In memory of Reginald “Hats” Adams
1940 – 2015

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Letter From the CEO

Why would someone who spent four decades helping lead a health care institution list a grade school science and math education program as his most important career accomplishment?

Reginald “Hats” Adams would likely suggest digging deeper for the answer. Rush’s director of the Department of Community Affairs from 1980 to 2013, Hats died in November 2015. But his presence is still felt daily at Rush and, especially, across the neighborhoods he loved. Thousands of Chicago children, for example, will continue to benefit this year from the extra science and math education provided through the Science and Math Education (SAME) Network he established in 1990 and remained so proud of until he passed.

The essence of healing is treating the causes of illnesses, not just the symptoms. And by digging deeper, we are sharpening our understanding of what causes the illnesses that bring people to the hospital and of the root causes that are best addressed outside the hospital. Will children in resource-challenged schools be healthier if they receive the same level of math and science education as children across the city? Digging deeper into the links between education levels and health outcomes suggests the answer is yes.

The total financial value of the benefits Rush provided the communities we serve in fiscal year 2015 was approximately $275 million. At nearly one-fifth of our total spending, our community benefit spending remains well more than double the national average.

Many people have shared riveting accounts of Hats’ late 1960s role in defusing several tense situations when demonstrators demanding change were at the edge of violence. Those situations were calmed, but was there meaningful change? Sadly, digging deeper suggests the answer is “not enough.” While Chicago has made substantial progress in lessening many social inequalities, a fundamental measure of community health — how long people live — remains glaringly unequal. Where you live should not determine how long you live, yet there is a more than 16-year gap in life expectancy between the richest and poorest communities in Chicago.

I am very proud to share this summary of community benefits, firmly believe we are on the path to building healthier communities and am inspired daily by the collective effort of so many at Rush. But I owe it to Hats to spend more time looking forward, digging deeper and working with our partners to build healthier communities.

Larry Goodman, MD
Chief Executive Officer
Rush in the Community
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.
- **Rush University**, whose nearly 2,000 students pursue degrees and certificates in medicine, nursing, allied health, health systems management and biomedical research.
- **Rush Health**, a network of health care providers — primarily hospitals and physicians — whose members work together to improve quality of health care.

While most academic medical centers’ hospitals and medical schools are separate corporate entities with complex structures and differing 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 University Medical Center’s mission is to provide the best health care for the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships. Rush is both a thriving center for clinical research and a deeply committed part of the community, reaching out to our neighbors through initiatives designed to address their most pressing social and health care needs. And our commitment to diversity and inclusion carries through everything we do, from our employment practices to our patient care, our educational activities, our research and our community service.

Our spending on community benefits is more than double the national average for academic medical centers. In 2015, Rush’s investment of more than $275 million represented 16 percent of its total spending, compared to the national average of 7.5 percent.

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UNDERSTANDING THE COMMUNITY’S HEALTH NEEDS

Rush serves a diverse range of communities that cover a wide socioeconomic spectrum. Our service area includes many low-income neighborhoods in Chicago, Oak Park, River Forest and Forest Park; our Chicago location, in particular, is surrounded by an area of high hardship in comparison to the rest of the city. The area around that campus includes the ZIP codes 60607, 60608, 60612, 60622, 60623, 60624 and 60661, which represent the community areas of the Near West Side, Lower West Side, West Town, East Garfield Park, West Garfield Park, North Lawndale and South Lawndale.

Compared to the rest of Chicago, these communities face a number of barriers that include a lack of access to health care and resources that help people learn about and manage their own health. These barriers contribute to the prevalence of several serious diseases and make it harder for people to achieve good health outcomes.

Every three years, in accordance with federal requirements, we conduct community health needs assessments (CHNAs) of the communities around Rush’s locations in Chicago and Oak Park. We compile and analyze quantitative and qualitative data, such as public health data and community interviews, and use what we find to identify opportunities for addressing the communities’ needs.

Our most recent assessments, completed in 2013, showed that we can make the biggest difference in Chicago by addressing the following:

- **The social and structural determinants of health**, including poverty, racism, unemployment, food and housing insecurity, low education levels and a large population on Medicaid or without health insurance.

- **Access to health services**, which can be difficult because of factors such as a lack of health insurance; a lack of nearby providers; lack of knowledge about how and when to seek care; or a lack of money to pay for care.

- **Physical activity, nutrition and weight control**, all of which can help address the community’s high obesity rates.

- **Diabetes**, a significant factor in health inequities across racial and ethnic groups.

- **Heart disease and cardiovascular risk factors**, reflecting the fact that heart disease is the leading...
cause of death in these communities, and many people suffer from risk factors such as high blood pressure and high cholesterol.

• **Women’s health**, because women in our service areas receive fewer screening mammograms, have higher breast cancer mortality rates and have higher teen pregnancy rates.

• **Mental health**, including chronic depression and substance abuse.

• **Asthma and chronic respiratory diseases**, because our city has the nation’s highest asthma mortality rate.

... and in Oak Park by improving the following:

• **Access to health services**

• **Diabetes**

• **Heart disease and cardiovascular risk factors**

• **Mental health**

**MAKING A DIFFERENCE**

We used the data we collected to craft the five strategies that make up the Community Health Improvement Plans (CHiPs) created for Chicago and Oak Park:

• **Direct patient care** provided by Rush faculty, staff and students (Chicago), who operate clinics at community centers, work in the community to treat underserved children and elders, and more. In 2015, our volunteers provided more than 16,000 clinic visits.

• **Health education and promotion** (Chicago and Oak Park) that teaches people how to prevent disease and manage their own health. In 2015, our volunteers educated 33,036 people in the community.

• **Health care pipeline programs and workforce development** (Chicago) to introduce young people to health sciences careers, train health care professionals and provide financial assistance to Rush students.

• **Community-based research studies** (Chicago) to create more effective treatments and identify what causes health disparities. Rush researchers are currently conducting more than 1,800 research projects.

• **Allocation of corporate resources and building partnerships** (Chicago and Oak Park) through monetary donations, employee volunteer hours and employee-led initiatives to give back to the community.

**Disparities Navigator**

When the American Hospital Association named Rush a finalist for its 2015 Equity of Care Award, the association of more than 5,000 hospitals noted Rush’s development of an innovative tool that uses demographic data to pinpoint gaps in health outcomes. This “disparities navigator” sorts through reams of clinical data to detect patterns based on racial and ethnic backgrounds, age, gender, employment status and other social indicators. The tool allows physicians to see, for example, whether patients who are female and African American are managing conditions such as hypertension and diabetes with the same success as other demographic groups.

“First we identify the gaps. If we know where they exist, we can sort out why they exist,” says David Ansell, MD, Rush’s senior vice president of system integration, who led the team that developed the tool. “Then we identify what we can do to address them. …We know we provide exemplary care. When there is an inequity, we need to find out why.”
RUSH’S INVESTMENT IN THE COMMUNITY

In fiscal year 2015, Rush — including Rush Oak Park Hospital — engaged in hundreds of community benefit activities that fall into the categories of unreimbursed care, partnerships to provide access to care, workforce development, research and corporate giving. Our community benefit spending of $275 million represents 16 percent of Rush’s 2015 operating expenses.

In 2015, Rush provided more than $275 million in community benefits to patients and others.
Unreimbursed medical care – $190,937,762
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 more than $190 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 – $27,023,390
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 – $60,610,846
Medicare, a federal insurance program for people 65 or older or who have certain disabilities, does not cover all of Rush’s costs to provide care to patients covered by the program. This figure is the additional cost to Rush that is not reimbursed by Medicare. Rush counted 170,855 Medicare patient encounters in fiscal year 2015.

Costs not covered by reimbursements for Medicaid – $69,326,653
Medicaid is a joint federal and state 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 103,212 Medicaid patient encounters in fiscal year 2015.

Unrecoverable patient debt – $33,976,873
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 – $45,695,690
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, researchers, allied health professionals and others.

Support for research programs – $23,222,000
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.

Subsidized health services – $5,175,850
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.

Other community benefits – $8,613,878
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.

Language assistant services – $1,436,280
To ensure that we communicate effectively with all of our patients, we maintain a staff of language interpreters (including sign-language interpreters) who are specifically trained in medical terminology.
# Among the Top Hospital Providers of Medicaid Days in Illinois

## Inpatient Days for Patients Eligible for Medicaid

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital Name</th>
<th>Days</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Saints Mary and Elizabeth Medical Center</td>
<td>64,331</td>
</tr>
<tr>
<td>2</td>
<td>University of Chicago Medical Center</td>
<td>63,100</td>
</tr>
<tr>
<td>3</td>
<td>OSF Saint Francis Medical Center</td>
<td>58,214</td>
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<tr>
<td>4</td>
<td>John H. Stroger, Jr. Hospital of Cook County</td>
<td>58,118</td>
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<td>5</td>
<td>Rush University Medical Center</td>
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<td>6</td>
<td>Advocate Christ Medical Center</td>
<td>57,366</td>
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<tr>
<td>7</td>
<td>University of Illinois Medical Center at Chicago</td>
<td>54,985</td>
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<tr>
<td>8</td>
<td>Mount Sinai Hospital Medical Center</td>
<td>46,265</td>
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<tr>
<td>9</td>
<td>Northwestern Memorial Hospital</td>
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<tr>
<td>10</td>
<td>Ann &amp; Robert H. Lurie Children’s Hospital</td>
<td>42,892</td>
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## Inpatient Admissions for Patients Eligible for Medicaid

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<th>Rank</th>
<th>Hospital Name</th>
<th>Admissions</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Saints Mary and Elizabeth Medical Center</td>
<td>12,028</td>
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<tr>
<td>2</td>
<td>Mount Sinai Hospital Medical Center</td>
<td>11,302</td>
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<tr>
<td>3</td>
<td>John H. Stroger, Jr. Hospital of Cook County</td>
<td>11,139</td>
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<tr>
<td>4</td>
<td>Advocate Christ Medical Center</td>
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<td>5</td>
<td>OSF Saint Francis Medical Center</td>
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<td>6</td>
<td>Rush University Medical Center</td>
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<td>7</td>
<td>University of Illinois Medical Center at Chicago</td>
<td>9,800</td>
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<td>8</td>
<td>University of Chicago Medical Center</td>
<td>9,632</td>
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<tr>
<td>9</td>
<td>Mercy Hospital and Medical Center</td>
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<tr>
<td>10</td>
<td>Northwestern Memorial Hospital</td>
<td>8,817</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 7.

“At Rush, we are developing new strategies to demonstrate how a health system can use its resources to measurably improve the community’s health.”

- David Ansell, MD
COMMUNITY PARTNERSHIPS: STRENGTH IN NUMBERS

Many hospitals define their successes in terms of what happens inside their walls. But because we know that most social and structural determinants of health arise outside those walls, Rush collaborates with dozens of community partners to help improve the health of people in our neighborhoods. We work with many public and private organizations to understand the most critical health needs in our community. We also seek to understand the causes of health inequities so we can target them with programs that meet people where they live.

“Hospitals serve as anchor institutions in a community,” says David Ansell, MD, Rush’s senior vice president of system integration. “At Rush, we are developing new strategies to demonstrate how a health system can use its resources to measurably improve the community’s health.”

Building Healthy Urban Communities

The Building Healthy Urban Communities partnership among Rush, Malcolm X College (MXC) and the Medical Home Network (MHN), a network focused on improving health care quality and utilization, is a five-year initiative funded by a $5 million grant from BMO Harris Bank to improve education, employment and health outcomes for underserved communities on Chicago’s West and South Sides.

Building Healthy Urban Communities focuses on four strategies: developing and implementing new curricula and training programs; developing and implementing new care models; improving patient and community outcomes; and conducting rigorous measurement and evaluation that will help make programs sustainable and replicable. Some of the project accomplishments to date include the following:

• Two-year scholarships awarded to five MXC students enrolled in the Bachelor of Health Sciences program at Rush University (see Natalia Wright profile, p. 25).
• Continuing education programs developed and delivered in collaboration with MHN to prepare clinicians and allied health professionals for working in interprofessional teams. To date, 273 physician champions, 183 care managers and 153 care coordinators and outreach workers within nine federally qualified health centers and three hospitals within MHN have been trained.
• Support for five health disparities research fellows who are completing 30-month fellowships, during which they have presented their research nationally and had three manuscripts accepted for publication by peer-reviewed journals.
• The establishment of the Rush Community Services Initiative Program (RCSIP) Wellness Center at Facing Forward, a permanent housing community for formerly homeless women and their children. The wellness center’s weekly health clinic and coaching for residents, which focuses on areas that include mental health, addiction and weight management, has resulted in 93 percent of participants starting or increasing exercise, 53 percent losing an average of 8 pounds and 57 percent reducing the amount they smoke.

Chicago Antimicrobial Resistance Prevention and Intervention Epicenter

Rush researchers collaborated with their peers in the Cook County Health and Hospitals System as part of the Chicago Antimicrobial Resistance Prevention and Intervention Epicenter, a multiyear effort funded by the Centers for Disease Control and Prevention (CDC) to combat the spread of antibiotic-resistant bacteria. Among the Chicago Epicenter’s successes: cutting by 50 percent the incidence of an especially deadly strain of bacteria in health care facilities across Chicago. Deemed the “nightmare” bacterium because it kills half of the hospital patients whose bloodstream it enters, carbapenem-resistant Enterobacteriaceae (CRE) travels with patients who visit more than one health care facility — a particular problem when patients experience fragmented care and see a number of providers (e.g., elderly people who might frequently be patients in different hospitals and long-term care facilities).

“No facility is an island,” says Mary K. Hayden, MD, an infectious disease specialist at Rush and one of the leaders of the Chicago Epicenter effort. “We had to think of a new regional approach to controlling...
CRE,” one that enabled hospitals and long-term care facilities to detect and eradicate the bacterium.

As part of the study, four long-term, acute-care facilities receiving patients discharged from Chicago-area hospitals tested every patient for CRE upon admission. They placed patients who tested positive in isolation, where they received care from workers who wore protective gowns and masks and bathed the patients daily with cloths containing an antiseptic chemical. Over three years, this approach reduced the occurrence of CRE by half.

Through the Chicago Epicenter, Rush has also collaborated with the Illinois Department of Public Health to design the Extensively Drug Resistant Organism (XDRO) registry, a web-based tool that monitors statewide CRE trends and can tell providers whether a newly admitted patient has previously tested positive for CRE.

Medical Home Network

Rush is a founding member of two partnerships — the Medical Home Network (MHN) and MHN Accountable Care organization (ACO) — that are gaining national attention for making measurable progress towards health care reform’s “triple aim”: making each patient’s experience better and improving the health of larger populations, while reducing overall costs.

The MHN, a collaborative effort among three hospitals and nine community health centers serving Chicago’s high-poverty West and South Side communities, was created in 2009 to address a significant problem: People who lack a primary care doctor often seek care from multiple health care providers who are unable to share patient information with each other. The resulting fragmented care can be a barrier to getting and staying healthy. “When patients receive care in a variety of settings, it’s extremely difficult for each of those providers to focus on their long-term care,” says Anthony J. Perry, MD, Rush’s vice president for ambulatory care and population health. “Too often, we’re treating the symptoms that brought them to seek care, but not addressing the causes of poor health.”

The MHN establishes a prevention-focused interprofessional health care team for each patient and uses web-based technology to deliver the real-time information that team needs to make quicker, more informed decisions. At Rush, teams of social workers, nurses and patient navigators help patients and their families connect with primary care medical homes for initial health maintenance visits after hospitalization or emergency room visits.

And when the State of Illinois and Cook County Health & Hospitals System created the CountyCare insurance plan to better manage the care of Medicaid patients, Rush helped launch the MHN ACO in 2014. More than 25 Rush care managers actively coordinate the care of the 80,000 Medicaid patients enrolled in the CountyCare insurance plan who visit Rush, two other hospitals and other nearby health centers. And because Rush has the specialists and facilities to more proactively treat the most complex cases (patients with diabetes and heart disease, for example), results show that patients whose care is managed by the MHN ACO make fewer visits to the emergency room, are not readmitted to the hospital as often and are visiting a primary care doctor much more frequently.

While it typically takes several years to gauge whether new health care approaches work, data released in 2015 showed that this enhanced care coordination has delivered promising results in just two years:

- The total cost of care is 5 percent lower for MHN patients than Illinois Medicaid patients overall.
- There was a 12 percent reduction in hospital readmissions in the first year and a nearly 25 percent reduction in year two.
- Patients in the MHN had 17 percent fewer emergency room visits and days in the hospital than Medicaid patients outside this network.
- Patients in the MHN ACO are 130 percent more likely than other Illinois Medicaid patients to complete a health risk assessment — a vital step toward getting and staying healthy.
DIVERSITY AND INCLUSION AT RUSH

Because Rush serves a wide range of people and communities, we prioritize diversity and inclusion to help ensure that we meet everyone’s needs — so much, in fact, that we embedded it into our mission to provide “the best health care for the individuals and diverse communities we serve.”

“We passionately believe that promoting equity and inclusiveness for all individuals in our organization is crucial to successfully living our mission of providing the best care possible for everyone,” says Terry Peterson, Rush’s vice president of government affairs and chair of our Diversity Leadership Council. “We’re not satisfied with fairness, nor do we limit the conversation to skin color and ethnicity.”

Instead, we define diversity as a rich mix of perspectives that improve our decision-making processes and help our providers deliver care that aligns with patients’ social, cultural and linguistic needs. In 2015, Rush received national recognition for our diversity efforts from a number of organizations.

UHC Equity of Care Perfect Score

Rush received a perfect score in the “equity of care” category in an independent study conducted by the University HealthSystem Consortium (UHC), an alliance of not-for-profit academic medical centers. Our score showed that the care we provide to patients does not vary due to differences in patients’ gender, race or socioeconomic status. Overall, Rush ranked fifth for our leadership in health care quality among the 104 U.S. academic medical centers included in the study.

Technology and Translation Target Inequities

Rush was named one of four American Hospital Association (AHA) 2015 Equity of Care Award finalists for efforts that include innovative technology — the disparities navigator featured on page 5 — as well as
our long-standing language interpreters program. Our ability to offer services in 200 languages (including American Sign Language) has led to documented improvements in care.

AHA President and CEO Rich Umbdenstock said in announcing the awards that Rush and other finalists “are a testament to the tremendous efforts underway to eliminate health care disparities and promote diversity at the local and national level. The honorees represent what can be achieved to ensure care is provided equitably to all and signifies where we, as a health care field, should strive.”

Leader in LGBT Healthcare Equality

In 2015, for the seventh consecutive year, Rush University Medical Center was named a Leader in LGBT Healthcare Equality in the Healthcare Equality Index (HEI) survey conducted annually by the Human Rights Campaign (HRC). The HEI rates U.S. health care facilities that treat lesbian, gay, bisexual and transgender people and their families. For the second consecutive year, Rush Oak Park Hospital was also named to this list of LGBT health care leaders.

“Despite all the progress we’ve made, far too many LGBT people still lack inclusive and affirming health care,” Chad Griffin, HRC president, said in a press release. “LGBT people have a right to be treated equally in all aspects of our lives, and HRC celebrates Rush University Medical Center and Rush Oak Park Hospital for their work to create an inclusive and welcoming environment for all patients.”

Kidney Transplants as a Human Right

In 2013, Rush physicians led advocacy efforts that helped Illinois become the only state to fund kidney transplants for noncitizens, including undocumented immigrants, who are ineligible for Medicaid. And in 2015, those advocacy efforts were crucial to keeping this life-saving legislation on the books amid calls to defund the law.

Opening Doors ... and More

Within a year of the Americans with Disabilities Act (ADA) becoming law in 1990, Rush established an ADA committee whose guidelines helped to frame many hospitals’ accessibility efforts. In 2015, the American Hospital Association (AHA) cited that leadership when naming Rush a finalist for its 2015 Equity of Care Award (see above). In 2015, Rush also celebrated 25 years of the ADA by hosting more than 100 disability rights leaders for a discussion about how health care organizations can continue to refine their programs and policies to be more inclusive of people with disabilities.

Business Diversity Builds Community

One of the many ways Rush supports diversity is by purchasing products and services from Chicago businesses that are certified minority-owned and woman-owned. Not only do we host an annual vendor fair to connect with these businesses, we also have close relationships with organizations such as the Women’s Business Development Center and the Illinois Hispanic Chamber of Commerce.

In fiscal year 2015, those relationships led to the Chicago Supplier Diversity Development Council connecting us with Diverse Facility Solutions, a minority-owned business that now handles janitorial services for offices and classrooms at Rush University. And through Chicago Anchors for a Strong Economy (CASE), a consortium created by World Business Chicago to build relationships between local businesses and anchor institutions such as universities and hospitals, we began working with West Fuels, a woman-owned business that services the backup generator tanks at Rush University Medical Center.

“We all have a commitment to give back to the community,” says John Andrews, strategic sourcing manager and business diversity manager at Rush. “We think that’s it’s really important, when it makes sense and we can get a match with a vendor, to keep that money here.”
Direct Patient Care

PROVIDING CARE TO THOSE WHO NEED IT MOST
In fiscal year 2015, Rush invested $2,167,276 — and hundreds of hours donated by Rush faculty members, staff and students — to provide more than 16,000 clinic visits and health screenings to underserved populations in dozens of locations.

Adolescent Family Center

The Adolescent Family Center (AFC) was one of the first prenatal care and family planning clinics for teens in the U.S. The AFC began providing prenatal care to pregnant teens in 1974. Over the years it has expanded its services to provide a full range of reproductive health services for young people ages 12 to 25.

“It’s important because adolescents have certain barriers to accessing reproductive health care that adults don’t typically have,” says Sally Lemke, director of Rush’s community-based practices. “They need to be able to access these kinds of services in a private, confidential, friendly setting where they can feel comfortable.”

The AFC’s board-certified nurse practitioners and physicians serve thousands of young people each year — giving them the education they need to prevent pregnancies and STDs, providing care for those who do get pregnant, and connecting teen moms with the resources they need to finish their educations and become productive adults. In fiscal year 2015, the AFC provided clinic services to 687 youths and provided reproductive health education to 7,755 youths at 15 schools and other community locations.

College of Nursing Faculty Practice Program

For more than three decades, students and faculty members at Rush University’s College of Nursing have volunteered to provide health care to people who are uninsured or underinsured. They operate 20 clinics in partnership with locations where people live, learn and work; the people they serve rely on these clinics as their main sources of health care. Several thousand people each year are served at these clinics, not only by nursing faculty and students, but also by students in Rush University’s medical, physician assistant and health systems management programs.

“Our faculty practice partnerships provide unique clinical opportunities for students and faculty,” says Angela Moss, APN-BC, MSN, RN, director of faculty practice. “We also link faculty researchers and patients who otherwise might not have connected. Most important, patients say they appreciate a family-like bond with our Rush faculty practice nurses.”

Below are a few snapshots of the Faculty Practice Program’s work in the community:

• Three nurse practitioners staff a workplace-based primary care clinic for food service workers at the O’Hare Airport Flying Food kitchen. An independent analysis recently concluded that per-employee health insurance costs are significantly less at O’Hare than at Flying Food’s 20 other kitchens, even though the average age of O’Hare employees is higher than the company average.
• At the Chicago Lighthouse, a public school for students ages 5 to 21 who have severe developmental disabilities, the program provides nursing services for adults, students and families of students, as well as education for staff members, adults and seniors.
• Faculty practice nurses provide psychiatric and medical case management, health education and screening for women and children at the Facing Forward housing community (for more, see p. 10).
• One of the program’s newest sites, which opened in fiscal year 2015, is the Sue Gin Health Center at Oakley Square, a mixed-income residential complex on Chicago’s West Side (for more, see p. 18).

Kids-SHIP Pediatric Initiative
According to the Chicago Coalition for the Homeless, each year about 26,000 children and adolescents in Illinois experience homelessness. Not only do these children experience life-shortening amounts of stress, but they also don’t typically receive primary medical care and vaccinations.

Since 1997, Rush attending pediatricians, medical students and residents have teamed with pediatric residents from John H. Stroger, Jr. Hospital of Cook County to provide health care to homeless children and adolescents through the Kids Shelter Health Improvement Project (Kids-SHIP). The team travels to nine homeless shelters on Chicago’s West and South Sides to provide on-site services; in fiscal year 2015, they saw about 540 patients. Not only did they provide needed care, but they also helped homeless families establish a “medical home” for continuing care at Rush.

RCSIP Clinics
For 25 years, the signature of education at Rush has been the Rush Community Service Initiatives Program (RCSIP). RCSIP’s mission is to provide community-based volunteer experiences for Rush students that enhance their ability to work in teams, develop patient relationships and care for diverse populations, as well

The Reach of RCSIP
Liza M. Ortiz, MD, MPH, didn't provide care to any Chicago patients in 2015, but the impact of her Rush medical education — and her experiences with RCSIP — had an effect on thousands of people. When she enrolled at Rush, Ortiz was initially drawn to Rush’s world-renowned orthopedics program, but once she saw the potential of dedicating her career to community health she “never looked back,” she says. Named the county health officer in Tuolumne County, California, in 2015, Ortiz now leads community health efforts in this northern California county.

“At Rush and through RCSIP, I saw the impact I could have in community health,” Ortiz says. “When you are treating an inpatient in a controlled setting, you’re limited in what you can do. But in people’s homes and communities, you understand all the reasons why they might be sick.”

“Our students want to know, ‘How can I make some kind of impact on the community with the talent I possess?’ Everyone can serve. You don’t have to be a PhD. Everyone has a role.”
– Sharon Gates
as to offer targeted services based on community need. In 2015, more than 3,300 people received RCSIP-delivered services, including physical exams, health education, free medications, wound care and referrals to primary care and specialty physicians.

In a 2014 survey, 66 percent of Rush University students said that our commitment to community engagement through programs like RCSIP influenced their decision to attend Rush. “This is really who we are at Rush. Service is such a big part of our culture,” says Sharon Gates, senior director of community engagement at Rush. “Our students want to know, ‘How can I make some kind of impact on the community with the talent I possess?’ Everyone can serve. You don’t have to be a PhD. Everyone has a role.”

In addition to services provided through RCSIP, Rush volunteers provided more than 13,000 other clinic visits and health screenings in several other settings in fiscal year 2015.

**The Road Home Program**

One especially important group of patients that Rush cares for at no cost are military veterans and their families. For too many veterans, the psychological and emotional toll of military service prevents them from making a healthy transition to civilian life — and there are not enough mental health experts to treat the estimated 460,000 veterans of Iraq and Afghanistan who are likely to suffer from post-traumatic stress disorder. In 2014, Rush launched the Road Home Program to give these men and women access to the world-class services they’ve earned.

The program also provides help to veterans’ families, including counseling for parents, spouses and children. “When a soldier is wounded, the family is, too. The healing must involve them,” says William Beiersdorf, executive director of the Road Home Program. “Military spouses or partners are told they are the backbone of the military, but it’s hard to be the rock alone.” In 2015, more than 200 veterans and veterans’ family members received free care at Rush.

**School-Based Health Centers**

For more than 30 years, Rush has provided health care through school-based health centers (SBHCs) in Chicago public schools located in underserved neighborhoods. We currently operate SBHCs at Orr Academy High School,
Richard T. Crane Medical Preparatory High School and Simpson Academy High School for Young Women (a school for girls in grades 6 through 12 who are pregnant, parenting or both). Advanced practice nurses, registered nurses, physicians and students from Rush provide a full range of clinic services, including physicals and immunizations, primary care, treatment of injuries and mental health services.

SBHCs make a difference: Students at these schools have improved their immunization rates, decreased emergency-room visits, delivered more healthy babies, learned about healthy behaviors that help prevent chronic diseases and improved their graduation rates. In fiscal year 2015, SBHCs provided more than 3,600 health care visits to 1,000 students.

The Sue Gin Health Center

People’s access to health care becomes much easier when their providers are only steps away from home. In June 2015, Rush opened a new RCSIP clinic — the Sue Gin Health Center — at Oakley Square, a mixed-income complex on Chicago’s West Side that houses more than 500 residents. Operated by the Rush College of Nursing’s Office of Faculty Practice, the clinic serves many residents who are uninsured, as well as those who have Medicaid but often had trouble getting services at overburdened local clinics. “We have a lot of young moms. Now, they don’t have to go anywhere to line up; they just have to go to the clinic,” says Rose Mabwa, senior manager of community life at Oakley Square. “And their kids can have their physicals done, the shots done, so when they’re going back to school, the kids will be ready.”

Health education is another important focus for the center, which offers residents wellness initiatives such as nutrition and fitness classes and walking groups. Resident Sandra Ramsey is a big fan: “I’ve learned a lot about healthy eating,” she says. “We didn’t have that kind of information before, but now we have it not only on nutrition but exercise — things I need that I’m not able to get in a regular health clinic.”
Health Education and Promotion

HELPING PEOPLE TAKE CONTROL OF THEIR HEALTH
In dozens of settings and locations, Rush provides programs that offer people education about healthy behaviors and how they can self-manage chronic conditions. In fiscal year 2015, more than 28,000 community residents took part in our educational programs.

**5+1=20**

The 5+1=20 program aims to educate Chicago Public Schools students in underserved communities about five diseases prevalent in their neighborhoods: asthma, hypertension, HIV, diabetes and cancer. The program’s unusual name springs from the idea that knowledge of these five conditions, plus one informed student sharing what he or she knows, can extend by 20 years the life of someone who might not otherwise be screened. (People who lack health insurance, and are therefore unlikely to be screened, have a life expectancy 20 years shorter than those who are insured.)

Twice a month, Rush medical student volunteers teach workshops on one of these conditions to students at Benito Juarez Community Academy High School, Crane Medical Preparatory High School and the Marine Military Math and Science Academy. Workshops include information about prevention and treatment, as well as hand-on skills such as checking blood pressure. The students then get to practice what they’ve learned by staffing health fairs at their schools, where they work with Rush volunteers to screen friends, family and community members on everything from blood pressure and glucose levels to body mass index and vision.

In the 2014–15 academic year, more than 600 people attended the health fairs. Attendees were referred for further diabetes screening, high blood pressure follow-up and screening mammograms.

**Helping Everyone Assess Risk Today! (HEART!)**

Rush medical students and residents led the way for another pilot effort with an African-American church group in spring 2015. With the help of Kim Williams, MD, director of the Division of Cardiology at Rush, and church leaders, the students organized the first-ever Helping Everyone Assess Risk Today! (HEART!) event at Fellowship Missionary Baptist Church on Chicago’s South Side.

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**Besties MD**

Two of the most popular visitors to Rush’s Sue Gin Health Center at Oakley Square (see p. 18 for more) have been Gameli DeKayie-Amenu, MD, a graduate of Rush Medical College, and Chantale Stephens-Archer, MD — better known as Besties MD. Through their popular YouTube channel; Facebook, Instagram and Twitter accounts; and in-person appearances, the duo delivers smart, relatable, down-to-earth medical information in an entertaining way that belies their serious mission of boosting health care knowledge and self-care among women ages 18 to 40.

DeKayie-Amenu says her Rush education honed her ability to communicate effectively with patients. “I had to speak to them in a way that they could understand. I worked to ensure they understood their disease processes and try my best to empower a population that more often than not doesn’t feel empowered.

“For example, for alcohol awareness, instead of posting over and over again about not drinking in excess, we will focus our posts on the effects on hair, skin, nails and weight — all topics that usually grab the attention of the women in our target audience. Once we get their attention, we can deliver the message.”
After a Sunday service, congregants were invited to participate in a comprehensive health screening that included measurements of height and weight, blood pressure, blood sugar, cholesterol and other indicators, as well as a health history. Attendance was astonishing, according to Sarah Alexander, MD, chief cardiology fellow at Rush: “We had such a great turnout that we couldn’t even serve everyone who wanted to be screened,” she says. “We never want to miss the chance to help people, so we hope to be able to do more screenings in the future.”

About 10 percent of those screened had high blood pressure or blood sugar levels and were referred to specialists at Rush for follow-up. And the students who participated enjoyed the chance to work with community members in a low-pressure setting. “Getting the opportunity to practice your skills while you’re not being evaluated for a grade is a great opportunity for a medical student,” Alexander says with a laugh.

SAME Network

The No. 1 driver for increasing people’s life expectancy is their level of education; that’s why many of Rush’s efforts in the community focus on education. For example, Rush’s Department of Community Affairs formed the Science and Math Excellence (SAME) Network in 1990 in response to low science, math and reading test scores in Chicago schools, with the goal of providing students in the neighborhoods near Rush with the same opportunities to learn math and science as their peers in more affluent areas. In partnership with 25 elementary schools, 11 high schools and many Chicago-area businesses, Rush students, faculty and staff volunteer to work with after-school science clubs, build state-of-the-art school science labs, train teachers and mentor students. Last year, 2,009 students and educators from pre-K through high school programs benefited from SAME Network efforts.
Health Care Pipeline Programs and Workforce Development

TRAINING FUTURE HEALTH CARE WORKERS
Communities with high unemployment rates and low career development opportunities are not healthy communities. A 2014 study funded by the Robert Wood Johnson Foundation found that “in the current knowledge economy, education paves a clear path to good jobs and a steady income. Completing more years of education creates better access to health insurance, medical care, and the resources to live a healthier lifestyle.” In fiscal year 2015, Rush invested more than $3 million to staff and support education programs for high school and college students in underserved communities — not only to support education as a pathway out of poverty, but also to develop the health care workforce of the future.

**Malcolm X College**

Rush has had a long collaboration with Chicago’s Malcolm X College (MXC), the health science college within the City Colleges of Chicago system, with an eye toward helping to advance educational and career opportunities for the college’s students: The U.S. Bureau of Labor Statistics projects that four of the five fastest-growing occupations from now through 2024 will be in the health care field.

For years, Rush has hosted MXC students’ clinical rotations in surgical technology, respiratory care, medical radiography and other fields; MXC students

“In the current knowledge economy, education paves a clear path to good jobs and a steady income.”

- Robert Wood Johnson Foundation
have studied in our anatomy labs; and Rush faculty and staff have given guest lectures at the college. In 2014, in collaboration with faculty at MXC, Rush created six Bachelor of Science in Health Sciences programs to serve as the next educational step for MXC graduates with associate degrees.

In fiscal year 2015, our relationship with MXC became even closer: Rush announced the acquisition of part of MXC’s current location (which borders Rush’s campus) and will use it to expand after MXC completes its move in 2016 to its new campus directly across the street. The new site will allow for even closer collaboration, such as additional clinical rotations for students in MXC nursing, phlebotomy, clinical laboratory technician and pharmacy technician programs.

Richard T. Crane Medical Preparatory High School

In summer 2015, while other Chicago high school students were at the beach and the movies, Raymond Qualls was spending his afternoons in the gross anatomy lab at Rush.

“I was learning about the cadavers. Our teacher had me remove tissue from one of them, and he would test me and my partner about body parts,” Qualls says. “I didn’t think it was gross. It was pretty interesting.”

Qualls was one of 80 students from Richard T. Crane Medical Preparatory High School who worked part-time in fiscal year 2015 as summer interns at Rush University Medical Center, Rush Oak Park Hospital and another area hospital. Located about a mile from Rush, Crane is a Chicago magnet high school with a curriculum focused on health sciences.

The students worked in clinical or administrative areas of the hospitals three days a week, and spent the other two days hearing from Rush faculty and staff about their work and assisting the internship coordinator. Students also took part in weekend service experiences such as helping with Rush’s “mini medical school” program for middle-schoolers, and with the annual Back to School Fair sponsored by RU Caring, a volunteer group of Rush Medical College students.
The Path from Malcolm X to Rush

In 2011, Natalia Wright had a good job at a nonprofit that helped ex-offenders re-enter society. But when the organization lost funding, she was among the first to be laid off. “I know that a lot of it had to do with my not having a college degree,” Wright says. She had taken a few courses at MXC in the early 1990s before entering the workforce, and decided to return — not only for her own sake, but for her family’s.

“I have a 17-year old son,” Wright says, “and it’s really hard for me to stress the importance of a college education if I don’t have mine. I want to see him do something great with his life, and as a single parent I need to do extra to make sure he stays on the correct path.”

Wright was drawn to health sciences courses during her studies at MXC. “While I was at Malcolm X, I would ride past Rush every day and say, ‘Man, I wish I could go to that school,’” she remembers. After earning her associate degree with high honors, she did just that, enrolling in the two-year Bachelor of Science in Health Sciences program within the College of Health Sciences at Rush University.

As part of the Building Healthy Urban Communities program (see p. 9 for more), Rush teamed up with MXC to create a pipeline program that offers scholarships to MXC graduates enrolling in bachelor’s programs in health sciences at Rush. Wright was part of the program’s first graduating class and earned her bachelor’s degree in 2015. Today, she’s enrolled in the Rush College of Nursing and is working on her master’s degree, with plans to become a nurse practitioner in the field of gerontology.

Wright is proud of what she’s accomplished, but she’s even prouder of what’s yet to come: Her son is now enrolled at Rockford University and plans to major in nursing.

“The summer internship is the cherry on top,” says Crane principal Fareeda Shabazz. “It’s been a wonderful opportunity for our students.” She notes that many people with an interest in being a doctor or nurse don’t truly understand the amount of work and empathy it requires. “Our goal is to expose students to the day-to-day of it as much as possible, so they can make an informed career decision.

Rush has partnered with Crane since the school opened in fall 2013. In addition to the summer internships, Crane students come to Rush for a day during the school year to shadow health care professionals and learn about their work. They also visit the gross anatomy lab, attend networking events with faculty and staff, and receive lectures from Rush faculty and mentoring from Rush students.

“Our partnership shows the commitment that Rush has to the community,” Shabazz adds. “The students really feel a closeness with the employees and professors there. It feels like Rush is a part of what we do every day.”
Community-Based Research Studies

RESEARCH THAT HELPS IMPROVE CARE
Rush physicians, nurses and research scientists are involved in hundreds of research projects, many of which are seeking new ways to improve the health of vulnerable communities and bridge the widening gaps in the health care system.

The ALIVE Study

Improving a community’s health is not something that can be accomplished by outside researchers alone, however well intentioned. Members of the community have to be full partners in the process, from identifying the problems that need to be solved to developing and delivering interventions. This approach, called community-based participatory research (CBPR), is used by Rush researchers to build partnerships with organizations that are centers for community life — for example, churches in the African-American community.

In 2011, the community engagement team at Rush invited a group of clergy serving African-American congregations to participate in a forum about health issues. After the forum, one of the pastors — the Rev. Alan V. Ragland, senior pastor of Third Baptist Church of Chicago — approached the team to suggest a collaboration: an ongoing series of meetings that would help him and his colleagues adopt better health strategies that they could in turn share with their congregations. “Church is the hospital for the soul,” says Ragland. “We want our community to be more mindful and adopt healthier living practices as God’s people.”

After six months of clergy meetings, the program evolved into the ALIVE Research Partnership, a nine-month pilot program designed to help five congregations and their communities build healthier lifestyle behaviors and reduce the health disparities found in the African-American community — particularly that of cardiovascular disease related to poor diet quality. The project had two primary investigators: Ragland and Elizabeth Lynch, PhD, an associate professor of preventive medicine at Rush.

The core of the program involved weekly Bible study meetings, designed and facilitated by church leaders, which focused on making connections between spiritual and physical wellness. The meetings translated the language of public health into the language of scripture — for example, using the concept of “abundance” to talk about nutrition as feeding mind, body and soul. Small-group meetings about nutrition, church-wide activities and messages from the pulpit were also part of the project.

At the end of the pilot, in spring 2015, participants had increased their consumption of vegetables by an average of more than one serving per day — an amount that correlates to a 5 percent reduction in the amount of cardiovascular disease. Participants also showed significant improvements in overall diet quality, weight and blood pressure. Now, the project investigators plan to build on the pilot by continuing to study faith-based nutrition programs and expanding their work to other churches.
Center for Community Health Equity

Life expectancy — the most basic measure of health — is more than 16 years longer in Chicago’s wealthiest neighborhoods than in its poorest. This disparity is the driving principle behind the Center for Community Health Equity, launched by Rush University and DePaul University in 2015: Your ZIP code should not determine your life expectancy.

The Center for Community Health Equity works to combat health disparities through education, outreach and research. With guidance from DePaul and Rush faculty, students participate in a wide range of projects focused on health equity, including the following:

- Contributing to Rush’s community health needs assessment
- Comparing health disparities in Chicago to those of other cities around the world
- Compiling essential health disparities studies
- Tracking how students change as they become involved in community service experiences

For those who suggest that the deeply rooted societal problems being addressed by the center are too complex to solve, center co-director Raj C. Shah, MD, has a direct response: “Deliberate action based on data can change seemingly intractable problems.” The Rush geriatrician and associate professor at the Rush Alzheimer’s Disease Center continues, “While Rush research continues to expose the links between hardship and health outcomes, this collaboration with DePaul is also defining new ways to partner with community members to take the deliberate actions needed to reduce those links.”

“Deliberate action based on data can change seemingly intractable problems.”

- Raj C. Shah, MD

Center for Excellence on Disparities in HIV and Aging Research Core

HIV/AIDS is a chronic condition that represents significant disparities for minority communities — particularly African Americans, who make up about 13 percent of the U.S. population but comprise about half the people infected with HIV and AIDS. The Rush Center of Excellence on Disparities in HIV and Aging (CEDHA) — a collaborative effort among Rush, the Ruth M. Rothstein CORE Center of the Cook County Health & Hospitals System and the University of Illinois at Chicago — aims to decrease these disparities in older adults.

Established in June 2012 by a five-year grant from the National Institute on Minority Health and Health Disparities, CEDHA works with community organizations to engage older adults in strategies for healthy aging, trains the next generation of researchers
focused on health disparities, and conducts high-
quality, culturally sensitive research on the social
causes of health disparities in older adults.

CEDHA’s research core studies people over the age of
50 who have or are at risk of HIV infection. Its research
has recruited a cohort of 852 people both with and
without HIV to provide a source of data for research on
common consequences of aging in both populations.
The data are linked to identical data collected from
older HIV-negative people who are participating in
other studies of aging at the Rush Alzheimer’s Disease
Center, so researchers can compare aging-related
consequences and experiences of people aging with
HIV and those aging without HIV.

**Initiative to Maximize Student Development**

No one in her family ever had worked in a laboratory
before Janet Zayas caught the research bug while
pursuing her master’s degree at Roosevelt University
in Chicago. Zayas, who was born in Los Angeles and
grew up in Mexico City, focused her research on a
phytochemical found in green tea that has been shown
to inhibit tumor growth in certain types of cancer.

In fall 2015, Zayas was one of three PhD candidates
who entered the Graduate College at Rush University
as part of a program funded by a nearly $3 million
National Institutes of Health grant under its Initiative
to Maximize Student Development. “I am the first from
my family to get this far (in higher education),” Zayas
says. “It’s challenging because you want to pursue your
dreams, and you may not always get support.”

As a Mexican American in a health science doctoral
program, Zayas is not alone in feeling alone. While not
all PhD candidates from underrepresented minority
backgrounds face hardships, the challenges many
encounter — including financial hardship, lack of role
models in their families or social circles and a sense of
isolation — can derail a promising career in science.

Through the NIH initiative, which includes mentoring
and professional development activities, Rush is
playing a leading role in increasing the diversity of
those who work in medical research. Students get
support in areas such as choosing a dissertation
advisor, using research tools, writing grants and giving
presentations, as well as skills like time management,
conflict resolution and job interviewing. They also learn
about the intricate financial aspects of running a lab,
which is exactly what Zayas hopes to do someday.

**Minority Aging Research Study**

Lisa Barnes, PhD, a cognitive neuropsychologist in
the Rush Alzheimer’s Disease Center, is an acclaimed
researcher who is well known for her work in
community — not laboratory — settings. Barnes runs
the Minority Aging Research Study (MARS), which
enrolls older African Americans without Alzheimer’s
or dementia to identify risk factors for cognitive
decline and the development of dementia. African
Americans as a group are underrepresented in
Alzheimer’s studies, though the disease affects them
two to three times more frequently than other groups.

Much of Barnes’ work involves going to local churches,
community centers and senior living facilities to
personally recruit volunteers.

Scientists have long known that stress triggers the
release of “fight or flight” hormones; in 2015, Barnes
shared data showing that higher levels of anxiety and
vulnerability to stress are associated with increased risk
of Alzheimer’s. “For minority populations, particularly
older minorities, social inequalities that lead to
poorer-quality education, lower-paying occupations,
less access to health care and a greater likelihood of
experiencing discrimination are the things that tend to
be perceived as stressful,” she says.
Allocation of Corporate Resources and Building Partnerships

RUSH EMPLOYEES STEP UP
Rush’s participation in the community often involves providing resources that help other organizations meet their own goals related to meeting community health needs. We donate food, money and time where we know it will do good in Chicago and Oak Park.

**Food Is Medicine: The Surplus Project at Rush Oak Park Hospital**

Social services agencies estimate that more than 11 percent of Oak Park’s 52,000 residents lack access to enough affordable, nutritious food. This “food insecurity” leads to a greater risk of adults developing high blood pressure, high cholesterol and diabetes — three conditions identified in Rush Oak Park Hospital’s community health needs assessment.

Jennifer Grenier, MSN, RN-BC, who was the director of the Rush Oak Park Hospital telemetry unit at the time, saw the connection between community members’ health and their need for nutritious food. She also knew that while the hospital’s employee and patient cafeteria composted a significant amount of uneaten food each day, some leftover food was still being thrown out. The pieces fell into place when, as part of a team assignment for a leadership program at Dominican University, Grenier talked with the executive director of the Oak Park River Forest Food Pantry and learned that the pantry provides food to nearly 46,000 people each year in Oak Park and surrounding areas, including portions of the city of Chicago.
Grenier and her Dominican team — which included representatives from the food pantry as well as Oak Park and River Forest Day Nursery; Oak Park and River Forest High School; and the Thrive Counseling Center — came up with the Surplus Project in response.

In March 2015, Grenier approached the director of food and nutrition services for Rush Oak Park Hospital about the idea of donating surplus food to the pantry. Hospital employees from several departments volunteered to undergo the food-handler training they needed to be certified to repackage prepared foods into individual servings. They do their work each Tuesday and Friday, when the pantry picks up between 50 and 100 meals from the hospital to pass along to clients during its Wednesday and Saturday hours. And another crew of hospital employees — nurses and nursing assistants — volunteers time to perform health screenings and distribute health care information at the pantry.

“The Surplus Project has been a collaborative effort by hospital staff and community organizers to bring this campaign to life,” says Grenier. “We’re pleased the model is helping eliminate food insecurity in the community.” In early 2016, the Surplus Project was awarded the $50,000 first prize at the Oak Park and River Forest Community Foundation’s first annual Big Idea Pitch Party; the team plans to use the money to expand the project to two other area hospitals as well as Dominican University and Oak Park and River Forest High School.

Adopt-a-Family

Among the many legacies of Reginald “Hats” Adams, director of the Department of Community Affairs at Rush from 1980 to 2015, is the annual Adopt-a-Family program. Rush employees, individually or in groups, “adopt” families in need identified by local churches and service organizations, purchasing clothing, household supplies, gift cards and other needed items. Adams launched Adopt-a-Family more than 30 years ago when he learned of a Rush employee who was in need; in 2015, Rush employees helped 490 individuals through the program.

Employees Give

In fiscal year 2015, Rush employees gave significant amounts of their money and time to local and national nonprofit organizations:

- The Rush Heart Walk team, which included more than 500 employees, raised $57,424 in the American Heart Association’s 2015 Metro Chicago Heart Walk. The Heart Walk is the association’s top fundraising event. It aims to raise awareness of heart disease and stroke while promoting physical activity and heart-healthy living.

- Rush employees donated $234,877 to the United Way of Metropolitan Chicago, which helps local nonprofits that focus on eliminating disparities in income, education and health.

- In collaboration with the American Red Cross, we host Donate Life events at Rush University Medical Center. These events provide a single point for Rush faculty, staff and students, as well as members of the public, to sign up for the National Marrow Donor Program, organ and tissue donation, Rush blood and platelet donor programs and American Red Cross blood drives. In 2015, 299 people participated in Donate Life events.

- Rush’s executive leadership supported a number of community initiatives and events through charitable contributions totaling $213,460 in fiscal year 2015.
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.

One of the nation’s leading academic medical centers, Rush University Medical Center is known for its expertise in numerous specialties of clinical care and research, nursing excellence, community outreach and green initiatives.

And at Rush University, students receive the hands-on training that will shape them into the knowledgeable, compassionate health care professionals of the future.

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).
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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.