

Community Health Needs Assessment 2016

Implementation Plan



Contents

Executive Summary.....	3
Implementation Plan	5
CHNA purpose and goals	5
Implementation planning process.....	5
Priority Area 1 – Social Determinants of Health	7
Priority Area 2 – Access to Care	9
Priority Area 3 – Asthma	12
Priority Area 4 – Child Maltreatment	14
Priority Area 5 – Complex Chronic Conditions	16
Priority Area 6 – Mental Health	18
Priority Area 7 – Obesity, Physical Activity and Nutrition	21
Priority Area 8 – Violence Related Injury and Mortality.....	23
Appendix A - Members of the Community Health Needs Assessment Committee	25-26

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 2015 and 2016. CHNA efforts were motivated by the desire to:

- (1) identify barriers to good health and well-being for Chicago children and adolescents;
- (2) guide continuing efforts by Lurie Children's to improve child and adolescent health and well-being in Chicago, in partnership with individuals, programs, and organizations also dedicated to these objectives.

This document outlines the **implementation plan** corresponding with the CHNA process and priorities, building on Lurie Children's commitment to advocacy and community partnerships to improve child and adolescent health and well-being in Chicago and Illinois for more than 130 years. The implementation plan development process involved several iterative steps, overseen by the CHNA Committee and supported by subject matter experts at Lurie Children's. The CHNA Committee was comprised of representatives of public health agencies, organizations that serve communities in Chicago that experience health disparities, and the Lurie Children's patient population, as well as community-focused members of Lurie Children's faculty, staff, and leadership.

The 2016 CHNA Implementation Plan focuses on eight priority areas in the CHNA finalized in July 2016. **The eight priority areas include: social determinants of health; access to care; asthma; child maltreatment; children with complex chronic conditions; mental health; obesity, physical activity and nutrition; and violence-related injury and mortality.** In this report, a summary of each of the priority areas includes:

- A high-level review of data presented in more detail in the CHNA 2016 Report.
- Identification of key Lurie Children's divisions, departments, and programs associated with each priority area, along with existing and potential community partners that address each priority.
- A description of current program and policy activities in each priority area in which Lurie Children's is already engaged.
- A description of the 2016 CHNA implementation effort going forward, as informed by subject matter experts and discussions with the CHNA committee. The implementation plan anticipates activities that will occur from 2017-2019.

At Lurie Children's, CHNA implementation efforts will be overseen by the Lurie Children's Healthy Communities team, formed in late 2016. The goal of this team will be to maximize the positive impact Lurie Children's and its partners can have on child health in the community. The Healthy Communities initiative will align research, patient care, advocacy and public health outreach initiatives to help address the priority areas outlined in this plan. With a focus on Chicago neighborhoods in which opportunity for children is low, the Healthy Communities team will ensure that Lurie Children's is lending its expertise

and serving as an active and impactful partner with the community to help create healthier futures for children. 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.

Lurie Children's Hospital is grateful to the community members, patients, family members, physicians, and staff who contributed to the composition of the Community Health Needs Assessment and the CHNA Implementation Plan. Membership of the CHNA Committee appears at the end of this report, in Appendix A.

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 (CHNA) in 2015 and 2016. CHNA efforts were motivated by the desire 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, in partnership with individuals, programs, and organizations also dedicated to these objectives.

The CHNA 2016 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 the City of Chicago, the city that has been home to Lurie Children's throughout its 130-year history. However, because Lurie Children's serves children and adolescents across Illinois (especially those with complex medical conditions who cannot receive care at their local community hospitals) and often works to improve the public health of children across Illinois, the CHNA Implementation Plan considers health needs outside of Chicago as well.

CHNA purpose and goals

Each year, Lurie Children's makes significant investments in community health needs assessment, programs 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 separate report, which has already been published. This report details the implementation plan to address the CHNA, which was derived from evidence from the Chicago community.

Implementation planning process

To conduct the implementation planning process, the CHNA committee considered the findings of the CHNA in the context of the many community-focused activities in which Lurie Children's and its physicians and staff members are currently engaged. The committee also considered lessons learned in launching and sustaining these efforts over the hospital's many decades of experience conducting community-focused work.

For each priority area, subject matter experts within Lurie Children's Hospital were invited to identify current and planned activities on the near-term horizon, and also to brainstorm about potential partnerships and activities that could further address the identified needs within each priority area over the three-year period of this implementation. Subsequently, the CHNA Committee was asked to reflect on and refine the potential activities and partnerships identified by the subject matter experts. Subject matter experts were, in turn, asked to recommend a final set of activities and partnerships to be included in the Implementation Plan, along with aspects of anticipated impact and opportunities for measuring impact. Members of the CHNA Committee and the Public Policy Committee of the Lurie Children's Board were also invited to reflect on the proposed implementation activities and make final suggestions.

The Lurie Children's Community Health Needs Assessment Implementation Plan, therefore, reflects a cooperative, deliberative process based on evidence, extensive consideration of community needs, and opportunities for positive impact that build on existing strengths of the institution and its partnerships. The Implementation Plan also contemplates new endeavors, about which there is considerable enthusiasm. Furthermore, in all priority areas, there will be assiduous efforts to assess impact and to sustain and expand partnerships with individuals and organizations throughout Chicago and Illinois for the 2017-2019 period. Such efforts will then inform subsequent CHNA planning efforts that will inform the next CHNA Implementation Plan that will be announced in 2019.

On the subsequent pages, each of the priority areas is described and plans are presented for activities to address community needs. Lurie Children's, through its Healthy Communities initiative, welcomes feedback on the CHNA Implementation Plan at any time, and also welcomes inquiries regarding the potential for new and expanded partnerships that will help achieve mutual goals of positive impact for children and families.

Priority Area 1 - Social Determinants of Health

According to the World Health Organization, social determinants of health are “the conditions in which people are born, grow, live, work and age.” The World Health Organization provides ample evidence that social determinants of health “are mostly responsible for health inequities.”

The Lurie Children’s Community Health Needs Assessment Committee has identified social determinants of health as a priority area of focus for 2017-2019. The CHNA Committee has utilized a tool called the Child Opportunity Index (COI) in order to better understand the health inequities among children and adolescents in the City of Chicago. The COI is based on publicly available data regarding opportunities for children in the domains of education, environment and health, and socioeconomic factors.

ZIP codes in the City of Chicago were grouped into one of five categories of COI. Those classified as having low or very low childhood opportunity are represented in yellow and red, respectively, in Figure 1. The areas in the City of Chicago with the lowest COI level are in the far south and far west regions, and almost all of the south and west sides also have predominantly a low level of childhood opportunity. About one-third of Lurie Children’s patients live in an area with low or very low Child Opportunity Index.

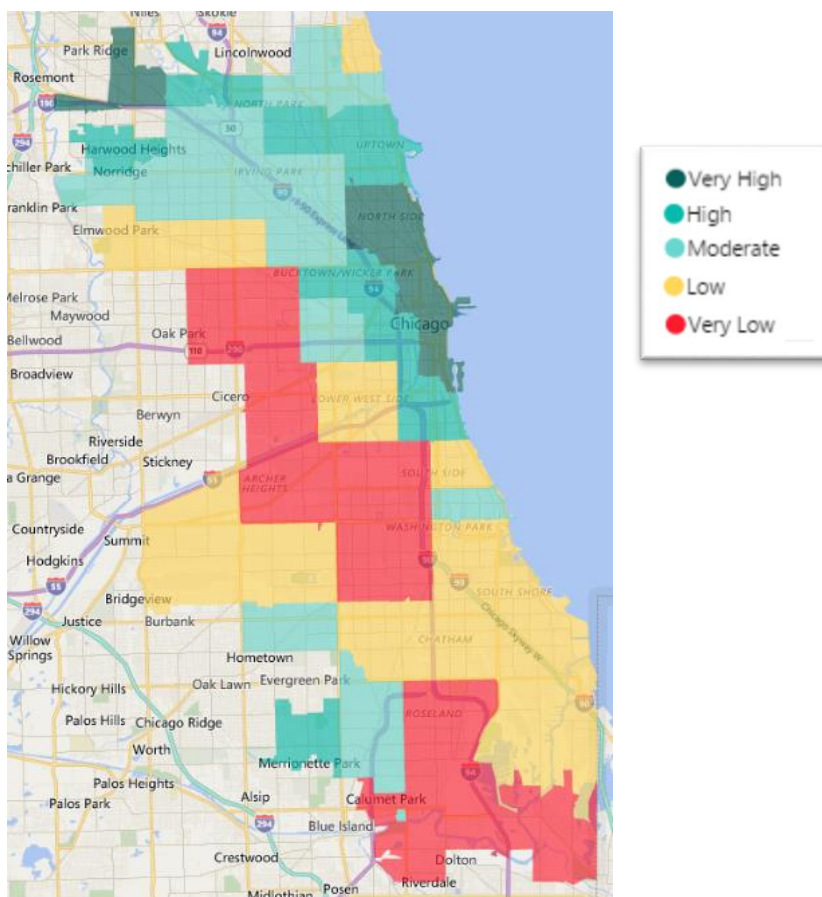


Figure 1: Child Opportunity Index, by ZIP Code in Chicago.

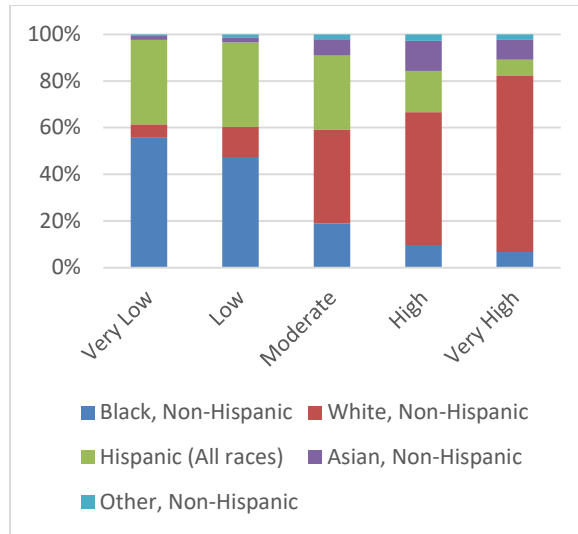


Figure 2. Proportion of Racial and Ethnic Groups by Child Opportunity Index Level.

Data source: American Community Survey, 2010-2014

In addition, a strong relationship exists between the COI and race/ethnicity in Chicago, as shown in Figure 2.

The CHNA Committee considered how the social determinants of health related to substantive areas of health inequity (such as mental health). For every health condition studied, the committee observed significant differences in health outcome or service delivery based on the COI of the community in which the child resides. The CHNA Committee therefore decided to examine each of the CHNA Priority Areas in terms of the COI, and these data informed development of the Implementation Plan.

In addition to the programs and initiatives outlined in the following pages to address specific priorities, Lurie Children's is exploring expanding or launching innovative, comprehensive partnership programs that would address social determinants of health overall for youth in Chicago. Examples may include an initiative with the Chicago Park District to develop and implement individual community health assessments in at-risk neighborhoods, or a strategic partnership with Chicago Youth Programs to help at-risk youth access mentors, clinical care and youth development services.

Priority Area 2 - Access to Care

For the purposes of this report, “access to care” is more than just access to health insurance. It also encompasses availability of primary and specialty care for physical and behavioral health, as well as logistical accessibility to healthcare facilities and providers. For instance, in addition to access to health insurance, barriers may include availability of affordable transportation, child care and paid time off from work for parents. Language differences and cultural effectiveness on the part of providers could also affect the quality and accessibility to care.

Additionally, the recent fiscal crisis and budget impasse in the State of Illinois have greatly affected access to care. Many provider organizations have had to reduce service delivery, or have no longer been able to continue operations. Mental health-focused agencies have especially been affected. Adding to the fiscal crisis, progressive shifts of children on Medicaid to managed care arrangements may have led to delays and disruptions in access to services. Effects are not immediately quantifiable, but have been noted anecdotally (for example, the wait list for access to see a mental health provider at Lurie Children’s doubled over the last two years, from fewer than 400 children to more than 800).

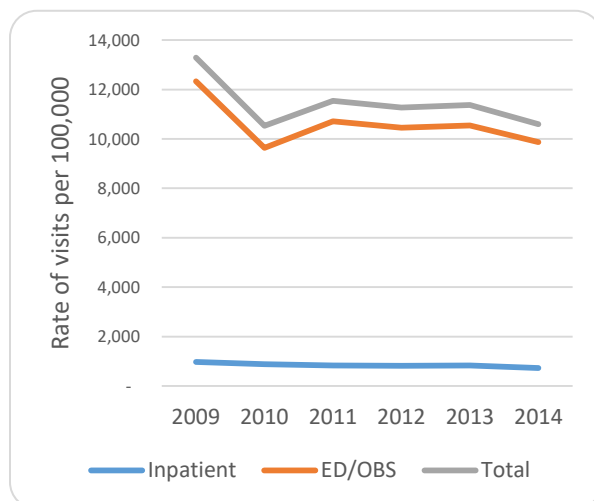


Figure 3. Rate of ED Visits and Inpatient Hospitalizations for Chicago Children Aged 0-19 Years, with a Principal Diagnosis of an Ambulatory Care Sensitive Condition, 2009-2014

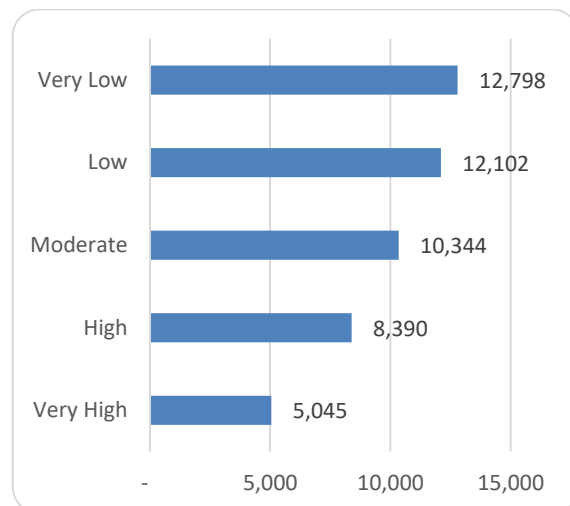


Figure 4. ED Visits and Hospitalization Rates for Ambulatory Care Sensitive Conditions, Chicagoans Aged 0-19 Years by Child Opportunity Index Level, 2012-2014

One measure of access to care is the number of ED visits or hospitalizations for “ambulatory care sensitive conditions” (ACSCs). When children and adolescents receive high-quality and consistent primary care, ED visits and hospitalizations for ACSCs should be low. Figure 3 presents the rate (per 100,000 children) of ED visits and inpatient admissions for Chicago children aged 0-19 years who had a principal diagnosis of an ambulatory sensitive care condition in the ED or hospital setting. The rates of ACSC-related visits showed a decline between 2009 and 2010 in Chicago, but have remained steady for the past five years.

The overall rates, however, do not tell the whole story. The rates of ED visits and hospitalizations for ACSCs vary greatly by COI level (Figure 4). This highlights the interconnectedness between social

determinants of health and access to care. Children living in a very low opportunity area are 2.5 times more likely to come to the emergency department or be admitted to the hospital with an ambulatory sensitive care condition than those children living in an area with very high opportunity.

In Development: The Lurie Children's Child Health Policy Initiative

The CHNA Committee considered the vulnerability of children, adolescents and the organizations that serve them in the currently complex political environment in the State of Illinois related to the protracted budget crisis. Marked changes in attention and resources dedicated to child and adolescent issues at the state level often results in child advocates competing with each other for scarce resources, lacking consensus on different types of interventions, having difficulty sustaining high-quality work once it has been started, and with limited ability to focus concerted attention on the heart of many health inequity problems – such as poverty, racism, and unequal access to services.

Key Points

- Social determinants and access to services are driving health inequity for children and adolescents.
- Illinois child-serving organizations often compete for funding and are not optimally coordinated in their approach to problem-solving, driving health inequity higher.
- Lurie Children's is considering launching a collaborative effort address these drivers of health inequity.

In response to these challenges, the CHNA Committee challenged Lurie Children's to explore ways to show leadership in building the capacity for robust cross-sector policy collaboration. Members of the Committee asked, "What is the policy framework for child and adolescent health and wellbeing in Illinois? What should it be? If it does not exist, how do we create and sustain it?"

The Committee recommended the creation of a separate steering committee to consider these questions and provide guidance. The Child Health Policy Initiative (CHPI) Steering Committee was formed in June 2016, and is comprised of Lurie Children's staff members, two Board members, and two representatives of community partners.

At the launch of the CHNA Implementation Plan for 2017-2019, the CHPI Steering Committee is in the midst of its initial phase of data collection, landscape mapping, and partnership exploration. These are the major steps and learnings that the committee has achieved to date:

(1) Education about the problem

Referring to the literature on child and adolescent policy, the CHPI Steering Committee agreed that because services affecting key aspects of child wellbeing are funded at the state, county and municipality level, these services do not often make it into the public consciousness when there are funding crises. Further, because the services are delivered in siloed systems, the quality of services may be uneven, and coordination among service providers is generally limited.

(2) Focusing on the big picture

Given that many child serving organizations are small and function in silos separate from other potential partners, the CHPI Steering Committee concluded that the focus of any successful initiative would be to address policy issues (such as vaccine supply), system processes (such as how the vaccine is made available to children) and environmental factors (such as lack of a nearby clinic that provides the vaccine in every community) that drive health inequity.

(3) Gathering information from partners

The Steering Committee is fielding a survey of advocates and service providers to learn more about how others view these gaps, and to help visualize what kind of collaborative or initiative would be welcome and successful in building capacity to reduce health inequities. The survey is an online instrument, piloted with ten partners of Lurie Children's. After the pilot, the survey was revised and fielded to representatives from over 100 youth-serving organizations or advocates. The survey asks partners how they define child and adolescent health and well-being, what problems they see in the Illinois environment in addressing health inequity for children and adolescents, what role they could imagine Lurie Children's could play, and the extent to which they would be willing to partner on this initiative.

Next steps:

Once the CHPI Steering Committee reviews the findings from the survey, it will develop an evidence-based proposal for formation of the Lurie Children's Hospital Child Health Policy Initiative and make a formal recommendation to the CHNA Committee. If the CHNA Committee supports the proposal, a recommendation will be made to the Public Policy Committee of the Lurie Children's Hospital Board. If the Public Policy Committee supports the proposal, staff will be recruited to launch the Child Health Policy Initiative as part of the CHNA Implementation Plan for 2017-2019.

Priority Area 3 - Asthma

Age group(s) at highest risk:

2-9 years old

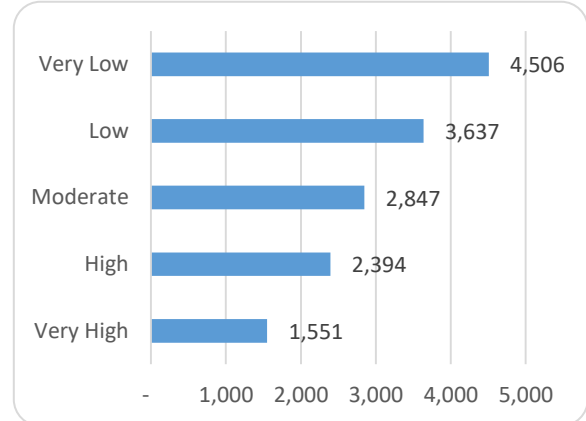
Populations at highest risk:

Risk increases among children living in ZIP codes with lower Child Opportunity Level

Preventability considerations:

- Increase care coordination services
- Improve adherence to evidence-based management of asthma in the community

ED Visits and Hospitalization Rates* for Patients with an Asthma Diagnosis by Child Opportunity Index Level, Chicagoans Aged 0-19 Years, 2009-2014



*Rates per 100,000 children

Lurie Children's Division/Programs Involved	Potential Community Partners
Division of Pulmonary Medicine	Chicago Asthma Consortium
Division of Allergy/Immunology	Healthy Chicago Hospitals Collaborative
Division of Academic General Pediatrics	Respiratory Health Association
Division of Community Based Medicine	American Lung Association
Division of Emergency Medicine	Chicago Public Schools (CPS)
Clinically Integrated Network (CIN)	Sinai Urban Health Institute (SUHI), Asthma Community Health Worker Program
Consortium to Lower Obesity in Chicago Children (CLOCC)	

Lurie Children's activities addressing asthma:	
Current and Upcoming	Description
Implement Asthma Clinical Care Guidelines consistently across multiple ambulatory settings	Following the example of our Inpatient Asthma Clinical Care Guideline, Lurie Children's will implement an Asthma Clinical Care Guideline in outpatient clinics
Implement real-time risk scoring to inform clinical management of all asthma patients in ambulatory, emergency, and inpatient settings	Working with the already existing Asthma Registry at Lurie Children's, clinicians and staff will develop and implement a risk score for all asthma patients to better focus clinical decisions in real time
Potential Activities	Description
Ensure that all Chicago Public Schools (CPS) students with asthma have a written Asthma Action Plan	Work with CPS to develop a policy regarding Asthma Action Plans for all students with asthma. Advise CPS as to the proper components of the plan as well as plan for tracking and updating plans for all students on a routine (eg, annual) basis
Explore opportunities to develop a program similar to the School Based Asthma Management Program (SAMPRO) in Denver	Expand Lurie Children's services to provide information and guidance for CPS students who have asthma, with a special emphasis on schools that are located in areas of low and very low child opportunity
Explore opportunities to launch a mobile asthma care van	Consider options regarding a mobile health van that would provide outreach and education for asthmatic children and their parents/guardians living in areas of low and very low child opportunity

Lurie Children's activities addressing asthma:	
Deliver observed therapies for asthma in schools, with special focus on schools in low Child Opportunity Index areas	Consider instituting school-based observed therapy, and/or training school workforce to deliver school-based observed therapy, for asthmatic children
Expand use of the Asthma Control Test in ambulatory settings	Explore new modalities to encourage asthmatic patients and families to complete the Asthma Control Test survey at each visit and have the responses automatically recorded in the patient's chart
Support parental education regarding asthma control	Sustain existing program to educate patients and families on topics such as managing chronic disease and the dangers of third hand smoke, as well as expand education internally across more Lurie Children's-connected sites and externally to community locations
Ensure implementation of and adherence to Asthma Clinical Care Guidelines across Lurie Children's settings of care	Create a system to track utilization of Asthma Clinical Care Guidelines (CCG) for both the inpatient CCG and the ambulatory CCG.
Create Maintenance of Certification Opportunities	Update existing clinician webinars and present to physician groups such as the Lurie Children's Health Partner's Clinically Integrated Network

Anticipated Impact:

- Reduction of ED rate and hospitalization rate for asthma-related conditions at Lurie Children's
- Reduction of city-wide ED and hospitalization rate for asthma-related conditions among children
- Reduction in gap in asthma ED and hospitalization rates between city neighborhoods with low versus high Child Opportunity Index levels
- Establishment of an Asthma Care Center for Excellence at Lurie Children's

Monitoring and Evaluation plan:

- Track ED visits and inpatient admissions for asthma-related diagnoses at Lurie
- Track ED visits and inpatient admissions for asthma-related diagnoses for the city of Chicago
- Track use of the Asthma Clinical Care Guidelines and proportion of students with a documented, timely Asthma Action Plan

Priority Area 4 - Child Maltreatment

Age group(s) at highest risk:

0 to 4 years old

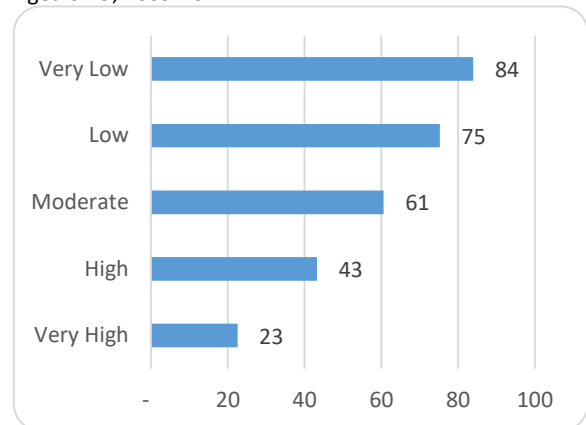
Populations at highest risk:

- Females
- Children living in ZIP codes with very low child opportunity

Preventability considerations:

- Promote parent education

ED Visits and Hospitalization Rates* for Child Maltreatment Related Injuries by Child Opportunity Index Level, Chicagoans Aged 0-19, 2009-2014



*Rates per 100,000 children

Lurie Children's Division/Programs Involved	
Division of Child Abuse Pediatrics	
Division of Emergency Medicine	
Department of Radiology	
Division of Orthopedics	
Division of Neuro-Critical Care	
Division of Critical Care	
Telemedicine	
Center for Childhood Resilience	
Strengthening Chicago's Youth (SCY)	
Illinois Violent Death Reporting System (IVDRS)	
Injury Prevention and Research Center (IPRC)	
Chicago Youth Programs (CYP)	

Potential Community Partners	
CDPH office of violence prevention	
Early Intervention	
Chicago Public Schools (CPS)	
Chicago Department of Family and Support Services	
Metro Family Services	
CIVITAS Child Law Center	
Parenting 4 non-violence	
Changing Children's World Foundation	
Chicago Children's Advocacy Center	
Cook County Medical Examiner's Office	
Department of Child and Family Services (DCFS)	

Lurie Children's activities addressing child maltreatment:	
Current and Upcoming	Description
Implement SCY policy recommendation: "Raise public awareness of how positive parenting contributes to academic, economic and family success, including working to remove the stigma on parenting enrichment opportunities"	Convene partners to develop and implement plan to advance policy recommendation regarding parent enrichment opportunities
Continue to advocate for the proper transfer of Child Death Review Teams from DCFS to IDPH	Build on the momentum of Senate Resolution 1941, passed in spring of 2016 requiring that a study be done about the merits of transferring the Child Death Review Teams from DCFS to IDPH. Review report and support implementation legislation as appropriate
Collaborating with CIVITAS Child Law Center regarding legal education at Loyola University	Developed advocacy course and curriculum for law students as well as sitting judges for adjudicating child abuse and neglect cases, as well as informing judges about normal youth development
Safe Kids Illinois	Led by the Lurie Children's Injury Prevention and Research Center, Safe Kids Illinois focuses on a variety of child safety issues including sleep safety and personal safety

Lurie Children's activities addressing child maltreatment:	
Support and partner with Illinois Childhood Trauma Coalition	Continue to host and support the Illinois Childhood Trauma Coalition, a coalition comprised of 80 public and private organizations dedicated to promoting the prevention and treatment of childhood trauma
SANE Nurse Practitioners in Emergency Department	Sustain the Sexual Assault Nurse Examiner Program (SANE) in the Lurie Children's Emergency Department, where a trained nurse practitioner is available 24/7. Explore possibility of expanding this service to other ambulatory care settings
Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC) Grant	Continue to support and be a partner in MPEEC, a multidisciplinary, multi-institutional consortium convened by the Chicago Children's Advocacy Center
Potential Activities	Description
Identify potential partner organizations to develop and facilitate community-based conversations about parenting skills and develop maltreatment prevention strategies	Convene community-based conversations about parenting skills and use conversation to help shape prevention messages at various levels and among various stakeholders, including pediatricians, bystanders, teens, faith/church groups and schools
Research evidence-based programs to educate patients and staff on prevention of child maltreatment	Assess programs such as the CDC video series on discipline and Coping with Crying program, and implement a program to educate patients as well as programs to train hospital staff on a violence-free hospital environment
Reinstitute first responder training (Child Maltreatment Awareness) at Lurie Children's	Utilize previously developed program to educate first responders for social workers, police, teachers, Early Intervention providers, etc. about the signs and symptoms of child maltreatment
Dissemination of Child Maltreatment research	Work to publish research findings on the clinical translation of new research in child maltreatment, including novel approaches to diagnosis, evaluation, and dissemination of findings
Explore options for foster care clinic	Using Chicago Youth Programs as a model, explore the development of a foster care clinic at Lurie Children's

Anticipated Impact:

- Facilitation of a city-wide conversation about supportive parenting
- Decrease in time before identification of child maltreatment cases
- Decrease number of children experiencing child maltreatment
- Better training of first-responder workforce (e.g. police, healthcare workers, etc)
- Improved child outcomes after an abusive event
- More discussion and transparency with regard to child maltreatment

Monitoring and Evaluation plan:

- Track the number of children with sentinel injuries and maltreatment-related injuries
- Document trainings and track number of workforce members trained
- Document advocacy efforts
- Track all child maltreatment-related funding, projects, publications and dissemination activities

Priority Area 5 - Complex Chronic Conditions (CCC)

Age group(s) at highest risk:

0 to 19 years old

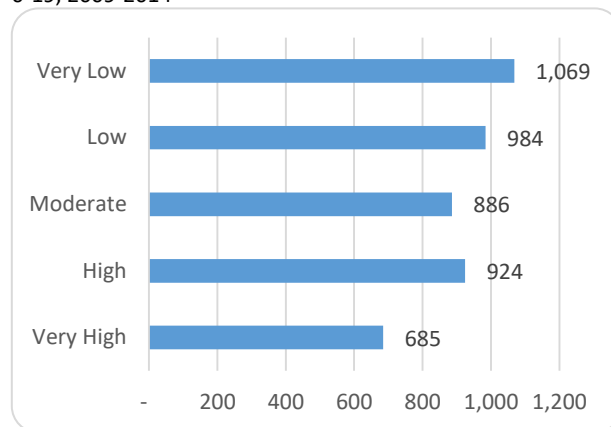
Populations at highest risk:

Children and youth living in areas with very low Child Opportunity Index level

Preventability considerations:

- Increase access
- Improve care coordination

ED Visits and Hospitalization Rates* for Patients with CCC
Diagnosis by Child Opportunity Index Level, Chicagoans Aged 0-19, 2009-2014



*Rates per 100,000 children

Lurie Children's Division/Programs Involved
Division of Emergency Medicine
Division of Hospital-Based Medicine
Division of Academic General Pediatrics
Department of Nursing
Division of Critical Care Medicine
Lurie Children's Health Partners Care Coordination
Lurie Children's Health Partners Clinically Integrated Network (CIN)
Almost Home Kids (AHK)

Potential Community Partners
The University of Illinois at Chicago, Division of Specialized Care for Children (DSCC)
Federally Qualified Health Centers (FQHCs)
Blue Cross Community
Department of Child and Family Services (DCFS) and Chicago Public Schools (CPS)

Lurie Children's activities addressing CCC's:	
Current and Upcoming	Description
Neurodevelopment follow-up clinic	Provide assessment and support for children with special physical health needs and neurodevelopmental concerns
ParentWise Program	Pair parents of children with special health care needs with other parents of children whose diagnoses and needs are similar
Family Advisory Board / Kids Advisory Board	With support from Lurie Children's, children and their families advocate for and advise about needs of children and adolescents with medical complexity.
Community programs supporting clinical activities of subspecialty divisions of Lurie Children's	For example, YMCA Camp Independence and Anixter Center serve as frequent partners of clinical teams at Lurie Children's to support children outside the hospital setting
Improve PCP/hospitalist/specialist communication	Provider-to-Provider system is being implemented in the Clinically Integrated Network
Transition from pediatric to adult care	Specific clinical programs (eg, Special Infectious Diseases, Cystic Fibrosis, Spina Bifida) provide support for patients to transition to health care in the adult setting. More broadly, the Chronic Illness Transition Program supports transition of youth with complex chronic conditions to adult providers
Telemedicine	Offer telemedicine healthcare institutions and primary care offices throughout Illinois
Expand Care Coordination	Provide care coordination to children served by practices in the Clinically Integrated Network with medical complexity or

Lurie Children's activities addressing CCC's:	
	chronic care needs; transitional case management at the time of hospital discharge is also provided with care coordination initiatives
Potential Activities	Description
Develop and evaluate additional models for integration, including risk-adjusted discharge support	Assess real time need for services during inpatient stays and immediately post-discharge; include emphasis on infants and children who received care in NICU
Explore opportunities for development of a comprehensive initiative to support children with medical complexity	Assess models of care at other institutions and consider clinical care models for children with medical complexity, especially as they connect to community-based supports and programs

Anticipated Impact:

- Reduction in overall inpatient and ED utilization for patients with medical complexity
- Improved quality of life and optimization of child development for children with medical complexity
- Reduction in gap in ED utilization and inpatient admission rates between areas with disparate levels of COI for this population
- Improved communication and collaboration between primary care, emergency care, and subspecialty care for this population
- Optimization of health care experience for children with medical complexity

Monitoring and Evaluation plan:

- Track ED visits and inpatient admissions and readmissions for chronic condition-related diagnoses
- Track patient satisfaction among patients with medical complexity
- Document changes to Lurie Children's service delivery, with emphasis on communication between primary care, emergency care, and subspecialty care

Priority Area 6 - Mental health

Age group(s) at highest risk:

12 to 19 years old

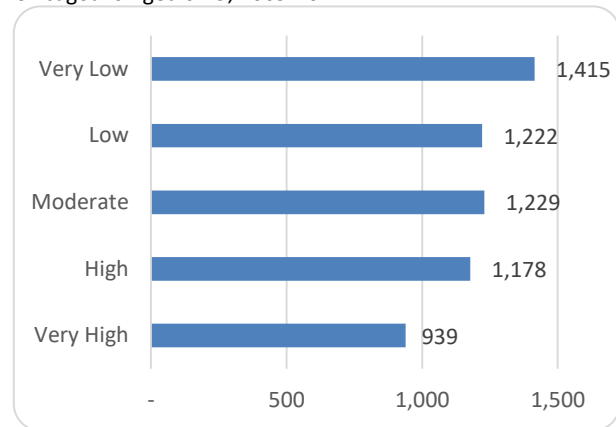
Populations at highest risk:

Children and youth living in areas with very low child opportunity

Preventability considerations:

- Increase access to mental health services to prevent Emergency Department visits and inpatient hospitalizations
- Decrease stigma of mental illness

ED Visits and Hospitalization Rates* for Patients with a Mental Health Diagnosis by Child Opportunity Index Level, Chicagoans Aged 0-19, 2009-2014



*Rates per 100,000 children

Lurie Children's Division/Programs Involved
Department of Psychiatry
Division of Adolescent Medicine
Protective Services Team
Center for Childhood Resilience
Lurie Children's Primary Care
Child Health Data Lab (Smith Child Health Research)
Strengthening Chicago's Youth (SCY)

F=Funding

A=Advocacy

S=Service Providers

E=Evaluation and Research

Potential Community Partners
Health and Medicine Policy Research Group (A, E)
Illinois Childhood Trauma Coalition (ICTC) (A, S)
Ounce of Prevention (S)
Heartland Alliance (S)
Chicago-based FQHC's (Erie, Near North, Howard Brown Center) (S)
Chicago Department of Public Health (A, E, F, S)
Chicago Public Schools (S)
Chicago Public Libraries, Teen Services (S)
Chicago Park District (S)
Irving Harris Foundation (F)
Voices for Illinois Children (A)
Illinois Early Learning Council (A, E)
Healthy Chicago Hospitals Collaborative (A)
Center on Halsted (S)
Howard Brown Center (S)
The Kennedy Forum (A)
IPHAM (Northwestern University) (E)
NUCATS (Northwestern University) (E, F)
DCFS (S, F)
Northwestern (Feinberg, Dept of Psychiatry) (E, S)
Chicago Youth Programs (S)
JTDC (Juvenile Temporary Detention Center) (S)
Partnership for Resilience (S, E, A)
AAP (American Academy of Pediatrics) (S, E, A)
Peer Health Exchange (S)
School-based Health Centers (S)
Safe Schools Alliance (S)
Mikva Challenge (S)
The Night Ministry (S)

Potential Community Partners, cont.

Teen Homeless Program (S)
UMOJA Student Development Corporation (S)
U of C Ci3's Game Changer Chicago Design Lab (S & E)
Thresholds (S, A)
Boys and Girls Clubs (S)
Baby Court (S, A)
Cook County Health Services (S, F)
PCORI (F)
SAMHSA (F)
Chapin Hall (E, A)

Lurie Children's activities addressing mental health:

Current and Upcoming	Description
Partner with schools to build sustainable systems for increasing access to mental health services	Provide strategic consultation and support capacity building efforts for social-emotional learning and evidence based-practices in the following school districts: CPS, Champaign Public Schools, ECHO Spec Education Collaborative. Includes dissemination evaluation of programs such as WOW "Working on Womanhood"
Work with youth-serving organizations and schools to become trauma-informed	Provide consultation and support capacity building efforts to become trauma-informed and embed trauma informed practices within unique settings, such as Chicago Public Libraries, CPS, Champaign Public Schools, Lansing Public Schools, Faith-Based Organizations. Includes dissemination evaluation of programs such as Bounce Back school-based trauma intervention.
Address the mental health needs of marginalized (undocumented, immigrant, refugee, LGBTQ and youth of color) youth and families following the November 2016 Presidential Election	Provide training and services for mental health and non-mental health professionals to better support their youth and families, and connect to additional services as needed (ICTC Refugee & Immigrant Committee, Chicago is With You – Mental Health Task Force, Chicago Public Schools, The Kennedy Forum). Hosted webinar for 700 adults with messaging to help anxious and disheartened marginalized youth.)
Reduce stigma of mental illness	Partnering with Mikva Challenge to support efforts to increase youth voice on mental health and reduce stigma (Chicago Public Schools)
Provide input into CMS Waiver regarding mental health services	As the state of Illinois goes through the 1115 waiver application process, provide feedback to state agencies in order to help model programs that are evidence based and maximize outcomes for children and youth
Participate in Healthy Chicago Hospital Collaborative's mental health-related efforts	Continue to serve on Healthy Chicago Hospital Collaborative's mental health sub-committee and participate in activities as necessary
Juvenile Justice Collaborative	Under SCY's leadership, convene youth service providers and government stakeholders in Cook County to develop a care coordination model for justice-involved youth, thus minimizing their further involvement in the justice system and reducing racial disparities
Primary care provider training	Train primary care providers to increase knowledge base and comfort at treating patients with behavioral and mental health diagnoses
Potential Activities	Description

Lurie Children's activities addressing mental health:	
Implementation of a high-volume behavioral health clinic at Lurie Children's	Upon receipt of funding, create and begin providing services in a high-volume clinic setting based on an evidence-informed model
Coordinate mental health activities across Lurie Children's	Work toward shared understanding across the enterprise with regard to mental health services provided in different divisions
Co-location of mental health and medical services	Explore models to co-locate services to better serve patients with dual diagnoses
Train Lurie Children's staff and clinicians	Develop an evidence based training on trauma informed care as well as social determinants of health for all tiers of the Lurie Children's Enterprise
Increase telemedicine opportunities	Research models of care for telemedicine
Strengthen program evaluation	Utilize existing Lurie Children's resources to build program evaluation into existing and new activities

Anticipated Impact:

- Expansion of mental health services and access to them at all levels
- Strengthening of the clinical and non-clinical workforce
- Increased effectiveness of mental health service delivery
- Increased financial sustainability of mental health services

Monitoring and Evaluation plan:

- Document changes to Lurie Children's service delivery
- Document trainings and track number of workforce members trained
- Track ED visits and inpatient admissions for mental health-related diagnoses
- Document advocacy efforts aimed toward increasing financial sustainability

Priority Area 7 - Obesity, Physical Activity and Nutrition

Age group(s) at highest risk:

0-4 years old and 12-17 years old

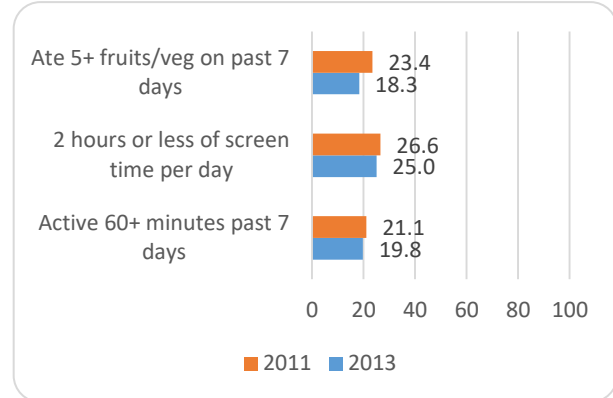
Populations at highest risk:

Children in areas with low and very low COI

Preventability considerations:

- Proportion of Chicago high school students reporting obesity-related healthy behaviors decreased between 2011 and 2013
- Promote evidence based obesity reduction programs and policies

Proportion of Chicago adolescents who meet select 5-4-3-2-1 Go! Goals, 2011 and 2013



*Data source: Chicago Youth Risk Behavior Survey

Lurie Children's Division/Programs Involved

[Consortium to Lower Obesity in Chicago Children \(CLOCC\)](#)

[Center on Obesity Management and Prevention \(COMP\)](#)

[Injury Prevention and Research Center \(IPRC\)](#)

Potential Community Partners

Ounce of Prevention

Chicago Park District

Chicago Youth Centers

Lutheran Social Services

Illinois Action for Children

Pediatric primary care centers

Inner City Muslim Action Network (IMAN)

Chicago Partnership for Health Promotion

Chicago Public Schools (CPS)

Lurie Children's activities addressing obesity, physical activity and nutrition:

Current and Upcoming	Description
Support for schools as they work toward Healthy CPS/LearnWell designation	Currently CLOCC staff support over 10 schools working towards the Healthy CPS designation and additionally support partners that touch 15 to 20 schools
Pair successful programs working in the food access space with starting/struggling programs	CLOCC utilizes its large membership to pair programs that have been successful in making changes to food access in the community with those programs that are struggling to make those changes
Work with healthy foods in corner stores in suburban Cook County	Currently funded initiative in suburban Cook County to advance the county's Healthy Hot Spot Campaign
Support city initiative for "Healthy Kids Meals" at restaurants	Continue to advocate for a "Healthy Kids Meal" designation for restaurants in Chicago
Safe at Play	Part of Kohl's Cares: Play it Safe with Kohl's -- the goal of Safe at Play is to build and improve playgrounds to create a safer play environment for children
54321 Junior	Based on 5-4-3-2-1 Go developed and disseminated by CLOCC, this program is targeted at pre-school aged children and its goal to help children learn about healthy life styles. One pilot program is currently in the field with a second pilot planned

Lurie Children's activities addressing obesity, physical activity and nutrition:	
Potential Activities	Description
Identify schools in areas where obesity prevalence is relatively high and begin partnerships with those schools	Target schools that are highest risk and already willing and enthusiastic. Explore funding opportunities and research ways to increase presence of obesity prevention messaging and programing in schools such as partnering with other community based partners that would expand service delivery to better serve wellness/obesity programs that are already in place
Train primary care providers	Utilizing the COMP model, train primary care providers on strategies to help their patients with obesity and wellness related problems
Foster partnerships with Chicago Park District	CLOCC is currently part of a group from Lurie Children's that is working with the Chicago Park District in regards to formalizing a relationship between the two organizations
Explore possible partnerships with organizations focused on child care	Work with state to meet physical and nutritional standards and help organizations adhere to those policies

Anticipated Impact:

- Increase in proportion of CPS schools that are "Learn Well" schools
- Narrowing of gap in healthy food access
- Increase in family access to safe, affordable places for physical activity
- Adoption of new child care standards regarding physical activity and screen time

Monitoring and Evaluation plan:

- Impact of sugar-sweetened beverage tax implementation in Cook County
- Document number of CPS schools that obtain "Learn Well" status, by neighborhood
- Document advocacy efforts aimed toward increasing physical activity and reducing screen time

Priority Area 8 - Violence Related Injury and Mortality

Age group(s) at highest risk:

15 to 19 years old

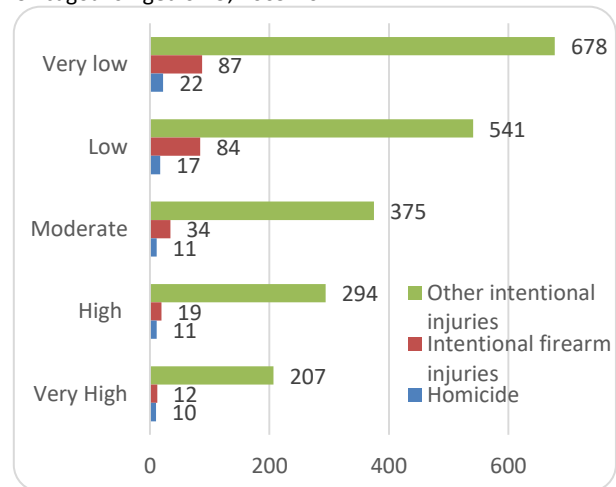
Populations at highest risk:

- Males
- Children and youth living in areas with a low or very low COI level

Preventability considerations:

- Common sense gun violence prevention policies
- Promotion of evidence based violence prevention programs

Homicide Rates* and ED Visits and Hospitalization Rates for Patients with Intentional Firearm Injury or Other Intentional Injury Diagnosis by Child Opportunity Index Level, Chicagoans Aged 0-19, 2009-2014



*Rates per 100,000 children

Lurie Children's Division/Programs Involved
Division of Emergency Medicine
Strengthening Chicago's Youth (SCY)
Illinois Violent Death Reporting System (IVDRS)

Potential Community Partners
Illinois Hospital Association (IHA)
Chicago Public Schools (CPS)
Chicago Department of Public Health (CDPH)
Chicago Park District
Chicago Police Department
SCY members
University of Illinois at Chicago
Healthy Chicago Hospital Collaborative (HCHC)
Sinai Urban Health Institute (SUHI)
Chicago Youth Programs (CYP)
Illinois Department of Public Health
University of Chicago
Mayor's office
Cook County Justice Advisory Council
Midwest Injury of Prevention Alliance (MIPA)
Illinois Council Against Handgun Violence
Illinois Gun Violence Prevention Coalition
Chicago Gun Violence Research Collaborative

Lurie Children's activities addressing violence:	
Current and Upcoming	Description
Gun violence prevention policy and advocacy	Participate in Illinois Gun Violence Prevention Coalition and Illinois Council Against Handgun Violence. Collaborate with gun violence prevention and justice reform partners around "Building a Safe Chicago—Calling for a Comprehensive Plan" and in the Chicago Gun Violence Research Collaborative
Juvenile Justice Collaborative	Under SCY's leadership, convene youth service providers and government stakeholders in Cook County to develop a care coordination model for justice-involved youth, thus

Lurie Children's activities addressing violence:	
	minimizing their further involvement in the justice system and reducing racial disparities.
Violence Data Landscape	SCY convenes a collaborative of community and youth violence prevention programs, researchers, and advocates to identify strategies to increase use and dissemination of violence-related data for policy and program improvement in Chicago.
Community-Academic Collaboration to Prevent Violence in Chicago	Using insight from community meetings, CACPVC is developing a Community-Based Participatory Research agenda for violence prevention that reflects the diversity of Chicago neighborhoods and will establish a permanent infrastructure to facilitate its implementation.
IVDRS data releases and data briefs	Dissemination of results of surveillance as one of the CDC-funded National Violent Death Reporting Systems IVDRS has data on all violence-related deaths in Cook, DuPage, Kane, Lake, McHenry and Peoria counties, with more to be added in 2016
Enhance protocols for ED visits for assault-related injuries	Protocols will be used to promote intervention and follow-up to reduce likelihood of future violent encounters
Potential Activities	Description
Collaborate with other hospitals around violence prevention	Explore implementing the Cardiff model—which connects health care, police, and EMS data on assault-related injuries -- in Chicago
Engage community partners in development of research agenda and building evaluation capacity	Utilizing existing relationships with community organizations, work towards creation of a city-wide research agenda addressing violence and violence prevention efforts
Support community organization and the media	Train community organizations and media around the use of data for reporting and advocacy
Expand capacity of IVDRS	Increase staff to support data requests from community organizations
Explore Lurie Children's role in transition age youth behaviors	Explore opportunities to engage in prevention efforts around emerging adults (transition aged youth) aged 19 to 24 with regard to violence-related behaviors

Anticipated Impact:

- Increased capacity of organizations serving children and youth in very low and low COI communities
- Reduction in disparities in violent death between children living in very low to low versus moderate to very high COI level neighborhoods
- Strengthening of common-sense gun law policy agenda by bringing a data-driven approach to programs across the state
- Increased strategic and impactful funding for violence and its impact on children

Monitoring and Evaluation plan:

- Track ED visits for violence-related injury diagnoses by Child Opportunity Index level
- Track violence-related mortality city-wide by Child Opportunity Index level
- Document advocacy efforts aimed toward adoption of common-sense gun laws
- Track data requests, training opportunities, and communication efforts
- Evaluate partners' capacity to serve their communities

APPENDIX A

Lurie Children's Hospital 2015-16 Community Health Needs Assessment and Implementation Plan Committee

Member
<i>External Representatives</i>
Barbara Fischer, Section Chief, Public Reporting and Transparency, Division of Patient Safety and Quality, Illinois Department of Public Health
Esther Corpuz, Chief Executive Officer, Alivio Medical Center
Nikhil Prachand, Director of Epidemiology, Chicago Department of Public Health
Sheri Cohen, MPH, Senior Health Planning Analyst, Chicago Department of Public Health
Teri Merens, MD, Physician at Traismans, Benuck, Merens & Kimball
Erica Salem, MPH, Director of Strategic Health Initiatives, Health & Disability Associates
Bernice Mills Thomas, RN, MSN, MPH, MBA, Executive Director, Near North Health Service Corporation
Pamela Spadino, Lurie Children's Family Advisory Board
Eric Schroeder, Lurie Children's Family Advisory Board
AJ Williams, Lurie Children's Kids Advisory Board Member
Tim Weaver, Lurie Children's Kids Advisory Board Member
<i>Internal Representatives</i>
Reagen Atwood, Associate General Counsel
Barbara Bayldon, MD, Clinical Practice Director, GAP/Primary Care Services Head of the Section of Primary Care and Assistant Professor Medical Director, Uptown Primary Care Clinic
Adam B. Becker, MPH, Executive Director, CLOCC
Jenifer Cartland, PhD, Senior Director, Data Analytics and Reporting
Mia Casale, MPH, Research Staff, Population Health Analytics
Matthew Davis, MD, MAPP, Director, Smith Child Health Research Program, Associate Chief Research Officer for Health Services and Policy Research and Division Head – Academic General Pediatrics and Primary Care
Jill Fraggos, MPH, Senior Director, Government Relations
Susan Hayes Gordon, Senior Vice President/Chief External Affairs Officer

Member
James P. Harisiades, MPH, Director, Child Advocacy
Monica Heenan, RN, MSA, Senior Vice President/Chief Strategy Officer
Rebecca Levin, MPH, Director, Strengthening Chicago's Youth (SCY)
Karen Sheehan, MD, MPH, Medical Director, Injury Prevention and Research Center
Tracie Smith, MPH, Director, Population Health Analytics
Brian Stahulak, Senior Vice President/Chief Nursing Officer