

NEWSLETTER, SPRING 2016



Bill Green and Alexandra Murphy (far right) from the United Way of Metropolitan Chicago joined the Collaborative's November 2015 meeting to discuss opportunities for hospitals to partner on ACA open enrollment.

2016: A YEAR OF ACTION

Health Commissioner Julie Morita kicked off the Collaborative's first meeting of 2016 with a presentation and call to action.

Dr. Morita discussed social determinants of health in Chicago within the context of neighborhoods and the city, and shared research that shows how life expectancy varies depending upon where in the city one lives.



She focused on the need to address root causes of problems plaguing the city like the built environment, economic development, housing and education.

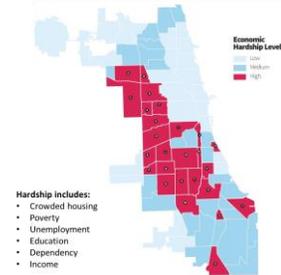


Health Commissioner Julie Morita, M.D.

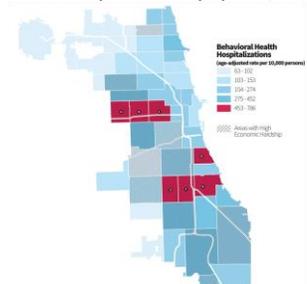
To retain a focus on these core issues, the Chicago Department of Public Health (CDPH) has developed an index for determining the economic hardship faced by Chicagoans. This provides a lense for considering a range of health status issues, including those that the Collaborative has prioritized.

Dr. Morita concluded by speaking about the potential power of the 27 Collaborative hospitals working together and challenged members to think about one intervention that could touch all of their top priorities of access to care, mental health, and obesity.

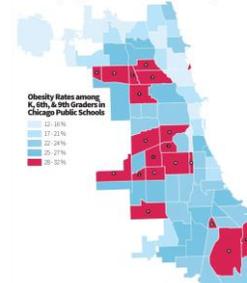
Hardship Index by Community Area, Chicago, 2014



Behavioral Health Hospitalizations by Zip Code, Chicago, 2011



Childhood Obesity by Community Area, Chicago, 2012-13



PARTICIPATING HOSPITALS

Advocate Health System

Advocate Children's Hospital
Advocate Christ Medical Center
Advocate Illinois Masonic Medical Center
Advocate Trinity Hospital

Ann & Robert H Lurie Children's Hospital

Cook County Health & Hospitals System

John H. Stroger, Jr. Hospital
Provident Hospital

LaRabida Children's Hospital

Little Company of Mary Hospital & Health Care Center

Loretto Hospital

Mercy Hospital and Medical Center

Northwestern Memorial Hospital

New Roseland Hospital

Presence Health System

Presence Resurrection Medical Center
Presence St. Francis Hospital
Presence St. Joseph Hospital
Presence St. Mary & Elizabeth Medical Center

RML Specialty Hospital

Rush University Medical Center

Saint Anthony Hospital

Sinai Health System

Holy Cross Hospital
Mount Sinai Hospital
Schwab Rehabilitation Hospital

Swedish Covenant Hospital

University of Chicago Medicine

University of Illinois Hospital and Health Sciences System

NEW COLLABORATIVE COMMITTEES FORM

At its March 2016 meeting, Collaborative members agreed to establish two new committees to the Collaborative structure.

A *Steering Committee* will be formed in April to help guide the work of the Collaborative. In addition to assisting with direction setting, members will help staff and workgroups with resource development, troubleshooting as needed, and promoting the work of the Collaborative.

A *Policy Committee* will also be established. As the Workgroups have been focusing on collective impact projects, several policy issues have emerged. These have included State threats to mental health funding, poor implementation of the Medicaid transportation program, and myriad policy issues related obesity prevention.

The *Policy Committee* will address issues that arise in Workgroup discussions as well as other cross-cutting issues. The Committee will be made up of government relations and legislative affairs staff from interested hospitals.

2016 COMMUNITY HEALTH NEEDS ASSESSMENTS: ARE HOSPITAL PRIORITIES CHANGING?

As Healthy Chicago Hospital Collaborative members work together to address priorities that emerged from their 2013 CHNAs, many are simultaneously conducting a second Community Health Needs Assessment, due to the IRS later this year.

HDA and CDPH have previously worked to identify and map the priorities of Chicago area hospitals. It is our goal to do that again with the 2016 CHNAs and implementation plans to identify any changes in priorities and any new opportunities for collaboration. Towards that end we are asking members to share their final CHNAs and plans with Collaborative staff.

All available 2013 CHNAs and the latest HDA/CDPH report can be found at healthychihospitals.org/reports.

City Releases Healthy Chicago 2.0 Plan



Earlier this Month, the Chicago Department of Public Health released Healthy Chicago 2.0 Plan: Partnering to Improve Health Equity. The Plan, with which the Collaborative's work has been intentionally aligned, lays out more than 230 strategies in 10 priority areas. To read the plan and learn more about the partnerships advancing this work, go to www.cityofchicago/health.



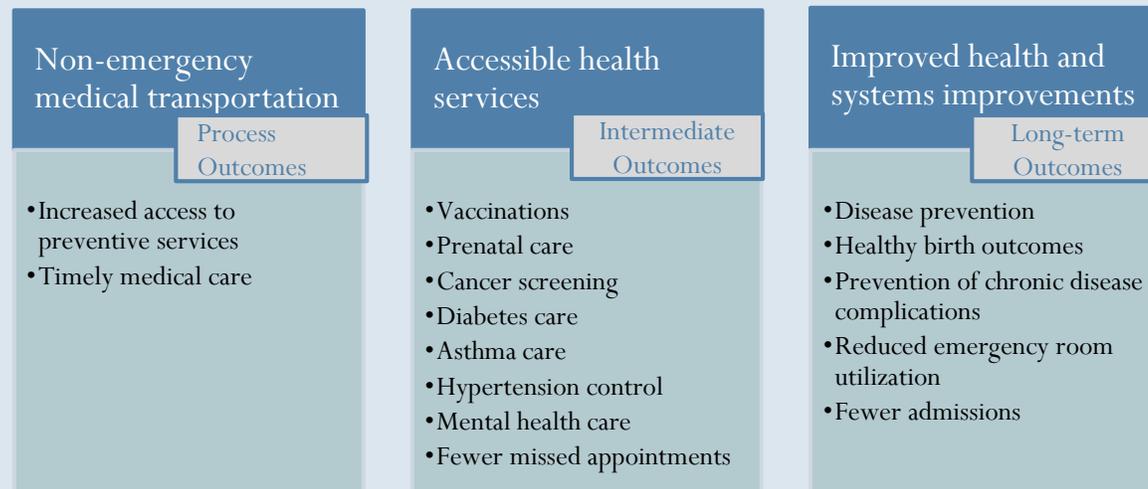
GIVING A LYFT FOR HEALTHIER COMMUNITIES

Studies indicate that a lack of transportation contributes to less health care utilization, lack of regular preventive care, missed appointments and greater use of emergency rooms. Approximately 3.6 million Americans, including 950,000 children, do not obtain medical care due to lack of transportation.¹ These persons, on average tend to be disproportionately female, poorer and older; have less education; and are more likely to be members of a minority group than those who obtain care.

Despite investing well over \$1 million annually in a range of patient transportation options, Chicago hospitals encounter a variety of challenges with non-emergency medical transportation. These include provider reliability; costs of insurance, repair and maintenance; lack of children's car seats; and additional burdens on both patients and hospital administration.

The Collaborative's Access to Care Workgroup is partnering with the Lyft rideshare program and National MedTrans Network to develop a model for providing non-emergency medical transportation services to both those covered by Medicaid as well as those who are either uninsured or have coverage with no transportation benefits. Covered services would include rides for follow-up and health maintenance appointments with an emphasis placed on community-based preventive care and well visits.

The Workgroup will partner with the Collaborative's Data Workgroup to identify specific measures to be tracked, however, and anticipated sample is provided below.



¹ Wallace, R. and Hughes-Cromwick. Non-emergency medical transportation and the transportation disadvantaged: A critical lack of access to needed medical care. Community Transportation, Winter 2004/2005.

To learn more about the Healthy Chicago Hospital Collaborative and for contact information, please visit us at www.healthychihospitals.org.

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