COMMUNITY HEALTH NEEDS ASSESSMENT

North Region

APPENDICES

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Steering Committee for the Health Impact Collaborative of Cook County

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Armand Andreoni, Co-lead for Central Region</td>
<td>Loyola University Medical Center/ Gottlieb</td>
</tr>
<tr>
<td>Barb Giloth, Lead for South Region</td>
<td>Advocate Health Care</td>
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<tr>
<td>Bonnie Condon</td>
<td>Advocate Health Care</td>
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<tr>
<td>Charles Williams, Co-lead for Central Region</td>
<td>Norwegian American Hospital</td>
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<tr>
<td>Elissa Bassler, Laurie Call</td>
<td>Illinois Public Health Institute</td>
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<tr>
<td>Jaime Dircksen, Sheri Cohen, Ivonne Samblin</td>
<td>Chicago Department of Public Health</td>
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<tr>
<td>Jay Bhatt</td>
<td>Illinois Hospital Association</td>
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<tr>
<td>Mariana Wrzosek, Co-lead for North Region</td>
<td>Presence Health</td>
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<tr>
<td>Paula Besler, Co-lead for North Region</td>
<td>Advocate Lutheran General Hospital</td>
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<tr>
<td>Raj Shah, Christopher Nolan</td>
<td>Norwegian American Hospital</td>
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<tr>
<td>Steve Seweryn, Kiran Joshi</td>
<td>Cook County Department of Public Health</td>
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<tr>
<td>Will Snyder</td>
<td>Presence Health</td>
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North Region Leadership Team of the Health Impact Collaborative of Cook County

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Paula Besler (North co-lead)</td>
<td>Advocate Lutheran General</td>
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<tr>
<td>Mariana Wrzosek (North co-lead)</td>
<td>Presence Health</td>
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<tr>
<td>Carl Caneva</td>
<td>Evanston Health Department</td>
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<tr>
<td>Catherine Counard, David Clough</td>
<td>Skokie Health District</td>
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<tr>
<td>Beverly Millison</td>
<td>Presence St. Joseph and St. Francis</td>
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<tr>
<td>Elvis Munoz</td>
<td>Advocate Lutheran General</td>
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<tr>
<td>Ivonne Sambolin</td>
<td>Chicago Department of Public Health</td>
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<tr>
<td>Lisa Kritz</td>
<td>Advocate Illinois Masonic</td>
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<tr>
<td>Mark Schroeder, Hania Fuchet</td>
<td>NorthShore University Health System</td>
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<tr>
<td>Marissa Townes-Jenkins</td>
<td>Presence Health</td>
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<tr>
<td>Valerie Webb</td>
<td>Cook County Department of Public Health</td>
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Appendix B – Participating Hospitals, Health Departments, and Stakeholders

Health Impact Collaborative of Cook County
Currently Participating Hospitals and Health Departments:

Hospitals
Advocate Children’s Hospital (adjunct)  Norwegian American Hospital
Advocate Christ Medical Center  Presence Holy Family Medical Center
Advocate Illinois Masonic Medical Center  Presence Resurrection Medical Center
Advocate Lutheran General Hospital  Presence Saint Francis Hospital
Advocate South Suburban Medical Center  Presence Saint Joseph Hospital
Advocate Trinity Hospital  Presence Saints Mary and Elizabeth Medical Center
Gottlieb Memorial Hospital  Center
Loyola University Medical Center  Provident Hospital of Cook County
Mercy Hospital & Medical Center  RML Specialty Hospitals (Chicago & Hinsdale)
NorthShore Evanston Hospital  Roseland Community Hospital
NorthShore Glenbrook Hospital  Rush Oak Park
NorthShore Highland Park Hospital (adjunct)  Rush University Medical Center
NorthShore Skokie Hospital  Stroger Hospital of Cook County

Health Departments
Chicago Department of Public Health  Oak Park Department of Health
Cook County Department of Public Health  Park Forest Health Department
Evanston Health and Human Services  Stickney Public Health District
Department  Village of Skokie Department of Public Health

MISSION, VISION, AND VALUES (Developed Collaboratively May-July 2015)

Mission: The Health Impact Collaborative of Cook County will work collaboratively with communities to assess community health needs and assets and implement a shared plan to maximize health equity and wellness.

Vision: Improved health equity, wellness, and quality of life across Chicago and Cook County

Values:
1. We believe the highest level of health for all people can only be achieved through the pursuit of social justice and elimination of health disparities and inequities.
2. We value having a shared vision and goals with alignment of strategies to achieve greater collective impact while addressing the unique needs of our individual communities.
3. Honoring the diversity of our communities, we value and will strive to include all voices through meaningful community engagement and participatory action.
4. We are committed to emphasizing assets and strengths and ensuring a process that identifies and builds on existing community capacity and resources.
5. We are committed to data-driven decision making through implementation of evidence-based practices, measurement and evaluation, and using findings to inform resource allocation and quality improvement.
6. We are committed to building trust and transparency through fostering an atmosphere of open dialogue, compromise, and decision making.
7. We are committed to high quality work to achieve the greatest impact possible.
### Health Impact Collaborative of Cook County

#### Stakeholder/Community Partners

(as of June, 2016)

<table>
<thead>
<tr>
<th>North Region Stakeholder Advisory Team Members, as of June 2016</th>
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<tbody>
<tr>
<td>Access to Care</td>
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<tr>
<td>Access Community Health Network, Genesis Center</td>
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<tr>
<td>American Cancer Society</td>
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<td>American Indian Health Services</td>
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<td>Asian Human Services</td>
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<td>Catholic Charities</td>
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<td>Center of Concern</td>
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<td>Cook County Housing Authority</td>
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<td>Des Plaines Ministerial Association</td>
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<td>DePaul University</td>
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<td>Erie Family Health Center</td>
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<td>Howard Brown Health</td>
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<tr>
<td>Lutheran Social Services of Illinois</td>
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<tr>
<td>Maine Community Youth Assistance Foundation (MCYAF)</td>
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<td>Maryville Academy</td>
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<td>National Alliance on Mental Illness (NAMI) Cook County North Suburban</td>
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<td>North Park University</td>
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<td>Norwood Park Senior Center</td>
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<td>Patient Innovation Center</td>
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<td>PEER Services</td>
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<td>Polish American Association</td>
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<td>Turning Point Behavioral Health Center</td>
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Central Region Stakeholder Team Members, as of June 2016

<table>
<thead>
<tr>
<th>Age Options</th>
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<tr>
<td>Aging Care Connections</td>
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<td>Catholic Charities</td>
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<td>Chicago Police Department - 14th District</td>
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<td>Diabetes Empowerment Center</td>
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<td>Housing Forward</td>
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<td>Infant Welfare-Oak Park/The Children's Clinic</td>
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<td>Interfaith Leadership Project</td>
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<td>Loyola University Stritch School of Medicine</td>
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<td>Mile Square Health Center</td>
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<td>PCC Wellness</td>
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<td>PLCCA: Proviso Leyden Council for Community Action</td>
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<td>Proviso Township Mental Health Commission</td>
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<td>Respiratory Health Association</td>
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<td>West 40 Intermediate Service Center</td>
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<td>West Cook YMCA</td>
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<td>West Humboldt Park Development Council</td>
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<td>West Side Health Authority</td>
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<td>Wicker Park Bucktown Chamber of Commerce</td>
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<td>South Region Stakeholder Advisory Team Members, as of June 2016</td>
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<td>AERO Special Education Cooperative</td>
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<td>Arab American Family Services</td>
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<td>Aunt Martha’s</td>
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<td>Calumet Area Industrial Commission</td>
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<td>Cancer Support Center</td>
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<td>Chicago Hispanic Health Coalition</td>
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<td>Chinese American Service League (CASL)</td>
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<td>Christian Community Health Center</td>
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<td>Claretian Associates</td>
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<td>Consortium to Lower Obesity in Chicago Children (CLOCC)</td>
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<td>Crossroads Coalition</td>
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<td>Cure Violence / CeaseFire</td>
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<td>Family Christian Health Center</td>
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<td>Healthcare Consortium of Illinois</td>
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<td>Health Care Rotary, Oak Lawn</td>
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<td>Healthy Schools Campaign</td>
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<td>Human Resources Development Institute (HRDI)</td>
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<td>Illinois Caucus for Adolescent Health (ICAH)</td>
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<td>Metropolitan Tenants Organization</td>
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<td>National Alliance on Mental Illness (NAMI) South Suburban</td>
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<td>PLOWSCouncil on Aging</td>
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<td>Salvation Army Kroc Center</td>
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<td>Southland Chamber of Commerce, Healthcare Committee</td>
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<td>Southland Hispanic Leadership Council</td>
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<td>South Suburban College</td>
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<td>South Suburban PADS</td>
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<td>South Suburban Mayors and Managers Association</td>
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Appendix C1 – Focus Group Report – Community Themes and Strengths Assessment

Background
The Health Impact Collaborative of Cook County organized 23 focus groups throughout Chicago and Suburban Cook County between October 2015 and March 2016, including eight focus groups in the North region. The goal of the focus groups was to understand the needs, assets, and potential resources in various communities of Chicago and Suburban Cook County and to gather ideas about how hospitals can partner with communities to improve health. The focus groups findings are an integral component of data in the CHNA, and the hospitals and their partners in the Health Impact Collaborative of Cook County focused on hearing from community representatives who have direct knowledge and experience related to the health inequities in the region.

Focus Groups
The Illinois Public Health Institute (IPHI) facilitated the focus groups, most of which were implemented in 90 minute sessions with approximately 8 to 10 participants. IPHI adjusted the length of some sessions to be as short as 45 minutes and as long as two hours to accommodate the needs of the participants, and some groups included as many as 25 participants.

The questions and topics that were discussed during the focus groups included the following:
- How do you define a healthy community?
- What are the best things about your community? What is good about your community that you wish there was more of?
- What are some things about your community that are not so great or need to be improved?
- Looking over the list of things the group has identified that need to be improved, what are the biggest issues facing your community? If you had to make one thing better what would it be?
- Are there particular groups of people that are more vulnerable than others or have unique needs that are important to address to be a healthier community?
- What ideas do you have for how these issues could be addressed or improved?

Participants
Members of the Regional Leadership Team and Stakeholder Advisory Team hosted the focus groups and recruited focus group participants, with an intentional approach to include a diverse range of communities and service providers. Recruiters specifically sought out participants who belong to or interact with populations such as racial or ethnic minorities, immigrants, limited English speakers, low-income communities, families with children, formerly incarcerated individuals, veterans, seniors, and young adults. Recruiters directed their efforts towards populations with unique needs because they often experience health inequities and their voices are often unheard in assessment processes. Cross-regional input from these populations of interest is summarized on pages 16-20.

Figure 1 describes the focus group participants in the North Region of the Health Impact Collaborative of Cook County. Participants represented diverse racial and ethnic backgrounds and varied socioeconomic statuses. Participants in the Asian Human Services (AHS), Hanul Family Alliance, and Polish American Association groups lived and/or worked in immigrant communities. Participants in the Down Syndrome Center group included healthcare providers, families and caregivers of...
individuals living with Down Syndrome, and long-term residential facility staff. Norwood Park Senior Center participants were the caregivers and families of aging adults. Lesbian, gay, bisexual, queer, intersex, and asexual (LGBQIA) and transgender community members were represented by staff and clients at Howard Brown Health Center. Figure 2 is a map of the communities represented by participants.
<table>
<thead>
<tr>
<th>Host Organization</th>
<th>Location (Date)</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Adult Down Syndrome Center</strong></td>
<td>Advocate Lutheran General Hospital in Park Ridge, Illinois (1/28/16)</td>
<td>Participants included parents and families of individuals with Down syndrome, medical providers, a representative from a residential facility, and adults living with Down syndrome. The Adult Down Syndrome Center is a medical center providing comprehensive medical care with a focus on health promotion for adults and teens with Down syndrome.</td>
</tr>
<tr>
<td><strong>Asian Human Services (AHS)</strong></td>
<td>AHS office in the Uptown community of Chicago (1/27/16)</td>
<td>Participants were staff members with AHS. AHS is a Social Service Organization serving immigrants, refugees, and other underserved communities in Chicago and the northern suburbs of Cook County.</td>
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<tr>
<td><strong>Hanul Family Alliance</strong></td>
<td>Hanul Family Alliance offices in the Albany Park community of Chicago (1/13/16)</td>
<td>The focus group was conducted in Korean and participants were Korean-American community members. The mission of Hanul Family Alliance is to provide comprehensive community-based services to meet the needs of Korean-American seniors and families to enhance their quality of life.</td>
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<tr>
<td><strong>Harper College</strong></td>
<td>Harper College campus in Palatine, Illinois (2/8/16)</td>
<td>Focus group participants included students and faculty in the college’s Health Services Department as well as community partners including staff at social service organizations and representatives from local government. Harper College is a community college that serves more than 40,000 students annually in Chicago’s Northwest Suburbs.</td>
</tr>
<tr>
<td><strong>Healthy Rogers Park Community Network</strong></td>
<td>Heartland Health Center – Devon in the Rogers Park community of Chicago (1/20/16)</td>
<td>Participants included representatives from local social service organizations, clinics, hospitals, and community groups. The Healthy Rogers Park Community Network serves as a gathering point for all organizations providing health wellness, safety, food access, and related support to the Rogers Park community.</td>
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<tr>
<td><strong>Howard Brown Health</strong></td>
<td>Howard Brown Health’s Clinic in the Uptown community of Chicago (3/11/16)</td>
<td>Participants were LGBTQIA and transgender community members from across Chicago and Suburban Cook County and staff who were residents of surrounding communities. Howard Brown Health provides or supports primary medical care, behavioral health, research, HIV/STI prevention, youth services, elder services, and community initiatives.</td>
</tr>
<tr>
<td><strong>Norwood Park Senior Center</strong></td>
<td>Norwood Park Senior Center located in the Norwood Park community of Chicago (1/24/16)</td>
<td>Focus group participants were family members and caregivers of individuals requiring assisted living or full-time care. A home health aide also participated in the group. The Norwood Park Senior Center provides facilities such as a large fitness center, computer lab, library, conference room, and wellness room for seniors in the community. The Center offers daily lunches, computer training, yoga, dance, caregiver support and participation in trips and special events.</td>
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<tr>
<td><strong>Polish American Association</strong></td>
<td>Polish American Association offices in the Portage Park community of Chicago (2/9/16)</td>
<td>Focus group participants were Polish American staff who were also community members. The Polish American Association is a human services organization providing a comprehensive range of bilingual and bicultural services to the Polish community and others in need.</td>
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</table>
Focus group participants represented a large geographical area within the North region. Communities on the North Side of Chicago and the north and northwest suburbs of Cook County were well represented.
Appendix C1 – Focus Group Report – Community Themes and Strengths Assessment

Cross-cutting Themes from Focus Groups in the North Region

Several cross-cutting themes emerged from the eight focus groups during the analysis phase. The major themes that focus group participants identified as having a significant impact on overall community health included:

- access to affordable healthcare;
- immigrant health (case management, culturally and linguistically competent providers, multi-lingual government services, hospital data collection practices);
- LGBQIA and transgender health (culturally competent providers, mistreatment of LGBQIA and transgender community members);
- mental and behavioral health (preventative service, youth services, crisis intervention training for emergency responders);
- senior health (support for caregivers, senior centers, standardization of home health services);
- family services (intergenerational services and activities for families, family-based interventions);
- educational opportunities (education inequity, hospital partnerships with schools, continuity of services, leadership training for youth and adults);
- community cohesion and community partnerships;
- safety (violence prevention curriculum in schools, lack of a positive police presence);
- funding and the State budget crisis (sustained funding of programs, alternate funding sources);
- policy change and advocacy (positive community leadership, incarceration of individuals living with behavioral health issues);
- infrastructure and the built environment (accessible neighborhoods, clean green spaces, transportation services);
- economic development (workforce development, economic leakage, poverty);
- quality affordable housing; and
- access to healthy foods (food insecurity among children, community gardens).

Priority Groups Identified by Focus Group Participants in the North Region:

- Racial and ethnic minorities
- Immigrants (particularly those who are undocumented or linguistically isolated)
- LGBQIA and transgender community members
- Older adults and caregivers
- Children and adolescents (particularly children living in low-income communities)
- Working poor and unemployed adults (particularly individuals living with intellectual disabilities and working parents)
- Single parent families
• Uninsured individuals
• Individuals with mental illness
• Individuals with intellectual disabilities
• Individuals living in long-term care facilities and group homes
• Incarcerated or formerly incarcerated

Access to Care

Major Barriers to Accessing Care
• Lack of information and awareness about community resources and government benefits
• Lack of community-based prevention services and urgent care facilities
• Lack of youth-friendly health services
• Standardization of screening protocols for health issues is needed
• Shortage of providers accepting Medicaid
• Inadequate Medicaid coverage for additional health services

Multiple groups in the North region identified issues or barriers to accessing quality affordable healthcare. The majority of groups indicated the need for centralized sources of information about healthcare and social services available to community residents, including information about available programs, government benefits, health care and behavioral health providers, and community-based services available to community residents. Caregivers in the Norwood Park Senior Center group stated that they need a service that can provide comprehensive information about the community resources and government benefits available for caregivers and aging adults. Participants in the Down Syndrome Center group stated that the existing database for disability services, run by the Illinois Department of Human Services’ Division of Rehabilitation Services, needs to be updated and improved. Participants in the Healthy Rogers Park group cited the need for a directory of community-based organizations with descriptions of the populations that they serve. Individuals in the Healthy Rogers Park and AHS group emphasized the need for culturally appropriate resource information, so that immigrant populations are aware of the social services available to them.

“Access to non-emergency preventative care is crucial, health services are needed before a crisis.”
- AHS Staff Member -

The AHS, Healthy Rogers Park, Norwood Park Senior Center, and Polish American Association groups highlighted the need for additional community-based prevention services and urgent care facilities to prevent hospitalization and linkage to community-based care if hospitalization occurs. Howard Brown Health participants indicated that youth-friendly
drop-in health services are needed across the spectrum of care. Community residents in the Harper College group indicated the need to standardize screening procedures for a wide range of medical issues from hypertension to domestic violence. Harper College participants described how community health workers and staff at community-based organizations could leverage standardized screening practices to refer residents to appropriate healthcare services or providers before health issues reach crisis level.

Community residents in the Down Syndrome Center and Harper College focus groups highlighted the need for more providers that accept Medicaid. Individuals in the Down Syndrome Center group indicated that Medicaid benefits should be expanded to include dental, vision, and auditory medical services. Participants in the Harper College group stated that individuals receiving Medicaid benefits often feel that they are treated with less respect than individuals with private insurance plans and that they are given lower quality care. Individuals emphasized the need for healthcare staff to provide high quality care in a way that is respectful to all patients regardless of their type of insurance coverage.

**Immigrant and Refugee Health**

Six of the eight focus groups in the North region indicated that immigrants are at an increased risk for health issues and have less access to quality medical care. The AHS, Healthy Rogers Park, Hanul Family Alliance, and Polish American Association groups highlighted the need for additional culturally and linguistically competent providers across the spectrum of care and prevention programs. Although language interpretation services are available at hospitals, the Hanul Family Alliance and Polish American Association groups cited long wait times for interpreters as a barrier to utilizing those services. Residents in the AHS, Hanul Family Alliance, and Polish American Association groups indicated that medical information, such as educational booklets or discharge papers, should be available in a variety of languages. Polish American Association and Hanul Family Alliance participants explained that additional multilingual staff are needed for government agencies including bilingual emergency responders.

In addition to culturally and linguistically appropriate services, other needs arose related to immigrant health. AHS participants explained that case management services for immigrant community members are needed to support prevention and continuity of care. Polish American Association participants described the fear of deportation or legal issues as a barrier to undocumented seniors accessing care. AHS and Polish American Association staff highlighted the need for more detailed data collection practices in hospitals and health departments. For example, an extremely diverse group of ethnicities, nationalities, and languages are encompassed by the racial category labeled “Asian.” This presents a major challenge for community based,
social service, and healthcare organizations that are serving different Asian-American populations because it is difficult to fully assess the needs of the diverse communities that they serve.

Participants cited lack of sensitivity to cultural difference as a significant issue impacting immigrant health. Several participants stated that a lack of cultural sensitivity can result in unfair treatment and perceptions that hospitals are not welcoming to immigrants. Undocumented immigrants and linguistically isolated individuals were mentioned as being more likely to experience poor treatment. Participants recommended sensitivity training for hospital staff to ensure that immigrants feel that they are treated with dignity and respect, and several representatives of community based organizations emphasized the knowledge and expertise that community based organizations can contribute related to this work.

**LGBQIA\(^1\) and Transgender Health**

Participants in the Howard Brown Health and Healthy Rogers Park focus groups explained that LGBQIA and transgender community members are more likely to experience a number of health related issues including homelessness in youth, homelessness in adulthood, and substance abuse. Community members explained that additional culturally competent mental health providers are needed in LGBQIA, transgender, and other minority communities. Participants indicated that culturally competent substance abuse services that address the root causes of substance abuse are also needed.

Several LGBQIA and transgender community members stated that they have experienced transphobia, ableism (discrimination against individuals with disabilities), and racism from other residents and that sensitivity training is needed in many sectors of the community. Rights\(^2\) for transgender community members were described as lacking in the communities throughout Chicago and Suburban Cook County. Residents highlighted the need for inclusive policies and practices in many community-based institutions including local K-12 schools. Participants also mentioned the need for additional gender neutral facilities including gender neutral restrooms or locker rooms at parks, recreation facilities, schools, and businesses.

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\(^1\) Lesbian, Gay, Bisexual, Queer, Intersex, and Asexual (LGBQIA)

\(^2\) Participants are referring to the broader societal movement to provide equal rights and protections for LGBQIA and transgender community members.
Mental and Behavioral Health

The ongoing reduction of mental health facilities and cuts to mental health services are leading to the permanent closure of many essential behavioral health resources. Six of the eight focus groups highlighted the need for more community-based behavioral health and substance abuse services and facilities. Seniors, individuals living with intellectual disabilities, immigrants, LGBQIA individuals, transgender individuals, children, and adolescents were identified as needing specialized behavioral health resources.

Individuals in the AHS, Howard Brown Health, and Healthy Rogers Park groups explained that the stigma associated with mental and behavioral health issues needs to be addressed. These groups highlighted that issues related to stigma are particularly problematic in minority populations. Individuals in the Harper College and Howard Brown Health emphasized the need to de-criminalize substance abuse and issues related to mental illness.

"We need specialized Peer-Led programs to de-escalate mental health crises to prevent admission to hospitals, institutions, and incarceration" - Harper College Community Partner -

Individuals in the Harper College group indicated that additional preventative services, such as drop-in counseling services, regular visits with a provider, and peer-led programs are needed to de-escalate crises and prevent hospitalization. Harper College participants stated that community health workers could be leveraged to identify community residents needing behavioral health interventions and refer them to care.

Community gardens and workforce development programs were described as potential mental health interventions in the North region. Healthy Rogers Park participants indicated that community gardens are an excellent way to promote mental health. Down Syndrome Center participants explained that workforce development programs for individuals with mental illness and/or intellectual disabilities can be therapeutic and supportive of independent living.

Focus group results align with results from the Forces of Change Assessment (FOCA) that identified the criminalization of addiction, easy access to drugs, and the use of drugs to self-medicate in lieu of access to mental health services as issues affecting community mental and behavioral health with funding cuts, low/lack of reimbursement/low salaries leading to provider shortages, and stigma as barriers to access to treatment.
Senior Health

Participants in the Norwood Park Senior Center, Hanul Family Alliance, and Howard Brown Health groups stated that there is a shortage of quality retirement communities and long-term care facilities for seniors. Individuals in the Hanul Family Alliance group mentioned the need for senior housing that considers cultural differences for different ethnic groups. Staff in the Polish American Association group stated that undocumented immigrant seniors in the communities they serve often do not seek needed medical care due to a fear of deportation or legal issues. Caregivers in the Norwood Park Senior Center group mentioned the need for legal advice and information about resources and benefits for caregivers. Community members in the Hanul Family Alliance group expressed the need for behavioral health programs specifically designed for seniors and aging adults.

Multiple participants in the Norwood Park Senior Center group indicated the need for standardization and oversight of home health services. Individuals explained the difficulty that they had experienced in finding qualified home health aides and explained the need for a referral service that evaluates the many different home health agencies. Caregivers described how there is often a lack of coordination between different home health services and how separate individuals need to be hired for housekeeping, medical care, and transportation. As a result, participants highlighted the need for the consolidation of home health services and changes to the limits placed on home health agency employees. Participants also indicated the need to standardize the training for home health care workers. Individuals in the Norwood Park Senior Center group suggested that hospitals could fulfill both roles as a referral agency and a training resource.

Family Services

Five groups mentioned the need for intergenerational services and activities for families in their communities. The AHS, Healthy Rogers Park, and Down Syndrome Center groups all indicated that family-based solutions are essential for improving community health. Family-based solutions and services were described as being particularly important for single parents, working poor, families with young children, and caregivers.

“I don’t have any place to go to get advice and support for hiring home health.”
- Caregiver at Norwood Park Senior Center -

“Strong families and a strong sense of family connects to better health and quality of life.”
- AHS staff member -
Appendix C1 – Focus Group Report – Community Themes and Strengths Assessment

Education

Seven out the eight groups in the North region indicated that quality education is an important factor in community health. Participants in the Healthy Rogers Park group on the North Side of Chicago stated that current partnerships between hospitals and local schools are effective for providing leadership training and workforce development opportunities to young adults in their communities. The Healthy Rogers Park participants indicated that there is opportunity to expand hospital partnerships to include additional local high schools and community colleges. Harper College participants stated the value of community partnerships with community health worker programs. Harper College participants explained that community health workers are often important community resources for culturally competent information and can help fill part of the gap created by the shortage of culturally competent providers.

Howard Brown Health participants highlighted that quality education should be available to all students regardless of where they live. Residents stated that in many parts of Chicago and Suburban Cook County the education system has failed tremendously. Participants indicated that schools should empower students and provide workforce development opportunities. AHS staff stated that the underfunding and instability of schools is one of the biggest issues facing communities on the North Side of Chicago. The focus group findings aligned strongly with the findings from the FOCA and other assessments, which indicated that unequal school quality, school closings in Chicago, and disparities in access to quality early childhood education could lead to a lack of job and college readiness and long-term effects on the criminal justice system.

Community Cohesion and Community Partnerships

Participants in the AHS, Howard Brown Health, and Healthy Rogers Park groups described healthy communities as diverse and integrated. AHS participants highlighted the importance of community-based group services that promote connections and cohesiveness between community residents. Multiple groups described how partnerships with neighborhood schools, community colleges, community centers, community-based organizations, faith-based organizations, business networks, and community clinics could be leveraged to address community health needs. Participants in the Hanul Family Alliance and Harper College groups stated that all residents should be included in all aspects of community decision making. Howard Brown Health and Healthy Rogers Park participants emphasized the need for hospitals to be more engaged with residents in their surrounding communities. Harper College
participants indicated that there needs to be continued partnerships between community based organizations, hospitals, health departments, and community health worker programs to train health workers that can fill part of the gap created by the shortage of culturally competent providers.

Community Safety
The major safety issues identified by participants on the North Side of Chicago and in the North Cook suburbs included drug trafficking, gangs, human trafficking, violence in residential facilities, and vandalism. The focus group results were mirrored in the Community Resident Survey where respondents from the North region indicated that gang activity (16%), drug use/drug dealing (13%), and graffiti/vandalism (12%) are the most common reasons respondents felt unsafe in the last 12 months. The Healthy Rogers Park, AHS, and Harper College groups indicated that violence and domestic violence prevention curriculum starting at the earliest possible ages including pre-school is very important.

Norwood Park Senior Center participants described their community on the North side of Chicago as safe. However, several individuals in other groups indicated that a positive police presence and community engagement by police officers would improve the overall safety of their communities. Multiple participants stated that although their communities have been generally safe in the past, changing demographics and socioeconomics have contributed to decreases in overall community safety. Hanul Family Alliance participants indicated the need for bilingual and multi-lingual police officers in immigrant communities and stated that they have had negative experiences interacting with police because of language barriers. Howard Brown Health participants agreed that major changes are needed in police culture and police interactions with community members. Howard Brown Health participants suggested psychological evaluations and mental health services should be mandatory for police officers, especially those who work in high crime areas or experience trauma so that their interactions with community members are positive.

Funding and the State Budget Crisis
Social service organizations like Asian Human Services, the Adult Down Syndrome Center, C4, Hanul Family Alliance, Howard Brown Health, Latino Resource Center, Polish American Association, and Norwood Park Senior Center all fulfill an important need in the communities they serve. However, participants stated that the organizations are extremely resource limited and staff are often overburdened. As a result,
participants suggested that hospitals and health departments could help stabilize and sustain the funding for services provided by community based organizations, particularly those serving priority populations. Additional alternative forms of funding that were mentioned by participants include grants and funding from corporations as well as hospital grants for preventative care and screening services. Individuals in the Healthy Rogers Park group indicated the need for a shift from project-based funding in the nonprofit sector.

**Policy Change and Advocacy**

AHS, Healthy Rogers Park, Polish American Association participants highlighted the need for positive leadership that represents the needs of ethnic and racial minorities in local government and in hospital and health department administration. Polish American Association staff recommended that there should be policy change that legalizes undocumented immigrants that have been in the U.S. for an extended period of time.

Harper College participants indicated that many of the incarceration problems in their communities are due to a lack of mental health services. They stated that individuals with mental health issues should be sent to treatment not a correctional facility. Howard Brown Health participants explained that several changes are needed in the criminal justice system as a whole including a decrease in the imprisonment rate for individuals with mental illness or substance abuse issues, rights for transgendered incarcerated individuals, better medical care in correctional facilities, educational opportunities in prisons, and transitional services for the formerly incarcerated.

**Infrastructure and the Built Environment**

Five focus groups mentioned that clean green spaces are an important component of healthy communities. The AHS and Polish American Association groups cited accessibility of neighborhoods and facilities for disabled and older residents as another important component of healthy communities. Community members in the Down Syndrome Center, Howard Brown Health, and Healthy Rogers Park groups indicated that transportation assistance for seniors, individuals with disabilities, and low-income residents needs to be expanded.

**Economic Development**

Several groups indicated that additional workforce development and job opportunities are needed in their communities. Healthy Rogers Park participants emphasized the detrimental health impacts of economic inequities and the need to address poverty and improve economic opportunity in communities with high poverty rates. Participants
in the Norwood Park Senior Center and Healthy Rogers Park groups described how economic leakage\(^3\) has led to some of the economic inequities in their communities.

Participants in the Down Syndrome Center group described a lack of education and job training opportunities after high school for individuals with intellectual or physical disabilities. Individuals in the group explained that workforce development and job or volunteer placement supports independent living and can be therapeutic and promote the health of individuals living with disabilities. Participants mentioned the need for buy-in from local business owners so that they are open to providing fair employment opportunities for people with disabilities.

**Housing**

Residents in the Polish American Association group indicated that there is an abundance of quality housing in the North Side of Chicago and North Cook Suburbs, however, it is not necessarily affordable. The issue was echoed in the Community Resident Survey where 31% of respondents from the North region indicated that housing is “not very” or “not at all” affordable in their communities. In addition, individuals in the Healthy Rogers Park group stated that there are some areas on the North side of Chicago with severe crowding issues.

Individuals in the Howard Brown Health, Polish American Association, and Hanul Family Alliance groups indicated that additional services for homeless individuals and families are needed. Staff at the Polish American Association stated that it can be difficult to find even temporary housing for individuals and families experiencing an immediate crisis. Participants in the Harper College group described how the expansion of services like those provided by PADS (Providing Advocacy, Dignity, and Shelter) and WINGS could help to meet the needs of the homeless population in the North region.

Howard Brown Health participants highlighted the benefits of retirement communities and residential facilities specifically for the LGBQIA and transgender community. Individuals in the group explained that the need for housing services designed to meet the unique needs of LGBQIA and transgender residents is becoming increasingly important as the overall population ages.

**Healthy Foods**

Healthy Rogers Park participants stated that high food insecurity among children in some of the communities on the North Side of Chicago has profound effects on child health and development. Individuals in the Hanul Family Alliance and Healthy Rogers Park groups described how economic leakage refers to money leaving the local economy and being spent in other communities.
Park groups explained that community gardens not only provide a source of fresh produce, but can also be a form of intervention for youth and individuals with mental illness.

**Summary of Key Findings**

Figures 3a-3 describe some of the key findings from each of the focus groups in the North region.
Figure 3a. Key Findings of Focus Groups Completed in the North Region.

<table>
<thead>
<tr>
<th>Host Organization</th>
<th>Key Findings</th>
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</thead>
</table>
| **Adult Down Syndrome Center**<br>Parents and families of individuals with Down Syndrome, medical providers, a representative from a residential facility, and adults living with Down Syndrome in the City of Chicago and Suburban Cook County. | • Inpatient and outpatient mental health facilities, day programs, special recreation programs, residential facilities, and support systems for both youth and adults are all needed to ensure the health of individuals with intellectual disabilities. Funding issues and the state budget crisis is threatening services that are needed for individuals in the community that have intellectual disabilities and their caregivers.  
• There is a lack of behavioral and mental health services for individuals with intellectual disabilities. Behavioral health services specifically for aging adults with intellectual disabilities are also greatly lacking.  
• It takes families a long time to find resources because there are no consolidated resource centers and existing databases need improvement. Schools provide ties to resources, but there is no continuity into adulthood. Families also need information on legal resources and advice.  
• Job training, fair employment, and volunteer opportunities can significantly improve the health and independence of individuals living with Down syndrome. However, employment and volunteer opportunities are severely lacking. |
| **Asian Human Services (AHS)**<br>AHS staff members and community residents in the Uptown and Edgewater communities of Chicago. | • There is a need for data collection about the needs, health statuses, and healthcare utilization of different Asian communities. Hospitals and health departments should work with community based organizations to design assessments.  
• Underfunding of services such as schools, adult literacy programs, daycare, mental health services, and preventative health screenings needs to be addressed.  
• The need for case coordination, case management, health navigation, and referrals systems is one of the biggest issues facing Asian communities in Chicago and Suburban Cook County.  
• Language barriers and a lack of cultural competency are major issues affecting access to medical services, social services, and schools.  
• Access to non-emergency preventative care as well primary prevention, such as healthy eating and exercise, help community members avoid health crises in the future.  
• There is a need to educate immigrant community members about the Affordable Care Act and the benefits that are available. |
**Figure 3b. Key Findings of Focus Groups Completed in the North Region.**

<table>
<thead>
<tr>
<th>Host Organization</th>
<th>Key Findings</th>
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</table>
| **Hanul Family Alliance**          | • The one resounding complaint across all participants was health care for undocumented community members and immigrants. Several participants commented that there is not enough useful resources and facilities for immigrants and refugees.  
| Korean community members in the Albany Park community of Chicago.                  | • Language barriers have led to difficulty communicating with police or emergency services. There are excessively long waits for translation services at some of the hospitals. A couple participants believed that culturally competent police officers and health care professionals would help immigrants communicate better regarding societal and health related frustrations. Language barriers prevent immigrants from accessing free health care prevention workshops and screening services. Informational publications need to be in a variety of languages.  
|                                    | • Emergency rooms at hospitals are too slow and some immigrant community members perceive the staff there as unfriendly.  
|                                    | • Better public education opportunities are needed.                                                                                                                                                          |
| **Harper College**                 | • If health systems and hospitals better integrated community health workers into their institutions, then they could better respond to community health needs in a culturally competent way.  
| Students and faculty in the college’s Health Services Department as well as community partners including staff at social service organizations and representatives from local government in the Northwest suburbs of Cook County. | • Better Medicaid coverage for dental, vision, and auditory services is needed, particularly for seniors. State and federal governments should incentivize students including doctors, social workers, and other healthcare providers to serve Medicaid and uninsured populations.  
|                                    | • Premature discharge of patients with mental health needs because of lack of insurance coverage is a problem in the Northwest Suburbs. Young adults with mental health need are at an increased risk for not receiving the healthcare services they need. Many young adults are transferred back and forth between facilities every few days because of poor Medicaid coverage and as a result become lost in the healthcare system.  
|                                    | • Mental health training for emergency responders is needed. Many arrest issues are due to mental health.  
|                                    | • There needs to be standardized screening for everything from domestic violence to mental health.  
|                                    | • In the entire state of Illinois there is a lack of affordable housing.  
|                                    | • Funding for programs and services needs to be stabilized and sustained.  
|                                    | • Services and care for homeless individuals are an asset that could be expanded.  

### Figure 3c. Key Findings of Focus Groups Completed in the North Region.

<table>
<thead>
<tr>
<th>Host Organization</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy Rogers Park Community Network</strong></td>
<td>• Language and cultural backgrounds affect how well immigrants on the North side of Chicago access healthcare services.</td>
</tr>
<tr>
<td>Representatives from local social service organizations, clinics, hospitals, and community groups that are a part of the Healthy Rogers Park Community Network in the Rogers Park community on the North Side of Chicago.</td>
<td>• There is instability in funding for smaller organizations. There needs to be a shift from project-based funding in the non-profit sector.</td>
</tr>
<tr>
<td></td>
<td>• There is a large population of low-income seniors in the Rogers Park and Edgewater neighborhoods of Chicago. The state funding for many of the services for seniors has been severely cut. Staff in organizations serving seniors has also been cut. There are not enough transportation services to medical appointments available for seniors.</td>
</tr>
<tr>
<td></td>
<td>• Expansion of Community Health Worker programs and hospital partnerships with local high schools would improve community health.</td>
</tr>
<tr>
<td></td>
<td>• Behavioral health services including inpatient programs need to be expanded or created on the North side of Chicago.</td>
</tr>
<tr>
<td></td>
<td>• There is a large number of children who are food insecure on the North side of Chicago. Healthy food is expensive and there needs to be more education on how to eat healthy for less cost.</td>
</tr>
<tr>
<td></td>
<td>• There is a large variation in school success on the North side of Chicago.</td>
</tr>
<tr>
<td></td>
<td>• There needs to be violence prevention curriculum in schools starting at a very young age.</td>
</tr>
<tr>
<td></td>
<td>• There is a large percentage of overcrowded homes in the Rogers Park neighborhood of Chicago.</td>
</tr>
</tbody>
</table>
Figure 3d. Key Findings of Focus Groups Completed in the North Region

<table>
<thead>
<tr>
<th>Host Organization</th>
<th>Key Findings</th>
</tr>
</thead>
</table>
| **Howard Brown Health**                                 | • Multiple individuals highlighted the inequities between the different regions of Chicago and Suburban Cook County. Participants stated that compared to the west and south sides of the city, the north side of Chicago has the best access to public transportation, more access to healthy foods, more community involvement from residents, and more homeless shelters.  
  • More culturally competent mental health providers are needed in LGBTQ and minority communities. Culturally competent substance abuse services are also needed. The stigma associated with seeking behavioral health services needs to be addressed, particularly in ethnic or racial minority communities.  
  • LGBTQ community members stated that they have experienced transphobia, ableism, and racism from other residents and that sensitivity training is needed in many sectors of the community.  
  • Major changes are needed in police culture and police interactions with community members. Psychological evaluations and mental health services should be mandatory for police officers, especially those who work in high crime areas or experience trauma. Several changes are needed in the criminal justice system as a whole including a decrease in the imprisonment rate for the mentally ill, rights for transgendered incarcerated individuals, better medical care in correctional facilities, educational opportunities in prisons, and transitional services for the formerly incarcerated.  
  • Quality education should be available to all students regardless of where they live. In many parts of Chicago and Suburban Cook County the education system has failed tremendously. Schools should empower students and provide workforce development opportunities. |
| **Norwood Park Senior Center**                           | • There needs to be a single source of information about community resources, social services, and healthcare services.  
  • Standardization of training for home health aides and oversight of home healthcare agencies is needed.  
  • Caregivers need help accessing legal resources and navigating issues surrounding survivor’s benefits.  
  • In-home wellness checks are important for home-bound and isolated seniors. Managed care services that include routine check-in calls from doctor’s offices are helpful and should be expanded. |

Family members and caregivers of individuals requiring assisted living or full-time care in the Norwood Park community of Chicago.
## Key Findings of Focus Groups Completed in the North Region

<table>
<thead>
<tr>
<th>Host Organization</th>
<th>Key Findings</th>
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<tbody>
<tr>
<td><strong>Polish American Association</strong></td>
<td>• Closing of mental health clinics has resulted in extremely limited mental health services being available in the Portage Park neighborhood of Chicago, a lack of substance abuse services, and a lack of services for youth.</td>
</tr>
<tr>
<td></td>
<td>• There is an affordable housing shortage on the North side of Chicago. There is a large homeless community in Portage Park and the surrounding areas. Many undocumented immigrants cannot access housing services because of their immigration status. Navigating applications for services and housing is often too difficult for immigrants with limited English proficiency. It is difficult to find even temporary housing for individuals, families, and seniors if they are experiencing a housing crisis.</td>
</tr>
<tr>
<td></td>
<td>• Communities on the North side of Chicago are lacking positive leadership in local government that understands the needs of the Polish community.</td>
</tr>
<tr>
<td></td>
<td>• There is a lack of Polish speaking medical providers in low-cost or free clinics throughout Chicago and Suburban Cook County. Immigration status also affects whether or not individuals can access insurance through the Healthcare Marketplace.</td>
</tr>
<tr>
<td></td>
<td>• There needs to be better data collection at the hospital, health department, state, and federal levels on the different Ethnic and Racial communities living in the U.S.</td>
</tr>
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Cross-Regional Populations of Interest in Chicago and Suburban Cook County

Over the course of twenty-three focus groups held from October 2015 to March 2016 in the three Health Impact Collaborative regions in Cook County, several populations were identified as being in need of special consideration during the assessment, planning, and implementation phases of the CHNA process. Focus group participants in Chicago and Suburban Cook County indicated that several groups of community members were more likely to experience health inequities.

Priority Groups in Chicago and Suburban Cook County that are more likely to experience health inequities, as identified by focus group participants

- Racial and ethnic minorities
- Immigrants (including undocumented immigrants, and linguistically isolated individuals)
- Children and adolescents
- Single parents
- Older adults
- Caregivers
- Women
- Lesbian, Gay, Bisexual, Queer, Intersex, and Asexual (LGBTQIA) individuals
- Transgender individuals
- Veterans
- Individuals living with mental illness
- Individuals with intellectual disabilities
- Individuals with physical disabilities
- Low-income communities
- Homeless individuals or families
- Incarcerated or formerly incarcerated

Much of the focus group input about opportunities to improve community health for these groups transcended the three regions and is relevant and applicable across all of Chicago and Cook County. As a result, cross-regional information for the priority groups is included in this report. The following summaries provide information about the needs that were identified across the three regions (North, Central and South Cook County). A listing of all 23 focus groups conducted in the three regions is provided on page 28.

Racial and Ethnic Minorities
Community members indicated that racial and ethnic minorities have a disproportionate burden of health problems. Hospitals often do not collect specific ethnic or racial data on the communities in their service areas. As a result, it is difficult to assess the needs of minority communities. Residents explained that they felt minorities
were not treated as well by healthcare professionals and highlighted the need for culturally and linguistically competent providers.

Multiple groups cited discrimination against minorities by local law enforcement. The need for culturally and linguistically competent community police officers was indicated. Racism in the social justice system\(^4\) was considered a serious problem by several residents. Government agencies were also cited as discriminatory and as lacking linguistically competent staff.

Participants stated that minorities were more likely to live in low-income neighborhoods with fewer job opportunities. Residents emphasized the need to give locally owned businesses incentives to establish in low-income minority neighborhoods. School districts in low-income minority communities were often described as substandard. Inequities in quality affordable housing were also mentioned.

Sexual Assault Nurse Examiners emphasized that there is not equitable access to services for victims of domestic violence and sexual assault, with many racial and ethnic groups having less access. Participants indicated that sexual violence prevention efforts need to be culturally competent.

**Immigrants**

Immigrants were identified in all three regions of Chicago and Suburban Cook County as having unique needs. Focus groups that discussed the needs of immigrant communities included:

- Arab American Family Services (Arab-American staff members serving Bridgeview, Illinois and the surrounding communities in South Suburban Cook County);
- Asian Human Services (staff members serving the Asian community on the North Side of Chicago and Northern Suburbs);
- English as a Second Language (ESL) Class at St. Mary of Celle Church (students participating in an ESL class located Berwyn, Illinois in the Southwest Suburbs);
- Casa Central (local community members accessing the social services provided by Casa Central);
- Chinese American Service League (Chinese-American staff members serving residents of the Chinatown neighborhood on the South Side of Chicago);
- Hanul Family Alliance (Korean community members living on the North Side of Chicago); and the

\(^4\) Social Justice System was a term utilized by participants to refer to the broader societal issues related to criminal justice, incarceration, and societal values.
Polish American Association (Polish staff and community residents living on the North Side of Chicago).

Community members in seven of the eight groups focused on immigrant health stated that cultural differences were often barriers to accessing care. They indicated a need for sensitivity training of healthcare professionals so that immigrants feel that they are treated with dignity and respect regardless of English proficiency or citizenship status. Additional culturally and linguistically competent providers are needed. Participants from Arab American Family Services indicated the need for culturally competent providers could be met if hospitals provided more opportunities for training and hiring in local immigrant communities. Participants in the CASL group suggested incentivizing international students, minority students, and bilingual students in health profession majors to serve for a specified period of time in immigrant communities. Staff and community residents cited the need for hospital partnerships with trusted community-based organizations that serve immigrant, refugee, and minority communities.

The Arab American Family Services, Polish American Association, and Asian Human Services groups mentioned that health department and hospital methods of data collection should include collecting information on additional racial and ethnic groups. For example, Polish-Americans are one of the largest ethnic groups in Chicago and Suburban Cook County, however, they are often recorded as “white” only with current data collection practices. As a result, community-based organizations serving Polish-Americans find it difficult to fully assess their community’s needs. Collection of additional data would allow the needs of many ethnic and racial groups to be more accurately assessed.

Undocumented immigrants and linguistically isolated individuals were identified as being at increased risk for not having their health needs met. Undocumented immigrants were described as being less likely to access needed healthcare services due to fear of deportation. Undocumented seniors were identified as a group needing specific services and benefits. The ESL, Casa Central, Hanul Family Alliance, and Polish American Association groups stated that individuals with limited English proficiency have difficulty accessing healthcare services, even if interpreter services are available. Participants cited long wait times for interpreters and inaccurate translations of medical terminology as major barriers to seeking and/or obtaining medical care. Community members in the ESL and Hanul Family Alliance groups stated that they have had trouble reporting crimes and communicating with police due to language barriers. Multiple residents in the ESL and Polish American Association groups indicated the need for additional multi-lingual staff in local police districts and other government agencies. Services for translating health-related information, such as discharge papers, should also be more readily available. The Polish American Association, Asian Human Services,
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and Arab American Family Services groups all described the importance of having community resource information in a variety of languages.

Immigrant community members indicated a need for services that help individuals understand the complex U.S. healthcare system. Residents highlighted the need for those services to be culturally and linguistically appropriate.

Multiple immigrant groups indicated that shifting demographics and socioeconomics in their communities have led to an overall decrease in community safety.

Seniors and Caregivers
Participants identified community centers, activities, and events as positively contributing to the health of seniors in Chicago and suburban Cook County. Community members indicated a need for additional activities and services for older adults. Other services mentioned as a need for seniors in Chicago and Suburban Cook County Included:

- affordable housing services (particularly for LG BTQ individuals and undocumented immigrants);
- transportation to medical appointments;
- in-home health services (check-ups, preventive screenings);
- check-ins with seniors living alone; and
- services that support aging in place.

Support for caregivers was mentioned as a community need in multiple groups. Caregivers described the need for oversight and standardization of home health aides and their training. Caregivers also mentioned the need for help with aging in place and end-of-life decisions. LG BTQ seniors need culturally sensitive providers and caregivers that understand their unique needs.

LGBQIA and Transgender Community Members
Participants explained that LGBQIA and transgender community members are more likely to experience a number of health-related issues including:

- homelessness (in particular youth homelessness);
- substance abuse;
- a lack of culturally competent mental and behavioral health services;
- a lack of resources for aging in place; and
- a lack of residential facilities available to older adults.

Community members indicated that healthcare services and providers that are culturally competent in the needs of LGBQIA and transgender residents are strongly needed.
Many community members indicated that they felt mistreatment by law enforcement, schools, and healthcare providers is negatively impacting members of the LGBQIA and transgender community. Rights\textsuperscript{5} for transgender community members were described as particularly lacking in the communities throughout Chicago and Suburban Cook County. Residents highlighted the need for inclusive policies and practices in many community-based institutions.

**Veterans and Former Military**

Veterans and former military service members were another population that was mentioned as having unique community health needs. There are widely varying definitions of veteran status and participants explained that it affects the benefits for which former and retired military are eligible. Community residents that were veterans and former military indicated that there needs to be more resources and benefits available to everyone who has served in the U.S. military.

Veterans and former military stated that VA hospitals provide quality care but that there are excessively long waits to see medical providers. Residents stated that Choice Care, which extends veteran’s medical benefits to institutions outside the VA, should be expanded.

Participants who are former service members identified female veterans and former military as having unique needs. Individuals indicated that service members who have been victims of sexual assault are in need of both advocacy and recovery services. Health services that are designed to meet the needs of female service members such as gender specific behavioral health treatments and reproductive health services need to be improved and expanded.

Veterans and former military expressed the need for increased outreach to veterans who are struggling with health issues such as homelessness and Post-Traumatic Stress Disorder (PTSD), because they often do not know about the benefits and services available to them. Participants also indicated that untreated PTSD or other behavioral health issues and traumatic brain injuries have led to interpersonal violence and domestic abuse issues among former service members and their families. As a result, participants highlighted the need to accurately assess the prevalence of interpersonal violence issues among former military so that they can receive treatment and care along with their families.

\textsuperscript{5} Participants are referring to the broader societal movement to provide equal rights and protections for LGBQIA and transgender community members.
Veterans and former military cited the need for help with grant writing so that funding can be secured for community-based organizations that serve veteran communities.

**Individuals Living with Mental Illness or Substance Abuse**

Due to severe budget cuts in the last several years, many mental health institutions and community-based providers have closed and several services have been discontinued. Community residents indicated that, as a result of budget cuts over several years, the mental and behavioral health needs of youth and adults in their communities are not being met. Community members stated that the closing of mental health institutions has caused or exacerbated a number of community health problems including:

- the mass incarceration of individuals with mental illness and substance abuse problems;
- substance abuse as a form of self-medication for individuals with unmet mental health needs;
- increased hospitalization;
- homelessness;
- suicide; and
- the overburdening of existing programs and facilities

Individuals living with mental illness and their caregivers explained that community-based crisis prevention services, such as drop-in counseling, would improve their health outcomes. Multiple individuals believed that there should be scholarships and incentives for physicians and social workers to enter behavioral health fields. Some participants stated the need for additional Crisis Intervention Trained community responders.

Community residents indicated that transitional living services such as group homes are important following an inpatient program. Formerly incarcerated individuals cited the need for transition services following incarceration to prevent relapse.

Participants in a number of groups stated that they felt mistreated (received lower quality treatment, not receiving treatment for medical issues unrelated to mental illness, and had their concerns about behavioral health treatment options ignored by medical staff) because of their mental illness or intellectual disability. Families of individuals living with mental illness or an intellectual disability stated that their concerns are often ignored by medical staff during the decision making process surrounding treatments and that it has resulted in family members receiving previously ineffective treatments. Sensitivity training for current healthcare staff and students in health-related fields of study was cited as a potential solution.
Needed policy changes mentioned by participants included treatment instead of incarceration for individuals with mental illness or substance abuse health issues as well as advocacy and funding for mental health services.

**Individuals living with intellectual or physical disabilities**
Several community members explained that some communities are not accessible for disabled residents. In addition, transportation services and other independent living resources for individuals with disabilities have decreased in the last several years.

Community members highlighted that healthcare information needs to be provided in a format that can be understood by individuals with intellectual disabilities. Participants stated that individuals with intellectual disabilities are often not treated with dignity or respect by healthcare providers. Multiple participants cited problems of abuse and neglect in residential facilities. LGBQIA and transgender community members with disabilities are more likely to experience discrimination and health inequities.

Job training and fair employment of individuals with mental illness or intellectual disabilities was also a need mentioned by multiple groups.

**Summary of Key Findings**
Each of the focus groups provided insight into several broad community health issues. Figure 4 highlights the topics covered in each of the focus groups. The social determinants of health, access to care, infrastructure and the built environment, behavioral health; and policy change and advocacy were the major topic areas discussed across regions. Several key themes arose related to the social determinants of health including educational opportunities, workforce development, community cohesion, safety, immigration status, linguistic isolation, and economic opportunities. Participants mentioned multiple issues related to the built environment including transportation, lead exposure, quality affordable housing, and access to healthy foods. Policy change and advocacy were repeatedly mentioned as avenues for improving community health. Advocacy for individuals living with mental illness and their families; advocacy for homeless individuals and families; discontinuing incarceration for substance abuse and mental illness; advocacy for individuals living with disabilities; better medical benefits for the formerly incarcerated; expansion of veterans benefits to all former military; and the promotion of economic equity were some of the systems-level policy changes recommended by community residents. Figures 5-7 summarize the key findings from each of the focus groups.
Figure 4. Key Themes Discussed in Focus Groups

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Central</th>
<th>South</th>
</tr>
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<td>Access to affordable healthcare</td>
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**Figure 5a. Key Findings of Focus Groups Completed in the North Region**

<table>
<thead>
<tr>
<th>Host Organization</th>
<th>Key Findings</th>
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<tbody>
<tr>
<td><strong>Adult Down Syndrome Center</strong>&lt;br&gt;Parents and families of individuals with Down Syndrome, medical providers, a representative from a residential facility, and adults living with Down Syndrome in the City of Chicago and Suburban Cook County.</td>
<td>- Inpatient and outpatient mental health facilities, day programs, special recreation programs, residential facilities, and support systems for both youth and adults are all needed to ensure the health of individuals with intellectual disabilities. Funding issues and the state budget crisis is threatening services that are needed for individuals in the community that have intellectual disabilities and their caregivers.&lt;br&gt;- There is a lack of behavioral and mental health services for individuals with intellectual disabilities. Behavioral health services specifically for aging adults with intellectual disabilities are also greatly lacking.&lt;br&gt;- It takes families a long time to find resources because there are no consolidated resource centers and existing databases need improvement. Schools provide ties to resources, but there is no continuity into adulthood. Families also need information on legal resources and advice.&lt;br&gt;- Job training, fair employment, and volunteer opportunities can significantly improve the health and independence of individuals living with Down syndrome. However, employment and volunteer opportunities are severely lacking.</td>
</tr>
<tr>
<td><strong>Asian Human Services (AHS)</strong>&lt;br&gt;AHS staff members and community residents in the Uptown and Edgewater communities of Chicago.</td>
<td>- There is a need for data collection about the needs, health statuses, and healthcare utilization of different Asian communities. Hospitals and health departments should work with community-based organizations to design assessments.&lt;br&gt;- Underfunding of services such as schools, adult literacy programs, daycare, mental health services, and preventative health screenings needs to be addressed.&lt;br&gt;- The need for case coordination, case management, health navigation, and referrals systems is one of the biggest issues facing Asian communities in Chicago and Suburban Cook County.&lt;br&gt;- Language barriers and a lack of cultural competency are major issues affecting access to medical services, social services, and schools.&lt;br&gt;- Access to non-emergency preventative care as well primary prevention, such as healthy eating and exercise, help communities members avoid health crises in the future.&lt;br&gt;- There is a need to educate immigrant community members about the Affordable Care Act and the benefits that are available.</td>
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</table>
### Figure 5b. Key Findings of Focus Groups Completed in the North Region

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<thead>
<tr>
<th>Host Organization</th>
<th>Key Findings</th>
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</table>
| **Hanul Family Alliance**<br>Korean community members in the Albany Park community of Chicago. | - The one resounding complaint across all participants was health care for undocumented community members and immigrants. Several participants commented that there is not enough useful resources and facilities for immigrants and refugees.  
- Language barriers have led to difficulty communicating with police or emergency services. There are excessively long waits for translation services at some of the hospitals. A couple participants believed that culturally competent police officers and health care professionals would help immigrants communicate better regarding societal and health related frustrations. Language barriers prevent immigrants from accessing free health care prevention workshops and screening services. Informational publications need to be in a variety of languages.  
- Emergency rooms at hospitals are too slow and some immigrant community members perceive the staff there as unfriendly.  
- Better public education opportunities are needed. |
| **Harper College**<br>Students and faculty in the college’s Health Services Department as well as community partners including staff at social service organizations and representatives from local government in the Northwest suburbs of Cook County. | - If health systems and hospitals better integrated community health workers into their institutions, then they could better respond to community health needs in a culturally competent way.  
- Better Medicaid coverage for dental, vision, and auditory services is needed, particularly for seniors. State and federal governments should incentivize students including doctors, social workers, and other healthcare providers to serve Medicaid and uninsured populations.  
- Premature discharge of patients with mental health needs because of lack of insurance coverage is a problem in the Northwest Suburbs. Young adults with mental health need are at an increased risk for not receiving the healthcare services they need. Many young adults are transferred back and forth between facilities every few days because of poor Medicaid coverage and as a result become lost in the healthcare system.  
- Mental health training for emergency responders is needed. Many arrest issues are due to mental health.  
- There needs to be standardized screening for everything from domestic violence to mental health.  
- In the entire state of Illinois there is a lack of affordable housing.  
- Funding for programs and services needs to be stabilized and sustained.  
- Services and care for homeless individuals are an asset that could be expanded. |
**Figure 5c. Key Findings of Focus Groups Completed in the North Region**

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<thead>
<tr>
<th>Host Organization</th>
<th>Key Findings</th>
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| Healthy Rogers Park Community Network | - Language and cultural backgrounds affect how well immigrants on the North side of Chicago access healthcare services.  
- There is instability in funding for smaller organizations. There needs to be a shift from project-based funding in the non-profit sector.  
- There is a large population of low-income seniors in the Rogers Park and Edgewater neighborhoods of Chicago. The state funding for many of the services for seniors has been severely cut. Staff in organizations serving seniors has also been cut. There are not enough transportation services to medical appointments available for seniors.  
- Expansion of Community Health Worker programs and hospital partnerships with local high schools would improve community health.  
- Behavioral health services including inpatient programs need to be expanded or created on the North side of Chicago.  
- There is a large number of children who are food insecure on the North side of Chicago. Healthy food is expensive and there needs to be more education on how to eat healthy for less cost.  
- There is a large variation in school success on the North side of Chicago.  
- There needs to be violence prevention curriculum in schools starting at a very young age.  
- There is a large percentage of overcrowded homes in the Rogers Park neighborhood of Chicago. |
### Figure 5d. Key Findings of Focus Groups Completed in the North Region

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<th>Host Organization</th>
<th>Key Findings</th>
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| **Howard Brown Health**                  | - Multiple individuals highlighted the inequities between the different regions of Chicago and Suburban Cook County. Participants stated that compared to the west and south sides of the city, the north side of Chicago has the best access to public transportation, more access to healthy foods, more community involvement from residents, and more homeless shelters.  
- More culturally competent mental health providers are needed in LGBTQ and minority communities. Culturally competent substance abuse services are also needed. The stigma associated with seeking behavioral health services needs to be addressed, particularly in ethnic or racial minority communities.  
- LGBTQ community members stated that they have experienced transphobia, ableism, and racism from other residents and that sensitivity training is needed in many sectors of the community.  
- Major changes are needed in police culture and police interactions with community members. Psychological evaluations and mental health services should be mandatory for police officers, especially those who work in high crime areas or experience trauma. Several changes are needed in the criminal justice system as a whole including a decrease in the imprisonment rate for the mentally ill, rights for transgendered incarcerated individuals, better medical care in correctional facilities, educational opportunities in prisons, and transitional services for the formerly incarcerated.  
- Quality education should be available to all students regardless of where they live. In many parts of Chicago and Suburban Cook County the education system has failed tremendously. Schools should empower students and provide workforce development opportunities. |
| **Norwood Park Senior Center**            | - There needs to be a single source of information about community resources, social services, and healthcare services.  
- Standardization of training for home health aides and oversight of home healthcare agencies is needed.  
- Caregivers need help accessing legal resources and navigating issues surrounding survivor’s benefits.  
- In-home wellness checks are important for home-bound and isolated seniors. Managed care services that include routine check-in calls from doctor’s offices are helpful and should be expanded. |
## Figure 5e. Key Findings of Focus Groups Completed in the North Region

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<th>Host Organization</th>
<th>Key Findings</th>
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| **Polish American Association**<br>Polish-American staff who were also community members of the Portage Park and surrounding neighborhoods on the North Side of Chicago. | • Closing of mental health clinics has resulted in extremely limited mental health services being available in the Portage Park neighborhood of Chicago, a lack of substance abuse services, and a lack of services for youth.  
• There is an affordable housing shortage on the North side of Chicago. There is a large homeless community in Portage Park and the surrounding areas. Many undocumented immigrants cannot access housing services because of their immigration status. Navigating applications for services and housing is often too difficult for immigrants with limited English proficiency. It is difficult to find even temporary housing for individuals, families, and seniors if they are experiencing a housing crisis.  
• Communities on the North side of Chicago are lacking positive leadership in local government that understands the needs of the Polish community.  
• There is a lack of Polish speaking medical providers in low-cost or free clinics throughout Chicago and Suburban Cook County. Immigration status also affects whether or not individuals can access insurance through the Healthcare Marketplace.  
• There needs to be better data collection at the hospital, health department, state, and federal levels on the different Ethnic and Racial communities living in the U.S. |
## Figure 6a. Key Findings of Focus Groups Completed in the Central Region

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<th>Host Organization</th>
<th>Key Findings</th>
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| **Casa Central**  | Community-based services are positively impacting the health of individuals living in communities on the west side of Chicago.  
Participants in Casa Central programs and staff from the Diabetes Empowerment Center in the Humboldt Park community and surrounding areas on the west side of Chicago.  
There needs to be more community engagement from local hospitals located on the west side of Chicago.  
Residents trust and have relationships with community-based organizations such as Casa Central and the Diabetes Empowerment Center and those connections could be leveraged by hospitals to engage the communities they serve.  
There are long-waits to see bi-lingual providers and some interpretation services do not accurately interpret medical terminology.  
Healthcare providers are not sensitive to the needs of immigrants.  
Programs for youth living on the west side of Chicago are needed.  
The mental and behavioral health needs of residents in the city are not being addressed.  
Community Health Workers could be trained to identify individuals that need to be connected with mental and behavioral health services.  
Schools on the west side of the city that do not have as many resources are struggling.  
There is a need for programs that empower community residents to engage in prevention and self-care to improve their health. |
| **English as a Second Language (ESL)**  
Students at St. Mary de Celle Church in Berwyn, IL | Many communities in the West suburbs are low income so medical services need to be more affordable.  
Hospitals could do more work to provide community-based services where West Suburban residents live.  
The long waits for translation services at hospitals is a major barrier to immigrants accessing medical services.  
Sensitivity training for medical staff at hospitals is needed.  
A lack of culturally and linguistically competent staff was cited as a problem in government agencies including local police and emergency responders.  
Drug, gangs, break-ins, and theft are some of the biggest issues affecting the health of communities in the West suburbs.  
Community leaders could be convened and leveraged to address the safety and security needs of everyone in the community (Churches, businesses, schools, and police are some of the entities that should be involved).  
Many residents indicated a need for more information about programs and services available in their communities.  
Information about political policies and political candidates should be provided in multiple languages so that residents can make informed choices when they vote.  
There is a need for Bilingual politicians in local government that can speak to the needs of the immigrant community. |
### Figure 6b. Key Findings of Focus Groups Completed in the Central Region

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<th>Host Organization</th>
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| **Faith Leaders**                      | - There are pockets in the west side of Chicago that are unsafe, particularly in the evening and early morning.  
- Prescription drug abuse and illegal drug use are becoming increasingly bigger problems in the west region of the city.  
- Schools, particularly those on the west side of Chicago, are substandard due to severely limited resources.  
- Low-income families are being pushed out of the neighborhoods on the west side of Chicago because of the changing socioeconomic demographics.  
- There is a large number of homeless individuals in the communities on the west side of the city, it is in part due the closings of mental health institutions in the last several years. |
| Clients of Housing Forward in Maywood, IL | - There are several inequities among townships and villages in the west suburbs.  
- Community health in the west suburbs would improve if there were better community-police relationships.  
- The expansion of public transit hours and routes is needed, particularly in the west suburbs.  
- Youth violence has become socially acceptable, so more positive youth programs are needed.  
- Individuals with substance abuse issues and/or mental illness should be sent to treatment not prison.  
- Family-based solutions to community health problems are needed.  
- Additional outreach and advocacy are needed to get homeless individuals into community based programs and health care services. |
**Figure 6c. Key Findings of Focus Groups Completed in the Central Region**

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<th>Host Organization</th>
<th>Key Findings</th>
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| **NAEFI**<br>National Alliance for the Empowerment of the Formerly Incarcerated (NAEFI) re-entry circle participants and staff. | • Individuals in correctional facilities often have low literacy rates which affects their ability to understand healthcare information, decreases their ability to find much needed transition services, further decreases their employment opportunities, and negatively impacts other aspects of their health.  
• Participants stated that the education system in the west and south sides of Chicago is deplorable.  
• Older adults transitioning back into the community following incarceration often have health problems but are frequently ineligible for benefits such as Medicare and Medicaid.  
• A lack of mental health services is contributing to poor health and crime in the community.  
• Post-traumatic stress disorder (PTSD) treatment needs to be available for youth and adults who live in areas with high violent crime rates and for those transitioning back to the community following incarceration. |
| **Norwegian IOP**<br>Patients in the Norwegian IOP program on the West Side of Chicago. | • Preventive mental and behavioral health services, such as drop-in counseling appointments, are needed in most communities.  
• Information about healthcare resources needs to be in a format that individuals with intellectual disabilities can understand.  
• Healthcare professionals do not visit long-term care facilities often enough.  
• Individuals in residential facilities receive low quality medical care, less effective treatments, and low quality assistive devices.  
• It can be difficult for individuals with mental illness or intellectual disabilities to advocate for their needs alone, so they need people to advocate for and with them to policymakers. |
Figure 6d. Key Findings of Focus Groups Completed in the Central Region

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<tr>
<th>Host Organization</th>
<th>Key Findings</th>
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<tbody>
<tr>
<td><strong>Quinn Community Center</strong>&lt;br&gt;Community residents participating in programs at the Quinn Community Center in Maywood, IL</td>
<td>• Illegal drug activity is one of the biggest negative health behaviors in the west suburbs.&lt;br&gt;• Tobacco and alcohol use is high in some of the suburban communities.&lt;br&gt;• Access to healthy foods is extremely limited in some of the townships and villages, and it is leading to other health problems in the community including obesity and diabetes.&lt;br&gt;• The mental and behavioral health needs of youth in the west suburbs are not being met and it has led to other serious issues such as depression and suicide.&lt;br&gt;• Many adults in west suburban communities are unemployed due to a lack of economic opportunity.&lt;br&gt;• A shortage of youth programs has led to other community problems such as youth violence and bullying.&lt;br&gt;• Intergenerational family-based interventions are needed to improve health in suburban communities.&lt;br&gt;• In some of the suburban communities there is a need for improved access to free or low-cost clinics as well as more affordable medication and treatment options.</td>
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## Key Findings of Focus Groups Completed in the South Region

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<th>Host Organization</th>
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| **Arab American Family Services**      | *Arab-American immigrants feel that they are treated disrespectfully by hospital staff. There needs to be more diversity in the front-line staff at hospitals.*  
*There is a need for more culturally competent providers and better quality translation services at hospitals. Hospitals could contract with immigrant and refugee serving community-based organizations to provide cultural sensitivity and educational workshops as well as quality translation services.*  
*Culturally competent providers that are trauma informed are needed to serve immigrant women who are victims of domestic violence or sexual violence.*  
*There is a need for better ethnic and racial data collection at hospitals.* |
| Arab-American staff who were residents of Bridgeview, IL and surrounding communities. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| **Chinese American Service League**    | *More qualified Chinese-speaking and culturally competent doctors are needed. Both generalists and specialists are needed. International students at medical schools and in healthcare programs could be incentivized to serve immigrant communities. It can be hard for immigrant patients to go to hospitals because they do not understand the healthcare system. In addition, there is a language barrier at some of the major medical centers.*  
*There should be culturally specific integration services for immigrants that are new to the community. Information should include lists of healthcare facilities that have translation services. There is a language barrier preventing immigrants from accessing behavioral health services and many do not know about mental health resources that are available.*  
*Aging residents and residents with disabilities can become isolated. Funding is needed to provide services for disabled community members and seniors.*  
*There is a disconnection of social service organizations. Competition and political issues need to be put aside so that community issues can be addressed.*  
*Safety is major concern of residents in the Chinatown neighborhood in Chicago. Community members reported robberies, physical violence, and assault as some of the biggest safety concerns.* |
| Chinese-American staff who were residents of the Chinatown community in Chicago. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
### Figure 7b. Key Findings of Focus Groups Completed in the South Region

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<th>Host Organization</th>
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<tbody>
<tr>
<td><strong>Human Resources Development Institute (HRDI)</strong>&lt;br&gt;Clients in HRDI’s day programs on the South Side of Chicago.</td>
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</tr>
</tbody>
</table>
- Gang activity and illicit drugs are major issues leading to many of the other safety-related concerns on the South Side of Chicago.  
- Opportunities, such as block parties, are important for building community cohesiveness and trust among neighbors.  
- There needs to be more positive community involvement from the police.  
- Family-based solutions are needed to address many of the health issues in the city.  
- The mental health needs of many residents living on the South Side of Chicago are not being met. |
| **National Alliance on Mental Illness (NAMI)**<br>Parents, families, and caregivers of adults with mental illness living in South Suburban Cook County. |  
- Hospitals need to be more sensitive to mental health patients. Behavioral health therapists, doctors, and nurses all need sensitivity training so that patients and their families feel that they are treated with dignity and respect.  
- Doctors and social workers need to be incentivized to go into behavioral health.  
- Health education of family members is important so that they know how to navigate the system. There needs to be a place that family members can go to learn about the services that are available and where they can get  
- Stigma surrounding behavioral health problems is an issue that needs to be addressed with family members, community residents, and healthcare providers.  
- There needs to be a shift in healthcare so that more attention is given to recovery from mental illness than crisis management.  
- Mental health services for children and adolescents are severely lacking in the South Suburbs. Some communities have judicial mental health courts that sentence young people with minor offenses to treatment instead of jail and they should be expanded to other communities. Young adult and youth peer-to-peer support groups for persons with mental illness could be beneficial.  
- Greater transparency is needed at residential facilities to ensure that residents are receiving proper care. More coordinated efforts are needed between providers and long-term nursing home facilities to screen and place nursing residents with mental illness in more appropriate housing and programs. |
### Figure 7c. Key Findings of Focus Groups Completed in the South Region

<table>
<thead>
<tr>
<th>Host Organization</th>
<th>Key Findings</th>
</tr>
</thead>
</table>
| **Park Forest**   | More local businesses are needed.  
| Community residents, health department staff, service providers, and local government representatives in Park Forest, IL. | There is a need for a variety of locally grown and affordable healthy food options in grocery stores.  
| | More information is needed about the healthcare resources, facilities, and services available in Park Forest.  
| | There is a limited number of behavioral health services available in the south suburbs.  
| | There are a number of safety-related issues in the south suburbs.  
| | There is less community cohesiveness in low-income areas.  
| | Funding issues have affected the availability of homeless shelters. There needs to be additional funding and support for intergenerational services such as daycares, caregiver support services, senior services, and services for children and adolescents. |
| **Sexual Assault Nurse Examiners (SANE)** | Education inequity is a huge problem on the South Side of Chicago and the South Suburbs.  
| SANE providers serving the South side of Chicago and South Suburbs at Advocate South Suburban Hospital. | Sexual violence prevention, awareness of human trafficking issues, as well as screenings for domestic violence and sexual abuse in women and children are needed in the south region. Health education in the community and prevention education of healthcare providers is an important need in the South Side of Chicago and the South Suburbs. More prevention focused health education curriculum, such as violence prevention education, is needed in schools.  
| | There needs to be more low-cost or free community-based healthcare resources and clinics outside of the emergency department. Individuals need to be connected to services in the community following hospitalization so that there is a continuum of care.  
| | Personal safety and crime are very big concerns in the South region. |
### Figure 7d. Key Findings of Focus Groups Completed in the South Region

<table>
<thead>
<tr>
<th>Host Organization</th>
<th>Key Findings</th>
</tr>
</thead>
</table>
| **Stickney Senior Center**<br>Seniors participating in the services provided at the center in Stickney, IL | • Crime, drugs, gangs, and vandalism are some of biggest safety-related issues facing resident in South Suburbs of Cook County.  
• Many stores, businesses, and restaurants have closed in the South Suburbs and it has caused numerous issues including job loss, decreased access to healthy foods, lost revenue for the city, and decreases in the overall aesthetics of the community.  
• Additional screening and preventative services are needed in the community. In-home healthcare services are needed for individuals who are isolated and/or have mobility problems. More urgent care clinics are needed in the community, because that are not many options for urgent care outside of a doctor's office or hospital.  
• Senior centers provide opportunities for socializing, hot meals, and activities. Many residents stated that the center improved their overall health and wellness. Participants stated that other communities in the South Suburbs could benefit from having local senior centers. |
| **Veterans of Foreign Wars (VFW) Post 311**<br>Veterans, retired military, and former military living in Richton Park, IL and the surrounding areas. | • The definition of veteran status varies widely and it affects the benefits to which former military personnel are entitled. Veteran’s benefits should be expanded to all former or retired military.  
• The services provided by the Veterans Administration’s (VA) hospitals and medical centers are generally of good quality, however, there are extremely long waits to see a provider. Choice Care, which extends veteran benefits to additional hospitals outside the VA, should be expanded.  
• In the South Suburbs, school quality is substandard. Rich Township schools have been placed on academic probation for the last four years. Schools need to provide more job preparedness coursework, expand trade schools, and provide business training.  
• The South Suburbs have been particularly hard hit by the foreclosure crisis and it has led to the devaluing of property, fewer resources for school districts, and businesses leaving the communities. There needs to be bank and business re-investment in the communities they serve.  
• Homelessness is a serious issue affecting many veterans and former military.  
• Many veterans do not know about the benefits and services that are available to them. As a result, there needs to be additional outreach to individuals not already engaged with a veteran’s organization. |
Health Impact Collaborative of Cook County, North Region
Community Themes and Strengths Assessment: Community Resident Survey Results

Purpose and Methodology

Purpose
The purpose of the Community Themes and Strengths Assessment (CTSA) was to identify themes that interest and engage the community, demonstrate perceptions about quality of life, and identify community assets. Community resident surveys were utilized in combination with focus group data to identify community themes and strengths for Chicago and Cook County.

Community Survey Methodology
The Community Themes and Strengths Assessment included both focus groups and community resident surveys. The purpose of collecting this community input data was to identify issues of importance to community residents, gather feedback on quality of life in different communities, and identify community assets that can be used to improve communities.

By leveraging its partners and networks, the Collaborative collected approximately 5,200 resident surveys between October 2015 and January 2016, including about 1,200 in the North region. The survey was available on paper and online and was disseminated in five languages; English, Spanish, Polish, Korean, and Arabic. Approximately 75% of the surveys were submitted in printed form and about a quarter were submitted online. Survey responses were collected through convenience sampling. Hospitals and community-based organizations distributed the surveys through targeted outreach to many of the diverse communities in Chicago and Cook County. There was particular interest in reaching low income communities, racial and ethnic groups, and other minority populations. The community resident survey was intended to complement existing community health surveys that are conducted by local health departments for their IPLAN community health assessment processes.

IPHI reviewed approximately 12 existing surveys to identify possible questions. IPHI, hospitals, health departments, and stakeholders from the three regions worked collaboratively to identify the most important survey questions. IPHI consulted with the University of Illinois at Chicago Survey Research Laboratory to refine the survey design. The data from paper surveys was entered into the online SurveyMonkey platform so that all data could be analyzed together. Survey data analyses were conducted using SAS statistical analysis software and Microsoft Excel was used to create survey data tables and charts.
Demographic characteristics of survey respondents

Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Percent (n=1237)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>4.6%</td>
</tr>
<tr>
<td>25-34</td>
<td>14.6%</td>
</tr>
<tr>
<td>35-44</td>
<td>11.8%</td>
</tr>
<tr>
<td>45-54</td>
<td>17.0%</td>
</tr>
<tr>
<td>55-64</td>
<td>23.3%</td>
</tr>
<tr>
<td>65-74</td>
<td>18.1%</td>
</tr>
<tr>
<td>75 or older</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

North region survey respondents represented a wide range of ages, with the largest group of respondents between ages 55-64 (23.3%). The least represented age groups were 75+ (10.6%) and 18-24 (4.6%).

Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percent (n=1186)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>32.0%</td>
</tr>
<tr>
<td>Female</td>
<td>67.4%</td>
</tr>
<tr>
<td>Transgender</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

9/16/16 – North Region CHNA
The majority of respondents from the North region identified as female (67.3%) with 32% of respondents identifying as male and 0.7% identifying as transgender.

**Sexual Orientation**

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Percent (n=1142)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I'm not sure</td>
<td>1.7%</td>
</tr>
<tr>
<td>Other</td>
<td>2.1%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>2.3%</td>
</tr>
<tr>
<td>Gay or Lesbian</td>
<td>5.3%</td>
</tr>
<tr>
<td>Heterosexual or straight</td>
<td>88.7%</td>
</tr>
</tbody>
</table>

Most respondents from the North region identified as heterosexual or straight (88.7%), while the remaining 10.3% of respondents identified as gay or lesbian (5.3%), bisexual (2.3%), I’m not sure (1.7%), or other (2.1%).
Race and Ethnicity

<table>
<thead>
<tr>
<th>Race (n=1150)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native American/American Indian</td>
<td>1.8%</td>
<td>98.2%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>6.3%</td>
<td>93.7%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>17.2%</td>
<td>82.8%</td>
</tr>
<tr>
<td>White</td>
<td>71.1%</td>
<td>28.9%</td>
</tr>
</tbody>
</table>

The majority of respondents from the North region identified as White (71.1%). The remaining percentage of respondents identified as Asian/Pacific Islander 17.2% black/African American (6.3%) and Native American/American Indian (1.8%) respondents comprised the remaining 8.1% of respondents.

<table>
<thead>
<tr>
<th>Ethnicity (n=1086)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Eastern</td>
<td>4.1%</td>
<td>95.9%</td>
</tr>
<tr>
<td>Hispanic / Latino(a)</td>
<td>18.6%</td>
<td>81.4%</td>
</tr>
<tr>
<td>Neither</td>
<td>77.7%</td>
<td>22.3%</td>
</tr>
</tbody>
</table>

Hispanic/Latino(a) comprised 19% of survey respondents in the North region. Those identifying as Middle Eastern comprised 4% of respondents and 78% of the respondents from the North region identified themselves as neither Hispanic/Latino(a) or Middle Eastern.
Length of time in community

<table>
<thead>
<tr>
<th>Length of Time</th>
<th>Percent (n=1224)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td>23.1%</td>
</tr>
<tr>
<td>5-10 years</td>
<td>18.5%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>15.1%</td>
</tr>
<tr>
<td>More than 15 years</td>
<td>43.3%</td>
</tr>
</tbody>
</table>

The majority of survey respondents have lived in their communities for more than 15 years. Slightly less than a quarter of respondents have lived in their communities for less than 5 years (23.1%).

Educational Attainment

<table>
<thead>
<tr>
<th>Education</th>
<th>Percent (n=1207)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>7%</td>
</tr>
<tr>
<td>High School Diploma/GED</td>
<td>20%</td>
</tr>
<tr>
<td>Some College</td>
<td>19%</td>
</tr>
<tr>
<td>College Degree or Higher</td>
<td>53%</td>
</tr>
</tbody>
</table>

Most respondents (72%) from the North region have had some college education. In addition, 6.6% of the respondents have had less than High School education. As a result, survey respondents from the North region were more likely to have completed their high school education compared to the Central (9.6%) and South (12.0%) regions.
The largest groups of respondents in the North region were either employed full-time (45.2%) or part-time (13.1%). The remaining of 41.7% respondents from the North region were retired (24.4%), unemployed (5.5%), unable to work (4.6%), students (3.7%), or homemakers (3.5%).
Housing Status

<table>
<thead>
<tr>
<th>Housing Status</th>
<th>Percent (n=1258)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a shelter</td>
<td>0.1%</td>
</tr>
<tr>
<td>I am homeless</td>
<td>0.5%</td>
</tr>
<tr>
<td>With family/friends</td>
<td>1.7%</td>
</tr>
<tr>
<td>In transitional housing</td>
<td>2.8%</td>
</tr>
<tr>
<td>Other</td>
<td>6.9%</td>
</tr>
<tr>
<td>In a rented house or apartment</td>
<td>41.1%</td>
</tr>
<tr>
<td>In a home that you/your family has bought or is buying</td>
<td>52.0%</td>
</tr>
</tbody>
</table>

More than half of the respondents from the North region (52.0%) live in a home that they or their family has bought or is buying. An additional 41.1% of respondents reported that they live in a rented house or apartment and less than 1% reported they are homeless or live in a shelter (0.6%).

Annual Household Income

<table>
<thead>
<tr>
<th>Annual Household Income</th>
<th>Percent (n=1067)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000</td>
<td>10.4%</td>
</tr>
<tr>
<td>$10,000-$19,999</td>
<td>14.1%</td>
</tr>
<tr>
<td>$20,000-$39,999</td>
<td>19.5%</td>
</tr>
<tr>
<td>$40,000-$59,999</td>
<td>18.9%</td>
</tr>
<tr>
<td>$60,000-$79,999</td>
<td>11.5%</td>
</tr>
<tr>
<td>$80,000-$99,999</td>
<td>7.6%</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>18.0%</td>
</tr>
</tbody>
</table>

The majority of survey respondents from the North region had an annual household income of $60,000 or less (62.9%). Eighteen percent of respondents had an annual household income over $80,000.
$100,000. In addition, the North region had the lowest percentage of respondents reporting an annual household income of less than $10,000 (10.4%) compared to the Central (25.6%) and South (25.8%) regions.

Insurance Coverage

<table>
<thead>
<tr>
<th>Insurance Coverage (n=1255)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military/Tricare/Champus</td>
<td>1.0%</td>
<td>99.0%</td>
</tr>
<tr>
<td>Purchased plan though Affordable Care Act/ Obamacare or Marketplace</td>
<td>6.3%</td>
<td>93.7%</td>
</tr>
<tr>
<td>No Insurance / Uninsured</td>
<td>6.6%</td>
<td>93.4%</td>
</tr>
<tr>
<td>Purchased individual plan NOT through Affordable Care Act/ Obamacare or Marketplace</td>
<td>9.3%</td>
<td>90.7%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>17.9%</td>
<td>82.1%</td>
</tr>
<tr>
<td>Medicare</td>
<td>30.8%</td>
<td>69.2%</td>
</tr>
<tr>
<td>Insurance from your employer or someone else’s employer or your school</td>
<td>42.9%</td>
<td>57.1%</td>
</tr>
</tbody>
</table>

The largest number of respondents from the North region have employer or school-based insurance (43%) and 49% of the respondents have either Medicaid (18%) or Medicare (31%). The North region has the lowest percentage of respondents receiving Medicaid benefits (17.9%) compared to the Central (29.1%) and South (32.5%) regions.
Quality of Life

How would you rate your community as a healthy place to live? (n=1359)

The majority of respondents from the North region rate their communities as a healthy place to live (78% excellent or good ratings). In addition, the North region has the lowest percentage of survey respondents that rate their community as a poor or very poor place to live compared to the Central (7.6%) and South (10.3%) regions.

How would you rate your community as a place to raise children? (n=1313)

The North region has the highest percentage of survey respondents that rate their community as excellent places to raise children (29%) compared to the Central (21%) and South (15%) regions. The North region also has the lowest percentage of respondents rating their communities as poor or very poor places to raise children (6%) compared to 13% of Central and 17% of South regions.
How available is good childcare in your community? (n=1329)

Approximately half of the North region respondents (51%) reported that good childcare is very or somewhat available in their communities. Ten percent reported that good childcare is extremely available and 8% of the respondents from the North region indicated that it is not very or not at all available.

How good are the schools (kindergarten through 12th grade) in your community? (n=1325)

The majority of the respondents from the North region rate the quality of the schools in their communities as very good or somewhat good (54%), while 8% of the respondents their schools as not very good or not at all good. Eighteen percent of the respondents rate the quality of the schools in their communities as extremely good.
How would you rate your community as a place to grow old? (n=1330)

The majority of the respondents from the North region rate their communities as excellent or good places to grow old (62%), while 11% of the respondents rate their communities as poor or very poor.

How would you rate your community as a place to work? (n=1319)

More than half of the respondents from the North region rate their community as an excellent or good place to work (67%) and 24% rate as a fair place to work while 6% rate their communities as poor or very poor places to work. The percentage of respondents that rate their communities poorly is lowest compared to the South and Central regions.
**How many good jobs can be found in your community? (n=1317)**

Fourteen percent of the respondents from the North region indicated that they can find a great deal or a lot of good jobs in their communities, while 35% of the respondents indicated that they can find a moderate amount of good jobs, and 29% of the respondents respond that they can only find little or no good jobs in their communities.

**How adequate is adult education and job training in your community? (n=1333)**

More than half of the respondents from the North region (57%) indicated that adult education and job training in their communities is very or somewhat adequate. Nine percent of the respondents rated it as extremely adequate and 11% rated it as not very or not at all adequate.
How affordable is the housing in your community? (n=1337)

Less than a third (23%) of the respondents from the North region respond that the housing is extremely or very affordable in their communities while 41% indicated it is somewhat affordable. Thirty-one percent of the respondents from the North region respond it is not very or not at all affordable.

How available are healthy foods, including fresh fruits and vegetables in your community? (n=1347)

The majority of the respondents from the North region indicated that healthy foods are extremely or very available in their communities (73%). The North region has the highest percentage of survey respondents indicating that healthy foods, including fresh fruit and vegetables, are available in their communities (73%). The North region also has the lowest percentage of survey respondents reporting that healthy foods are not very or not at all available (6%) compared to 14% of Central respondents and 17% of South region respondents.
**How many parks and recreational facilities does your community have? (n=1320)**

Half of respondents from the North region indicated that there is a great deal or a lot of parks and recreation facilities available in their communities (50%). The North region has the lowest percentage of respondents reporting a lack of parks and recreation facilities (13%) compared to 30% of South region and 27% of Central respondents.

**How many art, culture, and music activities does your community have? (n=1316)**

Thirty-two percent of the respondents from the North region responded that there was a great deal or a lot of art, culture and music activities in their communities while 33% of the respondents respond a moderate amount exists in their communities. The North region has the lowest percentage of survey respondents reporting that art, culture, and music activities are lacking in their communities (25%) compared to 34% of Central respondents and 48% of South respondents.
How many programs or activities for teens and youth during non-school hours does your community have? (n=1312)

A large percentage of respondents from the North region indicated that there are not enough activities for teens and youth in their communities (21%). However, the North region has the lowest percentage of respondents reporting little or no programs or activities (21%) compared to 33% of Central respondents and 43% of South respondents. Nineteen percent of respondents from the North region indicated that there was a great deal or a lot of programs available.

How much do neighbors trust and look out for each other in your community? (n=1314)

One third of respondents from the North region indicated that neighbors trust and look out for each other in their communities (33%). Another 31% indicated a moderate amount of trust and interaction between neighbors, and 28% indicated little or no trust and interaction between neighbors.
How many opportunities are available for you to participate in improving your community? (n=1313)

Twenty-four percent of respondents from the North region indicated that there is a great deal or a lot of opportunities available to participate in improving their communities. The percentage of respondents indicating that there are little or no opportunities is lowest in the North region (29%) compared to the Central (32%) and South (42%) region.

How common is hunger in your community? (n=1268)

Ten percent of the respondents from the North region indicated that hunger is either extremely or very common in their communities, while 33% responded that it was moderately common, and 39% responded not very common. Eleven percent of the respondents from the North region indicated that hunger was not at all common.
How common is it to drop out of school in your community? (n=1201)

More than half of the respondents from the North region indicated that it is not very common to drop out of school in their communities (61%). An additional 29% indicated that it is moderately common to drop out of school while 9% indicated that it is extremely or very common to drop out of school.

How common is drug abuse in your community? (n=1224)

Most of the respondents from the North region responded drug abuse is a moderate problem (38%) and 37% of the respondents responded that the drug abuse is not very or not at all common in their communities while 15% of the respondents indicated that drug abuse is extremely or very common.
How common is homeless in your community? (n=1237)

The majority of the respondents from the North region indicated that homeless is not very or not at all common in their communities (53%), while 27% of the respondents indicated that it is moderately common and 13% of the respondents indicated that it is extremely or very common in their communities.

How common are low wages or unemployment in your community? (n=1226)

Approximately one-third of the respondents indicated that low wages and unemployment are not very or not at all common in their communities (32%). Forty percent of the respondents from the North region indicated that low wages or unemployment is moderately common and 19% indicated that it is extremely or very common.
How common is Community Violence (gang-related crime, gun violence, drug-related crime, etc.) in your community? (n=1269)

More than half of the respondents from the North region indicated that community violence is not very or not at all common in their communities (53%). Twenty-six percent of the respondents indicated that community violence is moderately common and 15% of the respondents indicated community violence is extremely or very common in their communities.

How common is Interpersonal Violence (domestic violence, child abuse, sexual assault, dating violence, elder abuse, bullying, etc.) in your community? (n=1225)

A majority of the respondents from the North region indicated that interpersonal violence (domestic violence, child abuse, sexual assault, dating violence, elder abuse, bullying, etc.) is not very or not at all common in their communities (51%), while 28% indicated that it is moderately common. Eleven percent of the respondents indicated that interpersonal violence is extremely or very common in their communities.
How common is it for community members to be treated unfairly because of race, ethnicity, or skin color? (n=1264)

More than half of respondents from the North region felt that it is not common for community members to be treated unfairly because of race (52%). Twenty-nine percent of respondents felt that it is moderately common for community members to be treated unfairly because of race and 12% of respondents felt that it is extremely or very common.

How common is it for community members to be treated unfairly because of gender? (n=1251)

Most of the respondents from the North region felt that it is uncommon for community members to be treated unfairly because of gender (62%). Twenty-one percent of respondents felt that it is moderately common for community members to be treated unfairly and 8% felt that it is very or extremely common.
How common is it for community members to be treated unfairly because of sexual orientation? (n=1237)

The majority of respondents indicated that it is not common for community members to be treated unfairly because of sexual orientation (61%). Approximately a quarter of respondents indicated that it is moderately common for community members to be treated unfairly (22%) and an additional 9% felt that it is very or extremely common.

How common is it for community members to be treated unfairly because of age? (n=1257)

Most respondents indicated that it is not common to be treated unfairly because of age in their communities (62%). Nearly a quarter indicated that it is moderately common (23%) and an additional 7% felt that it is extremely or very common.
How common is it for community members to be treated unfairly because of the way that they speak English? (n=1254)

More than half of participants from the North region indicated that it is not common for community members to be treated unfairly because of the way that they speak English (67%). The remaining 33% indicated that it is at least moderately common to be treated unfairly.

Transportation

Cost of Fares (n=1217)

Most of the respondents from the North region felt that the cost of public transportation fares was fair (37%) while 20% of the respondents indicated that it was poor or very poor and 28% of the respondents indicated that it was excellent or good.
Convenience of stops/timing for public transportation (n=1276)

Most of the respondents from the North region responded positively about the convenience of stops/timing for public transportation (45%) and 15% of the respondents responded negatively while 28% indicated the convenience of public transportation as fair.

Personal safety on public transportation (n=1282)

Forty-six percent of the respondents from the North region rated personal safety on public transportation as excellent or good, while 29% of the respondents indicated fair, and 12% of the respondents indicated it is not very safe on public transportation in their communities.
Appendix C2 – Survey Report – Community Themes and Strength Assessment

Reliability of public transportation (n=1275)

Respondents from the North region have the highest rating for the reliability of public transportation with only 11% of respondents rating it as poor compared to 14% of Central respondents and 18% of South respondents. Forty-eight percent of the respondents from the North region rated the reliability of public transportation in their communities as excellent or good.

Quality and convenience of bike lanes (n=1274)

Most respondents from the North region rate the quality and convenience of bike lanes as excellent and good (32%), while 28% of the respondents rated it as fair, and 23% of the respondents rated it negatively.
Quality of sidewalks (n=1281)

Approximately half of the respondents from the North indicated the quality of sidewalks positively (47%), while 32% of the respondents indicated they are fair, and 18% of the respondents rated sidewalks in their communities negatively.
Personal Health Perceptions

In general, how would you rate your overall health? (n=1281)

The majority of survey respondents from the North region rated their overall health as excellent or good (68%).

In general, how would you rate your overall mental or emotional health? (n=1459)

The majority of survey respondents from the North region rated their overall mental or emotional health as good or excellent (66%) and only 18% rated their mental or emotional health as poor or very poor.
Using a scale for 1 to 10, where 1 means “very dissatisfied” and 10 means “very satisfied”, how do you feel about your life as a whole right now? (n=1250)

The majority of survey respondents from the North region are satisfied with their lives as a whole right now.

Thinking about stress in your day-to-day life, which of these contribute the most to feelings of stress you may have? (Check all that apply) (n=1187)

Respondents from the North region indicated that their financial situation (not enough money, debt), time pressures/not enough time, and the health of family members contributed most to feelings of stress in their day-to-day lives.
In your day to day life, how often have any of the following things happened to you: (n=1215)

- You are threatened or harassed. (3%)
  - At Least Once a Week: 11%
  - A Few Times a Month: 23%
  - A Few Times a Year: 60%

- People act as if they are afraid of you. (3%)
  - At Least Once a Week: 11%
  - A Few Times a Month: 18%
  - A Few Times a Year: 67%

- People act as if they think that you are not as smart. (4%)
  - At Least Once a Week: 6%
  - A Few Times a Month: 23%
  - A Few Times a Year: 48%

- You receive poorer service than people at restaurants or stores. (2%)
  - At Least Once a Week: 19%
  - A Few Times a Month: 28%
  - A Few Times a Year: 46%

- You are treated with less courtesy or respect than other people. (7%)
  - At Least Once a Week: 11%
  - A Few Times a Month: 26%
  - A Few Times a Year: 26%
  - Less Than Once a Year: 31%

A large percentage of respondents from the North region have experienced some form of discrimination in their daily lives (40%-69% depending on measure).

In which of the following places have you been treated unfairly in past 12 months? (Check all that apply) (n=1181)

- None – Have not been treated unfairly: 52%
- Stores / Retail establishments: 15%
- Work: 12%
- By community members / neighbors: 11%
- Police or courts: 8%
- Prefer not to respond: 8%
- Medical care facility: 7%
- School: 3%

Fifty-two percent of survey respondents from the North region reported that they have not been treated unfairly in the places listed in the last 12 months. Of the 48% that have been treated unfairly in certain places, stores/retail establishments, work, and by community members/neighbors are the most common responses.
In the past 12 months, did you or a member of your family put off or not seek medical care because of cost? (n=1213)

![Bar chart showing 69% who put off or did not seek medical care because of cost, and 31% who did not experience cost-related barriers.]

Nearly a third of respondents from the North region put off or did not seek medical care because of cost in the past 12 months (31%).

Please think about any time when you or a member of your family may have needed mental health treatment or counseling. If you did not get needed mental health care, which of these statements explain why you did not get it? (Check all that apply) (n=1109)

- Does not apply to me or my family / Not needed: 61%
- Cost / lack of insurance coverage: 18%
- Don’t know where to go to get services: 14%
- Concerned other people might have a negative opinion of you: 10%
- Wait times for treatment or counseling appointment: 6%
- Concerned that treatment or counseling might not fit your culture: 4%

Eighteen percent of survey respondents indicated that they did not get needed mental health care because of cost/lack of insurance. An additional 14% percent indicated that they did not get needed care because they did not know where to get services and 10% were concerned that other people might have a negative opinion of them.
In the past 12 months, how often did you or your family worry about whether your food would run out before you had the money to buy more? (n=1204)

- All the time: 4%
- About 75% of the time: 3%
- About half the time: 9%
- About 25% of the time: 14%
- Never: 71%

Nineteen percent of survey respondents from the North region indicated that they have had to worry about whether their food would run out before they had money to buy more in the past 12 months.

Which of the following describes your current home? (Check all that apply) (n=1195)

- None of these: 59%
- Home was built before 1979 and the paint is...: 18%
- Outside air leaks in through windows, doors,...: 16%
- Water leaks in the last 12 months: 12%
- Mold or mildew is present: 9%
- Pests such as roaches or mice in your home...: 7%
- No carbon monoxide alarms: 7%
- Smoking occurs in your home: 4%
- No smoke alarms / smoke alarms do not work: 4%

Approximately 41% of survey respondents from the North region identified one or more issues in their current homes that could affect health. Having a home built before 1979 with peeling paint, outside air leaks, and water leaks were the most common issues mentioned.
Please indicate any reasons you felt unsafe in your neighborhood in the past 12 months. (Check all that apply) (n=1184)

Gang activity, drug use, and graffiti/vandalism were the primary reasons that survey respondents from the North region have felt unsafe in the last 12 months.
Overview of indicators and Methods

The Community Health Status Assessment (CHSA) is one of four assessments that comprise the Health Impact Collaborative of Cook County’s CHNA. This CHSA report describes health status and community conditions in the North region. The indicators in this report fall into the following categories:

- Demographics
- Socioeconomic Factors
- Health Behaviors
- Physical Environment
- Health Care and Clinical Care
- Mental Health
- Health Outcomes (Birth Outcomes, Morbidity, Mortality)

The CHSA was conducted by the Illinois Public Health Institute in partnership with the Cook County Department of Public Health and the Chicago Department of Public Health. The indicators for this CHNA were selected through an iterative process, with input from hospitals, health departments and community stakeholders. The Health Impact Collaborative of Cook County used the County Health Rankings model to guide selection of assessment indicators. IPHI worked with the health departments, hospitals, and community stakeholders to identify available data related to Health Outcomes, Health Behaviors, Clinical Care, Physical Environment, and Social and Economic Factors. The Collaborative decided to add Mental Health as an additional category of data indicators, and IPHI and Collaborative members also worked hard to incorporate and analyze diverse data related to social and economic factors.

Data was compiled from a range of sources, including:

- Seven local health departments: Chicago Department of Public Health, Cook County Department of Public Health, Evanston Health & Human Services Department, Oak Park Health Department, Park Forest Health Department, Stickney Public Health District, and Village of Skokie Health Department
Appendix D – Community Health Status Assessment

- Additional local data sources including: Cook County Housing Authority, Illinois Lead Program, Chicago Metropolitan Agency for Planning (CMAP), Illinois EPA, State/Local Police

- Hospitalization and ED data: Advocate Health Care through its contract with the Healthy Communities Institute made available averaged, age adjusted hospitalization and Emergency Department statistics for four time periods based on data provided by the Healthy Communities Institute and the Illinois Hospital Association (COMPdata)


- Federal data sources: Decennial Census and American Communities Survey via two web platforms-American FactFinder and Missouri Census Data Center, Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Dartmouth Atlas of Health Care, Feeding America, Health Resources and Services Administration (HRSA), United States Department of Agriculture (USDA), National Institutes of Health (NIH) National Cancer Institute, and the Community Commons / CHNA.org website

Cook County Department of Public Health, Chicago Department of Public Health, and IPHI used the following software tools for data analysis and presentation: Census Bureau American FactFinder website, CDC Wonder website, Community Commons / CHNA.org website, Microsoft Excel, SAS, Maptitude, and ArcGIS.

Data Limitations

The Health Impact Collaborative of Cook County made substantial efforts to be comprehensive in data collection and analysis for this CHNA; however, there are a few data limitations to keep in mind when reviewing the findings:

- Population health and demographic data often lag by several years, so data is presented for the most recent years available for any given data source.

- Data is reported and presented at the most localized geographic level available – ranging from census tract for American Communities Survey data to county-level for Behavioral Risk Factor Surveillance System (BRFSS) data. Some data indicators are only available at the county or City of Chicago level, particularly self-reported data from the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBS).

- Some community health issues have less robust data available, especially at the local community level. In particular, there is limited local data that is available consistently across the county about mental health and substance use, environmental factors, and education outcomes.

- The data analysis for these regional CHNAs represents a new set of data-sharing activities between the Chicago and Cook County Departments of Public Health. Each health department compiles and analyzes data for the communities within their respective jurisdictions, so the availability of data for countywide analysis and the systems for performing that analysis are in developmental phases.
The mission, vision, and values of the Collaborative have a strong focus on improved health equity in Chicago and suburban Cook County. As a result, the Collaborative utilized the CHSA process to identify inequities in social, economic, healthcare, and health outcomes in addition to describing the health status and community conditions in the North region. Many of the health disparities vary by geography, gender, sexual orientation, age, race, and ethnicity.

For several health indicators, geospatial data was used to create maps showing the geographic distribution of health issues. The maps were used to determine the communities of highest need in each of the three regions. For this CHNA, communities with rates for negative health issues that were above the statistical mean were considered to be high need.
Social Vulnerability Index

The Social Vulnerability Index is an aggregate measure of the capacity of communities to prepare for and respond to external stressors on human health such as natural or human-caused disasters, or disease outbreaks. The Social Vulnerability Index ranks each census tract on 14 social factors, including poverty, lack of vehicle access, and crowded housing. Communities with high Social Vulnerability Index scores have less capacity to deal with or prepare for external stressors and as a result are more vulnerable to threats on human health.

Figure 1. Social Vulnerability Index by Census Tract, 2010

| North region communities with the highest social vulnerability scores |
|---------------------------|---------------------------|
| Chicago                  | Suburban Cook County      |
| Logan Square             | Des Plaines               |
| Avondale                 | Wheeling                  |
| Portage Park             |                           |
| Albany Park              |                           |
| Uptown                   |                           |
| West Ridge               |                           |
| Rogers Park              |                           |

Social Vulnerability Index
- Lowest (bottom 4th)
- .35-.65
- .66-.80
- Highest (top 4th)

Childhood Opportunity Index

The Childhood Opportunity Index is based on several indicators in each of the following categories: demographics and diversity; early childhood education; residential and school segregation; maternal and child health; neighborhood characteristics of children; and child poverty. Children that live in areas of low opportunity have an increased risk for a variety of negative health indicators such as premature mortality, are more likely to be exposed to serious psychological distress, and are more likely to have poor school performance.\(^2\)


Demographics

Race and ethnicity

**Figure 3. Race and ethnicity in the North region**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>858,190</td>
<td>915,229</td>
<td>-57,039</td>
<td>-6%</td>
</tr>
<tr>
<td>Black (non-Hispanic)</td>
<td>77,809</td>
<td>85,318</td>
<td>-7,509</td>
<td>-9%</td>
</tr>
<tr>
<td>Asian (non-Hispanic)</td>
<td>131,302</td>
<td>124,171</td>
<td>7,131</td>
<td>6%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>256,419</td>
<td>238,657</td>
<td>17,762</td>
<td>7%</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, 2010 Census

In the 2010 Census, the North region had 1,356,161 residents compared to 1,399,914 residents in the 2000 Census. The total land area encompassed by the North region is roughly 193 square miles and the population density is approximately 9,340 residents per square mile based on the 2010 Census data.4

Non-Hispanic whites are the largest racial or ethnic group in the North region, representing 64% of the population. Compared to the South and Central regions, the North region has the highest percentage of non-Hispanic whites. The North region also has the highest percentage of Asian residents (10.8). Approximately 17.8% of individuals in the North region identify as Hispanic/Latino and 5.6% identify as African American/black. Despite an overall decrease in the total population of the North region, the Asian and Hispanic/Latino populations grew by 6% and 7% respectively between 2000 and 2010.

**Figure 4. Regional race and ethnicity**

Data Source: U.S. Census Bureau 2010 Census

4 2010 Decennial Census and American Communities Survey, 2010-2014.
Figure 5. Regional population change by race and ethnicity, 2000-2010

Data Source: U.S. Census Bureau 2010 Census
Appendix D – Community Health Status Assessment

Gender

Census data shows that the population of males and females in the North region is approximately equal. While data on transgender individuals is very limited, a 2015 study by the U.S. Census Bureau estimates that there are approximately 3.4 to 4.7 individuals per 100,000 residents in Illinois that are transgender.5

Figure 6. Gender distribution by geography

<table>
<thead>
<tr>
<th>Gender</th>
<th>United States</th>
<th>Illinois</th>
<th>Suburban Cook County</th>
<th>Chicago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Population (2010)</td>
<td>50.84%</td>
<td>50.96%</td>
<td>51.73%</td>
<td>51.47%</td>
</tr>
<tr>
<td>Male Population (2010)</td>
<td>49.16%</td>
<td>49.04%</td>
<td>48.27%</td>
<td>48.53%</td>
</tr>
</tbody>
</table>

Data Source: Cook County Department of Public Health, U.S. Census Bureau 2010 Census

Age

Children and adolescents under 18 represent 20.4% of the population in the North region. Approximately 66.4% of the population is 18 to 64 years old and about 13% are older adults age 65 or over.

Figure 7. Age distribution of residents in the North region, 2010

The overall population aged 65 or older decreased in the North region between 2000 and 2010. However, several communities in the North region experienced a growth in their older adult population (Figure 8b). The population of Chicago and Suburban Cook County decreased across all age categories from 2000-2010 except for the population aged 55-64 which experienced a 30% increase. However, the population aged 55-64 increased less in Chicago and Suburban Cook County (30%) than it did in Illinois (42% increase) and the U.S. (51% increase).

---

**Figure 8a. Age distributions by geography, 2010**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>North Region</th>
<th>Central Region</th>
<th>South Region</th>
<th>Illinois</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>20.4%</td>
<td>23.8%</td>
<td>26.2%</td>
<td>23.2%</td>
<td>24.0%</td>
</tr>
<tr>
<td>18-64</td>
<td>66.4%</td>
<td>66.8%</td>
<td>61.6%</td>
<td>64.4%</td>
<td>62.9%</td>
</tr>
<tr>
<td>65+ years</td>
<td>13.3%</td>
<td>9.4%</td>
<td>12.2%</td>
<td>12.5%</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

Data Source: Cook County Department of Public Health, U.S. Census Bureau 2010 Census

**Figure 8b. Map of change in population aged 65 or older in Chicago and Cook County, 2000-2010**

Several communities in the North region experienced an increase in the older adult (65+) population between 2000 and 2010:

- Lincoln Park
- Elk Grove Village
- Rolling Meadows
- Prospect Heights
- Buffalo Grove
- Northbrook
- Wheeling
- Glenview
- Evanston
- Lyons

Data source: U.S. Census Bureau 2010 Census
Disabled population
Approximately 9% of the population in the North region lives with a disability. More than a third (37%) of those living with a disability are over the age of 65.

Figure 9. Percentage of population living with a disability
Approximately 9.1% of the population in the North region lives with a disability

<table>
<thead>
<tr>
<th>Percentage</th>
<th>North Region</th>
<th>Cook County</th>
<th>Lake County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1%</td>
<td>10.3%</td>
<td>7.9%</td>
<td>10.6%</td>
<td>12.3%</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: American Communities Survey, 2009-2013

Socioeconomic Factors
Poverty
The percentage of the population in the North region living at or below the 100% federal poverty level (FPL) was 12% between 2009 and 2013 compared to 9.4% in neighboring Lake County, 14% in Illinois, and 16% in the U.S. The Federal Poverty Guidelines define poverty based on household size, ranging from $11,880 for a one-person household to $24,300 for a four-person household and $40,890 for an eight-person household. As shown in the map, the communities in the North region with the highest percentage of populations living at or below the 100% FPL are Albany Park, Edgewater, Irving Park, Portage Park, Uptown, West Ridge, Rogers Park, Evanston/Skokie, Harwood Heights, and Maine Township.
**Figure 10. Map of poverty rates in Cook County (percentage of population living at or below the 100% FPL)**

12% of the population in the North region lives at or below the 100% Federal Poverty Level

### North region communities with the highest percentages of persons in poverty

<table>
<thead>
<tr>
<th>Chicago</th>
<th>Suburban Cook County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany Park</td>
<td>Evanston/Skokie</td>
</tr>
<tr>
<td>Edgewater</td>
<td>Harwood Heights</td>
</tr>
<tr>
<td>Irving Park</td>
<td>Maine Township</td>
</tr>
<tr>
<td>Portage Park</td>
<td></td>
</tr>
<tr>
<td>Uptown</td>
<td></td>
</tr>
<tr>
<td>West Ridge</td>
<td></td>
</tr>
<tr>
<td>Rogers Park</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: American Communities Survey, 2009-2013
Appendix D – Community Health Status Assessment

Figure 11. Map of poverty rates - 200% FPL, 2009-2013

28% of the population in the North region lives at or below the 200% Federal Poverty Level

North region communities with the highest percentages of persons in poverty

<table>
<thead>
<tr>
<th>Chicago</th>
<th>Suburban Cook County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avondale</td>
<td>Maine Township</td>
</tr>
<tr>
<td>Albany Park</td>
<td></td>
</tr>
<tr>
<td>Irving Park</td>
<td></td>
</tr>
<tr>
<td>Rogers Park</td>
<td></td>
</tr>
<tr>
<td>Uptown</td>
<td></td>
</tr>
<tr>
<td>West Ridge</td>
<td></td>
</tr>
</tbody>
</table>

Percent of population living within 200% of the federal poverty level

- 15.00% or less
- 15.01% - 30.00%
- 30.01% to 45.00%
- 45.00% or greater

Data Source: American Communities Survey, 2009-2013
Individuals aged 65 or older account for 12% of those living in poverty in Chicago and Suburban Cook County as of 2009-2013. In the North region, the communities with the highest percentages of older adults in poverty are Avondale, Evanston, Harwood Heights, Lincoln Square, Maine Township, Rogers Park, Skokie, and Wheeling Township.

Figure 12. Map of older adults in poverty, 2009-2013

Data Source: American Communities Survey, 2009-2013
The percentage of children in poverty in Chicago and Suburban Cook County increased by 15% between 2000-2010. In the North region, 15% of children live at or below the 100% FPL and 34% live at or below the 200% FPL. The communities in the North region with the highest rates of children in poverty include Albany Park, Edgewater, Portage Park, Rogers Park, Skokie, Uptown, and West Ridge.

Figure 13. Map of child poverty, 2009-2013

Data Source: American Communities Survey, 2009-2013
Communities of color are much more likely to live at or below the Federal Poverty Levels in Chicago and Suburban Cook County.

**Figure 14. Comparisons of poverty by race and ethnicity**

Racial and Ethnic Minorities have Higher Rates of Poverty than white non-Hispanics in Chicago and Suburban Cook County

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>11.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>13.7%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>21.7%</td>
</tr>
<tr>
<td>Some other race</td>
<td>23.0%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>29.9%</td>
</tr>
</tbody>
</table>

Data Source: American Communities Survey, 2009-2013

Racial and ethnic minority children have much higher rates of poverty than white non-Hispanic children in Chicago and Suburban Cook County

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Poverty Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>7.81%</td>
</tr>
<tr>
<td>Asian</td>
<td>13.79%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>28.49%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>41.64%</td>
</tr>
</tbody>
</table>

Data Source: American Communities Survey, 2009-2013
Income

The mean per capita income in communities of color is lower than it is for white non-Hispanics. The per capita income disparity index by race and ethnicity is higher in Chicago and Suburban Cook County than it is in Illinois and the U.S. The percentage of households that are cost burdened (housing costs exceed 30% of household income) is higher in the North region than the rates for Illinois and the U.S.

Figure 15. Comparison of mean per capita income by race and ethnicity

<table>
<thead>
<tr>
<th>Geography</th>
<th>Per Capita Income Disparity Index Score (0=No Disparity, 1-40=Some Disparity, Over 40=High Disparity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago and Cook County</td>
<td>39.48</td>
</tr>
<tr>
<td>Illinois</td>
<td>32.67</td>
</tr>
<tr>
<td>United States</td>
<td>29.20</td>
</tr>
</tbody>
</table>

Data Source: American Communities Survey, 2009-2013

Figure 16. Percentage of cost-burdened households

The percentage of cost-burdened households in the North region is higher than the rates for Illinois and the U.S.

Data Source: American Communities Survey, 2010-2014
Unemployment

The unemployment rate in Chicago increased by 69% between 2000 and 2009-2013 and increased in Suburban Cook County by 133% during the same time period. The unemployment rate in the Central region from 2009-2013 was 12.3%, compared to 9.2% overall in the U.S.

Figure 17. Map of unemployment rates, population over age 16, 2009-2013

African American/blacks have the highest rates of unemployment in Chicago and Suburban Cook County.

Data Source: American Communities Survey, 2009-2013
Educational attainment
Approximately 11% of the population over age 25 in the North region does not have a high school diploma. The communities with the highest proportion of populations without a high school education are Albany Park, Avondale, Niles, Portage Park, Rogers Park, Rolling Meadows, West Ridge, and Wheeling.

Figure 18. Map of population over age 25 without a high school education

Data Source: American Communities Survey, 2009-2013
Twenty-seven percent of those without a high school education in Cook County live below the federal poverty level.

**Figure 19. The relationship between education and poverty in Chicago and Suburban Cook County**

 Individuals Without a High School Education are More Likely to Live in Poverty in Chicago

- Bachelor’s degree or higher: 5% below, 95% above
- Some college, associate’s degree: 13% below, 87% above
- High school graduate (includes equivalency): 18% below, 82% above
- Less than high school graduate: 27% below, 73% above

Data Source: American Communities Survey, 2010-2014

The high school graduation rate in the North region is approximately the same as the rates for Illinois and the U.S. However, the North region has lower graduation rates than immediately adjacent Lake County.

**Figure 20. High school graduation rates, 2011-2012**

High School Graduation Rates in 2012 were higher in Lake County compared to the North region of Chicago and Suburban Cook County

- North: 82%
- Cook County: 78%
- Lake County: 88%
- Illinois: 82%
- U.S.: 82%

Limited English households

Limited English proficiency is defined by the U.S. Census Bureau as individuals who respond to the American Communities Survey as speaking English less than “very well”. The Chicago community areas of Avondale, Albany Park, West Ridge, and Norridge as well as the suburban communities of Elk Grove Village, Northfield Township, Mount Prospect, Wheeling, Palatine Township, and Norwood Park Township have high rates of limited English proficiency. Each of these communities has census tracts where over 40% of the population has limited English proficiency, self-identifying as speaking English less than “very well”.

Figure 21. Map of limited English proficiency in Cook County, 2009-2013

Data Source: American Communities Survey, 2009-2013
A linguistically isolated household is defined by the U.S. Census Bureau as a household where all adults have limitations communicating in English. A household is classified as linguistically isolated if no household member age 14 years and over spoke only English and no household member age 14 years and over who spoke another language spoke English "Very well".

**Figure 22. Map of linguistically isolated households, 2009-2013**

8.4% of All Households in Chicago and Suburban Cook County are Linguistically Isolated

Languages spoken by linguistically isolated households:

- **28.9%** Indo-European
- **26.6%** Asian and Pacific Islander
- **24.7%** Spanish
- **18.5%** Other Languages

**Percent of population who is linguistically isolated**

- 10.00% or less
- 10.1% - 25.00%
- 25.01% - 40.00%
- 40.01% or greater

Data Source: American Communities Survey, 2009-2013
Physical environment
Seventy-nine percent of homes in Cook County were built before 1979. Homes built prior to 1979 are more likely to contain lead paint.

Figure 23. Map of homes built before 1979 (lead paint risk)
Appendix D – Community Health Status Assessment

Air quality – Particulate matter 2.5 and ozone
The World Health Organization (WHO) has identified air particles with a diameter of 10 microns or less, which can penetrate and lodge deeply inside the lungs, as the most damaging to human health. 6 Chronic exposure to these particles contributes to the risk of developing cardiovascular, respiratory diseases, and lung cancer. The percentage of days with particulate matter 2.5 microns or less (PM 2.5) levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year is higher in the North region than it is for adjacent Lake County, Illinois, and the U.S. In 2008, there were no days in the North region that exceeded the National Ambient Air Quality Standards for Ozone levels (75 parts per billion).

Figure 24. Percentage of days with particulate matter 2.5 microns or less (PM 2.5) levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year

<table>
<thead>
<tr>
<th>Geography</th>
<th>Percentage of Days Exceeding the National Ambient Air Quality Standards, (Population Adjusted Average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Region</td>
<td>1.32%</td>
</tr>
<tr>
<td>Cook County</td>
<td>1.56%</td>
</tr>
<tr>
<td>Lake County</td>
<td>0.60%</td>
</tr>
<tr>
<td>Illinois</td>
<td>1.08%</td>
</tr>
<tr>
<td>United States</td>
<td>1.19%</td>
</tr>
</tbody>
</table>

Data Source: Centers for Disease Control & Prevention, National Environmental Public Health Tracking Network, 2008

Food Access
Approximately 15% of the population in Chicago and Suburban Cook County have experienced food insecurity in the report year (2013). The rate of food insecurity in Chicago and Cook County is higher than the rate for Illinois. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Figure 25. Food insecurity in Chicago and Suburban Cook County

<table>
<thead>
<tr>
<th>Geography</th>
<th>Percentage of the population that experienced food insecurity at some point in 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook County</td>
<td>14.62%</td>
</tr>
<tr>
<td>Illinois</td>
<td>13.62%</td>
</tr>
<tr>
<td>United States</td>
<td>15.21%</td>
</tr>
</tbody>
</table>

Data Source: Feeding America. 2013

Public Transportation and Motor Vehicle Ownership
The percentage of the population utilizing public transportation as their primary means of commute to work is higher in the North region than it is for Cook County, Illinois, and the U.S. Both the rates for the North region and Cook County overall are much higher than the rates for the state and the U.S.

Figure 26. Use of public transportation for commute to work

<table>
<thead>
<tr>
<th>Geography</th>
<th>Percentage of the population using public transportation for commute to work</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Region</td>
<td>21.2%</td>
</tr>
<tr>
<td>Cook County</td>
<td>18.1%</td>
</tr>
<tr>
<td>Illinois</td>
<td>8.9%</td>
</tr>
<tr>
<td>United States</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Data Source: American Communities Survey, 2010-2014

The percentage of households with no motor vehicle is high in the North region compared to adjacent Lake County, Illinois, and the U.S. and could indicate a need for transportation alternatives.

Figure 27. Percentage of households with no motor vehicle

<table>
<thead>
<tr>
<th>Geography</th>
<th>Percentage of households with no motor vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Region</td>
<td>17.4%</td>
</tr>
<tr>
<td>Cook County</td>
<td>17.8%</td>
</tr>
<tr>
<td>Lake County</td>
<td>5.0%</td>
</tr>
<tr>
<td>Illinois</td>
<td>10.8%</td>
</tr>
<tr>
<td>United States</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

Data Source: American Communities Survey, 2010-2014

Safety and Violence

Violent crime rates in Cook County (386.8 per 100,000) are higher than the rates for Illinois (306.2 per 100,000). Violent crime in each of the three regions of Cook County ranged from approximately 80.3 (per 100,000) in the North region to approximately 187.1 (per 100,000) in the Central region. The six highest violent crime rates in suburban Cook cities ranged from 569.4 (per 100,000) to 209.5 (per 100,000).

Figure 28. Communities in the North region with the highest violent crime rates

<table>
<thead>
<tr>
<th>Communities in the North region with the highest violent crime rates.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago Community Areas</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Albany Park</td>
</tr>
<tr>
<td>Avondale</td>
</tr>
<tr>
<td>Dunning</td>
</tr>
<tr>
<td>Irving Park</td>
</tr>
<tr>
<td>Jefferson Park</td>
</tr>
<tr>
<td>Logan Square</td>
</tr>
<tr>
<td>Norwood Park</td>
</tr>
<tr>
<td>Portage Park</td>
</tr>
<tr>
<td>Rogers Park</td>
</tr>
<tr>
<td>Uptown</td>
</tr>
<tr>
<td>West Ridge</td>
</tr>
</tbody>
</table>

Data Source: UCR Crime Data, U.S Federal Bureau of Investigation, 2014
Although violent crime occurs in all communities, violent crime disproportionately affects residents living in communities of color in Chicago and Suburban Cook County.\footnote{Data Sources for Violent Crime: CDPH 2014, CCDPH 2009-2013, IDPH 2012}

**Figure 29a. Firearm-related mortality rate, 2012**

<table>
<thead>
<tr>
<th>Region</th>
<th>Age Adjusted Mortality (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>4.6</td>
</tr>
<tr>
<td>Central</td>
<td>11.7</td>
</tr>
<tr>
<td>South</td>
<td>20.4</td>
</tr>
</tbody>
</table>

Data Source: Illinois Department of Public Health

**Figure 29b. Homicide mortality rate**

<table>
<thead>
<tr>
<th>Region</th>
<th>Age Adjusted Mortality (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>3.1</td>
</tr>
<tr>
<td>Central</td>
<td>11.2</td>
</tr>
<tr>
<td>South</td>
<td>19.8</td>
</tr>
</tbody>
</table>

Data Source: Illinois Department of Public Health

**Figure 29c. Homicide disparities by race and ethnicity, 2012**

Data Source: Illinois Department of Public Health

---

\footnote{Data Sources for Violent Crime: CDPH 2014, CCDPH 2009-2013, IDPH 2012}
Health Behaviors

Most adults in Suburban Cook County (84.9%) reported that they did not eat the daily recommended amount of fruits and vegetables. In the city of Chicago, a higher percentage of adults eat the recommended amount of fruits and vegetables (70.8%) than in Illinois (77.5%) and the U.S. (76.6%). More than a quarter of adults in Chicago and Suburban Cook County reported that they did not engage in physical activity during leisure times. Youth that reported engaging in less than the daily recommended amount of physical activity (60 minutes) ranged from 13.5% in Suburban Cook County to 21.5% in Chicago. Poor diet and physical inactivity are two of the major predictors of obesity and other chronic diseases.

The percentage of adults that reported smoking a cigarette in the last 30 days ranged from 14% to more than 18% in Chicago and Suburban Cook County. The percentage of youth that reported smoking in the last 30 days ranged from 12% in Suburban Cook County to 11% in Chicago. In the city of Chicago, the percentage of adults that smoke has decreased by approximately 17% and the percentage of youth smokers has decreased by approximately 10%.

Figure 30a. Self-reported health behaviors among adults

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults Eating LESS than Five Daily Servings of Fruits and Vegetables</td>
<td>85%</td>
<td>71%</td>
<td>78%</td>
<td>77%</td>
</tr>
<tr>
<td>Heavy Drinking in the Previous month</td>
<td>N/A</td>
<td>9%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>Current Smokers</td>
<td>14%</td>
<td>18%</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>No Leisure-Time Physical Activity</td>
<td>26%</td>
<td>29%</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Data Source: Behavioral Risk Factor Surveillance System and Healthy Chicago Survey

Figure 30b. Self-reported health behaviors among youth

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Smokers (high school students)</td>
<td>12%</td>
<td>11%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>No Leisure-Time Physical Activity</td>
<td>16%</td>
<td>22%</td>
<td>13%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Data Source: Youth Risk Behavior Surveillance System
Healthcare and Clinical Care

Uninsured Population

Lack of insurance is a major barrier to accessing primary care, specialty care, and other health services. In the post-Affordable Care Act landscape, the size and makeup of the uninsured population is shifting rapidly.

Recent 2015 estimates indicate that between 48-64% of residents in the North region of Chicago who are eligible for healthcare marketplace plans are uninsured and 55-64% of eligible suburban Cook County residents are uninsured. In addition, men in Cook County are more likely to be uninsured (18.2%) compared to women (13.79%). Ethnic and racial minorities are much more likely to be uninsured compared to non-Hispanic whites. The map below shows self-reported insurance status from the American Communities Survey, representing aggregated rates for 2009-2013. The uninsured rates for the North region (23%) is the same as the rate for Cook County (23%), however, it is higher than the rates for nearby Lake County (17%). The community areas in Chicago with the highest rates of uninsured are Albany Park, Logan Square, Rogers Park, Uptown, and West Ridge. The communities in suburban Cook County with the highest rates of uninsured are Maine Township, Northfield Township, and Wheeling.

Figure 31. Map of uninsured population, age 18-64, 2009-2013

The uninsured rate for individuals age 18-64 in the North region from 2009-2013 was approximately 23.0%.

Data Source: American Communities Survey, 2009-2013

Self-reported use of preventative care

Routine cancer screening may help prevent premature death from cancer and it may reduce cancer morbidity since treatment for earlier-stage cancers is often less aggressive than treatment for more advanced-stage cancers.9 One of the objectives for Healthy People 2020 is to reduce the overall cancer death rate to a target of 161.4 cancer deaths (per 100,000 population). In 2012, the estimated all-cause cancer mortality rate for the North region 165.3 deaths per 100,000 population was slightly lower than the rate for Illinois (179.1 deaths per 100,000 population) and the U.S. (171.5 deaths per 100,000 population). However, the cancer mortality rate for the North region (165.3 deaths per 100,000 population) is still slightly above the Healthy People 2020 target of 161.4 cancer deaths (per 100,000 population). Overall rates of self-reported cancer screenings vary greatly across Chicago and Suburban Cook County compared to the rates for Illinois and the U.S.

The CDC recommends that all adults aged 65 or older receive the pneumococcal vaccine. The vaccines have been shown to be 50-85% effective at preventing invasive pneumococcal disease in healthy adults.10 Approximately one-third of Chicago residents aged 65 or older reported that they had not received a pneumococcal vaccination in 2014.

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Figure 33. Self-reported use of preventative care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Cancer Screening</td>
<td>16.2%</td>
<td>22.7%</td>
<td>22.0%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>46.3%</td>
<td>23.8%</td>
<td>N/A</td>
<td>52.9%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>41.9%</td>
<td>26.5%</td>
<td>26.0%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Lack of Pneumococcal Vaccination (65+)</td>
<td>N/A</td>
<td>29.5%</td>
<td>30.5%</td>
<td>52.5%</td>
</tr>
</tbody>
</table>

Data Source: Behavioral Risk Factor Surveillance System and Healthy Chicago Survey

Hospitalization data

Figure 34 is a map of the diabetes-related hospitalization rates for the North region. The communities with the highest diabetes hospitalization rates in the North region include the Logan Square, Rogers Park, and Logan Square community areas of Chicago.

Figure 34. Map of diabetes-related hospitalization rates (per 10,000) in the North region by zip code, 2012-2014

Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014
Figure 35. Diabetes-related mortality rates (per 100,000) in the North region by race and ethnicity, 2012.

African American/blacks had the highest rates of diabetes-related mortality in 2012.

107

38

72

58

African American/blacks
Whites
Hispanic/Latinos
Asians

Adult and pediatric asthma
Figures 36 and 37 show the geographic distributions of emergency department (ED) visits due to adult and pediatric asthma. ED visits are indicative of increased exposure to environmental contaminants that can trigger asthma as well as poorly managed asthma.

Figure 36. Map of ED visits due to adult asthma in the North region by zip code, 2012-2014 (age-adjusted rates per 10,000)
Appendix D – Community Health Status Assessment

A large percentage of adults reported that they do not have at least one person that they consider to be their personal doctor or health care provider. In the U.S., LGBQIA adults are less likely to report having a regular place to go for medical care. Regular visits with a primary care provider can improve chronic disease management and reduce illness and death. As a result it is an important form of prevention.

Figure 37. Self-reported lack of a consistent source of primary care, 2013

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reported lack of a consistent source of primary care, 2013</td>
<td>13.0%</td>
<td>20.1%</td>
<td>22.9%</td>
<td>19.2%</td>
</tr>
</tbody>
</table>

Data Source: Behavioral Risk Factor Surveillance System and Healthy Chicago Survey

Provider availability

Health Professional Shortage Areas are designated by the Health Resources and Services Administration (HRSA) as areas having shortages of primary care, dental care, or mental health providers. Each shortage area is assigned a score based on factors such as geography (a county or service area), population characteristics (e.g., low-income or Medicaid eligible), or the presence of different types of facilities (e.g., federally qualified health centers, or state or federal prisons). The shortage areas with the highest scores are the ones with the greatest need for health professionals, services, or facilities. Communities in the North region that are designated as primary care provider shortage areas include 60625 (Albany Park), 60613 (Buena Park), 60660 (Edgewater), 60659 (Peterson Park), 60626 (Rogers Park), 60640 (Uptown), and West Ridge (60645). A shortage of mental health professionals is also a critical aspect of access to healthcare.

The zip codes in the North region that are designated as mental health professional shortage areas include 60625 (Albany Park), 60613 (Buena Park), 60634 (Dunning), 60660 (Edgewater), 60618 (Irving Park), 60657 (Lakeview), 60659 (Peterson Park), 60641 (Portage Park), 60626 (Rogers Park), 60640 (Uptown), and 60645 (West Ridge).
Prenatal care
Access to prenatal care is an important preventative measure to reduce the risk of pregnancy complications, reduce the infant’s risk for complications, reduce the risk for neural tube defects, and help ensure that the medications women take during pregnancy are safe.12 Nearly 20% of women in Illinois and suburban Cook County do not receive adequate prenatal care. (Recent comparable data for the City of Chicago was not available at the time this report was produced.)

Figure 40. Prenatal care

<table>
<thead>
<tr>
<th>Number of births to mothers with inadequate prenatal care (per 100 live births), 2008-2012</th>
<th>Suburban Cook County</th>
<th>Illinois</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of births to mothers that lacked adequate prenatal care (per 100 live births)</td>
<td>18.6</td>
<td>19.0</td>
<td>19.3</td>
</tr>
</tbody>
</table>

Data Source: Illinois Department of Public Health, 2008-2012

---

The CDC has identified indicators of mental health representing three domains: emotional well-being (such as perceived life satisfaction, happiness, cheerfulness, and peacefulness), psychological well-being (such as self-acceptance, personal growth including openness to new experiences, spirituality, self-direction, and positive relationships), and social well-being (such as social acceptance, beliefs in the potential of people and society as a whole, personal self-worth and usefulness to society, and sense of community).13

Approximately a third of residents in suburban Cook County reported that they lack social or emotional support and the average number of days that adults aged 18 or older reported that their mental health was not good is 3.2. Approximately 20% of residents from Chicago reported that they lack social or emotional support and the average number of days that mental health was rated as not good is 3.3. In the U.S., lesbian, gay, and bisexual individuals are more likely to report having experienced serious psychological distress in the past 30 days (lesbian or gay: 5%, bisexual: 11%) compared to straight individuals (3.9%).

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Average number of days that adults report their mental health as not good</td>
<td>3.2</td>
<td>3.3</td>
<td>3.4</td>
<td>3.1</td>
</tr>
<tr>
<td>Percentage of adults that lack social or emotional support</td>
<td>33.5%</td>
<td>20.4%</td>
<td>22.5%</td>
<td>43.8%</td>
</tr>
</tbody>
</table>

Data Source: Behavioral Risk Factor Surveillance System (2013) and Healthy Chicago Survey (2014)

The percentage of Medicare fee-for-service population with diagnosed depression in the North region (14%) is approximately the same as the rate for Cook County (14%), Illinois (15%), and U.S. (15%). The communities in the North region with the highest rates for ED admissions due to mental health include the Edgewater, Rogers Park, and Uptown community areas of Chicago and the Evanston and Skokie communities of suburban Cook County (Figure 42).

The WHO emphasizes the need for a network of community based mental health services.14 The WHO has also indicated that the closing of mental hospitals and facilities is often not accompanied by the development of community based services, leading to a service vacuum.21 In addition, research indicates that better integration of behavioral health services including substance abuse treatment into the healthcare continuum can have a positive impact on health outcomes.15 ED admission rates for mental health and substance abuse may indicate a lack of community-based treatment options, services, and facilities.

---

Figure 42. Map of ED admission rates (per 10,000) for mental health, 2012-2014

Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014
There is a high prevalence of comorbidity between mental illness and drug use.\textsuperscript{16} Figure 44 shows the communities in which high ED admission rates for mental illness overlap with high ED admission rates for substance use. The communities in the North region that have high rates of ED admissions for

mental health and high rates for substance use include the Uptown and Rogers Park community areas of Chicago and the Evanston and Skokie communities in suburban Cook County.

**Figure 44.** Map of community areas with high ED admission rates (per 100,000) for substance use and mental health, 2012-2014

Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014

Figure 45 shows ED visit rates for alcohol abuse. Several communities in the North region of Chicago and suburban Cook County have ED visit rates of 54.91 per 10,000 or greater for alcohol abuse. Nationwide, ED visits for alcohol abuse have been on an upward trajectory. Between 2001 and 2010, the rate of ED visits for alcohol-related diagnoses for males increased 38% among both males and
females. The nationwide rate for males as of 2010 is 94 per 10,000 and the rate for females is 36 per 10,000.17

The Chicago community areas with the highest rates of ED admissions for alcohol abuse include Albany Park, Avondale, Dunning, Irving Park, Lakeview, Lincoln Park, Lincoln Square, North Center, North Park, Norwood Park, Portage Park, Rogers Park, and Uptown. The communities in suburban Cook County with the highest rates of ED admissions for alcohol abuse include Arlington Heights, Evanston, and Skokie.

**Figure 45. Map of ED admissions (per 10,000) for alcohol abuse, 2012-2014**

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Data Source: Healthy Communities Institute, Illinois Hospital Association COMPdata, 2012-2014

17 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a9.htm
Health Outcomes

Birth Outcomes

Preterm birth and low birth weight infants are at greater risk for premature mortality and/or morbidity over the lifetime. Rates of preterm births, low birthweight infants, and infant mortality have shown little variation from 2008-2012. There are large disparities for racial and ethnic minorities in birth outcomes. In Chicago and Suburban Cook County, African American infants are more than four times as likely as white infants to die before their first birthday. African American infants are also more likely to be born preterm compared to white and Hispanic infants. Approximately 3% of infants are born with diagnosed birth defects and 1.5% are born with very low birth weight in Chicago and Suburban Cook County.

Adolescents are more likely to have a low birth weight infant or preterm birth and the risks are particularly high for second births to adolescent mothers. Hispanic and African American teens are over four times more likely to give birth than white teens and the rates in communities with low child opportunity are up to 20 times that rates of communities with plentiful opportunities for children. In the City of Chicago, the teen birth rate is 1.5 times higher than the national rate. However, teen births have decreased overall for all ethnic groups from 2008-2013.

Figure 46. Regional rates of preterm births (per 100 live births), 2008-2012

Data Source: Chicago Department of Public Health, 2012

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18 County Health Rankings and Roadmaps (2016).
19 Healthy Chicago 2.0. (2016).
Figure 47. Regional rates of low birth weight infants (per 100 live births), 2008-2012

Data Source: Chicago Department of Public Health, 2012

Figure 48. Regional rates of infant mortality (per 100 live births), 2008-2012

Data Source: Chicago Department of Public Health, 2012
Figure 49. Regional rates of teen births (per 100 live births), 2008-2012

![Graph showing regional rates of teen births (per 100 live births), 2008-2012.](image)

Data Source: Chicago Department of Public Health, 2012

Figure 50. Disparities in birth outcomes by race and ethnicity, city of Chicago, 2012

<table>
<thead>
<tr>
<th>Race-ethnicity of mother</th>
<th>Infant Mortality Rates (per 1,000 live births)</th>
<th>Teen Birth Rate (per 1,000 females aged 15-19)</th>
<th>Percentage of Low Birth Weight Infants</th>
<th>Percentage of Preterm Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>5.9</td>
<td>43.7</td>
<td>7.5%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Non-Hispanic Asian/Pacific Islander</td>
<td>4.2</td>
<td>6.3</td>
<td>9.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>11.6</td>
<td>57.5</td>
<td>14.2%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>4.3</td>
<td>10.3</td>
<td>7.2%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

Data Source: Chicago Department of Public Health, 2012

**Morbidity – Asthma, Overweight, Obesity, Diabetes**

Overweight and obese are the comorbidities most often reported by adults in Chicago and Suburban Cook County. In addition, Suburban Cook County has a slightly higher rate of self-reported overweight diagnosis (38.6%) compared to Chicago (35.3%), Illinois (35.4%) and the U.S. (31.1%). The rates of self-reported obesity diagnosis are approximately the same for Chicago, Suburban Cook County, Illinois, and the U.S. Nationwide lesbian or gay individuals were just as likely to report an obese diagnosis (28.9%) compared to straight individuals (29.7%). However, bisexual individuals were slightly more likely to report an obese diagnosis (34.8%). Comorbidities may indicate an increased risk for mortality due to a variety of conditions. Chronic diseases accounted for approximately 64% of deaths in Chicago in 2014.21

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21 Healthy Chicago 2.0. (2016).
Figure 51. Self-reported asthma diagnoses, adults

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>7.8%</td>
<td>7.6%</td>
<td>9.0%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Overweight</td>
<td>38.6%</td>
<td>35.3%</td>
<td>35.4%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Obesity</td>
<td>28.1%</td>
<td>29.4%</td>
<td>29.4%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9.9%</td>
<td>6.6%</td>
<td>9.7%</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

Data Source: Behavioral Risk Factor Surveillance System and Healthy Chicago Survey

The percentage of youth reporting an overweight or obesity diagnosis is approximately the same across Chicago, Suburban Cook County, Illinois, and the U.S.

Figure 52. Self-reported asthma diagnoses, youth

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight</td>
<td>15.0%</td>
<td>15.6%</td>
<td>15.8%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Obesity</td>
<td>11.0%</td>
<td>14.5%</td>
<td>11.4%</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

Data Source: Youth Risk Behavior Surveillance System

Morbidity – HIV and Sexually Transmitted Infections

Incidence of new HIV cases is declining. In Chicago from 2010 to 2014, the number of HIV infection diagnoses fell from 1,033 to 973, and the decline was seen across all racial and ethnic groups. There has also been a decline in Chicago in HIV diagnoses for injection drug users (28% decrease from 2009-2013) and heterosexuals (7.2% decrease from 2009-2013). However, HIV diagnoses continue to increase in Chicago for men who have sex with men (MSM) populations (4.7% increase from 2009-2013), MSM who are injection drug users (1.5% increase from 2009-2013), and other transmission groups (32.3% increase from 2009-2013). Nationwide heterosexuals are the least likely to have ever been tested for HIV (41.7%) compared to gay or lesbians (68.7%) and bisexuals (53.5%).

The community areas in the North region with the highest percentages of individuals living with HIV/AIDS include Albany Park, Avondale, Edgewater, Lakeview, Lincoln Square, Rogers Park, and Uptown.
Figure 53. Prevalence (per 100,000) of persons living with HIV or AIDS, 2013

PLWHA per 100,000 Pop.
Rate
- 0.0 - 205.3
- 205.4 - 455.8
- 455.9 - 2,373.9
- Chicago Community Areas
- Out of Jurisdiction

Sources: Data for City of Chicago Community Areas, Chicago Department of Public Health, Surveillance, Epidemiology and Research Section. Cases up through Dec 31st, 2011.

Since 2007, gonorrhea rates in Suburban Cook County have been steadily declining and were slightly lower compared to rates in Illinois and the United States. Gonorrhea rates in Chicago (308.1 per 100,000 population) are much higher than those for Suburban Cook County (85.0 per 100,000 population), Illinois (124.5 per 100,000 population), and the United States (110.7 per 100,000 population).

**Figure 54. Incidence of gonorrhea (per 100,000), 2005-2014**

Gonorrhea rates from Chicago provided by the STD/HIV/AIDS Division, Chicago Department of Public Health.

Data for Evanston, Oak Park, Skokie, and Stickney Township provided by the Illinois Department of Public Health.
In Suburban Cook County in 2014, 44% of reported chlamydia cases were in non-Hispanic blacks. The rate of chlamydia infections for non-Hispanic blacks in Suburban Cook County (1,114.9 per 100,000 population) was much higher than the rates for Hispanics (364.1 per 100,000 population), non-Hispanic whites (113.0 per 100,000 population), and Asian/Pacific Islanders (58.1 per 100,000 population). The same trends were true for the City of Chicago with 46.7% of chlamydia cases occurring in non-Hispanic blacks, 27.1% in non-Hispanic whites, 16.7% in Hispanics, and 3.4% in Asian/Pacific Islanders. However, among non-Hispanic blacks there have been overall declines in incidence for all STIs and HIV infections.
Figure 56. Incidence of chlamydia (per 100,000), 2005-2014

Chlamydia rates from Chicago provided by the STD/HIV/AIDS Division, Chicago Department of Public Health.

Data for Evanston, Oak Park, Skokie, and Stickney Township provided by the Illinois Department of Public Health.
Mortality

There are disparities in life expectancy and mortality in Chicago and Suburban Cook County. In Suburban Cook County, life expectancy is approximately 79.7 years. The 2012 citywide life expectancy for residents in Chicago is 77.8 years. However, the life expectancy of Chicagoans in areas of high economic hardship is five years lower than those living in better economic conditions.\footnote{Healthy Chicago 2.0. (2016).}

The top two leading causes of death in the North region are cancer (165 deaths per 100,000 population) and coronary heart disease (97 deaths per 100,000 population). Other leading causes of death in the North region include diabetes-related (43 deaths per 100,000 population) and stroke (34 deaths per 100,000 population).

Heart disease

Coronary heart disease is the most common type of heart disease and the second leading cause of death in the North region. African American/blacks had the highest rates of coronary heart disease...
mortality in 2012 (162 deaths per 100,000 population) compared to whites (99 deaths per 100,000 population), Hispanic/Latinos (72 deaths per 100,000 population), and Asians (71 deaths per 100,000 population). One of the objectives of Healthy People 2020 is to reduce coronary heart disease deaths with a target rate of 103.4 deaths per 100,000 population. African American/blacks living in the North region have coronary heart disease mortality rates well above the Healthy People 2020 objective of 103.4 deaths per 100,000 population.

**Figure 59. Coronary heart disease in the North region (per 100,000) by race and ethnicity, 2012**

African American/blacks had the highest rates of coronary heart disease mortality in 2012.

Data Source: Illinois Department of Public Health, 2008-2012
Figure 60. Map of heart disease mortality (all types), 2012

Rate of Heart Disease Mortality per 100,000
- 1st Quartile 164.65 or less
- 2nd Quartile 164.66-203.00
- 3rd Quartile 203.01 - 236.70
- 4th Quartile 236.71 or greater
- Missing Data

Data Source: Illinois Department of Public Health, 2008-2012
Cancer
Cancer is the leading cause of death in the North region. In 2012, the overall cancer mortality rate in the North region (165 deaths per 100,000) was only slightly above the Healthy People 2020 target of 161 deaths per 100,000. However, African American/blacks and whites in the North region had cancer mortality rates well above the Healthy People 2020 target (Figure 60).

Figure 60. Cancer mortality in the North region (per 100,000) by race and ethnicity, 2012

![Bar chart showing cancer mortality by race and ethnicity in 2012]

- **African American/blacks**: 212
- **Whites**: 171
- **Hispanic/Latinos**: 124
- **Asians**: 131

Data Source: Illinois Department of Public Health, 2008-2012
Figure 61. Map of cancer mortality rates (per 100,000), 2012

Data Source: Illinois Department of Public Health, 2008-2012
Stroke

In 2012, the stroke mortality rate for the North region (34 deaths per 100,000 population) was slightly lower than the rates for Illinois (40 deaths per 100,000 population) and the U.S. (40 deaths per 100,000 population). However, there were some differences in stroke mortality between racial and ethnic groups with African American/blacks in the North region having the highest stroke mortality rates in 2012.

Figure 62. Stroke mortality in the North region (per 100,000), by race and ethnicity, 2012

<table>
<thead>
<tr>
<th>Race/Group</th>
<th>Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/blacks</td>
<td>53.8</td>
</tr>
<tr>
<td>Whites</td>
<td>33.6</td>
</tr>
<tr>
<td>Hispanic/Latinos</td>
<td>29.9</td>
</tr>
<tr>
<td>Asians</td>
<td>31.5</td>
</tr>
</tbody>
</table>

African American/blacks had the highest rates of stroke mortality in 2012.

Data Source: Illinois Department of Public Health, 2008-2012
Figure 63. Map of stroke mortality rates (per 100,000), 2012

Data Source: Illinois Department of Public Health, 2008-2012
Diabetes-related mortality

Diabetes-related mortality in the North region (34 deaths per 100,000 population) is lower than the rate for Illinois (63 deaths per 100,000 population) and the U.S. (71 deaths per 100,000 population). However, disparities persist with African American/blacks and Hispanic/Latinos in the North region having much higher rates of diabetes-related mortality compared to other racial and ethnic groups.

**Figure 63. Diabetes-related mortality in the North region (per 100,000), by race and ethnicity, 2012**

African American/blacks had the highest rates of diabetes-related mortality in 2012.

Data Source: Illinois Department of Public Health, 2008-2012
Figure 64. Diabetes-related mortality (per 100,000), 2012

Rate of Diabetes Mortality per 100,000
- 1st Quartile 46.40 or less
- 2nd Quartile 46.41 - 61.30
- 3rd Quartile 61.31 - 78.00
- 4th Quartile 78.01 or greater
- Missing Data

Data Source: Illinois Department of Public Health, 2008-2012
Forces of Change Assessment (FOCA) Report

Background

The Forces of Change Assessment (FOCA) is designed to consider external forces that may have an impact on community health and the public health and healthcare system’s ability to promote and improve community health. The broader environment is constantly affecting communities and local public health systems. State and federal legislation, rapid technological advances, changes in the organization of healthcare services, shifts in economic forces, and changing family structures and gender roles are all examples of forces of change. These forces are important because they affect, either directly or indirectly, the health and quality of life in the community and the effectiveness of the local public health system.  

Forces of change are broad and all-encompassing, and include:

- **Trends**: patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors**: discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.
- **Events**: one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

FOCA Process

For this collaborative CHNA, the Forces of Change Assessment was conducted as a collaborative-wide activity to understand the key forces impacting community health across Chicago and suburban Cook County. Each regional stakeholder advisory team, including the Central stakeholder team, provided input into the collaborative-wide FOCA between August and October of 2015.

Consistent with the Health Impact Collaborative’s goal of efficiently leveraging existing data and processes, the stakeholder advisory teams did not start from scratch. Instead, they reviewed and reacted to the results of the Forces of Change Assessments that had been recently conducted by the Chicago Department of Public Health (CDPH) for Healthy Chicago 2.0 and the Cook County Department of Public Health (CCDPH) for their WePLAN. CDPH conducted their FOCA between October 2014 and January 2015 through a series of five community conversations along with additional input from CDPH management, the Chicago Board of Health, and the Partnership for a Healthy Chicago. CCDPH conducted their FOCA between June and July 2015 through discussion at four community focus groups.

At the three regional Stakeholder Advisory Team meetings in August 2015, Illinois Public Health Institute (IPHI) staff provided the teams with a summary of the results of these two FOCA, including a listing of identified categories, forces, potential threats presented by the forces to community health, and potential opportunities created by the forces for better community health. As a large group, each of the teams answered the following question:

- Are there any major forces missing from the summary that are likely to have an impact on health and health equity in Cook County? In particular, think about potential forces that may not be affecting health now, but will influence health and quality of life in the future. (Types of Forces include: Social, Economic, Political, Technological, Environmental, Scientific, Legal, Ethical)

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1 The FOCA is one of the four integral components of the MAPP assessment framework developed by the National Association of County and City Health Officials (NACCHO).
Then, in small groups, participants in each region reflected on the following questions, in relation to the Health Impact Collaborative’s vision of improved health equity, wellness and quality of life across Cook County:

- What forces reinforce health inequity in our community?
- How can we mitigate or prevent these forces?
- Who or what institutions have the power to mitigate and prevent?
- What are some of the assets, strengths, bright spots in the communities that can be catalyzed to reinforce health equity in our community?
- What is the role of hospitals and local health departments in this work? Where do we have opportunities to partner and influence?

When the teams met again in October, 2015, they reflected briefly on the FOCA results compiled from across all three regions, and had a short discussion of which forces would have the most impact on community health if not addressed. They also discussed the role of the Health Impact Collaborative of Cook County in fostering solutions.

Findings

Sixteen categories of forces were identified as a result of all stages of this process (from the Cook County and Chicago Health Department processes and the Health Impact Collaborative dialogue). In alphabetical order, these are:

- Access to health care, behavioral health and social services
- Aging population
- Built environment: housing, infrastructure and transportation
- Chronic disease
- Climate and environment
- Data and technology
- Economic stability/security and inequality
- Education
- Food and food systems
- Globalization/global forces
- Health care systems issues/health care transformation
- Immigration and cultural competence
- Mental/behavioral health
- Policy and politics
- Racism, discrimination and stigma
- Safety and violence

Key finding - Health care systems issues/health care transformation and global forces/globalization were additional forces identified by Health Impact Collaborative stakeholders. While most of the stakeholder advisory team discussions enhanced and expanded on the results of the health department processes, the Health Impact Collaborative stakeholder advisory teams raised and added health care systems/health care transformation as a significant, previously unidentified force of change. The HICCC process also identified global forces/globalization as a separate force as well. See full descriptions below.

Key finding - Several themes emerged from the forces of change assessment.

- The identified forces of change have a significant impact on health inequities, and they are especially affecting health through their impact on social determinants of health like housing, education, racial/ethnic bias, and income.
- Housing issues were identified several times (in aging, built environment, economic stability/security/inequality; globalization; racism/discrimination/stigma)
Negative impacts on mental health are emerging from a number of the forces of change (access to care, built environment, health care systems, mental health, racism/discrimination/stigma, and safety and violence). Workforce, jobs and economic issues arose not only in the economic stability category, but also in aging, built environment, education, globalization, health care systems, mental/behavioral health. Reduced and inadequate funding and cuts to social services, health care and public health present a threat in several of the forces of change categories (access to care, economic stability, education, health care systems, mental/behavioral health, and policy). Changes to systems resulting from the Affordable Care Act (access to care, health care systems) is a force of change. Several concepts and ideas were identified more than once as presenting opportunities: collaboration among sectors, community health workers, the role of schools, advocacy and policy, social media and new technologies, and leveraging new models and evidence-based approaches.

Key finding – Economic stability/security and inequality is a crucial force of change and is likely to have the most impact on community health if unaddressed. During the October follow-up discussion, all three regional stakeholder advisory teams identified this force as one that could have the greatest impact on community health.

Key finding – Access to care, chronic illness, mental health care, the aging population, and education (including health literacy) were also identified as likely to have the most impact if unaddressed. One or more regional stakeholder advisory teams identified these forces that, if unaddressed, will have a large impact on community health or the public health system.

Key finding – Advocacy and policy development is a role for the Health Impact Collaborative of Cook County to address forces of change. Stakeholders discussed legislative advocacy and policy development as a potential role for the Collaborative in developing solutions to access to care issues, as well as a role for the Collaborative in policy and advocacy related to addressing economic instability and inequality.

Key finding – Community collaborations to promote workforce development was identified by all three teams as an appropriate role for the HICCC in solving the economic stability/security and inequality force of change.

Key trends, events, factors, threats and opportunities, categories listed in alphabetical order.

- **Access to health care, behavioral health and social services**: The key forces in this category included the effects of the Affordable Care Act and the transition to Medicaid managed care, the inadequacy of the mental health care system, and federal threats to access to reproductive health care. Threats included challenges facing residents in navigating insurance systems, lack of providers accepting Medicaid, cuts to social services, and medical service distribution issues; opportunities included the trusted relationships fostered by community health workers and increasing collaborative advocacy for access to care.

- **Aging population**: The growing population of older adults was identified as a significant trend that impacts the workforce and tax base, highlights gaps in supports and services for seniors, presents increasing cost and quality of life issues associated with an increasing burden of chronic disease, and the aging of the caregiving population. Opportunities included emerging methods for creating age-friendly cities and communities.

- **Built environment**: Housing, infrastructure and transportation: Lack of affordable housing and transportation especially for vulnerable populations were identified as significant factors affecting health. Homelessness, gentrification, and transit inequalities were seen as threats,
while building on current efforts to improve physical infrastructure like sidewalks and bike lanes and outdoor recreation space, initiatives to rehab vacant housing, policies to support affordable housing, and creating jobs through housing initiatives were identified as an opportunity.

- **Chronic Disease:** The growing burden of chronic disease was identified as a force of change threatening community well-being with the poorly understood interaction between genetics and environment identified as a threat, and increasing community and technological resources for disease prevention and management identified as potential opportunities.

- **Climate and environment:** Global warming, air quality, radon, lead and water quality were identified as forces of change that present direct threats to health. Federal action on climate change and multi-sector healthy housing initiatives are opportunities.

- **Data and technology:** Increasing availability of health related data, social media and health applications for personal health improvement were identified as trends. Issues of privacy and trust and contribution differential access to data can have on health inequality are threats, while electronic health records, increasing real-time data for public health purposes, and the ability to empower residents with access to data are opportunities.

- **Economic stability/security and inequality:** The processes identified increasing poverty and wealth disparities, lack of livable wage jobs, high student loan debt, and interconnections among economics, housing, transportation, and workforce issues as forces of change. Threats include the association between poverty and poor health, the increasing need for social services as economic security declines, the risk of homelessness and the effect of reduced power of labor unions. Opportunities include living wage legislation, school-based job training, promoting lower-cost/debt-free higher education and leveraging the case management aspects of health care transformation to assist individuals with housing, food, and other social determinants.

- **Education:** Unequal school quality and school closings in Chicago, unequal application of discipline policies on minorities, and disparities in access to quality early childhood education were identified as forces of change. These produce threats like lack of job and college readiness the effect long-term on the criminal justice system of poor early childhood education. Opportunities include efforts to apply evidence-based school improvement programs, vocational learning opportunities, advocacy, and using maternal/child health funding to improve early childhood outcomes.

- **Food and food systems:** Lack of access to fresh fruits and vegetables, unhealthy food environments driven by federal food policies and food marketing and increasing community gardens/urban agriculture were the identified forces; resulting threats included increasing obesity and chronic disease and lowered school performance. Numerous opportunities were identified, including SNAP double bucks programs, incentivizing grocery store and community gardens, using hospital campuses/land as places for gardens, farmers markets and grocery stores, and the workforce development prospects for urban agriculture.

- **Globalization/global forces:** Trends and factors related to this topic centered on the outsourcing of jobs from the U.S. and the impact of terrorism and overseas US military involvement. Lack of jobs threatens community health through increasing social and community breakdown, and the culture of fear and discrimination bred by the media. Availability of new health technologies from other countries was identified as an opportunity to reduce health care costs.

- **Health care systems issues/health care transformation:** The transition of the health care system from sick care to preventive care and population health, as well as the changing role of health departments from providers to coordinators were identified as the key trends. Threats to health from these trends include competition among providers as a barrier to population health approaches, consolidation of health care and integration with services threatens the viability of small, trusted community groups, continuing barriers to providing mental health services in the transforming delivery system, and barriers to hospitals playing a role in
addressing social determinants of health because this may be seen as “political.” However, this transformation process provides many opportunities to improve community health, including the emergence of telehealth, building hospitals’ understanding of population health, promoting hospital collaboration on system development and advocacy, building a health care workforce pipeline, collaborating to address mental health, opportunities through social media to promote access and knowledge of services, strengthening the role of health departments to promote chronic disease prevention through system and environmental changes, and the collaboration by safety net hospitals to link early childhood and health outcomes.

- **Immigration and cultural competence:** Key factors and trends in this category were the availability of new evidence-based approaches to health disparities and growing populations of refugees. Lack of culturally effective services contribute to poor health outcomes and poor outcomes from other types of human services, and challenges that exist in ensuring access to linguistically and culturally proficient care to the many diverse populations in the region. Community health workers, the transition to patient-centered care, quality improvement interventions, working with faith organizations were identified as opportunities arising from these forces.

- **Mental/behavioral health:** Trends and factors within this category included the criminalization of addiction, easy access to drugs, and the use of drugs to self-medicate in lieu of access to mental health services. Threats related to these forces included funding cuts, low/lack of reimbursement/low salaries leading to provider shortages, and stigma as a barrier to access to treatment. Opportunities included training first responders and implementing new community health models.

- **Policy and politics:** Shrinking public health budgets, new policies, the overall Illinois budget, and growing distrust in government were identified as forces of change. Threats include budget cuts in many services, especially for social determinants of health related programs, and the potential these trends have to increase health disparities. Opportunities include promoting more civic engagement in policy, advocacy, taking a health in all policies approach, and collaboration and alignment/reducing silos.

- **Racism, discrimination and stigma:** Forces include ongoing existence of implicit bias, mass incarceration affecting communities of color, and unequal quality of education across racial, ethnic and class categories. These forces present threats to overall health outcomes and increases in health disparities. Opportunities include conducting public education campaigns, embedding equity into organizational values, and implementing collective impact and community organizing, and promoting social movements.

- **Safety and violence:** The identified factors and trends include gun violence, intimate partner violence, policy violence, and bullying. The threats from these forces include the link between community violence and chronic disease and mental health problems, and the impact of fear and stress on health and wellbeing. Opportunities promoting the role of schools to provide safety and nurture for children and services for families, and increasing communication between communities and police.
Forces of Change Matrix

*Note: Items in blue font were added during regional community stakeholder advisory discussions. Bullets in which Cook or Chicago are underlined denote that an issue was specific to that local public health system.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Forces of Change (Trends, Events, Factors)</th>
<th>Potential Threats Posed to Community Health</th>
<th>Potential Opportunities Created for Community Health</th>
</tr>
</thead>
</table>
| **Access to Care:** Health Care, Behavioral Health, Social Services | • Emergence of the Affordable Care Act and Medicaid Managed Care  
• Inadequate state mental health system  
• Chicago: City mental health clinic closures  
• Risk to Planned Parenthood funding - impact on reproductive health  
• Declining acceptance of Medicaid patients due to low reimbursement | • Difficulty navigating health/insurance systems  
• Not everyone covered & threat of inadequate care, many providers not accepting new Medicaid patients  
• Access to social services  
• Unequal distribution of medical services  
• Cuts to programs and services, including suspension of enrollment/outreach programs, childcare subsidies, etc. | • Navigators and community health workers can bring about trust in system  
• Public health and managed care work to assure network advocacy  
• Advocacy for mental health services |
| Aging Population | • Growing population of older adults with services and supports they need | • Impacts on workforce, economic development and tax base.  
• Gaps in supports and services threatens health and quality of life for seniors  
• Increased burden of diseases that affect older adults  
• From Chicago FOCA: Possibility of older adults relocating to more age-friendly, affordable areas  
• Aging caregivers (70 yr olds with 90 yr old parents) | • WHO Global Network of Age-Friendly Cities; community-wide assessment with recommendations for improvements  
• Age-friendly communities and hospital initiatives |
| Built Environment: Housing, Infrastructure, and Transportation | • Lack of rental housing and affordable housing in safe neighborhoods  
• The high cost of living and property taxes have contributed to a lack of affordable and safe housing.  
• Aging housing stock  
• Economic challenges and rising housing costs have contributed to more intergenerational living | • High cost of living leaves less month for other essential needs, Threatens health, mental health and well-being  
• Homelessness potential consequence which linked to poor health outcomes.  
• Gentrification displaces communities of color  
• Transportation very challenging for low income, seniors, & people w/ disabilities | • Initiatives to rehab vacant housing for vulnerable populations  
• Chicago: Ordinance amendments require 10-20% units more affordable in market rate developments  
• Opportunity to create new jobs building/rehabbing housing  
• Efforts to redesign outdoor spaces to foster recreation by Healthy Schools Campaign |

Developed with data from Chicago and Cook County Forces of Change Assessments (FOCA), and Regional Team Dialogue
### Categories

#### Built Environment
- **Housing, Infrastructure, and Transportation**

<table>
<thead>
<tr>
<th>Factors of Change (Trends, Events, Factors)</th>
<th>Potential Threats Posed to Community Health</th>
<th>Potential Opportunities Created for Community Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>First responders act as cabdrivers to hospitals due to lack of access to transit (mentioned specific to NW suburbs)</td>
<td>Opportunity to scale up projects that have been successful (sidewalks, play spaces, bike lanes etc.)</td>
<td></td>
</tr>
<tr>
<td>Transit inequality- mismatch between where public transit exists and where people need it (particularly low in Southern Cook County)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation service has to be scheduled 2 days in advance for public aid- this affects discharge availability- criteria to access it (case management)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Chronic Disease
- **Growing burden of chronic disease**

<table>
<thead>
<tr>
<th>Potential Threats Posed to Community Health</th>
<th>Potential Opportunities Created for Community Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to understand the complex interaction between environment and genetics</td>
<td>12 step model could be adopted as model of support for people with diabetes for example</td>
</tr>
<tr>
<td></td>
<td>Activity trackers- could this help to shift health?</td>
</tr>
</tbody>
</table>

#### Climate and Environment
- **Global warming trends**
- **Air quality**
- **Radon levels**
- **Lead poisoning**
- **Water quality**

<table>
<thead>
<tr>
<th>Potential Threats Posed to Community Health</th>
<th>Potential Opportunities Created for Community Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct threats to health</td>
<td>Federal climate change legislation</td>
</tr>
<tr>
<td></td>
<td>Multi-sector strategies to create healthy housing</td>
</tr>
<tr>
<td></td>
<td>Chicago: Climate Action Plan</td>
</tr>
</tbody>
</table>

#### Data and Technology
- **Open data trends make health-related data more widely available**
- **Health applications for personal fitness and well-being**
- **Big data for public health needs**
- **Social media usage to connect**

<table>
<thead>
<tr>
<th>Potential Threats Posed to Community Health</th>
<th>Potential Opportunities Created for Community Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethical challenges in technology- privacy, transparency, trust and provide for common good-must be addressed</td>
<td>Foster networks &amp; systems to increase use of reliable &amp; secure platforms/mobile apps</td>
</tr>
<tr>
<td>Differential access can increase health inequalities</td>
<td>Implement a universal EHR system</td>
</tr>
<tr>
<td></td>
<td>Empower residents with open data</td>
</tr>
<tr>
<td></td>
<td>Improve public health through research and real-time data</td>
</tr>
</tbody>
</table>

#### Economic Stability/Security and Inequality
- **Poverty and wealth disparity**
- **Poverty and wealth disparity**
- **Keeping up with high cost of living**
- **Lack of decent paying jobs**
- **Social determinants of health interconnect & contribute to inequities**
- **Housing instability; risk for foreclosures and homelessness**
- **More people qualify for social services and assistance**
- **Poverty associated with poorer health**

<table>
<thead>
<tr>
<th>Potential Threats Posed to Community Health</th>
<th>Potential Opportunities Created for Community Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing instability; risk for foreclosures and homelessness</td>
<td>Living wage legislation</td>
</tr>
<tr>
<td>More people qualify for social services and assistance</td>
<td>School based job training and apprenticeships</td>
</tr>
<tr>
<td>Poverty associated with poorer health</td>
<td>Support higher education reimbursement and lower interest rate for student loans (Example: Free tuition at City Colleges)</td>
</tr>
</tbody>
</table>

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Developed with data from Chicago and Cook County Forces of Change Assessments (FOCA), and Regional Team Dialogue.
<table>
<thead>
<tr>
<th>Categories</th>
<th>Forces of Change (Trend, Events, Factors)</th>
<th>Potential Threats Posed to Community Health</th>
<th>Potential Opportunities Created for Community Health</th>
</tr>
</thead>
</table>
| Economic stability/security and Inequality | - **High student loan debt**: young people can’t afford rent, loans and healthcare so they go uninsured  
- **Interconnectedness of economics, housing, and transportation**  
- **Interconnectedness of workforce readiness - debt, rising rent, and lack of skilled workforce**                                                                                                                                                                                                                                 | - **Cook County FOCA**: Diminishing power of labor unions & “right-to-work” efforts especially affecting populations of color                                                                                                                                                                                                                                                              | - When a patient is discharged, look at whether they have housing, access to food                                                                                                                                                                                               |
| Education                         | - **Unequal school quality**  
- **Chicago: School closings**  
- **Unequal discipline (suspension and expulsion) among black youth**  
- **Disparities of Access/quality of early childhood education**                                                                                                                                                                                                                                                                    | - **Lack of job and college readiness that can threaten individual and community well-being**  
- **Inadequate early childhood education leads to greater involvement in the justice system in the future**                                                                                                                                                                                                                                         | - Improve school quality through model school improvements and evidence-based programming  
- Community & vocational leaning opportunities  
- Advocacy efforts  
- Opportunities to leverage MCH funding to improve outcomes for birth-5                                                                                                                                                                                                                                 |
| Food and Food Systems             | - **Lack of healthy food access**  
- **Federal food policies and food marketing contributing to unhealthy food environments**  
- **Increase in community gardens and urban agriculture**                                                                                                                                                                                                                                                                                   | - **Obesity and chronic disease**  
- **School performance threatened**                                                                                                                                                                                                                                                                                                                                                       | - Extension of SNAP Double Bucks incentives at farmer’s markets  
- Incentives for locally owned grocery stores  
- & community gardens in food deserts  
- Encourage development of urban agriculture - foster through community benefit and use hospital land to build gardens, farmer’s markets, grocery stores  
- Incentivize urban ag as a job creation mechanism - collaborate with YMCAs and other community based orgs to work with youth to educate on urban ag and foster workforce development                                                                                                                                 |
| Globalization/Global Forces       | - **Outsourcing of jobs, stock market impact, transfer of jobs**  
- **Impact of terrorism, US military involvement overseas**                                                                                                                                                                                                                                                                             | - **Many jobs being taken overseas - telemarketing jobs - a lot of people got started off that way, now they are outsourced, banks - economy has gone down b/c jobs aren’t available - leads to crime & homelessness & violence**  
- **Media coverage breeds culture of fear, perpetuates discrimination**                                                                                                                                                                                                  | - New technology coming in from other countries - hospitals taking a look at what that means in terms of technology being much cheaper than what we have in the states                                                                                                                                                      |

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</tr>
</thead>
<tbody>
<tr>
<td>Health care systems issues/Health care transformation</td>
<td>Affordable Care Act (ACA) move from sick care to preventative care</td>
<td>Competition threatens population health approach</td>
<td>Leverage social media to educate the public about resources and services</td>
</tr>
<tr>
<td></td>
<td>Transition to population health approach</td>
<td>ACA consolidation make it hard for small groups that have community trust to continue to thrive</td>
<td>Emergence of telehealth and potential expansion in access</td>
</tr>
<tr>
<td></td>
<td>Health Department used to be direct service provider-now play more of a role as convener to create coordination</td>
<td>Continuing challenge of addressing mental health through the health care system</td>
<td>Health Departments can serve as a catalyst for system and environmental change to prevent chronic disease so people stay healthier longer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can be challenging for hospitals to find ways to address social determinants of health without being too political</td>
<td>Build Hospital leaders' understanding of population health and importance of collaboration as good business</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Inspire collaboration among CEOs with better perspectives- how do we tell the story of hospital budget cuts- Advocate, Presence CEOs getting together to collaborate for advocacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hospitals and HDs could mentor youth from underrepresented groups to nurture them as future health care professionals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Leverage collaboration to determine how to address mental health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hospitals looking at incentivizing psychiatrists to do this work as part of their community benefit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Safety net hospitals collaborating as a group- helping to articulate how early childhood impacts health care outcomes through collective story telling</td>
</tr>
</tbody>
</table>

Developed with data from Chicago and Cook County Forces of Change Assessments (FOCA), and Regional Team Dialogue
<table>
<thead>
<tr>
<th>Categories</th>
<th>Forces of Change (Trend, Events, Factors)</th>
<th>Potential Threats Posed to Community Health</th>
<th>Potential Opportunities Created for Community Health</th>
</tr>
</thead>
</table>
| Immigration & Cultural Competence  | • Evidence-based approach to address health disparities  
• Culturally effective care and services are essential  
• Growing refugee populations                                                                                                                                                                                                                           | • When not culturally effective, results may be poor health outcomes or poor outcomes from other services  
• Challenging to ensure access to linguistically and culturally competent providers to the diversity of populations                                                                                           | • Community health workers and patient navigators can help build a culturally effective health care system  
• Continual development of skills that follow the principles of patient-centered care  
• Quality improvement interventions with attention to diverse patient groups  
• Opportunity: skype translation, community health workers, work with faith orgs where diverse people gather, leverage ACS translation service as an existing asset |
| Mental/behavioral health           | • Criminalization of addiction  
• Availability of drugs-low price of heroin  
• Self-medicating behavior due to lack of mental health access                                                                                                                                                                                   | • Mental health funding cuts  
• Lack of reimbursements for psychiatrists and medication management  
• Low salaries for mental health professionals leads to provider shortages  
• Role of stigma influences access to treatment                                                                                                                                                                                                  | • Training with police and first responders on mental health first aid and first response; (specific example from Park Ridge mentioned) working on national models of community health approach to mental health  
• Opportunity: Evanston policy work to reduce access to tobacco                                                                                                                                                                                      |
| Policy and Politics                | • New state leadership; shrinking public health budget  
• New public health policies  
• Distrust in government  
• Overall State budget                                                                                                                                                                                                                               | • Budget cuts impact multiple sectors and services  
• Decreased funding for social determinants of health  
• Potential to increase health disparities  
• From Cook County FOCA: Power is concentrated - corporations, institutions and government                                                                                                                                                           | • Civic engagement to address policy making  
• Community health issue forums & advocacy promotion  
• Health in all policies approach in government decision-making  
• Collaborate, unify, eliminate silos  
• From Cook County FOCA: Social movements can shift the balance of power                                                                                                                                                                              |
| Racism, Discrimination and Stigma  | • Implicit or covert forms of bias common  
• Mass incarceration-disproportionate impact on communities of color  
• Unequal quality of education / unequal distribution of educational resources                                                                                                                                                              | • Poorer health outcomes; increased health disparities; decreased access to resources                                                                                                                                                         | • Public education campaigns to reduce stigma  
• Organizational values  
• Collective impact, community organizing and social movements                                                                                                                                                                                                                                                                  |
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</thead>
<tbody>
<tr>
<td>Safety and Violence</td>
<td>• Gun violence</td>
<td>• Community violence linked to chronic disease and mental health problems</td>
<td>• Role of schools to provide safe, nurturing environment for children and youth and connect families to services</td>
</tr>
<tr>
<td></td>
<td>• Intimate partner violence</td>
<td>• Impact of fear on health and wellbeing</td>
<td>• Increased communication between communities and police</td>
</tr>
<tr>
<td></td>
<td>• Police violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bullying</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Developed with data from Chicago and Cook County Forces of Change Assessments (FOCA), and Regional Team Dialogue
### Local Public Health System Assessment (LPHSA) Report

#### Essential Public Health Service Scores

<table>
<thead>
<tr>
<th>EPHS</th>
<th>EPHS Description</th>
<th>Cook Ranking</th>
<th>Chicago Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monitor health status to identify community health problems.</td>
<td>7th</td>
<td>10th</td>
</tr>
<tr>
<td>2</td>
<td>Diagnose and investigate health problems and health hazards in the community.</td>
<td>1st</td>
<td>1st</td>
</tr>
<tr>
<td>3</td>
<td>Inform, educate, and empower people about health issues.</td>
<td>6th</td>
<td>4th</td>
</tr>
<tr>
<td>4</td>
<td>Mobilize community partnerships to identify and solve health problems.</td>
<td>3rd</td>
<td>5th</td>
</tr>
<tr>
<td>5</td>
<td>Develop policies and plans that support individual and community health efforts.</td>
<td>5th</td>
<td>3rd</td>
</tr>
<tr>
<td>6</td>
<td>Enforce laws and regulations that protect health and ensure safety.</td>
<td>2nd</td>
<td>2nd</td>
</tr>
<tr>
<td>7</td>
<td>Link people to needed personal health services &amp; assure provision of health services.</td>
<td>8th</td>
<td>6th-9th</td>
</tr>
<tr>
<td>8</td>
<td>Assure a competent public and personal health care workforce.</td>
<td>10th</td>
<td>6th-9th</td>
</tr>
<tr>
<td>9</td>
<td>Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</td>
<td>4th</td>
<td>6th-9th</td>
</tr>
<tr>
<td>10</td>
<td>Research for new insights and innovative solutions to health problems.</td>
<td>9th</td>
<td>6th-9th</td>
</tr>
</tbody>
</table>

#### Cook & CDPH LPHSA Scores

<table>
<thead>
<tr>
<th>EPHS</th>
<th>CDPH</th>
<th>Cook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor health status</td>
<td>32</td>
<td>47</td>
</tr>
<tr>
<td>Diagnose and investigate</td>
<td>49</td>
<td>50</td>
</tr>
<tr>
<td>Educate.empower</td>
<td>39</td>
<td>58</td>
</tr>
<tr>
<td>Mobilize partnerships</td>
<td>54</td>
<td>55</td>
</tr>
<tr>
<td>Develop policies/plans</td>
<td>38</td>
<td>43</td>
</tr>
<tr>
<td>Enforce laws</td>
<td>38</td>
<td>55</td>
</tr>
<tr>
<td>Link to health services</td>
<td>38</td>
<td>43</td>
</tr>
<tr>
<td>Assure competent workforce</td>
<td>38</td>
<td>37</td>
</tr>
<tr>
<td>Evaluate services</td>
<td>38</td>
<td>37</td>
</tr>
<tr>
<td>Research/innovations</td>
<td>38</td>
<td>40</td>
</tr>
<tr>
<td>Overall Cumulative System Performance Score</td>
<td>47</td>
<td>54</td>
</tr>
</tbody>
</table>
Appendix F – Local Public Health System Assessment

**Essential Service 1:** Monitor health status to identify and solve community health problems. Both scored moderate

- Common areas for improvement:
  - Need to improve data dissemination to LPHS partners and community members
  - Need to make data more accessible, understandable, and actionable

**Essential Service 2:** Diagnose and investigate health problems and health hazards in the community. Both scored optimal

- Common strengths:
  - Strong surveillance
  - Strong emergency preparedness
  - Excellent laboratory capacity

**Essential Service 3:** Inform, educate, and empower people about health issues. Both scored moderate

- Common strength: Strong risk communication
- Common area for improvement:
  - Need to strengthen relationships with media to better disseminate messaging to the public
  - Opportunities to strengthen partnerships with communities for coordinated messaging and outreach about health issues

**Essential Service 4:** Mobilize community partnerships and action to identify and solve health problems. Chicago scored moderate; Cook scored significant

- Common areas for improvement:
  - Many coalitions exist, but efforts are siloed and narrow. Increase coordination and breadth of focus to maximize impact.

**Essential Service 5:** Develop policies and plans that support individual and community health efforts. Both scored significant

- Common strength: Strong emergency planning

**Essential Service 6:** Enforce laws and regulations that protect health and ensure safety. Chicago scored significant; Cook scored optimal

- Common strength: Good enforcement of laws and regulations
- Common area for improvement:
  - Opportunities to strengthen policy review to impact social determinants of health and health equity.

**Essential Service 7:** Link people to needed personal health services and assure the provision of health care when otherwise unavailable. Both scored moderate

- Common strengths: Good identification/understanding of vulnerable and marginalized populations
- Common areas for improvement:
  - Need to improve care coordination through a referral follow up system
  - Need to improve access to culturally/linguistically competent care

**Essential Service 8:** Assure competent public and personal health
Appendix F – Local Public Health System Assessment

Care workforce. Both scored moderate

- Common areas for improvement:
  - Workforce assessments are conducted, but they are done in silos and assess individual organizations rather than the public health system as a whole
  - Leadership development and training opportunities exist, but are not necessarily made available at all organizational levels

Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services. Chicago scored moderate; Cook scored significant

- Common strengths: Strong evaluation of personal health services
- Common areas for improvement:
  - Need for increased data sharing across system for collective Quality Improvement
  - Evaluation of population health services is much less robust than evaluation of personal services

Essential Service 10: Research for new insights and innovative solutions to health problems. Both scored moderate

- Common strengths:
  - Many existing linkages with academic institutions
  - Growing momentum of community-based participatory research
- Common areas for improvement:
  - Limited capacity to participate in research due to lack of funding and resources
  - Need for more practice-based & action-oriented research that can directly inform public health practice
  - Need to develop a shared research agenda with health equity and practice focus

Health Equity Findings from the Chicago and Cook County Local Public Health System Assessments

Both Cook and Chicago reported growing attention and emphasis on health equity across the public health system. WePlan and Healthy Chicago 2.0 have health equity integrated within their assessment frameworks. However, stakeholders from both assessments perceived a need for greater monitoring of social and economic conditions that drive inequity, and perceived that their respective systems have the resources that would allow for collection of information on health inequity.

Both Cook and Chicago stakeholders reported a growing recognition for the importance of community voices in influencing policy and decision making. While there is a good understanding of issues that have a disproportionate impact on marginalized communities and serve to perpetuate inequity, system performance in addressing and influencing these issues has been low. Stakeholders pointed to funding and political barriers as limiting factors in this work. The public health system must seek out funding opportunities that address the social determinants of health and mobilize grassroots efforts among the public to advocate for policy and systems changes that promote greater equity.

Stakeholders from both groups also underscored the importance of building greater competency and understanding of the principles of health equity across the public health workforce. Health equity should also be further built into evaluation and research activities across the public health system.
Appendix F – Local Public Health System Assessment

Cook and Chicago Equity Scores

- Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions
  - CDPH: 25  
  - Cook: 25

- Monitor delivery of EPHS to ensure they are equitably distributed
  - CDPH: 25  
  - Cook: 25

- Recruit and train multidisciplinary staff who are committed to health equity
  - CDPH: 50  
  - Cook: 50

- Work to influence laws, policies, and practices that maintain inequitable distribution of resources
  - CDPH: 25  
  - Cook: 25

- Identify issues that have a disproportionate impact on historically marginalized communities
  - CDPH: 100  
  - Cook: 100

- Ensure that CBOs and individual community members have a substantive role in deciding what policies, procedures, rules, and...
  - CDPH: 25  
  - Cook: 25

- Provide institutional means for CBOs and community members to participate fully in decision-making
  - CDPH: 50  
  - Cook: 50

- Resources to collect information about inequities and investigate social determinants of health
  - CDPH: 50  
  - Cook: 50

- Monitor social and economic conditions and policies and practices that generate those conditions
  - CDPH: 25  
  - Cook: 25