

Rush's Commitment to the Community

2017 YEAR IN REVIEW





In 2017, Rush helped lead the launch of the West Side United collaborative, which aims to improve health and quality of life in nine Chicago neighborhoods. Through the development of the *Root® Learning Map®* experience that produced the visual above, stakeholders identified assets and opportunities that exist on the West Side today — and are crafting a vision for a healthier future. West Side United is a partnership that brings together residents, health care institutions, businesses, government agencies and community organizations around a common goal: addressing the root causes of poor health and reducing the significant gap in life expectancy between Chicago’s Loop and these communities.

WORKING TOWARD A HEALTHIER WEST SIDE



Rush's roots run deep on the West Side of Chicago. A drive to improve community health has been part of our DNA from the beginning — and was top of mind as we worked with the Alliance for Health Equity (healthimpactccc.org) to gather data about the neighborhoods near our main campus during our 2016 Community Health Needs Assessment. During that process, we made a disheartening discovery: Despite decades of Rush community outreach and the work of community-based social services agencies, startling gaps in life expectancy remain on the West Side.

Life expectancy is 85 years in the Loop. But travel just seven miles west, and it plummets to age 69. This 16-year gap cannot be explained solely by a lack of access to health care, as academic health centers, safety-net hospitals and federally qualified health centers are widespread across the West Side. In fact, a growing body of scientific evidence shows that the fundamental causes of many illnesses that shorten life expectancy are based not in biology or behavior, but are rooted in social forces such as education, employment, food access, violence and transportation.

More than 480,000 people live in the nine West Side communities of East and West Garfield Park, South and North Lawndale, Near West Side, Humboldt Park, West Town, Lower West Side and Austin. Each neighborhood is home to vibrant assets and resources, engaged community members and demographic diversity.

Yet, across the West Side, long-term disinvestment has resulted in higher-than-average unemployment rates, incidents of violence and housing vacancies. Decades of structural racism and economic deprivation have led to racial segregation and concentrated poverty, with devastating effects on those who live there.

STAKEHOLDERS COME TOGETHER TO DRIVE CHANGE

Armed with data about health disparities on the West Side — and with the knowledge that the social forces of inequity are so large and so entrenched that we cannot move the needle alone — we began to rethink Rush's role in improving health.

In early 2017, Rush, Cook County Health and Hospitals System and the University of Illinois Hospital & Health Sciences System came together with other community and health care organizations to talk about leveraging business units, patient care and community engagement to build community health and economic wellness on the West Side. The group of health care partners later grew to include Ann & Robert H. Lurie Children's Hospital of Chicago, Loretto Hospital, Presence Health and Sinai Health System. The collaborative we formed, West Side United (westsideunited.org), has one overarching goal: Reduce the gap in life expectancy between the Loop and West Side communities by 50 percent by 2030.

From the start, we recognized that to be successful, we would need ideas, guidance and support from people who live and work in these nine communities. Together, we hosted community conversations and surveyed stakeholders about gaps in existing programs and services, and about what we could work on together



to make West Side neighborhoods more healthy and vibrant. A 16-member planning committee, made up of eight residents and eight representatives from West Side government, nonprofit, education and health care institutions, helped develop West Side United's top-priority community partnerships and projects.

With our health care partners, we also created the West Side Anchor Committee. Together, our seven organizations employ more than 43,000 people and hire 6,000 individuals annually; if we were one entity, we would be the largest employer in the state of Illinois. We spend \$2.8 billion annually in goods and services and \$4 billion in salaries and wages. If we intentionally direct even 10 percent of that economic power toward the West Side, we can significantly improve economic vitality in those communities.

With this input and effort in mind, West Side United announced its goals in early 2018. We envision a West Side where ...

- There is equal access to mental health and primary care services.
- Residents are gainfully employed in well-paying jobs.
- Every neighborhood has sources of healthy, affordable food.
- All students who want summer jobs and apprenticeships have access to them.

As a group, we identified 10 priority initiatives focused

on these goals; you'll read about some of the Rush programs that address them in the pages that follow.

- **Health and health care initiatives** are about creating an integrated network of behavioral and physical health treatment to ensure that no one in need goes untreated.
- **Economic vitality initiatives** help create paths to employment for all residents so they can build individual and family economic well-being.
- **Neighborhood and physical environment initiatives** are aimed at ensuring healthy, affordable food options in every West Side neighborhood.
- **Education initiatives** center on providing high school summer jobs and college apprenticeships for every interested West Side student.

The following report documents the impact of this work on Rush's institutional commitment to addressing the issues we identified in our 2016 Community Health Needs Assessment. We and our partners know that our goals for improving community health are ambitious. We know that we need to be diligent in building sustainable partnerships, staying connected to the community, developing and evaluating metrics of success and remaining accountable to our many stakeholders. We know that success is likely, though not guaranteed. And, together, we are fully committed to this effort.





REMOVING OBSTACLES, BUILDING OPPORTUNITIES: A Message from Rush Leaders

This 2017 Year in Review highlights many of the Rush programs, partnerships and people working toward the ambitious goal of helping residents of Chicago's West Side live healthier — and longer — lives.

Amid the compelling individuals and accomplishments described in these pages, perhaps the most telling detail is one that might seem like the smallest: a simple word change in Rush's mission.

Formerly, we said that we aimed to

Provide the best health care for the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

Now, our mission is to

Improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

What's the difference? We still provide outstanding care; in fact, the world-class care Rush provides draws patients from across the world. However, providing great care is just part of our effort to improve the overall health of the communities we serve — both inside and outside Rush's walls. Measurably improving community health means helping to build opportunities for people to be healthy.

Pervasive issues such as poverty, lack of access to quality education, systemic racism and unemployment give rise to many illnesses — diabetes, asthma, cardiovascular disease, depression — that shorten the lives of people who live in urban areas.

While nearly every health care *provider* would agree that addressing the causes of an illness makes more sense than just treating the symptoms, very few health care *organizations* intentionally address the true roots of what causes illness and disease.

Rush has chosen to meet these challenges head on, in a strategic way. We've begun by setting the goal of measurably improving life expectancy in the underresourced neighborhoods we serve.

The first step in creating opportunities for people to live longer, healthier lives is identifying obstacles to optimum health.

In 2015, Rush began this work in collaboration with community members; our faculty, students and staff; other health systems and public health entities; our colleagues in the Center for Community Health Equity based at Rush University and DePaul University; and those participating in the Health Impact Collaborative of Cook County (now the Alliance for Health Equity), a collaborative group of 26 hospitals, seven health departments and more than 100 community-based organizations.



Together, we created a Community Health Needs Assessment (CHNA) that identified the following obstacles to good health in the neighborhoods we serve:

- Inequities caused by the social, economic and structural determinants of health
- Lack of access to mental and behavioral health services
- High rates of preventable chronic disease
- Unequal access to care and community services

To create a road map for Rush's work to address these obstacles — and to help us streamline and focus our efforts — we drafted a Community Health Implementation Plan, or CHIP, which now guides our community benefits and health work. This report describes the progress we've made toward our four CHIP goals during calendar year 2017.

We know that no organization can address such complex issues alone. The ambitious, long-term effort to dismantle barriers requires coordination among community-based organizations, government institutions, schools, social services agencies, religious institutions and, especially, residents seeking to build a healthier community.

Larry J. Goodman, MD

Chief Executive Officer
Rush University Medical Center

William M. Goodyear

Chair, Rush Board of Trustees
Rush University Medical Center

To help connect these stakeholders, Rush participates in collaboratives such as the Alliance for Health Equity, which brings together nearly 140 partners (see p. 10 for more about the Alliance) to guide health equity work in Chicago and Cook County. We have also taken a leading role in incubating and launching West Side United (see p. 1 and p. 2 for more).

While West Side United took shape during 2017, Rush also looked within to magnify our own impact. As the largest private employer on the West Side and one of the largest in the city, we spend millions of dollars on goods and services each year. To channel the benefits of our hiring, spending, investing and volunteering, we created an Anchor Mission strategy aimed at helping to improve the economic vitality of West Side neighborhoods, which will in turn help residents achieve the best possible health outcomes. We want to address the causes of poor health, not simply treat the symptoms of disease; leveraging our strength to benefit our community is one important way for us to do this.

Our work on the Anchor Mission, West Side United, CHNA and CHIP is overseen by the Rush Office of Community Engagement (OCE). OCE's mission is to enable and support Rush University Medical Center in fulfilling its commitment to improve the quality of life within Rush's diverse neighboring communities through initiatives and partnerships.

We are very proud that Rush is one of the first health systems in the country willing to address the full spectrum of forces that lead to longer, healthier lives. But we're even prouder that every program or effort highlighted in this report is being shaped and driven by the support, ideas and enthusiasm of community residents and organizations we work with — and for.

Bruce M. Elegant, MPH, FACHE

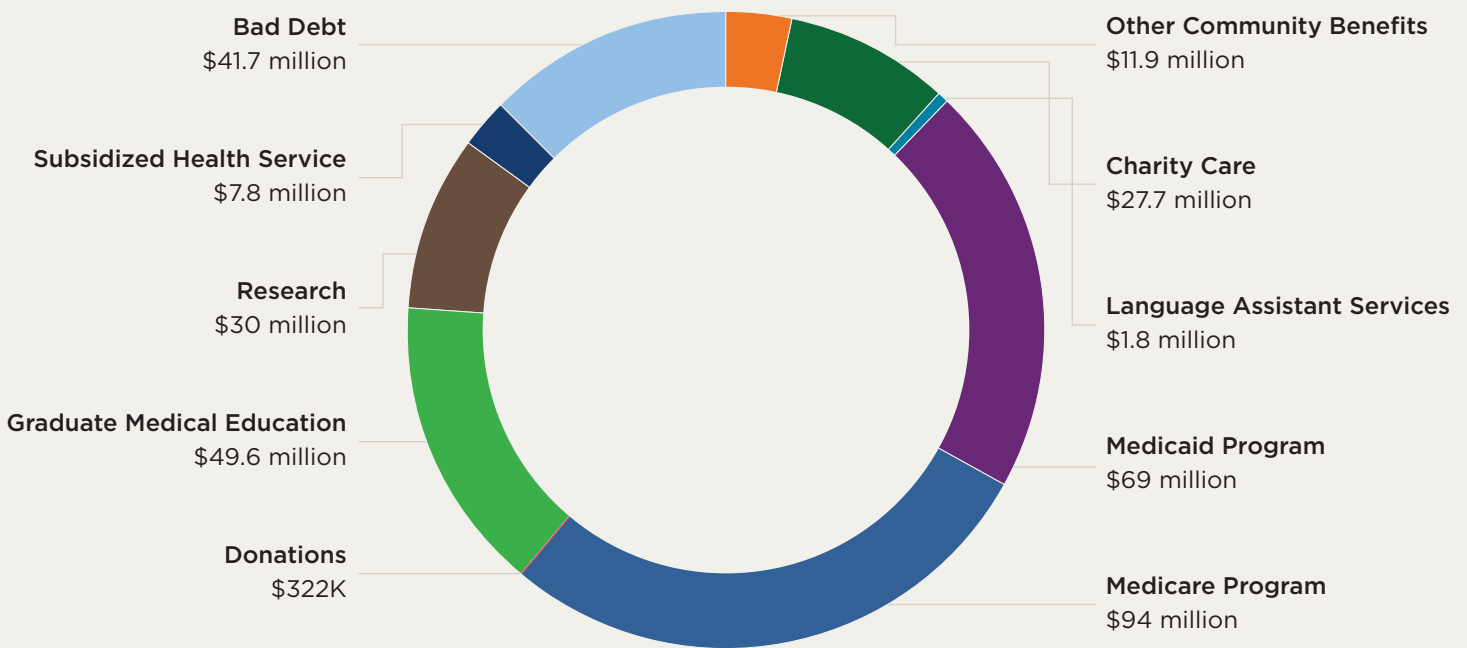
President and Chief Executive Officer
Rush Oak Park Hospital

David A. Ansell, MD, MPH


Chair, Board of Directors
Rush Oak Park Hospital

TOTAL COMMUNITY BENEFIT INVESTMENT

In fiscal year 2017, Rush's total community benefit investment was **\$335 million**.



As part of this community benefit investment, Rush spent a total of **\$1,072,843** on community health improvement activities, including West Side United, the West Side Anchor Committee and Rush's Anchor Mission Strategy.

A young girl in the foreground is wearing large headphones and looking towards the camera. In the background, a woman is looking down at a mobile device. The scene is dimly lit with a purple and blue color cast.

GOAL 1 REDUCE
INEQUITIES CAUSED
BY THE SOCIAL,
ECONOMIC AND
STRUCTURAL
DETERMINANTS OF
HEALTH

Although Chicago's West Side is home to one of the largest concentrations of health care institutions in the region, residents here have some of the worst health outcomes in the city. Barriers to health and wellness on the West Side arise from a wide range of determinants: structural racism, lack of education, unemployment and income disparities, poor health behaviors, inadequate housing, gaps in family and social support, lack of food access, high rates of violence and inaccessible transportation. Rush's community vision seeks to reduce hardship and improve well-being by addressing these inequities.

OUR COMMITMENT

Improve educational attainment by developing a pathway to postsecondary education and health care careers.

We're working to ...

- **Identify schools for our education pipeline**

Elementary schools: Genevieve Melody STEM Elementary School, Ambrose Plamondon Elementary School, William H. Brown School of Technology, Helen M. Hefferan Elementary School

High schools: Richard T. Crane Medical Preparatory High School, Benito Juarez Community Academy, Instituto Health Sciences Career Academy, Michele Clark Academic Prep Magnet High School

- **Achieve 10 percent increase in math and science test scores**

We'll conduct these assessments after partnerships are in place.

- **Improve high school graduation rates, improve college enrollment/persistence and reduce the achievement gap**

Results in 2017: More than 85 percent of Crane seniors graduated — a rate 10 percent higher than that of Chicago Public Schools overall — and 97 percent enrolled in postsecondary options.

Education is the No. 1 driver of increased life expectancy: People with more education have better jobs, earn more and have better access to resources such as healthy food, transportation and health care. Rush has a long history of creating and supporting education programs; in 2017, we streamlined them into a unified strategic approach: the Rush Education and Career Hub (REACH).

REACH is a "cradle-to-career" program that deepens Rush's involvement with students, teachers and families from pre-K through college, in West Side schools whose students are majority African-American and Hispanic. The hub is designed to boost high school graduation rates and college enrollment for diverse students; build pathways to careers in science, technology, engineering, math (STEM) and health care; and improve readiness for college and the work force.

In elementary schools, REACH helps teachers develop their STEM teaching skills, connects students with mentors and tutors, brings real-world expertise from Rush volunteers, and offers in-school, after-school and summer programs focused on STEM and health care. While REACH emphasizes careers in health care, it also focuses on teaching 21st-century skills such as critical thinking, collaboration and communication, preparing students for almost any career path.

For example, Olayinka Mohorn-Mintah, REACH community education associate, leads a robotics program with middle school students. Students in the program build robots for a competition, but they do it through a health care lens, creating robots that can complete medical triage in emergency situations. They also interview nurses in Rush's emergency department and observe the robots in Rush's supply chain department. The breadth of their robotics experience helps students develop not only engineering and design skills, but also competencies like collaboration and problem solving.

REACH's programs for grades 9 through 12 include academic, college and career development. Initiatives include tutoring, site visits, job shadowing, college tours





and summer internships at Rush that expose students to a wide range of health care careers. REACH also supports dual-credit enrollment opportunities through Malcolm X College, helps students complete college applications and more. At Richard T. Crane Medical Preparatory High School near the Rush campus, the results speak for themselves.

In 2011, Crane was on the brink of closing due to dropping enrollment and poor test scores when Rush teamed with the city to transform the school into a health and science academy. Crane's 2017 graduating

class, its first since partnering with Rush, had a graduation rate of more than 85 percent — compared to the overall Chicago Public Schools rate of 77 percent — with 97 percent of students going on to two- and four-year colleges.

“Our partnership shows the commitment that Rush has to the community,” says Crane’s principal, Fareeda Shabazz. “The students really feel a closeness with the Rush employees and professors. It feels like Rush is a part of what we do every day.” For example, senior leaders from Rush provided curriculum and training for Crane’s Health IT program, a 2017 pilot funded by Chase Bank. Fifteen Crane students learned to use Epic medical records software — and, with certification, are now eligible for jobs that pay \$30 per hour.

“Rush has everything in place for this to be a success,” says Rukiya Curvey Johnson, the newly hired director of community engagement for REACH, who joined Rush after serving as the executive director of STEM and strategic initiatives for Chicago Public Schools. “We’re a learning institution. Leveraging the academic excellence and transformational principles of Rush University Medical Center, REACH is founded on the idea that opportunities, readiness and access can help improve lives.”



OUR COMMITMENT

Identify, measure and mitigate the social determinants of health for at-risk populations through screening tools and referrals.

We're working to ...

- **Screen and refer 25 percent of eligible patients**

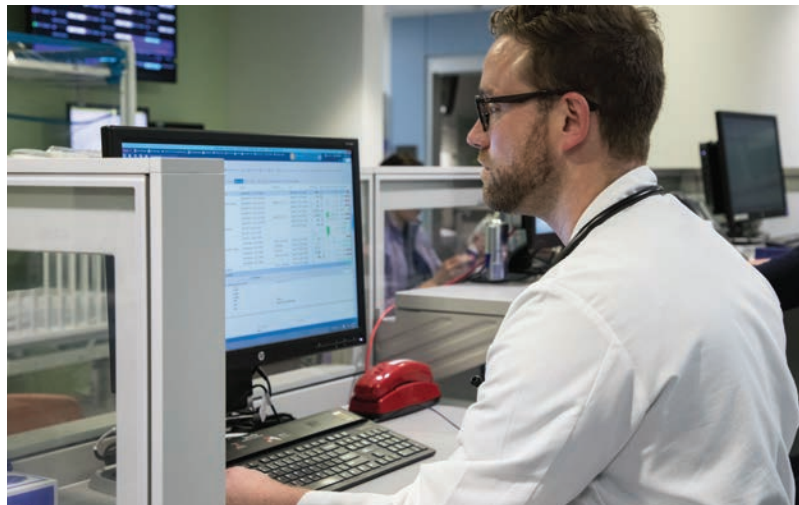
Results in 2017: 629 patients screened in Rush's Emergency Department and provided with resources as needed.

Many health disparities are rooted in the social and structural determinants of health: access to safe and affordable housing, health care, reliable transportation, healthy food and more. Because addressing these causes of poor health is as important as treating the symptoms of disease, in 2016 Rush helped to convene a coalition of health care providers and community-based organizations to create a shared strategy for connecting West Side residents with solutions.

The coalition, West Side ConnectED, includes partners such as Catholic Charities of the Archdiocese of Chicago, other hospital systems, community health centers, the Chicago Department of Public Health and a number of social-service providers — organizations that have served the same populations of need for decades, but have never had a way to share information or collaborate on ensuring that people get services to help them get and stay healthy.

In 2017, Rush University Medical Center's emergency department became the pilot site for the West Side ConnectED social determinants of health screening tool. The tool is integrated into Rush's electronic medical record (EMR); now, when taking a patient's history, providers also ask about housing, transportation, food security and other issues — questions that haven't been part of the health care experience until now. "The questions are integrated seamlessly, so they're as matter-of-fact as questions about health conditions," says Robyn Golden, Rush's associate vice president of population health and aging. "There's no stigma attached, and people can be comfortable answering."

The tool pulls information from NowPow, a database of community resources, and customizes the patient's aftercare summary with a detailed prescription for self-care services they can access after leaving Rush. For example, in addition to a prescription for



medication to regulate blood sugar, a patient with diabetes might also be referred to a federally qualified health center for free blood sugar screenings and foot care, and to a Greater Chicago Food Depository partner site for free healthy food. Rush's patient navigators ensure that patients connect with these referrals and follow up with them afterward.

"This is a real breakthrough in acknowledging that social needs are medicine: Housing is medicine. Food is medicine," says Golden. "Having all these partners at the table together, around the same mission and vision, is critical, particularly when there are far fewer resources available than there were a decade ago. We have to use what we have more efficiently and effectively, and connecting our organizations is the best way to do that."

OUR COMMITMENT

Participate in regional collaboratives.

We're working to ...

- **Create a regional approach to improving outcomes for one or more social determinants of health**

Results in 2017: Helped launch the Alliance for Health Equity

Improving the social, economic and structural determinants of health is a much bigger task than Rush can achieve on its own. Rush's 2016 Community Health Needs Assessment (CHNA) and Community Health



Implementation Plan (CHIP) were deeply informed by our participation in the Health Impact Collaborative of Cook County (HICCC), a coalition of hospitals, health departments and community organizations that came together in 2015 to improve community health.

Rush took a leading role in helping to coordinate HICCC's summer 2017 merger with the Healthy Chicago Hospitals Collaborative (HCHC) to create the new Alliance for Health Equity, comprising more than 30 hospitals, six local health departments and more than 100 community and regional stakeholders. Membership in HICCC and HCHC overlapped by about 80 percent, so it made sense to consolidate efforts, says Jessica Lynch, senior associate at the Illinois Public Health Institute, the agency that coordinates the alliance.

The kinds of policy and systems change that need to happen to address health equity on a regional scale require the massive collective advocacy that one powerhouse collaborative can offer, Lynch says. And creating systems for sharing information will enable all participants to evaluate the impact and measure the outcomes of health equity work.

The alliance is devoted to improving population and community health across Cook County through the following:

- Advancing health equity
- Capacity building, shared learning and connecting local initiatives
- Addressing social and structural determinants of health
- Developing broad city- and countywide initiatives and creating systems
- Engaging community partners and working collaboratively with community leaders
- Developing data systems for population health to support shared impact measurement and community assessment
- Collaborating on population health policy and advocacy

Community organizations are equal partners in the alliance alongside health care organizations, points out Lynch. "Our tagline is: Hospitals and communities improving health across Chicago and Cook County," she says. Emily Daniels, manager of veteran and health programs at the Greater Chicago Food Depository, an alliance member, explains the benefits of all organizations working together: "Participating in the Alliance for Health Equity provides the Food Depository with an opportunity to educate health systems on resources available in our community, and to collaborate on projects that address social determinants of health and the needs of their patients." The alliance, she says, helps to build a bridge that connects preventative health care, nutrition education and quality food.

Every member organization brings different strengths to the alliance, says Lynch. "People look to Rush as a leader in the adoption of screenings and referrals related to the social determinants of health, particularly food security," she explains, "and in thinking about broad approaches to reducing the stigma around mental health care. The work Rush has already done will inform other organizations' work."

In turn, Rush is learning from organizations that are leaders in areas like workforce development and community investment. Sharing knowledge, building systems for data sharing and coordinating efforts will enable the alliance to have the greatest possible impact.

A young girl with dark hair, wearing a white sleeveless top, is smiling and looking towards the right. She is playing with colorful beads (blue, green, yellow, blue, green) on a string. The background is blurred, showing other people in a room. The text is overlaid on the top left of the image.

GOAL 2 IMPROVE
ACCESS TO MENTAL
AND BEHAVIORAL
HEALTH SERVICES



People who live in high-hardship neighborhoods tend to have greater than average rates of mental health disorders and trauma. Long renowned for programs to treat depression, anxiety, substance use and post-traumatic stress disorder (PTSD), Rush is leveraging its expertise to provide trauma-informed mental health screenings and referrals for our school-based health centers and Adolescent Family Center as well as our network of church partners and community residents.

OUR COMMITMENT

Address psychological trauma through screening tools and referral programs in school-based health centers and faith-based organizations.

We're working to ...

- **Screen 500 students through school-based health centers annually**

Results in 2017: 432 students screened

Rush's three school-based health centers and Adolescent Family Center have adopted trauma-informed mental health screening tools that the clinics' nurse practitioners use to assess patients. Students found to be at risk are referred to a care coordinator at Rush who links them with services that can help.

For example, pregnant patients at the Adolescent Family Center are screened with the Adverse Childhood Experiences screening (ACES) questionnaire (see p. 23 for more) — a measure of childhood stress and trauma that can correlate with health risks later in life. Those who score 3 or more on the questionnaire are enrolled in a program of home visits by community health workers who help them learn about prenatal health, breastfeeding, child development and positive parenting, and make sure they're connected and following up with primary care providers and community referrals.

Two projects in the works will help Rush provide even more essential services to students. A 2017 grant from the Otho S.A. Sprague Memorial Institute is funding equipment and systems for a telehealth program that will connect students with Rush psychiatrists via videoconferencing. "Telehealth means that we'll have access to a mental health provider on site at our clinics whenever there's a need," explains Sally Lemke, DNP, WHNP-BC, director of community-based practices for Rush University Medical Center.

And Lemke's team is exploring ways to implement an evidence-based program developed by UCLA to help families with the skills they need to build resilience. Families Overcoming Under Stress (FOCUS) — currently used by Rush's Road Home Program that

treats veterans and families affected by post-traumatic stress disorder — may be integrated into classrooms at schools that host Rush school-based health centers, along with training for individual families who are coping with trauma.

We're working to ...

- **Roll out church-based screenings to five churches annually**

One church hosted trainings in 2017; screenings to roll out in 2018

“We’ve all been traumatized by something,” says Patty Ringo, “and finding someone you trust enough to help you go through the process of healing is the only way forward.” At Greater St. John Bible Church in the Austin neighborhood, Ringo took part in Spiritual Care Training: an eight-week workshop, taught by board-certified chaplains, that trained participants from eight West Side churches on how to provide support for fellow congregants experiencing psychological distress. Trainees came away with a number of tools, including active listening skills and ways to help people manage grief and trauma.

Rush co-developed the training as part of the ALIVE! Research Partnership, a community-based, participatory research collaboration between academic researchers from Rush University Medical Center and leaders of seven African-American churches. “There’s often a stigma around getting help with mental health,” explains LaDawne Jenkins, the Rush project manager who coordinates programs with ALIVE!, “so trainees learn to connect first just by being someone who can listen. We have to look into people’s eyes and let them know we’re listening.”

All 19 Spiritual Care Training participants, plus several other community members, signed up for Mental Health First Aid training provided by Rush in partnership with the Kennedy Forum, and several also participated in Bridges of Hope, a church-based training offered by the Chicago chapter of the National Association for Mental Illness. These programs and more currently in the works are designed to build mental health awareness. “This community is hungry for tools to use in helping each other,” Jenkins says. “They’re asking for it. And we’re working to equip them.”

OUR COMMITMENT

Expand access to other screenings and services.

We're working to ...

- **Train 200 community members in mental health awareness**

Results in 2017: 240 community members trained

- **Refer 100 individuals to services**

Screenings to roll out in 2018

Within three months of finishing Mental Health First Aid training offered through Rush’s partnership with West Side churches, Rochelle Sykes had already used it twice to defuse stressful situations.

The eight-hour Mental Health First Aid course, developed by the National Council for Behavioral Health, trains community members to identify potential mental health issues and assist someone in need of help. Trainees learn a five-step process, known by its acronym ALGEE: **A**ssess for risk of suicide or harm; **L**isten nonjudgmentally; **G**ive reassurance and information; **E**ncourage appropriate professional help; **E**ncourage self-help and other support strategies. Like first aid for physical injuries, Mental Health First Aid trains bystanders to respond appropriately when someone needs help.





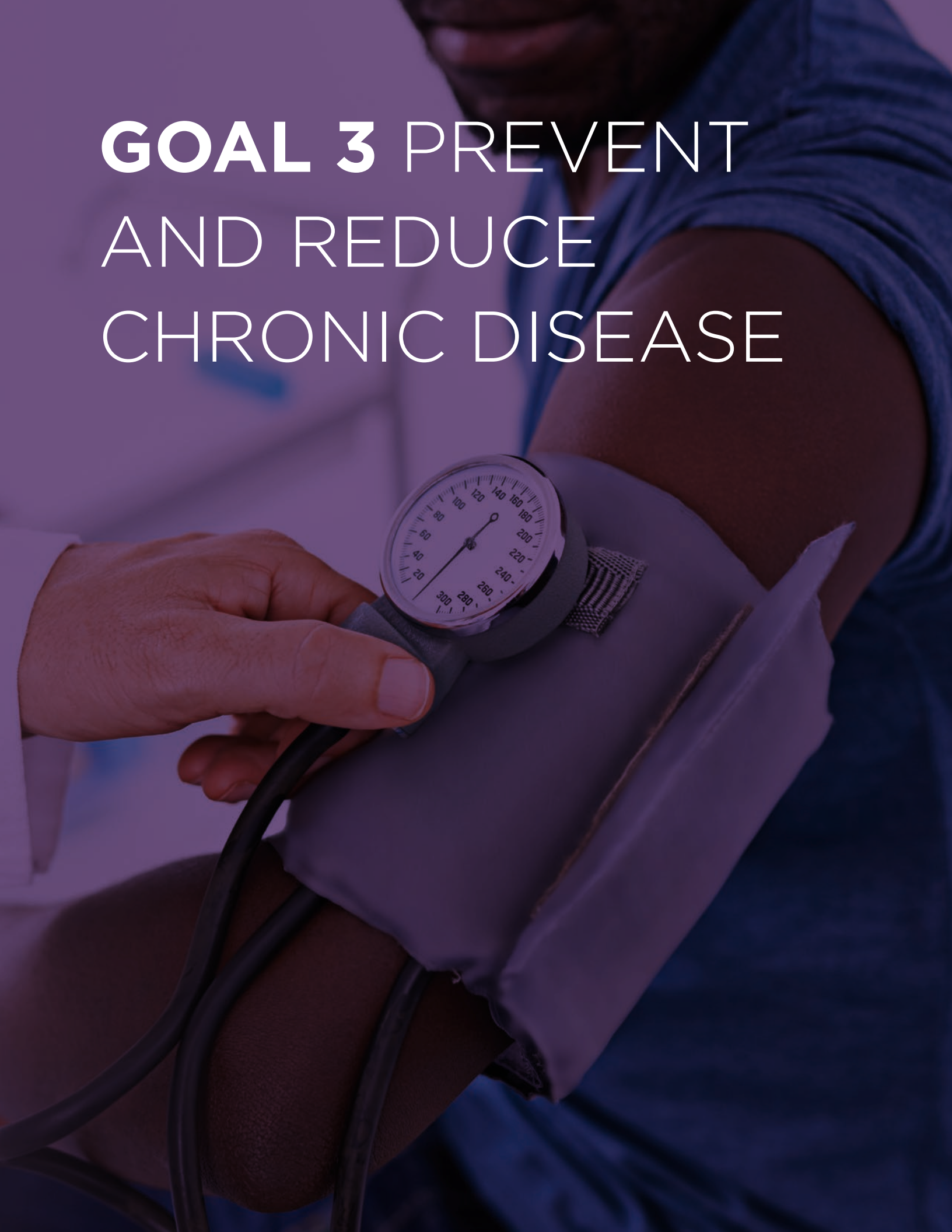
Sykes attended the training in the summer of 2017 at Greater St. John Bible Church after hearing about it from her pastor at New Mount Pilgrim Missionary Baptist Church. “I realized it would be good for me, my family and the whole community,” she says. “Everybody at my training had a story to tell about their own experiences with mental health.”

The first time Sykes called on her training, she was at a fast-food restaurant when a woman in distress began yelling and removing her clothing. “It was obvious that she was having a crisis,” Sykes says, “and I knew to contact the police and request a specially trained officer. I could describe what was happening and let the dispatcher know that the young lady probably needed attention beyond what a paramedic could provide.” An officer who had received mental health crisis intervention training arrived and was able to de-escalate the situation so the woman could be transported safely to the hospital.

Sykes has also used her training to help her own family. Her 15-year-old nephew was brutally murdered in the Austin neighborhood in September 2016; the grief and trauma of the still-unsolved crime have created tensions in her extended family. “I called a family meeting in the park to get everyone together and express what they needed to express,” she says. “Before my training, I would never have been able to facilitate a meeting like that. I listened, and I was able to help everyone talk about the stress we are all feeling. The tension did not escalate, and we were able to reduce some of the stress.”

Sykes says that everyone in the community could benefit from Mental Health First Aid training. “We need to figure out how to get it into all kinds of places — city offices, people who work in public transportation, stores, anyone who deals with a range of people on a daily basis. There are a lot of people out here who need help, and now I’m equipped to engage.”

GOAL 3 PREVENT AND REDUCE CHRONIC DISEASE



Chronic diseases and conditions such as heart disease, stroke, cancer, diabetes, respiratory disease and obesity are some of the health conditions that commonly affect people in Rush's service area. These diseases are costly to treat — but they're also among the most preventable health problems.

OUR COMMITMENT

Reduce chronic disease risk factors through assessments, disease management programs and improved access to healthy food.

We're working to ...

- **Expand health education programs to at least one community annually**

New in 2017: West Side Walk to Wellness in East Garfield Park; Tour de West Side

Expanded programs and workshops into East Garfield Park and North Lawndale

- **Provide health education and screening to 300 people**

Participated in 21 health fairs, at which we screened 1,180 people

Reached 263 people in 2017 through eight intensive chronic-disease management programs and workshops at community sites

Rush offers a number of programs designed to help people who are at risk prevent and manage chronic conditions, including the following:



PROJECT LIFESTYLE CHANGE, a free year-long program for people with prediabetes, has been part of Rush Oak Park Hospital's chronic disease education efforts since 2010. More than 700 people have graduated from the program, which teaches healthy eating and exercise habits; we also offer follow-up screenings and refresher courses to help graduates stay on track. "The program is a proven way to use diet and exercise to help prevent a disease that's reaching epidemic proportions," says Amy Folker, NP, CDE, who runs Project Lifestyle Change and other diabetes education efforts. "The people who finish the program love it so much that they don't want it to end!" Project Lifestyle Change is just one of the Rush Oak Park Hospital education programs that served more than 870 people in 2017, covering topics that included smoking cessation (see p. 19 for more), women's heart health, healthy eating and more. At the hospital's fall 2017 Diabetes Health Fair, the Rush team provided blood pressure, lipid and A1c screenings for more than 150 community members.

THE HEALTH LEGACY PROGRAM FOR WOMEN, launched in 2013, is a free six-week workshop for African-American women age 40 and over that takes aim at two common health conditions for this group: obesity and Type 2 diabetes. Participants meet twice a week at West Side and South Side churches to learn about nutrition, exercise and strategies for managing their health.

The program gets results; for example, more than 85 percent of participants report that they now exercise regularly, compared to 59 percent at the start. They're also choosing healthier foods, shopping smarter, drinking water instead of sweetened drinks and are more aware of how to keep themselves and



their families healthy. More than 700 women have graduated from the program so far; its success has attracted funding from the CIGNA Foundation and the Retirement Research Foundation. “This is the way we can reduce health disparities — bringing health into the community and affecting one family at a time,” says Robin Pratts, MHA, manager of community health and faith initiatives at Rush University Medical Center, who points out that women tend to be in charge of their entire families’ health.

Even years after graduating, more than three-quarters of participants report that they still practice the good habits they learned in the program — and Rush helps by offering them ongoing programs such as summer walking groups, tennis lessons, support circles and more.

The **WEST SIDE WALK TO WELLNESS**, an eight-week community walking program in the East Garfield Park neighborhood, was the brainchild of Rush Medical College student Kristen Obiakor and had a successful pilot year in 2017. Walking is a simple exercise that’s been shown to be effective in preventing chronic conditions such as heart disease, hypertension and obesity, and in improving emotional and mental well-being; walking with others is both a fun way to socialize and a safe way to exercise. Rush invited everyone in the community to meet up at the New Mount Pilgrim Missionary Baptist Church on summer Saturdays at 10 a.m. to walk together through historic Garfield Park, enjoy a healthy snack and chat with Rush physicians who joined the walk, including David Ansell, MD, and Sheila Dugan, MD. In 2017, nearly 140 walkers participated in the program.



The **TOUR DE WEST SIDE**, an event designed by Rush Medical College student Kaitlyn Fruin to help Rush students and employees explore the neighborhoods near our campus, also happened for the first time in 2017. More than 500 students, employees, families and friends participated in 5K walk/runs in Austin, Little Village, Garfield Park, Pilsen and North Lawndale. Employees who live in each community contributed to neighborhood guides highlighting local businesses and attractions — these proved popular with participants, most of whom said that they hadn’t visited these neighborhoods in the past six months. Rush will continue to explore promoting community events like this one as a way of boosting local tourism for economic impact.

We’re working to ...

• Donate food daily

Results in 2017: More than 20,000 meals donated through the Rush Surplus Project

Lack of access to reliable sources of healthy food is a determinant of health that leads to a greater risk of adults developing conditions such as high blood pressure, high cholesterol and diabetes. Rush’s work to increase people’s access to fresh, healthy food serves three communities.

Rush neighbors and partners helped us create our largest food distribution initiative: The Rush Surplus Project was the brainchild of Jennifer Grenier, DNP, RN-BC, while she worked at Rush Oak Park Hospital (she’s now the director of nursing for rehabilitation at Rush University Medical Center). The project targets two issues — food waste and food insecurity — by donating surplus food from Rush’s cafeterias to local nonprofits that feed the hungry. It was such a success upon its 2015 launch in Oak Park that we expanded it to Rush University Medical Center in 2017.

Today, Rush donates hundreds of meals weekly to the Oak Park River Forest Food Pantry and Franciscan Outreach, an emergency overnight shelter in Chicago. Rush employees volunteer not only to pack up the food for donation, but also to perform health screenings and education at both distribution sites. We’re sharing our learnings from the program with our partners in the Alliance for Health Equity (see p. 10 for more) so they can replicate it at their locations.

Rush employees are our “first community” — “a community that needs to be healthy in order to care for the communities we serve,” says Rachel Start, RN, MSN, NE-BC, Rush Oak Park Hospital’s director



of ambulatory nursing, nursing practice and magnet performance. Start and her family are part of the volunteer team with Top Box Foods, a Chicago-based social business that provides affordable boxes of high-quality fresh produce: \$15 for a 15-pound box. In 2017, her brainstorm about connecting Rush with Top Box led to a partnership through which employees picked up more than 1,100 produce boxes at Rush Oak Park Hospital and Rush University Medical Center.

The cost comes right out of employees' paychecks, so the program is convenient, and participants' feedback has mostly been delight at the amount and quality of the fruits and vegetables in each box, says Start. Some participants even purchase extra boxes for donation to Deborah's Place, a West Side nonprofit that provides housing and support services for women who are experiencing homelessness. "Top Box really helps us underscore Rush's commitment to healthy living," Start says. "All of our employees, whether they live in food-insecure neighborhoods or not, have access to Top Box to help them make healthy choices."

Rush patients are likely to be the next audience for our food programming efforts. The social determinants of health screening tool now being piloted in the Rush University Medical Center emergency department (see p. 9 for more) now connects patients from food-insecure neighborhoods with healthy food through partners like Top Box and the Greater Chicago Food Depository. "Food is the healthiest prescription we can

offer our patients," says David Ansell, MD, Rush's senior vice president of community health equity. "We look forward to the day when, just as a patient leaves here with a bottle of medicine, they can leave with a box of food. That's the way to a healthy life."

OUR COMMITMENT

Expand free and subsidized breast cancer screening.

We're working to ...

- **Provide screenings to at least 300 uninsured women and diagnostic follow-up to at least 100 uninsured women**

Results in 2017: 366 women screened

The story of the Metropolitan Chicago Breast Cancer Task Force has one key message: Focused, intentional efforts to reduce health disparities really do work.

The task force was launched in 2008 as an independent nonprofit on the Rush campus, with the goal of reducing the disparity in breast cancer deaths between black women and white women in Chicago. At the time, black women were 62 percent more likely than white women to die of breast cancer — and over the 20 years leading up to the launch, the death rate for white women had decreased by half, while the death rate for black women had decreased less than 1 percent.

First, the task force collected and assessed quality and resource data on breast cancer screening and treatment in Chicago. This uncovered large variations in the resources and the quality of care available to women depending on their neighborhoods. Armed with data on the disparities, the task force established a wide array of citywide public health initiatives, including projects that measured and improved the quality of breast care, at safety-net facilities in particular, and established culturally aligned patient navigation systems for women in medically underserved neighborhoods.

After these initiatives launched, the disparities began to decrease. In 2017, the task force published a new study showing that the difference in breast cancer mortality decreased an average of 3.1 percent a year from 2006 to 2013. Breast cancer mortality for both black and white women in Chicago declined during the study period, but the rates for black women decreased more (-13.9 percent) compared to white women (-7.7 percent), and the overall rate of disparity in Chicago went from above the U.S. average to below the national average. In the other nine cities studied, the disparity rate either increased or remained the same. Chicago now leads the nation in reducing breast cancer mortality for black women.

The study's lead author, Dominique Sighoko, PharmD, MPH, PhD, an epidemiologist with the task force, says that "while any race-based gaps in cancer survival rates are unacceptable, we remain committed to eliminating them. I am proud that Chicago is showing how that goal can be reached: shared commitment

and resources." In 2017, the task force helped secure a grant to Rush University Medical Center from the Chicago Department of Public Health to provide 600 free breast cancer screenings through Rush University Medical Center, Rush Oak Park Hospital, Mercy Medical Center and Advocate Christ.

At Rush Oak Park Hospital, a grant-funded program provides free screening mammograms each October to uninsured women who live in Oak Park, River Forest and Proviso Township. In 2017, more than 250 women were screened. "Detecting breast cancer at its earliest, most curable stage is what mammography is all about," says Sharon Brown, MPA, operations manager of the Breast Imaging Center at Rush Oak Park Hospital. "What makes the program at Rush unique is the fact that we have a dedicated team of board-certified breast imagers, technologists, schedulers and support staff. For us, eliminating disparities in breast cancer mortality is about more than just providing free breast imaging services — it's about helping women overcome the fears and myths associated with breast cancer and tests such as screening mammography."

OUR COMMITMENT

Develop and deliver community services to help people stop smoking.

We're working to ...

- **Achieve 10 percent decrease in tobacco use by program participants**

We're currently developing ways to follow up with our Courage to Quit graduates to track their long-term results.

Smoking is the leading cause of preventable death in the U.S., according to the Centers for Disease Control and Prevention. People who smoke die an average of 10 years earlier than nonsmokers, and a 2016 report by the U.S. National Cancer Institute and the World Health Organization found that "tobacco use accounts for a significant share of the health disparities between the rich and poor." Helping people quit smoking is one of Rush's top priorities.

The process of quitting can take several attempts, so we offer multiple options. Linda Dowling, RN, lung cancer screening coordinator at Rush University Medical Center, is trained along with other colleagues to offer help to patients who smoke, typically by phoning them after referral by a physician. Rush and other providers are



collaborating with the Illinois Tobacco Quitline to automate the referral process, with improvements that will include sending patient updates to the referring providers. And in November 2017, we launched a tobacco cessation clinic in the Rush University Cancer Center, where patients can see a nurse practitioner for assessment, counseling, medication and follow-up.

At Rush University Medical Center and Rush Oak Park Hospital, we offer Courage to Quit classes free to community members, including Rush employees (the same “first community” that we’re targeting with our healthy food initiative). Courage to Quit, developed by the Respiratory Health Association (RHA), combines a cognitive behavioral approach with counseling and education about medication that can help smokers quit. A new three-week session kicks off every month and served nearly 70 enrollees at Rush University Medical Center in 2017.

At Rush Oak Park Hospital, we began offering quarterly Courage to Quit classes in 2016; in 2017, 41 people enrolled. “We really like the RHA approach,” says Joyce Nowak, RRT, RPC, respiratory therapist at Rush Oak Park Hospital and leader of Courage to Quit sessions. “Behavioral modification helps people make the best choices for their lifestyle, and the group setting means that they encourage and support each other. We even have graduates who are smoke-free come back to classes for a refresher — it’s great for participants to hear their success stories.”

Support from the first-ever “Chicago Quits” grant, awarded by the Chicago Department of Public Health and the Respiratory Health Association, has enabled Rush nursing students to begin delivering Courage to Quit classes, counseling and nicotine replacement products at partner sites such as Oakley Square, a mixed-income residential complex where Rush operates the on-site Sue Gin Health Center. Terry Gallagher, DNP, APRN, FNP-BC, CNL, is the family nurse practitioner in charge of the center.

“I have one patient who’d tried to quit smoking I don’t know how many times,” says Gallagher. “But with any stress in her life, she’d start again. We talked about her triggers, did some problem-solving and talked multiple times over many weeks. She hasn’t smoked for a few months now, and it was great to show her that her blood pressure is now lower and better controlled.”

Rush is also supporting Oakley Square in moving toward becoming smoke-free, partnering 10 young residents of the complex with Rush Medical College students to help conduct a resident survey about smoking. “The kids doing the survey will be the ones who help convince their parents to quit,” says Rose Mabwa, senior manager of community life at Oakley Square. “We know that going smoke-free is good for everyone’s health — we all breathe the same air here.”



A photograph of a female doctor in a white lab coat with a stethoscope around her neck, examining a young girl. The doctor is using an otoscope to look into the girl's ear. The girl is wearing a pink zip-up jacket and has a pink headband. The background shows a clinical setting with a wall-mounted chart and a stethoscope on the wall. The entire image has a dark purple overlay.

GOAL 4 INCREASE
ACCESS TO CARE
AND COMMUNITY
SERVICES

People's access to quality health care depends on a range of factors that include insurance coverage, the cost of care, availability of services near where they live and coordination among the health care providers they see.

OUR COMMITMENT

Expand access to primary care medical homes for people without insurance and for others without medical homes.

We're working to ...

- **Refer at least 150 uninsured people to medical homes**

Results in 2017: Helped 1,272 people connect with a medical home

Benjamin Franklin's advice that "an ounce of prevention is worth a pound of cure" captures the simple logic that preventing an illness is far more effective than waiting until it needs to be cured. People's relationships with primary care providers who know them well and can help coordinate their care are crucial to prevention.

But people who lack a primary health care provider often end up visiting many providers who are unable to share patient information with each other. The resulting fragmented care can be a barrier to getting and staying healthy: When a person sees a different provider — perhaps at a hospital emergency department — every time they experience acute symptoms of a chronic condition, each provider can treat the symptoms. But without regular follow-up visits, no provider can help address the patient's underlying, ongoing causes of poor health.

Everyone needs a sustainable "medical home" where they can receive the consistent, comprehensive care they need to stay healthy. "The complexity of our health care system should not be a barrier to people getting the preventive care they need," says Vidya Chakravarthy, MS-HSM, Rush's manager of operations for population health.

In 2017, a team of patient navigators used our social determinants of health screening tool (see p. 9 for more) to help connect nearly 300 uninsured patients with CommunityHealth, an organization that delivers high-quality, patient-centered health care at no



cost to low-income, uninsured adults in need of a medical home. CommunityHealth offers free primary, specialty and dental care, along with preventive health screenings, vaccinations, medications, some diagnostic testing and other services.

Any member of a care team at Rush can request help from a navigator to schedule follow-up appointments with CommunityHealth (as well as with Rush providers and providers in other networks, if needed). Thanks to the integration of the Epic medical record with the NowPow database, with one click Rush navigators can schedule the patient for follow-up and receive confirmation when the patient is seen. Whenever possible, patients see the same provider on every visit to CommunityHealth, so they can build a relationship. Navigators also work closely with social workers and case managers to make sure that patients' other needs, including those related to mental health and the patient's social determinants of health, are addressed, and that patients are connected with community resources that can help.



OUR COMMITMENT

Implement adverse childhood event screenings and referrals at school-based health centers.

We're working to ...

- **Screen 500 students annually**

Results in 2017: 432 students screened

Traumatic experiences suffered in childhood are social determinants of health that have a profound, multigenerational impact. In 1995, the Centers for Disease Control and Prevention introduced the Adverse Childhood Experiences screening tool (ACES) to measure the following childhood traumas:

- Physical, emotional or sexual abuse
- Physical or emotional neglect
- Household dysfunction, including mental illness, drug use, parental absence due to divorce or separation, domestic violence or an incarcerated relative

Studies show that people who report experiencing high numbers of adverse childhood events are likely to have more physical and mental health problems as adults than those who report few or none. They're likelier to experience health conditions such as substance

abuse, depression, cardiovascular disease, diabetes and cancer; they're also more likely to report consequences such as poor academic achievement, being a victim or perpetrator of violence, unemployment and financial stress. People who report six or more adverse childhood events die nearly 20 years earlier on average than those who had zero. And without intervention and support, parents who experienced adverse childhood events themselves often transmit them to their own children, continuing the cycle.

Rush aims to break the cycle by identifying young people who have been exposed to trauma, connecting them with care and services that can help and coordinating their ongoing care. Currently, Rush nurse practitioners and nursing students administer ACES screening to older adolescents at our Adolescent Family Center and at our school-based health centers. The tool is geared more toward adults than toward children, explains Sally Lemke, DNP, WHNP-BC, director of community-based practices for Rush University Medical Center, so it's used with older youth, including pregnant and parenting teens. All those served in the sites receive age-appropriate risk screening. Those who report a high number of adverse childhood experiences and other risks are connected with a care coordinator at Rush who ensures that they get the follow-up they need.

In addition, Lemke's team refers often to the ACES tool during monthly meetings with parent groups, teachers and community partners at Orr Academy High School and Simpson Academy for Young Women, where Rush operates school-based health centers. "We use it as an awareness-building tool with these groups so they understand the connection between adverse childhood experiences and their impact on development, on academics and on lifelong adoption of healthy behaviors," Lemke explains.

OUR COMMITMENT

Expand access to insurance.

We're working to ...

- **Develop a process for referring and enrolling the uninsured**

Rush's partnership with CommunityHealth ensures that eligible patients get help enrolling in the appropriate insurance program

- **Set baseline numbers for fiscal years 2018 and 2019**

Our goal: Connect 150 patients with primary care and health insurance annually

Often, people who lack health insurance see a doctor only when they're so sick that they have to be treated in the emergency department. And when that's how people receive their health care, conditions that could be easily managed with ongoing care can quickly become serious or even fatal.

Because most of the uninsured patients who visit the Rush emergency department qualify for either Medicaid or Medicare, we have long made it a priority to help them enroll in these government-sponsored health insurance plans. In 2017, to help more people obtain health insurance and better access to care, we broadened and strengthened our enrollment efforts through the new Transitional Care Program (TCP).

The TCP employs several patient navigators who help guide patients through the process of scheduling follow-up appointments. If a patient is uninsured, the navigator refers them to Rush's partner CommunityHealth to receive follow-up care and establish a medical home (see p. 22 for more about our partnership). CommunityHealth staff then works with the patient to complete the often-cumbersome process of enrolling the patient in the best health insurance for which they're eligible.

TCP navigators help not only patients seen at Rush, but also patients at the community and school-based clinics where our students and staff volunteer. For example, in early 2017, Rush University Health Systems Management student Mary Kate Wainwright (who's also a project manager in professional nursing practices at Rush University Medical Center) spearheaded a pilot program at the Franciscan Outreach shelter near the Rush campus, where Rush medical students and attending physicians run a Tuesday-night clinic. Now, they screen all clinic patients to see whether they have medical homes and insurance, and refer those who need assistance to the TCP.

The program is growing, Wainwright says: "Other Rush students and staff have approached me to take this to the clinics where they volunteer," including the RCSIP clinic at Chicago City Church. In 2017, Rush's navigators referred nearly 1,500 uninsured patients to CommunityHealth for enrollment help.



LOOKING AHEAD





As shown in this report, Rush launched and expanded a number of community programs in 2017, all with the goal of improving the health and vitality of the neighborhoods we serve. This work is part of a larger strategic effort that includes clear measures of success. As we move through the three-year cycle of the current CHIP, we will hold ourselves accountable to the goals and metrics that we've outlined.

We also recognize that the CHIP is only one step in our efforts to have lasting, positive impact in communities. The kind of change we seek will require time and broader commitments from other health institutions, residents, local government, the faith community and others — and that's why the vision and work of West Side United and Rush's Anchor Mission strategy are so important.

Our 2018 goals include expanding our education programs to reach even more students, with the aim of diversifying the health care work force in partnership with other health care organizations. Based on feedback from the community, we'll strengthen our mental and behavioral health screening and referral services to serve more people. We'll form new partnerships with schools, churches and social service agencies to develop a community mental health network.

Finally, our commitment to using Rush's economic power through hiring, purchasing, investing and volunteering in our surrounding neighborhoods is unwavering. We anticipate welcoming more health care partners to join us in this work, with the goal of improving health for the entire community.

Darlene Oliver Hightower
Associate Vice President

and the leadership of the Office of Community Engagement

- Julia Bassett**
- Linda Fitzgerald**
- Sharon Gates**
- LaDawne Jenkins**
- Kimberly Johnson**
- Rukiya Curvey Johnson**
- Sally Lemke**
- Christopher Nolan**
- Robin Pratts**

RUSH COMMUNITY PROGRAMS

Rush University Medical Center and Rush Oak Park Hospital community programs range from free health screenings and community-based clinics to STEM education programs for K-12 students and volunteer opportunities for Rush University students through the Rush Community Services Initiatives Program (RCSIP). This list features some of the programs currently operating.

A Matter of Balance fall-prevention workshops
Adopt-A-Family (AAF) program for the holidays
Albert Schweitzer Fellows program
ALIVE! Research Partnership
Bridges of Hope mental-health training
Building Healthy Urban Communities (funded by grant from BMO Harris Bank)
Center for Community Health Equity
Chicago Recovery Alliance Medical Mobile Van
Coalition of HOPE
Community Integrated Transition Education (CITE II) program for young adults with disabilities
Courage to Quit smoking-cessation classes
Diabetes education, including an annual diabetes health fair
Greater Chicagoland health fairs
Health Legacy Program
Healthy Motivations community wellness program
INROADS
Mental Health First Aid training
Mini-Medical School
Oak Park River Forest Food Pantry health screenings
Plan It Green Oak Park sustainability project
Project Lifestyle Change diabetes education
Psychotherapy services
Road Home Program: The Center for Veterans and Their Families
Rush Community Service Initiatives Program (RCSIP)
 20/20 Clinic
 5+1=20
 Buddies
 Chicago Public Schools (CPS) Career and Technical Education (CTE)
 Clinic at Chicago City Church
 Clinic at Franciscan House
 Clinic at Freedom Center
 CommunityHealth Clinic

Instituto Health Science Career Academy (IHSCA)
Mexican Consulate Health Organization
Original Change Project
Red Ribbon Friends
Respiratory Therapy Initiatives
RU Caring
Rush REMEDY
Sankofa Initiative
Saturdays with Seniors
Student National Medical Association (SNMA) and Latino Medical Student Association (LMSA) Pipeline
Video PEACH
Wellness Center at Facing Forward
Wellness Center at Oakley Square
Youth Advocates
Rush Education and Career Hub (REACH)
 College Preparatory Enrichment program
 Early Childhood Enhancement program
 High School Intern program
 Primary Enrichment program
Rush Generations lectures for seniors
Rush Surplus Project
Senior health insurance program counseling
Spiritual Care Training
Tour de West Side
West Side Walk to Wellness
Yoga, tai chi, Zumba and qi gong classes



For more information on the community benefits provided by Rush, visit rush.edu/about-us/rush-community. To make an appointment, call (888) 352-RUSH (7874).



rush.edu