

Rush Community Health Needs Assessment: Focus Group Analyses

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Introduction

Rush University Medical Center’s (RUMC) Community Health Needs Assessment (CHNA) included focus groups in 11 community areas: Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale, South Lawndale, Austin, River Forest, Forest Park, and Oak Park. The focus groups generated qualitative data on community strengths and challenges, as seen by community members.

Methods

Each focus group was asked a series of questions to solicit perspectives on community strengths and needs. N = 84 participants took part in the 11 focus groups, with an average group size of 8 people.

Two focus groups were facilitated in Spanish.

All focus groups were audio recorded and fully transcribed. Qualitative analysis of the focus group generated major themes. Nvivo was used to code the transcripts.

Included in this presentation are a small sample of quotes to illustrate major themes in the transcripts.

Results

Major Theme	Issues	Responses
Resources	Community partnerships; education; food environment; housing; jobs; police; transportation; youth; youth recreation	<p>“I’d like to see some more nice grocery stores come back into the community”. (West Garfield Park)</p> <p>“The area is going through a vast amount of change but the resources going for it here is more open to like, people from the outside than people in our community”. (East Garfield Park)</p> <p>“They cut all of the programs for teenagers out here and they wonder why they have such a problem with teens...”. (Austin)</p> <p>“We have museums. People travel over here to see them. We have plenty of positive things”. (South Lawndale)</p> <p>“...let them [kids] see that there’s more going on in life than what’s happening in this community. Maybe that will change their mind about picking up a gun or selling drugs or whatever”. (West Garfield Park)</p>
Socialization	Community ties; family structure	<p>“Unity is just being able to come together and be able to protect our kids, being able to, like when I was coming up, it took a village, like if someone seen your child out late, they be like “hey!” you know, they gonna take you to your mother, you know, so we don’t have unity”. (North Lawndale)</p> <p>“A lot of churches, sense of family”. (South Lawndale)</p>
Community	Diversity; affordability; demographic changes; boundaries; identity	<p>“I live around here and I’m going to be truthful, I actually...if you don’t know this area, it’s really not all that good...it has been gentrified and it has come a long way. But the truth is, you know, you don’t always feel the safest around here”. (Near West Side)</p>
Social Divisions	Gender; class; race / ethnicity	<p>“If the people in the neighborhood were to come together, they could make so much happen. But every day has been divided among people---I stick to my own kind and I help my own kind, instead of everybody helping each other. I don’t see people coming together pulling together.” (East Garfield Park)</p>
Safety	Fear; violence; gun violence; drugs; police; racism	<p>“We’re all scared to go out at night”. (Austin)</p> <p>“70% on the news is violence and 25% is the good that communities are doing”. (Lower West Side)</p> <p>“Police need to play a part in this. Because they need to partner with us. We need people who will stop looking at us as the “them” and think of us as “us””. (East Garfield Park)</p>
Health Care	(Dis)satisfaction; student doctors; wait time; communication	<p>“I’m sorry but right now our mental health system leaves a lot to be desired”. (Oak Park)</p> <p>“People normally, if they’ve got to work, healthcare is the last thing that they’re concerned with”. (Austin)</p> <p>“Sometimes we take it for granted though, how many hospitals are around. You know you think you call and they come and in two minutes three minutes you’re at somewhere. ...a lot of places don’t have that convenience”. (Forest Park)</p>
Responsibility for Solutions / Ownership of the Problem	Community voice; partnerships; role of hospitals	<p>“UIC is already partnering. Chicago State is partnering. Everybody is partnering. DePaul. Everybody is partnering with us. [other member: they’re trying to help] We need to partner with ourselves. You can’t come in ... from Rush and represent Rush, and tell us this is what we need to do. We know what we need to do. We’re not doing it”. (Austin)</p>

Conclusions

While there was some variability in responses *between* communities (particularly urban and suburban communities), these focus groups show a considerable level of agreement around core issues – pointing at inequitable distribution of resources as a fundamental social determinant of health.

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