Advocate Children's Hospital – Oak Lawn Community Health Implementation Strategy

January 1, 2026 - December 31, 2028

Community health improvement is an effective tool for creating a shared vision and supporting a planned and integrated approach to improving health outcomes. The basic premise of community health improvement is that entities identify community health issues, prioritize those that can be addressed, and then develop, implement, and evaluate strategies to address those issues. Tax-exempt hospitals are required to conduct a community health needs assessment (CHNA) and develop an implementation strategy to document how the hospital will address prioritized community health needs. The following outlines a summary of the CHNA process and provides details on how Advocate Children's Hospital – Oak Lawn plans to address their prioritized community health needs.

SUMMARY OF CHNA PROCESS

In 2025, Advocate Children's Hospital – Oak Lawn (ACH-OL) participated with the Alliance for Health Equity collaborative in Cook County to conduct a collaborative Community Health Needs Assessment (CHNA), which consisted of a comprehensive presentation and analysis of both qualitative and quantitative data.

Advocate Children's Hospital's community outreach team presented extensive public health data to the Community Health Council (CHC) over the course of three meetings from February 2025 to May 2025. While data specifically for children is more limited than for adults, the hospital collected all available published data at the county and local municipal level giving us a solid picture of the state of children's health in our service area. Hospital inpatient and Emergency Department (ED) discharge data was also provided to further demonstrate and clarify the need through utilization of actual services.

Additionally, in March 2025, the Alliance for Health Equity partnered with Advocate Children's Hospital to develop a survey distributed by the Illinois Association of School Nurses to school nurses working in the service area. Thirty-one nurses responded to the survey on behalf of their school communities. Most nurses lived in the communities they worked in (63%) and had worked in their communities for more than five years (69%). Nurses that responded to the survey served diverse grade levels.

For secondary data, Advocate Health Care utilized Metopio to provide information including health and demographic indicators specific to Advocate Children's Hospital's primary service area. Where available for children, Metopio also provides county, state and zip code level data, to monitor social drivers of health in all the communities that the Children's Hospital serves. Data was also collected from the Cook County Department of Public Health, Alliance for Health Equity, Centers for Disease Control and Prevention, U.S Census Bureau and other data platforms.

The top health issues identified in the Advocate Children's Hospital – Oak Lawn Community Health Needs Assessment were:

- Access to care
- Community safety/ unintentional injuries
- Behavioral health
- Alcohol/ substance misuse
- Access to healthy foods
- Disease and chronic conditions
- Maternal and child health
- Economic and housing stability

The top health issues identified were presented to the Advocate Children's Hospital – Oak Lawn team, and members were asked to rank the issues based on the following criteria: size and seriousness of the problem; effectiveness of available interventions; available resources to address the health issue; whether the health care system is adequately positioned to address the issue; alignment with a defined community need identified through data; potential for the issue to impact other health and social issues; and the ability to effectively address or impact the issue through collaboration.

Using these criteria, Advocate Children's Hospital – Oak Lawn has prioritized the significant health needs to address in 2026-2028:

Significant Need	Implementation Strategy Selection Reasoning
Access to Care	Access to Care was chosen as one of the health need priorities due to the strong connection between the lack of pediatric providers available for public health insurance families and the rate of families using the emergency department for services that are typically preventable through a pediatrician's office. The CHC determined that the data demonstrating a limited number of providers accepting Medicaid and Children's Health Insurance Program (CHIP) showed a definite need for the community. The council also recognized that obstacles such as transportation needs, problems with Medicaid enrollment, and limited education about appropriate care sites also reduce access to necessary care for children. Potential projects to address this need include the primary care services of our Ronald McDonald Care Mobiles, dental services offered on our new ACH dental mobile and possible expansion of our Children's Health Resource Center to provide referrals to community-based social services.
Community Safety/ Unintentional Injuries	Community violence was identified as the top health need due to its widespread, long-term impact on the safety, mental health, and well-being of children, adolescents, and families in the region. Firearm-related injuries are now the leading cause of death among youth, and local data show that Cook County and surrounding areas experience significantly higher rates of violent crime, emergency department visits for assault, and unintentional injuries than the state average. Community voices and surveys - particularly from school nurses - emphasized the daily reality of gun violence, domestic abuse, bullying, and unsafe public spaces, all of which contribute to trauma, fear, and social isolation.

For each prioritized health need, the hospital plans to commit resources, which may include staff time, information technology systems, outreach, promotions and educational materials, funding, medical supplies, and other resources as available.

PRIORITY: Access to Care

IMPACT:
Increase access to primary care for children and families experiencing low-income and at an increased risk for poor health outcomes in the Advocate Children's–Oak Lawn PSA.

DESCRIPTION OF HEALTH NEED DATA:

- ACH OL has a Social Vulnerability Index of 63.3 compared to Illinois (55).
- ACH OL ranks the highest on the Hardship Index at 64.5 compared to Will (34.3) and Cook (50.9) Counties.
- ACH OL PSA children are uninsured at a rate of 3.2% for 0–4-year-olds and 4.3% for 5–17-year-olds.
  - » Zip codes in the ACH Oak Lawn PSA with the highest uninsured rates with nearly 15% of the population being uninsured are Brighton Park (60632), Chicago Lawn (60629), and Englewood (60636).
- Hispanic and Latino (13.2%) residents have the highest uninsured rates in ACH OL compared to Non-Hispanic White (6%).
- Approximately 48.6% of 0–17-year-olds in ACH OL are on Medicaid, compared to Will (26.2%) and Cook (42.1%) Counties.
- There are fewer pediatricians in the primary service area at 30.5 per 100,000 residents, compared with Illinois at 45.6 providers.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: Cook County Strategic Plan -

- Provide high quality healthcare and serve as a trusted messenger for clear, evidence-based, equity centered communication regarding individual and community health.

STATE: Illinois State Health Improvement Plan -

- Increase community-clinical linkages to reduce the incidence and burden of chronic diseases.

NATIONAL: Healthy People 2030 -

- Increase the proportion of adolescents who received a preventive health care visit in the past year.

STRATEGY #1: Increase access to medical care and provide support for social needs to improve health outcomes

Planned Interventions	Collaborative Partners	Intended Outcomes
• Provide school physicals and immunizations to uninsured children or those with Medicaid through the Ronald McDonald Care Mobile • Provide additional resources to patients who need follow-up for additional medical care	• Ronald McDonald House Charities • Chicago Public Schools • Suburban School Districts • ACH partner clinics • Community social service partners	• Improved compliance rates for immunization and physicals for children at risk of poor health outcomes • Increased number of referrals to community-based services for students seen by Care Mobile providers • Increased number of students receiving regular health check-ups • Improved management of chronic conditions in students

PRIORITY: Access to Care (CONTINUED)

Measures

- Number of patients seen on the Care Mobile
- Number of physicals provided on the Care Mobile
- Number of immunizations given on the Care Mobile
- Number of patients receiving referrals for additional services
- Number of parents/guardians reached to discuss follow up
- Number of referrals made for specific categories of care, i.e. behavioral health, dental, cardiac, etc.

**Impact measures are subject to change depending on the direction of each intervention.*

STRATEGY #2: Expand dental care through ACH Dental Van

Planned Interventions	Collaborative Partners	Intended Outcomes
• Provide dental care for uninsured/ underinsured/ Medicaid recipients through ACH mobile dental program • Expand promotions to reach more individuals	• Mobile Dental Program • ACH physicians and clinics • Chicago and suburban school districts	• Improved dental health for children who are medically underserved in the ACH-OL PSA through access to exams and treatment

Measures

- Number of patients served by the Mobile Dental Program
- Number of services provided
- Number of individual appointments (demonstrating multiple appointment follow ups to provide complete care)

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Community Violence/Safety

IMPACT:
Support community-informed infrastructure improvements that influence community safety.

DESCRIPTION OF HEALTH NEED DATA:

- ACH OL PSA has the lowest Childhood Opportunity Index at 33 compared to Will (84) and Cook (58) Counties.
- Nearly 600 deaths due to unintentional injuries occurred among children aged 1–17 in Illinois (2022).
  - » Cook County has the highest unintentional injury death rate in the state: 61.0 per 100,000 residents, up from 44.9 in 2020.
- Among adolescents ages 15-17, African American youth living in high-burden urban communities (similar to some communities on the South and West sides of Chicago) are at the greatest risk for being exposed to community violence than any other population in the United States.
- ACH OL PSA reported 1,335.3 crimes per 100,000 residents in 2025, compared to Will (987.7) and Cook (2,293.8) Counties.
- ACH OL PSA reported higher fire-arm related emergency department (ED) visits at 65.7 per 100,000 residents compared to Will (14.6) and Cook (36.1) Counties.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: Healthy Chicago 2025 -
- Implement hospital-based violence interventions.

STATE: Illinois State Health Improvement Plan -
- Improve the resilience and recovery capital of communities experiencing violence.

NATIONAL: Healthy People 2030
- Reduce the rate of minor and young adult perpetration of violent crimes.

STRATEGY #1: Continue to support and enhance community partnerships to improve community violence initiatives

Planned Interventions	Collaborative Partners	Intended Outcomes
• Support Southland Rise by partnering with community violence prevention organizations, including other hospital systems, to improve long-term trauma recovery care and mitigate violence-related injury. This includes extending financial support to not-for-profit organizations offering a wide range of violence intervention programs that help keep young people and their families engaged and empowered during the summer. • Educate the public on Advocate's Trauma Recovery Center • Mobilize system resources through investments and community service with safety organizations	• Advocate Christ Medical Center • UChicago Medicine • Advocate Trauma Recovery Center • South Side Chicago Neighborhoods	• Increased education and awareness • Expanded workforce development opportunities • Improved access to violence and injury prevention programs • Reduced incidence of community violence

Measures

- Number of youth and family programs that applied for funding
- Number of youth and family programs supported
- Number of programs that received grants
- Progress milestones on education efforts
- Hours of community service provided

**Impact measures are subject to change depending on the direction of each intervention.*

PRIORITY: Community Violence/Safety (CONTINUED)

STRATEGY #2: Provide school-based education and awareness that empowers youth to manage their personal safety and wellness

Planned Interventions	Collaborative Partners	Intended Outcomes
• Coordinate a health education speaker series with Advocate Health providers for high schoolers (9-12th grade) aimed at providing evidence-based information to improve adolescent well-being, including safety topics that are designed to be interactive. This allows students to engage directly with experts, ask questions, and gain practical skills for managing their own health and that of peers. • Partner with community-based organizations to offer workshops on safety topics that aim to increase awareness on teen violence and intervention techniques	• Chicago and Suburban school districts » Shepard's High School » Richard's High School • ACH resident physicians • Arab American Family Services • Christ Trauma Recovery Center	• Increased trust between resident physicians and students to discuss mental, emotional, and physical topics • Reduced stigma for improved mental health support for students

Measures

- Increased knowledge, pre- and post- program surveys
- Number of students that participated
- Number of schools that received the program

**Impact measures are subject to change depending on the direction of each intervention.*

Needs Not Addressed

This Community Health Implementation Strategy focuses on the above priority health needs selected by the hospital based on community input, available resources, and alignment with organizational and community partner capacity. The Community Health Needs Assessment (CHNA) also identified additional significant health needs, including access to healthy foods, alcohol and substance misuse, behavioral health, chronic disease, economic and housing stability, and maternal and child mortality. These needs, while also important, are not addressed in this CHIS due to factors including limited hospital resources, the presence of existing initiatives, or a determination that the hospital is not best positioned to lead efforts in these areas at this time. Advocate Health will continue to collaborate with community partners and share resources, when appropriate, to support progress on these needs within the community.

Adoption of the Implementation Strategy

The Community Health Implementation Strategy report was adopted by the local Governing Council on March 16, 2026, and additionally approved by the Advocate Health Care Network Board on May 5, 2026.

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.