About Us

Located on the West and Southwest sides of Chicago, Sinai Health System is comprised of Mount Sinai Hospital, Holy Cross Hospital, Sinai Children’s Hospital, Schwab Rehabilitation Hospital, Sinai Medical Group, Sinai Community Institute and Sinai Urban Health Institute.

The member institutions of Sinai Health System collectively deliver a full range of high-quality outpatient and inpatient services, as well as a large number of innovative community-based health, research, and social service programs. We focus our collective depth of expertise and passion to improve the health of the 1.5 million people who live in our diverse service area. Sinai Health System, with our team of dedicated caregivers, is uniquely committed to building stronger, healthier communities.

Mission

Our mission is to improve the health of the individuals and communities we serve. For more information about us, please visit our website: http://www.sinai.org
The principle action driving Sinai Health System’s mission is to improve the health of the individuals and communities we serve.

To better meet our mission, this Community Health Needs Assessment has been produced to provide an overview of the health status of our communities.

Produced by the Sinai Urban Health Institute, in collaboration with a diverse set of stakeholders, this assessment provides an overview of social and public health standings that describe not only the communities we serve, but also how those communities relate to the broader Chicago area population. Each measure provides important information for developing the tactics necessary to improve the communities’ overall health.

Sinai Health System would like to recognize all those who made this assessment possible.

Thank you for letting us be your community partner.
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Introduction

As part of the Patient Protection and Affordable Care Act (ACA), each hospital facility in the U.S. must conduct a Community Health Needs Assessment. This very important aspect of the ACA mandates that hospitals must assess the health of the communities they serve, not just the patients who come into their buildings.

This report brings together epidemiological data and the input of our community members to describe health needs and assets of the communities Schwab Rehabilitation Hospital (Schwab) serves. Together, the data findings and community input helped us determine the most important issues to address as a health system and create a plan to improve our community’s health.

This Community Health Needs Assessment is part of our continual process to understand the health-related needs of the communities we serve and to work with our community partners and members to develop and implement creative strategies to address them.

The goal of conducting a Community Health Needs Assessment is to guide change. Schwab has a long history of striving to improve the health of the communities on the west side of Chicago. This assessment and corresponding plan of action provide a guideline from which Schwab can continue to improve community health through changes inside and outside our walls.

Here we present, with pleasure, the 2016 Community Health Needs Assessment for Schwab Rehabilitation Hospital (Schwab). Community Health Needs Assessments for Mount Sinai Hospital and Holy Cross Hospital can be found on our website, [www.sinai.org](http://www.sinai.org). This report is consistent with the mission and vision of our health system and also with the language and spirit of the federal regulations requiring such assessments. We hope that this assessment, like the previous ones we have done, will provide a roadmap to improved health for communities on the west side of Chicago. We believe this report is not only critical for guiding the actions of our health system, but also that it may be valuable for members of our community and those organizations which serve them. It is in this spirit that we share this Community Health Needs Assessment with the reader.

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Dr. Martin Luther King, Jr., 1966
Sinai System Overview

The Sinai Health System (SHS) is a unique health care delivery system on the west side of Chicago. SHS was founded in 1919 to provide care to Eastern European Jewish immigrants in the area as well as to create a place for Jewish doctors to practice. We now serve predominantly Black and Latino communities, but our mission has remained the same. This mission addresses our desire to make a difference in both the individuals and the communities we serve. As we develop innovative and effective ways to do this, we strive to become the national model for the delivery of urban health care.

Our health care system is comprised of Mount Sinai Hospital, Schwab Rehabilitation Hospital, Sinai Children’s Hospital, Holy Cross Hospital, Sinai Medical Group, the Sinai Community Institute, and the Sinai Urban Health Institute. Together, these components of the Sinai Health System serve some of the most socio-economically challenged neighborhoods in Chicago, providing medical and social services not otherwise available to these diverse communities with a combined population base of 1.5 million people.

Schwab Rehabilitation Hospital

Schwab Rehabilitation Hospital is a freestanding, not-for-profit rehabilitation hospital that offers comprehensive inpatient and outpatient rehabilitation programs for adults and children with disabilities. Schwab’s mission is to improve the health, functioning, and well-being of persons with disabilities by offering effective and efficient rehabilitation services. Schwab is a nationally recognized facility for physical medicine and rehabilitation, and serves as an advocate for the prevention of disabling injuries. Located on Chicago’s West side, Schwab provides a comprehensive array of rehabilitation services, community-based disability education, prevention, advocacy programs, and support groups to a predominantly low-income Black and Hispanic population. Across the spectrum of adult and pediatric rehabilitation, services include physiatry; speech-language pathology; occupational, physical, and recreational therapies; mental health services; and vocational rehabilitation. Schwab treats more than 1,800 inpatients each year, plus thousands more for outpatient visits.
Brief Description of Other Sinai Health System Entities

**Mount Sinai Hospital (MSH)** is a 319-bed teaching hospital with a Level 1 Trauma Center, 60,000 emergency visits, and 4,000 deliveries a year. MSH is a community-based hospital that provides exceptional medical, surgical, behavioral health, therapeutic, and diagnostic services. Sinai also trains more than 700 health care professionals a year.

**Holy Cross Hospital (HCH)** is a 274-bed Catholic community hospital on the southwest side of Chicago, offering intensive care, medical and surgical services, as well as obstetrics, rehabilitation, hospice, and an array of diagnostic and therapeutic services. Its Emergency Department receives 50,000 visits per year, and more ambulance runs than any hospital in the state, a function of the hospital’s geographic isolation and local unaddressed health needs.

**Sinai Medical Group (SMG)** includes 295 physicians with 39 medical and surgical specialties who work at Mount Sinai Hospital and other Sinai Health System sites throughout the Chicago area.

**Sinai Community Institute (SCI)** provides education, employment counseling, case management, and nutrition services that address the social and economic factors affecting the health of the community’s most vulnerable members—infants, children, adolescents and older adults. Of the 30,000 annual client visits, approximately 98% are low-income minority women and children.

**Sinai Urban Health Institute (SUHI)** is a leading research center, focused on eliminating health disparities through social epidemiology, program evaluation, health interventions, teaching and consulting. SUHI is currently implementing a wide range of health interventions within the community to address issues such as pediatric asthma, breast cancer screening, and diabetes.
The Communities We Serve

As a rehabilitation hospital, we define “the community we serve” as both the residents of Schwab’s Primary Service Area and the disability community. The disability community includes people who have physical and cognitive disabilities – the people who are most likely to use the services of a rehabilitation hospital.

Our Primary Service Area includes the following Chicago community areas:

- Archer Heights
- Auburn Gresham
- Austin
- Brighton Park
- Chicago Lawn
- East Garfield Park
- Englewood
- North Lawndale
- Pullman
- Roseland
- South Deering
- South Shore
- West Garfield Park
- West Lawn

A description of the demographic and socioeconomic characteristics of individuals living in these communities is provided later in the report.

Schwab Rehabilitation Hospital Community Benefits

In 2015, Schwab provided over $2.7 million in community benefits, including charity care, subsidized health services, language assistance, education, research donations, coverage for bad debts, and volunteer services. Charity care comprised $425,613 and other community benefits comprised the rest. These benefits provide funding for many unfunded community initiatives that promote health, healing, or treatments.
Community Health Needs Assessment
Methodology & Process

To best understand the health of our community, we have assembled data from a variety of quantitative and qualitative sources. We have included demographic data on the communities within our Primary Service Area, mortality data on the top three causes of admission to Schwab, as well as data focus groups with Schwab staff and former patients. Finally, we will discuss how these findings informed the selection of our community health priorities, the issues we will focus on addressing over the next three years. The Schwab Community Health Needs Assessment was conducted through the following process:

- **Data Collection & Analysis**
  - Gather demographic and epidemiological data

- **Community Engagement**
  - Conduct focus groups

- **Synthesis of Inputs**
  - Analyze qualitative and quantitative data

- **Prioritization of Health Needs**
  - Stroke
  - Diabetes
  - Violence

- **Action Plan Development**
  - Create a plan to address health priorities over the next three years

- **Implementation: Making Lives Better**
  - Implement Action Plan in partnership with the community
The Communities We Serve

Schwab’s Primary Service Area (PSA) is comprised of 14 communities on the south and west sides of Chicago, where 80% of our patients reside (Figure 1). The map below outlines Schwab’s PSA and displays Schwab and other hospitals and clinics in the area.

Figure 1. Schwab Rehabilitation Hospital Primary Service Area Map

Schwab Rehabilitation Hospital Communities

- Archer Heights
- Auburn Gresham
- Austin
- Brighton Park
- Chicago Lawn
- East Garfield Park
- Englewood
- North Lawndale
- Pullman
- Roseland
- South Deering
- South Shore
- West Garfield Park
- West Lawn
Schwab’s PSA is made up of 14 communities, each with a distinct personality. All of the community areas are over 75% minority populations and 12 of them have a poverty rate higher than the city average.

**Race and Ethnicity**

All of the 14 communities in Schwab’s PSA have minority populations that exceed 75% and 11 of the 14 have minority populations that exceed 90%. Ten of the communities are predominately Black, and two are primarily Hispanic/Latino (Figure 2).

**Figure 2. Racial and Ethnic Distribution by Community Area**
**Median Household Income**

The communities in Schwab’s PSA are among the most economically disadvantaged in Chicago. All but one of our 14 communities has a median household income less than the city as a whole. The median income for households in Englewood is less than half the city median income.

**Figure 3. Median Household Income by Community Area**

**Individuals Living in Poverty**

Twelve of the 14 community areas we serve have a higher percentage of individuals living in poverty than the city overall (Figure 4). Four of our communities, Englewood, East Garfield Park, North Lawndale, and West Garfield Park, have double the poverty rate compared to the Chicago overall, with nearly half of their residents living below the poverty line.

**Figure 4. Percent Living in Poverty by Community Area**
Educational Attainment

Nineteen percent of Chicago adults over age 25 do not have a high school diploma (Figure 5). Ten of the 14 community areas we serve have a higher percentage of adults with no high school diploma compared to the city overall. Nearly half of adults in Brighton Park lack a high school diploma.

Figure 5. Percentage of Adults Over 25 with No High School Diploma

<table>
<thead>
<tr>
<th>Community</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brighton Park</td>
<td>45%</td>
</tr>
<tr>
<td>Archer Heights</td>
<td>36%</td>
</tr>
<tr>
<td>West Lawn</td>
<td>34%</td>
</tr>
<tr>
<td>Chicago Lawn</td>
<td>31%</td>
</tr>
<tr>
<td>Englewood</td>
<td>28%</td>
</tr>
<tr>
<td>North Lawndale</td>
<td>28%</td>
</tr>
<tr>
<td>West Garfield Park</td>
<td>25%</td>
</tr>
<tr>
<td>Austin</td>
<td>24%</td>
</tr>
<tr>
<td>East Garfield Park</td>
<td>21%</td>
</tr>
<tr>
<td>South Deering</td>
<td>21%</td>
</tr>
<tr>
<td>Auburn Gresham</td>
<td>18%</td>
</tr>
<tr>
<td>Roseland</td>
<td>17%</td>
</tr>
<tr>
<td>South Shore</td>
<td>14%</td>
</tr>
<tr>
<td>Pullman</td>
<td>13%</td>
</tr>
</tbody>
</table>

Crowded Housing

Crowded housing is defined as a housing unit with more than one person per room. Five percent of Chicagoans live in crowded housing conditions. Eight of the 14 communities in the Schwab PSA have a higher percentage of crowded housing than the city. (Figure 6). Brighton Park has a crowded housing rate nearly three times higher than the city.

Figure 6. Percent living in overcrowded housing conditions

<table>
<thead>
<tr>
<th>Community</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brighton Park</td>
<td>14%</td>
</tr>
<tr>
<td>West Garfield Park</td>
<td>9%</td>
</tr>
<tr>
<td>Archer Heights</td>
<td>9%</td>
</tr>
<tr>
<td>East Garfield Park</td>
<td>8%</td>
</tr>
<tr>
<td>Chicago Lawn</td>
<td>8%</td>
</tr>
<tr>
<td>North Lawndale</td>
<td>7%</td>
</tr>
<tr>
<td>Austin</td>
<td>6%</td>
</tr>
<tr>
<td>West Lawn</td>
<td>6%</td>
</tr>
<tr>
<td>Auburn Gresham</td>
<td>4%</td>
</tr>
<tr>
<td>South Deering</td>
<td>4%</td>
</tr>
<tr>
<td>Englewood</td>
<td>4%</td>
</tr>
<tr>
<td>South Shore</td>
<td>3%</td>
</tr>
<tr>
<td>Roseland</td>
<td>3%</td>
</tr>
<tr>
<td>Pullman</td>
<td>2%</td>
</tr>
</tbody>
</table>

Chicago 5%
Community Health Profile

The section below will explore the three leading causes of admissions to Schwab—violence, diabetes, and stroke. Examination of mortality rates related to these three issues for each of the community areas in our primary service area provides insight into the burden of disease in the communities we serve.

Stroke
Stroke is one of the most common causes of disability among U.S. adults. A stroke occurs when the blood supply to the brain is blocked or when a blood vessel in the brain ruptures, causing brain tissue to die. How much a person recovers varies widely, and there is often permanent disability:

• 10% of stroke victims recover almost completely
• 25% of stroke victims recover with minor impairments
• 40% of stroke victims experience moderate to severe impairments requiring special care
• 10% of stroke victims require extended care in a nursing home or other long-term care facility
• 15% die shortly after the stroke

In order to better understand stroke within the communities we serve, we examine stroke mortality and morbidity data for the U.S., the city of Chicago, and the Schwab PSA.

Stroke Mortality
Stroke is the fifth leading cause of death in the United States and the third leading cause of death in Chicago. Eleven of the 14 communities in the Schwab PSA have stroke mortality rates exceeding the city rate (Figure 7). West Garfield Park, Englewood, and North Lawndale all have stroke mortality rates that are more than 1.5 times higher than the city rate.

Figure 7. Stroke Mortality Rate (2006-2010)
**Stroke Morbidity**
The burden of stroke across the communities in Schwab’s PSA by looking can be determined by rates of stroke Emergency Department (ED) visits and hospitalization. These data are available by zip code rather than community area.

For all but one zip code, Schwab communities have higher than city rates for hospitalizations and ED admissions for stroke (Figure 8). We see the highest rates of stroke ED visits and hospitalization for the zip codes 60624, 60644, and 60621. These zipcodes roughly correspond with Austin, West Garfield Park, and Englewood.

*Figure 8. Stroke ED Admissions and Hospitalization Rates*

**Characteristics of Stroke Patient Population**
Stroke patients seen at Schwab tend to be younger than Chicago and U.S. stroke patients.

Figure 9, on the following page, displays the age and race/ethnicity data for stroke patients from Schwab and MSH, as well as for the regional and national patient populations. The average age for stroke patients at MSH was 60 years old, much younger than the regional and national averages of 65 and 70 years, respectively. The data shows MSH stroke patients are, on average, five years younger than regional stroke patients, and 10 years younger than stroke patients nationwide (see figure 9 on the following page).
### Figure 9. Age & Race/Ethnicity of stroke patients at Schwab, Mount Sinai Hospital, the Midwest region, and the nation

<table>
<thead>
<tr>
<th>Population</th>
<th>Average age</th>
<th>Black %</th>
<th>Hispanic %</th>
<th>White %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schwab*</td>
<td>61</td>
<td>81%</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>Mount Sinai**</td>
<td>60</td>
<td>76%</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>Region**</td>
<td>65</td>
<td>47%</td>
<td>10%</td>
<td>37%</td>
</tr>
<tr>
<td>Nation**</td>
<td>70</td>
<td>17%</td>
<td>7%</td>
<td>74%</td>
</tr>
</tbody>
</table>

Data sources: * eRehab Data System (2012); **Get with the Guidelines (2012)

Functional Independence Measure (FIM) is a scale used to assess physical and cognitive disability. This scale focuses on the level of disability indicating the burden of caring for them or burden of care. Items are scored on the level of assistance required for an individual to perform activities of daily living. The lower the score the more assistance needed and therefore the more severe the stroke.

### Figure 10. Average FIM Rating for Stroke Patients upon Admission for Schwab Rehabilitation Hospital compared Regional and National Rehabilitation Hospitals

- Schwab: 55
- Regional: 66
- National: 60

Persons living in Schwab’s PSA die at higher rates of stroke than the city of Chicago and the U.S., go to the ED and are admitted to the hospital at a higher rate than the rest of the city of Chicago. They also have strokes at a younger age and when they do have a stroke they tend to have a great functional limitation than stroke patients around the nation.
Diabetes

Diabetes-related disabilities are a leading cause of admission at Schwab.

Diabetes Mortality

Englewood, North Lawndale, East Garfield Park, West Garfield Park, and South Deering had the highest diabetes mortality rates among the 14 communities in the Schwab PSA (Figure 11).

Figure 11. Diabetes Mortality Rate
Diabetes Morbidity
We can also look at the burden of diabetes across the communities in the Schwab PSA looking at rates of diabetes ED visits and hospitalization. These data are available by zip code rather than community area.

Figure 12 on the following page shows that for all but one zip code, Schwab communities have higher than city and national rates for both ED visits and hospitalizations for diabetes. We see the highest rates of diabetes ED visits and hospitalization for the zip codes 60624, 60644, and 60621. These zip codes correspond with Austin, West Garfield Park, and South Shore.

Figure 12. Diabetes ED Admissions and Hospitalization Rates
**Violence**

Gunshot injuries are a leading cause of admission to Schwab. The two most common violently acquired disabilities are traumatic brain injuries and traumatic spinal cord injuries. While patients being admitted to Schwab for gunshot wounds are not victims of homicide, looking at homicide rates for the 14 community areas can give us insight into the burden and distribution of violence within Schwab’s PSA.

The homicide rate for all 14 community areas within the Schwab PSA exceeds the U.S. rate, and 11 of the 14 community areas have homicide rates that exceed the city of Chicago as a whole (Figure 13). West Garfield Park has the highest homicide rate, triple the city average, closely followed by North Lawndale and Englewood.

**Figure 13. Homicide Mortality Rate**

<table>
<thead>
<tr>
<th>Community Area</th>
<th>Rate</th>
<th>U.S.</th>
<th>Chicago</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Garfield Park</td>
<td>47</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>North Lawndale</td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Englewood</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auburn Gresham</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roseland</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Garfield Park</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Austin</td>
<td>39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Deering</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Shore</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pullman</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago Lawn</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Archer Heights</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brighton Park</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Lawn</td>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*U.S. (5) Chicago (15)*
Community Input

Importance of Community Input
At Schwab, everything we do is in partnership with our community. Hearing from community members on their experience and their perspectives on the issues that most impact their health and quality of life is critically important in helping us to construct an understanding of community health and to create a plan to improve it. To better understand these experiences and perspectives, we conducted two focus groups: one with former Schwab patients, and one with staff at Schwab.

The topics below describe some of the key issues we heard in our focus groups with community members and hospital staff. Focus group discussions focused on challenges patients face after leaving Schwab.

Connection to Supportive Services

The transition from Schwab back into the community is a serious challenge for many of our patients. Patients leaving Schwab generally have high levels of need for supportive services. Hospital staff and former patients reported that the primary challenge faced by patients leaving Schwab is wait time between discharge and connection to the services. When patients are discharged the initial transition period is the time at which patients are often left without the services. Schwab staff reported this transition period is when patients are most at risk of death due to lack of necessary care. One way to address this gap period would be to create transitional housing for discharged patients so the patient can continue to receive the support while they are waiting for services.

Access to Medical Equipment

Discharged Schwab patients are often reliant on medical equipment. Schwab staff reported that insurance approval processes for securing this equipment causes delays, and vendors are often overwhelmed and slow to deliver the necessary equipment, resulting in discharged patients not getting what they need in a timely manner, or at all.

Homemaker Services

Discharged Schwab patients also face delays in receiving homemaker services from the City of Chicago. For patients under 60 years old who apply for services through the Department of Rehabilitation Services, it can take a year or longer to be successfully linked with services. These services are critically important for patients without a lot of support or assistance from their...
families or social networks. According to Schwab staff, this delay in assistive services frequently leads to either death or readmission to the hospital.

**Transportation**

Former Schwab patients often have high transportation needs to travel to outpatient appointments, and need special paratransit accommodations. Schwab refers its patients to paratransit services at discharge, but Schwab staff reported these services are limited because they will not help people with limited mobility get down stairs and often leave. These transit services require a waiting period prior to approval, and patients frequently must for these services, unless they can get them covered through their medical insurance. The barriers to accessing paratransit often results in patients relying either on rides from family members or the ambulance to get to doctor appointments and outpatient therapy.

**Accessible Housing**

Schwab staff reported one of the greatest barriers preventing patients from being able to return home after discharge from Schwab is the lack of accessible housing that can appropriately accommodate limited mobility. There is an insufficient supply of affordable, accessible housing available, and retrofitting housing to make it safe and accommodating can be cost-prohibitive.

**Living expenses**

Many of the communities Schwab serves are low-income, and have limited or no ability to work after discharge. This makes it challenging to afford basic necessities, such as medications, medical co-pays, food, and housing. Some patients qualify for disability, but the process of applying can be difficult to navigate and can require long wait times.

**Lack of Family Support**

It has been reported that Schwab patients without strong family supports have a challenging time integrating back into the community. Schwab staff also reported that the greatest predictor of a successful transition home is the presence of strong family support, and the availability of family members to provide care to the patient. Even when Schwab patients have family members in the area, it is difficult for them to provide for the patient’s caregiving needs. Many former Schwab patients require 24 hour care, particularly upon discharge, making it challenging for working family members. For Schwab patients that are discharged home without family members nearby, isolation can be a serious concern.

**Nursing Homes**
Schwab patients can have inadequate medical, community, and family supports in place to make a transition back home possible, leading many patients to end up in nursing homes. In some circumstances a patient will need to enter a nursing home to receive this life-sustaining care. For many discharged patients, entering a nursing home is more financially viable than returning home and paying for housing, food, and supportive services.

Nursing homes bring their own challenges—patients with Medicaid do not have a choice in nursing home placement, and quality of care received at nursing homes can vary due to inadequate staffing. Schwab staff reported that patient health declines after entering a nursing home. Coordination of care between the nursing home and a patient’s primary care physician can also be lacking. One patient reported being at a nursing home for three months before hearing from his doctor.

**Navigating Benefits & Limitations of Coverage**

Many individuals face challenges in navigating insurance benefits. Discharged Schwab patients face further challenges due to the complexity of disability benefit policies.

Schwab staff reported that insurance coverage has become more restricting, making it difficult for discharged patients to access the care they need. A former Schwab patient and stroke survivor reported that she could no longer speak after her stroke, but her insurance only covers speech services once a year. She has enrolled in a research study to gain access to additional services.

Insurance co-pays make it difficult for discharged patients to access covered services. Schwab staff reported that diabetic patients often have a difficult time maintaining compliance with medications and doctor visits due to cost concerns.

Former Schwab patients also reported significant challenges in navigating government benefits, such as applying the Social Security Disability Insurance (SSDI), also known as disability. One former Schwab patient explained that there is a high burden of proof placed on an individual applying for disability benefits to prove that they are disabled and unable to work. A patient said that she had to work with a lawyer to build her case for eligibility, and even with professional legal assistance, the process still took a year.

Individuals covered by Medicaid must prove their eligibility for coverage on an annual basis, which often results in a gap in coverage around the time of renewal, meaning that individuals cannot afford their medications and doctor visits during this period.

**Mental & Emotional Health Resources**
When patients are discharged from Schwab, their lives are often substantially different than before they entered. Patients who were healthy and independent before their stroke or injury may no longer be able to walk, speak, drive, or work. Coming to terms with a new disability and navigating the challenges it presents can take a toll on mental and emotional health. While at Schwab, patients have access to psychiatric support, but these services are not available to outpatients.

One important resource Schwab offers both its inpatients and discharged patients is support groups. They offer a stroke survivor support group as well as a women’s support group. Schwab staff identified the need for additional support groups, including groups for outpatient amputees, spinal cord injury survivors, individuals struggling with substance abuse or alcoholism, and caregivers of discharged patients.

**Legal Challenges**

It was reported that legal assistance is lacking for discharged patients. A common situation for Schwab patients is that upon discharge, the patient may face foreclosure after being in the hospital and unable to make house payments. Former patients also may have trouble finding transportation to court hearings. Schwab staff report that they have no one they can refer patients to in navigating legal challenges.

**Vulnerable Populations**

Any recently discharged rehabilitation patient can be considered vulnerable, but some populations face additional challenges that make it even more difficult to successfully connect to the care they need.

*Undocumented Individuals*
Due to their lack of legal status, undocumented individuals are not eligible to receive any supportive services from the government, other than Pace transit, making them completely reliant on their family and social network to meet all of their needs.

*Formerly Incarcerated Individuals*
Individuals on probation or with a criminal history can have a hard time finding a nursing home that accepts them, and may not be eligible for government-provided supportive services they could otherwise access.

*Individuals with Substance Abuse Addictions*
Individuals struggling with substance abuse often have a hard time finding a nursing home if they are receiving methadone treatment. Individuals seeking outpatient substance abuse treatment face difficulty in getting treatment and transportation to treatment covered by their insurance.
Younger Individuals
Because the nursing home system is structured with the elderly in mind, younger people face eligibility and coverage restrictions that make it difficult to find placement in a nursing home facility.

Non-English Speaking Individuals
Schwab patients who do not speak English face additional challenges in accessing the care they need. Interpretive services are available by phone, but it is difficult to translate a therapy session over the phone. Schwab staff also report that discharge plans are given in English, and identified the need for a translator who can provide patients with discharge plans in their native languages. There is a particular need for Polish, Spanish, Mandarin, and Cantonese translation.
2016 Community Health Priorities

As the top three causes for admission to Schwab, our community health priorities to address over the next three years will include:

- Stroke
- Violence
- Diabetes

Implementation strategies for these community health priorities will be addressed in our Community Health Improvement Plan.