

## Community Health Needs Assessment Implementation Plan 2017-2019

### Advocate Christ Medical Center

Date Created: May 2017

Date Reviewed/Updated:

#### PRIORITY AREA: Social Determinants of Health – Violence Prevention

**GOAL:** Reduce violent and intentional injuries within Christ Medical Center’s primary and secondary service areas (PSA and SSA).

#### LONG TERM INDICATORS OF IMPACT

	Baseline Value, Date and Source	Frequency
1. Decrease the number of patients treated for gunshot wounds at Christ Medical Center from medical center’s primary and secondary service areas	759 cases per year; CeaseFire, Advocate Christ Medical Center, 2016 Status Report	Annual
2. Decrease the number of violent injuries treated at Christ Medical Center from medical center’s primary and secondary service areas	958 cases per year; CeaseFire, Advocate Christ Medical Center, 2016 Status Report	Annual
3. Decrease age-adjusted Emergency Room (ER) rate due to mental health in Christ Medical Center’s primary and secondary service areas	Baseline PSA Value: 86.1/10,000 population over 18 years Baseline SSA Value: 117.4/10,000 population over 18 years; Healthy Communities Institute (HCI); Illinois Hospital Association (IHA), COMPdata, 2013-2015	Annual

**STRATEGY #1:** Expand partnership with CeaseFire to support an evidence-based model that addresses violent injury in primary and secondary service areas.

**TYPE:** Long-term Protective Intervention; Socioeconomic Factors

**PARTNERS:** CeaseFire, police departments, and community organizations

#### BACKGROUND ON STRATEGY

**Evidence of effectiveness:** The Cure Violence model for violence prevention, known in Chicago as CeaseFire, is a public health approach to violence prevention that stops lethal violence before it occurs and stops its spread by interrupting ongoing conflicts, working with the high risk populations to change behavior related to violence, and to change community norms (Slutkin 2015, Slutkin 2013, Ransford et al. 2013). This model is based on proven public health techniques and is designed to have a *community level effect*, meaning that it does not just change individuals but also changes the entire community outcome as measured by shootings and killings. (<http://cureviolence.org/partners/illinois-partners/>) (click here)

A National Institute of Justice/Northwestern University evaluation showed statistically significant results across seven selected communities (Auburn-Gresham, Englewood, Logan Square, Rogers Park, West Garfield Park, West Humboldt Park and East Garfield Park), reductions in shootings and killings of 41% to 73%, reductions in shooting hot spots of up to 40%, and the elimination of retaliation killings in 5 of 8 communities. (*An Evaluation of CeaseFire-Chicago*, Prof. Wesley G. Skogan, Institute for Policy Research, Northwestern University, 2008)

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of gunshot wound patients from the hospital’s PSA and SSA treated at Christ Medical Center and who received CeaseFire intervention services (Baseline: 759 patients in 2016)	725 patients	700 patients	675 patients
2. Number of violent injury patients (gun shot, blunt trauma and stab wounds) from the hospital’s PSA and SSA treated at Christ Medical Center)	950 patients	900 patients	875 patients
3. Number of CeaseFire violent injury patients receiving services from the medical center’s trauma clinic behavioral health program	600 patients	625 patients	650 patients
4. Percentage of total number of gunshot/violent injury patients treated at Christ Medical Center who receive violence interruption services through the CeaseFire program	90% of patients	95% of patients	97% of patients
5. Percentage of gunshot/violent injury patients treated at Christ Medical Center who are referred to community-based behavioral health services	90% of patients	95% of patients	97% of patients
6. Percentage of gunshot/violent injury patients treated at Christ Medical Center receiving services from the medical center’s trauma clinic behavioral health program	63% of patients	69% of patients	74% of patients

<b>STRATEGY #2: Partner with community based organizations and schools to plan and implement a Restorative Justice Program in Englewood community.</b>	<b>TYPE: Long-term Protective Intervention; Socioeconomic Factors</b>
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**PARTNERS:** Partner community organizations and schools

**BACKGROUND ON STRATEGY**

**Evidence of effectiveness:** Restorative justice is a centuries-old practice of repairing harm and restoring well-being when an offense has been committed. Originating from American Indian and Alaskan Native (AI/AN) cultures and indigenous cultures in Canada, Australia and New Zealand, restorative justice practices are being used today in schools across the world.

The bulk of today’s schools currently use the disciplinary policies of zero tolerance and punitive measures, and research has shown that these policies do not improve school climate. In fact, such policies can actually hinder academic achievement and increase both disciplinary problems and dropout rates (Graves & Mirsky, 2007). Restorative justice offers an alternative. (Graves, D., & Mirsky, L. [2007, September 5]. An American Psychological Association report challenges school zero tolerance policies and recommends restorative justice. Restorative Practices E-Forum. Retrieved February 27, 2009, from <http://www.safersanerschools.org/library/apareport.html>) (click here)

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Number of community organizations/schools partnering with Christ Medical Center to plan a restorative justice program	2 partners	3 partners	4 partners
2. Number of community organizations/schools partnering with Christ Medical Center to implement a comprehensive restorative justice program	0 partners	1 partner	3 partners
3. Number of peace circles, family group conferencing, or victim-offender mediations conducted	2	5	8
Impact Indicators	2017	2018	2019
1. Develop a Christ Medical Center Restorative Justice partnership in hospital PSA	TBD	TBD	TBD
2. Percentage of individuals in partner organizations who increase the use of restorative justice practices (through post interview)	0% of individuals	TBD	TBD
3. Percentage of conflicts resolved through use of restorative justice practices by partner organizations (through post interview)	0% of conflicts	TBD	TBD

<b>STRATEGY #3: Collaborate with other hospitals and community organizations within the Health Impact Collaborative of Cook County to develop interventions that will impact the Social Determinants of Health (SDOH).</b>	<b>TYPE: Socioeconomic Factors</b>
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**PARTNERS:** Hospital, health department and community organization members of Health Impact Collaborative of Cook County (HICCC), Illinois Public Health Institute, Healthy Chicago Hospital Collaborative and other partners as identified

**BACKGROUND ON STRATEGY**  
**Evidence of effectiveness:** In the winter [2011 issue of \*Stanford Social Innovation Review\* \(click here\)](#) the concept of “collective impact” was introduced. Several examples of highly structured collaborative efforts showed that organizations had achieved substantial impact on a large scale social problem. All the initiatives shared five key conditions that distinguishes collective impact from other types of collaboration: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and the presence of a backbone organization. These five conditions were shown to offer a more powerful and realistic paradigm for social progress than a prevailing model of isolated impact in which countless nonprofit, business, and government organizations each work to address social problems independently. The complex nature of most social problems belies the idea that any single program or organization, however well managed and funded, singlehandedly can create lasting large-scale change.

Kania and Kramer in their 2011 article on Collective Impact in the *Stanford Social Innovation Review* define the components that make it different from ordinary collaborations: a centralized infrastructure; a dedicated staff; and a structured process that leads to a common agenda, shared measurement, continuous communication and mutually reinforcing activities among all participants. Preliminary research suggests that this approach is more successful than isolated interventions especially when dealing with complex problems such as poverty, lack of education, racism and other social determinants.

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Participate in monthly meetings of SDOH Action Team and/or the Violence Prevention or Racism workgroups as appropriate	10 meetings	TBD	TBD
2. Contribute to the functioning of the Joint Policy Committee of HICC and the Healthy Chicago Hospital Collaborative	Ongoing	Ongoing	Ongoing
3. Contribute to the planning process to identify collaborative projects in the areas of workforce development, screening and referral for SDOH, food access/food security, structural discrimination and racism, and violence prevention	1-2 collaborative projects identified	TBD	TBD
Impact Indicators	2017	2018	2019
1. Impact indicators to be identified for specific objectives.	End of 2017	N/A	N/A

ALIGNMENT WITH COUNTY/STATE/NATIONAL PRIORITIES			
Strategy	County IPLAN	SHIP (State Health Improvement Plan)	Healthy People 2020
1	Priorities of WePLAN 2020 include addressing economic development and living wage, mental health, and structural racism which contribute to violence-related issues.	One of the priorities for SHIP is to improve response to community violence.	There are objectives to reduce firearm-related deaths and nonfatal firearm-related injuries: IVP-29 Reduce homicides (which is also a Leading Health Indicator); IVP-30 Reduce firearm-related deaths; IVP-31 Reduce nonfatal firearm-related injuries; and IVP-33 Reduce physical assaults.
2	WePLAN 2020 includes the following objective under the Behavioral Health priority: 2.4. Reduce exposure and help mitigate the effects of childhood violence and trauma on physical and behavioral health. WePLAN 2015 had the following priorities: (1) Development of the WePLAN FOR ACTION Youth Violence Taskforce resource directory and youth leadership efforts. (2) The CCDPH Violence Prevention Coordination Unit reaches out to the community’s most impacted by violence with capacity-building and networking opportunities as well as data collection.	N/A	There are specific objectives: AH-11.1 Reduce the rate of minor and young adult perpetration of violent crimes; IVP-34 Reduce physical fighting among adolescents; and IVP-35 Reduce bullying among adolescents.

Strategy	County IPLAN	SHIP (State Health Improvement Plan)	Healthy People 2020
3	<p>Priorities of WePLAN 2020 include addressing economic development and living wage, mental health, and structural racism.</p>	<p>During the action planning process, broad factors that affect health in all the priority areas were raised as key issues that need to be addressed to improve health in any one area. These factors include social determinants of health and access to quality care. Both the Action Teams and the Planning Council acknowledge that social determinants of health and access to quality care should be stand-alone priorities with corresponding strategies and an action plan</p>	<p>There is a new section on Social Determinants of Health with the goal “Create social and physical environments that promote good health for all.” Specific objectives include:                      SDOH-3 Proportion of persons living in poverty;                      and SDOH-2 Proportion of high school completers who were enrolled in college the October immediately after completing high school and others.</p>