Advocate Children's Hospital – Park Ridge 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 – Park Ridge plans to address their prioritized community health needs.

SUMMARY OF CHNA PROCESS

In 2025, Advocate Children's Hospital – Park Ridge (ACH-PR) 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 – Park Ridge Community Health Needs Assessment were:

- Access to care
- Mental Health
- Community Violence
- Alcohol and Drug Misuse
- Disease and Chronic Disease
- Maternal and Infant Mortality
- Economic and Housing Stability
- Access to Healthy Foods

Advocate Children's Hospital

Advocate Children's Hospital – Park Ridge
1675 Dempster St.
Park Ridge, IL 60068

The top health issues identified were presented to the Advocate Children's Hospital – Park Ridge 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 – Park Ridge 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.
Mental Health	A U.S. Department of Health and Human Services (HHS) study published in the American Medical Association's journal reports significant increases in the number of children diagnosed with mental health conditions. Local data collected for the CHNA confirms this, and the significant shortage of mental health resources only adds to the problem. Potential programming includes offering additional mental health resources to patients on our Ronald McDonald Care Mobiles and in our school-based health centers, as well as education for school partners in recognition and basic mental health first aid for school staff.

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–Park Ridge PSA.

DESCRIPTION OF HEALTH NEED DATA:

- ACH-PR PSA has a hardship index of 39.5 compared to Cook (50.9), Lake (36.2), and DuPage (30.1).
- ACH-PR PSA has a Social Vulnerability Index of 43.5 compared to Cook (79.6), Lake (47.5), and DuPage (22.8).
- Medicaid Coverage for ages 0-17 years old in the ACH-PR PSA is 29.6% compared to Cook (42.1%), Lake (27.6%), and DuPage (21.4%) Counties.
- In the ACH-PR PSA there are 36.2 pediatricians per 100,000 residents, compared to Cook (71.8), Lake (28.8), and DuPage (45.3) Counties.
  - » There are 11 zip codes in the PSA with no pediatricians.
- Zip codes with the highest uninsured rates are Prospect Heights (60070), Waukegan (60085), Aurora (60505).
- Hispanic or Latino residents have the highest uninsured rate in the PSA at 14.0%.

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-PR 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: Mental Health

IMPACT:
Increase education, awareness, and access to services for mental health.

DESCRIPTION OF HEALTH NEED DATA:

- Among school nurse respondents, 53% voted for child and adolescent mental health being the biggest health issue in schools.
- Mental health emergency department rates (ages 5-17) for PR PSA are 869.6 per 100,000 visits, higher than Cook County (825.4 visits).
- Suicide and self-injury emergency department (ED) visit rates (ages 5-17) for PR PSA are 135.2 per 100,000 visits, higher than Cook County (108 visits).
- Illinois Youth Survey (2024) reported suicidal ideation for 10th and 12th graders.
  - » 26-27% of students felt persistent sadness and hopelessness.
  - » 16.0% of students report some form of e-bullying and 19% report in-school bullying.
- Non-Hispanic Black persons have the highest ED visits due to mental health and suicide/self-injury visits.
- While there are programs and services that support mental health and build resilience and recovery, not everyone has the same access to them.

ALIGNMENT WITH EXISTING STRATEGIES

LOCAL: Cook County Strategic Plan -

- Further integrate behavioral health with primary care at CCH and promote greater access to behavioral health services across the region.

STATE: Illinois State Health Improvement Plan -

- Improve the mental health and substance use disorder system infrastructure to support and strengthen prevention and treatment.

NATIONAL: Healthy People 2030

- Increase the proportion of children and adolescents who receive evidence-based preventive mental health interventions in school and early childhood care and education programs.

STRATEGY #1: Increase identification of mental health needs and access to behavioral health services through Care Mobile

Planned Interventions	Collaborative Partners	Intended Outcomes
• Screen patients on Ronald McDonald Care Mobile for mental health concerns • Initiate behavioral health referral follow-up with parent/ guardian/ school counselor if child is in crisis • Provide referrals for social needs resources	• Ronald McDonald Care Mobile Program • Chicago and Suburban school districts	• Increased early identification of potential mental health issues and improved referral paths for treatment • Improved adherence to mental health treatment plans

Measures

- Number of patients seen on Ronald McDonald Care Mobile
- Number of patients referred for behavioral health services
- Number of parent/guardians receiving confirmed personal contact
- Number of referrals provided for social needs resources

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

PRIORITY: Mental Health (CONTINUED)

STRATEGY #2: Increase access to behavioral health services for children with increased risk for poor mental health outcomes in the ACH PSA through School-Based Health Centers

Planned Interventions	Collaborative Partners	Intended Outcomes
• Expand and continue behavioral health services to students at the Maine East School-Based Health Center, Glenbrook High School-Based Health Center, and CCSD12 School Based Health Center • Conduct health education and promotion activities	• School Based Health Center teams • Maine Township High School District 207 • Glenbrook High School District 225 • Community Consolidated School District 21	• Improved management of mental health conditions in students • Enhanced health education participation • Increased student engagement in healthy behaviors • Better student knowledge about health and wellness

Measures

- Number of students seen at school-based health centers
- Number of patients seen by mental health counselors

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

STRATEGY #3: 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 mental health issues and intervention techniques	• Chicago and Suburban school districts • ACH resident physicians	• Increased trust between resident physicians and students to discuss mental, emotional, and physical topics • Reduced stigma for improved mental health support for students • Increased education and awareness around trauma informed care

Measures

- Increased knowledge, pre- and post- program surveys
- Number of students reached

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

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.

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 drug misuse, chronic disease, community violence, 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 April 13, 2026, and additionally approved by the Advocate Health Care Network Board on May 5, 2026.