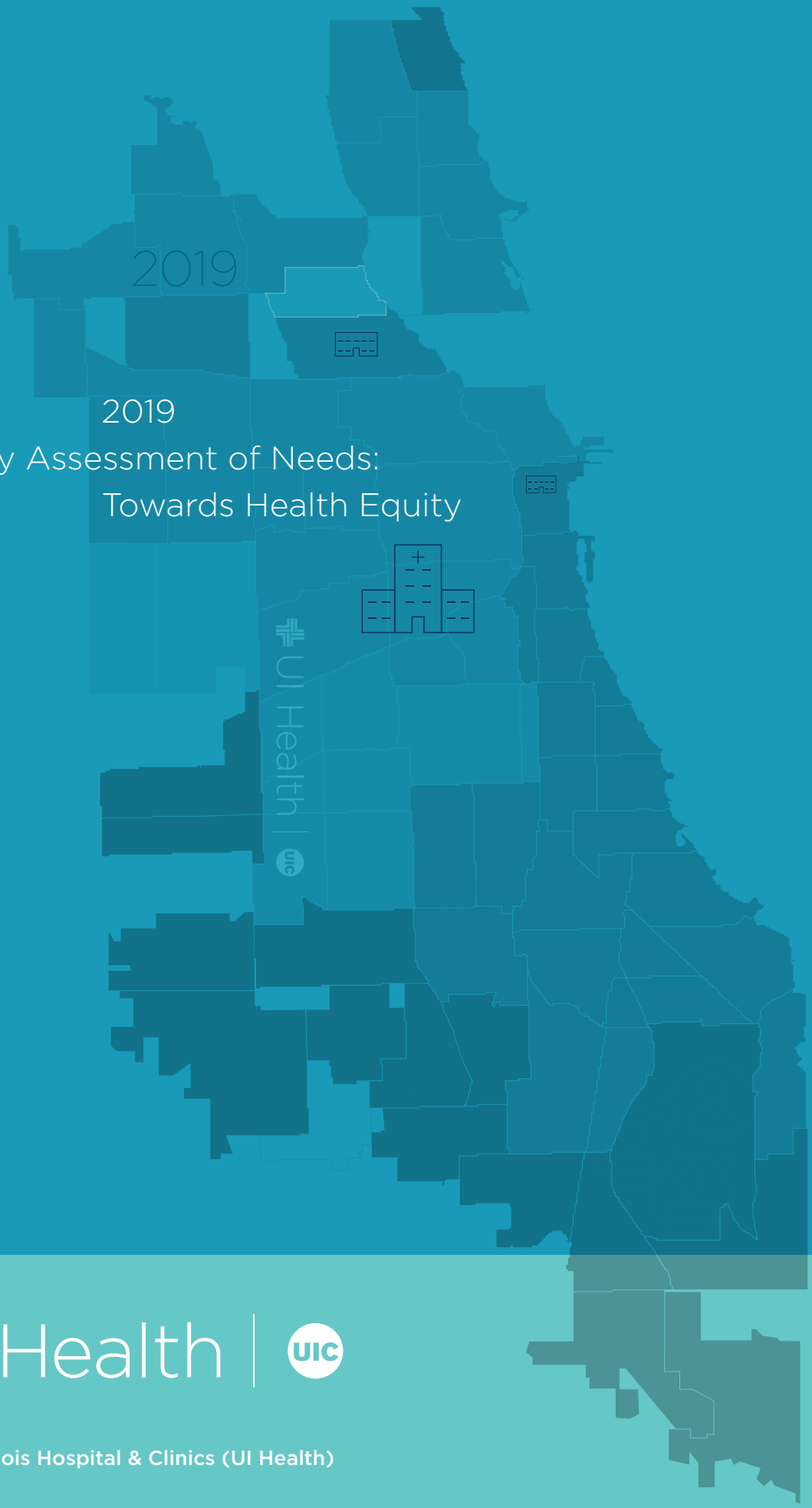

2019 Community Assessment of Needs: Towards Health Equity

UI Health | UIC

University of Illinois Hospital & Clinics (UI Health)

“I’d like to see us do a better job of leveraging our resources to make ALL of Chicago a diverse, inclusive, strong community where ALL people are afforded the opportunity to be healthy, not just the wealthy.”

Lakeview resident, age 25-34

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UI Health
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LETTER FROM THE CHIEF EXECUTIVE OFFICER

Michael B. Zenn, MBA

The care of our patients and their families is at the heart of the University of Illinois Hospital & Clinics' (UI Health) mission to advance healthcare to improve the health of our patients and communities, promote health equity and develop the next generations of healthcare leaders.

In pursuit of our mission, UI Health conducts an assessment of community needs every three years. The 2019 University of Illinois Community Assessment of Needs (UI-CAN) identifies the most pressing health concerns of the communities served by UI Health. This report serves as an invaluable resource for our entire system as we create healthier communities and redefine standards of care in Chicago.

It offers analysis of our service areas based on a combination of quantitative data and input from community members, health experts, and local organizations. We are pleased to share this "snapshot" that will help UI Health set the strategy for moving forward in partnership with members of the community, community organizations, and neighboring health systems.

UI Health is one of Chicago's leading healthcare providers, dedicated to serving our community through its 462-bed tertiary care hospital, 21 outpatient clinics, 11 Mile Square Health Center Federally Qualified Health Centers, and seven UIC health science colleges. We pride ourselves on keeping you and your family healthy.

Michael B. Zenn, MBA
Chief Executive Officer, University of Illinois Hospital & Clinics

Executive Summary

The University of Illinois Hospital & Clinics (UI Health) first published the UI Community Assessment of Needs (UI-CAN) in 2013. The 2019 UI-CAN represents the third iteration of the report and is a culmination of experiences in quantitative and qualitative research, strategic partnership, and service within the UI Health community.

2013

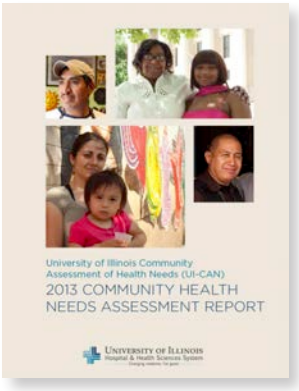
In 2013 the University of Illinois Hospital & Clinics (UI Health) published the 2013 UI-CAN, UI Health's first Community Health Needs Assessment (CHNA). Data collection included phone screens of members of the UI Health Community, resulting in the development of the following four priority areas:

1. Access to healthcare services (including medical, mental health, oral health, and vision);
2. Follow-up care;
3. Chronic conditions; and
4. Cancer screening.

The 2013 UI-CAN Implementation Plan identified a need to compile a richer community profile than could be obtained through phone surveys alone. Consequently, the University of Illinois Survey of Neighborhood Health (UNISON Health) was set in motion. UNISON Health surveyed a random sample of residents of the 24 neighborhoods served by UI Health in 2013-2016, gathered information via in-person interviews, and collected biometric data. This data was a key component of the 2016 UI-CAN report.

The 2013 Implementation Plan identified three broad goals in response to priority needs:

1. To improve residents' health status, increase their life spans, and elevate their overall quality of life;
2. To reduce the health disparities among residents; and
3. To increase accessibility of preventive services for all community residents.



2016

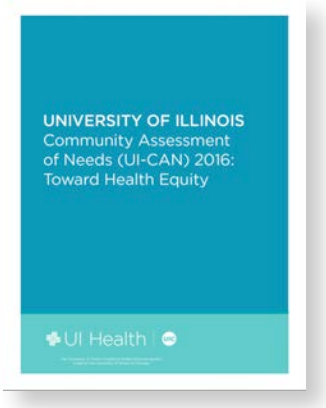
The subsequent 2016 UI-CAN: Toward Health Equity was assembled with an increasing emphasis on input from residents, other community stakeholders, the Office of Community Engagement and Neighborhood Health Partnerships, the Healthy Chicago Hospital Collaborative, and the Chicago Department of Public Health. The 2016 UI-CAN identified three priority health-related needs, all of which have been carried forward in the 2019 report:

1. Addressing social and structural determinants of health;
2. Improving access to care and preventing chronic disease; and
3. Reducing the impact of chronic disease on health.

The 2016 UI-CAN Implementation Plan, published after an analysis of the needs identified in the 2016 UI-CAN report, called for working with UIC faculty, students, staff, and external stakeholders to leverage the strength of UIC and its partners in meeting the health-related needs identified in the 2016 UI-CAN. The plan included four phases intended to develop a stakeholder-supported, continuous, and adaptive process for addressing our community's identified health-related needs.

These are:

1. Assess the current state of initiatives at UIC that address the identified health-related needs in the 2016 UI-CAN;
2. Develop new strategies to address gaps in services to meet the health-related needs in the 2016 UI-CAN;
3. Implement newly developed strategies to address health-related needs; and
4. Evaluate the implemented strategies and conduct a community impact assessment.



2019

DATA COLLECTION FOR UI-CAN 2019

In 2018, UI Health joined the Alliance for Health Equity, a partnership between the Illinois Public Health Institute, 35+ non-profit and public hospitals, seven local health departments, and representatives from more than 100 community organizations across Chicago and Cook County to conduct a collaborative Community Health Needs Assessment (CHNA). Primary and secondary data from a diverse range of sources were utilized to identify community health needs in Chicago and suburban Cook County, including the eight contiguous territories that make up UI Health's updated Primary Service Area (PSA).

In addition to the data collected through partnership with the Alliance for Health Equity, UI Health leveraged data available from sources such as the U.S. Census Bureau's American Communities Survey, Feeding America's Map the Meal Gap, Chicago Department of Public Health Healthy Chicago 2.0 Survey, Center for Disease Control and Prevention's (CDC) Behavior Risk Factor Data, Illinois Department of Public Health Division of Vital Records, and CDC's Wide-ranging Online Data for Epidemiologic Research.

In alignment with the stated goals of the 2016 Implementation Plan, UI Health in 2019 designed SCIP (Survey of Community Initiatives and Programs) to collect information about UI Health programs aimed at addressing the needs of the communities it serves. The UI Health Community can continue to contribute to the data collected through the SCIP at https://is.gd/uican_inventory

RESULTS OF UI-CAN 2019

The survey initiatives included in this report represent findings based on information provided by clinicians, trainees, and staff affiliated with UI Health. Findings highlight that the same three priority areas identified in the UI-CAN 2016 report remain the most significant health needs of the communities served by UI Health. Thus, the 2019 UI-CAN report focuses on the following three priority areas:

1

Addressing social and structural determinants of health

...including unemployment, education, income, tobacco use, poverty, transportation, food security, housing, and violence.

2

Improving access to care, community resources, and system improvements

...including having a primary care physician, access to care, and health insurance.

3

Primary and secondary prevention of chronic disease

...including heart disease, lung disease, stroke, diabetes, and cancer.

IMPLEMENTATION PLAN FOR UI-CAN 2019

As outlined in the 2016 UI-CAN Implementation Plan, an assessment of the current state of initiatives that address the identified health-related needs in the 2016 UI-CAN has been completed. The core of the assessment was derived from an inventory of 67 health-related programs and community benefit initiatives that was created in 2019. The inventory enabled categorization of activities by the health-related need each addresses. This inventory will be put into an online resource for UIC faculty, staff, and students as well as community-based organizations and other health systems, to identify common areas of interest and opportunities for collaborative efforts. The inventory has been analyzed to identify gaps that will need to be filled through the creation of new initiatives.

The gap analysis conducted in 2019 informed actions taken toward the completion of the 2016 UI-CAN Implementation Plan. Work is continuing to be done to engage diverse stakeholder groups, including community members, UI Health leadership, health sciences and other colleges across UIC, community organizations, city and state health departments, and other health care institutions, in developing a plan to address gaps in addressing health-related needs. Continuation of work includes development of broad key performance indicators, including community impact metrics for initiatives and programs as a whole, identification of resources necessary to implement, evaluate, and sustain the implementation plan, cultivation of potential collaborations with community partners and other health organizations, and sharing of newly developed strategies with all stakeholders to encourage continued future collaboration.

Recognizing the complexity of the needs of the community, several initiatives were implemented between 2016 and 2019 toward completion of the 2016 UI-CAN Implementation Plan. Initial evaluation of strategies to address transportation and housing related barriers through PRONTO and Better Health Through Housing, respectively, provided preliminary estimates of community impact (see pages 36 and 38).

Work remains to be done as part of the 2016 UI-CAN Implementation Plan to quantify both individual and collective impact of other programs identified through the Survey of Community Initiatives and Programs.

Health inequities disproportionately affect the populations served by UI Health. Factors such as employment, education, access to housing, healthy

food, transportation, neighborhood safety, and structural racism thwart our best efforts to help the community achieve and maintain healthy lives. Existing UI Health initiatives alone are insufficient for overcoming these challenges. Meaningful and sustained change will require long-term and coordinated effort on the part of UI Health and other public and private entities that operate at local, state, and national levels.

Next Steps

We will review findings in this report with stakeholders internal and external to UI Health. To facilitate coordination of current and future efforts to promote and sustain the health of the communities we serve, UI Health invites faculty, staff, and students at the University of Illinois at Chicago and its partners to complete the Survey of Community Initiatives and Programs. Information submitted through this survey will be periodically reviewed to help UI Health understand the range of activities and partnerships that support community health-related needs in the UI-CAN 2019 report, to assess the collective impact of these activities, and to identify gaps in our portfolio.

Moving forward, the UI-CAN Implementation Plan will serve as a guiding strategic document for ensuring that UIC is making a collective impact on addressing the health-related needs and achieving health equity in the communities we serve.

UI Health Overview

UI Health is a patient-centered organization. Providing safe, high-quality, and cost-effective care for our patients is our foremost responsibility. The care of our patients and their families will always be at the heart of our mission.

UI HEALTH

UI Health provides comprehensive care, education, and research to the people of Illinois and beyond, and is dedicated to the pursuit of health equity. A part of the University of Illinois at Chicago (UIC), UI Health comprises a clinical enterprise that includes a 462-bed tertiary care hospital, 21 outpatient clinics, and 11 Mile Square Health Center locations, which are all Federally Qualified Health Centers. It also includes the seven UIC health science colleges: the College of Applied Health Sciences; the College of Dentistry; the School of Public Health; the Jane Addams College of Social Work; and the Colleges of Medicine, Pharmacy, and Nursing, including regional campuses in Peoria, Quad Cities, Rockford, Springfield, and Urbana. UI Health is dedicated to the pursuit of health equity.

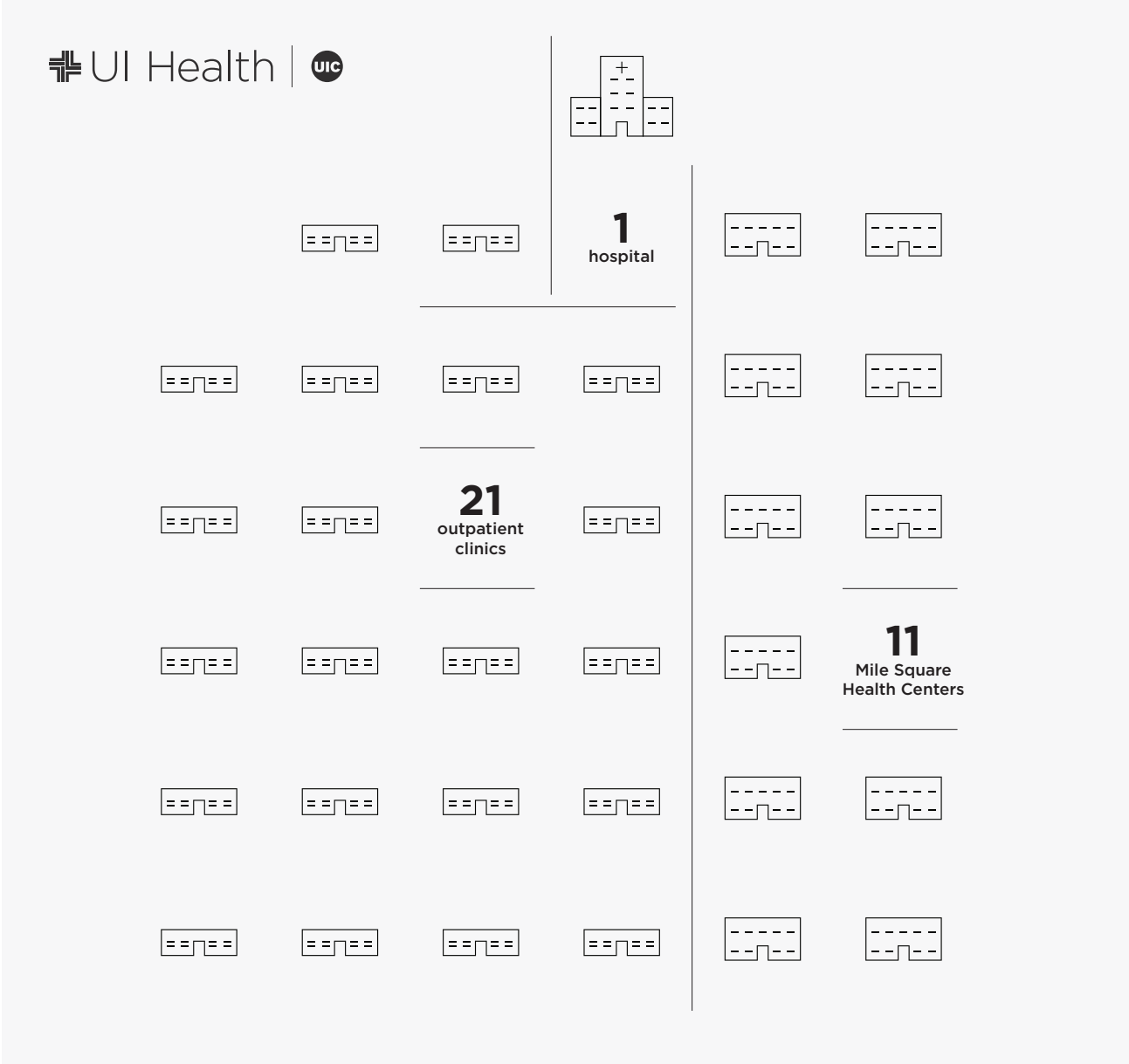
The UI Hospital is inseparable from its broader health system. The collective expertise of UI Health with its seven health science colleges brings a contemporary healthcare workforce to the task of changing healthcare delivery models.

MISSION, VISION, AND VALUES

Our Mission
In collaboration with our academic partners, our mission is to advance healthcare to improve the health of our patients and communities, promote health equity, and develop the next generations of healthcare leaders.

Our Vision
Our vision is to be the preeminent healthcare provider known for improving the health and wellness of our communities, providing exemplary care for our patients, and advancing the knowledge to do so.

Figure 1. UI Health & Hospital Facilities



Our Values and UI Care Standards

Compassion

We will treat our patients and their families with kindness and compassion and strive to better understand and respond to their needs.

Accountability

We will hold ourselves accountable as an organization and as individuals to act ethically and responsibly in everything we do, to be excellent stewards of our natural and financial resources, and to be transparent in our actions. We will make every effort to reduce waste in all forms, including waste that impacts human health.

Respect

We will act with respect, openness, and honesty in our relationships with patients, families, and coworkers. We will work collaboratively to promote the well-being of the communities we serve and to advance patient care, education, and research.

Excellence

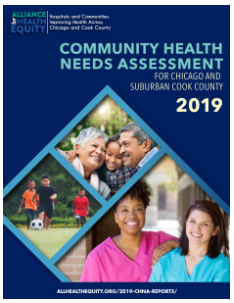
We will work as a team to leverage best practices and innovation in providing the highest-quality care for our patients and families. We will devote ourselves to continuously improve in everything we do.

Methods

UI Health's 2019 UI-CAN is based on quantitative and qualitative data collected through community surveys by the Alliance for Health Equity and public health data from the Centers for Disease Control, Chicago Department of Public Health, and United States Census Bureau. UI Health collaborated in the formation of the Alliance for Health Equity which includes 35 hospitals, the Illinois Department of Public Health, Chicago Department of Public Health, and regional and community-based organizations to improve health equity, wellness, and quality of life across Chicago and Cook County.

PARTNERSHIP THROUGH THE ALLIANCE FOR HEALTH EQUITY

The population included in the data collected by the Alliance for Health Equity includes UI Health's redefined Primary Service Area (PSA) and allows for a breadth of data collection that would have been difficult to gather by UI Health alone. The Alliance for Health Equity also has published a 2019 CHNA for all of Cook County, built on previous collaborative CHNA work from 2016, Healthy Chicago 2.0 (2016), and Cook County WePLAN (2016).



Through partnership with the Alliance for Health Equity, UI Health was able to employ methods of community engagement for the 2019 UI-CAN and implementation strategies including:

- Gathering input from community residents who are underrepresented in traditional assessment and implementation planning processes;
- Partnering with community-based organizations for collection of community input through surveys and focus groups;
- Engaging community-based organizations and community residents as members of implementation committees and workgroups;
- Utilizing the expertise of the members of implementation committees and workgroups in assessment design, data interpretation, and identification of effective implementation strategies and evaluation metrics;
- Working with hospital and health department community advisory groups to gather input into the 2019 UI-CAN and implementation strategies; and
- Partnering with local coalitions to support and align with existing community-driven efforts.

The types of community-based organizations engaged represent a broad range of sectors such as workforce development, housing services, food security, community safety, planning, community development, immigrant rights, primary and secondary education, faith communities, behavioral health services, advocacy, policy, transportation, older adult services, healthcare services, higher education, and many more.

All community partners work with or represent communities that are disproportionately affected by health inequities such as racial and ethnic minorities, immigrants, youth, older adults and caregivers, LGBTQ+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults. See Figure 2 for a list of community partners that have been involved in developing both the Alliance for Health Equity CHNA and the 2019 UI-CAN report.

The 2019 CHNA process is adapted from the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-engaged strategic planning framework that was developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Both the Chicago and Cook County Departments of Public Health use the MAPP framework for community health assessment and planning. The MAPP framework promotes a systems-focus, emphasizing the importance of community engagement, partnership development and the dynamic interplay of factors and forces within the public health system. This inclusive community-driven process was chosen to leverage and align with health department assessments and to actively engage stakeholders including community members in identifying and addressing the strategic priorities to advance health equity.

DATA SOURCES

Primary data from the Alliance for Health Equity were collected through four sources:

1. Community resident surveys
2. Community resident focus groups and learning map sessions
3. Health care and social service provider focus groups
4. Two stakeholder assessments led by partner health departments—Forces of Change Assessment and Health Equity Capacity Assessment

Between October 2018 and February 2019, Alliance for Health Equity partners collected survey responses from individuals 18 or older living in Cook County. High school students who are part of UI Health's CHAMPIONS NETWork, an initiative that partners with high schools located in mostly underserved neighborhoods to share skills in healthcare and community advocacy through education programming and internships, gathered 1,031 of the total 5,934 survey responses collected across Cook County. The surveys were available on paper and online and were disseminated in English, Spanish, Chinese, and Polish. The surveys included questions about health status of communities, community strengths, opportunities for improvement, and priority health needs. Hospitals, community-based organizations, and health departments distributed the surveys with the intention to gain insight from priority populations that are typically underrepresented in assessment processes. Some of the priority populations were racial and ethnic minorities, immigrants, LGBTQ+ community members, individuals with disabilities, and low-income communities.

The intention of the community input survey was to complement existing community health surveys distributed throughout Chicago and suburban Cook County by local health departments. Illinois Public Health Institute (IPHI) and the CHNA committee, which included UI Health, took the following steps to develop the survey tool: (1) IPHI drafted a survey based on review of 13 example community input surveys, (2) CHNA committee members from hospitals and health departments provided input, (3) IPHI incorporated revisions from CHNA committee members and the University of Illinois at Chicago Survey Research Laboratory, (4) IPHI made edits based on a health literacy review, (5) IPHI and two member hospitals piloted the survey at three community-based events, (6) IPHI made final edits to address minor challenges identified at the pilot events. The final survey tool included

16 questions—three questions related to zip code/community of residence, nine demographic questions, two multi-select questions about health problems and what's needed for a healthy community, and two open-ended questions about strengths and improvements.

Paper surveys were entered into the online platform (SurveyGizmo) so that electronic and paper surveys could be analyzed together. Survey data analysis was conducted using SAS 9.4 statistical analysis software and Microsoft Excel 2016.

In addition to the data collection efforts through partnership with the Alliance for Health Equity, the 2019 UI-CAN utilized publicly available health data from the following:

- the Illinois Department of Public Health Department of Vital Records, a public resource for death certificate data including cause of death;
- the United States Census Bureau American Community Survey, a national survey that uses continuous measurement methods. In this survey, a series of monthly samples produce annual estimates for the same small areas (census tracts and block groups) formally surveyed via the decennial census long-form sample;
- the Center for Disease Control (CDC) Behavioral Risk Factor Surveillance System, a national telephone survey that reaches more than 400,000 adults a year, making it the largest continuously conducted health survey in the world;
- the CDC Wide-ranging Online Data for Epidemiological Risk factors (WONDER) database, which includes information on cancer incidence based on oncology reports from U.S. health care providers; and
- Feeding America, which assesses food insecurity levels through analysis of closely linked indicators (poverty, unemployment, etc.) and responses to the Current Population Survey questions about food budget shortfall.

UI Health also collected data both through the new SCIP, an open portal where members of the UI Health community can report and update information on new and existing community programs, and through targeted outreach to leaders of community programs at UI Health. This information will continue to be a resource for the ongoing assessment of efforts within the community.

"The one change I want to see in my neighborhood is access to healthcare services, [and a] safer neighborhood so that children can play outside together and cleanliness"
– Austin resident, age 25-34

FOCUS GROUPS

Between August 2018 and February 2019, IPHI worked with Alliance for Health Equity partners to hold a total of 49 community input sessions with priority populations including veterans, individuals living with mental illness, racial and ethnic minorities, older adults, caregivers, teens and young adults, LGBTQ+ community members, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma.

The community input sessions included 27 focus groups conducted by IPHI and 22 learning map sessions led by West Side United, including a session held at the University of Illinois at Chicago. In addition to the 49 community input sessions, there were also three focus groups with healthcare and social service providers hosted by Swedish Covenant Hospital, MacNeal Hospital, and South Shore Hospital. On the next page are listed all of the focus group and learning map session host organizations.

Figure 2. Focus group and learning map session host organizations

ABJ Services
Affinity Community Services
After School Matters (2)
Alivio Medical Center
AMITA Saints Mary and Elizabeth Medical Center
Asian Human Services Family Health Center
Breakthrough
BUILD, Inc.
By the Hand
Chicago Public Library - Austin-Irving Park Branch
Chicago Public Library - Edgebrook Branch
Chicago Public Library - Jefferson Park Branch
Chicago Public Library - Oriole Park Branch
Chicago Youth Programs
CJE Senior Life
Coalition of Hope
CristoRey High School
Deborah's Place
El Valor
Enlace Chicago
Evanston General Assistance (2)
Friedman Place
Frisbie Senior Center
Garfield Park Community Council
Gary Comer Youth Center
Greater Galilee Baptist Church
Habilitative Systems
Hanul Family Alliance
Housing Forward - Tenant's Club Meeting
Kedvale New Mt. Zion M.B. Church
Maine Community Youth Assistance Foundation
NAMI Chicago (2)
New Moms
New Morning Star MB Church (2)
Northwest Side Housing Center

Oak Park River Forest Food Pantry
Oakley Square Apartments (3)
PLOWS Council on Aging
Restoration Ministries
Rich Township VFW Post 311
Saint Stephen AME
Solutions for Care
Southwest Organizing Project (2)
Teen Living Program
Temple of Faith MB Church
Theace Goldsberry Community House
TCA Health
Timothy Community Corporation
UCAN (2)

Focus groups hosted by partners:
Maywood Fine Arts
Maywood Library
Quinn Center

Community input from all 49 community input sessions (focus groups and learning map sessions) was combined and included in the assessment along with input from three provider focus groups. Focus group questions asked participants about the underlying root causes of health issues that they see in their communities and specific strategies for addressing those health needs. IPHI developed the focus group questions using resources from existing CHNA toolkits and peer-reviewed studies, in consultation with the CHNA committee and colleagues at partner health departments. Each focus group was hosted by a hospital or community organization. The full-length audio-recordings were reviewed and codes/sub-codes were created. Themes and contrasting thoughts or opinions were highlighted. The software Dedoose 8.1.8 was used to identify and analyze cross-group codes.

DEMOGRAPHICS OF RESPONDENTS OF COMMUNITY RESIDENT SURVEYS

The Alliance for Health Equity survey provides demographics for the whole of Cook County, whereas the analyses within this UI Health 2019 UI-CAN report is based on 3,859 respondents living in zip codes corresponding to the 2019 Primary Service Area (PSA) for UI Health. The following figures characterize these 3,859 respondents within the UI Health PSA. Demographic characteristics of the larger Chicago area are featured in the center of Figures 3 A-J for comparison.

The PSA includes some municipalities, such as Cicero and Berwyn, adjacent to Chicago that are served by UI Health. Overall, respondent demographics were similar to those for the whole of Chicago with significant deviations indicating respondents from UI Health's PSA having lower median income, older median age, larger minority population, and lower percent of college graduates.

"The greatest strength in the community where I live is that everyone deeply cares about their family's well being."
– West Lawn resident, age 18-24

Figure 3A. Language in survey population

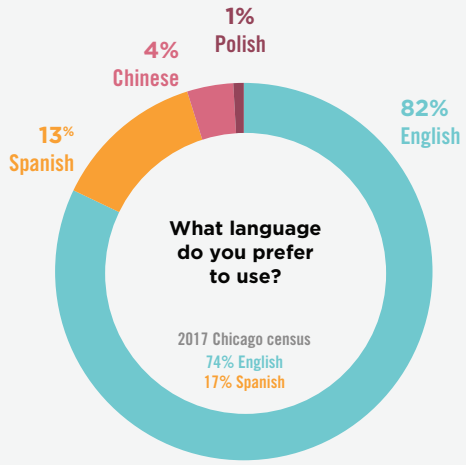


Figure 3B. Age in survey population

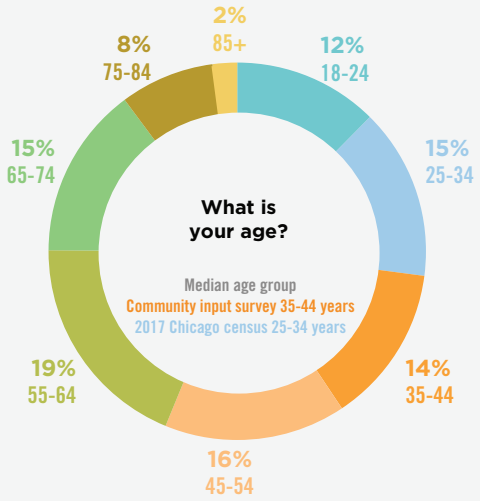


Figure 3C. Gender identity in survey population

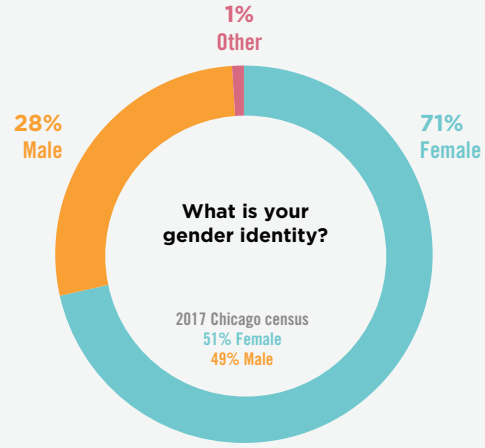


Figure 3D. Sexual orientation in survey population

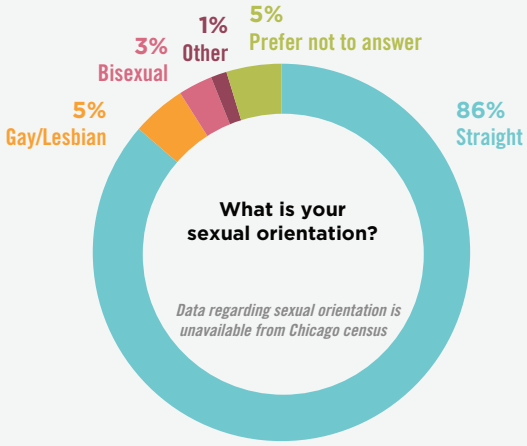


Figure 3E. Race/Ethnicity in survey population

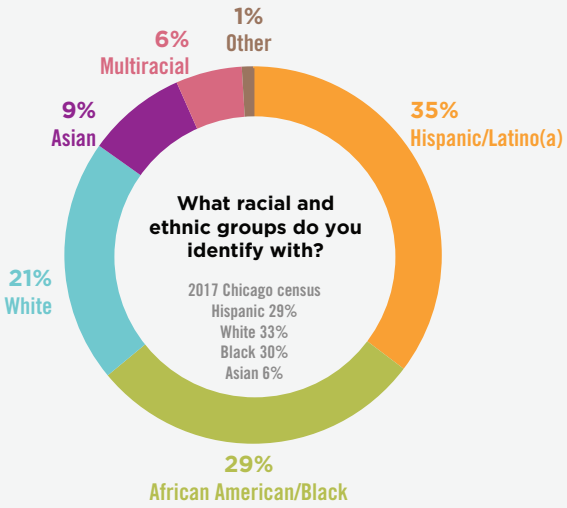


Figure 3F. Disability in survey population

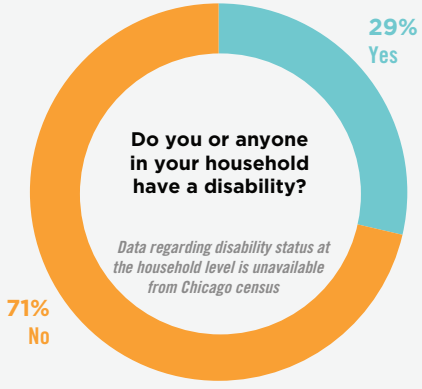


Figure 3G. Children in household in survey population

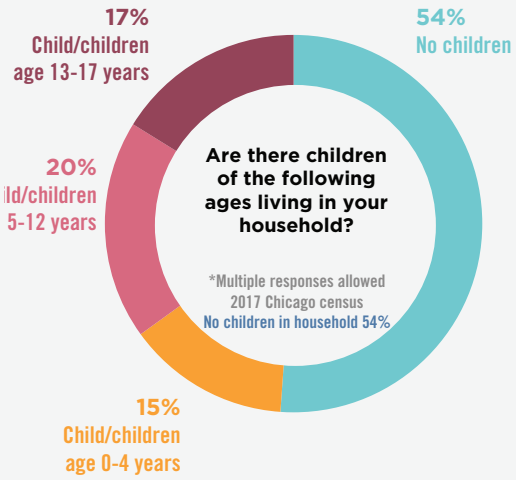


Figure 3H. Household income in survey population

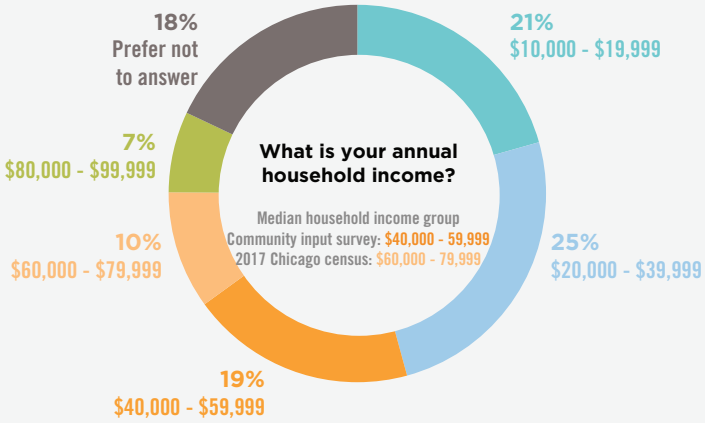


Figure 3I. Household size in survey population

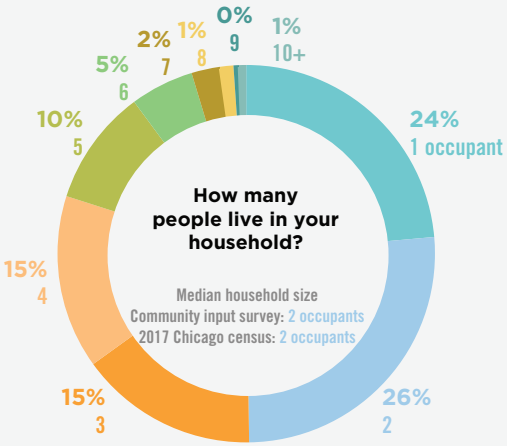


Figure 3J. Educational attainment in survey population

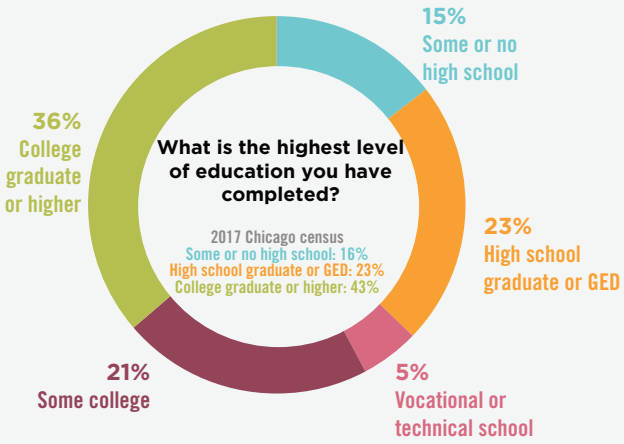


Figure 3. Respondents of community resident survey

The demographics of the respondents of the community resident survey (RCRS) approximate the diversity of Chicago as a whole. This is expected based on the high overlap between the UI Health PSA and the city of Chicago. Groups where the RCRS demographics did not clearly reflect the general Chicago population include gender (Fig. C; Chicago: 51% Female, RCRS 71%), median age (Fig B; Chicago: 25-34 years, RCRS: 35-44 years), proportion of racial and ethnic minorities (Fig. E; Chicago: 67% minority, RCRS: 79%), college graduates (Fig. J; Chicago: 43%, RCRS: 36%) and household income (Fig H; Chicago: $60–79k, Survey Population: $40-59k).

Data for percent of Chicago residents having household members with a disability and data related to sexual orientation of Chicago residents were not available via the Chicago Census Data.

Source Fig 3 A-J:
Survey demographics: Alliance for Health Equity CHNA Survey 2018-2019
Chicago Demographics: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates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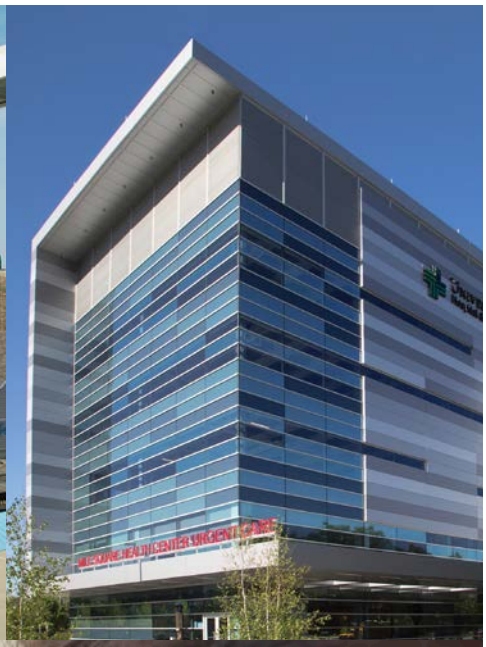
2000W



UI Health Community

In 2019 UI Health updated its Primary Service Area (PSA) to create eight contiguous "territories" that combined represent a larger fraction of the city of Chicago than was used in the 2016 report. The updated PSA encompasses 75% of UI Health's discharges and is intended to reflect the unique characteristics of each area served by UI Health to inform planning tailored to the particular needs of each territory.

COMMUNITIES SERVED BY UI HEALTH

The majority of public health data is available by zip code and the maps within this report show this zip code level data. Neighborhoods are equally important when describing Chicago, so when possible, both the zip code and neighborhood information are presented. The relationships between the territories, zip codes, community areas, and neighborhoods in the 2016 PSA and 2019 PSA are presented in Figure 4.

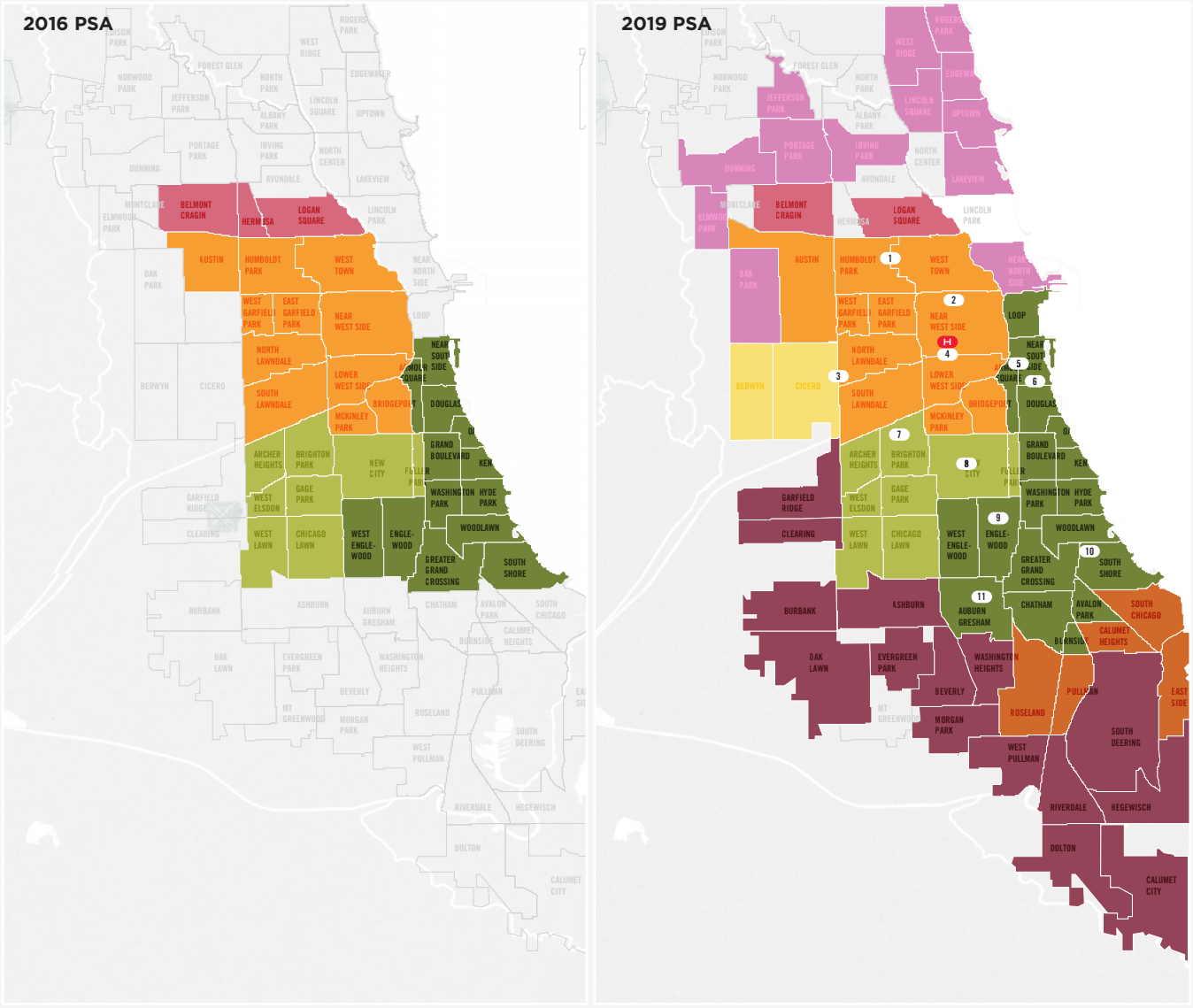
COMMUNITY DESCRIPTION

The UI Health PSA is comprised of eight "territories" that approximate Chicago's "Sides". Each territory is a geographically contiguous area that is distinct from other territories. Territories encompass local city neighborhoods and in some cases municipalities adjacent to the city of Chicago.

The demographic characteristics of each territory are distinct. This background information is helpful for understanding the diverse needs of the community served.

"The one change I want to see in my neighborhood is enhancement of the built environment. I want to run, but don't feel safe or comfortable running in my community."
– Calumet City resident, age 18-24

Figure 4. Comparison of 2016 (A) and 2019 (B) UI Health Primary Service Area (PSA)



TERRITORIES/NEIGHBORHOODS

- Berwyn
- Cicero
- FAR SOUTH
- NORTH
- OTHER NORTH
- OTHER SOUTH
- SOUTH
- SOUTHWEST
- WEST

MILE SQUARE HEALTH CENTERS

1 Humboldt Park
2 Hope Institute Learning Academy
3 Cicero
4 Main
5 National Teachers Academy
6 Young Women's Leadership Charter School
7 Davis Health and Wellness Center
8 Back of the Yards
9 Englewood
10 South Shore
11 Auburn Gresham

HOSPITAL

H University of Illinois Hospital

The UI Health PSA expanded from 24 zip codes and 23 community areas in 2016 to 56 zip codes and 53 community areas in 2019 to capture a more holistic picture of the community served. White dots represent UI Health Mile Square Health Center (MSHC) locations, while the red 'H' marks UI Health Hospital. The outline around the PSA is the border of the city of Chicago. Each of the eight territories is represented with its own color. Source: UI Health

COMMUNITY ASSETS

UI Health recognizes many healthcare resources exist within the community that are available to respond to the needs of its residents. Figure 4 maps some UI Health clinical resources, including all Mile Square Health Centers and University of Illinois Hospital & Clinics. Additional health resources in UI Health's primary service area include hospitals, community health centers, school-based health centers, and nursing homes. These health-related assets provide an opportunity for joint efforts to address the needs of the community collectively served.

Community assets in UI Health's PSA

Additional health resources in UI Health's primary service area, including hospitals, community health centers, school-based health centers, and nursing homes:

Access Community Health Network
Advocate Health
Affinity 95
Alivio Medical Center
Amani-TUCHC
American Heart Association
The American Indian Center
Asian Health Coalition
Austin Early Childhood Collaborative
Brighton Park Neighborhood Council
Center for New Horizons
Chamberlain College of Nursing
Chicago Family Health Center
Chicago Hispanic Coalition
Chicago State University
City Colleges of Chicago
City of Chicago Department of Family & Support Services
Community Health
Community Justice for Youth Institute
Community Renewal Society
Community Safety
Daley College
Demoiselle 2 Femme
Enlace
Erie Family Health Center
Greater Auburn Gresham Development Corporation
Faith In Place
First Baptist Congregational Church
Fresh Taste
Gads Hill Center
Growing Home
Habilitative Systems
Hartgrove Hospital
Health Care Consortium of Illinois
HealthCare Research Associate, LLC
Health Connect One
Healthy Washington Heights
Illinois Action for Children
Illinois African American Coalition for Prevention
Illinois Department of Public Health-Regional Health Office
Illinois Public Health Institute
In His Hand Global Ministries
Irv & Shelly's Fresh Picks
Lawndale Community Court
Malcolm X College
Men Making A Difference
Midwest Asian Health Association
National Latino Education Institute
New Birth Church
NORC
North Lawndale Community Coordinating Council
Northwestern University
PCC Austin Family Health Center
Perspectives Shop
Presence Health
Project Brotherhood
Providence St. Mel
Puerto Rican Cultural Center
Rincon
Rush University Medical Center
Senator Martin A. Sandoval 11th District
Sinai Health System
Sister Sanctuary
Social Ecologies
South Chicago New Community, Claretian Associates
South Suburban College
St. Dorothy Catholic Church
St. John Church of God In Christ
Sweet Holy Spirit
Sweet Water Foundation
Teamwork Englewood
Ujamaa Community Land Trust
UI Health Hospital Administration
Urban Health
US Department of Health & Human Services - Office of the Secretary for Health
Virsterious Woman
Westside Health Authority
West Side United
Wellspring LTD & Food Commons
Wilburn Strategic Solutions
Williams Solutions

DEMOGRAPHIC CHARACTERISTICS

In this report, minority populations are defined as those identifying as Hispanic, Black, Asian, and Multi-racial/ethnic. Other racial or ethnic groups comprised a population too small for analysis. Relationships emerge between health outcomes, race/ethnicity, and socioeconomic hardship as we examine health-related burden across the unique territory populations. In seven of the eight territories in the UI Health PSA, the majority of the population identifies as a racial or ethnic minority.

Figure 5A. UI Health PSA race and ethnicity proportions by territory

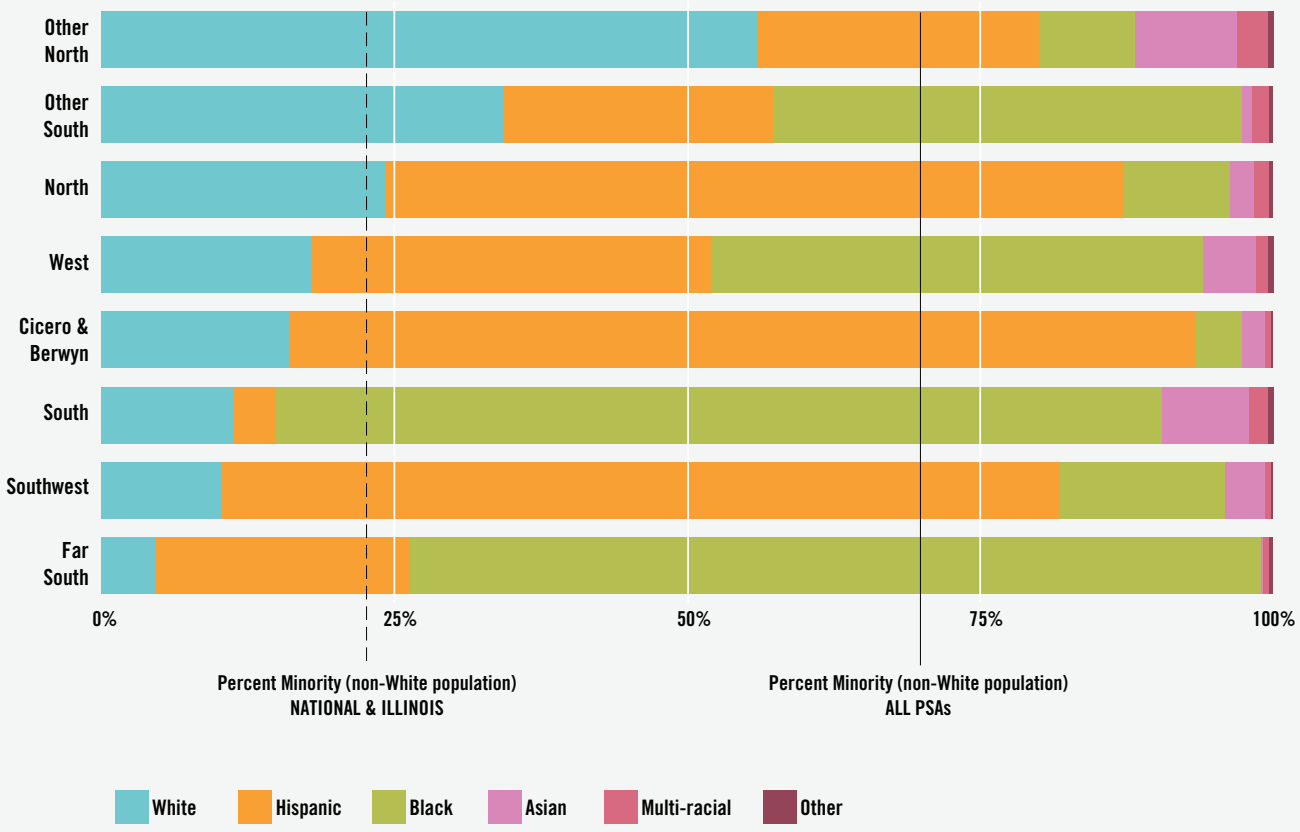


Figure 5B. White population

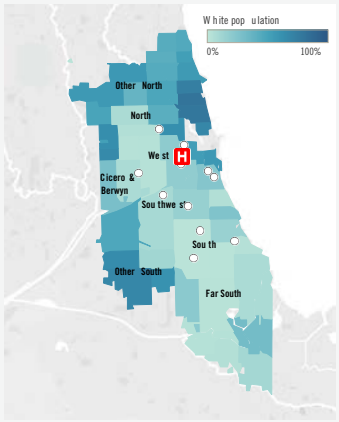


Figure 5C. Hispanic population

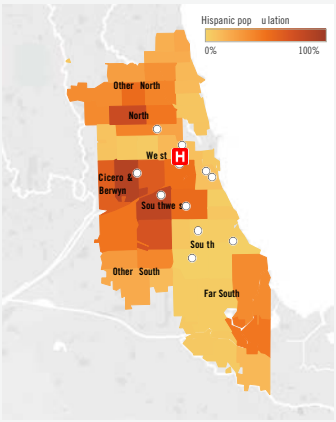


Figure 5D. Black population

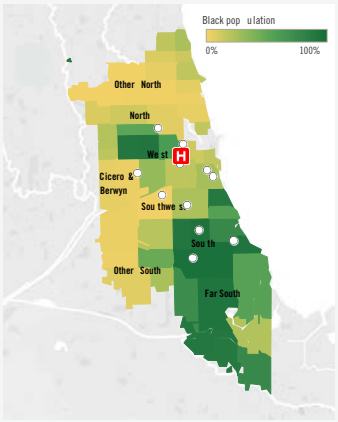
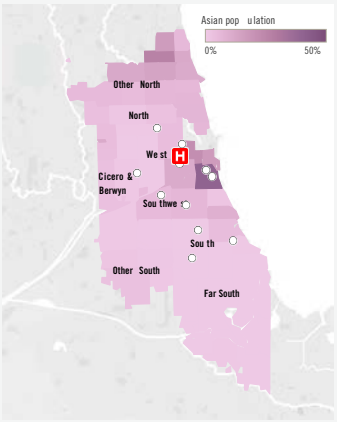


Figure 5E. Asian population



The majority of the population in most territories in UI Health's PSA identify as a minority racial or ethnic group.

Figures 5B-D use a gradient scale out of 100%, while Figure 5E uses a gradient scale out of 50%. This helps to preserve readability within Figure E of the relatively small Asian population in the UI Health PSA.

Source Fig 5 A-E: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimate

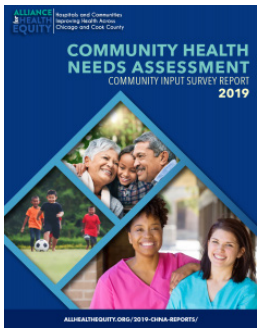
Community Health Profile and Priority Areas

Using health data obtained from the Alliance for Health Equity community resident surveys and additional data sources, the following is a description of the health of UI Health Primary Service Area (PSA) communities.

COMMUNITY SURVEY RESPONDENT PRIORITIES

Community survey respondents were asked two questions about characterizing their community. The first, 'What do you think are the three most important health problems in your community?', allowed participants to indicate the health needs they felt were highest impact in their community. The second, 'What do you think are the three most important things necessary for a 'Healthy Community'?", allowed participants to identify where they see the most value in allocating resources in their community. These responses complement data on social determinants of health, demonstrating not only where resources are needed but where resources are wanted. Survey responses by any Cook County resident continue to be welcomed via the Alliance for Health Equity community resident survey.

When grouping these responses into the three identified priority areas, community respondents identify violence as the primary concern related to social and structural determinants of health, access to community services as the primary concern related to access to care, and diabetes as the primary concern related to chronic disease. More than a third of the 3,859 respondents identified violence as a key concern.



ALLIANCE for HEALTH EQUITY
Hospitals and Communities Improving Health Across Chicago and Cook County

Figure 6. Community survey respondent priorities grouped by priority area; n=3859

1

Addressing social and structural determinants of health

Safety, violence, and crime
Access to healthy food
Affordable housing
Quality job opportunities
Good schools
Clean environment
Access to transportation

2

Improving access to care, community resources, and system improvements

Access to community services
Dental problems
STIs/STDs including HIV
Mother and infant health
Infectious disease

3

Primary and secondary prevention of chronic disease

Diabetes
Mental health
Substance use
Age related illness
Heart disease and stroke
Cancers
Obesity
Lung disease

Community survey respondents strongly identify chronic disease management, including managing diabetes, mental health, substance use, and cancer, as important health problems in their community. Among social determinants of health, violence ranks as a top concern, with nearly a third of respondents identifying this as one of the most important health problems. Improving access to mental and physical health care was the top-ranked need for a healthy community, with nearly half of all respondents identifying this as a priority.

Source: Alliance for Health Equity CHNA Survey 2018-2019

PRIORITY AREA 1

Addressing social and structural determinants of health

COMMUNITY SURVEY RESPONDENT PRIORITIES

Safety, violence, and crime
Access to healthy food
Affordable housing
Quality job opportunities
Good schools
Clean environment
Access to transportation

It is widely acknowledged that approximately 70% of what impacts health happens outside of the healthcare system[1]. These factors are often referred to as the social and structural determinants of health. The U.S. Centers for Disease Control (CDC) defines social determinants of health as "the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors"[2] . It is fundamental to the way UI Health delivers care to acknowledge that these social determinants of health play a critical role in the long-term health of communities and in keeping patients out of the hospital and in their community.

Associations between poor health and socioeconomic inequity are well-documented. For example: lower income individuals have higher rates of diabetes and coronary heart disease[3]; children born to mothers with less than a high school education are twice as likely to die within their first year of life as children born to college-educated mothers[4]; and the percentage of individuals reporting poor health increases as levels of income and employment decrease[5]. There is more than a 15 year difference in life expectancy between residents of the Southern territory neighborhood of Fuller Park (65 years) and the central Loop neighborhood (81 years)[6]. The data describing UI Health's primary service area supports these associations. Territories with high levels of unemployment, food insecurity, and violence are the same territories with elevated mortality due to heart disease and stroke.

The communities in UI Health's Primary Service Area (PSA) have some of the greatest needs in Chicago. Because data for some indicators of social determinants of health were not available for the UI Health PSA, data for the City of Chicago was used as an approximation. When comparing either Chicago or the UI Health PSA to social determinant of health indicator averages at the state or national level, the UI Health community experiences higher levels of hardship across all seven indicators measured: unemployment, education, income, tobacco use, poverty, food insecurity, and violence. The data indicating high levels of hardship within the UI Health PSA helps to explain the emphasis UI Health patients have placed on the social determinants of health.

1. County Health Rankings Model. County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model. Accessed July 24, 2019.

2. Definitions | Social Determinants of Health | NCHHSTP | CDC. Centers for Disease Control and Prevention. https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html. Accessed July 24, 2019.

3. Lemstra M, Rogers M, Moraros J. Income and heart disease: Neglected risk factor. Can Fam Physician. 2015;61(8):698–704.

4. National Research Council (US) Panel on Adolescent Pregnancy and Childbearing; Hofferth SL, Hayes CD, editors. Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing, Volume II: Working Papers and Statistical Appendices. Washington (DC): National Academies Press (US); 1987. CHAPTER 8, THE CHILDREN OF TEEN CHILDBEARERS. Available from: https://www.ncbi.nlm.nih.gov/books/NBK219236/

5. "Health, Income, & Poverty: Where We Are & What Could Help, " Health Affairs Health Policy Brief, October 4, 2018.DOI: 10.1377/hpb20180817.901935

6. Illinois Department of Public Health, Death Certificate Files 1989-2014; US Census 1990, 2000, 2010

Figure 7A. Social determinants of health in UI Health's primary service area

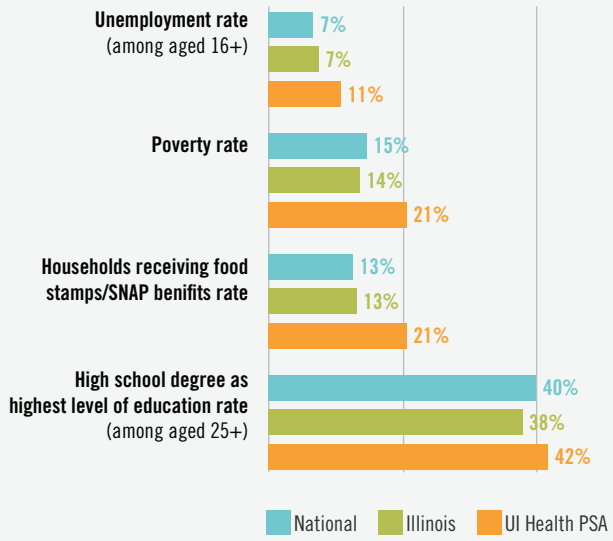


Figure 7. Social and structural determinants of health in UI Health's primary service area

Indicators of hardship related to social and structural determinants of health tend to cluster in the South, West, Southwest, Far South, and North territories of UI Health's PSA. The consistent overlap of different measures of hardship across these territories highlights the multi-faceted challenges many of these patients face. Orange indicates greater hardship than the national average; blue indicates less hardship than the national average.

Sources: Fig. 7 A-C, E-F: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Fig. 7 D: CDC's Wide-ranging Online Data for Epidemiologic Research; Underlying Cause of Death (2017)

Fig. 7 G: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files (2017)

Figure 7B. Unemployment rate

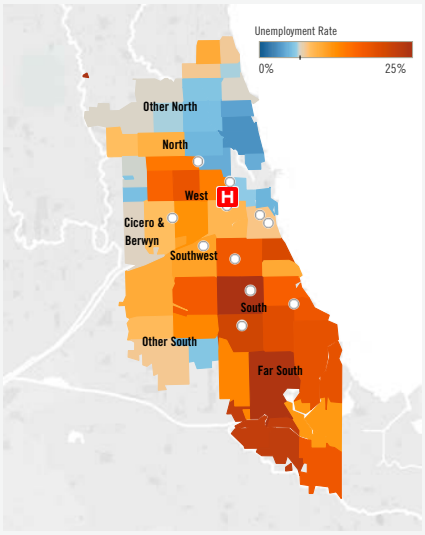


Figure 7C. High school degree as highest education attainment

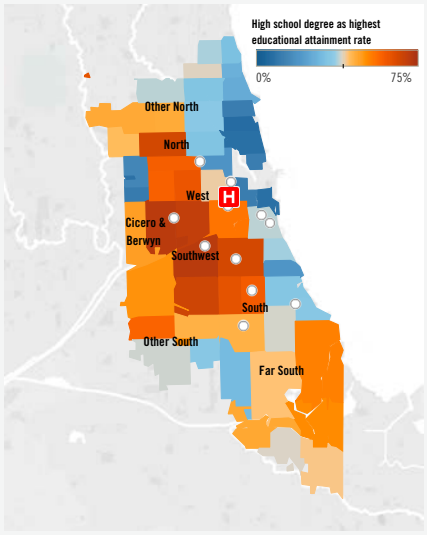


Figure 7D. Adult smoking rate

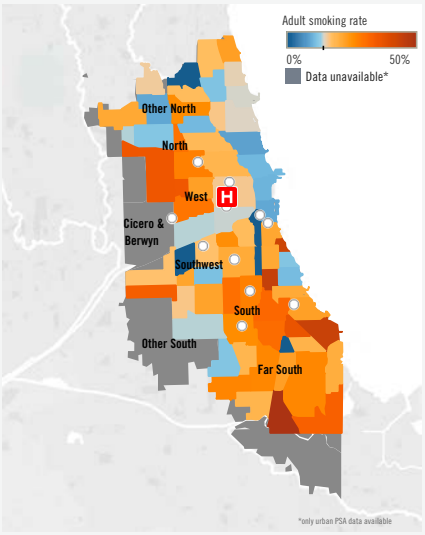


Figure 7E. Poverty rate

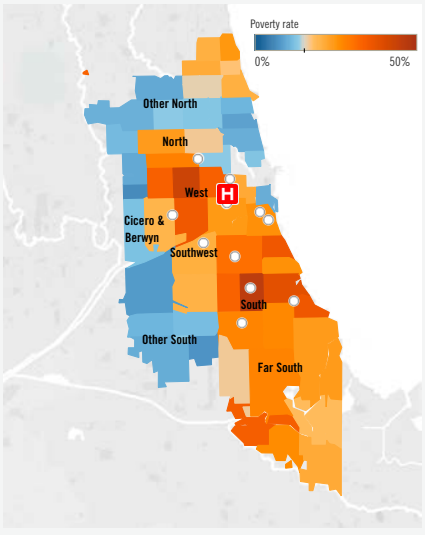


Figure 7F. Households receiving food stamps/SNAP benefit rate

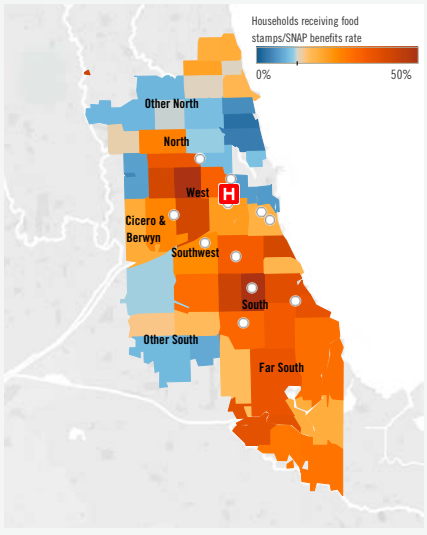
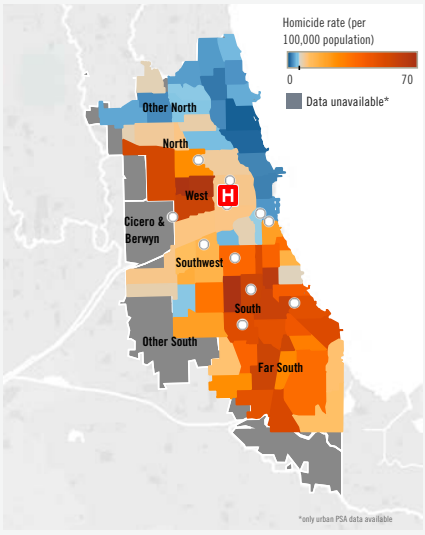


Figure 7G. Homicide rate (per 100,000 population)



PRIORITY AREA 2

2

Improving access to care, community resources, and system improvements

COMMUNITY SURVEY RESPONDENT PRIORITIES

Access to community services
Dental problems
STIs/STDs including HIV
Mother and infant health
Infectious disease

Access to healthcare can be measured in various ways, but is typically defined as the quality, availability, and affordability of healthcare services. This can include physical proximity of a healthcare provider, the hours services are provided, the availability of appointments, proximity of care to public transportation, payment methods accepted, or cultural responsiveness and openness of a provider, among many other measures.

While many Americans have good access to quality healthcare, others face barriers that prevent them from obtaining basic health services. Minority populations and those with low socioeconomic status often face significant barriers to accessing care, including physical proximity and availability of culturally responsive providers. When thinking about access to care in the communities served by UI Health, access to more health technologies is not the focus, but instead access to basic healthcare services.

A significant number of patients in UI Health's PSA do not have health insurance (Fig 8C); many residents may not be eligible for Medicaid or the insurance marketplace due to immigration status. According to the American Community Survey, in Cook County 20% of the Hispanic/Latinx population is uninsured, compared to 8% of the non-Hispanic/Latinx population. Other community members may be challenged to successfully enroll in health insurance on the basis of lacking financial or educational means.

Like other measures of hardship in the UI Health PSA, areas of low access to care tend to cluster in specific areas within South, Southwest, and West territories. Strategic placement of Mile Square Health Centers (white dots) in these areas aim to increase access to quality healthcare.

Figure 8A. Access to care in UI Health primary service area

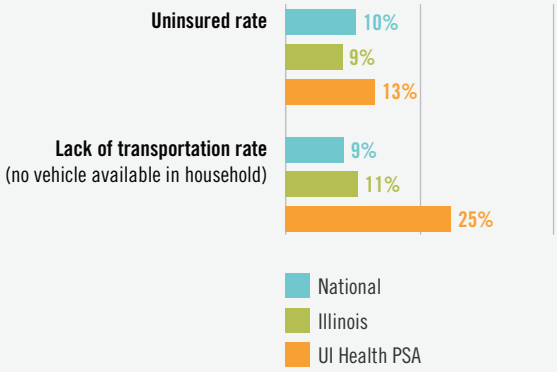


Figure 8B. Household without a primary care physician

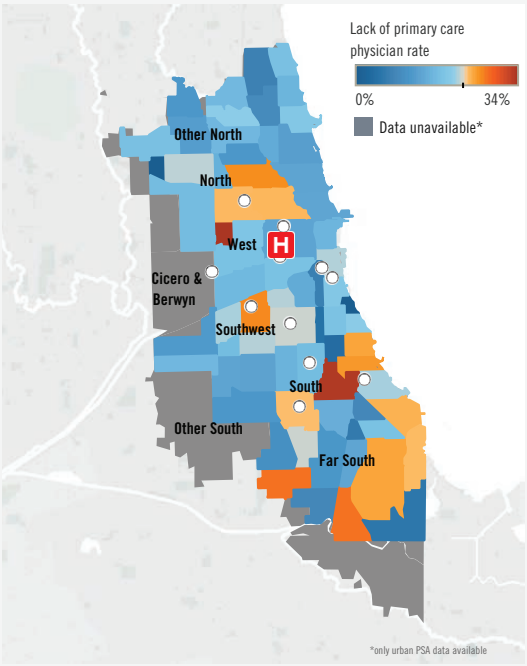


Figure 8C. Uninsured rate

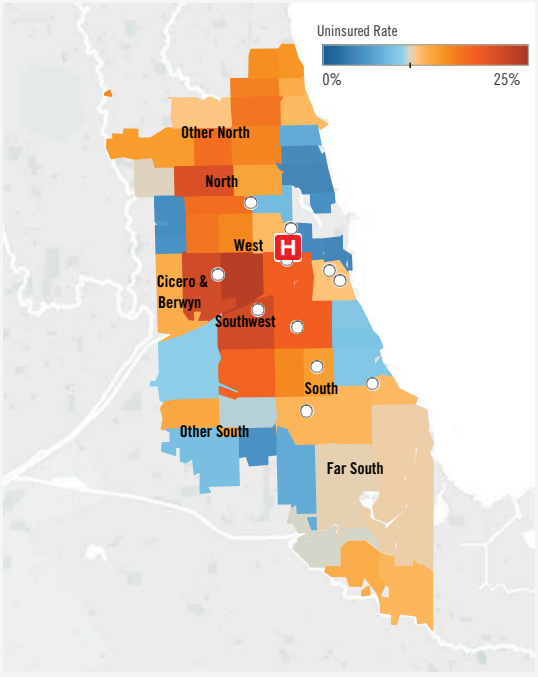
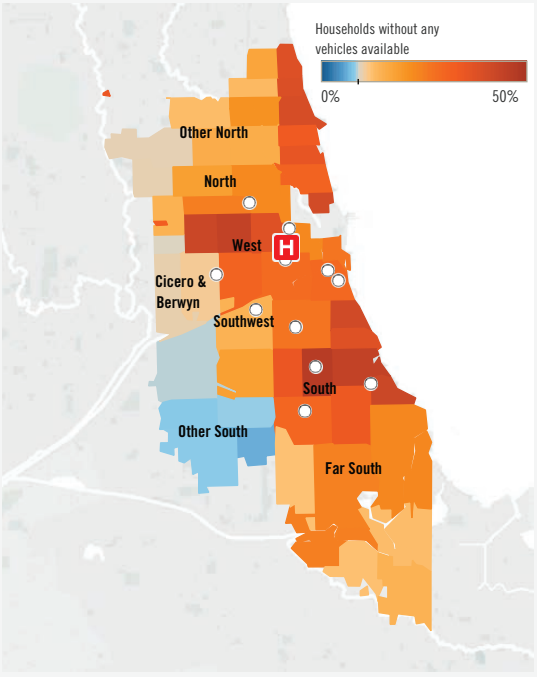


Figure 8D. Households without any vehicles available



The South, West, and Southwest territories experience the greatest hardship concerning access to care. Rates of lacking insurance, transportation, or a primary care provider are lower than the national average in these territories. Orange indicates greater hardship than the national average; blue indicates less hardship than the national average.

Sources: Fig. 8 A: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates; Chicago Department of Public Health, Healthy Chicago Survey (2014-2016)
Fig. 8 B-D: CDC Behavioral Risk Factor Surveillance System (BRFSS)

PRIORITY AREA 3

3

Primary and secondary prevention of chronic disease

COMMUNITY SURVEY RESPONDENT PRIORITIES

Diabetes	**Heart disease and stroke**
Mental health	**Cancers**
Substance use	**Obesity**
Age related illness	**Lung disease**

Chronic disease is by definition complex and ongoing. Managing chronic disease involves long-term care by multiple providers, including both healthcare professionals and the friends and family of those affected. This burdens communities and health systems socially and economically. Many chronic diseases such as heart disease and diabetes have causes rooted in socioeconomic inequities such as access to healthy food and prevalence of cigarette smoking.

Furthermore, chronic diseases and conditions, such as heart disease, cancer, chronic obstructive pulmonary disease (COPD), stroke, type-2 diabetes, and obesity are not only costly, but they are the most common of all health problems, and often can be prevented. About half of all adults in the U.S. have at least one chronic health condition.

UI Health's 11 Mile Square Health Centers, including school-based health centers along with primary and subspecialty care clinics address these disparities by providing local quality care. Addressing health care in communities involves not only care in health centers, but reaches into communities and homes through programs like health fairs, cancer screening events, and the CHAMPIONs program, which trains high school students in underserved areas in health advocacy, helping to provide a path towards a career in healthcare for these students while fostering an understanding of the causes and management of heart disease in the students' communities. UIC proudly educates a substantial proportion of physicians, pharmacists, and dentists in IL, as well as over 8,000 of Illinois' currently practicing nurses and nearly 1 in 4 social workers, contributing to dozens of care programs within the community, including those listed in our Community Program Inventory.

Cancer prevention, detection, management, and survivorship care plans

Mortality due to cancer is the number one cause of death in Suburban Cook County. It is the number two cause of death in the city of Chicago, the state of Illinois, and the United States.

Based on the high prevalence of cancer in the suburban Primary Service Area (PSA), cancer prevention, detection, management, and survivorship care plans are a special focus of the chronic disease priority. The University of Illinois Cancer Center serves not only Cook County, but also provides care for over 75% of cancer patients in many neighborhoods within Will, LaSalle, Grundy, and Livingston counties. Because of UI Health's role in providing care to these patients, the geographic area served by the University of Illinois Cancer Center is larger than the general UI Health PSA. This uniquely positions UI Health to address the cancer care needs not only in Chicago but also rural Illinois communities.

Figure 9A. Heart disease mortality

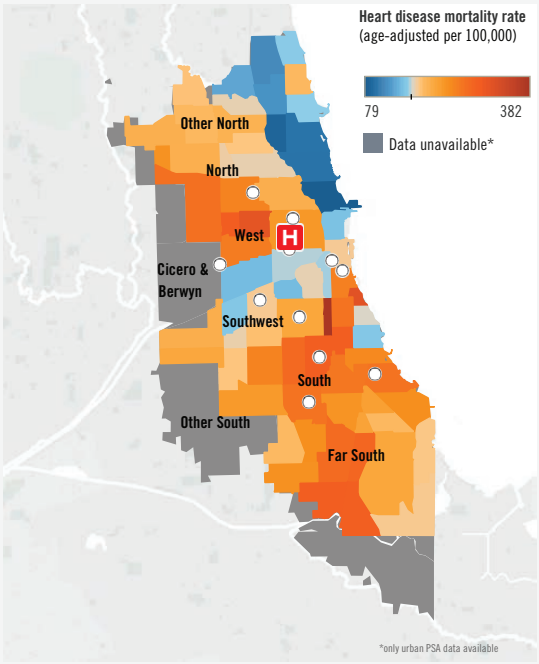


Figure 9B. Diabetes mortality

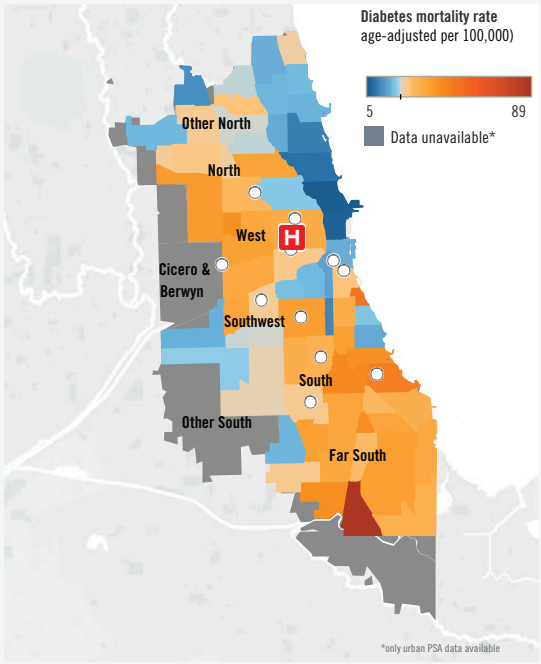


Figure 9C. Chronic lower respiratory disease mortality

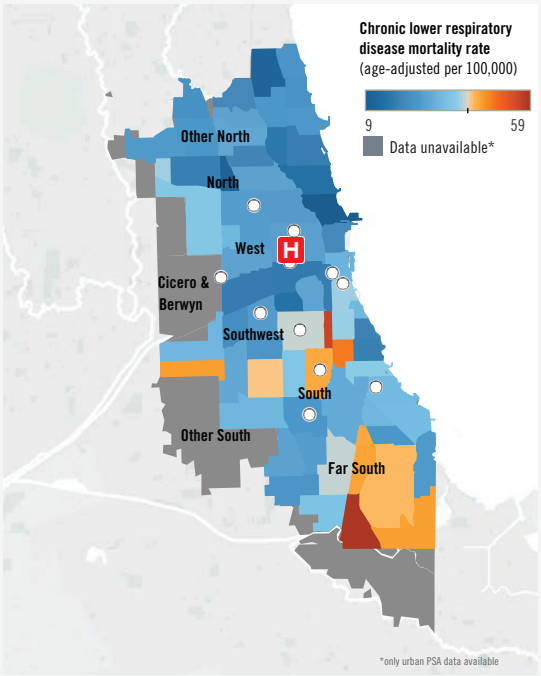
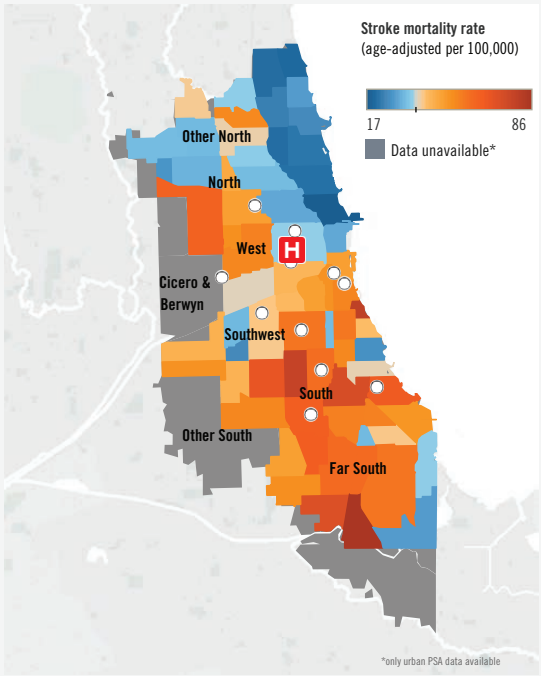


Figure 9D. Stroke mortality



Chicago experiences higher levels of mortality due to heart disease, diabetes, and stroke than Illinois or national levels. Within the UI Health PSA, South, West, Southwest, and Far South territories experience the highest hardship.
The Far South territory experiences higher than average rates of mortality than the national average for all chronic diseases analyzed.

Orange indicates greater hardship than the national average; blue indicates less hardship than the national average.

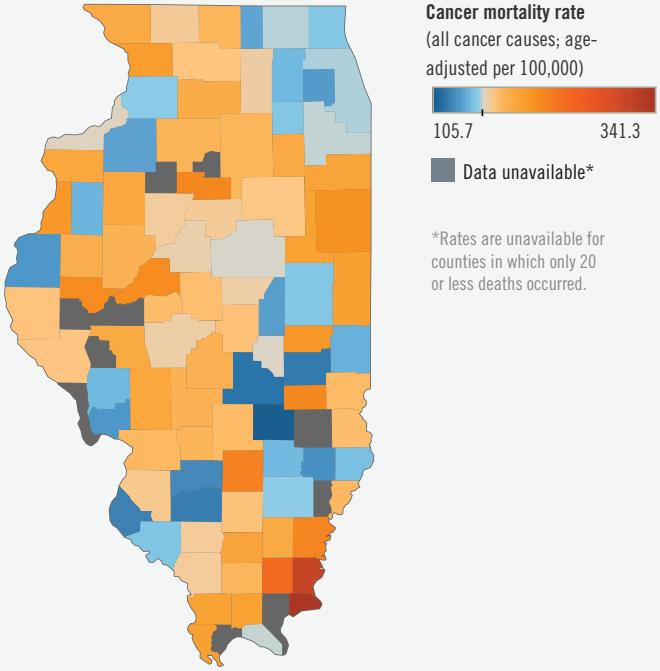
Fig. 9 A-D: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files (2017)

Based on the cancer needs of the UI Health community, the cancer care delivery model at UI Health was recently redesigned to meet the needs of the patient population while also restructuring the clinical trials office. These efforts have led to a doubling in the number of patients enrolled in cancer treatment studies over the past year. The current goal is to double the previous year's enrollment through additional trials focused on the cancer disparities evident in the UI Health PSA. The foundation of the new oncology service line model will be the launch of Integrated Practice Units that will focus on multidisciplinary diagnosis, treatment, and survivorship.

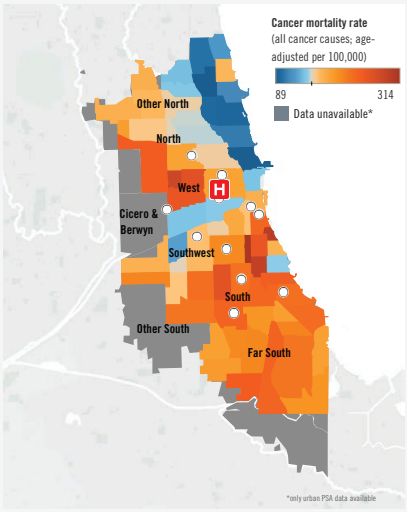
The University of Illinois Cancer Center prides itself on being the country's first truly community-focused cancer center. Recent collaborative events include a week-long head and neck cancer screening program in April 2019, and participation in the Avondale Health Fair. The Office of Community Engaged Research and Implementation Science has additionally created the Center for Health Equity Research (CHER) in partnership with the UIC School of Public Health and the University of Chicago to address structural violence, a major determinant of outcomes in cancer. Together, these activities are UI Health's initial steps toward improving cancer outcomes of the surrounding community.

"The one change I want to see in my neighborhood is access to health care for those without insurance and better help for those seeking to enroll in Medicaid"
– Oak Park resident, age 75-84

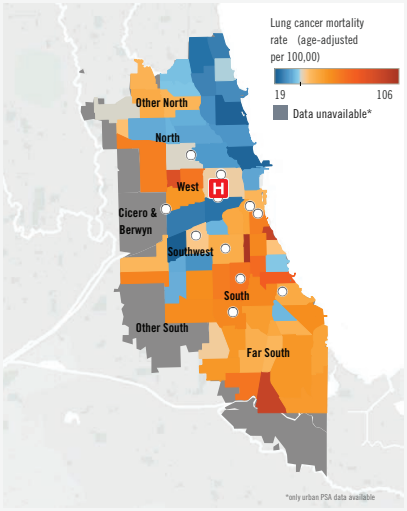
Figure 10A. Cancer mortality rate in Illinois



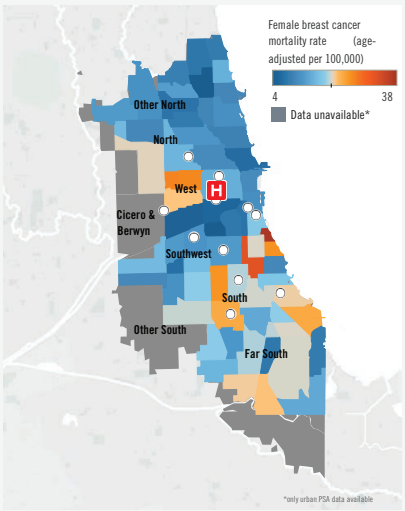
10B. All cancer mortality rate in UI Health PSA



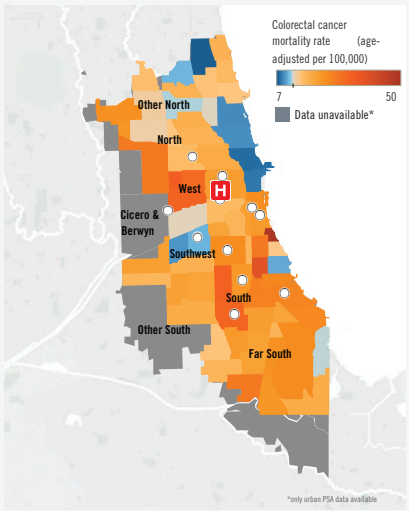
10C. Lung cancer mortality rate in UI Health PSA



10D. Female breast cancer mortality rate in UI Health PSA



10E. Colorectal cancer mortality rate in UI Health PSA



Cancer mortality patterns show disparities particularly in the South territory of the UI Health PSA. Outside of Cook County, Western and Southern Illinois also experience high cancer mortality. These community patterns are the target of new clinical trials and care delivery programming at UI Health. Although there are several smaller counties in Illinois with relatively high levels of cancer mortality, the Chicago area also has a higher rate of cancer mortality than average for Illinois.

Sources: Fig. 10 A: CDC's Wide-ranging Online Data for Epidemiologic Research; Underlying Cause of Death (2017)

Fig. 10 B-E: Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files (2017)

Community Program Inventory

As part of the 2019 UI-CAN, an inventory was taken of all community programs from the 2016-2019 period. This inventory has inspired future efforts to maintain an ongoing database of the many community focused programs underway at UI Health and allows assessment of programs targeting the three UI-CAN goals: addressing social and structural determinants of health; improving access to care; and primary and secondary prevention of chronic disease.

PROGRAM HIGHLIGHTS

Of over 60 programs, PRONTO, Mi-Quit, Better Health Through Housing, CHAMPIONS, and UIC CPR Training exemplify UI Health's strategic programming as the development of each of these programs have been informed and inspired by the results of previous Community Health Needs Assessments. Each program emphasizes working both physically within the communities of highest need and in collaboration with existing programs in these communities. Finally, each has adapted since inception to better meet the changing needs of the patients served, with ambitious next steps to grow impact.

1

Addressing social and structural determinants of health

2

Improving access to care, community resources, and system improvements

3

Primary and secondary prevention of chronic disease

This is a QR Code. To use it, open your phone's camera app and point the camera at the code.

Add your program or initiative to our growing inventory of UI Health Community Health Programs. Scan this code to link to the Survey of Community Initiatives and Programs (SCIP).

Read about UI Health's Community Programs. Access the 2019 UI-CAN at uican.uihealth.care.

Figure 11

UI Health community programs address the three identified health goals. In the 2019 UI-CAN, some programs or initiatives address more than one priority area. See the UI Health community program inventory for current inventory program descriptions and categorizations

1

Addressing social and structural determinants of health

Academia de Padres Leadership Institute
Argentium
Back to School Health
Better Health Through Housing
Cancer: Thriving & Surviving Self Management Workshop
Center for Faith and Community Health Transformation
CHECK: Coordinated Healthcare for Complex Kids
Chicago Street Medicine at UIC
Discharge Service: Meds to Beds
Doctors in the Community Series
Endocrinology & Diabetes Health Screenings
First Ladies Event
Food Recovery Network
Global to Local Service Learning Program
I Want to Make It Fund
Medicina Academy Apprenticeship Program
Medicina Scholars
National Sickle Cell Worker Advisory Board
Nephrology: Department of Medicine
Neuroscience Patient Assistance Fund
New Life Volunteering Society
OCEAN-HP Community School Health Centers
PCM Scholars, SLP, & IAHD
POP On Youth Violence: Health Careers Conference
Prostate Walk
Reach Out and Read Illinois-
Student Run Free Clinic
Take Charge of Your Health: Disease Self Management
The Boulevard
The Chicago Lighthouse
UIC Champions Network
University of Illinois Community Clinic Network (UCCN)
Utilization Management & Discharge Planning Self-Pay Fund

2

Improving access to care, community resources, and system improvements

7th Annual 'Practice in the Community'
AHA Cycle Nation
Annual Free Skin Cancer Clinic
Argentium
Back to School Health
Brain Aneurysm Walk
Brainstormers
Breast Imaging for the City of Chicago
C-TOUCH: Community Targeting of Uncontrolled Hypertension
Cancer: Thriving & Surviving Self Management Workshop
Center for Faith and Community Health Transformation
CHECK: Coordinated Healthcare for Complex Kids
Chicago Street Medicine at UIC
CHOP: Church Based Health Outreach Program
CPR Training
Discharge Service: Meds to Beds
Doctors in the Community Series
Endocrinology & Diabetes Health Screenings
ENGAGEIL: Enhancement of Geriatric Care for All
First Ladies Event
Global to Local Service Learning Program
Insight on Wheels
Joint Replacement Education Class
Latin American Health Week's Community Health Fair
Medicina Scholars
Mobile Care Chicago Asthma Van
Movember
National Sickle Cell Worker Advisory Board
New Life Volunteering Society
OCEAN-HP
OCEAN-HP Community School Health Centers
Office of Health Literacy
PAUSE: To Learn About Your Epilepsy
PCM Scholars, SLP, & IAHD
Physical Therapy Care for Gender Diverse Patients
POP On Youth Violence: Health Careers Conference
Prostate Walk
September Sickle Cell Month Awareness Interview
Student Run Free Clinic
Supporting Oncology
The Boulevard
UI Health Physical Therapy Booth at UIC Dental Health Fair
University of Illinois Community Clinic Network (UCCN)
Utilization Management & Discharge Planning Self-Pay Fund
Vision Screening with the Chicago Bulls
Walk in Wednesday Mammography Screening
Walk to End Alzheimer's Chicago

3

Primary and secondary prevention of chronic disease

AHA Cycle Nation
Annual Free Skin Cancer Clinic
Annual UI Health Volleyball Tournament
Brainstormers
Breast Imaging for the City of Chicago
C-TOUCH: Community Targeting of Uncontrolled Hypertension
Cancer: Thriving & Surviving Self Management Workshop
CHECK: Coordinated Healthcare for Complex Kids
CHOP: Church Based Health Outreach Program
COPD Awareness Month
Discharge Service: Meds to Beds
Doctors in the Community Series
Endocrinology & Diabetes Health Screenings
ENGAGEIL: Enhancement of Geriatric Care for All
First Ladies Event
Food Recovery Network
Global to Local Service Learning Program
Insight on Wheels
Joint Replacement Education Class
Latin American Health Week's Community Health Fair
Mobile Care Chicago Asthma Van
Movember
National Sickle Cell Worker Advisory Board
Neuroscience Patient Assistance Fund
North Star Reach: Pediatric Sickle Cell Camp
One Voice Fund
PAUSE: To Learn About Your Epilepsy
PCM Scholars, SLP, & IAHD
Pediatric Sickle Cell Support Group
POP On Youth Violence: Health Careers Conference
Prostate Walk
September Sickle Cell Month Awareness Interview
Sickle Cell Summit 2019
Student Run Free Clinic
Supportive Oncology
Syrian Community Health Fair
Take Charge of Your Health: Disease Self Management
The Boulevard
UI Health Physical Therapy Booth at Dental Health Fair
UI Health Spine Camp
University of Illinois Community Clinic Network (UCCN)
Walk in Wednesday Mammography Screening
Walk to End Alzheimer's Chicago

COMMUNITY Highlights PROGRAMS

PRONTO

UI Health's PROgram for Non-emergency TranspOrtation (PRONTO) initiative was developed in response to earlier needs assessments identifying transportation as a major barrier to care within much of the UI Health PSA. As part of the PRONTO program, front-line clinicians evaluate the transportation needs of recently discharged patients and supply transportation via Lyft. Utilization of transportation through the PRONTO program clusters in areas with greater hardship concerning access to care, as detailed in Figure 12.

Due to PRONTO's success, the program is currently undergoing expansion based on a study conducted with nearly 500 patients hospitalized at UI Health that indicated, among other factors, many had inadequate family and social supports (42%), limited access to transportation (40%), and poor access to healthy food options (22%). Moreover, inadequate transportation and other social determinants of health factors were strongly linked to elevated risk of re-hospitalizations. A number of transit and food deserts (lack of adequate transit options and access to stores to purchase fresh food) exist in parts of Chicago that correspond to the high-risk populations served by UI Health. PRONTO Plus is proposed as a platform for piloting solutions that combine population health science, logistics, data analytics, transportation, and planning to test bringing destination services (such as home care, and other follow up needs) to the home, while at the same time strengthening connections to the hospital and the after-hospital needs of patients with regard to food, prescriptions, caregiver visits, and transportation to and from follow-up appointments.

Figure 12A. PRONTO rides

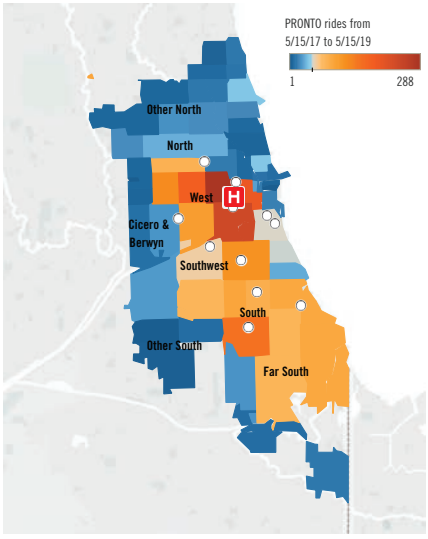


Figure 12B. Poverty rate

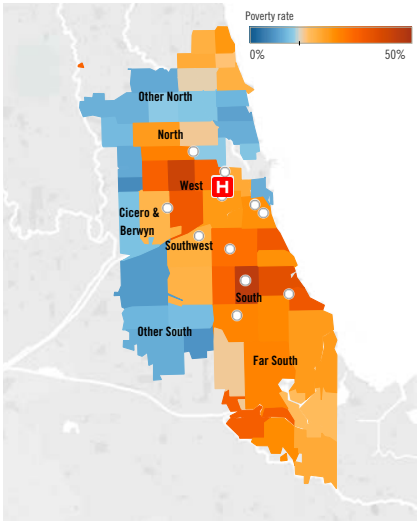
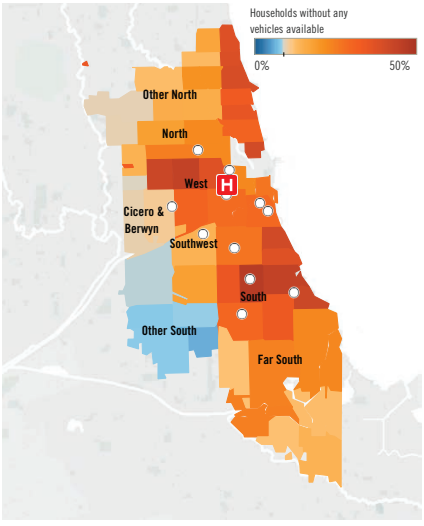


Figure 12C. Households without any vehicles available



645 rides took place in PRONTO's first year, growing to 1529 in 2018, and 786 rides by May of 2019. The distribution of PRONTO rides is not uniform and the PRONTO project has identified that residents of certain neighborhoods in the South and West territories utilize this service at the highest rates.

Source: Fig. 12 A: PRONTO study data
Fig 12 B: excerpt from Figure 7. US Census Bureau American Community Survey 2017
Fig. 12 C: excerpt from Figure 8. CDC Behavioral Risk Factor Surveillance System (BRFSS)

COMMUNITY Highlights PROGRAMS

The University of Illinois Cancer Center: MI-QUIT and head & neck cancer screening

Based on findings supported by the Chicago Department of Public Health, UI Health's Mile Square Health Center serves an area disproportionately affected by tobacco use issues including lung cancer (Figure 13). In response, the University of Illinois Cancer Center launched a series of programs to screen for tobacco-related cancers as well as free smoking cessation programs.

In 2018, the University of Illinois Cancer Center partnered with QuitLine to refer patients to remote smoking cessation support as well as an in-person seven week program Freedom From Smoking (FFS). 319 patients and community members navigated to QuitLine in 2018 alone. Patients who met the U.S. Preventative Task Force recommendation for lung cancer screening were referred to the Lung Cancer Screening Program.

In addition to lung cancer screening, in 2019 the University of Illinois Cancer Center introduced a free screening program for head and neck cancers, which are also associated with tobacco use. These screenings were conducted at five University of Illinois locations within areas identified as having high tobacco use. 187 individuals were screened, with 24 referred to follow-up.

These programs have allowed the University of Illinois Cancer Center to build relationships with community partners to make a difference in cancer care. UI Health continues to expand cancer care access through programs like the Mi-Mammo program offering mammography services and breast health counseling, as well as programs for colorectal cancer screening.

Figure 13. Lung cancer mortality

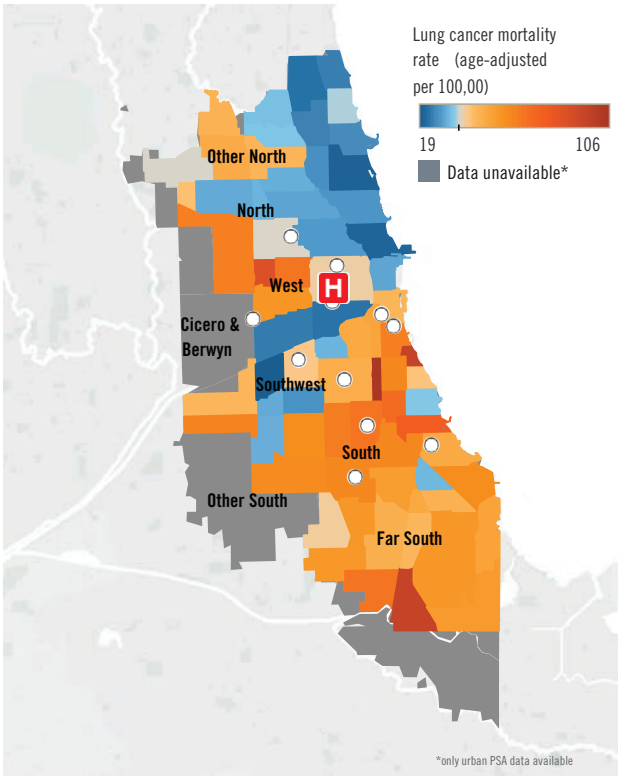


Figure 13. Lung cancer mortality in UI Health PSA. Source: Excerpt from Fig. 10 Illinois Department of Public Health 2017

COMMUNITY Highlights PROGRAMS

Better Health Through Housing

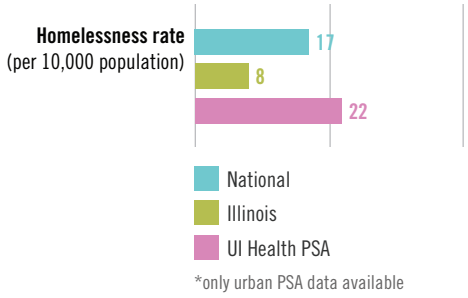
Better Health through Housing (BHH), a partnership with the Center for Housing and Health, aims to reduce healthcare costs and provide stability for the chronically homeless by moving individuals directly from hospital emergency rooms into stable supportive housing with intensive case management. The UI Health Hospital & Clinics committed $250,000 to help launch the initiative and was the first Chicago-area hospital working on this type of healthcare-and-housing enterprise.

The program was initiated in 2015 in response to disparities in health outcomes among the chronically homeless. The high rate of homelessness within the UI Health PSA relative to state and national levels further motivated the program.

UI Health pays the Center for Housing & Health (CHH) $1,000 per patient per month once a patient has transitioned into permanent support. Housing stock comes from a cooperative of 28 supportive housing agencies that represent 150 one bedroom apartments scattered throughout the city as well as single room occupancy (SRO) studio units. This is a collaborative interdisciplinary model that includes hospital social workers, supportive housing case managers, and street outreach workers, with CHH playing a project management and coordination role.

The BHH network has created a healthcare-to-housing model that has provided a stable home for nearly 100 patients. Not only are these interventions meaningful for patients, but the program has reduced costs for these patients at UI Health by 21%.

Figure 14 Homelessness rate in Chicago



Source: US Census Bureau American Community Survey 2017

COMMUNITY Highlights PROGRAMS

UIC CHAMPIONS NETWork

From 2000 to 2009, the number of Chicagoans identifying they had "avoided the doctor due to cost" increased by 100%. Additionally, in 2014, 22.9% of Chicago young adults (20-24 years old) and 9.4% of Chicago teens (16-19 years old) were out of work and out of school. The CHAMPIONS NETWork (Community Health And eMPowerment through Integration Of Neighborhood-specific Strategies using a Novel Education & Technology-leveraged Workforce) is an innovative, community-based program that advances health equity by using the untapped resource of high school students from under-served communities to act as health screeners and advocates for an at-risk population which might otherwise "fall through the cracks" of the healthcare system. The CHAMPIONS NETWork improves population health at the grass-roots level with a huge impact on saving lives and improving health in hard-to-reach communities. The program also creates a pathway to college and professional health careers for under-served youth, creating the next generation of health researchers and clinicians. The CHAMPIONS NETWork was spearheaded by UI Health's Department of Emergency Medicine in collaboration with Illinois Heart Rescue and launched in the summer of 2016. The first cohort of 27 high school students received a stipend to complete a 6-week summer training program where they developed community organizing skills, learned about health professions, and gained new knowledge about prevalent health conditions in their communities. After the 6-week program, students participate in a pay-it-forward model with peers and community members through school and community events, ultimately disseminating health knowledge throughout high risk communities. Evaluation of the first cohort has shown that just in the 6 weeks of the summer program, students increased their knowledge of health careers, increased self-efficacy, increased health knowledge, and decreased unhealthy behaviors (such as eating fast food).

Figure 15A. Unemployment rate

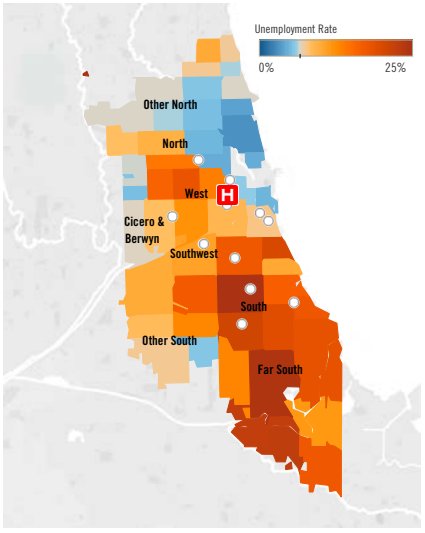


Figure 15B. Heart disease mortality rate

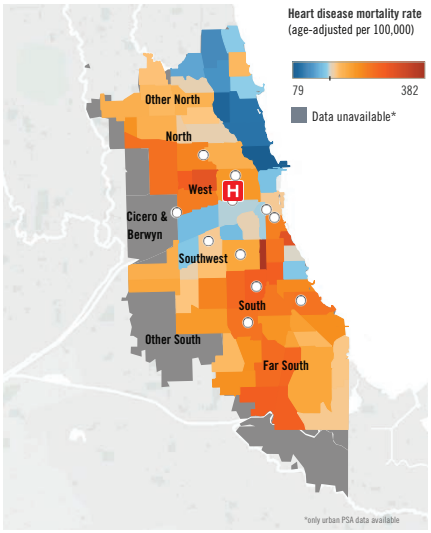


Figure 15. Unemployment rates (A) and heart disease mortality (B) and are elevated in the same geographic areas, the South and West sides of Chicago
Sources: Fig. 15 A: Excerpt from Figure 7 US Census Bureau American Community Survey
Fig. 15 B: Excerpt from Figure 9 Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files (2017)

Lisbeth Perez from Nicholas Senn High School and Estrella Rivera from Roberto Clemente Community Academy show off their suturing skills on chicken breasts.

COMMUNITY Highlights PROGRAMS

UIC CPR Training

The Joint Commission found in 2011 that only 3% of Illinoisans who suffered cardiac arrest outside of a hospital survived. Once cardiac arrest occurs, brain damage will occur within three minutes and can be irreversible by nine minutes.

UIC's role in CPR training in partnership with the Illinois Heart Rescue has resulted in the training of 1.5 million Illinoisans in CPR within the last five years alone. As a result, the 3% survival rate for cardiac arrest outside of a hospital in 2011 has increased to 11% in 2019.

While many factors can contribute to cardiac arrest survival, a study by authors including UIC's Dr. Terry Vanden Hoek finds that in 2013, Chicagoans suffering from cardiac arrest received CPR only 13% of the time, a number which rose to 24% by 2016.

Part of the success of this program can be attributed to the abbreviated and easier to learn form of CPR taught in these public sessions, one that forgoes mouth-to-mouth resuscitation in favor of simpler and effective chest compressions alone.

A recent CPR training event at a Chicago Cubs game taught attendees as young as 5 years old how to adequately perform chest compressions through short lessons using miniature resuscitation dummies.

Through this partnership, UI Health intends to continue to improve this strong upward trend of cardiac arrest survival through engagement at community events.

Figure 16 Heart disease mortality rate

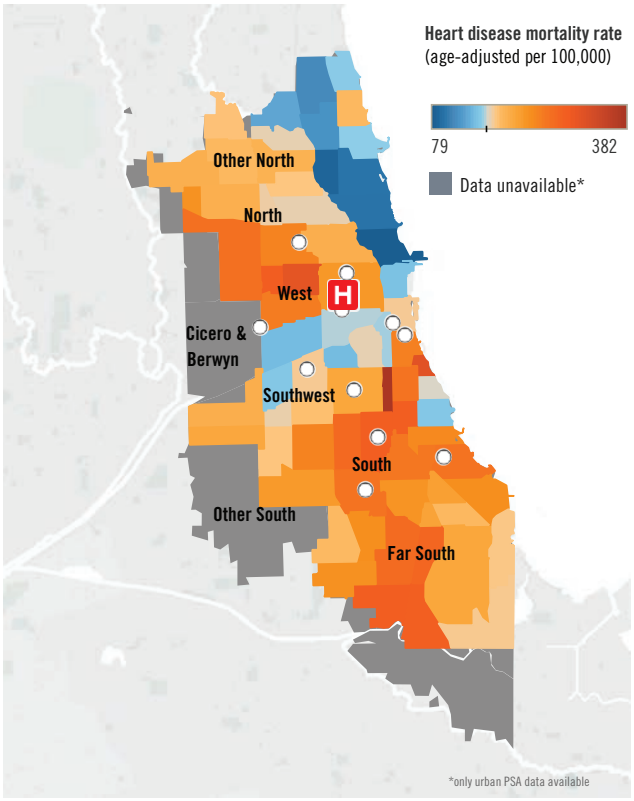


Figure 16. Heart Disease Mortality Excerpt from Figure 9 Illinois Department of Public Health, Division of Vital Records, Death Certificate Data Files (2017)

UI HEALTH COMMUNITY PROGRAM INVENTORY

Programs are sorted alphabetically. This inventory includes community programs submitted as of April 2019. Contact information is included within the program inventory if available. If contact information is not available, please reach out to uican@uic.edu for more information. To submit a new or existing program that is not yet part of the inventory, please submit a response to the SCIP at uican.uihealth.care

1 7TH ANNUAL "PRACTICE IN THE COMMUNITY"

PROGRAM
As part of the 7th Annual Chicago Fire Soccer Club "Practice in the Community" UI Health held a health fair that included blood pressure, height and weight measurements, Body Mass Index (BMI) checks, Diabetes, Blood Pressure, and F.A.S.T Education to the Community.

GOALS
Provide access to screening and referrals to UI Health for care

PARTNERS
Chicago Fire Soccer Club

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Dr. Katya Cruz-Madrid: cruzmadr@uic.edu

2 AHA CYCLE NATION

PROGRAM
Campaign held at Daley Plaza where attendees participate in a stationary bike relay to raise awareness around active lifestyles in stroke and heart disease prevention.

GOALS
Raise awareness and funds for stroke and heart disease prevention

PARTNERS
American Heart Association

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Melissa Lara-Angulo: mnlara2@uic.edu

3 ALLIANCE FOR HEALTH EQUITY

PROGRAM
The Alliance for Health Equity aims to promote health equity through engaging community partners to work collaboratively on population health policy and advocacy.

GOALS
Improve health equity, wellness, and quality of life across Chicago and Cook County

PARTNERS
Thirty-five hospitals and seven local health departments

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Hugh Musick: hmusick@uic.edu

4 ANNUAL FREE SKIN CANCER SCREENING

PROGRAM
The Department of Dermatology provides free skin cancer clinics for the community annually. In May 2018, a total of 54 patients received free skin cancer screening. Documentation of screening was provided to patients, the American Academy of Dermatology (AAD), and the Department. Patients were informed if additional follow up was needed with a dermatologist and received counseling on standards of skin care and skin cancer prevention. Participants who elected to follow up with dermatologists at UI Health were provided with an appointment. The same event was held in Spring 2019.

GOALS
Detection and treatment of skin cancers. In addition, an educational initiative is in development for the community to address disparities in the State of Illinois, with focus on skin health, skin cancer detection and prevention

PARTNERS
American Academy of Dermatology

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Dr. Maria Tsoukas: tsoukasm@uic.edu

5 ANNUAL UI HEALTH VOLLEYBALL TOURNAMENT

PROGRAM
Proceeds of the volleyball tournament are used to provide necessary medical equipment to Neuroscience patients who are unable to afford it, for example walkers, tub benches, and blood pressure cuffs.

GOALS
Bring together UI Health employees to raise funds for Neuroscience patients in need of medical equipment

PRIORITY AREAS
Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Melissa Lara-Angulo: mnlara2@uic.edu

6 ARGENTIUM

PROGRAM
Argentium supports older adults in the communities with two core programs: Home Care services and Senior Connections. Home Care services provides professional employee caregivers at affordable rates. Senior Connections provides trained volunteer visitors to older adults at no cost. Argentium also sponsors community events, new research, and common wisdom about the field of aging to enrich the lives of older adults and their families.

GOALS
Support older adults to remain in their homes

PARTNERS
Services for Adults Staying in Their Homes, Chicago Methodist Senior Services

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements

FOR MORE INFORMATION
Please contact: Dr. Ben Gerber: bgerber@uic.edu

7 BACK TO SCHOOL HEALTH

PROGRAM
UI Health Pediatrics participated in more than 15 back to school focused community events from July through September of 2018, providing education and information on back to school care to more than 1,000 community members. UI Health Pediatrics Residents and General Pediatricians provided more than 100 free back to school physicals at 3 events

GOALS
Provide education and information to connect families to available resources

PARTNERS
South Shore Community Health Fair (South Shore), Alderman Cardenas Back to School Health Fair (Little Village), Jericho Walk Health Fair (Englewood), Chicago Urban League Health Fair (Bronzeville), BUILD Health Fair (Austin), Congressman Danny Davis Health Fair (Garfield Park)

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements

FOR MORE INFORMATION
Please contact: Mary Johnson: maryj@uic.edu; Melishia Bansa: bansa@uic.edu

8 BETTER HEALTH THROUGH HOUSING

PROGRAM
The "Housing First"' program provides permanent housing and social services to chronically homeless emergency department patients. The first cohort of 26 patients saw a 67% drop in ED utilization, 57% drop in inpatient utilization, and a 21% cost reduction.

GOALS
Address chronic homelessness in high-need patients for better health outcomes

PARTNERS
Center for Housing and Health

PRIORITY AREAS
Addressing social and structural determinants of health

9 THE BOULEVARD

PROGRAM
Since 2017, 15 UI Health homeless adult patients in need of housing following hospitalization were placed at The Boulevard of Chicago, a provider of high-quality, cost-effective medical respite care, holistic support, and housing services for homeless adults.

GOALS
Help ill and injured homeless adults break the cycle of homelessness, restore their health, and rebuild their lives

PARTNER
The Boulevard of Chicago

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Rani Morrison: ranim@uic.edu

10 BRAIN ANEURYSM WALK

PROGRAM
UI Health Department of Neurosurgery attendings, residents, nurse practitioners, nurses, neurointerventional team, and Chicagoland community aneurysm survivors and their supporters gather annually to walk in solidarity for aneurysm awareness in collaboration with the Brain Aneurysm Foundation

GOALS
Support of aneurysm survivors, raising awareness of aneurysms in the community, raising awareness of UI Health as a location for aneurysm treatment and research in treatment

PARTNERS
Brain Aneurysm Foundation

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Amanda Andrews, APN: aandrew3@uic.edu; Robert Gottschalk, NP: gottscha@uic.edu; Shelley Jacobs: shelleyj@uic.edu

11 BRAINSTORMERS

PROGRAM
The Brainstormers is a multidisciplinary group of UI Health staff members who raise funds for The Brain Aneurysm Foundation and The UI Health Stroke Support Group. The groups has raised over $25,000 for aneurysm support, research, and awareness.

GOALS
Raise funds to support aneurysm research and awareness

PARTNERS
The Brain Aneurysm Foundation

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Kim Zimmerman: kzimmerm@uic.edu

12 BREAST IMAGING FOR THE CITY OF CHICAGO

PROGRAM
The University of Illinois Cancer Center has provided comprehensive Breast Imaging services to patients in need throughout the City of Chicago since 2017.

GOALS
Reduce the disparity related to the breast care that our surrounding community receives and promote health equity in our city

PARTNERS
Chicago Department of Public Health and the University of Illinois Cancer Center Mi-Mammo grant program is a collaborative effort between the University of Illinois Cancer Center, Breast Imaging administration, mammography technologists, Imaging customer service staff, and breast imaging radiologists

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Tara Tincknell: tara@uic.edu

13 CANCER: THRIVING AND SURVIVING SELF-MANAGEMENT WORKSHOP

PROGRAM
A free evidence-based self-management program provided by UIH Occupational Therapy department for people who have cancer, are in remission, or have been affected by cancer in any way.

GOALS
Build skills around managing symptoms, emotions, social relationships, physical activity, nutrition, relaxation, sleep, participation in valued activities, communication with healthcare providers, goal-setting, problem solving, and decision making

PARTNERS
UI Cancer Center, Rush Generations, Wellness House

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Kay Rudnitsky: kmcgee2@uic.edu

14 CHAMPIONS NETWORK

PROGRAM
The CHAMPIONS NETWork is a Department of Emergency Medicine initiative that partners with nine high schools located in mostly underserved neighborhoods to share skills in healthcare and community advocacy through educational programming and internships

GOALS
Empower youth to improve community health and to develop these youth as the healthcare professionals of the future

PARTNERS
The Pritzker Traubert Family Foundation, Illinois Heart Rescue, the Mikva Challenge

PRIORITY AREAS
Addressing social and structural determinants of health

FOR MORE INFORMATION
Please contact: Natalia Suarez: nmontero@uic.edu

15 CHECK: COORDINATED HEALTHCARE FOR COMPLEX KIDS

PROGRAM
CHECK is an innovative health and behavioral health care delivery program that provides care coordination to Medicaid recipients. The team consists of Care Coordinators and Behavioral Health Care Coordinators who provide assistance with navigation of the healthcare system, referrals to health and social services, and offer ongoing patient and family support. In 2018, CHECK was designated as one of the first Integrated Health Homes (IHH) by the Illinois Department of Health and Family Services. As an IHH, the program will expand to include adults and more individuals with significant behavioral health needs.

GOALS
Improve physical, behavioral, and social health

PARTNERS
CHECK was originally funded by a $19.8 Million grant from the Centers for Medicare and Medicaid Services (from 2014 – 2018) as a care coordination model for pediatric populations.

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Mary Johnson: maryj@uic.edu; Anne Elizabeth Glassgow, PhD: aglassgo@uic.edu

16 THE CHICAGO LIGHTHOUSE

PROGRAM
The Chicago Lighthouse for the blind provides call center services for UI Health that cover activities such as patient scheduling, processing of general information, and after hours service support.

GOALS
Provide jobs to disabled and veteran populations that contribute to the health of the community

PARTNERS
The Chicago Lighthouse

PRIORITY AREAS
Addressing social and structural determinants of health

17 THE CHICAGO PRIZE

PROGRAM
The Pritzker Traubert Foundation is launching the Chicago Prize to award $10 million to a single initiative on the South and/or West Side that uses physical development and revitalization to create and strengthen civic infrastructure that catalyzes economic opportunities and improves the well-being of residents.

GOALS
Support initiatives that create or strengthen the community's "civic infrastructure", i.e. the places, policies, programs, practices, and processes that connect physical revitalization with neighborhoods' customs, culture, networks, and relationships, by investing in the physical assets of that place

PARTNERS
MacArthur foundation, Lever for Change, Urban Institute, Lloyd Consulting, Rudd Resources, and BCG's Center for Illinois' Future, among many others

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Kimary Lee: klee42@uic.edu

18 CHICAGO STREET MEDICINE AT UIC

PROGRAM
UIC medical students, residents, and faculty make weekly visits to known locations of the undomiciled community to provide services such as food and water, wound evaluation and dressing, free medication, preventative health counseling, and transportation to UIH Clinics or Hospital if needed.

GOALS
Deliver care on the streets of Chicago to serve the undomiciled population

PARTNERS
Figueroa Wu Family Foundation and the UI Health Pilsen Food Pantry, The Night Ministry, UIC's Community Outreach Intervention Project (COIP), South Loop Campus Ministry, and The Inclusive Collective (South Loop Community Table)

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements

FOR MORE INFORMATION Please contact: Dr. Brandon Collofello: chicagostreetmedicine@gmail.com; Joshua Smith: jsmit77@uic.edu

19 CHURCH-BASED HEALTH OUTREACH PROGRAM (CHOP)

PROGRAM
The program engages students in the care of vulnerable populations and encourages patient-centered, culturally, and values-based healthcare. CHOP offers the following resources: free screenings for cholesterol, blood glucose, blood pressure, and BMI, culturally sensitive health and nutrition counseling, back-to-school physicals, health education materials in Spanish or English, oral health education programs for children and adults, monthly educational workshops on prevention of non-communicable diseases, and health screening for age-related conditions.

GOALS
Improve health care access to underserved communities, while also providing the opportunity for medical students to gain clinical exposure

PARTNERS
CHOP is a student-run initiative led by members of the UIC's Latino Medical Student Association (LMSA), the College of Medicine Chicago Medical Student Council (CMSC), and the Student National Medical Association (SNMA). CHOP services are delivered at St. Pius V Parish, Immaculate Conception Parish and Shiloh Seventh-day Adventist Church.

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION Please contact: Dr. Olga Garcia-Bedoya: ogarciab@uic.edu

20 COMMUNITY TARGETING OF UNCONTROLLED HYPERTENSION (C-TOUCH)

PROGRAM
A multidisciplinary intervention involving UI Health Emergency Department and UIC College of Pharmacy offering hypertension screening and education in predominantly high-risk minority communities

GOALS
Raise awareness and access to care around hypertension

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION Please contact: Dr. Heather Prendergast: hprender@uic.edu

21 COPD AWARENESS MONTH

PROGRAM
November is Chronic Obstructive Pulmonary Disease (COPD) Awareness Month. COPD affects millions of Americans, and is referred as a group of diseases that cause airflow blockage and breathing-related problems. Dr. Ryan Bolton appeared on FOX 32 Chicago live on November 30, 2017 with his UI Health COPD clinic patient to discuss the disease.

GOALS
Address diagnosis, treatment, and risk factors for COPD in order to bring awareness to the disease

PRIORITY AREAS
Primary and secondary prevention of chronic disease

22 CPR TRAINING

PROGRAM
CPR training is provided through a statewide volunteer effort of EMS professionals, physicians, nurses, community groups, hospitals, and government agencies. The program is coordinated by UIC, through which 1.5 million Illinoisans have been trained to perform CPR and use an AED. Since the program began, survival for out-of-hospital cardiac arrest has jumped from 3% to 10%. CPR training opportunities are offered at community events like Cubs games at Wrigley Field.

GOALS
Improve survival for cardiac arrest in Illinois

PARTNERS
Illinois Heart Rescue

PRIORITY AREAS
Improving access to care, community resources, and system improvements

FOR MORE INFORMATION Please contact: Dr. Terry Vanden Hoek: tvh@uic.edu

23 DISCHARGE SERVICE - MEDS TO BEDS

PROGRAM
Cardiology patients with frequent readmissions due to medication access and adherence issues can benefit from bedside delivery to reduce medication related hospital readmissions. The Bedside Discharge Medication Delivery Service has been provided to 300 UI Health heart patients. Since the start of the UI Heart program, UI Health's Acute Myocardial Infarction patient population has had a 47% reduction in readmissions and an 18% reduction in length of stay. The service also provides referrals to the Mediation Assistance Program (MAP) for uninsured/underinsured patients.

GOALS
To improve access to medications and increase adherence to them for heart patients

PARTNERS
Medication Assistance Program

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION Please contact: Keir Mitchell: kringqui@uic.edu

24 DOCTORS IN THE COMMUNITY SERIES

PROGRAM
The Office of Health Literacy sends representative physicians from UI Health to underserved communities to discuss health topics that affect the population. Doctors educate community members about health concerns like diabetes, cancer, and navigating the complicated health care system. In September 2018, Dr. Alana Biggers was an invited speaker to discuss cardiovascular disease, breast cancer, and preventative measures.

GOALS
Send representative physicians from UI Health to underserved communities to discuss health topics that affect the local population

PARTNERS
Lincoln Park Community Shelter and Loretto Hospital

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION Please contact: Dr. Alana Biggers: abigger2@uic.edu

25 ENDOCRINOLOGY & DIABETES HEALTH SCREENINGS

PROGRAM
The Division of Endocrinology, Diabetes, and Metabolism participates in health screening events offering A1C, glucose level, weight management, and diabetes education to patients. In-clinic education on diabetes management is offered to over 1000 patients annually.

GOALS
Provide education on diabetes onset and management in the community

PARTNERS
Mexican Consulate, Humboldt Park, and Pilsen community hosted health fairs and screenings

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Dr. Brian Layden: blayde1@uic.edu

26 ENGAGE-IL: ENHANCEMENT OF GERIATRIC CARE FOR ALL

PROGRAM
Engage-IL is a HRSA-funded Geriatrics Workforce Enhance Program. In 2017 and 2018, health fairs were held at 69 Senior Centers where a total of 1,256 community-dwelling older adults were screened for fall risk and also received comprehensive medication reviews. In addition, a separate event was held in 2018 in which 20 residents were screened for hypertension, cognitive impairment, depression nutrition, as well as fall risk.

GOALS
Foster campus-community collaborative partnerships to meet the needs of older adults

PARTNERS
69 Senior Centers and Housing Opportunities and Maintenance for the Elderly (H.O.M.E.)

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION Please contact: Dr. Valerie Gruss: vgruss@uic.edu, Dr. Memoona Hasnain: memoona@uic.edu

27 FIRST LADIES EVENT

PROGRAM
On Saturday September 15, 2018 the First Ladies event was held at 39th Street Beach, off Lakeshore Drive. Blood pressure and BMI assessment, along with diabetes and cholesterol screening, were completed by members of the Department of Internal Medicine and Division of Cardiology at UI Health.

GOALS
Increase health knowledge in the community and awareness of preventive and cardiovascular services provided by UI Health

PARTNERS
First Ladies Health Initiative

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION Please contact: Dr. Noreen Nazir: nnazir@uic.edu

28 FOOD RECOVERY NETWORK

PROGRAM
The Food Recovery Network captures the surplus of perishable food from the UI Health Hospital kitchen and donates it to the Franciscan House, t the second largest homeless shelter in Chicago. Together, UI Health, Food and Dietary Services, the UIC Office of Sustainability, and 16 student volunteers have donated 6,154 lbs. (3.1 tons!) of food and 4,627 meals from the Hospital's kitchen to the Franciscan House since the program's start date on July 7th, 2018.

GOALS
Reduce food waste and insecurity

PARTNERS
Franciscan House

PRIORITY AREAS
Addressing social and structural determinants of health; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION Please contact: Green Team at uihealthgreenteam@uic.edu

29 GLOBAL TO LOCAL SERVICE LEARNING PROGRAM

PROGRAM
The UIC Center for Global Health, in cooperation with the UIC Honors College, offers a course for undergraduate students to apply global health concepts in the local context. Sixty-five students have taken the course since 2014 and partnered with 11 community organizations to complete 19 community health projects. Projects addressed community health issues including: access to care, cardiac arrest, health services for foster children, cardiovascular health, nutrition, sanitation, mental health, obesity, and food insecurity.

GOALS
Partner with community organizations to address health disparities

PARTNERS
Over 19 local community partners, including Illinois Heart Rescue and Brighton Park Neighborhood Council

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION Please contact: Dr. Stacey Chamberlain: staceymd@uic.edu; Dr. Sarah Messmer: messmer2@uic.edu

30 HISPANIC CENTER OF EXCELLENCE: ACADEMIA DE PADRES LEADERSHIP INSTITUTE

PROGRAM
Parents attend monthly seminars where they learn about self-empowerment, health awareness, parenting, higher education, and community outreach

GOALS
Provide parents tools to better support their child's development, interests, and educational trajectory towards medical and health careers

PARTNERS
Northeastern, Vive Hoy, Illinois Latino Council on Higher Education (ILACHE), American Red Cross Association
Priority Areas: Addressing social and structural determinants of health

PRIORITY AREAS
Addressing social and structural determinants of health

FOR MORE INFORMATION Please contact: Melinda Monge: medacad@uic.edu

31 HISPANIC CENTER OF EXCELLENCE: MEDICINA ACADEMY APPRENTICESHIP PROGRAM

PROGRAM
A 3-year program, conducted in partnership with Chicago high schools, providing an educational pathway into medical school by investing in the preparation of Latino students aspiring to become physicians. Participants take part in professional development seminars to raise their awareness of the medical field and participate in hands-on experiences.

GOALS
Prepare students who aspire for a medical career by preparing them for college

PARTNERS
American Heart Association, American Red Cross, Benito Juarez Academy, Illinois Heart Rescue (IHR), Illinois Latino Council on Higher Education (ILACHE), Illinois Student Assistance Commission (ISAC), UIC College Prep High School

PRIORITY AREAS
Addressing social and structural determinants of health

FOR MORE INFORMATION Please contact: Melinda Monge: medacad@uic.edu

32 HISPANIC CENTER OF EXCELLENCE: MEDICINA SCHOLARS

PROGRAM
A 3-year program guides and supports Latino undergraduate students interested in the medical profession, with the ultimate goal of preparing students to become competitive applicants for medical school admissions.

GOALS
Prepare students for admissions process to medical school through advising and awareness

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements

FOR MORE INFORMATION Please contact: Paulina Guzman: pguzman7@uic.edu

33 "I WANT TO MAKE IT" FUND

PROGRAM
Since 2014, over 300 young children of adult cancer or sickle cell disease patients receiving care at UI Health and identified by Nurses and Social Workers in the Hematology/Oncology Clinic as suffering financial hardship have received school supplies and holiday gifts.

GOALS
Provide children of UI Health underserved patients affected by cancer or severe blood disorders with school supplies and holiday season gifts

PRIORITY AREAS
Addressing social and structural determinants of health

34 JOINT REPLACEMENT EDUCATION CLASS

PROGRAM
UI Health's Joint Replacement Multidisciplinary Operations Team developed a pre-operative education class for patients undergoing a Total Hip or Total Knee Replacement Surgery and their caregivers. Education focuses on preparation for joint replacement surgery, what to expect from surgery, expectations for their hospital stay, and how to prepare for return to home and the community. Since 2016, this program provides education on Joint Replacement Surgery to ~500 patients and caregivers each year.

GOALS
Prepare UI Health patients who will undergo joint replacement surgery with what to expect from surgery, during their hospital stay, and how to prepare for return to home and the community

PARTNERS
UI Health Multidisciplinary Operations Team, including orthopedics, social work, discharge planning, occupational therapy, physical therapy, nursing, and others.

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION Please contact: Keir Mitchell: kringqui@uic.edu

35 LATIN AMERICAN HEALTH WEEK'S (LAHW) COMMUNITY HEALTH & RESOURCE FAIR

PROGRAM

LAHW is a bi-national mobilization effort in the Americas. It provides health promotions and health-education activities, including workshops, conferences, and health resources. In Chicago, 13 Latin American Consulates manage a series of health events during LAHW in collaboration with government agencies, universities, hospitals, community-based organizations, and volunteers to improve the health and well-being of Latinos living in Illinois. Dr. Katya Y. Cruz Madrid participated in the Chicago Community Health & Resource Fair event on Saturday, September 2017 at Harrison Park in Chicago. The Community Health Fair offered the following screenings: cholesterol, glucose, body mass index, blood pressure, vision, HIV / AIDS, hepatitis C, kidney function, dental health education, and Mental Health pre-evaluations. The Community Health Fair offered access to medical and mammogram referrals, mental health, assessments, and information tables on various health topics.

GOALS

Provide free screenings and access to UI Health services

PARTNERS

Mexican Consulate in Chicago

PRIORITY AREAS

Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

36 MOBILE CARE CHICAGO ASTHMA VAN

PROGRAM

Providing allergy specialty services to children with skin prick testing, spirometry, FeNO, allergy, and asthma management. The program has been involved in over 70 clinic days and 500 patients

GOALS

Support access to allergy specialty services in patient's own neighborhoods

PARTNERS

Mobile Care Chicago

PRIORITY AREAS

Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION

Please contact: Dr. Andrea Pappalardo: apappa2@uic.edu; Matt Siemer: msiemer@mobilecarefoundation.org

37 MOVEMBER

PROGRAM

In conjunction with the UI Cancer Center, UI Health Urology organizes an annual 3v3 basketball tournament to raise awareness of men's health issues and support the Movember Foundation.

GOALS

Support breakthrough research and programs which enable men to live happier, healthier, and longer lives

PARTNERS

Movember Foundation

PRIORITY AREAS

Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

38 NATIONAL SICKLE CELL WORKER ADVISORY BOARD

PROGRAM

The American Society of Hematology Advisory Board discussed during their 2018 Annual Meeting in Orlando, Florida of forming a Sickle Cell Social Worker Advisory Board. UI Health sickle cell social worker Shonda King, MPH, MSW, LSW was invited to be a part of the Board inaugural meeting on January 19th, 2019 in Atlanta, Georgia. UI Health was recognized by social work attendees as a center of excellence due to its Pediatric, Transition, Adult and Acute Care Treatment Centers all being centrally located at the same medical center.

GOALS

For Social Workers to discuss social determinants of health in relation to disease management and make recommendations for how to address barriers to care so that patients can attain improved quality of life

PARTNERS

Advisory board attendees included: Social workers from Duke Adult Comprehensive Sickle Cell Center in Durham, North Carolina, St. Jude's Children's Research Hospital in Memphis, Tennessee, and Parkland Medical Center in Dallas, Texas.

PRIORITY AREAS

Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION

Please contact: Shonda King: sking3@uic.edu

39 DEPARTMENT OF NEPHROLOGY & NATIONAL KIDNEY FOUNDATION OF ILLINOIS

PROGRAM
The Division of Nephrology collaborates with the National Kidney Foundation of Illinois (NKFI) through Citywide Grand Rounds, an Interdisciplinary Nephrology conference, educational programs for patients with kidney disease, 70+ chronic kidney disease screening events annually, and participation in the Kidney Walk.

GOALS
Improve health and well-being of people at risk for or affected by kidney disease through prevention, education, and empowerment

PARTNERS
National Kidney Foundation of Illinois (NKFI)

PRIORITY AREAS
Addressing social and structural determinants of health

40 NEUROSCIENCE PATIENT ASSISTANCE FUND

PROGRAM
The Neuroscience inpatient team maintains a fund for patients and their families who otherwise could not afford equipment such as wheelchairs, rolling walkers, canes, shower chairs, and bedside commodes. The fund also provides to these same patients and their families, tracking devices like blood pressure cuffs and glucometers.

GOALS
Provide needed durable medical equipment (DME) to uninsured, underinsured or uninsurable patients recovering from stroke, spine/brain surgery, or other neurological disorder

PRIORITY AREAS
Addressing social and structural determinants of health; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Melissa Lara-Angulo: mnlara2@uic.edu

41 NEW LIFE VOLUNTEERING SOCIETY

PROGRAM
NLVS is a secular, non-profit organization, founded at UIC in 1999. It provides different volunteer opportunities at the NLVS free health clinic, tutoring for underprivileged children, and the construction of a new playground. In 2003, NLVS partnered with the IAMA Charitable Foundation and opened a free health clinic on Saturdays in Chicago's West Rogers Park neighborhood to serve a diverse population 200% below the poverty line. It is also a training clinic for future healthcare professionals.

GOALS
Serve those in need through community service, education, and health care with an ultimate goal of achieving peace, love, and happiness amongst the community at the local, regional, national, and global levels

PARTNERS
IAMA Charitable Foundation

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements

42 NORTH STAR REACH: PEDIATRIC SICKLE CELL CAMP

PROGRAM
UI Health helped provide financial support for a bus to transport 40 pediatric patients with sickle cell disease from Chicago area medical centers to the North Star Reach, a Pediatric Sickle Cell Camp located in Pinckney, Michigan. The camp is held annually in July for youth ranging in age from 7-15.

GOALS
Provide children with Sickle Cell Disease a week-long camp experience where they can participate in endurance building activities such as hiking, arts and crafts, archery, and yoga/meditation and also receive sickle cell education

PARTNERS
Ann and Robert Lurie Children's Hospital, LaRabida Children's Hospital, Comer Children's Hospital, Friends of CHUI

PRIORITY AREAS
Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Shonda King: sking3@uic.edu

43 OCEAN-HP

PROGRAM
UIC OCEAN-HP improves population health and promotes wellness for all who live, play, learn, and work in our communities. UIC OCEAN-HP supports thousands of community members annually through faith-based and city government collaboration programs.

GOALS
Promote health equity, revitalize historically underserved communities, and build leadership capacity through service, education, and research

PARTNERS
Chicago Partnership for Health Promotion, Healthy City Collaborative

PRIORITY AREAS
Improving access to care, community resources, and system improvements

44 OCEAN-HP CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION

PROGRAM
OCEAN-HP Center for Faith and Community Health Transformation is a virtual center, a joint initiative of Advocate Health Care and the Office for Community Engagement and Neighborhood Health Partnerships at the University of Illinois at Chicago (UIC). The Center leads the Trauma-informed Congregations Network and supports development and implementation of health ministries.

GOALS
Create health equity by building community, nurturing leaders, and connecting with the unique spirit power of faith communities to promote social justice and abundant life for all

PARTNERS
Courage to Love, Healthy Hotspots, Preventing Flu Living Faith, Loving Community

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements

45 OCEAN-HP COMMUNITY SCHOOL HEALTH CENTERS

PROGRAM
OCEAN-HP Community School Health Centers, affiliated with Mile Square Health Center, are Federally Qualified Health Centers located in schools that provide comprehensive and integrated medical and behavioral health services to children, families, school staff, and community members inside Chicago Public Schools on the south and west sides of Chicago.

GOALS
Provide high quality comprehensive health promotion, primary care, and behavioral health services to un- and under-insured children and families to support optimal health well-being and academic success

PARTNERS
Chicago Public Schools, Everthrive Illinois, Illinois Department of Public Health

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements

46 OFFICE OF HEALTH LITERACY

PROGRAM
The Office of Health Literacy offers programs to promote health literacy, educate students and healthcare providers, engage diverse socioeconomic communities, and more. Through the course on Health Disparities, Health Literacy, and Cultural Competence the OHL offered health literacy education to faculty and students representing every college within the University. Approximately, 500 students have been educated about Health Literacy through this course. It also serves the communities surrounding UI Health through partnerships: "Doctors in the Community Series" - Doctors visit area churches and meeting places to promote health literacy to members of underserved areas. Topics include illness prevention, self-advocacy, and more.

GOALS
Promote health literacy, educate students and healthcare providers, engage diverse socioeconomic communities

PARTNERS
The Mexican Museum, UIC Cancer Center, Operation Push, Westside United, UIC Department of Pediatrics, and the Miles Square Health Center.

PRIORITY AREAS
Improving access to care, community resources, and system improvements

47 ONE VOICE FUND

PROGRAM

The One Voice Fund, created by UI Health Departments of Speech Pathology and Otolaryngology each year provides 25-50 total laryngectomy patients with a prosthetic speaking valve free of charge. The voice prosthesis allows patients who would not otherwise have a voice the ability to generate speech. Funds are raised through various activities including marathon sponsorship and book drives with 100% of the proceeds, are used to purchase equipment.

GOALS

Provide voice prostheses for patients lacking the resources to obtain them through insurance

PRIORITY AREAS

Primary and secondary prevention of chronic disease

FOR MORE INFORMATION

Please contact: Caroline Deskin: cdeskin@uic.edu

48 PATIENT-CENTERED MEDICINE (PCM) SCHOLARS PROGRAM, SERVICE LEARNING PROGRAM (SLP) & INTERPROFESSIONAL APPROACHES TO HEALTH DISPARITIES (IAHD)

PROGRAM

PCM Scholars Program brings students from the UIC health science colleges opportunities to work with patients in clinical settings and in the community. For example, in March 2019, IAHD Immigrant & Refugee Health Concentration Scholars organized and held a health fair for the Syrian community focused on nutrition, diabetes, blood pressure, smoking cessation, and mental health.

GOALS

Prepare future health professionals to address health disparities across a range of issues and vulnerable populations, including: domestic violence, geriatrics, HIV/AIDS, homelessness, immigrant and refugee health, and incarcerated populations

PARTNERS

Connections for Abused Women and their Children (CAWC), Project Vida, EdgeAlliance/AIDSCare Progressive Services, Lincoln Park Community Shelter, Cathedral Shelter (now Revive), Housing Opportunities and Maintenance for the Elderly (H.O.M.E.), Heartland Alliance, and Syrian Community Network.

PRIORITY AREAS

Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION

Please contact: Dr. Memoona Hasnain: memoona@uic.edu

49 PAUSE: TO LEARN ABOUT YOUR EPILEPSY

PROGRAM

PAUSE combines the outstanding online educational resources of Epilepsy.com with a wireless electronic device that allows real-time Web conferencing and personalized education programming for patients and their families.

GOALS

Empower people with epilepsy to improve the management of their disease, communication with their health care providers, and their quality of life

PARTNERS

This is a partnership with the Epilepsy Foundation and funded by the Center for Disease Control (CDC) and the Managing Epilepsy Well (MEW) Network.

PRIORITY AREAS

Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

50 PEDIATRIC SICKLE CELL SUPPORT GROUP

PROGRAM

A bi-monthly support group for pediatric patients and their families facilitated by Department of Health Social Work – Sickle Cell Center. Special projects included a nutrition seminar presented by UMED volunteers, and music therapy demonstration BEATS - Build Educate Advance Transition in Sickle Cell Disease presented by Pediatric Hematologist/Oncologist and Sickle Cell Director, Dr. Lewis Hsu.

GOALS

Bring together pediatric patients and their families to engage in activities centered around sickle-cell education and coping skills

PARTNERS

Have A Heart for Sickle Cell Anemia Foundation©

PRIORITY AREAS

Primary and secondary prevention of chronic disease

FOR MORE INFORMATION

Please contact: Shonda King: sking3@uic.edu

51 PHYSICAL THERAPY CARE FOR TRANSGENDER DIVERSE PATIENTS

PROGRAM
UI Health hosted a national ground breaking CEU course offering advanced training for transgender patients.

GOALS
Train care providers in transgender-specific health needs to broaden access to appropriate care

PARTNERS
UI Health Obstetrics & Gynecology

PRIORITY AREAS
Improving access to care, community resources, and system improvements

FOR MORE INFORMATION
Please contact: Keir Mitchell: kringqui@uic.edu

52 POP ON YOUTH VIOLENCE: HEALTH PROFESSIONS CAREER CONFERENCE

PROGRAM
Project Outreach and Prevention (POP) on Youth Violence is a nonprofit organization dedicated to reducing gun violence in Chicagoland and Indiana. POP organized a Health Professions Career Conference to introduce African-American and Latino high school students to healthcare professions. Over 100 students and their parents asked medical professionals about their journeys in healthcare (physicians, dentists, nurse practitioners, and physician assistants).

GOALS
Expose African-American and Latino high school students to healthcare professions

PARTNERS
This conference was sponsored by UIC Urban Health Program (UHP) and POP on Youth Violence.

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Dr. Alana Biggers: abigger2@uic.edu

53 PROSTATE WALK

PROGRAM
UI Health team worked the Expert Tent at the Prostate Walk in September 2018 to provide information about pelvic health post-prostatectomy, incontinence, and pelvic health resources around the tri-state area.

GOALS
Raise awareness about prostate health and resources

PARTNERS
Other physicians and nurse practitioners from Chicagoland hospital facilities

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Keir Mitchell: kringqui@uic.edu

54 REACH OUT AND READ ILLINOIS

PROGRAM
The Reach Out and Read Illinois program begins at the 6 month check up and continues through age five. The program advises parents about the importance of reading aloud and giving developmentally-appropriate books to children. Families served by Reach Out and Read read together more often, and their children enter kindergarten with larger vocabularies, stronger language skills, and a six-month developmental edge.

GOALS
Help children get ready for kindergarten by incorporating books into doctor visits and encouraging families to read together

PARTNERS
American Academy of Pediatrics

PRIORITY AREAS
Addressing social and structural determinants of health

FOR MORE INFORMATION
Please contact: Dr. Jerry Krishnan: jakris@uic.edu

55 SEPTEMBER SICKLE CELL AWARENESS MONTH INTERVIEW

PROGRAM
Pediatric Hematologist/Oncologist and Director of UI Health STAR (Sickle Cell Transition Adolescent-Adult Readiness) Clinic, Dr. Angela Rivers and Sickle Cell Center social worker Shonda King, MPH, MSW, LSW were invited by radio personality Art "Chatdaddy" Sims of WVON 1690 AM Radio to talk about sickle cell disease and its complications for September Sickle Cell Awareness Month. Adult and Pediatric Sickle Cell Services at the University of Illinois Hospital were highlighted as well as current therapies and the cure for sickle cell disease.

GOALS
Raise awareness of Sickle Cell Disease and resources available through UI Health.

PARTNERS
WVON and iHeartRadio

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Shonda King: sking3@uic.edu

56 SICKLE CELL SUMMIT 2019

PROGRAM
UI Health and Division of Hematology & Oncology were co-sponsors for the 2019 CHICAGO SICKLE CELL SUMMIT at Mile Square Health Center involving sickle cell patients, community members, stakeholders, and providers for updates in sickle cell care

GOALS
Connect sickle-cell patients and caregivers with current information on disease management

PRIORITY AREAS
Primary and secondary prevention of chronic disease

57 STUDENT RUN FREE CLINIC

PROGRAM
The Student Run Free Clinic is an evening clinic staffed by University of Illinois Medical School students offering care in English, Spanish, Polish, and other languages

GOALS
Provide access to screening and referrals to UI Health that meets the scheduling, language, and affordability needs of the community

PARTNERS
University of Illinois Hospital, Northwestern University and Rush Medical Center

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Dr. Sondra Summers: sondras@uic.edu

58 SUPPORTIVE ONCOLOGY

PROGRAM
Patients undergoing treatment in the University of Illinois Cancer Center can participate in a variety of free Wellness House programs and services such as exercise classes, nutrition seminars, support groups, and more that complement their treatment from doctors and specialists.

GOALS
Better the lives of people living with cancer and the people close to them

PARTNERS
Wellness House

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Ana Gordon: anagreta@uic.edu

59 TAKE CHARGE OF YOUR HEALTH: CHRONIC DISEASE SELF MANAGEMENT WORKSHOP

PROGRAM
A free evidence-based self-management program provided by the UIH Occupational Therapy department for people living with or affected by chronic diseases. The curriculum is based on building skills around managing symptoms, emotions, social relationships, physical activity, nutrition, relaxation, sleep, participation in valued activities, communication with healthcare providers, goal-setting, problem solving, and decision making

GOALS
Empower patients with chronic disease to improve their quality of life while reducing cost of care

PARTNERS
US Surgeon General, Rush Generations

PRIORITY AREAS
Addressing social and structural determinants of health; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Kay Rudnitsky: kmcgee2@uic.edu

60 UI HEALTH PHYSICAL THERAPY BOOTH AT THE UIC ANNUAL COLLEGE OF DENTISTRY HEALTH FAIR

PROGRAM
UIC College of Dentistry started an annual health fair in 2018. This is available for the entire dental school including students, faculty, and staff including the environmental service workers in the dental college. Approximately 200 people attend this annual health fair.

GOALS
Provide education on rehab services available at UI Health, postural education, exercise instruction for dental professionals, as well as injury screenings

PARTNERS
Outpatient Physical Therapy at University Village

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Keir Mitchell: kringqui@uic.edu

61 UI HEALTH SPINE CAMP

PROGRAM
In 2018, UI Health's Multidisciplinary Spinal Surgery Operations Team led by hospital administration and surgeons from neurosurgery and orthopedics developed a pre-operative education class for patients undergoing elective spine surgery and their caregivers. Since inception in January 2018, Spine Camp has provided education regarding spinal surgery to approximately 60 patients and caregivers per month.

GOALS
Help UI Health patients prepare for spine surgery, learn what to expect from surgery, set expectations for their hospital stay, and learn how to prepare for return to home and the community

PARTNERS
UI Health Multidisciplinary Operations Team, including neurosurgery, orthopedics, social work, occupational therapy, physical therapy, nursing, information services, and others

PRIORITY AREAS
Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Kay Rudnitsky: kmcgee2@uic.edu

62 UNIVERSITY OF ILLINOIS COMMUNITY CLINIC NETWORK (UCCN)

PROGRAM
The UI Health Community Clinic Network (UCCN) has been providing outpatient services to more than 1,000 patients at seven community-based sites throughout Chicago since 1992. The unique program utilizes a collaborative, multidisciplinary team of infectious diseases physicians, nurse clinicians, pharmacists, mental health professionals, case managers, and outreach workers to offer quality patient-centered care. UCCN offers a broad range of services including HIV primary care, mental health, and referral to dental care, substance abuse, and specialty care at UI Health such as ophthalmology and dermatology.

GOALS
Provide excellent outpatient care regardless of the ability to pay

PARTNERS
Community Outreach Intervention Projects (UIC School of Public Health) and Illinois Department of Corrections

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Dr. Richard Novak: rmnovak@uic.edu; Leticia Sustaita: lsusta1@uic.edu

63 UTILIZATION MANAGEMENT & DISCHARGE PLANNING SELF-PAY FUND

PROGRAM
The Self-Pay Fund provides financial assistance to cover expenses that otherwise the patient and family are unable to afford. UI Health RN Discharge Planners assess the patients' needs and insurance coverage for safe transition to the home setting. Once the need is identified the request is reviewed and services authorized.

GOALS
Assist underinsured and uninsured patients with post-acute needs for home

PARTNERS
Vendors within the Preferred Provider list which consists of a total of 13 vendors: 5 Home Healthcare vendors, 3 Infusion vendors, 5 DME vendors.

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements

64 VISION SCREENING WITH THE CHICAGO BULLS

PROGRAM
The department of Ophthalmology and Visual Sciences, in collaboration with the Chicago Bulls, hosted a screening event at the Advocate Center to provide greater awareness of the importance of sight, vision health, and treatment of eye disease

GOALS
Improve awareness of vision health among Chicago area families

PARTNERS
Chicago Bulls, Advocate Center

PRIORITY AREAS
Improving access to care, community resources, and system improvements

FOR MORE INFORMATION
Please contact: Lisa Graben: lgraben@uic.edu

65 WALK IN WEDNESDAY MAMMOGRAPHY SCREENING

PROGRAM
On the second Wednesday of every month UI Health Breast Imaging promotes Mammography Screening with no appointment needed at our Mile Square Imaging location. Patients who are not quite ready to have a Mammogram are offered the opportunity to see the equipment and talk with our staff about breast health and how the exams are performed

GOALS
Allow flexibility for patients and create easier access to Breast Imaging Mammography Screening services

PARTNERS
Services are provided to several organizations and community groups including ScreenABLE and Meridian (Wellcare)

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Tara Tincknell: Tara@uic.edu

66 WALK TO END ALZHEIMER'S CHICAGO

PROGRAM
UI Health participated in the Walk to End Alzheimer's Chicago on October 28, 2018. This event is held annually in more than 600 communities nationwide and is the world's largest event to raise awareness and funds for Alzheimer's care, support, and research. The 2018 event drew 5,252 participants and 750 teams that helped raise over $1,128,160.

GOALS
Raise awareness and funds for Alzheimer's care, support and research.

PARTNERS
Walk to End Alzheimer's

PRIORITY AREAS
Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: Erik Maranto: emaranto@alz.org

67 WEST SIDE UNITED

PROGRAM
West Side United seeks to improve neighborhood health by addressing inequality in healthcare, education, economic vitality, and the physical environment using a cross-sector, place-based strategy.

GOALS
Close the life expectancy gap by 50 percent in each of its nine neighborhoods of focus by 2030.

PARTNERS
Rush University Medical Center, Lurie Children's Hospital of Chicago, AMITA Health, Cook County Health, Sinai Health System, UI Health & Hospitals

PRIORITY AREAS
Addressing social and structural determinants of health; Improving access to care, community resources, and system improvements; Primary and secondary prevention of chronic disease

FOR MORE INFORMATION
Please contact: info@westsideunited.org

This is a QR Code. To use it, open your phone's camera app and point the camera at the code.

Add your program or initiative to our growing inventory of UI Health Community Health Programs. Scan this code to link to the Survey of Community Initiatives and Programs (SCIP).

Read about UI Health's Community Programs. Access the 2019 UI-CAN at uican.uihealth.care.

Next Steps

Following the assessment portion of the 2019 UI-CAN, UI Health has characterized the community served and begun to catalog existing programs. In order to ensure an effective and sustainable approach to improving outcomes in the community, UI Health has developed a 2019 Implementation Plan outlining strategies to address both gaps and redundancies in service to the community.

In 2016, UI Health published a four-phase implementation plan to address the health-related needs identified in the 2016 UI-CAN. The four phases are:

1

PHASE 1
Assess the current state of initiatives at UIC that address the identified health-related needs in the 2016 UI-CAN;

2

PHASE 2
Develop new strategies to address gaps in services to meet the health-related needs in the 2016 UI-CAN;

3

PHASE 3
Implement newly developed strategies to address health-related needs; and

4

PHASE 4
Evaluate the implemented strategies and conduct a community impact assessment.

The 2019 UI-CAN includes information on more than 60 initiatives that have been collected to date as part of the Phase 1 assessment. Interim findings suggest a substantial opportunity to further improve the health of the patients served and the communities in which they reside, promote health equity and develop the next generation of healthcare leaders. UI Health invites clinicians, staff and trainees to submit information about programs that are not included in the report. A more complete picture of UIC-led programs in the community will inform development of a strategic approach to addressing the health-related needs of communities, including those that directly bear on UI Health's goals and initiatives such as access optimization, patient experience, reducing the 30-day readmission rate, and improving no-show rates.

It is important to recognize that the needs of the community served by UI Health are both great and complex. Not only are community members contending with higher rates of certain chronic diseases and cancers, but these health issues are further complicated and exacerbated by inequities in access to transportation, healthy food, economic opportunity, and other social determinants. Addressing such complex needs presents a great challenge and one that may be most effectively approached by leveraging UI Health's participation in multi-system healthcare collaborations like West Side United and the Alliance for Health Equity and working with community-based organizations already actively involved in improving lives. Collaborative efforts not only enable working at scale but may also help attract sources of external funding.

Although the initiatives included in this report represent a significant effort on the part of UI Health providers and staff, the inventory of programs for the community served is far from complete. In the coming months, the Population Health Sciences Program invites those working on community initiatives to contribute to the inventory. An online database has been created to enable anyone at UIC working on an existing or new community initiative to upload information to the SCIP. Additional efforts for growing the inventory are underway, including town halls within UI Health and in the community. These sessions will also be occasions to celebrate and acknowledge all of the work being done by community-organization partners and UI Health providers and staff.

Building on the 2016 UI-CAN Implementation Plan, the year 2019 and beyond will include planning updates to programs to ensure alignment with existing and evolving community priorities, along with developing key performance indicators of community impact.

Please contact uican@uic.edu with any questions, comments or feedback.

"I would like to see better access to good food and quality health care in the neighborhood. I'd also like to see something of cultural relevance around here; something that can act as both a learning experience and a point of pride for residents."

West Lawn resident, age 18-24

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