

Rush Copley Medical Center

CHNA FY22

Community Engagement

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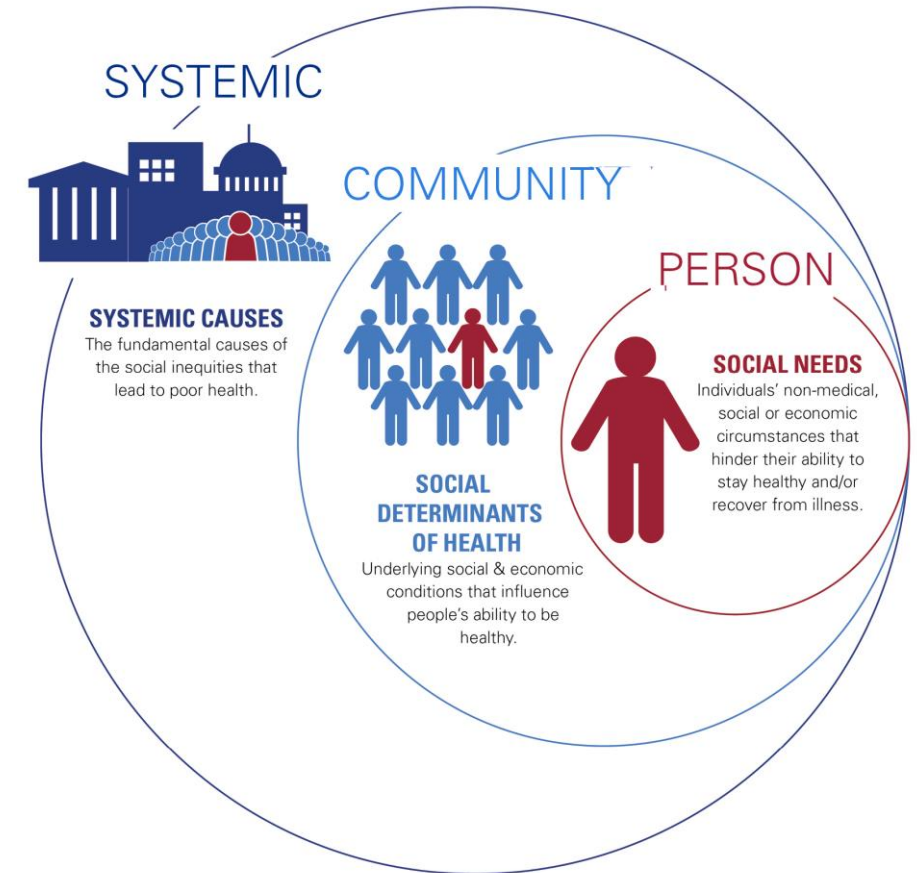
Community Engagement

Community Engagement Rush Copley Medical Center

The Office of Community Engagement will enable and support Rush Copley's commitment to improve the health equity and quality of life within our diverse communities. Through initiatives and partnerships, Rush Copley is committed to creating an impact at the individual, community and systemic level.

These are some of the ways in which we achieve this purpose:

- Assessing the health needs of our community and developing strategies to address these needs
- Evaluating the effectiveness of Rush Copley programs in meeting the needs of our community
- Reporting and communicating Rush Copley's community engagement efforts to its internal and external communities
- Developing and strengthening effective community partnerships

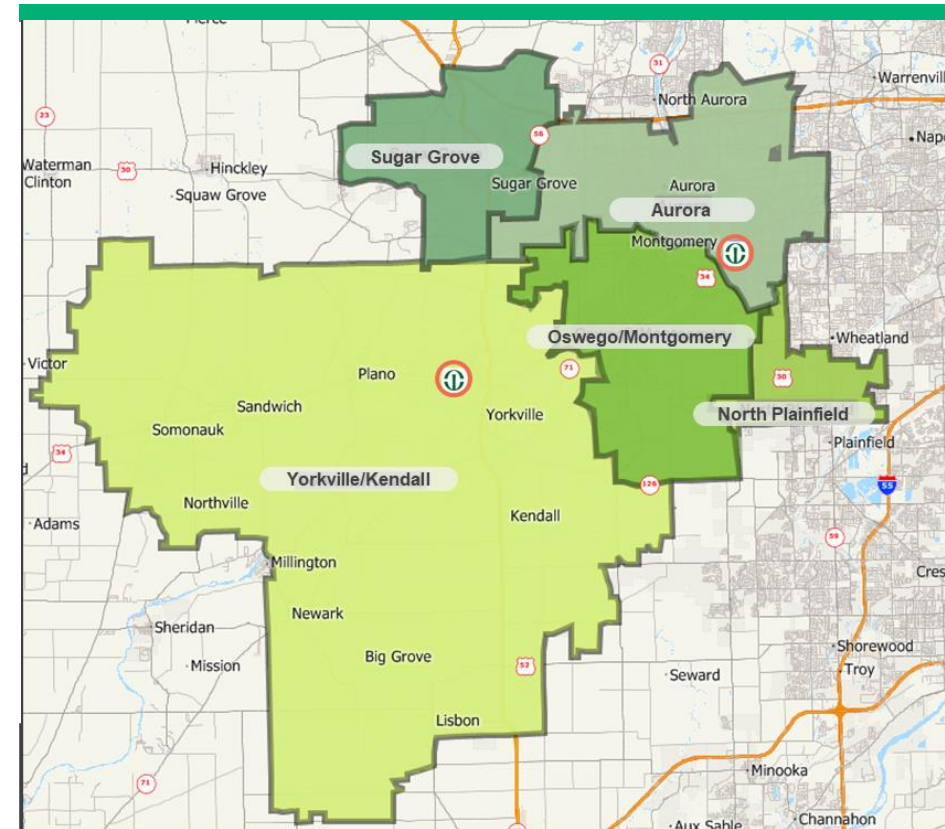


Primary Service Area, RCMC

Rush Copley is part of RUSH, an academic health system comprising of Rush University Medical Center, Rush Oak Park Hospital, and Rush University.

Rush Copley's Primary Service Area

- The community served by the hospital is defined as the geographic area identified by the contiguous zip codes from which approximately 80% of the hospital's discharged patients reside. The hospital also refers to this geographic area as the Rush Copley Primary Service Area (PSA).
- As seen in the map to the right, the community served includes all of Aurora and most of Southern Kane and Kendall Counties.
- Includes 18 zip codes and 13 cities/villages.
- Covers six counties: Kane, Kendall, DeKalb, LaSalle, DuPage and Will.





CHNA Process

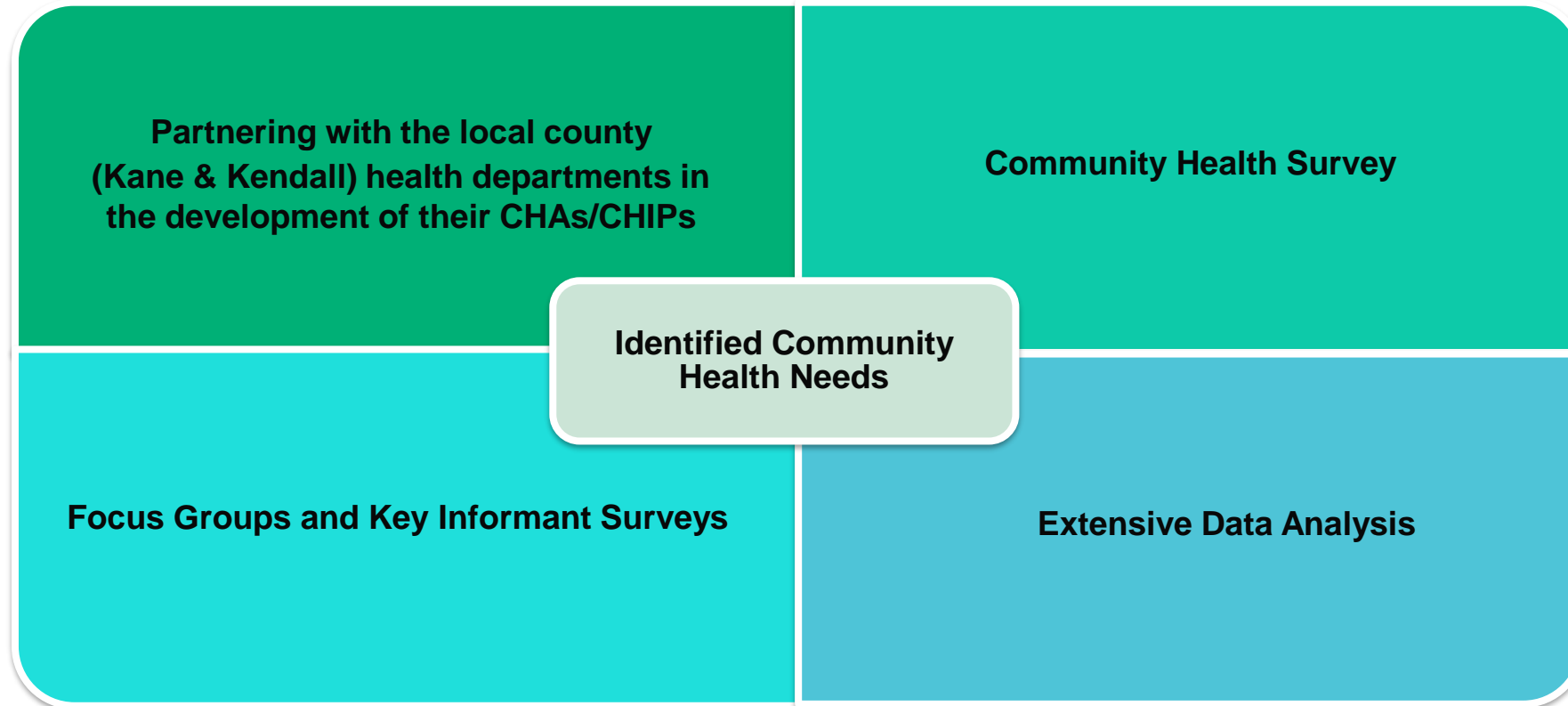
CHNA Process and Framework



- The hospital conducts the Community Health Needs Assessment every three years. Community partnerships related to many of the components in the assessment process were established and on-going since the FY2013 assessment.
- The hospital developed and adopted an implementation strategy to address the identified community health needs. The Community Health Needs Assessment and Implementation Strategy were approved and adopted by the hospital's Board of Directors on March of 2022.
- The hospital followed the Association of Community Health Improvement's (ACHI) framework for developing a comprehensive and efficient Community Health Needs Assessment, which is displayed in the graphic to the right.

Methodology

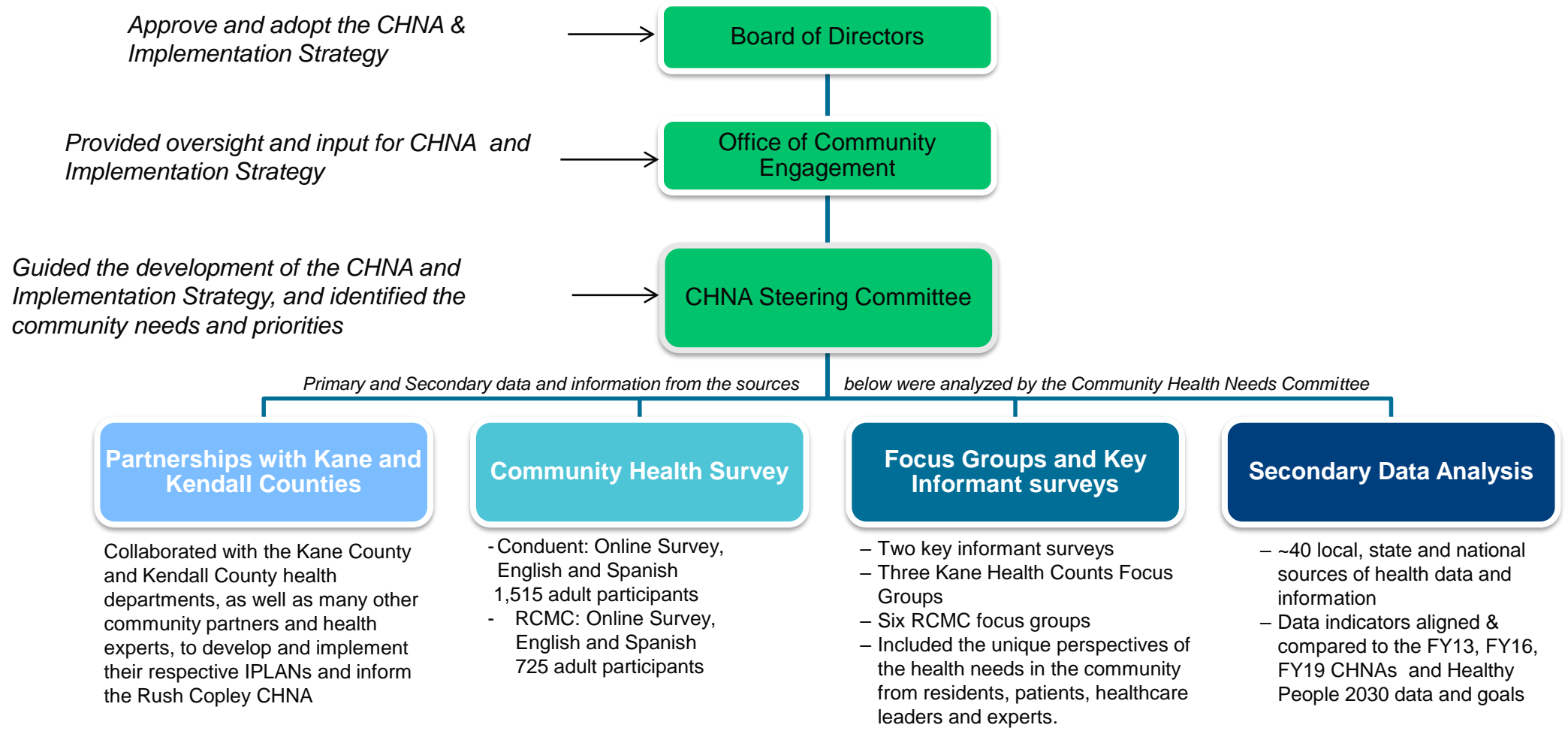
- There are four key methods used in the data and information collection and analysis component of the assessment process that are critical in developing an accurate picture of the health of the community served.



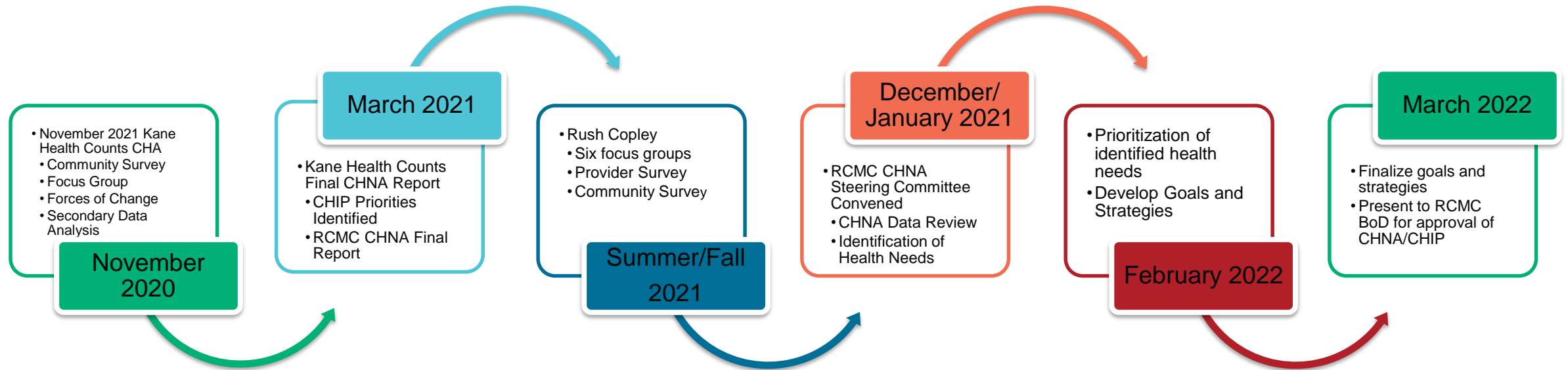
The framework and methodology used is the Association of Community Health Improvement (ACHI) from the American Hospital Association.

Structure & Input

An internal team with health and community expertise guided the development of the CHNA. In addition, the hospital took into account input from a number of persons representing the broad interests of the community served.



Timeline



RCMC PSA Utilization

RCMC PSA Utilization

| RCMC Utilization ¹ | 2016 | 2017 | 2018 | 2019 | 2020 | 5-Year Change | |
|--|---------|---------|---------|---------|---------|---------------|--------|
| | | | | | | n | % |
| Inpatient and Observation Utilization | | | | | | | |
| Admissions | 11,513 | 10,793 | 10,736 | 10,700 | 12,067 | 554 | 4.8% |
| Inpatient days | 48,226 | 44,247 | 46,461 | 42,837 | 49,535 | 1,309 | 2.7% |
| Average length of stay | 4.2 | 4.1 | 4.3 | 4.0 | 4.1 | (0.1) | -2.0% |
| Observation days | 11,256 | 11,402 | 11,479 | 11,579 | 6,052 | (5,204) | -46.2% |
| Total Births | 3,395 | 3,173 | 3,039 | 2,944 | 2,755 | (640) | -18.9% |
| Total Outpatient Visits | 226,711 | 177,371 | 172,829 | 172,554 | 161,498 | (65,213) | -28.8% |
| Emergency Department Visits (RCMC and RCMC FEC) | 78,478 | 75,533 | 74,459 | 72,582 | 62,344 | (16,134) | -20.6% |
| Cardiac Cath Procedures | 1,394 | 1,449 | 1,386 | 1,225 | 1,109 | (285) | -20.4% |
| Cardiac Surgery Cases | 91 | 64 | 145 | 159 | 129 | 38 | 41.8% |
| Mammography Procedures | 14,942 | 14,611 | 14,478 | 14,212 | 13,946 | (996) | -6.7% |

Sources: 1) IDPH Annual Hospital Questionnaire CY2016-CY2020; 2) IHA COMPdata

Inpatient Discharge, RCMC PSA

| RCMC PSA Inpatient Discharges by Major Disease Category | 2016 | 2017 | 2018 | 2019 | 2020 | 5-Year Change | |
|--|--------|--------|--------|--------|--------|---------------|--------|
| | | | | | | n | % |
| PREGNANCY, CHILDBIRTH & THE PUERPERIUM | 4,845 | 4,608 | 4,517 | 4,363 | 4,102 | (743) | -15.3% |
| NEWBORNS & OTHER NEONATES WITH CONDTN ORIG IN PERINATAL PERIOD | 4,663 | 4,459 | 4,391 | 4,260 | 3,923 | (740) | -15.9% |
| RESPIRATORY SYSTEM | 2,548 | 2,614 | 2,585 | 2,625 | 3,543 | 995 | 39.1% |
| CIRCULATORY SYSTEM | 2,683 | 2,726 | 2,884 | 3,009 | 2,692 | 9 | 0.3% |
| MENTAL DISEASES & DISORDERS | 2,777 | 2,914 | 3,135 | 2,891 | 2,539 | (238) | -8.6% |
| MUSCULOSKELETAL SYSTEM & CONN TISSUE | 2,782 | 2,714 | 2,743 | 2,620 | 2,063 | (719) | -25.8% |
| DIGESTIVE SYSTEM | 2,367 | 2,364 | 2,254 | 2,250 | 2,052 | (315) | -13.3% |
| NERVOUS SYSTEM | 1,856 | 1,798 | 1,877 | 1,867 | 1,698 | (158) | -8.5% |
| INFECTIOUS & PARASITIC DISEASES, SYSTEMIC OR UNSPECIFIED SITES | 1,167 | 1,218 | 1,331 | 1,352 | 1,544 | 377 | 32.3% |
| KIDNEY & URINARY TRACT | 1,212 | 1,197 | 1,192 | 1,307 | 1,190 | (22) | -1.8% |
| HEPATOBIILIARY SYSTEM & PANCREAS | 976 | 976 | 909 | 905 | 912 | (64) | -6.6% |
| ENDOCRINE, NUTRITIONAL & METABOLIC | 778 | 914 | 788 | 884 | 882 | 104 | 13.4% |
| SKIN, SUBCUTANEOUS TISSUE & BREAST | 688 | 651 | 572 | 586 | 508 | (180) | -26.2% |
| ALCOHOL/DRUG USE & INDUCED ORGANIC MENTAL DISORDERS | 553 | 621 | 531 | 460 | 423 | (130) | -23.5% |
| INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS | 384 | 377 | 430 | 415 | 403 | 19 | 4.9% |
| BLOOD, BLOOD FORMING ORGANS, IMMUNOLOG DISORD | 361 | 383 | 356 | 341 | 340 | (21) | -5.8% |
| FACTORS INFLUENCING HLTH STAT & OTHR CONTACTS WITH HLTH SERVCS | 180 | 212 | 282 | 317 | 324 | 144 | 80.0% |
| MYELOPROLIFERATIVE, POORLY DIFFERENTIATED NEOPLASM | 248 | 298 | 281 | 300 | 301 | 53 | 21.4% |
| FEMALE REPRODUCTIVE SYSTEM | 350 | 328 | 281 | 276 | 227 | (123) | -35.1% |
| EAR, NOSE, MOUTH & THROAT | 237 | 193 | 209 | 244 | 197 | (40) | -16.9% |
| MULTIPLE SIGNIFICANT TRAUMA | 67 | 76 | 82 | 67 | 77 | 10 | 14.9% |
| MALE REPRODUCTIVE SYSTEM | 108 | 140 | 116 | 114 | 71 | (37) | -34.3% |
| EYE | 33 | 30 | 23 | 26 | 31 | (2) | -6.1% |
| BURNS | 15 | 17 | 17 | 17 | 23 | 8 | 53.3% |
| HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS | 26 | 16 | 18 | 23 | 18 | (8) | -30.8% |
| Total | 31,904 | 31,844 | 31,804 | 31,519 | 30,083 | (1,821) | -5.7% |

IHA COMPdata, CY2016-CY2020

ED Discharge, RCMC PSA

| RCMC PSA ED Discharges by Principal Diagnosis | | | | 3-Year Change | | 1-Year Change | |
|--|---------|---------|---------|---------------|------|---------------|------|
| | 2018 | 2019 | 2020 | n | % | n | % |
| U071 - COVID-19, VIRUS IDENTIFIED | | | 4,749 | 4,749 | - | 4,749 | - |
| R0789 - OTHER CHEST PAIN | 4,281 | 4,365 | 3,910 | (371) | -9% | (455) | -10% |
| J101 - FLU DUE TO OTH IDENT INFLUENZA VIRUS W OTH RESP MANIFEST | 1,544 | 1,161 | 1,824 | 280 | 18% | 663 | 57% |
| J069 - ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED | 2,814 | 2,722 | 1,696 | (1,118) | -40% | (1,026) | -38% |
| N390 - URINARY TRACT INFECTION, SITE NOT SPECIFIED | 3,236 | 2,322 | 1,487 | (1,749) | -54% | (835) | -36% |
| R51 - HEADACHE | 2,024 | 2,041 | 1,123 | (901) | -45% | (918) | -45% |
| R05 - COUGH | 804 | 916 | 1,061 | 257 | 32% | 145 | 16% |
| J029 - ACUTE PHARYNGITIS, UNSPECIFIED | 1,486 | 1,321 | 1,033 | (453) | -30% | (288) | -22% |
| R42 - DIZZINESS AND GIDDINESS | 1,111 | 1,264 | 992 | (119) | -11% | (272) | -22% |
| J189 - PNEUMONIA, UNSPECIFIED ORGANISM | 1,384 | 1,181 | 988 | (396) | -29% | (193) | -16% |
| R55 - SYNCOPE AND COLLAPSE | 1,234 | 1,143 | 973 | (261) | -21% | (170) | -15% |
| B349 - VIRAL INFECTION, UNSPECIFIED | 941 | 952 | 972 | 31 | 3% | 20 | 2% |
| R509 - FEVER, UNSPECIFIED | 1,166 | 1,192 | 967 | (199) | -17% | (225) | -19% |
| R112 - NAUSEA WITH VOMITING, UNSPECIFIED | 954 | 1,058 | 943 | (11) | -1% | (115) | -11% |
| M545 - LOW BACK PAIN | 1,368 | 1,292 | 922 | (446) | -33% | (370) | -29% |
| R109 - UNSPECIFIED ABDOMINAL PAIN | 2,235 | 1,691 | 899 | (1,336) | -60% | (792) | -47% |
| K529 - NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED | 1,411 | 1,319 | 876 | (535) | -38% | (443) | -34% |
| R1013 - EPIGASTRIC PAIN | 967 | 998 | 869 | (98) | -10% | (129) | -13% |
| F329 - MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED | 1,237 | 1,137 | 807 | (430) | -35% | (330) | -29% |
| R079 - CHEST PAIN, UNSPECIFIED | 1,580 | 1,282 | 760 | (820) | -52% | (522) | -41% |
| A419 - SEPSIS, UNSPECIFIED ORGANISM | 690 | 678 | 727 | 37 | 5% | 49 | 7% |
| R002 - PALPITATIONS | 660 | 664 | 713 | 53 | 8% | 49 | 7% |
| K5900 - CONSTIPATION, UNSPECIFIED | 1,026 | 774 | 694 | (332) | -32% | (80) | -10% |
| S0990XA - UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER | 969 | 961 | 676 | (293) | -30% | (285) | -30% |
| F10129 - ALCOHOL ABUSE WITH INTOXICATION, UNSPECIFIED | 877 | 718 | 653 | (224) | -26% | (65) | -9% |
| J111 - FLU DUE TO UNIDENTIFIED INFLUENZA VIRUS W OTH RESP MANIFEST | 1,322 | 542 | 607 | (715) | -54% | 65 | 12% |
| I10 - ESSENTIAL (PRIMARY) HYPERTENSION | 636 | 620 | 600 | (36) | -6% | (20) | -3% |
| *OTHER PRINCIPAL DIAGNOSES | 97,088 | 97,525 | 76,878 | (20,210) | -21% | (20,647) | -21% |
| Total | 135,045 | 131,839 | 109,399 | (25,646) | -19% | (22,440) | -17% |



RCMC Focus Groups

Rush Copley Focus Groups

Focus Group Questions

- What do you think are the greatest overall health care needs for residents of the community RCMC serves?
- What do you think are the greatest health care needs for residents in the community by age group (children, teens, middle-aged adults, seniors) ?
- What do you think are the greatest health care needs for the Hispanic and Latino residents in the community? Feel free to comment on any racial or ethnic healthcare disparities/needs.
- What do you think are the greatest health care needs for other vulnerable populations (i.e. uninsured/under-insured, veterans, individuals with developmental disabilities, care givers, LGTBQ community, etc.)?
- What can RCMC do to most significantly improve the health of the community we serve?

Hosted six focus groups

| Date | Focus Group | Attendees |
|----------|---------------------------------------|-----------|
| 07/27/21 | Patient Family Advisory Board Council | 11 |
| 08/16/21 | Nursing Leadership/Management | 9 |
| 08/24/21 | Kendall County Interagency Council | 18 |
| 08/26/21 | Health Equity Committee | 11 |
| 08/31/21 | Care Management | 12 |
| 09/08/21 | Compañeros en Salud | 21 |

RCMC Focus Group

Community Needs

- Mental Health
- Medication Assistance
- Transportation
- Prevention
- Management of Chronic Health Conditions

Children/Teens

- Mental Health
- Development Specialist
- Adults Children w/Special Needs and Care
- Obesity

Adults

- Mental Health
- Prioritization of Health Needs
- Sandwich Generation
- Chronic Conditions
- COVID-19

Seniors

- Mental Health
- Isolation
- Transportation
- COVID-19

RCMC Focus Group

Hispanic/Latinx and African Americans

- Hesitation around elder care
- Lack of PCP/Medical Home
- Obesity
- LEP/Linguistic needs
- Literacy Needs (Including Health)
- Trust
- Undocumented Access to Care
- Prenatal Care
- Chronic Conditions: Diabetes, HBP, Renal disease

Vulnerable Populations

- **Uninsured population**
 - Access: Medical/Dental
 - Barriers to specialist
 - Long wait times to get appointments
 - Frustration with healthcare

- **LGBTQ**

- Marriage being recognized
- Discrimination in healthcare
- Lack of provider/healthcare knowledge for caring for patients
- Access to treatment and care
- No being accepted by family/loved ones

- **Homeless**

- Medical care

- **Individuals with Disabilities**

- Disabled adult children and needing a caregiver or their caregiver needing assistance due again generation(caregiver).
- Group homes for disabled/autistic individuals

- **Immigrant population**

- Potential fear of deportation

- **Veterans**

- Limited by insurance and long waits

Improve Community Health, RUMC Focus Group

- **Meet the patient where they are**
 - Going back in time but providing doctor home visit to meet patient's need
 - Programs and services in the community
- **Rush needs to highlight all that they are doing for the community**
- **Provide Mental Health Services**
 - Local answer/response to mental healthcare need
- **Wellness Program/Management**
 - Nutrition and Physical Activity
- **Cross Collaboration**
 - Community based organizations and faith based

community

- **Community Health Workers**
 - Provide screening for SDoH (RUMC CHW Role)
 - Can connect patients with resources and appointments for follow up care
- **Education on the way health insurance works**
 - Explanation for the cost of care
 - Time to educate and explaining bill to patient
 - Financial counselors



RCMC Provider Survey

RCMC CHNA Provider Survey

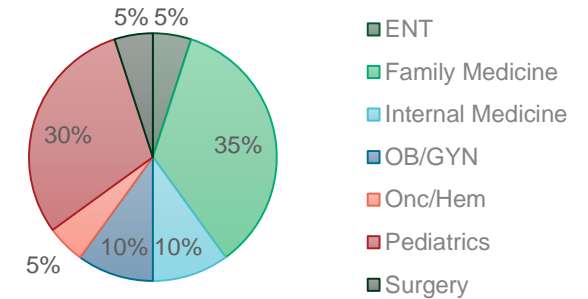
CHNA Provider Survey

- Internet based survey from 10/26/21-11/08/21 to RCMG providers, residents and hospitalist.

Survey Questions

- What do you think are the greatest overall health care needs for residents of the community RCMC serves?
- What do you think are the greatest health care needs for the Hispanic and Latino residents in the community? Feel free to comment on any racial or ethnic healthcare disparities/needs.
- What do you think are the greatest health care needs for other vulnerable populations (i.e. uninsured/under-insured, individuals with developmental disabilities, care givers, LGBTQ community, etc.?)
- What do you think are the greatest societal needs for residents in the community?
- What can RCMC do to most significantly improve the health of the community we serve?

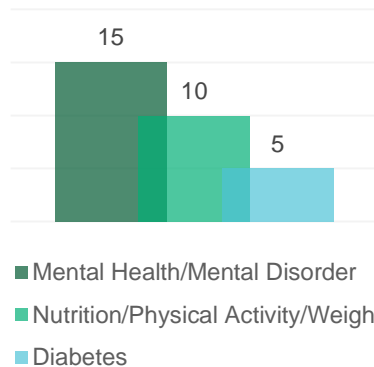
Provider Dept. Participation



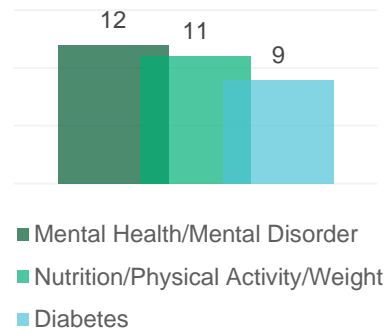
Provider Years in Practice

| Mean | 16.1 | Min | 1 | Max | 28 | Count | 20 |
|------|------|-----|---|-----|----|-------|----|
|------|------|-----|---|-----|----|-------|----|

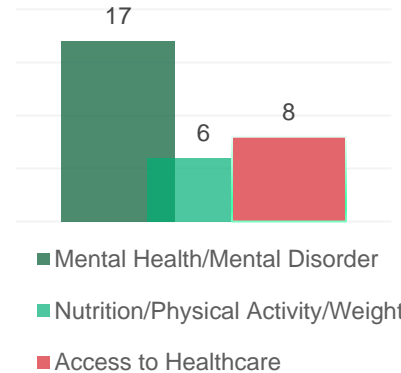
Top 3 Community Needs



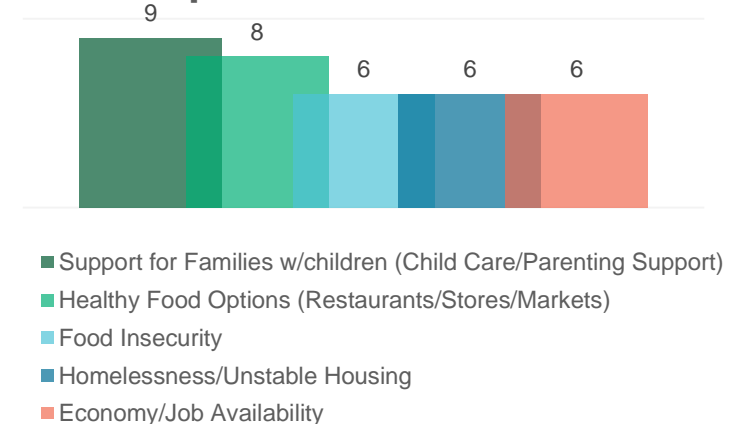
Top 3 Hispanic/Latinx Population Needs



Top 3 Vulnerable Population Needs



Top 5 Societal Needs



Cont. RCMC CHNA Provider Survey

RCMC opportunities to improve health of the community:

- Provide dieticians, dentists, and mental health services who accept Medicaid
- Improve partnerships with FQHCs
- Collaborate and share resources with community organizations
- More "boots on the ground" outreach activities
- Establish a community-based health care clinic in an underserved community or possibly at Hased House
- More physical, occupational, speech therapy options for those on state insurance.
- Access to childcare that is affordable and flexible for working families.
- Preventive care
- Educate
- Improve/implement programs focusing on mental health, access to behavioral health providers.
- More mental health access for state insurance (psychiatry, psychology, neuropsychology, counselors, and therapists
- Significant morbid obesity and delayed access to care complicating many disease/surgical processes.
- We need to start offering mental health services

- Mental health services.
- More accessibility mainly to medical specialties.
- I think we need to strongly consider adding behavioral health services to our community, whether in person or telehealth. I have many patients who have difficulty obtaining mental health services.
- I also think we need to focus on making our hospital a safe environment for all patients. We have limited providers who focus on substance use disorders and limited information about resources available. It is a shame as RUMC has a fellowship and tons of resources downtown.
- We are making some head way with LGBTQ language and services, but we need to consider patients with disabilities and structuring the clinics to have protocols and space for all people.

Comments:

- Mental health services: I have asked about mental health services before, and I don't see anything changing.
- Community supports and transition services for children with developmental and cognitive disability including assistance with planning and applying for guardianship.



RCMC Community Survey

Community Survey Findings

City

- Aurora, 45%
- Oswego, 17%
- Yorkville, 10%

Race/Ethnicity

- White/Caucasian, 80%
- Hispanic/Latinx, 10%
- AA/Black, 5%

Age

- 45-54, 13%
- 55-64, 18%
- 65-74, 32%
- 75+, 19%

Gender

- Female, 64%
- Male, 31%

Insurance

- Insured, 97%
- Uninsured 3%

Health Conditions

- High BP, 45.7%
- Joint Pain, 41.8%
- Overweight/Obese, 37.6%
- Cancer, 19.1%
- Diabetes, 17.9%
- Mental Health, 12.6%
- Heart Disease, 12.4%

Food Insecurity

- Worried, 11.4%
- Ran Out, 8.2%

Tobacco Use

- Yes, 4.5%

Address in Community

- Crime and neighborhoods safety, 40%
- Senior Services, 35.5%
- Homelessness/Unstable Housing, 29.7%
- Healthy Foods, 20.7%
- Domestic Violence Prevention, 18.6%
- Food Insecurity, 18.%
- Economy/Education/Support for Families, 16%

ER, 27%

- Emergency, 47.8%
- After Clinic Hours/Weekend, 26.9%
- Long wait for appt., 6.5%
- Concerns about cost/copays, 2%
- Need food/shelter/resources, 1.7%

All Identified Needs, Kane County Health Department

Behavioral Health

Mental Health

- Poor Mental Health Days, Age-Adjusted Hospitalization for Peds

Substance Abuse

- Teens who use alcohol, Alcohol impaired driving deaths, Age adjusted ER and hospitalization rate due to Alcohol use, Liquor store density, Teens who use marijuana, Adults who use e-cigarettes

Access to Health Services

- PCP Rate, Clinical care ranking, Adults & children with health insurance

Immunization and Infectious Diseases

- COVID-19 daily average case fatality rate, HIV diagnosed cases, Overdose households, Adults w/pneumonia vaccine, Chlamydia incidence rate, Syphilis incidence rate

Exercise, Nutrition & Weight

- SNAP certified stores, Children low access to grocery store, Farmers Market density, Fast food restaurant density, Grocery store density, People with low access to grocery store

Education

- Student to Teacher Ratio, People 25+ w/High School Degree or Higher

Environment

- SNAP certified stores, Recognized carcinogens released into the air, Annual ozone air quality, Liquor store density, Children low access to grocery store, Farmers market density, Fast food restaurant density, Grocery store density, Overcrowded households, Sever housing problems

Maternal, Fetal & Infant Health

- Preterm Births, Preterm Labor and delivery hospitalization

Older Adults & Aging

- Atrial fibrillation, cancer, osteoporosis, rheumatoid arthritis, stroke, hypertension, hyperlipidemia

Other Chronic Diseases

- Medicare population: osteoporosis, rheumatoid arthritis

Public Safety

- Alcohol impaired driving

Teen & Adolescent Health

- Teens who use alcohol, teens who use marijuana

Transportation

- Solo drivers w/long work commute, mean travel time to work, workers community by public transportation.

County Health Ranking

County Health Ranking

| | Illinois | Kane | Kendall | DuPage | Will | DeKalb | LaSalle |
|--------------------------------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Health Outcomes | | 7 | 2 | 1 | 9 | 20 | 59 |
| Premature death | 6,600 | 5,000 | 4,300 | 4,300 | 5,900 | 6,000 | 8,500 |
| Poor or fair health | 16% | 16% | 14% | 12% | 15% | 16% | 18% |
| Poor physical health days | 3.6 | 3.7 | 3.3 | 3.1 | 3.4 | 3.9 | 4.1 |
| Poor mental health days | 3.8 | 3.3 | 3.1 | 3.7 | 3.7 | 4.4 | 4.4 |
| Low birthweight | 8% | 7% | 7% | 7% | 8% | 7% | 7% |
| Health Factors | | 21 | 4 | 1 | 23 | 22 | 74 |
| Health Behaviors | | 3 | 49 | 1 | 6 | 19 | 61 |
| Adult smoking | 16% | 16% | 15% | 14% | 16% | 19% | 22% |
| Adult obesity | 30% | 28% | 35% | 26% | 34% | 33% | 32% |
| Food environment index | 8.7 | 9.1 | 9.6 | 9.3 | 9.1 | 7.7 | 8.1 |
| Physical inactivity | 22% | 14% | 20% | 16% | 21% | 20% | 27% |
| Access to exercise opportunities | 91% | 96% | 94% | 100% | 97% | 84% | 82% |
| Excessive drinking | 22% | 20% | 23% | 21% | 22% | 20% | 21% |
| Alcohol-impaired driving deaths | 31% | 32% | 26% | 27% | 36% | 37% | 40% |
| Sexually transmitted infections | 604 | 407.7 | 341.5 | 273.6 | 422.7 | 589.1 | 312.5 |
| Teen birth rate | 19 | 19 | 8 | 8 | 12 | 9 | 24 |
| Clinical Care | | 91 | 19 | 1 | 48 | 47 | 34 |
| Uninsured | 8% | 10% | 6% | 6% | 6% | 7% | 6% |
| Primary care physicians | 1,240:1 | 2,440:1 | 2,720:1 | 740:1 | 1,810:1 | 3,470:1 | 2,540:1 |
| Dentists | 1,240:1 | 1,480:1 | 2,630:1 | 900:1 | 1,770:1 | 1,540:1 | 1,870:1 |
| Mental health providers | 410:1 | 370:1 | 980:1 | 320:1 | 800:1 | 390:1 | 1,040:1 |
| Preventable hospital stays | 4,913 | 4,696 | 3,890 | 3,760 | 5,660 | 4,490 | 4,146 |
| Mammography screening | 43% | 41% | 44% | 45% | 43% | 39% | 45% |
| Social & Economic Factors | | 54 | 3 | 2 | 11 | 20 | 79 |
| High school graduation | 87% | 87% | 95% | 94% | 91% | 90% | 86% |
| Some college | 70% | 62% | 74% | 79% | 69% | 73% | 59% |
| Unemployment | 5.9% | 5.5% | 5.2% | 4.8% | 6.1% | 5.4% | 6.7% |
| Children in poverty | 16% | 13% | 5% | 7% | 9% | 12% | 18% |
| Income inequality | 5.0 | 4.2 | 3.1 | 4.2 | 3.9 | 4.9 | 4.4 |
| Children in single-parent households | 25% | 19% | 15% | 16% | 18% | 25% | 24% |
| Social associations | 10.0 | 7.3 | 5.2 | 9.5 | 6.9 | 10.0 | 12.7 |
| Violent crime rate | 403 | 166 | 104 | 89 | 163 | 276 | 125 |
| Injury deaths | 65 | 44 | 45 | 42 | 52 | 57 | 92 |
| Physical Environment | | 31 | 90 | 88 | 37 | 88 | 98 |
| Air pollution-particulate matter | 8.7 | 8.0 | 9.5 | 7.8 | 8.0 | 9.3 | 9.1 |
| Drinking water violations | | No | No | Yes | No | No | Yes |
| Severe housing problems | 17% | 17% | 13% | 16% | 14% | 18% | 13% |
| Driving alone to work | 73% | 80% | 83% | 76% | 83% | 81% | 85% |
| Long commute-driving alone | 42% | 43% | 52% | 42% | 50% | 38% | 30% |





Summary

Summary

RCMC Community Survey

Health Conditions

- Chronic Conditions
- Overweight/Obesity
- Mental Health

Address in Community

- Crime and neighborhoods safety
- Senior Services
- Homelessness/Unstable Housing
- Healthy Foods
- Domestic Violence Prevention
- Food Insecurity

RCMC Provider Survey

- Mental Health/Mental Disorder
- Physical Activity/Nutrition/Weight
- Diabetes

RCMC Focus Group

- Mental Health
- Medication Assistance
- Transportation
- Prevention
- Management of Chronic Health Conditions

 RUSH

Rush Copley Medical Center

Excellence is just the beginning.