

# Strategic Implementation Plan Executive Summary

**FY 2026-2028**



AT THE FOREFRONT

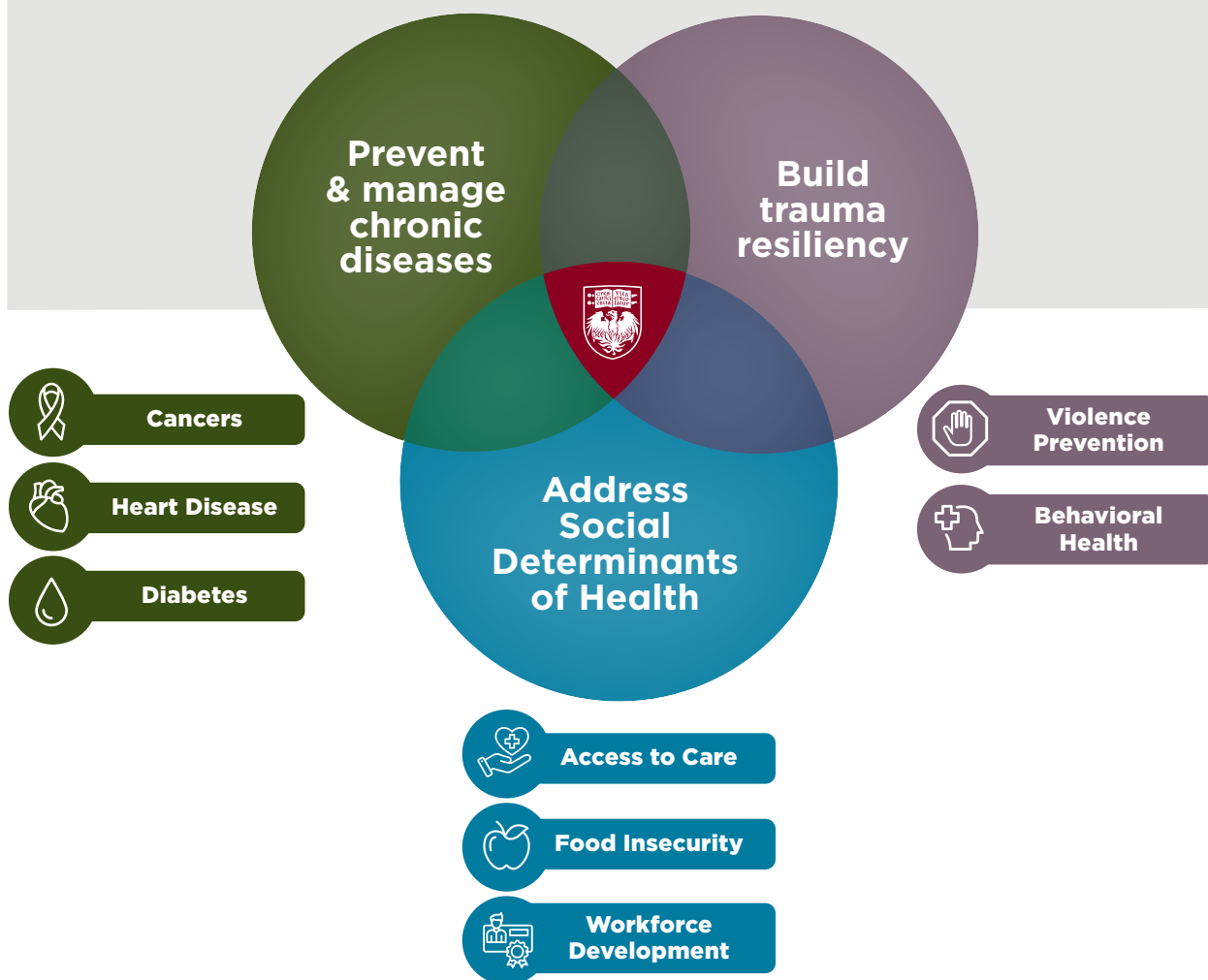
**UChicago  
Medicine**



# University of Chicago Medical Center

## Community Benefit Priority Areas

Using the community benefit priority area structure developed through the [2024 - 2025 Community Health Needs Assessment \(CHNA\)](#), the following Strategic Implementation Plan (SIP) Executive Summary outlines goals and strategies to be implemented, measured, and assessed during the upcoming three-year cycle (July 2025 - June 2028).



## Goal: Prevent and Manage Chronic Diseases



**Priority Areas: Cancers, Heart Disease, Diabetes**

Living with chronic disease is associated with poorer quality of life, lower life expectancy, financial instability, and poor mental health. There are many social and structural barriers to living a healthy lifestyle in the University of Chicago Medical Center primary service area (PSA). Residents struggle to access healthy food, safe places to exercise, healthy environments, disease screenings, and other preventative services.

### STRATEGIES

<p><b>Address risk factors including obesity, healthy food access, screening, and preventative services.</b></p>	<p><b>Continue to promote primary care and the healthcare ecosystem on the South Side.</b></p>	<p><b>Integrate community outreach programming into the new comprehensive cancer center.</b></p>	<p><b>Support programs for patient chronic condition management.</b></p>
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## Goal: Build Trauma Resiliency



**Priority Areas: Violence Prevention, Behavioral Health**

The South Side of Chicago has a complex history of violence that is the consequence of structural and systemic disinvestment. During focus groups, participants noted situations that contribute to trauma and increased risk of violence, including abuse, crime, and behavioral health challenges. As we continue building trauma resiliency, much of the work will remain focused on violence prevention and behavioral health.

### STRATEGIES

<p><b>Continue hospital-based violence intervention programs with growth in community collaborations.</b></p>	<p><b>Increase behavioral health screenings, programs, and services.</b></p>	<p><b>Build a behavioral health ecosystem internally and through community partnerships.</b></p>
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## Goal: Address Social Determinants of Health (SDOH)



**Priority Areas: Access to Care, Food Insecurity, Workforce Development**

Throughout the South Side and the Medical Center PSA, there has also been a history of health disparities due to Social Determinants of Health (SDOH). The CHNA process uncovered many pressing concerns and needs, including food insecurity, poverty, unemployment, median household income, youth opportunities, and healthcare access.

STRATEGIES			
Increase SDOH screenings and referrals in healthcare and community settings.	Increase career pathways and opportunities through partnerships and community investment.	Provide healthcare ecosystem navigation support.	Continue partnerships and referrals to community-based organizations for SDOH needs.

## Strategic Implementation Plan Timeline

