



2020-2022

Community Health Implementation Strategy

for Chicago youth, adolescents and families

luriechildrens.org/community

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



Ann & Robert H. Lurie Children’s Hospital of Chicago is one of the top pediatric hospitals in the nation, delivering the highest quality, family-centered care and high-impact research. Lurie Children’s mission is to enhance the health and well-being of all children. We are guided by the belief that all children need to grow up in a protective and nurturing environment where they are given the opportunity to reach their full potential.

Community Health Goals and Priorities

Lurie Children’s conducted a community health needs assessment (CHNA) in 2019 to better understand the health of children and adolescents in Chicago and to guide Lurie Children’s continuing efforts to improve the health and well-being of youth, consistent with our longstanding mission. The overarching goal of our community health strategy is *to improve the health and well-being of children and adolescents and advance health equity for youth and their families* – consideration of family context is a cross-cutting emphasis in our assessment and implementation strategy.

To minimize duplicative data requests and analyses, and to maximize the potential for hospitals in Chicago and Cook County conducting CHNAs to work together on shared priorities, Lurie Children’s participated in the development of the Alliance for Health Equity’s Collaborative CHNA. This effort, led by the Illinois Public Health Institute, involved 37 hospitals, six local health departments, and nearly 100 community-based organizations. Lurie Children’s extracted key findings from the Collaborative CHNA specifically related to children and adolescents age 0-19 years in Chicago for our CHNA. Lurie Children’s supplemented this by conducting, reviewing and analyzing additional primary and secondary data for Chicago youth.

Lurie Children’s CHNA combined the Collaborative CHNA, public health data, community input, existing research, existing plans, and other existing assessments to document the health status of communities within Chicago and to highlight health inequities and disparities that are negatively impacting child and adolescent health. The CHNA also provided insight into community-based assets and resources that should be supported and leveraged during the implementation of health improvement strategies.

Through the assessment process, we identified the following community health priorities:



Addressing social and structural determinants or influencers of health and improving access to care and community resources



Addressing risk factors, prevention, and management of chronic health conditions



Improving mental and behavioral health



Preventing unintentional and violence-related injuries and mortality

Community Health Implementation Strategy

Lurie Children’s Community Health Implementation Strategy is informed by our CHNA to address the health needs of youth and their families in the communities we serve. This plan will be the blueprint for our community health efforts over the next three years.

COMMUNITY HEALTH ACTION TEAMS

To help us develop our implementation strategy, we created four Action Teams – one for each community health priority. These Action Teams are chaired by Lurie Children’s clinical and public health experts and are comprised of over 50 leaders, physicians, nurses, social workers, and other community health experts (see **Appendix 1**).

The Action Teams’ objectives included:

- Identifying key strategies that Lurie Children’s will focus on in the 2020-2022 Community Health Implementation Strategy for each priority area
- Identifying key child and adolescent health metrics and outcomes for each priority

Over three planning sessions, each Action Team identified and prioritized strategies using an impact and feasibility framework. To address health disparities and disproportionate impact, a racial equity framework was utilized to integrate racial equity into the development of the implementation strategy. Going forward, the Action Teams will continue to steward the Implementation Strategy, including planning, execution and ongoing monitoring of strategies and activities.

IMPACT & FEASIBILITY FRAMEWORK

- Unique expertise and leadership** – is Lurie Children’s distinctively positioned to advance this work?
- Degree of change or progress** – will measurable advancement be made within the next three years?
- Power of effect on target population** – how impactful is this on intended population?
- Effective and data-driven** – is this an evidence-based strategy or promising innovation?
- Ownership and resources** – what program, division or expert will be the lead? Do we have the needed funding, staffing and other resources and partnerships? If not, how challenging might it be to secure?

RACIAL EQUITY FRAMEWORK

- Community engagement** – how have communities been engaged? Are there opportunities to expand engagement?
- Benefit/Burden** – who benefits from or will be burdened by what we are proposing?
- Consequences & impact** – what are potential unintended consequences? What can we do to enhance positive impacts or reduce negative impacts on communities of color?
- Accountability and communication** – how are we measuring and evaluating impact? What are our messages and communication strategies that will help advance racial equity?

Lurie Children’s Healthy Communities Internal and External Advisory Committees provided oversight and guidance on the development of the Implementation Strategy (see **Appendix 2** for list of members). The Implementation Strategy was presented to the Policy, Advocacy and Community Engagement Committee of Lurie Children’s Board of Directors on November 6, 2019 and was approved and unanimously adopted.

CROSS-CUTTING STRATEGIES

Lurie Children’s Community Health Implementation Strategy is outlined across four priority domains. These community health priorities are interconnected and interrelated, as are the strategies that advance our community health goal to promote health equity.

Health equity is a primary driver of health and wellness – specifically disparities due to inequities, which are unjust and avoidable. Health inequities can exist across many dimensions such as race, ethnicity, disability status, gender, sexual orientation, age, socioeconomic status and geography. Addressing the social, economic and structural conditions that lead to health disparities is paramount to helping our young people thrive and reach their full potential.

Adversity and trauma are also important influences on health – adverse childhood experiences or ACEs are traumatic events in childhood that can have lasting impacts on health throughout the lifespan. Like social and structural influencers of health, ACEs cut across our priority domains. While our aim is prevention and early intervention, we also must meet our youth and families where they are with a focus on building resilience.

There are many interconnected factors that impact health disparities – the solutions are also interrelated. Through the Action Teams, we identified and elevated several cross-cutting core strategies to address health disparities that are foundational to our community health efforts and will be implemented in **all** priority domains:



- Elevate youth voice to ensure youth are part of the process to inform our efforts
- Integrate racial equity lens to explicitly address racial disparities across various health outcomes
- Strengthen external partnerships (e.g., community partners, city agencies, federally qualified health centers, healthcare payors)
- Integrate community health training opportunities for the next generation of pediatric clinicians
- Prioritize evaluation and sustainability planning
- Advocate for policies that support children and families

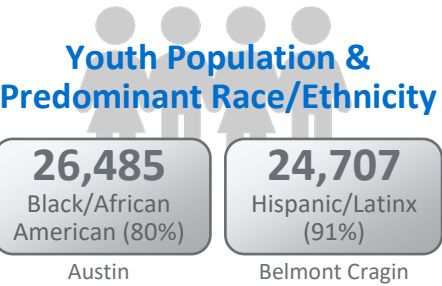
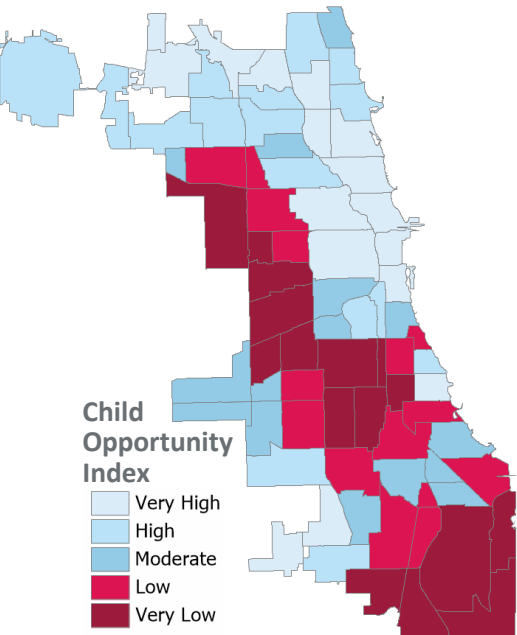
COMMUNITIES OF FOCUS

Lurie Children’s community health strategy prioritizes initiatives to support youth and families in under-resourced Chicago neighborhoods with significant health disparities. The Child Opportunity Index (COI) is a composite measure of socioeconomic, educational, and health factors, including food access, housing, proximity to health clinics and green space. The communities with a low or very low COI are Lurie Children’s priority communities of focus.

Recognizing the complex and interrelated nature of health challenges that youth and families face in these communities, we have also begun an intensive partnership in a more narrowly focused geographic area to try to move the needle on child and adolescent health outcomes.

Neighborhood-Based Initiative. Using neighborhood-level and Lurie Children’s data, including emergency room visits, potential child maltreatment referrals and mental health care waitlists, we identified Austin and Belmont Cragin as the communities of focus for our Neighborhood-Based Initiative.

This initiative allows us to address multiple priority areas in priority communities where children’s health is particularly compromised. Lurie Children’s is working with community organizations and leaders in Austin and Belmont Cragin to address the health needs of youth and families as identified by data, and importantly, those identified by community members.



HOSPITAL AND COMMUNITY COLLABORATIONS

We partner on a deep level with those who truly know their communities and share our values, so we can make a difference for youth and their families. We know we cannot do this work in isolation and we are committed to building authentic collaborations to enhance collective impact. See **Appendix 3** for a list of current and potential key community partners.

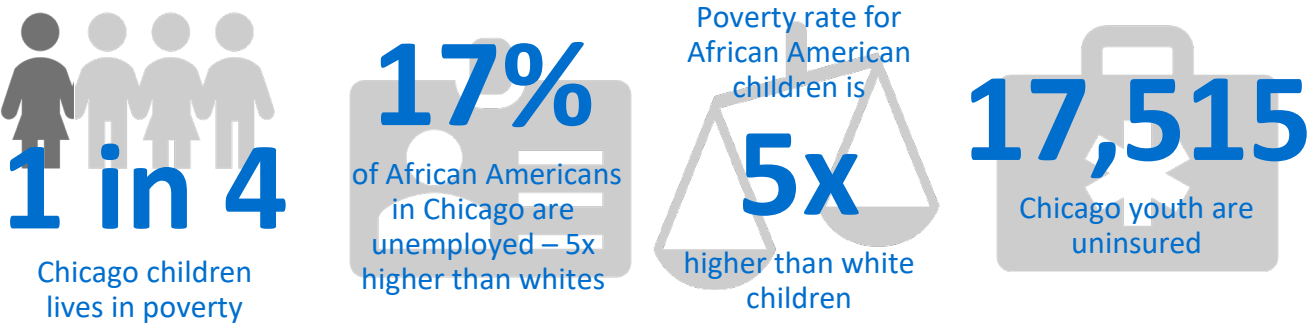
Alliance for Health Equity. In addition to the Collaborative CHNA, Lurie Children’s works with this hospital-community collaborative to improve population and community health through collective impact. The Alliance for Health Equity is a partnership between the Illinois Public Health Institute, hospitals, health departments, and community organizations across Chicago and Cook County. As a member of the Steering Committee, in addition to membership on various workgroups (e.g., community safety, data, food access, housing, policy, trauma-informed care and social determinants of health), Lurie Children’s ensures that the pediatric perspective is well represented.

Chicago HEAL Initiative. Lurie Children’s is one of 10 Chicago hospitals to join forces with U.S. Senator Dick Durbin (D-IL) to reduce violence as part of the Chicago Hospital Engagement, Action and Leadership (HEAL) Initiative. Senator Durbin launched the Chicago HEAL Initiative in October 2018 to bring together hospitals to make tangible commitments to reduce gun violence, heal the physical and mental trauma that violence inflicts on victims, increase well-paying jobs and create other economic opportunities in the neighborhoods they serve.

West Side United. In 2018, Lurie Children’s joined West Side United, a group of hospitals, funders and technical and community organizations working together on economic vitality, population health and community-driven initiatives to improve the health of individuals who live on the West Side of Chicago. The goal of this collaborative is to coordinate the efforts each individual hospital is undertaking to maximize overall positive impact and improve health equity with the objective of lowering the 16-year life expectancy gap between Chicago’s Loop and the West Side.

SOCIAL AND STRUCTURAL INFLUENCERS OF HEALTH & ACCESS TO CARE

Goal: Address social and economic needs and structural inequities that impact health and well-being and improve access to care and community resources



Economic development

“People from the community should be involved in the building up and supporting businesses that reflect the community.” – Community resident

Access to care

“You need access to people that can help us get access to care.” – Community resident

Racism & discrimination

“It feels like this structural racism is impacting everything. I mean whether we’re talking about the meetings we can attend, whether we’re talking about the properties we can buy because of redlining, whether we’re talking about being able to afford insurance. It really permeates everything from economics to education to even the way that we think.” – Community resident

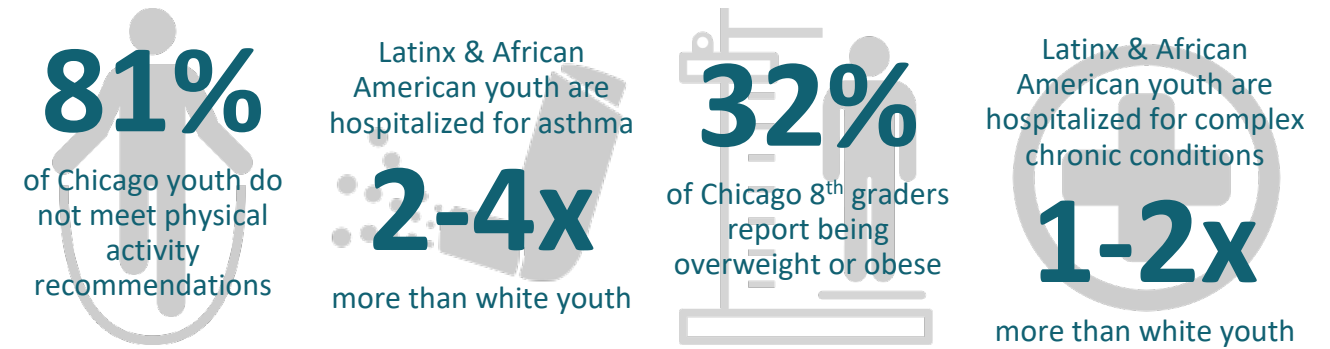


Social and Structural Influencers of Health & Access to Care

STRATEGIES	KEY METRICS
Increase “anchor mission” activities – hiring, purchasing, investment and workforce development	<ul style="list-style-type: none">• Employees and physicians hired from target community areas; analyze by race/ethnicity• Internships and apprenticeships• Procurement and investments made
Implement screening to identify patients with social and economic needs, connect to community-based resources and develop and support community-level interventions	<ul style="list-style-type: none">• Patients screened, and social needs identified• Referrals and linkages to services• Top social needs identified, and community-level interventions developed, launched and evaluated
Develop and implement community-based strategies to support parents/caregivers	<ul style="list-style-type: none">• Parents/caregivers connected to evidence-based programming• Child/family serving organizations and staff engaged and trained• Parent/caregiver and community partner changes in knowledge, skills and attitudes
Develop and implement plans to address racism in healthcare both internally and externally	<ul style="list-style-type: none">• Patient statistics and outcomes by race/ethnicity• Care equity plans implemented• Employees and physicians engaged in racial equity education and skill development; changes in knowledge, skills and attitudes• Racial equity health outcomes research• Patient family experience and employee engagement surveys by race/ ethnicity
Support policy priorities of the Collaborative for Children's Health Policy	<ul style="list-style-type: none">• Advocacy outcomes; legislation passed/ defeated• Policy priorities defined, and advocacy plans developed• Partner and legislator engagement
Launch and enhance mobile health services	<ul style="list-style-type: none">• Patient visits and service types• Students remaining in school compliant with health requirements• Community provider communication and linkages• Health promotion delivered; changes in participant knowledge, skills and attitudes• ED visits from target communities

CHRONIC HEALTH CONDITIONS

Goal: Address risk factors, prevention and management of chronic health conditions



Food access

“We want to eat healthy, but we can’t afford it. A head of lettuce went up to \$2 and a cheeseburger is \$1.”
– Community resident

Asthma management

“I don’t do things that I can’t do because I don’t want it to get worse. I used to play basketball, but my asthma started coming back. I can’t do what I did last year.” – Community resident

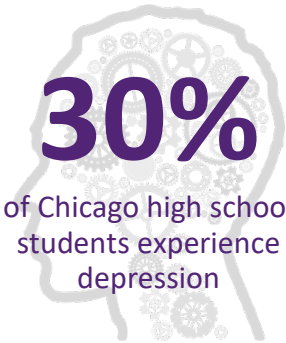


Chronic Health Conditions

STRATEGIES	KEY METRICS
Expand supportive services (e.g., care coordination, linkages to primary care physicians, transition to adult services) for children and adolescents with chronic health conditions and medical complexities	<ul style="list-style-type: none">• Patients in case management/care coordination• Care coordination quality outcomes and cost savings• Integrated Health Home implementation• Telehealth connections
Enhance partnership with schools to support youth with chronic health conditions	<ul style="list-style-type: none">• School days missed and graduation rates• Patients supported with Individualized Education Program or 504 plan and other supportive educational services• School and student engagement and capacity building• Schools achieving Healthy CPS designation
Identify, prevent and manage risk factors that impact chronic health conditions with the greatest racial disparities (e.g., asthma, obesity, food allergies)	<ul style="list-style-type: none">• ED visits and hospitalizations; length of stay and readmissions by chronic condition• Patient and population health tracking (e.g. body mass index, food allergies, asthma) by community area and race/ethnicity

MENTAL AND BEHAVIORAL HEALTH

Goal: Improve mental and behavioral health, including substance use disorders



Youth Voice Survey
Youth ranked **substance use** and **mental health** as two of the top three health problems in their community

“Mental health is one of the most important things that we talked about today. Stress and anxiety, when not treated, can lead to a lot of other issues.” – Community resident



Mental and Behavioral Health

STRATEGIES	KEY METRICS
Develop and implement a systems approach to build trauma-responsive environments across youth-serving sectors (e.g., schools, community pediatricians, after-school programming)	<ul style="list-style-type: none">• Build and pilot Trauma-Responsive Schools Designation and Trauma-Responsive Environments tools• Schools achieving Trauma-Responsive Schools Designation• Academic data (e.g., achievement, discipline, absenteeism)• Partner engagement, capacity building and training; changes in knowledge, skills and attitudes
Build capacity of community-based pediatric providers in under-resourced communities to recognize and treat mental health conditions	<ul style="list-style-type: none">• Providers/trainees trained and engaged in learning collaborative; changes in provider knowledge, skills and attitudes• Mental and behavioral health screenings, diagnoses and linkages to services• ED visits and hospitalizations
Develop and implement a multi-tiered public health model to address youth substance use and abuse (e.g., alcohol, opioids, marijuana, e-cigarettes/tobacco)	<ul style="list-style-type: none">• Youth self-reported substance use and abuse behaviors (e.g., Youth Risk Behavior Survey, Illinois Youth Survey)• Scope of and response to public education campaign• Student engagement and education; changes in knowledge, skills and attitudes• Substance use screenings and follow-up• ED visits and hospitalizations

UNINTENTIONAL INJURY AND VIOLENCE

Goal: Prevent unintentional and violence-related injuries and mortality

In 2017, African American boys were
14x
more likely to die from gun violence than all other Chicago youth

221
sudden unexpected infant deaths in Chicago between 2011 and 2015

324
children under 8 years old not using car seats suffered serious injuries in motor vehicle crashes between 2011 and 2014

Healthy Chicago Survey, Jr.
In 2018, parents rated **gun violence** as the top social issue affecting children and adolescents in Chicago

“Everyone in the city is suffering from some level of trauma due to fear.” – Community resident



Unintentional Injury and Violence

STRATEGIES	KEY METRICS
Lead and facilitate efforts to access and link injury and violence data across systems and collaborate with community partners to use data and disseminate findings	<ul style="list-style-type: none">• Quality assessment of injury and violence data; development of quality improvement plans as needed• Identification and utilization of new data systems• Partners and agencies engaged in linking data
Expand and refine injury prevention activities to address injury issues with the greatest racial disparities (e.g., gun violence, sleep-related death, child abuse, drownings, traumatic brain injury) and other emerging hazards	<ul style="list-style-type: none">• Educational sessions focused on prevention• Partners trained; changes in knowledge, skills and attitudes• Safety products distributed by zip code• Monitoring of injuries using improved data systems• ED visits and hospitalizations

Appendices

APPENDIX 1: COMMUNITY HEALTH ACTION TEAMS CO-CHAIRS

Social Influencers of Health and Access to Care

- Nia Heard-Garris, MD, MSc
- Mary Kate Daly

Mental and Behavioral Health

- Rachel Ballard, MD
- Colleen Cicchetti, PhD
- Maria Rahmandar, MD

Chronic Health Conditions

- Sabrina F. Derrington, MD
- Lesly Whitlow, DNP, MBA, RN

Unintentional Injury and Violence

- Rebecca Carl, MD
- Karen Sheehan, MD, MPH

Action Teams are comprised of clinical and public health experts from the following departments and programs across Lurie Children’s:

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| <ul style="list-style-type: none">• Academic General Pediatrics• Care Coordination• Center for Childhood Resilience• Child Abuse Pediatrics• Child and Adolescent Psychiatry• ConnecTeen• Consortium to Lower Obesity in Chicago Children• Data Analytics and Reporting• Emergency Medicine• Evaluation Core• External Affairs/Government Relations• Family Services/Social Work• Health Information Management• Hospital-Based Medicine• Human Resources | <ul style="list-style-type: none">• Injury Prevention & Research Center• Lurie Children’s Health Partners Clinically Integrated Network• Lurie Children's Healthy Communities• Nursing• Patient-Family Experience• Pediatric Critical Care Medicine• Pediatric Pulmonology• Pediatric Surgery• The Potocsnak Family Division of Adolescent and Young Adult Medicine• Smith Child Health Research, Outreach and Advocacy Center• Sports Medicine• Strengthening Chicago’s Youth• Telemedicine |
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APPENDIX 2: HEALTHY COMMUNITIES ADVISORY COMMITTEES

External Advisory Members

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| <ul style="list-style-type: none">• Jake Ament, Director, Neighborhood Network, LISC Chicago• Kenneth Fox, MD, Chief Health Officer, Chicago Public Schools• Pat Garcia, MD, Associate Dean for Curriculum and Professor of Obstetrics and Gynecology and Medical Education, Northwestern University Feinberg School of Medicine• Lauren Gorter, Lurie Children's Board• Darlene Hightower, Vice President, Community Health Equity, Rush University Medical Center• Erika Holliday, Past President, Lurie Children's Family Advisory Board• Mike Kelly, General Superintendent and CEO, Chicago Park District• Norman Kerr, Director of Violence Prevention, City of Chicago | <ul style="list-style-type: none">• Michelle Martinez, Lurie Children's Family Advisory Board• Elizabeth McChesney, Director, Children's Services and Family Engagement, Chicago Public Library• Michelle Morales, CEO, Mikva Challenge• Julie Morita, MD, former Commissioner, Chicago Department of Public Health• James Rudyk, Executive Director, Northwest Side Housing Center• Smita Shah, President and CEO of SPAAN Tech, Inc, and Lurie Children's Board Member• Darnell Shields, Executive Director, Austin Coming Together• Monsignor Kenneth Velo, Big Shoulders Fund, DePaul University and Lurie Children's Board |
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Internal Advisory Members

- | | |
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| <ul style="list-style-type: none">• Rishi Agrawal, MD, Hospital-based Medicine• Barb Bayldon, MD, Academic General Pediatrics and Primary Care• Adam Becker, PhD, Consortium to Lower Obesity in Chicago Children• Jennifer Calligan, Marketing and Communications• Colleen Cicchetti, PhD, Center for Childhood Resilience• Mary Kate Daly, Healthy Communities• Matthew M. Davis, MD, MAPP, Community Health Transformation• Kelli Day, Healthy Communities• Jill Fraggos, Government Relations• Mariana Glusman, MD, Academic General Pediatrics and Primary Care• Chris Haen, Care Coordination• Susan Hayes Gordon, External Affairs• Marie Heffernan, PhD, Voices of Child Health in Chicago• Amy Hill, Injury Prevention & Research Center• Cynthia LaBella, MD, Sports Medicine• Jennifer Leininger, Strengthening Chicago's Youth and Adolescent Medicine | <ul style="list-style-type: none">• Rebecca Levin, Strengthening Chicago's Youth• Maryann Mason, PhD, Illinois Violent Death Reporting System• Anya Maziak, Lurie Children’s Foundation• Nell McKitrick, Center for Childhood Resilience• Mo Otting, Emergency Medicine• Stephanie Pelligra, Pediatrics Administration and Operations• Madiha Qureshi, Teamwork to Reduce Infant, Child and Adolescent Mortality• Maria Rivera, Workforce Development, HR• Andrea Romaniuk, Population Health, Information Management• Ellen Rosendale, Family Services• Susan Ruohonen, Family Services• Corinne Sadecki-Lund, Emergency Medicine• Michelle Sagan, MD, Orthopedic Surgery & Sports Medicine• Parag Shah, MD, Hospital-based Medicine• Karen Sheehan, MD, MPH, Healthy Communities• Tracie Smith, Data Analytics and Reporting |
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APPENDIX 3: CURRENT AND POTENTIAL KEY COMMUNITY PARTNERS

Lurie Children’s is grateful for longstanding and new community partners who share a commitment to improving child health equity in Chicago. Below is a list of partners that will be updated regularly as we continue to work together to develop and implement evidence-based programs and initiatives.

- Access Living
 - Afterschool programs
 - AIDS Foundation of Chicago
 - Allergy Asthma Network
 - Alliance for Health Equity
 - ALSO
 - Alternatives, Inc.
 - Archdiocese of Chicago
 - Austin Coming Together
 - Boys & Girls Club
 - Bright Star Church and Community Outreach
 - Broadway Youth Center
 - BUILD
 - Cabrini Green Legal Aid
 - Catholic Charities
 - Chicago Children's Advocacy Center
 - Chicago Children's Theater
 - Chicago HEAL Initiative
 - Chicago House
 - Chicago Medical-Legal Partnership for Children
 - Chicago Park District
 - Chicago Police Department
 - Chicago Public Libraries
 - Chicago Public Schools, charter, private and Catholic schools
 - Chicago Recovery Alliance
 - Chicago United for Equity
 - Chicago Youth Programs
 - Children's Home + Aid
 - ChildServ
 - City of Chicago and city-level child-serving agencies
 - Communities United
 - Community Anti-Drug Coalitions of America
 - Community development financial institutions (CDFIs)
 - Community mental health providers
 - Community Organizing and Family Issues (COFI)
- Enlace
 - Equality Illinois
 - Erickson Institute
 - EverThrive Illinois
 - Federally Qualified Health Centers (FQHCs)
 - Girl Scouts of Greater Chicago and Northwest Indiana
 - Golden Apple
 - Haymarket Center
 - Health & Safety Institute
 - Health and Medicine Policy Research Group
 - Heartland Alliance
 - Home healthcare agencies
 - Hospital partners
 - Howard Area Community Center
 - Illinois Chapter, American Academy of Pediatrics
 - Illinois Childhood Trauma Coalition
 - Illinois Children's Healthcare Foundation
 - Illinois Children's Mental Health Partnership
 - Illinois Collaboration on Youth (ICOY)
 - Illinois Council Against Handgun Violence
 - Illinois Hospital Association
 - Illinois Justice Project
 - Illinois Public Health Institute
 - Illinois Safe Schools Alliance
 - Injury Free Coalition for Kids
 - Institute for Public Health and Medicine
 - Kennedy Forum Illinois
 - La Casa Norte
 - Lawrence Hall Youth Services
 - Legal Council for Health Justice
 - LISC Chicago
 - Malcom X City College of Chicago and other community colleges
 - Metropolitan Family Services
 - Midwest Asian Health Association
- Mikva Challenge
 - Ministers Leaders Network
 - Mothers of Children Having Allergies (MOCHA)
 - NAMI (National Alliance on Mental Illness)
 - New Life/Urban Life Skills
 - Northwest Side Housing Center
 - Northwestern University Feinberg School of Medicine
 - NowPow
 - Ounce of Prevention
 - Partnership for Resilience
 - Prevention First
 - Primo Center
 - Project ECHO
 - Respiratory Health Association
 - Safe Kids Worldwide
 - Salvation Army
 - School-based health centers
 - Sesame Street
 - SGA Youth & Family Services
 - State of Illinois and state-level child-serving agencies
 - Substance abuse programs/providers
 - TASC
 - Teamwork Englewood
 - The Center on Halsted
 - The Changing Children's Worlds Foundation
 - Thresholds
 - UCAN
 - UMOJA
 - United Way
 - University partners
 - Voices for Illinois Children
 - Voices of Youth in Chicago Education (VOYCE)
 - West Side United
 - Westside Ministers Coalition
 - YMCA of Metropolitan Chicago
 - Youth Guidance
 - Youth Outreach Service

Lurie Children’s Community Health Needs Assessment and Implementation Strategy are publicly available online at luriechildrens.org/community. For additional questions, please contact Lurie Children’s Healthy Communities at healthycommunities@luriechildrens.org.