

CHICAGO HOSPITALS AND THE AFFORDABLE CARE ACT

New Opportunities for Prevention

March 2014







Dear Friends,

When Mayor Emanuel and I announced Healthy Chicago in 2011, we pledged to improve access to care by working together with partners and residents across our city. Today, Chicago's hospitals have more opportunities to provide more residents quality, preventative care, thereby maximizing their health and wellness.

As the Patient Protection and Affordable Care Act (ACA) is implemented, much of the discussion has focused on opportunities to provide health care coverage for the nation's uninsured. However, the ACA provides other historic opportunities to increase access to care –including the requirements that charitable hospitals conduct periodic community health needs assessments and implementation plans. These plans will improve population health, reduce costs and result in better quality care. Furthermore, these plans provide new opportunities for hospitals to invest in upstream interventions – working to make policy, systems and environment improvements

that will impact the communities in which they serve.

This defined focus on community improvement is similar to the work being done by local health departments for decades. The attention to population health creates a clear and distinct opportunity for hospitals to not only partner with local health departments like the Chicago Department of Public Health, but also to partner with one another to improve the health of community members in overlapping service areas. Throughout this report, you will see that as different as Chicago's hospitals may be, they are quite similar in their concerns about the public's health.

We hope that this report will help you better identify key levers for change in the community you serve, including those hospitals working toward the same goals. Most importantly, we hope this report can inspire a spirit of collaborative innovation among hospitals and health systems to work with one another and the Chicago Department of Public Health to seize this historic moment and improve access to care across our City.

Together, we can make Chicago the healthiest city in the nation.

Bechara Choucair, M.D.

Commissioner, Chicago Department of Public Health

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 (PPHF). The PPHF 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, PPHF 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.

The PPHF investments, along with expanded insurance coverage for selected screening services, are explicitly identified under the ACA as health promotion and disease prevention opportunities. However, there are also significant opportunities for prevention among hospitals that have received less attention thus far.

This report briefly summarizes new 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.

NEW REQUIREMENTS FOR CHARITABLE HOSPITALS

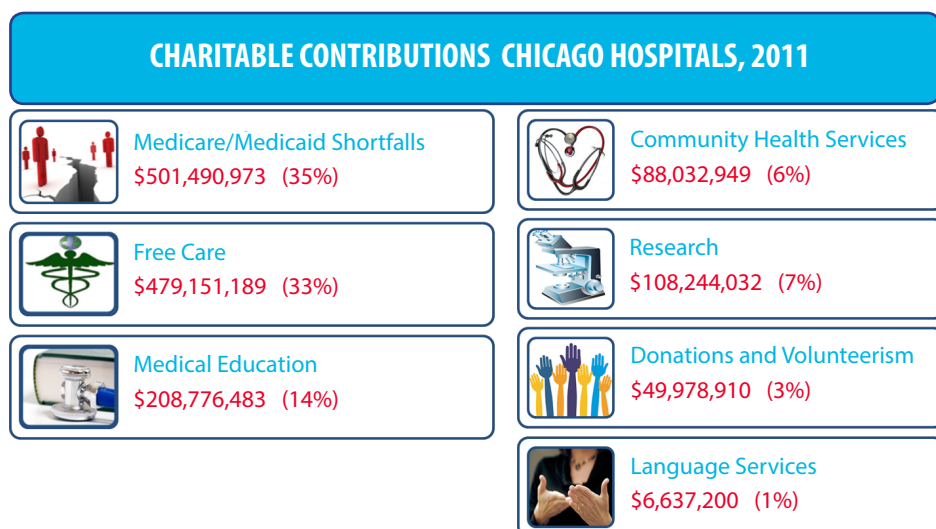
The Affordable Care Act imposed four general requirements on charitable 501(c)(3) hospitals. Under the ACA, each hospital must:

- 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 CHNA requirements are effective for tax years beginning after March 23, 2012, and excise taxes can be imposed on hospitals for failure to meet this requirement. CHNAs are due based on hospitals' taxable years, which can be different. At the time of this report's completion, 16 Chicago hospitals had posted their CHNAs for public review.

The CHNA 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 \$1.4 billion annually in charitable contributions to the communities they serve. One-third of these contributions are 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, scheduled to begin in January 2014 under the ACA, free care contributions will be reduced. What is not known at

this time is the extent to which those who 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 of the ACA, it contains no insurance provisions for most non-citizens. In Chicago, this translates to just over 108,000 residents.

APPROACH

As noted previously, under the ACA, the US Internal Revenue Service requires that all non-profit hospitals make their Community Health Needs Assessments available to the public through their websites. Deadlines for completing and posting the CHNAs vary depending on the hospitals' tax years. As of September 2013, 16 Chicago hospitals had completed and posted their assessments. CDPH staff reviewed each needs assessment.

The review focused on both the geographic areas served by each hospital and the key findings and priority health issues emerging from their assessments. These factors suggest opportunities for hospitals to work in partnership and leverage resources to address identified community needs.

KEY FINDINGS AND RECOMMENDED PRACTICES

There was considerable overlap in the priorities that emerged from the 16 hospital Community Health Needs Assessments that were completed and posted to the public by September 1, 2013. This section of the report is organized around these priorities. For each priority presented, information is included on the hospitals which selected that health issue and a map depicts the geographic service areas of those same hospitals. Finally, related interventions which have been scientifically reviewed and included in the Guide to Community Preventive Services (the Guide) are presented.

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 interventions 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 U.S. Centers for Disease Control and Prevention (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 (Task Force), an independent, non-federal, unpaid panel of public health and prevention experts that provides evidence-based findings and recommendations about community preventive services, programs, and policies to improve health.

KEY PRIORITIES

Numerous priorities emerged from the hospital Community Health Needs Assessments. The table below lists some of the key priorities identified by hospitals in their assessments. Some hospital assessments identified additional priorities, such as medical research, 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, the hospital prioritized conditions relating to its principal function, as provided by federal regulations issued to guide hospitals in conducting their assessments. (See I.R.S./Treasury Notice 2011-52 at 14, available at <http://www.irs.gov/pub/irs-drop/n-11-52.pdf>.) 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 choose 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.

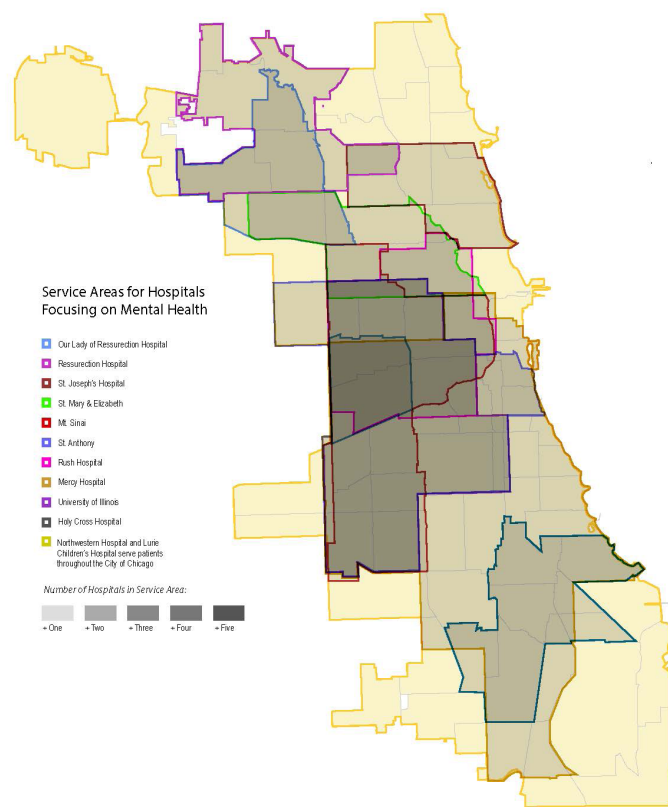
The academic medical centers, health systems, and hospitals in Chicago that conduct medical research and clinical trials are committed to advancing medical innovation. This establishes Chicago as a gateway for clinical research. Patients reap the benefits by having increased access to more treatment options when traditional techniques are exhausted. Therefore Chicagoans, who represent some of the most socioeconomically-diverse populations in the nation, have the opportunity to participate in cutting-edge clinical research, a key part of the effort to improve overall population health.

COMMUNITY HEALTH NEEDS ASSESSMENTS: KEY PRIORITIES										
Selected Chicago Hospitals										
Hospital	Mental Health	Obesity	Access to Care	Diabetes	Heart Health	Chronic Disease	Respiratory Health	Violence	Social Determinants	Cancer
Holy Cross Hospital	X	X		X	X	X				
Lurie Children's Hospital	X	X				X	X	X		
Mercy Hospital and Medical Center	X	X	X		X					X
Mount Sinai Hospital	X	X		X	X					
Northwestern Memorial Hospital		X	X		X			X		
Our Lady of Resurrection Medical Ctr	X		X	X		X				
Rehabilitation Institute of Chicago					X					X
Resurrection Medical Center	X		X			X				
RML Specialty Hospital-Chicago										
Rush University Medical Center		X	X	X	X		X		X	
Saint Anthony Hospital	X	X	X	X	X			X		X
Saint Joseph Hospital	X		X			X			X	
Saints Mary & Elizabeth Medical Ctr	X	X		X				X	X	
Schwab Rehabilitation Hospital		X	X						X	
University of Chicago Medical Center		X	X	X			X			X
University of Illinois Hospital and Health Sciences System	X	X	X	X	X		X			X

MENTAL HEALTH

Issues related to mental health were identified as priorities in 12 of the 16 completed CHNAs. Specific issues included suicide, depression, and hospitalizations related to drug and alcohol use, mood disorders and psychotic disorders. Hospitals mentioned the need for prevention efforts, most notably among young people, and a greater capacity for community-based treatment.

Hospitals prioritizing mental health: Ann & Robert H. Lurie Children’s Hospital of Chicago, Holy Cross Hospital, Mercy Hospital and Medical Center, Mount Sinai Hospital, Northwestern Memorial Hospital, Presence Our Lady of Resurrection Medical Center, Presence Resurrection Medical Center, Presence Saint Joseph Hospital Chicago, Presence Saints Mary & Elizabeth Medical Center, Rush University Medical Center, Saint Anthony Hospital, and University of Illinois Hospital and Health Sciences System.



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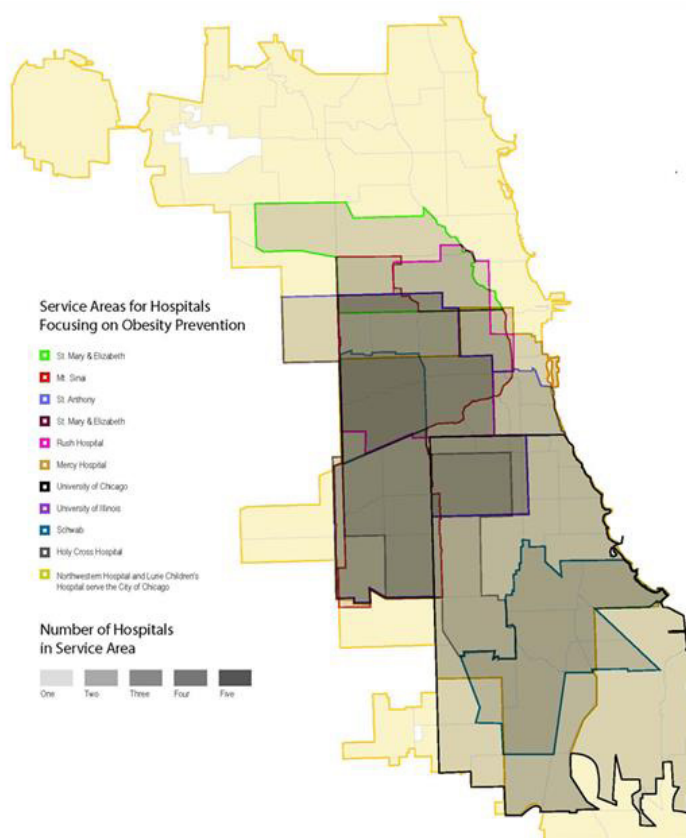
MENTAL HEALTH INTERVENTIONS

Collaborative care for the management of depressive disorders Mental health benefits legislation	Recommended	Interventions in Community Settings	
	Recommended	Home-based depression care management Clinic-based depression care management Community-based exercise interventions	Recommended Recommended Insufficient Evidence
Findings available at http://www.thecommunityguide.org/mentalhealth/index.html			

OBESITY, NUTRITION, PHYSICAL ACTIVITY & WEIGHT CONTROL

Eleven of the 16 reviewed CHNAs identified obesity, nutrition, physical activity, and/or weight control as a priority issue. 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%. The latest available data show that 36.8% of Chicago adults are overweight and 27.2% are obese.

Hospitals prioritizing obesity: Ann & Robert H. Lurie Children's Hospital of Chicago, Holy Cross Hospital, Mercy Hospital and Medical Center, Mount Sinai Hospital, Northwestern Memorial Hospital, Presence Saints Mary & Elizabeth Medical Center, Rush University Medical Center, Schwab Rehabilitation Hospital, University of Chicago Medical Center, and University of Illinois Hospital and Health Sciences System.



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OBESITY PREVENTION AND CONTROL

Interventions in Community Settings		Provider-Oriented Interventions	
Interventions to Reduce Screen Time			
Behavioral Interventions to Reduce Screen Time	Recommended	Provider education	Insufficient Evidence
Mass media interventions to reduce screen time	Recommended	Provider feedback	Insufficient Evidence
		Provider reminders	Insufficient Evidence
Technology-Supported Interventions		Provider education with a client intervention	Insufficient Evidence
Multicomponent coaching or counseling intervention to:		Multicomponent provider interventions	Insufficient Evidence
• Reduce weight	Recommended	Multicomponent provider interventions with client interventions	Insufficient Evidence
• Maintain weight loss	Recommended		
Interventions in Specific Settings		<i>Findings available at http://thecommunityguide.org/obesity/index.html</i>	
Worksite programs	Recommended		
School-based programs	Recommended		

NUTRITION

School-based programs promoting nutrition and physical activity	Insufficient Evidence
<i>Findings available at http://thecommunityguide.org/nutrition/index.html</i>	

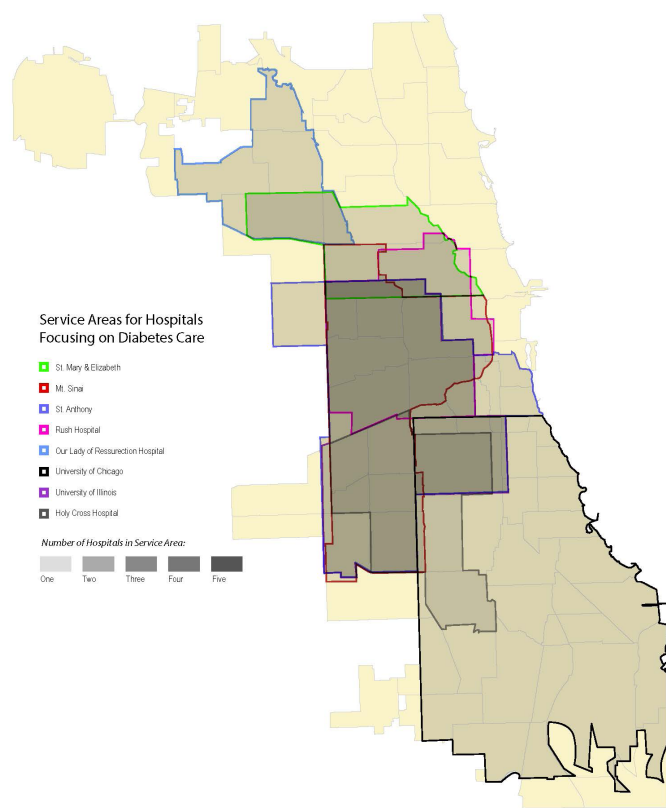
PHYSICAL ACTIVITY

Interventions in Community Settings	
Campaigns and Informational Approaches	
Community-wide campaigns	Recommended
Stand-alone mass media campaigns	Insufficient Evidence
Classroom-based health education focused on providing information	Insufficient Evidence
Behavioral and Social Approaches	
Individually-adapted health behavior change programs	Recommended
Social support intervention 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
Classroom-based health education to reduce TV viewing and video game playing	Insufficient Evidence
Environmental and 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
<i>Findings available at http://thecommunityguide.org/pa/index.html</i>	

DIABETES

Diabetes emerged as a priority in the needs assessments conducted by eight Chicago hospitals. In 2009, the most recent year for which data are available, diabetes was the sixth leading cause of death in Chicago, accounting for 619 or 3.2% of all deaths that year. With an overall death rate of 26.3 per 100,000, rates were highest among African Americans (35.5) and Hispanics (34.2). Recognizing the inter-relationship between diabetes and obesity, all but one of the eight hospitals that identified diabetes as a priority, also prioritized obesity.

Hospitals prioritizing diabetes: Holy Cross Hospital, Mount Sinai Hospital, Presence Our Lady of Resurrection Medical Center, Presence Saints Mary and Elizabeth Medical Center, Rush University Medical Center, Saint Anthony Hospital, University of Chicago Medical Center and University of Illinois Hospital and Health Sciences System.



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DIABETES

Healthcare System Level Interventions

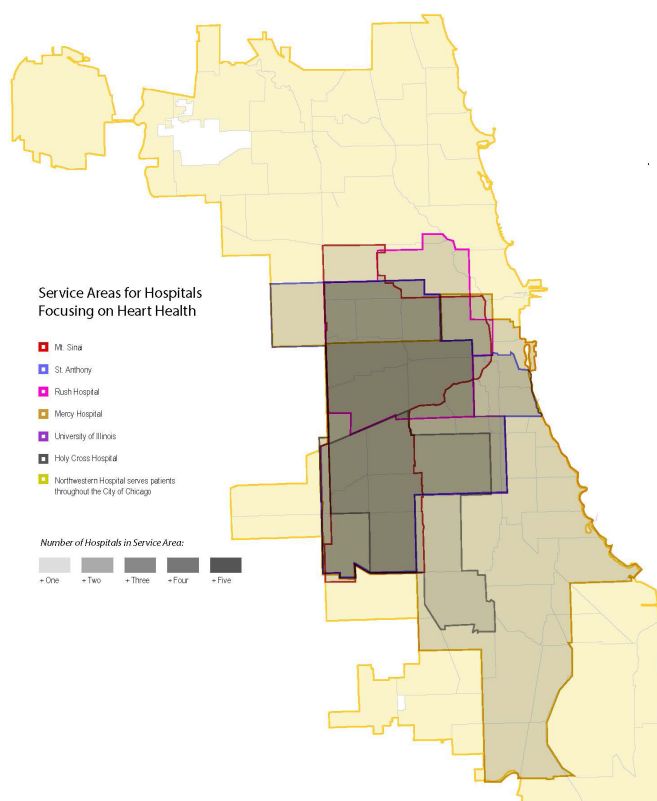
Case management interventions to improve glycemic control	Recommended
Disease management programs	Recommended
Self management education	
• In community gathering places- Adults with Type 2 Diabetes	Recommended
• In the home- Children and Adolescents with Type 1 Diabetes	Recommended
• In the home- People with Type 2 Diabetes	Recommended
• In recreational camps	Insufficient Evidence
• In worksites	Insufficient Evidence
• In school settings	Insufficient Evidence

Findings available at <http://thecommunityguide.org/diabetes/index.html>

HEART DISEASE & RELATED RISK FACTORS

Seven Chicago hospitals identified heart disease and related risk factors as priorities stemming from their Community Health Needs Assessments. In Chicago, diseases of the heart are the leading cause of death, accounting for 5,224 lives lost (27.3%) of all deaths in 2009. While heart disease is the leading cause of death for both males and females, deaths among males occur at a much higher rate (283.3) than among women (173.1).

Hospitals prioritizing heart disease: Holy Cross Hospital, Mercy Hospital and Medical Center, Mount Sinai Hospital, Northwestern Memorial Hospital, Rush University Medical Center, Saint Anthony Hospital, and University of Illinois Hospital and Health Sciences System.



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CARDIOVASCULAR DISEASE PREVENTION AND CONTROL

Clinical decision-support systems

Reducing out-of-pocket costs for CDV preventive services for patients with high blood pressure and high cholesterol

Team-based care to improve blood pressure control

Findings available at <http://thecommunityguide.org/cvd/index.html>

Recommended

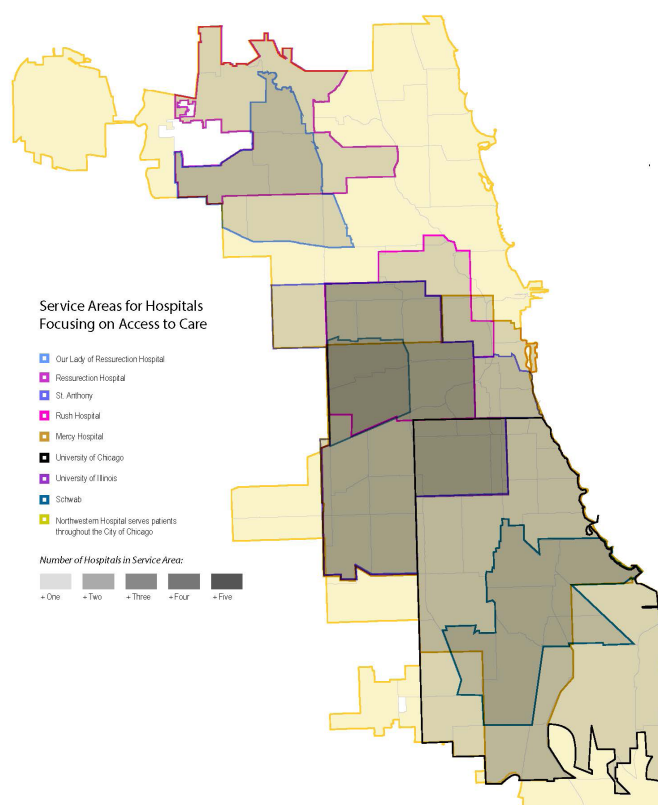
Recommended

Recommended

ACCESS TO HEALTH CARE SERVICES

Ten hospitals identified issues related to health care access among the priorities emerging from their Community Health Needs Assessments. Access issues were identified not only to meet the need for medical care, but also for mental health, oral health, and vision services. There are an estimated 506,340 Chicagoans who currently lack health insurance. The vast majority of these residents will become eligible for coverage in January 2014 under the Affordable Care Act. However, over 100,000 are undocumented residents and therefore not eligible for ACA coverage.

Hospitals prioritizing access to health care services: Mercy Hospital and Medical Center, Mount Sinai Hospital, Northwestern Memorial Hospital, Presence Our Lady of Resurrection Medical Center, Presence Resurrection Medical Center, Presence Saint Joseph Hospital, Rush University Medical Center, Saint Anthony Hospital, Schwab Rehabilitation Hospital, University of Chicago Medical Center, and University of Illinois Hospital and Health Sciences System.

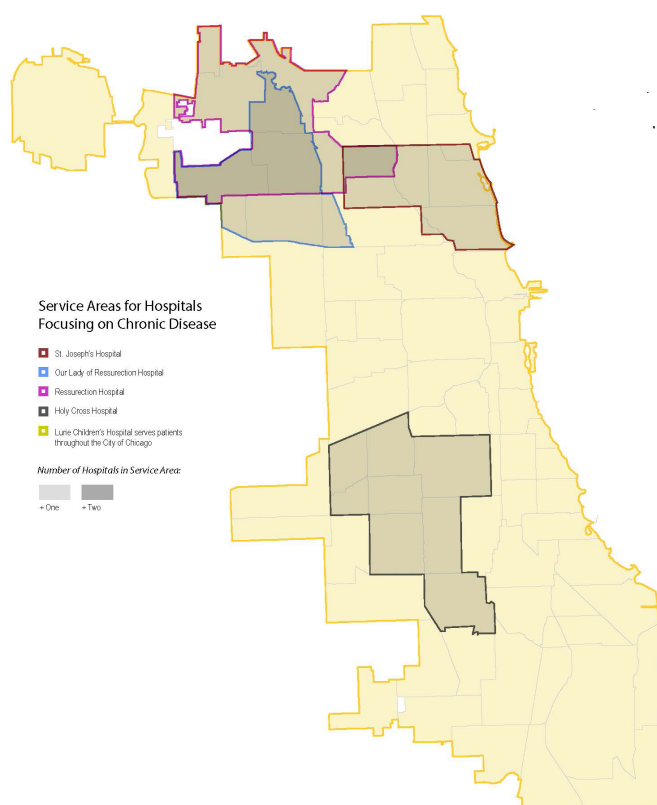


The Guide to Community Preventive Services does not identify recommended strategies for increasing access to care. However, since the 2010 passage of the Affordable Care Act, over \$42 million in federal funding has been awarded to increase the capacity and quality of services provided by Chicago's Federally Qualified Health Centers. Further federal and state investments of nearly \$15 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.

CHRONIC DISEASE

In addition to specific conditions identified by hospitals, six hospitals identified chronic diseases as a priority. In most cases, concerns focused on the need for chronic disease prevention efforts, disease management needs, and the need to address complex chronic conditions.

Hospitals prioritizing chronic disease: Ann & Robert H. Lurie Children's Hospital of Chicago, Holy Cross Hospital, Presence Our Lady of Resurrection Medical Center, Presence Resurrection Medical Center, and Presence Saint Joseph Hospital Chicago.

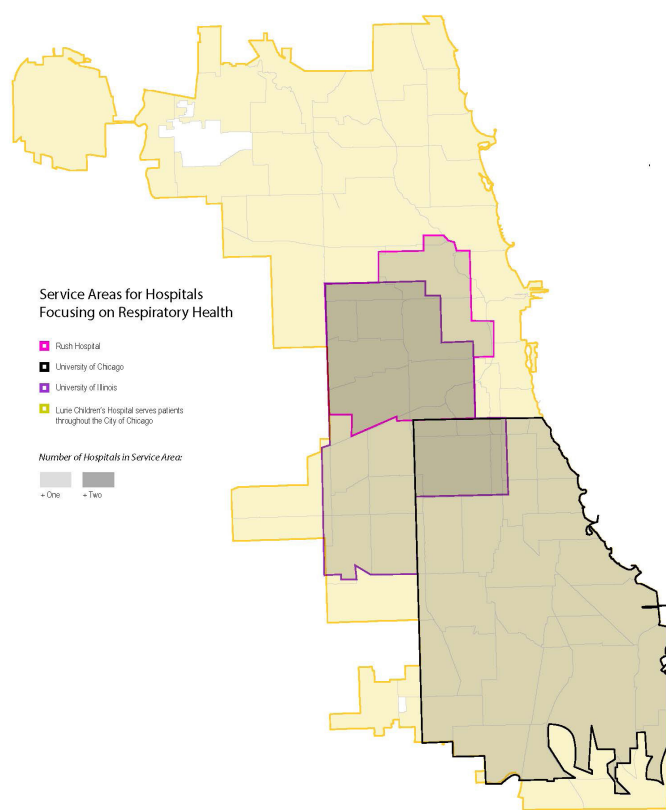


While the Guide to Community Preventive Services does not include interventions under a specific “chronic disease” category, relevant guidance is available through its reviews of interventions related to cardiovascular disease, diabetes, tobacco use, and more.

RESPIRATORY HEALTH

Conditions related to respiratory health, such as chronic obstructive pulmonary disease, were identified as priorities by four of the 16 hospitals whose Community Health Needs Assessments were reviewed. Most frequently mentioned was asthma.

Hospitals prioritizing respiratory health: Ann & Robert H. Lurie Children’s Hospital of Chicago, Rush University Medical Center, University of Chicago Medical Center, and University of Illinois Hospital and Health Sciences System.



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ASTHMA

Home-based Multi-trigger, Multi-component Environmental interventions

For Children and Adolescents with Asthma
For Adults with Asthma

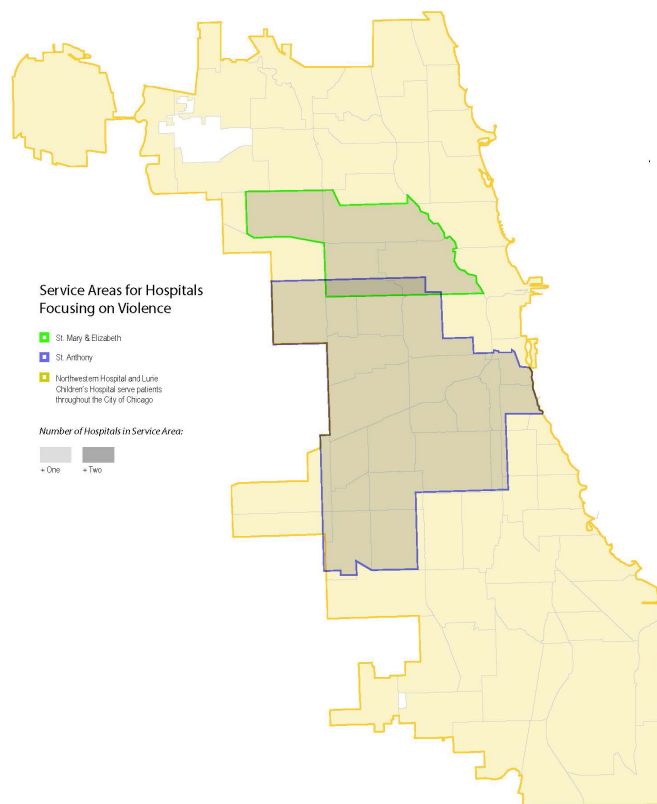
Findings available at <http://thecommunityguide.org/asthma/index.html>

Recommended
Insufficient Evidence

VIOLENCE

Violence was identified as a priority by four Chicago hospitals. Areas of concern were broad and ranged from child abuse to gang activity and gun violence. The need for collaborative responses, drawing of the resources and commitments of community and other institutional partners was noted.

Hospitals prioritizing violence: Ann & Robert H. Lurie Children's Hospital of Chicago, Northwestern Memorial Hospital, Presence Saints Mary & Elizabeth Medical Center, and Saint Anthony Hospital.



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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 or intimate partner violence)	Insufficient Evidence
To prevent violence by children	Insufficient Evidence

Firearm 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	Insufficient Evidence
Child access prevention (CAP) laws	Insufficient Evidence
Zero tolerance of firearms in schools	Insufficient Evidence
Combinations of firearms laws	Insufficient Evidence

Reducing Psychological Harm from Traumatic Events

Cognitive-Behavioral Therapy (CBT)

Individual CBT	Recommended
Group CBT	Recommended

Other Therapies

Play therapy	Insufficient Evidence
Art therapy	Insufficient Evidence
Psychodynamic therapy	Insufficient Evidence
Pharmacological therapy	Insufficient Evidence
Psychological debriefing	Insufficient Evidence

School-based Programs

School-based programs to reduce violence	Recommended
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Therapeutic Foster Care

For chronically delinquent juveniles	Recommended
For children with severe emotional disturbance	Insufficient Evidence

Youth Transfer to Adult Criminal System

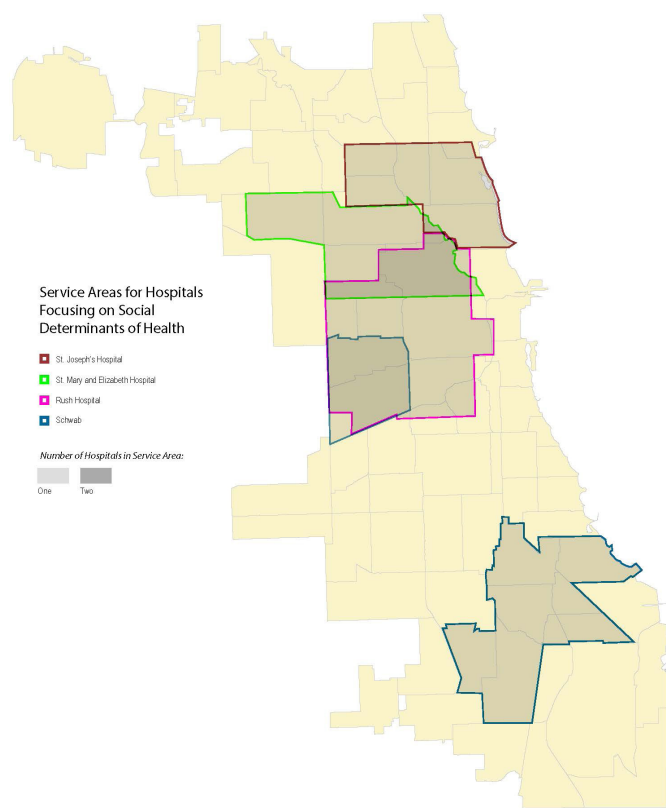
Policies facilitating the transfer of juveniles to adult justice systems	Recommended Against
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Findings available at <http://thecommunityguide.org/violence/index.html>

SOCIAL DETERMINANTS

Four 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.

Hospitals prioritizing Social Determinants: Presence Saint Joseph Hospital, Presence Saints Mary & Elizabeth Medical Center, Rush University Medical Center, and Schwab Rehabilitation Hospital.



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HEALTH EQUITY

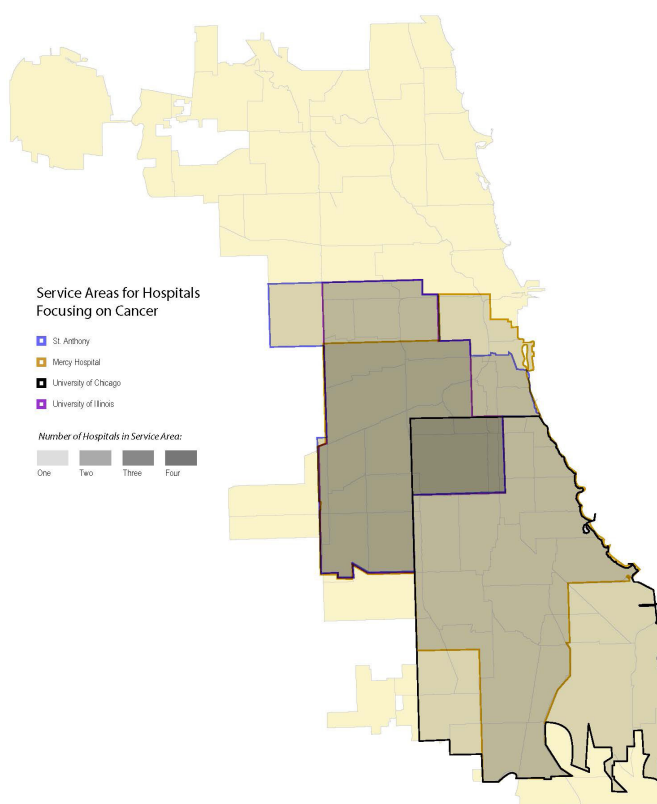
Education Programs and Policies	
Full day kindergarten	Recommended
Comprehensive, center-based programs for children of low-income families	Recommended
Culturally Competent Health Care	
Cultural competency training for healthcare providers	Insufficient Evidence
Culturally specific healthcare settings	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	Insufficient Evidence

Findings available at <http://thecommunityguide.org/healthequity/index.html>

CANCER

Four hospitals identified cancer as a priority. Cancer is the second leading cause of death overall in Chicago (4,407 deaths in 2009) and the leading cause of death among Hispanics and Non-Hispanic Asian/Pacific Islanders.

Hospitals prioritizing cancer: Mercy Hospital and Medical Center, Saint Anthony Hospital, University of Chicago Medical Center, and University of Illinois Hospital and Health Sciences System.



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CANCER

Increasing Breast, Cervical, and Colorectal Cancer Screening

Client-Oriented Interventions

Interventions

Client reminders
Client incentives
Small media
Mass media
Group education
One-on-One education
Reducing structural barriers
Reducing client out-of-pocket costs
Provider-Oriented Interventions (e.g., reminders, incentives)
Provider assessment & feedback
Provider incentives
Provider reminder and recall systems

Breast Cancer

Recommended
Insufficient Evidence
Recommended
Insufficient Evidence
Recommended
Recommended
Recommended
Recommended

Cervical Cancer

Recommended
Insufficient Evidence
Recommended
Insufficient Evidence
Insufficient Evidence
Recommended
Insufficient Evidence
Insufficient Evidence

Colorectal Cancer

Recommended
Insufficient Evidence
Recommended
Insufficient Evidence
Insufficient Evidence
Recommended
Recommended
Insufficient Evidence

Preventing Skin Cancer

Education and Policy Approaches

Primary and middle school interventions
Outdoor recreation settings
Child care center-based interventions
Secondary schools and colleges
Outdoor occupation settings
Healthcare settings and providers

Recommended
Recommended
Recommended
Insufficient Evidence
Insufficient Evidence
Insufficient Evidence

Interventions Targeting Children's Parents and Caregivers

Interventions Targeting Children's Parents and Caregivers

Insufficient Evidence

Community-Wide Interventions

Mass media
Multicomponent community-wide interventions

Insufficient Evidence
Recommended

Promoting Informed Decision Making For Cancer Screening

Promoting informed decision making for cancer screening

Insufficient Evidence

Findings available at <http://thecommunityguide.org/cancer/index.html>

ⁱ 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\(c\)\(3\)-Hospitals-Under-the-Affordable-Care-Act](http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act). Accessed August 26, 2013

ⁱⁱ Metropolitan Chicago Healthcare Council. Caring for their communities: The charitable community benefits and economic impact of hospitals in the metropolitan Chicago region. August 2013.

ⁱⁱⁱ Chicago Department of Public Health and Health and Disabilities Advocates. Enroll Chicago!: A profile of Chicago's uninsured. August, 2013.

^{iv} Chicago Department of Public Health and Chicago Public Schools. Overweight and obesity among Chicago Public Schools students, 2010-2011. February 2013. Available at www.cityofchicago.org/health.

^v Illinois Department of Public Health. Behavioral Risk Factor Surveillance System. 2011.

^{vi} Chicago Department of Public Health and Health and Disabilities Advocates. Enroll Chicago!: A profile of Chicago's uninsured. August, 2013.

^{vii} Chicago Department of Public Health. Leading causes of death in Chicago, 2007-2009. September 2013.



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