Stepping Up for the Community

2015 COMMUNITY BENEFITS SUMMARY
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Stepping up means recognizing a need and not hesitating to do something about it. At Rush, we’ve been stepping up for the community for more than 140 years — particularly in the neighborhoods that surround our campus, where many people face barriers to achieving good health, including a dearth of primary care physicians; inadequate health insurance coverage; and a lack of knowledge about when, why and where to seek health care.

Our mission has always been to provide the very best care by integrating outstanding patient care, education, research and community partnerships, all of which we design specifically to meet the needs of the individuals and the diverse communities we serve.

Clinicians, students and staff members from Rush bring this mission to life every day, not only on the Rush campus but also at schools, clinics, homeless shelters and community centers throughout our service area. They’re helping to fill the gaps in our neighborhood’s health care network in the following ways:

• Providing care to all people, regardless of their ability to pay. In 2014, Rush provided nearly $172 million in unreimbursed services.

• Working closely with local health and social service providers to treat those who lack access to care. This includes children and adolescents, people who are homeless, seniors, people with mental illness and those living in poverty.

• Conducting research, offering educational programs and staffing clinic locations that benefit medically underserved populations.

In fiscal 2014, the total value of the benefits that Rush provided to our community was about $249 million. You’ll read about those contributions, and many others that are just as valuable but not as easily quantifiable, in the pages that follow.

Larry Goodman, MD
Chief Executive Officer
For Decades, Helping the Community Thrive
Since Rush’s earliest days as the first medical school in Chicago, we’ve been committed to caring for our community. Our service area encompasses a number of low-income neighborhoods on Chicago’s West and South Sides, so much of our work focuses on addressing and eliminating the health disparities in these neighborhoods. The National Institutes of Health defines these disparities as “gaps in the quality of health and health care that mirror differences in socioeconomic status, racial and ethnic background and education level.” Low-income neighborhoods tend to lack high-quality health care providers, and they are low on resources that enable people to learn about and manage their own health.

Rush is working to dismantle these barriers by assessing our community’s top health needs and stepping up to address them through programs that target the biggest disparities. While we often lead the way, we’re not alone in this effort. We believe that our responsibility to the community includes working closely with other agencies and organizations that share our desire to build a stronger, healthier Chicago.

**SHARED VISION, STRONG PARTNERSHIPS**

We can accomplish much more when we pool our resources with those of other public and private organizations that share our devotion to improving the health of Chicagoans. Rush is dedicated to creating and nurturing partnerships that make a difference.

One of our largest public-private partnerships is **Building Healthy Urban Communities**, an initiative to combat health and education disparities by improving education, patient care and, ultimately, community health. Through this program, Rush partners with Malcolm X City College and the Medical Home Network, a network that helps providers, clinics and hospitals share health information to coordinate care and serve patients more effectively.

In 2013, the program received a tremendous boost with a $5 million gift from BMO Harris Bank. That funding has allowed Rush and its partners to set in motion new, sustainable models of health care delivery to bolster care for people in underserved communities on Chicago’s West and South Sides. The gift is also funding educational curricula development for training a new health care workforce, targeting health professionals like community health workers and care coordinators.
Providing What Our Community Needs
Every three years, in accordance with federal requirements, Rush conducts a comprehensive assessment of the health needs of some of our surrounding communities on the West Side of Chicago (see map on p. 6). The community areas nearest to Rush include a number of low-income neighborhoods.

Rush uses the assessment to serve as a foundation for developing and implementing strategies to address the identified health needs. We compile and analyze a combination of quantitative and qualitative data — including public health data and community interviews — that are used to drive our strategic plans and to identify new opportunities for addressing the health needs of our communities. The information we collect helps ensure that we direct our resources toward the outreach, prevention, education and wellness opportunities that will have the greatest impact on the health of the people we serve.

Our most recent health needs assessment identified the top eight areas that need our attention:

- **The social issues that affect health** (also known as social determinants of health), including poverty, unemployment, low levels of education and a large population of people on Medicaid or without health insurance.
- **Access to health care services**, which is often hindered by structural, financial and personal barriers (e.g., no nearby health providers, lack of funds to pay for care, or a lack of knowledge about how and when to seek care).
- **Physical activity, nutrition and weight control** to help tackle the community’s high rate of obesity.
- **Diabetes** and elevated blood sugar levels, both of which are significant factors in health disparities across racial and ethnic groups.
- **Heart disease**, the leading cause of death among area residents, many of whom suffer from risk factors such as high blood pressure and high cholesterol.
- **Women’s health**, where disparities between our service areas and the public include higher rates of breast-cancer mortality, lower rates of mammography screening and higher rates of teenage pregnancy.
- **Mental health**, as many community residents suffer from poor mental health, including chronic depression and substance abuse.
- **Asthma and chronic respiratory diseases**, in keeping with Chicago’s status as the city with the nation’s highest asthma mortality rate. Asthma is particularly prevalent in Rush’s service area, and smoking rates are higher than the national average.
In response to the community health needs assessment, Rush established a community health improvement plan that outlines five specific strategies:

- **Providing care to those who need it:** Faculty, staff and students at Rush volunteer to provide health care for people in need, which includes holding clinics at community centers, sending medical outreach teams into the community to treat underserved children, and more. In 2014, our volunteers provided 18,000 clinic visits.

- **Helping people take control of their health:** In 2014, volunteers from Rush provided health counseling, classes and workshops to help 32,000 people in the community learn how to prevent disease and manage their own health.

- **Training future health care workers:** Rush is helping to build a pipeline of future health care workers by introducing young people to the wide range of opportunities for careers in the health sciences; providing education and training to health care professionals; and assisting students pursuing degrees at Rush with tuition and loan forgiveness programs.

- **Conducting research to help improve care:** Faculty, students and clinicians at Rush conduct research to create more effective treatments for patients and to identify reasons for health disparities. Researchers at Rush are currently conducting more than 1,600 research projects aimed at advancing scientific knowledge and optimizing patient care.

- **Helping community partners address health needs:** In 2014, Rush made monetary donations to 43 community initiatives, while Rush employees supported the United Way of Metropolitan Chicago and the American Heart Association, among other organizations.

In fiscal year 2014, Rush provided $200,000 in operational support to the Ruth M. Rothstein CORE Center, the nation’s first public/private outpatient facility dedicated to caring for people with HIV/AIDS. In 1998, Rush collaborated with the Cook County Health and Hospitals System to create the CORE Center, and Rush leaders continue to serve on its board.

Map of service area:
Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale, South Lawndale
In 2014, Rush provided nearly $249 MILLION in community benefits to patients and beyond.
Unreimbursed medical care – $171,630,786
We believe that quality health care should be accessible to everyone, and that everyone should receive the best possible care regardless of his or her ability to pay. The largest part of Rush’s community benefits total was nearly $172 million in unreimbursed — but much-needed — care that we provided to patients at a financial loss to the institution. That amount includes the following:

Charity care – $45,937,190
This is the cost to provide services to patients who qualify for charity care or financial assistance under one of Rush’s policies. Rush provides free or discounted care for those facing significant financial hardship. Through the Affordable Care Act, many patients who would have been approved for charity care in past years are now able to qualify for Medicaid. Rush uses a patient eligibility service to enroll patients without insurance into state and federal programs that provide coverage.

Costs not covered by reimbursements for Medicare – $52,761,059
Medicare, a federal insurance program for people 65 and older and for people with certain disabilities, does not cover all of the costs to provide care to patients covered by it. This figure is the additional cost to Rush that is not reimbursed by Medicare. Rush counted 160,856 Medicare patient encounters in fiscal year 2014.

Costs not covered by reimbursements for Medicaid – $47,133,588
Medicaid is a federal program for people with low incomes and few resources. This figure is the cost to Rush that is not reimbursed by the program, which does not cover the full cost of care. Rush counted 90,744 Medicaid patient encounters in fiscal year 2014.

Unrecoverable patient debt – $25,798,949
These are expected payments that were not made for health services that Rush provided. Expected payments are those due to Rush after our discounts to insurers, government payers and patients who are responsible for their own bills. Payments that cannot be collected from patients who fail to provide required information to identify them for financial assistance must be categorized as “bad debt.”

Support for Education Programs – $44,071,339
Rush is committed to providing programs to educate and train the health care workforce of the future, even though not all of the costs of this education are covered by tuition and grants. This is the cost to subsidize the education and training of future physicians, nurses and allied health professionals.

Support for Research Programs – $15,733,000
In keeping with its mission to provide the best patient care, Rush subsidizes medical research that focuses on improving care both now and in the future. This is done in concert with private funding and federal grants, which do not cover all the costs of conducting research. This amount reflects what was subsidized solely by Rush.

Other Community Benefits – $11,317,741
Rush invests in outreach programs and other services to build new relationships and strengthen existing relationships with community and medical organizations throughout the Chicago area. In addition, Rush covers the salary and benefits for faculty and staff who volunteer their time for these programs, and makes direct donations to community and medical organizations throughout the Chicago area.

Subsidized Health Services – $5,835,952
Rush provides health services in response to community needs. Because some of these services operate at a financial loss, they must be subsidized from other revenue sources. These services include pediatric and primary care as well as palliative care, among others. Through this approach, which draws upon the services provided within physician clinics maintained at Rush as well as our community service projects, Rush hopes to reach and help people before emergency department visits are required for crisis medical treatments.

When our community thrives, those of us who live and work here thrive — so Rush invests a significant amount in the community’s health. In 2014, the cost to Rush to provide community benefits was about $249 million.
To ensure that we communicate effectively with all of our patients, we spent $1.3 million in 2014 to maintain a staff of language interpreters (including sign-language interpreters) who are specifically trained in medical terminology.

PROVIDING ACCESSIBLE HEALTH CARE

Rush believes quality health care should be accessible to everyone. When people come to Rush, they can rest assured that they will receive the same level of care regardless of their ability to pay. Though the provision of these medical services is frequently at a financial loss to the institution, this is part of the greater community benefit that Rush is proud to offer.

Among the Top Hospital Providers of Medicaid Days in Illinois

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<tr>
<th>Inpatient Days for Patients Eligible for Medicaid</th>
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<tr>
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<tr>
<td>2. University of Chicago Medical Center</td>
<td>61,637</td>
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<tr>
<td>3. OSF Saint Francis Medical Center</td>
<td>59,349</td>
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<td>4. Rush University Medical Center</td>
<td>59,066</td>
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<td>5. Advocate Christ Medical Center</td>
<td>57,583</td>
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<td>6. John H. Stroger, Jr. Hospital of Cook County</td>
<td>55,163</td>
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<tr>
<td>7. University of Illinois Medical Center at Chicago</td>
<td>55,041</td>
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<tr>
<td>8. Northwestern Memorial Hospital</td>
<td>47,845</td>
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<tr>
<td>9. Mount Sinai Hospital Medical Center</td>
<td>45,423</td>
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<tr>
<td>10. Ann &amp; Robert H. Lurie Children’s Hospital</td>
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<th>Inpatient Admissions for Patients Eligible for Medicaid</th>
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<td>2. Advocate Christ Medical Center</td>
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<td>3. Mount Sinai Hospital Medical Center</td>
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<td>4. OSF Saint Francis Medical Center</td>
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<td>9. Northwestern Memorial Hospital</td>
<td>9,633</td>
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<td>10. Mercy Hospital and Medical Center</td>
<td>9,546</td>
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Notes

The information in this document is taken from the annual summary report of community benefits prepared for the Illinois attorney general’s office, and it includes contributions from Rush Oak Park Hospital. Only a portion of Rush’s financial assistance programs meet the Illinois attorney general’s office’s definition of “charity care” for the annual summary report.

Participation in community service activities (such as providing free care at homeless shelters) by medical students, physicians and other staff is on a volunteer basis. These low-income and homeless populations do not receive “charity care” as defined by the Illinois attorney general. Therefore, the cost of the time, including salary and benefits, of faculty and staff at Rush and the cost of the care they provide are not reflected in any of the numbers on page 8.
Caring for Those Who Need It Most
In addition to the health care we provide in the hospital to patients who cannot pay, Rush offers programs and initiatives that are designed to help eliminate health disparities based on race/ethnicity, socioeconomic status, geography, age and disability.

Through clinics that we operate in churches, shelters and public schools, Rush brings health care and education to those who need it. Rush also focuses on changing the way health care providers share information and coordinate care to help improve patients’ experiences and outcomes across the entire health care system.

The Rush Community Service Initiatives Program (RCSIP) operates three clinics on Chicago’s South and West Sides, giving Rush students the opportunity to volunteer in the community while learning to work in teams, develop patient relationships, care for diverse populations and provide services tailored to community needs.

This program helps Rush attract students who share our mission, vision and values. In fact, 66 percent of current students at Rush University say that our commitment to giving back to the community influenced their decision to attend Rush. Clinic volunteers from Rush provide physical exams, basic treatment, referrals, health education and select medications free of charge.

Students, staff and faculty members from Rush also volunteer in Rush School-Based Health Centers, health clinics based in neighborhood Chicago public schools. The centers provide a health safety net for young people who live in neighborhoods with high concentrations of poverty and who lack access to health care.

These school clinics help address access to health care and the social determinants of health. The goal of these programs is to keep kids in school so they don’t drop out because of pregnancy or sickness. The clinics offer everything from physical exams, immunizations and primary care to mental health services, reproductive health services, prenatal care and health care for students’ children.

The centers are located in two high schools that serve students in grades 9-12, as well as at Simpson Academy for Young Women, which serves girls in grades 6-12 who are pregnant or already have children. The Simpson center, located about four blocks from Rush’s main campus, helps its patients have healthy pregnancies and deliveries, while also connecting them with social services and other resources that help them stay in school and care for their children. In 2013, Simpson Academy had a 100 percent graduation rate — 21.8 percent higher than the national high school graduation rate.

In 2014, Rush students provided approximately 13,000 hours of service through RCSIP programs.
Rush’s school-based health centers have helped to do the following:

- Increase immunization rates in these three schools
- Decrease emergency room usage
- Promote healthy pregnancies and deliveries
- Prevent pregnancies
- Decrease the incidence of infectious disease
- Detect and treat illness
- Increase access to mental health services
- Teach students healthy living strategies aimed at preventing chronic disease and boosting high school graduation rates

Rush’s school-based health clinics recorded nearly 4,000 health care visits in 2014.

TRANSFORMING PATIENT CARE

In low-income neighborhoods, residents often seek medical attention in emergency rooms, where they receive care on the spot but are sent home with no medical follow-up. Improving care means finding ways to connect more people with primary care providers, who provide cost-effective preventive care. At the same time, coordinating communication among hospitals, clinics and physician practices is crucial to ensuring patients receive consistent care.

Access to health services

One way that Rush is improving coordination of care is through a partnership with the Medical Home Network, a not-for-profit network of health care organizations collaborating to transform care delivery. The goals of the network include the following:

- Increase Medicaid patients’ access to health care services
- Improve the coordination of patients’ care
- Reduce the costs and fragmentation that result when health care is provided by organizations that do not communicate with one another

Hospitals, clinics and physicians’ offices in the network are connected through software that tracks patients’ health care visits. When a Medicaid patient goes to an emergency room or is admitted to a hospital, his or her primary care provider (or “medical home”) gets a real-time alert detailing the diagnosis, prescriptions and follow-up instructions. Emergency-room doctors can easily consult with primary care providers, who then follow up with their patients after discharge.
Part of Rush’s participation in the network involves clinicians at Rush providing complex care coordination for patients in the network. Rush provides participating clinicians and allied health professionals with educational programs that train clinicians and allied health professionals to work together seamlessly across roles and disciplines and to make the most of the real-time data the network provides.

40 YEARS OF CARING FOR PREGNANT TEENS

As teens and tweens make their way to adulthood, they confront a long list of risk factors that can affect their health, particularly when it comes to reproductive health and pregnancy prevention.

More than 40 years ago, Rush opened the Adolescent Family Center to provide a full range of reproductive health care, prenatal care and pregnancy prevention services for young people aged 12 to 25, regardless of their income or ability to pay. The center provides quality care to young pregnant women, while also providing them with resources and support to help them stay in school during pregnancy and after having their babies.

In 2014, nearly 700 patients from more than 100 zip codes received care at the Adolescent Family Center.

According to the National Campaign to Prevent Teen and Unplanned Pregnancy, only 38 percent of girls who give birth before age 18 go on to receive a high school diploma. Rush’s community health needs
assessment found that this lack of education is a driver of poverty. Thus, the center’s long-term goal to reduce teen pregnancy through pregnancy-prevention education not only helps address the health needs of young mothers and their babies, but also addresses the social determinants of health when it comes to education.

The center also offers gynecological care, pregnancy prevention programs, testing and treatment for sexually transmitted diseases and health education. Young women who come to the center find a safe, friendly place where they will receive confidential, high-quality care without judgment. Additionally, the center’s staff reaches several thousand young people each year by regularly visiting high schools all over Chicago to teach workshops on pregnancy prevention, contraception, preventing sexually transmitted diseases and overall reproductive health.

SUPPORTING THOSE WITH MENTAL ILLNESS

People with chronic mental illness have a lifespan that is 25 years shorter than that of the general population, due mainly to chronic physical disease. Substantial physical and mental barriers to health care access — such as a lack of knowledge and understanding about their condition and lack of transportation — are some of the biggest challenges for those struggling with mental illness.

Rush offers help by sending clinical teams into the community to meet people where they live and provide educational programs tailored to people with mental illness. For example, nurses from Rush partner with Thresholds, a not-for-profit organization that provides health care, housing and employment for people with mental illness, to provide health education programs and disease screenings for chronically mentally ill Thresholds clients.

Life-Changing Impact

Twenty-five years ago, when Rosalina Curtis got pregnant at 17, she was scared and uncertain about her and her baby’s future. But when she came to the Adolescent Family Center, many of her fears slowly began to dissipate. “Everyone at the center was friendly and caring,” says Curtis. “They were honest with me and let me know what was ahead. They got to know me and talked me through my emotions.”

When she was growing up on the West Side of Chicago, Curtis did not learn about safe sex or pregnancy prevention. At the center, she learned all this and more. She also received expert prenatal care and learned how to take care of a baby and be a good mother. “They prepared me for the physical and emotional part of having a baby and being a mom,” she says. “A lot of young girls’ minds are not mature enough to handle being mothers. They get upset and want to holler at their kids. At the center, they taught me the importance of expressing yourself and not holding your emotions in because you could end up taking it out on your baby.”

Curtis’ experience also helped her break the teen pregnancy cycle in her own family. “My mom had me at 17, and I had my daughter at 17. I was determined to break that cycle with my daughter,” says Curtis. And she did. Curtis taught her daughter about safe sex and pregnancy prevention early on; her daughter had her first child when she wanted to at age 23.

Curtis too did not get pregnant again until 20 years later when she was happily married and ready. She now has a 4-year-old son. “I love kids, and I love being a mom,” says Curtis. “If I had it my way, I wouldn’t have had my daughter so young, but I thank God she’s here and I don’t regret it. Having her and going to the Adolescent Family Center helped me get out of my environment and strive for a better life for my daughter and myself.”
Helping People Take Charge of Their Health
Lack of education is often one of the most pressing social determinants of health. Rush has long been committed to educating and empowering people in the community to prevent disease, seek the right care and manage chronic conditions. We want every Chicagoan to have the knowledge and skills needed to make healthy decisions.

In 2014, we provided health education to approximately 32,000 Chicagoans through programs designed to address one or more of the top eight areas identified in our community health needs assessment. Our work aims to educate people of all ages about ways to improve their health — and even shows high school students how they can help to educate others in their community.

Participants in the RCSIP Wellness Center at Facing Forward to End Homelessness reported benefits that include the following:

- Adopting healthier eating habits
- Starting or increasing exercise
- Weight loss
- Reduced smoking among those who smoke
- Working on smoking cessation among those who smoke
Two RCSIP Wellness Centers, located in housing communities for low-income people, aim to decrease cardiovascular risk and improve respiratory health through a comprehensive approach based on American Heart Association guidelines. The centers offer weekly sessions that feature blood pressure and weight checks, life coaching, health education, demonstrations of healthy cooking, exercise groups and other interest groups devoted to walking, storytelling and knitting.

**TURNING KIDS INTO TEACHERS**

“There’s plenty of literature showing that peer and layperson education gets the health message across much better than we clinicians can,” says John Nixon, a fourth-year medical student at Rush.

That was the impetus for the development of 5+1=20, a program that educates students at Chicago Public Schools about diseases that are more prevalent and often undiagnosed in the Hispanic community, such as diabetes and high blood pressure. The program trains students to do simple screenings and invites their family members to health fairs where their kids (who can’t wait to share what they’ve learned) can teach them about these health conditions.

“When your own kid is the one who’s eager to screen you for a health issue, you’re pretty much a captive audience,” says Nixon.

After three years, the program has 300 participating youth who meet with Rush volunteers after school at 10 Chicago Public Schools sites; any student who wants to take part is welcome.

John Nixon, the Rush student who helped to create 5+1=20, received the 2014 U.S. Public Health Service Excellence in Public Health Award for this program and his other community work.

**Knitting Lives Back Together**

At one of these Wellness Centers located at Facing Forward — a West Side supportive housing community for previously homeless women — several residents are happier, smoking fewer cigarettes and feeling healthier in general, thanks in part to a knitting and crocheting class started by a Rush medical student.

The women of Facing Forward are survivors of adversities such as domestic violence, incarceration, drug abuse and sexual abuse. But they’re trying to break the cycle of poverty for themselves and their families. For those who attend knitting class twice a month, the activity provides some solace.

“I feel relaxed when I’m doing it,” says Rita Dixon. “It feels good when you see yourself making something that you’re proud of. Usually, I’d be watching TV. But now I’m concentrating on crocheting. I feel relaxed, so I believe this is helping with my blood pressure, which is important, since I have Type 2 diabetes.”

At the Wellness Center, nursing and medical students from Rush help Facing Forward residents focus on healthy eating and healthy lifestyle choices, and all of the women are linked with a primary care physician and life coaches. One of the coaches, Eileen Wang, was a second-year medical student at Rush Medical College when she hatched the idea for a knitting class as a way for residents to socialize and cut down on smoking.

“It gives me something to do with my hands,” says Facing Forward resident Sabrina Stokes. “I was smoking a pack a day, which is 20 cigarettes. Now, I’m down to eight cigarettes a day. It’s not quite where I want to be, but it’s a big difference from where I was. When you’re crocheting, you get so caught up in it that you say, ‘Oh, I’ll just get a cigarette later.’ But then so much time passes that I forget to smoke that cigarette.”

Some of the women are becoming coaches in their own right.

“I’ve seen the women step up and become leaders in their own community,” says Wang. “Some of the women are picking up knitting easier than others, so they teach each other when I’m not there. It helps them get even better at knitting while practicing leadership skills.”
“The youth apply what they’ve learned to themselves first,” says Nixon. “We talk about health disparities such as higher prevalence of asthma and diabetes among Hispanics. Then we teach them a skill — how to take blood pressure or check glucose levels — according to the national screening guidelines we follow at Rush. Then they screen each other. The next step is for each of the students to recruit 10 family members and friends to come to a health event at school.”

Often scheduled to coincide with report-card pickup or parent-teacher conferences, these health fairs are staffed by Rush volunteers who supervise screenings and set up referrals to nearby clinics for follow-up if needed. In the 2013–14 academic year, more than 840 people attended the health fairs. Among the attendees, 274 were referred for further diabetes screening, 362 were referred for high blood pressure follow-up and 196 were referred for screening mammograms.

According to the 2013 Centers for Disease Control and Prevention Health Disparities & Inequalities Report, Hispanic Americans faced a number of health disparities including the following:

- **Puerto Rican adults** had a higher prevalence of asthma and reported more prevalent asthma attacks than white, non-Hispanic adults.

- The largest prevalence of **diabetes** is among Hispanic and non-Hispanic black adults compared to white, non-Hispanic and Asian adults.

- **Hispanic adults** have a substantially higher rate of **HIV** infection compared with white adults.

- A smaller percentage of **Hispanic adults aged 50 to 75 years** reported being up to date with colorectal cancer screening than their non-Hispanic adult counterparts.

- A smaller percentage of **Hispanics** with **high blood pressure** had control of their blood pressure compared with white, non-Hispanic adults.

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**5+1=20**

**The equation is simple:**

Educating students about 5 diseases: asthma, high blood pressure, HIV, diabetes and cancer plus 1 student who knows how to screen for these conditions and talk about them with family can add up to 20 extra years of life for someone who wouldn’t normally get screened because they lack access to medical care or insurance.
Training Those Who Care for Our Community
The Chicago mayor’s office projects that within the next decade, the city’s need for health care workers will grow by at least 84,000 jobs. In 2014, Rush invested more than $3.3 million to support the development of the health care workforce.

BUILDING UP COMMUNITY HEALTH WORKERS

Paying attention to the diversity of people who will fill these health care jobs is key, according to Marlon Haywood, MSEd. Haywood is one of five BMO Harris Bank Health Disparities Fellows whose work is part of Building Healthy Urban Communities, Rush’s collaboration with BMO Harris Bank, Malcolm X City College (MXC) and the Medical Home Network.

Health disparities fellows are conducting research projects aimed at improving access to health care for people in underserved communities, with a particular focus on improving health in the communities served by Rush. Their projects, lasting from one to five years, range from studying the effectiveness of respiratory therapy to an assessment of how patients use emergency departments. By supporting the fellows, Rush is supporting the creation of sustainable ways to provide high-quality care for people in low-income communities — and nurturing the development of researchers who will make a real difference in the delivery of health care.

For example, Haywood’s research focuses on training people to work in their own communities on the South and West Sides. “It’s important for health care workers to look like and relate to the people they serve,” he says. “Not only do they serve and educate their patients, but they also act as role models for the whole community.”

Through his fellowship, Haywood built a community health care worker curriculum at MXC, which rolled out in 2014 with a basic certificate program that prepares those who earn it to become certified community health workers. Like a social worker, a community health worker helps link community members with the health care or social services they need.

Designed as a “ladder” that students can climb at their own pace, the program enables students to move between the workforce and school. For example, a student will be able to earn a basic certificate, work in an entry-level job for a time to gain experience, then return to MXC for an advanced certificate to move up in the workplace, and so on.

The program benefits from a rich history of collaboration between Rush and MXC. Rush has long hosted MXC students’ clinical rotations in a number of fields — nursing, surgical technology, radiologic technology, EMT/paramedic and respiratory care — and has also provided anatomy labs and guest lecturers for MXC students.

“Not only do they serve and educate their patients, but [health workers] also act as role models for the whole community.”

— Marlon Haywood, MSEd

Many MXC graduates have enrolled in Rush’s Bachelor of Science in Health Sciences program within the College of Health Sciences. The program is designed to prepare students to be competitive when applying to health care graduate programs that include the following:

- Allied health programs that train audiologists, physician assistants, respiratory care therapists, occupational therapists, physical therapists, perfusionists (who operate heart-lung bypass machines during cardiac surgery) and medical laboratory scientists
- Master’s degree programs in nursing
- Medical school and graduate biomedical sciences programs that train researchers in areas such as cellular biology, physiology and pharmacology

The two-year program, open to any student with an associate degree, provides coursework in core areas such as health care ethics, health disparities, biostatistics, research, epidemiology and nutrition, as well as electives within a concentration area of the student’s choosing: medical sciences, health care leadership or health and wellness.
ENCOURAGING THE NEXT GENERATION

Rush also partners with Richard T. Crane Medical Preparatory High School, through a program that aims to increase the number of Chicago’s youth recruited into the city’s health care workforce. Crane’s college-preparatory curriculum focuses on readying students to earn college degrees in health care fields. And Rush plays a large role in their introduction to medicine, beginning with an immersive day at our campus a few weeks into freshman year.

“At the end of October, our first-year students go over to Rush for a day of rotations,” says Fareeda Shabazz, Crane’s principal. “They learn an incredible number of skills: how to do intubations, what happens in the cadaver lab, how to take blood pressure and test reflexes, how to perform CPR. Last fall, our students also got to attend a lecture by a Rush professor on immunology and viral diseases — and because they had been studying Ebola, they had some very smart questions for him.”

The program builds personal connections as well as knowledge. Rush medical students frequently tutor Crane students in math and science. As part of her Albert Schweitzer Fellowship — a program that helps train talented medical students to address health disparities — Rush medical student Amy Wang is teaching a seminar in which she and Crane students volunteer at Chicago not-for-profits that are addressing community health needs. Rush leaders volunteered to be part of an event that helped students polish their networking and interviewing skills to prepare them for internship and scholarship interviews. And more than 30 first-year Crane students got a real-life taste of medical careers through paid summer internships in the nursing department at Rush.

“It’s one thing for a hospital to say, ‘Oh, we partner with the community,’” says Shabazz, “and something else altogether to actually practice what you preach. If you want a career in health care, it’s all about service — and Rush gets students involved through everything from volunteering with shelters to researching food deserts to participating in health fairs. I wouldn’t want Crane to have any other health care partner than Rush.”

Breaking the Cycle

Lorraine Johnson knows how difficult life can be on Chicago’s West Side; she grew up there herself. She’s a mother of four who at one point lived in a homeless shelter with her children.

Today, her story is very different. Johnson earned her associate degree in health science at MXC and is now enrolled in the Bachelor of Science in Health Sciences program at Rush, with her eye on continuing for a master’s degree once she completes her bachelor’s. She looks forward to helping improve the health of her neighbors on the West Side — a place where, she says, difficulty accessing health care (because of barriers such as a dearth of primary care providers, transportation issues or being uninsured) can make it easy to pretend that your health is okay if you’re not actively in pain.

By teaching the importance of preventive health care and regular checkups, Johnson wants to be a catalyst to help break the cycle in which people in low-income communities use emergency rooms instead of primary care, and often don’t receive needed care until what started as a small issue has become a big health problem. “I’ll be able to help people who come from where I come from,” she says.
Using Research to Improve Health Care
Delivering on our mission to provide the best possible health care means working with the community to find ways to improve our approach to preventing, diagnosing and treating illnesses.

Research is the key to achieving this. Scientists at Rush are currently conducting more than 80 community-based studies in which academic researchers, community members and not-for-profit organizations come together to share expertise and address questions aimed at improving the health of the community.

ACCESS TO HEALTH SERVICES

Rush is also taking part in an innovative citywide collaboration that’s finding practical ways to use health data to improve care. “We have to get better and quicker at finding answers that make a difference in people’s lives day to day,” says Raj C. Shah, MD, the Rush site principal investigator for a consortium of 10 Chicago-area health systems awarded a $7 million, 18-month grant to create a network for sharing data from electronic health records.

The data is anonymous, so individual patients can’t be identified. But because network members see more than 5 million patients (including many from underserved groups that aren’t often part of traditional clinical trials), the big picture created by their information will allow researchers to develop answers quickly to common patient questions about effective treatment options and ways they can improve their own health. For example, the data can show what treatments are most effective for managing conditions such as asthma and diabetes, or which nutrition and exercise decisions make a significant difference in treating obesity.

The Rush Center for Urban Health Equity, funded by a $10 million grant from the National Institutes of Health Centers for Population Health and Health Disparities, targets diseases of the heart, lungs and metabolism among low-income populations. Operated by Rush’s Department of Preventive Medicine, the center conducts clinical trials that test the effect of behavioral interventions on issues such as heart failure, depression, metabolic syndrome and pediatric asthma with obesity.

For example, the center is testing the most effective ways to help blacks living with Type 2 diabetes manage their own health to avoid long-term complications.

Other studies are examining ways in which stress contributes to illness; methods for helping heart-failure patients stay healthy and out of the hospital; and programs to help children who have both obesity and asthma improve their health.

Nurturing Big Ideas

Monique Reed, PhD, RN, had a revelation while reviewing randomized control trials in medical literature about childhood obesity during her master’s degree program in nursing science at Rush: in the last three decades, no one has studied the importance of parental involvement in preventing obesity among black adolescent girls between the ages of 13 and 17. As one of five BMO Harris Bank Health Disparities Fellows at Rush who are researching ways to improve access to health care for people in underserved communities, Reed has created a research project to close that gap. “We’re talking with black adolescent girls and their mothers to find out what kinds of programs and support would be helpful to them to prevent obesity,” she says, “and to understand ways in which families can get more involved in their daughters’ health.”

Reed will use her findings to design effective ways for health care providers to educate adolescent girls and their parents about healthy food and physical activity choices. Helping parents and daughters learn how to talk with each other is key. “As girls move from childhood into the teen years, their parents begin to have less say over their lives,” she says, “but we think that training parents can help them have more productive conversations with their independent adolescents and improve health outcomes of the household.”
CLOSING THE GAPS

The lack of gender and racial diversity among those who work in science, technology, engineering and math — the STEM fields — has received a lot of media attention of late. Rush is a pioneer in working to close the gaps in STEM education through a program that’s celebrating its 25th anniversary in 2015.

In 1990, Rush Community Affairs staff embarked on a project to give students in Rush’s service area the same opportunities to learn math and science as their peers in more affluent schools. “We looked at the test scores in our West Side schools, and they were abysmal,” says Reginald “Hats” Adams, Rush’s director of community affairs. “We set out to make some changes, not only to improve scores but also to prepare young people for careers in health care. You need a strong science and math background for the medical field.”

The result was the Science and Math Excellence (SAME) Network, a collaboration that began as an effort to build and outfit state-of-the-art science labs in elementary schools. Through its 25-year history, the program has expanded to serve young people from preschool through college. Rush’s SAME Network partners include 15 CPS elementary schools, four parochial schools, the Laurance Armour Day School (a school and day-care facility for preschool children of Rush faculty, students and employees) and two social-service agencies, along with a number of local businesses that provide grants, construction labor and donated supplies for science labs.

Today, SAME Network staff and health care professionals from Rush regularly visit preschool and elementary classrooms to present science and math activities to students and parents. SAME also offers six yearly professional development workshops for educators at partner schools, as well as several fully equipped education loan kits that contain fun, engaging materials and curricula on varied science content.

Middle school students can apply to participate in the College Preparatory Enrichment Program, which brings them to the Rush campus for lab activities, research and field trips, and to a summer camp at Benedictine University in Lisle, Ill. In high school, SAME students are eligible for eight-week internships at Rush. After they leave for college, many students continue to return for more focused internships, mentoring from Rush faculty and staff and the opportunity to mentor younger students.

In 2014, more than 1,000 Chicago youth participated in SAME Network programs.
Rising to the Occasion
Beyond the five strategies outlined in our community health improvement plan, we also step up to lead the way when we recognize or anticipate other specific needs in the community. In 2014, we focused on addressing two very different kinds of epidemics: veterans’ “invisible wounds of war” and the Ebola virus.

EASING THE WAY FOR VETERANS

In recent years, an average of more than 20 American veterans have committed suicide each day — more than have died in combat. In 2014, Rush launched the Road Home Program: The Center for Veterans and Their Families to help address the problem by treating issues that can significantly impede veterans’ reintegration into civilian life: post-traumatic stress disorder (PTSD); depression and other psychological conditions; traumatic brain injury (TBI); and military sexual trauma. The Road Home team works closely with the Department of Veterans Affairs and other dedicated organizations that offer social, legal, educational and vocational services for veterans and their families.

The Road Home Program’s expert staff includes outreach coordinators, social workers, psychiatrists who specialize in PTSD and child psychology, couples counselors and clinicians who specialize in TBI. The team includes several military veterans who understand the challenges of reintegration into civilian life after deployment.

Juan Sanchez, an Iraq veteran, has struggled for years with PTSD and found the help he needed to create a more stable life through the Road Home Program. “It’s easier to open up to someone who’s gone through what I’ve gone through,” says Sanchez. “When I was about to move into a garden-unit condo, my outreach coordinator at the Road Home said, ‘No way, you need windows and light. You can’t just bunker down.’”

Now settled into a third-floor apartment with east-facing windows that let in lots of light, Sanchez has a comfortable place to study as he works toward a degree in psychology at Malcolm X College. And when he grappled with nightmares and insomnia, Sanchez found relief when his outreach coordinator took him to an acupuncturist at his social worker’s recommendation.

“What sets the Road Home staff apart is their practicality,” he says. “They’re great with treatment, but they are also helping me with the building blocks that are helping me get back on my feet.”

The Road Home program completed its first full year of operation in 2014, having provided services to more than 500 military veterans.
Rush University Medical Center

TAKING THE LEAD ON EBOLA

Rush steps up to take the lead in times of potential crisis. In the summer of 2014, when two U.S. aid workers infected with the Ebola virus were flown from Liberia to the U.S. for treatment, it became clear that American hospitals needed to make extensive preparations to treat the disease here. The city of Chicago chose Rush as one of four city hospitals designated to receive and provide care for patients with Ebola.

Rush took immediate action by working closely with the Centers for Disease Control and Prevention and Emory University Hospital, where the aid workers were successfully treated. Rush built a 2,500-square-foot containment suite in just four days and recruited a core team of care providers, including experts in infectious diseases, infection control, emergency medicine, nursing and other areas. Rush passed its first test with flying colors when a patient suspected of having Ebola came to Rush. The care team provided compassionate care, while meticulously following all safety protocols to isolate and contain the patient, before confirming that the patient did not have Ebola.

Rush trained 4,000 clinicians quickly in state-of-the-art Ebola precautions in the Rush Center for Clinical Skills and Simulation, phase I of which was completed in 2014. The center helps Rush improve patient care by giving students and staff unlimited hands-on training opportunities using high-tech mannequins that display lifelike responses; a wet lab for practicing skills like central-line insertions or surgical stitches using cadaver body parts; and the chance to strengthen diagnostic and communication skills by working with live actors posing as patients and family members. The center builds stronger care teams by enabling students, physicians, nurses, physician assistants and other allied health professionals to train together, recording and reviewing training sessions to analyze strengths and opportunities.

The center also benefits the community by offering training to clinicians from John H. Stroger, Jr. Hospital of Cook County, the Illinois National Guard and other military units.
For more information on the community benefits provided by Rush, visit www.rush.edu/community-benefits.

To make an appointment, call (888) 352-RUSH (7874).
Rush University Medical Center
1653 W. Congress Pkwy.
Chicago, IL 60612

ABOUT RUSH

Rush University Medical Center is a not-for-profit health care, education and research institution on the West Side of Chicago.

We are consistently ranked by *U.S. News & World Report* as one of the top medical centers in the country. The University HealthSystem Consortium, an alliance of approximately 90 percent of the nation’s not-for-profit academic medical centers, has consistently awarded Rush the highest possible score for “equity of care” in its annual quality and safety benchmarking study, which measures whether patients receive the same quality of treatment and have the same outcomes regardless of their gender, race or socioeconomic status.

And Rush’s nurses have been awarded Magnet status three consecutive times. Rush is the first hospital in Illinois serving adults and children to receive Magnet status — the highest honor of nursing excellence — and the first in Illinois to earn a third four-year designation.

Rush University is home to Rush Medical College and one of the nation’s top-ranked nursing colleges, the College of Nursing, as well as graduate programs in allied health and management through the Graduate College and the College of Health Sciences. The Medical Center offers more than 64 highly selective residency and fellowship programs in medical and surgical specialties and subspecialties.
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.

Photography by Kevin Horan and the Rush Photo Group