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West Side United: Hospitals Tackle the Racial Health and Wealth Gap

In July 2020, David Ansell, MD, clicked on Zoom to confer with colleagues Darlene Hightower and Ayesha Jaco [see **Exhibit 1** for Zoom screen]. They were discussing West Side United's (WSU) role in containing the COVID-19 pandemic in Chicago and how best to continue advancing its racial justice mission. WSU is an unprecedented coalition of six hospital systems, residents, numerous community organizations, banks, and local Chicago government dedicated to ending racial disparities in health and longevity. This included building the economy of the West Side, a largely black and Latinx area of more than 500,000 people with an average life expectancy up to 16 years lower than other parts of the city. [See **Exhibit 2**]

In 2016, Ansell, a physician and Senior Vice President for Community Health Equity at Rush University Medical Center, and Hightower, Vice President in the same unit, had formed the West Side Total Health Collaborative, which became WSU in 2018, the year after in which Ansell published a book on the death gap¹. Jaco joined WSU in 2018 and was later appointed WSU Executive Director in 2019. The coalition activities they led with a growing set of partners were gaining traction, when twin crises threatened the nation and the world.

In March 2020, the global COVID-19 pandemic (the "19" signified that the novel coronavirus first appeared in the fall of 2019) shut down U.S. cities and was still surging in the summer, while racial protests raged over the murder of George Floyd by Minneapolis police officers and other injustices built up over centuries of American history. The crises were intertwined. COVID statistics revealed the extent of racial health and economic disparities; black and brown people represented a disproportionate number of cases and deaths from the virus and had much lower economic resources to ride out the COVID recession. Despite legal protections for African-Americans, including the United States 13th Amendment to the Constitution that ended slavery in 1865², the Supreme Court decision in *Brown v. Board of Education*³ that ostensibly outlawed school segregation, and the Civil Rights Act of 1964⁴, experts showed that there were other laws and practices that perpetuated inequality and brutality, such as Jim Crow laws⁵, state and local ordinances in the South that mandated separation of black people, "red-lining"⁶ that confined black people to only some neighborhoods and kept them from owning property, so that de facto segregation continued, as well as mass incarceration of black males and racial discrimination, all of which contributed to perpetuating intergenerational poverty.

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Ansell, Hightower, and Jaco felt WSU's work was more important than ever, but it had become more challenging -- an especially messy middle of a long change process. WSU had worked hard to win the trust of a skeptical community whose residents had watched too many noble efforts come and go, but loss of momentum on economic initiatives because of the COVID crisis could threaten that trust. WSU's major role in Chicago's COVID response efforts was important and increased visibility, but it also strained resources and slowed down other programs. Turnover in the leadership of some of the hospitals meant that they might have to re-sell the institutions on WSU commitments. Various organizational issues were still uncertain, such as whether or not to formalize WSU as an independent non-profit with 501c3 status.

As key members of the WSU Executive Leadership Council, they knew there was much to discuss. The 1,000 days of their first strategic plan was now underway and they wanted to learn from their work to date. In the next 1,000 days, what should be different, and how could WSU scale its efforts toward transformative systemic change?

Creating WSU: New Leadership Roles in Healthcare

The concept of "community determinants of health"⁷ was catching on in the public health and hospital worlds in the opening decades of the twenty-first century. In July 2016, Rush University Medical Center, a leading university teaching hospital, was among the first hospital systems to update its mission statement and announce an equity strategy, which David Ansell would lead. Rush also launched an internal anchor mission in December 2016, which conveyed its responsibilities to the community. Anchor institutions are nonprofit or public place-based entities such as universities and hospitals that are rooted in their local community by mission, invested capital, or relationships to customers, employees, residents, and vendors. Anchor institutions therefore have an ability to engage in long-term planning in a manner that aligns their institutional interests with those of their local communities. Thus, they have both ability and motivation to improve the long-term well-being of their communities by leveraging their institutional resources.⁸

After serving as Chair of Internal Medicine for 10 years at Sinai, practicing medicine for a total of 17 years at Cook County Health System (serving as Chief of General Internal Medicine at Cook County for three years), Ansell had joined Rush Medical as its first CMO in 2005, helping lead it to the top tier of many national rankings, which earned him respect and credibility in the health sector. In 2014, he helped develop his new role leading health equity at Rush, considering it a strategy to combat racism and economic inequality, which affected community health. First he had to convince Rush officials. Ansell spoke to the Rush's then-CEO (a partner and advocate from the beginning) and its Board of Directors to try to change the narrative, reframing everything about a hospital, including hiring, economics, investments, and supporting community programs, in racial justice terms. His position as former CMO gave him credibility to speak out. "It took me to the age of 60 to start naming racism as a white man," he said.

Darlene Hightower, an experienced Chicago non-profit leader, started at Rush in August 2016 and reported to Ansell. Hightower's role was to focus on Rush's anchor mission work and how to shift economic resources in the community. Noting that life expectancy was 85 years in Chicago's affluent downtown Loop, but only 69⁹ in the West Side's Garfield Park, they made closing this gap their focus. They knew that they could not solve this problem on their own and that the community needed to be at the forefront, so they formed the West Side Total Health Collaborative in the fall of 2016 with three anchor hospitals: Rush, Cook County, and University of Illinois Hospital & Health Sciences System (U of I).

Prominent banker and Rush board member, Stephen Potter, first heard about Ansell's plans for WSU in 2016 at a Rush University Medical Center Executive Committee Meeting reviewing Rush's Community Impact Report. "There was some very good work being done, but we knew we had a moral obligation to do more," he said. The Executive Committee and Rush's top team embraced the new goals and the concept of collaboration with other hospitals. That was the start; the first three (Cook County, U of I, and Rush) eventually grew to six. (See **Exhibit 3**)

Six Hospitals at One Table: Forming the First Alliances

The rapidly evolving medical field was highly competitive. Chicago hosted an array of hospitals, many clustered in a medical district, with most vying for national recognition and, for the non-profits, donor dollars. Some institutions were barely holding on financially or had aging systems, and many CEOs were reluctant to join yet another coalition while facing their own problems. There was sometimes mistrust and uneasiness among hospital system leaders. Ansell's team at Rush needed to get leaders of institutions on board with whom there wasn't always a strong relationship. Moreover, hospitals were radically different in how they were established and funded – e.g., academic, safety net, government run, or specialty hospitals. Each differed in culture, structure, and decision-making processes. Some moved quickly; others, more slowly.

Ansell knew he had to take the pulse of other organizations before asking anyone to commit to a new collaboration. The seeds for WSU were sowed through convening meetings aimed at common understanding of the problems, including community gathering to generate ideas and dialogue. These would help health institutions see why they should become a part of the initiative. The first community convening meeting in January 2017, was held at Malcom X College in a large room with over 150 people. Anyone who was interested in the idea could attend the meeting. Ansell, Hightower, and their team found strong interest in WSU's unique mission (**Exhibit 4** shows the vision, mission, and goal). In addition to the motivating power of the mission, the irony of competition meant that no hospital wanted to be left out.

CEO support was critical to internal buy-in. Ansell's prominence in the greater Chicago medical world helped six CEOs get together and engage the most senior leaders at anchor institutions to secure top down buy-in and commitment, including deployment of staff to represent them in working with WSU. Representatives had "day jobs" with different goals, roles, and time commitments. Each had to not only sit at the WSU table but also return home with benefits for his or her own health system. The value received had to be worth the time and investment.

Representatives could become strong advocates. Debra Wesley, a Sinai Health System professional and community leader, presented the case to join WSU. She reminded the Sinai board of their mission to serve the community. She recalled asking the directors, "If you stand outside the hospital and you look at all the people that live in the community, what would healthy look like? What do you think the answers would be? The community and hospital want the exact same thing." Wesley asked the Board of Directors these questions during the formation of Sinai Community Institute. Sinai Community Institute is a 27-year-old health and human services organization formed as a result of the Board of Directors response. Joining WSU was a pivotal moment for Sinai, aligning top management, employees, and the community.

Some health systems exuded skepticism at first, especially if they saw others as competitors. But as an early collaborator, Mary Kate Daly, Vice President of Lurie Children's Healthy Communities, commented about Lurie Children's Hospital decision to join WSU. "To move the needle on health and financial problems....a coordinated effort was the only way to achieve success." Regardless of their

own internal needs, each institution's leaders acknowledged that collaboration would produce greater results in terms of community health.

WSU was also not the only coalition seeking system change, though WSU was influential and played a role with other coalitions. In 2018, U.S. Senator Dick Durbin (D-IL) launched the Chicago HEAL¹⁰ (Hospital Engagement, Action, and Leadership) initiative with ten Chicago-area hospitals, including Rush and with WSU participation, to address gun violence and community conditions surrounding it.

Building Blocks for Effective Collaboration

Follow-on meetings explored potential paths for WSU. Participants were encouraged to explore a range of ideas for initiating action. Through Ansell and others, there was brain power and leverage with educational institutions and public health groups to create data infrastructure, facilitate community outreach, and find champions to move forward across sectors.

Initially, WSU was seen largely as a Rush initiative, though participants wanted it to be a collective vehicle. But 90% of the drive in the first year came from Rush. With no staff or formal structures, evolving into an effective collaboration was a challenge. Some observers among volunteer consultants noted that interpersonal dynamics such as ego and differences in decision making styles became apparent, even with an organization that technically did not exist yet.

In February 2017, WSU launched the Anchor Committee and governing bodies (See **Exhibit 5**).

The executive council would advise planning committees drawn from mid-level staff at each hospital. Although Ansell could get CEOs at the table to commit to working with WSU, their staffs sitting behind them were wondering how they were going to handle execution. Some observers said that conversations about systemic racism and structural injustices made senior healthcare leaders uncomfortable. Yet, a critical action step for the CEOs was to push the WSU vision deeper into their large institutions and get buy-in from mid-level employees.

Some people wanted to spring into action quickly, especially given the urgency of the mission. But setting up WSU for success took time. For example, it was important that each hospital system send the "right" people to the table. That meant successful and engaged individuals who cared about the mission more than the credit. "WSU is not about promotion of individual institutions, but rather a celebration of coordinated efforts creating true change in Chicago," one WSU founder said. An early decision was to share the successes regardless of which hospital or person played which role. In all communications and news releases, the information involved collective recognition. Individual groups or people were rarely named or singled out for being more engaged or impactful. This created a sense of one voice and one group and allowed for a seamless, coordinated effort.

With six hospitals involved, it was taxing even to schedule meetings, and the best people were generally overloaded. Moreover, meetings were what some might have seen as the "boring" planning part of the initiative, as lofty goals were translated into specific projects. Still, without the time devoted to the discussions, the hospitals would not have built internal commitment. Creating structures and plans was facilitated by consulting help, since WSU's first members were all volunteers with demanding jobs. WSU's inspiring mission made it easy to attract top talent for pro bono projects. A strategy team from Bain & Company, a major global consulting firm, initially developed a 1,000-day plan. The Civic Consulting Alliance (CCA) provided analysis and operational legwork to establish and formalize WSU, including facilitating meetings, establishing structures.

Community groups and residents were at the table from the very beginning with listening tours and assisting in crafting the first 10 initiatives that WSU would work on. Once initial planning was largely completed, WSU set up working groups with community members on each. Leaders accepted the fact that there would be tensions and kinks to be worked out. "The biggest tension was how to share power and build trust with no formal contractual agreement. The notion of whether or not community voice should be included in governance decisions was frequently debated," said Antonio Benecchi, CCA consulting Principal, recalling the hard work of getting agreement on specifics.

Eventually, dedicated staff were hired for WSU, and CCA transitioned out of its operational management role. Ayesha Jaco, who had joined WSU in 2018, was named Executive Director in 2019. Born and raised on the West Side, she had witnessed first-hand the consequences of disinvestment, community deterioration, and under-resourced schools. She recalled, "I grew up seeing the racism. I saw my older brother lose 25 friends over a 10 year period in a two block radius. We are talking about generational poverty. Our work is about uprooting this. How do we arm elementary students with STEM education, get them on a financial trajectory that will pull them out of poverty?" Jaco came to WSU from a variety of public sector jobs after reading Ansell's book on the death gap. "I knew this is someone I wanted to work with," she said. "It lit a fire I had never experienced before." She knew the goals were lofty and the work would be hard but decided to take on the challenge.

Having staff and plans helped deal with the constant pressure to get to action. "Once WSU and CCA brought people together, there was a lot of excitement and momentum," recalled Veenu Verma. "Then the members would ask, okay what is next? People wanted to act quickly." But WSU could not move fast without strong community relationships. Change had been necessary for decades, but trust and true partnership took time to develop.

Community Engagement and Community Partners: Sharing Power

When Ansell first presented his idea, there was hesitation among community members who had experienced grand promises before, but little impact or true change. Hightower described a collage of newspaper clippings from 1969 displayed at a community art exhibit; headlines about community problems and needs were similar to what could be written 50 years later. Over the decades, residents of the West Side had not felt heard, and there was concern about "community engagement fatigue." Moreover, Rush itself could be seen as part of the problem - "a shining ivory tower," a community leader put, that was "physically constructed to keep the community out, a kind of architectural racism."

Prior to WSU, coalitions would arise or groups would come to Chicago to "help," telling locals what was wrong and how to fix it, while not engaging with the community - and "the" community was actually about ten diverse neighborhoods. Trust became a vital component that would make it different this time. On the one hand, WSU had to trust that community groups would want to be involved. On the other, the community had to trust in WSU's vision for a better Chicago. Hightower explained, "It became very clear that people had a lot of pride. There were endless conversations about what the West Side used to be. At one point, the West Side used to have community programs, a lot of businesses, and resources." Residents made clear that they did not want outsiders taking over and "saving" them.

Within its first year, WSU started showing different intentions, convening meetings within the community, including numerous focus groups and working teams. An early challenge was how to get anchor partners from community organizations. WSU wanted to cast a broad net and needed to include groups from education, healthcare, public health, small businesses, government, nonprofits, and corporations (**Exhibit 6** lists ecosystem partners.) Initially, anchor partners were fueled by interest,

personal choice, and people who were passionate about the work. The anchor groups set forth a plan to craft their strategic goals and roadmap.

The strong governance structure gave community residents voting and economic power. From the beginning, WSU put the community leaders and hospitals on equal footing. The leadership structure of WSU was comprised of six hospital leaders and six community leaders. The original planning committee was comprised of half nonprofit and government agencies with heavy footprints on the West Side and the other half were community residents, one from each neighborhood. For example, the ELC was comprised of members from Garfield Park Community Council, Lincoln United Methodist Church, MAAFA Redemption Project, New Mount Pilgrim Church, North Lawndale Community Coordinating Council, and North Lawndale Employment Network (**Exhibit 7** shows the community groups represented on the governing bodies.) The signal to the community was clear. This was not just input from the community so that the hospitals could decide what to do; this was shared decision-making.

For over three months, with Hightower's and Ansell's support, anchor committee members held listening tours with community residents. Meetings were held in every neighborhood and a variety of venues, including non-profit organization offices, churches, health centers, parks, and apartment buildings. From the data collected, members of the anchor committee produced a "What We Heard Report"¹¹ to document what people sought from the WSU work. (**Exhibits 8a, b, and c** show meeting locations and report excerpts.) In July 2017, WSU released the report, providing community residents with the full information gathered from them and their peers.

The listening tours clarified what most people in the community wanted. For example, quality jobs were always a common community ask, but the WSU committee learned that community members wanted to be job creators for others, e.g., business owners, not just job-takers for themselves. Mental health was also a big issue. Many local facilities have been closed as resources fled the West Side. As a WSU participant said, "The largest mental health institution is Cook County Jail." Mass incarceration continued as a problem, and community residents continued to be under-provided with mental health services.

Engaging the Hospitals to Engage the Community

WSU flipped traditional power dynamics from top-down to grassroots-up. For example, at a pivotal meeting in early 2018 to determine where impact investing dollars would be distributed, representatives from community groups drove the conversation, commenting on a list of projects created by WSU and reviewed by community leaders. Before any funds were allocated, WSU asked the person that represented that area of the community where WSU would have the most impact, using that person's on-the-ground knowledge. Having the community lead investment decisions built trust and established "street cred" for the coalition.

The WSU team also engaged the community through the hospital systems themselves. The hospitals employed a wide range of medical and non-medical personnel, e.g., nurses, paraprofessionals, food service personnel, cleaning crews, receptionists, administrators, and more, many of whom lived in the neighborhood. In essence, hospitals had the community inside them every day. Employees who grew up on the West Side were often deeply rooted in the community, understanding neighborhood dynamics and culture. They used community services, whether churches or small businesses. They had witnessed riots and gun violence, feeling the consequences of structural racism and injustices. Thus, community residents who worked in the hospitals were influential in bringing the voice of the community to each institution. Leaders learned that people in the community wanted some very basic

human rights: their children to be educated, the ability to work, and a safe place to enjoy leisure activities.

In initial planning, WSU had identified four strategic pillars: Health and Healthcare, Neighborhood and Physical Environment, Economic Vitality, and Education. Each pillar had its own metrics and goals, building on research to determine the major contributing factors to the life expectancy gap. These guided specific initiatives, such as local hiring, impact investing, healthy food access, and small business grants. A metrics working group crafted measurements to track progress, including factors driving life expectancy (**Exhibits 9a and 9b** show measurement framework and Tier 1/Tier 2 drivers of life expectancy). Though WSU faced some key challenges around data gathering, integration, analysis, and who ultimately would be responsible for data gathering, transparency was considered essential.

It was also recognized that the six hospitals had an enormous economic footprint in one calculation: 43,000 employees and 6,000 annual hires, \$4 billion annual procurement, \$5.4 billion in employee spending potential, \$3 billion in unrestricted investments – not to mention 2,000 hospital beds and 89,000 annual admissions. This led to speculation about what could happen if only 1% of this was directed toward the community. Hospitals could hire more people from the West Side, support more businesses, and invest more money in the local economy. They could ensure greater access to health care as well as emphasizing conditions such as hypertension prevalent in the community. They could work on health disparities as federally qualified health centers. A WSU leader identified additional working group priorities: *Standardize care. Educate and empower people to take control. Educate through data sharing. Arm mothers to be successful.*

Working in Learning Mode

As a convener and innovator operating outside the building, WSU could launch pilot programs and make connections, e.g., a small business grant pool or an education hub. For example, one working group focused on internships and apprenticeships for high school students. The WSU group learned that most hospitals had school programs, but were not working together and did not have shared goals. Students could receive school credit for completing paid or unpaid internships. The working group collected baseline data, including home zip code, race/ethnicity, and other demographics.

So far, so good. But inevitably, as the work began, obstacles were identified that indicated that even something as seemingly straightforward as internships required careful thinking. Initial data showed that a disproportionate number of African American males and undocumented immigrants were not completing internships. Some observers were concerned that the group had missed a first step: to understand the current internship landscape. For example, what defines an internship and are there a certain number of hours needed? What skillsets does each internship offer students? “Grassroots surveying would have enabled the working group to set more informed goals for effective actions,” a WSU participant said.

Another learning challenge was how to best advocate in the community to make connections between actions by hospitals and community needs. The passage of the federal Affordable Care Act in 2010, known as Obamacare, required hospitals to have community-facing programs and research. WSU played a role in guiding research on social determinants of health, which gave the healthcare systems a credible voice in the community. Through the lens of healthcare, WSU was able to tell a new story. For example, Ansell said, “If we could free up 5-7% of the emergency room capacity, what would this do for our healthcare institutions? How would this be achieved? This provided a new way to convincingly talk about affordable housing, jobs, and education and the new healthcare play.”

Revitalizing the West Side Economy through Impact Investing: A Big Bank Steps In

“It’s hard to dismantle racism, changing the ideas in our heads that we have been inculcated with since childhood. If you own a business, the question is why would you go to the West Side of Chicago if you think it’s a bad environment?” Ansell contended, making the argument for economic development. One of the main determinants of health is a robust and strong economy, Ansell’s book showed. But the West Side of Chicago had been neglected for decades.

In 2017, Hightower and Ansell approached the Chief investment officer at Rush Medical Center to explain Rush’s anchor mission strategy and ask for the support of the Rush investment team. That group decided to take 1% or \$6 million of their unrestricted funds, and hyper-focus that portion of the investments on WSU work. This capital would be injected into the local economy over a 3-year period. The Rush investments team had CEO buy-in and organizational support but were left with the question of how to make this happen.

At first, Rush talked to other health systems to learn how to distribute investments locally. Of many options, one stood out. Through conversations with other hospitals, Rush staff learned about Community Development Financial Institutions (CDFIs). CDFIs are investment organizations that help funders distribute capital efficiently and effectively to local economies. A CDFI would loan small businesses money at low interest rates to fund their businesses that business owners may not have otherwise qualified for.

To expand the investment work in 2018, the team needed a more structured approach and framework, coupled with strategic coordination among community members. They connected with Rush board Executive Committee member, Stephen Potter, then CEO of Northern Trust Asset Management. Northern Trust, a major Chicago-headquartered bank, had a community development and investment group that had been working for several years to help revitalize the Chicago economy.

Potter introduced WSU to Northern Trust colleagues Connie Lindsey, Executive Vice President and Head of Corporate Social Responsibility and Global Diversity, Equity, and Inclusion, and Debby Kasemeyer, Senior Vice President and Managing Director of Community Development and Investments, responsible for Impact Investment programs with Northern’s national foundation, endowment, family office, and high net worth clients. After meeting with Ansell and reviewing WSU plans, Connie said, as Potter recalled it, “You had me at Hello!” Kasemeyer, serving as a pro bono, helped pull together the WSU Impact Investment framework and identify the four partner Community Development Financial Institutions (CDFIs), in which the initial investments were made.

The investment group decided they weren’t going to create a single fund where all capital could be aggregated because it costs money to raise a fund and hire managers for it. In addition, to attract donations, WSU would need track record. So they continued to work with CDFIs.

WSU met the goal of deploying \$2 million in 2017 and \$500 thousand in 2018, and was on track to distribute over \$3 million in 2020. The impact investment collaborative grew over time. Northern Trust invested about \$10 million over 3-4 years and Rush invested \$5.98 million. The investment team learned that the CDFI was an effective vehicle for getting money out to the community and providing comprehensive services, such as technical support, business advisory services, and strategy coaching to help local businesses succeed and grow. This was essential for the success of Chicago businesses.

By 2020, the investment collaborative was fully staffed and held biweekly calls to review progress, with WSU as administrative lead on those calls. Rush’s Alex Wiggins said, “It is important for WSU to

serve as a third party to lead and be the face of the investment efforts. The investment team now leverages the community needs assessment more and listens to the community. The West Side community needs to have representatives at the table.”

Widening the Circle of Economic Investment

WSU was still learning how to partner with other organizations to implement programs effectively. Initial rounds of funding were small and run as pilots. A small business grants program, which provided capital, coaching, and connections, was leveraged in partnership with the Chicago office of ACCION.

In 2018, \$85 thousand was invested in West Side businesses. In 2019, this grew to \$500 thousand as part of a \$3 million grant from JP Morgan Chase. With such an increase in money flowing to the West Side, the circle of engagement had to widen to include local Chambers of Commerce, business support organizations, and neighborhood leaders to spread the word about the opportunity and include more businesses. WSU was becoming a coalition of coalitions.

Executives at JP Morgan Chase (JPMC) in Chicago admired WSU’s comprehensive, ambitious, and collaborative approach. As the bank’s head of Midwest philanthropy, Charlie Corrigan, explained, “The roots that WSU has in articulating a plan that linked the socioeconomic disparities to a common purpose – life expectancy gap – as a motivating and galvanizing north star was a unique proposition. To then work backwards and understand this is not just matter of public health, but WSU needs to look at all systemic barriers to opportunity that Chicagoans – especially in Black and Latinx communities face is truly breakthrough. WSU took this vision and thought creatively of how to best invest resources.”

JPMC folded an ongoing workforce development program into a WSU collaboration. JPMC offered \$3 million in grants over three years for pathways to good jobs, including IT for healthcare. More than 100 small businesses applied for a pilot program, which directly supported promising entrepreneurs on the West Side who lacked access to capital. An important aspect was helping WSU with a vision for a pathways to careers program. This could reverberate within the culture of hospitals – that they were pathway institutions too.

Owen Washburn, a leader in JPMC’s global philanthropy, said that the bank was learning from its work with WSU. WSU’s cross-sector approach shows that ingrained, multi-layered, racial and economic disparities require collaboration and changing systems. To be successful, these efforts need to be ambitious, community-engaged, and evidence-informed. WSU places a high value on learning from partnerships and investments and expanding sector and community knowledge that will benefit not only Chicago, but also inform other initiatives and communities.”

Northern Trust remained involved even as Potter stepped down from the bank in 2018. Potter had become Vice Chairman of the Rush board in 2019 and remained a significant advisor for the impact investment program. He spoke twice monthly with Ansell and monthly with Ansell, Hightower, and Jaco to provide advice and connections. Potter actively recruited Chicago business leaders and philanthropists to contribute to WSU. Although slowed by COVID-19 in 2020, Potter continued to make introductions to leaders of major organizations, including Chicago’s Deputy Mayor for Economic and Neighborhood Development, the chair of LISC who was former chair of the Chicago Public Schools, the Boston-based CEO of Initiative for a Competitive Inner City, and the new CEO of the McCormick Foundation. Most meetings led to specific follow up and new partnerships. In 2020, WSU

received a \$5 million grant from the Oprah Foundation. WSU became a source of health inequity support and policy advice for the new mayor, Lori Lightfoot.

Local Government

Among key cross-sector collaborators within city government was a large public health group (PHG). PHG could have felt like a competitor, but WSU made it an ally.

For a decade, PHG had tried to move beyond traditional public health and the walls of hospitals to embrace all the factors that contribute to health. In 2015, PHG launched “Healthy Chicago 2.0¹²”, a seminal plan to improve health outcomes. This brought together data from indicators such as economic hardship, child opportunity and how place and economic opportunity affect health, with a call for community participation.

A prominent figure at PHG, joined in 2016, in time for the launch of Healthy Chicago 2.0. This person met Ansell and said the city wanted to forge partnerships to pursue the health equity agenda. This was a timely and fortuitous moment of recognizing that hospitals can play an expanded role in economic vibrancy. Because hospitals must think about initiatives as part of their mission work, they can bring initiatives to scale much more efficiently. This allows hospitals to portray their efforts and engage corporate partners and financial institutions such as Northern Trust, many of which were among non-profit hospital systems’ donors.

This person became a member of WSU’s first planning committee which developed initial strategies and a governance structure, playing a role, as she put it, “to be the connector and bridge back to the government so that it can be done in coordination with government work.” The City of Chicago had robust data that was built from their initiative Healthy Chicago 2.0; the PHG team helped co-develop the vital dashboard and metrics for WSU. As a non-governmental organization, WSU could implement fast, adapt quickly, and “just get going,” unlike the less nimble public sector. Having an outside partner be a test pilot was useful to the government as a proof of concept. The partnership allowed city officials to think more creatively about their approach to public health.

Partnering with PHG had challenges. At the start, there was not enough awareness in the government about what WSU was doing. Seat changes in government due to elections or rotations were difficult to manage as turnover played a factor in the ability to execute on plans. The partnership would have benefits if they could have engaged partners sooner and in a more strategic, thoughtful approach. When someone comes to the party late, it is hard to identify the common ground which forced WSU to try to retrofit for new players. Another struggle was perceived authenticity. Just because officials talked to WSU did not mean partners and residents perceived officials as authentic. How much power did community residents truly have? It took a long time for PHG to take a position on what WSU wanted to do and how to best make it accessible to the community. The global pandemic changed that.

Confronting COVID-19: Rapid Response

Proof of how quickly WSU could mobilize was when the COVID-19 global pandemic started spreading dramatically in the U.S. in March 2020. This highly contagious, novel coronavirus caused the nation to come to a complete halt – except for “essential workers,” which included everyone in hospitals, as well as grocery store workers and delivery drivers. Statistics on COVID-19 cases and deaths highlighted the impacts of systemic racism. Communities of color were disproportionately

impacted by COVID-19 and had far greater deaths. In Chicago, by the end of April, African Americans accounted for 54% of the deaths but were just 29% of the population¹³.

WSU was asked by Chicago Mayor Lori Lightfoot's office to partner with the city on a Covid-19 Racial Equity Rapid Response team (RERR). "This brought great city-wide attention and reputational lift," Ansell said, "but it also slowed progress on our West Side programs. As a member of the WSU Executive Leadership Council, I found myself initially torn between the urgent pull of the citywide efforts and the need to double down on the West Side 10 neighborhoods (Chicago has 77)." Then he realized the enormous importance of WSU's role at the center of the RERR and the potential for leaps in impact.

RERR aimed to help save lives of vulnerable groups and to mitigate effects of racial disparities. This was "a data-driven, community-based and community-driven mitigation of COVID-19 illness and death in Black and Brown Chicago communities," WSU announced. The goals were to flatten the COVID-19 mortality curve in Chicago's communities of color and to lay groundwork for addressing longstanding and systemic health, economic, and social inequities in those communities. As in WSU's existing work, the community was embedded in RERR governance.

There were four key strategies: Education, Prevention, Testing & Treatment, and Support Services. Six working groups sprang into action to develop and deploy solutions. A command center for the steering committee maintained accountability and coordination. Other groups focused on resource acquisition and distribution, communication and public education, testing and treatment based on events on the ground, and direct services for those adversely affected, and data. [See **Exhibits 10a and 10b** for RERR structure.]

As spring 2020 ended but the pandemic still raged, the RERR had successfully distributed over 60,000 masks, 200,000 hand sanitizers, and 750,000 cloth masks to the community. Health workers also proactively reached out to their most at-risk patients, ultimately serving over 75,000 from hard-hit Black and Latinx communities. And 76 city hospitals and clinics signed on to a declaration that racism is a public health crisis. (Exhibit 10c shows RERR progress as of the spring of 2020.) Mayor Lightfoot commended these efforts. West Side United was "built for this," Ansell concluded. "We provided a powerful credibility bridge, an honest broker between city government and community organizations." WSU also provided a framework for the city's Healthy Chicago 2025, which was to be launched in September: the ending of life expectancy gaps caused by structural racism and disinvestment.

Small business grants were another form of life support. Businesses that were already on a viable path might have had to close because of the pandemic. With WSU grants, they could limp through the crisis. For example, Elizabeth Colon founded Metaphrasis Language and Cultural Solutions in 2007 to provide services to overcome language barriers, which she had experienced personally as a child of non-English-speaking parents. She and her company garnered a 2014 Illinois small business person of the year award along the way. When Colon first applied for a WSU grant, she wanted to expand into training more bilingual people to become professional interpreters, which would offer them a new career and help hospitals, for one thing, improve health care for patients who were not fluent in English. However, she said, "COVID-19 had other plans for us." Metaphrasis went from a thriving business to almost closing its doors, having to furlough most staff. But WSU grant support enabled keeping an employee on the payroll to work on reinventing the company. "That one employee took on additional responsibilities and was very instrumental in the company gaining traction once again," she continued. "Had it not been for the grants, this would have not been possible. Although we are not fully back at capacity nor generating the same revenue as before, we could keep our doors opened while navigating these unpredictable times."

On April 23, 2020, U.S. Senator Durbin spoke virtually with WSU representatives to discuss solutions to the racial and ethnic disparities in health care uncovered during the pandemic. He was co-sponsoring federal legislation to require reporting nationwide demographic data that could be utilized to create change. He was joined on the call by U.S. Senator Tammy Duckworth (D-IL) and Members of Congress. By this time, WSU was active on many system levels and could use its experience to influence national policy.

WSU also found opportunities to contribute to relief efforts through ongoing programs. Through its healthy foods initiative, 11 pantries received \$10 thousand grants. WSU also conducted a survey of its small business grantees to identify the most at-risk businesses and then provided them with \$10 thousand emergency grants.

There was still a great deal to learn about listening to the voice of community residents. One example was food distribution. An observer commented, “I get upset when we look at the community and see the need, but then don’t bring the community to the table. I see food boxes in the garbage because we are not eating carrots and beans, we want some meat too. Too much of the same food then becomes a waste. Cultural foods would have been a nice way to incentivize the community to consume the foods they actually want.” A crisis was no time to stop listening.

WSU Results: Milestones on the Long Road to Impact

Since its inception in 2017, WSU could show new inputs, programs and processes, and outputs on its major pillars. (A key events timeline is in **Exhibit 11**.) With respect to health, there was an intensified focus on the five main drivers of life expectancy: cardio metabolic disease, cancer, homicide, infant mortality, and opioid overdose. There were three working groups focused on maternal and child health, and a relationship with Chicago’s First Babies Zone for East Garfield. WSU sought grants for community health workers to address hypertension. And WSU contributed about \$500 thousand to local nonprofits with a community health mission.

On the economic front, \$87 million in hospital supply chains were allocated to West Side businesses. A major medical supply distribution center came to the West Side. Millions of dollars were invested in small grants to business and non-profit organizations. At least 80 local organizations received programming or support. There were hundreds of new internships for high school students and partnerships between hospitals and schools. A Medical Assistant Pathways program included 34 community residents, opening up career opportunities. Over 1,800 new hires by hospitals came from the community. (See **Exhibit 12** for WSU’s detailed list of accomplishments.)

Jaco itemized some of the ways hospital members of WSU began to shift their own internal practices. Hospitals participating in the WSU Career Pathways Program modified their tuition reimbursement policies to support that program’s timelines. They committed to offering a percentage of internships and open positions to West Side residents. There was a major effort to standardize care across hospitals which required internal changes.

Potter called WSU a perfect example of the value of learning to “think outside the building” to tackle systemic problems, thus seeing that health is so much more than the hospital¹⁴. He summarized results of the first few years, including its COVID-19 work: job creation at all hospitals, the placement of The Concordance (medical supply) distribution facility on the West Side, the sizable early impact investments and the leadership of Chicago’s COVID-19 homeless emergency response. Those specifics indicated progress. But as a long-time Chicago leader and board member, Potter saw the very fact that WSU existed at all as a major accomplishment, saying that: “WSU’s single biggest accomplishment has

been the formation of a truly collaborative community-led partnership with Chicago's medical community....to share economic power, to convene and coordinate the educational, social service and healthcare ecosystem, and to provide tangible improvements in the quality of life for the citizens of the West Side.

Ansell concluded, "Despite the setback of COVID, we believe we are in a stronger place as an organization with name and mission recognition around the city and nationally. We are financially strong and have brought value to our institutional and community partners."

Empowerment and Hope: A Culture for Change

Community residents began to see WSU as an empowering force for change. The community had voting power, informed WSU about community needs, and suggested focus areas for working groups. Angela Taylor, a lifelong resident, felt that the community was a critical stakeholder with rights. "I don't own the sidewalk in front of my house, but I own the work that impacts what happens to the sidewalk. WSU was there to task the work, convene us, and then allow us to own it. If WSU were to go away, they can't take it away because the community owns it." She concluded, "The community soon realized that WSU was not trying to do the work for them. WSU is lifting the community up to do the work themselves."

Another resident added, "I don't want the knight in shining armor to save me. I want to invest in me to know that it will live on with me. Whether the knight runs off or not, I know I have enough to own this and make the work happen." WSU established avenues of learning to help build the community members' capacity. The community leader continued, "The community can feel the empowerment. Knowledge is power. There are certain tools I need to be able to speak out to protect my community and be heard. I now have my own toolbox. WSU is empowering residents to pick up their own work. To truly be listened to is what the community wants."

Taylor offered a medical metaphor. "In the field of healthcare, a doctor prescribes medication and it is up to the patient to take the medication and follow through with the treatment plan. The illness is the systemic racism and structural injustices. WSU, or 'the doctor,' comes to the community with the prescription that can help the illness, but it is up to the community to make it happen.... WSU is not doing it for the community, but they're helping the community to do it and in the process the community learns so much. Then, the community can share this with the younger generation to pass on the information and create a sustainable, forever change."

As WSU Executive Director, Jaco knew that the goals of dismantling structural injustices and system racism were unattainable without heightened awareness and communication. "The power is in groups. You need champions to be quarterbacks that call out their privilege and bring along their peers, how you can partner or mobilize with other groups, bringing like peers and folks of other groups to have those hard conversations...Victims should not have to educate about oppressors or implicit bias; self-awakening is what we need. I don't have to educate you on why this is wrong, I can point you in the direction and need you to steer. Acknowledgement of the wronging of people, call it out through my lens, and then move forward to call peers to the table. Continual call outs, so we never forget why we are at this table. Then it becomes a movement and spreads far beyond."

Hope and optimism appeared to be rising on the West Side. WSU gatherings helped reframe the image of the community away from poverty and gun violence to a brighter future. A "learning map" exercise for residents identified area assets such as parks, museums, a town hall, and other resources (**Exhibit 13** shows learning map). "This was the first time most people had seen the West Side portrayed as a nice community, one that has a lot to offer," Darlene Hightower said. That widely used symbol

and the WSU vision bridge (**Exhibit 14** shows Vision Bridge) were widely embraced and helped people see that change was possible.

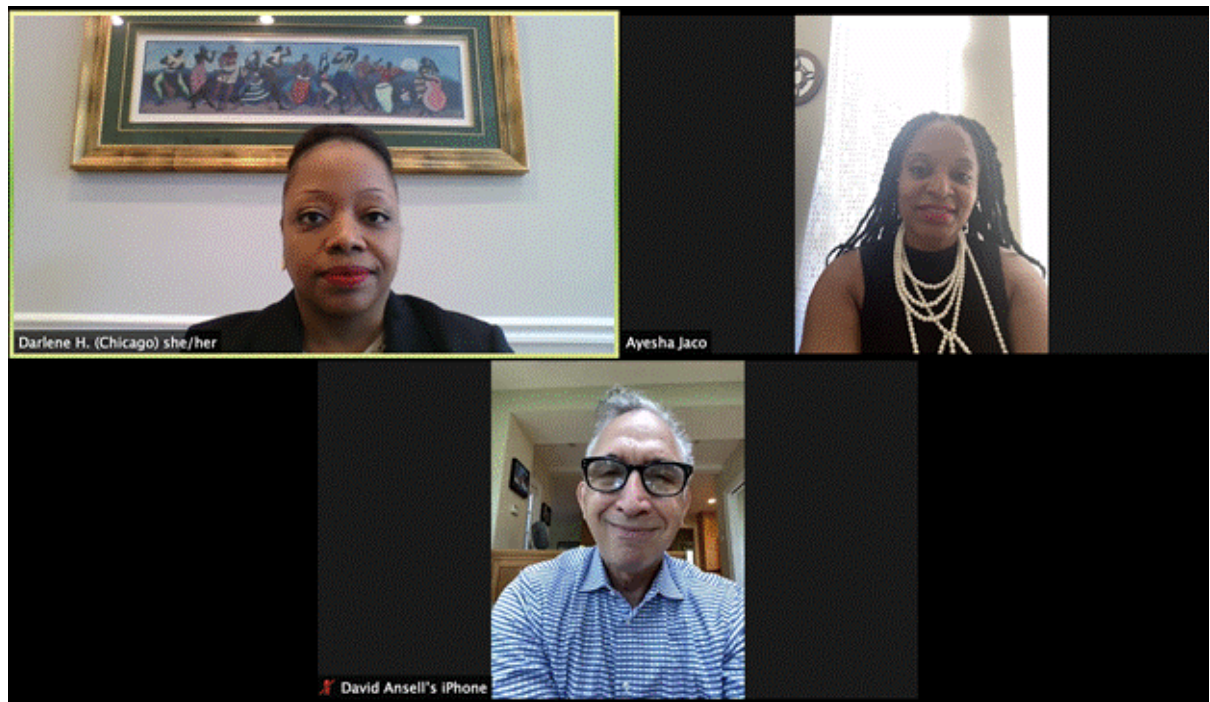
When a WSU team asked residents, “If you could create a headline in the *Chicago Tribune*, what would it be?” The answers were positive and indicated faith that the WSU mission would be achieved: “Unemployment Rates at an All-Time Low on the West Side”, “West Side School Earns Record Recognition”, “From Violence to Victory – Changing the West Side Story”, and “Life Expectancy of West Side Rises to Match the Loop.”

Next Steps on the Long March to Impact

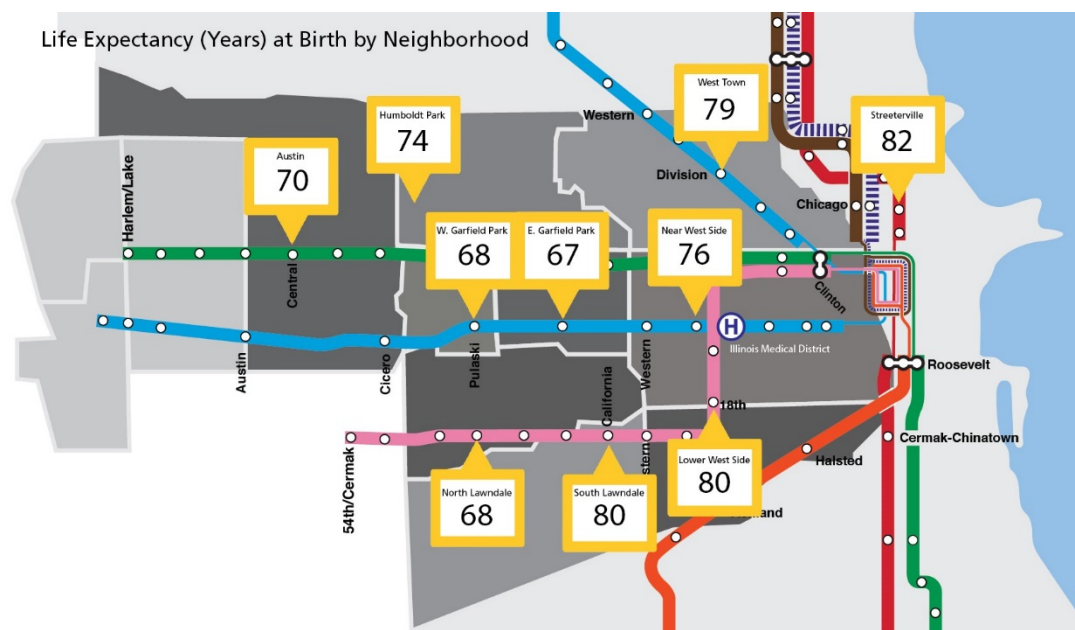
The economic consequences of the continuing COVID pandemic and its numerous readjustments had not been on WSU’s list of organizational risks, but it presented new leadership challenges. Ansell ticked off some of them. “We had to delay meetings with our hospital CEO partners around strategic requests such as about hiring and local purchasing. To lose that much momentum and time was disheartening. We also had to pause a major initiative around hypertension control and maternal infant health that had great momentum and partnerships. We have needed to redirect small business grants to give emergency dollars to some of our small business partners that were hit hard.”

As they met on ZOOM in July 2020 with COVID-19 still flaring up around them, Ansell, Hightower and Jaco knew that the largest unresolved challenge was scaling up WSU’s economic initiatives when budgets were stretched due to the pandemic. Their initial 1,000-day plan, drafted in partnership with the large global consulting firm, was being revised and updated with new three-year goals. But by December, less than six months away, they would need to reaffirm anchor mission commitments with the senior leadership team of each health institution, many of which had new people on those teams who were not part of the initial commitment and might need to be “re-sold” on it. Organizationally, there was the timing of morphing from loose coalition to an independent non-profit with 501c3 status. WSU partners had different opinions on the ideal timing for this transition, Hightower reported, particularly around the importance of setting up robust structures like a development committee and staff. The board wanted to ensure that WSU could continue to solicit strong support for its programming once independent from the substantial support it had been receiving through Rush’s philanthropy department. Jaco was also concerned about stalled momentum for workgroups on priority tasks, as well as staffing for a next phase. She hoped to expand WSU’s senior leadership team capabilities to successfully manage strategies, multisector community partnerships, fundraising, and future non-profit status, hoping to have new positions by October 1, but of course this was contingent on the decisions still to be made.

Ansell, Hightower, Jaco, and their colleagues were on a long march in historically unprecedented times. What else might they do now that public eyes were on them? Was WSU built to last and loaded for success, or were there vulnerabilities that could stop the momentum? How should they address the choices immediately at hand? Of course, the community should be the driver, but as leaders, they needed to pull their thoughts together.

Exhibit 1 Dr. Ansell, Darlene Hightower, Ayesha Jaco Zoom session

Source: Company documents.

Exhibit 2 WSU L-Train Life Expectancy Map

Source: Company documents.

Exhibit 3 Founding 6 Anchor Institutions**West Side United's Anchor Institutions**

Source: Company documents.

Exhibit 4 WSU Vision, Mission, Goal**MISSION**

To build community health and economic wellness on Chicago's West Side and build healthy, vibrant neighborhoods.

VISION

To improve neighborhood health by addressing inequities in healthcare, education, economic vitality and the physical environment using a cross-sector, place-based strategy.

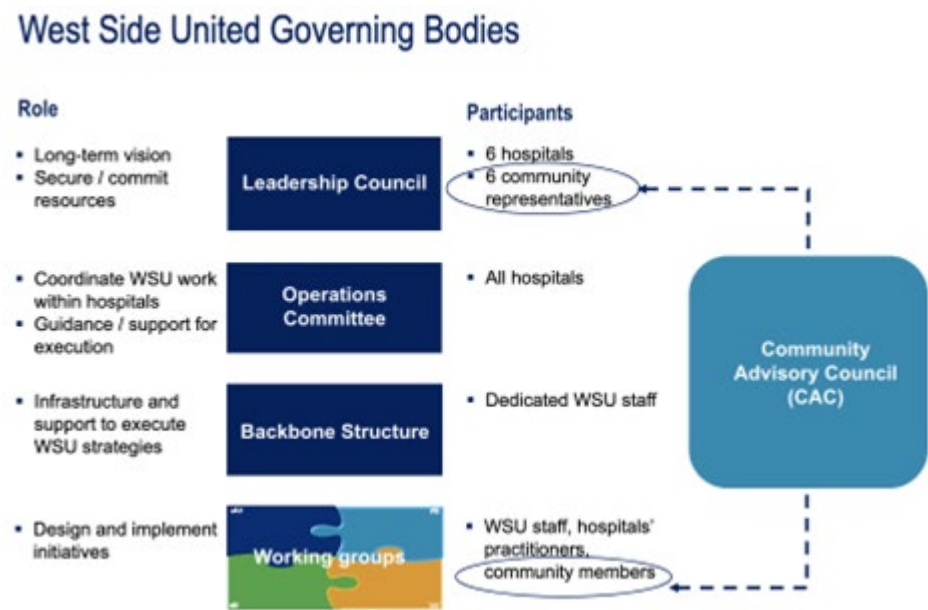
Partners will include other healthcare providers, education providers, the faith community, business, government and residents that work together to coordinate investments and share outcomes.

GOAL

To reduce the life expectancy gap between the Loop and Westside neighborhoods by 50% by 2030.

Source: Company documents.

Exhibit 5 WSU Governance Structure



Source: Company documents.

Exhibit 6 Community Groups on WSU ELC & CAC**Executive Leadership Council**

1. Garfield Park Community Council
2. Lincoln United Methodist Church
3. MAAFA Redemption Project
4. New Mount Pilgrim Church
5. North Lawndale Community Coordinating Council
6. North Lawndale Employment Network

Community Advisory Council

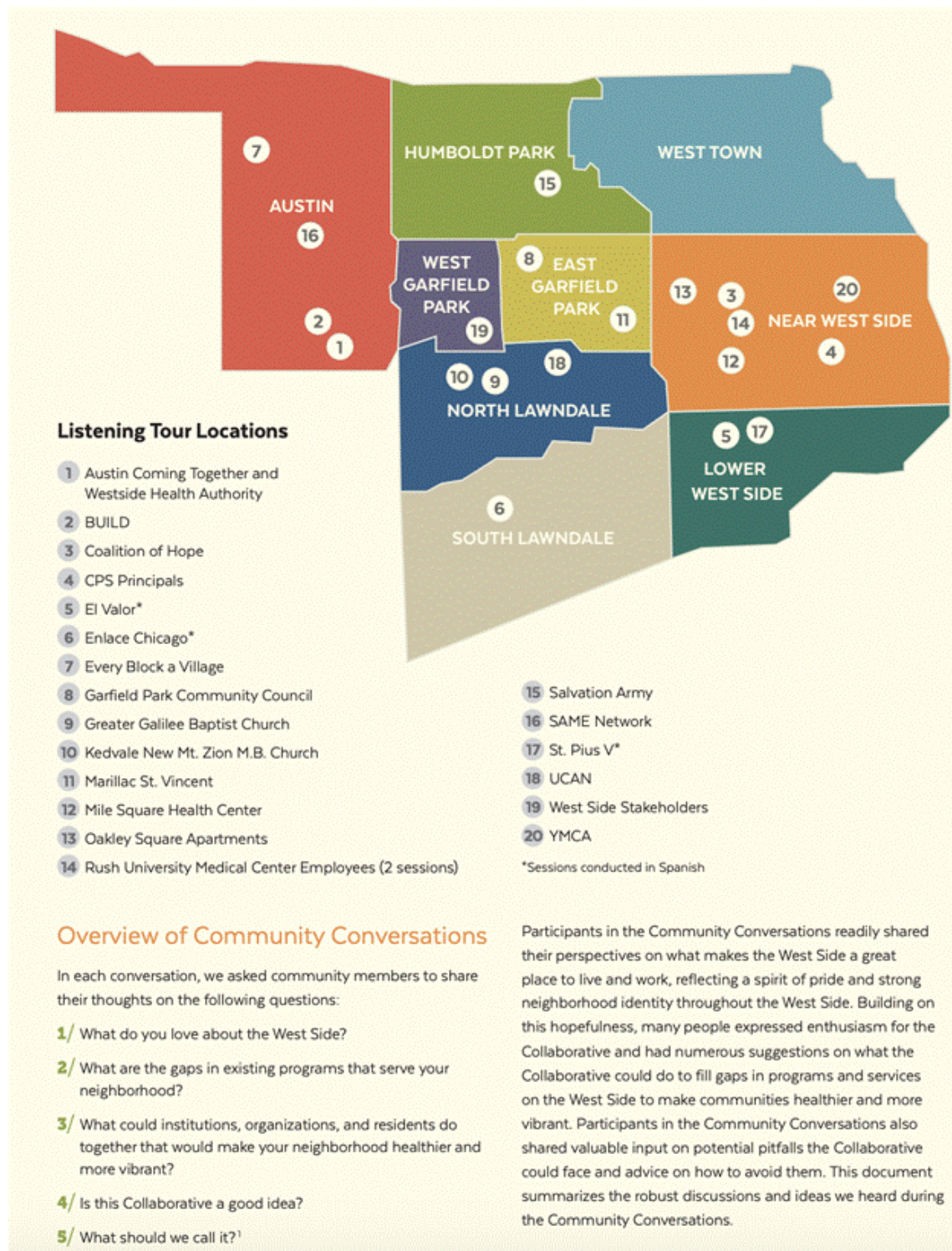
1. Academy of Scholastic Academy
2. Chicago Coalition for the Homeless
3. Forty Acres Fresh Market
4. Garfield Park Community Council
5. Hekoten Institute of Medicine
6. Homan Square Foundation
7. Lawndale Christian Development Corporation
8. Lincoln United Methodist Church
9. MAAFA Redemption Project
10. New Mount Pilgrim Church
11. North Lawndale Community Coordinating Council
12. North Lawndale Employment Network
13. Northwest Side Housing Center
14. Pilsen Community Market
15. Project Exploration
16. Urban Autism Solutions
17. Yoga Care

Source: Company documents.

Exhibit 7 Ecosystem Partners

Thank you to our Partners!					
Funders	Technical Partners	Economic Vitality	Education	Healthcare	Neighborhood & Physical Environment
AMITA Health Ann & Robert H. Lurie Children's Hospital of Chicago Baker Group Chicago Community Trust Chicagoland Workforce Funder Alliance Cook County Health Illinois Medical District JPMorgan Chase Michael Reese Health Trust Northern Trust Corporation Polk Bros. Foundation Rush University Medical Center Sinai Health System University of Illinois Hospital & Health Sciences System AMITA Health Ann & Robert H. Lurie Children's Hospital of Chicago Baker Group Chicago Community Trust Chicagoland Workforce Funder Alliance	A.T. Kearney Bain & Company Boston Consulting Group Catholic Charities Cases – Cases Solutions America, Inc. Chicago Access Network Television (CAN TV) Chicago Department of Family & Support Services Civic Consulting Alliance Democracy Collaborative Ems Family Health Center Foxglove Alliance HEAL Initiative Horan Square Foundation Illinois Medical District Illinois Student Assistance Commission JPMorgan Chase Service Corps Kids First Chicago Kinivt KPMG LLP Landon Hospital McKesson & Company Metropolitan Family Services National Alliance on Mental Illness Northwestern Hospital PwC Reed Inc. SDC Sinai Urban Health Institute The Resurrection Project Thresholds Thrive Chicago TLSD UIC School of Public Health University of Chicago Hospital West Town Clinic	Accion Chicago American Medical Association Austin African American Business Networking Association Austin Coming Together Austin Rising Carrie Robertson Center for Learning Chicago Anchors for a Strong Economy (CASE) Chicago Community Loan Fund Chicago Clerk Workforce Partnership Chicagoland Healthcare Workforce Collaborative CBC City Colleges of Chicago Foundation Cook County Land Bank Authority Department of Business Affairs and Consumer Protection Economic Strategies Development Corporation JPMorgan Chase Little Village Chamber of Commerce Local Initiatives Support Corporation (LISC) Malcolm X College North Lawndale Community Coordinating Council Northern Trust Corporation Northwest Side Housing Center One Million Degrees Puente Rican Cultural Center Skills for Chicago's Future West Side Forward Women's Business Development Center World Business Chicago	Academy of Scholarships Achievement Austin College and Career Academy Benito Juarez High School Chicago Hope Academy Chicago Public Schools Christ the King College Prep Calista Academy High School Community Christian Alternative Academy Crane Medical Preparatory High School David G. Farragut Career Academy Frederick A. Douglass Academy High School George Washington College Prep Invalley Math, Science and Technology High School Institute Health Science Career Academy High School ITW David Spear Academy John Marshall Metropolitan High School Kelsys Park High School Legal Prep Charter Academy Little Village Lawndale Prep Marley Career Academy High School Monroe Clark Academic Prep Magnet High School Noble Drive College Prep North Grand High School North Lawndale College Prep - Christiana North Lawndale College Prep - Collins Onbudsman Chicago West Orr Academy Phoenix Military Academy High School Pioneer Career Academy Roberto Clemente Community Academy High School St. Ignace College Prep UIC College Prep Whitney M. Young Magnet High School Windy City Dolphins World Language High School	ACCESS Community Health Network American Heart Association American Medical Association Community Health Experience Chicago Department of Public Health Chicago Partnership for Health Promotion Chicago Public Schools Consortium to Lower Obesity in Chicago Children European American Association Farm as Ogden Greater Chicago Food Depository Harmony Community Church Pantry Iglesia Evangelica Emmanuel Illinois Public Health Institute La Casa Norte Marillac House Marshall Square Resource Network New Morning Star Food Pantry New Mount Pilgrim Missionary Baptist Church NowPow Oak Park River Forest Pantry St. Stephen AME Church The Hatchery Windy City Harvest	1

Source: Company documents.

Exhibit 8a Listening Tour Locations

Source: WSU What We Heard Report.

Exhibit 8b What We Heard Report Executive Summary & Listening Tour Locations

Executive Summary



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

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

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

The following report is organized into three sections:

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

Source: WSU What We Heard Report.

Exhibit 8c WSU What We Heard Report Community Conversations Update

Companion Piece

Community Conversations Update



Introduction

On January 10, 2017, Rush University Medical Center, University of Illinois Hospital and Health Sciences System, and Cook County Health and Hospitals System convened over 130 people from 50 organizations who are committed to Chicago's West Side to discuss the idea of the West Side Total Health Collaborative (Collaborative). This was an important conversation, resulting in the valuable feedback outlined in the first section of this report.

This meeting was just the start, and we needed to hear more voices from the community. With the collaboration of our new partner, Presence Health, we hosted 21 Community Conversations during March and April throughout the West Side. More than 330 residents and community leaders attended these events. The conversations were rich with ideas and feedback on the Collaborative that will directly inform the next steps.

The Collaborative will only be successful if it reflects the vision and interests of West Side community members. We want to do more than solicit feedback. One tenet that will set the Collaborative apart from other collective impact initiatives is that community members will play a central role in the decision

making process from the start. Further, as demonstrated by these Community Conversations, we want to have frank discussions about structural racism and the systemic barriers that have negatively impacted the economic vitality and vibrancy of West Side communities. These Community Conversations were a critical first step.

Community Engagement Framework



The Sunderland Community Development Plan provides a framework for understanding different levels of engagement (www.sunderland.gov.uk).

Source: WSU What We Heard Report.

Exhibit 9a Measurement Framework



Source: Company documents, <https://westsideunited.org/our-impact/measurement-framework/>.

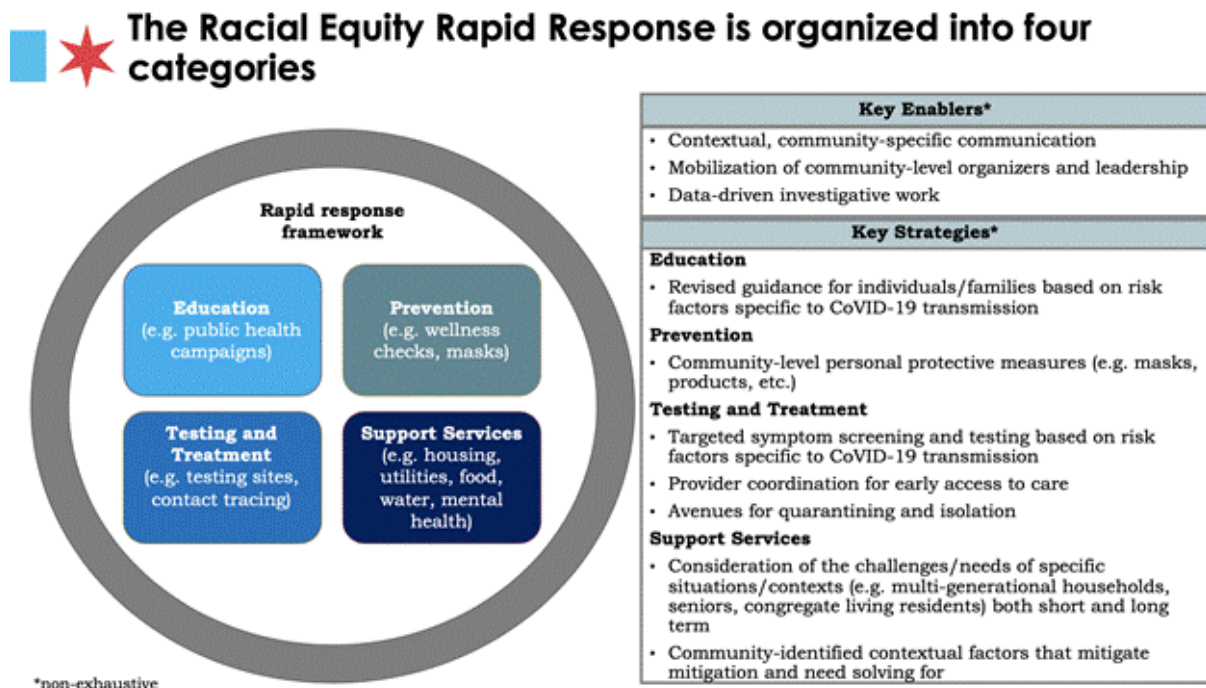
Exhibit 9b Tier 1 and Tier 2 life expectancy drivers

Tier I. WSU Overarching Goal (Community-Level Health, Mortality, and Life Expectancy Metrics)				
Overall Life Expectancy and Mortality Drivers of the Life Expectancy Gap				
Life Expectancy				
Cardiometabolic Disease (CM): Coronary heart disease deaths Stroke deaths Diabetes deaths Cardiovascular disease-related hospitalizations Diabetes hospitalizations	Cancer (CN): Cancer deaths Cancer incidence	Infant Mortality (IM): Infant mortality rate Low birth weight Preterm births	Homicide (H): Homicides Gun-related homicides	Opioid Overdose (OO): Opioid-related overdose Drug-related hospitalizations

Tier II. WSU Domains of Impact (Domain-Related, Community-Level Metrics)			
Education	Economic Vitality	Neighborhood & Physical Environment	Health and Healthcare
Targeted Outcomes: ALL Adult educational attainment Disconnected youth High school graduation 8 th Grade math proficiency rate 3 rd Grade reading proficiency rate Kindergarten readiness	Targeted Outcomes: ALL Individual poverty (% below FPL) Child poverty (% <18yo below FPL) Median income Living wage Unemployment (civilian, 16yo+)	Targeted Outcomes: Food Environment: Food insecurity CM, CN, IM Perceptions of healthy and affordable food access CM, CN, IM Housing: Housing cost burden CN, IM Vacancy rate H, OO Safety and Community: Perceptions of safety ALL Sense of community belonging ALL Non-fatal shooting rate ALL Violent crime H, OO Narcotics/vice crime H, OO	Targeted Outcomes: Health Outcomes: Obesity prevalence CM, CN, IM Psychological distress IM, OO Behavioral health hosp. OO Asthma ED visits (0 to 18 yo) Self-rated health ALL Behaviors: Fruit & vegetable eating CM, CN, IM Smoking CM, CN, IM Physical Activity CM, CN, IM Teen birth rate IM Health Service Use: Healthcare satisfaction ALL Received needed care ALL Early & adequate prenatal care IM Mammogram CN Cervical cancer screen CN Colorectal cancer screen CN


Source: Company documents.

Exhibit 10a COVID-19 RERR Structure



Source: Company documents.

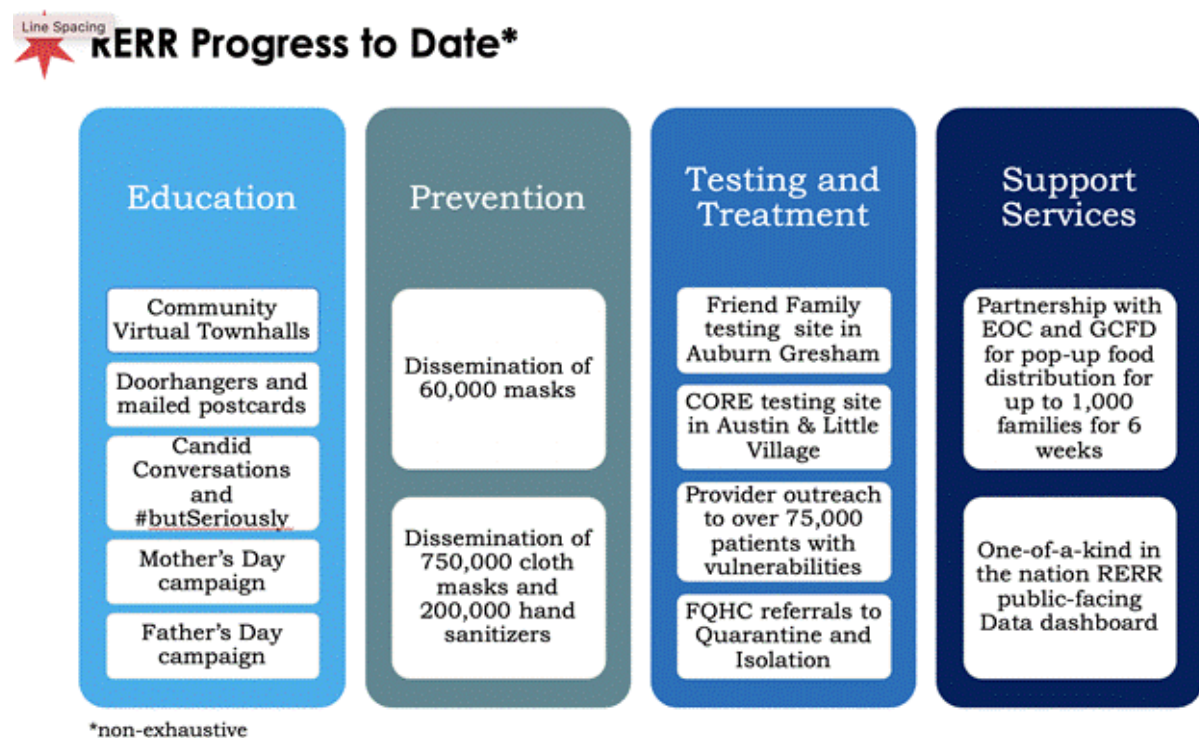
Exhibit 10b RERR Roles and Responsibilities

 **Racial Equity Rapid Response Team : Roles and Responsibilities**

	Members	Role	Responsibilities
Racial Equity Operations Team	<ul style="list-style-type: none"> Mayor's Office staff OEMC RE Rapid Response Team staff 	<ul style="list-style-type: none"> Coordinate within City-wide OEMC COVID-19 response team to help guide City's resources and policy 	<ul style="list-style-type: none"> Secure available City resources Develop short and long-term policy solutions working with OEMC and Policy Team
Racial Equity Steering Committee	<ul style="list-style-type: none"> Mayor's Office staff West Side United staff Anchor health providers Public health experts Community Response Leadership Networks' representative 	<ul style="list-style-type: none"> Strategic oversight for overall racial equity rapid response 	<ul style="list-style-type: none"> Develop key strategies and initiatives Determine proper messaging and information for focus community areas Secure the resources needed by Community Response Teams Collect and maintain data on focus community areas Secure necessary funding
Community Response Networks	<ul style="list-style-type: none"> Mayor's Office Staff Community leaders from CBO's 	<ul style="list-style-type: none"> Surface key issues and gaps to strategize solutions with the Steering Committee Execute on community priority areas of focus 	<ul style="list-style-type: none"> Collect community-level information from assigned geographic region/community area Execute on initiatives developed to meet community needs Take actions based on conditions on the ground and data Disperse resource referral information to residents

Source: Company documents.

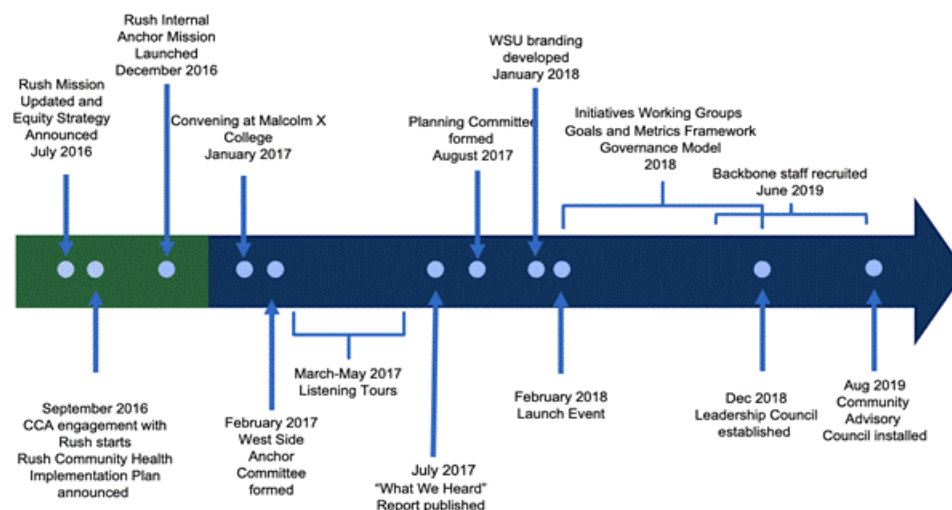
Exhibit 10c RERR Progress to Date



Source: Company documents.

Exhibit 11 WSU Timeline

Timeline:



Source: Company documents.

Exhibit 12 WSU Accomplishments and Results

Economic Vitality

- 87M from hospital supply chains allocated west side businesses, procurement and sourcing from west side
- \$7.7M West Side investment impact
- \$3M JPMC Advancing Cities Grant to develop small businesses and spur economic development
- 34 anchor institution employees are participating in the Medical Assistant pathways program
- >400 West Side business owners and non-profit staff attended information sessions to learn about applying for WSUs small business and non-profit grants
- 640 applicants to community development grants in 2019
- 60 community-based organizations engaged for direct programming or support
- 1,825 local hires completed to date
- Over \$725,000 invested in small business & nonprofit grants
- 39 businesses received funding ranging from \$13,000-\$25,000
- 9 non-profits received funding ranging from \$20,000-\$35,000
- Since 2017, impact investing increased from 1 lender with \$2M to 5 lenders pooling \$5.6M for 2020
- \$500k WSU and partners contributed to West Side non-profits for community health

Health and Healthcare

- >1,500 community members accessed resources through community health worker grant
- >30 health organizations on the West Side are participating in the Target BP program
- 3 new workgroups to focus on maternal and child health created by WSU
- Received the \$75,000 American Heart Association Social Impact Fund Grant to address hypertension efforts with help from community health workers
- Joined Chicago's First Babies Zone to address the root causes and structural factors contributing to infant and maternal mortality in East Garfield Park.

Neighborhood and Physical Environment

- \$1.8M of our initial pool in impact investment allocation went to organizations
- 6 pantries have partnered with WSU anchor institutions to support emergency food access
- WSU has coordinated over \$6.5 million in impact investments as well as dedicated resources to healthy food access, including co-funding a SNAP and Medicaid Benefits Enrollment Coordinator with the Greater Chicago Food Depository and piloting a Fruits and Vegetables Voucher Program at the Farm on Ogden.

Education

- 400 internship opportunities created in 2018
- 70% of West Side high schools participated in WSU programs in 2018
- 694 internships and apprenticeships offered
- Increased Annual High School Internships from 400 to 694
- Increased West Side youth paid summer programs participation from 38% to 44% collectively
- Launched a model to partner high schools with hospital partners to increase student pipeline to programs.

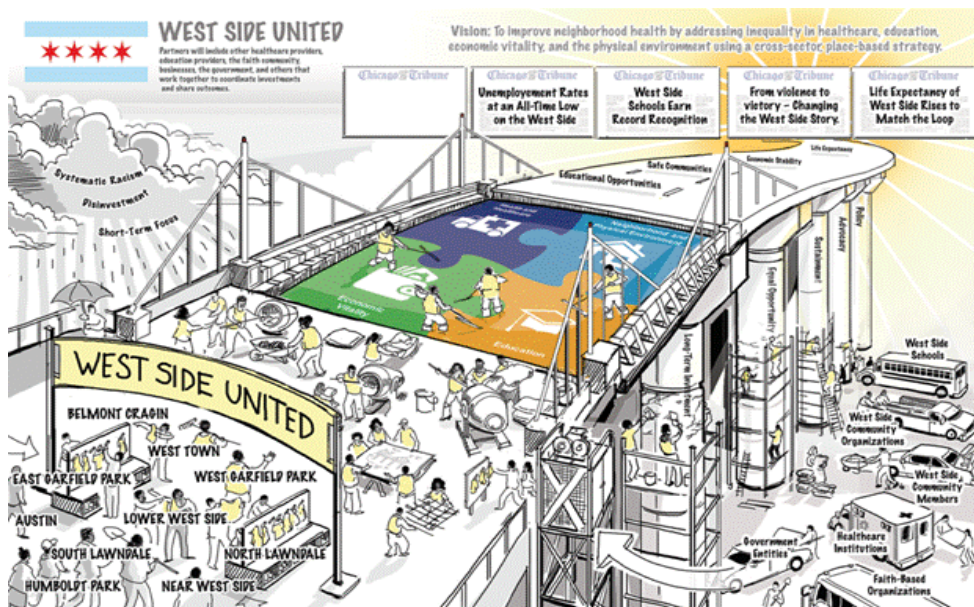
Source: Company documents and employees.

Exhibit 13 West Side Map Exercise



Source: Company documents.

Exhibit 14 West Side United Vision



Source: Company documents.

Appendix: WSU Anchor Institutions: Short Descriptions

AMITA Health

AMITA Health is an award-winning health system committed to delivering compassionate care to nearly 6.6 million residents in Chicago and its surrounding suburbs. As a faith-based health system in the respective Catholic and Adventist traditions, AMITA Health is committed to delivering inclusive and compassionate care, communicating clearly with patients and their families, respecting the faith traditions of all people, and honoring the dignity of everyone we serve. When people come to AMITA Health, they can expect to receive the very best care – and to be treated like family.

Ann & Robert H. Lurie Children's Hospital of Chicago

Ann & Robert H. Lurie Children's Hospital of Chicago provides superior pediatric care in a setting that offers the latest benefits and innovations in medical technology, research and family-friendly design. As the largest pediatric provider in the region with a 136-year legacy of excellence, kids and their families are at the center of all we do. We are guided by the belief that all children need to grow up in a protective and nurturing environment where each child is given the opportunity to reach their full potential. We believe this vision can provide a brighter future for all children. Our vision is inspired by the courage of children and families.

Cook County

Cook County Health has served the people of Cook County for over 180 years. Today, we are home to top doctors and excellent staff who fulfill our mission and change lives. Cook County Health is investing in our network and modernizing services for patients. We're leading the field in cutting-edge technology, increased capacity and innovative research. As we have evolved over the past 180 years, so has our mission. Our priority has always been the health and well-being of those we serve.

Rush University Medical Center

Rush University System for Health (RUSH) is an academic health system whose mission is to improve the health of the individuals and diverse communities it serves through the integration of outstanding patient care, education, research and community partnerships. With a history spanning more than 175 years, Rush has been part of the Chicago landscape longer than any other health care institution in the city.

Sinai Health System

Located on Chicago's West and Southwest Side, Sinai Health System is comprised of Mount Sinai Hospital, Holy Cross Hospital, Schwab Rehabilitation Hospital, Sinai Children's Hospital, Sinai Community Institute, Sinai Medical Group, and Sinai Urban Health Institute. The entities of Sinai Health System collectively deliver a full range of quality inpatient and outpatient services, as well as a large number of innovative, community-based health, research and social service programs.

The University of Illinois Hospital & Health Sciences System (UI Health)

The University of Illinois Hospital & Health Sciences System (UI Health) provides comprehensive care, education, and research to the people of Illinois and beyond. A part of the University of Illinois at Chicago (UIC), UI Health comprises a clinical enterprise that includes a 462-bed tertiary care hospital, 21 outpatient clinics, and 11 Mile Square Health Center facilities, which are Federally Qualified Health Centers. UI Health is dedicated to the pursuit of health equity.

Source: Hospital websites.

Endnotes

¹ Ansell, David A. *The Death Gap: How Inequality Kills*. Chicago: University of Chicago Press, 2017.

² <https://www.ourdocuments.gov/doc.php?flash=false&doc=40&page=transcript>

³ Ogletree, Charles J. *All Deliberate Speed: Reflections on the First Half Century of Brown v. Board of Education*. New York, W.W. Norton & Co., 2005.

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