



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: I-01	BOARD MEETING: December 16, 2014	PROJECT NO: 14-026	PROJECT COST: Original: \$5,375,998
FACILITY NAME: Fresenius Medical Care New City		CITY: New City	
TYPE OF PROJECT: Substantive			HSA: VI

PROJECT DESCRIPTION: The applicants (Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care New City, Fresenius Medical Care Holdings, Inc.) are proposing to establish a 16 station end stage renal dialysis (“ESRD”) facility in Chicago, Illinois. The cost of the project is \$5,375,998 and the project completion date is June 30, 2016.

The applicants received an intent to deny at the October 7, 2014 State Board Meeting and provided additional information on November 21, 2014.

The applicants stated in part *“New City is a neighborhood on the south side of Chicago that is a Federally Designated Medically Underserved Area. Coinciding with its MUA designation are many socio-economic indicator disparities in New City. According to the Social Impact Research Center using U.S. Census data:*

- *the population is 30% African American and 54% Hispanic*
- *33% of the population is living below the poverty level*
- *14% are living in extreme poverty*
- *39% of the adult population does not have a high school diploma*
- *16% receive public assistance in the form of cash*
- *37% receive SNAP benefits (food stamps)*
- *The unemployment rate in New City is 23%*

These are staggering statistics alone, but when added to the fact that this minority population is twice as likely to develop diabetes and/or hypertension leading to kidney failure, from the standpoint of planning, the situation is a ticking bomb. Area dialysis clinics are already full and the provision of additional access needs to be acted upon now.”

At the conclusion of this report is the supplemental information submitted by the applicants and the excerpts from the October 7, 2014 State Board Meeting.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicants (Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care New City, Fresenius Medical Care Holdings, Inc.) are proposing to establish a 16 station end stage renal dialysis (“ESRD”) facility in Chicago, Illinois. The cost of the project is \$5,375,998 and the project completion date is June 30, 2016

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project proposes to establish a health care facility as defined by Illinois Health Facilities Planning Act (20 ILCS 3960(3)).

PURPOSE OF THE PROJECT:

- *According to the applicants the purpose of the project is “to provide life-sustaining dialysis services to residents living in the far south and west side of Chicago and address the determined need for 127 stations in HSA 6. The closest Fresenius clinics that currently serve the 300,000 residents living in this area, Fresenius Bridgeport to the north and Marquette Park to the south, are both full and additional access is needed to address the shortage of access to dialysis in these underserved neighborhoods.”*

NEED FOR THE PROJECT:

- The State Board has projected a calculated need for 127 ESRD stations in the HSA VI ESRD planning area by CY 2015. The applicants have identified 213 pre ESRD patients that reside in the HSA 6 ESRD planning area that will need dialysis within the next 24 months of completion of the proposed facility. The facility will be located in a Medically Underserved Area/Population as determined by the federal Department of Health and Human Services. It appears there is a demand for the proposed facility as evidenced by the number of pre ESRD patients (213 patients) and that the proposed facility will serve the residents of the HSA 6 ESRD planning area because all of the pre ESRD patient reside in the HSA 6 ESRD planning area. It also appears that the proposed facility will improve access as the proposed facility will be located in a Medically Underserved Area/Population. In addition the area has been designated a Health Professional Shortage Area.
- No mal distribution of service will result should the State Board approve the project because the ratio of stations to population in the 30 minute area (adjusted time) is not 1.5 times the State of Illinois ratio.
- There are 56 ESRD facilities with 1,241 ESRD stations within 30 minutes (adjusted time) of the proposed facility. Of the 56 facilities one facility did not provide utilization data for the September 2014 quarter (Maple Avenue Kidney Center) and 2 facilities were recently approved by the State Board (DaVita Westside and SAH Dialysis) and no data was available. 24 of the 53 facilities are operating at target occupancy. Average utilization of the 53 facilities is 73.71%.

PUBLIC COMMENT:

- An opportunity of a public hearing was provided however no hearing was requested. Letters of support were received from
 - Toni L. Foulkes, Alderman-15th Ward Chicago.No opposition letters were received by the State Board Staff.

FINANCIAL:

- The applicants are funding the project with cash and cash equivalents of \$2,404,533 and the fair market value of lease and equipment of \$2,971,465. The applicants have cash and cash equivalents of \$275,719,000 as of December 31, 2013.

WHAT WE FOUND

- The applicants addressed 22 criteria and did not meet the following:

State Board Criteria Not Met	
Criteria	Reasons for Non-Compliance
77 IAC 1110.1430(d)(1) - Unnecessary Duplication of Service	Unnecessary Duplication of Service is characterized by existing facilities within 30 minutes (adjusted) providing the same service as the proposed facility not operating at the State Board’s target occupancy of 80%. 24 of the 53 facilities within 30 minutes (adjusted) are currently operating at the State Board’s target occupancy of 80%. State Board Staff Note: Average utilization of the 53 facilities within 30 minutes (adjusted) is 73.71%. This criterion assumes that all facilities within 30 minutes (adjusted) is operating 3 shifts a day, six days a week, 52 weeks a year.

**STATE BOARD STAFF REPORT
Fresenius Medical Care New City
PROJECT #14-026**

APPLICATION CHRONOLOGY	
Applicants(s)	Fresenius Medical Care Chicagoland LLC d/b/a Fresenius Medical Care New City, Fresenius Medical Care Holdings, Inc.
Facility Name	Fresenius Medical Care New City
Location	Chicago
Application Received	June 20, 2014
Application Deemed Complete	June 24, 2014
Can applicants request a deferral?	Yes
Review Period Extended by the State Board Staff?	No
Applicants Received ITD?	October 7, 2014

I. The Proposed Project

The applicants are proposing to establish a 16 station ESRD facility in Chicago, Illinois. The cost of the project is \$5,375,998 and the project completion date is June 30, 2016.

II. Summary of Findings

- A. The State Board Staff finds the proposed project does **not** appear to be in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1120.

III. General Information

The applicants are Fresenius Medical Care Chicagoland, LLC d/b/a Fresenius Medical Care Holdings New City and Fresenius Medical Care Holdings, Inc. Fresenius Medical Care Holdings, Inc., a New York corporation, is a subsidiary of Fresenius Medical Care AG & Co. KGaA, a German partnership. The facility is located at 4622 S. Bishop Street, Chicago. The operating entity is Fresenius Medical Care Chicago, LLC d/b/a Fresenius Medical Care New City. The owner of the site is 4622 South Bishop, LLC.

The project is a substantive project and is subject to Part 1110 and Part 1120 review. Obligation will occur after permit issuance. **The anticipated project completion date is June 30, 2016.**

The facility is located in the HSA 6 ESRD Planning Area. HSA 6 ESRD Planning Area includes the City of Chicago. The State Board is currently projecting a need for 127 ESRD stations in the HSA 6 ESRD Planning Area by CY 2015.

IV. **Federal Designations**

Medically Underserved Area

Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. The designation of a Medically Underserved Area (MUA) by the federal government is based upon the Index of Medical Underservice (IMU), which generates a score from 0 to 100 for each service area (0 being complete under service and 100 being best served), with each service area with an IMU of 62.0 or less qualifying for designation as an MUA. The IMU involves four weighted variables (ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population aged 65 or over). Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medically Underserved Population

Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care. The designation of a Medically Underserved Population by the federal government involves the application of the Index of Medical Underservice (IMU) to data on an underserved population group within an area of residence to obtain a score for the population group. Population groups requested for MUP designation should be those with economic barriers (**low-income or Medicaid-eligible populations**), or cultural and/or linguistic access barriers to primary medical care services. This MUP process involves assembling the same data elements and carrying out the same computational steps as stated for MUAs. The population is now the population of the requested group within the area rather than the total resident civilian population of the area. The number of FTE primary care physicians would include only those serving the requested population group. The ratio of the FTE primary care physicians serving the population group per 1,000 persons in the group is used in determining weighted value V4. The weighted value for poverty (V1) is to be based on the percent of population with incomes at or below 100 percent of the poverty level in the area of residence for the population group. The weighted values for percent of population age 65 and over (V2) and the infant mortality rate (V3) would be those for the requested segment of the population in the area of residence, if available and statistically significant; otherwise, these

variables for the total resident civilian population in the area should be used. If the total of weighted values V1 - V4 is 62.0 or less, the population group qualifies for designation as an IMU-based MUP. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care. (Information found at <http://www.hrsa.gov/shortage/>)

V. The Proposed Project – Details

The applicants are proposing to establish a 16 station ESRD facility in 10,250 GSF of leased space at a cost of \$5,375,998. The proposed facility will be a joint venture between Bio-Medical Applications of Illinois, Inc. with 60% ownership and AIN Ventures, LLC with 40%. AIN Ventures, LLC members are part of the Associates in Nephrology (AIN) physician practice in Chicago and the north and south suburbs.

VI. Project Costs and Sources of Funds

The applicants are funding the project with cash and securities of \$2,404,533 and a lease with a FMV of \$2,971,465. All costs are considered clinical costs. The expected start up costs and operating deficit is \$233,176.

TABLE ONE	
Project Costs and Sources of Funds	
USE OF FUNDS	TOTAL
Modernization Contracts	\$1,650,250
Contingencies	\$164,000
Architectural/Engineering Fees	\$163,283
Movable or Other Equipment (not in construction contracts)	\$427,000
Fair Market Value of Leased Space or Equipment	\$2,971,465
TOTAL USES OF FUNDS	\$5,375,998
SOURCE OF FUNDS	TOTAL
Cash and Securities	\$2,404,533
Leases (fair market value)	\$2,971,465
TOTAL SOURCES OF FUNDS	\$5,375,998

VII. Section 1110.230 - Purpose of Project, Safety Net Impact Statement and Alternatives – Information Requirements

A) Criterion 1110.230 (a) - Purpose of the Project – Information Requirements

The applicants stated the following: *The purpose of this project is to provide life-sustaining dialysis services to residents living in the far south and west side of Chicago and address the determined need for 127 stations in HSA 6. The closest Fresenius clinics that currently serve the 300,000 residents living in this area, Fresenius Bridgeport to the north and Marquette Park to the south, are both full and additional access is needed to address the shortage of access to dialysis in these underserved neighborhoods. New City is a neighborhood on the south side of Chicago in HSA 6 consisting of the sub neighborhoods of Back of the Yards (where the facility will be located) and Canaryville. It sits between the Bridgeport and Marquette Park neighborhoods. Due to the high utilization in these areas and neighboring Englewood, the facility will serve a small but densely populated area that is a federally Designated Medically Underserved Population (a total of 156,000 residents). Both the Fresenius Bridgeport and Marquette Park dialysis clinics have been operating above target utilization to capacity for several years. To the east the Ross-Englewood facility is also at capacity. This is a medically underserved area and area patients no longer have access in their healthcare market. Both the Bridgeport and Marquette Park facilities have expanded and cannot expand further. The Englewood facility is also not able to expand. Additional access is needed to serve this immediate area. Station inventory data was obtained from the IHFSRB quarterly utilization report. All population/demographic data were obtained from the U.S. Census Bureau and patient data was obtained from Associates in Nephrology. Area MUA/MUP data was obtained from the Health Resources and Services Administration. Establishing a 16-station facility between the two full clinics at Bridgeport and Marquette Park in this underserved area will maintain access to dialysis services for the area residents within their healthcare market. Having convenient access to healthcare services reduces overall healthcare costs. Patients are more likely to make and keep health related appointments. Missed dialysis treatments are reduced when patients have access to their treating facility. Missed dialysis treatments relate to increased hospital visits and worsening of patient's co-morbid conditions and lower quality of life. The goal of Fresenius Medical Care is to provide dialysis accessibility to a large patient population residing in a MUA/MUP and to address the need for stations in HSA 6. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would have similar quality outcomes as the Bridgeport and Marquette Park facilities. See page 58 of the application for permit.*

B) Criterion 1110.230 (b) - Safety Net Impact Statement – Information Requirements

The applicants stated the following: *The establishment of the Fresenius Medical Care New City dialysis facility will not have any impact on safety net services in the New City (Back of the Yards) area of Chicago. Outpatient dialysis services are not typically considered “safety net” services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid. We assist patients who do not have insurance in enrolling when possible in Medicaid and/or Medicaid as applicable, and also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit. This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis. Fresenius Medical Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Medical Care provides care to all patients regardless of their ability to pay. There are patients treated by Fresenius who either do not qualify for or will not seek any type of coverage for dialysis services. These patients are considered "self-pay" patients. These patients are invoiced as all patients are invoiced, however payment is not expected and Fresenius does not initiate any collections activity on these accounts. These unpaid invoices are written off as bad debt. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network and National Kidney Foundation. See pages 108-112 of the application for permit.*

TABLE TWO			
Safety Net Information per PA 96-0031			
CHARITY CARE			
	2011	2012	2013
Net Revenue	\$353,355,908	\$387,393,758	\$398,570,288
Charity * (# of self-pay patients)	93	203	642
Charity (cost In dollars)	\$632,154	\$1,536,372	\$5,346,976
Ratio Charity Care Cost to Net Patient Revenue	0.18%	0.40%	1.34%
MEDICAID			
Medicaid (# of patients)	1,865	1,705	1,660
Medicaid (revenue)	\$42,367,328	\$36,254,633	\$31,373,534

TABLE TWO			
Safety Net Information per PA 96-0031			
Ratio Medicaid to Net Patient Revenue	12%	9.36%	7.87%

C) Criterion 1110.230 (c) - Alternatives to the Proposed Project – Information Requirements

A. Proposing a project of greater or lesser scope and cost.

The only alternative that would entail a lesser scope and cost than the project proposed in this application would be to do nothing and maintain the status quo. This is not feasible because area clinics are full and have no additional access for new patients and there are over 200 pre-ESRD patients identified from this immediate area. Action needs to be taken now to maintain access to dialysis treatment to these underserved neighborhoods of south Chicago. While this option has no monetary cost, the cost is to the patients who have no access in their healthcare market.

B. Pursuing a joint venture or similar arrangement with one or more providers of entities to meet all or a portion of the project's intended purposes' developing alternative settings to meet all or a portion of the project's intended purposes.

This facility will be a joint venture between Bio-Medical Applications of Illinois, Inc. with 60% ownership and AIN Ventures, LLC with 40%. AIN Ventures, LLC members are part of the Associates in Nephrology (AIN) physician practice in Chicago and the north and south suburbs.

C. Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project

There are no reasonable dialysis facilities available to New City residents who begin dialysis. As can be seen in the chart below, facilities serving this area are operating near capacity.

Facility	City	Stations	Utilization
Fresenius Bridgeport	Chicago	27	90.12%
Fresenius Marquette Park	Chicago	16	90.63%
Fresenius Ross-Englewood	Chicago	16	98.96%
Fresenius Garfield	Chicago	22	82.58%
DaVita Emerald	Chicago	24	82..64%

The closest facilities with capacity, DaVita Woodlawn at 62% and Kenwood at 59% are not facilities that the AIN physician's see patients at. Most of the patients at these facilities are from within the University of Chicago health system and the patients identified for New City cannot all be accommodated at these facilities. The alternative of utilizing other providers may seem like an easy one, given the number of facilities that are underutilized within 30 minutes. However, this is a very misleading finding for the City of Chicago, which is one of the largest cities

in the United States. The fact of the matter is, the MapQuest travel times, even adjusted; simply do not reflect the reality of traveling from one place to another within the City. They do not accurately reflect traffic congestion (especially during rush hours). Also, the MapQuest travel time anticipates someone is in a car driving to and fro, but in the City many individuals utilize public transportation. This is particularly true in certain neighborhoods where people do not even own cars, let alone use them regularly. The Back of the Yards neighborhood is just such a neighborhood. While we cannot know with any certainty how many of the 200 plus patients identified for this unit use public transportation, a number of them will do so. Also, the reality of the City is that many people will not regularly travel from one neighborhood to another for health care. It is simply not realistic to assume that individuals living at 4th and Ashland will travel to, as an example, 3157 Lincoln Avenue (the DaVita Lincoln Park facility at 68% utilization) for dialysis. While MapQuest puts the travel time at 28.75 minutes, it would most likely take 35 minutes easily in good traffic conditions to get from one location to the other. In rush hour it could take an hour and 15 minutes. Also, the complexity and number of dialysis clinics make it impossible for nephrologists to travel to all of them within 30 minutes. What this means for patients of AIN (Dr. Crawford's practice) is that if they were scattered to the 6 clinics within 16 minutes (via MapQuest) of the proposed New City clinic site, some would probably have to see a new nephrologist for care. It is costly, and detrimental to quality of care, for a chronically ill patient who has been seeing a physician in some cases for years, to have to make a switch at a critical time - when beginning dialysis. Therefore the alternative of allowing the patients to use other health care facilities is not a truly viable alternative in this instance. There is no monetary cost to this alternative. As discussed further in this application, the most desirable alternative to keep access to dialysis services available in the underserved New City area market is to establish the Fresenius New City facility centrally located between the facilities AIN admits to that are full. The cost of this project is \$5,375,998. See pages 59-61 of the application for permit.

VIII. Section 1110.234 - Project Scope and Size, Utilization and Unfinished/Shell Space

A) Criterion 1110.234 (a) - Size of Project

The applicants are proposing 10,250 GSF of space for the proposed 16 station facility or 641 GSF per station. This appears reasonable when compared to the State Board Standard of 650 GSF per station. See page 61 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH CRITERION SIZE OF PROJECT CRITERION (77 IAC 1110.234 (a))

B) Criterion 1110.234 (b) - Project Services Utilization

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B.

There are a total of 300 pre-ESRD patients from the New City area who are being treated by Associates in Nephrology S.C. (“AIN”). Accounting for patient attrition, it is estimated that approximately 213 will begin dialysis at the New City facility. The facility is expected to open with approximately 20 transfer patients; however this could be higher as patients learn of the new facility opening. It would appear that the applicants will be at target occupancy within 2 years after project completion. See page 62 of the application for permit.

$(213 \text{ patients} \times 3 \text{ treatments per week} \times 52 \text{ weeks}) / (16 \text{ stations} \times 3 \text{ shifts per day} \times 6 \text{ days per week} \times 52 \text{ weeks}) = > 80\%$.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH CRITERION PROJECT SERVICES UTILIZATION (77 IAC 1110.234 (b))

C) Criterion 1110.234 (e) - Assurances

The applicants have attested that the proposed facility will be at target occupancy of 80% by the second year after project completion. See page 63 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH CRITERION ASSURANCES (77 IAC 1110.234 (e))

IX. Section 1110.1430 - In-Center Hemodialysis Projects

PROJECT TYPE	REQUIRED REVIEW CRITERIA
Establishment of Services or Facility	(b)(1) & (3) – Background of the Applicant
	(c)(1) – Planning Area Need – 77 Ill. Adm. Code 1100 (formula calculation)
	(c)(2) – Planning Area Need – Service to Planning Area Residents
	(c)(3) – Planning Area Need – Service Demand – Establishment of In-Center Hemodialysis
	(c)(5) – Planning Area Need – Service Accessibility
	(d)(1) – Unnecessary Duplication of Services
	(d)(2) – Maldistribution
	(d)(3) – Impact of Project on Other Area Providers
	(f) – Staffing
	(g) – Support Services
	(h) – Minimum Number of Stations
	(I) – Continuity of Care
	(j) – Relocation (if applicable)
(k) – Assurances	

A) Criterion 1110.1430 (b) - Background of Applicant

An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6]

The applicants have provided the necessary information at pages 37-58 of the application for permit to address this criterion.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION BACKGROUND OF APPLICANT (77 IAC 1110.1430 (b) (1) (3))

B) Criterion 1110.1430 (c) - Planning Area Need

The applicant shall document that the number of stations to be established or added is necessary to serve the planning area's population, based on the following:

- 1) 77 Ill. Adm. Code 1100 (Formula Calculation)**
- 2) Service to Planning Area Residents**
- 3) Service Demand**
- 4) Service Accessibility**

To address this criterion the applicants provided a referral letter from Associates in Nephrology S.C. ("AIN") signed by Dr. Crawford **that attested** that AIN was treating 621 hemodialysis patients at the end of 2011, 591 patients at the end of 2012 and 669 patients at the end of 2013, as reported to The Renal Network. As of the most recent quarter, AIN was treating 681 hemodialysis patients. Over the past twelve months AIN has referred 129 new patients for hemodialysis services to Fresenius South Chicago, South Shore, Roseland, Ross-Englewood, Midway, Southside, South Deering, South Chicago, Marquette Park and Evergreen Park. Per the referral letter AIN has over 300 pre ESRD patients in the New City area, of which 213 pre ESRD patients are expected to begin dialysis within 24 months of project completion. All 213 pre ESRD patients reside in the HSA 6 ESRD planning area. It would appear that there is sufficient demand for the service and the proposed facility will serve the residents of the planning area.

The State Board is projecting a calculated need for 127 ESRD stations in the HSA 6 ESRD planning area by CY 2015. This calculation assumes that all facilities are operating 3 shifts a day six days a week 52 weeks a year. In addition New City has been identified as a Medically Underserved Area/Population by the federal Department of Health and Human Services. Given the need for ESRD stations in the HSA VI ESRD planning area and the identification of the New City area being identified as a medically underserved area/ population it would appear the proposed facility will improve access. The applicants have met the requirements of this criterion. See pages 64-75 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEAR TO BE IN CONFORMANCE WITH CRITERION PLANNING AREA NEED (77 IAC 1110.1430 (c))

C) Criterion 1110.1430 (d) - Unnecessary Duplication/Maldistribution

- The applicant shall document that the project will not result in an unnecessary duplication.**
- The applicant shall document that the project will not result in maldistribution of services.**

- **The applicant shall document that, within 24 months after project completion, the proposed project will not lower the utilization of other area providers.**

Unnecessary duplication of service is characterized by facilities within 30 minutes (adjusted time) operating at less than the State Board’s target occupancy of 80%. The applicants stated the following as it relates to unnecessary duplication of service: *The establishment of the New City facility will not result in unnecessary duplication as area facilities are operating at high utilization rates some up to capacity, and there is a determined need for 93 additional stations in HSA 6.*”

There are 56 ESRD facilities with 1,205 ESRD stations within 30 minutes (adjusted time) of the proposed facility. Of the 56 facilities one facility did not provide utilization data for the September 2014 quarter (Maple Avenue Kidney Center) and 2 facilities were recently approved by the State Board (DaVita Westside, and SAH Dialysis, and no data was available. 24 of the 53 facilities are operating at target occupancy. Average utilization of the 53 facilities is 73.71%.

TABLE THREE					
Facilities within 30 minutes (adjusted) of the proposed facility					
Facility	City	Adjusted Time	Number of Stations	9/30/2014 Utilization	Met Occupancy Standard?
DaVita Emerald	Chicago	5	24	84.72%	Yes
DaVita Woodlawn	Chicago	7.5	32	65.10%	No
Fresenius Bridgeport	Chicago	7.5	27	88.72%	Yes
Fresenius Garfield	Chicago	8.75	22	81.06%	Yes
Fresenius Ross-Englewood	Chicago	10	16	91.67%	Yes
DaVita Kenwood	Chicago	11.25	32	59.38%	No
Fresenius Marquette Park	Chicago	12.5	16	87.50%	Yes
Fresenius Chatham	Chicago	13.75	16	68.75%	No
Fresenius Prairie	Chicago	15	24	72.92%	No
DaVita Little Village	Chicago	15	12	84.38%	Yes
DaVita Grand Crossings	Chicago	15	12	87.50%	Yes
Fresenius Polk	Chicago	16.25	24	52.08%	No
DaVita Loop	Chicago	16.25	24	54.76%	No
University of Illinois	Chicago	16.25	26	89.74%	Yes
Rush Hospital	Chicago	17.5	5	30.00%	No
Fresenius Chicago Westside	Chicago	17.5	31	48.92%	No
Stroger	Chicago	17.5	9	50.00%	No
Fresenius South Chicago	Chicago	17.5	36	82.87%	Yes
Fresenius Northwestern	Chicago	18.75	44	56.44%	No

TABLE THREE					
Facilities within 30 minutes (adjusted) of the proposed facility					
Circle Medical Management	Chicago	18.75	27	65.43%	No
Fresenius Jackson Park	Chicago	18.75	24	70.83%	No
Fresenius Greenwood	Chicago	18.75	28	79.17%	No
Fresenius Southside	Chicago	18.75	39	85.47%	Yes
DaVita Beverly	Chicago	18.75	14	95.24%	Yes
Fresenius Cicero	Cicero	20	16	35.42%	No
Fresenius South Shore	Chicago	20	16	77.08%	No
Mt Sinai Dialysis	Chicago	20	16	91.67%	Yes
DaVita Stony Island	Chicago	21.25	32	75.52%	No
Fresenius Congress Parkway	Chicago	21.25	30	75.56%	No
DaVita West Lawn	Chicago	21.25	12	90.28%	Yes
Fresenius Roseland	Chicago	21.25	12	95.83%	Yes
Fresenius South Deering	Chicago	22.5	20	39.17%	No
Fresenius West Willow	Chicago	22.5	12	47.22%	No
Fresenius Chicago Dialysis	Chicago	22.5	21	48.41%	No
Fresenius Evergreen Park	Evergreen Park	22.5	30	92.22%	Yes
DaVita Lawndale	Chicago	23.75	16	32.29%	No
DSI Scottsdale	Chicago	23.75	35	68.98%	No
Fresenius Blue Island	Blue Island	23.75	24	92.36%	Yes
Fresenius Lakeview	Chicago	25	14	69.05%	No
Fresenius Merrionette Park	Merrionette Park	25	24	70.83%	No
DaVita Stony Creek	Oak Lawn	25	12	86.11%	Yes
DaVita Mt. Greenwood	Chicago	26.25	16	91.07%	Yes
Fresenius Uptown	Chicago	26.25	12	94.44%	Yes
DaVita Garfield	Chicago	26.25	16	95.83%	Yes
Fresenius Midway	Chicago	26.25	12	97.22%	Yes
Fresenius Logan Square	Chicago	27.5	12	37.50%	No
DaVita Logan Square	Chicago	27.5	28	72.62%	No
Fresenius Austin	Chicago	28.75	16	64.58%	No
Fresenius Northcenter	Chicago	28.75	16	68.75%	No
DaVita Lincoln Park	Chicago	28.75	22	78.79%	No
Fresenius Berwyn	Berwyn	28.75	28	88.69%	Yes
Fresenius Burbank	Burbank	28.75	26	94.87%	Yes
Fresenius West Sub	Oak Park	28.75	46	101.39%	Yes
			1156	73.71%	
Maple Avenue Kidney Ctr	Oak Park	28.75	18		

TABLE THREE					
Facilities within 30 minutes (adjusted) of the proposed facility					
DaVita Westside	Chicago	13.75	16		
SAH Dialysis	Chicago	13.75	15		
Total			1,205		
Davita West Side approved as Permit #12-102 on August 13, 2013 not yet complete. SAH Dialysis approved as Permit 12-090 February 5, 2013 project completed December 31, 2013, no data provided. Adjusted time in accordance with 77 IAC 1100.510 (d) for projects within HSA 6 ESRD planning area adjusted at 1.25x Utilization information provided by the facilities as of September 30, 2014					

Maldistribution of service is characterized by a surplus of stations within 30 minutes (adjusted time) of the proposed project. The ratio of ESRD stations to population in the zip codes within a 30-minute radius (adjusted time) of Fresenius New City is one station per every 2,237 residents. The State ratio is 1 station per 3,123 residents. The applicants stated: *“Even though the New City area's ratio is higher than the State ratio mal distribution will not occur due to the dense population and higher incidence of kidney disease in Chicago. One out of every 560 Chicago residents requires dialysis therapy. For the State of Illinois, one of every 795 residents requires dialysis. The need for an additional 127 stations in HSA 6 also confirms this.*

The applicants stated the following regarding the impact of the proposed facility on other providers: *“All patients being referred to the New City facility are pre-ESRD patients of Associates in Nephrology (AIN) on the south side of Chicago. The AIN physicians treat the majority of patients in the New City area at the Fresenius Bridgeport, Marquette Park, Ross-Englewood, Roseland, Chatham, Evergreen Park and South Deering facilities. All of these facilities except two are full. Two facilities, Chatham and South Deering are on target for reaching 80% within the time allotted by the Board. Any effect on the above over utilized facilities will be a positive one as the New City facility will open up much needed access to alleviate high area utilization. No patients have been identified to transfer from any other area facilities except Bridgeport, Marquette Park and Roseland, all of which are full.*

It does not appear there is a maldistribution of service because the area ratio is not 1.5 x the state ratio as the State Board requires for maldistribution. Nor does it appear that the proposed facility will impact other facilities in the area as it appears there are a sufficient number of patients (213 pre ESRD patients) that will utilize the proposed facility. However, because there are facilities not operating at target occupancy it would appear that unnecessary duplication of service may result with the establishment of the proposed facility.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH CRITERION

UNNECESSARY DUPLICATION MALDISTRIBUTION OF SERVICE (77 IAC 1110.1430 (c))

- E) Criterion 1110.1430 (f) -Staffing**
- F) Criterion 1110.1430 (g) -Support Services**
- G) Criterion 1110.1430 (h) - Minimum Number of Stations**
- H) Criterion 1110.1430 (j) - Continuity of Care**
- I) Criterion 1110.1430 (k) -Assurances**

The applicants have provided the necessary information to successfully address criteria listed above at pages 84-100 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION STAFFING, SUPPORT SERVICES, MINIMUM NUMBER OF STATIONS, CONTINUITY OF CARE AND ASSURANCES (77 IAC 1110.1430 (f) (g) (h) (j) (k))

FINANCIAL

X. Section 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources.

The applicants are funding the project with cash and cash equivalents of \$2,404,533 and the fair market value of lease and equipment of \$2,971,465. The applicants have cash and cash equivalents of \$275,719,000 as of December 31, 2013. The applicants have sufficient resources available to fund the proposed project.

TABLE FOUR Fresenius Medical Care Audited Financial Information In thousands (000)		
Calendar Year	2013	2012
Cash and Investments	\$275,719	\$341,071
Current Assets	\$3,866,123	\$5,673,703
Total Assets	\$16,597,314	\$17,808,635
Current Liabilities	\$2,094,693	\$2,510,111
Long Term Debt	\$2,113,723	\$2,030,126
Total Liabilities	\$8,075,490	\$8,401,166
Net Revenues	\$9,433,192	\$8,885,401
Expenses	\$8,088,952	\$7,384,745
Income Before Tax	\$1,344,240	\$1,500,656
Income Tax	\$465,540	\$497,177
Net Income	\$878,700	\$1,003,479

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION AVAILABILITY OF FUNDS (77 IAC 1120.120)

XI. Section 1120.130 - Financial Viability

The applicant is NOT required to submit financial viability ratios if all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges).

The applicants have qualified for the financial viability waiver because all capital expenditures are being funded from internal resources.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION FINANCIAL VIABILITY WAIVER (77 IAC 1120.130)

XII. Section 1120.140 - Economic Feasibility

A) Criterion 1120.140 (a) – Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements.

The applicants are funding the project with cash and cash equivalents of \$2,404,533 and the fair market value of lease and equipment of \$2,971,465. Per the Board's rules the entering of a lease is treated as borrowing. The applicants are leasing 10,250 GSF of space for an initial term of 15 years at \$23.50 per rental square foot with a 2.5% escalation clause annually. This lease appears reasonable when compared to prior leases presented to the State Board for approval. See pages 26-28 of the application for permit.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION REASONABLENESS OF FINANCING ARRANGEMENTS (77 IAC 1120.140(a))

B) Criterion 1120.140 (b) - Conditions of Debt Financing

The applicant shall document that the conditions of debt financing are reasonable.

The applicants are paying for the project with cash on hand, and not borrowing any funds for the project. Per the Board's rules the entering of a lease is treated as borrowing. The applicants are attesting that the entering into a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicants to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to payoff the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period. The expenses incurred with leasing the proposed facility and cost of leasing the equipment

is less costly than constructing a new facility or purchasing new equipment. See page 106 of the application for permit.

**THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE
IN CONFORMANCE WITH CRITERION CONDITIONS OF DEBT
FINANCING (77 IAC 1120.140(b))**

C) Criterion 1120.140 (c) - Reasonableness of Project and Related Costs
The applicant shall document that the estimated project costs are reasonable and shall document compliance with State Board Standards.

All costs are clinical. Itemization of these costs can be found at page 33 of the application of permit.

Modernization and Contingencies – These costs are \$1,814,250 or \$177 per GSF. This appears reasonable when compared to the State Board Standard of \$194.87.

Contingencies – These costs are \$ 164,000 or 9.93% of modernization costs. This appears reasonable when compared to the State Board Standard of 10-15%.

Architectural and Engineering Fees – These costs are \$163,283 or 9% of modernization and contingency costs. This appears reasonable when compared to the State Board Standard of 6.65-9.99%.

Movable Equipment – These costs are \$427,000 or \$26,688 per station. This appears reasonable when compared to the State Standard of \$53,683 per station.

Fair Market Value of Leased Space and Equipment – These costs are \$2,971,465. The State Board does not have a standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 IAC 1120.140 (c))

D) Criterion 1120.140 (d) - Projected Operating Costs
The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion.

The projected operating cost per treatment is \$179. This appears reasonable when compared to previously approved ESRD projects.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT TO BE IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 IAC 1120.140 (d))

E) Criterion 1120.140 (e) - Total Effect of the Project on Capital Costs
The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

The projected capital cost per treatment is \$26. This appears reasonable when compared to previously approved ESRD projects.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS IN CONFORMANCE WITH CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 IAC 1120.140(e))

1 S100185

2 ILLINOIS DEPARTMENT OF PUBLIC HEALTH
3 HEALTH FACILITIES AND SERVICES REVIEW BOARD
4 OPEN SESSION

5
6
7 REPORT OF PROCEEDINGS

8
9 Bolingbrook Golf Club
10 2011 Rodeo Drive
11 Bolingbrook, Illinois 60490

12 October 7, 2014
13 9:17 a.m. to 11:37 a.m.

14 BOARD MEMBERS PRESENT:

- 15 MS. KATHY OLSON, Chairperson;
16 MR. JOHN HAYES, Vice Chairman;
17 SENATOR DEANNA DEMUZIO;
18 MR. DALE GALASSIE;
19 JUSTICE ALAN GREIMAN; and
20 MR. RICHARD SEWELL.

21
22
23

24 Reported by: Paula M. Quetsch, CSR, RPR
Notary Public, Kane County, Illinois

1 EX OFFICIO MEMBERS PRESENT:

2 MR. MATT HAMMOUDEH, IDHS; and

3 MR. MIKE JONES, IDHFS.

4

5 ALSO PRESENT:

6 MR. FRANK URSO, General Counsel;

7 MS. COURTNEY AVERY, Administrator;

8 MR. NELSON AGBODO, Health Systems Data Manager;

9 MS. CLAIRE BURMAN; Rules Coordinator;

10 MS. CATHERINE CLARKE, Board Staff;

11 MR. MICHAEL CONSTANTINO, IDPH Staff;

12 MR. BILL DART, IDPH Staff; and

13 MR. GEORGE ROATE, IDPH Staff.

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**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 CHAIRPERSON OLSON: Next, we have Project
2 14-026, Fresenius Medical Care, New City, Chicago.

3 May I have a motion to approve Project 14-026,
4 Fresenius Medical Care New City to establish a
5 16-station ESRD facility in Chicago. May I have a
6 motion.

7 MEMBER DEMUZIO: Motion.

8 MEMBER SEWELL: Second.

9 CHAIRPERSON OLSON: Would the Applicants
10 please be sworn in.

11 (Four witness duly sworn.)

12 CHAIRPERSON OLSON: Can you please state
13 your names for the record.

14 MS. GURCHIEK: Teri Gurchiek.

15 DR. CRAWFORD: Dr. Paul Crawford.

16 MS. WRIGHT: Lori Wright.

17 MS. RANALLI: Clare Ranalli,

18 R-a-n-a-l-l-i.

19 CHAIRPERSON OLSON: Okay. Mike, State
20 Board staff report.

21 MR. CONSTANTINO: Thank you,
22 Madam Chairwoman.

23 The Applicants are proposing to establish a
24 16-station ESRD facility in Chicago, Illinois. The

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 cost of the project is approximately \$5.4 million.
2 There were no letters of support or opposition received;
3 there was no public hearing.

4 I would like to note, though, there is a
5 change in the station need. It is now 120 stations
6 needed in the HSA 6 service area. This facility will
7 also be located in a medically underserved area, and
8 the State Board staff had one finding, an unnecessary
9 duplication of service. 27 of the 57 facilities within
10 30 minutes are not at target occupancy.

11 Thank you, Madam Chairwoman.

12 CHAIRPERSON OLSON: Thank you.

13 Comments for the Board.

14 MEMBER GALASSIE: Good morning. My name
15 is Teri Gurchiek. I'm the regional vice president for
16 Fresenius responsible for this project, and as always
17 I want to thank the State Board staff for reviewing the
18 project and note that it meets 21 of the 22 criteria.

19 The criteria not met is unnecessary
20 duplication of service because there are clinics
21 within 30 minutes of the proposed clinic site in the
22 Back of the Yards neighborhood that are underutilized.
23 I'll briefly focus on this one negative finding.

24 There is a need for 120 stations in HSA 6,

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 which is the City of Chicago. And as you've heard
2 before, given the density of Chicago and the complexity
3 of its neighborhoods in the health services, it would be
4 impossible for any provider of dialysis to present a
5 project in the health services area of Chicago that
6 did not receive a negative finding on unnecessary
7 duplication of services.

8 There is truly a catch-22 between the stated
9 need for more stations and the unnecessary duplication
10 of services criteria, so our goal is to address this
11 need in the area of the city that has the highest
12 concentration of ESRD patients along with the local
13 area clinic utilization.

14 The proposed clinic will be located in the
15 Back of the Yards neighborhood, which has 29 percent
16 of its residents living at or below the poverty level.
17 It is also a Federally designated medically underserved
18 area as well as the surrounding neighborhoods.

19 Fresenius has four clinics in the area. All
20 are over target utilization, and, in fact, our Ross
21 Englewood facility is operating at 98 percent. Prior
22 to proposing the establishment of this new facility,
23 we have expanded these facilities to their maximum
24 capacity.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 10 percent of the patients seen at the
2 closest clinics, including Bridgeport, Marquette Park,
3 and Ross Englewood are undocumented. The average
4 Medicaid-reimbursed treatment seen at these clinics is
5 21 percent, and we do not believe that these statistics
6 would be any different in the proposed facility. The
7 New City location lies between three safety-net
8 hospitals, St. Bernard, Holy Cross, and Roseland,
9 which serve this economically challenged area.

10 To further explain the characteristics of
11 this community, I've asked Dr. Crawford here today.
12 Dr. Crawford is part of the referring practice that
13 will be referring to the proposed clinic, and he has
14 been serving patients in this community for over
15 30 years.

16 DR. CRAWFORD: Thank you for allowing us
17 to present.

18 Basically, I've been practicing for 35 years
19 in the inner city of Chicago, and I've been before this
20 Board before for our Englewood facility as well as our
21 Roseland facility, both in undermedically served areas.

22 The Back of the Yards neighborhood is no
23 exception to that need, and we have a number of patients
24 we can care for today who are children of patients we

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 cared for before because, despite all of our efforts to
2 prevent the progression of chronic kidney disease to
3 end-stage renal disease, patients still need therapy
4 in the form of dialysis, and we're improving in the
5 areas where we're trying to improve our transplant
6 population.

7 Our group of physicians and nephrologists
8 cover Holy Cross, Roseland, Christ Hospital, Little
9 Company of Mary all in the area -- and St. Bernard --
10 all in the area of this Back of the Yards neighborhood.
11 I think it would be a big asset to those residents of
12 that community not to have to leave their community
13 for services that we can offer in the Back of the
14 Yards neighborhood. We have a heavy Spanish speaking
15 population in that area, and the medical directors
16 that we have are Spanish speaking and can assist in
17 access to care as well as the importance of keeping
18 the continuity of care.

19 I would like to emphasize the importance of
20 continuity of care because, in the complex patients that
21 we care for, I'd say years ago, when I started, most of
22 the patients just had high blood pressure and kidney
23 failure. As we got into the '90s, it was diabetes,
24 high blood pressure, and kidney failure. Now, in the

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 current years we're seeing patients with diabetes,
2 high blood pressure, coronary bypass surgery, possible
3 amputation, obesity, so many multiple conditions that
4 anything we can do to facilitate their care in their
5 own communities is not a small undertaking, and we
6 take that very seriously in trying to improve care.

7 I think we don't want to play musical chairs
8 with the patients and their dialysis, so we've been
9 trying to fulfill that need. Our Englewood facility,
10 as you heard, is full down the street from the
11 St. Bernard Hospital, which you heard from earlier,
12 and we need to expand to the Back of the Yards
13 neighborhood to service those individuals.

14 CHAIRPERSON OLSON: Thank you, Doctor.
15 Questions or comments from Board members.
16 Justice Greiman first and then Mr. Sewell.

17 MEMBER GREIMAN: What percentage of the
18 State centers do you people control? Do you know?

19 MS. RANALLI: When you say what
20 percentage do we control, what percent does
21 Fresenius own?

22 MEMBER GREIMAN: Yes.

23 MS. RANALLI: It's right around
24 50 percent, as it always has been.

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 MEMBER GREIMAN: 50 percent. Well, here
2 you have within half hour of -- I'm sorry -- within
3 17 minutes of this place you have over 200 spots,
4 stations, and it's hard to imagine that you -- that
5 there's incredible need for another one. I don't
6 understand how you determine there's a need. What do
7 you use? What process do you use to determine there's
8 a need?

9 DR. CRAWFORD: The other thing I was
10 making a point, too, is that what we see now is the age
11 of the population with end-stage renal disease has
12 progressed, obviously, the longer you have diabetes
13 and high blood pressure. So our population is aging,
14 as in many other communities, and, therefore, the
15 incidence of end-stage renal disease in this aggregate
16 population, African-American/Hispanic, is rising.
17 While it has leveled off in some other communities, we
18 still have a major task of combatting this disease,
19 which is on the rise, which is why there's a need for
20 120 stations in this area.

21 But it is increasing in the older population.
22 Unfortunately, in the younger population blood pressure
23 and diabetes are not controlled despite all the efforts
24 to get the referrals earlier. We've set up chronic

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 kidney disease clinics such that we can try to catch
2 people when they're Stage 1, 2, or 3 of kidney disease
3 and prevent their progression into Stage 4 and Stage 5
4 where they need dialysis. And we've seen a large
5 number of -- an increasing number of patients in those
6 chronic kidney disease clinics that were designed
7 specifically for prevention of the progression of
8 kidney disease.

9 But despite those efforts, the incidence of
10 end-stage renal disease in these communities --
11 I think the national average is about 1 in every
12 795 patients, whereas, in this community it's 1 in
13 every 443 patients. So it disproportionately affects
14 the African-American and Hispanic communities.

15 MS. RANALLI: And, Justice Greiman, also
16 to your point on need, it's not just Fresenius that has
17 noted a need in this area in part because its four area
18 clinics are well above target utilization, and that's
19 supported by Dr. Crawford's practice, but the State also
20 has determined a need of 120-plus stations in HSA 6.

21 So what I believe Ms. Gurchiek was trying to
22 say is, in addressing that need while also being
23 sensitive to the maldistribution issue that exists, we
24 really have been trying to focus on areas where we see

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 a very high prevalence of ESRD, as Dr. Crawford
2 explained and, also, on top of that some economic
3 barriers to access, again, 21 percent Medicaid,
4 10 percent undocumented, difficulty in transportation
5 changing outside of communities due to economic
6 hardship, and then the continuity of care issues he
7 mentioned, which make it very difficult for a patient
8 to navigate outside of their community and go to
9 another doctor. Dr. Crawford's practice can only go
10 to so many clinics and follow their patients.

11 DR. CRAWFORD: I will say that some of
12 the patients we accept, other clinics have declined,
13 their undocumented status, and we're accepting all
14 regardless of their ability to pay.

15 MEMBER GREIMAN: I note that in fairness
16 to you, the four closest units that you people own all
17 have complete -- have met the complete occupancy
18 standards and have 90, 85, 98 percent, where the others
19 apparently have in the 60s. So within 8 minutes or
20 10 minutes you have full occupancy. So I guess that's
21 the reason for it. Okay.

22 CHAIRPERSON OLSON: Richard.

23 MEMBER SEWELL: I need you to help me
24 with what my argument should be for either ignoring or

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 limiting the importance of this utilization issue.

2 We may need in terms of capacity
3 126 additional stations, but we seem to be doing quite
4 well in terms of availability based on the occupancy
5 statistics. And some of these things you've said
6 about your service, are they unique to your service
7 and not present in the others?

8 DR. CRAWFORD: Not all nephrologists do
9 what we call CKD, chronic kidney disease care.
10 Sometimes -- I mean, I've given talks around, and some
11 of the primary care doctors come up to me after some
12 of those talks and say, "I've sent the patient to a
13 kidney doctor, and he said 'Tell them to come see me
14 when they need dialysis.'" We like to see them long
15 before that to try to prevent the progression of kidney
16 disease.

17 When your blood pressure is uncontrolled, the
18 diabetes is controlled, the kidney disease progresses
19 much more rapidly. As a matter of fact, if you can
20 tightly control the blood pressure, the cholesterol
21 levels, control the diabetes, many times you'll see
22 their kidney function stabilize. Maybe not at a perfect
23 level, but maybe if it's only working 20 percent, and
24 that keeps you off of dialysis and keeps you from

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 MEMBER DEMUZIO: No, due to unnecessary
2 duplication of services.

3 MR. ROATE: Justice Greiman.

4 MEMBER GREIMAN: I have from time to time
5 expressed my concern that two companies have 80 -- about
6 85 percent of the renal units in the state of Illinois.
7 That disturbs me. But on this particular one I think
8 you are asking for a new unit in a place where there
9 are very -- where everybody has met the standards,
10 and, therefore, they really do need a new facility and
11 I'll vote yes.

12 MR. ROATE: Thank you, sir.

13 Mr. Galassie.

14 MEMBER GALASSIE: Yes, based upon local
15 community need.

16 MR. ROATE: Thank you, sir.

17 Mr. Hayes.

18 MEMBER HAYES: Yes, based on the clinics
19 that are closest to them and their utilization rate.

20 I also am impressed by that -- you know, with the
21 specialized problems of occupancies basically running
22 the amount of shifts in the city of Chicago, so I'm
23 impressed by that, of the 53 facilities, that when the
24 four were eliminated, that their occupancy was at

**APPLICATIONS SUBSEQUENT TO INITIAL REVIEW
FRESENIUS MEDICAL CARE**

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1 74.34 percent. So based on that close to our State
2 standard of 80 percent I vote yes.

3 MR. ROATE: Thank you.

4 Mr. Sewell.

5 MEMBER SEWELL: I vote no. I don't
6 think a compelling argument was made as to ignoring
7 the unnecessary duplication of services.

8 MR. ROATE: Thank you.

9 Madam Chair.

10 CHAIRPERSON OLSON: I vote yes, based on
11 the fact that I do believe it will provide improved
12 access to health care in this underserved area.

13 MR. ROATE: Thank you. That's four votes
14 in the affirmative, two votes in the negative.

15 MR. URSO: So you'll receive an intent
16 to deny and have an opportunity to come before the
17 Board and submit additional information if so you
18 desire.

19 MS. RANALLI: Thank you.

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RECEIVED

NOV 21 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

November 20, 2014

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

**Re: Supplemental Information
Project #14-026, Fresenius Medical Care New City**

Dear Ms. Avery,

The enclosed pages contain supplemental information in response to the Intent to Deny given to the above mentioned project at the October 7, 2014 meeting.

Thank you for your time and consideration of this information.

Sincerely,

A handwritten signature in cursive script that reads "Lori Wright".

Lori Wright
Senior CON Specialist

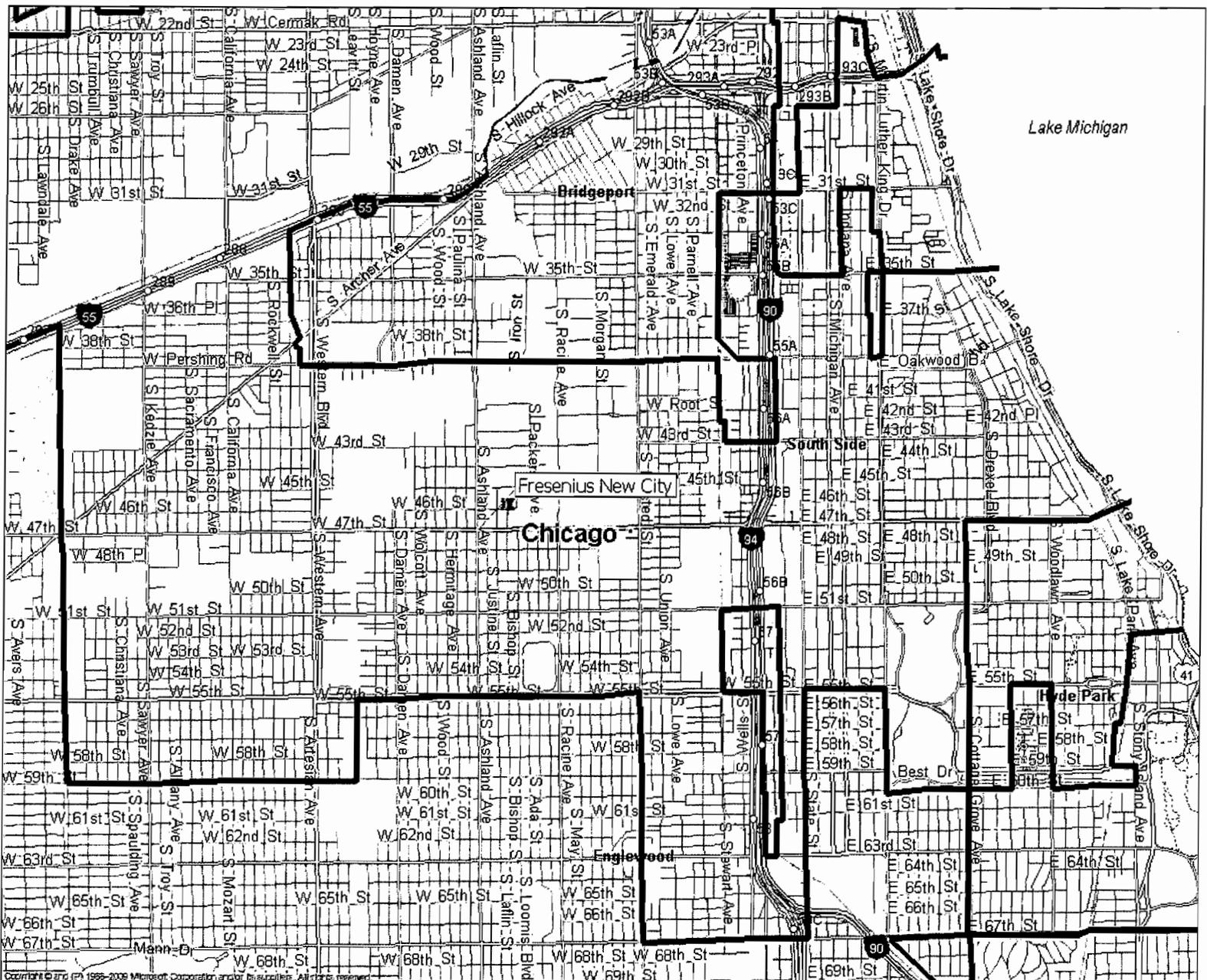
cc: Clare Ranalli

SUPPLEMENTAL INFORMATION FOR #14-026 Fresenius Medical Care New City

In response to the Intent to Deny issued to project #14-026 at the October 7, 2014 meeting, Fresenius Medical Care is submitting this additional information. We appreciate the four positive votes received on this project and hope that the information contained herein will provide further evidence that the New City/Back of the Yards dialysis facility is truly necessary for patient access in the City of Chicago (HSA 6) where there is a need for an additional **127 stations**. We note that of the 23 review criterion, we met ***all but one***.

New City is a neighborhood on the south side of Chicago that is a **Federally Designated Medically Underserved Area**. (The map below, with medically underserved areas highlighted, shows the extent of medically underserved areas in this part of Chicago).

MEDICALLY UNDERSERVED AREAS IN AND AROUND NEW CITY

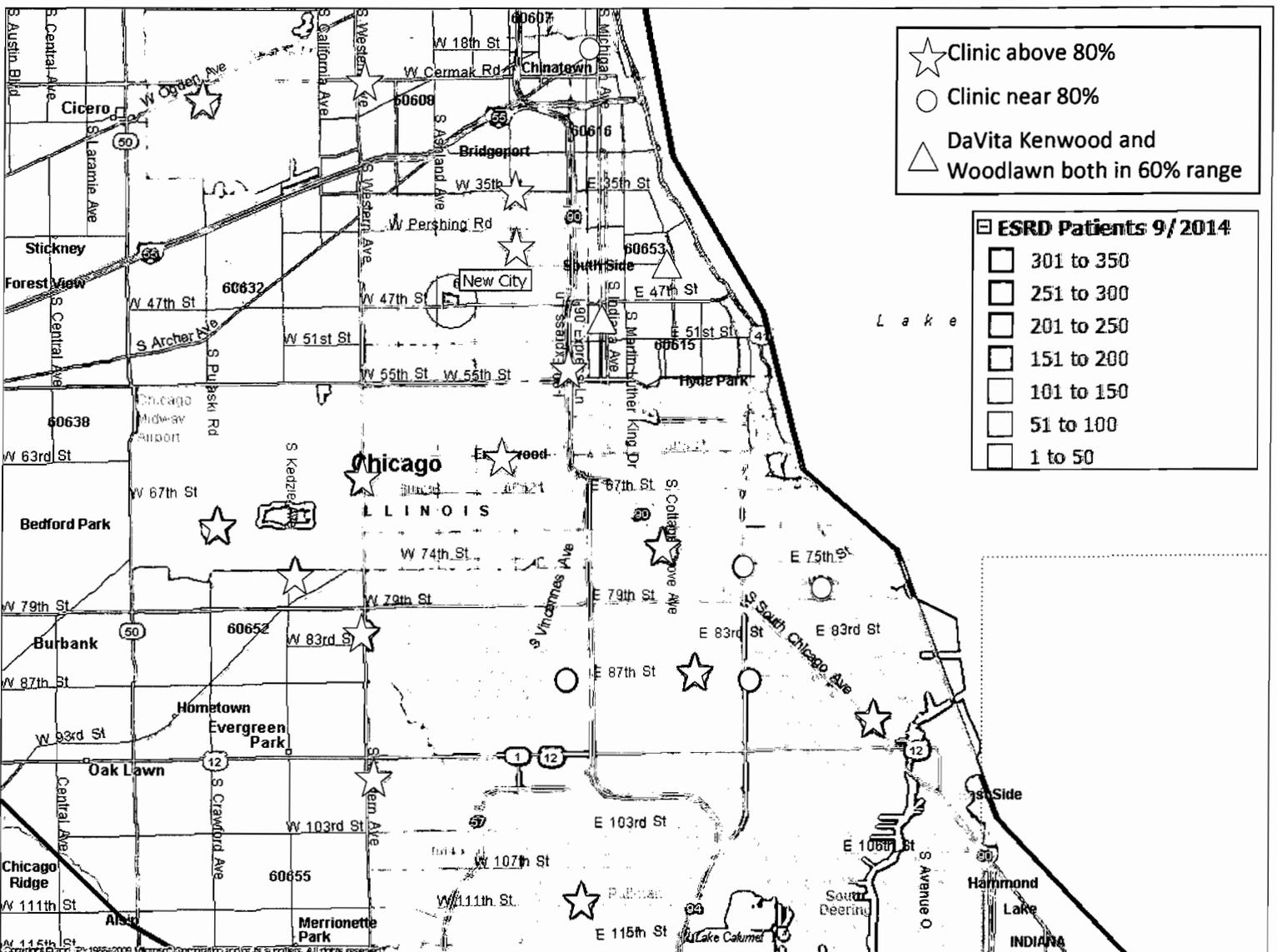


Coinciding with its MUA designation are many socio-economic indicator disparities in New City. According to the Social Impact Research Center using U.S. Census data (report attached):

- the population is 30% African American and 54% Hispanic
- 33% of the population is living below the poverty level
- 14% are living in extreme poverty
- 39% of the adult population does not have a high school diploma
- 16% receive public assistance in the form of cash
- 37% receive SNAP benefits (food stamps)
- The unemployment rate in New City is 23%

These are staggering statistics alone, but when added to the fact that this minority population is twice as likely to develop diabetes and/or hypertension leading to kidney failure, from the standpoint of planning, the situation is a ticking bomb. Area dialysis clinics are already full and the provision of additional access needs to be acted upon now.

The map below shows the number of current ESRD patients in each zip code on the south side of Chicago, clinics at high utilization, those just below 80% and two clinics in the 60% range. (Map shows only clinics operating over the 2-year ramp up phase. There are no new clinics in the New City area.)



As can be seen on the previous map, nearly all south side Chicago clinics are operating over the State standard of 80%. The only two facilities (in operation over two years) that have any capacity are the DaVita Kenwood and Woodlawn facilities lying to the east where there are fewer ESRD patients residing.

Dr. Crawford of Associates in Nephrology (AIN) has identified 213 patients who live in the New City area that he expects to begin dialysis in the first two years after the New City facility is operational. The DaVita Kenwood and Woodlawn facilities cannot accommodate all these patients and Dr. Crawford does not have privileges at these facilities. If *his* patients were referred to these facilities they would have to change physicians losing continuity of care. These two facilities are former University of Chicago owned clinics and are mainly referred to from the University of Chicago physicians. (Dr. Crawford (AIN) refers patients primarily to Fresenius Bridgeport, Marquette Park, Greenwood, Midway, Roseland, Ross-Englewood, Southside, South Deering and Chatham).

Below is a summary of demographic data from those clinics currently serving the New City Medically Underserved Area.

NEW CITY AREA FACILITY DATA	Fresenius Medical Care				DaVita	Average
	Bridgeport	Marquette Park	Ross-Englewood	Garfield	Emerald	
Clinic Utilization 9/2014	88%	88%	92%	81%	85%	87%

Compiled Data from IHFSRB ESRD Data Profile 2013

RACE

% Asian	8%	0%	0%	0%	0%	2%
% Native American/Indian	0%	1%	0%	0%	0%	0%
% Black/African American	53%	73%	98%	99%	83%	81%
% Hawaiian/Pac Islander	1%	0%	0%	0%	0%	0%
% White	37%	26%	3%	1%	17%	17%
% Unknown	0%	0%	2%	0%	0%	0%

ETHNICITY

Hispanic/Latino Ethnicity	27%	23%	2%	2%	12%	13%
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AGE

15-44 years	17%	16%	18%	21%	25%	19%
45-64 years	41%	40%	52%	32%	51%	43%
65-74 years	23%	20%	20%	20%	16%	20%
75 > years	20%	24%	10%	26%	8%	18%

PAYOR SOURCE

% Medicare	60%	65%	64%	62%	64%	63%
% Medicaid	25%	16%	21%	18%	30%	22%
Private Insurance	11%	13%	11%	17%	3%	11%
Private Pay	3%	4%	3%	2%	0%	2%
Other Public	1%	1%	1%	1%	2%	1%

SUMMARY

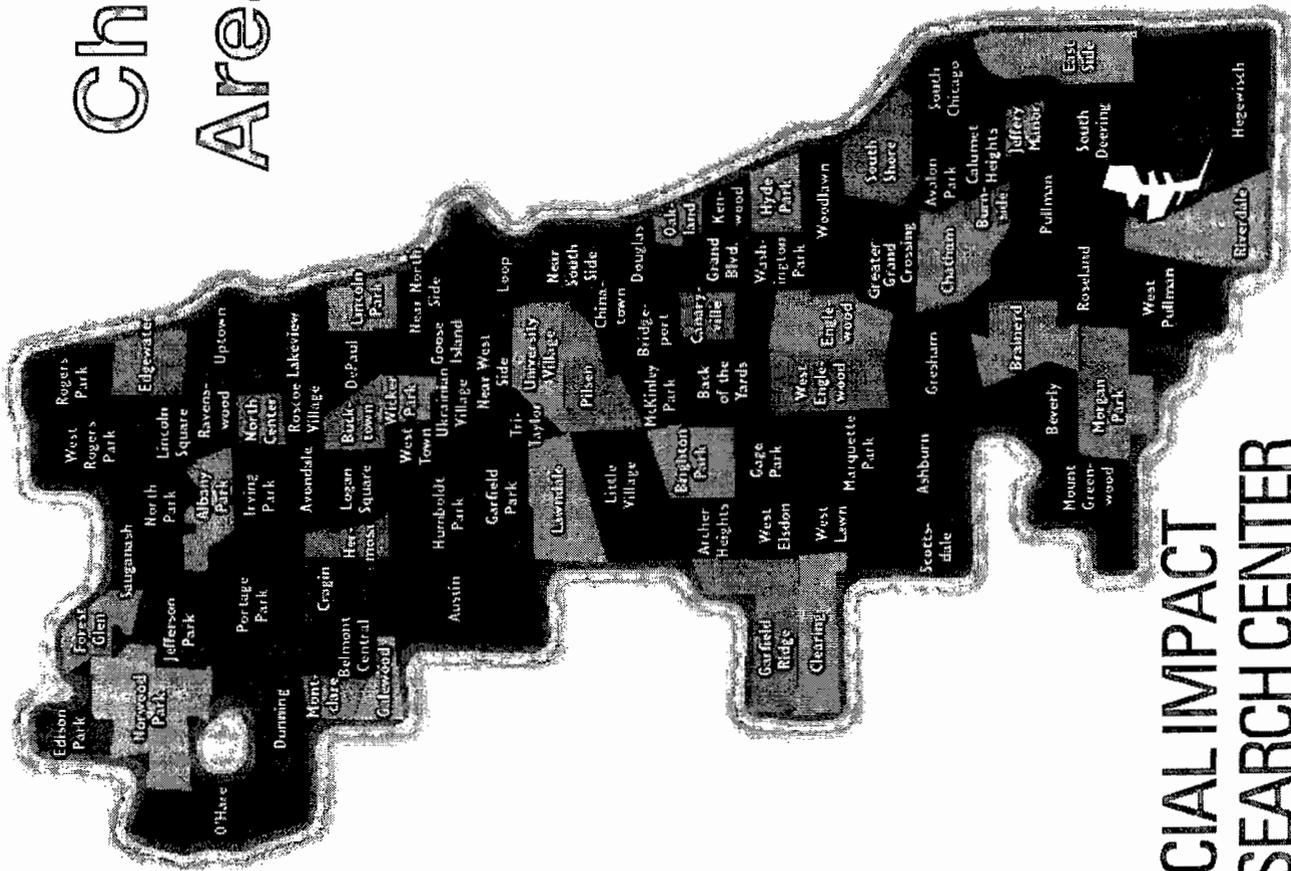
- * Clinics immediately serving the New City/Back of the Yards area are operating at an average **utilization rate of 87%**.
- * **81%** of patients being treated at these clinics are **African American**.
- * **13%** of these patients are **Hispanic**.
 - * Of the patients at the Bridgeport/Marquette Park clinics **25% are Hispanic**.
- * Nearly **half** of all clinic patients are between the **ages of 45-65** with an additional 38% over the age of 65.
- * **22%** of patients being treated at these clinics are **Medicaid recipients**.

Overall the utilization of the clinics considered within 30 minutes via MapQuest are at an average 70.61% utilization (excluding Maple Avenue Kidney Center which did not submit 9/2014 utilization). If you remove those facilities that have not been in operation two years yet and are still in the ramp up phase, the overall average clinic utilization within 30 minutes jumps to 75.47%.

Additionally, the station need in HSA 6 has increased by 36 stations since this project was before you last and the inventory now shows a need for **127 more ESRD stations by 2015**. We respectfully submit that this determined need, the New City MUA determination, the overall average utilization of clinics and the significantly high utilization at those clinics in the market area to be served by the proposed New City clinic should carry far more weight when deciding available access and need than a few clinics with slight capacity located within 30 minutes as determined by MapQuest in a service area as large and complex as the City of Chicago.

We hope that those who voted in favor of this project previously do so again, and those that did not are swayed by this additional information. Thank you for your consideration.

Chicago Community Area Indicators, 2012



Prepared by:
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Source:
 Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2000 Decennial Census and 2008-2012 American Community Survey 5-year estimates program.

We gratefully acknowledge The Chicago Community Trust, Grand Victoria Foundation, and The Libra Foundation for their support of our poverty research, communications, and education efforts.

**SOCIAL IMPACT
 RESEARCH CENTER**
 A HEARTLAND ALLIANCE PROGRAM

Date March 19, 2014

Name Chicago Neighborhood Indicators 2000-2012

Prepared by Jennifer Clary
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 (312) 870-4955
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Source *Source: Social IMPACT Research Center's analysis of the U.S. Census Bureau's 2000 Decennial Census and 2008-2012 American Community Survey 5-year estimates program.*

Indicators Chicago Community Areas by Race and Ethnicity
Individuals in Households with Incomes below 100% FPL (Poverty)
Individuals in Households with Incomes below 50% FPL (Extreme Poverty)
Individuals in Households with Incomes from 100 to 199% FPL (Low Income)
Educational Attainment of Population Age 25+
Renter Households Paying Over 30% of Income on Housing Costs
Renter Households Paying Over 50% of Income on Housing Costs
Households Receiving Cash Public Assistance
Households Receiving SNAP (Food Stamps)
Employment Status of the Population 16+
Poverty Status by Family Type

Notes **Employment estimates should be used with caution.** Because the Bureau of Labor Statistics releases current employment figures monthly, annual estimates such as those produced by the American Community Survey are not preferred. We have included employment estimates here because the BLS does not offer estimates at the local level of Chicago Community Areas.

Community Area	CCA		Total Population	White non-Hispanic		Black (alone or in combination)		Asian (alone or in combination)		Hispanic (any race)	
	Number	Minority		Number	Pct	Number	Pct	Number	Pct	Number	Pct
Hyde Park	41		26,541	13,261	50.0%	8,961	33.8%	2,847	10.7%	1,578	5.9%
Woodlawn	42	Black	24,445	1,809	7.4%	21,463	87.8%	598	2.4%	543	2.2%
South Shore	43	Black	42,989	749	1.7%	40,643	94.5%	57	0.1%	623	1.4%
Chatham	44	Black	33,244	196	0.6%	32,535	97.9%	23	0.1%	158	0.5%
Avalon Park	45	Black	9,617	169	1.8%	9,324	97.0%	34	0.4%	29	0.3%
South Chicago	46	Black	29,458	5,683	19.3%	21,596	73.3%	86	0.3%	6,962	23.6%
Burnside	47	Black	3,508	20	0.6%	3,488	99.4%	-	0.0%	-	0.0%
Calumet Heights	48	Black	14,382	241	1.7%	13,632	94.8%	14	0.1%	601	4.2%
Roseland	49	Black	45,285	610	1.3%	43,762	96.6%	217	0.5%	357	0.8%
Pullman	50	Black	7,262	864	11.9%	6,179	85.1%	39	0.5%	549	7.6%
South Deering	51	Black	16,445	3,832	23.3%	10,123	61.6%	49	0.3%	5,198	31.6%
East Side	52	Latino	23,517	18,050	76.8%	746	3.2%	101	0.4%	18,602	79.1%
West Pullman	53	Black	30,759	1,160	3.8%	28,886	93.9%	-	0.0%	1,388	4.5%
Riverdale	54	Black	6,820	136	2.0%	6,678	97.9%	-	0.0%	136	2.0%
Hegwisch	55	Latino	10,168	7,894	77.6%	1,110	10.9%	34	0.3%	5,169	50.8%
Garfield Ridge	56		33,940	24,973	73.6%	2,230	6.6%	647	1.9%	13,184	38.8%
Archer Heights	57	Latino	13,434	8,823	65.7%	212	1.6%	212	1.6%	9,932	73.9%
Brighton Park	58	Latino	44,148	28,341	64.2%	591	1.3%	2,756	6.2%	37,203	84.3%
McKinley Park	59	Latino	16,434	8,326	50.7%	506	3.1%	2,675	16.3%	10,192	62.0%
Bridgeport	60		32,430	15,242	47.0%	645	2.0%	10,772	33.2%	9,264	28.6%
New City	61	Latino	42,107	19,538	46.4%	12,816	30.4%	563	1.3%	22,513	53.5%
West Elsdon	62	Latino	18,980	12,251	64.5%	513	2.7%	322	1.7%	14,811	78.0%
Gage Park	63	Latino	39,492	22,404	56.7%	1,821	4.6%	471	1.2%	35,456	89.8%
Clearing	64		22,716	17,047	75.0%	151	0.7%	186	0.8%	10,460	46.0%
West Lawn	65	Latino	32,950	13,078	39.7%	1,057	3.2%	95	0.3%	26,078	79.1%
Chicago Lawn	66	Black	54,807	6,729	12.3%	29,448	53.7%	439	0.8%	22,881	41.7%
West Englewood	67	Black	35,294	725	2.1%	33,573	95.1%	41	0.1%	904	2.6%
Englewood	68	Black	28,824	254	0.9%	28,121	97.6%	21	0.1%	275	1.0%
Greater Grand Crossing	69	Black	32,873	370	1.1%	31,935	97.1%	25	0.1%	451	1.4%
Ashburn	70	Black	42,788	12,284	28.7%	22,127	51.7%	121	0.3%	13,148	30.7%
Auburn Gresham	71	Black	49,634	249	0.5%	48,906	98.5%	77	0.2%	484	1.0%
Beverly	72		21,226	13,293	62.6%	7,422	35.0%	61	0.3%	1,092	5.1%
Washington Heights	73	Black	26,021	332	1.3%	25,419	97.7%	2	0.0%	189	0.7%
Mount Greenwood	74		18,475	16,952	91.8%	937	5.1%	169	0.9%	937	5.1%
Morgan Park	75	Black	22,681	7,403	32.6%	14,606	64.4%	124	0.5%	519	2.3%
Ohare	76		13,540	11,100	82.0%	191	1.4%	1,173	8.7%	1,869	13.8%
Edgewater	77		55,480	35,509	64.0%	8,287	14.9%	6,849	12.3%	9,028	16.3%
Chicago	98		2,702,471	1,270,432	47.0%	889,250	32.9%	150,070	5.6%	768,128	28.4%
Illinois	99		12,823,860	9,298,731	72.5%	1,860,471	14.5%	595,110	4.6%	2,027,384	15.8%

Community Area Name	CCA Number	Majority Minority	2008-2012		2000		Percent Change from 2000 to 2008-2012	
			Total Population	In Poverty (below 100% FPL) Rate	Total Population	In Poverty (below 100% FPL) Rate	Total Population	In Poverty (below 100% FPL) Rate
Hyde Park	41		23,930	4,956 20.7%	26,857	4,428 16.5%	-10.9%	11.9%
Woodlawn	42	Black	23,433	7,576 32.3%	26,187	10,323 39.4%	-10.5%	-26.6%
South Shore	43	Black	42,194	13,017 30.9%	60,732	16,431 27.1%	-30.5%	-20.8%
Chatham	44	Black	33,097	9,642 29.1%	37,148	6,562 17.7%	-10.9%	46.9%
Avalon Park	45	Black	9,512	1,784 18.8%	11,082	935 8.4%	-14.2%	90.8%
South Chicago	46	Black	29,403	9,884 33.6%	38,267	11,369 29.7%	-23.2%	-13.1%
Burnside	47	Black	3,508	1,668 47.5%	3,258	949 29.1%	7.7%	75.8%
Calumet Heights	48	Black	14,352	2,013 14.0%	15,946	1,902 11.9%	-10.0%	5.8%
Roseland	49	Black	44,569	10,390 23.3%	51,774	9,097 17.6%	-13.9%	14.2%
Pullman	50	Black	7,249	1,824 25.2%	8,883	1,990 22.4%	-18.4%	-8.3%
South Deering	51	Black	16,438	5,211 31.7%	16,911	3,311 19.6%	-2.8%	57.4%
East Side	52	Latino	23,480	5,639 24.0%	23,657	2,923 12.4%	-0.7%	92.9%
West Pullman	53	Black	30,554	9,162 30.0%	36,147	7,949 22.0%	-15.5%	15.3%
Riverdale	54	Black	6,793	3,962 58.3%	9,744	5,487 56.3%	-30.3%	-27.8%
Hegwisch	55	Latino	10,062	1,869 18.6%	9,761	1,037 10.6%	3.1%	80.2%
Garfield Ridge	56		33,811	2,866 8.5%	35,840	3,616 10.1%	-5.7%	-20.7%
Archer Heights	57	Latino	13,352	1,854 13.9%	12,638	813 6.4%	5.6%	128.0%
Brighton Park	58	Latino	43,782	11,226 25.6%	44,699	7,721 17.3%	-2.1%	45.4%
McKinley Park	59	Latino	16,434	3,291 20.0%	15,957	2,095 13.1%	3.0%	57.1%
Bridgeport	60		32,396	6,587 20.3%	33,635	6,085 18.1%	-3.7%	8.2%
New City	61	Latino	41,778	13,669 32.7%	51,339	17,687 34.5%	-18.6%	-22.7%
West Elsdon	62	Latino	18,901	3,393 18.0%	15,894	1,093 6.9%	18.9%	210.4%
Gage Park	63	Latino	39,211	9,529 24.3%	38,937	7,413 19.0%	0.7%	28.5%
Clearing	64		22,702	2,045 9.0%	22,266	1,535 6.9%	2.0%	33.2%
West Lawn	65	Latino	32,880	5,709 17.4%	29,185	2,148 7.4%	12.7%	165.8%
Chicago Lawn	66	Black	54,528	17,070 31.3%	60,573	11,970 19.8%	-10.0%	42.6%
West Englewood	67	Black	35,088	13,971 39.8%	44,969	14,450 32.1%	-22.0%	-3.3%
Englewood	68	Black	28,590	13,660 47.8%	39,596	17,344 43.8%	-27.8%	-21.2%
Greater Grand Crossing	69	Black	32,395	11,061 34.1%	37,910	10,809 28.5%	-14.5%	2.3%
Ashburn	70	Black	42,262	5,240 12.4%	39,195	2,722 6.9%	7.8%	92.5%
Auburn Gresham	71	Black	49,378	14,872 30.1%	55,501	11,439 20.6%	-11.0%	30.0%
Beverly	72		21,211	950 4.5%	21,956	874 4.0%	-3.4%	8.7%
Washington Heights	73	Black	25,707	5,109 19.9%	29,656	3,680 12.4%	-13.3%	38.8%
Mount Greenwood	74		17,950	536 3.0%	18,443	722 3.9%	-2.7%	-25.8%
Morgan Park	75	Black	22,290	3,385 15.2%	24,620	2,829 11.5%	-9.5%	19.7%
Ohare	76		13,540	2,407 17.8%	11,931	953 8.0%	13.5%	152.6%
Edgewater	77		53,143	9,891 18.6%	60,511	10,330 17.1%	-12.2%	-4.2%
Chicago Illinois	98		2,655,432	587,807 22.1%	2,839,038	556,791 19.6%	-6.5%	5.6%
	99		12,522,726	1,710,465 13.7%	12,095,961	1,291,958 10.7%	3.5%	32.4%

Community Area Name	2008-2012		2000		Percent Change from 2000 to 2008-2012	
	Total Population	In Extreme Poverty (below 50% FPL) Rate	Total Population	In Extreme Poverty (below 50% FPL) Rate	Total Population	In Extreme Poverty (below 50% FPL) Rate
42 Black	23,433	3,984	26,187	5,141	-10.5%	-22.5%
43 Black	42,194	6,566	60,732	9,170	-30.5%	-28.5%
44 Black	33,097	3,668	37,148	3,538	-10.9%	3.7%
45 Black	9,512	993	11,082	335	-14.2%	196.4%
46 Black	29,403	4,574	38,267	5,846	-23.2%	-21.8%
47 Black	3,508	1,215	3,258	577	7.7%	110.6%
48 Black	14,352	805	15,946	976	-10.0%	-17.5%
49 Black	44,569	5,645	51,774	5,127	-13.9%	10.1%
50 Black	7,249	884	8,883	876	-18.4%	0.9%
51 Black	16,438	2,640	16,911	1,506	-2.8%	75.3%
52 Latino	23,480	2,786	23,657	1,490	-0.7%	87.0%
53 Black	30,554	4,485	36,147	4,465	-15.5%	0.4%
54 Black	6,793	2,187	9,744	3,762	-30.3%	-41.9%
55 Latino	10,062	860	9,761	499	3.1%	72.3%
56	33,811	1,127	35,840	2,246	-5.7%	-49.8%
57 Latino	13,352	772	12,638	291	5.6%	165.3%
58 Latino	43,782	4,460	44,699	3,617	-2.1%	23.3%
59 Latino	16,434	970	15,957	667	3.0%	45.4%
60	32,396	2,084	33,635	2,853	-3.7%	-27.0%
61 Latino	41,778	5,998	51,339	9,034	-18.6%	-33.6%
62 Latino	18,901	1,570	15,894	438	18.9%	258.4%
63 Latino	39,211	2,544	38,937	2,875	0.7%	-11.5%
64	22,702	919	22,286	775	2.0%	18.6%
65 Latino	32,880	1,860	29,185	1,074	12.7%	73.2%
66 Black	54,528	7,275	60,573	6,322	-10.0%	15.1%
67 Black	35,088	6,694	44,969	7,831	-22.0%	-14.5%
68 Black	28,590	7,342	39,596	9,433	-27.8%	-22.2%
69 Black	32,395	5,748	37,910	6,145	-14.5%	-6.5%
70 Black	42,262	2,780	39,195	1,240	7.8%	124.2%
71 Black	49,378	7,276	55,501	5,743	-11.0%	26.7%
72	21,211	482	21,956	483	-3.4%	-0.2%
73 Black	25,707	1,834	29,656	1,667	-13.3%	10.0%
74	17,950	254	18,443	315	-2.7%	-19.4%
75 Black	22,290	1,826	24,620	1,184	-9.5%	54.2%
76	13,540	558	11,931	402	13.5%	38.8%
77	53,143	4,994	60,511	4,618	-12.2%	8.1%
Chicago	2,655,432	269,396	2,839,038	285,860	-6.5%	-5.8%
Illinois	12,522,726	769,637	12,095,961	619,240	3.5%	24.3%

Community Area Name	CCA Number	Majority Minority	2008-2012			2008			Percent Change from 2008 to 2012		
			Total Population	With Incomes from 100-199% FPL	Rate	Total Population	With Incomes from 100-199% FPL	Rate	Total Population	With Incomes from 100-199% FPL	Rate
Woodlawn	42	Black	23,433	6,302	26.9%	26,187	6,423	24.5%	-10.5%	-1.9%	9.6%
South Shore	43	Black	42,194	9,015	21.4%	60,732	13,124	21.6%	-30.5%	-31.3%	-1.1%
Chatham	44	Black	33,097	7,802	23.6%	37,148	7,134	19.2%	-10.9%	9.4%	22.7%
Avalon Park	45	Black	9,512	1,550	16.3%	11,082	1,727	15.6%	-14.2%	-10.2%	4.6%
South Chicago	46	Black	29,403	6,828	23.2%	38,267	9,299	24.3%	-23.2%	-26.6%	-4.4%
Burnside	47	Black	3,508	587	16.7%	3,258	870	26.7%	7.7%	-32.5%	-37.3%
Calumet Heights	48	Black	14,352	2,456	17.1%	15,946	2,586	16.2%	-10.0%	-5.0%	5.5%
Roseland	49	Black	44,569	12,218	27.4%	51,774	11,095	21.4%	-13.9%	10.1%	27.9%
Pullman	50	Black	7,249	1,138	15.7%	8,883	2,016	22.7%	-18.4%	-43.6%	-30.8%
South Deering	51	Black	16,438	4,486	27.3%	16,911	3,537	20.9%	-2.8%	26.8%	30.5%
East Side	52	Latino	23,480	6,156	26.2%	23,657	5,263	22.2%	-0.7%	17.0%	17.8%
West Pullman	53	Black	30,554	7,538	24.7%	36,147	6,672	18.5%	-15.5%	13.0%	33.7%
Riverdale	54	Black	6,793	1,628	24.0%	9,744	2,168	22.2%	-30.3%	-24.9%	7.7%
Hegewisch	55	Latino	10,062	2,339	23.2%	9,761	1,158	11.9%	3.1%	102.0%	95.9%
Garfield Ridge	56		33,811	5,145	15.2%	35,840	4,843	13.5%	-5.7%	6.2%	12.6%
Archer Heights	57	Latino	13,352	4,181	31.3%	12,638	2,975	23.5%	5.6%	40.5%	33.0%
Brighton Park	58	Latino	43,782	15,665	35.8%	44,699	13,147	29.4%	-2.1%	19.2%	21.6%
McKinley Park	59	Latino	16,434	5,553	33.8%	15,957	4,627	29.0%	3.0%	20.0%	16.5%
Bridgeport	60		32,396	8,112	25.0%	33,635	7,584	22.5%	-3.7%	7.0%	11.1%
New City	61	Latino	41,778	13,577	32.5%	51,339	14,509	28.3%	-18.6%	-6.4%	15.0%
West Elsdon	62	Latino	18,901	6,470	34.2%	15,894	2,815	17.7%	18.9%	129.8%	93.3%
Gage Park	63	Latino	39,211	15,300	39.0%	38,937	10,272	26.4%	0.7%	48.9%	47.9%
Clearing	64		22,702	3,534	15.6%	22,266	3,121	14.0%	2.0%	13.2%	11.1%
West Lawn	65	Latino	32,880	10,439	31.7%	29,185	5,343	18.3%	12.7%	95.4%	73.4%
Chicago Lawn	66	Black	54,528	16,561	30.4%	60,573	16,304	26.9%	-10.0%	1.6%	12.8%
West Englewood	67	Black	35,088	10,901	31.1%	44,969	12,949	28.8%	-22.0%	-15.8%	7.9%
Englewood	68	Black	28,590	7,038	24.6%	39,596	9,392	23.7%	-27.8%	-25.1%	3.8%
Greater Grand Crossing	69	Black	32,395	7,264	22.4%	37,910	8,014	21.1%	-14.5%	-9.4%	6.1%
Ashburn	70	Black	42,262	7,526	17.8%	39,195	5,235	13.4%	7.8%	43.8%	33.3%
Auburn Gresham	71	Black	49,378	12,212	24.7%	55,501	13,043	23.5%	-11.0%	-6.4%	5.2%
Beverly	72	Black	21,211	1,998	9.4%	21,956	1,186	5.4%	-3.4%	68.5%	74.4%
Washington Heights	73	Black	25,707	5,639	21.9%	29,656	5,105	17.2%	-13.3%	10.5%	27.4%
Mount Greenwood	74		17,950	1,010	5.6%	18,443	1,268	6.9%	-2.7%	-20.3%	-18.2%
Morgan Park	75	Black	22,290	3,259	14.6%	24,620	3,161	12.8%	-9.5%	3.1%	13.9%
Ohare	76		13,540	2,275	16.8%	11,931	1,565	13.1%	13.5%	45.4%	28.1%
Edgewater	77		53,143	9,070	17.1%	60,511	11,724	19.4%	-12.2%	-22.6%	-11.9%
Chicago	98		2,655,432	573,573	21.6%	2,839,038	570,901	20.1%	-6.5%	0.5%	7.4%
Illinois	99		12,522,726	2,149,404	17.2%	12,095,961	1,780,765	14.7%	3.5%	20.7%	16.6%

Community Area Name	CCA Number	Majority Minority	2009-2012										Master's, Professional, or Doctorate Degree				
			Total	AB	Schooling	Rate	Less than a high school diploma or equivalent	Rate	High school graduate, GED, or alternative	Rate	Some College	Rate	Associate's Degree	Rate	Bachelor's Degree	Rate	
Riverdale	54	Black	3,079	71	2.3%	775	25.2%	981	31.9%	846	27.5%	168	5.5%	238	7.7%	0.0%	
Hegewisch	55	Latino	6,503	4	0.1%	1,246	19.2%	2,021	31.1%	1,497	23.0%	484	7.4%	977	15.0%	274	4.2%
Garfield Ridge	56		23,380	345	1.5%	4,166	17.8%	7,992	34.2%	4,475	19.1%	2,000	8.6%	3,108	13.3%	2,000	8.6%
Archer Heights	57	Latino	7,745	206	2.7%	2,573	33.2%	2,634	34.0%	1,177	15.2%	428	5.5%	479	6.2%	248	3.2%
Brighton Park	58	Latino	24,124	1,039	4.3%	9,844	40.8%	7,445	30.9%	2,513	10.4%	1,143	4.7%	1,703	7.1%	437	1.8%
McKinley Park	59	Latino	10,320	520	5.0%	2,872	27.8%	3,666	35.5%	1,408	13.6%	391	3.8%	1,048	10.2%	415	4.0%
Bridgeport	60		21,448	402	1.9%	4,368	20.4%	6,950	32.4%	3,361	15.7%	1,300	6.1%	2,911	13.6%	2,156	10.1%
New City	61	Latino	22,896	554	2.4%	8,949	39.1%	6,893	30.1%	4,038	17.6%	715	3.1%	1,149	5.0%	598	2.6%
West Elsdon	62	Latino	11,410	483	4.2%	3,735	32.7%	3,505	30.7%	1,648	14.4%	681	5.9%	965	8.5%	413	3.6%
Gage Park	63	Latino	21,158	1,044	4.9%	9,856	46.6%	5,751	27.2%	2,217	10.5%	883	4.2%	1,084	5.1%	323	1.5%
Cleaving	64		15,296	147	1.0%	2,732	17.9%	5,462	35.8%	3,137	20.5%	1,199	7.8%	1,906	12.5%	693	4.5%
West Lawn	65	Latino	19,424	591	3.0%	5,936	30.6%	6,774	34.9%	3,440	17.7%	922	4.7%	1,170	6.0%	591	3.0%
Chicago Lawn	66	Black	30,301	640	2.1%	8,809	29.1%	9,958	32.9%	6,671	22.0%	1,457	4.8%	2,227	7.3%	539	1.8%
West Englewood	67	Black	20,619	317	1.5%	5,089	24.7%	7,032	34.1%	5,656	27.4%	1,092	5.3%	1,151	5.6%	272	1.3%
Englewood	68	Black	16,330	300	1.8%	4,352	26.7%	5,208	31.9%	4,381	26.8%	1,207	7.4%	618	3.8%	264	1.6%
Greater Grand Crossing	69	Black	20,367	174	0.9%	3,191	15.7%	5,413	26.6%	6,277	30.8%	1,699	8.3%	2,502	12.3%	1,111	5.5%
Ashburn	70	Black	26,737	278	1.0%	4,452	16.7%	7,635	28.6%	7,120	26.6%	2,068	7.7%	3,510	13.1%	1,674	6.3%
Auburn Gresham	71	Black	30,817	228	0.7%	5,467	17.7%	10,293	33.4%	8,844	28.7%	2,222	7.2%	2,684	8.7%	1,079	3.5%
Beverly	72		13,940	118	0.8%	399	2.9%	1,975	14.2%	2,913	20.9%	852	6.1%	4,029	28.9%	3,654	26.2%
Washington Heights	73	Black	17,898	133	0.7%	2,327	13.0%	5,724	32.0%	5,279	29.5%	1,232	6.9%	1,865	10.5%	1,318	7.4%
Mount Greenwood	74		11,933	18	0.2%	501	4.2%	3,566	29.9%	3,181	26.7%	826	6.9%	2,260	18.9%	1,561	13.2%
Morgan Park	75	Black	15,406	163	1.1%	1,495	9.7%	3,234	21.0%	4,183	27.2%	1,381	9.0%	2,705	17.6%	2,245	14.6%
Ohare	76		10,070	94	0.9%	1,021	10.1%	3,215	31.9%	1,949	19.4%	753	7.5%	1,974	19.6%	1,064	10.6%
Edgewater	77		42,080	616	1.5%	3,455	8.2%	5,259	12.5%	7,398	17.6%	2,476	5.9%	13,220	31.4%	9,666	23.0%
Chicago	98		1,782,006	30,714	1.7%	316,330	17.6%	410,437	23.0%	328,199	18.4%	97,546	5.5%	358,331	20.1%	240,449	13.5%
Illinois	99		8,459,947	90,554	1.1%	1,011,895	12.0%	2,301,245	27.2%	1,804,949	21.3%	621,960	7.4%	1,632,885	19.3%	996,459	11.8%

Community Area Name	CCA Number	Majority Minority	2008-2012		2012		2000		Percent Change from 2000 to 2008		
			Total Renter Households	Paying Over 30% of Income on Housing Costs	Total Renter Households	Paying Over 30% of Income on Housing Costs	Total Renter Households	Paying Over 30% of Income on Housing Costs	Total Renter Households	Paying Over 30% of Income on Housing Costs	Total Renter Households
Woodlawn		42 Black	7,775	4,693	60.4%	8,317	42.5%	3,537	32.7%	-6.5%	41.9%
South Shore		43 Black	15,224	8,799	57.8%	8,438	42.8%	8,438	4.3%	-22.8%	35.1%
Chatham		44 Black	8,903	5,208	58.5%	9,245	39.8%	3,675	41.7%	-3.7%	47.2%
Avalon Park		45 Black	1,259	633	50.3%	1,094	32.4%	335	21.8%	21.8%	55.2%
South Chicago		46 Black	6,298	3,768	59.8%	7,157	43.1%	3,086	22.1%	-12.0%	38.8%
Burnside		47 Black	476	291	61.1%	320	56.3%	180	61.7%	48.8%	8.7%
Calumet Heights		48 Black	1,209	630	52.1%	1,248	40.8%	509	23.8%	-3.1%	27.8%
Roseland		49 Black	6,628	3,982	60.1%	6,031	40.7%	2,456	62.1%	9.9%	47.5%
Pullman		50 Black	1,607	725	45.1%	1,591	41.4%	658	10.2%	1.0%	9.1%
South Deering		51 Black	2,204	1,202	54.5%	1,710	38.7%	662	28.9%	1.0%	40.9%
East Side		52 Latino	2,195	1,245	56.7%	2,174	37.1%	807	57.7%	1.0%	52.8%
West Pullman		53 Black	3,509	2,351	67.0%	3,194	46.7%	1,491	9.9%	9.9%	43.5%
Riverdale		54 Black	2,023	921	45.5%	2,278	32.0%	728	26.5%	-11.2%	42.5%
Hegwisch		55 Latino	961	410	42.7%	762	41.9%	319	28.5%	26.1%	1.9%
Garfield Ridge		56	1,986	1,165	58.7%	2,375	41.6%	989	17.8%	-16.4%	40.9%
Archer Heights		57 Latino	1,333	639	47.9%	1,551	30.0%	465	37.4%	-14.1%	59.9%
Brighton Park		58 Latino	6,265	3,256	52.0%	6,100	36.8%	2,243	45.2%	2.7%	41.3%
McKinley Park		59 Latino	2,268	1,153	50.8%	2,508	30.8%	772	49.4%	-9.6%	65.2%
Bridgeport		60	6,408	2,997	46.8%	6,977	32.1%	2,238	33.9%	-8.2%	45.8%
New City		61 Latino	6,550	3,632	55.5%	8,989	43.9%	3,943	-7.9%	-27.1%	26.4%
West Elsdon		62 Latino	1,337	589	44.1%	1,076	37.1%	399	47.6%	24.3%	18.8%
Gage Park		63 Latino	4,103	2,375	57.9%	3,800	41.5%	1,578	50.5%	8.0%	39.4%
Clearing		64	2,043	790	38.7%	2,256	34.8%	784	0.8%	-9.4%	11.3%
West Lawn		65 Latino	2,043	1,237	60.5%	1,552	41.3%	641	93.0%	31.6%	46.6%
Chicago Lawn		66 Black	8,547	5,366	62.8%	8,223	39.8%	3,275	3.9%	3.9%	57.6%
West Englewood		67 Black	5,480	3,700	67.5%	5,740	49.0%	2,814	31.5%	-4.5%	37.7%
Englewood		68 Black	6,899	4,443	64.4%	8,599	46.4%	3,994	11.2%	-19.8%	38.7%
Greater Grand Crossing		69 Black	8,147	4,521	55.5%	9,113	44.3%	4,039	11.9%	-10.6%	25.2%
Ashburn		70 Black	1,780	786	44.2%	1,136	38.9%	442	77.8%	56.7%	13.5%
Auburn Gresham		71 Black	9,164	5,786	63.1%	8,664	45.2%	3,917	47.7%	5.8%	39.7%
Beverly		72	1,409	521	37.0%	1,407	25.7%	361	44.3%	0.1%	44.1%
Washington Heights		73 Black	3,054	1,666	54.6%	2,285	35.8%	818	103.7%	33.7%	52.4%
Mount Greenwood		74	616	189	30.7%	872	36.5%	318	-40.6%	-29.4%	-15.9%
Morgan Park		75 Black	1,958	963	49.2%	1,892	34.4%	651	47.9%	3.5%	42.9%
Chare		76	3,262	1,667	51.1%	3,729	29.9%	1,115	49.5%	-12.5%	70.9%
Edgewater		77	17,766	9,420	53.0%	21,179	38.2%	8,100	16.3%	-16.1%	38.6%
Chicago		98	555,474	280,788	50.5%	596,060	37.9%	225,765	24.4%	-6.8%	33.5%
Illinois		99	1,525,754	727,775	47.7%	1,487,504	35.3%	525,115	38.6%	2.6%	35.1%

Community Area Name	CCA Number	Majority Minority	2008-2012			2000			Percent Change from 2000 to 2008-		
			Total Renter Households	Paying Over 50% of Income	Rate	Total Renter Households	Paying Over 50% of Income	Rate	Total Renter Households	Paying Over 50% of Income	Rate
Woodlawn		42 Black	7,775	2,636	33.9%	8,317	2,035	24.5%	-6.5%	29.5%	38.6%
South Shore		43 Black	15,224	5,208	34.2%	19,724	4,828	24.5%	-22.8%	7.9%	39.8%
Chatham		44 Black	8,903	3,190	35.8%	9,245	1,992	21.5%	-3.7%	60.1%	66.3%
Avalon Park		45 Black	1,259	451	35.8%	1,034	195	18.9%	21.8%	131.3%	89.9%
South Chicago		46 Black	6,298	2,330	37.0%	7,157	1,781	24.9%	-12.0%	30.8%	48.7%
Burnside		47 Black	476	161	33.8%	320	111	34.7%	48.8%	45.0%	-2.5%
Calumet Heights		48 Black	1,209	437	36.1%	1,248	300	24.0%	-3.1%	45.7%	50.4%
Roseland		49 Black	6,628	2,259	34.1%	6,031	1,337	22.2%	9.9%	69.0%	53.7%
Pullman		50 Black	1,607	481	29.9%	1,591	399	25.1%	1.0%	20.6%	19.4%
South Deering		51 Black	2,204	821	37.3%	1,710	375	21.9%	28.9%	118.9%	69.9%
East Side		52 Latino	2,195	706	32.2%	2,174	377	17.3%	1.0%	87.3%	85.5%
West Pullman		53 Black	3,509	1,595	45.5%	3,194	884	27.7%	9.9%	80.4%	64.2%
Riverdale		54 Black	2,023	555	27.4%	2,278	457	20.1%	-11.2%	21.4%	36.8%
Hegwisch		55 Latino	961	179	18.6%	762	156	20.5%	26.1%	14.7%	-9.0%
Garfield Ridge		56	1,986	744	37.5%	2,375	530	22.3%	-16.4%	40.4%	67.9%
Archer Heights		57 Latino	1,333	356	26.7%	1,551	178	11.5%	-14.1%	100.0%	132.7%
Brighton Park		58 Latino	6,265	1,670	26.7%	6,100	1,074	17.6%	2.7%	55.5%	51.4%
McKinley Park		59 Latino	2,268	704	31.0%	2,508	412	16.4%	-9.6%	70.9%	89.0%
Bridgeport		60	6,408	1,586	24.8%	6,977	1,255	18.0%	-8.2%	26.4%	37.6%
New City		61 Latino	6,550	2,037	31.1%	8,989	2,315	25.8%	-27.1%	-12.0%	20.8%
West Elsdon		62 Latino	1,337	316	23.6%	1,076	174	16.2%	24.3%	81.6%	46.2%
Gage Park		63 Latino	4,103	1,149	28.0%	3,800	754	19.8%	8.0%	52.4%	41.1%
Clearing		64	2,043	471	23.1%	2,256	371	16.4%	-9.4%	27.0%	40.2%
West Lawn		65 Latino	2,043	765	37.4%	1,552	322	20.7%	31.6%	137.6%	80.5%
Chicago Lawn		66 Black	8,547	3,071	35.9%	8,223	1,849	22.5%	3.9%	66.1%	59.8%
West Englewood		67 Black	5,480	2,510	45.8%	5,740	1,771	30.9%	-4.5%	41.7%	48.5%
Englewood		68 Black	6,899	2,865	41.5%	8,599	2,603	30.3%	-19.8%	10.1%	37.2%
Greater Grand Crossing		69 Black	8,147	2,653	32.6%	9,113	2,365	26.0%	-10.6%	12.2%	25.5%
Ashburn		70 Black	1,780	530	29.8%	1,136	312	27.5%	56.7%	69.9%	8.4%
Auburn Gresham		71 Black	9,164	3,747	40.9%	8,664	2,147	24.8%	5.8%	74.5%	65.0%
Beverly		72	1,409	254	18.0%	1,407	136	9.7%	0.1%	86.8%	86.5%
Washington Heights		73 Black	3,054	1,181	38.7%	2,285	442	19.3%	33.7%	167.2%	99.9%
Mount Greenwood		74	616	100	16.2%	872	146	16.7%	-29.4%	-31.5%	-3.0%
Morgan Park		75 Black	1,958	597	30.5%	1,892	356	18.8%	3.5%	67.7%	62.0%
Ohare		76	3,262	800	24.5%	3,729	504	13.5%	-12.5%	58.7%	81.5%
Edgewater		77	17,766	4,741	26.7%	21,179	4,089	19.3%	-16.1%	15.9%	38.2%
Chicago Illinois		98	555,474	154,651	27.8%	596,060	116,679	19.6%	-6.8%	32.5%	42.2%
		99	1,525,754	385,246	25.2%	1,487,504	257,535	17.3%	2.6%	49.6%	45.8%

Community Area Name	CCA Number	Majority Minority	2008-2012		Rate
			Total Households	With cash public assistance	
Hyde Park	41		12,539	121	1.0%
Woodlawn	42	Black	10,302	578	5.6%
South Shore	43	Black	19,736	1,198	6.1%
Chatham	44	Black	14,098	583	4.1%
Avalon Park	45	Black	3,871	116	3.0%
South Chicago	46	Black	10,770	577	5.4%
Burnside	47	Black	1,056	68	6.4%
Calumet Heights	48	Black	5,586	181	3.2%
Roseland	49	Black	15,524	757	4.9%
Pullman	50	Black	2,984	188	6.3%
South Deering	51	Black	5,332	143	2.7%
East Side	52	Latino	6,900	148	2.1%
West Pullman	53	Black	9,360	538	5.7%
Riverdale	54	Black	2,322	203	8.7%
Hegewisch	55	Latino	3,694	132	3.6%
Garfield Ridge	56		11,952	304	2.5%
Archer Heights	57	Latino	3,740	277	7.4%
Brighton Park	58	Latino	11,572	953	8.2%
McKinley Park	59	Latino	5,185	275	5.3%
Bridgeport	60		12,140	567	4.7%
New City	61	Latino	11,621	1,832	15.8%
West Elsdon	62	Latino	5,027	327	6.5%
Gage Park	63	Latino	9,405	587	6.2%
Clearing	64		8,389	185	2.2%
West Lawn	65	Latino	9,111	81	0.9%
Chicago Lawn	66	Black	15,416	827	5.4%
West Englewood	67	Black	10,364	554	5.3%
Englewood	68	Black	9,803	899	9.2%
Greater Grand Crossing	69	Black	12,605	775	6.1%
Ashburn	70	Black	12,780	350	2.7%
Auburn Gresham	71	Black	17,173	1,056	6.1%
Beverly	72		7,705	167	2.2%
Washington Heights	73	Black	9,308	292	3.1%
Mount Greenwood	74		6,589	47	0.7%
Morgan Park	75	Black	8,009	177	2.2%
Ohare	76		6,010	38	0.6%
Edgewater	77		29,208	1,030	3.5%
Chicago	98		1,030,076	40,706	4.0%
Illinois	99		4,774,275	110,736	2.3%

Community Area Name	CCA Number	Majority Minority	2008-2012				
			Total Households	Receiving SNAP Rate	Households/ SNAP (Below 100% FPL)	% of SNAP recipients below poverty	
Hyde Park	41		12,539	1,029	8.2%	524	50.9%
Woodlawn	42	Black	10,302	3,222	31.3%	1,837	57.0%
South Shore	43	Black	19,736	6,500	32.9%	3,676	56.6%
Chatham	44	Black	14,098	4,247	30.1%	2,476	58.3%
Avalon Park	45	Black	3,871	1,044	27.0%	440	42.1%
South Chicago	46	Black	10,770	3,482	32.3%	2,085	59.9%
Burnside	47	Black	1,056	376	35.6%	280	74.5%
Calumet Heights	48	Black	5,586	907	16.2%	358	39.5%
Roseland	49	Black	15,524	4,214	27.1%	1,774	42.1%
Pullman	50	Black	2,984	770	25.8%	449	58.3%
South Deering	51	Black	5,332	1,273	23.9%	730	57.3%
East Side	52	Latino	6,900	1,132	16.4%	619	54.7%
West Pullman	53	Black	9,360	2,848	30.4%	1,587	55.7%
Riverdale	54	Black	2,322	1,521	65.5%	1,080	71.0%
Hegwisch	55	Latino	3,694	481	13.0%	184	38.3%
Garfield Ridge	56		11,952	985	8.2%	414	42.0%
Archer Heights	57	Latino	3,740	649	17.4%	188	29.0%
Brighton Park	58	Latino	11,572	2,696	23.3%	1,186	44.0%
McKinley Park	59	Latino	5,185	820	15.8%	404	49.3%
Bridgeport	60		12,140	1,600	13.2%	844	52.8%
New City	61	Latino	11,621	4,320	37.2%	2,200	50.9%
West Elsdon	62	Latino	5,027	882	17.5%	314	35.6%
Gage Park	63	Latino	9,405	2,415	25.7%	1,258	52.1%
Clearing	64		8,389	639	7.6%	190	29.7%
West Lawn	65	Latino	9,111	877	9.6%	375	42.8%
Chicago Lawn	66	Black	15,416	3,947	25.6%	2,274	57.6%
West Englewood	67	Black	10,364	4,214	40.7%	2,366	56.1%
Englewood	68	Black	9,803	4,068	41.5%	2,674	65.7%
Greater Grand Crossing	69	Black	12,605	4,083	32.4%	2,438	59.7%
Ashburn	70	Black	12,780	1,381	10.8%	358	25.9%
Auburn Gresham	71	Black	17,173	5,853	34.1%	3,012	51.5%
Beverly	72		7,705	338	4.4%	116	34.3%
Washington Heights	73	Black	9,308	1,975	21.2%	762	38.6%
Mount Greenwood	74		6,589	157	2.4%	43	27.4%
Morgan Park	75	Black	8,009	1,266	15.8%	523	41.3%
Ohare	76		6,010	228	3.8%	86	37.7%
Edgewater	77		29,208	2,660	9.1%	1,519	57.1%
Chicago	98		1,030,076	176,193	17.1%	97,118	55.1%
Illinois	99		4,774,275	517,728	10.8%	268,973	52.0%

Community Area Name		CCA Number	Majority Minority	Total Population Age 16+	Number in Civilian Labor Force	Civilian Labor Force Participation Rate	Number Employed	Employment Rate	Number Unemployed	Unemployment Rate	Number Not in Labor Force	Not in Labor Force Rate
South Shore			43 Black	34,092	20,942	61.4%	16,861	80.5%	4,081	19.5%	13,150	38.6%
Chatham			44 Black	25,950	15,138	58.3%	11,503	76.0%	3,635	24.0%	10,812	41.7%
Avalon Park			45 Black	7,933	4,841	61.0%	3,820	78.9%	1,021	21.1%	3,092	39.0%
South Chicago			46 Black	21,969	11,895	54.1%	9,548	80.3%	2,347	19.7%	10,056	45.8%
Burnside			47 Black	2,613	1,450	55.5%	1,181	81.4%	269	18.6%	1,163	44.5%
Calumet Heights			48 Black	11,740	6,450	54.9%	5,159	80.0%	1,291	20.0%	5,290	45.1%
Roseland			49 Black	36,034	17,904	49.7%	14,275	79.7%	3,629	20.3%	18,099	50.2%
Pullman			50 Black	5,749	3,719	64.7%	2,872	77.2%	847	22.8%	2,030	35.3%
South Deering			51 Black	12,586	6,897	54.8%	5,772	83.7%	1,125	16.3%	5,689	45.2%
East Side			52 Latino	16,750	10,234	61.1%	8,991	87.9%	1,243	12.1%	6,516	38.9%
West Pullman			53 Black	22,902	12,368	54.0%	9,989	80.8%	2,379	19.2%	10,534	46.0%
Riverdale			54 Black	4,070	2,194	53.9%	1,434	65.4%	760	34.6%	1,876	46.1%
Hegewisch			55 Latino	7,535	4,332	57.5%	3,916	90.4%	416	9.6%	3,203	42.5%
Garfield Ridge			56	26,939	17,784	66.0%	15,780	88.7%	2,004	11.3%	9,155	34.0%
Archer Heights			57 Latino	9,775	6,595	67.5%	5,509	83.5%	1,086	16.5%	3,180	32.5%
Brighton Park			58 Latino	31,346	20,595	65.7%	17,731	86.1%	2,864	13.9%	10,736	34.2%
McKinley Park			59 Latino	12,322	8,327	67.6%	7,208	86.6%	1,119	13.4%	3,995	32.4%
Bridgeport			60	26,557	18,510	69.7%	15,976	86.3%	2,534	13.7%	8,040	30.3%
New City			61 Latino	29,856	18,813	63.0%	14,477	77.0%	4,336	23.0%	11,043	37.0%
West Elsdon			62 Latino	14,088	9,439	67.0%	7,862	83.3%	1,577	16.7%	4,649	33.0%
Gage Park			63 Latino	27,915	18,510	66.3%	15,138	81.8%	3,372	18.2%	9,405	33.7%
Clearing			64	17,681	12,434	70.3%	11,250	90.5%	1,184	9.5%	5,247	29.7%
West Lawn			65 Latino	23,746	15,176	63.9%	13,726	90.4%	1,450	9.6%	8,570	36.1%
Chicago Lawn			66 Black	38,442	22,738	59.1%	18,860	82.9%	3,878	17.1%	15,696	40.8%
West Englewood			67 Black	26,689	14,055	52.7%	9,013	64.1%	5,042	35.9%	12,634	47.3%
Englewood			68 Black	21,231	10,123	47.7%	7,289	72.0%	2,834	28.0%	11,065	52.1%
Greater Grand Crossing			69 Black	25,053	14,645	58.5%	11,270	77.0%	3,375	23.0%	10,408	41.5%
Ashburn			70 Black	32,824	21,367	65.1%	18,862	88.3%	2,505	11.7%	11,457	34.9%
Auburn Gresham			71 Black	38,212	21,447	56.1%	15,369	71.7%	6,078	28.3%	16,731	43.8%
Beverly			72	16,020	10,899	68.0%	10,026	92.0%	873	8.0%	5,121	32.0%
Washington Heights			73 Black	21,070	11,768	55.9%	9,320	79.2%	2,448	20.8%	9,302	44.1%
Mount Greenwood			74	14,217	10,035	70.6%	9,157	91.3%	878	8.7%	4,174	29.4%
Morgan Park			75 Black	17,856	11,148	62.4%	9,471	85.0%	1,677	15.0%	6,698	37.5%
Ohare			76	11,120	7,735	69.6%	7,174	92.7%	561	7.3%	3,374	30.3%
Edgewater			77	49,561	34,600	69.8%	31,416	90.8%	3,184	9.2%	14,953	30.2%
Chicago Illinois			98	2,149,198	1,425,245	66.3%	1,242,056	87.1%	183,189	12.9%	723,295	33.7%
			99	10,079,433	6,699,317	66.5%	6,035,426	90.1%	663,891	9.9%	3,359,457	33.3%

Community Area Name	CCA Number	Majority Minority	2008-2012											
			Total Families	Below poverty	Poverty rate	Married couple families	Below poverty	Poverty rate	Male householder, no wife present	Below poverty	Poverty rate	Female householder, no wife present	Below poverty	Poverty rate
Woodlawn		42 Black	4,984	1,351	27.1%	1,510	196	13.0%	406	87	21.4%	2,855	1,068	37.4%
South Shore		43 Black	8,675	2,202	25.4%	2,517	196	7.8%	979	125	12.8%	5,043	1,881	37.3%
Chatham		44 Black	7,688	1,895	24.6%	2,503	255	10.2%	727	169	23.2%	4,282	1,471	34.4%
Avalon Park		45 Black	2,377	385	16.2%	1,000	46	4.6%	318	43	13.5%	1,014	296	29.2%
South Chicago		46 Black	6,687	1,887	28.2%	2,732	323	11.8%	872	244	28.0%	2,795	1,320	47.2%
Burnside		47 Black	747	249	33.3%	301	86	28.6%	123	0	0.0%	323	163	50.5%
Calumet Heights		48 Black	3,763	396	10.5%	1,939	33	1.7%	209	58	27.8%	1,581	305	19.3%
Roseland		49 Black	10,321	1,992	19.3%	4,166	236	5.7%	935	305	32.6%	4,952	1,451	29.3%
Pullman		50 Black	1,828	436	23.9%	600	42	7.0%	188	51	27.1%	971	343	35.3%
South Deering		51 Black	3,868	1,106	28.6%	1,848	307	16.6%	202	80	39.6%	1,751	719	41.1%
East Side		52 Latino	5,310	1,147	21.6%	3,447	482	14.0%	437	45	10.3%	1,346	620	46.1%
West Pullman		53 Black	6,758	1,787	26.4%	2,636	184	7.0%	668	187	28.0%	3,215	1,416	44.0%
Riverdale		54 Black	1,712	939	54.8%	177	62	35.0%	256	97	37.9%	1,189	780	65.6%
Hegewisch		55 Latino	2,528	399	15.8%	1,544	123	8.0%	327	73	22.3%	640	203	31.7%
Garfield Ridge		56	8,491	553	6.5%	6,352	181	2.8%	695	52	7.5%	1,391	320	23.0%
Archer Heights		57 Latino	2,987	362	12.1%	1,973	122	6.2%	389	42	10.8%	625	198	31.7%
Brighton Park		58 Latino	9,369	2,157	23.0%	6,050	1,141	18.9%	1,283	257	20.0%	1,923	759	39.5%
McKinley Park		59 Latino	3,760	666	17.7%	2,494	332	13.3%	393	75	19.1%	826	259	31.4%
Bridgeland		60	7,506	1,248	16.6%	4,992	596	11.9%	817	134	16.4%	1,657	518	31.3%
New City		61 Latino	8,925	2,514	28.2%	4,718	930	19.3%	1,445	351	24.3%	2,605	1,233	47.3%
West Elsdon		62 Latino	4,075	651	16.0%	2,714	400	14.7%	468	64	13.7%	874	187	21.4%
Gage Park		63 Latino	7,786	1,750	22.5%	5,344	1,054	19.7%	903	144	15.9%	1,445	552	38.2%
Cleaving		64	5,806	441	7.6%	3,793	137	3.6%	775	113	14.6%	1,199	191	15.9%
West Lawn		65 Latino	7,238	1,037	14.3%	4,947	580	11.7%	851	132	15.5%	1,394	325	23.3%
Chicago Lawn		66 Black	11,626	3,082	26.5%	5,416	806	14.9%	1,255	381	30.4%	4,819	1,895	39.3%
West Englewood		67 Black	7,445	2,553	34.3%	2,253	439	19.5%	842	274	32.5%	4,084	1,840	45.1%
Englewood		68 Black	6,230	2,646	42.6%	1,363	267	19.6%	519	209	40.3%	3,964	2,170	54.7%
Greater Grand Crossing		69 Black	7,182	2,206	30.7%	1,844	151	9.2%	860	220	25.6%	4,365	1,835	42.0%
Ashburn		70 Black	10,042	972	9.7%	6,559	466	7.1%	788	101	12.8%	2,671	405	15.2%
Auburn Gresham		71 Black	11,249	2,814	25.0%	3,536	214	6.1%	949	146	15.4%	6,417	2,454	38.2%
Beverly		72	5,272	171	3.2%	4,088	42	1.0%	303	47	15.5%	856	82	9.6%
Washington Heights		73 Black	6,172	1,124	18.2%	2,516	232	9.2%	612	270	44.1%	2,880	622	21.6%
Mount Greenwood		74	4,638	118	2.5%	3,767	31	0.8%	331	69	20.8%	540	18	3.3%
Morgan Park		75 Black	5,201	569	10.9%	3,033	103	3.4%	272	26	9.6%	1,752	440	25.1%
Ohare		76	3,405	478	14.0%	2,559	451	17.6%	393	0	0.0%	453	27	6.0%
Edgewater		77	9,588	1,272	13.3%	6,775	567	8.4%	935	180	19.3%	1,766	525	29.7%
Chicago		98	568,856	103,891	18.3%	335,362	30,337	9.0%	54,323	10,978	20.2%	169,156	62,576	37.0%
Illinois		99	3,142,347	314,620	10.0%	2,323,608	104,010	4.5%	214,994	32,475	15.1%	579,939	178,135	30.7%