Herminia Vanna, Chicago Department of Public Health
Barrett Hatches, Chicago Family Health Center
Myron Mills, teacher and music publisher
Melinda Evelyn, AOK (All Our Kids)
Julia Hunter, 7th Ward Blogger, www.work2gether4peace.info
Danielle Richards, CAPS beat facilitator
Muinat Ishowo, Advocate Trinity Hospital
Dan Lira, South Chicago Chamber of Commerce
Forrestine “Flo” Mills, residents and retired postal worker
Gregory Bratton, Intergenerational Growing Projects
William Pettis, South Chicago YMCA
Tasha Baker, Claretian Associates
Edward Stafford, CPD-CAPS

**LISC Chicago and Consultants**

Chris Brown, LISC Chicago
Dominique Williams, LISC Chicago
Kuliva Wilburn, Health Management Assoc.
Diana Rusz, Health Management Assoc.
Carl Vogel, LISC Chicago scribe
Paolo Cisneros, LISC Chicago scribe