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Good morning.

My name is Anne Igoe and I am here today representing SEIU Healthcare Illinois, a union of 90,000+ homecare, childcare, nursing home, and hospital workers including service and maintenance and technical employees at Northwestern Memorial Hospital.

Northwestern is currently seeking permission to build a \$163 million outpatient center in Bronzeville which will be its first facility of any kind serving the South Side.

The Bronzeville outpatient center will house physicians' offices along with desperately needed non-hospital based ambulatory care services including infusion, diagnostic imaging, outpatient rehabilitation, and well-patient laboratory.

SEIU Healthcare supports the Bronzeville project because it will increase access to care for South Siders and asserts that it is a long overdue step in the right direction by one of Chicago's leading health systems who for too long have shunned South and West Side communities.

Our union likewise asserts, however, that much greater investment is needed from Northwestern Medicine and other big regional health systems to meaningfully address racial health inequities in Chicagoland, particularly on the South Side where these inequities are most pronounced.

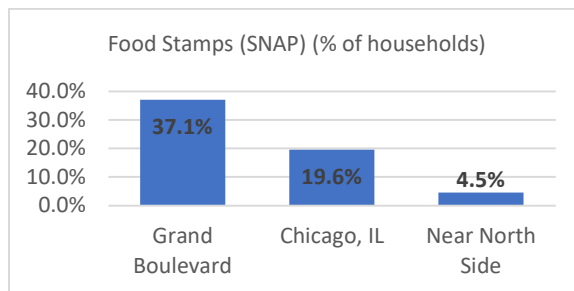
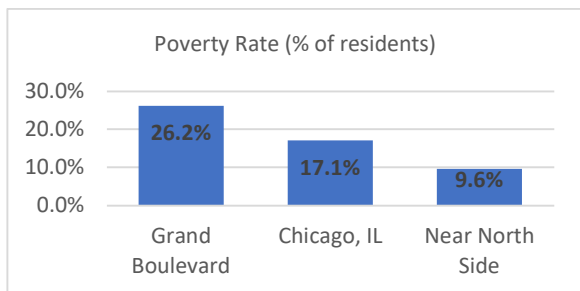
The Grand Boulevard Community Area where Bronzeville is located has particularly stark racial health inequities compared to Chicago as a whole and especially to the Near North Side community area which is home to Northwestern Memorial Hospital, the health system's flagship facility and only short-term acute care hospital in Chicago-proper.

Social Determinants of Health

These persistent racial health inequities stem largely from social determinants of health including poverty, divestment, and systemic racism.

According to the Chicago Health Atlas, more than a quarter of Grand Boulevard residents (26.2%) live below the poverty line compared to 17.1% in Chicago and

only 9.6% in the Near North Side. Nearly two in five households are on food stamps (compared to 19.6% in Chicago and 4.5% in Near North Side).

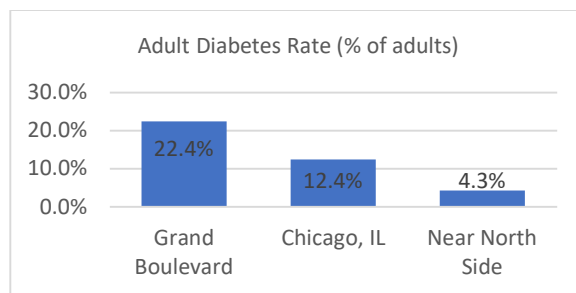
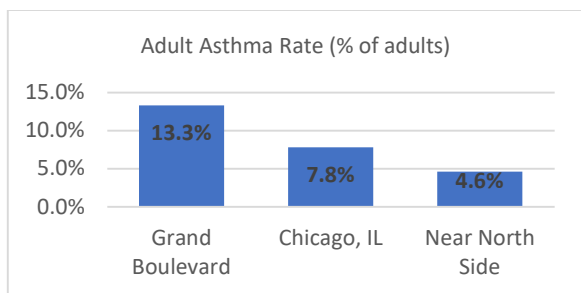


Grand Boulevard is also 90% black and continues to endure the negative consequences of white supremacy and systemic racism, especially housing segregation and divestment.

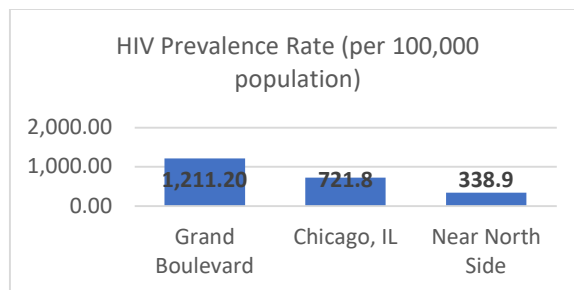
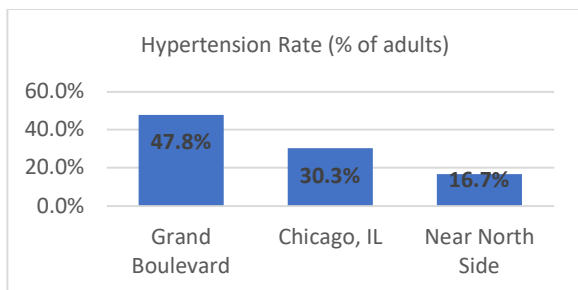
Factors like the inability to find work that pays a living wage and the enduring effects of systemic racism in among other areas healthcare and housing contribute to poor health outcomes and perpetuate health inequities including the prevalence of chronic health conditions, disproportionately high mortality and morbidity rates, and lower life expectancy.

Health Inequities

Consequently, Grand Boulevard residents are much more likely than other Chicagoans or Near North Side residents to have asthma, diabetes, hypertension, and HIV. They are also more likely to have a disability.



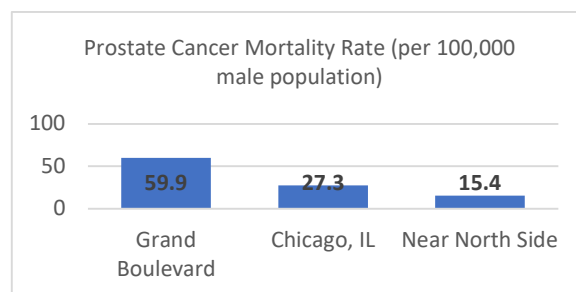
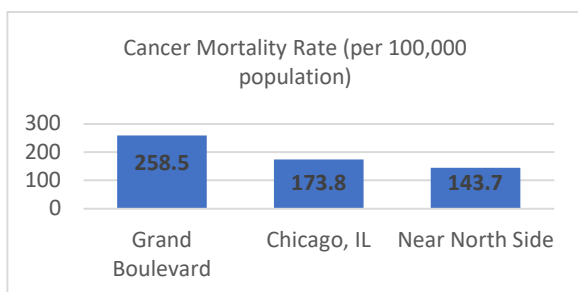
A staggering 47.8% of Grand Boulevard adults suffer from hypertension and HIV prevalence in the community is three times that of the Near North Side.



The prevalence and severity of these chronic conditions demonstrates the need for more healthcare investment in the Grand Boulevard community and across the South Side.

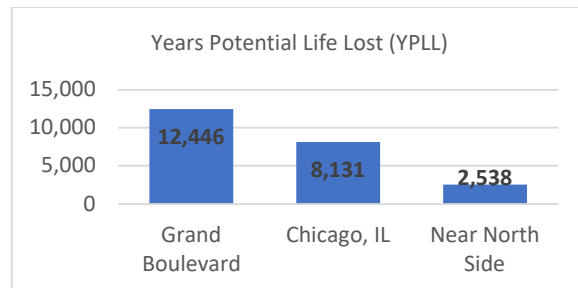
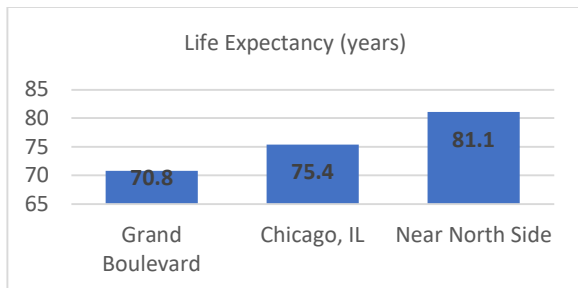
Grand Boulevard and other South Side residents not only suffer more chronic health conditions but have greater mortality risk and live shorter lives on average than other Chicagoans and Near North Side residents.

Cancer and other condition-specific mortality rates in particular compare starkly to other parts of the city. Grand Boulevard residents are nearly twice as likely to die of cancer than Near North Side residents; male residents are nearly four times as likely to die of prostate cancer.



Grand Boulevard residents suffer disproportionately high mortality rates from other diseases as well. The community's Chronic Lower Respiratory Disease mortality rate, for example, is nearly twice that of Chicago and more than three times the rate in the Near North Side community.

The cumulative result is diminished life expectancy and thousands of years of potential life lost compared to other (whiter and more affluent) parts of Chicago.



COVID-19 Pandemic

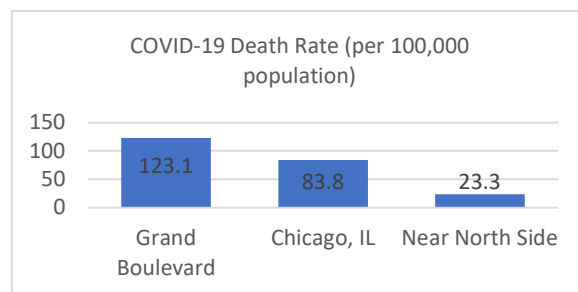
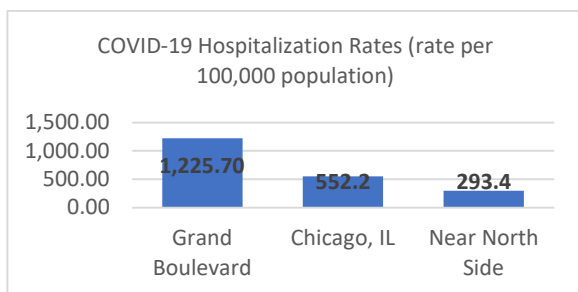
The COVID-19 pandemic disproportionately affected low-income communities of color like Grand Boulevard in part by exacerbating existing health inequities which made these communities particularly vulnerable to the pandemic.

The Center for Disease Control and Prevention uses a statistic called the Social Vulnerability Index to assess the presence and impact of these conditions on community health and the risk to vulnerable populations during a health crisis like the COVID-19 pandemic.

According to the CDC Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household characteristics, racial and ethnic minority status, or housing type and transportation.

When the COVID-19 pandemic hit, these factors proved deadly.

Grand Boulevard residents were more than four times as likely to be hospitalized and five times more likely to die of COVID-19 than residents of the affluent Near North Side community.



This tragic outcome could have been mitigated if Chicagoland's big health systems had spent a fraction of the time and resources building healthcare infrastructure in Grand Boulevard and other medically vulnerable communities instead of chasing profits in the suburbs.

Conclusion

Fortunately, it's not too late for Northwestern and other big Chicagoland health systems to do right by these too long forgotten communities.

In this light, Northwestern Medicine's proposed Bronzeville center is a welcome development that will hopefully begin to mitigate the terrible racial and economic health inequities endured by so many South and West Side communities with limited access to care.

But this must be a first step, not a onetime gesture to deflect from Northwestern's neglect of these communities in the past.

We hope and expect this is only the first of many investments by Northwestern in Chicago's medically disadvantaged South Side.

Therefore, SEIU Healthcare supports Application #22-046 with the expectation that Northwestern Medicine will continue to invest resources and build healthcare infrastructure in Chicagoland's vulnerable communities.

Thank you for your time and consideration,

Sincerely,

Anne Igoe, Health Systems Director, SEIU Healthcare Illinois Indiana Missouri Kansas