CHICAGO HOSPITALS AND THE AFFORDABLE CARE ACT

More Opportunities for Prevention

March 2015

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

HDA Health & Disability Advocates

This report is made possible with the generous support of the Otho S.A. Sprague Memorial Institute.

For more information contact Erica Salem, MPH at ESalem@hdadvocates.org

Dear Friends,

In March 2014, the Chicago Department of Public Health (CDPH) released a report examining the priorities emerging from the Community Health Needs Assessments and Implementation Plans of 16 Chicago hospitals. These hospitals were the first in the city to complete and publicly post these documents, consistent with the requirements of the Affordable Care Act.

This year, CDPH has partnered with Health & Disability Advocates (HDA) to take a closer look at the larger number of hospitals that have since completed this important work. In this report, we examine the priorities identified by 27 hospitals - 24 located within the city of Chicago and three suburban hospitals that serve large numbers of Chicago residents.

Between the release of the first report and the completion of this update, CDPH and HDA worked with a small number of local hospitals which recognized the value of bringing hospitals together around their shared priorities. Each recognized that the collective impact of working together could greatly exceed the work that any one hospital could do by itself.

Thus, with the goal of having a collective impact on community health improvement, in April 2015, the Healthy Chicago Hospital Collaborative was launched. Convened by CDPH and supported by HDA, it is our hope that this Collaborative, and other public health stakeholders will use this report to inform their work.

A Healthy Chicago requires that partners at all levels – individual, family, community and institutional – come together to tackle those issues which must be addressed to ensure health and wellness.

Sincerely,

Julie Morita, M.D.
Commissioner
Chicago Department of Public Health

Barbara Otto, M.A.
Chief Executive Officer
Health & Disability Advocates

BACKGROUND

On March 23,2010, the Patient Protection and Affordable Care Act (ACA) was signed into law. While most widely touted for providing a pathway for healthcare coverage for millions of uninsured Americans, the ACA has also provided numerous opportunities for public health and prevention.

To date, most discussions about public health prevention have focused on the ACA's Prevention and Public Health Fund. The Fund was established to expand and sustain national investments in prevention and public health, to improve health outcomes, and to enhance health care quality. In Chicago, the Fund has already invested millions of dollars in a broad range of evidence-based activities, including surveillance, public health infrastructure, immunizations and screenings, tobacco prevention, and obesity prevention. Consistent with public health approaches, these dollars have been awarded to a diversity of partners, including government agencies, community-based organizations, public schools, academic institutions, hospitals, and non-profit agencies with a citywide focus.

This report focuses on the prevention opportunities related to hospitals and their partners. It is intended to briefly summarize ACA requirements for charitable hospitals, discuss the findings of this work thus far among Chicago hospitals, and highlight best and promising public health practices for addressing selected health and public health issues prioritized by these hospitals. This report builds on the 2014 Chicago Department of Public Health report, *Chicago Hospitals and the ACA: New Opportunities for Prevention.* That report considered the work of the 16 charitable hospitals that had completed and publicly posted their Community Health Needs Assessments through August 2013. This report provides updated information for 27 hospitals - 24 Chicago hospitals and three suburban hospitals, which border and serve significant numbers of Chicago residents.

ACA Requirement for Charitable Hospitals

The Affordable Care Act imposed four general requirements on charitable 501(c)(3) hospitals.[1] Under the ACA, each hospital must

- Establish written financial assistance and emergency medical care policies,
- Limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy,
- Make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual, and
- Conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years.

The community health needs assessment provides an unprecedented opportunity to connect health care and public health. Historically, many (but not all) hospitals have defined needs based on the conditions with which their patients present. Through the CHNA processes, hospitals are looking outside of their walls and focusing on the broader communities that comprise their service areas. This is an activity familiar to the public health community and its traditional focus on population health.

Charitable Contributions from Chicago Hospitals

In 2011, Chicago Hospitals collectively reported providing $1.6 billion in charitable contributions to the communities they serve. One-third of these contributions were attributed to free hospital care which includes charity care for those with no or inadequate coverage and bad debt. It is anticipated that with the dramatic increase in Chicago's insured population which has occurred since 2014, free care contributions will be reduced. What is not known at this time is the extent to which those who have become newly insured through the Health Insurance Marketplace will be able to afford their deductibles. Some of these costs could be assumed by the provider and be considered as free care. Further, despite the many

benefits afforded by the ACA, it contains no insurance provisions for most non-citizens. In Chicago this translates to just over 108,000 residents.

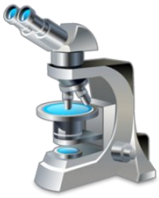
Charitable Contributions from Chicago Hospitals, 2012

Medicare/Medicaid Shortfalls
$501 million+

Free Care
$522.5 million+

Education
$210 million+

Community Health Services
$115.5 million+



Research
$242.5 million+

Donations & Volunteerism
$27.5 million+

Language Services
$7 million+

Source: Metropolitan Chicago Healthcare Council, 2013

APPROACH

As previously noted, under the ACA, the U.S. Internal Revenue Service requires that all hospitals make their Community Health Needs Assessments (CHNAs) and related implementation plans available to the public through their websites. Deadlines for completing and posting the documents vary depending on each hospital's tax year. In updating this report, HDA staff identified documents for 24 Chicago hospitals as well as three suburban Cook County hospitals serving large numbers of Chicagoans. In four instances where documents were not publicly posted, calls were made but the assessments and implementation plans were never provided. Thus the work of these hospitals is not reflected in this report. There were also instances where implementation plans were not available; in these cases we were able to speak directly with hospital staff to identify their priorities.

The review focused on both the geographic areas served by each hospital and the key findings and priority health issues emerging from their assessments and plans. When considered together, these factors suggest opportunities for hospitals to work in partnership with one another, and with community partners, to leverage resources to address priority health needs. The analysis conducted did not focus on all priorities selected by each hospital. With an eye towards fostering collaboration, the focus was those priorities which appeared most frequently across hospital plans.

This report also considers, for each of the most frequently identified priorities, best or promising practices. These interventions were obtained from the U.S. Centers for Disease Control's Guide to Community Preventive Services and have been scientifically reviewed.

The Guide is useful for ensuring that existing resources are used most effectively. The Guide considers which program and policy interventions have been proven effective ("Recommended") which have not ("Not Recommended") and which require further evaluation ("Insufficient Evidence." The Guide helps to answer questions including:

- What intervention have and have not worked?
- In which populations and settings has the intervention worked or not worked?
- What might the intervention cost?
- What should I expect for my investment?
- Does the intervention lead to any other benefits or harms?
- What interventions need more research before we know if they work or not?

The Guide to Community Preventive Services is a free resource made available through the CDC that the public health community has relied upon to choose programs and policies to improve health and prevent disease. The Guide is informed by the CDC-appointed Community Preventive Services Task Force, an independent, non-federal, unpaid panel of public health and prevention experts that provide evidence-based findings and recommendations about community preventive services, programs, and policies to improve health.

In addition to the Guide, community health improvement work of hospitals and their partners can be informed by the CDC Community Health Improvement Navigator (www.cdc.gov/CHInav) to be launched in 2015. This database will enable searches for evidence-based interventions that use a collaborative approach to community to address specific, underlying risk factors for the leading causes of morbidity and mortality in the United States. The interventions profiled will leverage cross-sector partnerships for the greatest impact on the community's health. Findings will be grouped by areas of action and impact, including socio-economic environment, physical environment, health behaviors, and clinical care. Implementation of interventions in multiple areas of action can maximize the positive impact on the health and well-being of the broader population.

KEY PRIORITIES AND BEST PRACTICES

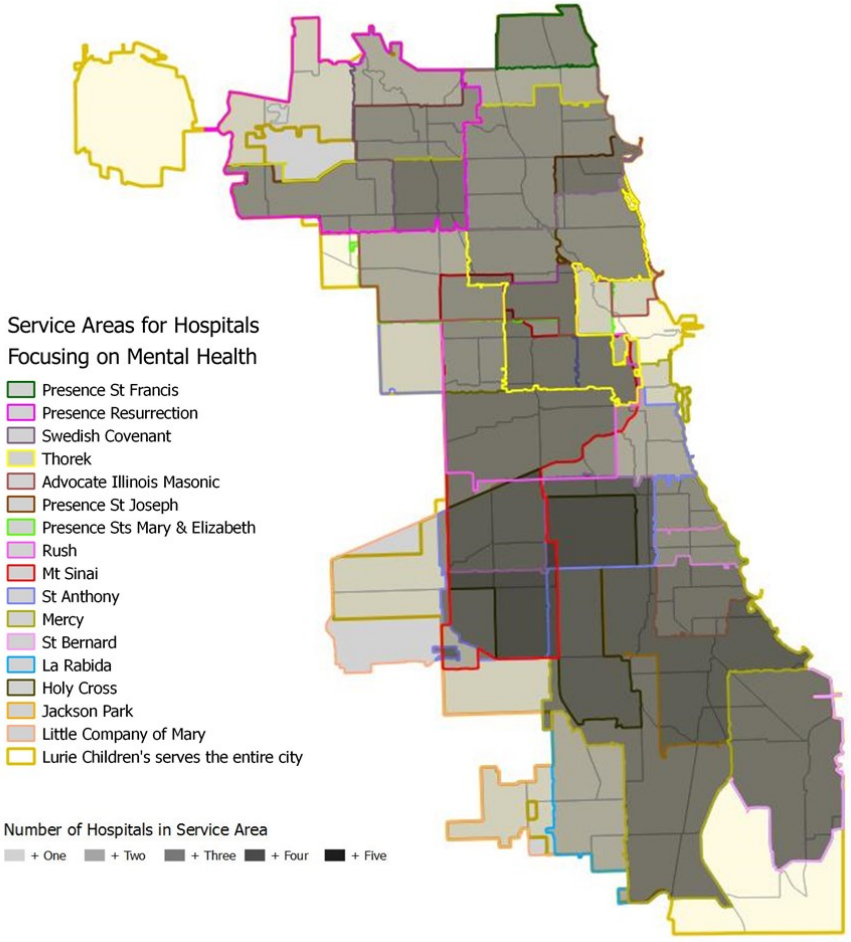
There was considerable overlap in the priorities that emerged from the 27 hospital Community Health Needs Assessments and implementation plans reviewed by HDA. The table which follows lists those priorities most frequently identified by the hospitals. Some hospital assessments identified additional priorities, such as medical research and women's health issues, that are not reflected in the table below. It is important to note that a decision by a hospital not to identify a specific condition as a priority should not be interpreted to mean that hospital is not concerned about nor recognizes the importance of the condition. In some cases a hospital prioritized conditions relating to its principal function, as provided by federal regulations issued to guide hospitals in conducting their assessments.[2] Such was the case with at least one rehabilitation hospital listed below, which identified multiple rehabilitation conditions as key priorities. In other cases a hospital may have chosen to focus its efforts elsewhere due to its limited resources. Other hospitals may have identified other priorities based on their scope of practice and expertise. The rest of this report addresses the priorities identified and a review of potential interventions.

COMMUNITY HEALTH NEEDS ASSESSMENTS: MOST FREQUENTLY IDENTIFIED PRIORITIES

HOSPITALS	Mental Health	Access to Care	Obesity	Heart Disease	Diabetes	Respiratory Health	Violence	Social Determinants
Number of Hospitals Selecting priority	17	17	15	12	10	10	9	6
Advocate Health Care								
Christ Hospital (Oak Lawn)		✓	✓				✓	✓
Illinois Masonic Medical Center	✓							
Trinity Hospital				✓		✓		
Ann & Robert H. Lurie Children's Hospital	✓		✓			✓	✓	
Jackson Park Hospital & Medical Center	✓				✓	✓		
La Rabida Children's Hospital	✓	✓	✓			✓		
Little Company of Mary (Evergreen Park)	✓	✓		✓	✓	✓		
Mercy Hospital & Medical Center	✓	✓	✓	✓				
Northwestern Memorial Hospital		✓	✓	✓			✓	
Norwegian American Hospital		✓						✓
Presence Health								
Resurrection Medical Center	✓	✓						
Saint Francis (Evanston)	✓		✓				✓	✓
Saint Joseph Hospital	✓	✓						✓
Saints Mary & Elizabeth Medical Center	✓		✓		✓		✓	✓
Rehabilitation Institute of Chicago				✓				
RML Specialty Hospital - Chicago		✓						
Rush University Medical Center	✓	✓	✓	✓	✓	✓		✓
Saint Anthony Hospital	✓	✓	✓	✓	✓		✓	
Saint Bernard Hospital & Health Care Center	✓	✓		✓	✓	✓	✓	
Shriner's Hospitals for Children								
Sinai Health System								
Holy Cross Hospital	✓		✓	✓	✓			
Mount Sinai Hospital	✓		✓	✓	✓			
Schwab Rehabilitation Hospital		✓	✓				✓	
Swedish Covenant Hospital	✓	✓	✓	✓		✓		
Thorek Memorial Hospital & Medical Center	✓	✓	✓				✓	
University of Chicago Medicine		✓	✓		✓	✓		
University of Illinois Hospital & Health Sciences System		✓		✓	✓	✓		

MENTAL HEALTH

Issues related to mental health were identified as priorities in 17 of the 27 (63%) of the completed CHNAs and implementation plans. With 32,508 admissions for either mood disorders or schizophrenic disorders, mental health related conditions were among the leading causes of hospitalizations in Chicago in 2011.[3] Specific issues noted included suicide, depression, and hospitalizations related to drug and alcohol use, mood disorders and psychotic disorders. Hospitals noted the need for prevention efforts, particularly among young people, and a greater capacity for community-based treatment.



CDC GUIDE TO COMMUNITY PREVENTIVE SERVICES

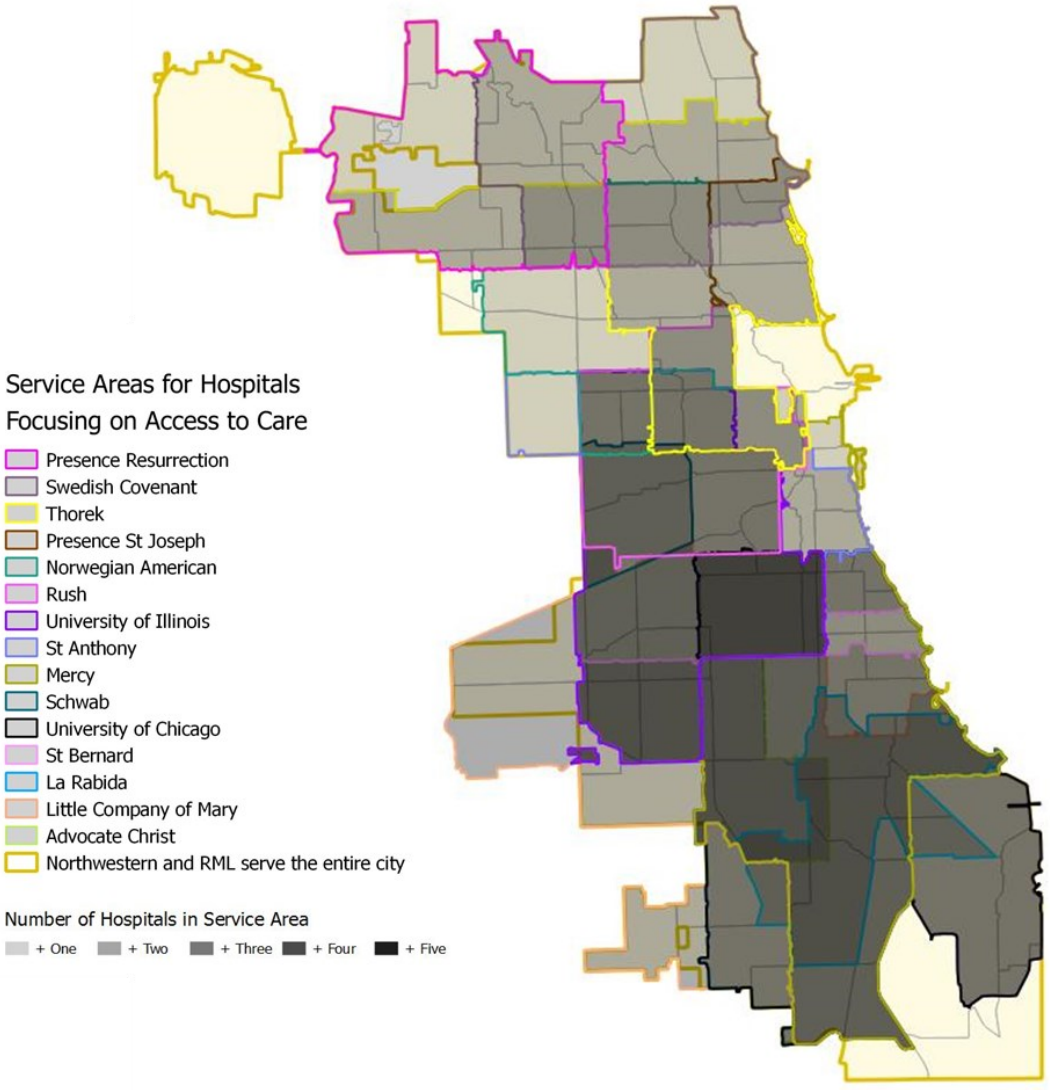
MENTAL HEALTH	
Collaborative Care for the Management of Depressive Disorders	Recommended
Mental Health Benefits Legislation	Recommended
Interventions to Reduce Depression Among Older Adults	
Homes-Based Depression Care Management	Recommended
Clinic-Based Depression Care Management	Recommended
Community-Based Exercise Interventions	Insufficient Evidence

http://www.thecommunityguide.org/mentalhealth/index.html

ACCESS TO CARE

Seventeen hospitals (63%) identified access to health care services as a priority emerging from their community health needs assessments. Access issues were identified not only related to medical care, but also for issues addressing mental health, oral health and vision services. These issues ranged from the needs to increase capacity to helping patients navigate the health care systems.

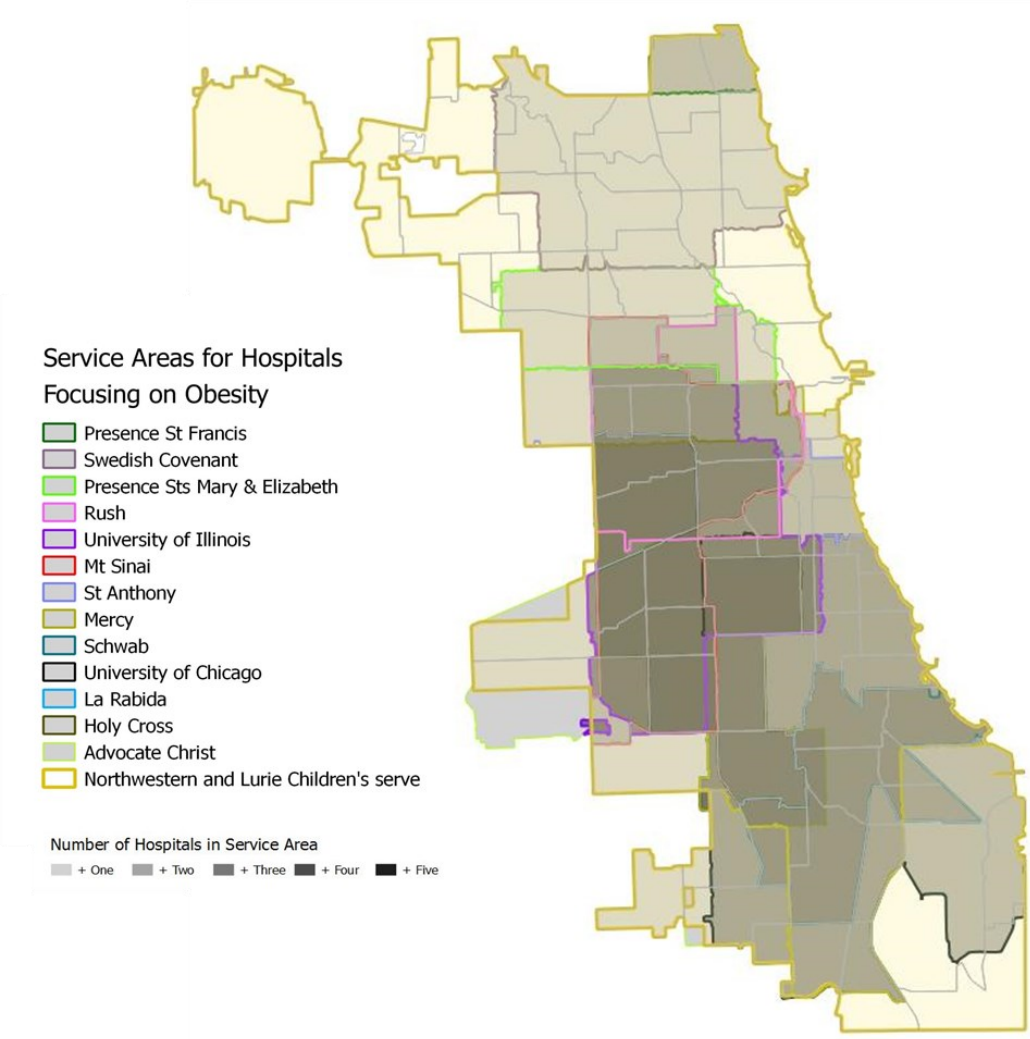
Prior to January 2014, there were over 506,000 Chicago residents who lacked health insurance.[4] While 208,346 have since gained coverage through expanded Medicaid[5], and Chicagoans likely represent a good share of the more than 300,000 who have purchased coverage through the Health Insurance Marketplace, challenges remain. There are an estimated 100,000 undocumented residents who are not eligible for ACA coverage, and many of the newly-insured lack the information necessary to effectively use the health care system.[6]



The Guide to Community Preventive Services does not recommend strategies for increasing access to care. However, since the 2010 passage of the Affordable Care Act, over $42 million in federal funding has been awarded to increase the capacity and quality of services provided by Chicago's Federally Qualified Health Centers. Further federal and state investments of over $20 million have been dedicated to supporting outreach, education and insurance enrollment efforts by more than 40 community-based organizations, health centers, and other Chicago stakeholders.

OBESITY, NUTRITION, PHYSICAL ACTIVITY & WEIGHT CONTROL

Fifteen of 27 hospitals (56%) identified obesity, nutrition, physical activity, and/or weight control as a priority issues. In 2013, the largest scale analysis ever conducted of childhood obesity in Chicago revealed the overall prevalence of overweight or obesity for kindergarten, sixth grade and ninth grade public school students was 43.3%. Rates were highest among 6th graders (48.3%) compared to kindergarteners and 9th graders (35.6% and 44.5% respectively), and in all three grades, the rates were higher among Hispanic students than African American and White students.[7] The latest available data show that among Chicago adults, 24.6% are obese.[8]



CDC GUIDE TO COMMUNITY PREVENTIVE SERVICES

NUTRITION	
School-Based Programs Promoting Nutrition and Physical Activity http://www.thecommunityguide.org/nutrition/index.html	Insufficient Evidence

OBESITY PREVENTION & CONTROL

Interventions in Community Settings	
Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time among Children	Recommended
School-Based Programs	Insufficient Evidence
Worksite Programs	Recommended
Technology Supported Multicomponent Coaching or Counseling	
To Reduce Weight	Recommended
To Maintain Weight Loss	Recommended
Provider Oriented Interventions	
Provide Education	Insufficient Evidence
Provider Feedback	Insufficient Evidence
Provider Reminders	Insufficient Evidence
Provider Education with a Client Intervention	Insufficient Evidence
Multicomponent Provider Interventions with Client	Insufficient Evidence

http://www.thecommunityguide.org/obesity/index.html

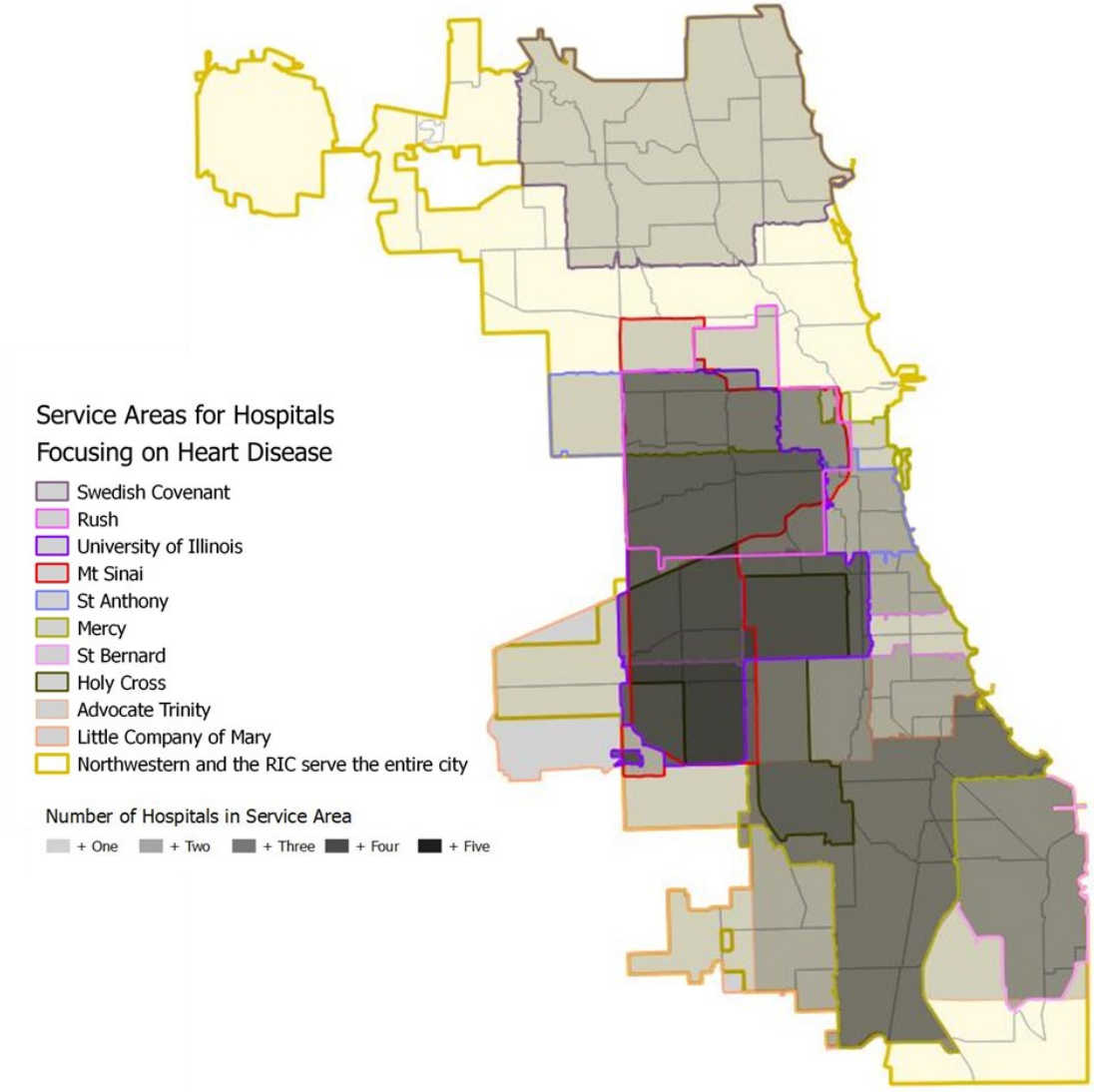
PHYSICAL ACTIVITY

Behavioral & Social Approach	
Individually-Adapted Health Behavior Change Programs	Recommended
Social Support Interventions in Community Settings	Recommended
Family-Based Social Support	Insufficient Evidence
Enhanced School-Based Physical Education	Recommended
College-Based Physical Education and Health Education	Insufficient Evidence
Campaigns & Informational Approaches	
Community-Wide Campaigns	Recommended
Stand-Alone Mass Media Campaigns	Insufficient Evidence
Classroom-Based Health Education Focused on Providing Information	Insufficient Evidence
Environmental & Policy Approaches	
Community-Scale Urban Design and Land Use Policies	Recommended
Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities	Recommended
Street-Scale Urban Design and Land Use Policies	Recommended
Transportation and Travel Policies and Practices	Insufficient Evidence
Point-of-Decision Prompts to Encourage Use of Stairs	Recommended

http://www.thecommunityguide.org/pa/index.html

HEART DISEASE

A priority for 12 of 27 hospitals (44%), heart disease and related risk factors were the fourth most frequently identified issue arising from the CHNAs and implementation plans. In Chicago, diseases of the heart are the leading cause of death, accounting for 4,991 lives lost (26.7% of all deaths) in 2011.[9] Heart disease also accounts for 33,689 hospitalizations, the greatest number outside of admissions related to pregnancy, childbirth, and conditions of newborns.[10]

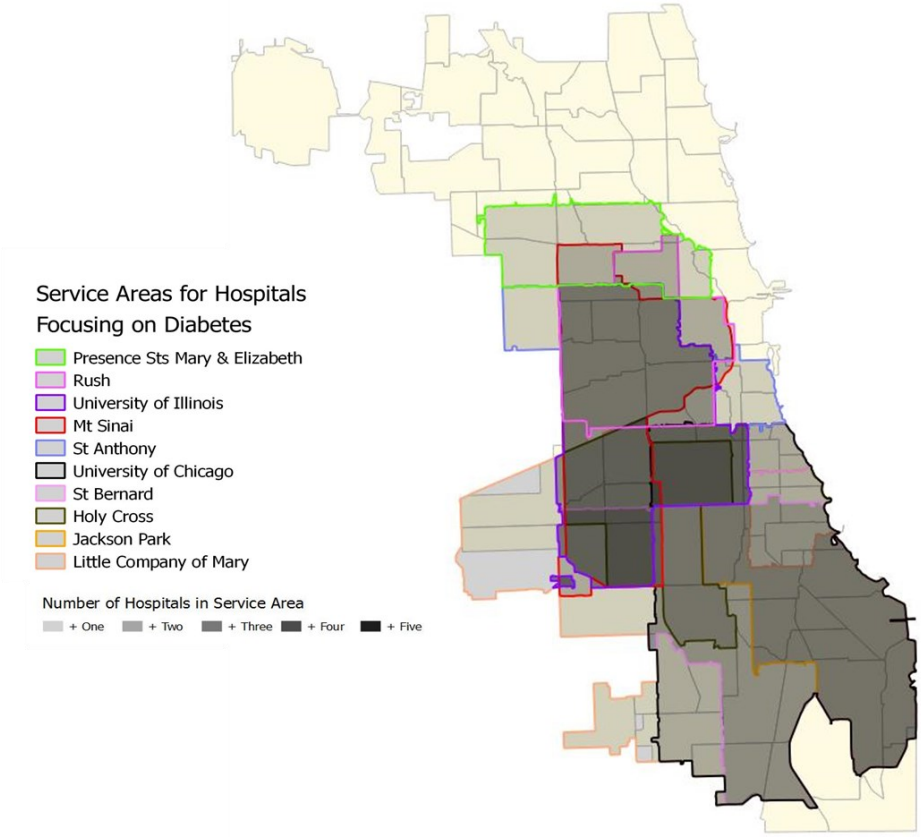


CDC GUIDE TO COMMUNITY PREVENTIVE SERVICES

CARDIOVASCULAR DISEASE	
Clinical Decision-Support Systems (CDSS)	Recommended
Reducing Out-of-Pocket Costs for Cardiovascular Disease Preventive	Recommended
Team-Based Care to Improve Blood Pressure Control	Recommended
http://www.thecommunityguide.org/cvd/index.html	

DIABETES

Diabetes emerged as a priority in the needs assessments and implementation plans of 10 (37%) hospitals. In 2011, diabetes was a cause of 565 (or 3%) of all deaths that year.[11] Diabetes accounted for 4.6% (92) of all deaths among Latino Chicagoans, 3.3% (291) of African American deaths, and 2.3% (164) deaths among Whites.

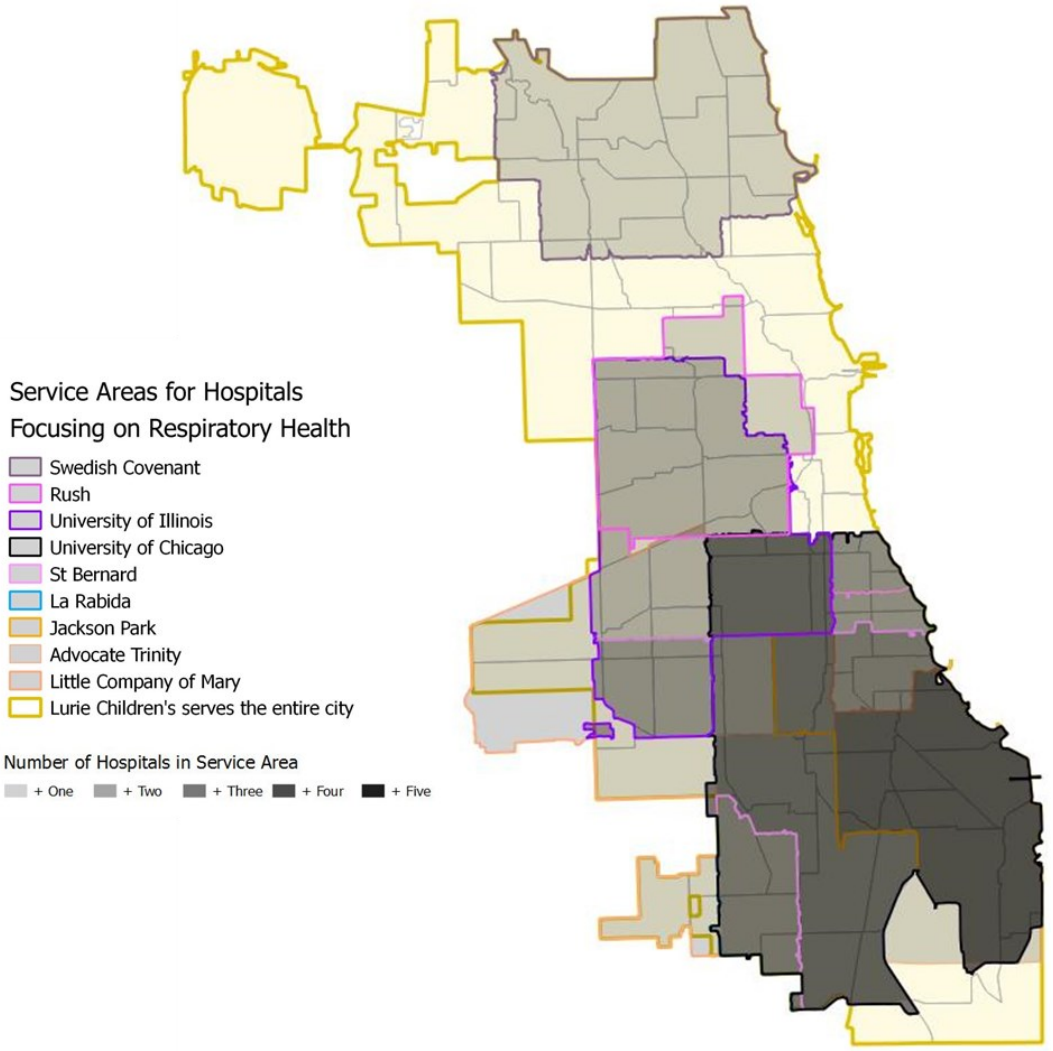


CDC GUIDE TO COMMUNITY PREVENTIVE SERVICES

DIABETES	
Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk	Recommended
Case Management Interventions to Improve Glycemic Control	Recommended
Disease Management Programs	Recommended
Self-Management Education	
Community Gathering Places — Adults with Type 2 Diabetes	Recommended
In the Home — Children and Adolescents with Type 1 Diabetes	Recommended
In the Home — People with Type 2 Diabetes	Insufficient Evidence
In Recreational Camps	Insufficient Evidence
In Worksites	Insufficient Evidence
In School Settings	Insufficient Evidence
http://www.thecommunityguide.org/diabetes/index.html	

RESPIRATORY HEALTH

Conditions related to respiratory health, such chronic obstructive pulmonary disease, were identified as priorities by 10 of the 27 hospitals (37%) whose community health needs assessments and implementation plans were reviewed. The most frequently mentioned condition was asthma, which accounted for 28,433 emergency department visits and 7,325 hospital admissions in 2011.[12] Rates of emergency department visits were highest among the youngest Chicagoans - 194.8 visits for every 10,000 residents under five years of age.[13] Accounting for 717 deaths, chronic lower respiratory disease was the 4th leading cause of death in Chicago in 2011.[14]

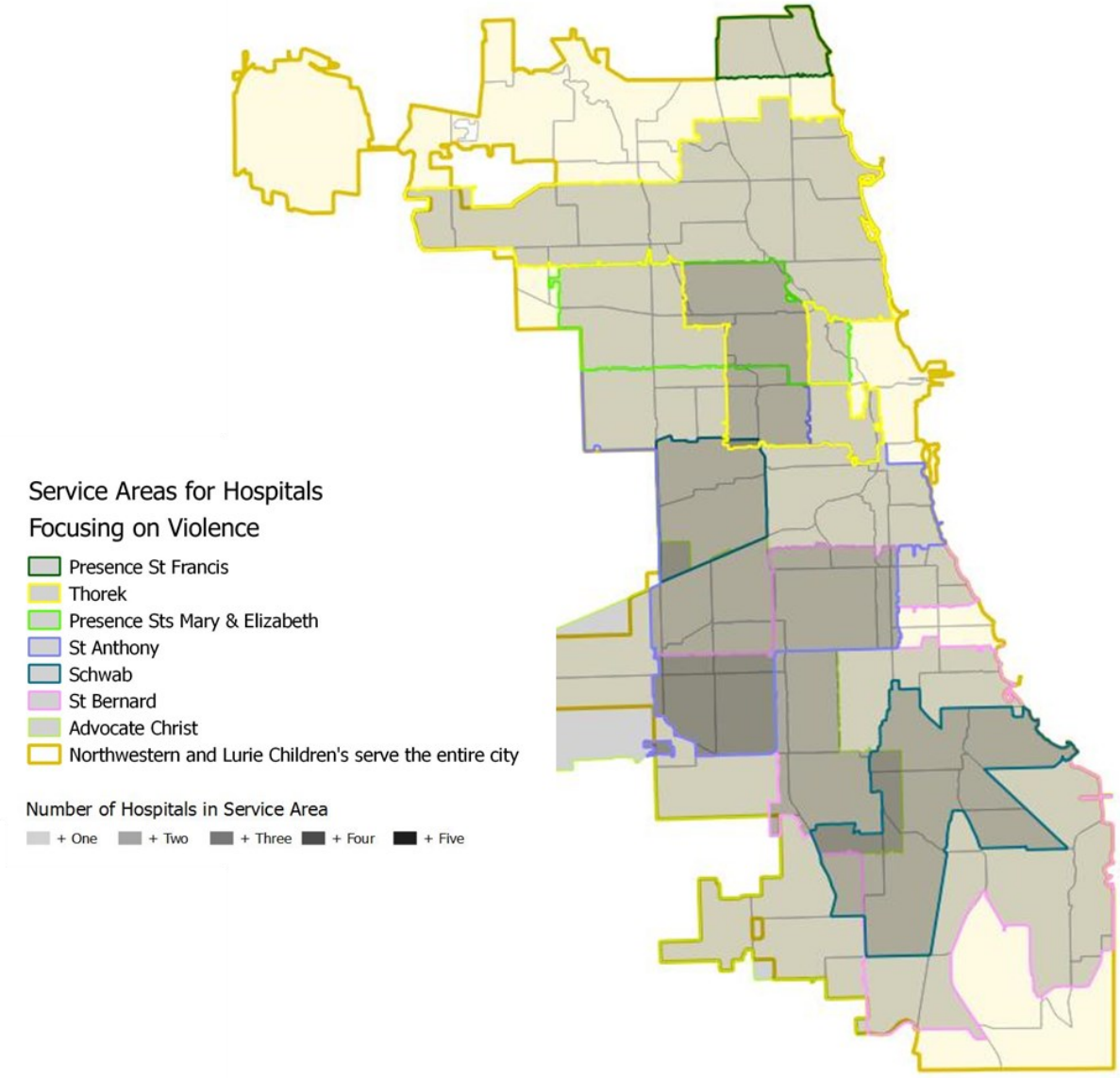


CDC GUIDE TO COMMUNITY PREVENTIVE SERVICES

ASTHMA	
Home-Based Multi-Trigger, Multi-components Environmental Interventions	
For Children and Adolescents with Asthma	Recommended
For Adults with Asthma	Insufficient Evidence
http://www.thecommunityguide.org/asthma/index.html	

VIOLENCE

Nine of 27 hospitals (33%) identified violence as a priority. Area of concern were broad and ranged from child abuse to gang activity and gun violence. Specifically noted was the need for collaborative responses, drawing on the resources and commitments of community and other institutional partners. In 2014, there were 22,415 violent crimes committed in Chicago, with an overall rate of 8.3 violent crimes per 1,000 people. The violent crime rate varied significantly geographically, with a low of .43 per 1,000 to a high of 34.08 per 1,000 people.[15] With 399 murders, homicide was the 10th leading cause of death in 2011. Among African Americans and Hispanics, homicide represented the 4th and 5th leading cause of death respectively.[16]



CDC GUIDE TO COMMUNITY PREVENTIVE SERVICES

VIOLENCE

Early Childhood Home Visitation

To Prevent Child Maltreatment	Recommended
To Prevent Intimate Partner Violence	Insufficient Evidence
To Prevent Violence by Parents (other than Child Maltreatment of Intimate Partner Violence	Insufficient Evidence
To Prevent Violence by Children	Insufficient Evidence

Firearms Laws

Bans on Specified Firearms or Ammunition	Insufficient Evidence
Restrictions on Firearm Acquisition	Insufficient Evidence
Waiting Periods for Firearm Acquisition	Insufficient Evidence
Firearm Registration and Licensing of Firearm Owners	Insufficient Evidence
"Shall issue" Concealed Weapons Carry Laws	Insuffi cient Evidence
Child Access Prevention (CAP) Laws	Insufficient Evidence
Combinations of Firearms Laws	Insufficient Evidence
Zero Tolerance of Firearms in Schools	Insufficient Evidence

Reducing Psychological Harm from Traumatic Events

Individual Cognitive-Behavioral Therapy (CBT)	Recommended
Individual CBT	Recommended
Group CBT	
Other Therapies	
Play Therapy	Insufficient Evidence
Art Therapy	Insufficient Evidence
Psychodynamic Therapy	Insufficient Evidence
Pharmacologic Therapy	Insufficient Evidence
Psychological Debriefing	Insufficient Evidence

Therapeutic Foster Care to Reduce Violence

For Chronically Delinquent Juveniles	Recommended
For Children with Severe Emotional Disturbance	Insufficient Evidence

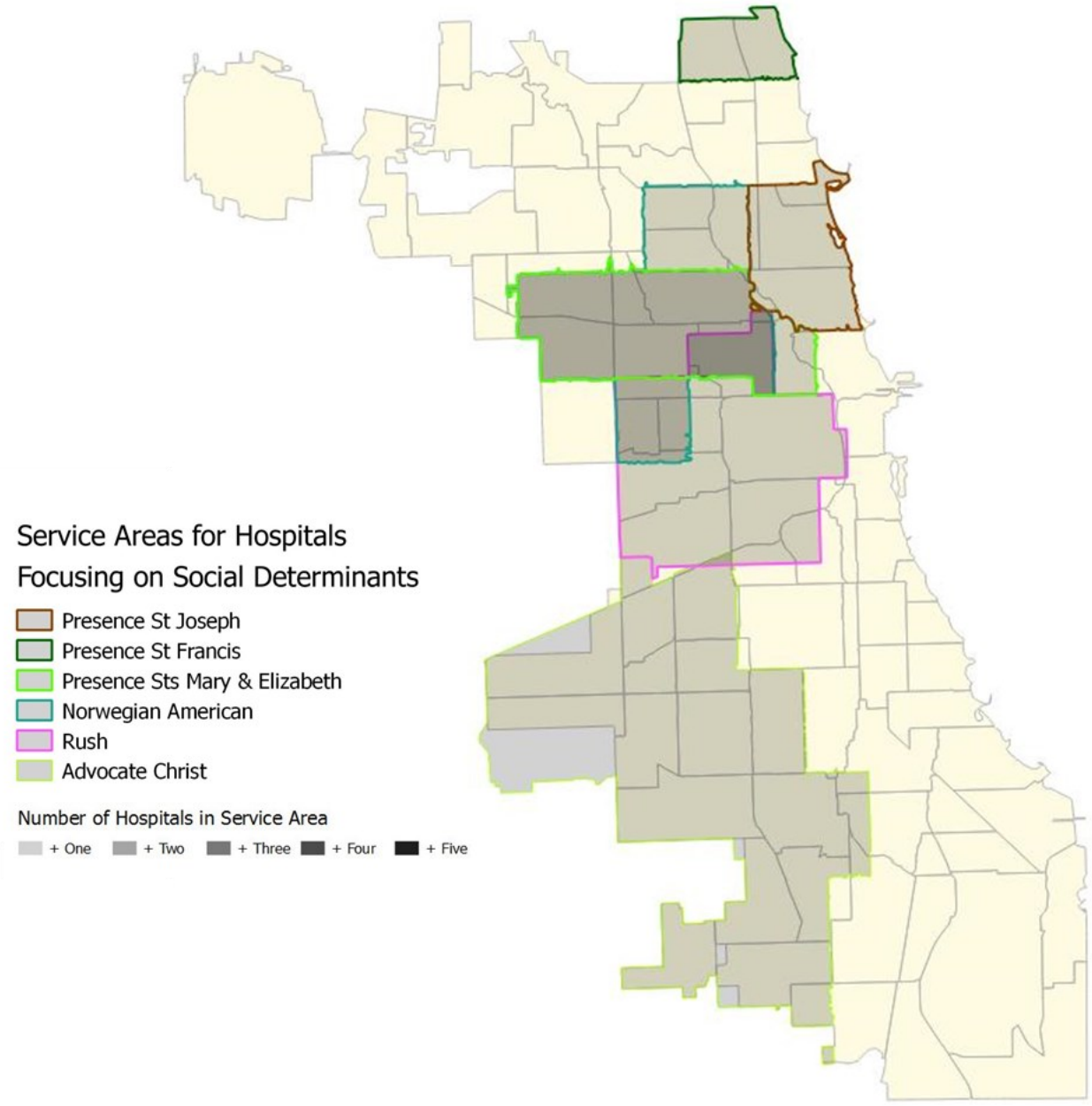
Youth Transfer to Adult Criminal System

Policies facilitating the transfer of juveniles to adult justice systems	Recommended Against

http://www.thecommunityguide.org/violence/index.html

SOCIAL DETERMINANTS

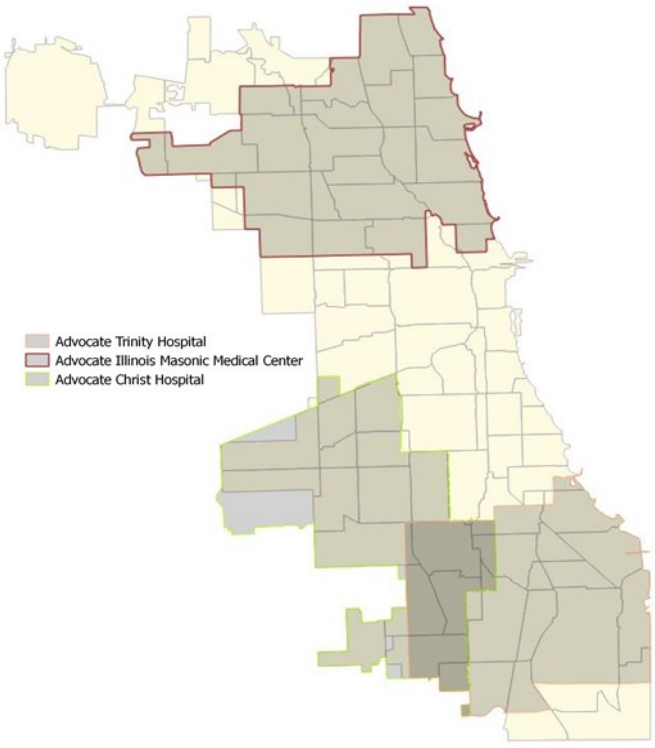
Six hospitals identified priorities that could be placed within a broader category of social determinants of health. Identified issues included poverty, jobs, homelessness, affordable housing, economic disparities, and neighborhood quality. Each of these hospitals recognized that these issues contribute to overall health and well-being. 19.7% of Chicago households live in poverty, while the unemployment rate is 13.6% and 19.5% of adult residents lack a high school diploma. Just under 32% of residents experience severe housing cost burden, meaning that over one-third of their income is spent on housing.



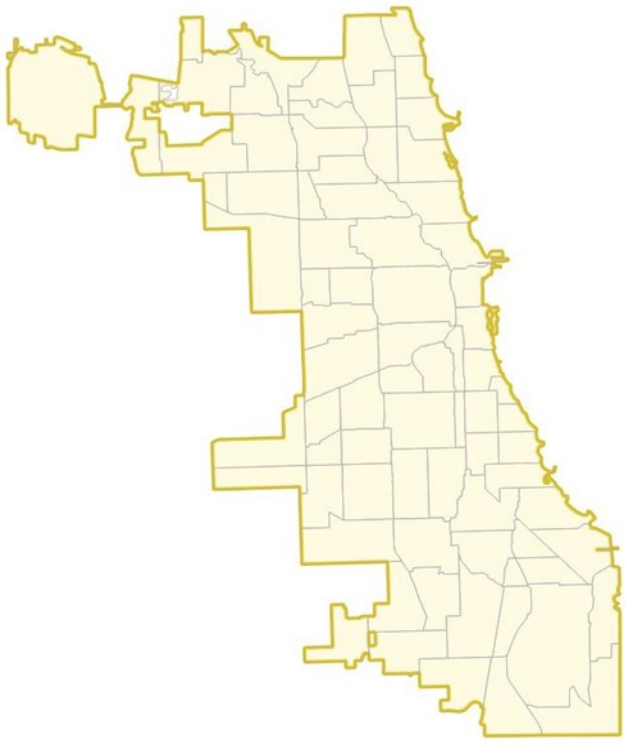
SOCIAL DETERMINANTS / HEALTH EQUITY	
Education Programs and Policies	
Comprehensive, Center-Based Programs for Children of Low-Income Families to Foster Early Childhood Development	Recommended
Full-Day Kindergarten Programs	Recommended
High School Completion Program	Recommended
Out-of-School-Time Academic Programs	
Reading-Focused	Recommended
Math-Focused	Recommended
General	Recommended
Academic Programs with Minimal Academic Content	Insufficient Evidence
Out-of-School-Time Academic Programs	
Cultural Competency Training for Healthcare Providers	Insufficient Evidence
Culturally Specific Healthcare Settings	Insufficient Evidence
Use of Interpreter Services or Bilingual Providers	Insufficient Evidence
Use of Linguistically and Culturally Appropriate Health Education Materials	Insufficient Evidence
Programs to Recruit and Retain Staff who Reflect the Community's Cultural Diversity	Insufficient Evidence
Housing Programs and Policies	
Mixed-Income Housing Developments	Insufficient Evidence
Tenant-Based Rental Assistance Programs	Recommended
http://www.thecommunityguide.org/healthequity/index.html	

Hospital Service Area Maps

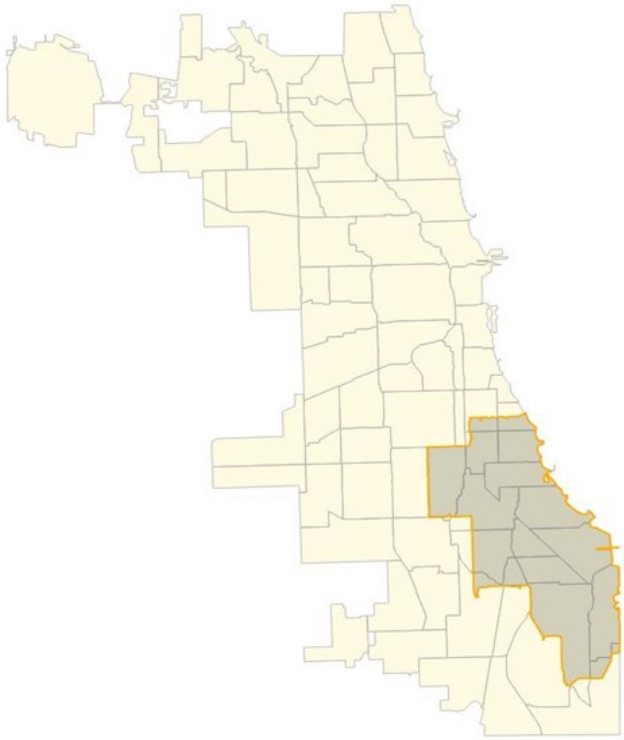
Advocate Health Care



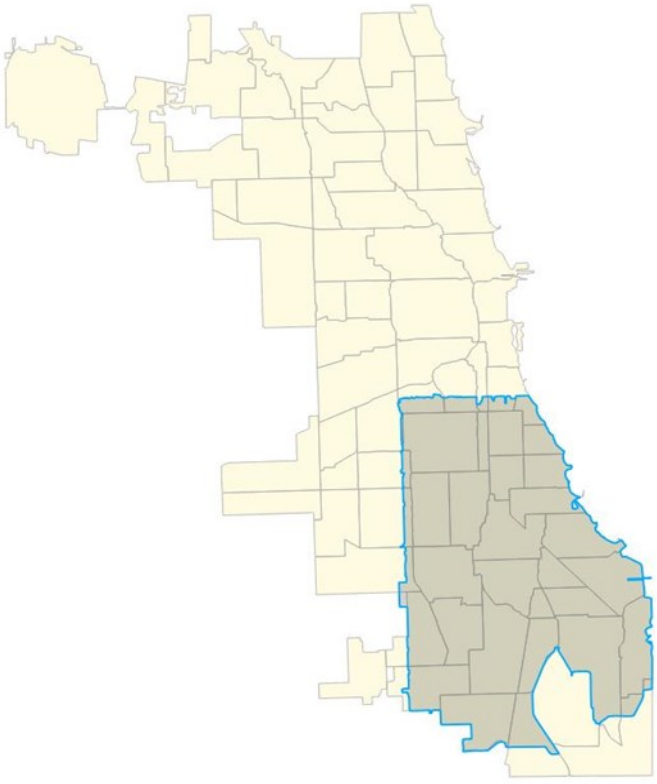
Ann & Robert H. Lurie Children's Hospital



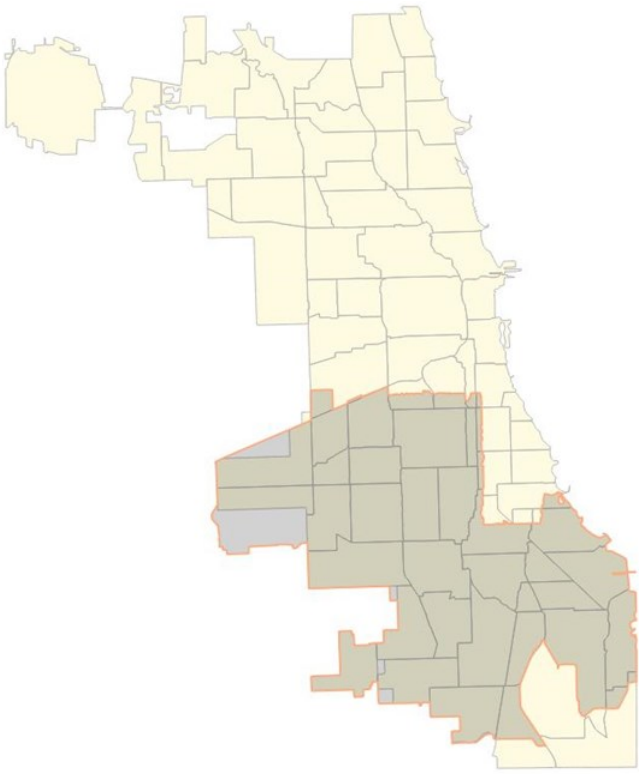
Jackson Park Hospital & Medical Center



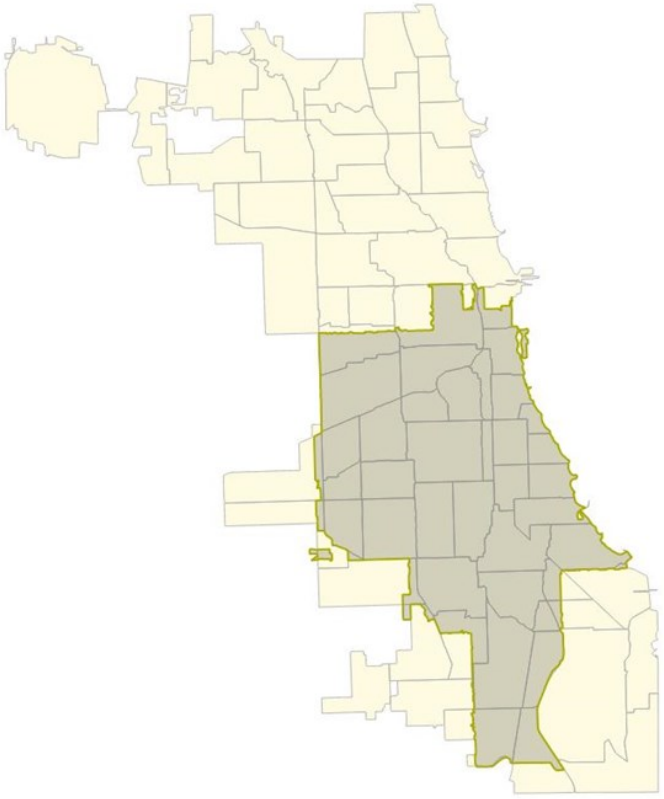
La Rabida Children's Hospital



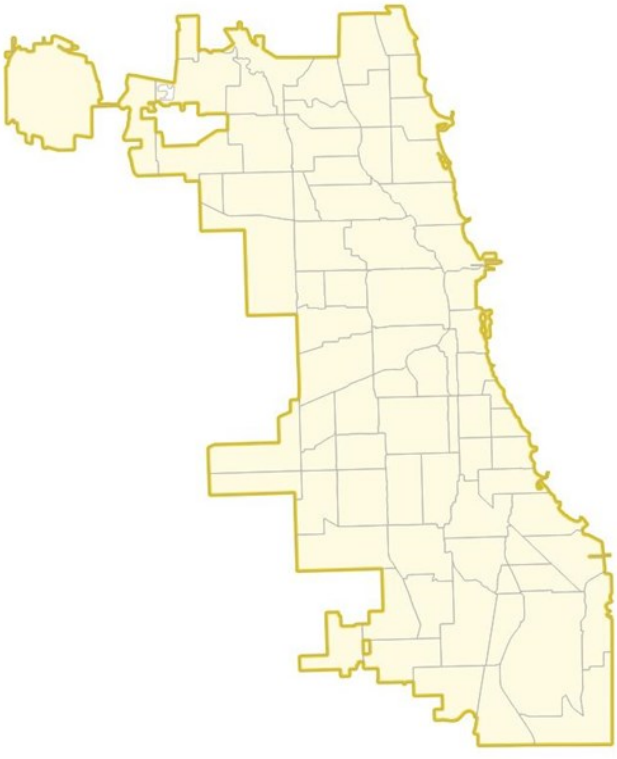
Little Company of Mary



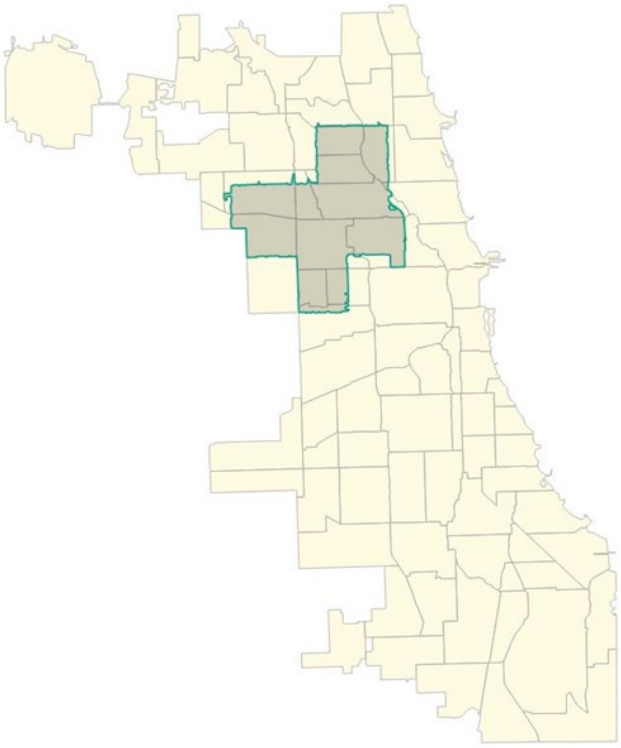
Mercy Hospital and Medical Center



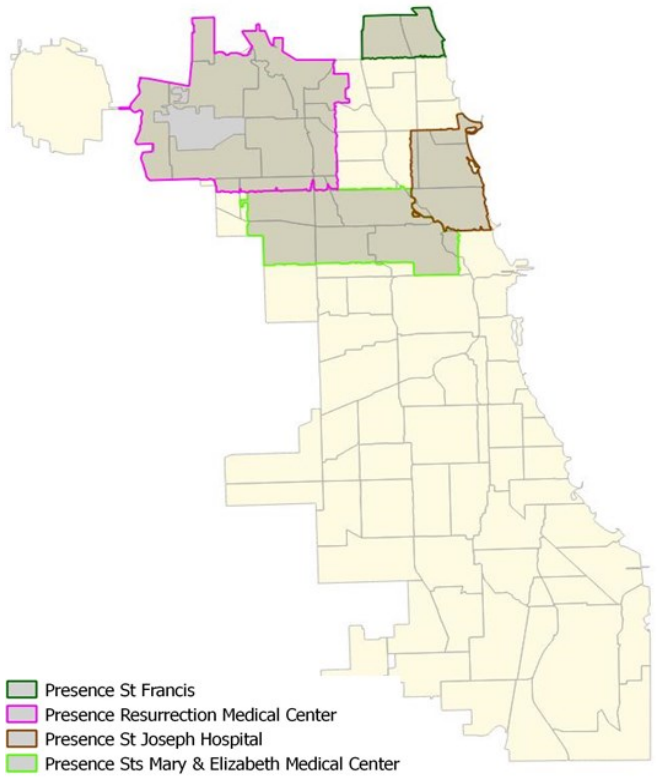
Northwestern Memorial Hospital



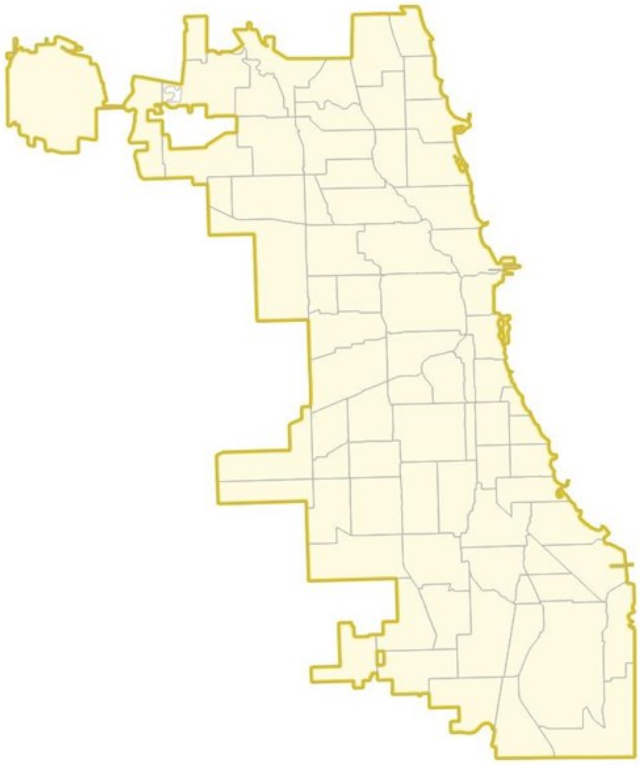
Norwegian American Hospital



Presence Health



Rehabilitation Institute of Chicago



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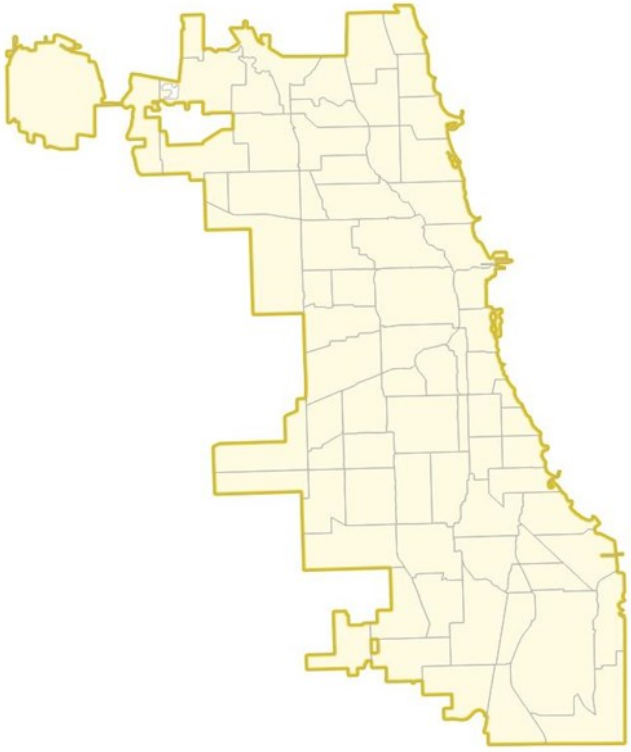
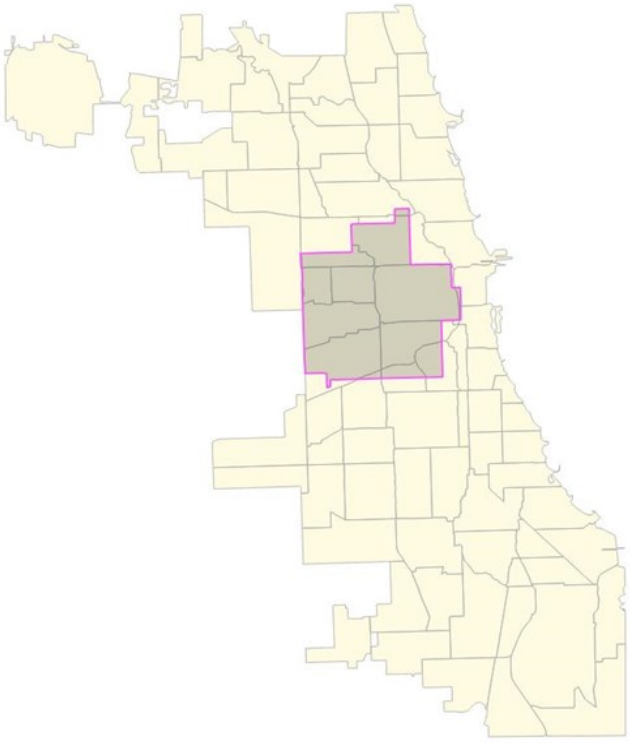
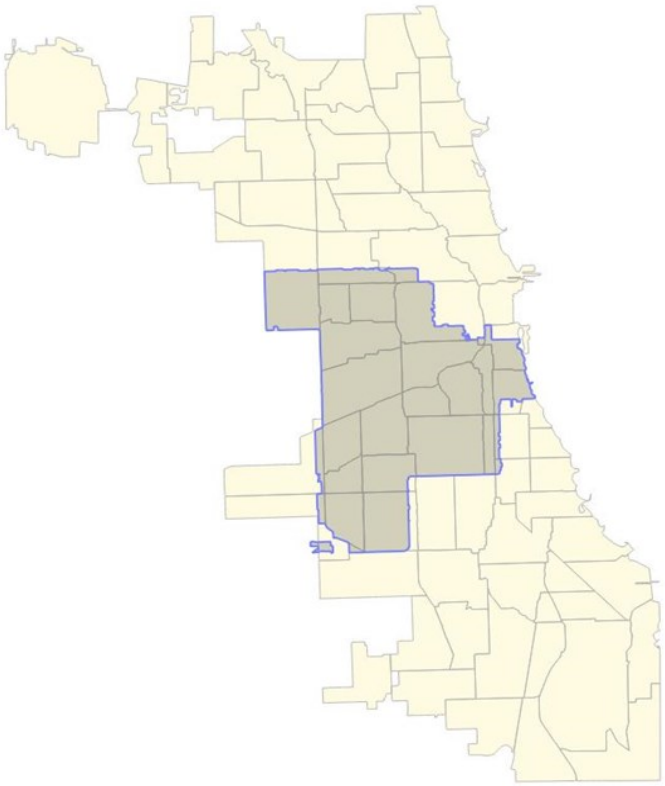


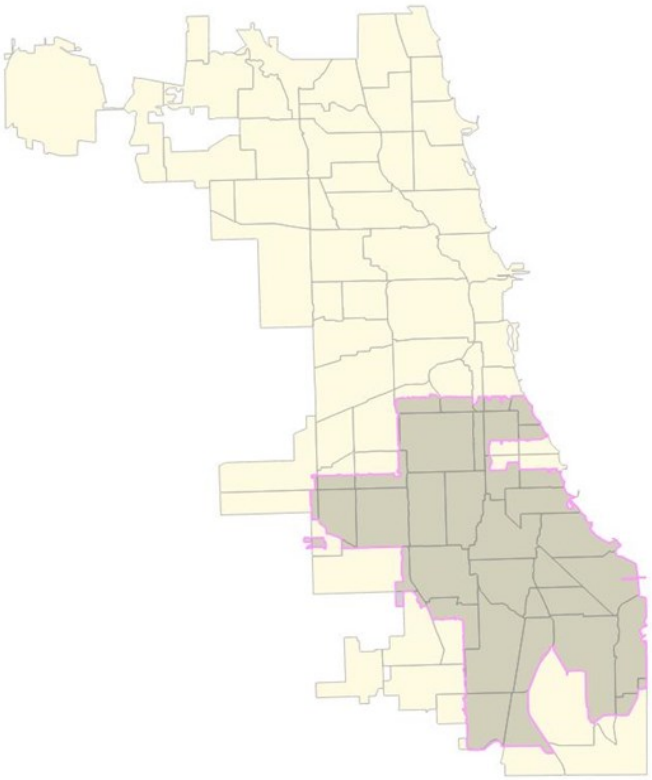
Rush University Medical Center



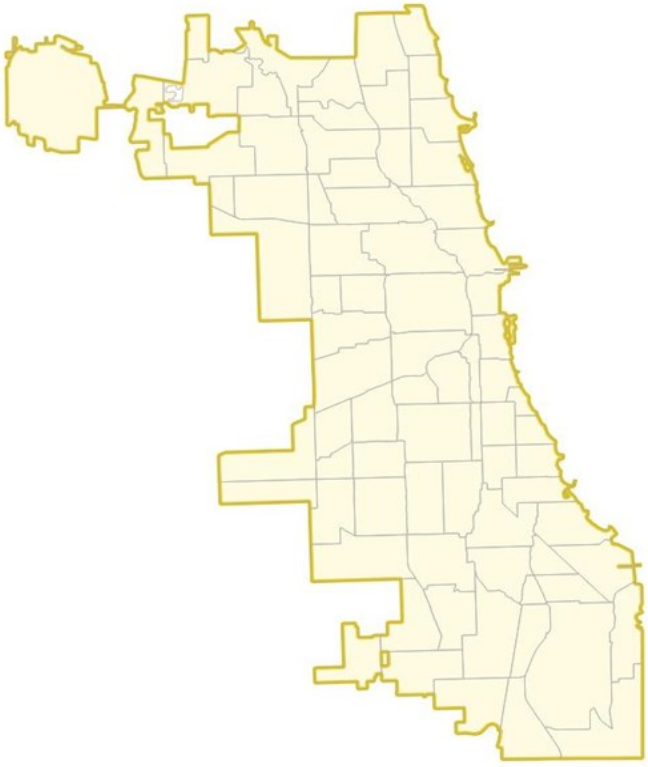
Saint Anthony Hospital



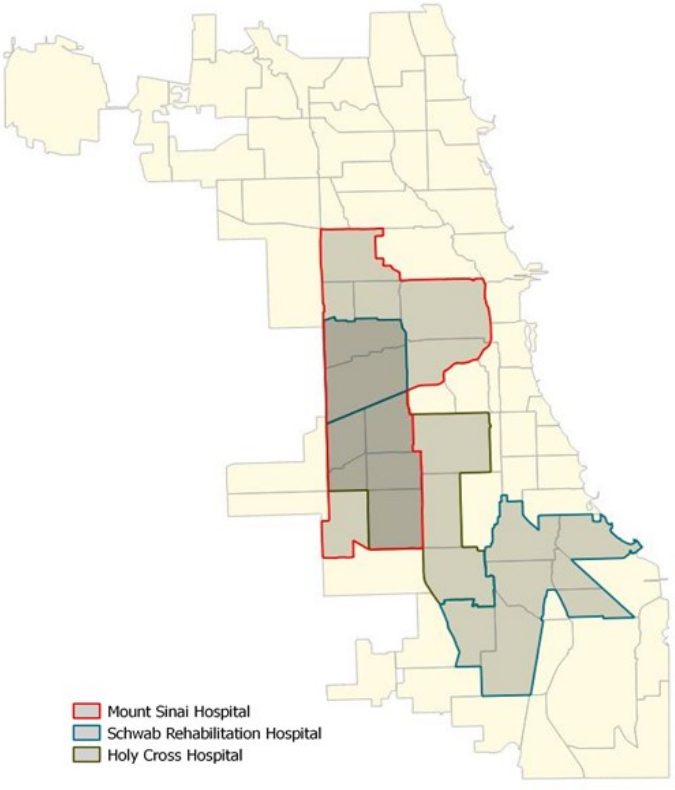
Saint Bernard Hospital & Health Care Center



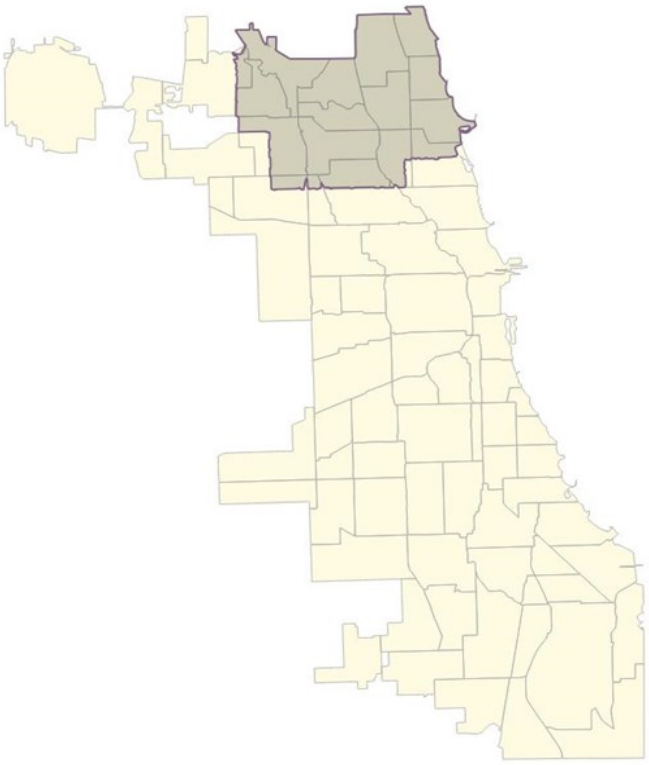
Shriner's Hospitals for Children



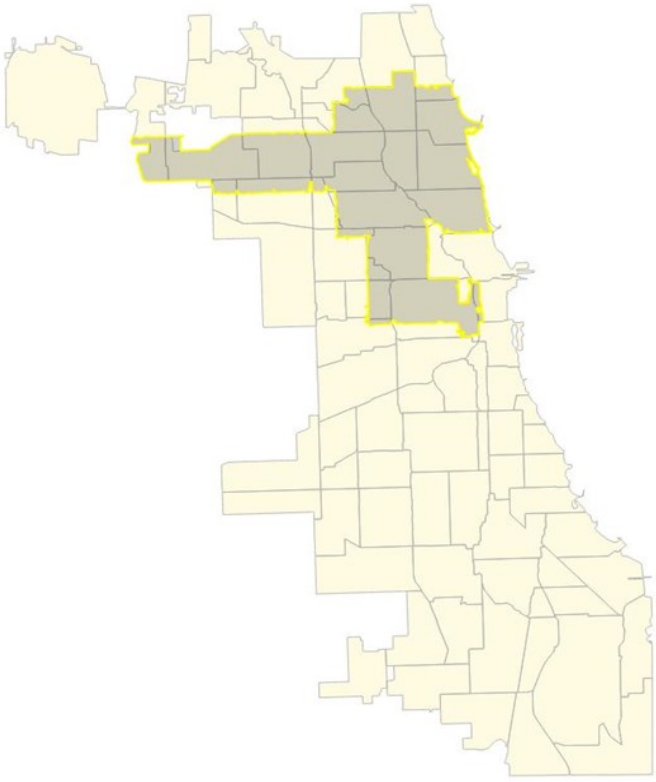
Sinai Health System



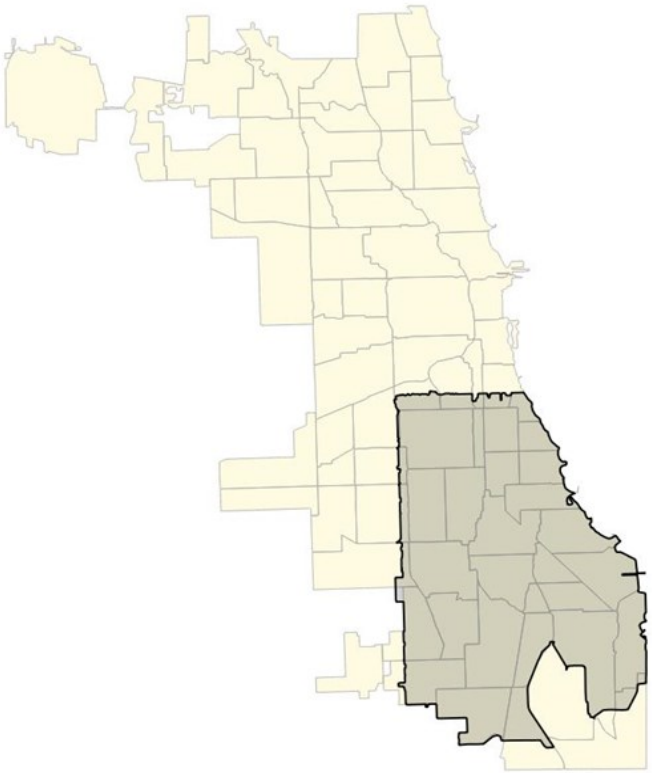
Swedish Covenant Hospital



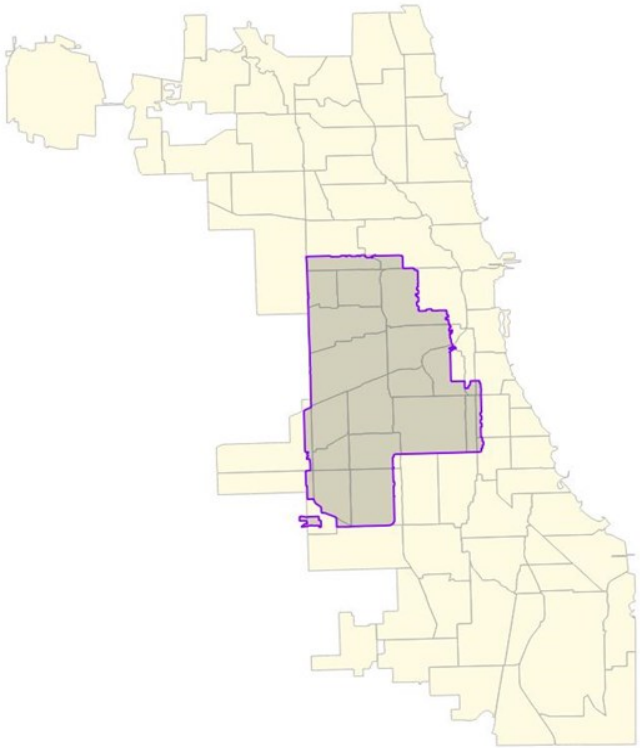
Thorek Memorial Hospital & Medical Center



University of Chicago Medicine



University of Illinois Hospital & Health Sciences System



Endnotes

1. New Requirements for 501(c)3 Hospitals Under the Affordable Care Act, http://www.irs.gov/Charities-&-Non-Profits/Charitable- Organizations/New-Requirements-for-501%28c%29%283%29-Hospitals-Under-the-Affordable-Care-Act. Accessed March 23, 2015.

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4. Chicago Department of Public Health and Health & Disability Advocates. *Enroll Chicago! A profile of Chicago's Uninsured*, 2013.

5. State of Illinois Data Portal. https://data.illinois.gov/Health-Medicaid/Affordable-Care-Act-ACA-Enrollment-Summary-Data/92jh-73bc?. Accessed March 23, 2015.

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12. Illinois Department of Public Health, Hospital Discharge Data, 2011.

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15. Chicago Police Department, 2001-2014.

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Disability Advocates