Transforming Health on the South Side

By Stephen Phillips

For Eric Whitaker, it’s personal.

"I wrote on my application to Pritzker in 1986 that I wanted to become a doctor to improve health on the South Side," he recalled. "This brings me back to where I started," said Whitaker, MD, executive vice president for strategic affiliations and associate dean for community-based research at the University of Chicago Medical Center. "It's exciting to have the resources of this campus to work with the community to improve the health of the place where I grew up and am raising my family."

Under the Urban Health Initiative (UHI), Whitaker—who led the Illinois Department of Public Health from 2003 until joining the Medical Center in 2007—is leading a multi-pronged effort to transform health in the community he calls home.

The South Side is one of the nation's largest medically underserved urban areas. Forty percent of residents are Medicaid recipients and 42 percent are uninsured, according to the city's health department. It's also the Medical Center's primary service area and a place where the ills of a dysfunctional health care system are a daily reality. The 1.1 million population suffers disproportionately from diabetes, hypertension, asthma and other chronic, but preventable or treatable conditions—disparities compounded by widespread lack of insurance and a health care system that has been substantially less than the sum of its parts.

Photo by Dan Dry
After the Resource Mapping Project was completed in Washington Park, Grand Boulevard and Eastside, researchers in the mapping project that plotted everything but health data handed over to community leaders like Arthur M. Brazier, bishop emeritus of the neighborhood’s mega church, Apostolic Church of God. Brazier has been working to revamp the South Side’s historic African American History, near the Medical Center’s campus, “This effort cuts to the heart of the national health care crisis,” said Whitaker, whose own family receives care at a community health center and five community hospitals to create a cohesive health care network. Eric Whitaker, MD, leads the Urban Health Initiative. This begins with raising awareness of alternatives such as dentistry and nutrition counseling, that are simply preventive services cannot be offered.

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Through UHI, the Medical Center is pursuing an ambitious program, pulling together experts from across the university, such as the Office of Civic Engagement and even across the Midway, such as the School of Social Service Administration. Local civic and church leaders also are helping to attack these glaring inequities from all sides. This starts with building a coordinated system of care. Under the South Side Healthcare Collaborative, the Medical Center has joined forces with 25 community health centers and five community hospitals to create a cohesive health care network.

The effort cuts to the heart of the national health care debate and the all-important issue of access, said Whitaker. “We’re creating a system that ensures people not only have insurance, but access to care, too.”

Central to this effort is connecting people to a primary care provider they can count on for prompt attention, checkups and screenings, management of chronic conditions, referrals to specialists and health education.

The primary care provider model is gaining traction nationally. Studies have shown that improving access to primary care reduces hospitalization, particularly for chronic diseases, in urban areas.

Within UHI, connecting people to a primary care provider is a key lever for shifting the focus from sporadic, reactive care to wellness and prevention.

Lacking a stable health provider, many South Side residents currently turn to the Medical Center’s Emergency Department for care. Their immediate symptoms can be treated, but because the hospital is geared toward acute and complex care, underlying conditions may go unresolved and preventive services cannot be offered.

The habit of visiting the ER for routine medical needs runs deep, ingrained by established folkways, observed Whitaker. “People have been socialized to come to the ER; we’re trying to change social norms.”

This begins with raising awareness of alternatives such as federally qualified health centers. They are the “backbone of the safety net,” said Laura Derks, director of the South Side Healthcare Collaborative. Many of these centers provide services on a sliding-fee scale and offer the kinds of specialties, such as dentistry and nutrition counseling, that are simply unavailable in the ER.

But the very people these centers are designed to serve are frequently unaware they exist.

A survey in the fall of 2007 revealed that, out of 500 residents, 64 percent didn’t know community health centers existed, Whitaker said. “These facilities have typically not had resources for marketing,” he explained. “We’re letting people know about these gems.”

Based in the Bernard Mitchell Hospital ER, Rebecca McNicholas and Vanessa Muhammad are key players in this effort. They are part of a cadre of eight “patient advocates” stationed in the ERs of Comer and Mitchell, under UHI, tasked with connecting people to a community medical provider.

Typical emergency conditions seen at Mitchell include chest pain, abdominal pain and respiratory distress. And although the adult ER is not a trauma center, occasionally it treats gunshot wounds and other critical injuries.

The facility also sees its share of patients with non-life threatening conditions — lacerations, abscesses, rashes, headaches and confusion over medication, for example — who are better served by a primary care provider with whom the patient can forge a long-term relationship. These are the people in whom McNicholas and Muhammad are interested.

Patient Advocates Serve as the Mortar

It’s late on a weekday afternoon, and the ER is filling up. The mood is calm but tense. McNicholas and Muhammad put the average wait-time for non-life-threatening cases at six to nine hours.

“Is there anyone here without a primary care doctor who’d like to be set up with one?” Muhammad asks over the general hubbub. Five hands go up, and she speaks to each person to determine his or her needs.

Denise Austin, 57, is in a wheelchair with chronic leg pain from falling recently at a South Side bus station where she’s a cleaner and attendant. Austin says she has no doctor because her job doesn’t provide health insurance. “The way it is, you have to have health insurance,” she says.

Muhammad discusses several South Side Healthcare Collaborative sites where Austin can receive follow-up care after she’s been treated. Austin chooses ACCESS Auburn-Gresham Family Health Center, where she will be seen the following week. UHI has an arrangement with some South Side Healthcare Collaborative partners in which appointments are reserved as needed for patients referred from the Medical Center. The co-pay is approximately $45, but ACCESS operates on a need-based sliding scale if Austin can bring a pay stub. The records from Austin’s treatment in the ER will be faxed to ACCESS before her appointment.

Muhammad also does the rounds of patients in the examination rooms. She treats carefully amid the whirl of activity, parting the curtains that screen patients to snatch time with them.

Trying to catch those who might fall through the cracks, Muhammad will later call patients who left the ER without being seen to discuss if they can be connected with a medical home. McNicholas, who also works the phones, says she reminds patients of upcoming appointments at South Side Healthcare Collaborative sites and checks in afterward to find out how appointments went. She’s not afraid to cajole when someone misses an appointment and has to reschedule. “I say, ‘promise me you’ll go.’”

Visiting federally qualified health centers can be revelatory, noted Whitaker, whose own family receives care at a community health center. “When people see them, they’re like, ‘wow, this is nice.’”
This could describe someone's reaction on visiting Chicago Family Health Center in South Chicago.

The facility includes 30 examination rooms, a dispensing pharmacy, a 75-person waiting room with six patient registration bays and a dental clinic. In 2008, UHI funded a new women's health wing.

Like other health centers, it offers a comprehensive menu of services that “wrap around” medical care, including a nutritionist for dietary advice, financial counselors to assess eligibility for public assistance, case workers to help navigate the system, a social worker and a clinically-licensed psychologist. For “working poor” patients, for whom time out of work represents forfeited income, this collection of services provides an invaluable one-stop shop, said CEO Warren Brodine.

Treating non-critical patients in such settings also meshes with the economics governing health care — a key consideration amid a wave of hospital closures, locally and nationally.

“Part of the secondary objectives of this pilot study is to ask these are the broad brush strokes of what will be a comprehensive study focused on heart issues of South Side residents — issues that were ranked as the most pressing among community leaders. “It’s informed my work as a therapist and given me a better understanding of the range of their environments,” Iyer said.

Researchers hope to use information from the mapping study to apply for stimulus money that would be used to attract federal and state funds by documenting the problems they are addressing problems. Information collected would be analyzed to track down for mail delivery.

Residential building in six South Side neighborhoods have cost the company and keep talking outside the scope of the study. Researchers say their biggest problem is that residents like to do the survey. “People are just surprised that people who share boarded-up buildings. “It’s a big problem,” observed Whitaker. “We can produce all the doctors we want, but if they all go to work on Michigan Avenue, we’re not having an impact.”

Another key UHI goal is to inspire Pritzker students to pursue careers in primary care and community medicine.

Luring New Doctors to the South Side

Sarah-Anne Schumann is a family medicine doctor at Chicago Family. Under UHI, she’s also Pritzker’s new director of Community Health and Service-Learning. “I want students to see how satisfying a career in the community can be,” she said.

Schumann, MD, presides over several programs that train students in community medicine. Students can enroll in a community health track within the new Pritzker curriculum. Graduates committing to practice on the South Side can apply, through the REACH Program, for financial breaks of $40,000 a year (up to a maximum of $160,000 over four years) to defray their student debt — a boon for Pritzker alumni who graduate on average with more than $200,000 in debt.

Schumann works closely with the forthcoming Center for Community Health and Vitality, a key organization within UHI charged with tackling the socioeconomic and environmental determinants of health. “Improving health is not just about what doctor you see,” explained Center Director Doriane Miller, MD. “There are multiple factors, including proper nutrition, community safety and healthy behaviors.” Besides administering the South Side Health and Vitality Studies (see accompanying article), the Center will be the seat of a range of programs designed to connect people to essential services, jump-start grassroots initiatives, provide health education and train local youth for health care careers.

Another critical function is ensuring the community is heard loud and clear within UHI.

“This is a departure for the Medical Center,” Whitaker noted. “Historically, we’ve been focused on this campus.”

UHI doesn’t just require a shift in the way the Medical Center relates to its community, he added; it demands that the Medical Center recast how it views itself. “If Medical Center physicians have a practice at Mercy Hospital, is that still seen as part of the University of Chicago? Previously, the answer would have been, ‘No, the University of Chicago is just the campus,’” he observed. “The new view is that we have a satellite branch where our faculty can see patients and teach.”

The effort is being closely watched by other academic medical centers, some 70 percent of which are situated in communities with similar health indices, Whitaker said.

He and others hope UHI also can become a model for urban health nationwide.