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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 (CHNA) 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 current document outlines the implementation plan that resulted from the community health needs assessment.

The Lurie Children’s implementation plan development 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 implementation plan builds on Lurie Children’s 30 year commitment to advocacy and community partnerships to improve child and adolescent wellbeing in Chicago and Illinois. The implementation plan focuses on the eleven areas that were the focus of the Targeted Needs Assessment included in the community health needs assessment finalized in July, 2013. Each of the eleven focus areas includes:

- A high level review of the data that were presented in more detail in the community health needs assessment.
- Identification of key existing community resources that address the focus area.
- A description of the current program and policy activities that Lurie Children’s is engaged in for the focus area.
- A description of our implementation effort going forward, as informed by the CHNA committee.

Lurie Children’s CHNA committee makes three overarching recommendations:

(1) Continued strong commitment to the reduction of unintentional and intentional (violent) injury to children and adolescents in Chicago, the better management of asthma and other ambulatory care sensitive conditions in the community setting, and the prevention of obesity and overweight.

(2) In collaboration with community and statewide partners, seek ways to reduce sleep-related infant death and seek ways to increase the availability of and access to high quality mental health services for children and adolescents.

(3) Expand the hospital’s ability to partner with community based providers to improve services and outcomes for children and adolescents with medical complexity living in Chicago and Illinois.

The CHNA committee will continue to meet periodically to assess Lurie Children’s progress on these efforts and to identify emerging issues that may suggest a need to refine the recommendations made during the implementation planning process.
Implementation Plan

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 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 a previous report; the current report details the implementation plan that is driven by the evidence from the Chicago community.

The implementation planning process
To conduct the implementation planning process, the CHNA committee considered the findings of the community health needs assessment in the context of the many community focused activities Lurie Children’s and its physicians and staff members currently engage in. It also considered lessons learned in launching and sustaining these efforts over the hospital’s 30 years of experience conducting this work.

The committee created a logic model which led the committee through the process of aligning hospital activities with the quantifiable needs identified through the needs assessment process. Table 1 is an example of the logic model activity. Detailed implementation plans for each area that was highlighted in the Targeted Needs Assessment were developed and are presented here.
<table>
<thead>
<tr>
<th>Community need</th>
<th>Lurie Children’s activities</th>
<th>CHNA Committee Reflections</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Condition</strong></td>
<td>Current</td>
<td>Appr. current funding level*</td>
</tr>
<tr>
<td><strong>Intentional injury</strong></td>
<td>7. Child Maltreatment Awareness</td>
<td>&lt;$50K</td>
</tr>
<tr>
<td>The leading cause of death for Chicago adolescents and young adults; one of the top ten leading causes of death for infants.</td>
<td>8. Coping with Crying</td>
<td>&lt;$50K</td>
</tr>
<tr>
<td><strong>Under age 3 (child abuse)</strong></td>
<td>9. BUFI Safe Passage Program</td>
<td>None.</td>
</tr>
<tr>
<td><strong>School age</strong></td>
<td>10. Strengthening Chicago Youth</td>
<td>$50K-100K</td>
</tr>
<tr>
<td><strong>Asthma, chronic pulmonary issues</strong></td>
<td>11. Improving Community Asthma Through a Student Media-based Research Intervention</td>
<td>&lt;$50K</td>
</tr>
<tr>
<td>(respiratory diagnoses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All ages</td>
<td>12. Community-Linked Mental Health Services Program, Department of Child and Adolescent Psychiatry</td>
<td>&gt; $200K</td>
</tr>
<tr>
<td><strong>Mental health</strong></td>
<td>13. Teacher Training on ADHD/Learning Disorders and Classroom Management Strategies</td>
<td>&lt;$50K</td>
</tr>
</tbody>
</table>

* Funding levels are approximated and are intended to indicate the overall size and maturity of the program. Funding sources are often multiple (seed funding from hospital, philanthropy, etc.)
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.

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**Existing Resources in the Community**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact for Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Car Seat Check Ups in Chicago area</td>
<td><a href="http://icsw.nhtsa.gov/cps/cpsfitting/ak/3/Findfitting.cfm?q_State=&amp;q_Zip=60611">http://icsw.nhtsa.gov/cps/cpsfitting/ak/3/Findfitting.cfm?q_State=&amp;q_Zip=60611</a></td>
</tr>
<tr>
<td>Rincon Family Services- Discounted Car Seats</td>
<td>(773)564-9070</td>
</tr>
<tr>
<td>Stroger Hospital – Discounted Car Seats</td>
<td>(312)864-2016</td>
</tr>
<tr>
<td>Safe Kids Chicago/ Lurie Children’s for educational workshops and discounted car seats</td>
<td>(312)227-6696</td>
</tr>
<tr>
<td>Operation Teen Safe Driving</td>
<td><a href="http://www.teensafedrivingillinois.org">http://www.teensafedrivingillinois.org</a></td>
</tr>
</tbody>
</table>

**Current Lurie Children’s activities addressing motor vehicle injuries:**

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe on the Road</td>
<td>Provides products and education to children and their families to keep the children safe while traveling (pedestrian, car, bike)</td>
</tr>
<tr>
<td>Buckle Up for Life</td>
<td>Provides education on motor vehicle safety from birth through adulthood, and free safety seats by partnering with local churches.</td>
</tr>
</tbody>
</table>

**Policies/Bills**

<table>
<thead>
<tr>
<th>Policies/Bills</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injuries to Children</td>
<td>Lurie Children’s engages in policy and program initiatives that reduce unintentional injuries to children through community-based interventions, public policy, educational, advisory, and public health initiatives.</td>
</tr>
</tbody>
</table>

**Implementation effort:**

---
Lurie Children’s adopted an institutional policy position on unintentional injuries to children in 1994. This position guides our policy and program activities going forward.

Lurie Children’s has provided free and reduced price car seats to parents for twenty years, and continues to do so. Parents are also provided free instruction on how to safely install and use car seats. Lurie Children’s provides car seats for children with special health care needs. Each year approximately 800 car seats are distributed and 500 car seats are checked for safety. In addition, the Injury Prevention and Research Center has trained staff members at fourteen hospitals and community agencies throughout the Chicago area as Child Passenger Safety Technicians (CPSTs). After completing training, these CPSTs provide the assistance on the proper installation and usage of car seats to the clients at their agencies.

Lurie Children’s has been and continues to be a vocal advocate for motor vehicle safety and has helped pass legislation to expand car seat use to children through age 8, seat belt use for all passengers, expanded use of bicycle helmets, and graduated licensure for adolescent drivers. As a result of these types of efforts, hospitalizations and deaths due to motor vehicle injuries have dropped by approximately 20% since 2000.

Since 2008, the Lurie Children’s Injury Prevention and Research Center has distributed over 5,000 free bicycle helmets at over 90 bike and pedestrian safety events. In the past year, Lurie Children’s has been instrumental in supporting the installation and evaluation of speed cameras in Chicago schools zones to prevent bicycle and pedestrian injury.

To address cultural differences in the use of safety equipment, the Injury Prevention and Research Center has engaged ten churches with largely African American or Latino congregations in 2012 and, since then, has distributed an additional 800 car seats through these church programs.

**Anticipated impact:**

1. Continued reduction in the rate of deaths and hospitalizations due to motor vehicle injuries among children and adolescents in Chicago.
2. Continued reduction in the rate of deaths and hospitalizations due to pedestrian injuries among children and adolescents in Chicago.
3. Reduction in the rate of deaths due to bicycle crash injuries among children and adolescents in Chicago.

**Evaluation plan:**

Continue to track the rate of deaths and hospitalizations due to motor vehicle injuries, pedestrian injuries and bicycle injuries among children and adolescents in Chicago using Illinois vital statistics data.
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 Chicago

**Preventability considerations:**
The increase in injuries during early adolescents suggests an association with increasing competitiveness of youth sports, which typically occurs at that age.

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**Existing Resources in the Community**

<table>
<thead>
<tr>
<th>Existing Resource</th>
<th>Contact for Resource</th>
</tr>
</thead>
</table>

**Current hospital activities addressing sports & outdoor activity injury:**

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe on the Road</td>
<td>Provides products and education to children and their families to keep the children safe while traveling (pedestrian, car, bike)</td>
</tr>
<tr>
<td>Safe at Play</td>
<td>Increases playground surveillance, advocates for safe play areas, and creates new playgrounds</td>
</tr>
<tr>
<td>Knee Injury Prevention</td>
<td>Coach training on neuromuscular exercises to prevent knee injuries in high school female athletes</td>
</tr>
<tr>
<td>Concussion Education for Contact Sports Athletes, Parents and Coaches</td>
<td>Formulates and implements sport concussion educational programs for coaches and families</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policies/Bills</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injuries to Children</td>
<td>Lurie Children’s engages in policy and program initiatives that reduce unintentional injuries to children through community-based interventions, public policy, educational, advisory, and public health initiatives.</td>
</tr>
</tbody>
</table>
Implementation effort:

Lurie Children’s adopted an institutional policy position on unintentional injuries to children in 1994. This position guides our policy and program activities.

The Lurie Children’s Institute for Sports Medicine offers the Knee Injury Prevention Program (KIPP®), a neuromuscular training program designed to reduce the risk of anterior cruciate ligament (ACL) and other lower extremity injuries among female adolescent athletes, funded by the Lurie Children’s Office of Child Advocacy. An evaluation of the program indicated a high level of effectiveness. Since 2006, this program has been provided at no cost to over 2000 athletes in Chicago Public Schools with funding and support from the Chicago Fire professional soccer team and Kohl’s Cares, and continues to be provided each year. Please see the Program Spotlight.

The Institute for Sports Medicine also works closely with partners to educate athletes, parents, and coaches about sports-related concussions and to assure young athletes who experience concussion receive proper treatment. We have worked the Illinois High School Association (IHSA) to develop concussion recognition materials for coaches and IHSA Concussion Protocols. As a result, in 2011, the Illinois General Assembly passed legislation to assure that youth with concussions are removed from play until cleared for play by an appropriate medical professional. Due to the success in Illinois, U.S. Senator Richard Durbin introduced legislation to make this a federal requirement in 2013. We continue to work with the State of Illinois and Senator Durbin’s office on this issue.

The Injury Prevention and Research Center works closely with the Chicago Park District and other partners to improve safety at playgrounds and park district activities:

- IPRC periodically evaluates the safety of Park District’s 500 playgrounds, Chicago Public School playgrounds, and child care play lots. This information is used to set priorities for Park District capital improvements and repairs, assuring that the safety of the children using the playgrounds is the highest priority. Because of this work, in 2013, the Chicago Park District committed to replacing all of its aging playgrounds over the next several years.
- Since 2000, IPRC has rebuilt 17 playgrounds in Chicago, by raising philanthropic funding and organizing the playground build in partnership with the Chicago Park District. Playgrounds at private facilities (e.g., child care centers) have also been rebuilt.
- In 2011, one of our clinicians developed a program to train Park District coaches on prevention and treatment of concussions. These trainings are ongoing.

Anticipated impact:

1. Reduction in the rate of preventable injury in Chicago public school athletes.
2. Implementation of regulations to reduce and treat concussions during athletic events in Chicago children and adolescents.
3. Reduction in the rate of playground-related injury to Chicago children.

Evaluation plan:

Track knee injury and concussions during sports activities and playground-related injury using Chicago hospital emergency department discharge data.
PROGRAM SPOTLIGHT: Knee Injury Prevention Program

How can coaches learn to implement KIPP?
The Institute for Sports Medicine offers two options for learning KIPP:
- An interactive, two-hour training session can be conducted for coaches at your school.
- A free online training course is available at instituteforteamsportsmedicine.org

Both options teach coaches how to:
- Recognize risk factors associated with serious knee injuries
- Incorporate KIPP exercises into their team’s typical warm-up routine
- Instruct athletes how to recognize unsafe knee positions and improve muscle control of knee motion

Participating coaches receive educational materials, training tools and instructional videos of all the KIPP exercises.

Your school also may be able to provide continuing education credits to coaches who participate.
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.

![Nonfatal hospitalizations for unintentional poisonings in Chicago children and adolescents, by age (rate per 100,000)](chart)

<table>
<thead>
<tr>
<th>Existing Resources in the Community</th>
<th>Contact for Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois Poison Center</td>
<td><a href="http://www.illinoispoisoncenter.org">www.illinoispoisoncenter.org</a></td>
</tr>
</tbody>
</table>

**Current hospital activities addressing unintentional poisoning:**

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe at Home</td>
<td>Provides products and education to children and their families to keep the children safe at home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policies/Bills</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injuries to Children</td>
<td>Lurie Children’s engages in policy and program initiatives that reduce unintentional injuries to children through community-based interventions, public policy, educational, advisory, and public health initiatives.</td>
</tr>
</tbody>
</table>

**Implementation effort:**

Lurie Children’s adopted an institutional policy position on unintentional injuries to children in 1994. This position guides our policy and program activities.

Lurie Children’s has two efforts concerning reducing the risk of unintentional poisoning. The first effort is incorporated into our Safe at Home program, which prepares home safety bags for new parents that include unintentional injury prevention education materials and tools for at risk families. Each month, approximately 100-200 home safety bags are distributed by staff at twenty-seven nonprofit and city agencies that provide home visiting services to at-risk families. Organizations distributing the bags prepared by Lurie Children’s include the Chicago Department of Public Health, Children’s Home and Aid Society, and John H. Stroger Hospital of Cook County. Unintentional poisoning materials are key component of these packets.
Lurie Children’s is also an Urban Pediatric Satellite of the Illinois Poison Center and has trained more than 200 Lurie staff from various departments as Poison Educators for the Illinois Poison Center; in FY 2012, our clinical staff placed 199 calls to the Illinois Poison Center on behalf of our patients.

Furthermore, Lurie Children’s is partnering with the Metropolitan Chicago Healthcare Council on a legislative initiative to support sustainable funding for the Illinois Poison Center – a hotline that parents and clinicians can call when a poisoning is suspected. In FY 2013, approximately 80,000 calls were placed statewide to the Illinois Poison Control Center. State funding for this vital program was substantially reduced in 2009. It is anticipated that state legislation will be introduced in 2014.

**Anticipated impact:**

1. Reduction in unintentional poisoning for Chicago infants and toddlers.

**Evaluation plan:**

Track unintentional poisonings for infants and toddlers using Chicago hospital emergency department discharge data.
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.

**Existing Resources in the Community**

<table>
<thead>
<tr>
<th>Contact for Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lurie Children’s Injury Prevention &amp; Research Center</td>
</tr>
<tr>
<td>Shanes Foundation – Educational Resources</td>
</tr>
<tr>
<td><a href="http://www.shanesfoundation.org/">http://www.shanesfoundation.org/</a></td>
</tr>
</tbody>
</table>

**Current hospital activities addressing falls:**

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop the Falls</td>
<td>An educational and product distribution campaign window fall prevention effort</td>
</tr>
<tr>
<td>Safe at Home</td>
<td>Provides products and education to children and their families to keep the children safe at home</td>
</tr>
<tr>
<td>Safe at Play</td>
<td>Increases playground surveillance, advocates for safe play areas, and creates new playgrounds</td>
</tr>
<tr>
<td>Policies/Bills</td>
<td>Description</td>
</tr>
<tr>
<td>Unintentional Injuries to Children</td>
<td>Lurie Children’s engages in policy and program initiatives that reduce unintentional injuries to children through community-based interventions, public policy, educational, advisory, and public health initiatives.</td>
</tr>
</tbody>
</table>

**Implementation effort:**

Lurie Children’s adopted an institutional policy position on unintentional injuries to children in 1994. This position guides our policy and program activities.

Lurie Children’s Injury Prevention and Research Center developed and implements an annual education campaign in collaboration with Chicago Transit Authority and the Chicago Department of Public Health to raise awareness about window falls in small children. This campaign is launched each spring as the weather warms to instruct parents to open their window only four inches. Since the campaign began in 2001, window fall injuries in very young children have decreased significantly in Chicago. The campaign has recently been expanded to the suburbs. Please see the Program Spotlight.
Anticipated impact:

Continued reduction in window falls for Chicago area children under age four.

Evaluation plan:

Track window falls (to the extent possible) for children under age four using Chicago hospital emergency department discharge data and data from Chicago area trauma centers.
PROGRAM SPOTLIGHT: Stop the Falls
(Annual Public Media Campaign)

Stop the Falls. Follow the 4-inch rule:

Small steps can save a child’s life:
- Never open windows more than 4 inches
- Open windows from the top down, if possible
- Move furniture away from windows

Remember: Screens keep bugs out, not kids in!

Luriechildrens.org/kohlscares

¡Ponga fin a las caídas siguiendo la regla de las cuatro pulgadas!

Con pequeñas precauciones se puede salvar la vida de un niño:
- Nunca abra las ventanas más de 4 pulgadas
- Si es posible, abra las ventanas por la parte superior
- Aleje los muebles de las ventanas

Recuerde: Los mosquiteros mantienen los insectos fuera, no a los niños adentro

Luriechildrens.org/kohlscares
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.

![Graph showing sleep-related infant deaths in Cook County, by race/ethnicity, 2003-2005 (rate per 1000 live births)]

**Existing Resources in the Community**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact for Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIDS of Illinois</td>
<td><a href="http://www.sidsillinois.org">www.sidsillinois.org</a></td>
</tr>
<tr>
<td>Kids in Danger</td>
<td><a href="http://www.kidsindanger.org">www.kidsindanger.org</a></td>
</tr>
</tbody>
</table>

**Current hospital activities addressing sleep-related infant deaths:**

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe at Home</td>
<td>Provides products and education to children and their families to keep the children safe at home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policies/Bills</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injuries to Children</td>
<td>Lurie Children’s engages in policy and program initiatives that reduce unintentional injuries to children through community-based interventions, public policy, educational, advisory, and public health initiatives.</td>
</tr>
<tr>
<td>HB 3052 HAM 001: Ban Crib Bumper Pads (supports)</td>
<td>Prohibits a commercial dealer, manufacturer, importer, distributor, wholesaler, or retailer from selling, offering to sell, leasing, or offering to lease a crib bumper pad in the State.</td>
</tr>
</tbody>
</table>

**Implementation effort:**

Through the Illinois Violent Death Reporting System (IVDRS), maintained by Lurie Children’s Child Health Data Lab, the issue of sleep-related infant death has received increased visibility. The Injury Prevention and Research Center supports the AAP’s safe sleep guidelines and is exploring additional evidence-based interventions and provides this training as part of its Baby Safety Showers. Furthermore, Lurie Children’s is partnering with Near North Health Services Corporation (a federally qualified health clinic serving a low income, African American population) to develop a plan to address this issue for families at high risk for sleep-related infant death.
Anticipated impact:

No known intervention has successfully reduced sleep related infant death in the population most at risk in Chicago. Thus, the goal for this initial period is to develop a demonstration project in partnership with an FQHC (Neath North Health Services Corporation) that will show potential for impact.

Evaluation plan:

1. Track sleep-related infant deaths through the Illinois Violent Death Reporting System.
2. Progress on the development of an effective intervention for the population at risk in Chicago.
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 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 fatality of firearms, the opportunities for intervention once a conflict has begun are limited.

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

Existing Resources in the Community

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact for Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening Chicago’s Youth</td>
<td><a href="http://www.scy-chicago.org">www.scy-chicago.org</a></td>
</tr>
</tbody>
</table>

Current hospital activities addressing firearm injuries:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUFI (Black United fund of Illinois) Safe Passage Program</td>
<td>Increases Children’s safety as they travel to and from school each day. Evaluation of the program has been completed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policies/Bills</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Position on Violence Prevention</td>
<td>Lurie Children’s engages in policy, program and research initiatives to prevent violent injury to children and adolescents and reduce their exposure to violence, engage in initiatives to support evidence-based gun violence prevention policies, and engage in initiatives to support juvenile justice policies that reflect evidence regarding adolescent development.</td>
</tr>
<tr>
<td>HB 1189: Background Checks</td>
<td>This bill will enact two of the strongest tools aimed to keeping guns from entering the illegal market and supports the violence prevention strategy that Lurie Children’s has supported.</td>
</tr>
<tr>
<td>HB 183: Concealed Carry</td>
<td>Lurie Children’s supported provisions including an extensive list of prohibited places where people cannot carry concealed firearms, the preservation of the ban on assault weapons in Chicago and important improvements to the mental health</td>
</tr>
</tbody>
</table>
SB 69: Firearm Owners-Loss/Theft (supports)  
Provides that if a person who possesses a valid Firearm Owner's Identification Card and who possesses or acquires a handgun thereafter loses or misplaces the handgun, or if the handgun is stolen from the person, the person must report the loss or theft to the local law enforcement agency within 72 hours after obtaining knowledge of the loss or theft.

SB 1171/HB 1143: Firearm Owners Identification Card Act-Private Owners (supports)  
Provides that the federally licensed firearm dealer shall conduct a background check on the prospective recipient of the firearm and follow all other applicable federal, State, and local laws as if he or she were the seller of the firearm.

HB 2592: Prevention of Gun Trafficking Act (supports)  
Provides that it is a Class 4 felony for any person to engage in the business of selling, leasing, or otherwise transferring firearms or ammunition without a dealer permit issued by the Department of State Police.

HB 2811: FOID-Handgun Registration (supports)  
Provides that names and information of people who have applied for or received Certificates of Handgun Registration are exempt from public inspections and copying. Prohibits any person in the State from carrying or possessing a handgun without a Certificate of Handgun Registration.

Implementation effort:

Lurie Children's updated its an institutional policy position on prevention of violent injuries to children in 2013. This position guides our policy and program activities.

Lurie Children’s launched Strengthening Chicago Youth (SCY) in 2012 with seed funding from the hospital. SCY is being convened by Lurie Children’s to build capacity among numerous public and private stakeholders to connect, collaborate and mobilize around a public health approach to violence prevention. Materials, training and technical assistance will be offered to foster innovative partnerships among multiple sectors, encourage involvement in policy and advocacy, and support adoption of effective, sustainable violence prevention strategies. In 2013, Lurie Children’s Founder’s Board made a five year commitment to support the core activities of SCY.

Anticipated impact:

1. Reduction in the rate of firearm injury among Chicago children and adolescents.
2. Enhance nongovernmental organizations’ capacity for effectively promoting and adopting policies that prevent violence.

Evaluation plan:

1. Track participation in SCY and evaluate the capacity of members to use a public health framework to reduce violence to youth in Chicago using membership survey.
2. Track firearm injuries to children and adolescents in Chicago using hospital discharge data.
PROGRAM SPOTLIGHT: Strengthening Chicago Youth

Strengthening Chicago’s Youth
Ann & Robert H. Lurie Children’s Hospital of Chicago

Strengthening Chicago’s Youth (SCY) is convened by Ann & Robert H. Lurie Children’s Hospital of Chicago to address the issues of violence that impact the health and safety of Chicago youth. Every day children are exposed to violence in their communities, schools and homes, and the effects of exposure to violence can last throughout a lifetime. To achieve Lurie Children’s vision of making Chicago the healthiest city in the nation for children, we must build communities’ and families’ capability and skills to raise safe, resilient, emotionally healthy youth. SCY’s mission is to build capacity among hundreds of public and private stakeholders to connect, collaborate and mobilize around a public health approach to violence prevention—adopting consistent messaging about the preventability of violence, promoting use of evidence-based violence prevention strategies and fostering multi-sector collaboration—encouraging partnerships that strengthen existing efforts and benefit the children of Chicago.

To prevent violence, SCY takes and encourages action around five focus areas:

- **Sustained investment in children and youth** will enable our young people to reach their full potential.
- **Equitable access to high quality mental health services** will enable troubled individuals to get services that will help prevent substance abuse, interpersonal violence, and self-harm.
- **Common sense approaches to gun violence prevention** will reduce the lethality of violence in Chicago.
- **Juvenile justice system that reflects what we know about adolescent development** will allow a child’s involvement in the justice system to be an opportunity for intervention to prevent further delinquent behavior.
- **Sustained investment in strong communities** will rectify the fact that the toll of violence falls disproportionately on low-income, minority communities.

SCY pursues violence prevention through four strategies. These strategies and SCY’s 2014 activities are:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>2014 Activities</th>
</tr>
</thead>
</table>
| Coordinate advocacy efforts around the SCY policy agenda | - Advocate for SCY policy agenda by educating policymakers, testifying at hearings, and participating in awareness campaigns.  
- Support SCY partners’ advocacy around the policy agenda by providing updates on pending legislation and regulations, offering training and technical assistance, and developing sample advocacy tools and resources. |
| Support neighborhood-level engagement in violence prevention | - Collaborate with the Consortium to Lower Obesity in Chicago Children (CLOCC) to engage neighborhoods in addressing the intersection between violence and obesity.  
- Initiate “Engaging Communities to Create Peaceful Parks in Chicago” to empower residents to reclaim parks as community hubs. |
| Facilitate sharing of knowledge among and provide technical assistance and training to community organizations | - Offer monthly trainings and host quarterly meetings.  
- Communicate with SCY partners through biweekly newsletter, social media, and website.  
- Continue partnership with Community Media Workshop to build connections between community organizations and the media.  
- Participate in coalitions, attend events, and meet with violence prevention stakeholders to grow SCY’s network of connections. |
| Foster connections between community organizations and researchers | - Host meetings with community residents and community organizations as part of National Institutes of Health-funded “Community-Academic Collaboration to Prevent Violence in Chicago.”  
- Facilitate connections with researchers and provide training and technical assistance to enable community partners to make better use of data to inform public policy. |

225 E. Chicago Ave, Box 157, Chicago, IL 60611 | scy-chicago.org | 312-227-6678 | info@scy-chicago.org
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 is likely under-reported relative to the other forms of abuse which are more likely to trigger the need for emergency medical services.

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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Physical</th>
<th>Sexual</th>
<th>Neglect</th>
<th>Shaken Infant</th>
<th>Unspecified/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5 to 9</td>
<td></td>
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<tr>
<td>10 to 14</td>
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<tr>
<td>15 to 19</td>
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</tbody>
</table>

Existing Resources in the Community

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact for Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent Child Abuse</td>
<td><a href="http://www.preventchildabuse.org">www.preventchildabuse.org</a></td>
</tr>
<tr>
<td>Chicago Children’s Advocacy Center</td>
<td><a href="http://www.chicagocac.org">www.chicagocac.org</a></td>
</tr>
</tbody>
</table>

Current hospital activities addressing child abuse:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Maltreatment Awareness</td>
<td>CD-ROM and didactic training program for EMT’s and first responders on recognition of child maltreatment awareness in home (and other) setting where children reside</td>
</tr>
<tr>
<td>Coping with Crying</td>
<td>Provides parent training to all parents of newborns in Lurie Children’s partner hospitals</td>
</tr>
</tbody>
</table>

Policies/Bills

<table>
<thead>
<tr>
<th>Abandoned Newborn Babies</th>
<th>Lurie Children’s supports the implementation of a program and/or legislation that rescues and protects newborn babies from abandonment, injury, or death, allows parent(s) to voluntarily and confidentially relinquish the custody of his/her newborn infant, provides emergency care and shelter for every abandoned newborn, provides reimbursement for the emergency medical care and other health care provided to this child prior to adoption, and provides appropriate placement for the child as soon as the child is medically ready for discharge.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Prevention of Violent Injury to Children</td>
<td>Lurie Children’s engages in policy and program initiatives to reduce violent injury, such as abuse, neglect, or sexual abuse, to children.</td>
</tr>
<tr>
<td>Illinois HB 1151 (support)</td>
<td>DCFS Parent Helpline</td>
</tr>
</tbody>
</table>
Implementation effort:

Lurie Children’s updated its institutional policy position on prevention of violent injuries to children in 2013. This position guides our policy and program activities.

Each year, Lurie Children’s Child Protective Service Team sponsors a Child Maltreatment Symposium for first responders, social workers, teachers and police officers in Chicago. The goals of these symposia are to raise awareness of child maltreatment, to empower professions in contact with children with the tools to identify and report abuse, and to address common challenges in provided services to families that experience abuse. Please see Program Spotlight. Attendance at the symposium is sold out each year, with a waiting list.

Lurie Children’s is a key partner in Chicago’s Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC). MPEEC is a landmark partnership that ensures a coordinated response to abuse allegations of serious injuries (bone fractures, internal injuries, head trauma, bruises and burns) of children under age 3 in Chicago. By uniting child protection staff, child abuse pediatricians and law enforcement personnel, MPEEC provides these children with comprehensive clinical assessments, treatment and follow-up care.

Coping With Crying, a program spearheaded by Lurie Children’s, is now in seven area hospitals, including our own. It currently provides free education on how to cope with a crying infant to 12,900 parents per year. The education includes support and tools to help parents keep calm when their infant is distressed.

Anticipated impact:

1. Increased knowledge and capacity concerning the identification of and interventions for children abuse among Chicago first responders, social workers, teachers and police officers.
2. The provision of comprehensive and coordinated services for children under age 3 who have experienced child abuse.
3. Reduce child abuse resulting from bouts of crying in infancy.

Evaluation plan:

1. Track participation in the Child Maltreatment Symposium each year, including an analysis of the symposium evaluation form.
2. Track shaken baby and other abusive head traumas in children under age one using Chicago hospital emergency department discharge data.
PROGRAM SPOTLIGHT: Annual Child Maltreatment Symposium

Thursday, September 26 and Friday, September 27, 2013

September 26 – 8 a.m. - 5 p.m.
September 27 – 9 a.m. - 4 p.m.

Ann & Robert H. Lurie Children’s Hospital of Chicago
11th Floor Conference Center
225 East Chicago Avenue, Chicago, IL 60611

This conference will benefit physicians, social workers, teachers, attorneys, psychologists, law enforcement, nurses, child advocates and others whose profession may involve interaction with child maltreatment.

At the conclusion of this activity, participants will be able to:

- Provide an understanding of the political forces affecting child abuse in America.
- Describe an evidence-based screening algorithm to target diagnostic testing for occult abdominal injuries, identify mechanisms to determine if they are abusive or accidental and understand the management of traumatic abdominal injuries.
- Articulate the injuries most likely to be identified in children who share a home with an abused child, describe an algorithm to identify hidden injuries in children who share a home with an abused child and explain the significance of injuries in siblings for the likelihood of abuse in the index child.
- Describe how to conduct a good investigation in suspected physical and sexual abuse cases, identify the roles and responsibilities of the multi-disciplinary team and discuss the challenges teams face and identify strategies to overcome those challenges.
- Explain the religious or cultural beliefs that sanction medical neglect, describe ways of assessing the child’s needs without interfering with the bias of the dominant culture and advocate for protecting the child from medical neglect and explain the improvements needed in public policy.
- Explain the descriptors of retinal hemorrhages which affect diagnostic sensitivity, discuss the pathophysiology of retinal hemorrhages in abusive head trauma and explain the differential diagnosis of retinal hemorrhages in possible child abuse.
- Discuss the cost and current epidemiology of abusive head trauma and understand the medical injuries related to abusive head trauma and the differential diagnosis for those injuries.
- Differentiate between admission and confession, discuss the similarities in published cases of confessions and determine the role of confessions in our understanding of the clinical presentation and outcomes of abusive head trauma victims.
- Explain the “controversy” surrounding abusive head trauma literature and assess the reliability of medical evidence from a legal perspective.
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

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

Existing Resources in the Community
Reference to index

Contact for Resource

Current hospital activities addressing suicide/depression:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies/Bills</td>
<td>Description</td>
</tr>
</tbody>
</table>

| Pediatric Mental Health | Lurie Children’s engages in policy and program initiatives to reduce stigma, increase the number of pediatric mental health professionals, and promote access to appropriate mental health services. |

Implementation effort:

In recognition of the significant challenges in providing equitable, accessible and high quality mental health services for children and adolescents, in 2013, Lurie Children’s adopted an institutional position on pediatric mental health. In the policy statement, we outline advocacy priorities that (a) reduce stigma and therefore increase access to mental services, (b) increase the number of pediatric mental health professionals, and (c) promote access to appropriate mental health services for children, adolescents and families.

Lurie Children’s supports the efforts of the AAP and ICAAP to provide training to primary care pediatricians in the identification and referral of adolescents at risk for depression and suicide, and early intervention for younger children at risk of developing mental health problems.

Our institutional position on mental health is woven into many of our other advocacy efforts. For example, the SCY policy agenda, Lurie Children’s youth violence prevention effort, supports improved access to high quality mental health services, developmentally appropriate juvenile justice policy and procedures, and improved and sustained investment in children and their communities in Chicago (please see Program Spotlight for SCY).
In addition, one of our clinicians developed a culturally tailored cognitive behavioral therapy program tailored to the needs of Latino youth with anxiety and depression, in collaboration with Alivio Medical Center (a federally qualified health clinic serving the Latino population in Chicago).

**Anticipated impact:**

1. The recognition on the part of the State of Illinois agencies or legislative leaders (or development of specific proposals) for a coordinated, statewide strategic effort to improve access to and quality of mental health services for children and adolescents.
2. Increase the availability of culturally appropriate mental health services for Latino youth.

**Evaluation plan:**

1. Track State of Illinois policies on payment and inter-agency coordination of service delivery for mental health services for children and adolescents.
2. Continue to track inpatient hospitalizations for mental health conditions, suicide attempts and depression for Chicago children and adolescents.
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.

Community Health Needs Assessment:
The leading cause of Lurie Children’s hospitalizations in 0-14 year olds.

Existing Resources in the Community

<table>
<thead>
<tr>
<th>Contact for Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lurie Children’s Allergy and Immunology Clinic</td>
</tr>
<tr>
<td>Lurie Children’s Division of Pulmonary Medicine’s Asthma Program</td>
</tr>
<tr>
<td>Stroger Hospital Asthma Clinics</td>
</tr>
<tr>
<td>Respiratory Health Association of Metropolitan</td>
</tr>
<tr>
<td>Chicago Chicago Asthma Consortium</td>
</tr>
<tr>
<td>Sinai Urban Asthma Institute</td>
</tr>
<tr>
<td>LaRabida Asthma Clinic</td>
</tr>
</tbody>
</table>

Current hospital activities addressing asthma and ACS:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving Community Asthma Through a Student Media-based Research Intervention</td>
<td>Asthma has a high rate of readmission into hospitals. Therefore, Lurie Children’s seeks engages in research and prevention programs in order to reduce the effects of asthma on the community.</td>
</tr>
</tbody>
</table>

Policies/Bills

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical prevention of adverse effects of tobacco smoke on children</td>
</tr>
<tr>
<td>Access to Tobacco Products by Minors</td>
</tr>
<tr>
<td>Childhood Immunizations</td>
</tr>
</tbody>
</table>
Implementation effort:

Lurie Children’s recognizes that many children with medical complexity are hospitalized or visit the emergency department for conditions that are typically treated in a primary care setting, such as asthma and other ambulatory care sensitive conditions. As result, Lurie Children’s is expanding the availability of appropriate primary care medical homes for children with medical complexity through its Lurie Children’s Health Partners Care Coordination Entity, which will be implemented in 2014. The expansion of these services will help children with medical complexity avoid hospitalization and emergency department visits. (Please see ‘X. Complex Chronic Conditions.’)

Lurie Children’s is also sponsoring a case worker to provide free asthma management support as part of the Asthma CarePartners Program (ACP). ACP identifies individuals whose asthma may not be well controlled. Participants receive six home visits over a one-year period and a monthly telephone contact. Preliminary outcomes indicate that the program significant increases the scores on children’s asthma control test, thereby reducing the likelihood of emergency department visits and hospitalization.

Several years ago, Lurie Children’s spearheaded an effort to permit children in public schools to carry Epinephrine pens to assure quick intervention if an extreme allergic reaction occurred. The success of the model was used to justify the passage of federal legislation to encourage schools across the country to maintain access to critical life-saving medication, such as Epinephrine pens. Lurie Children’s continues to support this effort.

Anticipated impact:

Improved control of asthma symptoms among participants in ACP.

Evaluation plan:

1. Track hospitalization for ambulatory care sensitive conditions and asthma for Chicago children and adolescents.
2. Participate in the evaluation of ACP.
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:
Lurie Children’s treats a disproportionate number of these children and adolescents, many of whom reside outside of the City of Chicago.

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

Community Health Needs Assessment:
Leading driver of Lurie Children’s admissions and ED visits (for Chicago and non-Chicago residents).

Percent of all admissions resulting from exacerbations of complex conditions at all hospitals and Lurie Children’s (2011)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>All Hospitals</th>
<th>Lurie Children’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 1</td>
<td>52%</td>
<td>43%</td>
</tr>
<tr>
<td>Age 0-4</td>
<td>37%</td>
<td>16%</td>
</tr>
<tr>
<td>Age 5-9</td>
<td>39%</td>
<td>20%</td>
</tr>
<tr>
<td>Age 10-14</td>
<td>38%</td>
<td>15%</td>
</tr>
<tr>
<td>Age 15-19</td>
<td>36%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Existing Resources in the Community

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact for Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Arc of Illinois</td>
<td><a href="http://www.thearcofil.org">www.thearcofil.org</a></td>
</tr>
<tr>
<td>Division of Specialized Care for Children</td>
<td><a href="http://www.uic.edu/dscc/index.htm">http://www.uic.edu/dscc/index.htm</a></td>
</tr>
<tr>
<td>Maryville Academy</td>
<td><a href="http://www.maryvilleacademy.org/subpages.asp?id=28&amp;parentid=6">http://www.maryvilleacademy.org/subpages.asp?id=28&amp;parentid=6</a></td>
</tr>
<tr>
<td>Almost Home Kids</td>
<td><a href="http://almosthomekids.net/">http://almosthomekids.net/</a></td>
</tr>
<tr>
<td>Aspire</td>
<td><a href="http://www.aspireofillinois.org/">http://www.aspireofillinois.org/</a></td>
</tr>
</tbody>
</table>

Current hospital activities addressing complex chronic conditions:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care medical home for children with complex medical conditions</td>
<td>Expand the successful medical home model developed by the Section of Primary Care to a wider reach of children. The goal is to improve outcomes, make care more accessible for families, and reduce overall costs of medical care.</td>
</tr>
<tr>
<td>Transition to Adulthood program</td>
<td>Supports and educates adolescents with complex medical conditions on the transition to adulthood so that they build independence, confidence, and responsibility and understand their resources</td>
</tr>
<tr>
<td>JVS/Lurie Internships for Adolescents with Special Health Care Needs</td>
<td>Collaboration with JVS (formerly Jewish Vocational Services) to provide paid 6-week job internships for up to 10 adolescents with special health care needs/chronic medical conditions</td>
</tr>
<tr>
<td>One Step Camp</td>
<td>A summer camp for kids with cancer that is worked with the medical staff</td>
</tr>
</tbody>
</table>

Lurie Children’s CHNA Implementation Plan, page 28
<table>
<thead>
<tr>
<th><strong>Anixter Village</strong></th>
<th>Partners with Anixter Center, Spina Bifida Association of Illinois, and Loyola University Dept. of Psychology to supply housing and a program to teach skills needed to live independently</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YMCA Camp Independence</strong></td>
<td>Partnering with Metro YMCA of Chicago, SBAIL and Loyola University Dept. of Psychology to use camping to teach skills needed to live independently</td>
</tr>
<tr>
<td><strong>Project School Care</strong></td>
<td>Two handbooks on “Seizure Management: Handbook for Schools” distributed to every Chicago Public School to facilitate enhanced classroom learning and school-based management for children with epilepsy/seizure disorder</td>
</tr>
<tr>
<td><strong>Improving food allergy verification and medication access in the Chicago Public Schools</strong></td>
<td>This project will leverage the resources and expertise of Northwestern University’s Institute for Health Care Studies, the Chicago Public Schools (CPS) Office of Special Education and Supports, and Dey Pharmaceuticals in order to determine the prevalence and geographic/demographic variability of Food Allergy among Chicago public schoolchildren.</td>
</tr>
<tr>
<td><strong>Hart Cochlear Implant Education coordinator</strong></td>
<td>Provides counseling to parents about early intervention and school based services available, makes school visits to educate professionals about the needs of children who have cochlear implants, and provides information about how to handle cochlear implant external hardware in the classroom</td>
</tr>
</tbody>
</table>

### Policies/Bills

| **Children & Youth with Special Health Care Needs** | Lurie Children’s engages in program and policy initiatives for children with special health care needs that support comprehensive care, including medical homes; enhanced access to medical care, therapies, care coordination, and state federal programs; enhanced access to home and community-based services that allow children to be cared for at home whenever possible; provider reimbursement that is proportionate to the time and intensity spent; and provider educations regarding resources that are needed and available to care for these children and support for transition into independent or supervised community living as they mature into adulthood. |
| **Adolescent HIV Infection** | Lurie Children’s pursues aggressive clinical and community based efforts to identify, treat and prevent HIV among adolescents to reverse the increased epidemic of HIV infection among adolescent youth. |
| **HIV Testing of Pregnant Women & Newborns** | Lurie Children’s reaffirms its support for routine prenatal HIV testing of pregnant women, and for mandatory HIV testing of all newborns whose mothers’ HIV status is unknown; and further supports legislative efforts to advance this standard of care. |
| **SB 26: Medicaid Expansion/Care Coordination/Medicaid Research and Education Support Fund** | Lurie Children’s submitted an application to the State to be the lead entity and sole sponsor of a new CCE for children on Medicaid who have medically complex conditions. This application received initial approval by the State of Illinois in September, 2013. |

### Implementation effort:

Lurie Children’s adopted an institutional position of children and youth with special health care needs in 2006. The position statement is used to guide our policy and program efforts.
Based on the successful medical home model developed by our Section on Primary Care for children with medical complexity, Lurie Children’s submitted and received an initial approval for our application to provide medical homes for children and adolescents with medical complexity. This effort involves partnering with medical home providers in the community, providing intensive care coordination, IT integration and support for home-based services. We expect the Care Coordination Entity to launch 2014. Please see Program Spotlight.

In 2012, Lurie Children’s launched an effort to revamp their case management system. Driven by feedback from parents and patients, the hospital made a significant and ongoing commitment to expand case management services. These services support families during and after discharge, assuring a smooth transition to home after hospitalization.

Lurie Children’s piloted a program in 2013 to provide paid internships for young adults with medical complexity who are transitioning to adulthood. Funded by Jewish Vocational Services and after an evaluation of a pilot, these internships are being expanded, offering internships to more young adults.

In addition, to support children and families after discharge, Lurie Children’s Office of Child Advocacy is engaging in an effort to identify these needs and explore the most effective means of addressing them.

**Anticipated impact:**

1. Reduced number of hospitalizations, emergency department visits and readmissions for children and adolescents with medical complexity.
2. Increased number of work internships for young adults with medical complexity.

**Evaluation plan:**

1. Track hospitalizations, emergency department use, and readmissions for children and adolescents with medical complexity using the Chicago hospital discharge and emergency department data set.
2. Track number of internships for young adults with medical complexity offered through Lurie Children’s and its partners.
PROGRAM SPOTLIGHT: Lurie Children’s Health Partners Care Coordination Entity

Lurie Children’s Health Partners represents a partnership among Chicago’s finest primary care physicians, specialists.

We know that caring for a child with a chronic or complex condition is hard work, so we will provide you with a care coordinator who will assist you with getting the services, support and information you need to care for your child. Your care coordinator will be committed to helping you meet your healthcare goals for your child.

Your child’s care coordination team

Your child’s benefits

The care coordination plan provides the following benefits:
• Priority access to Lurie Children’s specialists
• A 24/7 nurse line
• Coordination between your child’s physicians
• Medication management
• Intensive care coordination, which helps with: Managing your child’s conditions
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.

Existing Resources in the Community

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consortium to Lower Obesity in Chicago Children (a program of Lurie Children’s)</td>
<td>Trademarked (by Lurie Children’s Hospital) public education message promoting five evidence-based daily behaviors; over 4700 people trained since 2007.</td>
</tr>
</tbody>
</table>

Current hospital activities addressing obesity, nutrition and physical activity:

<table>
<thead>
<tr>
<th>Programs</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLOCC Public Education (5-4-3-2-1-Go)</strong></td>
<td>Trademarked (by Lurie Children’s Hospital) public education message promoting five evidence-based daily behaviors; over 4700 people trained since 2007.</td>
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<tr>
<td><strong>CLOCC School Environmental Change Projects</strong></td>
<td>A comprehensive approach to working with CPS at the district level and local elementary schools to support their efforts in creating healthy school environments. CLOCC assists the district with development and implementation of a recently-adopted wellness policy (which includes improved nutrition standards for food and beverages sold in schools, nutrition education, physical education, and recess). CLOCC assists schools and school-based partner organizations in completing a healthy school environment assessment and action plan, forming a wellness committee, and implementing projects that change policies and practices in the school for improved health.</td>
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<tr>
<td><strong>CLOCC Healthy Teacher Network</strong></td>
<td>Assists and empowers teachers in their efforts to create healthy school environments and integrate obesity prevention approaches in the classroom. CLOCC offers tools, resources, and training for teachers to learn how to implement healthy lifestyles initiatives in their school.</td>
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<tr>
<td><strong>CLOCC Community Environmental Change Strategies</strong></td>
<td>CLOCC trains and supports community-based organizations in Chicago neighborhoods to address obstacles to walking and biking, healthy food access, and network building through the efforts of Community Program Coordinators who serve as liaisons between CLOCC and neighborhood partners across</td>
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CLOCC Network and Capacity Building

CLOCC provides informational, technical, and financial support to partners across the city to improve the science and practice of childhood obesity prevention. Primary activities include training on public education, evaluation, and community change strategies; quarterly meetings to disseminate national and local best practice strategies for obesity prevention; and bi-monthly e-newsletters which present funding opportunities, current news and events, and calls to action for policy change and advocacy efforts.

CLOCC/Uptown Clinical-Community Intervention

CLOCC and Uptown Clinic are conducting a pilot project examining outcomes for a clinical intervention that integrates 54321Go! message counseling with referrals to healthy lifestyle-related community-based service providers. The project trains resident pediatricians in motivational interviewing using the 54321 Go! message. Resources for making referrals to community organizations with services supporting healthy lifestyles are also provided to clinical medical staff for use with patients. Evaluation will focus on the efficacy of counseling combined with referrals for producing behavior change in pediatric patients.

### Policies/Bills

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<th>Description</th>
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<tr>
<td>Obesity and Overweight Prevention in Children</td>
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<tr>
<td>Illinois SB 2321 (opposed)</td>
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<td>Illinois HB 161 (opposed)</td>
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<td>Illinois HB 2242 (opposed)</td>
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**Implementation effort:**

Lurie Children’s adopted an institutional position on obesity and overweight prevention in children in 2000. The position statement is used to guide our policy and program efforts.

Since 1985 the Pediatric Practice Research Group (PPRG), a regional Chicago-area practice-based research network at Lurie Children’s has collaborated with primary care practices in a variety of research projects. Some of the projects have included quality improvement focused on improving care related to nutritional status assessment, diet and physical activity assessment and counseling. In addition, PPRG has conducted a number of quality improvement projects in the area of obesity identification and management. Examples include facilitating and evaluating the implementation of obesity care clinics in 5 primary care practices, testing two strategies to implement the NHLBI Cardiovascular Risk prevention Guidelines at 16 practices.

The Consortium to Lower Obesity in Chicago Children (CLOCC), a nationally recognized childhood obesity prevention coalition, was founded by Lurie Children’s in 2002. Its mission is to confront the childhood obesity epidemic by promoting healthy and active lifestyles for children throughout the Chicago metropolitan area. CLOCC creates and sustains the types of multi-sector collaboration recommended by our nation’s health leaders.

Key elements of CLOCC’s work include: the widely-used 5-4-3-2-1 Go ® healthy lifestyle message, environmental change to improve food access and neighborhood walkability, and policy efforts at city, state, and federal levels. In 2012, CLOCC released its “Blueprint for Accelerating Progress in Childhood Obesity Prevention in Chicago” ([www.clocc.net/blueprint.html](http://www.clocc.net/blueprint.html)), which recommends goals, objectives, and strategies in six areas: food and beverage access, physical activity and the built environment, schools, early childhood, engaging the business sector and addressing industry practices, health promotion and public education. The recommendations will help
to ensure continued reductions in childhood obesity prevalence in Chicago over the next decade. Many of the strategies are applicable to communities across the state. See Program Spotlight.

Lurie Children’s is a partner in the Partnership for Healthier America. This effort seeks to improve the nutrition and healthfulness of food available to patients, families and employees through the hospital.

**Anticipated impact:**

1. Improve evaluation and treatment of overweight and obesity in Chicago primary care practices.
2. Continue to improve the quality of childhood obesity prevention programing in Chicago.

**Evaluation plan:**

1. Track childhood obesity prevention programming in Chicago in six key areas: schools, early childhood programs, physical activity and built environment, food and beverage access, business sector and industry practices, health promotion and public health education.
PROGRAM SPOTLIGHT: Consortium to Lower Obesity in Chicago Children

Blueprint for Accelerating Progress in Childhood Obesity Prevention in Chicago: The Next Decade

Organization of the Blueprint
The strategies and steps CLOCC recommends for the next decade are grouped into six focus areas in which change is likely to have a positive impact on childhood obesity: food and beverage access, physical activity and the built environment, schools, early childhood, the business sector and industry practices, and health promotion and public education. In each focus area, we present broad goals, supporting objectives, important strategies, and (where possible) specific tactics, grounded in national evidence and local experience, that set the course for intervention in the focus area. (We refer readers to the full blueprint for a more developed discussion of the evidence that supports these recommendations as well as the opportunities and momentum found in the local Chicago context.)

Six Focus Areas
• Food and Beverage Access
• Physical Activity and the Built Environment
• Schools
• Early Childhood
• Business Sector and Industry Practices
• Health Promotion and Public Education