



RUSH UNIVERSITY
MEDICAL CENTER

COMMUNITY BENEFIT REPORT

FY 2017

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Rush University Medical Center

Mailing Address: 1653 W. Congress Parkway Chicago, IL 60612
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):
(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 07 / 01 / 16 through 06 / 30 / 17 Taxpayer Number: 36-2183812
Month Day Year Month Day Year

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
<u>Rush Oak Park Hospital</u>	<u>520 S. Maple Ave.</u>	<u>36-2183812</u>
<u></u>	<u>Oak Park, IL 60304</u>	<u></u>
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1. **ATTACH Mission Statement:**
The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. **ATTACH Community Benefits Plan:**
The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. **REPORT Charity Care:**
Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care..... \$ 27,796,120

ATTACH Charity Care Policy:
Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

4. **REPORT Community Benefits actually provided other than charity care:**
 See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services	\$ 1,884,910
Government Sponsored Indigent Health Care	\$ 163,456,070
Donations	\$ 322,791
Volunteer Services	
a) Employee Volunteer Services	\$ _____
b) Non-Employee Volunteer Services	\$ _____
c) Total (add lines a and b)	\$ 0
Education	\$ 49,606,717
Government-sponsored program services	\$ 0
Research	\$ 30,391,000
Subsidized health services	\$ 7,850,568
Bad debts	\$ 41,786,215
Other Community Benefits	\$ 11,968,150

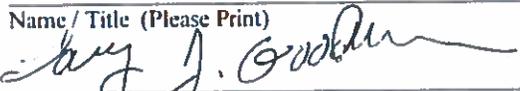
Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Larry J. Goodman, M.D. CEO

Name / Title (Please Print)



Signature

Darlene Oliver Hightower, JD

Name of Person Completing Form

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**Community Benefits Report inclusive of Rush University Medical Center
and Rush Oak Park Hospital**

July 1, 2016 - June 30, 2017

Rush University Medical Center and Rush Oak Park Hospital Senior Leadership Teams

**Larry J. Goodman, MD, Chief Executive Officer, Rush University Medical Center and
President, Rush System for Health**

**Michael J. Dandorph, President, Rush University Medical Center and Rush System for
Health**

**David A. Ansell, MD, MPH, Senior Vice President, Community Health Equity and
Associate Provost, Clinical Affairs, Rush University Medical Center**

**Cynthia Barginere, DNP, RN, FACHE, Chief Operating Officer, Rush University Hospital
and Senior Vice President, Rush University Medical Center**

**Carl Bergetz, JD, Senior Vice President, Legal Affairs and General Counsel, Rush
University Medical Center**

**Melissa Coverdale, Vice President of Corporate Finance, Rush University Medical Center
and Vice President of Finance, Rush Oak Park Hospital**

Thomas A. Deutsch, MD, Provost, Rush University

**Bruce M. Elegant, MPH, FACHE, President and Chief Executive Officer, Rush Oak Park
Hospital and Vice President of Operations, Rush University Medical Center**

**Brent J. Estes, Senior Vice President, Business and Network Development, Rush University
Medical Center and President and Chief Executive Officer, Rush Health**

**K. Ranga Rama Krishnan, MB, ChB, Senior Vice President, Rush University Medical
Center and Dean, Rush Medical College**

**Omar B. Lateef, DO, Senior Vice President, Clinical Affairs and Chief Medical Officer,
Rush University Medical Center**

**Karen Mayer, PhD, MHA, RN, NEA-BC, FACHE, Vice President of Patient Care Services,
Rush Oak Park Hospital**

**Diane M. McKeever, Senior Vice President, Philanthropy; Chief Development Officer; and
Secretary, The Board of Trustees, Rush University Medical Center**

**John P. Mordach, Senior Vice President, Finance and Chief Financial Officer, Rush
University Medical Center**

**Shafiq Rab, MBBS, MPH, CHCIO, Senior Vice President, Information Services and Chief
Information Officer, Rush University Medical Center**

Mary Ellen Schopp, Senior Vice President, Human Resources and Chief Human Resources Officer, Rush University Medical Center

Robert Spadoni, JD, Vice President of Hospital Operations, Rush Oak Park Hospital

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1653 W. Congress Parkway, Chicago, IL 60612

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Rush University Medical Center Community Benefits Plan Report
July 1, 2016 – June 30, 2017

Organization Background

Rush University Medical Center (Rush) has a long history of community engagement and is committed to improving the health of the communities it serves. Rush maintains a unique organizational structure that we believe allows it to thrive - it is a not-for-profit healthcare, education, and research enterprise comprised of Rush University Hospital, Rush University, Rush University Medical Group (RUMG), and Rush Oak Park Hospital (ROPH). Rush University Hospital, RUMG, ROPH, and Rush University fall under the leadership of one individual, Larry J. Goodman, MD, chief executive officer of Rush. This is different from other institutions, as while all academic medical centers in the Chicago area are affiliated with a medical school, the hospital and the medical school are often separate corporate entities that support one another via formal operating agreements rather than one comprehensive organization. This report captures the community benefit activities of the entire Rush enterprise.

Mission, Vision, and Values

Mission: The mission of Rush 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.

Vision: Rush will be the leading academic health system in the region and nationally recognized for transforming health care.

Values: Rush's core values - innovation, collaboration, accountability, respect, and excellence - are the roadmap to our mission, vision and themes. These five values, known as our I CARE values, convey the philosophy behind every decision Rush employees make. Rush employees commit themselves to demonstrating these values with compassion. This translates into a dedication shared by all members of the Rush community to provide the highest quality of patient care. In addition to this values statement, Rush also includes tagline statements included with the values statement - Just and Ethical and Diverse and Inclusive, as these also guide all that we do.

National Recognitions

Rush has received many national recognitions, some of which are highlighted below (in alphabetical order):

American Hospital Association: Equity of Care

Rush has been honoree of the American Hospital Association's (AHA) Equity of Care Award for the second time in 2017. The Equity of Care Award is presented annually to hospitals or care systems that are noteworthy leaders and examples to the field in equitable care. Honorees demonstrate a high level of success in reducing health care disparities and promote diversity in leadership and staff within their organization.

Centers for Medicare and Medicaid Services: four-star rating

Rush University Hospital and Rush Oak Park Hospital both received four stars in a quality rating system by the federal Centers for Medicare and Medicaid Services (CMS). The rating awarded one to five stars based on 64 of the more than 100 quality measures that are collected from hospitals. Rush University Hospital ranked higher than any other academic medical center in the Chicago area.

Human Rights Campaign Leader in LGBTQ Healthcare Equality

Further evidence of Rush's continued efforts to provide high quality care include recognition as a Leader in LGBTQ Healthcare Equality from the Human Rights Campaign's (HRC) Healthcare Equality Index (HEI) report. The HEI is an annual survey of U.S. hospitals regarding treatment of lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) patients and their families as well as hospital employees. Rush has consistently received a perfect score for patient nondiscrimination, employee nondiscrimination, equal visitation, and staff training around sexual orientation and gender identity/expression. FY2017 marked the ninth consecutive year in which Rush University Hospital has been named a Leader in LGBTQ Healthcare Equality and the fourth for ROPH.

Indeed.com: among the 25 top hospitals to work for; Nurse.org: top hospital in Illinois for nurses

Rush has been named one of the top 25 hospitals to work for in the United States by indeed.com, the largest job search engine and job board in the U.S. The ranking, based on reviews of Rush by current and former employees, singles out Rush's inspiring mission and diverse workforce as two contributors to the strong showing. In a separate evaluation, nursing career website nurse.org ranked Rush No. 1 in its list of Best Hospitals in Illinois for Nurses in 2017. The rankings were based on more than 1,500 surveys of nurses at 169 hospitals in the state.

The Leapfrog Group: top rating for patient safety

For the 12th consecutive time, Rush University Hospital received an A grade in a twice-yearly nationwide safety evaluation of hospitals, putting them among the elite 59 (2.2 percent) hospitals that have earned the top score every time. Rush Oak Park Hospital received its third consecutive A. The score represents Rush's overall performance in keeping patients safe from preventable medical errors, injuries and infections while they are in the hospital.

Magnet® Recognition

Rush has received the Magnet® Nursing status designation, a distinction held by only six percent of hospitals nationally. The American Nurses Credentialing Center Magnet® Recognition Program recognizes overall excellence and innovation in patient care. Rush University Hospital was the first hospital in Illinois serving both adults and children to achieve Magnet® status and is the only one in the state serving both adults and children to receive the designation for a fourth time in January 2016 (not an annual certification). ROPH received its first Magnet® recognition in the spring of 2016.

The National Committee for Quality Assurance: Patient-Centered Medical Home

Seven primary care offices at Rush have been recognized as medical homes by the National Committee for Quality Assurance (NCQA). These are the first physician practices at an academic medical center in Illinois to receive the prestigious NCQA's Physician Practice Connections – Patient-Centered Medical Home level 3 designation — the highest recognition level awarded by NCQA.

U.S. News & World Report

In *U.S. News & World Report's* 2017-2018 Best Hospitals issue, Rush ranked among the top 50 hospitals in 8 of 16 categories. Just 152 out of more than 4,500 hospitals in the United States scored high enough this year to nationally rank in even a single specialty.

Rush University is also well-represented in the *U.S. News & World Report* "America's Best Graduate Schools" survey. In the 2017 edition, eight programs in the Rush University College of Nursing and two in the Rush University College of Health Sciences are ranked among the top 10 in the country. In addition, the College of Nursing's Doctorate Program was ranked 4th in the country. Additionally, the College of Health Sciences' speech-language pathology program is ranked 24th, its occupational therapy program is 25th and its physician assistant program is 40th.

Vizient: Quality Leadership Award

Rush has received Vizient's 2017 Quality Leadership Award, ranking fourth among 107 academic medical centers. It is the fifth consecutive time Rush has been ranked among the top five in the study and the ninth time since Vizient began the study in 2005. Rush is the only medical center in Illinois among those participating in the study to receive this award.

Accreditations

Rush offers 47 postgraduate residency and fellowship programs in medical and surgical specialties and subspecialties that are accredited by the Accreditation Council for Graduate Medical Education (ACGME) as well as 13 non-ACGME-accredited fellowships. Rush also offers a Podiatry residency program and a Psychology pre-doctoral program.

Recently, the Rush Cancer Program earned three-year accreditation status from the Commission on Cancer. The Commission also awarded the Cancer Program with a best-in-class gold commendation.

In June 2012, the Association for the Accreditation of Human Research Protection Programs (AAHRPP) awarded Rush full accreditation through June 2020. Rush is one of the first academic medical centers in Illinois to receive this accreditation. AAHRPP accredits organizations that conduct human research that can demonstrate that their protections exceed the safeguards required by the U.S. government. To date, only select institutions have earned AAHRPP's accreditation, which is widely regarded as the gold standard worldwide.

Rush holds national accreditation for Continuing Medical Education through the Accreditation Council for Continuing Medical Education (ACCME) and national accreditation for Continuing Nursing Education (CNE) through the American Nurses Certification Center (ANCC). ANCC awarded Rush's CNE unit accreditation with distinction which is reflective of the high quality of healthcare education delivered. Both national accreditations have been in place for well over 20 years with a rigorous reaccreditation review process every few years.

Continuing Education

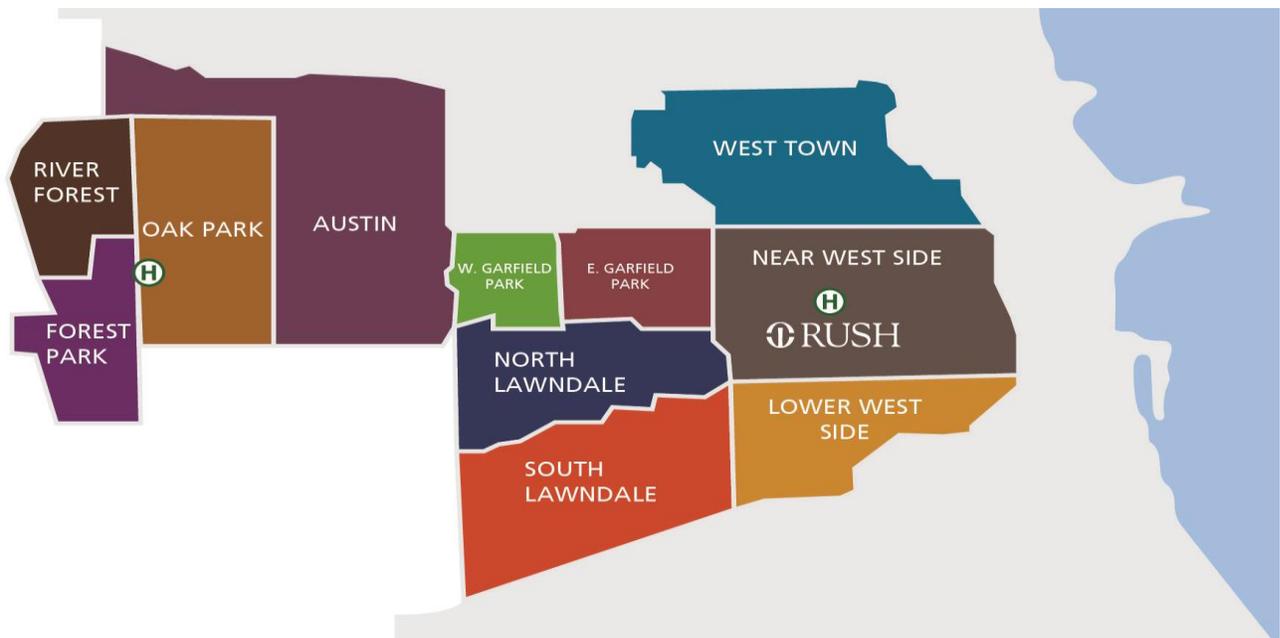
Rush is committed to providing ongoing education for licensed healthcare professionals – including those that work at Rush and those that are part of the greater healthcare community. In FY2013, Rush established an Interprofessional Continuing Education (IPCE) office. Having nationally accredited ACCME for physicians, ANCC for nurses, and state continuing education accreditation for numerous other disciplines provides a framework for the IPCE office to provide high quality education and training to licensed healthcare professionals to promote safe and effective patient care. In FY 2017, Rush provided continuing education training to 8,440 individuals across 10 professions; 73% of the programs were interprofessional.

Community Health and Benefit

Within this community benefits report to the State of Illinois, Rush University Hospital and ROPH assign a financial value to various predefined community benefits categories as well as provide a sense of the breadth and scope of the various community benefits activities inherent in the Rush mission. The Rush report details a number of community benefit activities that fall into unreimbursed care, partnerships to provide access to care and each of the Community Health Implementation Plan strategies.

Defined Community Service Areas

As described in our Community Health Needs Assessment (CHNA), Rush took a comprehensive, collaborative approach for its new CHNA, working as part of the Alliance for Health Equity (formerly Health Impact Collaborative of Cook County) one of the largest CHNA collaboratives in the country - consisting of 26 hospitals, 7 health departments, and 100+ community based organizations. Rush recognized the importance of collaborating and aligning with additional partners to improve health, and helped organize community focus groups and a county-wide survey to discuss health needs of our constituents. Rush defined its service area as the communities between its two hospitals, Rush University Hospital and Rush Oak Park Hospital. For its second CHNA, Rush looked at community areas rather than specific zip-codes. Rush's combined service area includes: Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale, South Lawndale, Austin, Oak Park, River Forest, and Forest Park. The west side of Chicago faces some of the greatest hardship in the entire city of Chicago – for example, one might travel three stops on the El train and the life expectancy can vary by 10-16 years. These geographical areas encompass the two hospitals and a significant number of community outreach efforts, such as health access programs, wellness centers and healthcare education pipeline and workforce development programs.



Rush's defined community areas for FY17-FY19 CHNA and CHIP

Community Health Needs Assessment

Rush's second iteration of the Community Health Needs Assessment (CHNA) for FY17-FY19 was led by Rush's Center for Community Health Equity (www.healthequitychicago.org), the Office of Community Engagement and Practice, and the Building Healthy Communities Steering Committee. First, Rush's team reviewed its first CHNA reports, benchmarked it against others produced in the region and assessed whether the reports contained the right content to enable us to make an impact. We sought to include more stakeholders in our process of developing the CHNA. We began by gathering input from community members as well as from Rush faculty, students and staff (especially those who live in our service area - Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale, South Lawndale, Austin, Oak Park, River Forest, and Forest Park). We sought perspective from our colleagues at health systems and public health entities in the area. Based on the feedback from those individuals and groups, we determined that the top 4 health needs in our service area are to:

1. Reduce inequities caused by social, economic and structural determinants of health
2. Improve mental and behavioral health
3. Prevent and reduce chronic disease risk factors
4. Increase access to care and community services

To deepen impact in these areas, members of the Alliance for Health Equity adopted these same issues in their CHNA's. Rush then crafted a strategic plan for both Rush University Hospital and ROPH – our Community Health Implementation Plan (CHIP) – to address the needs identified in the CHNA.

Rush's comprehensive CHNA and CHIP are in full compliance with the requirements of the Internal Revenue Service and the Affordable Care Act. A copy is available on the Rush website at <https://www.rush.edu/about-us/community-service/community-health-needs-assessment>

Community Health Implementation Plan (CHIP) and Community Benefits Plan

As previously described, Rush's CHNA identified our main needs, and Rush's CHIP includes strategies and metrics to address them:

1. Reduce inequities caused by the social, economic and structural determinants of health
 - a. Improve educational attainment
 - b. Identify, measure and mitigate the social determinants of health among those at risk — particularly children, young adults and people with chronic illnesses
 - c. Participate in regional community health improvement collaboratives
2. Improve access to mental and behavioral health services
 - a. Address psychological trauma through screening tools and referral programs in school-based health centers and faith-based organizations
 - b. Expand access to other screenings and services
3. Prevent and reduce chronic disease by focusing on risk factors
 - a. Reduce risk factors through assessments, disease management programs and improved access to healthy food
 - b. Expand free and subsidized screenings
 - c. Develop and deliver community services to help people stop smoking
4. Increase access to care and community services
 - a. Expand access to primary care medical homes for people without insurance and for others without medical homes
 - b. Implement adverse childhood event screenings and referrals at school-based health centers
 - c. Expand access to insurance

Goal 1: Reduce inequities caused by the social, economic and structural determinants of health

Highlighted FY17 Efforts:

a. Improve educational attainment

Rush has been working to improve educational attainment through long standing programs such as our partnership with Malcolm X College, Richard T. Crane Medical Preparatory High School, and the K-12 program in affiliation with our Science and Math Excellence Network (SAME) program. Recently Rush has made strategic decisions to align these programs under one organizational effort – REACH, the Rush Education and Career Hub. This builds on years of partnership, but focuses our efforts in communities we identified with the most need. FY17 served more than 1,000 students.

b. Identify, measure and mitigate the social determinants of health among those at risk — particularly children, young adults and people with chronic illnesses

During the fiscal year ending June 30, 2017, Rush helped create what is now called West Side ConnectED. The collaboration includes Rush, UI Health, Presence Health, the Patient Innovation Center, the Chicago Department of Public Health, Catholic Charities and other community based organizations. The goal is to develop a screening tool, screen patients and community members for social and structural determinants of health (SDOH) in a comprehensive way, and refer patients to community resources based on their needs.

During FY17 Rush developed a tool to screen for food security, housing, utilities, transportation, and primary care/insurance. Rush will be implementing the tool in the Rush University Hospital emergency department, select primary care settings, and community based settings. Patients screened for these SDOH will be connected to the appropriate services.

c. Participate in regional community health improvement collaboratives

Rush serves in a leadership role for the Alliance for Health Equity and helps facilitate meetings and work-groups as needed. Rush is particularly invested in helping guide the recently merged collaborative (formerly the Health Impact Collaborative of Cook County and the Healthy Chicago Hospital Collaborative) to focus on our identified needs and improvements. Rush is taking a leadership role in the work groups focused on data, access/transportation, social/structural determinants of health, and trauma informed care. Some of the best practice sharing is leading to larger scale community health efforts such as bringing our food recovery and donation program, the Rush Surplus Project, to other hospitals.

Supporting Program Information:

Science and Math Excellence Network (SAME)

The Science and Math Excellence Network (SAME) was developed in 1990 and is a PreK – 16 education pipeline program that is working to improve the science, math, and reading test scores in Chicago schools primarily on the west side of the city. Rush spearheaded the SAME Network's first effort long before others recognized the importance of STEM (science, technology, engineering, and math) programs to improve education by raising funds from Chicago's business community to build state-of-the-art science laboratories in local schools that lacked these facilities. Since then, SAME has grown to become a collaboration between Rush and 22 elementary schools, many local businesses and several other educational organizations. Rush's dedication to promoting a healthy community has fostered a strong commitment to supporting the growth and development

of our local neighborhoods. Each year SAME serves more than 600 students, teachers and parents. SAME includes the programs below.

Early Childhood Enhancement Program (ECEP)

In 1998, SAME developed its preschool program to introduce preschool children to science, math, and literacy skills. The program currently operates in 14 public and private schools. The goal of the SAME Preschool Program is to provide a stimulating environment for guiding children in the development of science, math, and literacy skills by providing science labs and materials appropriate for young children. Children begin to understand fundamental science concepts and develop inquiry skills by using their natural curiosity to motivate exploration of their surroundings. SAME offers workshops to parents of children participating in SAME Network sponsored preschool program. SAME believes early parental involvement is crucial for children to be successful in school. In FY17, the program served 632 students.

College Preparatory Enrichment Program (CPEP)

SAME collaborated on an enrichment program with Chicago Public Schools and Benedictine University in Lisle, Illinois. CPEP offers students an opportunity to participate in year-round after-school and summer learning activities. The intent of CPEP is to provide students with the experiences they need to pique their interest in science and math, pursue college entrance and, potentially, a science-related career. Students who participate in CPEP have the opportunity to become involved with the SAME High School Internship Program when they graduate from elementary school. The program is geared toward students entering fifth grade that also attend a SAME Network school. The students are recommended by their school principals and teachers because they show academic promise in the areas of science and math. During the summer, students are exposed to one or two week campus living at Benedictine University, which provides them with the experience of living away from home. Coupled with campus life, the students receive instruction in math, science, and technology. Field trips to educational institutions in the western suburbs and fun outings are a part of the experience. Students work independently, collaboratively, and cooperatively on inquiry-based science tasks emphasizing high-order thinking skills while integrating math and technology. Families also participate in a variety of activities throughout the year. In FY17, 283 students participated in this program.

High School Internship Program

SAME summer internship experiences to high school students. The objectives of SAME's internship program are to encourage students to pursue education and careers in math, science, and technology fields, provide students with hands-on experience, classes and mentoring; and develop good work habits, ethics and job readiness skills. A mentoring relationship was developed between the internship students and Rush's Health Systems Management faculty and staff. After graduating from high school, students are eligible to transition into the College Internship Program. Throughout high school, the students work at Rush in various departments. In FY17, the program served 56 students.

College Internship Program

The College Internship Program supports SAME students from matriculation through college. Eligible students receive scholarship assistance and academic support. The students are given an opportunity to work at Rush in an area closely related to their career choice. The students return from colleges and universities across the United States during

the holiday season and summer break to learn, work and interact with patients, peers, and management. College students receive mentoring through preceptor relationships with professionals at Rush University Hospital. During FY17, 16 college students benefited from this program.

Chicago Public Schools Career and Technical Education Program

Richard T. Crane Medical Preparatory High School (Crane) is part of the Chicago Public School (CPS) Career and Technical Education (CTE) Program established by the Cook County President's and the City of Chicago Mayor's offices to increase the number of Chicago's youth recruited into Chicago's healthcare workforce. Rush is a part of the CPS CTE program and partners with Crane. Through Rush Community Service Initiatives Program (RCSIP), Rush student and faculty volunteers provide mentorship and activities to facilitate the Crane students' efforts to successfully pursue their interest in health careers. CPS CTE activities are focused on awareness, exploration, and application of the health sciences. In addition to mentorship and educational services to all students at Crane, over 120 first-year high school students had paid healthcare related internships at Rush this past year.

Malcolm X College Partnership

Malcolm X College (MXC), and Rush have a rich, multi-year history of collaboration. The partnership includes hosting students' clinical rotations in nursing, surgical technology, radiologic technology, EMT/paramedic, and respiratory care at Rush and providing anatomy labs for MXC health occupations students. Rush also provides guest lecturers and recently began offering a monthly interprofessional lunch and learn series for MXC students and faculty. MXC wants to ensure that its graduates have the knowledge, skills and professional attributes they will need to function in the healthcare system, both now and in the future. To help achieve that goal, Rush participates in MXC advisory committees and provides transfer programs for graduates of the MXC radiologic technology and respiratory care programs to allow students the opportunity to obtain a bachelor's degree in their fields.

Mini Medical School

The Rush Community Service Initiatives Program (RCSIP) Mini Medical School is a five-week summer day camp for 200 students, in fourth and fifth grade, from Chicago Public Schools. The main objective of the program is to expose young students to the health sciences. The summer camp is held at Rush University and includes an orientation, anatomy and physiology lectures, activities on the five major body systems, dissections, homework, and a completion celebration. Rush student and physician volunteers plan the curriculum, implement activities, and assist the youth during the camp. This year, 100 grade school students attended Mini Medical School.

Goal 2: Improve access to mental and behavioral health services

Highlighted FY17 Efforts:

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

Rush is working to address the mental and behavioral health needs of our patients and communities by having social work services offered to our primary care, inpatient, and emergency department patients. In addition, having the College of Nursing and Rush Community Based Practices offering mental health services in the community, for example at Simpson Academy for Young Women, the

College of Nursing Faculty Practice sites, and many community sites. Rush has also offered mental/behavioral health services through the Health Legacy Program for Women, which is a chronic disease program that also addresses stress and trauma.

School Based

- Students seen in the SBHCs are receiving age-appropriate risk screening and evaluation for mental health issues. Those identified with mental health issues are referred for in-SBHC or community-based counseling and psychiatric services. To date 432 screenings have been completed, resulting in 150 referrals for additional mental health care. Of those 150, 96 have successfully linked to care. Among the 96 are 4 pregnant teens who have been referred to home visiting services through the ACEs in Pregnancy program. Telehealth services will launch in January 2018. Dr. Rekha Bandla, Child Psychiatrist, joined the SBHC team in December and will start to provide direct psychiatric services both in-person and via tele-health. Additional individual and group services using the FOCUS model are planned for 2018. Finally 124 teachers, parents, staff, and community members' participated educational sessions that focused on trauma, mental health, and skill building for resilience. This includes 5 sessions in the SBHC schools and one community session.

Faith Based

- A total of 19 congregants from 6 West Side partner churches completed an 8 week Spiritual Care Training Program. The program trains church members to help their pastors provide spiritual care to congregants and community members in need of support. Topics covered in the Spiritual Care Training Program include active listening skills, helping others manage grief and trauma, psychological first aid, addiction, wellness and spirituality, diversity and inclusion, and self-care. Currently, the faith-based work group is developing a West Side Health Ministry – across 7 churches, to reduce the risk and impact of chronic disease and psychological stress on long term health outcomes on church and community members. In FY17, a total of 145 faith community members were trained in Mental Health First Aid.

b. Expand access to other screenings and services

In FY17 Rush adopted Adverse Childhood Events (ACEs) screenings in its Community Based Practices – in particular the School Based Health Centers at Orr Academy High School, Simpson Academy for Young Women, and Richard T. Crane Medical Preparatory High School as well as our Adolescent Family Center on the near west side campus.

Supporting Program Information:

Rush School-Based Health Centers

Rush has a 30-year history of providing health care at School-Based Health Centers (SBHC). Rush currently has three SBHCs located within Chicago Public Schools that include, Orr Academy High School, Richard T. Crane Medical Preparatory High School, and Simpson Academy for Young Women. Crane and Orr have students in grades 9-12 and Simpson is for girls in grades six to 12 that are pregnant, parenting, or both. All three schools have student bodies from underserved populations, and are located in neighborhoods with high poverty levels and hardship.

The Rush SBHCs act as safety nets for these vulnerable students. Wide-ranging clinic services are provided by advanced practice nurses, registered nurses, collaborating physicians and large numbers of Rush's inter-professional students. The services include physicals, immunizations, treatment of injuries, primary care, intermittent care, mental health services, prenatal care, pregnancy prevention programs, health education programs and health care for the children of the

students. Outcomes of this health care and education collaboration include improved immunization rates, decreased incidence of infectious disease, decreased emergency room usage, detecting and treating illness, healthy baby deliveries, increased access to mental health services, success in pregnancy prevention programs, and students establishing healthy living patterns aimed at chronic disease prevention and improved graduation rates. In FY17, these health centers provided over 3,880 healthcare encounters to approximately 1,130 students.

Adolescent Family Center

The Rush Adolescent Family Center (AFC) has existed for over forty years. The AFC provides reproductive healthcare, prenatal care, gynecological care, pregnancy prevention programs, sexually transmitted infection (STI) testing and treatment, and community health education to underserved Chicago-area youth. All of AFC's services are provided regardless of income or ability to pay for care. Although AFC draws patients from over 107 Chicago-area zip codes, the majority of patients served reside in the Chicago West Side communities of East Garfield Park, West Garfield Park, North Lawndale, Austin, Humboldt Park and the Near West Side. As part of AFC's community education program, staffs regularly travel off-site to Chicago-area high schools and middle schools to provide community education on pregnancy prevention, reproductive anatomy, contraception, sexually transmitted infection prevention and reproductive health. AFC also offers free prenatal education classes to pregnant teens and their partners. This year, AFC provided clinic services to 545 youth - in total 2,260 healthcare encounters - and provided reproductive health education to 10,655 youth at 23 different schools and community education encounters.

The Road Home Program at the Center for Veterans and Their Families at Rush

The Road Home Program provides care for the "invisible wounds of war" for veterans and their families. Services for veterans deployed in Iraq and Afghanistan include: an adult mental health clinic that specializes in post-traumatic stress disorder; child and family services such as support groups, counseling and guidance for parenting; traumatic brain injury clinic; a military sexual trauma clinic; and an Intensive Outpatient Program (IOP). The IOP is a three-week program where veterans locally, and from all around the country fly in to receive intensive treatment Monday thru Friday, 8:00am to 4:00pm. This past year the Road Home Program provided clinical services to 404 veterans and their family members for a total of 6,706 encounters. In addition, The Road Home Program conducted veteran outreach to 12,020 people within the community (vet organizations, veterans, and veteran family members) and conducted Military 101-type training with 1,719 Rush personnel and local leaders.

College of Nursing Faculty Practice Program

The College of Nursing (CON) has a 30-year history of providing healthcare services to underserved individuals, families, and communities at a variety of diverse community practice sites through the CON Faculty Practice Program. These sites are deployed where individuals live, learn and work and include a wellness and health program for the Children's School at the Lighthouse for the Blind, a women's health clinic, a case management program for chronic medical and mental illness, a work-place health clinic for the working poor and nurse practitioner led primary healthcare sites. Most recipients of care at the faculty practice sites are uninsured or underinsured and rely on the sites as their main healthcare source. In addition to the hours of care provided by Rush CON faculty practitioners, Rush nursing students deliver healthcare and health education services at the various sites. The students' efforts greatly enhance the volume of health services provided. In addition, Rush University nursing, medical, physician assistant and health systems management students volunteer at these sites developing and delivering health education programs. Several thousand health encounters are provided per year through the CON Faculty Practice Program.

Goal 3: Prevent and reduce chronic disease by focusing on risk factors

Highlighted FY17 Efforts:

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

The Food Surplus Project was created to alleviate food insecurity in the greater community by redistributing unused food from hospitals to local food pantries and other community based partners. This is a collaborative community effort that arose from an ROPH nurse's leadership program at Dominican University. Representatives from several local organizations, including ROPH, the Oak Park-River Forest Day School, Oak Park-River Forest High School, Thrive Counseling Center and the Oak Park-River Forest Food Pantry, worked together to create the infrastructure of the program and implement strategies to reduce food insecurity.

In 2017, the Food Surplus Project expanded to Rush University Hospital. Through a partnership with Franciscan Outreach shelter, Rush donated over 20,000 meals to those experiencing homelessness. Rush has also developed partnership with Top Box Foods and the Greater Chicago Food Depository to help connect patients, community members, and employees to nutritious food.

- b. Expand free and subsidized screenings

Healthy Motivations is ROPH's community wellness program. It provides free educational seminars and fitness classes, which are designed to help community members lead healthier lives and address chronic disease. Healthy Motivations provided education on topics such as heart and vascular disease, preventive health and depression. Healthy Motivations, as well as the previously mentioned Health Legacy Program screen patients for needs and help connect them to resources. In FY2017, the Health Legacy Program provided service to over 250 women and families.

The Metropolitan Chicago Breast Cancer Task Force launched in 2007 as an independent nonprofit based at Rush, with the goal of reducing the disparity in breast cancer deaths between black women and white women in Chicago. At the time, black women 68% more likely than white women to die of breast cancer. Mortality rates for black and white women had been equal before white women's survival rates began to rise when better screening and treatment became available in the 1990s. After these initiatives launched, the disparities began to decrease. In addition, ROPH provides free mammograms each October to uninsured women who live in Oak Park, River Forest and Proviso Township. In 2017, more than 250 women were screened.

The Office for Community Engagement offers a portfolio of community-based health resources that include monthly lunch and learn groups, workshops, health fairs and special events designed to promote health and wellness. This year we reached over 1,200 people through our offerings that include the Westside Walk to Wellness (community walking program), 21 health screenings events, and over 16 health workshops that took place at churches and community centers in Chicago.

Rush community health and faith initiatives function in strategic partnership with faith-based organizations and social service agencies that serve as pillars and dedicated stakeholders in the community. The Coalition of HOPE is a volunteer group of faith and community ambassadors that work with Rush's community engagement staff to bridge the wealth of health and medical resources from Rush University Hospital into community settings.

- c. Develop and deliver community services to help people stop smoking

In the past fiscal year, Rush has been working on standardizing its approach to tobacco control and cessation per our defined needs and our work with the Chicago Department of Public Health's (CDPH) Healthy Chicago 2.0. Rush has developed a formal partnership with other West Side entities to bring Courage to Quit and Counsel to Quit, the Respiratory Health Association's tobacco cessation programming, to our west side community partners. ROPH and Rush University Hospital both offer Courage to Quit classes for employees, patients, and community members. In addition, Rush helped sponsor CDPH's Nobody Quits Like Chicagoland and has joined the City's work-group on tobacco efforts. Finally, Rush is automating a referral to the Illinois Tobacco Quitline to help our patients and community members from 2018 onward. In 2017, more than 66 individuals were enrolled in this program.

Supporting Program Information:

5 + 1 = 20

5 + 1 = 20 is a Rush Community Service Initiatives Program (RCSIP) program that aims to educate high school students at Chicago Public Schools on the five diseases prevalent in the surrounding underserved community (asthma, hypertension, HIV, diabetes, and cancer). 5 + 1 = 20 is based on the idea that knowledge of these 5 common conditions plus 1 informed high school student (or person) can extend one's life by 20 years (individuals without health insurance have a life expectancy of 20 years less than the general US population). Twice a month, Rush student volunteers teach a health topic related to the five diseases to high school students. The content of the interactive health lectures ranges from disease prevention to practical skills such checking blood pressure. The high school students have opportunities to spread their knowledge through 5 + 1 = 20 health fairs at their schools. Health fair activities include body mass index calculations, blood pressure screenings, vision screenings, glucose level checks, referrals, and health education. Health fair participants include families and friends of the students as well as other members of their communities. This past year, 5 + 1 = 20 provided health education and screenings to approximately 4,274 community members.

Mini Health Fairs

Rush's Professional Nursing staff helps provide Mini Health Fairs for patients receiving care at Thresholds, an organization that provides services to individuals with chronic mental illness. The Mini Health Fairs provide health education and screenings. This is important since those living with chronic mental illness have a lifespan that is 25 years less than the general population related to chronic medical diseases.

Rush's Wellness Center at Facing Forward to End Homelessness

Rush's Wellness Center at Facing Forward to End Homelessness is part of Rush's Building Healthy Urban Communities project, a partnership project supported by BMO Harris Bank, Rush University, the Medical Home Network, and the City Colleges of Chicago. Facing Forward is a housing first program that provides permanent housing to homeless individuals with histories of substance abuse. In addition to their substance abuse histories approximately 65% have other mental health issues and a high burden of chronic diseases. The Wellness Center utilizes a holistic and diverse approach to address the mental and physical health issues of the population. The weekly sessions are supported by inter-professional student volunteers and faculty from Rush University in addition to other community partners. The Rush University students receive training in motivational interviewing to enhance their skills as life coaches when assisting participants in their decisions to make healthier life-style choices. The two hour weekly sessions incorporate blood

pressures and weight checks, life coach counseling, health education lectures, healthy cooking demonstrations and 30 minutes of exercise. This program has assisted many of the women in decreasing tobacco use and reducing anxiety. Outcomes to date include an increased consciousness of the importance of taking control of one's health, healthier eating habits, increased activity, sustained weight loss, and smoking reduction.

Rush Department of Social Work and Community Health (formerly Department of Health and Aging)

The health promotion/disease prevention focus of the Rush Department of Social Work and Community Health (SWACH) provides patients, their families, and community members access to an array of programs that provide support and promote wellness through educational programs, physical activity classes, support groups and workshops.

Rush Generations, a free health affinity membership program of approximately 15,000 members, offers older adults and their caregivers the opportunity to benefit from health and wellness educational programs. Rush Generations offers its members a free quarterly newsletter, monthly e-newsletter, access to community health fairs and screenings, and opportunities to become more active and engaged by joining the Generations volunteer ambassador program.

SWACH offers evidence-based workshops designed to help members manage their health such as *A Matter of Balance* falls prevention education and Chronic Disease Self-Management and Diabetes Self-Management. Additionally, Rush physician experts speak on a variety of topics related to health and aging at their monthly "Ask the Expert" presentations.

SWACH operates the Anne Bryon Waud Resource Center and the Tower Resource Center (TRC) which are open daily to the public. Each center is staffed by a licensed clinical social worker who is available to help with a myriad of issues related to health and chronic health issues that particularly impact adults and caregivers. SWACH also supports the Senior Health Insurance Program (SHIP), which connects patients as well as community members to free options counseling to assist with navigation of Medicare and the related systems.

Rush Wellness Program with the Chicago Department of Family and Support Services

The Rush Wellness Program with the Chicago Department of Family and Support Services primarily serves a racial/ethnic minority older adult population and has been in existence since 1985. Rush advanced practice nurses, dietitians, pharmacists, social workers, and students provide health education and healthcare for older adults at five Chicago senior centers. Rush has provided thousands of service encounters over time for older adults which included health consultations, screenings – such as blood pressure, cholesterol, diabetes, memory, stroke risk, and PSA levels as well as health talks on topics such as diabetes, managing chronic conditions, stroke awareness, and fall prevention.

Oak Park Diabetes Health Fair

The ROPH diabetes health fair provides blood pressure, a fasting glucose and lipid profile blood test, optional foot screening and a healthy breakfast for every participant. In addition, a dozen or more pharmaceutical and other vendors are present to give away free literature and share information about diabetes care and related matters.

The annual diabetes health fair provides free health screenings to more than 150 community participants. The screenings included blood tests for A1c and total cholesterol, vision checks and feet exams. In addition, a medical doctor and a registered dietician were on hand to provide health

information and answer questions. Each year, people benefit from early detection of the disease, some of whom were not previously receiving regular health care.

Project Lifestyle Change

For the fifth consecutive year, ROPH's Project Lifestyle Change, a group education and support program that informs on pre-diabetes health, continued to make an impact in the community. ROPH received a grant from the National Diabetes Prevention Program to educate people on how to delay or prevent the development of type 2 diabetes for those at high risk. The program teaches blood glucose monitoring, restricted fat and calorie meal planning, exercise and behavior modification at no charge

Goal 4: Increase access to care and community services

Highlighted FY17 Efforts:

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

In 2016 Rush established a formal partnership with CommunityHealth, the largest free clinic in the City of Chicago. Rush's formal partnership was built from many years of Rush attending physicians and Rush medical residents and students volunteering their time and skills through rotations of providing services at CommunityHealth. The formal partnership serves as a way to better connect patients to primary care and insurance who might present in the Rush Emergency Department or General Internal Medicine floors in the hospital. If the patients need insurance or primary care, they are referred to Rush's Transitional Care Program where patient navigators determine the best place of service for the patient – whether at Rush or CommunityHealth. CommunityHealth offers health services ranging from routine physicals and immunization programs to a full laboratory and pharmacy as well as free services for medications and dental, something that Rush does not offer. While CommunityHealth might become the primary care location for some patients, they might see a Rush attending who volunteers at the clinic and Rush can also stay engaged with specialty care that CommunityHealth does not provide. In FY17, over 150 patients have been referred to CommunityHealth. This partnership also expanded to Rush's work with Franciscan Outreach, the previously mentioned shelter. Rush students screen patients for primary care/insurance at the shelter and if they are in need, they refer them to Rush's TCP. There have since been at least ten referrals from Franciscan to CommunityHealth.

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

Please see Goal 2, Section B

- c. Expand access to insurance

Please see Goal 4, Section A

Supporting Program Information:

Rush Community Service Initiative Program Clinics

Rush Community Service Initiative Program (RCSIP) Clinics are run by Rush volunteers, more specifically a physician lead and an interprofessional team of Rush student volunteers. The clinics offer various clinical services to patients such as physical exams, health education, free basic medications, procedures such as wound care and use referrals to help patients establish primary and/or specialty care relationships that are affordable or available through charity care. Examples of these clinics include:

1. RCSIP Clinic at Franciscan Outreach is located within the Franciscan House homeless shelter for adult men and women. Over 1,600 healthcare encounters/visits were provided during FY17.
2. RCSIP Clinic at Freedom Center serves adults males that are in rehabilitation for substance abuse issues. The clinic is housed within the Salvation Army's Harbor Light Center and provided healthcare to over 150 men during FY17.
3. RCSIP Clinic at Chicago City Church serves homeless and other at-risk adults. Over 200 patients were seen at this clinic during FY 17.

Additional Community Partnerships and Programs

Rush maintains many partnerships and programs in order to improve the health of the communities that we serve. Some of these important partnerships and programs, which relate to our community benefit for the enterprise, are listed below.

Alliance for Health Equity

Formerly known as the Health Impact Collaborative of Cook County, this is a partnership between the Illinois Public Health Institute hospitals, health departments, and community organizations across Chicago and Cook County. This initiative is one of the largest collaborative hospital-community partnerships in the country with the current involvement of 25+ nonprofit and public hospitals, seven local health departments, and representatives of more than 100 community organizations serving on action teams. Partners are coming together with the goal to collectively address community health needs to achieve greater impact. Rush is an inaugural member and is represented on the Steering Committee by Raj Shah, Co-Director, Center for Community Health Equity, Christopher Nolan, Manager of Community Benefit and Population Health, and Darlene Oliver Hightower, Associate Vice President of Community Engagement and Practice.

Blood Drives

In collaboration with the American Red Cross (ARC), Rush hosts blood drives within the hospitals. The Donate Life event invites all of Rush and the public to join us in one convenient location to participate and sign-up for the National Marrow Donor Program (NMDP), Organ and Tissue Registration, Rush Blood and Platelet donor programs and ARC Blood Drive. By providing a central location as well as employee and student volunteers for these events, Rush provides a much needed life resources to the people of Chicago and beyond. In FY17, approximately 373 whole blood units were collected.

Building Healthy Urban Communities

The Building Healthy Urban Communities project is a public-private partnership between Rush, Malcolm X College (MXC), and the Medical Home Network (MHN), funded through a \$5 million dollar grant from BMO Harris Bank to create healthier urban communities.

The goals of this project are to improve education, employment, and health outcomes of the underserved West Side and South Side communities of Chicago served by Rush. This is being achieved through creating new models of care that focus on interprofessional teams and proactive care coordination, developing and training a workforce from the community that supports these new models of care, and rigorously measuring and evaluating each project component for sustainability and replication.

One of the major focuses of this project is developing and training a workforce to deliver high value population-based health care. Embedding training opportunities within existing models of care will

improve quality, efficiency, and reduce costs. There are five components of workforce development that include the Rush Community Investments Initiative, and Curriculum Development for Allied Health Professionals, Scholarships for Rush Bachelor of Science in Health Sciences, Continuing Education Training for existing healthcare providers, and Health Disparities Research and Evaluation Fellowships. These components target different types and levels of the healthcare workforce thus creating a pipeline of educational programs. The program components are described in further detail below.

Charitable Contributions

Charitable Contributions are a series of donations to community based organizations and nonprofits determined by the Senior Leadership Team on behalf of Rush. The funds are intended to support various community initiatives and events throughout the fiscal year. In FY17, Rush funds were donated to 23 organizations totaling approximately \$283,641.

Chicago Healthcare System Coalition for Preparedness and Response

Since 2008, Rush has been an active member of the Hospital Preparedness Program (HPP), administered by the Department of Health and Human Services. The HPP's mission is to improve the ability of hospitals and healthcare systems to respond to public health emergencies. The heart of the HPP is the Chicago Healthcare System Coalition for Preparedness and Response (CHSCPR). The purpose of the CHSCPR is to develop plans to unify, coordinate and manage emergency planning and response for the healthcare system within the City of Chicago. During a planned event or unplanned disaster or emergency, the CHSCPR participates and supports response efforts in coordination with the Chicago Department of Public Health [CDPH]. The support shall be in the form of sharing information and subject matter expertise that will enhance emergency preparedness capacity and proficiency across the healthcare system during emergencies.

In June 2012, the HPP aligned with the Public Health Emergency Preparedness (PHEP) grant program to develop capabilities based processes targeting disaster preparedness and resiliency at the community level. The functional units of CHSCPR are working committees, which address HPP – PHEP capabilities. The committees are led by co-chairs chosen through an application process by the CHSCPR's executive committee. Rush has been actively involved in this program by co-chairing the Medical Surge Capability which has been divided into three distinct committees: Pediatrics Planning Committee, Crisis Standards of Care Planning Committee and Behavioral Health Committee.

Continuing Education Training for existing healthcare providers

Continuing Education Training is being offered to existing care coordinators, outreach workers, and clinicians at federally qualified health centers within the Medical Home Network Accountable Care Organization, to prepare them for future healthcare needs. The modules offered include motivational interview training, leading change, mental health first aid, and disease-specific trainings. Approximately 850 clinicians and care team members have been trained so far.

Curriculum Development for Allied Health Professionals

A competency and assessment based basic certificate program for community health workers (CHW) has been launched at Malcolm X College in fall 2014. The goal is to allow students graduating from these programs to enroll and transfer credits to a bachelors program, thus creating career ladders for these students. We have had a completion rate of 56% from the first cohort of the CHW basic certificate program.

Extreme Weather Assistance

In conjunction with the Village of Oak Park, ROPH offers space in its emergency room for those without adequate air conditioning or heat in instances of extreme temperatures. This effort helps prevent hypothermia and frostbite in extreme cold; and heat stroke and other heat-related illnesses when the thermometers spike.

Health Disparities Research and Evaluation Fellowships

The Health Disparities Fellowship program is designed to develop a cadre of well-trained health care researchers with a passion for creating sustainable ways for providing access to high-quality care for individuals in underserved communities. The fellowship targets individuals with PhDs, MDs, and other terminal degrees with a strong foundation in research methods and knowledge of the health care field. Expertise in health services research, epidemiology, bioinformatics, community health, public health, or health economics is preferred. These mentored fellowships involve development and evaluation of new ways to educate and deploy community-based providers, and evaluation of the new models of care in which they will be working. Fellowships span over a five-year period with a timeframe of two-three years for each cohort. The second cohort began their fellowships January of 2017. Each fellow has identified an area of research that is directly aligned with the priorities of community health and quality of life improvement, with a particular focus on the communities served by Rush. Their projects will focus on care coordination, mental health, social determinants of health, education program evaluation and career pathways. Within this first year of the fellowship the second cohort has completed 19 external presentations, and had 1 manuscript accepted for publication.

Illinois Medical District Hospital Emergency Preparedness Coalition

Rush is a founding and active member of the Illinois Medical District Hospital Emergency Preparedness Coalition (IMD HEPC). The mission of this coalition is to create and maintain a community wide emergency management within one of the nation's largest urban healthcare, educational, research and technology districts resulting in minimal loss of life and reduced collateral damage to surrounding structures and the environment during a disaster.

Medical Home Network Accountable Care Organization

The Medical Home Network (MHN) is a public private partnership founded by the Comer Science and Education Foundation to address the healthcare needs of underserved individuals living on the South and Southwest sides of Chicago. Most recently, MHN created the MHN Accountable Care Organization (MHN ACO), which is a partnership of 3 area hospitals (including Rush) and 9 Federally Qualified Health Centers (FQHCs) working to improve access, quality, and utilization for all of their primary care Medicaid patients enrolled in County Care. This new organization is utilizing best practices in the industry to reach the most vulnerable of patients and providing care coordination enhancements to improve the lives of their patients. Rush takes a leadership role in MHN in many ways. For example, Rush's CEO, Larry Goodman, MD, serves as co-chairman of the organization, and Rush's Senior Vice President, Business & Network Development and Vice President, Population Health both serve on the MHN ACO board. As an Academic Medical Center, Rush provides the Better Care Teams educational program to MHN ACO clinicians and to the entire ACO network with the Centralized Complex Care Coordination (4C) program. 4C at Rush is a dedicated wrap-around, interprofessional care team model, which aims to provide complex care coordination and management for the highest needs ACO network patients.

Rush Community Investments Initiative

A weekly student-led community program at Rush Wellness Center at Facing Forward is designed to offer health screening and health coaching to underserved women and children, and enhance students' ability to provide team-based care for diverse populations. There are approximately 13-16 participants in the program and about 22 student health coaches. The health coaches are formally trained in motivational interviewing. Within two years the outcomes of this initiative include 62% of participants lost an average of 11 pounds of weight, 79% participants said that the program motivated them to eat healthier, 50% said that the program motivated them to exercise more and 14% said that the program motivated them to reduce smoking.

Rush Heart Walk

The Rush University Hospital and ROPH Heart Walk team promotes heart health and associate camaraderie while raising lifesaving funds. For this event, Rush University Hospital and ROPH are closely aligned with the American Heart Association's mission of building healthier lives free of cardiovascular diseases and stroke. Our partnership is evidenced in our patient care, community education and employee wellness programs, and Heart Walk participation. Rush University Hospital and ROPH employees raised over \$118,465 for this cause this past year with Rush contributing through providing internal resources for the annual Heart Walk.

Rush TeleStroke Network

The Rush TeleStroke Network consists of eleven community hospitals throughout the Chicago region and Rush University Medical Center. The network provides access to vascular neurology services for ischemic stroke patients that present in one of our affiliate emergency rooms 24-hours a day, seven days a week, 365 days a year. Board-certified vascular neurologists from the Rush Stroke Program assess patients and help the affiliate emergency department physicians determine if a patient is a candidate for tissue plasminogen activator (tPA) through an FDA-cleared telemedicine platform. Telemedicine allows consulting physicians to speak face-to-face with patients and their families, as well as remote clinical staff. The telemedicine assessment includes reviewing CT scans and vital signs, and the high-definition camera allows the Rush neurologist to even view a patient's pupils. The physician has access to the patient's medical information through an electronic health record. Within minutes, the stroke neurologist, along with the remote clinical staff, can determine a plan of care and then turn over the treatment to the emergency physician or initiate a transfer if the patient requires advanced neurological care such as an endovascular procedure. This is particularly important, as time is of the essence, and this helps remove any transportation limitations for our patients to better serve the community. During FY17, the services provided by Rush health professionals through this 11-site network impacted the lives of over 800 patients.

Ruth M. Rothstein CORE Center

Rush and the Cook County Health and Hospitals System collaborated to create the Ruth M. Rothstein CORE Center in 1998. The CORE Center is the nation's first public-private outpatient facility dedicated to the care of people with HIV/AIDS. Today, it is the largest, most comprehensive provider of HIV/AIDS treatment in the Midwest. Faculty members from Rush and Stroger Hospital work side-by-side delivering care to this population. The Center also serves patients with tuberculosis, hepatitis and other infectious diseases. Clinical research projects at the center seek new answers in screening, treating and halting the spread of infectious diseases. In addition, Larry Goodman, MD, chief executive officer at Rush University Medical Center, serves on the Board of the CORE Foundation. The Foundation built the CORE Center and completed a major facility improvement project in 2012. Rush's partnership with CORE is particularly important. While HIV is now a manageable disease in which individuals can lead healthy lives, the

disease persists. In its Healthy Chicago 2.0 strategy, the Chicago Department of Public Health specifically highlights goals to end transmission.

Scholarships and Internships for Rush Bachelor of Science in Health Sciences Students

In an attempt to create career ladders for individuals from low-income underserved communities, a “pipeline program” is funded through this project. Individuals from the Malcolm X City College can enroll and transfer credits to the Rush Bachelor of Science in Health Sciences program. These students are offered scholarships for two years. We have offered approximately \$56,000 in scholarships over a period of two years.

West Side Total Health Collaborative

Kicked off in January 2017, the West Side Total Health Collaborative (WSTHC) is a collaborative effort that Rush helped incubate in response to our FY17-FY19 Community Health Needs Assessment (CHNA) and the health disparities that exist on Chicago’s West Side. Through the CHNA, we learned that life expectancy gaps between the loop and under resourced areas on the West Side can be as high as 16 years. The mission of the West Side Total Health Collaborative is to build community health and economic wellness on Chicago’s West Side. The vision of the WSTHC is to improve neighborhood health by addressing inequities in healthcare, education, economic vitality and the physical environment using a cross-sector, place-based strategy. Some of the partners include other healthcare providers, community based organizations, education providers, the faith community, business, government and residents of the community. The ultimate aim of the WSTHC is to reduce the life expectancy gap by 50 percent in the next 10 years.

United Way of Metropolitan Chicago

The United Way of Metropolitan Chicago seeks to assist local communities of greatest need around income, education and health – the building blocks to a good quality of life. Each year through the Rush United Way Campaign, Rush employees raise money through an annual campaign to support the United Way mission, focused on the social determinants of health for individuals and families across the Chicagoland region. In 2017, Rush University Hospital and ROPH employees donated \$348,000 with Rush contributing through providing internal resources for Rush’s United Way campaign. Rush was also honored by United Way for its incredibly successful campaign in 2017.

University and Community Benefit

Rush University is committed to improving the health of the communities we serve by preparing the next generation of the healthcare workforce through graduate medical education and tuition assistance programs, both of which contribute to our community benefit. Some further background information regarding the university is included below.

Rush University is the main contributor to Rush’s healthcare workforce development efforts by producing the next generation of highly trained healthcare professionals and healthcare research scientists. Rush University is a recognized leader in health sciences education in Chicago and around the country, and is nationally ranked by the *U.S. News & World Report* as a provider of top graduate programs. Each of the four colleges - Rush Medical College, the College of Nursing, the College of Health Sciences, and the Graduate College - supports the research and patient care endeavors of the Medical Center.

The average student enrollment numbers for the University are over 2,500 on an annual basis, there were over 800 graduates in FY17. Records for the 2016 class indicate that 50% of Rush Medical College graduates secured their residency programs in the Chicago metropolitan area.

Approximately 59% of Rush College of Nursing entry-level nurse graduates and 44% of advanced practice nurse graduates assume careers in the Chicago area each year. These statistic reflects the importance of Rush in the local community.

Rush University Hospital and neighboring John H. Stroger, Jr. Hospital of Cook County, one of the busiest public hospitals in the nation, have enjoyed a long, formal affiliation since 1994. With this partnership, Stroger Hospital became a primary training location for Rush Medical College students and residents, and Stroger Hospital patients gained access to specialists from Rush who rotate time at Stroger, as well as other clinical services that are not offered at Stroger. Each year, more than 400 Rush students and postgraduate residents receive training at Stroger Hospital in areas ranging from cardiac and vascular surgery to breast cancer. Joint research projects in basic science, clinical science health services and epidemiology look for new ways to improve the health of vulnerable communities and bridge the widening gaps in the health care system.

To continue the spectrum of medical education, Rush has 75 Graduate Medical Education (GME) programs. The mission for GME at Rush is to develop and provide educational training programs of the highest quality for resident physicians and fellows (medical school graduates seeking advanced training and board certification in a medical specialty area) with the ultimate aim to develop physician competencies and improve and promote patient healthcare. A key goal of the GME programs is to link Rush's considerable academic resources with those of affiliated institutions in order to provide a widely diverse and representative educational environment and patient mix. Rush is committed to maintaining excellence in the GME programs and to providing our house staff physicians an environment conducive to outstanding clinical experience, expert teaching and personal well-being.

As one of the four health science colleges that comprise Rush University, the mission of the College of Nursing is to prepare nurse leaders in healthcare education, research, practice and policy who will address the needs of an increasingly technologically advanced and global society. Our programs of study include the Master of Science in Nursing (MSN), Doctor of Nursing Practice (DNP) and Doctor of Philosophy (PhD) to educate nurses whose practice is socially responsive and informed by science. The mission supports and sustains the goals of Rush.

The heritage of the College of Nursing dates back to 1885 when the college's first antecedent, the St. Luke's Hospital Training School of Nursing, opened to offer diploma education to nurses. In 1903, the Presbyterian Hospital School of Nursing accepted its first students. From 1956 to 1968, nurses were educated at the merged Presbyterian-St. Luke's School of Nursing. The Rush College of Nursing was established in 1972 and more than 8,500 baccalaureate, master, and doctoral students have graduated since then. Rush University's College of Nursing consistently ranks among the top 3 percent of nursing schools nationwide, according to the *U.S. News & World Report*. The vision of the College of Nursing is that it will be the college of choice to prepare graduates for inter-professional, client-centered, culturally proficient and evidence-based nursing practice; a renowned laboratory for curriculum innovation and educational transformation; and an international and multicultural center for clinical science and translational research.

The College of Health Sciences, founded in 1975, is responsible for education and research in the allied health professions, including health care management. More than six of every ten healthcare workers in the United States are employed in an allied health field. The demand for these professionals is expected to increase significantly because of the aging population. More than 50 categories of professionals make up this largest segment of the healthcare workforce. Faculty members of the College of Health Sciences serve the Medical Center as practitioner-teachers. Nearly all have patient care or service responsibilities while concurrently filling roles as teachers

and investigators. Through the faculty, Rush University students have access to managers and skilled clinicians employing the latest treatment and practice in a dynamic academic medical center.

The mission of the Graduate College of Rush University is to promote and assure excellence in research education and mentoring programs responsible for training outstanding and diverse candidates in the basic and clinical sciences. At Rush, the translation of bench research to the clinic is the primary focus of all divisions. Using the practitioner-teacher model, faculty work side by side with the students in an effort to cure disease and bring the newest possible treatments to patients. The college promotes cooperative efforts in achieving high quality educational and research programs to prepare students for successful careers and lifelong professional development. The vision of the college is that its graduates will become productive scientists, educators and leaders in their respective fields. In the arenas of academia, industry and government, they will compete successfully for funding and train the next generation of researchers and educators.

Tuition Forgiveness Program

Rush subsidizes the education and training of the next generation of physicians, nurses, allied health care professionals, and healthcare research scientists whose tuition and grants do not fully cover the associated costs through select tuition forgiveness programs. Rush is committed to providing programs to educate and train the healthcare workforce of the future. It is widely recognized that workforce demands in healthcare will rapidly escalate as the U.S. population ages. During FY17, Rush provided tuition forgiveness in the amount of \$1,544,436 for 58 students pursuing health science research doctoral degrees. It is an essential part of Rush's corporate mission that education programs continue to receive this operational support in order to supply highly trained physicians, nurses, allied health professionals and research scientist to the healthcare community.

Research to Improve Community Health

Rush's mission to improve the health of the communities we serve is through the integration of outstanding patient care, education, research and community partnerships. Given this, much of Rush's research that occurs throughout the institution benefits the communities and populations we serve. This section includes information on some of Rush's research activities, many of which we count toward community benefit.

Rush physicians, nurses and other research scientists are actively involved in more than 1,800 research projects aimed at advancing scientific knowledge and optimizing patient care. Numerous programs are in place at Rush such as a research mentoring program and pilot project financial awards to support and develop the next generation of healthcare researchers.

As an academic health system, Rush subsidizes health and medical research to improve patient care, now and for future generations, by covering expenses not funded by private or government grants. Rush is committed to advancing medical care through translational research that aims to bring advances and improvements gained in research as rapidly as possible to the bedside of patients. Investigators at Rush are involved in numerous clinical studies to test the effectiveness and safety of new therapies and medical devices as well as many basic research studies designed to expand scientific and medical knowledge. Like the academic affiliation between Rush and Stroger Hospital, there is similar collaboration within research activities. Joint research projects in basic science, clinical science and services, and epidemiology look for new ways to improve the health of vulnerable communities and bridge the widening gaps in the health care system. As an academic medical center, Rush brings together individuals from diverse backgrounds and experiences to uncover new advances in patient care. Additionally, Rush is a member of multiple research consortiums in the region including

The Chicago Area Patient-Centered Outcomes Research Network (CAPriCORN)

CAPriCORN is a consortium committed to working with other Chicago-area medical centers, around the development, testing and implementation of strategies to improve care for the diverse residents of the metropolitan Chicago region. The network of 10 regional health systems and multiple other partners is committed to working together to develop, test and implement strategies to improve care for diverse residents in the metropolitan Chicago region in order to improve health care quality, health outcomes and health equity.

Rush continues to advance the following objectives through its work in CAPriCORN:

- Connect patients and their communities to data that is meaningful in informing their health decisions
- Support the evolution of faculty and staff to become knowledge managers who use data from clinical care to accelerate innovation and to drive continuous process improvement in patient-centered outcomes research
- Promote Rush's role in health innovation as part of a unique pan-Chicago consortium that is a national resource to the nation for improving patient-centered outcomes
- Sustain an infrastructure at Rush to embed the principles of a learning health system

In this way, Rush acts as an incubator for noteworthy breakthroughs in medicine. Many of the research studies directly address health need findings in the CHNA.

The Illinois Precision Medicine Consortium (IPMC)

IPMC consists of 11 other health care provider organizations as collaborating partners across the state participating in the NIH *All of Us* Research Program, which aims to enroll over 1 million or more participants in a national research effort designed to find better ways to prevent and to treat disease based on individuals' lifestyle, environment and genetics. Precision medicine is a growing area of study that looks at how these factors can influence disease treatment and prevention. Rush along with NorthShore University Health System is partnering with the University of Chicago, which is one of three leaders of the program in Illinois; the others are Northwestern University and the University of Illinois at Chicago. The consortium has committed to recruiting, enrolling and collecting data and biospecimens from about 150,000 participants from diverse ethnic, social and economic backgrounds, including healthy people and those with pre-existing diseases, over the coming 4.5 years. Rush has agreed to recruit participants for the study; gather health, environment and lifestyle data and genetic and biologic samples from these participants; and work with other NIH-funded PMI partners to answer key health questions. All information will be protected by privacy and security safeguards. This project will enable persons of all backgrounds to be active participants in a journey to find answers to important health questions. Participation in the *All of Us* Research Program is an opportunity for persons seeking care at Rush from the communities it serves to work together with their clinical care team, researchers, and health system leaders to find solutions to issues that matter for health and well-being.

Institute of Translational Medicine 2.0 (ITM 2.0)

Rush is a full partner with the University of Chicago in the recently NIH funded, Institute of Translational Medicine 2.0 (ITM 2.0). As a result, Rush is now part of the National Institutes of Health (NIH) Clinical and Translational Science Awards consortium that helps convert biomedical research into health improvement. Working with other affiliates in the region (Loyola University Medical Center, NorthShore University Health System, Advocate, and Illinois Institute of Technology) the vision of the ITM 2.0 is to improve health outcomes throughout Chicagoland by mitigating disease risk, morbidity and mortality through collaborative, multidisciplinary team science. Rush will work as part of the consortium to achieve this vision by assembling scientific, institutional, and community stakeholders, and together focusing on the highest value propositions to improve mutually defined health concerns,

leveraging synergies that accelerate progress across the translational spectrum. The core conviction is that participating in health research is a matter of shared self-interest and social justice, a “new normal” prevailing viewpoint toward which we will strive together over the next 20 years. ITM 2.0 will work hand-in-hand with health stakeholders throughout Chicagoland and throughout the nation, conceptualizing, developing and deploying innovative processes and practices to achieve our common goal.

Transforming Clinical Practice Initiative

Rush is partnering with health systems in the region and 11,500 physicians in Illinois, Indiana, and Michigan in the Great Lakes Practice Transformation Network. As part of the Centers for Medicare and Medicaid Services Transforming Clinical Practice Initiative, the consortium will provide technical assistance support in order to equip clinicians with tools, information, and network support needed to improve quality of care; increase patients’ access to information; and pay for health care more efficiently. The collaborative helps health healthcare organizations to expand quality improvement capacity; learn from one another; and achieve common goals of improved care, better health, and reduced cost. The network provides implementation science, process improvement and personalized population health management to help participating clinicians meet the initiative’s phases of transformation and associated milestones, clinical and operational results.

Rush DISCOVER

Rush has also worked on some system resources to support research within Rush’s communities. These include, but are not limited to, the Rush DISCOVER (Data, Image, and Specimen Curation for Outcomes, Value, and Effectiveness Research) Repository. In order to reduce premature mortality, prevent morbidity, and provide equal opportunities for all persons to achieve optimal health and well-being, health care systems and the communities they serve need to better understand the factors involved in health decisions. There are few available sources of longitudinal clinical data from well-characterized persons seeking care from an urban health system to address how health decisions are made and the impact of those health decisions. To fill this gap, the Rush Data, Image, and Specimen Curation for Outcomes, Value, and Effectiveness Research (Rush DISCOVER) Repository will recruit and enroll a unique cohort of patients who seek care in settings affiliated with Rush. Clinical and publically available data, images, and left-over specimens generated from the provision of clinical care and non-clinical assessments will be collected, curated in a repository, and made available to investigators in support of high quality, cutting edge clinical studies that focus on the common and rare health conditions addressed in health care settings. Participants also will agree to be contacted about future research opportunities. The Rush DISCOVER Repository is an essential, centralized resource for developing and sustaining interdisciplinary, biopsychosocial, and environmental research that can translate into better outcomes for patient and population health. The Rush DISCOVER Repository received Institutional Review Board approval and steps are being taken to operationalize the Repository at Rush University Hospital and then the rest of Rush.

Center for Community Health Equity

In 2014, Rush and DePaul University joined together to form the Center for Community Health Equity. The overall goal of the Center is to improve community health outcomes and eliminate health inequities in Chicago. The work of the Center includes interprofessional faculty, research scientists and students from both Rush and DePaul. The Center will focus on exploring factors associated with health equity in the individual, health system, and local community and designing and testing interventions to improve health equity. The Center’s research activities in 2017 at Rush include:

SEEKER

Stakeholder Engagement to Enhance Knowledge from Effectiveness Research (SEEKER)

SEEKER is a research protocol approved by the Rush Institutional Review Board to make it easier for faculty, students, and community members affiliated with the Center for Community Health Equity to conduct qualitative and quantitative research in the diverse communities served by Rush. As an “umbrella” protocol, SEEKER employs multiple research methods to garner stakeholders’ perspectives and knowledge on health equity promotion in their communities. SEEKER is designed to improve the engagement of stakeholders regarding community and to ensure the engagement is more likely to produce impactful generalizable knowledge to improve communities in the region.

Million Hearts

The Center is coordinating Rush’s efforts to participate in the Million Hearts[®] Cardiovascular Disease Risk Reduction Centers demonstration project by the Centers for Medicare & Medicaid Services (“Medicare”). The project is designed to understand better ways to reduce the 10-year risk of heart attacks and strokes in Medicare beneficiaries.

Examples of some of the community based research studies throughout various areas of Rush are described below.

The Rush Cancer Center Biospecimen Repository

Many cancer patients at now have the option of undergoing genetic analysis that may empower their doctors to customize more effective treatments for them. This cutting-edge care is made possible by a partnership established this past October between Rush and a new Chicago-based technology company called Tempus. Advances in genetic science and cancer care increasingly are enabling researchers and clinicians to design treatments for cancer that specifically target genetic mutations that cause disease’s development. Many cancer patients at Rush now have the option of undergoing genetic analysis that may empower their doctors to customize more effective treatments for them. This cutting-edge care is made possible by a partnership established this past October between Rush and a new Chicago-based technology company called Tempus.

Rush Alzheimer’s Disease Center

The Rush Alzheimer’s Disease Center (RADC) was created in the early 1990s to investigate common chronic health problems of older people especially cognitive decline and Alzheimer’s disease. The RADC conducts observational and interventional research in multiple, longitudinal community-based cohorts (large, distinct groups of people) in the City of Chicago, and Cook and the collar counties, and nationwide. The RADC also sponsors multicultural outreach programs to engage the Chicago community in research in addition to providing patient care and support services. The RADC research projects include, but are not limited to:

Memory and Aging Project

The Memory and Aging Project started in 1997. It is a cohort study that has enrolled 1,955 older residents of retirement communities and individuals in their homes from Cook and the collar counties. Recruitment and retention includes numerous educational programs on healthy aging and the prevention of common chronic neurologic conditions of aging and the importance of participating in research. These presentations are provided for participants and non-participants and their friends and family members. Detailed clinical evaluations are performed annually on those who have enrolled. A total of 13,929 evaluations have been performed on participants at no charge and over 9,088 routine blood tests

have been drawn without charge. Test results have been provided to the participants. All study participants are organ donors and a complete neuropathological evaluation has been performed without charge on 759 participants and a report provided to family members. Participants have recently been offered brain MRI scans at no charge and over 1,266 scans have been performed and report provided.

Minority Aging Research Study

The Minority Aging Research Study is a longitudinal clinical-pathologic study of aging and risk factors for cognitive decline among older African Americans. The study began in 2004 and includes 745 older community-dwelling, self-identified African Americans living in the metropolitan Chicago area and surrounding suburbs. Participants are recruited from various community-based organizations, churches, and senior subsidized housing facilities through educational presentations on healthy aging and the importance of research for minority populations. Detailed clinical evaluations are performed annually in individual homes of participants including neuropsychological assessments, physical function testing, a lifestyle interview, and a blood draw. Participants are also introduced to brain donation as an optional component of the study and interested persons are invited to sign an Anatomical Gift Act document. To date, 24 autopsies have been performed. Over 4,235 evaluations and 3,042 blood tests have been performed at no charge to participants with all results provided to the participants. Participants have recently been offered brain MRI scans at no charge and over 221 scans have been performed and a report provided.

The Religious Orders Study

The Religious Order Study started in 1993 and has enrolled over 1,437 older priests, nuns and brothers from more than 47 sites around the country, about a third of whom reside in Cook and the collar counties. Recruitment and retention includes numerous educational programs on healthy aging, the prevention of common chronic neurologic conditions of aging, and the importance of research participation. These presentations are provided for participants, non-participants, and their friends and family members. Detailed clinical evaluations are performed annually on participants. Over 13,647 evaluations have been performed at no charge to participants and over 2,932 blood tests have been performed without charge. Test results have been provided to the participants. All study participants are organ donors and a complete neuropathological evaluation has been performed without charge on 734 participants and a report provided to their community and family members. Participants have recently been offered brain MRI scans at no charge and over 86 scans have been performed and a report provided.

Rush Alzheimer's Disease Center Latino Core

The Rush Alzheimer's Disease Center Latino Core began in 2015. To date, 179 older community dwelling Latinos in the Chicago area whom do not have dementia have been recruited. A total of 254 evaluations have been performed at no charge and over 123 blood tests have been performed at no charge. Participants are also introduced to brain donation as an optional component of the study and interested persons are invited to sign an Anatomical Gift Act document. One autopsy has been performed to date.

Rush Alzheimer's Disease Core Center Clinical Core

The Rush Alzheimer's Disease Core Center Clinical Core is one of eight cores within the Alzheimer's disease Core Center. The overall goal of the Clinical Core is to generate clinical data and biospecimens from older non-demented African Americans to support high quality, cutting-edge studies that focus on the full spectrum of cognition from normal aging to dementia. The Clinical Core has been in continuous operation since 1991 but has focused on non-demented African Americans since 2008. Participants are

recruited from various community-based organizations, churches, and senior subsidized housing facilities through educational presentations on healthy aging and the importance of research for minority populations. Detailed clinical evaluations are performed annually in individual homes of participants including neuropsychological assessments, a medical history form, and a blood draw. Participants are also introduced to brain donation as an optional component of the study and interested persons are invited to sign an Anatomical Gift Act document. Over 2,245 evaluations and 1,390 blood tests have been performed since 2008 at no charge to participants with all results provided to the participants.

The Anti-Amyloid Treatment in Asymptomatic Alzheimer's Study

The Anti-Amyloid Treatment in Asymptomatic Alzheimer's (A4) study, started in 2014, is an intervention study that has enrolled 63 older individuals to date from around the greater Chicagoland area. Recruitment and retention includes numerous educational programs on healthy aging, the prevention of common chronic neurologic conditions of aging, resources available to individuals and families impacted by Alzheimer's or dementia, and the importance of participating in research. These presentations are provided for participants as well as non-participants and their friends and family members.

The ASPirin in Reducing Events in the Elderly Study

The ASPirin in Reducing Events in the Elderly (ASPREE) study, started in 2010, is an intervention study that has enrolled 267 older community-dwelling individuals in the greater Chicagoland area. Recruitment and retention includes numerous educational programs on healthy aging, the prevention of common chronic neurologic conditions of aging, resources available to individuals and families impacted by Alzheimer's or dementia, and the importance of participating in research. These presentations are provided for participants as well as non-participants and their friends and family members. Over 1,051 routine blood tests have been performed without charge with all results provided to the participants.

Biomarker Qualification for Risk of Mild Cognitive Impairment Due to Alzheimer's Disease and Safety and Efficacy Evaluation of Pioglitazone in Delaying Its Onset Study

The Biomarker Qualification for Risk of Mild Cognitive Impairment (MCI) Due to Alzheimer's Disease (AD) and Safety and Efficacy Evaluation of Pioglitazone in Delaying Its Onset (TOMMORROW) study, started in 2014, is an intervention study that has enrolled 49 older individuals from around the greater Chicagoland area. Recruitment and retention includes numerous educational programs on healthy aging, the prevention of common chronic neurologic conditions of aging, resources available to individuals and families impacted by Alzheimer's or dementia, and the importance of participating in research. These presentations are provided for participants as well as non-participants and their friends and family members.

Testing Tele-Savvy, an On-line Psychoeducation Program for Informal Alzheimer's Caregivers Study

The Testing Tele-Savvy, an On-line Psychoeducation Program for Informal Alzheimer's Caregivers study, started in 2017, is an on-line caregiver intervention study that has enrolled 23 caregivers from around the greater Chicagoland area. Recruitment includes numerous educational programs on healthy aging, the prevention of common chronic neurologic conditions of aging, resources available to individuals and families impacted by Alzheimer's or dementia, and the importance of participating in research. These presentations are provided for participants as well as non-participants and their friends and family members.

Center for Excellence on Disparities in HIV and Aging Research Core

The Center for Excellence on Disparities in HIV and Aging Research Core is a longitudinal cohort study of persons over the age of 50 either with or at risk of HIV infection. The study began in 2012 and, to date, has enrolled 371 self-identified African Americans and Whites from the Ruth M. Rothstein Core Center of Cook County Hospital and from the Englewood and Uptown neighborhoods of Chicago. A research coordinator and infectious disease physician recruits patients from the Core center for the HIV sample and outreach staff recruit persons at risk for HIV from the community via educational presentations on healthy aging and risk reduction for HIV. Participants are evaluated annually either at the Core Center or at a field-testing site in the community. Testing consists of a neuropsychological battery, physical function tests, a lifestyle interview, and a blood draw. Over 1,088 evaluations have been performed at no charge to participants with all results provided to the participants. Participants have recently been offered brain MRI scans at no charge and over 116 scans have been performed and a report provided.

Department of Preventive Medicine

The Department of Preventive Medicine has a long history of community research, teaching, training, and service dating back to the 1970's. Since 1990, the Department has received well over \$50 million in National Institute for Health (NIH) funding to conduct community-based translational research. The *Rush Center for Urban Health Equity* is a NIH-sponsored \$10 million center grant. This Center is devoted to reducing cardiopulmonary disparities in underserved Chicago residents through research, training, education, and service. The Department of Preventive Medicine faculty and staff also generously donate their time and skills, both within and outside the Medical Center, to give back to our communities. Their efforts include numerous presentations and seminars where they collaborate with neighborhood clinics, churches, schools and other organizations to provide health education in a wide array of topics from diabetes care to asthma in children.

Examples of studies conducted by the Department of Preventive Medicine that directly address Rush's CHNA findings include:

ALIVE Study

- The ALIVE study, which provides nutrition education through Bible study and short videos to congregants of five African American congregations.

CHART Study

- The CHART study tests the value of a culturally-sensitive, multilevel, chronic care intervention for low-income patients with heart failure.

LIFE Study

- The LIFE study, which tests a novel diabetes self-management intervention for low-income African Americans with type 2 Diabetes. The LIFE study provides diabetes self-management education, including pedometers, nutrition education and peer support for 210 low-income African Americans.

MATCH 2 Study

- The MATCH 2 study, which also provides community health worker support for diabetes self-management among low-income African American and Hispanic type 2 diabetes patients.

Financial Commitments to Provide Patient Care

As part of its mission, Rush believes that a patient's ability to pay for services should not impact the care they receive. As the largest part of Rush's community benefit, Rush provides free and subsidized services to patients at Rush University Hospital and ROPH.

As a not-for-profit organization, Rush reinvests any excess revenue after paying expenses back into our institution in order to provide care for patients. A significant part of this reinvestment includes supporting services that benefit patients: free care for patients who qualify under our charity care program; care for patients whose government insurance does not pay all of our costs; and critical medical services that operate at a financial loss but are necessary for the community's overall health.

During FY17, Rush provided \$233 million in unreimbursed care to patients. Unreimbursed care consists of charity care provided to patients who lack the means to pay for services (at cost), bad debt, and unreimbursed costs for providing care to Medicaid and Medicare patients. Rush recognizes the need to simplify charity policies and to provide assistance to the uninsured and underinsured individuals within our communities. To assist patients with their hospital bill, Rush offers the following financial assistance programs:

Paid in Full Charity Care

Patients qualify for the Rush Charity Care program if their income level is at or below 300 percent of the federal poverty level. This means that individuals qualify if they earn less than \$73,800 and are supporting a family of four. These patients are eligible for a full write-off of their bill.

Discounts for Limited Income

Rush assists families with limited incomes, defined as annual income less than 400 percent of the federal poverty level. That means individuals earning less than \$98,400 and supporting a family of four are eligible for a write-off of up to 75 percent of their bill.

Discounts for Self-Pay Patients

Rush offers a self-pay discount based on income for all residents of Illinois. Most patients qualify for an automatic 68 percent discount. Non-Illinois residents who do not have health insurance automatically qualify for a 33 percent discount. For patients who cannot pay their portion of the bill at the time of service, financial counselors work closely with them to set up monthly installment payment plans with no interest at an amount with which the patient is comfortable.

State and Federal Programs

This service focuses on providing patients who arrive at Rush without insurance with the coverage they are entitled to under various federal and state programs. Financial counselors work with patients and alert them if they qualify for programs such as the state's Medical Assistance Non-Grant (MANG) program or the Social Security Disability program (SSDI). Because the paperwork required for these programs can be overwhelming, Rush has specialists on site who assist patients with the application process. Through these efforts, Rush has qualified individuals for a social security disability who are not age 65, while at the same time ensuring payment for their hospital bill. Rush maintained a patient-eligibility service throughout FY17 at a cost of over \$415,000.

Payment plans

Interest-free payment plans are also available to patients. Payments can be made over a period of 24 months with a minimum payment of \$25 each month. Rush does not assess interest on unpaid balances.

Presumptive Charity Care

Rush uses an external service for its financial assistance programs to validate patients' ability to pay, and in the event that patients do not contact us or apply for financial assistance, we may extend charity care

for that episode of care. This applies only to patients who do not inform us of insurance coverage and those with estimated federal poverty levels under 200%.

Rush University Hospital and ROPH each provide a full range of medical services to the community including having 24 hour emergency departments that are open to everyone regardless of their ability to pay, as well as numerous services that operate at a loss. While the emergency department is a key driver of providing care to the uninsured in a hospital setting, Rush University Hospital and ROPH continue to emphasize primary and preventive care for uninsured individuals and families. This approach relies on the services provided within physician clinics at Rush University Hospital and ROPH as well as the community service projects operated by patient care staff. In this way, Rush University Hospital and ROPH hope to have an impact on the health of patients before they get to the point of visiting the emergency department.

Interpreter Services

To ensure that Rush is delivering on its patient care mission to the diverse communities of Chicago during FY17, Rush incurred \$1,884,910 in costs to maintain a staff of language interpreters, including sign language interpreter services. These financial commitments are critical to facilitating accessibility of patient care to the diverse communities of the Chicago area.

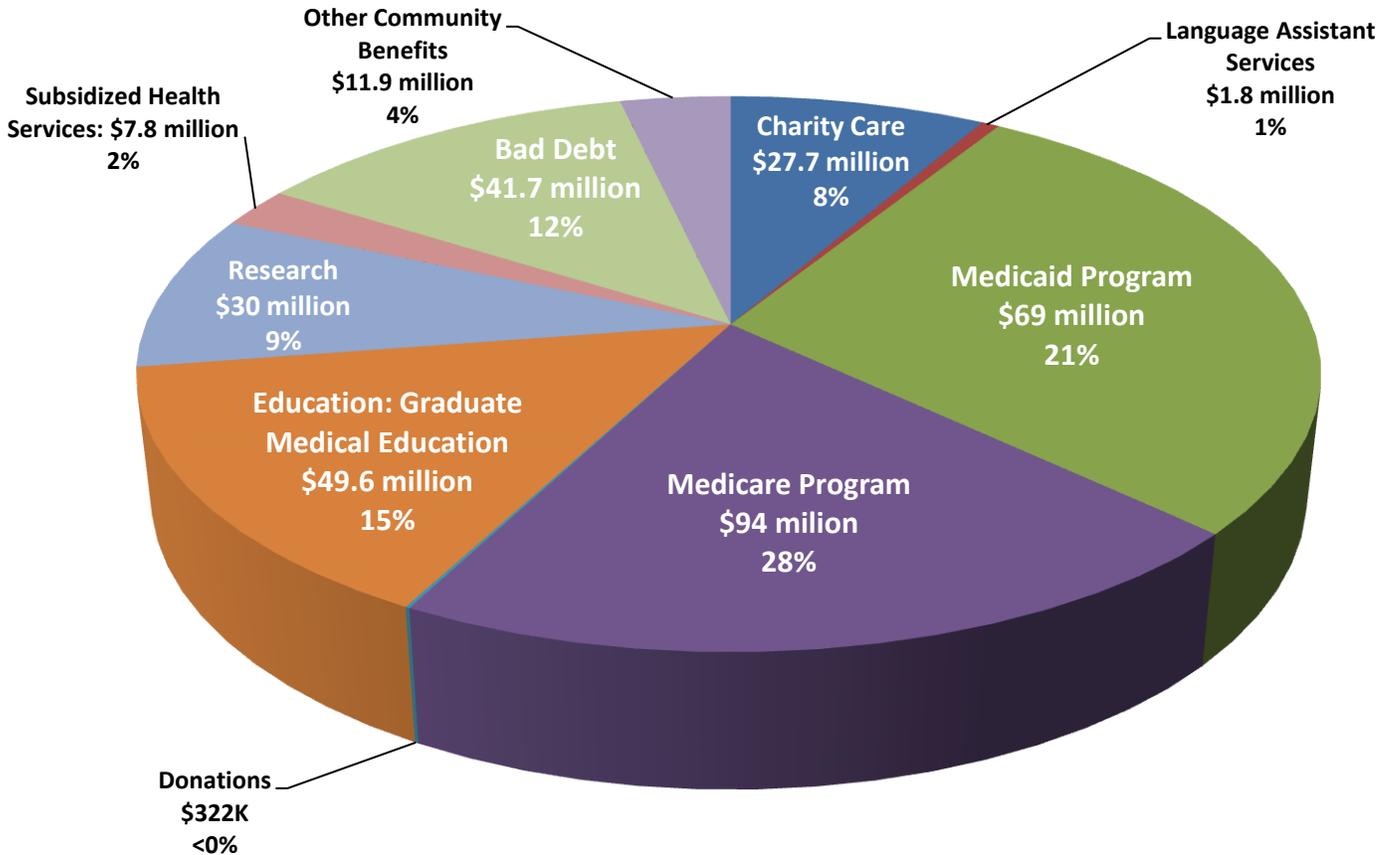
Charity Care Policy and FY17 Financial Reports

The charity care policy for Rush and ROPH are located in appendix G. The FY17 Annual Non-Profit Hospital Community Benefits Plan Reports for Rush and ROPH are located in Appendix F. The FY17 Hospital Financial Assistance Reports for Rush and ROPH are located in appendix I.

FY2017 Consolidated Financial Information

The independent auditors’ report for the financial information is located in appendix J.

Community Benefit Report Component	RUSH	ROPH	Total Reportable Entity	Footnote Reference
Charity Care	\$ 24,950,644	\$ 2,845,476	\$ 27,796,120	Footnote 1, 4,5, 6
Language Assistant Services	1,884,910	0	1,884,910	
Government Sponsored Indigent Health Care: Medicare Program	88,595,818	5,724,568	94,320,386	Footnote 1
Government Sponsored Indigent Health Care: Medicaid Program	68,618,930	516,754	69,135,684	Footnote 1, 2
Donations	283,641	39,150	322,791	
Education: Graduate Medical Education	47,393,892	0	47,393,892	
Education: Other	2,212,825	0	2,212,825	
Research	30,391,000	0	30,391,000	
Subsidized Health Services: Physician Practices	7,850,568	0	7,850,568	
Subsidized Health Services: Bad Debts	35,242,952	6,543,263	41,786,215	Footnote 3
Other Community Benefits	11,385,142	583,008	11,968,150	
Total	\$ 318,810,322	\$ 16,252,219	\$ 335,062,541	



Footnote #1:

The computation of charity care (cost) is based on the filed 2017 Medicare cost report. The Medicare loss and Medicaid loss is based on a discrete ratio of cost to charges utilizing Rush’s cost accounting software. These amounts will differ from the amounts in the footnotes to the audited financial statements as this report reflects more recent and updated costs.

Footnote #2:

During FY17, Rush received payments related to a renewed Provider Assessment Program which was approved by CMS and is administered through the Illinois Department of Health and Family Services. The program is designed to improve Medicaid payments to hospitals. In addition, during FY16 the ACA Expansion Payment program was initiated by the State which provides additional federal matching payments related to the expansion of Medicaid eligibility per the Accountable Care Act. Without the payments from these programs, the FY17 unreimbursed cost of the Medicaid program would have been \$128 million.

Footnote #3:

The amount of bad debt reported for purposes of the Community Benefit filing includes the provision for uncompensated care write-offs within Rush University Medical Group, Rush University Hospital and Rush Oak Park Hospital. This amount is valued at expected payments written off and not charges.

Footnote #4:

The amount of charity care reported for purposes of the Community Benefit filing includes only uncompensated care meeting the strict definition of charity care as defined by the Office of the Attorney

General as part of the 'Community Benefits Act Compliance Information'. As defined in the 'Community Benefits Act Compliance Information', "Only the portion of a patient's account that meets the 27 organization's charity care criteria is recognized as charity. Although it is not necessary for the entity to make this determination upon admission or registration of an individual, at some point the entity must determine that the individual meets the established criteria for charity care."

Footnote #5:

In the discussion of the Medical Center's provision of charity care to our patient population there are several factors which must be considered, in addition to the charity care number provided for purposes of the Community Benefits filing, to obtain a full understanding of the breadth of charity provided. These factors are outlined as follows:

- Through utilization of a patient eligibility service the Medical Center is extremely proactive in enrolling patients, who present for service without insurance coverage, for coverage under various state and federal programs. The maintenance of this service for our patients has a significant impact on decreasing the amount of charity care provided. In addition to achieving appropriate, available coverage for our patients' medical services, this eligibility service also obtains eligibility for SSI or SSA benefits for applicable patients. Guiding the patient through this often time-consuming and arduous process is extremely beneficial to the patient, as once SSI/SSA eligibility is approved, the patient will begin receiving a monthly assistance check which provided a benefit well beyond their health care at Rush.

Due to the process that Rush and other hospitals must go through to prove a patient's eligibility for charity care, the precise amount of charity care often can be indistinguishable from other categories of uncompensated care. Without the cooperation of the patient in providing appropriate documentation, Rush cannot correctly distinguish patients who meet the defined charity care policies and appropriately categorize those individuals as charity care write-offs. Instead, these patient cases are frequently classified as bad debt write-offs due to a lack of support information. This creates a reported charity care amount which is not representative of the true amount of care provided to low income and indigent patients. During FY06 Rush started preparing a detailed analysis of patients who completed charity care applications and the results of the application process. A summary of this analysis, solely for Rush University Medical Center, for FY17 follows:

Category	Approved Patient Applications	Pending Patient Applications	No Response Patient Applications
Charity Care (100% write-off): Number of Patients	3,058	936	1,592
Charity Care (100% write-off): Write Off Amount	\$49,108,010	\$1,914,664	0
Limited Income (50% Write-Off Amount): Number of Patients	208	0	0
Limited Income (50% write-off): Write-Off Amount	\$304,228	0	0
Presumptive Charity Care (100% write-off): Number of Patients	6,072	0	0
Presumptive Charity Care (100% write-off): Write-Off Amount	\$26,384,963	0	0

Footnote 6:

In recognition of the need to simplify policies, expand assistance to the ever-growing population of uninsured and remain compliant with State and Federal law, Rush applies a discount for all Illinois patients without insurance of 68%. Non-Illinois residents who do not have health insurance automatically qualify for a 33% discount. This discount is immediately given to all individuals without insurance regardless of whether a request was made for financial assistance. In addition, Rush assists families with limited incomes, defined as annual income between 300 and 400 percent of the federal poverty level with a discount under the limited income program of 75 percent. Patients with incomes less than 300 percent of FPL receive a 100 percent discount. Rush also formalized an annual review of these policies, implemented a formal communication plan to all staff at Rush, and assigned accountability for communication to patients.



Rush Community Service Initiatives Programs (RCSIP)

The mission of Rush Community Service Initiatives Program is to provide community based volunteer experiences for Rush students that enhance their ability to work in teams, develop patient relationships, care for diverse populations, and to provide targeted services based on community need.

We will achieve our mission by:

- *Aligning volunteer experiences with the findings of the Rush community health needs assessment*
- *Developing community programs that align with Rush's community implementation plan*
- *Providing appropriate supports and training for student volunteers*
- *Assessing the outcomes of community programs*

The majority of RCSIP projects aim to impact one or more of the four community health needs and identified goals and strategies aligned with the Community Health Needs Assessment and the Community Implementation Plan. The goal and strategies are as follows:

1. Reduce inequities caused by the social, economic and structural determinants of health
 - a. Improve educational attainment
 - b. Identify, measure and mitigate the social determinants of health among those at risk — particularly children, young adults and people with chronic illnesses
 - c. Participate in regional community health improvement collaboratives
2. Improve access to mental and behavioral health services
 - a. Address psychological trauma through screening tools and referral programs in school-based health centers and faith-based organizations
 - b. Expand access to other screenings and services
3. Prevent and reduce chronic disease by focusing on risk factors
 - a. Reduce risk factors through assessments, disease management programs and improved access to healthy food
 - b. Expand free and subsidized screenings
 - c. Develop and deliver community services to help people stop smoking
4. Increase access to care and community services
 - a. Expand access to primary care medical homes for people without insurance and for others without medical homes
 - b. Implement adverse childhood event screenings and referrals at school-based health centers
 - c. Expand access to insurance

ACCESS PROGRAMS

Access programs provide direct patient care health service access to disadvantaged populations.

RCSIP 20/20 Clinic

RCSIP 20/20 holds a monthly eye clinic at the CommunityHealth Clinic at 2611 West Chicago Avenue on Chicago's West Side. Every second Wednesday of the month, Rush student volunteers and an ophthalmologist provide full vision exams, screenings, eye care information and referrals to low-cost eye care centers in the community. In addition, 20/20 participates in health fairs around the community, providing screenings for visual impairments, referrals to low-cost eye care centers, and educational information on common eye diseases.

Services: Focused eye exams, visual impairment screenings, referrals and health education

Populations served: Low-income and underserved adults

Community partners: CommunityHealth Clinic, various local community partners

RCSIP Clinic at Chicago City Church

The Chicago City Church (CCC) clinic, located at 5501 S. La Salle St. on Chicago's South Side, provides primary care for low-income and displaced populations one Tuesday every month from 5-7 p.m. The clinic is run by a physician and Rush student volunteers, and offers focused physical exams, health education, basic medications, referrals and simple procedures such as wound care. CCC also promotes the use of referrals in order to help patients establish primary and/or specialty care relationships that are affordable or available through charity care.

Services: Focused physical exams, treatment/referrals and health education

Populations served: Underserved and displaced adults

Community partners: Chicago City Church

RCSIP Clinic at Franciscan House of Mary and Joseph

The Franciscan House of Mary and Joseph shelter is located at 2715 W. Harrison St. on Chicago's Near West Side. The shelter offers an evening meal, shower, a safe place to sleep and health care for up to 235 men and 35 women each night. The RCSIP Clinic at Franciscan House, located within the shelter, is a high-volume weekly clinic that sees 50–60 patients per clinic night, and is run by clinicians and students at Rush (physician, nurse practitioner, physician's assistant) volunteers every Tuesday evening from 7:30-11 p.m. Patients are triaged and then seen individually by students and the clinician for focused physicals, basic medication and referrals. Select over-the-counter and prescription medications are given free of charge.

Services: Patient history, vitals, focused physical exams, treatment/referral and health education

Populations served: Displaced/homeless adults

Community partners: Franciscan Outreach

RCSIP Clinic at Freedom Center

The Freedom Center, which is located in the Salvation Army's Harbor Light Center at 1515 W. Monroe St. on Chicago's Near West Side, is a weekly clinic that provides free primary health care services for the men living within the facility every Tuesday from 1:30-4 p.m. Rush student and clinician volunteers (physician, nurse practitioner, physician's assistant) provide focused physicals, basic treatments, health education and referrals. Select over-the-counter and prescription medications are given free of charge.

Services: Patient history, vitals, focused physicals, treatment/referrals and health education

Populations served: Rehabilitating adult males

Community partners: Salvation Army Harbor Light Center

OTHER ACCESS PROGRAMS

These programs are run by another organization with RCSIP providing student and faculty volunteers.

RCSIP CommunityHealth Clinic

The CommunityHealth Clinic (CHC) at 2611 W. Chicago Ave. on Chicago's West Side is the largest free health clinic in Illinois. Student and physician volunteers from Rush hold a weekly primary care clinic for underserved adult patients at CHC on Wednesday evenings from 5-9 p.m. Services include physical exams, treatment, referrals and health education. CHC is a fully equipped clinic with patient exam rooms, a pharmacy, lab and an electronic medical record system, making it possible to provide comprehensive care. All services, including medications and laboratory test, are free of charge.

Services: Patient history, vitals, physical exams, treatment/referrals, health education, pharmacy services and lab services

Populations served: Underserved adults

Community partners: CommunityHealth Clinic

HEALTH EDUCATION AND PROMOTION PROGRAMS

Health education and promotion programs provide educational resources or opportunities for promoting preventive lifestyle behaviors and self-management of disease.

5+1=20

The 5+1=20 program aims to educate high school students at Chicago Public Schools on the five diseases prevalent in the surrounding community (asthma, hypertension, HIV, diabetes and cancer). The 5+1=20 program is based on the idea that knowledge of these five common conditions plus one informed high school student (or person) can extend one life by 20 years (individuals without health insurance have an average life expectancy of 20 years less than the general U.S. population). Twice a month, Rush student volunteers teach a health topic related to the five diseases to high school students. Participating schools include Benito Juarez High School, Crane Medical Preparatory Academy and the Marine Math and Science Academy. The content of the interactive health lectures ranges from disease prevention knowledge to practical skills such checking blood pressure. The high school students are also given opportunities to spread their knowledge through 5+1=20 health fairs at their schools. Health fair activities include body mass index (BMI) calculations, blood pressure screenings, vision screenings, glucose level checks, referrals, and health education. Health fair participants include families and friends of the students as well as other members of their communities.

Services: BMI, blood pressure, glucose levels, vision screenings, referrals and health education

Populations served: Adolescents and adults

Community partners: Chicago Public Schools — Benito Juarez High School, Crane Medical Preparatory Academy, Marine Math and Science Academy

Respiratory Therapy Initiatives (RTI)

RTI aims to provide asthma and respiratory disease management education as well as access to respiratory care the community. At RTI events, Rush respiratory student and faculty volunteers lead evidence-based learning stations focused on general respiratory disease information, lifestyle changes for better respiratory health, the science behind the diseases, smoking cessation, medication management and devices, and more.

Services: Educational activities

Populations served: Patients affected by respiratory diseases or health issues that affect respiration

Community partners: ABC Polk Bros. Community Center, Chicago Public Schools

Mexican Consulate Health Organization (MCHO)

MCHO strives to promote healthy living in the surrounding Mexican community through monthly events held at the Mexican Consulate at 204 S. Ashland Ave. on Chicago's Near West Side. At these events, Rush student volunteers hold health education seminars in Spanish and provide screening services such as BMI calculation, blood pressure checks and blood glucose monitoring. Referrals are given as needed.

Services: Educational presentations, BMI calculation, blood pressure checks, blood glucose monitoring and referrals

Populations served: Adults and children representing the Mexican community

Community partners: Mexican Consulate

Original Change Project (OCP)

OCP is a rapid-response and consulting group that helps various local community groups organize, plan and operate small to midsize health-related activities in places such as churches, schools and neighborhood clubs.

Services: Volunteer recruitment, blood pressure checks, eye exams, blood glucose monitoring and health education

Populations served: Various community groups

Community partners: Various local community partners

Chicago Recovery Alliance Medical Mobile Van (MMV)

MMV is a mobile health care delivery unit run by the Chicago Recovery Alliance that actively works toward harm reduction on Chicago's West Side. MMV primarily focuses on health issues associated with drug addiction and sexually transmitted illnesses. Every Wednesday, student and clinician volunteers from Rush (physician, nurse practitioner, and physicians' assistant) work with MMV van staff to offer services including basic health screenings, vital sign checks, health education, diabetic foot checks, vaccine administration, general physical exams, basic wound care and distribution of hygiene bags.

Services: Blood pressure checks, blood glucose monitoring, health education, diabetic foot checks, vaccine administration, general physical exams and basic wound care

Populations served: Displaced, drug dependent and underserved adults

Community partners: Chicago Recovery Alliance

RU Caring

RU Caring organizes mid- to large-scale health fairs in the community with an emphasis on comprehensive health and wellness. Rush student, faculty and staff volunteers from a variety of educational, clinical and operations-based programs collaborate to plan, operate and offer a range of services to health fair participants. Health fair services can include blood pressure checks, BMI calculations, physical exams, dental checks and cleaning, vision screenings, hearing screenings, immunizations, disease screenings, health and nutrition education, fitness exercises, health benefits enrollment, referral for follow-up care and distribution of back to school supplies.

Services: Blood pressure and BMI checks; focused physical exams; dental, vision, hearing and disease screenings; immunizations; health and nutrition education; fitness exercises; health benefits/enrollment support and referrals

Populations served: Adults, adolescents and children

Community partners: Chicago Public Schools, Chicago Department of Public Health, Alderman's office and other community partners

RCSIP Wellness Center at Facing Forward

The Wellness Center at Facing Forward is held on Thursdays from 5-7:30 p.m. at Facing Forward to End Homelessness' Sanctuary Place at 642 N. Kedzie Ave. on the West Side of Chicago. Sanctuary Place is a permanent housing community for displaced women that provides peer support and on-site case management. The RCSIP Wellness Center at Facing Forward aims to help participants decrease their cardiovascular disease risk and improve respiratory health through weekly programming that uses a comprehensive approach based on the American Heart Association's Life's Simple Sevens guidelines. Each week, Rush student volunteers perform health screenings for BMI and blood pressure, provide group life coaching sessions (all life coaches have motivational interviewing training and monthly supervision sessions), present a health education lecture, and conclude with an exercise session. Other activities include a monthly healthy cooking demonstration, weekly knitting meetings as a method for stress reduction and smoking cessation, a "telling your story" activity to improve spiritual and mental health, a walking group, periodic blood glucose and cholesterol screenings, and respiratory health testing. All Wellness Clinics are supervised by Rush faculty volunteers.

Services: Life coaching, BMI checks, blood pressure checks, glucose level checks, cholesterol level checks, respiratory health, health education, exercise sessions, healthy cooking demonstrations, walking group, knitting group and communication activities

Populations served: Formerly displaced adult females

Community partners: Facing Forward to End Homelessness

RCSIP Wellness Center at Oakley Square

The Wellness Center at Facing Forward is held weekly from 5-7:30 p.m. at Oakley Square at 2333 W. Jackson Blvd. on the West Side of Chicago. Oakley Square is a Section 8 housing community with approximately 600 residents who range in age from newborns to older adults. The RCSIP Wellness Center at Oakley Square aims to help participants decrease their cardiovascular disease risk and improve respiratory health through weekly programming that uses a comprehensive approach based on the American Heart Association's Life's Simple Sevens guidelines. Each week, Rush student volunteers have health screenings for BMI and blood pressure, present a health education lecture and organize an exercise session. Other activities include a monthly healthy cooking demonstration, reproductive health education sessions for adolescents, healthy eating for children sessions presented to residents who have children, periodic screenings of blood glucose and cholesterol, and respiratory health testing. All Wellness Clinics are supervised by faculty volunteers from Rush.

Services: BMI checks, blood pressure checks, glucose levels, cholesterol levels, respiratory health, health education, exercise sessions, healthy cooking demonstrations, walking group, knitting group and communication activities

Populations served: Young children through older adults

Community partners: The Community Builders, Inc.

RCSIP Youth Advocates

The YAs are a group of Rush student volunteers that work at the Rush Adolescent Family Center (AFC), three Rush School-Based Health Centers (SBHC) and at Oakley Square, a Section 8 housing community. AFC is located on the Rush campus and provides reproductive health services and health education for underserved male and female youth, and prenatal care for underserved female youth. The Rush SBHCs are located at Orr Academy High School, Crane Medical Preparatory High School and Simpson Academy, a Chicago Public School for pregnant and parenting girls. The SBHCs act as a health care safety net for underserved youth. Their services consist of health promotion programs and full service clinics that provide primary care, intermittent care, prenatal care, reproductive health services and mental health services to students. SBHCs at Simpson Academy and Orr Academy also provide health services for children at on-site daycare centers. YA volunteers provide evidence-based reproductive health education services, participate in annual all-school sexually transmitted disease screening days, follow-up on patient and partner treatment, and conduct adolescent risk assessments with subsequent referrals and follow-up based on assessment findings. All YA volunteers receive

training in conducting the risk assessment, providing follow-up and delivery of evidenced-based reproductive health education.

Services: Reproductive health education, risk assessments, referrals and follow-up, screenings and treatment for sexually transmitted diseases, and birthday celebrations

Populations served: Sixth through 12th grade pregnant and parenting girls, children of adolescent parents, adolescent through young adult males and females (low 20s)

Community partners: Rush School-Based Health Centers and the Rush Adolescent Family Center, Chicago Public Schools, Chicago Department of Public Health and the Community Builders, Inc.

Saturdays with Seniors (SWS)

SWS is a weekly program focused on improving the health and wellness of senior citizens in the community. Every Saturday from 10-11 a.m., Rush student volunteers provide services at the Chinese American Service League senior home at 2108 S. Princeton Ave. on Chicago's South Side. Services include blood pressure checks and a one-hour stretching and strength training exercise class. Student volunteers also collaborate with St. James Food Pantry, located at 2907 S. Wabash Ave. on Chicago's Near South Side, to provide large-scale blood pressure screenings, education on hypertension, and information and/or referrals to free or low-cost clinics every second Saturday of the month.

Services: Blood pressure checks, fitness exercises and health education

Populations served: Senior citizens

Community partners: Chinese-American Service League and St. James Food Pantry

HEALTH CARE PIPELINE PROGRAMS

Pipeline programs inform and educate youth of all age groups on careers in health science, focusing on building a pipeline for future health care careerists.

Chicago Public Schools (CPS) Career and Technical Education (CTE)

The CPS CTE program was established by the Cook County President's and the City of Chicago Mayor's offices to increase the number of Chicago's youth recruited into Chicago's health care workforce. This program consists of a partnership between the Chicago Public Schools (Richard T. Crane Medical Preparatory Academy and Sullivan, Dunbar, Westinghouse, North Grand and Kelvyn Park High Schools), the Chicago Cook Workforce Partnership, the Health & Medicine Policy Research Group, several area hospitals (Rush University Medical Center, Mercy Hospital & Medical Center, Northwestern Memorial Hospital, Ann & Robert H. Lurie Children's Hospital, St. Mary & Elizabeth Hospital and St. Joseph Hospital) and the Michael Reese Health Trust. The partner school for Rush's Office of Community Engagement is the Richard T. Crane Medical Preparatory Academy. Through CPS CTE, Rush student and faculty volunteers provide mentorship and activities to facilitate the Crane students' efforts to successfully pursue their interest in health careers. Program activities are all focused on awareness, exploration and application of the health sciences.

Services: Mentoring, tutoring, health lectures, professional development activities, exposure to a variety of health careers, shadowing opportunities at Rush, internships at Rush and other activities

Populations served: High school students

Community partners: Richard T. Crane Medical Preparatory High School and the Michael Reese Trust Fund

Instituto Health Science Career Academy (IHSCA)

IHSCA is a Chicago public high school that aims to prepare students for success in secondary institutions and careers in the health care sector. Rush student volunteers mentor students, organize lectures by faculty from Rush and encourage student participation in RCSIP activities.

Services: Mentorship and faculty lectures

Populations served: High school students

Community partners: Instituto Health Science Career Academy

Mini Medical School (MMS)

MMS is a five-week day camp for 40 grade school students (from 4th to 6th grade) from Chicago Public Schools that aims to expose young students to the health sciences. The summer camp is held at Rush University and is comprised of an orientation, anatomy and physiology lectures, activities on five major body systems, dissections, homework and a completion celebration. Rush student and physician volunteers plan the curriculum, implement activities and assist the youth during the camp.

Services: Health sciences education

Populations served: Grade school students

Community partners: Chicago Public Schools

Sankofa Initiative

The Sankofa Initiative works to advance student progress in math and science. Student, faculty and staff volunteers from Rush spend two to three days a week tutoring children and teens at Richard T. Crane Medical Preparatory High School, Major Adams Community Center and the Salvation Army. Volunteers also conduct hands-on math and science activities at various venues.

Services: Tutoring, hands-on science experiments and various educational activities

Populations served: Grade school and high school students

Community partners: Richard T. Crane Medical Preparatory High School, Major Adams Community Center, Salvation Army and other community partners

SNMA and LMSA Pipeline

The SNMA/LMSA Pipeline program is a joint project between the Rush Student National Medical Association (SNMA) and Rush Latino Medical Student Association (LMSA) with the goal of increasing the number of underrepresented minorities in medicine. Rush student volunteers organize monthly mentoring sessions that serve an average of 40 high school students from local high schools every year. Through these sessions, students are exposed to a range of health and medicine-related topics. Sessions include health lectures by Rush faculty, advising on college preparation and professional development, and community service volunteering activities.

Services: Mentorship, health lectures, professional development

Populations served: High school students

Community partners: Local Chicago Public Schools

OUTREACH PROGRAMS

Outreach programs organize activities and events in the community to promote well-being.

RCSIP Buddies

Buddies strives to provide companionship to ill children while alleviating their stress, and providing parents of hospitalized children a chance for a break away from the bedside. Through Buddies, Rush students participate in fun activities with children being treated in Rush's Children's Hospital and the emergency department. The program at Rush Children's Hospital occurs every Monday through Thursday from 12-1 pm and the program at the emergency department Buddies program runs three hours a week at various times. Other Buddies events include an annual Halloween party with volunteers dressing up in costumes to go trick-or-treating with patients, and an MLK day event where Rush volunteers organizing cultural activities for children in the Rush Day School and patients from the Children's Hospital.

Services: Providing social activities for children in Rush facilities

Populations served: Children and adolescents and teens

Community partners: Rush Children's Hospital

Red Ribbon Friends

Red Ribbon Friends, which is offered through the Lurie Children's Hospital's Red Ribbon Friends program, consists of a group of Rush student volunteers who provide social support services to pediatric patients directly or indirectly affected by HIV. Volunteers are matched with a patient and spend time doing social activities with them, such as going to museums, movies, concerts, roller skating and a variety of other activities. RCSIP gives volunteers a monthly stipend to cover expenses with funding provided by the Rush's Women's Board.

Services: Providing social activities for children to teens registered in this program

Populations served: HIV- affected pediatric patients

Community partners: Lurie Children's Hospital, Rush Children's Hospital and Rush's Women's Board.

Rush REMEDY

Rush REMEDY is a medical supply recovery and recycling program that works with Hospital Sisters Mission Outreach to help Rush students traveling on international medical service trips to collect supplies that are recovered and redistributed for use abroad. Supplies include surgical packs, surgical gloves, gauze, bandages, sutures, catheters and refurbished hospital equipment.

Services: Collection and redistribution of unused medical supplies

Populations served: Global, underserved adults and children

Community partners: Hospital Sisters Mission Outreach

Video Peach

Video PEACH, based in the pediatric outpatient clinic, creates collaborative videos to entertain, advocate, and connect patients and their families. Over the year, Rush student volunteers visit pediatric patients in the hospital, outpatient setting, and outreach events and work with them to brainstorm ideas, create their video, and share it with their family, friends, and other pediatric patients. Volunteers help patients with the technical aspects of their videos including taping and editing. Videos can be found at videopeach.org.

Services: General support including playing games, assisting with tasks, creating activities, etc.

Populations served: Children and adolescents and teens

Community partners: Rush University Medical Center's Pediatric Outpatient Clinic

SERVICE GRANT PROGRAM

The service grant program allows teams of students to develop need-based programs that align with RCSIP's mission at existing RCSIP sites.

RU Engaged Service Grants

The student-led RU Engaged Service Grant projects address the needs of established RCSIP initiatives, Rush's School-Based Health Centers, and the Adolescent Family Center. The grant projects align directly with one or more problems identified in Rush's Community Health Needs Assessment (social determinants of health; access to health care; physical activity, nutrition and weight control; diabetes; heart disease and cardiovascular risk; women's health; mental health; and asthma and chronic respiratory disease) and with one of the community implementation strategies (access, health education, health care pipeline programs, community-based research and partnership building). For grants to be considered, they must have a plan for sustainability that includes future Rush student participation within the RCSIP structure. Each grant submission team consists of at least two students and must represent at least two different health care disciplines. Requests for grant

proposals are issued early each fall.

Services: Various services (e.g., access, health education, health care pipeline programs)

Populations served: Various community groups

Community partners: Chicago Public Schools, Facing Forward, St. Stephan's Terrace and various other community partners

ANNUAL EVENTS

Martin Luther King, Jr. Day Program (MLK Day)

On MLK day, all RCSIP programs and Rush faculty and staff come together to hold a day of service in honor of Dr. Martin Luther King, Jr. In the past, MLK activities have included collecting personnel supplies to ship to the military overseas, preparing breakfast at homeless shelters, providing health screenings for underserved populations, and opening up Rush teaching labs to give Chicago Public School grade school and high school students opportunities to explore health care careers.

Services: Various; collecting and shipping supplies for overseas based military, preparing breakfast at homeless shelters, health screenings, teaching labs and health education activities

Populations served: Adults, children and veterans

Community partners: Franciscan Outreach, Laurence Armour Day School, Chicago Youth Centers, Boys and Girls Clubs of Chicago, Facing Forward, Salvation Army, Chicago Public Schools and various other community organizations

Heart to Soles

Heart to Soles is an annual event held at the Franciscan House of Mary and Joseph Clinic by Midwest Orthopaedics at Rush and the Rush Orthopedics Student Interest Group. Student and physician volunteers from Rush collaborate to provide foot and ankle exams and distribute free socks and shoes to individuals at the shelter.

Services: Foot and ankle exams, distribution of socks and shoes

Populations served: Displaced adults

Community partners: Franciscan Outreach and Midwest Orthopaedics

Rush Community Health Needs Assessment Report



Adopted on June 8, 2016

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IRS Form 990, Schedule H Compliance

Under the provisions of the Patient Protection and Affordable Care Act of 2010, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting for nonprofit hospitals. The following table highlights the elements of this CHNA that relate to elements requested as part of nonprofit hospital reporting on IRS Form 990 Schedule H.

IRS Form 990, Schedule H Element	Rush University Medical Center	Rush Oak Park Hospital
Part V Section B Line 1a A definition of the community served by the hospital facility	Page 8	Page 8
Part V Section B Line 1b Demographics of the community	Page 9	Page 9
Part V Section B Line 1c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Pages 19, 23, 27, 31, 35, 39, 43, 47	Pages 19, 51, 55, 59
Part V Section B Line 1d How data was obtained	Pages 1, 14-15	Pages 4, 12-15
Part V Section B Line 1f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups	Pages 5, 10-13, 18-19, 22-23, 26-27, 30-31, 34-35, 38-39, 42-43, 46-47	Pages 5, 10-13, 18-19, 50-51, 54-55, 58-59
Part V Section B Line 1g The process for identifying and prioritizing community health needs and services to meet the community health needs	Pages 4-5	Pages 4-5
Part V Section B Line 1h The process for consulting with persons representing the community's interests	Pages 4-5	Pages 4-5
Part V Section B Line 1i Information gaps that limit the hospital facility's ability to assess the community's health needs	Page 6	Page 6

Introduction



Rush became part of Chicago's West Side the same way many of its neighbors did: The first incarnation of Rush Medical College moved west after its original campus, established in the Loop in 1837, was destroyed by the Great Chicago Fire of 1871.

In 1873, the medical college combined operations with the Central Free Dispensary, a free clinic for patients on the West Side. The union of the two institutions gave Chicago's underserved populations access to medical care and provided the college with patients for its teaching program. Together, the college and the dispensary created Presbyterian Hospital in 1883, a collaboration that continued until the college deactivated its charter in 1942. In 1956, Presbyterian merged with the 92-year-old St. Luke's Hospital.

In 1969, Rush Medical College reactivated its charter and merged with Presbyterian-St. Luke's Hospital to form Rush-Presbyterian-St. Luke's Medical Center; the institution changed its name to Rush University Medical Center in 2003. Rush Oak Park Hospital, which had been serving its community for 90 years as an affiliate of the Roman Catholic Church sponsored by the Wheaton Franciscan Sisters, partnered with Rush beginning in 1997 and was fully acquired by Rush University Medical Center in 2013.

When St. Luke's and Presbyterian Hospitals merged, the new institution adopted the symbol of the double anchor cross, which Rush still uses today. An ancient symbol associated with hope, faithfulness and courage in the face of life's storms, the anchor cross serves as a constant reminder of Rush's place as an anchor institution for the West Side communities of Chicago,

extending from the city's Near West Side to the suburbs of Forest Park, Oak Park and River Forest.

Anchor institutions consciously apply their human and capital resources to better the long-term welfare of the communities in which they are located. In Rush's case, our faculty, staff and students are committed to improving the well-being of their neighbors on the West Side of Chicago and the western suburbs.

While Rush's drive to improve community health has been part of our DNA from the beginning, it is a constant challenge to address the pervasive, ever-changing forces that affect our communities' well-being — and to find new ways to address the long-standing structural issues that have an impact on health. Sometimes, the community must lead. Sometimes, Rush must lead. Sometimes, other anchor institutions must lead. But to achieve collective action, all of the community's stakeholders must work together.

In this interdependent relationship, our communities give hope and support to Rush's mission; Rush gives hope and support to our communities; we join together in our efforts to reduce the structural, economic and social causes of suffering. And we work to bring one another solace and comfort along difficult journeys.

Together, we continue to create resilient, healthy communities on Chicago's West Side.



Executive Summary

A Community Health Needs Assessment (CHNA) is a comprehensive, multifactorial assessment mandated by federal regulatory requirements under Section 9007 of the Affordable Care Act and enforced by the Internal Revenue Service (IRS). Every three years, nonprofit hospitals are required to define their respective service areas and to determine those areas' main community health needs.

In 2013, Rush conducted its first Community Health Needs Assessment, covering fiscal years 2014 through 2016, and presented it as two separate reports — one for Rush University Medical Center and one for Rush Oak Park Hospital. Rush University Medical Center identified eight needs in its service area: the social determinants of health; access to health services; physical activity, nutrition and weight control; diabetes; heart disease and cardiovascular risk factors; women's health; mental health; and asthma and chronic respiratory diseases. Rush Oak Park Hospital identified its communities' main needs as access to health services; chronic disease (particularly heart and lung disease and diabetes) and related risk factors; and mental health and addiction.

Over the last 18 months, multiple stakeholders have engaged in significant reflection in preparation for this second iteration of the CHNA. At Rush, the process was led by the Center for Community Health Equity (www.healthequitychicago.org), coordinated by the Office of Community Engagement and Practice, and overseen by the Building Healthy Communities Steering Committee. First, the Rush team reviewed its

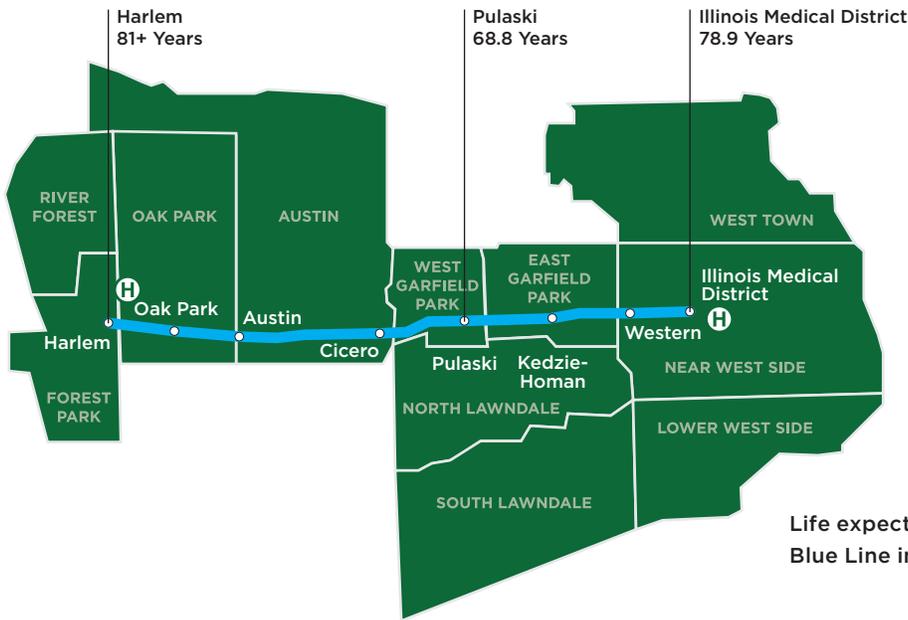
initial CHNA reports, benchmarked them against others produced three years ago in the region and assessed whether the reports contained the right content to enable us to make an impact.

Next, we sought to include more stakeholders in our process of developing the CHNA. We began by gathering input from community members as well as from Rush faculty, students and staff (especially those who live in our service area). We sought perspective from our colleagues at health systems and public health entities in the area; community leaders and members; 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, a collaborative group convened by the Illinois Public Health Institute and consisting of 26 hospitals, seven health departments and more than 100 community-based organizations.

As we developed our recommended actions for the next iteration of the CHNA, we again sought input from our key stakeholders. We strove for a transparent, diverse and inclusive process throughout, which led to five significant changes in this CHNA that covers fiscal years 2017 through 2019:

- Because the IRS recommends collaborative efforts, we decided to create a single report and action plan for Rush University Medical Center and Rush Oak Park Hospital.
- An internal committee revisited Rush's initial service area definition, examined updated health service utilization trends and developed a new service area definition that follows IRS guidelines. Our updated service area includes all 10 Rush University Medical Center and Rush Oak Park Hospital communities assessed in 2013, plus the Austin community area. Located directly between what we had previously defined as the separate Rush University Medical Center and Rush Oak Park Hospital service areas, Austin is the community that links us into one larger service area.
- We decided to use multiple sources of data that were collected, curated and interpreted locally rather than depending on the reports of consultants who might lack a strong regional understanding.
- Because people tend to identify as residents of their neighborhoods or community areas rather than as residents of a particular ZIP code, we decided to make the information more meaningful by presenting it by community area.





Life expectancies vary widely along the CTA Blue Line in the communities served by Rush.

- We aligned our recommendations with those of other health systems and the public health departments that serve our community, so that we can achieve maximum collective impact.

This process revealed significant variations in the hardships faced by the people who live in Rush's service area. Decades of structural racism and economic deprivation in the neighborhoods of Chicago's West Side have led to racial segregation and concentrated poverty, with devastating effects on those who live there. For example, median household income in North Lawndale is \$23,066, and in River Forest it is \$113,317. The rate of unemployment ranges from 27.4 percent in West Garfield Park to 5.4 percent in River Forest. In South Lawndale, 34.8 percent of residents lack health insurance; in River Forest, 3.7 percent are uninsured.

These variations lead to complex health impacts. In one ride on the CTA Blue Line from Rush University Medical Center's campus to Rush Oak Park Hospital, you'll encounter life expectancy variations that range from 78.9 years near the Illinois Medical District stop to 68.8 years near the Pulaski stop and back up to more than 81 years in Oak Park near the Harlem stop.

Based on our work with key stakeholders to reflect on this data, and working in partnership with the Health Impact Collaborative of Cook County, we have identified the following four main needs in the Rush service area:

1. Reducing inequities caused by the social, economic and structural determinants of health
2. Improving mental and behavioral health
3. Preventing and reducing chronic disease risk factors
4. Increasing access to care and community services

The above four needs have been accepted by multiple community and health system-based stakeholders and have been approved by Rush's Board of Trustees. We will collaborate and align our work with that of the Health Impact Collaborative of Cook County, Healthy Chicago 2.0 and Cook County WePLAN.

We recognize that all four areas represent complex issues that require collective action; we anticipate that a majority of our efforts will go toward reducing inequities, with the remaining three needs making up the rest of our work. We have heard repeatedly from all of our stakeholders that people who have mental and behavioral health issues are disproportionately affected by the other needs, so we are aware that our work to improve all four areas will have an impact on this vulnerable population.

The body of this report begins with background information about Rush. Next, we present the data summary for our defined service area, along with a guide to the selected measures we have used to determine our highest needs. This data highlights the vast differences among communities in our service area, as evidenced by factors such as population

size and makeup; composites of social and structural determinants of health, such as the Child Opportunity Index; levels of crime, which influence feelings of safety that are crucial to good mental health; and the percentage of people who have health insurance, which is an indicator of the accessibility of health care. Finally, we provide information about the impact of these metrics on health outcomes that include life expectancy and — equally as important — years of potential life lost.

We follow the general community description with a close-up snapshot of each of the 11 communities in Rush's service area. Each snapshot contains a look at the community's history and present state, its barriers to improved health, the impacts of these barriers and the resources the community contains that can help make life better. These profiles incorporate qualitative data that includes quotes from community residents and leaders interviewed in focus groups, as well as data collected in surveys done in the communities. We acknowledge some limitations with our data, including gaps in community-level data — especially for some of the composite social and structural determinants in our suburban communities — as well as a lack of systematic, quantitative information about mental health at a community level.

In Appendix 1, we provide the executive summary of the Health Impact Collaborative of Cook County Central Region Community Health Needs Assessment, in which Rush's communities are embedded. Appendix 2 contains a full list of our collaborators in the process of developing this assessment.

This second Rush CHNA provides the basis for a systematic approach to improvement, using multiple sources of qualitative and quantitative data to assess the health status, behaviors and needs of residents in our service area. It has been interpreted by a diverse set of stakeholders in a transparent process. It represents the continuation of a conversation that began on the West Side of Chicago nearly 150 years ago — a conversation that has growth in depth and purpose. And it lays a foundation for the next steps in a long-standing community collaboration.



Rush Overview and Community Definition

RUSH OVERVIEW

Rush Medical College, Chicago's first medical school, was chartered two days before the city was formally incorporated in 1837. Rush has been part of the Chicago landscape — and deeply embedded in the community — longer than any of the city's other health care institutions.

Today, Rush is a not-for-profit health care, education and research enterprise that includes the following:

- **Rush University Medical Center**, a 664-bed hospital that serves adults and children and includes the Johnston R. Bowman Health Center, which provides medical and rehabilitative care to older adults and people with short- and long-term disabilities. The Medical Center is the hub of our patient care and is closely connected to Rush University; in fact, all of the university's programs are taught by physicians, nurses and other faculty and staff from the Medical Center.
- **Rush University**, a university focusing exclusively on the health sciences, where nearly 2,000 students pursue degrees and certificates in medicine, nursing, allied health, health systems management and biomedical research. The university shares the Medical Center's campus and is home to one of the nation's top-ranked nursing colleges as well as competitive graduate programs in allied health, health systems management and biomedical research. Rush also offers many highly selective residency and fellowship programs in medical and surgical specialties and subspecialties.

The university's practitioner-researcher-teacher model gives students the opportunity to learn from world-renowned instructors who generate new knowledge and practice what they teach. And patients benefit from the work of those who not only continue to find novel solutions to vexing public health issues, but also teach the next generation of health professionals.
- **Rush Oak Park Hospital**, an Illinois not-for-profit, short-term, general acute care hospital seven miles west of our Chicago campus in the village of Oak Park. Rush Oak Park Hospital offers numerous specialties of care, some of which are provided by specialists from Rush University Medical Center.

- **Rush Health**, a network of health care providers — primarily hospitals and physicians — whose members work together to improve quality of health care. Rush University Medical Center, Rush Oak Park Hospital and most of the physicians on the hospitals' medical staffs are members of Rush Health.

While most academic medical centers' hospitals and medical schools are separate corporate entities with complex structures and often competing priorities, Rush's hospitals, university and physician group operate under the same leadership. Our unique structure makes it easier for us to apply what we learn through the university's research and educational activities to help improve our care delivery and strengthen our community engagement.

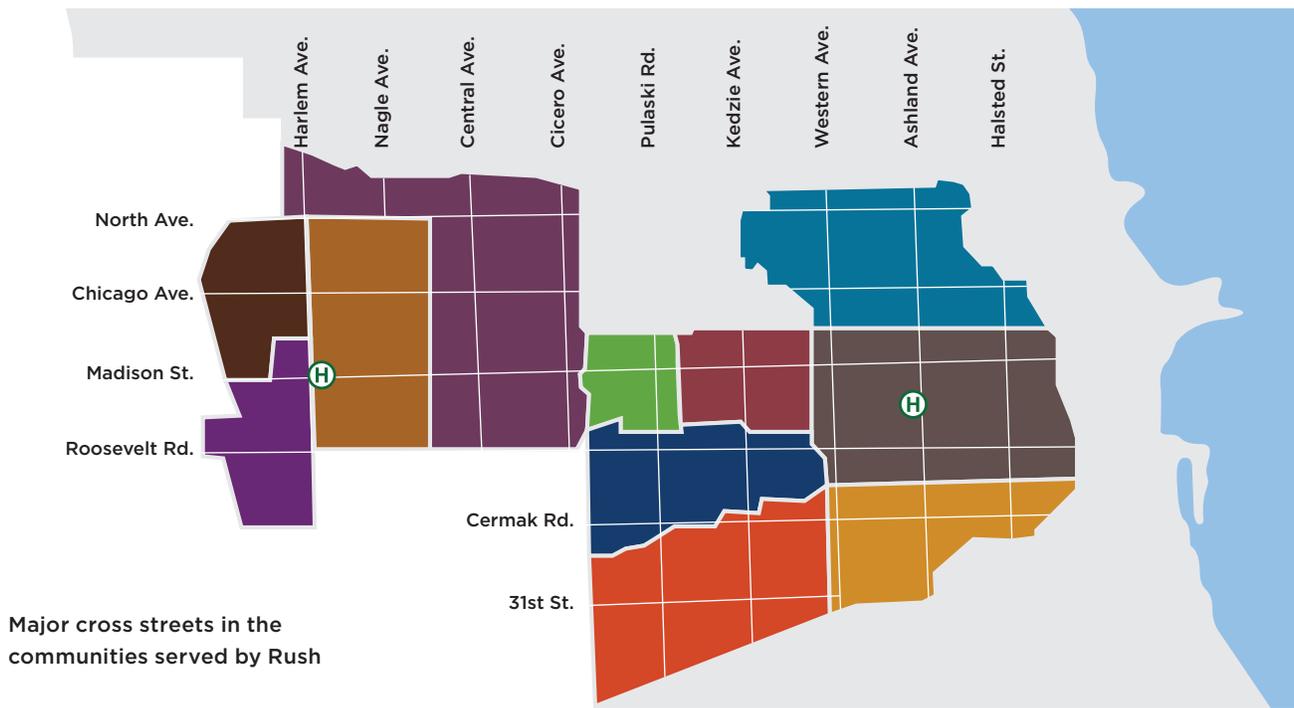
Rush is the apex of a comprehensive health delivery system designed to serve some 1.5 million people, both through its own resources and through its affiliation with community health care institutions in Illinois and Indiana. Through the work of more than 9,000 employees and almost 2,000 trainees and students, Rush is a focal point for collaboration among clinicians, researchers and educators in a multidisciplinary arena that supports extensive programs in patient care, education and research.

Rush's mission

The mission of Rush 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.

Rush's vision

Rush will be the leading academic health system in the region and nationally recognized for transforming health care.



In addition, Rush maintains a strong commitment to the community. Many students, faculty and staff at Rush generously donate their time and skills both within and outside the Medical Center. Their efforts include numerous health outreach projects in which Rush collaborates with neighborhood clinics, churches, schools and other organizations to provide health screenings and vital health education for underserved children and adults.

RUSH'S COMMUNITY

Rush's community is defined in part by geography.

In Rush's 2013 CHNA, Rush's defined community included the Chicago community areas of the Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale and South Lawndale. Rush Oak Park Hospital conducted its own 2013 CHNA covering its service areas of Forest Park, Oak Park and River Forest.

This 2016 CHNA includes both Rush University Medical Center and Rush Oak Park Hospital, reflecting Rush's operation as a single entity with multiple locations. An internal task force recommended that Rush's community definition for the 2016 CHNA add the Austin community, for three reasons: it has significant community health needs; it has high potential for Rush University Medical Center to develop effective partnerships there; and there is already an ongoing relationship among the community's residents, Rush

University Medical Center and Rush Oak Park Hospital.

Because the Austin neighborhood is physically located between Rush University Medical Center and Rush Oak Park Hospital, adding Austin also creates a community "bridge" between the two — and gives Rush the opportunity to support the neighborhood's health through both locations.

Rush's community is layers of history. The West Side communities of Chicago have long been a landing point for immigrants and migrants. What is now Ogden Avenue began as a Native-American footpath through the prairies west of the Chicago River. Early settlers from Europe settled in this then-rural region as a young Chicago was growing in the 1800s. With the Great Chicago Fire of 1871 starting in the Near West Side and spreading eastward, the area west of the river became a haven for people fleeing the destruction of the city. Later, new immigrants came to the West Side seeking opportunities for growth and development, beginning a generational migration west as the city and county grew.

As each group became more successful and more mobile, new groups of immigrants and migrants took their places in the older communities — from Irish, Scandinavians, Czechs and Poles to African Americans during the Great Migration from southern states to Latinos from Mexico — all seeking better opportunities. Each group brought its skills and capabilities to change their lives and those of their descendants. Each has adjusted to the stresses of cultural shifts

and assimilation pressures. Each has struggled to make a better life for future generations. And each group has added its own value to build social capital in the communities.

Rush’s community can be a place for people to thrive. A U.S. Department of Health and Human Services planning guide published in 2001 put it succinctly: “A healthy community is one that embraces the belief that health is more than merely an absence of disease. A healthy community includes those elements that enable people to maintain a high quality of life and productivity.”¹

The CHNA process that is now part of the Affordable Care Act has invited health care institutions to think about their communities in a way they never have before — as partners in the building and strengthening of the elements that create healthy communities and support community members’ health.

These elements include the **social and structural determinants of health**, defined by the World Health Organization as “the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.”²

These determinants have a profound impact on how people feel about their well-being. For example, issues like crime influence people’s feeling of safety in their neighborhoods; in turn, their perceptions of being unsafe affect their mental health. Unfortunately, there are limited ways to measure mental health at the community level at this time, which limits our ability to understand the full impact of social and structural determinants on people’s health.

The communities Rush serves demonstrate a wide range of health and well-being because they are home to a wide range of social and structural determinants of health, including educational attainment, economic resources, crime rates and access to health care.

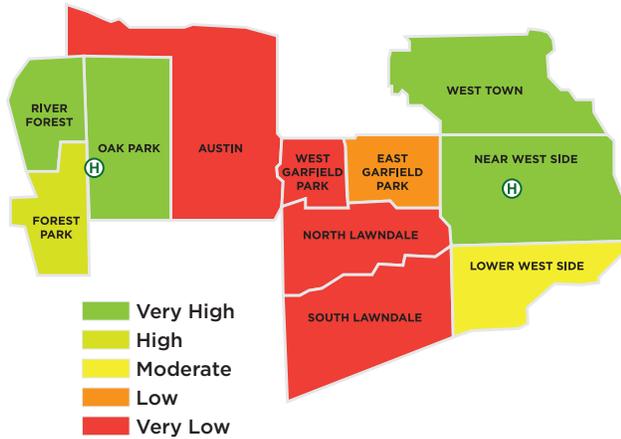
RUSH COMMUNITY AREA DEMOGRAPHICS³

The people Rush serves come from a widely varying range of racial, ethnic and age groups; many are immigrants who speak languages other than English. The table below outlines the demographics of all 11 of Rush’s community areas.

	Austin	West Garfield Park	East Garfield Park	North Lawndale	South Lawndale	Lower West Side	West Town	Near West Side	Forest Park	Oak Park	River Forest
Total Population, 2010 Census	97,997	18,724	20,696	36,169	69,951	35,353	84,559	55,877	14,202	51,902	11,183
Population Density, Pop./Square Mile	13,711.0	14,462.2	10,707.7	11,267.6	15,235.7	12,085.2	18,479.7	9,828.6	5,913.3	11,042.2	4,514.7
Population Change, 2000-2010	-19.3%	-27.9%	-1.5%	-16.3%	-14.9%	-23.1%	-6.3%	15.4%	-9.7%	-1.2%	-4.0%
Race and Ethnicity											
White, %	4.5	1.5	3.4	1.9	3.7	12.4	57.8	42.2	46.9	64.7	81.7
Hispanic/Latino	9.4	0.8	2.5	6.0	84.5	81.6	28.4	10.5	10.0	6.2	4.4
Black	84.7	97.1	93.0	90.7	11.5	3.8	7.7	31.0	33.1	20.8	5.9
Asian	0.5	0.1	0.4	0.2	0.2	1.1	3.9	14.2	7.9	5.0	5.5
Other	0.9	0.4	0.7	1.1	0.2	1.1	2.3	2.1	2.1	3.3	2.5
Age Cohorts											
19 and Under, %	30.5	35.4	34.8	37.5	31.7	27.7	17.5	19.0	18.9	26.1	32.5
20-34	20.5	23.5	21.8	22.7	29.2	31.2	43.1	43.5	24.2	18.8	12.2
35-49	19.2	17.2	18.3	15.2	21.1	20.3	22.3	18.7	22.3	23.4	16.9
50-64	18.5	14.2	15.6	16.2	12.3	12.8	10.8	12.2	22.7	20.9	24.5
65+	11.2	9.7	9.4	8.3	5.7	7.9	6.2	6.6	12.0	10.8	13.9

WHERE THE OPPORTUNITIES LIE

Child Opportunity Index Rankings in Rush's Community Areas⁴



The Child Opportunity Index (COI), created in a collaboration between the diversitydatakids.org project and the Kirwan Institute for the Study of Race and Ethnicity, compares neighborhood-based opportunities that influence children's health and development.

The COI is a measure of relative opportunity across all neighborhoods in a metropolitan area. The researchers consider 19 metrics within three areas.

Educational opportunities, including the following:

- Adults 25 and older with college education
- Student poverty rates
- Percentages of students receiving free and reduced-priced lunches
- Fourth-grade reading proficiency rates
- Fourth-grade math proficiency rates
- Early childhood education neighborhood participation rates
- High school graduation rates
- Proximity to early childhood education

Health and environmental opportunities, including the following:

- Retail healthy food within reasonable walking distance
- Proximity to toxic waste release sites
- Volume of nearby toxic release
- Proximity to parks and open spaces
- Housing vacancy rate
- Proximity to health care facilities

Social and economic opportunities, including the following:

- Neighborhood foreclosure rates
- Percentages of residents below poverty
- Unemployment rate
- Public assistance rate
- Proximity of employment

Children who live in areas of low opportunity have an increased risk for a variety of negative health indicators (e.g., premature death), are more likely to be exposed to serious psychological distress and are more likely to perform poorly in school. COI scores in Rush's communities range from "very low" in four neighborhoods to "very high" in four other neighborhoods. This map of COI rankings in Rush's service area provides a visual representation of where we can identify the most significant opportunities for improving community health.



SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH IN RUSH'S COMMUNITIES

The first table below compares seven key social and structural determinants of health in Rush's communities. The second shows four of the health impacts of those determinants.

Determinants of health

Indicator	Austin	West Garfield Park	East Garfield Park	North Lawndale	South Lawndale	Lower West Side	West Town	Near West Side	Forest Park	Oak Park	River Forest
City of Chicago Hardship Index (Tertile) ⁵	High	High	High	High	High	High	Low	Low	N/A	N/A	N/A
Age 16+ Unemployed ⁶	22.5%	27.4%	20.2%	24.6%	16.7%	16.1%	7.1%	10.6%	11.7%	7.8%	5.4%
Median Household Income	\$31,912	\$25,133	\$25,197	\$23,066	\$31,516	\$35,690	\$69,640	\$67,446	\$51,055	\$78,802	\$113,317
Age 25+: High School Diploma or Higher	75.5%	74.5%	79.0%	71.8%	44.3%	60.9%	87.6%	90.4%	93.4%	96.5%	97.5%
Housing Vacancy Rate	16.1%	30.6%	21.1%	27.2%	20.5%	14.1%	9.0%	10.9%	9.0%	9.9%	9.6%
Homicide Rate per 1,000 ⁷	0.30	0.83	0.49	0.45	0.13	0.17	0.10	0.09	0.00	0.00	0.00
Health Care Coverage: Percent Uninsured ⁸	21.4%	22.4%	19.0%	19.5%	34.8%	30.4%	15.7%	10.0%	15.2%	7.0%	3.7%

Impact of determinants

Indicator	Austin	West Garfield Park	East Garfield Park	North Lawndale	South Lawndale	Lower West Side	West Town	Near West Side	Forest Park	Oak Park	River Forest
Life Expectancy at Birth, Years ⁹	71.9	68.8	71.7	72.1	82.2	81.4	79.5	78.9	78.5	81.2	83.5
Infant Mortality Rate per 1,000 live births ¹⁰	13.3	19.0	11.0	14.1	5.9	9.1	5.1	5.4	9.2	4.4	2.8
Years of Potential Life Years Lost Rate per 100,000 Age ≤75 ¹¹	14,206	18,401	15,648	15,106	5,114	6,073	5,249	6,778	6,094	4,449	4,230
Age-Adjusted Mortality Rate per 100,000 Population ¹²	1,082.5	1,254.4	1,127.0	1,061.9	588.0	632.9	738.0	793.4	789.2	655.2	536.6

DETERMINANTS OF HEALTH

City of Chicago Hardship Index

The City of Chicago's hardship index ranks each community area's socioeconomic hardship on a scale of 0-100, with a higher number representing a greater level of hardship.

The index measures the following socioeconomic indicators of public health significance:

- The percentage of occupied housing units with more than one person per room
- The percentage of households living below the federal poverty level
- The percentage of people over 16 who are unemployed
- The percentage of people over 25 without a high school diploma
- The percentage of the population that is under 18 or over 64
- Per capita income

Hardship index scores in the Chicago neighborhoods Rush serves range from 10 in West Town to 96 in South Lawndale. These scores are standardized according to the data for Chicago's 77 community areas, and therefore cannot be compared to other cities' hardship index scores. Accordingly, you will not see hardship index scores for Forest Park, Oak Park and River Forest in this document; instead, this table includes data on these communities' unemployment, income, education and housing vacancy rates.

Age 16+ Unemployed

A community's rate of unemployment among those age 16 and older is a strong indication of its health. Unemployment in Rush's communities ranges from a low of 5.4 percent in River Forest to a high of 27.4 percent in West Garfield Park.

Median Household Income

While every community contains a range of household incomes, differences in median household income are some of the most basic measures of economic inequities. In Rush's communities, median household income ranges from just over \$23,000 in North Lawndale to more than \$113,000 in River Forest.

Age 25+: HS Diploma or Higher

The more educated people are, the better their economic and physical health tend to be. In South Lawndale, about 44 percent of the population has at least a high school diploma; in River Forest, more than 97 percent do.

Housing Vacancy Rate

High rates of vacant housing (e.g., abandoned houses) in a community are often a reflection of low property values, and can also affect crime rates and civic participation; extremely low vacancy rates can indicate that many people are priced out of scarce housing. More than 30 percent of the housing in West Garfield Park is vacant, while in West Town and Forest Park the rate is 9 percent.

Homicide Rate per 1,000

High crime rates have a profound effect on people's feeling of safety in their neighborhoods, which in turn affects mental health by increasing stress levels. Stress can also affect physical health by exacerbating chronic conditions such as hypertension, obesity and asthma. In addition, high crime rates can discourage people from healthy behaviors like exercising outdoors and walking or bicycling to work and school. Of the communities in Chicago, West Garfield Park's homicide rate is the highest at .83 per 1,000 people, while on the Near West Side the rate is .09 per 1,000 people.

Health Care Coverage: Percent Uninsured

People who lack health insurance have worse access to health care than people who are insured and often go without care because of cost. Those without insurance are also less likely to have a primary care physician, receive preventive care or receive regular help managing chronic conditions. In South Lawndale, nearly 35 percent of people have no insurance; in River Forest, 3.7 percent are uninsured.



IMPACT OF DETERMINANTS

Life Expectancy at Birth, Years

There may be no more dramatic illustration of the social and structural determinants of health than the number of years people in particular neighborhoods can expect to live. A baby born now in West Garfield Park has a life expectancy of just under 69 years, while in River Forest the life expectancy is 83.5 years. Chicago's disparities in life expectancy between neighborhoods are some of the highest in the nation.

Infant Mortality Rate per 1,000 Live Births

Infant mortality rates not only reflect the accessibility and quality of health care for pregnant women and infants, but high rates can also be indicators of issues such as maternal alcohol, tobacco and illegal drug use that can result in low birth weights or premature deliveries. In West Garfield Park, the infant mortality rate is 19 per 1,000 live births, and in River Forest the rate is 2.8 per 1,000 live births.

Years of Potential Life Years Lost Rate per 100,000 Age \leq 75

When people die young, their communities lose their potential social and economic contributions too soon. The “years of potential life lost” (YPLL) measurement shows how premature death affects a neighborhood by estimating the average time a person would have lived if he or she had not died before the average lifespan of 75 years, then adding up those years to create a community total. YPLL is calculated by adding the sum of the differences between the average life expectancy of 75 and the ages of death for those who die before 75, divided by the total population at or below age 75, and multiplied by 100,000.

In Rush's communities, West Garfield Park sees the highest number of YPLL annually, with more than 18,000 years of life lost; River Forest's annual YPLL of 4,230 is the lowest.

Also, people who have mental illness, who account for many of each community's most vulnerable residents, are heavily affected by the social and structural determinants of health. According to a 2014 study, this population's YPLL is significantly higher than that of people who do not have mental illness; study participants who had mental illness lost 3.8 more average years of potential life than those without it (17.9 vs. 14.1 average years of potential life lost).¹³

Age-Adjusted Mortality Rate per 100,000 Population

Because causes of death occur at different rates in different age groups — for example, older populations will likely have more occurrences of cardiovascular disease and cancer than younger groups — age-adjusted mortality rates enable us to fairly compare death rates between populations. In West Garfield Park, the age-adjusted mortality rate is 1254.4 per 100,000 people, and in River Forest is 536.6 per 100,000 people.



Community Snapshots

GUIDE TO COMMUNITY SNAPSHOT CONTENT

Each community snapshot contains information that includes the following:

Neighborhood profile

Information about community history was sourced largely from the Encyclopedia of Chicago (encyclopedia.chicagohistory.org), a collaboration among the Chicago History Museum, the Newberry Library and Northwestern University.

Additional sources included the Historical Society of Oak Park and River Forest (oprhistory.org) and community organization websites such as those of Austin Coming Together (austincomingtogether.org), Breakthrough Ministries (breakthrough.org), Vox60130 (vox60130.org), the Resurrection Project (resurrection.org), the Near West Side Community Development Corporation (nearwestsidecdc.org), the North Lawndale Community Coordinating Council (nlcccplanning.org), Bethel New Life (bethelnewlife.org), the Oak Park-River Forest Community Foundation (oprfcf.org), Enlace Chicago (enlacechicago.org) and the Greater West Town Community Development project (gwtp.edu).



Health Impact Collaborative of Cook County survey results

In a Health Impact Collaborative of Cook County (HIC) survey, residents of neighborhoods in Rush's service area provided feedback about topics that included their perceptions about their communities' health and safety as well as their own health and use of health care services. Because of the survey's small sample size in each neighborhood, responses were grouped into four ZIP code clusters: 1) Austin, East Garfield Park and West Garfield Park; 2) the Lower West Side, North Lawndale and South Lawndale; 3) West Town and the Near West Side; and 4) Forest Park, Oak Park and River Forest.

Focus group comments

The Office of Community Engagement and Practice at Rush University Medical Center (RUMC) conducted 11 focus groups with residents and 10 interviews with community leaders in the city and suburban communities served by Rush University Medical Center and Rush Oak Park Hospital. The discussions solicited participants' input about their communities' strengths and challenges, as well as their vision for their communities' futures.

City communities: A total of 60 residents participated in focus groups across the eight city communities. Group sizes ranged from four to 11 participants, with an average of eight people per group. Nine city-based community leaders were also interviewed.

Suburban communities: A total of 24 residents participated from three suburban communities. Group sizes ranged from five to 14 participants, with an average of eight people per group. One community leader, from Oak Park, was also interviewed.

City of Chicago Hardship Index

The City of Chicago's hardship index ranks each community area's socioeconomic hardship on a scale of 0-100, with a higher number representing a greater level of hardship. Because these scores are standardized according to the data for Chicago's 77 community areas, Forest Park, Oak Park and River Forest do not have scores, but for each of these three communities we have included data on measures factored into the calculations for Chicago's rankings.

Child Opportunity Index

The Child Opportunity Index compares neighborhood-based educational; health and environmental; and social and economic opportunities that influence children’s health and development.

Crime data

Crime data for Chicago neighborhoods comes from the Chicago Police Department as aggregated at www.chicagohealthatlas.org; for suburban communities, it comes from Federal Bureau of Investigation, FBI Uniform Crime Reports as aggregated at assessment.communitycommons.org.

Health insurance data

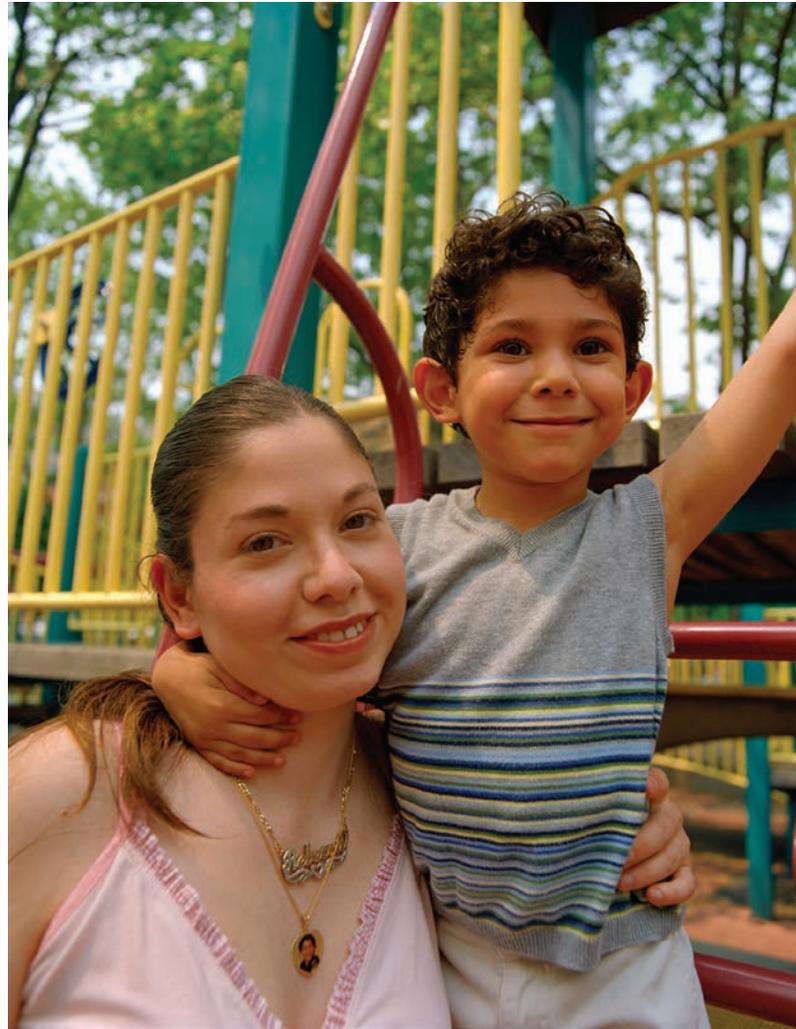
Health insurance data comes from the 2008-2012 American Community Survey as aggregated at www.chicagohealthatlas.org; for suburban communities, it comes from the 2010-14 American Community Survey as aggregated at assessment.communitycommons.org.

Years of potential life lost

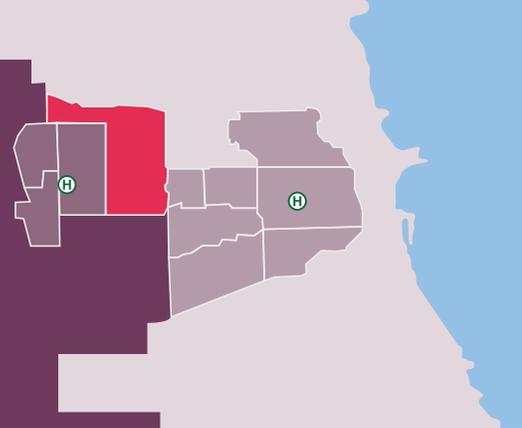
The “years of potential life lost” (YPLL) measurement shows how premature death affects a neighborhood by estimating the average time a person would have lived if he or she had not died before the average lifespan of 75 years, then adding up those years to create a community total. For Chicago neighborhoods, the data comes from the City of Chicago Data Portal at data.cityofchicago.org; for suburban communities, it comes from the Cook County Department of Public Health.

Community assets

Community assets are anything in a community that can help improve residents’ quality of life — everything from intangibles such as the wisdom and skills of local residents to institutions like schools, churches, libraries and arts organizations; community groups; businesses; parks and natural resources.



Austin



Seven miles west of the Loop on the western border of Chicago, Austin is the largest community area in the city in terms of both size and population. Long a middle-class community with many residents who commuted to work downtown, Austin's demographic, like those of other West Side neighborhoods, began to shift in the 1960s from mostly white to mostly African American, although its population has not declined as much as others'. A neighborhood centerpiece, Columbus Park, drew people to the area after its opening in 1920, deteriorated through the 1960s and was extensively restored in 1992.

In 2015, the Austin Coming Together network of residents and business owners released its "Agenda 2025" plan for coordinating community development and improving Austin's quality of life over the next decade. The plan aims to improve four indicators of community well-being: the percentage of third-grade students in Austin public schools who meet or exceed state reading and math standards; the number of families living below the federal poverty line; the rate of violent crime; and median residential property values.



We are a very strong community. We are a small business-based community in that we have quite a few vibrant small businesses within the ward. We also host one of the largest corporations in the country... Mars, the makers of M&Ms.

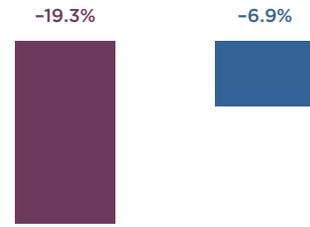
- Rush focus group participant from Austin

HIC survey participants asked how common violence is in their community: 65% said "extremely" or "very."



Who lives here?

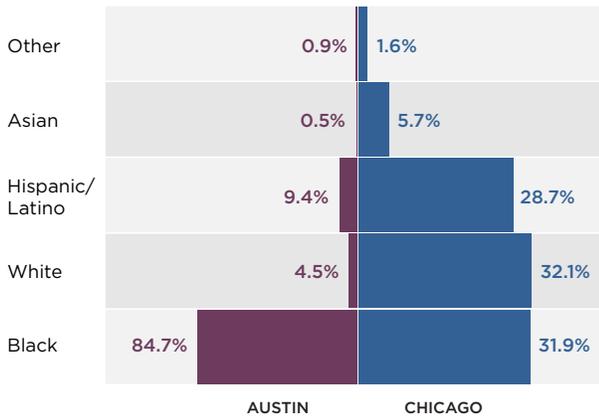
- **97,997** people live in Austin. The average household size is **3.0** people, compared to an average Chicago household size of **2.6** people.¹
- Austin is more densely populated than Chicago overall, with a population per square mile of **13,711.0** people compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, Austin's population decreased by **19.3%**, placing it in the highest quartile of population decline among the communities served by Rush. In Chicago overall, the population decreased by **6.9%** during the same period.³



POPULATION CHANGE, 2000-2010
Austin at left, Chicago at right

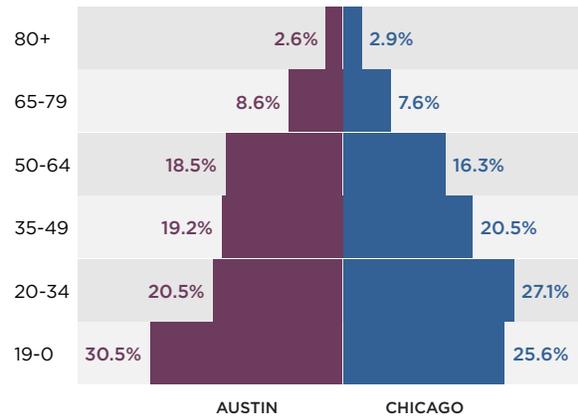
RACE AND ETHNICITY⁴

The population in Austin is mostly African American.



AGE⁵

The population in Austin is very slightly older than the city of Chicago average, with a median age of **34.1** as compared to the citywide average of **33.3**.



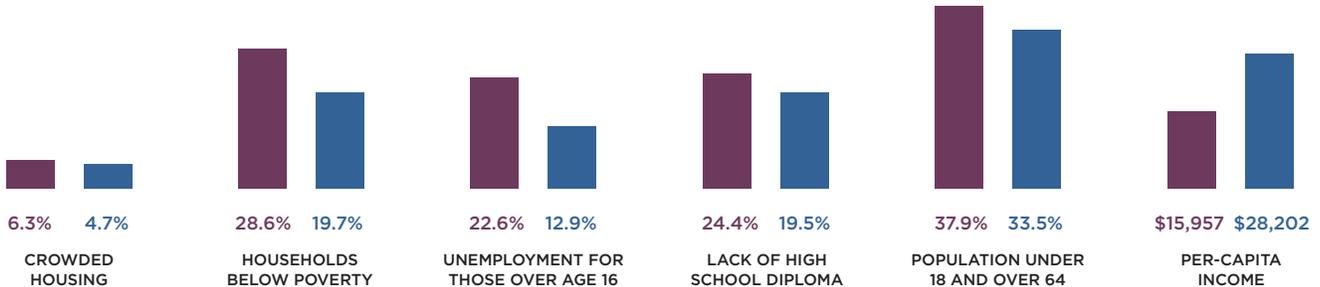
HIC survey participants asked how much neighbors trust and look out for each other: 53.4% said “a little/none/not at all.”



What are the potential barriers to good health?

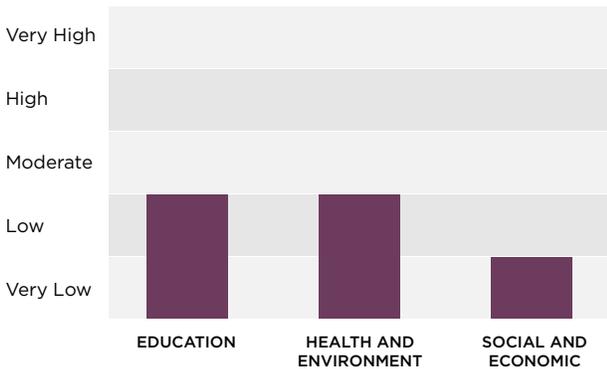
HARDSHIP INDEX⁶

Austin's hardship index is **73**, based on the following statistics (*Austin at left, Chicago at right*):



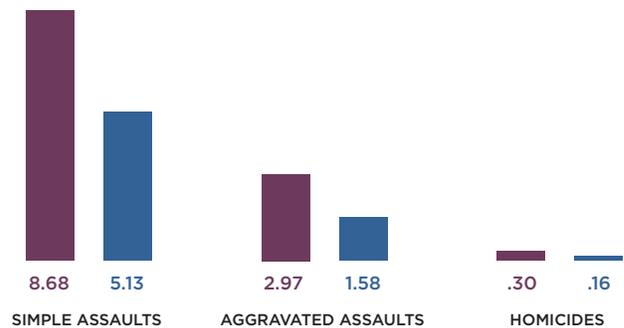
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “low” ranking to Austin’s educational opportunities; “low” to health and environmental opportunities; and “very low” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“very low.”**



CRIME⁸

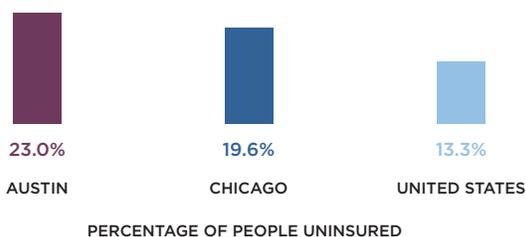
Austin is in the second quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
Austin at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

Austin residents have health insurance at a lower rate than residents of the rest of the city. Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹⁰



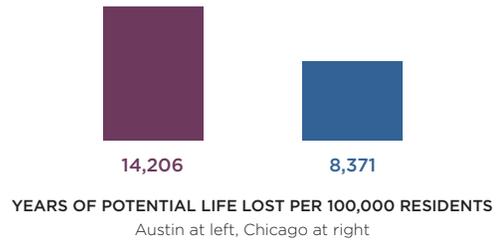
Obamacare and CountyCare did a lot for opening doors for people who previously didn’t have those types of services.

- Rush focus group participant from Austin

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

Austin ranks **13th** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **14,206.**



What resources make life better?

COMMUNITY ASSETS

Some of Austin's community assets include the following:

Hospital

Loretto Hospital

Grocery store

Aldi

Public parks

Austin Park
Austin Town Hall Park
Columbus Park
Cottonwood Playlot Park
Moore Park
Hubbard Playlot Park
Kinzie Parkway Park
Levin Park
Sweet Clover Playlot Park

Pharmacy

Walgreens

Schools

Little Folks Cottage Kindergarten & Nursery (Private, PK, K)
Little Leaders of Tomorrow (Private, Daycare, PK, K)
West Austin Development Center (Private, Daycare, PK-K)
George Rogers Clark, Depriest, Ellington, Howe, Leland, Spencer (Public, PK-8)
Plato Learning Academy (Contract, K-8)
Catalyst-Circle Rock (Charter, K-8)
Chicago Jesuit Academy (Roman Catholic, All Boys, 6-9)
Michele Clark Magnet High School (Magnet, 6-12)
Douglass (Public, 9-12)
Austin Poly, Austin Business and Entrepreneurship Academy, VOISE (Magnet, 9-12)
Christ the King Jesuit College Preparatory School (Roman Catholic, 9-12)
Academy of Scholastic Achievement (Charter, 10-12)

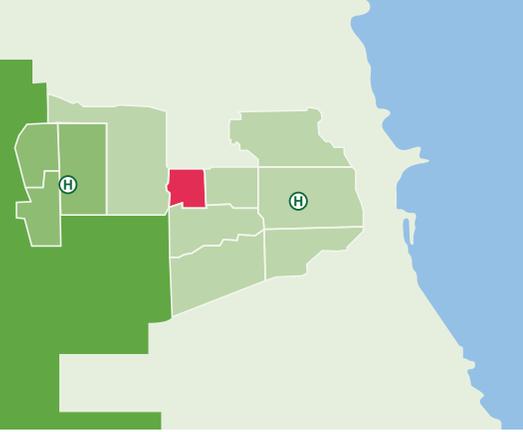
Churches with which Rush has affiliations

Helping Hand M.B. Church
Hope Community Church
No. 2 New Mt. Sinai M.B. Church

Neighborhood organization

Austin Coming Together

West Garfield Park



West Garfield Park, located five miles west of the Loop, is a community marked by change. Its evolution has encompassed the transition from farmland into what was for a time the city's second busiest shopping district; attractions that have included both an infamous 19th-century racetrack and one of Chicago's most beautiful parks; periods of booming residential growth followed by white flight; racial unrest and neighbors coming together.

For decades, West Garfield Park residents who want to improve their community have fought back against the depopulation, crime and poverty that began to affect the neighborhood in the 1950s. They established block clubs and nonprofit organizations such as Bethel New Life, an agency that for nearly four decades has focused on real estate development, affordable housing, social programs and job creation — building on “the people, physical assets and faith base of the community” to strengthen its connections to the rest of the region and create opportunities for those who live there.



...if something don't happen...if somebody don't do something about this soon...what's going on out here is going to continue. And you know it's going to get bigger and bigger. Something's got to be done...

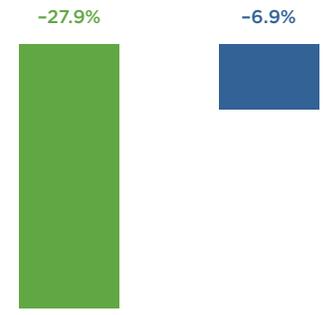
- Rush focus group participant
from West Garfield Park

HIC survey participants asked how common violence is in their community: 65% said “extremely” or “very.”



Who lives here?

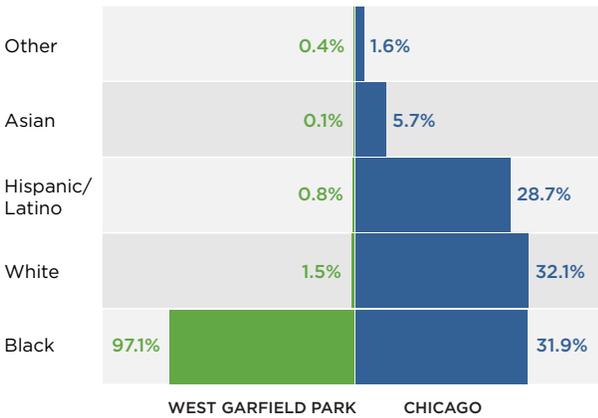
- **18,724** people live in West Garfield Park. The average household size is **3.4** people, compared to an average Chicago household size of **2.6** people.¹
- West Garfield Park is more crowded than Chicago overall, with a population per square mile of **14,462.2** people compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, West Garfield Park's population decreased by **27.9%**, placing it in the top quartile of population decline in Rush's service area. In Chicago overall, the population decreased by **6.9%** during the same period.³



POPULATION CHANGE, 2000-2010
West Garfield Park at left, Chicago at right

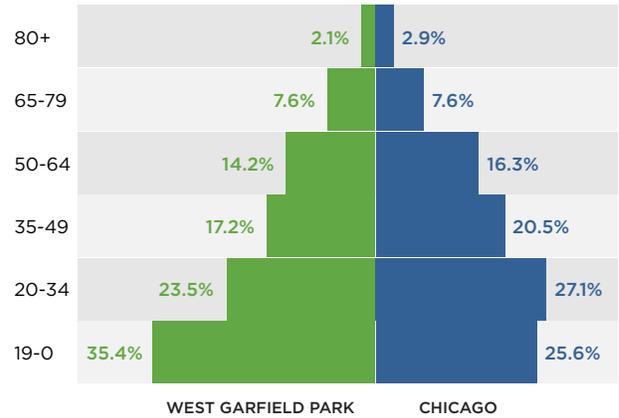
RACE AND ETHNICITY⁴

By a wide margin, the population in West Garfield Park is mostly African American.



AGE⁵

The population in West Garfield Park is younger than the city of Chicago average, with a median age of **28.0** as compared to the citywide average of **33.3**.



And if we could just get a lot of these young guys some work, and young women and young men to work, it will be a big change in the community.

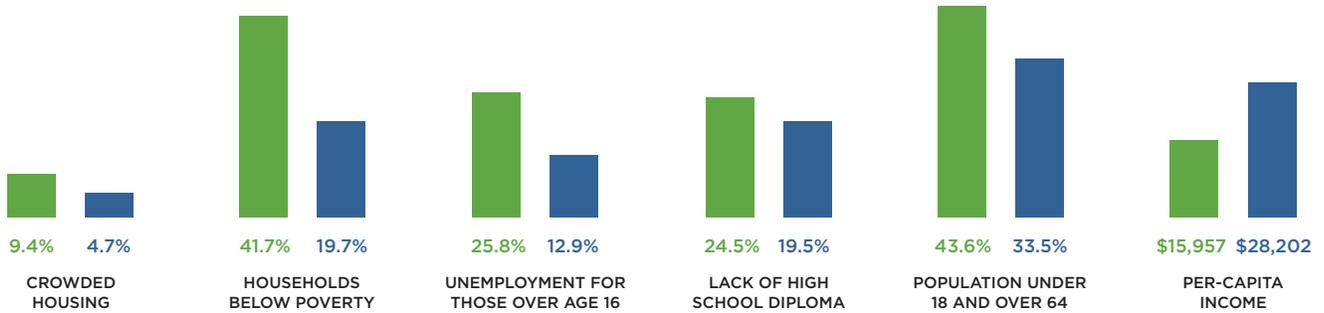
- Rush focus group participant from West Garfield Park



What are the potential barriers to good health?

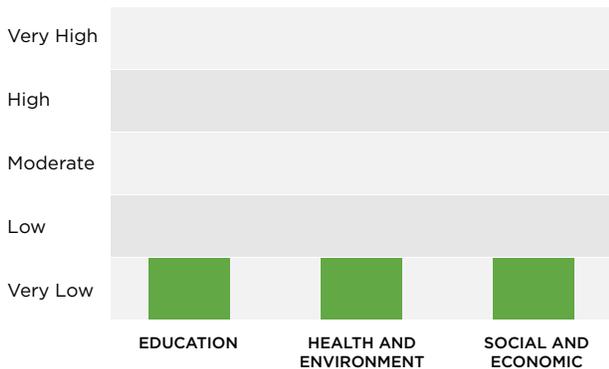
HARDSHIP INDEX⁶

West Garfield Park's hardship index is **92**, based on the following statistics (*West Garfield Park at left, Chicago at right*):



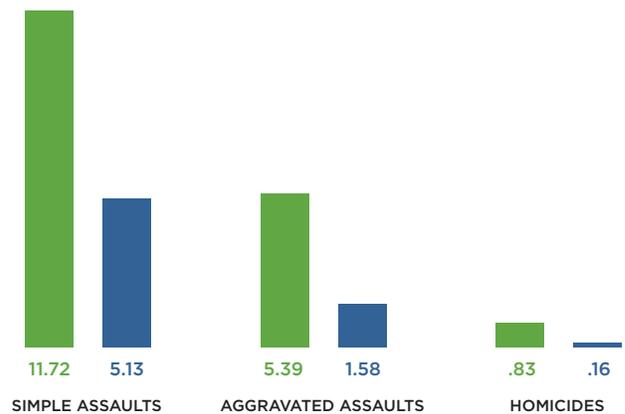
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “very low” ranking to West Garfield Park in all three opportunity areas it measures: education; health and environment; and social and economic. This gives the neighborhood an overall COI ranking of **“very low.”**



CRIME⁸

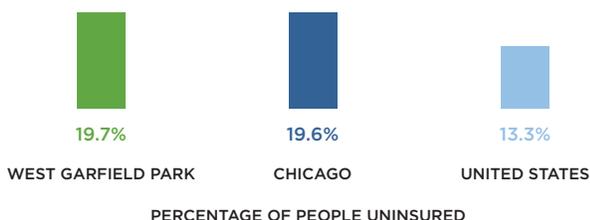
West Garfield Park is in the highest quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
West Garfield Park at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

West Garfield Park residents have health insurance at about the same rate as residents of the rest of the city. However, Chicago's percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹⁰



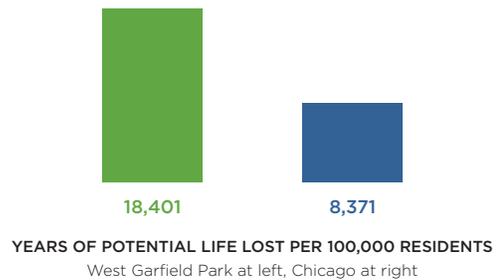
...Our health care, I think it's pretty good. ...You'll get care, but you won't get the best of care, for the simple reason that you don't have private insurance.

- Rush focus group participant from West Garfield Park

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

West Garfield Park ranks **first** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **18,401**.



What resources make life better?

COMMUNITY ASSETS

Some of West Garfield Park's community assets include the following:

Public parks

Central Playlot Park
Park No. 500
Mason Playlot
Ohio and Harding Park
Orr Park
Sumner Park
Tilton Park
Violet Playlot Park

School-based health centers

Rush School-Based Health Center at Orr Academy High School

Community-based health center

ACCESS Madison Family Health Center

Childcare centers

Chicago Commons Nia Family Health Center
Little Giant's Child Care Center
YMCA Orr Family Development Center

Grocery stores

Aldi
Save-A-Lot

Pharmacies

SNS Pharmacy
Walgreens

Schools

Hefferan, Melody, Sumner, Tilton, Webster (Public, PK-8)
Bethel Christian Education (Lutheran Church-Missouri Synod, K-8)
Orr Academy High School (Public, 9-12)

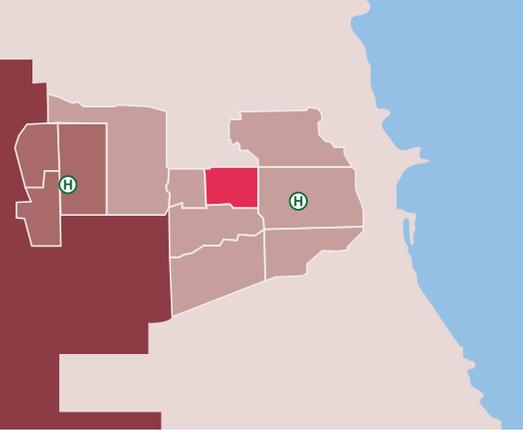
Churches with which Rush has affiliations

Corinthian Temple Church of God in Christ
Garfield Park Community Worship Center
Greater Rock M.B. Church
New Mt. Pilgrim M.B. Church

Neighborhood organization

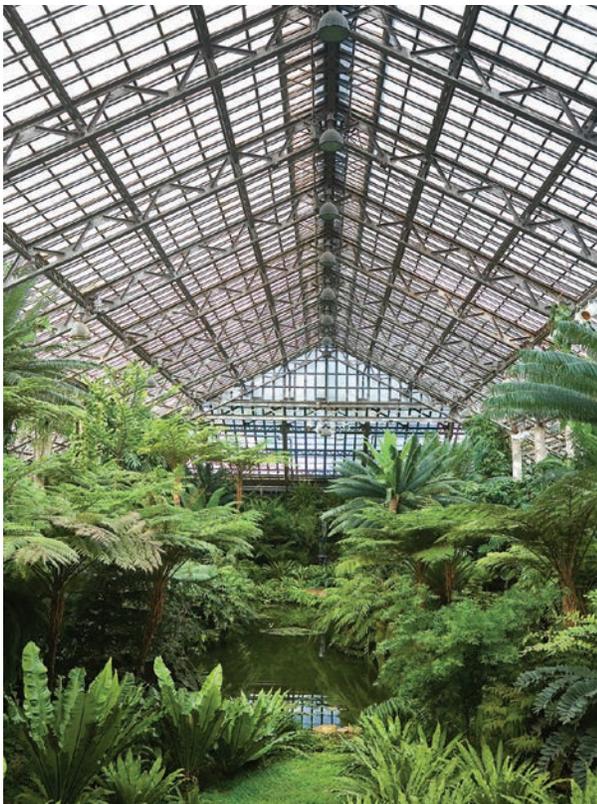
Bethel New Life - West Side Forward

East Garfield Park



Early in the 20th century, East Garfield Park was a neighborhood where thriving industry and well-kept single-family homes existed side by side — but the Great Depression and two world wars took their toll, with businesses closing and many homes converting to boardinghouses and apartments that grew overcrowded. When African Americans began to move into this community four miles west of the Loop in the 1950s, its racial makeup changed quickly as white residents and business owners hostile to the changes left; between 1950 and 2000, East Garfield Park lost more than two-thirds of its population.

At the same time, residents have come together to serve each other and work for economic development. In the 1960s, the Fifth City Human Development Project, the East Garfield Park Union to End Slums and the East Garfield Park Cooperative were just a few of the organizations that formed. Since 1947, Marillac House has provided important services such as child care, education and recreation programs and senior services. And Breakthrough Ministries offers programs that serve more than 700 neighborhood youth, as well as transitional housing for the homeless and a food pantry that serves more than 70,000 meals each year.



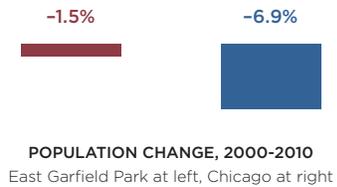
I know that every area has its moments, but there's a lot of up-and-coming in this area. The conservatory, I mean that area is just really booming... And they are really building over there in that area. A lot of people are coming back from the suburbs.

- Rush focus group participant
from East Garfield Park

HIC survey participants asked how common violence is in their community: 65% said “extremely” or “very.”

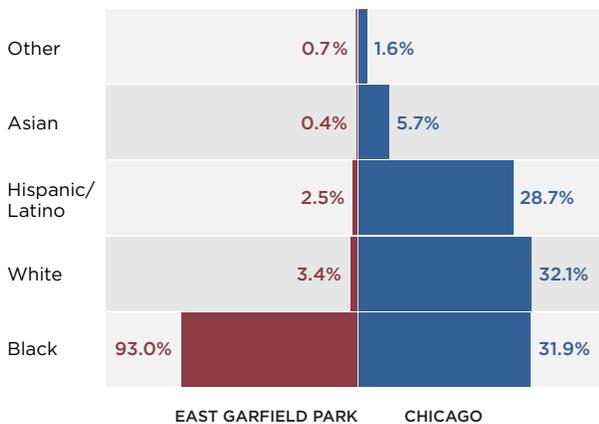
Who lives here?

- **20,696** people live in East Garfield Park. The average household size is **2.9** people, compared to an average Chicago household size of **2.6** people.¹
- East Garfield Park is less dense than Chicago overall, with a population per square mile of **10,707.7** people compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, East Garfield Park's population decreased by **1.5%**. In Chicago overall, the population decreased by **6.9%** during the same period.³



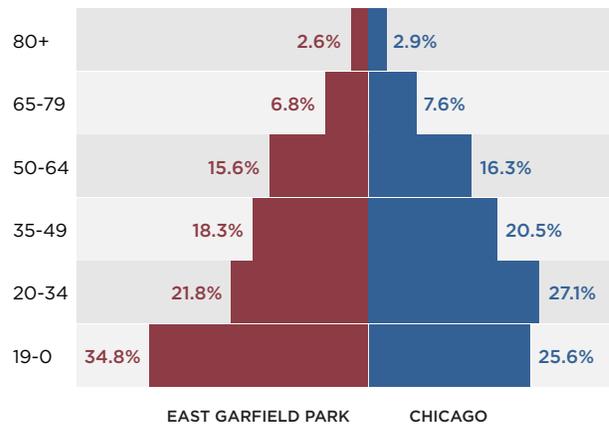
RACE AND ETHNICITY⁴

By a wide margin, the population in East Garfield Park is mostly African American.



AGE⁵

The population in East Garfield Park is slightly younger than the city of Chicago average, with a median age of **30.1** as compared to the citywide average of **33.3**.



I would like for our schools to get the dollars that other schools get so that they can make improvements. I would like to see teachers...who are committed to really helping these children to get a decent education so that they can do something different.

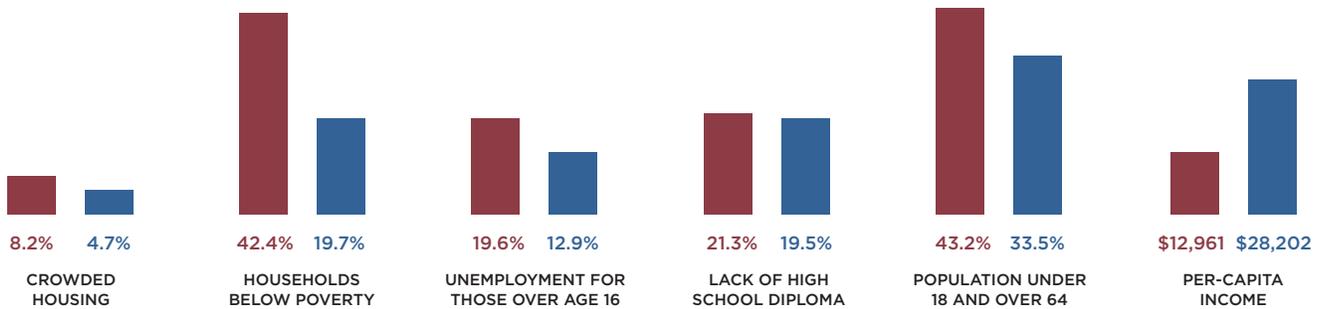
- Rush focus group participant from East Garfield Park



What are the potential barriers to good health?

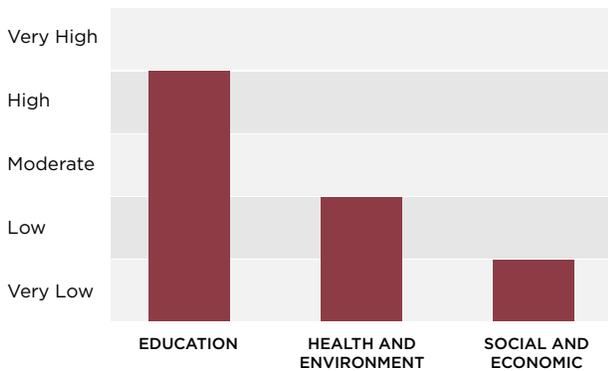
HARDSHIP INDEX⁶

East Garfield Park's hardship index is **83**, based on the following statistics (*East Garfield Park at left, Chicago at right*):



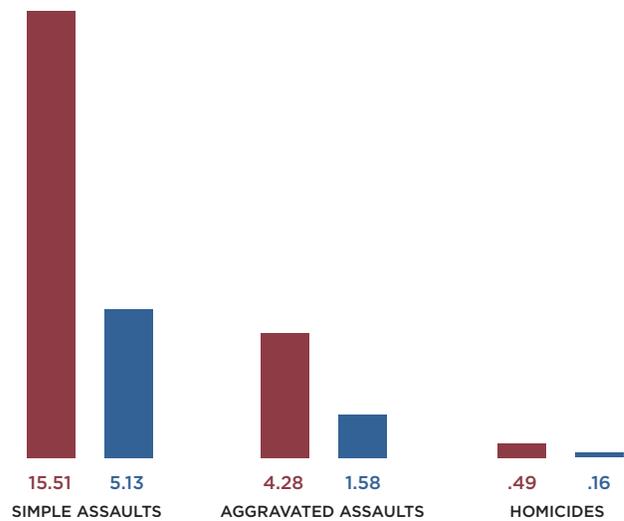
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “high” ranking to East Garfield Park’s educational opportunities; “low” to health and environmental opportunities; and “very low” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“low.”**



CRIME⁸

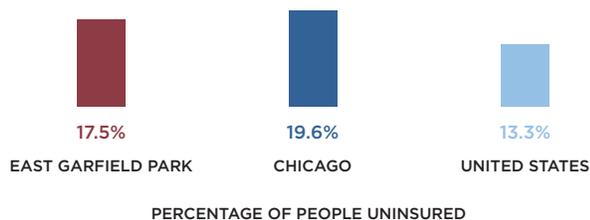
East Garfield Park is in the third quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
East Garfield Park at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

East Garfield Park residents have health insurance at a slightly higher rate than residents of the rest of the city. However, Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹⁰

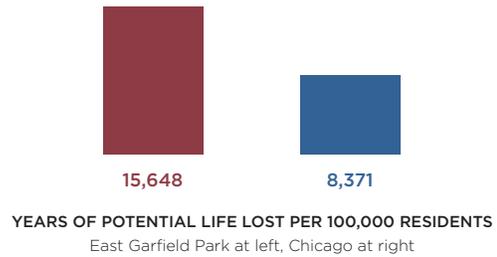


HIC survey participants asked whether they had not sought medical care due to cost anytime in the past 12 months: 30.2% said “yes.”

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

East Garfield Park ranks **seventh** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **15,648**.



What resources make life better?

COMMUNITY ASSETS

Some of East Garfield Park's community assets include the following:

Hospital

RML Specialty Hospital Chicago

Public parks

Barberry Park
Dogwood Playlot Park
Garfield Park
Garfield Park Conservatory
Gladys Playlot Park
Homan Square Park
Horan Park
Kells Playground Park
Magnolia Playlot Park
Mason Playlot Park
Nancy Jefferson Park
Park No. 422
Park No. 489
Roscoe Lee Boler Park
Snapping Turtle
Smith Park
St. Louis Playlot Park

Childcare centers

Dr. Effie O. Ellis YMCA Day Care Center
Fifth City Child Development Institute Inc.
Marillac Social Center

CHA housing

Irene McCoy Gaines Apartments

Mental health center

Bobby E. Wright Comprehensive Community Mental Health Center

School-based health center

Erie Westside Health Center at Laura S. Ward Elementary

Community-based health centers

ACCESS Bethany Family Health Center
Marillac Social Center

Pharmacies

A Caalmad Pharmacy
CVS

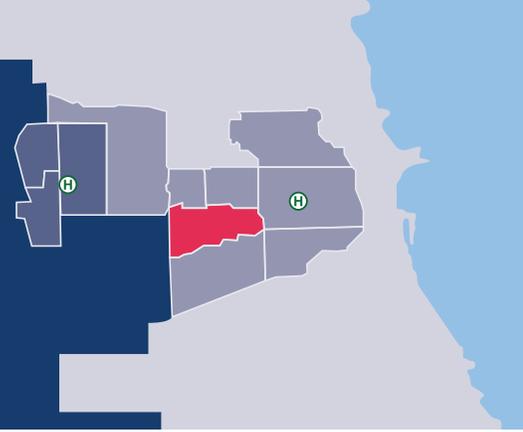
Schools

Beidler, Cather, Dodge, Faraday, Gregory, Kellman, Morton, Ward (Public, PK-8)
Ericson, Jensen (Magnet, PK-8)
Learn-7, Learn-Campbell, Learn-Excel (Charter, K-5)
Polaris, Locke (Charter, K-8)
Learn-Middle (Charter, 6-8)
Manley, Marshall, Raby (Public, 9-12)
Noble-DRW (Charter, 9-12)
Westinghouse (Selective Enrollment, 9-12)
YCCS-West Town (Charter, 10-11)
Providence-St. Mel School (Christian, PK-12)

Neighborhood organizations

Breakthrough
Marillac St. Vincent Family Services

North Lawndale



In 1966, Dr. Martin Luther King Jr. made North Lawndale the base of operations for the Chicago Freedom Movement — the first expansion of his civil rights work from the South to the northern U.S. The neighborhood, less than three miles from the Loop, was roiled in the 1950s and '60s by tensions between new African-American residents, who had difficulty finding work, and white workers who commuted in for jobs at the nearby International Harvester, Western Electric Plant and Sears, Roebuck & Co. After the West Side riots of 1968, many businesses left and housing stock continued to decline as poverty, unemployment and crime grew.

Four decades later, North Lawndale neighbors are working together to realize Dr. King's vision “to make real the promises of democracy...to open the doors of opportunity”¹ through organizations such as the North Lawndale Community Coordinating Council (NLCCC), a group that includes community nonprofits, business owners, elected officials and residents. The NLCCC is currently working with the Chicago Metropolitan Agency for Planning to create the North Lawndale Neighborhood Plan, designed to help bring to life the NLCCC's vision of North Lawndale as “a healthy, vibrant community with a diversified and innovative economy, competitive work force, engaged citizens and infrastructure that supports long-term, sustainable growth.”²



You can see the beauty in the neighborhood and what it could be and what it definitely used to be.

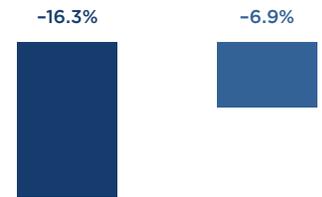
- Rush focus group participant from North Lawndale

HIC survey participants asked how common violence is in their community: 72.8% said “extremely” or “very.”



Who lives here?

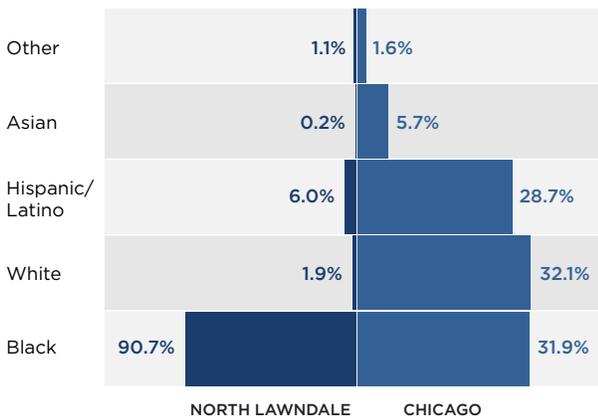
- **36,169** people live in North Lawndale. The average household size is **3.3** people, compared to an average Chicago household size of **2.6** people.³
- North Lawndale has approximately the same population density as Chicago overall, with a population per square mile of **11,267.6** people compared to **11,841.8** people per square mile in Chicago.⁴
- Between 2000 and 2010, North Lawndale's population decreased by **16.3%**. In Chicago overall, the population decreased by **6.9%** during the same period.⁵



POPULATION CHANGE, 2000-2010
North Lawndale at left, Chicago at right

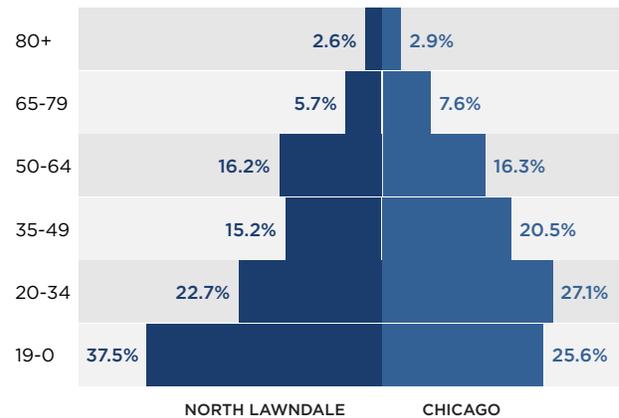
RACE AND ETHNICITY⁶

The population in North Lawndale is mostly African American.



AGE⁷

The population in North Lawndale is younger than the city of Chicago average, with a median age of **28.7** as compared to the citywide average of **33.3**.



If the kids see the grownups coming together they'll come together.
Kids learn how to hate from grownups hating.

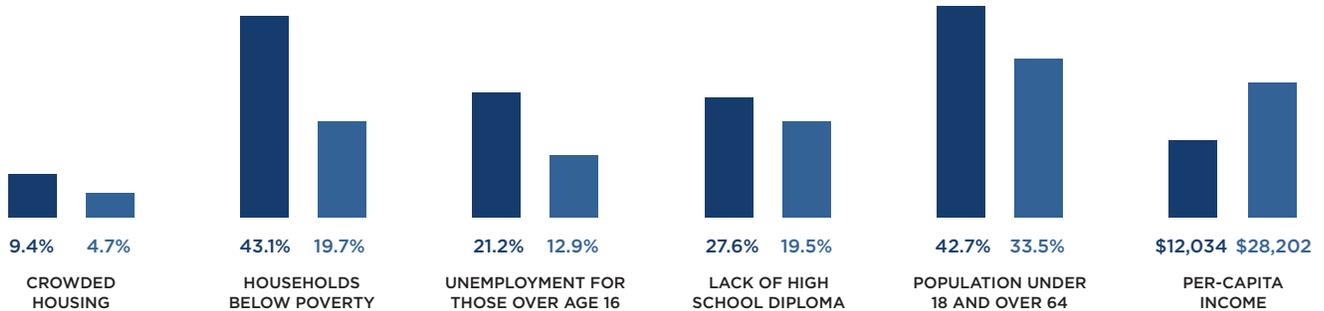
- Rush focus group participant
from North Lawndale



What are the potential barriers to good health?

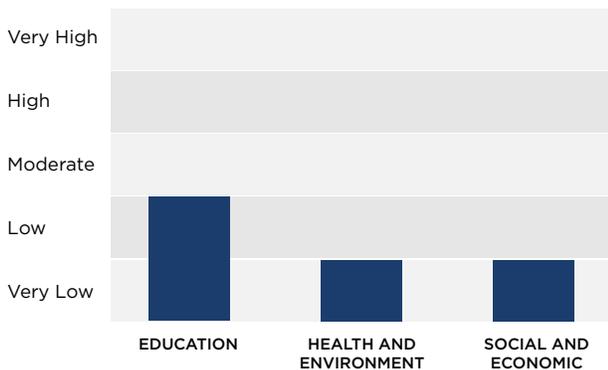
HARDSHIP INDEX⁸

North Lawndale's hardship index is **87**, based on the following statistics (*North Lawndale at left, Chicago at right*):



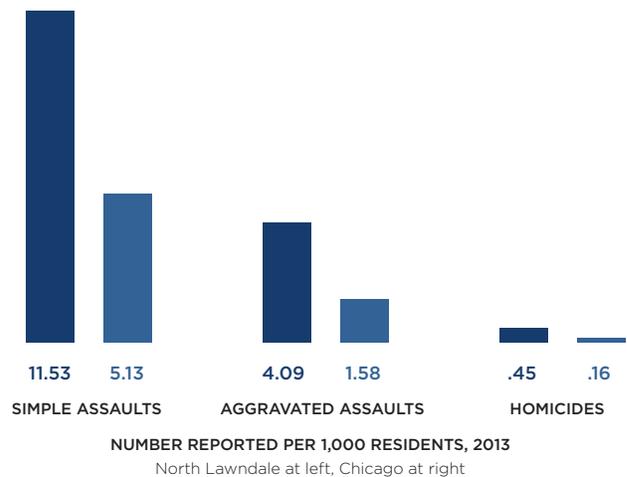
CHILD OPPORTUNITY INDEX⁹

The Child Opportunity Index (COI) assigns a “low” ranking to North Lawndale’s educational opportunities; “very low” to health and environmental opportunities; and “very low” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“very low.”**



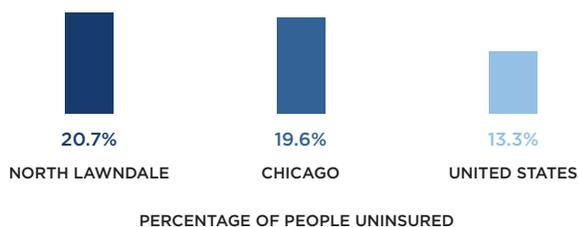
CRIME¹⁰

North Lawndale is in the third quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



LACK OF HEALTH INSURANCE¹¹

North Lawndale residents have health insurance at about the same rate as residents of the rest of the city. However, Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹²



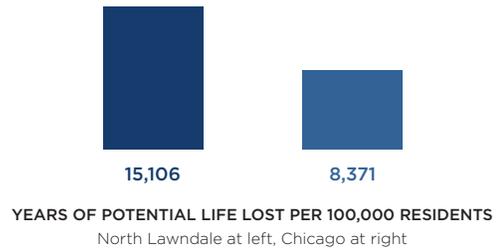
I’m tired of the...stuff that’s going to Band-Aid us but not really heal us. That doesn’t make any kind of sense.

- Rush focus group participant from North Lawndale

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹³

North Lawndale ranks **eighth** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **15,106**.



What resources make life better?

COMMUNITY ASSETS

Some of North Lawndale's community assets include the following:

Hospital

Mount Sinai Medical Center
Schwab Rehabilitation Hospital

Grocery store

Leamington Foods

Childcare center

North Lawndale YMCA

Pharmacy/clinics

Lawndale Christian Health Center
Take Care Clinic at Walgreens

Public parks

Christiana Playlot Park
Crawford Playlot Park
Douglas Park
Franklin Park
Ginkgo Playlot Park
Hornbeam Playlot Park
London Playlot Park
Millard Playlot Park
Ninebark Playlot Park
Park No. 519
Park No. 534

Community-based health centers

ACCESS at Sinai
ACCESS Westside Family Health Center
Lawndale Christian Health Center – Homan Square
Lawndale Christian Health Center – Ogden Campus

CHA housing

Park Douglas

Nursing facility

Sacred Heart Home

Childcare centers

Gads Hill Center
Great Expectations Learning Academy Inc.

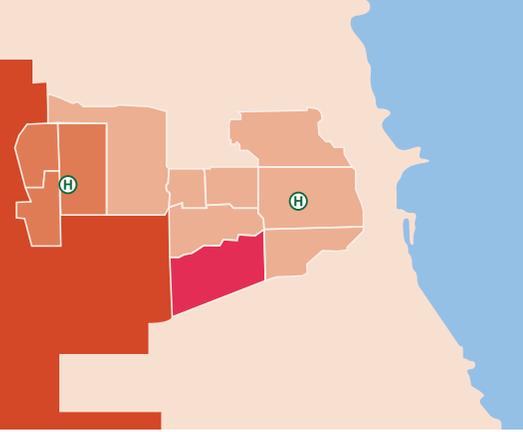
Schools

Les Finch's Learning Tree Day (Christian, Daycare/PK, K)
Chalmers, Crown, Dvorak, Herzl, Hughes C, Johnson, Lawndale, Mason, Penn (Public, PK-8)
Chicago West Side Christian School (Calvinist, PK-8)
St. Agatha Catholic Academy (Roman Catholic, PK-8)
Kipp Chicago-Ascend Primary (Charter, K-5)
Plamondon (Public, K-8)
Frazier Charter, Legacy, Learn-Butler (Charter, K-8)
Frazier Prospective (Magnet, K-8)
Kipp-Ascend (Charter, 5-8)
Collins (Public, 9-12)
Magic Johnson-North Lawndale (Citywide, 9-12)
North Lawndale-Christiana, North Lawndale-Collins (Charter, 9-12)
Community Christian Alternative Academy (Alternative School, 10-12)
YCCS-CCA Academy (Charter, 10-12)

Churches with which Rush has affiliations

Greater Galilee Baptist Church
Kedvale New Mt. Zion M.B. Church

South Lawndale



South Lawndale is the official name of this neighborhood located five miles southwest of the Loop, but the community is better known as La Villita/Little Village. Now the city's largest Mexican neighborhood, it was settled by Czechs and Germans after the Chicago fire of 1871; the Mexican population grew throughout the late 20th century, particularly as people moved from neighborhoods that were disrupted by the construction of the University of Illinois at Chicago campus. Today, a thriving commercial strip along 26th Street is the centerpiece of South Lawndale — and, after the Magnificent Mile, is the city's second-highest tax-generating district.

In 1990, a group of community leaders founded the Little Village Community Development Corporation (renamed Enlace Chicago in 2008). Enlace's more than 140 full-time and part-time staff members focus on community and economic development; education; organizing and advocacy; and violence prevention, annually serving more than 8,000 youth and adults in Little Village and the surrounding neighborhoods.



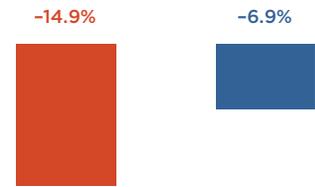
HIC survey participants asked how common violence is in their community: 72.8% said “extremely” or “very.”

The community has a high density of community resources, including health clinics, nonprofits, and schools. It also has a rich history of local activism and leadership, and many community amenities that are a direct result. Little Village's non-profit and community development community has a long history of cross-community and cross-sector planning and collaboration that has led to impressive progress in improving quality of life for community residents.

- From www.enlacechicago.org

Who lives here?

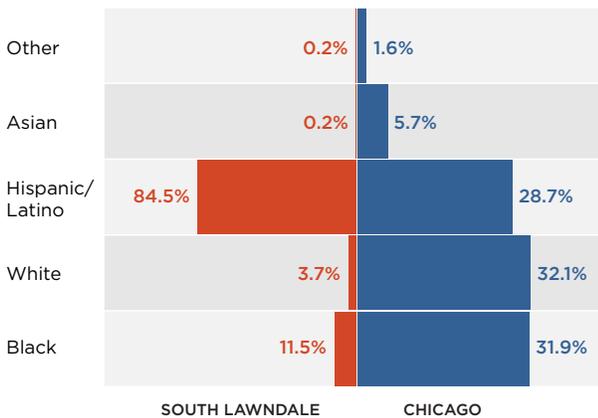
- **69,951** people live in South Lawndale. The average household size is **3.7** people, compared to an average Chicago household size of **2.6** people.¹
- South Lawndale is one of the most densely populated neighborhoods in the city, with a population per square mile of **15,235.7** people as compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, South Lawndale's population decreased by **14.9%**. In Chicago overall, the population decreased by **6.9%** during the same period.³



POPULATION CHANGE, 2000-2010
South Lawndale at left, Chicago at right

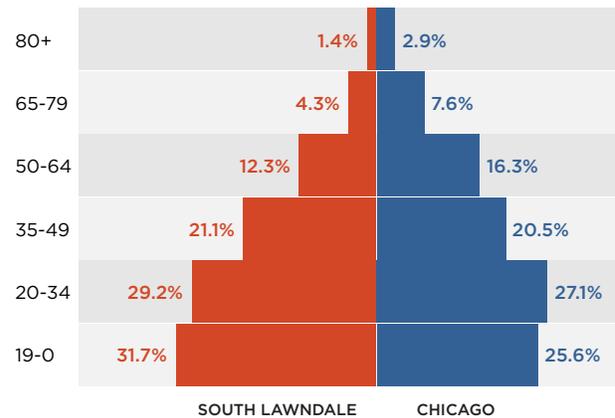
RACE AND ETHNICITY⁴

The population in South Lawndale is mostly Hispanic or Latino.



AGE⁵

The population in South Lawndale is younger than the city of Chicago average, with a median age of **28.7** as compared to the citywide average of **33.3**.



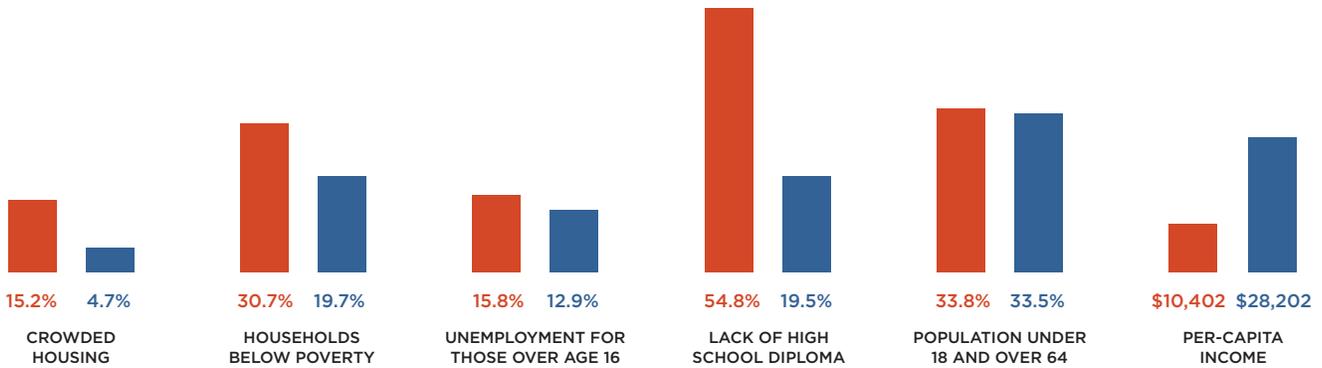
HIC survey participants asked how much neighbors trust and look out for each other: 52.4% said “a little/none/not at all.”



What are the potential barriers to good health?

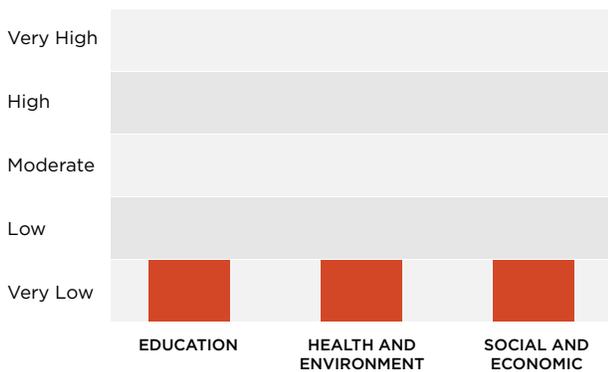
HARDSHIP INDEX⁶

South Lawndale's hardship index is **96**, based on the following statistics (*South Lawndale at left, Chicago at right*):



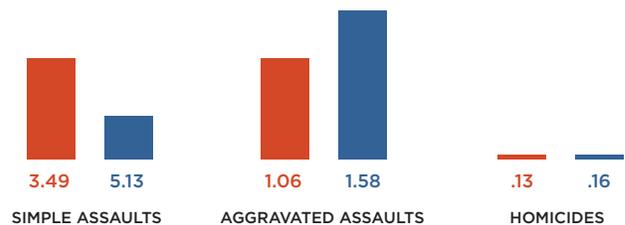
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “very low” ranking to South Lawndale in all three opportunity areas it measures: education; health and environment; and social and economic. This gives the neighborhood an overall COI ranking of **“very low.”**



CRIME⁸

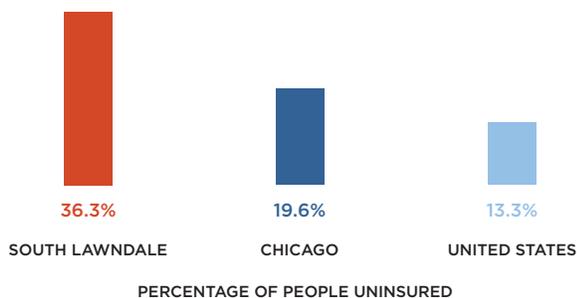
South Lawndale is in the lowest quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
South Lawndale at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

South Lawndale residents have health insurance at a significantly lower rate than residents of the rest of the city. Of note: Chicago's percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹⁰



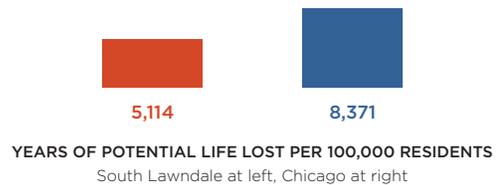
We have plenty of hospitals and clinics; however, we do not have any collaboration. ...Why can't we have any collaboration between these bigger institutions and the schools?

- Rush focus group participant from South Lawndale

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

South Lawndale ranks **66th** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **5,114**.



What resources make life better?

COMMUNITY ASSETS

Some of South Lawndale's community assets include the following:

Hospitals

Saint Anthony Hospital

Public parks

Homan Park
Limas Playground Park
Madero Park
Miami Playlot Park
Piotrowski Park
Shedd Park
Washtenaw Park

Community-based health centers

ACCESS Centro Medico
ACCESS Centro Medico San Rafael
ACCESS Plaza Family Health Center
ACCESS Servicio Medicos la Villita
Centro De Salud Esperanza
Dr. Jorge Prieto Health Center of Cook County

School-based health centers

Alivio Medical Center at Little Village Lawndale High School
Farragut Academy - Lawndale Christian Health Center

Nursing facilities

California Gardens and Rehabilitation Center
Park House Nursing and Rehabilitation Center

Mental health centers

Pilsen Wellness Center
Saint Anthony Hospital

CHA housing

Albany Terrace Apartments
Lawndale Gardens

Pharmacies

Walgreens

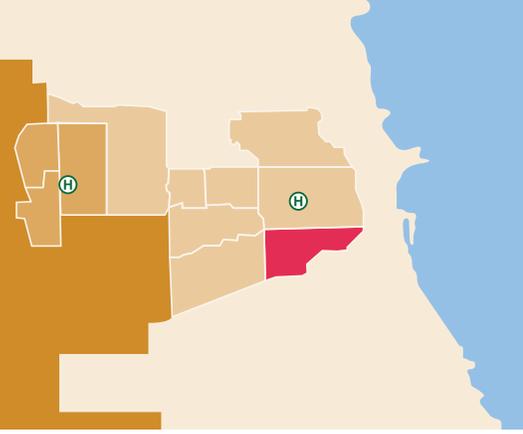
Schools

Ortiz de Dominguez (Public, PK-2)
Cardenas (Public, PK-3)
McCormick (Public, PK-5)
Gary (Public, PK, 3-8)
Corkery, Hammond, Little Village, Spry, Telpochcalli, Whitney, Zapata (Public, PK-8)
Castellanos (Public, 4-8)
Farragut (Public, PK, 9-12)
Madero (Public, 6-8)
Infinity, Multicultural, Social Justice, Spry, World Language (Public, 9-12)
Kanoon, Saucedo (Magnet, PK-8)
Epipany Catholic School, St. Agnes of Bohemia School, Our Lady of Tepeyac Elementary School (Roman Catholic, PK-8)
Grace Christian Academy Education (Lutheran-Missouri Synod, PK-8)
UNO-Paz (Charter, K-8)
Our Lady of Tepeyac High School (Roman Catholic, All Girls, 9-12)
York (Citywide, 9-12)
YCCS-Latino Youth (Charter, 10-12)

Neighborhood organization

Enlace Chicago

Lower West Side



Three miles southwest of the Loop, the Lower West Side includes two distinct neighborhoods. The older one, more commonly known as Pilsen after the Czech city from which many of its early residents came, was originally an industrial neighborhood that included lumberyards, breweries and foundries. The other, called Heart of Chicago, falls between Pilsen and South Lawndale and was settled by German and Irish immigrants, along with Polish, Slovenian and Italian residents. Beginning in the Great Depression and continuing through World War II and the 1950s, the neighborhood's industrial anchors started to close down or move to the suburbs. Mexican-American families began to move into the area, which has evolved into the city's primary point of entry for that immigrant group.

Lower West Side residents have started a number of nonprofit organizations and community development corporations to help strengthen their neighborhood. For example, the Resurrection Project, founded in 1990, is one of the city's strongest community development corporations and has made community investments of more than \$346 million, building owner-occupied housing, rental housing and community centers.



People don't know about...the resources available to them. They have the potential to do something very well; we just need a bit of help.

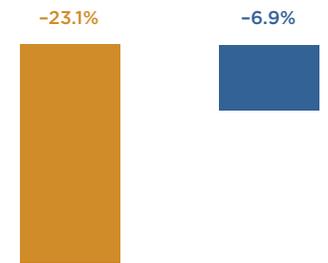
- Rush focus group participant from the Lower West Side

HIC survey participants asked how common violence is in their community: 72.8% said "extremely" or "very."



Who lives here?

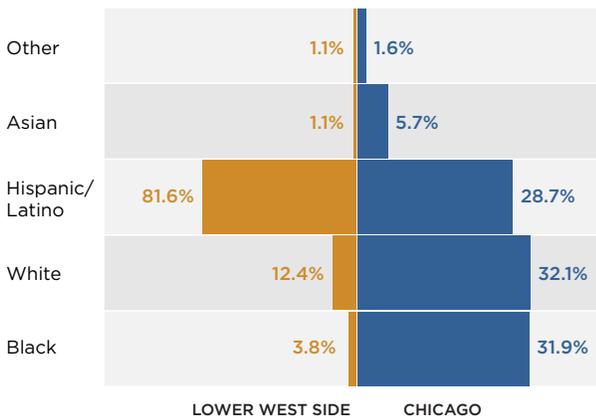
- **35,353** people live on the Lower West Side. The average household size is **2.9** people, compared to an average Chicago household size of **2.6** people.¹
- Population density on the Lower West Side is similar to that of Chicago overall, with a population per square mile of **12,085.2** people as compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, the Lower West Side's population decreased by **23.1%**. In Chicago overall, the population decreased by **6.9%** during the same period.³



POPULATION CHANGE, 2000-2010
Lower West Side at left, Chicago at right

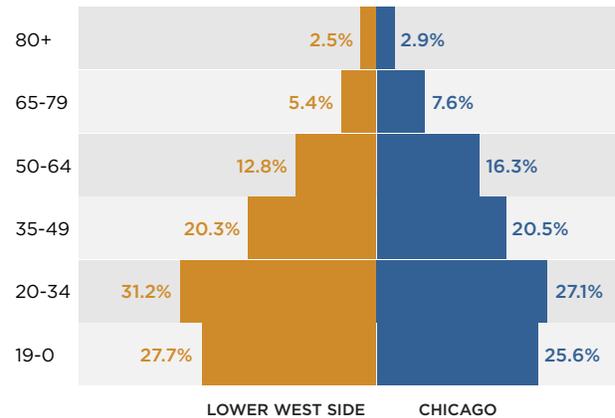
RACE AND ETHNICITY⁴

The population on the Lower West Side is mostly Hispanic or Latino.



AGE⁵

The population on the Lower West Side is slightly younger than the city of Chicago average, with a median age of **30.0** as compared to the citywide average of **33.3**.



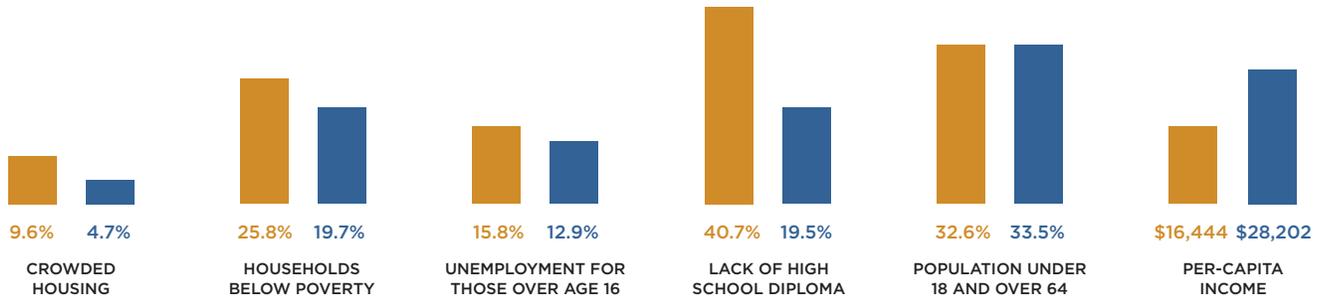
HIC survey participants asked how much neighbors trust and look out for each other: 52.4% said “a little/none/not at all.”



What are the potential barriers to good health?

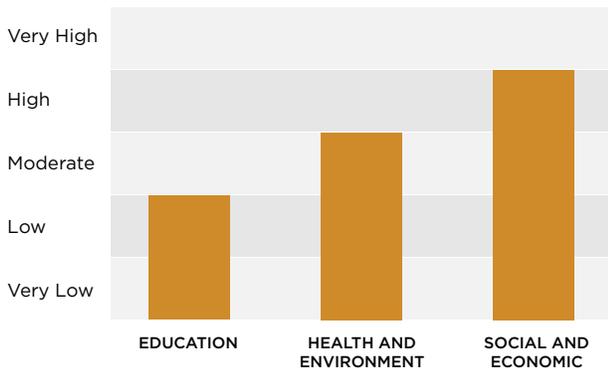
HARDSHIP INDEX⁶

The Lower West Side's hardship index is **76**, based on the following statistics (*Lower West Side at left, Chicago at right*):



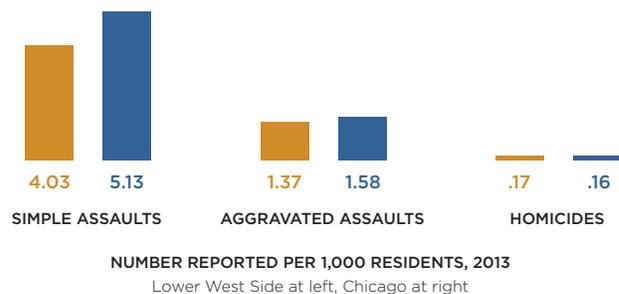
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “low” ranking to the Lower West Side’s educational opportunities; “moderate” to health and environmental opportunities; and “high” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“moderate.”**



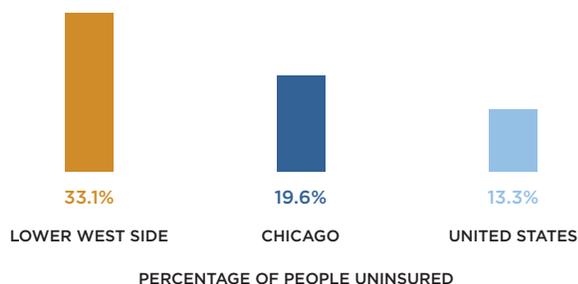
CRIME⁸

The Lower West Side is in the lowest quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



LACK OF HEALTH INSURANCE⁹

Lower West Side residents have health insurance at a significantly lower rate than residents of the rest of the city. Of note: Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S. overall, which is 13.3% of the population.¹⁰



There are a lot of hospitals, but they are not interested in helping us out.

- Rush focus group participant from the Lower West Side

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

The Lower West Side ranks **50th** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **6,073**.



What resources make life better?

COMMUNITY ASSETS

Some of the Lower West Side's community assets include the following:

Public parks

Addams/Medill Park
Baraga Playlot Park
Barrett Park
Bosley Playground Park
Canal Origins
Dvorak Park
Florian S. Jacolik Park
Guadalupe Reyes Park
Harrison Park
Hoyne Playground Park
Kucinski-Murphy Park
McGuane Park
Mulberry Playlot Park
Palmisano Park
Park No. 571
Throop Park
Wilson Community Center Park
Wilson (John P.) Park

Community-based health centers

ACCESS Cabrini Family Health Center
ACCESS Pilsen Family Health Center
Alivio Medical Center
Alivio Medical Center - Western
Lower West Neighborhood Health Center

School-based health center

Jose Clemente Orozco Academy

CHA housing

Apartamentos Las Americas
Senior Suites of Bridgeport

Nursing facility

El Valor Residence

Mental health center

Pilsen Wellness Center

Childcare centers

Chicago Commons Guadalupano Family Center
Daly Day Care Center
El Hogar Del Niño
El Valor: Guadalupe Reyes Children and Family Center
Fellowship House Day Care Center
Gads Hill Center
Lil' Einstein's Institute for Scholars
Rauner YMCA
Richard J. Daley/AVI-CDC
Smart Learning Center

Grocery stores

Aldi
Mariano's

Pharmacies

CVS
Walgreens

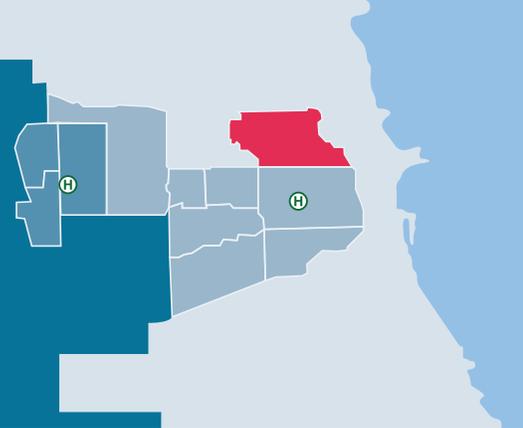
Schools

City Garden Early Childhood Center (Daycare/Preschool, PK, K)
Cooper, Everett (Public, PK-5)
Armour, Holden, Finkl, Jungman, Orozco, Perez, Pickard, Pilsen, Ruiz, Walsh, Whittier (Public, PK-8)
St. Ann, St. Barbara, St. Paul-Our Lady of Vilna, St. Pius V, St. Procopius (Roman Catholic, PK-8)
Uno-De Las Casas (Charter, K-8)
Juarez (Public, 9-12)
Instituto-Health, Instituto-Lozano, Instituto-Lozano Mastery (Charter, 9-12)
Cristo Rey Jesuit (Roman Catholic, 9-12)
De La Salle Institute-Lourdes Hall Campus (Roman Catholic, All Girls, 9-12)
Latino Youth (Alternative School, 9-12)

Neighborhood organization

Resurrection Project

West Town



West Town, three miles northwest of the Loop, is “best understood as an amalgam of several distinct neighborhoods”¹ that includes Humboldt Park, Noble Square, Ukrainian Village and Wicker Park. In the late 19th century, West Town was home to immigrants from Germany, Scandinavia, Poland, Russia, Italy and Ukraine. Later, the community attracted immigrants from Puerto Rico and Mexico, and in the 1970s the African-American population increased.

Wicker Park and Bucktown became popular with artists and students in the late 20th century. As restaurants, bars and shops proliferated and parts of the neighborhood began to gentrify, rising real estate costs displaced many lower-income residents to neighborhoods north and west. Community organizations such as the West Town Community Alliance and the Greater West Town Community Development Project (GWTP) focus on ensuring that all residents have a voice in the neighborhood, are able to remain there and can take advantage of educational and economic opportunities.



HIC survey participants asked how common violence is in their community: 39% said “extremely” or “very.”



Who lives here?

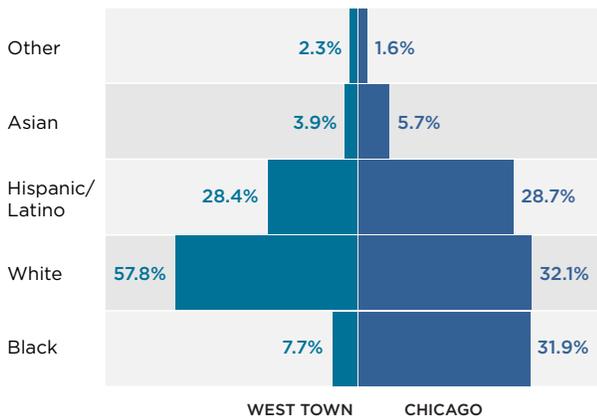
- **84,559** people live in West Town. The average household size is **2.2** people, compared to an average Chicago household size of **2.6** people.²
- West Town is more densely populated than Chicago overall, with a population per square mile of **18,479.7** people compared to **11,841.8** people per square mile in Chicago.³
- Between 2000 and 2010, West Town's population decreased by **6.3%**, similar to population change in Chicago overall, where the population decreased by **6.9%** during the same period.⁴



POPULATION CHANGE, 2000-2010
West Town at left, Chicago at right

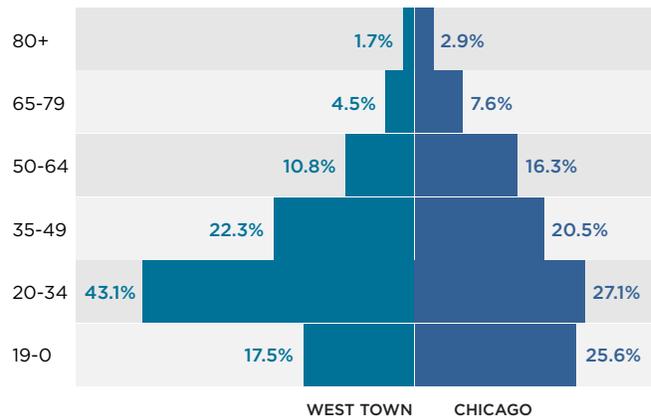
RACE AND ETHNICITY⁵

A majority of the population of West Town is white.



AGE⁶

The population of West Town is slightly younger than the city of Chicago average, with a median age of **31.7** as compared to the citywide average of **33.3**.



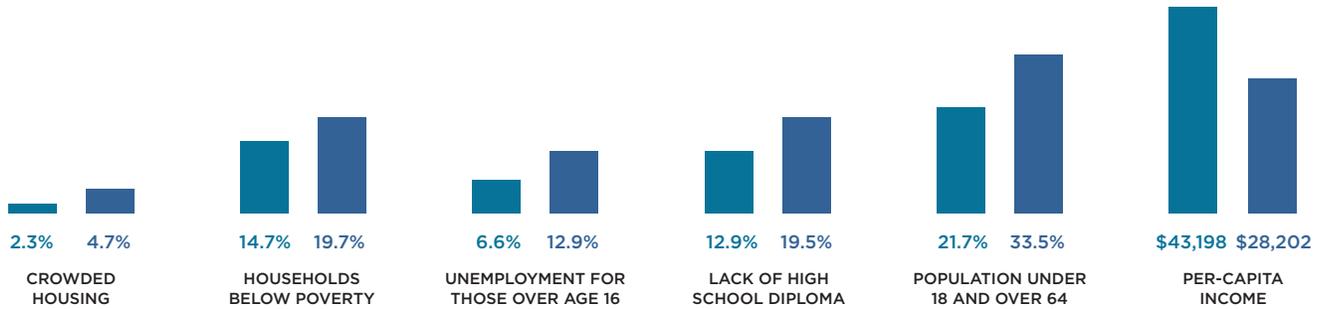
HIC survey participants asked how they rate their overall community as a healthy place to live: 73.15% said “excellent/good.”



What are the potential barriers to good health?

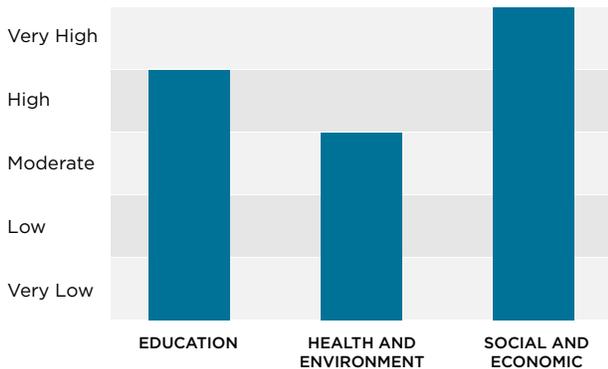
HARDSHIP INDEX⁷

West Town's hardship index is **10**, based on the following statistics (*West Town at left, Chicago at right*):



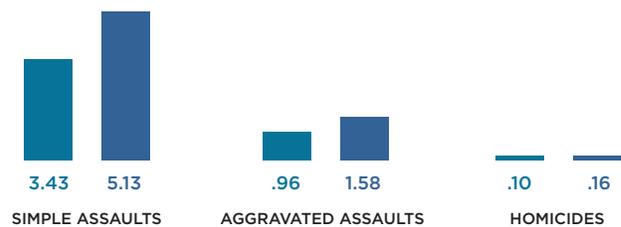
CHILD OPPORTUNITY INDEX⁸

The Child Opportunity Index (COI) assigns a “high” ranking to West Town’s educational opportunities; “moderate” to health and environmental opportunities; and “very high” to social and economic opportunities. This gives the neighborhood an overall COI ranking of **“very high.”**



CRIME⁹

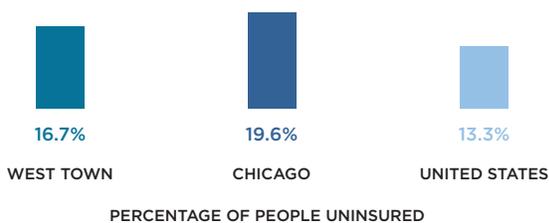
West Town is in the lowest quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
West Town at left, Chicago at right

LACK OF HEALTH INSURANCE¹⁰

West Town residents have health insurance at a slightly higher rate than residents of the rest of the city and residents of the U.S. overall. Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S., which is 13.3% of the population.¹¹



HIC survey participants asked whether they had not sought medical care due to cost anytime in the past 12 months: 70.8% said “no.”

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹²

West Town ranks **63rd** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **5,249**.



What resources make life better?

COMMUNITY ASSETS

Some of West Town's community assets include the following:

Hospitals

Norwegian American Hospital
Presence Saints Mary and Elizabeth Medical Center, St. Mary Campus and St. Elizabeth Campus

Public parks

Bertha Honore Palmer Park
Bickerdike Square Park
Humboldt Park
Pulaski Park
Smith Park
Snowberry Playlot Park
Superior Playlot Park
Wicker Park
Western Park

Community-based health centers

ACCESS at Anixter Center
CommunityHealth
Erie Division Street - Erie Family Health Center
Erie West Town - Erie Family Health Center
Nazareth Family Health Center
PCC Walk-In Wellness Center at Norwegian American Hospital
PCC West Town Family Health Center
PrimeCare Community Health Center - West Town
Pro Health Medical Center

School-based health centers

Erie Clemente Wildcats School-Based Health Center
Erie De Diego Health Center

CHA housing

Lidia Pucinska Apartments

Grocery stores

Jewel-Osco
Mariano's

Childcare centers

Casa Central CSC Child Development Center
Centro Infantil Consuelo Lee Corretjer
Erie Community Center
Erie Neighborhood House D.C. Program
Onward Neighborhood House
The Nicholson School

Nursing facilities

Center Home for Hispanic Elderly
Presence Saints Mary and Elizabeth Medical Center
Winston Manor CNV and Nursing

Mental health center

Norwegian American Hospital
Presence Saints Mary and Elizabeth Medical Center

University

Resurrection University

Pharmacies

CVS
Walgreens

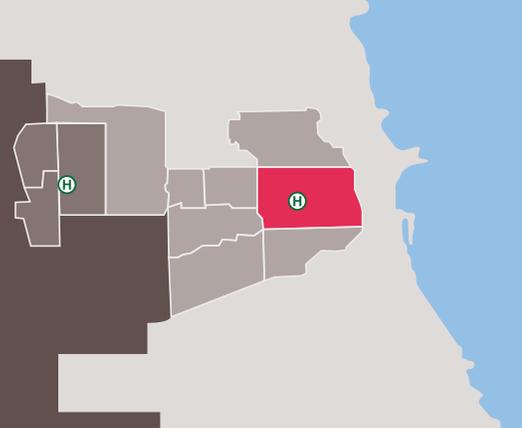
Schools

Burr, Chopin, Columbus, De Diego, Mitchell, Talcott (Public, PK-8)
Drummond, Lasalle II (Magnet, PK-8)
Pritzker (Regional Gifted Center, PK-8)
Sabin (Magnet, K-8)
Ucan Academy (Special Education, 1-12)
Esperanza (Special Education, 3-12)
Clemente, Wells (Public, 9-12)
Chicago Arts (Contract, 9-12)
Magic Johnson-Humboldt Park (Citywide, 9-12)
Wolcott School (Special Education, 9-12)

Neighborhood organizations

Greater West Town Community Development Project
West Town Community Alliance

Near West Side



The Near West Side, two miles west of the Loop, has been a diverse and densely populated neighborhood for nearly 200 years. It was home to the first African-American settlement in Chicago, as well as Russian and Polish Jews and Irish, German, Czech, Bohemian, French, Italian and Greek immigrants. Later, more African-American residents as well as Mexican residents moved to the area. In 1889, Jane Addams and Ellen Gates Starr founded Hull House, a settlement house on Halsted Street that grew into one of the most influential social-services organizations in the nation. Its programs, which served thousands of people on a 13-building campus, included everything from child care and a residence for working women to cultural and educational activities.

The landscape of the neighborhood has changed dramatically since the mid 20th century, with the construction of the Circle interchange, the University of Illinois at Chicago and the United Center sports arena. The Near West Side Community Development Corporation, founded in 1988, brings together residents, churches, community groups and government officials to help ensure that the revival of the neighborhood does not displace longtime residents.



This area [has] changed a whole lot. Because I stayed in Rockwell projects right there. ...It looks better down here now. They are opening a lot of new stores and everything, you know? And it looks real nice.

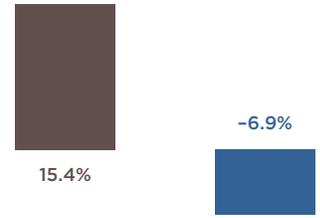
- Rush focus group participant from the Near West Side

HIC survey participants asked how common violence is in their community: 39% said “extremely” or “very.”



Who lives here?

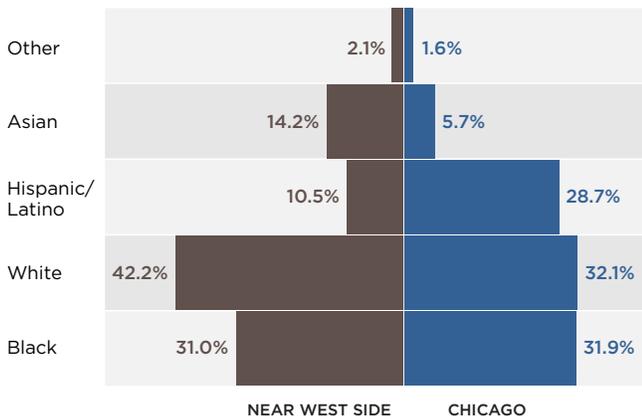
- **55,877** people live on the Near West Side. The average household size is **2.0** people, compared to an average Chicago household size of **2.6** people.¹
- The Near West Side is less densely populated than Chicago overall, with a population per square mile of **9,828.6** people compared to **11,841.8** people per square mile in Chicago.²
- Between 2000 and 2010, the Near West Side's population increased by **15.4%** — a significant difference from population change in Chicago overall, where the population decreased by **6.9%** during the same period.³



POPULATION CHANGE, 2000-2010
Near West Side at left, Chicago at right

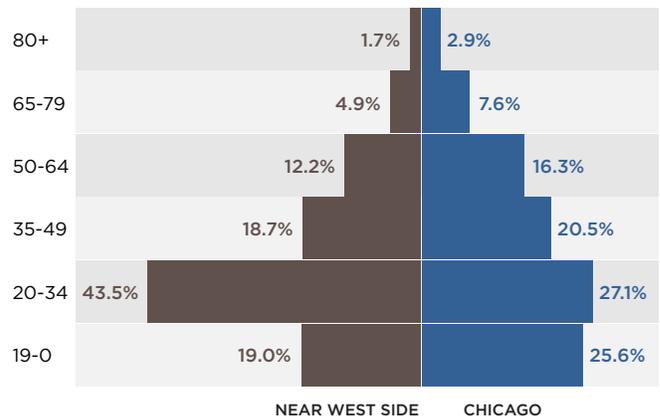
RACE AND ETHNICITY⁴

The population of the Near West Side is racially diverse.



AGE⁵

The population of the Near West Side is slightly younger than the city of Chicago average, with a median age of **31.0** as compared to the citywide average of **33.3**.



I think there's a pretty strong sense of...community; a lot of people have lived in the same area...for a long time, so people are pretty familiar with their neighbors and pretty integrated into their community in that way.

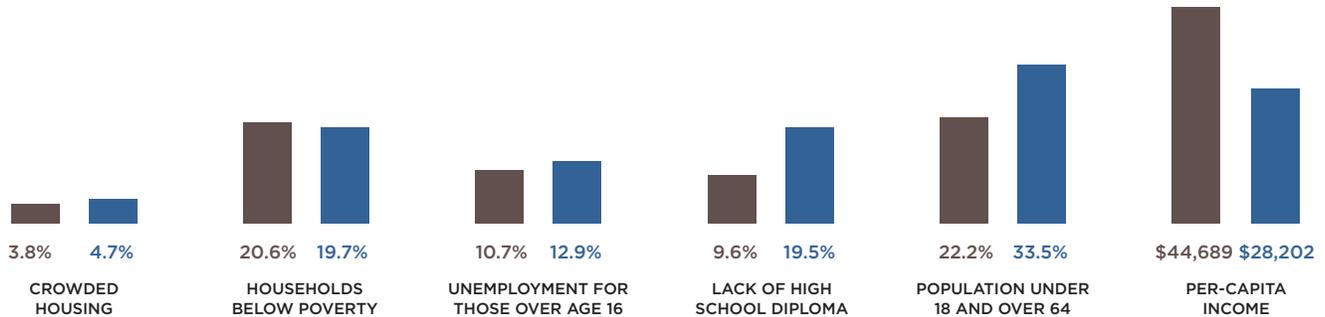
- Rush focus group participant from the Near West Side



What are the potential barriers to good health?

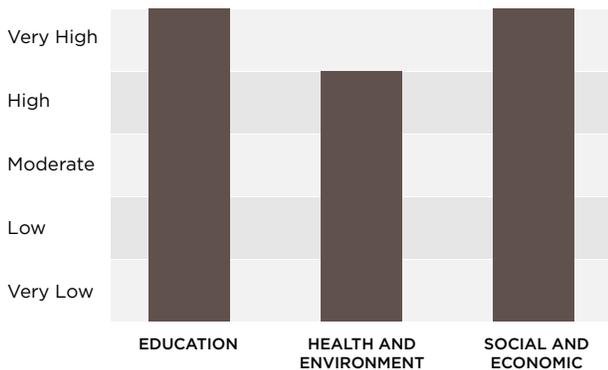
HARDSHIP INDEX⁶

The Near West Side's hardship index is **15**, based on the following statistics (*Near West Side at left, Chicago at right*):



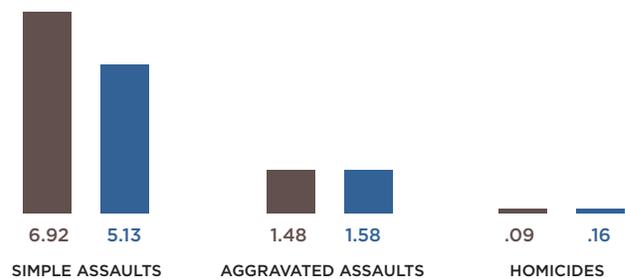
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “very high” ranking to the Near West Side’s educational opportunities; “high” to health and environmental opportunities; and “very high” to social and economic opportunities. This give the neighborhood an overall COI ranking of **“very high.”**



CRIME⁸

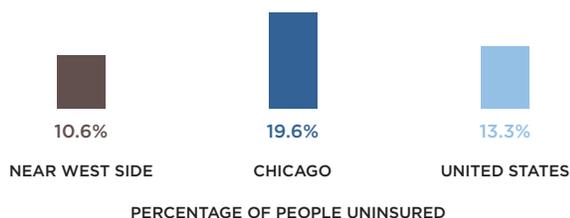
The Near West Side is in the second quartile of communities served by Rush for its rate of crimes against people, including simple assault, aggravated assault and homicide.



NUMBER REPORTED PER 1,000 RESIDENTS, 2013
Near West Side at left, Chicago at right

LACK OF HEALTH INSURANCE⁹

Near West Side residents have health insurance at a higher rate than residents of the rest of the city, and at a higher rate than residents of the U.S. overall. Chicago’s percentage of people without insurance is significantly higher than the percentage in the U.S., which is 13.3% of the population.¹⁰



If you have a medical card, they’ll only do so much. ...They know what Medicare and Medicaid will pay for. They’re not going to do anything extra, no pro bono, none of that.

- Rush focus group participant from the Near West Side

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

The Near West Side ranks **39th** among Chicago's 77 neighborhoods in total number of years of potential life lost annually. Annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death: **6,778**.



What resources make life better?

COMMUNITY ASSETS

Some of the Near West Side's community assets include the following:

Hospitals

Jesse Brown VA Medical Center
John H. Stroger, Jr. Hospital of Cook County
Rush University Medical Center
UI Health

Public parks

Mary Bartelme Park
Sheridan Park
Skinner Park

Community-based health centers

ACCESS Community Health Network
Mile Square Health Center
Pacific Garden Mission Health Clinic

School-based health center

Hope Health and Wellness Center
Mile Square School Based Clinics
Rush School-Based Health Center at Crane Medical Preparatory
Rush School-Based Health Center at Simpson Academy for Young Women

Mental health centers

Haymarket Center
Lawndale Mental Health Center

CHA housing

Jackson Square at West End
Oakley Square Apartment
Patrick Sullivan Apartments
Westhaven Park/Village of Westhaven
Wicker Park Apartments and Annex

Childcare centers

Laurance Armour Day School
Malcolm X College Child Development Center
Easter Seals Gilchrist-Marchman Child Development Center
The Northern Trust Child Care Center

Nursing facility

Monroe Pavilion Health Treatment Center

Pharmacies

CVS
Taylor Street Pharmacy (UIC)
Walgreens

Grocery stores

Costco
Jewel-Osco
Whole Foods

Colleges and universities

Malcolm X College
Rush University
University of Illinois at Chicago

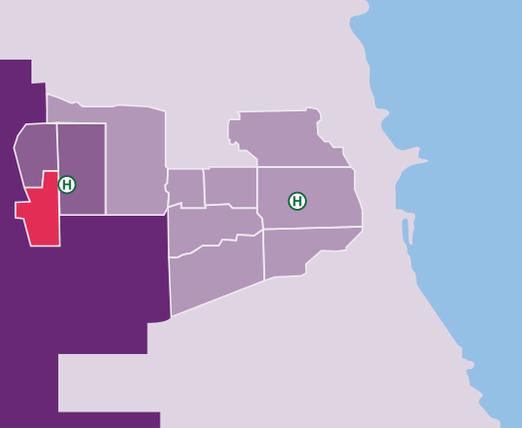
Schools

Rudolph (Special Education, PK-5)
Intercultural Montessori Language School (Montessori, PK-6)
Brown W, Dett, Irving (Public, PK-8)
Skinner (Classical, PK-8)
Suder (Magnet, PK-8)
Chicago Lighthouse (Special Education, PK-12)
Galileo, Jackson, Stem, Smyth (Magnet, K-8)
Rush Day School (Special Education, 1-8)
Simpson Academy for Young Women (Alternative, 6-12)
Chicago Tech (Contract, 9-12)
Crane Medical Preparatory (Magnet, 9-12)
Legal Prep, Noble-Bulls, Noble-UIC, Urban Prep-West (Charter, 9-12)
Jefferson, Ombudsman-West (Citywide, 9-12)
St. Ignatius College Prep (Roman Catholic, 9-12)
Whitney Young (Selective Enrollment, 9-12)

Neighborhood organization

Near West Side Community Development Corporation

Forest Park



Settled by 25 employees of the Chicago & Galena Union Railroad in the mid-19th century, Forest Park had become a leisure destination by the early 20th century, drawing people who traveled to the village's amusement park, racetrack and golf course. The village's total population has remained relatively stable for the last century, although its demographics have changed; nearly 100 percent white in 1900, Forest Park is now about 47 percent white, 33 percent African American and 10 percent Hispanic/Latino.

The Forest Park Community Center is a hub for activities and support services in the village. The center operates a food pantry and Meals on Wheels food delivery program; day care and afterschool programs for children from kindergarten through 6th grade; a job information center for adults and youths; health fairs; transportation for seniors and more. In addition, the citizen advocacy group Vox60130 holds regular voter registration drives and candidate forums.



It's not exclusively for the rich like some communities are. People are welcome here if they don't have money. They can find an apartment.

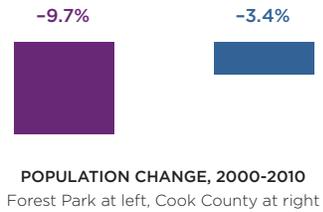
- Rush focus group participant from Forest Park

HIC survey participants asked how common violence is in their community: 69.9% said "not very/not at all."



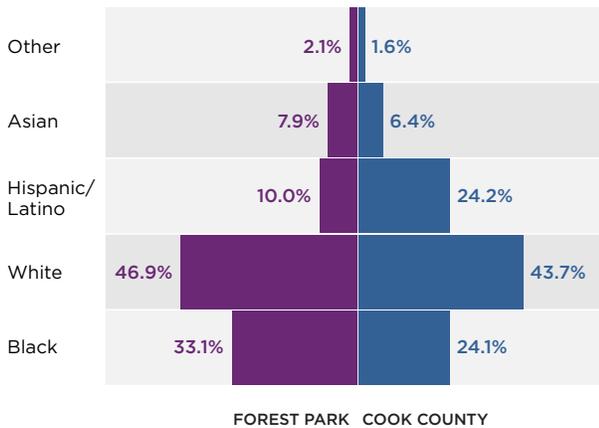
Who lives here?

- **14,202** people live in Forest Park. The average household size is **2.7** people, the same as the average Cook County household size.¹
- Forest Park's population per square mile is **5,913.2** people, as compared to **5,530** people per square mile in Cook County.²
- Between 2000 and 2010, Forest Park's population decreased by **9.7%**. In Cook County overall, the population decreased by **3.4%** during the same period.³



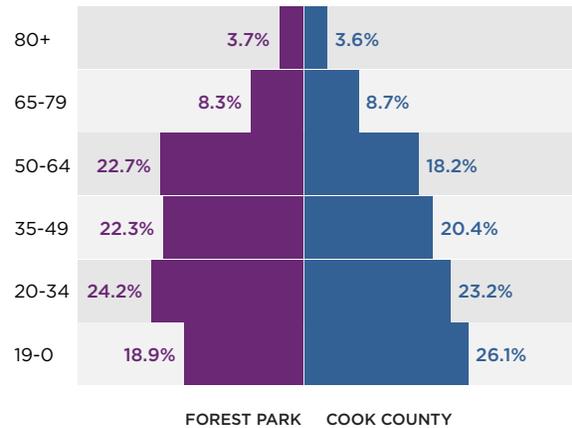
RACE AND ETHNICITY⁴

The population of Forest Park is fairly diverse.



AGE⁵

The median age in Forest Park is **39.1**, slightly older than the Cook County median age of **35.5**.



We have a very good, integrated community. There are 40 percent minorities in this community and everyone is welcome.

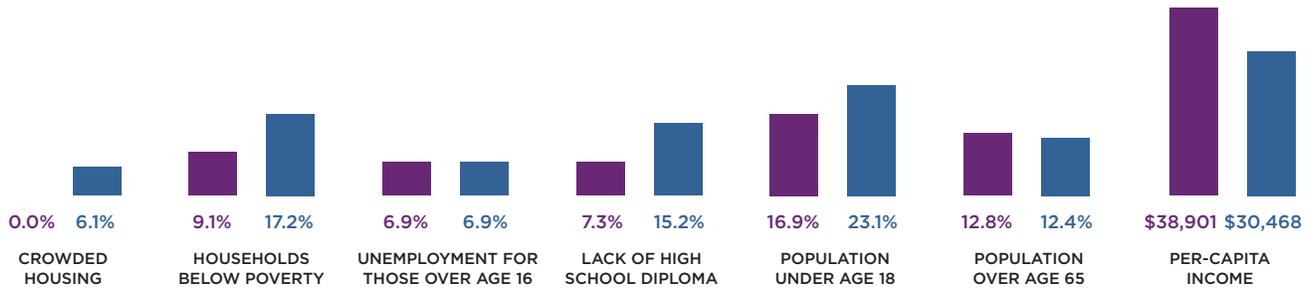
- Rush focus group participant from Forest Park



What are the potential barriers to good health?

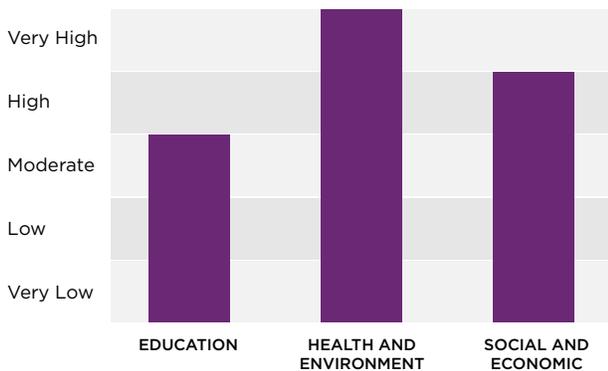
HARDSHIP INDEX⁶

Because the hardship index referenced in this report's other community snapshots is calculated only for community areas within the city of Chicago, Forest Park does not have a comparable index number. Its statistics in some of the areas measured by the hardship index include the following (*Forest Park at left, Cook County at right*):



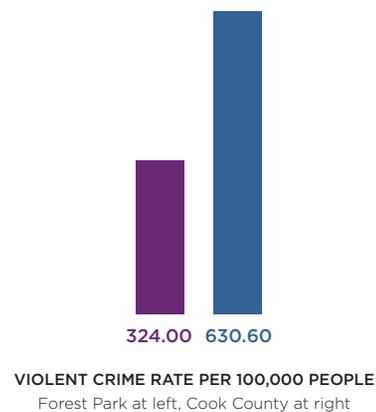
CHILD OPPORTUNITY INDEX⁷

The Child Opportunity Index (COI) assigns a “moderate” ranking to Forest Park’s educational opportunities; “very high” to health and environmental opportunities; and “high” to social and economic opportunities. This gives the community an overall COI ranking of **“high.”**



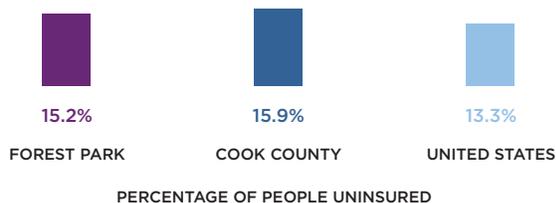
CRIME⁸

Forest Park’s rate of violent crime — homicide, rape, robbery and aggravated assault — is about half that of Cook County overall.



LACK OF HEALTH INSURANCE⁹

Forest Park residents have health insurance at nearly the same rate as residents of Cook County overall.¹⁰



HIC survey participants asked whether they had not sought medical care due to cost anytime in the past 12 months: 74.7% said “no.”

– Rush focus group participant from Forest Park

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

The annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death in Forest Park is **6,094**, approximately 27 percent lower than the annual years of potential life lost in Chicago.



What resources make life better?

COMMUNITY ASSETS

Some of Forest Park's community assets include the following:

Hospital

Riveredge Hospital

Assisted living facility

Arborwood and Briarwood at Altenheim

Grocery stores

Jewel-Osco

Trader Joe's

Public park

Forest Park

Childcare centers

Forest Park Montessori Child Development Center

Howard Mohr Community Center

Kangaroo Korner Learning Center

Montessori Language Academy

The Giving Tree Family of Schools

Mental health facilities

Oak Park Veterans Center

St. Peter's Evangelical Lutheran Church

The Suburban Fellowship Center

Pharmacies

CVS

Walgreens

Walmart

Schools

Forest Park Preschool (Public, PK)

Garfield Elementary (Public, PK-2)

Betsy Ross Elementary (Public, K-2)

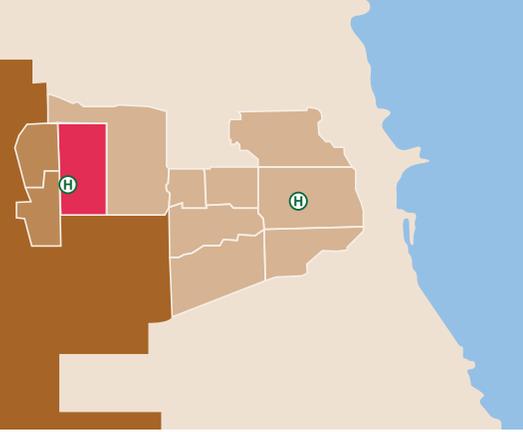
Field-Stevenson Elementary, Grant-White Elementary, (Public, K-5)

Forest Park Middle School (Public, 6-8)

Neighborhood organization

Forest Park Community Center

Oak Park



First settled in 1835, the village of Oak Park — located eight miles west of the Loop — grew quickly when people moved out of Chicago after being displaced by the fire of 1871. By the 1920s, Oak Park had 40,000 residents and a thriving business district.

In the 1960s, Oak Park residents and city leaders observed the white flight and subsequent resegregation that were taking place in Austin, its adjacent neighborhood to the east. To prevent the same from happening in Oak Park, the community took a number of concrete steps: implementing fair housing ordinances, creating a community relations commission devoted to preventing discrimination and establishing a Citizens Committee for Human Rights.

In addition, “village officials, often joined by clergymen, visited blocks to which families of color might move and carefully sought to control the fears and rumors generally associated with neighborhood succession... They identified white families who would welcome the newcomers. They encouraged African-American families to disperse throughout the village to counter concerns of clustering and ghetto formation. ...Leaders acted on a vision of Oak Park as a community strong enough to achieve integration, and able to challenge the Chicago pattern of block-by-block resegregation with a policy of managed integration through dispersal.”¹



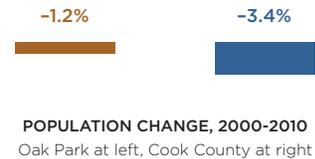
HIC survey participants asked how common violence is in their community: 69.9% said “not very/not at all.”

I would say that the typical resident of Oak Park is very involved in the community: philanthropically, educationally, socially, economically. We have been able to pass referenda because the citizenry is committed to providing high-quality services across the board, once again whether it’s senior services, library services, educational services, village services.

– Rush focus group participant
from Oak Park

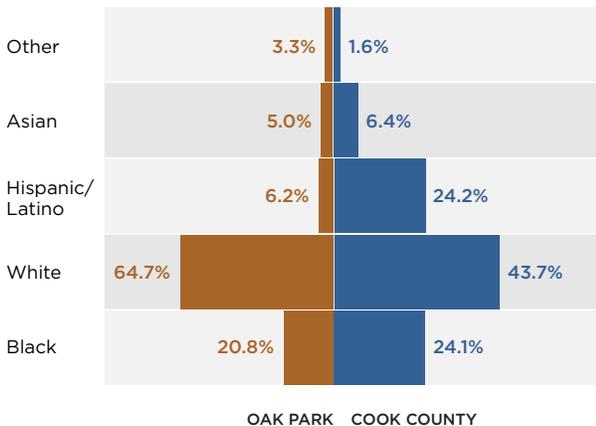
Who lives here?

- **51,902** people live in Oak Park. The average household size is **2.4** people, compared to an average Cook County household size of **2.7** people.²
- Oak Park's population per square mile is **11,042.2** people, as compared to **5,530** people per square mile in Cook County.³
- Between 2000 and 2010, Oak Park's population decreased by **1.2%**, less than the population change in Cook County overall, where the population decreased by **3.4%** during the same period.⁴



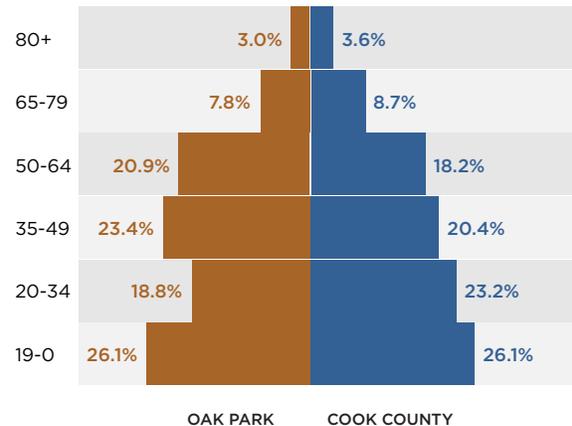
RACE AND ETHNICITY⁵

A majority of the population of Oak Park is white.



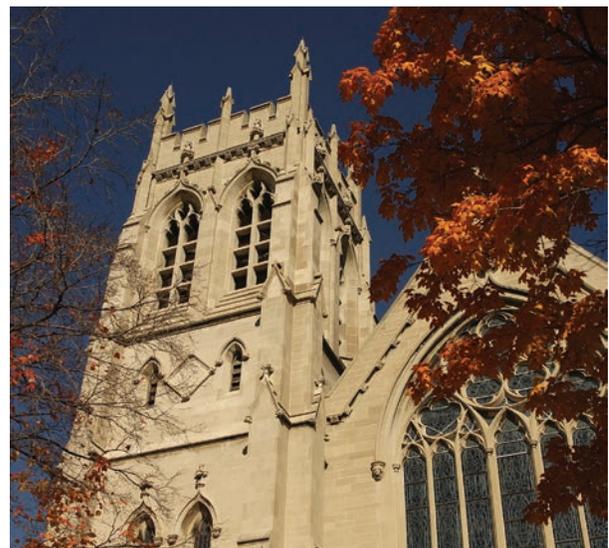
AGE⁶

The median age in Oak Park is **38.7**, older than the Cook County median age of **35.5**.



[You're] safe walking the streets at pretty much any time of the day or night. There's no danger.

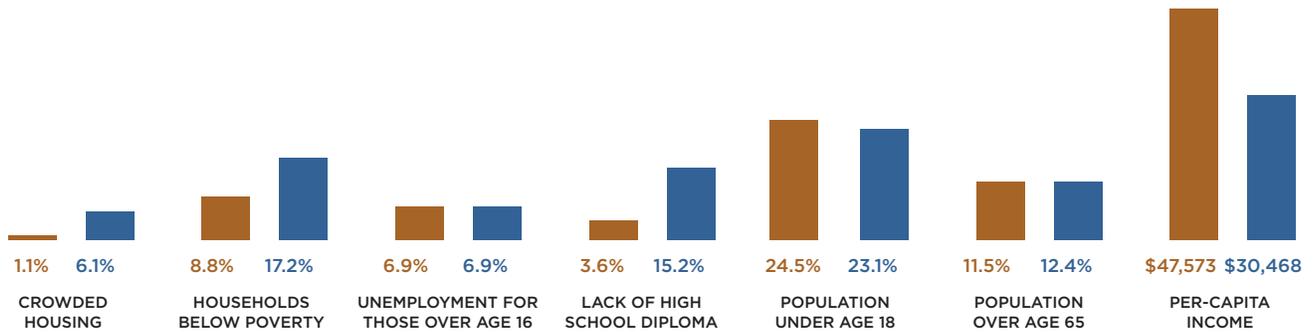
- Rush focus group participant from Oak Park



What are the potential barriers to good health?

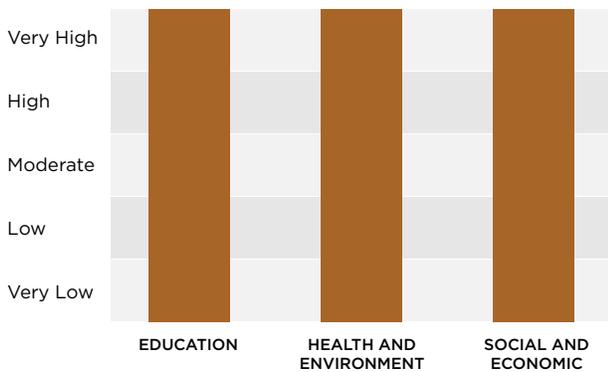
HARDSHIP INDEX⁷

Because the hardship index referenced in this report's other community snapshots is calculated only for community areas within the city of Chicago, Oak Park does not have a comparable index number. Its statistics in some of the areas measured by the hardship index include the following (*Oak Park at left, Cook County at right*):



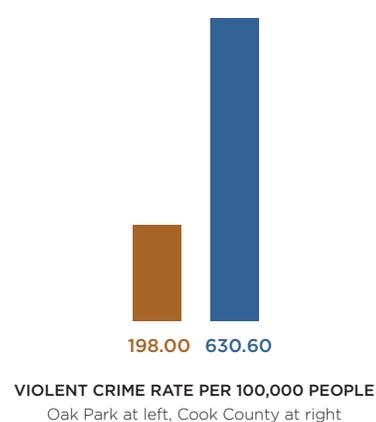
CHILD OPPORTUNITY INDEX⁸

The Child Opportunity Index (COI) assigns a “very high” ranking to Oak Park in all three opportunity areas it measures: education; health and environment; and social and economic. This gives the community an overall COI ranking of **“very high.”**



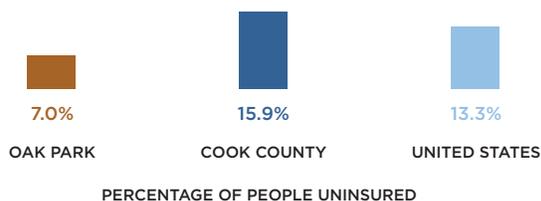
CRIME⁹

Oak Park's rate of violent crime — homicide, rape, robbery and aggravated assault — is less than one-third that of Cook County overall.



LACK OF HEALTH INSURANCE¹⁰

Oak Park residents have health insurance at a higher rate than residents of Cook County and residents of the U.S. overall.



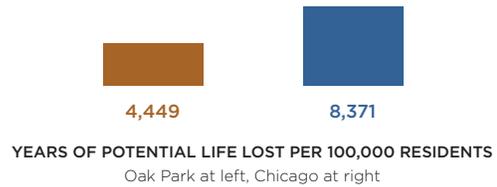
HIC survey participants asked whether they had not sought medical care due to cost anytime in the past 12 months: 74.7% said “no.”

– Rush focus group participant from Oak Park

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

The annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death in Oak Park is **4,449**, approximately 47 percent lower than the annual years of potential life lost in Chicago.



What resources make life better?

COMMUNITY ASSETS

Some of Oak Park's community assets include the following:

Hospitals

Rush Oak Park Hospital
West Suburban Medical Center

Grocery store

Pete's Fresh Market

Community-based health centers

Infant Welfare Society's Children Clinic
PCC Community Lake Street Family Health Center
PCC Community South Family Health Center

Pharmacy clinic

Take Care Clinic at Walgreens

Assisted-living facilities

Belmont Village of Oak Park
Brookdale Oak Park
Oak Park Arms

Elderly and disabled housing

Mills Park Tower
Ryan Farrelly Apartments
The Oaks

Public parks

Andersen Park
Austin Gardens
Barrie Center and Park
Barrie Park
Carroll Park
Dole Center
Euclid Square Park
Field Park
Fox Park
Lindberg Park
Longfellow Park
Mills Park
Oak Park Conservatory
Randolph Tot Lot

Rehm Pool and Park

Ridgeland Common Pool and Park

Scoville Park

Stevenson Park

Childcare centers

Blocks 24-Hour Child Care Center
CEDA Oak Park Head Start
Hephzibah Children's Association
Morningside Children's Academy
RFCC at Oak Park and River Forest High School
The Language and Music School
West Cook YMCA Child Care
West Suburban Montessori School

Mental health facilities

Community Care Options - Fillmore
NAMI Metro Suburban Drop-In Center
Thrive Counseling Center
Youth Services of Oak Park

Nursing homes/skilled nursing facilities

Belmont Village Oak Park
Berkeley Nursing and Rehab Center
Oak Park Healthcare Center

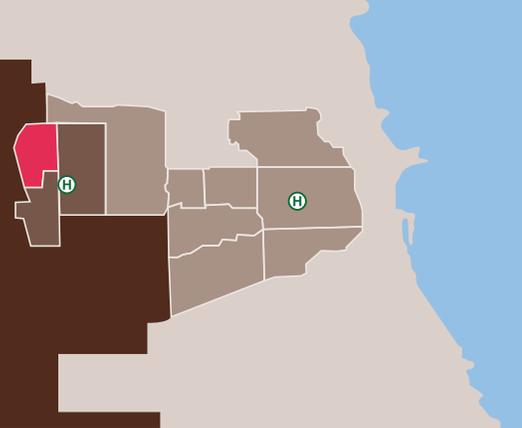
Pharmacies

CVS
Walgreens

Schools

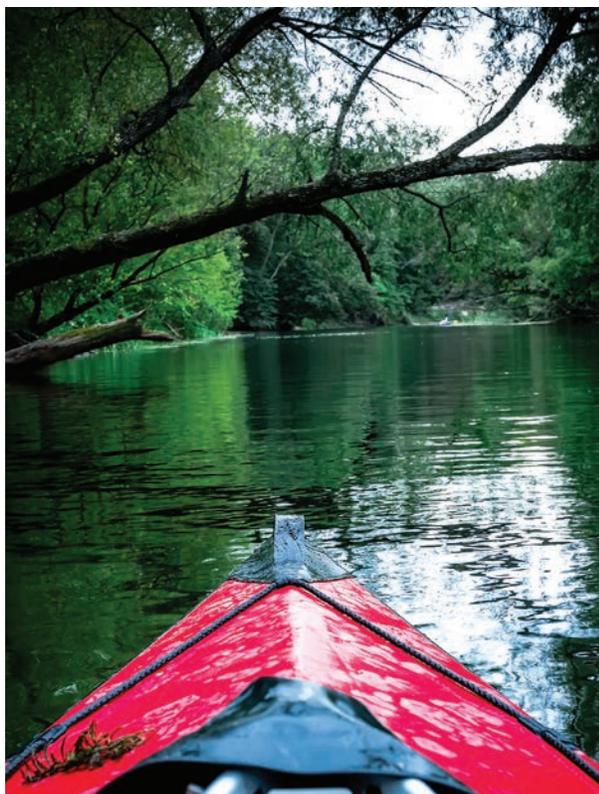
Beye, Hatch, Holmes, Irving, Lincoln, Longfellow, Mann, Whittier (Public, K-5)
Brooks, Julian (Public, 6-8)
Oak Park and River Forest (Public, 9-12)
Fenwick (Private, 9-12)

River Forest



Ten miles west of the Loop on the eastern bank of the Des Plaines River, River Forest grew from a settlement established near a sawmill in 1831 into one of the Chicago area’s most picturesque suburbs. Like its sister village of Oak Park, the community experienced growth after the Chicago fire of 1871, when displaced city residents moved west looking for a new place to settle. After the village made infrastructure improvements in the late 19th century, the population grew quickly and became known for significant residential architecture such as Frank Lloyd Wright’s Winslow House.

River Forest has a strong base of residents who are committed to keeping the community vibrant and providing support to those who need it. For example, through grants and philanthropic fund management, the Oak Park-River Forest Community Foundation supports local nonprofits and social-service organizations that include the Oak Park-River Forest Food Pantry, which reduces food insecurity for more than 5,000 households in the community and surrounding areas each year, and Housing Forward, which helps people transition from homelessness to stable housing.



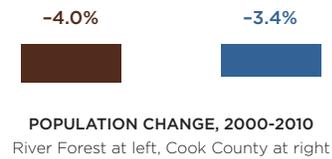
[We have] good access to retail. I love the fact that there’s a little Lake Street here, so you can walk to the movies.

- Rush focus group participant from River Forest

HIC survey participants asked how common violence is in their community: 69.9% said “not very/not at all.”

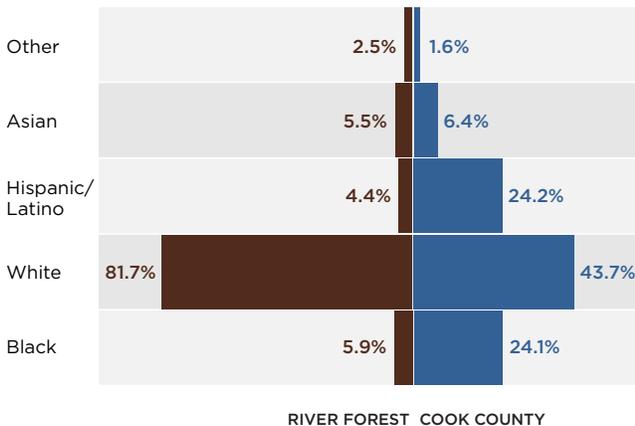
Who lives here?

- **11,183** people live in River Forest. The average household size is **2.7** people, the same as the average Cook County household size.¹
- River Forest's population per square mile is **4,514.7** people, as compared to **5,530** people per square mile in Cook County.²
- Between 2000 and 2010, River Forest's population decreased by **4.0%**, slightly more than in Cook County overall, where the population decreased by **3.4%** during the same period.³



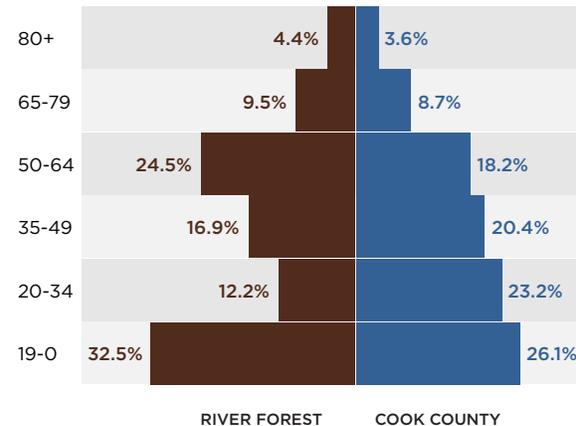
RACE AND ETHNICITY⁴

A majority of the population of River Forest is white.



AGE⁵

The median age in River Forest is **41.4**, older than the Cook County median age of **35.5**.



Let's talk about what you like about your community? Excellent schools.

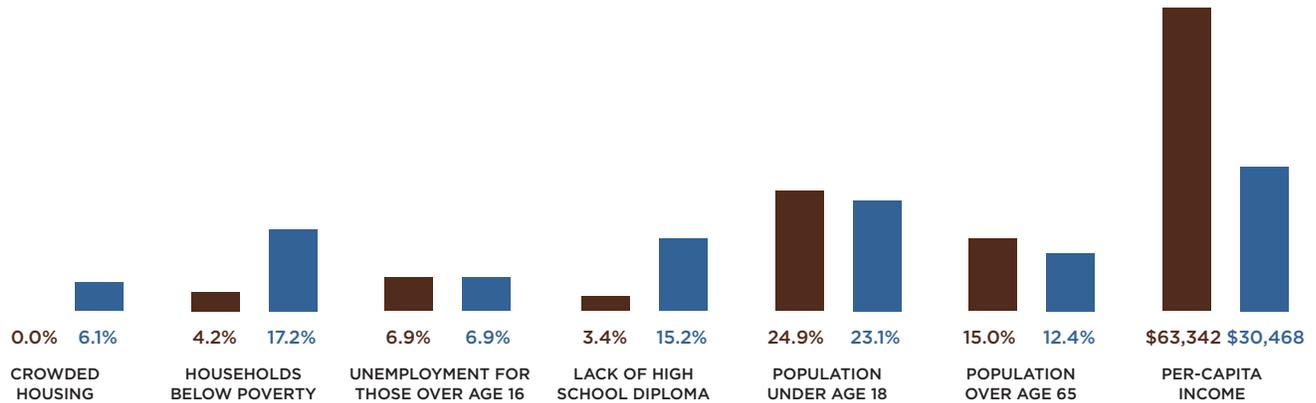
- Rush focus group participant from River Forest



What are the potential barriers to good health?

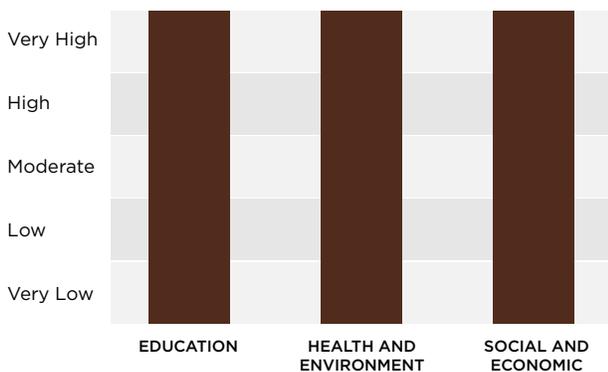
HARDSHIP INDEX⁶

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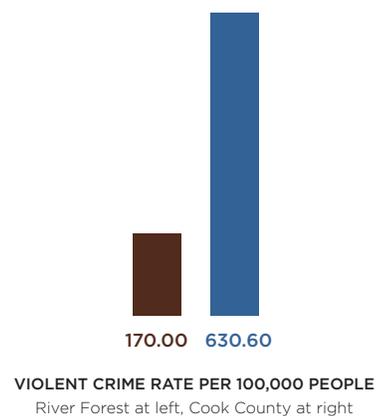
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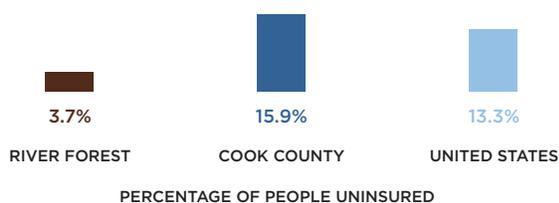
CRIME⁸

River Forest's rate of violent crime — homicide, rape, robbery and aggravated assault — is slightly more than one-fourth that of Cook County overall.



LACK OF HEALTH INSURANCE⁹

River Forest residents have health insurance at a much higher rate than residents of Cook County and residents of the U.S. overall.



HIC survey participants asked whether they had not sought medical care due to cost anytime in the past 12 months: 74.7% said “no.”

What is the impact of the barriers?

YEARS OF POTENTIAL LIFE LOST¹¹

The annual years of potential life lost per 100,000 residents aged 75 and younger due to selected causes of death in River Forest is **4,230**, approximately 50 percent lower than the annual years of potential life lost in Chicago.



What resources make life better?

COMMUNITY ASSETS

Some of River Forest's community assets include the following:

Immediate-care center

Gottlieb Center for Immediate Care

Pharmacy clinic

Take Care Clinic at Walgreens

Public parks

Centennial Park
Constitution Park
Keystone Park
Memorial Parkway
Priory Park
Washington Square Park
Washington Triangle Park

Grocery stores

Jewel-Osco
Whole Foods

Childcare centers

Concordia University Early Childhood Education Center
Mosaic Montessori Academy
River Forest United Methodist Church
Rose K. Goedert Center for Early Childhood Education
West Suburban Temple Har-Zion Early Childhood Program

Mental health facilities

St. Vincent Ferrer
St. Vincent Ferrer Church School

Colleges and universities

Concordia University Chicago
Dominican University

Pharmacies

CVS
Walgreens

Schools

Lincoln Elementary, Willard Elementary (Public, K-4)
Roosevelt Middle School (Public, 5-8)
Trinity High School (Private, 9-12)

Neighborhood organizations

Housing Forward
Oak Park-River Forest Food Pantry

ENDNOTES

Rush's Community

¹ Guidry M, et al. Healthy people in healthy communities: a community planning guide using Healthy People 2010. United States Department of Health and Human Services, 2001.

² www.who.int/social_determinants/en/.

³ Demographic data from the Chicago Metropolitan Agency for Planning (CMAP) of Illinois, Community Data Snapshots, derived from the U.S. Census Bureau and American Community Survey 2013 Estimates. Population density calculated from CMAP Community Data Snapshots using population derived from the U.S. Census population and land area from the CMAP Parcel-Based Land Use Inventory.

⁴ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.

⁵ Hardship Index scores from the Chicago Department of Public Health, retrieved from the City of Chicago Data Portal (data.cityofchicago.org/Health-Human-Services/Hardship-Index/5kdt-irec).

⁶ Unemployment rates, household income, education rates and housing vacancy rates from CMAP of Illinois Community Data Snapshots, derived from U.S. Census Bureau and American Community Survey 2013 Estimates, at www.cmap.illinois.gov.

⁷ Chicago neighborhood data for homicide rates from Chicago Police Department, 2013. Data retrieved from Chicago Health Atlas (www.chicagohealthatlas.org). Suburban rates from Illinois Department of Public Health Mortality Files, 2008-2012.

⁸ Data for health care coverage in Chicago neighborhoods from CMAP of Illinois Community Data Snapshots; suburban community data from 2010-14 American Community Survey as aggregated at assessment.communitycommons.org.

⁹ City rates from the Chicago Department of Public Health, retrieved from the City of Chicago Data Portal. Death data derived from vital statistics from the Illinois Department of Public Health, based upon years 2006-2010. Suburban rates from Illinois Department of Public Health Mortality Files, 2008-2012.

¹⁰ City rates from the Chicago Department of Public Health, retrieved from the City of Chicago Data Portal. Rates based upon data from 2005-2009. Suburban rates from Illinois Department of Public Health Mortality Files, 2008-2012.

¹¹ City rates from the Chicago Department of Public Health, retrieved from the City of Chicago Data Portal; based upon data from 2006-2010. Suburban rates courtesy of Cook County Department of Public Health.

¹² City rates from the Chicago Department of Public Health, retrieved from the City of Chicago Data Portal; based upon data from 2006-2010. Suburban rates from Illinois Department of Public Health Mortality Files, 2008-2012.

¹³ www.samhsa.gov/data/sites/default/files/CBHSQ-SR160-NHIS-SPD-2014/CBHSQ-SR160-NHIS-SPD-2014.htm.

Austin

¹ MetroPulse Community Data Snapshot, Austin, www.cmap.illinois.gov/.

² www.governing.com/gov-data/population-density-land-area-cities-map.html.

³ MetroPulse Community Data Snapshot, Austin.

⁴ MetroPulse Community Data Snapshot, Austin.

⁵ MetroPulse Community Data Snapshot, Austin.

⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.

⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.

⁸ www.chicagohealthatlas.org/place/austin.

⁹ www.chicagohealthatlas.org/place/austin.

¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.

¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

West Garfield Park

¹ MetroPulse Community Data Snapshot, West Garfield Park, www.cmap.illinois.gov/.

² www.governing.com/gov-data/population-density-land-area-cities-map.html.

³ MetroPulse Community Data Snapshot, West Garfield Park.

⁴ MetroPulse Community Data Snapshot, West Garfield Park.

⁵ MetroPulse Community Data Snapshot, West Garfield Park.

⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.

⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.

⁸ www.chicagohealthatlas.org/place/west_garfield_park.

⁹ www.chicagohealthatlas.org/place/west_garfield_park.

¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.

¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

East Garfield Park

¹ MetroPulse Community Data Snapshot, East Garfield Park, www.cmap.illinois.gov/.

² www.governing.com/gov-data/population-density-land-area-cities-map.html.

³ MetroPulse Community Data Snapshot, East Garfield Park.

⁴ MetroPulse Community Data Snapshot, East Garfield Park.

⁵ MetroPulse Community Data Snapshot, East Garfield Park.

⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.

⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.

⁸ www.chicagohealthatlas.org/place/east_garfield_park.

⁹ www.chicagohealthatlas.org/place/east_garfield_park.

¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.

¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

North Lawndale

¹ www.thekingcenter.org/archive/document/speech-chicago-freedom-movement-rally.

² nlcccplanning.org/home-3/about-us/our-mission/.

³ MetroPulse Community Data Snapshot, North Lawndale, www.cmap.illinois.gov/.

⁴ www.governing.com/gov-data/population-density-land-area-cities-map.html.

⁵ MetroPulse Community Data Snapshot, North Lawndale, www.cmap.illinois.gov/.

⁶ MetroPulse Community Data Snapshot, North Lawndale, www.cmap.illinois.gov/.

⁷ MetroPulse Community Data Snapshot, North Lawndale, www.cmap.illinois.gov/.

⁸ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.

⁹ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.

¹⁰ www.chicagohealthatlas.org/place/north_lawndale.

¹¹ www.chicagohealthatlas.org/place/north_lawndale.

¹² www.cdc.gov/nchs/fastats/health-insurance.htm.

¹³ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

South Lawndale

- ¹ MetroPulse Community Data Snapshot, South Lawndale, www.cmap.illinois.gov/.
- ² www.governing.com/gov-data/population-density-land-area-cities-map.html.
- ³ MetroPulse Community Data Snapshot, South Lawndale.
- ⁴ MetroPulse Community Data Snapshot, South Lawndale.
- ⁵ MetroPulse Community Data Snapshot, South Lawndale.
- ⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.
- ⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁸ www.chicagohealthatlas.org/place/south_lawndale.
- ⁹ www.chicagohealthatlas.org/place/south_lawndale.
- ¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.
- ¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

Lower West Side

- ¹ MetroPulse Community Data Snapshot, Lower West Side, www.cmap.illinois.gov/.
- ² www.governing.com/gov-data/population-density-land-area-cities-map.html.
- ³ MetroPulse Community Data Snapshot, Lower West Side.
- ⁴ MetroPulse Community Data Snapshot, Lower West Side.
- ⁵ MetroPulse Community Data Snapshot, Lower West Side.
- ⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.
- ⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁸ www.chicagohealthatlas.org/place/lower_west_side.
- ⁹ www.chicagohealthatlas.org/place/lower_west_side.
- ¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.
- ¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

West Town

- ¹ www.encyclopedia.chicagohistory.org/pages/1342.html.
- ² MetroPulse Community Data Snapshot, West Town, www.cmap.illinois.gov/.
- ³ www.governing.com/gov-data/population-density-land-area-cities-map.html.
- ⁴ MetroPulse Community Data Snapshot, West Town.
- ⁵ MetroPulse Community Data Snapshot, West Town.
- ⁶ MetroPulse Community Data Snapshot, West Town.
- ⁷ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.
- ⁸ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁹ www.chicagohealthatlas.org/place/west_town.
- ¹⁰ www.chicagohealthatlas.org/place/west_town.
- ¹¹ www.cdc.gov/nchs/fastats/health-insurance.htm.
- ¹² data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

Near West Side

- ¹ MetroPulse Community Data Snapshot, Near West Side, www.cmap.illinois.gov/.
- ² www.governing.com/gov-data/population-density-land-area-cities-map.html.
- ³ MetroPulse Community Data Snapshot, Near West Side.
- ⁴ MetroPulse Community Data Snapshot, Near West Side.
- ⁵ MetroPulse Community Data Snapshot, Near West Side.
- ⁶ data.cityofchicago.org/Health-Human-Services/hardship-index/792q-4jtu.
- ⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁸ www.chicagohealthatlas.org/place/near_west_side.
- ⁹ www.chicagohealthatlas.org/place/near_west_side.
- ¹⁰ www.cdc.gov/nchs/fastats/health-insurance.htm.
- ¹¹ data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

Forest Park

- ¹ MetroPulse Community Data Snapshot, Forest Park, www.cmap.illinois.gov/.
- ² www.towncharts.com/Illinois/Demographics/Forest-Park-village-IL-Demographics-data.html.
- ³ MetroPulse Community Data Snapshot, Forest Park.
- ⁴ MetroPulse Community Data Snapshot, Forest Park.
- ⁵ MetroPulse Community Data Snapshot, Forest Park.
- ⁶ Data from US Census Bureau, American Community Survey, 2010-14.
- ⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁸ Data from www.neighborhoodscout.com/il/forest-park/crime/.
- ⁹ Data from 2010-14 American Community Survey as aggregated at assessment.communitycommons.org.
- ¹⁰ Forest Park data courtesy of the Cook County Department of Public Health; Chicago data from data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

Oak Park

- ¹ www.encyclopedia.chicagohistory.org/pages/917.html.
- ² MetroPulse Community Data Snapshot, Oak Park, www.cmap.illinois.gov/.
- ³ www.towncharts.com/Illinois/Demographics/Cook-County-IL-Demographics-data.html.
- ⁴ MetroPulse Community Data Snapshot, Oak Park.
- ⁵ MetroPulse Community Data Snapshot, Oak Park.
- ⁶ MetroPulse Community Data Snapshot, Oak Park.
- ⁷ Data from US Census Bureau, American Community Survey, 2010-14.
- ⁸ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁹ Data from www.neighborhoodscout.com/il/oak-park/crime/.
- ¹⁰ Data from 2010-14 American Community Survey as aggregated at assessment.communitycommons.org.
- ¹¹ Oak Park data courtesy of the Cook County Department of Public Health; Chicago data from data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.

River Forest

- ¹ MetroPulse Community Data Snapshot, River Forest, www.cmap.illinois.gov/.
- ² www.towncharts.com/Illinois/Demographics/Forest-Park-village-IL-Demographics-data.html.
- ³ MetroPulse Community Data Snapshot, River Forest.
- ⁴ MetroPulse Community Data Snapshot, River Forest.
- ⁵ MetroPulse Community Data Snapshot, River Forest.
- ⁶ Data from US Census Bureau, American Community Survey, 2010-14.
- ⁷ www.diversitydatakids.org/data/childopportunitymap/3310/chicago-joliet-naperville.
- ⁸ Data from www.neighborhoodscout.com/il/river-forest/crime/.
- ⁹ Data from 2010-14 American Community Survey as aggregated at assessment.communitycommons.org.
- ¹⁰ River Forest data courtesy of the Cook County Department of Public Health; Chicago data from data.cityofchicago.org/Health-Human-Services/Public-Health-Statistics-Selected-underlying-cause/j6cj-r444.



Health Impact Collaborative
of Cook County

Working together for healthy communities.



Health Impact Collaborative of Cook County

Community Health Needs Assessment
Central Region

EXECUTIVE SUMMARY

June 2016

The Health Impact Collaborative of Cook County is convened and facilitated by the Illinois Public Health Institute.

healthimpactcc.org/reports2016



Health Impact Collaborative of Cook County

Central Region

Participating Hospitals and Health Departments - Central Region

- Loyola University Health System, including Loyola University Medical Center and Gottlieb Memorial Hospital
- Norwegian American Hospital
- Presence Saints Mary and Elizabeth Medical Center
- RML Specialty Hospitals
- Rush, including Rush University Medical Center and Rush Oak Park Hospital
- Stroger Hospital of Cook County
- Chicago Department of Public Health
- Cook County Department of Public Health
- Oak Park Department of Public Health

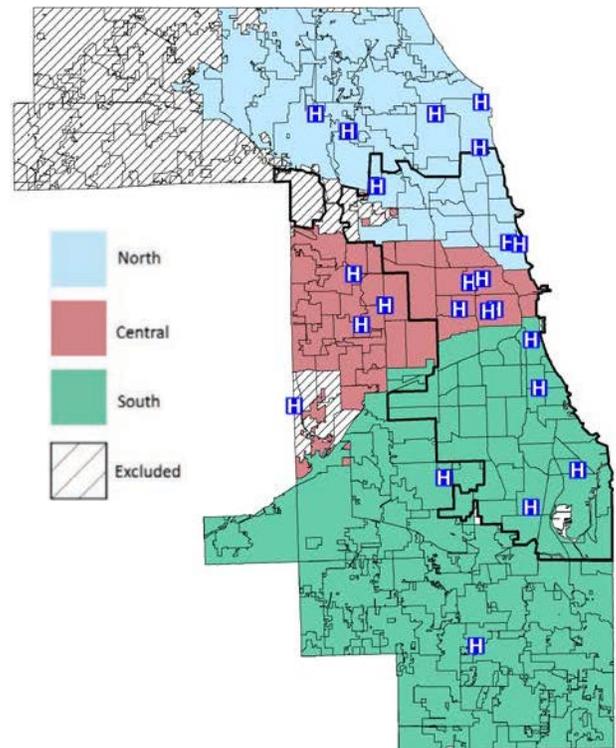
Stakeholder Advisory Team - Central Region

Representatives from the following organizations have shared input and expertise throughout the CHNA process.

- Age Options
- Aging Care Connections
- American Cancer Society
- Casa Central
- Catholic Charities
- Chicago Police Department, 14th District CAPS
- Chicago Public Schools
- CommunityHealth
- Diabetes Empowerment Center
- Healthcare Alternatives Systems
- Housing Forward
- Infant Welfare-Oak Park/The Children's Clinic
- Interfaith Leadership Project
- Loyola University Stritch School of Medicine
- Metropolitan Planning Council
- Mile Square Health Center
- PCC Wellness
- PLCCA: Proviso Leyden Council for Community Action
- Proviso Township Mental Health Commission
- Respiratory Health Association
- West 40 Intermediate Service Center
- West Cook YMCA
- West Humboldt Park Development Council
- West Side Health Authority
- Wicker Park Bucktown Chamber of Commerce

Executive Summary – Central Region

The Health Impact Collaborative of Cook County is a partnership of hospitals, health departments, and community organizations working to assess community health needs and assets, and to implement a shared plan to maximize health equity and wellness in Chicago and Cook County. The Health Impact Collaborative was developed so that participating organizations can efficiently share resources and work together on Community Health Needs Assessment (CHNA) and implementation planning to address community health needs — activities that every nonprofit hospital is now required to conduct under the Affordable Care Act (ACA). Currently, 26 hospitals, seven health departments, and more than 100 community organizations are partners in the Health Impact Collaborative of Cook County. The Illinois Public Health Institute (IPHI) is serving as the process facilitator and backbone organization for the collaborative CHNA and implementation planning processes.



A CHNA summarizes the health needs and issues facing the communities that hospitals, health departments, and community organizations serve. Implementation plans and strategies serve as a roadmap for how the community health issues identified in the CHNA are addressed. Given the large geography and population of Cook County, the Collaborative partners decided to conduct three regional CHNAs. Each of the three regions, North, Central, and South, include both community areas within the city of Chicago and suburban municipalities.

IPHI and the Collaborative partners are working together to design a shared leadership model and collaborative infrastructure to support community-engaged planning, partnerships, and strategic alignment of implementation, which will facilitate more effective and sustainable community health improvement in the future.

Community description for the Central region of the Health Impact

Collaborative of Cook County

This CHNA report is for the Central region of the Health Impact Collaborative of Cook County. As of the 2010 census, the Central region had 1,120,297 residents, which represents a 3% decrease in total population from the year 2000. The African American population experienced the largest population decrease — the Central region had 54,024 fewer African American residents in 2000 compared to 2010. On the other hand, the Hispanic/Latino and Asian populations increased by 32,558 and 11,809 residents respectively during the same time period. Children and adolescents under 18 represent nearly a quarter (24%) of the population in the Central region. Two-thirds of the population is 18 to 64 years old, and about 10% are older adults aged 65 and over. Overall, the Central region is extremely diverse and several priority groups were identified during the assessment process.

Priority populations identified during the assessment process include:

- Children and youth
- Diverse racial and ethnic communities
- Homeless individuals and families
- Incarcerated and formerly incarcerated
- Immigrants and refugees, and particularly undocumented immigrants
- Individuals living with mental health conditions
- LGBTQIA and transgender individuals
- Older adults and caregivers
- People living with disabilities
- Unemployed
- Uninsured and underinsured
- Veterans and former military

Collaborative structure

Seven nonprofit hospitals, one public hospital, three health departments, and approximately 30 community stakeholders partnered on the CHNA for the Central region. The participating hospitals are Loyola University Health System (including Loyola University Medical Center and Gottlieb Memorial Hospital), Norwegian American Hospital, Presence Saints Mary and Elizabeth Medical Center, RML Specialty Hospitals, Rush (including Rush University Medical Center and Rush Oak Park), and Stroger Hospital of Cook County. Health departments are key partners in leading the Collaborative and conducting the CHNA. The participating health departments in the Central region are the Chicago Department of Public Health, Cook County Department of Public Health, and Oak Park Department of Public Health.

The leadership structure of the Health Impact Collaborative includes a Steering Committee, Regional Leadership Teams, and Stakeholder Advisory Teams. Collectively, the hospitals and health departments serve as the Regional Leadership Team.

Stakeholder engagement

The Health Impact Collaborative of Cook County is focused on community-engaged assessment, planning, and implementation. Stakeholders and community partners have been involved in multiple ways throughout this assessment process, both in terms of community input data and as decision-making partners. To ensure meaningful ongoing

involvement, each region's Stakeholder Advisory Team has met monthly during the assessment phase to provide input at every stage and to engage in consensus-based decision making. Additional opportunities for stakeholder engagement during assessment have included participation in hospitals' community advisory groups, community input through surveys and focus groups, and there will be many additional opportunities for engagement as action planning begins in the summer of 2016. The Stakeholder Advisory Team members bring diverse perspectives and expertise, and represent populations affected by health inequities including diverse racial and ethnic groups, immigrants and refugees, older adults, youth, homeless individuals, unemployed, uninsured, and veterans.

Mission, vision, and values

IPHI facilitated a three-month process that involved the participating hospitals, health departments, and diverse community stakeholders to develop a collaborative-wide mission, vision, and values to guide the CHNA and implementation work. The mission, vision, and values have been at the forefront of all discussion and decision making for assessment and will continue to guide action planning and implementation.

Mission:

The Health Impact Collaborative of Cook County will work collaboratively with communities to assess community health needs and assets and implement a shared plan to maximize health equity and wellness.

Vision:

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

Values:

- 1) We believe the highest level of health for all people can only be achieved through the pursuit of **social justice and elimination of health disparities and inequities**.
- 2) We value having a shared vision and goals with alignment of strategies to achieve **greater collective impact while addressing the unique needs of our individual communities**.
- 3) Honoring the diversity of our communities, we value and will strive to include all voices through **meaningful community engagement and participatory action**.
- 4) We are committed to emphasizing assets and strengths and ensuring a process that identifies and **builds on existing community capacity and resources**.
- 5) We are committed to **data-driven decision making** through implementation of evidence-based practices, measurement and evaluation, and using findings to inform resource allocation and quality improvement.
- 6) We are committed to building **trust and transparency** through fostering an atmosphere of open dialogue, compromise, and decision making.
- 7) We are committed to **high quality work to achieve the greatest impact possible**.

Assessment framework and methodology

The Collaborative used the MAPP Assessment framework. The MAPP framework promotes a system focus, emphasizing the importance of community engagement, partnership development, shared resources, shared values, and the dynamic interplay of factors and forces within the public health system. The four MAPP assessments are:

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FOCA)
- Local Public Health System Assessment (LPHSA)

The Health Impact Collaborative of Cook County chose this community-driven assessment model to ensure that the assessment and identification of priority health issues was informed by the direct participation of stakeholders and community residents.

The four MAPP assessments were conducted in partnership with Collaborative members and the results were analyzed and discussed in monthly Stakeholder Advisory Team meetings.

Community Health Status Assessment (CHSA). IPHI worked with the Chicago Department of Public Health and Cook County Department of Public Health to develop the Community Health Status Assessment. This Health Impact Collaborative CHNA process provided an opportunity to look at data across Chicago and suburban jurisdictions and to share data across health departments in new ways. The Collaborative partners selected approximately 60 indicators across seven major categories for the Community Health Status Assessment.¹ In keeping with the mission, vision, and values of the Collaborative, equity was a focus of the Community Health Status Assessment.

Community Themes and Strengths Assessment (CTSA). The Community Themes and Strengths Assessment included both focus groups and community resident surveys. Approximately 5,200 surveys were collected from community residents through targeted outreach to communities affected by health disparities across the city and county between October 2015 and January 2016. About 1,200 of the surveys collected were from residents in the Central region. The survey was disseminated in four languages and was available in paper and online formats. Between October 2015 and March 2016, IPHI conducted seven focus groups in the Central region. Focus group participants were recruited from populations that are typically underrepresented in community health assessments including diverse racial and ethno-cultural groups; immigrants; limited English speakers; families with children; older adults; lesbian, gay, bisexual, queer, intersex, and asexual (LGBQIA) individuals; and transgender individuals.

¹ The seven data indicator categories—demographics, socioeconomic factors, health behaviors, physical environment, healthcare and clinical care, mental health, and health outcomes—were adapted from the County Health Rankings model.

Forces of Change Assessment (FOCA) and Local Public Health System Assessment (LPHSA).

The Chicago and Cook County Departments of Public Health each conducted a Forces of Change Assessment and a Local Public Health System Assessment in 2015, so the Collaborative was able to leverage and build off of that data. IPHI facilitated interactive discussions at the August and October 2015 Stakeholder Advisory Team meetings to reflect on the findings, gather input on new or additional information, and prioritize key findings impacting the region.

Significant Health Needs

Stakeholder Advisory Teams in collaboration with hospitals and health departments prioritized the strategic issues that arose during the CHNA. The guiding principles and criteria for the selection of priority issues were rooted in data-driven decision making and based on the Collaborative's mission, vision, and values. In addition, partners were encouraged to prioritize issues that will require a collaborative approach in order to make an impact. Very similar priority issues rose to the top through consensus decision making in the Central, South, and North regions of Chicago and Cook County.

Through collaborative prioritization processes involving hospitals, health departments, and Stakeholder Advisory Teams, the Health Impact Collaborative of Cook County identified four focus areas as significant health needs:

- **Improving social, economic, and structural determinants of health while reducing social and economic inequities.***
- **Improving mental health and decreasing substance abuse.**
- **Preventing and reducing chronic disease (focused on risk factors – nutrition, physical activity, and tobacco).**
- **Increasing access to care and community resources.**

* All hospitals within the Collaborative will include the first focus area—*Improving social, economic, and structural determinants of health*—as a priority in their CHNA and implementation plan. Each hospital will also select at least one of the other focus areas as a priority.

Based on community stakeholder and resident input throughout the assessment process, the Collaborative's Steering Committee made the decision to establish *Social, Economic and Structural Determinants of Health* as a collaborative-wide priority. Regional and collaborative-wide planning will start in summer 2016 based on alignment of hospital-specific priorities.

Key assessment findings

1. Improving social, economic, and structural determinants of health while reducing social and economic inequities.

The social and structural determinants of health such as poverty, unequal access to community resources, unequal education funding and quality, structural racism, and environmental conditions are underlying root causes of health inequities.² Additionally, social determinants of health often vary by geography, gender, sexual orientation, age, race, disability, and ethnicity.² The strong connections between social, economic, and environmental factors and health are apparent in Chicago and suburban Cook County, with health inequities being even more pronounced than many national trends.

Figure 1.1. Summary of key assessment findings related to the social, economic, and structural determinants of health

Social, Economic, and Structural Determinants of Health
<p>Poverty and economic equity. African Americans, Hispanics/Latinos and Asians have higher rates of poverty than non-Hispanic whites and lower annual household incomes. Nearly half of all children and adolescents in the Central region live at or below 200% of the Federal Poverty Level. In Chicago and suburban Cook County, residents in communities with high economic hardship have life spans that are five years shorter on average compared to other areas of the county.</p>
<p>Unemployment. The unemployment rate in the Central region from 2009 to 2013 was 12.3% compared to 9.2% overall in the U.S. African Americans have much higher rates of unemployment compared to whites and Asians.</p>
<p>Education. The rate of poverty is higher among those without a high school education, and those without a high school education are more likely to develop chronic illnesses. The high school graduation rates in the Central region (72%) are lower than the average for Chicago and suburban Cook County (78%).</p>
<p>Structural racism. Data across the four MAPP assessments showed a need to address race/ethnic inequities related to community conditions and health outcomes. The hospitals, health departments and Stakeholder Advisory Teams determined that addressing structural racism is an important component of work on social, economic and structural determinants of health.</p>
<p>Housing and transportation. Many residents indicated poor housing conditions in the Central region and a lack of quality affordable housing that leads to cost-burdened households, crowded housing, and homelessness. Assessment data shows there inequities in access to public transportation are a concern in the Central region.</p>
<p>Environmental concerns. Climate change, poor air quality, changes in water quality, radon, and lead exposure are environmental factors that were identified as having the potential to affect the health of residents in the Central region. The Central region is particularly vulnerable to natural and manmade disasters and disease outbreaks due to its areas of high economic hardship and low economic opportunity.</p>
<p>Safety and violence. Firearm-related and homicide mortality are highest among Hispanic/Latinos and African American/blacks. The Central and South regions of the Collaborative are disproportionately affected by trauma, safety issues, and community violence.</p>

² Centers for Disease Control and Prevention. (2013). CDC Health Disparities and Inequalities Report. Morbidity and Mortality Weekly Report, 62(3).

Disparities related to socioeconomic status, built environment, safety and violence, policies, and structural racism were identified in the Central region as being key drivers of community health and individual health outcomes.

2. Improving mental health and decreasing substance abuse.

Mental health and substance use arose as key issues in each of the four assessment processes in the Central region. Community mental health issues are exacerbated by long-standing inadequate funding as well as recent cuts to social services, healthcare, and public health. The World Health Organization (WHO) emphasizes the need for a network of community-based mental health services.³ The WHO has found that the closure of mental health hospitals and facilities is often not accompanied by the development of community-based services and this leads to a service vacuum.³ In addition, research indicates that better integration of behavioral health services, including substance use treatment, into the healthcare continuum, can have a positive impact on overall health outcomes.⁴

Figure 1.2. Summary of key assessment findings related to mental health and substance use

Mental Health and Substance Use
<p>Community-based mental health care and funding. Community mental health issues are being exacerbated by long-standing inadequacies in funding as well as recent cuts to social services, healthcare, and public health. Socioeconomic inequities, disparities in healthcare access, housing issues, racism, discrimination, stigma, mass incarceration of individuals with mental illness, community safety issues, violence, and trauma are all negatively impacting the mental health of residents in the Central region.</p> <p>There are several communities that have high Emergency Department visit rates for mental health, intentional injury/suicide, substance use, and heavy drinking in the Central region. Focus group participants and survey respondents in the Central region report cost and lack of insurance coverage as major barriers to not seeking needed mental health treatment. Community survey respondents from the Central region indicated that their financial strain and debt were the biggest factors contributing to feelings of stress in their daily lives.</p>
<p>Substance use. The lack of effective substance abuse prevention, easy access to alcohol and other drugs, the use of substances to self-medicate in lieu of access to mental health services, and the criminalization of addiction are factors and trends affecting community health and the local public health system in the Central region. There are several barriers to accessing mental health and substance use treatment and services including social stigma, continued funding cuts, and mental health/substance use provider shortages. The need for policy changes that decriminalize substance use and connect individuals with treatment and services were identified as needs in the Central region.</p>

³ World Health Organization. (2007). <http://www.who.int/mediacentre/news/notes/2007/np25/en/>

⁴ American Hospital Association. (2012). Bringing behavioral health into the care continuum: opportunities to improve quality, costs, and outcomes. <http://www.aha.org/research/reports/tw/12jan-tw-behavhealth.pdf>

3. Preventing and reducing chronic disease (focus on risk factors – nutrition, physical activity, and tobacco).

Chronic disease prevention was another strategic issue that arose across all four assessments. The number of individuals in the U.S. who are living with a chronic disease is projected to continue increasing well into the future.⁵ In addition, chronic diseases accounted for approximately 64% of deaths in Chicago in 2014.⁶ As a result, it will be increasingly important for the healthcare system to focus on prevention of chronic disease and the provision of ongoing care management.⁵

Figure 1.3. Summary of key assessment findings related to chronic disease

Chronic Disease
<p>Policy, systems and environment. Findings from community focus groups, the Forces of Change Assessment (FOCA), and the Local Public Health System Assessment (LPHSA) emphasized the important role of healthy environments and policies supporting healthy eating and active living. Over a third (39%) of community survey respondents in the Central region indicated challenges in availability of healthy foods in their community. A quarter of the survey respondents reported few parks and recreation facilities in their communities, and 54% of survey respondents rated the quality and convenience of bike lanes in their community to be “fair,” “poor”, or “very poor.”</p>
<p>Health Behaviors. The majority of adults in suburban Cook County (85%) and Chicago (71%) report eating less than five daily servings of fruits and vegetables. In addition, more than a quarter of adults in suburban Cook County (28%) and Chicago (29%) report not engaging in physical activity during leisure time. Approximately 14% of youth in suburban Cook County and 22% of youth in Chicago report not engaging in physical activity during leisure time. Poor diet and a lack of physical activity are two of the major predictors for obesity and diabetes. A significant percentage of youth and adults report engaging in other health behaviors such as smoking and heavy drinking that are also risk factors for chronic illnesses. Low consumption of healthy foods may also be an indicator of inequities in food access.</p>
<p>Mortality related to chronic disease. The top three leading causes of death in the Central region are heart disease, cancer, and stroke. There are stark disparities in chronic-disease related mortality in the Central region, both in terms of geography and in terms of race and ethnicity.</p>

4. Increasing access to care and community resources.

Healthy People 2020 states that access to comprehensive healthcare services is important for achieving health equity and improving quality of life for everyone.⁷ Disparities in access to care and community resources were identified key contributors to health inequities experienced by residents in the Central region. Access is a complex and multi-faceted concept that includes dimensions of proximity; affordability; availability, convenience, accommodation, and reliability; quality and acceptability; openness, cultural competency, appropriateness and approachability.

⁵ Anderson, G. & Horvath, J. (2004). The growing burden of chronic disease in America. *Public Health Reports*, 119, 263-270.

⁶ Chicago Department of Public Health. (2016). Healthy Chicago 2.0.

⁷ Healthy People 2020. (2016). Access to Health Services. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

Figure 1.4. Summary of key assessment findings related to access to care and community resources

Access to care and community resources
<p>Cultural and linguistic competence and humility. Focus group participants in the Central region and Stakeholder Advisory Team members emphasized that cultural and linguistic competence and humility are key aspects of access to quality healthcare and community services. Participants in six of seven focus groups in the Central region cited lack of sensitivity to cultural difference as a significant issue impacting health of diverse racial and ethnic groups in the Central region.</p>
<p>Insurance coverage. Aggregated rates from 2009 to 2013, show that 26% of the adult population age 18-64 in the Central region reported being uninsured, compared to 19% in Illinois and 21% in the U.S. Men in Cook County are more likely to be uninsured (18%) compared to women (14%). In addition, ethnic and racial minorities are much more likely to be uninsured compared to non-Hispanic whites. As of 2014, nearly a quarter of immigrants (23%) and 40% of undocumented immigrants are uninsured compared to 10% of U.S. born and naturalized citizens.</p>
<p>Use of preventive care and health literacy. Overall rates of self-reported cancer screenings vary greatly across Chicago and suburban Cook County compared to the rates for Illinois and the U.S. This could represent differences in access to preventative services or in knowledge about the need for preventative screenings. Approximately one-third of Chicago residents aged 65 or older reported that they had not received a pneumococcal vaccination in 2014. Health education about routine preventative care was mentioned by multiple residents as a need in their communities.</p>
<p>Provider availability. Nearly 20% of adults in Chicago report that they do not have at least one person that they consider to be their personal doctor or healthcare provider. In the U.S., LGBTQIA and transgender youth and adults are less likely to report having a regular place to go for medical care. There are several communities in the Central region that are classified by the Health Resources and Services Administration as areas having shortages of primary care, dental care, or mental health providers.</p>
<p>Use of prenatal care. Nearly 20% of women in Illinois and suburban Cook County do not receive prenatal care prior to the third month of pregnancy or receive no prenatal care.</p>

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Stephanie Snyder, nurse practitioner, Rush University Medical Center

Marsha Spright, school counselor, Providence St. Mel

Desiree Stewart, marketing manager, WVON

Jacqueline Summerville, executive director, Allied Health Care Career Network

Daniel Swartz, founder, Wunderkammer Company

Jennifer Thomas, chair, Westside Coalition for Seniors

Sara Walker, secretary, Centro Sin Fronteras

Max Weiss, rabbi, Oak Park Temple B'nai Abraham Zion

Calisa Williams, patient navigator, Medical Home Network, Rush University Medical Center

Anna Wojcik, strategic project manager, UI Health Sciences System

Michele Zurakowski, executive director, Oak Park River Forest Food Pantry

HEALTH IMPACT COLLABORATIVE OF COOK COUNTY

Participating hospitals

Advocate Children's Hospital (adjunct)

Advocate Christ Medical Center

Advocate Illinois Masonic Medical Center

Advocate Lutheran General Hospital

Advocate South Suburban Medical Center

Advocate Trinity Hospital

Gottlieb Memorial Hospital

Loyola University Medical Center

Mercy Hospital & Medical Center

NorthShore Evanston Hospital

NorthShore Glenbrook Hospital

NorthShore Skokie Hospital

Norwegian American Hospital

Presence Holy Family Medical Center

Presence Resurrection Medical Center

Presence Saint Francis Hospital

Presence Saint Joseph Hospital

Presence Saints Mary and Elizabeth Medical Center

Provident Hospital

RML Specialty Hospitals

Roseland Community Hospital

John H. Stroger, Jr. Hospital of Cook County

Participating health departments

Chicago Department of Public Health

Cook County Department of Public Health

Evanston Health Department

Oak Park Health Department

Skokie Public Health District

Stickney Health Department

Leadership

Loyola University Medical Center and Gottlieb Memorial Hospital

Armand Andreoni, co-lead for Central Region

Advocate Health Care

Barb Giloth, lead for South Region

Bonnie Condon

Norwegian American Hospital

Charles Williams, co-lead for Central Region

Illinois Public Health Institute

Elissa Bassler

Laurie Call

Jess Lynch

Chicago Department of Public Health

Sheri Cohen

Jaime Dircksen

Ivonne Samblin

Illinois Hospital Association

Jay Bhatt

Presence Health

Mariana Wrzosek, co-lead for North Region

Will Snyder

Advocate Lutheran General Hospital

Paula Besler, co-lead for North Region

Rush University Medical Center

Christopher Nolan

Raj Shah

Cook County Department of Public Health

Kiran Joshi

Steve Seweryn



Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

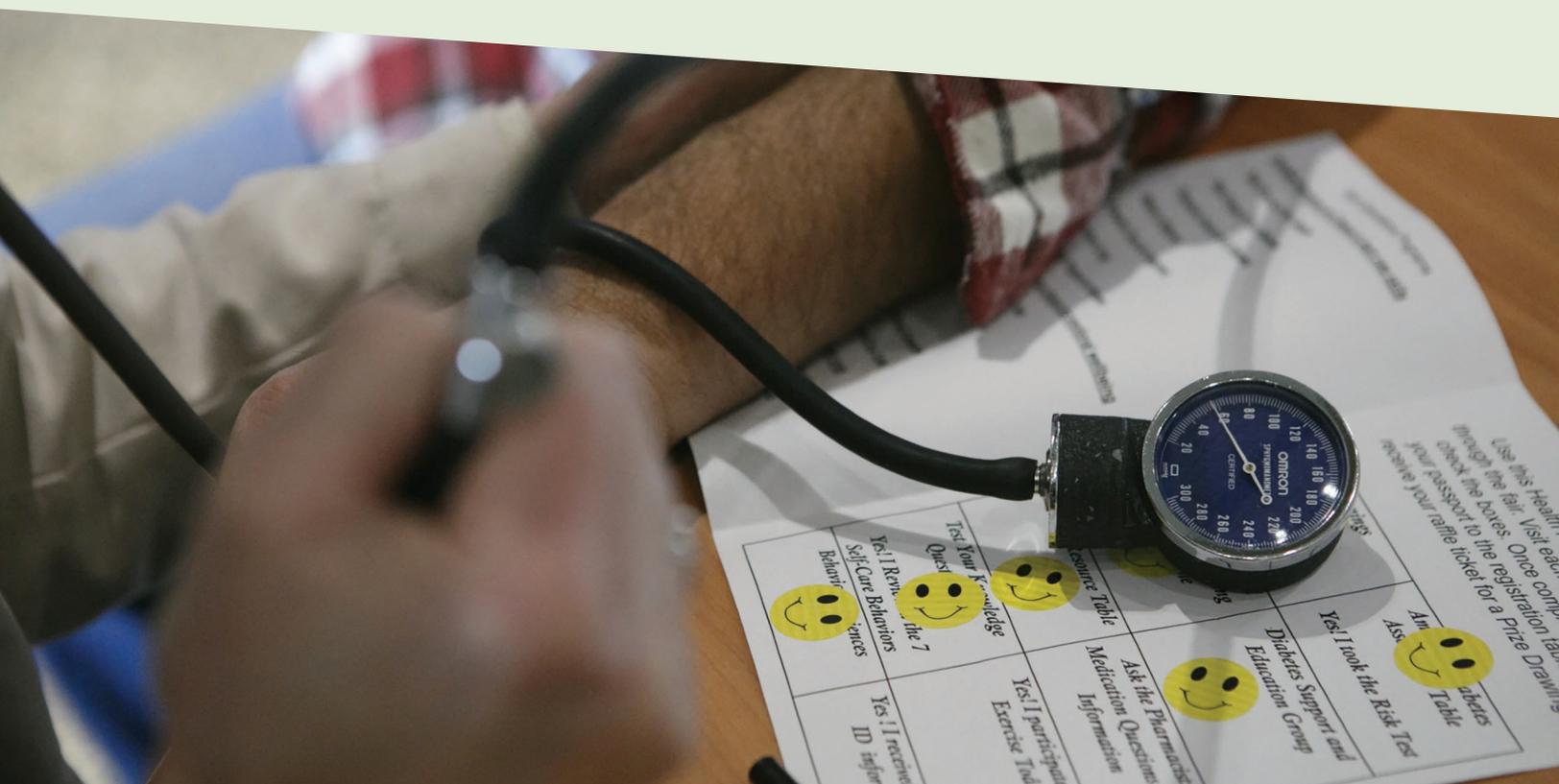
PLEASE NOTE: All physicians featured in this publication are on the medical faculty of Rush University Medical Center. Some of the physicians featured are in private practice and, as independent practitioners, are not agents or employees of Rush University Medical Center.

Rush Community Health Implementation Plan 2017-2019



The mission of Rush University Medical Center and Rush Oak Park Hospital — together known as Rush — 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.

Our vision is that Rush will be the leading academic health system in the region and nationally recognized for transforming health care.



Introduction

Lessons Learned

For more than 175 years, Rush has been dedicated to delivering health care to diverse communities in the Chicago area.

Our first Community Health Implementation Plan (CHIP), created in 2013 and covering fiscal years 2014–2016, highlighted a number of programs through which we worked to improve the health of people in the communities we serve.

In those programs, many of which are ongoing, Rush physicians, nurses, students and employees work in partnership with dozens of neighborhood clinics, hospitals, schools and social services agencies to deliver care when and where people need it. We also nurture healthy communities by providing health education and programs for people interested in health care careers.

Between fiscal years 2014 and 2016, we served more than 588,402 people through 226 community partnerships and 281 programs, with a total value to the community of more than \$23 million.

We learned several important lessons as we created and carried out these initiatives.

First, despite all of our programs, outreach, investments and good intentions, health inequities persist in the communities surrounding Rush. Health inequities are systematic differences in the health status of different population groups. These differences have significant social and economic costs to individuals and to societies.¹

Second, to decrease these inequities and improve the health of people and communities, we must address the complex social, economic and structural determinants of health that we highlighted in Rush's most recent Community Health Needs Assessment (CHNA). On Chicago's West Side, these determinants



include structural racism, economic deprivation, substandard housing, violence and a failing educational system, among other issues. These factors have a strong influence on how healthy a person is.² The lower a person's socioeconomic position, the higher his or her risk of poor health. To reduce hardship and health inequities, any CHIP must ultimately address these underlying structural issues.

Third, we must concentrate and align Rush's available resources so they will have the greatest impact.

Fourth, the issues identified in our CHNA are so significant that they cannot possibly be solved in the three years that this CHIP covers. Instead, they require a long-term strategy that will extend over multiple CHIPs. This gives us the chance to think broadly and boldly about what it will take to achieve measurable results and build healthy communities.

¹ "10 Facts on Health Inequities and Their Causes," World Health Organization, October 2011. Retrieved 9.28.16 at http://www.who.int/features/factfiles/health_inequities/en/.

² World Health Organization, October 2011.

Fifth, we need to track our progress by testing and measuring so we can learn what really works. We will be able to see which interventions have the most impact, and can use what we learn to refine our tactics and programs to make them more effective.

Finally, community health improvements will require extraordinary leadership; the engagement of both the public and private sectors; and strong guidance from people in the community.

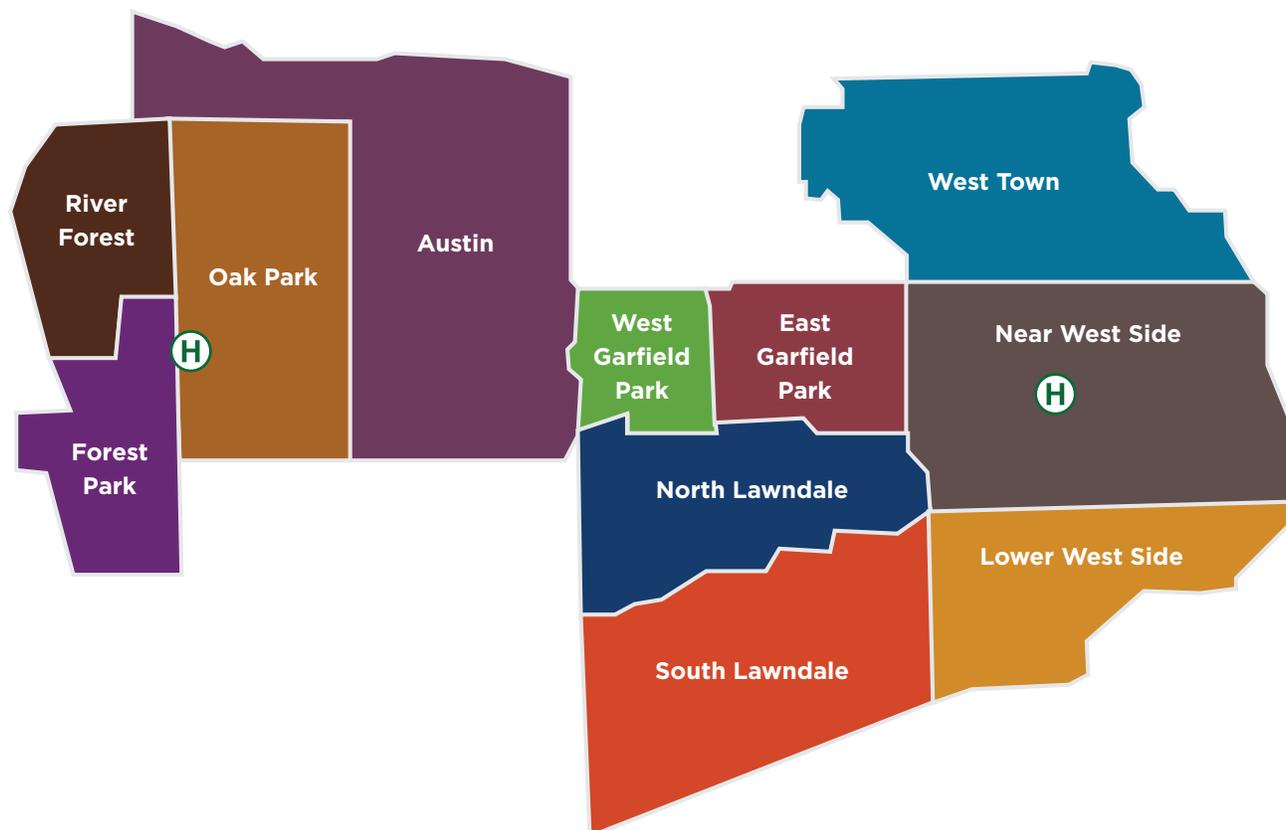
In light of these lessons, we have created this CHIP for fiscal 2017–2019 to do the following:

- Be the first in a series of linked CHIPs that will inform one another over the next decade or more.
- Identify short-term outcomes that will build toward larger, long-term goals of Rush's strategy to be an anchor for community health and vitality (see p. 13 for more details).
- Use the data collected in our CHNA to prioritize the communities of need in Rush's service area — those that have the highest levels of hardship and therefore need the most resources.
- Focus Rush's efforts on the people most in need in each community: children, young adults and people with chronic illnesses.
- Expand, retool, align and invest in existing programs that focus on community health.
- Highlight a partial list of potentially promising solutions for each need we've identified, while also recognizing that we need to create a comprehensive evaluation strategy to help us understand what works and what does not.
- Offer ways that community members can help us design, implement and evaluate these solutions.



Rush's 2017 – 2019 Community Health Needs Assessment

In 2016, in accordance with Section 501(r)(3) of the Internal Revenue Code, we conducted our second CHNA to understand the needs of the 11 communities in the Rush service area:



We collaborated on the CHNA with key Rush stakeholders and with the Health Impact Collaborative of Cook County, a group convened by the Illinois Public Health Institute and consisting of 26 hospitals, seven health departments and more than 100 community-based organizations.

Working together, we identified the following four main needs in the Rush service area:

- Reducing inequities caused by the social, economic and structural determinants of health.
- Improving access to mental and behavioral health services.
- Preventing and reducing chronic disease by focusing on risk factors.
- Increasing access to care and community services.

These needs translate into the four goals addressed in this CHIP. To achieve them, we will continue to work closely with other health care institutions, businesses, government agencies and community-based organizations — and, where needed, we will advocate for systemic change. To implement the strategies we outline, it is also critical that we work with the people living in these communities. Their voices, needs and thoughts must be a significant driver of the work.

Improving Community Health

Goals and Implementation Strategies

<p>Goal</p> <p>Reduce inequities caused by the social, economic and structural determinants of health</p>		
<p>Strategies</p> <p>Improve educational attainment</p> <p>Identify, measure and mitigate the social determinants of health among those at risk — particularly children, young adults and people with chronic illnesses</p> <p>Participate in regional community health improvement collaboratives</p>		
		
<p>Goal</p> <p>Improve access to mental and behavioral health services</p>	<p>Goal</p> <p>Prevent and reduce chronic disease by focusing on risk factors</p>	<p>Goal</p> <p>Increase access to care and community services</p>
<p>Strategies</p> <p>Address psychological trauma through screening tools and referral programs in school-based health centers and faith-based organizations</p> <p>Expand access to other screenings and services</p>	<p>Strategies</p> <p>Reduce risk factors through assessments, disease management programs and improved access to healthy food</p> <p>Expand free and subsidized screenings</p> <p>Develop and deliver community services to help people stop smoking</p>	<p>Strategies</p> <p>Expand access to primary care medical homes for people without insurance and for others without medical homes</p> <p>Implement adverse childhood event screenings and referrals at school-based health centers</p> <p>Expand access to insurance</p>

Goal/Reduce inequities caused by the social, economic and structural determinants of health

Strategy/Improve educational attainment

The research is clear: Communities with higher levels of education are healthier. A high-quality education can lay the foundation for financial prosperity, which in turn can boost people's access to quality health care and improve their health outcomes.

But each year, thousands of low-income students in Chicago face barriers that prevent them from attending high-quality schools and having access to college. As a result, large achievement gaps remain between students from low-income families and their higher-income peers.

Rush currently partners with many middle schools and high schools in our service area, with varying degrees of success. We want to make these programs more effective.

Alongside partners that include Chicago Public Schools, community-based organizations, city colleges and businesses, Rush will focus on children between the ages of 11 and 18 to create a pipeline that guides interested students into postsecondary education and health care careers. To do this work, Rush will do the following:

- Choose three neighborhood middle schools that feed into three neighborhood high schools in one or more of the highest-need communities that Rush serves.
- Pilot or expand programs in these partner schools that provide evidence-based science and math curricula.
- Support the development of health sciences-related programs that create a bridge to college by allowing high school students to take college-level courses and receive college credit.
- Refine and strengthen Rush's internship programs that provide training in health sciences, health administration and health information technology.
- Participate in tutoring and mentorship programs that provide social and educational support.
- Evaluate all programs continuously to see which are working best, and invest additional resources in the programs that have the most impact.



How we'll measure our progress / In fiscal year 2017, we plan to evaluate and retool our existing education-based programs and identify the neighborhoods and schools with the highest need. Then, in fiscal year 2018, we will begin to implement our updated education strategy. While it will take time to achieve measurable results, our ultimate aim is to see improvements in the following measures of educational success in Rush's partner schools:

- Students' expectations of attending college compared to those who don't participate in our programs.
- Students' self-confidence compared to those who don't participate in our programs.
- Standardized test scores in science and math.
- Overall grade point averages.
- High school graduation rates.
- College access, enrollment and persistence.
- A reduction in the achievement gap between Rush's partner schools and the higher-performing schools in our surrounding communities.



Strategy / Identify, measure and mitigate the social determinants of health among those at risk — particularly children, young adults and people with chronic illnesses

In collaboration with other health care systems and community partners, Rush will develop a screening tool that we'll use to help identify the social and structural determinants of health that could be affecting our patients (such as drug and alcohol use; mental health; access to quality food, housing, transportation and health care; and feelings of safety in the community).

If the screening shows that a patient needs assistance in any of these areas, Rush will refer him or her to care providers, agencies and organizations that can help.

How we'll measure our progress / We plan to develop the screening tool by the end of fiscal year 2017 and implement it by the first quarter of fiscal year 2018, with the goal of screening and referring 25 percent of eligible patients by fiscal year 2019.

Strategy / Participate in citywide and countywide community health improvement collaboratives

We know that improving the social, economic and structural determinants of health is a much bigger task than Rush can achieve on its own. We will work with city and county agencies, other health systems

and community organizations through collaboratives that include the Health Impact Collaborative of Cook County, the Healthy Chicago Hospital Collaborative, Healthy Chicago 2.0 and Cook County WePlan.

How we'll measure our progress / We will work with these partners to create ways to collect and share health data at the community level and among health systems.

In fiscal years 2017-2019, we will also work together to create, each year, a regional approach to improving one or more of these social, economic and structural determinants of health: housing, transportation, food insecurity, access to utilities and safety.

Goal / Improve access to mental and behavioral health services

People who live in communities where poverty is concentrated are more likely than those who live in wealthier communities to suffer the psychological effects of trauma caused by abuse, neglect, family dysfunction, violence, discrimination, racism, poverty and use of drugs and alcohol. As outlined in our CHNA, violence is prevalent in all the communities in Rush's service area that show high levels of hardship — and it takes a toll on the physical and mental well-being of people living in those neighborhoods.

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

To address the consequences of trauma and improve the health outcomes of people who have lived through it, we will take a “trauma-informed” approach to facilitating healing. This approach acknowledges the widespread impact of trauma; teaches people to recognize the signs of trauma in patients and families; and integrates what we know about the effects of trauma into Rush’s programs and practices.

We plan to do the following:

- Develop a school-based mental health screening, wellness and referral network in one or more of the neighborhoods in need that Rush serves.

How we’ll measure our progress / Each year, we will screen 500 students at Rush’s school-based health centers and refer those in need of additional care.

- Develop a church-based mental health screening, wellness and referral network for the churches that are part of Rush’s Clergy and Faith-Based Network.

How we’ll measure our progress / We will develop and pilot the program in fiscal year 2017, and we will roll it out to at least five partner churches each year.

Strategy / Expand access to screenings and services

We plan to do the following:

- Create a “Mental Health First Aid” program for one or more of the neighborhoods in need that Rush serves.

How we’ll measure our progress / Beginning in fiscal year 2017, each year we will train 200 community leaders, parents and teachers to recognize the signs of psychological disorders, and ensure that people who need help can get it.

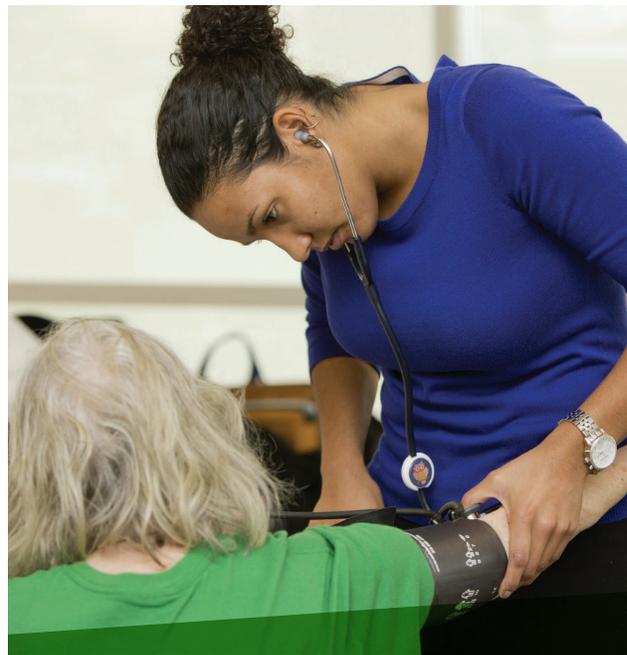
- Expand screenings and referrals for mental and substance use disorders for at-risk patients.

How we’ll measure our progress / We will screen and refer 100 at-risk patients in each year in the neighborhoods Rush serves.

Goal / Prevent and reduce chronic disease by focusing on risk factors and health education

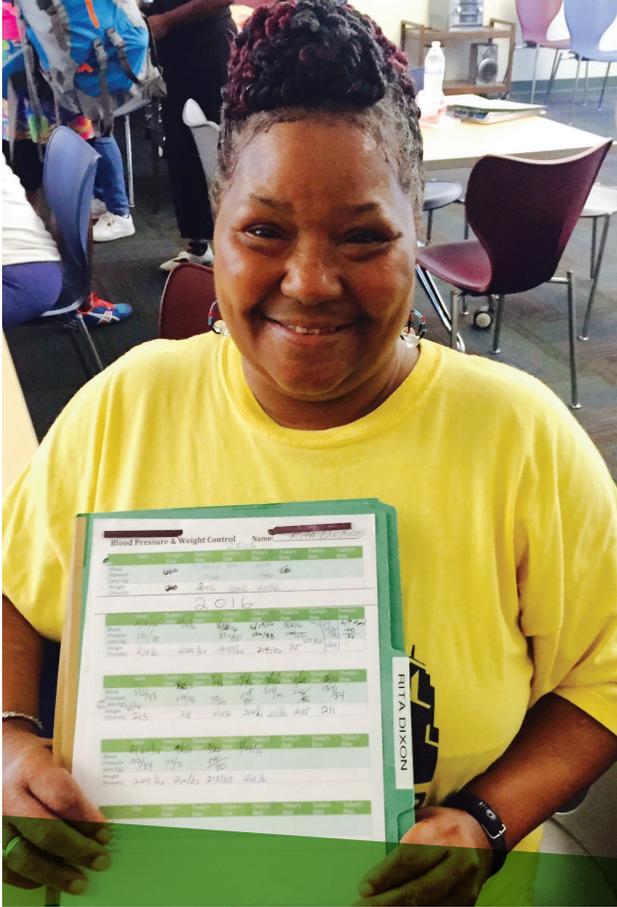
Chronic diseases and conditions such as heart disease, stroke, cancer, diabetes, respiratory disease and obesity are some of the health conditions that commonly affect people in Rush’s service area. These diseases are costly to treat — but they are also among the most preventable health problems.

Strategy / Reduce risk factors through assessments, chronic disease management programs for adults and improved access to healthy food



We plan to do the following:

- Work with faith communities to create more programs to help people reduce their cardiovascular and diabetes risk factors. We plan to build on the success of initiatives like Rush’s ALIVE Research Partnership and the Health Legacy Program — two faith-based programs that have helped members build healthier behaviors and reduce health disparities related to cardiovascular disease and Type II diabetes.



How we'll measure our progress / By fiscal year 2018, we will expand programs into at least one community of need in Rush's service area.

- Expand Rush Oak Park Hospital's Surplus Project — a food recovery and depository program — to Rush University Medical Center. Lack of access to reliable sources of healthy food is both a cause of food insecurity and a determinant of health that leads to a greater risk of adults developing high blood pressure, high cholesterol and diabetes. The Surplus Project currently repackages surplus food from the hospital for donation to the Oak Park River Forest Food Pantry.

How we'll measure our progress / We will donate food daily to our community partners for distribution to individuals and families in need.

- Expand health education programming for older adults through Rush Generations health promotion wellness programs and workshops that focus on chronic disease management.

How we'll measure our progress / By fiscal year 2018, we will expand programs into at least one community of need in Rush's service area and will hold community-based health fairs, health education events and workshops with free health screenings for at least 300 people.

Strategy / Expand free and subsidized screenings

We plan to do the following:

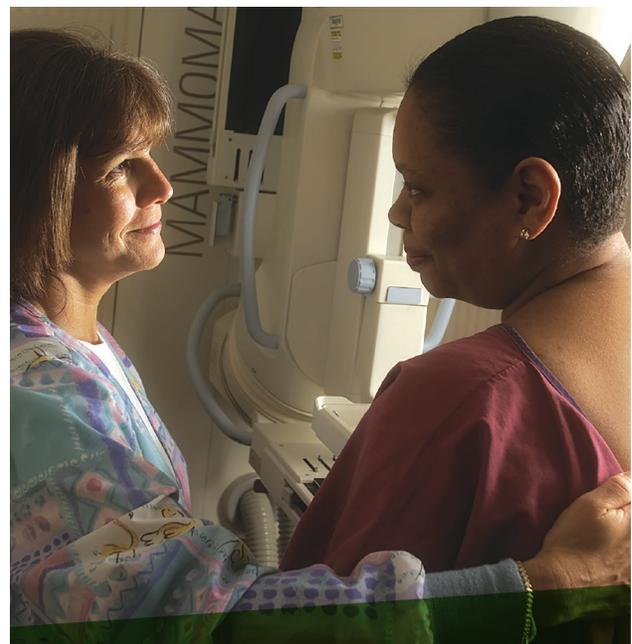
- Expand free and subsidized breast cancer screening, diagnosis and treatment programs for women without health insurance. Women in communities of need in Rush's service area receive fewer screening mammograms and have higher breast cancer mortality rates than those in wealthier neighborhoods.

How we'll measure our progress / Beginning in fiscal year 2017, Rush will provide screening, diagnosis and treatment services to at least 300 uninsured women annually.

Strategy / Develop and deliver community services to help people stop smoking

We plan to do the following:

- Integrate counseling and advice on stopping smoking into Rush's existing community service projects, using evidence-based programs like the Courage To Quit program currently offered through the Respiratory Health Association. One such program at a permanent housing facility for formerly homeless women, which includes health coaching for residents, has resulted in 57 percent of participants quitting smoking or reducing the amount they smoke.



How we'll measure our progress / We aim to measure a 10 percent decrease in tobacco use among adults who participate in our programs.

Goal / Increase access to care and community services

Many factors affect people's access to quality health care — for example, whether they have health insurance, the affordability of care and the availability of services.

Another factor can be the lack of a “medical home,” usually a primary care doctor who coordinates care. Often, people in underserved neighborhoods don't have a primary care doctor, so they seek care from multiple health care providers who are unable to share patient information with one another. The resulting fragmented care can be a barrier to getting and staying healthy because while it treats symptoms, it doesn't address the underlying and ongoing causes of poor health.

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

We plan to do the following:

- Ensure that all patients served at Rush — including the uninsured and those without medical homes — are referred to a primary care medical home at Rush, a community health clinic or another community-based health partner. Teams of Rush

social workers, nurses and patient navigators can help patients and their families connect with primary care medical homes for health maintenance visits after hospitalization or emergency room visits.

How we'll measure our progress / Each fiscal year, we will refer 150 people to a primary care medical home.

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

- Develop screenings for adverse childhood events such as abuse, neglect, domestic violence and parental substance use or incarceration. These screenings will be used at Rush's three school-based health centers, where advanced practice nurses, registered nurses, physicians and students from Rush University provide a full range of clinic services.

How we'll measure our progress / In fiscal year 2017, we will begin to use the tool and will screen 500 students.

Strategy / Expand access to insurance

- We will refer and/or enroll uninsured patients into insurance programs through Rush's school-based health centers, Adolescent Family Center and other community-based programs.

How we'll measure our progress / In fiscal year 2017, we will develop a process for referring and enrolling the uninsured, and will set baseline numbers for fiscal years 2018 and 2019.



GOAL	Reduce inequities caused by the social, economic and structural determinants of health
STRATEGY	Improve educational attainment
MEASURES	Fiscal year 2017 / Evaluate and retool existing programs; identify neighborhoods and schools with the highest need Fiscal year 2018 / Implement updated strategy and begin tracking improvements in the seven areas enumerated on Page 7
STRATEGY	Identify, measure and mitigate the social determinants of health among those at risk — particularly children, young adults and people with chronic illnesses
MEASURES	Fiscal year 2017 / Develop screening tool Fiscal year 2018 / Implement screening tool Fiscal year 2019 / Screen and refer 25 percent of eligible patients
STRATEGY	Participate in regional community health improvement collaboratives
MEASURES	Fiscal year 2017+ / Collect and share health data Fiscal years 2017-2019 / Annually create a regional approach to improving one or more social, economic and structural determinants of health
GOAL	Improve access to mental and behavioral health services
STRATEGY	Address psychological trauma through screening tools and referral programs in school-based health centers and faith-based organizations
MEASURES	Fiscal year 2017 / Begin screening 500 students annually at Rush’s school-based health centers; develop and pilot church-based mental health screening, wellness and referral network Fiscal year 2017+ / Roll out church-based screening to at least five partner churches annually
STRATEGY	Expand access to other screenings and services
MEASURES	Fiscal year 2017+ / Train 200 community members in “Mental Health First Aid”; screen and refer 100 at-risk patients for mental health and substance abuse annually
GOAL	Prevent and reduce chronic disease by focusing on risk factors
STRATEGY	Reduce risk factors through assessments, disease management programs and improved access to healthy food
MEASURES	Fiscal year 2017+ / Donate food daily for distribution to people in need Fiscal year 2018+ / Create faith-based programs in at least one community of need to help people reduce cardiovascular and diabetes risk factors; expand education and screening programs into at least one community of need and hold events for at least 300 people
STRATEGY	Expand free and subsidized screening
MEASURES	Fiscal year 2017+ / Provide breast cancer screening, diagnosis and treatment services to at least 300 uninsured women annually
STRATEGY	Develop and deliver community services to help people stop smoking
MEASURES	Fiscal year 2017+ / Integrate counseling into existing community service projects with goal of achieving 10 percent decrease in tobacco use among participants
GOAL	Increase access to care and community services
STRATEGY	Expand access to primary care medical homes for people without insurance and for others without medical homes
MEASURES	Fiscal year 2017+ / Refer at least 150 people to primary care medical homes
STRATEGY	Implement adverse childhood event screenings and referrals at school-based health centers
MEASURES	Fiscal year 2017+ / Develop screenings for adverse childhood events and screen 500 students annually at school-based health centers
STRATEGY	Expand access to insurance
MEASURES	Fiscal year 2017 / Develop process for referring and enrolling the uninsured; set baseline numbers for fiscal years 2018 and 2019

Conclusion

Looking Ahead



Rush's 2017–2019 CHNA highlights many of the economic, educational and other challenges that exist in the communities we serve, and the ways in which those challenges affect the health of the people who live in our communities.

Using the data collected in the assessment, we created this accompanying CHIP to outline a strategy to begin to address these challenges right away while also laying out a long-term vision for improving the complex social, economic and structural determinants of health. In partnership with businesses, community-based organizations and community residents, this vision will help to define the focus of multiple Rush CHIP documents for years to come.

We recognize how important it is to work closely with the community as we design, implement and evaluate these strategies, because we know that community residents have some of the best insights and ideas about what can help make themselves and their communities healthier. To ensure that their voices, concerns and ideas for solutions inform our efforts, community-based organizations and individuals will be our partners in developing work plans. This collaborative approach gives us a unique opportunity to use the CHNA and CHIP process to gather diverse ideas and perspectives that will build healthy communities today and in the future.

An anchor for community health on Chicago's West Side

As a cornerstone of its institutional mission and strategy, Rush has committed to improving the health of Chicago's West Side communities. The ultimate aim: to increase life expectancy, improve well-being and reduce hardship. This will require an unprecedented refocusing of our resources as the largest private employer on Chicago's West Side.

We will address the longstanding structural and social determinants of health in partnership with the city, other health care providers, business partners and the community, creating a total health collaboration focused on a strategy built around the following four broad dimensions of health:

- A robust and equitable health care system.
- A high-quality educational system.
- Economic vitality, including jobs and employment.
- The physical environment, including housing, safety, food and parks.



Equitable Health Care



Quality Education



Economic Vitality



Physical Environment

To address these dimensions, the strategy requires us to analyze and align the following:

- Our internal and external partnerships and programs.
- The way we conduct the business side of health care (human resources, vendor relationships, construction projects, impact investments, etc.).
- Our health care delivery system.



Adoption of Implementation Plan

This plan supports and responds to the 2017-2019 Community Health Needs Assessment conducted by Rush University Medical Center and Rush Oak Park Hospital, and has been reviewed and adopted by the Rush Board of Trustees with the support of the board's Government and Community Affairs Committee.

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Chief Executive Officer
Rush University Medical Center

Bruce M. Elegant, MPH, FACHE
President and Chief Executive Officer
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William M. Goodyear
Chair, Rush Board of Trustees
Rush University Medical Center

David A. Ansell, MD, MPH
Chair, Board of Directors
Rush Oak Park Hospital

November 2016

**Rush University Medical Center/Rush Oak Park Hospital
Rush University Medical Group/Rush Oak Park Physician Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing**

Section: Financial Assistance Programs

Subject: Financial Assistance Policy

Effective Date: 7/1/2017

Purpose

The provisions of this policy encompass Rush University Medical Center (“RUMC”), Rush Oak Park Hospital (“ROPH”), Rush University Medical Group (“RUMG”), and Rush Oak Park Physician Group (“ROPPG”) collectively known as “**Rush**”. As part of Rush’s mission to provide comprehensive, coordinated health care to our patients, we offer several financial assistance programs to help patients with their health care costs for medically necessary or emergent services. At Rush, all patients are treated with dignity regardless of their ability to pay. Emergency services will never be denied or delayed on the basis of a patient’s ability to pay. This policy defines the guidelines and criteria to qualify for all components of Rush’s Financial Assistance Programs. Any financial assistance awarded will be applied to the patient’s responsibility for emergency or other medically necessary services only.

Financial assistance, as noted below, may cover a patient’s deductibles and coinsurances remaining after insurance. Financial assistance is not available to patients whose services are not medically necessary or emergent, or to patients for whom Rush is not in their insurance plan’s network (i.e., Rush is out of network “OON”), with the exception of emergent services.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code, the Illinois Hospital Uninsured Patient Discount Act (“**Discount Act**”) and the Illinois Fair Patient Billing Act (“**Billing Act**”) and the regulations promulgated thereunder and must be interpreted and applied in accordance with those laws and regulations. This policy will be separately adopted and reviewed annually by the governing bodies of each Rush hospital facility.

This Policy describes: (i) the eligibility criteria for financial assistance, and whether such assistance includes free or discounted services; (ii) the basis for calculating amounts charged to patients; (iii) the financial assistance application method; (iv) the collection actions Rush may take in the event of non-payment, including civil collection actions, reporting to consumer credit reporting agencies, and potentially deferring non-emergent or urgent care; and (v) Rush’s approach to presumptive eligibility determinations and the types of information that it will use to assess presumptive eligibility.

Rush will comply with all federal, state and local laws, rules and regulations applicable to the conduct described in this policy. If the provision of financial assistance becomes subject to additional federal, state or local law requirements, and those laws impose more stringent requirements than are described in this policy, then those laws will govern how Rush administers its financial assistance program.

Financial Assistance Programs and Eligibility Criteria

This policy identifies those circumstances when Rush may provide care without charge or at a discount based on a patient's financial need. Proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification into any of the following programs.

- ❖ **Presumptive Charity Care** – Hospital bill and professional bill is reduced by 100% on an episodic basis for uninsured patients only. The patient qualifies and is not required to complete an application if one of the following criteria is true:
 - Family Income is 0 – 200% of the Federal Poverty Guidelines
 - Patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid
 - Patient is enrolled in, or eligible for, an assistance program for low income individuals (WIC, SNAP, IL Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, Community Based Medical Assistance or receiving Grant Assistance)
 - Homeless, deceased with no estate, or mentally incapacitated with no one to act on the patient's behalf

This policy is intended to serve as Rush's Presumptive Eligibility Policy, as required by Illinois law. Rush will apply the stated presumptive eligibility criteria to uninsured patients as soon as possible after they receive health care services from Rush and before Rush issues any bills to them for the care.

- ❖ **Charity Care** – Hospital bill and professional bill is reduced by 100%, subject to submission of all required documentation (see section below on required documentation). Charity Care may be applied after primary insurance payment to cover deductibles, coinsurances, and copays.
 - Family income is equal to or less than 300% of the Federal Poverty Guidelines
 - Charity Care is initially approved automatically for a period of 3 months
 - Proof of non-retirement financial assets (ALL applicable documents required): Checking/Savings Accounts, Stocks, Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts
 - a. Applicants may be responsible for an annual payment if assets exceed certain thresholds. If an annual payment is required it must be made within 90 days of the application completion date
 - b. If applicable, payments made in the prior year will be considered toward the annual payment
- ❖ **Limited Income** – Hospital bill and professional bill is reduced by 75%, subject to submission of all required documentation (see section below on required documentation). Limited Income discounts may be applied after primary insurance payment to cover deductibles, coinsurances, and copays.
 - Family income is 301 – 400% of the Federal Poverty Guidelines
 - Limited Income Discount is initially approved automatically for a period of 3 months
 - Proof of non-retirement financial assets (ALL applicable documents required): Checking/Savings Accounts, Stocks, Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts
 - a. Applicants may be responsible for an annual payment if assets exceed certain thresholds. If an annual payment is required, then it must be made within 90 days of the application completion date
 - b. If applicable, payments made in the prior year will be considered toward the annual payment

Overview of the Financial Assistance Application Process

❖ **Patient Responsibilities** – To be eligible for financial assistance, an individual must:

- a. Cooperate with Rush and provide the requested information and documentation in a timely manner;
- b. Complete the required application form truthfully;
- c. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;
- d. Notify Rush promptly of any change in financial situation so that Rush can assess the change's impact on the individual's eligibility for financial assistance or payment plan;
- e. Agree to apply for any state, federal or local assistance for which the individual may be eligible to help pay for his or her hospital bill.

If a patient knowingly provides untrue information, he or she will be ineligible for financial assistance, any financial assistance that has been granted may be reversed, and the individual may become responsible for paying the entire hospital bill. To apply for financial assistance, a patient must complete Rush's Financial Assistance Application Form. The individual will provide all supporting data required to verify eligibility, including supporting documentation verifying income. Copies of the financial assistance application and instructions are available online at www.rush.edu/financial-assistance, by requesting a copy in person at any of the Rush hospitals' patient admission or registration areas, or by requesting a free copy by mail by contacting the Rush hospital's Patient Access Department. Additional contact information is provided below.

No collection action will be initiated until at least 120 days after a Rush facility provides its first post-discharge billing statement. Patients may submit an application up to 240 days from the date on which Rush issues its first, post-discharge billing statement.

If Rush receives a completed application form, it will make and document eligibility determinations in a timely manner. If Rush receives an incomplete application form, it will provide the patient or his or her legal representative with a list of the missing information or documentation and give the patient 30 days to provide the missing information. If the patient does not provide the missing information within this period, Rush may commence collection actions.

If a financial assistance application is denied, the patient has the right to appeal this decision by contacting a Financial Counselor in our Patient Access Department or Customer Service Representative at the address and numbers listed below. The appeal is subject to a more thorough review determination which will be made on the patient's behalf. The patient will receive correspondence of this determination once this review process is finalized. If a patient is approved for charity care, prior payments will not be refunded.

Calculating Amounts Charged to Patients

Notwithstanding anything else in this policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed for individuals who have insurance covering such care. The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable). Under Illinois law, the maximum amount Rush can collect from uninsured patients is 25% of family income, looking across a twelve-month collection period.

Rush determines the amount generally billed (AGB) to individuals who have insurance covering their care by multiplying its charges for any emergency or other medically necessary care it provides by certain percentages using the Internal Revenue Service look-back method as described in Treas. Reg. §1.501(r)-5. The look back method, analyzes a recent 12-month period of allowed claims to determine the actual payment rate that Medicare and private insurers are collectively allowing. The intent is to ensure that the discount provided to financial assistance eligible patients is equal to or greater than the discount provided to patients with insurance. Patients can learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the numbers listed on the final page of this document.

Services Excluded from Financial Assistance

For purposes of this policy, “medically necessary” means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. Accordingly, the following services are not considered to be “medically necessary” under this policy:

- Services defined by Medicare as non-covered. For example:
 - Elective procedures
 - Gastric bypass surgery
 - Experimental, including non-FDA approved procedures and devices or implants
 - Elective cosmetic surgery (but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity)
 - Nonmedical services such as social and vocational services
 - Eating Disorder Program
 - Ophthalmology lens implants
- Services or procedures for which there is a reasonable substitute or if there is an alternative service or procedure that is covered by the patient’s insurance company.
- Services or procedures for which an insurer denies payment for lack of medical necessity.

For a complete list of excluded hospital services please contact a Financial Counselor or Customer Service Representative at the numbers listed on the final page of this document.

Private physician groups and physician practices are not required to comply with the financial assistance policy. The complete list of these excluded providers is available in “Addendum 1” at the end of this document.

Uninsured Patient Discount

All uninsured patients not applying for financial assistance and all uninsured patients that are denied financial assistance will be granted the self-pay discount. The self-pay discount ranges from 33% to 68%. Discounts are associated with family income levels and proof of residency per the following schedule. *International patients are subject to a separate discount rate not defined in this policy.*

- ❖ Illinois residents and qualifying Indiana counties
 - 68% discount where family income is 201 – 600% of the Federal Poverty Guidelines
 - 50% discount where family income is above 600% of the Federal Poverty Guidelines
- ❖ Non-Illinois residents
 - 50% discount at all levels of family income

There is no dollar limit to the uninsured patient discount. No additional approval is required for the uninsured patient discount. In addition, non-medically necessary services are excluded from the uninsured patient discount and the patient will be notified if that is the case. On an annual basis, the appropriate annual discount will be determined equivalent to the average managed care discount in effect at the beginning of each fiscal year per IL state requirements.

Non-covered Discount

For certain non-covered or not medically necessary services, including but not limited to cosmetic procedures, in vitro fertilization and bariatric surgeries, Rush has developed package pricing. For other non-covered or not medically necessary services for which package pricing is not available, patients may be eligible for up to a 50% discount off charges. This discount as well as any package pricing would apply to all patients regardless of state residency or insurance status.

Other discounts may not be used in conjunction with package pricing. Further, financial assistance discounts, the uninsured patient discount and the non-covered discount may not be used in conjunction with each other. All or a portion of the payment may be required up front. Patients seeking these discounts are encouraged to speak with a financial counselor or customer service in advance of the service being provided.

Collections and Other Actions Taken In the Event of Non-Payment

Rush has the right to pursue collections directly or working with a third-party collection agency. If the Financial Assistance Application Form is not completed by the specified deadline, Rush will pursue collections from the patient. Rush may list a patient's account with a credit agency or credit bureau. Rush reserves the right to attach liens to insurance (auto, liability, life and health) in connection with its collection process to the extent a third party liability insurance exists. No other personal judgments or liens will be filed against FAP-eligible individuals.

Before engaging in, or resuming, any of the extraordinary collection actions mentioned here (except the deferral or denial of care for non-payment of amounts for previous care), Rush will issue a written notice that (i) describes the specific collection activities it intends to initiate (or resume), (ii) provides a deadline after which such action(s) will be initiated (or resumed), and (iii) includes a plain-language summary of this policy (the "ECA Initiation Notice"). Rush will also make a reasonable effort to orally notify the patient about the financial assistance policy and how he or she can get help with the financial assistance application process. Rush may initiate collection activities no sooner than 30 days from the date on which it issues the ECA Initiation Notice, either by mail or electronic mail.

Consistent with the Finance Clearance Policy, Rush may defer or deny (or require a payment before providing) medically necessary care, but not emergency care, because of a patient's nonpayment for prior care. Rush does not need to provide the ECA Initiation Notice described above before deferring or denying (or requiring a payment before providing) care based on past nonpayment. Rush will, however, provide separate written and oral notices, described below, after which it may defer or deny (or request payment before providing) care immediately. The notification requirement specific to this collection action will be satisfied if Rush provides a copy of its FAP application form to the patient, notifies him or her in writing that financial assistance is available, and provides the deadline after which it will not accept a FAP application for the previously provided care. Rush must also provide a plain language summary of this policy to the patient and orally notify the patient about this policy and how the patient can obtain help with completing the application. The deadline to submit a FAP application must be no earlier than the later of 30 days from the date of the written notification or 240 days from the date of the first post-discharge billing statement for the previously provided care. If a FAP application is timely submitted, then Rush will process it on an expedited basis to minimize any risk to the patient's health.

Payment Plans

Monthly payment plans lasting up to 24 months will be established for individuals receiving partial financial assistance, including those who are uninsured. No interest will accrue to account balances while payments are being made. If an individual complies with the payment plan's terms, then no collection action will be taken. If the individual cannot pay the remaining balance within 24 months, the payment plan may be extended with management's approval.

Confidentiality

Rush respects the confidentiality and dignity of its patients and understands that the need to apply for financial assistance may be a sensitive issue. Rush staff will provide access to financial assistance related information only to those directly involved with the determination process and will comply with all HIPAA requirements for handling personal health information.

Publicizing the Policy

Each Rush hospital will widely publicize this program within the community it serves. To that end, Rush will take the following steps to ensure that members of the communities to be served by its hospitals are aware of the program and have access to this policy and the related documents.

- ❖ Rush will make a copy of this Policy available to the community by posting it online at www.rush.edu/financial-assistance along with downloadable copies of the financial assistance application (form and instructions), and a plain language summary of this Policy. There will be no fee for accessing these materials.
- ❖ Rush's hospitals will notify and inform visitors about this program through conspicuous public displays in places designed to attract visitors' attention.
- ❖ Rush will make available, in both print and online, this policy, the plain language summary, and the Financial Assistance Application Form in English and Spanish
- ❖ Each billing statement for self-pay accounts will include information about the Financial Assistance Program.
- ❖ Each hospital will include information on the availability of financial assistance in patient guides provided to patients at registration.

Contact Us

To obtain a copy of the financial assistance application, please visit www.rush.edu/financial-assistance. Paper copies of the application are also available in the following locations:

Emergency Department – 1st Floor Tower
Rush Medical Labs – Professional Building, Room 439
Admitting Department – 4th Floor Atrium, Room 450
Outpatient Radiology – Professional Building, Room 461
Healthcare Finance Customer Service – Triangle Office Building, Suite 161
Rush Oak Park Admitting/Registration - 520 S Maple Ave, Oak Park (main Hospital)
Rush Oak Park Financial Counselors - 520 S Maple Ave, Oak Park (main Hospital)

Completed Applications should be returned or mailed to:

Rush University Medical Center
1653 W. Congress Pkwy
450 Atrium Building - Financial Counselors
Chicago, IL 60612
(312) 942-5967, Monday through Friday, 8 am to 4:30 pm
Or email us at financial_counselor@rush.edu

For all billing questions please contact:

Customer Service
1700 W. Van Buren, Suite 161
Chicago, IL 60612
(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm
Or email us at billing_info@rush.edu

**Rush University Medical Center/Rush Oak Park Hospital
Rush University Medical Group/Rush Oak Park Physician Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing**

Section: Financial Assistance Programs – Addendum 1

Subject: Financial Assistance Policy

Date: 7/1/2017

List of Providers Who DO NOT Follow
Rush's Financial Assistance Policy

The billing practices and discounts associated with Rush's Financial Assistance Program DO NOT apply to the following physicians or physician groups or their affiliated physicians. Therefore, any professional fees associated with these physicians or physician groups would be excluded from the policy.

Physician Groups

Addison Podiatry Center
Affiliated Radiologist, SC
Anarkali Internists, S.C.
Associates in Nephrology
Baluchi Medical Group
Chicago Neurological Services
Chicago Pediatric Care
Comprehensive Care for Women's Medicine
Dermatology Patient Services
Eye Center Physicians
Illinois Retina Associates, S.C.
Maple Avenue Kidney Center
Marianjoy Medical Group
Midwest Orthopaedics at Rush, LLC
Midwest Podiatry Services, LTD
Rehab Associates of Chicago
Rush SurgiCenter LP
Union Health Service
University Anesthesiologists
University Ophthalmology and Associates
University Pathologists
UroPartners, LLC
West Chicago Physicians Associates

List of Providers Who DO NOT Follow
Rush's Financial Assistance Policy

The billing practices and discounts associated with Rush's Financial Assistance Program DO NOT apply to the following physicians or physician groups or their affiliated physicians. Therefore, any professional fees associated with these physicians or physician groups would be excluded from the policy.

Last	First	Middle	Title	Department
Abraham	Kurian	P	MD	Pathology
Acharya	Vasant	R	MD	Obstetrics & Gynecology
Adajar	Allan	A	MD	Obstetrics & Gynecology
Ads	Ayman	M	MD	Anesthesiology
Ahmed	Osmanuddin	S	MD	Diagnostic Radiology & Nuclear Medicine
Ahmed	Ghada	R	MD	Physical Medicine and Rehabilitation
Akinola	Olayinka	A	MD	Internal Medicine
Alder	Gary	F	DDS	Otorhinolaryngology
Alexander	Jeffery	H	DPM	Orthopedic Surgery
Ali	Amjad		MD	Diagnostic Radiology & Nuclear Medicine
Allegretti	Joseph	P	MD	Otorhinolaryngology
Amin	Sandeep	D	MD	Anesthesiology
An	Howard	S	MD	Orthopedic Surgery
Andres	Rosemarie	E	MD	Anesthesiology
Appiagyei	Michael	O	MD	Internal Medicine
Arekapudi	Swathi		MD	Obstetrics & Gynecology
Arekapudi	Vijayalakshmi		MD	Obstetrics & Gynecology
Arensman	Robert	M	MD	General Surgery
Aronson	Andrew	J	MD	Pediatrics
Arslan	Bulent		MD	Diagnostic Radiology & Nuclear Medicine
Arvanitis	Leonidas	D	MD	Pathology
Attanasio	Steve		DO	Internal Medicine
Bach	Bernard	R	MD	Orthopedic Surgery
Badrinath	Shyamala	K	MD	Anesthesiology
Barboi	Cristina		MD	Anesthesiology
Barbosa	Victoria	H	MD	Dermatology
Barnes	Steve	D	MD	Anesthesiology
Bassi	Shruti		MD	Anesthesiology
Baxi	Pravir	V	MD	Internal Medicine
Beaudry	Dawn	M	PA-C	Otorhinolaryngology
Berger	Richard	A	MD	Orthopedic Surgery
Bertoglio	Bryan	A	MD	Neurological Surgery
Betlej	Thomas	M	MD	Pathology
Bhabad	Sudeep	H	MD	Diagnostic Radiology & Nuclear Medicine
Bhatia	Alisha		MD	Anesthesiology
Biala	Joel	R	MD	Anesthesiology
Biester	Elaine	M	MD	Obstetrics & Gynecology
Birmingham	Brian	W	MD	Anesthesiology
Bitterman	Pincas		MD	Pathology
Blanco	Melissa	A	PA-C	Orthopedic Surgery

Blomgren	Joshua	A	DO	Orthopedic Surgery
Boatwright	Patricia	M	MD	Obstetrics & Gynecology
Boco	Tibor		MD	Neurological Surgery
Bornstein	Scott	M	MD	Ophthalmology
Boyd	Cynthia	E	MD	Internal Medicine
Braun	Ryan	M	MD	Diagnostic Radiology & Nuclear Medicine
Bressler	Leah	R	PA-C	Orthopedic Surgery
Breunig	Adam	C	MD	Ophthalmology
Brito	Katherine		MD	Ophthalmology
Brotman	Monique	M	DO	Obstetrics & Gynecology
Brown	Steven	V	MD	Ophthalmology
Bruene	Julia	R	MD	Orthopedic Surgery
Bush	Leslie	A	PA-C	Internal Medicine
Bush-Joseph	Charles	A	MD	Orthopedic Surgery
Buvanendran	Asokumar		MD	Anesthesiology
Buyer	David	R	MD	Internal Medicine
Byrd	Sharon	E	MD	Diagnostic Radiology & Nuclear Medicine
Cameron	James	R	MD	Diagnostic Radiology & Nuclear Medicine
Cameron	Jacqueline	R	MD	Internal Medicine
Casale	Lynn	H	CRNA	Anesthesiology
Casebolt	Hailey	A	PA-C	Orthopedic Surgery
Casimir Hunt	Myriame		MD	Internal Medicine
Cavanaugh	Stephanie	V	MD	Psychiatry
Charbel	Fady	T	MD	Neurological Surgery
Chaturvedi	Vivek		MD	Ophthalmology
Chen	Meri		MD	Diagnostic Radiology & Nuclear Medicine
Cheng	David	S	MD	Physical Medicine and Rehabilitation
Chorzempa-Schainis	Lisa	M	MD	Obstetrics & Gynecology
Cimbaluk	David	J	MD	Pathology
Civantos	Joseph	M	MD	Ophthalmology
Cocoma	Sarah	M	MD	Anesthesiology
Cohen	Jack	A	MD	Ophthalmology
Cohen	Mark	S	MD	Orthopedic Surgery
Cohen	Adam	J	MD	Ophthalmology
Cole	Brian	J	MD	Orthopedic Surgery
Coleman	Cedric	L	MD	Internal Medicine
Colman	Matthew	W	MD	Orthopedic Surgery
Coogan	Christopher	L	MD	Urology
Cook	John	Q	MD	Plastic & Reconstructive Surgery
Cooperman	Suzanne	K	MD	Psychiatry
Couri	Brian	A	MD	Physical Medicine and Rehabilitation
Cuca	Amanda	L	NP	Internal Medicine
Cullen	Jeffrey	A	MD	Internal Medicine
Danko	Henry		MD	Internal Medicine
Davies	Shawn	M	MD	Obstetrics & Gynecology
Davis	Vanessa		MBBS	Pediatrics
Davis	Joanne	B	DPM	Orthopedic Surgery
De Bustros	Serge	N	MD	Ophthalmology

De Wald	Christopher	J	MD	Orthopedic Surgery
DeCresce	Robert	P	MD	Pathology
Dedore	Lee	M	PA-C	Orthopedic Surgery
Della Valle	Craig	J	MD	Orthopedic Surgery
Deon	Laura	L	MD	Physical Medicine and Rehabilitation
Derman	Gordon	H	MD	Plastic & Reconstructive Surgery
Deutsch	Thomas	A	MD	Ophthalmology
Djordjevic	Dragan		MD	Internal Medicine
Dua	Sumeet	G	MD	Diagnostic Radiology & Nuclear Medicine
Dugas	Jeffrey	A	MD	Internal Medicine
Dutton	Jay	M	MD	Otorhinolaryngology
Duvall	Katherine	L	MD	Internal Medicine
Dwarakanathan	Surendar		MD	Ophthalmology
Elterman	Lev		MD	Urology
Epstein	Randy	J	MD	Ophthalmology
Fardon	David	F	MD	Orthopedic Surgery
Fernandez	John	J	MD	Orthopedic Surgery
Fetzer	April	M	DO	Physical Medicine and Rehabilitation
Figueroa	Alvaro	A	DDS	Plastic & Reconstructive Surgery
Figueroa	Alexander	L	DMD	Plastic & Reconstructive Surgery
Flood	Timothy	P	MD	Ophthalmology
Font	Guillermo	E	MD	Obstetrics & Gynecology
Forsythe	Brian		MD	Orthopedic Surgery
Fountain	Tamara	R	MD	Ophthalmology
Gaddikeri	Santhosh		MD	Diagnostic Radiology & Nuclear Medicine
Gallagher	Therese	C	NP	Family Medicine
Gallo	Steven	R	MD	Internal Medicine
Garber	Joseph	B	MD	Ophthalmology
Gashti	Casey	N	MD	Internal Medicine
Gattuso	Paolo		MD	Pathology
Gehlmann	Louisa	K	MD	Dermatology
Geissen	Nicole	M	DO	Cardiovascular-Thoracic Surgery
Gerlinger	Tad	L	MD	Orthopedic Surgery
Ghadiali	Huzefa	Y	MD	Anesthesiology
Ghai	Ritu		MD	Pathology
Ghannad	Leda	A	MD	Physical Medicine and Rehabilitation
Gierl	Benedict	L	MD	Psychiatry
Gitelis	Steven		MD	Orthopedic Surgery
Glueck	Jennifer	S	MD	Internal Medicine
Goldberg	Edward	J	MD	Orthopedic Surgery
Goldstein	Corey	N	MD	Psychiatry
Gorens	Marsha	E	MD	Obstetrics & Gynecology
Gorla	Madhu	S	MD	Ophthalmology
Goyal	Nina	A	MD	Ophthalmology
Goyal	Raj	K	MD	Ophthalmology
Grant	Peter	J	MD	Family Medicine
Greager	John	A	MD	General Surgery
Griem	Katherine	L	MD	Radiation Oncology

Gross	Katie	L	PA-C	Orthopedic Surgery
Groster	Richard	J	MD	Ophthalmology
Gruenberg	Linda	F	DO	Psychiatry
Gruenstein	Daniel	H	MD	Pediatrics
Gruft	James	H	MD	Physical Medicine and Rehabilitation
Halper	Ira	S	MD	Psychiatry
Hamid	Kamran	S	MD	Orthopedic Surgery
Hannan	Jennifer	L	MD	Obstetrics & Gynecology
Hasan	Sohail	J	MD	Ophthalmology
Hawkins	Anjali	S	MD	Ophthalmology
Hayes	Mary	J	DDS	Otorhinolaryngology
Hennessy	Joseph	J	MD	Internal Medicine
Hernandez	Fernando		MD	Internal Medicine
Hetrea	Stephanie	L	NP	Physical Medicine and Rehabilitation
Hoeksema	Jerome		MD	Urology
Hofman	Simona	C	NP	Internal Medicine
Holemon	Lance	D	MD	Psychiatry
Holmes	George	B	MD	Orthopedic Surgery
Howard	Elizabeth	R	PA-C	Orthopedic Surgery
Hoyer	Danuta	K	MD	Internal Medicine
Hsu	Lewis	L	MD	Pediatrics
Hull	Teri	M	PhD	Psychiatry
Iyer	Lakshmi		MD	Anesthesiology
Jacob	Sincer	K	PA-C	Orthopedic Surgery
Jacobs	Joshua	J	MD	Orthopedic Surgery
Jacobs	Brian	J	MD	Ophthalmology
Jakate	Shriram	M	MD	Pathology
Jaycox	Matthew	P	MD	Anesthesiology
Jenson	Mallory	R	PA-C	Orthopedic Surgery
Jhaveri	Miral	D	MD	Diagnostic Radiology & Nuclear Medicine
Jimenez	Juan	C	MD	Neurological Surgery
Johnroe	Christine	M	PA-C	Orthopedic Surgery
Johnson	Deborah	R	CNM	Obstetrics & Gynecology
Jones	Paul	A	MD	Internal Medicine
Joy	Nicole	M	MD	Dermatology
Kahn	Gerallynn	M	MD	Internal Medicine
Kalis	John	B	MD	Dermatology
Kasi	Ravi	E	MD	Physical Medicine and Rehabilitation
Katsoyannis	George	P	MD	Anesthesiology
Katten	Lynn	E	MD	Internal Medicine
Katz	Robert	S	MD	Internal Medicine
Kehoe	William	R	MD	Internal Medicine
Kelly	Frank	C	MD	Internal Medicine
Kerchberger	John	P	MD	Anesthesiology
Kern	Yuri	K	MD	Ophthalmology
Kesner	Kimberly	L	MD	Anesthesiology
Khan	Farah	N	MD	Internal Medicine
King	Nicole	D	MD	Internal Medicine

Klein	Lloyd	W	MD	Internal Medicine
Klein	Stephanie	M	DNP	Orthopedic Surgery
Kocak	Mehmet		MD	Diagnostic Radiology & Nuclear Medicine
Kogan	Monica		MD	Orthopedic Surgery
Kokocinski	Albene	E	MD	Internal Medicine
Kontzialis	Marinos		MD	Diagnostic Radiology & Nuclear Medicine
Korbet	Stephen	M	MD	Internal Medicine
Kouris	George	J	MD	Plastic & Reconstructive Surgery
Kwon	Soo	Y	MD	Obstetrics & Gynecology
Lai	Joseph	C	MD	Anesthesiology
Lansdown	Drew	A	MD	Orthopedic Surgery
Latchamsetty	Kalyan	C	MD	Urology
Lawhorn	Jocelyn	A	NP	Orthopedic Surgery
Lee	Simon		MD	Orthopedic Surgery
Levine	Laurence	A	MD	Urology
Levine	Brett	R	MD	Orthopedic Surgery
Levy	Ari		MD	Internal Medicine
Lin	Johnny	L	MD	Orthopedic Surgery
Ljubanovic-Lazarevic	Marijana		MD	Anesthesiology
Lofchy	Neal	M	MD	Otorhinolaryngology
Lopez	Gregory	D	MD	Orthopedic Surgery
Lubenow	Timothy	R	MD	Anesthesiology
Luken	Martin	G	MD	Neurological Surgery
MacCumber	Mathew	W	MD	Ophthalmology
Madassery	Sreekumar		MD	Diagnostic Radiology & Nuclear Medicine
Maher	Paige	E	PA-C	Orthopedic Surgery
Mahon	Brett	M	MD	Pathology
Majmudar	Parag	A	MD	Ophthalmology
Mangahas	Edmund	B	MD	Anesthesiology
Marder	David	C	MD	Internal Medicine
Mark	Laurie	O	MD	Anesthesiology
Martin	Angela	D	MD	Anesthesiology
Mazur	Lauren	E	PA-C	Orthopedic Surgery
Mcgee	Christopher	C	PA-C	Orthopedic Surgery
McLachlan	Daniel	L	MD	Ophthalmology
Mehendale	Ramkrishna	G	MD	Obstetrics & Gynecology
Merrill	Pauline	T	MD	Ophthalmology
Merwick	Patricia	A	MD	Internal Medicine
Messer	Joseph	V	MD	Internal Medicine
Meyer	John	R	DO	Diagnostic Radiology & Nuclear Medicine
Miller	Ira	J	MD	Pathology
Miller	Latoya	F	PA-C	Orthopedic Surgery
Mizen	Thomas	R	MD	Ophthalmology
Mody	Nitesh	S	DO	Anesthesiology
Moore	Monica	A	MD	Obstetrics & Gynecology
Moore	Julie	A	MD	Dermatology
Morales	Diany	S	MD	Ophthalmology
Moretti	Nicole	A	MD	Obstetrics & Gynecology

Moscoso	Sylvia	J	MD	Obstetrics & Gynecology
Munoz	Maria	M	MD	Obstetrics & Gynecology
Muppavarapu	Satheesh		MD	Physical Medicine and Rehabilitation
Myers	Brian	A	DO	Anesthesiology
Nag	Sukriti		MD	Pathology
Nagarajan	Murali	K	MD	Diagnostic Radiology & Nuclear Medicine
Nam	Denis		MD	Orthopedic Surgery
Narh	Raymond	T	MD	Internal Medicine
Nho	Shane	J	MD	Orthopedic Surgery
Nicholson	Gregory	P	MD	Orthopedic Surgery
Nilakhe	Vandana	S	MD	Pathology
Nye	Elizabeth	R	MD	Obstetrics & Gynecology
OConnor	Christopher	J	MD	Anesthesiology
ODonoghue	Marianne	N	MD	Dermatology
OLEary	Shaun	T	MD	Neurological Surgery
Opila	Lauren	M	PA-C	Orthopedic Surgery
Orris	Peter		MD	Internal Medicine
Orth	David	H	MD	Ophthalmology
Outly	Steven	L	MD	Anesthesiology
Packo	Kirk	H	MD	Ophthalmology
Palmer	Scott	B	MD	Internal Medicine
Palmisano	Michael	D	MD	Anesthesiology
Paprosky	Wayne	G	MD	Orthopedic Surgery
Parekh	Keyur	M	MBBS	Diagnostic Radiology & Nuclear Medicine
Park	Ji-Weon		MD	Pathology
Patel	Parag	D	MD	Anesthesiology
Patel	Dimpal	R	PA-C	Orthopedic Surgery
Patel	Reena	B	PA-C	Orthopedic Surgery
Patel	Jateen	C	MD	General Surgery
Patel	Vikas	K	MD	Internal Medicine
Patel	Hreem	N	MD	Ophthalmology
Patel	Pritul	R	MD	Anesthesiology
Patil	Jyothi	D	MD	Pathology
Perry	Patricia	M	MD	Anesthesiology
Phelan	Laura	E	PA-C	Orthopedic Surgery
Phillips	Frank	M	MD	Orthopedic Surgery
Pilz	Kyle	R	PA-C	Orthopedic Surgery
Pollack	John	S	MD	Ophthalmology
Pombar	Xavier	F	DO	Obstetrics & Gynecology
Pontarelli	Kasey	L	PA-C	Orthopedic Surgery
Pool	Mark	D	MD	Pathology
Radwanska	Ewa		MD	Obstetrics & Gynecology
Rajagopal	Arvind		MBBS	Anesthesiology
Ralls	Michael		MD	Diagnostic Radiology & Nuclear Medicine
Rauch	Gregory	S	MD	Internal Medicine
Ravage	Zac	B	MD	Ophthalmology
Ray	Adrienne	L	MD	Obstetrics & Gynecology
Reddy	Vijaya	B	MD	Pathology

Rezaei	Kourous	A	MD	Ophthalmology
Richardson	Fred		MD	Family Medicine
Rodby	Roger	A	MD	Internal Medicine
Romeo	Anthony	A	MD	Orthopedic Surgery
Ropp	Richard	J	MD	Anesthesiology
Rosas	Mario	C	MD	Family Medicine
Rosenberg	Aaron	G	MD	Orthopedic Surgery
Rosenzweig	Bruce	A	MD	Obstetrics & Gynecology
Rosselson	Maria	E	MD	Ophthalmology
Rossini	Connie	J	MD	General Surgery
Rothenberg	David	M	MD	Anesthesiology
Ruban	Dmitry	S	MD	Neurological Surgery
Rubenstein	Jonathan	B	MD	Ophthalmology
Rudhman	Lindsay	H	PA-C	Orthopedic Surgery
Saleh	Nabil	M	MD	Pediatrics
Samee	Irfan		MD	Anesthesiology
Santino	Ann	C	CNS	Plastic & Reconstructive Surgery
Sarmast	Sara	M	PA-C	Orthopedic Surgery
Sassetti	Marian	R	MD	Family Medicine
Savitt	Michael	L	MD	Ophthalmology
Sclamberg	Joy	S	MD	Diagnostic Radiology & Nuclear Medicine
Segall	Nava	A	MD	Pediatrics
Shah	Palmi	N	MD	Diagnostic Radiology & Nuclear Medicine
Shah	Chirag	M	MD	Physical Medicine and Rehabilitation
Shayegan	Behnoosh		MD	Anesthesiology
Shin	Richard	D	MD	Plastic & Reconstructive Surgery
Shinsako	Kevin	K	PA-C	Orthopedic Surgery
Shoelson	Allan	J	DPM	Orthopedic Surgery
Shook	Jocelyn	A	PA-C	Orthopedic Surgery
Shors	Stephanie	M	MD	Diagnostic Radiology & Nuclear Medicine
Shroff	Adhir	R	MD	Internal Medicine
Siddiqui	Noman	H	MBBS	Pathology
Singh	Kern		MD	Orthopedic Surgery
Singh	Jagadeesh	S	MD	Diagnostic Radiology & Nuclear Medicine
Sisto	Jocelin		PA-C	Plastic & Reconstructive Surgery
Sklar	David	J	MD	Anesthesiology
Skul	Vesna	V	MD	Internal Medicine
Smith	Travis	R	PA-C	Orthopedic Surgery
Smith	Brittany	S	PA-C	Orthopedic Surgery
Smookler	Alan	M	MD	Internal Medicine
Sostak	Jennifer	R	NP	Orthopedic Surgery
Sporer	Scott	M	MD	Orthopedic Surgery
Sriratana	Binjon		MD	Anesthesiology
Stein	Robert	M	MD	Ophthalmology
Stern	Dean	S	DPM	Orthopedic Surgery
Strassner	Howard	T	MD	Obstetrics & Gynecology
Strayhorn	Christopher	H	MD	Internal Medicine
Strzembosz	Patricia	V	MD	Pediatrics

Sturaitis	Maria	K	MD	Anesthesiology
Suradi	Hussam		MD	Internal Medicine
Sweeney	Brendan	P	PA-C	Orthopedic Surgery
Szatkowski	Mary	R	MD	Ophthalmology
Tam	Maria	T	MD	Obstetrics & Gynecology
Tan	Wendy	H	PA-C	Orthopedic Surgery
Tannan	Anjali		MD	Ophthalmology
Tarnauskas	Gintaras		PA-C	Urology
Tasse	Jordan	C	MD	Diagnostic Radiology & Nuclear Medicine
Termini	Salvatore	J	DDS	Otorhinolaryngology
Terry	Allison		PA-C	Orthopedic Surgery
Ting	Nicholas	T	MD	Orthopedic Surgery
Tuman	Kenneth	J	MD	Anesthesiology
Turba	Ulku	C	MD	Diagnostic Radiology & Nuclear Medicine
Ugo	Gina	J	PA-C	Urology
Ukoha	Ozuru	O	MD	Cardiovascular-Thoracic Surgery
Vantimmeren	Leigh	E	PA-C	Orthopedic Surgery
Varga	Peter		MD	Pediatrics
Verghese	Sara		MD	Pediatrics
Verma	Nikhil	N	MD	Orthopedic Surgery
Vidovich	Mladen	I	MD	Internal Medicine
Virasch	Vanee	V	MD	Ophthalmology
Waterman	Brian	R	MD	Orthopedic Surgery
Watts	Tabitha	A	MD	Pediatrics
Weber	Kathleen	M	MD	Orthopedic Surgery
Weinzweig	Norman		MD	Plastic & Reconstructive Surgery
Weiss	Ronald	S	MD	Ophthalmology
Weiss	David	J	MD	Physical Medicine and Rehabilitation
Weitzner	John	S	MD	Obstetrics & Gynecology
Wells	Adrienne	J	MD	Anesthesiology
Werner	Katherine	E	PA-C	Orthopedic Surgery
Wesockes	Crystal	L	PA-C	Orthopedic Surgery
White	Gregory	M	MD	Diagnostic Radiology & Nuclear Medicine
Whitenack	Evan	M	PA-C	Orthopedic Surgery
Whitmore	Elsa	J	DO	Obstetrics & Gynecology
Whittier	William	L	MD	Internal Medicine
Wiley	John	A	MD	Internal Medicine
Williams	Kenya	M	MD	Ophthalmology
Williams	Joel	C	MD	Orthopedic Surgery
Williams	Nicole	E	MD	Obstetrics & Gynecology
Wise	Megan	C	PA-C	Orthopedic Surgery
Wolny	Yvonne	M	MD	Obstetrics & Gynecology
Wood Molo	Mary		MD	Obstetrics & Gynecology
Wu	Ing	H	MD	Obstetrics & Gynecology
Wyhinny	George	J	MD	Ophthalmology
Wyhinny	Patricia	P	MD	Dermatology
Wysocki	Robert	W	MD	Orthopedic Surgery
Young	Adam	C	MD	Anesthesiology

Zavala	Gilberto		MD	Internal Medicine
Zelazny	Anthony	M	MD	Diagnostic Radiology & Nuclear Medicine
Zelby	Andrew	S	MD	Neurological Surgery
Zich	David	K	MD	Internal Medicine
Zisman	Gilat		MD	Anesthesiology



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Rush University Medical Center

Mailing Address: Healthcare Finance, 1700 W Van Buren, Suite 161

City, State, Zip: Chicago, IL 60612

Reporting Period: July 1, 2016 through June 30, 2017

Taxpayer Number: 36-2174823

...

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>2,543</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>5,926</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>2,401</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>142</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$: <u>27,935,051</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Experian Payment Advisor Suite

Epic Resolute Hospital Billing

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Experian Payment Advisor Suite

Epic Resolute Hospital Billing

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Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): Melissa Coverdale VP Finance

Signature: Melissa Coverdale

Date: 12/28/17

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Melissa Coverdale VP Finance

Signature: Melissa Coverdale

Date: 12/28/17

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Melissa Coverdale VP Finance

Signature: Melissa Coverdale

Date: 12/28/17

Required Supporting Documentation

Please provide the documentation outlined below. Failure to do so may result in a delay or denial of your application. If you cannot provide the documentation, please provide a letter of explanation.

- Fully completed and signed Application for Financial Assistance
- Valid Photo ID (Driver's license, Passport, State-issued ID or Valid government issued ID)
- Proof of Illinois Residency (*Provide **at least one** of the following if a valid IL Driver's License or IL State issued ID is not available*)
 - Rent receipt or lease
 - Recent utility bill with Illinois address
 - Mail from a government or other credible source
 - Letter from a homeless shelter
 - Voter registration card
- Tax Documents (*Provide the following*)
 - Most recent federal tax return (including all schedules)
 - AND** most recent W-2 and 1099 forms
- Proof of Family Income (*Provide the following for the patient/guarantor and for each member of the patient/guarantor's household including spouse or partner*)
 - Copies of most recent pay stubs – 2 months (Employer, Unemployment, Social Security)
 - Written income verification if paid in cash
- Proof of Assets (*Provide all applicable documents for the assets listed below*)
 - Checking/Savings Account(s)
 - Stocks
 - Certificates of Deposit
 - Mutual Funds
 - Health Savings/Flexible Spending Account(s)
 - Credit Union Account(s)

Supplemental/Other:

- Completed and signed "Authorization to Release Information" form if you have filed a lawsuit related to your illness, accident or work-related injury.
- Primary Residency? Own Rent Other _____
- Secondary Residency? Own Rent None Other _____

If the patient's current or former spouse or partner is the guarantor for the patient, or if a parent or guardian is guarantor for a minor patient, please provide the following:

Guarantor Name _____

Guarantor Address _____

Guarantor Phone Number: () _____

Was the patient an Illinois resident when care was rendered by the hospital? Yes No

Was the patient involved in an alleged accident? Yes No

Was the patient a victim of an alleged crime? Yes No

2) Family Information

Number of persons in the patient's family or household. _____

Number of persons who are dependents of the patient.* _____

(*Number of individuals for whom the patient is financially responsible)

Ages of the patient's dependents: _____, _____, _____, _____, _____, _____, _____, _____

3) Family Employment and Income Information

Is the patient, patient's spouse or partner, or (in the case of a minor patient) the patient's parents or guardians currently employed? Yes No

If yes, name of employer: _____ Phone () _____

Name of second employer: _____ Phone () _____

Name of third employer: _____ Phone () _____

4) Gross monthly family income - Please enclose your most recent federal tax return. In addition, please include the most recent documentation of family income, such as 2 months of paycheck stubs, benefits statements, award letters, court orders, or other documentation. *Family income* includes patient, spouse or partner income, or (in the case of a minor patient) income earned by the patient's parents or guardians from the following sources:

Estimated Monthly Income

- Wages Earned..... _____
- Self-employment _____
- Unemployment Compensation _____
- Social Security _____
- Social Security disability _____
- Veterans' pension _____
- Veterans' disability _____
- Private disability _____
- Workers' Compensation _____
- Temporary Assistance for Needy Families (TANF) _____
- Retirement income _____
- Child support, alimony or other spousal support..... _____
- Other income..... _____

5) Asset and estimated asset value information

Asset Value

- Checking Account..... _____
- Savings _____
- Stocks _____
- Certificates of Deposit _____
- Mutual Funds _____
- Credit Union Account..... _____
- Health savings/Flexible Spending Account..... _____

6) Insurance / benefit information:

Is the patient covered under any insurance plan? Yes No

If yes, check plan:

- Medicare Medicare Part D Medicare Supplement
- Medicaid Veterans' benefits
- Health insurance: Name of plan: _____

7) Certificate Statement:

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.

Patient or Applicant Signature

____/____/____
Date

Rush Financial Counselor/Representative

____/____/____
Date

**Rush University Medical Center/Rush Oak Park Hospital
Rush University Medical Group/Rush Oak Park Physician Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing**

Section: Financial Assistance Programs

Subject: Financial Assistance Policy

Date: 4/1/2016

Purpose

The provisions of this policy encompass Rush University Medical Center (“RUMC”), Rush Oak Park Hospital (“ROPH”), Rush University Medical Group (“RUMG”), and Rush Oak Park Physician Group (“ROPPG”) collectively known as “Rush”. As part of Rush’s mission to provide comprehensive, coordinated health care to our patients, we offer several financial assistance programs to help patients with their health care costs for medically necessary or emergent services. At Rush, all patients are treated with dignity regardless of their ability to pay. Emergency services will never be denied or delayed on the basis of a patient’s ability to pay. This policy defines the guidelines and criteria to qualify for all components of Rush’s Financial Assistance Programs. Any financial assistance awarded will be applied to the patient’s responsibility for emergency or other medically necessary services only.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code, the Illinois Hospital Uninsured Patient Discount Act (“Discount Act”) and the Illinois Fair Patient Billing Act (“Billing Act”) and the regulations promulgated thereunder and must be interpreted and applied in accordance with those laws and regulations. This policy will be separately adopted and reviewed annually by the governing bodies of each Rush hospital facility.

This Policy describes: (i) the eligibility criteria for financial assistance, and whether such assistance includes free or discounted services; (ii) the basis for calculating amounts charged to patients; (iii) the financial assistance application method; (iv) the collection actions Rush may take in the event of non-payment, including civil collections actions and reporting to consumer credit reporting agencies for patients that qualify for financial assistance; and (v) Rush’s approach to presumptive eligibility determinations and the types of information that it will use to assess presumptive eligibility.

Rush will comply with all federal, state and local laws, rules and regulations applicable to the conduct described in this policy. If the provision of financial assistance becomes subject to additional federal, state or local law requirements, and those laws impose more stringent requirements than are described in this policy, then those laws will govern how Rush administers its financial assistance program.

Financial Assistance Programs and Eligibility Criteria

This policy identifies those circumstances when Rush may provide care without charge or at a discount based on a patient’s financial need. Proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification into any of the following programs.

- ❖ **Presumptive Charity Care** – Hospital bill is reduced by 100% on an episodic basis for uninsured patients only. The patient qualifies and is not required to complete an application if one of the following criteria is true:
 - Family Income is 0 – 200% of the Federal Poverty Guidelines
 - Patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid

- Patient is enrolled in, or eligible for, an assistance program for low income individuals (WIC, SNAP, IL Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, Community Based Medical Assistance or receiving Grant Assistance)
- Homeless, deceased with no estate, or mentally incapacitated with no one to act on the patient's behalf

This policy is intended to serve as Rush's Presumptive Eligibility Policy, as required by Illinois law. Rush will apply the stated presumptive eligibility criteria to uninsured patients as soon as possible after they receive health care services from Rush and before Rush issues any bills to them for the care.

- ❖ **Charity Care** – Hospital bill is reduced by 100%, subject to submission of all required documentation (see section below on required documentation). Charity Care may be applied after primary insurance payment to cover deductibles, coinsurances, and copays.
 - Family income is equal to or less than 300% of the Federal Poverty Guidelines
 - Charity Care is initially approved automatically for a period of 3 months
 - Proof of non-retirement financial assets (ALL applicable documents required): Checking/Savings Accounts, Stocks, Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts
 - a. Applicants may be responsible for an annual payment if assets exceed certain thresholds. If an annual payment is required it must be made within 90 days of the application completion date
 - b. If applicable, payments made in the prior year will be considered toward the annual payment
- ❖ **Limited Income** – Hospital bill is reduced by 75%, subject to submission of all required documentation (see section below on required documentation). Limited Income discounts may be applied after primary insurance payment to cover deductibles, coinsurances, and copays.
 - Family income is 301 – 400% of the Federal Poverty Guidelines
 - Limited Income Discount is initially approved automatically for a period of 3 months
 - Proof of non-retirement financial assets (ALL applicable documents required): Checking/Savings Accounts, Stocks, Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts
 - a. Applicants may be responsible for an annual payment if assets exceed certain thresholds. If an annual payment is required, then it must be made within 90 days of the application completion date

If applicable, payments made in the prior year will be considered toward the annual payment

Overview of the Financial Assistance Application Process

- ❖ **Patient Responsibilities** – To be eligible for financial assistance, an individual must:
 - a. Cooperate with Rush and provide the requested information and documentation in a timely manner;
 - b. Complete the required application form truthfully;
 - c. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;
 - d. Notify Rush promptly of any change in financial situation so that Rush can assess the change's impact on the individual's eligibility for financial assistance or payment plan;
 - e. Agree to apply for any state, federal or local assistance for which the individual may be eligible to help pay for his or her hospital bill.

If a patient knowingly provides untrue information, he or she will be ineligible for financial assistance, any financial assistance that has been granted may be reversed, and the individual may become responsible for paying the entire hospital bill. To apply for financial assistance, a patient must complete Rush's Financial Assistance Application Form. The individual will provide all supporting data required to verify eligibility, including supporting documentation verifying income. Copies of the financial assistance application and instructions are

available online at www.rush.edu/financial-assistance, by requesting a copy in person at any of the Rush hospitals' patient admission or registration areas, or by requesting a free copy by mail by contacting the Rush hospital's Patient Access Department. Additional contact information is provided below.

No collection action will be initiated until at least 120 days after a Rush facility provides its first post-discharge billing statement. Patients may submit an application up to 240 days from the date on which Rush issues its first, post-discharge billing statement.

If Rush receives a completed application form, it will make and document eligibility determinations in a timely manner. If Rush receives an incomplete application form, it will provide the patient or his or her legal representative with a list of the missing information or documentation and give the patient 30 days to provide the missing information. If the patient does not provide the missing information within this period, Rush may commence collection actions.

If a financial assistance application is denied, the patient has the right to appeal this decision by contacting a Financial Counselor in our Patient Access Department or Customer Service Representative at the address and numbers listed below. The appeal is subject to a more thorough review determination which will be made on the patient's behalf. The patient will receive correspondence of this determination once this review process is finalized.

Calculating Amounts Charged to Patients

Notwithstanding anything else in this policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed for individuals who have insurance covering such care. The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable). Under Illinois law, the maximum amount Rush can collect from uninsured patients is 25% of family income, looking across a twelve-month collection period.

Rush determines the amount generally billed (AGB) to individuals who have insurance covering their care by multiplying its charges for any emergency or other medically necessary care it provides by certain percentages using the Internal Revenue Service look-back method as described in Treas. Reg. §1.501(r)-5. The look back method, analyzes a recent 12-month period of allowed claims to determine the actual payment rate that Medicare and private insurers are collectively allowing. The intent is to ensure that the discount provided to financial assistance eligible patients is equal to or greater than the discount provided to patients with insurance. Patients can learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the numbers listed on the final page of this document.

Services Excluded from Financial Assistance

For purposes of this policy, "medically necessary" means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. Accordingly, the following services are not considered to be "medically necessary" under this policy:

- Services defined by Medicare as non-covered. For example:
 - Elective procedures
 - Gastric bypass surgery
 - Experimental, including non-FDA approved procedures and devices or implants
 - Elective cosmetic surgery (but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity)
 - Nonmedical services such as social and vocational services
 - Eating Disorder Program
 - Ophthalmology lens implants

- Services or procedures for which there is a reasonable substitute or if the patient's insurance company will provide a service or procedure that is a covered service or procedure.

For a complete list of excluded hospital services please contact a Financial Counselor or Customer Service Representative at the numbers listed on the final page of this document.

Private physician groups and physician practices are not required to comply with the financial assistance policy. The complete list of these excluded providers is available in "Addendum 1" at the end of this document.

Uninsured Patient Discount

All uninsured patients not applying for financial assistance and all uninsured patients that are denied financial assistance will be granted the self-pay discount. The self-pay discount ranges from 33% to 68%. Discounts are associated with family income levels and proof of residency per the following schedule. *International patients are subject to a separate discount rate not defined in this policy.*

- ❖ Family income is 301 – 600% of the Federal Poverty Guidelines
 - 68% discount for Illinois residents and qualifying Indiana counties
 - 33% discount for Non-Illinois residents
- ❖ Family income is 601 – 1000% of the Federal Poverty Guidelines
 - 50% discount for Illinois residents and qualifying Indiana counties
 - 33% discount for Non-Illinois residents
- ❖ Family income is above 1000% of the Federal Poverty Guidelines
 - 33% discount for both Illinois and Non-Illinois residents

There is no dollar limit to the uninsured patient discount. No additional approval is required for the uninsured patient discount. In addition, non-medically necessary services are excluded from the uninsured patient discount and the patient will be notified if that is the case. On an annual basis, the appropriate annual discount will be determined equivalent to the average managed care discount in effect at the beginning of each fiscal year per IL state requirements.

Collections and Other Actions Taken In the Event of Non-Payment

Rush has the right to pursue collections directly or working with a third-party collection agency. If the Financial Assistance Application Form is not completed by the specified deadline, Rush will pursue collections from the patient. Rush may list a patient's account with a credit agency or credit bureau. Rush reserves the right to attach liens to insurance (auto, liability, life and health) in connection with its collection process to the extent a third party liability insurance exists. No other personal judgments or liens will be filed against FAP-eligible individuals.

Before engaging in, or resuming, any of the extraordinary collection actions mentioned here (except the deferral or denial of care for non-payment of amounts for previous care), Rush will issue a written notice that (i) describes the specific collection activities it intends to initiate (or resume), (ii) provides a deadline after which such action(s) will be initiated (or resumed), and (iii) includes a plain-language summary of this policy (the "ECA Initiation Notice"). Rush will also make a reasonable effort to orally notify the patient about the financial assistance policy and how he or she can get help with the financial assistance application process. Rush may initiate collection activities no sooner than 30 days from the date on which it issues the ECA Initiation Notice, either by mail or electronic mail.

Consistent with the Finance Clearance Policy, Rush may defer or deny (or require a payment before providing) medically necessary care, but not emergency care, because of a patient's nonpayment for prior care. Rush does not need to provide the ECA Initiation Notice described above before deferring or denying (or requiring a payment before providing) care based on past nonpayment. Rush will, however, provide separate written and oral notices, described below, after which it may defer or deny (or request payment before providing) care immediately. The notification requirement specific to this collection action will be satisfied if Rush provides a

copy of its FAP application form to the patient, notifies him or her in writing that financial assistance is available, and provides the deadline after which it will not accept a FAP application for the previously provided care. Rush must also provide a plain language summary of this policy to the patient and orally notify the patient about this policy and how the patient can obtain help with completing the application. The deadline to submit a FAP application must be no earlier than the later of 30 days from the date of the written notification or 240 days from the date of the first post-discharge billing statement for the previously provided care. If a FAP application is timely submitted, then Rush will process it on an expedited basis to minimize any risk to the patient's health.

Payment Plans

Monthly payment plans lasting up to 24 months will be established for individuals receiving partial financial assistance, including those who are uninsured. No interest will accrue to account balances while payments are being made. If an individual complies with the payment plan's terms, then no collection action will be taken. If the individual cannot pay the remaining balance within 24 months, the payment plan may be extended with management's approval.

Confidentiality

Rush respects the confidentiality and dignity of its patients and understands that the need to apply for financial assistance may be a sensitive issue. Rush staff will provide access to financial assistance related information only to those directly involved with the determination process and will comply with all HIPAA requirements for handling personal health information.

Publicizing the Policy

Each Rush hospital will widely publicize this program within the community it serves. To that end, Rush will take the following steps to ensure that members of the communities to be served by its hospitals are aware of the program and have access to this policy and the related documents.

- ❖ Rush will make a copy of this Policy available to the community by posting it online at www.rush.edu/financial-assistance along with downloadable copies of the financial assistance application (form and instructions), and a plain language summary of this Policy. There will be no fee for accessing these materials.
- ❖ Rush's hospitals will notify and inform visitors about this program through conspicuous public displays in places designed to attract visitors' attention.
- ❖ Rush will make available, in both print and online, this policy, the plain language summary, and the Financial Assistance Application Form in English and Spanish
- ❖ Each billing statement for self-pay accounts will include information about the Financial Assistance Program.
- ❖ Each hospital will include information on the availability of financial assistance in patient guides provided to patients at registration.

Contact Us

To obtain a copy of the financial assistance application, please visit www.rush.edu/financial-assistance. Paper copies of the application are also available in the following locations:

Emergency Department – 1st Floor Tower
Rush Medical Labs – Professional Building, Room 439
Admitting Department – 4th Floor Atrium, Room 450
Outpatient Radiology – Professional Building, Room 461
Healthcare Finance Customer Service – Triangle Office Building, Suite 161

Completed Applications should be returned or mailed to:

Rush University Medical Center
1653 W. Congress Pkwy
450 Atrium Building - Financial Counselors
Chicago, IL 60612
(312) 942-5967, Monday through Friday, 8 am to 4:30 pm
Or email us at financial_counselor@rush.edu

For all billing questions please contact:

Customer Service
1700 W. Van Buren, Suite 161
Chicago, IL 60612
(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm
Or email us at billing_info@rush.edu

Policy approved on February 9, 2016

April 11, 2014

PRESUMPTIVE CHARITY CARE

As required by the Illinois Fair Patient Billing Act and starting January 1, 2014, the Presumptive Charity Care 100% discount is applied to hospital accounts via Experion batch processing and Epic system actions when **all** of the following applies:

1. Patient is a true self pay patient
2. Patient lives in the State of Illinois or Counties of Lake, La Porte or Porter and
3. The patient falls below or equal to 200% of Federal Poverty Level (FPL).

The exceptions apply when **any** of the following occur. These hospital accounts would **not** be eligible for the Presumptive Charity Care batch processing:

1. Hospital account has Traditional Charity Care, Limited Income Charity Care or Patient Special Services coverage.
2. Hospital account has any of the excluded services in Appendix A. This is based off of Medicare's excluded services list or deemed not medically necessary by Rush Healthcare Finance.
3. Hospital account has an additional insurance coverage(s) associated with the guarantor that is active for the date of service but not attached to the hospital account. Many exceptions to this apply (see Appendix B).
4. Hospital account was an Emergency Department suture removal case as these cases are written off to a separate adjustment code and not deemed free care.
5. The guarantor type on the hospital account is "Workers Comp" or "Third Party Liability". True self pay accounts with these guarantor types indicate patients that were not cooperative with Healthcare Finance in obtaining information needed for claim processing and payment. If the hospital account is determined not to be Workers Comp/Personal Injury and the patient does not have insurance coverage then the guarantor type would be changed to "Personal Family" and the hospital account would then qualify for presumptive charity care.

To be Noted: Any guarantor with hospital accounts excluded from the Presumptive Charity Care batch processing can still apply for traditional charity care, and the traditional charity care policy would then be applied. For instance, we disallow non covered services from qualifying for presumptive charity care because the guarantor does have active insurance coverage and is therefore not a true self pay patient. However, the traditional charity care policy does allow patients to qualify for non covered service denials that are deemed patient responsibility.

Appendix A

PROC_CODE	PROC_NAME
1702010	HB BCG LIVE INTRA VAC INSTAL 1VAC
3181618	HB LAB CHROMIUM
3181619	HB LAB COBALT
3181620	HB LAB TITANIUM
6091139	HB VACCINE HEP A ADULT IM
7062008	HB PUNCTURE FOLLICLE OOCYTE RETREIVAL
7062009	HB CULTURE OOCYTE/EMBRYO LESS THAN 4 DAYS
7062010	HB EMBRYO TRANSFER INTRAUTERINE
7062011	HB ASSISTED EMBRYO HATCHING MICROTECHNIQUE
7062014	HB MULTIFETAL PREGNANCY REDUCTION
7062015	HB GIFT/ZIFT/EMBRYO INTRAFALLOP TUBE XFR
7062016	HB LAPAROSCOPY DX W/W/O BRUSH/WASH
7062022	HB PREP EMBRYO FOR TRANSFER ANY METHOD
7062023	HB ID OOCYTE FROM FOLLICULAR FLUID
7062025	HB ID SPERM FROM ASPIRATION
7062026	HB CRYOPRESERVATION EMBRYO(S)
7062027	HB CRYOPRESERVATION SPERM
7062028	HB ISOLATE SPERM SIMPLE INSEMINATION/DX
7062029	HB ISOLATE SPERM COMPLEX INSEMINATION/DX
7062032	HB ANALYSIS SPERM MOTILITY & COUNT
7062033	HB ASSISTED REPRODUCTIVE TECHNIQUE
7062040	HB ULTRASONIC GUIDED MULTIFETAL REDUCTION
7062041	HB US GUIDE ASPIRATION OF OVA S&I
7062042	HB ID SPERM TESTIS TISSUE FRESH/CRYO
7062045	HB INSEMINATION OF OOCYTES
7062046	HB CULTURE OOCYTE EXTENDED 4-7 DAYS
7062047	HB OOCYTE FERTILIZATION MICRO <=10 OOCYTES
7062048	HB OOCYTE FERTILIZATION MICRO > 10 OOCYTES
7062049	HB CRYOPRESERVATION TESTICULAR TISSUE
7062051	HB CRYO OOCYTES
7062052	HB THAW EMBRYO(S)
7062053	HB THAW SPERM/SEMEN EACH ALIQUOT
7062054	HB THAW TESTICULAR/OVARIAN TISSUE
7062055	HB THAW OOCYTES PER ALIQUOT
7062056	HB STORAGE EMBRYO EACH YEAR
7062057	HB STORAGE SPERM EACH YEAR
7062058	HB STORAGE TESTICULAR/OVARIAN TISSUE EA YR
7062059	HB STORAGE OOCYTE PER EACH YEAR
7187043	HB INTRAOCULAR LENS PRESBYOPIA
7931003	HB PSYCHIATRY DAY HOSPITAL
7931004	HB PSYCH TREATMENT GROUP INTENSIVE OUTPAT

APPENDIX B

Pavor ID	Pavor Name	Plan ID	Plan Name
5111	CCN AUTO INJURY	511110	AUTO INJURY - CCN
5130	CHARITY CARE	513010	CHARITY CARE 100%
5130	CHARITY CARE	513011	LIMITED INCOME
5130	CHARITY CARE	513012	PRESUMPTIVE CHARITY CARE
5170	CIGNA	517014	CHICAGO BULLS NBA - CIGNA PPO
5200	COOK COUNTY HOSPITAL	520011	EPS STUDY - COOK COUNTY
5200	COOK COUNTY HOSPITAL	520013	SLEEP - COOK COUNTY
5200	COOK COUNTY HOSPITAL	520014	DEPT OF PUBLIC HEALTH - COOK COUNTY
5200	COOK COUNTY HOSPITAL	520015	COLONOSCOPY - COOK COUNTY
5200	COOK COUNTY HOSPITAL	520016	IBCCP - COOK COUNTY
5200	COOK COUNTY HOSPITAL	520017	DERM MOHS - STROGER
5208	DEPAUL STUDENT ATHLETES	520810	DEPAUL STUDENT ATHLETES
5240	EMPLOYEE HEALTH	524010	RUSH EMPLOYEES HEALTH SERVICES
5240	EMPLOYEE HEALTH	524011	ROPH EMPLOYEES HEALTH SERVICES
5300	GIFT OF HOPE	530010	GIFT OF HOPE
5302	NATIONAL KIDNEY REGISTRY	530210	NATIONAL KIDNEY REGISTRY
5312	GOLDMAN SACHS MAMMOGRAPHY	531210	GOLDMAN SACHS MAMMOGRAPHY
5313	BEARS CARE FUND	531310	BEARS CARE FUND
5314	KOMEN GRANT FUND	531410	KOMEN GRANT FUND
5315	ACS COLORECTAL CANCER SCREEN	531510	ACS COLORECTAL CANCER SCREENING
5316	BEYOND OCTOBER	531610	BEYOND OCTOBER
5317	LASKY FUND	531710	LASKY FUND
5391	HORIZON HOSPICE	539110	HOSPICE - HORIZON
5392	RAINBOW HOSPICE	539210	HOSPICE - RAINBOW
5410	ILLINOIS MEDICAID	541010	DEPARTMENT OF SERVICES CRIPPLED CHILD
5410	ILLINOIS MEDICAID	541011	DEPARTMENT OF CHILDREN FAMILY SERV
5410	ILLINOIS MEDICAID	541012	EARLY INTERVENTIONS
5410	ILLINOIS MEDICAID	541013	ADULT - IDPA
5410	ILLINOIS MEDICAID	541014	CHILD - IDPA
5410	ILLINOIS MEDICAID	541015	PSYCHIATRY & REHABILITATION - IDPA
5410	ILLINOIS MEDICAID	541016	SPND UNMET / 2432 - IDPA
5410	ILLINOIS MEDICAID	541017	TRANSPLANT - IDPA
5410	ILLINOIS MEDICAID	541018	SEXUAL ASSAULT PROGRAM OF IDPA
5410	ILLINOIS MEDICAID	541019	MEDICAID MANG PENDING
5410	ILLINOIS MEDICAID	541020	CRIME VICTIMS COMPENSATION PROGRAM
5410	ILLINOIS MEDICAID	541021	DEPARTMENT OF HUMAN SERVICES / DHS
5410	ILLINOIS MEDICAID	541022	HEMOPHILIA PROGRAM
5410	ILLINOIS MEDICAID	541023	PRESUMPTIVE MEDICAID HFS

<u>PavorID</u>	<u>Pavor Name</u>	<u>PlanID</u>	<u>Plan Name</u>
5510	MEDICAID HMO	551010	MEDICAID HMO
5510	MEDICAID HMO	551011	HARMONY HEALTH - ADULT
5510	MEDICAID HMO	551012	HARMONY HEALTH - CHILD
5510	MEDICAID HMO	551013	HARMONY HEALTH - REHAB
5510	MEDICAID HMO	551014	MEDICAID AETNA BETTER HEALTH
5510	MEDICAID HMO	551015	MEDICAID ILLINI CARE
5510	MEDICAID HMO	551016	COUNTYCARE
5545	MEDICARE KIDNEY DONOR	554510	KIDNEY DONOR - MEDICARE
5600	OUT OF STATE MEDICAID	560010	INDIANA - MEDICAID
5600	OUT OF STATE MEDICAID	560011	IOWA - MEDICAID
5600	OUT OF STATE MEDICAID	560012	MICHIGAN - MEDICAID
5600	OUT OF STATE MEDICAID	560013	OHIO - MEDICAID
5600	OUT OF STATE MEDICAID	560014	WISCONSIN - MEDICAID
5600	OUT OF STATE MEDICAID	560015	OUT OF STATE - MEDICAID
5600	OUT OF STATE MEDICAID	560016	FLORIDA MEDICAID
5600	OUT OF STATE MEDICAID	560017	OUT OF STATE - MANG PENDING MEDICAID
5600	OUT OF STATE MEDICAID	560018	MINNESOTA - MEDICAID
5620	PERSONAL/AUTO INJURY	562010	PERSONAL/AUTO INJURY
5720	RUSH HOSPICE PARTNER	572010	RUSH HOSPICE PARTNERS
5722	WESTLAKE FOUNDATION	572210	WESTLAKE FOUNDATION
5725	ODYSSEY HOSPICE	572510	ODYSSEY HOSPICE
5731	SEASONS HOSPICE	573110	HOSPICE - SEASONS
5795	CHICAGO IPA	579510	CHICAGO IPA
5810	UNION HEALTH	581010	UNION HEALTH SERVICE
5825	ORGAN TRANSPLANT SERVICES(OTS)	582020	ORGAN TRANSPLANT SERVICES(OTS)
5845	VETERANS AFFAIRS	584510	VETERANS AFFAIRS/ VA HOSPITAL
5880	WORKERS COMPENSATION	588010	WORKERS COMP - ILLINOIS BC
5880	WORKERS COMPENSATION	588011	WORK COMP - CCN
5880	WORKERS COMPENSATION	588012	WORKMANS COMP - CORVEL
5880	WORKERS COMPENSATION	588013	WORKERS COMPENSATION - FIRST HEALTH
5880	WORKERS COMPENSATION	588014	WORK COMP - HFN
5880	WORKERS COMPENSATION	588015	WORKERS COMP - FEDERAL EMPLOYEES
5880	WORKERS COMPENSATION	588016	WORKERS COMPENSATION
5880	WORKERS COMPENSATION	588017	WORKERS COMPENSATION - COVENTRY
6145	CENTER FOR WOMEN'S RESEARCH	614510	MAMMS-CENTER FOR WOMENS RESEARCH
6165	COOK COUNTY DEPT OF PUBLIC HEALTH	616510	MAMMS-COOK COUNTY DEPT OF PUBLIC HEALTH
6450	WC-EMPLOYMENT STANDARD	645010	WC - EMPLOYMENT STD
6470	DAY ONE SURGERY (PB USE ONLY)	647010	DAY ONE SURGERY (PB USE ONLY)

This is a specific policy and procedure for our Registration staff that has been approved since May 1, 2014. It was in effect for the entire reporting period.

**Rush University Medical Center
Rush Oak Park Hospital**

Policies and Procedures

Policy Number:	
Category Name:	Financial Assistance Program
Title:	Presumptive Charity Care
Type:	Registration / Billing
Approval Date:	05/01/2014
Policy Representative	Anthony Gibbs, Kevin Harper, Jay Tennant
Policy Approver	Denise Nezda-Szalko, Vice-President Revenue Cycle

Policy: At Rush University Medical Center, all patients are treated with dignity regardless of their ability to pay. Emergency Services will never be denied or delayed on the basis of a patient's ability to pay. A core component of Rush's mission is to provide healthcare services to our community including services for which no payment from the patient is anticipated. Rush's Financial Assistance Programs are available to all patients regardless of whether or not they are covered by a government program or insurance. Any financial assistance is applied to the patient's responsibility.

Purpose: The object of this policy is to define the guidelines and criteria to use the hospital to deem a patient eligible for financial assistance without additional scrutiny qualify.

Attachment: Determination of Eligibility for Financial Assistance Program:
Presumptive Eligibility Form

Responsible Party**Procedure**

Patient Access
Coordinator

Identifies the patient's ability to pay during pre-registration (telephone interview) or registration (face-to-face interview).

If, it is determined through the interview and/or through verifying through the electronic insurance eligibility software (NEBO) that the patient is not covered under a third party payor, such as, a federally sponsor plan, a state sponsored plan, a commercial plan or a personal injury or workers compensation claim; the Patient Access Coordinator will ascertain if the patient meets the criteria for presumptive charity care. He/she will do this by obtaining from the patient the following information:

- Is the patient uninsured? (Yes, meets the criteria.)
- Is the patient an Illinois resident at the time of service? (Yes, meets the criteria.)
- Was the patient involved in an alleged accident? (No, meets the criteria.)
- Was the patient a victim of an alleged crime? (No, meets the criteria.)
- Does the patient meet one of the following criteria?
 - Homelessness
 - Deceased with no estate.
 - Mental incapacitation with no one to act on the patient's behalf.
 - Enrolled in the following assistance programs for low-income individuals having eligibility at or below 200% of the federal poverty income guidelines:
 - Women, Infants and Children Nutrition Program (WIC).
 - Supplemental Nutrition Assistance Program (SNAP), Link Card.
 - Illinois Free Lunch and Breakfast Program (ILHEAP)
 - Enrolled in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership.
 - Recipient of grant assistance for medical services.

If the patient or the patient's spouse or partner who is the patient's guarantor, meets the presumptive charity care criteria, the Patient Access Coordinator selects Presumptive Charity Care insurance plan code, _____.

Responsible Party

Patient Access
Coordinator

Procedure

Informs the patient:

- That they qualify for Presumptive Charity Care Program due to their participation in a state assistance program.
- They are eligible for the following 90 days.
- If at any time their financial or insurance situation changes, i.e. they obtain Medicaid coverage; they are to notify either a Billing Customer Service Representative or a Patient Access Coordinator upon their next visit to the Medical Center.

Completes the Determination of Eligibility for Financial Assistance Program: Presumptive Eligibility Form (internal form)

- Scans the Determination of Eligibility for Financial Assistance Program Form in the Document Table in Epic under the patient's account.



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Rush Oak Park Hospital

Mailing Address: Healthcare Finance, 1700 W Van Buren, Suite 161

City, State, Zip: Chicago, IL 60612

Reporting Period: July 1, 2016 through June 30, 2017

Taxpayer Number: 36-2183812

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>491</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>2,876</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>467</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>24</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>\$3,003,294</u>

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Experian Payment Advisor Suite

Epic Resolute Hospital Billing

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Experian Payment Advisor Suite

Epic Resolute Hospital Billing

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): Melissa Coverdale VP Finance

Signature: Melissa Coverdale

Date: 12/28/17

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Melissa Coverdale VP Finance

Signature: Melissa Coverdale

Date: 12/28/17

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Melissa Coverdale VP Finance

Signature: Melissa Coverdale

Date: 12/28/17

Required Supporting Documentation

Please provide the documentation outlined below. Failure to do so may result in a delay or denial of your application. If you cannot provide the documentation, please provide a letter of explanation.

- Fully completed and signed Application for Financial Assistance
- Valid Photo ID (Driver's license, Passport, State-issued ID or Valid government issued ID)
- Proof of Illinois Residency (*Provide at least one of the following if a valid IL Driver's License or IL State issued ID is not available*)
 - Rent receipt or lease
 - Recent utility bill with Illinois address
 - Mail from a government or other credible source
 - Letter from a homeless shelter
 - Voter registration card
- Tax Documents (*Provide the following*)
 - Most recent federal tax return (including all schedules)
 - AND** most recent W-2 and 1099 forms
- Proof of Family Income (*Provide the following for the patient/guarantor and for each member of the patient/guarantor's household including spouse or partner*)
 - Copies of most recent pay stubs – 2 months (Employer, Unemployment, Social Security)
 - Written income verification if paid in cash
- Proof of Assets (*Provide all applicable documents for the assets listed below*)
 - Checking/Savings Account(s)
 - Stocks
 - Certificates of Deposit
 - Mutual Funds
 - Health Savings/Flexible Spending Account(s)
 - Credit Union Account(s)

Supplemental/Other:

- Completed and signed "Authorization to Release Information" form if you have filed a lawsuit related to your illness, accident or work-related injury.
- Primary Residency? Own Rent Other _____
- Secondary Residency? Own Rent None Other _____

REQUEST FOR DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAM: FINANCIAL STATEMENT

Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Rush University Medical Center and/or Rush Oak Park Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs. Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 60 days following the date of discharge or receipt of outpatient care.

If you meet the presumptive eligibility criteria, for example, enrolled in an assistance program for low-income (WIC, SNAP, II Free Lunch Program, etc) or have an income at or below 200% of the federal poverty guidelines, you are not required to complete this application.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

1) Patient Information

PATIENT NAME: _____
Last First Middle Int.

ADDRESS: _____
Number and Street Apt.

City State Zip Code

PHONE: HOME () _____ CELL () _____

EMAIL ADDRESS: _____

DATE OF BIRTH: ___/___/___

SOCIAL SECURITY NUMBER (not required if you are uninsured): _____-_____-_____

If the patient's current or former spouse or partner is the guarantor for the patient, or if a parent or guardian is guarantor for a minor patient, please provide the following:

Guarantor Name _____

Guarantor Address _____

Guarantor Phone Number: () _____

Was the patient an Illinois resident when care was rendered by the hospital? Yes No

Was the patient involved in an alleged accident? Yes No

Was the patient a victim of an alleged crime? Yes No

2) Family Information

Number of persons in the patient's family or household. _____

Number of persons who are dependents of the patient.* _____

(*Number of individuals for whom the patient is financially responsible)

Ages of the patient's dependents: _____, _____, _____, _____, _____, _____, _____

3) Family Employment and Income Information

Is the patient, patient's spouse or partner, or (in the case of a minor patient) the patient's parents or guardians currently employed? Yes No

If yes, name of employer: _____ Phone () _____

Name of second employer: _____ Phone () _____

Name of third employer: _____ Phone () _____

4) Gross monthly family income - Please enclose your most recent federal tax return. In addition, please include the most recent documentation of family income, such as 2 months of paycheck stubs, benefits statements, award letters, court orders, or other documentation. *Family income* includes patient, spouse or partner income, or (in the case of a minor patient) income earned by the patient's parents or guardians from the following sources:

Estimated Monthly Income

- Wages Earned..... _____
- Self-employment _____
- Unemployment Compensation _____
- Social Security _____
- Social Security disability _____
- Veterans' pension _____
- Veterans' disability _____
- Private disability _____
- Workers' Compensation _____
- Temporary Assistance for Needy Families (TANF) _____
- Retirement income _____
- Child support, alimony or other spousal support..... _____
- Other income..... _____

This charity care application form was used for July 1, 2016 through June 30, 2017

5) Asset and estimated asset value information

Asset Value

- Checking Account..... _____
- Savings _____
- Stocks _____
- Certificates of Deposit _____
- Mutual Funds _____
- Credit Union Account..... _____
- Health savings/Flexible Spending Account..... _____

6) Insurance / benefit information:

Is the patient covered under any insurance plan? Yes No

If yes, check plan:

- Medicare Medicare Part D Medicare Supplement
- Medicaid Veterans' benefits
- Health insurance: Name of plan: _____

7) Certificate Statement:

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.

Patient or Applicant Signature

____/____/____
Date

Rush Financial Counselor/Representative

____/____/____
Date

**Rush University Medical Center/Rush Oak Park Hospital
Rush University Medical Group/Rush Oak Park Physician Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing**

Section: Financial Assistance Programs

Subject: Financial Assistance Policy

Date: 4/1/2016

Purpose

The provisions of this policy encompass Rush University Medical Center (“RUMC”), Rush Oak Park Hospital (“ROPH”), Rush University Medical Group (“RUMG”), and Rush Oak Park Physician Group (“ROPPG”) collectively known as “Rush”. As part of Rush’s mission to provide comprehensive, coordinated health care to our patients, we offer several financial assistance programs to help patients with their health care costs for medically necessary or emergent services. At Rush, all patients are treated with dignity regardless of their ability to pay. Emergency services will never be denied or delayed on the basis of a patient’s ability to pay. This policy defines the guidelines and criteria to qualify for all components of Rush’s Financial Assistance Programs. Any financial assistance awarded will be applied to the patient’s responsibility for emergency or other medically necessary services only.

This policy is intended to comply with Section 501(r) of the Internal Revenue Code, the Illinois Hospital Uninsured Patient Discount Act (“Discount Act”) and the Illinois Fair Patient Billing Act (“Billing Act”) and the regulations promulgated thereunder and must be interpreted and applied in accordance with those laws and regulations. This policy will be separately adopted and reviewed annually by the governing bodies of each Rush hospital facility.

This Policy describes: (i) the eligibility criteria for financial assistance, and whether such assistance includes free or discounted services; (ii) the basis for calculating amounts charged to patients; (iii) the financial assistance application method; (iv) the collection actions Rush may take in the event of non-payment, including civil collections actions and reporting to consumer credit reporting agencies for patients that qualify for financial assistance; and (v) Rush’s approach to presumptive eligibility determinations and the types of information that it will use to assess presumptive eligibility.

Rush will comply with all federal, state and local laws, rules and regulations applicable to the conduct described in this policy. If the provision of financial assistance becomes subject to additional federal, state or local law requirements, and those laws impose more stringent requirements than are described in this policy, then those laws will govern how Rush administers its financial assistance program.

Financial Assistance Programs and Eligibility Criteria

This policy identifies those circumstances when Rush may provide care without charge or at a discount based on a patient’s financial need. Proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification into any of the following programs.

- ❖ **Presumptive Charity Care** – Hospital bill is reduced by 100% on an episodic basis for uninsured patients only. The patient qualifies and is not required to complete an application if one of the following criteria is true:
 - Family Income is 0 – 200% of the Federal Poverty Guidelines
 - Patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid

- Patient is enrolled in, or eligible for, an assistance program for low income individuals (WIC, SNAP, IL Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, Community Based Medical Assistance or receiving Grant Assistance)
- Homeless, deceased with no estate, or mentally incapacitated with no one to act on the patient's behalf

This policy is intended to serve as Rush's Presumptive Eligibility Policy, as required by Illinois law. Rush will apply the stated presumptive eligibility criteria to uninsured patients as soon as possible after they receive health care services from Rush and before Rush issues any bills to them for the care.

- ❖ **Charity Care** – Hospital bill is reduced by 100%, subject to submission of all required documentation (see section below on required documentation). Charity Care may be applied after primary insurance payment to cover deductibles, coinsurances, and copays.
 - Family income is equal to or less than 300% of the Federal Poverty Guidelines
 - Charity Care is initially approved automatically for a period of 3 months
 - Proof of non-retirement financial assets (ALL applicable documents required): Checking/Savings Accounts, Stocks, Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts
 - a. Applicants may be responsible for an annual payment if assets exceed certain thresholds. If an annual payment is required it must be made within 90 days of the application completion date
 - b. If applicable, payments made in the prior year will be considered toward the annual payment
- ❖ **Limited Income** – Hospital bill is reduced by 75%, subject to submission of all required documentation (see section below on required documentation). Limited Income discounts may be applied after primary insurance payment to cover deductibles, coinsurances, and copays.
 - Family income is 301 – 400% of the Federal Poverty Guidelines
 - Limited Income Discount is initially approved automatically for a period of 3 months
 - Proof of non-retirement financial assets (ALL applicable documents required): Checking/Savings Accounts, Stocks, Certificates of Deposit, Mutual Funds, Health Savings/Flexible Spending Accounts or Credit Union Accounts
 - a. Applicants may be responsible for an annual payment if assets exceed certain thresholds. If an annual payment is required, then it must be made within 90 days of the application completion date

If applicable, payments made in the prior year will be considered toward the annual payment

Overview of the Financial Assistance Application Process

- ❖ **Patient Responsibilities** – To be eligible for financial assistance, an individual must:
 - a. Cooperate with Rush and provide the requested information and documentation in a timely manner;
 - b. Complete the required application form truthfully;
 - c. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;
 - d. Notify Rush promptly of any change in financial situation so that Rush can assess the change's impact on the individual's eligibility for financial assistance or payment plan;
 - e. Agree to apply for any state, federal or local assistance for which the individual may be eligible to help pay for his or her hospital bill.

If a patient knowingly provides untrue information, he or she will be ineligible for financial assistance, any financial assistance that has been granted may be reversed, and the individual may become responsible for paying the entire hospital bill. To apply for financial assistance, a patient must complete Rush's Financial Assistance Application Form. The individual will provide all supporting data required to verify eligibility, including supporting documentation verifying income. Copies of the financial assistance application and instructions are

available online at www.rush.edu/financial-assistance, by requesting a copy in person at any of the Rush hospitals' patient admission or registration areas, or by requesting a free copy by mail by contacting the Rush hospital's Patient Access Department. Additional contact information is provided below.

No collection action will be initiated until at least 120 days after a Rush facility provides its first post-discharge billing statement. Patients may submit an application up to 240 days from the date on which Rush issues its first, post-discharge billing statement.

If Rush receives a completed application form, it will make and document eligibility determinations in a timely manner. If Rush receives an incomplete application form, it will provide the patient or his or her legal representative with a list of the missing information or documentation and give the patient 30 days to provide the missing information. If the patient does not provide the missing information within this period, Rush may commence collection actions.

If a financial assistance application is denied, the patient has the right to appeal this decision by contacting a Financial Counselor in our Patient Access Department or Customer Service Representative at the address and numbers listed below. The appeal is subject to a more thorough review determination which will be made on the patient's behalf. The patient will receive correspondence of this determination once this review process is finalized.

Calculating Amounts Charged to Patients

Notwithstanding anything else in this policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed for individuals who have insurance covering such care. The basis to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable). Under Illinois law, the maximum amount Rush can collect from uninsured patients is 25% of family income, looking across a twelve-month collection period.

Rush determines the amount generally billed (AGB) to individuals who have insurance covering their care by multiplying its charges for any emergency or other medically necessary care it provides by certain percentages using the Internal Revenue Service look-back method as described in Treas. Reg. §1.501(r)-5. The look back method, analyzes a recent 12-month period of allowed claims to determine the actual payment rate that Medicare and private insurers are collectively allowing. The intent is to ensure that the discount provided to financial assistance eligible patients is equal to or greater than the discount provided to patients with insurance. Patients can learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the numbers listed on the final page of this document.

Services Excluded from Financial Assistance

For purposes of this policy, "medically necessary" means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. Accordingly, the following services are not considered to be "medically necessary" under this policy:

- Services defined by Medicare as non-covered. For example:
 - Elective procedures
 - Gastric bypass surgery
 - Experimental, including non-FDA approved procedures and devices or implants
 - Elective cosmetic surgery (but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity)
 - Nonmedical services such as social and vocational services
 - Eating Disorder Program
 - Ophthalmology lens implants

- Services or procedures for which there is a reasonable substitute or if the patient's insurance company will provide a service or procedure that is a covered service or procedure.

For a complete list of excluded hospital services please contact a Financial Counselor or Customer Service Representative at the numbers listed on the final page of this document.

Private physician groups and physician practices are not required to comply with the financial assistance policy. The complete list of these excluded providers is available in "Addendum 1" at the end of this document.

Uninsured Patient Discount

All uninsured patients not applying for financial assistance and all uninsured patients that are denied financial assistance will be granted the self-pay discount. The self-pay discount ranges from 33% to 68%. Discounts are associated with family income levels and proof of residency per the following schedule. *International patients are subject to a separate discount rate not defined in this policy.*

- ❖ Family income is 301 – 600% of the Federal Poverty Guidelines
 - 68% discount for Illinois residents and qualifying Indiana counties
 - 33% discount for Non-Illinois residents
- ❖ Family income is 601 – 1000% of the Federal Poverty Guidelines
 - 50% discount for Illinois residents and qualifying Indiana counties
 - 33% discount for Non-Illinois residents
- ❖ Family income is above 1000% of the Federal Poverty Guidelines
 - 33% discount for both Illinois and Non-Illinois residents

There is no dollar limit to the uninsured patient discount. No additional approval is required for the uninsured patient discount. In addition, non-medically necessary services are excluded from the uninsured patient discount and the patient will be notified if that is the case. On an annual basis, the appropriate annual discount will be determined equivalent to the average managed care discount in effect at the beginning of each fiscal year per IL state requirements.

Collections and Other Actions Taken In the Event of Non-Payment

Rush has the right to pursue collections directly or working with a third-party collection agency. If the Financial Assistance Application Form is not completed by the specified deadline, Rush will pursue collections from the patient. Rush may list a patient's account with a credit agency or credit bureau. Rush reserves the right to attach liens to insurance (auto, liability, life and health) in connection with its collection process to the extent a third party liability insurance exists. No other personal judgments or liens will be filed against FAP-eligible individuals.

Before engaging in, or resuming, any of the extraordinary collection actions mentioned here (except the deferral or denial of care for non-payment of amounts for previous care), Rush will issue a written notice that (i) describes the specific collection activities it intends to initiate (or resume), (ii) provides a deadline after which such action(s) will be initiated (or resumed), and (iii) includes a plain-language summary of this policy (the "ECA Initiation Notice"). Rush will also make a reasonable effort to orally notify the patient about the financial assistance policy and how he or she can get help with the financial assistance application process. Rush may initiate collection activities no sooner than 30 days from the date on which it issues the ECA Initiation Notice, either by mail or electronic mail.

Consistent with the Finance Clearance Policy, Rush may defer or deny (or require a payment before providing) medically necessary care, but not emergency care, because of a patient's nonpayment for prior care. Rush does not need to provide the ECA Initiation Notice described above before deferring or denying (or requiring a payment before providing) care based on past nonpayment. Rush will, however, provide separate written and oral notices, described below, after which it may defer or deny (or request payment before providing) care immediately. The notification requirement specific to this collection action will be satisfied if Rush provides a

copy of its FAP application form to the patient, notifies him or her in writing that financial assistance is available, and provides the deadline after which it will not accept a FAP application for the previously provided care. Rush must also provide a plain language summary of this policy to the patient and orally notify the patient about this policy and how the patient can obtain help with completing the application. The deadline to submit a FAP application must be no earlier than the later of 30 days from the date of the written notification or 240 days from the date of the first post-discharge billing statement for the previously provided care. If a FAP application is timely submitted, then Rush will process it on an expedited basis to minimize any risk to the patient's health.

Payment Plans

Monthly payment plans lasting up to 24 months will be established for individuals receiving partial financial assistance, including those who are uninsured. No interest will accrue to account balances while payments are being made. If an individual complies with the payment plan's terms, then no collection action will be taken. If the individual cannot pay the remaining balance within 24 months, the payment plan may be extended with management's approval.

Confidentiality

Rush respects the confidentiality and dignity of its patients and understands that the need to apply for financial assistance may be a sensitive issue. Rush staff will provide access to financial assistance related information only to those directly involved with the determination process and will comply with all HIPAA requirements for handling personal health information.

Publicizing the Policy

Each Rush hospital will widely publicize this program within the community it serves. To that end, Rush will take the following steps to ensure that members of the communities to be served by its hospitals are aware of the program and have access to this policy and the related documents.

- ❖ Rush will make a copy of this Policy available to the community by posting it online at www.rush.edu/financial-assistance along with downloadable copies of the financial assistance application (form and instructions), and a plain language summary of this Policy. There will be no fee for accessing these materials.
- ❖ Rush's hospitals will notify and inform visitors about this program through conspicuous public displays in places designed to attract visitors' attention.
- ❖ Rush will make available, in both print and online, this policy, the plain language summary, and the Financial Assistance Application Form in English and Spanish
- ❖ Each billing statement for self-pay accounts will include information about the Financial Assistance Program.
- ❖ Each hospital will include information on the availability of financial assistance in patient guides provided to patients at registration.

Contact Us

To obtain a copy of the financial assistance application, please visit www.rush.edu/financial-assistance. Paper copies of the application are also available in the following locations:

Emergency Department – 1st Floor Tower
Rush Medical Labs – Professional Building, Room 439
Admitting Department – 4th Floor Atrium, Room 450
Outpatient Radiology – Professional Building, Room 461
Healthcare Finance Customer Service – Triangle Office Building, Suite 161

Completed Applications should be returned or mailed to:

Rush University Medical Center
1653 W. Congress Pkwy
450 Atrium Building - Financial Counselors
Chicago, IL 60612
(312) 942-5967, Monday through Friday, 8 am to 4:30 pm
Or email us at financial_counselor@rush.edu

For all billing questions please contact:

Customer Service
1700 W. Van Buren, Suite 161
Chicago, IL 60612
(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm
Or email us at billing_info@rush.edu

Policy approved on February 9, 2016

April 11, 2014

PRESUMPTIVE CHARITY CARE

As required by the Illinois Fair Patient Billing Act and starting January 1, 2014, the Presumptive Charity Care 100% discount is applied to hospital accounts via Experion batch processing and Epic system actions when all of the following applies:

1. Patient is a true self pay patient
2. Patient lives in the State of Illinois or Counties of Lake, La Porte or Porter and
3. The patient falls below or equal to 200% of Federal Poverty Level (FPL).

The exceptions apply when any of the following occur. These hospital accounts would not be eligible for the Presumptive Charity Care batch processing:

1. Hospital account has Traditional Charity Care, Limited Income Charity Care or Patient Special Services coverage.
2. Hospital account has any of the excluded services in Appendix A. This is based off of Medicare's excluded services list or deemed not medically necessary by Rush Healthcare Finance.
3. Hospital account has an additional insurance coverage(s) associated with the guarantor that is active for the date of service but not attached to the hospital account. Many exceptions to this apply (see Appendix B).
4. Hospital account was an Emergency Department suture removal case as these cases are written off to a separate adjustment code and not deemed free care.
5. The guarantor type on the hospital account is "Workers Comp" or "Third Party Liability". True self pay accounts with these guarantor types indicate patients that were not cooperative with Healthcare Finance in obtaining information needed for claim processing and payment. If the hospital account is determined not to be Workers Comp/Personal Injury and the patient does not have insurance coverage then the guarantor type would be changed to "Personal Family" and the hospital account would then qualify for presumptive charity care.

To be Noted: Any guarantor with hospital accounts excluded from the Presumptive Charity Care batch processing can still apply for traditional charity care, and the traditional charity care policy would then be applied. For instance, we disallow non covered services from qualifying for presumptive charity care because the guarantor does have active insurance coverage and is therefore not a true self pay patient. However, the traditional charity care policy does allow patients to qualify for non covered service denials that are deemed patient responsibility.

Appendix A

PROC_CODE	PROC_NAME
1702010	HB BCG LIVE INTRA VAC INSTAL 1VAC
3181618	HB LAB CHROMIUM
3181619	HB LAB COBALT
3181620	HB LAB TITANIUM
6091139	HB VACCINE HEP A ADULT IM
7062008	HB PUNCTURE FOLLICLE OOCYTE RETREIVAL
7062009	HB CULTURE OOCYTE/EMBRYO LESS THAN 4 DAYS
7062010	HB EMBRYO TRANSFER INTRAUTERINE
7062011	HB ASSISTED EMBRYO HATCHING MICROTECHNIQUE
7062014	HB MULTIFETAL PREGNANCY REDUCTION
7062015	HB GIFT/ZIFT/EMBRYO INTRAFALLOP TUBE XFR
7062016	HB LAPAROSCOPY DX W/W/O BRUSH/WASH
7062022	HB PREP EMBRYO FOR TRANSFER ANY METHOD
7062023	HB ID OOCYTE FROM FOLLICULAR FLUID
7062025	HB ID SPERM FROM ASPIRATION
7062026	HB CRYOPRESERVATION EMBRYO(S)
7062027	HB CRYOPRESERVATION SPERM
7062028	HB ISOLATE SPERM SIMPLE INSEMINATION/DX
7062029	HB ISOLATE SPERM COMPLEX INSEMINATION/DX
7062032	HB ANALYSIS SPERM MOTILITY & COUNT
7062033	HB ASSISTED REPRODUCTIVE TECHNIQUE
7062040	HB ULTRASONIC GUIDED MULTIFETAL REDUCTION
7062041	HB US GUIDE ASPIRATION OF OVA S&I
7062042	HB ID SPERM TESTIS TISSUE FRESH/CRYO
7062045	HB INSEMINATION OF OOCYTES
7062046	HB CULTURE OOCYTE EXTENDED 4-7 DAYS
7062047	HB OOCYTE FERTILIZATION MICRO <=10 OOCYTES
7062048	HB OOCYTE FERTILIZATION MICRO > 10 OOCYTES
7062049	HB CRYOPRESERVATION TESTICULAR TISSUE
7062051	HB CRYO OOCYTES
7062052	HB THAW EMBRYO(S)
7062053	HB THAW SPERM/SEMEN EACH ALIQUOT
7062054	HB THAW TESTICULAR/OVARIAN TISSUE
7062055	HB THAW OOCYTES PER ALIQUOT
7062056	HB STORAGE EMBRYO EACH YEAR
7062057	HB STORAGE SPERM EACH YEAR
7062058	HB STORAGE TESTICULAR/OVARIAN TISSUE EA YR
7062059	HB STORAGE OOCYTE PER EACH YEAR
7187043	HB INTRAOCULAR LENS PRESBYOPIA
7931003	HB PSYCHIATRY DAY HOSPITAL
7931004	HB PSYCH TREATMENT GROUP INTENSIVE OUTPAT

APPENDIX B

Payer ID	Payer Name	Plan ID	Plan Name
5111	CCN AUTO INJURY	511110	AUTO INJURY - CCN
5130	CHARITY CARE	513010	CHARITY CARE 100%
5130	CHARITY CARE	513011	LIMITED INCOME
5130	CHARITY CARE	513012	PRESUMPTIVE CHARITY CARE
5170	CIGNA	517014	CHICAGO BULLS NBA - CIGNA PPO
5200	COOK COUNTY HOSPITAL	520011	EPS STUDY - COOK COUNTY
5200	COOK COUNTY HOSPITAL	520013	SLEEP - COOK COUNTY
5200	COOK COUNTY HOSPITAL	520014	DEPT OF PUBLIC HEALTH - COOK COUNTY
5200	COOK COUNTY HOSPITAL	520015	COLONOSCOPY - COOK COUNTY
5200	COOK COUNTY HOSPITAL	520016	IBCCP - COOK COUNTY
5200	COOK COUNTY HOSPITAL	520017	DERM MOHS - STROGER
5208	DEPAUL STUDENT ATHLETES	520810	DEPAUL STUDENT ATHLETES
5240	EMPLOYEE HEALTH	524010	RUSH EMPLOYEES HEALTH SERVICES
5240	EMPLOYEE HEALTH	524011	ROPH EMPLOYEES HEALTH SERVICES
5300	GIFT OF HOPE	530010	GIFT OF HOPE
5302	NATIONAL KIDNEY REGISTRY	530210	NATIONAL KIDNEY REGISTRY
5312	GOLDMAN SACHS MAMMOGRAPHY	531210	GOLDMAN SACHS MAMMOGRAPHY
5313	BEARS CARE FUND	531310	BEARS CARE FUND
5314	KOMEN GRANT FUND	531410	KOMEN GRANT FUND
5315	ACS COLORECTAL CANCER SCREEN	531510	ACS COLORECTAL CANCER SCREENING
5316	BEYOND OCTOBER	531610	BEYOND OCTOBER
5317	LASKY FUND	531710	LASKY FUND
5391	HORIZON HOSPICE	539110	HOSPICE - HORIZON
5392	RAINBOW HOSPICE	539210	HOSPICE - RAINBOW
5410	ILLINOIS MEDICAID	541010	DEPARTMENT OF SERVICES CRIPPLED CHILD
5410	ILLINOIS MEDICAID	541011	DEPARTMENT OF CHILDREN FAMILY SERV
5410	ILLINOIS MEDICAID	541012	EARLY INTERVENTIONS
5410	ILLINOIS MEDICAID	541013	ADULT - IDPA
5410	ILLINOIS MEDICAID	541014	CHILD - IDPA
5410	ILLINOIS MEDICAID	541015	PSYCHIATRY & REHABILITATION - IDPA
5410	ILLINOIS MEDICAID	541016	SPND UNMET / 2432 - IDPA
5410	ILLINOIS MEDICAID	541017	TRANSPLANT - IDPA
5410	ILLINOIS MEDICAID	541018	SEXUAL ASSAULT PROGRAM OF IDPA
5410	ILLINOIS MEDICAID	541019	MEDICAID MANG PENDING
5410	ILLINOIS MEDICAID	541020	CRIME VICTIMS COMPENSATION PROGRAM
5410	ILLINOIS MEDICAID	541021	DEPARTMENT OF HUMAN SERVICES / DHS
5410	ILLINOIS MEDICAID	541022	HEMOPHILIA PROGRAM
5410	ILLINOIS MEDICAID	541023	PRESUMPTIVE MEDICAID HFS

PayorID	Payor Name	PlanID	Plan Name
5510	MEDICAID HMO	551010	MEDICAID HMO
5510	MEDICAID HMO	551011	HARMONY HEALTH - ADULT
5510	MEDICAID HMO	551012	HARMONY HEALTH - CHILD
5510	MEDICAID HMO	551013	HARMONY HEALTH - REHAB
5510	MEDICAID HMO	551014	MEDICAID AETNA BETTER HEALTH
5510	MEDICAID HMO	551015	MEDICAID ILLINI CARE
5510	MEDICAID HMO	551016	COUNTYCARE
5545	MEDICARE KIDNEY DONOR	554510	KIDNEY DONOR - MEDICARE
5600	OUT OF STATE MEDICAID	560010	INDIANA - MEDICAID
5600	OUT OF STATE MEDICAID	560011	IOWA - MEDICAID
5600	OUT OF STATE MEDICAID	560012	MICHIGAN - MEDICAID
5600	OUT OF STATE MEDICAID	560013	OHIO - MEDICAID
5600	OUT OF STATE MEDICAID	560014	WISCONSIN - MEDICAID
5600	OUT OF STATE MEDICAID	560015	OUT OF STATE - MEDICAID
5600	OUT OF STATE MEDICAID	560016	FLORIDA MEDICAID
5600	OUT OF STATE MEDICAID	560017	OUT OF STATE - MANG PENDING MEDICAID
5600	OUT OF STATE MEDICAID	560018	MINNESOTA - MEDICAID
5620	PERSONAL/AUTO INJURY	562010	PERSONAL/AUTO INJURY
5720	RUSH HOSPICE PARTNER	572010	RUSH HOSPICE PARTNERS
5722	WESTLAKE FOUNDATION	572210	WESTLAKE FOUNDATION
5725	ODYSSEY HOSPICE	572510	ODYSSEY HOSPICE
5731	SEASONS HOSPICE	573110	HOSPICE - SEASONS
5795	CHICAGO IPA	579510	CHICAGO IPA
5810	UNION HEALTH	581010	UNION HEALTH SERVICE
5825	ORGAN TRANSPLANT SERVICES(OTS)	582020	ORGAN TRANSPLANT SERVICES(OTS)
5845	VETERANS AFFAIRS	584510	VETERANS AFFAIRS/ VA HOSPITAL
5880	WORKERS COMPENSATION	588010	WORKERS COMP - ILLINOIS BC
5880	WORKERS COMPENSATION	588011	WORK COMP - CCN
5880	WORKERS COMPENSATION	588012	WORKMANS COMP - CORVEL
5880	WORKERS COMPENSATION	588013	WORKERS COMPENSATION - FIRST HEALTH
5880	WORKERS COMPENSATION	588014	WORK COMP - HFN
5880	WORKERS COMPENSATION	588015	WORKERS COMP - FEDERAL EMPLOYEES
5880	WORKERS COMPENSATION	588016	WORKERS COMPENSATION
5880	WORKERS COMPENSATION	588017	WORKERS COMPENSATION - COVENTRY
6145	CENTER FOR WOMEN'S RESEARCH	614510	MAMMS-CENTER FOR WOMENS RESEARCH
6165	COOK COUNTY DEPT OF PUBLIC HEALTH	616510	MAMMS-COOK COUNTY DEPT OF PUBLIC HEALTH
6450	WC-EMPLOYMENT STANDARD	645010	WC - EMPLOYMENT STD
6470	DAY ONE SURGERY (PB USE ONLY)	647010	DAY ONE SURGERY (PB USE ONLY)

This is a specific policy and procedure for our Registration staff that has been approved since May 1, 2014. It was in effect for the entire reporting period.

**Rush University Medical Center
Rush Oak Park Hospital**

Policies and Procedures

Policy Number:	
Category Name:	Financial Assistance Program
Title:	Presumptive Charity Care
Type:	Registration / Billing
Approval Date:	05/01/2014
Policy Representative	Anthony Gibbs, Kevin Harper, Jay Tennant
Policy Approver	Denise Nezda-Szalko, Vice-President Revenue Cycle

Policy: At Rush University Medical Center, all patients are treated with dignity regardless of their ability to pay. Emergency Services will never be denied or delayed on the basis of a patient's ability to pay. A core component of Rush's mission is to provide healthcare services to our community including services for which no payment from the patient is anticipated. Rush's Financial Assistance Programs are available to all patients regardless of whether or not they are covered by a government program or insurance. Any financial assistance is applied to the patient's responsibility.

Purpose: The object of this policy is to define the guidelines and criteria to use the hospital to deem a patient eligible for financial assistance without additional scrutiny qualify.

Attachment: Determination of Eligibility for Financial Assistance Program:
Presumptive Eligibility Form

Responsible Party**Procedure**

Patient Access
Coordinator

Identifies the patient's ability to pay during pre-registration (telephone interview) or registration (face-to-face interview).

If, it is determined through the interview and/or through verifying through the electronic insurance eligibility software (NEBO) that the patient is not covered under a third party payor, such as, a federally sponsor plan, a state sponsored plan, a commercial plan or a personal injury or workers compensation claim; the Patient Access Coordinator will ascertain if the patient meets the criteria for presumptive charity care. He/she will do this by obtaining from the patient the following information:

- Is the patient uninsured? (Yes, meets the criteria.)
- Is the patient an Illinois resident at the time of service? (Yes, meets the criteria.)
- Was the patient involved in an alleged accident? (No, meets the criteria.)
- Was the patient a victim of an alleged crime? (No, meets the criteria.)
- Does the patient meet one of the following criteria?
 - Homelessness
 - Deceased with no estate.
 - Mental incapacitation with no one to act on the patient's behalf.
 - Enrolled in the following assistance programs for low-income individuals having eligibility at or below 200% of the federal poverty income guidelines:
 - Women, Infants and Children Nutrition Program (WIC).
 - Supplemental Nutrition Assistance Program (SNAP), Link Card.
 - Illinois Free Lunch and Breakfast Program (ILHEAP)
 - Enrolled in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as a criterion for membership.
 - Recipient of grant assistance for medical services.

If the patient or the patient's spouse or partner who is the patient's guarantor, meets the presumptive charity care criteria, the Patient Access Coordinator selects Presumptive Charity Care insurance plan code, _____.

Responsible Party

**Patient Access
Coordinator**

Procedure

Informs the patient:

- That they qualify for Presumptive Charity Care Program due to their participation in a state assistance program.
- They are eligible for the following 90 days.
- If at any time their financial or insurance situation changes, i.e. they obtain Medicaid coverage; they are to notify either a Billing Customer Service Representative or a Patient Access Coordinator upon their next visit to the Medical Center.

Completes the Determination of Eligibility for Financial Assistance Program: Presumptive Eligibility Form (internal form)

- Scans the Determination of Eligibility for Financial Assistance Program Form in the Document Table in Epic under the patient's account.