



2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Thorek Memorial Hospital Service Area

Sponsored by



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INTRODUCTION

PROJECT OVERVIEW

Project Goals

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

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

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

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

Methodology

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

PRC Community Health Survey

Survey Instrument

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



Community Defined for This Assessment

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

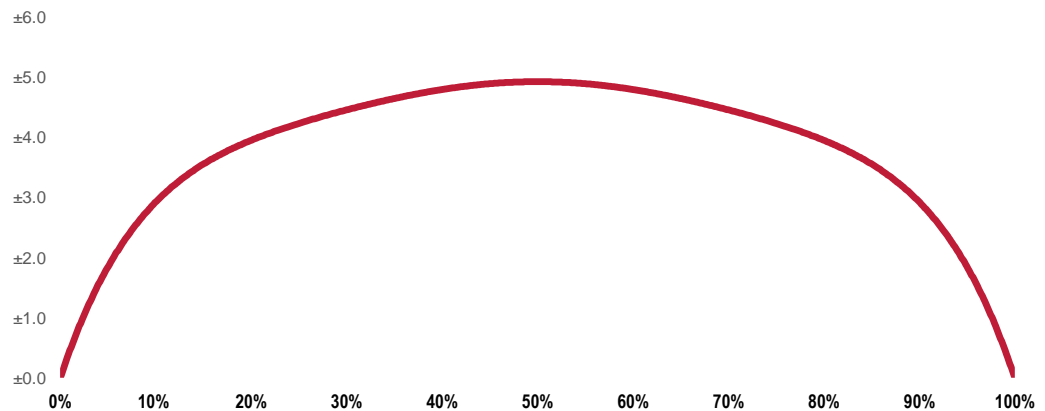
COMMUNITY DEFINITION	
PRIMARY SERVICE AREA (PSA)	SECONDARY SERVICE AREA (SSA)
60606	60091
60607	60601
60612	60602
60613	60603
60614	60604
60618	60605
60622	60610
60625	60616
60634	60624
60640	60626
60641	60630
60647	60632
60657	60639
60660	60642
	60644
	60646
	60651
	60653

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

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



Expected Error Ranges for a Sample of 405 Respondents at the 95 Percent Level of Confidence



Note: • The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: • If 10% of the sample of 405 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ($10\% \pm 2.9\%$) of the total population would offer this response.
• If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% ($50\% \pm 4.9\%$) of the total population would respond "yes" if asked this question.

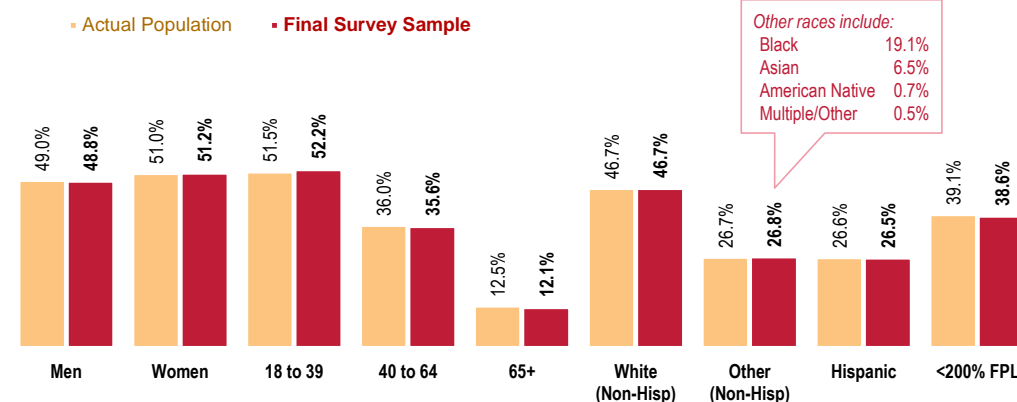
Sample Characteristics

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

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



Population & Survey Sample Characteristics (Total Service Area, 2021)



Sources:

- US Census Bureau, 2011-2015 American Community Survey.
- 2021 PRC Community Health Survey, PRC, Inc.

Notes:

- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at \$26,500 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Thorek Memorial Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.



Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 12 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	1
Public Health Representatives	1
Other Health Providers	5
Social Services Providers	1
Other Community Leaders	4

Final participation included representatives of the organizations outlined below.

- [Asian Human Services](#)
- [ATI Ambulance](#)
- [City Colleges of Chicago](#)
- [City of Chicago](#)
- [FCQH Center](#)
- [Heartland Alliance](#)
- [Indian Health Services](#)
- [Lawrence Hall](#)
- [National Alliance on Mental Illness \(NAMI\)](#)
- [Thorek Memorial Hospital](#)
- [Uptown Chamber of Commerce](#)

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.



Public Health, Vital Statistics & Other Data

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

- [Center for Applied Research and Engagement Systems \(CARES\), University of Missouri Extension, SparkMap \(sparkmap.org\)](#)
- [Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance \(DHIS\)](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics](#)
- [ESRI ArcGIS Map Gallery](#)
- [National Cancer Institute, State Cancer Profiles](#)
- [OpenStreetMap \(OSM\)](#)
- [US Census Bureau, American Community Survey](#)
- [US Census Bureau, County Business Patterns](#)
- [US Census Bureau, Decennial Census](#)
- [US Department of Agriculture, Economic Research Service](#)
- [US Department of Health & Human Services](#)
- [US Department of Health & Human Services, Health Resources and Services Administration \(HRSA\)](#)
- [US Department of Justice, Federal Bureau of Investigation](#)
- [US Department of Labor, Bureau of Labor Statistics](#)

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

Benchmark Data

Trending

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

Illinois Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.



Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

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



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

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

Determining Significance

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

Information Gaps

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

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

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



Public Comment

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



IRS FORM 990, SCHEDULE H COMPLIANCE

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

IRS FORM 990, SCHEDULE H (2019)		See Report Page
Part V Section B Line 3a	A definition of the community served by the hospital facility	7
Part V Section B Line 3b	Demographics of the community	36
Part V Section B Line 3c	Existing health care facilities and resources within the community that are available to respond to the health needs of the community	172
Part V Section B Line 3d	How data was obtained	6
Part V Section B Line 3e	The significant health needs of the community	16
Part V Section B Line 3f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g	The process for identifying and prioritizing community health needs and services to meet the community health needs	18
Part V Section B Line 3h	The process for consulting with persons representing the community's interests	10
Part V Section B Line 3i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	176



SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none">▪ Barriers to Access<ul style="list-style-type: none">– Cost of Prescriptions– Cost of Physician Visits– Appointment Availability– Inconvenient Office Hours– Finding a Physician– Lack of Transportation– Culture/Language▪ Skipping/Stretching Prescriptions▪ Difficulty Accessing Children’s Health Care▪ Specific Source of Ongoing Medical Care▪ Routine Medical Care (Children)▪ Ratings of Local Health Care
CANCER	<ul style="list-style-type: none">▪ Leading Cause of Death [County-Level Data]▪ Cervical Cancer Screening [Age 21-65]
DIABETES	<ul style="list-style-type: none">▪ Prevalence of Borderline/Pre-Diabetes▪ Blood Sugar Testing [Non-Diabetics]
HEART DISEASE & STROKE	<ul style="list-style-type: none">▪ Leading Cause of Death [County-Level Data]▪ Stroke Prevalence▪ High Blood Pressure Prevalence
INJURY & VIOLENCE	<ul style="list-style-type: none">▪ Unintentional Injury Deaths [County-Level Data]▪ Firearm-Related Deaths [County-Level Data]▪ Homicide Deaths [County-Level Data]▪ Violent Crime Rate [County-Level Data]▪ Intimate Partner Violence▪ Key Informants: Injury and violence ranked as a top concern.
KIDNEY DISEASE	<ul style="list-style-type: none">▪ Kidney Disease Deaths [County-Level Data]▪ Kidney Disease Prevalence

— continued on the following page —



AREAS OF OPPORTUNITY (continued)

MENTAL HEALTH	<ul style="list-style-type: none"> ▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Fruit/Vegetable Consumption ▪ Children’s Physical Activity ▪ Overweight & Obesity [Adults & Children]
POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Activity Limitations ▪ Alzheimer’s Disease Deaths [County-Level Data] ▪ Key Informants: Dementia/Alzheimer’s disease ranked as a top concern.
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ COVID-19 Deaths [County-Level Data] ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence
SEXUAL HEALTH	<ul style="list-style-type: none"> ▪ HIV/AIDS Deaths [County-Level Data] ▪ HIV Prevalence ▪ Chlamydia Incidence ▪ Gonorrhea Incidence
SUBSTANCE ABUSE	<ul style="list-style-type: none"> ▪ Excessive Drinking ▪ Unintentional Drug-Related Deaths [County-Level Data] ▪ Illicit Drug Use ▪ Personally Impacted by Substance Abuse (Self or Other’s) ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none"> ▪ Cigarette Smoking in the Home <ul style="list-style-type: none"> – Including Among Households With Children ▪ Use of Vaping Products



Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

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

1. Mental Health
2. Substance Abuse
3. Injury & Violence
4. Potentially Disabling Conditions
5. Nutrition, Physical Activity & Weight
6. Tobacco Use
7. Respiratory Disease (esp. COVID-19)
8. Cancer
9. Heart Disease & Stroke
10. Kidney Disease
11. Sexual Health
12. Access to Health Care Services
13. Diabetes

Hospital Implementation Strategy

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

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



Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

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

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

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

TREND SUMMARY

(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

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

OTHER (SECONDARY) DATA INDICATORS:

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

Note that secondary data reflect county-level data.





SOCIAL DETERMINANTS	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Linguistically Isolated Population (Percent)		
Population in Poverty (Percent)		
Children in Poverty (Percent)		
No High School Diploma (Age 25+, Percent)		
% Unable to Pay Cash for a \$400 Emergency Expense	 26.1	 21.4
% Worry/Stress Over Rent/Mortgage in Past Year	 36.3	 32.0
% Unhealthy/Unsafe Housing Conditions	 23.5	 19.6
% Food Insecure	 33.6	 36.8







Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
8.5	 4.1	 4.3		
16.0	 12.5	 13.4	 8.0	
22.4	 17.1	 18.5	 8.0	
13.3	 10.8	 12.0		
24.1		 24.6		
34.5		 32.2		 43.4
21.9		 12.2		
35.0		 34.1		 43.1
















better



















similar




















worse



















OVERALL HEALTH	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% "Fair/Poor" Overall Health	 13.9	 12.4

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
13.3	 17.7	 12.6		 13.4
<div>  better  similar  worse </div>				

ACCESS TO HEALTH CARE	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% [Age 18-64] Lack Health Insurance	 5.6	 10.9
% Difficulty Accessing Health Care in Past Year (Composite)	 55.9	 56.3
% Cost Prevented Physician Visit in Past Year	 20.9	 19.9
% Cost Prevented Getting Prescription in Past Year	 19.3	 19.5
% Difficulty Getting Appointment in Past Year	 35.3	 35.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	 26.5	 25.7
% Difficulty Finding Physician in Past Year	 19.8	 21.4

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
7.8	 15.6	 8.7	 7.9	 24.5
56.1		 35.0		 49.8
20.5	 13.3	 12.9		 24.1
19.3		 12.8		 30.7
35.6		 14.5		 20.4
26.2		 12.5		 23.2
20.5		 9.4		 13.6



ACCESS TO HEALTH CARE (continued)	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% Transportation Hindered Dr Visit in Past Year	 20.0	 19.7
% Language/Culture Prevented Care in Past Year	 6.7	 13.8
% Skipped Prescription Doses to Save Costs	 24.9	 17.9
% Difficulty Getting Child's Health Care in Past Year	 9.1	 18.6
Primary Care Doctors per 100,000		
% Have a Specific Source of Ongoing Care	 69.9	 66.4
% Have Had Routine Checkup in Past Year	 68.5	 68.2
% Child Has Had Checkup in Past Year	 95.4	 76.4
% Two or More ER Visits in Past Year	 11.9	 12.3
% Eye Exam in Past 2 Years	 57.8	 58.7



Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
19.9		 8.9		 14.9
9.7		 2.8		 2.3
21.9		 12.7		 18.6
14.0		 8.0		 0.5
181.7	 116.0	 101.7		
68.4		 74.2	 84.0	 67.4
68.4	 76.9	 70.5		 66.8
85.5		 77.4		 95.8
12.1		 10.1		 8.4
58.2		 61.0	 61.1	 63.5


better


similar


worse

ACCESS TO HEALTH CARE (continued)	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% Rate Local Health Care "Fair/Poor"	 13.3	 11.0

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
12.4		 8.0		 15.5



better





























similar


























worse




CANCER	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Cancer (Age-Adjusted Death Rate)		
Lung Cancer (Age-Adjusted Death Rate)		
Prostate Cancer (Age-Adjusted Death Rate)		
Female Breast Cancer (Age-Adjusted Death Rate)		
Colorectal Cancer (Age-Adjusted Death Rate)		
Cancer Incidence Rate (All Sites)		
Female Breast Cancer Incidence Rate		







Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
147.9 [Cook County]	 152.1	 146.5	 122.7	 174.5
30.9 [Cook County]	 35.5	 33.4	 25.1	
20.9 [Cook County]	 18.7	 18.5	 16.9	
21.8 [Cook County]	 20.5	 19.4	 15.3	
14.2 [Cook County]	 13.9	 13.1	 8.9	
449.5 [Cook County]	 466.8	 448.6		
132.1 [Cook County]	 133.7	 126.8		








CANCER (continued)	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Prostate Cancer Incidence Rate		
Lung Cancer Incidence Rate		
Colorectal Cancer Incidence Rate		
% Cancer	 5.0	 7.9
% [Women 50-74] Mammogram in Past 2 Years		
% [Women 21-65] Cervical Cancer Screening	 77.7	 66.5
% [Age 50-75] Colorectal Cancer Screening	 77.3	 78.4

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
115.9 [Cook County]	 111.5	 106.2		
57.0 [Cook County]	 63.0	 57.3		
42.2 [Cook County]	 42.1	 38.0		
6.2	 10.4	 10.0		
72.3	 78.7	 76.1	 77.1	 84.9
73.7	 79.3	 73.8	 84.3	 87.7
77.8	 67.0	 77.4	 74.4	 64.7
	 better	 similar	 worse	

DIABETES	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Diabetes (Age-Adjusted Death Rate)		

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
20.6 [Cook County]	 19.6	 22.6		 20.6

DIABETES (continued)	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% Diabetes/High Blood Sugar	 9.5	 13.2
% Borderline/Pre-Diabetes	 11.2	 18.6
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	 37.3	 38.4

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
11.1	 11.3	 13.8		 11.0
14.3		 9.7		 10.0
37.8		 43.3		 56.6









better

























similar










worse

HEART DISEASE & STROKE	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Diseases of the Heart (Age-Adjusted Death Rate)		
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 1.8	 8.0
Stroke (Age-Adjusted Death Rate)		
% Stroke	 1.8	 7.3
% Told Have High Blood Pressure	 30.8	 43.9













Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
169.9 [Cook County]	 165.8	 164.4	 127.4	 183.4
4.5	 5.7	 6.1		 2.9
41.6 [Cook County]	 39.5	 37.6	 33.4	 36.8
4.1	 3.0	 4.3		 1.3
36.4	 32.2	 36.9	 27.7	 20.5




HEART DISEASE & STROKE (continued)	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% Told Have High Cholesterol	 24.3	 29.9
% 1+ Cardiovascular Risk Factor	 77.8	 83.6





Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
26.6		 32.7		 27.4
80.3		 84.6		 79.8
























 better
  similar
  worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Low Birthweight Births (Percent)		
Infant Death Rate		
Late or No Prenatal Care (Percent)		
Births to Adolescents Age 15 to 19 (Rate per 1,000)		



Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
9.0 [Cook County]	 8.4	 8.2		
5.6 [Cook County]	 5.7	 5.5	 5.0	 6.7
7.0 [Cook County]	 5.7	 6.1		 2.0
21.9 [Cook County]	 19.4	 20.9	 31.4	










 better
  similar
  worse









INJURY & VIOLENCE	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Unintentional Injury (Age-Adjusted Death Rate)		
Motor Vehicle Crashes (Age-Adjusted Death Rate)		
[65+] Falls (Age-Adjusted Death Rate)		
Firearm-Related Deaths (Age-Adjusted Death Rate)		
Homicide (Age-Adjusted Death Rate)		
Violent Crime Rate		
% Victim of Violent Crime in Past 5 Years	 6.8	 9.0
% Victim of Intimate Partner Violence	 19.9	 24.5
















Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
46.5 [Cook County]	 47.6	 51.6	 43.2	 26.6
7.1 [Cook County]	 9.0	 11.4	 10.1	
38.2 [Cook County]	 53.3	 67.1	 63.4	
16.1 [Cook County]	 11.9	 12.5	 10.7	
14.9 [Cook County]	 9.1	 6.1	 5.5	 10.5
627.4 [Cook County]	 420.9	 416.0		
7.7		 6.2		 9.3
21.9		 13.7		 17.0





 better
  similar
  worse





KIDNEY DISEASE	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Kidney Disease (Age-Adjusted Death Rate)		
% Kidney Disease	 5.6	 10.1




Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
17.3 [Cook County]	 16.6	 12.8		 17.2
7.5	 2.7	 5.0		 2.1
 better  similar  worse				











MENTAL HEALTH	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% "Fair/Poor" Mental Health	 31.7	 25.6
% Diagnosed Depression	 32.3	 24.9
% Symptoms of Chronic Depression (2+ Years)	 53.1	 40.5
% Typical Day Is "Extremely/Very" Stressful	 26.1	 17.9
Suicide (Age-Adjusted Death Rate)		
Mental Health Providers per 100,000		

















Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
29.1		 13.4		 8.8
29.2	 18.3	 20.6		 10.4
47.7		 30.3		 32.7
22.6		 16.1		 13.2
8.6 [Cook County]	 10.9	 13.9	 12.8	 7.8
133.5	 96.2	 121.3		







MENTAL HEALTH (continued)	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% Taking Rx/Receiving Mental Health Trtmt	 24.6	 21.4
% Unable to Get Mental Health Svcs in Past Yr	 16.3	 11.6




















Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
23.2		 16.8		 16.3
14.3		 7.8		 8.2




 better
  similar
  worse







NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Population With Low Food Access (Percent)		
% "Very/Somewhat" Difficult to Buy Fresh Produce	 21.8	 15.8
% 5+ Servings of Fruits/Vegetables per Day	 36.2	 28.2
% No Leisure-Time Physical Activity	 16.6	 27.9
% Meeting Physical Activity Guidelines	 31.9	 17.8
% Child [Age 2-17] Physically Active 1+ Hours per Day	 21.0	 33.8











Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
0.3	 20.2	 22.2		
19.2		 21.1		 21.0
32.8		 32.7		 40.9
21.4	 25.6	 31.3	 21.2	 20.2
25.9	 23.4	 21.4	 28.4	 21.7
27.3		 33.0		 57.4




NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Recreation/Fitness Facilities per 100,000		
% Healthy Weight (BMI 18.5-24.9)	 33.2	 35.8
% Overweight (BMI 25+)	 58.3	 56.7
% Obese (BMI 30+)	 24.9	 31.6
% Children [Age 5-17] Healthy Weight		
% Children [Age 5-17] Overweight (85th Percentile)		
% Children [Age 5-17] Obese (95th Percentile)		









Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
12.2	 12.5	 12.2		
34.3	 32.6	 34.5		 37.7
57.7	 65.7	 61.0		 60.9
27.8	 31.6	 31.3	 36.0	 23.8
39.2		 47.6		 56.9
38.8		 32.3		 43.0
25.2		 16.0	 15.5	 22.6












 better
 similar
 worse




ORAL HEALTH	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% Have Dental Insurance	 77.1	 80.7
% [Age 18+] Dental Visit in Past Year	 62.4	 57.7
% Child [Age 2-17] Dental Visit in Past Year	 75.2	 67.8







Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
78.6		 68.7	 59.8	 61.1
60.4	 68.1	 62.0	 45.0	 66.6
71.6		 72.1	 45.0	 72.8




















 better
  similar
  worse

POTENTIALLY DISABLING CONDITIONS	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% 3+ Chronic Conditions	 33.1	 40.1
% Activity Limitations	 27.2	 28.7
% With High-Impact Chronic Pain	 13.9	 18.7
Alzheimer's Disease (Age-Adjusted Death Rate)		
% Caregiver to a Friend/Family Member	 19.0	 23.5

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
36.1		 32.5		 33.9
27.8		 24.0		 13.7
15.9		 14.1	 7.0	
20.9 [Cook County]	 26.2	 30.9		 15.8
20.9		 22.6		 21.4




 better
  similar
  worse

RESPIRATORY DISEASE	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
CLRD (Age-Adjusted Death Rate)		
Pneumonia/Influenza (Age-Adjusted Death Rate)		
% [Age 65+] Flu Vaccine in Past Year		
COVID-19 (Age-Adjusted Death Rate)		
% [Adult] Asthma	 11.8	 16.1
% [Child 0-17] Asthma	 11.4	 8.4
% COPD (Lung Disease)	 8.1	 11.8












Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
25.8 [Cook County]	 35.1	 38.1		 31.1
15.5 [Cook County]	 15.0	 13.4		 17.1
72.5	 61.1	 71.0		 76.9
125.5 [Cook County]	 99.2	 85.0		
13.6	 8.2	 12.9		 9.5
9.8		 7.8		 10.8
9.7	 5.8	 6.4		 5.4





 better
  similar
  worse














SEPTICEMIA	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Septicemia (Age-Adjusted Death Rate)		







Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
9.6 [Cook County]	 11.2	 9.8		 13.5






SEXUAL HEALTH	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
HIV/AIDS (Age-Adjusted Death Rate)		
HIV Prevalence Rate		
Chlamydia Incidence Rate		
Gonorrhea Incidence Rate		

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
2.3 [Cook County]	 1.3	 1.8		
577.4	 334.5	 372.8		
830.3	 604.0	 539.9		
309.3	 198.6	 179.1		
 better  similar  worse				









SUBSTANCE ABUSE	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)		
% Excessive Drinker	 44.4	 41.0
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)		
% Illicit Drug Use in Past Month	 7.1	 1.1














Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
9.0 [Cook County]	 10.2	 11.9	 10.9	 8.8
42.9	 21.6	 27.2		 30.7
26.6 [Cook County]	 22.0	 21.0		 9.6
4.5		 2.0	 12.0	 5.0

SUBSTANCE ABUSE (continued)	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% Used a Prescription Opioid in Past Year	 15.6	 11.9
% Ever Sought Help for Alcohol or Drug Problem	 4.9	 8.4
% Personally Impacted by Substance Abuse	 50.7	 38.6

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
14.1		 12.9		
6.4		 5.4		 6.7
45.6		 35.8		 45.9

 better
  similar
  worse

TOBACCO USE	DISPARITY BETWEEN SUBAREAS	
	PSA	SSA
% Current Smoker	 20.1	 21.6
% Someone Smokes at Home	 20.5	 22.7
% [Household With Children] Someone Smokes in the Home	 36.6	 38.2
% [Smokers] Received Advice to Quit Smoking		
% Currently Use Vaping Products	 18.3	 11.6

Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	vs. IL	vs. US	vs. HP2030	TREND
20.7	 14.5	 17.4	 5.0	 17.6
21.5		 14.6		 14.0
37.4		 17.4		 16.1
61.4		 59.6	 66.6	
15.5	 4.4	 8.9		 8.4

 better
  similar
  worse



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Total Service Area, the focus of this Community Health Needs Assessment, houses a total population of 1,461,320 residents, according to latest census estimates.

Total Population
(Estimated Population, 2015-2019)

	TOTAL POPULATION	PERCENT URBAN
Total Service Area	1,461,320	100%
Cook County	5,198,275	100%
Illinois	12,770,631	88.5%
United States	324,697,795	80.9%

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

Population Change 2010-2020

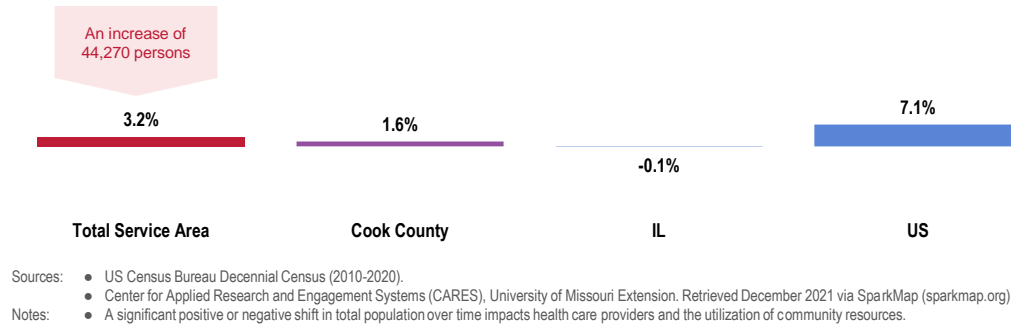
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the Total Service Area increased by 44,270 persons, or 3.2%.

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



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



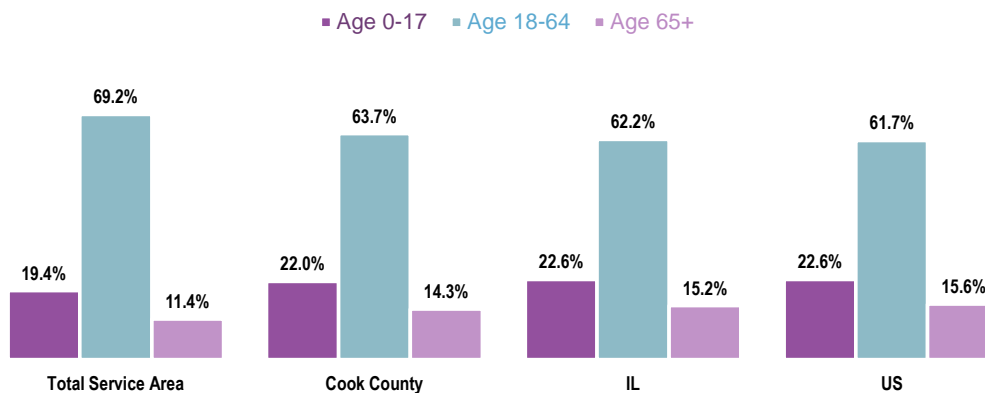
Age

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

In the Total Service Area, 19.4% of the population are children age 0-17; another 69.2% are age 18 to 64, while 11.4% are age 65 and older.

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

Total Population by Age Groups (2015-2019)



Sources:

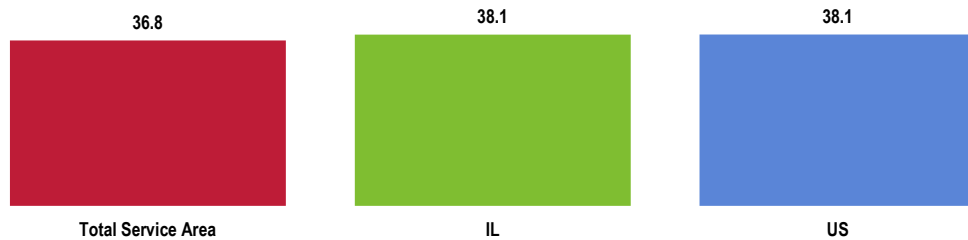
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).



Median Age

The Total Service Area is similar in median age to the state and nation.

Median Age (2015-2019)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

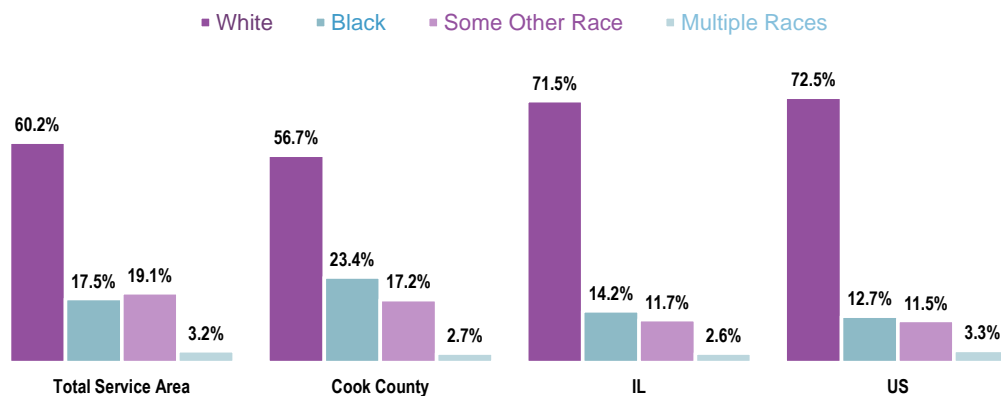
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 60.2% of residents of the Total Service Area are White and 17.5% are Black.

BENCHMARK ► More diverse than the state and nation.

Total Population by Race Alone (2015-2019)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

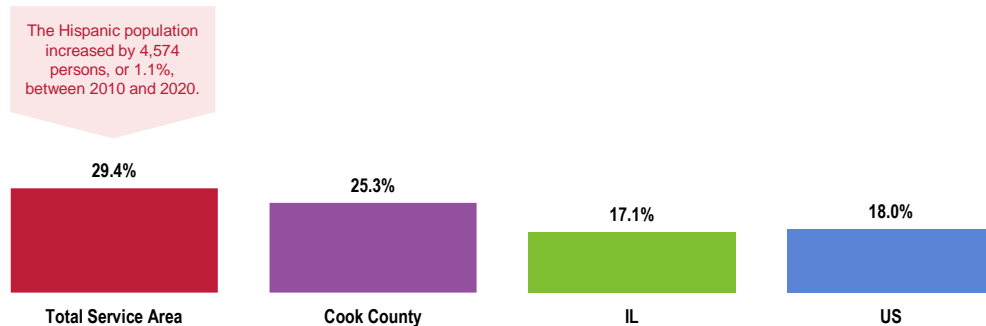


Ethnicity

A total of 29.4% of Total Service Area residents are Hispanic or Latino.

BENCHMARK ► A higher proportion than found across the county, state, or nation.

Hispanic Population (2015-2019)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

Notes:

- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 8.5% of the Total Service Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Double the Illinois and US proportions.

Linguistically Isolated Population (2015-2019)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

Notes:

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



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

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

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

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

Charts throughout this report (such as that here) detail survey findings among key demographic groups — namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

Here, “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

In addition, all Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Poverty

The latest census estimate shows 16.0% of the Total Service Area total population living below the federal poverty level.

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

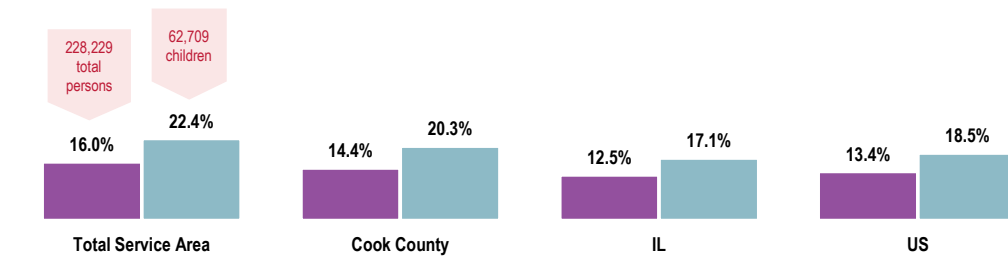
Among just children (ages 0 to 17), this percentage in the Total Service Area is 22.4% (representing an estimated 62,709 children).

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



Population in Poverty (Populations Living Below the Poverty Level; 2015-2019) Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Education

Among the Total Service Area population age 25 and older, an estimated 13.3% (over 136,000 people) do not have a high school education.

BENCHMARK ► Higher than the Illinois percentage.

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because educational attainment is linked to positive health outcomes.



Financial Resilience

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

A total of 24.1% of Total Service Area residents would not be able to afford an unexpected \$400 expense without going into debt.

DISPARITY ► More often reported among women, adults younger than 65 (especially young adults), those with lower incomes, Black respondents, Hispanic respondents, and LGBTQ+ respondents.

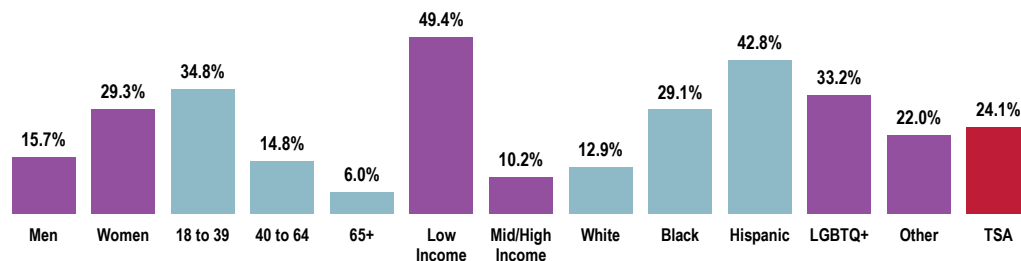
Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 63]
• 2020 PRC National Health Survey, PRC, Inc.

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

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 63]

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

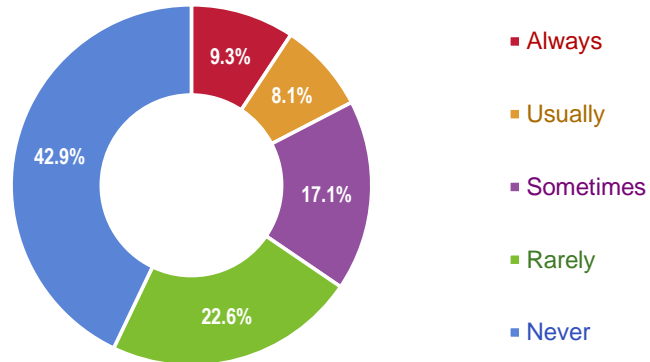


Housing

Housing Insecurity

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

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Total Service Area, 2021)



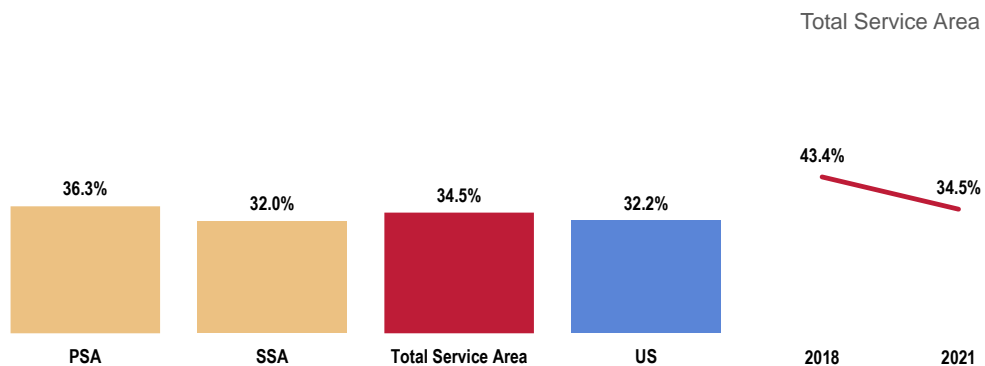
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

However, a considerable share (34.5%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

TREND ► More favorable compared to 2018 findings.

DISPARITY ► More often reported among adults younger than 65, lower-income adults, and renters.

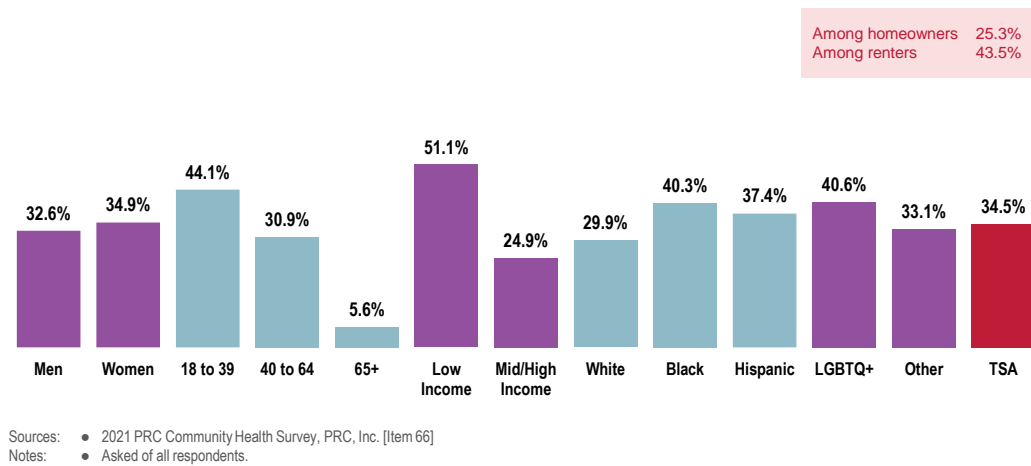
“Always/Usually/Sometimes” Worried
About Paying Rent/Mortgage in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Total Service Area, 2021)



Unhealthy or Unsafe Housing

A total of 21.9% of Total Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ► Much worse than the US finding.

DISPARITY ► More often reported among women, adults age 18 to 39, those with lower incomes, Hispanic residents, and renters.

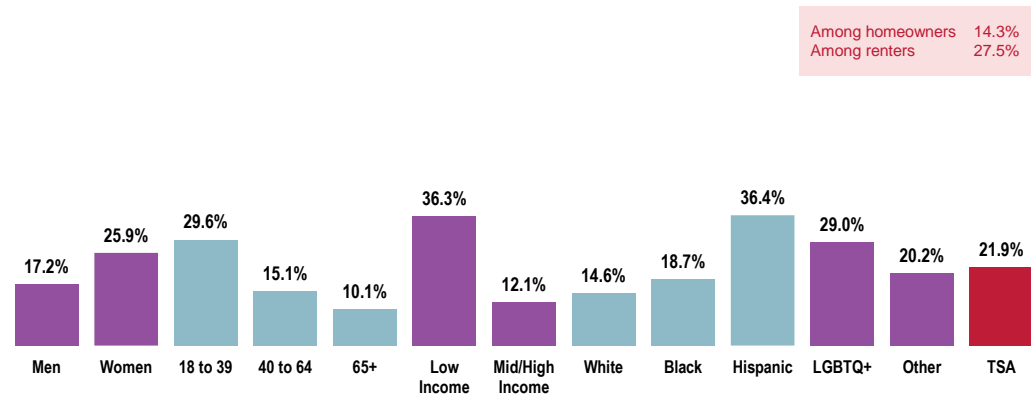
Unhealthy or Unsafe Housing Conditions in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 65]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



Unhealthy or Unsafe Housing Conditions in the Past Year (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 65]

Notes: • Asked of all respondents.

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

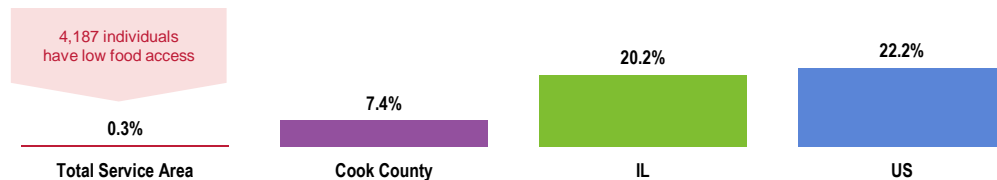
Food Access

Low Food Access

US Department of Agriculture data show that 0.3% of the Total Service Area population (representing over 4,100 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Considerably lower than was found across Illinois and the US.

Population With Low Food Access (Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Food Insecurity

Overall, 35.0% of community residents are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

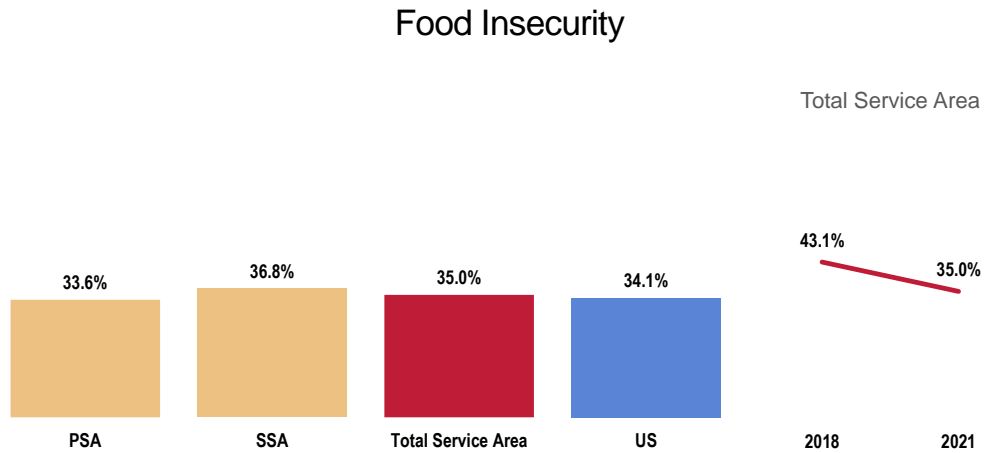
TREND ► Represents an improvement since 2018.

DISPARITY ► More often reported among younger adults, lower-income residents (especially), Black respondents, and Hispanic respondents.

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

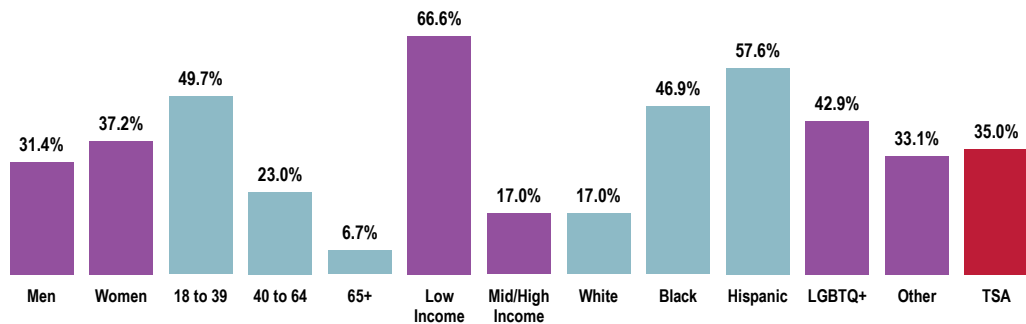
- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more.”

Those answering “Often” or “Sometimes True” for either statement are considered to be food insecure.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 112]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 112]
 Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.





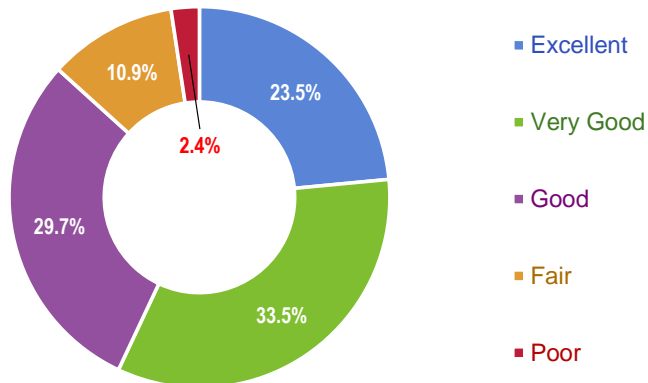
HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

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

Self-Reported Health Status
(Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 13.3% of Total Service Area adults believe that their overall health is "fair" or "poor."

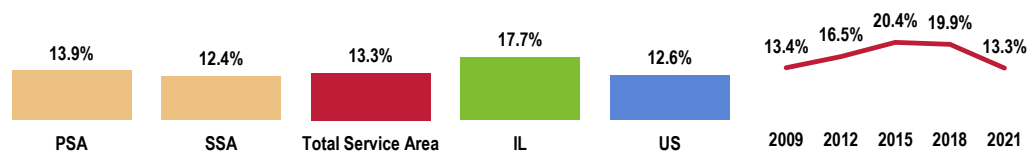
BENCHMARK ► Lower than the statewide percentage.

TREND ► Marks a significant decline since 2018.

DISPARITY ► More often reported among adults age 40 and older and among lower-income respondents.

Experience "Fair" or "Poor" Overall Health

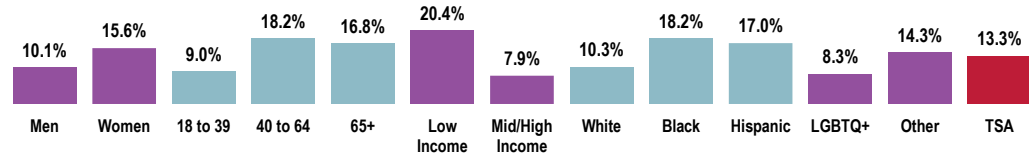
Total Service Area



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

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

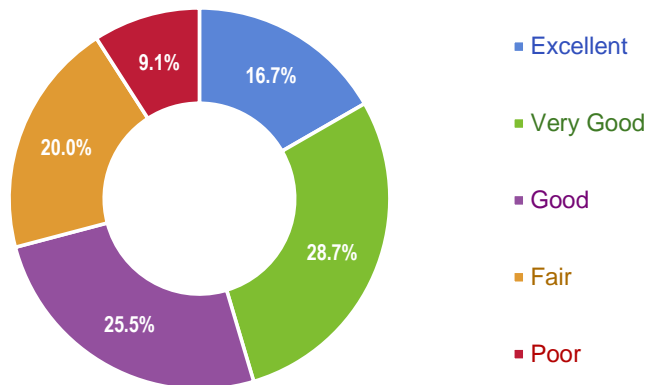
— Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

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

“Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?”

Self-Reported Mental Health Status
(Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: • Asked of all respondents.

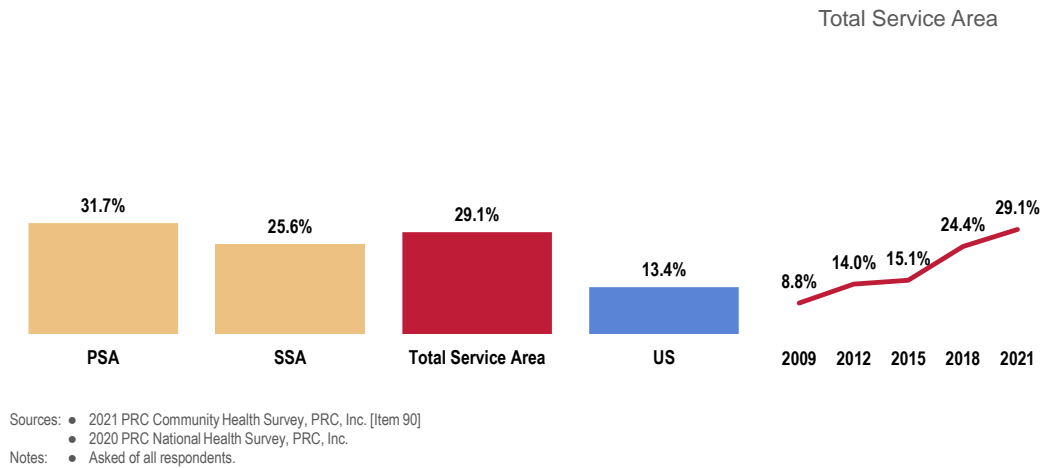
However, 29.1% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ► More than double the national finding.

TREND ► Rising significantly within the service area over time.



Experience “Fair” or “Poor” Mental Health



Depression

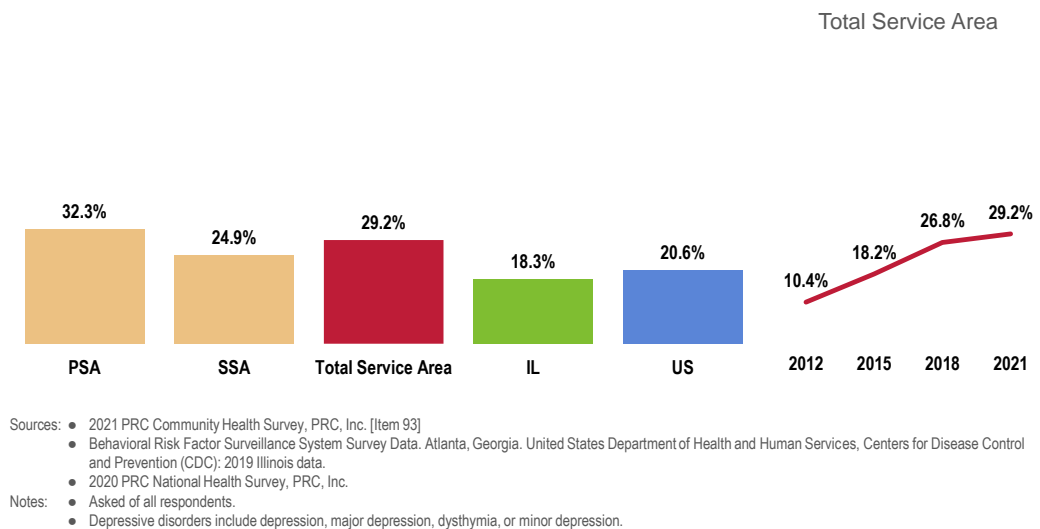
Diagnosed Depression

A total of 29.2% of Total Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than statewide and national findings.

TREND ► Trending significantly higher over time.

Have Been Diagnosed With a Depressive Disorder



Symptoms of Chronic Depression

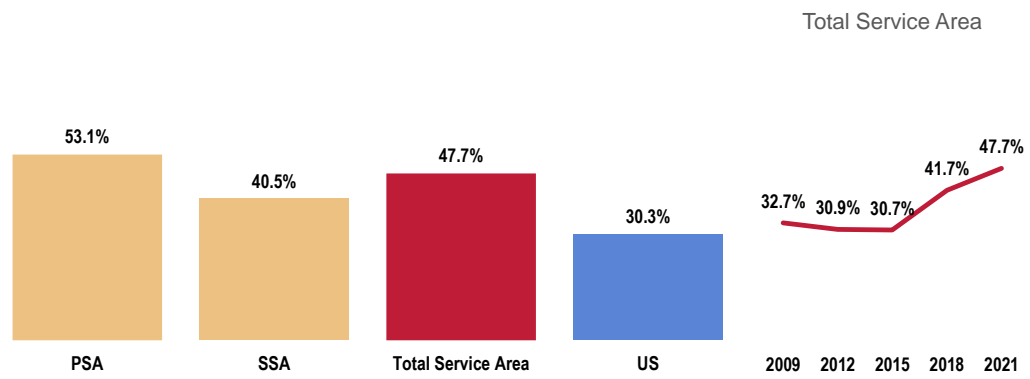
A total of 47.7% of Total Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ► Worse than the national finding.

TREND ► Trending higher within the service area.

DISPARITY ► Higher in the Primary Service Area. More often reported among women, young adults, lower-income adults, Hispanic residents, and respondents identifying as LGBTQ+.

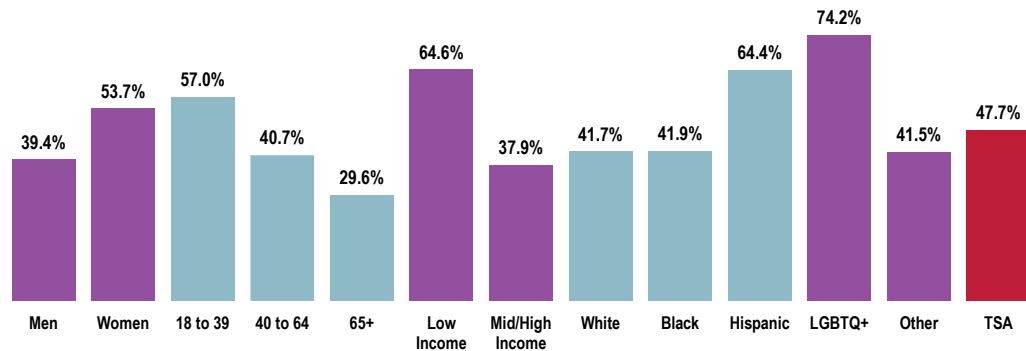
Have Experienced Symptoms of Chronic Depression



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
• 2020 PRC National Health Survey, PRC, Inc.

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

Have Experienced Symptoms of Chronic Depression (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 91]

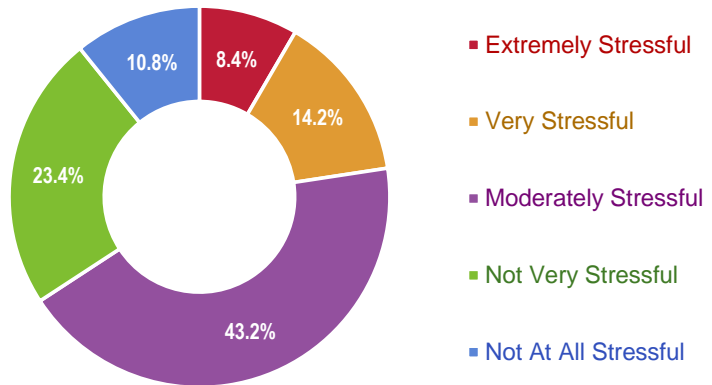
Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Stress

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

Perceived Level of Stress On a Typical Day
(Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

In contrast, 22.6% of Total Service Area adults feel that most days for them are “very” or “extremely” stressful.

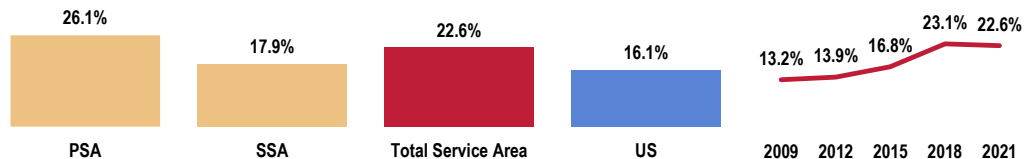
BENCHMARK ► Higher than the US percentage.

TREND ► Trending higher over time.

DISPARITY ► Higher in the Primary Service Area. More often reported among women, adults younger than 65 (especially young adults), lower-income residents, Hispanic respondents, and members of the LGBTQ+ community.

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

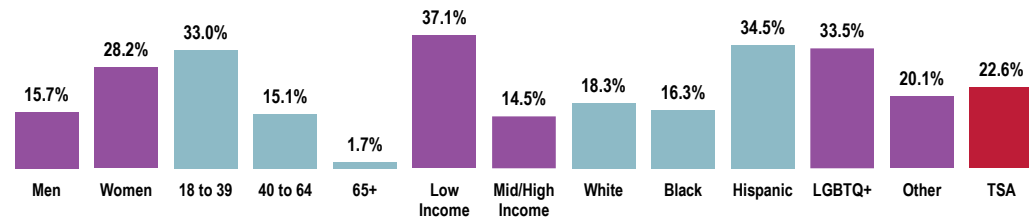
Total Service Area



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

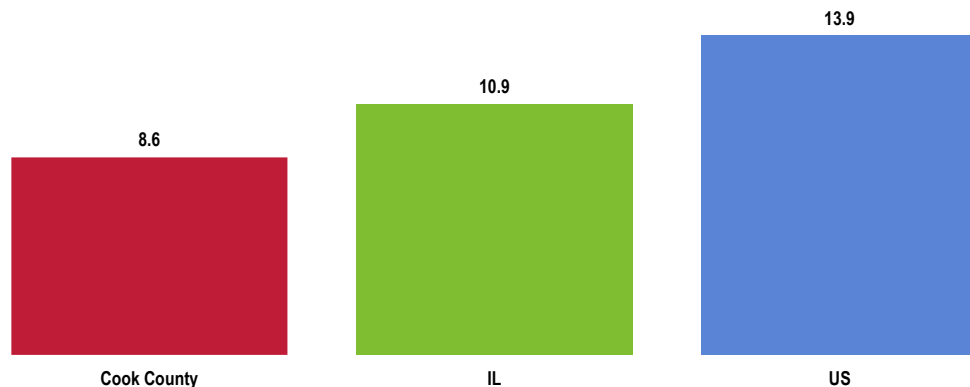
Suicide

In Cook County, there were 8.6 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

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

DISPARITY ► Higher among White residents.

Suicide: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower

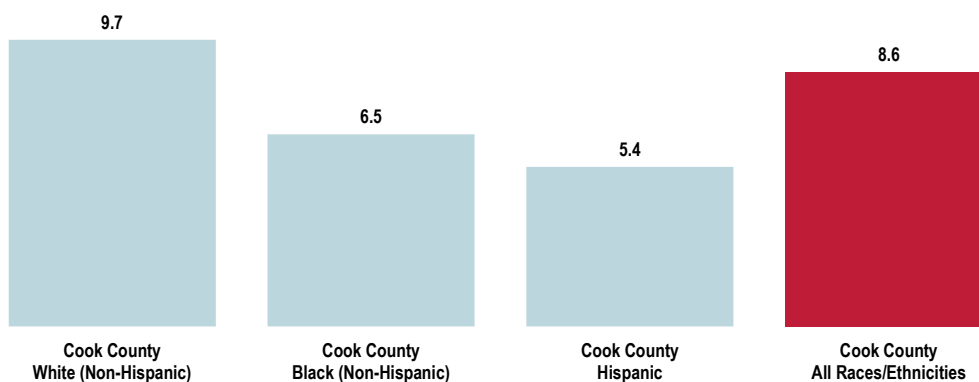


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Suicide: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)

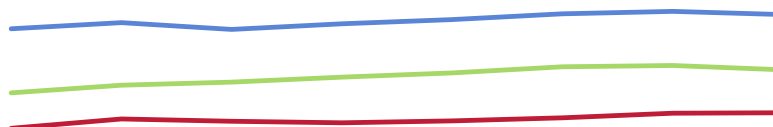
Healthy People 2030 = 12.8 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Suicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cook County	7.8	8.3	8.1	8.1	8.2	8.3	8.6	8.6
IL	9.7	10.1	10.2	10.5	10.7	11.1	11.1	10.9
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



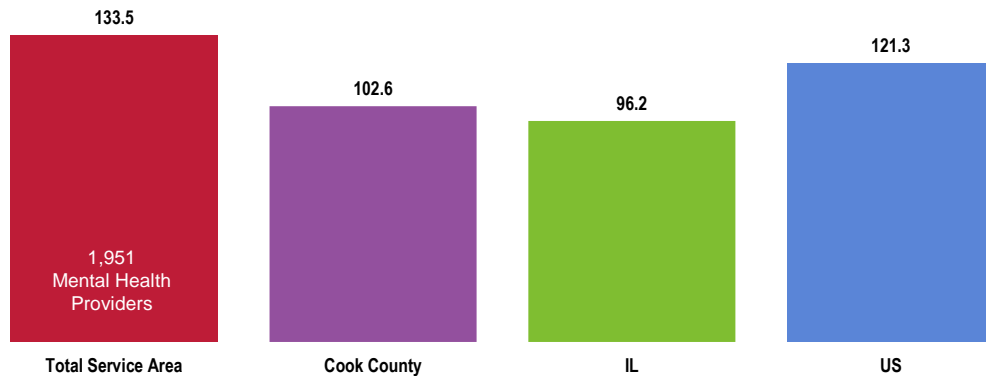
Mental Health Treatment

Mental Health Providers

In the Total Service Area in 2020, there were 133.5 mental health providers for every 100,000 population.

BENCHMARK ► Better than the statewide proportion.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2020)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

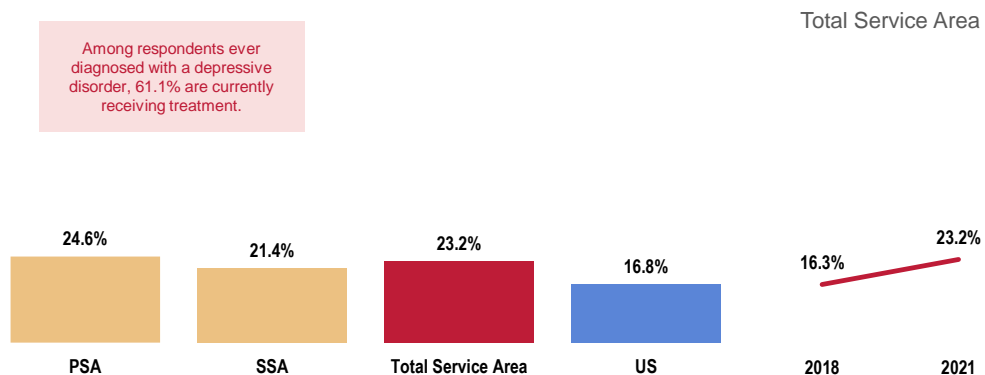
Currently Receiving Treatment

A total of 23.2% of service area adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ► Higher than the national percentage.

TREND ► Marks a significant increase since 2018.

Currently Receiving Mental Health Treatment



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 94]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• "Treatment" can include taking medications for mental health.



Difficulty Accessing Mental Health Services

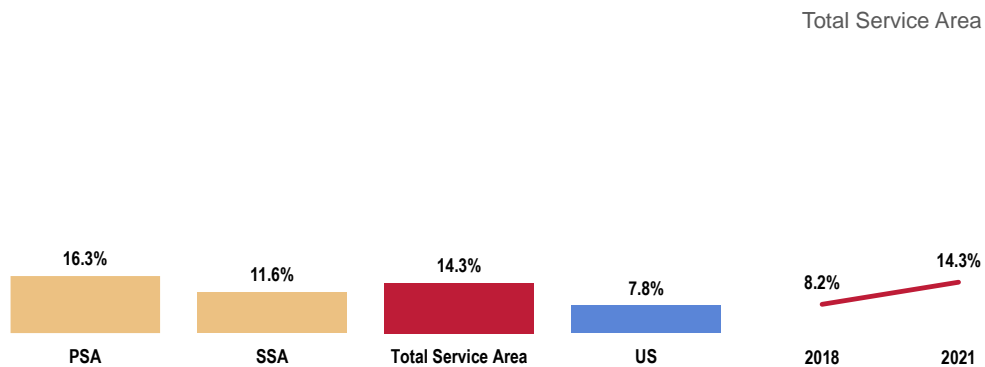
A total of 14.3% of Total Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ► Worse than the national finding.

TREND ► Represents a significant increase over time within the service area.

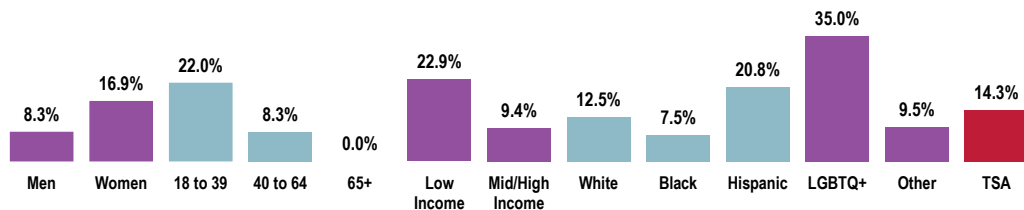
DISPARITY ► More often reported among women, adults younger than 65 (especially young adults), those with lower incomes, and LGBTQ+ respondents.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year (Total Service Area, 2021)

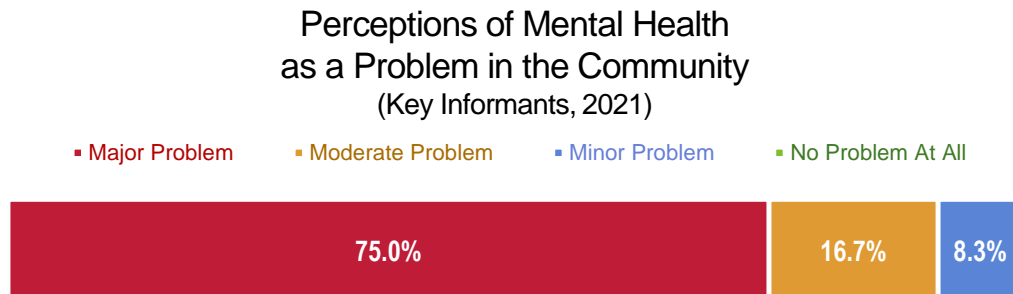


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
Notes: • Asked of all respondents.



Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

The behavioral health workforce shortage is leading to long waits for services. Some waiting lists are even closed. Access to psychiatry is a particularly challenging problem. Further, more people than ever are in need of mental health services due to the stress of the pandemic as well as an uptick in community violence. – Public Health Representative

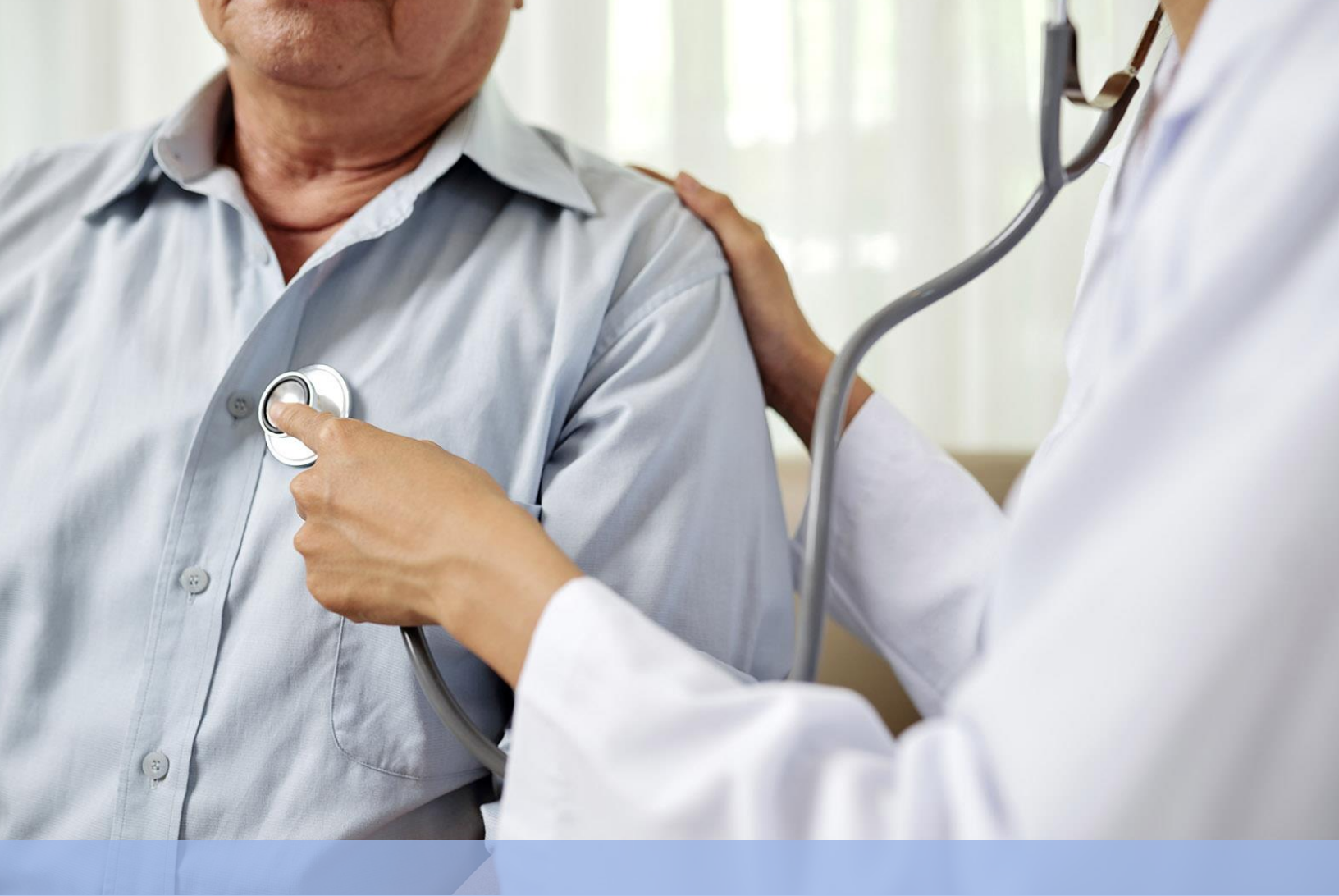
There is a dearth of mental health professionals and service capacity primarily for those with Medicaid and children needing mental health services. In particular, mental health crisis services are extremely under resourced, with limited options beyond traditional emergency department settings. Emergency departments are ill-equipped to effectively serve individuals experiencing a mental health crisis. Further, the mental health system remains difficult to navigate for most individuals. Investments in the peer support professional workforce and community health worker services would be extremely beneficial to assist individuals in their ongoing treatment. – Other Health Provider

They need a lot of care and monitoring and it costs a lot. They might be dangerous too. – Other Health Provider
As many persons with mental health issues are not aware of the issues or refuse to take medications, it is difficult to treat these patients. With the shortage of psychiatrists, we have major issues of having our patients receiving prescriptions on a timely basis. – Other Health Provider

Access to Care/Services

Lack of facilities and care. – Community Leader





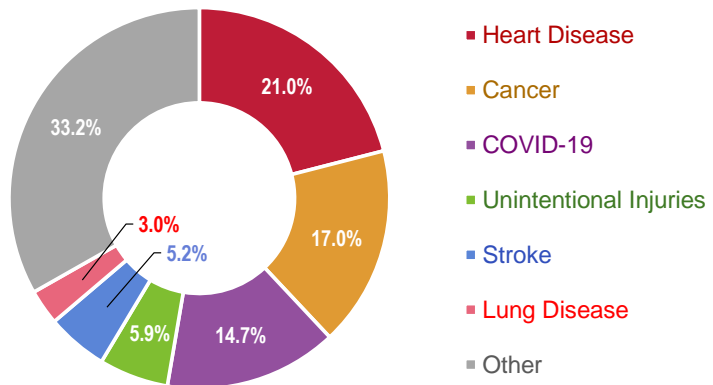
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for more than one-third of all deaths in Cook County in 2020. COVID-19 was the third-leading cause of death in the county.

Leading Causes of Death
(Cook County, 2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

In order to compare mortality in the region with other localities (in this case, Illinois and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

Note that deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in Cook County.

Each of these is discussed in greater detail in subsequent sections of this report.

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

Age-Adjusted Death Rates for Selected Causes (2018-2020 Deaths per 100,000 Population)

	Cook County	Illinois	US	HP2030
Diseases of the Heart	169.9	165.8	164.4	127.4*
Malignant Neoplasms (Cancers)	147.9	152.1	146.5	122.7
Coronavirus/COVID-19 [2020]	125.5	99.2	85.0	n/a
Unintentional Injuries	46.5	47.6	51.6	43.2
Cerebrovascular Disease (Stroke)	41.6	39.5	37.6	33.4
Fall-Related Deaths (65+)	38.2	53.3	67.1	63.4
Drug-Induced	26.6	22.0	21.0	n/a
Chronic Lower Respiratory Disease (CLRD)	25.8	35.1	38.1	n/a
Alzheimer's Disease	20.9	26.2	30.9	n/a
Diabetes Mellitus	20.6	19.6	22.6	n/a
Kidney Diseases	17.3	16.6	12.8	n/a
Firearm-Related	16.1	11.9	12.5	10.7
Pneumonia/Influenza	15.5	15.0	13.4	n/a
Homicide	14.9	9.1	6.1	5.5
Septicemia	9.6	11.2	9.8	n/a
Cirrhosis/Liver Disease	9.0	10.2	11.9	10.9
Intentional Self-Harm (Suicide)	8.6	10.9	13.9	12.8
Motor Vehicle Deaths	7.1	9.0	11.4	10.1
HIV/AIDS [2011-2020]	2.3	1.3	1.8	n/a

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>.

Note: • *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

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

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

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

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

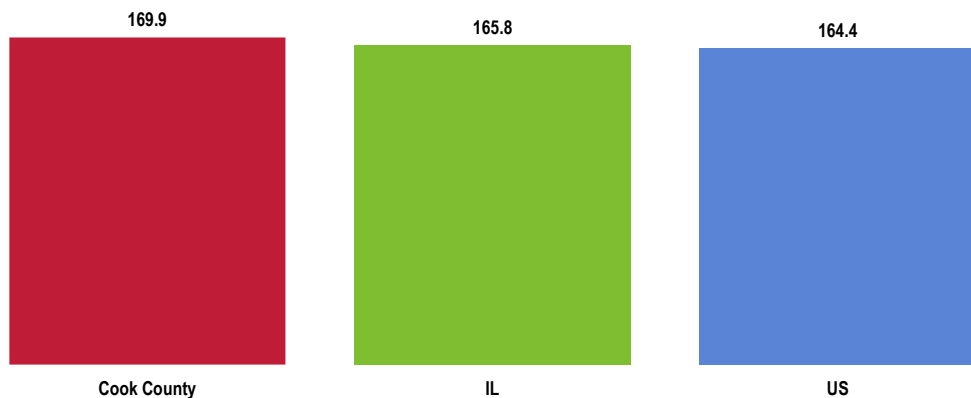
Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 169.9 deaths per 100,000 population in Cook County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Considerably higher among Black residents.

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

Heart Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

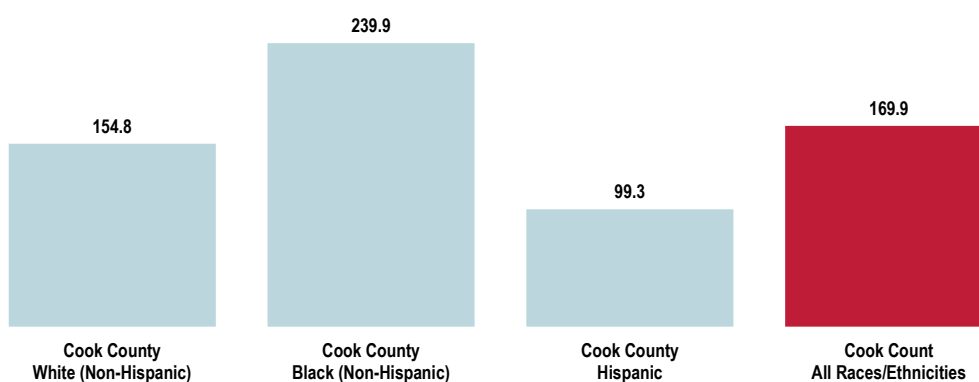
Notes:

- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.



Heart Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cook County	183.4	179.5	177.4	175.2	171.0	168.1	165.6	169.9
IL	173.9	171.1	170.7	169.0	166.8	164.3	163.1	165.8
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

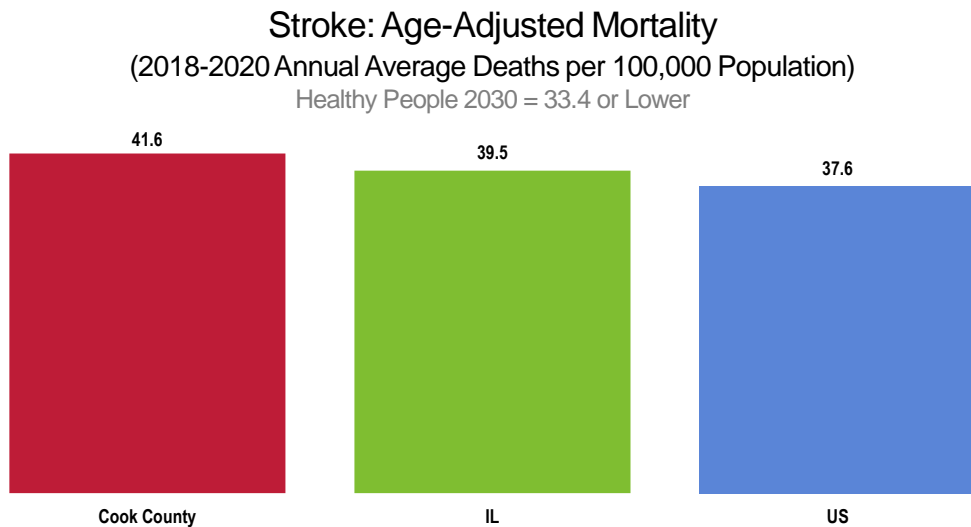


Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of **41.6 deaths per 100,000 population in Cook County.**

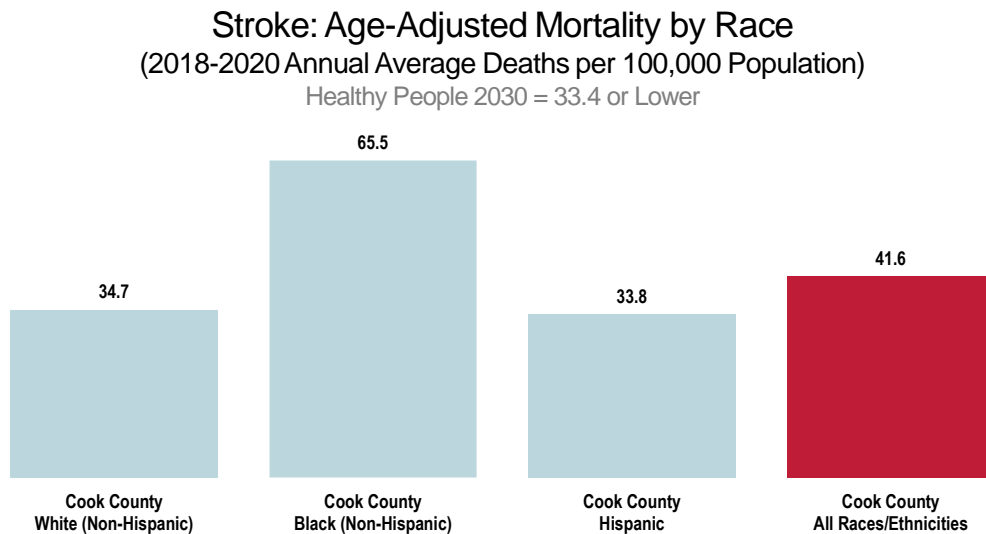
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Much higher among Black residents.



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cook County	36.8	37.0	37.7	38.8	40.2	40.5	40.9	41.6
IL	37.7	37.3	37.5	37.9	38.4	38.0	38.3	39.5
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Prevalence of Heart Disease & Stroke

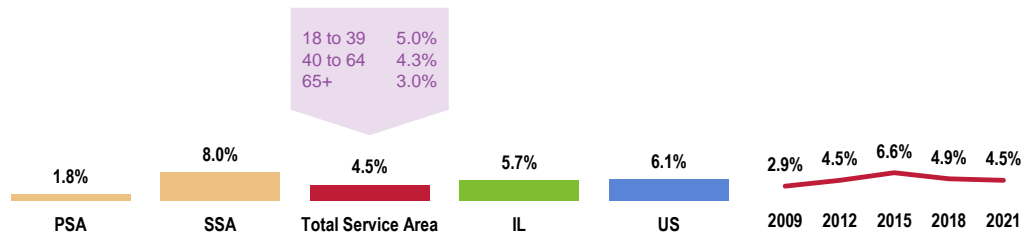
Prevalence of Heart Disease

A total of 4.5% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

DISPARITY ► Higher in the Secondary Service Area.

Prevalence of Heart Disease

Total Service Area



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
• 2020 PRC National Health Survey, PRC, Inc.

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



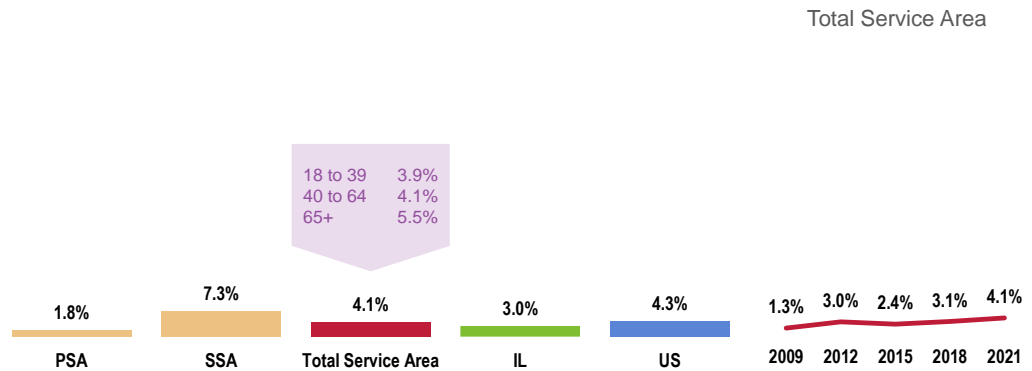
Prevalence of Stroke

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

TREND ► Trending higher over time.

DISPARITY ► Higher in the Secondary Service Area.

Prevalence of Stroke



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 29]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 36.4% of Total Service Area adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Higher than the 2009 baseline.

DISPARITY ► Higher in the Secondary Service Area (not shown).

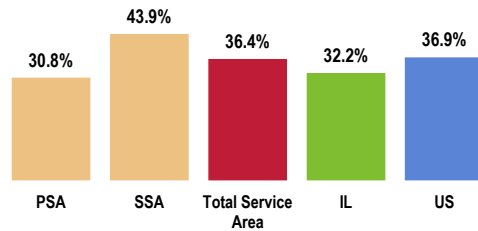
A total of 26.6% of adults have been told by a health professional that their **cholesterol level** was high.

BENCHMARK ► Better than was found across the US.



Prevalence of High Blood Pressure

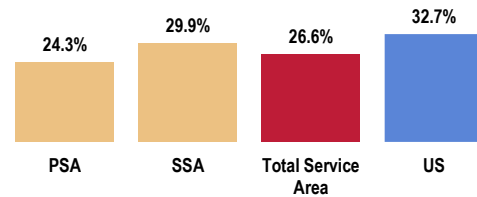
Healthy People 2030 = 27.7% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

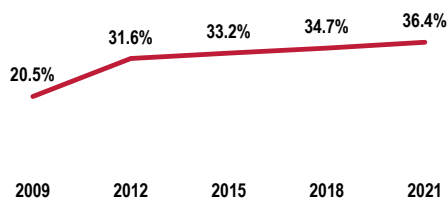
Notes: • Asked of all respondents.

Prevalence of High Blood Cholesterol



Prevalence of High Blood Pressure (Total Service Area)

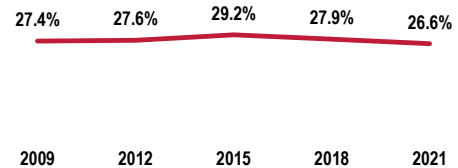
Healthy People 2030 = 27.4% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

Prevalence of High Blood Cholesterol (Total Service Area)



Total Cardiovascular Risk

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

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

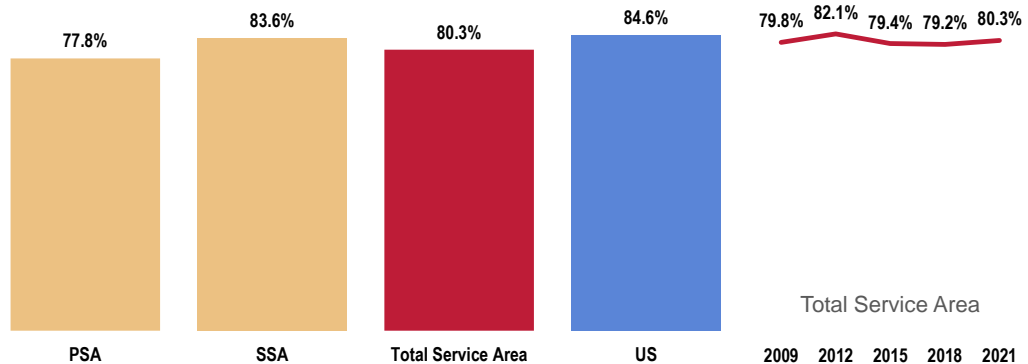
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 80.3% of Total Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

DISPARITY ► Men, adults age 40+, and Black respondents are more likely to report having cardiovascular risk factors.

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

Present One or More Cardiovascular Risks or Behaviors

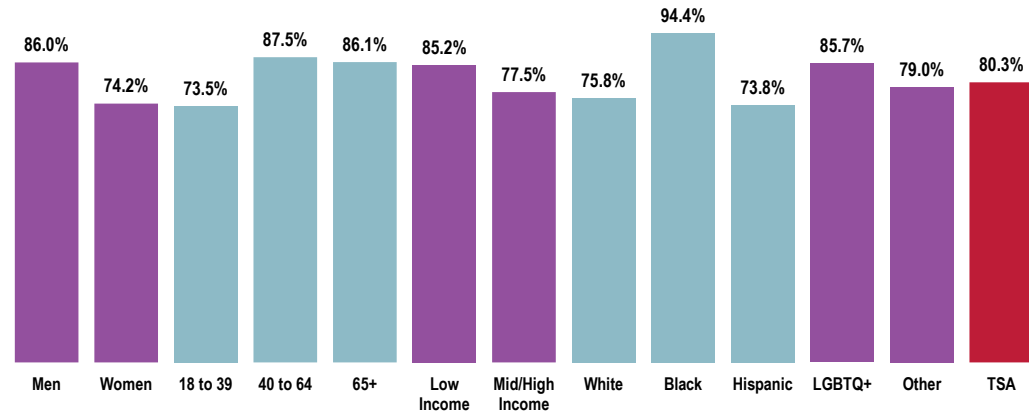


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
• 2020 PRC National Health Survey, PRC, Inc.

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



Present One or More Cardiovascular Risks or Behaviors (Total Service Area, 2021)

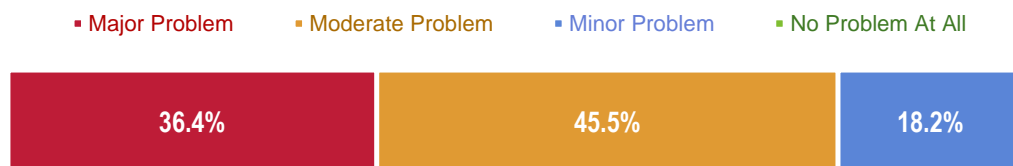


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Nutrition & Physical Activity

People are eating large portions, have less physical activity, and they are eating fatty, not healthy food. – Other Health Provider



CANCER

ABOUT CANCER

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

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

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

Age-Adjusted Cancer Deaths

All Cancer Deaths

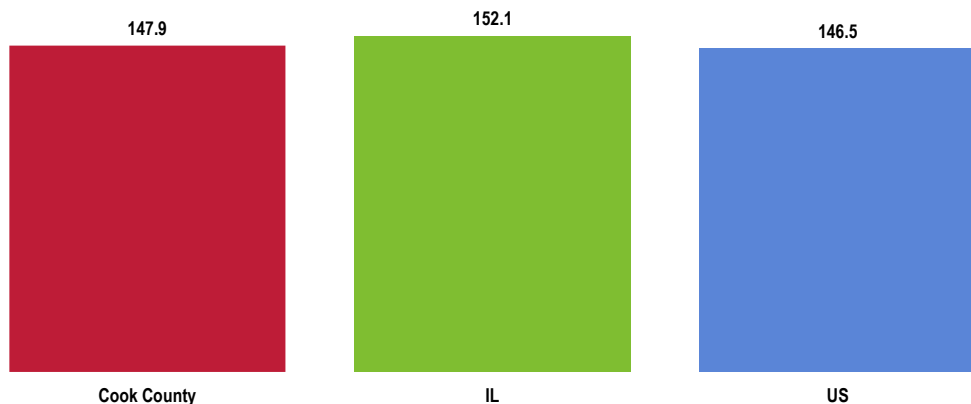
Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 147.9 deaths per 100,000 population in Cook County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Trending lower over time in Cook County.

DISPARITY ► Higher among Black residents.

Cancer: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

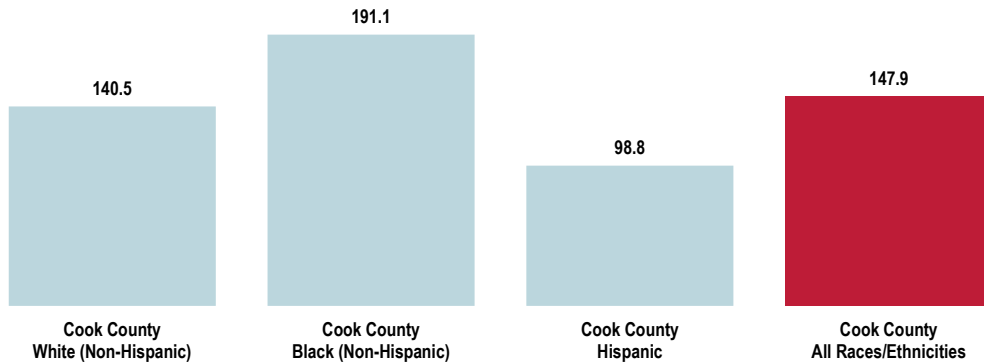


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cancer: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cancer: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cancer Deaths by Site

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

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

BENCHMARK

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

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

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

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

Age-Adjusted Cancer Death Rates by Site (2018-2020 Annual Average Deaths per 100,000 Population)

	Cook County	Illinois	US	HP2030
ALL CANCERS	147.9	152.1	146.5	122.7
Lung Cancer	30.9	35.5	33.4	25.1
Female Breast Cancer	21.8	20.5	19.4	15.3
Prostate Cancer	20.9	18.7	18.5	16.9
Colorectal Cancer	14.2	13.9	13.1	8.9

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

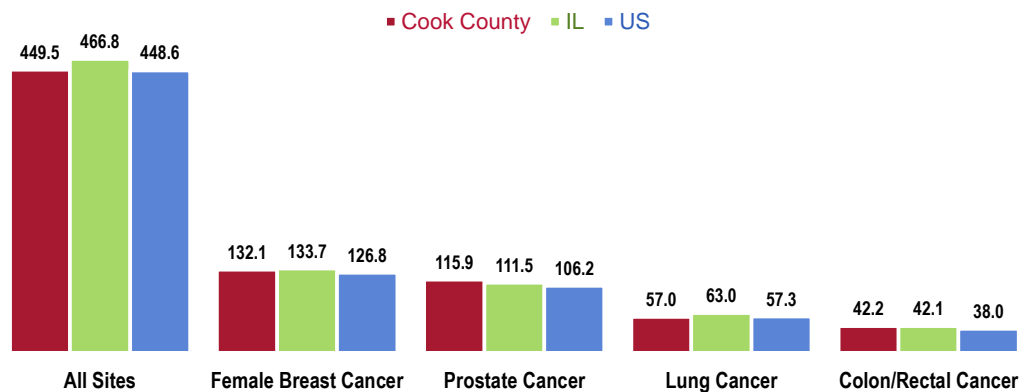


Cancer Incidence

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

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

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



Sources:

- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

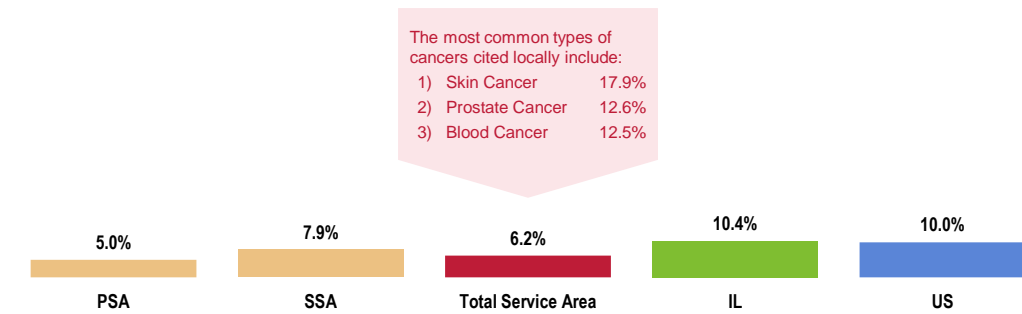
A total of 6.2% of surveyed Total Service Area adults report having ever been diagnosed with cancer. The most common types include skin cancer, prostate cancer, and blood cancer.

BENCHMARK ► More favorable than statewide and national percentages.

DISPARITY ► Note the correlation between cancer diagnoses and age.



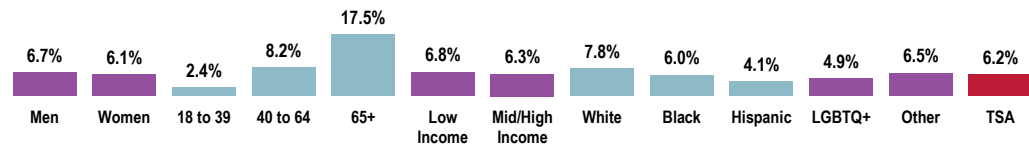
Prevalence of Cancer



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 25-26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.

Prevalence of Cancer (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 25]
 Notes: • Reflects all respondents.

ABOUT CANCER RISK

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

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



Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear/HPV testing); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

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

CERVICAL CANCER

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

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

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

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



Among women age 50-74, 72.3% have had a mammogram within the past 2 years.

Among Total Service Area (TSA) women age 21 to 65, 73.7% have had appropriate cervical cancer screening.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

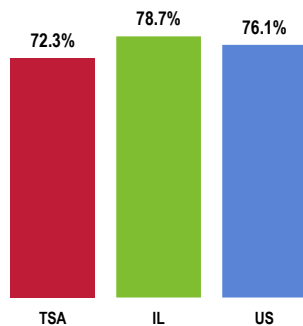
TREND ► Trending lower over time.

Among all adults age 50-75, 77.8% have had appropriate colorectal cancer screening.

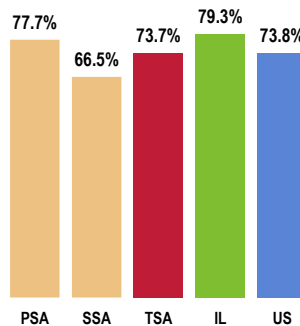
BENCHMARK ► Better than the statewide percentage.

TREND ► Trending higher over time.

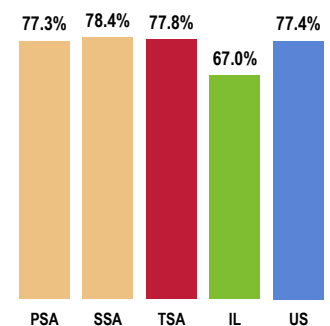
Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher



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



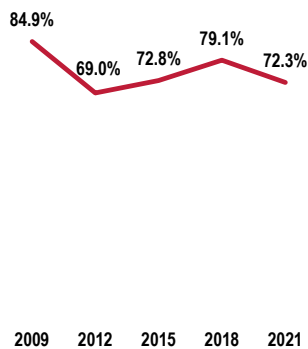
Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher



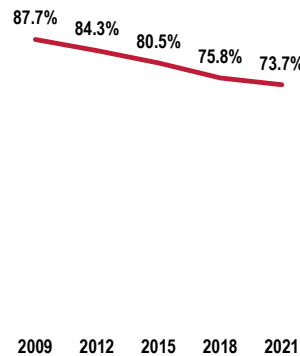
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Each indicator is shown among the gender and/or age group specified.

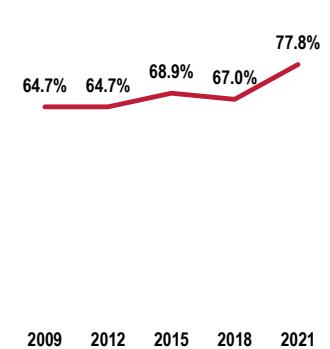
Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher



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



Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher



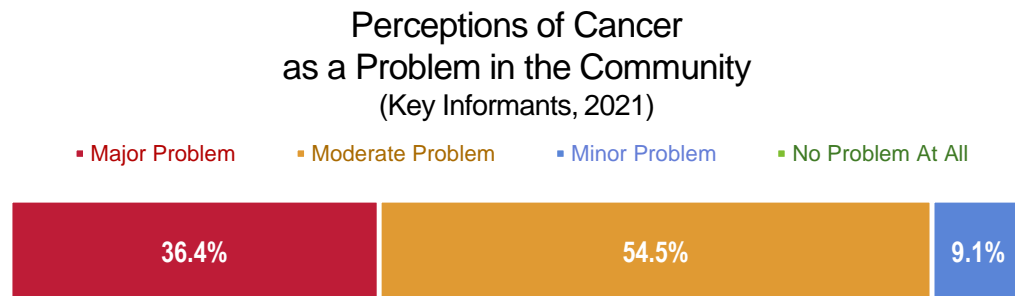
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Each indicator is shown among the gender and/or age group specified.



Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Cancer is not only a significant challenge in our community, but throughout the nation. One might think that given the achievements of pharma worldwide, significant resources should be allocated to the research and development of a cure for cancer. – Community Leader

Processed food, exposure to radiation and lack of physical activity and healthy lifestyles. – Other Health Provider

Access to Care

Where does a patient find help? – Physician

Prevention/Screenings

I think there are likely a lot of people who don't get screeners based on their risk factors. – Community Leader



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

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

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

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

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 25.8 deaths per 100,000 population in Cook County.

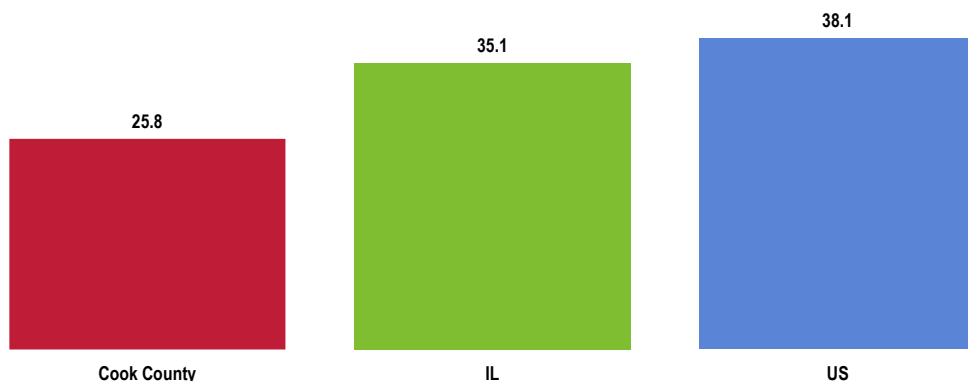
BENCHMARK ► More favorable than Illinois and US rates.

TREND ► Trending lower over time.

DISPARITY ► Higher among Black residents.

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

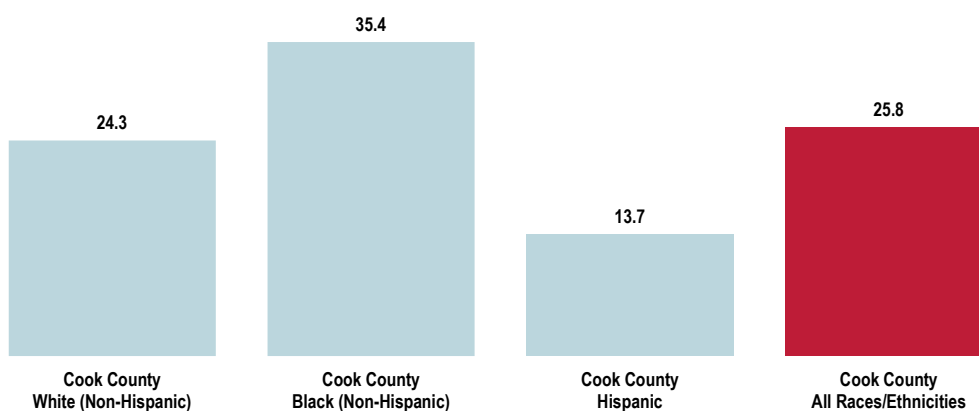
CLRD: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
Notes: • CLRD is chronic lower respiratory disease.



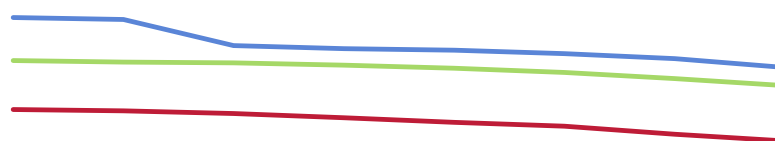
CLRD: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Notes: • CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cook County	31.1	30.8	30.4	29.7	28.9	28.3	26.9	25.8
IL	39.3	39.0	38.9	38.5	38.0	37.3	36.3	35.1
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Notes: • CLRD is chronic lower respiratory disease.



Pneumonia/Influenza Deaths

ABOUT INFLUENZA & PNEUMONIA

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

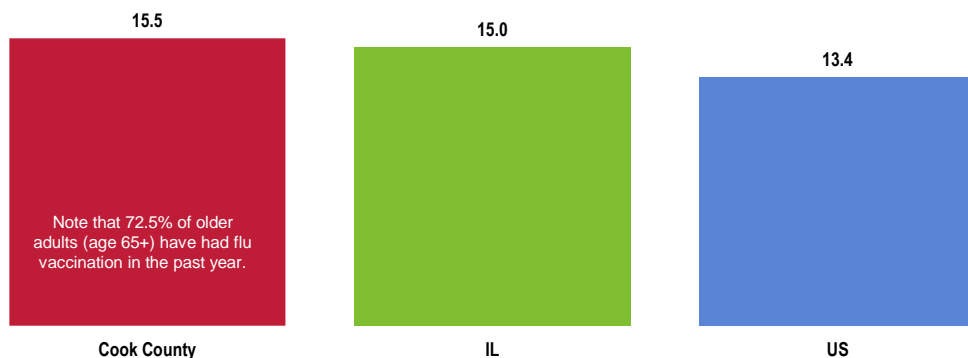
Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

— Centers for Disease Control and Prevention (CDC — www.cdc.gov)

Between 2018 and 2020, Cook County reported an annual average age-adjusted pneumonia influenza mortality rate of 15.5 deaths per 100,000 population.

TREND ► Higher among Black residents.

Pneumonia/Influenza: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)

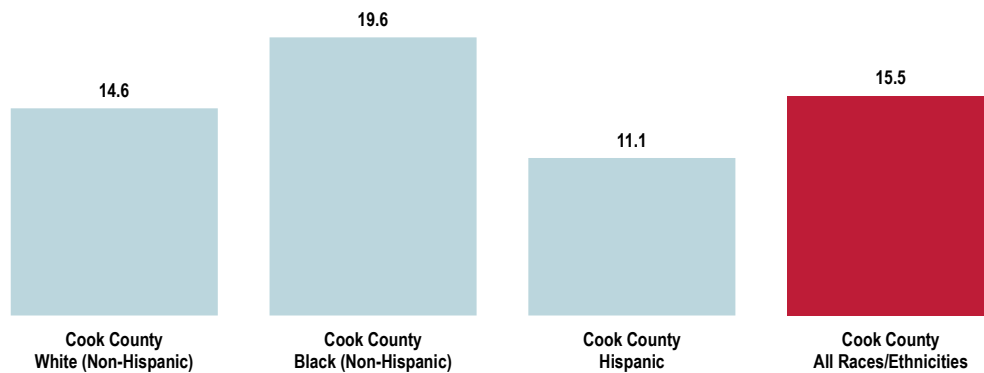


Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 124]
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

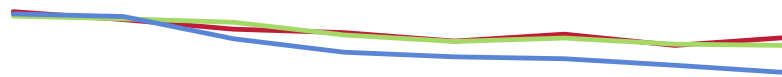


Pneumonia/Influenza: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.



Prevalence of Respiratory Disease

Asthma

Adults

A total of 13.6% of Total Service Area adults currently suffer from asthma.

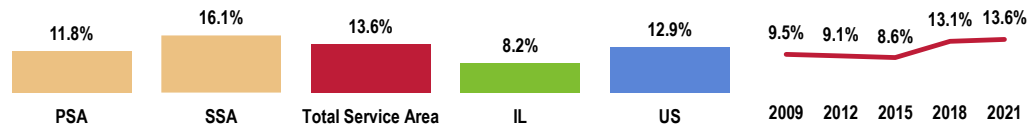
BENCHMARK ► Higher than the statewide percentage.

DISPARITY ► More often reported among women and lower-income residents.

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

Prevalence of Asthma

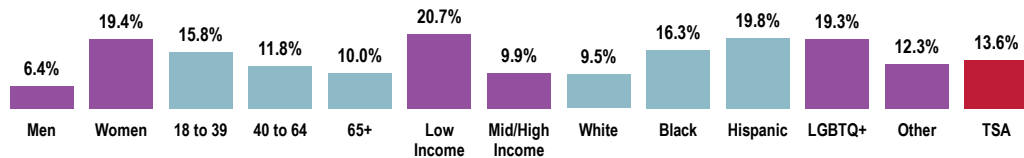
Total Service Area



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 119]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Prevalence of Asthma (Total Service Area, 2021)



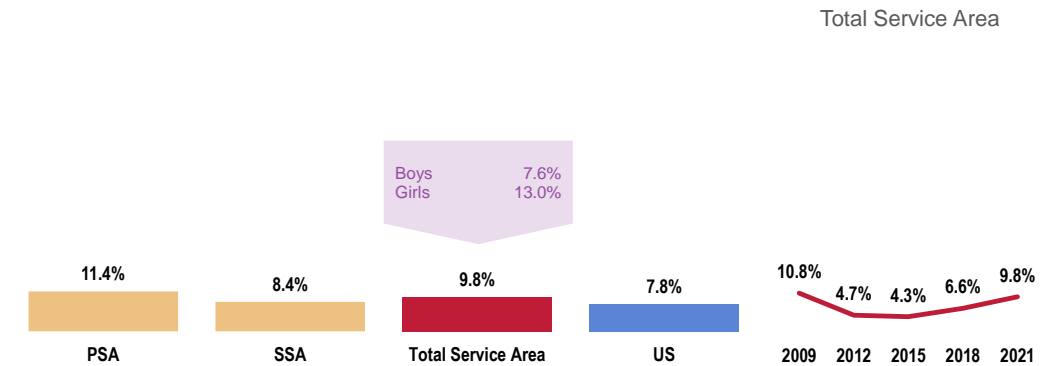
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 119]
 Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.



Children

Among Total Service Area children under age 18, 9.8% currently have asthma.

Prevalence of Asthma in Children (Parents of Children Age 0-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 120]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.
• Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

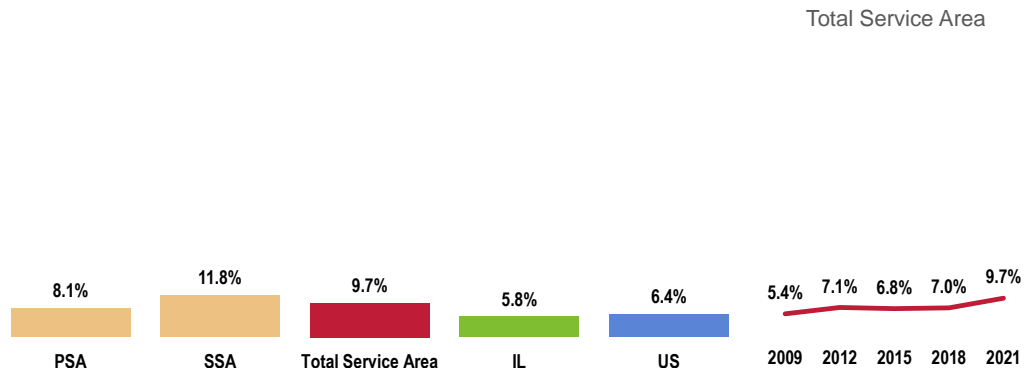
Chronic Obstructive Pulmonary Disease (COPD)

A total of 9.7% of Total Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

BENCHMARK ► Less favorable than the Illinois and US prevalence.

TREND ► increasing over time in the service area.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



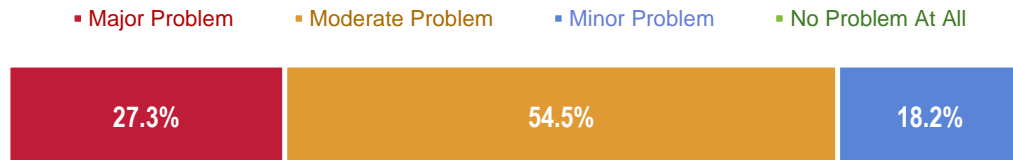
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 23]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.



Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2021)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Co-Occurrences

Asthma, COVID and weight problems for everyone. Allergy issues. – Other Health Provider

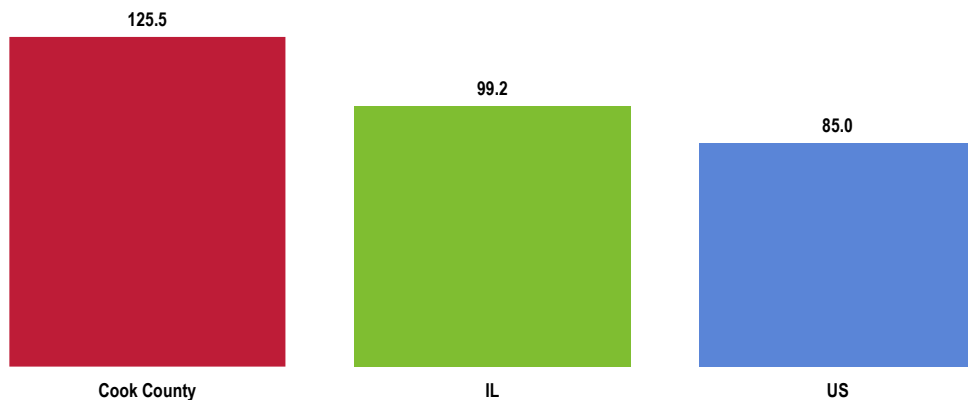
Coronavirus Disease (COVID-19) Deaths

In 2020, Cook County reported an age-adjusted COVID-19 mortality rate of 125.5 deaths per 100,000 population.

BENCHMARK ► Worse than state and national rates.

DISPARITY ► Higher among Hispanic residents.

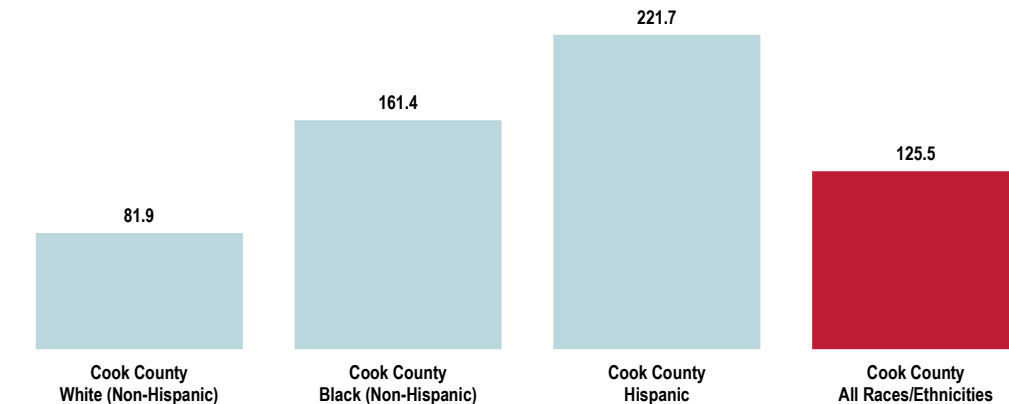
Coronavirus Disease/COVID-19: Age-Adjusted Mortality (2020 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.



Coronavirus Disease/COVID-19: Age-Adjusted Mortality by Race (2020 Annual Average Deaths per 100,000 Population)

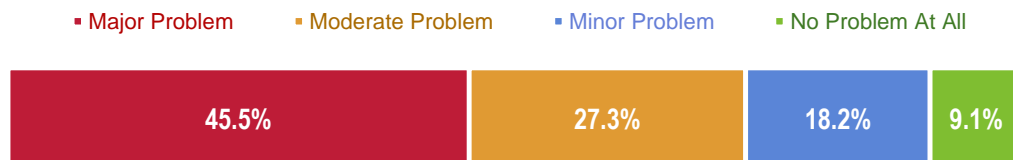


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Key Informant Input: Coronavirus Disease/COVID-19

The greatest share of key informants taking part in an online survey characterized *Coronavirus Disease/COVID-19* as a “major problem” in the community.

Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Vaccination Levels

- We're not all vaccinated. – Community Leader
- Vaccination hesitancy and death rates. It is so sad. – Other Health Provider

Impact on Quality of Life

- Because it can spread, and it causes lung problems. – Other Health Provider

Incidence/Prevalence

- The sheer number of deaths, sickness and hospitalizations worldwide yields a proper caption of pandemic. – Community Leader



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

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

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

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

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

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

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

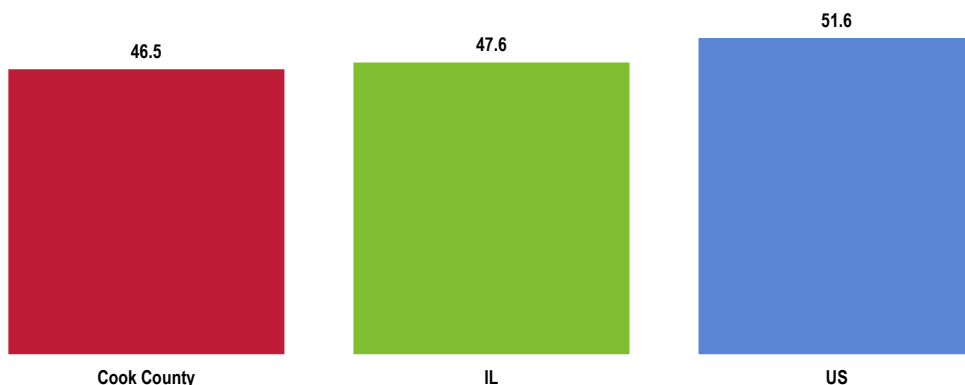
Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 46.5 deaths per 100,000 population in Cook County.

TREND ► Trending higher over time.

DISPARITY ► Higher among Black residents.



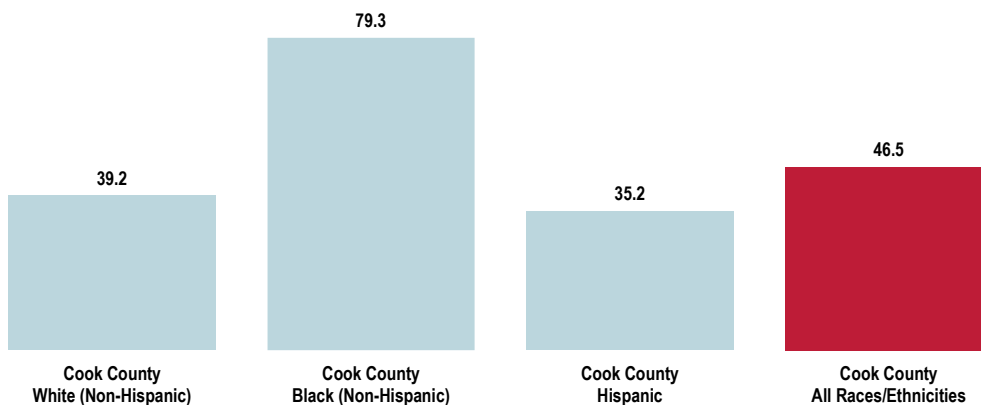
Unintentional Injuries: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Unintentional Injuries: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower

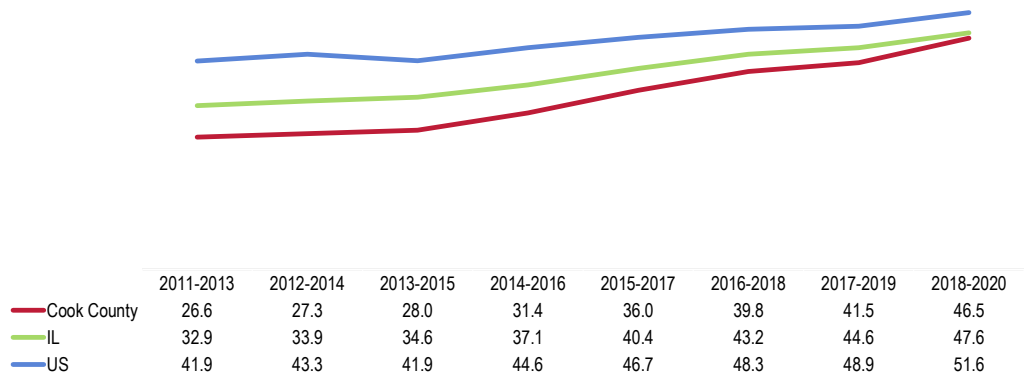


Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 43.2 or Lower

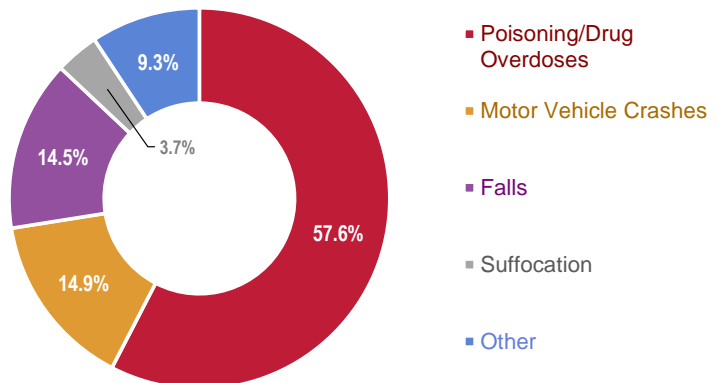


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Leading Causes of Unintentional Injury Deaths

Poisoning (including unintentional drug overdose), motor vehicle crashes, falls, and suffocation accounted for most unintentional injury deaths in Cook County between 2018 and 2020.

Leading Causes of Unintentional Injury Deaths (Cook County, 2018-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

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



Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In Cook County, there were 14.9 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Less favorable than the Illinois and US rates. Fails to satisfy the Healthy People 2030 objective.

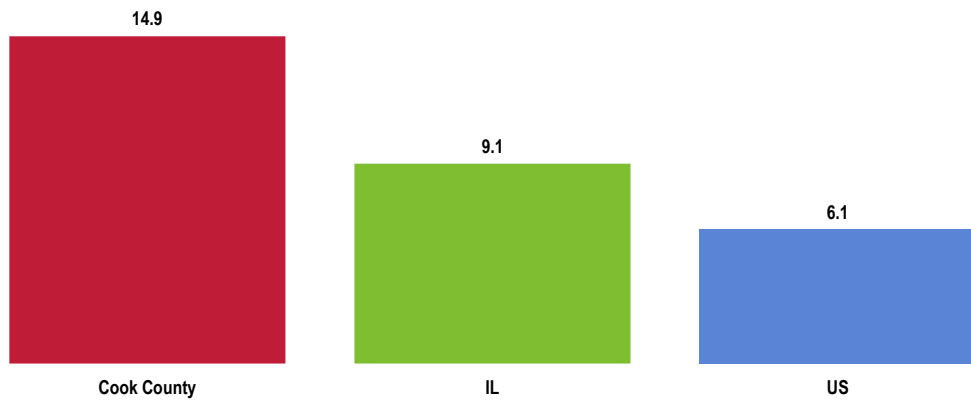
TREND ► Trending higher within Cook County over time.

DISPARITY ► Considerably higher among Black residents.

RELATED ISSUE

See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

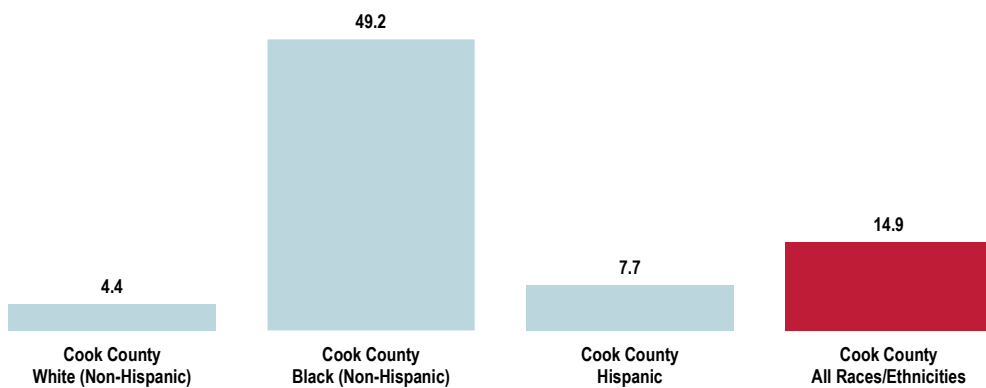
Homicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Homicide: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

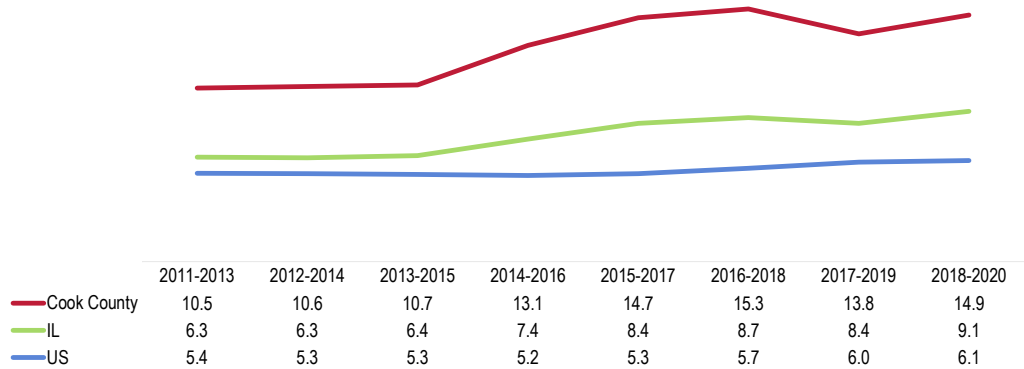


Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



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



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Violent Crime

Violent Crime Rates

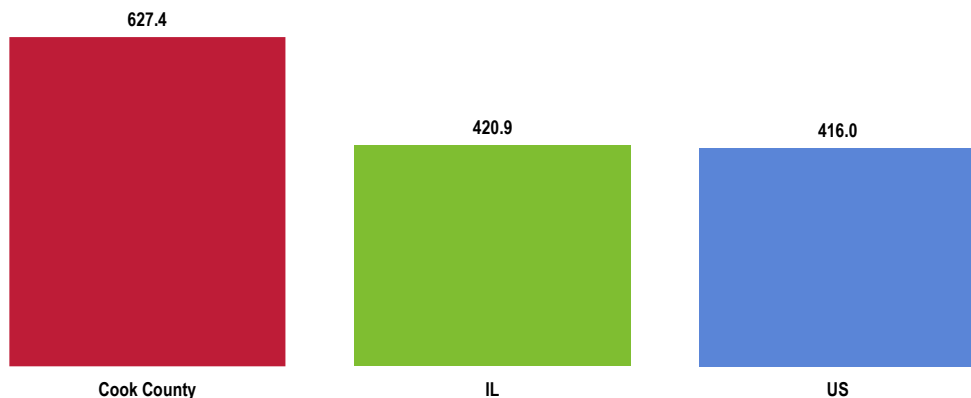
From 2014 to 2016, there were a reported 627.4 violent crimes per 100,000 population in Cook County.

BENCHMARK ► Higher than was found across the state and US.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime (Rate per 100,000 Population, 2014-2016)



Sources:

- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

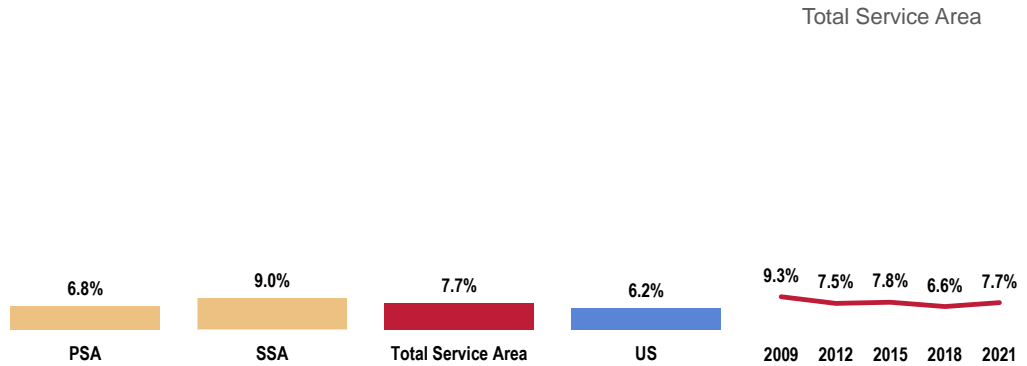


Community Violence

A total of 7.7% of surveyed Total Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

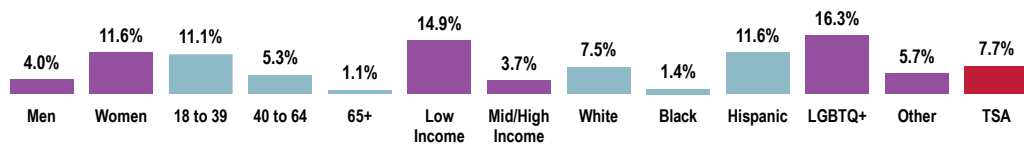
DISPARITY ► More often reported among women, young adults, lower-income adults, White residents (when compared to Black residents), and members of the LGBTQ+ community.

Victim of a Violent Crime in the Past Five Years



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Victim of a Violent Crime in the Past Five Years (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
Notes: • Asked of all respondents.



Family Violence

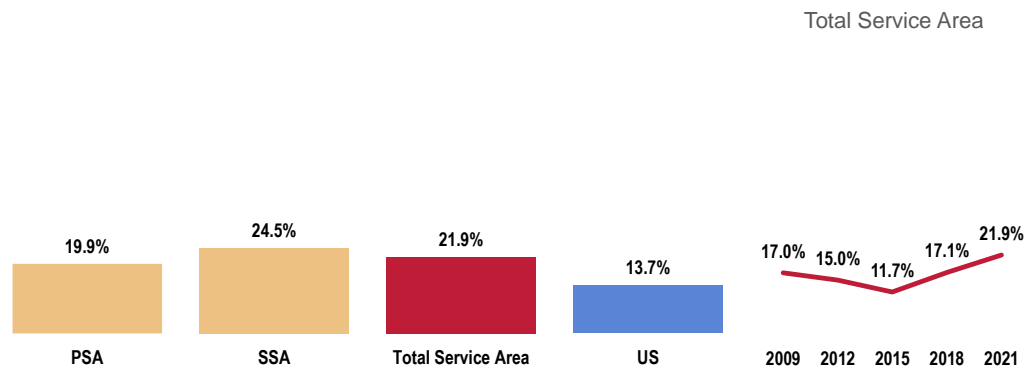
Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 21.9% of Total Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Worse than was found across the US.

TREND ► Represents a significant increase since 2015.

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

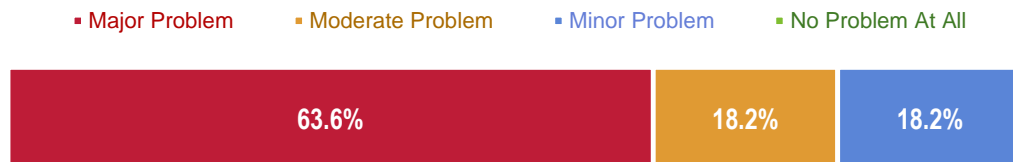


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 39]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a “major problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Anger management counseling and individuals being open regarding the existence in their homes is underreported. – Other Health Provider

Poverty in some areas, drugs, and lack of counseling and spiritual belief. – Other Health Provider

Gun Violence

I believe that gun violence is a public health issue that is creating a cascading set of additional health problems, like trauma-related anxiety and depressive disorders. – Public Health Representative

Incidence/Prevalence

Simply read the news. It is an epidemic of substantial proportions without sustainable programs, policies and action taken by public officials. – Community Leader



DIABETES

ABOUT DIABETES

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

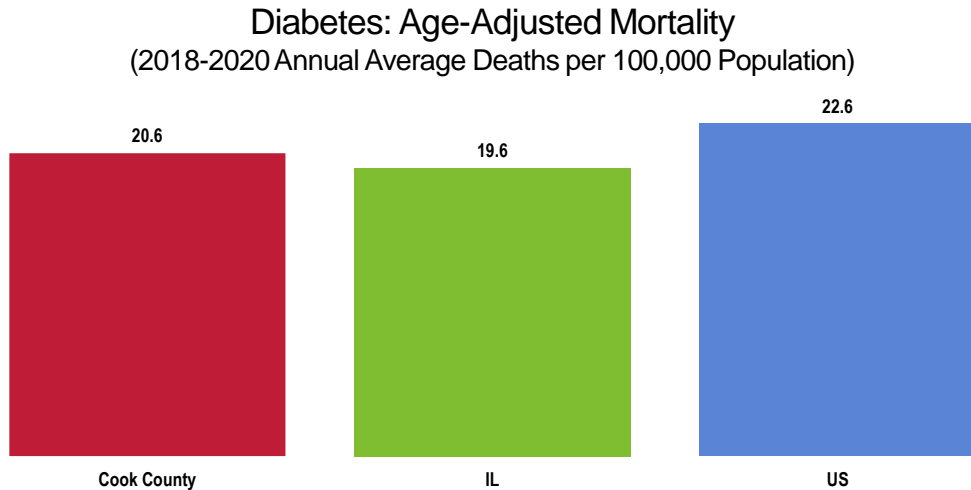
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity,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

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

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 20.6 deaths per 100,000 population in Cook County.

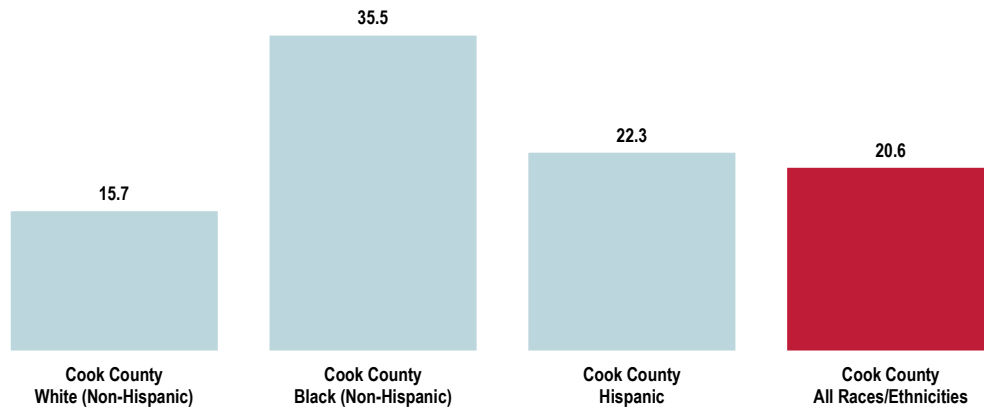
DISPARITY ► Higher among Black residents.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.



Diabetes: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cook County	20.6	20.3	20.4	20.3	20.4	19.6	19.0	20.6
IL	19.4	19.2	19.2	18.9	19.0	18.8	18.6	19.6
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.



Prevalence of Diabetes

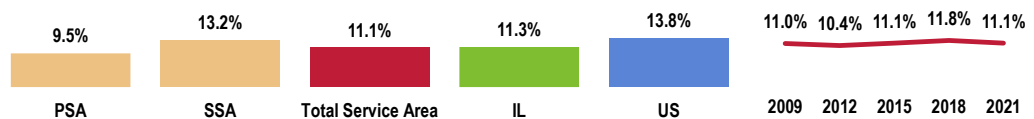
A total of 11.1% of Total Service Area adults report having been diagnosed with diabetes.

DISPARITY ► Age was found to be positively correlated with diabetes diagnoses.

Prevalence of Diabetes

Another 14.3% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Total Service Area

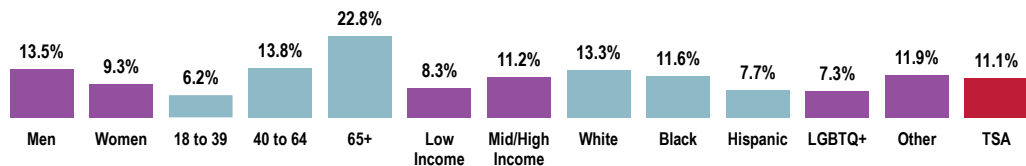


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 121]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Diabetes (Total Service Area, 2021)

Note that among adults who have not been diagnosed with diabetes, 37.8% report having had their blood sugar level tested within the past three years.

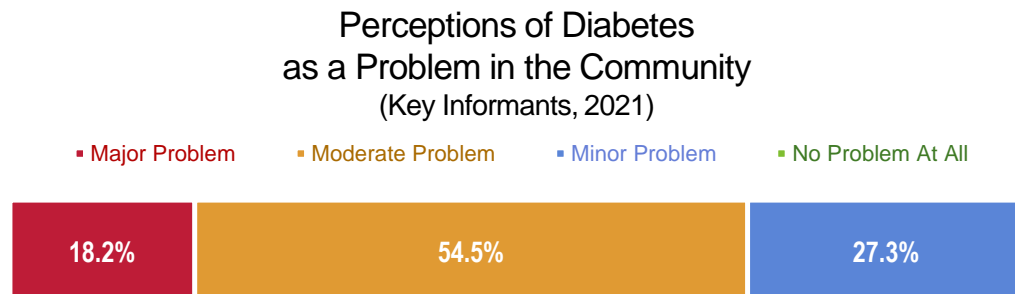


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “moderate problem” in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

■ Not enough education, tracking and upkeep. – Community Leader



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

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

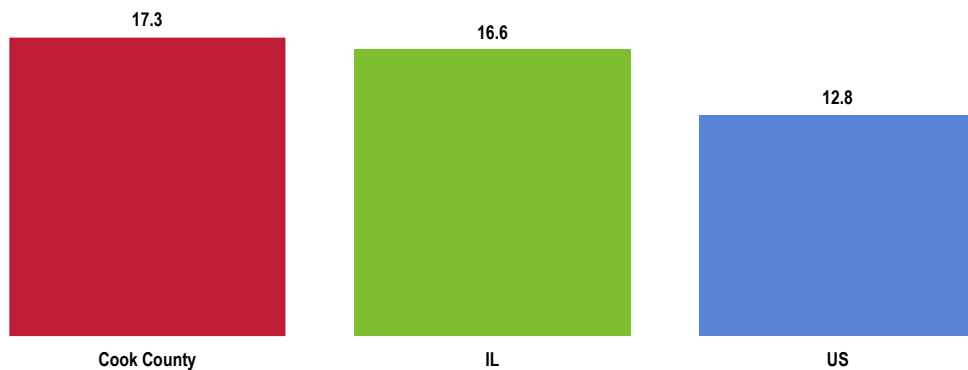
Age-Adjusted Kidney Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 17.3 deaths per 100,000 population in Cook County.

BENCHMARK ► Higher than the national rate.

DISPARITY ► Higher among Black residents.

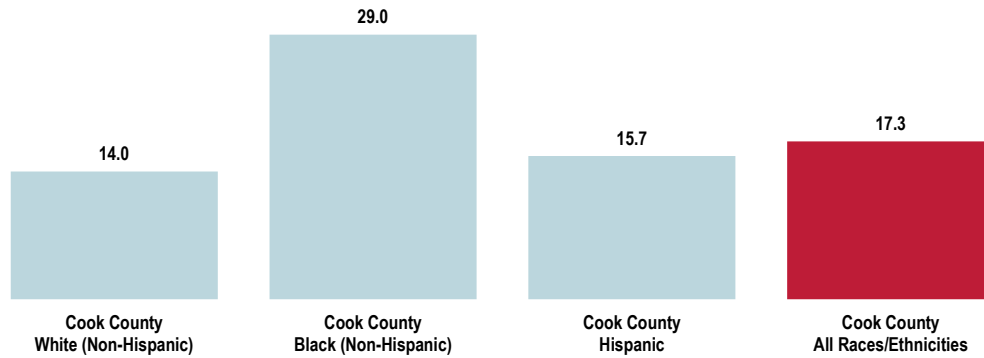
Kidney Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

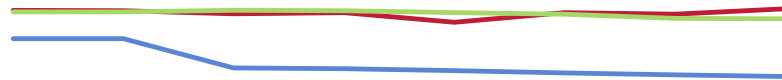


Kidney Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cook County	17.2	17.2	17.0	17.0	16.4	17.0	16.9	17.3
IL	17.1	17.1	17.2	17.2	17.0	16.9	16.7	16.6
US	15.3	15.3	13.3	13.3	13.2	13.0	12.9	12.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.



Prevalence of Kidney Disease

A total of 7.5% of Total Service Area adults report having been diagnosed with kidney disease.

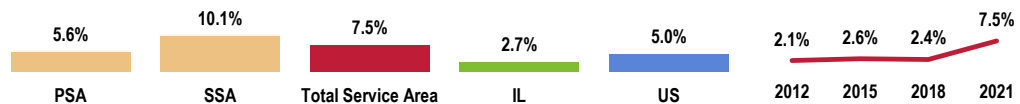
BENCHMARK ► Worse than the statewide percentage.

TREND ► Represents a significant increase within the service area.

DISPARITY ► More often reported among older adults (age 65+) and those identifying as LGBTQ+.

Prevalence of Kidney Disease

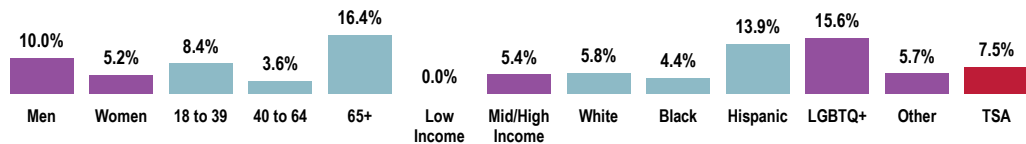
Total Service Area



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Prevalence of Kidney Disease (Total Service Area, 2021)

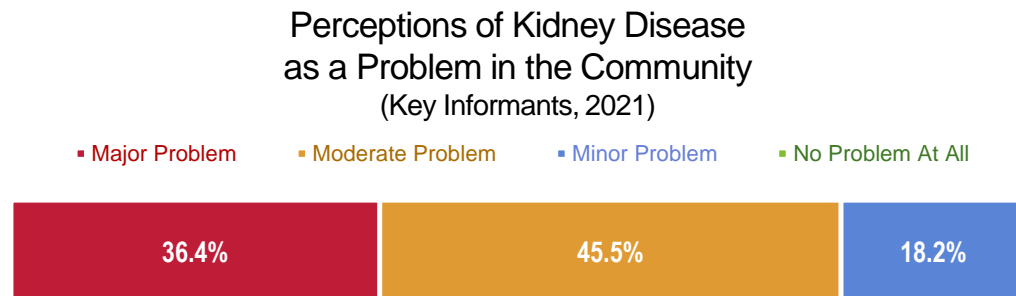


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
 Notes: • Asked of all respondents.



Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a “moderate problem” in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Co-Occurrences

Complications of diabetes, HTN, and high cholesterol and other CVD. – Other Health Provider



SEPTICEMIA

ABOUT SEPSIS

Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have—in your skin, lungs, urinary tract, or somewhere else—triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

When germs get into a person's body, they can cause an infection. If that infection isn't stopped, it can cause sepsis. Anyone can get an infection and almost any infection can lead to sepsis. Certain people are at higher risk:

- Adults 65 or older
- People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease
- People with weakened immune systems
- Children younger than one

– Centers for Disease Control (<https://www.cdc.gov/sepsis/what-is-sepsis.html>)

Age-Adjusted Septicemia Deaths

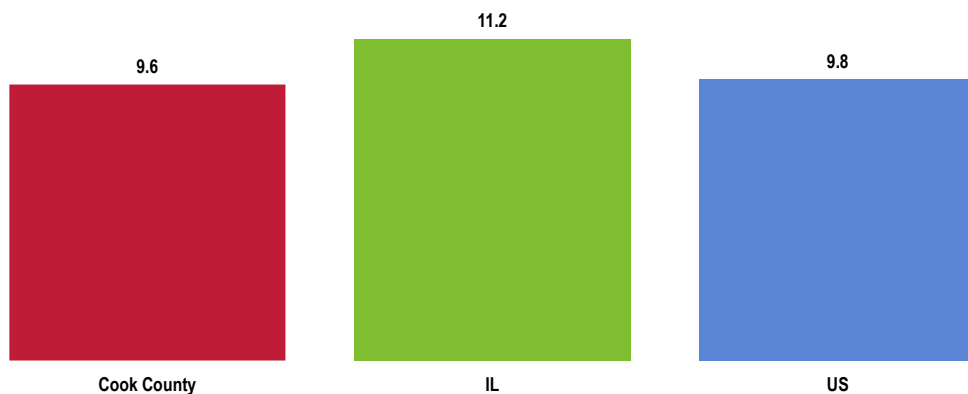
Between 2018 and 2020, Cook County reported an annual average age-adjusted septicemia mortality rate of 9.6 deaths per 100,000 population.

BENCHMARK ► Lower than the statewide average.

TREND ► Declining to the lowest rate recorded since 2011-2013.

DISPARITY ► Higher among Black residents.

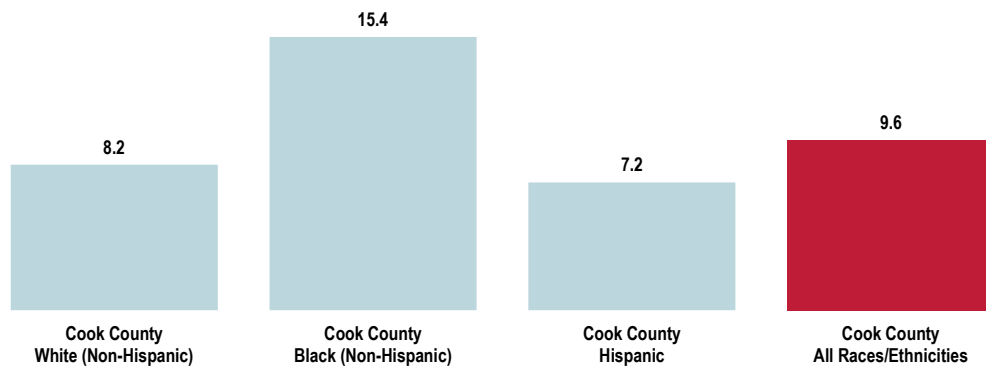
Septicemia: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.



Septicemia: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Septicemia: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.



POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

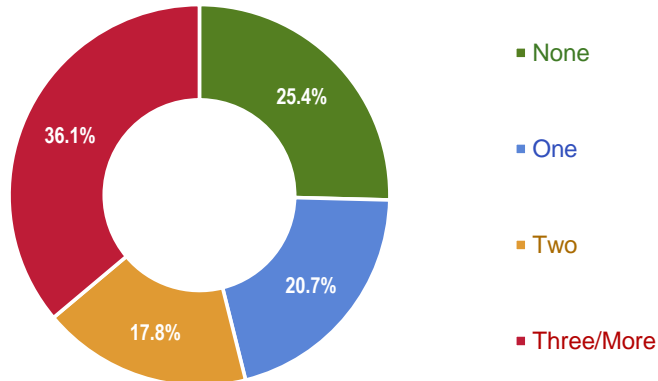
For the purposes of this assessment, chronic conditions include:

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

Multiple chronic conditions are concurrent conditions.

Among Total Service Area survey respondents, most report currently having at least one chronic health condition.

Number of Current Chronic Conditions
(Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]

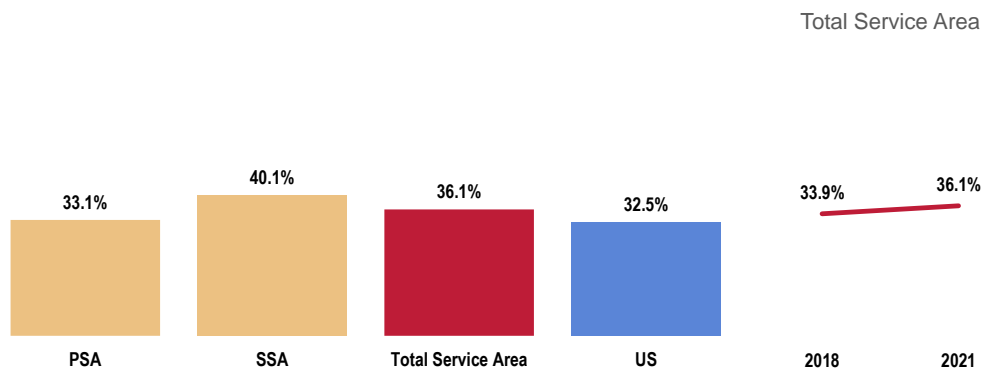
Notes: • Asked of all respondents.

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

In fact, 36.1% of Total Service Area adults report having three or more chronic conditions.

DISPARITY ► Those more likely to report having chronic conditions include adults age 40 to 64 and lower-income adults.

Currently Have Three or More Chronic Conditions



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]

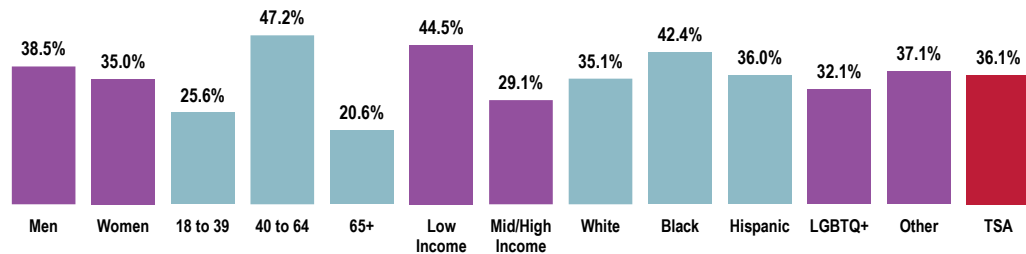
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

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



Currently Have Three or More Chronic Conditions (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 123]

Notes: • Asked of all respondents.

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

Activity Limitations

ABOUT DISABILITY & HEALTH

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

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

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

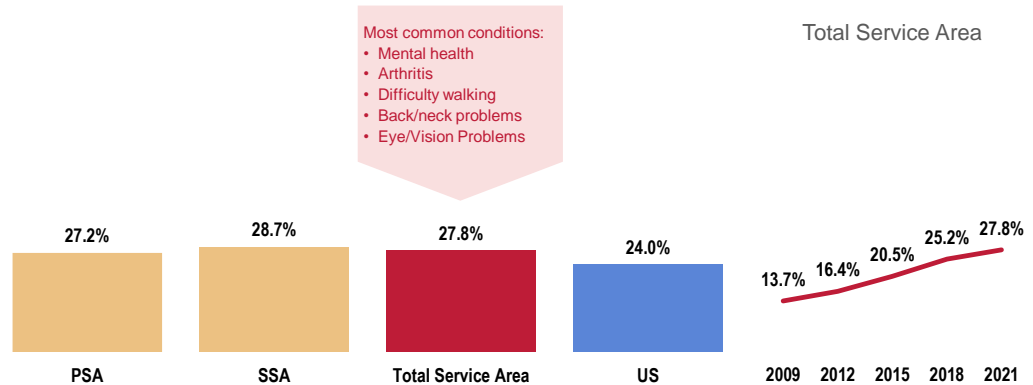
A total of 27.8% of Total Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

TREND ► Trending significantly higher over time.

DISPARITY ► More often reported among women, seniors (age 65+), lower-income residents, and LGBTQ+ respondents.

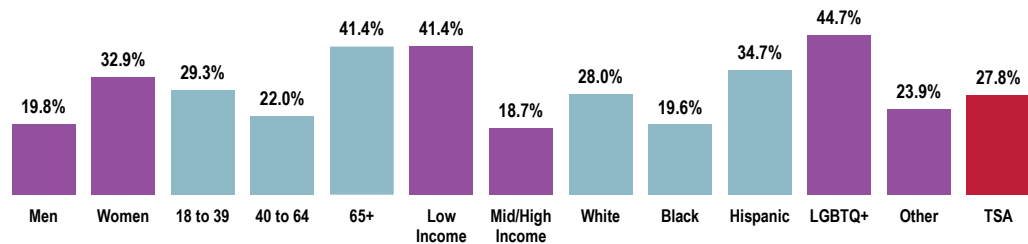


Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 96-97]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 96]
 Notes: • Asked of all respondents.



Chronic Pain

A total of 15.9% of Total Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

BENCHMARK ► Falls to satisfy the Healthy People 2030 objective.

DISPARITY ► Lower-income adults are more likely to report having chronic pain.

Experience High-Impact Chronic Pain

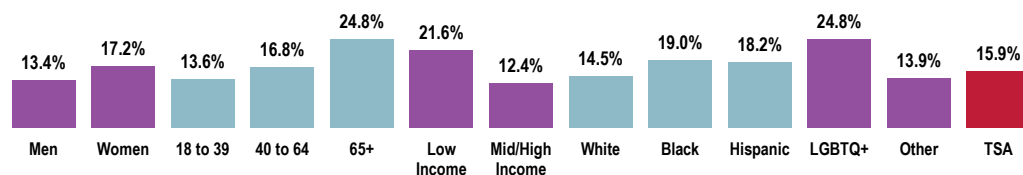
Healthy People 2030 = 7.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 37]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.
 • High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Experience High-Impact Chronic Pain (Total Service Area, 2021)

Healthy People 2030 = 7.0% or Lower



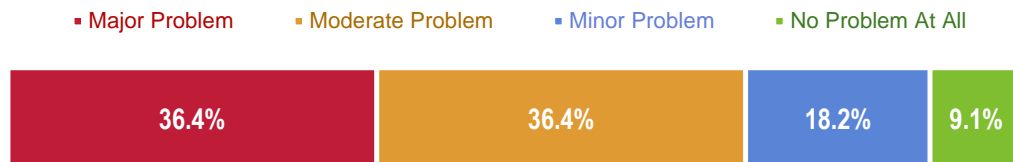
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 37]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.
 • High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



Key Informant Input: Disability & Chronic Pain

Key informants taking part in an online survey were equally likely to give “major” and “moderate” ratings of *Disability & Chronic Pain* as a community issue.

Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.¹ Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

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

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

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



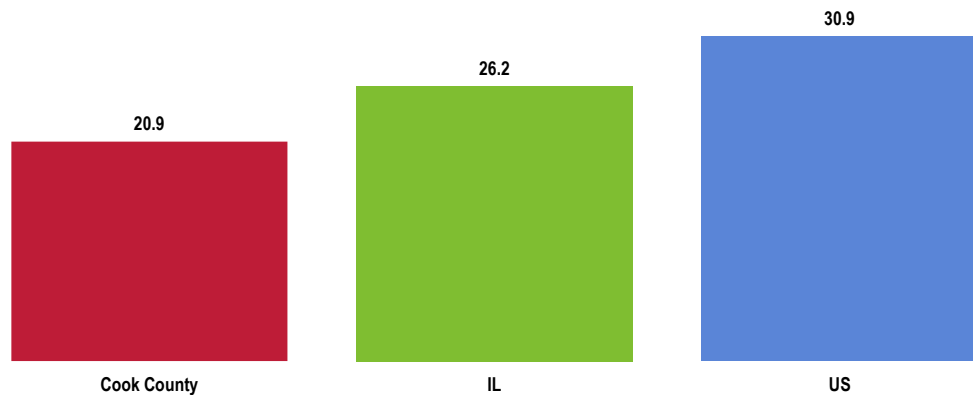
Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 20.9 deaths per 100,000 population in Cook County.

BENCHMARK ► Lower than the statewide and national rates.

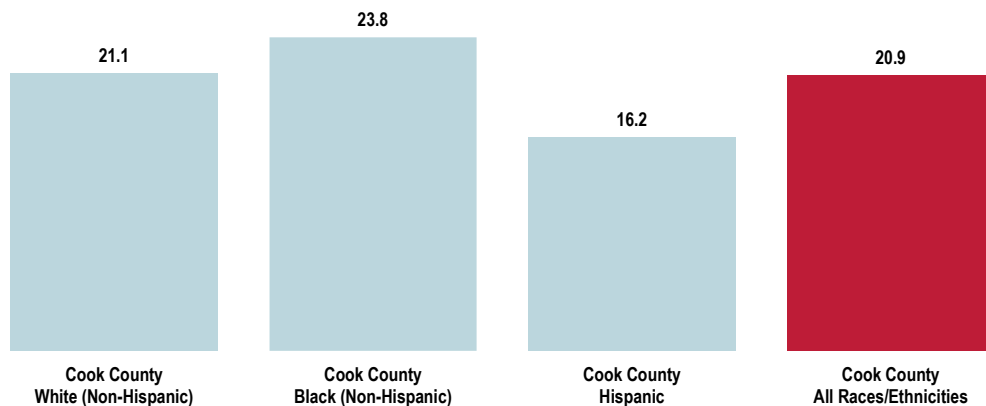
TREND ► Less favorable than the 2011-2013 benchmark.

Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

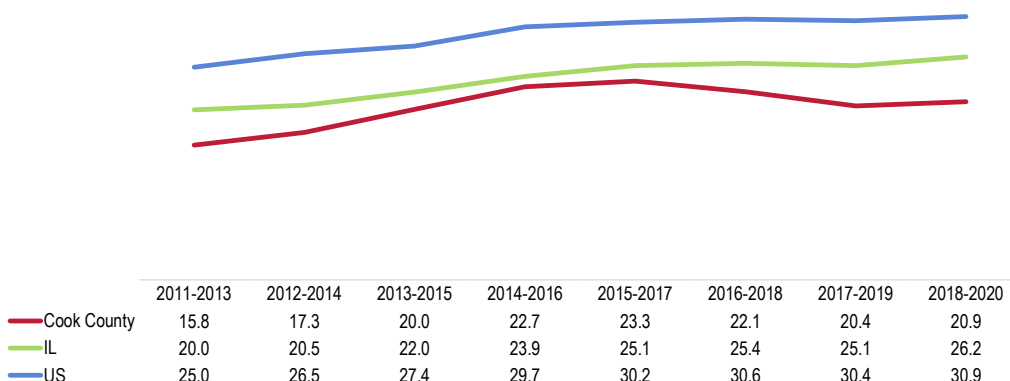
Alzheimer's Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.



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

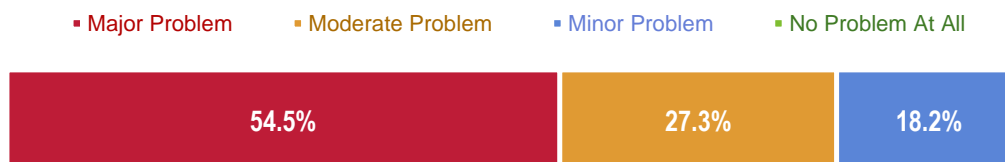


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementia/Alzheimer's Disease* as a “major problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

As our population is getting older, the number of providers available to treat patients with dementia is limited. The need for additional home-based services to support these patients is severely limited, especially for quality home support aides who are knowledgeable regarding dementia and Alzheimer's. – Other Health Provider

More older people and people live longer, but not in healthy lifestyles. – Other Health Provider

Increased aging population. – Other Health Provider

Alcohol/Drug Use

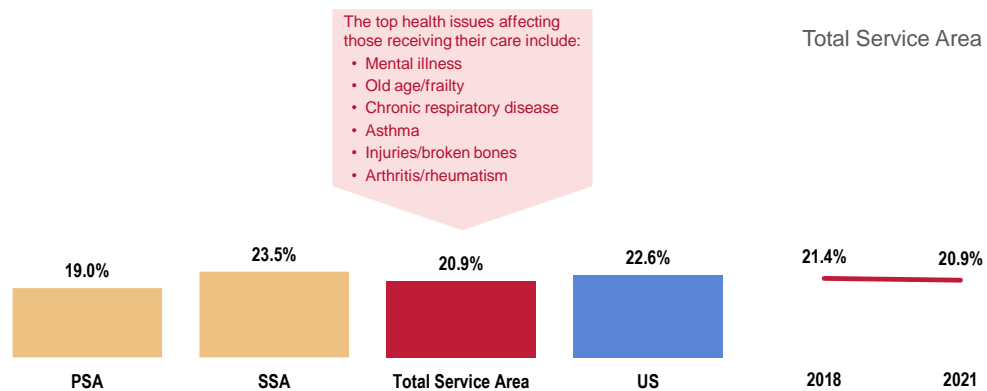
I would guess in many it is not addressed and with substance abuse, it could become an issue sooner, rather than later. – Community Leader



Caregiving

A total of 20.9% of Total Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 98-99]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.





BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

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

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

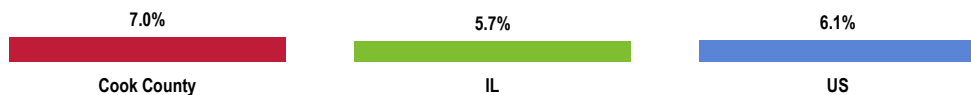
– Healthy People 2030 (<https://health.gov/healthypeople>)

In 2019, 7.0% of all Cook County births did not receive prenatal care until the seventh month of pregnancy if at all.

BENCHMARK ► Worse than the Illinois percentage.

DISPARITY ► Trending higher over time.

Late or No Prenatal Care (7th Month or Later) (Percentage of Live Births, 2019)

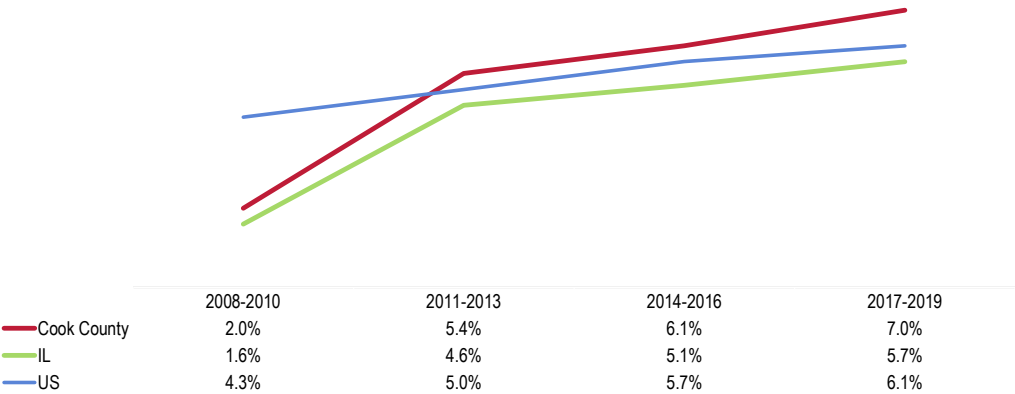


Sources: • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).
Note: • This indicator reports the percentage of women who do not obtain prenatal care until the seventh month of pregnancy or at all. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

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



Late or No Prenatal Care (7th Month or Later) (Percentage of Live Births)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted December 2021.

Note:

- This indicator reports the percentage of women who do not obtain prenatal care until the seventh month of pregnancy or at all. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.



BIRTH OUTCOMES & RISKS

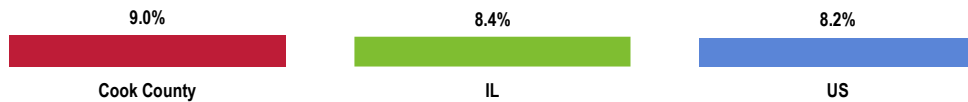
Low-Weight Births

A total of 9.0% of 2013-2019 Cook County births were low-weight.

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

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

Low-Weight Births (Percent of Live Births, 2013-2019)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted December 2021.
Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

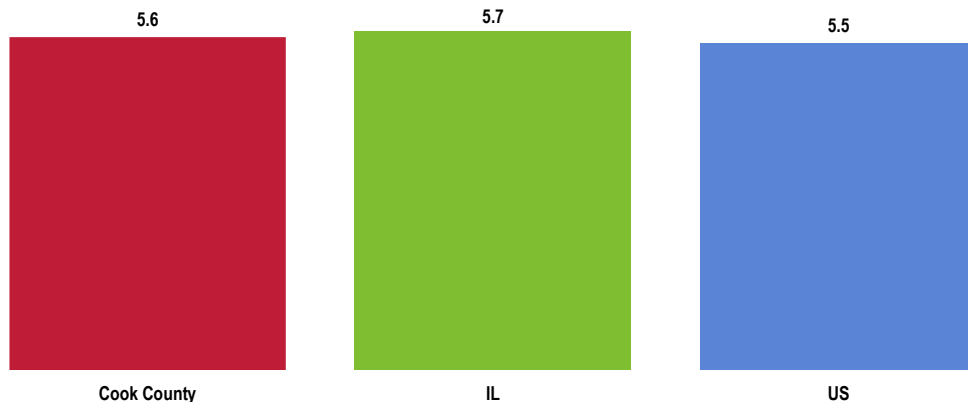
Between 2018 and 2020, there was an annual average of 5.6 infant deaths per 1,000 live births in Cook County.

TREND ► Declining over the past decade.

DISPARITY ► Higher in the Black community.

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

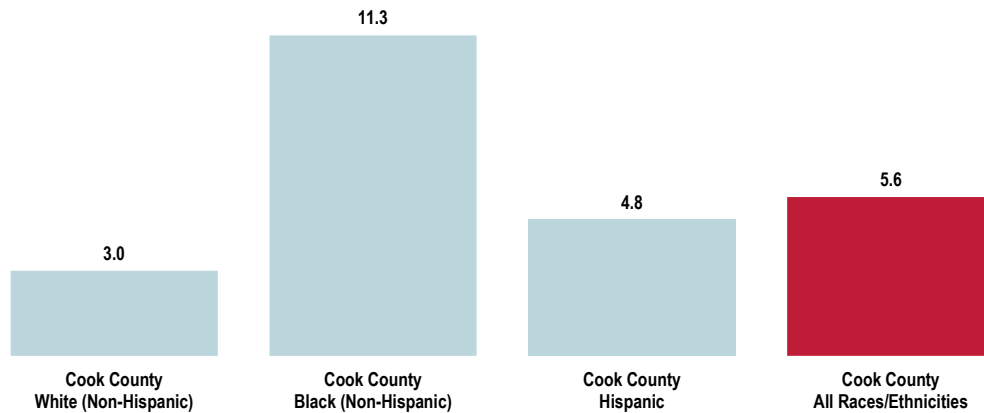
Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2018-2020) Healthy People 2030 = 5.0 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Infant deaths include deaths of children under 1 year old.
• This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



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



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted December 2021.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cook County	6.7	6.7	6.6	6.9	6.6	6.5	5.9	5.6
IL	6.3	6.4	6.3	6.4	6.2	6.2	5.9	5.7
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted December 2021.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.



FAMILY PLANNING

ABOUT FAMILY PLANNING

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

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

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

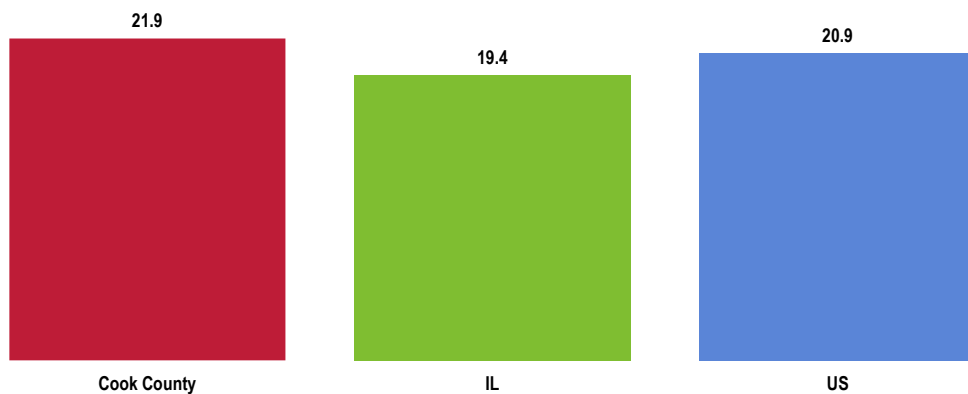
Births to Adolescent Mothers

Between 2013 and 2019, there were 21.9 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Cook County.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

DISPARITY ► Higher among Black and Hispanic female adolescents.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)
Healthy People 2030 = 31.4 or Lower

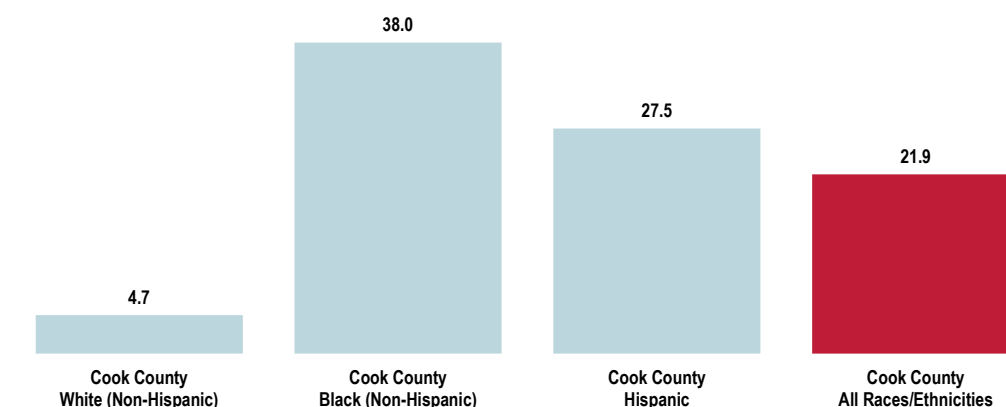


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



Teen Birth Rate

(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)
Healthy People 2030 = 31.4 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

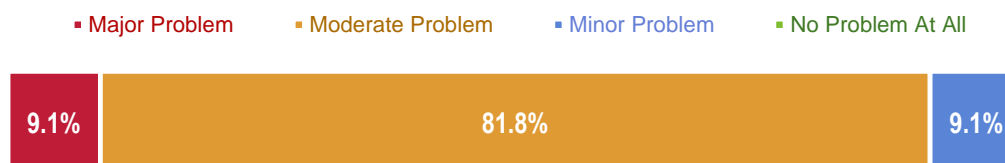
Notes:

- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a “moderate problem” in the community.

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2021)



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

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

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

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

Daily Recommendation of Fruits/Vegetables

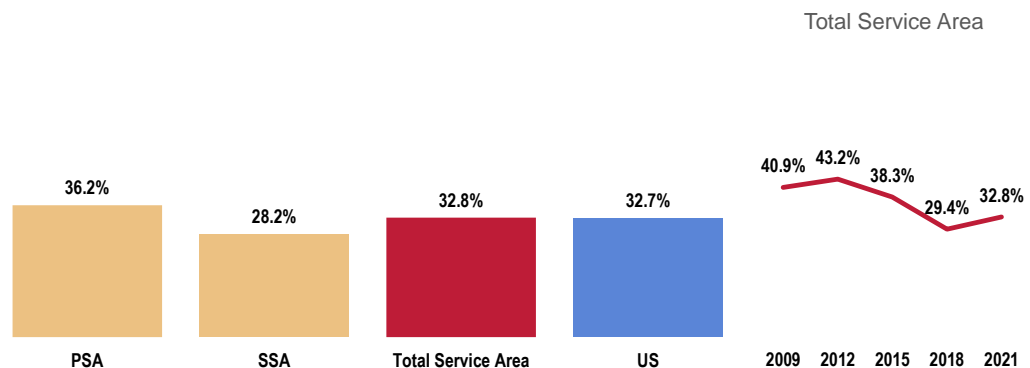
A total of 32.8% of Total Service Area adults report eating five or more servings of fruits and/or vegetables per day.

TREND ► Less favorable than the 2009 benchmark.

DISPARITY ► Black residents are less likely to report eating fruits and vegetables.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

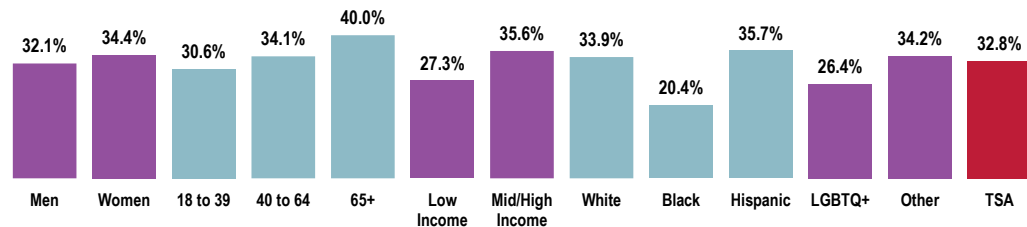
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.



Consume Five or More Servings of Fruits/Vegetables Per Day (Total Service Area, 2021)

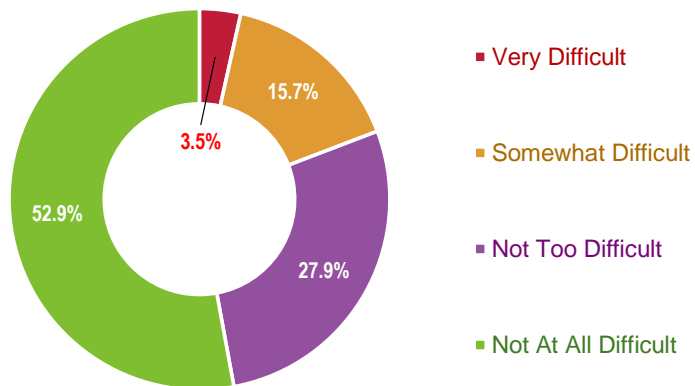


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Difficulty Accessing Fresh Produce

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

Level of Difficulty Finding Fresh Produce at an Affordable Price (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 79]
 Notes: • Asked of all respondents.

Respondents were asked: "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

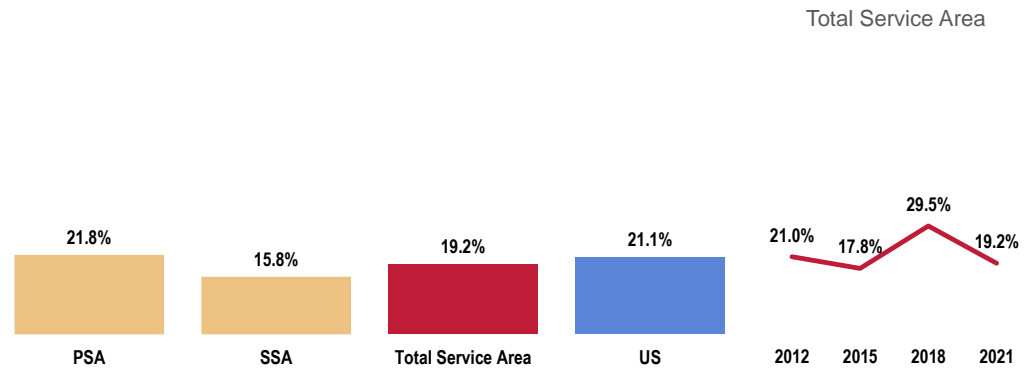
RELATED ISSUE
 See also *Food Access* in the **Social Determinants of Health** section of this report.



However, 19.2% of Total Service Area adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

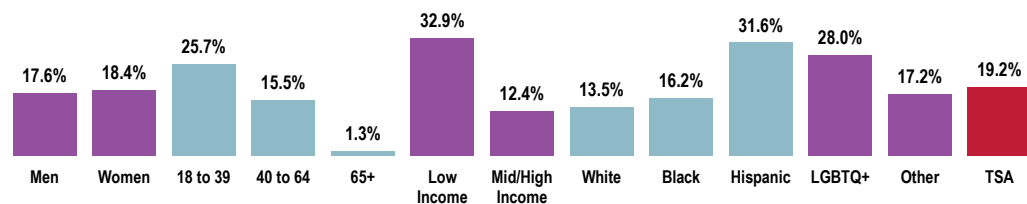
DISPARITY ► More often reported among adults younger than 65, lower-income respondents, and Hispanic residents.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 79]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

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

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

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

Leisure-Time Physical Activity

A total of 21.4% of Total Service Area adults report no leisure-time physical activity in the past month.

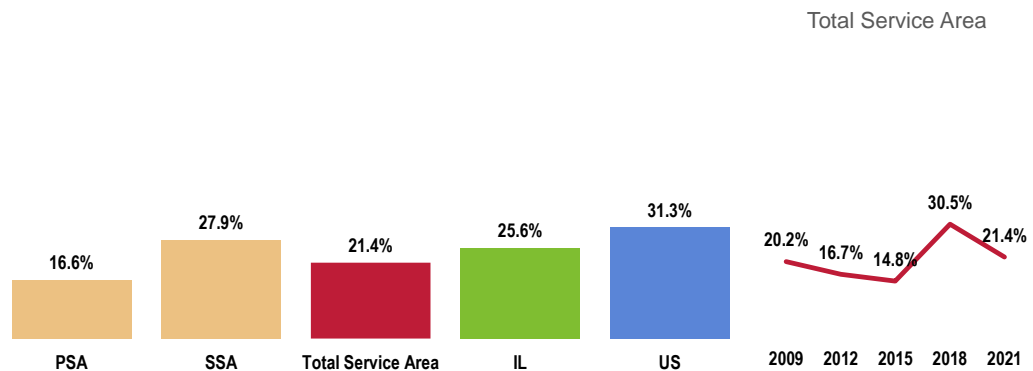
BENCHMARK ► More favorable than was found across the state and nation.

DISPARITY ► Higher in the Secondary Service Area.

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 82]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

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

A total of 25.9% of Total Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Similar to the Healthy People 2030 objective.

DISPARITY ► Lower in the Secondary Service Area. Lower-income residents are less likely to meet the physical activity recommendations.

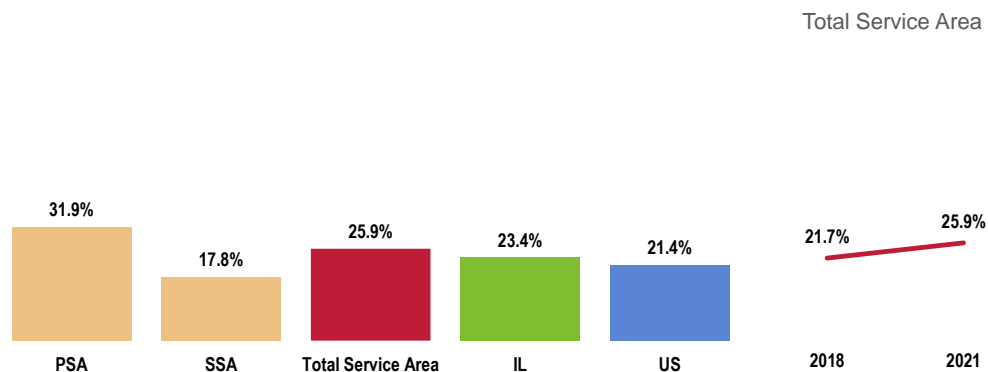
“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

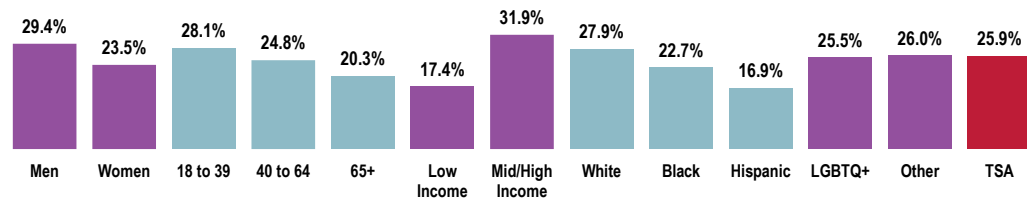


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.
• Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.



Meets Physical Activity Recommendations (Total Service Area, 2021)

Healthy People 2030 = 28.4% or Higher



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

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

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

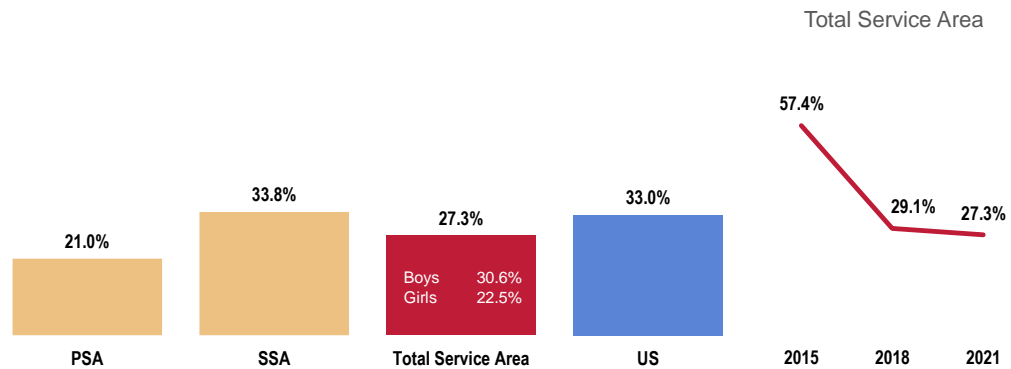
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

Among Total Service Area children age 2 to 17, 27.3% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

TREND ► Represents a significant decline from 2015.



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

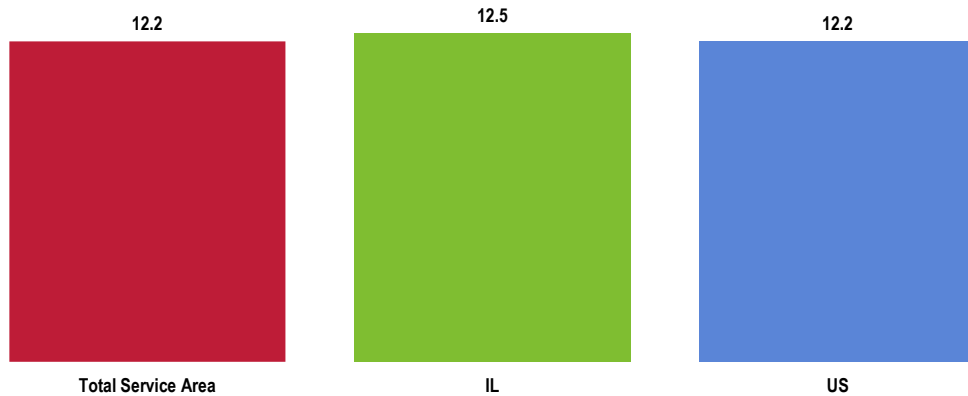


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 109]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2019, there were 12.2 recreation/fitness facilities for every 100,000 population in the Total Service Area.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2019)



Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).
 Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

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

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

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

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

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

Adult Weight Status

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

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

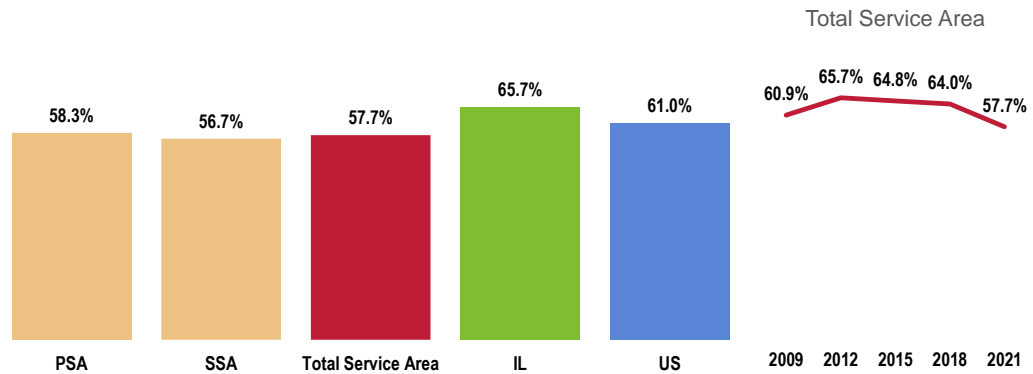


Overweight Status

More than one-half of Total Service Area adults (57.7%) are **overweight**.

BENCHMARK ► Lower than the Illinois prevalence.

Prevalence of Total Overweight (Overweight and Obese)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 128]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

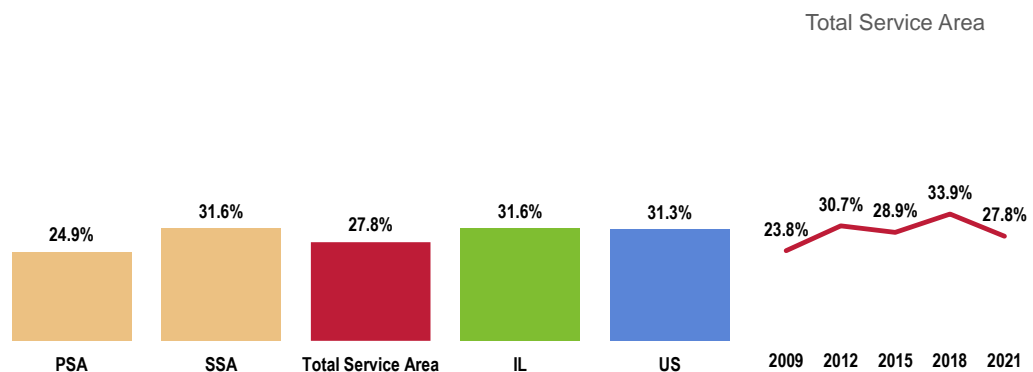
The overweight prevalence above includes 27.8% of Total Service Area adults who are **obese**.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

DISPARITY ► More often reported among women, adults age 40 to 64, lower-income respondents, Black residents, and those who do not identify as LGBTQ+.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

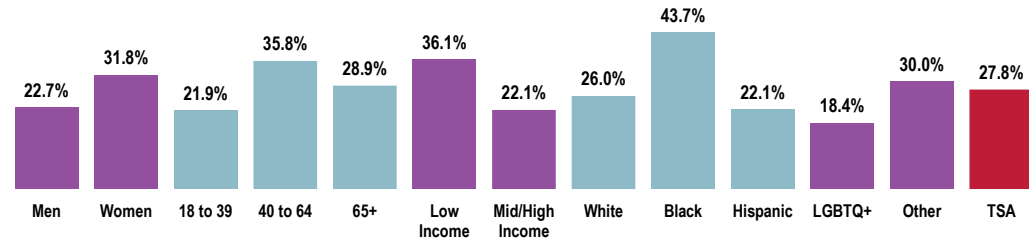


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



Prevalence of Obesity (Total Service Area, 2021)

Healthy People 2030 = 36.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

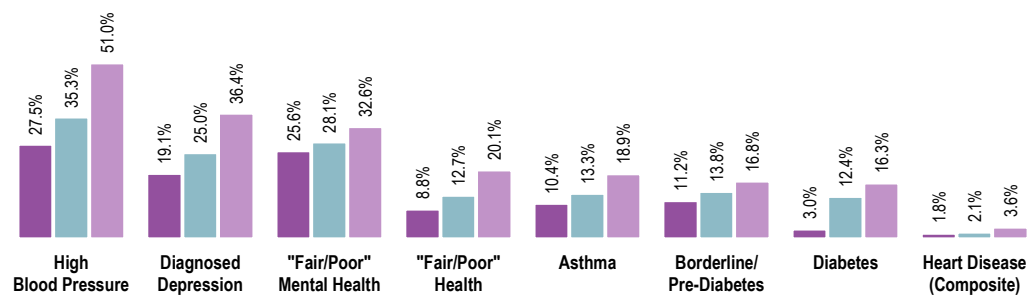
Relationship of Overweight With Other Health Issues

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

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

Relationship of Overweight With Other Health Issues (Total Service Area, 2021)

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
 Notes: • Based on reported heights and weights, asked of all respondents.



Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

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

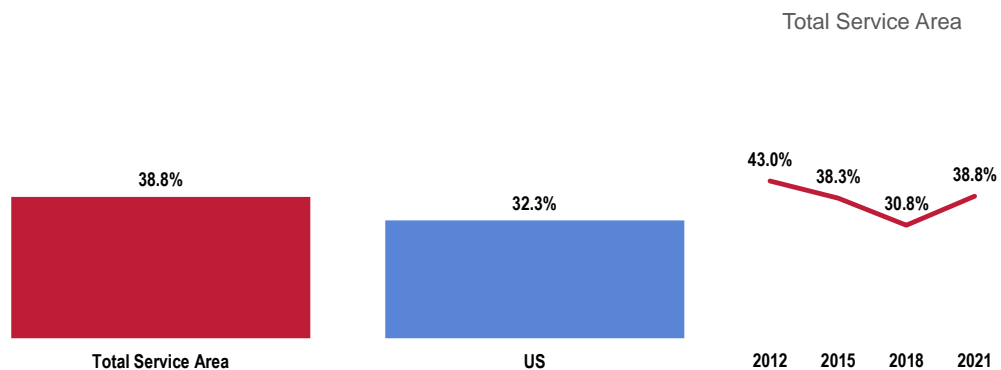
BMI-for-age weight status categories and the corresponding percentiles are shown below:

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

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 38.8% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

Prevalence of Overweight in Children (Parents of Children Age 5-17)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 131]

• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.

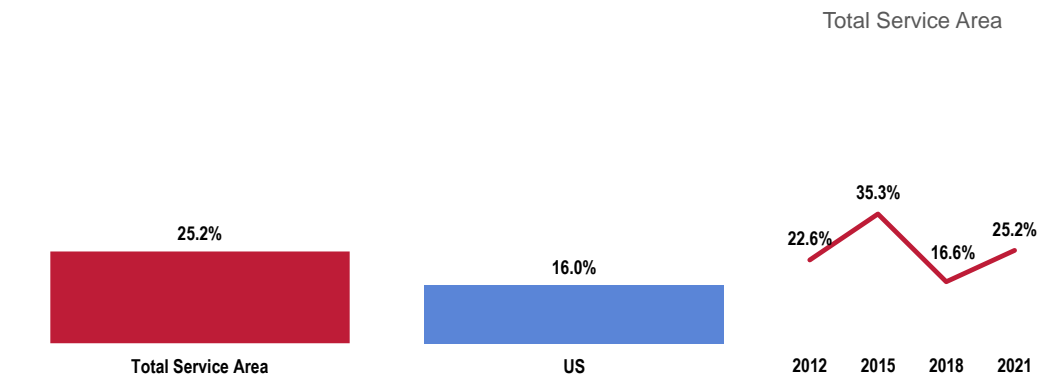
• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.



The childhood overweight prevalence above includes 25.2% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher) Healthy People 2030 = 15.5% or Lower

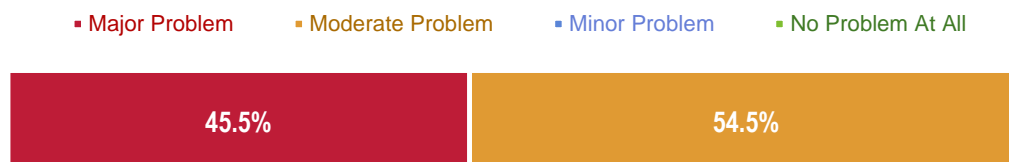


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a “moderate problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

■ Lack of education. Food deserts. Access to medical professionals. – Community Leader

Lifestyle

■ Need to have healthy lifestyles and habits, eat smaller portions and be more physically active. – Other Health Provider



SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

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

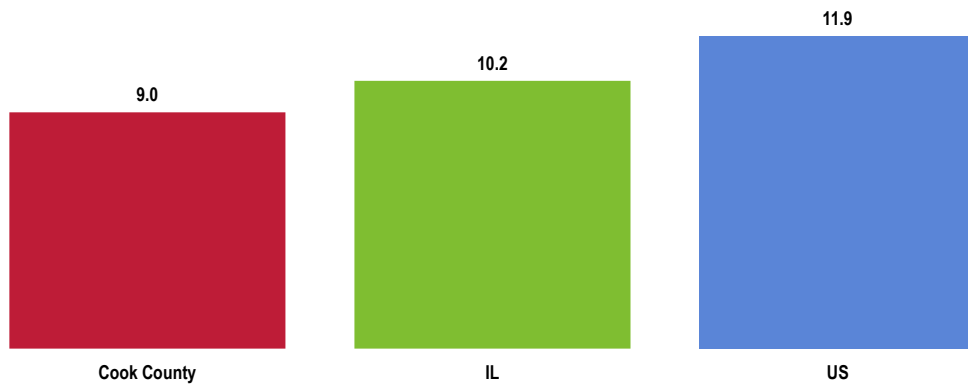
— Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2018 and 2020, Cook County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.0 deaths per 100,000 population.

BENCHMARK ► More favorable than the US rate. Satisfies the Healthy People 2030 objective.

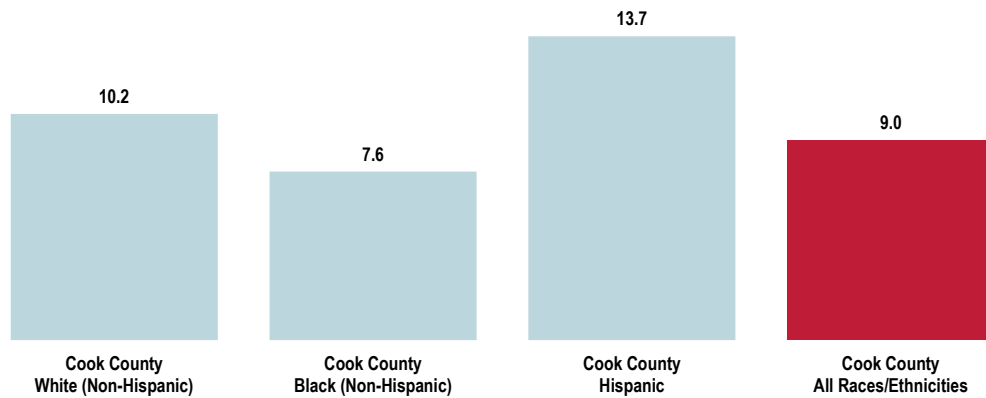
Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

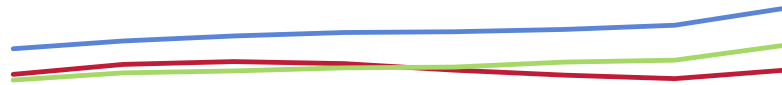


Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 10.9 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 10.9 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cook County	8.8	9.3	9.4	9.3	9.0	8.8	8.6	9.0
IL	8.5	8.9	9.0	9.1	9.1	9.4	9.5	10.2
US	10.0	10.4	10.6	10.8	10.8	10.9	11.1	11.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

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

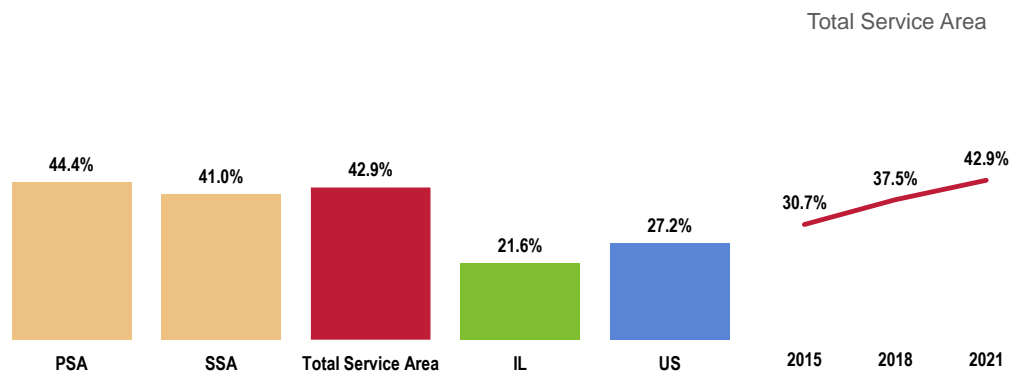
A total of 42.9% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ► Considerably higher than state and national findings.

TREND ► Trending significantly higher within the service area.

DISPARITY ► More often reported among young adults, lower-income adults, Hispanic residents, and those in the LGBTQ+ community.

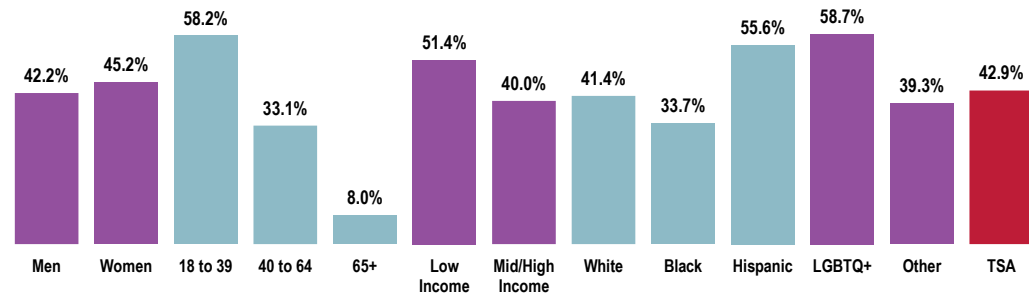
Excessive Drinkers



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2019 Illinois data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



Excessive Drinkers (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 136]

Notes: • Asked of all respondents.

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

Age-Adjusted Unintentional Drug-Related Deaths

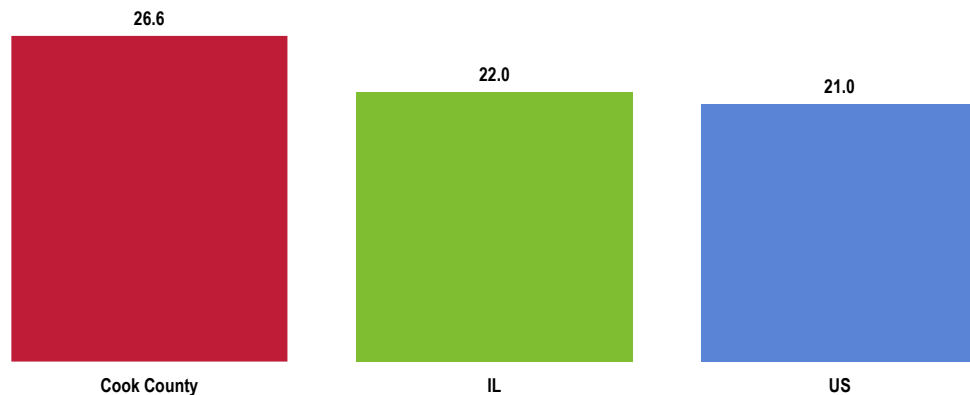
Between 2018 and 2020, there was an annual average age-adjusted unintentional drug-related mortality rate of 26.6 deaths per 100,000 population in Cook County.

BENCHMARK ► Worse than was found across Illinois and the US.

TREND ► Rising considerably in Cook County.

DISPARITY ► Much higher among Black residents.

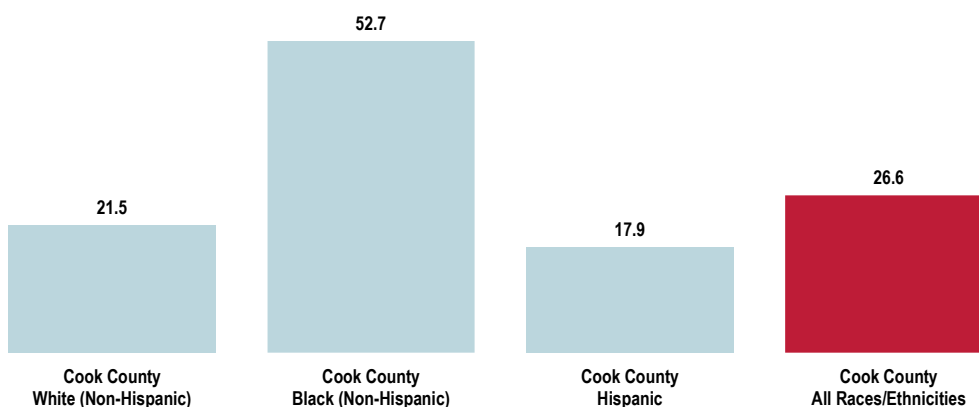
Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

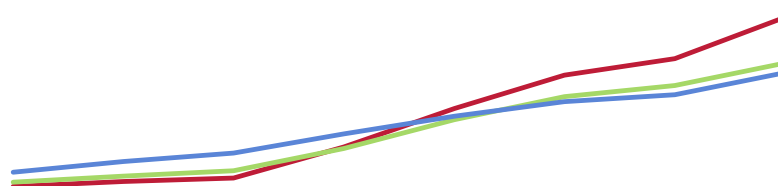


Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race (2018-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Cook County	9.6	10.1	10.5	13.6	17.4	20.8	22.4	26.6
IL	10.0	10.6	11.2	13.4	16.3	18.6	19.7	22.0
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.



Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 4.5% of Total Service Area adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Worse than the US finding. Satisfies the Healthy People 2030 objective.

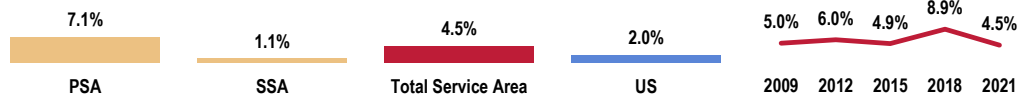
TREND ► Denotes a significant decrease since 2018.

DISPARITY ► Higher in the Primary Service Area. More often reported among young adults and White respondents.

Illicit Drug Use in the Past Month

Healthy People 2030 = 12.0% or Lower

Total Service Area

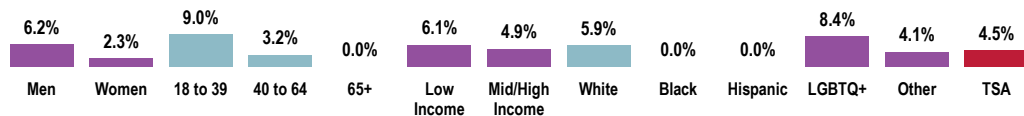


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Illicit Drug Use in the Past Month

(Total Service Area, 2021)

Healthy People 2030 = 12.0% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.



Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

A total of 14.1% of Total Service Area adults report using a prescription opioid drug in the past year.

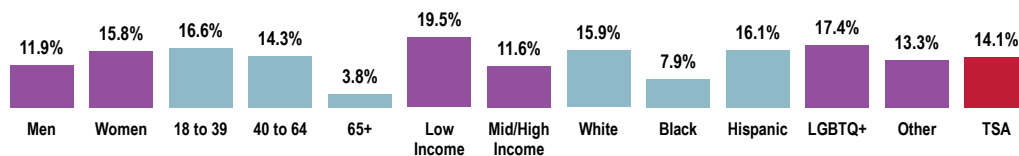
DISPARITY ► More often reported among adults younger than 65 and among White residents (when compared to Black residents).

Used a Prescription Opioid in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Used a Prescription Opioid in the Past Year (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
Notes: • Asked of all respondents.

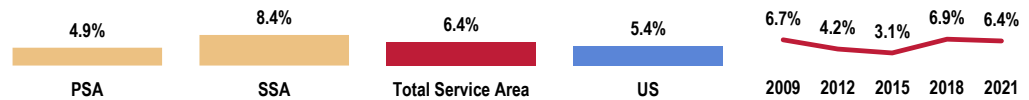


Alcohol & Drug Treatment

A total of 6.4% of Total Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

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

Total Service Area

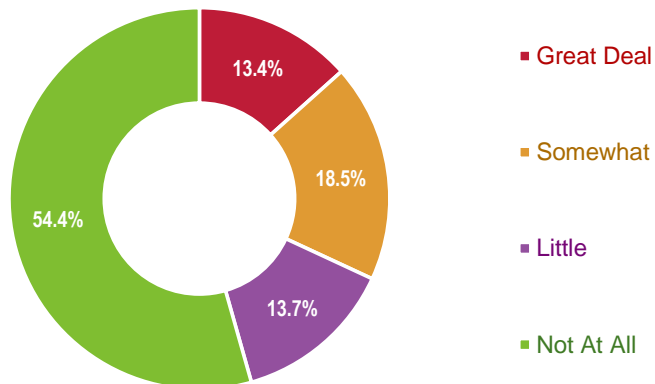


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 51]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Abuse

A majority of Total Service Area residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: • Asked of all respondents.

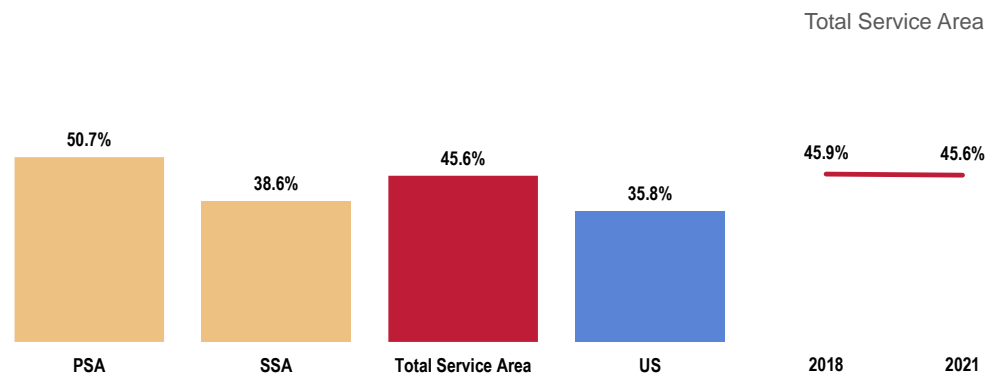


However, 45.6% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

BENCHMARK ► Worse than the US finding.

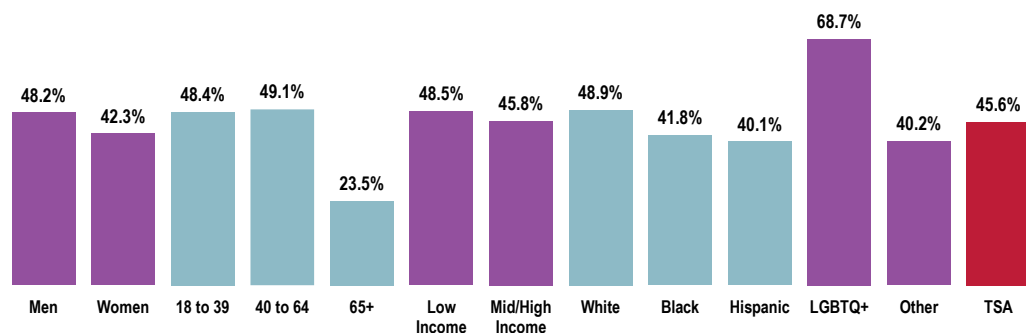
DISPARITY ► Higher in the Primary Service Area. More often reported among adults younger than 65 and LGBTQ+ respondents.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 52]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”



Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2021)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Poverty, lack of counseling, support and spiritual practices. – Other Health Provider
Lack of law enforcement. Lack of meaningful educational awareness. – Community Leader

Access to Care for Uninsured/Underinsured

Having outpatient treatment or inpatient treatment is difficult as many people do not have health insurance. – Other Health Provider

Access to Care/Services

There is very little substance use treatment left in Illinois. What exists is abstinence-based and many active drug users are not ready for that goal. Further, opioid overdose is the leading cause of accidental death in Illinois yet access to buprenorphine is difficult. – Public Health Representative



Most Problematic Substances

Key informants (who rated this as a “major problem”) predominantly identified **alcohol** as causing the most problems in the community, followed by **heroin/other opioids** and **prescription medications**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY

(Among Key Informants Rating Substance Abuse as a “Major Problem”)

ALCOHOL	29.4%
HEROIN OR OTHER OPIOIDS	17.6%
PRESCRIPTION MEDICATIONS	17.6%
COCAINE OR CRACK	11.8%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	5.9%
MARIJUANA	5.9%
METHAMPHETAMINE OR OTHER AMPHETAMINES	5.9%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	5.9%



TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

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

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

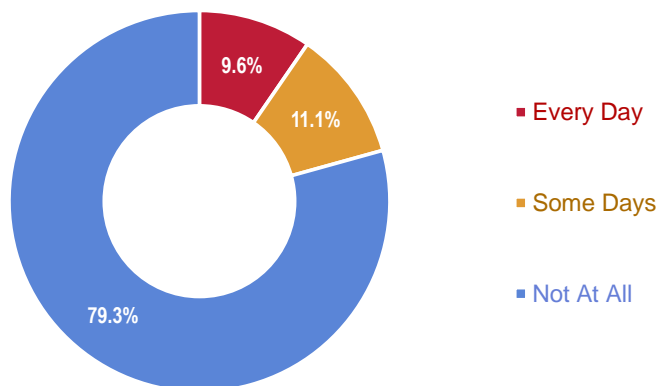
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 20.7% of Total Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.



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

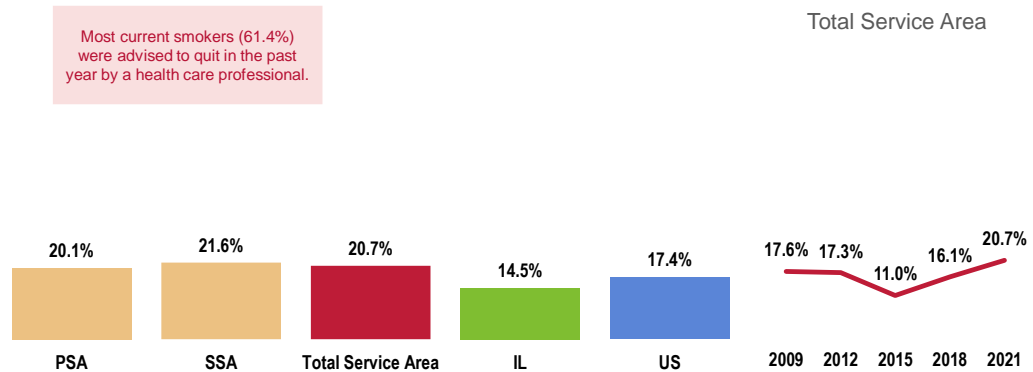
BENCHMARK ► Higher than the statewide prevalence. Far from satisfying the Healthy People 2030 objective.

TREND ► A significant increase from the 2015 survey.

DISPARITY ► Men, young adults, and lower-income respondents are more likely to report smoking cigarettes.

Current Smokers

Healthy People 2030 = 5.0% or Lower



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Items 40, 42]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

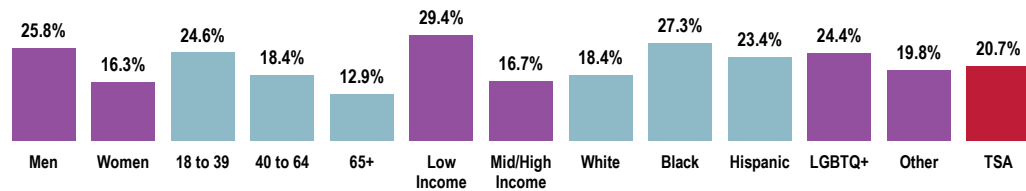
Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers

(Total Service Area, 2021)

Healthy People 2030 = 5.0% or Lower



Sources:

- 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).



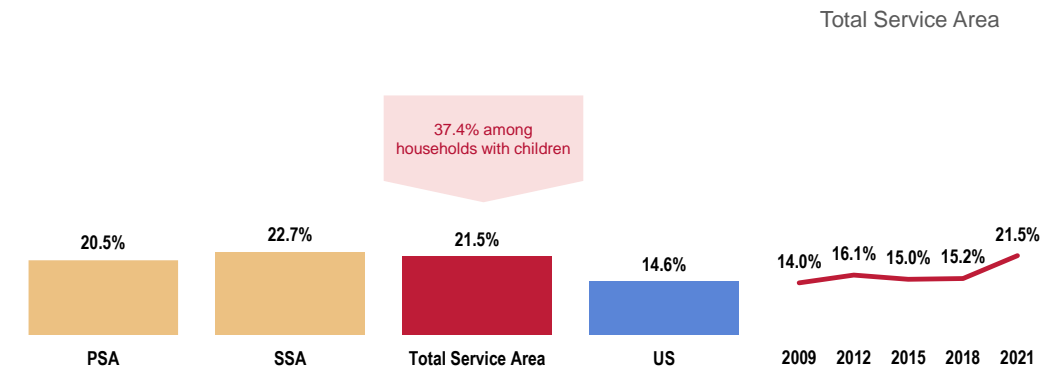
Environmental Tobacco Smoke

Among all surveyed households in the Total Service Area, 21.5% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

BENCHMARK ► Higher than was found across the US.

TREND ► Significantly higher than the 2009 benchmark.

Member of Household Smokes at Home



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
• 2020 PRC National Health Survey, PRC, Inc.

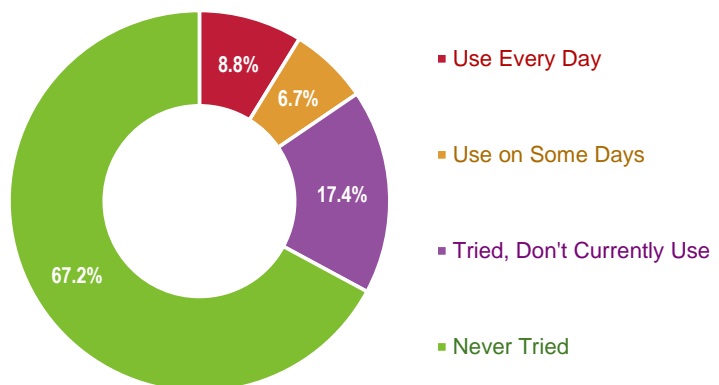
Notes: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Use of Vaping Products

Most Total Service Area adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
Notes: • Asked of all respondents.



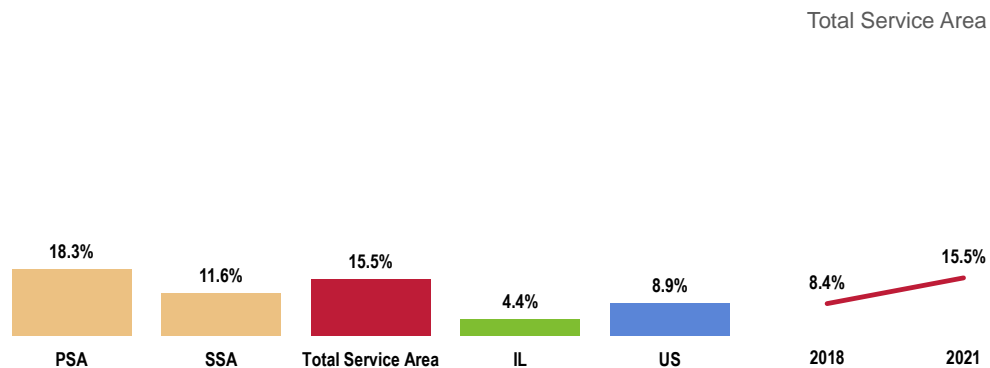
However, 15.5% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Higher than found across Illinois and the US.

TREND ► Marks a significant increase since 2018.

DISPARITY ► More often reported among young adults, lower-income adults, Hispanic respondents, and the LGBTQ+ community.

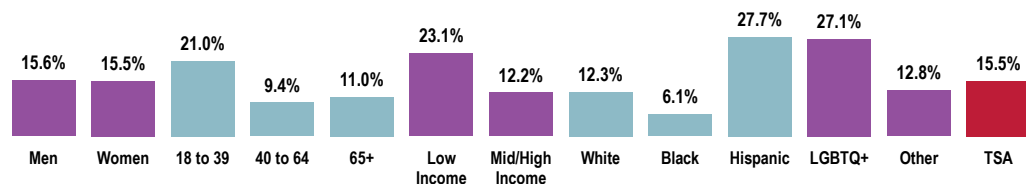
Currently Use Vaping Products (Every Day or on Some Days)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products (Total Service Area, 2021)

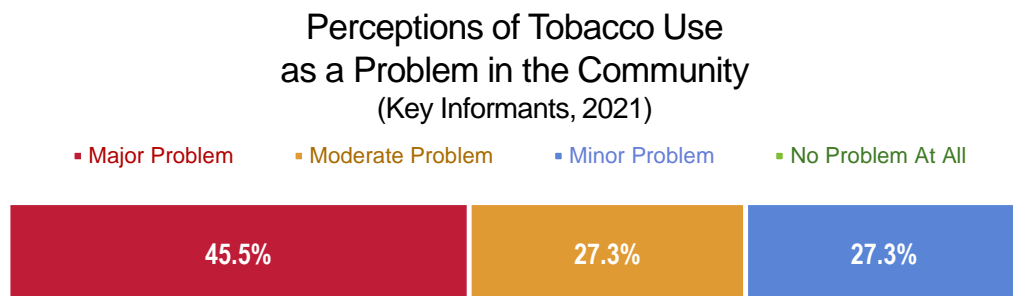


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributor to Health Conditions

It is a root cause of the most prevalent health issues. – Community Leader

Easy Access

People can easily buy them. – Other Health Provider



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

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

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

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

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

HIV

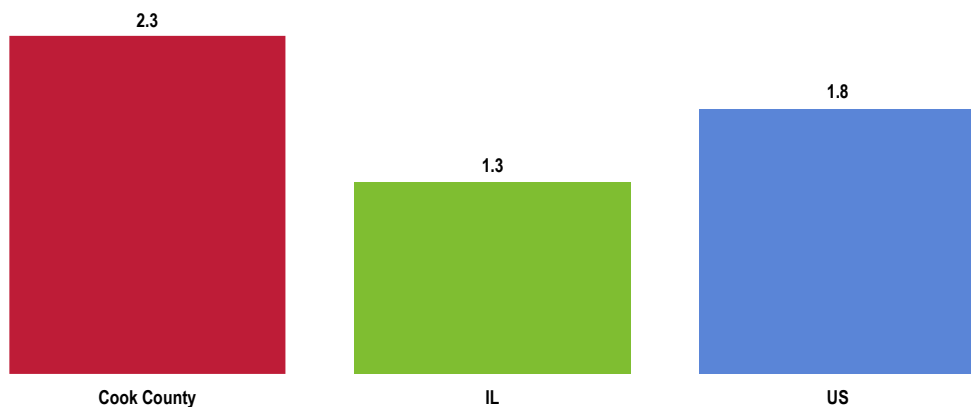
Age-Adjusted HIV/AIDS Deaths

Between 2018 and 2020, there was an annual average age-adjusted HIV/AIDS mortality rate of 2.3 deaths per 100,000 population in Cook County.

BENCHMARK ► Worse than the Illinois and US rates.

DISPARITY ► Considerably higher among Black residents.

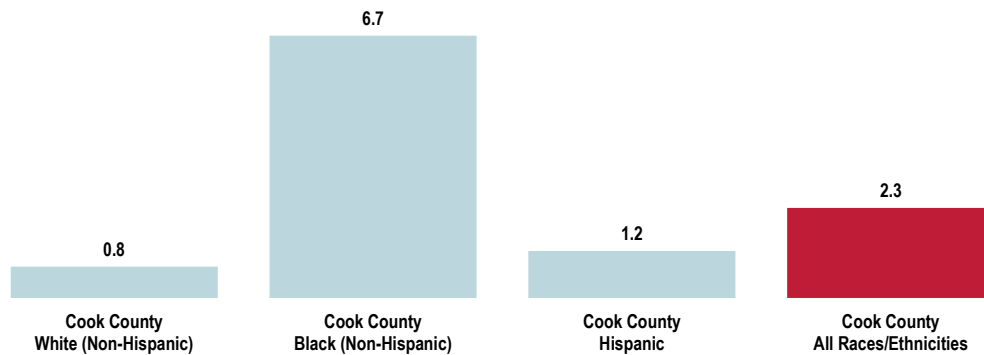
HIV/AIDS: Age-Adjusted Mortality
(2011-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.



HIV/AIDS: Age-Adjusted Mortality by Race (2011-2020 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

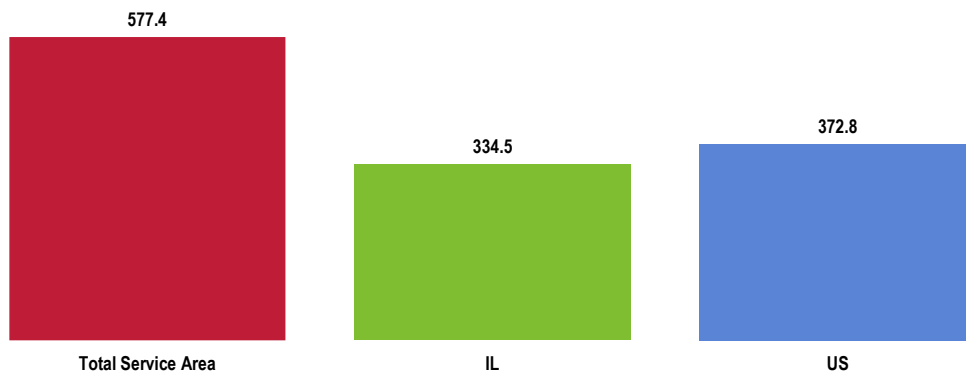
HIV Prevalence

In 2018, there was a prevalence of 577.4 HIV cases per 100,000 population in the Total Service Area.

BENCHMARK ► Worse than state and national rates.

DISPARITY ► Throughout Cook County, much higher among Black residents (race/ethnicity data are county-level data).

HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2018)



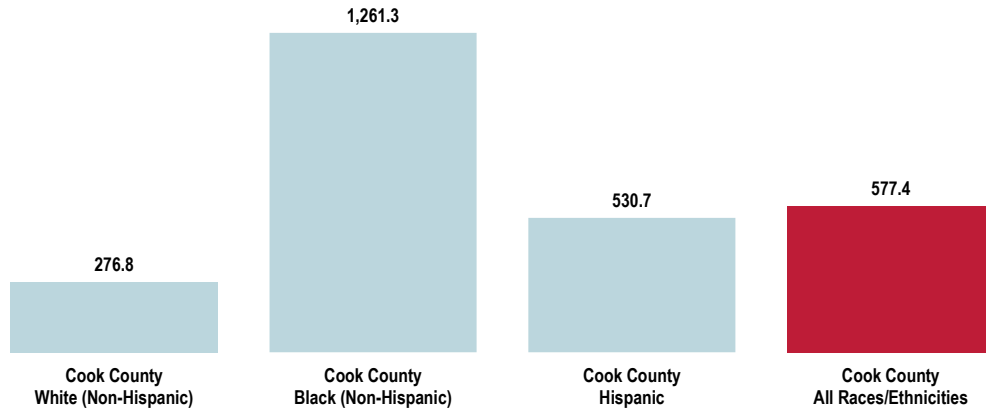
Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



HIV Prevalence by Race/Ethnicity (Rate per 100,000 Population, 2018)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

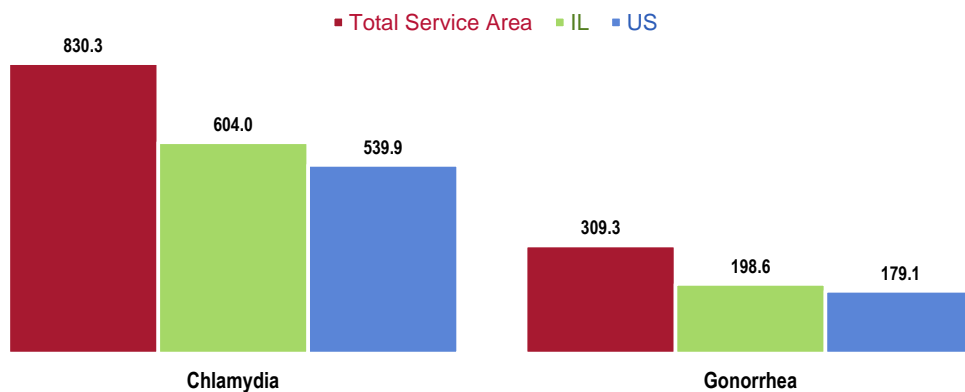
Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in the Total Service Area was 830.3 cases per 100,000 population.

The Total Service Area gonorrhea incidence rate in 2018 was 309.3 cases per 100,000 population.

BENCHMARK ► Each is worse than corresponding state and national rates.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2018)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).

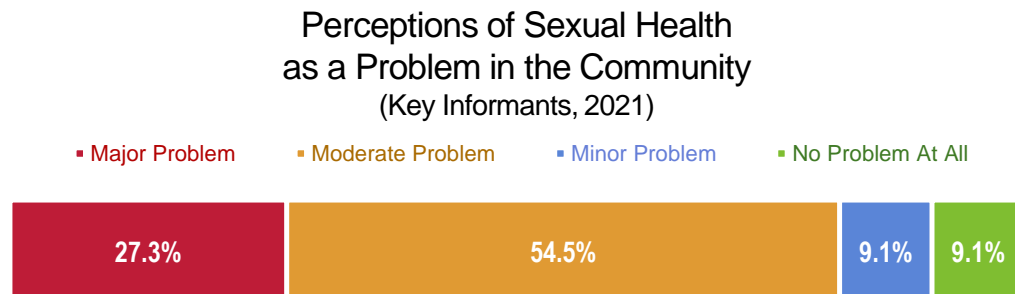
Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.



Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a “moderate problem” in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

Lack of safe sex practices and lack of knowledge. – Other Health Provider





ACCESS TO HEALTH CARE

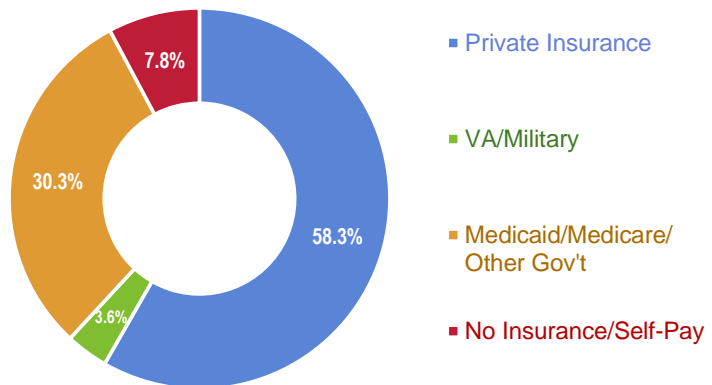
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

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

A total of 58.3% of Total Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 33.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 7.8% report having no insurance coverage for health care expenses.

BENCHMARK ► Better than the statewide percentage.

TREND ► Significantly lower than the 2009 benchmark.

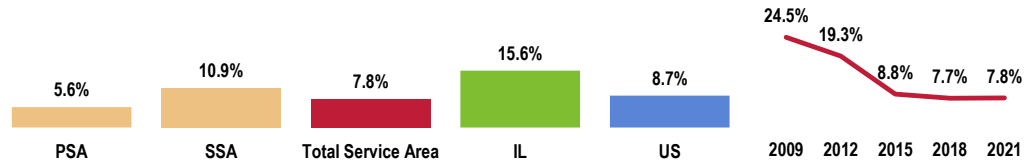
DISPARITY ► Young adults and lower-income respondents are more likely to report lacking health care coverage.



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

Healthy People 2030 = 7.9% or Lower

Total Service Area

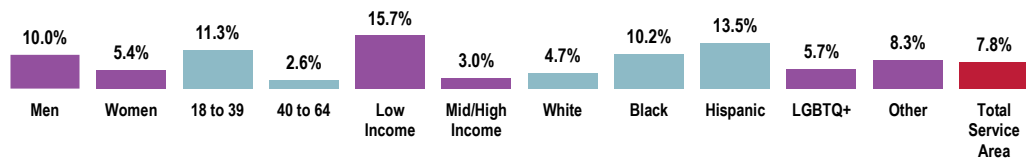


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage (Adults Age 18-64; Total Service Area, 2021)

Healthy People 2030 = 7.9% or Lower



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

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

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

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

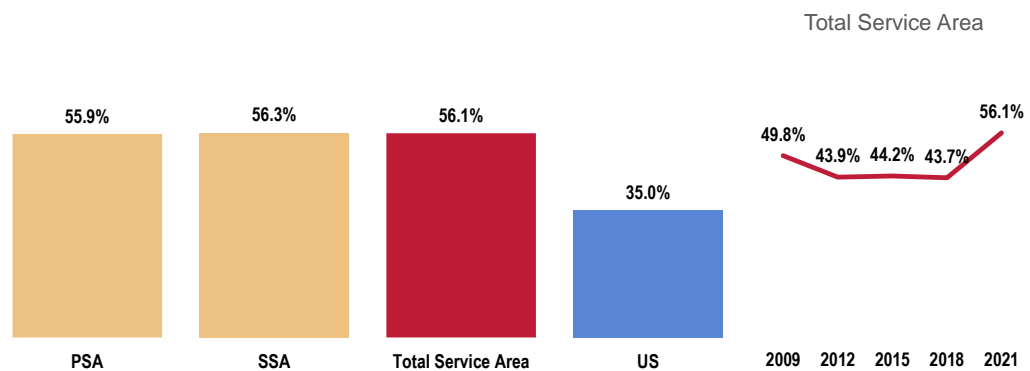
A total of 56.1% of Total Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Worse than the US finding.

TREND ► Denotes a significant increase since 2018.

DISPARITY ► More often reported among lower-income adults, Hispanic residents, and LGBTQ+ respondents. Also note the negative correlation with age.

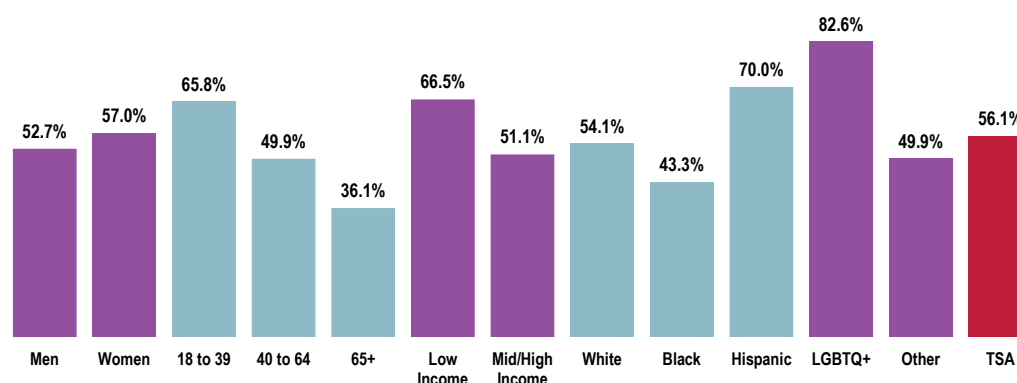
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 140]

Notes: • Asked of all respondents.

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

Barriers to Health Care Access

Of the tested barriers, appointment availability and inconvenient office hours impacted the greatest shares of Total Service Area adults.

BENCHMARK ► All tested categories received significantly higher mention as barriers to care within the Total Service Area than across the US.

TREND ► Since the 2009 survey, mention of two barriers has increased significantly (**appointment availability** and **finding a physician**), while mention of one has decreased significantly (**cost of prescriptions**). Since the 2018 survey, mention of **language/culture** has increased significantly.

DISPARITY ► **Language/culture** as a barrier is higher within the Secondary Service Area than the Primary Area (not shown).

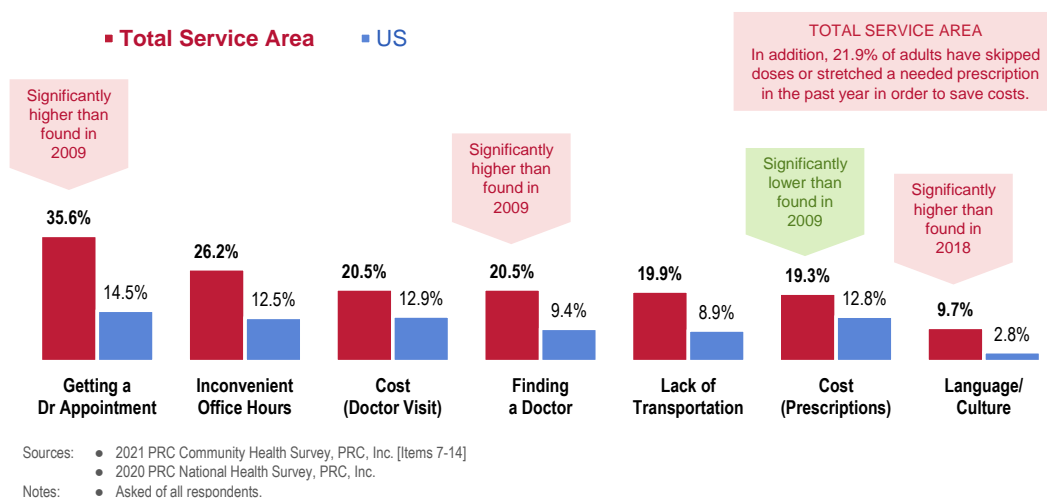
Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.



Barriers to Access Have Prevented Medical Care in the Past Year



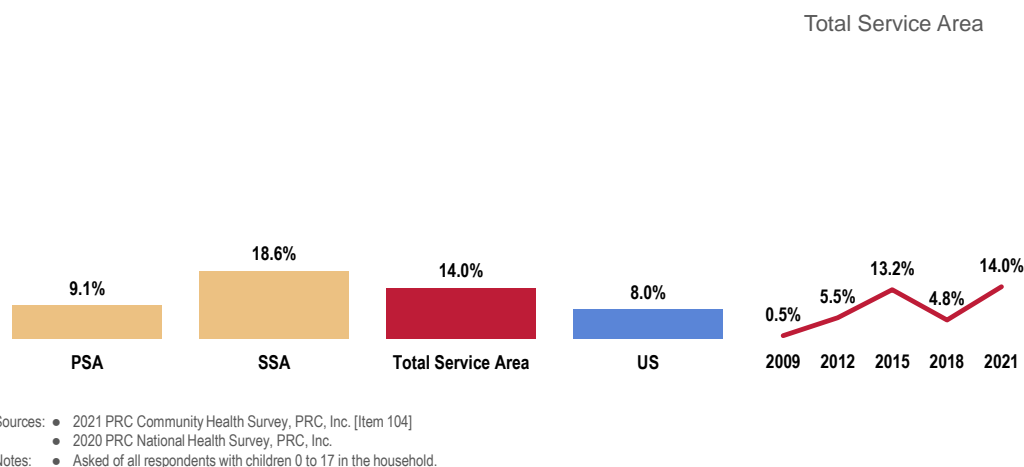
Accessing Health Care for Children

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

A total of 14.0% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

TREND ► Marks a significant increase from the 2009 baseline.

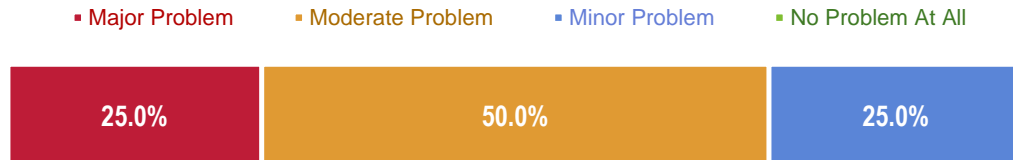
Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a “moderate problem” in the community.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2021)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Providers

- Finding care. – Physician
- Limited specialists and scheduling availability. – Other Health Provider

Affordable Care/Services

- Feeling comfortable with where to go and how much it is going to cost. – Community Leader



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

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

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

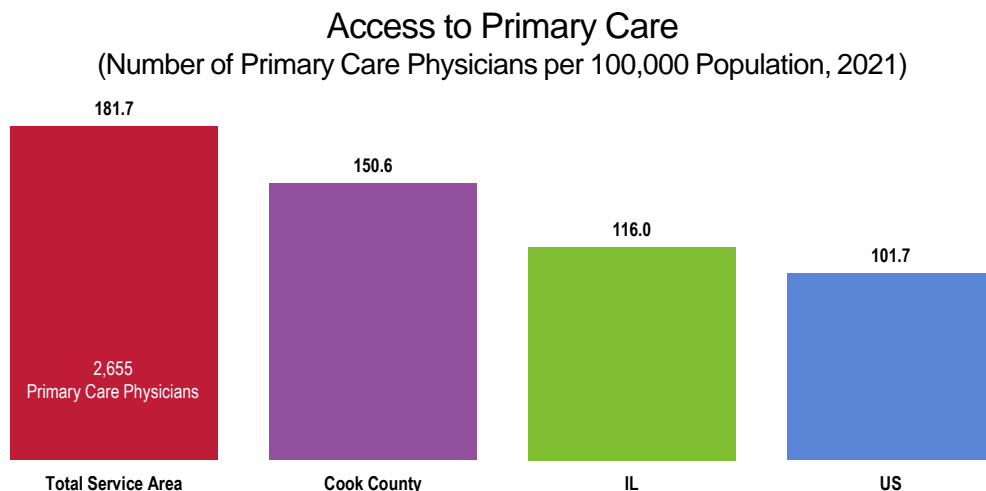
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

In 2021, there were 2,655 primary care physicians in the Total Service Area, translating to a rate of 181.7 primary care physicians per 100,000 population.

BENCHMARK ► More favorable than Illinois and US rates.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved December 2021 via SparkMap (sparkmap.org).
- Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



Specific Source of Ongoing Care

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

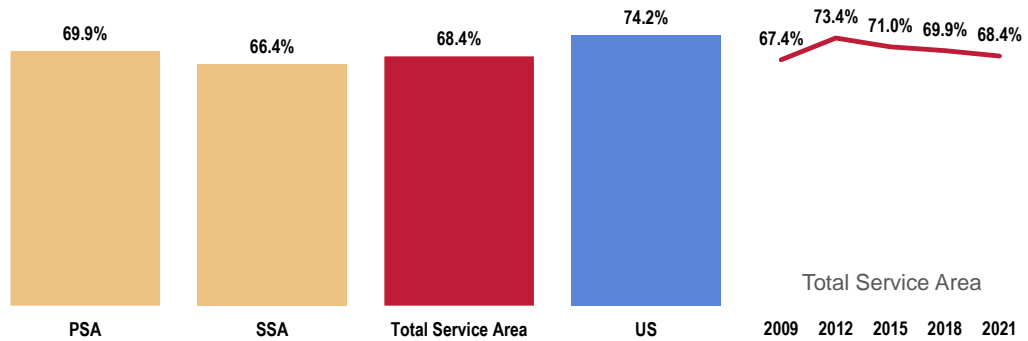
A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 68.4% of Total Service Area adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Less favorable than the US percentage. Fails to satisfy the Healthy People 2030 objective.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Utilization of Primary Care Services

Adults

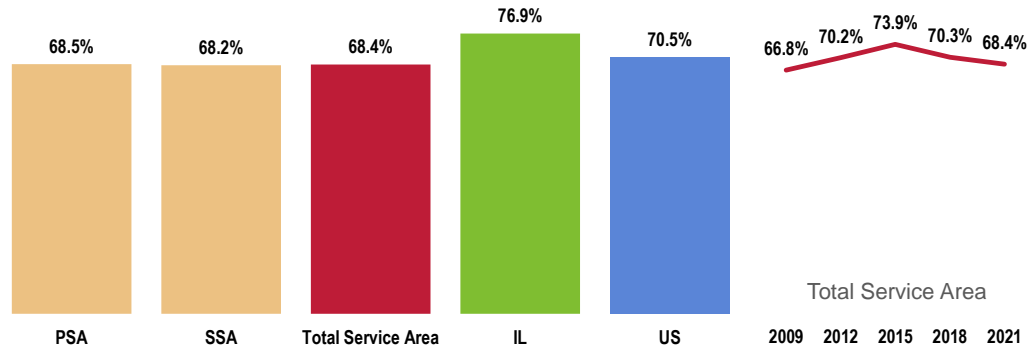
More than two-thirds of adults (68.4%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Lower than the statewide prevalence.

DISPARITY ► Those less likely to have received a checkup include adults younger than 65 and members of the LGBTQ+ community.



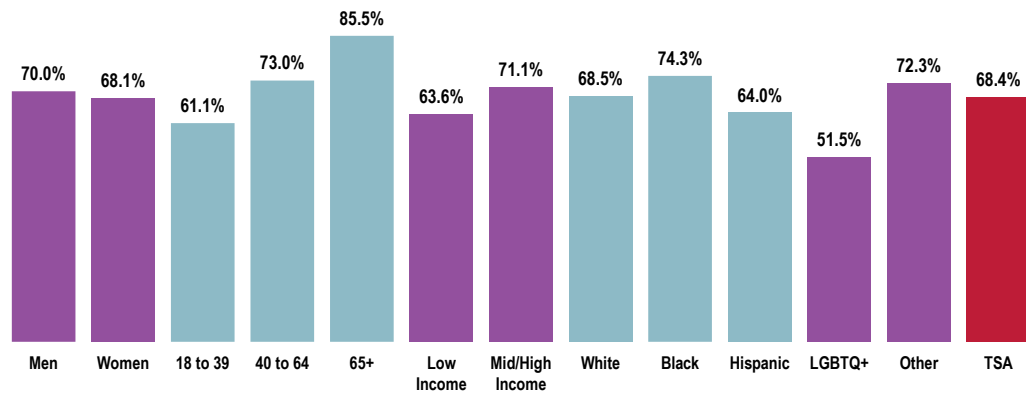
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.



Children

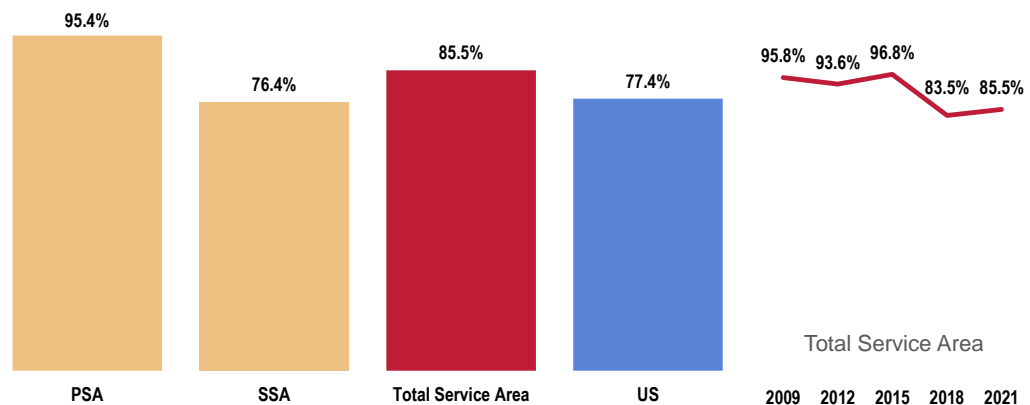
Among surveyed parents, 85.5% report that their child has had a routine checkup in the past year.

BENCHMARK ► More favorable than the US percentage.

TREND ► Significantly lower than the 2009 benchmark.

DISPARITY ► Lower in the Secondary Service Area.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 105]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

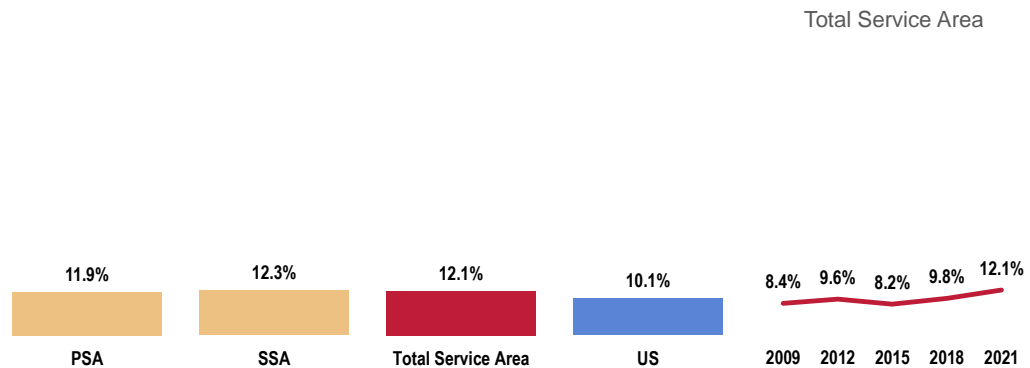


EMERGENCY ROOM UTILIZATION

A total of 12.1% of Total Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

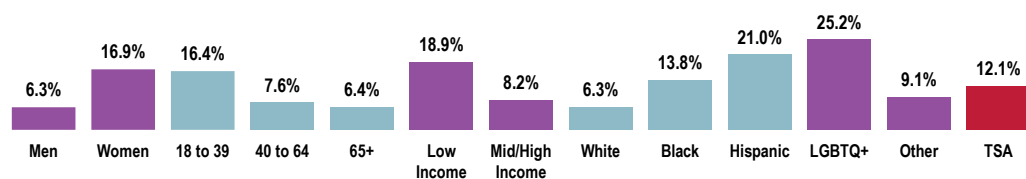
DISPARITY ► More often reported among women, young adults, those with lower incomes, Hispanic respondents, and those identifying as LGBTQ+.

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



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 22]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 22]
 Notes: • Asked of all respondents.



ORAL HEALTH

ABOUT ORAL HEALTH

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

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

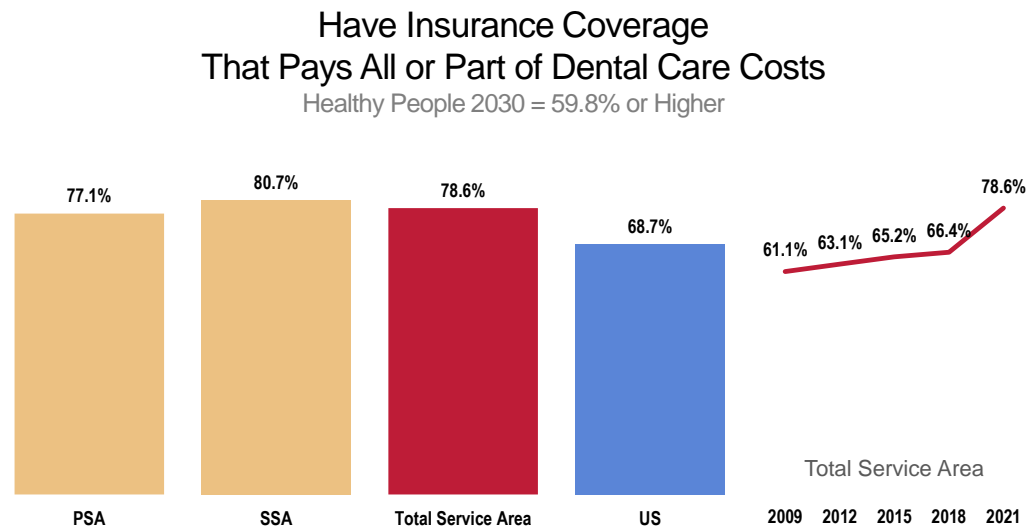
– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Insurance

More than three-fourths of Total Service Area adults (78.6%) have dental insurance that covers all or part of their dental care costs.

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

TREND ► Marks a significant increase within the service area.



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 21]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • Asked of all respondents.



Dental Care

Adults

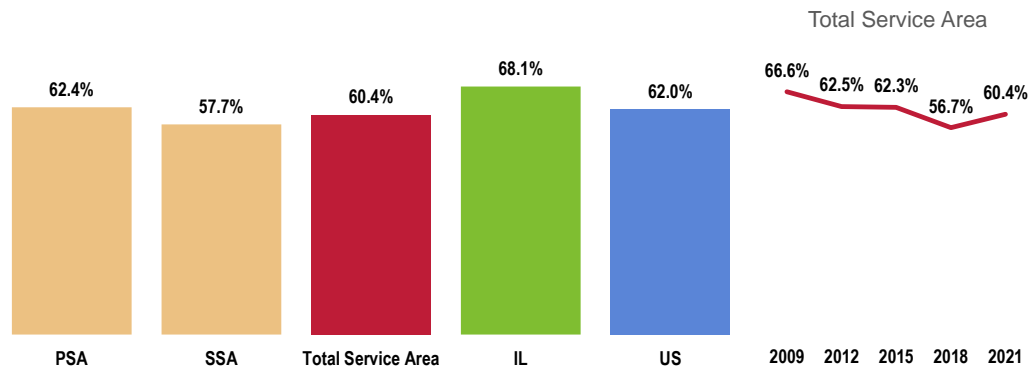
A total of 60.4% of Total Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Less favorable than the statewide percentage. Satisfies the Healthy People 2030 objective.

DISPARITY ► Those less likely to have received dental care include young adults, lower-income residents, Black residents, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



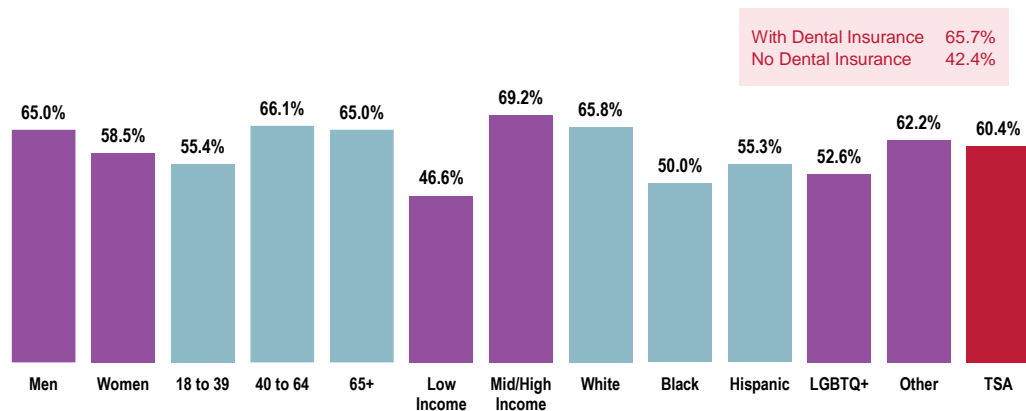
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 Illinois data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Total Service Area, 2021)

Healthy People 2030 = 45.0% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.



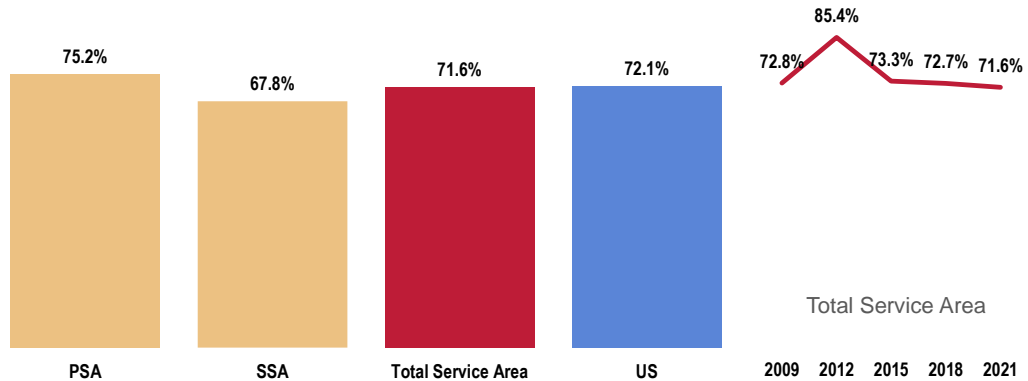
Children

A total of 71.6% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Satisfies the Healthy People 2030 objective.

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

Healthy People 2030 = 45.0% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 108]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey were equally likely to give “major” and “moderate” ratings of *Oral Health* as an issue in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2021)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Among those rating this issue as a “major problem,” reasons related to the following:

Access for Medicare/Medicaid Patients

Illinois does not cover adult dental services as part of its Medicaid program, outside of extractions and cleanings. This serves as a barrier to oral health care for many people on the north side, who rely on Medicaid as their sole insurance coverage. – Public Health Representative

Vulnerable Populations

With the Native community not having a dentist available at the clinic, most patients do not take care of their oral health. With smoking tobacco and smokeless chewing tobacco still being used in our community, there are several ongoing oral health issues. – Other Health Provider

Nutrition

Eating too much sweet and fat. Many people have DM that could cause oral problems too. – Other Health Provider



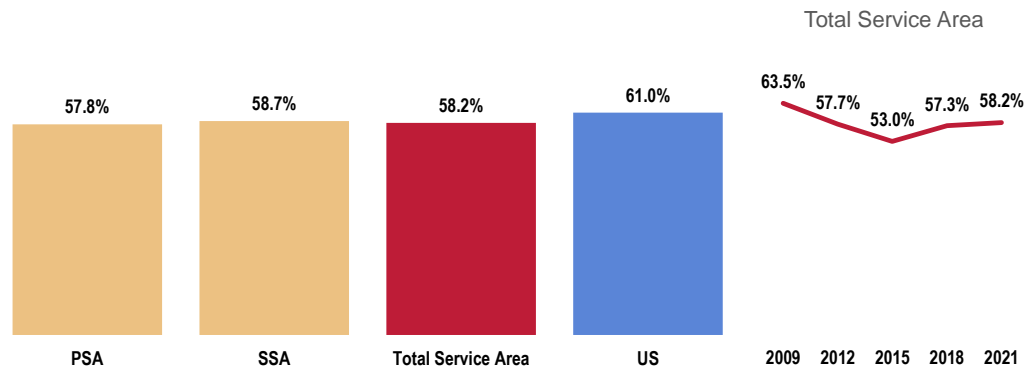
VISION CARE

A total of 58.2% of Total Service Area residents had an eye exam in the past two years during which their pupils were dilated.

DISPARITY ► Adults younger than 65 are less likely to have received vision care.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

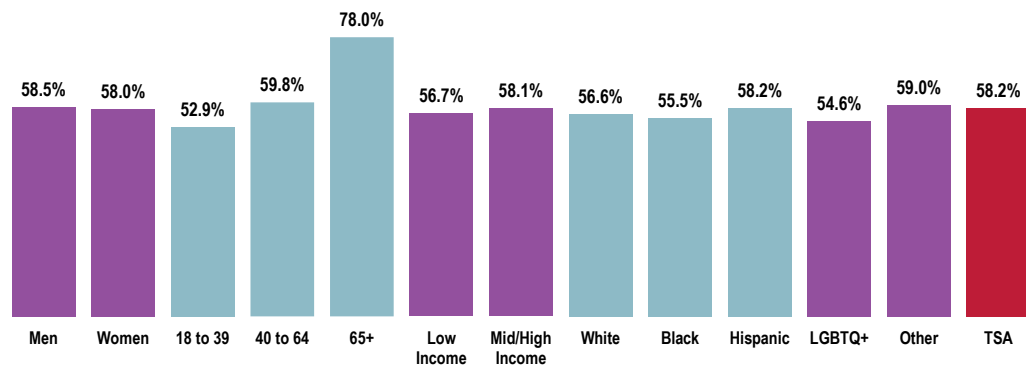
Healthy People 2030 = 61.1% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 19]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Total Service Area, 2021)

Healthy People 2030 = 61.1% or Higher



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 19]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.



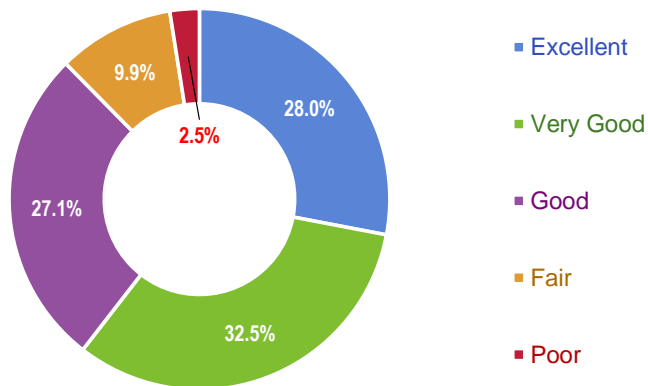


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

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

Rating of Overall Health Care
Services Available in the Community
(Total Service Area, 2021)



Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

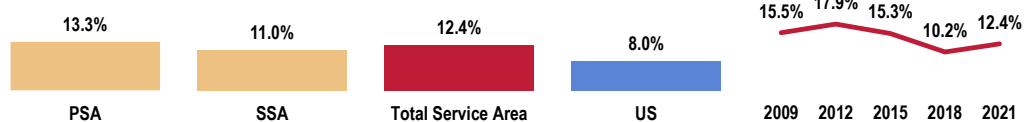
However, 12.4% of residents characterize local health care services as “fair” or “poor.”

BENCHMARK ► Worse than the national percentage.

DISPARITY ► More often reported among adults age 40 to 64 and those with access difficulties.

Perceive Local Health Care Services as “Fair/Poor”

Total Service Area

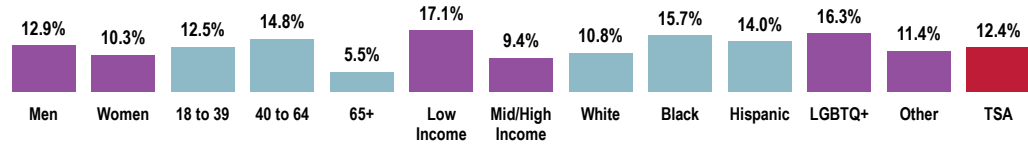


Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Local Health Care Services as “Fair/Poor” (Total Service Area, 2021)

With Access Difficulty 18.6%
No Access Difficulty 4.2%



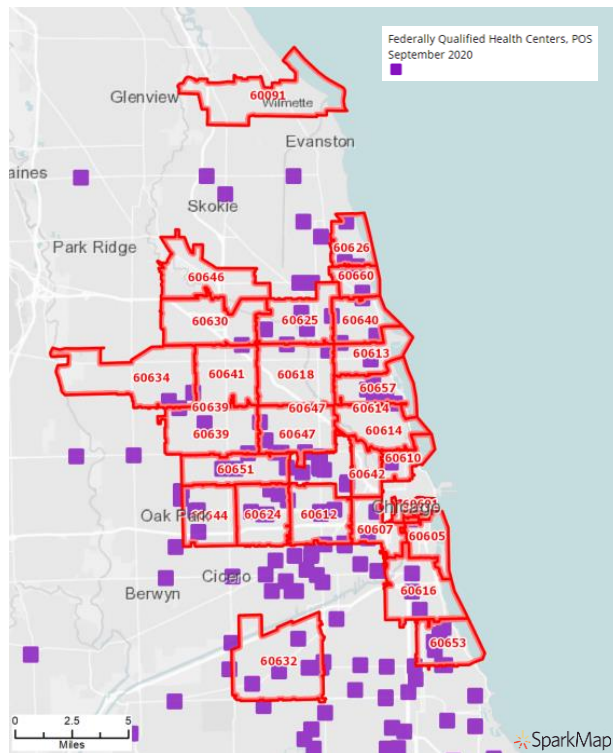
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Service Area as of September 2020.



Resources Available to Address the Significant Health Needs

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

Access to Health Care Services

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

Chronic Kidney Disease

- Hospitals
- Thorek Memorial Hospital

Dementia/Alzheimer's Disease

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

Cancer

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

Diabetes

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

Disabilities

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

Coronavirus

- AHS Family Health Center
- CDC
- Chicago Department of Public Health
- Effective Emergency Planning
- Heartland Alliance Health
- Heartland Health Centers
- Hospitals
- Howard Brown
- Thorek Memorial Hospital
- Vaccines
- Weiss

Heart Disease

- Hospitals
- Howard Brown
- Thorek Memorial Hospital



Injury and Violence

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

Mental Health

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

Nutrition, Physical Activity, and Weight

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

Oral Health

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

Respiratory Diseases

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

Sexual Health

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

Substance Abuse

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

Tobacco Use

- Thorek Memorial Hospital
- Tobacco Quit Line





APPENDIX

EVALUATION OF PAST ACTIVITIES

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

A. IMPROVING ACCESS TO HEALTHCARE SERVICES

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

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

Primary Care Services

The TMH Ambulatory Care Center extended hours of operations for ease of access. Evening hours are now available to address access and ER congestion. Three hospital clinic locations now have hours 6pm and after to better serve the patient population.

Emergency Care

The TMH state-of-the-art emergency department continues to help the indigent community who await response from the City of Chicago's shelter services.

Center for Primary Care/ACS/China Square/Lincoln Square

The TMH clinics accept appointments and walk-in patients. Hours vary based on location.

Transportation

TMH provides transportation via hospital van and contracted transportation services to 50+ Club members and others within designated geographic boundaries, as determined appropriate based on need and clinical status.

Medical Offices in Senior Residence Buildings

TMH operates medical offices in senior resident sites on the north side of Chicago in Thorek's primary services area. Typical office staffing consists of a RN and a physician. TMH also helps to provide access to specialty (consultant) physician services to members on an as needed basis.



B. FOCUS ON MENTAL HEALTH & WELLNESS

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

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

Medical Stabilization Unit

Designed to stabilize patients suffering from withdrawal from alcohol and opiates, the 6 North nursing unit is a 30-bed general medicine unit providing multidisciplinary care to patients with withdrawal or alcohol intoxication as their primary diagnosis. Once stabilized, patients are provided with referrals for treatment of their addiction as well as follow up for any other medical problems

Outpatient Mental Health

TMH now offers 6 days per week outpatient mental health services. This includes medication management and traditional therapy/counseling. The clinic is staffed by:

- MDs
- NP
- LCSW

Inpatient Mental Health

TMH now has 100 beds for inpatient mental health. The beds are divided by floors, 3 East and 4 East. The units are staffed with the following:

- MDs
- RNs
- LPNs
- Crisis Workers
- LCSWs
- CNAs



Thorek's Adult Mental Health Program primarily treats patients with the following diagnoses:

- Schizophrenic Disorders
- Schizo-Affective Disorder
- Bi-Polar Disorders
- Dissociative Disorders
- Major Depressive Disorders
- Acute Psychosis
- Dual Diagnoses (medical and behavioral)

Free Screenings

Thorek provides free mental health status screenings at off-site elderly housing facilities and various community fairs/events.

C. PROMOTING ORAL CARE

Target Population: Uninsured and underinsured adults and children within Thorek's primary service areas.

Goals: Reduce the proportion of children and adults with untreated dental decay; and increase the proportion of children and adults who have used the oral health system in the past year.

Medical Office in Hospital

Dr Azim, DDS, operates an office within Thorek's Professional Office Building. Dr.Azim specializes in family dentistry with a specific focus on pediatric dentistry. She is part of the American Dental Association as well as both the Illinois and Chicago Dental Societies. Dr Azim accepts most insurance plans and accepts walk-ins.

Free Exams

Thorek offers free back-to-school dental exam coupons at several community events. Free Adult Exams and X-Rays are also regularly offered.



D. CANCER PROGRAMS

Target Population: Uninsured and underinsured adults within Thorek's primary service areas; Women (ages 40 and up) within Thorek's primary service areas.

Skin Cancer Screenings

Thorek offered free skin cancer screenings to the public in over the past five years. This took place at the hospital's main campus and was performed by Thorek physician Neal Spero, M.D. and Gary Barsky, M.D. Participants were given results and follow up care was offered when necessary.

Discounted Mammography

For those without insurance or who wish to pay for themselves, Thorek Memorial Hospital offers digital mammograms at a discounted fee of \$155. Our fee includes both the exam and the radiologist's reading, without any unexpected or additional charges. Information regarding this was sent to all community partners via email and well as promoted at community events.

E. LANGUAGE ASSISTANCE/HEARING IMPAIRED PROGRAMS

Target Population: Underserved, non-English speaking/Hearing Impaired community

Stratus Language solutions allows non-English speaking and hearing impaired patients to communicate with their medical providers. The following are the types of communications that is offered through Stratus Language Solutions:

- Phone
- Tablet
- In Person



F. EDUCATION

Target Population: Seniors, people in Mental Health Crisis, and broader community

Thorek Memorial offers a range of health and wellness activities, including traditional worksite health fairs, screenings and educational seminars; access to behavior modification programs, such as weight management and smoking cessation.

G. CHARITY CARE

Target Population: Underserved, underinsured, uninsured and broader community

Thorek provides medically necessary services to all patients regardless of race, creed, color, gender, or country of national origin and without regards to ability of the patient to pay for such services. Thorek provides a minimum 53% discount of charges for all patients without insurance, regardless of income or assets. Patients are eligible for an additional 25% quick pay discount on the remaining amount due after the initial 53% discount. Patients are eligible for additional payment reductions and or interest free payment plans up to and including complete write-off of charges for patients that are eligible for the Hospital's charity care policy or show severe financial distress.

For patients that do not meet charity care guidelines, a 53% (based on 600% of federal poverty guidelines) initial discount is taken and the remainder is eligible for a 25% immediate payment discount. The remaining amount will be paid based upon an agreed upon payment plan (up to one year) with the patient or will receive further discount based upon the individual patient's financial situation. Any final amount that will be paid is determined and paid in full or according to an agreed upon payment plan with the patient (up to one year). Every opportunity will be made to ensure the patient has the chance to pay what they can afford too based upon their financial situation at that time. The Hospital does not attempt to garnish any wages of the patient, does not file liens on any personal property of the patient, nor does it pursue any other aggressive collection techniques in pursuit of payment.

