Community Health Needs Assessment 2013

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

Contents

Executive Summary

Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's, formerly Children's Memorial Hospital) conducted a community health needs assessment in 2012 and 2013 in order to (1) identify barriers to good health and well-being for Chicago children and adolescents and (2) guide continuing efforts by Lurie Children's to improve child and adolescent health and well-being in Chicago.

The Lurie Children's community health needs assessment (CHNA) process involved several main activities, which were overseen by the CHNA Committee. The CHNA Committee was comprised of key Lurie Children's staff, representatives of public health agencies, organizations that serve communities in Chicago that experience health disparities, and Lurie Children's patient population.

The Lurie Children's CHNA makes use of a wide range of data sources, including: US Census, Illinois Vital Statistics, the Illinois Hospital Discharge Data System (or CompData), the Chicago Youth Risk Behavior Survey, the Illinois Violent Death Reporting System and the Illinois Health Survey for Youth.

Key findings from the community health needs assessment are:

(1) Like many large cities in the United States, Chicago has a disproportionate number of low income and/or minority families. Chicago families with children are 50% more likely than families nationally to rely on Medicaid.
(2) There are two dominant causes of death to children and adolescents in Chicago:
    a. Complex and chronic health conditions, generally of genetic or perinatal origin, are the leading cause of death for infants and young children. A very wide range of diagnoses are in this group. Infancy is the age in which children are the most vulnerable to these conditions.
    b. Homicide is the leading cause of death for adolescents and young adults in Chicago, far outweighing other causes.
(3) Unintentional injuries are both a significant cause of death to Chicago children of all ages, and of hospitalization (non-fatal injuries).
(4) Mental health diagnoses are a leading cause of hospitalization for adolescents.

In addition to examining leading causes of death and hospitalization, the community health needs assessment included Targeted Needs Assessments for eleven specific causes of poor health outcomes for children.

The CHNA made a series of broad recommendations to Lurie Children's based on the community health needs assessment that will shape its implementation plan. In particular, the committee recommends that Lurie Children's continues its leadership role in Chicago and Illinois working to improve the health and wellbeing of children and adolescents.

Introduction

Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's, formerly Children's Memorial Hospital) conducted a community health needs assessment in 2012 and 2013 in order to (1) identify barriers to good health and well-being for Chicago children and adolescents and (2) guide continuing efforts by Lurie Children's to improve child and adolescent health and well-being in Chicago. This document reviews the process that Lurie Children's has engaged in to produce this community health needs assessment, presents the community health needs assessment, and makes broad recommendations that will guide Lurie Children's continuing efforts to improve the health and well-being of Chicago children and adolescents.

The geographic area that is the focus of this CHNA is City of Chicago, the city that has been home to Lurie Children's throughout its 130 year history. However, because Lurie Children's serves children and adolescents across Illinois (especially those with medically complex conditions who cannot receive care at their community hospital) and often works to improve the public health of children across Illinois, where appropriate, the CHNA will consider health needs outside of Chicago.

CHNA purpose and goals

Each year, Lurie Children's makes significant investments in community health needs assessment and evaluation. The current CHNA works to build stronger connections to Lurie Children's organizational planning processes, evaluate community health needs, and report on current community health needs and efforts. The goals of the CHNA are to:

1. Identify areas of high need to prevent death and hospitalization for children and adolescents in Chicago and served by Lurie Children's;
2. Set priorities and goals using evidence as a guide for decision-making; and
3. Implement programs, policies, and advocacy efforts in order to better serve Lurie Children's patients and improve the health and well-being of the community.

The findings of the community health needs assessment are outlined in this report; a subsequent report will detail the implementation plan that is driven by the evidence from the Chicago community.

The CHNA process

Lurie Children's CHNA builds on a long history of public health focus on the part of the hospital. Beginning as early as the 1980s, Lurie Children's has embraced significant public health goals under the guidance of its Board of Directors. These goals include efforts to prevent prevalent risks to children and adolescents in Chicago and Illinois, such as: child abuse, firearm injury, community violence, childhood unintentional injury, HIV/AIDS, and childhood obesity. In the 1980's, Lurie Children's also developed the first practice-based research collaborative for pediatrics in the United States. The Pediatric Practice

Research Group now includes over 70 pediatric practices in Chicago and its suburbs and, in addition to conducting research, has served as a conduit for both the development of high quality pediatric care across the region and for community-focused interventions (such as improved lead screening, improved asthma management, improved childhood obesity screening and treatment, and public health needs assessment).

In preparing to conduct the CHNA, Lurie Children's brought together a team of internal leaders to make recommendations on how the needs assessment process should proceed. These recommendations were approved by the Lurie Children's Board of Directors in 2012. In addition to developing a plan to conduct the community health needs assessment itself, the recommendations also included refining internal processes at Lurie Children's to assure that the CHNA, and the programs guided by it, are well-integrated into Lurie Children's efforts to meet its mission. These recommendations are as follows:

(1) Build stronger connections between Lurie Children's community-focused efforts and our internal organizational planning process;

(2) Systematize and coordinate the many disparate community health needs assessment activities and programs that clinicians and researchers at Lurie Children's undertake; and

(3) Establish a more predictable mechanism for reporting community-focused activities to the Lurie Children's Board of Directors.

Table 1: Draft timeline for completion of the Lurie Children's community health needs assessment

Date	Milestone	Responsible group
December 2011	Assess data needs; catalogue community-oriented activities currently underway	Internal leaders
August 2012	Recommendations on how to conduct the Community Health Needs Assessment completed	Internal leaders
November 2012	Convene CHNA Steering Committee	Internal leaders
January 2013	Convene CHNA Committee	Internal leaders
March 2013	Complete data analysis for report	Child Health Data Lab
March 2013	Identify community needs to prioritize for implementation plan	CHNA Committee
May 2013	Develop principles of implementation plan; review community-oriented activities currently underway	CHNA Committee
August 2013	First CHNA written and approved by the Public Policy Committee of Lurie Children's Board of Directors	CHNA Steering Committee
September 2013	Implementation activities reviewed by staff and faculty	CHNA Steering Committee
November 2013	CHNA Implementation Plan written and approved by the Public Policy Committee of Lurie Children's Board of Directors	CHNA Steering Committee

Table 2: Lurie Children's CHNA Committee Members

Member	Role	Expertise
Patrick Magoon, President and CEO, Lurie Children's	Chair	Directs all activities and priorities for Lurie Children's
Lurie Children's staff		
Paula Noble, Chief Financial Officer	Senior Management	Oversees all financial commitments, including setting new priorities, for Lurie Children's
Monica Heenan, Chief Ambulatory Executive *	Senior Management	Oversees Lurie Children's case management program and other programs that focus on linking children with medical complexity to community support services
Susan Hayes Gordon, Chief Communications and External Relations Officer*	Senior Management	Oversees all community relations efforts for Lurie Children's
James Harisiades, MPH, Director, Child Advocacy	Community Advocacy Expert	With Lurie Children's faculty and staff, initiates and pilots innovative efforts to address community needs
Karen Sheehan, MD/MPH, Associate Chair for Advocacy, Department of Pediatrics, Feinberg School of Medicine*	Public Health Expert	Directs a multi-pronged Lurie Children's-sponsored program to reduce injury to Chicago children and adolescents
Adam Becker, PhD, Executive Director, Consortium to Lower Obesity in Chicago Children	Public Health Expert	Directs a Lurie Children's-sponsored program to reduce childhood obesity in Chicago, which has become a national model for other cities
Barbara Bayldon, MD, Primary Care Section Chair, Department of Pediatrics, Feinberg School of Medicine*	Primary care provider for the medically underserved	Directs a primary care clinic in a low income and racially and ethnically diverse community in Chicago; specializes in primary care for medically complex children.
External representatives		
Mary Driscoll, RN, Division Chief, Patient Safety and Quality, Illinois Department of Public Health	Public Health Expert	Has substantial experience in public health initiatives focused on maternal, infant, & child health

Member	Role	Expertise
Roderick (Eric) Jones, PhD, Director of Epidemiology, Chicago Department of Public Health	Public Health Data Expert in the city of Chicago.	Directs the CDPH analytics and epidemiology program; conversant in all public health data focused on child health
Berneice Mills-Thomas, Executive Director, Near North Health Services Corporation	Leader in medically underserved community for the African American population (north side of Chicago)	Directs a federally qualified health center serving nine low income, racially and ethnically diverse neighborhoods in Chicago
Lucy Gomez, Health Outreach Director, Logan Square Neighborhood Association	Leader in medically underserved community for Latino population (west side of Chicago)	Oversees the health programs for a community organization serving two low income and largely Hispanic communities, and a large public housing project
Omar Duque, President and CEO, Illinois Hispanic Chamber of Commerce	Leader in medically underserved community for Latino Population in Chicago	Is a leader among Hispanic business owners in Chicago and Illinois
Pamela Spadino, Lurie Children's Family Advisory Board	Parent of Lurie Children's patient	Former chair of the Lurie Children's Family Advisory Board and a parent of a child with medical complexity
Eric Schroeder, President, Lurie Children's Family Advisory Board	Parent of Lurie Children's patient	Current chair of the Lurie Children's Family Advisory Board and a parent of a child with medical complexity
Tim Weaver, Student, DePaul University	Lurie Children's patient	A young adult with medical complexity who has served on the Lurie Children's Youth Advisory Committee
AJ Williams, Student	Lurie Children's patient	A young adult with medical complexity who has served on the Lurie Children's Youth Advisory Committee
Staff Support		
Jill Fraggos, MPH, Director, Government Affairs*	Community Advocacy Expert	
Jenifer Cartland, PhD, Data Analytics and Reporting*	Public Health Data Expert	

* CHNA Steering Committee members.

The Lurie Children's community health needs assessment process involved several main activities, outlined in the timeline provided in Table 1:

- The convening and facilitation of the Community Health Needs Assessment Committee, which includes representatives of public health agencies, organizations that serve communities in Chicago that experience health disparities, and Lurie Children's patient population (see Table 2 for a list of committee members).
- The convening of a steering committee comprised of Lurie Children's leaders to shape and guide the CHNA Committee's work.
- The analysis and presentation of community health data by the Child Health Data Lab (CHDL), a research unit that is part of Lurie Children's MaryAnn and J. Milburn Smith Child Health Research Program.

The CHNA committee met four times from December 2012 through May 2013. Each meeting focused on a set of key decisions for the CHNA process:

Meeting 1:- December 13, 2012 /3:00-4:30 p.m.

1. Introduced CHNA process and brief the committee on Lurie Children's work to date.
2. Elicited feedback about the potential role of Lurie Children's in making Chicago the healthiest city in the nation for children.
3. The committee discussed the importance of organizations outside of the traditional health system in improving health and well-being for children and adolescents (such as schools and community organizations).

Meeting 2: January 30, 2013

1. Reviewed mortality, hospitalization, and emergency department use data for Chicago and Illinois.
2. Elicited feedback from the committee about geographic scope of the Lurie Children's CHNA.
3. Elicited feedback from the committee about the scope of health risks in order to focus the needs assessment.
4. A member of the committee stated that there is a need to help families with chronically ill children to prevent hospital readmissions. In addition, there is a need to support "borderline" kids out of the hospital.
5. Given that Lurie Children's serves medically fragile children from all over the State, the CHNA Committee said there is a need to provide support for children throughout Illinois.

Meeting 3: April 12, 2013

1. Reviewed the process of new program startup at Lurie Children's (expectations concerning piloting, testing effectiveness, budgetary process, etc.)
2. Reviewed Lurie Children's current community-oriented activities in the context of the needs identified in meetings 1 and 2.

3. Elicited committee feedback in regards to whether to expand/contract each effort, and identifying gaps.
4. One of the public health experts stated that given the high hospital admission rates of asthma in Chicago, Lurie Children's should reinvigorate its asthma prevention efforts.

Meeting 4: May, 6, 2013

1. Completed the work of Meeting 3 (elicited feedback on current Lurie Children's community-oriented programs).
2. Elicited committee feedback in regards to extending the committee's work and more fully integrating the committee's work into Lurie Children's strategic and operational planning.
3. One of the public health experts reiterated the dire need to bring more mental health services to children and suggested that Lurie Children's plays, and should continue to play, a key role in this arena.
4. The CHNA Committee established that it is not aware of any information gaps that would affect Lurie Children's ability to reach reasonable conclusions regarding the pediatric health needs of the community. The CHNA Committee determined it had access to the necessary data to complete the assessment.
5. The CHNA Committee stated that they wanted to continue to meet and to support the development of the implementation plan.

About Lurie Children's

Lurie Children's is an Illinois not-for-profit corporation and a charitable organization within the meaning of Section 501(c)(3) of the Internal Revenue Code. Lurie Children's is a pediatric hospital with 288 licensed inpatient beds and provides superior pediatric care in a setting that offers the latest benefits and innovations in medical technology, research and family-friendly design. It is the largest pediatric provider in the region with 1,245 medical staff in 70 pediatric specialties serving over 600,000 patients annually.

Lurie Children's commitment to serve children in Chicago and Illinois is at the core of its Mission, which highlights four priorities that drive all of Lurie Children's efforts in the hospital and in the community:

1. Pediatric health care delivery;
2. Research into the prevention, causes, and treatment of diseases that affect children;
3. Education for physicians, nurses, and allied health professionals; and
4. Advocacy for the general well-being of all children.

Lurie Children's has long used community-based needs assessment processes to guide its efforts to improve the overall health and wellness of Chicago children and adolescents. In 1998, Lurie Children's established the Child Health Data Lab (CHDL) to bring together needs assessment efforts for Lurie Children's community-based efforts and to evaluate community-based interventions that the hospital

had already invested in. Today, CHDL continues to produce reports that focus on injury, but has expanded these to also address youth risk behaviors, access to medical care, causes of infant mortality, and other topics that identify health needs of children and adolescents in Chicago and Illinois. Areas of focus have evolved out of conversations with governmental and non-governmental partners, as well as feedback from parents whose children are served.

Data and Methods

The CHNA draws data from a wide range of sources, taking advantage of data collected by public health agencies wherever possible (each data source is described in detail below). The CHNA makes heavy use of the Illinois mortality data, the Illinois Hospital Discharge Data System (or CompData), and the Chicago Youth Risk Behavior Survey. In addition, the CHNA employs two data systems whose development has been spearheaded by and are currently housed at Lurie Children's: The Illinois Violent Death Reporting System and the Illinois Health Survey for Youth. With initial work beginning in 2005, these data systems are being developed to address the relative paucity of public health data in Illinois focusing on the health needs of Chicago and Illinois youth.

In conducting this analysis, it was determined that 48% of the patients cared for at Lurie Children's are residents of the City of Chicago. Given this and the fact that City of Chicago is the home of Lurie Children's, it was decided to define the community for the purposes of the assessment as the City of Chicago. For issues related to medically complex children, the community is defined as the State of Illinois given that this population of children served at Lurie Children's travel from every corner of the State.

In line with good public health practice, the CHNA analysis began with a review of the leading causes of death and hospitalization for Chicago and Illinois children and adolescents to assure that the full range of serious health risks was considered. Once major health risks were identified, a deeper analysis was conducted. The analysis identified eleven major health risks to children and adolescents in Chicago.

The eleven major health risks became the focus of the eleven "Prioritized Needs Assessments." Other data sources were used to identify opportunities for preventability and/or a more targeted identification of the populations at highest risk (for example, certain age groups, certain racial or ethnic groups, and children living in certain neighborhoods) for each of these eleven areas. The CHNA Committee reviewed the data and provided input based upon each individual's expertise, knowledge and experiences, concerning the scope and severity, urgency, and feasibility and effectiveness of possible interventions. The CHNA Committee also reviewed available resources to provide pediatric health care resources in the community generally and to address the eleven areas of health risk for children. These resources are outlined in Appendix A.

Mortality data

Data describing causes of death were received for the most recent years available from the vital statistic files from the Illinois Department of Public Health (for State figures, 2007) and the Chicago Department of Public Health (for Chicago figures, 2008). Rates were calculated using 2010 US Census data.

Hospitalization and emergency department visits

Hospitalization data in this report were obtained from the Illinois hospital discharge database, CompData, which is maintained by the Illinois Hospital Association. Hospitalization cases include children and adolescents ages 0 to 19 who were discharged in calendar year 2011. Excluded cases were those who had expired and those not living in Illinois. Rates were calculated using 2010 US Census data.

Illinois Health Survey for Youth

The Illinois Health Survey for Youth (IHSY) consists of questions about the child's overall health status, healthcare access and utilization, screening and immunization, nutrition and physical activity, healthy living, child care, child emotional functioning, acute conditions, and chronic conditions.

Data collection occurred August 2011-August 2012. The survey sample includes completed interviews with 1679 adult parents of children ages 0-17 in Chicago, using a random digit dial procedure and comprised a subsample of cell phone numbers. The sample included a targeted oversampling of phone numbers most likely to be in 10 identified neighborhoods in Chicago where a greater percentage of the population was living below the poverty line, compared to the Chicago average. Data are weighted to reflect the overall youth population in the city of Chicago (US 2010 Census).

Illinois Violent Death Reporting System

The Illinois Violent Death Reporting System (IVDRS) is based on the National Youth Violent Death Reporting System (NVDRS). The project seeks to help researchers and policymakers determine the circumstances and risk factors associated with homicide, suicide, and other violent deaths by linking timely data from multiple sources. In Illinois, we collect this information in Cook, Kane, DuPage, McHenry and Peoria counties.

The Centers for Disease Control and Prevention (CDC) establishes standards for all of the state-level Violent Death Reporting Systems, such as the one in Illinois. The CDC defines a violent death as homicide, suicide, unintentional firearm death, death from legal intervention, death related to terrorism and death from undetermined causes.

All rates calculated for this assessment are based on resident deaths. Rates are not computed for fewer than six cases. All data are accurate as of the date received and are subject to change due to ongoing

investigations. Numbers will not always match other sources as IVDRS data are incomplete in some cases. Population data for IVDRS counties, including Chicago, is from 2010 US Census.

Chicago Youth Risk Behavior Survey

The Chicago Youth Risk Behavior Survey (YRBS) was completed in randomly selected public high schools in Chicago during the spring of 2011. The survey focuses on priority health-risk behaviors that result in the most significant mortality, disability, and social problems during both adolescence and adulthood. Questions cover nutrition, tobacco use, alcohol, and other drug use, physical activity, injuries, and sexual behavior resulting in sexually transmitted diseases and pregnancy. YRBS is one component of the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention, in collaboration with representatives from state and local departments of education and health, other federal agencies, and national education and health organizations.

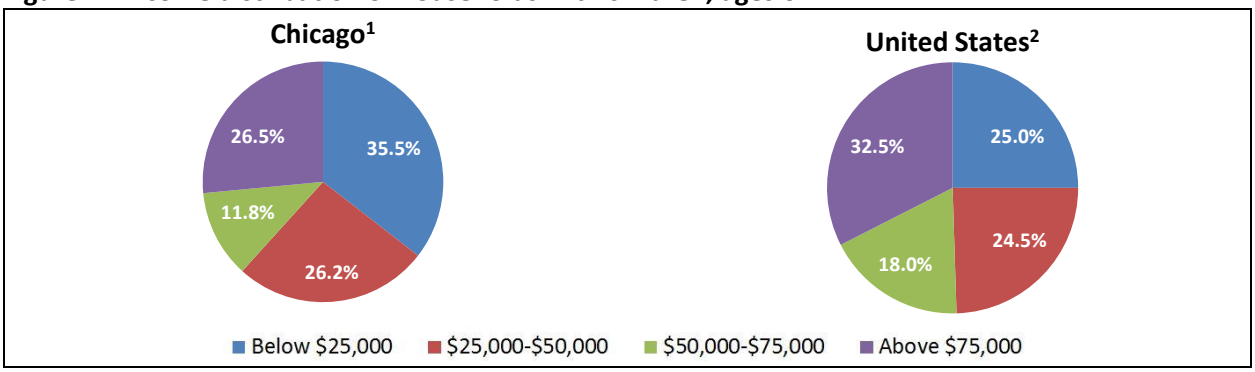
Key child population characteristics in Chicago

Like many large cities in the United States, Chicago has a disproportionate number of low income and/or minority families. Over 75% of children and adolescents in Chicago are minorities (Table 3) and more than 60% of children and adolescents in Chicago reside in households that earn less than $50,000 per year (Figure 1). Illinois offers Medicaid coverage through its All Kids program to children in households with incomes under 300% of the federal poverty level, which assures virtually universal health insurance coverage for Chicago children and adolescents, 60.9% of which are covered by Medicaid (Figure 2). In Chicago, 3.1% of children and adolescents have no health insurance, substantially lower than the national rate.

Table 3: Racial/ethnic and age distribution of Chicago children and adolescents, 2010				
Race/Ethnicity	**0-4**	**5-9**	**10-14**	**15-19**
White	22.5	18.7	13.7	16.3
Black	32.2	36.5	39.3	40.6
Hispanic	39.0	40.7	42.5	37.6
Other	6.4	4.2	4.5	5.5

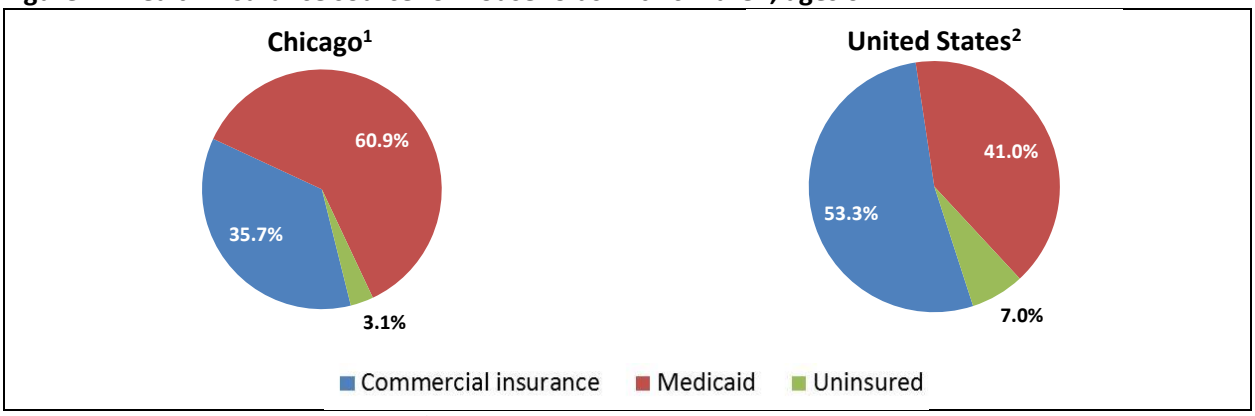
Note: American Community Survey, 2011 (US Census Bureau)

Figure 1: Income distribution of households with children, ages 0-17



[1] 2012 Illinois Health Survey for Youth; [2] American Community Survey, 2011 (US Census Bureau)

Figure 2: Health insurance source for households with children, ages 0-17



[1] 2012 Illinois Health Survey for Youth; [2] National Health Interview Survey, 2007

Overview of child and adolescent mortality and morbidity in Chicago

Specifically, there are two dominant causes of death to children and adolescents in Chicago. When an infant (under 12 months of age) dies, it is most likely caused by conditions arising from a perinatal or congenital condition, shown in the Table 4 as "exacerbation of complex condition". Of all the infants who died in Chicago in 2008, 75.7% died from these conditions. Such conditions are also a leading cause of death for older children, adolescents and young adults.

The second dominant cause of death to children and adolescents in Chicago is homicide, which is most prominent in adolescents and young adults, 15-24. Homicide is the cause of 62.6% of all deaths to Chicago adolescents and young adults.

For all age groups, unintentional injury accounts for a significant portion of deaths, with adolescents and young adults being the most likely to die from unintentional injury.

Table 4: Rank, number and rate of five leading causes of death for Chicago children and adolescents, by age group, 2008

	Age Group		
RANK	**0**	**1 to 14**	**15 to 24**
1	Exacerbation of Complex Condition	Exacerbation of Complex Condition	Homicide
N	168	27	213
rate	411.0	5.3	52.1
2	SIDS	Unintentional Injuries	Unintentional Injuries
N	18	22	66
rate	44.0	4.3	16.1
3	Unintentional Injuries	Homicide	Exacerbation of Complex Condition
N	13	12	41
rate	31.8	2.3	10
4	Respiratory Distress	Chronic Lwr Resp.Dis.	Suicide
N	12	4	16
rate	29.4	0.8	3.9
5	Bacterial Sepsis	Diabetes Mellitus	Influenza & Pneumonia
N	11	2	4
rate	26.9	0.4	1.0
rate	17.1	0.4	0.7
Total	**222**	**67**	**340**
rate	**560.3**	**13.1**	**82.8**

Notes: Rates per 100,000 residents in age group. "Exacerbation of complex conditions" includes a wide range of diagnoses that, when occurring in children, are likely associated with complex genetic, perinatal or chronic conditions.

Hospitalizations are more evenly distributed across the age groups, with children ages 5-9 being the least likely to experience hospitalization (Table 5). Exacerbations of complex conditions and unintentional injuries are major causes of hospitalization for all age groups. Respiratory diagnoses (including asthma) lead hospitalization causes for children ages 1-9, with mental health diagnoses being prominent in children ages 10 and older.

Table 5: Rank, number and rate of five leading causes of hospitalization for Chicago children and adolescents, by age group, 2011 (all hospitals)

	AGE GROUP				
RANK	**0**	**1 to 4**	**5 to 9**	**10 to 14**	**15 to 19**
1	Exacerbation of Complex Condition	Respiratory Dx	Respiratory Dx	Mental Health	Pregnancy & births
N	1674	2002	871	1969	4730
rate	4416.9	1320.6	545.3	1173.1	5316.9*
2	Respiratory Dx	Exacerbation of Complex Condition	Exacerbation of Complex Condition	Exacerbation of Complex Condition	Mental Health
N	1255	626	493	571	3127
rate	3311.4	413.0	308.7	340.2	1750.2
3	Ill-Defined Cond.	Unintentional Inj.	Mental Health	Respiratory Dx	Unintentional Injury
N	516	470	454	448	954
rate	1361.5	310.0	284.2	266.9	533.9
4	Digestive System	Ill-Defined Conditions	Digestive System	Digestive System	Exacerbation of Complex Condition
N	257	388	358	440	824
rate	678.1	255.9	244.1	262.2	461.1
5	Infections & Parasitic Dx	Skin & Subcutaneous	Unintentional Injuries	Unintentional Injuries	Digestive System
N	233	321	284	344	679
rate	614.8	211.7	177.8	205.0	380.0
Total	**3935**	**3807**	**2460**	**3772**	**5584****
rate	**10382.7**	**2511.2**	**1560.1**	**2247.4**	**3125.2****

Notes: *Rate does not include males; **Excludes "Pregnancy & Childbirth"; "Exacerbation of complex conditions" includes a wide range of diagnoses that, when occurring in children, are likely associated with complex genetic, perinatal or chronic conditions.

As the largest provider of pediatric acute hospital services in Illinois, Lurie Children's hospitalized patients differ somewhat from those across all other hospitals in Chicago (Table 6), and have needs that vary by geography. In general, Lurie Children's treats more children with exacerbations of complex conditions and somewhat fewer children and adolescents with mental health conditions. When examining hospitalizations for the children and adolescents who are not Chicago residents (Table 7), exacerbations of complex conditions are the top cause of hospitalization for all ages of children and

adolescents at Lurie Children's, pointing to the reality that children with medical complexity often travel significant distances to receive the care provided at Lurie Children's.

Table 6: Rank and number of five leading causes of hospitalization at Lurie Children's for Chicago children and adolescents, by age group, 2011

	AGE GROUP				
RANK	0	1 to 4	5 to 9	10 to 14	15 to 19
1	Exacerbation of Complex Condition	Respiratory Dx	Respiratory Dx	Exacerbation of Complex Condition	Mental Health
N	524	525	301	177	95
2	Respiratory Dx	Exacerbation of Complex Condition	Exacerbation of Complex Condition	Respiratory Dx	Digestive System
N	339	260	211	121	84
3	Ill-Defined Conditions	Ill-Defined Conditions	Digestive System	Mental Health	Exacerbation of Complex Condition
N	167	123	116	115	81
4	Digestive System	Skin & Subcutaneous	Unintentional Injuries	Digestive System	Unintentional Injuries
N	92	107	44	113	65
5	Infections & Parasitic Dx	Digestive System	Ill-Defined Conditions	Unintentional Injuries	Respiratory Dx
N	86	106	40	71	62
Total	**1208**	**1121**	**712**	**597**	**325**

Note: "Exacerbation of complex conditions" includes a wide range of diagnoses that, when occurring in children, are likely associated with complex genetic, perinatal or chronic conditions.

Table 7: Rank and number of five leading causes of hospitalization at Lurie Children's for Non-Chicago children and adolescents, by age group, 2011

	AGE GROUP				
RANK	0	1 to 4	5 to 9	10 to 14	15 to 19
1	Exacerbation of Complex Condition	Exacerbation of Complex Condition	Exacerbation of Complex Condition	Exacerbation of Complex Condition	Exacerbation of Complex Condition
N	499	446	317	331	245
2	Respiratory Dx	Ill-Defined Conditions	Respiratory Dx	Digestive System	Digestive System
N	122	124	115	108	101
3	Ill-Defined Conditions	Digestive System	Digestive System	Unintentional Injuries	Unintentional Injuries
N	74	98	96	107	98
4	Digestive System	Unintentional Injuries	Unintentional Injuries	Mental Health	Ill-Defined Conditions
N	64	85	71	105	66
5	Unintentional Injuries	Infections & Parasitic Dx	Mental Health	Musculoskeletal System	Mental Health
N	29	66	59	97	62
Total	**788**	**819**	**658**	**748**	**572**

Note: "Exacerbation of complex conditions" includes a wide range of diagnoses that, when occurring in children, are likely associated with complex genetic, perinatal or chronic conditions.

Prioritized needs assessment

The Prioritized Needs Assessments include eleven specific causes of poor health outcomes for children.

I. Motor vehicle injuries

Age group(s) at highest risk:

Adolescents, ages 15-19

Populations at highest risk:

West side, south side, southwest side, far south side

Preventability considerations:

Pedestrian injury accounts for approximately 30% of all motor vehicle injury hospitalizations.

Figure 3: Nonfatal motor vehicle-related injuries to Chicago children and adolescents, by age (rate per 100,000)

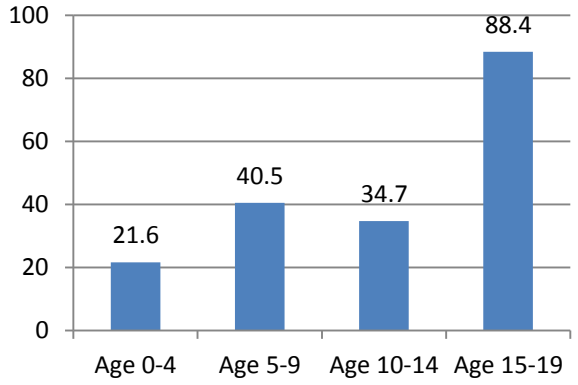


Table 8: Hospitalizations caused by motor vehicle-related injuries to Chicago youth, by age and residential region, 2005-2007 (rates per 100,000)

Age	Northwest	North	West	Central	South	Southwest	Far South	Chicago Total
0-4	8.5	9.4	27.3	*	41.9	29.0	14.9	21.6
5-9	16.3	15.1	41.1	*	48.4	29.8	34.8	40.5
10-14	19.0	9.1	49.4	*	48.4	29.8	34.8	34.7
15-19	100.8	59.3	105.7	67.7	69.2	79.5	65.8	88.4
All Ages	34.4	23.2	55.5	29.6	47.0	44.7	40.5	45.5
Deaths (2000-2007)	3.9	1.7	5.7	*	6.0	5.0	3.9	4.8

*Rate not calculated (fewer than six events)

Table 9: Hospitalizations caused by motor vehicle-related injuries to Chicago youth, by type of incident and residential region, 2005-2007 (rates per 100,000)

Type of incident	North-west	North	West	Central	South	South-west	Far South
Highway, occupant	5.5	3.7	7.6	*	5.4	4.9	4.0
Non-highway, occupant	14.6	8.6	10.4	*	13.4	11.5	9.8
Motorcycle, occupant	1.3	0.5	1.7	*	1.4	1.2	0.6
Pedestrian	10.6	9.6	28.8	*	22.4	24.2	23.4
Other/unspecified	2.5	0.7	7.0	*	4.3	2.9	2.6
Total	34.4	23.2	55.5	29.6	47.0	44.7	40.5

*Rate not calculated (fewer than six events)

II. Sports & Outdoor Activities

Age group(s) at highest risk:

Young adolescents, ages 10-14, and adolescents, age 15-19

Populations at highest risk:

Children who reside in the northwest, west, and far south regions of the Chicago

Preventability considerations:

The increase in injuries during early adolescence suggests an association with increasing competitiveness of youth sports, which typically occurs at that age.

Figure 4: Nonfatal sports and outdoor activities injuries in Chicago children and adolescents, by age (rate per 100,000)

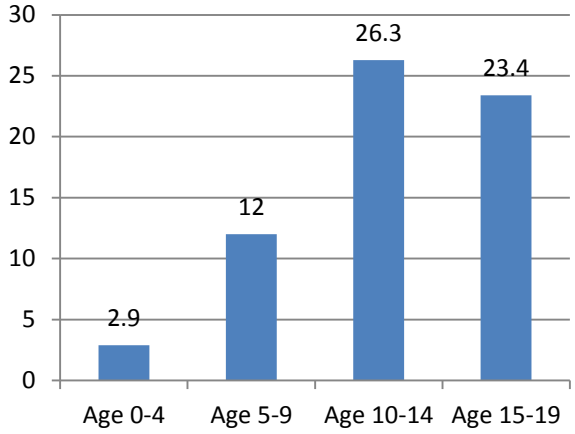


Table 10: Hospitalizations for sports-related injuries in Chicago youth, by age and residential region, 2005-2007 (rates per 100,000)

Age	North-west	North	West	Central	South	South-west	Far South	Chicago Total
0-4	*	*	*	*	*	4.6	*	2.9
5-9	8.6	9.1	7.0	*	*	15.0	11.7	12.0
10-14	30.6	17.1	33.2	*	18.1	19.3	24.7	26.3
15-19	29.3	16.8	23.4	*	15.4	17.9	25.6	23.4
All Ages	17.1	10.4	16.2	17.8	10.5	14.1	16.2	15.8
Deaths (2005-2007)	0.2	0.1	0.2	*	*	*	*	0.8

*Rate not calculated (fewer than six events)

Table 11: Hospitalizations for sports-related injuries in Chicago youth, by type of incident and residential region, 2005-2007 (rates per 100,000)

Type of incident	North-west	North	West	Central	South	South-west	Far South
Strike/fall in sports	7.8	3.7	6.3	*	4.3	5.3	8.1
Bicycle	6.8	2.0	7.9	*	5.1	6.8	5.8
Overexertion	1.8	*	1.5	*	*	*	1.7
Total	17.1	10.4	16.2	17.8	10.5	14.1	16.2

*Rate not calculated (fewer than six events)

III. Unintentional Poisoning

Age group(s) at highest risk:

Young children, ages 0-4, and adolescents, ages 15-19

Populations at highest risk:

For young children, those who reside on the west side, south side, and far south side are at the highest risk.

For adolescents, those residing on the north, northwest, and west sides are most at risk

Preventability considerations:

Young children are at highest risk of unintentional poisoning from solids or liquids, and from drugs. Adolescents are most at risk of unintentional poisoning from alcohol or drugs.

Figure 5: Nonfatal hospitalizations for unintentional poisonings in Chicago children and adolescents, by age (rate per 100,000)

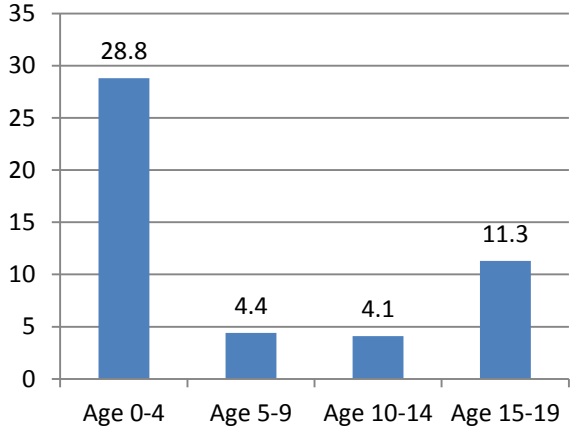


Table 12: Hospitalizations for unintentional poisonings in Chicago youth, by age and residential region, 2005-2007 (rates per 100,000)

Age	North-west	North	West	Central	South	South-west	Far South	Chicago Total
0-4	16.0	12.8	36.9	*	44.8	23.7	42.1	28.8
5-9	*	*	5.6	*	*	*	*	4.4
10-14	*	*	*	*	*	*	*	4.1
15-19	13.0	10.9	15.9	*	*	6.8	*	11.3
All Ages	8.5	7.2	15.3	20.7	15.2	9.2	14.2	12.7
Deaths	0.6	*	*	*	*	0.7	0.7	0.5

*Rate not calculated (fewer than six events)

Table 13: Hospitalizations for unintentional poisonings in Chicago youth, by type of incident and residential region, 2005-2007 (rates per 100,000)

Type of incident	North-west	North	West	Central	South	South-west	Far South
By gas	6.0	5.7	10.7	17.8	8.0	5.5	6.9
By solids or liquids	2.0	*	2.8	*	2.5	2.5	3.8
By drugs	*	*	1.8	*	4.7	1.2	3.5
Total	8.5	7.2	15.3	20.7	15.2	9.2	14.2

*Rate not calculated (fewer than six events)

IV. Falls

Age group(s) at highest risk:

Young children, ages 0-4

Populations at highest risk:

Children who reside in the west side, central region, south side, and southwest side of Chicago are at high risk.

Preventability considerations:

The high rate of hospitalizations for falls for very young children suggests the need for parent education.

Figure 6: Hospitalizations for falls in far South Chicago among children and adolescents, by age (rate per 100,000)

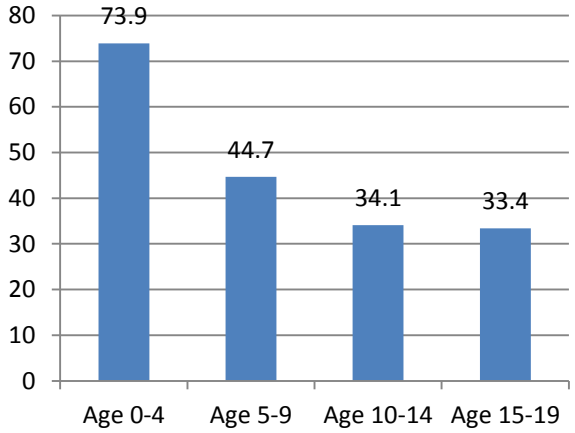


Table 14: Hospitalizations for falls in Chicago youth, by age and residential region, 2000-2007 (rates per 100,000)

Age	North-west	North	West	Central	South	South-west	Far South
0-4	67.3	67.9	108.0	98.7	93.3	95.8	73.9
5-9	42.0	50.3	48.5	22.7	35.4	36.1	44.7
10-14	34.8	29.1	39.1	29.2	39.1	29.6	34.1
15-19	41.9	33.0	38.5	38.1	21.3	23.7	33.4
All ages	47.1	46.7	58.8	48.8	47.5	47.0	46.0

*Rate not calculated (fewer than six events)

Table 15: Hospitalizations for falls in Chicago youth, by type of incident and residential region, 2000-2007 (rates per 100,000)

Type of incident	North-west	North	West	Central	South	South-west	Far South
Stairs	4.7	4.8	6.4	*	6.1	6.6	5.6
Building	2.9	3.3	5.3	*	3.5	3.4	2.2
Playground	4.4	5.0	3.9	*	4.1	2.3	5.0
Furniture	7.6	8.9	10.0	*	6.9	9.2	6.4
Different Levels	6.5	5.1	5.4	*	5.3	6.1	7.6
Tripping	5.6	5.8	5.6	*	7.6	4.3	4.4
Other Fall	11.8	10.9	15.2	*	9.4	10.1	10.5
Unspecified	3.6	2.9	7.0	*	4.6	5.0	4.3
Total	47.1	46.7	58.8	48.8	47.5	47.0	46.0

*Rate not calculated (fewer than six events)

V. Sleep-Related Infant Deaths

Age group(s) at highest risk:

Infants under 6 months of age.

Populations at highest risk:

African American infants in low income communities.

Preventability considerations:

92.5% of the children who died from undetermined causes were put to sleep in an unsafe manner.

Figure 7: Sleep-related infant deaths in Cook County, by race/ethnicity, 2003-2005 (rate per 1000 live births)

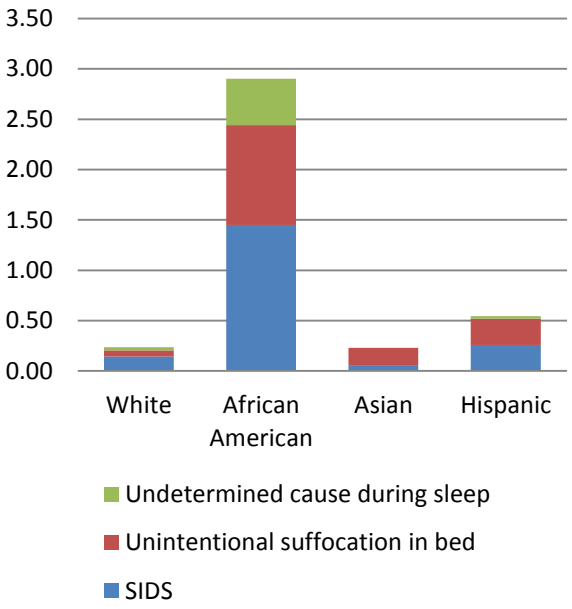


Figure 8: Residential location of infants who died from undetermined causes, 2005-2007

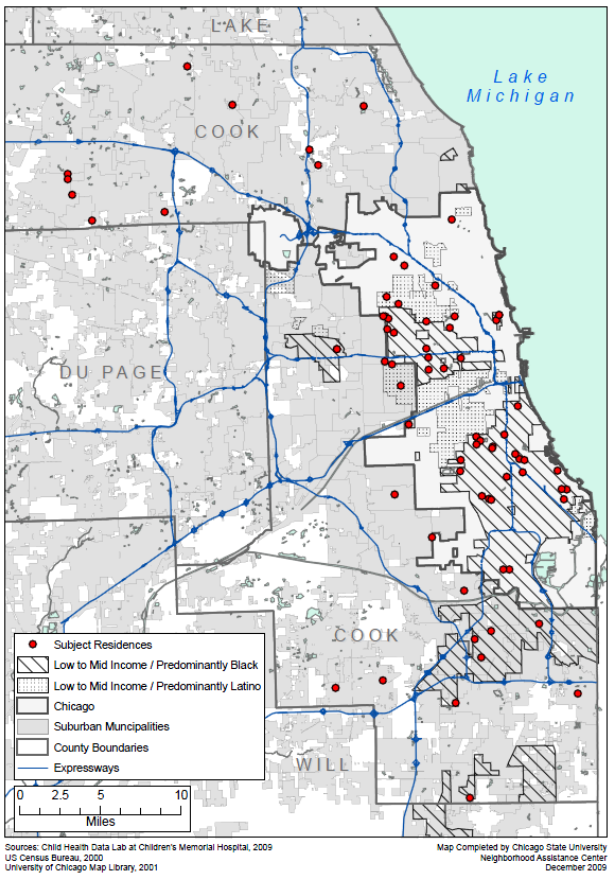


Table 16: Sleep circumstances of infants who died from 'undetermined' causes , 2005-2007

	Number	Percent
Sleep-related	67	97.1%
Placed on back		
• In crib or bassinet	5	7.5%
• Not in crib	20	29.9%
Not sleeping in crib/ bassinet		
• Bed sharing	38	56.7%
• Sleeping alone outside of a crib/bassinet	14	20.9%

VI. Firearm Injuries

Age group(s) at highest risk:

Adolescents, ages 15-19

Populations at highest risk:

Adolescents are at highest risk of firearm injury if they live in the following regions of the city: south side, far south side, west side, and southwest side. However, even youth in the lowest risk Chicago neighborhoods are at two or more times the risk of firearm injury than adolescents across Illinois.

Preventability considerations:

While the rate of firearm injury to Hispanic youth has dropped over time, the rate for African American youth continues to climb. Because of the lethality of firearms, the opportunities for intervention once a conflict has begun are limited.

Figure 9: Trend in firearm injury among Chicago children and adolescents by race/ethnicity (rate per 100,000)

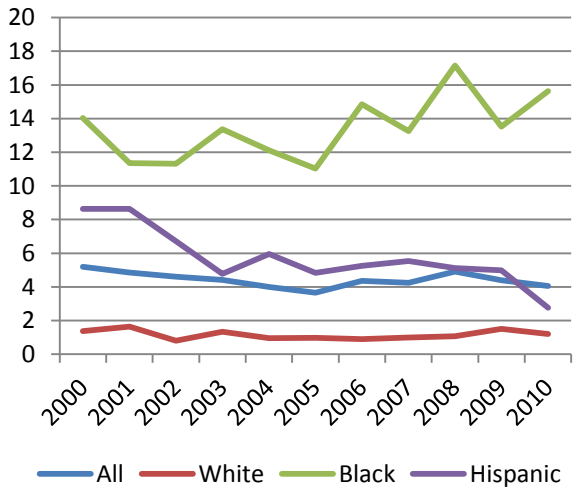


Table 17: Firearm incidents in Chicago youth, ages 15-19, by type of incident and residential region

Type of incident	Northwest	North	West	Central	South	South-west	Far South	Chicago Total
Fatal injuries, number[1]								
Homicide	6.5	5.4	14.5	11.3	20.2	14.6	16.0	12.3
Suicide	*	*	*	0.0	1.7	0.8	*	0.6
Unintentional	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Legal Intervention	*	0.0	*	0.0	*	*	*	0.3
Undetermined	*	0.0	0.0	0.0	0.0	0.0	0.0	*
Total	7.0	5.9	15.5	11.3	22.7	15.7	16.6	13.3
Nonfatal injuries, rate per 100,000[2]								
Assault	21.6	34.5	92.6	8.1	122.1	109.5	112.0	78.4
Suicide attempt	*	0.0	0.0	0.0	0.0	0.0	0.0	*
Unintentional	8.3	12.1	26.8	24.3	48.3	23.9	53.3	10.1
Total	34.0	54.4	140.0	32.3	184.6	144.7	179.2	77.7

*Rate not calculated (fewer than six events)

[1] IVDRS, 2005-2010, annualized rates

[2] CompData, 2011

Table 18: Firearm incidents in Chicago youth, ages 15-19, by race/ethnicity					
Race/Ethnicity	**Total**	**Assault/ Homicide**	**Suicide**	**Uninten-tional**	**Unknown intent**
Fatal injuries, number[1]					
Non-Hispanic White	3.9	*	3.3	0.0	0.0
Non-Hispanic Black	201.8	186.8	9.8	0.0	0.0
Hispanic	87.9	84.6	*	0.0	*
Asian	0.0	0.0	0.0	0.0	0.0
Nonfatal injuries, rate per 100,000[2]					
Non-Hispanic White	61.8	45.6	3.3	6.5	3.3
Non-Hispanic Black	799.3	534.6	0.0	188.3	67.2
Hispanic	240.9	169.7	0.0	43.9	22.7
Asian	13.9	0.0	0.0	13.9	0.0

*Rate not calculated (fewer than six events)

[1] IVDRS, 2005-2010

[2] CompData, 2011

VII. Child Abuse

Age group(s) at highest risk:

Young children, ages 0-4, for physical abuse, shaken infant, neglect, and unspecified abuse; young adolescents, ages 10-14, for sexual abuse.

Populations at highest risk:

Children residing in following regions of Chicago appear to be at the highest risk of child abuse: west side, south side, southwest side.

Preventability considerations:

These data are limited to children whose injuries require medical care. Hence, sexual abuse and neglect are likely to be under-reported relative to the other forms of abuse, which are more likely to trigger the need for emergency medical services.

Figure 10: Nonfatal child abuse injuries for Chicago children and adolescents, by age and type of abuse (rate per 100,000)

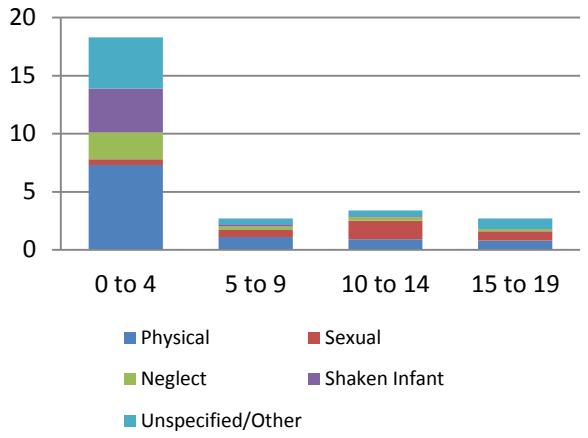


Table 19: Hospitalizations for child abuse injuries in Chicago youth, by type of incident and residential region, 2005-2007 (rates per 100,000)

Type of incident	North-west	North	West	Central	South	South-west	Far South
Physical- not abusive head trauma	3.0	2.2	5.5	*	3.5	3.3	2.6
Abusive Head Trauma	*	*	1.3	*		1.3	1.2
Sexual	1.2	*	2.1	*	1.3	2.0	1.0
Neglect		*	2.0	*	2.4	1.4	*
Other/Unspecified	1.2	0.8	4.4	*	4.6	3.2	3.3
Total	6.0	4.3	15.4	12.4	12.1	11.1	8.8

*Rate not calculated (fewer than six events)

VIII. Suicide/Depression

Age group(s) at highest risk:

Adolescents, ages 15-19

Populations at highest risk:

Adolescent boys

Preventability considerations:

Firearms and strangulations are most likely to result in death; poisonings and other methods are the most frequent cause of hospitalizations

Figure 11: Number of suicide deaths for Chicago youth, by weapon type and sex

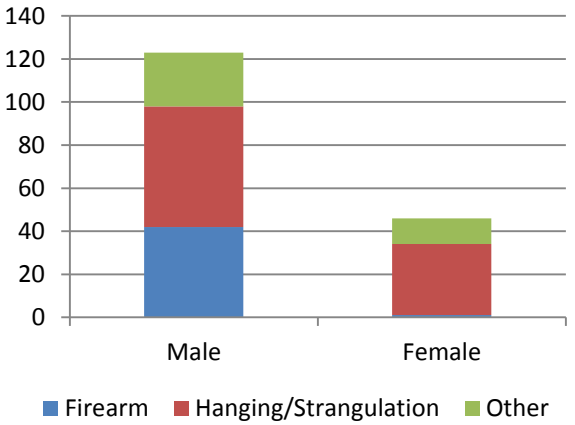


Table 20: Number of suicide deaths in Chicago youth, ages 15-19, by type of weapon and residential region, 2005-2010

Type of weapon	North-west	North	West	Central	South	South-west	Far South	Chicago Total
Firearm	1	3	4	0	6	6	1	21
Hanging/Strangulation	4	4	6	0	1	4	1	20
Other	0	0	0	4	0	2	0	6
Total	5	7	11	4	7	12	3	49

Source: IVDRS, 2005-2010

Table 21: Hospitalizations for suicide attempts and suicide deaths in Chicago youth, by type of weapon and residential region, 2011 (rates per 100,000)

Type of weapon	North-west	North	West	Central	South	Southwest	Far South	Chicago Total
Poisoning	46.5	33.7	36.0	72.8	44.0	45.1	49.1	42.6
Sharp Instrument	14.1	25.0	7.7	*	*	10.6	7.5	12.0
Other/Unspecified	6.6	*	*	0.0	*	4.6	5.3	6.3
Total	71.3	66.5	49.0	88.9	51.1	61.1	64.0	61.4

*Rate not calculated (fewer than six events); CompData, 2011

Table 22: Prevalence of suicidal thoughts, plans, and attempts among Chicago youth, by race and ethnicity, 2010

Race/Ethnicity	Suicidal Thoughts (% responding "yes")	Suicide Plans (% responding "yes")	Suicide Attempts (% responding "yes")
Non-Hispanic White	13.3	8.1	10.6
Non-Hispanic Black	14.8	13.3	16.5
Hispanic	14.6	13.2	16.9

Chicago Youth Risk Behavior Survey, 2011

IX. Asthma and Other Ambulatory Care Sensitive Conditions (ACS)*

Age group(s) at highest risk:

Children under age 7

Populations at highest risk:

Children on the West side of Chicago are most likely to have a hospitalization related to asthma or ACS

Preventability considerations:

Hospitalization can be prevented with access to primary care in a medical home.

Figure 12: Percent of hospitalizations for asthma and ambulatory care sensitive conditions in Chicago youth and adolescents, by age

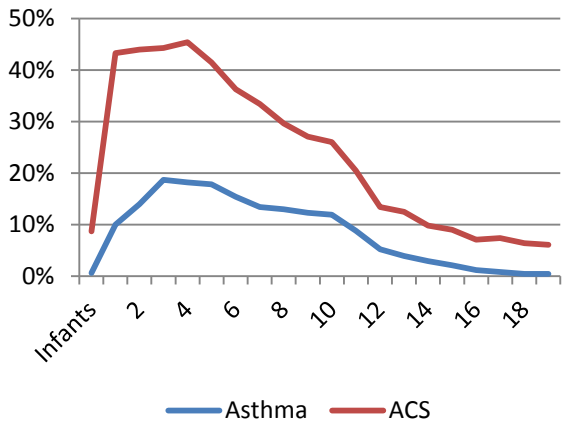


Table 23: Hospitalizations for all ACS Conditions in Chicago youth, by age and residential region, 2011 (rates per 100,000)

Age	North-west	North	West	Central	South	South-west	Far South	Chicago Total
0-4	1,356.5	1,062.3	2,167.2	1,072.4	1,668.4	1,929.2	1,769.6	1,633.5
5-9	593.0	519.9	869.7	784.7	759.0	614.6	782.4	679.7
10-14	372.5	324.5	533.7	313.5	563.4	387.6	471.6	433.4
15-19	353.5	366.2	560.8	154.3	448.7	523.2	585.2	471.3
All Ages	691.8	621.6	1,055.9	590.3	839.3	858.1	861.0	820.7

Table 24: Hospitalizations for all ACS Conditions in Chicago youth, by race/ethnicity and insurance type, 2011

	Insurance type (%)		
Race/ethnicity	**Medicaid**	**Private**	**Other/Unknown[1]**
Non-Hispanic, White	32.5	66.2	1.3
Non-Hispanic, Black	65.0	32.2	2.9
Hispanic	73.9	24.3	1.8
Asian	64.6	35.4	0.0
Other/Multi	66.2	32.7	1.1
Total	64.6	33.2	2.1

[1] Includes self-pay, Medicare and unknown; CompData 2011

* "Ambulatory care sensitive conditions" (ACS) is a term that is defined by the United States' Agency for Health Care Quality. ACS denotes conditions for which hospitalization may be prevented when access to high quality primary care is optimal. Asthma is the most prevalent ACS for children.

X. Complex Chronic Conditions

Age group(s) at highest risk:

Children and adolescents with complex conditions of all ages are at risk of hospitalization as a result of an unexpected exacerbation of their condition.

Populations at highest risk:

Infants are at highest risk of being hospitalized for a complex medical condition.

Preventability considerations:

Effective outpatient care coordination and care management can lessen the risk of hospitalization.

Figure 13: Percent of all admissions resulting from exacerbations of complex conditions at all hospitals and Lurie Children's (2011)

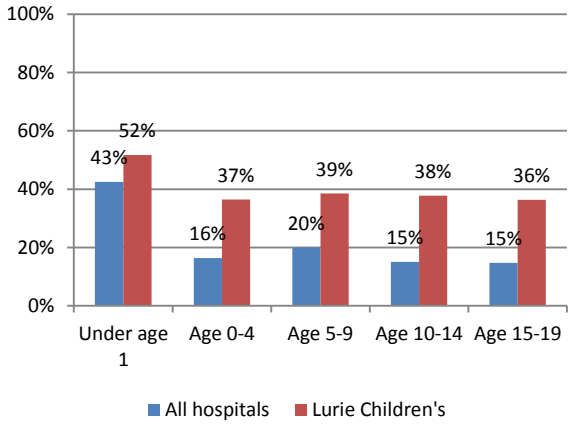


Table 25: Illinois residents aged 0-19 with medical complexity and their hospitalization patterns, 2011

		Percent of inpatient days	
3M Clinical Risk Grouping	Percent of hospitalized	All Illinois hospitals	Lurie Children's
CRG 1: Healthy	66.1%	44.6%	16.4%
CRG 2: Recent history of significant acute disease	5.9%	6.7%	4.9%
CRG 3: Single minor chronic disease	3.5%	6.5%	8.5%
CRG 4: Minor chronic disease(s) affecting 2 or more organ systems	0.2%	0.3%	0.5%
CRG 5a: Single dominant chronic disease	12.5%	18.8%	14.8%
Total for non-complex	**88.2%**	**77.0%**	**44.9%**
CRG 5b: Single life-long dominant chronic disease	3.9%	5.8%	12.3%
CRG 6: Dominant chronic disease affecting two or more organ systems	6.2	14.3%	23.1%
CRG 7: Dominant chronic disease affecting three or more organ systems	0.1	0.3%	1.2%
CRG 8: Malignancies	0.8	0.8%	6.5%
CRG 9: Catastrophic and progressive conditions	0.8	1.7%	11.9%
Total for complex	**11.8%**	**23.0%**	**55.1%**

Illinois Hospital Discharge Data (COMPdata), 2011.

XI. Obesity, Nutrition and Physical Activity

Age group(s) at highest risk:

Young adolescents, ages 10-14.

Populations at highest risk:

African American and Hispanic children and adolescents.

Preventability considerations:

Less than half of all children in Chicago meet any single 54321 Go! goal (see Table 28). Nonwhite children are less likely than white children to meet these goals.

Figure 14: Percent of Chicago children and adolescents (ages 2-17) by weight status

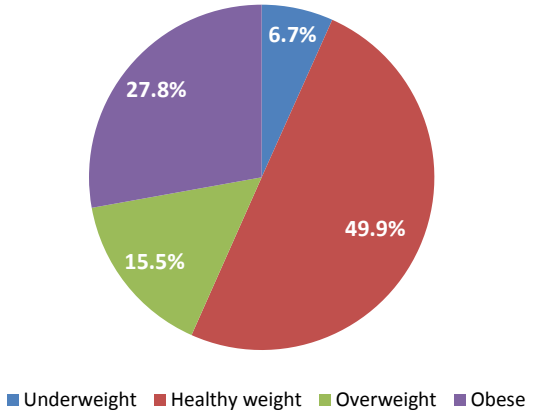


Table 26: Prevalence of overweight and obese youth in Chicago, by race/ethnicity, 2012[1]

	Race/ethnicity				
Weight status	Total	Non-Hispanic, White	Non-Hispanic, Black	Hispanic	Asian
Overweight (%)	15.9	8.4	21.2	15.4	9.9
Obese (%)	27.7	14.9	30.1	31.7	41.2
TOTAL (%)	43.6	23.3	51.3	47.1	51.1

Table 27: Prevalence of overweight and obese youth in Chicago, by age, 2012[1]

	Age (years)				
Weight status	Total	2-4	5-9	10-14	15-17
Overweight (%)	15.5	14.5	11.2	17.9	17.6
Obese (%)	27.8	32.5	44.2	20.7	17.1
TOTAL (%)	43.3	47.0	55.4	38.6	34.7

Table 28: Percent of Chicago children who meet the 5-4-3-2-1 Go! Goals[1]

		Race/ethnicity			
Meeting CLOCC 54321 Go! Goals	Total	Non-Hispanic, White	Non-Hispanic, Black	Hispanic	Asian
5 servings of fruits or vegetables	21.4	41.3	19.6	15.2	31.7
4 servings of water	38.5	40.7	48.4	29.3	33.6
3 servings of low fat dairy	30.4	36.5	25.1	32.4	36.5
2 hours or less of screen time	28.5	34.9	21.7	31.8	21.4
1 hour of active play	9.8	10.2	13.4	6.7	9.8

[1] Sample is weighted to reflect population of Chicago; IHSY (Round 1), 2012.

Recommendations

The CHNA committee reviewed the findings from the community health needs assessment and made the following broad recommendations:

(1) Lurie Children's should continue to play a leadership role working to improve the health and well-being of children and adolescents in Chicago and Illinois.

(2) While focusing the community health needs assessment primarily on Chicago, Lurie Children's should consider a wider geographic area for needs related to children with medical complexity. Lurie Children's provides services to children and adolescents from every county in Illinois and to children throughout the United States who have highly specialized needs. Restricting the community health needs assessment to Chicago, while helpful in many respects, would unnecessarily limit the scope of community-related services Lurie Children's could implement for children with medical or surgical complexity.

(3) Lurie Children's should consider dovetailing implementation plans, whenever possible, with the Affordable Care and Patient Accountability Act (ACA) to assure that it is using resources optimally and supporting the optimal implementation of the ACA's patient- and family-focused provisions.

(4) Lurie Children's should continue partnering whenever possible with like-minded organizations in Chicago and Illinois to assure coordinated and effective policy and advocacy efforts.

(5) The Lurie Children's CHNA Committee should continue to meet periodically, or a similar committee should be constituted to meet, to identify emerging community health needs, to assess Lurie Children's progress on implementation efforts, and to assess the effectiveness of those efforts.

(6) Consider the availability of other resources offered by agencies and community organizations that may be meeting these needs already, or that may partner with us in a new effort to address these needs.

Appendix A

Existing Resources in the Community for Prioritized Health Needs for Children

Health Need	Existing Resources in the Community	Contact for Resource
1. Motor Vehicle Injuries	Lurie Children's Injury Prevention & Research Center	https://www.luriechildrens.org/en-us/community/advocacy/Pages/injury-prevention-research-center.aspx
	Care Seat Check Ups in Chicago area	http://icsw.nhtsa.gov/cps/cpsfitting/ak/3/Findfitting.cfm?q_State=&q_Zip=60611
	Rincon Family Services- Discounted Car Seats	(773)564-9070
	Stroger Hospital – Discounted Car Seats	(312)864-2016
	Safe Kids Chicago/ Lurie Children's for educational workshops and discounted car seats	(312)227-6696
	Operation Teen Safe Driving	http://www.teensafedrivingillinois.org
	Illinois Chapter of American Academy of Pediatrics and Allstate	http://illinoisaap.org/projects/teensafe-driving
2. Sport and Outdoor Activities	Lurie Children's Injury Prevention & Research Center	https://www.luriechildrens.org/en-us/community/advocacy/Pages/injury-prevention-research-center.aspx
	Lurie Children's Sports Medicine Clinic	https://www.luriechildrens.org/en-us/care-services/specialties-services/institute-for-sports-medicine/Pages/index.aspx
	Walgreens Take Care Clinics - Athletic Physical Exams	https://www.walgreens.com/pharmacy/healthcareclinic/locations_wait-times.jsp
	CVS Minute Clinics - Athletic Physical Exams	http://www.minuteclinic.com/?WT.srch=1&utm_source=MSN&utm_medium=cpc&utm_term=cvs+minute+clinics&utm_campaign=paid%2Bsearch

Health Need	Existing Resources in the Community	Contact for Resource
3. Unintentional Poisoning	Lurie Children's Injury Prevention & Research Center	https://www.luriechildrens.org/en-us/community/advocacy/Pages/injury-prevention-research-center.aspx
	Illinois Poison Center	www.illinoispoisoncenter.org
4. Falls	Lurie Children's Injury Prevention & Research Center	https://www.luriechildrens.org/en-us/community/advocacy/Pages/injury-prevention-research-center.aspx
	Shanes Foundation – Educational Resources	http://www.shanesfoundation.org/
5. Sleep Related Infant Deaths	Lurie Children's Injury Prevention & Research Center	https://www.luriechildrens.org/en-us/community/advocacy/Pages/injury-prevention-research-center.aspx
	SIDS of Illinois	www.sidsillinois.org
	Kids in Danger	www.kidsindanger.org
6. Firearm Injuries	Department of Family & Support Services	http://www.cityofchicago.org/city/en/depts/fss.html
	Strengthening Chicago Youth	info@scy-chicago.org
	City of Chicago /Office of Violence Prevention	www.cityofchicago.org/city/en/depts/cdph/provdrs/violence_prev.html
7. Child Abuse	Lurie Children's Child Protective Service Team	https://www.luriechildrens.org/en-us/care-services/specialties-services/child-abuse-pediatrics/Pages/index.asp
	Prevent Child Abuse	www.preventchildabuse.org
	Chicago Children's Advocacy Center	www.chicagocac.org
8. Suicide/ Depression	Follow link for a list of mental health resources located in Chicago for children	

Health Need	Existing Resources in the Community	Contact for Resource
9. Asthma & other Ambulatory Conditions	Lurie Children's Allergy and Immunology Clinic	https://www.luriechildrens.org/en-us/care-services/specialties-services/allergy-immunology/Pages/index.aspx
	Stroger Hospital Asthma Clinics	www.cchil.org/pulmonary/clinics.html
	Respiratory Health Association of Metropolitan	http://www.lungchicago.org
	Greater Chicago Asthma Consortium	http://www.chicagoasthma.org
	Sinai Urban Asthma Institute	http://www.suhichicago.org/research-evaluation/asthma-management
	LaRabida Asthma Clinic	http://www.larabida.org/page-asthma
10. Complex Chronic Conditions	Lurie Children's specialty clinics	https://www.luriechildrens.org/en-us/care-services/specialties-services/Pages/index.aspx
	The Arc of Illinois	www.thearcofil.org
	Division of Specialized Care for Children	http://www.uic.edu/dscc/index.htm
	Maryville Academy	http://www.maryvilleacademy.org/subpages.asp?id=28&parentid=6
	Almost Home Kids	http://almosthomekids.net/
	Illinois Mentor	http://www.il-mentor.com/standard/page.aspx?guid=c1e4b152-9d16-4e35-a948-e8b02ffcbc25
	Aspire	http://www.aspireofillinois.org/
11. Obesity, Nutrition and Physical Activity	Consortium to Lower Obesity in Chicago Children (a program of Lurie Children's)	www.clocc.net
	Follow link to summary of organizations that help children with eating disorders	

Health Need	Existing Resources in the Community	Contact for Resource
	Chicago Department of Public Health	http://www.cityofchicago.org/city/en/depts/cdph/supp_info/clinical_health/food_and_nutritionalinformation.html