Rogers Park Community
Nutrition Assessment

“Food Security for All”
2017/2018

Alexandra Forsythe, Naha Gupta, Andrea Hinojosa,
Daniela Jannette, Ana Martinez, and Maria Schmitt

Loyola Community Nursing Center Dietetic Interns
# Table of Contents

I. Introduction/Purpose .................................................................................................................. 2  

II. Phase I - Quantitative Data  
   A. Demographics ......................................................................................................................... 3  
   B. Access to Clinical Care ........................................................................................................... 3  
      1. Prenatal Care in First Trimester  
      2. Primary Care Provider  
      3. No Health Insurance  
      4. Early and Adequate Prenatal Care  
   C. Social and Economic Factors .............................................................................................. 6  
      1. Child Poverty  
      2. Food Access  
      3. Women, Infant, and Children (WIC)  
      4. Supplemental Nutrition Assistance Program (SNAP)  
      5. Education  
      6. Family & Social Support  
      7. Unemployment  
   D. Infant Mortality ....................................................................................................................10  
   E. Morbidity ..............................................................................................................................11  
      1. Child Obesity  
      2. Maternal, Infant Child and Adolescent Health  
   F. Physical Environment .........................................................................................................12  
      1. Housing and Transit  
   G. Health Behaviors .................................................................................................................12  
      1. Smoking During Pregnancy  
      2. Diet and Exercise  
      3. Teen Birth Rate  

III. Phase II - Qualitative Data  
   A. Community Perspectives .......................................................................................................14  
   B. Summary of Perspectives ..................................................................................................... 23  

IV. Conclusion  
   A. Key Findings .........................................................................................................................24  
   B. Priority Areas .......................................................................................................................25  
   C. Recommendations ...............................................................................................................25  
   D. Plans for Future Evaluation ...............................................................................................25  

V. References
I. Introduction/Purpose

The purpose of the Rogers Park Community Nutrition Assessment is to assess the health and nutritional needs of women of childbearing age, pregnant women, and families with young children living within the Rogers Park community. The Howard Area Community Center (HACC) approached the Loyola Community Nursing Center requesting assistance in evaluating the capacities of the community for supporting the health and nutritional needs of its community members. The population focus includes, but is not limited to, prenatal, neonatal, and children zero to five years old. This community nutrition assessment will be made available to the HACC and any other community affiliates upon request.

This assessment will serve especially useful to community members, organizations, and agencies by identifying the health and nutritional needs of the community that require immediate attention. The HACC has identified child hunger and food insecurity as important community problems and have invested time, resources, and money to ensure no child goes hungry and that the community at large has access to nutritious foods. In order to gather as much community support as possible in completing this assessment, the following community organizations were identified as “nutritional cornerstones” for low income families: Women Infant and Children Nutrition Program (WIC), Illinois Dept of Human Services, Supplemental Nutrition Assistantship Program (SNAP), Infant Inc., Expanded Food & Nutrition Education Program (EFNEP), Glenwood Farmer’s Market, “A Just Harvest” Soup Kitchen, Care For Real Food Pantry, Evanston Vineyard Food Pantry, and the HACC Food Pantry.

Phase 1 of the assessment provides quantitative data about the community in terms of demographics, racial/ethnic distributions, access to clinical care, social economic factors, mortality and morbidity rates, physical environment, and health behaviors through the use of written data. The purpose of this information is to provide an abundance of knowledge and insight to better understand the characteristics and health status of the community.

Phase 2 of the assessment provides qualitative data collected from local organizations and agencies to identify strengths, challenges, and the needs of the community as it relates to the quantitative data captured. The purpose of this information is to identify gaps in health resources and nutritional services while planning for future needs.
II. Phase I - Quantitative Data

A. Demographics: The total population of Rogers Park is 54,402 people according to Chicago Health Atlas. The population is very diverse, which makes it a strength of the neighborhood of Chicago. The population has a moderate child opportunity index, medium economic hardship and is 50.2% females and 49.8% males. There are several age groups represented in this area. Children ages zero to 14 years old makeup 16.4% of the neighbor population, 15 to 24 years old makeup 17.3%, and 25-34 years old make up 21%. The next largest age group is those 35 to 44 years old which makeup 16.3% of the population with the remaining ages of 45 years old or older making up 30.1% of the population. When looking at race and ethnicity, it has a population of 41.9% non-Hispanic white, 24.5% non-Hispanic African American or black, 24.1% Hispanic or Latino, and 6.4% non-Hispanic Asian or Pacific Islander. Some of the strengths of Rogers Park include that it is one of the most ethnically and culturally diverse communities in Chicago with over 53 different languages spoken in the community. This is because it is a big and very accepting port of entry for immigrants coming to the United States. Rogers Park also has great transportation services all throughout the neighborhood. However, there are some weaknesses that contribute to the neighborhood including: cramped housing within a 1.85 sq. mile area; violence; and it is medically underserved without any hospitals in the direct neighborhood. Due to the widespread demographics of this neighbor it is best to assess specific demographics at a time. This community nutrition assessment target population being reviewed is pregnant women and children ages zero to five years old.

B. Access to Clinical Care:

1. Prenatal Care and First Trimester World Health Organization (WHO) recommends that women start prenatal care at a gestational age of less than 12 weeks. This is what they referred to as ‘early antenatal care’. Antenatal care and prenatal care are often used interchangeable. Early antenatal care is a critical opportunity for health providers to deliver care and support, and to give information to pregnant women in the first trimester of pregnancy. Although, a recent study shows that many of the poorest women still do not have equal access to the high-quality early antenatal care that can help to ensure their health and well-being (WHO, 2017). Health providers provide a number of screenings and tests during these initial visits, which are most effective early in pregnancy. These screenings and test help to correctly assess the length of pregnancy (gestational age) in order to allow for accurate treatment of preterm labor (WHO, 2017). Others include screening for genetic and congenital disorders, screening and treating iron deficiency anemia and sexually
transmitted infections, provide folic acid supplementations in order to reduce the risk of neural tube defects, potentially capture disease such as diabetes, and provide guidance on modifiable lifestyle risks such as obesity, malnutrition, and occupational exposure (WHO, 2017). When specifically assessing childbearing age women and children ages zero to five years old access to clinical care is an important aspect to evaluate. Prenatal care should be established early. However, this is not always the case due to availability. Prenatal care in the first trimester for the Rogers Park community between the years 2010-2014 was 70.5% compared to Chicago's average of 76.1%. Receiving the proper care during the first trimester is important because this is when the embryo is rapidly growing. The first trimester is the most critical point in pregnancy due to the nervous system and major organs being formed. Nutrition is vital during the entire pregnancy but especially during this formation process. Mother's tend to experience morning sickness and due to this many do not receive enough nutrition. Additionally, mother often experience weight loss at this time and this can be extremely concerning depending on the mother’s pre-pregnancy weight status. Working with a registered dietitian can be beneficial in these cases and seeking resources such as Women Infant and Children (WIC) clinics can be a huge help in order to start off the pregnancy in the best way possible. When looking at the difference in the percentage of Rogers Park to the rest of Chicago visits during this critical time it is lower which may lead to poorer pregnancy outcomes and infant survival. Working on promoting visits to a clinic during this vital point in a woman’s life is necessary to improve pregnancy outcomes.

2. Primary Care Provider Those visiting a primary care provider within the Rogers Park area in 2014-2016, was 73.9% compared to Chicago average of 72.6%. This percentage takes into account the estimated number of adults, 18 years and older, who reported that they have at least one person they think of as their personal doctor or health care provider. However, this is not necessarily include the population we are evaluating for this paper. The Rogers Park area was slightly higher compared to Chicago’s average and the percentage of the 18-29 years old group who saw a primary care provider was 55.9% and the 30-44 years old age group that saw a primary care provider was 69.5%. The older groups had over 80% demonstrating that age plays a large factor into whether an individual saw a primary care provider. When looking at gender women were 81.2% whereas men were 63.5% and this could be because of women who were pregnant going to see their primary care provider during these times. Regardless at clinical visits the primary care provider should be assessing the mother for any risk factors throughout her pregnancy and nutrition is a large component that is altered during this life cycle change. Mother’s needs increase and include higher caloric needs, protein needs, and various vitamins and minerals. Evaluating iron levels and hemoglobin are the
most commonly tested and want to ensure mothers are receiving enough iron by maximizing their iron intake through food and taking the appropriate supplements if necessary. The role of the primary care provider at this point in a women’s life is to ensure she has access to the appropriate medical care throughout the pregnancy.

3. No Health Insurance A large barrier that affects a pregnant women’s ability to seek out healthcare is having no health insurance to help with the costs of these various appointments. Those with no health insurance in Rogers Park was 20.7% from 2011-2015 compared to the average within Chicago at 10.5%. The percentage of those who are uninsurance in the Rogers Park area is double that of the Chicago average. Those in the age group 18-64 years old are at a 14.6% rate of being uninsurance compared to 2.8% for individuals under 17 years old and 1.7% for those who are over the age of 65 years old, in which they are eligibility for Medicare enrollment. Therefore, the role this plays in having appropriate care throughout pregnancy is huge. It is difficult to find places that are willing to accept those with limited to no insurance coverage. When also considering access and availability to a clinic within the neighbor this increasing the difficulty. These certainly are factors that play into why mothers during their first trimester are less likely to seek health care access. It may take them time to find and apply for the appropriate insurance and by the time they find access and availability to a provider the first trimester window may be over.

4. Early and Adequate Prenatal Care An important aspect to evaluate when looking at this population is early and adequate prenatal care access. The Rogers Park area was 70.4% compared to Chicago at 73.6% from 2010-2014. This is measured by the percentage of births where mother received adequate prenatal care by the Adequacy of Prenatal Care Utilization Index (APNCU) among all births. The APNCU uses two elements obtained from the birth certificate-when prenatal care began and the number of prenatal visits from when prenatal care began until delivery (Healthy Chicago, 2016). The final APNCU measure combines these two dimensions into a single summary score (Healthy Chicago, 2016). Adequate prenatal care is defined as a score of 80% or greater (Healthy Chicago, 2016). When investigating differences among the age groups those in the 15 to 19 years old group were 51.6% in receiving adequate prenatal care, 20 to 24 years old group was 61.2%, and 25 to 34 years old was 77.8% in receiving early and adequate prenatal care. Demonstrating how the earlier in life a women gets pregnant the less prepared they are when it comes to health and medical status. This also may capture some of the births that are likely unplanned in which lead to poorer prenatal care. About half of the pregnancy within the United States are unplanned and this certainly leads to this decreased early and adequate care received by expecting mothers. This may explain some of the increases in early childhood medical problems that arise in this
Chicago neighborhood area. Establishing a high quality health status regarding weight and overall health is best when expecting to become pregnant and throughout the pregnancy.

C. Social and Economic Factors

1. Child Poverty: The child poverty level in Rogers Park is 31% and the average for Chicago is 31.4% from 2011-2015. This rate is measured by percentage of people less than 18 years of age living below the poverty threshold among total population less than 18 years of age. There are no significant differences among genders however African Americans and Hispanic/Latino races/ethnicities experience more child poverty compared to the others races/ethnicities. Therefore, awareness of this health disparity that starts at such a young age is critical. There are ways these children can receive help and this is through the programs available within the community. However, these individual need to be aware of the programs and the programs themselves need to recognize these areas in order to target their interventions to the correct communities. Understanding this can help identify where resources and programs are needed and to allocate them as necessary. These federal and state programs that exist to help these children are primarily preventative services however they will implement early childhood interventions as seen fit. These interventions have been found to have a high rate of return in both human and financial terms (AAP Council on Community Pediatrics, 2016). Early interventions in these high-risk situations of child poverty have the highest return (AAP Council on Community Pediatrics, 2016). This is assumed to be due to mitigating the effects of toxic stress by providing nurturance, stimulation, and nutrition (AAP Council on Community Pediatrics, 2016). Therefore, nutrition can play a pivotal role and help improved cognitive functioning and improved self-regulation. Effective early identification of a nutritional problem can help families facilitate preventative services, including providing nutritional supplements for young children. Ways family become aware of nutritional problems and attain supplements and proper nutrition is through these nutrition support programs such as WIC clinics and Supplemental Nutrition Assistance Program (SNAP). (See SNAP and WIC sections for more information on programs) These program specifically address undernutrition and improper nutrition such as forms of malnutrition and overweight/obesity. It is important to understand that these preventative programs for these children are necessary in order to avoid future problems later in their live.

James Heckman, an economist, currently at the University of Chicago, published an article in 2006 stating that, “Early prevention activities targeted toward disadvantaged children have high rates of economic returns, much higher than remediation efforts later in childhood or adult life.” This article was published over 10 years ago and as child poverty continues to an ongoing issue it is as good of a
time as any to ensure these programs are in place and implementing interventions. Success of these programs should be identified and reported in order to help increase funding and improve a community’s overall health status.

2. **Food Access**: Food access in Rogers Park is 2.1% and Chicago’s average is 8.5% in 2015. This percentage is measured by the people with low income and living more than half a mile from the nearest supermarket, supercenter, or large grocery store among the total population. This percentage as a number is 1,135 individuals. This is measured by the number of people with low income and living more than half a mile from the nearest supermarket, supercenter, or large grocery store. Low income is defined as annual family income at or below 200 percent of the Federal poverty threshold for family size. The supermarket data was based on the United States Department of Agriculture Food Access Research Atlas. Food insecurity and inadequate food access are multifaceted issues and are affected by several socioeconomic factors. Food insecurity is associated with a great deal of adverse and costly health outcomes. Homes that suffer from food insecurity and low access are more likely to have children suffer from anemia, lower nutrient intakes, higher levels of aggression and anxiety, higher probability of being hospitalized, poor general health, higher probabilities of dysthymia and other mental health issues, and more asthma (Gundersen, 2012). This is why increasing food access is important in improving a community’s health status along with children living within a certain area. When evaluating food access there are a few things to consider such as is there a local grocery store nearby, is there transportation that goes near the store, and once there how to purchase the food items. Several task forces have been assembled to identify and find ways to improve food access. Pooling resources and creating partnership to support projects to address food access is a start. Increasing awareness of existing food assistance programs and participation is the great way to help with access and to help expand upon already established programs. Providing a proactive voice for protection of federal nutrition programs is necessary due to several residents relying on federal program such as SNAP. SNAP is a great program available to help individuals’ purchase their food items but also having a grocery store nearby to use the SNAP benefits and having transportation to the store need to be considered. Roger’s Park does have a number of grocery stores and several accept SNAP benefits (refer to Phase II resources). Additionally, the transportation system in Roger’s Park is robust and is beneficial to get to and from the grocery store. However, there is a fourth aspect to consider and it may not always be thought about and it is whether the store is carrying healthy food items. Although, an individual has a store nearby does not guarantee it contain fresh foods such as produce. This is not taken into account when the percentages are measured because as mentioned above it just considers proximity to the stores. Therefore, ensuring and monitoring the stores are buying produce seasonally so it is affordable
and high quality is important because this provides the consumer with foods needed to maintain a nutritious diet. There are several important items to consider when evaluating food access and working as a cohesive group to accomplish these many aspects is needed to reduce food insecurity to improve health outcomes.

3. Women, Infant, and Children (WIC): When evaluating WIC locations in the Rogers Park area there is only one location, which is on Howard street. Women, Infant, and Children, is a supplemental program specifically for low to moderate income pregnant women, recently delivered women, breastfeeding women, infants, and children up to age 5 who are at nutrition risk. Fathers can also bring their children to apply for WIC benefits. Those who are at nutrition risk include low to moderate income families due to lack of food access, or inability to purchase healthy food during the prime developmental stages of a child’s life. It is important that pregnant women, infants, and children up to age 5 get all the essential nutrients and have enough food for proper growth and development. WIC is a food assistance program that provides participants with special checks to buy healthy foods, including milk, juice, eggs, cheese, cereal, dry beans or peas, peanut butter, and whole grains. Participants can choose different packages based on their specific needs or desires. WIC promotes breastfeeding during the first six months, and provides the mother with more food because she has increased nutrient needs during this time. Each participant must meet with a nutritionist during their first visit and every 6 months thereafter, unless they are deemed high nutritional risk. This may include low BMI percentile for weight-for-length or inappropriate feeding practices. Inappropriate feeding practices may include more than six ounces of juice per day for a child, or excessive sugar intake. The nutritionist provides counseling in order to inform participants about nutrition and healthy behaviors in order to eat well and ensure mothers and children are getting all essential nutrients for proper growth and development. The nutritionist also provides information and help about breastfeeding, and other resources if they need more assistance. In order to qualify for WIC benefits, household income must be **ADD how to participate in WIC, why it's important to Rogers Park, only one location**

4. Supplemental Nutrition Assistance Program (SNAP): SNAP, formerly known as food stamps, in Rogers Park is 20.5% and Chicago is 20.3% in 2011-2015. The percentage indicates the percent of households receiving SNAP among total households, and the number indicates the number of households within each city receiving SNAP benefits. This has been taken from the US Census Bureau: American Community Survey 2010 5-year estimates, 2015 5-year estimates, and 2010-2015 1-year estimates among Chicago and race groups. The total number of households in Chicago that receive SNAP benefits is 213,530. The majority of households are African American, with Hispanic or Latino as the second highest among those households with SNAP
benefits. These percentages indicate that the amount of households participant in SNAP is comparable between Rogers Park and the city of Chicago as a whole. However, the percent of households that participate in SNAP within Rogers Park is slightly low compared to the percent of household poverty, which is 23.4% in Rogers Park, as well as, child poverty at 31%. This indicates that not all those low to moderate income families receive SNAP benefits. SNAP has been called “the cornerstone of the nation’s nutrition safety net,” and is one of the most important programs in place to prevent hunger and food insecurity within the United States (LANDERS). SNAP helps low-income families put more food on the table for their children, which is an investment in their future (FNS). This program can also help fight obesity through nutrition education. Nutrition educators teach SNAP participants the importance of a quality diet, how to prepare healthy low-cost meals, and how to make healthy choices. SNAP can also benefit the elderly by keeping them independent. Participation allows for an improvement in nutrition status and overall health, leading to an increased sense of independence. All low-income families can benefit from this program and it aids in transition to self-sufficiency. SNAP helps participants become financially stable and provides needed support as they transition to self-sufficiency. Half of all new participants leave the program within nine months. SNAP also benefits the state and local economy of Rogers Park. Participants that utilize SNAP help support local food retailers and farmers; every $5 in new SNAP benefits generates as much as $9.20 in economic activity. Most importantly, SNAP can help families and children achieve optimal performance by having their food needs met, which contributes to higher productivity in work or at school. This is important to be healthy for employed family members, as well as, school-aged children. How to apply, why it is challenging

5. Education: In 2011 through 2015, 15.8% of the population in Rogers Park had no high school graduation compared to the 15.9% in the city of Chicago. At the same time, there is 41.9% of the population of Rogers Park with college graduation or more, compared to the 36.6% in Chicago for adults aged 25 years and older. Rogers Park has a higher college graduation rate than the rest of Chicago, however, it is still relatively low. Lack of education has been linked to increased poverty and current US policy initiatives are in place to improve the education system, including No Child Left Behind (Ladd, 2012). The No Child Left Behind Act has significantly increased the federal role in holding schools responsible for the academic progress of all students (Klein, 2015). It also put a special focus on ensuring that states and schools help boost the performance of certain groups of students, including those who are more at a disadvantage. This includes those with special education needs, and poor and minority children, whose achievement often trails their peers’. Children that come from disadvantaged households, with parents or guardians without a college diploma, on average perform less well in school than those from more advantaged
families. Unbeknownst to many people, this can set up vulnerable and low-income children for disadvantages within the school system, which further puts them behind more advantaged children, leading to a gap between the population. It is important that Rogers Park has a good school system that allows all children from all races and income levels, to advance in their education appropriately. Rogers Park only contains one public high school, and a well-renowned university. Policy initiatives should continue to be implemented to ensure that the public schools within Rogers Park provide quality education to all children, and focus on preparing them for further education to increase college graduation rates.

6. Family & Social Support: In 2011 through 2015, single parent household in Rogers Park included 6.9% of the population and 9.9% of the population in all of Chicago. The number of single parent households includes households with children aged under 18 years who live with their own single parent either in a family or subfamily. Single-parent families may include cohabitating couples and do not include children living with married stepparents. The rate includes the percentage of households with children aged under 18 years who live with their own single parent among all households. This information was taken from the US Census Bureau: American Community Survey.

7. Unemployment: in Rogers Park 9.8% and Chicago is 9.5% from 2011-2015

D. Infant Mortality: According to the Centers for Disease Control and Prevention (CDC), about 23,000 infants died in the United States in 2015. Infant mortality refers to deaths that occur during the first year of life after a live birth and is measured in deaths per 1,000 live births (CDC, 2018). The five leading causes of infant deaths in the United States in 2015 were birth defects; preterm birth and low birth weight (LBW); sudden infant death syndrome (SIDS); maternal pregnancy complications, such as preeclampsia, or anemia; and injuries, such as suffocation, according to the CDC. Infant mortality in the Rogers Park community between the years 2010-2014 was 5.5 per 1,000 live births compared to Chicago average at 7.1 per 1,000 live births. African Americans had the highest infant mortality rate in the Chicago area during 2014 when compared to other ethnic groups.

Nutrition can play a critical role in decreasing infant mortality rates. There are about five nutrition related areas that need to be addressed when considering reducing infant mortality rates: having adequate nutrition; healthy weight entering pregnancy; appropriate weight gain during pregnancy; providing medical nutrition therapy for chronic conditions such as diabetes, phenylketonuria, hypertension; and breastfeeding (Ramakrishnan et al, 2012). Studies have shown that breastfeeding is associated with a reduction in infant mortality. The American Academy of Pediatrics recommends exclusive breastfeeding for about six months, with continuation of breastfeeding for 1 year or longer depending on mothers desired. Preventing infant mortality requires a community approach that removes
critical barriers to pregnant women. These barriers include having access to health care, access to healthy foods and nutrition educations. Registered dietitians play a vital role to ensuring adequate nutrition to pregnant women, minimizing maternal complications and encouraging breastfeeding.

E. Morbidity: According to CDC, morbidity is defined as a measure of a disease in a population, either by the incidence or the prevalence of a disease. Chronic diseases such as childhood obesity, diabetes, hypertension, and cancer are examples of morbidities. Incidence refers to the occurrence of new cases of disease in a population over a specified period of time (CDC, 2012). Prevalence refers to the measure often used to determine the level of morbidity in a population (CDC, 2012).

1. Child Obesity:

Over the past three decades, there has been a significant increase in childhood obesity throughout the United States. According to CDC, between 2015 to 2016 nearly 1 in 5 school age children are obese. Obesity is usually a firm signal of an unhealthy lifestyle, usually involving eating in excess and living a sedentary lifestyle. Childhood obesity has risen within children across most ages, sex, ethnic, and socioeconomic groups. Some children are more prevalent than others depending on their needs and necessities. Childhood obesity in the Rogers Park community between 2012 to 2013 was 21.6%. Childhood obesity rates in Chicago among children of all ages were highest in African Americans and Hispanic populations. Overall, obesity leads to many health problems such as hypertension, dyslipidemia, atherosclerosis, metabolic syndrome, type 2 diabetes and non-alcoholic fatty liver disease.

There are many behavioral risk factors that contribute to childhood obesity. One of them is nutrition due to the fact that not many children are meeting the nutritional guidelines. Which means many children are eating more processed food instead of a nutritious diet. Another behavioral risk factor is not being physically active. Children are becoming more dependent on playing video games or watching television instead of being physically active. Working on educating children and parents in proper nutrition and importance of being physically active is necessary to reduce childhood obesity.

2. Maternal Infant Child and Adolescent Health:

A. Preterm

Preterm births are infants who are born at or before 37 weeks gestational age. There are multiple reasons why preterm births happen, some common causes include multiple pregnancies, poor nutrition, infections, and chronic conditions such as diabetes or high blood pressure (Goldenberg, 2017). Preterm births in the Rogers
Park community between 2010 to 2014 was 10.2% compared to Chicago average at 10.5%. African Americans had the highest preterm birth rates in the Chicago area during 2014 when compared to other ethnic groups. The age group who had the highest preterm births were among the age group of 25 to 34 years old who had 2,097 preterm births.

B. Low birthweight

According to the World Health Organization, a low birthweight infant is one born weighing less than 2500 g (5.5 lb). Common causes of low birth weight are having a preterm baby, poor nutrition, having a low body mass index (BMI) and not gaining the recommended amount of weight during pregnancy (WHO, 2018). The low birthweight rate in Rogers Park is 8.9% and the average for Chicago is 9.3% from 2010 to 2014.

C. Very low birthweight

According to the World Health Organization, a very low birth weight (VLBW) infant is one born weighing less than 1500 g (3.3 lb). Reasons for having a VLBW baby is similar to low birthweight baby, however the main cause of a baby having VLBW is being born too early. The very low birthweight rate in Rogers Park is 1.5% and the average for Chicago is 1.8% from 2010 to 2014. Overall, having adequate prenatal care during pregnancy can help reduce preterm births, low birthweight and very low birthweight.

F. Physical Environment: Rogers Park is a community located in the northeast corner of the city of Chicago, IL. According to the Chicago Health Atlas, it is home to approximately 54,402 residents. It is considered to be one of the most diverse communities by many as mentioned in the demographics section of this assessment.

1. Housing and Transit: The active transportation in this neighborhood is 53.8% compared to overall Chicago's 38.5% in 2011 to 2015. This indicates that the community has a relatively high active public transportation which is evident by a windshield survey. A windshield survey is a visual of the physical environment of a community described objectively through the surveyor's senses (vision, hearing, touch, smell, and taste). The elevated train system of Chicago, also known as the “L”, connects to surrounding suburbs and O'Hare International Airport. In addition to the “L”, there is the Chicago Transit Authority (CTA) which serves the city of
Chicago. Within Rogers Park specifically, there are stops on most major streets. The CTA bus lines are accessible by handicap. Due to ages 45 and up making up the majority of the population, this accessibility is important.

However, not so favorably, crowded housing is at 6.9%, severe housing cost burden 43%, and vacant housing 13.6% as compared to the city of Chicago as a whole (4.1%, 33.7%, 12.4% respectively). Driving through the community, it is evident that along with the population being diverse, so is the housing. From college student apartments on the southeast end to single family homes to an abundance of senior living.

Beautiful fresh water Lake Michigan lines the entire eastern edge of the community with private and public beaches. Many in the community bike, run and walk along the lakefront enjoying the view. As well as beaches, the community has multiple parks and feild houses, including Touhy park which was recently renovated. There are also four community gardens in the area: Hello! Howard Garden, Howard Area Community Garden, The Ruby Garden, and Dubkin Park Community Garden. These garden provide fun activities for individuals and families to participate in.

The Northside Community Resources (NCR), previously known as the Rogers Park Community Development Corporation, is a non-profit organization that assists future and current homeowners. They provide informative classes including the 8-hour First Time Homebuyer class, required by most lenders and government programs, and the 2-hour Condo training, designed to educate the growing condo market. In addition, NCR also offers personal counseling on credit issues, mortgage readiness, review their mortgage, apply for a loan modification, technical assistance to help homeowners who are on the verge or in default of their mortgage, etc. Along with this assistance, the NCR also has Fair Housing Education and legal help to renters experiencing discrimination.

Not surprisingly, the diversity in population goes hand in hand with diversity in dining. The cuisine ranges from authentic Indian on Devon Avenue, Ethiopian on Clark Street, Thai, semi-fast food, and of course, deep-dish pizza courtesy of J.B. Alberto’s Pizza open since 1965. It seems like there’s a restaurant for everyone.

G. Health Behaviors

1. Smoking During Pregnancy: According to the Chicago Health Atlas, 2% of Rogers Park community smokes while pregnant as compared to a higher 2.7% in the city of Chicago as a whole in 2010 to 2014. As mentioned before, as many pregnancies in the United States are unplanned, this perhaps could lead to a decrease in adequate prenatal care which, could explain the early childhood medical problems.
experienced in this community. There is one WIC center located in this neighborhood. Perhaps an increase in resources accessible to those without health care coverage could benefit and we'd see an improvement in these statistics.

2. **Diet and Exercise**: Adult fruit and vegetable intake is higher in this community as compared to the city of Chicago as a whole, 32.1% vs. 24.3%. The diversity in food could perhaps attribute to this. The traditional American diet tends to be high in processed foods, refined grains, and meats. The diverse population adds to the diversity in restaurants of cuisines that utilize more fruits and vegetables as staple foods. Alos favorably to Rogers Park, Adult inactivity is 14.9% compared to Chicago at 26.5%. AS violent crime rates are lower compared to Chicago, residents of this community may feel safer leaving their homes for some much needed fresh air. The abundance in parks and beaches also makes this easier for residents.

3. **Teen Birth Rate**: Compared to the city of Chicago, Rogers park has a teen birth rate of 22.8 per 1,000 persons vs. 27.5 per 1,000 persons. The HACC uses a family approach to provide healthcare to its' community. These services create awareness in teen and families about resources such as birth control, sexual education classes, and general awareness of sexually transmitted diseases and their consequences.

### III. Phase II- Qualitative Data

**A. Community Perspectives**: As part of our community health needs assessment, local organizations and agencies, and legislators were identified. The main focus was addressing the resources related to our social and economic factors: child poverty, food access, WIC, SNAP, education, family and social support, and unemployment however, other resources and information are provided within this assessment that address other needs such as poverty at any age, important laws and policies to keep in mind, and local parks.

Therefore, the first part of phase II is addressing who and what the resources are along with important information to keep in mind followed by a summary that identifies the strengths, challenges, and needs of the community.

Resources were provided from research within the community via person, email, phone, and online resources. Some information was obtained from the community members of Rogers Park who may or may not work at the following organizations and resources provided. The information obtained from community members was confirmed before submitting information to this assessment. Any information or resources that could not be
confirmed was not included in this assessment secondary to validity and health that could be applied by referring someone to those resources.

1. Child Care Services
   a. ABC Day and Night Care
      2047 W Chase Ave, 60645
      P: 773-465-2367
      i. Specializes in infant, daycare, before school and after school care promoting child development.

   b. Little Kiddies Daycare
      1501 West Devon Ave, 60660
      P: 773-465-7702
      i. Privately operated daycare facility that cares for children six weeks old to six years old offering full time, part time, hourly, and weekly childcare to parents as needed.
      ii. Meals are included for students and there are workshops available for parents.
      iii. The facility is an approved Head Start location.

   c. Mombassa Child Care
      1922 W Chase Ave, 60626
      P: 773-465-8302
      i. Home Daycare (In-home) licensed with CPR and First Aid that provides meals and offers activities.
      ii. Hours: Start times are flexible through 6:00 pm (Monday through Friday)

   d. Rogers Park Children’s Center - Head Start Program
      1754 W Devon Ave, 60660
      P: 773-262-3366
      i. Managed by Lutheran Social Services of Illinois Rogers Park Children’s Center designed to empower, strengthen, and support families through services and resources that will support their personal goals.
      ii. Receives city, state, and federal funding.
      iii. Bilingual staff and translation services available.
      iv. Nutritious meals provided.
      v. Children ages two to five are accepted.

2. Farmers Markets
   a. Edgewater Farmers Market
      5917 N Broadway, Broadway Armory Parking Lot
      P: 773-561-6000
      E: info@edgewate.org
b. Glenwood Farmers Market
1448 W. Morse Ave., Chicago 60626
P: 773-508-5885
E: smoratto@rpba.org
Hours of operation: Sundays, June-October: 9:00 am - 2:00 pm
   i. Devoted to making sustainable, regionally produced foods accessible to the whole community.
   ii. SNAP participants can use their SNAP/Link/EBT card to purchase vegetables, fruit, meat, cheese, tofu, baked goods, vinegar, honey and more.

C. Loyola University Farmer’s Market
6550 N. Sheridan Road, Loyola Plaza
Hours of operation: Mondays, June - October: 3:00 pm - 7:00 pm
Public transportation: CTA Red Line Loyola stop
   i. Accepts link card, senior food farmer’s market coupons, & WIC to serve those in need by increasing access to fresh, nutritious, locally grown, affordable food.

3. Grocery Stores

General:

a. Aldi Food Market (SNAP Approved)
   6221 N Broadway, 60660
   P: 855-955-2534
   Public transportation: Red Line (Near Granville stop)

b. Cermak Fresh Market (SNAP Approved)
   6623 Damen Ave, 60645
   P: 872-888-8835
   Public transportation: Bus 155 (Devon and Damen stop); Bus 22 (Clark and Pratt stop)

c. Devon Market (SNAP Approved)
   1440 West Devon Ave Chicago, IL 60660
   P: 773-338-2572
   Public transportation: Buses 36, 151, and 155 (Devon and Glenwood)

d. Edgewater Produce Inc.
   5515 N Clark St, 60640
   P: 773-275-3800
   Public transportation: Bus 50

e. Jewel-Osco (SNAP Approved)
   1763 Howard St, 60626
   Phone number: 773-274-1287
Public transportation: Red Line
i. Can provide free tours of eating patterns and lifestyle changes for diabetes patients. Contact store’s registered dietitian for other local events.

f. Mariano’s *(SNAP Approved)*
5201 N Sheridan Rd, 60640
P: 773-506-0558
Public transportation: Bus 136, 146, and 147
i. Contact store to view nutrition events, registered dietitian may be able to provide nutrition education for guests.

g. Morse Fresh Market
1430 W Morse Ave, 60626
P: 773-973-3765
Public transportation: Red Line (Morse stop); Bus 96 and 155 (Morse and Greenview; Morse and Glenwood stop)

h. Rogers Park Fruit Market - Organic *(SNAP Approved)*
7401 N Clark St, 60626
P: 773-262-3663
Public transportation: Red Line, Bus 22, 215, 290 (Rogers and Clark stop) 97, 201, and 206 (Rogers and Hermitage stop)

i. Whole Foods *(SNAP Approved)*
6009 N Broadway, 60660
P: 773-506-7600
Public transportation: Red Line (Thorndale stop); Bus 36 (Broadway and Elmdale stop)

Ethnic:

j. Hoa Nam Grocery *(SNAP Approved)*
1101 W Argyle St, 60640
P: 773-275-9157
Public transportation: Red Line

k. La Unica Food Mart *(SNAP Approved)*
1515 W Devon Ave, 60660
P: 773-274-7788
Public transportation: Bus 22, 36, 151, and 155

l. Tai Name Food Market *(SNAP Approved)*
4925 N Broadway, 60640
Phone number: (773) 215-5666
Public transportation: Bus 36, Red Line

m. Viet Hoa Plaza *(SNAP Approved)*
4. Health Services

a. Access Evanston - Rogers Park Health Center
   1555 Howard St, 60626
   P: 773-764-7146
   i. Federally-qualified health center organization accredited by The Joint Commission and strives to improve the health and wellness of the community.
   ii. Services include: family practice, internal medicine, pediatrics, obstetric/gynecological and midwifery services, management of chronic disease, low-cost breast and cervical cancer screenings, behavioral health services, HIV/AIDS counseling, testing, and primary care, substance abuse treatment program, case management, specialty care services.

b. Heartland Health Center
   1300 W Devon Ave, 60660
   P: 773-751-7800
   i. This organization offers primary health care and mental health services. This is not just a focus on children. Heartland is open to the entire community accepting Medicaid and Medicare. They also provide school-based health centers to easily provide care for students.
   ii. Strives to improve the well-being of the community by providing accessible, high-quality healthcare.
   iii. Services include primary care for all ages, management of chronic illnesses, school and sport physicals, women's health (prenatal care), pediatrics, mental health services, immunizations, and health education.

c. Howard Brown Health
   6500 N Clark St, 60626
   P: 773-388-1600
   i. Exists to eliminate the disparities in healthcare experienced by lesbian, gay, bisexual and transgender people through research, education and the provision of services that promote health and wellness.
   ii. Provides primary care, HIV/AIDS, and counseling services.

d. Planned Parenthood - Rogers Park Health Center
   5725 N Broadway, 60660
   P: 773- 942-7193
i. Provides high-quality, affordable health care, and sex education. With or without insurance, clients are always provided health care.

5. Nutrition Services

a. Care for Real Food Pantry
5341 N. Sheridan Rd, 60640
P: 773-769-6182
i. If you are in their service area and meet the income eligibility requirements, then you can receive monthly staples every 30 days. You will also receive fresh bread, fruits, and vegetables for up to four times per week.

b. EFNEP
University of Illinois Extension
P: 773-768-7779
i. Provides low-income individuals families with young children with the knowledge, skills, and desire to adopt and maintain a nutritious diet.

c. Evanston Vineyard Food Pantry
2495 Howard St, 60202
P: 847-328-4544
i. Services approximately 200 families, providing each with 3-4 grocery bags of fresh produce, meat, dairy and dry goods, including personal care products, usually of their choice. In addition, families may visit the Clothes Closet for needed items, which are provided free of charge.

d. Greater Chicago Food Depository
4100 W. Ann Lurie Place, 60632
P: 773-247-3663
i. Non-profit organization dedicated to providing food for the hungry and ending hunger. It serves over 700 food pantries, shelters, community kitchens, & more in Cook County. The foods provided range from canned food to fresh produce.

e. Illinois Hunger Coalition
P: 1-800-359-2163 (Hotline number)
W: www.ilhunger.org
i. Helps families apply for necessary public benefits such as SNAP, Temporary Assistance for Needy Families (TANF), Low Income House Energy Assistance Program (LIHEAP), etc. and can also direct families to a neighborhood food pantry or soup kitchen.

f. Infant, Inc.
Winnetka, IL 60093
W: http://www.infantinc.org/About-Us.html
i. Feeds infants throughout the Chicago area buying and delivering infant formula to more than 50 food pantries and shelters and social services. Also supplies layettes of newborn clothing upon request.

g. HACC Food Pantry
7648 N Paulina Street, 60626
773-262-6622
Hours of operation: Mondays: 9:00 am - 11:00 am, Thursdays: 2:00 pm - 6:00 pm
i. Services nearly 12,000 low-income families and individuals every year. Community members can visit once a month to pick up fresh bags of groceries.

h. “A Just Harvest” Soup Kitchen
7649 N. Paulina St., 60626
P: 773-262-2297
i. Fights poverty and hunger in Rogers Park and greater Chicago community by providing nutritious meals daily while cultivating community and economic development and organizing across racial, cultural and socioeconomic lines in order to create a more just society.

i. SNAP
P: 1-800-221-5689
W: https://www.fns.usda.gov/snap/apply
i. The Department of Human Services runs this program. People who do not qualify for cash assistance from the Department and do not have enough money for groceries may still qualify for food stamps.

j. Vital Bridges
121 W. Lake St, 60624
P: 773-826-7066
i. Vital Bridge has been in the area for over 30 plus years. With the help of even Loyola University social work school that has been helping with the food pantries for over 30 years. Loyola University has a strong connection with Vital Bridge.
ii. Services low-income individuals living with HIV/AIDS.
iii. There are four other grocery centers in Edgewater, Englewood, Garfield Park & in Elk Grove Village. There are more than 400,000 meals for people with low-income with HIV.

k. Warren Park Produce Mobile
6601 N Western Ave, 60645
P: 773-987-7700
i. Offers fresh fruits and vegetables to anyone who comes. Food is received for the Greater Chicago Food Depository and is run entirely by volunteers dedicated to serving the community.
1. WIC Howard Area  
1516 W. Howard St, 60626  
P: 773-338-7334  
i. Safeguards the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.  
ii. Services: Food, nutrition counseling, and access to health services. Will also help with assistance to food insecurity (food pantries, farmers markets, etc.) Education workshops and food demos may be available. No appointments required.

6. Parks and Community Gardens  
   a. Loyola Beach Park  
i. The large field-house is equipped with two gymnasiums, woodshop, boxing center and clubrooms for rental.  
ii. Outside the park offers a senior baseball and a softball field, a two-hoop basketball court, sand volleyball courts, four tennis courts, a playground, as well as a nearly 2/3-mile walking trail along the beach and Lake Michigan.  
iii. Beach season begins the Friday before Memorial Weekend and goes through Labor Day.
   b. Peterson Garden Project  
6306 N Broadway, 60660  
W: www.petersongarden.org  
i. Donates extra produce to Care for Real with the Grow2Give program and provides cooking classes.
   c. Senn Unity Community Garden  
1532 W. Thorndale Avenue Chicago  
E: sennuitygarden@gmail.com  
i. It features 22 raised beds for vegetable gardening, a grape arbor, flower gardens around the perimeter, and public art.
   1. Vegetable plots are awarded on a first come first served basis.

7. Social Services  
   a. CTA Second Chance Program (Social Services)  
P: 773-262-3515  
i. For people who were incarcerated can contact the CTA to learn about employment and resource opportunities.
b. Healthy Families of Illinois (HFI)
Illinois Department of Human Services
Bureau of Child and Adolescent Services
P: 217-785-0462
   i. Services expectant and new parents, with the goal of improving parent-child interactions, including preventing child abuse and neglect and promoting optimal child development.
   ii. HFI provides intensive home visitation services that are culturally relevant, promote connections with community resources, and provide support and education related to positive parenting practices.

c. HACC
7648 N. Paulina St, 60626
P: 773-262-6622
   I. Provides affordable and free education, employment, and health assistance programs for the greater Rogers Park area.
   II. Strives to assist individuals & families in Rogers Park & adjacent communities in multiple ways.
      i. Programs include a birth to five education program, domestic violence program, home visiting program, and energy and emergency assistance program.

d. Illinois Department of Human Services
5050 N Broadway, 60640
P: 773-989-5000
   I. Provides Illinois residents with services, referrals, and assistance.
   II. Major programs under this department include: Food Stamps, Cash, Medical Programs, and Temporary Assistance for Needy Families (TANF), Women, Infants, and Children (WIC), Emergency Food, Sexual Assault Prevention Program, and Emergency Food and Shelter.

e. Ladder Up
   i. Tax assistance program (TAP)
      1. Offers free electronic preparation and e-filing of individual income tax returns for Chicago-area taxpayers.
   ii. Assistance to the Free Application for Federal Student Aid (FAFSA).
   iii. Financial Literacy Program that includes financial literacy workshops and coaching.

f. Misericordia
6300 N. Ridge Ave, 60660
P: 773-973-6300
   i. Offers a community of care that maximizes potential for persons with mild to profound developmental disabilities, many of whom are also physically challenged.
   ii. Services society’s most vulnerable citizens and the families who want the best for them, yet cannot provide it at home.
B. **Summary of Perspectives: Community Perspectives:** Phase II of Rogers Park Community Health Assessment “Qualitative Data” focused on collecting and researching data from local organizations and agencies, and legislators to identify the strengths, challenges, and needs of the community. Once again, the main focus was addressing the resources related to our social and economic factors: child poverty, food access, WIC, SNAP, education, family and social support, and unemployment.

It is important to understand that some resources and information may aid in other social and economic factors such as food access can help in addressing child poverty and unemployment. Along the same line, other resources discussed not related to our main social and economic factors can help in the injustice of other health risks that the community presents. For this reason, it is important to view all resources as one organization or resource can help with many factors or problems such as Misericordia, as another example, can help with disabled adults, young adults, children, or infants, yet also provide employment, increasing community living, and provide a source to local shopping and dining.

Expanding community health resources will further aid in the injustice or concerns that Rogers Park presents, however, much awareness of these resources and the resources in Chicago, as a whole, need to be addressed in order to see improvement within this community. For this reason strengths seen from phase II is the resources and information available, however, the challenges and limitations to this is the awareness of these resources and information.

This phase aims to lay the foundation for planning, implementing, and evaluating current or future community health risks related to nutrition from a community-based standpoint. Future evaluations are needed from the community and can be evaluated by interviewing community members and organizations from each area of focus (nutrition services, social services, etc.).

Recommend to update phase II every 6-12 months secondary to new or existing information from available resources or information.
IV. Conclusion

A. Summary of Key Findings (Phase I):

1. Demographics:
   a. The diversity of Rogers Park helps strengthen the neighborhood by promoting a culture of inclusion and providing a solid foundation for the community to thrive.
   b. The population of Rogers Park is well represented by children, youth, and adults.
   c. From a sociocultural perspective, Rogers Park is one of the most diverse communities in Chicago.
   d. Weaknesses of the community include crammed housing, violence, and a shortage of medical facilities such as hospitals.

2. Access to Care:
   a. Many pregnant women of low-socioeconomic status often do not receive the early prenatal care they require. Primary care providers play an important role in providing prenatal care.
   b. The uninsured rate of Rogers Park is approximately two times higher than the average rate within Chicago which is problematic for pregnant women and women with children.
   c. Women ages 15-24 are less likely to receive prenatal care compared to any other age group which may be attributed to unplanned pregnancies and lack of support.

3. Social and Economic Factors:
   a. 31% of children in Rogers Park were living in poverty from 2011-2015.
   b. Increasing rates of childhood obesity.
   c. The complexity of food systems must be considered when addressing food insecurity, in addition to better understanding the unique obstacles food insecure individuals and families face.
   d. WIC and SNAP function as nutritional cornerstones for low income families and help promote nutritional status while combating food insecurity.
   e. Unemployment rates accounted for 9.8% of the Rogers Park population in 2011-2015.

B. Summary of Key Findings (Phase II): The data collected in phase II provides a comprehensive list of community organizations, agencies, and businesses serving low-income pregnant women and children zero to five years old.
C. **Priority Areas:**

a. **Access to Early Prenatal Care**
   i. Connect pregnant women with early prenatal care services such as community health centers and WIC.

b. **Expanding Medical Services**
   i. Increase access to primary care, preventative services, and specialty care.

c. **Child Obesity**
   i. Promote physical activity among children.

d. **Child Poverty**
   i. Connect children to appropriate childcare services and nutrition services.

e. **Food Insecurity**
   i. Refer to food banks, soup kitchens, or federally funded nutrition programs as appropriate.

f. **Support for Women and Children**
   i. Connect women and women with children to social support groups.

D. **Recommendations:** To address the priority areas identified, opportunities for partnerships among community health stakeholders must be sought after. For example, low-income mothers may be unaware of the nutrition services offered within the Rogers Park without a referral process in place between health clinics and federally or locally operated nutrition programs. Furthermore, community stakeholders may be unaware of the various health services provided within the community that may benefit those in need most. The high uninsured rates among women of childbearing age and lack of pregnancy support groups may contribute to young pregnant mothers not receiving early prenatal care. Identifying shortages in community resources and expanding those resources to meet the needs of the community is crucial.

E. **Plans for Future Evaluation:** Further qualitative data must be collected by interviewing members of community organizations, agencies, and businesses to identify shortages in community resources and better understand the barriers to achieving optimal health and nutritional status among pregnant women and children zero to five years old. This will help identify the immediate needs of the population.
V. References


