



2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Thorek Memorial Hospital &
Thorek Memorial Hospital Andersonville Service Area

Sponsored by



**Thorek Memorial Hospital &
Thorek Memorial Hospital Andersonville**

TABLE OF CONTENTS

INTRODUCTION	5
PROJECT OVERVIEW	6
Project Goals	6
Methodology	6
IRS FORM 990, SCHEDULE H COMPLIANCE	12
SUMMARY OF FINDINGS	13
Significant Health Needs of the Community	13
Summary Tables: Comparisons With Benchmark Data	16
COMMUNITY DESCRIPTION	31
POPULATION CHARACTERISTICS	32
Total Population	32
Urban/Rural Population	33
Age	34
Race & Ethnicity	35
Linguistic Isolation	36
SOCIAL DETERMINANTS OF HEALTH	37
Poverty	37
Education	38
Employment	39
Financial Resilience	40
Housing	41
Food Access	44
HEALTH STATUS	46
OVERALL HEALTH STATUS	47
MENTAL HEALTH	49
Mental Health Status	49
Depression	50
Stress	52
Suicide	54
Mental Health Treatment	55
DEATH, DISEASE & CHRONIC CONDITIONS	58
LEADING CAUSES OF DEATH	59
Distribution of Deaths by Cause	59
Death Rates for Selected Causes	60
CARDIOVASCULAR DISEASE	61
Heart Disease & Stroke Deaths	61
Prevalence of Heart Disease & Stroke	65
Cardiovascular Risk Factors	66
CANCER	69
Cancer Deaths	69
Cancer Incidence	72
Prevalence of Cancer	72
Cancer Screenings	74



RESPIRATORY DISEASE	76
Respiratory Disease Deaths	76
Prevalence of Respiratory Disease	79
INJURY & VIOLENCE	82
Unintentional Injury	82
Intentional Injury (Violence)	85
DIABETES	89
Diabetes Deaths	89
Prevalence of Diabetes	91
Kidney Disease Deaths	92
DISABLING CONDITIONS	94
Multiple Chronic Conditions	94
Activity Limitations	95
Chronic Pain	97
Alzheimer's Disease	98
Caregiving	100
BIRTHS	101
PRENATAL CARE	102
BIRTH OUTCOMES & RISKS	104
Low-Weight Births	104
Infant Mortality	105
FAMILY PLANNING	107
Births to Adolescent Mothers	107
MODIFIABLE HEALTH RISKS	109
NUTRITION	110
Difficulty Accessing Fresh Produce	110
PHYSICAL ACTIVITY	112
Leisure-Time Physical Activity	112
Activity Levels	113
Access to Physical Activity Facilities	115
WEIGHT STATUS	116
Adult Weight Status	116
Children's Weight Status	119
SUBSTANCE USE	121
Alcohol Use	121
Drug Use	125
Alcohol & Drug Treatment	128
Personal Impact From Substance Use	129
TOBACCO USE	131
Cigarette Smoking	131
Use of Vaping Products	133
SEXUAL HEALTH	135
HIV	135
Sexually Transmitted Infections (STIs)	136



ACCESS TO HEALTH CARE	137
HEALTH INSURANCE COVERAGE	138
Type of Health Care Coverage	138
Lack of Health Insurance Coverage	139
DIFFICULTIES ACCESSING HEALTH CARE	140
Difficulties Accessing Services	140
Barriers to Health Care Access	141
Accessing Health Care for Children	142
PRIMARY CARE SERVICES	143
Access to Primary Care	143
Specific Source of Ongoing Care	144
Utilization of Primary Care Services	145
EMERGENCY ROOM UTILIZATION	147
ORAL HEALTH	148
Dental Insurance	148
Dental Care	149
LOCAL RESOURCES	151
PERCEPTIONS OF LOCAL HEALTH CARE SERVICES	152
HEALTH CARE RESOURCES	154
Resources Available to Address the Significant Health Needs	154
APPENDIX	156
EVALUATION OF PAST ACTIVITIES	157





INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment — a follow-up to similar studies conducted in 2009, 2012, 2015, 2018, and 2021 — is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Thorek Memorial Hospital and Thorek Memorial Hospital Andersonville. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Thorek Memorial Hospital and Thorek Memorial Hospital Andersonville by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment gathered data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Thorek Memorial Hospital and Thorek Memorial Hospital Andersonville and PRC and is similar to the previous surveys used in the region, allowing for data trending.



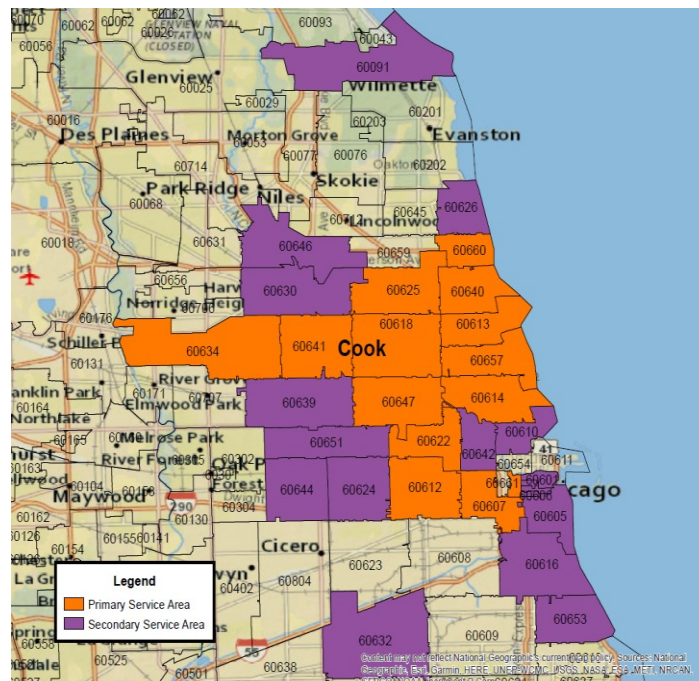
Community Defined for This Assessment

Thorek Memorial Hospital/Thorek Memorial Hospital Andersonville are community-based medical facilities comprised of inpatient and outpatient services and share a common community definition. The communities included in this assessment are based on patient volume from the ZIP Codes listed in the following table:

COMMUNITY DEFINITION			
PRIMARY SERVICE AREA (PSA)		SECONDARY SERVICE AREA (SSA)	
60606	60625	60091	60626
60607	60634	60601	60630
60612	60640	60602	60632
60613	60641	60603	60639
60614	60647	60604	60642
60618	60657	60605	60644
60622	60660	60610	60646
		60616	60651
		60624	60653

Many of the ZIP Codes, while outside the immediate patient-care zone, are included because Thorek Memorial Hospital and Thorek Memorial Hospital Andersonville turn no patient away based on insurance. About 45% of the hospital's **outpatient** volume is driven from outside the immediate community based on patient insurance. Thorek Memorial Hospital and Thorek Memorial Hospital Andersonville work closely with nursing homes throughout the city of Chicago, and that constitutes 70% of the hospital's **inpatient** admissions.

This community definition (referred to as the "Total Service Area" in this report) is illustrated in the following map.



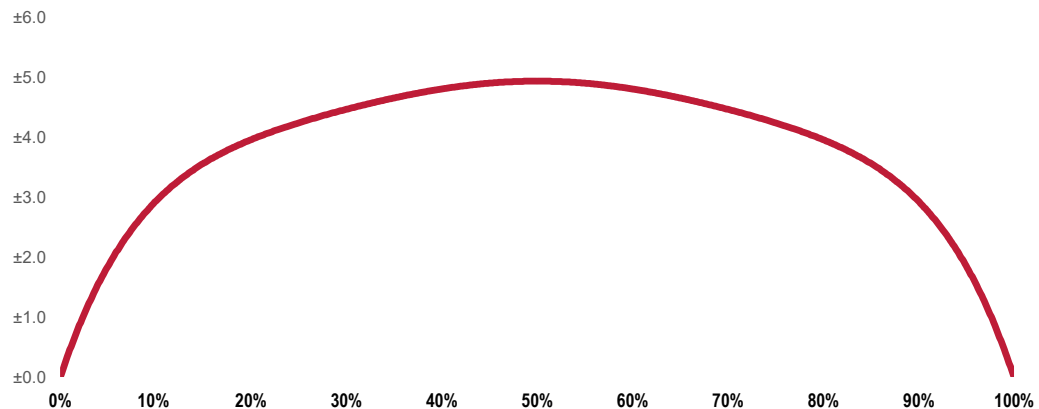
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in the Total Service Area, including 205 in the Primary Service Area and 195 in the Secondary Service Area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is $\pm 4.9\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ($10\% \pm 2.9\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% ($50\% \pm 4.9\%$) of the total population would respond "yes" if asked this question.

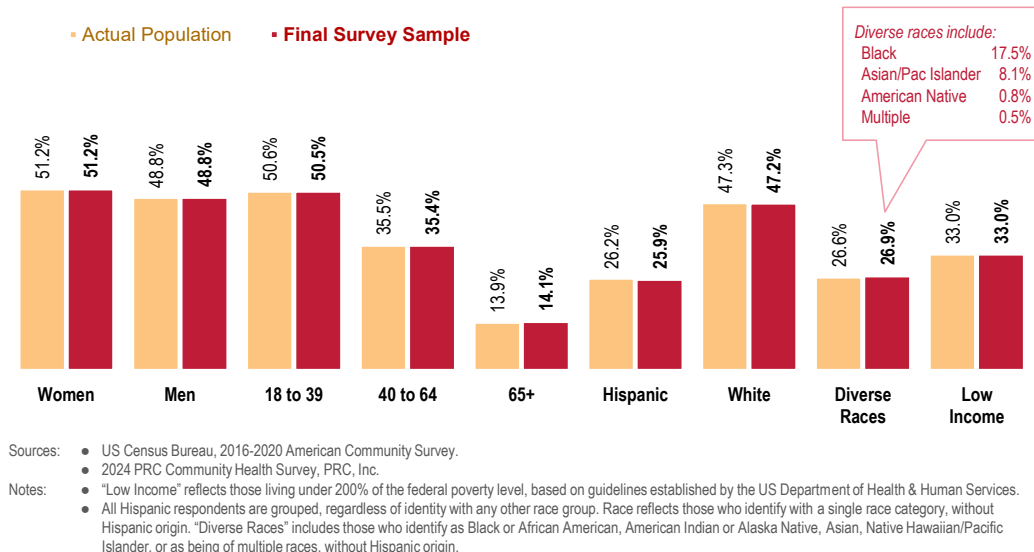
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]



Population & Survey Sample Characteristics (Total Service Area, 2024)



The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, Thorek Memorial Hospital invited 63 community representatives (including public health and a cross-section of health care providers, social services representatives, and community leaders) to take part in an Online Key Informant Survey about perceived health needs in the community. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. The survey was available throughout January 2025. However, only one key informant responded to the invitation to take part; in order to preserve this person's anonymity, his/her affiliation and comments are not included in this reporting.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Total Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census



- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that ZIP Code–based service area data are used where available; however, much of the secondary data reflect county-level data (Cook County).

Benchmark Comparisons

Trending

Similar surveys were administered in the Total Service Area in 2009, 2012, 2015, 2018, and 2021 by PRC on behalf of Thorek Memorial Hospital and Thorek Memorial Hospital Andersonville. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Illinois Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.



Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Thorek Memorial Hospital/Thorek Memorial Hospital Andersonville made prior Community Health Needs Assessment (CHNA) reports publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Thorek had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Thorek Memorial Hospital and Thorek Memorial Hospital Andersonville will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2022)		See Report Page
Part V Section B Line 3a	A definition of the community served by the hospital facility	7
Part V Section B Line 3b	Demographics of the community	32
Part V Section B Line 3c	Existing health care facilities and resources within the community that are available to respond to the health needs of the community	154
Part V Section B Line 3d	How data was obtained	6
Part V Section B Line 3e	The significant health needs of the community	13
Part V Section B Line 3f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g	The process for identifying and prioritizing community health needs and services to meet the community health needs	14
Part V Section B Line 3h	The process for consulting with persons representing the community's interests	9
Part V Section B Line 3i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	157



SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none">▪ Barriers to Access<ul style="list-style-type: none">– Appointment Availability– Difficulty Finding a Physician– Culture/Language▪ Difficulty Accessing Children’s Health Care▪ Routine Medical Care (Children)▪ Emergency Room Utilization
CANCER	<ul style="list-style-type: none">▪ Leading Cause of Death▪ Cervical Cancer Screening
DIABETES	<ul style="list-style-type: none">▪ Kidney Disease Deaths
DISABLING CONDITIONS	<ul style="list-style-type: none">▪ Activity Limitations
HEART DISEASE & STROKE	<ul style="list-style-type: none">▪ Leading Cause of Death▪ Stroke Deaths▪ Stroke Prevalence▪ High Blood Pressure Prevalence
INJURY & VIOLENCE	<ul style="list-style-type: none">▪ Unintentional Injury Deaths▪ Homicide Deaths▪ Violent Crime Experience
MENTAL HEALTH	<ul style="list-style-type: none">▪ “Fair/Poor” Mental Health▪ Diagnosed Depression▪ Symptoms of Chronic Depression▪ Stress▪ Receiving Treatment for Mental Health▪ Difficulty Obtaining Mental Health Services

—continued on the following page—



AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Children's Physical Activity ▪ Overweight & Obesity [Adults] ▪ Overweight & Obesity [Children]
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Asthma Prevalence [Adults]
SEXUAL HEALTH	<ul style="list-style-type: none"> ▪ HIV Prevalence ▪ Chlamydia Incidence ▪ Gonorrhea Incidence
SUBSTANCE USE	<ul style="list-style-type: none"> ▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths
TOBACCO USE	<ul style="list-style-type: none"> ▪ Cigarette Smoking ▪ Cigarette Smoking in the Home ▪ Use of Vaping Products

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) is based on input received from providers and other community leaders (representing a cross-section of community-based agencies and organizations). Because response to the Online Key Informant Survey for the current assessment was low, a prioritization exercise conducted in 2022 was used again here.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Use
3. Injury & Violence
4. Nutrition, Physical Activity & Weight
5. Tobacco Use
6. Cancer
7. Heart Disease & Stroke
8. Disabling Conditions
9. Respiratory Disease
10. Sexual Health
11. Access to Health Care Services
12. Diabetes



Hospital Implementation Strategy

Thorek Memorial Hospital and Thorek Memorial Hospital Andersonville will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.



Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Total Service Area results are shown in the larger, gray column.
- The columns to the left of the Total Service Area column provide comparisons between the two subareas, identifying differences for each as “better than” (☀), “worse than” (☹), or “similar to” (☺) the opposing area.
- The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Service Area compares favorably (☀), unfavorably (☹), or comparably (☺) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

TREND SUMMARY

(Current vs. Baseline Data)



































SURVEY DATA INDICATORS:






Trends for survey-derived indicators represent significant changes since 2009 (or earliest available data). Note that survey data reflect the ZIP Code-defined Total Service Area.

OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Note that some secondary data reflect county-level data.



SOCIAL DETERMINANTS	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)			7.2	 3.9	 3.9		
Population in Poverty (Percent)			14.2	 11.7	 12.4	 8.0	
Children in Poverty (Percent)			19.5	 15.4	 16.3	 8.0	
No High School Diploma (Age 25+, Percent)			11.3	 9.7	 10.6		
Unemployment Rate (Age 16+, Percent)			5.3 [County-Level Data]	 4.8	 4.0		 9.7
% Unable to Pay Cash for a \$400 Emergency Expense	 28.8	 31.4	29.9		 34.0		 24.1
% Worry/Stress Over Rent/Mortgage in Past Year	 45.3	 44.4	44.9		 45.8		 43.4
% Unhealthy/Unsafe Housing Conditions	 19.8	 21.0	20.3		 16.4		 21.9
Population With Low Food Access (Percent)			0.3	 20.2	 22.2		
% Food Insecure	 32.1	 53.9	41.5		 43.3		 43.1
Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				 better	 similar	 worse	

OVERALL HEALTH	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	 13.8	 8.3	11.4	 18.2	 15.7		 13.4

Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.


































better











































similar






worse













ACCESS TO HEALTH CARE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	 6.8	 5.7	6.3	 8.5	 8.1	 7.6	 24.5
% Difficulty Accessing Health Care in Past Year (Composite)	 62.9	 51.9	58.1		 52.5		 49.8
% Cost Prevented Physician Visit in Past Year	 22.4	 15.3	19.3	 10.6	 21.6		 24.1
% Cost Prevented Getting Prescription in Past Year	 24.1	 18.1	21.5		 20.2		 30.7
% Difficulty Getting Appointment in Past Year	 40.0	 29.5	35.5		 33.4		 20.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	 30.8	 20.5	26.3		 22.9		 23.2
% Difficulty Finding Physician in Past Year	 22.3	 20.9	21.7		 22.0		 13.6


















ACCESS TO HEALTH CARE (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% Transportation Hindered Dr Visit in Past Year	 19.4	 15.7	17.8		 18.3		 14.9
% Language/Culture Prevented Care in Past Year	 6.8	 4.3	5.7		 5.0		 2.3
% Stretched Prescription to Save Cost in Past Year	 21.9	 16.7	19.6		 19.4		 18.6
% Difficulty Getting Child's Health Care in Past Year	 11.7	 11.3	11.4		 11.1		 0.5
Primary Care Doctors per 100,000			217.1	 131.8	 116.3		
% Have a Specific Source of Ongoing Care	 74.8	 80.1	77.0		 69.9	 84.0	 67.4
% Routine Checkup in Past Year	 75.0	 78.4	76.5	 79.4	 65.3		 66.8
% [Child 0-17] Routine Checkup in Past Year	 82.7	 78.8	80.6		 77.5		 95.8
% Two or More ER Visits in Past Year	 14.6	 18.8	16.4		 15.6		 8.4
% Rate Local Health Care "Fair/Poor"	 9.8	 9.3	9.6		 11.5		 15.5





















Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

 better
 similar
 worse

CANCER	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000			166.2 [County-Level Data]	 186.4	 182.5	 122.7	 180.8
Lung Cancer Deaths per 100,000			33.5 [County-Level Data]	 42.4	 39.8	 25.1	
Female Breast Cancer Deaths per 100,000			24.9 [County-Level Data]	 25.6	 25.1	 15.3	
Prostate Cancer Deaths per 100,000			19.4 [County-Level Data]	 19.5	 20.1	 16.9	
Colorectal Cancer Deaths per 100,000			16.1 [County-Level Data]	 16.8	 16.3	 8.9	
Cancer Incidence per 100,000			438.8	 459.7	 442.3		
Lung Cancer Incidence per 100,000			52.2	 59.3	 54.0		
Female Breast Cancer Incidence per 100,000			130.6	 132.6	 127.0		
Prostate Cancer Incidence per 100,000			119.7	 115.1	 110.5		
Colorectal Cancer Incidence per 100,000			39.6	 39.8	 36.5		
% Cancer	 6.8	 7.5	7.1	 10.4	 7.4		 6.2

CANCER (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% [Women 50-74] Breast Cancer Screening			73.4		 64.0	 80.5	 84.9
% [Women 21-65] Cervical Cancer Screening			74.4		 75.4	 84.3	 87.7
% [Age 45-75] Colorectal Cancer Screening			77.2		 71.5	 74.4	 64.7
Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				 better	 similar	 worse	

DIABETES	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000			24.6 [County-Level Data]	 26.7	 30.5		 21.8
% Diabetes/High Blood Sugar	 11.8	 12.7	12.2	 12.2	 12.8		 11.0
% Borderline/Pre-Diabetes	 12.7	 14.8	13.6		 15.0		
Kidney Disease Deaths per 100,000			20.2 [County-Level Data]	 22.1	 16.9		 18.4
Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				 better	 similar	 worse	

































DISABLING CONDITIONS	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	 33.2	 32.6	33.0		 38.0		 33.9
% Activity Limitations	 26.9	 26.2	26.6		 27.5		 13.7
% High-Impact Chronic Pain	 11.7	 15.5	13.4		 19.6	 6.4	 15.9
Alzheimer's Disease Deaths per 100,000			26.2 [County-Level Data]	 32.1	 35.8		 25.2
% Caregiver to a Friend/Family Member	 20.9	 27.2	23.6		 22.8		 21.4

Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.


better


similar


worse












HEART DISEASE & STROKE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000			197.2 [County-Level Data]	 209.5	 209.5	 127.4	 192.2
% Heart Disease	 6.0	 3.4	4.9	 5.7	 10.3		 2.9
Stroke Deaths per 100,000			51.3 [County-Level Data]	 53.4	 49.3	 33.4	 42.2
% Stroke	 3.3	 5.1	4.1	 2.9	 5.4		 1.3
% High Blood Pressure	 37.4	 36.9	37.1	 33.5	 40.4	 42.6	 20.5
% High Cholesterol	 30.9	 31.4	31.2		 32.4		 27.4
% 1+ Cardiovascular Risk Factor	 82.0	 84.2	83.0		 87.8		 79.8

Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.


better


similar


worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
No Prenatal Care in First Trimester (Percent of Births)			25.4 [County-Level Data]	 21.9	 22.3		 26.3
Teen Births per 1,000 Females 15-19			15.3 [County-Level Data]	 14.7	 16.6		
Low Birthweight (Percent of Births)			8.9 [County-Level Data]	 8.5	 8.3		
Infant Deaths per 1,000 Births			5.6 [County-Level Data]	 5.9	 5.6	 5.0	 6.9

Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.















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similar



worse

INJURY & VIOLENCE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000			64.1 [County-Level Data]	 60.1	 67.8	 43.2	 32.9
Motor Vehicle Crash Deaths per 100,000			9.4 [County-Level Data]	 10.7	 13.3	 10.1	
[65+] Fall-Related Deaths per 100,000			13.4 [County-Level Data]			 63.4	
Homicide Deaths per 100,000			18.2 [County-Level Data]	 10.9	 7.6	 5.5	 13.1

INJURY & VIOLENCE (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% Victim of Violent Crime in Past 5 Years	 10.1	 11.3	10.6		 7.0		 9.3
% Victim of Intimate Partner Violence	 24.0	 21.3	22.8		 20.3		 17.0

Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.


























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worse

MENTAL HEALTH	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	 29.8	 19.3	25.1		 24.4		 8.8
% Diagnosed Depression	 44.2	 29.2	37.7	 18.1	 30.8		 10.4
% Symptoms of Chronic Depression	 55.1	 43.8	50.2		 46.7		 32.7
% Typical Day Is "Extremely/Very" Stressful	 17.9	 21.9	19.6		 21.1		 13.2
Suicide Deaths per 100,000			9.8 [County-Level Data]	 11.9	 14.7	 12.8	 8.4
Mental Health Providers per 100,000			530.7	 322.7	 312.5		



























MENTAL HEALTH (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% Receiving Mental Health Treatment	 38.0	 26.1	32.8		 21.9		 16.3
% Unable to Get Mental Health Services in Past Year	 21.0	 13.0	17.5		 13.2		 8.2















Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.



















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similar


worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	 22.3	 26.0	23.9		 30.0		 21.0
% No Leisure-Time Physical Activity	 13.8	 16.8	15.1	 21.4	 30.2	 21.8	 20.2
% Meet Physical Activity Guidelines	 38.0	 30.4	34.7	 29.1	 30.3	 29.7	 21.7
% [Child 2-17] Physically Active 1+ Hours per Day			33.8		 27.4		 57.4
Recreation/Fitness Facilities per 100,000			21.0	 12.7	 12.3		 7.9
% Overweight (BMI 25+)	 58.9	 56.2	57.7	 71.0	 63.3		 60.9

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% Obese (BMI 30+)	 26.2	 26.5	26.3	 36.0	 33.9	 36.0	 23.8
% [Child 5-17] Overweight (85th Percentile)			45.8		 31.8		 43.0
% [Child 5-17] Obese (95th Percentile)			31.7		 19.5	 15.5	 22.6
Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				 better	 similar	 worse	

ORAL HEALTH	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% Have Dental Insurance	 80.7	 78.2	79.6		 72.7	 75.0	 61.1
% Dental Visit in Past Year	 68.6	 67.4	68.1	 65.9	 56.5	 45.0	 66.6
% [Child 2-17] Dental Visit in Past Year			81.6		 77.8	 45.0	 72.8
Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				 better	 similar	 worse	







RESPIRATORY DISEASE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000			26.5 [County-Level Data]	 40.2	 43.5		 31.6
Pneumonia/Influenza Deaths per 100,000			14.3 [County-Level Data]	 14.6	 13.4		 17.4
% Asthma	 19.2	 16.9	18.2	 9.5	 17.9		 9.5
% [Child 0-17] Asthma	 20.8	 10.6	15.3		 16.7		 10.8
% COPD (Lung Disease)	 7.1	 10.4	8.5	 6.3	 11.0		 5.4

Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.


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SEXUAL HEALTH	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000			595.8	 338.8	 386.6		
Chlamydia Incidence per 100,000			774.6	 568.8	 495.0		
Gonorrhea Incidence per 100,000			311.6	 210.2	 194.4		

Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.


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SUBSTANCE USE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000			12.3 [County-Level Data]	 12.6	 15.7		 7.9
Cirrhosis/Liver Disease Deaths per 100,000			12.0 [County-Level Data]	 13.8	 16.4	 10.9	
% Excessive Drinking	 36.0	 35.0	35.6	 18.7	 34.3		 30.7
Unintentional Drug-Induced Deaths per 100,000			38.1 [County-Level Data]	 28.2	 29.7		 14.1
% Used an Illicit Drug in Past Month	 8.6	 8.6	8.6		 8.4		 5.0
% Used a Prescription Opioid in Past Year	 16.3	 14.0	15.3		 15.1		 14.1
% Ever Sought Help for Alcohol or Drug Problem	 7.2	 11.6	9.1		 6.8		 6.7
% Personally Impacted by Substance Use	 44.3	 43.0	43.8		 45.4		 45.9

Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.


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worse

TOBACCO USE	DISPARITY BETWEEN SUBAREAS		Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	PSA	SSA		vs. IL	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	 23.4	 26.2	24.6	 10.8	 23.9	 6.1	 17.6
% Someone Smokes at Home	 19.6	 26.6	22.7		 17.7		 14.0
% Use Vaping Products	 17.7	 22.7	19.8	 6.2	 18.5		 8.4

Note: In the section above, the subareas are compared against each other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.


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COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Total Service Area (the focus of this Community Health Needs Assessment) encompasses 94.18 square miles and houses a total population of 1,511,866 residents, according to latest census estimates.

Total Population
(Estimated Population, 2019-2023)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Total Service Area	1,511,886	94.18	16,052
Cook County	5,185,812	944.93	5,488
IL	12,692,653	55,513.14	229
United States	332,387,540	3,533,298.58	94

Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

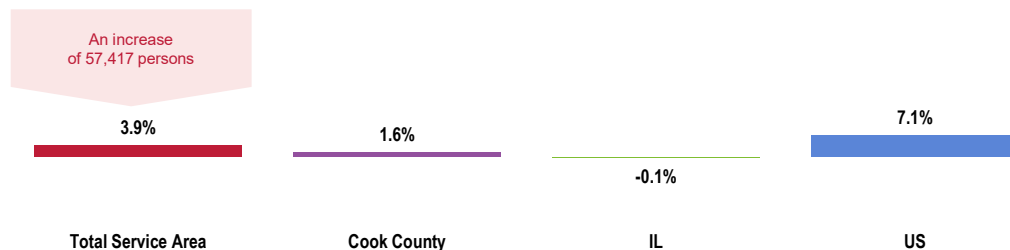
Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the Total Service Area increased by 57,417 persons, or 3.9%.

BENCHMARK ► A proportionally higher increase than was found across Cook County and especially Illinois, which recorded a slight decrease in population.

Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

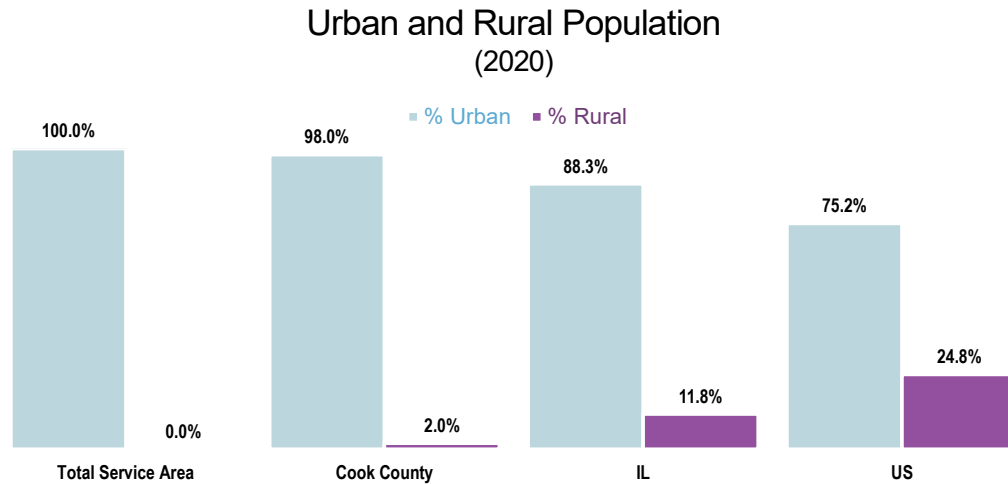


Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Total Service Area is completely urban, with 100% of the population living in areas designated as urban.

TREND ► The percentage of rural population living in Cook County has increased 2%.



Sources: • US Census Bureau Decennial Census.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes: • This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.



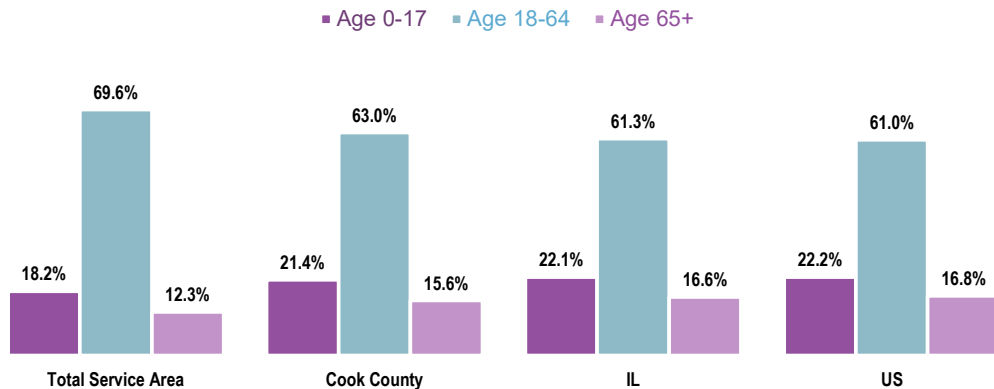
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Total Service Area, 18.2% of the population are children age 0-17; another 69.6% are age 18 to 64, while 12.3% are age 65 and older.

BENCHMARK ► The percentage of older adults (age 65+) and children within the Total Service Area is lower than found across the county, state, and nation.

**Total Population by Age Groups
(2019-2023)**



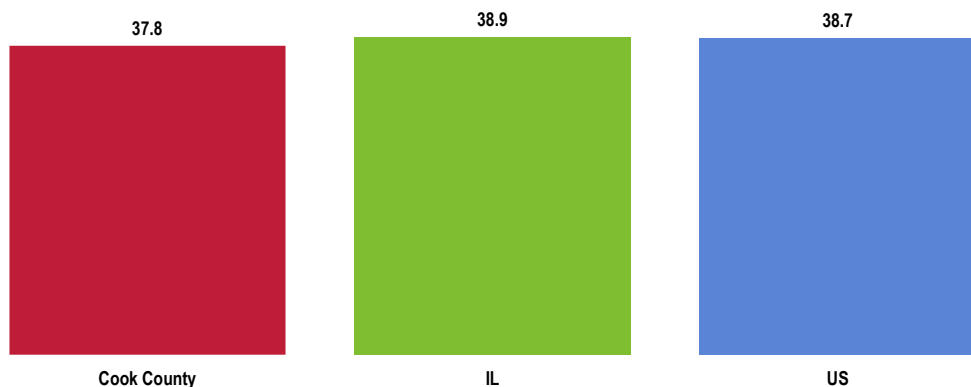
Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Median Age

Cook County is slightly “younger” than the state and the nation in that the median age is lower.

**Median Age
(2019-2023)**



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).



Race & Ethnicity

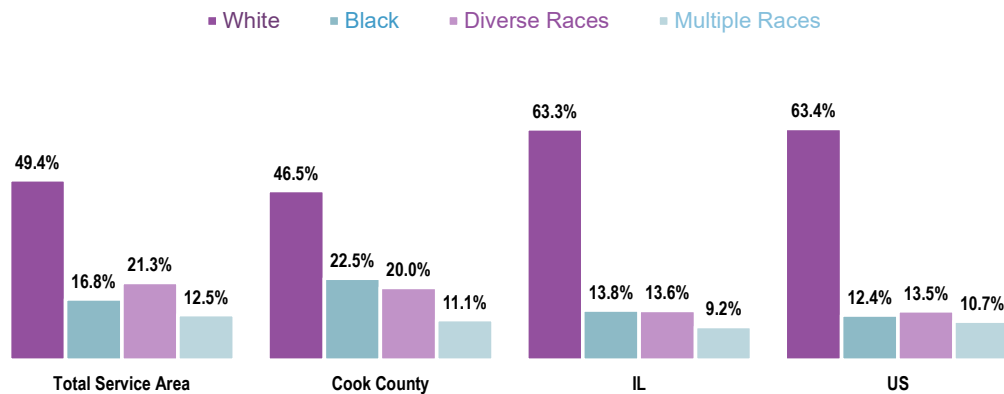
Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 49.4% of residents of the Total Service Area are White and 16.8% are Black.

BENCHMARK ► More diverse than both the state and nation.

Total Population by Race Alone
(2019-2023)



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:

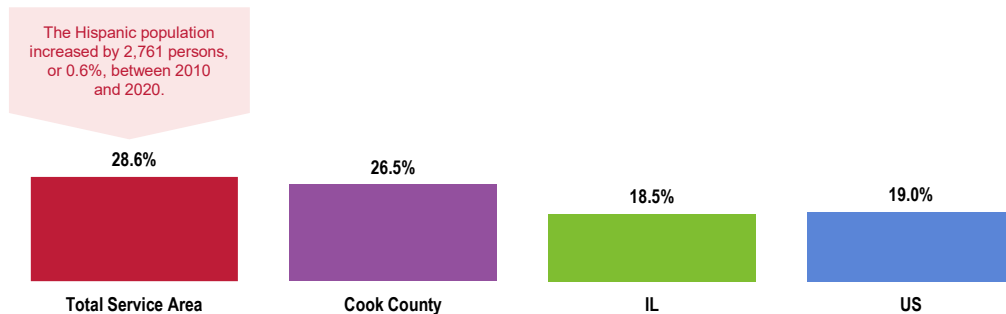
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Ethnicity

A total of 28.6% of Total Service Area residents are Hispanic or Latino.

BENCHMARK ► A higher proportion than found statewide and nationally.

Hispanic Population
(2020)



The Hispanic population increased by 2,761 persons, or 0.6%, between 2010 and 2020.

Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:

- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



Linguistic Isolation

A total of 7.2% of the Total Service Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

BENCHMARK ► A higher proportion than found across the state and nation.

Linguistically Isolated Population (2019-2023)



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English “very well.”



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 14.2% of the Total Service Area total population living below the federal poverty level.

BENCHMARK ► Higher than state findings. Fails to satisfy the Healthy People 2030 objective.

Among just children (ages 0 to 17), this percentage in the Total Service Area is 19.5% (representing an estimated 52,651 children).

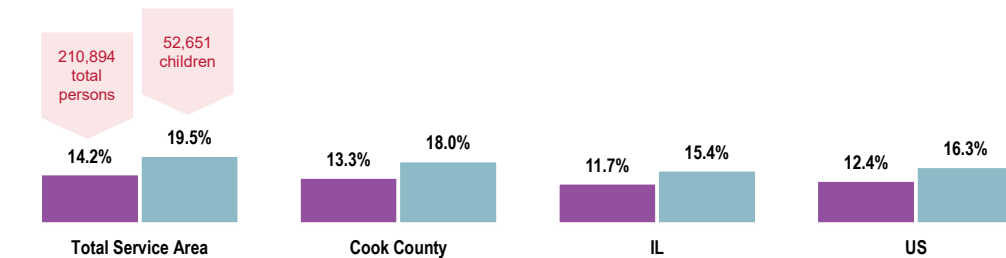
BENCHMARK ► Higher than state and national findings. Fails to satisfy the Healthy People 2030 objective.



Percent of Population in Poverty (2019-2023)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Education

Among the Total Service Area population age 25 and older, an estimated 11.3% (over 123,404 people) do not have a high school education.

Population With No High School Diploma (Adults Age 25 and Older; 2019-2023)



Sources:

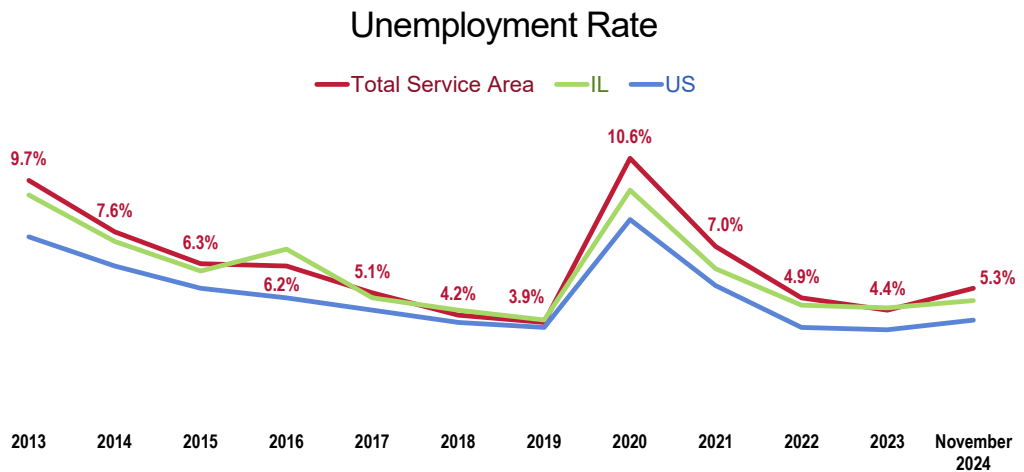
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).



Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Service Area as of November 2024 was 5.3%.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has neared pre-pandemic levels and is lower than found a decade ago.



Sources:

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:

- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).



Financial Resilience

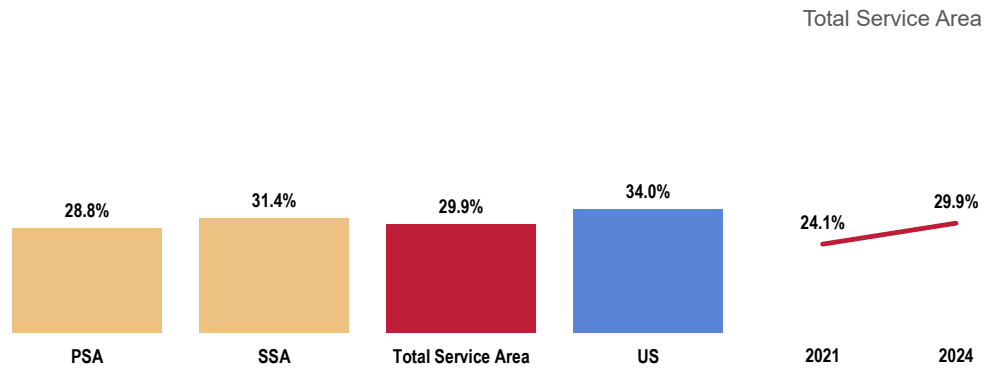
Respondents were asked: "Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

A total of 29.9% of Total Service Area residents would not be able to afford an unexpected \$400 expense without going into debt.

DISPARITY ► More often reported among women, those with lower incomes, Hispanic respondents, Black respondents, and racially diverse respondents.

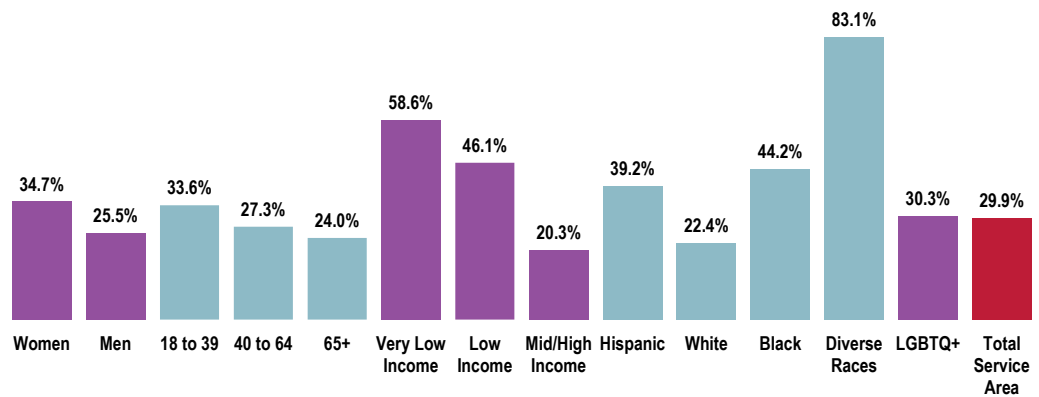
Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 53]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 53]

Notes: • Asked of all respondents.
• Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.



INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for a family of four at \$30,700 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level.

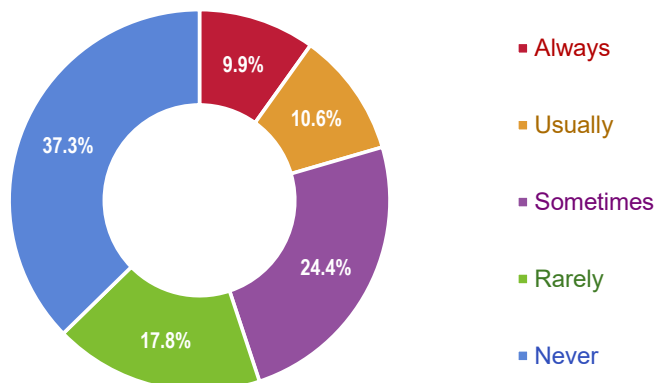
RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin. “Black” reflects those who identify as Black or African American alone, without Hispanic origin. “Diverse Races” includes those who identify as American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
About Paying Rent or Mortgage in the Past Year
(Total Service Area, 2024)



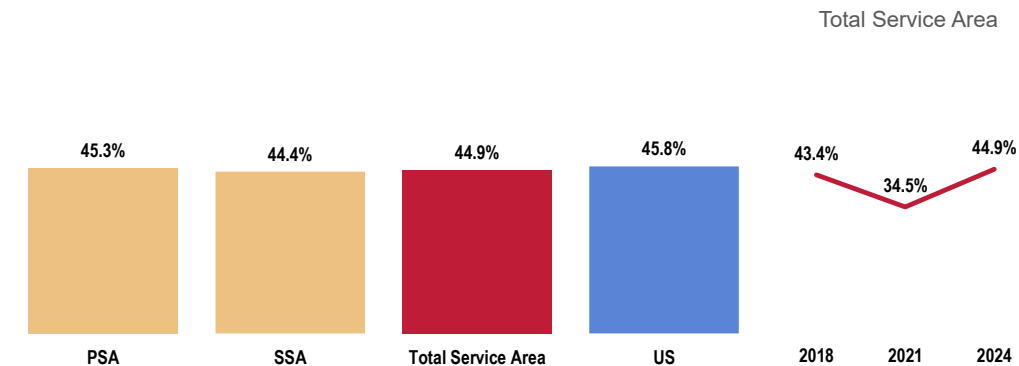
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: • Asked of all respondents.



However, a considerable share (44.9%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

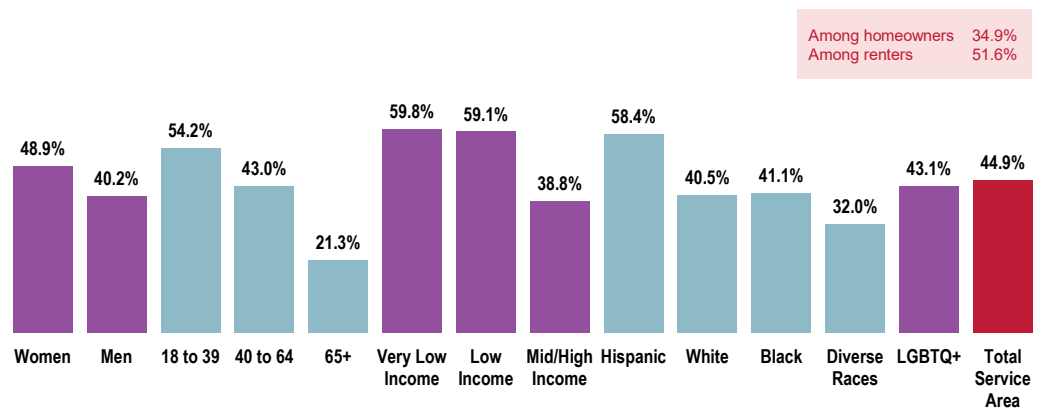
DISPARITY ► More often reported among adults under the age of 65, lower income residents, Hispanic respondents, Black respondents, and renters.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 56]
 Notes: • Asked of all respondents.



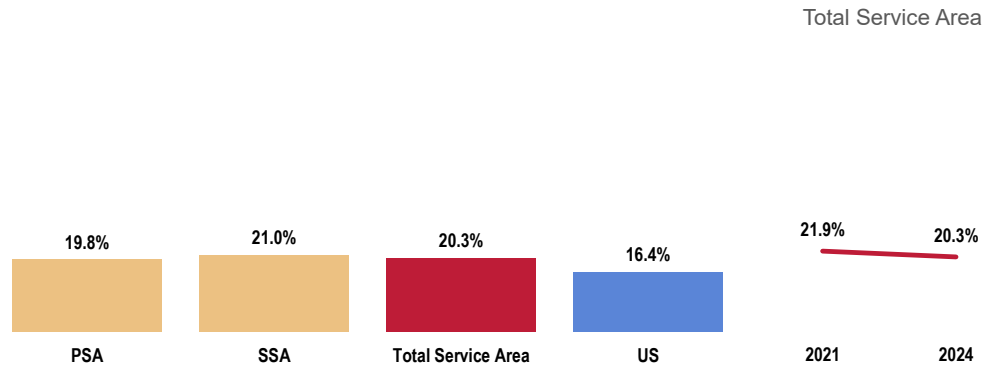
Unhealthy or Unsafe Housing

A total of 20.3% of Total Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

DISPARITY ► Reported more often among adults age 40 to 64 and appears to decrease with household income level.

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

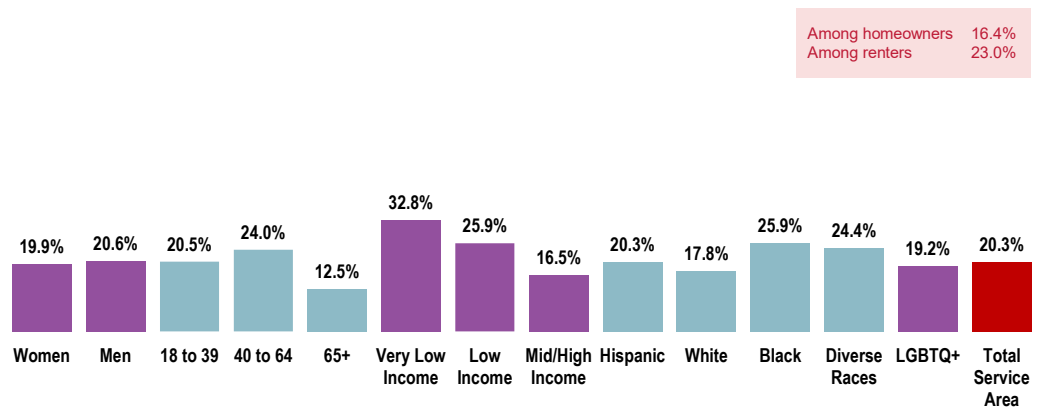
Unhealthy or Unsafe Housing Conditions in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 55]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 55]

Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



Food Access

Low Food Access

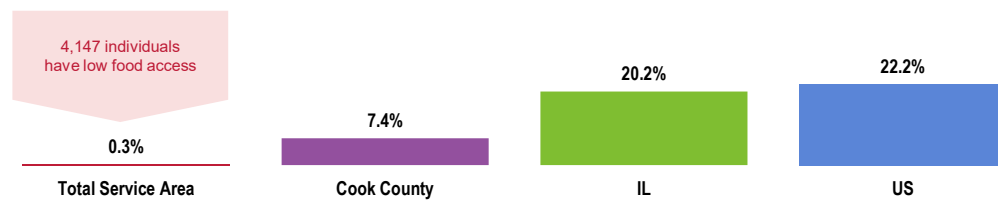
US Department of Agriculture data shows that 0.3% of the Total Service Area population (representing 4,147 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Considerably lower than the Cook County prevalence, especially when compared with state and national percentages.

Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

Population With Low Food Access (2019)



Sources:

- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:

- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



Food Insecurity

Overall, 41.5% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

DISPARITY ► Considerably higher in the Secondary Service Area. Correlates with age and household income level and is found more often among women, Hispanic respondents, and Black respondents.

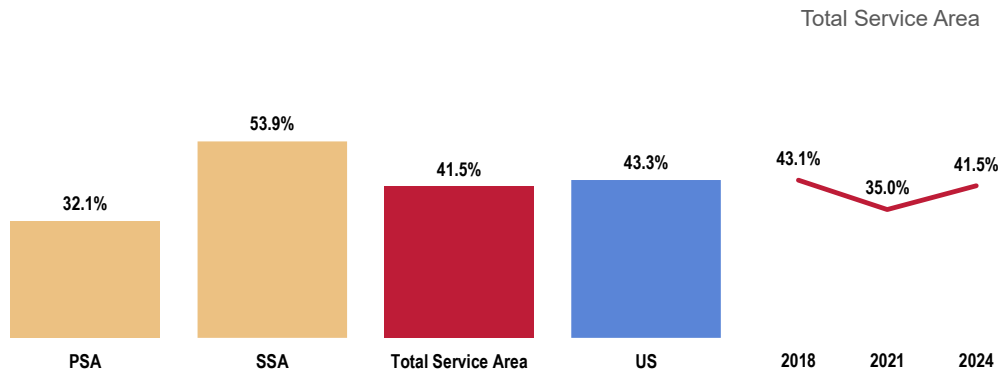
Surveyed adults were asked: “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “often true,” “sometimes true,” or “never true” for you in the past 12 months:

I worried about whether our food would run out before we got money to buy more.

The food that we bought just did not last, and we did not have money to get more.”

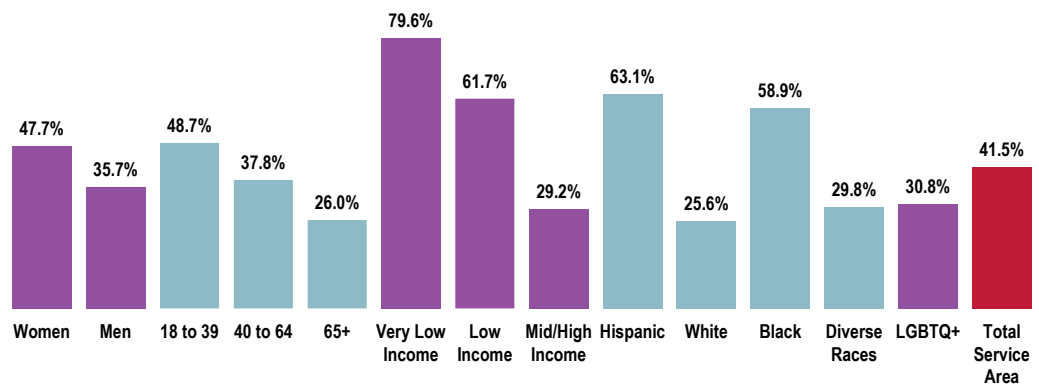
Those answering “often” or “sometimes” true for either statement are considered to be food insecure.

Food Insecurity



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 98]
 Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.





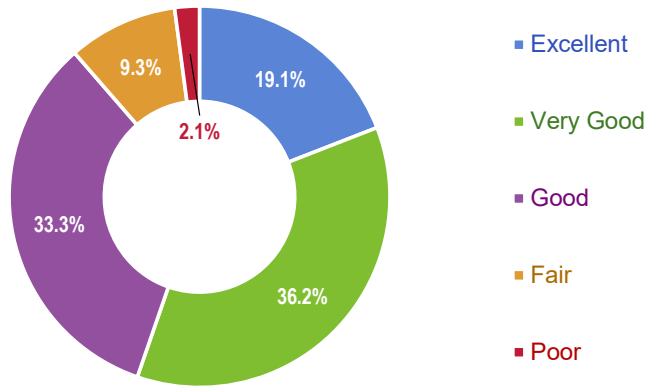
HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

Most Total Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status
(Total Service Area, 2024)



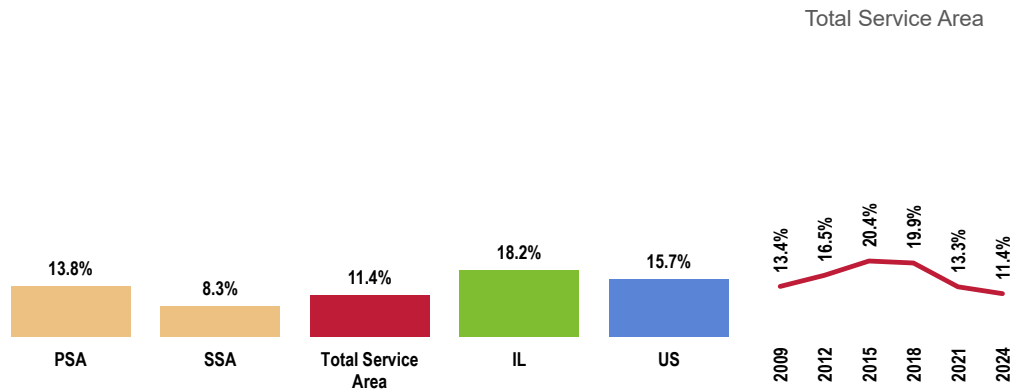
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

However, 11.4% of Total Service Area adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Lower than the Illinois and US percentages.

DISPARITY ► Reported more often among low-income households and Black respondents.

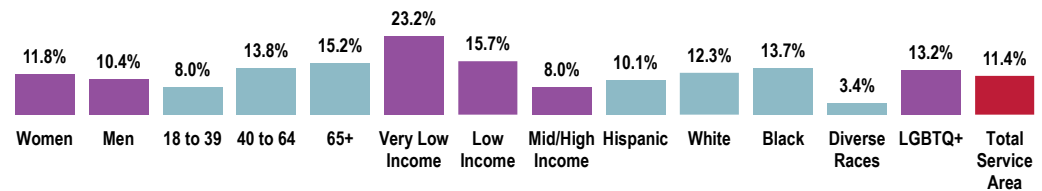
Experience "Fair" or "Poor" Overall Health



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Illinois data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

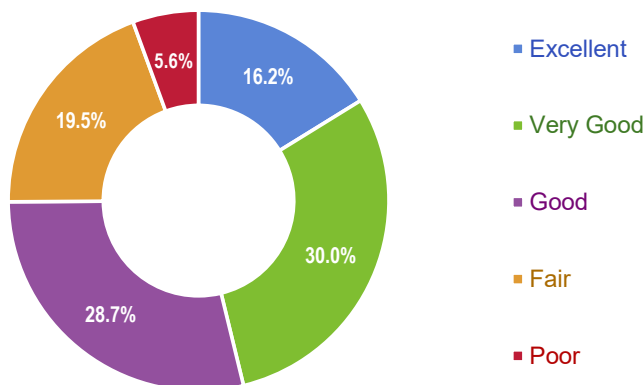
– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

Most Total Service Area adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is excellent, very good, good, fair, or poor?”

Self-Reported Mental Health Status
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

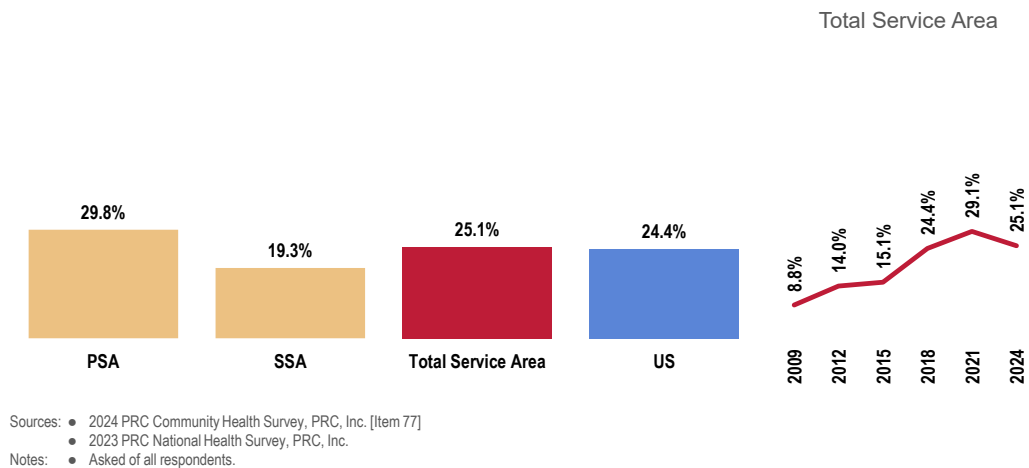


However, one in four (25.1%) believes that their overall mental health is “fair” or “poor.”

TREND ► Rising significantly from the 2009 baseline.

DISPARITY ► Reported more often in the Primary Service Area.

Experience “Fair” or “Poor” Mental Health



Depression

Diagnosed Depression

A total of 37.7% of Total Service Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

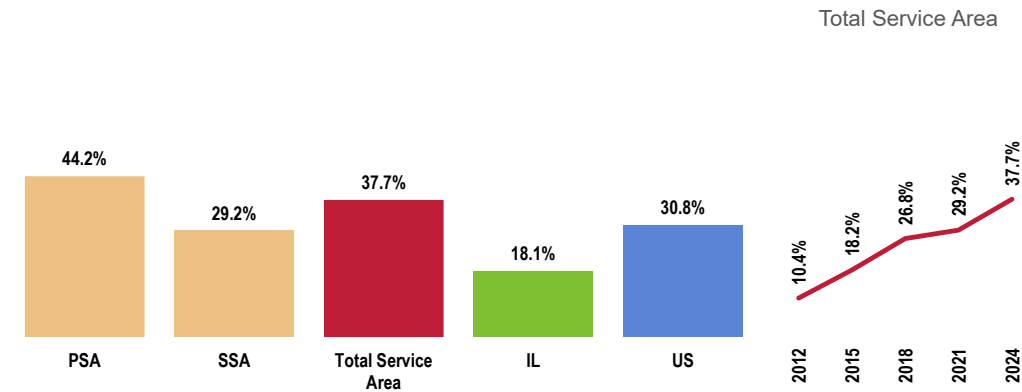
BENCHMARK ► Higher than the Illinois (especially) and US findings.

TREND ► Rising substantially over time.

DISPARITY ► Notably higher in the Primary Service Area.



Have Been Diagnosed With a Depressive Disorder



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 80]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

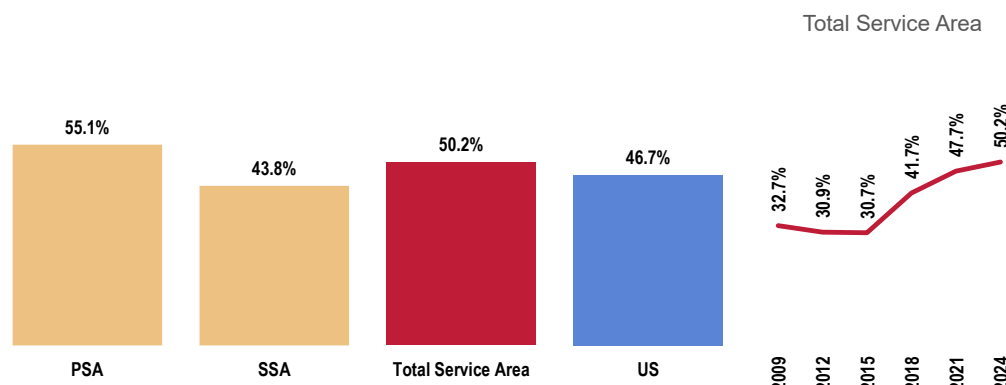
Symptoms of Chronic Depression

Half (50.2%) of Total Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

TREND ► Increasing significantly from early findings.

DISPARITY ► Higher in the Primary Service Area. Correlates with age and is higher among residents living on the lowest incomes. The prevalence among White adults is statistically higher than among adults of other race/ethnicity (based on sample size).

Have Experienced Symptoms of Chronic Depression

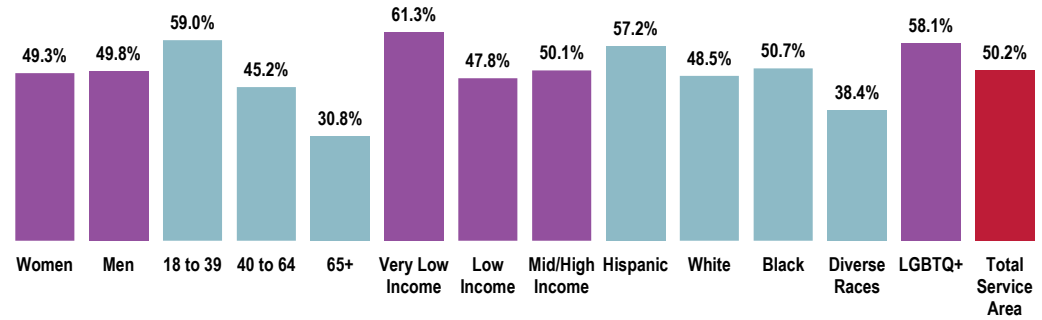


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Have Experienced Symptoms of Chronic Depression (Total Service Area, 2024)

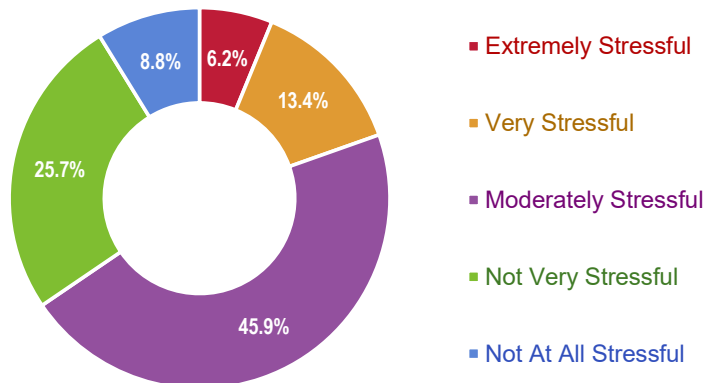


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 78]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

A majority of surveyed adults characterize most days as no more than “moderately” stressful.

Perceived Level of Stress On a Typical Day (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
 Notes: • Asked of all respondents.

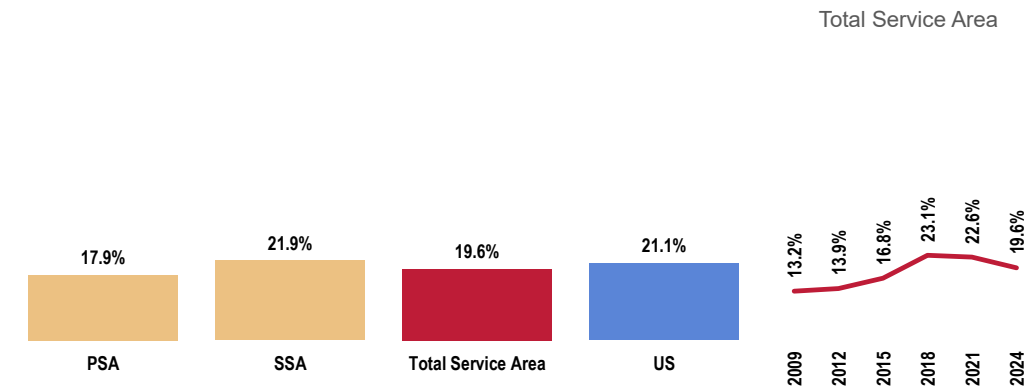


In contrast, 19.6% of Total Service Area adults feel that most days for them are “very” or “extremely” stressful.

TREND ► Higher than the 2009 baseline.

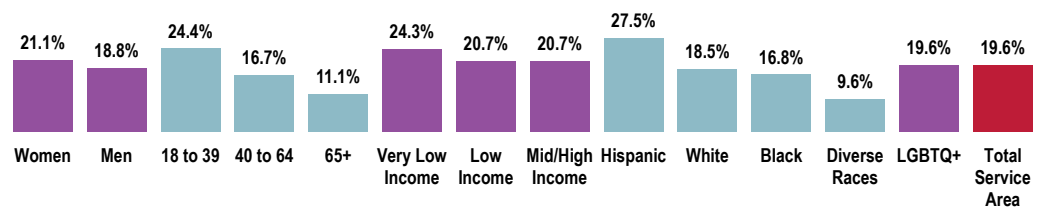
DISPARITY ► Reported more often among adults under the age of 40, Hispanic respondents, and White respondents.

Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 79]
 Notes: • Asked of all respondents.



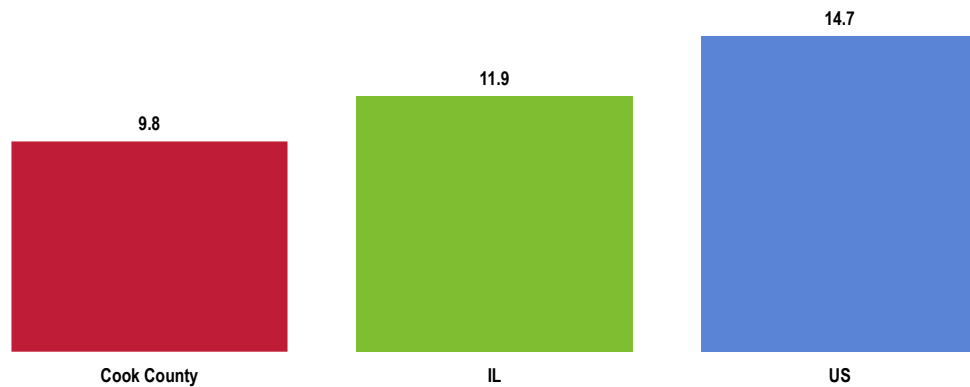
Suicide

Cook County reported 9.8 suicides per 100,000 population (2021-2023 annual average rate).

BENCHMARK ► Lower than Illinois and (especially) US rates. Satisfies the Healthy People 2030 objective.

DISPARITY ► Considerably higher among White residents.

Suicide Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



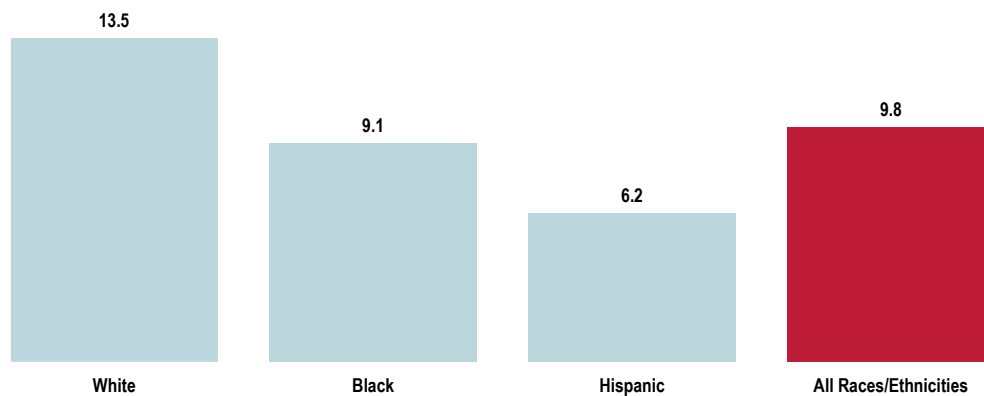
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Suicide Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Cook County)
Healthy People 2030 = 12.8 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

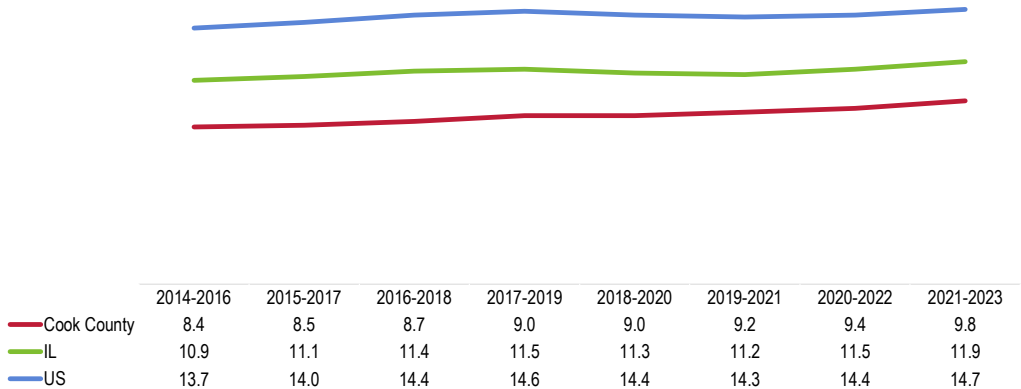
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.



Suicide Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

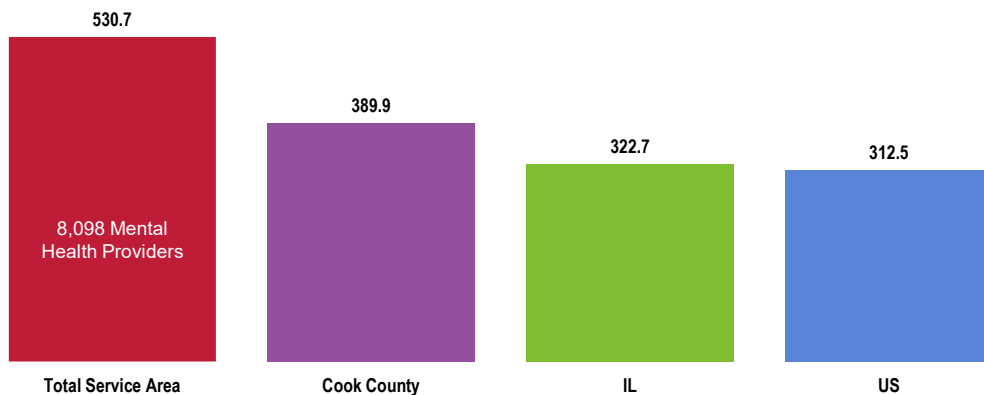
Mental Health Treatment

Mental Health Providers

In the Total Service Area in 2024, there were 530.7 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

BENCHMARK ► Much higher than statewide and national proportions.

Number of Mental Health Providers per 100,000 Population (2024)



Sources:

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Note that this indicator only reflects providers practicing in the Total Service Area and residents in the Total Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.



Currently Receiving Treatment

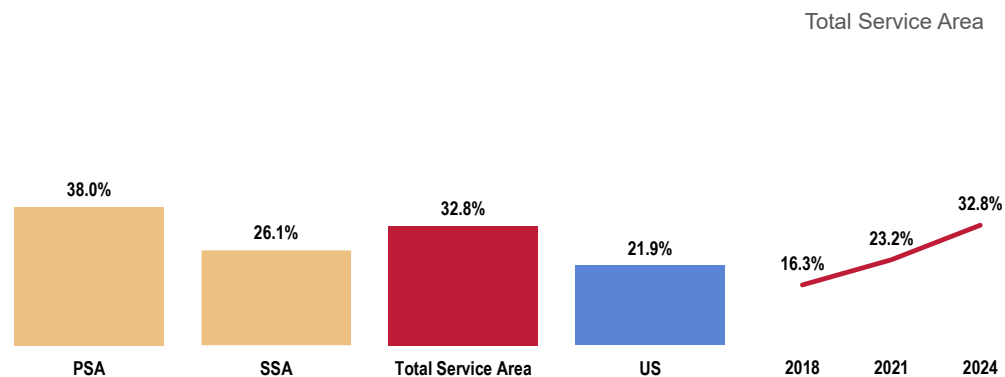
A total of 32.8% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ► Higher than the national percentage.

TREND ► Double the 2018 benchmark.

DISPARITY ► Higher among Primary Service Area residents.

Currently Receiving Mental Health Treatment



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 81]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

Difficulty Accessing Mental Health Services

A total of 17.5% of Total Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

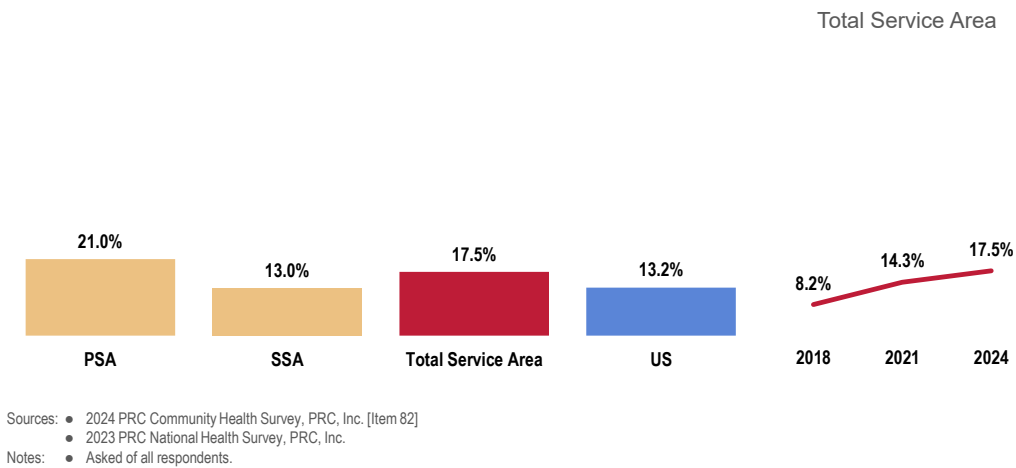
BENCHMARK ► Higher than the national percentage.

TREND ► Represents a significant increase over time.

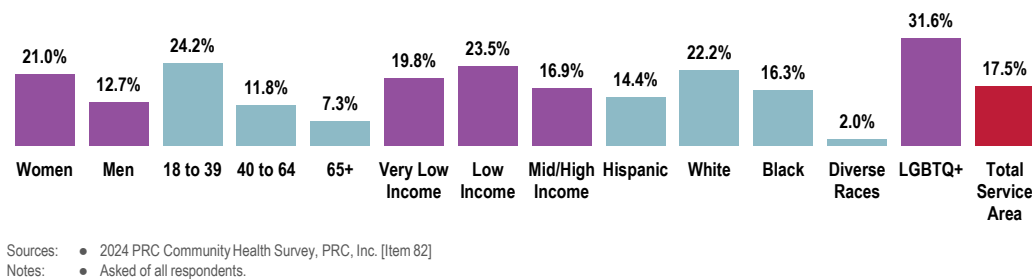
DISPARITY ► Higher among Primary Service Area residents, women, young adults age 18 to 39, Hispanic respondents, White respondents, Black respondents, and LGBTQ+ respondents.



Unable to Get Mental Health Services When Needed in the Past Year



Unable to Get Mental Health Services When Needed in the Past Year (Total Service Area, 2024)





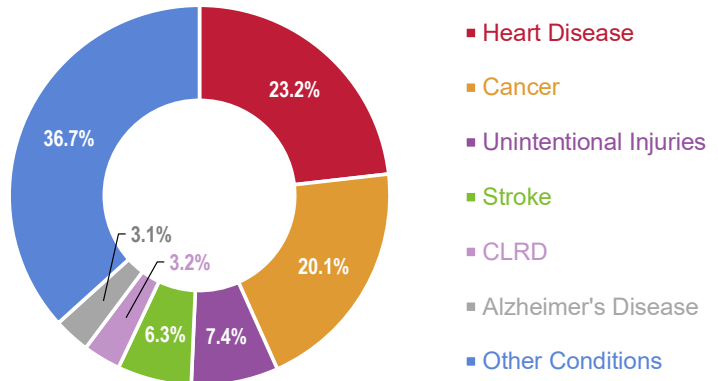
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Heart disease and cancer accounted for the largest shares of all 2023 Cook County deaths.

Leading Causes of Death
(Cook County, 2023)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes: • Lung disease includes deaths classified as chronic lower respiratory disease.



Death Rates for Selected Causes

Here, deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population.

The following chart outlines 2021-2023 annual average death rates per 100,000 population for selected causes of death in Cook County.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Death Rates for Selected Causes (2021-2023 Deaths per 100,000 Population)

	Cook County	IL	US	Healthy People 2030
Heart Disease	197.2	209.5	209.5	127.4*
Cancers (Malignant Neoplasms)	166.2	186.4	182.5	122.7
Unintentional Injuries	64.1	60.1	67.8	43.2
Stroke (Cerebrovascular Disease)	51.3	53.4	49.3	33.4
Unintentional Drug-Induced Deaths	38.1	28.2	29.7	—
Lung Disease (Chronic Lower Respiratory Disease)	26.5	40.2	43.5	—
Alzheimer's Disease	26.2	32.1	35.8	—
Diabetes	24.6	26.7	30.5	—
Kidney Disease	20.2	22.1	16.9	—
Homicide	18.2	10.9	7.6	5.5
Pneumonia/Influenza	14.3	14.6	13.4	—
Alcohol-Induced Deaths	12.3	12.6	15.7	—
Cirrhosis/Liver Disease	12.0	13.8	16.4	10.9
Suicide	9.8	11.9	14.7	12.8
Motor Vehicle Deaths	9.4	10.7	13.3	10.1

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>.
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.

Note:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Heart Disease & Stroke Deaths

Heart Disease Deaths

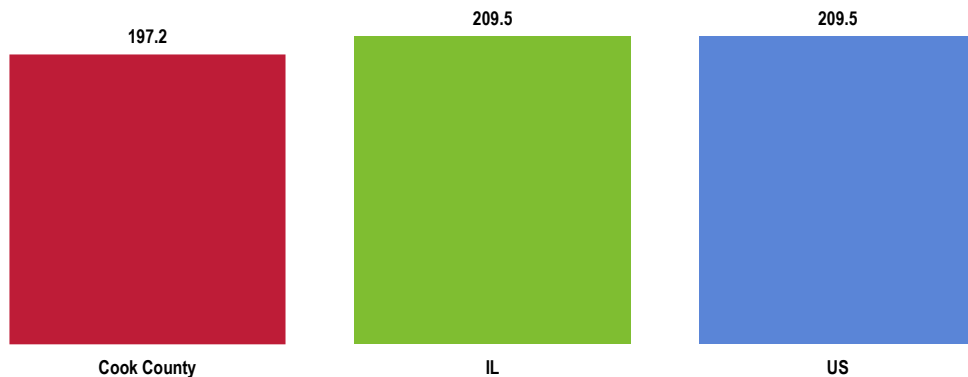
Between 2021 and 2023, there was an annual average heart disease mortality rate of 197.2 deaths per 100,000 population in Cook County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher among White residents and Black residents.

The greatest share of cardiovascular deaths is attributed to heart disease.

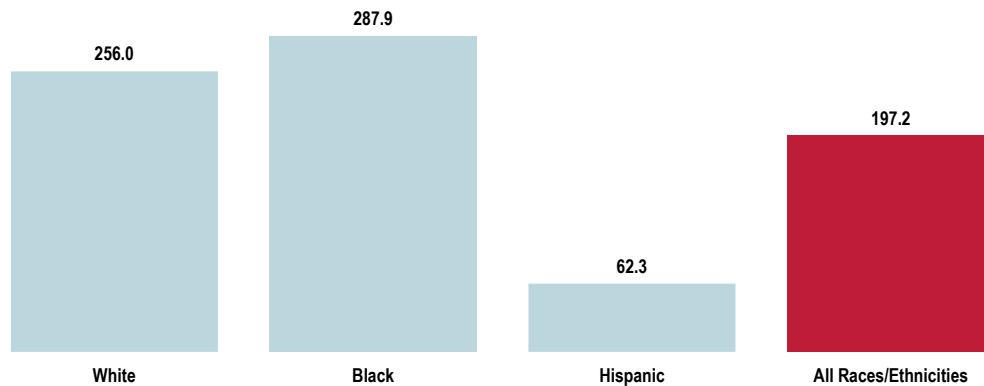
Heart Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
 - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.



Heart Disease Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Cook County) Healthy People 2030 = 127.4 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
 - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.
 - Race categories reflect individuals without Hispanic origin.

Heart Disease Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 127.4 or Lower (Adjusted)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Cook County	192.2	191.9	192.9	194.5	202.4	202.9	204.9	197.2
— IL	196.4	197.8	198.6	201.1	207.7	209.5	212.9	209.5
— US	195.5	197.5	198.6	200.0	204.2	207.3	210.7	209.5

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
 - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.



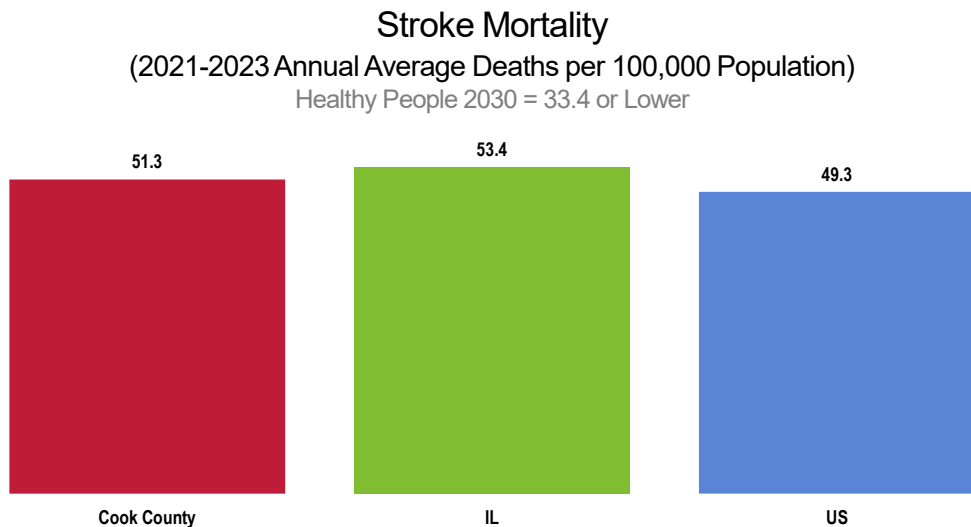
Stroke Deaths

Between 2021 and 2023, there was an annual average stroke mortality rate of 51.3 deaths per 100,000 population in Cook County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Increasing over time, in keeping with state and national trends.

DISPARITY ► Highest among Black residents.



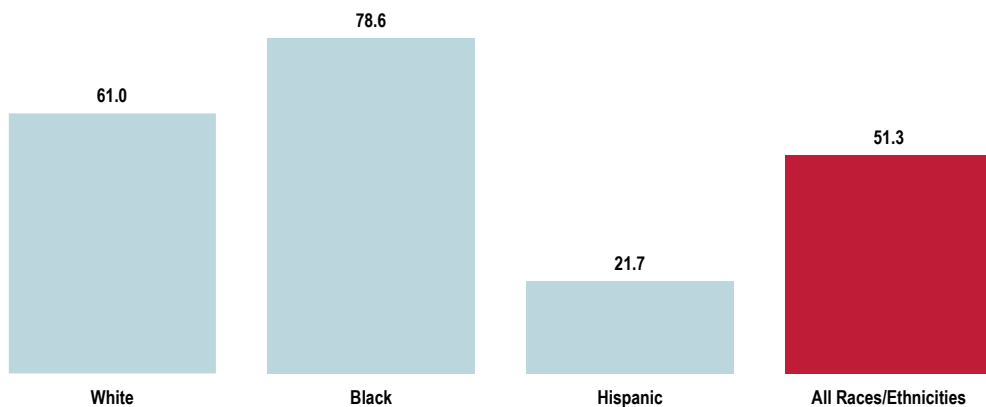
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Stroke Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Cook County)
Healthy People 2030 = 33.4 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.



Stroke Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Cook County	42.2	44.6	46.1	47.8	49.5	50.9	51.6	51.3
— IL	43.7	45.2	45.7	47.2	49.4	51.9	53.4	53.4
— US	43.1	44.2	44.7	45.3	46.5	47.8	49.1	49.3

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Prevalence of Heart Disease & Stroke

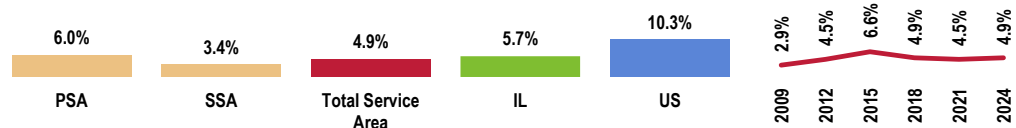
Prevalence of Heart Disease

A total of 4.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Half the national percentage.

Prevalence of Heart Disease

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 22]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes diagnoses of heart attack, angina, or coronary heart disease.

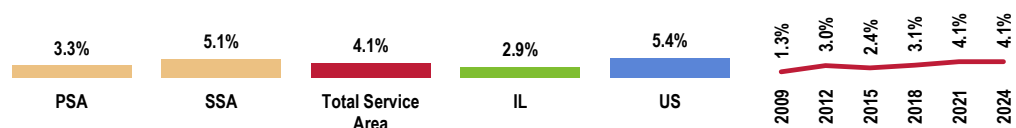
Prevalence of Stroke

A total of 4.1% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

TREND ► More than doubling since 2009.

Prevalence of Stroke

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 23]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.



Cardiovascular Risk Factors

Blood Pressure & Cholesterol

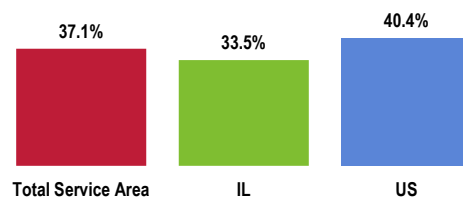
A total of 37.1% of Total Service Area adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

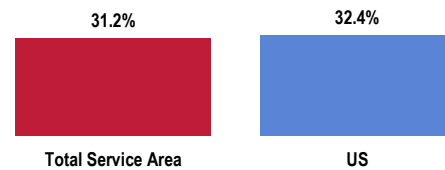
TREND ► Much higher than the 2009 baseline.

A total of 31.2% of adults have been told by a health professional that their **cholesterol level** was high.

Prevalence of
High Blood Pressure
Healthy People 2030 = 42.6% or Lower

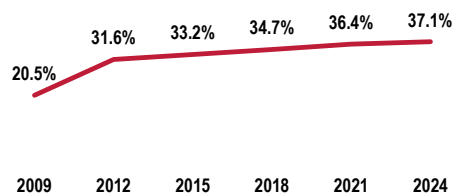


Prevalence of
High Blood Cholesterol

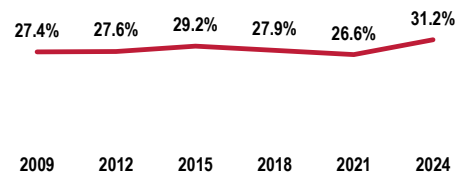


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Asked of all respondents.

Prevalence of
High Blood Pressure
(Total Service Area)
Healthy People 2030 = 42.6% or Lower



Prevalence of
High Blood Cholesterol
(Total Service Area)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 29-30]
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Asked of all respondents.



Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

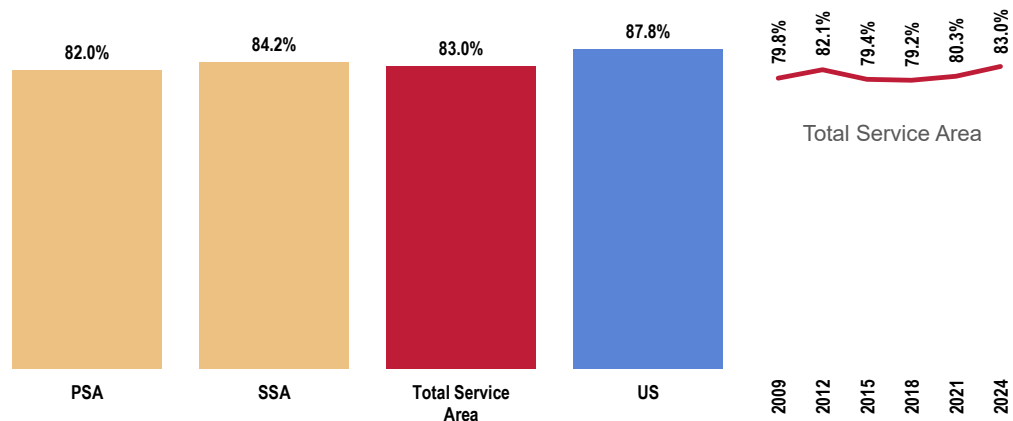
RELATED ISSUE
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 83.0% of Total Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

BENCHMARK ► Lower than the national percentage.

DISPARITY ► Reported more often among those age 65+, residents living on the lowest household incomes, and Black respondents.

Exhibit One or More Cardiovascular Risks or Behaviors

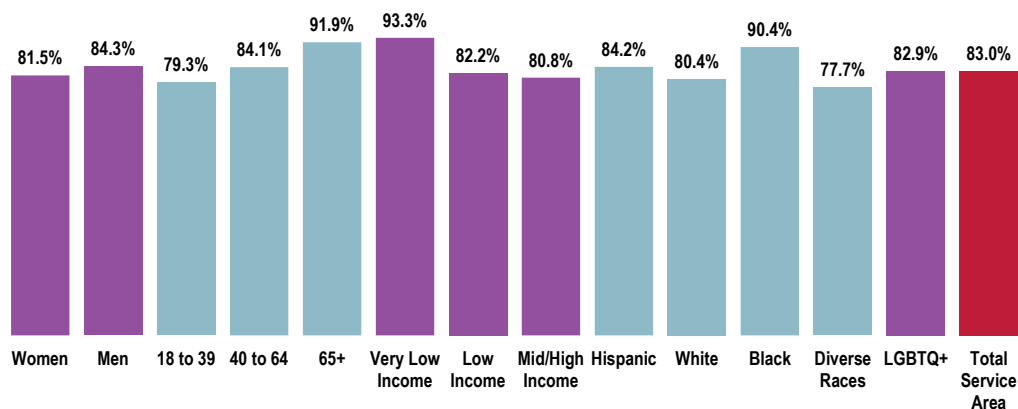


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



Exhibit One or More Cardiovascular Risks or Behaviors (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 100]

Notes: • Reflects all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



CANCER

ABOUT CANCER

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

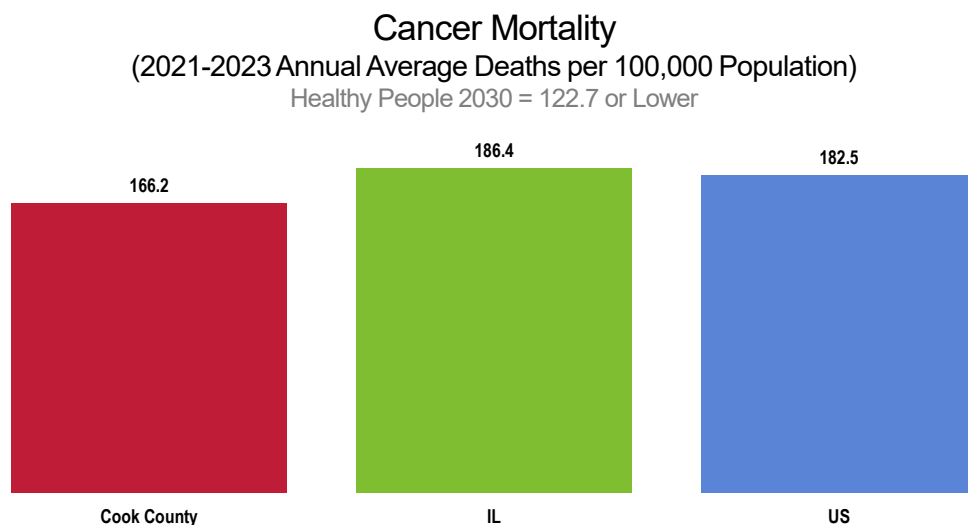
Cancer Deaths

All Cancer Deaths

Between 2021 and 2023, there was an annual average cancer mortality rate of 166.2 deaths per 100,000 population in Cook County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Considerably higher among both White residents and Black residents when compared with Hispanic residents.



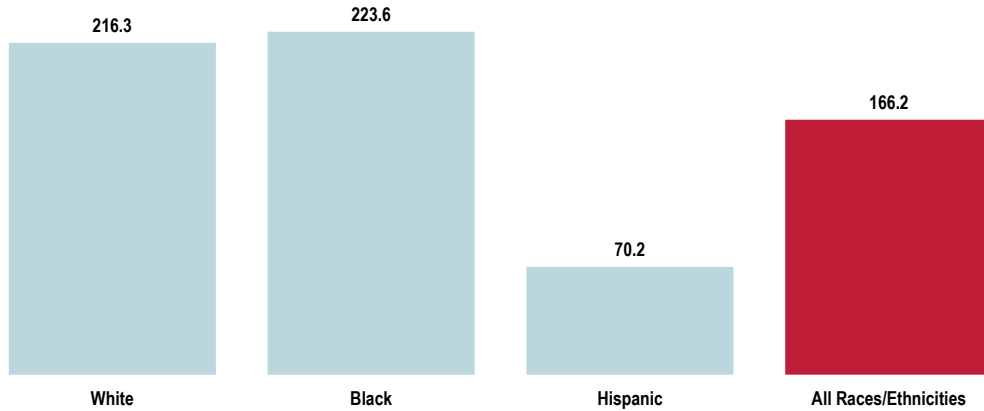
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.



Cancer Mortality by Race/Ethnicity

(2021-2023 Annual Average Deaths per 100,000 Population; Cook County)

Healthy People 2030 = 122.7 or Lower



Sources:

- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Cancer Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Cook County	180.8	179.6	176.6	174.8	174.1	172.3	168.7	166.2
— IL	191.0	190.4	188.9	188.2	189.0	188.6	187.8	186.4
— US	185.4	184.8	184.1	183.3	182.9	182.6	182.6	182.5

Sources:

- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in Cook County.

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Lower than state and national rates but far from satisfying the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

Cancer Death Rates by Site
(2021-2023 Annual Average Deaths per 100,000 Population)

	Cook County	IL	US	Healthy People 2030
ALL CANCERS	166.2	186.4	182.5	122.7
Lung Cancer	33.5	42.4	39.8	25.1
Female Breast Cancer	24.9	25.6	25.1	15.3
Prostate Cancer	19.4	19.5	20.1	16.9
Colorectal Cancer	16.1	16.8	16.3	8.9

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

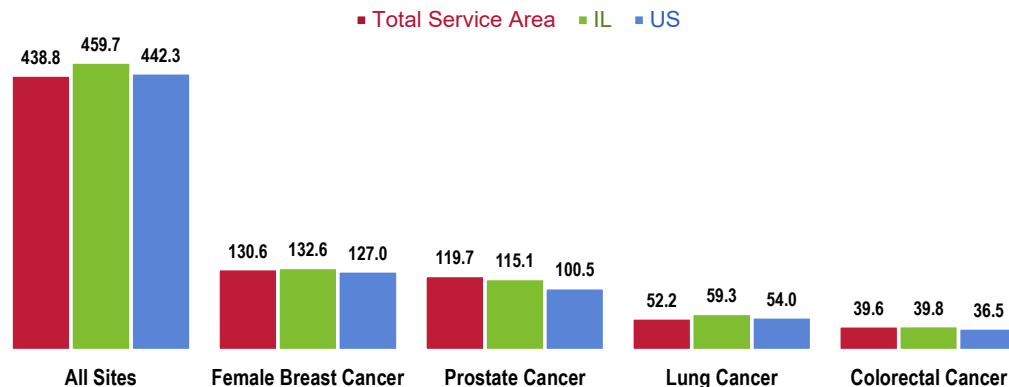


Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

Cancer Incidence Rates by Site
(2016-2020)



Sources: • State Cancer Profiles.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).
Notes: • This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

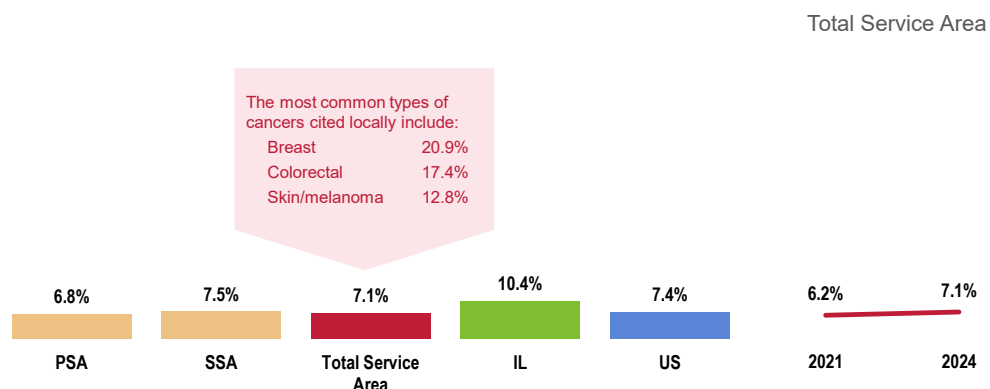
Prevalence of Cancer

A total of 7.1% of surveyed area adults report having ever been diagnosed with cancer.

BENCHMARK ► Lower than the state prevalence.

DISPARITY ► Most notable among adults age 65 and older.

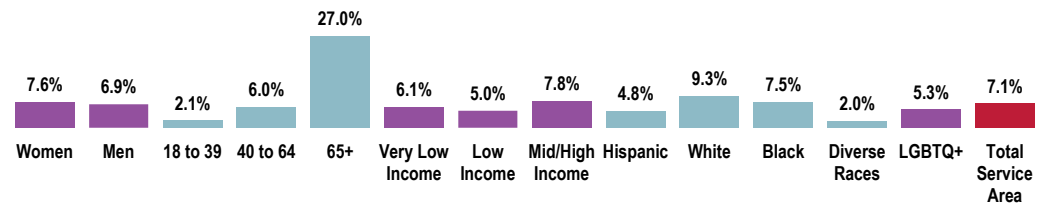
Prevalence of Cancer



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 24-25]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Prevalence of Cancer (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 24]
 Notes: • Asked of all respondents.



Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

“Appropriate colorectal cancer screening” includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among women age 50 to 74, 73.4% have had a mammogram within the past 2 years.

Among Total Service Area women age 21 to 65, 74.4% have had appropriate cervical cancer screening.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

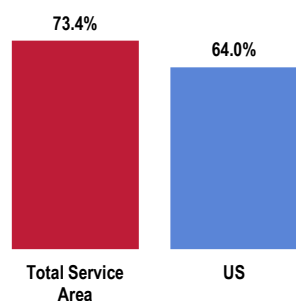
TREND ► Declining significantly since 2009.

Among all adults age 45 to 75, 77.2% have had appropriate colorectal cancer screening.

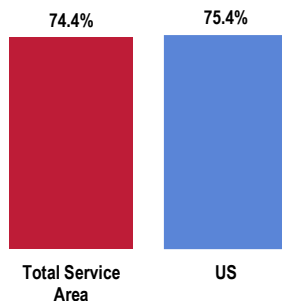
TREND ► Increasing significantly since 2009.



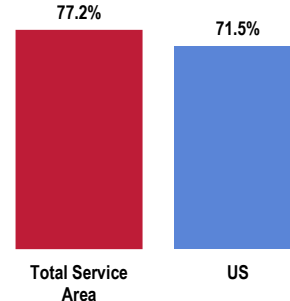
Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher



Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher

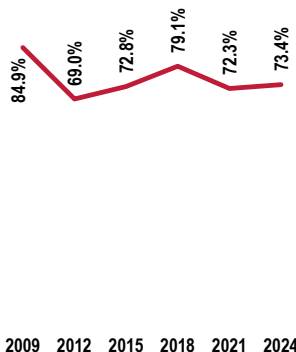


Colorectal Cancer Screening
(All Adults 45-75)
Healthy People 2030 = 74.4% or Higher

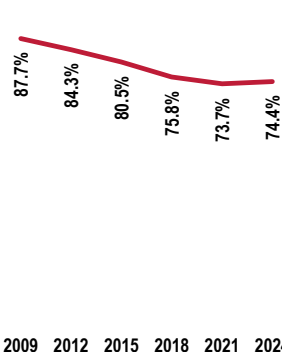


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Each indicator is shown among the gender and/or age group specified.
• Note that national data for colorectal cancer screening reflect adults ages 50 to 75.

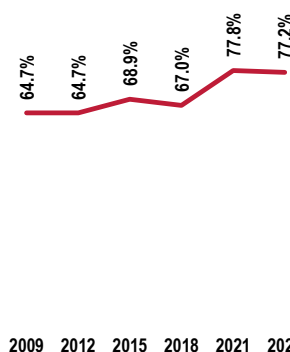
Breast Cancer Screening
(Women 50-74)
Healthy People 2030 = 80.5% or Higher



Cervical Cancer Screening
(Women 21-65)
Healthy People 2030 = 84.3% or Higher



Colorectal Cancer Screening
(All Adults 45-75)
Healthy People 2030 = 74.4% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 101-103]
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Each indicator is shown among the gender and/or age group specified.
• Note that trend data for colorectal cancer screening reflect the age group (50 to 75) of the previous recommendation.



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Note that this section also includes data relative to COVID-19 (coronavirus disease).

Respiratory Disease Deaths

Lung Disease Deaths

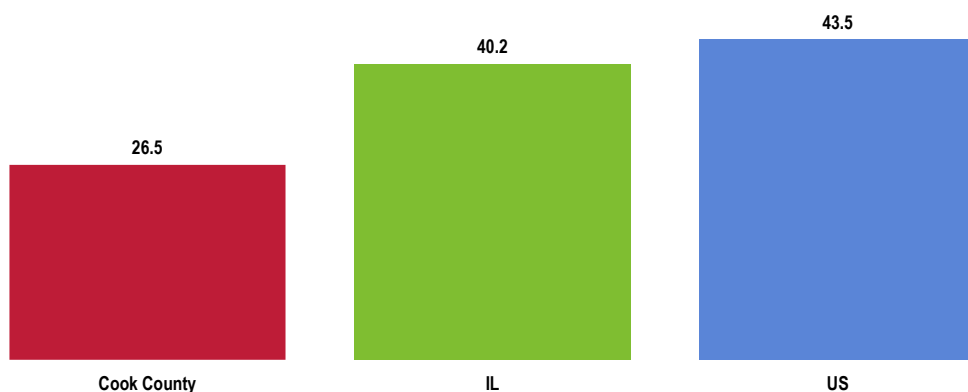
Between 2021 and 2023, Cook County reported an annual average lung disease mortality rate of 26.5 deaths per 100,000 population.

BENCHMARK ► Well below the state and nation.

TREND ► Decreasing over time, echoing Illinois and US trends.

DISPARITY ► Considerably higher among White residents and Black residents when compared with Hispanic residents.

Lung Disease
(2021-2023 Annual Average Deaths per 100,000 Population)

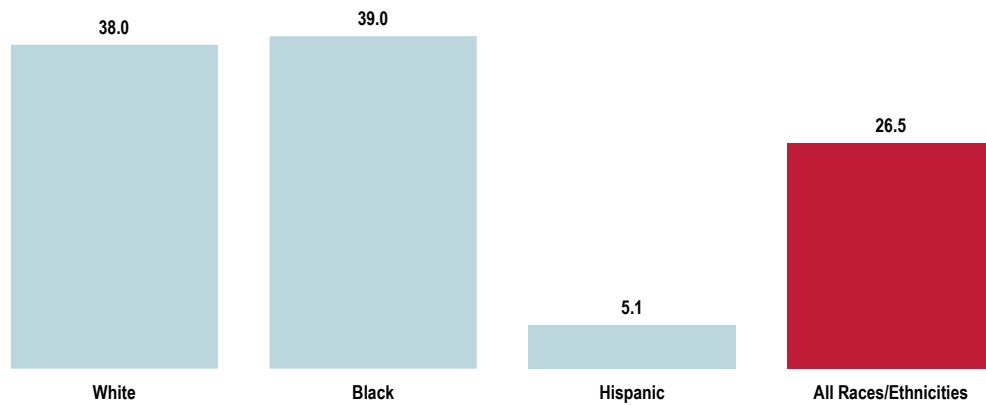


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes: • Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Lung Disease Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Cook County)



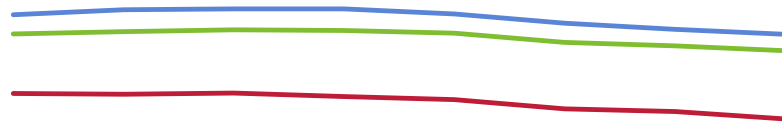
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:

- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Lung Disease Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Cook County	31.6	31.5	31.7	31.0	30.4	28.5	28.0	26.5
— IL	43.6	44.0	44.4	44.3	43.7	41.9	41.2	40.2
— US	47.4	48.4	48.6	48.6	47.6	45.7	44.5	43.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:

- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



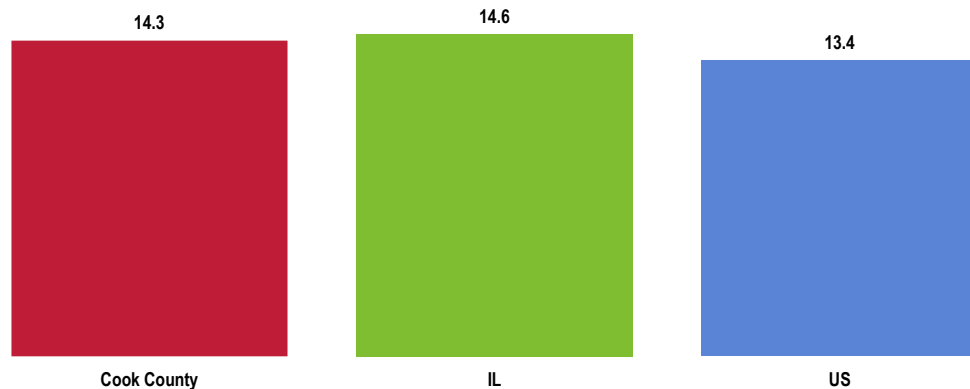
Pneumonia/Influenza Deaths

Between 2021 and 2023, Cook County reported an annual average pneumonia/influenza mortality rate of 14.3 deaths per 100,000 population.

TREND ► Decreasing from the 2018-2020 reporting period (similar to state and US trends).

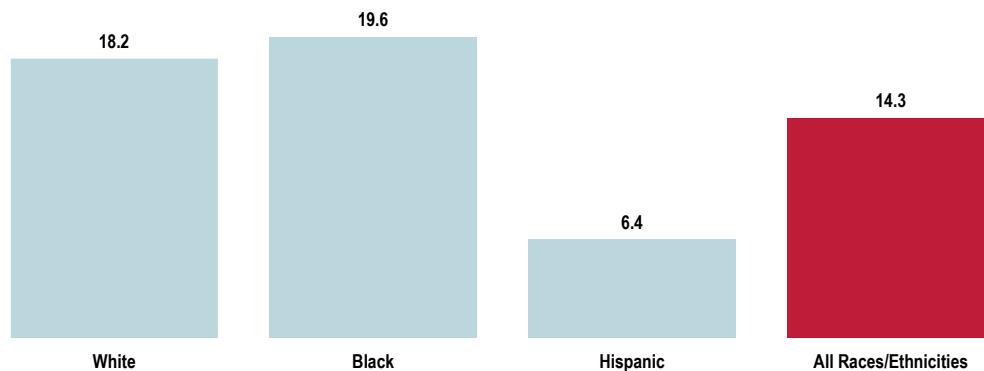
DISPARITY ► Higher among White residents and Black residents.

Pneumonia/Influenza Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Pneumonia/Influenza Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Cook County)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.
● Race categories reflect individuals without Hispanic origin.



Pneumonia/Influenza Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Cook County	17.4	17.1	17.9	17.5	18.3	16.4	15.9	14.3
IL	18.2	18.0	18.6	18.5	18.7	16.4	16.2	14.6
US	17.0	16.9	17.0	16.8	16.5	14.7	14.3	13.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 18.2% of Total Service Area adults have asthma.

BENCHMARK ► Nearly twice the state percentage.

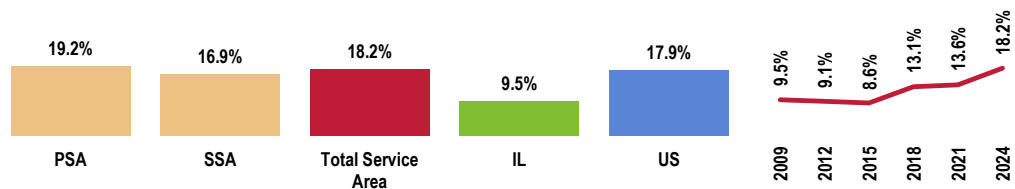
TREND ► Increasing significantly from the earliest findings.

DISPARITY ► Reported more often among Hispanic respondents, White respondents, and Black respondents.

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

Prevalence of Asthma

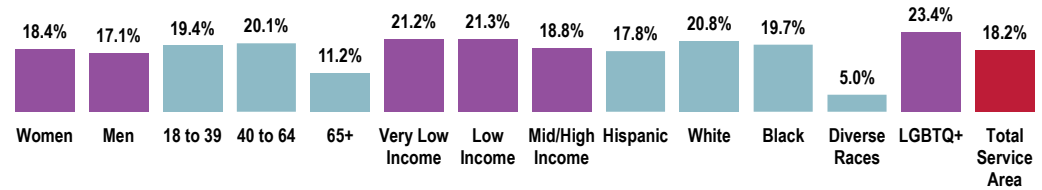
Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Prevalence of Asthma (Total Service Area, 2024)

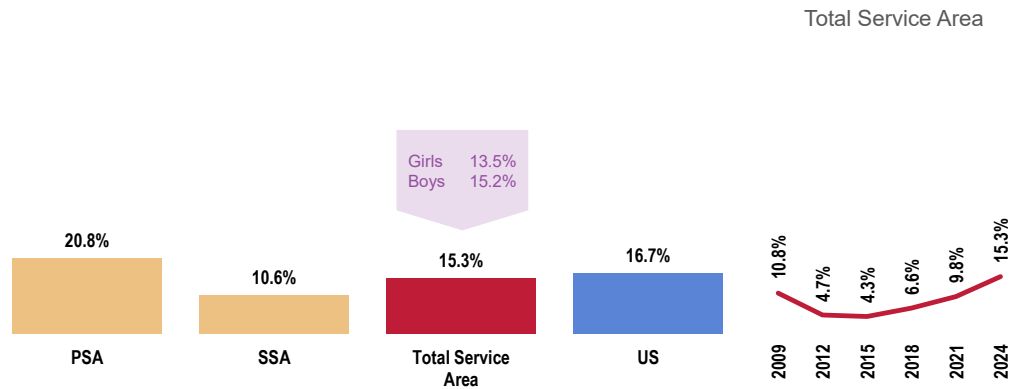


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: • Asked of all respondents.

Children

Among Total Service Area children under age 18, 15.3% have been diagnosed with asthma.

Prevalence of Asthma in Children (Children 0-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.



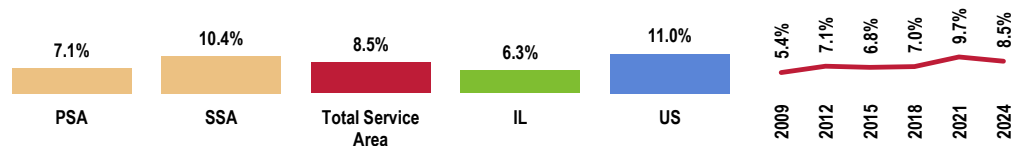
Chronic Obstructive Pulmonary Disease (COPD)

A total of 8.5% of Total Service Area adults suffer from chronic obstructive pulmonary disease (COPD).

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Total Service Area



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Illinois data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Unintentional Injury Deaths

Between 2021 and 2023, Cook County reported an annual average unintentional injury mortality rate of 64.1 deaths per 100,000 population.

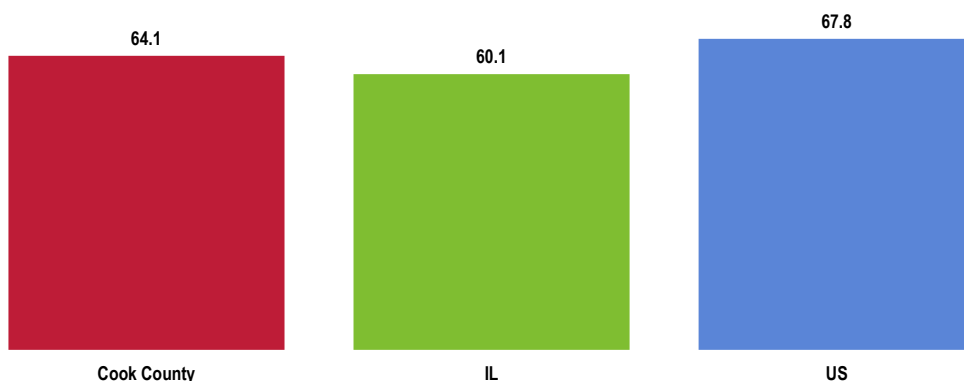
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Increasing considerably over the past decade.

DISPARITY ► Notably higher among Black residents.



Unintentional Injury Mortality (2021-2023 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower



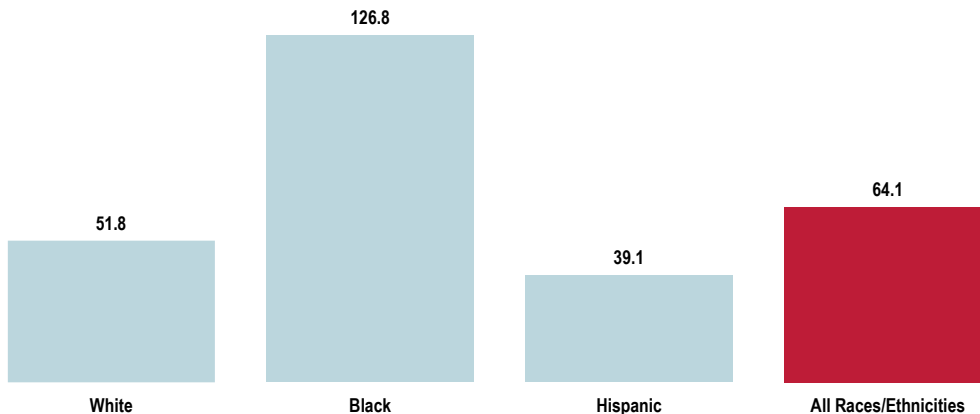
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Unintentional Injury Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Cook County) Healthy People 2030 = 43.2 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.



Unintentional Injury Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 43.2 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Cook County	32.9	37.9	42.1	44.2	49.7	56.9	63.8	64.1
IL	38.9	42.6	45.7	47.4	50.8	55.2	59.3	60.1
US	46.0	49.2	51.1	52.0	54.9	60.5	65.6	67.8

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

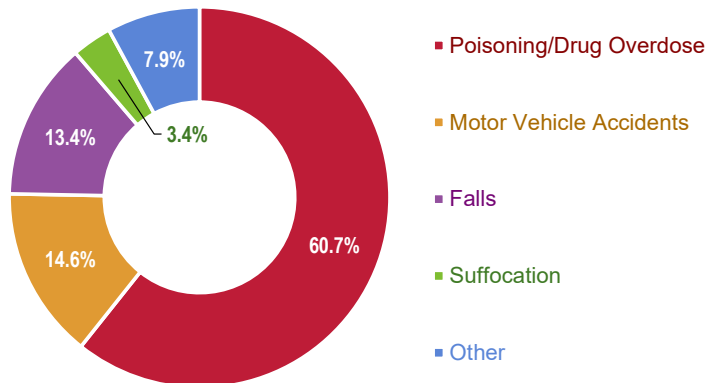
Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose), motor vehicle crashes, and falls accounted for most unintentional injury deaths in Cook County between 2021 and 2023.

Leading Causes of Unintentional Injury Deaths (Cook County, 2021-2023)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.



Intentional Injury (Violence)

Homicide Deaths

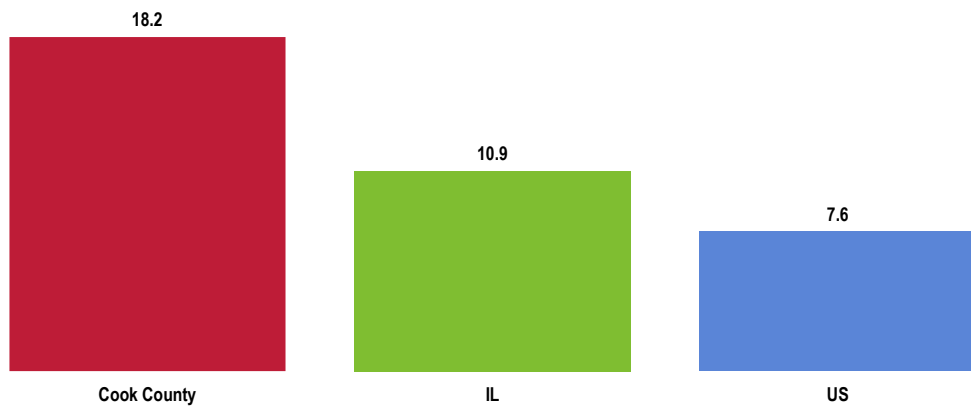
In Cook County, there were 18.2 homicides per 100,000 population (2021-2023 annual average rate).

BENCHMARK ► Higher than Illinois and US rates. Far from satisfying the Healthy People 2030 objective.

TREND ► Increasing over the past decade.

DISPARITY ► Considerably higher among Black residents.

Homicide Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower



Sources:

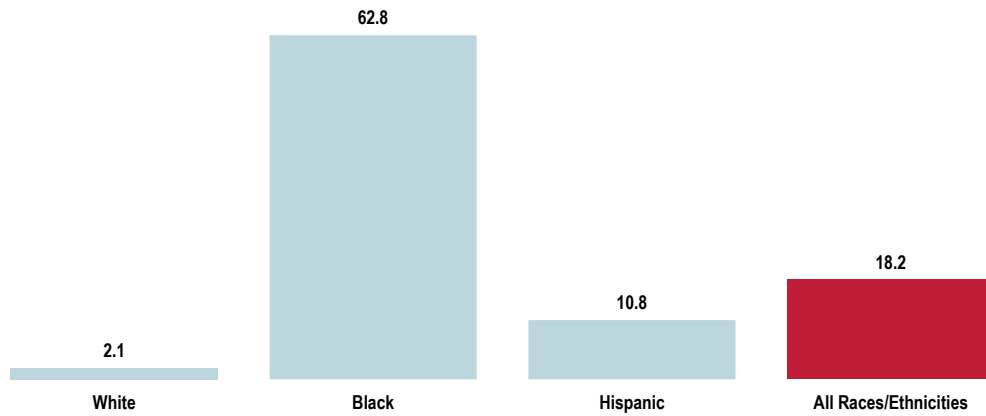
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



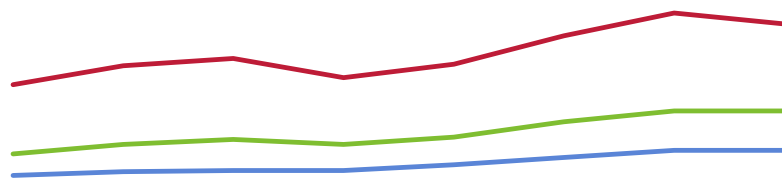
Homicide Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Cook County) Healthy People 2030 = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.
• Race categories reflect individuals without Hispanic origin.

Homicide Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 5.5 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Cook County	13.1	14.7	15.3	13.7	14.8	17.2	19.1	18.2
IL	7.3	8.1	8.5	8.1	8.7	10.0	10.9	10.9
US	5.5	5.8	5.9	5.9	6.4	7.0	7.6	7.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Violent Crime

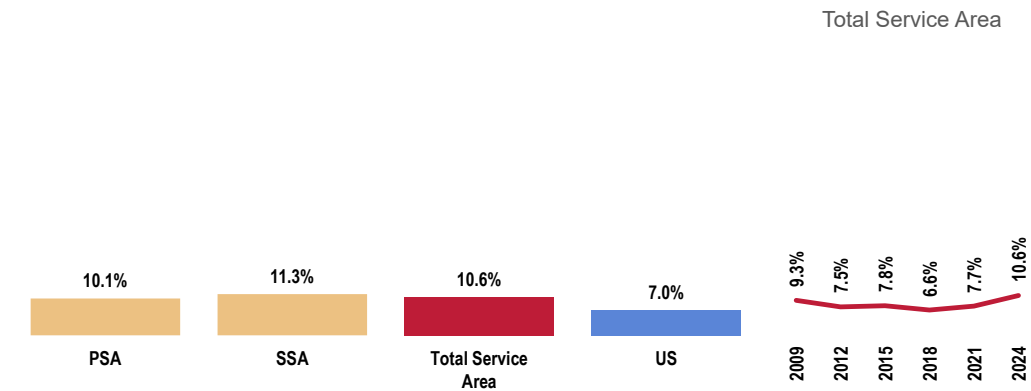
Community Violence

A total of 10.6% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Higher than the national percentage.

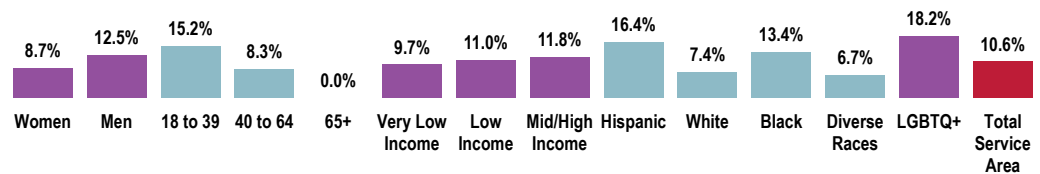
DISPARITY ► Reported most often among young adults and LGBTQ+ respondents.

Victim of a Violent Crime in the Past Five Years



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Victim of a Violent Crime in the Past Five Years (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: • Asked of all respondents.

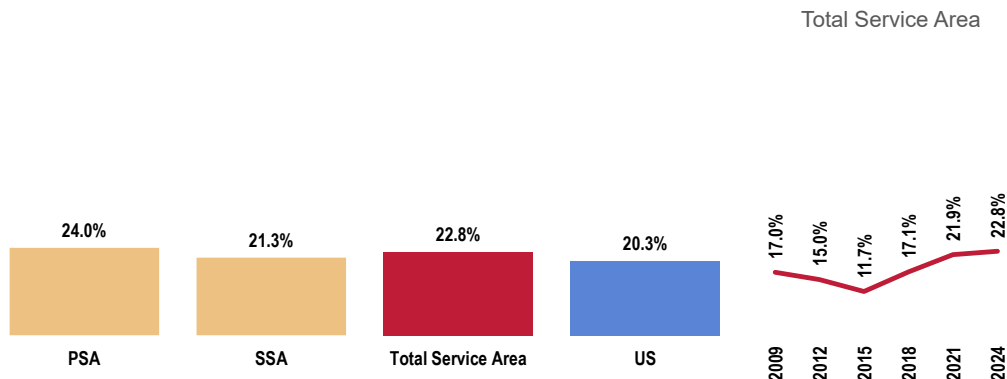


Intimate Partner Violence

A total of 22.8% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

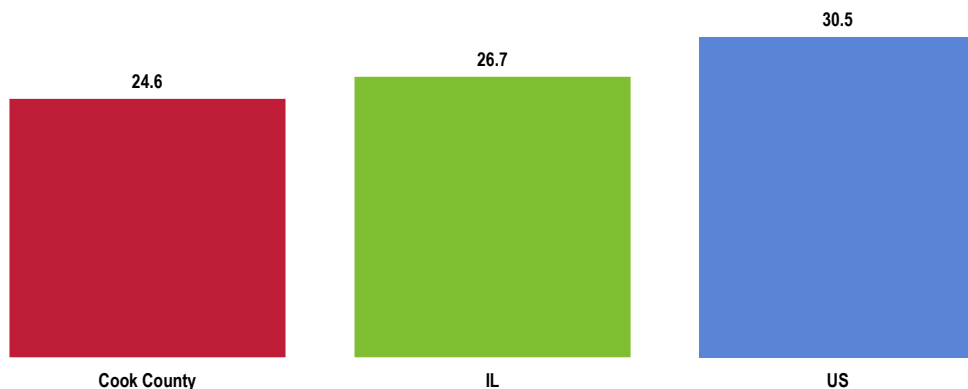
Diabetes Deaths

Between 2021 and 2023, there was an annual average diabetes mortality rate of 24.6 deaths per 100,000 population in Cook County.

BENCHMARK ► Lower than the national rate.

DISPARITY ► Highest among Black residents.

Diabetes Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)

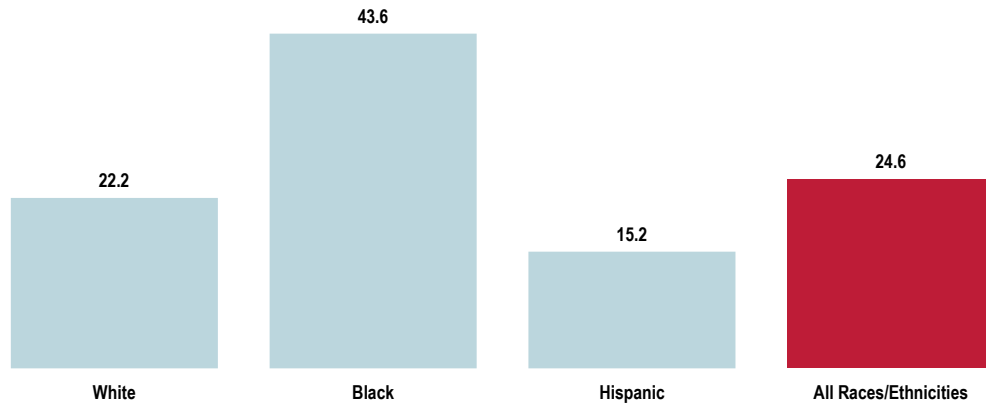


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Diabetes Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Cook County)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.
• Race categories reflect individuals without Hispanic origin.

Diabetes Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Cook County	21.8	22.3	22.0	21.9	24.1	25.3	27.0	24.6
IL	21.6	22.2	22.4	22.6	24.2	25.6	27.3	26.7
US	24.5	25.1	25.5	26.1	27.9	29.6	30.8	30.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.

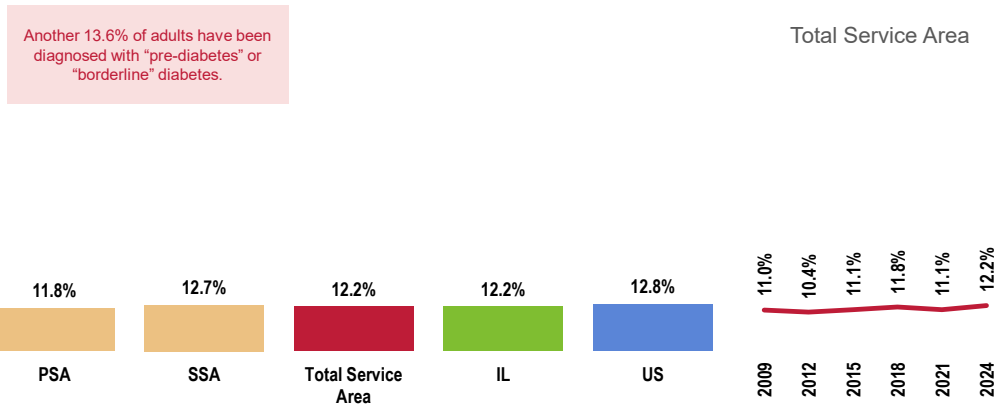


Prevalence of Diabetes

A total of 12.2% of Total Service Area adults report having been diagnosed with diabetes.

DISPARITY ► Increases with age and is higher among residents in the lowest-income households, White respondents, and Black respondents.

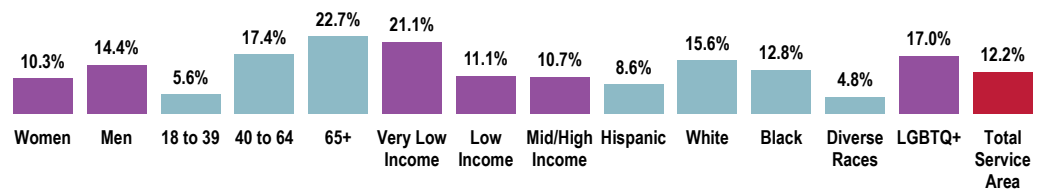
Prevalence of Diabetes



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 106]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

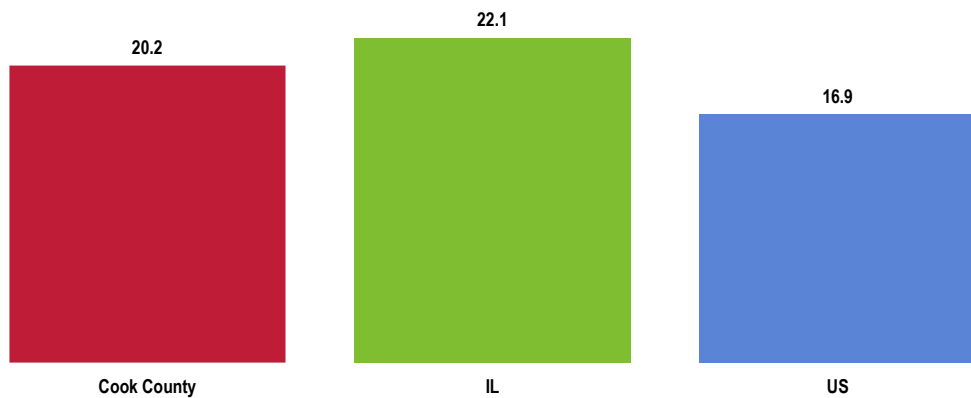
– Centers for Disease Control and Prevention (CDC)
<https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html>

Between 2021 and 2023, there was an annual average kidney disease mortality rate of 20.2 deaths per 100,000 population in Cook County.

BENCHMARK ► Higher than the national rate.

DISPARITY ► Notably high among Black residents.

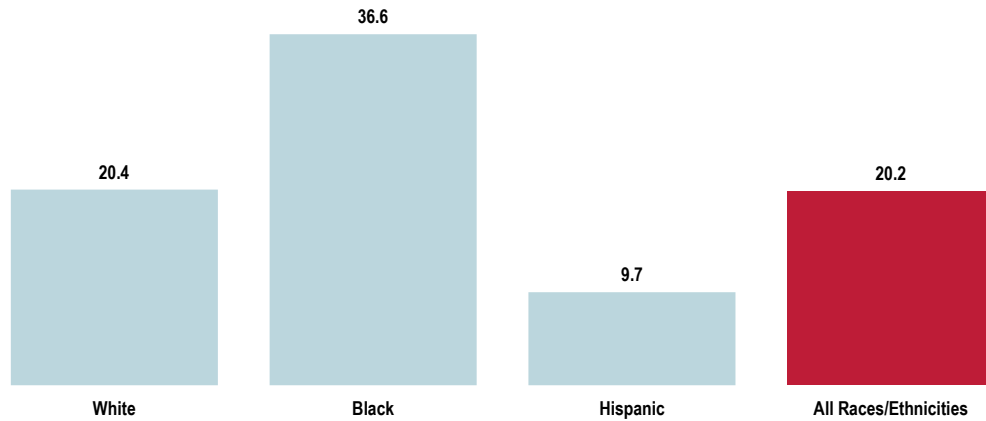
Kidney Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.



Kidney Disease Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Cook County)



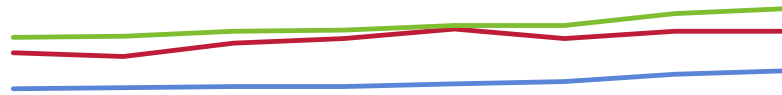
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Kidney Disease Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Cook County	18.4	18.1	19.2	19.6	20.4	19.6	20.2	20.2
IL	19.7	19.8	20.2	20.3	20.7	20.7	21.7	22.1
US	15.4	15.5	15.6	15.6	15.8	16.0	16.6	16.9

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



DISABLING CONDITIONS

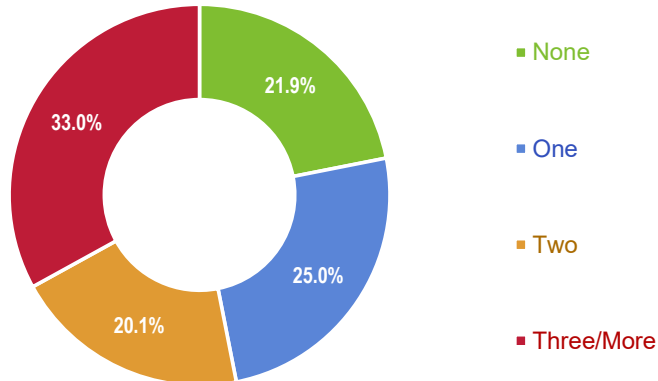
Multiple Chronic Conditions

Among area survey respondents, most report having at least one chronic health condition.

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Number of Chronic Conditions
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

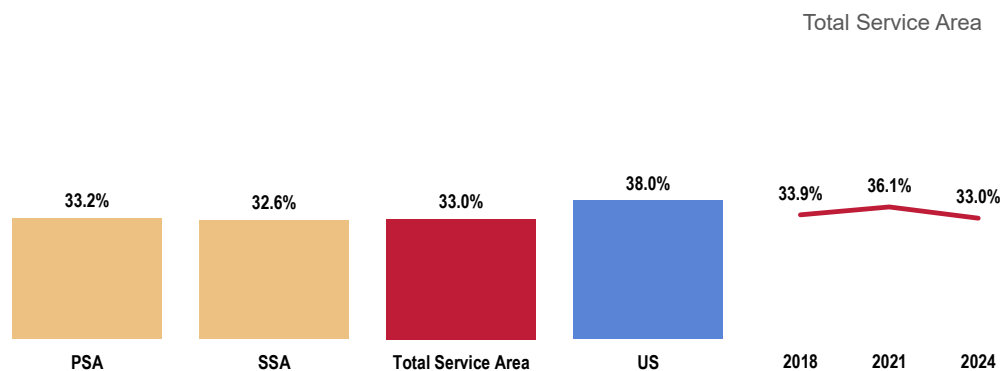
Notes: • Asked of all respondents.

• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

In fact, 33.0% of Total Service Area adults report having three or more chronic conditions.

DISPARITY ► Reported more often among adults age 40+ and residents in low-income households; especially low among respondents of diverse races.

Have Three or More Chronic Conditions



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]

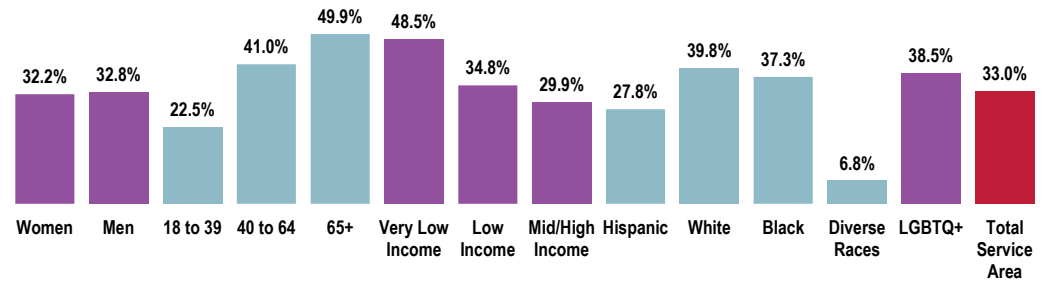
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.



Have Three or More Chronic Conditions (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 107]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

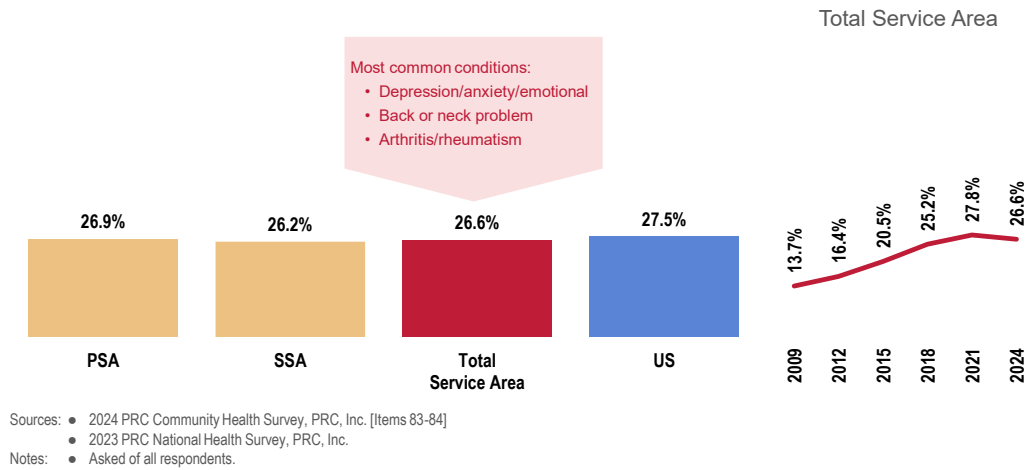
A total of 26.6% of Total Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

TREND ► Increasing considerably since 2009.

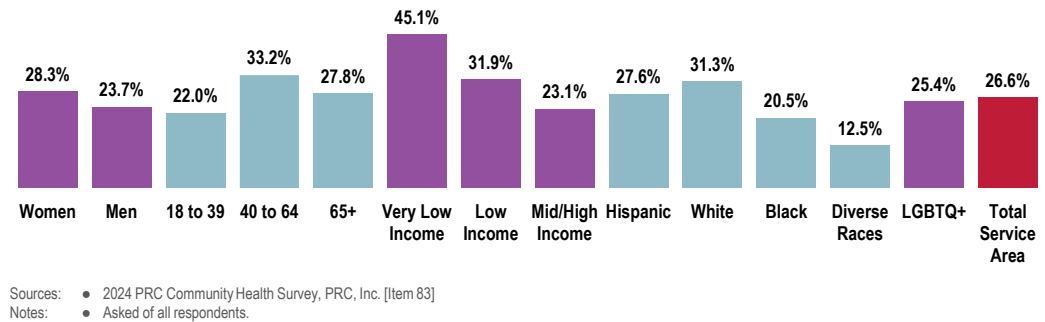
DISPARITY ► Strong correlation with income level. Reported more often among adults age 40 to 64; in contrast, especially low among respondents of diverse races.



Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Total Service Area, 2024)



Chronic Pain

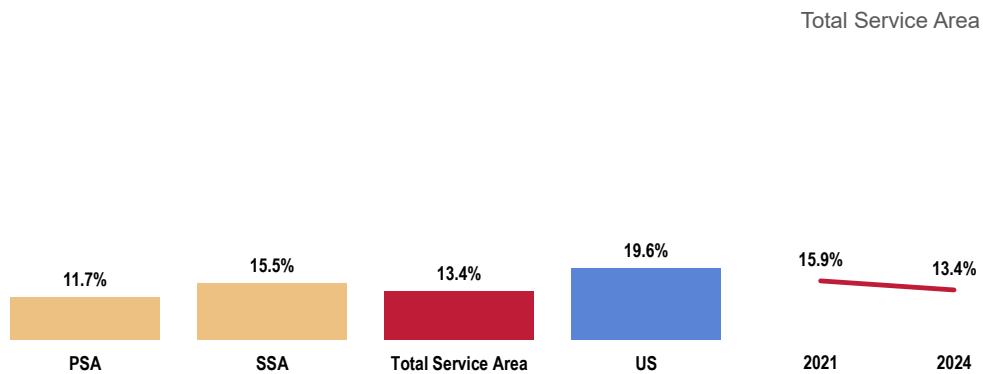
A total of 13.4% of Total Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

BENCHMARK ► Lower than the national prevalence. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Reported more often among adults age 40 to 64 and lower-income residents; especially low among Diverse Race respondents.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower



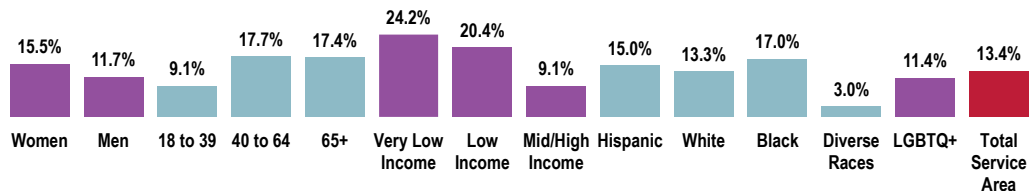
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.
• High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Experience High-Impact Chronic Pain

(Total Service Area, 2024)

Healthy People 2030 = 6.4% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 31]
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.
• High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (<https://health.gov/healthypeople>)

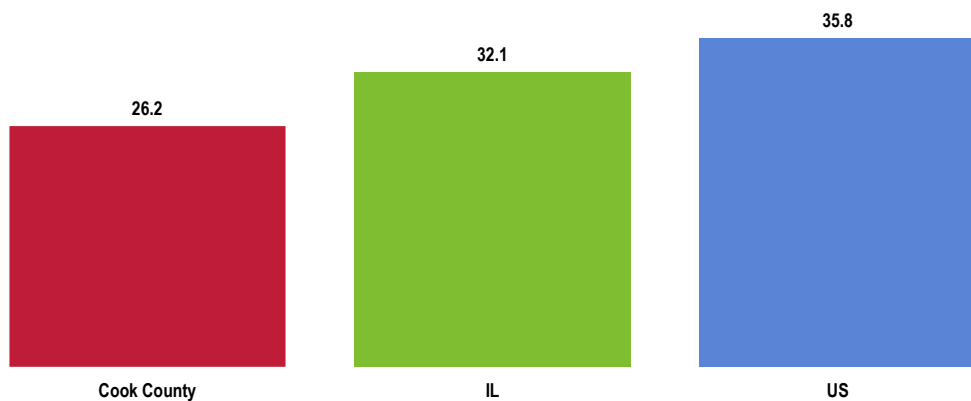
Alzheimer's Disease Deaths

Between 2021 and 2023, Cook County experienced an annual average Alzheimer's disease mortality rate of 26.2 deaths per 100,000 population.

BENCHMARK ► Lower than Illinois and US rates.

DISPARITY ► Notably higher among White residents.

Alzheimer's Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources:

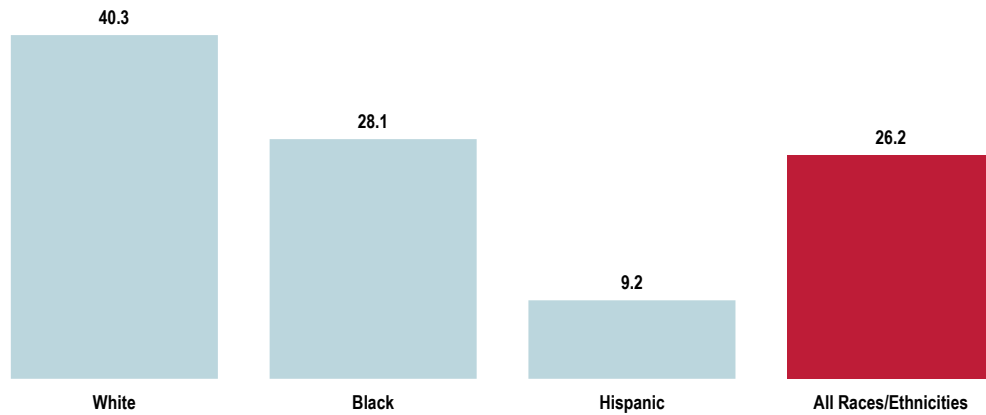
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



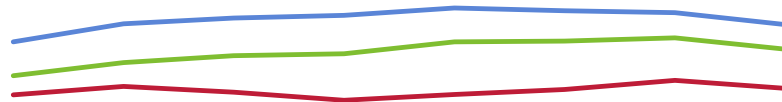
Alzheimer's Disease Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Cook County)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.
• Race categories reflect individuals without Hispanic origin.

Alzheimer's Disease Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Cook County	25.2	26.5	25.6	24.4	25.3	26.0	27.4	26.2
IL	28.1	30.1	31.1	31.4	33.2	33.3	33.8	32.1
US	33.2	35.9	36.8	37.2	38.3	37.9	37.6	35.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

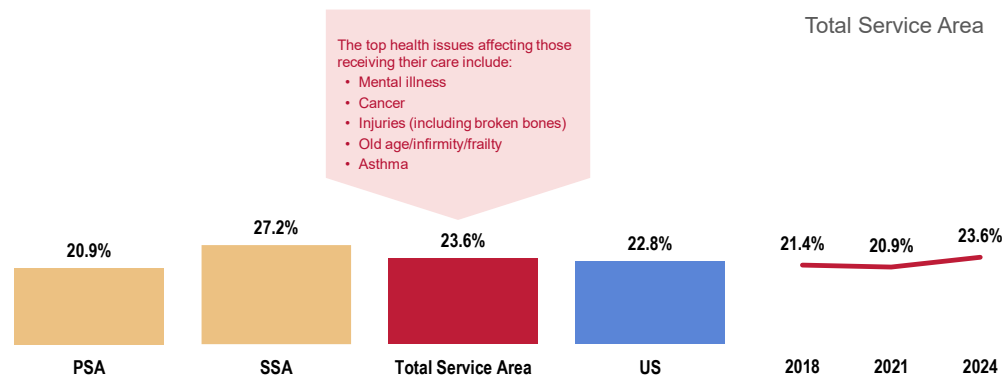
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Caregiving

A total of 23.6% of Total Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 85-86]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.





BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

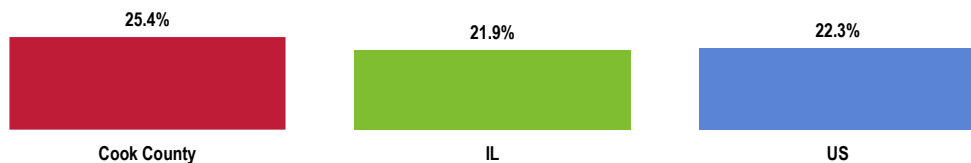
– Healthy People 2030 (<https://health.gov/healthypeople>)

Early and continuous prenatal care is the best assurance of infant health.

Between 2021 and 2023, 25.4% of Cook County's births did not receive prenatal care in the first trimester of pregnancy.

DISPARITY ► Highest among Black residents.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2021-2023)



Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.



Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2021-2023; Cook County)



Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births)



	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
— Cook County	26.3%	26.1%	25.2%	24.5%	24.6%	25.4%
— IL	22.6%	22.5%	21.9%	21.3%	21.3%	21.9%
— US	22.7%	22.5%	22.4%	22.6%	22.5%	22.3%

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.



BIRTH OUTCOMES & RISKS

Low-Weight Births

A total of 8.9% of 2016-2022 Total Service Area births were low birthweight babies.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births (Percent of Live Births, 2016-2022)



Sources:

- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g).



Infant Mortality

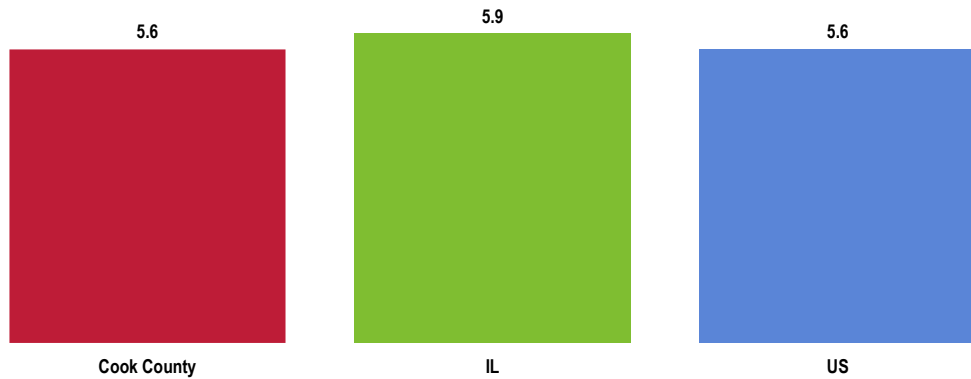
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018-2020, there was an annual average of 5.6 infant deaths per 1,000 live births.

TREND ► Declining over the past decade.

DISPARITY ► Considerably higher in the Black community.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



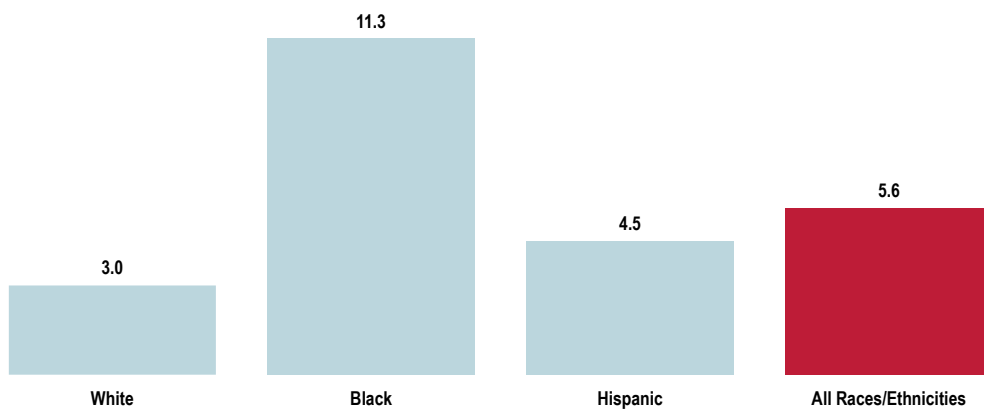
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Infant deaths include deaths of children under 1 year old.

Infant Mortality Rate by Race/Ethnicity
(2018-2020 Annual Average Infant Deaths per 1,000 Live Births; Cook County)
Healthy People 2030 = 5.0 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted February 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Infant deaths include deaths of children under 1 year old.
- Race categories reflect individuals without Hispanic origin.



Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Cook County	6.9	6.6	6.5	5.9	5.6
— IL	6.3	6.4	6.2	6.2	5.9
— US	5.9	5.9	5.8	5.7	5.6

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted February 2025.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:

- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.



FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

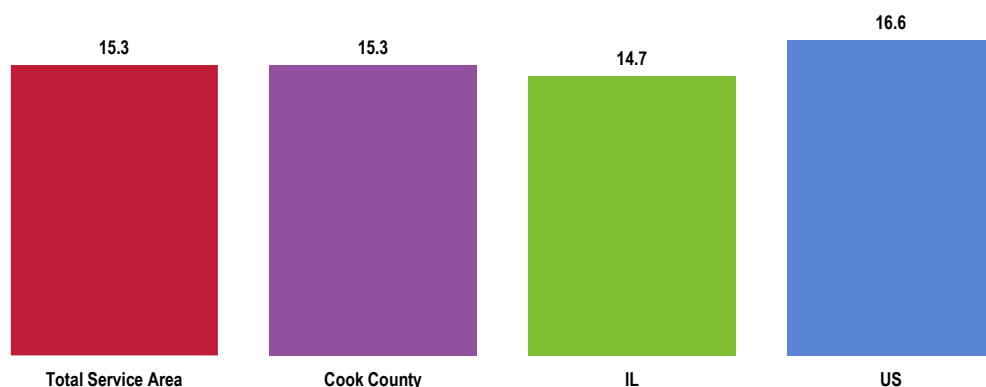
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

Between 2016 and 2022, there were 15.3 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Service Area.

DISPARITY ► Especially high among Black female adolescents.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)



Sources:

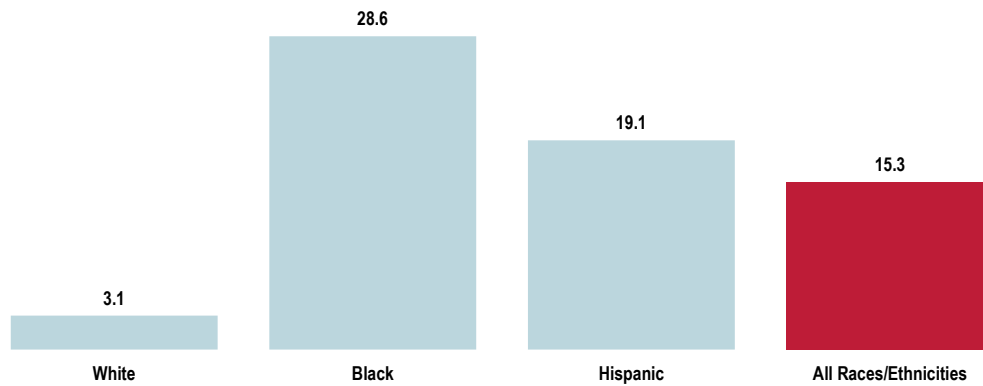
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.



Teen Birth Rate by Race/Ethnicity (Births to Adolescents Age 15-19 per 1,000 Females Age 15-19; Cook County, 2016-2022)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.
- Race categories reflect individuals without Hispanic origin.





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

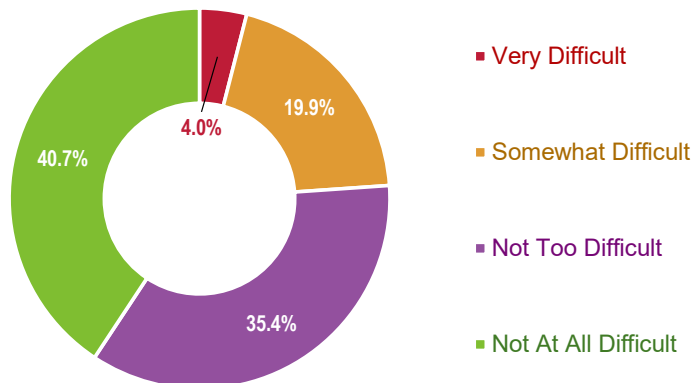
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Difficulty Accessing Fresh Produce

Most Total Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

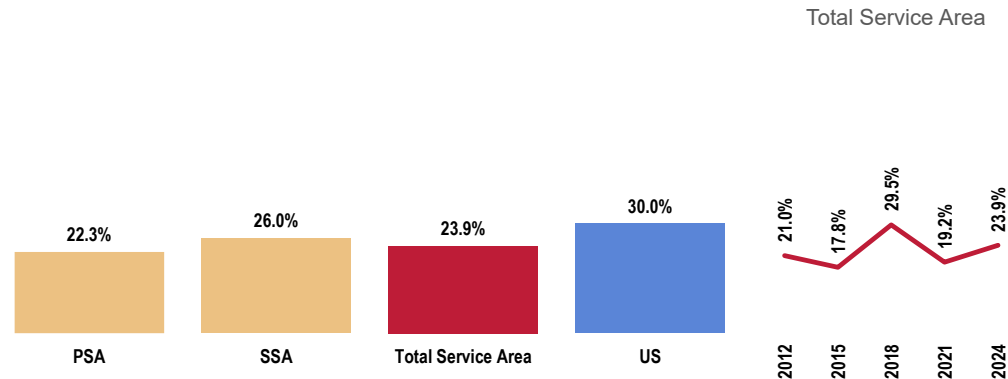


However, 23.9% of Total Service Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Lower than the national percentage.

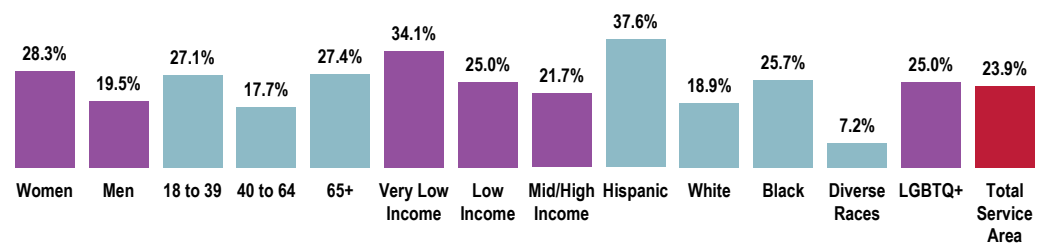
DISPARITY ► Reported more often among women, adults under the age of 40, and Hispanic respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (<https://health.gov/healthypeople>)

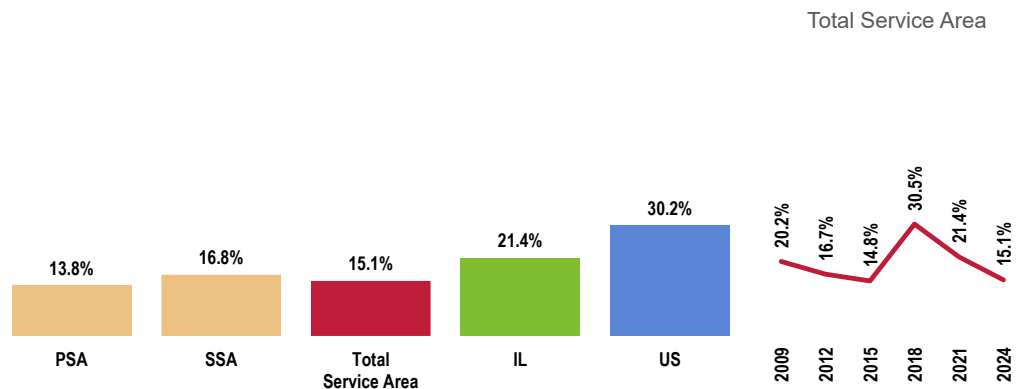
Leisure-Time Physical Activity

A total of 15.1% of Total Service Area adults report no leisure-time physical activity in the past month.

BENCHMARK ► Considerably lower than the Illinois prevalence and half the US prevalence. Fulfills the Healthy People 2030 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 69]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, “meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

A total of 34.7% of Total Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

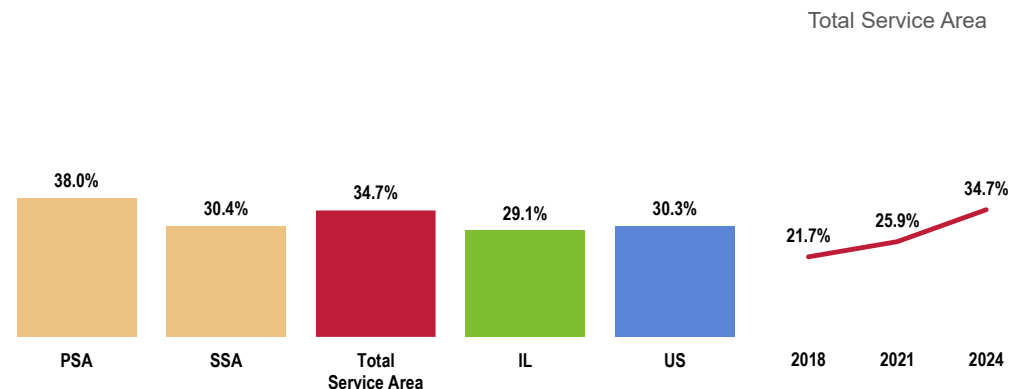
BENCHMARK ► Higher than reported statewide. Satisfies the Healthy People 2030 objective.

TREND ► Increasing significantly since 2018.

DISPARITY ► Note the strong correlations with age and household income level. Much lower among women than men.

Meets Physical Activity Recommendations

Healthy People 2030 = 29.7% or Higher



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Illinois data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

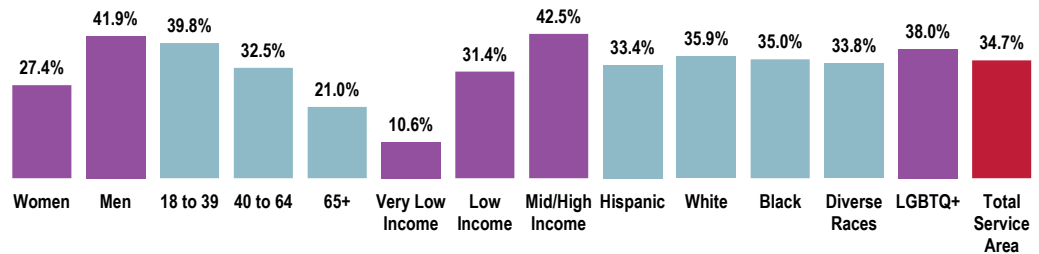
Notes:

- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) and who also report doing physical activities specifically designed to strengthen muscles at least twice per week.



Meets Physical Activity Recommendations (Total Service Area, 2024)

Healthy People 2030 = 29.7% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 110]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Asked of all respondents.
 • Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) and who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

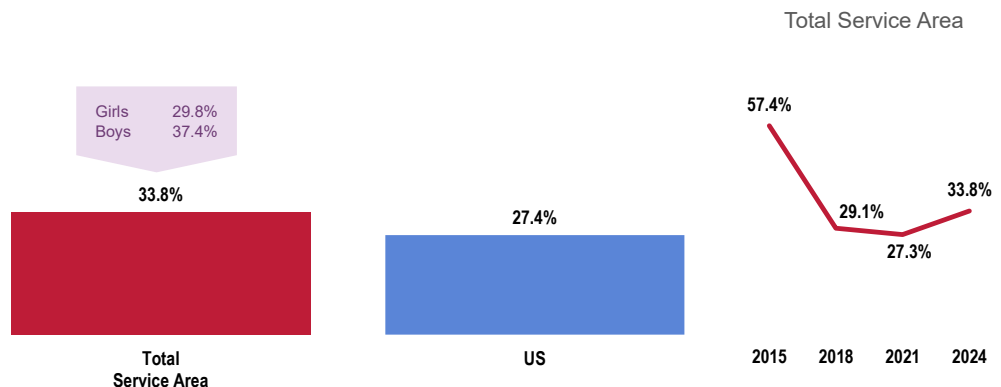
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

Among Total Service Area children age 2 to 17, 33.8% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

TREND ► Significantly lower than 2015.

DISPARITY ► Lower among girls.

Child Is Physically Active for One or More Hours per Day (Children 2-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 94]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

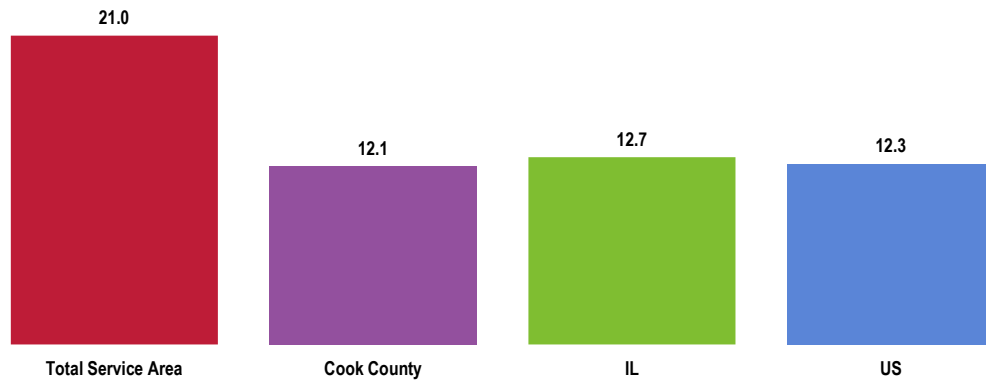


Access to Physical Activity Facilities

In 2022, there were 21.0 recreation/fitness facilities for every 100,000 population in the Total Service Area.

BENCHMARK ► Well above state and national numbers.

Number of Recreation & Fitness Facilities per 100,000 Population
(2022)



Sources:

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:

- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.



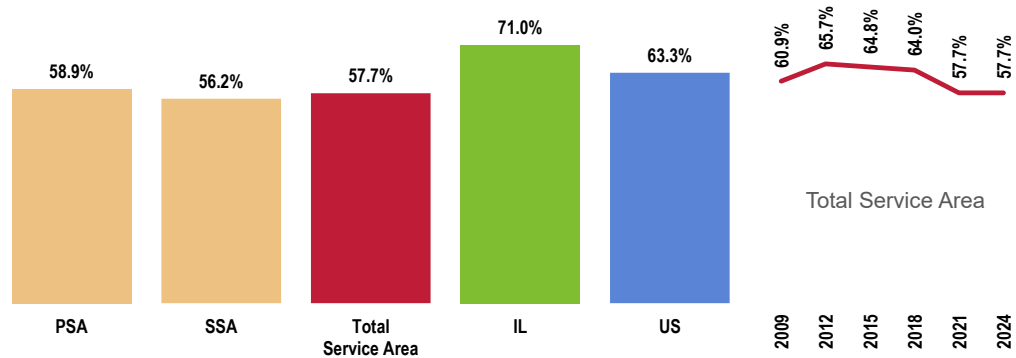
Overweight Status

Over half of Total Service Area adults (57.7%) are **overweight**.

BENCHMARK ▶ Lower occurrence than found statewide.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

Prevalence of Total Overweight (Overweight and Obese)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0.
 • The definition for obesity is a BMI greater than or equal to 30.0.

The overweight prevalence above includes 26.3% of Total Service Area adults who are **obese**.

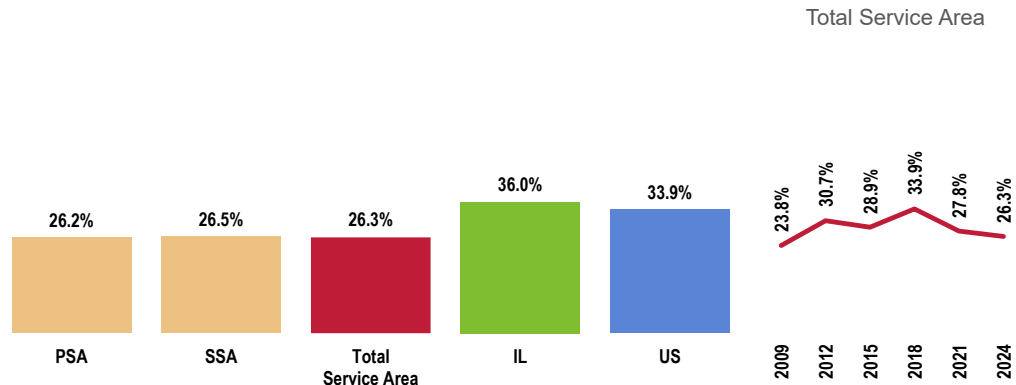
BENCHMARK ▶ Lower than state and national percentages. Satisfies the Healthy People 2030 objective.

DISPARITY ▶ Reported more often among adults age 40 to 64 and low-income residents; especially low among respondents of diverse races.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower



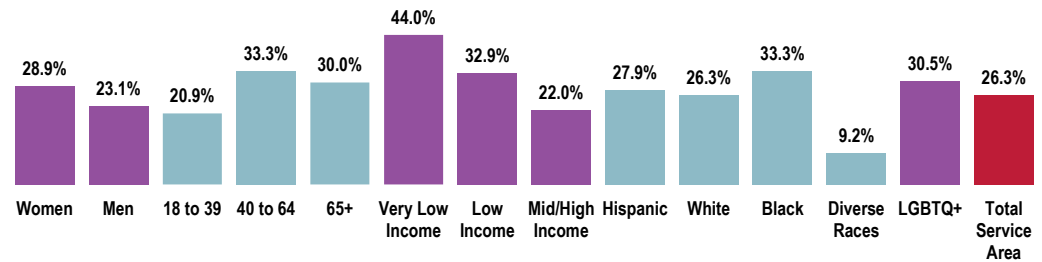
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.



Prevalence of Obesity (Total Service Area, 2024)

Healthy People 2030 = 36.0% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Based on reported heights and weights, asked of all respondents.
• The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

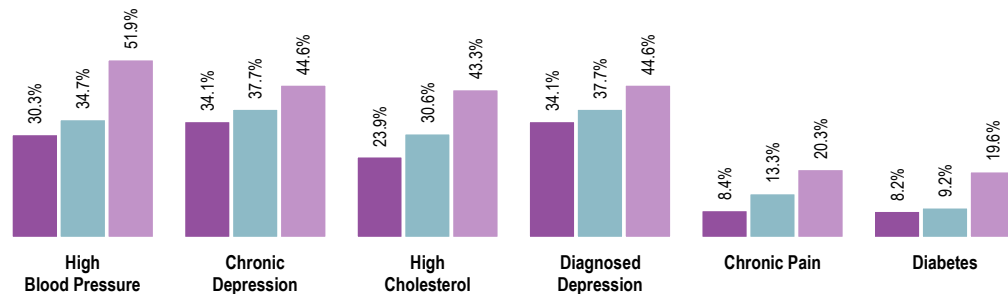
Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues (Total Service Area, 2024)

■ Among Healthy Weight ■ Among Overweight/Not Obese ■ Among Obese



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 112]
Notes: • Based on reported heights and weights, asked of all respondents.



Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

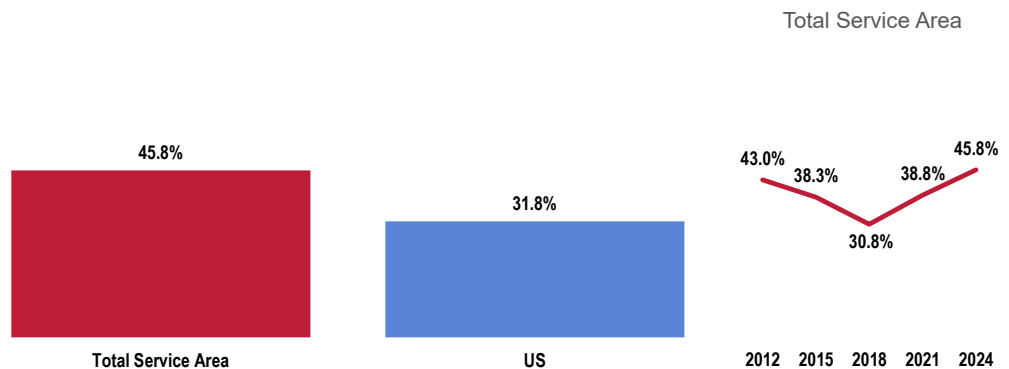
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 45.8% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

BENCHMARK ► Notably higher than the national percentage.

Prevalence of Overweight in Children (Children 5-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.
• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

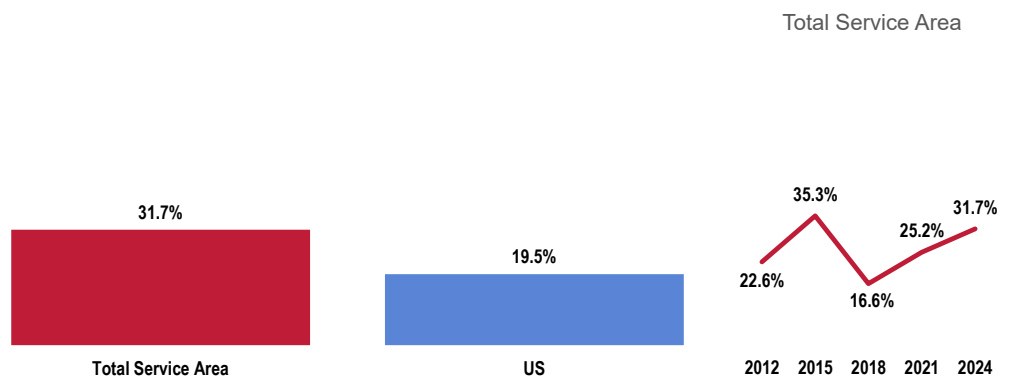


The childhood overweight prevalence above includes 31.7% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Double the Healthy People 2030 objective.

Prevalence of Obesity in Children (Children 5-17)

Healthy People 2030 = 15.5% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 113]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents with children age 5-17 at home.
• Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.



SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Alcohol Use

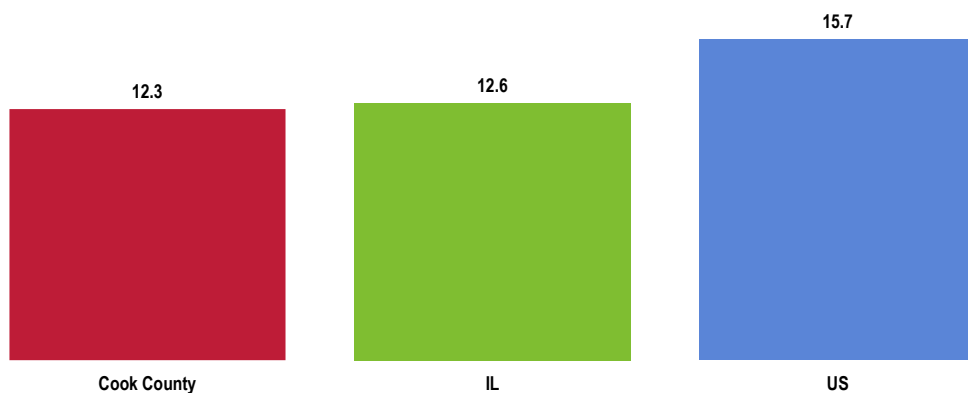
Alcohol-Induced Deaths

Between 2021 and 2023, Cook County reported an annual average mortality rate of 12.3 alcohol-induced deaths per 100,000 population.

BENCHMARK ► Lower than the national rate.

TREND ► Increasing considerably over the past decade.

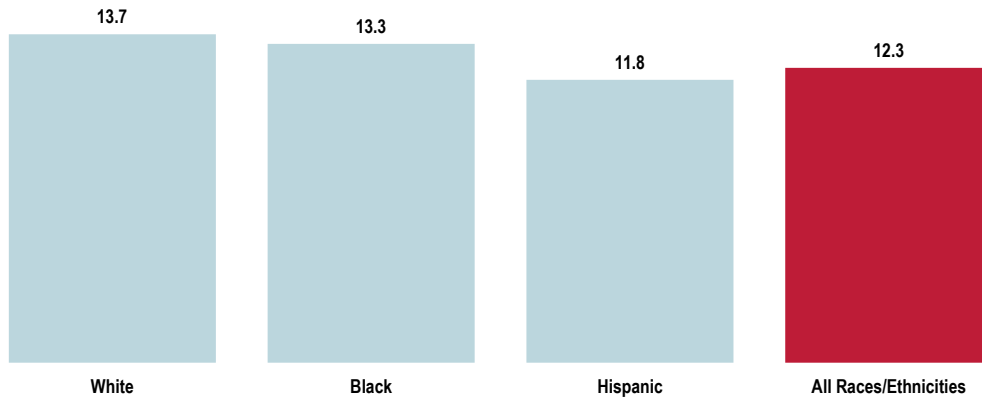
Alcohol-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Alcohol-Induced Mortality by Race/Ethnicity (2021-2023 Annual Average Deaths per 100,000 Population; Cook County)



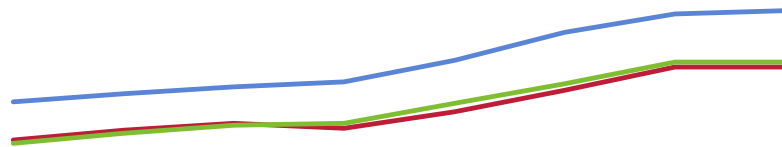
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Alcohol-Induced Mortality Trends (Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Cook County	7.9	8.5	8.9	8.6	9.6	10.9	12.3	12.3
IL	7.7	8.3	8.8	8.9	10.1	11.3	12.6	12.6
US	10.2	10.7	11.1	11.4	12.7	14.4	15.5	15.7

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

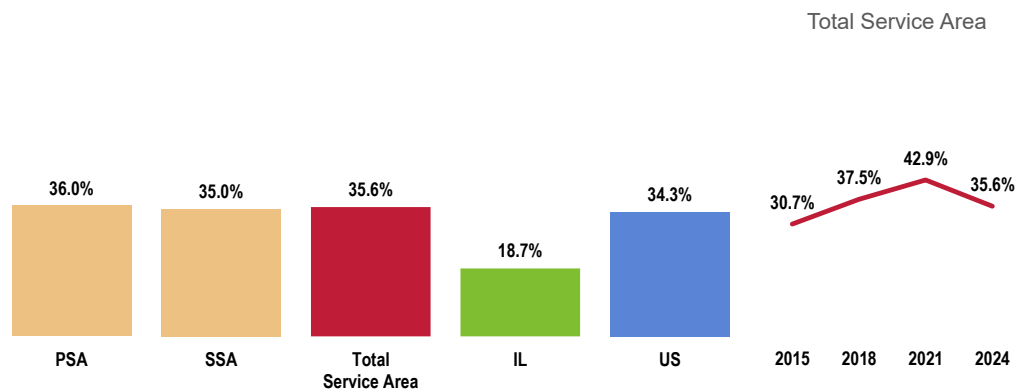
- **HEAVY DRINKING** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 35.6% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Considerably higher than state findings.

DISPARITY ► More often reported among young adults, Hispanic respondents, White respondents, and those who identify as LGBTQ+.

Engage in Excessive Drinking

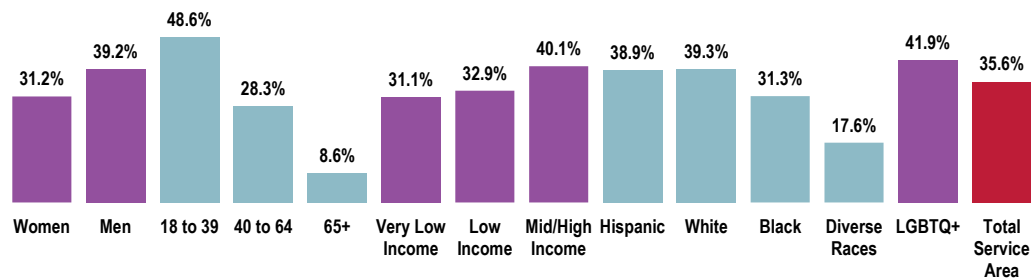


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 116]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Illinois data.
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



Engage in Excessive Drinking (Total Service Area, 2024)



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes:

- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



Drug Use

Unintentional Drug-Induced Deaths

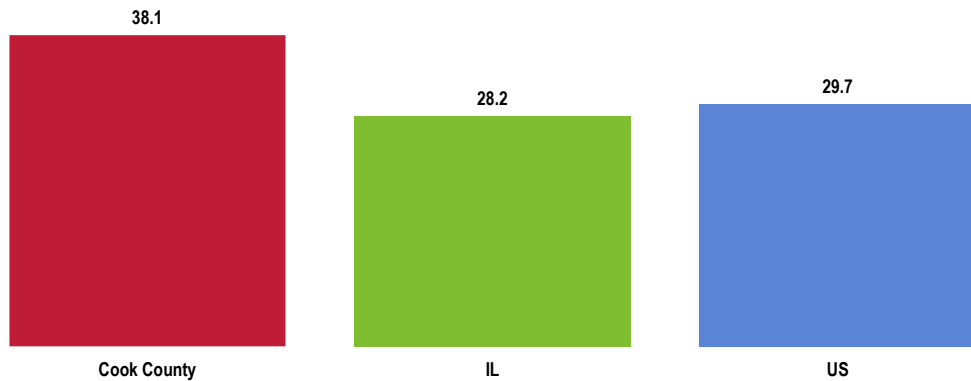
Between 2021 and 2023, Cook County reported an annual average mortality rate of 38.1 unintentional drug-induced deaths per 100,000 population.

BENCHMARK ► Higher than both Illinois and US rates.

TREND ► The mortality rate has more than doubled over the past decade.

DISPARITY ► Especially high among Black residents.

Unintentional Drug-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



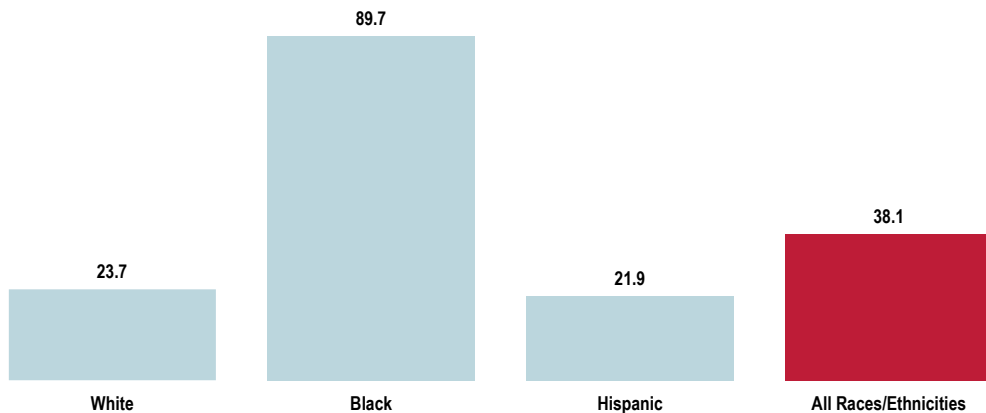
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Unintentional Drug-Induced Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Cook County)



Sources:

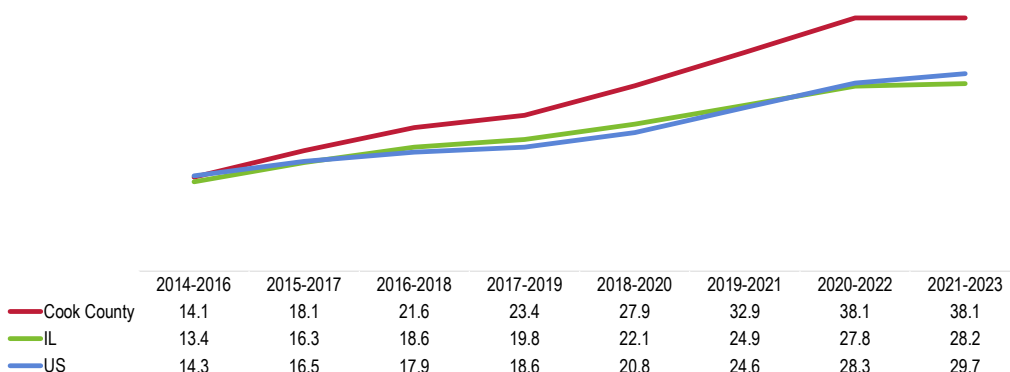
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.



Unintentional Drug-Induced Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2025.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population.

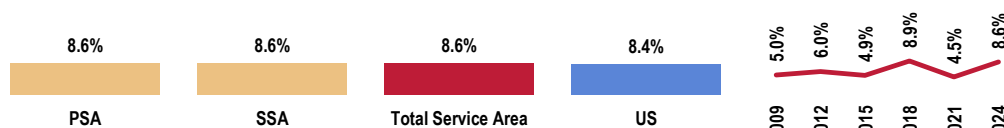
Illicit Drug Use

A total of 8.6% of Total Service Area adults acknowledge using an illicit drug in the past month.

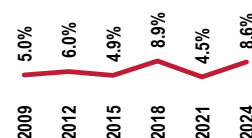
DISPARITY ► More often reported among adults younger than 65.

Illicit Drug Use in the Past Month

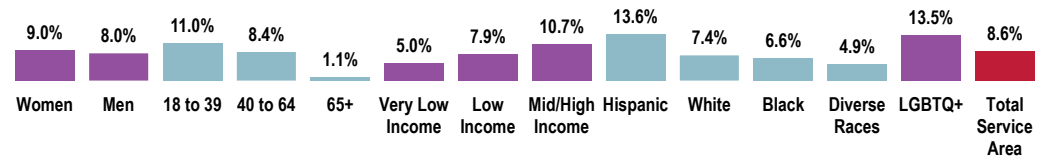
Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Illicit Drug Use in the Past Month (Total Service Area, 2024)



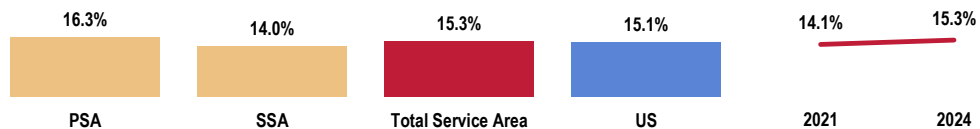
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.

Use of Prescription Opioids

A total of 15.3% of Total Service Area adults report using a prescription opioid drug in the past year.

DISPARITY ► Reported more often among mid/high-income residents and Hispanic respondents.

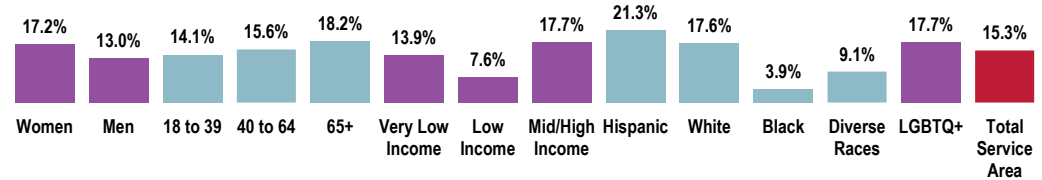
Used a Prescription Opioid in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Used a Prescription Opioid in the Past Year (Total Service Area, 2024)



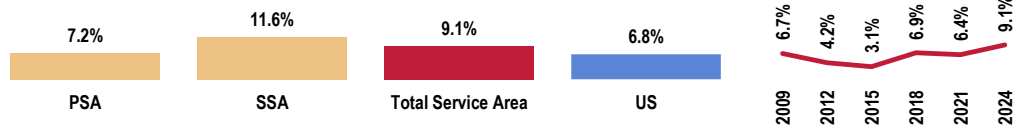
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 9.1% of Total Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Total Service Area



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 42]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

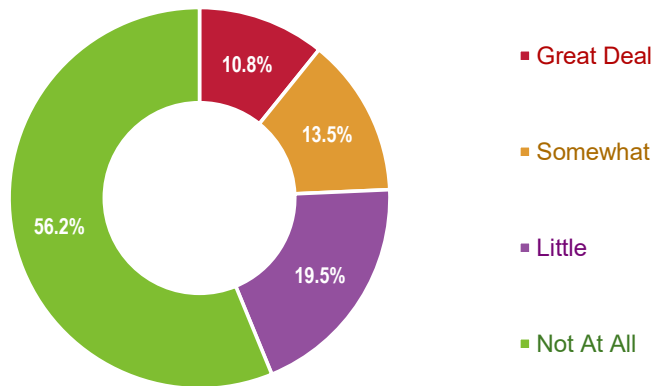


Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Most Total Service Area residents' lives have not been negatively affected by substance use (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's)
(Total Service Area, 2024)

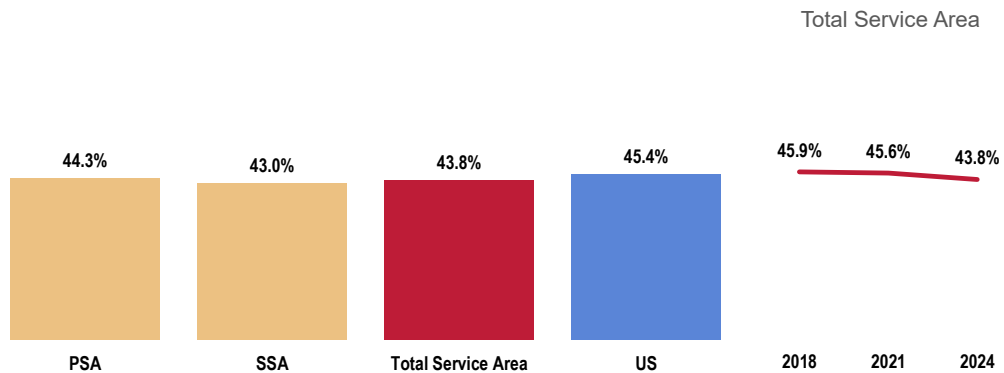


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.

However, 43.8% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

DISPARITY ► Reported more often among young adults, Hispanic respondents, White respondents, Black respondents, and LGBTQ+ adults.

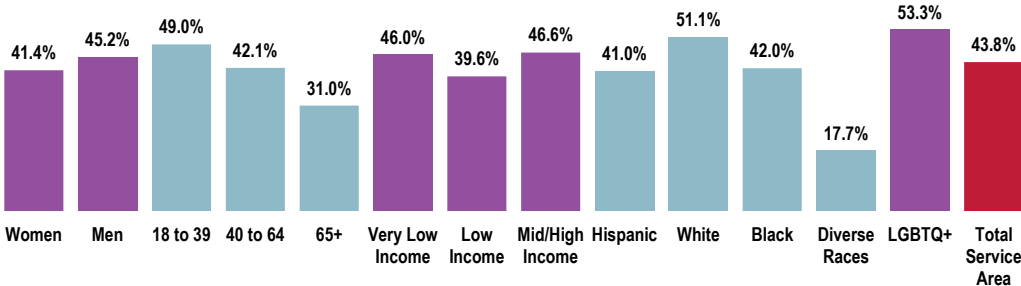
Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."



Life Has Been Negatively Affected by Substance Use (by Self or Someone Else) (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 43]
 Notes: • Asked of all respondents.
 • Includes those responding "a great deal," "somewhat," or "a little."



TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

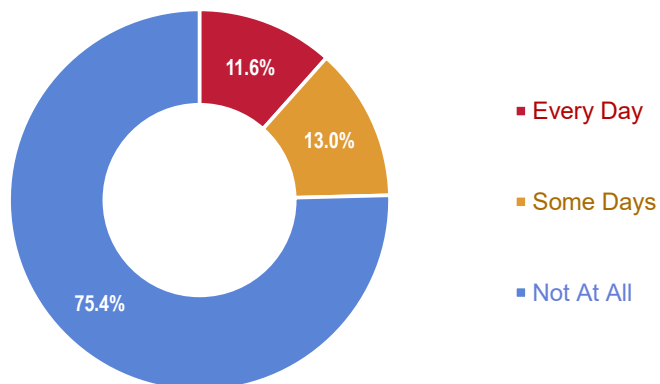
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 24.6% of Total Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Prevalence of Cigarette Smoking
(Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: • Asked of all respondents.



Note the following findings related to cigarette smoking prevalence in the Total Service Area.

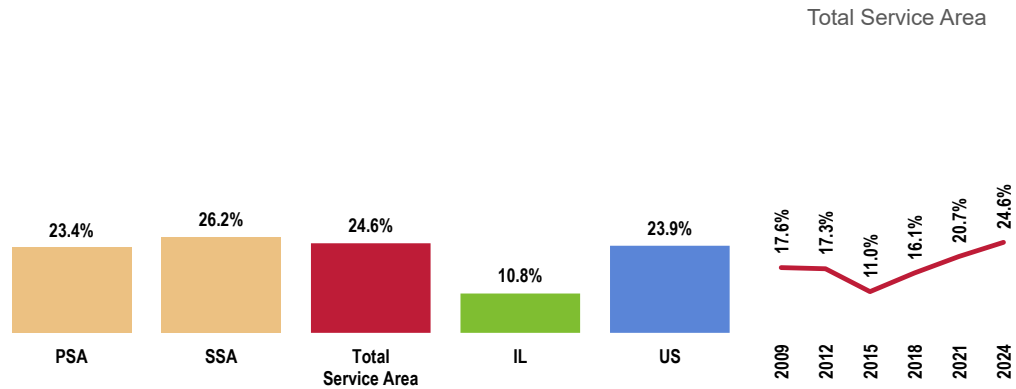
BENCHMARK ► Higher than the Illinois prevalence. Four times the Healthy People 2030 objective.

TREND ► Increasing steadily over the past decade.

DISPARITY ► Reported more often among Hispanic respondents and Black respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



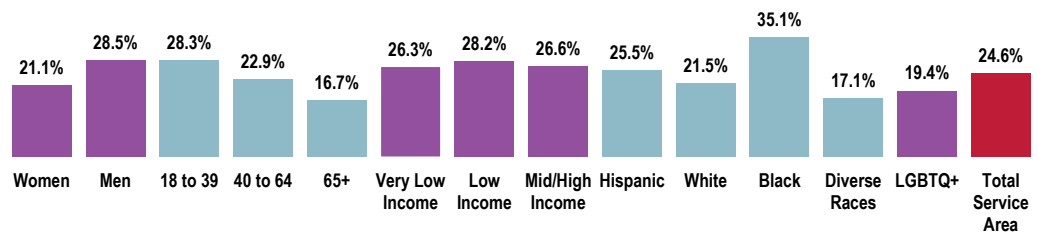
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Illinois data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.
• Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(Total Service Area, 2024)

Healthy People 2030 = 6.1% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 34]
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.
• Includes those who smoke cigarettes every day or on some days.



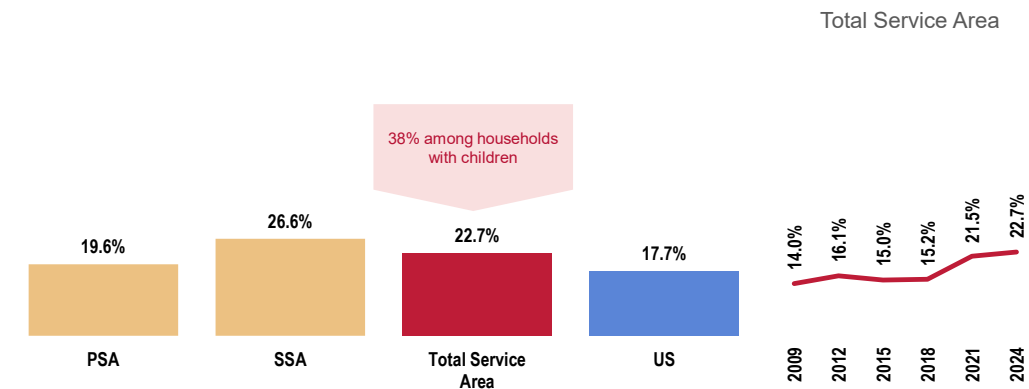
Environmental Tobacco Smoke

Among all surveyed households in the Total Service Area, 22.7% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

BENCHMARK ► Higher than the national prevalence.

TREND ► Increasing significantly since 2009.

Member of Household Smokes at Home



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 35, 114]

• 2023 PRC National Health Survey, PRC, Inc.

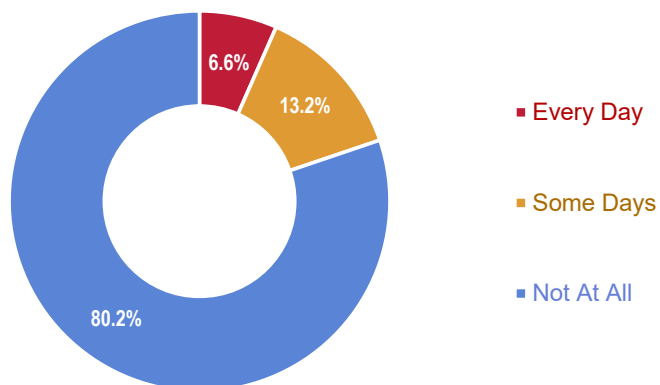
Notes: • Asked of all respondents.

• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most Total Service Area adults do not use electronic vaping products.

Use of Vaping Products (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes: • Asked of all respondents.



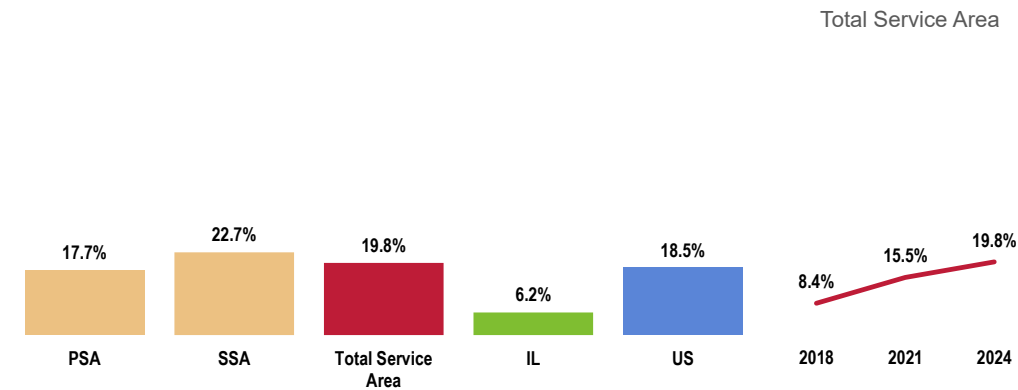
However, 19.8% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ▶ Three times the statewide prevalence.

TREND ▶ A significant increase since 2018.

DISPARITY ▶ Strong correlation with age.

Currently Use Vaping Products (Every Day or on Some Days)



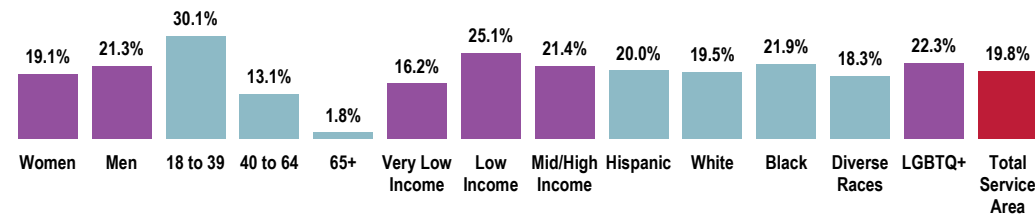
Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]
- 2023 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Illinois data.

Notes:

- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products (Total Service Area, 2024)



Sources:

- 2024 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:

- Asked of all respondents.
- Includes those who use vaping products every day or on some days.



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

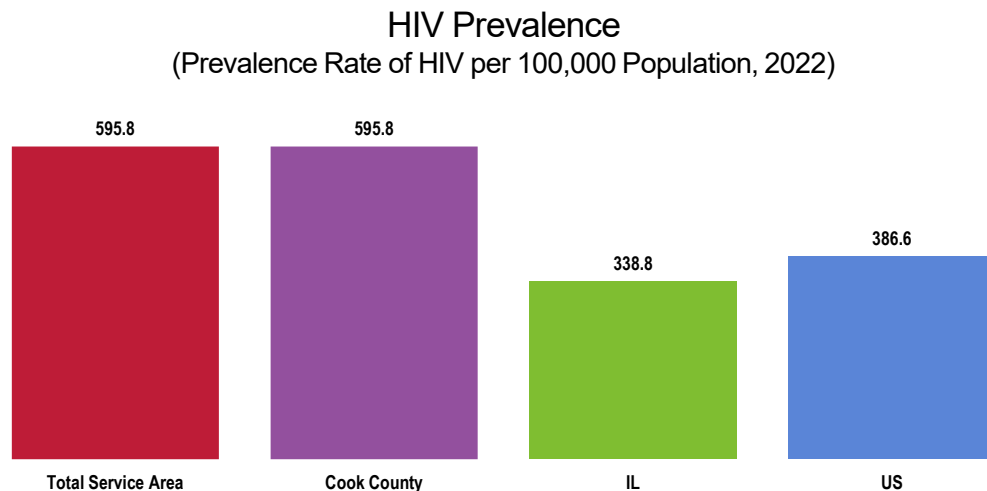
– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

In 2022, there was a prevalence of 595.8 HIV cases per 100,000 population in the Total Service Area.

BENCHMARK ► Well above the Illinois and US rates.

DISPARITY ► Notably higher among Black residents.

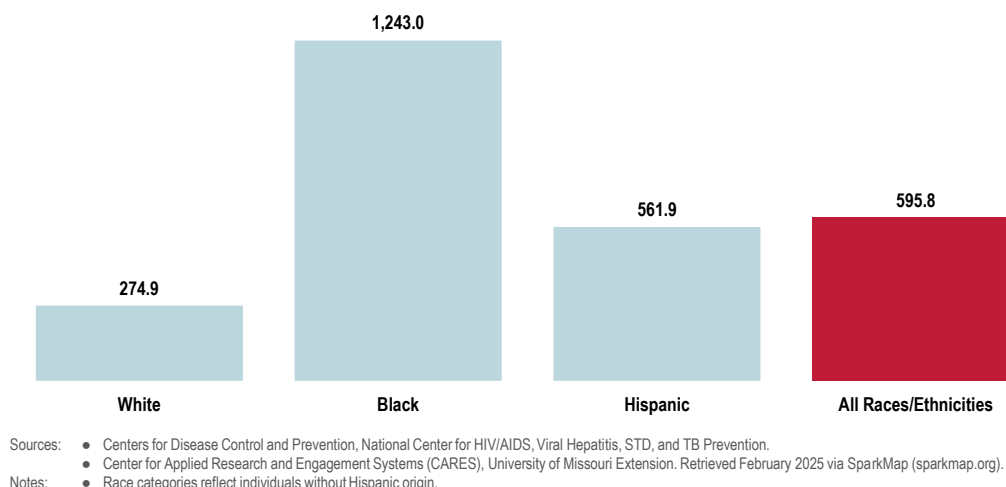


Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).



HIV Prevalence by Race/Ethnicity (Rate per 100,000 Population; Cook County, 2022)



Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

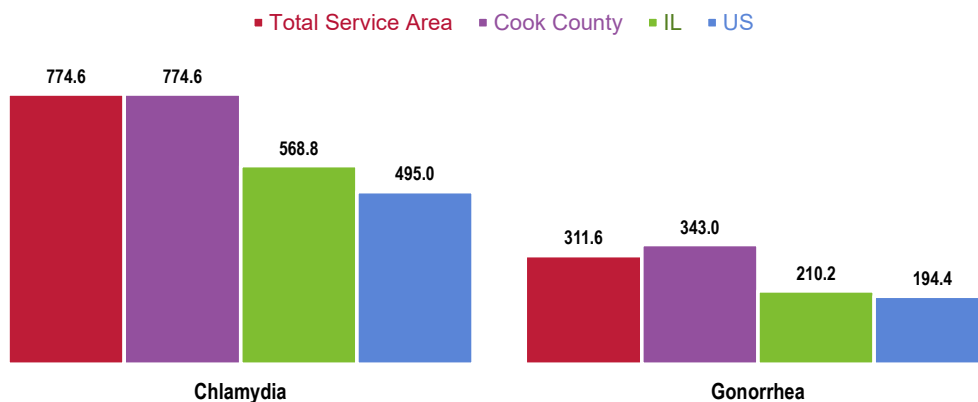
In 2022, the chlamydia incidence rate in the Total Service Area was 774.6 cases per 100,000 population.

BENCHMARK ► Considerably higher than state and national rates.

The Total Service Area gonorrhea incidence rate in 2022 was 311.6 cases per 100,000 population.

BENCHMARK ► Higher than state and national rates.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2022)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).





ACCESS TO HEALTH CARE

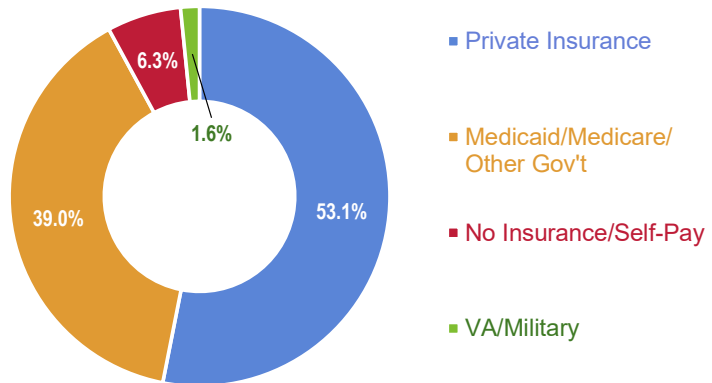
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 53.1% of Total Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 40.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults 18-64; Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.



Lack of Health Insurance Coverage

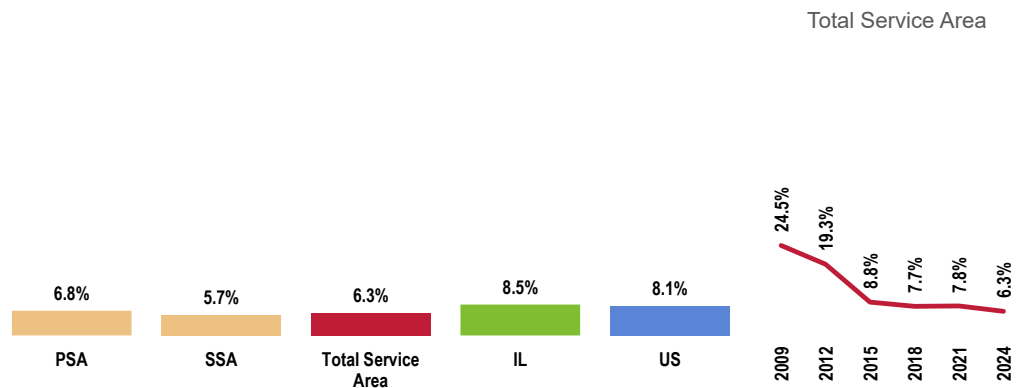
Among adults age 18 to 64, 6.3% report having no insurance coverage for health care expenses.

TREND ► Significantly lower than the 2009 benchmark.

DISPARITY ► Lower-income respondents are more likely to report lacking health care coverage.

Lack of Health Care Insurance Coverage (Adults 18-64)

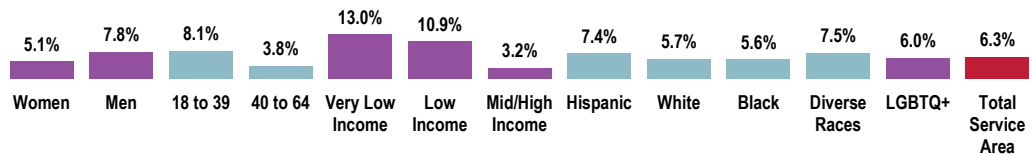
Healthy People 2030 = 7.6% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage (Adults 18-64; Total Service Area, 2024)

Healthy People 2030 = 7.6% or Lower



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 117]
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Reflects respondents age 18 to 64.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

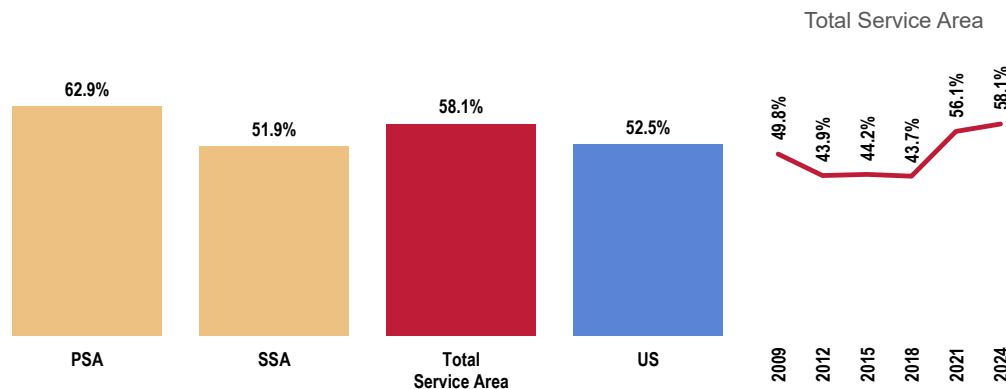
Difficulties Accessing Services

A total of 58.1% of Total Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ► The prevalence has increased significantly in recent years.

DISPARITY ► Reported more often among residents in the Primary Service Area, young adults, and LGBTQ+ respondents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]

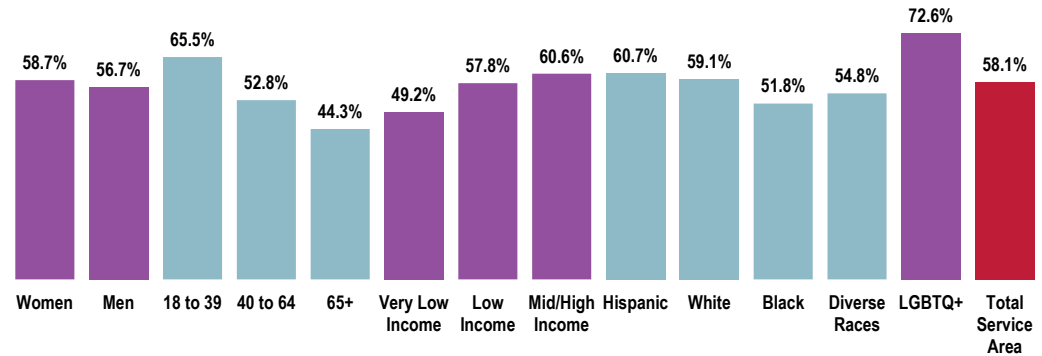
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 119]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

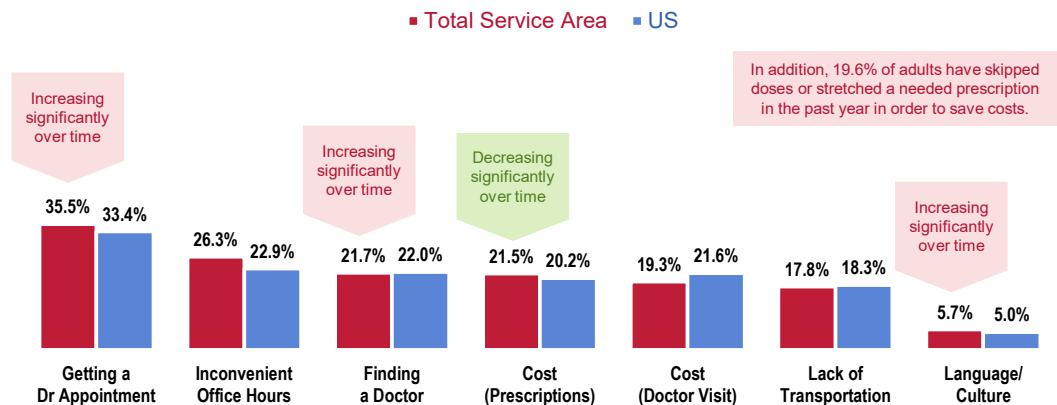
Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Total Service Area adults.

TREND ► Since previously reported, mention of three barriers has increased significantly (**appointment availability, finding a physician, and language/culture**), while mention of one has notably decreased (**cost of prescriptions**).

DISPARITY ► **Difficulty getting an appointment and inconvenient office hours** were barriers mentioned more often among Primary Service Area residents.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Items 6-13]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



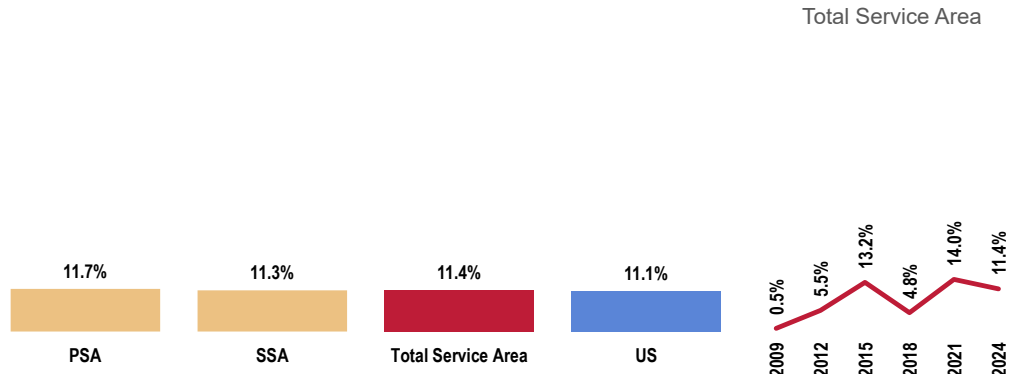
Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 11.4% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

TREND ► A significant increase from the 2009 baseline.

Had Trouble Obtaining Medical Care for Child in the Past Year (Children 0-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 90]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

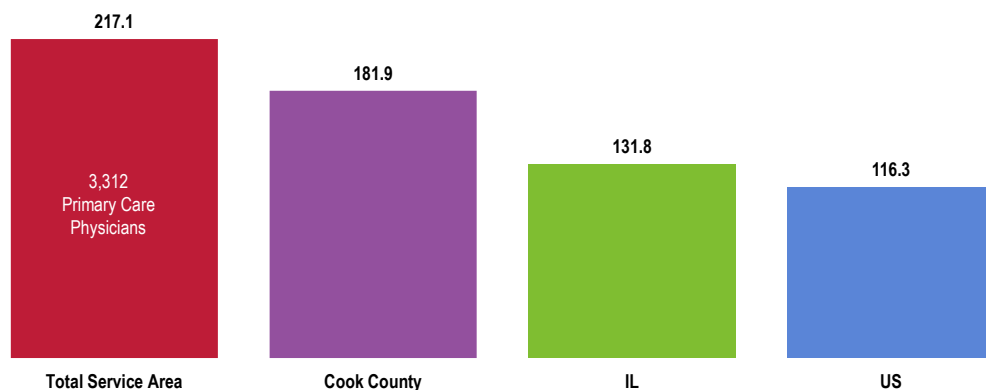
— Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Primary Care

In 2024, there were 3,312 primary care physicians in the Total Service Area, translating to a rate of 217.1 primary care physicians per 100,000 population.

BENCHMARK ► Well above the Illinois and US rates.

Number of Primary Care Physicians per 100,000 Population (2024)



Sources:

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved February 2025 via SparkMap (sparkmap.org).

Notes:

- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

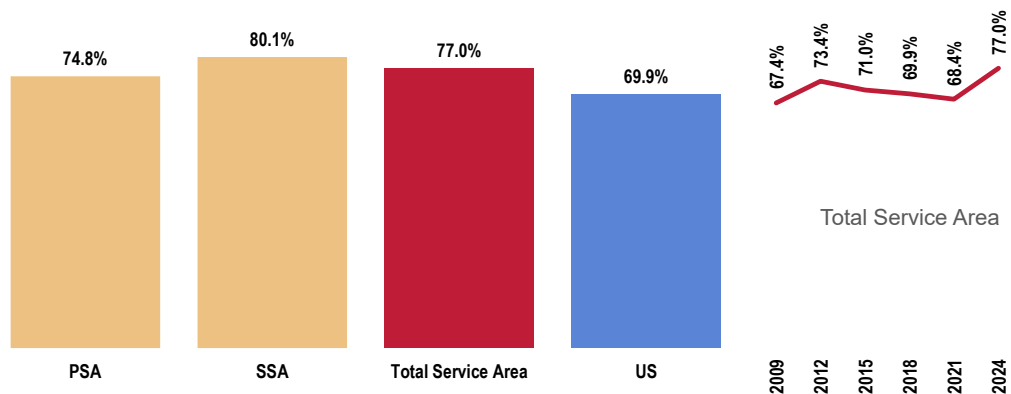
A total of 77.0% of Total Service Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

TREND ► Increasing significantly since 2009.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 118]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.



Utilization of Primary Care Services

Adults

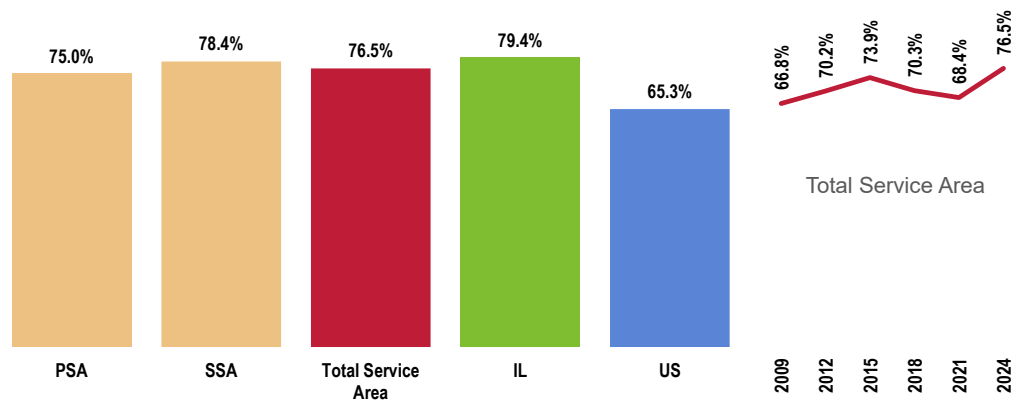
More than three in four adults (76.5%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Higher than the national prevalence.

TREND ► Increasing significantly since 2009.

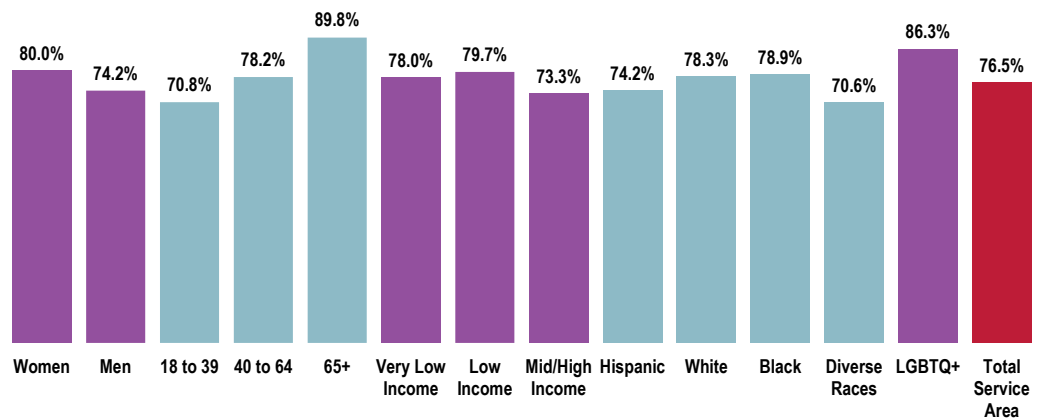
DISPARITY ► Those **less** likely to have received a checkup include adults under the age of 65.

Have Visited a Physician for a Checkup in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 16]
 Notes: • Asked of all respondents.

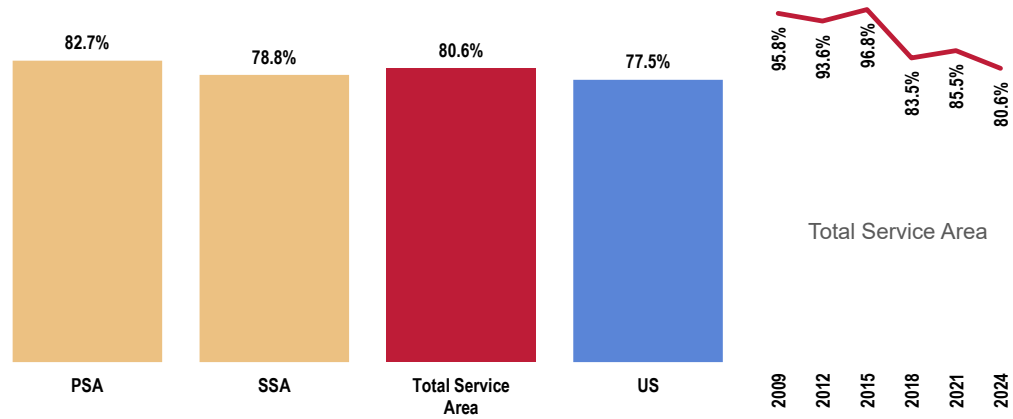


Children

Among surveyed parents, 80.6% report that their child has had a routine checkup in the past year.

TREND ► Significantly lower than the 2009 benchmark.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Children 0-17)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 91]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.



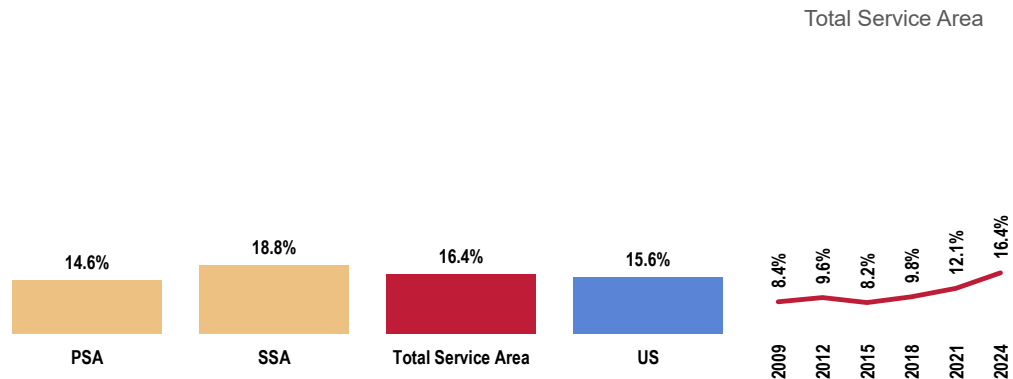
EMERGENCY ROOM UTILIZATION

A total of 16.4% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

TREND ► Increasing significantly since 2009.

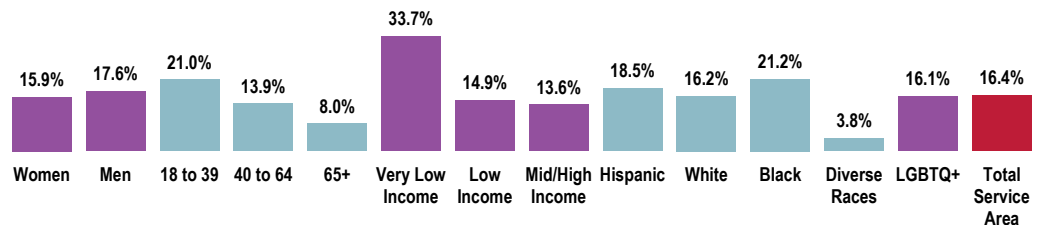
DISPARITY ► More often reported among adults under the age of 40, those with very low incomes, Hispanic respondents, White respondents, and Black respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Service Area, 2024)



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: • Asked of all respondents.



ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

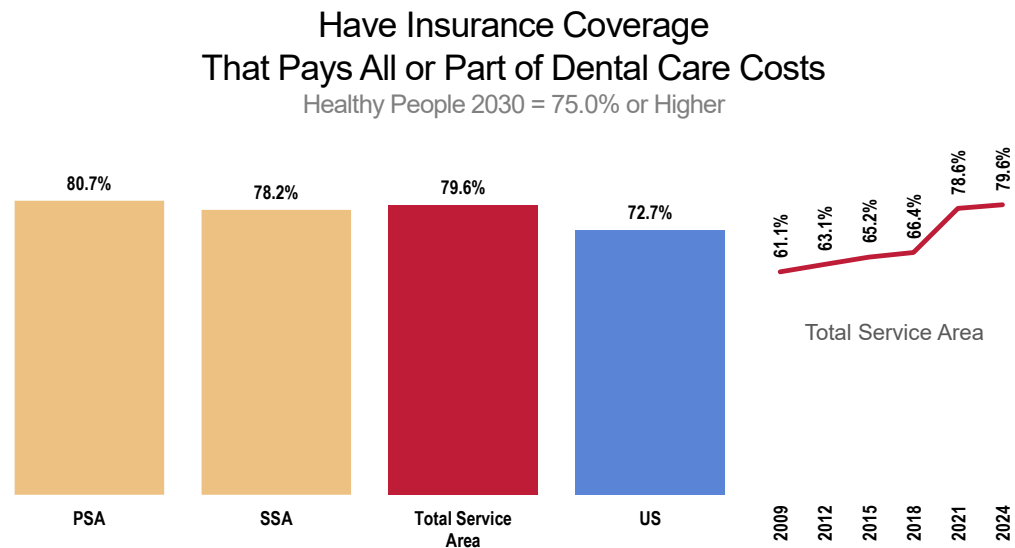
– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Insurance

Most (79.6%) Total Service Area adults have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Higher than the US percentage. Satisfies the Healthy People 2030 objective.

TREND ► A significant increase from the 2009 baseline.



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 18]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Asked of all respondents.



Dental Care

Adults

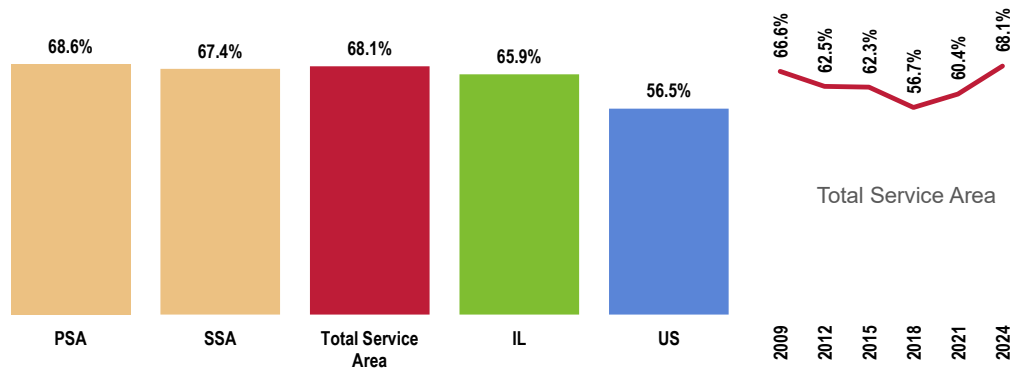
A total of 68.1% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Higher than the US percentage. Easily satisfies the Healthy People 2030 objective.

DISPARITY ► Those less likely to have received dental care include men, residents living in low-income households, Black respondents, those of diverse races, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Illinois data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

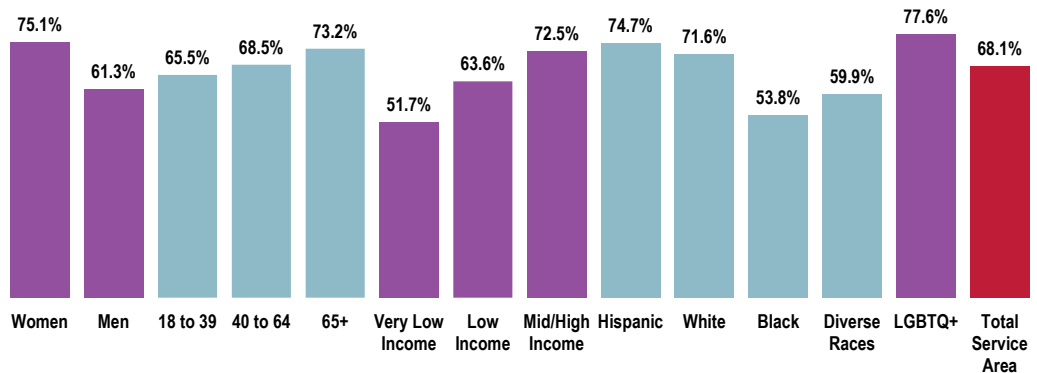
Notes: • Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Service Area, 2024)

Healthy People 2030 = 45.0% or Higher

With dental insurance 74.1%
No dental insurance 45.0%



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 17]
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.



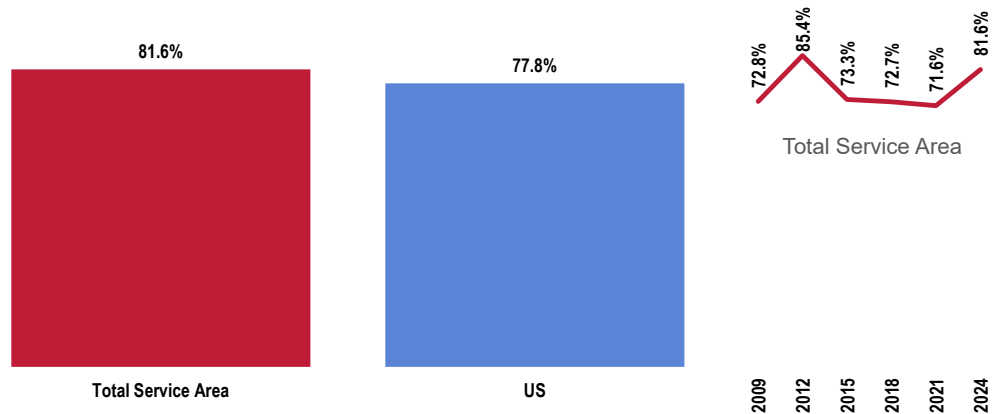
Children

A total of 81.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Children 2-17)

Healthy People 2030 = 45.0% or Higher



Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 93]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Asked of all respondents with children age 2 through 17.



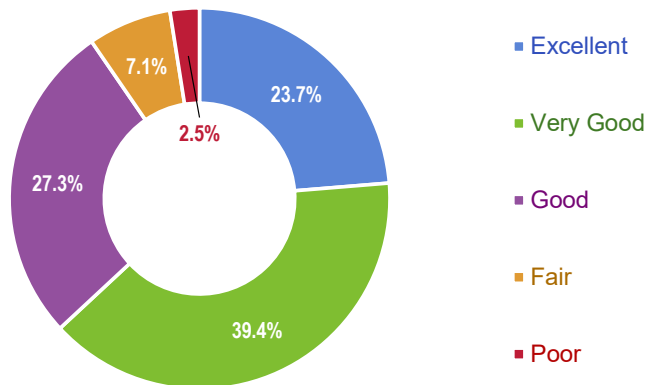


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Total Service Area adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community
(Total Service Area, 2024)



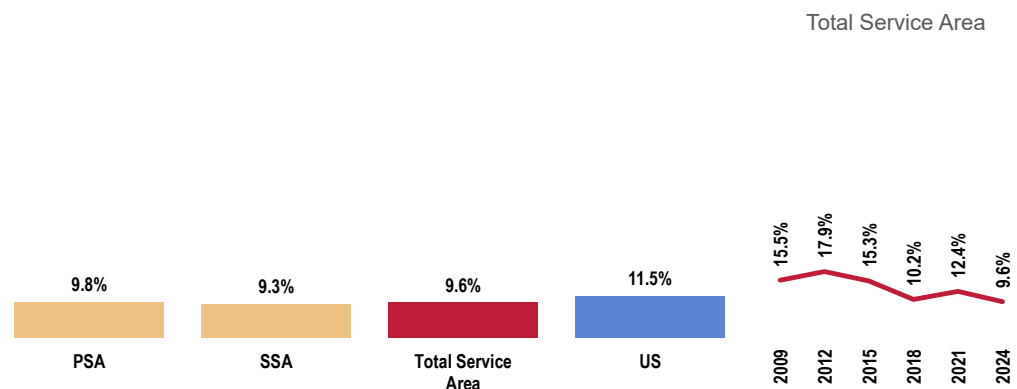
Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 9.6% of residents characterize local health care services as “fair” or “poor.”

TREND ► Dissatisfaction has decreased significantly since 2009.

DISPARITY ► More often reported among Black residents and those with access difficulties.

Perceive Local Health Care Services as “Fair/Poor”

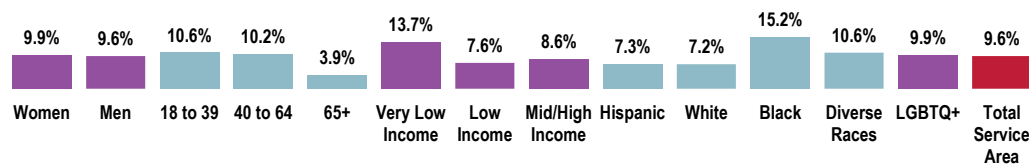


Sources: • 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Local Health Care Services as “Fair/Poor” (Total Service Area, 2024)

With access difficulty	15.0%
No access difficulty	2.1%



Sources: 2024 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: Asked of all respondents.



HEALTH CARE RESOURCES

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey conducted in the prior assessment and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Asian Human Services
- Cancer Treatment Centers
- Community Counseling Centers
- Family Planning
- Federally Qualified Health Centers
- Heartland Alliance Health
- Heartland Health Centers
- Hospitals
- Howard Brown
- Illinois Breast and Cervical Cancer Program
- Mental Health Services

- Thorek Memorial Hospital
- Vaccines
- Weiss

Dementia/Alzheimer's Disease

- Community Health Centers
- Council for Jewish Elderly
- Food Bank
- Heartland Health Centers
- Help at Home
- Howard Brown
- Thorek Memorial Hospital
- Weiss

Cancer

- Cancer Institute
- Cancer Treatment Centers
- Counseling
- Diet and Healthy Lifestyle Treatments
- Doctor's Offices
- Heartland Health Centers
- Howard Brown
- Medical Schools
- Public Awareness
- Research Centers
- Swedish
- Thorek Memorial Hospital
- Weiss

Diabetes

- AHS
- Heartland Health Centers
- Howard Brown
- Thorek Memorial Hospital
- Weiss

Coronavirus

- AHS Family Health Center
- CDC
- Chicago Department of Public Health
- Effective Emergency Planning
- Heartland Alliance Health
- Heartland Health Centers
- Hospitals
- Howard Brown

Disabilities

- AHS Family Health Center
- Broadway Youth Center
- Heartland Health Centers
- Hospitals
- Howard Brown
- Pain Clinics
- Thorek Memorial Hospital
- Weiss

Heart Disease

- Hospitals
- Howard Brown
- Thorek Memorial Hospital



Injury and Violence

- Ascend Justice
- Behavioral Health Services
- Community Based Organizations
- Community Health Centers
- Educational Programs
- Fraternal Order of Police
- Hospitals
- Howard Brown
- Local and State Statutes
- Thorek Memorial Hospital
- Urgent Care
- Youth Programs

Mental Health

- City of Chicago CARE Mobile Response Pilot Program
- Hartgrove Behavioral Health
- Hospitals
- Howard Brown
- Illinois Masonic
- Mental Health Services
- NAMI
- State Mental Health Facility
- Thorek Memorial Hospital
- Threshold's Living Room

Nutrition, Physical Activity, and Weight

- Fitness Centers/Gyms
- Howard Brown
- Nutritional Education
- Parks and Recreation
- Thorek Memorial Hospital
- Take Off Pounds Sensibly Club
- Weight Watchers
- Youth Physical Fitness Activities

Oral Health

- Community Health Centers
- Cook County Dental
- Dentist's Offices
- Federally Qualified Health Centers
- Heartland Alliance Health
- Medical Schools
- Thorek Memorial Hospital

Respiratory Diseases

- Doctor's Offices
- Howard Brown
- Thorek Memorial Hospital

Sexual Health

- Community Health Centers
- Howard Brown
- STD Screenings
- Thorek Memorial Hospital

Substance Abuse

- Chicago Public Schools
- Community Based Organizations
- Cook County
- Doctor's Offices
- Hartgrove Behavioral Health
- Heartland Alliance Health
- Herbal Remedies
- Hospitals
- Howard Brown
- Local and State Statutes
- Thorek Memorial Hospital

Tobacco Use

- Thorek Memorial Hospital
- Tobacco Quit Line





APPENDIX

EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Thorek Memorial Hospital (Thorek) has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$15,500,000 in community benefit, excluding uncompensated Medicare.
- More than \$650,000 in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

Thorek provides the community specialized, hospital-sponsored health services, prevention, education, health screenings and charity care. Many are longstanding services for which TMH has been well known; others have been recently initiated in response to emerging needs. All these services are now part of the hospital's ongoing effort to meet the needs of the community. Below are initiatives Thorek Memorial Hospital has done and continues to develop.

Addressing Significant Health Needs

Thorek conducted its last CHNA in 2022 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Thorek would focus on developing and/or supporting strategies and initiatives to improve:

- A. Improving Access to Health Care Services
- B. Mental Health/Substance Abuse
- C. Promoting Oral Care
- D. Cancer Programs
- E. Nutrition, Physical Activity, and Weight
- F. Language Assistance/Hearing Impaired Programs

Strategies for addressing these needs were outlined in Thorek's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Thorek to address these significant health needs in our community.



A. IMPROVING ACCESS TO HEALTHCARE SERVICES

Target Population: Community Members who are uninsured, underinsured and the broader community experiencing access to health care.

Goals: Increase the proportion of persons with a usual primary care provider; increase access to primary care; and reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care/screenings. Work to lower use of Emergency Room visits for non-urgent medical treatment

Partnering Organizations: Asian Human Services, Heartland Health Alliance, Uptown and Buena Park Community Organizations

Primary Care Services

The TMH Ambulatory Care Center extended hours of operations for ease of access. Weekday and Weekend hours are available at Thorek to address access and ER congestion. In addition, three hospital offsite locations: Chinatown Square and Ukrainian Village clinic locations operate to better serve the patient population. Within the past year, Thorek has recruited a full-time Primary Care Physician to expand access to Primary Care at Thorek Memorial Hospital and Chinatown Clinics.

Emergency Care

The TMH state-of-the-art emergency department continues to help the indigent and provide crisis management services at both Hospitals to the community who await response from the City of Chicago's shelter service.

Center for Primary Care/Ambulatory Care Services/China Square/Ukrainian Village
All TMH clinics accept appointments and walk-in patients. Hours vary based on location.

Transportation

TMH provides transportation via hospital van and contracted transportation services to patients within designated geographic boundaries per Hospital policy, as determined appropriate based on need and clinical status.

Specialist Physician Services

TMH also helps to provide access to specialty (consultant) physician services to members on an as needed basis. Over the past three years, Thorek has added the following Specialty Physicians to expand access to Specialty Care to the Community:

- **2 new Pain Physicians**
- **1 new Ophthalmologist**
- **1 new Urologist**
- **1 new Gastroenterologist**
- **1 new Retina Specialist**

The addition of the primary care and specialty care physicians as well as the current providers improved access to healthcare services as evidenced by almost 150,000 clinic visits over the most recent 3-year period.

B. FOCUS ON MENTAL HEALTH & WELLNESS AND SUBSTANCE ABUSE

Target Population: While there are many vulnerable populations, focus and thrust of the TMH plan is to address the following populations: the indigent, the elderly, individuals who have substance abuse, alcohol and are at-risk for mental illness, and also the chronically ill. It is our hope that our program transforms these populations from vulnerability to wellness and resilience.



Goals: Improve access to and create additional capacity to address mental health needs of the community; and improve health-related quality of life and well-being for all individuals

Partnering Organizations: Thresholds, NAMI, Lutheran Social Services, Illinois Health Providers Association, Family Guidance, and New Vision

Medical Stabilization Unit

Designed to stabilize patients suffering from withdrawal from alcohol and opiates, the 3 South nursing unit is a 30-bed general medicine unit providing multidisciplinary care to patients with withdrawal or alcohol intoxication as their primary diagnosis. Once stabilized, patients are provided with referrals for treatment of their addiction as well as follow up for any other medical problems. Over the most recent 3-year period, the Medical Stabilization Unit services resulted in over 3000 admissions and just under 9000 patient days.

Outpatient Mental Health

TMH now offers 5 days per week outpatient mental health services, including weekend hours. This includes medication management and traditional therapy/counseling. The clinic is staffed by:

MD
LCSW

Over the most recent 3-year period, the Outpatient Mental Health Clinic had over 5,000 clinic visits.

Inpatient Mental Health

TMH has capacity for just under 100 inpatient mental health beds spread over 5 mental health inpatient units. The units are staffed with the following:

MDs
RNs
LPNs
Crisis Workers
LCSWs
CNAs

Thorek's Adult Mental Health Program primarily treats patients with the following diagnoses:

- Schizophrenic Disorders
- Schizo-Affective Disorder
- Bi-Polar Disorders
- Dissociative Disorders
- Major Depressive Disorders
- Acute Psychosis
- Dual Diagnoses (medical and behavioral)

Over a 3-year period, Thorek had over 10,000 inpatient mental health admissions and over 72,000 patient days as evidence of the need for Mental Health Services in our communities.



C. PROMOTING ORAL CARE

Target Population: Adults and children within Thorek's primary service areas.

Goals: Reduce the proportion of children and adults with untreated dental decay; and increase the proportion of children and adults who have used the oral health system in the past year.

Medical Office in Hospital

Dr Azim, DDS, operates an office within Thorek's Professional Office Building. Dr. Azim specializes in family dentistry with a specific focus on pediatric dentistry. She is part of the American Dental Association as well as both the Illinois and Chicago Dental Societies. Dr Azim accepts most insurance plans and accepts walk-ins.

D. CANCER PROGRAMS

Target Population: Uninsured, underinsured, and other adults within Thorek's primary service areas in need of access to Cancer Care; Patients (ages 40 and up) within Thorek's primary service areas.

Partnering Organizations: Asian Human Services (Mammogram services as part of IBCCP program to increase access to mammograms for low-income population in the community)

Discounted Mammography

For those without insurance or who wish to pay for themselves, Thorek Memorial Hospital offers digital mammograms at a discounted fee. Our fee includes both the exam and the radiologist's reading, without any unexpected or additional charges.

Medical Oncology and Radiation Therapy

Thorek Hospital's Oncologist/Hematologist (Manjeet Chawla MD) and Medical Oncology Program demonstrate Thorek's commitment to provide and increase the access to Medical Oncology Cancer care (including infusion services, chemotherapy, and primary oncology care) for our communities. In addition, Thorek operates a Radiation Therapy department to provide radiation therapy services and thus provides a continuum of Cancer Care services to our patients all in one location. Thorek Cancer Care Services had over 30,000 primary cancer care, medical oncology services, and radiation oncology visits/treatments over a 3-year period.

E. NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT

Target Population: Seniors, other adults in our patient population, and the broader community with diabetes as well as those seeking to improve their health, diet, or manage their weight and health.

Thorek Memorial offers outpatient visits and education for patients and community members accessible both on-site and virtually on a weekly basis at the Irving Park Campus. The clinic is staffed by a certified dietician who assists patients with managing their diabetes, providing education on a healthy lifestyle including proper diet and exercise, and maintaining proper weight and promoting overall health.



F. LANGUAGE ASSISTANCE/HEARING IMPAIRED PROGRAMS

Target Population: Underserved, non-English speaking/Hearing Impaired community
AMN Language Services allows non-English speaking and hearing-impaired patients to communicate with their medical providers. This service is provided at **NO COST** to patients and family members/caretakers. The following are the types of communications that is offered through AMN Language Solutions:

- Phone
- Tablet-video conference

G. CHARITY CARE

Target Population: Underserved, underinsured, uninsured and broader community
Thorek provides medically necessary services to all patients regardless of race, creed, color, gender, or country of national origin and without regards to ability of the patient to pay for such services. Thorek provides a minimum 53% discount of charges for all patients without insurance, regardless of income or assets. Patients are eligible for an additional 25% quick pay discount on the remaining amount due after the initial 53% discount. Patients are eligible for additional payment reductions and or interest free payment plans up to and including complete write-off of charges for patients that are eligible for the Hospital's charity care policy or show severe financial distress. For patients that do not meet charity care guidelines, a 53% (based on 600% of federal poverty guidelines) initial discount is taken and the remainder is eligible for a 25% immediate payment discount. The remaining amount will be paid based upon an agreed upon payment plan (up to one year) with the patient or will receive further discount based upon the individual patient's financial situation. Any final amount that will be paid is determined and paid in full or according to an agreed upon payment plan with the patient (up to one year). Every opportunity will be made to ensure the patient has the chance to pay what they can afford too based upon their financial situation at that time. The Hospital does not attempt to garnish any wages of the patient, does not file liens on any personal property of the patient, nor does it pursue any other aggressive collection techniques in pursuit of payment.

