

Hospital Engagement Action and Leadership

2021 Summary Report to Stakeholders



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



18 vulnerable neighborhoods. One powerful goal.

2020 Highlights



3,080
HEAL residents
hired by HEAL
hospitals



\$131M
in supplies &
services purchased
from HEAL
neighborhoods



661
HEAL residents
promoted or
advanced in their
careers at HEAL
hospitals



148
programs
operated to deliver
trauma-informed,
community-based
counseling &
support services



66,022
patients received
social determinant of
health screenings
1,815
employees trained
to perform the
screenings



148
trauma-informed,
post-injury counseling
programs
4,524
victims of violence
served by those
programs

See the full report at www.team-ihc.org/files/non-gated/quality/chicago-heal-year-two-report.aspx

Chicago HEAL Initiative

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

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

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

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

Whether it was targeted neighborhood outreach to prevent retaliatory shootings over the summer or enlisting trusted messengers to promote COVID-19 testing and vaccine confidence, these hospitals are meeting the Chicago HEAL Initiative's mission by using their healthcare expertise and economic footprint to reach into their communities to address the most challenging public health issues. During such a tumultuous time, I could not be more appreciative of the sustained commitment to hire, spend, train, treat, and deliver services in vulnerable communities.

From the outset of the pandemic, I have met with hospital leadership, frontline staff and community members to understand the unique health, safety, and economic challenges posed by COVID-19. I have worked to support the hospitals not only in keeping

their doors open and staff on payroll, but continuing to meet their 16 commitments under the Chicago HEAL Initiative.

This has included leading Congressional negotiations on the Families First Coronavirus Response Act, CARES Act, Coronavirus Response and Relief Supplemental Appropriations Act, and the American Rescue Plan. Together, these important measures have provided a lifeline of hundreds of billions of dollars to hospitals, health providers, and public health efforts. Notably, they include \$178 billion for a Provider Relief Fund; enhanced Medicaid, Medicare, Affordable Care Act, and COBRA coverage and reimbursements; billions to Illinois in funding for personal protective equipment, testing, and vaccine distribution and infrastructure; and a provision I authored to provide a historic \$1 billion in scholarship and loan repayment funding through the National Health Service Corps and Nurse Corps to recruit more doctors, nurses and other providers—especially from underrepresented populations—into underserved communities to tackle health disparities and workforce shortages.

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

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

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

Together, not only is this collaborative effort making progress on health disparities and the epidemic of gun violence, we are building a national model for engaging communities—whether in targeted COVID-19 responses or providing a roadmap for important structural investments to address inequality.

I am grateful for their efforts, and I encourage more partners to join us as we scale up this framework and embed our lessons across health systems.

— **Richard J. Durbin**
United States Senator

HEAL Initiative Progress Dashboard

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

1 Increase local workforce commitment to reduce economic hardship

Hiring, procurement, workforce retention, workforce development

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

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

Trauma-informed counseling and support, behavioral health partnerships, neighborhood vitality, safe zones, health fairs

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

* Less than 10 hospitals reporting.

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

— A.J. Wilhelmi, IHA President & CEO



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

Screenings and firearm safety, counseling and case management, opioid prescribing, lead poisoning screening, data sharing, Chicago Gun Violence Research Collaborative, Illinois Perinatal Quality Collaborative, bias and cultural competency training

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

* Less than 10 hospitals reporting.

10 Leading Health Systems

18 Vulnerable Chicago Neighborhoods

One Powerful Goal



HEAL Neighborhood Zip Codes

Auburn Gresham	60620	Gage Park	60609, 60629, 60632, 60636	Riverdale	60827
Austin	60644, 60639, 60651, 60707	Grand Boulevard	60609, 60615, 60653	South Chicago	60617
Brighton Park	60632	Greater Grand Crossing	60619, 60620, 60621, 60637	South Lawndale/Little Village	60623, 60608
East Garfield Park	60624, 60612	Humboldt Park	60622, 60624, 60647, 60651	South Shore	60649, 60637, 60619
Greater Englewood	60621, 60636	New City	60609	Washington Park	60637, 60621, 60615, 60609
Fuller Park	60609	North Lawndale	60608, 60623, 60624	West Garfield Park	60624