HEALTH
Community-Based Services

Theory of Change: Expanding access to health resources in low-income communities reduces health disparities and enables residents to make informed decisions about appropriate care, reduce high-risk behaviors, and improve health outcomes.

Program Goal: To improve the health of low-income Chicago residents through increased access to community-based preventative and primary health care.

All proposals submitted to the Foundation should adhere to one of the following strategies:

STRATEGY A
Health Promotion/Risk Reduction

Target Population: Low-income Chicago residents at risk of poor health outcomes

Components

- Uses a holistic approach to address the comprehensive health needs of participants
- Emphasizes prevention and early intervention
- Provides culturally-sensitive, accessible, evidence-based information and services
- Teaches disease management
- Offers referrals for follow-up screening, support and/or primary care
- Includes ongoing training and evaluation for presenters/staff

Evaluation Criteria

- Unduplicated number of individuals served
- Number and content of single and/or multi-session workshops
- Evidence of participant knowledge gain and belief, attitude and behavior change
- Percentage of individuals who subsequently access care or are connected to a medical home
- Improved health outcomes such as better-managed chronic illness

STRATEGY B
Increased Access to Care

Target Population: Low-income Chicago residents who experience barriers to health care, including youth, immigrants, and individuals who are homeless, under-insured and/or differently-abled

Components

- Delivers comprehensive health care, including physical and mental health services
- Provides culturally-sensitive, accessible, and confidential intake services and treatment
- Emphasizes prevention and early intervention
- Responsive to community needs
- Connects to and retains clients in medical homes
- Collaborates with local government and social service agencies
- Incorporates accountability mechanisms and performance improvement practices into administrative and clinical systems

Evaluation Criteria

- Unduplicated number of individuals served
- Number and type of encounters
- Number of community health screenings or health education presentations
- Number of residents screened, diagnosed and/or referred for follow-up care
- Percentage of residents who subsequently access care and/or are connected to a medical home
- Increase in healthy behavior and/or compliance with doctor's recommended care plan
- Improved health outcomes such as a decrease in cholesterol levels or emergency room visits

STRATEGY C
Systems Improvement and Innovation

Target Population: Systems and agencies through which low-income, high-risk and hard-to-serve Chicago residents access preventative and primary health care services

Components

- Implements evidence-based system innovation that demonstrates best practices and leads to increased resources, improved policies and effective service delivery that benefit community health
- Inter-agency collaboration that engages key stakeholders, advocates for effective health policies and practices, provides opportunities for cumulative learning and/or capacity building for participating organizations' staff
- Collective work articulates a clear action plan that includes defined sector goals, progress benchmarks, and anticipated outcomes
- Conducts data collection and evaluation that informs and improves health delivery and public health practice

Evaluation Criteria

- Description, number and length of activities
- Number and type of participating organizations or engaged key stakeholders
- Demonstrated progress towards system changes and/or achievement of collective goals
- Enhanced or streamlined health care service delivery
- Increased number of patients connected to, accessing and retained in health services
- Reliable and useful community health data
- Documented best practices that inform the sector
- Improved health outcomes such as lower rates of chronic illness