

Strategic Implementation Plan

FY 2026-2028



AT THE FOREFRONT

**UChicago
Medicine**



Introduction

Every three years, the University of Chicago Medical Center (Medical Center) conducts a Community Health Needs Assessment (CHNA) to identify local health-related needs within the Medical Center's community and Primary Service Area (PSA). This process includes direct engagement with community members and other stakeholders to identify the most pressing health-related issues and obstacles, and it includes a population-level analysis of health data trends.

This Strategic Implementation Plan (SIP) reviews the community benefit priorities outlined in the Medical Center's 2024-2025 Community Health Needs Assessment and summarizes the goals, strategies, objectives, and programs needed to address them.

At the Forefront of Health Equity

A foundational component of UChicago Medicine's mission, vision, and values is health equity. Through efforts led by the Urban Health Initiative (UHI), UChicago Medicine works to ensure everyone in our community can reach their full health potential by collaborating with trusted community organizations and leveraging all of the University of Chicago's resources to address the health inequities that persist throughout the South Side of Chicago.

The UHI is one of the main vehicles for connecting UChicago Medicine's world-class clinicians, researchers, and staff to the Medical Center's neighbors on Chicago's South Side.



About the Medical Center Primary Service Area

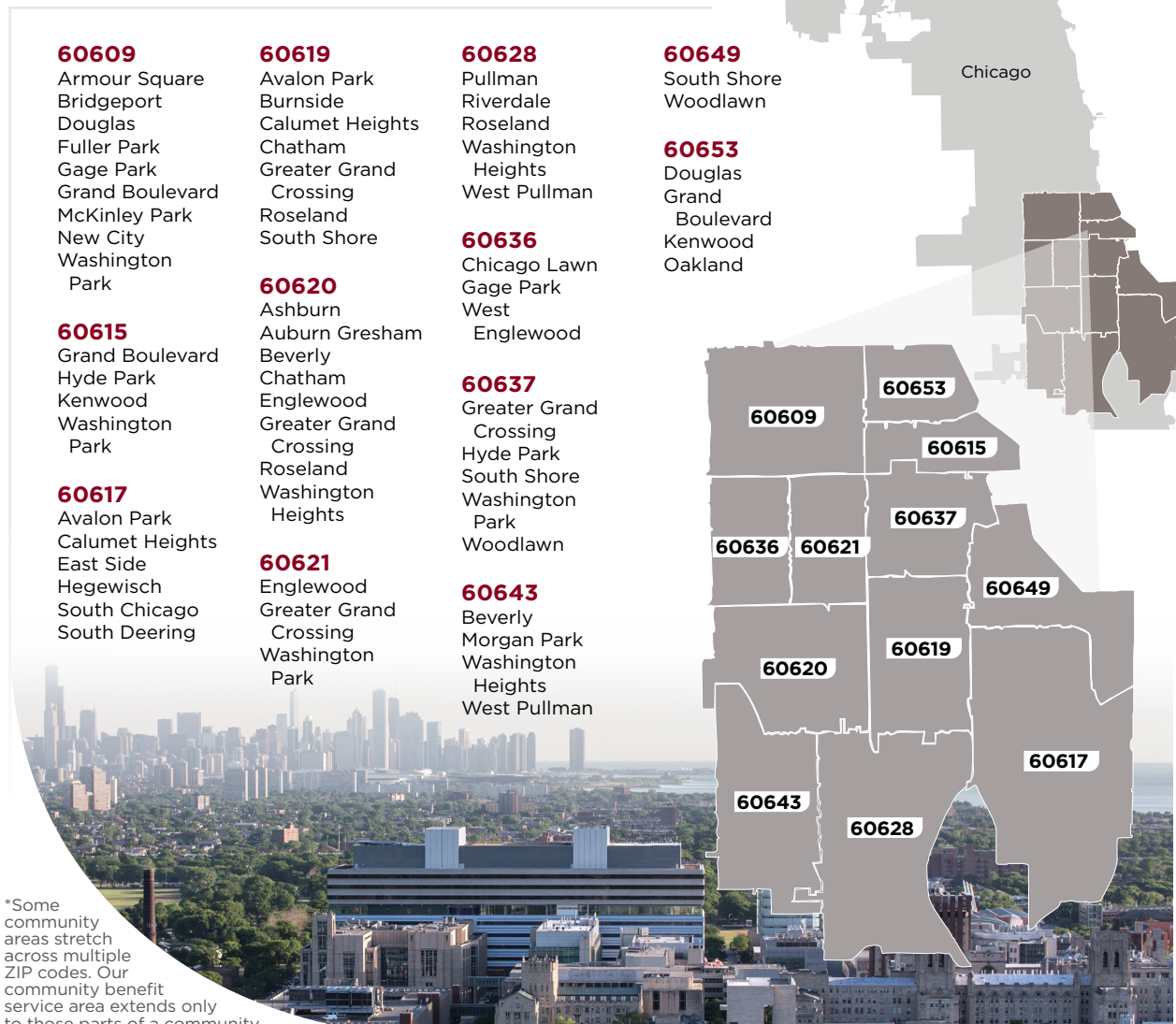
Although the Medical Center provides care for patients throughout Chicago and the surrounding counties and townships, its community-based initiatives exist within its PSA on the South Side of Chicago. This area is made up of vibrant, resilient, culturally rich, and diverse communities. Steeped in African-American heritage and history, the South Side is marked by deep social bonds and anchored by vital community and faith-based organizations.

The Medical Center's PSA is represented by 12 ZIP codes that surround the hospital campus and covers 28 Chicago Community Areas, with partial coverage of additional communities. It has a population of approximately 613,792 residents.

Residents in these communities face social and economic challenges that contribute to health inequities when compared to other areas of Chicago. Moreover, health challenges across the Medical Center's PSA are vast, demonstrated by strikingly high rates of heart disease, diabetes, obesity, cancers, and other chronic diseases. These health conditions are exacerbated by social determinants of health like poverty, housing cost burden, food insecurity, limited employment opportunities, high rates of community violence, and poor mental health.

UNIVERSITY OF CHICAGO MEDICAL CENTER PRIMARY SERVICE AREA

ZIP Codes and Chicago Community Areas



Creating the Medical Center Strategic Implementation Plan

The Medical Center used a variety of methods to develop strategies and solutions that address identified health concerns:

» Subject Matter Expert Focus Groups:

Experts from the Medical Center and community-based organizations participated in focus groups centered on each priority area to better understand barriers and identify approaches to making an impact.

» UChicago Medicine Elevate 2035 Plan:

We aligned the 3-year SIP with UChicago Medicine's 10-year plan to transform healthcare and community health, which aligns with community and public health initiatives.

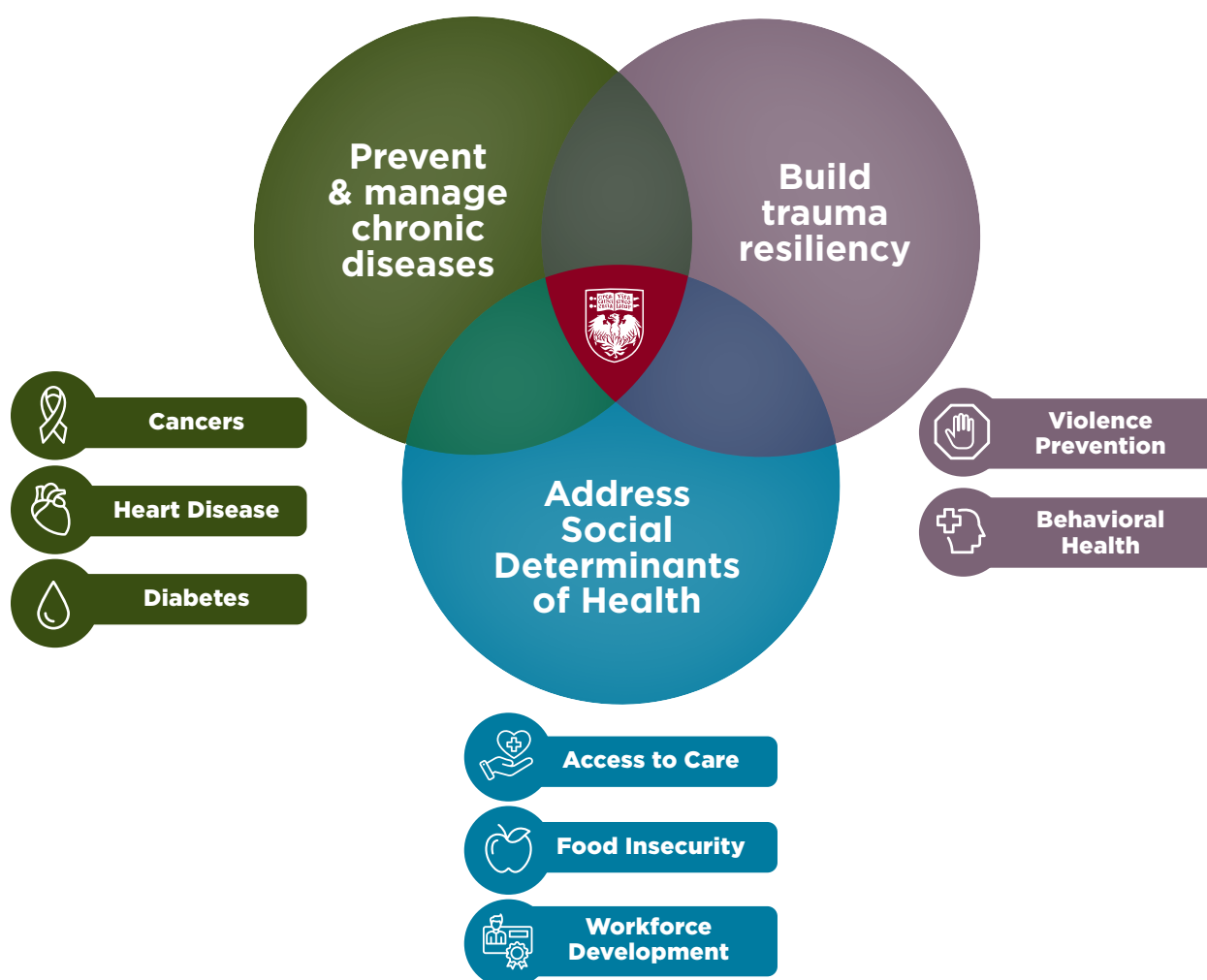
» Population Health Initiatives Review:

We reviewed local, state, and federal health plans to understand their alignment with the community benefit priorities ([CDPH](#), [IDPH](#), and [CDC Healthy People 2030](#)).

Identifying Community Benefit Priorities

The SIP focuses on achieving the greatest impact on the following community benefit priorities: Cancers, Heart Disease, Diabetes, Violence Prevention, Behavioral Health, Access to Care, Food Insecurity, and Workforce Development.

The plan groups strategies and goals into three domains: prevent and manage chronic diseases, build trauma resiliency, and address Social Determinants of Health, shown below:



Other Significant Health Areas of Work

A wide range of health issues emerged from the CHNA and SIP processes that have not been included as current priorities. Notable concerns include asthma, obesity, and affordable housing.

Asthma, in particular, remains a major issue in the PSA. The Medical Center will continue its ongoing investment in asthma prevention and management to build trust in these programs and further promote prevention throughout the community. These efforts will take a similar form to those employed for chronic disease prevention (detailed below), with a focus on addressing Social Determinants of Health.

Obesity is a cross-cutting area of concern, with many system-level factors contributing to inequities across South Side communities. For this reason, the Medical Center will address this issue through its chronic disease prevention initiatives.

Affordable housing continues to be a pressing concern for many residents in the PSA. With UChicago's Elevate 2035 plan, there is momentum in developing infrastructure and processes to support housing initiatives in the future.



Addressing Community Benefit Priorities

The Medical Center will leverage several key strategies in its work to address the community benefit priorities:

1. Use a public health approach and focus efforts on prevention
2. Develop systematic, centralized, and collaborative approaches across the Medical Center
3. Support the Medical Center's growth as an **Anchor Institution** to build a cohesive healthcare ecosystem on the South Side

Community Benefit Priority

Goal: Prevent and Manage Chronic Diseases



Cancers, Heart Disease, Diabetes

Addressing widespread chronic disease among adults is important for residents of all ages, as living with chronic disease is associated with a poorer quality of life, a lower life expectancy, financial instability, and poor mental health. However, there are many systemic barriers to a healthy lifestyle in the Medical Center's PSA. Residents struggle to access healthy food, safe and healthy environments, disease screenings, and other preventative services.

In addition to the strategies below, the Medical Center continues to invest, improve, and expand its care delivery system and initiatives through innovative partnerships that address primary, secondary, and tertiary prevention for cancers, heart disease, diabetes, and obesity.

STRATEGIES		
Improve access and capabilities of programming	Expand role in preventative services	Increase collaboration and partnerships for care and services
<ul style="list-style-type: none"> • Improve community access to health programming • Develop programming for diabetes counselling, health literacy, nutrition/diet, healthy behaviors/health coaching, and weight loss management • Expand current community health worker programming, department staffing, and certification access 	<ul style="list-style-type: none"> • Collaborate with schools and youth programs to disseminate health education and resources • Tailor services, programs, and analyses for community residents • Advance partnerships with the University of Chicago to develop population health models for care and programs 	<ul style="list-style-type: none"> • Build a network of allied health professionals, including licensed and registered dietitians and nutritionists • Assist patients as they navigate health systems and connect with primary and specialty care providers • Advance community partnerships for community residents to access primary and specialty care • Increase free and subsidized health screenings in the community
Key teams, programming, and collaborations in the PSA to support this:		
Liaisons in Care (CHWs) – Medical Home and Specialty Care Connection – ECHO-Chicago – Office of Community Engagement and Cancer Health Equity – Pritzker Free Clinics – South Side Healthy Community Organization – Diabetes Empowerment Education Program – SAFE Clinic – South Side Fit – Office of Community Affairs – Diabetes Youth and Parent Group		

Community Benefit Priority

Goal: Build Trauma Resiliency



Violence Prevention and Behavioral Health

The South Side, including the Medical Center PSA, has a complex history of violence that is the consequence of structural and systemic disinvestment throughout its communities. The prevalence of violence, abuse, crime, and substance use often lead to trauma and poor mental health in the community. In addition, these factors create increased stress, make it difficult to manage chronic conditions, and reduce residents' use of preventative services.

As we continue building trauma resiliency, much of the work will remain focused on violence prevention and behavioral health. The Medical Center provides clinical care and trauma treatment in many capacities, and it is dedicated to continuing and developing new partnerships, creating trauma-informed medical education, and engaging in and supporting community-based education and outreach programs that prevent and treat trauma on the South Side.

STRATEGIES		
Improve widespread violence prevention	Expand role in preventative services and infrastructure	Increase access to behavioral health and services
<ul style="list-style-type: none">• Create hospital-based violence intervention program development and training center model based out of the Medical Center• Build and strengthen partnerships with street outreach organizations across the South Side• Create models for increased post-trauma support	<ul style="list-style-type: none">• Collaborate with schools and youth programs on violence prevention education, mental health resources, and youth opportunities• Collaborate with community partners to develop green spaces and vacant lot transformations• Continue trauma-informed care, medical education, and patient rights initiatives	<ul style="list-style-type: none">• Build the capacity and network of psychologists and social workers trained in trauma-informed care• Improve and coordinate system-wide efforts to support mental and behavioral health needs• Expand substance use treatment and support the Medical Center's capabilities and partnerships
Key teams, programming, and collaborations in the PSA to support this:		
UChicago Medicine's Violence Recovery Program – Healing Hurt People – Chicago, Southland RISE – South Side Healthy Community Organization – Recovery and Empowerment After Community Trauma program – Project FIRE – Medical Career Exposure & Emergency Preparedness Pipeline Initiative – Safe Kids South Chicagoland chapter		

Community Benefit Priority

Goal: Address Social Determinants of Health (SDOH)



Access to Care, Food Insecurity, Workforce Development

Throughout the South Side and the Medical Center PSA, there are many pressing concerns and needs related to the Social Determinants of Health (SDOH), including food insecurity, poverty, unemployment, youth opportunities, and healthcare access. The Medical Center plans to address these issues through workforce development, food insecurity, and access to care.

STRATEGIES		
Increase investment in workforce development and community outreach	Expand screenings and SDOH referrals	Improve access to Medical Center programs
<ul style="list-style-type: none"> • Expand workforce development programs for in-demand healthcare skills and jobs • Increase community mobile clinic outreach, providing health screenings, healthy food, SDOH referrals, and information on local resources • Promote SDOH resources at health and job fairs 	<ul style="list-style-type: none"> • Develop system-wide SDOH screening processes and referrals, especially in primary care facilities and free clinics • Develop an internal resource database for SDOH referrals • Embed SDOH screening and referrals into community benefit programs 	<ul style="list-style-type: none"> • Build a network of allied health professionals, including licensed and registered dietitians and nutritionists • Expand programming to non-patient community residents • Develop public programming in the new Cancer Pavilion and teaching kitchen
Key teams, programming, and collaborations in the PSA to support this:		
Feed 1st - UChicago Medicine Garden Committee - C4P - Social Programs Fair - Liaisons in Care - Patient Navigator Coordination - Medical Home and Specialty Care Connection Program - Population Health - EVOLVE - Inclusive Pathways Program - RISE Higher - Healthcare Forward - Heart and Vascular Center Mentorship Program - High School Healthcare Career Events - MedCEEP - Skills for Chicagoland's Future		

Sharing the SIP

This plan is available online on UChicago Medicine's [website](#). In addition, it will be shared directly with the Medical Center's Community Advisory Council, community members, local political representatives, faith leaders, healthcare providers, community-based organizations, and other stakeholders. Physical copies are available at the Urban Health Initiative office and upon request by email (uch-communitybenefit@uchicagomedicine.org).