REGIONAL HEALTH AND HUMAN SERVICES AGENDA 2025

27 Communities, 1 Vision: Transform the Western Suburbs into the Healthiest Region in the Country

Our Agenda

As a direct result of its strategic plan, Community Memorial Foundation is launching a *Regional Health and Human Services Agenda* for the Western Suburbs at its Regional Health Summit for Leaders on November 5, 2015. The integrated agenda identifies health and human services priorities for the 27 CMF communities and highlights corresponding indicators to track progress over a ten-year time frame. It was developed in consultation with McAlpine Consulting for Growth, the University of Illinois at Chicago-School of Public Health, a cross-sector Advisory Council, and local leaders.

Successful implementation of this Agenda will reflect the Triple Aim of Healthcare – **improve population health, improve the patient's experience of care, and reduce costs.** While the Foundation will use the Agenda to define its own strategies, programs and grantmaking, its intention is that community members, businesses, nonprofit agencies, schools and congregations will collaboratively develop unique strategies to address Agenda priorities and achieve collective community impact.

Community Memorial Foundation will lead this effort and continue to convene, educate, and inspire the community to become a healthier region. Creating the healthiest region does not happen overnight. The priorities will not be addressed all at once, nor will they all be addressed by the Foundation. **This is intended to be a community-guided and community-owned process over a ten-year time span. The key to this process is 'together with the community.'**

Values and Priorities

We, as a community, are committed to the following Values and Priorities which will define us as the healthiest region in the country. Our **Values** are the over-arching themes and beliefs that guide us toward becoming a healthier region. Our **Priorities** define the focus for our region's collective action, using our Values to guide the implementation of each Priority. Each Priority also has a series of indicators that will measure our success over time.

Values

1. ***Coordinated, Person-Centered Health and Human Services Delivery Systems***
   Coordinated health and human services ensure that all of our neighbors can stay healthy, safe and active. Primary care medical homes link to specialty care services, including mental health, vision and oral healthcare services, as well as to community services that address social and economic needs. Barriers to receiving needed services are eliminated.

2. ***Transformational Leadership in Health and Human Services***
   Our region nurtures the development of leaders that are well-trained, service-oriented and reflect the diversity of our communities. Health workers possess the ability to interact effectively with people of different cultures and socio-economic backgrounds, and have the ability to communicate in the languages spoken by the people within our communities. Providers develop and test new models of care; policy-makers create supportive systems; and payment systems focus on health outcomes. Patients and clients have the necessary resources to adapt to change, as well as an understanding of the connection between their individual health and that of the general public.

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3. ***Community Self-Awareness, Knowledge and Equity***
   We recognize and support our neighbors who encounter health, social and economic barriers. The effects of stigma are reduced and people have the ability to be actively engaged in their health and healthcare, in order to eliminate health disparities.

4. ***Prevention, Quality and Active Living***
   Our communities encourage and support an active and healthy lifestyle across all age groups. Clinical prevention services are used routinely by all residents, including prenatal health care; regular well-child care; timely immunizations and developmental screenings; oral health prevention and treatment services; hearing and vision care; prevention of infectious disease; and preventive screenings for adults such as mammography, colonoscopy, stress test, and blood sugar level. Quality health services, clinical prevention and physical activity help individuals remain healthy throughout their lifespan.

5. ***Health Data Sharing and Information Systems***
   Our health departments, hospitals, and social service organizations readily, easily and securely share health data. Health data information systems collect data from multiple sources – including health care, public health, human and community services, and socio-demographic data. The data is converted into easily understood and usable information, and securely delivered to inform health decisions by individuals, providers, health systems, public health and human service providers, planners and researchers.

Priorities

1. **ACCESS:**
   Communities with Accessible, High-Quality Health and Human Services for All
   Our region houses exceptional health and human services that all neighbors can obtain easily. Community members with any type of insurance can see a provider. Providers offer timely and culturally appropriate services to everyone in need, assuring the best outcomes for patients and clients while reinforcing the importance of prevention and active living. This will result in fewer emergency room visits and fewer hospital admissions for illnesses such as diabetes, heart disease and asthma.

   Long-term indicators:
   1. Decrease in preventable hospitalizations (all ages), including those due to hypertension, cardiovascular disease, chronic obstructive pulmonary disease, asthma and diabetes.
   2. Decrease in emergency department visits for preventable conditions.

   Short-term indicators:
   1. Increase in cross-sector referrals between health and human services, including linking low-income clinical patients to resources for behavioral health and support services such as housing, transportation, childcare, job training and placement.
   2. Decrease in wait lists for providers taking Medicaid or sliding scale patients; where available, decrease in wait time for 2nd appointment.
   3. Increase in number of primary care providers who accept Medicaid patients.

2. **MENTAL HEALTH:**
   Stigma-Free Communities that Promote Good Mental and Behavioral Health and Treat Those in Need
   Our neighbors talk openly about mental health and wellness, identify signs and symptoms of mental illness, and respond appropriately. Mental health services and supports address the whole person, with

initiatives promoting social and emotional well-being and proactively addressing stigma. Residents receive support for engaging in healthy lifestyles and behaviors, as well as access to needed treatment. There will be enough well-trained mental health providers to meet the need. Efforts will result in fewer emergency room visits and hospitalizations for mental illness.

Long-term indicators:

1. Decrease in youth and adult mental health and substance abuse-related emergency room admissions.
2. Decrease in mental health and substance abuse-related hospitalization rates.
3. Decrease in youth and adult suicide rates.

Short-term indicators:

1. Increase in number and capacity of practitioners providing ongoing, accessible outpatient mental/behavioral health treatment, and awareness of and referral to these services from primary care and hospital-based clinical providers.
2. Increase in capacity of professionals and lay providers trained to provide mental and behavioral health services.

3. CHRONIC DISEASE PREVENTION:

Well-Nourished and Active Residents, Free of Preventable Chronic Disease

Everyone in our region is able to eat healthy and regularly engage in physical activity. Initiatives promote healthy weight and healthy nutrition. By promoting active lifestyles and behaviors that incorporate physical activity into one's daily routine, we can prevent chronic conditions such as heart disease, stroke, cancer, diabetes and obesity. Transportation systems, schools, parks and recreation facilities support active-living initiatives.

Long-term indicators:

1. Decrease in rates of hospitalization due to asthma or chronic obstructive pulmonary disease, cardiovascular disease, hypertension, stroke and diabetes complications.
2. Decrease in death rates due to cardiovascular disease, stroke and diabetes complications.

Short-term indicators:

1. Increase number of providers, organizations, schools and employers providing programs supporting healthy weight and nutrition.
2. Increase equitable distribution of access to such programs, measured by access to lower-income patients/employees.

4. SAFE COMMUNITIES:

Safe, Accessible Communities Free from Violence and Preventable Injuries

Every resident can enjoy our communities and all they have to offer, free from violence in our homes and in our neighborhoods. Residents receive support to reduce interpersonal violence, including domestic violence, sexual assault, elder and child abuse. Initiatives prevent community violence, including gang and hate violence. Unintentional injuries, including motor vehicle injuries and falls among older adults, are reduced.

Long-term indicators:

1. Sustained decrease in reported rates of domestic violence, sexual assault, and elder and child abuse.

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2. Decrease in mortality due to unintentional and intentional injury.

Short-term indicators:
1. Increase in access and capacity to practitioners providing mental/behavioral health and other services to victims and perpetrators of violence.
2. Increase in numbers of community residents who access programs for prevention of domestic violence, sexual assault, elder and child abuse.
3. Decrease in rates of emergency department visits for unintended and intentional injuries, including a decrease in reported falls in the elderly population.

5. HEALTH EQUITY:

Communities with Better Incomes, Jobs, Education and Housing

All our neighbors have access to jobs that pay a living wage, as well as good schools and affordable homes. Key conditions in which residents are born, grow, live, work and age are improved by focusing attention on eliminating health disparities and promoting health equity. In particular, the effect of poverty on health outcomes is addressed.

Long-term indicators:
1. Decrease in insurance coverage disparity by municipality.
2. Decrease in disparities by race and ethnicity in mortality rates from stroke, cardiovascular disease, chronic obstructive pulmonary disease and diabetes.
3. Decrease in households reporting incomes at poverty level or below.

Short-term indicators:
1. Increase in referrals to human and supportive services by clinical providers and vice-versa, e.g. affordable housing, job training and childcare.
2. Increase in health and human services available to residents in zip code areas showing highest poverty rates.
3. Decrease in disparities among African-American, Hispanic and White patients admitted to emergency department for preventable conditions such as oral health, mental health-associated problems, diabetes and asthma.

Next Steps

The Regional Health and Human Services Agenda has the potential to be a catalyst for change throughout our region, but this type of transformation is only possible through cross-sector collaborative engagement and integration of services. Community Memorial Foundation invites all our partners – non-profit leaders, funders, health providers, practitioners, educational leaders, faith-based leaders, business and civic leaders – to join us on the journey toward becoming the healthiest region in the country.

We ask for your support in implementing the *Regional Health and Human Services Agenda,* so that all our neighbors have equitable access to health and human services, regardless of economic, social or cultural barriers.

The Foundation will lead this effort, continuing to convene, educate and inspire the community to advance the Agenda, and measure how we are moving the needle toward becoming a healthier region.