# Community Health Implementation Plan

2017 - 2019

# Advocate Lutheran General Hospital
# Community Health Implementation Strategy Plan
# January 1, 2020 – December 31, 2022

## SUMMARY OF CHNA PROCESS

For the 2017-2019 CHNA, Advocate Lutheran General (Advocate Lutheran) and Advocate Children's Hospital (Advocate Children's) convened a Community Health Council (CHC) to oversee the assessment process. The CHC was comprised of community and internal leaders. Over the course of the three-year assessment process, the council reviewed and analyzed primary, secondary, qualitative and quantitative data, including demographic, health outcome, hospital utilization and health disparity data. A wide array of secondary data was retrieved from Conduent Healthy Communities Institute (HCI), which is a centralized data platform purchased by Advocate Aurora Health. This robust platform offered the hospitals 171 health and demographic indicators, including thirty-one (31) hospitalization and emergency department (ED) visit indicators, at the service area and zip code levels. Additionally, Advocate Lutheran General and Advocate Children's are members of the Alliance for Health Equity (The Alliance), which provided access to additional qualitative and quantitative data through a county-wide survey. The top seven health needs were presented to the CHC and members were asked to complete a health need prioritization grid for the first phase of prioritization. The top four health needs were identified using the prioritization grid results. Community experts presented to the CHC regarding the top four health needs to help council members gain a more in-depth understanding of each health need.

Following expert data presentations, CHC members used the tabulation method to vote on the final two health need priorities. In addition, the CHC identified social determinants of health (SDOH) as a significant influence on health outcomes, therefore, workforce employment and training was also prioritized as a health need in the community.

## SIGNIFICANT HEALTH NEEDS IDENTIFIED BUT NOT SELECTED AND WHY

### Heart Disease

Although heart disease was not selected as a priority, the hospital is committed to decreasing the rate of heart disease through addressing and prioritizing healthy lifestyles and obesity prevention. National data maps from the CDC indicate that higher heart disease and stroke death rates occur in states that also have higher

obesity rates. The CHC decided it was more beneficial to prioritize obesity because of its impact on reducing the risk for heart disease, including hospitalizations and ER visits due to heart disease. Advocate Lutheran General also addresses heart disease through the hospital's many Advocate Heart Institute programs.

**Diabetes**

While the CHC acknowledges diabetes is a health issue, council members decided to address diabetes prevention and management through the obesity prevention/healthy lifestyles priority, which will include interventions and partnerships to address nutrition and physical activity—key elements of diabetes prevention and management.

**Immunizations and Infectious Diseases**

The CHC recommended that immunizations and infectious diseases not be selected as a priority health need due to the current efforts being implemented to address this health need. Throughout the hospital's primary service area (PSA), immunizations are being addressed by the retail and non-profit sectors. Advocate Aurora has several Walgreens clinics in which vaccinations are offered at low-cost to the community. In addition, Advocate Children's Ronald McDonald Care Mobile focuses on providing updated immunizations to over 2.000 low income, at-risk children annually and there are several community clinics that offer vaccinations at low or no cost to PSA residents, including those with no insurance. Due to the availability of vaccinations across the PSA, the CHC did not select immunizations and infectious diseases as a priority health need.

**Asthma/Respiratory Disease**

Asthma was identified as a health need but not selected as the recommended health priority by the CHC due to the lack of community partners and the availability of asthma prevention programs. Advocate Children's has two Ronald McDonald Care Mobiles (RMCM) which provide care to low-income children who experience barriers to receiving primary health care. The staff of the mobile units also provide asthma education to pediatric patients served by the RMCM.

## SIGNIFICANT HEALTH NEEDS IDENTIFIED AND SELECTED FOR IMPLEMENTATION PLAN AND WHY

### Obesity/Healthy Lifestyles

Healthy lifestyles/obesity was chosen as one of the two health need priorities due to the many chronic diseases and health issues that are related to poor nutrition and physical inactivity. Moreover, the CHC also identified healthy lifestyles and obesity due to the large impact this issue has on quality of life and overall health outcomes in the PSA.

### Behavioral Health

The behavioral health priority includes mental health and substance/alcohol use. After initially prioritizing mental health, the hospital's CHC considered the strong correlation between substance use and mental health, making it essential for the hospital to address both health issues in tandem. The rate of mental health issues and substance use are continuing to increase over time in adults and children in the hospital's PSA. Data and hospitalization rates indicate that there is a great need for expansion of behavioral health services, such as mental health services, substance use disorder treatment, supportive housing and preventative programming.

### Social Determinants of Health

Social determinants of health affect a wide range of health conditions and may contribute to adverse health outcomes. SDOH are commonly the root cause of poor health outcomes, therefore Advocate Children's and Advocate Lutheran General selected social determinants of health as a priority health need for the PSA. Advocate Children's and Advocate Lutheran General will partner with The Alliance to address SDOH, including access to care and workforce employment and training.

### Access to Care

Access to Care was selected due to the importance of vulnerable, at-risk children having access to primary care services. Lack of access to primary care is also linked to obesity and poor nutrition, which is associated with poor health outcomes and quality of life.

### Infant Mortality/Pre-Term Deliveries/Low Birth Weight Babies

Preterm labor is associated with preterm birth and babies born prematurely have a greater risk of health complications that can lead to death within the first year of life. In Cook County from 2015-2017, 4.8 percent of mothers were hospitalized for

preterm labor and delivery, which is higher than most other counties in Illinois and higher than the overall state rate. The African American population had the highest rate of preterm labor and delivery at 6.9 percent, which indicates a significant health disparity.

## AAH COMMUNITY STRATEGY AND ADDRESSING ROOT CAUSES

Advocate Aurora Health has a strong history of community engagement and service. Following the merger of Advocate Health Care and Aurora Health Care in 2018, a targeted strategy has been developed to build on this history—one that transforms Advocate Aurora's community facing work to provide even stronger support for patient health and to build community health. The AAH vision statement is: *We will build health equity, ensure access, and improve health outcomes in our communities through evidence-informed services and innovative partnerships by addressing medical needs and social determinants.*

To execute on this vision, all community facing work has been aligned through a health equity lens. For AAH's purposes, health inequity is defined as differences in health that are systemic, avoidable, unfair or unjust. The overarching aim of this strategy is to decrease the inequity gap in life expectancy across the Advocate Aurora footprint. Currently, there is a 26-year gap in life expectancy across the AAH footprint. The community strategy goal is to increase life expectancy by five percent in targeted low-income communities over a span of ten years. To that end, our community health, community relations, diversity and inclusion, and faith and health partnerships work has been aligned to focus on six areas, including: access to primary medical homes; access to behavioral health services; workforce development; community safety; housing; and food security. These six transformational focus areas are identified in current industry literature as being "game changers," having an upstream effect on health equity, and are also strongly confirmed by organization-wide CHNA data. A rigorous tracking and evaluation process is being developed to establish baseline and annual progress goals for each focus area and strategy.

### HEALTH PRIORITY: Healthy Lifestyles

**DESCRIPTION OF HEALTH NEED DATA:**

- **The Cook County food insecurity rate is 12.6 percent, which is higher than most other counties within Advocate Aurora's service area and the state of Illinois at 10.9 percent.**

***Sources: Conduent Healthy Communities Institute, Feeding America, 2018; Illinois Behavioral Risk Factor Surveillance System Survey, 2018***

- **From 2010-2014, 27.4 percent of adults in Cook County were obese, which was an increase from the previous measurement period (15.7 percent from 2007-2009).**

***Sources: Conduent Healthy Communities Institute, Feeding America, 2018; Illinois Behavioral Risk Factor Surveillance System Survey, 2018***

- **According to data from The Alliance for Health Equity in Cook County, 22.4 percent of survey respondents in Advocate Lutheran's PSA indicated that obesity was one of the top three health concerns in the community.**

***Source: The Alliance for Health Equity, Community Health Needs Assessment, 2019***

**TARGET POPULATION: Advocate Lutheran General's PSA**

**GOAL: To decrease obesity, food insecurity and prevent chronic disease**

**ALIGNMENT WITH ADVOCATE AURORA COMMUNITY STRATEGY**

- Food security

**ALIGNMENT WITH ADDITIONAL STRATEGIES**

- **Healthy People 2020:**
  - Increase the proportion of schools that offer nutritious foods and beverages outside of school meals
  - Reduce the proportion of children and adolescents who are considered obese
  - Reduce the proportion of adults who are obese
- **Illinois State Health Improvement Plan (ISHIP) 2021:**
  - Reduce the percentage of obesity among children ages 10-17
  - Reduce the percentage of obesity among adults

| STRATEGY #1 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Increase access to healthy food and decrease food insecurity**<br><br>**Specific Interventions**<br><br>• Implement a hospital-based food pantry<br>*https://hungerandhealth.feedingamerica.org/2018/04/hospital-food-bank-partnerships-recipe-community-health/*<br><br>*https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4628580/* | • Greater Chicago Food Depository (GCFD)<br>• Transition Support Program (TSP)<br>• Advocate Lutheran General's Food and Nutrition Services<br>• Irv and Shelly's Fresh Produce | • Increased access to affordable and healthy food and produce<br>• Reduced number of food insecure patients and individuals in the PSA<br>• Increased knowledge of |

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|---|---|---|
| www.chicagosfoodbank.org<br><br>• Implement pop-up farmers markets with a nutrition education component in low-income, vulnerable and food insecure communities | • PSA community-based organizations serving low-income, food insecure populations | nutrition and its effect on chronic disease<br>• Increased access to healthy, fresh foods in low-income and underserved communities |

**MEASURING OUR IMPACT**

- Number of individuals/patients that screen positive for food insecurity
- Number of individuals who receive a non-perishable food bag
- Number of pounds of food distributed
- Number of Pop-Up Farmers Markets
- Number of fresh produce boxes distributed
- Number of nutrition education sessions

| STRATEGY #2 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Increase nutrition education and physical activity for students, parents, schoolteachers and staff**<br><br>**Specific Interventions**<br><br>• Provide technical assistance and support to schools in PSA to improve access to healthy foods, nutrition education and physical activity https://www.cdc.gov/healthyschools/index.htm | • Public Schools in the PSA<br>• University of Illinois Extension<br>• Advocate Children's | • Increased knowledge of healthy eating behaviors<br>• Increased awareness on health risks associated with poor eating and lifestyle behaviors<br>• Increased physical activity within school(s)<br>• Decreased school obesity rates |

## HEALTH PRIORITY: Behavioral Health

**DESCRIPTION OF HEALTH NEED DATA:**

- **Approximately 18 percent of adults (43 million) in the U.S. have a mental health condition and only 56 percent receive treatment.**

***Source: National Alliance on Mental Illness, 2018***

- **Emergency room rates due to adult mental health are substantially higher among those aged 18-24 years old at 117.3 per 10,000 population and those aged 25-34 years old at 97.1 per 10,000 population, than the rate for the PSA.**

***Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018***

- **The PSA age-adjusted ER rate due to substance use is 16.4 ER visits per 10,000 population. ER rates are highest amongst adults aged 18 through 24 years (33.0 ER visits per 10,000 population) and those aged 25-34 years (32.5 ER visits per 10,000 population).**

***Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018***

- **The PSA age-adjusted ER rate due to adolescent alcohol use is 16.3 ER visits per 10,000 population, which is also higher than the state of Illinois rate at 10.9 per 10,000 population.**

***Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018***

- **The ER rate due to pediatric mental health is highest among the African American and American Indian/Alaskan Native populations.**

***Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018***

- **According to the 2019 State of Mental Health in America Report, youth who experience a Major Depressive Episode (MDE) remain untreated, especially in the top ranked states where about 50% of the youth are not receiving treatment. More specifically, in Illinois (ranked 19$^{th}$), 59.4 percent (69,000 population) are untreated.**

***Source: State of Mental Health in America, 2018***

- **Age-adjusted ER rate due to pediatric mental health is 53.6 per 10,000 population, which is lower than the state of Illinois at 64.5 per 10,000 population, although the rate has risen steadily from 30.9 in 2009.**

***Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018***

- **Age-adjusted rate for adolescent suicide and intentional self-inflicted injury rose from 20.3 in 2010 to 52.4 in 2017, with the highest rate among adolescents 15-17 years.**

***Source: Conduent Healthy Communities Institute, Illinois Hospital Association, 2018***

**TARGET POPULATION: Advocate Lutheran General's and Advocate Children's PSA**

**GOAL: To increase education, awareness and access to services for substance use disorder and mental illness/health**

**ALIGNMENT WITH ADVOCATE AURORA COMMUNITY STRATEGY**

- Access to behavioral health services

**ALIGNMENT WITH ADDITIONAL STRATEGIES**

- **Healthy People 2020**
  - Improve mental health through prevention and by ensuring access to appropriate, quality mental health services
- **Illinois State Health Improvement Plan (ISHIP) 2021**
  - Build upon and improve local system integration for behavioral health
  - Improve the opportunity for people to be treated in the community rather than in institutional settings

| STRATEGY #1 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Increase access to substance use disorder services**<br><br>**Specific Interventions**<br><br>• Implement the State Targeted Response (STR) program in the Advocate Lutheran General Emergency Department (ED) for patients with opioid use disorder *http://www.dhs.state.il.us/OneNetLibrary/27896/documents/Illinois_State_Targeted_Response_to_the_Opioid_Crisis_Grant_Opioid_STR.pdf* | • Gateway Foundation<br>• Community-based organizations<br>• Substance use disorder treatment centers | • Decreased hospital readmissions due to opioid use disorder<br>• Decreased hospital readmissions due to substance use disorder<br>• Increased number of patients with a substance use disorder (with a focus on opioid use disorder) that receive treatment<br>• Increased number of patients with substance use disorder who have ongoing recovery support and coaching |

| MEASURING OUR IMPACT |
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| • Number of patients assessed by Gateway Foundation Engagement Specialist<br>• Number of patients connected to outpatient substance use treatment programs<br>• Number of patients who complete outpatient treatment<br>• Number of patients connected to one or more social support services in the community |

| STRATEGY #2 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Increase access to mental health services in the community**<br><br>**Specific Interventions**<br><br>• Provide mental health assessment training to Turning Point's Living Room staff<br>*https://www.tpoint.org/the-living-room*<br><br>• Provide behavioral health services to Maine Township High School District 207 students at the Maine East School-Based Health Center<br>*https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services*<br><br>*https://youth.gov/youth-topics/youth-mental-health/school-based* | • Turning Point-Skokie<br>• Advocate Lutheran General Behavioral Health Department<br>• Maine Township High School District 207<br>• Maine East School-Based Health Center | • Increased knowledge of the mental health assessment process amongst Turning Point's Living Room staff<br>• Increased number of assessments completed at the Living Room<br>• Increased level of comfort and confidence in Living Room staff to complete a mental health assessment<br>• Increased ability of Living Room staff to triage clients for mental health issues<br>• Increased referrals to community mental health and social support resources<br>• Increased awareness and knowledge of mental health illnesses |

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| | | • Increased Utilization/ Access to Care |

**MEASURING OUR IMPACT**

- Number of trainings provided
- Number of trained individuals
- Number of mental health assessments completed
- Number of patients seen by a licensed mental health counselor
- Number of counseling sessions provided
- Number of referrals made for additional services

| STRATEGY #3 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Complete mental health research studies that support the development of new prevention programming for the adolescent population**<br><br>**Specific Interventions**<br><br>• Implement the Five-Year PATH 2 Purpose research study for adolescents at risk for depression *https://chicago.medicine.uic.edu/departments/academic-departments/pediatrics/research/path-2-purpose/* | • Community-based programs serving adolescents<br>• Primary care providers | • Identified adolescent patients who will be study participants<br>• Established study advisory committee consisting of adolescents |

**MEASURING OUR IMPACT**

- Number of patients eligible for study, based on standard of care PHQ-9 screening
- Number of adolescents enrolled in program
- Number of adolescent members of advisory committee

| STRATEGY #4 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Increase partnerships and program collaborations with community-based organizations to address behavioral health in the Advocate Lutheran General and Advocate Children's PSA**<br><br>***Specific Interventions***<br><br>• Establish additional community partnerships and collaborations by implementing best practices from Creating Effective Hospital-Community Partnerships to Build a Culture of Health and the National Institutes of Health research<br>*http://www.hpoe.org/Reports-HPOE/2016/creating-effective-hospital-community-partnerships.pdf*<br>*https://www.ncbi.nlm.nih.gov/books/NBK425859/* | • PSA community-based organizations<br>• MaineStay Youth and Family Services | • Increased mental health awareness<br>• Decreased stigma around mental illness<br>• Increased access to behavioral health services and treatment |

**MEASURING OUR IMPACT**

- Number of new partnerships with community-based organizations addressing mental health in the PSA
- Number of new collaborations to implement behavioral health programs or initiatives in the PSA

## HEALTH PRIORITY: Social Determinants of Health-Workforce Development

**DESCRIPTION OF HEALTH NEED DATA:**

- **The unemployment rate in Cook County is 7.74 percent, which is higher than the state of Illinois at 6.7 percent.**

***Source: Conduent Healthy Communities Institute, Claritas, 2019***

**TARGET POPULATION: Advocate Lutheran General PSA**

**GOAL: To increase employment and training opportunities in the Advocate Lutheran General PSA**

**ALIGNMENT WITH ADVOCATE AURORA COMMUNITY STRATEGY**

- Workforce Development

**ALIGNMENT WITH ADDITIONAL STRATEGIES**

- **Illinois Public Health Association, Illinois Workforce Development Plan 2018-2021**
  - Goal 1**:** Develop a system for the effective use of workforce development resources
  - Goal 3: Provide and promote training on management and administrative skills, with a focus on the Public Health Core Competencies and skill development

| Strategy #1 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Provide employment and training support to at-risk youth in the hospital's PSA**<br><br>**Specific Interventions**<br><br>• Partner with the JumpStart program to provide internship opportunities at Advocate Lutheran General *https://www.jumpstartyouthprogram.org/* | • D207 JumpStart Program<br>• Advocate Aurora Health Workforce Initiative | • Increased number of professional internship opportunities for high school students from the PSA<br>• Increased permanent employment opportunities for high school students and young adults in the PSA |

**MEASURING OUR IMPACT**

- Number of JumpStart youth hired into permanent Advocate Aurora Health positions
- Number of Advocate Aurora Health-sponsored work experiences for JumpStart youth

| STRATEGY #2 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Increase employment retention rates among at-risk youth in the hospital's PSA**<br><br>**Specific Interventions**<br>• Partner with Advocate Aurora's Workforce Initiative to implement a hospital orientation for all JumpStart Interns placed at Advocate Lutheran General and provide soft-skills training to JumpStart youth<br>*https://www.jumpstartyouthprogram.org/* | • D207 JumpStart Program<br>• Advocate Aurora Health Workforce Development Team | • Increased workforce soft-skills among youth<br>• Increased job retention rates among JumpStart participants |

**MEASURING OUR IMPACT**

- Number of soft skills training sessions held
- Number of students that complete soft skills training
- Number of students that complete the Advocate Lutheran General orientation

## HEALTH PRIORITY: Access to Care

**DESCRIPTION OF HEALTH NEED DATA:**

- **23.3 percent children under age 6 are living below poverty level.**
***Source: Conduent Healthy Communities Institute, 2018***

- **23.8 percent children 6-11 years are living below poverty level.**
***Source: Conduent Healthy Communities Institute, 2018***

- **31 percent children in Cook County are food insecure and likely ineligible for assistance.**
***Source: Conduent Healthy Communities Institute, 2018***

- **14.8% of children in Illinois are obese.**
***Source: High School Youth Risk Behavior Survey, 2017***

- **17.2 percent are physically active.**
***Source: High School Youth Risk Behavior Survey, 2017***

**TARGET POPULATION: Children who are uninsured, underinsured or are receiving assistance through Medicaid in the Advocate Children's Hospital PSA**

**GOAL: To improve access to primary health care for at-risk children in the PSA**

**ALIGNMENT WITH ADVOCATE AURORA COMMUNITY STRATEGY**

- Access to Primary Medical Home

**ALIGNMENT WITH ADDITIONAL STRATEGIES**

- **Healthy Chicago 2.0**
  - Goal: Increase access to healthcare and human services

- **Cook County WEPLAN:**
  - Increase the proportion of young children with health insurance access to a medical home and annual well-child check-ups

| STRATEGY #1 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Provide access to school physicals and immunizations for at-risk children at targeted schools in the PSA through the Ronald McDonald Care Mobile (RMCM)**<br><br>**Specific Interventions**<br><br>• Implement the Ronald McDonald Care Mobile in Advocate Children's PSA communities with high rates of children living in poverty<br><br>• Trends in Access to Primary Care for Children in the U.S. 2002-2013 *https://jamanetwork.com/journals/jamapediatrics/fullarticle/2546139* | • Ronald McDonald House Charities<br>• Chicago Public Schools<br>• Suburban School Districts within the PSA with high poverty rates | • Number of school physicals and immunizations completed for students in PSA<br>• Improved compliance rate for immunizations and school physicals in schools within the PSA |

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| • Determinants of Health and Pediatric Primary Care Practices *https://pediatrics.aappublications.org/content/137/3/e20153673* | | |

**MEASURING OUR IMPACT**

- Number of patients seen on the Ronald McDonald Care Mobile
- Number of physicals provided
- Number of immunizations given
- Compliance rate for immunizations and school physicals for identified schools

| STRATEGY #2 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Implement programs to increase food security in the Advocate Children's PSA**<br><br>**Specific Interventions**<br><br>• Implement food insecurity screening for children receiving services from the Ronald McDonald Care Mobile *https://frac.org/wp-content/uploads/frac-aap-toolkit.pdf* *https://pediatrics.aappublications.org/content/136/5/e1431* *http://bit.ly/2jTH6he* | • Ronald McDonald House Charities<br>• Chicago Public Schools<br>• School Districts in the Advocate Children's Hospital PSA | • Identified percentage of children served by the Ronald McDonald Care Mobile in the Advocate Lutheran General PSA who are food insecure<br>• Increased access to healthy and affordable food in the PSA |

**MEASURING OUR IMPACT**

- Number of students screened
- Number of students who test positive for food insecurity/percentage of total population
- Number of students given emergency food and resources

## HEALTH PRIORITY: Infant Mortality/Pre-Term Births/Low Birth Weight Babies

**DESCRIPTION OF HEALTH NEED DATA:**

- **Since 2014, preterm birth rates have increased in Cook County. As of 2018, Cook County had 10.4% preterm birth percentage compared to the state of Illinois at 10.7%.**

***Source: https://www.marchofdimes.org/peristats/tools/reportcard.aspx?frmodrc=1&reg=17***

- **The rate for pre-term births in the City of Chicago for ages 10-14 was 11.1 percent; the rate for preterm births for ages 15-19 was 13.3 percent.**

***Source: Chicago Health Atlas, 2017***

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- **The highest Chicago rates in the Advocate Lutheran General PSA range from 9-13 percent.**

***Source: Chicago Health Atlas, 2017***

- **As of 2018, the Cook County infant mortality rate was 6.8 per every 1,000 live births.**

***Source: http://www.dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics, 2018***

- **The rate of infant mortality in Chicago is 6.9 deaths per 1,000 live births.**

***Source: Chicago Health Atlas, 2017***

- **The highest Chicago rates in the Advocate Lutheran General PSA are between 9.4-13.0 deaths per 1,000 live births.**

***Source: Chicago Health Atlas, 2017***

- **According to IDPH, in 2018, Cook County had a low birth weight percentage of 9.0% compared to Illinois at 8.6%.**

***Source: http://www.dph.illinois.gov/sites/default/files/Birth%20characteristics%20201820200304.pdf***

- **The low birth weight rate in Chicago is 9.4 percent.**

***Source: Chicago Health Atlas, 2017***

- **The highest rates in the Advocate Lutheran General PSA are between 5.7-11.7 percent.**

***Source: Chicago Health Atlas, 2017***

**TARGET POPULATION: Pregnant women in the PSA**

**GOAL: Decrease infant mortality, preterm deliveries and low birth weight babies in the Advocate Lutheran General PSA**

**ALIGNMENT WITH ADVOCATE AURORA COMMUNITY STRATEGY**

- Access to Primary Medical Home

**ALIGNMENT WITH ADDITIONAL STRATEGIES**

- **Healthy Chicago 2.0**
  - Ensure access to care and support for mothers and infants
  - Ensure access and entry into sufficient early and adequate preconception, prenatal and inter-conception care

- **Illinois State Health Improvement Plan (ISHIP) 2021**
  - Improve the well-being of mothers, infants and children
  - Assure accessibility, availability and quality of preventive and primary care for all women, adolescents and children, including children with special health care needs, with a focus on integration of services through patient-centered medical homes
  - Support healthy pregnancies and improve birth and infant outcomes

| STRATEGY #1 | COLLABORATIVE PARTNERS | INTENDED RESULTS |
|---|---|---|
| **Increase access to regular primary care and prenatal care for women living in low-income areas of the PSA**<br><br>**Specific Interventions**<br><br>• Implement a Centering Pregnancy Program for at-risk women in the Advocate Lutheran General PSA *https://www.centeringhealthcare.org/why-centering/research-and-resources* | • Ravenswood Family Practice Clinic<br>• Additional community-based partners | • Reduced preterm births<br>• Increased breastfeeding rates<br>• Increased primary care and prenatal appointment completion rates<br>• Increased parent skills and confidence to nurture and care for their baby |

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| *https://cssp.org/wp-content/uploads/2019/10/Fostering-Social-Emotional-Health-Full-Report.pdf* | | • Increased number of babies born at average or above average birth weight in the PSA<br>• Increased number of babies born at full term |
| **MEASURING OUR IMPACT** | | |
| • Number of mothers participating in the program<br>• Number of monthly appointments attended<br>• Number of babies born at average or above average birth weight<br>• Number of babies born full term | | |

**Note:** Plans to address selected CHNA priorities are dependent upon resources and may be adjusted on an annual basis to best address the health needs of our community.