INVESTING IN THE HEALTH OF OUR COMMUNITY
Dear neighbors, colleagues and friends:

Five years ago, the University of Chicago Medical Center created the Office of Community Affairs with the three-fold mission of improving community-based health care, increasing economic opportunity for South Side businesses—especially those owned by women and minorities—and enhancing the Medical Center's considerable service to the community. In a very short time this small, but growing, office has made a big difference.

As an academic medical center, making health care better worldwide is our top priority. Although we serve a large and diverse community providing all levels of care for patients from our neighborhood, we are best known as a highly specialized institution with unique resources for providing extremely complex care—which attracts patients from Chicago, the state of Illinois, the Midwest, the entire country and even overseas.

Quite often, our closest neighbors on the South Side of Chicago turn to us for ongoing primary health care, when other neighborhood clinics might be more appropriate providers for routine care. For that reason, in 2005 we developed the South Side Health Collaborative. This network of 17 outstanding community-based primary care providers and two social service organizations work together to help area residents establish a “medical home” that can provide the best health care for their individual needs. This helps patients by providing routine contact with a physician. It helps the community-based health centers by providing a steady stream of appropriate patients. And it helps the Medical Center by reducing the overcrowding and pressures on our emergency room—problems that medical centers across the nation experience.

To keep a community healthy, however, requires much more than medical care. It takes a strong commitment from all members of the community—stitutions and residents—and long-term investments in professional relationships and resources. The Medical Center has “connected” with dozens of minority- and women-owned businesses that now work with us through our Business Diversity Initiative.

Good neighbors also lend a helping hand when needed. Many of the 9,500 people who work at the Medical Center go out into the neighborhoods to serve in a variety of ways—from volunteering as tutors, to helping social service agencies, to providing health education and much more. At the same time, the Medical Center benefits immensely from the services that our neighbors provide, such as volunteering to work with patients.

Our mission at the University of Chicago Medical Center is broad: to create new knowledge not only in the fields of medicine but also at the boundaries of the sciences—the places where medicine, health and society mix. At the same time, we strive to train the next generation of exceptional scientists and physicians who foster inquiry among scholars and students, helping the South Side become a better place to live and work.

Our vision for the community is to encourage a healthy and strong environment, where every person has access to the very best care and participates in our effort to make this a reality. We thank those who are helping us move toward that outcome.

Michelle R. Obama
Vice President for Community and External Affairs

James L. Madara, MD
CEO, University of Chicago Medical Center
Her daughter couldn’t breathe. The wheezing wouldn’t stop and her little face grew red as she gasped for air. Her child seemed to be OK most of the time—just a little short of breath—but sometimes it was so much worse.

He was only a little dizzy. He couldn’t afford the medicine that would keep his diabetes under control so he kept hoping it would get better on its own.

It was 11:00 p.m. and their baby had been crying for hours. The baby couldn’t sleep and they didn’t know anyone to call for medical help at that hour. They didn’t know where to turn, so they took the baby to the emergency room.

Acute health care concerns such as these are all too common and more frequent in urban communities where too many people live with too few resources, including adequate health insurance. Emergency rooms reflect this health care crisis, as more people become uninsured or have health insurance with increasingly limited benefits. Others simply don’t know where to turn in an urgent situation.

On a daily basis, ER physicians see scores of patients who could have received ongoing, preventive care that might have averted the current emergency. In urban areas, people with chronic diseases, such as asthma and diabetes, often do not know how to prevent the onset of illness and come to the ER when symptoms become critical. Others come with life-threatening medical problems that have gone unchecked. Many patients visit the ER with less critical conditions that could have waited for care had they known of an alternative. These patients perceive the emergency room as the best option for them because it is most familiar— their family members or they themselves may have received care there. However, research shows that patients receive more effective and holistic treatment when they have a “medical home,” meaning a health provider who knows the individual’s medical history and has a continuous relationship with the patient and, often, the patient’s family.
Komed Holman Health Center in the Bronzeville area of Chicago

"As many as 1.8 million residents of Illinois are without health insurance and many more are underinsured. Expanding access to primary care is absolutely critical, especially in areas with high concentrations of uninsured residents."

Dr. Eric Whitaker
Illinois Department of Public Health

At the University of Chicago Medical Center, our emergency room is one of the busiest in the metropolitan area, handling almost 60,000 visits each year. About 25% of our emergency room patients say they don’t have a primary care physician to provide for their regular health care needs. Even though the South Side of Chicago has some 300 primary physicians and more than two dozen Federally Qualified Health Clinics (FQHCs), where patients can access health and social services regardless of ability to pay, many people are not aware of these resources.

While this issue is not unique to the South Side of Chicago, the University of Chicago Medical Center, 17 community-based primary care providers and two social service organizations have developed an innovative solution for our community: the South Side Health Collaborative. The Collaborative seeks to link patients to health centers and primary care physicians in their neighborhoods. The health centers that have joined the Collaborative have pledged to provide comprehensive care, including physical exams and tests, vision services, dental care and social services, regardless of the patient’s ability to pay or whether they have insurance coverage. Patients pay for services on a sliding fee scale, depending on income, or with health insurance coverage. Federal funding and private donations help the health centers make up any difference in costs.

“We are committed to expanding and strengthening the South Side Health Collaborative, because it serves a critical role in addressing the needs of our patients,” says James Walter, MD, Section Chief of Emergency Medicine. "The patients we see in the emergency room frequently have complex psychosocial issues that prevent them from getting the ongoing health care they need. Connecting a patient with a community-based ‘medical home’ provides that person a relationship with a primary care provider and access to a broad range of medical and social services.”

To help patients connect to these resources, the University of Chicago Medical Center ER is staffed with six Patient Advocates, whose goal is to meet with ER patients who don’t have a primary care provider. The Patient Advocate offers to make a referral to a health provider in a local health center, and books an appointment right then. In the past year, the patient advocates have connected over 3,200 patients to health centers in their neighborhoods. In addition, the program provides comprehensive social service assessments and referrals through two social workers in the ER, and has assisted more than 6,500 patients in 2006.

These essential services provide stability and ultimately help the well-being of patients. “People don’t realize the great resources available to them in the community,” says Patient Advocate Brenda Daniels. “Patients seem very appreciative when they find out about the health centers in the Collaborative. Everybody is glad when you can give an alternative and make an appointment for them right on site.”

She recalls one woman who was skeptical about going somewhere other than the University of Chicago Medical Center for care. “I told her, ‘If you don’t like the clinic, call back and yell at me,’” Daniels says with a smile. “She called back to say, ‘You were right. I love that clinic!’”

The University of Chicago Medical Center developed the Collaborative in 2005 with assistance from a two-year grant from the United States Health Resources and Services Administration. As the government funding ends in 2007, the University will fund almost all of the Collaborative operations.

Brenda Daniels, Patient Advocate, University of Chicago Medical Center

"As many as 1.8 million residents of Illinois are without health insurance and many more are underinsured. Expanding access to primary care is absolutely critical, especially in areas with high concentrations of uninsured residents."

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One of the largest networks of community health centers in the nation, ACCESS now has seven centers enrolled in the South Side Health Collaborative, including a location at the Illinois Eye Institute (IEI).

According to Dr. Michele Walker, ACCESS Near South Side Regional Medical Director, the South Side Health Collaborative is meeting a critical need. "People didn't know programs like this existed," she observes. "The number one thing we have to do is to educate patients, both on treating their diseases and on the benefits available to them."

Jennifer Wells-Griffin is a case in point. She went to the University of Chicago Medical Center emergency room when she had abdominal pains because she didn’t have a primary care physician. "They were very thorough," she says of the emergency room staff. "I was there all day, as they figured out what was wrong." While at the hospital, Patient Advocate Brenda Daniels offered to refer her to Dr. Walker for follow-up care at the ACCESS site within IEI.

"At first, I was a little leery, because I had never heard of ACCESS," Ms. Wells-Griffin recalls. "I was pleasantly surprised. I never have to wait long. I love Dr. Walker because she takes time to explain everything." Her insurance covers all the services she needs. For the uninsured, ACCESS provides services on a sliding fee scale, beginning at $15.

Dr. Walker explained that Ms. Wells-Griffin was given a comprehensive health exam at the IEI. "At ACCESS, we are trying to take a holistic approach to health care," Dr. Walker says. For example, she notes that diabetes is a big problem in the community. "We try to educate patients about nutrition. When you know better, hopefully you do better. We refer people to nutrition counselors. At one of the ACCESS centers, an endocrinologist from the University of Chicago comes in a couple of days a week to treat diabetes patients."

Dr. Walker would like to see even more patients take advantage of the services available through the South Side Health Collaborative. "So many people are eligible for benefits and they haven’t signed up for them," she says. "I think it’s very beneficial to let people know what is available so that more people can take advantage of these resources."

The Friend Family Health Center, another community-based clinic affiliated with the Collaborative, is working to address the underlying problems that patients face—beyond the initial health concerns that bring them there.

Dr. Leah Durst, Medical Director, says that many patients do not know how to navigate the system to get the benefits and the medical care necessary to stay healthy. The Friend Family Health Center offers general care to both adults and children, together with a variety of social services, including those that help patients access government assistance. This array of services includes help from social workers, legal aid attorneys and a help desk staffed by undergraduate volunteers who can assist patients with filling out the necessary forms.

"When you look at patients who don’t have a medical home, there are so many factors involved," Dr. Durst says. She points to one patient who would only go to the emergency room for treatment. As a result, his diabetes and hypertension were dangerously out of control. Since he started coming regularly to the Friend Clinic, through the South Side Health Collaborative, he has received ongoing medical treatment, nutrition education and immunizations. Dr. Durst says that finding a medical home makes all the difference: “Once people connect with a physician and establish a relationship, you see a real difference in that patient’s health and overall quality of life.”
2006: HIGHLIGHTS
EXPANDING ECONOMIC OPPORTUNITY
THE BUSINESS DIVERSITY INITIATIVE

In 2002, the University of Chicago Medical Center established the Business Diversity Initiative, a program designed to seek out a larger number of minority- and women-owned businesses to deliver products and services to the Medical Center. In fiscal year 2006, the University of Chicago Medical Center spent more than $19 million with minority- and women-owned businesses for an array of goods and services, which ranges from architecture, engineering and construction services to medical/surgical supplies and information technology (IT) consulting. In recognition of our five-year Initiative, the Medical Center received the Sharing Success award in 2006 from the Chicago Minority Business Development Council, which also nominated our organization as Corporation of the Year to the National Minority Supplier Development Council. The Initiative has been honored by the business community for its efforts, and the program has been growing larger year by year.

The Initiative is intended to extend opportunities to area minority- and women-owned businesses, both large and small, to participate in the procurement process at the Medical Center. Employees throughout the Medical Center are encouraged to include these enterprises in competitive bids for products and services. “This process is beneficial to all,” says James Williams, Manager, Business Diversity. “The women- and minority-owned enterprises benefit by having access to major new business opportunities. The community benefits from a stronger economic base. The University of Chicago benefits from a more competitive and representative bidding process.”

In its first five years, the Office of Community Affairs has grown to encompass an array of programs and activities that engage the communities of the South Side and metropolitan Chicago. This report focuses on several highlights of our 2006 activities, which represent the broader efforts to build bridges to our community through economic opportunity and community service.

The University of Chicago Medical Center awarded more than 40% of new construction contracts to minority- and women-owned businesses for the Pediatric Emergency Room alone. More than $10 million in contracts were awarded to diverse contractors to construct the new facility, which opened in December 2006.

For the Pediatric Emergency Room alone, the African-American-owned firm was invited to participate in the bidding process for developing the new intranet site for Medical Center employees, it entered an intense competition with other national and global firms.

“It was a battle. It was one of the more rigorous bidding processes we have experienced,” says Bob Blackwell, Sr., chairman of the firm he founded in 1992 with several colleagues who had worked with him at IBM. Blackwell Consulting today has 250 employees and offices in Bloomington, Illinois, Cincinnati, Ohio, and Miami, Florida, providing management consulting, process improvement and technology consulting.

Mr. Blackwell knew the competition was formidable; it included one large firm that had already worked on IT projects for the Medical Center. But managers from both the Business Diversity and Information Technology areas encouraged him that the playing field was, in fact, open.

“IT means that sometimes can be difficult to convey—that a minority firm has the wherewithal to handle highly complex projects,” Mr. Blackwell observes. “People have to believe you can do it before they try you, which can be difficult if your firm is smaller or newer or female or minority. The University of Chicago gave us a wonderful opportunity.”

“Expanding the bidding process to ensure that we include outstanding minority-owned firms like Blackwell Consulting, as well as women-owned firms, gives us a wider choice of capabilities from which to choose, and makes our procurement process more competitive,” says Eric Yablonka, Vice President and Chief Information Officer of the University of Chicago Medical Center. “We are intentional about offering substantial opportunities to firms from our community, because we see it as a clear win/win.”

To develop the new intranet, which allows employees to access important information and online forms, the Blackwell Consulting team worked with a number of departments, including Marketing, Human Resources, Nursing and IT. The goal was to make the new intranet easy to use with powerful capabilities. Reaction from employees has been very positive.

“They gave us a shot, and it’s fair to say we delivered,” Mr. Blackwell says. “Now, the next time there’s a complex project to be done, they’ll think of us.”

PROFILE: ROBERT BLACKWELL
BLACKWELL CONSULTING

Blackwell Consulting is an example of a company that had been calling on the University of Chicago Medical Center as part of its new business development efforts. When the African-American-owned firm was invited to participate in the bidding process for developing the new intranet site for Medical Center employees, it entered an intense competition with other national and global firms.

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Volunteerism is a core value of the University of Chicago Medical Center. Each year, hundreds of our employees, physicians and medical students volunteer for community service—giving of their own time, as well as serving during working hours on special service and community outreach projects. Every day, the Medical Center benefits greatly from the volunteer service given by compassionate people throughout the metropolitan area who support our mission in various ways, from working directly with patients to helping to raise funds.

The numbers of volunteers involved inside and outside the Medical Center increased by more than 20% from 2005 to 2006. This past year, some 750 employees volunteered in the community, and nearly 600 community volunteers served in the Medical Center. For the annual Day of Service and Reflection, participation increased by 35%, as employees from the Medical Center spent a full day assisting 15 service organizations that address issues such as education, homelessness and nutrition. In addition, the Service Learning Initiative, which sends teams of co-workers to volunteer for service projects, tripled from three events to nine events in just the past year.

“It is significant that a large percentage of our employees are involved in serving the community,” observes Leif Elsmo, Director of Community Relations and Volunteerism. “We are building better, stronger relationships with our neighbors through our actions. As we care for our neighbors, our employees are getting to know the community, which, in turn, helps them provide better service to patients from the community.”

One group of Medical Center employees has taken community involvement to a whole new level. The Therapy Services specialists at The University of Chicago Medical Center are accustomed to helping people overcome their physical disabilities. But the challenge they encountered by volunteering for the Caring Closet was to help people get the basic things they need to survive.

As a volunteer at the University of Chicago Comer Children’s Hospital, Denise Halverson gives hope and gets hope in equal measure.

A little more than a year ago, at the invitation of a friend who has been volunteering on the hospital’s library cart for some 30 years, Ms. Halverson started to volunteer in art therapy activities with the Child Life area. A photographer herself, Ms. Halverson was drawn to the power of art to transform one’s outlook. Among the first patients she worked with was Timothy Jenkins, Jr., who became the inspiration for her incredible fundraising efforts. Touched by his artistic talent, his concern for others and his positive attitude during his terminal illness, Ms. Halverson and another Child Life volunteer, Sarah Yable, started a foundation in his memory. The foundation, called Spoonful of Sugar, Inc., is working to raise money for Child Life activities, which include art, play and movement therapy, and treatment education.

In its first few months, Spoonful of Sugar took on the task of selling T-shirts and holiday cards created by patients in the Comer Children’s Hospital. Tim created the T-shirt design that has turned into the foundation’s logo. The foundation is currently applying for 501(c)3 status so that it can accept charitable donations as well.

Ms. Halverson became a full-time volunteer for the foundation in an effort to generate enough funds to add new programs to Child Life, as well as provide financial support for its current programs, including “Works of Heart,” a weekly T-shirt, bag and hat decorating project for patients and their families.

“Tim made me realize the power of an hour—an hour when you’re feeling good. You need to take advantage of that,” Ms. Halverson says. “One of the gifts you get as a volunteer is to see how precious life really is and to realize we’re all here to help one another.”

This colorful T-shirt was designed by Jacob Anderson, a Spoonful of Sugar participant. Sales will raise funds for the program.
As part of the Service Learning Initiative at the University of Chicago Medical Center, groups of employees have the opportunity to come together outside of their normal work environment to serve in the community. With the help of the Office of Community Affairs, Therapy Services selected the Caring Closet, which provides donated clothing, furniture, appliances and household goods to people in need. While the teams of physical therapists were volunteering, victims from Hurricane Katrina visited the Caring Closet. One family had relocated to Chicago without any possessions. The volunteers also saw a former patient there, who had undergone transplant surgery at the Medical Center and had come to Therapy Services during recovery.

The three Therapy Services teams that volunteered were so touched by their experience that they decided to “adopt” the Caring Closet for a full year of community service, which is being conducted on the employees’ own time. The group is working to secure donations of clothing, furniture, appliances and other needed items, as well as to raise funds for a van for the Caring Closet to collect donations. During Physical Therapy Month in October, volunteers worked through their lunch hours or after hours at the Caring Closet.

“Volunteers sort through the donations and act as personal shoppers. Our clients come from 60 different agencies, and volunteers help them find towels, blankets, clothing and whatever they need,” says Deborah Hamilton, Executive Director of the Caring Closet. “The University of Chicago Medical Center volunteers went the extra step. They have been really, really helpful.” Hamilton recites a long list of all the extra activities the Therapy Services team has completed since their initial visit, including holding brainstorming sessions over lunch to help organize donations and purchasing storage supplies like hangers and plastic tubs.

In addition to providing much-needed assistance to a community social service agency, the Therapy Services group has seen positive professional results as well. Ms. Gilbertson says the Service Learning Initiative allowed the group to take additional time to reflect on compassionate concerns. It gave the teams time to step back from their individual tasks and spend time together on a collective project. “We went in and came out as a stronger team. It made us reflect afterwards that we come to work every day and don’t always realize what problems surround us. We saw that there are people living five minutes from us who have trouble meeting basic survival needs.”

Leighton Toney spends most of his days supervising the high-tech Clinical Chemistry Laboratory at the Medical Center, where white-coated technicians monitor the high-speed lab equipment that processes four million blood tests a year. Mr. Toney has worked in the lab for a total of 15 years, now in the capacity of Chief Medical Technologist.

Two colleagues encouraged him to volunteer as a tutor at the Paul Revere Elementary School with the hope that he would enjoy the experience as much as they had as volunteers in the program. His wife also suggested that he volunteer, saying it would do him as much good as it would the children. So one morning every other week before coming to work, Toney goes to school to help a young student build the skills that could one day allow him or her to have a successful career like his.

Last year, he tutored an eighth-grade girl, who later wrote to thank him for his help and tell him she had gotten into the high school she wanted. This year, he tutored a seventh-grade boy on math and reading skills. “He is really, really smart,” Mr. Toney says. “We’d go over things and I would coach him through topics he was working on and challenge him in areas that he had mastered.” He also helped him with his science project. Jill Vande Hey, Math and Science Coordinator for Paul Revere School, who provides direction for the tutoring program, observes that students at both ends of the achievement scale are helped by tutoring. “For some of the students who need extra help, it’s wonderful to have that one-on-one interaction. It’s a confidence builder,” she notes. “For the more advanced students, it’s an opportunity to do well and feel great about doing well. As a tutor, you can really make an impact and excite students about learning.”

The school’s emphasis on improving reading and math skills, with assistance from the tutors, is paying returns in higher standardized test scores. The before, all of whom came from the University of Chicago Medical Center, help coach the students on strategies for taking tests, as well as on basic skills. Mr. Toney has seen the difference it can make, as the students move from fear to confidence in their abilities. “It’s been very rewarding,” Mr. Toney says. “I’ll definitely do it again.”
The Office of Community Affairs brings together community resources and people who share our commitment to investing in the community for its long-term health. We welcome your involvement in that process. We look to our neighbors and to our employees to share their time and talent. You can make a difference in the following ways:

**UCH Employee Volunteer Opportunities**
- Tutor a child. Join UCMC in supporting local children in their pursuit to be the best they can be at the Paul Revere Elementary School.
- Mentor a student through the job shadow program. Starting this fall, work with Education to Careers in Hyde Park Academy.
- Participate in a day of service. You, your family, friends and colleagues can contribute your time and energy to a local community organization through our annual Day of Service and Reflection in the spring or connect your UCMC team to the Service Learning Initiative, which occurs throughout the year.
- Share your expertise and serve as a science fair judge or mentor at schools in the surrounding community. Take advantage of the opportunity to work closely with a student.
- Serve as an ambassador for UCMC at one of the many outreach events that UCMC sponsors, including the NBC 5 Health & Fitness Expo, Expo for Today’s Black Woman and the Hyde Park Co-Op Health Fair. Provide health information, screen residents for diabetes or hypertension and greet participants.
- Join the UCMC Speakers Bureau and present information on health issues and your career path at elementary and high schools.
- Showcase your department in the “The Best of the Best” School Tours. UCMC departments can provide tours for elementary and high school students who are interested in health care careers.

**Community Opportunities**
- Walk at the Museum of Science and Industry with the UCMC Community Fitness Program. Join us every Monday, Wednesday and Friday at 7:00 a.m. for exercise, nutrition information and fun.
- Apply for a small grant of up to $500 from OCA for an organization in which you are involved.
- Volunteer in a hospital department. Give your time to a different area of the Medical Center—cuddle a baby in the NICU or stay after work to visit with an adult patient.

To learn more about the Office of Community Affairs, please call 773.702.0753 or contact one of our staff members listed on the enclosed insert.
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