





Sinai's Community Health Improvement Plan

JULY 2019 - JUNE 2022













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As Sinai Health System celebrates 100 years of dedicated service to our diverse communities, we are excited to present our 2019–2022 Community Health Improvement Plan. Located on the West and Southwest Sides of Chicago, Sinai is a safety net health care system that provides a broad range of services to all, regardless of insurance or citizenship status. As a leader in community health, our Community Health Improvement Plan serves as our continued commitment to improving the wellbeing of those living in the communities we serve.

SINAL HOSPITALS AND ENTITIES

Mount Sinai Hospital
Sinai Children's Hospital
Holy Cross Hospital
Schwab Rehabilitation
Sinai Medical Group
Sinai Community Institute
Sinai Urban Health Institute

Our three-year, community-centered plan tackles the health challenges identified in our <u>2019 Community Health Needs Assessments</u>. In addition to pursuing innovative health care approaches, we know that addressing issues such as food insecurity and housing cannot be done alone. Therefore, many of our approaches also include collaboration with community residents and organizations as well as our partners throughout the city.

We see this Community Health Improvement Plan as our commitment to work with community residents and organizations as resilient partners, fighting back against injustices which threaten the communities and overall wellbeing of those we serve. Therefore, we focus this plan to treat the whole person, across the whole lifespan, within whole communities. We focus on the whole because no one can reach complete wellbeing if any part is left untreated. We also recognize that Chicago, too, must be treated as a whole. We, as a diverse and global city, cannot flourish and thrive when many of its communities are left out.

To achieve our aim, we will focus on the following health priorities over the next three years: 1) social determinants of health, 2) community safety, 3) health care accessibility and use, 4) chronic and infectious disease, and 5) behavioral health (mental health and substance use). It is with these priorities in mind that we will address the breadth of strengths, weaknesses, challenges, and opportunities within our communities in an effort to enrich the quality of life and health of those we serve.

To conclude, we would like to acknowledge and thank everyone who contributed to the development of this plan, specifically Sinai leadership and caregivers. Most importantly, we want to thank each and every community member. Sinai is here to serve you and it is with you that we are able to fight for a better, healthier, and more just future.

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	STRATEGIES	PAGE
270	1. SOCIAL DETERMINANTS OF HEALTH Social determinants include a broad range of factors that are not traditionally considered "health-related," but are critically important to achieving optimal wellbeing. Social determinants of health include factors such as financial security and economic opportunity, healthy food access and affordability, safe housing, and freedom from injustice.	4
	2. COMMUNITY SAFETY Communities and people cannot thrive while feeling unsafe in their neighborhoods. Within this priority, we will seek multisector solutions that create safe communities, free from violence, and also address the trauma caused by past violence.	6
©	3. HEALTH CARE ACCESSIBILITY AND USE This priority focuses on access to quality primary and specialty care, as well as adequate insurance coverage. Within this aim, we will ensure that quality, age- and ability-appropriate health care is accessible to all, regardless of race, ethnicity, zip code, income, involvement with the justice system, gender identity, sexual orientation, or citizenship.	8
	4. CHRONIC AND INFECTIOUS DISEASE This priority area includes a focus on preventing and treating cardiometabolic disease (heart disease, stroke, and diabetes), cancer, and infectious disease (predominantly HIV and hepatitis).	10
45	5. BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE) We cannot treat the whole person without addressing behavioral health. In this focus area, we will address the great burden of mental health and substance use disorders within our communities, providing timely and culturally sensitive care to those in need.	12



1. Social Determinants of Health

GOAL:

Leverage our community and professional partnerships to collaboratively address the social determinants of health.

S	OCIAL DET	OF HEALTH	
STR	ATEGIES	OBJECTIVES	INITIATIVES
STRATEGY 1.1	Food access: Pursue innovative approaches to increase access to affordable and healthy foods.	Expand existing programs while continuing to test and pursue new opportunities to address food insecurity in our communities.	 Community Health Worker Assessment of Lead Exposure and Social Needs Westside ConnectED Program with Community Health Workers Family Case Management Better Birth Outcomes Program Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Fresh Produce Coupon Programs Food Pantry Adoption Program
STRATEGY 1.2	Economic vitality: Drive economic growth through community investment and partnering to advance career opportunities.	Collaborate with partners to increase neighborhood economic vitality while also increasing the proportion of Sinai caregivers who identify as Latino/a and the proportion of Sinai senior leaders who identify as people of color.	 Ogden Commons Development West Side United (WSU) Career Pathways Program Sinai Pathway Community Retention Program Chicago Health Care Workforce Collaborative Initiatives SHS Human Resources: Reflecting Our Communities Initiative Anixter Center Disability Inclusion Coordinator Literacy Services North Lawndale Community Coordinating Council (NLCCC) Economic Development Projects

S	OCIAL DET	ERMINANTS	OF HEALTH
STR	ATEGIES	OBJECTIVES	INITIATIVES
STRATEGY 1.3	Accessible transportation: Partner with key stakeholders to increase accessible transportation availability for residents of all ages and abilities.	Develop a strategic approach to improve Sinai patient access to and use of transportation services.	 Sinai Transportation Services CTA Accessible Transportation Program
STRATEGY 1.4	Safe housing: Engage in collaborative efforts to develop safe, accessible, and affordable housing.	Actively engage with community housing-related coalitions and collaboratives to increase access for housing insecure community members.	 Reclaiming Southwest Chicago Affordable and Accessible Housing Initiatives at Schwab Rehabilitation Schwab Rehabilitation's Living Independently for Tomorrow (LIFT) Program North Lawndale Community Coordinating Council (NLCCC) Quality of Life Plan
STRATEGY 1.5	Freedom from injustice: Divert individuals with acute behavioral health needs from incarceration and provide returning individuals opportunities to reintegrate into the community through employment.	Partner with local law enforcement to develop protocols for admitting individuals with acute behavioral health needs to Sinai's Crisis Stabilization Unit, in place of using jailing and arrests as a deescalation measure.	 Criminal Justice Diversion for Acute Behavioral Health Needs Medical Legal Partnership Chicago Police Department Peace Circle Training Community-based Diversion Program Partnerships







2. Community Safety

GOAL:

Collaborate, initiate, and activate violence prevention, treatment, and rehabilitation services and programs that tie to Senator Durbin's Chicago HEAL Initiative, and work to ensure our communities are safe and welcoming for everyone, regardless of documentation status.

COMMUNITY SAFETY				
STR	ATEGIES	OBJECTIVES	INITIATIVES	
STRATEGY 2.1	Research activism: Expand evidence- based research on the drivers, impact, and outcomes of community violence and develop innovative interventions that prevent and address violence.	Expand community participatory research and action through an annual graduate student fellowship program, community engaged research activities, and the annual CGVRC conference.	 Chicago Gun Violence Research Collaborative (CGVRC) Research Activism for Youth (RAY) Program 	
STRATEGY 2.2	Trauma response: Institute trauma- informed approaches across our acute, ambulatory, rehabilitative, and behavioral health settings to address the long-lasting impacts of violence.	Develop a plan to institute traumainformed approaches across Sinai's health care settings.	 Domestic Violence Support Emergency Department Violence Interrupters 	

COMMUNITY SAFETY				
STR	ATEGIES	OBJECTIVES	INITIATIVES	
STRATEGY 2.3	Partnerships for safe communities: Leverage multisector solutions that address the root causes of violence.	Actively collaborate with community- engaged, multi-sector partnerships to address the root factors associated with community safety.	 Chicago Hospital Engagement, Action, and Leadership (HEAL) Initiative Chicago West Side Collaborations (West Side United, North Lawndale Community Coordinating Council (NLCCC), and Acclivus) Trauma Response, Recovery, Reduction, and Removal Intervention Movement (TR⁴IM) 	
STRATEGY 2.4	Welcoming immigrants: Foster welcoming, safe, and accessible environments for all, regardless of documentation status.	Implement the Sinai Immigration Action Plan to institutionalize immigrant-welcoming policies and practices.	Sinai Immigration Action Plan	







3. Health Care Accessibility and Use

GOAL:

Improve access to quality, age- and ability-appropriate health care, regardless of race, ethnicity, zip code, income, justice system involvement, gender identity, sexual orientation, or status.

H	EALTH CARE A	ACCESSIBILIT	Y AND USE
ST	RATEGIES	OBJECTIVES	INITIATIVES
STRATEGY 3.1	Coverage: Improve access to high-quality, affordable health insurance.	Increase the number of outbound touches to Sinai Medicaid patients about Managed Care Organization (MCO) re-determination and expand the number of Sinai contracts with diverse health plans to ensure maximum patient heath care coverage.	 Healthy Illinois Campaign Sinai Insurance Coverage Enrollment Initiatives North Lawndale Community Coordinating Council (NLCCC) Health and Wellness
STRATEGY 3.2	Primary care expansion and partnership: Engage our community partners and expand our ability to provide easy and streamlined access into the health care system.	Increase the percent of Sinai patients who have a valid primary care provider listed within their medical record to provide consistent and streamlined care.	 Sinai Primary Care Expansion Sinai Women's Health Services Oral Health Assessments with Community Health Workers
STRATEGY 3.3*	Integrated care: Create a seamless continuum of care spanning clinical and community settings that treats the whole patient in an integrated fashion.	Evaluate Sinai's potential participation in an integrated health home and create a revised organizational structure to institute the Sinai Integrated Care Model.	 Sinai Integrated Care Model Sinai Transfer & Navigation Care Center Sinai Transitions of Care (TOC) Pharmacy Expansion Complex Care Model Implementation (with Community Health Workers) Sinai Urban Health Institute's Community Health Worker Training Center (CROWD) Rehabilitation Medical Home at Schwab Rehabilitation

^{*} Strategy 3.3 is linked to Strategy 4.3. Refer to Strategy 4.3 for additional initiatives that tie to Integrated Care.

HEALTH CARE ACCESSIBILITY AND USE			
ST	RATEGIES	OBJECTIVES	INITIATIVES
STRATEGY 3.4	Culturally-competent care: Affirm and strengthen our connection with the communities we serve by providing Culturally-responsive and linguistically- appropriate care.	Develop, deploy, and monitor an implementation plan for Vive Saludable, an initiative to enhance Sinai's ability to provide culturally-responsive and linguistically-appropriate care, particularly to Latino/a populations.	 Developing Culturally- Competent Sinai Teams Vive Saludable (Live Healthy) Initiative Sinai Targeting Reduction of Medication Barriers
STRATEGY 3.5	Caregiver wellness: Develop system- wide plan for creating a healthy work environment and providing health, nutrition, and wellness programming.	Conduct a Sinai caregiver wellness and health care access assessment and develop responsive approaches to caregiver needs.	 Sinai Caregiver Wellness Planning Sinai's Healthy Caregiver Program







4. Chronic and Infectious Disease

GOAL:

Prevent the onset of infectious and chronic disease, and provide excellence in care when community members fall ill.

С	HRONIC AND	INFECTIOUS	DISEASE
ST	RATEGIES	OBJECTIVES	INITIATIVES
STRATEGY 4.1	Community-based prevention: Promote community wellness through risk-reduction and health-promoting activities alongside our community-based partners.	Continue to pursue innovative community outreach approaches to prevent the development of disease. Specifically for infectious disease, screen 1,700 Sinai patients for HIV and 1,700 for HCV monthly to promote HIV and HCV prevention and early detection.	 Diabetes Prevention Program (DPP) with Community Health Workers Lawndale Christion Health Center Education Series (with Schwab Rehabilitation) Sinai Infectious Disease Center (SIDC)
STRATEGY 4.2	Preventive services: Improve health outcomes through early detection and prevention.	Improve Sinai patient cancer screening rates to meet national quality guidelines for breast, cervical, and colorectal cancer.	 Sinai's Prevention and Screening Initiative Schwab Rehabilitation's Peer Mentor Program Interventional Radiology Clinic Helping Her Live (HHL) Program with Community Health Workers

CHRONIC AND INFECTIOUS DISEASE				
ST	RATEGIES	OBJECTIVES	INITIATIVES	
STRATEGY 4.3*	Care continuity: Provide timely, holistic, and integrated care to manage and treat disease.	Assess Sinai patients' unique health needs and pursue the most responsive service lines. Leverage and expand effective, evidence- based programs at Sinai Community Institute and Sinai Urban Health Institute to ensure continuity of care from clinical to community settings.	 Diabetes Health Education and Lifestyle Program (HELP) Sinai Cardiovascular Health Care and Heart Failure Standard Process Guidelines Advance Sinai Pharmacy Ambulatory Infrastructure Stroke Patient Education at Schwab Rehabilitation Schwab Rehabilitation's Stroke Support Group 	





^{*} Strategy 4.3 is linked to Strategy 3.3. Refer to Strategy 3.3 for additional initiatives that tie to Care Continuity.



GOAL:

Improve awareness, access, and linkage to behavioral health services and care.

BEHAVIORAL HEALTH			
S T	RATEGIES	OBJECTIVES	INITIATIVES
STRATEGY 5.1	Care access and linkage: Improve access and linkage to behavioral health care.	Partner with other Cook County providers to deliver a network of behavioral health services to at least 4,000 residents annually.	 Behavioral Health Consortium Transition of Care Program Coordinating Comprehensive Services for Opioid Use Disorder in Westside Chicago Communities Building the Behavioral Health Continuum of Care Initiative Sinai Opioid Use and Prescription Stewardship Mental Health Screenings at Schwab Rehabilitation
STRATEGY 5.2	Culturally-informed behavioral health care: Enhance our ability to promote behavioral health through the provision of culturally-informed and competent care.	Provide mental health first aid training to 250 community members annually on how to appropriately respond to behavioral health crises.	Promoting Awareness of Mental Health in Chicago's Underserved Communities (PAMH) Program

BEHAVIORAL HEALTH				
ST	RATEGIES	OBJECTIVES	INITIATIVES	
STRATEGY 5.3	Transform behavioral health care delivery: Change the narrative on appropriate response to acute psychiatric needs, emphasizing stabilization, deescalation, and transition to the next level of care.	Admit at least 2,000 patients to the Sinai Crisis Stabilization Unit annually, delivering rapid assessment and stabilization services and providing appropriate support and care.	 Sinai Crisis Stabilization Unit (CSU) Medication Assisted Treatment Program 	





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