

Hospital Engagement Action and Leadership

2021 Report to Stakeholders



A second-year report from Illinois health systems and U.S. Senator Richard J. Durbin on strengthening neighborhood engagement to reduce violence and improve health.



18 vulnerable neighborhoods. One powerful goal.



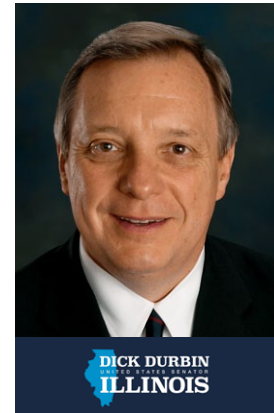
Ten Leading Health Systems One Powerful Goal

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Chicago HEAL Initiative

When the COVID-19 pandemic struck Illinois and our country, our hospitals were on the front lines. Little did we know in February and March 2020 just how profound of an impact this virus would have on our health, our society, and our daily lives.



For the past year, the 10 hospitals comprising the Chicago HEAL Initiative have led truly heroic efforts to treat infected patients and save lives. These brave, selfless healthcare heroes include the doctors and nurses who put their lives on the line to treat patients, but also the respiratory therapists, the janitorial workers, the laboratory technicians, and intake staff who sacrificed to support the response. Together, they have stood up testing and contact tracing efforts, and are now leading the vaccination effort to finally bring an end to this pandemic and hope to our communities.

But while these hospitals and employees faced unprecedented hardship, fears, stress, and financial burdens, they also sustained and redoubled their efforts under the Chicago HEAL Initiative to address the rising toll of gun violence, health disparities that have been magnified by the pandemic, and racial injustice.

What we have seen is that many of the challenges we have been collaborating on to address gun violence through the Chicago HEAL Initiative share the same root causes and structural dynamics as the unconscionable health disparities in COVID-19 infections and deaths. The role of our leading hospitals to tackle all of these challenges—by reaching vulnerable populations and addressing inequity through social determinants of health and an understanding of trauma, stigma, historical bias and cultural competency—has never been clearer.

Whether it was targeted neighborhood outreach to prevent retaliatory shootings over the summer or enlisting trusted messengers to promote COVID-19 testing and vaccine confidence, these hospitals are meeting the Chicago HEAL Initiative’s mission by using their

healthcare expertise and economic footprint to reach into their communities to address the most challenging public health issues. During such a tumultuous time, I could not be more appreciative of the sustained commitment to hire, spend, train, treat, and deliver services in vulnerable communities.

From the outset of the pandemic, I have met with hospital leadership, frontline staff and community members to understand the unique health, safety, and economic challenges posed by COVID-19. I have worked to support the hospitals not only in keeping their doors open and staff on payroll, but continuing to meet their 16 commitments under the Chicago HEAL Initiative.

Senator Durbin led negotiations to help secure:

\$178b

**FUNDING FOR HOSPITALS
THROUGH THE PROVIDER
RELIEF FUND**

\$billions

**FUNDING FOR PERSONAL PROTECTIVE
EQUIPMENT, TESTING, VACCINE
DISTRIBUTION AND INFRASTRUCTURE**

\$1b

**FUNDING TO RECRUIT
DOCTORS AND NURSES**

This has included leading Congressional negotiations on the Families First Coronavirus Response Act, CARES Act, Coronavirus Response and Relief Supplemental Appropriations Act, and the American Rescue Plan. Together, these important measures have provided a lifeline of hundreds of billions of dollars to hospitals, health providers, and public health efforts. Notably, they include \$178 billion for a Provider Relief Fund; enhanced Medicaid, Medicare, Affordable Care Act, and



COBRA coverage and reimbursements; billions to Illinois in funding for personal protective equipment, testing, and vaccine distribution and infrastructure; and a provision I authored to provide a historic \$1 billion in scholarship and loan repayment funding through the National Health Service Corps and Nurse Corps to recruit more doctors, nurses and other providers—especially from underrepresented populations—into underserved communities to tackle health disparities and workforce shortages.

As the new chair of the Senate Judiciary Committee, one of the first hearings I held was on the epidemic of gun violence, which featured a witness from the University of Chicago Medicine to discuss public health interventions and trauma-informed care.

And as a member of the Senate Appropriations Committee, I continue to help bring new funding to Chicago to support community mental health, housing, job training, and violence prevention programs—including funding to Chicago for the first time in nearly 30 years from the Centers for Disease Control and Prevention on gun violence prevention research.

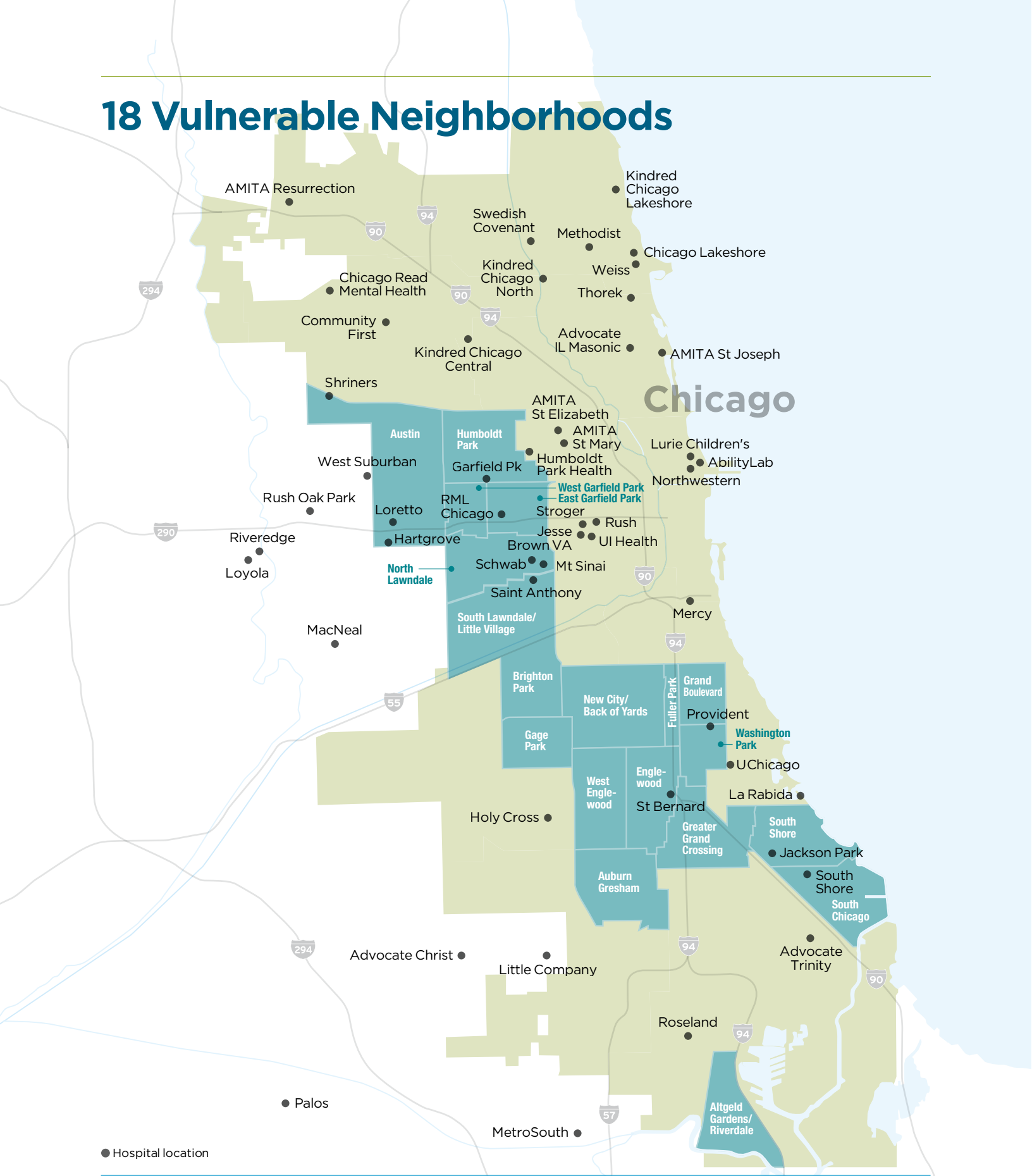
Despite all of the uncertainty and setbacks of 2020—literally losing hundreds of millions of dollars from increased COVID-19 expenditures and reductions in elective and outpatient procedures—the hospitals in the Chicago HEAL Initiative have managed to continue and grow their profound positive impact and commitment to their communities. The results and stories outlined in this report speak for themselves. They are a testament to the dedication that these 10 hospitals have to their neighborhoods and the people they serve.

Together, not only is this collaborative effort making progress on health disparities and the epidemic of gun violence, we are building a national model for engaging communities—whether in targeted COVID-19 responses or providing a roadmap for important structural investments to address inequality. I am grateful for their efforts, and I encourage more partners to join us as we scale up this framework and embed our lessons across health systems.

Richard J. Durbin
United States Senator



18 Vulnerable Neighborhoods



● Hospital location

HEAL Neighborhood Zip Codes

Auburn Gresham	60620
Austin	60644, 60639, 60651, 60707
Brighton Park	60632
East Garfield Park	60624, 60612
Greater Englewood	60621, 60636
Fuller Park	60609

Gage Park	60609, 60629, 60632, 60636
Grand Boulevard	60609, 60615, 60653
Greater Grand Crossing	60619, 60620, 60621, 60637
Humboldt Park	60622, 60624, 60647, 60651
New City	60609
North Lawndale	60608, 60623, 60624

Riverdale	60827
South Chicago	60617
South Lawndale/Little Village	60623, 60608
South Shore	60649, 60637, 60619
Washington Park	60637, 60621, 60615, 60609
West Garfield Park	60624

Overview

In communities already beset by tremendous challenges, the COVID-19 pandemic made access to healthcare even more difficult and exacerbated social determinants of health, such as food and housing insecurity. At the same time, COVID-19 exposed long-standing health inequities as the disproportionate share of infections were in communities of color. The 18 zip codes that comprise the HEAL neighborhoods were among the hardest hit in the state¹.

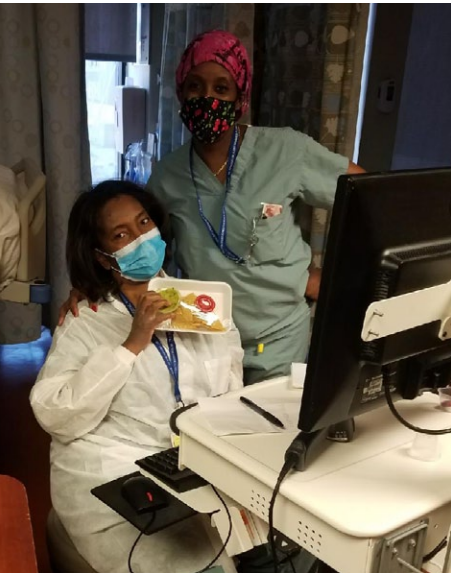
Against this backdrop, the 10 leading health systems that joined forces with U.S. Senator Richard J. Durbin (D-IL) in October 2018—to use their economic and community footprints to curb violence and improve health and health equity—made important strides in advancing HEAL goals in 2020. These 2020 results are all the more remarkable in light of the tremendous strain COVID-19 imposed on HEAL hospitals, forcing many organizations to limit hiring, capital investments and program expansions.



With the strong support from Senator Durbin and other government leaders, HEAL healthcare leaders and professionals responded heroically to an unprecedented health crisis. Their heroic efforts reveal an enduring commitment to providing care in vulnerable communities. Healthcare is not just about appointments and medications. It's about changing lives.

Chicago **HEAL**—**H**ospital **E**ngagement, **A**ction and **L**eadership—is a bold, three-year initiative to reduce violence and improve health through neighborhood engagement.

Driven by the leadership of Senator Durbin, Chicago HEAL hospitals have come together to share best practices and identify ways to collaborate to address health disparities and the social determinants of health impacting vulnerable communities in Chicago.



This second-year HEAL report focuses on the work of HEAL hospitals related to COVID-19 and health disparities. Through storytelling, the hospitals share how they regrouped to address the biggest issues of 2020. These stories fall under one of the **three HEAL pillars**:

- Increase local workforce commitment to reduce economic hardship
- Support community partnerships to improve health and safety of public environments
- Prioritize key in-hospital clinical practices to address unmet needs

Acknowledging the hardships faced by hospitals, this report identifies the impact of COVID-19 on hospital numbers, viability and jobs—along with their tremendous efforts to serve HEAL communities during the pandemic.

Just like the communities they serve, HEAL hospitals are driven by a common goal of a better today and a better future for Chicago’s most vulnerable communities. Their stories—and the lives impacted—provide inspiration and hope.

All HEAL health systems are working on each pillar, with a focus on achieving tangible results on 16 metrics developed by Senator Durbin’s staff and compiled into a dashboard with the assistance of the Illinois Health and Hospital Association (IHA). Following are year two (2020) highlights:

Pillar 1

Increase local workforce commitment to reduce economic hardship

One facet of reducing violence and improving health equity is ensuring that residents in vulnerable communities have economic opportunities, including access to good-paying jobs, opportunities for advancement and more youth summer employment.

Despite being forced to limit or delay hiring and capital spending due to the COVID-19 pandemic, HEAL hospitals continued to provide economic opportunities in HEAL neighborhoods. In 2020, the results of HEAL hospital efforts include:

- Hired **3,080 individuals** from HEAL neighborhoods in 2020, compared to 2,933 in 2018.
- Increased local spending on supplies and services by **37%—\$131 million** in 2020 compared to \$95 million in 2018.
- Invested in workforce retention and career development. In 2020, **661 individuals** from HEAL neighborhoods were promoted or advanced in their careers, compared to 509 individuals in 2018. While challenged by the pandemic in 2020, **1,688 high school and college students** from targeted neighborhoods participated in workforce development programs to promote careers in healthcare fields and paraprofessional roles.

Pillar 2

Support community partnerships to improve health and safety of public environments

Improving health gets at the heart of what hospitals do every day. Physical health, though, no longer stands alone. Mental health, including the emotional scars of trauma, and a feeling of safety are key factors in overall well-being.

In 2020, HEAL hospitals:

- Increased trauma-informed, community-based counseling and support services by **72%** from **86 programs** in 2018 to **148 programs** in 2020.
- Improved behavioral health partnerships, including partnering with Federally Qualified Health Centers and schools to open clinics in HEAL neighborhoods, with nine HEAL hospitals engaged in such partnerships.
- Improved physical neighborhood vitality by supporting affordable housing pilot programs for the homeless, housing renovations, restoration of vacant lots and community garden development with nine HEAL hospitals offering neighborhood vitality programs in 2020.

Pillar 3

Prioritize key in-hospital clinical practices to address unmet needs

Underserved communities require a holistic approach to understanding what's missing in the fabric of their healthcare needs in order to reduce health disparities and improve health equity.

In 2020, HEAL hospitals:

- Provided **66,022 social determinant of health screenings**. In addition, **1,815 intake staff** and primary care practitioners were trained in behavioral health and trauma screenings and communicating with patients on firearm safety—a **74% increase** from 2018.
- Established **33% more** trauma-informed, post-injury counseling programs to support the long-term healing for all victims of violence and paired **4,524 patients** with these services as compared to 1,828 in 2018—a **147% increase**.
- Utilized **30 common data-sharing platforms** across hospitals and stakeholders to better coordinate services, identify trends and improve care, compared to 18 such platforms in 2018.
- Continued efforts to reduce health disparities and improve health equity, with **10 HEAL hospitals** providing implicit bias and cultural competency training to providers.



These numbers are truly impressive, but the most profound impact is on the individual lives uplifted by HEAL hospital initiatives.

COVID Impact on HEAL Neighborhoods

Data as of April 5, 2021



1.7m
COVID TESTS



143k
CONFIRMED CASES

9%

OF ALL ILLINOIS
COVID TESTS

12%

OF ALL ILLINOIS
CONFIRMED CASES

4 of
the 5

ILLINOIS ZIP CODES WITH
THE MOST CASES ARE
HEAL ZIP CODES

Source: Illinois Department of Public Health

HEAL Initiative Progress Dashboard

Target Status: 9 On target 7 In progress 1 To be addressed

1 Increase local workforce commitment to reduce economic hardship

Description	2018 to 2020 Highlights	Status
1.1 Hiring: Compared to 2018 levels, target a 15% increase in hiring out of the 18 communities by 2021	Hires from the HEAL neighborhoods— CY 2018: 2,933 CY 2019: 3,686 CY 2020: 3,080	* ●
1.2 Procurement: Compared to 2018 levels, target a 20% increase in purchasing relevant supplies and services from local suppliers by 2021	Dollars spent on supplies & services from HEAL neighborhoods—CY 2018: \$95M CY 2019: \$137M CY 2020: \$131M Overall, 37% increase in local spending in supplies and services compared to 2018.	* ●
1.3 Workforce Retention: Develop career advancement and growth opportunities to foster local workforce retention	Students promoted or advance—CY 2018: 509 CY 2019: 574 CY 2020: 661	* ●
1.4 Workforce Development: Create additional youth summer employment, workforce development and apprenticeship programs to promote careers in healthcare fields and paraprofessional roles to students in target neighborhoods	Number of high school and/or college student participants—CY 2018: 4,742 CY 2019: 11,607 CY 2020: 1,688	* ●

2 Support community partnerships to improve health and safety of public environments

Description	2018 to 2020 Highlights	Status
2.1 Trauma-Informed Counseling and Support: Deliver trauma-informed, community-based counseling and peer support services across all target neighborhoods, including through home visiting programs, case management, youth mentorship programs and violence interruption programming	Number of programs— CY 2018: 86 CY 2019: 96 CY 2020: 148	●
2.2 Behavioral Health Partnerships: Promote colocation of behavioral health services, including by partnering with Federally Qualified Health Centers and schools to open new clinics in target neighborhoods	% of hospitals engaged in partnerships— CY 2018: 80% CY 2019: 80% CY 2020: 90%	●
2.3 Neighborhood Vitality: Improve physical neighborhood vitality by supporting affordable housing pilot programs for the homeless, housing renovations, restoration of vacant lots and community garden development	% of hospitals engaged with programs— CY 2018: 90% CY 2019: 100% CY 2020: 90%	●
2.4 Safe Zones: Establish Safe Haven, Safe Passage routes and gun-free zones surrounding hospital-owned buildings and facilities	Number of partnerships— CY 2018: 25 CY 2019: 27 CY 2020: 21	●
2.5 Health Fairs: Hold community health fairs and other summer and nighttime events at city parks and community centers to increase access to wraparound services and reduce violence	Number of health fairs— CY 2018: 544 CY 2019: 481 CY 2020: 183	●

* Less than 10 hospitals reporting.

3 Prioritize key in-hospital clinical practices to address unmet needs

Description	2018 to 2020 Highlights	Status
3.1 Screenings & Firearm Safety: Train all hospital intake staff and primary care practitioners in behavioral health and trauma screenings and communicating with patients on firearm safety	Patients screened—CY 2018: 219,761 CY 2019: 344,151 CY 2020: 66,022 Employees trained—CY 2018: 1,043 CY 2019: 1,420 CY 2020: 1,815	* 
3.2 Counseling & Case Management: Establish trauma-informed, post-injury counseling and community case management programs to support long-term healing for all appropriate victims of violence	Patients paired with services—CY 2018: 1,828 CY 2019: 5,177 CY 2020: 4,524 Programs—CY 2018: 12 CY 2019: 15 CY 2020: 16	* 
3.3 Opioid Prescribing: Compared to 2018 levels, reduce inappropriate opioid prescribing rates by 20%—to help prevent potential drug misuse and addiction—by 2021	Prescribing in the region has decreased much more than 20% in the 2016-2019 time period. With opioid deaths being driven by illicit fentanyl overdoses, HEAL hospitals have increased efforts in harm reduction and opioid use disorder treatment in response to the increasing number of fatal and non-fatal overdoses.	
3.4 Lead Poisoning Screening: Compared to 2018 levels, increase lead poisoning screening rates for Medicaid/CHIP-eligible children by 15% by 2021	To be addressed—establishing potential partnership with the Chicago Department of Public Health.	
3.5 Data Sharing: Develop common data-sharing infrastructure and platforms across hospitals and with relevant stakeholders to coordinate services, identify trends and improve patient care	Number of data platforms— CY 2018: 18 CY 2019: 17 CY 2020: 30	
3.6 Chicago Gun Violence Research Collaborative: Participate in the Chicago Gun Violence Research Collaborative to expand violence prevention research network and agenda to additional sites with at least five new projects citywide	% of hospitals participating in the collaborative— CY 2018: 70% CY 2019: 60% CY 2020: 60%	
3.7 Illinois Perinatal Quality Collaborative: Participate in the Illinois Perinatal Quality Collaborative (ILPQC)	% of hospitals participating in ILPQC— CY 2018: 60% CY 2019: 60% CY 2020: 70%	
3.8 Bias and Cultural Competency Training: Provide implicit bias and cultural competency training to providers—to help reduce racial disparities in health outcomes	% of hospitals providing bias and competency training— CY 2018: 80% CY 2019: 70% CY 2020: 100%	

* Less than 10 hospitals reporting.

“ IHA is proud to support the work of the HEAL hospitals as they work together individually and collaboratively with Senator Durbin to advance healthcare for Illinois residents and enhance community well-being.”

— A.J. Wilhelmi, IHA President & CEO

Touching Individual Lives

COVID-19 upended lives across Chicago. HEAL communities were among the hardest hit. The pandemic's disproportionate impact on communities of color presented new challenges in meeting basic needs, including housing and food security, and accessing healthcare. HEAL hospitals stepped up their efforts in response.

One powerful goal.

So many lives changed.

Advocate Aurora Health

Advocate Aurora Health (AAH) made the commitment to address health inequities through targeted COVID-19 testing, flu vaccinations, screenings and other health services to communities experiencing the greatest gaps in access to care and the disproportionate burden of disease.

Mobile Health – Covid-19 Outreach, Education and Testing

The execution of the strategy required a strong partnership between community leaders, community-based and faith organizations, local government entities, and Federally Qualified Health Centers.

During the initial COVID-19 surge, Illinois was among the top 10 states in testing per capita, yet significant gaps in testing existed within many communities of color in areas that AAH serves. AAH piloted Mobile Health – COVID-19 Outreach, a targeted testing strategy using mobile units to bring critically needed services to communities highly affected by COVID-19.

The Mobile Health – COVID-19 Outreach strategy was implemented from multiple perspectives to:

- Reach high-risk individuals in communities with a disproportionate burden of COVID-19;
- Meet a strong need identified by local and state health departments for outreach and support; and
- Address health inequity in communities of color.

The mobile health unit provided over 694 COVID-19 tests and 554 flu vaccinations to community residents by partnering with over 20 community organizations located in Chicago HEAL communities. Community health staff distributed over 26,000 adult face masks to help mitigate the spread of the virus at various outreach activities. An additional 7,000 children’s face masks were distributed to families with children. Other outreach efforts included food distribution for communities hardest hit by COVID-19.

694

COVID-19 TESTS

554

FLU VACCINES

33k

FACE MASKS



COVID-19 testing tents



Mobile health unit for COVID-19 outreach

AMITA Health

Food insecurity has been a challenge for many individuals and families in the Chicagoland area for generations. The COVID pandemic heightened this challenge.

To address this pervasive issue, AMITA Health's Community Health Department partnered with the Greater Chicago Food Depository and New Hope Community Food Pantry to focus on improving access to quality, healthy and affordable food in some of our most vulnerable communities. From June 9 to September 1, 2020, we provided 1,047 children with over 8,815 meals at 40 different schools in 13 zip codes.

8,815
MEALS PROVIDED

Testimonials

Family 1: *We are a family of three with a child with special needs in 1st grade. We have accessed the summer meals program for two years at Union Ridge School in Harwood Heights. My son and I came every day when the program was daily and would come once a week this past summer. The Summer Meals Program has helped my family so much! Many individuals within our family and extended family, who were working in 2020, had significant reductions in their work hours and some lost jobs. We are so thankful that the program has provided healthy meals during hard times in 2020. It has been a blessing. We are so appreciative of the program's support over these past two years.*

Family 2: *We are a family of six with sons in 9th, 8th and 5th grades and kindergarten. We accessed the summer meals program this past summer and would pick up four boxes each week. COVID-19 has put our family into financial hardship. This past year we applied and were granted Supplemental Nutrition Assistance Program benefits. The summer meals program was a great and awesome program. The boxes had such a variety of snacks to choose from. My kids were so excited that they couldn't wait to get home and pop open a box to see the goodies. The pickup*

process was very easy and convenient. I couldn't be more blessed and happy knowing that there are amazing programs like this for children so that they won't be hungry.

AMITA Health is committed to collaborating with many community partners to improve health and reduce social determinants of health. In 2020, AMITA Health continued to partner with community-based organizations such as food pantries, schools and churches, as well as partners in health such as free clinics and Federally Qualified Health Centers.



Ann & Robert H. Lurie Children's Hospital of Chicago

One of the silver linings of the COVID-19 pandemic in 2020 was that the world got to see the expertise, compassion and dedication of healthcare workers. This was true not only of clinicians and support staff in hospitals, but also of our community health professionals.

Rodolfo De Jesus is one example of an individual who went above and beyond to impact those most at risk for COVID-19 infection and adverse outcomes. Rodolfo is Community Outreach Manager in the Magoon Institute for Healthy Communities at Lurie Children's.

Rodolfo's work aligns with the Chicago HEAL Initiative priorities to reduce economic hardship and support community partnerships to improve health.

In April 2020, Governor Pritzker announced the stay-at-home order that included mandatory face masks in public for everyone over 2 years of age. Rodolfo recognized an immediate community need for reusable, washable youth face masks. He convened a team to reach out to our Chicago Public Schools partners hosting food distribution sites, all located in Chicago HEAL Initiative communities, to begin to offer this support.

Thanks to Rodolfo's leadership, the support of Lurie Children's Founders' Board, and partnerships with Share Your Spare, Sewing Masks for a Safe Chicago and Novias Davila, Lurie Children's volunteers distributed over 9,000 youth and adult reusable masks, 24,000 diapers, and over 1,000 toys, crafts, games and books to youth and families. Important COVID-19 safety information and resources were also included in every distribution.

Consistent with the Chicago HEAL Initiative's goal to increase procurement and supply chain opportunities for small businesses in disinvested communities, all masks were purchased from local dressmakers and tailors.

Rodolfo is one of many healthcare workers at the Chicago HEAL hospitals and hospitals across our country who went above and beyond to impact the health of our communities in 2020!



9k

REUSABLE MASKS

24k

DIAPERS

1k

TOYS, GAMES AND BOOKS

Cook County Health

Each night in Cook County, individuals and families comprising nearly 9,000 households live on the streets or in a shelter.

Cook County Health (CCH) provides health services to 83% of the single adult homeless population in Chicago, as identified through a data match between CCH records and the Chicago Homeless Management Information System.

Prior to the pandemic, resources for housing-insecure patients were already very limited. While some isolation and quarantine housing was made available, persons experiencing homelessness who have medical or behavioral health needs often do not meet the criteria to access these housing services. Additionally, many homeless service providers are not equipped with the staff or infrastructure to provide the appropriate level of support to manage these individuals.

CCH responded and adapted to the needs of housing-insecure individuals by partnering with city agencies to create a COVID-19 isolation program at the South Side YMCA. This site served as a temporary emergency shelter with the lowest entry barrier among all quarantine/isolation programs in Chicago. CCH recruited volunteer staff to provide care grounded in our mission and in kindness. Unprecedented cooperation from city agencies provided mental, behavioral, medical, economic and social resources that contributed to the 100% isolation completion rate by all 51 clients.

Just as evidence prompted us to build our isolation program rapidly, it also guided the prompt end of services at the South Side YMCA in June, allowing for a timely pivot to addressing the much broader needs of the homeless population through the winter. Financially supported by Cook County, CCH and CountyCare Medicaid Health Plan, the Medical Respite Center in Oak Park offers post-acute care supportive housing for clients requiring outpatient parenteral antimicrobial therapy, pathologic and surgical wound care, protective isolation for the immunocompromised, as well as COVID-19 isolation for CCH patients and homeless individuals throughout suburban

83%

OF THE SINGLE ADULT HOMELESS POPULATION IN CHICAGO RECEIVES HEALTH SERVICES FROM CCH



Housing for homeless individuals

CCH's activities to support the homeless population during the COVID-19 pandemic reflect a compassionate approach to healthcare.

Cook County. We continue to uphold low entry barriers so individuals with substance use disorders, mental health disorders and complex medical conditions are not excluded from the program.

In the first 30 days of operations, the Medical Respite Center (MRC) had immediate impact. A man with an extensive history of intravenous (IV) heroin use completed IV antibiotic treatment there. A woman desperately trying to overcome her heroin disorder received assistance in enrolling into a residential recovery program. An elderly man blind from retinal disease became eligible for a surgery because the needed aftercare, impossible in a shelter, is possible at the MRC. A young man with advanced HIV is being coached to take his medications every day. A victim of elder abuse is being given a chance to start anew in a safer environment. A man whose fingers were damaged by frostbite is healing. A man who had been hiding his homelessness from family members is recovering from his knee surgery in a place that protects his dignity.

These are stories of the daily struggles of individuals who are homeless in Cook County.

Loyola Medicine

Addressing Homelessness Through Bridge Housing

Sojourner House, a partnership between Housing Forward, Loyola Medicine’s MacNeal Hospital and numerous other community partners, is the first medical respite program of its kind in suburban Cook County. Since 2019, Sojourner House has provided bridge housing and medical respite for individuals experiencing homelessness in the western suburbs.

Andrew had been homeless for more than three years before he became Sojourner House’s first resident in September 2019. A former business owner, Andrew ran antique shows and accumulated enough wealth to own a plane and a vacation home. However, later in life, he experienced a financial decline and became homeless. As Andrew waited for a housing placement, his health deteriorated and he underwent one major heart procedure—and then another. Discharge from the hospital to the streets or a shelter would have been detrimental to Andrew’s recovery. He needed a safe place to heal.

The coordinated care transition between Loyola Medicine’s MacNeal Hospital and Housing Forward allowed Andrew to move into a housing unit upon discharge. The unit included a newly renovated space with a bed, kitchen and bathroom. Andrew said upon arrival to Sojourner House: “This is the first time in a long time I’ve felt like a real person.”



“This is the first time in a long time I’ve felt like a real person.”

— Andrew

Approximately two months after moving into Sojourner House, Andrew signed a lease on his own apartment in the area. Andrew’s life story once again has more “ups” than “downs.”

This is what ending homelessness looks like.

Northwestern Medicine

Northwestern Medicine (NM) is committed to addressing the underlying causes of violence that persistently plague the City of Chicago. Exposure to violence and the subsequent trauma it causes contributes to long-lasting physical and mental health issues.

The need to serve those impacted by violence led to the founding of [Bright Star Community Outreach \(BSCO\)](#), which serves Chicago’s Bronzeville neighborhood. Pastor Chris Harris Sr. leads BSCO and is the founder and senior pastor of [Bright Star Church Chicago](#). Growing up in Bronzeville, Pastor Harris knows firsthand the need for an organization like BSCO, which offers a variety of community-based programming, including mental and behavioral health services. BSCO provides a trauma helpline, which offers free support and counseling to those experiencing abuse or grief, depression, and other mental health issues. This provides a place for callers to develop long-term relationships with community leaders who can help address their trauma and grief. The trauma helpline also connects callers in need of more intensive services with additional resources, including mental health professionals.



Pastor Chris Harris Sr.

NM’s support for BSCO is just one of many chapters in the story of a longstanding relationship between the two organizations. In 2013, Pastor Harris developed [The Urban Resilience Network \(TURN\)](#) to address violence and trauma experienced by Bronzeville-area residents. He was inspired by the [NATAL Israel Trauma and Resiliency Center](#), a nonprofit organization in Tel Aviv created to treat individuals who experience post-traumatic stress disorder related to war in the region. TURN focuses on five core competencies: counseling, parenting, mentorship, advocacy and workforce development.

“When we have the partnership of a trusted brand like Northwestern Medicine, we are the convener, not a competitor for resources. This support will help all the work being done in the community.”

— Pastor Chris Harris Sr.

That same year, in partnership with the University of Chicago Medicine and the United Way of Metropolitan Chicago, NM was among the first organizations to support BSCO. With financial resources provided in part by NM, BSCO was able to establish the organization's helpline and a program with TURN to train faith and community leaders to provide trauma counseling. These faith leaders now provide counseling services through the helpline and serve as community ambassadors.

In 2020, in response to the unanticipated impacts caused by the COVID pandemic, NM provided nearly \$200,000 in additional grants to support BSCO's efforts to maintain trauma care support as well as provide remote patient access to mental and behavioral health services in Bronzeville.

This funding helped BSCO extend its hours for the trauma helpline, which to date has served 45,000 individuals in the community. The funding also helped BSCO operate these programs on digital platforms during the pandemic through technology updates as well as support for remote access.

45k
COMMUNITY INDIVIDUALS
SERVED BY HELPLINE

As the city grapples with a pandemic, growing violence and protests, NM's commitment to community partners such as BSCO has never been more important.

"When we have the partnership of a trusted brand like Northwestern Medicine, we are the convener, not a competitor for resources," says Pastor Harris. "This support will help all the work being done in the community."



Rush University System for Health

In late spring 2020, Hotel One Sixty-Six was converted to an isolation facility for high-risk individuals experiencing homelessness to prevent the spread of COVID-19. After a stay in Pacific Garden Mission, a local shelter, 64-year-old Johnnie Embry was transferred to the hotel with terrible knee arthritis and began having mobility issues.

Rush University System for Health Equity Expertise Prepares Homeless for COVID Response

Johnnie was on the fast track to long-term housing through the Illinois Department of Children and Family Services, but he tested positive for COVID-19 days before his move. As a result, he was moved to another isolation facility for COVID-positive individuals experiencing homelessness. There he received medical care from a team of Rush University Medical Center community health nurses led by Angela Moss, adult nurse practitioner and assistant dean of faculty practice in the College of Nursing.

This facility was stood up quickly as part of a West Side coalition to protect one of the city's most vulnerable populations from COVID-19. Before the pandemic Rush was working to design a primary care health center for people experiencing homelessness on Chicago's West Side. As part of that initiative, the College of Nursing received a \$2.3 million four-year grant from the U.S. Health Resources and Services Administration and Advanced Nursing Education Workforce to train nurses and serve as a nurse practitioner training site. Work began in early March when nurses began seeing patients. Two weeks later COVID-19 hit. Patient visits moved to 100% telehealth in a week, and the team ramped up for the isolation unit.

When this vulnerable population is diagnosed at a shelter or in the emergency department, or they were hospitalized due to COVID-19 but now no longer need hospitalization, they go to the isolation facility.



Johnnie Embry

Because the city wanted the facility open in a week, the Rush team hit the ground running, deploying a team that worked alongside a UI Health group to conduct screenings at homeless shelters to prevent outbreaks.

“This is what holistic care looks like—an interdisciplinary model of healthcare professionals working alongside housing and social care experts.”

— Angela Moss

Johnnie stayed at the facility for four months before undergoing knee surgery at Rush, which will allow him to get back to things he loves.

“I’m glad for it to be over and for me to be able to walk and dance again,” Johnnie said. “I like to slow dance and stepping records. I don’t like all that jumping around stuff.”

After surgery, Johnnie headed to an acute rehabilitation center. Once his rehabilitation is complete, he will go to long-term housing. Johnnie’s story exemplifies how healthcare should work.

“He came to our isolation facility with COVID-19 infection, in a wheelchair, without a place to live. He left with two new knees, stable mental and physical health, and a home,” said Moss. “This is what holistic care looks like—an interdisciplinary model of healthcare professionals working alongside housing and social care experts. We have known for a long time this model works. Johnnie’s story is proof we don’t have to tolerate what’s just good enough in healthcare. We can, and must, change our public and social service systems to work like this all the time.”

Sinai Chicago

Sinai Health System (Sinai Chicago) quickly evaluated and restructured its operational and advocacy priorities to mobilize and re-allocate its resources in response to the unprecedented COVID-19 crisis. The impact of COVID fell disproportionately on the predominately Black and Latinx residents served by Sinai on the West and Southwest sides of Chicago who already faced widespread inequitable factors impacting health such as economic distress, food insecurity and underemployment. A disproportionately high number of residents have complex medical needs, such as cardiovascular disease, diabetes, behavioral health needs and/or chronic trauma.

Community Health Workers and COVID-19

At the onset of the COVID-19 pandemic, Sinai Urban Health Institute (SUHI) recognized the Community Health Worker (CHW) workforce could play a vital role in COVID-19 care by connecting residents to healthcare providers in Sinai’s healthcare system and nearby community-based organizations. Madeline Woodberry is a CHW employed by SUHI who helps

CHWs provide social and emotional support to patients and advocate for patients with language and/or technology barriers.

identify COVID-19 patients who need post-COVID-19 discharge assistance. Madeline has worked with patients in SUHI's lead, smoking cessation and asthma interventions for seven years. She has a passion for working with people from the community, helping them grow in a positive manner and connecting them to needed resources. SUHI worked swiftly with Sinai's social work departments at its two acute care hospitals to integrate CHW-led COVID-19 response programs.



Madeline Woodberry

SUHI designed a CHW social determinants of health (SDoH) screening tool to identify specific areas of need for each patient, including housing, insurance coverage, food insecurity, assistance with utilities, employment/job training and access to primary healthcare. While linking patients to available community resources, CHWs help patients understand discharge paperwork, answer questions about discharge instructions, set up virtual health appointments, and connect patients with medication and/or follow up with appropriate resource(s). CHWs provide social and emotional support to patients and advocate for patients with language and/or technology barriers. They also follow up with patients to assess ongoing needs, ensure resources were accessed and identify persons at high risk for hospital readmission. CHWs document their work in Sinai Chicago's case management system and track metrics about patients' demographics, health conditions, screenings, needs, referrals and the time spent in these efforts.

One of Madeline's patients, a 51-year-old Black woman, had been in the emergency department (ED) more than three times in the last six months. She was wheelchair-bound and had been hospitalized twice in the last year. Through conversation with her healthcare team in the ED, Sinai's social work team learned the patient needed assistance finding food and adult diapers. Madeline found the needed items at St. Sabina Church and arranged for their pick-up. The patient also asked for help in locating a rehabilitation hospital. Madeline located the hospital and provided the information to the patient to further discussions with the patient's primary care physician for a possible referral. Madeline continues to follow up with the patient who, at last contact, was doing well and awaiting her admission to the rehabilitation hospital.

SUHI designed a CHW social determinants of health (SDoH) screening tool to identify specific areas of need for each patient, including housing, insurance coverage, food insecurity, assistance with utilities, employment/job training and access to primary healthcare.

University of Chicago Medicine

Nina Johnson watched over her 17-year-old son, Romel, as he slept fitfully in a hospital bed, recovering from a gunshot wound in his stomach.

Road to Recovery: How an Innovative Community-centered Program Is Helping Children and Families Build Lives After Trauma

After an argument, Romel had been shot by a friend of a friend, barely escaping with his life when the gun jammed before any additional shots could be fired. Nina prayed and held Romel's hand, devastated and afraid for her son.

In the days after the shooting, Nina found a soothing presence in visits from counselors, violence recovery specialists and child life specialists who are part of BHC (Block Hassenfeld Casdin) Collaborative for Family Resilience, a program through University of Chicago Medicine. BHC staff visited Nina and Romel in the hospital soon after the shooting, offering support, information and counseling.

The BHC Collaborative helped Nina understand that after Romel's physical injury healed, he would still have ongoing pain, nightmares and mood swings from post-traumatic stress disorder (PTSD). She said that the program was a "godsend" for Romel and for herself. It helped her know

“Everybody was just so nice and so kind. Your mind isn't right when you see your son laid up with stitches and staples.”

— Nina Johnson



what to look for in her son's recovery and how she could be there for him. She is also learning how to better take care of herself.

While Nina gladly accepted this support, Romel needed some coaxing to be comfortable. Eventually, he opened up about his pain, anger and struggles after being shot.

"The program helped me a lot," Romel said. He is learning to control his anger, he said, and now understands what it means to recover from violence.

Mainly, Romel was glad that people were there to help his mom.

"Everybody was just so nice and so kind," Nina said, crying softly as she remembers the warmth of the BHC Collaborative's staff. "Your mind isn't right when you see your son laid up with stitches and staples."

Romel's health has been steadily improving. Doctors told Nina that he healed much faster than most patients. Two months after the shooting, Romel was already walking without a brace. In July, he turned 18 and graduated high school.

Sometimes, Nina said, Romel may get angry or depressed, or have mood swings that she understands are signs of PTSD. Romel isn't the type to talk about his feelings, but he's opened up more than expected. She credits the BHC Collaborative with making them both aware of how life after violence would be and for helping them find sanity amid the aftermath of the shooting. She hopes the program can do the same for others.



“It has been a blessing for us.”
— *Nina Johnson*

UI Health

As the economic effects of the COVID-19 pandemic intensified, families were struggling just to put food on the table. In response, Mile Square Health Center—part of the University of Illinois at Chicago (UIC)—established an emergency food pantry delivery service for its patients in the city's most vulnerable communities.

During the height of the pandemic, Mile Square delivered about 500 boxes each week to its patients in a diverse collection of neighborhoods throughout the South and West sides of the city.

“If we know there is something we can do to help our patients, we’ll do it. And if it’s outside our area of expertise, we will try to make our patients’ voices heard to those who can help them.”

— Dr. Sue Etminan

Dr. Sue Etminan was the force behind the pantry. Blue Cross and Blue Shield of Illinois supported food and supply purchases for its insured patients who are also patients at Mile Square.

“If we know there is something we can do to help our patients, we’ll do it,” said Dr. Etminan, dental director of Mile Square Health Center. “And if it’s outside our area of expertise, we will try to make our patients’ voices heard to those who can help them.”

The center offered personalized case management and ready-to-eat deli sandwiches, soup, bread, peanut butter, fruit, pasta, applesauce and milk. The boxes were personalized based on family size, food allergies and medical conditions.

The pantry’s location rotated between existing community partners to provide a concentrated effort in a certain neighborhoods. Since the clinic’s service areas are in “food deserts,” which force vulnerable populations to travel for safe and healthy food options, the staff tried to limit the amount of movement in the most vulnerable communities, she said.

Dr. Etminan learned of the food insecurity issues patients were facing from staff who had completed patient well-being phone calls. Along with support and assistance from the leadership team at Mile Square, they put together a proposal and budget.

“If we are needed to continue beyond the COVID-19 crisis, we will try our best to make that happen,” she said. “We will continue to have open communication with the community to see what their needs are and how we can best assist.”

The pantry operates Monday to Saturday from 9 a.m. to noon. Patients can pick up boxes or have them delivered. Case managers from Mile Square call the patients in advance to get them on the list of scheduled deliveries or pick-ups.

UIC graduate students from the School of Public Health, College of Pharmacy, College of Medicine and College of Dentistry also played a role in food packaging, case management and delivery. Jewel-Osco and Mariano’s provided the groceries and UIC vendor Catering Out The Box provided the boxed lunches.

“It’s great that all of these various departments at UI Health, including the Office of Community Engagement and Neighborhood Health, are coming together to make sure our patients’ needs are met,” Dr. Etminan said. “It could not have been done without their support.”



Food delivery through Mile Square Health Center

Collective Commitment

HEAL hospitals are tackling
COVID-19 from all directions.

That includes meeting the needs
of HEAL communities—from
COVID-19 testing and screening
to mental health services.

Read their stories.

Advocate Aurora Health (AAH) is one of the 10 largest non-profit, integrated health systems in the U.S. and a leading employer in the Midwest with 75,000 employees, including more than 22,000 nurses and the region’s largest employed medical staff and home health organization. A national leader in clinical innovation, health outcomes, consumer experience and value-based care, the system serves nearly 3 million patients annually in Illinois and Wisconsin across more than 500 sites of care.

Healthy Living Food Farmacy

Patients are invited to attend biweekly events at Advocate Trinity Hospital’s Healthy Living Food Farmacy for a free “dose” of healthy food: assorted fresh produce and low-sodium, shelf-stable proteins. Items include fresh kale, cauliflower, broccoli, tomatoes, beans, tuna and more. During visits, patients are coached on the importance of eating healthy, low-carb meals and snacks. Due to COVID-19, AAH made modifications to the Food Farmacy by moving the resource to an off-site location away from the hospital and implementing a drive-up model for patrons to pick up their food. The program distributed 51,000 pounds of food to 1,947 participants.

51k
**POUNDS OF FOOD
DISTRIBUTED**

1,947
PARTICIPANTS

Primary Care Connection

The Primary Care Connection (PCC) program, located in Chicago HEAL communities, deploys Community Health Workers (CHWs) as community resource navigators to serve patients in the emergency department (ED).

- The purpose of the program is to reduce unnecessary ED visits and to connect patients with a primary care home. CHWs educate patients about accessing the appropriate level of care and provide follow-up appointments to a convenient care site for patients during the ED visit.
- CHWs also conduct a community health assessment to identify social determinants of health and link patients to social services and community resources that contribute to patients’ overall well-being.
- The PCC program has reached over 28,235 patients since its inception in 2017. From January to December 2020, the program served 5,100 patients with a 90-day readmission rate of less than 3%.

Impact of COVID-19

Despite the COVID crisis, AAH is continuing on its strategic path of transforming care, placing the consumer first and providing services for the whole person's health. Financially, 2020 has been challenging for AAH, as it has for almost every healthcare provider in the country. The acceleration and use of virtual health has had a major impact on AAH, with over 700,000 virtual visits completed by September 2020.

700k
VIRTUAL VISITS

AAH has had a robust virtual health program for several years, providing tiers of patient support using biometric monitoring, video visits and telephonic support.

As such, we very much appreciated that the federal government has provided flexibility during this public health emergency regarding services provided via telecommunications technology that are not normally considered Medicare telehealth services.

Given the elevated risk of COVID-19 to older individuals and individuals with chronic, serious, life-threatening and/or disabling conditions, it was also essential that the federal government broadened the definition of homebound to include beneficiaries whose physician advises them not to leave the home because of a confirmed or suspected COVID-19 diagnosis or if patients have a condition that makes them more susceptible to contracting COVID-19.

AAH has also joined the national #MaskUp campaign, encouraging Americans to help stop the spread of COVID-19 by following clear and scientifically proven safety guidelines. We joined over 100 health systems representing thousands of hospitals in a plea to the public to wear a mask in order to save lives.





AMITA Health is an award-winning health system committed to delivering compassionate care to nearly 6.6 million residents in Chicago and its surrounding suburbs.

As a faith-based health system in the respective Catholic and Adventist traditions, AMITA Health is committed to delivering inclusive and compassionate care, communicating clearly with patients and their families, respecting the faith traditions of all people, and honoring the dignity of everyone we serve.

COVID-19 Health Equity Task Force

On Monday, April 6, 2020, Mayor Lori Lightfoot presented astounding data on the COVID-19 pandemic in Chicago: 1,824 Black Chicagoans had been diagnosed with COVID-19, comprising 52% of those who tested positive in a city where Blacks make up 30% of the population. Of those who died, 72% were Black. Since then, positive COVID-19 cases have risen disproportionately in the Latinx population as well.

The AMITA Health Equity Task Force was assembled to address these health disparities within AMITA Health by reviewing data, understanding root causes of the inequities and discovering ways to remedy the problem by connecting with internal and community resources and strategies.

The COVID-19 Health Disparities Working Group was responsible for understanding root causes of COVID-19 disparities and aligning and implementing strategies for the health system in an effort to reduce and eliminate COVID-19 health disparities.

The Task Force reviewed a significant amount of data, which showed a higher mortality risk in the Black population at 1.06 times greater than the mortality risk of whites. Mortality was twice as likely among COVID-19 patients with Medicaid and Medicare compared with commercial insurance.

In addition, Blacks are greater risk of mortality due to comorbidities such as heart failure, diabetes, kidney disease, hypertension, cancer and renal failure.

In response to the high prevalence of diabetes as a comorbidity, AMITA Health dedicated resources to assembling a Diabetes Roundtable.

The Roundtable's goal is to understand the current state of AMITA's diabetes reduction efforts and programs, identify gaps, and create collective goals for the future.

We have also enhanced our efforts to connect patients to the resources they need through our Accountable Health Communities Program. Patients who were recently seen in our hospitals receive follow-up phone calls and screening for other support they may need related to social determinants of health.

Impact of COVID-19

As a faith-based health system in the respective Catholic and Adventist traditions, AMITA Health is committed to delivering inclusive and compassionate care, communicating clearly with patients and their families, respecting the faith traditions of all people, and honoring the dignity of everyone we serve. Likewise, throughout the COVID-19 pandemic, we have expressed our gratitude and appreciation to our dedicated associates. AMITA Health has made every effort to provide resources and support our associate's needs during an unprecedented time by:

- Reassigning associates, as necessary, to allow them to continue working and supporting our efforts for our patients and communities.
- Ensuring pay continued for those unable to work remotely or who were impacted by reduced services.
- Providing additional compensation to those who worked extra shifts.
- Advancing paid time off for those impacted by community-related exposures or when associates had to miss work to care for their family.
- Offering a hoteling program that covered 100% of the hotel cost for COVID-19 asymptomatic associates. Discount rates offered by various hotel chains were made available to all associates.
- Providing a dependent care support benefit to help ease financial hardships when caring for elderly or family members with special needs and children due to COVID-19.
- Implementing an associate assistance program to help those experiencing financial hardship due to the pandemic.

The financial impact of COVID-19 has been significant but, unlike many other health systems locally and nationally, we offered these associate programs while avoiding layoffs and job losses.



Ann & Robert H. Lurie Children's Hospital of Chicago is the only full-service, independent, freestanding pediatric hospital in Illinois. A nonprofit, tertiary care hospital, Lurie Children's has 364 licensed beds and provides a full range of inpatient and outpatient care and related ancillary services. Lurie Children's provides more pediatric Medicaid services than any other hospital in Illinois, and more than half of the inpatient care provided is to youth insured by Medicaid and the Children's Health Insurance Program (CHIP).

Responding to Community Needs During COVID-19

Despite the significant operational and fiscal pressures COVID-19 presented in 2020, Lurie Children's remained fully committed to the critically important work that aligns with the Chicago HEAL Initiative. We are extremely concerned by the disproportionately negative impact COVID-19 is having on communities of color in Chicago. These are the communities in which Lurie Children's has been doing outreach, engagement, health promotion and education for the past several years. In 2020, we increased our efforts and modified our operations.

Lurie Children's worked to increase access to COVID-19 testing, healthcare, and social and emotional support for youth and families. In addition to the 30,000 COVID-19 tests we conducted ourselves, our laboratory partnered with Federally Qualified Health Centers to expand testing to an additional 14,000 individuals. Our social workers and psychologists staffed a helpline to support families who needed community service referrals and coping resources. We deepened our partnership with food pantries through technical support and volunteerism, and we distributed 9,000 masks, 24,000 diapers, and important COVID-19 safety information and resources to families at Chicago Public Schools (CPS) food distribution sites.

Lurie Children's also remained committed to our anchor mission in 2020. We forged new relationships with vendors in target communities, including Concordance Healthcare Solutions, and 20% of the new employees we hired were from HEAL zip codes. Together with other hospitals and partners in West Side United, we invested more than \$6 million collectively in Community Development Financial Institutions focused on the West Side.

44k

COVID-19 TESTS

198

VIRTUAL HIGH SCHOOL
INTERNSHIPS

Our community health programs adapted to virtual platforms to ensure services continued.

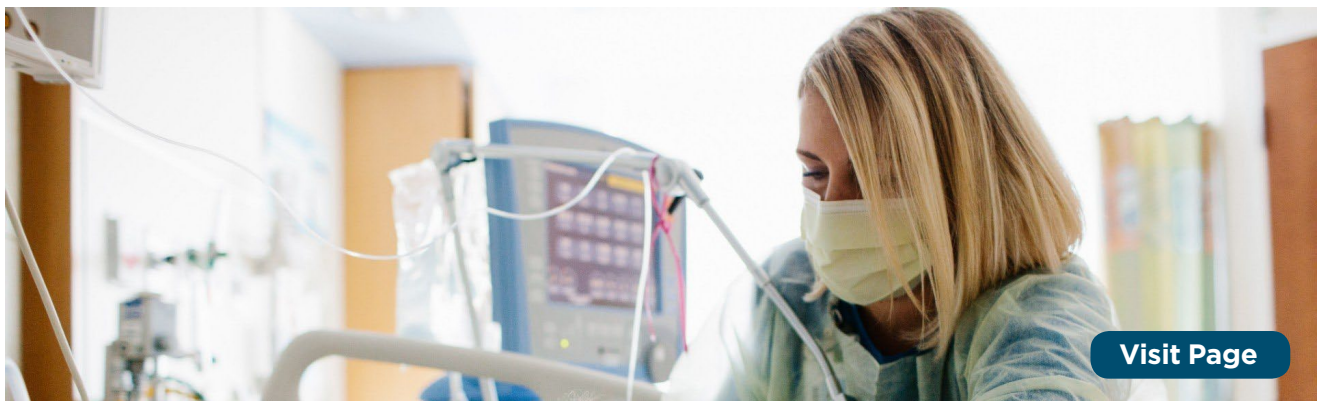
Examples include the Juvenile Justice Collaborative, an intensive case management program for justice-involved youth; car seat education and giveaways to pregnant women and new parents in under-resourced communities; 198 virtual summer internships and mentoring for CPS high school students; and support for pregnant and parenting teens through ConneCTeen.

Impact of COVID-19

In March 2020, Lurie Children's implemented a comprehensive COVID-19 Response Plan to cut expenses and recover significant losses due to reduced volumes and COVID-19 expenses. The plan included temporary pay decreases, voluntary early retirement or staggered furloughs for all staff and faculty; tapping into reserves; and strictly limiting capital investments. This effort, combined with federal government relief, thanks to champions like Senator Durbin, allowed us to avoid losses of more than \$100 million in FY 2020.

The pandemic continues to have an adverse impact on our institution, causing very low patient volumes. Unlike general acute care hospitals who serve adults, Lurie Children's is not seeing a large volume of COVID-19 admissions to help offset these declines. We remain concerned about a clear trend of parents delaying medical care for their children, including immunizations, and the lack of necessary psychiatric beds, one of the few areas of increased demand. We ask for continued help from policymakers to protect our institution and its 24/7 standby capacity to serve the most critically injured and complex children now and in the future.

Despite these challenges, the resilience, commitment and innovation of our staff and partners ensure we continue to provide outstanding care to all youth who need us. We also continue to advance the research, training and advocacy components of our mission. In late 2020, we launched the Patrick M. Magoon Institute for Healthy Communities to enhance our community partnerships, particularly in Chicago HEAL Initiative communities to better support our efforts to advance health equity for youth.



[Visit Page](#)



COOK COUNTY HEALTH

For over 180 years, Cook County Health has provided care to Cook County residents, regardless of income, insurance or immigration status through our two hospitals; regional outpatient centers; community health centers; the CORE Center, the largest provider of HIV care in the Midwest; Cook County Jail and Juvenile Temporary Detention Center; and the Cook County Department of Public Health. We own and operate CountyCare, the only provider-led, public Medicaid managed care plan in Cook County.

Impact of COVID-19 on Housing Insecurity



Individuals experiencing homelessness face multiple challenges in accessing healthcare and stabilizing their health conditions. Additionally, Black individuals make up more than 70% of the total unsheltered population in Chicago, based on recent surveys and point-in-time counts of homeless individuals. During the pandemic, challenges for these individuals increased exponentially due to the congregate nature of shelters, encampments and doubled-up households, as well as the heightened pressure on hospitals to triage, treat and discharge patients, including COVID-positive, housing-insecure patients who do not require hospital-level care.

CCH partnered with Cook County and CountyCare Medicaid Health Plan to design, implement and operate two Medical Respite Centers to address the needs of housing-insecure patients, including COVID-positive individuals. Medical respite is defined by the National Healthcare for the Homeless Council as acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but not ill enough to be in a hospital.

CCH's housing work is supported by CCH's director of housing and a housing coordinator, who together oversee and implement system-wide efforts to connect patients with housing resources. Additionally, to support long-term and ongoing efforts to connect persistent high-utilizers of the crisis system with affordable housing and individualized supportive services, CCH, through CountyCare Medicaid Health Plan, invested \$5 million in the Chicago-Cook Flexible Housing Pool in 2020.

\$5m
**INVESTED IN CHICAGO-
COOK FLEXIBLE
HOUSING POOL**

Mitigating COVID-19 at Cook County Jail

Cook County Jail is one of the largest single-site correctional facilities in the nation. CCH provides comprehensive correctional healthcare to detainees. On March 18, 2020 the first suspected case of COVID-19 was identified in a detainee. Over the course of the next several weeks, hundreds of detainees along with correctional officers and CCH staff tested positive for COVID-19.

The congregate nature of the jail combined with the unique challenges of managing individuals under the custody of law enforcement required immediate coordination and cooperation between CCH and its partners to manage and mitigate the spread of COVID.

Fortunately, collective and aggressive efforts by CCH, the Centers for Disease Control and Prevention, Cook County Sheriff's Office, and Chicago Department of Public Health resulted in significant containment and mitigation of the spread of COVID-19 at Cook County Jail. Implementation of widespread testing, aggressive social distancing protocols, universal masking of staff and detainees, and quarantining of all new detainees resulted in a dramatic drop in the overall COVID-19 positivity rate at Cook County Jail starting May 2020, which continued through the summer.

Through November 2020, 93% of detainees were tested at least once during their jail stay, playing a critical role in ongoing containment. An increase in the jail census has led to a corresponding increase of positive cases, but continuation of successful interventions has helped keep the COVID-19 positivity rate for detainees lower than the Chicago citywide positivity rate by at least half in the most recent COVID-19 surge.

93%
**OF COOK COUNTY JAIL
DETAINEES WERE TESTED
FOR COVID-19**



LOYOLA MEDICINE

Loyola Medicine is a regional academic health system based in Chicago's western suburbs and a member of Trinity Health, one of nation's largest Catholic health systems. Our system includes Loyola University Medical Center in Maywood; Gottlieb Memorial Hospital in Melrose Park; MacNeal Hospital in Berwyn; and a large ambulatory network of clinics throughout Cook, Will and DuPage counties offering primary and specialty care.

Sojourner House

Patients experiencing homelessness are often discharged from the emergency department because they are either no longer sick enough to continue their stay at the hospital or they do not qualify to be sent to a skilled nursing facility. As a result, they return to the streets or shelters with unresolved acute or subacute conditions and are subsequently more likely than other patients to return to the ED. This results in higher hospital and ambulatory costs, longer lengths of stay and higher readmission rates.



Loyola Medicine's MacNeal Hospital partnered with Housing Forward, the Oak Park Housing Authority and the Oak Park Residence Corporation to open transitional housing for homeless patients who need additional time to recuperate in a supportive environment after hospital discharge. Known as "medical respite," Sojourner House provides a limited-time housing alternative to shelters or streets that are not conducive to healing and recovery.

Sojourner House offers five separate apartments and a coach house unit and is open to men, women and families facing homelessness after hospital discharge. MacNeal provides any additional follow-up clinical care that the patients may need and community partners connect the patients to permanent supportive housing and appropriate social services.

Trauma Recovery Center

Loyola Medicine has joined Heartland Alliance, Rush University Medical Center, Institute for Nonviolence Chicago, Metropolitan Family Services and other partners to develop a Trauma Recovery Center (TRC) service model for the Austin and West Garfield Park neighborhoods of Chicago. Originating at the University of California San Francisco Medical Center, the Trauma Recovery Center model comprises a coordinated network of intensive outreach, case management and evidence-based mental health services for survivors of violent crime. The TRC model addresses both the psychological and tangible needs of violent crime victims and their families, particularly those in underserved groups.

Impact of COVID-19

The COVID-19 pandemic has held a powerful impact on Loyola Medicine, like all healthcare institutions in Illinois. Loyola saw a significant drop in elective procedures and outpatient clinic visits when the pandemic began in Illinois. Due to statewide stay-at-home mandates and the government's halt to elective procedures during March and April of 2020, our procedural volume decreased 40% while our outpatient volumes were reduced by 30%. Both returned to near-historic averages by July 2020.

Despite these decreases in care, Loyola Medicine maintained access to critical patient care and emergency services, including oncology treatment, obstetric care and urgent/emergency surgeries. Loyola also quickly launched telehealth services for our outpatients. Care during the pandemic required many new processes, such as evaluating quantities of personal protective equipment daily so that our frontline workers were as protected as possible while we directed non-clinical staff to work remotely, when possible.

Unfortunately, the financial impact of COVID-19 was unavoidable. Mitigations to offset financial losses included furloughs and separation agreements for approximately 5% of our total workforce. Although these actions were difficult for an already overwhelmed workforce, we were able to avoid future staffing reductions by taking necessary action early in the pandemic. Loyola was eventually awarded federal aid in May 2020 that helped offset about 15% of our losses for 2020. However, our continued COVID care and vaccination efforts remain unfunded at this point in time.



Northwestern Medicine (NM) is a nonprofit, integrated academic health system committed to serving a broad community through our mission of providing quality medical care regardless of the patient's ability to pay; transforming medical care through clinical innovation, breakthrough research and academic excellence; and improving the health of the communities we serve. NM provides world-class care through 10 hospitals, two medical groups, and hundreds of diagnostic and ambulatory locations throughout northern Illinois.

Responding to Community Needs During COVID-19

Honoring our mission to provide quality medical care regardless of the patient's ability to pay, Northwestern Medicine (NM) provided access to a full spectrum of care for COVID-19 patients across the communities we serve.

From education to testing, treatment to rehabilitation, NM continues to serve on the front lines of the pandemic.

At the onset of the pandemic, NM set up access channels so community members could seek out trusted information, speak directly with clinical staff and access appropriate care. NM established a website dedicated to the virus as well as a COVID-19 telephone hotline to connect the community to information, symptom screening and testing referrals. At the time, the hotline and website were among the first free resources providing trusted information on COVID-19 to the public. In addition, skilled cohorts of nurses began assessing callers to the hotline based on risk factors, including comorbidities and age, and writing testing referrals based on those risk factors. More than 38% of all inpatients discharged from Northwestern Memorial Hospital (NMH) for COVID in 2020 reside in one of the targeted HEAL zip codes on Chicago's South and West sides.

38%
**OF NMH DISCHARGED
COVID-19 INPATIENTS
WERE FROM HEAL
ZIP CODES**

During a time when testing resources were scarce, NM provided a critically important mechanism to ensure that high-risk patients received testing and necessary follow-up treatment. Largely through our drive-up testing and other clinical sites, NM conducted more than 28,000 COVID

tests for residents living in the targeted HEAL zip codes. NM also worked with community partners, including Federally Qualified Health Centers, health clinics and other providers, to support testing in the communities we serve. NMH collaborated with Rush University Medical Center to provide test kits for homeless patients on Chicago’s West Side. NM also processed COVID-19 specimens from patients of CommunityHealth, a free clinic also on the West Side.

Impact of COVID-19

Nowhere has the impact of the COVID-19 pandemic been greater than in the targeted HEAL communities. Northwestern Medicine’s (NM) academic mission is rooted in quality clinical care for all regardless of ability to pay, as well as in education and research. We are proud to have played a leadership role in helping local government leaders and health systems respond to the pandemic.

Despite operating under significant and uncertain financial challenges, NM helped advance scientific understanding of COVID-19, develop breakthrough treatments and work with community partners to help ensure access to care. Nearly 40% of COVID patients receiving inpatient care at Northwestern Memorial Hospital live in the targeted HEAL communities. More than 28,000 COVID tests were conducted for residents of the HEAL communities. NM was also able to maintain a safe patient care environment, prevent job loss among our workforce and increase hiring among those living in the HEAL communities.

In the early stages of the pandemic, the effects of the global shortage of personal protective equipment (PPE)—key to protecting our patients and frontline caregivers and controlling the spread of infection—became apparent. NM’s community partners serving HEAL communities faced extreme difficulty in securing adequate PPE. Local supply chains dried up and, for PPE and other supplies that were available, prices skyrocketed.

28k

COVID-19 TESTS WERE
CONDUCTED FOR
RESIDENTS IN HEAL
ZIP CODES

In response, NM secured and donated supplies to Federally Qualified Health Centers and other community partners, including N95 respirator masks, hand sanitizer, gloves, isolation gowns and face shields, as well as provided staff education to ensure proper use.



Rush University System for Health is a national leader in outstanding patient care, education, research, community partnerships and empowering a new generation of healthcare providers. The Medical Center maintains a strong commitment to the community through offerings such as the Rush Community Services Initiatives Program, an umbrella for several student-led outreach programs designed to address the social and healthcare needs of residents in neighboring communities.

Rush Rallies to Develop Strong COVID-19 Community Response

The COVID-19 pandemic has amplified health-related social needs, exacerbating underlying inequities that have long led to worse health outcomes among Black and Latinx communities. At Rush, we responded by strengthening our commitment to health equity to support vulnerable populations in the West Side communities we serve.

Diverse Rush leaders across the institution galvanized to align and elevate existing efforts, identify new needs, and fill in gaps to best support patients, families and community members in our service areas.

Surveying community partners was our first step in building our institutional strategy. Shortly after Illinois' shelter-in-place orders went into effect, we electronically surveyed 65 community-based organizational partners and faith-based organizations to assess needs and barriers and offer access to resource information.

Primary gaps reported related to the following areas:

- Communication with community members who did not have internet access;
- Concern about the lack of readily available, reliable resource information;
- Food access; and
- Accurate information about COVID-19.

After identifying areas of focus, working groups built around these needs leveraged existing roles and partnerships to track process measures for reporting and improvement.

Many different existing and new initiatives grew from these efforts, according to the following focus areas:

- Population and community health activities and care;
- Proactive outreach calls to at-risk populations;
- Social work helplines;
- Health education and wellness programming;
- Social connection support and mental health treatment;
- Emergency food support;
- Education and resource connection for older adults;
- Support for homeless shelters; and
- Support for Rush staff and providers.

As this health crisis continues to evolve, Rush teams remain nimble to meet the ongoing needs of our communities as well as any new needs that arise. The pandemic has presented us with opportunities to both improve on and sustain this work to ensure community needs are met now—and well into the future.

Impact of COVID-19

As a pandemic hospital, Rush University System for Health was well prepared to support our patients and the community as COVID-19 spread. As the surge continued, we also rallied to support our employees, staff, faculty and students to ensure they had the resources they needed during the pandemic.

When approximately 80 employees demonstrated the need for temporary housing, Rush partnered with numerous hotels throughout Chicago to provide temporary housing so they could continue to care for patients while keeping their families at home safe. To support our staff who had childcare needs, Rush partnered with Bright Horizons to provide backup childcare services and was able to support 40 to 50 families and essential employees whose children do not attend Rush's Laurance Armour Day School. Rush allowed employees to donate excess paid time off (PTO) to other employees who needed additional PTO. We also partnered with Uber and Lyft for discounts on ride sharing and Divvy bikes to help with transportation needs. Through our Rush Wellness Center, we promoted health and well-being services to support our employees mental and emotional health.

Though Rush was well prepared to support employees and the community, COVID-19 had a significant impact on our jobs and employees. We temporarily closed operating rooms, elective procedures and clinics to repurpose expertise to assist in the treatment of COVID-19 patients. We halted hiring for many positions and shifted focus to temporarily hiring frontline employees to treat the virus. These changes had a financial impact on the hospital.



Since 1919, Sinai Chicago has worked to create a system where community and individual beliefs, values, and needs are respected, and all languages and cultures are welcomed. People and equity are at the center of everything we do to improve the health of the individuals and communities. Sinai Chicago is composed of Mount Sinai, Holy Cross, Sinai Children’s and Schwab Rehabilitation Hospitals; Sinai Medical Group; Sinai Community Institute and the Sinai Urban Health Institute.

Increase Local Workforce Commitment to Reduce Economic Hardship

Sinai Chicago member institutions continue to make significant contributions toward engaging residents in HEAL communities and supporting their employment. During Sinai’s 2020 fiscal year, 232 employees—almost 28% of Sinai’s 822 new hires—were hired from HEAL communities. Of Sinai’s 3,434 employees, 838 or 24% reside in HEAL communities.

Support community partnerships to improve health and safety of public environments

Sinai Chicago supports various trauma-informed services for special populations and residents in the targeted communities and within Sinai’s service area including:

- Mount Sinai Hospital and Holy Cross Hospital in particular focus on complex chronic illnesses and behavioral health. Schwab Rehabilitation Hospital addresses special case management needs for persons with disabilities.
- Mount Sinai’s Under the Rainbow Child and Adolescent Behavioral Health program offers trauma-informed counseling with a team of psychologists, psychotherapists and social workers. Sinai’s Adult Behavioral Health program located in both Mount Sinai and Holy Cross offers trauma-informed services through its crisis stabilization, outpatient and acute inpatient services.

28%

OF NEW EMPLOYEES ARE FROM HEAL COMMUNITIES



Sinai Chicago's Behavioral Health Department sees 150 new clients each month and 85% of these patients have been victims of trauma.

All clinicians have been trained to utilize dialectical behavior therapy skills for both individual victims of trauma and group sessions and to engage clients utilizing the Trauma Recovery and Empowerment (TREM) model for men and women. Schwab Rehabilitation Hospital's domestic violence program has provided support and information to thousands of individuals through a hotline. Over 500 victims have received direct services.

500+
TRAUMA VICTIMS HAVE
RECEIVED SERVICES

To reduce and prevent gun violence, Sinai Chicago and the Illinois Public Health Institute convened the Chicago Gun Violence Research Collaborative. A fellowship program was created to support community-based research in North Lawndale, South Lawndale, Austin and Englewood, community areas among the hardest hit by violence.

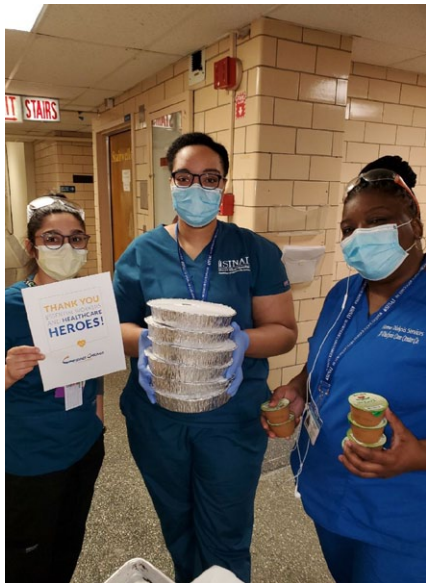
Impact of COVID-19

Sinai Chicago took several steps to protect patients and caregivers in winter 2020 and has since partnered with others to mitigate the pandemic's impact in the communities it serves.

- Established a SharePoint site available 24/7 to inform Sinai's caregivers;
- Established policies and procedures governing Sinai's response, restricted unnecessary access to its facilities, provided special funding to compensate caregivers forced to quarantine or who needed extended sick leave, created and monitored mandatory safety protocols, and extended liberal work-at-home policies for non-clinical caregivers;
- Created Guides for Safe Work for clinical and non-clinical caregivers in July;
- Provided instructions and online training on hygiene and the use of personal protective equipment, masks and respirators;
- Provided daily updates on statistics and trends for Sinai Chicago, Chicago, Illinois and the nation; and
- Established a vaccination clinic after FDA approval of the Pfizer vaccine, employing over 100 caregivers to ensure rapid vaccination in accord with CDC guidance.

Sinai Chicago has seen over 1,600 patients with COVID since March 1, 2020 with 272 deaths, a death rate of 15.4%. A higher percentage of males died from COVID than females (56.9% vs. 43.1%). Three quarters of patients who died were age 60 or older, with heart disease, lung disease, diabetes, kidney failure and obesity as the most prominent comorbidities. Approximately 46% of patients who died were Black, 46% were Latinx and 7.3% were white. Of Sinai's 3,434 caregivers, 536 were infected between March 2020 and January 2021.

1.6k
COVID-19 PATIENTS
SINCE MARCH 1, 2020





AT THE FOREFRONT

**UChicago
Medicine**

University of Chicago Medicine, with a history dating to 1927, is a non-profit academic medical health system based on the campus of The University of Chicago in Hyde Park, with hospitals, outpatient clinics and physician practices throughout Chicago and its suburbs. UChicago Medicine unites five organizations to fulfill its tripartite mission of medical education, research and patient care: Pritzker School of Medicine, Biological Sciences Division, Medical Center, Community Health and Hospital Division, and UChicago Medicine Physicians.

The BHC Collaborative started with a simple premise: Children and their families affected by trauma should be treated holistically. Their wounds are physical and psychological.

Founded in April 2019, the BHC Collaborative provides personalized holistic care of the child and family at the University of Chicago Medical Center. Care continues after discharge, extending into the home, school and neighborhood through a network of community resources. This care is available to children who are victims of trauma or who witness a parent or close family member's trauma.

The BHC Collaborative provides trauma patients with wraparound services during and after their hospital stay, including mental health and social service support, healthcare navigation and help finding childcare.



The hospital has significantly expanded the scope and reach of its existing violence recovery program, which helps patients and families recover from domestic, sexual or child abuse, along with other kinds of trauma. The BHC Collaborative also partners with community-based organizations to connect people to housing, food and work, or to help them stay safe. The program has helped nearly 2,000 people since it began.

2k
**PEOPLE HAVE BEEN
HELPED BY THE BHC
COLLABORATIVE**

As a violence recovery specialist with the BHC Collaborative, Christine Goggins assesses the safety needs of patients and helps them recover from trauma. Goggins provides case management and helps patients with issues such as court advocacy and housing.

In times of crisis, like the pandemic, BHC Collaborative partners are essential in helping communities cope and recover. Partner organizations include The Branch Family Institute and Centers for New Horizons.

“The systems that support this work are very fragmented,” said Brenda Battle, vice president of the Urban Health Initiative at the University of Chicago Medicine. “Most have not worked alongside hospitals at the level that the BHC Collaborative brings to reduce violent recidivism.”

Impact of COVID-19

UChicago Medicine responded to the pandemic crisis by providing world-class care to a community that was hit hard by the virus. Our COVID volumes have been among the highest in the state and our community on the South Side of Chicago has been disproportionately impacted by COVID. We are forever grateful for the work of our nurses, physicians, respiratory therapists and other staff who courageously fought the pandemic and saved lives every day. When compared to published data, our outcomes speak to the high quality of care that COVID patients received, including lower length of stay and a low proportion of patients in the ICU and requiring mechanical ventilation.

Despite the rapidly evolving and escalating crisis, UChicago Medicine continued to provide medically necessary, emergency and time-sensitive care to patients whose primary diagnosis was not COVID-19 but for whom a delay in treatment could have been life-threatening.

Unfortunately, according to statistics released by the Chicago Police Department, shootings in Chicago increased by 55% in 2020 compared to 2019. As a result, our adult and pediatric trauma centers have been extremely busy with a total of 3,780 adult trauma activations and 607 pediatric trauma activations in 2020—a 46% increase over 2019. We would like to acknowledge all the members of the trauma team who have delivered outstanding patient care to critically ill patients with the presence of COVID being a constant concern.

3,780
**ADULT TRAUMA
ACTIVATIONS**

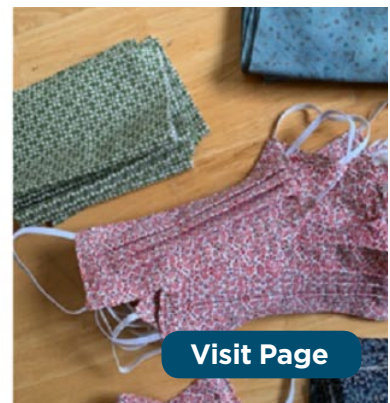
607
**PEDIATRIC TRAUMA
ACTIVATIONS**

The University of Illinois Hospital and Health Sciences System (UI Health) provides comprehensive care, education and research to the people of Illinois and beyond. A part of the University of Illinois at Chicago (UIC), UI Health comprises a clinical enterprise including a 462-bed tertiary care hospital, 21 outpatient clinics, 14 Mile Square Health Center facilities (Federally Qualified Health Centers) and seven UIC health science colleges. UI Health is dedicated to the pursuit of health equity.

Responding to Community Needs During COVID-19

UI Health has been at the forefront of COVID-19 response and relief efforts by modifying clinical programming, establishing community testing sites, launching clinical trials, and providing expert guidance to policy and advocacy experts.

The UIC School of Public Health is partnering with Chicago Cook Workforce Partnership, NORC at The University of Chicago, Malcolm X College and the Sinai Urban Health Institute to carry out contact tracing services in Chicago—with a focus on communities most impacted by the COVID-19 pandemic through the COVID-19 Contact Tracing Corps and Resource Coordination Hub. The School of Public Health is providing expert training and management of the Contact Tracing Corps with hopes to inspire interest and career pathways in the health professions and public health.



The UIC Center for Excellence in Maternal and Child Health, in partnership with Black Girls Break Bread and other community organizations, is leading **Masks for Moms** to provide expectant mothers with masks in preparation for their trip to the hospital and delivery.

UI Health has teamed up with Chicago organizations in education, healthcare, philanthropy and workforce development to create the **Vaccine Corps** to partner with communities in forming a network of trusted messengers to support COVID-19 vaccination efforts. The Vaccine Corps would be trained to dispel myths, address concerns about vaccine safety and ultimately help individuals access the vaccine.

Leaders at the UIC College of Pharmacy formed the **Program to Educate and Vaccinate Underserved Members of the Public (PREVENT) Pilot**. The PREVENT Pilot aims to develop, implement and evaluate the impact of educational programming in underrepresented minority communities on attitudes toward the flu shot, and create an accessible and sustainable vaccination outreach program. PREVENT hosted a live, virtual education session and an Election Day flu shot event in partnership with South Shore United Methodist Church in the South Shore community.

Impact of COVID-19

In calendar year 2020, UI Health saw 1,253 COVID-19 inpatient admissions. UI Health navigated capacity issues at the height of the pandemic by diligently working to surge and increase capacity to safely care for our patients. We quickly stood up temporary sites to accommodate more emergency department patients and increase access to COVID testing, including testing sites in the communities of South Shore and Pilsen.

Despite operating under significant fiscal constraints, UI Health prioritized frontline workers and healthcare heroes and worked hard to mitigate job loss. UI Health did not lay off any staff and even instituted differential pay for our nurses and staff. Like all other hospitals, UI Health has sustained huge financial losses. We are grateful for financial support and assistance from both the federal and state government, which has allowed us to continue to serve minority communities, and Medicaid and Medicare patients.

In addition to caring for COVID-19 patients, UI Health also played an important role in the development of COVID-19 vaccines and treatments. COVID-19 clinical trials that took place at UI Health include two exploring vaccines, two monoclonal antibody prevention trials and six clinical trials exploring therapeutics. UI Health was the first Chicago-area COVID-19 vaccine clinical trial, enrolling a majority of minority participants in the trial.

Opioid Epidemic Response

It takes concerted effort to reverse the opioid epidemic. HEAL hospitals are doing the hard work, day in and day out, to reduce opioid prescriptions and increase naloxone distribution.

Working together to save lives.

Opioid overdose and death continues to be a major public health problem in Chicago. While there are multiple reasons for the ongoing epidemic, a principal cause of death is the marked increase in fentanyl and fentanyl analogs in the illegal drug supply market.

In response, HEAL hospitals have initiated opioid stewardship programs over the past several years. Opioid stewardship in hospitals has three main domains: opioid prescribing for pain, harm reduction, and identification and treatment of opioid use disorder.

Appropriate opioid prescribing has been a focus of Cook County healthcare organizations for many years. The latest opioid prescribing data from the Centers for Disease Control and Prevention (CDC) show Cook County prescriptions were 16% lower per 100 population than the national average in 2019. Much of this drop can be attributed to the clinical efforts of HEAL hospitals.

16%
REDUCTION IN COOK COUNTY OPIOID PRESCRIPTIONS IN 2019

Harm reduction efforts include:

- Increasing naloxone distribution;
- Decreasing benzodiazepine and opioid co-prescriptions;
- Implementing opioid tapering plans for patients on high-dose opioids;
- Decreasing inpatient naloxone use; and
- Increasing use of prescription monitoring programs.

Most HEAL hospitals began opioid-focused quality improvements in 2015, with baseline measurements to track progress obtained in 2016, 2017 or 2018—and compared to 2019 metrics. Opioid stewardship among HEAL hospitals has reduced opioid use by 20-70%, based on measurements including prescriptions written and filled, pill counts, and morphine milligram equivalents. Internal hospital measurements depend on the patient population, specialty expertise and departments targeted for intervention (e.g., emergency department, outpatient, inpatient and perioperative services).

UP TO
70%
REDUCTION IN OPIOID USE IN HEAL HOSPITALS IN 2019

HEAL hospitals also have initiated programs on harm reduction with increased naloxone co-prescribing and distribution and increased access to medication-assisted treatment (MAT) for individuals with opioid use disorder leveraging community-provider partnerships, as well as developing MAT capacity within a hospital system.

Strategic Solutions to the Opioid Epidemic

HEAL hospitals are collectively utilizing strategies advanced by the Substance Abuse and Mental Health Services Administration, CDC, and state and local health departments to reverse the course of opioid addiction and overdose.

Advocate Aurora Health (AAH)

Opioid Reduction

AAH instituted a broad ranging Opioid Prescribing Program in June 2019. Efforts include provider alerts that identify patients at high risk for opioid use disorder or overdose and internal systems to identify when a prescriber is two standard deviations from their peers for opioid prescribing, with one-on-one education and close follow-up provided. These efforts decreased morphine milligram equivalents prescribed by 25-30%.

UP TO

30%

REDUCTION IN MORPHINE PRESCRIPTIONS

Harm Reduction

As part of opioid stewardship, harm reduction was a top patient safety initiative. Since 2019, naloxone co-prescribing has increased 1,200%. In addition to co-prescribing naloxone, AAH expanded a program that distributes free naloxone kits to patients at risk at Advocate Christ Medical Center, Advocate Illinois Masonic Medical Center, Advocate Trinity Hospital and Advocate South Suburban Hospital.

1,200%

INCREASE IN NALOXONE PRESCRIPTIONS

In addition, AAH provides Rx Destroyer™, an easy 1-2-3 system for patients to easily dispose of unused opioids for surgeries that traditionally utilize high amounts of opioids. This product deactivates the opioids and allows for disposal in a safe and environmentally friendly way, reducing potential misuse and diversion of unused opioid medications.

Access to MAT

AAH launched a campaign to obtain X-waivers from primary care and emergency department (ED) physicians to prescribe buprenorphine MAT without additional certification. Between 90-100% of ED physicians now have waivers at Advocate Christ Medical Center, Advocate Illinois Masonic Medical Center and Advocate Lutheran General Hospital. Waivers among primary care providers also increased, with 14 clinics now able to prescribe MAT, up from two clinics.

14

AAH CLINICS NOW ABLE TO PRESCRIBE MAT, UP FROM 2

AMITA Health

Harm Reduction

The AMITA Health Alexian Brothers Housing and Health Alliance provides recovery and supportive services across the continuum of care. Bonaventure House and The Harbor are Substance Use Prevention and Recovery licensed and funded recovery homes supporting individuals who are in recovery. Bettendorf Place and our Community Housing program follow the harm reduction model of care, which incorporates a spectrum of nonjudgmental strategies—from safer use and managed use to abstinence—to reduce negative consequences of risky behaviors. These two programs combined offer 182 units of permanent supportive housing. In a partnership with the Chicago Recovery Alliance, staff and clients are regularly trained on the use of naloxone. Each of our sites is stocked with naloxone for a swift and safe response in the event of an overdose.



182

PERMANENT SUPPORTIVE HOUSING UNITS

Access to MAT

In response to community need and increased treatment options, AMITA Health revised its policies to allow Bonaventure House and The Harbor to house and support individuals receiving MAT from their provider. With education and technical assistance from funders and partners, we expanded eligibility to serve those receiving all forms of MAT.

AMITA Health Saints Mary and Elizabeth Medical Center has an active addiction medicine service line that uses uniform screening of all hospitalized patients to identify individuals with opioid and alcohol use disorders. This service line consists of advanced practice nurses with DATA 2000 waivers and an addiction medicine specialist who assess patients on the floors suspected of having opioid use disorder. The service line also includes a team of individuals in sustained recovery to help opioid-dependent patients engage in ongoing treatment programs following discharge from the hospital. Team members can initiate MAT as appropriate and help link individuals with community resources upon discharge. They also work with the pain treatment team to assist in managing individuals who have pain and addiction and are particularly vulnerable to negative health outcomes. These high-risk patients receive naloxone when discharged from the hospital.

Ann and Robert H. Lurie Children's Hospital of Chicago

Opioid Reduction

With the unique patient population at Lurie Children's, opioid-reduction initiatives focused on educating surgeons. Surgical services prescribed 80% of all opioids and the institution developed evidence-based clinical care guidelines (CCG) to optimize pain control and reduce the amount of opioids prescribed to children to treat acute pain after surgery. Opioid prescriptions decreased 20% in 2019 compared to 2018. Now less than 25% of children are prescribed opioids for home use after surgery.

20%
REDUCTION IN OPIOID
PRESCRIPTIONS
SINCE 2018

Harm Reduction

Lurie Children's improved pain management with multimodal and innovative non-opioid techniques. The most painful surgery performed at Lurie Children's is minimally invasive pectus excavatum repair (MIPER). In 2020, Dr. Fizan Abdullah, who heads the Division of Pediatric Surgery, began using cryoanalgesia—an innovative non-opioid pain management technique—for patients with MIPER surgery. Adolescents are now sent home more than a day sooner with less pain and less need for opioid pain relievers.

Access to MAT

The Lurie Children's Substance Use & Prevention Program (SUPP) began in June 2019. SUPP provides MAT for opioid use disorder in a developmentally appropriate setting for adolescents and young adults. Every patient and family evaluated by SUPP is offered overdose education and naloxone.



Cook County Health

Opioid Reduction

Cook County Health (CCH) instituted an Opioid Taskforce that reviews internal data and makes recommendations to change operational and clinical practices. Multiple initiatives are underway to monitor and track: top 20 opioid prescribers among primary care providers, oncologists and surgeons; opioid prescriptions filled by CCH outpatient pharmacies; and naloxone prescriptions picked up at CCH pharmacies compared to prescriptions written. The number of opioid prescriptions per month filled by CCH pharmacies decreased by 40% between 2016 and 2019.

40%

**REDUCTION IN MONTHLY
OPIOID PRESCRIPTIONS
SINCE 2016**

Harm Reduction

Patients with opioid use disorder under the care of our primary care integrated substance use disorder (SUD) teams are asked if they need naloxone refills at every encounter with the recovery coach. We use clinical decision supports in the electronic medical record (EMR) with structured questions and prompts on prescribing naloxone. Providers are prompted to co-prescribe naloxone for discharge when prescribing buprenorphine in the hospital or initiating it in the emergency department. The rate of naloxone prescriptions filled was 75% in 2020, which is significantly higher than the 18-25% naloxone pick-up rate described in the medical literature.

Access to MAT

CCH implemented EMR-based prescribing protocols to guide buprenorphine prescribing from the ED and inpatient settings. Certified alcohol and drug counselors or licensed clinical social workers perform assessments and facilitate linkages to ongoing outpatient care of patients with SUD upon discharge. The CCH MAT Bridge Clinic provides rapid access to medication and recovery support for patients with SUD who are not yet connected to outpatient care or want to resume MAT after a lapse in care.

Additionally, CCH has been a leader in advancing access to MAT across Illinois. In partnership with Southern Illinois Healthcare and the Illinois Department of Healthcare and Family Services, CCH co-led a qualitative needs assessment of state infrastructure and provider capacity to deliver SUD treatment and recovery support services to Illinois Medicaid members.



Loyola Medicine

Opioid Reduction

Reducing opioid prescriptions has been a top priority throughout the system. At Loyola University Medical Center, total prescribed doses were down 31% between the first quarter of 2016 and the third quarter of 2019. Loyola Medicine (LM) primary care clinics reduced opioid tabs prescribed by 27% and 35% across the three medical groups. Total opioid prescriptions dropped 21-25%, despite a substantial growth in visits.

UP TO
25%
REDUCTION IN OPIOID
PRESCRIPTIONS

Harm Reduction

LM provided education to emergency department (ED) clinicians and has several ongoing research projects pertaining to naloxone distribution in the ED. LM developed a naloxone distribution program in the ED where patients who present with opioid use disorder (OUD) are discharged with a naloxone kit in hand, regardless of insurance status. Programs that provide kits upon discharge can distribute more naloxone to patients at risk than prescribing naloxone alone.



Access to MAT

LM updated its methadone policy to allow for methadone use in the ED as well as any inpatient areas. Such use was previously restricted to inpatients and required a psychiatric or toxicology consult for methadone to be used. LM is modifying current buprenorphine/naloxone policy to emphasize initiation of MAT based on Clinical Opiate Withdrawal Score (COWS) scores. Tools to provide COWS were built into the hospital electronic medical record in 2020. In addition, a new buprenorphine/naloxone clinic was launched in 2020 to facilitate outpatient treatment for patients with OUD.

Northwestern Medicine

Opioid Reduction

Northwestern Medicine (NM) continued to implement opioid reduction initiatives that began over five years ago. These include standardized guidance for ambulatory opioid prescribing with metrics and data tools created in 2020 to support strategies to reduce opioid prescribing levels. Between February 2020 and January 2021, Northwestern Medical Group saw an 8.2% decrease in chronic opioid patients with prescriptions for high morphine milligram equivalents (MME).

8.2%

REDUCTION IN HIGH MME PATIENTS

Harm Reduction

NM has multiple programs involving harm reduction strategies. A take-home naloxone program in the Northwestern Memorial Hospital (NMH) emergency department launched in October 2018. Patients with opioid overdose receive a naloxone kit at discharge, with 439 naloxone kits dispensed since the inception of the program. For hospitalists and inpatient providers, NM developed a program to automate naloxone orders in the electronic medical record (EMR) for discharge of patients with high MME prescriptions, along with additional education on harm reduction and naloxone co-prescribing for patients receiving high MME prescriptions for pain. After education and the EMR alerts, naloxone co-prescribing increased 849% for patient at risk. In addition, NM participated in prescription medication take-back days that collected more than 100 pounds of unwanted drugs.

439

TAKE-HOME NALOXONE KITS DISPENSED SINCE 2018

849%

INCREASE IN NALOXONE CO-PRESCRIPTIONS FOR PATIENTS AT RISK

Access to MAT

NMH launched an emergency department (ED)-initiated buprenorphine program in 2019. For patients who presented with active opioid withdrawal, buprenorphine induction was performed in the ED, a prescription for a short course of outpatient buprenorphine was provided and referral via warm hand-off to nearby outpatient opioid use disorder clinics was accomplished. Over 60% of ED faculty were trained and received their X-waiver to prescribe buprenorphine and the EMR was customized to facilitate administration and prescribing of buprenorphine.

60%

OF FACULTY RECEIVED X-WAIVERS TO PRESCRIBE BUPRENORPHINE

Rush University System for Health

Opioid Reduction

Rush University System for Health has a long-standing program in opioid stewardship. Prescribing initiatives have reduced the number of opioid pills prescribed by 28% and prescriptions by 12% across the system's outpatient primary care clinics between 2017 and 2020. During the same time period, average morphine milligram equivalent (MME) per prescription dropped by 29% across the system from 35 MME to 25 MME. In the acute care hospital arena, opioid pills prescribed decreased 70% in the Rush University Medical Center emergency department (ED) and 63% in the Rush Oak Park Hospital ED.

70%

REDUCTION IN OPIOID
PILLS PRESCRIBED IN THE
RUSH UNIVERSITY MEDICAL
CENTER ED

Harm Reduction

Rush University System for Health added several safeguards around opiate prescribing to its electronic medical record (EMR), including connecting the EMR with Illinois Prescription Monitoring Program (ILPMP) database. EMR alerts call out MME and pill quantities for opioid naïve patients identified through the ILPMP. Prescribers also receive alerts that highlight previous naloxone prescriptions to remind providers to co-prescribe naloxone for patients on chronic opioids at higher MMEs if no recent prescription is noted.

Access to MAT

All patients admitted to inpatient medical and surgical units are screened by nursing staff and social workers for possible drug and alcohol misuse. If warranted, the patient will be evaluated by an interdisciplinary consultation service consisting of physicians trained in addiction medicine, advanced practice nurses, licensed social workers and pharmacists who work together to identify and treat patients at risk for opioid and substance use disorders while on the inpatient service. Upon discharge, patients continue treatment at Rush's Addiction Medicine Clinic or are referred to other specialized treatment centers, depending on the level of need.

Sinai Chicago

Harm Reduction

A Sinai Chicago screening program evaluates individuals who self-report opioid use or have toxicology laboratory results that show possible opioid use. Staff then connect patients to Opioid Medication Assisted Treatment (OMAT) programs. The consult team provides naloxone administration education and patients receive a naloxone kit prior to discharge from the hospital. Sinai Chicago has an Opioid Education and Naloxone Distribution (OEND) program status, which allows for naloxone distribution under the Illinois Naloxone Standing Order.

Access to MAT

Opioid use disorder services are provided to adults ages 18 and older, with referrals accepted from within Sinai Chicago, including medical units and inpatient psychiatric units. Certified Recovery Support Specialists (CRSS) assist in patient engagement. CRSS have lived experience with addiction and provide an additional level of support throughout the referral process. The interdisciplinary team also consists of substance abuse therapists and case managers. This grant-based program links patients to MAT providers after discharge from the hospital.



UChicago Medicine

Opioid Reduction

UChicago Medicine started its Opioid Stewardship committee in 2016, focusing on education on prescribing, harm reduction and access to MAT. Efforts have decreased opioid-prescribed days for non-chronic opioid therapy patients by 17% between FY18 and FY20. Opioid prescribing days (duration of opioid therapy) are a pain stewardship measure to reduce variation in prescribing practices. The goal for new prescriptions for non-chronic pain is 30 morphine milligram equivalents (MME) per day, well below CDC recommendations. For chronic pain patients, UChicago Medicine has utilized multimodal therapy to achieve a 37% decrease in the number of chronic pain patients prescribed an opioid, despite a 31% increase in patient encounters from July to January of FY18 vs. FY20.

37%

REDUCTION IN CHRONIC
PAIN PATIENT OPIOID
PRESCRIPTIONS

Harm Reduction

Opioid sparing strategies are used to better manage pain throughout the patient's surgical and inpatient encounter. Collaboration between palliative care and anesthesia committees has led to key pain management interventions such as epidural standardization, pain assessment documentation and education, and a methadone guideline. Primary care group initiatives include naloxone co-prescribing when prescriptions are greater than 50 MME per day, review of the Illinois Prescription Monitoring Program and a care pathway for patients with opioid use disorder (OUD).

Access to MAT

UChicago Medicine developed an OUD program with a multidisciplinary group, including pharmacy, nursing, physicians, information technology informatics, quality performance improvement and care coordination to screen, treat and refer to long-term outpatient treatment as appropriate. This 24/7 consult service is available when a patient screens or identifies as having or being at risk for OUD. The consult team averages between three to four consults a week and continues or starts MAT as needed. Over 20 physicians obtained X-waivers to start the program. The team has established a network of Federally Qualified Health Centers that provide MAT so patients can continue their treatment seamlessly upon discharge.

20+
PHYSICIANS RECEIVED
MAT X-WAIVERS

UI Health

Opioid Reduction

Between 2017 and 2020, UI Health reduced inpatient opioid prescribing by 51%, with monthly averages for opioid doses dispensed dropping from 15,320 in 2017 to 6,976 through August 2020.

51%
REDUCTION IN INPATIENT
OPIOID PRESCRIPTIONS

Harm Reduction

UI Health implemented an internal process to dispense naloxone and provide education at bedside to patients who present to our emergency department (ED) with opioid use disorder (OUD). This process ensures 24/7 ED bedside naloxone nasal spray and pharmacist-led counseling for patients presenting after an overdose.

UI Health has provided naloxone and counseling to 65 patients since the program began in 2019. The opioid care model in our Ambulatory Care Pharmacy Department includes checks of the Illinois Prescription Monitoring Program for all opioid prescription dispenses, patient risk assessments, naloxone dispensing and counseling, and diligent inventory stewardship.

65
PATIENTS RECEIVED
NALOXONE AND
COUNSELING SINCE 2019

Access to MAT

UI Health approved hospital guidelines for the initiation of buprenorphine products in managing OUD. We have referral processes for patients requesting assistance with OUD in the outpatient setting through community partnerships, with our Federally Qualified Health Center, Mile Square Health Center (MSHC), the largest provider of these services. MSHC offers on-demand tele-OUD care through community partners to remove barriers to care for community members in the South and West sides, particularly for the homeless.

Making Progress Toward the Future

Turning the corner on COVID-19 is everyone's hope. During the pandemic, HEAL hospitals showed tremendous commitment to Senator Durbin's vision of better health for HEAL communities. Getting back to normal means continuing to improve lives.

**There's more work to do,
more opportunities to seize.**

Ten Leading
Health Systems
18 Vulnerable
Neighborhoods
One
Powerful
Goal

