COMMUNITY BENEFITS REPORT

FY 2025

Form AG-CBP-1
Rev 10/24

KWAME RAOUL
ATTORNEY GENERAL

Annual Non Profit Hospital Community Benefits Plan Report

Name of Hospital Reporting: Rush System for Health

Mailing Address: 1700 W. Van Buren Street, Suite 265
(Street Address/P.O. Box) (City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box) (City, State, Zip)

Email Address:

Reporting Period: 07 / 01 / 24 (Month / Day / Year) **through** 06 / 30 / 25 (Month / Day / Year) **Taxpayer Number:** 36-4046278

If part of a health system, list the other Illinois hospitals included in the health system (Note: A separate report must be filed for each Hosp).

Hospital Name	Address	FEIN #
Rush University Medical Center	1653 W. Congress Parkway, Chicago, IL 60612	36-2174823
Rush Oak Park Hospital, Inc.	520 S. Maple Avenue, Oak Park, IL 60304	36-2183812
Copley Memorial Hospital, Inc.	2000 Ogden Avenue, Aurora, IL 60504	36-2170840

1. **ATTACH Mission Statement:**
The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. **ATTACH Community Benefits Plan:**
The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:
   1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
   2. Identify the populations and communities served by the hospital.
   3. Disclose health care needs that were considered in developing the plan.

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

Charity Care.. $ 46,099,667

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

4. **REPORT Community Benefits** actually provided other than charity care.

See instructions for completing Section 4 of Form AG-CBP-1 (Community Benefits Plan Annual Report Form For Not For Profit Hospital)

Community Benefit Type

Language Assistant Services		$ 5,952,226
Financial Assistance		$ 0
Government Sponsored		$ 218,852,327
Donations		$ 609,076
Volunteer Services		
a) Employee Volunteer Services	$ 199,115	
b) Non-Employee Volunteer Services	$ 0	
c) Total (add lines a and b)		$ 199,115
Education		$ 82,320,885
Government-sponsored program services		$ 0
Research		$ 42,389,813
Subsidized health services		$ 296,546,855
Bad debts		$ 51,717,488
Other Community Benefits		$ 25,742,301

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

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

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

Omar B. Lateef, DO; President and CEO
Name/Title (Please Print)

(312) 942-6706
Phone: Area Code/ Telephone No.

Signature

April 28, 2026
Date.

Rukiya Curvey Johnson
Name of Person Completing Form

(312) 942-3016
Phone: Area Code/ Telephone No.

Rukiya_CurveyJohnson@rush.edu
Electronic / Internet Mail Address

(312) 942-2708
FAX: AreaCode/FAXNo.

Rush University Medical Center and Rush Oak Park Hospital Community Benefits Report
FY25 (July 1, 2024 – June 30, 2025)

Organizational Background

Rush University System for Health has a long history of community engagement and commitment to improving the health of the communities it serves. Rush maintains a unique organizational structure that allows it to thrive: It is a not-for-profit health care, education, and research enterprise comprised of Rush University Medical Center (RUMC), Rush University, Rush Medical Group (RMG), Rush Oak Park Hospital (ROPH) and Rush Copley Medical Center (RCMC).

Dr. Omar Lateef serves as president and CEO of Rush University System for Health and Rush University Medical Center. Lateef was appointed president and CEO of Rush University Medical Center in May 2019 and then took on the role of president of Rush in 2021 and became CEO of the system in July 2022.

Since 2016, Rush University System for Health has been on a journey to improve the health of the communities it serves by addressing life expectancy gaps in its surrounding neighborhoods. Rush has systematically designed and implemented strategies within our communities, organizations, staff, students, and patients to address these gaps. A cornerstone of our approach is the integration of an anchor mission across our system. This involves a commitment to enhancing both health and economic well-being in the community through deliberate practices in hiring, investment, procurement, and active community involvement. Furthering these efforts, Rush launched the development of our first system-wide 5-year Health Equity Strategic Plan in February 2023.

Rush stands apart from other academic medical centers in Chicago with its integrated structure and collaborative approach within communities.

All of its components function under a single, cohesive organization, fostering a system-wide approach to community benefits. This Community Benefit Report serves as a testament to Rush's enduring commitment to improving health across the communities it serves. The report highlights community benefit activities carried out by Rush University Medical Center, Rush Oak Park Hospital, and Rush Copley Medical Center.

Rush Mission, Vision, and Values

Mission: The mission of Rush is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research, and community partnerships.

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

Values: Rush's core values—innovation, collaboration, accountability, respect, and excellence—serve as the roadmap to our mission, vision, and strategic priorities. Known collectively as the ICARE values, they reflect the philosophy of guiding decisions made by Rush employees each day. Rush team members commit to demonstrating these through the Rush Promise, a set of behaviors that define how we treat one another and those we serve. As part of the One Rush strategy, these shared commitments are a systemwide expression of how we deliver on our values. In addition to its core values, Rush upholds the principles of being just, ethical, diverse, and inclusive.

RUSH UNIVERSITY MEDICAL CENTER

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

July 1, 2024 - June 30, 2025

Omar B. Lateef, DO
President and Chief Executive Officer, Rush University Medical Center

Robert S.D. Higgins, MD, MSHA
President and Chief Academic Officer, Rush University

Matthew Walsh
Executive Vice President and Chief Operating Officer, Rush University System for Health

David A. Ansell, MD
Senior Vice President, Community Health Equity
Associate Provost, Clinical Affairs, Rush University

Pete Batra, MD
Senior Vice President and Dean, Rush Medical College

Carl T. Bergetz, JD
Chief Legal Officer, General Counsel and Corporate Secretary

Paul E. Casey, MD, MBA, FACEP
Senior Vice President and Chief Medical Officer

Jeffrey M. Gautney
Senior Vice President and Chief Information Officer

Kate H. Jones
Senior Vice President and Chief Strategy Officer

Courtney Kammer, MHA
Senior Vice President and Chief Human Resources Officer

Deana Sievert, DNP, MSN, RN, NEA-BC, PhD(c)
Senior Vice President and Chief Nursing Officer

Patricia Steeves O'Neil, MAE
Senior Vice President and Chief Financial Officer

Dino P. Rumoro, DO, MPH, FACEP
Chief Administrative Officer, Rush University Medical Center, Rush Oak Park Hospital

John Diederich, MA, MBA, FACHE
President and CEO, Rush Copley Medical Center

Peter Briechle, PhD
Interim Chief Development Officer and Vice President of Philanthropic Giving

Luis Garcia, MD, FACS, MBA, FACHE
President, Rush Medical Group

Julie Hoff, PhD, RN, FNAP, FAAN
Senior Vice President and Provost, Rush University

1653 W. Congress Parkway, Chicago, IL 60612

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Rush University Medical Center Rush Oak Park Hospital and Rush Copley Medical Center
Community Benefits Report
FY25 (July 1, 2024 – June 30, 2025)

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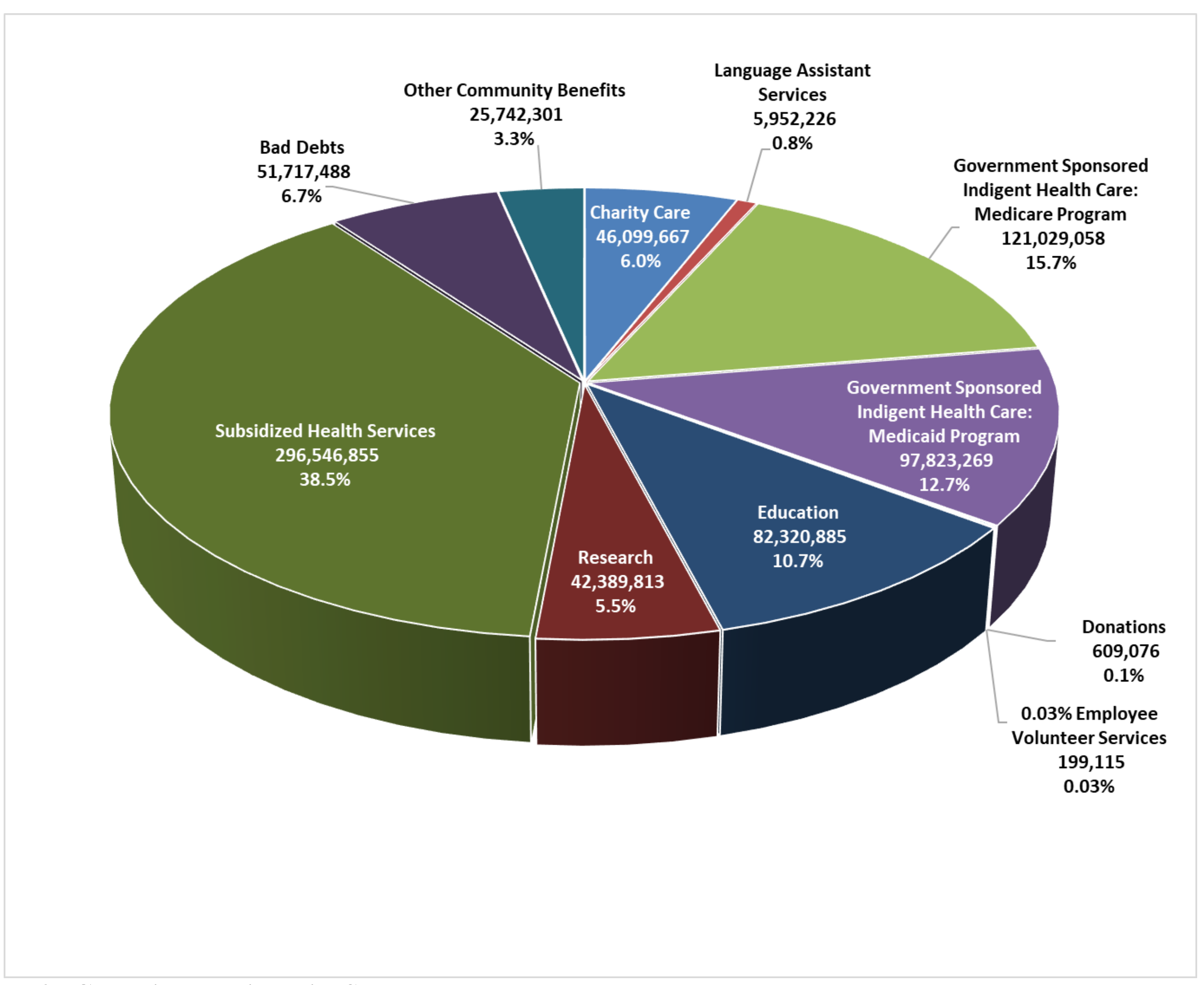
FY2025 Charity Care and Other Community Benefits Summary – Consolidated Financial Summary

The Independent Auditor's Report for the financial information is in Appendix G.

Community Benefits Report Component	Rush University Medical Center	Rush Oak Park Hospital	Rush Copley Memorial Hospital	Total Reportable Entity	Footnote Reference
Charity Care (at cost)	28,186,349	4,680,262	13,233,056	46,099,667	1,4,5,6
Language Assistant Services	4,668,155	67,584	1,216,487	5,952,226	
Government Sponsored Indigent Health Care: Medicare Program	76,748,421	17,617,757	26,662,880	121,029,058	1
Government Sponsored Indigent Health Care: Medicaid Program	57,343,551	16,066,443	24,413,275	97,823,269	1,2
Donations	529,950	2,000	77,126	609,076	
Employee Volunteer Services	123,802	1,122	74,191	199,115	
Education	77,503,520	-	4,817,366	82,320,885	
Research	42,389,813	-	-	42,389,813	
Subsidized Health Services: Physician Practices	224,747,549	14,235,348	57,563,959	296,546,855	7
Bad Debts	25,813,388	9,659,912	16,244,188	51,717,488	3
Other Community Benefits	25,349,334	-	392,967	25,742,301	
Total	563,403,832	62,330,429	144,695,494	770,429,754	



FY25 Consolidated Financial Summary Footnotes

Footnote #1:
The computation of charity care (cost) is based on the charity write-offs for FY2025 and adjusted to cost based on IRS Worksheet 2, Ratio of Patient Care to Charges. The Medicare loss and Medicaid loss are also based on a discrete ratio of cost to charges utilizing the same IRS Worksheet 2. These amounts will differ from the consolidated amounts in this report is adjusted to closer identify patient care costs.

Footnote #2: During FY2025, Rush received payments related to the Provider Assessment Program which was approved by CMS and is administered through the Illinois Department of Health and Family Services. The program is designed to improve Medicaid payments to hospitals. In addition, during FY2016 the ACA Expansion Payment program was initiated by the State which provides additional federal matching payments related to the expansion of Medicaid eligibility per the Accountable Care Act. Without the payments from these programs, the FY2025 unreimbursed cost of the Medicaid program would have been.

Footnote #3:
The amount of bad debt reported for purposes of the Community Benefits filing includes uncompensated care within Rush University Medical Center, Rush Oak Park Hospital, and Rush Copley Medical Center. This amount is valued at actual bad debt provisions for the year.

Footnote #4:
The amount of charity care reported for purposes of the Community Benefits filing includes only uncompensated care meeting, the strict definition of charity care as defined by the Office of the Attorney General as part of the 'Community Benefits Act Compliance Information'. As defined in the 'Community Benefits Act Compliance Information', "Only the portion of a patient's account that meets the organization's charity care criteria is recognized as charity. Although it is not necessary for the entity to make this determination upon admission or registration of an individual, at some point the entity must determine that the individual meets the established criteria for charity care."

Footnote #5:
In the discussion of Rush University Medical Center, Rush Oak Park Hospital, and Rush Copley Memorial Hospital's provision of charity care to our patient population there are several factors which must be considered, in addition to the charity care number provided for purposes of the Community Benefits filing, to obtain a full understanding of the breadth of charity provided. These factors are outlined as follows:

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

Due to the process that Rush and other hospitals must go through to prove a patient's eligibility for charity care, the precise amount of charity care often can be indistinguishable from other categories of uncompensated care. Without the cooperation of the patient in providing appropriate documentation, Rush cannot correctly distinguish patients who meet the defined charity care policies and appropriately categorize those individuals as charity care write-offs. Instead, these patient cases are frequently classified as bad debt write-offs due to a lack of support information. This creates a reported charity care amount which is not representative of the true amount of care provided to low income and indigent patients.

A summary of the breakdown of charity care, solely for Rush University Medical Center, for FY2025 follows:

Category	**Approved Patient Applications**	**Pending Patient Applications**	**No Response / Denied Patient Applications**
Charity Care (Application-based): Number of Patients	1,696	164	697
Charity Care (Application-based): Write Off Amount	($38,584,451)	0	0
Presumptive Charity Care (100% write-off): Number of Patients	6,465	n/a	n/a
Presumptive Charity Care (100% write-off): Write-Off Amount	($31,825,879)	n/a	n/a
Other Programs: Number of Patients	5,229	0	0
Other Programs: Write-off Amount	($16,477,891)	0	0

A summary of charity care breakdown, for Rush Oak Park Hospital, for FY2025, follows:

Category	Approved Patient Applications	Pending Patient Applications	No Response / Denied Patient Applications
Charity Care* (Application-based): Number of Patients	1379	181	546
Charity Care (Application-based): Write Off Amount	($2,449,015)	0	0
Presumptive Charity Care (100% write-off): Number of Patients	3,150	n/a	n/a
Presumptive Charity Care (100% write-off): Write-Off Amount	($16,140,134)	n/a	n/a
Other Programs: Number of Patients	1,462	0	0
Other Programs: Write-off Amount	($4,876,535)	0	0

* During FY25, Financial Assistance applications received at RUMC were applied to ROPH without the patient completing a separate application.

A summary of charity care breakdown, for Rush Copley Medical Center for FY2025, follows:

Category	Approved Patient Applications	Pending Patient Applications	No Response / Denied Patient Applications
Charity Care (Application-based): Number of Patients	582	525	335
Charity Care (Application-based): Write Off Amount	($21,150,538)	0	0
Presumptive Charity Care (100% write-off): Number of Patients	4,254	n/a	n/a
Presumptive Charity Care (100% write-off): Write-Off Amount	($16,445,229)	n/a	n/a
Other Programs: Number of Patients	2,530	0	0
Other Programs: Write-off Amount	($25,694,533)	0	0

Footnote 6:
In recognition of the need to simplify policies and expand assistance to the ever-growing population of uninsured, Rush offers several financial assistance programs to support our patients and remain compliant with Illinois law.

- Uninsured Illinois residents with an income less than 200% of the Federal Poverty Level (FPL) may be eligible for a 100% discount. Uninsured Illinois residents with an income between 201-600% of FPL automatically qualify for an 80% discount. Uninsured residents of other states qualify for a 50% discount.
- Underinsured Illinois residents with income between 1-300% of FPL and Uninsured Illinois residents with income between 201-300% of FPL may be eligible for a 100% discount
- Uninsured and Underinsured Illinois residents with income between 301-400% of FPL may be eligible for an 80% discount.

All charity care programs are evaluated annually to identify additional opportunities to support our patients.

Footnote 7:
Subsidized Health Services include the uncompensated costs of providing essential hospital and physician services that positively impact the wellness of the community. The uncompensated costs were calculated using the standardized methodology and offset by any reimbursement received for services provided. These services were provided despite a financial loss so significant that negative margins remained after removing the effects of charity care, bad debt, and Medicaid shortfalls. Nevertheless, the services were provided because they meet an identified community need, and if no longer offered, they would either be unavailable in the area or fall to the responsibility of the government or another not-for-profit organization to provide.

National recognition
Rush has continued to receive national recognition for its work, some of which is highlighted below.

- ***"Baby-Friendly" Designation***
  Rush University Medical Center received "Baby-Friendly" designation from Baby-Friendly USA, the World Health Organization and the United Nations Children's Fund. These organizations certify whether a hospital adheres to a rigorous series of evidence-based practices shown to increase breastfeeding.

- ***Beacon Award for Excellence: Recognizing exemplary hospital units***
  The Intermediate Care Area and Intensive Care Unit at Rush Copley Medical Center, and the Pediatric Intensive Care Unit at Rush University Medical Center all received a gold level Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). The award recognizes individual hospital units that set the standard for excellence by using evidence-based information to improve patient outcomes and patient and staff satisfaction.

- ***Disability Inclusion***
  Rush was named one of the "Best Places to Work for Disability Inclusion" for the seventh year in a row based on a top score in the 2025 Disability Index, a comprehensive annual benchmarking tool that allows nationwide leading organizations to self-report their disability policies and practices.

- ***Gartner Healthcare Supply Chain***
  Rush University System for Health has been included in the annual Gartner Healthcare Supply Chain Top 25. RUSH ranked 5th on Gartner's 2025 list, steadily moving up over the last several years. Gartner combined quantitative measures of organizational performance and qualitative assessment of value chain leadership and demonstrated supply chain performance to create a composite score for each organization.

- ***Healthgrades***
  Rush Copley Medical Center was one of only 388 hospitals in the nation to receive the Outstanding Patient Experience award, and Rush University Medical Center was one of only 79 hospitals across the nation to earn both the Healthgrades Patient Safety Excellence Award and Outstanding Patient Experience Award, placing them among the top 15% and 10%, respectively, of all short-term acute care hospitals reporting patient safety data.

- ***Human Rights Campaign Leader in LGBTQ Healthcare Equality***
  Rush has been named a Leader in LGBTQ Healthcare Equality in the Human Rights Campaign's (HRC) Healthcare Equality Index (HEI) report. The HEI is an annual survey of U.S. hospitals regarding treatment of lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) patients and their families, as well as hospital employees. Rush has consistently received a perfect score for Non-Discrimination & Staff Training, Patient Services and Support, Employee Benefits & Policies, and Patient & Community Engagement. This year's designations mark the 13th consecutive year RUSH University Medical Center has been designated as an LGBTQ leader, the 8th consecutive designation for RUSH Oak Park Hospital and the 3rd consecutive designation for Rush Copley Medical Center.

- ***Lown Institute Hospitals Index***
  Rush University System for Health ranked 51st of 311 health systems across the nation, with RUSH University Medical Center ranked No. 8 among all Illinois hospitals in the 2024-2025 Lown Institute Hospitals Index for social responsibility, and among the top 15% of 2758 hospitals nationally.

- ***Magnet Nursing Status: American Nurses Credentialing Center***
  All three system hospitals have attained ANCC Magnet Recognition, the highest recognition given for nursing excellence. For work done through FY25, Rush University Medical Center received its sixth Magnet Recognition, Rush Oak Park Hospital received its third, and Rush Copley Medical Center received its second. Both ROPH and RCMC received Magnet with Distinction. Only 601 healthcare organizations

out of around 6,120 hospitals around the globe have achieved Magnet recognition.

- ***Newsweek: Top 20 hospitals in the United States***
  A recent survey of peers and patients by *Newsweek* ranked Rush University Medical Center No. 20 among hospitals in the United States and amongst the top 100 in the world. Newsweek's "World's Best Hospitals" rankings evaluate over 250 hospitals globally, basing their rankings on recommendations from healthcare professionals, feedback from patient surveys, and crucial medical performance metrics.

- ***The Leapfrog Group: top rating for patient safety***
  Rush University Medical Center has been re-named a top teaching hospital by The Leapfrog Group. Attaining this honor requires meeting The Leapfrog Group's stringent criteria for quality care, which encompasses various categories including inpatient care management, medication safety, maternity care, and infection rates.

- ***U.S. News & World Report: Honor Roll***
  In the 2024-2025 Best Hospitals rankings by U.S. News & World Report of 4855 hospitals in the nation, RUSH University Medical Center is ranked in the top 20, nationwide, and No. 1 in Illinois. RUSH stands out with 11 of its specialties ranking in the top 50 nationally, including three in the top ten.

- ***Vizient: Quality Leadership Award***
  Rush University Medical Center has again been recognized as No. 6 amongst top comprehensive academic medical center cohort performers nationwide and received the Ambulatory Quality and Accountability Award in the annual ranking by Vizient, Inc. Rush University Medical Group has been in the top five for nine consecutive years.

Accreditations RUSH offers 90 postgraduate residency and fellowship programs in medical and surgical specialties and subspecialties that are accredited by the Accreditation Council for Graduate Medical Education (ACGME), as well as 22 non-ACGME-accredited fellowships. RUSH also offers a psychology pre-doctoral program.

Recently, the Rush cancer program earned three-year accreditation status from the Commission on Cancer. The commission also awarded the cancer program a best-in-class gold commendation. Rush Copley's Cancer Care program is accredited by the Commission on Cancer (CoC) and the National Accreditation Program for Breast Centers (NAPBC) of the American College of Surgeons.

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

Rush holds national accreditation for continuing medical education through the Accreditation Council for Continuing Medical Education (ACCME) and national accreditation for continuing nursing education (CNE) through the American Nurses Certification Center (ANCC). ANCC awarded RUSH's CNE unit accreditation with distinction, which reflects the high quality of health care education delivered. Both national accreditations have been in place for well over 20 years with a rigorous re-accreditation review process every few years.

Continuing Education
Rush is committed to providing ongoing continuing education for licensed healthcare professionals, including those who work at Rush and those who are part of the greater healthcare community. RUSH is the only academic medical center in the state of Illinois to have joint accreditation that allows professionals from medicine, nursing, pharmacy, occupational therapy, physical therapy, and other allied health professions to learn with and from each other. This allows Rush to provide a framework to deliver high-quality education and training to licensed healthcare professionals, and to promote safe and effective interprofessional patient care.

In fiscal year 2024, Rush provided continuing education training to approximately 22,000 individuals (about the seating capacity of Madison Square Garden) across 8 professions; many programs were interprofessional.

The RUSH BMO Institute for Health Equity

In April 2021, the RUSH BMO Institute for Health Equity (the Institute) was established with the mission to build, evaluate and sustain scalable approaches that improve health and eliminate inequities through the integration of community partnerships, clinical practice, education, research, and policy. BMO Financial Group's $10 million gift formally founded the Institute, continuing more than a decade of investment and work to correct systemic health, education, and economic inequities. The Institute coordinates RUSH's health equity initiatives by developing system-wide strategies and resources to improve well-being and increase life expectancy on Chicago's West Side.

The Institute released its first strategic plan for 2024-2029 with aims that include: the establishment of anti-racism training across RUSH, improvement of data collection with audits to improve patient outcomes and experience, integration of care networks with local Federally Qualified Health Centers (FQHC), and by setting goals for representation in operational leadership, amongst other goals.

Highlights of the Institute's work are provided below.

Addressing Trauma and Violence

The Rush Trauma Intervention Program is a collaboration between the Rush Department of Emergency Medicine and the Rush Center for Trauma Recovery. Launched and supported by the Institute, in the past year the program has provided screenings for exposure to community violence and trauma symptoms at no cost to our patients. In the past year, we have conducted:

- Over 1,200 trauma and mental health screenings
- Over 150 hours of intake appointments
- Over 550 hours of evidence-based psychotherapy
- Over 100 Care-management contacts, with over 300 resource referrals

Those who qualify and agree to enroll in the program receive a customized, evidence-based therapy designed to decrease trauma symptoms, provide care management, and improve overall well-being. This intervention has resulted in:

- >50% reduction in PTSD, depression, and anxiety symptoms
- 25% increase in overall well-being
- 32% decrease in negative emotions
- 43% and 28% increases in positive emotions and social engagement

The program will continue to grow and serve an increased number of patients in the coming year.

Health Equity Anti-Racism Training (HEAT)

Summer 2024 marked the launch of the Health Equity Anti-Racism Training (HEAT) program, for RUSH University faculty. The HEAT program aims to training university faculty to integrate anti racism into their courses, expand understanding of social determinants of health amongst health care professionals, and examine racism's presence in academia and curricula. Since its inception, HEAT has provided training to 36 faculty participants across three cohorts, spanning from fall 2024 to fall 2025, and has gathered feedback to assess outcomes and identify areas for improvement.

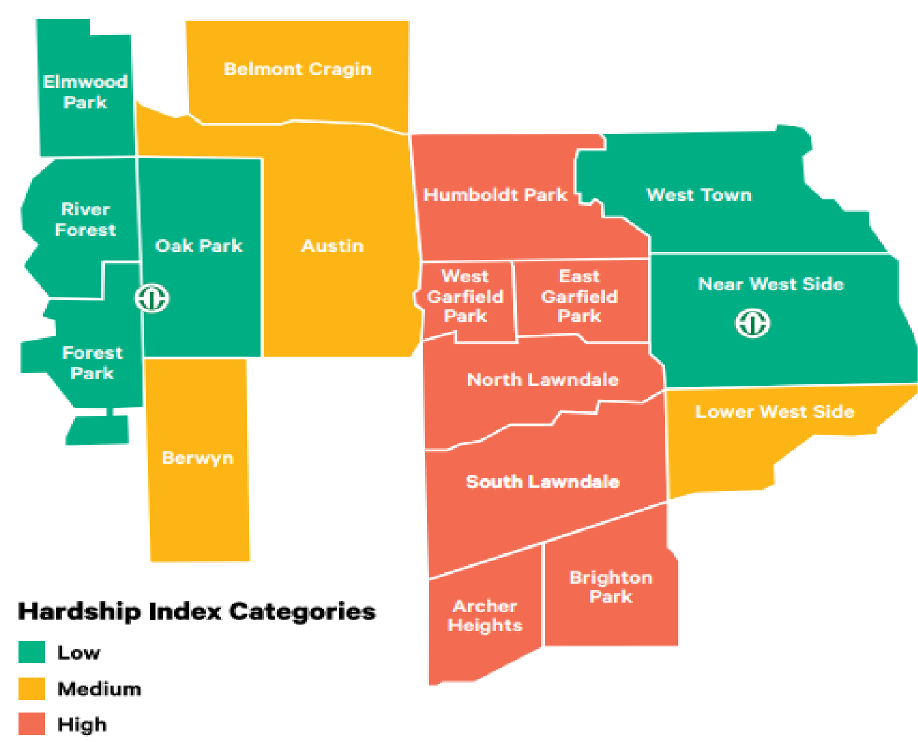
Community health and benefit

This community benefits report quantifies the financial contributions to legally specified community benefit categories, illustrating the extensive range of activities aligned with Rush's mission. It incorporates a detailed account of efforts in areas such as unreimbursed care, collaborations aimed at enhancing access to care, and the various strategies outlined in RUSH's Community Health Implementation Plan (CHIP).

Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP)
In our Community Health Needs Assessment (CHNA), Rush adopted a thorough and cooperative approach for the FY2022 assessment, participating as a member of the Alliance for Health Equity (AHE). The AHE is among the largest CHNA collaborations in the nation, comprising 26 hospitals, seven health departments, and over 100 community organizations at the time of the assessment. Recognizing the importance of partnership in enhancing health outcomes, RUSH contributed to organizing community focus groups and a comprehensive county-wide survey to better understand the health needs of the local population.

Rush delineated its service area to include the communities spanning between Rush University Medical Center and Rush Oak Park Hospital. This area encompasses the neighborhoods of Archer Heights, Austin, Belmont Cragin, Berwyn, Brighton Park, East Garfield Park, Elmwood Park, Forest Park, Humboldt Park, Lower West Side, Near West Side, North Lawndale, Oak Park, River Forest, South Lawndale, West Garfield Park, and West Town.

The West Side of the city, included in this service area, endures some of the most severe health challenges in Chicago, with notably high rates of heart disease, cancer, and diabetes. A stark illustration of this is the disparity in life expectancy – up to 15 years – observed between neighborhoods along a single journey on the Blue Line L train from downtown to the West Side. Through its CHNA, Rush has identified these critical health disparities. The Community Health Implementation Plan (CHIP) developed by Rush lays out targeted strategies to effectively address these health inequities.



Rush's defined community areas for its 2023-2025 CHNA and CHIP

The collaboration identified the following five goals:

1. Prevent and/or manage chronic conditions and risk factors.
2. Increase access to mental and behavioral health services.
3. Reduce inequities caused by social, economic, and structural determinants of health.
4. Increase access to quality health care.

5. Improve maternal and child health outcomes.

To amplify our effectiveness in these communities, all members of the Alliance for Health Equity (AHE) have unified around the same five objectives for their Community Health Needs Assessments (CHNAs).

Rush's CHNA pinpoints the most pressing health needs within our community. The accompanying Community Health Implementation Plan (CHIP) provides a detailed strategy with specific metrics aimed at addressing and mitigating these health issues.

Rush's CHNA and CHIP are in full alignment with the mandates of the Internal Revenue Service and the Affordable Care Act. For more information and to access a copy of these documents, please visit the RUSH website at https://www.Rush.edu/sites/default/files/chna-chip-2022.pdf.

Rush Copley Medical Center

Every three years, Rush Copley Medical Center completes a comprehensive CHNA process to identify, prioritize, and address the top (three to five) health issues in the communities served. Once priorities are identified, a subsequent CHIP is developed to address those priorities. The CHIP is comprised of actionable initiatives, some already in place, some to be developed, but almost all implemented collaboratively with community partners.

This comprehensive community health assessment process is conducted every three years to identify the top health priorities in Kane County. The Kane Health Counts collaborative works together to plan, implement and evaluate strategies that are in alignment with the identified health priorities. Together, the group strives to make Kane County the healthiest county in Illinois.

The Rush Copley Service Area encompasses a diverse population with varying health needs. This includes the following cities and villages: Aurora, Oswego, Montgomery, Yorkville, Plano, Sandwich, North Aurora, Plainfield, Naperville, and Sugar Grove. It covers six counties: Kane, Kendall, DeKalb, LaSalle, DuPage and Will. Key demographics of the area include a mix of urban and suburban residents, with significant representation from different age groups, ethnicities, and socioeconomic backgrounds. The CHNA process involved extensive data collection and analysis to identify the most pressing health issues faced by the community.

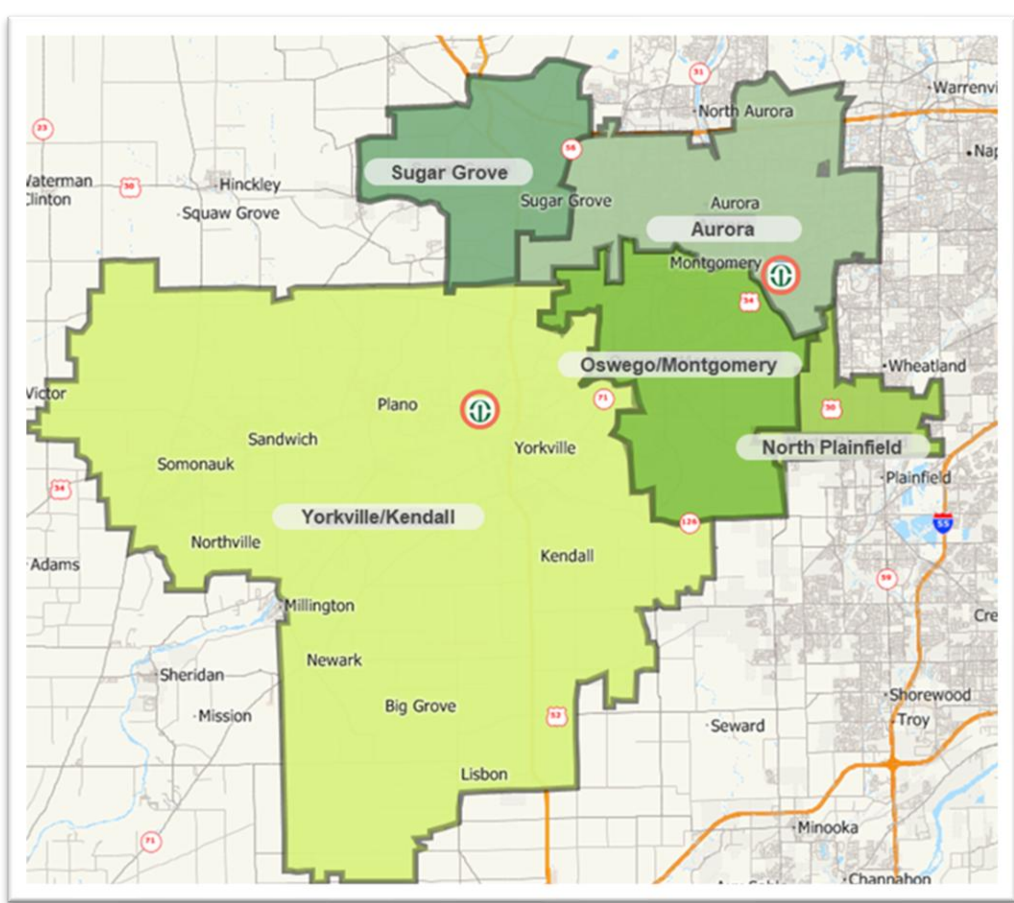
Framework
Rush Copley follows the Association of Community Health Improvement's (ACHI) framework from the American Hospital Association which develops a comprehensive and efficient Community Health Needs Assessment, which is displayed in the graphic to the right.

Methodology
Rush Copley utilizes 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.

1. **Partnering with the local county (Kane & Kendall) health departments.** Rush Copley collaborates with the Kane County and Kendall County health departments, as well as other community partners and other local health providers/experts (including AMITA Health Mercy Medical Center, AMITA Health Saint Joseph Hospital, Northwestern Medicine Delnor Hospital, Advocate Sherman Hospital, and the INC Board), to develop and implement their respective CHAs/CHIPs. Through these collaborations, the hospital actively participated in the identification and prioritization of needs and the development of improvement strategies for key topics that would improve the health and well-being of the residents of the respective counties. In addition, as a part of the Kane Health Counts Collaborative, Rush Copley partnered with Conduent Healthy Communities Institute (HCI) to provide a specific Rush Copley CHNA as a derivative of the Kane County CHNA.

2. **Community Health Surveys.** Rush Copley contracted with Conduent HCI to conduct an online health status survey of adult residents from the community service. The survey questions related to top health needs in the community, individuals' perception of their overall. It included 47 questions and was available in both English and Spanish to seek resident feedback on the communities' needs. 1,515 adult participants responded. Rush Copley conducted an additional online survey, especially among the PSA, and obtained 711 responses. The survey was available online, in English and Spanish and included 20 questions.
3. **Focus Groups and Key Informant Surveys.** Two key informant surveys, three Kane Health Counts Focus Groups and six RCMC focus groups provided unique perspectives on the health needs in the community from residents, patients, healthcare leaders and experts.

4. **Extensive Secondary Data Analysis.** Rush Copley accessed 40+ local, state and national sources of health data and information. These data indicators aligned & compared to the FY13, FY16, FY19 CHNAs and Healthy People 2030 data and goals. These data sources can be found here.



Rush Copley Medical Center defined community areas for its 2023-2025 CHNA and CHIP

Identified and Prioritized Health Needs

Rush Copley identified the following as the top health needs in the community to be addressed in the implementation strategy:

1. **Chronic Disease:** Health Behaviors and Management: Reduce health behaviors related to chronic health conditions and increase management of chronic disease in the community.
2. **Behavioral Health** (mental health and substance abuse): Increase awareness of behavioral health conditions and navigation of behavioral health services in the community. Continue focusing on reducing the misuse of opioids and opioid-related deaths.

3. **Inequities in Vulnerable Populations:** Reduce inequities caused by the social, economic, and structural determinants of health
4. **Access to Health Services:** Leverage patient and community-driven data to advance health equity.

Rush Copley developed and adopted an implementation strategy to address community health needs. The CHNA and Implementation Strategies were approved and adopted by the hospital's Board of Directors on March 30, 2022.

The CHNA Report, Data and Information Book, and Implementation Strategy are helpful community resources and are widely available to the public here.

Goal 1: Prevent and/or manage chronic conditions and risk factors

Fiscal year 2025 highlights:

a. **Reduce risk factors by conducting assessments, implementing disease management programs, and enhancing access to nutritious food options.** Rush created the Food Surplus Project to alleviate food insecurity in the community by redistributing unused food from hospitals to local food pantries and other community-based partners. This collaborative community effort arose from a Rush Oak Park Hospital nurse's graduate work at Dominican University. Representatives from several local organizations, including Rush Oak Park Hospital, the Oak Park-River Forest Day School, Oak Park-River Forest High School, and the Oak Park-River Forest Food Pantry, worked together to create the infrastructure of the program and implement strategies to reduce food insecurity. The Surplus Project continues at Rush University Medical Center and Rush Oak Park Hospital. Through a partnership with Franciscan Outreach and Beyond Hunger, Rush **has provided more than 10,000 pounds of free meals annually.**

   Many members of Rush 's "first community" of employees live on Chicago's West Side between the Medical Center and Rush Oak Park Hospital a swath that includes several neighborhoods without full-service grocery stores that sell healthy food. Rush continues to commit to the community by collaborating with Top Box Foods and 40 Acres to provide local produce to employees monthly at a discounted rate. **Rush connected approximately 5,417 community residents with healthy meals.**

   In May 2022, Rush University Medical Center launched its premiere food pantry service, designed to support patients experiencing food insecurity. This initiative, named "Food Is Medicine," offers identified patients a package of nutritious proteins and produce, along with the opportunity for two subsequent home deliveries. Moreover, the program ensures participants can access enduring food assistance programs like SNAP or Meals on Wheels if they qualify. In partnership with Top Box Foods, a grocer serving underrepresented Chicago communities, this program also guarantees the direct delivery of fresh produce to patients' residences, along with custom recipes, nutritional education, and aid in applying for public benefits. **To date, this innovative program has facilitated over 4,000 patients receiving three home deliveries of healthy meals.**

   Rush Copley Medical Center
   Rush Copley Medical Center formed a multidisciplinary Food Insecurity Committee in 2017 to explore strategies for addressing food insecurity in healthcare. By 2021, the committee launched the Rush Copley Promise Pantry, providing patients who screen positive for food insecurity with a Promise Pantry bag and resources to local food pantries.

   The program expanded in 2022 through a long-term partnership with Loaves & Fishes Community Services, creating a scalable and sustainable model. The Rush Copley Promise operates eight micro pantries across the medical center, utilizing two distinct approaches: an open-access pantry and a screen-and-intervene model.

   In FY25, the Rush Copley Promise Pantry distributed **1,196 pantry bags** to patients who screened positive for food insecurity.

Expand free and subsidized screenings.
Rush Oak Park Hospital expanded its partnership with Beyond Hunger through the Cardiovascular Disease Prevention Program, launched in FY23. Throughout the year, a Rush cardiologist delivered programming from the Rush Center for Prevention of Cardiovascular Disease at community events while a community-based home for the program was identified. The program was subsequently expanded with Beyond Hunger formally established as the home base. A Rush Oak Park cardiologist now leads a team of advanced medical students once per month to provide free, comprehensive cardiovascular screenings and follow up care to Beyond Hunger clients, delivering critical preventive health services to traditionally underserved populations and supporting efforts to reduce cardiovascular health disparities. During the reporting period, the program recorded 281 patient encounters supported by 199 student volunteers who contributed a combined 732 student hours, along with five clinicians providing a total of 18 clinician hours. Because individual volunteer identifiers are not tracked, the 199 student volunteers reflect total student participation, with students counted per experience rather than as unique individuals.

Supporting program information:

Rush Department of Social Work and Community Health (SWaCH)
Social Work and Community Health (SWaCH) dismantles barriers to health and wellness by providing innovative programs to support patients and community members, and by advancing policies and practices that expand access to whole-person care. Rush Generations provides evidence-based workshops, lectures and group, health screenings, and wellness classes. Care management services are integral to various health equity and quality improvement initiatives at Rush and in the community. Complex care initiatives include Caring for Caregivers program, Rush@Home in-home primary care, and the Center to Transform Health and Housing.

5 + 1 = 20
5 + 1 = 20 is a Rush Community Services Initiatives Program (RCSIP) program that aims to educate high school students at Chicago Public Schools on five diseases prevalent in the surrounding underserved community (asthma, hypertension, HIV, diabetes, and cancer). Twice a month, Rush University student volunteers teach a health topic related to the five diseases, with content ranging from disease prevention to practical skills such as checking blood pressure. The students have opportunities to share their knowledge through 5 + 1 = 20 health fairs at their schools, where activities include body mass index calculations, blood pressure screenings, vision screenings, glucose level checks, referrals, and health education. Health fair participants include families and friends of the students and other members of their communities. The program's unusual name comes from the idea that knowledge of these five conditions, plus one informed student sharing what they know, can extend by 20 years the life of someone who might not otherwise be screened. **In FY2025, 5 + 1 = 20 expanded programming operating in Benito Juarez, IHSCA, RTC Med Prep, Legal College Prep, ISJLA, Pedro Albizu Campos High School, West Town Leadership Academy, and Progressive Leadership Academy. There were 804 unique encounters by 314 RCSIP student volunteers.**

Rush Walk for Wellness
The Rush Walk for Wellness is a seven-week summer program that encourages participants of all ages and abilities to engage in regular exercise and learn about health issues impacting their communities. These events are meant to create opportunities for people to connect with each other both in person and virtually with neighbors, health and wellness experts and community organizations – fostering a sense of belonging and support. **The program engaged 702 community members across our service areas, who collectively logged more than 46 million steps, equivalent to approximately 23,000 miles.**

Rush Copley Collaboration with VNA Health Care's Walk with a Doc
Local Federally Qualified Health Center, VNA Health Care, hosts an annual and bi-monthly walking program called "Walk with a Doc." The program includes a short educational presentation from a health care provider, followed by a group walk for the remainder of the hour-long session. Rush

Copley provides support with participating in educational presentations. During the spring and summer, the program takes place at two local parks in collaboration with the Fox Valley Park District. In the fall and winter, it transitions to the Rush Copley Healthplex, which provides access to an indoor track. This program promotes physical activity, health education and practical steps to prevent and manage chronic health conditions.

Movement Disorders Program
Rush Copley's Movement Disorders Program is a community-based initiative dedicated to supporting and managing Parkinson's disease, essential tremor, dystonia, ataxia, and other movement disorders. The program focuses on helping participants improve and maintain mobility, coordination, and overall quality of life. In FY25, offerings were delivered in a hybrid format and included monthly support groups for participants and their care partners/caregivers, exercise classes, and music therapy. These services **reached 156 participants**, reinforcing the program's commitment to comprehensive care and ongoing management for individuals living with movement disorders.

Waterford Place Cancer Resource Center
Waterford Place Cancer Resource Center, part of Rush Copley Medical Center, celebrated its 10th anniversary this year, continuing to make a meaningful difference for those affected by cancer by providing free programs and services, thereby eliminating financial barriers to care for patients, survivors, and caregivers. Offerings include wellness and exercise, salon and spa, educational programs, and integrative medicine services, with bilingual options in Spanish to ensure accessibility. **In FY25, Waterford Place hosted about 40 programs each month, delivered in-person and hybrid, serving 925 individuals and welcoming 6,915 visits.** Rush Copley healthcare professionals actively contributed by providing educational presentations, programs, and services, reinforcing the center's commitment to improving quality of life for the cancer community.

Goal 2: Increase access to mental and behavioral health services

Fiscal year 2025 highlights:

a. **Enhance the number of community screenings and boost referrals to mental and behavioral health services.** Rush is working to address the mental and behavioral health needs of our patients and communities by offering social work services to our primary care, inpatient, and emergency department patients. In addition, the College of Nursing and Rush Community-Based Practices team offer mental health services in the community at Simpson Academy for Young Women and College of Nursing Faculty Practice sites. RUSH also offers mental and behavioral health services through the Health Legacy Program for Women. This program focuses on behavioral change and addresses psychosocial issues through referrals for direct services offered through Social Work and Community Health.

School-Based Health Centers (SBHCs)
As part of their preventive health services, Rush SBHCs conduct age-appropriate risk screening and evaluation for mental health issues. Students identified with mental health issues are referred for in-SBHC or community-based counseling and psychiatric services. **In FY25, 1,536 patients received in-SBHC mental health services.**

SWaCH's Mental Health Clinic provides outpatient mental health care as a free-standing psychotherapy clinic as well as integrated partnerships with Rush specialty care providers. **In FY25, 10,600 therapy sessions to referred patients were provided in Rush's outpatient community psychotherapy clinic.** It also staffs Rush's Center for Clinical Wellness and runs the Legacy Mental Health Fellowship to bring mental health clinicians of color into the community. In addition, SWaCH operates the Anne Byron Waud Resource Center and the Tower Resource Center (TRC), which are both open daily to the public. Each center is staffed by a licensed clinical social worker who is available to help with a myriad of issues related to health and chronic health issues that particularly impact adults and caregivers.

Mental Health First Aid
In community listening sessions, West Side residents told us that their neighborhoods lack sufficient mental health resources, a major contributor to health disparities. In response, Rush launched Mental Health First Aid training, which trains people to recognize signs and symptoms of mental illness, respond appropriately when someone needs help, support fellow community members, and help remove the stigma that persists around mental health services. **Twelve community MHFA training were facilitated. Trained 202 Rush and community members in mental Health First Aid.**

b. Expand access to other screenings and services.
Through a partnership with the Rush Department of Psychiatry, psychiatric services are provided both in the SBHCs and by telehealth. **During FY25, there were 1,733 students who received SBHC-provided psychiatric care.**

Supporting program information:

Rush School-Based Health Centers (SBHCs)
Rush has a 30-year history of providing health care at School-Based Health Centers. RUSH currently has three SBHCs located in Chicago Public Schools: Orr Academy High School, Richard T. Crane Medical Preparatory High School, and Simpson Academy for Young Women. Crane and Orr have students in grades 9 through 12, and Simpson serves girls in grades 6 to 12 who are pregnant, parenting, or both. All three schools have student bodies from underserved populations and are in neighborhoods with high rates of poverty and economic hardship.

Adolescent Family Center (AFC)
In FY25, AFC provided clinic services to 536 youth in 1,781 healthcare encounters. Additionally, AFC completed 721 Sexually Transmitted Infection tests and had a 100% treatment rate, which promotes the preconception health of the young people AFC serves. AFC also saw a 33% increase in birth control utilization in the past fiscal year. **The AFC had 82 pre-and-postnatal care patients in FY25.** All pregnant and post-partum patients received mental health screening for depression and connection to resources like Women, Infants, and Children (WIC).

AFFIRM: The Rush Center for Gender, Sexuality, and Reproductive Health
Established in January 2020, AFFIRM: The Rush Center for Gender, Sexuality & Reproductive Health is actively engaged in bridging healthcare gaps for the LGBTQ+ community. This health equity program addresses the challenges of longstanding internalized stigma, trauma, community marginalization and socioeconomic inequities that often lead to significant health disparities within the LGBTQ+ communities. The Affirm team supports the community through its Patient Navigation hub and is committed to guiding providers across the RUSH system in delivering inclusive and affirming care and services to all individuals. **In FY2025, 1,541 LGBTQ+ patients worked with Affirm patient navigators who helped them connect with inclusive care and services at RUSH and in the community. Affirm also provided 72 hours of cultural competency training to over 1,500 RUSH employees.**

The Road Home Program at the Center for Veterans and Their Families at Rush
The Road Home Program provides care for the "invisible wounds of war" suffered by veterans and their families. Services for veterans include an adult mental health clinic that specializes in post-traumatic stress disorder; family and marital services such as support groups; counseling and guidance for parenting; a military sexual trauma clinic; and an Intensive Outpatient Program (IOP). The IOP is a three-week program where veterans receive intensive treatment Monday through Friday from 8 a.m. to 5 p.m. **For FY2025, the Road Home Program provided clinical services to 1,320 unique veterans across all programs. Among veterans who participated in our two-week Intensive Outpatient Program, we achieved a 94% completion rate.**

College of Nursing Faculty Practice Program

The Rush College of Nursing (CON) has a 40-year history of providing health care services to historically underserved individuals, families, and communities at diverse community practice sites through the CON Faculty Practice Program. Most recipients of care are uninsured or underinsured and rely on the CON Faculty Practice sites as their main sources of health care. In addition to direct clinical care provided by Rush CON faculty clinicians, the CON Faculty Practice facilitates Rush University interdisciplinary student volunteer programs for students to develop and deliver health education programs in alignment with the clinical care provided. **Nearly 100,000 clinical care and community service hours** are provided to historically underserved communities per year through the CON Faculty Practice Program.

Harm Reduction Access: Naloxone Dispensing Machine

Rush Copley partnered with the Kane County Health Department to install a naloxone dispensing machine in the waiting area of the Emergency Department, launching the initiative in December 2024. Naloxone is a life-saving medication that reverses opioid overdoses, and the dispenser allows community members to pick up naloxone anonymously and free of charge. Located at Rush Copley's Aurora campus, the dispenser provides 24/7 access, ensuring that help is available when needed, whether for an individual, a loved one, or a bystander. This initiative aligns with Rush Copley's Community Health Improvement Plan and supports the health department's broader opioid response strategy, which emphasizes harm reduction as a critical approach to preventing overdose deaths and reducing barriers to care. **In FY25, 192 naloxone kits were distributed through the dispenser, expanding access to critical overdose intervention resources and promoting community safety.**

Integrated Mental Health Warm Handoff Pilot in Primary Care

Rush Copley's Family Medicine Residency Department launched a pilot program in November 2024 in collaboration with a local community-based mental health organization to provide warm handoffs to mental health services in the primary care setting. Patients who screened positive or expressed a need for mental health support were given a list of resources, and those who elected family counseling services were connected in real time with an appointment and team members from Family Counseling Services. This approach ensures immediate access to care and reduces barriers for patients seeking mental health support. **In FY25, 43 patients were successfully connected with mental health services through Family Counseling Services, strengthening continuity of care and promoting overall well-being.**

Connecting Patients to Substance Abuse Treatment

In August of 2024, Rush Copley Medical Center partnered with Gateway Foundation, a leading substance use treatment center, to address the complex needs of patients struggling with substance abuse. This collaboration ensures a Warm Handoff process, where Rush Copley care managers work directly with Gateway Engagement Specialists to connect patients to treatment and resources without delay.
By eliminating barriers to care and offering personalized support, the program helps patients access critical services. For those who decline treatment, educational resources and follow-up engagement are provided to encourage future participation. **In FY25, 130 patients were connected with Gateway Foundation Engagement Specialists to discuss treatment options and resources, demonstrating Rush Copley's commitment to meeting patients where they are and improving access to care through strategic partnerships.**

***Goal 3: Reduce inequities caused by the social, economic, and structural determinants of health*.**

Fiscal year 2025 highlights:

a. Through enrichment, engagement, skills training, and high-quality work-based learning, Rush is preparing underrepresented youth for success in STEM and health care careers. The Rush Education and Career Hub (REACH) is a cradle-to-career pipeline program dedicated to increasing diversity in science, technology, engineering, mathematics (STEM), and health care professions.
REACH aims to improve high school graduation and college matriculation rates, spark sustained interest in STEM and health care careers and equip students with essential 21st-century workforce

skills, including communication, collaboration, critical thinking, creativity, and leadership. Rooted in RUSH's commitment to building healthier communities, REACH reflects a deep investment in the growth and development of our neighborhoods and school communities. **In FY2025, REACH served more than 10,000 students, educators, and community members across its pipeline programs, supporting learners from preschool through post-college. Additionally, REACH provided over 380 high school and college students with more than 20,000 hours of paid, work-based learning experiences.**

Rush Copley's Youth Career Exploration Initiatives demonstrate a strong commitment to building the future healthcare workforce and promoting health equity through education and access. In FY25, Rush Copley hosted onsite internship rotations for 71 high school students from Oswego, West Aurora, and Yorkville school districts, providing hands-on experience across multiple departments. Additionally, Rush Copley team members participated in local career fairs and panel discussions, including the City of Aurora Youth Summit and events at East and West Aurora High Schools, engaging students with diverse healthcare professionals and career pathways. **Through internships, career fairs, and educational outreach, Rush Copley connected with over 1,000 local youth in FY25, reducing barriers to healthcare careers and strengthening pathways for underrepresented communities.**

b. **Identify, measure, and mitigate the social determinants of health among those at risk – particularly children, young adults, and people with chronic illness.** Rush uses a screening tool to identify non-medical barriers to good health, such as food insecurity, homelessness, lack of utilities, transportation barriers, and interpersonal violence. This tool is used across the Rush University System for Health: emergency department, primary care settings, and community-based settings. Patients screened for these Health-Related Social Needs (SDoH) are connected to services via a partnership with Unite Us, a locally based resource directory company that provides curated, personalized resources that are shared with patients. **In FY2025, 104,384 SDOH screenings were completed in Rush University Medical Center and Rush Oak Park Hospital.**

Rush Copley Medical Center recognizes that social determinants of health (SDoH) including housing, utility challenges, food security, transportation, and interpersonal safety play a critical role in patient outcomes and overall well-being. To proactively address these factors, the medical center implemented routine SDOH screenings to identify barriers impacting care. **In FY25, 10,367 patients were screened, and 813 individuals screened positive for social needs.** Each patient who screens positive for SDoH meets with a social work care manager and receives a customized resource list through Untie Us tailored to their zip code and geographic location, ensuring access to relevant community support. By addressing these social needs, Rush Copley helps reduce barriers to care, improve health outcomes, and lower the risk of hospital readmission, reinforcing its commitment to health equity and comprehensive patient care.

The SDoH screening module has been launched widely across adult and pediatric primary care practices and aligned it with the Adverse Childhood Experiences (ACE) screening tool, which detects traumatic events strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan. Screening rollout is expected to continue across the Rush Medical Group.

c. **Participate in regional community health improvement collaboratives.** Rush joined the AHE early on and is a member of its steering committee. In addition, a Rush representative chairs several work groups, including one devoted to food security and social determinants. Rush also has a leadership role in the workgroups for data, policy and trauma-informed care.

Rush Copley Medical Center serves as a member of the Executive Committee of the Kane Health Counts Collaborative, a partnership led by the Kane County Health Department in collaboration with five hospitals: Ascension Mercy Medical Center, Ascension St. Joseph Hospital, Advocate Sherman Hospital, Northwestern Delnor Hospital, and Rush Copley Medical Center as well as the INC Mental

Health Alliance. The Kane Health Counts Collaborative works collectively to plan, implement, and evaluate strategies aligned with identified community health priorities, ensuring a coordinated approach to improving health outcomes across Kane County.

Supporting program information:

Rush Education and Career Hub (REACH)
REACH provides programming across the educational continuum, from pre-kindergarten through college, through the initiatives highlighted below.

Elementary School Outreach (Grades Pre-K through 5)
The STEMagineers program for elementary school students helps establish a foundational interest in STEM and health care. The program builds awareness of STEM and health care education and careers, teacher professional development, family engagement, classroom curriculum resources, and alignment with standards and research that support best practices in early childhood education. STEMagineers program has continued to evolve and broaden its impact, offering compelling activities and presentations. Highlights include the successful execution of the sexual health education workshops for students who attended Pickard, Dett, and Melody Schools in November, garnering completion appreciation notes and marking a significant milestone for the program. They engaged in crucial topics such as CPR, Diabetes, heart disease, and mental health for youth and teens.

Middle school outreach (grades 6 through 8)
In FY2025, REACH continued with two STEM educational enrichment programs for students in grades 6 through 8.

Vitals for STEM Success is a 10-week after-school program designed for students interested in STEM and health care careers. Participants build foundational skills and career awareness through collaborative projects, games, and dissection labs focused on human body systems. Students also explore career pathways through research, simulations, and guest speakers from health care professions. During the past year, the program was hosted at Lawndale Community Academy, Theodore Herzl Elementary School, and Village Leadership Academy. It was also offered as a middle school STEM summer camp at Melody STEM School and the Carole Robertson Center–Albany Park.

Future Ready Learning Labs supported in part by Motorola Solutions Foundation, is an in-school enrichment elective focused on increasing awareness of STEM and health care careers, strengthening self-efficacy, developing 21st-century learning skills, and supporting the transition to high school. Students engage through research projects, hands-on learning activities, Career Day events, and guest speakers. During the 2024–25 school year, partner schools included Pickard Elementary School, William H. Brown STEM School, Laura Ward STEM School and Hefferan STEM Elementary School.

REACH STEM Health Sciences Exploration Fair
In 2025, REACH continued its commitment to community engagement by sponsoring the annual STEM Health Sciences Exploration Fair at Malcolm X College. The event reached students across multiple age groups and sparked interest in STEM and health care careers. **More than 200 elementary school and middle school students participated in hands-on science experiments, interactive activities, and career panels.** Students also had the opportunity to engage directly with health care professionals, gaining insight into a wide range of career pathways. The fair inspired curiosity, expanded awareness, and helped open doors to future educational and career opportunities.

High school outreach (grades 9 through 12)
MedSTEM, one of REACH's signature programs, introduces high school students to a wide range of clinical and non-clinical health care careers while building leadership and academic skills. MedSTEM Explorers and Pathways offers pre-internships for rising sophomores and juniors, as well as internships for rising juniors and seniors. Leveraging resources across Rush University

Medical Center, students participate in personal development workshops, earn industry-recognized certifications, and network with health care professionals.

In FY2025, 132 students participated in MedSTEM Pathways and MedSTEM Explorers. 71% of all MedSTEM program participants earned one or more industry-recognized credentials, including CPR, first aid/basic lifesaving, phlebotomy, and ECG technician certifications.

In spring 2025, REACH continued to engage youth through the Rush Youth Health Ambassador Program, which supports social determinants of health screening, patient experience, and patient interactions at Rush University Medical Center. In partnership with North-Grand High School, 10 students participated in a 10-week cohort.

College and Beyond

The College Career Pathways Program supports underrepresented young people beyond high school for immersive work-based learning experiences in targeted career paths. The program includes paid internships, college and career advising, and professional and technical skills training, which helps participants find jobs with STEM and health care employers. Interns learn skills in several Rush University Medical Center departments, including labor and delivery, the surgical ICU, outpatient psychology and pathology. **In FY2025, 39 students each earned more than 256 hours of paid, work-based learning experience through College and Career Pathways.**

In spring 2025, REACH launched the second cohort of the Career Academy @ Rush – Pharmacy Apprenticeship Program. This one-year apprenticeship serves underrepresented high school and college students (ages 17 and older) interested in pursuing pharmacy careers. Participants explore pharmaceutical sciences, develop career-specific skills, and earn licensure to practice in the field within one year.

Oak Park River Forest High School

Rush Oak Park Hospital started a collaboration with Oak Park River Forest High School (OPRFHS) to have their certified nursing assistant student's complete clinicals at ROPH. Currently, one of the ROPH nurses serves as liaison and clinical faculty for this program. **In FY25, 25 students fulfilled educational requirements for licensing and increased the larger communities' healthcare educational attainment.**

Rush Oak Park Hospital also collaborates with Oak Park River Forest High School in the CITE II: Community Integrated Transitional and Educational Program. ROPH is a host site for the OPRFHS CITE II Program. This program is a partnership between ROPH and OPRFHS that serves local students with developmental disabilities and/or Autism who have received a diploma from high school but still need additional assistance after graduation. CITE is an outcome-based program focused on facilitating students' independence in their home and community through direct teaching of life skills. The program assists the students within ROPH's professional environment by helping them move toward their desired post-school outcomes - particularly with an emphasis on learning job skills, providing coaching on social skills, and helping to acquire gainful employment within the community. **In FY25, ten students worked three days per week with the support of a coach. In FY25, workers in the environmental services department logged 315 hours; kitchen workers logged 445 hours.**

Mini Medical School

The RCSIP Mini Medical School offers a unique Saturday program once a month throughout the academic year, tailored for fourth and fifth graders from Chicago Public Schools. Its primary aim is to acquaint these young learners with the field of health sciences. Taking place at RUSH University, the program includes a series of anatomy and physiology lectures, interactive activities centered on the five key body systems, and practical dissection sessions. Committed RUSH student and physician volunteers play a pivotal role in crafting the curriculum, leading the activities, and providing guidance to the students during these educational sessions. **In FY25 RCSIP Mini Medical School continued**

with in-person learning. There were 10 remote sessions held with 100 students enrolled for a total of 591 student encounters.

Rush Copley's Youth Career Exploration Initiatives
Rush Copley continues to invest in the future healthcare workforce through comprehensive youth career exploration programs. These initiatives provide local high school students with hands-on experiences and exposure to diverse healthcare professions, while promoting health equity through education and access.

Onsite Internship Department Rotations
In partnership with area schools, Rush Copley hosted onsite internship rotations for **71 students from the Fox Valley community in FY25**. Participating school districts included Oswego Community Unit School District 308, with **36** students from Oswego East High School and Oswego High School; West Aurora School District 129, with **8** students from West Aurora High School; and Yorkville Community Unit School District 115, with **27** students from Yorkville High School. These rotations allowed students to explore multiple departments, gain practical insights, and learn about career pathways in healthcare.

The program provided exposure to diverse healthcare roles, helping students understand careers beyond traditional clinical positions and increasing representation in underserved communities. It also promoted academic and career readiness by offering hands-on experience that prepares students for post-secondary education and healthcare careers. Additionally, by engaging local schools, Rush Copley reduced barriers to access, creating equitable opportunities for professional networking and mentorship.

Youth Career Fairs and Panel Discussions
Rush Copley team members from a wide range of healthcare disciplines actively participated in local career fairs and panel discussions to share their expertise and inspire future professionals. Highlights included the City of Aurora Youth Summit, which featured five advanced practice providers; the West Aurora High School Career Fair; the East Aurora High School Career Fair, which hosted six healthcare professionals; and the Valley Education for Employment System Career Fair, which featured four professionals from laboratory services. Additionally, Rush Copley providers served as panelists, offering students valuable perspectives on academic preparation and career development in healthcare.

These efforts emphasized the importance of representation, allowing students to see healthcare professionals who reflect their communities and fostering trust and aspiration. Panelists also provided guidance on overcoming systemic barriers to healthcare careers, while career fairs encouraged students to pursue roles that address local health disparities, creating a lasting impact on community health equity.

In FY25, Rush Copley connected with and **engaged over 1,000 local youth** through internships, career fairs, and educational outreach initiatives, strengthening pathways to healthcare careers and advancing health equity in the community.

Goal 4: Increase access to care and community services

Fiscal year 2025 highlights:

a. **Expand access to primary care medical homes for people without insurance and for others without medical homes.** The FQHC Navigation program at RUSH plays a vital role for patients who utilize the Emergency Department who require assistance in arranging follow-up appointments after discharge. This program engages Rush University Medical Center's numerous community collaborations, notably its formal alliance with CommunityHealth, Chicago's largest free clinic. Here, Rush University Medical Center attending physicians, medical residents, and students generously contribute their expertise and time

through volunteer rotations. CommunityHealth provides a comprehensive range of services including routine physicals, immunizations, a full laboratory and pharmacy, complimentary medications, and dental care. **In FY2025, 201 patients** were referred to CommunityHealth through this partnership. We are in process of developing and strengthening community partnerships with ACCESS, PCC Wellness and Erie, to name a few, and will report on those findings next fiscal year.

b. **Implement adverse childhood event screenings and referrals at school-based health centers.** Please see Goal 3, Section B

c. **Expand access to insurance.** FY25 was the fourth consecutive year that Rush and ROPH engaged with Change Healthcare, a vendor that assists patients in applying/filing for benefits with third-party payors. RUSH and ROPH's contract with **Change Healthcare exceeded $300,000 in FY25**. Please see Goal 4, Section A.

Supporting program information:

RCSIP clinics
RCSIP clinics operate through the dedicated efforts of RUSH volunteers, comprising a physician leader and an interdisciplinary team of RUSH students. These clinics provide a range of services, including physical examinations, health education, complimentary basic medications, and procedures like wound care. Additionally, they assist patients in establishing primary and/or specialty care connections through referrals. These clinics include:

- **RCSIP Haymarket,** which serves adult men and women with primary care, and health education; it also provided COVID-19 vaccinations during 13 vaccination days and seven clinic days. **More than 587 healthcare encounters were provided during FY2025.**

Diabetes Education Program
Rush Copley provides free diabetes education for patients with limited financial resources, equipping them with the knowledge and skills needed to effectively manage their condition and avoid or delay long term complications. The program offers consultations with certified diabetes educators who support patients and community members in learning practical strategies for diabetes management. By reducing barriers to high quality care, this initiative promotes improved health outcomes and advances equity in access to essential education. **During FY25, Rush Copley conducted 358 educational sessions and served 237 unique participants through personalized diabetes education and guidance.**

Automated External Defibrillator (AED) Donation Program
Rush Copley's AED Donation Program provides life-saving devices to nonprofit organizations within the Greater Fox Valley area, strengthening emergency preparedness and improving community health outcomes. Applications for AEDs are reviewed quarterly by a multidisciplinary committee, and selected organizations receive an AED device along with a wall-mounted storage case. To ensure proper use, a physician assistant from the cardiology department offers hands-on training to the organization's team, equipping them with the skills needed to respond effectively during cardiac emergencies.

In FY25, eight AEDs were distributed to nonprofit organizations throughout the Fox Valley community. This program advances health equity and community safety by expanding access to emergency cardiac care in public spaces, empowering nonprofits that serve vulnerable populations, and improving survival rates through timely intervention in areas that may lack immediate medical resources.

Community CPR Classes
Rush Copley Medical Center promotes community safety and access to emergency care by offering free Community CPR classes in collaboration with Illinois Safety. These classes are hosted both in the community and at Rush Copley campuses and are available in English and Spanish, ensuring accessibility for diverse populations. Participants receive American Heart Association HeartSaver CPR and AED Certification, equipping them with lifesaving skills that can make a critical difference in emergencies. **In**

FY25, Rush Copley hosted four classes, certifying 51 participants, reinforcing its commitment to empowering the community with essential skills that improve survival rates and health outcomes.

Goal 5: Improve maternal and child health outcomes

Fiscal year 2025 highlights:

a. **Invest, develop, and participate in two-generation initiatives to support whole-family health.** Best Babies Zone – Where communities thrive and babies are healthy, was launched in 2019 through participation in organized programs of support and technical assistance provided by CityMatCH is a place-based, multi-sector, community-driven approach to reducing racial inequities in birth outcomes by mobilizing community residents and organizational partners to address the social, structural, and economic determinants of health and promote health equity. The vision of this program is to improve neighborhood birth outcomes and create equitable opportunities for families to thrive by leveraging community expertise and engagement and forging multi-sector partnerships to disrupt the social and economic determinants of health caused and perpetuated by systemic racism.

b. **Partner with community-based organizations to expand behavioral health initiatives that promote relational health.** Building Early Connections (BEC) is a five-year service initiative aimed at enhancing care systems at Rush and across Chicago's West Side, particularly for prevalent behavioral health issues in children under the age of 8. BEC Initiatives include:

- **Expand care at Rush:** Develop a coordinated screening, referral, and behavioral health intervention model for young children at Rush
- **Increase Capacity in Chicago:** Increase the capacity of Rush and community providers to identify and address common behavioral health concerns in young children
- **Engage patient populations:** Launch a community-based healthy child development promotional campaign

Community-building activities

As an anchor institution, RUSH is committed to improving economic vitality, well-being, and community health through cross-sector and community partnerships. The following highlights RUSH initiatives within IRS-defined categories.

Physical improvements and housing

Rush launched the Center to Transform Health and Housing (CTHH), funded by the Chicago Trading Company in 2021. Since then, the Center has acquired additional funding from Illinois Tool Works to support its mission of improving health outcomes for people experiencing homelessness and housing insecurity. The Center's four-prong approach focuses on **education and training** by increasing learner experiences, **clinical care** which includes medical and social care, **advocacy, and collaboration**, and highlighting the **voice of people with lived expertise** to address the social determinants of health that impact this population. The Center also facilitates and provides operational support to the Chicago Homelessness and Health Response Group for Equity (CHHRGE), a multisector collaborative, established in March 2020, that works to enhance communication and coordination with the City of Chicago and other collaborative stakeholders and serves as a clearinghouse for information, support, and problem-solving for health and housing equity.

Economic development

- **Invest locally:** As part of WSU impact investment collective, **$11.6 million** is actively invested with community development financial institutions (CDFIs) to West Side social impact projects as of June 2025. Since 2018, WSU partners have collectively and cumulatively invested **$19.4M with** "recycled capital" into Community Development Financial Institution partners. Over the past

year (July 2024 - June 2025), **$24.8 million dollars** have been loaned to local businesses and organizations through WSU's CDFI partners.

- **Purchase locally:** To advance Rush University Medical Center toward its goals to increase purchasing with vendors from the West Side, Rush has partnered with the Healthcare Anchor Network, West Side United, and Vizient to commit to identifying and contracting with vendors at the hyper-local level. Rush University Medical Center spent **$20.8 million** in purchased services in FY25 using Anchor Mission (AM) vendors and executed its first annual Supplier Summit event to connect local vendors in Rush's anchor mission area and beyond. Rush University Medical Center continues to be part of the West Side Procurement Working Group with five other hospitals and health systems to share best practices and increase the use of local vendors.

Workforce development

- **Hire locally:** RUSH has established an organizational goal to increase hiring from the West Side and collaborates with two community-based partners (Skills for Chicagoland's Future and Cara) to increase local hiring for entry-level positions. RUSH also partners with other organizations to source local talent and, when necessary, refer candidates to other partners for employment and wraparound services. Since FY21, **12,608 employees** have been hired from anchor mission communities. **In FY25, 19% of Rush's new hires (2,223 individuals) were from anchor mission communities.**
  - **Since FY21, 879 participants have been served in multiple career pathways** programs via WSU, Rush and REACH to help community members and incumbent workers at Rush advance in their healthcare careers.

Rush Oak Park Hospital works with local vendors and continues to expand local hiring initiatives. ROPH has a long-standing partnership with the Oak Park River Forest Chamber of Commerce, including ROPH board participation, contributions to monthly wellness newsletters, sponsorship of an annual health and wellness fair, identification of potential local job candidates, and efforts to highlight local businesses in the ROPH gift shop. As a result of a collaboration with the Oak Park River Forest and Austin Chicago Chambers of Commerce, a process was created for the ROPH gift shop to host local small businesses' pop-up shops, from anchor mission communities. This process serves to promote and showcase these small business goods/products and 100 percent of sales go back to the businesses.

As part of the ROPH/Oak Park River Forest Chamber of Commerce partnership, ROPH serves as the presenting sponsor of the Chamber's annual health and wellness fair. The fair is a collaboration with multiple local health, wellness, and social services agencies/organizations/small businesses. There were a total of **90 vendor tables at the FY25 event**. Rush provided health education and free screenings, including blood pressure, glucose, A1C, DEXA Scan and information on prediabetes. **A total of 55+ RUSH volunteers provided these free health screenings, education & resources to 1,000 community members representing 60 zip codes.**

The Glass Promenade Gift Shop at Rush Copley Medical offers a welcoming space for local businesses by hosting lobby sales throughout the year. These events provide staff and visitors with the opportunity to purchase unique items, supporting and promoting local entrepreneurs within the community. In addition to these sales, the gift shop also carries a variety of products from small local businesses, making it easy for customers to shop locally every day.

Environmental Sustainability

In fiscal year 2025, the Environmental Sustainability (ES) team at Rush University Medical Center earned an Emerald Greenhealth Award from Practice Greenhealth for their work in calendar year 2024. This award recognizes the top 20% of hospitals who submit data to their annual benchmarking initiative and recognizes advanced sustainability programs. Rush University Medical Center was also

awarded a Making Medicine Mercury Free Award for virtually eliminating mercury from our facilities, as mercury has known negative health impacts and the use of it in our operations is contrary to healthcare's mission of healing.

The Office of Environmental Sustainability also developed a Climate Resilience Plan, one of the requirements of the U.S. Department of Health and Human Services' Health Sector Climate Pledge. The team collaborated with various departments at Rush University Medical Center to identify areas of opportunity to strengthen existing plans to help the hospital and its West Side community adapt and recover from disruptions caused by our changing climate. As the climate warms, it is also destabilizing, resulting in hotter hots, colder colds, and more intense and frequent storms. The need for this planning was highlighted by extreme heat events in July 2025.

Another significant milestone for the Office of Environmental Sustainability was working with the Illinois Sustainable Technology Center to identify opportunities on campus to divert waste from landfill. Landfilling waste can cause adverse health effects in those populations living near them, as well as air pollution for nearby communities. By seeking options for more environmentally friendly waste disposal, such as reuse, reprocessing, or recycling, Rush University Medical Center can decrease its environmental health impact on patients. Moreover, by shifting our consumption and waste practices, we can keep costs of healthcare down to ensure that healthcare remains affordable to those who need it most. Rush University Medical Center hopes to implement recycling and other landfill diversion opportunities to promote the health of patients and accessibility of care.

Other program highlights include:

- The development of a Strategic Plan to achieve 50% reduction in direct greenhouse gas emissions by 2030.
- The expansion of our food waste avoidance programs through the implementation of a composting program from the patient kitchen and Panera Bread to the cafeteria, which has diverted over 120,000 pounds of food waste from the landfill since its inception.
- Rush University Medical Center was awarded ComEd's MBCx 2024 project of the year for achieving the highest amount of energy savings of any account in ComEd's territory through a Monitoring Based Commissioning program.
- Rush University Medical Center was awarded the 2025 Peoples Gas Partner of the Year, recognizing the campus' exceptional efforts to reduce energy consumption and build a greener, healthier future for Chicago.
- Rush University Medical Center also received the Joint Commission Sustainable Healthcare Certification to recognize healthcare institutions that are committed to reducing greenhouse gas emissions through setting goals, providing data and developing a plan for reduction across three categories – energy use, anesthetic gas use, and waste disposal – of focus. Currently, less than 25 healthcare organizations across the US and only three in Illinois have earned this certification.
- Rush received two honorable mentions from the International Hospital Federation for its investment in the community and efforts to reduce its carbon footprint, respectively. One of the awards, the Seddiqi Holding Excellence Award for Social and Environmental Responsibility, recognized Rush's partnership in developing and contracting Fillmore Linen Service, which has brought jobs to the historically disadvantaged West Side and decreased Rush's environmental burden in its laundry operations.
- The removal of desflurane from Rush's anesthetic gas formulary, which is an anesthetic gas with a global warming potential approximately 2,500 times higher than carbon dioxide. This will immensely decrease Rush's carbon footprint from anesthetic gases specifically.
- Medical device reprocessing grew on campus, with Rush collecting over 100,000 pulse oximeters for reprocessing in calendar year 2025.
- The Sustainable Procurement Working Group began drafting a Sustainable Purchasing policy, which will outline recommendations for sustainable spend.

- The campus' Main Parking Garage and Armour Academic building were converted to LED lighting, significantly decreasing these buildings energy use and associated greenhouse gas emissions.
- EV chargers, with a total of 25 ports, were installed in the Rubschlager Ambulatory Building parking garage, to increase the number of electric miles driven to campus and decrease greenhouse gas emissions from gas and diesel vehicles coming to campus.

Coalition Building

West Side United (WSU) (westsideunited.org)
WSU is a collaborative of five healthcare anchor institutions (Ann and Robert H. Lurie Children's Hospital, Cook County Health, Rush University Medical Center, Sinai Chicago, UI Health), the American Medical Association, and other healthcare providers, education providers, the faith community, business, government and residents. This collaborative is working to improve neighborhood health outcomes by addressing inequities in economic opportunity and healthcare access using cross-sector, place-based strategies. The overarching aim is to eliminate the life expectancy gaps between the Loop and ten West Side neighborhoods.

WSU focuses on the following initiatives across two strategic pillars (Thrive West Side and Live Healthy West Side):

Thrive West Side: leverage the collective buying, hiring, and investing power of our hospital and anchor partners to increase economic opportunity to west side workers and small businesses and address systemic barriers that create economic burdens for West Siders.

- Anchor Mission efforts across WSU's anchor partners to purchase locally, hire West Side residents, and invest in West Side projects and businesses
- Workforce Development activities to upskill West Side workers and introduce them to potential employers
- Coordination of partners to bring catalytic investments with new economic and social opportunities to West Side neighborhoods. Recent accomplishments include the Fillmore Laundry Linen in North Lawndale and the Sankofa Wellness Village in West Garfield Park

Live Healthy West Side: coordinate and scale hypertension, maternal and child health, and food access interventions across healthcare and community partners to address local community needs.

- Community Organizations Learning Lifting and Building (COLLAB) training on program development and evaluation to a cohort of 20 community organizations that improve food access
- Food Equity Collaborative quarterly meetings to share resources and identify partnership opportunities among community partners
- West Side Healthy Parents and Babies initiative to coordinate care and social resources for pregnant people and young families
- Live Healthy Chicago hypertension program that includes public education campaign, mobile community clinics, and clinical quality improvement programming

West Side ConnectED
RUSH continues to partner with the organizations in West Side ConnectED to improve our work to address the social determinants of health with support from Catholic Charities. The coalition has grown to include Lurie Children's Hospital and enjoys consistent representation by the Illinois Partners for Human Service, a coalition of 800 human rights organizations located in every legislative district in Illinois. Efforts continue to be focused on implementing screening for health care access (primary care/insurance), food security, housing/homelessness, utilities, and transportation but have broadened to include each partner's entire hospital per their individual institutional goals.

Garfield Park Rite to Wellness
Garfield Park Rite to Wellness Collaborative is a resident-led community coalition on Chicago's West Side that works to improve health, wellness, and overall quality of life for people in the Garfield Park neighborhood by bringing together residents, nonprofits, healthcare providers, faith groups, businesses, and other local partners. The collaborative focuses on addressing root causes of health inequities such as limited access to care, food insecurity, poverty, violence, and long-term disinvestment, while also building community leadership so that residents help shape and drive solutions. Its efforts include coordinating cross-sector partnerships, advocating for resources and opportunities like grocery access and youth programming, and supporting larger neighborhood development initiatives such as the Sankofa Wellness Village, all with the goal of creating healthier, safer, and more equitable conditions for Garfield Park residents.

Additional community partnerships and programs

Rush maintains many partnerships and programs to improve the health of the communities that we serve. Programs related to community benefit are listed below.

Employee Volunteer Program (EVP)
EVP is a program to support volunteer activities that serve the communities where Rush system employees work and live. Rush specifically seeks to address issues that improve health, well-being, and quality of life for our neighbors, and to provide volunteer opportunities that enrich and inspire our employees. **In FY2025, 434 employees spent 1,176.5 volunteer hours working in the community and planning volunteer opportunities.**

Adopt-a-Family (AAF) and Adopt-A-RUSH-Family (AARF)
AAF is a program during the winter holiday season through which RUSH employees and friends adopt families from West Side communities to make their holidays a little brighter. Most of these families are experiencing poverty or homelessness and are living at 200% or more below the poverty line. AARF is a new addition to this platform, in which RUSH employees who are experiencing hardships during the holiday season are adopted. **During FY2025, Rush adopted 324 families (1,449 individuals).**

Charitable contributions
Charitable contributions to community-based organizations and nonprofits are determined by the senior leadership team on behalf of Rush University System for Health, including Rush University Medical Center, Rush Oak Park Hospital, and Rush Copley Medical Center. These funds support community initiatives and events throughout the fiscal year. **In FY2025, corporate funds allocated across the hospitals totaled $958,587**.

Chicago Healthcare System Coalition for Preparedness and Response
Since 2008, RUSH has been an active member of the Hospital Preparedness Program (HPP), administered by the Department of Health and Human Services. The HPP's mission is to improve the ability of hospitals and health care systems to respond to public health emergencies.

The heart of the HPP is the Chicago Healthcare System Coalition for Preparedness and Response (CHSCPR). Its purpose is to develop plans to unify, coordinate and manage emergency planning and response for the health care system in Chicago. During a planned event or unplanned disaster or emergency, CHSCPR participates and supports response efforts in coordination with the Chicago Department of Public Health.

Chicagoland Healthcare Workforce Collaborative
RUSH remains an active member of the Chicagoland Healthcare Workforce Collaborative (CHWC), administered by the Chicago Community Trust. The CHWC works with employers, higher ed institutions, training providers and community organizations to support an inclusive healthcare workforce, provide accessibility for unemployed and underemployed populations, and develop innovative responses to the evolving needs of the healthcare industry.

HEAL Initiative
Rush University Medical Center continued its participation during the final year of Sen. Durbin's Chicago HEAL initiative and co-chaired the HEAL Healthcare Career Workforce Pipelines Working Group alongside Northwestern Medicine. Through this commitment, Rush hired a total of 1,065 employees from HEAL's South and West Side zip codes. Beyond new hires, Rush hosted **245 high school and college interns in their pipeline programs**. Collectively, HEAL member hospitals currently administer over **50 career pipeline programs and initiatives, serving over 4,700 community members, students, and employees, and increasing local hires from the HEAL target zip codes on Chicago's South and West Sides by 43% since the initiative began in 2018.**

Housing Forward
Housing Forward is a recognized leader in suburban Cook County offering a coordinated response with Rush Oak Park Hospital that allows people experiencing a housing crisis to quickly resolve their situation. They offer comprehensive, wrap-around support from the onset of a financial or housing crisis to its resolution, preventing homelessness whenever possible, and providing permanent, stable housing for the most vulnerable members of their community. Rush Oak Park refers patients experiencing homelessness to this organization, including patients in need of medical care. **Additionally, in FY25, ROPH renewed its participation in the Oak Park Homelessness Coalition (OPHC), a collective of more than 50 community organizations, of which Housing Forward is a prominent member.** OPHC is divided into work groups focused on street outreach (led by Housing Forward and the Village of Oak Park), career pathways, community integration, and more.

Medical Home Network Accountable Care Organization
The Medical Home Network (MHN) is a public-private partnership founded by the Comer Science and Education Foundation to address the healthcare needs of underserved individuals living on the South and Southwest sides of Chicago. MHN created the MHN Accountable Care Organization (MHN ACO), which is a partnership of three area hospitals (including Rush) and 13 federally qualified health centers working to improve access, quality, and utilization for all their primary care Medicaid patients enrolled in County Care. MHN ACO uses the best practices in the industry to reach the most vulnerable patients and provide care coordination enhancements to improve their lives. RUSH has senior leadership representation on the MHN ACO board and one physician leader who chairs the MHN ACO Clinical Committee.

Kane County Behavioral Health Council
Rush Copley Medical Center continues to be an active member of the Kane County Behavioral Health Council, which was established in 2007 to improve access to mental health services. The Director of Case Management and Care Transitions, along with members of the Care Management team, represent Rush Copley on the council and contribute to ongoing efforts to strengthen the local behavioral health system. While Kane County offers a wide range of public and private mental health services, opportunities remain to improve coordination, expand access, and increase funding to better serve all residents, including those without insurance. Increasing awareness of mental health and substance use needs, along with available resources, remains a key focus. Behavioral health has been identified as one of Kane County's top four health priorities, with the goal of improving the mental well-being of residents by 2030.

Kendall County Community Health Advisory Board
The Community Health Advisory Board is part of the Kendall County Health Department and is one of four advisory boards within the county. Rush Copley Medical Center maintains active participation and membership on this board, with representation from several senior leaders, including the Chief Development Officer and Vice President of Philanthropy and Community Engagement, the Director of Emergency Services, the Cardiovascular Operations and Neuroscience Service Line Leader, and the Manager of Emergency Preparedness and Patient Support Services. The advisory board meets quarterly, and the Chief Development Officer and Vice President of Philanthropy and Community Engagement currently serves as Chair of the Advisory Board.

Rush University programming

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

Rush University is the main contributor to Rush's healthcare workforce development efforts by producing the next generation of highly trained healthcare professionals and healthcare research scientists. Rush University is a recognized leader in health sciences education in Chicago and around the country and is nationally ranked by the *U.S. News & World Report* as a provider of top graduate programs. Each of its three colleges (Rush Medical College, the College of Nursing, and the College of Health Sciences) supports the research and patient care endeavors of the Medical Center. **The university enrolls an average of more than 2,800 students annually; more than 870 degrees were awarded in fiscal year 2025.**

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

Rush offers **93** Graduate Medical Education (GME) programs. The mission for GME at Rush is to develop and provide training programs of the highest quality for resident physicians and fellows (medical school graduates seeking advanced training and board certification in a medical specialty area) with the aim to develop physician competencies and improve and promote patient care. A key goal of the GME programs is to link Rush's academic resources with those of affiliated institutions to provide a widely diverse and representative educational environment and patient mix.

Rush College of Nursing prepares nurse leaders in health care education, research, practice, and policy who will address the needs of an increasingly technologically advanced and global society. Our programs of study include the Master of Science in Nursing (MSN), Doctor of Nursing Practice (DNP), and Doctor of Philosophy (PhD) to educate nurses whose practice is socially responsive and informed by science. The College of Nursing consistently ranks among the top 3% of nursing schools nationwide, according to *U.S. News & World Report*.

Rush College of Nursing (CON) has more than a 50-year history of providing healthcare services to thousands of historically underserved individuals, families, and communities at diverse nurse-managed community practice sites through the CON Faculty Practice Program. Over time, faculty nurses have partnered with more than 60 organizations on the South and West Sides of Chicago. Most recipients of care are uninsured or underinsured and rely on the CON Faculty Practice sites as their main sources of health care. In addition to direct clinical care provided by Rush CON faculty clinicians, the CON Faculty Practice facilitates Rush University interdisciplinary student volunteer programs for students to develop and deliver health education programs in alignment with the clinical care provided.

Doctor of Philosophy in Integrated Biomedical Science

Through select tuition forgiveness programs, Rush subsidizes the education and training of the next generation of physicians, nurses, allied healthcare professionals, and healthcare research scientists whose tuition and grants do not fully cover the associated costs. **During FY2025, Rush provided tuition forgiveness of $2,040,512 for 51 students pursuing health science research doctoral degrees.**

Research to improve community health

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

Rush subsidizes health and medical research to improve patient care by covering expenses not funded by private or government grants. Investigators at Rush are involved in many clinical studies to test the effectiveness and safety of new therapies and medical devices and many basic research studies designed to expand scientific and medical knowledge. As an academic medical center, Rush brings together individuals from diverse backgrounds and experiences to uncover new advances in patient care.

In addition, Rush University Medical Center promotes community involvement on its Institutional Review Boards (IRB). The IRB has one or more community members who represent the general perspective of participants; one or more community members who do not have scientific expertise; and one or more community members who have scientific or scholarly expertise. Rush IRB community members must be knowledgeable of current federal regulations and guidance, Rush research policy requirements, and recent interpretations and controversial issues as they relate to human subject research. Rush IRB community members receive training upon joining the IRB and are offered opportunities to continue expanding their knowledge in human subjects' protection throughout their tenure with the IRB.

Rush also is a member of multiple research consortiums. Joint research projects in basic science, clinical science and services and epidemiology look for new ways to improve the health of vulnerable communities and bridge the widening gaps in the health care system. Some of the research consortiums include:

Institute of Translational Medicine 3.0 (ITM 3.0)

RUSH is a full partner with the University of Chicago in the recently NIH-funded Institute of Translational Medicine 3.0 (ITM 3.0, a program in the National Institutes of Health (NIH) Clinical and Translational Science Awards consortium that helps convert biomedical research into health improvement. Working with other affiliates in the region (Loyola University Medical Center, Endeavor Health, Advocate Aurora Health, and Illinois Institute of Technology) the ITM 3.0 strives to improve health outcomes throughout Chicagoland by mitigating disease risk, morbidity and mortality through collaborative, multidisciplinary team science. RUSH will work as part of the consortium to achieve this vision by assembling scientific, institutional, and community stakeholders, and together focusing on the highest value propositions to improve mutually defined health concerns. The core conviction is that participating in health research is a matter of shared self-interest and social justice, a "new normal" prevailing viewpoint toward which we will strive together over the next 20 years.

The Chicago Area Patient-Centered Outcomes Research Network (CAPriCORN

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

Rush advances the following objectives through its work in CAPriCORN:

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

All of Us Research Program
The All of Us Research Program is a national longitudinal cohort program with repeated engagement of participants to create a research resource that enables a variety of future observational and interventional studies. RUSH began enrolling in May 2018 and has enrolled over 2,800 participants to date. Enrolled participants receive blood drawn for common lab measures with the option to receive genetic return in the future. All services, information, and return of results are provided at no cost.

The Pragmatic Evaluation of events And Benefits of Lipid-lowering in older adults (PREVENTABLE) Study
The Pragmatic Evaluation of Events and Benefits of Lipid-lowering in older adults (PREVENTABLE) study, started in 2020, is an intervention study that has enrolled 153 older individuals in the greater Chicagoland area. The goal is to understand if taking a moderate dose of statin therapy supports disability-free survival in healthy, older adults over 75 years of age.

The Rush Department of Preventive Medicine has a long history of community research, teaching, training, and services dating back to the 1970's. Since 1990, the department has received well over $50 million in National Institute for Health (NIH) funding to conduct community-based translational research. The Rush Center for Urban Health Equity operates under a NIH-sponsored $10 million grant. This center is devoted to reducing cardiopulmonary disparities in underserved Chicago residents through research, training, education, and service. Department of Preventive Medicine faculty and staff also generously donate their time and skills to give back to our communities. Their efforts include presentations and seminars where they collaborate with neighborhood clinics, churches, schools, and other organizations to provide health education on many topics, from diabetes care to asthma in children. **Examples of studies conducted by the Department of Preventive Medicine that directly address RUSH's CHNA findings include:**

ALIVE Study
Provides nutrition education through Bible study and short videos to congregants of five African American congregations.

Financial assistance

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

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

During FY2025, Rush provided $368 million (located in the CBR FY Summary) in unreimbursed care to patients. Unreimbursed care consists of charity care provided to patients who lack the means to pay for services (at cost), bad debt, and unreimbursed costs for providing care to Medicaid and Medicare patients. Rush recognizes the need to simplify charity policies and to aid the uninsured and underinsured individuals within our communities. To assist patients with their hospital bill, Rush offers the following financial assistance programs:

Charity Care

Patients qualify for the Rush Charity Care program if their income level is at or below 300% of the Federal Poverty Level (FPL). This means that individuals qualify if they earn less than $96,450 and are supporting a family of four.

Discounts for Underinsured

Rush assists families with limited incomes, defined as annual income less than 400% of the FPL. That means individuals earning less than $128,600 and supporting a family of four are eligible for a write-off of up to 80% of their bill.

Discounts for Self-Pay Patients

Rush offers a self-pay discount based on income for all residents of Illinois. Most patients qualify for an automatic 80% discount. Non-Illinois residents who do not have health insurance automatically qualify for a 50% discount. Uninsured patients are invited to apply for financial assistance to determine eligibility for a 100% discount. For patients who cannot pay their portion of the bill at the time of service, financial counselors work closely with them to set up an interest-free payment plan.

Catastrophic Discount

Rush reduces patient balances up to a maximum of 20% of the household income, during a twelve-month period.

The following financial assistance programs were also available throughout FY2025.

State and Federal Programs

This service focuses on providing patients who arrive at RUSH without insurance with the health coverage to which they are entitled under various federal programs and programs by the state of Illinois (the State). Financial counselors work with patients and alert them if they qualify for programs such as the State's Medical Assistance Non-Grant (MANG) program or the Social Security Disability program (SSDI). Because the paperwork required for these programs can be overwhelming, Rush has specialists on site who assist patients with the application process. Through these efforts, Rush qualified individuals for a social security disability not age 65, while ensuring payment for their hospital bill. RUSH maintained a patient-eligibility service throughout FY2025 at a cost of over $458,115.

Payment plans

Rush offers extended interest-free payment plans to provide payment flexibility to our patients. Rush payment plan terms may extend up to 36 months. Rush also partners with a patient financing solution to extend interest free payment plan terms to 48 months. Rush does not assess interest amd/or any fee on any payment plan.

Presumptive Charity Care

Rush uses a third-party service to verify eligibility for presumptive charity care. Uninsured patients who reside in our catchment area and reside in a household with family income below 200% of the Federal Poverty Guidelines are eligible for a 100% discount. This discount is given automatically without an application.

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

Interpreter Services

During **FY2025, Rush dedicated $4,014,466 to maintain a team of language interpreters, covering services such as sign language interpretation.** This investment is vital for ensuring accessible patient care for the diverse communities in the Chicago area. Rush's interpreter program has gained national recognition for its commitment to inclusivity.

Charity care policy and fiscal year 2025 financial reports

The charity care policy for Rush University Medical Center and Rush Oak Park Hospital is located in Appendix G. The FY2025 Annual Non-Profit Hospital Community Benefits Plan Reports for Rush University Medical Center and Rush Oak Park Hospital are in Appendix F. The FY2025 Hospital Financial Assistance Reports for Rush University Medical Center and Rush Oak Park Hospital are in Appendix I.

FY2025 Consolidated Financial Information

The Independent Auditor’s Report for the financial information is in Appendix G.

Nurturing Health Equity

Growing Stronger Communities, Together

A Community Health Needs Report and Action Plan

FY2025 CHNA + FY2026-2028 CHIP

Rush University Medical Center & Rush Oak Park Hospital

RUSH

Everyone should get the chance to be healthy

Given the right conditions — stable housing, quality education, good jobs, nutritious food, accessible health care — everyone can thrive. However, decades of disinvestment and systemic discrimination have created an environment where not everyone gets an equal chance to lead long and fruitful lives in the communities they call home. Like tending a shared garden, achieving equity takes strong relationships, a common vision and collaborative work.

The mission of Rush University System for Health (Rush) is to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships.

We believe that **everyone should get the chance to live their healthiest lives.** That's how we define health equity. And while the quality health care we provide at Rush can help bring that vision to life, it's not enough on its own.

In 2016, Rush made health equity a strategic focus that's now fully embedded systemwide in the way we work, research, teach, spend and more. Our approach is unique because it addresses barriers to good health with a focus on building community wealth.

Nurturing an environment where health equity becomes a reality relies on large institutions like Rush working with others to break down barriers and invest in the essentials needed for health. Over the years, we've developed strong relationships with nonprofit organizations like Enlace in South Lawndale and houses of worship like New Mt. Pilgrim Missionary Baptist Church in West Garfield Park. Deeply rooted and trusted in their neighborhoods, these organizations lead the way in driving local change. Every community has strengths that help create solutions.

We know that by building authentic partnerships and making smart, lasting investments, we can help improve health and well-being in every community.

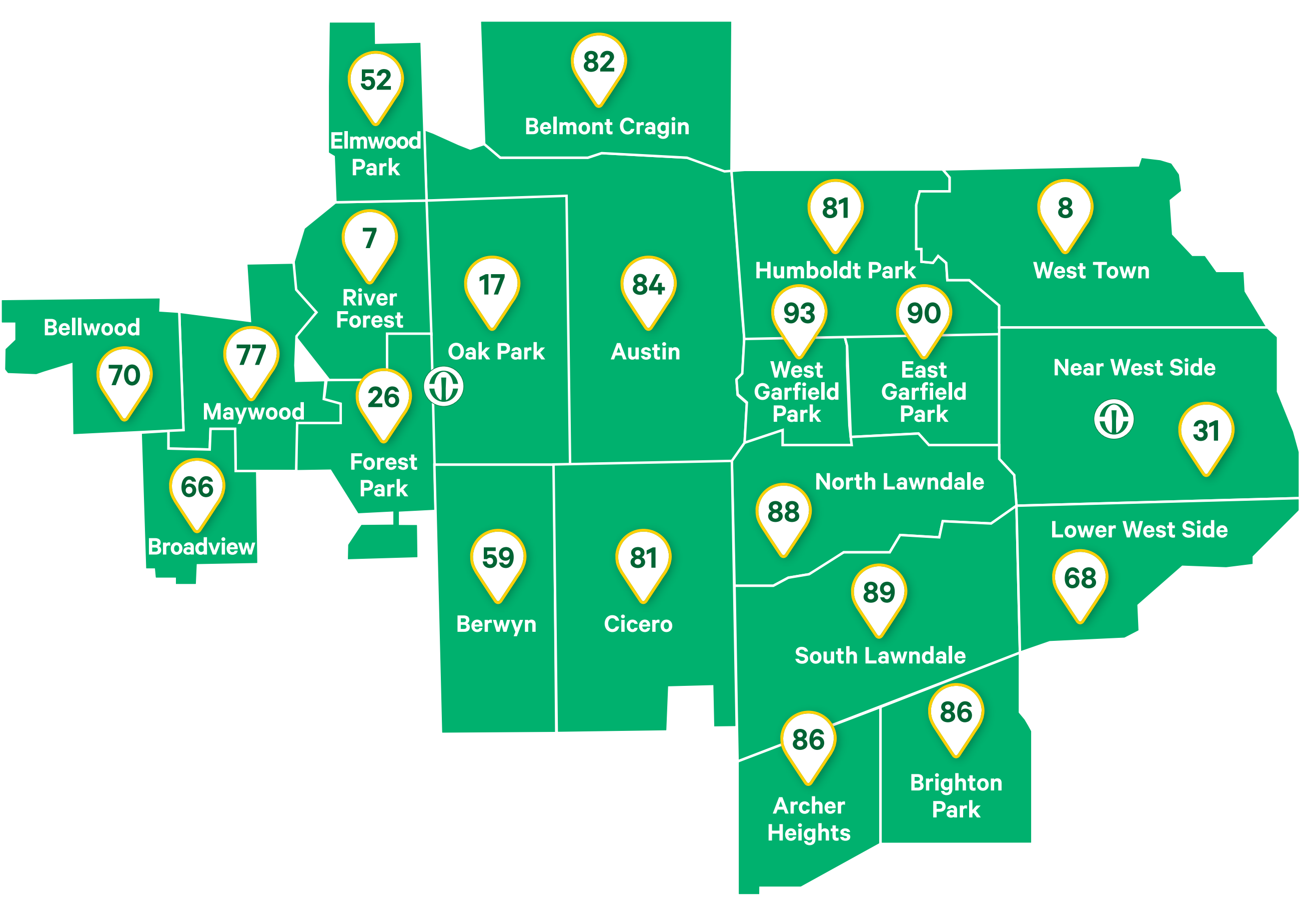
Mapping the field: Our triennial Community Health Needs Assessment and Community Health Implementation Plan

Every three years, Rush collects data and invites input from the community to identify the key issues that affect the health of people and neighborhoods in the Rush service area. We use that data to create a **Community Health Needs Assessment** (CHNA). In collaboration with community members and nonprofits, health care organizations, government agencies and others, we create a **Community Health Implementation Plan** (CHIP) that lays out how we'll address those issues.

What began with a focus on 11 neighborhoods in 2016 has grown steadily as we've deepened our understanding of where our patients live. By 2022, our CHNA and CHIP covered 17 communities, and in 2025, we've expanded again, adding four more communities — Bellwood, Broadview, Cicero and Maywood — for a total of 21. These additions are driven by data on the ZIP codes of patients who receive inpatient and emergency department care at Rush University Medical Center and Rush Oak Park Hospital, helping us target our investments and partnerships where they matter most.*

*Rush Copley Medical Center creates its own CHNA and CHIP.

Rush University Medical Center and Rush Oak Park Hospital service area, 2025: Hardship Index



This map shows each community's score on the Hardship Index. Its 1-100 scale, with 100 indicating the highest level of hardship, is based on six factors from the annual American Community Survey conducted by the U.S. Census Bureau.

- Number of people under 18 and over 64
- Percentage of housing with more than one person per room
- Poverty
- Per capita income
- Unemployment
- No high school diploma

River Forest has the lowest Hardship Index score in the Rush service area (7). West Garfield Park has the highest (93).

These 21 communities reflect the incredible diversity of the city of Chicago and its surrounding suburbs.

The nearly 906,000 people who live in this map area speak more than 40 languages, and more than one-third of them speak a language other than English. Some neighborhoods, like the Near West Side, are home to a diverse mix of racial and ethnic backgrounds. Others, like Cicero, are more homogeneous. About 90% of Cicero residents are Hispanic/Latino.

Where you live may affect how long you live: The neighborhood life expectancy gap

Neighborhood conditions and access to resources have a big impact on health and average life expectancy.

The history of how some neighborhoods came to have less access to resources goes back many decades.

From the late 1930s to the late 1960s, laws and rules promoting racial residential segregation restricted home ownership and residency based on race and ethnicity. For example, banks were warned against lending money to buy homes in so-called "undesirable" areas where Black people, Latinos, new immigrants and Jewish people lived. Restrictive covenants (clauses placed in mortgages or leases) prohibited white homeowners from selling or renting their homes to anyone of a different racial or ethnic group.

This forced segregation limited not only home ownership, but local job opportunities. As a result, residents had limited access to jobs that offered a living wage. Segregated workers either had low-paying jobs nearby, traveled long distances for work or faced unemployment. This meant that many in these communities were more likely to experience poverty.

Segregation affected not only the earning power of particular families, but the environment and opportunities for the entire community. Lower home values translated into lower property taxes, which in turn meant fewer resources devoted to schools, affecting children's access to quality education. And when businesses like supermarkets abandoned these areas, families had to travel long distances for food.

Whole communities of people were unable to access the building blocks of good health: nutritious food, safe housing, quality education, well-paying jobs and quality health care.

Almost 60 years after restrictive housing rules were made illegal, we still see the effect of the limits they placed on economic development, community safety and residents' power. Unequal access to resources has created and worsened large differences in life expectancy between neighborhoods with higher levels of racial segregation and those with lower levels.

What unequal access looks like: In North Lawndale, where more than 30,000 people live and the population is more than three-fourths Black, there's only one supermarket. Just across Western Avenue in the Near West Side neighborhood, where the population is about one-fourth Black, there are about twice as many people but 10 times the number of supermarkets offering healthy food options.

In West Garfield Park, average life expectancy is 63.4 years. Just three miles away, in the better-resourced Near West Side, it's 77.4 years. And in Chicago overall, Black residents have the lowest average life expectancy among all racial and ethnic groups: 69.8 years. That's 11.4 years less than the average of 81.2 years for all non-Black residents.

Average life expectancy is the estimated number of years a person is expected to live, based on the average age of death in a specific population. It doesn't predict anyone's exact lifespan. Some people will live much shorter or much longer lives than the average.

We know that these disparities in health and life expectancy are preventable, not inevitable. Research into neighborhood revitalization shows that investment in resources and wealth-building can make a measurable difference in community health.

A note on health and life expectancy data: We compare life expectancy data between neighborhoods and by race and ethnicity. Because it takes time for researchers and government agencies to collect, analyze and share information, the data in this report reflects a range of time periods between 2018 and 2023. This range, plus changes in methods of data collection and analysis, mean that life expectancy comparisons between one period and the next should be interpreted with care.

Nourishing an environment where everyone can flourish

We are working alongside community members, nonprofits, health care partners and public agencies to create the conditions that support health, access and fairness.

As an anchor institution and economic engine in the community, we are harnessing our resources and connections to invest in neighborhoods for the long term. Through our Anchor Mission strategy, we advance inclusive community development near Rush by making direct investments (for example, low-interest loans to community businesses), hiring locally, offering career pathways, forging community partnerships and purchasing from local businesses. And in 2018, we invested in creating West Side United, a collaborative of hospitals and community organizations that has become a national model for improving community health.

Investing in education is another strategic focus, as research consistently shows that people with more education have improved health outcomes and longer life expectancies.

While Chicago Public Schools (CPS) graduation rates have increased about 10% since 2013, only 31% of 9th-graders are projected to complete any college degree or certificate within 10 years. Despite the higher graduation rate, many CPS students face structural barriers to higher education like college affordability, access to academic advising and overall preparedness for college success. Through the Rush Education and Career Hub (REACH), students from ages 4 to 24 can access academic enrichment, careers and job pathway exploration, work readiness skills development and personalized supports if needed.

Tracking growth: Measuring our progress

We track the impact of our work toward health equity because we know that only by assessing what's working and what needs more attention can we ensure that our efforts lead to lasting change.

At Rush, when we want to improve something, we measure it and then focus on how to make it better. That sounds easy enough, but it can be challenging when the issue is large and complex. The obstacles to health equity are significant — and no one organization can tackle them alone.

Yet there are practical, feasible steps we can take to begin making progress. To identify some of those steps during our 2022 CHNA process, we listened to community members who identified five priority areas for improving health in their communities.

- Prevent and reduce chronic diseases like high blood pressure, diabetes and cancer
- Improve access to mental and behavioral health services
- Reduce inequities in the social, economic and structural drivers of health
- Increase access to quality health care
- Improve maternal and child health outcomes

In the three years since those conversations, we've made measurable progress, thanks to 52 initiatives that contribute to these priorities. Some examples:

- Preventing and reducing chronic diseases by offering better access to nutritious foods for **3,000 patients** enrolled in our Food Is Medicine/Veggie Rx program to receive healthy food at no cost
- Improving access to mental health services for **65% of Rush School-Based Health Center patients** with mental health needs who we connected to care
- Reducing inequities in the economic drivers of health for **70% of Rush Education and Career Hub (REACH) learners,** who earned industry-recognized credentials for entry-level jobs
- Increasing access to care for **47,875 patients and community members** screened and connected to resources, including primary care
- Supporting a healthy start for **2,400 new moms** who received support for social needs

Our goals align with those adopted by the Alliance for Health Equity (AHE), West Side United (WSU), and the Chicago Hospital Engagement, Action and Leadership (HEAL) initiative. In the following pages, icons indicate where our work dovetails with that of the AHE A, HEAL H and WSU W.

Results: Rush Community Health Implementation Plan, FY2023-2025

GOAL	STRATEGY	INITIATIVES	FY23 TARGET	FY24 TARGET	FY25 TARGET	3-YEAR TOTAL
GOAL 1 Prevent and/or manage chronic conditions and risk factors	**1.1** Reduce risk factors through assessments, education; focus on chronic disease A W	**1.1.1** Provide evidence-based chronic disease self-management and falls prevention programming to older adults (age 55+)	200 enrolled, 75% completing/ controlling condition in the program **Actual: 365; 77%**	200 enrolled, 75% completing/ controlling condition in the program **Actual: 350; 70%**	200 enrolled, 75% completing/ controlling condition in the program **Estimated: 400; 75%**	1,115 enrolled; 74% completed
		1.1.2 Expand Health Legacy diabetes education/prevention programs to Rush Oak Park, Rush Copley	Plan/secure resources for FY24 launch **Actual: Achieved**	50 people enrolled, 75% complete program **Actual: 35; 76%**	125 people enrolled, 75% complete program **Estimated: 60; 75%**	95 enrolled; 75% completed
	1.2 Reduce risk factors through assessments, education, condition management programs; focus on hypertension/diabetes A W	**1.2.1** Screen community members for uncontrolled hypertension through Alive Faith Network; refer those in need to disease management program	300 screened, 12% referred **Actual: 507; 18%**	350 screened, 12% referred **Actual: 438; 40%**	350 screened, 12% referred **Estimated: 350; 12%**	1,295 screened; 23% referred
		1.2.2 Enroll people with uncontrolled hypertension in 6-month reduction program through Alive Faith Network; connect to community health workers (CHWs) for education	36 enrolled, 80% completing program; 10% connected to CHWs **Actual: 35 enrolled; study ongoing; 98% connected**	42 enrolled, 80% completing program; 10% connected to CHWs **Actual: 66 enrolled; study ongoing; 46% connected**	42 enrolled, 80% completing program; 10% connected to CHWs **Estimated: 42 enrolled; study ongoing; 10% connect**	143 enrolled; 51% connected
		1.2.3 Screen people with physical mobility limitations and refer to 6-month program to increase mobility	300 screened, 12% referred **Actual: 56; 38%**	300 screened, 12% referred **Actual: 231; 45%**	300 screened, 12% referred **Estimated: 300; 12%**	587 screened; 32% referred
		1.2.4 Enroll 120 people with physical mobility limitations in 6-month mobility improvement program through Alive Faith Network	24 enrolled **Actual: 0** (screening began in Q4)	48 enrolled **Actual: 103**	48 enrolled **Estimated: 120**	223 enrolled
	1.3 Implement systemwide quality improvement/data action plan integrating racial equity A W	**1.3.1** Standardize systemwide training/implementation for collecting patient data (REaL, SOGI, SDOH)	Plan/secure resources for FY24 launch **Actual: Achieved**	50% of targeted staff trained **Actual: 25-50 trained @ RUMC, 50-150 trained @ ROPH**	80%+ of targeted staff trained **Estimated: 85%+**	75-200 staff trained; 85%+ of targeted staff
		1.3.2 Standardize process to derive insights from patient-reported data/clinical outcomes to recognize/address health disparities in vulnerable patient groups	Plan/secure resources; launch Spring 2023 **Actual: Achieved**	N/A	N/A	N/A
	1.4 Improve access to healthy food for patients screened as food-insecure A W	**1.4.1** Expand Food is Medicine program to ROPH; CHWs use NowPow to track meal recipients	100 patients receive food **Expansion slated for FY26**	150 patients receive food **Expansion slated for FY26**	200 patients receive food **Estimated: 450**	450 received food
		1.4.2 Integrate QR codes for healthy recipes (created by Rush University nutrition students) into meal boxes	10 recipes created for diabetes, hypertension, obesity **Actual: 10**	10 recipes created for diabetes, hypertension, obesity **Actual: 15**	10 recipes created for diabetes, hypertension, obesity **Estimated: 10**	35 recipes created
		1.4.3 Create Veggie Rx Pantry to provide meals for people screened as food-insecure and referred by PCPs	650 people referred to pantry through 6 clinics; serve 80% of those referred **Actual: 990; 96%**	4,320 people referred to pantry through 12 clinics; serve 90% of those referred **Actual: 3,690; 94%**	5,760 people referred to pantry through 12 clinics; serve 90% of those referred **Estimated: 2,200; 80%**	6,880 referred; 90% served
		1.4.4 Continue Rush Food Surplus Program; donate 18,000 lbs. of food annually	18,000 lbs. donated **Actual: 15,000**	18,000 lbs. donated **Actual: 16,100**	18,000 lbs. donated **Estimated: 25,000**	56,100 lbs. donated
		1.4.5 Partner with Community-based organizations (CBOs) and/or schools to create food and nutrition course	Partner with 1 CBO/school **Actual: 0**	Partner with 1 CBO/school **Actual: 0**	Partner with 1 CBO/school **Estimated: 3**	3 partnerships

A = Alliance for Health Equity (AHE) H = Chicago Heal Initiative (HEAL) W = West Side United (WSU)

GOAL	STRATEGY	INITIATIVES	FY23 TARGET	FY24 TARGET	FY25 TARGET	3-YEAR TOTAL
GOAL 2 Increase access to mental and behavioral health services	**2.1 Increase community screenings and referrals to mental health services** A H W	**2.1.1** Provide therapy sessions to referred patients via Rush outpatient community psychotherapy clinic	3,433 sessions provided **Actual: 11,714**	3,535 sessions provided **Actual: 2,103**	3,640 sessions provided **Estimated: 10,600**	24,417 sessions provided
		2.1.2 Provide mental health screenings through Alive Faith Network	1,000 people screened; 70% linked to community resources **Actual: 0; seeking funding**	1,000 people screened; 75% linked to community resources **Actual: 0; seeking funding**	1,000 people screened; 80% linked to community resources **Estimated: 3,000; 75%**	3,000 screened; 75% linked
		2.1.3 Provide mental health screenings to Chicago Public Schools students through Rush School-Based Health Centers (SBHCs)	1,000 students screened; 65% receive additional support **Actual: 1,527; 49%**	1,000 students screened; 65% receive additional support **Actual: 1,656; 74%**	1,000 students screened; 65% receive additional support **Estimated: 1,000; 70%**	4,183 screened; 64% receive additional support
	2.2 Conduct community-based trainings — including train-the-trainer programs — in Mental Health First Aid (MHFA) A W	**2.2.1** Provide Mental Health First Aid facilitator training	10 people trained **Actual: 10**	25 people trained **Actual: 7**	25 people trained **Estimated: 85**	112 people trained
		2.2.2 Train community members in MHFA/trauma-informed care; partner with violence prevention organizations	500 people trained; 20% also trained in violence prevention **Actual: 489; other community partners provided violence prevention training**	700 people trained; 20% also trained in violence prevention **Actual: 161; other community partners provided violence prevention training**	700 people trained; 20% also trained in violence prevention **Estimated: 233; other community partners provided violence prevention training**	883 people trained
	2.3 Increase access to behavioral health services via telehealth A H W	**2.3.1** Pilot technology distribution program to support telehealth access for youth **Discontinued due to lack of feasibility**	Research, develop plan, secure funding support for FY24 launch	Pilot tech distribution to support telehealth for up to 50 people	Evaluate progress with pilot; update to support 50-75 people	N/A
		2.3.2 Advocate to: increase access for services; expand broadband for telehealth; increase Medicare/Medicaid reimbursement for mental health services; sustain telehealth flexibilities	Partner with WSU to research/develop plan for policy/advocacy approach **Actual: Achieved**	Launch advocacy efforts **Actual: Achieved**	Evaluate progress and update approach as needed; secure telehealth resources **Actual: Increased telehealth access for high-need target group**	N/A
	2.4 Increase access to diverse, licensed mental health professionals A W	**2.4.1** Develop pipeline/fellowship opportunities for mental health professionals of color	Partner with Chicago State University to formalize program/begin recruitment **Actual: 2 completed program**	Launch fellowship with 2 fellows **Actual: 4 completed program**	Fellowship active with 2 fellows **Estimated: 3 of 4 will complete program**	9 completed program
		2.4.2 Provide graduate-level internship opportunities for social work students in affirming mental health services for LGBTQ+ patients **Added FY24**	N/A	1 MSW intern integrated into Affirm team for training on affirming mental health services for LGBTQ+ patients **Actual: 1 trained**	Fellowship active with 2 fellows **Estimated: 1 intern trained**	2 trained

A = Alliance for Health Equity (AHE) H = Chicago Heal Initiative (HEAL) W = West Side United (WSU)

GOAL	STRATEGY	INITIATIVES	FY23 TARGET	FY24 TARGET	FY25 TARGET	3-YEAR TOTAL
GOAL 3 Reduce inequities caused by the social, economic and structural determinants of health	**3.1 Improve K-16 educational outcomes; provide support through workforce development, industry-recognized credentials, wraparound supports** H W	**3.1.1** Provide high school/college internships/apprenticeships	250 students intern/apprentice **Actual: 409**	250 students intern/apprentice **Actual: 185**	250 students intern/apprentice **Estimated: 250**	844 interned/apprenticed
		3.1.2 Increase student/family interest/awareness of STEM/health care topics/careers	5,000 students/parents/families participate in programs/workshops/ events **Actual: 12,400**	5,000 students/parents/families participate in programs/workshops/ events **Actual: 2,026**	5,000 students/parents/families participate in programs/workshops/ events **Estimated: 5,000**	19,426 participated
		3.1.3 Expand wraparound supports for students and families	90% of students/families eligible for high-touch programs complete REACH health equity assessment tool/receive eRx **Actual: 90%**	90% of students/families eligible for high-touch programs complete REACH health equity assessment tool/receive eRx **Actual: 90%**	90% of students/families eligible for high-touch programs complete REACH health equity assessment tool/receive eRx **Estimated: 90%**	90% completed assessment/ received eRx
		3.1.4 Provide workforce training for young people through age 24 to earn industry-recognized credentials	75% of enrollees complete training and earn credentials **Actual: 76%**	75% of enrollees complete training and earn credentials **Actual: 90%**	75% of enrollees complete training and earn credentials **Estimated: 75%**	80% completed training and earned credentials
		3.1.5 Provide college/career readiness enrichment to under-represented youth	90% of REACH participants enroll in post-secondary options; 75% persist **Actual: 93% enrolled; 90% persisted**	90% of REACH participants enroll in post-secondary options; 75% persist **Actual: 95% enrolled; 90% persisted**	90% of REACH participants enroll in post-secondary options; 75% persist **Estimated: 90% enroll; 75% persist**	93% enrolled; 85% persisted
	3.2 Collaborate to address workforce development, maximize income and benefits, increase financial literacy/ asset-building H W	**3.2.1** Expand workforce development/stackable credentials training for staff/community members to prepare for living-wage jobs	Launch up to 3 stackable credentials aligned with family-sustaining wages; enroll 50 community members and incumbent staff; 70% of those eligible earn credentials **Actual: 5; 50; 40%**	25 community members and incumbent staff enrolled in credentials program; 70% of those eligible earn credentials **Actual: 39; 40%**	50 community members and incumbent staff enrolled in credentials program; 70% of those eligible earn credentials **Estimated: 50; 70%**	5 credentials launched; 139 enrolled; 50% earned credentials
		3.2.2 Work with partners to develop/implement community-wide workforce development initiatives to increase employment access and opportunities	Collaborate with 3 community partners; target 18.5% of new hires to local communities **Actual: 20+; 18.1%**	Collaborate with 3 community partners; target 20% of new hires to local communities **Actual: 20; 19.75%**	Collaborate with 3 community partners; target 20% of new hires to local communities **Estimated: 20; 19.8%**	Collaborated with 20+ community partners; 19.2% of new hires from local communities
		3.2.3 Work with partners to create/implement community-wide workforce development initiatives to increase job stability	Collaborate with 3 community partners; refine plan for partnership (sourcing, educating, placing candidates); align target with system workforce needs; recruit high-need openings from community partners **Actual: 20 partners**	Collaborate with 3 community partners; develop system playbook for partnership; recruit high-need openings from community partners **Actual: 20 partners**	Collaborate with 3 community partners; refine and update playbook; recruit high-need openings from community partners **Estimated: 20 partners**	Collaborated with 20 community partners across 3 years
	3.3 Identify social determinants of health (SDOH) through screenings; refer those in need of social services A W	**3.3.1** Adopt systemwide approach to SDOH screening; roll out to RUMC, ROPH and RCMC; connect people with unmet needs (food, transportation, housing) to resources: social work referrals, community resource navigation	40,000 patients screened; 75% of those with needs receive interventions **Actual: 66,078; intervention data N/A**	40,000 patients screened; 75% of those with needs receive interventions **Actual: 46,216; 75%**	40,000 patients screened; 75% of those with needs receive interventions **Estimated: 40,000; 75%**	152,294 screened; 75% of those with needs received interventions
		3.3.2 Conduct screening through West Side Health Equity Collaborative (Medicaid Transformation initiative); provide resource navigation to community-based organizations	1,500 people screened; 85% screening positive for unmet needs receive interventions **Actual: 543; 92%**	1,500 people screened; 90% screening positive for unmet needs receive interventions **Actual: 969; 91%**	1,500 people screened; 95% screening positive for unmet needs receive interventions **Estimated: 1,776; 94%**	3,288 screened; 92% screening positive received interventions
		3.3.3 Integrate SDOH screening into community-based programming; create sustainable partnerships with CBOs to facilitate direct social service referrals	Partner with 1 CBO; 80% of referred patient needs addressed **Actual: 1 CBO; 80%**	Partner with 1 CBO; 80% of referred patient needs addressed **Actual: 1 CBO; 80%**	Partner with 1 CBO; 80% of referred patient needs addressed **Estimated: 1 CBO; 80%**	3 partnerships; 80% of referred patient needs addressed
		3.3.4 Provide social care assistance and care management to address social needs and barriers to care for community members and as part of select Rush quality improvement and equity initiatives **Added FY24**	N/A	1,000 individuals served with social work and/or CHW services **Actual: 963**	1,000 individuals served with social work and/or CHW services **Estimated: 1,564**	2,527 individuals served

A = Alliance for Health Equity (AHE) H = Chicago Heal Initiative (HEAL) W = West Side United (WSU)

GOAL	STRATEGY	INITIATIVES	FY23 TARGET	FY24 TARGET	FY25 TARGET	3-YEAR TOTAL
GOAL 3, continued Reduce inequities caused by the social, economic and structural determinants of health	**3.4 Leverage coalition-building and partnerships for collective impact to advance health equity** (H)	**3.4.1** Serve as active member/strategic lead in collaboratives to maximize impact; partner with WSU, Garfield Park Rite to Wellness, CHRRGE, Chicagoland Healthcare Workforce Collaborative, HEAL Initiative, Racial Equity Rapid Response Team	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups **Actual: Achieved**	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups **Actual: Achieved**	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups **Estimated: Will achieve**	N/A
		3.4.2 Launch Phase II of RUSH BMO Institute for Health Equity (community programs and clinical practices; policy; education; health equity research)	Participate in meetings; provide capacity- building support; co-lead or lead committees/working groups **Actual: Achieved**	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups **Actual: Achieved**	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups **Estimated: Will achieve**	N/A
	3.5 Increase spending with local businesses (H) (W)	**3.5.1** Identify spend categories; work with RUMC/ROPH department leads to determine spend that can be shifted to small vendors; host events to connect with small vendors	Identify 2-3 spend categories; develop capacity-building workshop series for vendors; pilot with 5-7 vendors **Actual: Developed baseline**	Identify 2-3 spend categories; select vendors **Actual: Vendor symposium held**	Identify 2-3 spend categories **Estimated: 8 identified**	8 spend categories identified
		3.5.2 Spend $15.3 million with West Side vendors	Spend $5.1 million **Actual: $5.1 million**	Spend $5.1 million **Actual: $5.9 million**	Spend $5.1 million **Total through April 2025: $5.1 million**	$16.1 million spent
	3.6 Increase investment in local communities (H) (W)	**3.6.1** Work with community partners (Women's Business Development Center, Chicago Supplier Minority Development Council, WSU) to strengthen local vendors' capacity	Participate in meetings; communicate with partners for vendor support opportunities (events, meetings, fairs) **Actual: Achieved**	Participate in meetings; communicate with partners for vendor support opportunities (events, meetings, fairs) **Actual: Achieved**	Participate in meetings; communicate with partners for vendor support opportunities (events, meetings, fairs) **Estimated: Will achieve**	N/A
		3.6.2 Make place-based investments; work with treasury and partner community development financial institutions to support investments in healthy food and wellness	Invest $1.33 million **Actual: $1.33 million**	Invest $1.33 million **Actual: $1.33 million**	Invest $1.33 million **Actual: $3.82 million**	$6.48 million invested

(A) = Alliance for Health Equity (AHE) (H) = Chicago Heal Initiative (HEAL) (W) = West Side United (WSU)

GOAL	STRATEGY	INITIATIVES	FY23 TARGET	FY24 TARGET	FY25 TARGET	3-YEAR TOTAL
GOAL 4 Increase access to quality health care	**4.1 Expand community clinical practices; partner with collaboratives to improve health status of Medicaid-insured and uninsured people** A H W	**4.1.1** Serve as clinical provider via city/regional initiatives (Connect Chicago/Congregate Testing, Health Equity Zones, CHHRGE)	Target and complete 8,000 SDOH screenings and health risk assessments (HRAs) **Actual: 1,004**	Target and complete 8,000 SDOH screenings and HRAs **Actual: 25,570**	Target and complete 8,000 SDOH screenings and HRAs **Estimated: 24,000**	50,574 screenings and HRAs completed
		4.1.2 Partner with CBOs and health care organizations (HCOs) on state health care transformation initiative (West Side Health Equity Collaborative)	Connect with 13 CBOs and 9 HCOs, with 5% of total referrals **Actual: 33; 8%**	Partner with 1 more CBO and 5 more HCOs, with 5% of total referrals **Actual: 2; 6%**	Partner with 16 CBOs and 17 HCOs, with 5% of total referrals **Estimated: 33; 5%**	33 partnerships, 5% of total referrals
		4.1.3 Partner with LGBTQ+-focused CBO to link uninsured and underinsured patients with affirming health care and social services **Added FY24**	N/A	Partner with 2 CBOs **Actual: 1**	Partner with 2 CBOs **Estimated: 2**	3 partnerships
	4.2 Expand access to primary care; schedule primary care follow-up appointments for patients before discharge A W	**4.2.1** Primary care navigation provided to people accessing Rush's Emergency Department **Updated definition FY24**	80% of appointments scheduled; refer 350 people to CommunityHealth or partner agencies **Actual: 80%; 350**	83% of appointments scheduled; refer 350 people to CommunityHealth or partner agencies **Actual: 83%; 350**	90% of appointments scheduled; refer 350 people to CommunityHealth or partner agencies **Estimated: 90%; 350**	84% of appointments scheduled; 1,050 people referred
	4.3 Maintain a highly qualified CHW team A W	**4.3.1** Train or develop cadre of CHWs to complete chronic disease self-management program (CDSMP) training; lead CDSMP sessions with 10 community partners	3 CHWs complete training; lead up to 9 sessions with community partners **Actual: 3 completed; 7 hosted/co-hosted sessions**	2 CHWs complete training; lead up to 9 sessions with community partners **Actual: 10 completed; 11 hosted/co-hosted sessions**	1 CHW completes training; leads up to 9 sessions with community partners **Estimated: 6 complete; 27 host/co-host sessions**	19 CHWs completed training; 45 hosted/co-hosted sessions
		4.3.2 CHWs complete Malcolm X College CHW certificate program (offered during the work day at no cost to CHWs)	4 CHWs complete program **Actual: 9**	4 CHWs complete program Actual: 1	4 CHWs complete program **Estimated: 1**	11 CHWs completed program
		4.3.3 Engage CHWs as frontline public health workers to connect people to nursing and social work services	Determine baseline for eligible referrals; refer 720 people **Actual: 862**	720 people referred **Actual: 939**	720 people referred **Estimated: 720**	2,521 people referred
		4.3.4 Develop meaningful, sustainable connections to CHW services with 5 new community partners	1 new partner engaged **Actual: 1**	2 new partners engaged **Actual: 3**	2 new partners engaged **Estimated: 2**	5 new partners engaged
		4.3.5 Host community events to provide health education and promotion, resource coordination, care navigation, other services (financial literacy, public benefits enrollment)	Host quarterly events to reach up to 400 people **Actual: 717**	Host quarterly events to reach up to 400 people **Actual: 570**	Host quarterly events to reach up to 400 people **Estimated: 400**	1,687 people reached
		4.3.6 Expand CHW integration into SBHCs to increase access to wraparound supports	Support 33 families and connect to services **Actual: 225**	Support 33 families and connect to services **Actual: 640**	Support 33 families and connect to services **Estimated: 362**	1,227 families served
	4.4 Expand access to affirming health care for LGBTQ+ patients A H W	**4.4.1** Engage patient navigators to connect LGBTQ+ community members to primary care and specialty services **Added FY24**	N/A	500 referrals, 25% appointments scheduled **Actual: 1,280; 52%**	500 referrals, 25% appointments scheduled **Estimated: 1400; 45%**	2,680 referrals; 49% scheduled

A = Alliance for Health Equity (AHE) H = Chicago Heal Initiative (HEAL) W = West Side United (WSU)

GOAL	STRATEGY	INITIATIVES	FY23 TARGET	FY24 TARGET	FY25 TARGET	3-YEAR TOTAL
GOAL 5 Improve maternal and child health outcomes	**5.1 Invest, develop and participate in two-generation initiatives to support whole-family health** A H W	**5.1.1** Partner with WSU, Sinai Urban Health Institute, CDPH to support East Garfield Park Best Babies Zone to improve birth outcomes in East Garfield Park	Hold 8 advisory team meetings; disseminate storytelling project; develop strategic plan; add 2 residents at large and 1 representative from another sector to advisory team **Actual: 11 meetings**	Hold 8 advisory team meetings; identify project to pursue; secure grant funding for project **Actual: 8 meetings; folded Best Babies Zone into BRIDGES program in FY24**	Hold 8 advisory team meetings **Estimated: 8 meetings**	27 meetings held
		5.1.2 Continue participation in Family Connects Chicago for nurse home visits to families with newborns, health checks, SDOH screening and referrals	800 families served; 75% connected to additional resources **Actual: 136; 75%**	880 families served; 80% connected to additional resources **Actual: 195; 86%**	960 families served; 85% connected to additional resources **Estimated: 250; 85%**	581 families served; 82% connected
	5.2 Partner with community-based organizations to expand behavioral health initiatives that promote relational health A H W	**5.2.1** Use Adverse Child Experiences screening to identify pregnant/parenting people affected by childhood trauma; offer evidence-based home visiting plus connections to programs and other parenting supports	Serve 100 families; refer 50% successfully to supports **Actual: 72; 42%**	Serve 110 families; refer 55% successfully to supports **Actual: 93; 68%**	Serve 110 families; refer 60% successfully to supports **Estimated: 110; 55%**	275 families served; 55% referred
		5.2.2 Continue developing Building Early Connections: behavioral health support/parenting groups for families; behavioral health training/consultation support for childcare providers	Serve 800 families and 15 childcare providers **Actual: 11,202; 27**	Serve 900 families and 15 childcare providers **Actual: 5,315; 10**	Serve 1,000 families and 15 childcare providers **Estimated: 2,700; 45**	19,217 families and 82 childcare providers served
		5.2.3 Provide CHW support for 300 pregnant/postpartum people seeking emergency department care: identify/support linkages to primary/obstetric/specialty care; connect people to parenting support programs; determine resources to support unmet social needs	Support 100 people; connect 75% of their families to additional resources **Actual: 768; 13%**	Support 100 people; connect 80% of their families to additional resources **Actual: 1,400; 80%**	Support 100 people; connect 85% of their families to additional resources **Estimated: 300; 80%**	2,468 people supported; 58% of families connected

A = Alliance for Health Equity (AHE) H = Chicago Heal Initiative (HEAL) W = West Side United (WSU)

The Rush 2025 Community Health Needs Assessment: Grounded in community voices

If you're looking for answers to challenges in a community, it makes sense to begin by listening to those who are deeply rooted there. We co-create solutions with residents and other stakeholders, rather than assuming we know what's best or acting alone. As our service area grows, so does the complexity of our work to reduce health disparities. The result: sensible strategies that make the most of communities' strengths, focus on the needs local people care about most and incorporate their ideas for building a healthier neighborhood.

Angela Taylor, a lifelong West Sider, former social worker and current wellness director of the Garfield Park Community Council, is a driving force behind better health, better food and more opportunities in her community. Under her leadership, the Garfield Park Garden Network transformed three acres of vacant lots into vibrant community gardens that provide fresh produce to residents and host a paid summer internship program where teens learn horticulture, nutrition and job skills. "If we eat healthy, we'll think healthy and then we can build healthy," she says.

An integral voice in ensuring that the new Sankofa Wellness Center (see p. 26) is "for us, by us," Taylor says that institutional partners like Rush "came to hear what the community had to say about needs and wants, and listened to what they heard the community say they wanted. There was no sitting in a room deciding, 'they need this, they need that.' Didn't work that way." She calls the Sankofa project "the first seed we have planted in the growth of West Garfield Park," and envisions "a well-cultivated community" with a thriving Madison Street corridor at its heart. "Working together and finding value in each other, that's a great model. That's where the work happens."

With our partners at the Association for Health Equity (AHE), we spent time listening to people who live in these communities. Residents completed 1,800 surveys about their communities' health needs. We met in person with more than 400 community residents in 54 focus groups across our service area. And we also invited community members, local nonprofits, Rush staff and others to a series of town hall meetings in early 2025. Together, attendees generated ideas for addressing the issues raised by community members. The goals, strategies and measures in our new CHIP have been shaped to match what community members say they need most.

What we learned: Community member concerns and public health data

The health issues that residents talked about most often in **focus groups:**

Mental health and substance use

"There's a stigma within the Black community with regard to mental health, and it's been building over the years."

Economic security

"I want to see people with more opportunity to have jobs, more mental stability, more financial stability."

Violence prevention

"There is more violence now and people cannot go outside as much. Kids have to be more worried about danger. Here, violence is a big problem. It means that youth is not as free or healthy."

Access to healthy food

"I would love to get rid of every liquor store that says they're a full grocery store in this community. I'm like, a full grocery store because you have a banana or an apple? That's how they classify you as a grocery store."

Access to quality health care

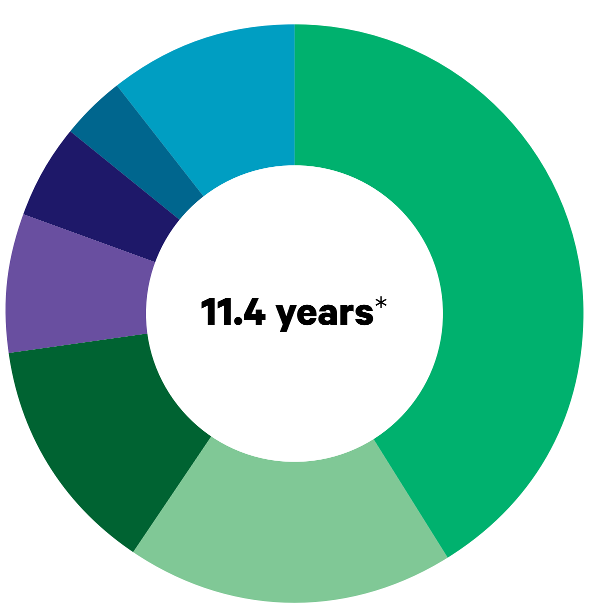
"The younger population want to access services, but need help to navigate the system. They access the ED when there is a crisis, but not preventative small interventions to avoid crisis."

The health needs that residents identified most often in **surveys:**

- Improving mental health treatment, especially for stress and trauma
- Substance use treatment
- Addressing violent crime and property crime to make neighborhoods safer
- Better management of diabetes and better access to grocery stores that carry fresh fruits and vegetables
- Solutions to decrease homelessness and increase affordable housing
- A holistic approach for people with obesity

We also looked at data from the Illinois Department of Public Health, including information about what drives the life expectancy gap and what causes of death are most common.

Conditions driving Chicago's average life expectancy gap: In our online community profiles, you'll see data related to the conditions that contribute to the 11.4-year gap in average life expectancy between Black and non-Black Chicagoans.



Chronic disease (4.7 years)
Heart disease, cancer, stroke, diabetes, COPD, kidney disease, other circulatory diseases

Homicide (2.1 years)
Firearm and all-cause homicide

Opioid overdose (1.5 years)
Fatal overdoses from substances including heroin, fentanyl, pain relievers, methadone

Infectious diseases (0.9 years)
Syndemic infectious diseases including HIV and respiratory diseases including influenza, pneumonia, COVID-19

Accidents (0.6 years)
Motor vehicle accidents, non-opioid drug overdoses, unintentional injuries, etc.

Infant mortality (0.4 years)
Deaths before 1 year of age

Other (1.2 years)
All other causes of death

*Source: West Side United 2022 Life Expectancy Debrief, January 2025

Leading causes of death on the West Side: As is the case across Chicago, chronic diseases like heart disease and cancer are among the leading causes of death on the West Side. Yet external causes like opioid overdoses and homicide occur at higher rates than in the city overall.

Disparities are even larger when we compare Chicago neighborhoods to some suburban communities. For example, in Oak Park, the homicide rate is 5 per 100,000 people.

But when you cross Austin Boulevard into the Austin neighborhood, you're in much different territory. There, the homicide rate is 66 per 100,000 people — more than 13 times higher than in Oak Park.

There are many reasons for this difference. We know that violence is often driven by a lack of opportunities for meaningful employment — and that the effects of systemic racism dampen job prospects in communities of color. In Austin, unemployment rates are much higher than in Oak Park, and students in Austin are less likely to complete high school and go on to college or well-paying jobs. And people's lack of trust in the police may lead to more self-protective behaviors like carrying weapons.

By addressing the root causes of these problems, we can help improve the safety of Austin and other neighborhoods that are harmed by violence.

Top 10 leading causes of death on the West Side*

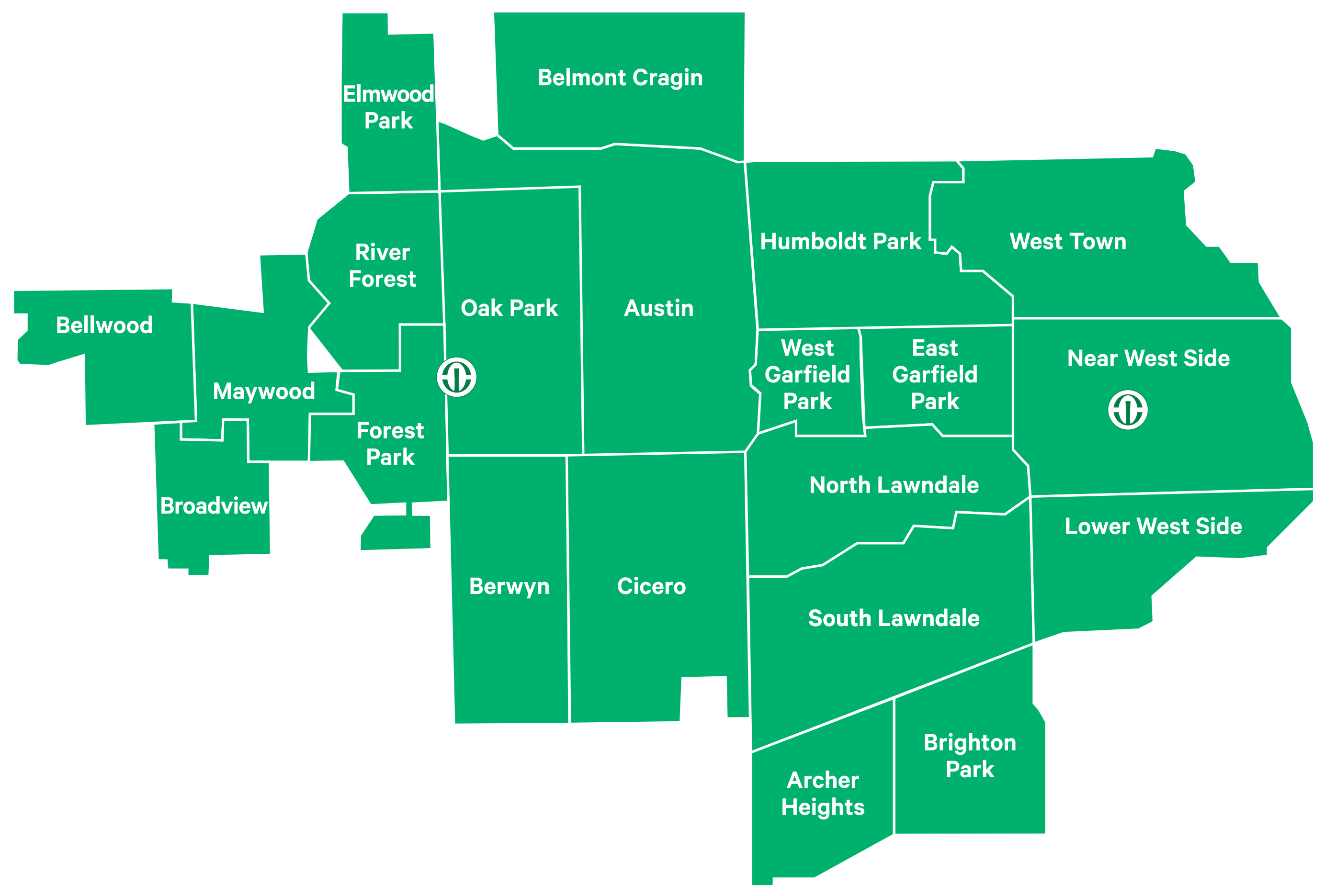
1	Heart disease
2	Accidents (injuries)
3	Cancer
4	Drug overdose
5	Coronary heart disease
6	Stroke
7	Homicide
8	Firearm-related
9	Chronic liver disease
10	Lung, trachea and bronchus cancer

A look at the landscape: Community profiles

Different neighborhoods possess different strengths and challenges. While some areas have long benefited from abundant resources, others have faced systemic barriers to access. Seeing the full picture means understanding community assets, quantifying the challenges and hearing residents' thoughts about what works and what could improve.

The 21 communities in the Rush CHNA service area reflect a wide range of demographics, assets and challenges. Our online profiles provide a close-up, interactive look at each community.

View them here: rush.edu/communities2025



Public health data sources

The public health data in the 2025 community profiles comes from a variety of sources, including the Chicago Department of Public Health (CDPH), Cook County Department of Public Health (CCDPH) and Illinois Department of Public Health (IDPH). You can explore much of the data online in the Chicago Health Atlas and the Cook County Health Atlas.

To make sure we're looking at similar factors in city and suburban communities, we adjusted two of the things we measure: "Moms getting prenatal care in first trimester" and "Easy access to fruits and vegetables" are slightly different than the measures in our last CHNA.

Because it takes time for researchers and government agencies to collect, analyze and share data, the data in our neighborhood profiles reflects a range of time periods as shown below.

Percentages are rounded.

Average life expectancy	CDPH and CCPDH analysis of IDPH data, 2022
Race/ethnicity and total population	American Community Survey, 2019-2023
Top five causes of death	CDPH and CCDPH, 2019-2023
Low birth weight percentage	CDPH and CCDPH, 2019-2023
Asthma ED visits per 10K	IDPH via CDPH, 2019-2023 *(data is for one representative ZIP code per community)*
Child poverty percentage	American Community Survey, 2019-2023
Overall health status	Healthy Chicago Survey and Healthy Cook Survey, 2022-2023
Indicators for heart disease	Healthy Chicago Survey (CDPH) & Healthy Cook Survey (CCDPH), 2022-2023
Cancer mortality rates	IDPH Vital Records, 2018-2022
High blood pressure	Healthy Chicago Survey and Healthy Cook Survey, 2022-2023
Diabetes	Healthy Chicago Survey and Healthy Cook Survey, 2022-2023
Obesity	Healthy Chicago Survey and Healthy Cook Survey, 2022-2023
Moms getting prenatal care in first trimester	IDPH Vital Records, 2018-2022
Easy access to fruits and vegetables	Healthy Chicago Survey and Healthy Cook Survey, 2022-2023
People living in poverty	American Community Survey, 2019-2023
Unemployment	American Community Survey, 2019-2023
Sense of safety	Healthy Chicago Survey and Healthy Cook Survey, 2022-2023

The Rush 2026-2028 Community Health Implementation Plan: Cultivating meaningful change

Just as a flourishing garden doesn't spring up overnight, the journey toward health equity takes sustained effort. We're committed to working with our community partners to identify the most fruitful places to direct our energy and investment — and the most meaningful ways to measure what works.

Using input from our communities, facts about the patients we serve and information about the incidence of specific health conditions, we take a data-informed, equity-focused approach to improving health outcomes for everyone in the Chicago area.

We emphasize community-driven interventions. That means we take them on in partnership with community members, local nonprofits and other stakeholders who join us in planning and implementing the solutions we create together, and in measuring their impact so we can make them more effective.

Public, private and community collaboration is like the "three sisters" method of growing crops. When you plant corn, beans and squash together, the corn provides stalks for the beans to climb. Beans replenish nutrients in the soil. And squash covers the ground, retaining moisture and keeping weeds down. Each plant fulfills a specific role and supports the others. Together, they create a self-sustaining system where all three thrive instead of struggling alone. Rush applies the same idea: public agencies, private partners and community groups each have a role, and working together replenishes our ideas and energy.

In West Garfield Park, a transformative project to improve health outcomes and close the life expectancy gap won the 2022 Pritzker-Traubert Foundation Chicago Prize for community economic development and broke ground in September 2024. The Sankofa Wellness Village development, led by the Garfield Park Rite to Wellness Collaborative, The Community Builders and MAAFA Redemption Project, brings $50 million in public and private investments to a series of interconnected health, recreation and wealth-building projects, including the Rush Center for Community Well-Being. As an anchor partner of the Sankofa Wellness Center, Rush will provide services that include connections to needed resources, health education, mental health care and career development programs.

We are making systemic change by implementing systemic solutions. This means working in partnership with other institutions that are pursuing the same goal. Our CHIP aligns with the city's Healthy Chicago 2025 Strategic Plan and with Healthy People 2030, the nationwide initiative headquartered in the Office of Disease Prevention and Health Promotion in the U.S. Department of Health and Human Services.

Our CHIP for 2026-2028 is built around five goals and 66 corresponding initiatives.

GOAL 1

Preventing and reducing chronic conditions and risk factors

"The YMCA has programs for weight loss, hypertension, pre-diabetes. I think there should be more programs like these elsewhere. I can see these programs being offered at the libraries and park districts for free. Doctors give medication for diabetes and hypertension, but I think with some help and some conversations [about nutrition], we can make it better."

GOAL 2

Expanding access to mental and behavioral health services

"The state closed the mental health centers, but we have to have those services available. We still have the needs, but they are not being provided for in the community."

GOAL 3

Addressing social, economic and structural drivers of health to reduce inequities

"For adults, stress comes from lack of a job or worries about children. Some adults work at night, so they do not sleep well; they also stress over chronic conditions."

GOAL 4

Enhancing access to quality care and community services

"We don't have access to health care, right? It's not a lot of health care close to where I live, like, I always have to travel, and I feel like it's just not a lot of resources."

GOAL 5

Advancing maternal and child health outcomes

"Having education and resources or options before and during labor makes a big difference. There are resources, but not everyone knows, or people think it takes too much time. One person I know has a doula coming in every two weeks postpartum, which has helped a lot."

Our initiatives reflect the three strategies that inform our health equity work:

- **Implement evidence-based approaches to reduce the life expectancy gap:** We use research-backed strategies and proven interventions to address health disparities and ensure all communities have access to the resources needed for longer, healthier lives.
- **Emphasize measurable outcomes and population-specific strategies:** We set clear goals, track progress, and tailor initiatives to the unique needs of different communities to ensure effective, equitable impact.
- **Drive impact through innovation, strategic partnerships, policy and advocacy:** We collaborate with other organizations to create new solutions and influence policies to create lasting, systemic changes that promote health equity.

Rush Community Health Implementation Plan, FY2026-2028

GOAL	STRATEGY	INITIATIVES	FY26 TARGET	FY27 TARGET	FY28 TARGET	3-YEAR TOTAL	MEASURES
GOAL 1 Preventing and reducing chronic conditions and risk factors	**1.1** Reduce risk factors through assessments/education; focus on chronic disease (A) (W)	**1.1.1** Provide evidence-based chronic disease prevention and self-management programming to adults in Rush's service area, including targeted outreach to women through the Health Legacy Program (HLP)	160 people enrolled in Rush Generations self-management workshops (72% complete); 3 HLP workshops supporting lifestyle change delivered to at least 30 women (75% complete)	160 people enrolled in Rush Generations self-management workshops (72% complete); 120 enrolled in falls prevention programming (55% complete); 3 HLP workshops delivered to at least 30 women (75% complete)	160 people enrolled in Rush Generations self-management workshops (72% complete); 3 HLP workshops delivered to at least 30 women (75% complete)	480 people enrolled in Rush Generations self-management workshops (72% complete); 90 women participated in HLP workshops (75% complete)	# enrolled; % completing/ controlling condition in the program; % program completion
		1.1.2 Provide evidence-based chronic disease prevention and self-management programming to adults in Rush's service area, including targeted outreach to women through the Health Legacy Program (HLP)	175 adults screened and connected to services/ programs as needed	185 adults screened and connected to services/ programs as needed	195 adults screened and connected to services/ programs as needed	555 adults screened at 60 community events and connected to services/ programs as needed	# adults screened; % connected to services/programs post-screening; # screening events; avg. # screened per event; % with identified needs; % receiving follow-up support
		1.1.3 Provide evidence-based falls prevention programming to older adults and people with mobility issues	120 people enrolled in Rush Generations falls prevention programming; 55% complete	120 people enrolled in Rush Generations falls prevention programming; 55% complete	120 people enrolled in Rush Generations falls prevention programming; 55% complete	360 people enrolled in Rush Generations falls prevention programming; 55% completed	# enrolled in falls prevention programming; % completing program; # enrolled annually, % completing program
		1.1.4 Integrate peer-led Rush Generations workshops (healthy living programs, falls prevention, chronic disease self-management) into West Side community organizations by building trained cadre of community members (including youth) to deliver chronic disease education/outreach/self-management support	Partner with 8 community-based organizations (CBOs) to host workshops and/or train staff and volunteers; engage at least 5 community members in chronic disease self-management program (CDSMP) workshops using train-the-trainer model	Partner with 8 CBOs to host workshops and/or train staff or volunteers; engage at least 15 community members in CDSMP workshops using train-the-trainer model	Partner with 8 CBOs to deliver CDSMP workshops; train at least 15 community members or staff using train-the-trainer model	Delivered 24 evidence-based workshops at faith-based organizations and CBOs, supported by at least 12 newly trained co- facilitators and 35 community members trained to provide chronic disease self-management peer education	# CBO partners; # workshops; # annually; # trained community members; # new co-facilitators; % at community/faith sites
		1.1.5 Provide cancer and colorectal screenings to adults living in Rush service area	100 adults screened in partnership with 2 CBOs, using outreach/navigation/ staff or volunteer training	150 adults screened in partnership with 4 CBOs; focus on high-need West Side ZIP codes	200 adults screened in partnership with 6 CBOs; prioritize high-need areas; build sustainable referral pathways through culturally responsive outreach	450 screened; 12% referred	# screened; % increase each year; # partnering CBOs
	1.2 Reduce risk factors through assessments, education, condition management programs; focus on hypertension/diabetes (A) (W)	**1.2.1** Screen community members for uncontrolled hypertension through Alive Faith Network; refer those in need to disease management program	300 screened; 12% referred	350 screened; 12% referred	350 screened; 12% referred	1,000 screened; 12% referred	# screened; % referred to management program
		1.2.2 Increase diabetes prevention and treatment uptake by expanding access to formal diabetes education and support services for people who have or are at risk for diabetes	20 people enrolled in diabetes education program (80% complete); 5-point BP reduction; 10% connected to CHWs; establish baseline participation among pre-diabetic and diabetic people in 3 priority community areas	40 enrolled (80% complete); 5-point BP reduction; 10% connected to CHWs; 5% more pre-diabetic and diabetic people participate across 3 priority community areas	40 enrolled (80% complete); 5-point BP reduction; 10% connected to CHWs; 5% more pre-diabetic and diabetic people participate across 3 priority community areas	100 enrolled (80% completed); 5-point BP reduction; 10% connected to CHWs; 10.25% more pre-diabetic and diabetic people participated across 3 priority community areas	# enrolled/participating; % completing program; BP reduction; % connected to CHWs; % increase in participation
		1.2.3 Screen people with physical mobility limitations; enroll 120 participants in 6-month mobility improvement program through Alive Faith Network	300 screened; 12% referred to services; 24 enrolled in mobility improvement program	300 screened; 12% referred; 48 enrolled	300 screened; 12% referred; 48 enrolled	900 screened; 12% referred; 120 enrolled	# screened; % referred to mobility program; # enrolled
		1.2.4 Provide health risk and disease management assessments and interventions for primary care patients with hypertension and/ or diabetes (Wellness West, E3, Live Healthy Chicago)	160 served per month (average)	240 served per month (average)	**Wellness West project will close in FY27; no targets**	240 served per month (average)	# qualifying contacts
	1.3 Implement systemwide quality improvement/data action plan, including stratification for racial/gender equity (A) (W)	**1.3.1** Standardize systemwide training and implementation for collecting patient demographic and social needs data (REaL, SOGI, SDoH) to improve accuracy and consistency	Plan and secure resources for FY26 launch, targeting 5% accuracy/consistency improvement over baseline	75% of targeted staff trained; 20% improvement in SOGI data collection; 5% improvement over last year's target	80%+ of targeted staff trained; 25% improvement in SOGI data collection; 5% improvement over last year's target	85%+ of targeted staff trained; 40% improvement in SOGI data collection; 15% improvement in accuracy of REaL/SOGI data capture	% of targeted staff trained; % of patients with complete SOGI data; % of overall improvement in data captured

(A) = Alliance for Health Equity (AHE) (H) = Chicago Heal Initiative (HEAL) (W) = West Side United (WSU)

GOAL	STRATEGY	INITIATIVES	FY26 TARGET	FY27 TARGET	FY28 TARGET	3-YEAR TOTAL	MEASURES
GOAL 1, continued Preventing and reducing chronic conditions and risk factors	**1.4** Improve access to healthy food for patients screened as food-insecure A W	**1.4.1** Broaden Food Is Medicine VeggieRx Pantry to provide pantry meals/produce for people screened as food-insecure and referred by primary care providers	3,000 people referred systemwide; 80% served	3,500 people referred; 85% served	4,000 people referred systemwide; 90% served	10,500 people referred; 85% served	# referred; % served
		1.4.2 Maintain/enhance ED Pantry at RUMC to provide pantry food/fresh produce to food-insecure patients; ongoing evaluation to support clinical integration and impact	25 patients receive food; 70% receive food resources/referrals	50 patients receive food; 80% receive food resources/referrals	75 patients receive food; 85% receive food resources/referrals	150 patients served; 90% received food resources/referrals	# served; % referred
		1.4.3 Expand Food is Medicine program to ROPH ED; CHWs track meal recipients for program evaluation	50 patients receive food; 70% receive food resources/referrals	100 patients receive food; 80% receive food resources/referrals	150 patients receive food; 85% receive food resources/referrals	300 patients served, 90% received food resources/referrals	# served; % referred
		1.4.4 Implement and evaluate Food is Medicine/VeggieRx program through formal research study approved by Institutional Review Board (IRB) to assess impact on food insecurity and related health outcomes and measure effectiveness/scalability/ sustainability	100 patients with documented health needs enrolled in launch of IRB-approved study; 85% complete pre-survey and 70% complete post-survey; track outcomes in Epic/SmartSheet to assess impact on food access and health	200 patients enrolled in study annually; 90% complete pre-survey and 75% complete post-survey; improve health needs documentation and integrate outcome tracking to evaluate long-term impacts on food insecurity/ chronic disease/care use	300 patients enrolled in study annually; use outcome data to inform clinical care/policy/ long-term strategies to address food insecurity and chronic disease	600 patients enrolled; 87% completed pre-surveys and 73% completed post-surveys; outcomes tracked in Epic	# enrolled; % completing pre/post surveys
		1.4.5 Advance VeggieRx Pantry to provide medically supportive meals for food-insecure patients referred by providers; incorporate healthy cookbook and cooking classes in partnership with Preventive Medicine to promote lasting nutritional habits; explore medically tailored meals and nutritional lifestyle strategies to deepen clinical integration	100 participants enrolled in launch of medically tailored meal pilot; 80% report improved nutritional knowledge; 75% report enhanced cooking skills and greater confidence in meal preparation	80% of participants report improved nutritional knowledge/cooking skills/ confidence in healthy meal preparation to support sustained dietary change aligned with clinical care	85% of participants report improved nutritional knowledge/cooking skills/ confidence in healthy meal preparation to support sustained dietary change aligned with clinical care	80% of participants report improved nutritional knowledge/cooking skills/ confidence in healthy meal preparation; 82% demonstrate sustained improvements in dietary habits and condition-specific nutrition knowledge contributing to measurable clinical outcomes	Pre/post-program survey/ participant interviews; longitudinal follow-up; EHR integration; % of participants
		1.4.6 Continue Rush Food Surplus Program; donate 20,000 lbs. of food annually	18,000 lbs. donated	18,000 lbs. donated	18,000 lbs. donated	54,000 lbs. donated	# of lbs. donated in each delivery
		1.4.7 Continue Rush Oak Park Food Surplus Program; donate 15,000 lbs. of food annually	15,000 lbs. donated	15,000 lbs. donated	15,000 lbs. donated	45,000 lbs. donated	# of lbs. donated in each delivery

A = Alliance for Health Equity (AHE) H = Chicago Heal Initiative (HEAL) W = West Side United (WSU)

GOAL	STRATEGY	INITIATIVES	FY26 TARGET	FY27 TARGET	FY28 TARGET	3-YEAR TOTAL	MEASURES
GOAL 2 Expanding access to mental and behavioral health services	**2.1** Increase community screenings and referrals to mental health services A H W	**2.1.1** Assess referred patients and community members for mental health needs; provide brief intervention; connect to long-term mental health care	1,000 people screened/brief interventions provided; 75% connected to long-term care; continued engagement confirmed for 60% at follow-up	1,500 people screened/brief interventions provided; 80% connected to long-term care; continued engagement confirmed for 65% at follow-up	2,000 people screened/ brief interventions provided; 85% connected to long-term care; continued engagement confirmed for 70% at follow-up	4,500 people screened; 85% connected to long-term care; 70% maintain engagement at follow-up	# assessed and managed by social work; % connected to care; % engaged at follow-up
	2.2 Provide therapy to improve mental health outcomes A W	**2.2.1** Provide therapy sessions to adults through Rush Social Work and Community Health (SWaCH) outpatient community psychotherapy clinic in partnership with Sankofa Wellness Village to expand reach and support holistic mental wellness	10,000 sessions provided	10,000 sessions provided	10,000 sessions provided	30,000 sessions provided	# of sessions provided
	2.3 Provide therapy sessions to children and adolescents A W	**2.3.1** Provide therapy sessions to children, adolescents and young adults	2,100 sessions provided	2,100 sessions provided	2,100 sessions provided	6,300 sessions provided	# of sessions provided
		2.3.2 Provide mental health screenings to Chicago Public Schools students through Rush School-Based Health Centers (SBHCs)	1,000 students screened; 75% with identified needs receive additional support	1,000 students screened; 75% with identified needs receive additional support	1,000 students screened; 75% with identified needs receive additional support	3,000 students screened; maintain 75% linkage to care	# screened; % receiving support
	2.4 Conduct community-based trainings (including train-the-trainer programs) in Mental Health First Aid (MHFA) A W	**2.4.1** Provide MHFA facilitator training	10 people trained	15 people trained	25 people trained	50 people trained	# trained
		2.4.2 Train community members in MHFA/trauma-informed care; partner with violence prevention organizations	500 people trained; 20% also trained in violence prevention	600 people trained; 25% also trained in violence prevention	700 people trained; 30% also trained in violence prevention	1,900 people trained; 20% also trained in violence prevention	# trained; % trained in violence prevention
	2.5 Increase access to behavioral health services for LGBTQ+ patients A H W	**2.5.1** Provide graduate-level internship opportunities for social work students in affirming mental health services for LGBTQ+ patients	Develop plan and secure resources to support internship program	1 intern trained	2 interns trained	3 interns trained	# of students completing internship
	2.6 Identify trauma survivors and provide no-cost, evidence-based trauma therapy and care management A W	**2.6.1** Provide no-cost trauma screenings to patients and community members	700 screenings provided; referrals offered to all screening positive for PTSD	700 screenings provided; referrals offered to all screening positive for PTSD (pending continued funding)	700 screenings provided; referrals offered to all screening positive for PTSD (pending continued funding)	2,100 screenings provided; referrals offered to all screening positive for PTSD (pending continued funding)	# of screenings provided
		2.6.2 Provide no-cost, evidence-based PTSD therapy and/or care management to survivors of trauma via Center for Trauma Recovery at Rush	140 trauma survivors served	140 trauma survivors served (pending continued funding)	140 trauma survivors served (pending continued funding)	420 trauma survivors served (pending continued funding)	# of trauma survivors served
	2.7 Expand engagement in opioid and substance use prevention and treatment services A W	**2.7.1** Partner with health care professionals to deliver education on opioid misuse/distribute naloxone kits; use train-the-trainer model to build capacity among providers, with participants demonstrating increased knowledge of overdose prevention through pre- and post-session evaluations	500 health care professionals reached; 100 naloxone kits distributed in high-need areas; 10% of professionals train 10% of their patient panel on overdose prevention	550 health care professionals reached; 100 naloxone kits distributed; 10% of professionals train 15% of their patient panel on overdose prevention	600 health care professionals reached; 100 naloxone kits distributed; 10% of professionals educate 20% of their patient panel on overdose prevention	1650 educational sessions conducted; at least 300 naloxone kits distributed; 15% of professionals' patient panels educated	# of sessions; # of kits; % patient panel trained

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GOAL	STRATEGY	INITIATIVES	FY26 TARGET	FY27 TARGET	FY28 TARGET	3-YEAR TOTAL	MEASURES
GOAL 3 Addressing social, economic and structural drivers of health to reduce inequities	**3.1** Increase access to high-quality science/technology/engineering/math (STEM) and social-emotional learning experiences H W	**3.1.1** Increase academic and career-exploration enrichment/ social-emotional learning (in school and out of school) for youth in grades pre-K through college	1,100 participating students	1,225 participating students	1,350 participating students	3,675 participating students	# of participating students
		3.1.2 Empower and enhance teacher confidence and competency in STEM-focused practices through professional development, curriculum support and resources	50 participating educators	60 participating educators	75 participating educators	185 participating educators	# participating in professional development; % increase in confidence and competency
	3.2 Improve K-16 educational outcomes for youth and young adults; provide work-based learning and industry-recognized credentials to increase educational attainment and workforce readiness H W	**3.2.1** Engage parents/families/community members to address social needs and increase educational attainment/workforce readiness	3,500 participants in programs/workshops/events	3,500 participants in programs/workshops/events	3,500 participants in programs/workshops/events	10,500 participants	# of participants
		3.2.2 Support post-secondary enrollment and matriculation; activities aligned to IL PACE Framework	90% of REACH participants enroll in post-secondary options; 75% persist	90% of REACH participants enroll in post-secondary options; 75% persist	90% of REACH participants enroll in post-secondary options; 75% persist	90% of REACH participants enrolled in post-secondary options; 75% persist	% enrolling in postsecondary options; % persisting
		3.2.3 Provide high school/college internships/externships/ apprenticeships, including training for industry-recognized credentials	250 students intern/ apprentice; 70% of those eligible earn industry-recognized credentials	265 students intern/ apprentice; 70% of those eligible earn industry-recognized credentials	275 students intern/ apprentice; 70% of those eligible earn industry-recognized credentials	750 students interned/ apprenticed; 70% of those eligible earn industry-recognized credentials	# interning/apprenticing; % earning industry credentials
		3.2.4 Provide targeted nursing apprenticeships to strengthen pipeline and career readiness for entry-level nurses	10 college students enrolled as nurse apprentices; goal is to retain them as full-time staff post-licensure	10-20 college students enrolled as nurse apprentices; goal is to retain them as full-time staff post-licensure	10-20 college students enrolled as nurse apprentices; goal is to retain them as full-time staff post-licensure	36 student externs/ apprentices enrolled; 25% join Rush as full-time staff post-licensure	# completing program; % retained after 1 year
		3.2.5 Sustain pipeline and career readiness opportunities for emerging, underrepresented clinicians in the mental health profession (Legacy Mental Health Fellowship)	Cohort 4 begins (2 fellows); 4 graduated fellows	Cohort 5 begins (2 fellows); 6 graduated fellows	Cohort 6 begins (2 fellows); 8 graduated fellows	8 graduated fellows joined the workforce	# completing program
	3.3 Collaborate to address workforce development, promote career advancement for incumbent workers and foster a culture of mentorship and support among hiring managers H W	**3.3.1** Expand career advancement for incumbent workers (especially frontline workers) through initiatives that include participation in community-wide and citywide workforce development initiatives and cohorts	Up to 30 frontline workers enroll in pilot pathway programming for career advancement; participate in up to 3 collaborative partnerships focused on workforce development	30 employees enroll in apprenticeships and pathway programming for career advancement (70% complete); sustain 2-3 collaborative partnerships	30 employees enroll in apprenticeships and pathway programming for career advancement (70% complete); sustain 2-3 collaborative partnerships	80 employees enrolled in apprenticeships and pathway programming for career advancement (70% complete); sustain 2-3 collaborative partnerships	# of enrolled employees; % of hiring managers trained on career advancement interventions; # of partnerships
		3.3.2 Work with partners to develop/implement community-wide workforce development initiatives to increase employment access and opportunities to hire local applicants	Collaborate with 20 community sourcing partners; target 18% of new hires to local communities	Collaborate with 20 community sourcing partners; target 18.5% of new hires to local communities	Collaborate with 3 community sourcing partners; target 19% of new hires to local communities	Collaborated with up to 20 community partners to implement initiatives	# of collaborating organizations; % of participants hired
		3.3.3 Reduce barriers to hiring and onboarding	Partner with community organizations to refine collaborative workforce development plan focused on sourcing/advancing employees/eliminating barriers in hiring and onboarding. Align efforts with systemwide workforce priorities; actively recruit for high-need roles through community-based pipelines	Collaborate with community partner(s) to determine interventions for dismantling barriers to onboarding employees	Work to develop systemwide onboarding standards and integration that are inclusive for applicants and job candidates	Partnered with 3 community organizations in areas with moderate to high unemployment; targeted 1-2 interventions to dismantle barriers in employee sourcing/onboarding; integrated workforce development efforts systemwide	# of collaborating organizations; # of employees enrolled in pathway/advancement programs; % of hiring managers trained in career advancement

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GOAL	STRATEGY	INITIATIVES	FY26 TARGET	FY27 TARGET	FY28 TARGET	3-YEAR TOTAL	MEASURES
GOAL 3, continued Addressing social, economic and structural drivers of health to reduce inequities	**3.4** Identify social drivers of health (SDOH) through screenings; refer those in need of social services A W	**3.4.1** Continue systemwide approach to SDOH screening (RUMC, ROPH, RCMC, RMG); connect people who have unmet needs (food/transportation/housing) to resources (social work referrals, community resource navigation)	80% of patients screened; 100,000 total screenings; 75% of those with needs receive interventions	85% of patients screened; 120,000 total screenings; 80% of those with needs receive interventions	87% of patients screened; 150,000 total screenings; 85% of those with needs receive interventions	370,000 patients screened; 75% of those with needs received interventions	% completed screenings; # screened; % receiving corresponding intervention within 1 month
		3.4.2 Conduct ED-based screenings and interventions through health care transformation initiatives; serve Medicaid, underinsured and uninsured populations with services such as appointment navigation, primary care referrals and support for maternal health and community wellness efforts	1,500 people screened; 85% screening positive for unmet needs receive interventions	1,500 people screened; 90% screening positive for unmet needs receive interventions	1,500 people screened; 90% screening positive for unmet needs receive interventions	4,500 people screened; 90% screening positive for unmet needs received interventions	# screened; % reduction in needs; % receiving interventions within 1 month of screening positive
		3.4.3 Partner with community-based organizations; as part of select Rush quality improvement and equity initiatives, provide social care assistance/care management to address social needs and barriers to care for community members	Up to 1,000 individuals served with social work and/or CHW services	1,000 individuals served with social work and/or CHW services	1,000 individuals served with social work and/or CHW services	Up to 3,000 individuals served with social work and/or CHW services	# of outreach encounters;% of targeted patients engaged; % of successful referrals; % of encounters documented in Epic; % of patients referred to additional health/social services
	3.5 Leverage coalition-building and partnerships for collective impact to advance health equity H	**3.5.1** Maintain/expand centralized partnership inventory and database; strengthen existing collaborations and build new strategic partnerships by serving as lead or active member in key initiatives (West Side United, Garfield Park Rite to Wellness, CHRRGE, Chicagoland Healthcare Workforce Collaborative, HEAL Initiative, Racial Equity Rapid Response Team, FQHCs, Sankofa Wellness Village) to maximize collective impact	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups within strategic initiatives/partner networks	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participated in meetings; provided capacity-building support; co-led or led key committees and working groups	amount of support provided; # of committees/working groups co-led or led; % increase in membership; # of action plans created/revised
		3.5.2 Support execution of RUSH BMO Institute for Health Equity strategic plan through initiatives (speaker series, state of health equity report, data analytics studio, health equity accelerators) that advance community programs/clinical practices/policy/education/research aligned with health equity goals	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participate in meetings; provide capacity-building support; co-lead or lead committees/working groups	Participated in meetings; provided capacity-building support; co-led or led committees/working groups	amount of support provided; # of committees/working groups co-led or led; % increase in membership; # of action plans created/revised
	3.6 Increase spending with local businesses H W	**3.6.1** Identify high-impact spend categories; collaborate with RUMC/ROPH department leads to shift defined portion of spend to small/diverse vendors; host targeted engagement events to strengthen connections and increase contract opportunities with vendors	Work with 2-3 category managers; develop category manager engagement framework/process for vendor onboarding; pilot onboarding program with 5–7 small or diverse vendors	Finalize local purchasing framework for category managers and vendor onboarding process; select vendors for targeted engagement and connection with category managers	Connect with vendors at annual supplier summit; conduct active outreach and seek partnerships with business service organizations to reach vendors to be onboarded at Rush	Local purchasing framework for category managers created and implemented; vendor onboarding process established; outreach begun to increase onboarding of local vendors to Rush system and vendor lists	# of spend categories identified; # of small business vendors onboarded; # and % with new spend or increased spend; # of community partners engaged; % of category managers trained in local purchasing
		3.6.2 Spend $15.3 million with West Side vendors	$5.1 million spent	$5.1 million spent	$5.1 million spent	$15.3 million spent	$ spent with West Side vendors (identify 2 under–represented communities per year for targeted spend)
	3.7 Increase investment in local communities H W	**3.7.1** Strengthen local vendor capacity; leverage Supplier Summit and community markets as key platforms for business support and capacity-building	Participate in meetings; coordinate with partners to host vendor events and track engagement/business capacity/contract readiness	Participate in meetings; coordinate with partners to host vendor events and track engagement/business capacity/contract readiness	Participate in meetings; coordinate with partners to host vendor events and track engagement/business capacity/contract readiness	Participated in meetings; coordinated with partners to host vendor events and track engagement/business capacity/contract readiness	# of vendors engaged; # of businesses supported; % reporting increased readiness to compete for contracts
		3.7.2 Advance place-based investments in healthy food and wellness by partnering with Treasury and community development financial institutions	$1.33 million invested	$1.33 million invested	$1.33 million invested	$4 million invested	$ in place-based investments; # of community-based projects supported and impact on local food and wellness access

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GOAL	STRATEGY	INITIATIVES	FY26 TARGET	FY27 TARGET	FY28 TARGET	3-YEAR TOTAL	MEASURES
GOAL 4 Enhancing access to quality care and community services	**4.1** Expand community clinical practices; partner with collaboratives to improve health status of Medicaid-insured and uninsured people A H W	**4.1.1** Launch Rush Center for Community Well-Being at Sankofa Wellness Center in West Garfield Park	Up to 300 people receive clinical therapy/health education programs/ care navigation/resource connection after spring 2026 opening	Up to 1,000 people receive clinical therapy/health education programs/ care navigation/resource connection	Up to 1,350 people receive clinical therapy/health education programs/ care navigation/resource connection	Up to 2,650 people received clinical therapy/health education programs/ care navigation/resource connection	# of unique people served; % screened and connected w/resources; % improvement in behavioral health
		4.1.2 Participate in city and regional learning collaboratives, including: CHHRGE, Healthcare Partners to Address Homelessness (with Northwestern Medicine), CIE (with Illinois Public Health Institute), Cook County Medical Respite Network and COCHI, with a strong focus on supporting unhoused individuals through coordinated care, housing support and system-level collaboration	Represent Rush at weekly/ monthly meetings	Represent Rush at weekly/ monthly meetings	Represent Rush at weekly/ monthly meetings	Attended 90% of meetings	% of meetings attended
		4.1.3 Provide services at local community sites (libraries, street medicine, shelters, etc.)	30 people per month receive resources and linkages to community services (10 per library per month)	36 people per month receive resources and linkages to community services (12 per library per month)	45 people per month receive resources and linkages to community services (15 per library per month)	Up to 120 people per library per month connected with resources and community services	# of individuals provided with resources; # of individuals linked to services
		4.1.4 Partner with LGBTQ-focused CBO to link uninsured and underinsured patients with affirming health care and social services	700 patients referred; 80% of appointments scheduled	850 patients referred; 80% of appointments scheduled	1,000 patients referred; 80% of appointments scheduled	2,550 people referred; 80% of appointments scheduled with CommunityHealth or partner agencies	# of partner CBOs; # of referrals navigated to affirming care
	4.2 Expand access to primary care A W	**4.2.1** Navigate people accessing Rush's Emergency Department to follow-up primary care appointments	50 patients per month (average) receive navigation services in person or post-discharge; 10% (average) scheduled for follow-up at partner clinics and/or Rush	55 patients per month (average) receive navigation services in person or post-discharge; 15% (average) scheduled for follow-up at partner clinics and/or Rush	60 patients per month (average) receive navigation services in person or post-discharge; 25% (average) scheduled for follow-up at partner clinics and/or Rush	1,980 patients received navigation services; 17% scheduled for follow-up appointments	# of referrals; % of appointments scheduled
		4.2.2 Partner with federally qualified health centers (at the system level) to provide primary care access for unassigned and uninsured patients	1 partnership formalized; 20% successful referrals	1 partnership formalized; 20% successful referrals	2 partnerships formalized; 45% successful referrals	3 partnerships formalized; 28% successful referrals	% affiliation agreements; operational governance/ performance meetings; % successful referrals
	4.3 Maintain a highly qualified CHW team A W	**4.3.1** Identify and train CHWs in Chronic Disease Self-Management Programs (CDSMP); facilitate CDSMP sessions in partnership with 10 community organizations and develop a dedicated cadre of trained CHWs	2 CHWs complete training; lead up to 8 sessions with community partners	2 CHWs complete training; lead up to 9 sessions with community partners	1 CHW completes training; lead up to 10 sessions with community partners	5 CHWs completed training; led up to 27 sessions with community partners	# of CHWs completing training; # of CHW-hosted or co-hosted CDSMP sessions
		4.3.2 Engage CHWs as frontline public health workers to connect people to nursing and social work services	720 people referred after determining baseline for eligible referrals	720 people referred	720 people referred	2,160 people referred	# of referrals to RN and/or social worker; % of eligible referrals made successfully
		4.3.3 Train CHWs, interns and apprentices to serve as health literacy ambassadors	Develop implementation plan for health literacy training program; goal is for at least 75% of trainees to demonstrate improved health literacy knowledge and skills through pre- and post-assessments	6-10 people trained as health literacy ambassadors; at least 80% demonstrate improved health literacy knowledge and skills	6-10 people trained as health literacy ambassadors; at least 85% demonstrate improved health literacy knowledge and skills	Up to 20 people trained to serve as health literacy ambassadors; at least 85% demonstrate improved health literacy knowledge and skills	# of individuals trained; % improving knowledge
		4.3.4 Expand CHW integration into SBHCs to increase access to wraparound supports	40 families supported and connected to services	40 families supported and connected to services	45 families supported and connected to services	125 families supported and connected to services	# of families supported and connected to services
	4.4 Improve the health literacy of patients and community members; increase accessibility of health information and education A H W	**4.4.1** Host community events to provide health education and promotion, resource coordination, care navigation, other services (digital and financial literacy)	3 events hosted each quarter to reach up to 400 people	3 events hosted each quarter to reach up to 500 people	3 events hosted each quarter to reach up to 500 people	At least 9 events hosted, reaching up to 1,400 people annually	# of events hosted; # of attendees per session; # of partner/co-host departments or organizations
	4.5 Expanding access to affirming health care to LGBTQ+ patients A W	**4.5.1** Engage patient navigators to connect LGBTQ+ community members to primary care and specialty services	250 people referred; 25% of appointments scheduled	400 people referred; 30% of appointments scheduled	550 people referred; 35% of appointments scheduled	1,200 people referred; 30% of appointments scheduled	# of referrals; % of appointments scheduled
	4.6 Expanding access to housing supports for people experiencing homelessness A W	**4.6.1** Identify people in the Emergency Department experiencing homelessness and connect them to housing/shelter services	Determine baseline	10 people referred	20 people referred	30 people referred	# of referrals to shelters; # of patients identified as housing insecure/homeless

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GOAL	STRATEGY	INITIATIVES	FY26 TARGET	FY27 TARGET	FY28 TARGET	3-YEAR TOTAL	MEASURES
GOAL 5 Advancing maternal and child health outcomes	**5.1 Implement two-generation approaches to improve whole-family health by addressing social and economic determinants of health** A H W	**5.1.1** Develop systemwide maternal health screening strategy by collecting data from AFC and GCG departments; implement increased screening frequency (1x per trimester, including 4th trimester/postpartum); consolidate CBP patients within Family Connects program to ensure all patients are captured under a unified approach	1,300 families screened; 73% connected to additional resources	1,480 families screened; 78% connected to additional resources	1,660 families screened; 83% connected to additional resources	4,440 families screened; average of 80% connected to additional resources/ services	# of SDOH screenings completed for pregnant and postpartum patients; # of home visits; % of identified needs connected to resources
		5.1.2 Use Adverse Childhood Experiences screening to identify pregnant/parenting people affected by childhood trauma; connect them to programs and other parenting supports	130 families served; 50% referred successfully to supports	140 families served; 55% referred successfully to supports	140 families served; 60% referred successfully to supports	410 families served; 55% referred successfully to supports	# and % of families successfully served/referred
	5.2 Partner with community-based organizations to expand behavioral health services, strengthen protective factors and promote relational health A H W	**5.2.1** Continue developing Building Early Connections: behavioral health support/parenting groups for families; behavioral health training/consultation support for childcare providers	900 families and 20 childcare providers served	1,000 families and 25 childcare providers served	1,100 families and 25 childcare providers served	3,000 families and 70 childcare providers served	# of families receiving support; # of childcare providers receiving training and support
		5.2.2 Provide CHW support for 300 pregnant/postpartum people seeking emergency department care: identify/support linkages to primary/obstetric/specialty care; connect people to parenting support programs; determine resources to support unmet social needs	100 people supported; 75% of families connected to additional resources	100 people supported; 80% of families connected to additional resources	100 people supported; 85% of families connected to additional resources	300 people supported; 80% of families connected to additional resources	# of people supported, % of families connected to additional resources
		5.2.3 Educate patients and community members in community settings through health literacy lessons/accessible educational outreach materials focused on maternal and child health (prenatal care, chronic disease, breastfeeding, mental health)	Identify and/or develop accessible educational outreach materials focused on maternal and child health	500 patients and community members educated	1,000 patients and community members educated	1,500 patients and community members educated	# of participating patients and community members
	5.3 Partner with Westside WIC Alliance (Lurie, GCFD, ACCESS, CDPH) to increase awareness/participation/ retention in WIC program on Chicago's West Side A H W	**5.3.1** Educate Rush staff (providers, CHWs, care managers, navigators) on WIC program and services	50 Rush staff trained on WIC programs and services	50 Rush staff trained on WIC programs and services	50 Rush staff trained on WIC programs and services	150 Rush staff trained on WIC program and services	# of staff trained
		5.3.2 Refer WIC-eligible people via closed-loop referral to WIC Clinics (CDPH and delegate) through Unite Us	25 people referred to WIC clinics or delegate agencies	25 people referred to WIC clinics or delegate agencies	25 people referred to WIC clinics or delegate agencies	75 people referred for WIC services	# of WIC referrals made

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John Becvar, OPALGA+

James Coleman, West Side Health Authority

Josephine DiCesare, Youth Crossroads

Steve Epting, Hope Community Church

Marshall Hatch Jr., MAAFA Redemption Project

Jackie Hoffman, Peace Runners

Marcia Kay, formerly of Bethel New Life

Andrea Lee, UCAN

Tanya Lozano, Healthy Hood

Rose Mabwa, The Community Builders

Becky Martin, A House in Austin

Maribel Martinez, Brighton Park National Council

Cheron Massonburg, Breakthrough

Doris Medina, Poder

Lenny Medrano, The GAP Center

Jenni Rook, Thrive

Katherine Scott, United Methodist Church

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Deloris Walker, regional health officer, Cook County Department of Public Health

This CHNA and CHIP are part of Rush's mission to support the vitality and well-being of our communities. Our CHIP is a living document: As we work with our partners toward our five goals and measure the impact of our initiatives, we update the CHIP to reflect innovative ideas and effective approaches. The scope and scale of our efforts will be affected by federal and state laws, funding and resources.

For more information about Rush's community engagement mission and activities, and to see future supplements to this document as they are posted, visit rush.edu/chna-chip-2025.

We welcome input from everyone in the community. If you have questions or comments, please contact us:

By phone
(312) 563-4080

By email
office_of_community_engagement@rush.edu

On Facebook
facebook.com/RushHealthEquity

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Rush Copley Medical Center

2025 Community Health Needs Assessment

Rush Copley Medical Center

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Executive Summary

The Community Health Needs Assessment (CHNA) for the Rush Copley Medical Center aims to identify and address the health needs of the community. Data collection was conducted collaboratively through Kane Health Counts, which is made up of the Kane County Health Department, Ascension Mercy Medical Center, Ascension Saint Joseph, Northwestern Medicine Delnor, Advocate Health Sherman, and INC Board.

Rush Copley Medical Center has a long-standing commitment to improving the health and well-being of the communities it serves. Our mission is to provide high-quality, compassionate care to all patients while actively engaging in community health initiatives. Through partnerships with local organizations, we strive to address the social determinants of health and promote health equity across the service area.

The Rush Copley Service Area encompasses a diverse population with varying health needs. Key demographics of the area include a mix of urban and suburban residents, with significant representation from different age groups, ethnicities, and socioeconomic backgrounds. The CHNA process involved extensive data collection and analysis to identify the most pressing health issues faced by the community.

Primary data sources for this assessment included community surveys, focus groups, and existing health data from local and state health departments. The assessment identified several key health needs, including:

- Access to healthcare services

- Mental health and substance abuse

- Chronic disease management

- Health education and prevention

These findings will guide the development of targeted programs and initiatives to address the identified health needs. By leveraging our resources and collaborating with community partners, Rush Copley Medical Center is dedicated to improving health outcomes and enhancing the quality of life for all residents in the Rush Copley Service Area.

We believe that a comprehensive approach, involving community engagement and evidence-based practices, is essential for creating sustainable health improvements. This CHNA serves as a roadmap for our future efforts and a call to action for all stakeholders to work together in fostering a healthier community.

CHNA Process

Introduction

This report utilizes various types of primary data, including surveys, focus groups, interviews, and Metopio, a platform offering curated data from public and proprietary sources. The report also identifies several health themes that emerged from the data, which will be discussed in detail.

Survey

Surveys are essential in collecting data from specific populations to analyze trends, attitudes, or opinions using questionnaires or interviews. They can help identify community needs and implement programs to address various health concerns. Survey questions included health behaviors, mental health, and questions about the Rush Copley Service Area community. The Kane County Community Health Survey was conducted online, with paper versions available from October 2023 until February 2024. A total of 2,691 residents completed the survey, which was distributed through community partners, mailers, social media and email. The survey was available in English and Spanish, with additional languages available upon request. Survey data was weighted to reflect the demographic makeup of Kane County.

Focus Groups

Focus groups involve small groups of people discussing a topic under the guidance of a moderator, providing insights into their perceptions, opinions, and attitudes. The focus groups for this report covered topics such as transportation, food access, insurance assistance, and mental health services. Two focus groups were conducted and the top themes that emerged were Built Environment, Socio-economic Factors, and Maternal and Child Health.

Metopio

Metopio is a robust platform that offers curated data from public and proprietary sources for information on health behaviors, health risks, health outcomes, healthcare utilization, and community-level drivers of health. It was used in the report to provide additional context and support the findings from the primary data.

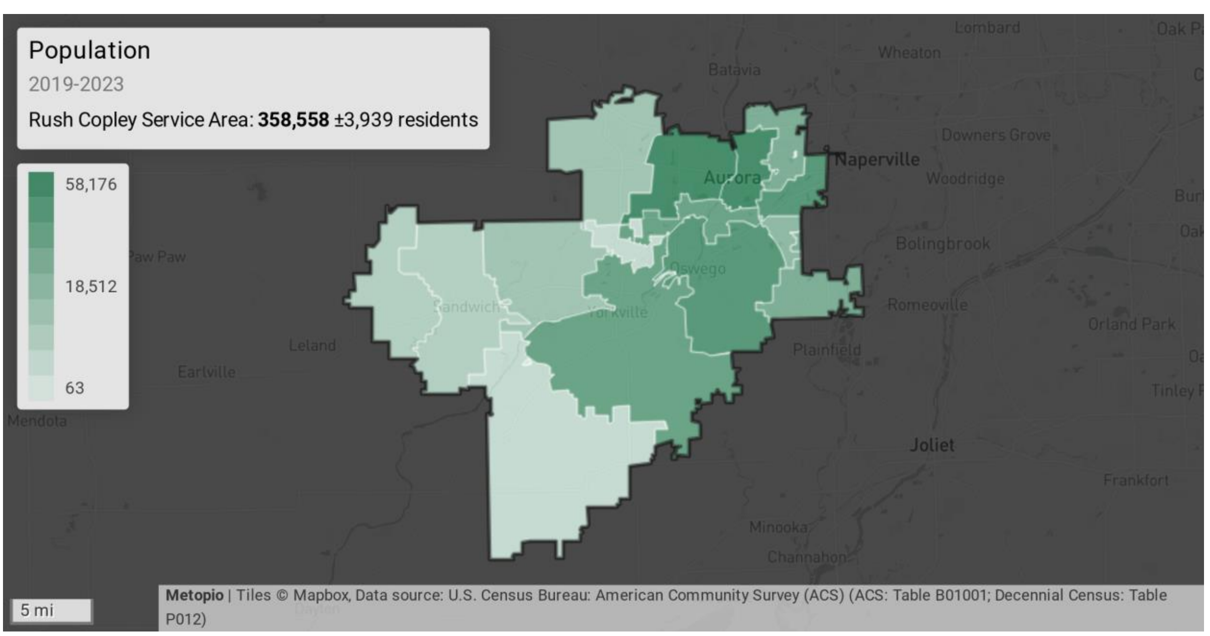
Additional Community Input

The hospital also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the Rush Copley Medical Center website or emailing Mariana_Martinez@rush.edu.

Demographics

The community served includes the following zip codes, as shown in the map below:

- 60502 (Aurora, IL)
- 60503 (Aurora, IL)
- 60504 (Aurora, IL)
- 60505 (Aurora, IL)
- 60506 (Aurora, IL)
- 60512 (Yorkville, IL)
- 60519 (Aurora, IL)
- 60536 (Millbrook, IL)
- 60538 (Montgomery, IL)
- 60541 (Lisbon, IL)
- 60543 (Oswego, IL)
- 60545 (Plano, IL)
- 60548 (Sandwich, IL)
- 60552 (Somonauk, IL)
- 60554 (Sugar Grove, IL)
- 60560 (Yorkville, IL)
- 60585 (Plainfield, IL)



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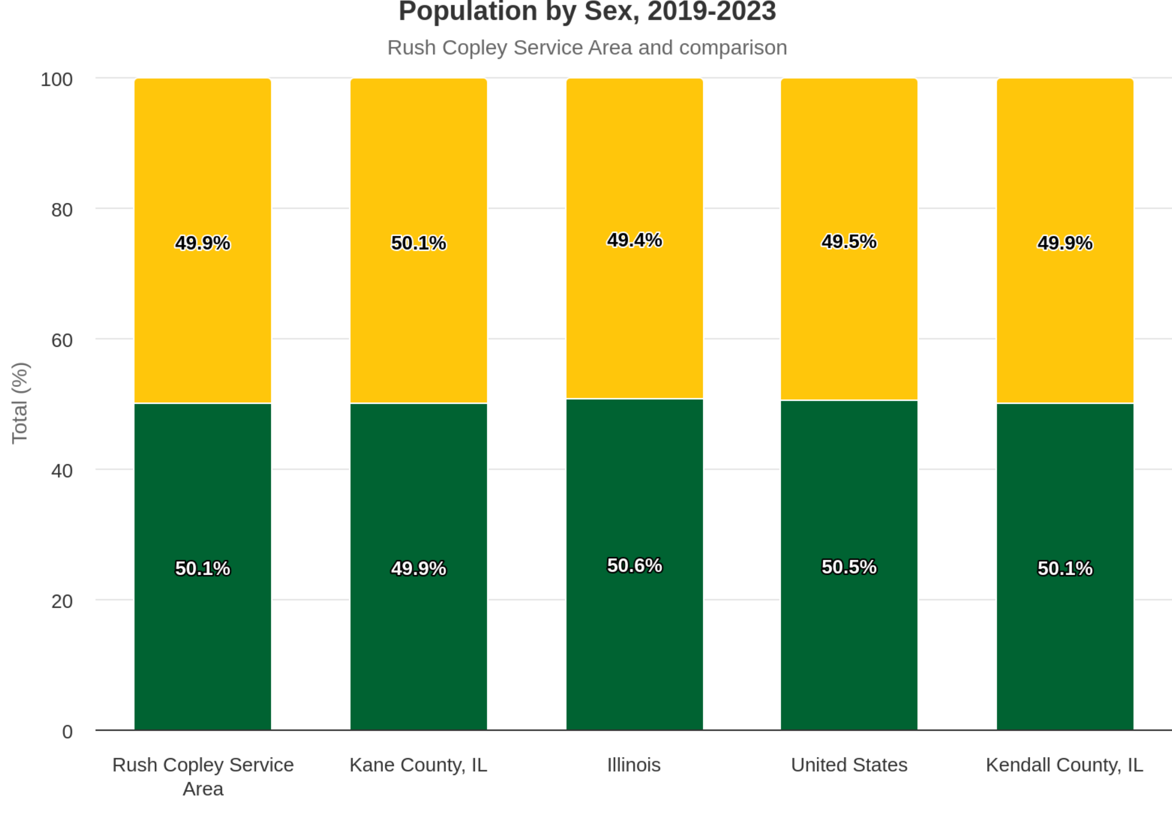
Gender Distribution

The gender distribution in the Rush Copley Service Area is almost evenly split between males and females, with a slight majority of females. This balance reflects a diverse community where healthcare needs must be addressed from a gender-inclusive perspective.



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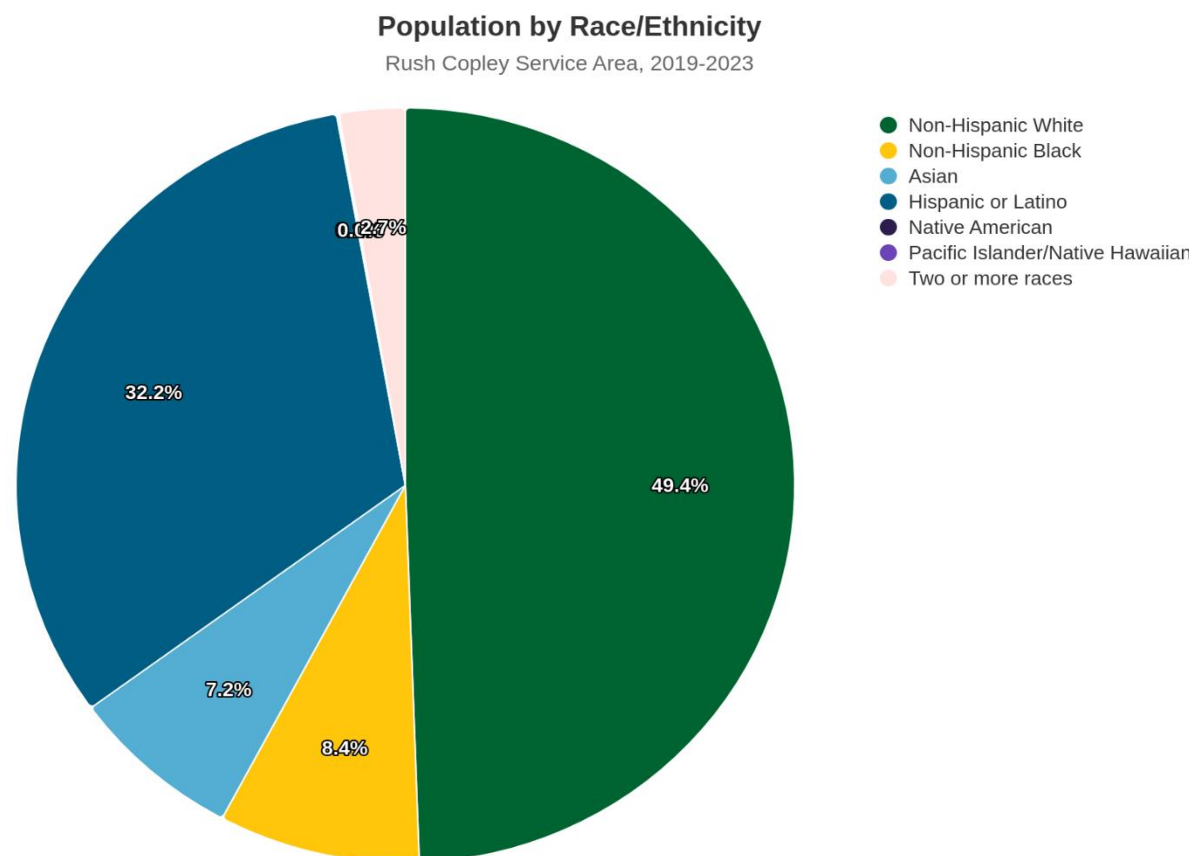
Race/Ethnicity

In comparison to Kane County, Illinois, and the United States, the Rush Copley Service Area has a higher proportion of Hispanic or Latino residents. This demographic trend highlights the importance of providing healthcare services that are accessible and culturally sensitive to the needs of this community. Additionally, the presence of diverse racial and ethnic groups necessitates healthcare policies and programs that promote health equity and address social determinants of health.



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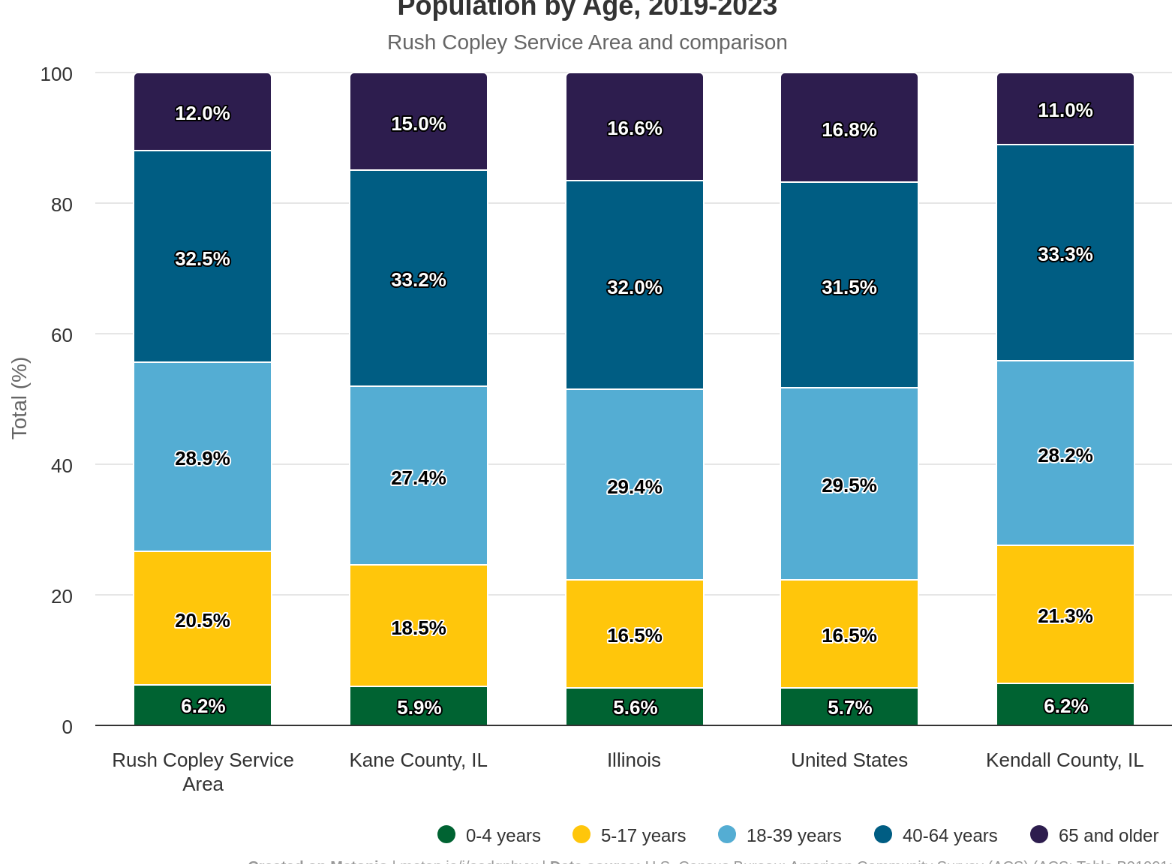
Age Distribution

In the Rush Copley Service Area, the age distribution is relatively balanced, with a significant proportion of residents in the 18-64 year age group, indicating a robust working-age population. This demographic trend suggests a community with a strong labor force and potential for economic stability. However, there is also a notable percentage of younger and older residents, highlighting the need for comprehensive healthcare services that cater to both ends of the age spectrum.



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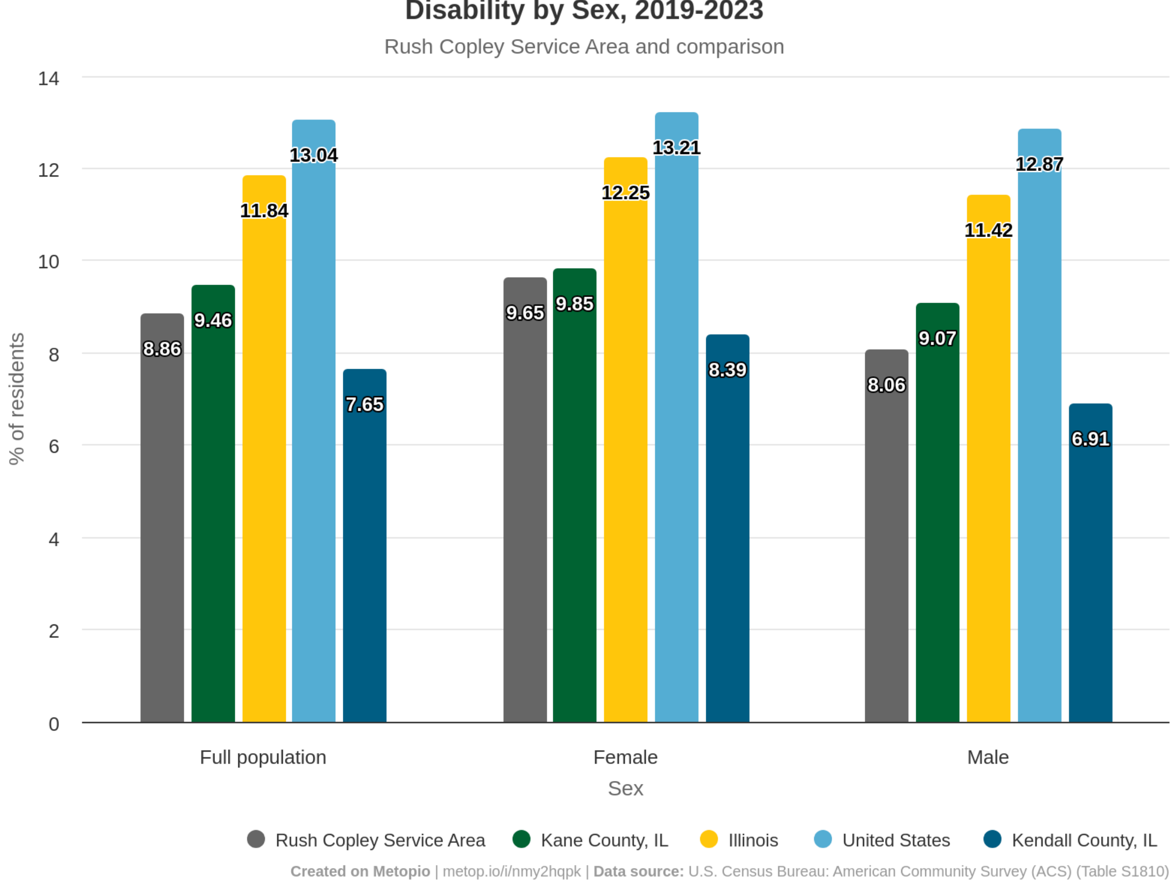
Disabled Residents

When compared to Kane County, Illinois, and the United States, the Rush Copley Service Area has a lower prevalence of disabilities. This demographic trend suggests that the community may have different healthcare needs related to disability services and support. It is important to ensure that healthcare facilities and services are accessible and equipped to meet the needs of disabled residents, promoting inclusivity and equal access to care.



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Generated by Metopio

Health Themes

For this health assessment report, primary and secondary data were gathered and analyzed for the following top health themes and issues. A closer look at the data for each of these themes will be provided in the report.

- Overall Health
- Built Environment
- Food Access
- Housing
- Behavioral Health
- Health Behaviors
- Socio-economic Factors
- Access to Care
- Maternal and Child Health
- Chronic Disease

Overall Health

Encompasses an overarching evaluation of the population's physical and mental well-being, such as life expectancy, self-reported health, and overall quality of life indicators.

What we heard from the community

Overall health encompasses various aspects of well-being, including physical, mental, and emotional health, along with access to necessary healthcare services. Key components of overall health include timely medical care, disease prevention, and health education, particularly for vulnerable populations such as children, seniors, and individuals with mental health challenges. Addressing disparities in access to care and ensuring that all community members receive the support they need is crucial for improving overall health outcomes. This includes not only direct medical services but also resources for housing, transportation, and long-term care, particularly for aging individuals. By focusing on proactive healthcare measures, early screenings, and equitable access to services, communities can work towards better overall health for all residents.

Community feedback highlights several key health needs, including quicker access to medical services, improved behavioral health support, and more proactive healthcare measures. There is a particular concern about the long waits for mental health specialists and the need for better follow-up care for uninsured patients. Seniors also require additional resources, such as housing assistance, education on Medicare, and adult day care services. For children and teens, mental health support is a major priority, especially for those with autism and behavioral challenges. The community also emphasizes the importance of prenatal care, dietary education, and disease prevention initiatives. Addressing these diverse needs requires a coordinated effort to improve access to care, reduce wait times, and provide targeted resources for different population groups.

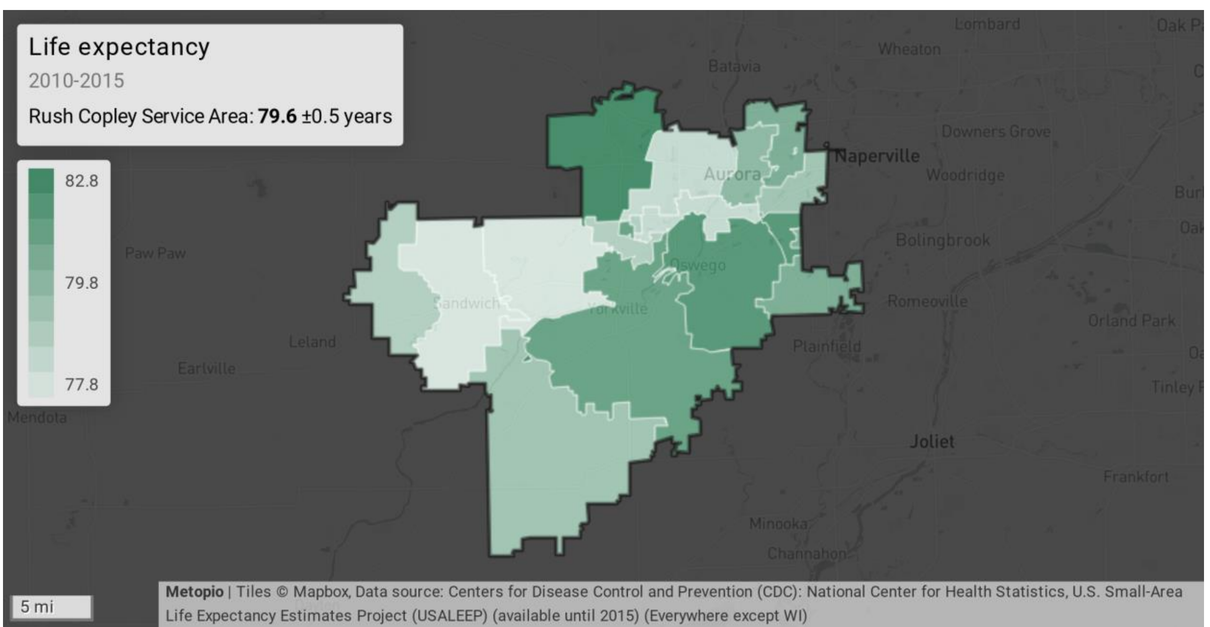
Life expectancy

Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Data Sources:
Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI)

Map of Life expectancy in Rush Copley Service Area

Life expectancy at birth in the Rush Copley Service Area and surrounding zip codes in Illinois, including Aurora, Yorkville, and Plainfield, averaged between 77.8 and 82.8 years from 2010 to 2015. The highest life expectancy was observed in Millbrook (82.8 years), while the lowest was in Sandwich (77.8 years). These figures reflect the general health and demographic trends in these communities during that period.



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Self-reported fair or poor health

Percent of resident adults aged 18 and older with self-reported fair or poor health status.

Data Sources:
Behavioral Risk Factor Surveillance System (BRFSS) (Pre-2017 data), Centers for Disease Control and Prevention (CDC): PLACES (2019 data), The University of Wisconsin Population Institute (2020 County Health Rankings & Roadmaps)

Chart of Self-reported fair or poor health in Rush Copley Service Area

Self-reported fair or poor health is a measure of individuals' perceptions of their overall health status. The data indicates that the Rush Copley Service Area has the highest rate of self-reported fair or poor health at 17.95%, while Kendall County, IL, has the lowest at 13.9%. This suggests that health perceptions vary significantly within and across different regions.

Self-reported fair or poor health, 2022

Rush Copley Service Area and comparison

% of adults

20
18
16
14
12
10
8
6
4
2
0

17.95
16.00
17.00
17.87
13.90

Rush Copley Service Area
Kane County, IL
Illinois
United States
Kendall County, IL

Created on Metopio | metop.io/i/56cja4x6 | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (Pre-2017 data), Centers for

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Built Environment

The built environment refers to the human-made surroundings in which people live, work, and play. It encompasses buildings, streets, parks, transportation systems, and other infrastructure, as well as levels of environmental pollution and hazards. Aspects of the built environment significantly influence public health outcomes, including physical activity levels, access to resources, and exposure to environmental hazards.

What we heard from the community

The built environment plays a crucial role in shaping community health outcomes, influencing factors such as access to healthcare, transportation, housing, and public resources. Inadequate infrastructure, such as limited shelters and warming centers, can exacerbate the challenges faced by vulnerable populations, including the unhoused and those with mental health needs. Additionally, the availability of community resources, such as food banks and transportation services, is essential for ensuring that all residents have access to the support they need. Addressing these concerns requires collaboration between healthcare providers, local governments, and community organizations to create a more equitable and accessible environment.

Community members have expressed a range of concerns related to the built environment, including the need for additional shelters, warming centers, and resources for individuals with autism. There are also calls for greater visibility and engagement from healthcare providers at community events, as well as improved communication about available services. The lack of resources for youth with behavioral challenges and the difficulty in accessing care for uninsured individuals are significant issues that need to be addressed. Additionally, there is a need for better support for caregivers and improved relationships with organizations like the VA to ensure that veterans receive timely care.

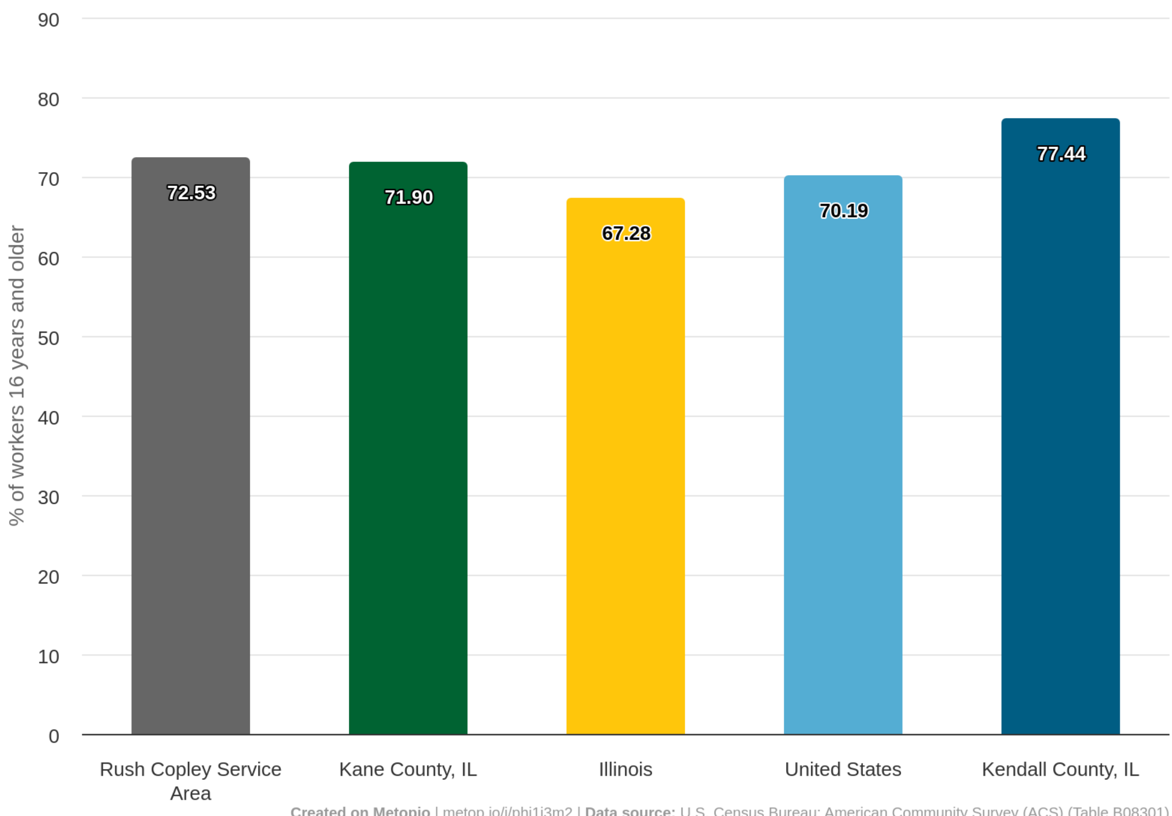
Drive alone to work

Percent of workers 16 and older who commute to work using a car, truck, or van (not including carpool)

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B08301)

Chart of Drive alone to work in Rush Copley Service Area

The majority of people in the Rush Copley Service Area and Kendall County, IL, drive alone to work, with rates of 72.53% and 77.44%, respectively. This is higher than the overall rate in Illinois, which is 67.28%, and aligns closely with the national average of 70.19%. This indicates a strong preference for driving alone in these areas.



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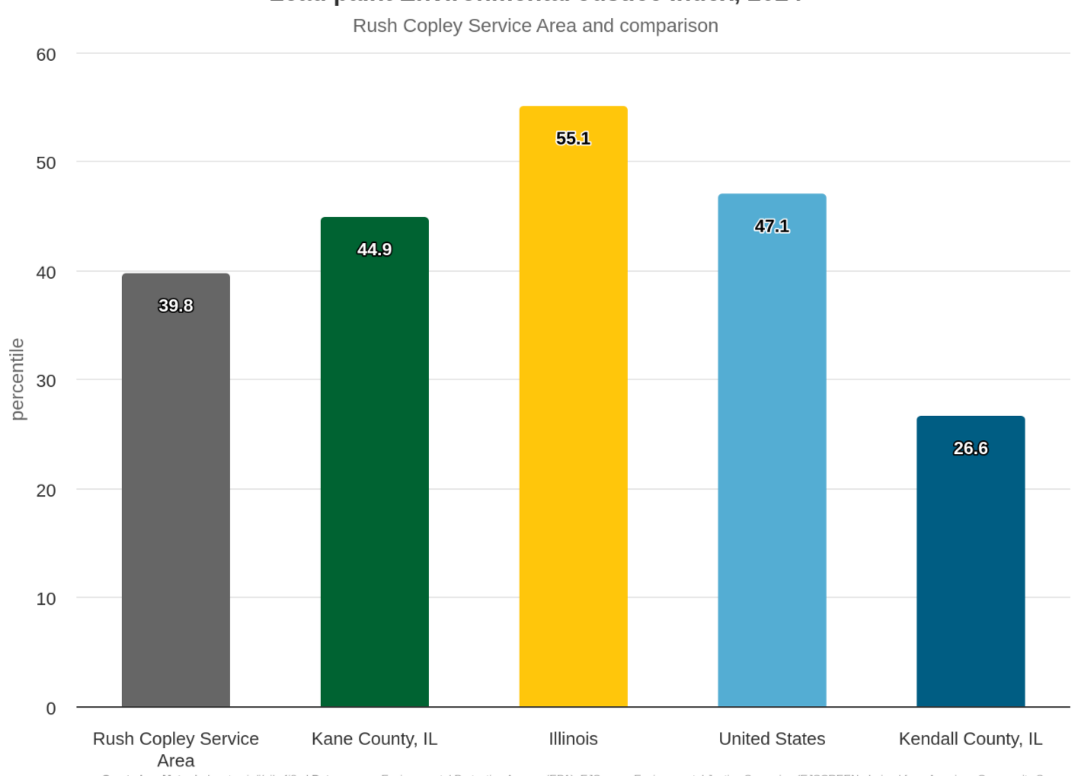
Lead paint Environmental Justice Index

Weighted index of vulnerability to lead paint exposure. Measures exposure to housing built before 1960 and at risk of containing lead, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN, derived from American Community Survey estimates)

Chart of Lead paint Environmental Justice Index in Rush Copley Service Area

The Lead Paint Environmental Justice Index indicates varying levels of concern across different regions. The Rush Copley Service Area in Illinois shows a moderate index of 39.8, while Kendall County, also in Illinois, has a notably lower index of 26.61. Nationally, the United States has an average index of 47.06, suggesting significant disparities in lead paint exposure risk across different areas.



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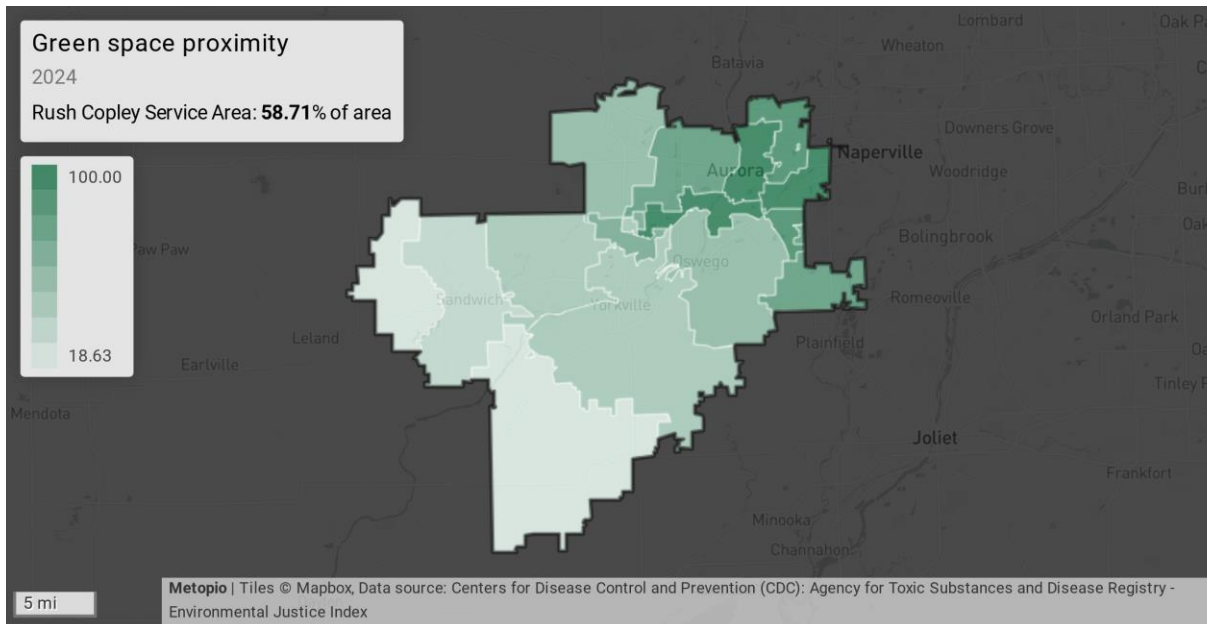
Green space proximity

Proportion of a geography's area within 1 mile of green space

Data Sources:
Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

Map of Green space proximity in Rush Copley Service Area

The data highlights the proximity of green spaces across various zip codes in the Aurora, IL area as of 2024. Notably, zip codes 60504 and 60519 in Aurora have 100% of their areas within 1 mile of green space, indicating excellent green space accessibility. In contrast, zip codes like 60552 in Somonauk have significantly lower green space proximity, with only 18.63% of the area within 1 mile of green space.



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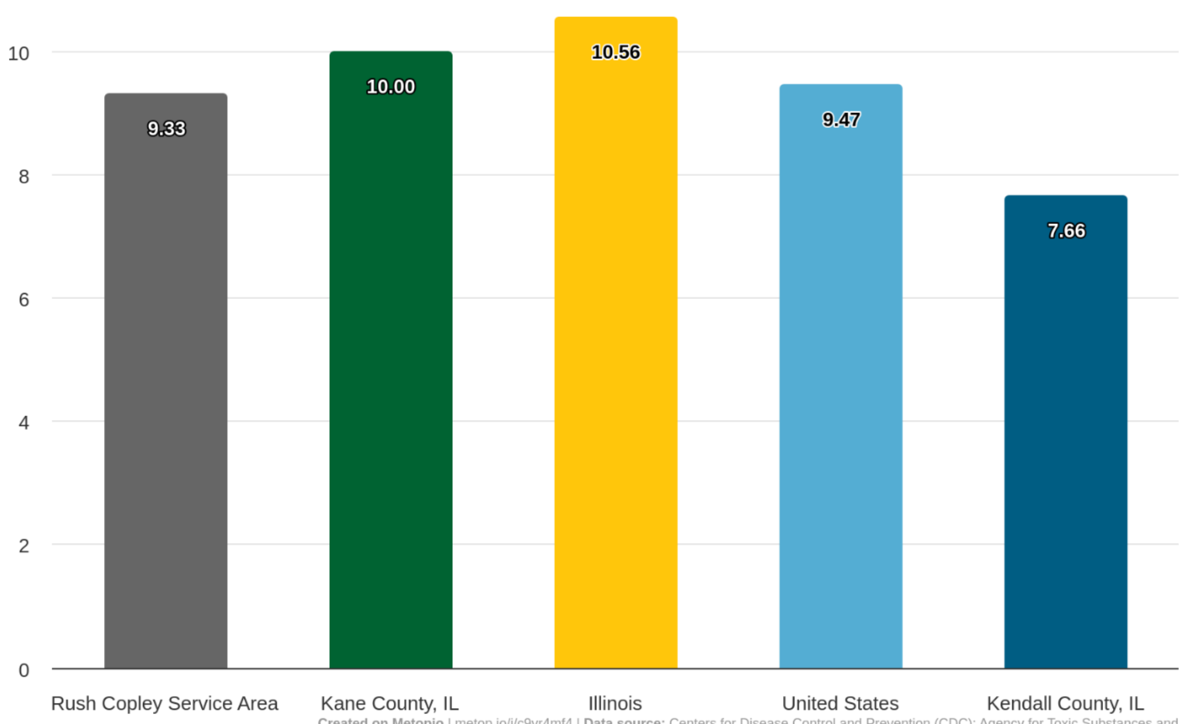
Walkability Index

A ranking of an area's walkability, based on intersection density, proximity to transit, diversity of businesses, and density of housing. Values range from 1 to 20 with 20 being most walkable

Data Sources:
Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

Chart of Walkability Index in Rush Copley Service Area

The Walkability Index indicates the ease of walking in various areas, with higher scores reflecting better walkability. The Rush Copley Service Area and Kane County, both in Illinois, have high walkability scores of 9.33 and 10.0, respectively. Illinois and the United States also have strong walkability scores, at 10.56 and 9.47, respectively.



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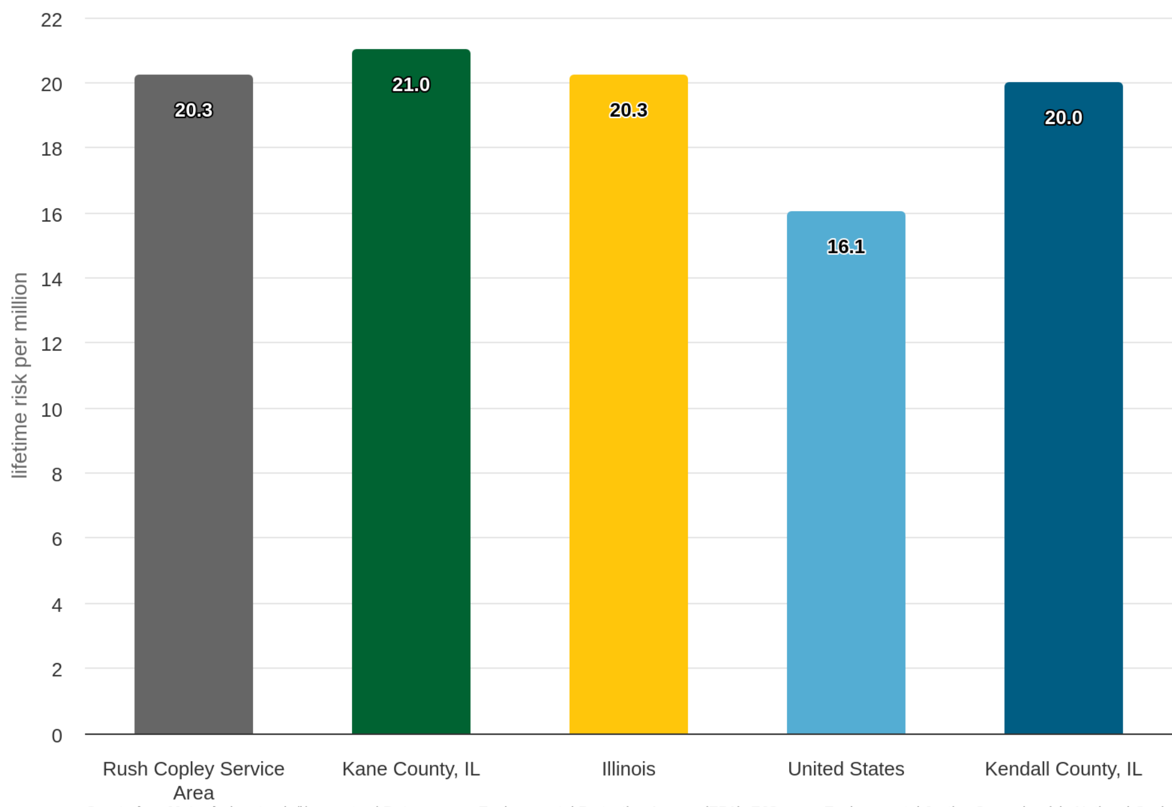
Lifetime inhalation cancer risk

Estimated lifetime risk of developing cancer as a result of inhaling carcinogenic compounds in the environment, per million people.

Data Sources:
Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (via National-Scale Air Toxics Assessment (NATA, before 2017) and Air Toxics Screening Assessment (after 2017))

Chart of Lifetime inhalation cancer risk in Rush Copley Service Area

The lifetime inhalation cancer risk in the Rush Copley Service Area is 20.26, slightly lower than Kane County, IL, which has a risk of 21.03. Illinois's overall risk is 20.25, while the United States has a lower risk of 16.07. Kendall County, IL, has the lowest risk among the listed areas at 20.0.



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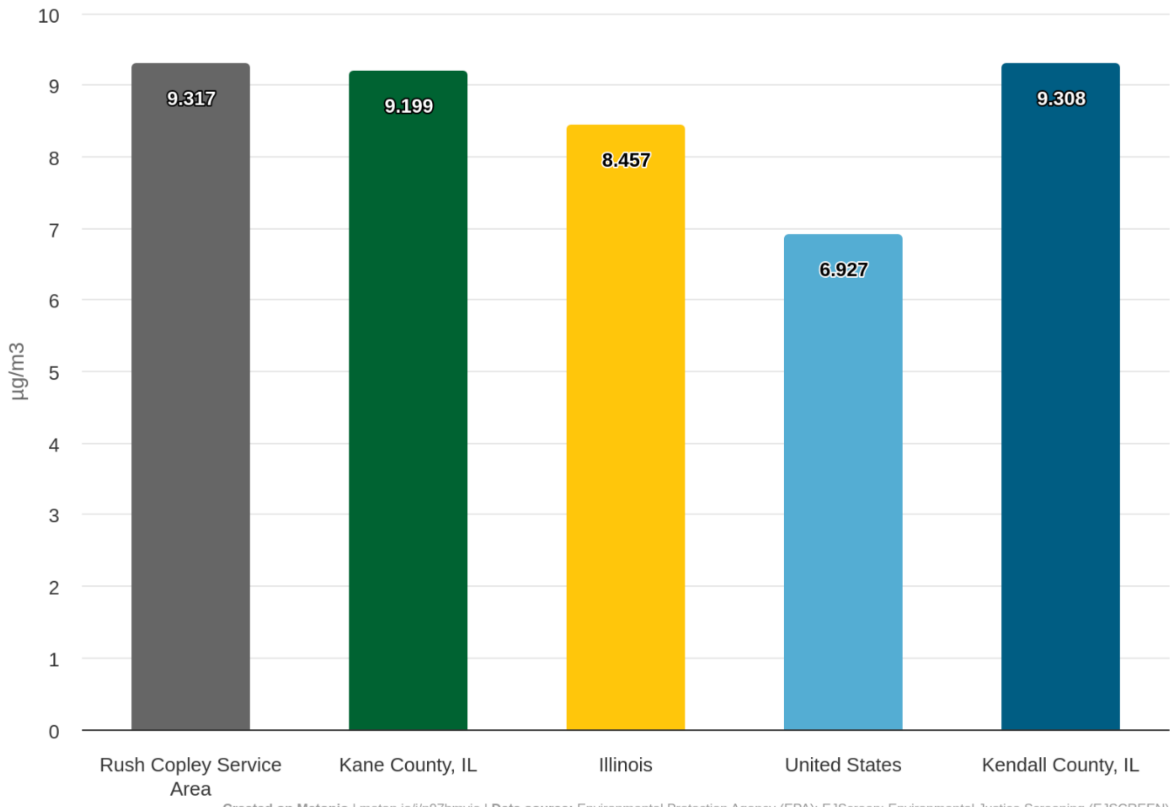
Particulate matter (PM 2.5) concentration

Annual average concentration in micrograms per cubic meter. PM 2.5, or particulate matter smaller than 2.5 microns in diameter, is one of the most dangerous pollutants because the particles can penetrate deep into the alveoli of the lungs.

Data Sources:
Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN)

Chart of Particulate matter (PM 2.5) concentration in Rush Copley Service Area

Particulate matter (PM 2.5) concentration levels are provided for various regions, including Rush Copley Service Area, Kane County, Kendall County, Illinois, and the United States. The highest concentration is found in Rush Copley Service Area and Kendall County, both exceeding 9.2 micrograms per cubic meter. Illinois and the United States have lower concentrations, with the national average at 6.93 micrograms per cubic meter.



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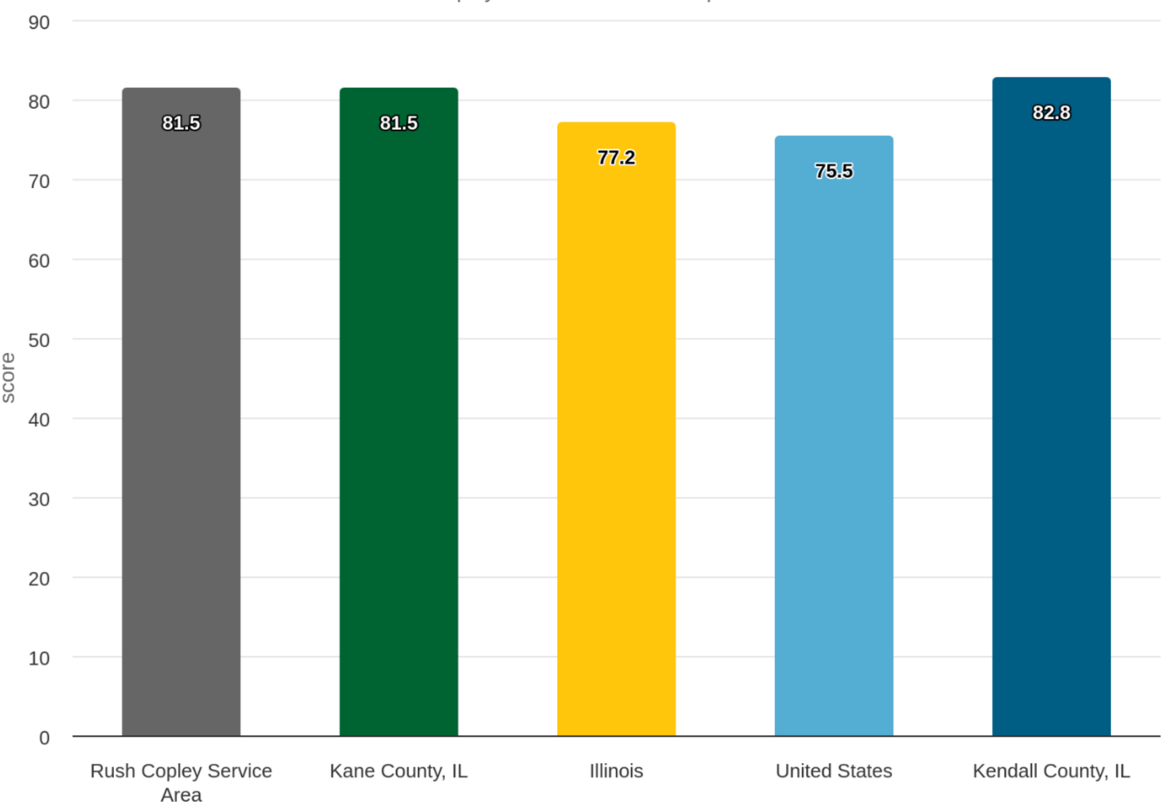
Social Engagement Index

The Social Engagement Index is a composite score measuring elements of civic engagement and social isolation, especially those that are affected by the built environment. It incorporates information about neighborhood resiliency (five-year change in rent prices, how often residents move, and housing vacancy) and barriers to social engagement (opportunity youth, proportion of seniors living alone, residents with cognitive and ambulatory disabilities, limited English proficiency, and residents reporting poor mental health). Higher values indicate more social engagement.

Data Sources:
Metopio

Chart of Social Engagement Index in Rush Copley Service Area

The Social Engagement Index for Rush Copley Service Area and Kendall County, IL, is higher than the national average, with scores of 81.51 and 82.76 respectively. Kane County, IL, closely follows with a score of 81.49. Illinois and the United States have lower scores, at 77.18 and 75.5 respectively.



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Food Access

Access to fresh, healthy, or affordable food. This can be related to grocery store proximity, school lunches, and availability of fruits, vegetables, and other healthy foods.

What we heard from the community

The availability of food plays a crucial role in maintaining the health and well-being of individuals and communities. In areas where food insecurity is prevalent, access to nutritious meals can significantly impact overall health outcomes. Community resources such as food banks, community fridges, and local initiatives are essential in addressing these challenges. Additionally, programs that provide fresh produce, cooking facilities, and financial assistance for food purchases can help alleviate food scarcity. Ensuring equitable access to food is vital for preventing diet-related health issues and improving the quality of life for those in need.

Residents have expressed concerns about food access, particularly regarding the rising cost of food and the loss of benefits like SNAP (Supplemental Nutrition Assistance Program). While some community resources, such as fridges and greenhouses, exist, they may not be sufficient to meet the needs of all individuals facing food insecurity. The high costs of groceries and the loss of government assistance programs leave many families struggling to afford healthy meals. These challenges are exacerbated by economic disparities and limited access to affordable food options in certain neighborhoods. Strengthening local food systems and expanding financial support for those in need are critical steps in addressing these issues.

Food insecurity

Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

Data Sources:
Feeding America: Map the Meal Gap

Chart of Food insecurity in Rush Copley Service Area

Food insecurity varies across different areas, with the United States having the highest rate at 13.3%, while Kendall County, IL, has the lowest at 7.6%. Illinois has a rate of 12.0%, and the Rush Copley Service Area and Kane County, IL, have rates of 9.72% and 10.2%, respectively. These disparities highlight the varying levels of food insecurity within different regions.

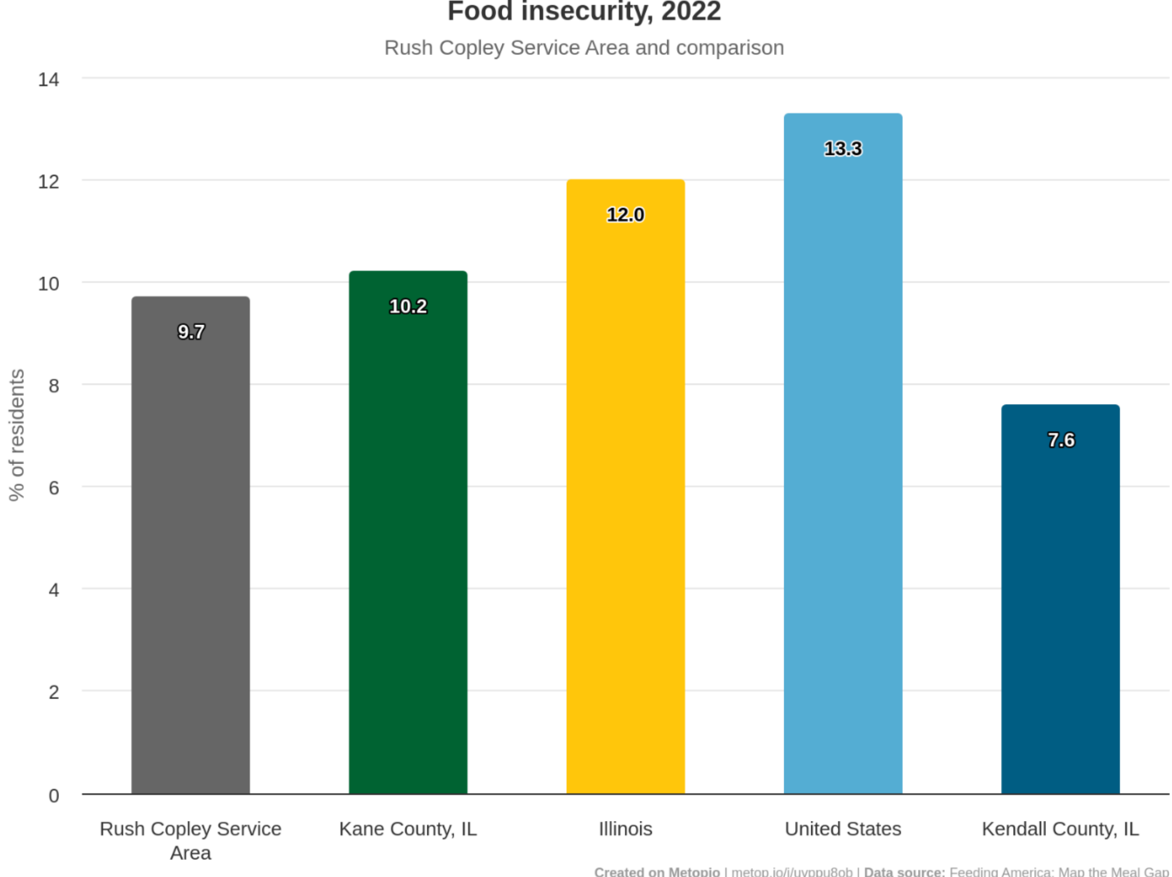

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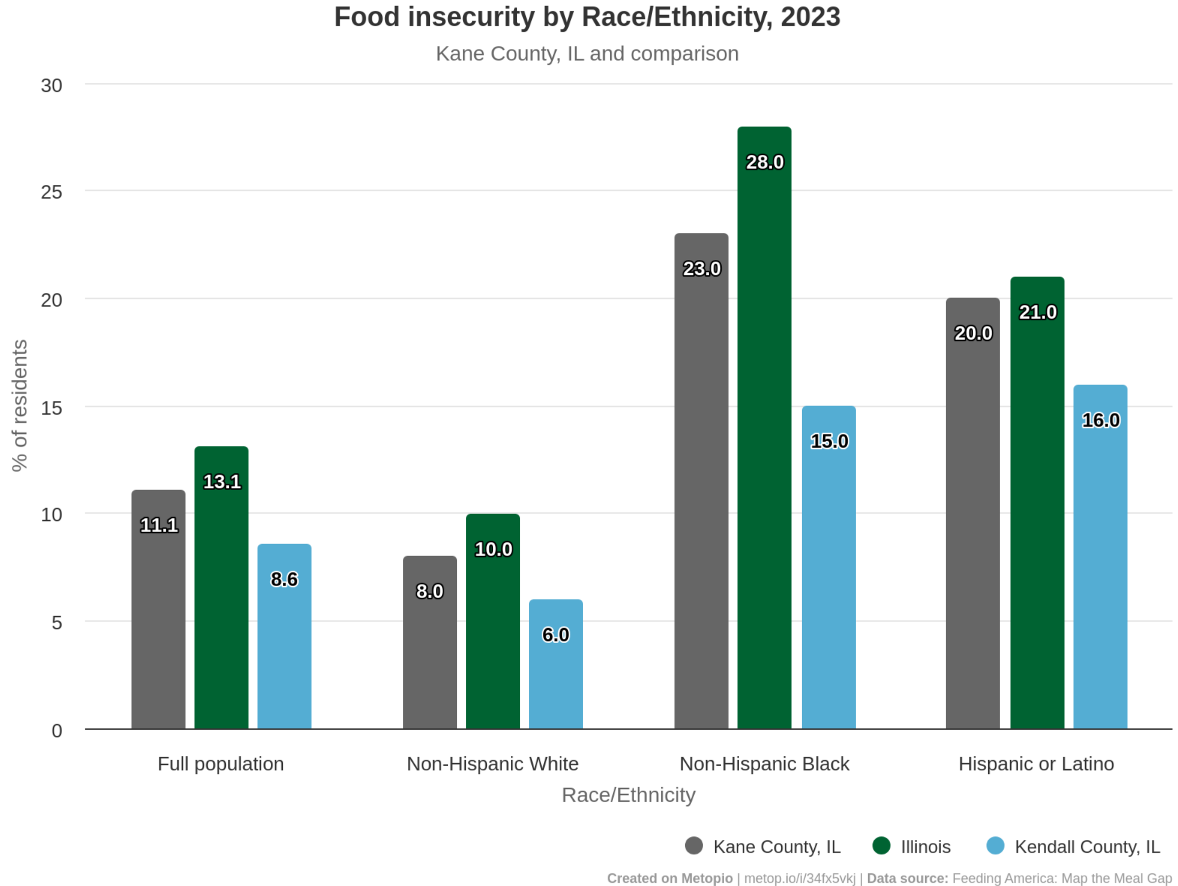
Chart of Food insecurity by Race/Ethnicity in Rush Copley Service Area

Food insecurity rates vary significantly across racial and ethnic groups in Kane County, IL, Illinois, and Kendall County, IL. Hispanic or Latino individuals face the highest rates at 20.0% in Kane County and 21.0% in Illinois, while Non-Hispanic White individuals have the lowest rates. Kendall County reports the lowest overall food insecurity rate at 8.6%.



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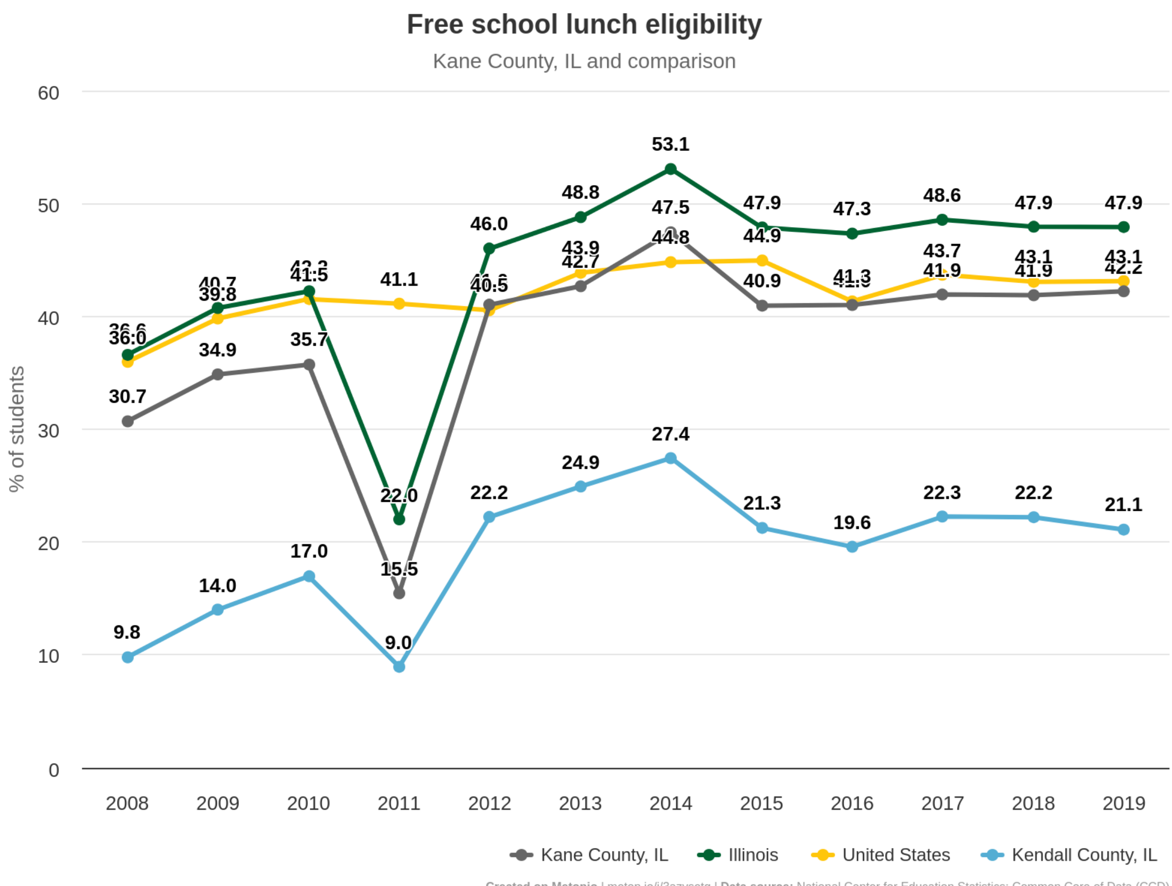
Free school lunch eligibility

Percentage of students in public schools who are eligible for free lunch. The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions, providing nutritionally balanced, low-cost or free lunches to children each school day. Data is based on the date of the start of the school year

Data Sources:
National Center for Education Statistics: Common Core of Data (CCD)

Chart of Free school lunch eligibility in Rush Copley Service Area

The data indicates that Free school lunch eligibility in Kane County, IL, has fluctuated over the years, with a significant decrease in 2011 and a peak in 2014. In comparison, Illinois and the United States have shown a general upward trend, with the United States having a higher overall eligibility rate. Kendall County, IL, has also seen an increase in eligibility, starting at a lower rate in 2008 but rising steadily over the years.



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Respondents worried about having enough food

Percentage of survey respondents who marked "sometimes true" or "often true" in response to the statement: "In the past 12 months, we worried whether our food would run out before we got money to buy more."

Data Sources:
Kane County Community Health Survey

Chart of Respondents worried about having enough food in Rush Copley Service Area

Respondents in the Rush Copley Service Area express significant concern about having enough food, with 33.51% reporting such worries. This is notably higher than in Kane County, IL, where 22.04% of respondents share this concern, and Kendall County, IL, with 15.86%.

Respondents worried about having enough food, 2023

Rush Copley Service Area and comparison

	% of respondents
Rush Copley Service Area	33.51
Kane County, IL	22.04
Kendall County, IL	15.86

Created on Metopio | metop.io/i/j6z82arg | **Data source:** Kane County Community Health Survey

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Respondents with low fruit and vegetable access

Percentage of survey respondents who marked "somewhat difficult" or "very difficult" in response to the question: "How easy or difficult is it for you to get fresh fruits and vegetables?"

Data Sources:
Kane County Community Health Survey

Chart of Respondents with low fruit and vegetable access in Rush Copley Service Area

The data highlights the percentage of respondents with low fruit and vegetable access in the Rush Copley Service Area, Kane County, and Kendall County in Illinois. Kendall County has the highest percentage at 37.28%, indicating a significant issue in this area. This suggests a need for targeted interventions to improve access to fruits and vegetables in these regions.

Respondents with low fruit and vegetable access, 2023
Rush Copley Service Area and comparison
% of respondents
40
35
30
25
20
15
10
5
0
23.79
14.01
37.28
Rush Copley Service Area
Kane County, IL
Kendall County, IL
Created on Metopio | metop.io/i/pyddz729 | **Data source:** Kane County Community Health Survey

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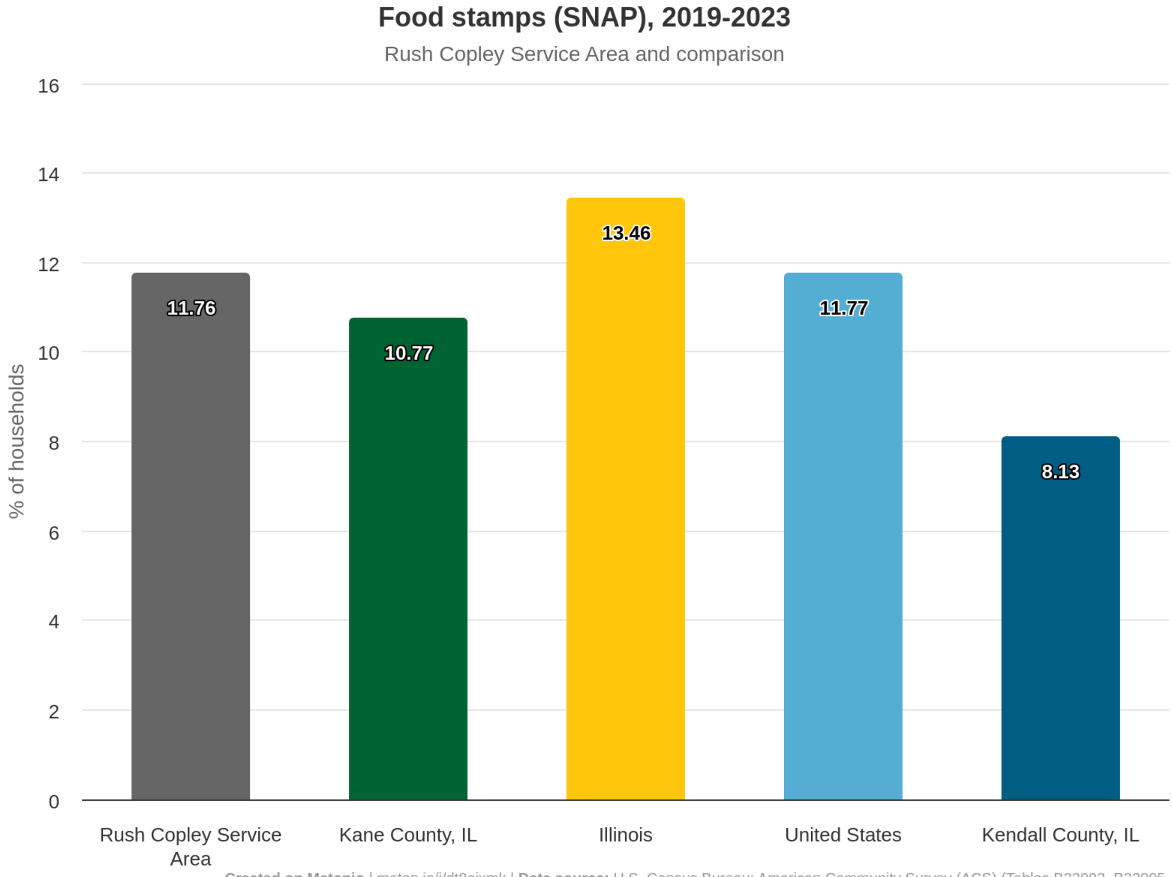
Food stamps (SNAP)

Percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)

Chart of Food stamps (SNAP) in Rush Copley Service Area

The data shows the percentage of households receiving food stamps (SNAP) in various areas. The Rush Copley Service Area has the highest rate at 11.76%, while Kendall County, IL has the lowest at 8.13%. Overall, Illinois has a higher rate of SNAP usage than the national average.



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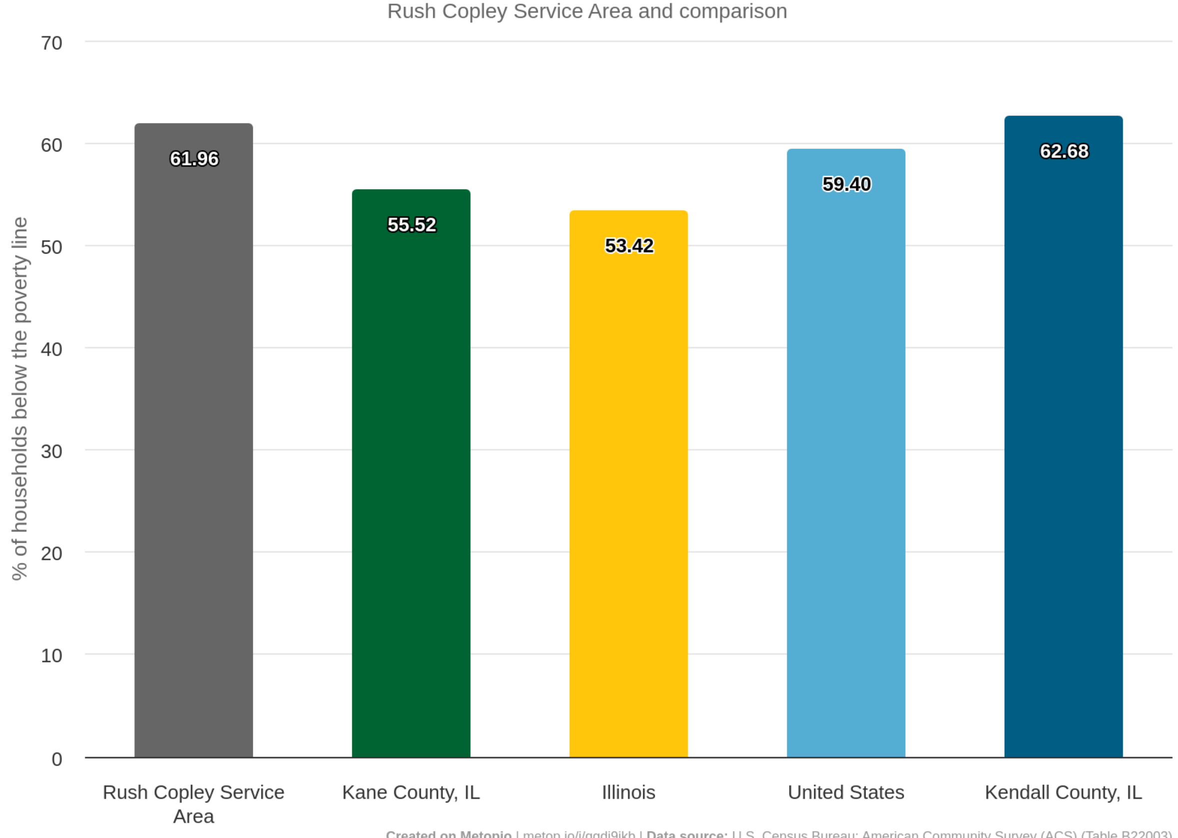
Households in poverty not receiving food stamps (SNAP)

Percent of households with income in the past 12 months below the poverty level who did not receive food stamps/SNAP in the past 12 months.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B22003)

Chart of Households in poverty not receiving food stamps (SNAP) in Rush Copley Service Area

Households in poverty not receiving food stamps (SNAP) are represented in the data. The highest percentage is in the Rush Copley Service Area at 61.96%, while Kendall County, IL, has the highest rate at 62.68%. The overall rate in the United States is 59.4%.



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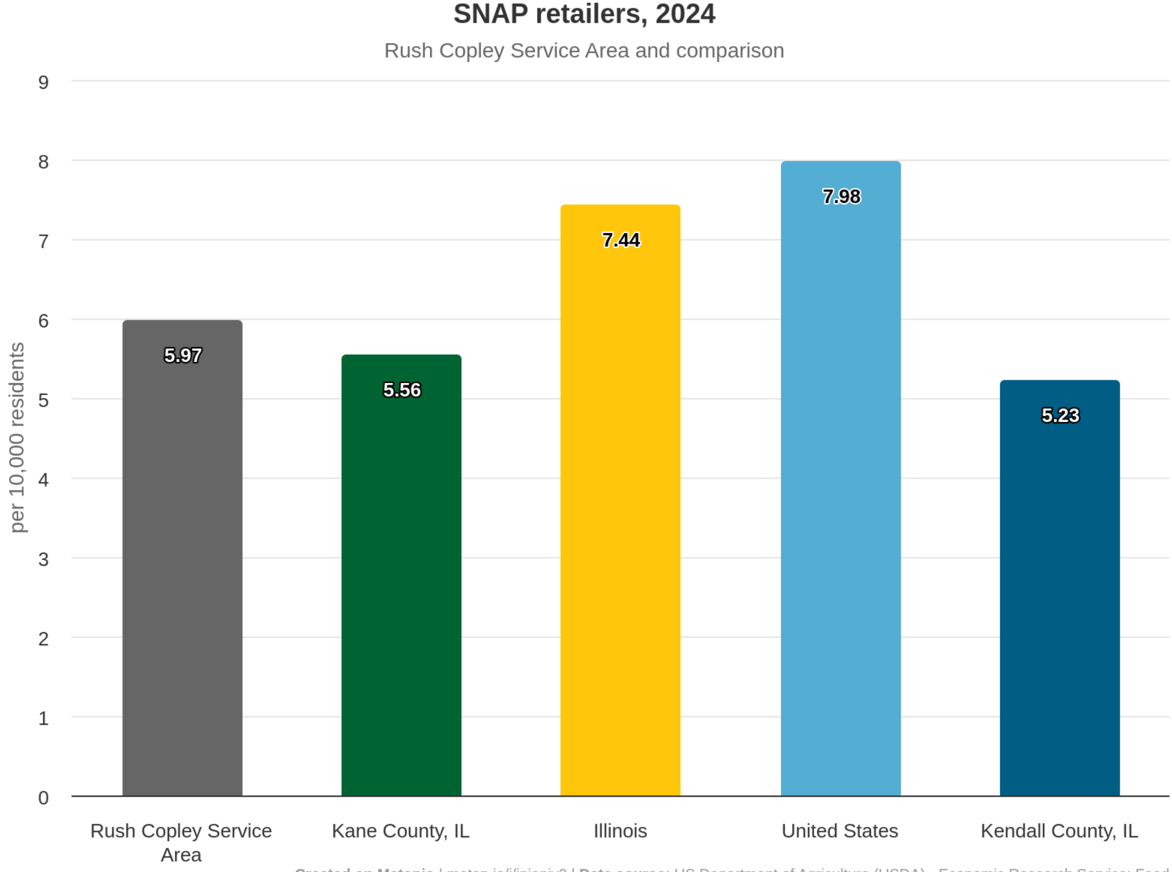
SNAP retailers

Rate of all currently authorized retailers in the USDA SNAP program.

Data Sources:
US Department of Agriculture (USDA) - Economic Research Service: Food and Nutrition Service

Chart of SNAP retailers in Rush Copley Service Area

The data indicates that the number of SNAP retailers varies across different regions, with the United States having the highest average at 7.98. Illinois has a slightly lower average of 7.44, while Kane County and the Rush Copley Service Area have averages of 5.56 and 5.97 respectively. Kendall County has the lowest average at 5.23.



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Housing

Housing quality and affordability play a crucial role in shaping health outcomes as they directly influence various aspects of well-being. High housing cost burdens, eviction rates, vacant (unused) housing, or crowded housing translate directly into poorer socioeconomic and health outcomes, including housing instability and homelessness.

What we heard from the community

Access to stable housing is a critical determinant of health, yet many communities struggle with housing instability and homelessness. Unsheltered populations face numerous challenges, including limited access to warming centers and shelters, especially during harsh weather conditions. The lack of affordable housing options exacerbates the problem, leaving many individuals without a safe place to live. The health implications of housing insecurity are significant, leading to increased stress, mental health issues, and physical health problems. Addressing these challenges requires a coordinated effort from healthcare providers, policymakers, and community organizations to ensure that vulnerable populations have access to safe and stable housing.

Community feedback highlights the urgent need for more shelters and warming centers to accommodate unsheltered individuals, particularly during extreme weather events. Many residents are concerned about the lack of resources available to those experiencing homelessness, which leads to increased health risks and emergency room visits. The limited capacity of existing shelters forces many individuals to sleep outside, exposing them to dangerous conditions. There is also concern about the long-term impacts of housing instability on mental health, as individuals struggle with the stress and uncertainty of their living situations. Community members emphasize the need for more comprehensive solutions, including affordable housing initiatives and increased support services for those at risk of homelessness.

The message is clear: without adequate housing, individuals are at a higher risk of health problems, both physical and mental. One quote illustrates the severity of the situation: "There are people sleeping in the streets, and when it gets cold, they have nowhere to go. We need more places for them to stay." This highlights the lack of emergency shelters during critical weather conditions. Another resident notes, "I see the same people every day, and they're clearly struggling. It's heartbreaking to know there's not enough help for them." This reflects the ongoing visibility of homelessness and the emotional toll it takes on both individuals and the community. Finally, a community leader states, "We need to invest in long-term solutions, not just temporary fixes. Housing is healthcare, and without it, people will continue to suffer." This underscores the need for sustainable housing programs that address the root causes of homelessness, rather than just providing short-term relief. Community members agree that more comprehensive and long-term solutions are essential to improving the health and well-being of unsheltered populations.

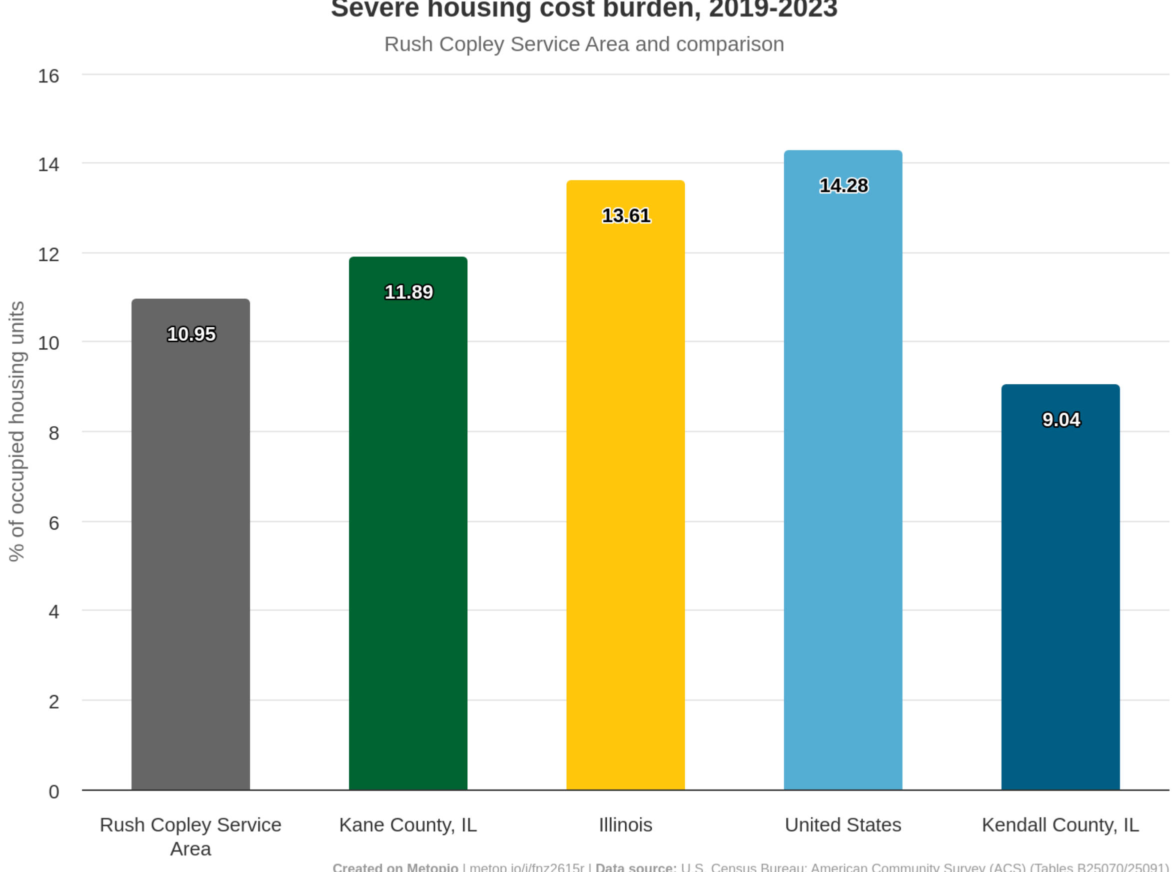
Severe housing cost burden

Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

Chart of Severe housing cost burden in Rush Copley Service Area

The severe housing cost burden in the Rush Copley Service Area is 10.95%, which is lower than the state and national averages. Kendall County, IL, has the lowest rate at 9.04%, while the United States has the highest at 14.28%. This indicates a significant variation in housing cost burdens across different regions.



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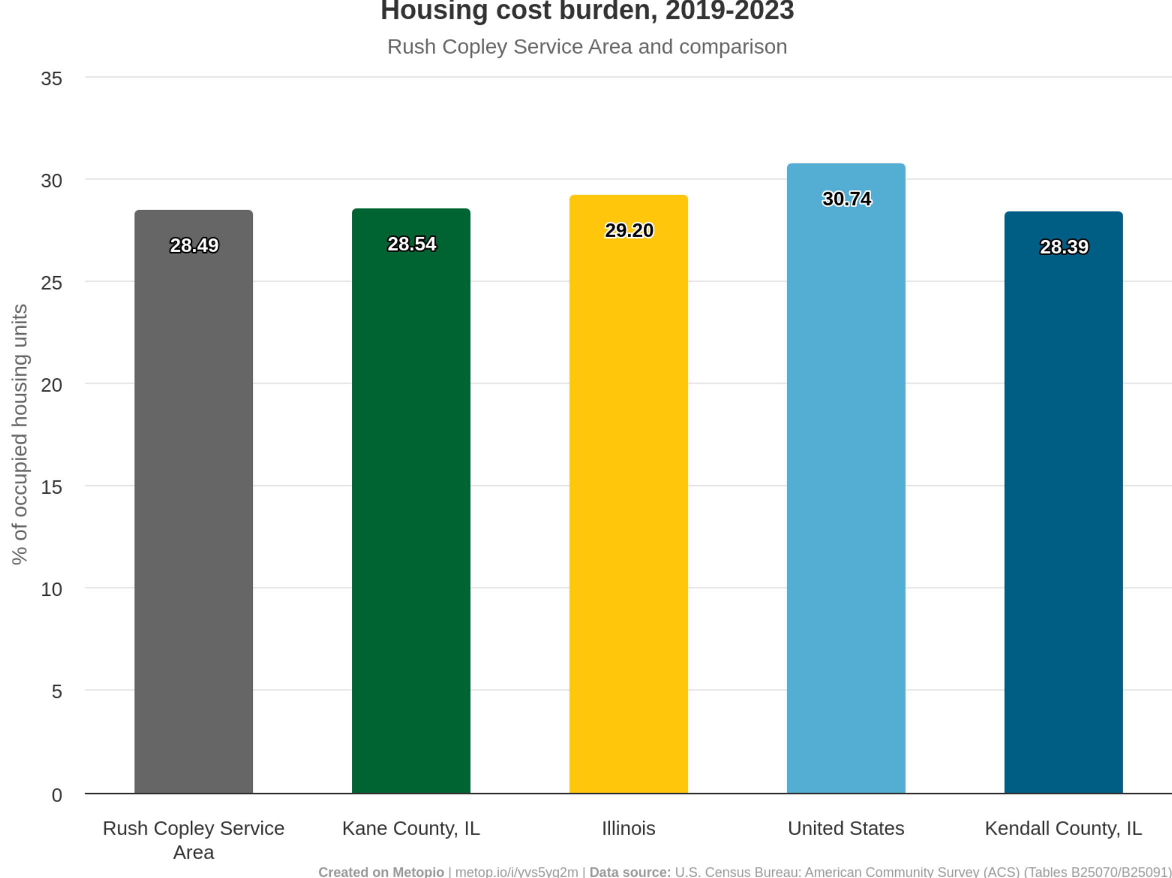
Housing cost burden

Households spending more than 30% of income on housing are considered housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/B25091)

Chart of Housing cost burden in Rush Copley Service Area

Housing cost burden in the Rush Copley Service Area is 28.49%, slightly lower than Kane County, IL, which stands at 28.54%. Illinois and the United States have higher burdens, at 29.2% and 30.74% respectively. Kendall County, IL, has the lowest burden among the listed areas at 28.39%.



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Owner occupied

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B25003)

Chart of Owner occupied in Rush Copley Service Area

The owner-occupied rate in the Rush Copley Service Area is 75.16%, slightly lower than Kendall County's 75.74%. Kendall County, IL, has the highest rate at 84.18%, while the United States average is 65.02%.

Owner occupied, 2019-2023
Rush Copley Service Area and comparison

% of occupied housing units

	Rush Copley Service Area	Kane County, IL	Illinois	United States	Kendall County, IL
Value	75.16	75.74	66.84	65.02	84.18

Created on Metopio | metop.io/i/8tehu7zt | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B25003)

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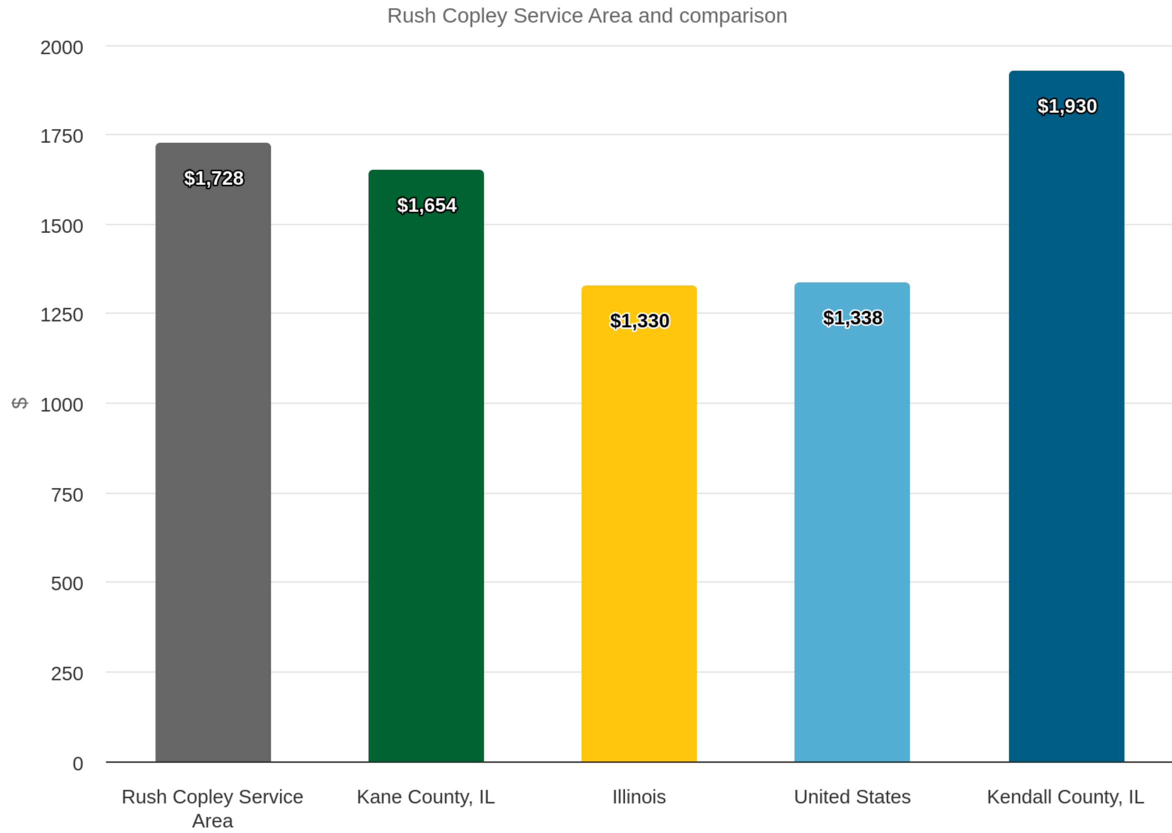
Median monthly housing costs

This represents the median total monthly housing costs for occupied housing units. This includes rent or mortgage as well as all utilities, maintenance, and taxes.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B25105)

Chart of Median monthly housing costs in Rush Copley Service Area

The median monthly housing costs in the Rush Copley Service Area are notably higher than the national average, standing at $1727.74 compared to $1338.00 in the United States. Within Illinois, Kendall County reports the highest costs at $1930.00, while Kane County and Illinois have slightly lower median costs at $1654.00 and $1330.00, respectively. These figures highlight the significant regional variations in housing expenses.



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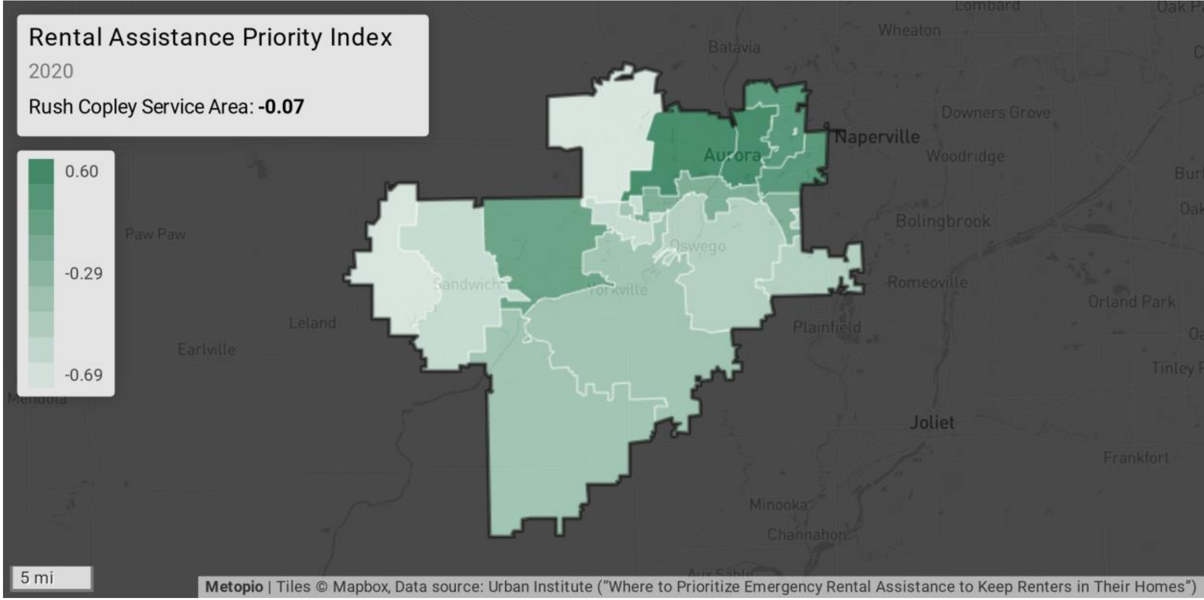
Rental Assistance Priority Index

The index estimates the level of need in a census tract by measuring the prevalence of low-income renters who are at risk of experiencing housing instability and homelessness. To do this, it examines neighborhood conditions and demographics. The index is intended to reflect the housing instability risk that has resulted from historical and COVID-19 risk factors and is designed to prioritize the distribution of resources among populations in need during the pandemic in a way that promotes equity. Higher values represent a greater need for rental assistance. Cross-state comparisons are not valid because this index is normalized at the state level.

Data Sources:
Urban Institute ("Where to Prioritize Emergency Rental Assistance to Keep Renters in Their Homes")

Map of Rental Assistance Priority Index in Rush Copley Service Area

The Rental Assistance Priority Index (RPX) for 2020 highlights areas with varying levels of need for rental assistance, reflecting the risk of housing instability and homelessness among low-income renters. In the Aurora, IL area, neighborhoods such as the 60505 zip code show a high need for assistance with an RPX of 0.598, while others like 60552 and 60554 have significantly lower needs, with RPX values of -0.594 and -0.688 respectively. This index aims to guide the equitable distribution of rental assistance resources, particularly in the wake of COVID-19.



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Behavioral Health

Includes the prevalence of mental health disorders and access to mental health services, addressing issues like depression and anxiety, and other disorders, as well as substance abuse such as addiction to drugs and alcohol.

What we heard from the community

Behavioral health is a crucial component of overall well-being, encompassing mental health, substance use disorders, and emotional resilience. The community faces several challenges in accessing timely and appropriate behavioral health services, particularly for youth and individuals struggling with addiction. Long wait times for psychiatric care and limited mental health support exacerbate existing disparities, leaving many without the help they need. Engaging local stakeholders and city boards in discussions about behavioral health needs can facilitate better resource allocation and intervention strategies. Addressing these concerns requires a collaborative effort to improve access, reduce stigma, and ensure that behavioral health services are integrated into broader healthcare systems.

Community members have expressed frustration over the lack of accessible mental health services, particularly for young people. One individual stated, 'For teens it is mental health,' highlighting the urgent need for targeted support for youth. Another concern is the lengthy wait times for psychiatric care, with one person noting, 'Long waits (months at times) for psychiatry or mental health specialist.' These delays can have serious consequences for individuals in crisis, emphasizing the need for more providers and streamlined access to care. Additionally, there is a demand for greater community engagement in addressing these issues, as one person suggested, 'More engagement with local city boards at some of these events.' By fostering collaboration between healthcare providers, policymakers, and community organizations, more effective solutions can be developed to meet the behavioral health needs of the population.

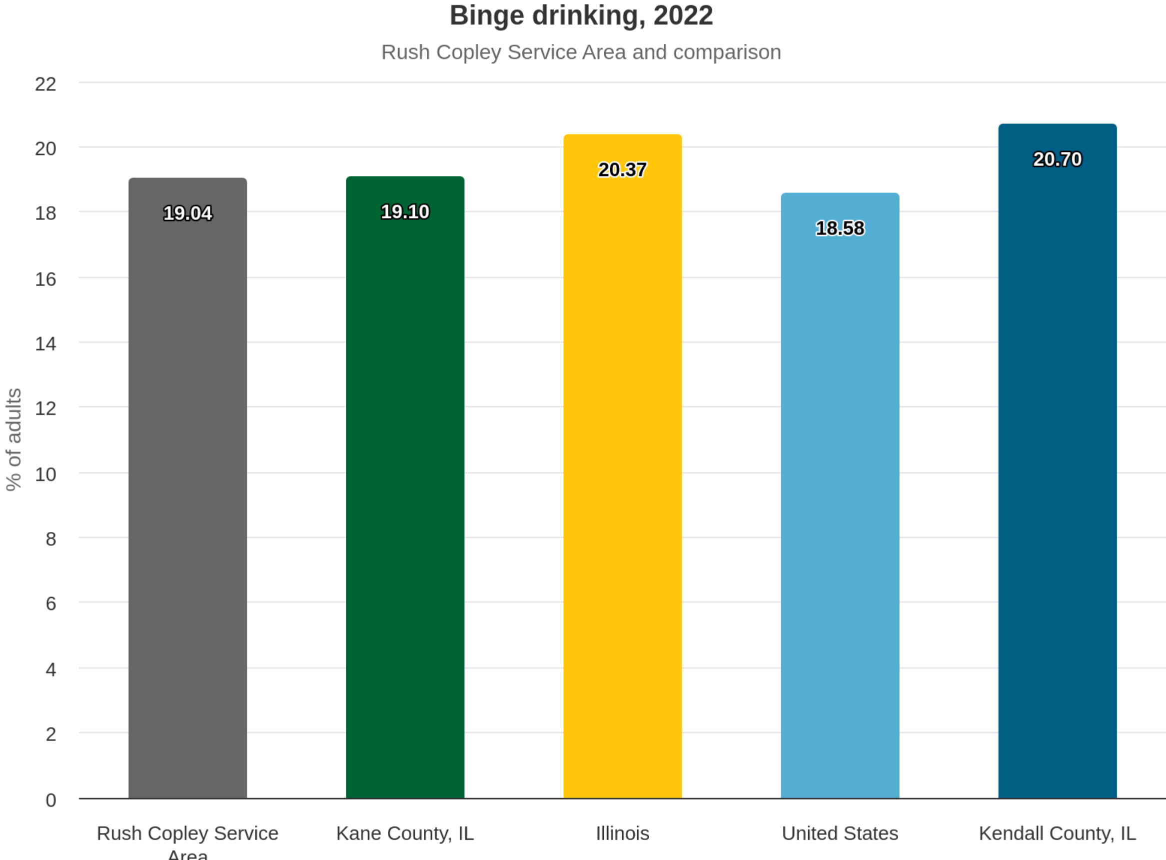
Binge drinking

Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Chart of Binge drinking in Rush Copley Service Area

Binge drinking rates vary across different regions in the United States. The Rush Copley Service Area and Kane County, IL, have rates of 19.04% and 19.1%, respectively, which are higher than the national average of 18.58%. Kendall County, IL, has the highest rate at 20.7%, while Illinois as a whole reports a rate of 20.37%.



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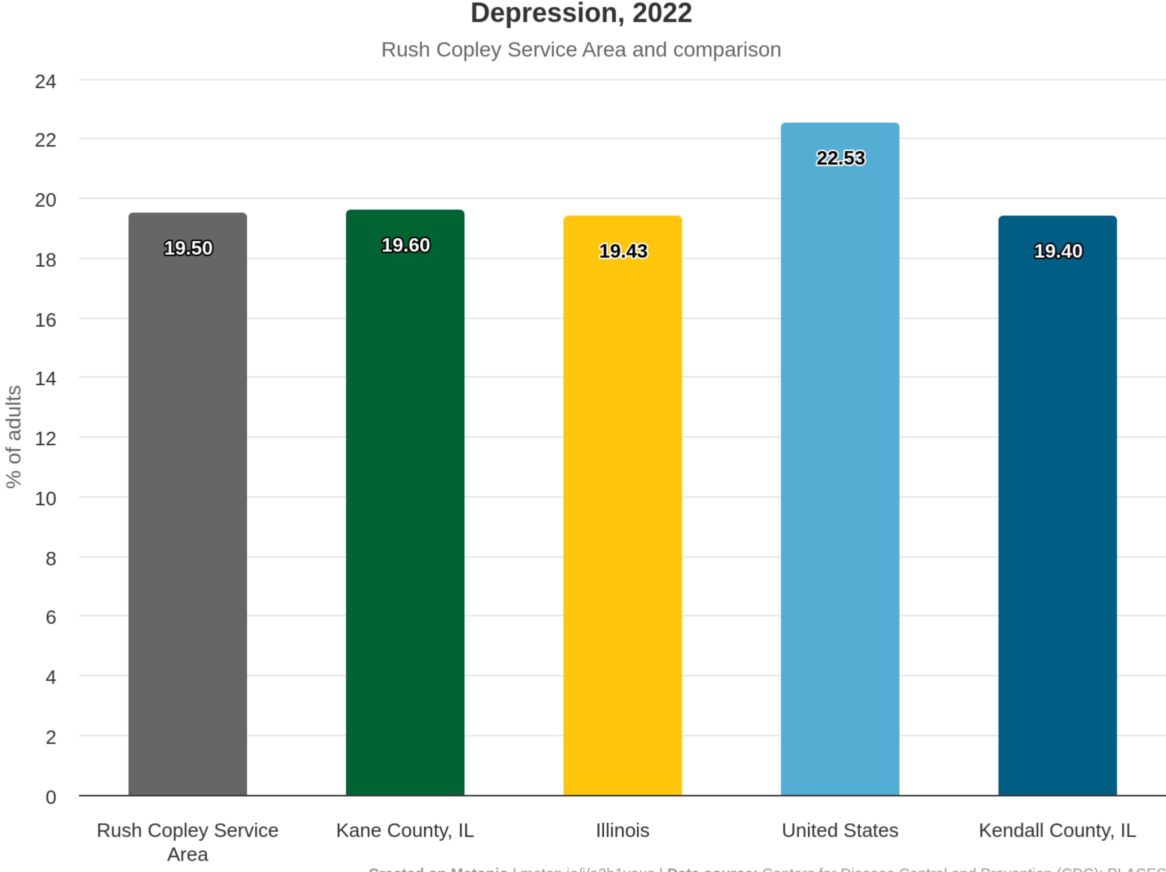
Depression

Prevalence of depression among adults 18 years and older

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES

Chart of Depression in Rush Copley Service Area

The data indicates that the depression rate in the Rush Copley Service Area is 19.5%, slightly lower than the rate in Kane County, IL, which is 19.6%. Illinois has a depression rate of 19.43%, while the United States has a higher rate of 22.53%. Kendall County, IL, has a depression rate of 19.4%.



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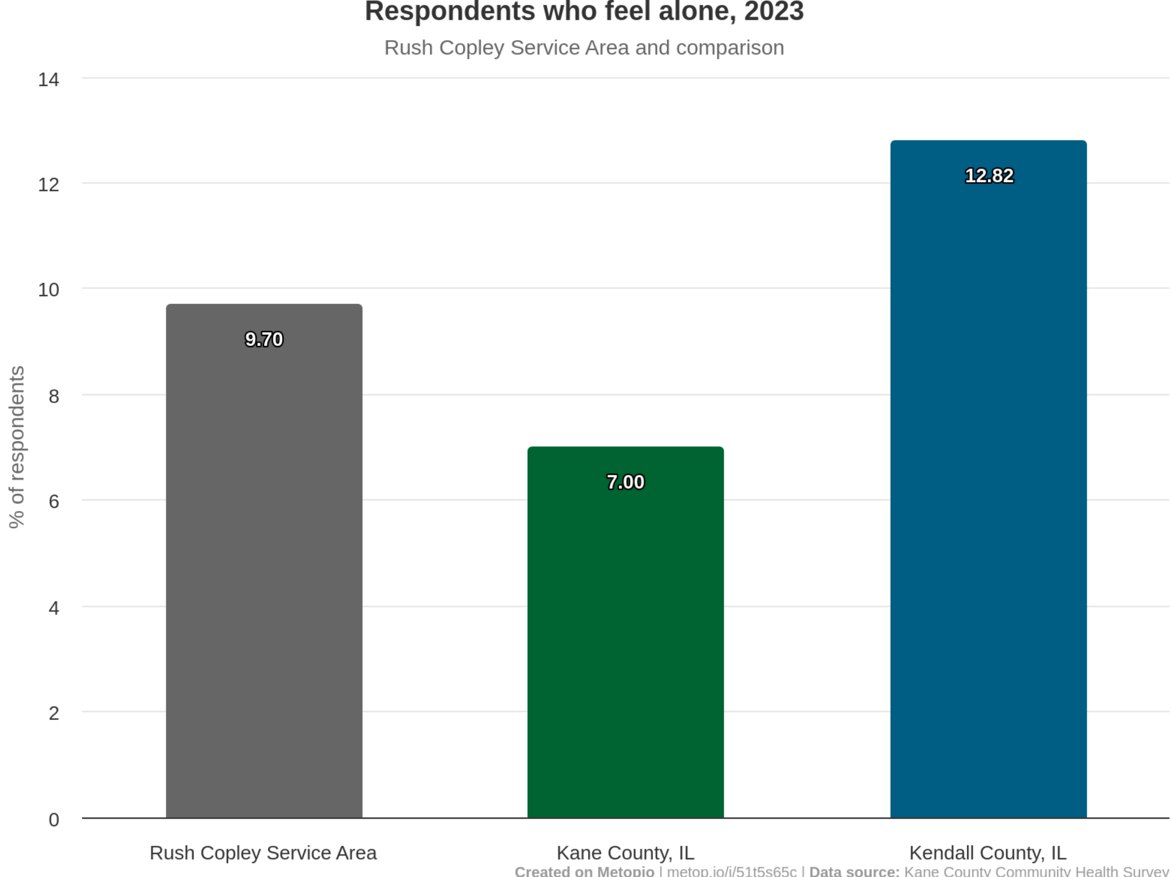
Respondents who feel alone

Percentage of survey respondents that marked "often" in response to the question: "How often do you feel alone?"

Data Sources:
Kane County Community Health Survey

Chart of Respondents who feel alone in Rush Copley Service Area

Respondents who feel alone vary across different areas, with the highest percentage found in Kendall County, IL at 12.82%. The Rush Copley Service Area also shows a significant percentage at 9.7%, while Kane County, IL has the lowest at 7.0%. These differences highlight the varying levels of loneliness among respondents in these regions.



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Mental health hospitalization rate

Annual hospital admissions for mental health per 100,000 residents. Mental health includes illnesses such as depression, anxiety, schizophrenia, bipolar disorder, attention deficit, and eating disorders. Does not include alcohol or substance abuse disorders. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Mental health hospitalization rate in Rush Copley Service Area

The mental health hospitalization rate for the full population is 170.78 per 100,000 people. Notably, the rate for Non-Hispanic Black individuals is significantly higher at 465.68, while Asian individuals have the lowest rate at 58.21. Hispanic or Latino individuals also have a relatively low rate of 37.24.

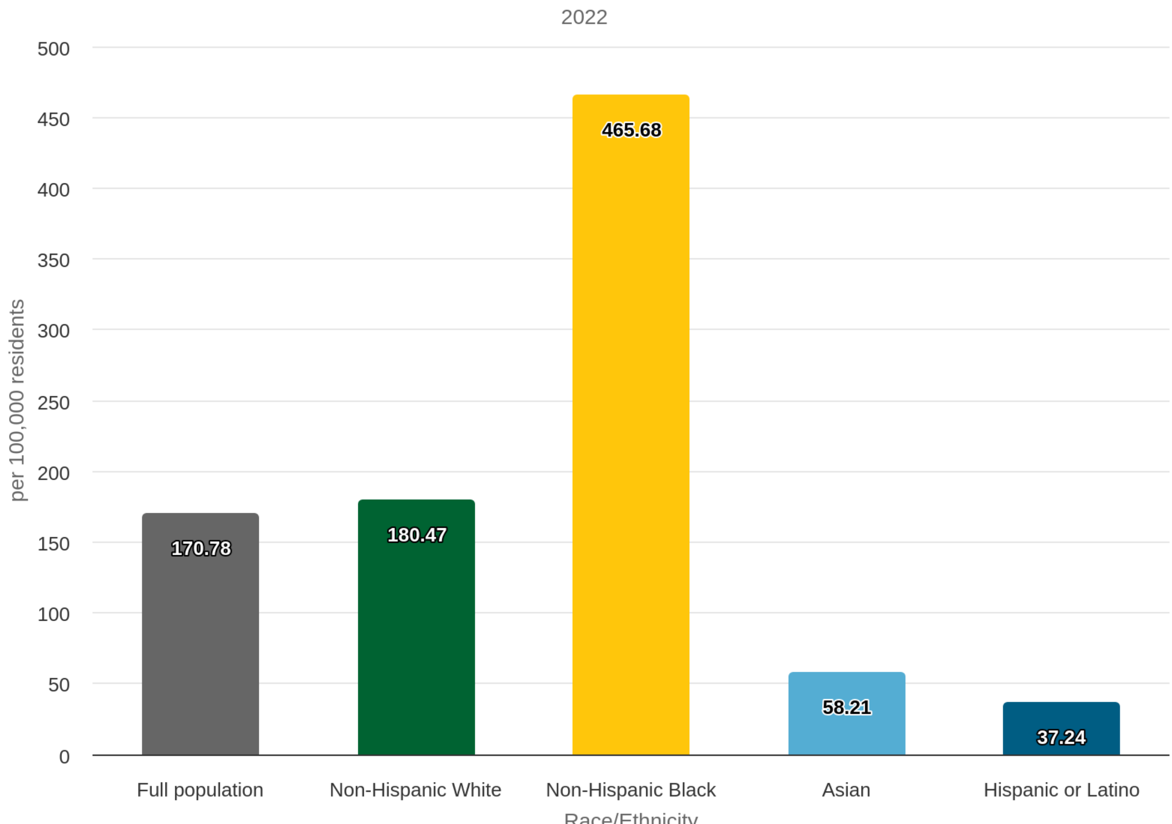

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Chart of Mental health hospitalization rate by Race/Ethnicity in Rush Copley Service Area

The mental health hospitalization rate varies significantly across different racial and ethnic groups. Non-Hispanic Black individuals have the highest rate at 465.68, while Asian individuals have the lowest at 58.21. The overall rate for the full population is 170.78.

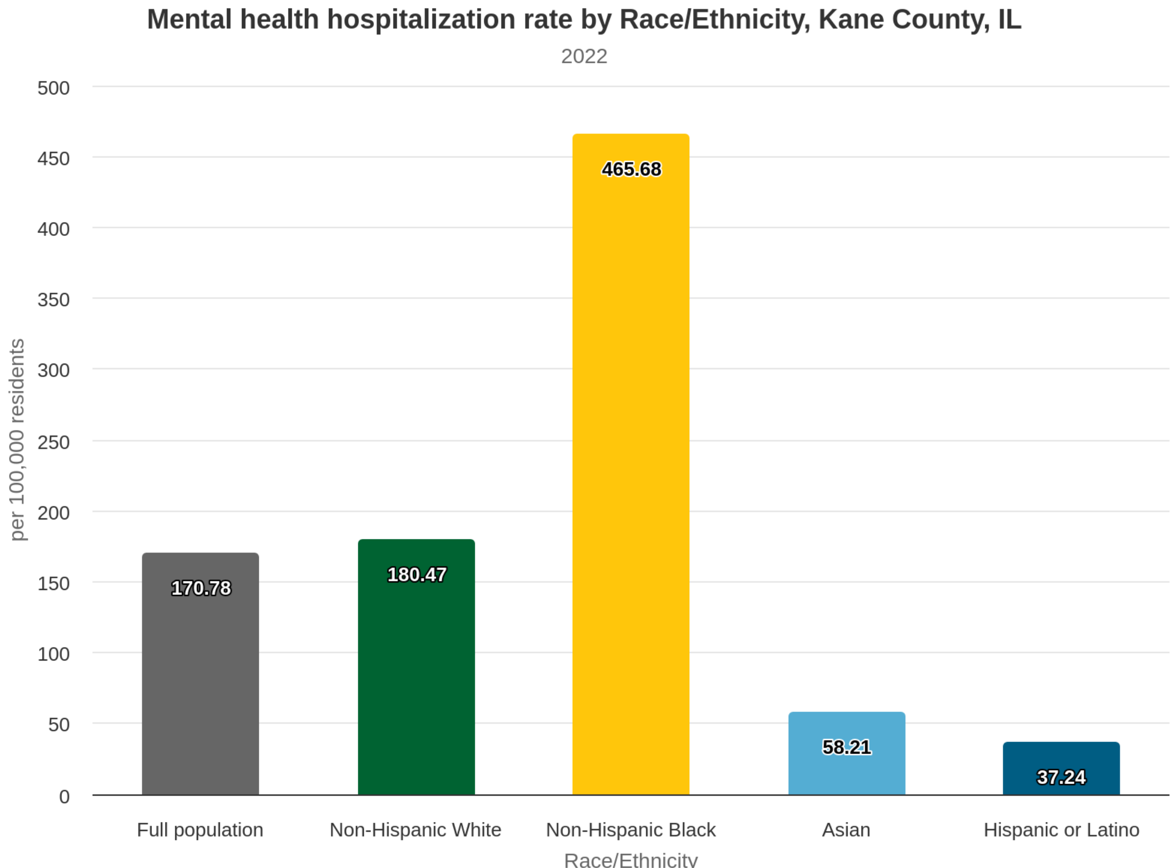

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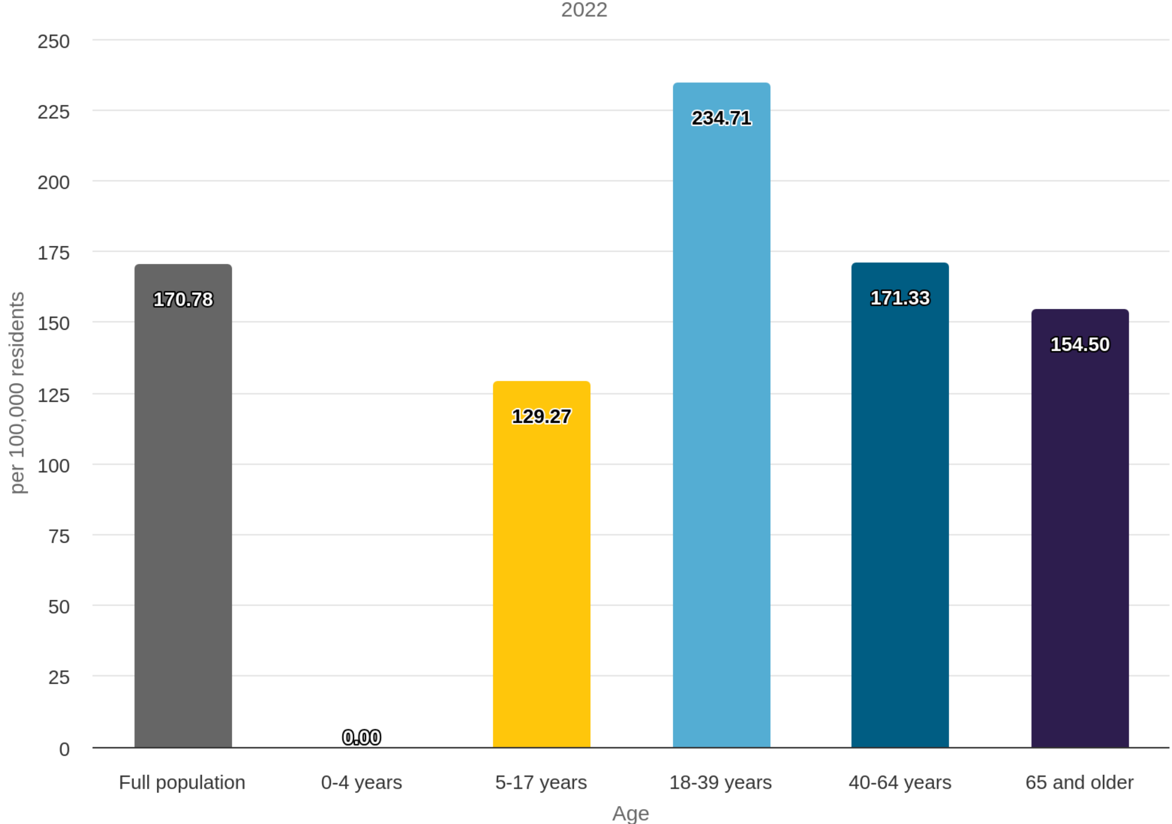
Chart of Mental health hospitalization rate by Age in Rush Copley Service Area

The mental health hospitalization rate across the full population is 170.78 per 100,000 people. The highest rate is observed among individuals aged 18-39 years at 234.71, while children aged 0-4 years have a rate of 0.0. This indicates a significant variation in hospitalization rates across different age groups.



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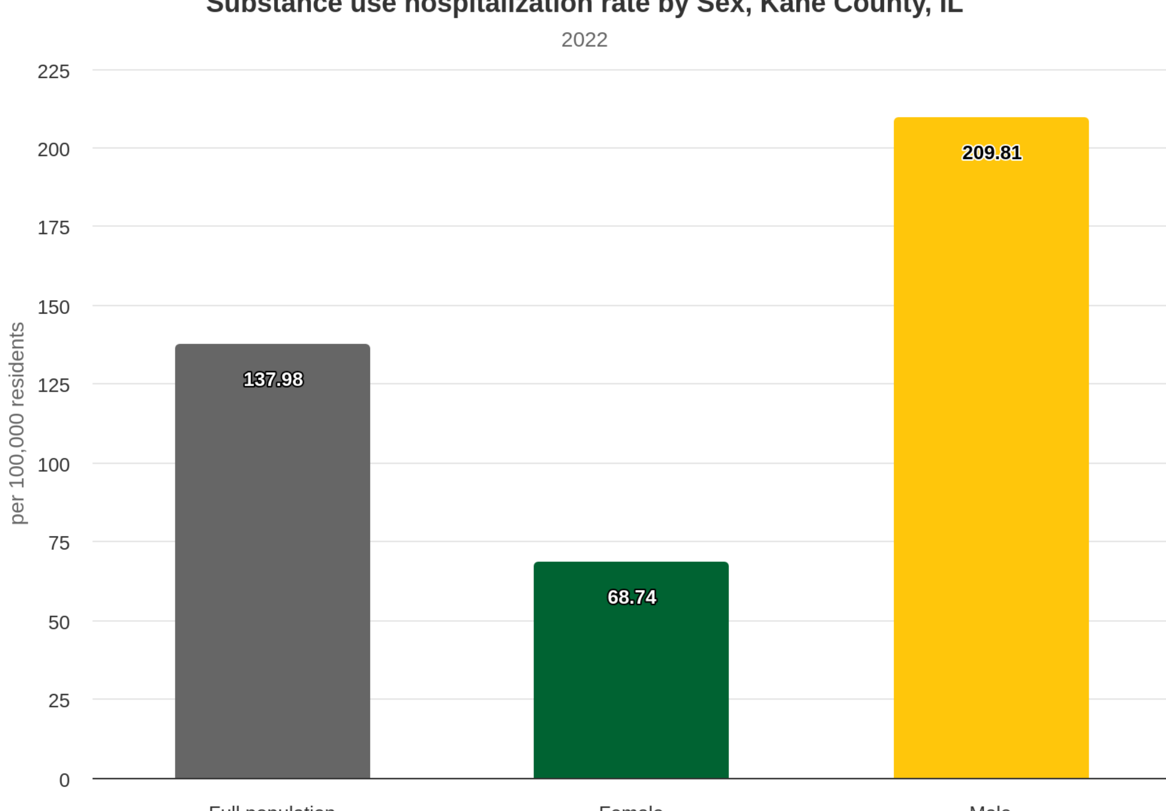
Substance use hospitalization rate

Annual hospital admissions for substance use per 100,000 residents. Substance use includes the use of controlled substances such as alcohol, heroin, methadone, cocaine, hallucinogens, and other substances. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Substance use hospitalization rate by Sex in Rush Copley Service Area

The substance use hospitalization rate for the full population is 137.98 per 100,000 people. The rate is significantly higher for males at 209.81, compared to females at 68.74. This indicates a substantial gender disparity in hospitalization rates due to substance use.



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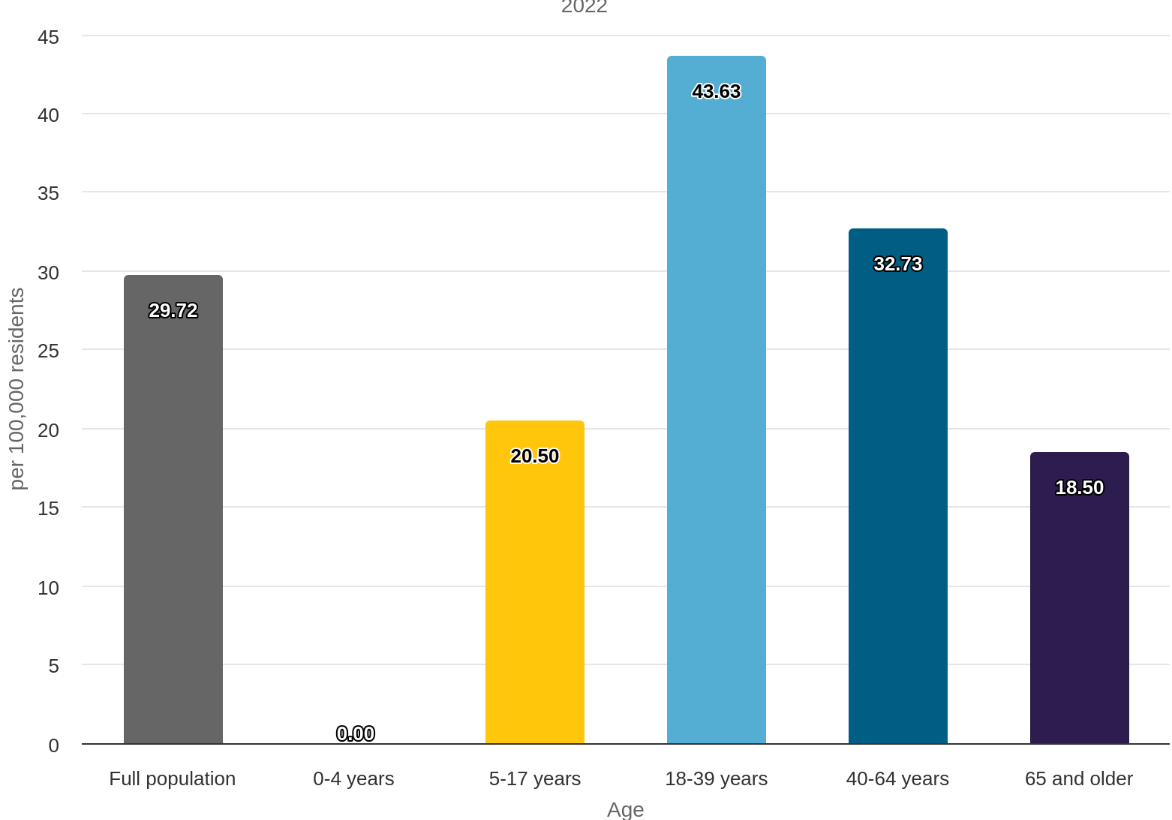
Suicide and self-injury hospitalization rate

Annual hospital admissions for suicide and self-injury per 100,000 residents. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Suicide and self-injury hospitalization rate by Age in Rush Copley Service Area

The suicide and self-injury hospitalization rate across the full population is 29.72 per 100,000 people. The highest rate is among individuals aged 18-39 years at 43.63, while the lowest rate is among children aged 0-4 years at 0.0. The rate decreases significantly among those aged 65 and older to 18.5.



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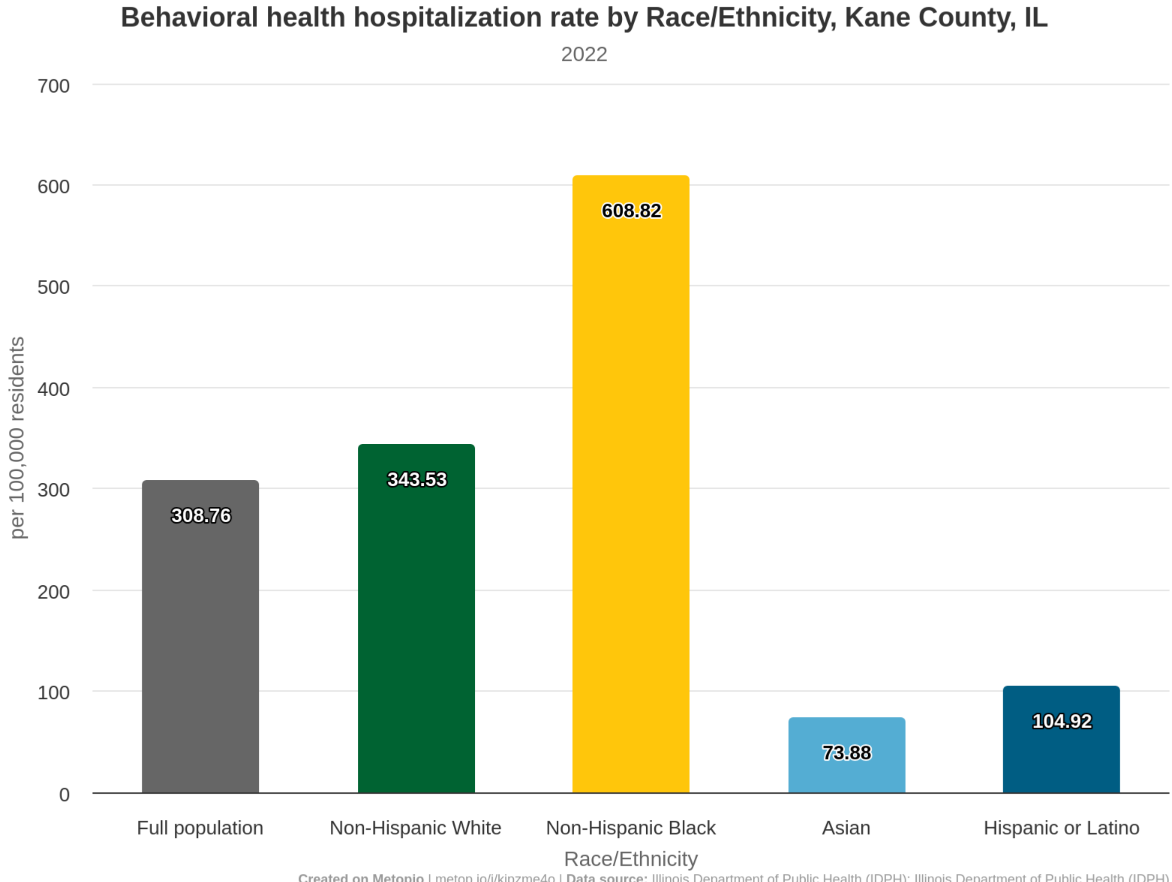
Behavioral health hospitalization rate

Annual hospital admissions for behavioral health per 100,000 residents. Includes mental health and substance abuse. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Behavioral health hospitalization rate in Rush Copley Service Area

The behavioral health hospitalization rate for the full population is 308.76 per 100,000 people. Non-Hispanic Black individuals have the highest rate at 608.82, while Asian individuals have the lowest rate at 73.88. Hispanic or Latino individuals have a rate of 104.92, and Non-Hispanic White individuals have a rate of 343.53.



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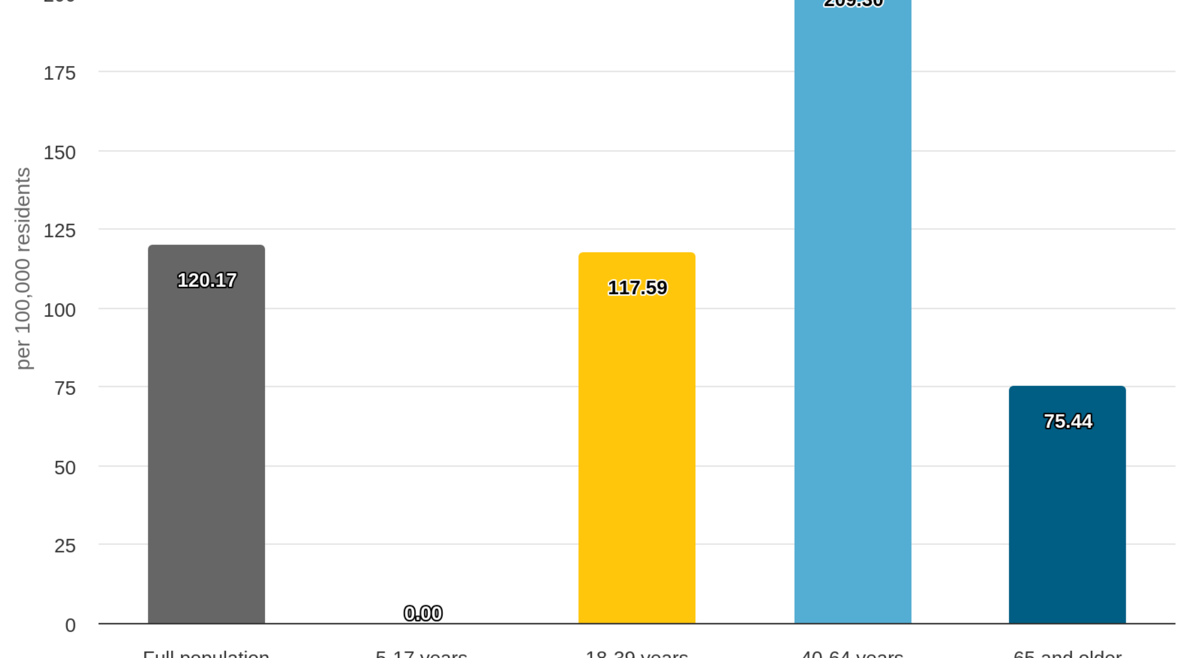
Alcohol use hospitalization rate

Annual hospital admissions for alcohol use per 100,000 residents. Risk-adjusted by age and sex. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Alcohol use hospitalization rate by Age in Rush Copley Service Area

The alcohol use hospitalization rate for the full population is 120.17 per 100,000 people. The highest rate is among individuals aged 40-64 years at 209.3, while the rate is zero for those aged 5-17 years. The rate for those aged 65 and older is significantly lower at 75.44.



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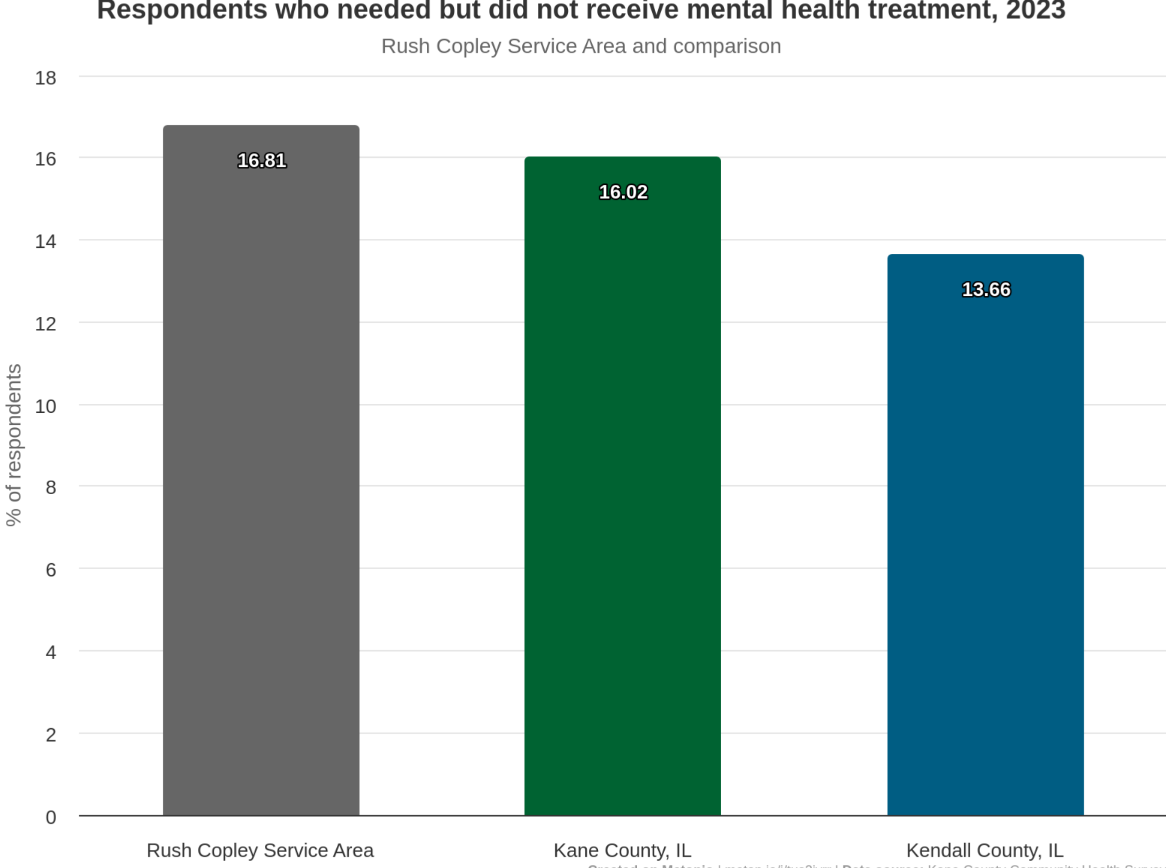
Respondents who needed but did not receive mental health treatment

Percentage of survey respondents who marked "yes" in response to the question: "During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but did not get it?"

Data Sources:
Kane County Community Health Survey

Chart of Respondents who needed but did not receive mental health treatment in Rush Copley Service Area

Respondents who needed but did not receive mental health treatment were highest in the Rush Copley Service Area at 16.81%. Kendall County, IL, had the lowest percentage at 13.66%. This indicates a significant gap in mental health treatment access across these areas.



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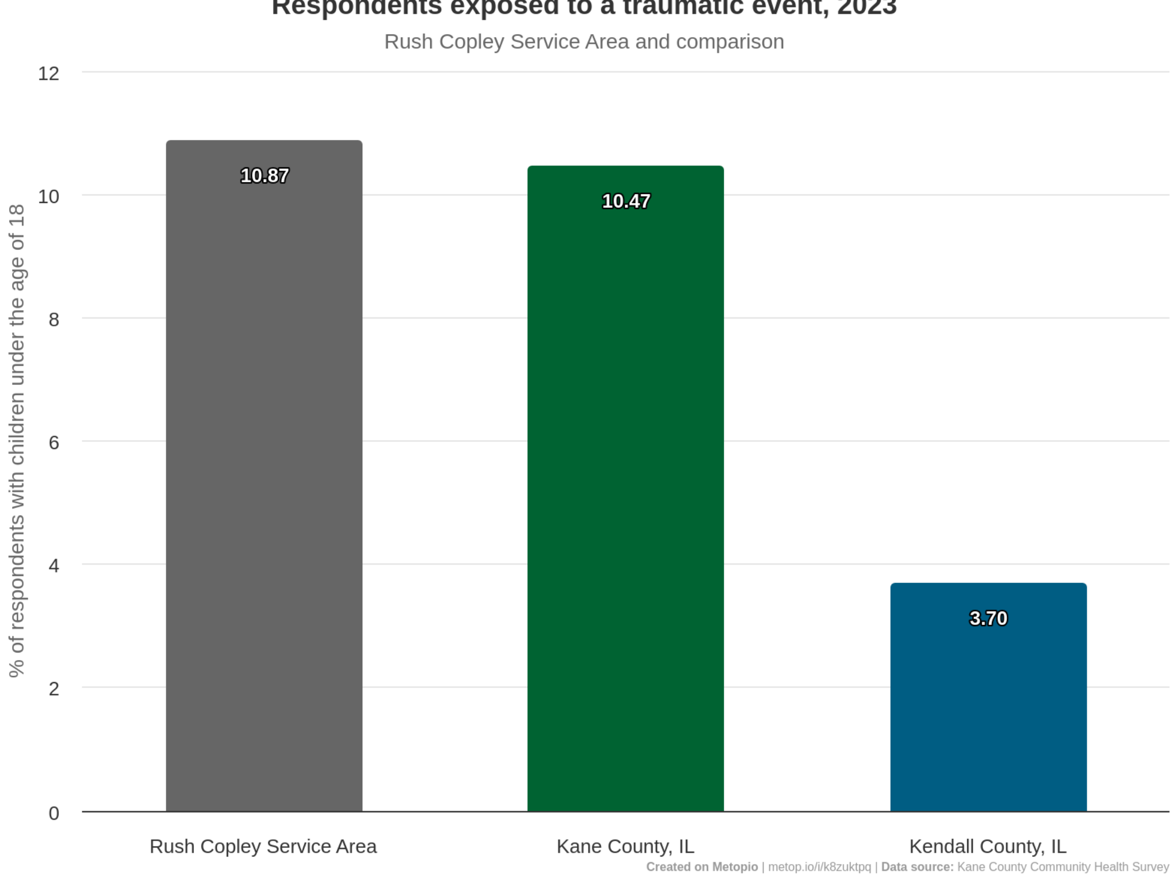
Respondents exposed to a traumatic event

Percentage of survey respondents with children under the age of 18 who marked "yes" in response to the question: "During the past year have you or your child been exposed to a traumatic event or lived through a traumatic experience? (i.e. domestic violence, abuse, neglect or a member of the household being in prison)"

Data Sources:
Kane County Community Health Survey

Chart of Respondents exposed to a traumatic event in Rush Copley Service Area

Respondents exposed to a traumatic event in the Rush Copley Service Area and Kane County, IL, have similar rates of exposure, at 10.87% and 10.47%, respectively. Kendall County, IL, however, reports a significantly lower rate of exposure at 3.7%.



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Mental health providers per capita

Number of mental health providers per 100,000 residents, such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners.

Data Sources:
Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

Chart of Mental health providers per capita in Rush Copley Service Area

Mental health providers per capita vary significantly across different regions. The Rush Copley Service Area and Kendall County, IL, have lower rates of mental health providers per capita compared to the state of Illinois and the United States. This indicates a potential disparity in access to mental health care in these areas.

Mental health providers per capita, 2025
Rush Copley Service Area and comparison

providers per 100,000 residents
700
600
500
400
300
200
100
0
492.5
591.2
580.8
689.6
414.2
Rush Copley Service Area
Kane County, IL
Illinois
United States
Kendall County, IL

Created on Metopio | metop.io/i/t7dp8x8j | **Data source:** Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

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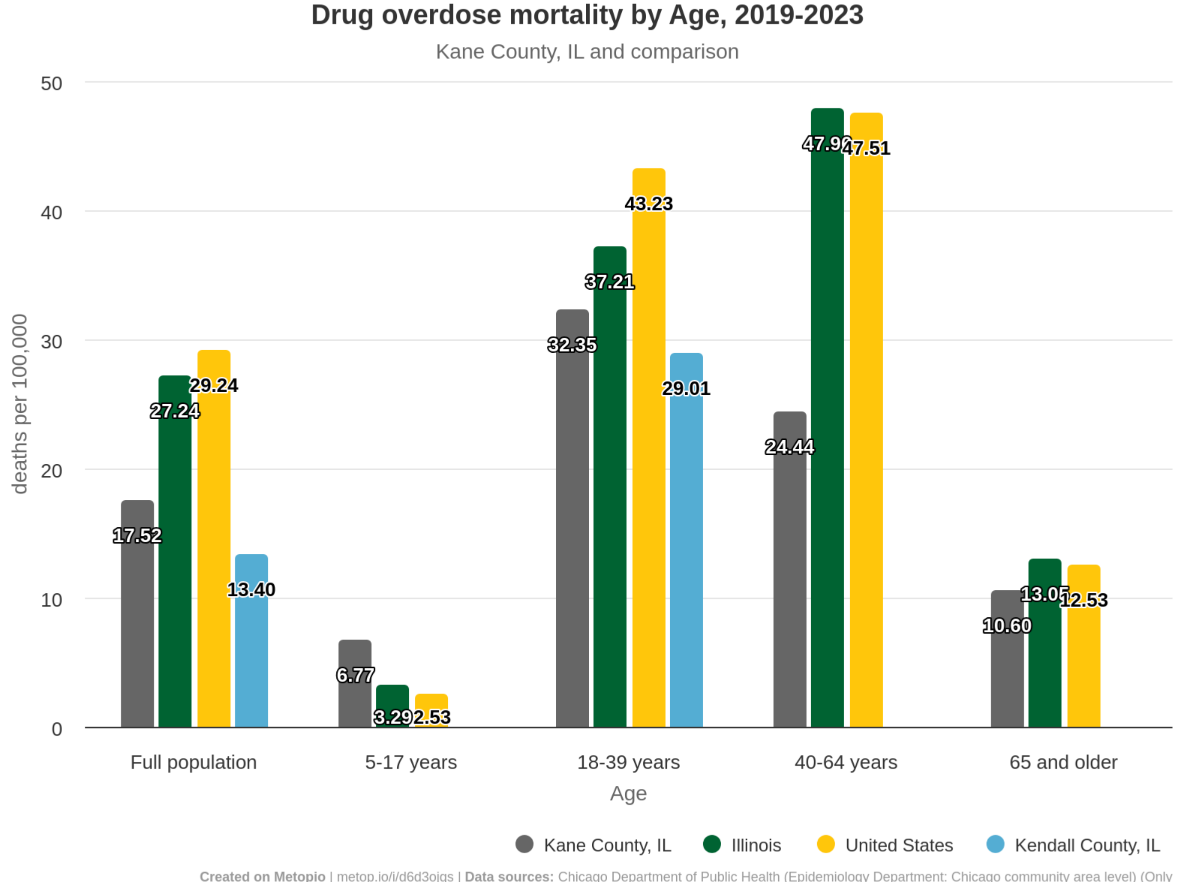
Drug overdose mortality

Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Data Sources:
Chicago Department of Public Health (Epidemiology Department: Chicago community area level) (Only in IL), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

Chart of Drug overdose mortality by Age in Rush Copley Service Area

Drug overdose mortality rates vary significantly across different age groups in Kane County, IL, Illinois, the United States, and Kendall County, IL. The highest rates are observed in the 40-64 years age group in Illinois and the United States, while Kendall County, IL, has the highest rate in the 18-39 years age group. Notably, Kane County, IL, has the lowest rate among the full population.



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Self-reported poor mental health

Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES

Chart of Self-reported poor mental health in Rush Copley Service Area

The data indicates that self-reported poor mental health is prevalent in the Rush Copley Service Area, Kane County, Kendall County, Illinois, and the United States. The highest rate is observed in the United States at 17.35%, while the lowest is in Kendall County at 14.7%.

Self-reported poor mental health, 2022

Rush Copley Service Area and comparison

	% of adults
Rush Copley Service Area	15.68
Kane County, IL	14.80
Illinois	16.11
United States	17.35
Kendall County, IL	14.70

Created on Metopio | metop.io/i/xbz8p216 | Data source: Centers for Disease Control and Prevention (CDC): PLACES

https://metop.io/projects/eb16a4b3-0f67-40ac-9752-9c66af6751ce/insights/xbz8p216

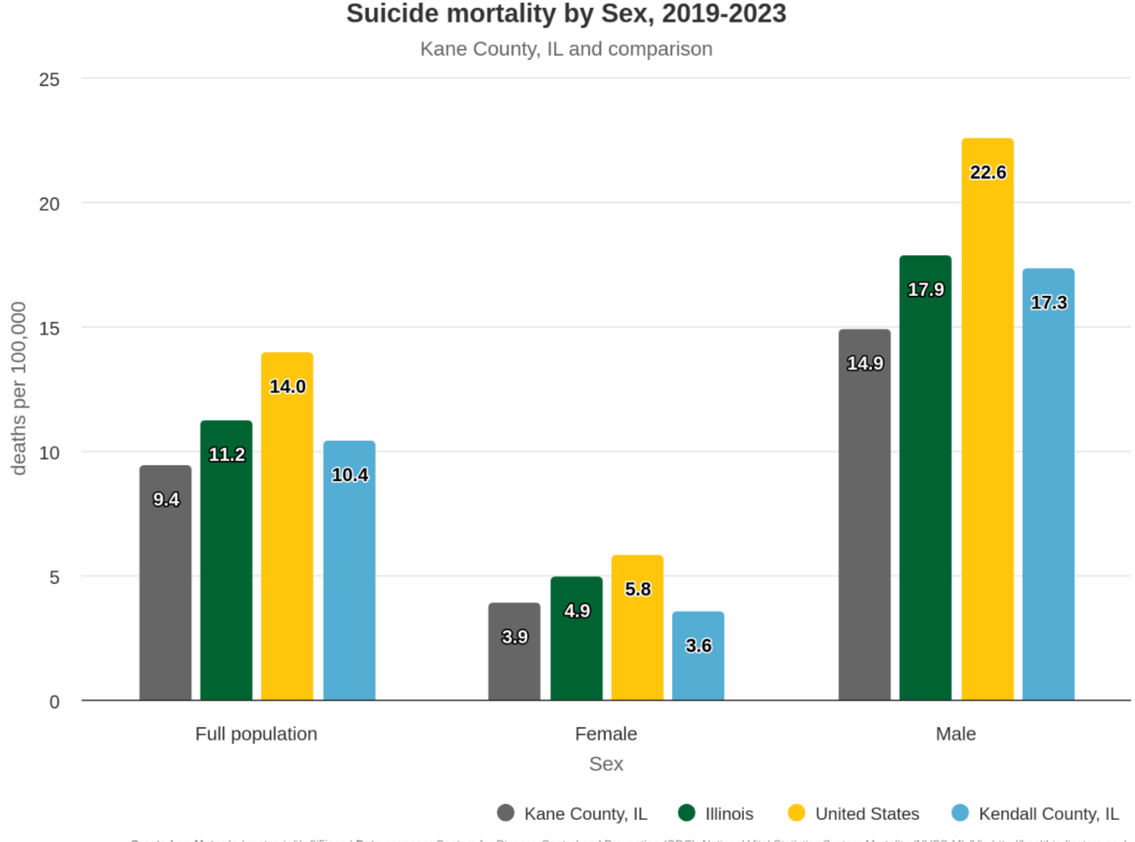
Suicide mortality

Deaths per 100,000 residents due to suicide (ICD-10 codes *U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

Data Sources:
Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov), Chicago Department of Public Health (Epidemiology Department: Chicago community area level) (Only in IL)

Chart of Suicide mortality by Sex in Rush Copley Service Area

Suicide mortality rates are higher among males than females across all regions. In Kane County, IL, the overall suicide mortality rate is 9.39, with males at 14.87 and females at 3.91. Illinois and the United States have higher overall rates at 11.22 and 13.98, respectively.



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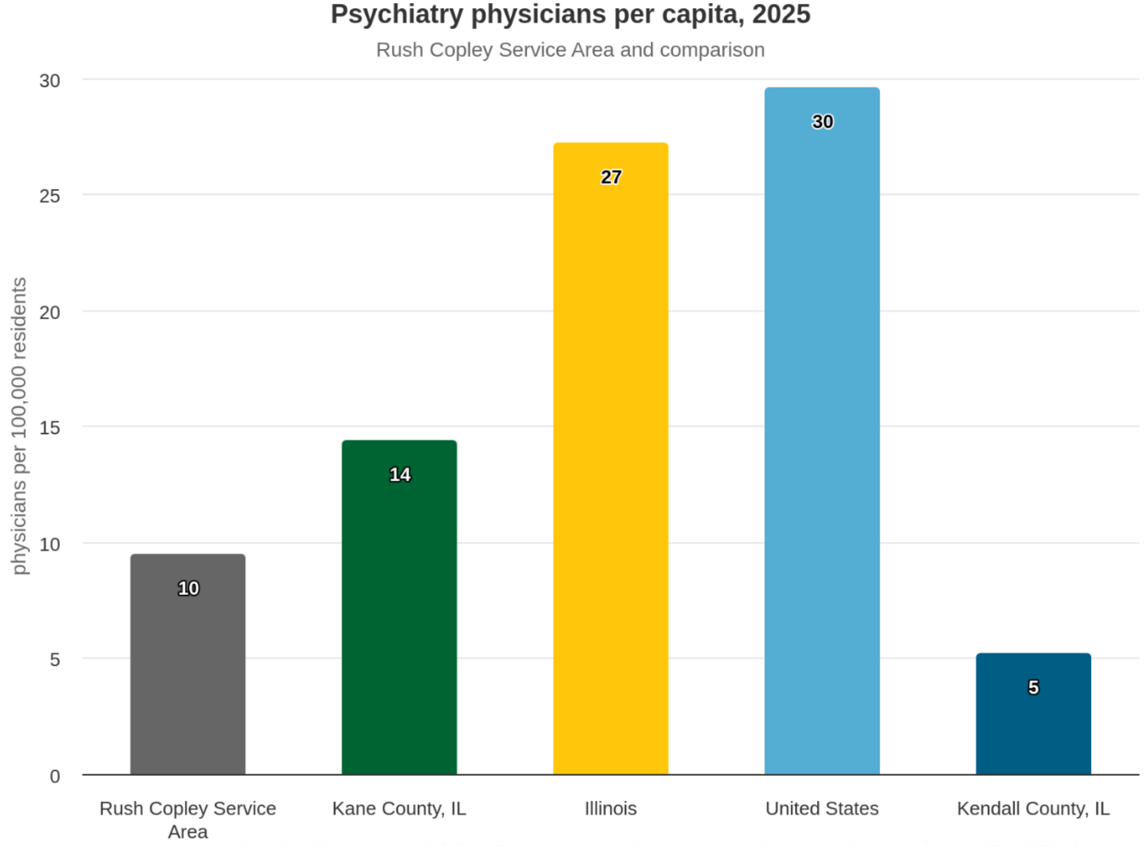
Psychiatry physicians per capita

A Psychiatrist specializes in the prevention, diagnosis, and treatment of mental disorders, emotional disorders, psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender identity disorders and adjustment disorders.

Data Sources:
Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data), Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

Chart of Psychiatry physicians per capita in Rush Copley Service Area

The data shows the number of Psychiatry physicians per capita in various areas, with the United States having the highest rate at 29.6 per capita. Illinois has a rate of 27.22, while Kane County and Kendall County have rates of 14.39 and 5.24, respectively. The Rush Copley Service Area has the lowest rate at 9.51.



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Health Behaviors

Actions and habits that individuals engage in that either promote or compromise their physical, mental, and social well-being. These behaviors encompass a wide range of activities, including diet, exercise, substance use, and preventive screenings and vaccines.

What we heard from the community

Health behaviors play a critical role in determining the overall well-being of a community. Preventative care, dietary education, mental health support, and chronic disease management are essential components of a comprehensive health strategy. Engaging individuals in their health journey, especially those who may not have seen a healthcare provider in years, is crucial for early intervention and disease prevention. Additionally, addressing the mental health needs of youth and providing support for caregivers are important aspects of promoting long-term health. By fostering healthy behaviors and ensuring access to necessary resources, communities can significantly improve their health outcomes.

Community feedback highlights several key areas of concern. There is a strong emphasis on the need for disease prevention and earlier screening, particularly for chronic conditions. Dietary education, especially in relation to diabetes management, is a recurring theme. Mental health support, particularly for teenagers, is seen as a priority. Additionally, there is a call for increased engagement with local city boards to address health concerns at the community level. Ensuring that individuals have the tools to navigate the healthcare system, such as learning key phrases for making appointments, is also seen as essential for improving access to care.

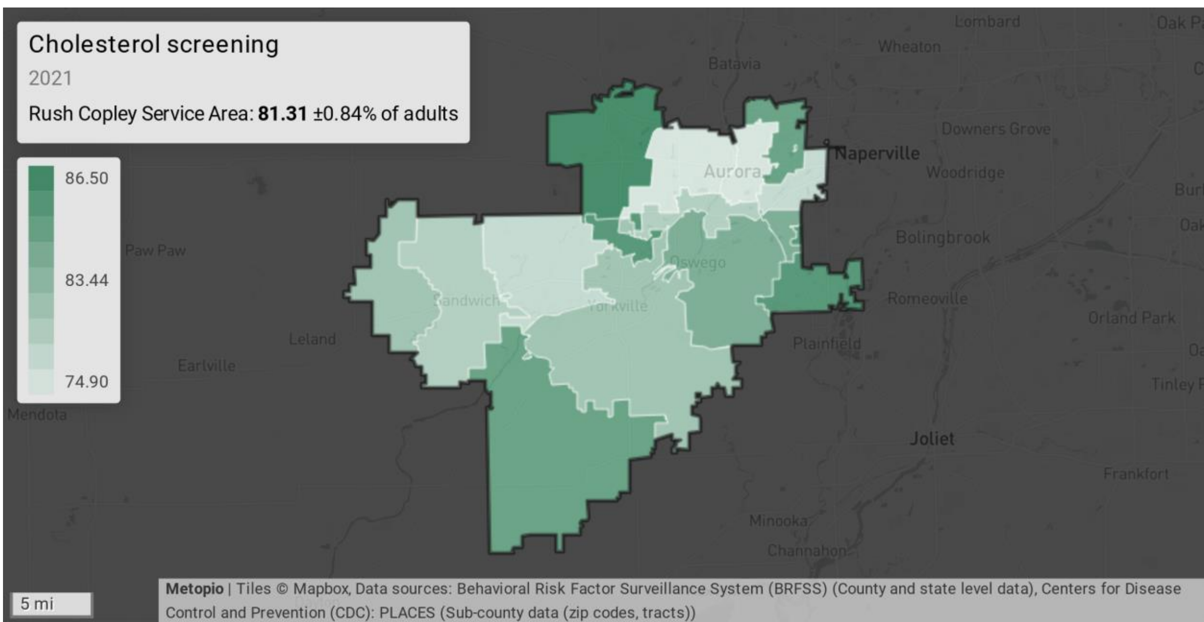
Cholesterol screening

Percent of resident adults aged 18 and older who report having their cholesterol checked within the previous 5 years.

Data Sources:
Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Map of Cholesterol screening in Rush Copley Service Area

Cholesterol screening rates for adults in the Rush Copley Service Area and surrounding zip codes in Illinois are generally high. The highest rates are found in zip codes 60519 and 60554, with 86.5% and 86.4% of adults reporting screenings, respectively. Overall, these areas demonstrate strong cholesterol screening practices among their adult populations.



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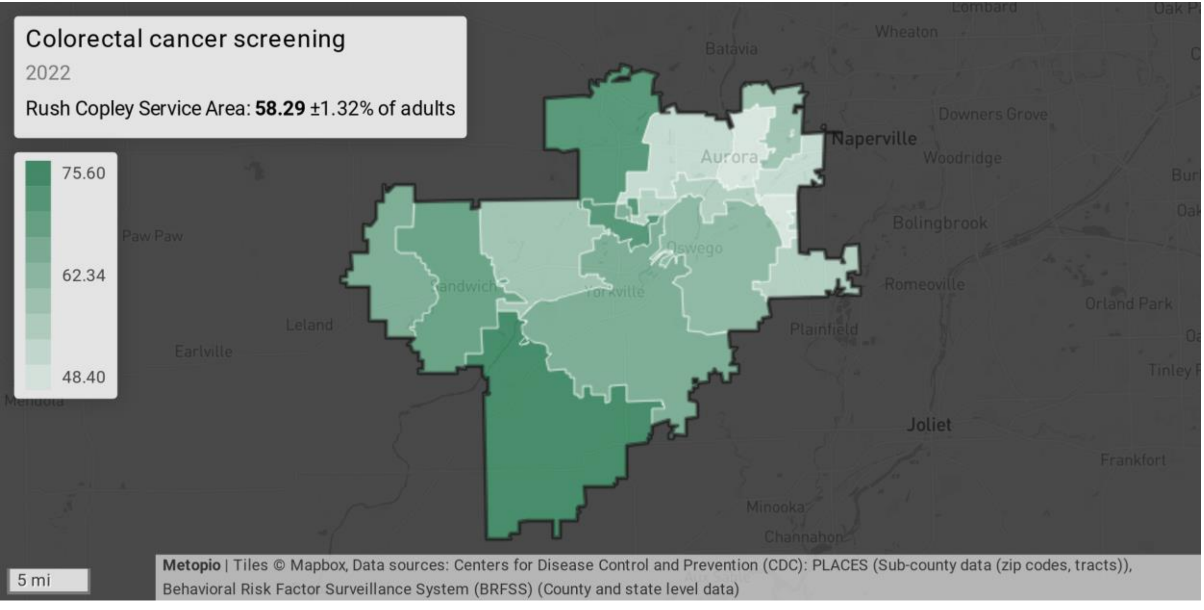
Colorectal cancer screening

Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Map of Colorectal cancer screening in Rush Copley Service Area

Colorectal cancer screening rates among adults in the Rush Copley Service Area and surrounding zip codes in Illinois vary, with the highest rate in Millbrook (75.6%) and the lowest in Aurora's 60505 (48.4%). The overall screening rate in the Rush Copley Service Area is 58.29%. These rates reflect the percentage of adults aged 50-75 who have undergone recommended screening tests within the specified timeframes.



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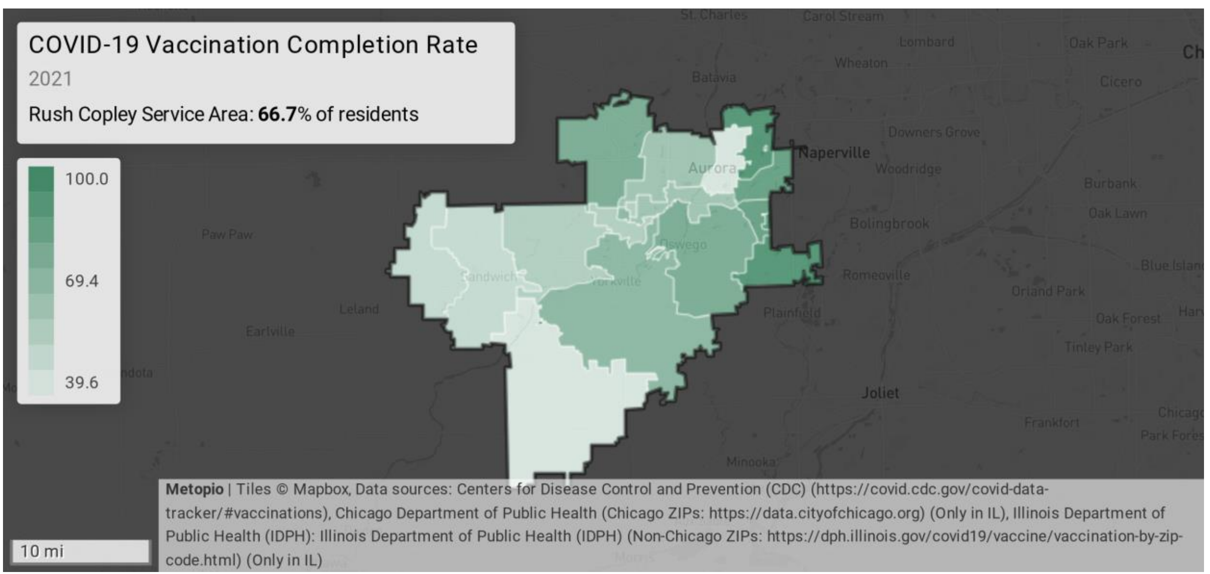
COVID-19 Vaccination Completion Rate

Percentage of the population that has completed the vaccine series: the first dose of a one-dose series, the second dose of a two-dose series, etc. Last updated on 10/10/2022.

Data Sources:
Centers for Disease Control and Prevention (CDC) (https://covid.cdc.gov/covid-data-tracker/#vaccinations), Chicago Department of Public Health (Chicago ZIPs: https://data.cityofchicago.org) (Only in IL), Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Non-Chicago ZIPs: https://dph.illinois.gov/covid19/vaccine/vaccination-by-zip-code.html) (Only in IL)

Map of COVID-19 Vaccination Completion Rate in Rush Copley Service Area

The COVID-19 Vaccination Completion Rate in the Rush Copley Service Area is 66.74%. The highest completion rate is in Millbrook, IL (60536) at 100.00%, while the lowest is in Lisbon, IL (60541) at 39.59%. Overall, the vaccination rates vary significantly across different areas.



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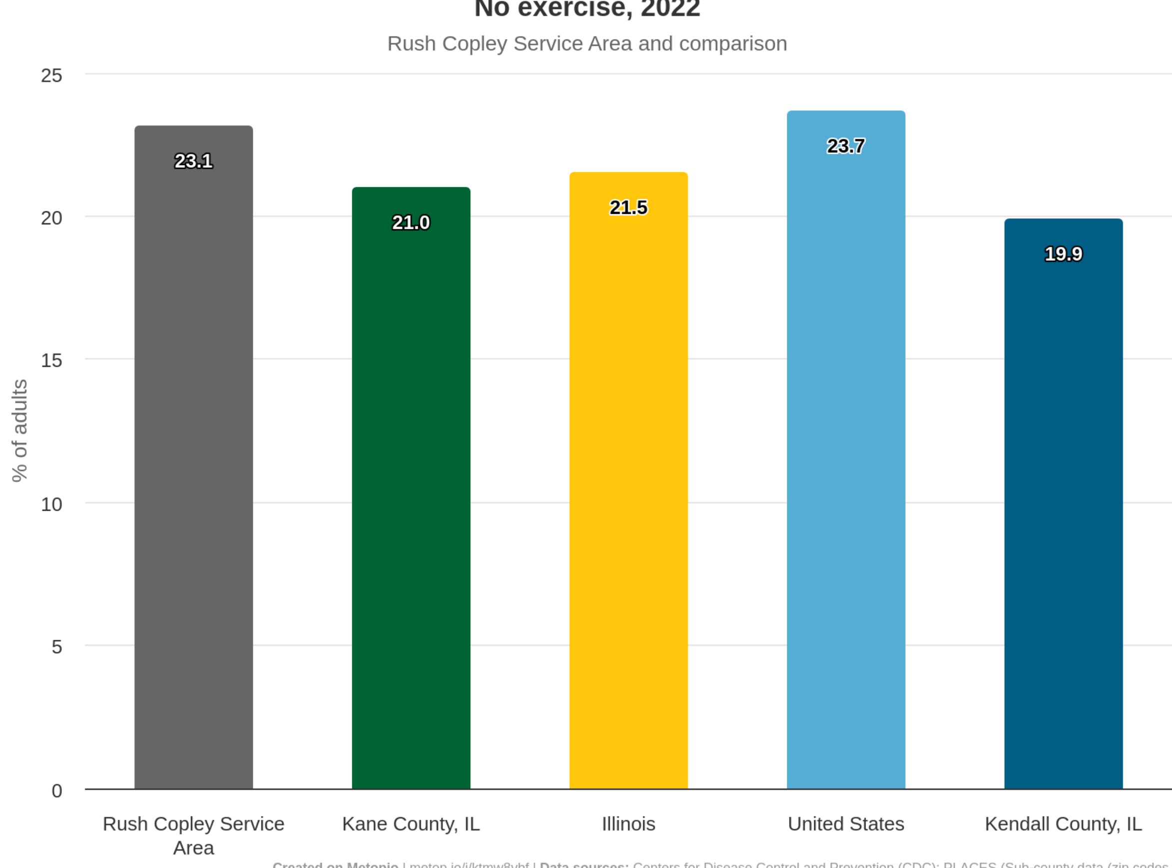
No exercise

Percent of resident adults aged 18 and older who answered “no” to the following question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)

Chart of No exercise in Rush Copley Service Area

No exercise rates vary across different regions, with the United States having the highest rate at 23.68%. The Rush Copley Service Area in Illinois also shows a high rate of 23.15%, while Kendall County, IL, has the lowest rate at 19.9%. Overall, these figures highlight the prevalence of inactivity in various areas.



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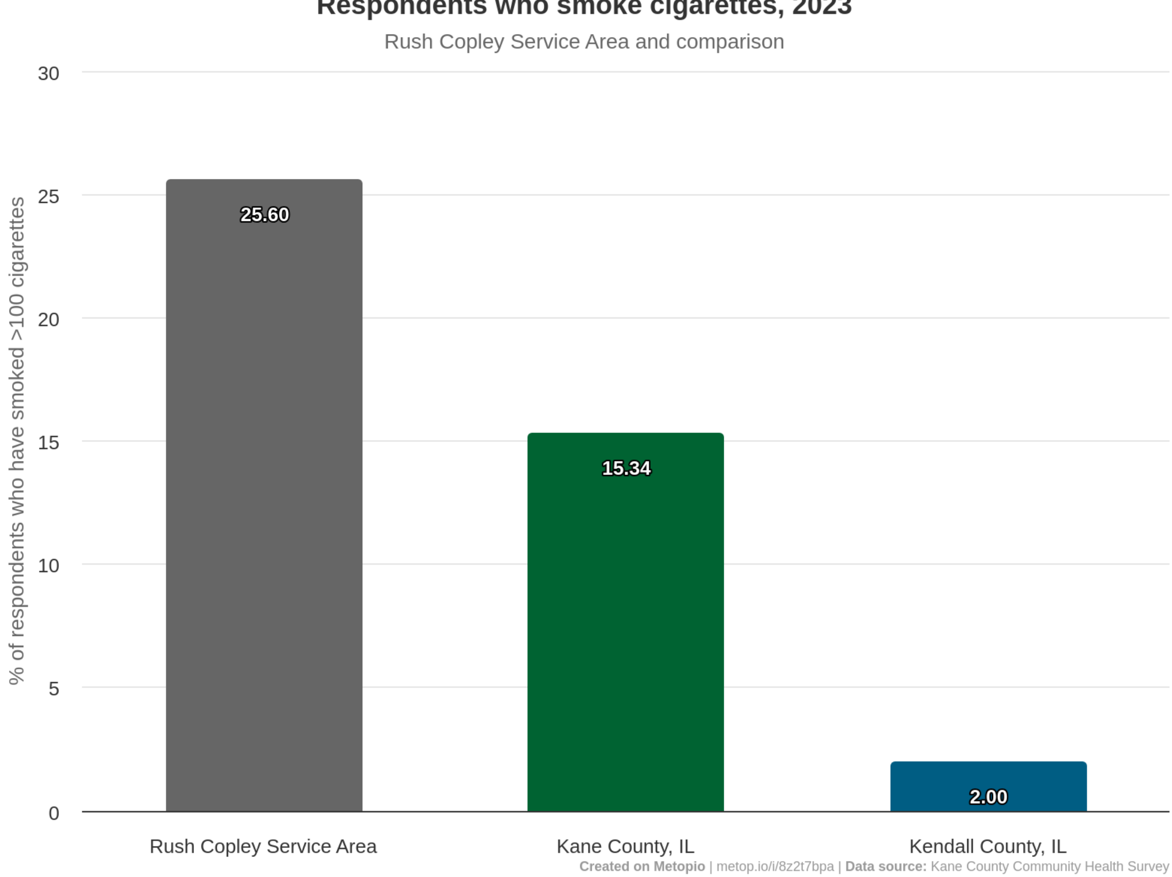
Respondents who smoke cigarettes

Percentage of survey respondents who have smoked at least 100 cigarettes in their entire life who marked "most days a week" or "everyday" when asked: "Do you now smoke cigarettes?"

Data Sources:
Kane County Community Health Survey

Chart of Respondents who smoke cigarettes in Rush Copley Service Area

The data indicates the percentage of respondents who smoke cigarettes in various locations. The highest rate is observed in the Rush Copley Service Area at 25.6%, followed by Kane County, IL at 15.34%, and Kendall County, IL at 2.0%. This suggests a significant disparity in smoking rates across these regions.



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Respondents who have tried an e-cigarette

Percentage of survey respondents who marked "yes" in response to the question: "Have you ever tried an e-cigarette or vaped, even one or two puffs? This would include products like JUUL, Blu, and NJOY. (Do not include using electronic vaping products with marijuana or cannabis.)"

Data Sources:
Kane County Community Health Survey

Chart of Respondents who have tried an e-cigarette in Rush Copley Service Area

The data indicates that a notable percentage of respondents have tried e-cigarettes in the Rush Copley Service Area and Kane County, IL, with rates of 15.47% and 16.3% respectively. In contrast, Kendall County, IL, shows a significantly lower rate at 5.44%. This suggests a higher prevalence of e-cigarette use in Kane County compared to its neighboring Kendall County.

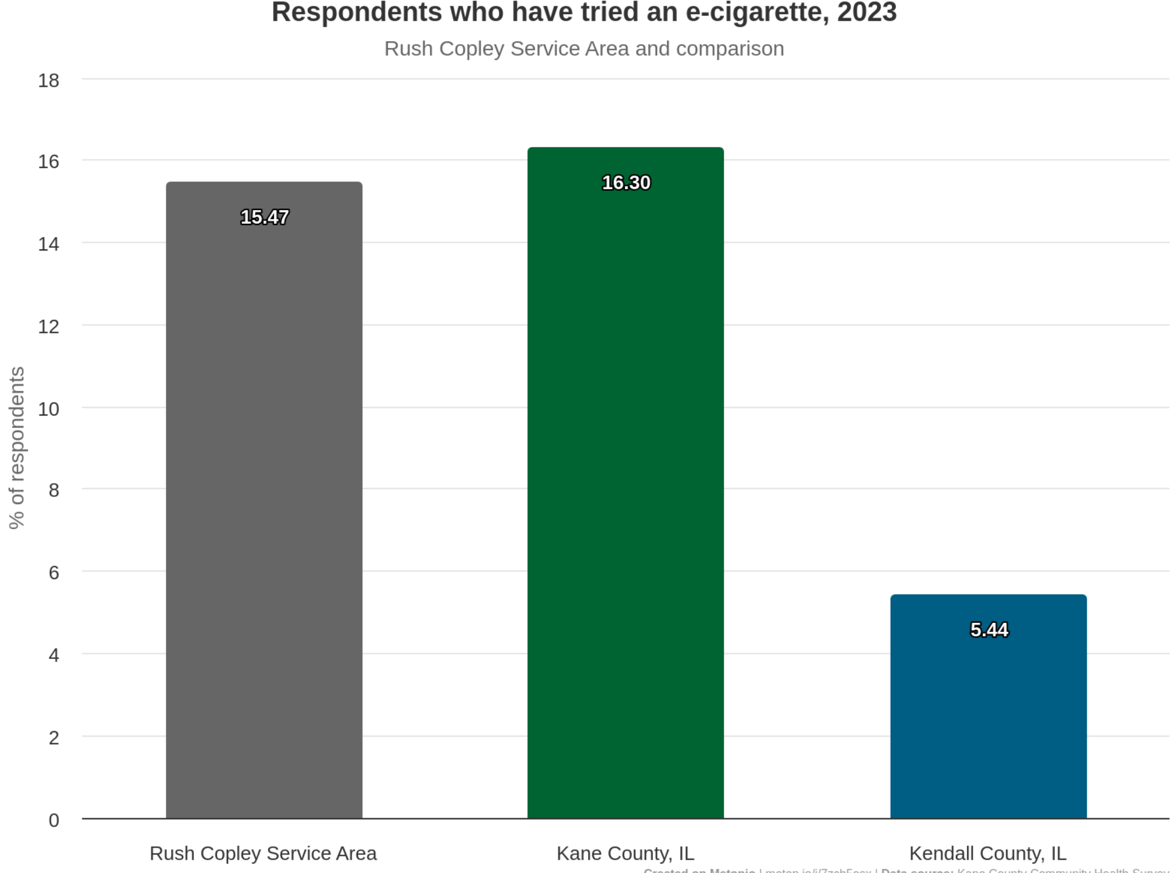

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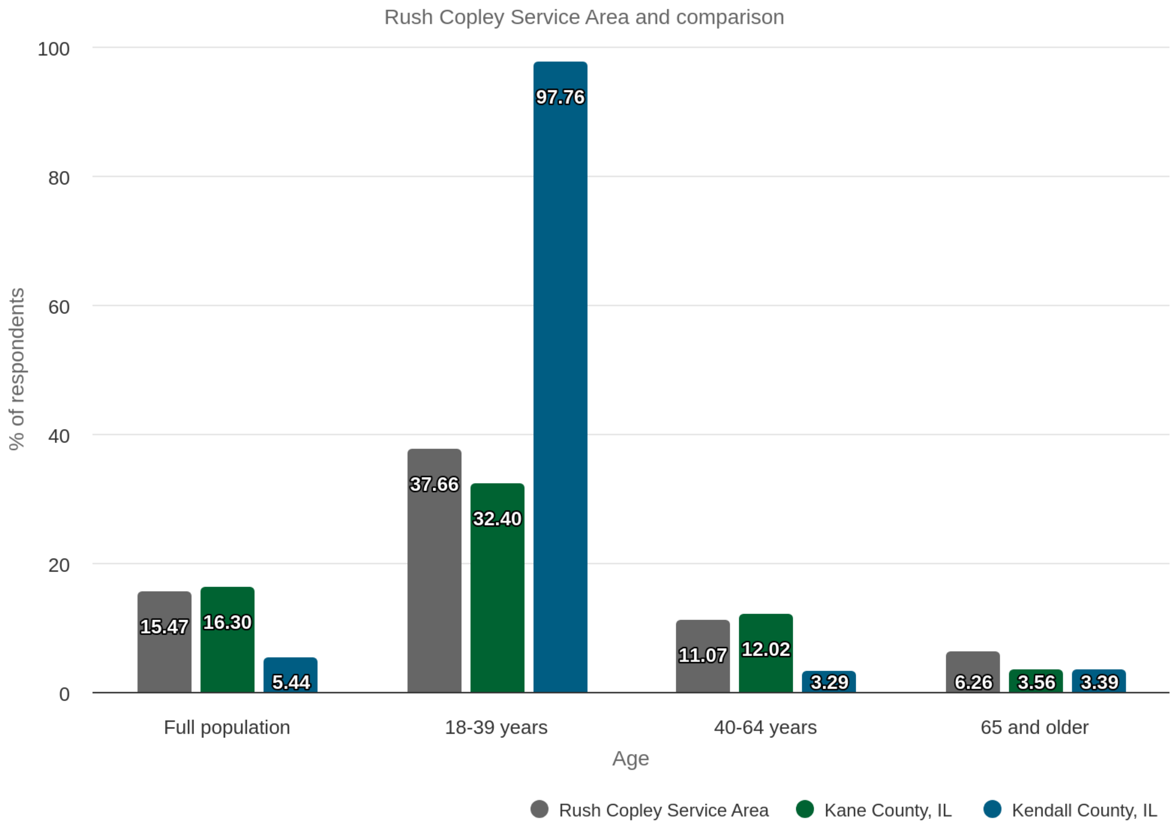
Chart of Respondents who have tried an e-cigarette by Age in Rush Copley Service Area

The data indicates that respondents in the Rush Copley Service Area have tried e-cigarettes at a rate of 15.47%, with the highest usage among those aged 18-39 at 37.66%. In Kane County, IL, the overall usage is slightly higher at 16.3%, while in Kendall County, IL, it is significantly lower at 5.44%. Notably, 97.76% of respondents aged 18-39 in Kendall County have tried e-cigarettes.



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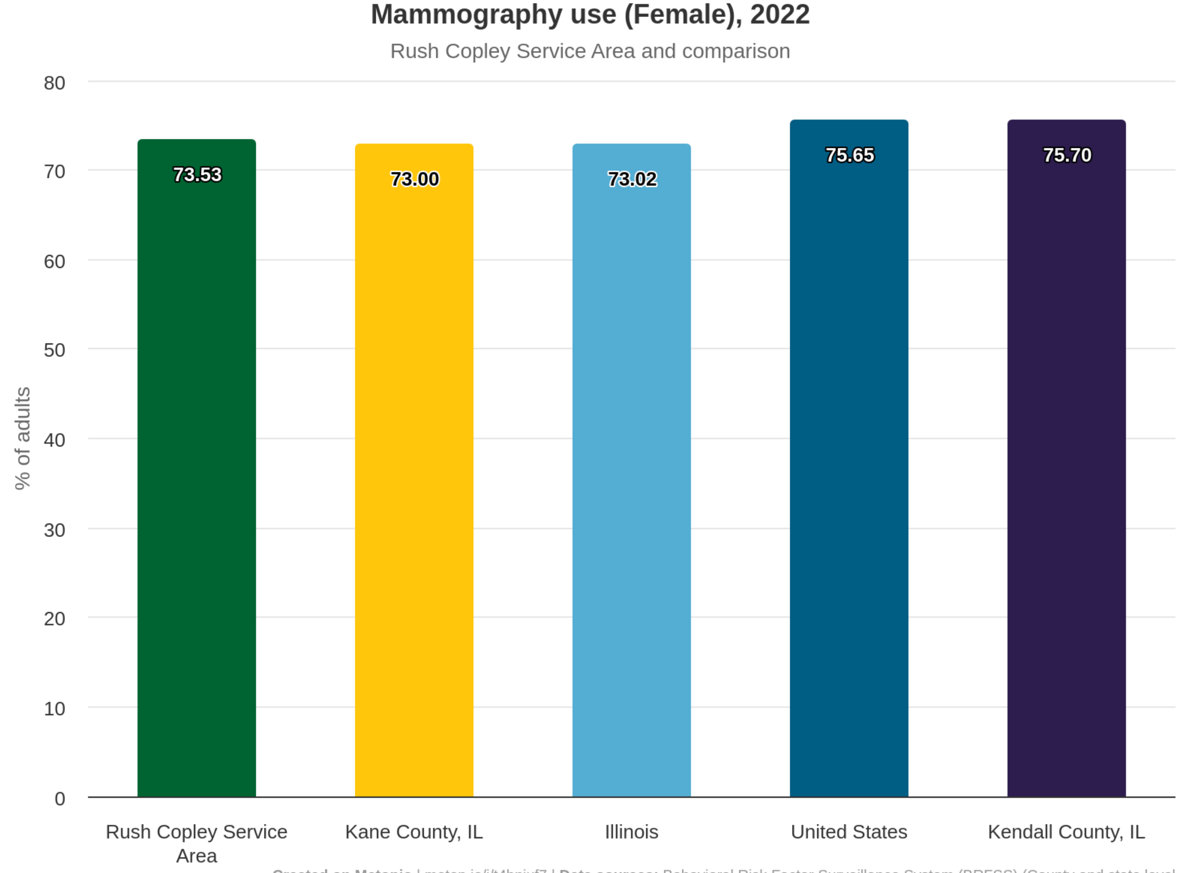
Mammography use

Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

Data Sources:
Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Chart of Mammography use by Sex in Rush Copley Service Area

Mammography use in the Rush Copley Service Area is 73.53%, slightly higher than the rates in Kane County and Illinois, which are 73.0% and 73.02% respectively. Kendall County, IL, and the United States have higher rates at 75.7% and 75.65% respectively.



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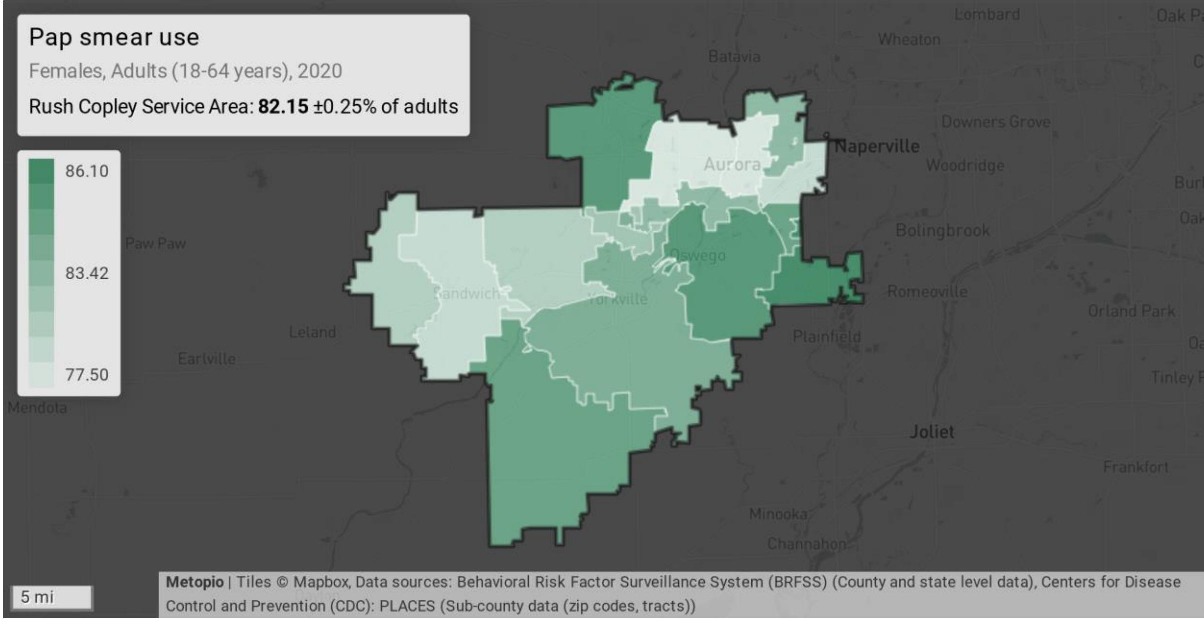
Pap smear use

Percent of resident female adults aged 21-65 years who report having had a Papanicolaou (Pap) smear within the previous 3 years for detection and prevention of cervical cancer.

Data Sources:
Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Map of Pap smear use in Rush Copley Service Area

Pap smear use among female adults aged 21-65 years in the Rush Copley Service Area is generally high, with rates ranging from 77.5% to 86.1% across various zip codes in Aurora, IL, and nearby areas. The highest usage is reported in the 60519 zip code, with 86.1% of women having had a Pap smear within the previous three years. This indicates a strong emphasis on cervical cancer prevention and detection in this region.



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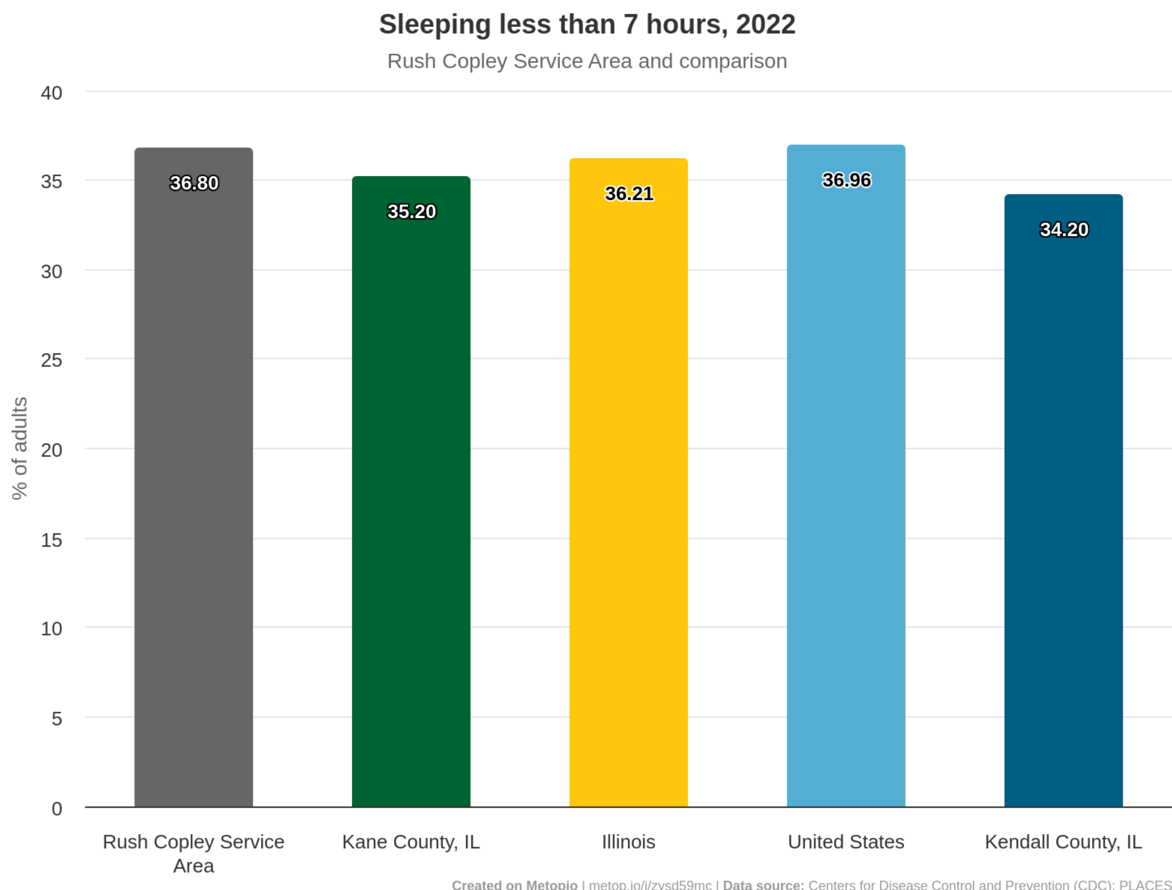
Sleeping less than 7 hours

Percent of resident adults aged 18 and older who report usually getting insufficient sleep (<7 hours for those aged ≥18 years, on average, during a 24-hour period).

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES

Chart of Sleeping less than 7 hours in Rush Copley Service Area

The data indicates that a significant portion of the population in the Rush Copley Service Area and Illinois sleep less than 7 hours, with rates of 36.8% and 36.21%, respectively. Nationally, this trend is slightly higher, with 36.96% of people sleeping less than 7 hours. Kendall County, IL, has the lowest rate among the listed areas at 34.2%.



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Socio-economic Factors

Education and graduation rates, income, employment, and other socio-economic indicators have a strong impact on a community's overall health and well-being.

What we heard from the community

Socio-economic factors play a critical role in shaping individual and community health outcomes. Economic stability, access to affordable healthcare, food security, and housing stability are all key determinants of well-being. In many regions, residents face challenges such as high healthcare costs, limited access to mental health services, and economic disparities that disproportionately affect marginalized communities. These factors not only impact physical health but also contribute to mental health struggles, particularly among vulnerable populations. Addressing socio-economic factors requires a comprehensive approach that includes policy changes, increased funding for social services, and community engagement to ensure equitable access to resources.

Community members expressed concerns about the affordability of healthcare and the challenges faced by uninsured individuals. Additionally, mental health services were identified as a pressing issue, particularly for teenagers. The lack of understanding regarding insurance coverage, especially for older adults, was also a significant concern. These insights underscore the importance of improving access to affordable care, enhancing mental health services, and providing clearer guidance on insurance coverage to better serve the community's diverse needs.

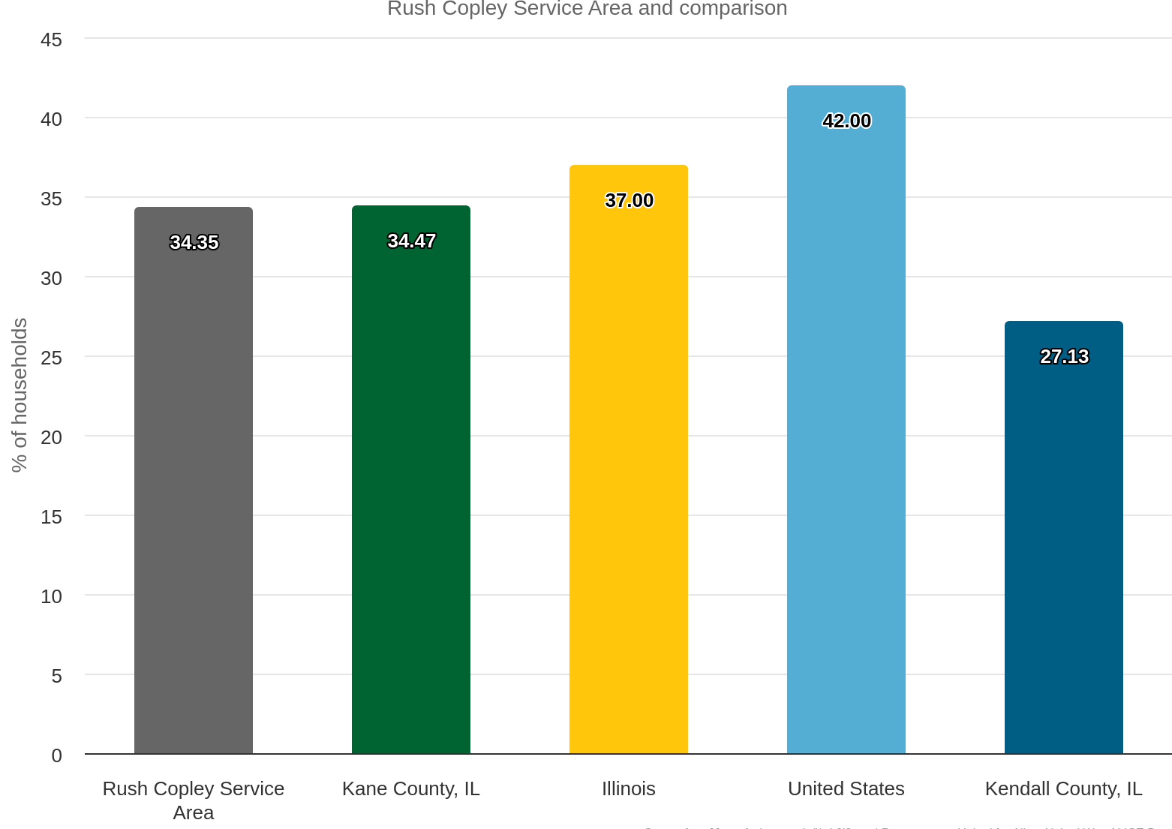
Households below ALICE threshold

ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty-line but are still unable to afford the basic necessities of housing, food, child-care, health care, and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living.

Data Sources:
United for Alice: United Way ALICE Data

Chart of Households below ALICE threshold in Rush Copley Service Area

Households below the ALICE threshold are represented in various locations, with the highest percentage found in the United States at 42.0%. The Rush Copley Service Area and Kane County, IL have slightly lower percentages at 34.35% and 34.47%, respectively. Kendall County, IL has the lowest percentage among the listed locations at 27.13%.



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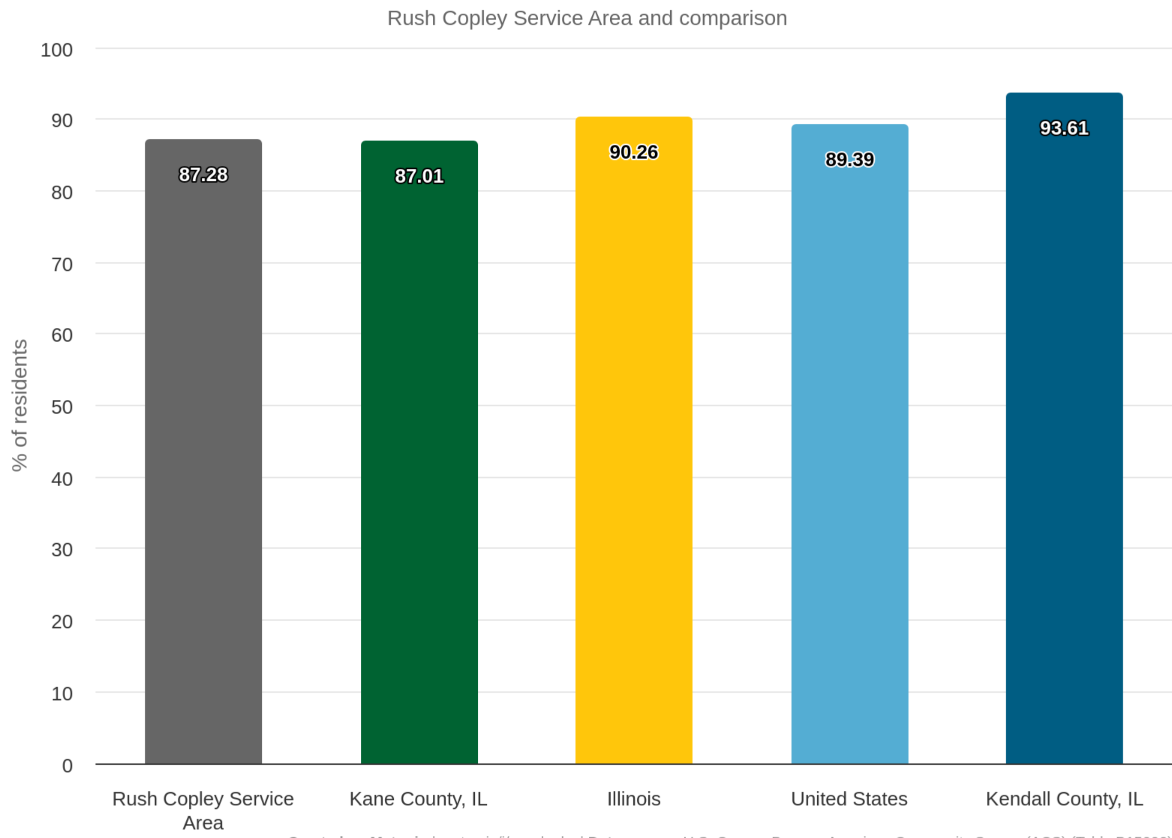
High school graduation rate

Residents 25 or older with at least a high school degree: including GED and any higher education

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Chart of High school graduation rate in Rush Copley Service Area

The high school graduation rate in the Rush Copley Service Area is 87.28%, slightly lower than the rate in Kane County, IL, which is 87.01%. Illinois and the United States have higher graduation rates, at 90.26% and 89.39% respectively, with Kendall County, IL, having the highest rate at 93.61%.



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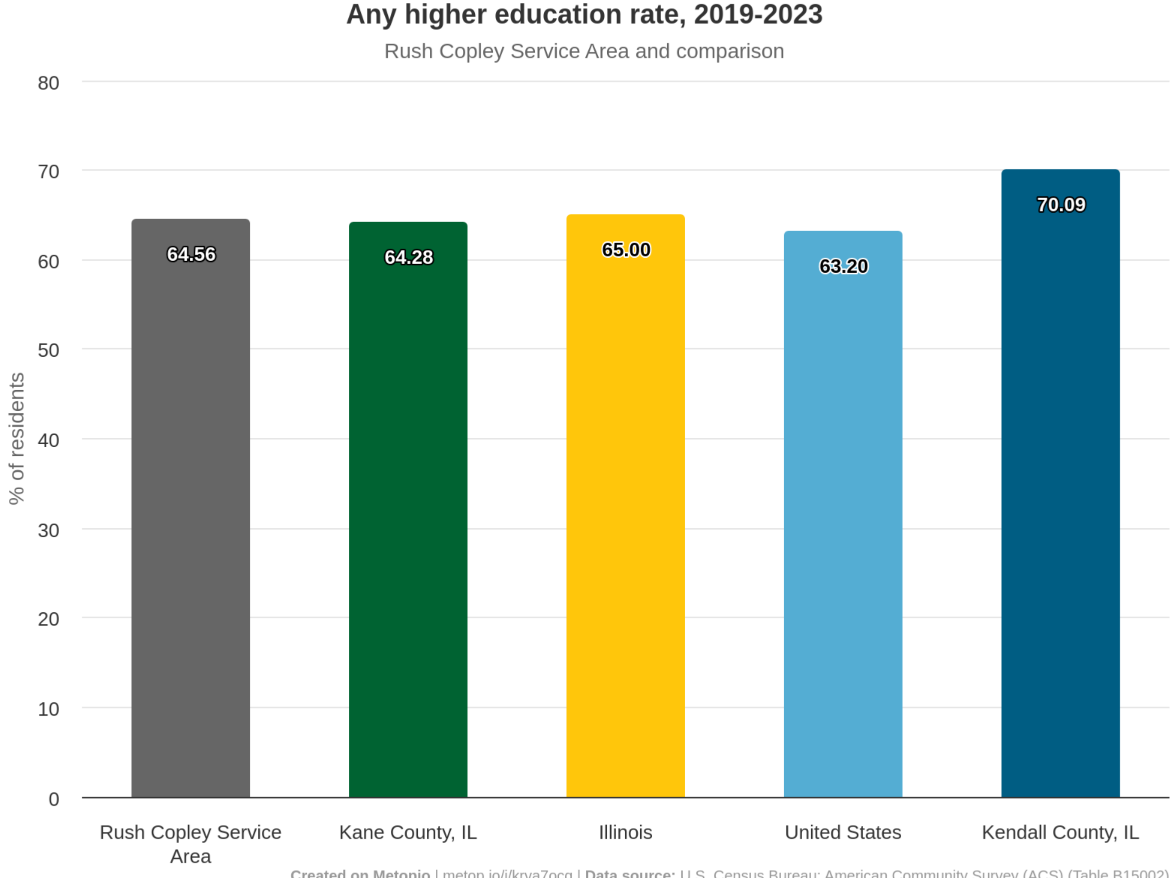
Any higher education rate

Residents 25 or older with any post-secondary education, including less than 1 year

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Chart of Any higher education rate in Rush Copley Service Area

The data indicates that the Any higher education rate in the Rush Copley Service Area is 64.56%. Kendall County, IL has the highest rate at 70.09%, while the United States has a rate of 63.2%.



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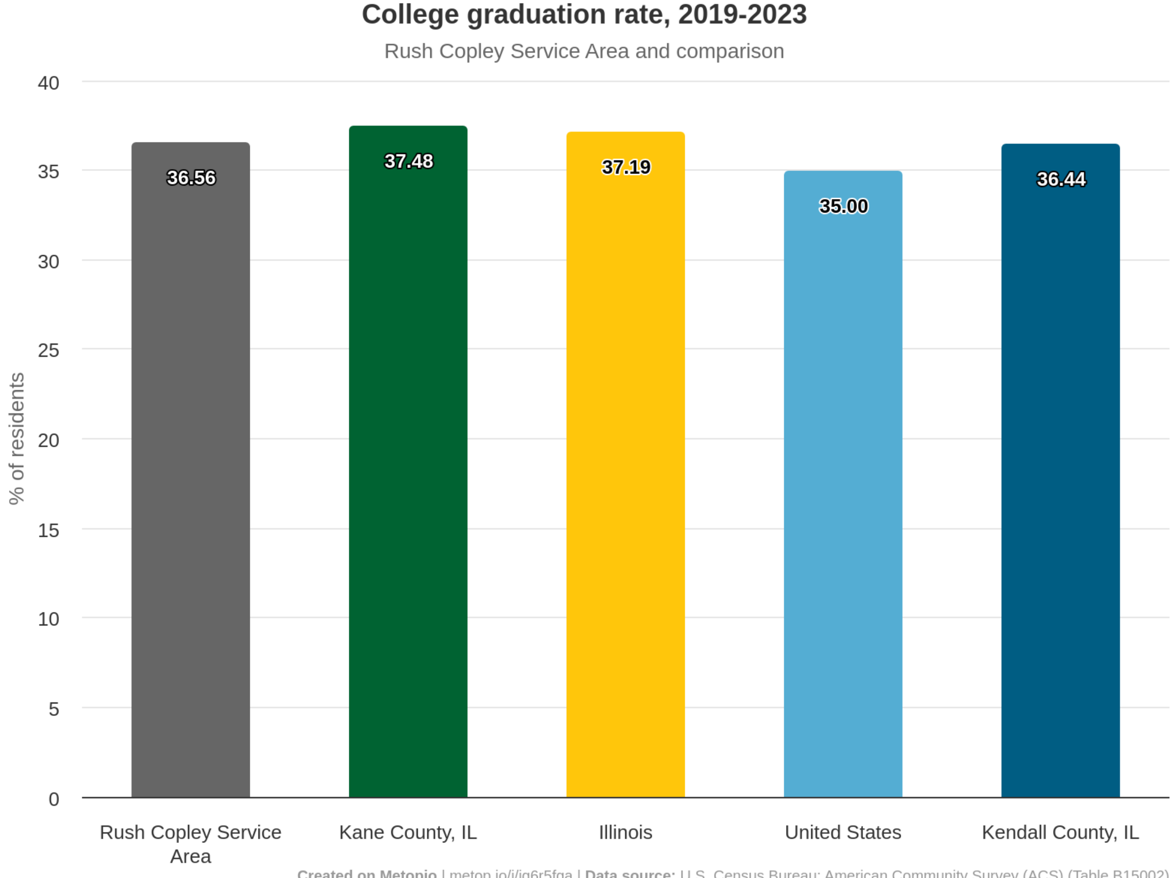
College graduation rate

Residents 25 or older with a four-year college (bachelor's) degree or higher

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Chart of College graduation rate in Rush Copley Service Area

The college graduation rate in the Rush Copley Service Area is 36.56%, slightly below the rate in Kane County, IL, which is 37.48%. The statewide graduation rate in Illinois is 37.19%, while the national average is 35.0%.



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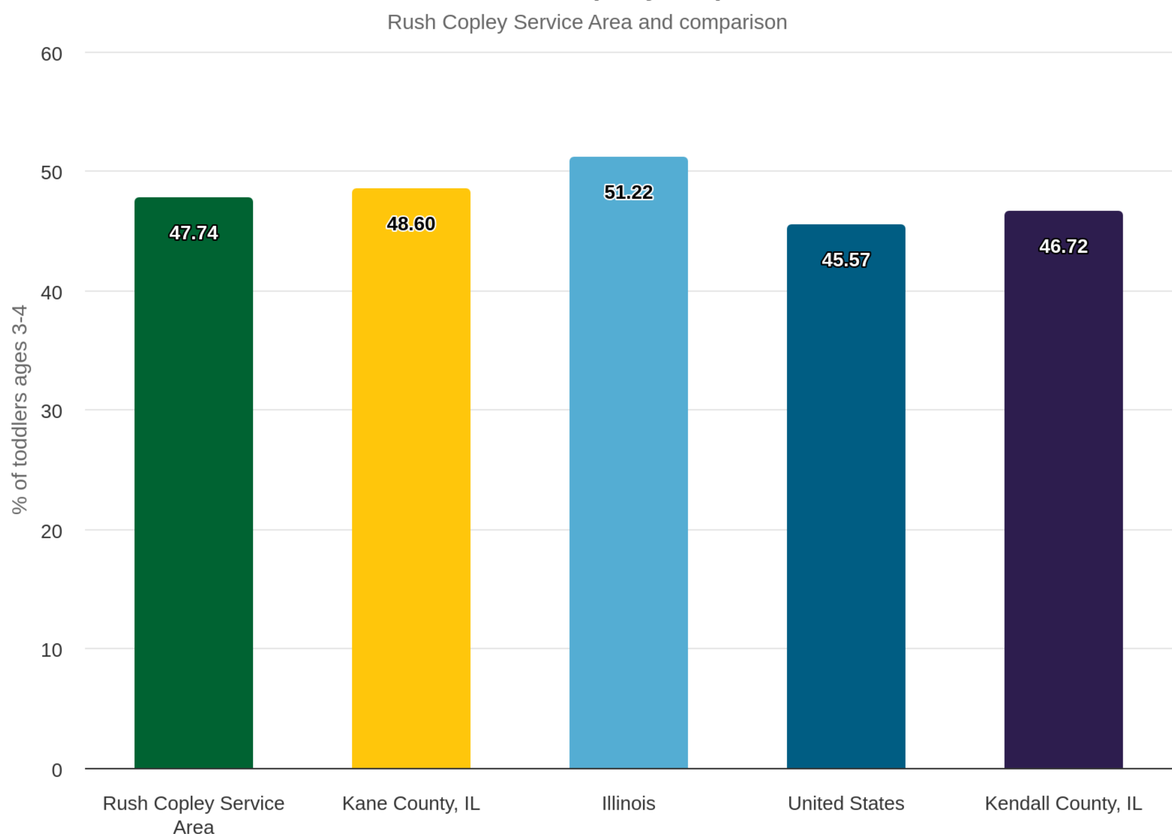
Preschool enrollment

Percentage of 3- and 4-year-olds enrolled in school.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B14003)

Chart of Preschool enrollment by Age in Rush Copley Service Area

Preschool enrollment in the Rush Copley Service Area is 47.74%, slightly below the rate in Kane County, IL, which stands at 48.6%. Illinois has a higher enrollment rate of 51.22%, while the United States overall has a lower rate of 45.57%. Kendall County, IL, has the lowest enrollment rate among the listed areas at 46.72%.



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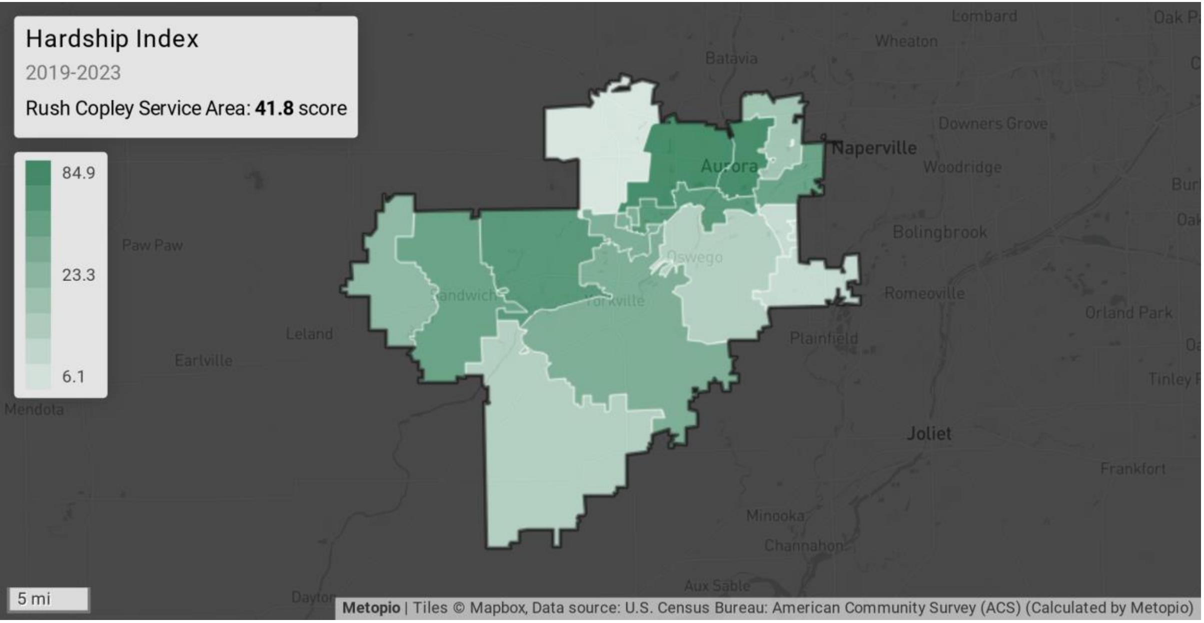
Hardship Index

The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)

Map of Hardship Index in Rush Copley Service Area

The Hardship Index, a composite score reflecting community hardship, incorporates factors such as unemployment, education, and poverty. In the Rush Copley Service Area, scores range from a low of 6.07 in 60519 (Aurora, IL) to a high of 84.93 in 60505 (Aurora, IL), indicating significant variation in hardship levels within this region. These scores highlight the diverse economic challenges faced by different areas.



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Single-parent households

Percentage of households that have children present and are headed by a single parent (mother or father), with no partner present.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B11012)

Chart of Single-parent households in Rush Copley Service Area

Single-parent households are prevalent across various regions, with the Rush Copley Service Area having the highest rate at 7.31%. Kendall County, IL, follows closely at 6.52%, while the United States average is 6.18%. These figures highlight the significant presence of single-parent families in these areas.

Single-parent households, 2019-2023
Rush Copley Service Area and comparison

% of households
8
7
6
5
4
3
2
1
0
7.31
5.59
6.06
6.18
6.52
Rush Copley Service Area
Kane County, IL
Illinois
United States
Kendall County, IL

Created on Metopio | metop.io/i/sajv4zv2 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B11012)

https://metop.io/projects/eb16a4b3-0f67-40ac-9752-9c66af6751ce/insights/sajv4zv2

Median household income

Income in the past 12 months.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Chart of Median household income in Rush Copley Service Area

The median household income in the Rush Copley Service Area is $102,303.64, which is higher than the median income in Kane County, IL, and significantly higher than the median incomes in Illinois and the United States. Kendall County, IL, has the highest median household income at $110,474.00.

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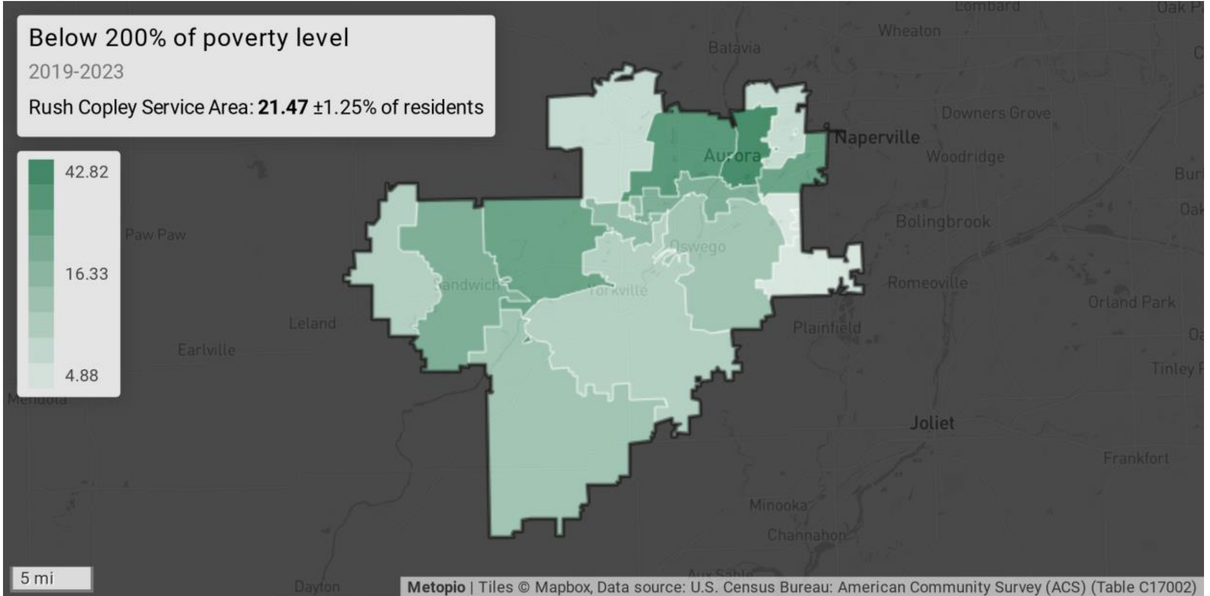
Below 200% of poverty level

Individuals in families that are below 200% of the federal poverty level, past 12 months income.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table C17002)

Map of Below 200% of poverty level in Rush Copley Service Area

The data points pertain to the percentage of residents living below 200% of the federal poverty level in various locations within the Rush Copley Service Area, based on the American Community Survey (ACS) from 2019 to 2023. The percentages vary significantly across different locations, with the highest being 42.82% in Aurora (60505) and the lowest at 6.17% in Plainfield (60585). This indicates a notable disparity in economic conditions within the service area.



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Seniors living alone

Percent of residents age 65 and older who live alone. Does not include those living in group homes such as nursing homes.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

Chart of Seniors living alone by Age in Rush Copley Service Area

Seniors living alone is a significant issue across various regions, with Illinois having a higher rate than the national average. The Rush Copley Service Area and Kendall County have lower percentages compared to both the state and national figures. Kane County, however, exceeds both the state and national averages.

Seniors living alone (65 and older), 2019-2023

Rush Copley Service Area and comparison

% of seniors

35
30
25
20
15
10
5
0

21.51
24.05
29.16
26.46
21.34

Rush Copley Service Area
Kane County, IL
Illinois
United States
Kendall County, IL

Created on Metopio | metop.io/i/z95uh98q | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

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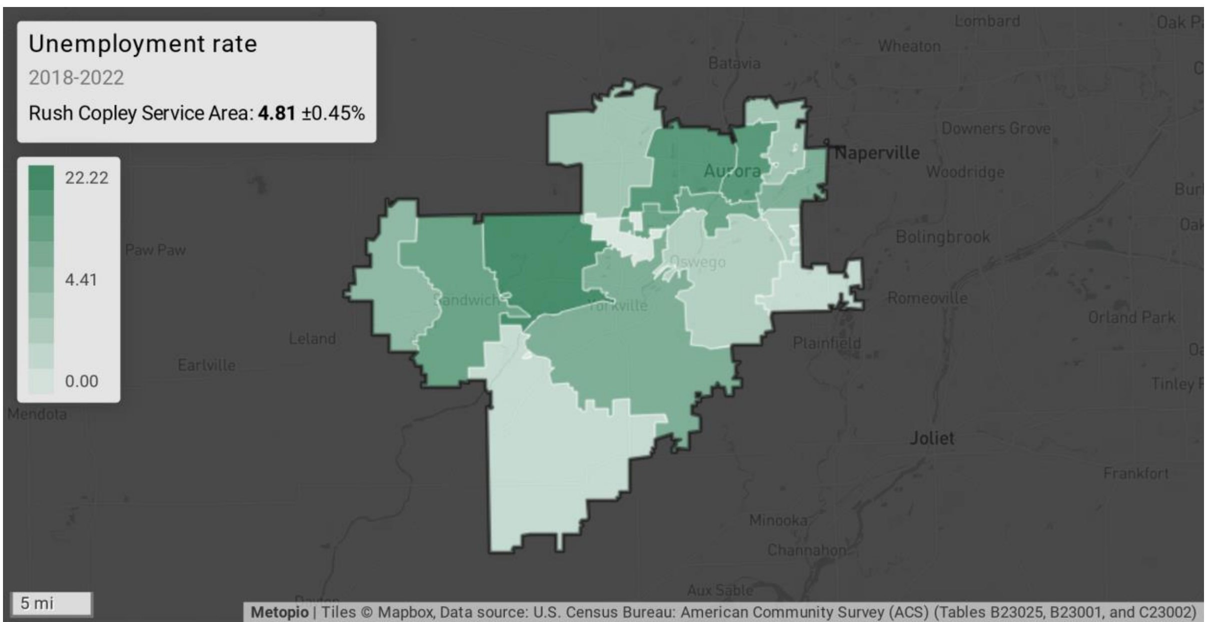
Unemployment rate

Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)

Map of Unemployment rate in Rush Copley Service Area

The data represents the unemployment rate across various zip codes in the Rush Copley Service Area from 2018 to 2022. Notably, the zip code 60512 in Yorkville, IL, has an unemployment rate of 0.0%, indicating full employment in that area. Conversely, the zip code 60519 in Aurora, IL, has the highest unemployment rate at 22.22%, highlighting a significant disparity in employment levels within the service area.



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Access to Care

Limited access to healthcare providers can result in delayed or inadequate healthcare, affecting the overall health outcomes of community members. Access can be restricted by a lack of providers, poor geographic distribution of services, difficulty affording and signing up for health insurance, and the cost of services even after health insurance.

What we heard from the community

Access to care is a fundamental aspect of community health, directly impacting individuals' ability to receive timely medical treatment and preventive services. Many individuals face barriers to healthcare access, including lack of insurance, transportation challenges, and insufficient knowledge about coverage options, particularly among older adults navigating Medicare. Disparities in healthcare access are particularly pronounced for underserved populations, including the uninsured and those experiencing homelessness. These challenges are exacerbated by systemic issues such as long wait times for specialist care and difficulties in medication access due to pharmacy closures. Addressing these barriers requires targeted interventions to improve healthcare accessibility, education, and support services for vulnerable populations.

Community feedback reveals widespread concerns about the difficulties in accessing healthcare services, particularly for those without insurance or with limited mobility. Many individuals struggle to understand their insurance benefits, especially older adults who may have questions about Medicare coverage and open enrollment. Transportation remains a significant barrier, making it difficult for people to reach medical facilities or pick up prescriptions. Additionally, the lack of adequate support services for unsheltered populations, such as warming centers and shelters, further compounds the challenges faced by those in need of care. The community emphasizes the need for more accessible healthcare resources, including mental health services, caregiver support, and streamlined assistance for individuals navigating insurance complexities.

Several quotes highlight specific concerns about access to care: 'Help with access and transportation' underscores the logistical challenges faced by many individuals in reaching healthcare services. The statement 'Access to pick up prescriptions; many pharmacies are closing' points to the growing issue of medication accessibility, particularly in areas with limited pharmacy options. Furthermore, the quote 'Older adults not understanding coverage options/plans' illustrates the confusion and lack of support for seniors navigating Medicare, which can lead to unmet healthcare needs. These insights reveal the urgent need for community-centered solutions, such as mobile clinics, telehealth services, and educational programs to assist individuals in understanding their healthcare options and accessing necessary services more easily.

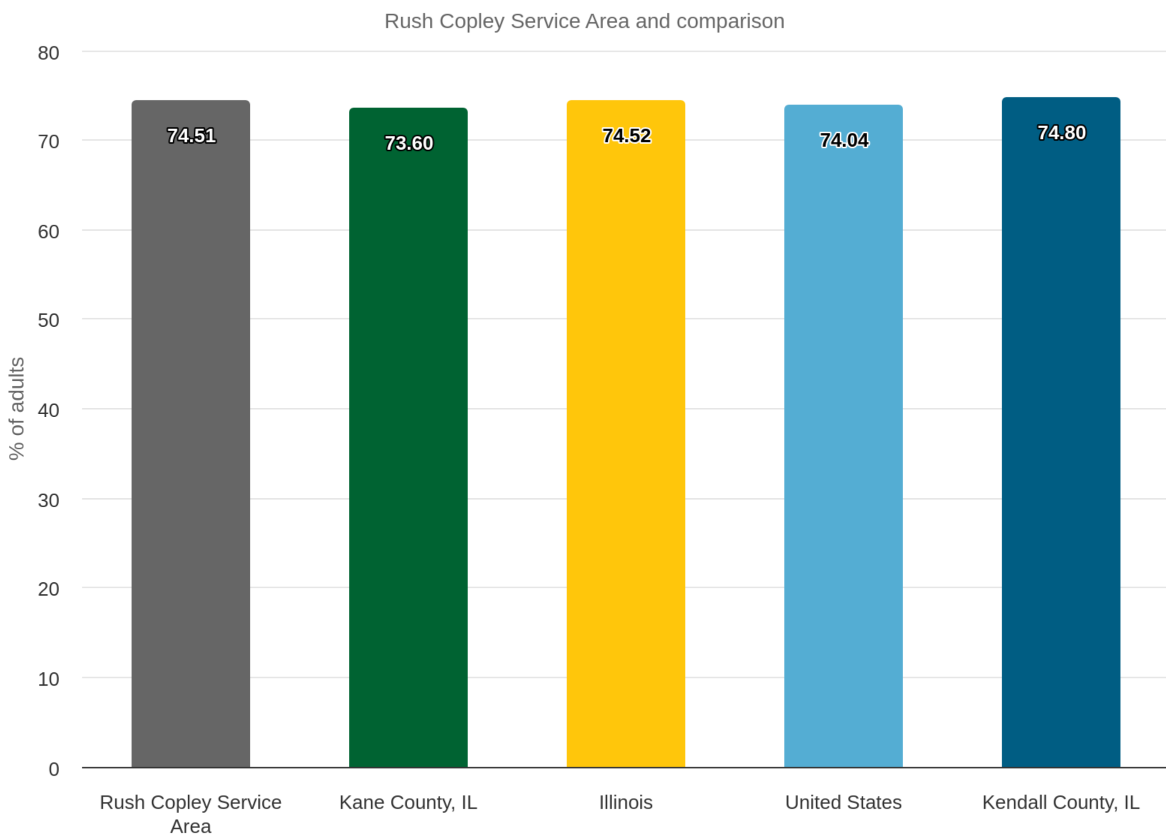
Visited doctor for routine checkup

Percent of resident adults aged 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Chart of Visited doctor for routine checkup in Rush Copley Service Area

The data indicates that a significant percentage of individuals in the specified areas have visited a doctor for a routine checkup. The highest rate is observed in Kendall County, IL, at 74.8%, while the lowest is in the United States overall, at 74.04%. The rates in Rush Copley Service Area, Kane County, IL, and Illinois are also high, ranging from 73.6% to 74.52%.



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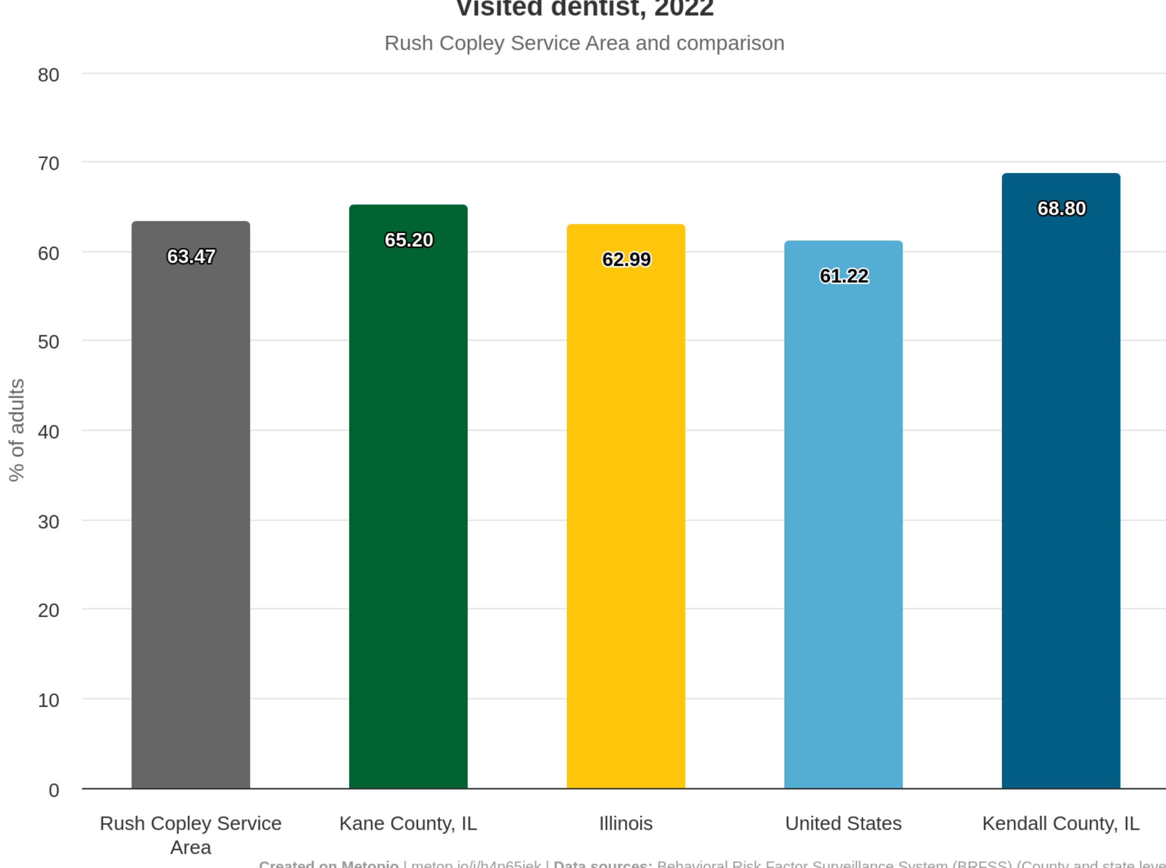
Visited dentist

Percent of resident adults aged 18 and older who report having been to the dentist or dental clinic in the previous year.

Data Sources:
Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Chart of Visited dentist in Rush Copley Service Area

The data indicates that 63.47% of individuals in the Rush Copley Service Area have visited the dentist. This is slightly lower than the rate in Kane County, IL, which stands at 65.2%. Overall, Illinois has a visitation rate of 62.99%, while the national average is 61.22%.



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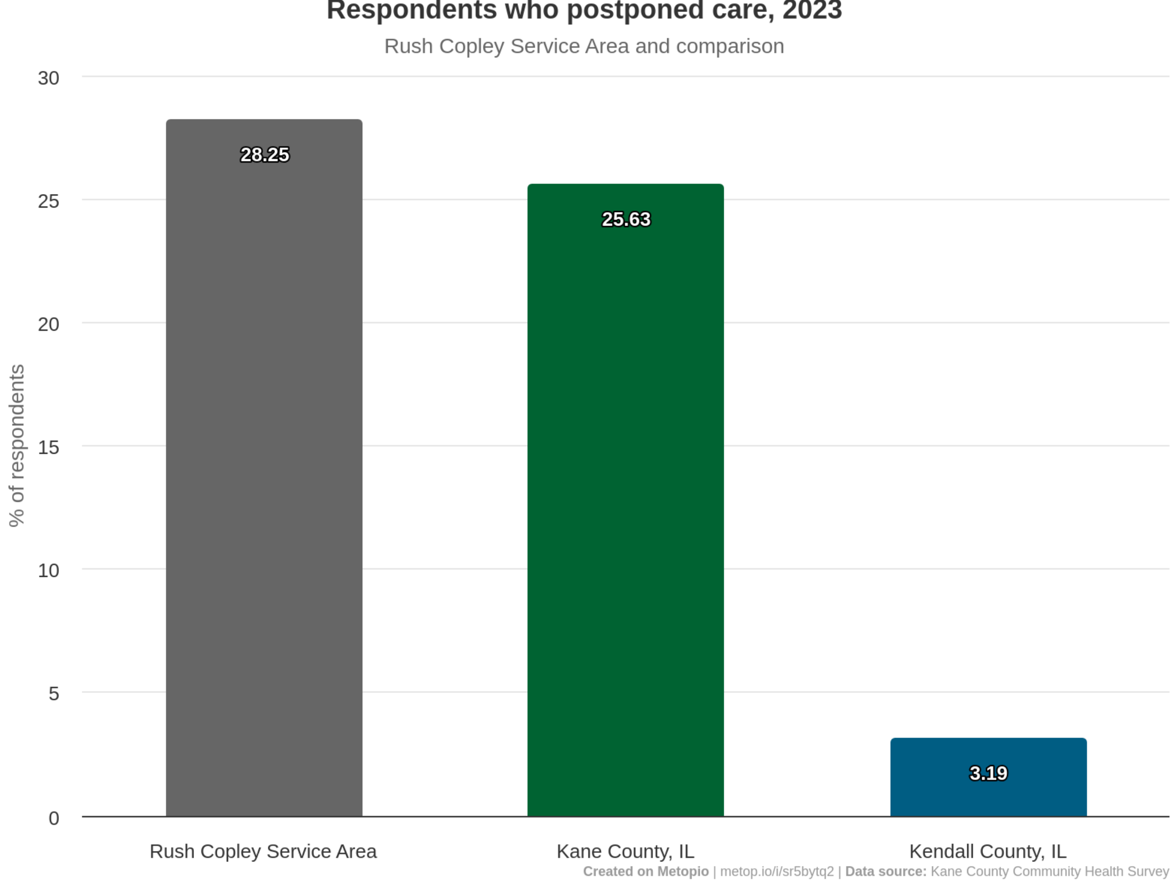
Respondents who postponed care

Percentage of survey respondents who marked "yes" in response to the question: "In the past 12 months, have you missed or postponed one or more medical or therapy (i.e. behavioral health counseling) appointments?"

Data Sources:
Kane County Community Health Survey

Chart of Respondents who postponed care in Rush Copley Service Area

The data indicates that a significant percentage of respondents in the Rush Copley Service Area have postponed care, with a rate of 28.25%. Kane County, IL, also shows a notable rate of 25.63%, while Kendall County, IL, has a much lower rate of 3.19%. This suggests varying levels of healthcare accessibility or other influencing factors across these areas.



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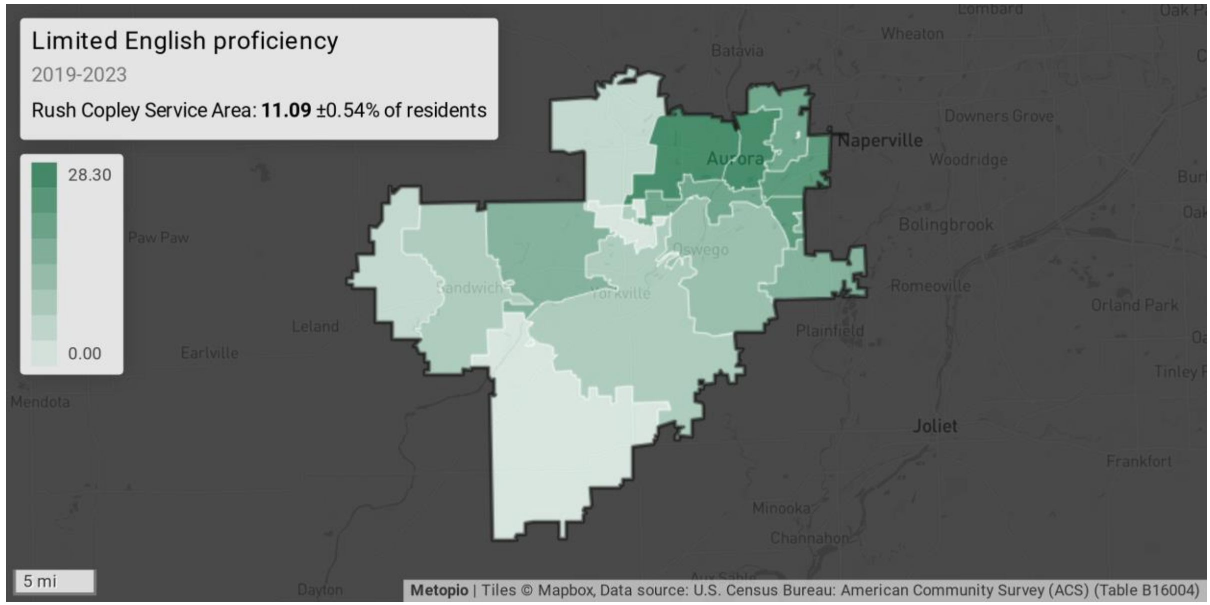
Limited English proficiency

Percentage of residents 5 years and older who do not speak English "very well".

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B16004)

Map of Limited English proficiency in Rush Copley Service Area

Limited English proficiency is a concern in the Rush Copley Service Area, with an average of 11.09% of residents not speaking English 'very well' from 2019 to 2023. Specific areas within Aurora, such as the 60505 zip code, have notably higher rates of limited English proficiency, reaching 28.29%. In contrast, nearby towns like Yorkville and Sandwich have much lower rates, with some areas reporting 0% or less than 2% of residents facing this issue.



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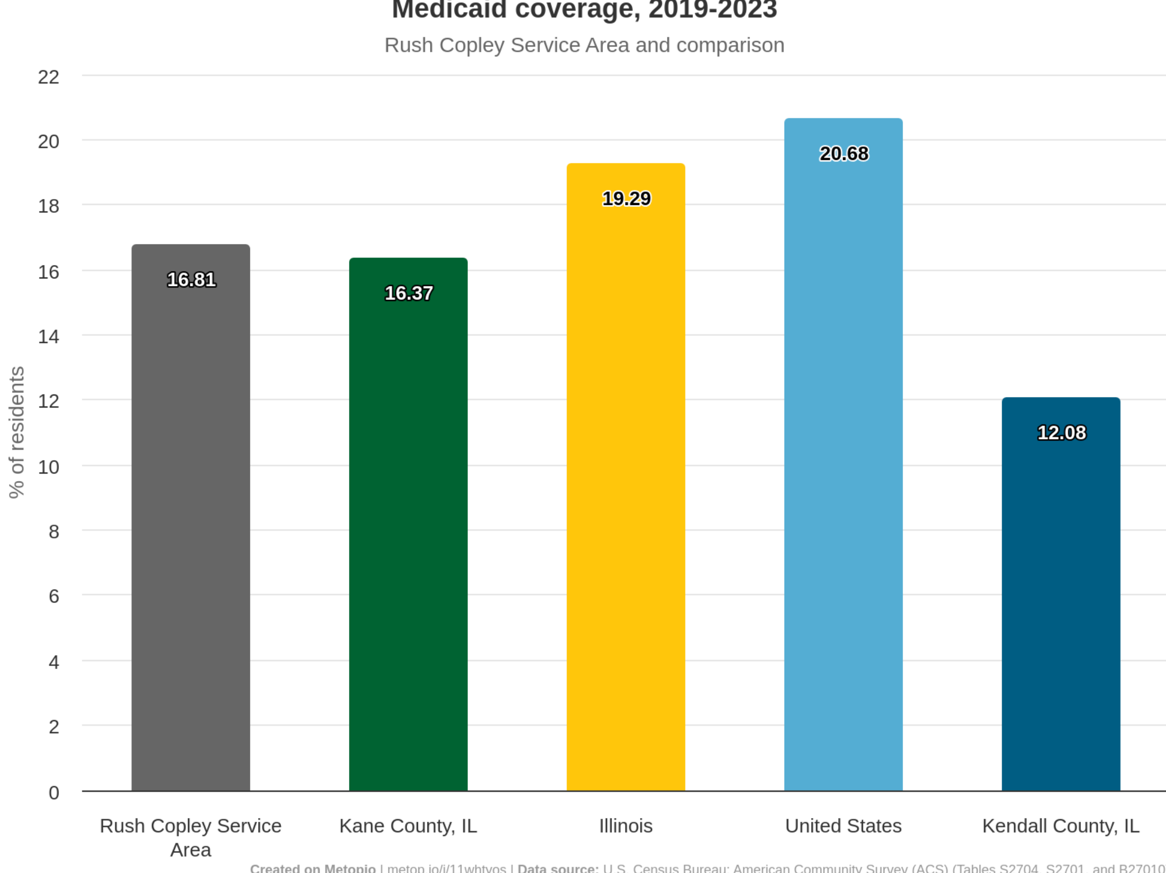
Medicaid coverage

Percent of residents covered by Medicaid, a state-administered health insurance program for residents meeting certain income limits and other eligibility standards that vary by state.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Chart of Medicaid coverage in Rush Copley Service Area

Medicaid coverage in the Rush Copley Service Area is 16.81%, slightly higher than Kane County, IL, which stands at 16.37%. Illinois has a higher coverage rate of 19.29%, while the United States overall has a coverage rate of 20.68%. Kendall County, IL, has the lowest coverage rate at 12.08%.



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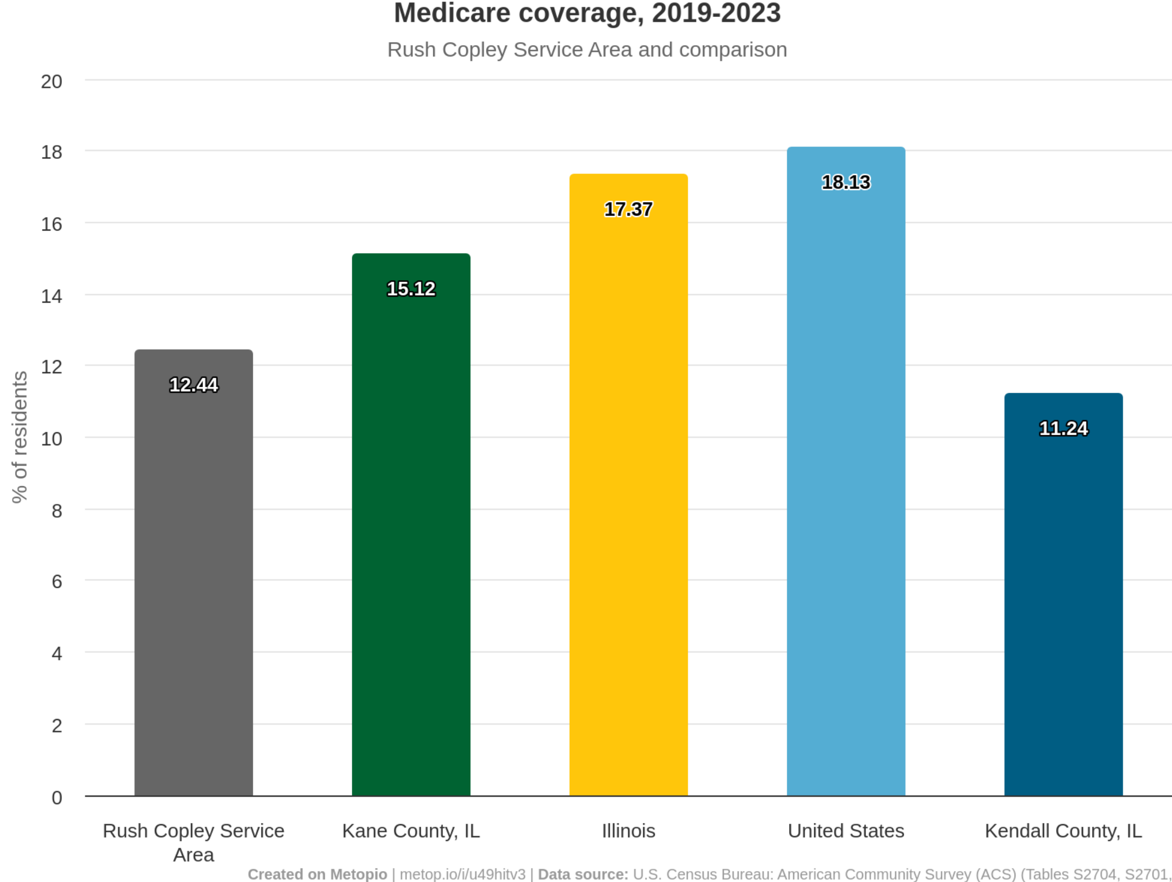
Medicare coverage

Percent of residents covered by Medicare, the federal health insurance system for seniors and some people with disabilities.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Chart of Medicare coverage in Rush Copley Service Area

Medicare coverage varies across different regions, with the United States having an average of 18.13%. Illinois has a slightly lower average coverage of 17.37%, while Kane County and the Rush Copley Service Area have higher coverage rates of 15.12% and 12.44%, respectively. Kendall County has the lowest coverage rate at 11.24%.



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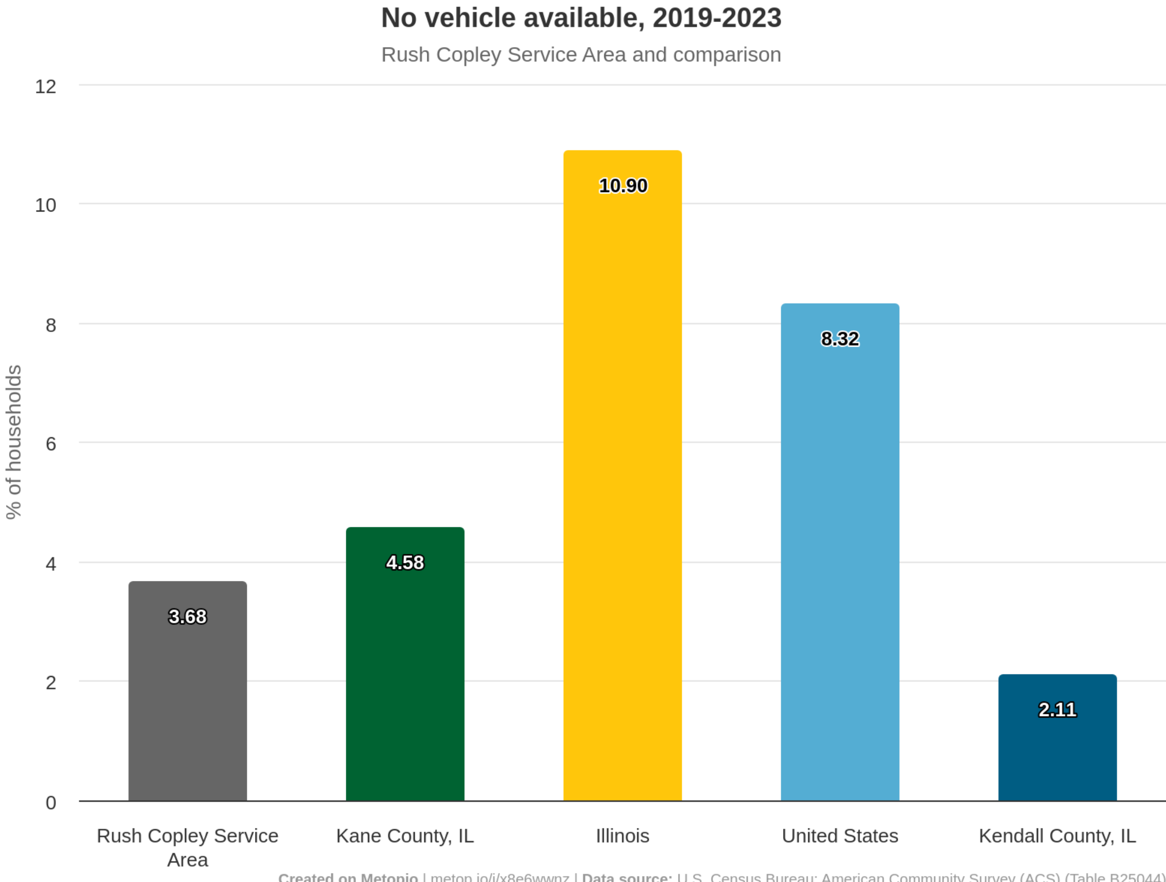
No vehicle available

Percent of occupied households with no vehicles available.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

Chart of No vehicle available in Rush Copley Service Area

The data indicates the percentage of households with no vehicle available across various regions. The Rush Copley Service Area and Kane County, both in Illinois, have rates of 3.68% and 4.58%, respectively. Illinois as a whole has a higher rate of 10.9%, while the United States average is 8.32%.



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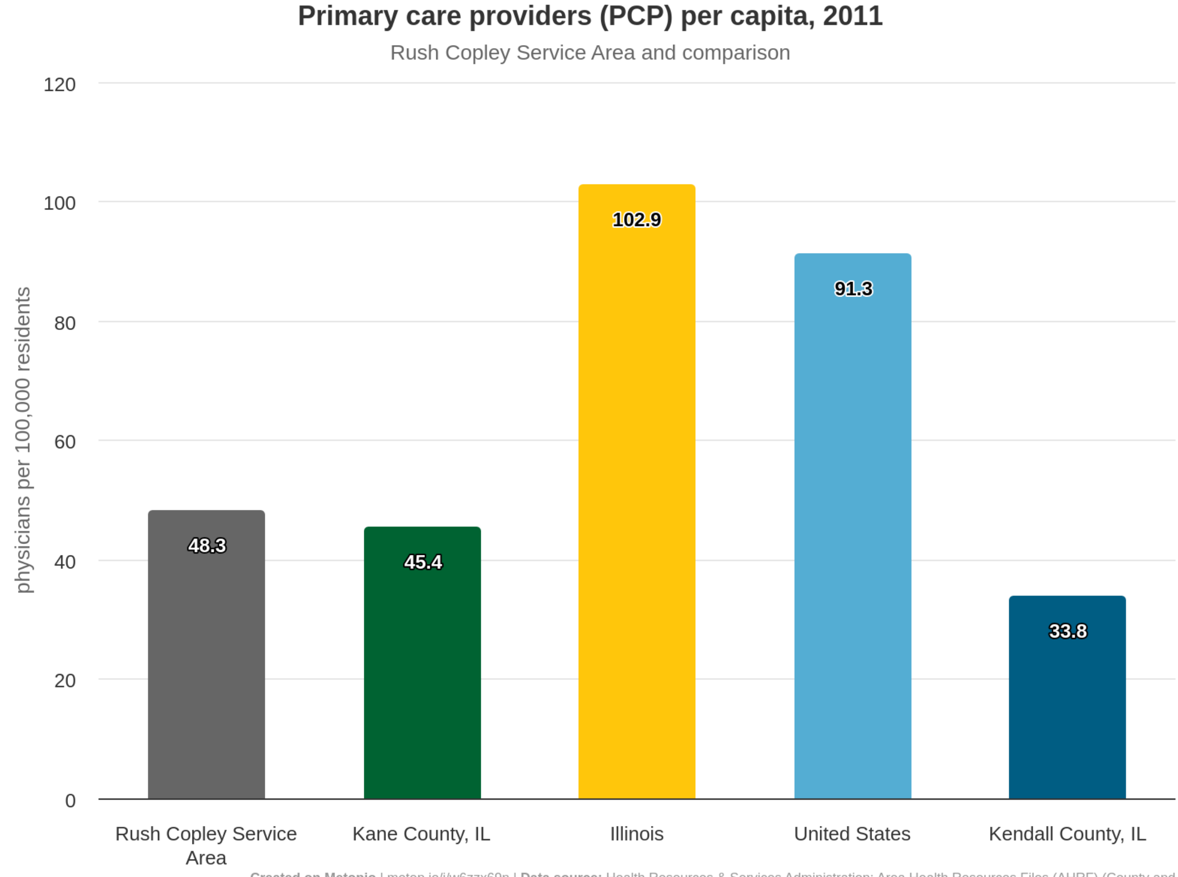
Primary care providers (PCP) per capita

Number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 residents. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

Data Sources:
Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data)

Chart of Primary care providers (PCP) per capita in Rush Copley Service Area

The data indicates that the primary care provider (PCP) per capita rate in the Rush Copley Service Area is 48.26, which is higher than Kane County, IL's rate of 45.41. However, both areas have lower rates compared to the state of Illinois and the United States, which have rates of 102.9 and 91.28 respectively. Kendall County, IL has the lowest rate among the listed areas at 33.84.



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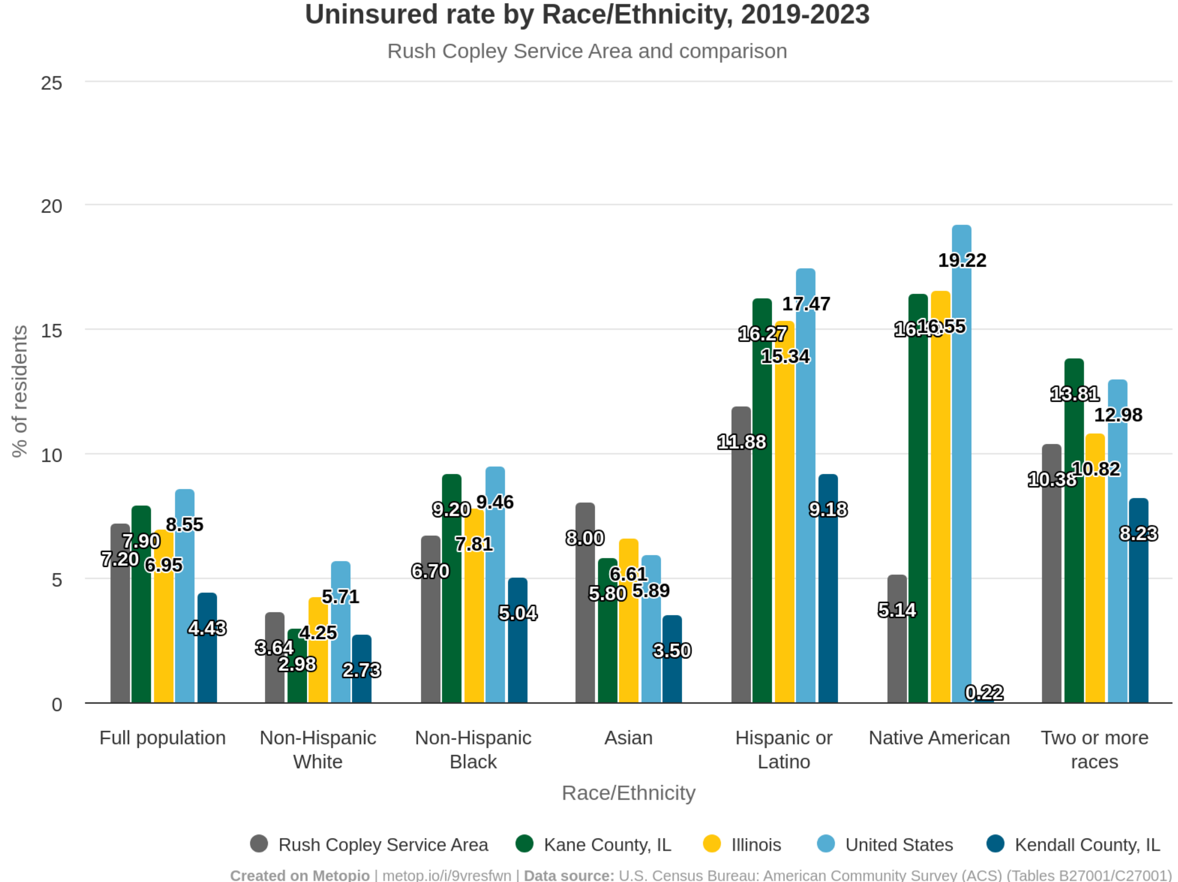
Uninsured rate

Percent of residents without health insurance (at the time of the survey).

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Chart of Uninsured rate by Race/Ethnicity in Rush Copley Service Area

The uninsured rate in the Rush Copley Service Area is 7.2%, with notable variations across racial and ethnic groups. Non-Hispanic Whites have the lowest rate at 3.64%, while Hispanic or Latino individuals have the highest at 11.88%. Kendall County, IL, has the highest uninsured rate among the listed locations at 16.27% for Hispanic or Latino individuals.



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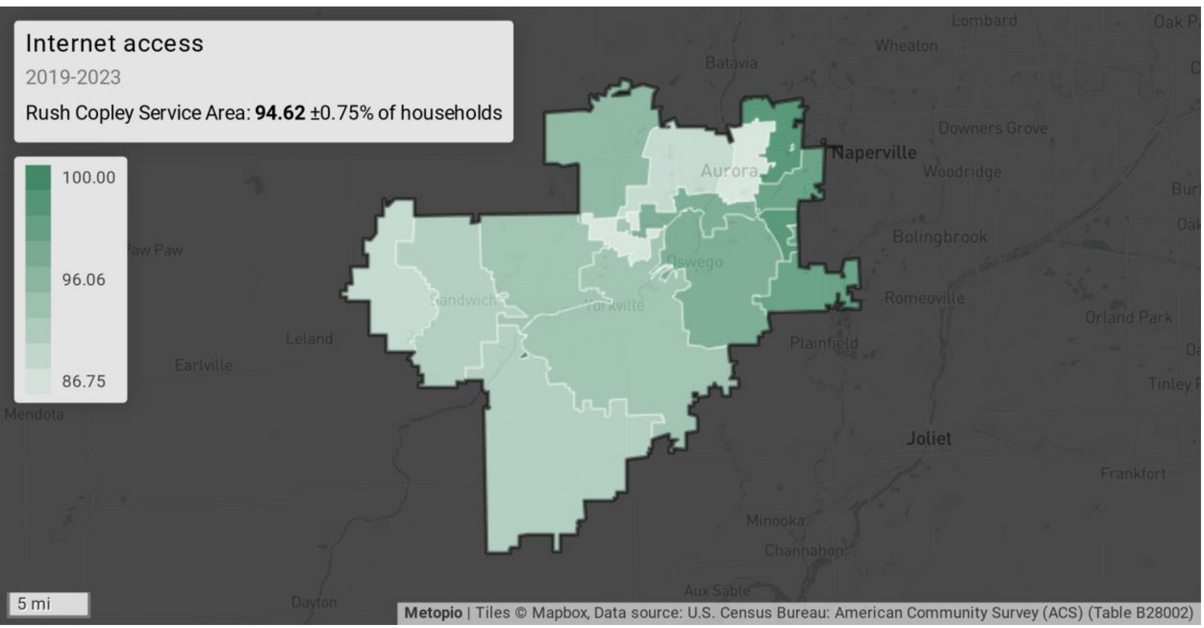
Internet access

Percent of households with any connection to the internet, such as broadband, dial-up, satellite, or a cellular data plan.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

Map of Internet access in Rush Copley Service Area

The data indicates Internet access in various areas within the Rush Copley Service Area and surrounding regions. The majority of these areas have high Internet access rates, with most locations exceeding 90%, and some, like 60519 and 60536, reaching full 100% access. This suggests a strong presence of Internet connectivity in these regions.



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Maternal and Child Health

Focuses on the well-being of mothers, infants, children, and adolescents, addressing factors such as prenatal care, maternal health outcomes, child development, immunization rates, and access to pediatric healthcare services.

What we heard from the community

Maternal and child health is a critical component of community well-being, encompassing a range of services aimed at ensuring the health of mothers and their children before, during, and after childbirth. Access to prenatal care, education for new mothers, and routine pediatric care for infants are essential for promoting healthy outcomes. Additionally, addressing challenges faced by specific populations, such as immigrants, and providing support for children with autism and mental health needs, are vital for improving overall health equity. Ensuring that women's health services are readily available and that there are appropriate resources for youth with behavioral challenges is also crucial. Effective screening, assessment, and support services play a key role in identifying and addressing health issues early, ultimately leading to better long-term outcomes for families.

Community feedback highlights several key areas of concern regarding maternal and child health services. There is a strong emphasis on the need for comprehensive prenatal care and education, including follow-up visits for mothers after childbirth. Many community members expressed the desire for better support systems for mothers, including home visits from healthcare providers. Concerns were also raised about the lack of resources for youth with autism, particularly those exhibiting violent or aggressive behavior, and the difficulties in finding appropriate support. Additionally, the importance of safe sleep practices for infants and the provision of car seats for immigrant families were highlighted as critical issues. Community members stressed the need for more accessible women's health services and improved screening and assessment processes.

One prominent quote, "It would be nice if a nurse could visit the mom in maybe 4 weeks and focus on mom," which highlights the desire for personalized care and support for new mothers during the postpartum period. These insights emphasize the need for more targeted interventions, increased availability of healthcare professionals, and the development of specialized programs to address the unique needs of mothers, children, and families in the community.

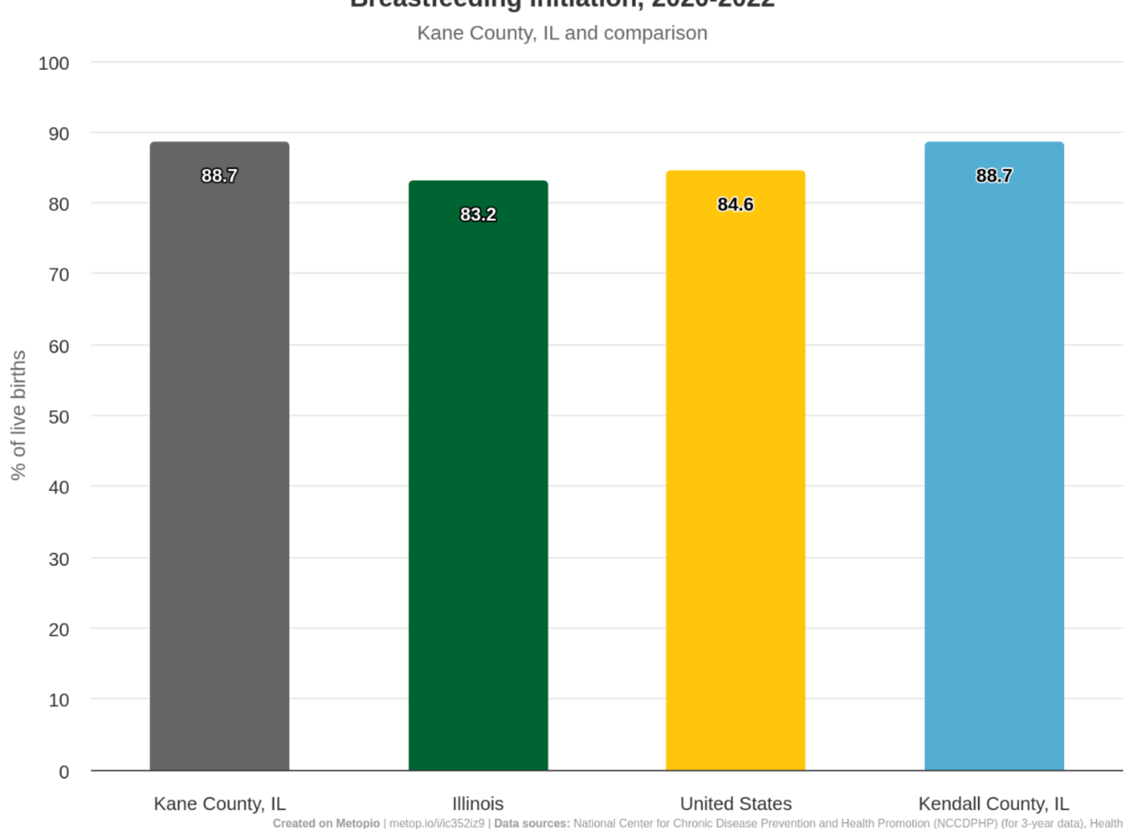
Breastfeeding initiation

Estimated percentage of breastfeeding initiation among live births who were not transferred to another facility within 24 hours of delivery and were alive at the time of birth certificate completion. Breastfeeding initiation is defined as the infant receiving any breast milk or colostrum during the period between delivery and discharge from the birth facility (or completion of the birth certificate for home births).

Data Sources:
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) (for 3-year data), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (for 2018-2019)

Chart of Breastfeeding initiation in Rush Copley Service Area

Breastfeeding initiation rates vary across different regions, with Kane County, IL, and Kendall County, IL, both showing high rates of 88.7%. Illinois as a whole has a slightly lower rate of 83.21%, while the United States has an average rate of 84.63%. These rates indicate the percentage of newborns who are breastfed at least once after birth.



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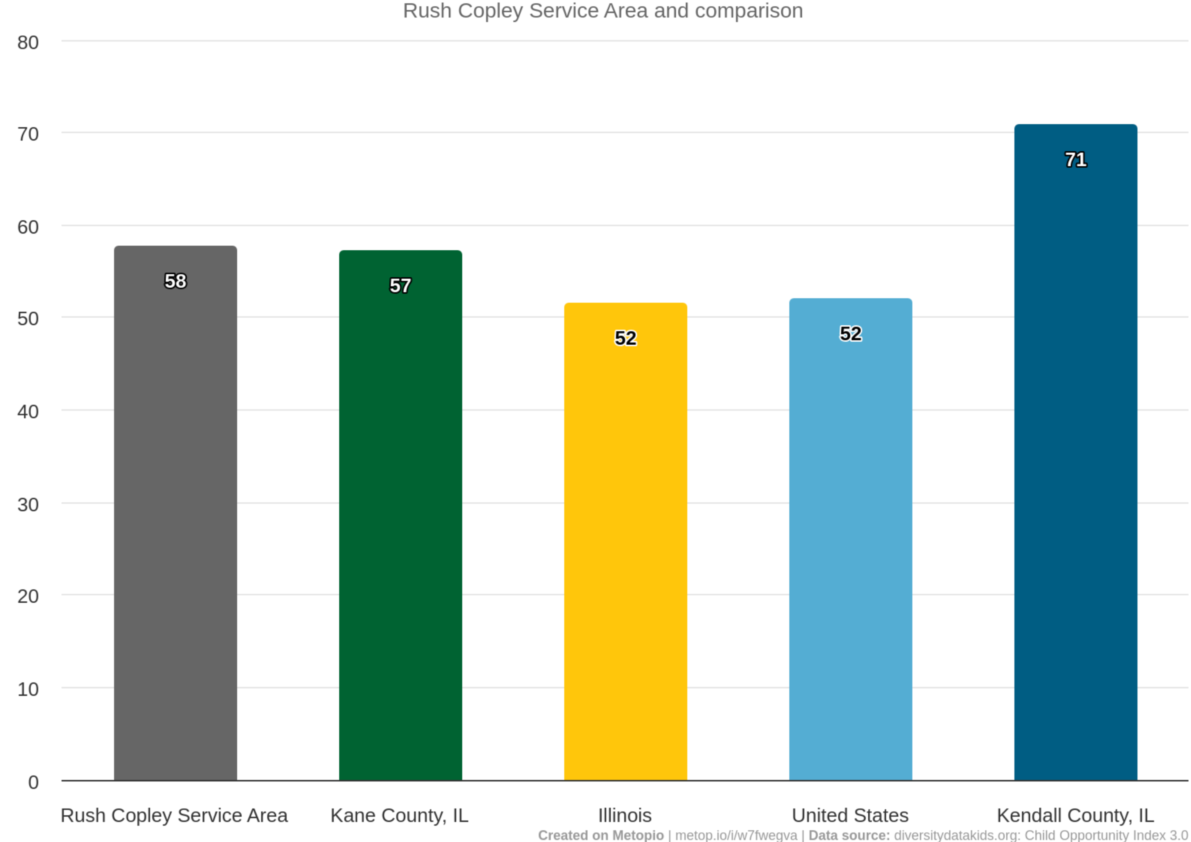
Child Opportunity Index 3.0

A composite index that captures neighborhood resources and conditions that matter for children's healthy development scored as Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100).

Data Sources:
diversitydatakids.org: Child Opportunity Index 3.0

Chart of Child Opportunity Index 3.0 in Rush Copley Service Area

The Child Opportunity Index 3.0 indicates that the Rush Copley Service Area and Kendall County in Illinois have higher opportunity scores than the national average. Kane County and Illinois as a whole have slightly lower scores, while the United States average is 52.16. Kendall County stands out with the highest score of 70.94.



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Opportunity youth

Percent of residents aged 16-19 who are neither working nor enrolled in school.

Data Sources:
U.S. Census Bureau: American Community Survey (ACS) (Table B14005)

Chart of Opportunity youth in Rush Copley Service Area

Opportunity youth, defined as young people aged 16-24 who are neither in school nor employed, represent a critical demographic for targeted intervention. The data indicates that the Rush Copley Service Area and Kane County, IL, have slightly lower rates of opportunity youth compared to the national average, while Kendall County, IL, has a higher rate. Addressing this issue can lead to improved economic and social outcomes for these young individuals and their communities.

Opportunity youth, 2019-2023

Rush Copley Service Area and comparison

	% of residents aged 16-19
Rush Copley Service Area	6.74
Kane County, IL	6.23
Illinois	6.58
United States	6.82
Kendall County, IL	6.87

Created on Metopio | metop.io/i/psnigekg | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B14005)

https://metop.io/projects/eb16a4b3-0f67-40ac-9752-9c66af6751ce/insights/psnigekg

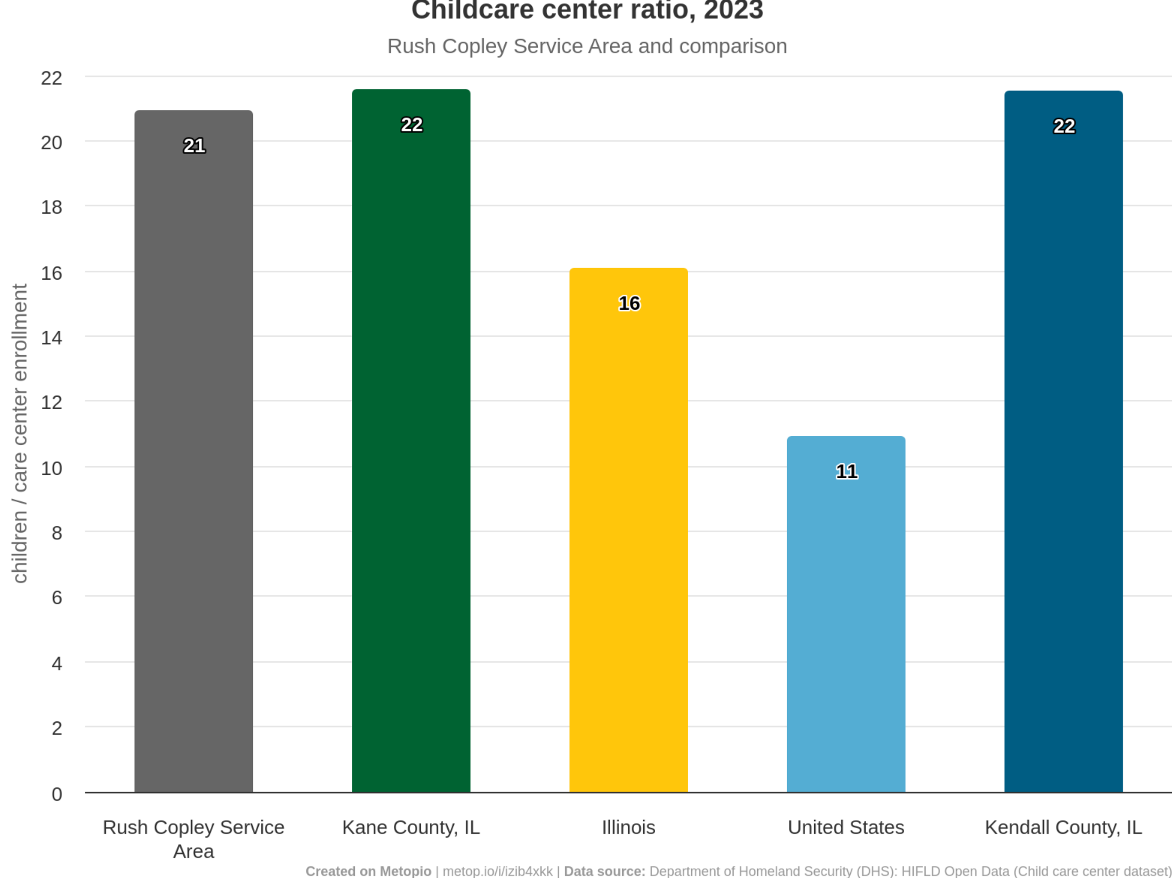
Childcare center ratio

Number of children over child care center enrollment. A value of 10 means that an area has 10 children for every one spot in local child care centers.

Data Sources:
Department of Homeland Security (DHS): HIFLD Open Data (Child care center dataset)

Chart of Childcare center ratio in Rush Copley Service Area

The childcare center ratio in the Rush Copley Service Area is 20.95, which is higher than the national average of 10.93. Kane County and Kendall County in Illinois also have higher ratios, at 21.58 and 21.52 respectively, compared to the state average of 16.11. This indicates a greater availability of childcare centers in these areas.



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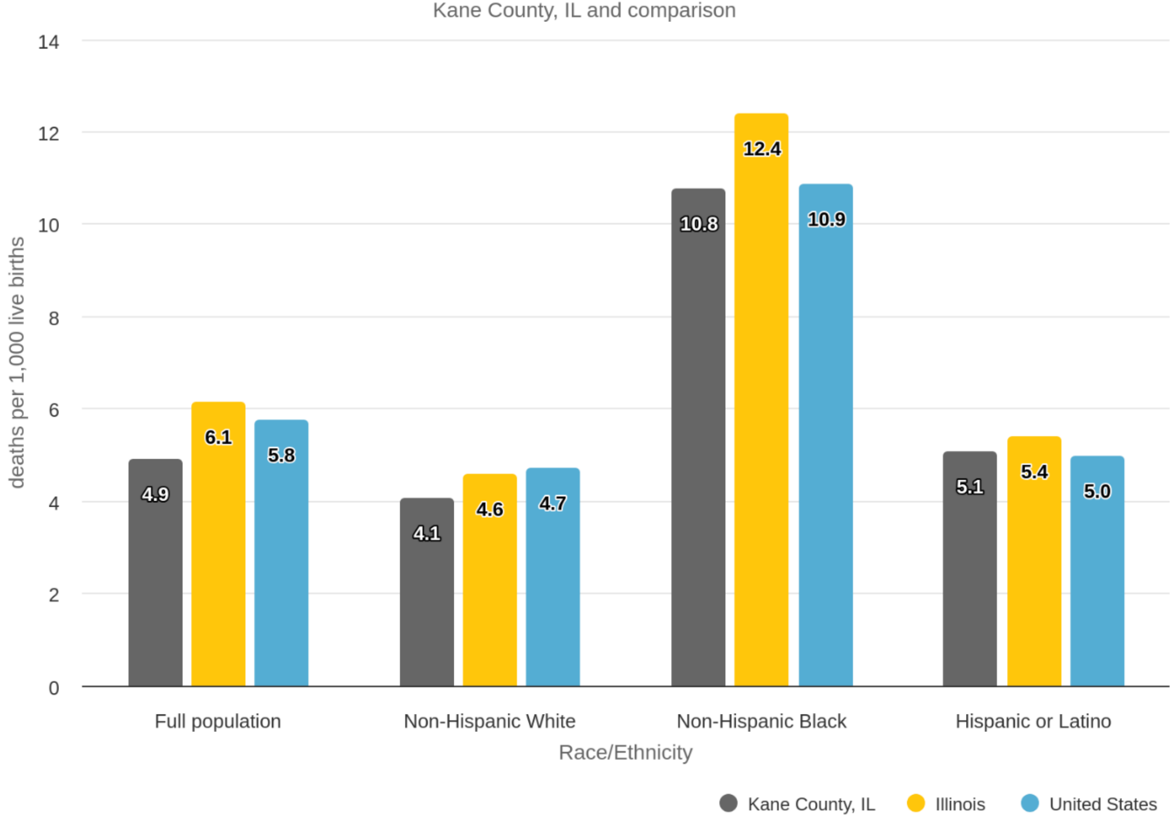
Infant mortality

Rate of postneonatal deaths (in the first year of life). Stratifications by race/ethnicity are of the mother.

Data Sources:
Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (CDC Wonder; counties and states, excluding Wisconsin)

Chart of Infant mortality in Rush Copley Service Area

Infant mortality rates vary significantly across different racial and ethnic groups in Kane County, Illinois, and the United States. In Kane County, the infant mortality rate for Non-Hispanic Black individuals is notably higher than the overall rate, reflecting broader disparities also seen at the state and national levels. These differences highlight the need for targeted interventions to address racial and ethnic disparities in infant health outcomes.



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Respondents with affordable childcare

Percentage of survey respondents with children under the age of 18 who marked "yes" in response to the question: "In the past year, did you have access to affordable and quality childcare?"

Data Sources:
Kane County Community Health Survey

Chart of Respondents with affordable childcare in Rush Copley Service Area

Respondents with affordable childcare were surveyed in the Rush Copley Service Area, Kane County, and Kendall County in Illinois. Kendall County had the highest percentage of respondents with affordable childcare at 95.16%, while the Rush Copley Service Area had the lowest at 57.04%.

Respondents with affordable childcare, 2023
Rush Copley Service Area and comparison

% of respondents with children under the age of 18

Area	Value
Rush Copley Service Area	57.04
Kane County, IL	61.02
Kendall County, IL	95.16

Created on Metopio | metop.io/i/xmqfitw5 | **Data source:** Kane County Community Health Survey

https://metop.io/projects/eb16a4b3-0f67-40ac-9752-9c66af6751ce/insights/xmqfitw5

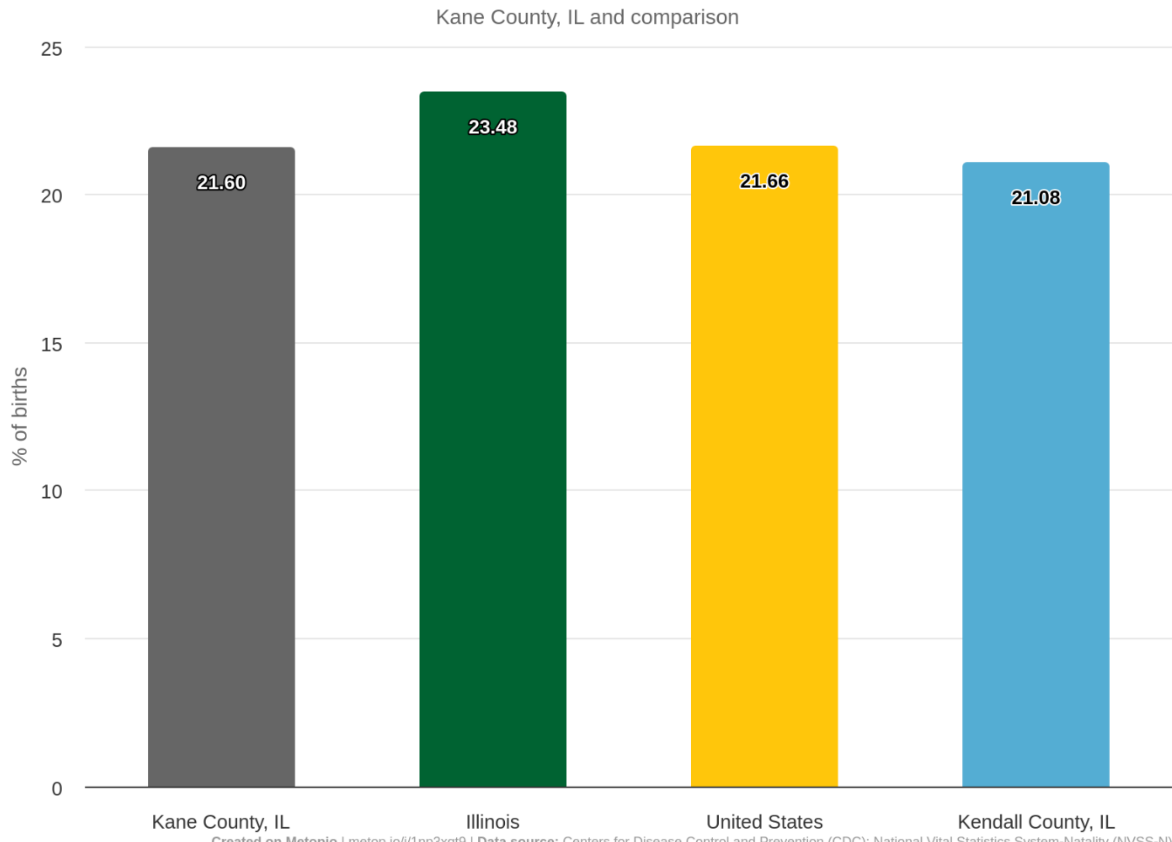
Births with at least one maternal risk factor

Births where the mother has at least one of the following conditions: Chronic Hypertension, Eclampsia, Diabetes, Tobacco use, or Pregnancy-associated hypertension

Data Sources:
Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (via CDC Wonder, 5 year data)

Chart of Births with at least one maternal risk factor in Rush Copley Service Area

Births with at least one maternal risk factor are reported across various locations in the United States. The highest rate is observed in Illinois at 23.48%, while Kane County, IL, and Kendall County, IL, have slightly lower rates of 21.6% and 21.08%, respectively. These figures highlight the prevalence of maternal risk factors in births across different regions.



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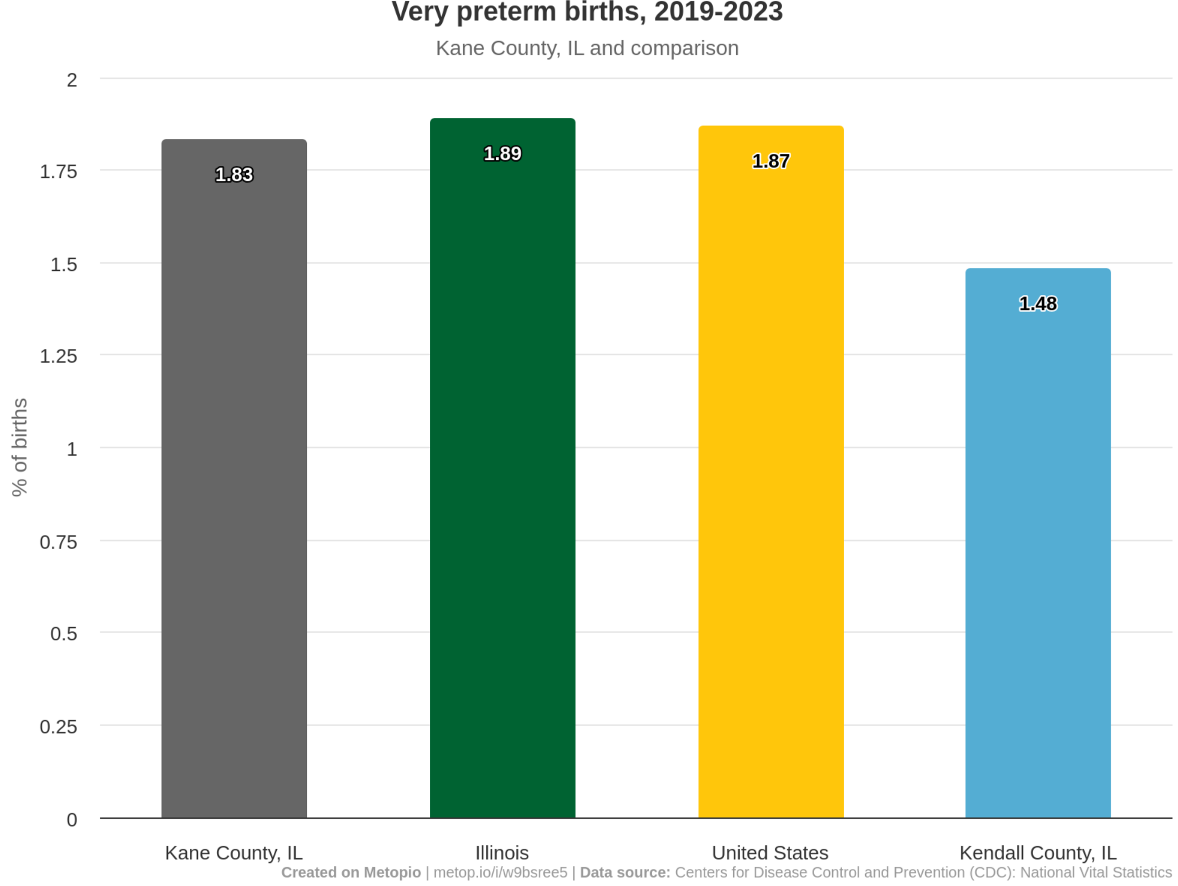
Very preterm births

Births before 32 weeks

Data Sources:
Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (via CDC Wonder, 5 year data)

Chart of Very preterm births in Rush Copley Service Area

Very preterm births in Kane County, IL, are slightly lower than the state and national averages. Kendall County, IL, has the lowest rate among the data points presented. Overall, the rates in Illinois and the United States are very similar.



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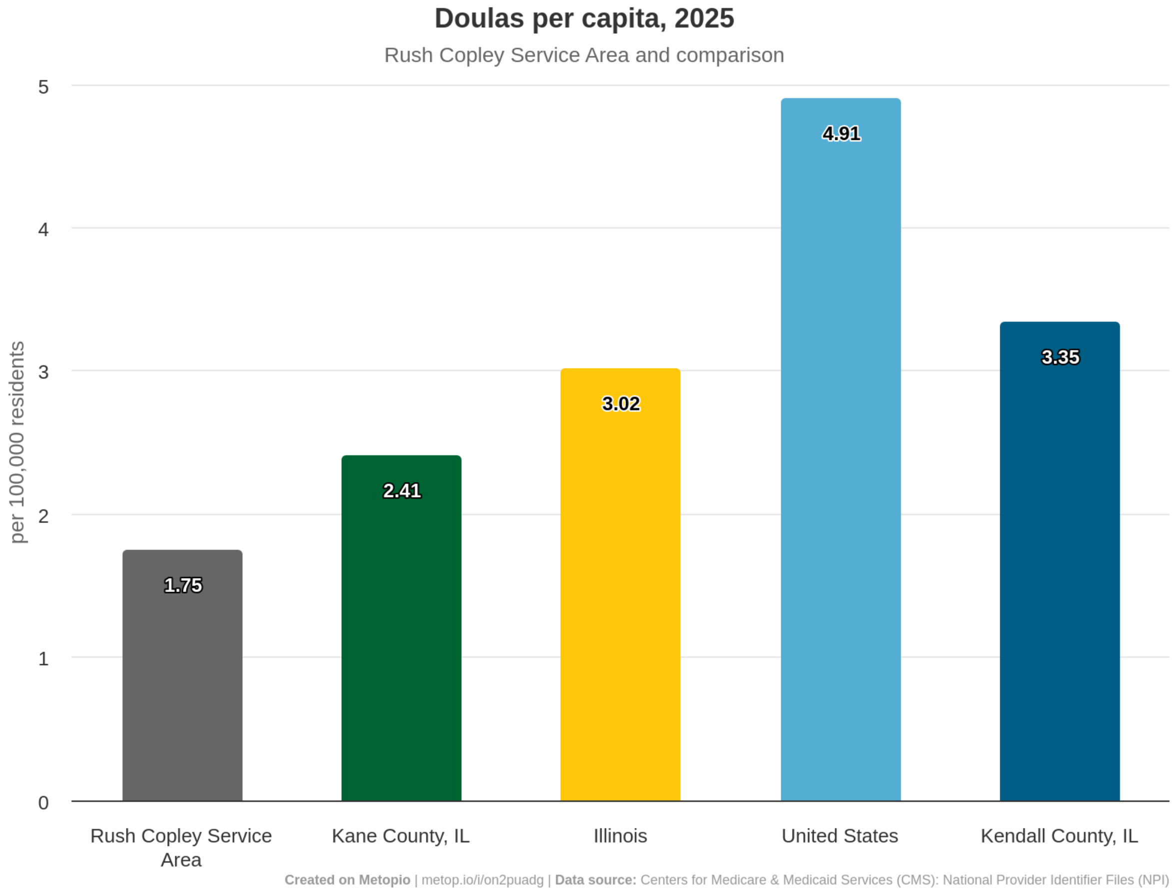
Doulas per capita

Doulas work in a variety of settings and have been trained to provide physical, emotional, and informational support to a mother before, during, and just after birth and/or provide emotional and practical support to a mother during the postpartum period.

Data Sources:
Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

Chart of Doulas per capita in Rush Copley Service Area

The data shows the number of doulas per capita in various locations. The United States has the highest rate at 4.91, while the Rush Copley Service Area has the lowest at 1.75. Kane County and Kendall County in Illinois have rates of 2.41 and 3.35, respectively, with Illinois as a whole at 3.02.



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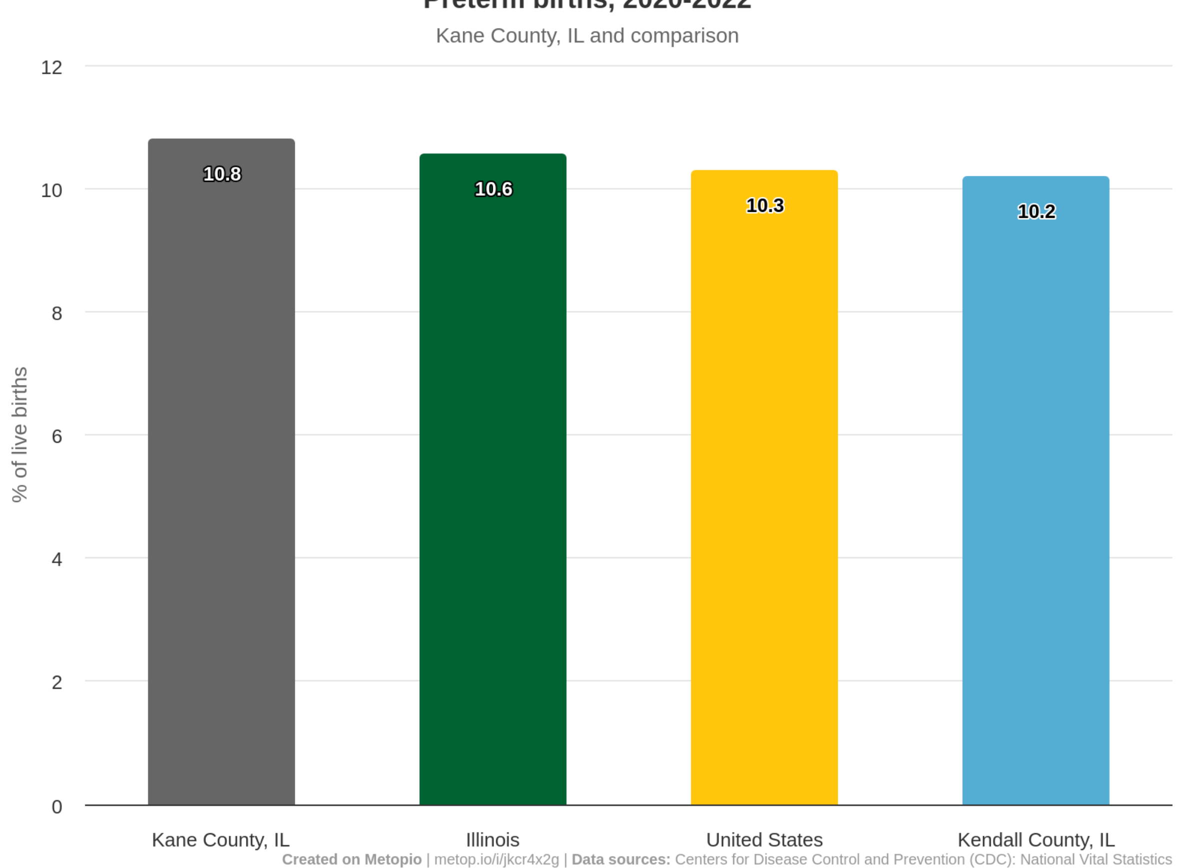
Preterm births

Percent of live births that are preterm (<37 completed weeks of gestation). Different states are available for different time periods.

Data Sources:
Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (Via CDC Wonder Health Indicators Warehouse (through 2013) and via CDC Wonder), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Kids Count: Kids Count

Chart of Preterm births in Rush Copley Service Area

Preterm births in Kane County, IL, are higher than both the state and national averages, indicating a localized concern. Illinois's rate is slightly lower than Kane County but still exceeds the national average. This suggests that while preterm births are a significant issue nationwide, certain areas within Illinois face a greater challenge.



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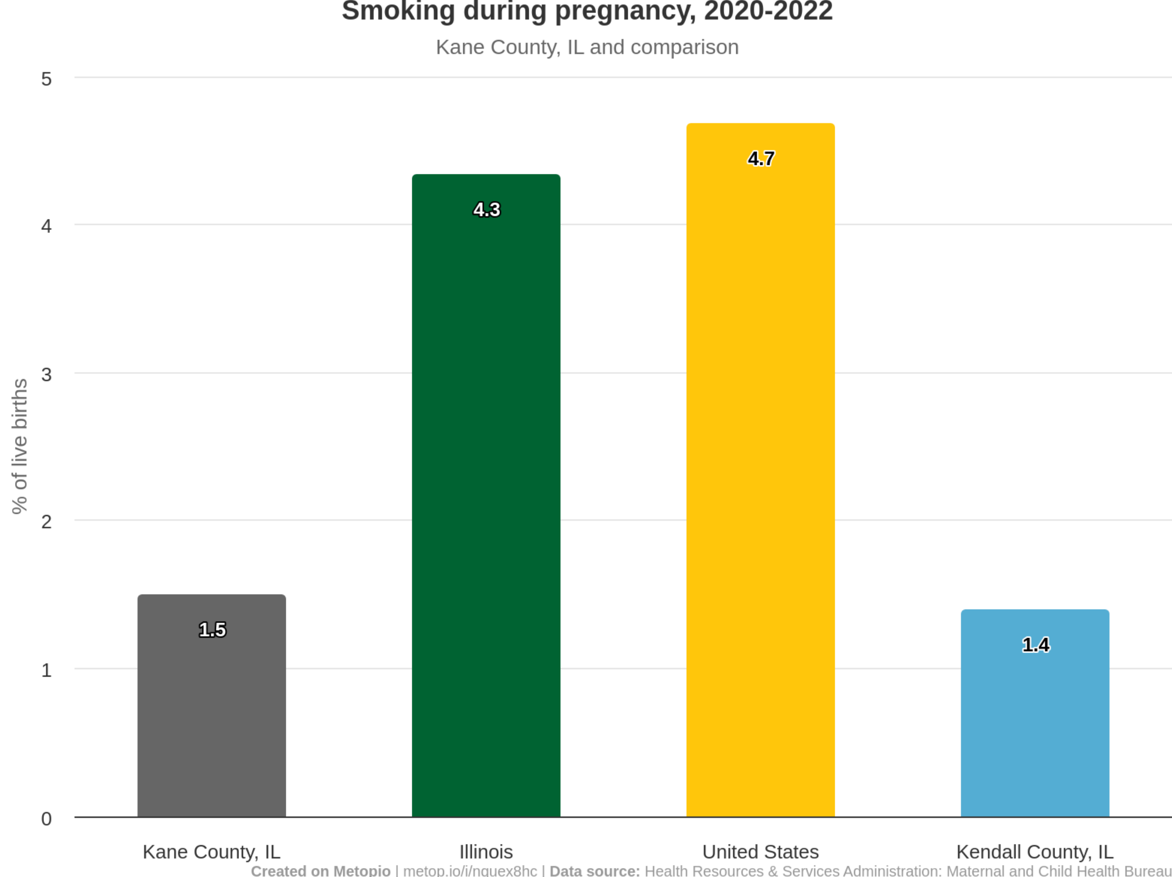
Smoking during pregnancy

Estimated percentage of live births where maternal cigarette smoking was reported during any trimester of pregnancy.

Data Sources:
Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)

Chart of Smoking during pregnancy in Rush Copley Service Area

Smoking during pregnancy is a significant issue in the United States, with a national average of 4.69%. Illinois has a slightly lower rate at 4.34%, while Kane County and Kendall County have notably lower rates of 1.5% and 1.4%, respectively. This indicates a lower prevalence of smoking during pregnancy in these specific counties compared to the national average.



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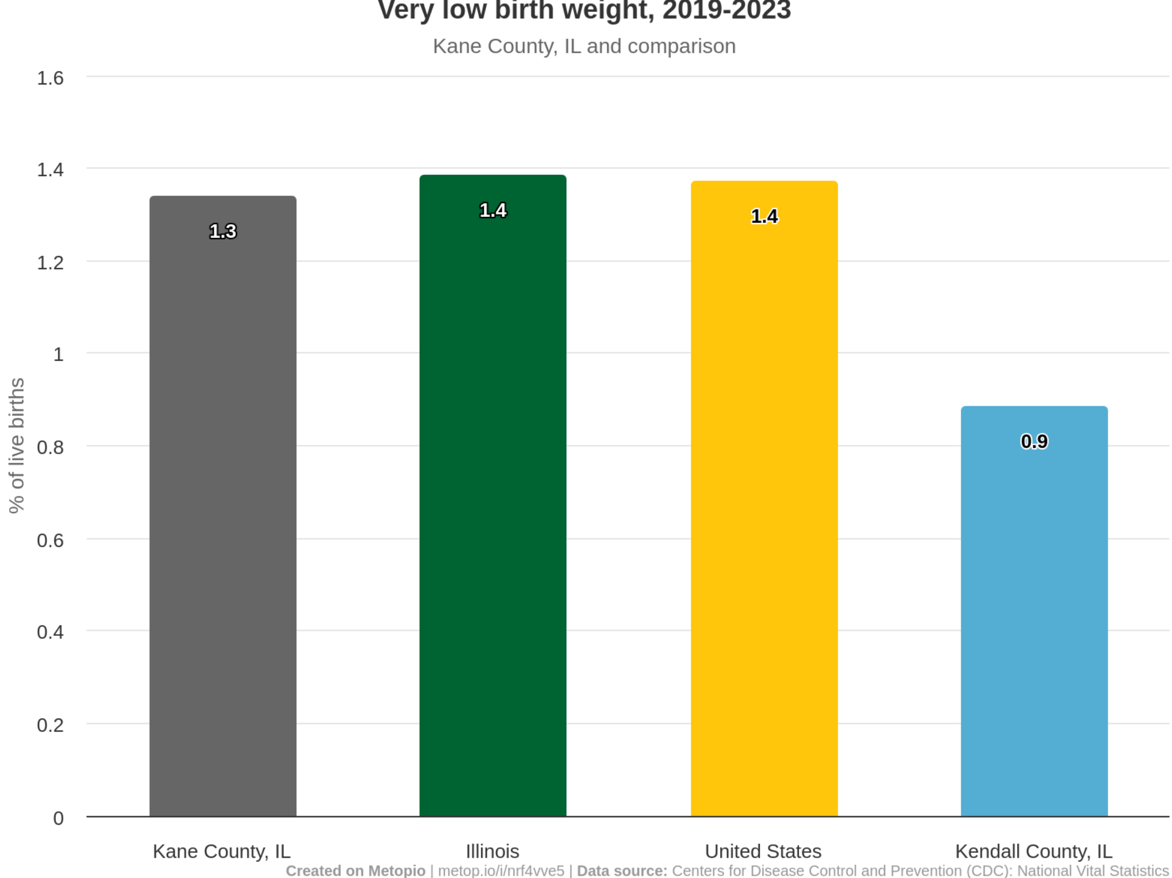
Very low birth weight

Percent of live births with a birth weight of less than 1,500 grams (3 lbs, 4 oz).

Data Sources:
Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (Via CDC Wonder Health Indicators Warehouse (through 2014) and via CDC Wonder)

Chart of Very low birth weight in Rush Copley Service Area

The data indicates that the rate of very low birth weight varies across different regions in Illinois and the United States. Kane County, IL, has a rate of 1.34, which is slightly lower than the national average of 1.37. Kendall County, IL, has a notably lower rate of 0.89, indicating a significant regional disparity.



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Chronic Disease

Indicators of chronic disease, such as diabetes, heart disease, asthma, obesity, or other conditions. These tend to comprise the greatest burden on health in a community and can significant affect lifespan and quality of life.

What we heard from the community

Chronic diseases such as heart failure, diabetes, chronic obstructive pulmonary disease (COPD), and stroke are significant health challenges that require ongoing management and intervention. Early detection and preventive measures, including regular screenings and community-based workshops, play a crucial role in reducing the long-term burden of these conditions. The focus on inviting the community to participate in workshops ensures that individuals are better informed about managing their health, ultimately leading to improved outcomes. By addressing these diseases proactively, healthcare providers can help reduce complications, improve quality of life, and lower healthcare costs associated with late-stage disease management.

Community members have expressed the need for greater awareness and accessibility to screenings and preventive care. The emphasis on disease prevention and earlier interventions, such as colonoscopies and chronic disease workshops, highlights the importance of proactive healthcare. There is also a recognition that certain populations, particularly those with limited access to healthcare, may be at greater risk for developing chronic diseases. By focusing on education and community engagement, healthcare providers can empower individuals to take control of their health, leading to better management of chronic conditions and overall improved public health.

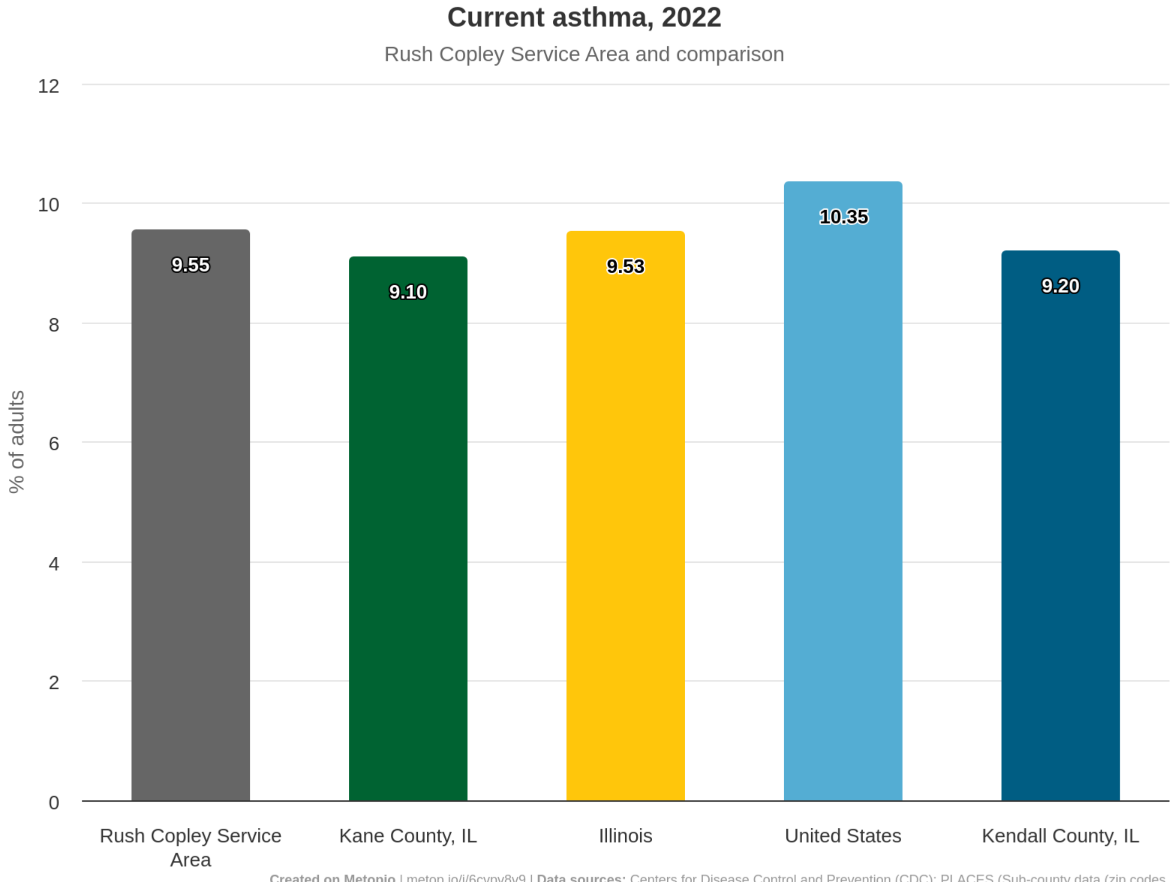
Current asthma

Percent of adults (civilian, non-institutionalized population) who answer “yes” both to both of the following questions: “Have you ever been told by a doctor, nurse, or other health professional that you have asthma?” and the question “Do you still have asthma?”

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Chart of Current asthma in Rush Copley Service Area

The data indicates that the prevalence of current asthma in the Rush Copley Service Area is 9.55%, slightly higher than the rate in Kane County, IL, which is 9.1%. Illinois's overall rate is 9.53%, while the United States has a higher rate of 10.35%. Kendall County, IL, has a similar rate to Kane County at 9.2%.



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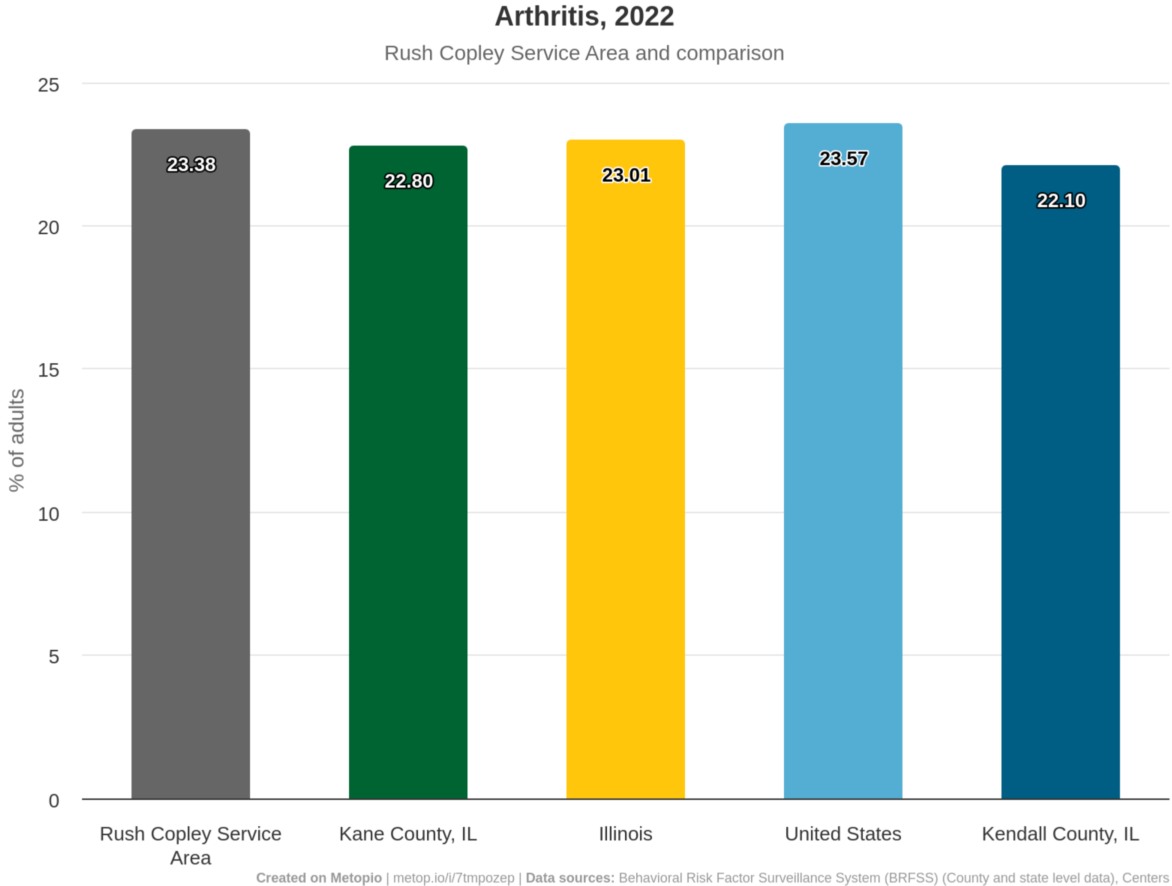
Arthritis

Percent of resident adults aged 18 and older who report having been told by a doctor, nurse, or other health professional that they had arthritis. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Data Sources:
Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Chart of Arthritis in Rush Copley Service Area

Arthritis prevalence in the Rush Copley Service Area is 23.38%, slightly higher than the Illinois state average of 23.01% and the national average of 23.57%. Kendall County, IL, has the lowest prevalence at 22.1%, while Kane County, IL, is slightly lower than the national average at 22.8%.



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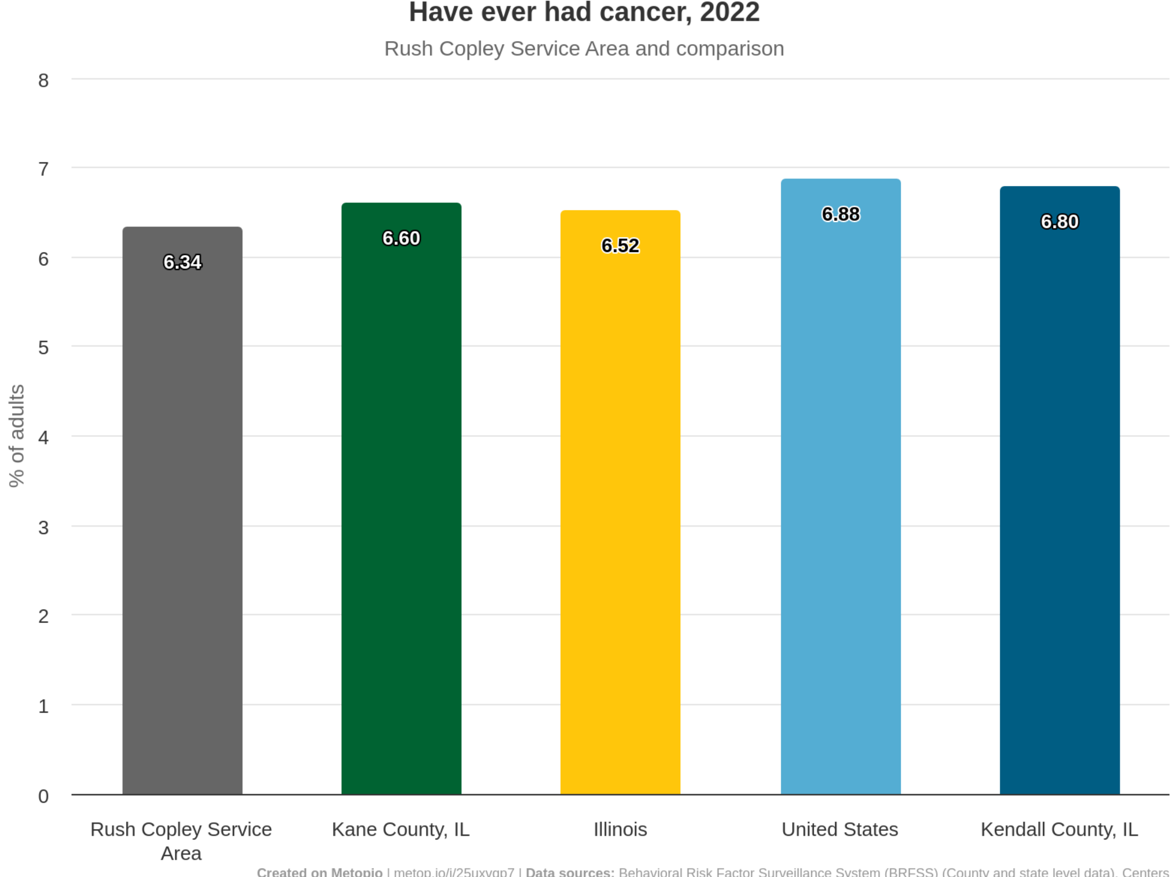
Have ever had cancer

Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have cancer (other than skin cancer). Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Data Sources:
Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Chart of Have ever had cancer in Rush Copley Service Area

The data indicates that 6.34% to 6.8% of individuals in the Rush Copley Service Area and surrounding areas have ever had cancer. The highest prevalence is in Kendall County, IL, at 6.8%. Nationally, the rate is slightly higher at 6.88%.



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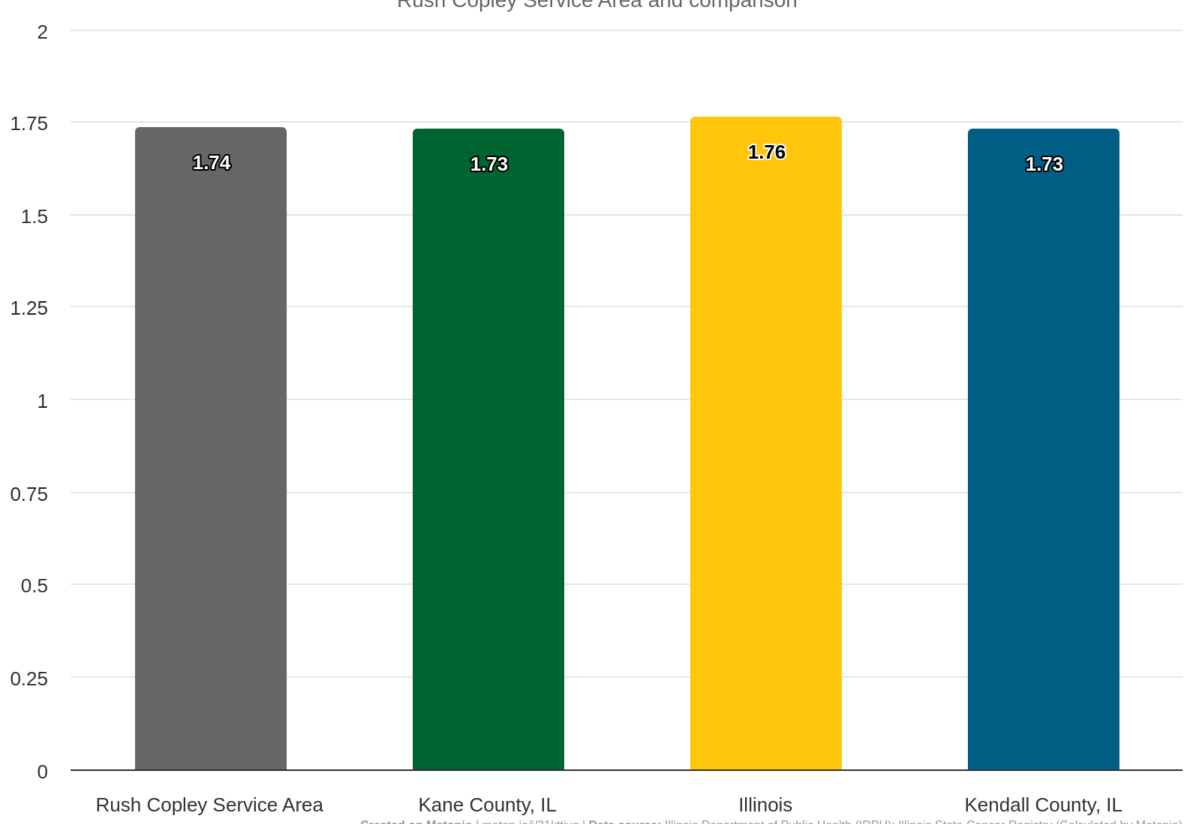
Average stage of cancer at diagnosis

Average stage of cancer at time of diagnosis, for all invasive cancers; 1 - localized, 2 - regional, 3 - distant. Higher values are worse because they mean that cancers are more progressed when diagnosed. Does not include pre-cancerous diagnoses such as breast cancer in situ or urinary cancer in situ.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio)

Chart of Average stage of cancer at diagnosis in Rush Copley Service Area

The average stage of cancer at diagnosis in the Rush Copley Service Area is 1.74. This is slightly higher than the average for Kane County, IL, which is 1.73, and matches the average for Kendall County, IL. The state of Illinois has a slightly higher average of 1.76.



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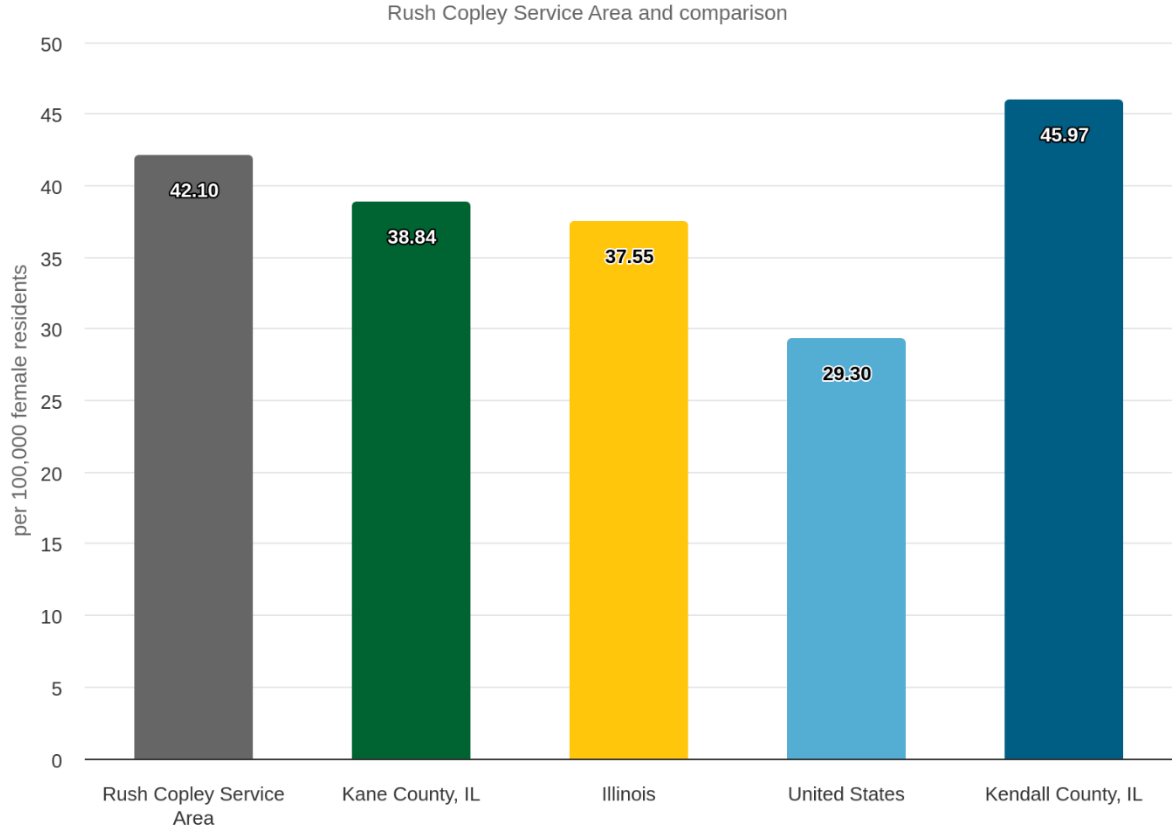
Non-invasive breast cancer diagnosis rate

Annual diagnosis rate for ductal carcinoma in situ (DCIS), a non-invasive form of breast cancer with a significant probability of becoming more aggressive in the future. The steep rise in DCIS diagnoses since the 1980s reflects an increase in the use of mammograms and more aggressive diagnostics, more than an increase in the baseline DCIS incidence. Ages 15 and over, age-adjusted.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)

Chart of Non-invasive breast cancer diagnosis rate in Rush Copley Service Area

The non-invasive breast cancer diagnosis rate in the Rush Copley Service Area is 42.1, which is higher than the rates in Kane County, IL, and Illinois, which are 38.84 and 37.55 respectively. The rate in Kendall County, IL, is notably higher at 45.97, while the national rate in the United States is 29.3.



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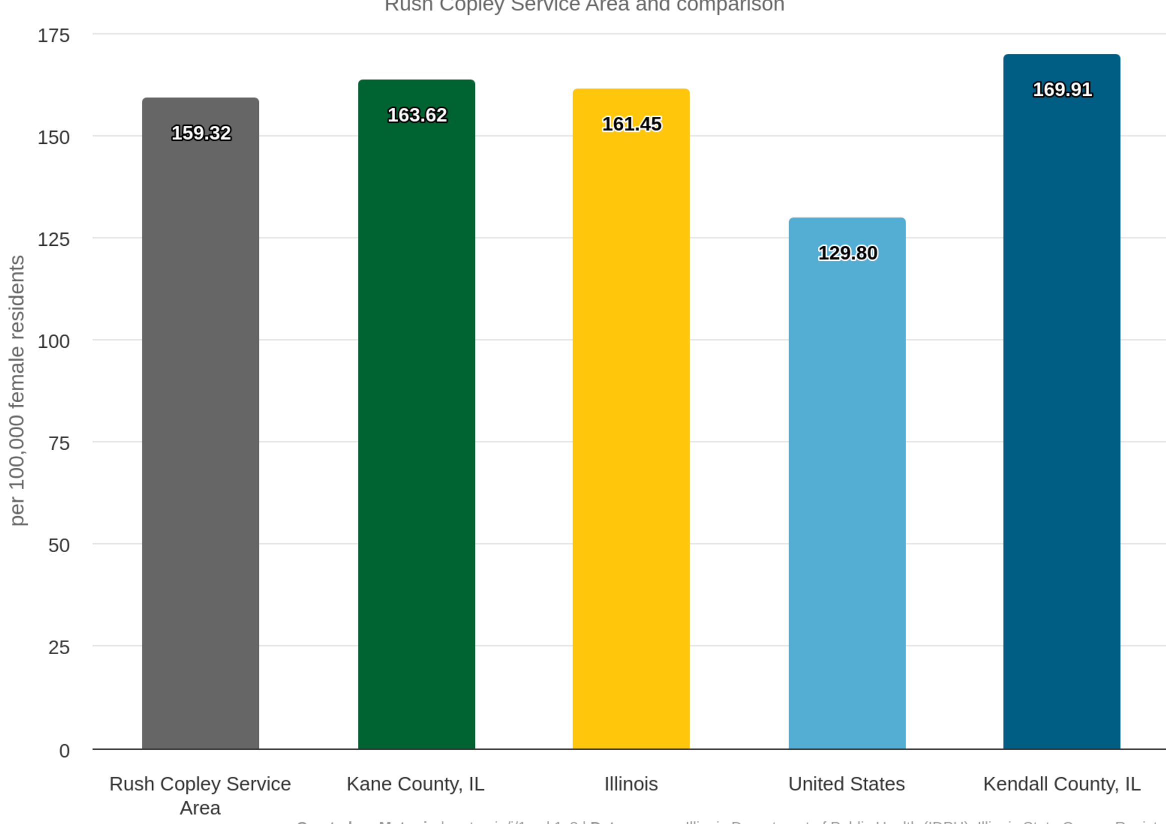
Invasive breast cancer diagnosis rate

Annual diagnosis rate for invasive (non-DCIS) breast cancer in women. Ages 15 and over, age-adjusted.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)

Chart of Invasive breast cancer diagnosis rate in Rush Copley Service Area

The invasive breast cancer diagnosis rate is highest in Kendall County, IL, at 169.91, followed closely by Kane County, IL, at 163.62. The rate in the Rush Copley Service Area is slightly lower at 159.32, while Illinois and the United States have rates of 161.45 and 129.8, respectively.



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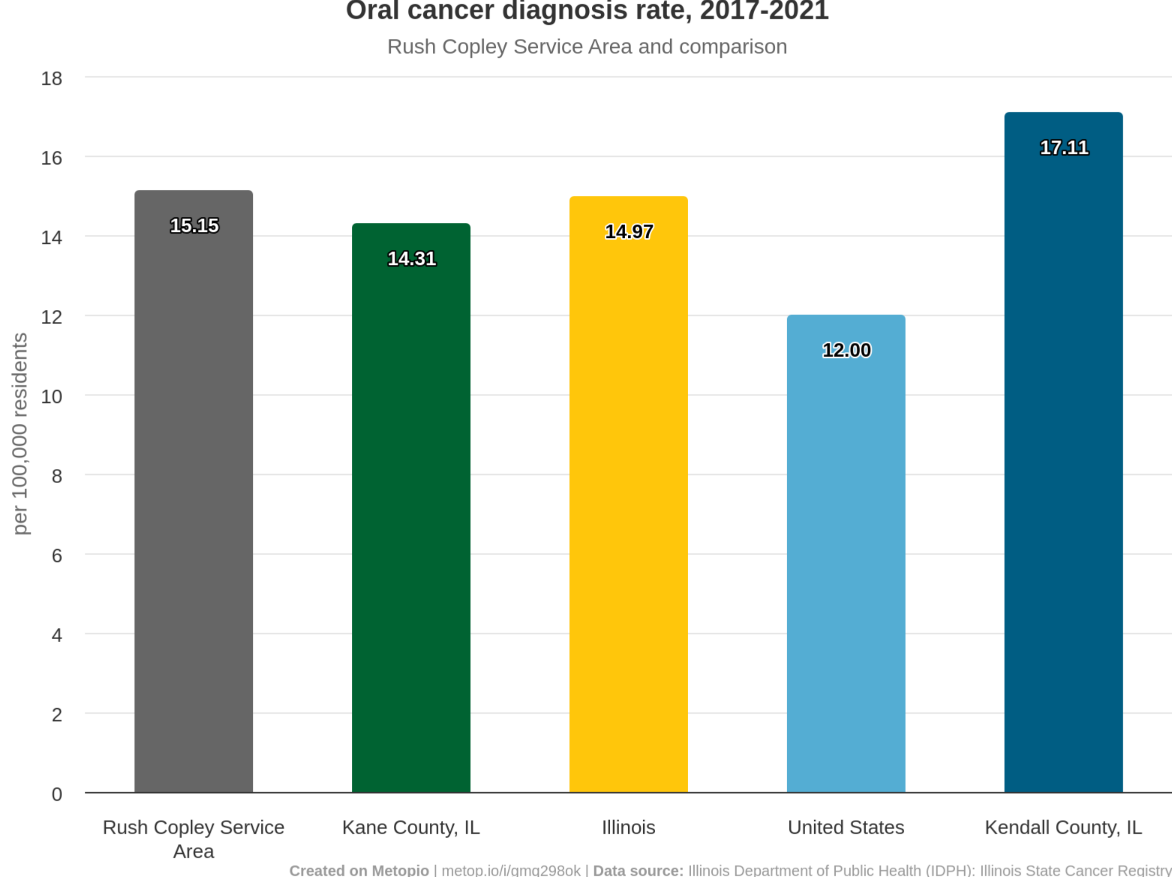
Oral cancer diagnosis rate

Annual diagnosis rate for oral cancer (oral cavity and pharynx). Ages 15 and over, risk-adjusted.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)

Chart of Oral cancer diagnosis rate in Rush Copley Service Area

The oral cancer diagnosis rate in the United States is 12.0 per 100,000 people. The rate is higher in Illinois at 14.97, with Kendall County having the highest rate at 17.11.



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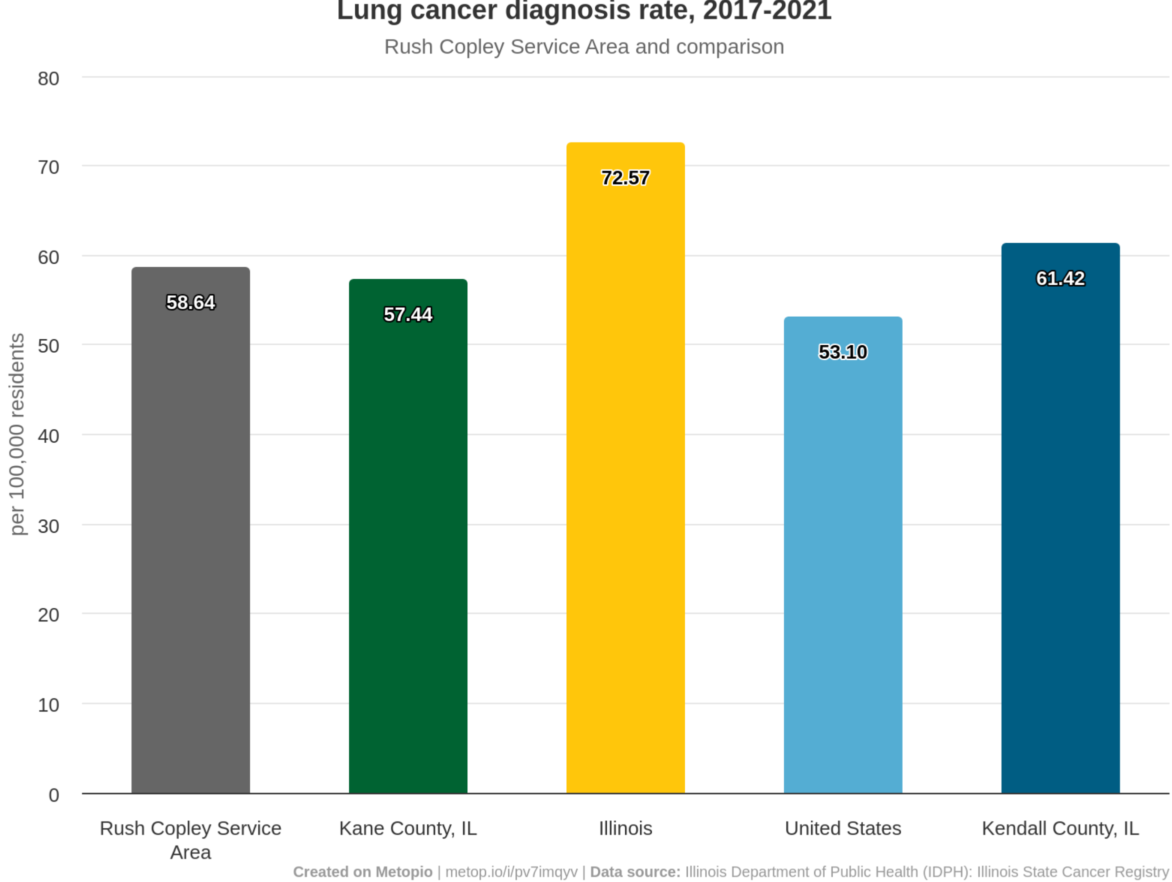
Lung cancer diagnosis rate

Annual diagnosis rate for lung and bronchus cancer. Ages 15 and over, risk-adjusted.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)

Chart of Lung cancer diagnosis rate in Rush Copley Service Area

The lung cancer diagnosis rate in the Rush Copley Service Area is 58.64, slightly higher than Kane County, IL, which has a rate of 57.44. Illinois has a notably higher rate of 72.57, while the United States average is 53.1. Kendall County, IL, also has a higher rate at 61.42.



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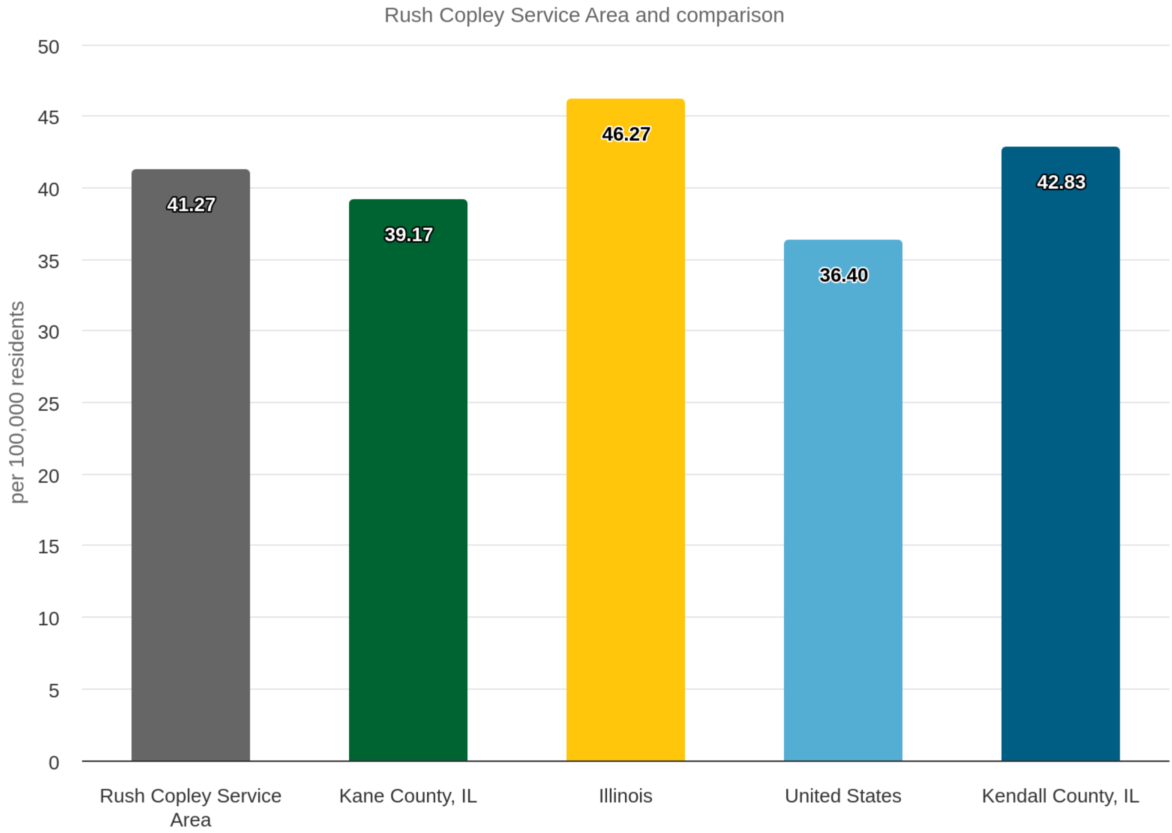
Colorectal cancer diagnosis rate

Annual diagnosis rate for colorectal cancer. Ages 15 and over, risk-adjusted.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)

Chart of Colorectal cancer diagnosis rate in Rush Copley Service Area

Colorectal cancer diagnosis rates vary across different regions, with the Rush Copley Service Area and Kendall County, IL, having higher rates than the national average. Kane County, IL, and Illinois as a whole also have elevated rates, indicating a potential regional health concern. These disparities highlight the need for targeted healthcare interventions in these areas.



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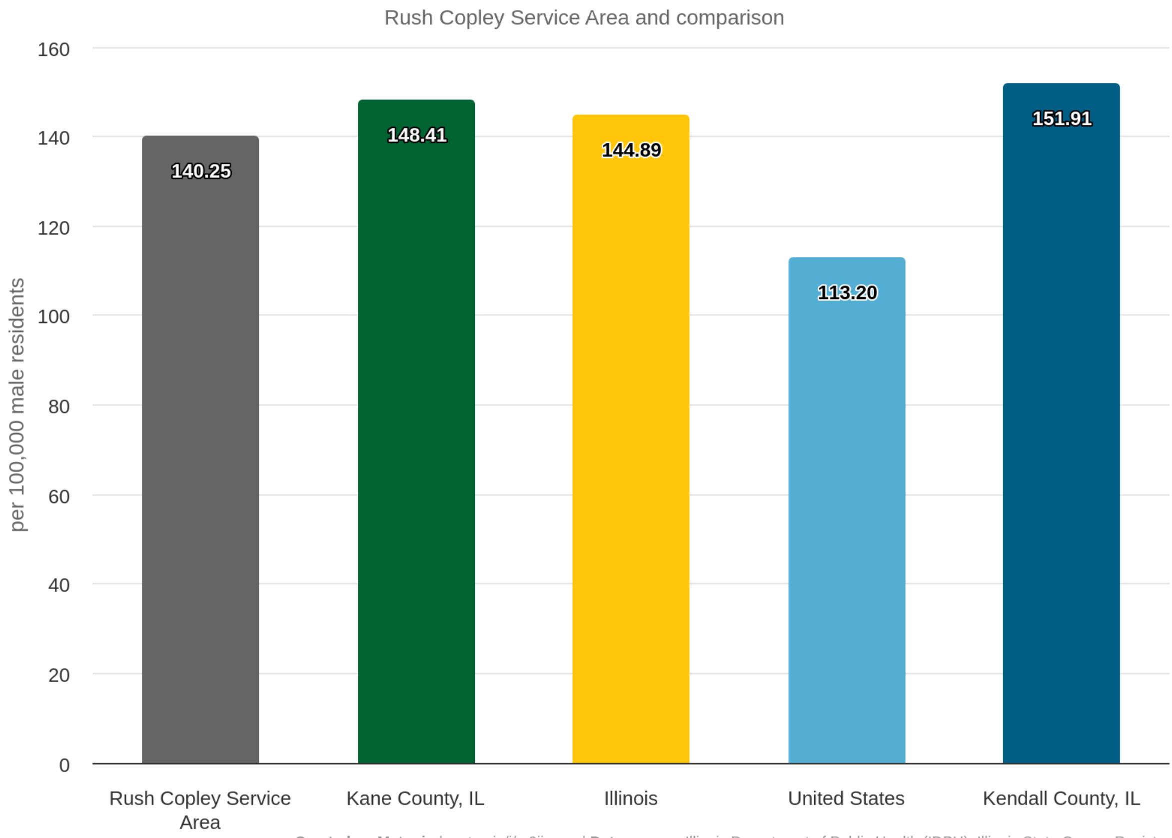
Prostate cancer diagnosis rate

Annual diagnosis rate for prostate cancer. Ages 15 and over, age-adjusted.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois State Cancer Registry (Calculated by Metopio) (Only in IL)

Chart of Prostate cancer diagnosis rate in Rush Copley Service Area

The prostate cancer diagnosis rate in the Rush Copley Service Area is 140.25 per 100,000 people, which is higher than the national average of 113.2. In Kane County, IL, the rate is even higher at 148.41, while in Kendall County, IL, it reaches 151.91. This indicates that these areas in Illinois have significantly higher diagnosis rates compared to the rest of the United States.



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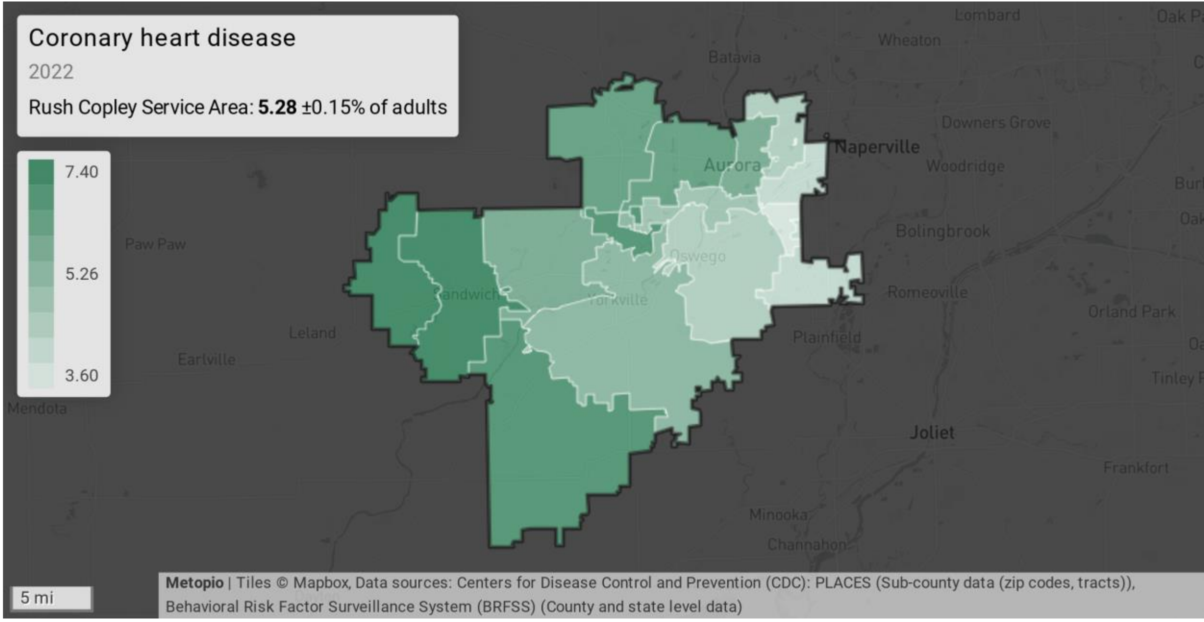
Coronary heart disease

Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have angina or coronary heart disease. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Map of Coronary heart disease in Rush Copley Service Area

Coronary heart disease (CHD) affects a significant portion of adults, with data indicating varying prevalence across different areas. In the Rush Copley Service Area, 5.28% of adults report having CHD, while specific zip codes in Aurora, IL show rates ranging from 3.6% to 6.1%. Notably, the highest rate is found in the 60512 area of Yorkville, IL, at 6.9%.



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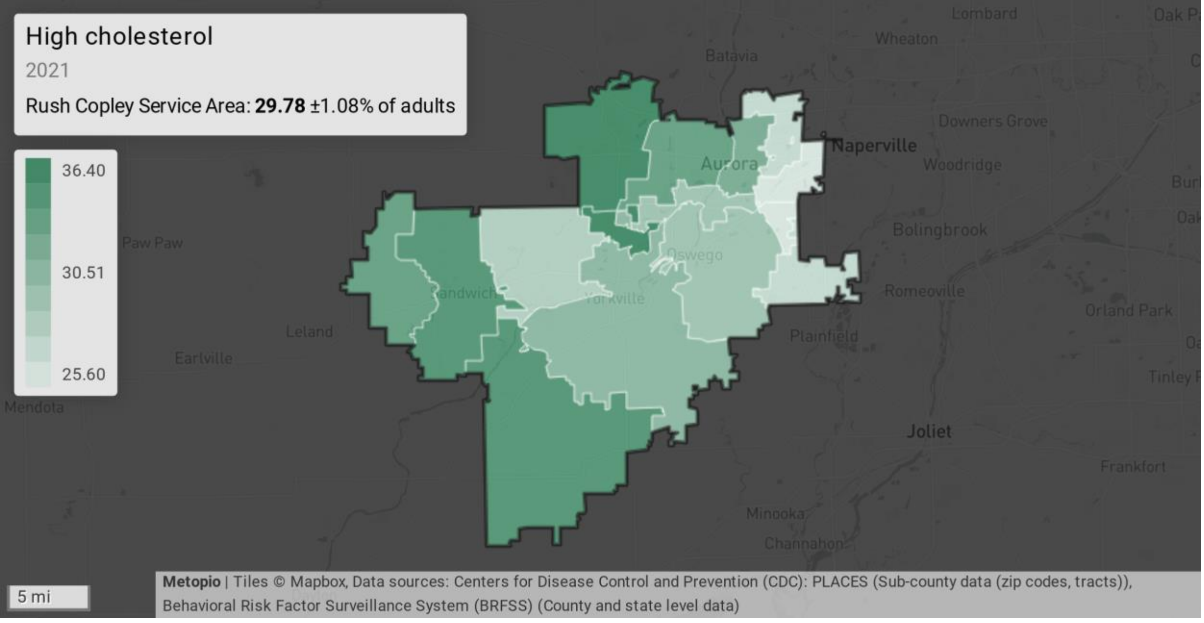
High cholesterol

Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high cholesterol. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Map of High cholesterol in Rush Copley Service Area

High cholesterol affects a significant portion of adults in the Rush Copley Service Area, with a rate of 29.78%. Specific zip codes within Aurora, IL, show varying rates, with 60505 and 60560 having notably higher percentages at 31.1% and 30.6%, respectively. Overall, these rates highlight the need for targeted health interventions in these areas.



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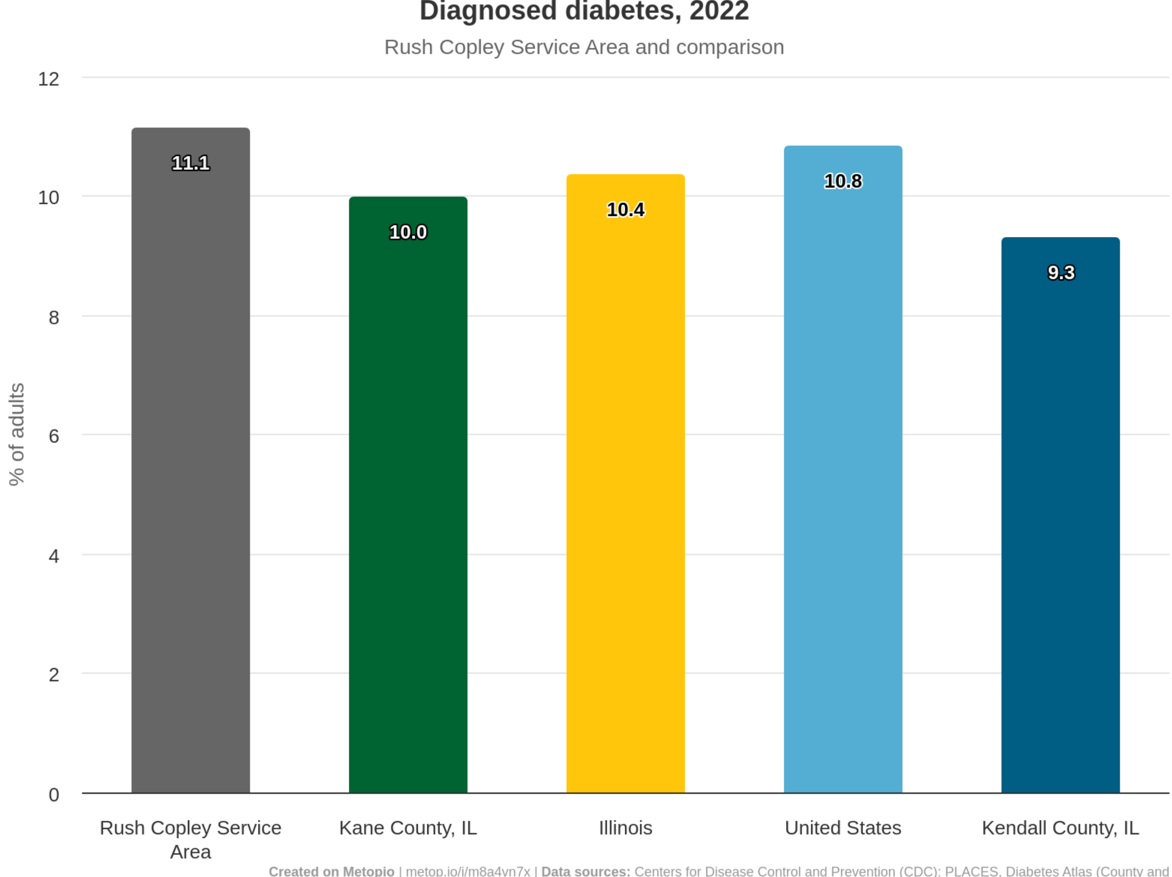
Diagnosed diabetes

Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES, Diabetes Atlas (County and state level data before 2017)

Chart of Diagnosed diabetes in Rush Copley Service Area

The diagnosed diabetes rate in the Rush Copley Service Area is 11.13%, which is higher than the rates in Kane County, Illinois, and the United States. Kendall County, IL, has the lowest rate at 9.3%.



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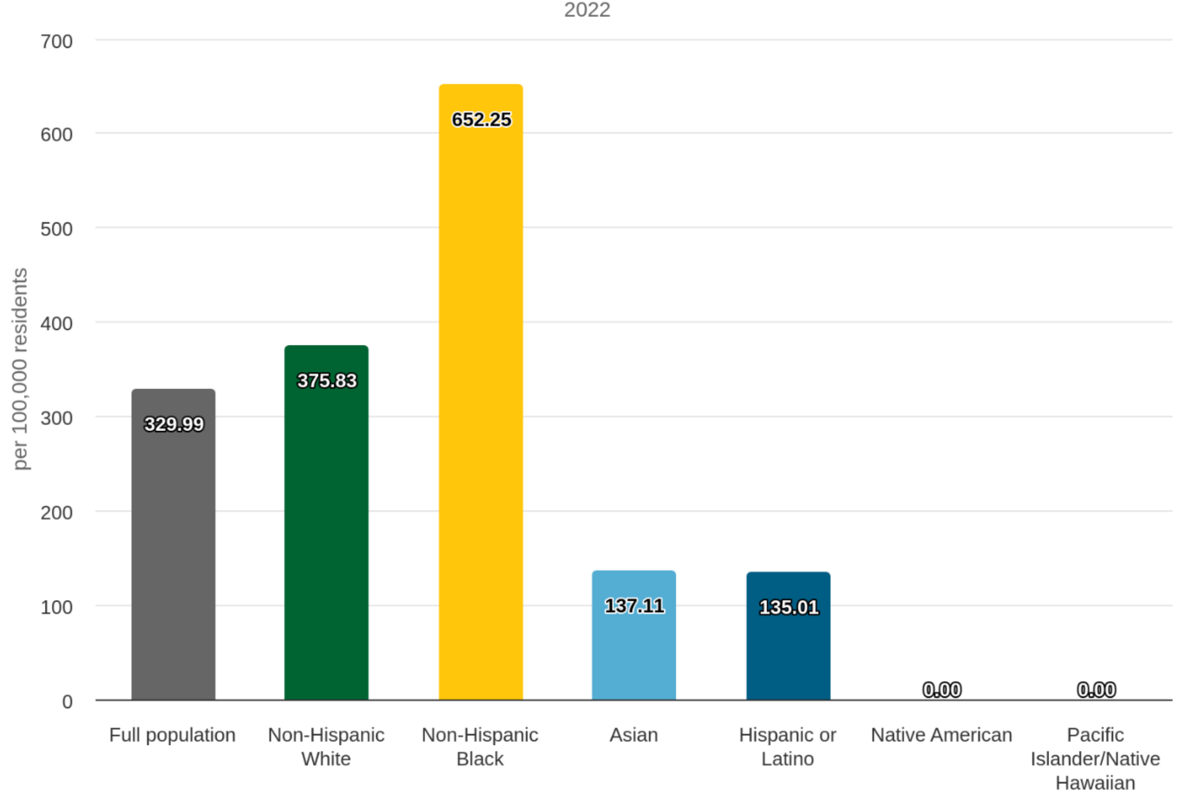
Heart failure hospitalization rate

Annual hospital admissions for heart failure per 100,000 residents. Congestive heart failure (CHF) can be controlled in an outpatient setting for the most part; however, the disease is a chronic progressive disorder for which some hospitalizations are appropriate. Risk-adjusted by age and sex. This is a Prevention Quality Indicator (PQI #8), a metric for tracking potentially avoidable hospitalizations. Ages 18 and older. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Heart failure hospitalization rate in Rush Copley Service Area

Heart failure hospitalization rates vary significantly across different racial and ethnic groups. Non-Hispanic Black individuals have the highest rate at 652.25, while Native American and Pacific Islander/Native Hawaiian groups have no recorded hospitalizations. Overall, the full population rate stands at 329.99, indicating disparities in healthcare outcomes among these groups.



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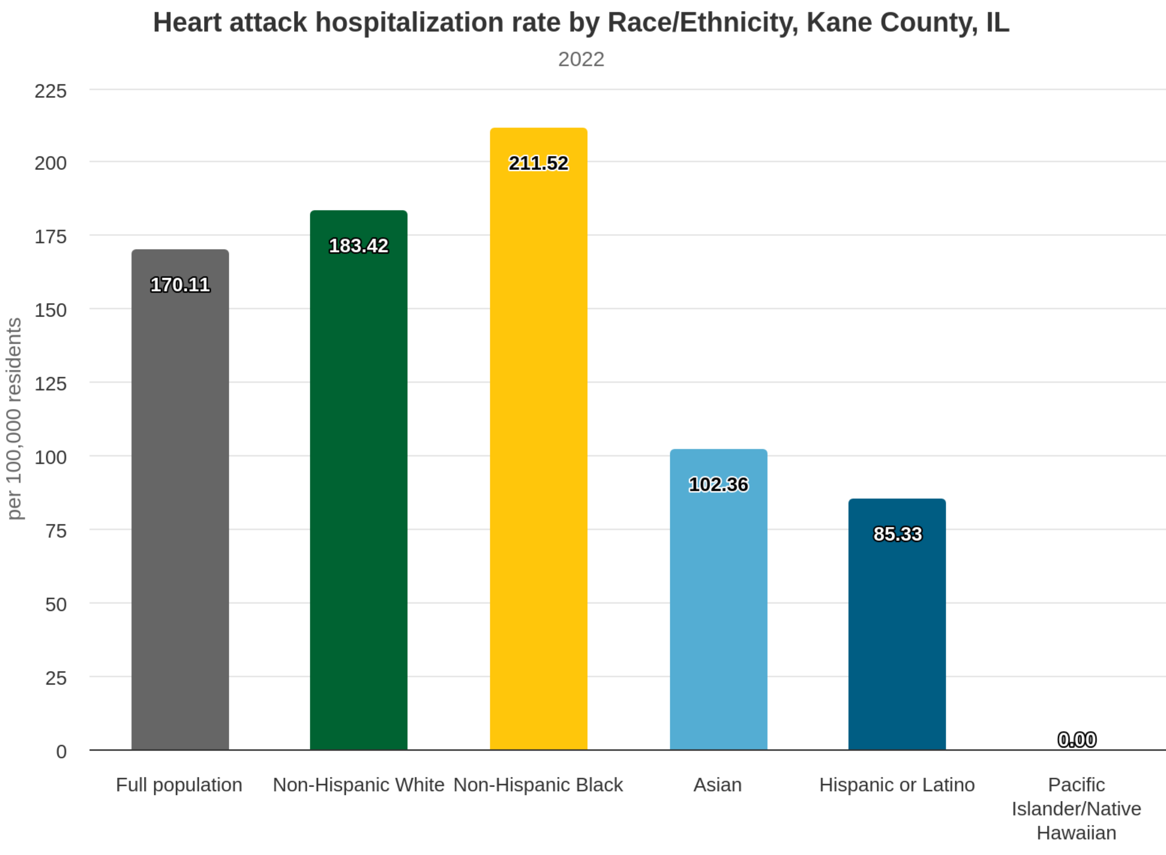
Heart attack hospitalization rate

Annual hospital admissions for heart attacks per 100,000 residents. Acute myocardial infarctions (heart attacks) occur when blood flow decreases or stops to a part of the heart, causing damage to the heart. Risk-adjusted by age and sex. Ages 18 and older. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Heart attack hospitalization rate in Rush Copley Service Area

The heart attack hospitalization rate for the full population is 170.11 per 100,000 people. Non-Hispanic Black individuals have the highest rate at 211.52, while Asian individuals have the lowest at 102.36. Hispanic or Latino individuals also have a notably lower rate of 85.33.



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Preventable hospitalization rate

Annual hospital admissions for preventable conditions per 100,000 residents. Potentially preventable hospitalizations caused by ambulatory care sensitive conditions (those best treated in an outpatient setting). Risk-adjusted by age and sex. This is a Prevention Quality Indicator (PQI #90), a metric for tracking potentially avoidable hospitalizations. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Preventable hospitalization rate in Rush Copley Service Area

The preventable hospitalization rate for the full population is 817.09 per 100,000 people. Non-Hispanic Black individuals have the highest rate at 1625.74, while Asian individuals have the lowest at 368.16. Hispanic or Latino and Two or more races groups also have lower rates compared to the full population.

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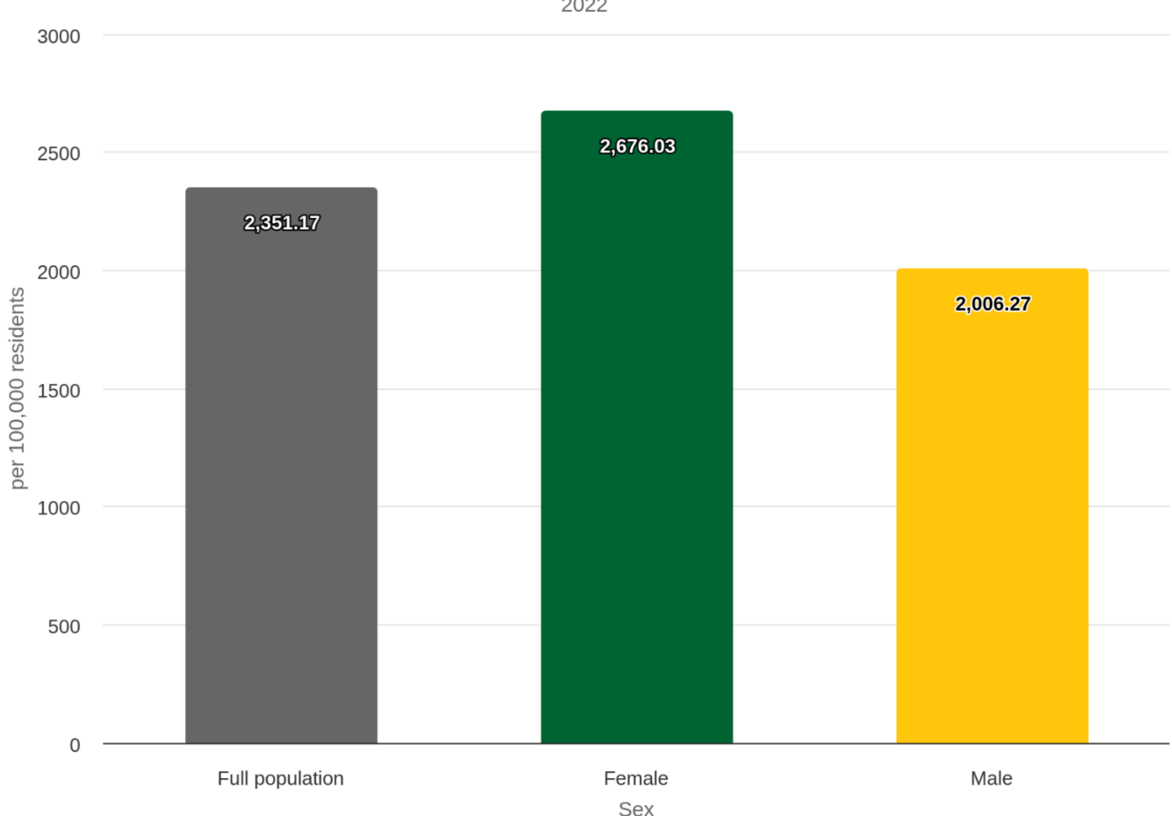
Unintentional fall emergency department visit rate

Annual emergency department visits for unintentional falls per 100,000 residents. Includes falls from vehicles, recreational accidents, trips and falls, and other unintentional falls. Risk-adjusted by age and sex. Ages 18 and older. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Unintentional fall emergency department visit rate by Sex in Rush Copley Service Area

The data indicates that the unintentional fall emergency department visit rate for the full population is 2351.17 per 100,000 people. Females have a significantly higher rate at 2676.03, while males have a lower rate at 2006.27. This suggests a notable gender disparity in fall-related emergency visits.



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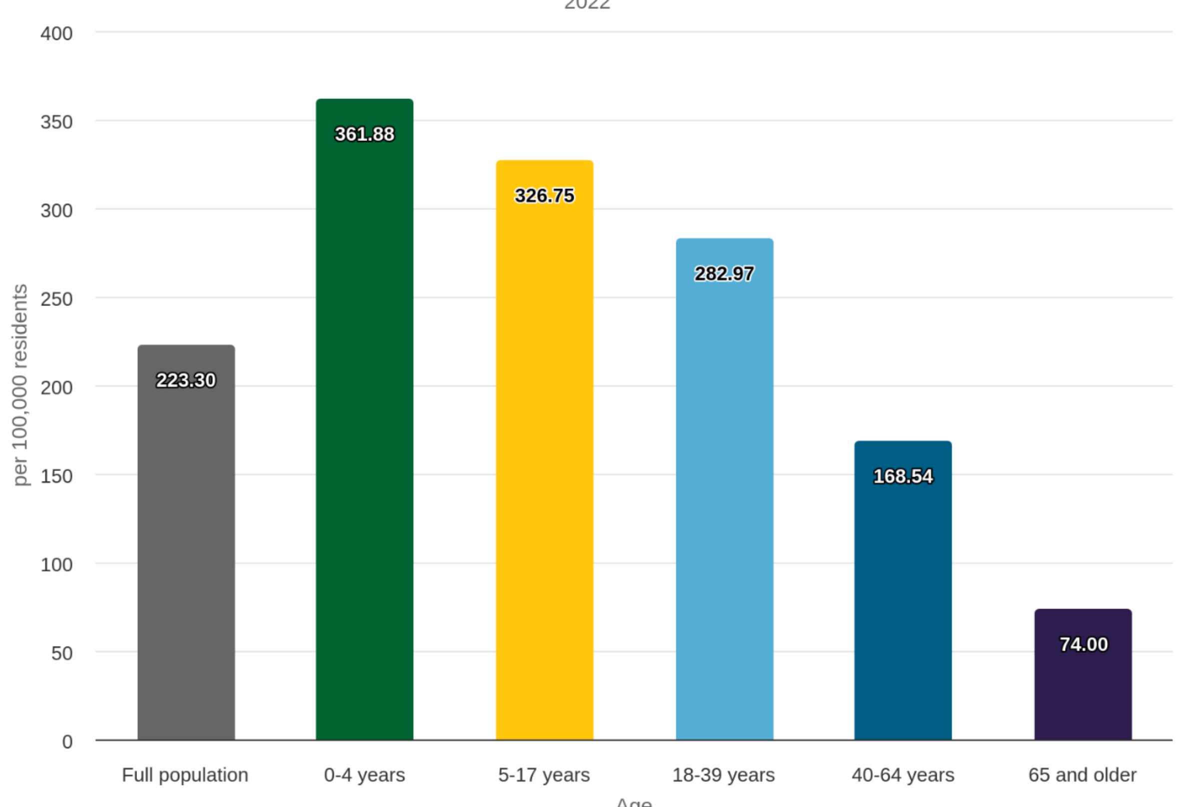
Asthma emergency department visit rate

Annual emergency department visits for asthma per 100,000 residents. Asthma is a condition in which the airways narrow and swell causing reversible obstruction. Risk-adjusted by age and sex. This is a Prevention Quality Indicator (PQI #15), a metric for tracking potentially avoidable hospitalizations. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Asthma emergency department visit rate by Age in Rush Copley Service Area

The asthma emergency department visit rate for the full population is 223.3 per 10,000 people. The highest rate is among children aged 0-4 years at 361.88, while the lowest rate is among those aged 65 and older at 74.0. Overall, younger age groups have significantly higher rates compared to older age groups.



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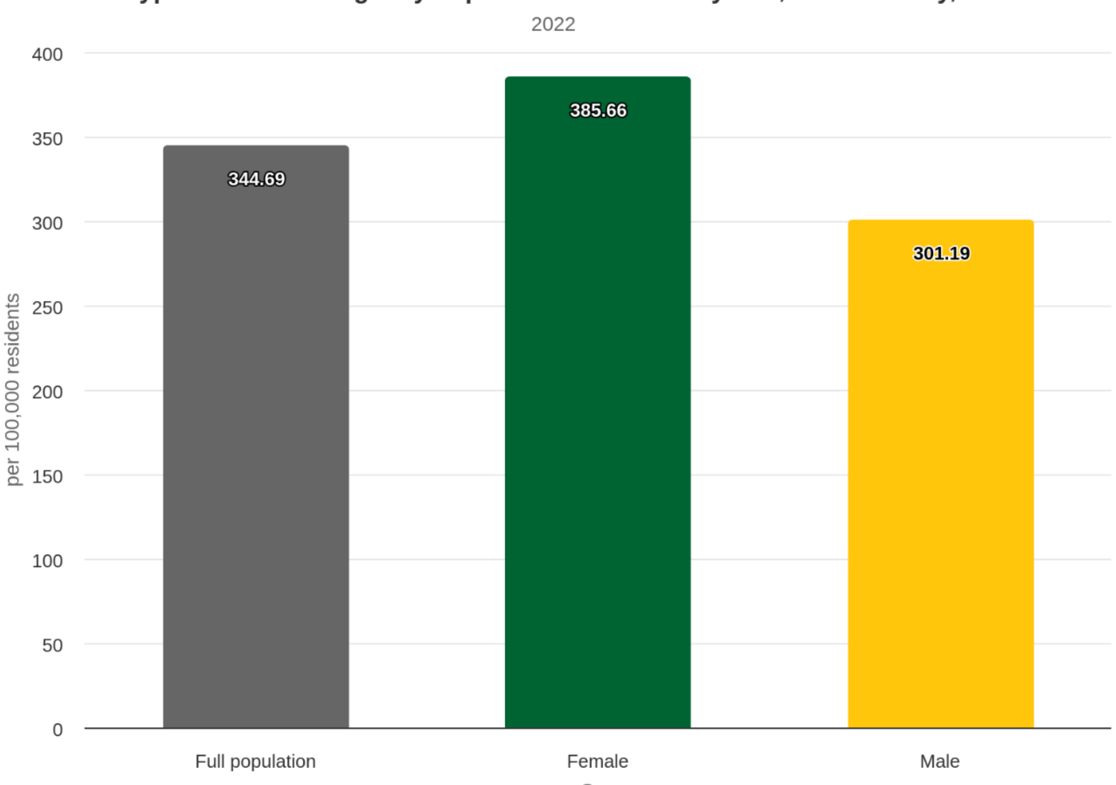
Hypertension emergency department visit rate

Annual emergency department visits for hypertension per 100,000 residents. Hypertension (high blood pressure) is a common condition in which the long-term force of the blood against the artery walls is high enough that it may eventually cause health problems, such as heart disease. Risk-adjusted by age and sex. This is a Prevention Quality Indicator (PQI #7), a metric for tracking potentially avoidable hospitalizations. Ages 18 and older. All hospital providers, all payers, based on patient residence.

Data Sources:
Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH) (Calculated by Metopio) (Only in IL)

Chart of Hypertension emergency department visit rate by Sex in Rush Copley Service Area

The data shows the hypertension emergency department visit rate for the full population, as well as for females and males separately. The rate for females is higher than for males, indicating a gender disparity in hypertension-related emergency visits. This suggests that females may experience more severe hypertension-related complications or have less access to preventative care compared to males.



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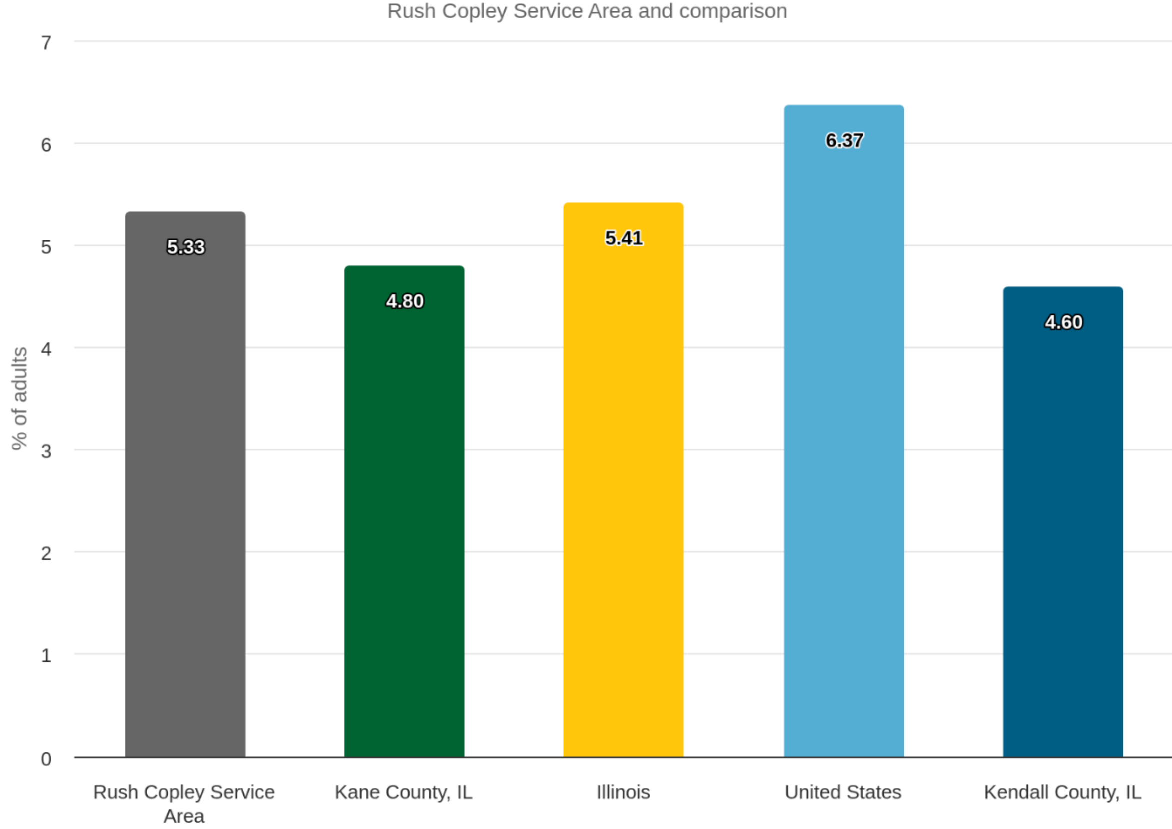
Chronic obstructive pulmonary disease (COPD)

Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Data Sources:
Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Chart of Chronic obstructive pulmonary disease (COPD) in Rush Copley Service Area

Chronic obstructive pulmonary disease (COPD) prevalence varies across different regions, with the United States having the highest rate at 6.37%. Illinois has a rate of 5.41%, slightly higher than the Rush Copley Service Area at 5.33%. Kendall County, IL, has the lowest rate at 4.6%.



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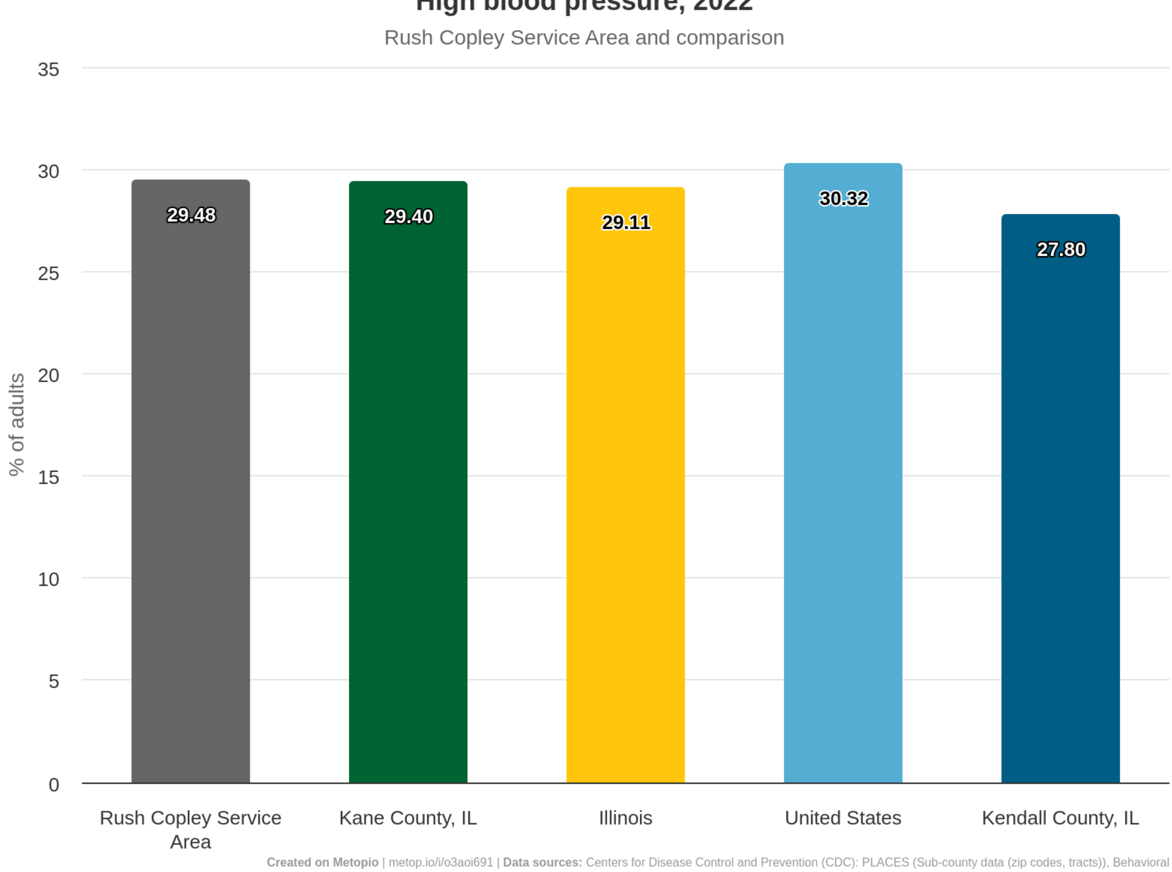
High blood pressure

Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

Data Sources:
Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Chart of High blood pressure in Rush Copley Service Area

High blood pressure rates in the Rush Copley Service Area and Kane County, IL, are slightly higher than the Illinois state average. The United States has a higher average rate of high blood pressure compared to all the mentioned locations. Kendall County, IL, has the lowest rate among the areas listed.



https://metop.io/projects/eb16a4b3-0f67-40ac-9752-9c66af6751ce/insights/o3aoi691

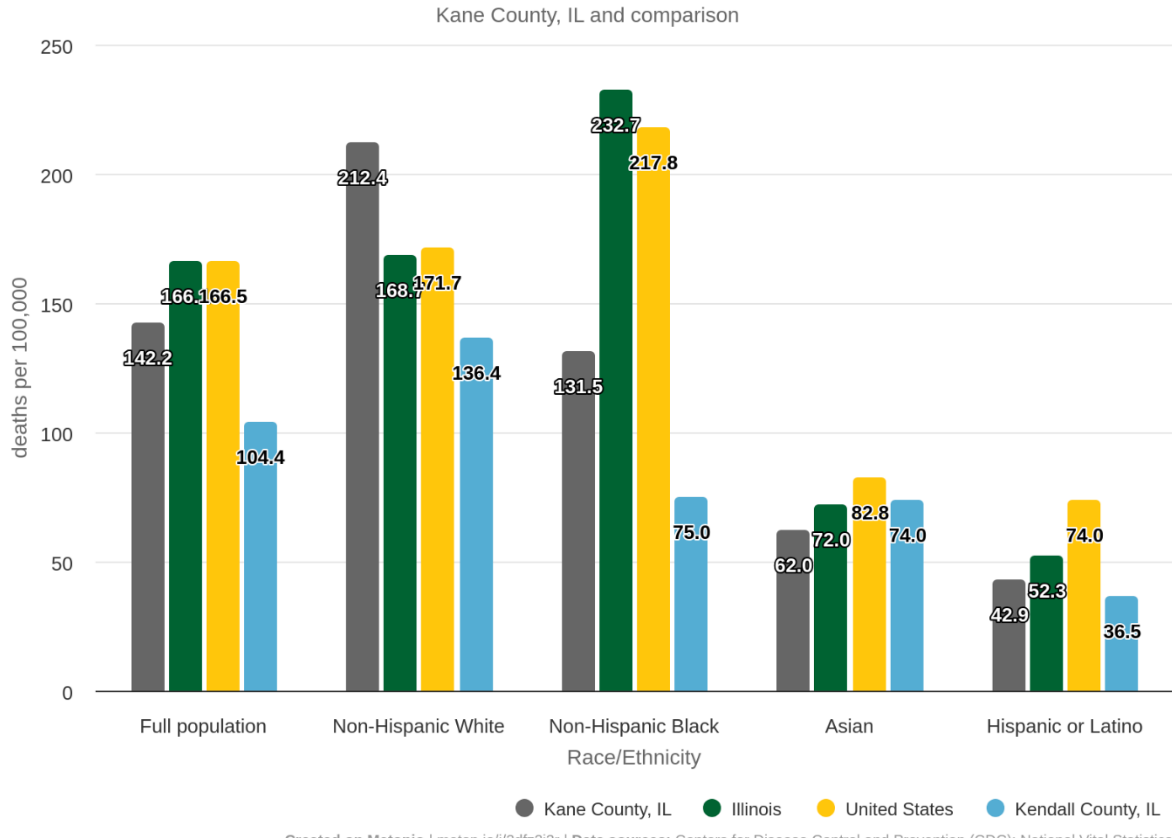
Heart disease mortality

Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

Data Sources:
Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov), Chicago Department of Public Health (Epidemiology Department: Chicago community area level) (Only in IL)

Chart of Heart disease mortality by Race/Ethnicity in Rush Copley Service Area

Heart disease mortality rates vary significantly across different racial and ethnic groups in Kane County, IL, Illinois, and the United States. Non-Hispanic Black individuals have the highest mortality rate in Illinois and the United States, while Non-Hispanic White individuals have the highest rate in Kane County. Hispanic or Latino individuals have the lowest mortality rates across all regions.



https://metop.io/projects/eb16a4b3-0f67-40ac-9752-9c66af6751ce/insights/2dfz2i3r

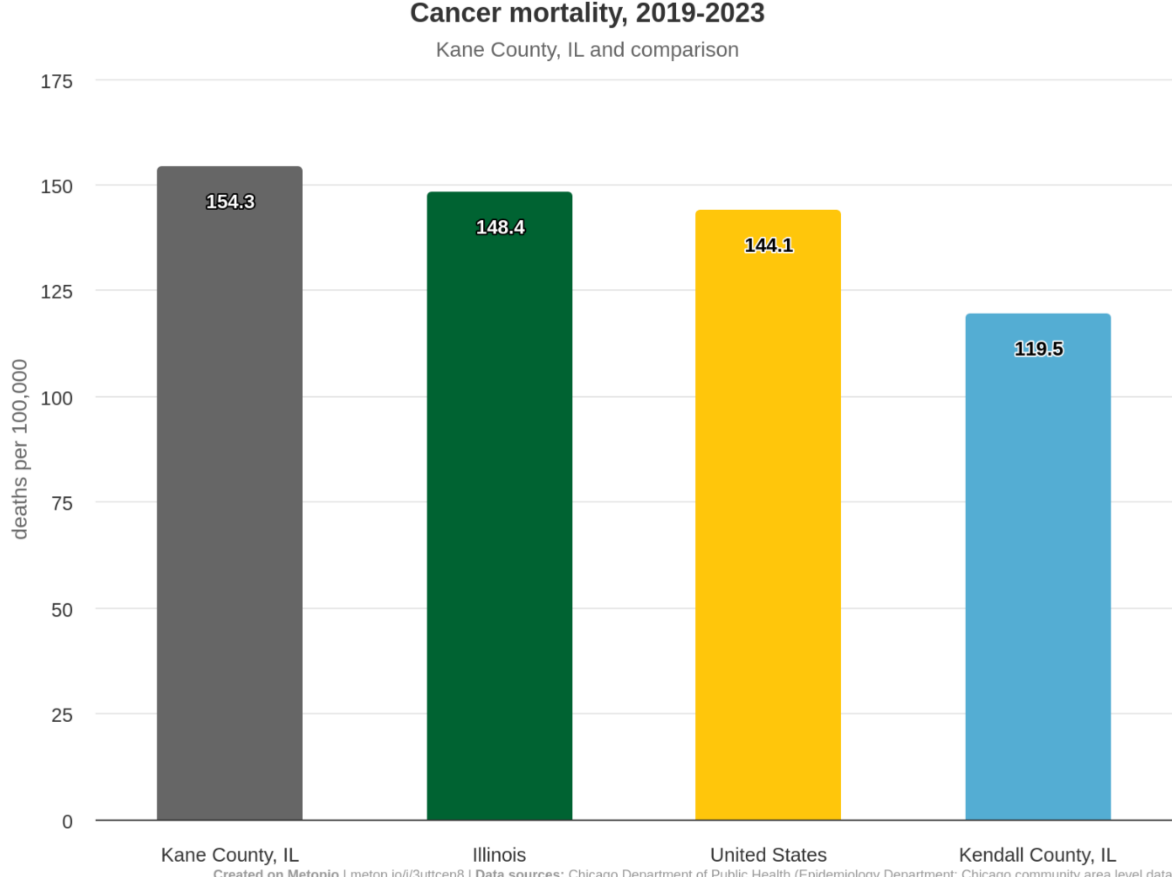
Cancer mortality

Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).

Data Sources:
Chicago Department of Public Health (Epidemiology Department: Chicago community area level data only) (Only in IL), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)

Chart of Cancer mortality in Rush Copley Service Area

Cancer mortality rates in Kane County, IL, are higher than the state and national averages. Illinois's rate is slightly lower than Kane County's but still exceeds the national average. Kendall County, IL, has the lowest cancer mortality rate among the areas mentioned.



https://metop.io/projects/eb16a4b3-0f67-40ac-9752-9c66af6751ce/insights/3uttcep8

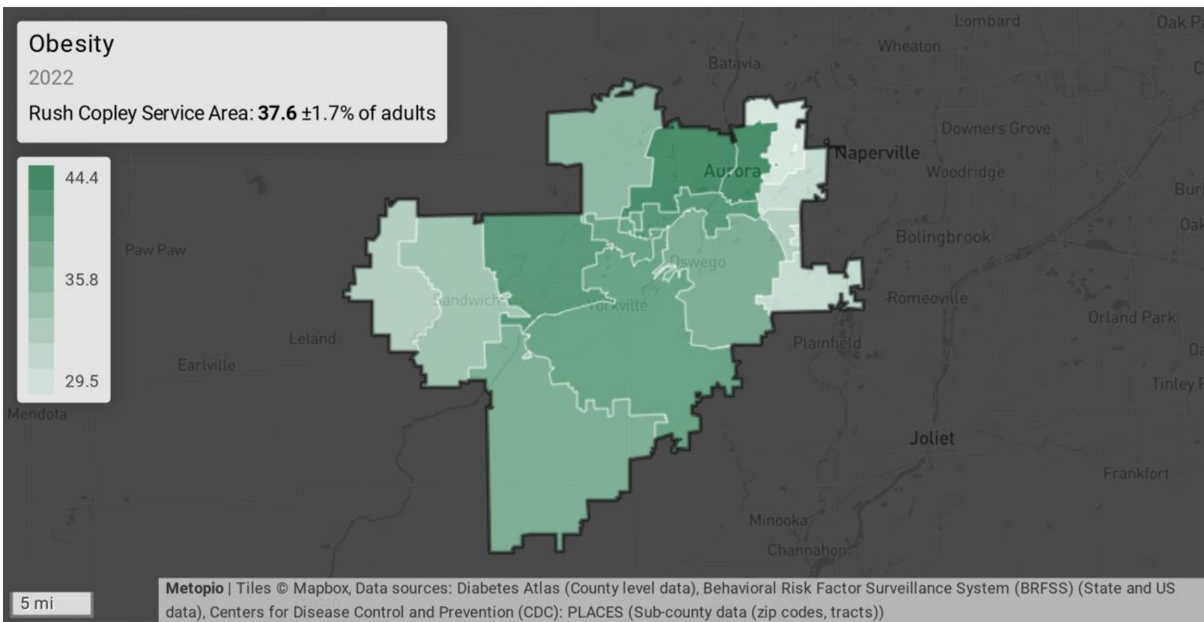
Obesity

Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Data Sources:
Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Map of Obesity in Rush Copley Service Area

Obesity in the Aurora, IL area is a significant issue, with rates varying across different zip codes. The highest obesity rate is found in the 60505 zip code at 44.4%, while the lowest is in 60519 at 31.1%. These statistics highlight the need for targeted interventions to address obesity in these communities.



https://metop.io/projects/eb16a4b3-0f67-40ac-9752-9c66af6751ce/insights/tczhv43q

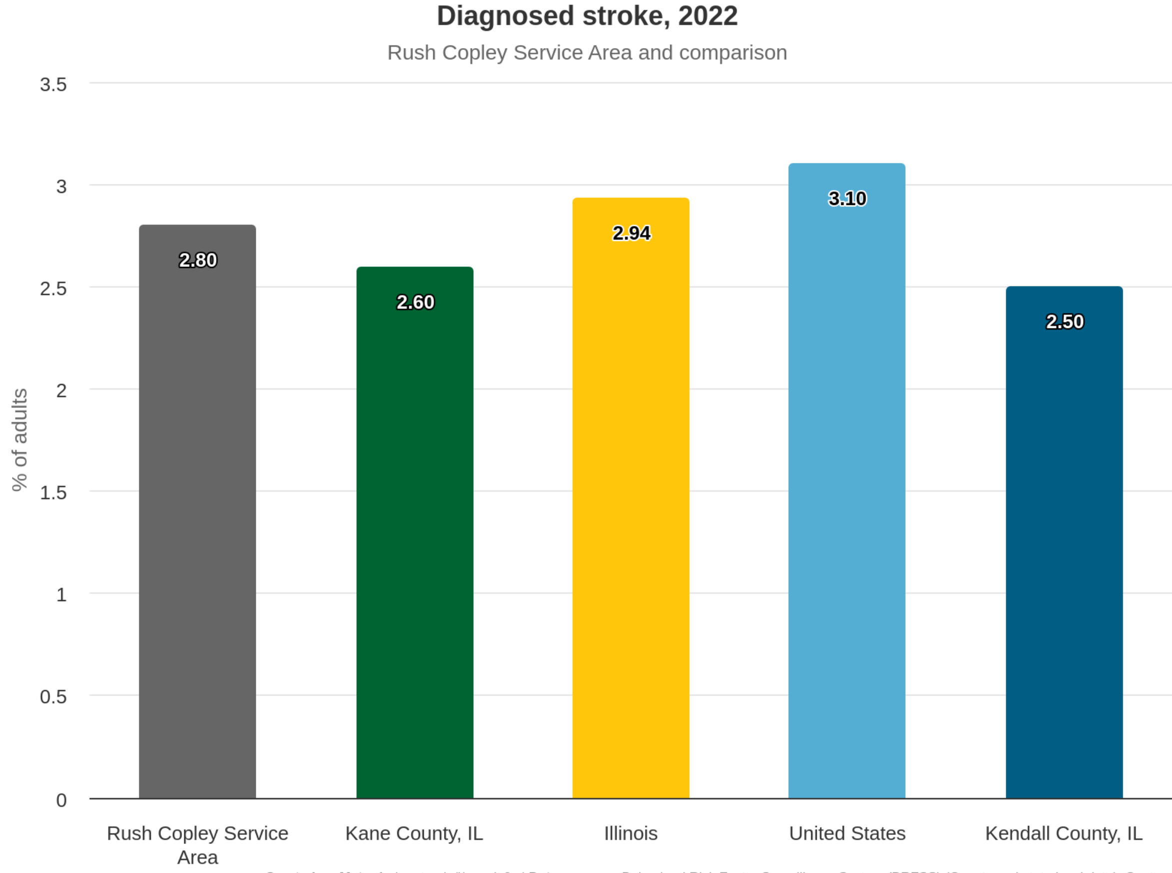
Diagnosed stroke

Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke.

Data Sources:
Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))

Chart of Diagnosed stroke in Rush Copley Service Area

The diagnosed stroke rate in the Rush Copley Service Area is 2.8%, which is slightly higher than the rate in Kane County, IL (2.6%) and Kendall County, IL (2.5%). The rate in Illinois is 2.94%, while the national rate is 3.1%.



https://metop.io/projects/eb16a4b3-0f67-40ac-9752-9c66af6751ce/insights/aoqxjs6y

FY2022-FY2025 Evaluation of Impact

Rush Copley conducted its last CHNA and developed a subsequent CHIP in FY19. Here are those previously identified and prioritized health needs:

- Access to Health Services: Leverage patient and community-driven data to advance health equity.
- Behavioral Health (includes mental health and substance abuse): Increase awareness on behavioral health conditions and navigation of behavioral health services in the community. Continue to focus on reducing the misuse of opioids and opioid-related deaths.
- Chronic Disease: Health Behaviors and Management: Reduce health behaviors related to chronic health conditions and increase management of chronic diseases in the community.
- Inequities in vulnerable populations: Reduce inequities caused by the social, economic, and structural determinants of health

1. Access to Health Services: Leverage patient and community-driven data to advance health equity.
   - Implementation of a pilot program in Family Medicine Residency Clinic focused on data collection on Sexual Orientation and Gender Identity (SOGI) data collection. Clinicians received a two-part series educational workshop focused on the importance of SOGI data collection and how to establish a process of data collection in the office setting. All staff received training LGBTQ+ affirming care training.
   - Implementation of Rush Health Equity Strategic Plan across RUSH.
   - Provided 1,021 diabetes sessions to uninsured/underinsured patients.
   - Collaborated with local State Representative and community-based organizations and hosted two healthcare enrollment events for immigrant adult. Benefit enrollment specialist assisted over 60 residents apply for Health Benefits for Immigrant Adults (HBIA) and Health Benefit for Immigrant Senior (HBIS) programs.
   - Hosted three community CPR and AED classes for community members to become certified in CPR and AED. Trainings were hosted in Spanish and one in English, total of 85 community members participated.
   - Twenty-four AEDs were provided to non-profit organizations within the RCMC service area.
   - Participate in local community health improvement collaboratives:
     - Kane Health Counts Executive Committee
     - Kane County Action Team Access to Health Services
     - Kane County Health Department Partners in Health Committee
     - Kendall County Interagency Council

2. Behavioral Health (includes mental health and substance abuse): Increase awareness on behavioral health conditions and navigation of behavioral health services in the community. Continue to focus on reducing the misuse of opioids and opioid-related deaths.
   - Implemented partnership in FY25 with Gateway Foundation and Rush Copley Medical Center that served 130 patients. A Gateway Engagement Specialist supports the Rush Copley's Emergency Services Department and in-patient

departments to coordinate warm handoffs for substance abuse treatment centers and follow up with a recovery coach.

- The Association for Individual Development's Mental Crisis Response Team provided education to Rush Copley care management and medical group leadership and held another educational session specific to family medicine providers.
- Launched in mid-FY25 in partnership with the Kane County Health Department, a naloxone dispensing machine was installed in the Rush Copley emergency department waiting area. Provided 288 kits of naloxone to the community.
- Continue to monitor opioid dashboards and reports to track and benchmark opioid use
- Participate in local community health improvement collaboratives:
    - Kane Health Counts Executive Committee
    - Kane County Opioid Task Force
    - Kane County Behavioral Health Council
    - Rush University System for Health Opioid Workforce
    - Kendall County Mental Health Stakeholders Committee

3. Chronic Disease: Health Behaviors and Management: Reduce health behaviors related to chronic health conditions and increase management of chronic: diseases in the community.
    - Rush Copley hosted a seven-week walking program, Rush Walk for Wellness. The program's goal was to increase physical activity among participants. There were 40 attendees in-person and 405 hybrid participants across RUSH.
    - Continued partnership with VNA Health Care, a local Federally Qualified Healthcare Center, to provide Walk with a Doc program to the indoor track at the RUSH Copley Healthplex. A bimonthly walking program open to patients, community members and employees. In FY24 further partnered by aligning Rush Walk for Wellness with VNA Health Care's Walk with a Doc program.
    - Parented with the Aurora Public Library to host an educational workshop focused on menstrual cycles, Period Party. The program was hosted three times with over 45 participants.
    - Rush Copley hosted Cancer Thriving and Surviving, a seven-week evidence-based program to support participants in their ability to manage their health and maintain an active and fulling life.
    - Continued engagement of the Alive Faith Network with three churches from the greater Aurora area participating in the Keeping it Movin' community-based research project.
    - Assisted in coordinating, supporting, and participating in the Compañeros en Salud Health Festival, Aurora African American Health Fair, Waubonsee Community College's Pride Palooza, Aurora Area Interfaith Food Pantry Community Resource Fair, Fox Valley Community Services Health Fair and over 600 attendees. Participants received health screenings, community resources, and health-related presentations from healthcare professionals.
    - Stroke educational coordinated provided stroke educational at local food pantry and Spanish interpretation was provided by the community health outreach coordinator. Additionally, a pharmacist from RUSH Copley provided

education on the importance of medication review. Over 200 community members educations
- Participate in local community health improvement collaboratives:
    - Kane Health Counts Executive Committee
    - Kane County Health Department Partners in Health Committee
    - Kane County Health Department's Action Team on Nutrition, Exercise, and Weight
    - Compañeros en Salud/Partners in Health
    - Aurora African American Health Collation
    - Kendall County Interagency Council

4. Inequities in vulnerable populations: Reduce inequities caused by the social, economic, and structural determinants of health
    - Social Determinates of Health (SDoH) Screening implemented in all departments throughout Rush Copley Medical Center. In June of 2024 Rush transitioned from NowPow to the Unite Us platform. A list of local resources generated by Unite Us based on patient's zip code and added to the patient's After Visit Summary. Rush Copley has reached and surpassed the goal of 85% of in-patient patients screened for SDoH.
    - Rush Copley participated in the FY24 Will County Continuum of Care, 100 Day Challenge, focused on improving support to homeless community members in Will, Kendall, and Grundy counties.
    - Rush Copley is the regional traffic safety resource center for suburban Cook and six collar counties (Lake, DuPage, McHenry, Kane, Kendall and Will). A total of 209 new technicians were certified in child passenger safety technician courses, and 48 technicians were recertified. There were 154 individuals trained for technical skills building classes. Classes. Rush Copley hosted car seat education classes and checks for caregivers; a total of 311 were educated.
    - Car seat education and appropriate car seat for child presentation – partnered with Rush Copley care management team, VNA, Meridian Health, County Care, Headstart Programs, ECHO Family Services, Aunt Martha's, and the local school districts to identify families in need of car seats and have no means to afford one. A total of 344 car seats were distributed after caregivers received the necessary education for the car seat in their vehicle. Car seat distribution for agencies, 146 agencies with certified car seat technicians on staff received five car seats to be distributed to families in their area in need. Overall, 2,284 car seats were distributed to low-income families and agencies that have certified child passenger safety technicians on staff.
    - Teen driver safety presentations were held across 22 high schools, where mini safety fairs were conducted for health, physical education, and driver's education classes, reaching a total of 2,943 students. Senior driving safety presentations, two presentations were given for senior drivers at triad groups totaling 51 participants. Senior Driving Safety Presentations – 2 presentations were given for Senior Drivers at TRIAD groups totaling 51 participants
    - Rush Copley Promise Pantry, a partnership between Rush Copley and Loaves and Fishes Community Service, provided over 3,116 Promise Pantry bags to Rush Copley patients that screened positive for food

insecurity. Each Promise Pantry bag provides ten pounds of shelf stable food items which equates to over 46,400 pounds of food provided to patients.

- Rush Copley administration team participated in a three-volunteer opportunity with Loaves and Fishes Community Services at St. Therese Church in Aurora which served over 400 community members. Additionally, 81 nurses volunteered across three local pantries with food distribution and stocking of food panty items as well as a clean-up day at Waubonsie Lake Park in the Fox Valley Park District.
- Participate in local community health improvement collaboratives:
    - Kane Health Counts Executive Committee
    - Kane County Health Department's Action Team on Access to Health Services
    - Kane County Health Department's Action Team on Nutrition, Exercise, and Weight
    - Kendall County Interagency Council

Existing Resources

The following represents existing facilities and resources available to address the significant health needs identified in this report. This list is not exhaustive, but rather it outlines those resources identified in the course of conducting this Community Health Needs Assessment. The table below describes these resources.

Health Care Facilities and Providers	Mental and Behavioral Health	Other Agencies, Programs and Resources
•Aunt Martha’s Health and Wellness •Advocate Outpatient Center – Aurora •Independent Physicians/Providers •Prime Healthcare Mercy Medical Center •Rush Copley Medical Center •Valley West Community Hospital •VNA Health Care •Community Health Partnership: Aurora Medical and Dental Clinic •Aurora Christian Healthcare •Dental Offices •Drug Store Based Clinics •Planned Parenthood - Aurora Health Center •Open Door Health Centers of Illinois •Long-term care facilities such as Alden of Waterford and Tillers •Palliative care professionals such as AccentCare Hospice Seasons •Waterford Place Cancer Resource Center •Home health agencies	•Association for Individual Development (AID) •Aunt Martha’s Health and Wellness •Northwestern Behavioral Health Services •Communities in Schools Aurora •Advocate Outpatient Center – Aurora •Ecker Center for Mental Health •Elderday Center •Family Counseling Services •Gateway Foundation – Aurora •Family Service Association of Greater Elgin •Hope for Tomorrow, Inc. •Kendall County Health Department Mental and Substance Abuse Treatment Clinicians •Mutual Ground, Inc. •Prime Healthcare Mercy Medical Center •Prime Healthcare St. Joseph Hospital (Elgin) •Senior Services Associates •TriCity Family Services •VNA Health Care •Suicide Prevention Services •Linden Oaks Behavioral Health •Rosecrance •National Alliance on Mental Health Illness (NAMI) South Kane, DeKalb, and Kendall •988 Suicide & Crisis Hotline	•City of Aurora •Compañeros en Salud/ Partners in Health •Aurora African American Health Coalition •Fit for Kids Program •Healthy Living Council •Kane County Health Department •Kendall County Health Department •Women, Infants and Children (WIC) Program •Aurora Primary Care Consortium •708 INC Board •Local park districts such as Fox Valley Park District and Oswego Park District •Local Fitness Clubs/Centers •Local K-12 School Programs •Local Colleges and Universities •Local Law Enforcement Agencies and EMS •Local Nutritionists •Senior Services Associations •Kendall Area Transit (KAT) •PACE Bus •American Cancer Society •American Diabetes Association •Local Grocery Stores and Food Panties •Northern IL Food Bank •Fox Valley United Way •Kane Kares •Public Libraries such as Aurora, Oswego and Yorkville, Plano Public Libraries •Public and Private Sports programs •Worksite Wellness Programs •211 Call Center •Community Resource Team Aurora •Kendall County Interagency Council •Plano Area Alliance Supporting Student Success (PAASSS) •Community Organizing and Family Issues (COFI)

Prioritization of Significant Health Needs

Following data collection, the next step in the Community Health Needs Assessment process is to identify Significant Health needs. Identification of Significant Health Needs allows the health system to narrow down the issues to a manageable number so it can target resources, use existing efforts, and develop achievable goals and strategies to address community needs. This process ensures that the Implementation Plan addresses the most critical needs of the community.

Rush Copley Medical Center's Community Health Needs Assessment (CHNA) Steering Committee, composed of multidisciplinary team leaders from across the organization, conducted a comprehensive analysis of data collected through the CHNA. This analysis incorporated both primary and secondary data sources. Health needs were identified based on the severity and magnitude of key indicators, as well as the prevalence of these needs among vulnerable populations. Further analysis was conducted to prioritize the identified needs, using criteria such as the hospital's capacity to respond, the potential for measurable impact, availability of community resources, and the identification of root causes.

As a result, the Rush Copley Medical Center will prioritize the following significant health needs for FY 2026-FY2028:

- Access to Care
- Behavioral Health (includes mental health and substance abuse)
- Chronic Disease: Lifestyle Behavior Change and Chronic Disease Management
- Inequities caused by the social, economic and structural determinants of health

Health needs assessed and but not identified as significant

Several community health needs were assessed but ultimately not prioritized as significant in the final analysis. These included areas where data indicated lower severity or prevalence, limited impact on vulnerable populations, or where existing community resources were already effectively addressing the issue. In addition, some needs were not elevated as immediate priorities due to limited capacity for measurable improvement or lack of alignment with the hospital's strategic focus.

•Food Access
•Housing
•Maternal and Child Health
•Built Environment: Green space and transportation

Next Steps/Implementation Plans

Using both qualitative community feedback as well as publicly available and proprietary health indicators, Rush Copley Medical Center was able to identify and prioritize community health needs for its healthcare system. Implementation Plan with specific tactics and time frames will be developed for the prioritized health needs. Rush Copley Medical Center Implementation Plan strategies will include

community partners and outcomes will be tracked and measured to ensure Rush Copley Medical Center is effectively addressing the prioritized health needs.

Approval and Contact Information

The CHNA report was adopted by the Governing Body on June 4, 2025.

Questions or comments regarding the CHNA can be sent via email to Alex Pope, Chief Development Officer and VP, Philanthropy & Community Engagement, Alexander_F_Pope@rush.edu and Mariana Martinez, Community Health Outreach Manager, Mariana_Martinez@rush.edu.

Data Sources

The following is a list of datasets used during the analysis of secondary data. All datasets were accessed via the Metopio platform. A URL for each dataset is available upon request.

Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

The Environmental Justice Index uses data from the U.S. Census Bureau, the U.S. Environmental Protection Agency, the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention to rank the cumulative impacts of environmental injustice on health for every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The EJI ranks each tract on 36 environmental, social, and health factors and groups them into three overarching modules and ten different domains.

U.S. Census Bureau: American Community Survey (ACS)

The American Community Survey (ACS) is an ongoing survey of U.S. households and residents that provides a wide variety of information. It replaces the long-form Census questionnaire and is administered to 1 in 38 U.S. households each year. Responses from multiple years can be aggregated to provide information about very small geographies.

US Department of Housing and Urban Development (HUD): Annual Homeless Assessment Report (AHAR)

The Annual Homeless Assessment Report (AHAR) is a HUD report to the U.S. Congress that provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons.

Health Resources & Services Administration: Area Health Resources Files (AHRF)

This dataset provides current as well as historic data for more than 6,000 variables for each of the nation’s counties, as well as state and national data. It contains information on health facilities, health professions, measures of resource scarcity, health status, economic activity, health training programs, and socioeconomic and environmental characteristics.

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of

health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

Centers for Disease Control and Prevention (CDC)

Chain Store Guide: Chain store data download

Updated November 2024.

Chicago Police Department: Chicago crime data portal

Records from the Crimes - 2001 to Present dataset for the indicated year.

Chicago Department of Public Health

diversitydatakids.org: Child Opportunity Index 3.0

The COI is a composite index of children's neighborhood opportunity that contains data for every neighborhood (census tract) in the United States from every year for 2012 through 2021.

National Center for Education Statistics: Common Core of Data (CCD)

The Common Core of Data (CCD) is the Department of Education's primary database on public elementary and secondary education in the U.S. CCD is a comprehensive, annual, national statistical database of all public elementary and secondary schools and school districts, which contains data that are designed to be comparable across states. The objectives of CCD are (1) to provide an official listing of public elementary and secondary schools and school districts in the nation, which can be used to select samples for other National Center for Education Statistics (NCES) surveys, and (2) to provide basic information and descriptive statistics on public elementary and secondary schools and schooling in general.

Cook County Sheriff's Office of Research

The Office of Research, Operations and Innovation (ROI) was created in 2019 to improve operational efficiencies and services while reducing costs and enhancing customer experiences for all departments and agencies under Cook County government.

U.S. Census Bureau: Decennial Census

The United States Census is conducted every ten years and gathers basic information about every inhabitant of the United States.

Diabetes Atlas

The CDC's Diabetes Atlas contains data about diabetes, obesity, and physical activity. This data is modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS).

Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014)

Cigarette smoking prevalence in US counties: 1996-2012. Population Health Metrics, 2014, Volume 12, Number 1, Page 1

Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening

The Environmental Protection Agency's EJScreen tool provides data on measures of environmental justice.

The Eviction Lab at Princeton University: Estimating Eviction Prevalence across the United States

Gromis, Ashley, Ian Fellows, James R. Hendrickson, Lavar Edmonds, Lillian Leung, Adam Porton, and Matthew Desmond. Estimating Eviction Prevalence across the United States. Princeton University Eviction Lab. https://data-downloads.evictionlab.org/#estimating-eviction-prevalance-across-us/. Deposited May 13, 2022.

Federal Bureau of Investigation: FBI Crime Data Explorer

The FBI's Crime Data Explorer (CDE) aims to provide transparency, create easier access, and expand awareness of criminal, and noncriminal, law enforcement data sharing; improve accountability for law enforcement; and provide a foundation to help shape public policy with the result of a safer nation. Data is shared by individual jurisdictions which do not always report all of their data to the FBI.

US Department of Agriculture (USDA) - Economic Research Service: Food and Nutrition Service

US Department of Agriculture (USDA) - Economic Research Service: Food Environment Atlas

Food environment factors—such as store/restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics—interact to influence food choices and diet quality. These interactions are complex and more research is needed to identify causal relationships and effective policy interventions.

Department of Homeland Security (DHS): HIFLD Open Data

This site provides National foundation-level geospatial data within the open public domain that can be useful to support community preparedness, resiliency, research, and more.

Illinois Department of Public Health (IDPH): Illinois Department of Public Health (IDPH)

Illinois Department of Public Health (IDPH): Illinois State Cancer Registry

Kane County Community Health Survey

Kids Count: Kids Count

KIDS COUNT is a national and state-by-state project of the Annie E. Casey Foundation to provide data and track the well-being of children in the United States.

Feeding America: Map the Meal Gap

Map the Meal Gap generates two types of community-level data: Local food insecurity estimates among all individuals and children by income category and local food expenditure estimates among people who are food insecure and food secure Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020.

Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)

Metopio

Created by Metopio staff.

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Chronic diseases like cancer, heart disease, and diabetes are the leading causes of death and disability in the United States and the leading driver of the nation's $4.5 trillion annual health care costs. CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) supports healthy behaviors and preventive medical care to help people prevent and manage chronic diseases.

National Center for Education Statistics (NCES)

The National Center for Education Statistics (NCES) is the primary federal entity for collecting and analyzing education data in the United States and other nations

Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP)

The U.S. Small-area Life Expectancy Estimates Project (USALEEP) is a partnership of NCHS, the Robert Wood Johnson Foundation (RWJF), and the National Association for Public Health Statistics and Information Systems (NAPHSIS) to produce a new measure of health for where you live. The USALEEP project produced estimates of life expectancy at birth—the average number of years a person can expect to live—for most of the census tracts in the United States for the period 2010-2015.

Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

A National Provider Identifier is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI is the required identifier for Medicare services, and is also used by other payers, including commercial healthcare insurers. The NPI Registry provides information about all physicians in the country and their specialties.

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Beginning in 2021, age-adjusted rates are no longer available from the CDC at a county level. All data from 2021 onward is presented as crude rates. Please use caution when directly comparing data from before 2021 to data from 2021 onward. The National Vital Statistics System Mortality component (NVSS-M) obtains information on deaths from the registration offices of each of the 50 states, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and Northern Mariana Islands. The system is operated by the Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS). This data is available from the CDC Wonder data portal.

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N)

In the United States, State laws require birth certificates to be completed for all births, and Federal law mandates national collection and publication of births and other vital statistics data. The National Vital Statistics System, the Federal compilation of this data, is the result of the cooperation between the National Center for Health Statistics (NCHS) and the States to provide access to statistical information from birth certificates.

Centers for Disease Control and Prevention (CDC): PLACES

The PLACES Project is a collaboration between CDC, the Robert Wood Johnson Foundation (RWJF), and the CDC Foundation (CDCF). PLACES will allow counties, places, and local health departments regardless of population size and urban-rural status to better understand the burden and geographic distribution of health-related outcomes in their jurisdictions and assist them in planning public health interventions. PLACES is an extension of the original 500 Cities Project that provided city and census tract estimates for chronic disease risk factors, health outcomes, and clinical preventive services use for the 500 largest US cities. The PLACES Project provides model-based population-level analysis and community estimates to all counties, cities, census tracts, and ZIP codes across the United States.

Razzaghi, Wang, et al. (MMWR Morb Mortal Wkly Rep 2020)

Razzaghi H, Wang Y, Lu H, et al. Estimated County-Level Prevalence of Selected Underlying Medical Conditions Associated with Increased Risk for Severe COVID-19 Illness — United States, 2018. MMWR Morb Mortal Wkly Rep 2020;69:945–950.

State public health departments

The University of Wisconsin Population Institute

2020 County Health Rankings & Roadmaps.

United for Alice: United Way ALICE Data

Every two years, United For ALICE conducts a study of financial hardship at the national level in order to better understand economic disparity within and across states, to track changes over time, and to inform action that improves conditions for ALICE households nationwide.

Urban Institute

Vizient Inc

HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Rush University Medical Center

Mailing Address: Healthcare Finance, 1700 W Van Buren, Suite 161

City, State, Zip: Chicago, IL 60612

Reporting Period: July 1, 2024 through June 30, 2025

Taxpayer Number: 36-2174823

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
   - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) 2,557
   - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 6,465
   - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 1,696
   - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 697
   - E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care: $28,186,349
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:

   Charitable Trusts Bureau
   Office of the Illinois Attorney General
   100 West Randolph Street, 11th Floor
   Chicago, Illinois 60601

5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

   Health Care Bureau
   Office of the Illinois Attorney General
   100 West Randolph Street, 10th Floor
   Chicago, Illinois 60601

→

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

   Epic Electronic Health Record and Experian

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

   Epic Electronic Health Record and Experian

• • •

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): Omar B. Lateef, DO; President and Chief Executive Officer

Signature: [signature]

Date: 4/29/2026

• • •

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Omar B. Lateef, DO; President and Chief Executive Officer

Signature: [signature]

Date: 4/29/2026

• • •

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Omar B. Lateef, DO; President and Chief Executive Officer

Signature: [signature]

Date: 4/29/2026

Financial Assistance Application

Today's Date____________________

Patient Name______________________________________ Medical Record Number______________________

IMPORTANT: You may be able to receive free or discounted care.
Completing this application will help Rush University Medical Center, Rush-Copley Medical Center, or Rush Oak Park Hospital (Rush) determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to Rush.

If you are uninsured, a Social Security Number is not required to qualify for free or discounted care.

However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help Rush determine whether you qualify for any public programs.

Please complete this form and submit it to Rush in person, by mail, by email, or by fax to apply for free or discounted care **within 240 days following the date of discharge or receipt of outpatient care**. Please submit your application with all required supporting documents for review.

Please see page 5 of this application for information on how to contact Rush if you need help completing this application, have questions or need more information regarding the financial assistance application or policy, and for information on where to return the application.

You acknowledge that you have made a good faith effort to provide all information requested in the application to assist Rush in determining whether you are eligible for financial assistance.

Patient Information			
Name	Social Security Number	Date of Birth	
Home Address	City	State	Zip Code
Home Phone Number	Cell Phone Number	Email Address	
Preferred Method of Contact ☐ US Mail ☐ Email ☐ Home Phone ☐ Cell Phone		Annual Household Income	
Marital Status ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widow or Widower			
Number of People in Household	Number of Dependents of the Patient	Age of Patients Dependents	
Employment Status ☐ Employed ☐ Self-Employed ☐ Retired ☐ Disabled ☐ Unemployed Last Day of Work			
Employer Name		Phone Number	
Employer Address	City	State	Zip Code
Name of health insurance plan employer offers, including COBRA		☐ Employer does not offer health insurance	

Spouse, Partner, Parent or Guarantor (where applicable)			
Name	Social Security Number	Date of Birth	
Home Address	City	State	Zip Code

Home Phone Number	Cell Phone Number	Email Address

Relationship
☐ Spouse ☐ Partner ☐ Parent ☐ Guarantor ☐ Other

Employment Status
☐ Employed ☐ Self-Employed ☐ Retired ☐ Disabled ☐ Unemployed Last Day of Work

Employer Name		Phone Number	
Employer Address	City	State	Zip Code
Name of health insurance plan employer offers, including COBRA		☐ Employer does not offer health insurance	

Insurance Coverage

Are you covered or eligible for any health insurance policy? ☐ Yes ☐ No
If yes, check plan
☐ Medicare ☐ Medicare Supplement ☐ Medicare Part D ☐ Veterans' Benefits ☐ Illinois Medicaid
☐ Out of State Medicaid ☐Other:

Name of Policy Holder	Insurance Plan	Policy Number
Name of Policy Holder (if second policy)	Insurance Plan	Policy Number

Questionnaire

Was the patient an Illinois resident when care was rendered by the hospital? ☐ Yes ☐ No

Was the patient involved in an alleged accident? ☐ Yes ☐ No
If yes, ☐ Automobile Accident ☐ Workplace Injury ☐Other:

Have you hired an attorney or are you pursuing a claim for your injury or illness? ☐ Yes ☐ No
If yes, please provide:

Attorney Name	Attorney Phone Number

Was the patient a victim of an alleged crime? ☐ Yes ☐ No

Additional Information (Optional)

Illinois law requires the inclusion of this section on this application. Responses or nonresponses will not have any impact on the outcome of your application.

Sex (Legal)
☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to Say ☐ Other

Ethnicity
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to Say

Race
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African America
☐ Native Hawaiian /Other Pacific Islander ☐ White ☐ Prefer not to Say ☐ Other

Preferred Language
☐ English ☐ Spanish ☐ Prefer not to Say ☐ Other

Income Verification	
Please enclose your proof of family income. Acceptable family income documentation shall include any **one** of the following: (a) copy of the most recent tax return; (b) copy of most recent W-2 form and 1099 forms; (c) copies of the two most recent pay stubs; (d) written income verification from an employer, if paid in cash; or (e) a reasonable form of third-party income verification. *Family income* is the sum of a family's annual earnings for cash benefits from all income sources before taxes, less payments made for child support.	
	Estimated Monthly Income
Wages Earned	
Self-Employment	
Unemployment Compensation	
Social Security	
Social Security Disability	
Veterans' pension	
Veterans' disability	
Private Disability	
Workers' Compensation	
Temporary Assistance for Needy Families (TANF)	
Retirement Income	
Child Support, Alimony, or Other Spousal Support	
Other Income	
Asset and Estimated Asset Value Information	**Asset Value**
Checking Account	
Savings	
Stocks	
Certificates of Deposit	
Mutual Funds	
Health Savings / Flexible Spending Account	

CERTIFICATION STATEMENT

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital and/or physician bill. I understand that the information provided may be verified by Rush, and I authorize Rush to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the bill. Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General by calling 1-877-305-5145.

____

Applicant Name (Printed)

_______________________________________ _____________________

Patient or Applicant Signature Date

<u>Required Supporting Documentation</u>

Please provide the documentation outlined below. Failure to do so may result in a delay or denial of your application. If you cannot provide the requested documentation, please provide a letter of explanation.

- ☐ Fully completed and signed Financial Assistance Application

- ☐ Valid Photo ID (Driver's license, Passport, State-issued ID or other valid government issued ID)

- ☐ Proof of Illinois Residency *(Provide **<u>at least one</u>** of the following if a valid IL Driver's License, IL State issued ID, or temporary visitor's driver's license is not available)*
  - Lease Agreement
  - Recent utility bill
  - Mail from a government or other credible source
  - Letter from a homeless shelter, transitional house, or other similar facility verifying residency
  - Voter or vehicle registration card
  - A statement from a family member of the patient who resides at the same address and presents verification of residency
  - Any of the documents listed under the Family Income Verification section below

- ☐ Family Income Verification *(Provide **<u>any one</u>** of the following:)*
  - Copy of most recent tax return;
  - Copy of most recent W-2 form and 1099 forms;
  - Copies of two most recent pay stubs;
  - Written income verification from an employer if paid in cash;
  - A reasonable form of third-party income verification deemed acceptable by Rush

- ☐ Proof of Assets *(Provide all applicable documents for the assets listed below)*
  - Checking/Savings Account(s)
  - Stocks
  - Certificates of Deposit
  - Mutual Funds
  - Health Savings/Flexible Spending Account(s)

Supplemental/Other:

- ☐ Completed and signed "Authorization to Release Information" form if you have filed a lawsuit related to your illness, accident or work-related injury.

- ☐ Primary Residency? ☐ Own ☐ Rent ☐Other ____________________

- ☐ Secondary Residency? ☐ Own ☐ Rent ☐ Other ____________________

Contacting Rush

If you need help completing this application, have questions or need more information regarding the financial assistance application or policy, or have questions about your estimate, please contact Rush at:

Rush University Medical Center	Rush Copley Medical Center	Rush Oak Park Hospital
Phone: (312) 942-5967 Email: financial_counselor@rush.edu	Phone: (630) 978-4990 Email: RC_Business_Office@rush.edu	Phone: (708) 660-5603 Email: financial_counselor@rush.edu

Please return your completed application to:

Rush University Medical Center	Rush Copley Medical Center	Rush Oak Park Hospital
1653 W. Congress Pkwy Rm. 415 Atrium Bldg. Attn: Financial Counselors Chicago, IL 60612 Upload: MyChart.rush.edu	Patient Financial Services Dept 2000 Ogden Avenue Aurora, IL 60504 Upload: MyChart.rush.edu	520 S. Maple Ave Registration Department Attn: Financial Counselor Oak Park, IL 60304 Upload: MyChart.rush.edu

Required Supporting Documentation

Please provide the documentation outlined below. Failure to do so may result in a delay or denial of your application. If you cannot provide the documentation, please provide a letter of explanation.

- ☑ Fully completed and signed Application for Financial Assistance
- ☑ Valid Photo ID (Driver's license, Passport, State-issued ID or Valid government issued ID)
- ☑ Proof of Illinois Residency *(Provide **at least one** of the following if a valid IL Driver's License or IL State issued ID is not available)*
  - ☐ Rent receipt or lease
  - ☐ Recent utility bill with Illinois address
  - ☐ Mail from a government or other credible source
  - ☐ Letter from a homeless shelter
  - ☐ Voter registration card
- ☑ Tax Documents *(Provide the following)*
  - ☐ Most recent federal tax return (including all schedules)
  - ☐ **AND** most recent W-2 and 1099 forms
- ☑ Proof of Family Income *(Provide the following for the patient/guarantor and for each member of the patient/guarantor's household including spouse or partner)*
  - ☐ Copies of most recent pay stubs – 2 months (Employer, Unemployment, Social Security)
  - ☐ Written income verification if paid in cash
- ☑ Proof of Assets *(Provide all applicable documents for the assets listed below)*
  - ☐ Checking/Savings Account(s)
  - ☐ Stocks
  - ☐ Certificates of Deposit
  - ☐ Mutual Funds
  - ☐ Health Savings/Flexible Spending Account(s)
  - ☐ Credit Union Account(s)

Supplemental/Other:

- ☑ Completed and signed "Authorization to Release Information" form if you have filed a lawsuit related to your illness, accident or work-related injury.
- ☑ Primary Residency? Own ☐ Rent ☐ Other ______________________
- ☑ Secondary Residency? Own ☐ Rent ☐ None ☐ Other ______________

REQUEST FOR DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAM: FINANCIAL STATEMENT

Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE:
Completing this application will help Rush University Medical Center and/or Rush Oak Park Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However, a Social Security Number is required for some public program, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs. Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 90 days following the date of discharge or receipt of outpatient care.

If you meet the presumptive eligibility criteria, for example, enrolled in an assistance program for low-income (WIC, SNAP, Il Free Lunch Program, etc) or have an income at or below 200% of the federal poverty guidelines, you are not required to complete this application.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

1) Patient Information

PATIENT NAME: ____
Last First Middle Int.

ADDRESS: ____
Number and Street Apt.

____
City State Zip Code

PHONE: HOME ( ) ____________________ CELL ( ) ____________________

EMAIL ADDRESS: ____

DATE OF BIRTH:____/____/____

SOCIAL SECURITY NUMBER (not required if you are uninsured):______-_____-_______

If the patient's current or former spouse or partner is the guarantor for the patient, or if a parent or guardian is guarantor for a minor patient, please provide the following:

Guarantor Name: ____

Guarantor Address: ____

Guarantor Phone Number: (   ) ____________________

Was the patient an Illinois resident when care was rendered by the hospital? Yes ☐ No ☐
Was the patient involved in an alleged accident? Yes ☐ No ☐
Was the patient a victim of an alleged crime? Yes ☐ No ☐

Additional Information (Optional)

This section is a requirement of the State of Illinois. Responses or nonresponse will not have any impact on the outcome of your application. Please check appropriate responses below.

SEX (Legal):

Male: ☐

Female: ☐

Non-binary: ☐

Other: ___________

Prefer not to say: ☐

PREFERRED LANGUAGE:

English: ☐

Spanish: ☐

Other: ___________

Prefer not to say: ☐

ETHNICITY:

Hispanic or Latino: ☐

Not Hispanic or Latino: ☐

Prefer not to say: ☐

RACE:

American Indian or Alaska Native: ☐

Asian: ☐

Black or African American: ☐

Native Hawaiian or Other Pacific Islander: ☐

White: ☐

Other: ___________

Prefer not to say: ☐

2) Family Information

Number of persons in the patient's family or household. __________

Number of persons who are dependents of the patient.* __________

(*Number of individuals for whom the patient is financially responsible)

Ages of the patient's dependents:_____,_____,_____,_____,_____,_____,_____, _____

3) Family Employment and Income Information

Is the patient, patient's spouse or partner, or (in the case of a minor patient) the patient's parents or guardians currently employed? Yes ☐ No ☐

If yes, name of employer: ____________________ Phone ( ) __________

Name of second employer: ____________________ Phone ( ) __________

Name of third employer: ____________________ Phone ( ) __________

4) Gross monthly family income:

Please enclose your most recent federal tax return. In addition, please include the most recent documentation of family income, such as 2 months of paycheck stubs, benefits statements, award letters, court orders, or other documentation. *Family income* includes patient, spouse or partner income, or (in the case of a minor patient) income earned by the patient's parents or guardians from the following sources:

Estimated Monthly Income

- Wages Earned.. __________
- Self-employment .... __________
- Unemployment Compensation .... __________
- Social Security .... __________
- Social Security disability .... __________
- Veterans' pension .... __________
- Veterans' disability .... __________
- Private disability .... __________
- Workers' Compensation .... __________
- Temporary Assistance for Needy Families (TANF) .... __________
- Retirement income .... __________
- Child support, alimony or other spousal support................ __________
- Other income.. __________

5) Asset and estimated asset value information

Asset Value

- Checking Account... __________
- Savings .... __________
- Stocks .... __________
- Certificates of Deposit .... __________
- Mutual Funds .... __________
- Credit Union Account.. __________
- Health savings/Flexible Spending Account...................... __________

6) Insurance / benefit information:

Is the patient covered under any insurance plan? Yes ☐ No ☐

If yes, check plan:

☐ Medicare ☐ Medicare Part D ☐ Medicare Supplement
☐ Medicaid ☐ Veterans' benefits
☐ Health insurance: Name of plan: ______________________________

7) Certificate Statement:

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital and/or physician bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the bill. Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General via https://illinoisattorneygeneral.gov/consumers/hcform.pdf or by calling 1-877-305-5145.

____
Applicant Name (Printed)

______________________________ ____/____/____
Patient or Applicant Signature Date

Rush University Medical Center | Rush Copley Medical Center | Rush Oak Park Hospital
Rush Medical Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing

Section:	Financial Assistance Programs
Subject:	Financial Assistance Policy
Effective Date:	07/01/2024

Purpose

The provisions of this policy apply to Rush University Medical Center ("RUMC"), Rush Oak Park Hospital ("ROPH"), Rush Copley Medical Center ("RCMC"), and Rush Medical Group ("RMG"). Collectively known as "**Rush**". As part of Rush's mission to provide comprehensive, coordinated health care to our patients, we offer several financial assistance programs to help patients with their health care costs for medically necessary or emergent services. At Rush, all patients are treated with dignity regardless of their ability to pay. Emergency services will never be denied or delayed on the basis of a patient's ability to pay. This policy describes those circumstances under which Rush may provide care without charge or at a discount based on a patient's financial and clinical need, collectively referred to as Rush's 'Financial Assistance Programs'. This policy defines the guidelines and criteria to qualify for all components of Rush's Financial Assistance Programs. Any financial assistance awarded will be applied to the patient's responsibility for emergency or other medically necessary services only.

Financial assistance, as noted below, may cover a patient's deductibles and coinsurance remaining after insurance. Patient's copayments are not eligible for financial assistance. Similarly, financial assistance is not available to patients receiving care at Rush as out of network except for emergent services. Financial assistance is only available to patients whose services are deemed medically necessary or emergent.

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

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

A patient may be required to complete an application and provide supporting documentation as outlined below to determine eligibility. For the Presumptive Charity Care and Uninsured Patient Discount programs, Rush in its sole discretion may not require supporting documentation, provided Rush is able to verify eligibility through the use of a third-party service. If a patient qualifies for more than one program, the program that provides the greatest benefit to the patient will govern.

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

Exceptions to this policy will only be made in extraordinary circumstances and with the prior approval of the Vice President of Revenue Cycle, CFO or designee.

Financial Assistance Programs

Except as noted below, **proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification for any of the programs described in this policy.** "Illinois resident" means any person who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirements.

Rush's financial assistance programs are as follows:

1. **Presumptive Charity Care** – Hospital bill and professional bill is reduced by 100% on an episodic basis for uninsured patients only. The patient qualifies and is not required to complete an application if one of the following criteria is true:
   - Family Income is 0 – 200% of the Federal Poverty Guidelines
   - Patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid
   - Patient is enrolled in, or eligible for, an assistance program for low income individuals (WIC, SNAP, IL Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, Community Based Medical Assistance or receiving Grant Assistance).
   - Homeless, deceased with no estate, or mentally incapacitated with no one to act on the patient's behalf
   - Incarcerated in a penal institution

   This policy is intended to serve as Rush's Presumptive Eligibility Policy, as required by Illinois law. Rush will apply the stated presumptive eligibility criteria to uninsured patients as soon as practicable after receiving health care services from Rush and before Rush issues any bills for said services.

2. **Uninsured Patient Discount** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are uninsured and whose family income is equal to or below 600% of the Federal Poverty Guidelines. A patient is not required to complete a financial assistance application if Rush is able to substantiate through other means that the patient meets these qualifications.

3. **Charity Care Program** – Hospital bill and professional bill is reduced by 100%, on an episodic basis, subject to submission of all required documentation (as described below) for patients who are uninsured or insured and whose family income is equal to or below 300% of the Federal Poverty Guidelines. Charity Care benefit may be applied after payment by insurance to cover deductibles and coinsurance only. Copayments are not eligible for this discount.

4. **Underinsured Discount Program** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are underinsured and whose family income is greater than 300% and equal to or below 400% of the Federal Poverty Guidelines.

5. **Catastrophic Balance Program** – Hospital and professional bill is reduced up to a maximum of 20% of the household income on an episodic basis, during a rolling twelve-month period, subject to submission of all required documentation.

6. **Self-Pay Discount Program** – All uninsured patients who do not otherwise qualify for one of the financial assistance programs described above may qualify for a 50% discount regardless of state residency

7. Additional approved programs included in "Addendum 1".

Overview of the Financial Assistance Application Process

Patient Responsibilities – To be eligible for financial assistance, an individual must:

a. Exhaust all efforts to reduce your self-pay balance by:
   i. Applying for any state, federal or local assistance for which the individual may be eligible.
   ii. Maximizing insurance benefits by fulfilling all documentation requests and pursuing all available funding sources (health/home/auto insurance, worker's compensation, third-party liability, etc.)

iii. Applying all proceeds for medical care fundraising campaigns

b. Provide all required documentation;
    i. Complete Rush's Financial Assistance Application Form.
    ii. Provide all supporting data required to verify eligibility, including supporting documentation verifying income.

Copies of the financial assistance application, instructions and required supporting data are available online at www.rush.edu/financial-assistance, by requesting a copy in person at any of the Rush hospitals' patient admission or registration areas, or by requesting a free copy by mail by contacting the Rush hospital's Patient Access Department. Additional contact information is provided below.

c. Cooperate with Rush and provide the requested information and documentation in a timely manner;
    i. Patients may submit an application up to 240 days from the date on which Rush issues its first, post-discharge billing statement.
    ii. No collection action will be initiated until at least 120 days after a Rush facility provides its first post-discharge billing statement.

d. Complete the required application form truthfully;
    i. If a patient knowingly provides untrue information, he or she will be ineligible for financial assistance, any financial assistance that has been granted may be reversed, and the individual may become responsible for paying the entire bill.
    ii. If Rush receives an incomplete application, Rush will provide the patient or his or her legal representative with a list of the missing information or documentation and provide the patient 30 days to submit the missing information. If the patient does not timely provide the missing information, Rush may commence collection actions as described below.

e. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;

f. Notify Rush promptly of any change in financial situation so that Rush can assess the change's impact on the individual's eligibility for financial assistance or payment plan.

Upon receiving a completed application form, Rush will make best efforts to communicate promptly with the patient the status of the patient's application and eligibility determination.

If a patient is approved for charity care, Rush will apply the applicable financial assistance discount to all open balances. Refunds of any previous payments, with the exception of co-pays, on accounts shall be reviewed and provided as required by law and based upon the approval of the Application for payments that were made prior to the completion of the Application.

Charity Care is initially approved for <u>a period of 4 months</u> and will remain valid for 12 months before a new Application would be required, as long as the Application has refreshed financial information every 4 months after the initial approval

If a determination is made that a patient has the ability to pay for medically necessary services, such determination does not prevent a future reassessment of the patient's ability to pay. Patient has the right to discuss their eligibility determination by contacting a Financial Counselor at the address and telephone number listed below.

Services Excluded from Financial Assistance

For purposes of this policy, "medically necessary" means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. Accordingly, the following services are not considered to be "medically necessary" under this policy:

- Services defined by Medicare as non-covered. For example:
  - Elective procedures
  - Gastric bypass surgery
  - Experimental, including non-FDA approved procedures and devices or implants
  - Elective cosmetic surgery (but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity)
  - Nonmedical services such as social and vocational services
  - Eating Disorder Program
  - Ophthalmology lens implants
  - Infertility
  - Orthodontic Care
  - Robotic Assisted Surgical Techniques, if there is other conventional treatment available

- Other exclusions:
  - Services intended to solely improve appearance (i.e. Cosmetic), elective services to treat a condition of convenience or a condition not requiring immediate attention, and/or non- medically necessary services.
  - Services or procedures for which there is a reasonable substitute or if there is an alternative service or procedure that is covered by the patient's insurance company.
  - Services or procedures not covered by insurance for lack of medical necessity.

- Private physician groups and physician practices are not required to provide discounts in accordance with this financial assistance policy. The complete list of these excluded providers is available in "Addendum 2" at the end of this document.

For a complete list of excluded hospital services please contact a Financial Counselor or Customer Service Representative at the telephone numbers listed on the final page of this document.

Calculating Amounts Charged to Patients

No individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed for individuals who have insurance covering such care. The balance to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable). Under Illinois law, the maximum amount Rush may collect from uninsured patients is 20% of family income, during a twelve-month period.

Rush determines the amount generally billed (AGB) to individuals by reviewing paid claims from a prior 12 month period to determine the actual payment rate that Medicare and private insurers are collectively applying to Rush's billed charges. The intent is to ensure that the discount provided to financial assistance eligible patients is equal to or greater than the discount provided to patients with insurance. The current AGB payment rate as a percentage is available online at www.rush.edu/financial-assistance/AGB. Patients can also learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the telephone numbers listed on the final page of this document.

Collections and Other Actions Taken In the Event of Non-Payment

Rush has the right to pursue collections for unpaid and past due balances directly or through a third-party collection agency. If the Financial Assistance Application Form is not timely completed and submitted, Rush may pursue collections from the patient. Rush may list a patient's account with a credit agency or credit bureau. Rush reserves the right to seek to attach liens to insurance benefits/proceeds (auto, liability, life and health) in connection with its collection process to the extent third party liability insurance exists. No other personal judgments or liens will be sought or filed against financial assistance eligible individuals.

Before engaging in, or resuming, any of the extraordinary collection actions mentioned here (except the deferral or denial of care for non-payment of amounts for previous care), Rush will issue a written notice to the patient that (i) describes the specific collection activities it intends to initiate (or resume), (ii) provides a deadline after which such

action(s) will be initiated (or resumed), and (iii) includes a plain-language summary of this policy (the "ECA Initiation Notice"). Rush will also make a reasonable effort to notify the patient about the financial assistance policy and how he or she can get help with the financial assistance application process. Rush may initiate collection activities no earlier than 30 days from the date on which it issues the ECA Initiation Notice, either by mail or electronic mail.

Consistent with the Finance Clearance Policy, Rush may defer or deny (or require a payment before providing) medically necessary care, but not emergency care, due to a patient's nonpayment for prior care. Rush does not need to provide the ECA Initiation Notice described above before deferring or denying (or requiring a payment before providing) care based on past nonpayment. Rush will, however, provide separate notices, described below, after which it may defer or deny (or request payment before providing) care immediately.

The notification requirement specific to this collection action is satisfied if Rush provides a copy of its financial assistance application form to the patient, notifies him or her in writing that financial assistance is available, and provides the deadline after which it will not accept a financial assistance application for the previously provided care. Rush must also provide a plain language summary of this policy to the patient and orally notify the patient about this policy and how the patient can obtain help with completing the application.

The deadline to submit a financial assistance application must be no earlier than the later of 30 days from the date of the written notification or 240 days from the date of the first post-discharge billing statement for the previously provided care. If a financial assistance application is timely submitted, then Rush will process it on an expedited basis to minimize any risk to the patient's health.

Payment Plans

Monthly payment plans are available for individuals with outstanding patient balances. For additional information please see our patient billing resources at https://www.rush.edu/patients-visitors/billing.

Confidentiality

Rush respects the confidentiality and dignity of its patients and understands that the need to apply for financial assistance may be a sensitive issue. Rush staff will provide access to financial assistance related information only to those directly involved with the determination process and will comply with all HIPAA requirements for handling personal health information.

Publicizing the Policy

Each Rush hospital will widely publicize this program within the community it serves. To that end, Rush will take the following steps to ensure that members of the communities to be served by its hospitals are aware of the program and have access to this policy and the related documents.

- Rush will make a copy of this Policy available to the community by posting it online at www.rush.edu/financial-assistance along with downloadable copies of the financial assistance application (form and instructions), and a plain language summary of this Policy. There will be no fee for accessing these materials.
- Rush's hospitals will notify and inform visitors about this program through conspicuous public displays in places designed to attract visitors' attention.
- Rush will make available, in both print and online, this policy, the plain language summary, and the Financial Assistance Application Forms in English, Spanish, Chinese-Mandarin, Tagalog and Polish.
- Each billing statement for self-pay accounts will include information about the Financial Assistance Program.
- Each hospital will include information on the availability of financial assistance in patient guides provided to patients in the emergency room, hospital admission, or registration areas.

Contact Us

To obtain a copy of the financial assistance application forms, please visit www.rush.edu/financial-assistance. Paper copies of the application are also available in the following locations:

Emergency Department –1st Floor Tower
Rush Medical Labs – Professional Building, Room 439
Admitting Department – 4th Floor Atrium, Room 416
Outpatient Radiology – Professional Building, Room 461
Rush Oak Park Admitting/Registration/Emergency Department - 520 S Maple Ave, Oak Park (main Hospital) Rush Oak Park Financial Counselors - 520 S Maple Ave, Oak Park (main Hospital)
Rush Copley Medical Center - 2000 Ogden Ave, Aurora, IL 60504 (available at all Registration locations)

Rush University Medical Center, Rush Oak Park Hospital, and affiliated Providers of Rush Medical Group

Completed Applications should be returned or mailed to:
Rush University Medical Center
1653 W. Congress Pkwy
415 Atrium Building - Financial Counselors
Chicago, IL 60612
(312) 942-5967, Monday through Friday, 8 am to 4:30 pm
Or email us at financial_counselor@rush.edu

Billing questions should be referred to:
Customer Service
(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm
Or email us at billing_info@rush.edu

Rush Copley Medical Center and affiliated Providers of Rush Medical Group

Completed Applications should be returned or mailed to:
Rush Copley Medical Center
2000 Ogden Avenue
Aurora, IL 60504
(630) 978-4990, Monday through Friday, 8 am to 4:30 pm
Or email us at RC_Business_Office@rush.edu

Billing questions should be referred to:
Customer Service
(630) 978-4990, Monday through Friday, 8 am to 4:30 pm
Email us at: RC_Business_Office@rush.edu

Definitions

Amounts Generally Billed/Amounts Generally Billed Discount: The discount required to ensure that charges for care for Emergency Services or other Medically Necessary care provided during an outpatient visit or inpatient stay to individuals eligible for Assistance under this Policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care. Calculation of the Amount Generally Billed Discount shall be in accordance with law based on the look-back method.

Applicant: An Applicant is the person submitting an Application, including the Patient and/or the Patient's Guarantor.

Application: An Assistance Application.

Application Period: The period during which Rush must accept and process an Application in order to have made reasonable efforts to determine whether the Applicant is eligible for Assistance. The Application Period begins on the date the care was provided to the individual and ends on the 240th day after the date of the first post-discharge billing statement.

Billed Charge(s): The fees charged for a service based on the charge master in effect at the time of service prior to applying any contractual allowances, discounts, or deductions.

Emergency Services: Emergency Services include services received through the Emergency Department for Emergency Medical Conditions, or other services identified and set forth in an appendix to this policy.

Extraordinary Collection Action: Those actions that Rush may take against an individual related to obtaining payment in full for a bill covered under the Assistance. These efforts may include requiring payment for previously-rendered care and/or placing a lien on a patient's property.

Federal Poverty Guideline(s): The Federal Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of 42 USC 9902(2). The guidelines are attached in a separate table and will be adjusted annually following the release of the update poverty guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.

Guarantor: The individual who is financially responsible for services rendered to a patient.

Household Income: Income attributable to the Applicant's household based on definitions used by the U.S. Bureau of the Census. Household Income includes all pre-tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Household Income.
If the Applicant indicates that the adjusted gross income listed on the Applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.). Household Income includes the income of all members of the household.

Illinois Resident: An Illinois Resident is a patient who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act ("HUPDA"). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does *not* require that the Patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition. Rush includes the additional three collar counties of Lake, LaPorte and Porter.

Insured Patient: A patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance, or other third-party liability.

Medically Necessary: Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the patient. A "Medically Necessary" service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

Patient: The individual receiving services.

Plain Language Summary: A clear, concise, and easy-to-understand written statement that notifies an individual that Rush offers Assistance and provides the following information: (i) brief description of the eligibility requirements and assistance offered under this Policy; (ii) a brief summary of how to apply for Assistance under this Policy; (iii) a direct listing of a website address or URL and physical locations where a copy of this Policy and the Applications may be obtained; (iv) instructions on how to obtain a free copy of the Policy and Application by mail; (v) contact information (including telephone numbers and physical location, if applicable) of the offices or departments who can provide an individual with the Application process; (vi) availability of translations; and (vii) a statement that no Assistance-eligible Patient will be charged more than the Amounts Generally Billed.

Uninsured Patient: A Patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance, or other third-party liability.

Addendum 1: Rush University Medical Center, Rush Oak Park Hospital, and Affiliated Providers

Additional Discounts Available

Available programs include the following:

Non-covered Discount
For certain non-covered or not medically necessary services, including but not limited to cosmetic procedures, in vitro fertilization and bariatric surgeries, Rush has developed package pricing. For other non-covered or non medically necessary services for which package pricing is not available, patients may be eligible for up to a 50%discount off charges. This discount as well as any package pricing apply to all patients regardless of state residency or insurance status.

Other discounts may not be used in conjunction with package pricing. Further, financial assistance discounts, the uninsured patient discount and the non-covered discount may not be used in conjunction with each other. All or a portion of the payment may be required up front. Patients seeking these discounts are encouraged to speak with a financial counselor or customer service in advance of the service being provided

Ultra-Rare Disease
Only patients enrolled in a clinical trial through Rush for an ultra-rare disease, as defined by the National Institutes of Health, need not submit proof of Illinois residency, but still must satisfy all other requirements set forth in this Policy to qualify for Rush's Presumptive Charity Care, Charity Care or Uninsured Patient Discount.

Rush University Medical Center | Rush Copley Medical Center | Rush Oak Park Hospital
Affiliated Providers
Policy and Procedure for Patient Access and Patient Billing

Section:	Financial Assistance Programs – Addendum 2
Subject:	Financial Assistance Policy – Excluded Providers
Date:	7/1/2024

List of Providers Who DO NOT Follow
Rush's Financial Assistance Policy

The billing practices and discounts associated with Rush's Financial Assistance Program DO NOT apply to the following physicians or physician groups and/or their affiliated physicians. Therefore, any fees associated with these physicians or physician groups are excluded from the policy.

Physician Group:

Advanced Urology, LTD
All For Women Healthcare
Ann & Robert H Lurie Children's Hospital
Advocate Physician Partners
Apollo Emergency Physicians
Benedict L Gierl MD and Associates
Cardiothoracic & Vas. Surg Assoc., SC
Center for Derm. & Aesthetic Med. LLC
Chicago Cornea Consultants, Ltd
Chicago Eye Specialists
Chicago Glaucoma Consultants
Christy Cardiology, Ltd
Comprehensive Cntr for Women's Med, LLC
Dreyer Medical Group
Duly Health
Edmund J. Lewis & Associates, SC
Elmhurst Neuroscience Institute
Empact Emergency Phys. Partners
Encinas Medical Center
Esperanza Health Centers
Eye Care, Ltd
Eye Center Physicians, Ltd
From Pain to Wellness, LLC
Geriatric Care Partners
Guardian Anesthesia
Illinois Cardiovascular Specialists
Illinois Retina Associates, SC
Innovative Care, LLC
Kehoe & Djordjevic, SC
Lake Street Family Physicians, SC
Marianjoy Medical Group
MD2 Chicago
Midwest Orthopaedics at Rush, LLC
Midwest Podiatry Services, LTD
Millennium Park Medical Assoc., SC
MWM Medical, SC
NAPA Anesthesia
NCH Neurosciences Center
Neurological Surgery & Spine Surgery
North Shore Medical Associates
NYE Partners
Palmer & Zavala, SC
Pathology Associates of Aurora, LLC
Plastic and Reconstructive Surgery
Quest Diagnostics
Quintessential Care
Rehab Associates of Chicago
Rheumatology Associates, SC
Select Medical
Shift Medical Ltd
The Gynecology Inst. of Chicago, Ltd
Thomas R. Mizen, M.D. & Assoc., LLC
UIC Physician Group
University Anesthesiologists, SC
University Cardiologists
University Ophthalmology Assoc.
University Pathology Diagnostics, SC
UroPartners, LLC
Valley Imaging Associates
Whole Beauty Institute
Woman to Woman Healthcare
Women's Health Consultants
Your Health and Wellness
Zavala Internists, SC

HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Rush Oak Park Hospital

Mailing Address: 520 S. Maple Avenue

City, State, Zip: Oak Park, IL 60304

Reporting Period: July 1, 2024 through June 30, 2025

Taxpayer Number: 36-2183812

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
   - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) 2,026
   - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 3,150
   - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 1,379
   - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 546
   - E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care: $4,680,262
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:

   Charitable Trusts Bureau
   Office of the Illinois Attorney General
   100 West Randolph Street, 11th Floor
   Chicago, Illinois 60601

5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

   Health Care Bureau
   Office of the Illinois Attorney General
   100 West Randolph Street, 10th Floor
   Chicago, Illinois 60601

→

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:
   Epic Electronic Health Record and Experian

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:
   Epic Electronic Health Record and Experian

• • •

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): Omar B. Lateef, DO; President and Chief Executive Officer

Signature: [signature]

Date: 4/29/2026

• • •

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Omar B. Lateef, DO; President and Chief Executive Officer

Signature: [signature]

Date: 4/29/2026

• • •

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Omar B. Lateef, DO; President and Chief Executive Officer

Signature: [signature]

Date: 4/29/2026

Financial Assistance Application

Today's Date____________________

Patient Name______________________________________ Medical Record Number______________________

IMPORTANT: You may be able to receive free or discounted care.
Completing this application will help Rush University Medical Center, Rush-Copley Medical Center, or Rush Oak Park Hospital (Rush) determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to Rush.

If you are uninsured, a Social Security Number is not required to qualify for free or discounted care.

However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help Rush determine whether you qualify for any public programs.

Please complete this form and submit it to Rush in person, by mail, by email, or by fax to apply for free or discounted care **within 240 days following the date of discharge or receipt of outpatient care**. Please submit your application with all required supporting documents for review.

Please see page 5 of this application for information on how to contact Rush if you need help completing this application, have questions or need more information regarding the financial assistance application or policy, and for information on where to return the application.

You acknowledge that you have made a good faith effort to provide all information requested in the application to assist Rush in determining whether you are eligible for financial assistance.

Patient Information			
Name	Social Security Number	Date of Birth	
Home Address	City	State	Zip Code
Home Phone Number	Cell Phone Number	Email Address	
Preferred Method of Contact ☐ US Mail ☐ Email ☐ Home Phone ☐ Cell Phone		Annual Household Income	
Marital Status ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widow or Widower			
Number of People in Household	Number of Dependents of the Patient	Age of Patients Dependents	
Employment Status ☐ Employed ☐ Self-Employed ☐ Retired ☐ Disabled ☐ Unemployed Last Day of Work			
Employer Name		Phone Number	
Employer Address	City	State	Zip Code
Name of health insurance plan employer offers, including COBRA		☐ Employer does not offer health insurance	

Spouse, Partner, Parent or Guarantor (where applicable)			
Name	Social Security Number	Date of Birth	
Home Address	City	State	Zip Code
Home Phone Number	Cell Phone Number	Email Address	
Relationship ☐ Spouse ☐ Partner ☐ Parent ☐ Guarantor ☐ Other			
Employment Status ☐ Employed ☐ Self-Employed ☐ Retired ☐ Disabled ☐ Unemployed Last Day of Work			
Employer Name		Phone Number	
Employer Address	City	State	Zip Code
Name of health insurance plan employer offers, including COBRA		☐ Employer does not offer health insurance	

Insurance Coverage		
Are you covered or eligible for any health insurance policy? ☐ Yes ☐ No If yes, check plan ☐ Medicare ☐ Medicare Supplement ☐ Medicare Part D ☐ Veterans' Benefits ☐ Illinois Medicaid ☐ Out of State Medicaid ☐Other:		
Name of Policy Holder	Insurance Plan	Policy Number
Name of Policy Holder (if second policy)	Insurance Plan	Policy Number

Questionnaire	
Was the patient an Illinois resident when care was rendered by the hospital? ☐ Yes ☐ No	
Was the patient involved in an alleged accident? ☐ Yes ☐ No If yes, ☐ Automobile Accident ☐ Workplace Injury ☐Other:	
Have you hired an attorney or are you pursuing a claim for your injury or illness? ☐ Yes ☐ No If yes, please provide:	
Attorney Name	Attorney Phone Number
Was the patient a victim of an alleged crime? ☐ Yes ☐ No	
Additional Information (Optional) Illinois law requires the inclusion of this section on this application. Responses or nonresponses will not have any impact on the outcome of your application.	
Sex (Legal) ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to Say ☐ Other	
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to Say	
Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African America ☐ Native Hawaiian /Other Pacific Islander ☐ White ☐ Prefer not to Say ☐ Other	
Preferred Language ☐ English ☐ Spanish ☐ Prefer not to Say ☐ Other	

Income Verification	
Please enclose your proof of family income. Acceptable family income documentation shall include any **one** of the following: (a) copy of the most recent tax return; (b) copy of most recent W-2 form and 1099 forms; (c) copies of the two most recent pay stubs; (d) written income verification from an employer, if paid in cash; or (e) a reasonable form of third-party income verification. *Family income* is the sum of a family's annual earnings for cash benefits from all income sources before taxes, less payments made for child support.	
	Estimated Monthly Income
Wages Earned	
Self-Employment	
Unemployment Compensation	
Social Security	
Social Security Disability	
Veterans' pension	
Veterans' disability	
Private Disability	
Workers' Compensation	
Temporary Assistance for Needy Families (TANF)	
Retirement Income	
Child Support, Alimony, or Other Spousal Support	
Other Income	
Asset and Estimated Asset Value Information	**Asset Value**
Checking Account	
Savings	
Stocks	
Certificates of Deposit	
Mutual Funds	
Health Savings / Flexible Spending Account	

CERTIFICATION STATEMENT

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital and/or physician bill. I understand that the information provided may be verified by Rush, and I authorize Rush to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the bill. Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General by calling 1-877-305-5145.

____
Applicant Name (Printed)

______________________________ ____________________
Patient or Applicant Signature Date

Required Supporting Documentation

Please provide the documentation outlined below. Failure to do so may result in a delay or denial of your application. If you cannot provide the requested documentation, please provide a letter of explanation.

- ☐ Fully completed and signed Financial Assistance Application

- ☐ Valid Photo ID (Driver's license, Passport, State-issued ID or other valid government issued ID)

- ☐ Proof of Illinois Residency *(Provide **at least one** of the following if a valid IL Driver's License, IL State issued ID, or temporary visitor's driver's license is not available)*
  - Lease Agreement
  - Recent utility bill
  - Mail from a government or other credible source
  - Letter from a homeless shelter, transitional house, or other similar facility verifying residency
  - Voter or vehicle registration card
  - A statement from a family member of the patient who resides at the same address and presents verification of residency
  - Any of the documents listed under the Family Income Verification section below

- ☐ Family Income Verification *(Provide **any one** of the following:)*
  - Copy of most recent tax return;
  - Copy of most recent W-2 form and 1099 forms;
  - Copies of two most recent pay stubs;
  - Written income verification from an employer if paid in cash;
  - A reasonable form of third-party income verification deemed acceptable by Rush

- ☐ Proof of Assets *(Provide all applicable documents for the assets listed below)*
  - Checking/Savings Account(s)
  - Stocks
  - Certificates of Deposit
  - Mutual Funds
  - Health Savings/Flexible Spending Account(s)

Supplemental/Other:

- ☐ Completed and signed "Authorization to Release Information" form if you have filed a lawsuit related to your illness, accident or work-related injury.

- ☐ Primary Residency? ☐ Own ☐ Rent ☐Other ___________________

- ☐ Secondary Residency? ☐ Own ☐ Rent ☐ Other ___________________

Contacting Rush

If you need help completing this application, have questions or need more information regarding the financial assistance application or policy, or have questions about your estimate, please contact Rush at:

Rush University Medical Center	**Rush Copley Medical Center**	**Rush Oak Park Hospital**
Phone: (312) 942-5967 Email: financial_counselor@rush.edu	Phone: (630) 978-4990 Email: RC_Business_Office@rush.edu	Phone: (708) 660-5603 Email: financial_counselor@rush.edu

Please return your completed application to:

Rush University Medical Center	**Rush Copley Medical Center**	**Rush Oak Park Hospital**
1653 W. Congress Pkwy Rm. 415 Atrium Bldg. Attn: Financial Counselors Chicago, IL 60612 Upload: MyChart.rush.edu	Patient Financial Services Dept 2000 Ogden Avenue Aurora, IL 60504 Upload: MyChart.rush.edu	520 S. Maple Ave Registration Department Attn: Financial Counselor Oak Park, IL 60304 Upload: MyChart.rush.edu

Required Supporting Documentation

Please provide the documentation outlined below. Failure to do so may result in a delay or denial of your application. If you cannot provide the documentation, please provide a letter of explanation.

- ☑ Fully completed and signed Application for Financial Assistance
- ☑ Valid Photo ID (Driver's license, Passport, State-issued ID or Valid government issued ID)
- ☑ Proof of Illinois Residency *(Provide **at least one** of the following if a valid IL Driver's License or IL State issued ID is not available)*
  - ☐ Rent receipt or lease
  - ☐ Recent utility bill with Illinois address
  - ☐ Mail from a government or other credible source
  - ☐ Letter from a homeless shelter
  - ☐ Voter registration card
- ☑ Tax Documents *(Provide the following)*
  - ☐ Most recent federal tax return (including all schedules)
  - ☐ **AND** most recent W-2 and 1099 forms
- ☑ Proof of Family Income *(Provide the following for the patient/guarantor and for each member of the patient/guarantor's household including spouse or partner)*
  - ☐ Copies of most recent pay stubs – 2 months (Employer, Unemployment, Social Security)
  - ☐ Written income verification if paid in cash
- ☑ Proof of Assets *(Provide all applicable documents for the assets listed below)*
  - ☐ Checking/Savings Account(s)
  - ☐ Stocks
  - ☐ Certificates of Deposit
  - ☐ Mutual Funds
  - ☐ Health Savings/Flexible Spending Account(s)
  - ☐ Credit Union Account(s)

Supplemental/Other:

- ☑ Completed and signed "Authorization to Release Information" form if you have filed a lawsuit related to your illness, accident or work-related injury.
- ☑ Primary Residency? Own ☐ Rent ☐ Other ______________
- ☑ Secondary Residency? Own ☐ Rent ☐ None ☐ Other ______________

REQUEST FOR DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAM: FINANCIAL STATEMENT

Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE:
Completing this application will help Rush University Medical Center and/or Rush Oak Park Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However, a Social Security Number is required for some public program, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs. Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 90 days following the date of discharge or receipt of outpatient care.

If you meet the presumptive eligibility criteria, for example, enrolled in an assistance program for low-income (WIC, SNAP, Il Free Lunch Program, etc) or have an income at or below 200% of the federal poverty guidelines, you are not required to complete this application.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

1) Patient Information

PATIENT NAME: ____
Last First Middle Int.

ADDRESS: ____
Number and Street Apt.

____
City State Zip Code

PHONE: HOME ( ) ____________________ CELL ( ) ____________________

EMAIL ADDRESS: ____

DATE OF BIRTH:____/____/____

SOCIAL SECURITY NUMBER (not required if you are uninsured):______-_____-_______

If the patient's current or former spouse or partner is the guarantor for the patient, or if a parent or guardian is guarantor for a minor patient, please provide the following:

Guarantor Name: ______________________________

Guarantor Address: ______________________________

Guarantor Phone Number: (   ) ______________

Was the patient an Illinois resident when care was rendered by the hospital? Yes ☐ No ☐

Was the patient involved in an alleged accident? Yes ☐ No ☐

Was the patient a victim of an alleged crime? Yes ☐ No ☐

Additional Information (Optional)

This section is a requirement of the State of Illinois. Responses or nonresponse will not have any impact on the outcome of your application. Please check appropriate responses below.

SEX (Legal):

Male: ☐

Female: ☐

Non-binary: ☐

Other: __________

Prefer not to say: ☐

PREFERRED LANGUAGE:

English: ☐

Spanish: ☐

Other: __________

Prefer not to say: ☐

ETHNICITY:

Hispanic or Latino: ☐

Not Hispanic or Latino: ☐

Prefer not to say: ☐

RACE:

American Indian or Alaska Native: ☐

Asian: ☐

Black or African American: ☐

Native Hawaiian or Other Pacific Islander: ☐

White: ☐

Other: __________

Prefer not to say: ☐

2) Family Information

Number of persons in the patient's family or household. __________

Number of persons who are dependents of the patient.* __________

(*Number of individuals for whom the patient is financially responsible)

Ages of the patient's dependents:_____,_____,_____,_____,_____,_____,_____, _____

3) Family Employment and Income Information

Is the patient, patient's spouse or partner, or (in the case of a minor patient) the patient's parents or guardians currently employed? Yes ☐ No ☐

If yes, name of employer: ______________________ Phone ( ) ____________

Name of second employer: ______________________ Phone ( ) ____________

Name of third employer: ______________________ Phone ( ) ____________

4) Gross monthly family income:

Please enclose your most recent federal tax return. In addition, please include the most recent documentation of family income, such as 2 months of paycheck stubs, benefits statements, award letters, court orders, or other documentation. *Family income* includes patient, spouse or partner income, or (in the case of a minor patient) income earned by the patient's parents or guardians from the following sources:

Estimated Monthly Income

- Wages Earned.. ____________
- Self-employment .... ____________
- Unemployment Compensation .... ____________
- Social Security .... ____________
- Social Security disability .... ____________
- Veterans' pension .... ____________
- Veterans' disability .... ____________
- Private disability .... ____________
- Workers' Compensation .... ____________
- Temporary Assistance for Needy Families (TANF) .... ____________
- Retirement income .... ____________
- Child support, alimony or other spousal support................ ____________
- Other income... ____________

5) Asset and estimated asset value information

Asset Value

- Checking Account... ____________
- Savings .... ____________
- Stocks .... ____________
- Certificates of Deposit .... ____________
- Mutual Funds .... ____________
- Credit Union Account.. ____________
- Health savings/Flexible Spending Account...................... ____________

6) Insurance / benefit information:

Is the patient covered under any insurance plan? Yes ☐ No ☐

If yes, check plan:

☐ Medicare ☐ Medicare Part D ☐ Medicare Supplement
☐ Medicaid ☐ Veterans' benefits
☐ Health insurance: Name of plan: ______________________________

7) Certificate Statement:

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital and/or physician bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the bill. Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General via https://illinoisattorneygeneral.gov/consumers/hcform.pdf or by calling 1-877-305-5145.

____
Applicant Name (Printed)

______________________________   ____/____/____
Patient or Applicant Signature   Date

Rush University Medical Center | Rush Copley Medical Center | Rush Oak Park Hospital
Rush Medical Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing

Section:	Financial Assistance Programs
Subject:	Financial Assistance Policy
Effective Date:	07/01/2024

Purpose

The provisions of this policy apply to Rush University Medical Center ("RUMC"), Rush Oak Park Hospital ("ROPH"), Rush Copley Medical Center ("RCMC"), and Rush Medical Group ("RMG"). Collectively known as "**Rush**". As part of Rush's mission to provide comprehensive, coordinated health care to our patients, we offer several financial assistance programs to help patients with their health care costs for medically necessary or emergent services. At Rush, all patients are treated with dignity regardless of their ability to pay. Emergency services will never be denied or delayed on the basis of a patient's ability to pay. This policy describes those circumstances under which Rush may provide care without charge or at a discount based on a patient's financial and clinical need, collectively referred to as Rush's 'Financial Assistance Programs'. This policy defines the guidelines and criteria to qualify for all components of Rush's Financial Assistance Programs. Any financial assistance awarded will be applied to the patient's responsibility for emergency or other medically necessary services only.

Financial assistance, as noted below, may cover a patient's deductibles and coinsurance remaining after insurance. Patient's copayments are not eligible for financial assistance. Similarly, financial assistance is not available to patients receiving care at Rush as out of network except for emergent services. Financial assistance is only available to patients whose services are deemed medically necessary or emergent.

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

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

A patient may be required to complete an application and provide supporting documentation as outlined below to determine eligibility. For the Presumptive Charity Care and Uninsured Patient Discount programs, Rush in its sole discretion may not require supporting documentation, provided Rush is able to verify eligibility through the use of a third-party service. If a patient qualifies for more than one program, the program that provides the greatest benefit to the patient will govern.

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

Exceptions to this policy will only be made in extraordinary circumstances and with the prior approval of the Vice President of Revenue Cycle, CFO or designee.

Financial Assistance Programs

Except as noted below, **proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification for any of the programs described in this policy.** "Illinois resident" means any person who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirements.

Rush's financial assistance programs are as follows:

1. **Presumptive Charity Care** – Hospital bill and professional bill is reduced by 100% on an episodic basis for uninsured patients only. The patient qualifies and is not required to complete an application if one of the following criteria is true:
   - Family Income is 0 – 200% of the Federal Poverty Guidelines
   - Patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid
   - Patient is enrolled in, or eligible for, an assistance program for low income individuals (WIC, SNAP, IL Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, Community Based Medical Assistance or receiving Grant Assistance).
   - Homeless, deceased with no estate, or mentally incapacitated with no one to act on the patient's behalf
   - Incarcerated in a penal institution

   This policy is intended to serve as Rush's Presumptive Eligibility Policy, as required by Illinois law. Rush will apply the stated presumptive eligibility criteria to uninsured patients as soon as practicable after receiving health care services from Rush and before Rush issues any bills for said services.

2. **Uninsured Patient Discount** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are uninsured and whose family income is equal to or below 600% of the Federal Poverty Guidelines. A patient is not required to complete a financial assistance application if Rush is able to substantiate through other means that the patient meets these qualifications.

3. **Charity Care Program** – Hospital bill and professional bill is reduced by 100%, on an episodic basis, subject to submission of all required documentation (as described below) for patients who are uninsured or insured and whose family income is equal to or below 300% of the Federal Poverty Guidelines. Charity Care benefit may be applied after payment by insurance to cover deductibles and coinsurance only. Copayments are not eligible for this discount.

4. **Underinsured Discount Program** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are underinsured and whose family income is greater than 300% and equal to or below 400% of the Federal Poverty Guidelines.

5. **Catastrophic Balance Program** – Hospital and professional bill is reduced up to a maximum of 20% of the household income on an episodic basis, during a rolling twelve-month period, subject to submission of all required documentation.

6. **Self-Pay Discount Program** – All uninsured patients who do not otherwise qualify for one of the financial assistance programs described above may qualify for a 50% discount regardless of state residency

7. Additional approved programs included in "Addendum 1".

Overview of the Financial Assistance Application Process

Patient Responsibilities – To be eligible for financial assistance, an individual must:

a. Exhaust all efforts to reduce your self-pay balance by:
   i. Applying for any state, federal or local assistance for which the individual may be eligible.
   ii. Maximizing insurance benefits by fulfilling all documentation requests and pursuing all available funding sources (health/home/auto insurance, worker's compensation, third-party liability, etc.)

iii. Applying all proceeds for medical care fundraising campaigns

b. Provide all required documentation;
    i. Complete Rush's Financial Assistance Application Form.
    ii. Provide all supporting data required to verify eligibility, including supporting documentation verifying income.

Copies of the financial assistance application, instructions and required supporting data are available online at www.rush.edu/financial-assistance, by requesting a copy in person at any of the Rush hospitals' patient admission or registration areas, or by requesting a free copy by mail by contacting the Rush hospital's Patient Access Department. Additional contact information is provided below.

c. Cooperate with Rush and provide the requested information and documentation in a timely manner;
    i. Patients may submit an application up to 240 days from the date on which Rush issues its first, post-discharge billing statement.
    ii. No collection action will be initiated until at least 120 days after a Rush facility provides its first post-discharge billing statement.

d. Complete the required application form truthfully;
    i. If a patient knowingly provides untrue information, he or she will be ineligible for financial assistance, any financial assistance that has been granted may be reversed, and the individual may become responsible for paying the entire bill.
    ii. If Rush receives an incomplete application, Rush will provide the patient or his or her legal representative with a list of the missing information or documentation and provide the patient 30 days to submit the missing information. If the patient does not timely provide the missing information, Rush may commence collection actions as described below.

e. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;

f. Notify Rush promptly of any change in financial situation so that Rush can assess the change's impact on the individual's eligibility for financial assistance or payment plan.

Upon receiving a completed application form, Rush will make best efforts to communicate promptly with the patient the status of the patient's application and eligibility determination.

If a patient is approved for charity care, Rush will apply the applicable financial assistance discount to all open balances. Refunds of any previous payments, with the exception of co-pays, on accounts shall be reviewed and provided as required by law and based upon the approval of the Application for payments that were made prior to the completion of the Application.

Charity Care is initially approved for a period of 4 months and will remain valid for 12 months before a new Application would be required, as long as the Application has refreshed financial information every 4 months after the initial approval

If a determination is made that a patient has the ability to pay for medically necessary services, such determination does not prevent a future reassessment of the patient's ability to pay. Patient has the right to discuss their eligibility determination by contacting a Financial Counselor at the address and telephone number listed below.

Services Excluded from Financial Assistance

For purposes of this policy, "medically necessary" means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. Accordingly, the following services are not considered to be "medically necessary" under this policy:

- Services defined by Medicare as non-covered. For example:
  - Elective procedures
  - Gastric bypass surgery
  - Experimental, including non-FDA approved procedures and devices or implants
  - Elective cosmetic surgery (but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity)
  - Nonmedical services such as social and vocational services
  - Eating Disorder Program
  - Ophthalmology lens implants
  - Infertility
  - Orthodontic Care
  - Robotic Assisted Surgical Techniques, if there is other conventional treatment available

- Other exclusions:
  - Services intended to solely improve appearance (i.e. Cosmetic), elective services to treat a condition of convenience or a condition not requiring immediate attention, and/or non- medically necessary services.
  - Services or procedures for which there is a reasonable substitute or if there is an alternative service or procedure that is covered by the patient's insurance company.
  - Services or procedures not covered by insurance for lack of medical necessity.

- Private physician groups and physician practices are not required to provide discounts in accordance with this financial assistance policy. The complete list of these excluded providers is available in "Addendum 2" at the end of this document.

For a complete list of excluded hospital services please contact a Financial Counselor or Customer Service Representative at the telephone numbers listed on the final page of this document.

Calculating Amounts Charged to Patients

No individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed for individuals who have insurance covering such care. The balance to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable). Under Illinois law, the maximum amount Rush may collect from uninsured patients is 20% of family income, during a twelve-month period.

Rush determines the amount generally billed (AGB) to individuals by reviewing paid claims from a prior 12 month period to determine the actual payment rate that Medicare and private insurers are collectively applying to Rush's billed charges. The intent is to ensure that the discount provided to financial assistance eligible patients is equal to or greater than the discount provided to patients with insurance. The current AGB payment rate as a percentage is available online at www.rush.edu/financial-assistance/AGB. Patients can also learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the telephone numbers listed on the final page of this document.

Collections and Other Actions Taken In the Event of Non-Payment

Rush has the right to pursue collections for unpaid and past due balances directly or through a third-party collection agency. If the Financial Assistance Application Form is not timely completed and submitted, Rush may pursue collections from the patient. Rush may list a patient's account with a credit agency or credit bureau. Rush reserves the right to seek to attach liens to insurance benefits/proceeds (auto, liability, life and health) in connection with its collection process to the extent third party liability insurance exists. No other personal judgments or liens will be sought or filed against financial assistance eligible individuals.

Before engaging in, or resuming, any of the extraordinary collection actions mentioned here (except the deferral or denial of care for non-payment of amounts for previous care), Rush will issue a written notice to the patient that (i) describes the specific collection activities it intends to initiate (or resume), (ii) provides a deadline after which such

action(s) will be initiated (or resumed), and (iii) includes a plain-language summary of this policy (the "ECA Initiation Notice"). Rush will also make a reasonable effort to notify the patient about the financial assistance policy and how he or she can get help with the financial assistance application process. Rush may initiate collection activities no earlier than 30 days from the date on which it issues the ECA Initiation Notice, either by mail or electronic mail.

Consistent with the Finance Clearance Policy, Rush may defer or deny (or require a payment before providing) medically necessary care, but not emergency care, due to a patient's nonpayment for prior care. Rush does not need to provide the ECA Initiation Notice described above before deferring or denying (or requiring a payment before providing) care based on past nonpayment. Rush will, however, provide separate notices, described below, after which it may defer or deny (or request payment before providing) care immediately.

The notification requirement specific to this collection action is satisfied if Rush provides a copy of its financial assistance application form to the patient, notifies him or her in writing that financial assistance is available, and provides the deadline after which it will not accept a financial assistance application for the previously provided care. Rush must also provide a plain language summary of this policy to the patient and orally notify the patient about this policy and how the patient can obtain help with completing the application.

The deadline to submit a financial assistance application must be no earlier than the later of 30 days from the date of the written notification or 240 days from the date of the first post-discharge billing statement for the previously provided care. If a financial assistance application is timely submitted, then Rush will process it on an expedited basis to minimize any risk to the patient's health.

Payment Plans

Monthly payment plans are available for individuals with outstanding patient balances. For additional information please see our patient billing resources at https://www.rush.edu/patients-visitors/billing.

Confidentiality

Rush respects the confidentiality and dignity of its patients and understands that the need to apply for financial assistance may be a sensitive issue. Rush staff will provide access to financial assistance related information only to those directly involved with the determination process and will comply with all HIPAA requirements for handling personal health information.

Publicizing the Policy

Each Rush hospital will widely publicize this program within the community it serves. To that end, Rush will take the following steps to ensure that members of the communities to be served by its hospitals are aware of the program and have access to this policy and the related documents.

- Rush will make a copy of this Policy available to the community by posting it online at www.rush.edu/financial-assistance along with downloadable copies of the financial assistance application (form and instructions), and a plain language summary of this Policy. There will be no fee for accessing these materials.
- Rush's hospitals will notify and inform visitors about this program through conspicuous public displays in places designed to attract visitors' attention.
- Rush will make available, in both print and online, this policy, the plain language summary, and the Financial Assistance Application Forms in English, Spanish, Chinese-Mandarin, Tagalog and Polish.
- Each billing statement for self-pay accounts will include information about the Financial Assistance Program.
- Each hospital will include information on the availability of financial assistance in patient guides provided to patients in the emergency room, hospital admission, or registration areas.

Contact Us

To obtain a copy of the financial assistance application forms, please visit www.rush.edu/financial-assistance. Paper copies of the application are also available in the following locations:

Emergency Department – 1st Floor Tower
Rush Medical Labs – Professional Building, Room 439
Admitting Department – 4th Floor Atrium, Room 416
Outpatient Radiology – Professional Building, Room 461
Rush Oak Park Admitting/Registration/Emergency Department - 520 S Maple Ave, Oak Park (main Hospital) Rush Oak Park Financial Counselors - 520 S Maple Ave, Oak Park (main Hospital)
Rush Copley Medical Center - 2000 Ogden Ave, Aurora, IL 60504 (available at all Registration locations)

Rush University Medical Center, Rush Oak Park Hospital, and affiliated Providers of Rush Medical Group

Completed Applications should be returned or mailed to:
Rush University Medical Center
1653 W. Congress Pkwy
415 Atrium Building - Financial Counselors
Chicago, IL 60612
(312) 942-5967, Monday through Friday, 8 am to 4:30 pm
Or email us at financial_counselor@rush.edu

Billing questions should be referred to:
Customer Service
(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm
Or email us at billing_info@rush.edu

Rush Copley Medical Center and affiliated Providers of Rush Medical Group

Completed Applications should be returned or mailed to:
Rush Copley Medical Center
2000 Ogden Avenue
Aurora, IL 60504
(630) 978-4990, Monday through Friday, 8 am to 4:30 pm
Or email us at RC_Business_Office@rush.edu

Billing questions should be referred to:
Customer Service
(630) 978-4990, Monday through Friday, 8 am to 4:30 pm
Email us at: RC_Business_Office@rush.edu

Definitions

Amounts Generally Billed/Amounts Generally Billed Discount: The discount required to ensure that charges for care for Emergency Services or other Medically Necessary care provided during an outpatient visit or inpatient stay to individuals eligible for Assistance under this Policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care. Calculation of the Amount Generally Billed Discount shall be in accordance with law based on the look-back method.

Applicant: An Applicant is the person submitting an Application, including the Patient and/or the Patient's Guarantor.

Application: An Assistance Application.

Application Period: The period during which Rush must accept and process an Application in order to have made reasonable efforts to determine whether the Applicant is eligible for Assistance. The Application Period begins on the date the care was provided to the individual and ends on the 240th day after the date of the first post-discharge billing statement.

Billed Charge(s): The fees charged for a service based on the charge master in effect at the time of service prior to applying any contractual allowances, discounts, or deductions.

Emergency Services: Emergency Services include services received through the Emergency Department for Emergency Medical Conditions, or other services identified and set forth in an appendix to this policy.

Extraordinary Collection Action: Those actions that Rush may take against an individual related to obtaining payment in full for a bill covered under the Assistance. These efforts may include requiring payment for previously-rendered care and/or placing a lien on a patient's property.

Federal Poverty Guideline(s): The Federal Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of 42 USC 9902(2). The guidelines are attached in a separate table and will be adjusted annually following the release of the update poverty guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.

Guarantor: The individual who is financially responsible for services rendered to a patient.

Household Income: Income attributable to the Applicant's household based on definitions used by the U.S. Bureau of the Census. Household Income includes all pre-tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Household Income.
If the Applicant indicates that the adjusted gross income listed on the Applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.). Household Income includes the income of all members of the household.

Illinois Resident: An Illinois Resident is a patient who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act ("HUPDA"). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does *not* require that the Patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition. Rush includes the additional three collar counties of Lake, LaPorte and Porter.

Insured Patient: A patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance, or other third-party liability.

Medically Necessary: Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the patient. A "Medically Necessary" service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

Patient: The individual receiving services.

Plain Language Summary: A clear, concise, and easy-to-understand written statement that notifies an individual that Rush offers Assistance and provides the following information: (i) brief description of the eligibility requirements and assistance offered under this Policy; (ii) a brief summary of how to apply for Assistance under this Policy; (iii) a direct listing of a website address or URL and physical locations where a copy of this Policy and the Applications may be obtained; (iv) instructions on how to obtain a free copy of the Policy and Application by mail; (v) contact information (including telephone numbers and physical location, if applicable) of the offices or departments who can provide an individual with the Application process; (vi) availability of translations; and (vii) a statement that no Assistance-eligible Patient will be charged more than the Amounts Generally Billed.

Uninsured Patient: A Patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance, or other third-party liability.

Addendum 1: Rush University Medical Center, Rush Oak Park Hospital, and Affiliated Providers

Additional Discounts Available

Available programs include the following:

Non-covered Discount

For certain non-covered or not medically necessary services, including but not limited to cosmetic procedures, in vitro fertilization and bariatric surgeries, Rush has developed package pricing. For other non-covered or non medically necessary services for which package pricing is not available, patients may be eligible for up to a 50%discount off charges. This discount as well as any package pricing apply to all patients regardless of state residency or insurance status.

Other discounts may not be used in conjunction with package pricing. Further, financial assistance discounts, the uninsured patient discount and the non-covered discount may not be used in conjunction with each other. All or a portion of the payment may be required up front. Patients seeking these discounts are encouraged to speak with a financial counselor or customer service in advance of the service being provided

Ultra-Rare Disease

Only patients enrolled in a clinical trial through Rush for an ultra-rare disease, as defined by the National Institutes of Health, need not submit proof of Illinois residency, but still must satisfy all other requirements set forth in this Policy to qualify for Rush's Presumptive Charity Care, Charity Care or Uninsured Patient Discount.

Rush University Medical Center | Rush Copley Medical Center | Rush Oak Park Hospital
Affiliated Providers
Policy and Procedure for Patient Access and Patient Billing

Section:	Financial Assistance Programs – Addendum 2
Subject:	Financial Assistance Policy – Excluded Providers
Date:	7/1/2024

List of Providers Who DO NOT Follow
Rush's Financial Assistance Policy

The billing practices and discounts associated with Rush's Financial Assistance Program DO NOT apply to the following physicians or physician groups and/or their affiliated physicians. Therefore, any fees associated with these physicians or physician groups are excluded from the policy.

Physician Group:

Advanced Urology, LTD
All For Women Healthcare
Ann & Robert H Lurie Children's Hospital
Advocate Physician Partners
Apollo Emergency Physicians
Benedict L Gierl MD and Associates
Cardiothoracic & Vas. Surg Assoc., SC
Center for Derm. & Aesthetic Med. LLC
Chicago Cornea Consultants, Ltd
Chicago Eye Specialists
Chicago Glaucoma Consultants
Christy Cardiology, Ltd
Comprehensive Cntr for Women's Med, LLC
Dreyer Medical Group
Duly Health
Edmund J. Lewis & Associates, SC
Elmhurst Neuroscience Institute
Empact Emergency Phys. Partners
Encinas Medical Center
Esperanza Health Centers
Eye Care, Ltd
Eye Center Physicians, Ltd
From Pain to Wellness, LLC
Geriatric Care Partners
Guardian Anesthesia
Illinois Cardiovascular Specialists
Illinois Retina Associates, SC
Innovative Care, LLC
Kehoe & Djordjevic, SC
Lake Street Family Physicians, SC
Marianjoy Medical Group
MD2 Chicago
Midwest Orthopaedics at Rush, LLC
Midwest Podiatry Services, LTD
Millennium Park Medical Assoc., SC
MWM Medical, SC
NAPA Anesthesia
NCH Neurosciences Center
Neurological Surgery & Spine Surgery
North Shore Medical Associates
NYE Partners
Palmer & Zavala, SC
Pathology Associates of Aurora, LLC
Plastic and Reconstructive Surgery
Quest Diagnostics
Quintessential Care
Rehab Associates of Chicago
Rheumatology Associates, SC
Select Medical
Shift Medical Ltd
The Gynecology Inst. of Chicago, Ltd
Thomas R. Mizen, M.D. & Assoc., LLC
UIC Physician Group
University Anesthesiologists, SC
University Cardiologists
University Ophthalmology Assoc.
University Pathology Diagnostics, SC
UroPartners, LLC
Valley Imaging Associates
Whole Beauty Institute
Woman to Woman Healthcare
Women's Health Consultants
Your Health and Wellness
Zavala Internists, SC

HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Copley Memorial Hospital

Mailing Address: 2000 Ogden Avenue

City, State, Zip: Aurora, IL 60504

Reporting Period: July 1, 2024 through June 30, 2025

Taxpayer Number: 36-2170840

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:
   - A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year: a) 1,442
   - B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year: b) 4,254
   - C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year: c) 582
   - D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year: d) 335
   - E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care: $13,233,056
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:

   Charitable Trusts Bureau
   Office of the Illinois Attorney General
   100 West Randolph Street, 11th Floor
   Chicago, Illinois 60601

5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

   Health Care Bureau
   Office of the Illinois Attorney General
   100 West Randolph Street, 10th Floor
   Chicago, Illinois 60601

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6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

   Epic Electronic Health Record and Experian

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

   Epic Electronic Health Record and Experian

• • •

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): Omar B. Lateef, DO; President and Chief Executive Officer

Signature: [signature]

Date: 4/29/2026

• • •

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Omar B. Lateef, DO; President and Chief Executive Officer

Signature: [signature]

Date: 4/29/2026

• • •

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): Omar B. Lateef, DO; President and Chief Executive Officer

Signature: [signature]

Date: 4/29/2026

Financial Assistance Application

Today's Date____________________

Patient Name______________________________________ Medical Record Number______________________

IMPORTANT: You may be able to receive free or discounted care.
Completing this application will help Rush University Medical Center, Rush-Copley Medical Center, or Rush Oak Park Hospital (Rush) determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to Rush.

If you are uninsured, a Social Security Number is not required to qualify for free or discounted care.

However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help Rush determine whether you qualify for any public programs.

Please complete this form and submit it to Rush in person, by mail, by email, or by fax to apply for free or discounted care **<u>within 240 days following the date of discharge or receipt of outpatient care</u>**. Please submit your application with all required supporting documents for review.

Please see page 5 of this application for information on how to contact Rush if you need help completing this application, have questions or need more information regarding the financial assistance application or policy, and for information on where to return the application.

You acknowledge that you have made a good faith effort to provide all information requested in the application to assist Rush in determining whether you are eligible for financial assistance.

<table>
<tr><th colspan="4">Patient Information</th></tr>
<tr><td>Name</td><td>Social Security Number</td><td colspan="2">Date of Birth</td></tr>
<tr><td>Home Address</td><td>City</td><td>State</td><td>Zip Code</td></tr>
<tr><td>Home Phone Number</td><td>Cell Phone Number</td><td colspan="2">Email Address</td></tr>
<tr><td colspan="2">Preferred Method of Contact
☐ US Mail ☐ Email ☐ Home Phone ☐ Cell Phone</td><td colspan="2">Annual Household Income</td></tr>
<tr><td colspan="4">Marital Status
☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widow or Widower</td></tr>
<tr><td>Number of People in Household</td><td>Number of Dependents of the Patient</td><td colspan="2">Age of Patients Dependents</td></tr>
<tr><td colspan="4">Employment Status
☐ Employed ☐ Self-Employed ☐ Retired ☐ Disabled ☐ Unemployed Last Day of Work</td></tr>
<tr><td colspan="2">Employer Name</td><td colspan="2">Phone Number</td></tr>
<tr><td>Employer Address</td><td>City</td><td>State</td><td>Zip Code</td></tr>
<tr><td colspan="2">Name of health insurance plan employer offers, including COBRA</td><td colspan="2">☐ Employer does not offer health insurance</td></tr>
</table>

Spouse, Partner, Parent or Guarantor (where applicable)			
Name	Social Security Number	Date of Birth	
Home Address	City	State	Zip Code
Home Phone Number	Cell Phone Number	Email Address	
Relationship ☐ Spouse ☐ Partner ☐ Parent ☐ Guarantor ☐ Other			
Employment Status ☐ Employed ☐ Self-Employed ☐ Retired ☐ Disabled ☐ Unemployed Last Day of Work			
Employer Name		Phone Number	
Employer Address	City	State	Zip Code
Name of health insurance plan employer offers, including COBRA		☐ Employer does not offer health insurance	

Insurance Coverage		
Are you covered or eligible for any health insurance policy? ☐ Yes ☐ No If yes, check plan ☐ Medicare ☐ Medicare Supplement ☐ Medicare Part D ☐ Veterans' Benefits ☐ Illinois Medicaid ☐ Out of State Medicaid ☐Other:		
Name of Policy Holder	Insurance Plan	Policy Number
Name of Policy Holder (if second policy)	Insurance Plan	Policy Number

Questionnaire	
Was the patient an Illinois resident when care was rendered by the hospital? ☐ Yes ☐ No	
Was the patient involved in an alleged accident? ☐ Yes ☐ No If yes, ☐ Automobile Accident ☐ Workplace Injury ☐Other:	
Have you hired an attorney or are you pursuing a claim for your injury or illness? ☐ Yes ☐ No If yes, please provide:	
Attorney Name	Attorney Phone Number
Was the patient a victim of an alleged crime? ☐ Yes ☐ No	
Additional Information (Optional) Illinois law requires the inclusion of this section on this application. Responses or nonresponses will not have any impact on the outcome of your application.	
Sex (Legal) ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to Say ☐ Other	
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to Say	
Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African America ☐ Native Hawaiian /Other Pacific Islander ☐ White ☐ Prefer not to Say ☐ Other	
Preferred Language ☐ English ☐ Spanish ☐ Prefer not to Say ☐ Other	

Income Verification	
Please enclose your proof of family income. Acceptable family income documentation shall include any **one** of the following: (a) copy of the most recent tax return; (b) copy of most recent W-2 form and 1099 forms; (c) copies of the two most recent pay stubs; (d) written income verification from an employer, if paid in cash; or (e) a reasonable form of third-party income verification. *Family income* is the sum of a family's annual earnings for cash benefits from all income sources before taxes, less payments made for child support.	
	Estimated Monthly Income
Wages Earned	
Self-Employment	
Unemployment Compensation	
Social Security	
Social Security Disability	
Veterans' pension	
Veterans' disability	
Private Disability	
Workers' Compensation	
Temporary Assistance for Needy Families (TANF)	
Retirement Income	
Child Support, Alimony, or Other Spousal Support	
Other Income	
Asset and Estimated Asset Value Information	**Asset Value**
Checking Account	
Savings	
Stocks	
Certificates of Deposit	
Mutual Funds	
Health Savings / Flexible Spending Account	

CERTIFICATION STATEMENT

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital and/or physician bill. I understand that the information provided may be verified by Rush, and I authorize Rush to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the bill. Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General by calling 1-877-305-5145.

____

Applicant Name (Printed)

______________________________________ ____________________

Patient or Applicant Signature Date

<u>Required Supporting Documentation</u>

Please provide the documentation outlined below. Failure to do so may result in a delay or denial of your application. If you cannot provide the requested documentation, please provide a letter of explanation.

- ☐ Fully completed and signed Financial Assistance Application

- ☐ Valid Photo ID (Driver's license, Passport, State-issued ID or other valid government issued ID)

- ☐ Proof of Illinois Residency *(Provide **<u>at least one</u>** of the following if a valid IL Driver's License, IL State issued ID, or temporary visitor's driver's license is not available)*
  - Lease Agreement
  - Recent utility bill
  - Mail from a government or other credible source
  - Letter from a homeless shelter, transitional house, or other similar facility verifying residency
  - Voter or vehicle registration card
  - A statement from a family member of the patient who resides at the same address and presents verification of residency
  - Any of the documents listed under the Family Income Verification section below

- ☐ Family Income Verification *(Provide **<u>any one</u>** of the following:)*
  - Copy of most recent tax return;
  - Copy of most recent W-2 form and 1099 forms;
  - Copies of two most recent pay stubs;
  - Written income verification from an employer if paid in cash;
  - A reasonable form of third-party income verification deemed acceptable by Rush

- ☐ Proof of Assets *(Provide all applicable documents for the assets listed below)*
  - Checking/Savings Account(s)
  - Stocks
  - Certificates of Deposit
  - Mutual Funds
  - Health Savings/Flexible Spending Account(s)

Supplemental/Other:

- ☐ Completed and signed "Authorization to Release Information" form if you have filed a lawsuit related to your illness, accident or work-related injury.

- ☐ Primary Residency? ☐ Own ☐ Rent ☐Other ____________________

- ☐ Secondary Residency? ☐ Own ☐ Rent ☐ Other ___________________

Contacting Rush

If you need help completing this application, have questions or need more information regarding the financial assistance application or policy, or have questions about your estimate, please contact Rush at:

Rush University Medical Center	**Rush Copley Medical Center**	**Rush Oak Park Hospital**
Phone: (312) 942-5967 Email: financial_counselor@rush.edu	Phone: (630) 978-4990 Email: RC_Business_Office@rush.edu	Phone: (708) 660-5603 Email: financial_counselor@rush.edu

Please return your completed application to:

Rush University Medical Center	**Rush Copley Medical Center**	**Rush Oak Park Hospital**
1653 W. Congress Pkwy Rm. 415 Atrium Bldg. Attn: Financial Counselors Chicago, IL 60612 Upload: MyChart.rush.edu	Patient Financial Services Dept 2000 Ogden Avenue Aurora, IL 60504 Upload: MyChart.rush.edu	520 S. Maple Ave Registration Department Attn: Financial Counselor Oak Park, IL 60304 Upload: MyChart.rush.edu

Required Supporting Documentation

Please provide the documentation outlined below. Failure to do so may result in a delay or denial of your application. If you cannot provide the documentation, please provide a letter of explanation.

- ☑ Fully completed and signed Application for Financial Assistance
- ☑ Valid Photo ID (Driver's license, Passport, State-issued ID or Valid government issued ID)
- ☑ Proof of Illinois Residency *(Provide **at least one** of the following if a valid IL Driver's License or IL State issued ID is not available)*
  - ☐ Rent receipt or lease
  - ☐ Recent utility bill with Illinois address
  - ☐ Mail from a government or other credible source
  - ☐ Letter from a homeless shelter
  - ☐ Voter registration card
- ☑ Tax Documents *(Provide the following)*
  - ☐ Most recent federal tax return (including all schedules)
  - ☐ **AND** most recent W-2 and 1099 forms
- ☑ Proof of Family Income *(Provide the following for the patient/guarantor and for each member of the patient/guarantor's household including spouse or partner)*
  - ☐ Copies of most recent pay stubs – 2 months (Employer, Unemployment, Social Security)
  - ☐ Written income verification if paid in cash
- ☑ Proof of Assets *(Provide all applicable documents for the assets listed below)*
  - ☐ Checking/Savings Account(s)
  - ☐ Stocks
  - ☐ Certificates of Deposit
  - ☐ Mutual Funds
  - ☐ Health Savings/Flexible Spending Account(s)
  - ☐ Credit Union Account(s)

Supplemental/Other:

- ☑ Completed and signed "Authorization to Release Information" form if you have filed a lawsuit related to your illness, accident or work-related injury.
- ☑ Primary Residency? Own ☐ Rent ☐ Other ______________________
- ☑ Secondary Residency? Own ☐ Rent ☐ None ☐ Other ______________

Rush University Medical Center   Rush Oak Park Hospital

REQUEST FOR DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAM: FINANCIAL STATEMENT

Important: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE:
Completing this application will help Rush University Medical Center and/or Rush Oak Park Hospital determine if you can receive free or discounted services or other public programs that can help pay for your healthcare. Please submit this application to the hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However, a Social Security Number is required for some public program, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs. Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 90 days following the date of discharge or receipt of outpatient care.

If you meet the presumptive eligibility criteria, for example, enrolled in an assistance program for low-income (WIC, SNAP, Il Free Lunch Program, etc) or have an income at or below 200% of the federal poverty guidelines, you are not required to complete this application.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

1) Patient Information

PATIENT NAME: ______________________________
Last   First   Middle Int.

ADDRESS: ______________________________
Number and Street   Apt.

____
City   State   Zip Code

PHONE: HOME (   ) ____________ CELL (   ) ____________

EMAIL ADDRESS: ______________________________

DATE OF BIRTH:____/____/____

SOCIAL SECURITY NUMBER (not required if you are uninsured):______-_____-_______

If the patient's current or former spouse or partner is the guarantor for the patient, or if a parent or guardian is guarantor for a minor patient, please provide the following:

Guarantor Name: ______________________________

Guarantor Address: ______________________________

Guarantor Phone Number: ( ) ______________

Was the patient an Illinois resident when care was rendered by the hospital? Yes ☐ No ☐
Was the patient involved in an alleged accident? Yes ☐ No ☐
Was the patient a victim of an alleged crime? Yes ☐ No ☐

Additional Information (Optional)

This section is a requirement of the State of Illinois. Responses or nonresponse will not have any impact on the outcome of your application. Please check appropriate responses below.

SEX (Legal):

Male: ☐

Female: ☐

Non-binary: ☐

Other: __________

Prefer not to say: ☐

PREFERRED LANGUAGE:

English: ☐

Spanish: ☐

Other: __________

Prefer not to say: ☐

ETHNICITY:

Hispanic or Latino: ☐

Not Hispanic or Latino: ☐

Prefer not to say: ☐

RACE:

American Indian or Alaska Native: ☐

Asian: ☐

Black or African American: ☐

Native Hawaiian or Other Pacific Islander: ☐

White: ☐

Other: __________

Prefer not to say: ☐

2) Family Information

Number of persons in the patient's family or household. __________

Number of persons who are dependents of the patient.* __________

(*Number of individuals for whom the patient is financially responsible)

Ages of the patient's dependents:_____,_____,_____,_____,_____,_____,_____, _____

3) Family Employment and Income Information

Is the patient, patient's spouse or partner, or (in the case of a minor patient) the patient's parents or guardians currently employed? Yes ☐ No ☐

If yes, name of employer: ______________________ Phone ( ) ____________

Name of second employer: ______________________ Phone ( ) ____________

Name of third employer: ______________________ Phone ( ) ____________

4) Gross monthly family income:

Please enclose your most recent federal tax return. In addition, please include the most recent documentation of family income, such as 2 months of paycheck stubs, benefits statements, award letters, court orders, or other documentation. *Family income* includes patient, spouse or partner income, or (in the case of a minor patient) income earned by the patient's parents or guardians from the following sources:

Estimated Monthly Income

- Wages Earned.. ______________
- Self-employment .... ______________
- Unemployment Compensation .... ______________
- Social Security .... ______________
- Social Security disability .... ______________
- Veterans' pension .... ______________
- Veterans' disability .... ______________
- Private disability .... ______________
- Workers' Compensation .... ______________
- Temporary Assistance for Needy Families (TANF) .... ______________
- Retirement income .... ______________
- Child support, alimony or other spousal support................ ______________
- Other income.. ______________

5) Asset and estimated asset value information

Asset Value

- Checking Account... ______________
- Savings .... ______________
- Stocks .... ______________
- Certificates of Deposit .... ______________
- Mutual Funds .... ______________
- Credit Union Account.. ______________
- Health savings/Flexible Spending Account..................... ______________

6) Insurance / benefit information:

Is the patient covered under any insurance plan? Yes ☐ No ☐

If yes, check plan:

☐ Medicare ☐ Medicare Part D ☐ Medicare Supplement
☐ Medicaid ☐ Veterans' benefits
☐ Health insurance: Name of plan: ______________________________

7) Certificate Statement:

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital and/or physician bill. I understand that the information provided may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the bill. Complaints or concerns with the uninsured patient discount application process or hospital financial assistance process may be reported to the Health Care Bureau of the Illinois Attorney General via https://illinoisattorneygeneral.gov/consumers/hcform.pdf or by calling 1-877-305-5145.

____
Applicant Name (Printed)

______________________________ ____/____/____
Patient or Applicant Signature Date

Rush University Medical Center | Rush Copley Medical Center | Rush Oak Park Hospital
Rush Medical Group
Healthcare Finance
Policy and Procedure for Patient Access and Patient Billing

Section:	Financial Assistance Programs
Subject:	Financial Assistance Policy
Effective Date:	07/01/2024

Purpose

The provisions of this policy apply to Rush University Medical Center ("RUMC"), Rush Oak Park Hospital ("ROPH"), Rush Copley Medical Center ("RCMC"), and Rush Medical Group ("RMG"). Collectively known as "**Rush**". As part of Rush's mission to provide comprehensive, coordinated health care to our patients, we offer several financial assistance programs to help patients with their health care costs for medically necessary or emergent services. At Rush, all patients are treated with dignity regardless of their ability to pay. Emergency services will never be denied or delayed on the basis of a patient's ability to pay. This policy describes those circumstances under which Rush may provide care without charge or at a discount based on a patient's financial and clinical need, collectively referred to as Rush's 'Financial Assistance Programs'. This policy defines the guidelines and criteria to qualify for all components of Rush's Financial Assistance Programs. Any financial assistance awarded will be applied to the patient's responsibility for emergency or other medically necessary services only.

Financial assistance, as noted below, may cover a patient's deductibles and coinsurance remaining after insurance. Patient's copayments are not eligible for financial assistance. Similarly, financial assistance is not available to patients receiving care at Rush as out of network except for emergent services. Financial assistance is only available to patients whose services are deemed medically necessary or emergent.

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

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

A patient may be required to complete an application and provide supporting documentation as outlined below to determine eligibility. For the Presumptive Charity Care and Uninsured Patient Discount programs, Rush in its sole discretion may not require supporting documentation, provided Rush is able to verify eligibility through the use of a third-party service. If a patient qualifies for more than one program, the program that provides the greatest benefit to the patient will govern.

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

Exceptions to this policy will only be made in extraordinary circumstances and with the prior approval of the Vice President of Revenue Cycle, CFO or designee.

Financial Assistance Programs

Except as noted below, **proof of Illinois residency (including 3 Indiana collar counties of Lake, LaPorte and Porter) is required for qualification for any of the programs described in this policy.** "Illinois resident" means any person who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirements.

Rush's financial assistance programs are as follows:

1. **Presumptive Charity Care** – Hospital bill and professional bill is reduced by 100% on an episodic basis for uninsured patients only. The patient qualifies and is not required to complete an application if one of the following criteria is true:
    - Family Income is 0 – 200% of the Federal Poverty Guidelines
    - Patient is eligible for Medicaid for other dates of service or services deemed non-covered by Medicaid
    - Patient is enrolled in, or eligible for, an assistance program for low income individuals (WIC, SNAP, IL Free Breakfast/Lunch Program, Low Income Home Energy Assistance Program, Community Based Medical Assistance or receiving Grant Assistance).
    - Homeless, deceased with no estate, or mentally incapacitated with no one to act on the patient's behalf
    - Incarcerated in a penal institution

    This policy is intended to serve as Rush's Presumptive Eligibility Policy, as required by Illinois law. Rush will apply the stated presumptive eligibility criteria to uninsured patients as soon as practicable after receiving health care services from Rush and before Rush issues any bills for said services.

2. **Uninsured Patient Discount** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are uninsured and whose family income is equal to or below 600% of the Federal Poverty Guidelines. A patient is not required to complete a financial assistance application if Rush is able to substantiate through other means that the patient meets these qualifications.

3. **Charity Care Program** – Hospital bill and professional bill is reduced by 100%, on an episodic basis, subject to submission of all required documentation (as described below) for patients who are uninsured or insured and whose family income is equal to or below 300% of the Federal Poverty Guidelines. Charity Care benefit may be applied after payment by insurance to cover deductibles and coinsurance only. Copayments are not eligible for this discount.

4. **Underinsured Discount Program** – Hospital bill and professional bill is reduced by 80%, on an episodic basis, for patients who are underinsured and whose family income is greater than 300% and equal to or below 400% of the Federal Poverty Guidelines.

5. **Catastrophic Balance Program** – Hospital and professional bill is reduced up to a maximum of 20% of the household income on an episodic basis, during a rolling twelve-month period, subject to submission of all required documentation.

6. **Self-Pay Discount Program** – All uninsured patients who do not otherwise qualify for one of the financial assistance programs described above may qualify for a 50% discount regardless of state residency

7. Additional approved programs included in "Addendum 1".

Overview of the Financial Assistance Application Process

Patient Responsibilities – To be eligible for financial assistance, an individual must:

a. Exhaust all efforts to reduce your self-pay balance by:
    i. Applying for any state, federal or local assistance for which the individual may be eligible.
    ii. Maximizing insurance benefits by fulfilling all documentation requests and pursuing all available funding sources (health/home/auto insurance, worker's compensation, third-party liability, etc.)

iii. Applying all proceeds for medical care fundraising campaigns

b. Provide all required documentation;
   i. Complete Rush's Financial Assistance Application Form.
   ii. Provide all supporting data required to verify eligibility, including supporting documentation verifying income.

   Copies of the financial assistance application, instructions and required supporting data are available online at www.rush.edu/financial-assistance, by requesting a copy in person at any of the Rush hospitals' patient admission or registration areas, or by requesting a free copy by mail by contacting the Rush hospital's Patient Access Department. Additional contact information is provided below.

c. Cooperate with Rush and provide the requested information and documentation in a timely manner;
   i. Patients may submit an application up to 240 days from the date on which Rush issues its first, post-discharge billing statement.
   ii. No collection action will be initiated until at least 120 days after a Rush facility provides its first post-discharge billing statement.

d. Complete the required application form truthfully;
   i. If a patient knowingly provides untrue information, he or she will be ineligible for financial assistance, any financial assistance that has been granted may be reversed, and the individual may become responsible for paying the entire bill.
   ii. If Rush receives an incomplete application, Rush will provide the patient or his or her legal representative with a list of the missing information or documentation and provide the patient 30 days to submit the missing information. If the patient does not timely provide the missing information, Rush may commence collection actions as described below.

e. Make a good faith effort to honor the terms of any reasonable payment plan if the individual qualifies only for a partial discount;

f. Notify Rush promptly of any change in financial situation so that Rush can assess the change's impact on the individual's eligibility for financial assistance or payment plan.

Upon receiving a completed application form, Rush will make best efforts to communicate promptly with the patient the status of the patient's application and eligibility determination.

If a patient is approved for charity care, Rush will apply the applicable financial assistance discount to all open balances. Refunds of any previous payments, with the exception of co-pays, on accounts shall be reviewed and provided as required by law and based upon the approval of the Application for payments that were made prior to the completion of the Application.

Charity Care is initially approved for a period of 4 months and will remain valid for 12 months before a new Application would be required, as long as the Application has refreshed financial information every 4 months after the initial approval

If a determination is made that a patient has the ability to pay for medically necessary services, such determination does not prevent a future reassessment of the patient's ability to pay. Patient has the right to discuss their eligibility determination by contacting a Financial Counselor at the address and telephone number listed below.

Services Excluded from Financial Assistance

For purposes of this policy, "medically necessary" means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. Accordingly, the following services are not considered to be "medically necessary" under this policy:

- Services defined by Medicare as non-covered. For example:
    - Elective procedures
    - Gastric bypass surgery
    - Experimental, including non-FDA approved procedures and devices or implants
    - Elective cosmetic surgery (but not plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity)
    - Nonmedical services such as social and vocational services
    - Eating Disorder Program
    - Ophthalmology lens implants
    - Infertility
    - Orthodontic Care
    - Robotic Assisted Surgical Techniques, if there is other conventional treatment available

- Other exclusions:
    - Services intended to solely improve appearance (i.e. Cosmetic), elective services to treat a condition of convenience or a condition not requiring immediate attention, and/or non- medically necessary services.
    - Services or procedures for which there is a reasonable substitute or if there is an alternative service or procedure that is covered by the patient's insurance company.
    - Services or procedures not covered by insurance for lack of medical necessity.

- Private physician groups and physician practices are not required to provide discounts in accordance with this financial assistance policy. The complete list of these excluded providers is available in "Addendum 2" at the end of this document.

For a complete list of excluded hospital services please contact a Financial Counselor or Customer Service Representative at the telephone numbers listed on the final page of this document.

Calculating Amounts Charged to Patients

No individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the amount generally billed for individuals who have insurance covering such care. The balance to which any discount is applied is equivalent to the billed charges posted to a patient account minus any prior insurance payments and adjustments from the patient's insurance (if applicable). Under Illinois law, the maximum amount Rush may collect from uninsured patients is 20% of family income, during a twelve-month period.

Rush determines the amount generally billed (AGB) to individuals by reviewing paid claims from a prior 12 month period to determine the actual payment rate that Medicare and private insurers are collectively applying to Rush's billed charges. The intent is to ensure that the discount provided to financial assistance eligible patients is equal to or greater than the discount provided to patients with insurance. The current AGB payment rate as a percentage is available online at www.rush.edu/financial-assistance/AGB. Patients can also learn more about this calculation by contacting a Financial Counselor or Customer Service Representative at the telephone numbers listed on the final page of this document.

Collections and Other Actions Taken In the Event of Non-Payment

Rush has the right to pursue collections for unpaid and past due balances directly or through a third-party collection agency. If the Financial Assistance Application Form is not timely completed and submitted, Rush may pursue collections from the patient. Rush may list a patient's account with a credit agency or credit bureau. Rush reserves the right to seek to attach liens to insurance benefits/proceeds (auto, liability, life and health) in connection with its collection process to the extent third party liability insurance exists. No other personal judgments or liens will be sought or filed against financial assistance eligible individuals.

Before engaging in, or resuming, any of the extraordinary collection actions mentioned here (except the deferral or denial of care for non-payment of amounts for previous care), Rush will issue a written notice to the patient that (i) describes the specific collection activities it intends to initiate (or resume), (ii) provides a deadline after which such

action(s) will be initiated (or resumed), and (iii) includes a plain-language summary of this policy (the "ECA Initiation Notice"). Rush will also make a reasonable effort to notify the patient about the financial assistance policy and how he or she can get help with the financial assistance application process. Rush may initiate collection activities no earlier than 30 days from the date on which it issues the ECA Initiation Notice, either by mail or electronic mail.

Consistent with the Finance Clearance Policy, Rush may defer or deny (or require a payment before providing) medically necessary care, but not emergency care, due to a patient's nonpayment for prior care. Rush does not need to provide the ECA Initiation Notice described above before deferring or denying (or requiring a payment before providing) care based on past nonpayment. Rush will, however, provide separate notices, described below, after which it may defer or deny (or request payment before providing) care immediately.

The notification requirement specific to this collection action is satisfied if Rush provides a copy of its financial assistance application form to the patient, notifies him or her in writing that financial assistance is available, and provides the deadline after which it will not accept a financial assistance application for the previously provided care. Rush must also provide a plain language summary of this policy to the patient and orally notify the patient about this policy and how the patient can obtain help with completing the application.

The deadline to submit a financial assistance application must be no earlier than the later of 30 days from the date of the written notification or 240 days from the date of the first post-discharge billing statement for the previously provided care. If a financial assistance application is timely submitted, then Rush will process it on an expedited basis to minimize any risk to the patient's health.

Payment Plans

Monthly payment plans are available for individuals with outstanding patient balances. For additional information please see our patient billing resources at https://www.rush.edu/patients-visitors/billing.

Confidentiality

Rush respects the confidentiality and dignity of its patients and understands that the need to apply for financial assistance may be a sensitive issue. Rush staff will provide access to financial assistance related information only to those directly involved with the determination process and will comply with all HIPAA requirements for handling personal health information.

Publicizing the Policy

Each Rush hospital will widely publicize this program within the community it serves. To that end, Rush will take the following steps to ensure that members of the communities to be served by its hospitals are aware of the program and have access to this policy and the related documents.

- Rush will make a copy of this Policy available to the community by posting it online at www.rush.edu/financial-assistance along with downloadable copies of the financial assistance application (form and instructions), and a plain language summary of this Policy. There will be no fee for accessing these materials.
- Rush's hospitals will notify and inform visitors about this program through conspicuous public displays in places designed to attract visitors' attention.
- Rush will make available, in both print and online, this policy, the plain language summary, and the Financial Assistance Application Forms in English, Spanish, Chinese-Mandarin, Tagalog and Polish.
- Each billing statement for self-pay accounts will include information about the Financial Assistance Program.
- Each hospital will include information on the availability of financial assistance in patient guides provided to patients in the emergency room, hospital admission, or registration areas.

Contact Us

To obtain a copy of the financial assistance application forms, please visit www.rush.edu/financial-assistance. Paper copies of the application are also available in the following locations:

Emergency Department – 1st Floor Tower
Rush Medical Labs – Professional Building, Room 439
Admitting Department – 4th Floor Atrium, Room 416
Outpatient Radiology – Professional Building, Room 461
Rush Oak Park Admitting/Registration/Emergency Department - 520 S Maple Ave, Oak Park (main Hospital) Rush Oak Park Financial Counselors - 520 S Maple Ave, Oak Park (main Hospital)
Rush Copley Medical Center - 2000 Ogden Ave, Aurora, IL 60504 (available at all Registration locations)

Rush University Medical Center, Rush Oak Park Hospital, and affiliated Providers of Rush Medical Group

Completed Applications should be returned or mailed to:
Rush University Medical Center
1653 W. Congress Pkwy
415 Atrium Building - Financial Counselors
Chicago, IL 60612
(312) 942-5967, Monday through Friday, 8 am to 4:30 pm
Or email us at financial_counselor@rush.edu

Billing questions should be referred to:
Customer Service
(312) 942-5693 or (866) 761-7812, Monday through Friday, 8 am to 4:30 pm
Or email us at billing_info@rush.edu

Rush Copley Medical Center and affiliated Providers of Rush Medical Group

Completed Applications should be returned or mailed to:
Rush Copley Medical Center
2000 Ogden Avenue
Aurora, IL 60504
(630) 978-4990, Monday through Friday, 8 am to 4:30 pm
Or email us at RC_Business_Office@rush.edu

Billing questions should be referred to:
Customer Service
(630) 978-4990, Monday through Friday, 8 am to 4:30 pm
Email us at: RC_Business_Office@rush.edu

Definitions

Amounts Generally Billed/Amounts Generally Billed Discount: The discount required to ensure that charges for care for Emergency Services or other Medically Necessary care provided during an outpatient visit or inpatient stay to individuals eligible for Assistance under this Policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care. Calculation of the Amount Generally Billed Discount shall be in accordance with law based on the look-back method.

Applicant: An Applicant is the person submitting an Application, including the Patient and/or the Patient's Guarantor.

Application: An Assistance Application.

Application Period: The period during which Rush must accept and process an Application in order to have made reasonable efforts to determine whether the Applicant is eligible for Assistance. The Application Period begins on the date the care was provided to the individual and ends on the 240th day after the date of the first post-discharge billing statement.

Billed Charge(s): The fees charged for a service based on the charge master in effect at the time of service prior to applying any contractual allowances, discounts, or deductions.

Emergency Services: Emergency Services include services received through the Emergency Department for Emergency Medical Conditions, or other services identified and set forth in an appendix to this policy.

Extraordinary Collection Action: Those actions that Rush may take against an individual related to obtaining payment in full for a bill covered under the Assistance. These efforts may include requiring payment for previously-rendered care and/or placing a lien on a patient's property.

Federal Poverty Guideline(s): The Federal Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of 42 USC 9902(2). The guidelines are attached in a separate table and will be adjusted annually following the release of the update poverty guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.

Guarantor: The individual who is financially responsible for services rendered to a patient.

Household Income: Income attributable to the Applicant's household based on definitions used by the U.S. Bureau of the Census. Household Income includes all pre-tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Household Income.
If the Applicant indicates that the adjusted gross income listed on the Applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.). Household Income includes the income of all members of the household.

Illinois Resident: An Illinois Resident is a patient who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act ("HUPDA"). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does *not* require that the Patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition. Rush includes the additional three collar counties of Lake, LaPorte and Porter.

Insured Patient: A patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance, or other third-party liability.

Medically Necessary: Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the patient. A "Medically Necessary" service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

Patient: The individual receiving services.

Plain Language Summary: A clear, concise, and easy-to-understand written statement that notifies an individual that Rush offers Assistance and provides the following information: (i) brief description of the eligibility requirements and assistance offered under this Policy; (ii) a brief summary of how to apply for Assistance under this Policy; (iii) a direct listing of a website address or URL and physical locations where a copy of this Policy and the Applications may be obtained; (iv) instructions on how to obtain a free copy of the Policy and Application by mail; (v) contact information (including telephone numbers and physical location, if applicable) of the offices or departments who can provide an individual with the Application process; (vi) availability of translations; and (vii) a statement that no Assistance-eligible Patient will be charged more than the Amounts Generally Billed.

Uninsured Patient: A Patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance, or other third-party liability.

Addendum 1: Rush University Medical Center, Rush Oak Park Hospital, and Affiliated Providers

Additional Discounts Available

Available programs include the following:

Non-covered Discount
For certain non-covered or not medically necessary services, including but not limited to cosmetic procedures, in vitro fertilization and bariatric surgeries, Rush has developed package pricing. For other non-covered or non medically necessary services for which package pricing is not available, patients may be eligible for up to a 50%discount off charges. This discount as well as any package pricing apply to all patients regardless of state residency or insurance status.

Other discounts may not be used in conjunction with package pricing. Further, financial assistance discounts, the uninsured patient discount and the non-covered discount may not be used in conjunction with each other. All or a portion of the payment may be required up front. Patients seeking these discounts are encouraged to speak with a financial counselor or customer service in advance of the service being provided

Ultra-Rare Disease
Only patients enrolled in a clinical trial through Rush for an ultra-rare disease, as defined by the National Institutes of Health, need not submit proof of Illinois residency, but still must satisfy all other requirements set forth in this Policy to qualify for Rush's Presumptive Charity Care, Charity Care or Uninsured Patient Discount.

Rush University Medical Center | Rush Copley Medical Center | Rush Oak Park Hospital
Affiliated Providers
Policy and Procedure for Patient Access and Patient Billing

Section:	Financial Assistance Programs – Addendum 2
Subject:	Financial Assistance Policy – Excluded Providers
Date:	7/1/2024

List of Providers Who DO NOT Follow
Rush's Financial Assistance Policy

The billing practices and discounts associated with Rush's Financial Assistance Program DO NOT apply to the following physicians or physician groups and/or their affiliated physicians. Therefore, any fees associated with these physicians or physician groups are excluded from the policy.

Physician Group:

Advanced Urology, LTD
All For Women Healthcare
Ann & Robert H Lurie Children's Hospital
Advocate Physician Partners
Apollo Emergency Physicians
Benedict L Gierl MD and Associates
Cardiothoracic & Vas. Surg Assoc., SC
Center for Derm. & Aesthetic Med. LLC
Chicago Cornea Consultants, Ltd
Chicago Eye Specialists
Chicago Glaucoma Consultants
Christy Cardiology, Ltd
Comprehensive Cntr for Women's Med, LLC
Dreyer Medical Group
Duly Health
Edmund J. Lewis & Associates, SC
Elmhurst Neuroscience Institute
Empact Emergency Phys. Partners
Encinas Medical Center
Esperanza Health Centers
Eye Care, Ltd
Eye Center Physicians, Ltd
From Pain to Wellness, LLC
Geriatric Care Partners
Guardian Anesthesia
Illinois Cardiovascular Specialists
Illinois Retina Associates, SC
Innovative Care, LLC
Kehoe & Djordjevic, SC
Lake Street Family Physicians, SC
Marianjoy Medical Group
MD2 Chicago
Midwest Orthopaedics at Rush, LLC
Midwest Podiatry Services, LTD
Millennium Park Medical Assoc., SC
MWM Medical, SC
NAPA Anesthesia
NCH Neurosciences Center
Neurological Surgery & Spine Surgery
North Shore Medical Associates
NYE Partners
Palmer & Zavala, SC
Pathology Associates of Aurora, LLC
Plastic and Reconstructive Surgery
Quest Diagnostics
Quintessential Care
Rehab Associates of Chicago
Rheumatology Associates, SC
Select Medical
Shift Medical Ltd
The Gynecology Inst. of Chicago, Ltd
Thomas R. Mizen, M.D. & Assoc., LLC
UIC Physician Group
University Anesthesiologists, SC
University Cardiologists
University Ophthalmology Assoc.
University Pathology Diagnostics, SC
UroPartners, LLC
Valley Imaging Associates
Whole Beauty Institute
Woman to Woman Healthcare
Women's Health Consultants
Your Health and Wellness
Zavala Internists, SC

Rush System for Health

Consolidated Financial Statements as of and for the
Years Ended June 30, 2025 and 2024
and Independent Auditor's Report

RUSH SYSTEM FOR HEALTH

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Chicago, IL 60606
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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of Rush University System for Health
1725 W. Harrison Street, Suite 364
Chicago, IL 60612

Opinion

We have audited the consolidated financial statements of Rush System for Health and its subsidiaries (the "System"), d/b/a Rush University System for Health, which comprise the consolidated balance sheets as of June 30, 2025 and 2024 and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the System as of June 30, 2025 and 2024, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance

and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Deloitte & Touche LLP

October 27, 2025

RUSH SYSTEM FOR HEALTH
Consolidated Balance Sheets

As of June 30, 2025 and 2024
(Dollars in thousands)

	2025	2024
Assets		
Current assets:		
Cash and cash equivalents	$ 430,102	$ 422,806
Accounts receivable for patient services	462,880	430,151
Other accounts receivable	81,523	60,767
Self insurance trust—current portion	57,209	57,209
Pledges receivable—current portion	16,997	14,101
Other current assets	147,923	127,395
Total current assets	1,196,634	1,112,429
Assets limited as to use and investments:		
Investments	1,726,109	1,556,002
Limited as to use by donor or time restriction or other	897,781	828,012
Self insurance trust—less current portion	138,121	105,498
Pledges receivable—less current portion	22,694	31,880
Total assets limited as to use and investments	2,784,705	2,521,392
Property and equipment, net	1,939,249	1,893,852
Operating lease right-of-use assets	109,817	99,771
Postretirement and pension benefit assets	47,206	35,377
Other noncurrent assets	57,054	52,999
Total assets	$ 6,134,665	$ 5,715,820
Liabilities and Net Assets		
Current liabilities:		
Accounts payable	$ 124,297	$ 119,384
Accrued expenses	402,404	379,438
Estimated third party settlements payable and advances payable	327,383	248,043
Current portion of accrued liability under self insurance programs	64,627	66,028
Postretirement and pension benefit liabilities	22	181
Current portion of long term debt	19,746	12,598
Current operating lease liability	22,428	25,037
Total current liabilities	960,907	850,709
Long-term liabilities:		
Accrued liability under self insurance programs—less current portion	287,442	252,645
Postretirement and pension benefit liabilities	1,951	1,683
Long-term debt—less current portion	814,991	838,179
Obligations under financing leases and other financing arrangements	82,078	74,356
Long term operating lease liabilities	92,189	79,819
Other long term liabilities	114,202	95,694
Total long term liabilities	1,392,853	1,342,376
Total liabilities	2,353,760	2,193,085
Net assets:		
Without donor restrictions	2,579,523	2,373,447
With donor restrictions	1,201,382	1,149,288
Total net assets	3,780,905	3,522,735
Total liabilities and net assets	$ 6,134,665	$ 5,715,820

See notes to the consolidated financial statements.

RUSH SYSTEM FOR HEALTH
Consolidated Statements of Operations and Changes in Net Assets

Years Ended June 30, 2025 and 2024
(Dollars in thousands)

	2025	2024
Revenue:		
Patient service revenue	$ 3,375,932	$ 3,170,555
Tuition and educational programs revenue	79,777	94,754
Research revenue and net assets released from restriction and used for research and other operations	226,053	215,623
Other revenue	155,284	183,195
Total revenue	3,837,046	3,664,127
Expenses:		
Salaries, wages and employee benefits	1,912,827	1,837,819
Supplies, utilities and other	1,203,546	1,167,909
Insurance	79,628	81,183
Purchased services	411,982	310,846
Depreciation and amortization	160,578	156,192
Interest and fees	35,989	34,494
Total expenses	3,804,550	3,588,443
Operating income	32,496	75,684
Non-operating income:		
Investment income and other—net	165,971	152,727
Contributions without donor restrictions	3,143	2,121
Fundraising expenses	(14,180)	(11,795)
Change in fair value of interest rate swaps	(382)	971
Total non operating income	154,552	144,024
Excess of revenues over expenses	$ 187,048	$ 219,708

(Continued)

RUSH SYSTEM FOR HEALTH
Consolidated Statements of Operations and Changes in Net Assets (Continued)

Years Ended June 30, 2025 and 2024
(Dollars in thousands)

	2025	2024
Net assets without donor restrictions:		
Excess of revenues over expenses	$ 187,048	$ 219,708
Net assets released from restrictions used for the purchase of property and equipment	8,310	11,808
Postretirement related changes other than net periodic postretirement cost	11,661	36,837
Other	(943)	(13,277)
Increase in net assets without donor restrictions	206,076	255,076
Net assets with donor restrictions:		
Pledges, contributions and grants	91,901	99,888
Net assets transferred or released from restrictions	(129,816)	(108,918)
Net realized and unrealized gains on investments	90,009	97,213
Increase in net assets with donor restrictions	52,094	88,183
Increase in net assets	258,170	343,259
Net assets—beginning of period	3,522,735	3,179,476
Net assets—end of period	$ 3,780,905	$ 3,522,735

See notes to the consolidated financial statements.

RUSH SYSTEM FOR HEALTH
Consolidated Statements of Cash Flows

Years Ended June 30, 2025 and 2024
(Dollars in thousands)

	2025	2024
Operating activities:		
Increase in net assets	$ 258,170	$ 343,259
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	160,578	156,192
Non cash operating lease expense	(902)	(315)
Postretirement related changes other than net periodic postretirement cost	(11,661)	(36,837)
Change in fair value of interest rate swaps	382	(971)
Net unrealized and realized (gains) on investments	(269,839)	(255,736)
Restricted contribution revenue	(83,701)	(66,833)
Investment losses (gains) on trustee held investments	210	(3,530)
Losses (gains) on sale of property and equipment	829	(24,688)
Changes in operating assets and liabilities:		
Accounts receivable for patient services	(32,729)	(22,867)
Accounts payable and accrued expenses	20,872	(9,111)
Estimated third party settlements payable	79,340	(38,305)
Pension and postretirement costs	109	5,626
Accrued liability under self insurance programs	33,396	(63,576)
Other changes in assets and liabilities	(11,263)	92,603
Net cash provided by operating activities	143,791	74,911
Investing activities:		
Additions to property and equipment	(200,441)	(219,903)
Proceeds from sale of property and equipment	-	86,008
Purchase of investments	(2,018,572)	(2,675,016)
Sale of investments	2,015,702	2,701,754
Net cash (used in) investing activities	(203,311)	(107,157)
Financing activities:		
Proceeds from restricted contributions	83,701	66,833
Payment of long term debt	(12,598)	(48,675)
Payment of obligations on finance lease liabilities	(4,287)	(3,058)
Net cash provided by financing activities	66,816	15,100
Net increase (decrease) in cash and cash equivalents	7,296	(17,146)
Cash and cash equivalents—beginning of period	422,806	439,952
Cash and cash equivalents—end of period	$ 430,102	$ 422,806
Supplemental disclosure of cash flow information:		
Cash paid for interest	$ 35,989	$ 38,074
Supplemental schedule of non-cash investing and financing activities:		
Right-of-use assets obtained in exchange for new operating lease liabilities	$ 43,804	$ 23,072
Noncash additions to property and equipment	$ 7,007	$ 8,440

See notes to consolidated financial statements.

Note 1. Organization and Basis of Consolidation

Rush System for Health ("RUSH"), d/b/a Rush University System for Health, is a multihospital health system with operations that consist of several diverse activities with a shared mission of patient care, education, research, and community service. RUSH, also referred to as the "System Parent", is the sole corporate member of Rush University Medical Center ("RUMC"), Rush Copley Medical Center ("RCMC"), Rush Oak Park Hospital ("ROPH"), Rush Medical Group ("RMG") and Rush Health that each serve distinct markets in the Chicago, Illinois, metropolitan area and Rush Health, a physician hospital organization and clinically integrated network. RUSH, RUMC, ROPH, RCMC, Rush Health and Rush Medical Group are all Illinois not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

Rush University Medical Center

RUMC, the largest member of RUSH, is an academic medical center comprising Rush University Hospital ("RUH") and Rush University, located in Chicago, Illinois.

RUH—A 678-licensed bed acute care and psychiatric hospital in Chicago, Illinois.

Rush University—A graduate health sciences university that educates students in health-related fields. This includes over 2,750 students in Rush Medical College, the College of Nursing, the College of Health Sciences, and the Graduate College. Rush University also includes a research operation with $266,624 and $260,696 in annual research expenditures during fiscal years 2025 and 2024, respectively.

Rush Copley Medical Center

RCMC is the sole corporate member of Copley Memorial Hospital, Inc. ("CMH"), Copley Ventures, Inc. ("Ventures"), and Rush Copley Foundation, Inc. ("Foundation").

CMH—A 210-licensed bed hospital located in Aurora, Illinois. CMH provides inpatient, outpatient, and emergency care services for residents of Aurora and surrounding communities in the far western suburbs of Chicago, Illinois.

Ventures—Holds title to property for rental purposes and holds ownership of the Rush Copley Healthplex, a health and fitness center.

Foundation—Solicits contributions to support health care activities in the market area, including, but not limited to, those of CMH.

Rush Oak Park Hospital

ROPH—A 185-licensed bed acute care hospital located in Oak Park, Illinois, eight miles west of RUH.

Rush Medical Group

Effective July 1, 2024, Rush Medical Group ("RMG") consolidated the academic and community-based providers across three medical groups which were previously components of the different hospitals described above, Rush University Medical Group, Rush Oak Park Physicians Group and Rush Copley Medical Group NFP. These entities are integrated into one holistic medical group to meet the RUSH patient care mission.

Rush Health

Rush Health is RUSH's physician hospital organization and clinically integrated network that is comprised of both RUSH related and owned entities, which includes RUMC, ROPH, RCMC, and non-related independent providers such as Riverside Healthcare in Kankakee, Illinois. Non-related independent providers comprise 10% of the organization's membership. Rush Health has approximately 2,500 affiliated providers. Rush Health provides payor and employer contracting, data aggregation and analysis, care coordination, and quality and process improvement services to its members.

Basis of presentation: The accompanying consolidated financial statements have been presented in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Basis of consolidation: Included in RUSH's consolidated financial statements are all of its wholly owned or controlled subsidiaries. All intercompany transactions have been eliminated in consolidation.

Note 2. Summary of Significant Accounting Policies

Use of estimates: The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash and cash equivalents: Cash and investments having an original maturity of 90 days or less when purchased are considered to be cash and cash equivalents. These securities are so near maturity that they present insignificant risk of changes in value.

Patient service revenue and accounts receivable for patient services: Patient service revenue is reported at the amount that reflects the consideration to which RUSH expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and governmental programs), and others, and includes variable consideration for retroactive revenue adjustments due to settlement of audits, review, and other investigations. Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by RUSH. Revenue for performance obligations satisfied

over time is recognized based on actual charges incurred in relation to total expected charges. RUSH believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients at RUSH receiving inpatient acute care services. For outpatient services, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed. In the case of these outpatient services, recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. RUSH measures the performance obligation from inpatient admission, or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. RUSH also sells certain goods to patients and customers in a retail setting. The performance obligation is satisfied at a point in time, and revenue is generally recognized when goods are provided to the customer. Any unsatisfied or partially unsatisfied performance obligations at the end of the period are primarily related to inpatient acute care services provided at the end of the reporting period. The performance obligations for these contracts are completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period. Amounts related to health care services provided to patients which have not been billed and that do not meet the conditions of an unconditional right to payment at the end of the reporting period are contract assets. Contract asset balances consist primarily of health care services provided to patients who are still receiving inpatient care at RUSH at the end of the year. Such amounts totaled $26,588 and $18,403 as of June 30, 2025 and 2024, respectively, and are included within other current assets in the accompanying consolidated balance sheets. Consistent with RUSH's mission, care is provided to patients regardless of their ability to pay. RUSH provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Such amounts determined to qualify as charity care are not reported as revenue.

RUSH determines the transaction price based on standard charges for goods and services provided, reduced by explicit price concessions which consist of contractual adjustments provided to third-party payors and discounts provided to uninsured patients in accordance with RUSH's policy as well as implicit price concessions provided to patients. RUSH determines its estimates of contractual adjustments and discounts based on contractual agreements, published rates, its discount policies and historical experience. RUSH determines its estimate of implicit price concessions based on its historical collection experience. Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. RUSH determines its estimate of implicit price concessions for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions. RUSH has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances, such as copays and deductibles. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts RUSH expects to collect based on its collection history with those patients. Such amounts totaled $64,687 and $39,114 as of June 30, 2025 and 2024, respectively.

RUSH uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The portfolios consist of major payor classes for inpatient

revenue and major payor classes and types of services provided for outpatient revenue. Based on historical collection trends and other analysis, RUSH believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

Inventory: Medical supplies, pharmaceuticals, and other inventories are stated at the lower of cost or net realizable value and are included in Other current assets in the accompanying consolidated balance sheets.

Fair value of financial instruments: Financial instruments consist of cash and cash equivalents, investments, derivative instruments, accounts receivable, accounts payable, accrued expenses, estimated third-party settlements, and debt. The fair value of cash and cash equivalents, accounts receivable, accounts payable, accrued expenses, and estimated third-party settlements approximated their financial statement carrying amount as of June 30, 2025 and 2024, because of their short-term maturity.

Assets limited as to use and investments: Assets limited as to use consist primarily of investments limited as to use by donors, assets held by trustees under debt or other agreements and for self-insurance, and board designated assets set aside for a specified future use. Investments in equity and debt securities with readily determinable fair values are measured at fair value using quoted market prices or model-driven valuations.

Investments valued at NAV consist of limited partnerships that invest primarily in commingled funds, private equity and private debt. Alternative investments are reported at net asset value ("NAV") which approximates fair value. Transactions are recorded based on trade date except for those transactions that have not yet settled and shows as pending. They are reported within the investment balance and fair value table at the pending purchase and sale amount.

Investment income or loss (including interest, dividends, realized and unrealized gains and losses, and changes in cost-based valuations) is reported within income (loss) within the accompanying consolidated statements of operations and changes in net assets, net of investment related expenses, unless the income or loss is restricted by donor or interpretation of law. Investment gains and losses on RUSH's endowment and trustee-held funds are recognized within Net assets with donor restrictions. Income earned on tax-exempt borrowings for specific construction projects is offset against interest expense capitalized for such projects.

Derivative instruments: Derivative instruments, specifically interest rate swaps, are recorded in the accompanying consolidated balance sheets as either assets or liabilities at their respective fair values as further described in Note 6. The change in the fair value of derivative instruments is reflected in non-operating income in the accompanying consolidated statements of operations and changes in net assets. Net cash settlements and payments, representing the realized changes in the fair value of the interest rate swaps, are included in Interest and fees in the accompanying consolidated statements of operations and changes in net assets and as operating cash flows in the accompanying consolidated statements of cash flows.

Property and equipment: Property and equipment are recorded at cost or, if donated, at fair value at the date of receipt. Expenditures that substantially increase the useful life of existing property and equipment are capitalized. Routine maintenance and repairs are expensed as incurred. Depreciation expense, including amortization of finance

lease assets, is recognized over the estimated useful lives of the assets and expected lease term of finance lease assets, using the straight-line method. Buildings and building service equipment assets have an estimated useful life of 10 to 80 years, moveable equipment assets have an estimated useful life of 5 to 10 years, and computer software and hardware assets have an estimated useful life of 3 to 15 years. RUSH evaluates its long-lived assets for impairment whenever events or changes indicate that their carrying amount may not be recoverable. If circumstances suggest that long-lived assets may be impaired, an assessment of recoverability is performed prior to any write-down of assets. An impairment charge is recorded on those assets for which the estimated fair value is below its carrying amount.

Assets derived from finance leases are included in Property and equipment with the related liability classified in either Accrued expenses or Other long-term liabilities in the accompanying consolidated balance sheets according to the expected timing of lease payments.

Operating lease right of use assets and lease liabilities: RUSH determines if an arrangement is a lease or contains a lease at inception through review of the underlying agreement and determination of whether an identifiable asset exists that RUSH has the right to control. Leases result in the recognition of Right-of-Use (ROU) assets and lease liabilities in the accompanying consolidated balance sheets. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. RUSH determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. RUSH has made a policy election to use a risk-free rate using a period comparable with the lease term for the initial and subsequent measurement of all lease liabilities. RUSH has also elected a policy to combine lease and non-lease components in its measurement of ROU assets and lease liabilities.

The lease term will include options to extend or to terminate the lease only if RUSH is reasonably certain to exercise the option. Lease expense is generally recognized on a straight-line basis over the lease term.

RUSH has elected not to record leases with an initial term of twelve months or less in the accompanying consolidated balance sheets. Lease expense on such leases as well as variable lease costs are recognized as incurred in Supplies, utilities and other in the accompanying consolidated statements of operations and changes in net assets.

Asset retirement obligations: RUSH recognizes the fair value of a liability for legal obligations associated with asset retirements in the period in which it is incurred if a reasonable estimate of the fair value of the obligation can be made. When the liability is initially recorded, RUSH capitalizes the cost of the asset retirement obligation by increasing the carrying amount of the related long-lived asset. The liability is accreted to its present value each period, and the capitalized cost associated with the retirement obligation is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the cost to settle an asset retirement obligation and the liability recorded is recognized as a gain or loss in the accompanying consolidated statements of operations and changes in

net assets. Asset retirement obligations are reported in other long-term liabilities in the accompanying consolidated balance sheets and amounted to $24,844 and $27,765 as of June 30, 2025 and 2024, respectively.

Ownership interests in other health-related entities: RUSH has a majority ownership interest in a number of subsidiaries, which provide outpatient surgical services. An ownership interest of more than 50% in another health-related entity in which RUSH has a controlling interest is consolidated. As of June 30, 2025 and 2024, noncontrolling interests in consolidated subsidiaries amounted to $3,814 and $5,363, respectively. The amounts related to noncontrolling interests are recorded in Net assets without donor restrictions. RUSH also has affiliations with and interests in other organizations that are not consolidated. These organizations primarily provide outpatient health care and managed care contracting services. An ownership interest in another health-related entity of at least 20%, but not more than 50%, in which RUSH has the ability to exercise significant influence over the operating and financial decisions of the investee, is accounted for on the equity basis, and the income (loss) is reflected in Other revenue on the accompanying consolidated statements.

Debt issuance costs: Debt issuance costs, net of amortization, are computed using the effective interest method over the life of the related debt and is reported within long-term debt–less current portion in the accompanying consolidated balance sheets. Unamortized debt issuance costs amounted to $3,841 and $4,420 as of June 30, 2025 and 2024, respectively.

Other noncurrent assets: Other noncurrent assets include investments in joint ventures accounted for using the equity method of accounting, unconditional promises to contribute, goodwill, insurance recoveries, and other intangible assets. RUSH continually evaluates the recoverability of the carrying value of long-lived assets, such as goodwill, by assessing assets for impairment.

Other long-term liabilities: Other long-term liabilities include asset retirement obligations, employee benefit plan liabilities for certain defined contribution and supplemental retirement plans other than defined benefit pension plans, liabilities for derivative instruments, and other long-term obligations.

Net assets: Net assets are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions—Net assets without donor restrictions are resources available to support operations. The only limits on the use of these assets are the broad limits resulting from the nature of the organization, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of business. The net assets without donor restrictions of RUSH are primarily derived from annual excess of revenue over expenses and net assets released from donor restrictions for operations. Voluntary resolutions by the Board to designate a portion of its net assets without donor restrictions for specific purposes are presented as board designated. Because these designations are voluntary and may be reversed by the Board at any time, board-designated net assets are included under the caption “without donor restrictions.”

Net Assets With Donor Restrictions—Net assets with donor restrictions are resources that are restricted by a donor for use for a particular purpose or in a particular future period. Some donor-imposed restrictions are temporary in

nature, and the restriction will expire when the resources are used in accordance with the donor's instructions or when the stipulated time has passed. Other donor-imposed restrictions are perpetual in nature, whereby the organization must continue to use the resources in accordance with the donor's instructions.

Contributions: Unconditional contributions and promises to contribute cash and other assets (pledge receivables) are reported at fair value at the date the promise is received. Estimated future cash flows due after one year are discounted using interest based on treasury rate commensurate with the time value of money concept.

Conditional contributions are recorded as revenue when the conditions are met. Contributions are conditional when there are barriers that RUSH must overcome to be entitled to the funds. RUSH has received approximately $147,083 and $168,537 of conditional contributions whose conditions have not been met as of June 30, 2025 and 2024, respectively. Of the fiscal 2025 amount, approximately $107,392 relates to federal, state, and local grant awards where RUSH expects to meet the condition of incurring allowable expenditures under the various grants within the next twelve months. Another $39,691 is related to awards from foundations and other not-for-profit organizations where RUSH expects to recognize the contribution once the conditions have been met. Of the fiscal 2024 amount, approximately $116,496 relates to federal, state, and local grant awards where RUSH expects to meet the condition of incurring allowable expenditures under the various grants within the next twelve months. Another $52,041 is related to awards from foundations and other not-for-profit organizations where RUSH expects to recognize the contribution once the conditions have been met.

Unconditional contributions and conditional contributions whose conditions have been met are reported as Net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, the restricted net assets are released as net assets without restrictions and reported in the accompanying consolidated statements of operations as Other revenue (if time restricted or restricted for operating purposes) or reported in the accompanying consolidated statements of changes in net assets as Net assets released from restrictions used for purchase of property and equipment (if restricted for capital acquisitions). Donor-restricted contributions for operating purposes whose restrictions are met within the same year as either received or the same year as the condition is met are reported as Other revenue in the accompanying consolidated statements of operations and changes in net assets.

RUSH is the beneficiary of several split-interest agreements, primarily perpetual trusts held by others, which are recorded in Assets limited as to use and investments within the accompanying consolidated balance sheets. RUSH recognizes its interest in these trusts based on either RUSH's percentage of the fair value of the trust assets or the present value of expected future cash flows to be received from the trusts, as appropriate, based on each trust arrangement.

Excess of revenues over expenses: The accompanying consolidated statements of operations and changes in net assets include excess of revenues over expenses as a performance indicator. Excess of revenues over expenses includes all changes in net assets without donor restrictions, net of investment related expenses, except for contributions of (and assets released from donor restrictions related to) long-lived assets, and other items that are required by GAAP to be reported separately (such as postretirement-related changes other than net periodic postretirement costs, and the cumulative effect of changes in accounting principle).

Non-operating income: Non-operating income includes items not directly associated with patient care or other core operations of RUSH. Non-operating income consists primarily of investment returns without donor restrictions, endowment investment income appropriated for use, the difference between total investment return and amount allocated to operations for investments designated for self-insurance programs, investment income or loss (including interest, dividends, and realized and unrealized gains and losses), net of investment related expenses, on all other investments unless restricted by donor or interpretation of law, changes in the fair value of interest rate swaps, gains and losses on derivative contracts, pension settlement expenses, contributions without donor restrictions, and fundraising expenses.

Pending accounting guidance: In July 2025, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2025-05, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets* to simplify the application of the current expected credit losses (CECL) model for short-term receivables and contract assets arising from revenue transactions under ASC 606. The ASU introduces a practical expedient that allows entities to assume that current economic conditions as of the balance sheet date will remain unchanged over the life of qualifying assets. This expedient applies to current accounts receivable and contract assets—defined as those due within one year or the operating cycle, if longer. Additionally, non-public business entities may elect an accounting policy to consider subsequent collections received after the balance sheet date when estimating expected credit losses, provided the practical expedient is also elected. This policy must be applied consistently and disclosed, including the date through which subsequent receipts were evaluated.

ASU 2025-05 is effective for fiscal years beginning after December 15, 2025, including interim periods within those years. Early adoption is permitted, and adoption is on a prospective basis. The Company is currently evaluating the impact of ASU 2025-05 on its financial statements and related disclosures.

Change in Presentation: RUSH changed the presentation of pledges receivable from 2024 in the balance sheet to align with current year presentation. This change also impacted the prior-period amounts disclosed in Note 5 and Note 20. There was no effect on total current assets or total net assets.

Subsequent events: RUSH has evaluated events occurring subsequent to the consolidated balance sheet date through October 27, 2025, the date the accompanying consolidated financial statements were issued. There were no significant subsequent events through this date, with the exception of the items below.

In September 2025, the Centers for Medicare and Medicaid Services (CMS) issued formal approval of the Illinois Department of Healthcare and Family Services' State Directed Payment (SDP) proposal under 42 CFR 438.6(c) for an increase in Medicaid managed care capitation rates. RUSH estimates the net financial impact from this approval, after accounting for additional provider taxes, to be approximately $32,700 for the period of January 1, 2025 through June 30, 2025. The actual payment amounts are subject to change based on Medicaid patient counts and service utilization. Management will continue to monitor these variables and assess their implications for future financial reporting periods.

Rush has significantly expanded access to primary and specialty care for Northwest Chicago and nearby communities with the opening of its new 61,000-square-foot facility, Rush North & Harlem. The site began patient services on July 1, 2025, with diagnostic suites on the first floor, and was fully operational, including urgent care and clinical offices on July 7, 2025.

In October 2025, Moody's and Fitch reaffirmed ratings of A1 and AA-, respectively, and stable outlook of the Illinois Finance Authority Revenue Bonds (Rush University System for Health).

Note 3. Patient Service Revenue

The mix of patient service revenue recognized during the years ended June 30, 2025 and 2024, by major payor source and by lines of business, was as follows:

	June 30, 2025				
	Hospitals	Physician Groups	Clinical Joint Ventures & Other	Total	%
Medicare	$ 474,005	$ 59,785	$ 7,044	$ 540,834	16.0 %
Medicare Managed Care	315,289	52,199	24,104	391,592	11.6
Medicaid	83,658	5,376	1,842	90,876	2.7
Medicaid Managed Care	404,239	46,840	26,525	477,604	14.1
Managed Care	402,880	96,081	33,334	532,295	15.8
Blue Cross	800,109	135,751	16,317	952,177	28.2
Commercial, Self-Pay, and other	341,346	40,923	8,285	390,554	11.6
Total patient service revenue	$ 2,821,526	$ 436,955	$ 117,451	$ 3,375,932	100.0 %

	June 30, 2024				
	Hospitals	Physician Groups	Clinical Joint Ventures & Other	Total	%
Medicare	$ 501,209	$ 56,832	$ 6,306	$ 564,347	17.8 %
Medicare Managed Care	264,711	41,520	28,600	334,831	10.6
Medicaid	82,693	6,333	2,185	91,211	2.8
Medicaid Managed Care	379,658	43,048	31,472	454,178	14.3
Managed Care	404,778	76,304	34,432	515,514	16.3
Blue Cross	762,449	117,249	16,298	895,996	28.3
Commercial, Self-Pay, and other	258,909	46,443	9,126	314,478	9.9
Total patient service revenue	$ 2,654,407	$ 387,729	$ 128,419	$ 3,170,555	100.0 %

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

Medicare and Medicare Managed Care: Certain inpatient acute care services are paid at prospectively determined rates per discharge based on clinical, diagnostic, and other factors. Certain services are paid based on cost-reimbursement methodologies subject to certain limits. Physician services are paid based upon established fee schedules. Outpatient services are paid using prospectively determined rates.

Medicaid and Medicaid Managed Care: Medicaid services are generally paid at prospectively determined rates per discharge, per occasion of service.

Blue Cross, Managed Care, Commercial, and Other: Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity continues with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties, as well as significant repayment of previously billed and collected revenues from patient services. Management believes that RUSH is in substantial compliance with current laws and regulations.

Laws and regulations governing payment programs are complex and subject to interpretation. Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely outcome method. These settlements are estimated based on the terms of the payment agreements with the payor, correspondence from the payor and historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as new information becomes available or as years are settled or are no longer subject to such audits, reviews and investigations. As a result, there is a reasonable possibility that recorded estimated third-party settlements could change by a material amount.

RUSH has filed formal appeals relating to the settlement of certain prior year Medicare cost reports. The outcome of such appeals cannot be determined at this time. Any resulting gains will be recognized in the consolidated statements of operations and changes in net assets when realized.

Note 4. Charity Care

RUSH has an established charity care policy and maintains records to identify and monitor the level of charity care it provides.

RUSH patients with a family income between 200% and 300% of the current federal poverty level are eligible to apply for charity care and receive a discount of 100%. Insured patients with a family income between 301-400% of the current federal poverty level are eligible to apply and receive an 80% discount. Additionally, uninsured patients with family income between 301% and 600% of the current federal poverty level automatically receive an 80% discount while uninsured patients with a family income above 600% of the current federal poverty level receive a 50% discount. RUSH also provides free care to all uninsured patients whose family income is 200% or less of the current federal poverty level.

Charity care includes the estimated cost of unreimbursed services provided and supplies furnished under its charity care policy and the excess of cost over reimbursement for Medicaid patients. The estimated cost of charity care provided is determined using a ratio of cost to gross charges and multiplying that ratio by the gross unreimbursed charges associated with providing care to charity patients.

In December 2008, the Centers for Medicare and Medicaid Services approved the Illinois Hospital Assessment Program (the “Program”) to improve Medicaid reimbursement for Illinois hospitals. This Program increased patient service revenue in the form of additional Medicaid payments and increased expense through a tax assessment from the State of Illinois. The net benefit to RUSH from the Program was $117,111 and $107,113 during the years ended June 30, 2025 and 2024, respectively. For the years ended June 30, 2025 and 2024, the Medicaid payment of $205,583 and $195,064 was included in Patient service revenue, representing 6.1% and 6.2% of the patient service for fiscal years 2025 and 2024, respectively, and the tax assessment of $88,472 and $87,951, respectively, was included in Supplies, utilities, and other expenses within the accompanying consolidated statements of operations and changes in net assets.

The following table presents the level of charity care and unreimbursed Medicaid services provided for the years ended June 30, 2025 and 2024:

	2025	2024
Excess of allocated cost over reimbursement for services provided to hospital Medicaid patients—net of net benefit under the Program	$ 136,361	$ 152,385
Estimated costs and expenses incurred to provide charity care in the hospitals	53,159	37,593
Total	$ 189,520	$ 189,978

Beyond the cost to provide charity care and unreimbursed services to hospital Medicaid patients, RUSH also provides substantial additional benefits to the community, including educating future health care providers, supporting research

into new treatments for disease, and providing subsidized medical services in response to community and health care needs, as well as other volunteer services. These community services are provided free of charge or at a fee below the cost of providing them.

Note 5. Assets Limited As To Use and Investments

Assets limited as to use and investments consist primarily of equity and debt securities, which are held in investment pools to satisfy the investment objectives for which the assets are held or to satisfy donor restrictions. RUSH also holds certain investments valued at NAV that consist of common collective trusts, hedge funds, private equity, and private debt.

Following is a summary of the composition of assets limited as to use and investments as of June 30, 2025 and 2024:

	2025	2024
Marketable securities and short-term investments	$ 83,272	$ 11,991
Fixed income securities	277,907	346,432
Public equity securities	947,820	707,977
Mutual funds	804,037	797,893
Investments valued at NAV	651,443	632,342
Other	18,635	13,769
Total investments	2,783,114	2,510,404
Pledges receivable	39,691	45,981
Beneficial interest in trusts	36,106	36,317
Total assets limited as to use and investments	2,858,911	2,592,702
Less amount reported as current assets	(74,206)	(71,310)
Assets limited as to use and investments—noncurrent	$ 2,784,705	$ 2,521,392

It is RUMC's intent to maintain a long-term investment portfolio to support its self-insurance program. Accordingly, the total return on investments restricted for the self-insurance program is reported in the accompanying consolidated statements of operations and changes in net assets in three separate line items. The investment return allocated to operations, reported in other revenue, is determined by a formula designed to provide a consistent stream of investment earnings to support the self-insurance provision reported in Insurance expense in the accompanying consolidated statements of operations and changes in net assets. This allocated return, 4.5% for the years ended June 30, 2025 and 2024, approximates the real return that RUSH expects to earn on its investments over the long term and totaled

$7,866 and $7,705 for the years ended June 30, 2025 and 2024, respectively. The difference between the total investment return and the amount allocated to operations is reported in non-operating income and totaled $9,352 and $8,010 for the years ended June 30, 2025 and 2024, respectively. Current and prior year investment rates of return may not always align with the expected long-term rate of return due to market volatility.

The composition and presentation of investment income and the realized and unrealized gains and losses on all investments, net of investment related expenses, for the years ended June 30, 2025 and 2024, are as follows:

	2025	2024
Interest and dividends	$ 68,929	$ 60,931
Net realized gains on sales of securities	96,087	134,506
Unrealized gains —without donor restrictions	61,474	58,687
Unrealized gains —with donor restrictions	37,479	5,802
	$ 263,969	$ 259,926
Reported as:		
Other revenue	$ 7,989	$ 9,986
Non-operating income	165,971	152,727
Net assets with donor restrictions—net realized and unrealized gains on investments	90,009	97,213
	$ 263,969	$ 259,926

Note 6. Fair Value Measurements

As of June 30, 2025 and 2024, RUSH held certain assets and liabilities that are required to be measured at fair value on a recurring basis, including marketable securities and short-term investments, certain restricted, trusteed and other investments, derivative instruments, and beneficial interests in trusts.

Valuation principles

Under FASB Accounting Standard Codification 820, *Fair Value Measurement*, fair value is defined as an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The valuation techniques used to measure fair value are based upon observable and unobservable inputs. Observable inputs generally reflect market data from independent sources and are supported by market activity, while unobservable inputs are generally unsupported by market activity. The three-level valuation hierarchy, which prioritizes the inputs used in measuring fair value of an asset or liability at the measurement date, includes:

Level 1 Inputs—Quoted prices (unadjusted) for identical assets or liabilities in active markets. Securities typically priced using Level 1 inputs include listed equities and exchange-traded mutual funds.

Level 2 Inputs—Quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets and liabilities in nonactive markets, and model-driven valuations whose inputs are observable for the asset or liability, either directly or indirectly. Securities typically priced using Level 2 inputs include government bonds (including US treasuries and agencies), corporate and municipal bonds, collateralized obligations, interest rate swaps, commercial paper, currency options, and pending transactions.

Level 3 Inputs—Unobservable inputs for which there is little or no market data available are based on the reporting entity's own judgment or estimation of the assumptions that market participants would use in pricing the asset or liability. The fair values for securities typically priced using Level 3 inputs are determined using model-driven techniques, which include option-pricing models, discounted cash flow models, and similar methods. The Level 3 classification includes beneficial interests in trusts and other privately held investments.

Marketable Securities and Short-Term Investments—Marketable securities and short-term investments classified as Level 1 are invested in a short-term collective fund that serves as an investment vehicle for cash reserves. Fair value was determined using market rates as of the valuation dates. These funds are invested in high quality and short-term money market instruments with daily liquidity.

Fixed Income Securities—Fixed income securities consist primarily of U.S. government and agency securities, corporate bonds, and asset-backed securities, all of which are classified as Level 2. The fair value of investments in U.S. government and agency securities and corporate bonds was primarily determined using techniques consistent with the market approach, including matrix pricing and significant observable inputs of institutional bids, trade data, broker and dealer quotes, discount rates, issues spreads, and benchmark yield curves. The asset-backed securities encompass collateralized bond obligations, collateralized loan and mortgage obligations any other asset-backed securities. The fair value of these securities was determined using techniques consistent with market and income approach, such as discount cash flows and matrix pricing. Repurchase agreements are valued using a market-based approach and are carried at amortized cost, which approximates fair value.

Public equity securities—Public equity securities consists of common and preferred stock. The fair values of common and preferred stock are determined by obtaining quoted prices from a nationally recognized exchange (Level 1 inputs). Other preferred stocks are valued based on recent bid prices or average of recent bid and asked prices when available (Level 2 inputs), and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable.

Mutual Funds—The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs). The fair values of the mutual fund investments that are based on their net asset values, as reported by the managers and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date (Level 2 inputs). Investments in the collective trust fund can be redeemed immediately at net assets value per share.

Investments valued at NAV—Investments within this category consist primarily of hedge fund of funds, private equity partnerships, and private debt. The hedge fund of funds consists of diversified investments including equity long/short, credit long/short, event-drive, relative value, global opportunities, and other multi-strategy funds. Hedge fund of funds

investments are valued based on RUSH's ownership interest in the NAV of the respective fund as estimated by the general partner, which approximates fair value. Private equity and private debt partnerships are valued based on the estimated fair values of the nonmarketable private equity and private debt partnerships in which it invests, which is an equivalent of NAV.

Beneficial interest in Trusts—RUSH maintains a beneficial interest in perpetual trusts. The fair value of a perpetual trust held by a third party generally can be measured using the fair value of the assets contributed to the trust. RUSH accounted for the beneficial interest in the perpetual trust using the fair value of the trust assets multiplied by its ownership interest percentage as RUSH holds an irrevocable right to its portion of future cash flows. As such, RUSH records their interest in the trust as a Level 3 investment.

Derivative Liabilities—Derivatives, including interest rate swaps and other, are fair valued according to their classification as either exchange-traded or over-the-counter (OTC). The derivatives consist of OTC interest rate swaps. These derivatives are fair valued under Level 2 using third-party services. Observable market inputs include yield curves (the Secured Overnight Financing Rate, or "SOFR"), counterparty credit risk and other related data. Credit valuation adjustments are required to reflect both our own nonperformance risk and the respective counterparty's nonperformance risk. These adjustments are determined generally by applying a credit spread as appropriate to the total expected exposure of the derivative.

Fair value measurements at the consolidated balance sheet date

The following tables present RUSH's fair value hierarchy for its financial assets and liabilities measured at fair value or NAV, which approximates fair value, on a recurring basis as of June 30, 2025 and 2024:

	June 30, 2025			
	Level 1	Level 2	Level 3	Total Fair Value
Assets:				
Marketable securities and short-term investments	$ 83,272	$ -	$ -	$ 83,272
Fixed income securities:				
U.S. Government and agency securities	2,584	221,721	-	224,305
Corporate bonds	-	630	-	630
Asset backed securities and other	-	47,117	5,855	52,972
Public equity securities	947,644	-	176	947,820
Mutual funds	754,461	49,576	-	804,037
Other assets	11,571	-	43,170	54,741
Total assets at fair value	$ 1,799,532	$ 319,044	$ 49,201	2,167,777
Investments valued at NAV				783,872
Pending trades				(137,586)
Accrued income				5,157
Total assets				$ 2,819,220
Liabilities:				
Obligations under interest rate swap agreements	$ -	$ (2,681)	$ -	$ (2,681)
Derivative liabilities	-	(170)	-	(170)
Total liabilities at fair value	$ -	$ (2,851)	$ -	$ (2,851)

RUSH SYSTEM FOR HEALTH

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
(Dollars in thousands)

	June 30, 2024			
	Level 1	Level 2	Level 3	Total Fair Value
Assets:				
Marketable securities and short-term investments	$ 11,991	$ -	$ -	$ 11,991
Fixed income securities:				
U.S. Government and agency securities	-	223,216	-	223,216
Corporate bonds	-	73,259	-	73,259
Asset backed securities and other	-	43,947	6,010	49,957
Public equity securities	707,319	658	-	707,977
Mutual funds	788,679	9,214	-	797,893
Other assets	-	-	45,831	45,831
Total assets at fair value	$ 1,507,989	$ 350,294	$ 51,841	$ 1,910,124
Investments valued at NAV				$ 632,342
Pending trades				(1,221)
Accrued income				5,476
Total assets				$ 2,546,721
Liabilities:				
Obligations under interest rate swap agreements	$ -	$ (2,329)	$ -	$ (2,329)
Derivative liabilities	-	(599)	-	(599)
Total liabilities at fair value	$ -	$ (2,928)	$ -	$ (2,928)

A rollforward of the amounts in the accompanying consolidated balance sheets for financial instruments classified by RUSH within Level 3 of the fair value hierarchy is as follows:

	2025	2024
Fair value—beginning of period	$ 51,841	$ 41,765
Actual return on investments - realized and unrealized (losses) gains	(2,640)	3,599
Purchases	-	6,477
Sales	-	-
Fair value—end of period	$ 49,201	$ 51,841

During the years ended June 30, 2025 and 2024, there were no transfers in Level 3 investments.

Investments in entities that report fair value using NAV

Included within the fair value table above are investments in certain entities that report fair value using a calculated NAV or its equivalent. These investments consist of common collective trusts, hedge funds, private equity, and private debt. The NAV instruments listed in the fair value measurement tables use the following valuation techniques and inputs as of the valuation date:

Common Collective Trusts—Commingled funds formed from the pooling of investments under common management. Unlike a mutual fund, these investments are not registered investment companies and therefore are exempt from registering with the Securities and Exchange Commission. Underlying investments within this category consist of public equity securities. The fair value of common collective trusts classified at NAV are primarily determined using the calculated NAV at the valuation date under a market approach.

Investments valued at NAV—Investments within this category consist primarily of hedge funds, private equity and private debt. Hedge fund investments are valued based on RUSH's ownership interest in the NAV of the respective fund as estimated by the general partner, which approximates fair value. Private equity and private debt partnerships are valued based on the estimated fair values of the nonmarketable private equity and private debt partnerships in which it invests, which is an equivalent of NAV.

The following table summarizes RUSH's investments and unfunded commitments that report fair value using NAV as of June 30, 2025 and 2024:

	June 30, 2025			
Entities that Report Fair Value Using NAV	Fair Value	Unfunded Commitments	Redemptions Frequency (if Currently Eligible)	Redemption Notice Period
Common collective trusts	$ 480,489	None	Daily/Monthly	1-15 days
Investments valued at NAV				
Hedge funds	40,323	None	Quarterly	65-95 days
Private equity	263,060	68,492	Not currently redeemable	N/A
Total	$ 783,872	$ 68,492		

	June 30, 2024			
Entities that Report Fair Value Using NAV	Fair Value	Unfunded Commitments	Redemptions Frequency (if Currently Eligible)	Redemption Notice Period
Common collective trusts	$ 317,067	None	Daily/Monthly	1-15 days
Investments valued at NAV				
Hedge funds	47,458	None	Quarterly	65-95 days
Private equity	267,817	92,980	Not currently redeemable	N/A
Total	$ 632,342	$ 92,980		

Note 7. Endowment Funds

RUSH's endowment consists of more than 500 individual funds, which are established for a variety of purposes. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of relevant law

RUSH has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring preservation of the original value of the gift as of the gift date absent explicit donor stipulations to the contrary. As a result of this interpretation, RUSH classifies as net assets with donor restrictions (a) the original value of gifts donated to the permanent endowment, (b) the original value of any subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable gift

instrument at the time the accumulation is added to the fund. In accordance with UPMIFA, RUSH considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

a. The duration and preservation of the fund
b. The purposes of the organization and the donor-restricted endowment fund
c. General economic conditions
d. The possible effect of inflation and deflation
e. The expected total return from income and the appreciation of investments
f. Other resources of the organization
g. The investment policies of the organization

Endowment investment and spending policies

RUSH has adopted endowment investment and spending policies to preserve purchasing power over the long term and provide stable annual support to the programs supported by the endowment, including professorships, research and education, free care, student financial aid, scholarships, and fellowships. Approximately 15% of RUSH's endowment is available for general purposes for the years ended June 30, 2025 and 2024.

The System Investment Committee (the "Committee") of the System Parent's Board of Directors (the "System Board") is established by the System Board for the primary purpose of assisting the System Board in the oversight of the asset pools of RUSH and its subsidiary hospitals, RUMC, ROPH and RCMC (collectively "Subsidiary Hospitals" and each a "Subsidiary Hospital"). To fill its advisory oversight responsibilities, the Committee shall review and recommend to the investment policies of RUSH and its Subsidiary Hospitals, including investment objectives and asset allocation targets.

The System Parent Board of Trustees approves the annual spending policy for program support. In establishing the annual spending policy, RUSH's main objectives are to provide for intergenerational equity over the long term, the concept that future beneficiaries will receive the same level of support as current beneficiaries on an inflation-adjusted basis, and to maximize annual support to the programs supported by the endowment. The spending rate was 4.5% for the fiscal years ended June 30, 2025 and 2024, and income from the endowment fund provided $30,685 and $38,703 of support for RUSH's programs during the fiscal years ended June 30, 2025 and 2024, respectively.

Composition of endowment fund and reconciliation

The endowment net asset composition by type of fund as of June 30, 2025, consisted of the following:

	Without Restrictions	With Restrictions	Total
Donor-restricted endowment funds	$ -	$ 961,450	$ 961,450
Board-designated endowment funds	9,763	-	9,763
Total funds	$ 9,763	$ 961,450	$ 971,213

Changes in endowment net assets for the fiscal year ended June 30, 2025, consisted of the following:

	Without Restrictions	With Restrictions	Total
Endowment net assets—June 30, 2024	$ 9,361	$ 896,436	$ 905,797
Contributions	-	18,018	18,018
Net investment return	675	93,451	94,126
Transfer of endowment/appreciation	(273)	(13,367)	(13,640)
Endowment income reclass	-	(33,088)	(33,088)
Endowment net assets—June 30, 2025	$ 9,763	$ 961,450	$ 971,213

The endowment net asset composition by type of fund as of June 30, 2024, consisted of the following:

	Without Restrictions	With Restrictions	Total
Donor-restricted endowment funds	$ -	$ 896,436	$ 896,436
Board-designated endowment funds	9,361	-	9,361
Total funds	$ 9,361	$ 896,436	$ 905,797

Changes in endowment net assets for the fiscal year ended June 30, 2024, consisted of the following:

	Without Restrictions	With Restrictions	Total
Endowment net assets—June 30, 2023	$ 8,933	$ 826,129	$ 835,062
Contributions	-	3,810	3,810
Net investment return	689	96,916	97,605
Transfer of endowment/appreciation	(261)	(43,830)	(44,091)
Endowment income reclass	-	13,411	13,411
Endowment net assets—June 30, 2024	$ 9,361	$ 896,436	$ 905,797

Fund deficiencies

RUSH monitors the accumulated losses on investments within net assets with donor restriction to be maintained in perpetuity to determine whether the endowment corpus has been impaired. The endowment funds are invested in an investment pool, which also includes investments with net assets restricted by donors for a specific time period or purpose and investments within net assets without donor restrictions. Endowments were not underwater for the fiscal year ended June 30, 2025 and 2024.

Note 8. Property and Equipment - Net

Property and equipment—net as of June 30, 2025 and 2024 consisted of the following:

	2025	2024
Land and buildings	$ 2,889,129	$ 2,725,322
Equipment	1,227,654	1,113,169
Construction in progress	71,593	167,000
Total	4,188,376	4,005,491
Less accumulated depreciation	(2,249,127)	(2,111,639)
Property and equipment—net	$ 1,939,249	$ 1,893,852

Equipment includes equipment held under financing leases of $21,604 and $12,617 as of June 30, 2025 and 2024, respectively. Accumulated depreciation on leased equipment amounted to $5,541 and $3,456 as of June 30, 2025 and 2024, respectively.

RUSH continues to make campus improvements and has a number of construction projects planned with a Master Facility Plan that began in fiscal year 2017. As of June 30, 2025 and 2024, RUSH had construction commitments outstanding of $89,014 and $111,585, respectively.

Note 9. Long-Term Debt and Credit Arrangements

RUSH's long-term debt is issued under a Master Trust Indenture, which established the Obligated Group composed of the System Parent, RUMC, RCMC and certain of its subsidiaries, and ROPH. The Obligated Group is jointly and severally liable for the obligations issued under the Master Trust Indenture. Each Obligated Group member is expected to pay its allocated share of the debt issued on its behalf. As of June 30, 2025 and 2024, such issuances are secured by a pledge of gross receipts, as defined, of the Obligated Group members.

A summary of RUSH's long-term debt as of June 30, 2025 and 2024, is as follows:

	Interest Rate	Maturity Date	2025	2024
Illinois Finance Authority Revenue Bonds:				
Fixed-rate revenue bonds:				
Series 2015 A/B	5.00%	November 15, 2039	$ 394,995	$ 406,590
Variable rate revenue bonds:				
Series 2016 -	(A)	November 1, 2045	50,000	50,000
Total tax exempt debt			444,995	456,590
Other debt:				
2020 Taxable Bonds	3.92%	November 15, 2029	330,000	330,000
Series 2019	1.78%	September 1, 2049	31,911	32,914
Total par value of debt			806,906	819,504
Less:				
Current portion of long-term debt			(19,746)	(12,598)
Debt issuance costs			(3,841)	(4,420)
Plus: Unamortized premium			31,672	35,693
Long term debt			$ 814,991	$ 838,179

(A) - Variable-rate revenue bonds, Series 2016 interest rates averaged 3.99% in 2025 and 4.42% in 2024.

Under its various indebtedness agreements, the Obligated Group is subject to certain financial covenants, including maintaining a minimum historical debt service coverage and maximum annual debt service coverage ratios; maintaining minimum levels of days cash on hand; limitations on selling, leasing, or otherwise disposing of Obligated Group property; and certain other nonfinancial covenants. Management believes the Obligated Group was in compliance with its financial covenants as of June 30, 2025 and 2024.

Annual maturities of outstanding long-term debt are as follows:

Years Ending June 30	
2026	$ 19,746
2027	20,720
2028	21,749
2029	22,838
2030	353,972
Thereafter	367,881
	$ 806,906

Line of credit arrangements

At June 30, 2025, RUSH has a line of credit of up to $150,000. The line of credit agreement matures in February 2027. As of June 30, 2025 and 2024, no amounts were drawn or outstanding on this line of credit and the full amount of the line of credit was available for use. The line of credit fee for the years ended June 30, 2025 and 2024, was $87 and $152, respectively, and is included in Interest and fees within the accompanying consolidated statements of operations and changes in net assets.

Note 10. Derivatives

The Obligated Group uses derivative instruments, specifically interest rate swaps, to manage its exposure to changes in interest rates on variable rate borrowings. The use of derivative instruments exposes the Obligated Group to additional risks related to the derivative instrument, including market, credit, and termination, as described below, and the Obligated Group has defined risk management practices to mitigate these risks.

Market risk represents the potential adverse effect on the fair value and cash flow of a derivative instrument due to changes in interest rates or rate spreads. Market risk is managed through ongoing monitoring of interest rate exposure based on set parameters regarding the type and degree of market risk that the Obligated Group will accept. Credit risk is the risk that the counterparty on a derivative instrument may be unable to perform its obligations during the term of the contract. When the fair value of a derivative contract is positive (an asset to the Obligated Group), the counterparty owes the Obligated Group, which creates credit risk. Credit risk is managed by setting stringent requirements for qualified counterparties at the date of execution of a derivative transaction and requiring counterparties to post collateral in the event of a credit rating downgrade or if the fair value of the derivative contract exceeds a negotiated threshold. Termination risk represents the risk that the Obligated Group may be required to make a significant payment to the counterparty if the derivative contract is terminated early. Termination risk is assessed at onset by performing a statistical analysis of the potential for a significant termination payment under various scenarios designed to encompass expected interest rate changes over the life of the proposed contract. The test measures the ability to make a termination payment without a significant impairment to the Obligated Group's ability to meet its debt or liquidity covenants.

Board approval is required to enter or modify any derivative transaction. Management periodically reviews existing derivative positions as its risk tolerance and cost of capital changes over time.

Interest rate swap agreements

The Obligated Group has three interest rate swap agreements (the "Swap Agreements"), which were designed to synthetically fix the interest payments on its Series 2006A Bonds. Under the Swap Agreements, the Obligated Group makes fixed-rate payments equal to 3.945% to the swap counterparties and receives variable-rate payments equal to 68% of SOFR (3.026% and 3.717% as of June 30, 2025 and 2024, respectively) from the swap counterparties, calculated on the notional amount of the Swap Agreements. As of June 30, 2025 and 2024, the Swap Agreements had a notional amount of $49,490 and $54,270, respectively. Following the refinancing of the Series 2006A Bonds into the Series 2016 Bonds, the Obligated Group used $50,000 in notional amount of the Swap Agreements to

synthetically fix the interest on the Series 2016 Bonds. The Swap Agreements each expire on November 1, 2035 and amortize annually commencing in November 2012. The Swap Agreements are secured by obligations issued under the Master Trust Indenture.

The Swap Agreements also require either party to post collateral in the form of cash and certain cash equivalents to secure potential termination payments. The amount of collateral that is required to be posted is based on the relevant party's long-term credit rating. Based on its current rating, the Obligated Group is required to post collateral with the swap counterparties in the event that the market value of the Swap Agreements exceeds $(30,000) or $(15,000) for each Swap Agreement. As of June 30, 2025 and 2024, the Obligated Group had no collateral posted under Swap Agreements.

The fair value of the Swap Agreements as of June 30, 2025 and 2024, was as follows:

	Reported As	2025	2024
Obligations under Swap Agreements	Other long-term liabilities	$ (2,681)	$ (2,329)

The fair value of the Swap Agreements reported in the accompanying consolidated balance sheets in other long-term liabilities as of June 30, 2025 and 2024, includes an adjustment for the Obligated Group's credit risk and may not be indicative of the termination value that RUSH would be required to pay upon early termination of the Swap Agreements.

Management has not designated the Swap Agreements as hedging instruments. Amounts recorded in the accompanying consolidated statements of operations and changes in net assets for the Swap Agreements allocated to RUSH were as follows:

	Reported As	2025	2024
Change in fair value of interest rate swaps	Non-operating (loss) income	$ (382)	$ 971
Net cash payments on interest rate swaps	Interest and fees	166	111

Note 11. Leases and Other Financing Arrangements

RUSH has entered into the following lease arrangements:

Finance leases

RUMC is party to certain financing leases and long-term financing arrangements relating to medical and office equipment and buildings. Expiration of leases ranges from 2025 to 2030. Assets acquired under financing lease arrangements are included in Property and equipment—net in the accompanying consolidated balance sheets. Termination of leases generally is prohibited unless there is a violation under the lease agreement.

Total financing lease liabilities in the accompanying consolidated balance sheets were $12,149 and $7,924 on June 30, 2025 and 2024, respectively. Such amounts are presented in the accompanying consolidated balance sheets as a component of Obligations under financing leases and other financing arrangements.

Operating leases

RUSH leases office space and medical space that expire in various years through 2040. Some of these leases contain renewal options for periods ranging from 5 to 10 years. Termination of these leases is generally prohibited unless there is a violation under the lease agreement. Some lease payments have an escalating fee schedule, which range from a 1.0% to 3.0% increase each year and are recognized within Supplies, utilities and other in the accompanying consolidated statement of operations and changes in net assets. RUSH is also required to pay all executory costs (property taxes, maintenance, and insurance) under the terms of these leases, which are considered variable lease costs and recorded within Supplies, utilities, and other in the accompanying consolidated statements of operations and changes in net assets. A portion of the leased space is subleased under leases expiring over the next five years.

Total operating lease right-of-use assets reported in the accompanying consolidated balance sheets were $109,817 and $99,771 on June 30, 2025 and 2024, respectively. Total operating lease liabilities in the accompanying consolidated balance sheets were $114,617 and $104,856 on June 30, 2025 and 2024, respectively.

Short-term leases

RUSH leases certain equipment, medical space, and office space with a lease term of less than twelve months. Short-term lease expense is recognized when paid within Supplies, utilities, and other in the accompanying consolidated statements of operations and changes in net assets.

Other lease information

RUSH's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

As of June 30, 2025, RUSH has not entered into any additional operating and finance leases for equipment, office space or medical space that have not yet commenced.

Lease cost and other required information related to operating leases for the years ended June 30, 2025 and 2024, are as follows:

	2025	2024
Lease cost:		
Operating lease cost	$ 28,450	$ 30,427
Short-term and variable lease cost	28,710	25,716
Total operating, short-term, and variable lease cost	$ 57,160	$ 56,143
Other information:		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	$ (29,013)	$ (30,667)
Right-of-use assets obtained in exchange for new operating lease liabilities	43,804	23,072
Operating leases		
Weighted-average remaining lease term - years	7.42	13.81
Weighted-average discount rate	3.40 %	7.53 %

Future maturities of operating lease liabilities are as follows:

Years Ending June 30:	Operating Leases
2026	$ 22,428
2027	24,130
2028	17,653
2029	11,121
2030	7,290
Thereafter	46,178
Total future undiscounted lease payments	128,800
Less interest	(14,183)
Operating lease liabilities	$ 114,617

Other financing arrangements

In November 2022, RUSH Property Ventures, LLC, a 50/50 real estate joint venture with Select Illinois Holdings, Inc ("Select"), closed on a $75,000 financing with Wintrust Bank, N.A. The financing consists of a 5-year construction and term loan, fully guaranteed by RUSH until certain conditions are met. The outstanding balance of the note payable is $ 72,510 and $69,900 as of June 30, 2025 and 2024, respectively, and is included in Obligations under financing leases and other financing arrangements in the accompanying consolidated balance sheets.

Note 12. Pension and Other Postretirement Benefit Plans

RUMC maintains a defined benefit pension plan, defined contribution plans, and other postretirement benefit plans that together cover substantially all of RUMC's employees.

Prior to January 1, 2012, RUMC had two defined benefit pension plans, the Retirement Pension Plan and the Pension Plan (collectively, the "Defined Benefit Pension Plans"), covering substantially all of its employees. Benefits are based on the years of service and the employee's final average earnings, as defined. Plan assets and obligations are measured as of June 30 (the "Measurement Date") each year.

Effective as of the close of business on December 31, 2011, the Pension Plan, representing certain union employees, was amended to freeze benefit accruals for all participants. No additional benefits will accrue, and no additional individuals will become plan participants in the Pension Plan as of January 1, 2012. Also, effective December 31, 2011, the Pension Plan was merged into the Retirement Pension Plan with all accrued benefits of the Pension Plan participants preserved as part of the merger. Effective January 1, 2012, the Retirement Pension Plan was amended to include eligible union members previously covered by the Pension Plan.

Effective January 1, 2015 (the "Effective Date"), a new defined benefit plan was established. This new plan (the "Pre-2015 Separations Plan" or the "Pre-2015 Plan") was a spin-off of the Retirement Pension Plan. The Retirement Pension Plan's benefit obligation and assets attributable to participants who terminated employment prior to January 1, 2015, with a vested benefit were transferred to the Pre-2015 Plan as of the Effective Date.

Effective at the close of business December 31, 2022, the Retirement Pension Plan merged into the Pre-2015 Separations Plan and all participants in the Retirement Pension Plan become participants in the Pre-2015 Separations Plan on January 1, 2023. The Pre-2015 Separations Plan was renamed the RUSH Retirement Plan and all participation and benefit accruals continue under the Plan. As a result of the merger, pension assets and liabilities were remeasured at the merger date and the net pension benefit cost was updated for the period January 1, 2023 through June 30, 2023.

Effective December 31, 2023 (the "Freeze Date"), the RUSH Retirement Plan was frozen to all existing plan participants, thus eliminating all future benefit accruals (the "Plan Freeze"). Pension assets and liabilities have been remeasured at the Freeze Date and the Net Periodic Benefit Cost updated for the period January 1, 2024 through June 30, 2024, resulting in a net curtailment gain of $33,538 included within post-retirement related changes other

than net periodic postretirement cost in the accompanying consolidated statements of operations and changes in net assets.

In addition to the pension programs, RUMC also provides postretirement health care benefits for certain employees (the "Postretirement Healthcare Plans"). Further benefits under the Postretirement Healthcare Plans have been curtailed since 2010.

Obligations and funded status

The tables below set forth the accumulated benefit obligation, the change in the projected benefit obligation, and the change in the plan assets of the Defined Benefit Pension Plans and Postretirement Healthcare Plans (collectively, the "Plans"). The tables also reflect the funded status of the Plans as of the Measurement Date and amounts recognized in the accompanying consolidated balance sheets as of June 30, 2025 and 2024.

	Year Ended June 30, 2025		
	Defined Benefit Pension Plans		
	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Actuarial present value of benefit obligations—accumulated benefit obligation	$ 332	$ 852,851	$ 1,951
Change in projected benefit obligations:			
Projected benefit obligation—beginning of measurement period	$ 489	$ 848,709	$ 1,571
Service costs	-	31	27
Interest costs	23	46,418	86
Employee contributions	-	-	39
Plan settlements	(179)	-	-
Actuarial (gain) loss	(1)	10,381	461
Benefits paid	-	(52,688)	(233)
Projected benefit obligation—end of measurement period	332	852,851	1,951
Change in plan assets:			
Fair value of plan assets—beginning of measurement period	-	884,086	-
Actual return on plan assets	-	68,659	-
Employer contributions	179	-	194
Plan participant contributions	-	-	39
Plan settlements	(179)	-	-
Benefits paid	-	(52,688)	(233)
Fair value of plan assets—end of measurement period	-	900,057	-
Accrued benefit liability (asset)	$ 332	$ (47,206)	$ 1,951

	Year Ended June 30, 2024		
	Defined Benefit Pension Plans		
	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Actuarial present value of benefit obligations—accumulated benefit obligation	$ 489	$ 848,709	$ 1,571
Change in projected benefit obligations:			
Projected benefit obligation—beginning of measurement period	$ 1,679	$ 879,813	$ 4,113
Service costs	-	12,155	117
Interest costs	58	48,015	230
Plan curtailments	-	(33,538)	-
Employee contributions	-	-	59
Plan settlements	(1,249)	-	-
Actuarial (gain) loss	1	(5,844)	(2,543)
Benefits paid	-	(51,892)	(405)
Projected benefit obligation—end of measurement period	489	848,709	1,571
Change in plan assets:			
Fair value of plan assets—beginning of measurement period	-	887,008	-
Actual return on plan assets	-	36,970	-
Employer contributions	1,249	12,000	346
Plan participant contributions	-	-	58
Plan settlements	(1,249)	-	-
Benefits paid	-	(51,892)	(404)
Fair value of plan assets—end of measurement period	-	884,086	-
Accrued benefit liability (asset)	$ 489	$ (35,377)	$ 1,571

The actuarial cost method used to compute the Defined Benefit Pension Plans liabilities and expenses is the projected unit credit method.

The components of net periodic pension cost for the Plans were as follows:

	Year Ended June 30, 2025		
	Defined Benefit Pension Plans		
	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Net periodic pension cost comprised of the following:			
Service cost	$ -	$ 31	$ 27
Interest cost on projected benefit obligation	23	46,418	86
Expected return on plan assets	-	(46,398)	-
Recognized actuarial loss (gain)	-	2,352	(1,554)
Net periodic pension cost (credit)	$ 23	$ 2,403	$ (1,441)

	Year Ended June 30, 2024		
	Defined Benefit Pension Plans		
	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Net periodic pension cost comprised of the following:			
Service cost	$ -	$ 12,155	$ 117
Interest cost on projected benefit obligation	58	48,015	230
Expected return on plan assets	-	(48,698)	-
Recognized actuarial loss (gain)	-	7,232	(665)
Recognized settlement loss	3	-	-
Net periodic pension cost (credit)	$ 61	$ 18,704	$ (318)

The tables below set forth the change in the accrued benefit liability of the Plans:

	June 30, 2025		
	Defined Benefit Pension Plans		
	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Accrued benefit liability—beginning of measurement period	$ 489	$ (35,377)	$ 1,571
Fiscal year activity:			
Net periodic pension cost	23	2,403	(1,441)
Employer contributions	(179)	-	(194)
Postretirement-related changes and other net periodic postretirement costs:			
Net (gain) loss	(1)	(11,880)	461
Reclassification adjustment for gains (losses) reflected in periodic expense	-	(2,352)	1,554
Accrued benefit liability (asset)—end of measurement period	$ 332	$ (47,206)	$ 1,951
Recognized in the consolidated balance sheets as follows:			
Noncurrent assets	$ -	$ (47,206)	$ -
Current liabilities:			
Postretirement and pension benefit liabilities	22	-	-
Accrued expenses	89	-	220
Noncurrent liabilities	221	-	1,731
Total	$ 332	$ (47,206)	$ 1,951

	June 30, 2024		
	Defined Benefit Pension Plans		
	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Accrued benefit liability—beginning of measurement period	$ 1,679	$ (7,195)	$ 4,113
Fiscal year activity:			
Net periodic pension cost	61	18,704	(318)
Employer contributions	(1,249)	(12,000)	(346)
Postretirement-related changes and other net periodic postretirement costs:			
Net (gain) loss	1	(27,654)	(2,543)
Reclassification adjustment for gains (losses) reflected in periodic expense	-	(7,232)	665
Settlement gain (loss) recognized	(3)	-	-
Accrued benefit liability (asset)—end of measurement period	$ 489	$ (35,377)	$ 1,571
Recognized in the consolidated balance sheets as follows:			
Noncurrent assets	$ -	$ (35,377)	$ -
Current liabilities:			
Postretirement and pension benefit liabilities	181	-	-
Accrued expenses	-	-	196
Noncurrent liabilities	308	-	1,375
Total	$ 489	$ (35,377)	$ 1,571

In accordance with FASB guidance regarding accounting for defined benefit pension and other postretirement plans, all previously unrecognized actuarial gains and losses and prior service costs are reflected in the accompanying consolidated balance sheets. The postretirement-related changes other than net periodic postretirement cost related to the Defined Benefit Pension Plans and Postretirement Healthcare Plans are included as a separate increase to net assets without donor restrictions and total $11,661 and $36,837 for fiscal years 2025 and 2024, respectively. For fiscal year 2025, this amount includes actuarial net gains arising during the year of $10,861 and a reclassification adjustment for losses reflected in periodic expense in fiscal year 2025 of $800. For fiscal year 2024, this amount includes actuarial net gains arising during the year of $30,267, and a reclassification adjustment for losses reflected in periodic benefit expense of $6,570.

The Defined Benefit Pension Plans and Postretirement Healthcare Plans items not yet recognized as a component of periodic pension and postretirement medical plan expense, but included within net assets without donor restrictions as of and for the years ended June 30, 2025 and 2024, are as follows:

	June 30, 2025		
	Defined Benefit Pension Plans		
	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Unrecognized prior service credit	$ -	$ -	$ -
Unrecognized net actuarial (loss) gain	-	(158,988)	1,596
Total	$ -	$ (158,988)	$ 1,596

	June 30, 2024		
	Defined Benefit Pension Plans		
	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Unrecognized prior service credit	$ -	$ -	$ -
Unrecognized net actuarial (loss) gain	(1)	(172,575)	3,523
Total	$ (1)	$ (172,575)	$ 3,523

Assumptions

The actuarial assumptions used to determine benefit obligations at the measurement date and net periodic benefit cost for the Plans are as follows:

	As of and for the Year Ended June 30, 2025		
	Defined Benefit Pension Plans		
	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Assumptions to determine benefit obligations:			
Discount rate	5.60 %	5.60 %	5.60 %
Rate of increase in compensation levels	N/A	N/A	N/A
Health care cost trend rate (initial) - pre 65	N/A	N/A	7.10 %
Health care cost trend rate (initial) - post 65	N/A	N/A	8.40 %
Health care cost trend rate (ultimate)	N/A	N/A	4.00 %
Year the rate reaches ultimate trend rate	N/A	N/A	2048
Assumptions to determine net cost:			
Discount rate	5.75 %	5.75 %	5.75 %
Expected long-term rate of return on plan assets	N/A	5.50 %	N/A
Rate of increase in compensation levels	N/A	N/A	N/A
Health care cost trend rate (initial) - pre 65	N/A	N/A	7.40 %
Health care cost trend rate (initial) - post 65	N/A	N/A	8.30 %
Health care cost trend rate (ultimate)	N/A	N/A	4.00 %
Year the rate reaches ultimate trend rate	N/A	N/A	2048

	As of and for the Year Ended June 30, 2024		
	Defined Benefit Pension Plans		
	Supplemental Pension Plan	RUSH Retirement Plan (f/k/a Retirement Plan Pre 2015)	Postretirement Healthcare Plan
Assumptions to determine benefit obligations:			
Discount rate	5.75%	5.75%	5.75%
Rate of increase in compensation levels	N/A	N/A	N/A
Health care cost trend rate (initial) - pre 65	N/A	N/A	7.40%
Health care cost trend rate (initial) - post 65	N/A	N/A	8.30%
Health care cost trend rate (ultimate)	N/A	N/A	4.00%
Year the rate reaches ultimate trend rate	N/A	N/A	2046
Assumptions to determine net cost:			
Discount rate	5.65%	5.65%/5.45%	5.65%
Expected long-term rate of return on plan assets	N/A	6%/5.25%	N/A
Rate of increase in compensation levels	N/A	5.57%	N/A
Health care cost trend rate (initial) - pre 65	N/A	N/A	6.50%
Health care cost trend rate (initial) - post 65	N/A	N/A	6.00%
Health care cost trend rate (ultimate)	N/A	N/A	4.00%
Year the rate reaches ultimate trend rate	N/A	N/A	2046

The discount rate used is based on a spot interest rate yield curve based on a broad group of corporate bonds rated AA or better as of the Measurement Date. RUMC uses this yield curve and the estimated payouts of the Plans to develop an aggregate discount rate. The estimated payouts are the sum of the payouts under the Defined Benefit Pension Plans and the Postretirement Healthcare Plans. For fiscal years 2025 and 2024, the discount rate was estimated under a bond model approach, which is based on a hypothetical bond portfolio whose cash flow from coupons and maturities match the year-by-year Plans' cash flows using bonds rated AA or better.

For the years ended June 30, 2025 and 2024, the actual rate of return on plan assets was 8.40% and 4.93%, respectively.

Plan assets

RUMC's investment objective for its Defined Benefit Pension Plans is to achieve a total return on plan assets that meets or exceeds the return on the plan's liability over a full market cycle with consideration of the plan's current funded status. Investment risk is effectively managed through diversification of assets for a mix of capital growth and capital protection across various investment styles. The asset allocation policy reflects this objective with allocations to return generating assets (e.g., public equity securities and private equity and interest rate hedging assets (e.g., fixed-income securities).

All of the plan's assets are measured at fair value. Fair value methodologies used to assign plan assets to levels of FASB's valuation hierarchy are consistent with the inputs described in Note 6. Fair value methodologies used to value

interests in common collective trusts and private equity limited partnerships are based on RUMC's ownership interest in the NAV of the respective fund as estimated by the general partner, which approximates fair value. RUMC routinely monitors and assesses methodologies and assumptions used in valuing these interests.

The fair value of the Defined Benefit Pension Plan assets as of June 30, 2025 and 2024, is as follows:

	June 30, 2025			
	Level 1	Level 2	Level 3	Total Fair Value
Assets:				
Marketable securities and short-term investments	$ 6,900	$ 19,728	$ -	$ 26,628
Fixed income securities:				
U.S. Government and agency securities	-	135,183	-	135,183
Corporate bonds	-	356,518	-	356,518
Asset backed securities and other	-	55,592	-	55,592
Public equity securities	45,588	1,765	176	47,529
Mutual funds	-	143,613	-	143,613
Other assets	-	9,947	-	9,947
Total assets at fair value	$ 52,488	$ 722,346	$ 176	775,010
Investments valued at NAV				142,364
Pending trades				(22,499)
Accrued income				6,572
Total assets				$ 901,447
Liabilities:				
Derivative liabilities	$ -	$ (1,390)	$ -	$ (1,390)

	June 30, 2024			
	Level 1	Level 2	Level 3	Total Fair Value
Assets:				
Marketable securities and short-term investments	$ 21,597	$ 1,165	$ -	$ 22,762
Fixed income securities:				
U.S. Government and agency securities	-	169,154	-	169,154
Corporate bonds	-	314,076	-	314,076
Asset backed securities and other	-	109,551	-	109,551
Public equity securities	56,921	1,642	175	58,738
Mutual funds	9,073	129,978	-	139,051
Other assets	-	4,447	-	4,447
Total assets at fair value	$ 87,591	$ 730,013	$ 175	817,779
Investments valued at NAV				137,693
Pending trades				(75,478)
Accrued income				6,442
Total assets				$ 886,436
Liabilities:				
Derivative liabilities	$ -	$ (2,350)	$ -	$ (2,350)

As of June 30, 2025 and 2024, the defined benefit pension plan's commitments for additional contributions to alternative investments were as follows:

Entities that Report Fair Value Using NAV	June 30, 2025 Fair Value	Unfunded Commitments	Redemptions Frequency (if Currently Eligible)	Redemption Notice Period
Common collective trusts	$ 126,326	None	Daily/Monthly	1-15 days
Investments valued at NAV				
Private equity	16,038	5,028	Not currently redeemable	N/A
Total	$ 142,364	$ 5,028		

Entities that Report Fair Value Using NAV	June 30, 2024 Fair Value	Unfunded Commitments	Redemptions Frequency (if Currently Eligible)	Redemption Notice Period
Common Collective Trusts	$ 126,693	None	Daily/Monthly	1-15 days
Investments valued at NAV				
Private Equity	11,000	5,028	Not currently redeemable	N/A
Total	$ 137,693	$ 5,028		

Cash flows

RUMC expects to make estimated contributions to and benefit payments from its Defined Benefit Pension Plans and Postretirement Healthcare Plans for the years ending June 30 as follows:

	Defined Benefit Pension Plans	Postretirement Healthcare Plans
Expected contributions in 2026	$ 22	$ 221
Estimated Benefit Payments		
Estimated benefit payments during the year ending June 30:		
2026	$ 84,150	$ 221
2027	74,233	215
2028	72,564	209
2029	72,197	200
2030	70,904	191
2031 through 2035	325,545	811
Total	$ 699,593	$ 1,847

Other postretirement benefit plans

Both RUMC and RCMC maintain a voluntary tax-deferred retirement savings plan. Under these defined contribution plans, employees may elect to contribute a percentage of their salary, which may be matched in accordance with the provisions of the plans. Other provisions of the plans may provide for employer contributions to the plans based on eligible earnings, regardless of whether the employee elects to contribute to the plan. Maximum annual contributions are limited by federal regulations. Employer contributions to these Plans were $71,181 and $52,046 for the years ended June 30, 2025 and 2024, respectively.

RUMC sponsors a noncontributory defined contribution plan covering selected employees (“457(b) Plan”). Contributions to the 457(b) Plan are based on a percentage of qualifying compensation up to certain limits as defined by the provisions of the 457(b) Plan. The 457(b) Plan assets and liabilities totaled $58,662 and $48,292 as of June 30, 2025 and 2024, respectively, and are included in Investments—less current portion and Other long-term liabilities in the accompanying consolidated balance sheets. The assets of the 457(b) Plan are subject to the claims of the general creditors of RUMC.

Both RUMC and RCMC sponsor supplemental retirement plans for certain management employees (the “Plans”). The RUMC plans include a supplemental plan, which was frozen as of December 31, 2014, and replaced with the Executive Retirement Plan. The Plans are non-contributory and annual benefits are credited to each participant’s account based on a percentage of qualifying compensation, as defined by the provisions of the plan. Assets set aside to fund the supplemental plans amounted to $12,428 and $11,491 as of June 30, 2025 and 2024, respectively, and are included in Investments—less current portion in the accompanying consolidated balance sheets. These supplemental retirement plans are currently funded at 96% of benefits accrued.

RUMC maintains a frozen nonqualified supplemental defined benefit retirement plan for certain management employees, which is unfunded. Benefits under the supplemental defined benefit plan, which were curtailed as of December 31, 2004, are paid when incurred from operating funds.

It is RUSH’s policy to meet the requirement of the Employee Retirement Income Security Act of 1974 and the RUMC’s policy to meet the requirements of the Pension Protection Act of 2006.

Note 13. Concentration of Credit Risk

RUSH grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of accounts receivable for patient services from patients and third-party payors as of June 30, 2025 and 2024, was as follows:

	2025	2024
Medicare	13%	14%
Medicare managed care	12	11
Medicaid	2	2
Medicaid managed care	14	13
Managed care	24	22
Blue Cross	30	33
Commercial	2	3
Self-pay	3	2
	100%	100%

Note 14. Commitments and Contingencies

Professional liability

RUSH maintains insurance programs, including both self-insured and purchased insurance arrangements, for certain professional liability claims. Self-insured risks are retained in varying amounts according to policy year and entity. RUSH maintains a general liability self-insurance risk of $5,000 each and every claim and a professional liability self-insurance retention of $15,000 each and every claim, followed by a $15,000 buffer layer subject to a $20,000 annual aggregate. Self-insured retentions are uniform across RUSH. RUSH also maintains excess liability insurance coverage through a commercial reinsurance program with combined reinsured limits of $150,000 per occurrence and in the aggregate for general liability, professional liability, and other lines of liability coverage.

RUSH has employed an independent actuary to estimate the ultimate costs of claim settlements. Self-insured professional liabilities are based on the actuarial estimate of losses using RUSH's actual payout patterns and various other assumptions. RUSH's self-insured professional liabilities of $352,069 and $310,037 as of June 30, 2025 and 2024, respectively, are recorded as noncurrent and current liabilities in the accompanying consolidated balance sheets, as appropriate, and based on the estimated present value of self-insured claims that will be settled in the future. If the present value method was not used, RUSH's liability for self-insured claims would be approximately $42,584 and $36,498 higher than the amounts recorded in the accompanying consolidated balance sheets as of June 30, 2025 and 2024, respectively. The discount rates used in calculating the present value by RUSH was 4% for both fiscal years ended June 30, 2025 and 2024. Insurance recoveries are presented separately within noncurrent and current assets in the accompanying consolidated balance sheets, as appropriate.

RUSH is subject to various other regulatory investigations, legal proceedings, and claims that are incidental to its normal business activities. In the opinion of management, the amount of ultimate liability with respect to professional liability matters and other actions will not have a material adverse effect on the consolidated financial position or results of operations of RUSH. RUSH has an established irrevocable trust fund to pay claims and related costs, which is recorded within the Self-insurance trust in the accompanying balance sheets.

Note 15. Unconditional Promises to Contribute

Unconditional promises to contribute (pledges receivable) are disclosed as separate line item as of June 30, 2025 and 2024, consist of the following:

	2025	2024
Unconditional promises to contribute before unamortized discount and allowance for uncollectibles	$ 49,291	$ 54,066
Less unamortized discount	(3,114)	(4,033)
Less allowance for uncollectibles	(6,486)	(4,189)
Net unconditional promises to contribute	$ 39,691	$ 45,844
Amounts due in:		
Less than one year	$ 19,748	$ 20,134
One to five years	28,359	32,547
More than five years	1,184	1,385
	$ 49,291	$ 54,066

Note 16. Net Assets

Net assets without donor restrictions as of June 30, 2025 and 2024, consist of the following:

	2025	2024
Non board designated	$ 2,569,760	$ 2,364,086
Board designated	9,763	9,361
Total net assets without donor restrictions	$ 2,579,523	$ 2,373,447

Net assets with donor restrictions as of June 30, 2025 and 2024, were available for the following purposes:

	2025	2024
Restricted for specified purpose:		
Construction and purchase of equipment	$ 1,661	$ 4,355
Health education	19,407	21,102
Research, charity and other	749,710	704,109
Unappropriated endowment appreciation available for operations	73,548	80,468
Total funds designated for specified purpose	844,326	810,034
Endowments, perpetual in nature, the income from which is expendable:		
for the following specified purposes:		
Health education	211,850	203,831
Research, charity and other	107,279	98,249
Operations	37,927	37,174
Total endowment net assets	357,056	339,254
Total net assets with donor restrictions	$ 1,201,382	$ 1,149,288

During fiscal years 2025 and 2024, net assets were released from donor restrictions for the purchase of property and equipment of $8,310 and $11,808, respectively, and for operating expenses of $121,506 and $112,563, respectively, both of which satisfied the restricted purposes of the donors. Net assets released from restriction used in operations are included in Other revenue in the accompanying consolidated statements of operations and changes in net assets.

Note 17. Joint Ventures and Other Affiliations

Investments in unconsolidated joint ventures, accounted for using the equity method, totaled $17,753 and $17,649 as of June 30, 2025 and 2024, respectively, and are included in Other noncurrent assets in the accompanying consolidated balance sheets. Income recognized from these joint ventures, reported in Other revenue, was $6,962 and $5,191 during the years ended June 30, 2025 and 2024, respectively.

Note 18. Functional Expenses

The accompanying consolidated financial statements present certain expenses that are attributed to more than one program or supporting function. Operating expenses directly attributable to a specific functional area are reported as expenses of those functional areas. Certain expenses are attributable to more than one functional area and are therefore allocated on a reasonable basis that is consistently applied. Employee benefits are allocated based on factors of either salary expenses or hours worked. General and administrative expenses primarily include legal, finance, and human resources activities. Overhead costs that include items such as professional services, office expenses, information technology, interest, insurance, occupancy and other similar expenses are allocated on a variety of factors, including relative costs, square footage, full-time equivalents, and direct labor costs among others.

The expenses reported in the accompanying consolidated statement of operations and changes in net assets for the year ended June 30, 2025, supported the following programs and functions:

	Year Ended June 30, 2025			
	Healthcare Services	Academic and Research Activities	General and Administrative Support	Total
Salaries, wages and employee benefits	$ 1,480,059	$ 220,880	$ 211,888	$ 1,912,827
Supplies, utilities and other	992,760	128,046	82,740	1,203,546
Insurance	79,459	-	169	79,628
Purchased services	324,212	21,050	66,720	411,982
Depreciation and amortization	160,493	-	85	160,578
Interest and fees	35,989	-	-	35,989
Total	$ 3,072,972	$ 369,976	$ 361,602	$ 3,804,550

The expenses reported in the accompanying consolidated statement of operations and changes in net assets for the year ended June 30, 2024, supported the following programs and functions:

	Year Ended June 30, 2024			
	Healthcare Services	Academic and Research Activities	General and Administrative Support	Total
Salaries, wages and employee benefits	$ 1,453,449	$ 217,129	$ 167,241	$ 1,837,819
Supplies, utilities and other	989,783	127,835	50,291	1,167,909
Insurance	81,071	-	112	81,183
Purchased services	235,461	20,930	54,455	310,846
Depreciation and amortization	154,533	-	1,659	156,192
Interest and fees	33,147	-	1,347	34,494
Total	$ 2,947,444	$ 365,894	$ 275,105	$ 3,588,443

Note 19. Goodwill

The changes in the carrying amount of goodwill, included in Other noncurrent assets in the accompanying consolidated balance sheets, for the years ended June 30, 2025 and 2024, were as follows:

	2025	2024
Beginning balance	$ 19,835	$ 19,835
Acquisition of goodwill	-	-
Impairment charge	-	-
Ending balance	$ 19,835	$ 19,835

Note 20. Liquidity

RUSH's financial assets available within one year of the consolidated balance sheet date for general expenditures are as follows:

	2025	2024
Financial assets at June 30:		
Cash and cash equivalents	$ 430,102	$ 422,806
Accounts receivable for patient services	462,880	430,151
Other accounts receivable	81,523	60,767
Self-insurance trust—current portion	57,209	57,209
Pledge receivable	39,691	45,981
Investments less current portion	1,726,109	1,556,002
Other current assets	147,923	127,395
Assets limited as to use by donor or time restriction or other	897,781	828,012
Self-insurance trust—less current portion	138,121	105,498
Total financial assets	3,981,339	3,633,821
Less amounts not available for general expenditures within one year:		
Contributions receivable due in more than one year or restricted by donor with time or purpose restrictions and other	117,987	95,588
Grant and loan receivables	20,657	23,745
Employee retirement plans	85,778	63,745
Self-insurance trust	195,330	162,707
Pledge receivable less current portion	22,694	31,880
Donor restricted funds, net of appropriation for the following year	175,766	151,377
Limited as to use by donor or time restriction or other	897,781	828,012
Total financial assets not available to meet general expenditures within one year	1,515,993	1,357,054
Total financial assets available to meet general expenditures within one year	$ 2,465,346	$ 2,276,767

RUSH has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. Certain other current assets within the accompanying consolidated balance sheets have been excluded from the liquidity table above due to the inability to either liquidate those assets or use them for general expenditures and other obligations, such as prepaid assets, grant related receivables, and tuition loan receivables. As described in Note 7, RUSH's endowment consists of donor restricted funds established for a variety of purposes, with income from endowments being restricted for specific purposes. The Finance Committee of the System Parent Board of Trustees approves the annual endowment spending rate to be used for general purposes for each entity, respectively. As described in Note 9, RUSH also has a $150,000 line of credit available for working capital.