

**NAME OF ORGANIZATION:** The Chicago Lighthouse

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**MISSION OF THE ORGANIZATION :** The Chicago Lighthouse serves people who are blind, visually impaired, disabled, and Veterans, in order for each to reach their full personal potential. Our programs build enduring success for our target populations and employees with lifelong knowledge, skills, and employment opportunities, support the discovery of new approaches for the empowerment of our communities, and sustain a social business enterprise that ensures success for our strategic ambitions.

**1. Identify the high risk/underserved and/or disadvantaged populations in the community(ies) that you serve and describe specifically the actions you have taken, based on relevant assessment data, to increase their accessibility to health services.**

The Chicago lighthouse is a non-profit organization whose mission is to open doors to opportunities, jobs, and independence for people who are blind, visually impaired, disabled, and Veterans – especially those from marginalized communities or who have lower incomes. Since our establishment in 1906, we have championed access and inclusion for people from overlooked and underserved communities. We provide high-quality, innovative, and comprehensive services in vision rehabilitation, education, employment, and assistive technology for people of all ages, and all the people we serve are blind, visually impaired, disabled, or Veterans.

Many of our clients live in underserved communities on Chicago's South and West Sides. These communities, which include neighborhoods such as North Lawndale, West Garfield Park, and Austin, are among the most economically challenged in the city. According to U.S. Census data, families within these neighborhoods have a median annual income of less than \$40,000. Compounding the problem, many of these areas lack adequate resources offering basic necessities, such as providers of healthy food, local employment, and healthcare services. 83% of our agency's clients reside in neighborhoods with median incomes below the state median, and nearly half live in areas the Chicago Department of Public Health labels High Economic Hardship Community Areas.

Most of our programs are provided at no cost to clients, and we serve everyone regardless of their ability to pay. For many Cook County residents - and especially those with low incomes – our Low Vision Clinic is the only resource to which they can turn for high-quality, affordable low vision eye care and mental health services specialized for people experiencing vision loss or living with disabilities. Our agency model, which combines clinical care and social services, enables us to provide a level of care that is matched by very few clinics in the United States. Our model allows our specialists to design rehabilitation plans that include psychological support, occupational therapy, orientation and mobility instruction, health education, and employment services, all under one roof. This comprehensive and patient-centered clinical approach allows for more accessible services and ensures more effective care coordination for clients, both of which are key factors for optimal patient outcomes. Such comprehensive models are all-too rare. Fewer than 30% of low vision programs offer psychological services and only 1.8% offer employment services. (Owsley et al. ARCH Ophthalmol, May 2009.). Whether we are helping an infant who is blind learn to navigate a world built for the sighted or providing a community of

support for a senior experiencing vision loss, our work enables people to live healthier, more independent lives and strengthens our community.

**2. Describe specifically the strategies you have used to gather input from high risk, underserved and/or disadvantaged population and their leaders as a basis for program or service development.**

Our agency employs several strategies to gather input from the communities we serve to shape program and service development. We focus our outreach on historically marginalized communities and frequently collaborate with organizations within those communities to improve access. These partners help connect us to clients and provide invaluable input to help ensure our services are culturally appropriate for our clients. We also regularly attend community events throughout Cook County as well as state-wide and national disability-focused conferences and meetings so that we can remain up to date with relevant issues in the community and network with other organizations and leaders to learn about their strategies for increasing access to services and engaging potential clients. For specific projects or initiatives, we have at times used surveys or focus groups to collect feedback from individuals who are visually impaired or blind.

In addition, we hire directly from the communities we serve, and as a result, 35% of our staff have disabilities or Veteran status. Approximately 80% of our staff represent racial and ethnic minority populations, and 67% are from the Cook County communities with the highest Social Vulnerability Index. We regularly solicit input from thought leaders, clients, community members, and staff members who represent minority communities, including those who are blind, visually impaired, disabled, and Veterans, in all areas of our organization, to help direct our agency's continued evolution. Having employees from our mission population within our agency not only allows us to incorporate their valuable input and lived experience to guide project and service development, but it also fosters a stronger connection with our clients. Clients feel better understood and supported when the individuals assisting them share similar lived experiences.

**3. Describe specific partnerships with other providers and community-based organizations to promote continuity of health care for high risk/underserved and/or disadvantaged populations.**

The Chicago Lighthouse maintains partnerships with a variety of community and healthcare organizations, academic institutions, local and state government agencies, and employment centers and employers to comprehensively address the needs of our clients and promote a continuity of care. Some of these partnerships include the University of Illinois at Chicago, Illinois Public Health Institute, and the Department of Veterans Affairs. We are also grateful for the approximately 600 Chicagoland physicians who refer patients to us for low vision care.

We have strong partnerships with blindness organizations nationwide, such as Vision Serve Alliance and National Industries for the Blind, whom we partner with on initiatives that advocate for increased access to services for the blind and visually impaired. For instance, we are partnering with Vision Serve Alliance and American Council for the Blind to advocate for insurance and benefit programs to cover assistive technology, which is currently lacking in

coverage. Also, we are engaging health systems that refer patients and County, State, and Federal governments for additional financial support.

We also maintain partnerships for connection with services beyond clinical care that address social determinants of health, such as employment or transportation services. Our Employment Services Program, for example, currently has more than 400 partnerships with community colleges (Moraine Valley Community College), healthcare systems (Rush Hospital, Advocate Aurora Health, the Jesse Brown VA Medical Center, and UI Health), employment centers and employers (Skills for Chicagoland's Future, Chicago Cook Workforce Partnership, and MIS Computer), local and state government agencies (the Mayor's Office for People with Disabilities and the Illinois Department of Human Services, Division of Rehabilitation Services), and other non-profits (A Safe Haven, Access Living, and Equip for Equality). We also work with the Work Incentive Planning & Assistance Project (WIPA) benefit planners to educate our clients on the impact of competitive work on Social Security benefits and other public programs. This breadth of partnerships in a variety of healthcare, private, and social service settings enhances our ability to provide referrals and strengthens service delivery. By working collaboratively with external organizations, we create a seamless continuity of care and foster a community-oriented approach that exceeds the limitations of relying solely on internal resources.

- 4. Provide two examples of how you have used the community-oriented approach to program development specified in the attached principles to develop a program of service for high risk/underserved and/or disadvantaged populations specified in the guidelines. Include in each description components of the current program and the following quantitative information for the most recent year available:**

**Number of clients served**

**Total amount budgeted by your organization for the program**

**Percent that program budget is of total agency budget**

**Percent of program budget that is directly reimbursed by third party payers**

**Percent of program budget that is covered by public/private grants**

The Chicago Lighthouse's **Total Wellness Program** started in Summer 2021 as a partnership with Chicago CARES to Prevent Diabetes, a collaborative effort to expand access to evidence-based diabetes prevention programs in Chicago community areas that have a disproportionate burden of diabetes and insufficient preventive resources. We offered a free year-long course designed to help participants make incremental changes resulting in improved health and wellness. Courses were administered virtually, and supportive tools and resources and tools were provided to promote physical activity, stress management, and weight loss. Our program is modeled after the Center for Disease Control and Prevention's (CDC) curriculum for their National Diabetes Prevention Program; however, we tailored the program to be more accessible and relevant for our mission population of individuals who are visually impaired or blind.

To accomplish this, we conducted one-on-one interviews with colleagues within our organization for further guidance on accessible tools and strategies to support participant goals. We also incorporated additional modules to the curriculum concerning vision and eye health, as diabetic retinopathy is the most common cause of vision loss for people with diabetes and

represents one of the leading causes of preventable blindness for all adults in the United States (CDC.gov, 2021). Increasing the accessibility of this program meant ensuring that all materials and resources we provided were compatible with screen reading software such as JAWS, as well as adding short descriptions of images or visual aids to our PowerPoint presentations. In addition, hosting our program meetings virtually eliminated transportation-related barriers and enabled us to schedule meetings beyond our agency's standard operating hours, fostering greater participation and attendance in group meetings.

*Number of clients served: 57*

*Total amount budgeted by your organization for the program: \$69,917.25*

*Percent that program budget is of total agency budget: 0.4%*

*Percent of program budget that is directly reimbursed by third party payers: 0%*

*Percent of program budget that is covered by public/private grants: 100%*

Mental health screenings enable our staff to identify and prioritize patients' mental health needs within the context of our vision rehabilitation model, as mental health support is vital for their well-being and success. Recently, we implemented a mental health screening process in our Low Vision Clinic to identify patients who may be experiencing depressive symptoms and who could benefit from further mental health assessment and counseling. Using the short and long versions of the Patient Health Questionnaire (PHQ) and the Generalized Anxiety Scale (GAD), we assess depression and anxiety, conditions that are highly prevalent among the visually impaired and blind population and have been shown to worsen vision-related quality of life if left untreated. Through our **Stronger Together** initiative, we extended these services into Cook County's identified priority communities with the highest Social Vulnerability Index. In addition to outreaching to the surrounding communities, this expanded mental health screening initiative includes reaching individuals engaged in programs and services throughout our organization beyond The Bergman Psychological Institute and Low Vision Clinic, thus identifying more individuals who may not have previously accessed such essential services.

In September of 2024, The Chicago Lighthouse was awarded a grant from Cook County Health (CCH) using funds from the American Rescue Plan Act (ARPA) to expand our mental health screening program beyond our Low Vision Clinic. The plan was designed to provide more comprehensive mental health care to communities with limited or no access to mental health screening and early intervention services. A key feature of this initiative was the hiring of a Mental Health Care Coordinator, a role that we consider vital for reaching and coordinating care for underserved populations, particularly those with disabilities who often face significant barriers to healthcare access. Individuals with disabilities often have additional needs for general healthcare that may be accessed through referral from primary care services (Hashemi et al, 2020). However, they also encounter greater barriers to accessing these services, leading to fewer routine health examinations and lower rates of preventive care utilization (Hashemi et al, 2020). Our Mental Health Care Coordinator collaborates directly with these individuals to assess their needs, facilitate referrals to additional services, and guide them through the process of scheduling appointments at the Bergman Institute for Psychological Support. This personalized

approach ensures that critical barriers to care are addressed and that individuals receive the support they need.

Funding to cover services and out-of-pocket expenses for uninsured and underinsured individuals has also been included to improve access to mental health services. This is especially relevant for our mission population, as individuals with disabilities experience unmet healthcare needs due to cost at twice the rate of nondisabled adults (Karpman et al, 2024). This initiative mitigates these financial barriers and ensures clients can complete their recommended therapy plan and adhere to their counselor's recommendations. Lastly, within this program, we also seek to build provider capacity for the delivery of mental health care in underserved populations by developing educational partnerships with local frontline healthcare professionals and offer training and mentorship for aspiring mental health professionals through a student internship program. Our internship program will include hands-on experience and instruction in effective methods for serving underserved populations, particularly those with disabilities.

*Number of clients served: 129 \*\* This number reflects a limited first funding year, covering only the final three months of 2024.*

*Total amount budgeted by your organization for the program: \$115,254.10*

*Percent that program budget is of total agency budget: 0.65% \*\*This estimate is based on our 2023 financial statements, as our FY24 financial statements and audits are pending approval*

*Percent of program budget that is directly reimbursed by third party payers: 0%*

*Percent of program budget that is covered by public/private grants: 100%*