

# **LORETTO HOSPITAL**

## **2025 CHNA**

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# Introduction to Loretto Hospital

Loretto Hospital was founded in 1923 and serves more than 33,000 patients a year. Loretto Hospital provides quality healthcare services including: primary care, geriatric medicine, vision care, behavioral health services, women's health, podiatric medicine, and dental services.

## **Our Mission:**

Loretto Hospital is a not-for-profit community-based organization that partners with its physicians, employees and the communities it serves to provide quality patient-centered care, and promote wellness and education.

## **Our Values:**

- **Patient First:** Caring for our patients and their families is the most important thing we do.
- **Teamwork:** We believe that staff must always work toward a common goal with a positive attitude.
- **Excellence:** We continuously strive for excellence by working to improve our skills, programs and services.
- **Respect:** We believe that each person we encounter should be valued and treated with dignity, courtesy and respect.
- **Integrity:** We hold our medical and support staff accountable for their actions and expect them to be honest, ethical and open in all they do.
- **Community Involvement:** We are dedicated to improving the health and well-being of the communities we serve.

Loretto Hospital worked with the Alliance for Health Equity and local community partners in the communities we serve to conduct the Community Health Needs Assessment (CHNA) and identify and prioritize health needs within our community for FY26-28. Loretto Hospital will continue to partner with key community partners in our service area and the Alliance for Health Equity to leverage existing resources and develop strategies which contribute to improving the most pressing health needs of our communities.

# Introduction to the Alliance for Health Equity and collaborative CHNA

Loyola Medicine is a founding member of the Alliance for Health Equity and has aligned their Community Health Needs Assessment (CHNA) and implementation activities with collaborative members. Founded in 2015, the Alliance for Health Equity (Alliance or AHE) is a partnership between Illinois Public Health Institute (IPHI), hospitals, health departments, and community organizations across Chicago and Suburban Cook County. This initiative is one of the largest collaborative hospital-community partnerships in the country with the current involvement of over 30 nonprofit and public hospitals (Figure 1), six local health departments (Figure 1), and representatives of nearly 100 community organizations. Working through the Alliance, hospitals in Chicago and throughout Cook County aim to make a positive impact on health outcomes by sharing resources and information, cooperating on data collection and analysis, and collaborating on community health improvement strategies. Alliance partners work together to create a county-wide CHNA that is paired with service area specific chapters for each hospital. This allows hospitals to partner on a variety of local and regional health improvement strategies.

**Figure 1. Table of Alliance for Health Equity member hospitals and health departments**

## Alliance for Health Equity Member Hospitals and Health Departments

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Advocate Health Care</li> <li>• Ascension</li> <li>• Cook County Health</li> <li>• Insight Chicago</li> <li>• Jackson Park Hospital</li> <li>• Loretto Hospital</li> <li>• Northwestern Medicine</li> <li>• Rush University System for Health</li> <li>• Sinai Health System</li> <li>• South Shore Hospital</li> <li>• Swedish Hospital/Endeavor Health</li> </ul> | <ul style="list-style-type: none"> <li>• Loyola Medicine/Trinity Health</li> <li>• UI Health</li> <li>• Chicago Department of Public Health</li> <li>• Cook County Department of Public Health</li> <li>• Evanston Health &amp; Human Services Department</li> <li>• Oak Park Health Department</li> <li>• Skokie Health Department</li> <li>• Stickney Public Health District</li> </ul> |
|--|---|

The 2025 Community Health Needs Assessment is the fourth collaborative CHNA in Cook County, Illinois. Illinois Public Health Institute (IPHI) acts as the backbone organization for the Alliance for Health Equity. IPHI works closely with the planning committee to design the CHNA to meet regulatory requirements under the Affordable Care Act and to ensure close collaboration with the Chicago Department of Public Health (CDPH) and Cook County Department of Public Health (CCDPH) on their community health assessment and community health improvement planning processes. For this CHNA, the Alliance for Health Equity has taken a very intentional approach to build on the [previous collaborative CHNA work](#) (2016, 2019, 2022), [Healthy Chicago 2025](#) (2020), and [Suburban Cook County WePLAN](#) (2022).



# Summary of Collaborative Health Equity Approach to Community Health Needs Assessment

The Alliance documents the health status of communities within Chicago and Suburban Cook County by combining robust public health data and community input with existing research, plans, and assessments. Taken together, the information highlights the systemic inequities that are negatively impacting health. In addition, the CHNA provides insight into community-based assets and resources that could be leveraged or enhanced during the implementation of health improvement strategies.

Between June 2023 and December 2024, the Alliance completed a county-wide CHNA in partnership with other hospitals, the Chicago Department of Public Health, Cook County Department of Public Health, and community organizations. IPHI used data from the county-wide CHNA as well as additional local data to create a service level CHNA for Loyola Medicine. An updated, county-wide CHNA will be released in March 2025.

IPHI worked with the CHNA committee and steering committee to design and facilitate a collaborative, community-engaged assessment. The CHNA process is adapted from the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) framework, a community-engaged strategic planning framework that was developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Both the Chicago and Cook County Departments of Public Health use the MAPP 2.0 framework for community health assessment and planning. The MAPP 2.0 framework promotes a system focus, emphasizing the importance of community engagement, partnership development, and the dynamic interplay of factors and forces within the public health system. The Alliance chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity.

Primary data for the CHNA was collected through three methods:

- community input surveys;
- community resident focus groups; and
- social service provider focus groups.

The community-based organizations engaged in the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing and homeless services, food access and food justice, community safety, planning and community development, immigrant rights, youth development, community organizing, faith communities, mental health services, substance use services, policy and advocacy, transportation, older adult services, health care services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, youth, older adults, caregivers, LGBTQIA+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults.

Epidemiologists from the Cook County Department of Public Health (CCDPH) and Chicago Department of Public Health (CDPH) and Metopio are invaluable partners in identifying, compiling, and analyzing secondary data for the CHNA. IPHI and the Alliance for Health Equity steering committee worked with CDPH and CCDPH to refine a common set of indicators based on an adapted version of the County Health Rankings and Roadmaps Model. The primary data sources for secondary data were the Cook County Health Atlas, Chicago Health Atlas, and Metopio. A full list of sources is available in the References section. Data for each indicator was pulled from the respective

databases and then compared across geography (zip code, service area, county, state, etc.) and various stratifications (race, age, gender, etc.) to identify trends and correlations for each topic area.

Assessment data and findings are organized in following areas:

- an overview of health inequities;
- mental health and substance use disorders;
- access to quality health care and community resources;
- social and structural influencers of health;
- risk factors, prevention, and management of chronic conditions; and
- health, economic, and social factors of the COVID-19 pandemic.

The following summary report highlights primary and secondary data related specifically to Loyola Medicine's primary service area. Additional primary and secondary data for Chicago and Suburban Cook County can be found in the countywide CHNA report at [allhealthequity.org](http://allhealthequity.org).

## Executive Summary of the 2025 CHNA

### Loretto Hospital 2025 Community Health Needs Assessment (CHNA)

#### Summary of Implementation Activities since 2022

#### Overview of Loretto Hospital

Loretto Hospital is a not-for-profit, community-based safety-net hospital located on Chicago's West Side, serving over 22,000 patients annually primarily from the Austin community and other surrounding underserved neighborhoods. With a mission rooted in access, equity, and patient-centered care, the hospital provides comprehensive medical, behavioral, and social services designed to reduce health disparities and improve long-term community health outcomes.

Through a combination of clinical excellence, community partnerships, and innovative programming, Loretto Hospital has strategically aligned its services to address the most pressing priority health conditions facing its population.

#### Addressing Priority Health Conditions

##### 1. Chronic Conditions

Loretto Hospital has built a robust continuum of care to address chronic diseases such as diabetes, hypertension, cardiovascular disease, and asthma conditions that disproportionately impact West Side residents. Each year we serve over 15,000 individuals through our outpatient and ancillary services.

- Comprehensive **primary care and specialty clinics** (cardiology, endocrinology, nephrology) provide ongoing disease management and prevention services.
- Integrated **diagnostic, laboratory, and pharmacy services** improve care coordination and adherence.
- **Mobile screening programs and community-based outreach** expand access to early detection, particularly for cancer and chronic illness. Through the hospital's Summer Screening Series and other community health programs, Loretto has screened over 3,500 individuals.
- Nutrition services and **community food access initiatives** address the food insecurities our patients face. The Community Cupboard provides over 9,125 ready to eat food items for those that are hungry. These efforts allow our patients to better manage their chronic diseases by ensuring residents have access to not just food, but also healthy foods.

Together, these efforts reflect a proactive model focused on prevention, early intervention, and long-term disease management.

## 2. Injury (Including Violence-Related Injury)

Located in a community with elevated rates of trauma and violence, Loretto Hospital plays a critical frontline role in injury care and recovery.

- A fully staffed **Emergency Department and medical/surgical unit** provide immediate treatment for acute injuries and trauma.
- Our **Crisis Team** serves an average of 5,475 individuals each year.
- **Rehabilitation services** (physical, occupational, and speech therapy) support recovery and reduce long-term disability.
- Through **community partnerships such as Wellness West and Collaborative Bridges**, the hospital extends its impact beyond clinical care by addressing root causes of violence, promoting prevention, and connecting individuals to wraparound social services.

This dual clinical-community approach ensures both immediate care and long-term prevention of injury and violence-related harm.

## 3. Maternal and Women's Health

Loretto Hospital has made significant investments in advancing women's health through innovative, community-centered care models.

- The **reimagined Women's Wellness Center**, led by Dr. Pierre Johnson, provides comprehensive services including preventive screenings, gynecological care, and wellness education. Last year, the center provided care to nearly 600 women including 100 specialty surgical procedures.
- Expanded access to **prenatal, reproductive, and preventive care services** improves maternal outcomes in a community historically impacted by disparities in women's and maternal health.
- Integration of **social services and care navigation** ensures that women receive holistic support throughout their care journey.

These initiatives position Loretto as a critical access point for equitable maternal and women's healthcare.

## 4. Mental Health

For more than 40 years, Loretto Hospital has been a cornerstone provider of behavioral health services in Chicago. Each year we provide mental health care to an average of 2,000 patients.

- Comprehensive **inpatient and outpatient mental health programs** treat a wide range of conditions including depression, PTSD, bipolar disorder, and schizophrenia.
- The hospital's **Outpatient Mental Health program** emphasizes individualized treatment, community integration, and long-term recovery.
- Care models incorporate **trauma-informed approaches**, recognizing the impact of violence and socioeconomic stressors on mental health.

By integrating behavioral health into its broader care delivery system, Loretto reduces stigma and improves access to essential mental health services.

## 5. Substance Use Disorders

Loretto Hospital has developed a comprehensive approach to substance use treatment that combines clinical care with recovery support.

- The hospital provides **substance use disorder treatment services** as part of its behavioral health continuum.

- A **Residential Rehabilitation Program** offers structured, intensive treatment designed to support recovery and break cycles of addiction. Each year we serve an average of 256 patients on their journey to recovery.
- Medication-Assisted Treatment (MAT) and outpatient services ensure continuity of care following residential treatment.
- An upcoming **Withdrawal Management Unit** will ensure that we keep patients with our care continuum so they are not lost to follow up.

These programs reflect a commitment to treating addiction as a chronic disease requiring sustained, compassionate care.

## Community-Based Impact and Partnerships

Loretto Hospital’s impact extends well beyond its walls through strategic partnerships and community-driven initiatives:

- Collaboration with **Wellness West** strengthens care coordination, workforce development, and community health programming across the West Side.
- Engagement with **Collaborative Bridges** enhances violence prevention, social support, and access to services.
- The **Community Cupboard and planned community grocery initiatives** directly address food insecurity and its health consequences.
- **Community health and screening programs** bring preventive services directly into neighborhoods, reducing barriers to care.
- A wide network of **specialty clinics and social service programs** ensures patients receive comprehensive, wraparound support addressing both medical and social determinants of health.

## Conclusion

Loretto Hospital stands as a vital healthcare anchor on Chicago’s West Side, addressing complex and interconnected health challenges through an integrated model of care. By combining clinical excellence, innovative programs, and strong community partnerships, the hospital effectively targets chronic disease, injury and violence, maternal health disparities, mental illness, and substance use disorders—while also addressing the social determinants that drive them.

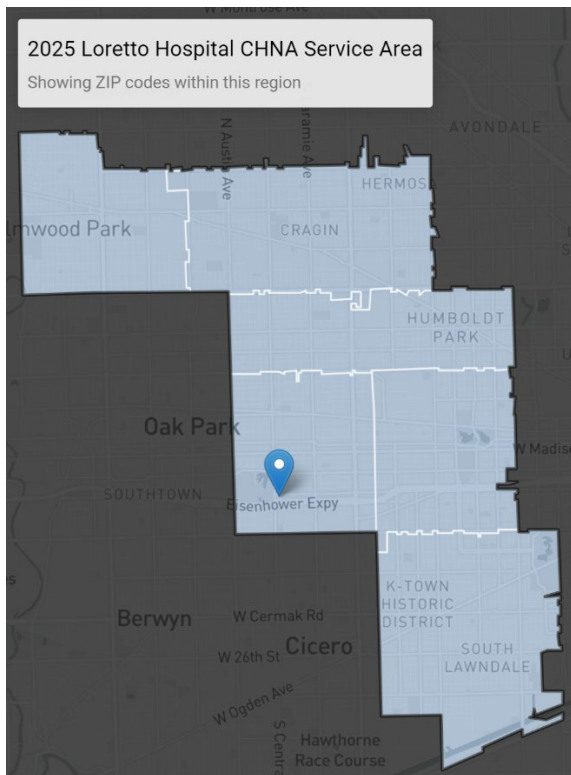
Its work reflects a broader commitment not just to treating illness, but to transforming community health outcomes and advancing health equity where it is needed most.

## Communities Served

### Primary Service Area

Loretto Hospital’s community, as defined for the purposes of the Community Health Needs Assessment, includes each of the Zip Codes and Community Areas that make up the hospital’s primary service area (PSA). The six zip codes are: 60651, 60639, 60644, 60624, 60623, 60707. These zip codes encompass nine community areas in Chicago— Austin, Humboldt Park, East Garfield Park, West Garfield Park, Belmont Cragin, Hermosa, Montclare, North Lawndale, and South Lawndale as well as Elmwood Park (Figure 2). Loretto hospital is located and rooted in the Austin community of Chicago and surrounding neighborhoods, and we are proud to have provided healthcare access and community health services in the Austin community for nearly a century.

**Figure 2. Loretto Hospital Primary Service Area**



Zip Codes	Community Areas
60651	Austin
60639	Humboldt Park
60644	East Garfield Park
60624	West Garfield Park
60623	Belmont Cragin
60707	Hermosa
	Montclare
	North Lawndale
	South Lawndale
	Elmwood Park

## Economic Hardship Index

Almost half of communities within Loyola Medicine’s service area are classified as high economic hardship communities (Figure 3, Figure 4). Economic hardship is the difficulty resulting from not having enough collective economic resources available within a community (Chicago Department of Public Health, 2023). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score rated from 1 to 100 – the Hardship Index - that allows comparison between communities (Chicago Department of Public Health, 2023). The higher the score, the greater the community’s economic hardship. The average score for Loyola Medicine’s service area (57.8) is high compared to the average overall score for Cook County (50.9) (Figure 4). The index is highly correlated with other measures of economic hardship including labor market data and with poor health outcomes (Chicago Department of Public Health, 2023).

**Figure 3. Map of the Economic Hardship Index for the Loretto Hospital service area, 2019-2023**

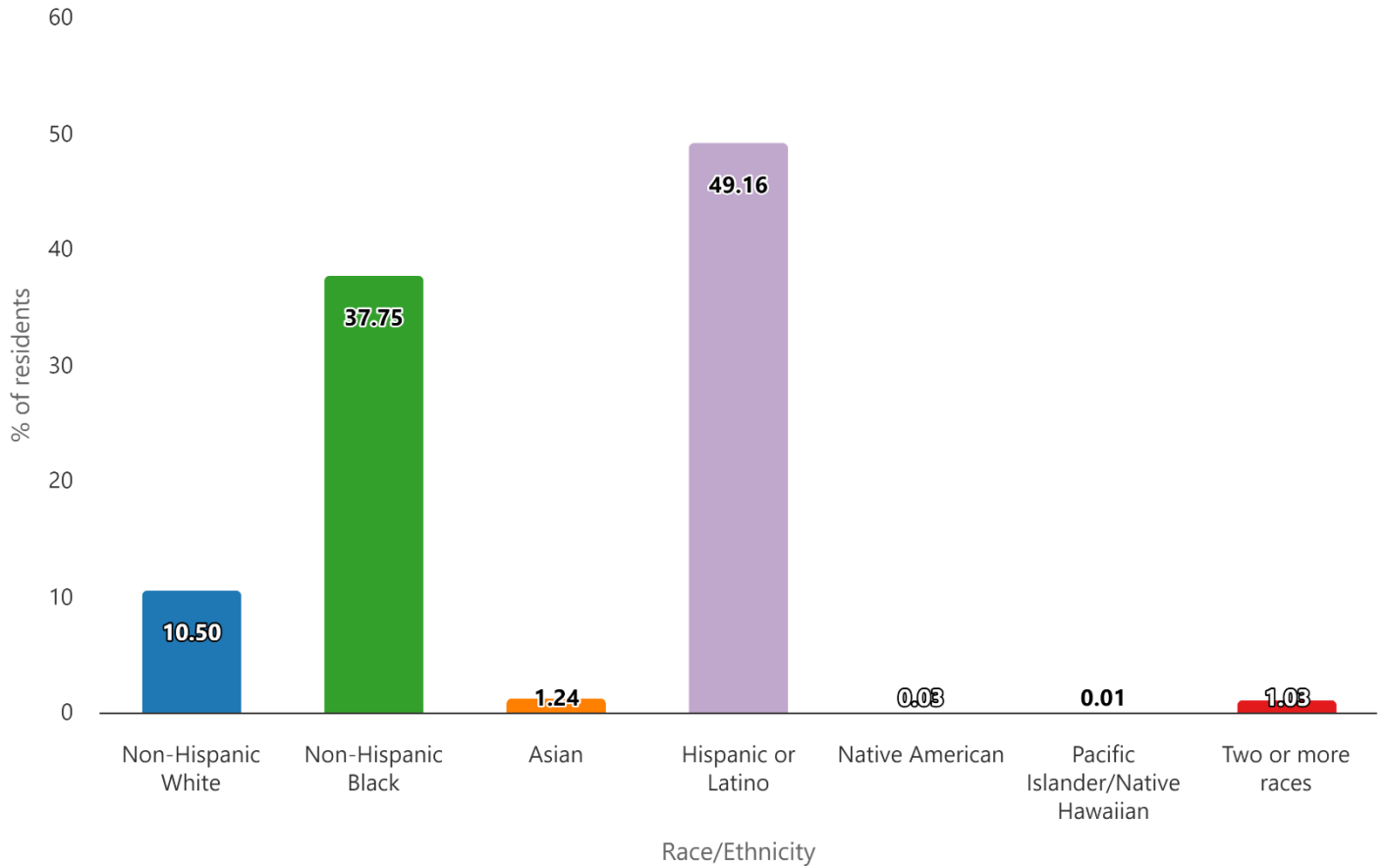


Source: (US Census Bureau, 2024)

## Demographics

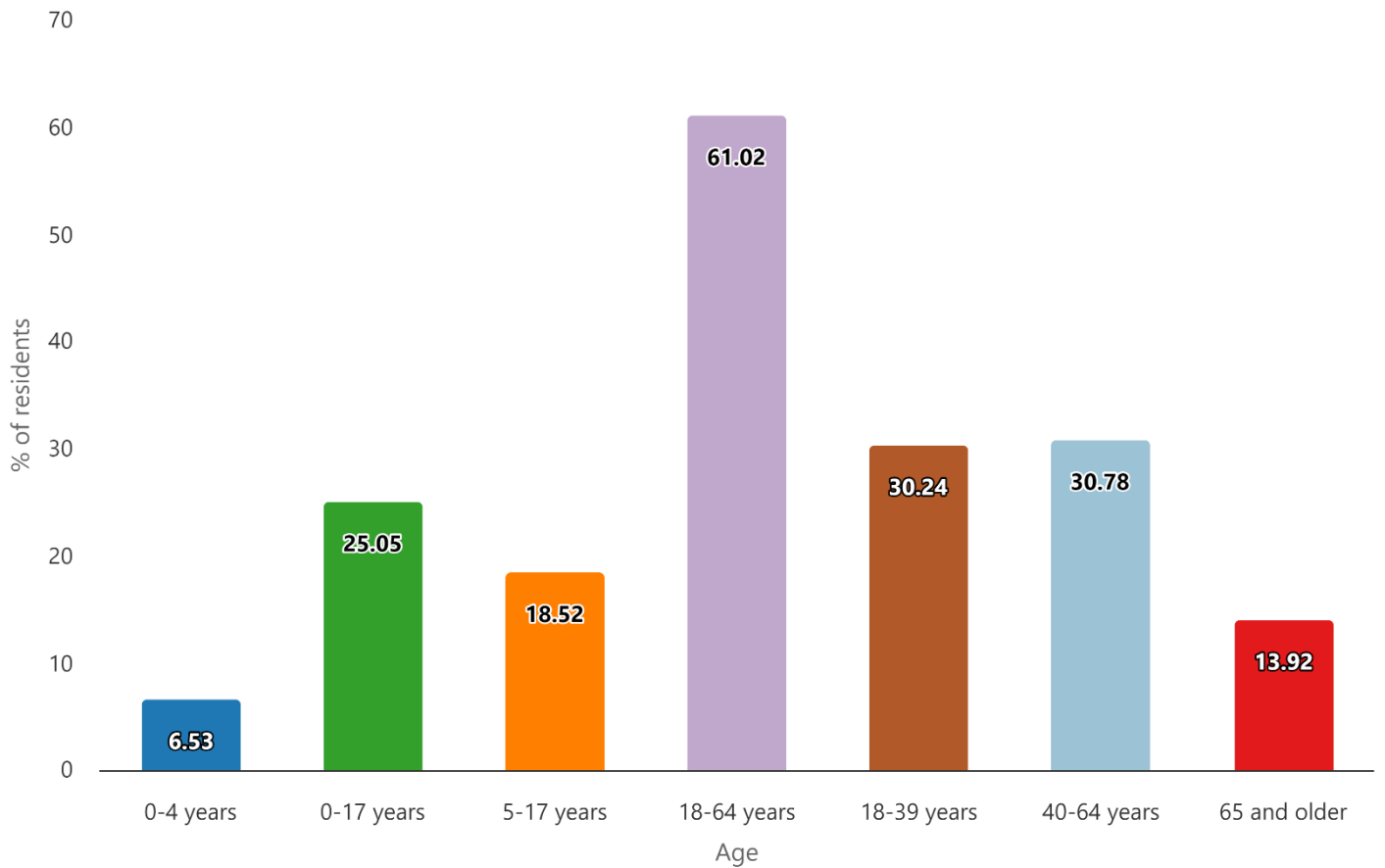
The total population of Loretto Hospital's service area is 408,155. Forty-nine percent (49%) of the population identifies as Hispanic or Latino, 38% Non-Hispanic Black, 11% Non-Hispanic White, 1% Asian, 1% identifies as two or more races, and less than 1% as Native American or Pacific Islander/Native Hawaiian (Figure 5). Twenty five percent of residents are under 18 years old and 14% are 65 or older (Figure 6).

**Figure 5. Loretto Hospital service area by Race/Ethnicity, 2023**



Source: (US Census Bureau, 2024)

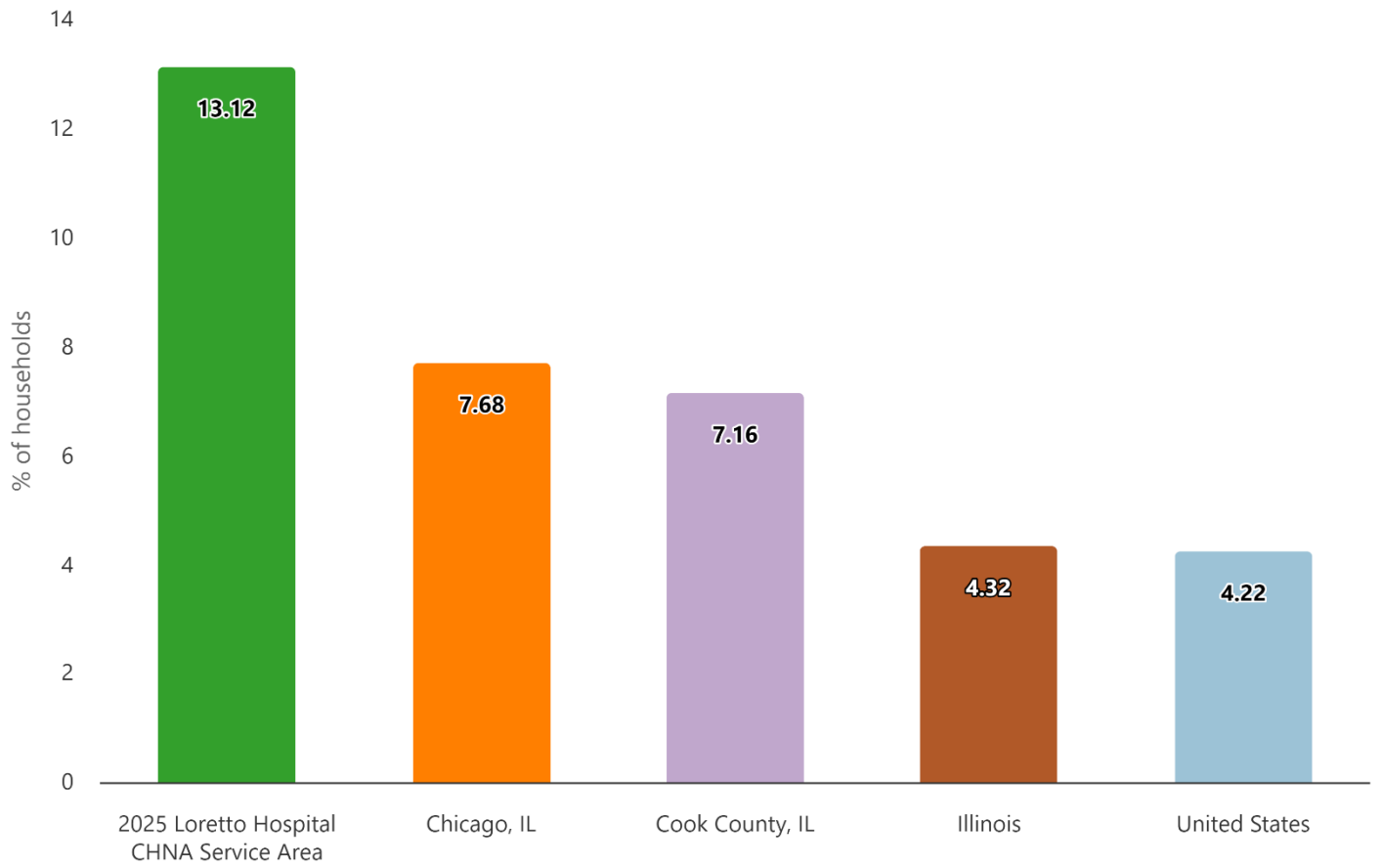
**Figure 6. Loretto Hospital service area by age, 2023**



Source: (US Census Bureau, 2024)

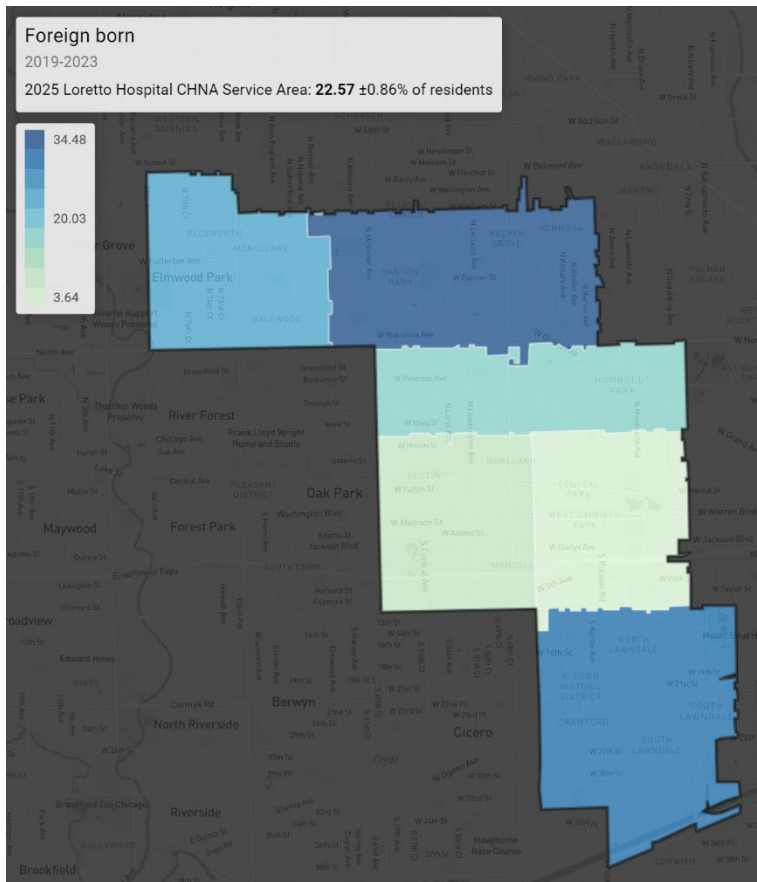
In the Loretto Hospital service area, 13.1% of households are limited English proficient, compared to 7.7% in Chicago, 7.2% across Cook County, and only 4.32% statewide (Figure 7). There is a high percentage of foreign-born individuals in the service area (22.6%) (Figure 8). The zip code with highest percentage of foreign-born individuals is 60639 at 34.5% and the lowest percentage in 60624 at 3.6% (Figure 8).

**Figure 7. Percentage of limited English proficiency households in the Loretto Hospital service area, Chicago, Cook County, Illinois, and the United States, 2019-2023**



Source: (US Census Bureau, 2024)

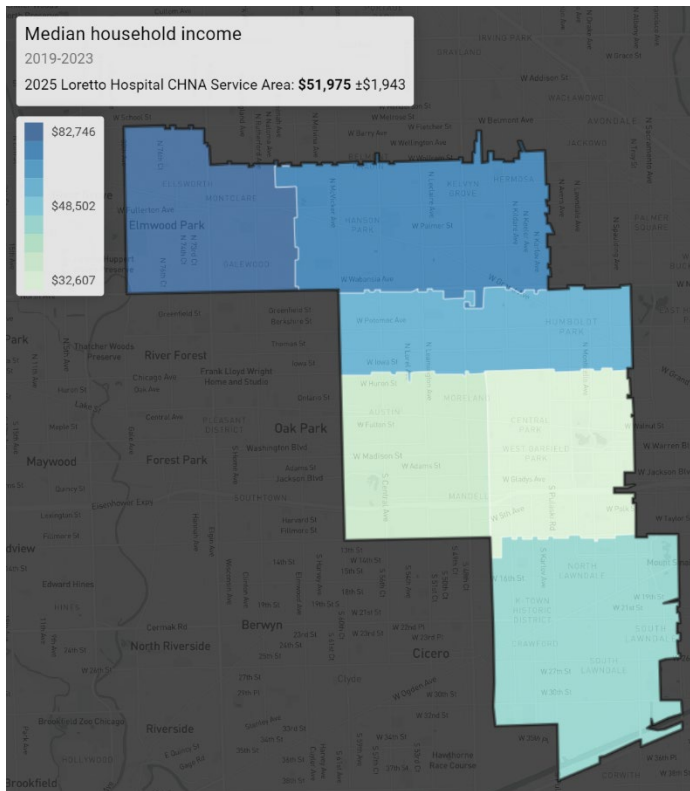
**Figure 8. Map of the percentage of residents that are foreign born in Loretto Hospital's service area, 2019-2023**



Source: (US Census Bureau, 2024)

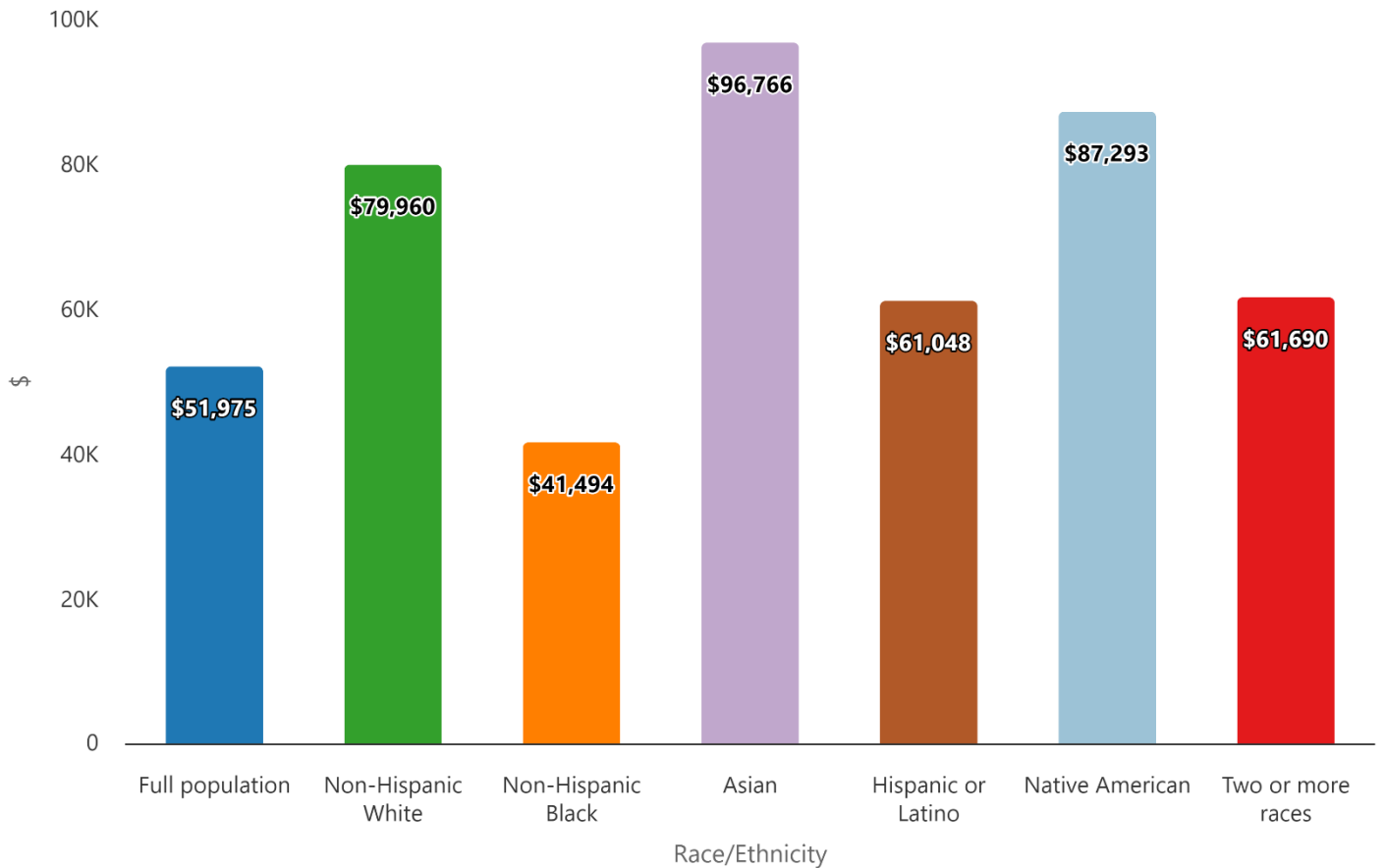
The median household income of people living in Loretto Hospital's service area (\$51,975) is significantly less than Chicago (\$75,134) and Cook County (\$81,797) (US Census Bureau, 2024), but there is wide variation within the service area. Zip code 60707 (Elmwood Park) has the highest median income of \$82,746, almost three times that of 60624 (Garfield Park) (Figure 9). There is also a disparity in median household income by race and ethnicity. Asian residents have the highest median income (\$96,766) followed by Native American and Non-Hispanic White residents. Non-Hispanic Black residents have a median household income of \$41,494, almost \$20,000 less than any other racial or ethnic group (Figure 10).

**Figure 9. Map of median household income in Loretto Hospital's service area, 2019-2023**



Source: (US Census Bureau, 2024)

**Figure 10. Median household income of the Loretto Hospital service area by race and ethnicity, 2019-2023**



## Community Input

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Community input is the most valuable data resource in the Alliance for Health Equity CHNA process.

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Community input is the most valuable data resource in the Alliance for Health Equity CHNA process. First-hand information from communities most impacted by inequities is the most up-to-date data available about community health needs, particularly in the rapidly developing post-COVID-19 surge landscape. The Alliance for Health Equity worked closely with hospital partners and community-based organizations to collect community input data through a community input survey and focus groups. Sixteen focus groups with community residents and social service providers were conducted in Loretto Hospital's service area between January 2024 and October 2024 to review and provide feedback on community health priorities. Community input surveys were collected from February 2024 to October 2024.

## Community Partners

Community partners have been involved in the CHNA and ongoing implementation process in several ways, both in providing community input and in decision-making processes. Ways the Alliance for Health Equity has engaged community partners to assist with community engagement and implementation strategies include:

- Partnering with community-based organizations for collection of community input through surveys and focus groups;
- Engaging community-based organizations and community residents as members of implementation committees and workgroups;
- Utilizing the expertise of the members of implementation committees and workgroups in assessment design, data interpretation, and identification of effective implementation strategies and evaluation metrics;
- Working with hospital and health department community advisory groups to gather input into the CHNA and implementation strategies; and
- Partnering with local coalitions to support and align with existing community-driven efforts.



The community-based organizations engaged in the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing and homeless services, food access and food justice, community safety, planning and community development, immigrant rights, youth development, community organizing, faith communities, mental health services, substance use services, policy and advocacy, transportation, older adult services, health care services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, youth, older adults and caregivers, LGBTQIA+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults.

## Community Input Survey

The community input survey was a qualitative tool designed to understand community health needs and assets with a focus on hearing from community members that are most impacted by health inequities. Demographic information is included in Figure 12 to Figure 19. Responses to key questions from community members within the service area are included in Figure 20 to Figure 24. From February 2024 to October 2024, 200 community input surveys were collected in Loretto Hospital’s service area.

Surveys were collected in both paper and online format through various channels. The Alliance leveraged community partnerships to facilitate participation by communities often underrepresented in community assessments. Surveys were collected at focus groups, clinical office visits, community events (Figure 11), and by contracted community partners. The online survey was also shared in email newsletters and on social media.

**Figure 11. Community input survey collection partnerships**

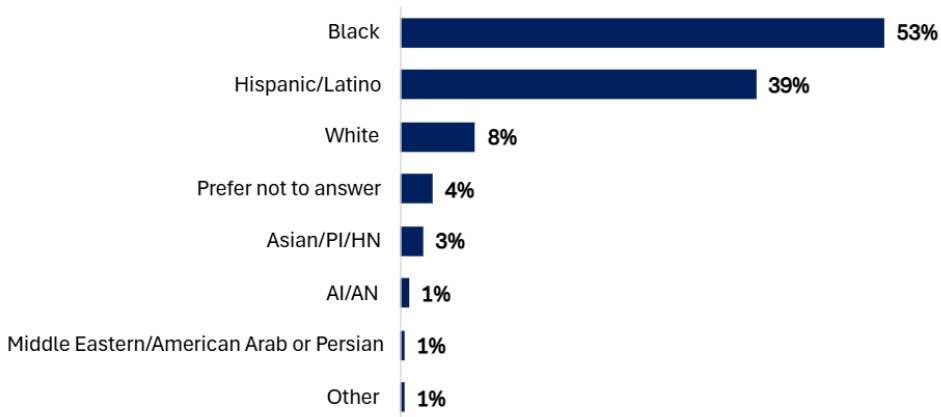
Community Events	
<ul style="list-style-type: none"> <li>• Black Women’s Expo</li> <li>• Lakeview Art’s Festival</li> <li>• Illinois CHW Summit</li> <li>• Belmont Cragin Elementary Back to School</li> <li>• Latina Expo</li> <li>• Speaker Welsh Annual Back to School Fair</li> </ul>	<ul style="list-style-type: none"> <li>• Healing Arts Fair</li> <li>• South Shore Summer Festival</li> <li>• Kelvyn Park Back to School</li> <li>• Taste of Polonia</li> <li>• Over 15 events attended by community health workers</li> </ul>
Contracted Community Partners	
	

## Survey Demographics

The largest racial and ethnic group of survey respondents is Black (53%) followed by Hispanic/Latino (39%) and Non-Hispanic White (8%) (Figure 12). Participants identifying as Asian/Pacific Islander/Native Hawaiian (3%), American Indian/Alaskan Native (1%), and Middle Eastern/Arab American/Persian (1%) accounted for 5% of survey respondents (Figure 12). Twelve percent of the participants are children aged 14-17 years. Adults aged 18-64 comprise 79% of the respondents and seniors aged 65 or older represent 7% of the respondents (Figure 13).

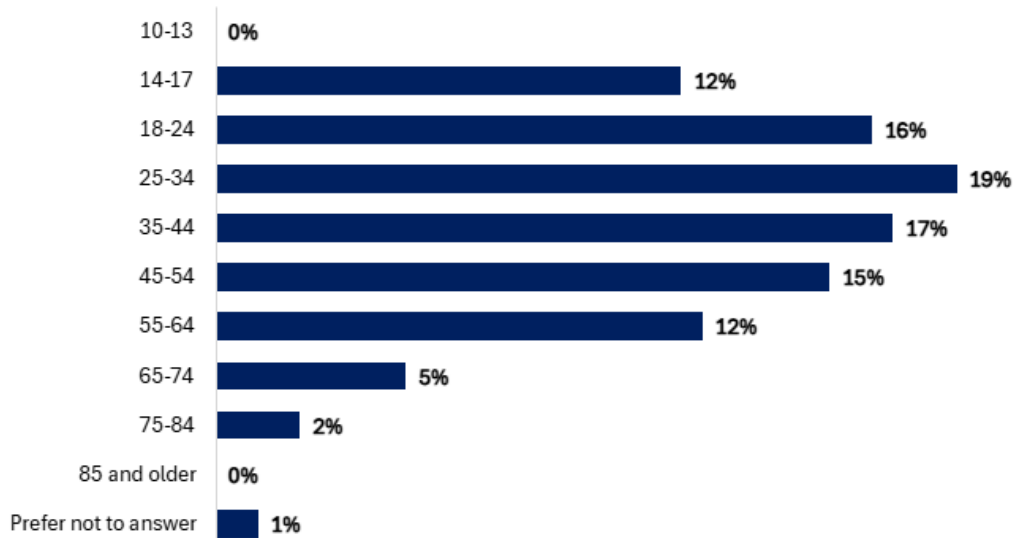
**Figure 12. Racial and ethnic identities of survey respondents**

**Which racial and ethnic groups do you identify with? (Choose all that apply) (n=192)**



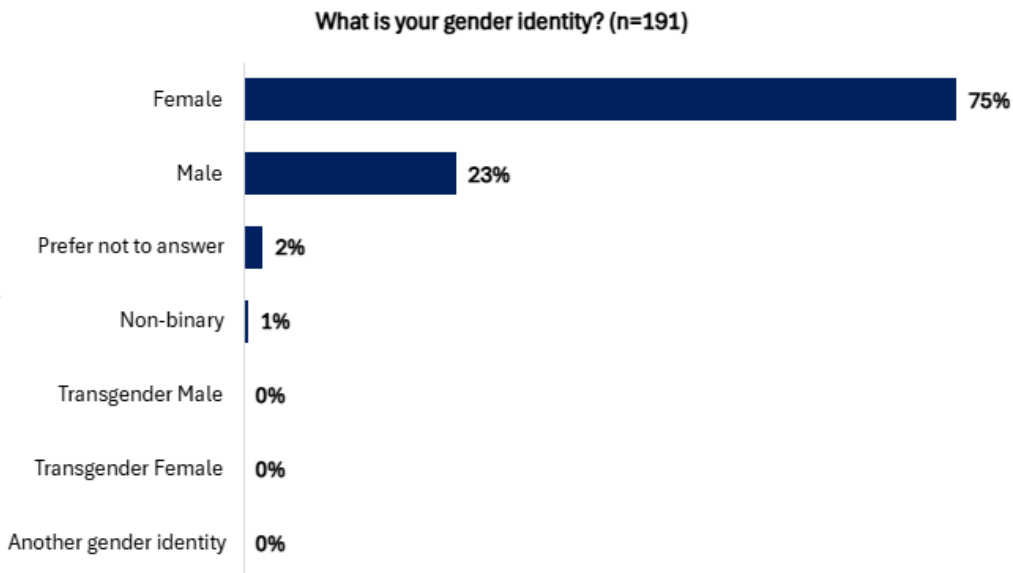
**Figure 13. Age distribution of survey respondents**

**What is your age? (n=188)**

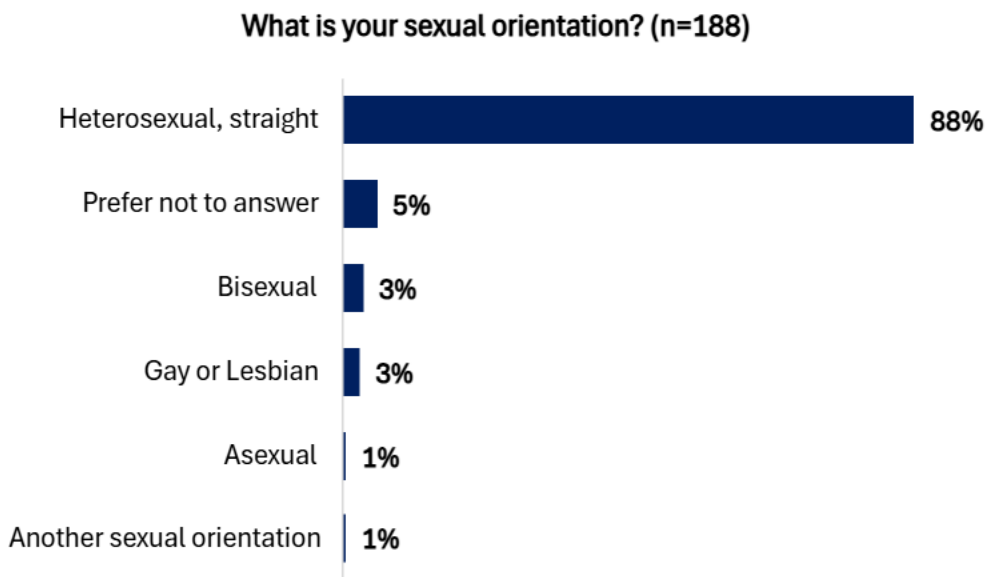


The majority of the survey respondents identify as female (75%) in comparison to individuals who identify as male (23%) within Loretto Hospital’s service area (Figure 14). A small percentage identify as Non-Binary (1%) (Figure 14). Additionally, most of the survey respondents are heterosexual/straight (88%) (Figure 16). Participants identifying as bisexual (3%), gay or lesbian (3%), and asexual (1%) accounted for about 7% of survey respondents (Figure 15).

**Figure 14. Gender identities of survey respondents**



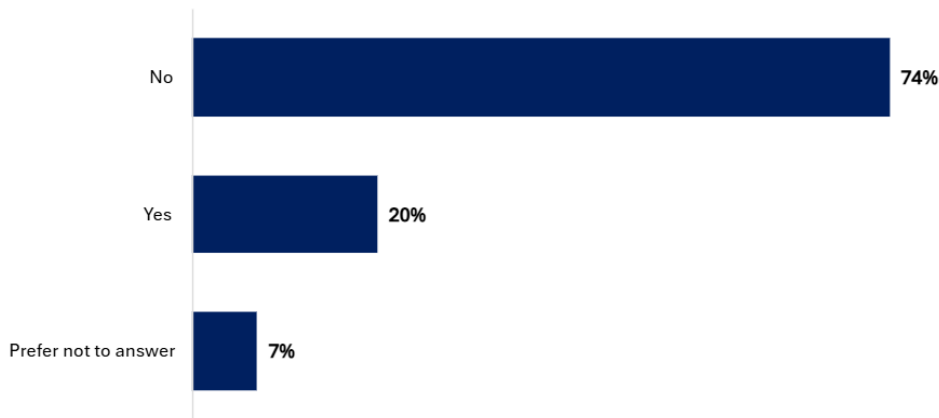
**Figure 15. Sexual orientation of survey respondents**



In the survey, 20% of respondents reported that someone in their household lives with a physical, mental, or intellectual disability, while 74% of respondents reported that they do not have someone in their household with a physical, mental, or intellectual disability (Figure 16).

**Figure 16. Household disability status of survey respondents**

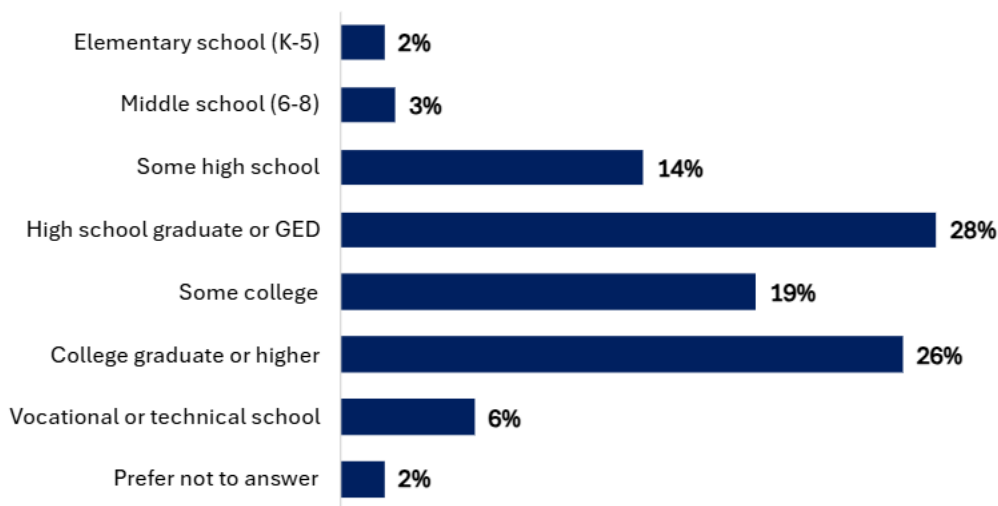
Does anyone in your household live with a physical, mental, or intellectual disability? (n=189)



The largest groups of survey respondents have a level of education of high school graduate or GED (28%) and college graduate or higher (26%) followed by some college (19%) and some high school (14%) (Figure 17). Respondents whose highest level of education is elementary school (K-5) (2%), middle school (6-8) (3%), and vocational or technical school (6%) accounted for 11% of survey respondents (Figure 17).

**Figure 17. Highest level of education completed among survey respondents**

What is the highest level of education you have completed? (n=192)



Thirty seven percent of respondents have an annual household income between \$20,000 and \$59,000, 22% have an annual household income that is less than \$20,000, and 17% have a household income of \$60,000 or more (Figure 18). Sixty percent of participants reported that they were employed, whether it was full-time, part-time, and/or self-employed (Figure 19). Twelve percent of survey respondents are students, and 26% are not employed and/or retired (Figure 19).

**Figure 18. Annual household incomes of survey respondents**

What is your annual household income? (n=190)

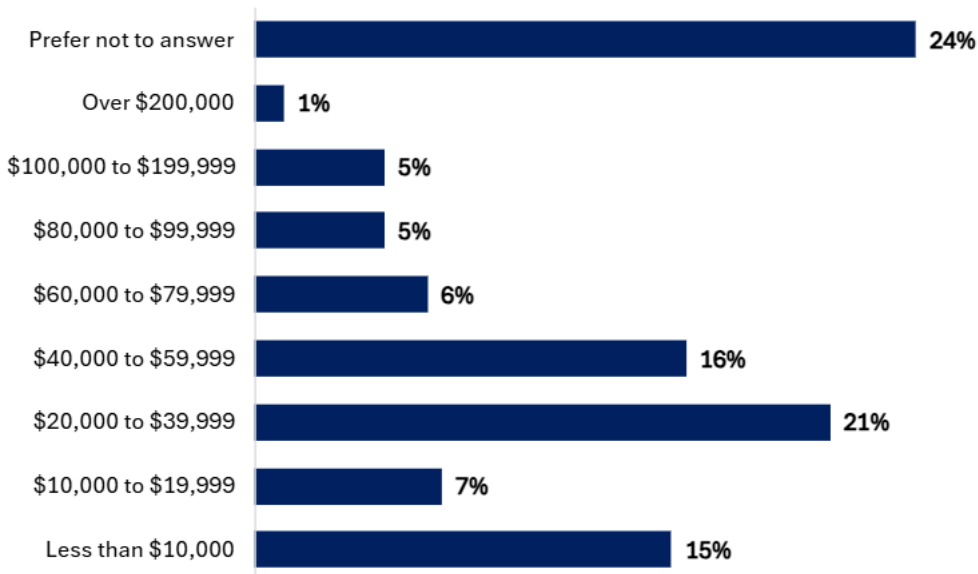
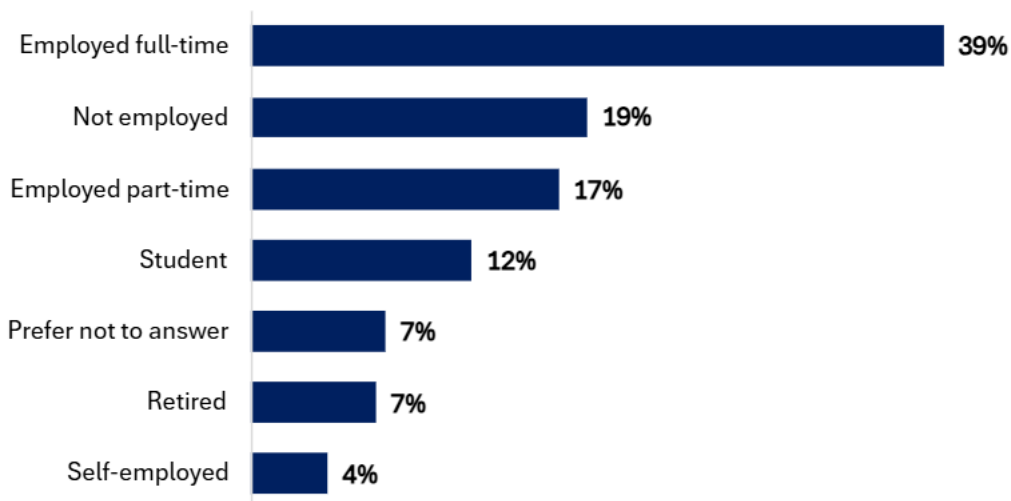


Figure 19. Employment status of survey respondents

What is your employment status? (Choose all that apply) (n=187)



## Quality of Life

In the 2024 survey, participants were asked to rate both the health of their communities and their personal health on a scale from “very unhealthy” to “very healthy”. 51% of respondents rated their communities as “somewhat healthy” (Figure 20). Participants were more likely to rate their personal health as better than overall community health with 60% reporting that their personal health was “healthy” or “very healthy” (Figure 21). 34% percent of respondents to the survey selected that they “agree” or “strongly agree” to the statement “I am satisfied with the quality of life in my community” (Figure 22).

Figure 20. Community input survey responses – community health

How would you rate the overall health of your community? (n=199)

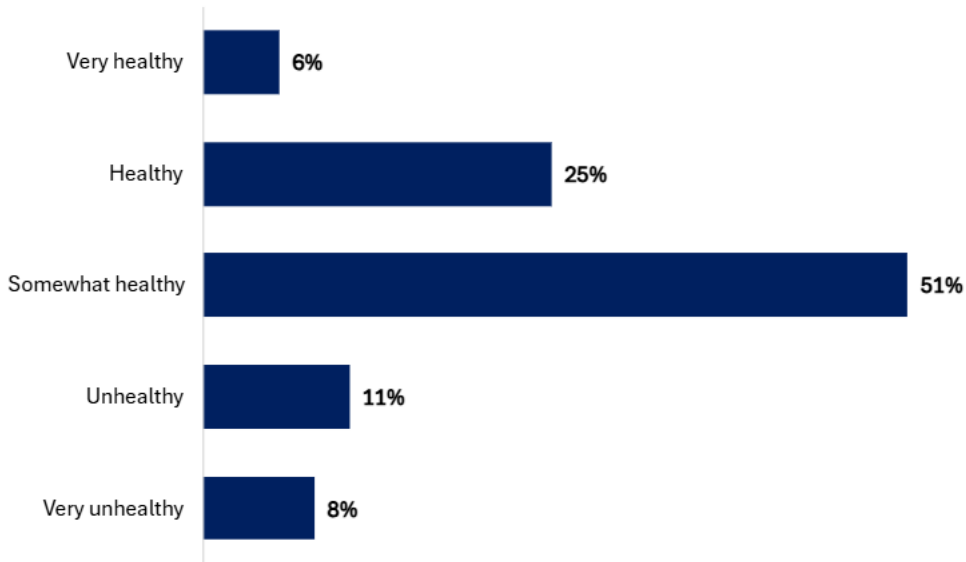


Figure 21. Community input survey responses – personal health

How would you rate your personal health? (n=200)

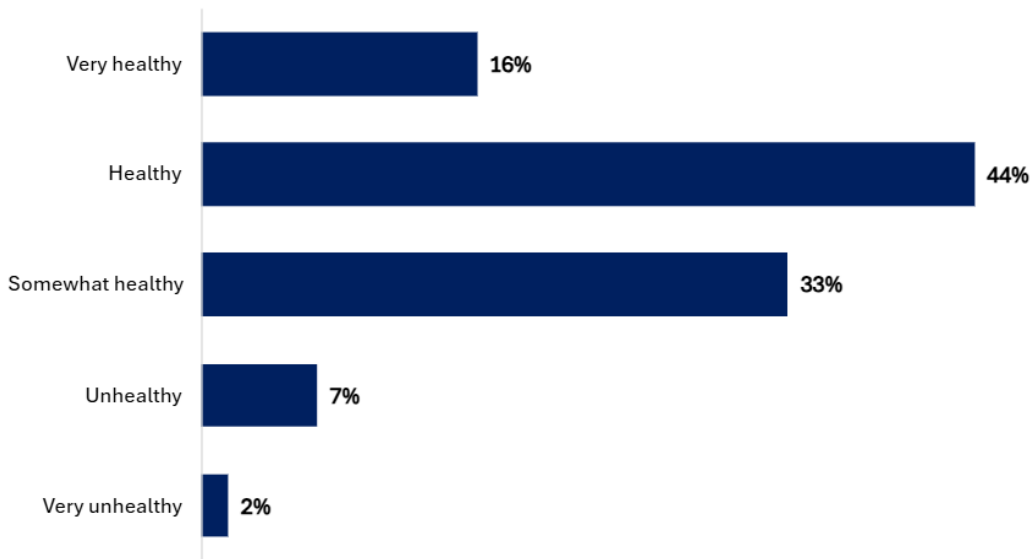
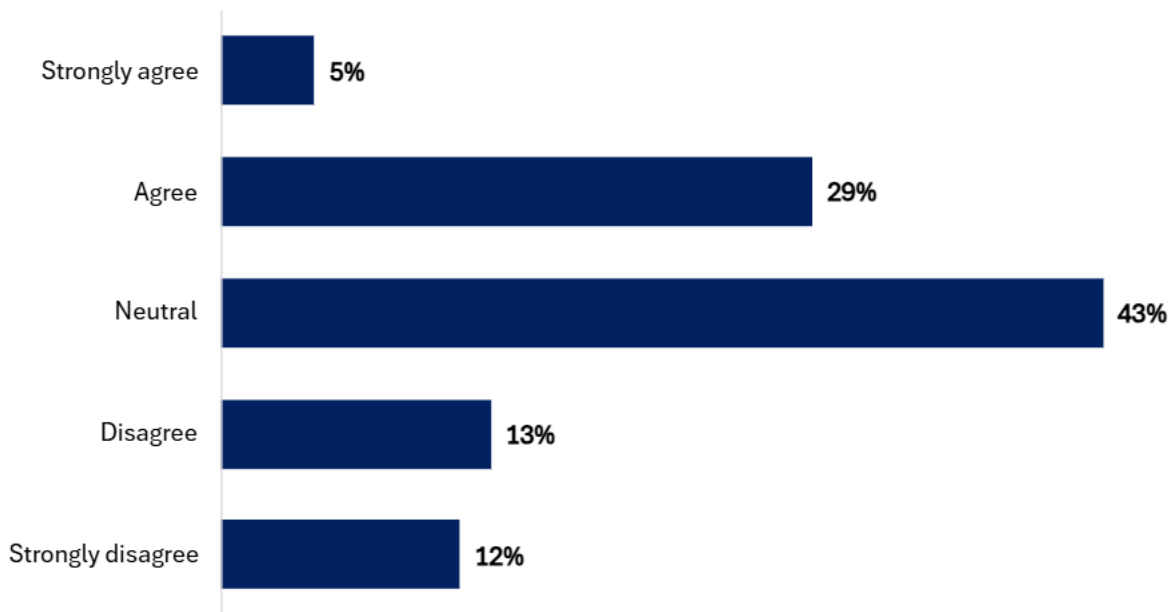


Figure 22. Community input survey responses – quality of life

### I am satisfied with the quality of life in my community. (n=200)



### Top community health issues and health needs

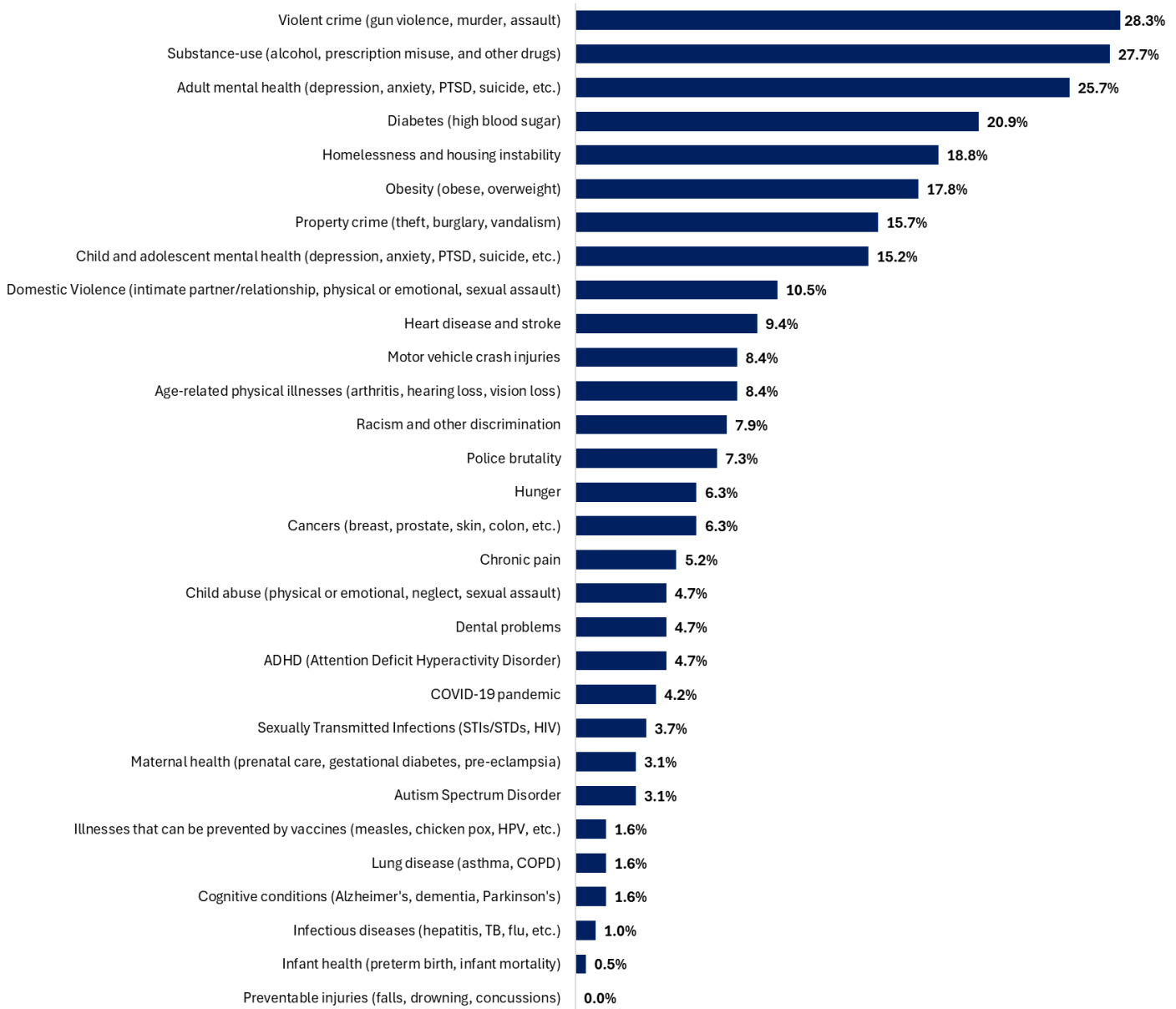
The top health issues identified in the Loretto Hospital service area are similar to the county wide priorities and issues discussed by focus group participants (Figure 23). The top five health issues selected were:

1. Violent crime (28%)
2. Substance-use (28%)
3. Adult mental health (26%)
4. Diabetes (21%)
5. Homelessness and housing instability (19%)

These priorities are similar to the county wide priorities and issues discussed by focus group participants.

**Figure 23. Community input survey responses – biggest health issues**

**What are the biggest issues in your community? (Choose 3)**

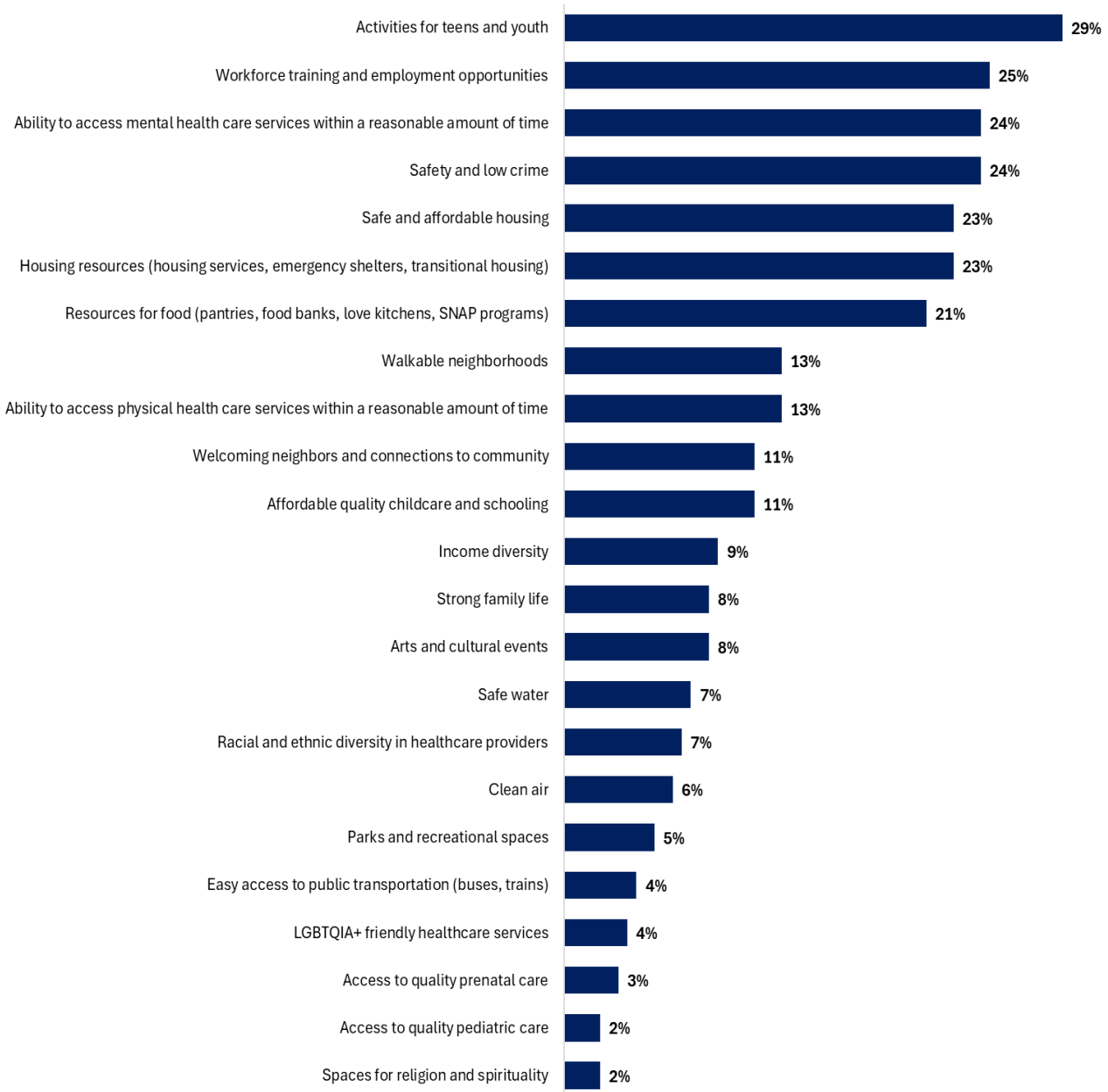


In addition to health priorities, community survey respondents were asked about what was needed to support health improvements in their communities (Figure 24). The top five health supports identified in the survey included:

1. Activities for teens and youth
2. Workforce training and employment opportunities
3. Ability to access mental health care services in a reasonable amount of time
4. Safety and low crime
5. Safe and affordable housing

**Figure 24.** Community input survey responses – biggest health needs

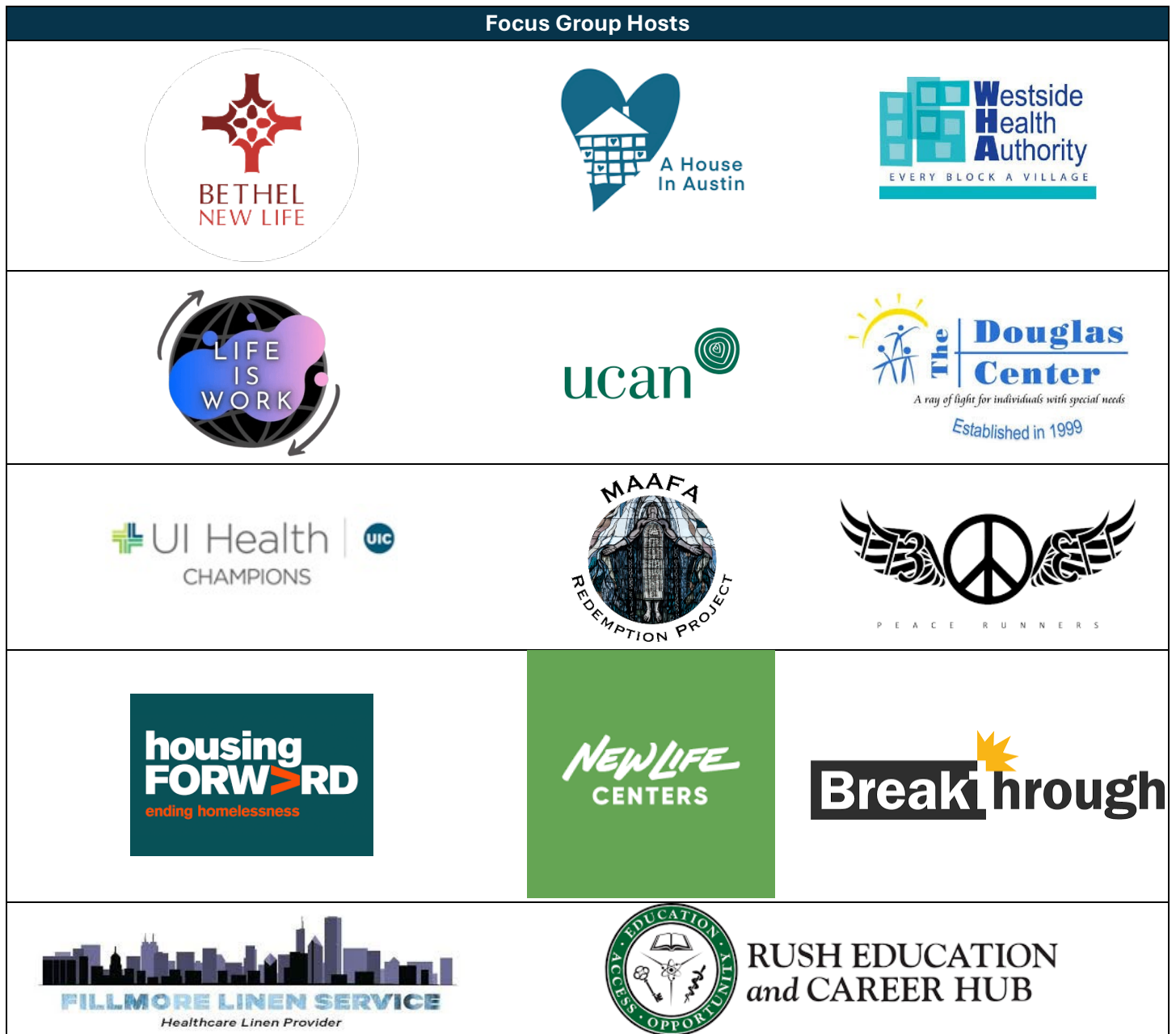
**What does your community need to be healthy? (Choose 3)**



## Focus Groups

Sixteen focus groups, totaling over 150 participants, were conducted within Loretto Hospital’s service area or included participants living within the service area. Hosted by community partners, the focus groups included community residents and local service providers. Figure 25 lists the partners that hosted focus groups in the Loretto Hospital service area.

Figure 25. Focus group partner organizations that hosted participants living or working within the Loretto Hospital service area



Several themes were identified based on the focus group input collected. A full summary of the focus group input can be found in the appendix.

**Health issues and challenges:**

- Day-to-day stressors
- Lack of healthcare access
- Chronic conditions
- Mental health
- Substance use disorders
- Community safety
- Infrastructure and environment

**Health promoters:**

- Social support systems
- Access to healthy foods
- Outdoor spaces
- Access to community services

- Economic challenges
- Child and adolescent health
- COVID-19

## Potential Solutions

Focus group participants provided several potential solutions to the community health needs that they identified. More details are provided in the appended focus group report.

### Solutions:

- Expansion of community programs
- Improved access to health and community services
- Policy and advocacy
- Hospital investment

### Several suggestions were made on how hospitals should prioritize investment:

- Coordinated care
- Workforce development
- Community-focused outreach
- Mental health services
- Addressing social determinates of health

## Health Inequities

Health inequities can be defined as differences in the burden of disease, mortality, or distribution of health determinates between different population groups. Health inequities can exist across many dimensions such as race, ethnicity, gender, sexual orientation, age, disability status, socioeconomic status, geographic location, and military status (Centers for Disease Control and Prevention, 2024c; Weinstein et al., 2017).

There are four overarching concepts that demonstrate the necessity of addressing health inequities:

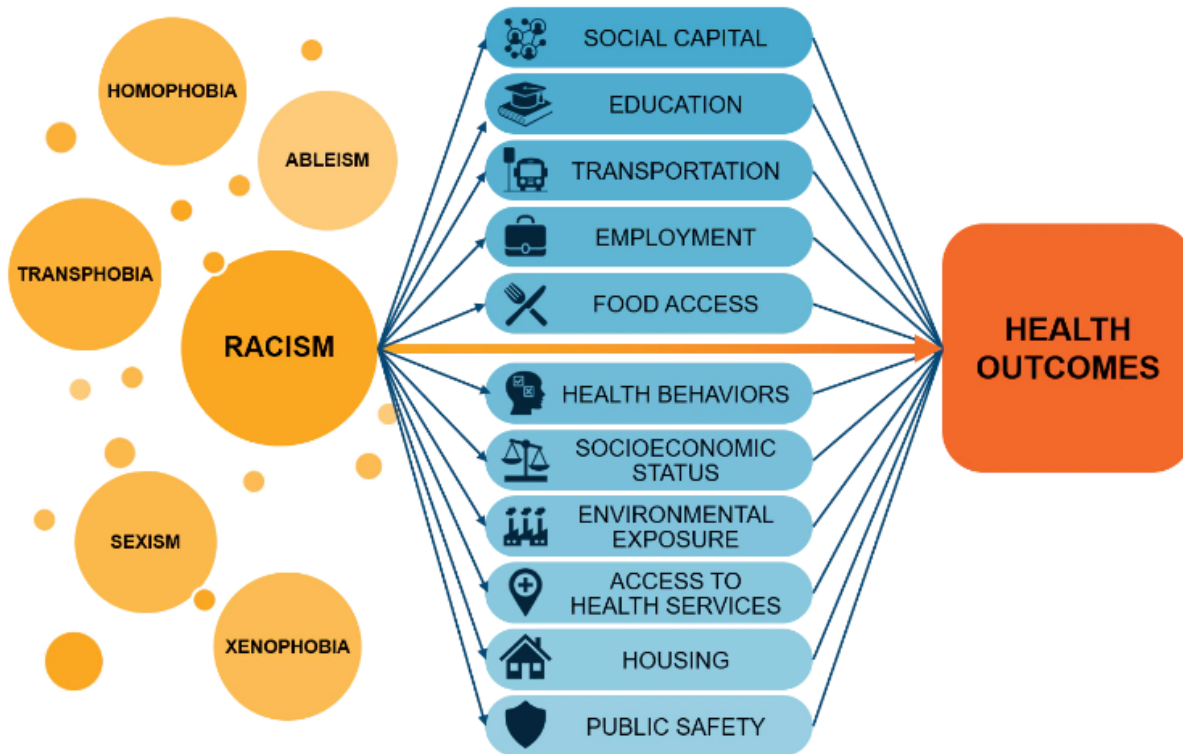
1. **Inequities are unjust.** Health inequities result from the unjust distribution of the underlying determinates of health such as education, safe housing, access to health care, and employment.
2. **Inequities affect everyone.** Conditions that lead to health disparities are detrimental to all members of society and lead to loss of income, lives, and potential.
3. **Inequities are avoidable.** Many health inequities stem directly from government policies such as tax policy, business regulation, public benefits, and healthcare funding and can therefore be addressed through policy interventions.
4. **Interventions to reduce health inequities are cost-effective.** Evidence-based public health programs to reduce or prevent health inequities can be extremely cost effective particularly when compared to the financial burden of persistent disparities (Centers for Disease Control and Prevention, 2024c; Weinstein et al., 2017).

## Structural Racism

Race and ethnicity are socially constructed categories that have profound effects on the lives of individuals and communities. Racial and ethnic health inequities are the most persistent inequities in health over time in

the United States (Weinstein et al., 2017). Racial and ethnic inequities in health are directly linked to racism (Figure 26).

**Figure 26. Differences in health outcomes among racial and ethnic groups are directly linked to racism**



Source: Boston Public Health Commission’s Racial Justice and Health Equity Initiative; available: <http://www.bphc.org/whatwedo/health-equity-social-justice/racial-justice-health-equity-initiative/Documents/RJHEI%202015%20Overview%20FINAL.pdf>

Loretto Hospital’s service area encompasses many of the communities experiencing the highest levels of hardship in Chicago (Figure 27). The area has suffered significant social disruption over the past 100 years along with persistent and pervasive racial and ethnic inequities (Henricks et al., 2018). As a result, community-level violence, poor education opportunities, lack of quality job opportunities, poor quality housing stock, healthcare shortages, and poor health outcomes have been concentrated in Black and Brown communities on the West Side of Chicago.

**Figure 27. Table comparing Hardship Index score between community areas in the Loretto Hospital service area, 2019-2023**

Community Area	Hardship Index	Ranking in Chicago (Out of 77)
West Garfield Park	93.0	3
East Garfield Park	89.5	10
South Lawndale	89.2	11
North Lawndale	87.8	13
Austin	84.3	21
Hermosa	82.4	24
Belmont Cragin	81.9	26

Humboldt Park	81.4	27
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Source: (US Census Bureau, 2024)

## Inequities in mortality

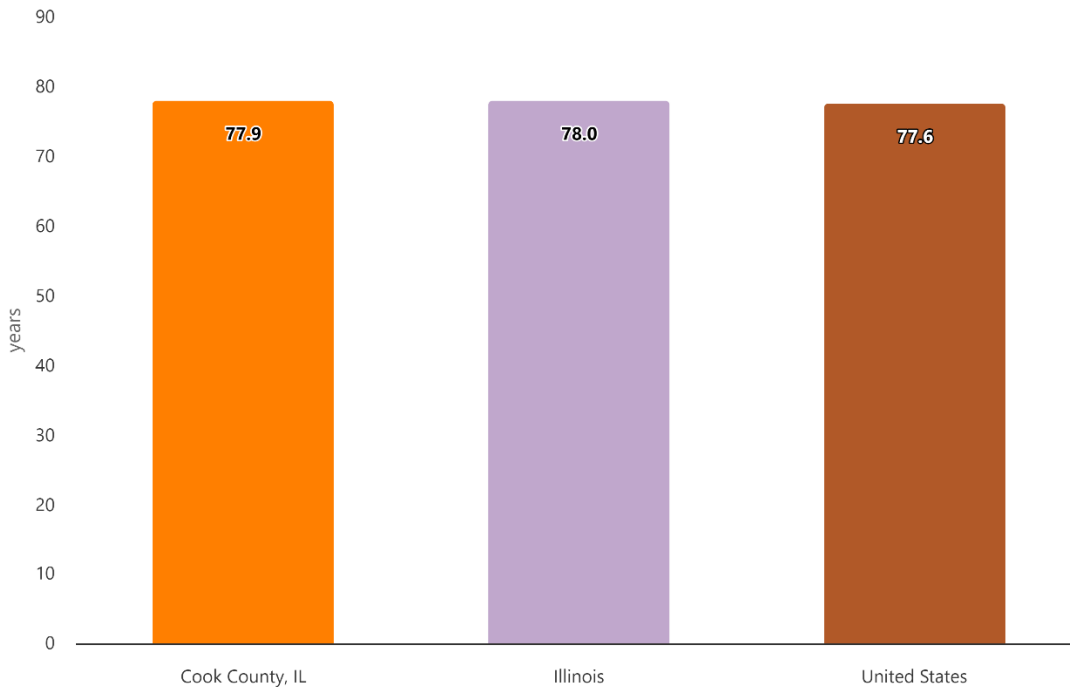
Race-specific mortality records dating as far back as the 1800s indicate that Black individuals in the U.S. have higher rates of mortality compared to white individuals (Benjamins et al., 2021). Although some mortality gaps have narrowed over time, these disparities remain critical markers of injustice (Benjamins et al., 2021).

### Life Expectancy

Life expectancy is the average number of years an individual is expected to live. During the COVID-19 pandemic, the U.S. experienced its largest decline in life expectancy since the 1920s decreasing 2.7 years between 2019 and 2021. The pandemic also worsened existing racial inequities in life expectancy and mortality in the U.S. (Hill & Artiga, 2023). The largest declines in life expectancy were experienced by American Indian and Alaskan Natives (6.6 years) followed by Hispanic (4.2 years) and Black people (4.0 years). The declines were largely due to COVID-19 and reflect the disproportionate burden of excess deaths and premature deaths among people of color (Hill & Artiga, 2023).

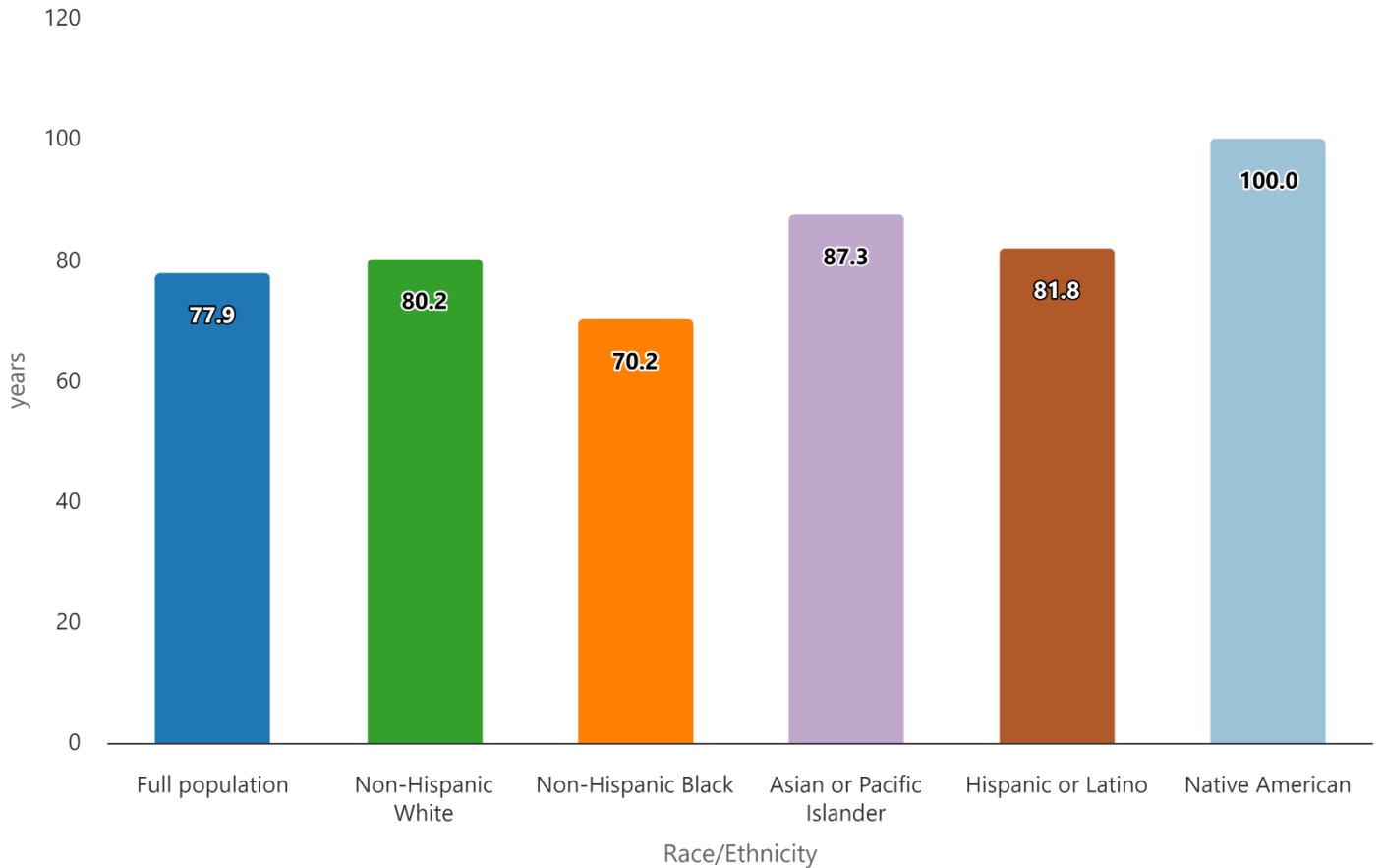
The average life expectancy in Cook County (77.9 years), state (78.0 years), and national (77.6 years) are comparable (Figure 28). However, when looking at Cook County by race/ethnicity, there are inequities. Native Americans have the highest life expectancy at 100.0 years although this is likely an overestimation due to small population size. Asian and Pacific Islanders have the second highest life expectancies (87.3 years) and Non-Hispanic Black individuals have the lowest at 70.2 years (Figure 29).

**Figure 28. Chart comparing life expectancy in Cook County, Illinois, and the United States, 2019-2021**



Source: (National Center for Health Statistics, 2021)

**Figure 29. Chart comparing life expectancy in Cook County by Race/Ethnicity, 2019-2021**



Source: (National Center for Health Statistics, 2021)

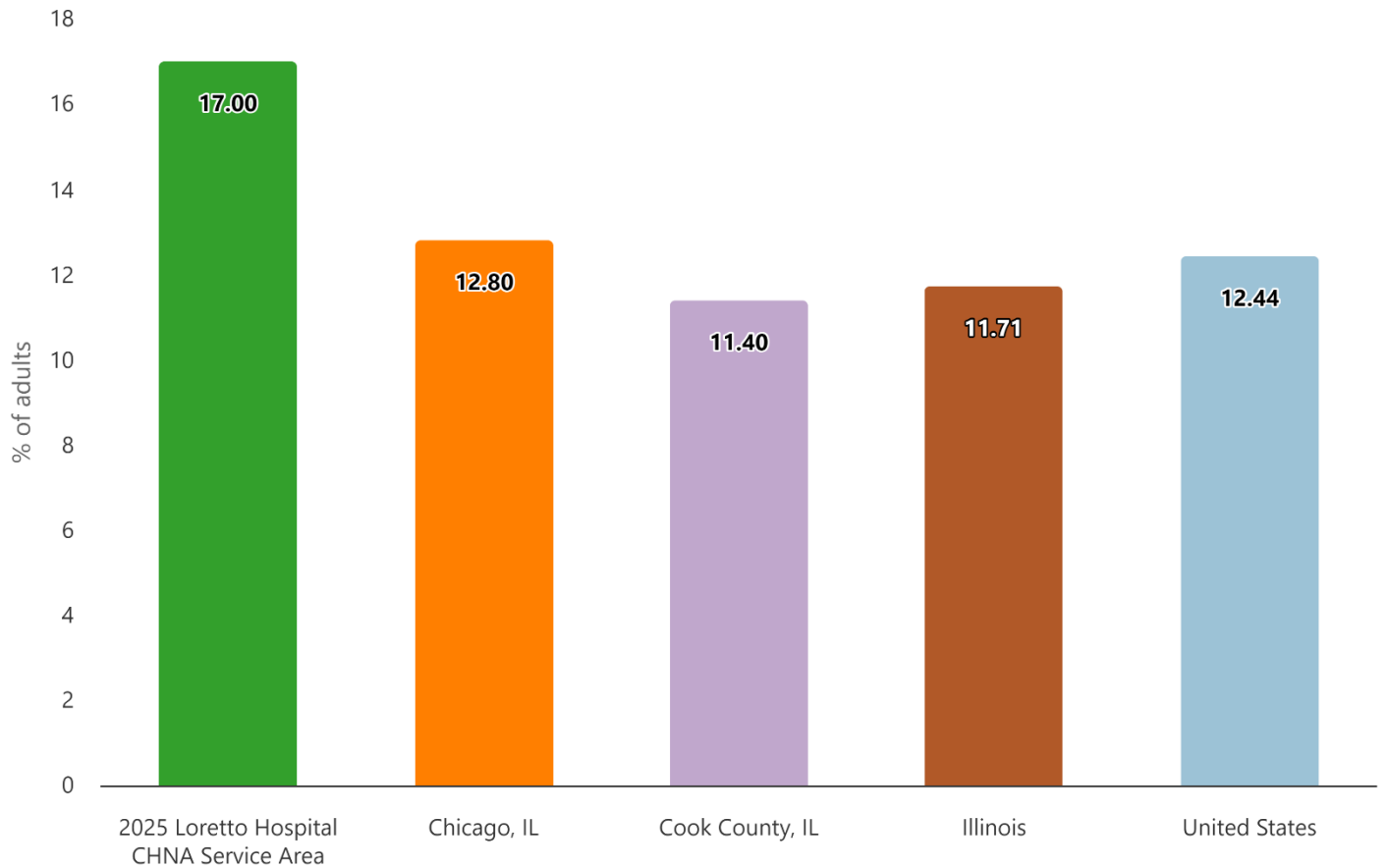
## Secondary Data

Secondary data provides insight into the current health status of communities. The following are key highlights of data related to overall health, health behaviors, chronic disease, social determinates of health, and mental health. When available, population and geographic comparisons are included.

### Overall health

Existing research indicates that self-reported health remains an important predictor of mortality (Wuorela et al., 2020). The measure integrates biological, mental, social, and cultural aspects of a person (Wuorela et al., 2020). The percentage of individuals reporting poor overall physical health is slightly higher in the service area than in the city, state, and nation (Figure 30). High rates of poor self-reported physical health such as those within the service area are connected to high rates of hardship and poor health outcomes.

**Figure 30. Chart comparing the percentage of adults reporting poor physical health in the Loretto Hospital service area, Chicago, Cook County, Illinois, and the United States, 2022**



Source: (Centers for Disease Control and Prevention, 2024b)

## Health behaviors

Four key health behaviors that are strongly correlated with chronic disease outcomes are smoking, physical activity, alcohol consumption, and sufficient daily sleep. Some communities in Cook County face significant barriers to engaging in preventative health behaviors such as access to safe exercise spaces, access to healthy affordable foods, and access to mental health and substance use disorder treatment. Health behaviors for communities in Loretto Hospital’s service area are presented in Figure 31.

**Figure 31. Table of key health behaviors impacting chronic disease outcomes in Loretto Hospital’s service area, Chicago, Cook County, Illinois, and the United States, 2022**

Health Behavior	Loretto Hospital Service Area	Chicago	Cook County	Illinois	United States
<b>Cigarette smoking rate</b> Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.	19%	14%	12%	14%	15%

<b>Binge drinking</b> Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.	18%	21%	21%	20%	19%
<b>Sleeping less than 7 hours</b> Percent of resident adults aged 18 and older who report usually getting insufficient sleep (<7 hours for those aged ≥18 years, on average, during a 24-hour period)	43%	38%	36%	36%	37%
<b>No exercise</b> Percent of resident adults aged 18 and older who answered “no” to the following question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”	33%	24%	21%	22%	24%

Source: (Centers for Disease Control and Prevention, 2024b)

## Chronic conditions

A chronic condition is an ongoing physical or mental health condition that lasts a year or more, requires ongoing medical attention, and/or limits activities of daily living. Worldwide and in the United States chronic diseases are the leading cause of disability and death. Chronic conditions such as heart disease, stroke, cancer, diabetes, arthritis, asthma, and poor mental health create a significant health and economic cost for individuals and communities. Prevention and management of chronic conditions can significantly reduce the burden of these diseases on individuals and society. The percentage of individuals with common chronic conditions in Loyola Medicine’s service area are presented in Figure 26Figure 32.

**Figure 32. Rates of individuals with chronic conditions in Loretto Hospital’s service area, Chicago, Cook County, Illinois, and the United States, 2017-2022**

Health condition	Date	Loretto Hospital Service Area	Chicago	Cook County	Illinois	United States
Obesity	2022	42%	35%	33%	34%	34%
High blood pressure	2022	35%	30%	29%	29%	30%
Current asthma	2022	11%	10%	9%	10%	10%
Arthritis	2022	24%	22%	21%	23%	23%
Diagnosed diabetes	2022	16%	11%	11%	10%	11%

Chronic obstructive pulmonary disease (COPD)	2022	7%	5%	5%	6%	6%
Diagnosed stroke	2022	5%	4%	3%	3%	3%
Cancer diagnosis rate	2017-2021	490.3 per 100,000 residents	443.2 per 100,000 residents	547.7 per 100,000 residents	573.2 per 100,000 residents	444.4 per 100,000 residents
Coronary heart disease	2022	6%	5%	5%	5%	6%
Chronic kidney disease	2021	4%	3%	3%	3%	3%

Source: (Centers for Disease Control and Prevention, 2024b; Illinois Department of Public Health, 2021)

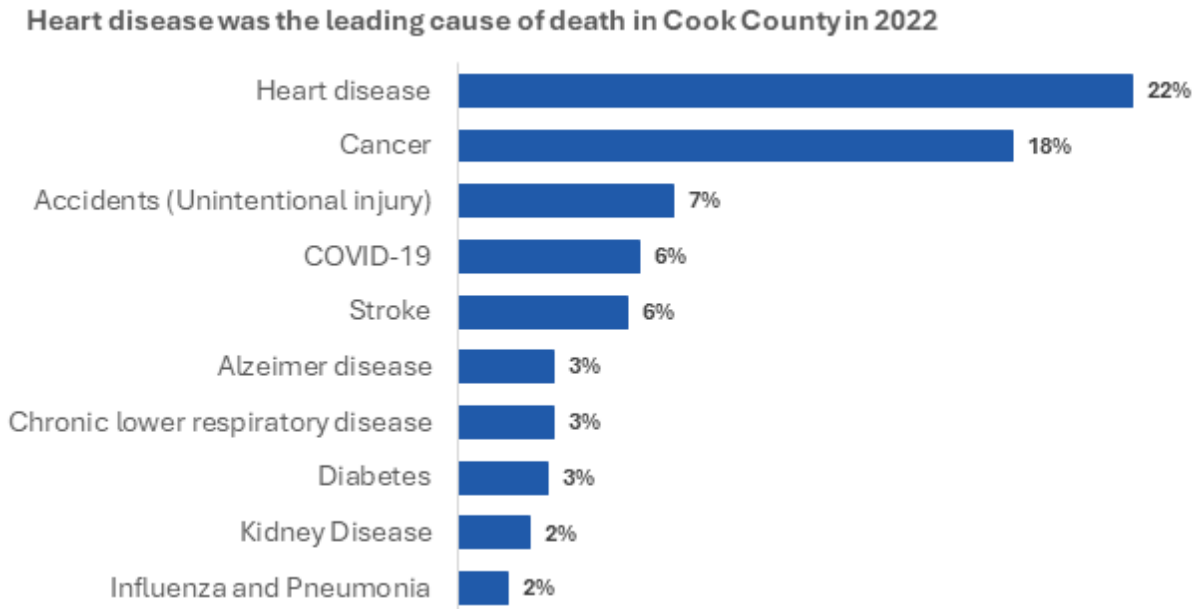
Obesity and high blood pressure (hypertension) are often interconnected risk factors for cardiovascular disease, the leading cause of death in Chicago and the United States. In Loretto Hospital’s service area, 42% of adults reported being obese and 35% reported being diagnosed with high blood pressure.

*“I had COVID in the beginning. I still have migraines. I still have body aches. I still have days where I just barely can get up to get myself dressed to go to work, but I still have to go to work.” - UCAN (Stone Temple Church)*

## Mortality

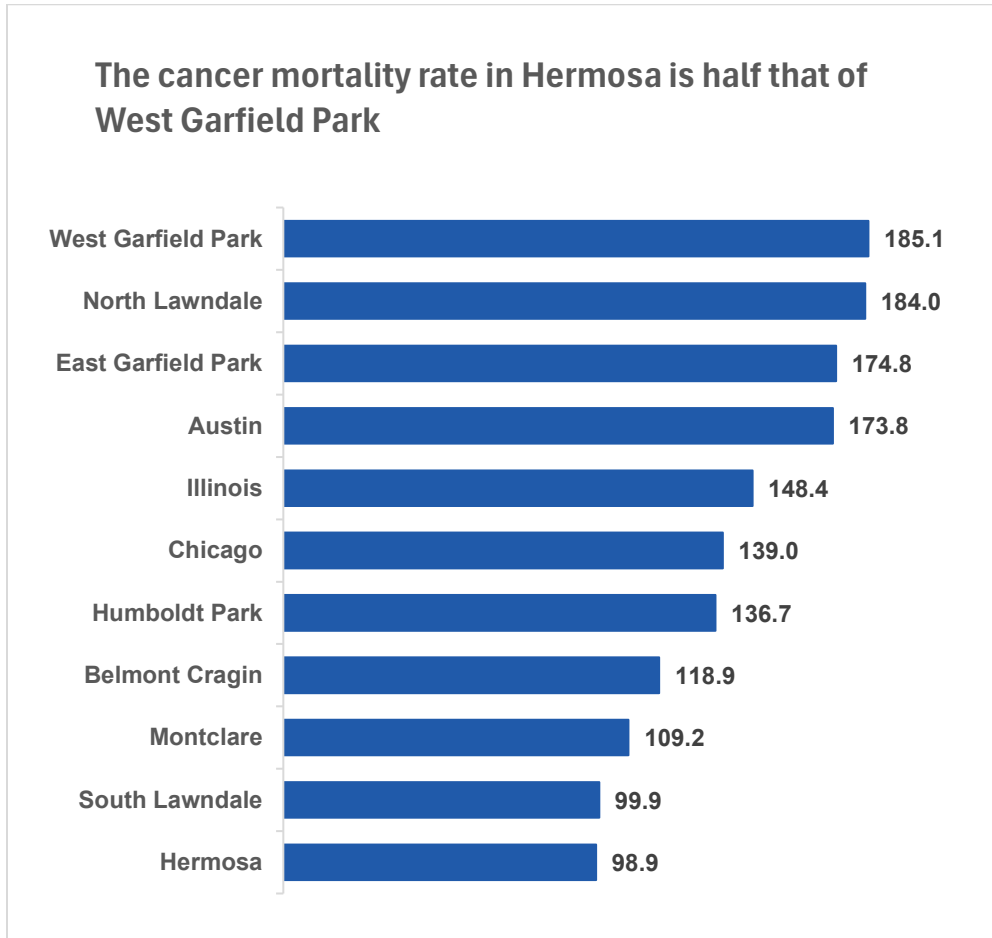
The top five leading causes of death in Cook County were heart disease, cancer, accidents (unintentional injury), COVID-19, and stroke (Figure 33). The geographic distributions of heart disease and cancer mortality are presented in Figure 34 and Figure 35. Communities in Loretto Hospital’s service area have some of Chicago’s highest rates of heart disease and cancer mortality.

**Figure 33. Leading causes of death in Cook County, 2022**



Source: (Illinois Department of Public Health, 2024b)

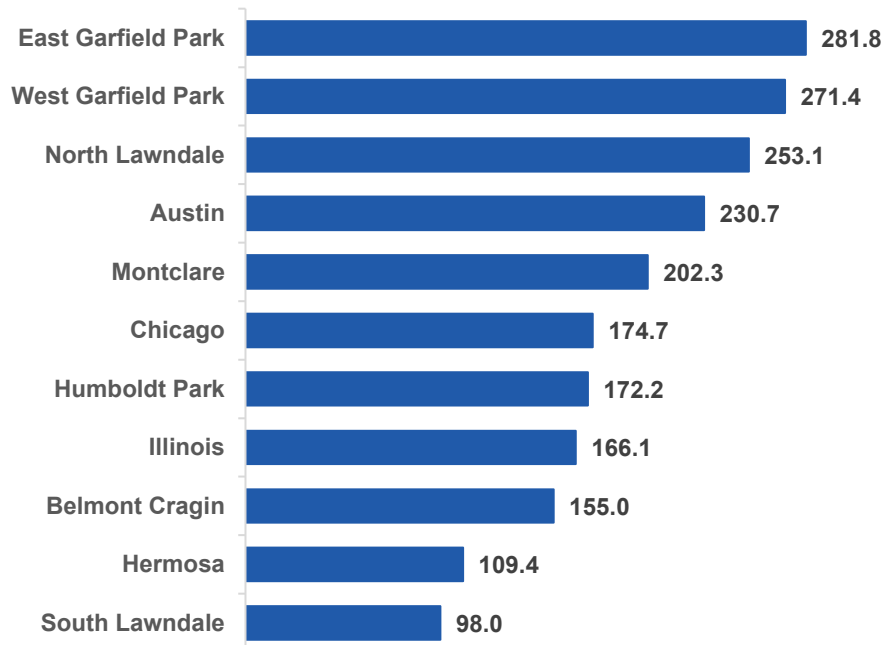
**Figure 34. Cancer mortality rate per 100,000 population by community area in the Loretto Hospital service area, 2019-2023**



Source: (Illinois Department of Public Health, 2024a)

**Figure 35. Heart disease mortality rate per 100,000 population by community area in the Loretto Hospital service area, 2019-2023**

## The heart disease mortality rate for East Garfield Park is nearly three times that of South Lawndale



Source: (Illinois Department of Public Health, 2024a)

## Maternal and child health

Maternal health is defined as the health of women during or after pregnancy. This period is a critical time for women's health since they typically have more interaction with and access to health care services (Bennet et al., 2023). In addition, pregnancy provides an opportunity to identify, treat, and manage underlying chronic conditions to improve a woman's overall health (Bennet et al., 2023).

Severe pregnancy complications (maternal morbidity) and mortality are used on an international level to judge the overall health status of a country, state, or community (Bennet et al., 2023). Since the year 2000, maternal mortality rates in the United States have been increasing even though the global trend has been the opposite (MacDorman et al., 2016). In addition, vast maternal health disparities exist between racial and ethnic groups (Bennet et al., 2023). The persistent nature of racial and ethnic disparities in maternal health indicate that inequities are due to more than just access to health care but include factors such as poverty, quality of education, health literacy, employment, housing, childcare availability, and community safety (Bennet et al., 2023).

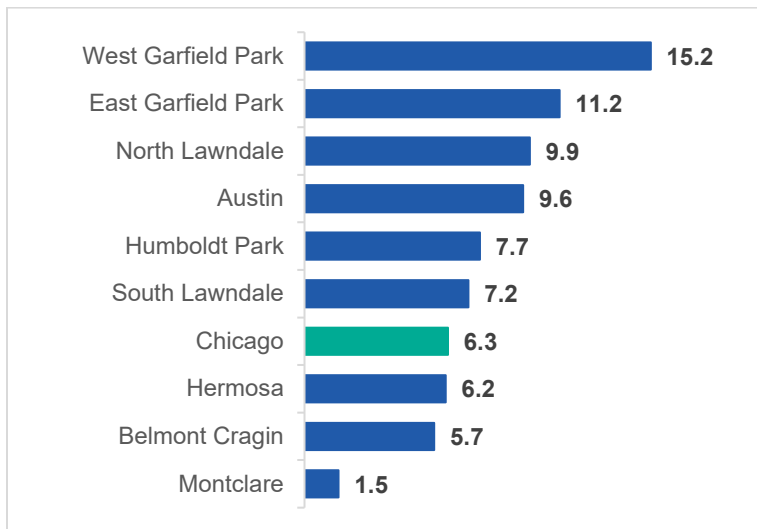
“Sometimes we don't have a place at home to talk about that. So that leads to them not knowing about their bodies. It's really important. More education for everybody around women's health, our bodies, what to expect as we age, things like that. And, making it culturally relevant because for some cultures is taboo.” – UI Health CHAMPIONS

In a 2023 report, a Maternal Mortality Review Committee found that in Illinois between 2018-2020, Black women were almost twice as likely to die of pregnancy-related conditions than their white counterparts (Bennet et al., 2023). The report also found that the gap in pregnancy-related deaths between Black and white women has narrowed, but not due to improved health outcomes for Black women. Instead, it is an effect of worsening

conditions for white women, especially due to mental health conditions, including substance use disorder and suicide (Bennet et al., 2023). Discrimination was cited as a contributing factor in 50% of pregnancy-related deaths among Black women. From 2018-2020, 90% of pregnancy-related deaths in Illinois were found to have had either a “Good Chance” or “Some Chance” of being preventable (Bennet et al., 2023).

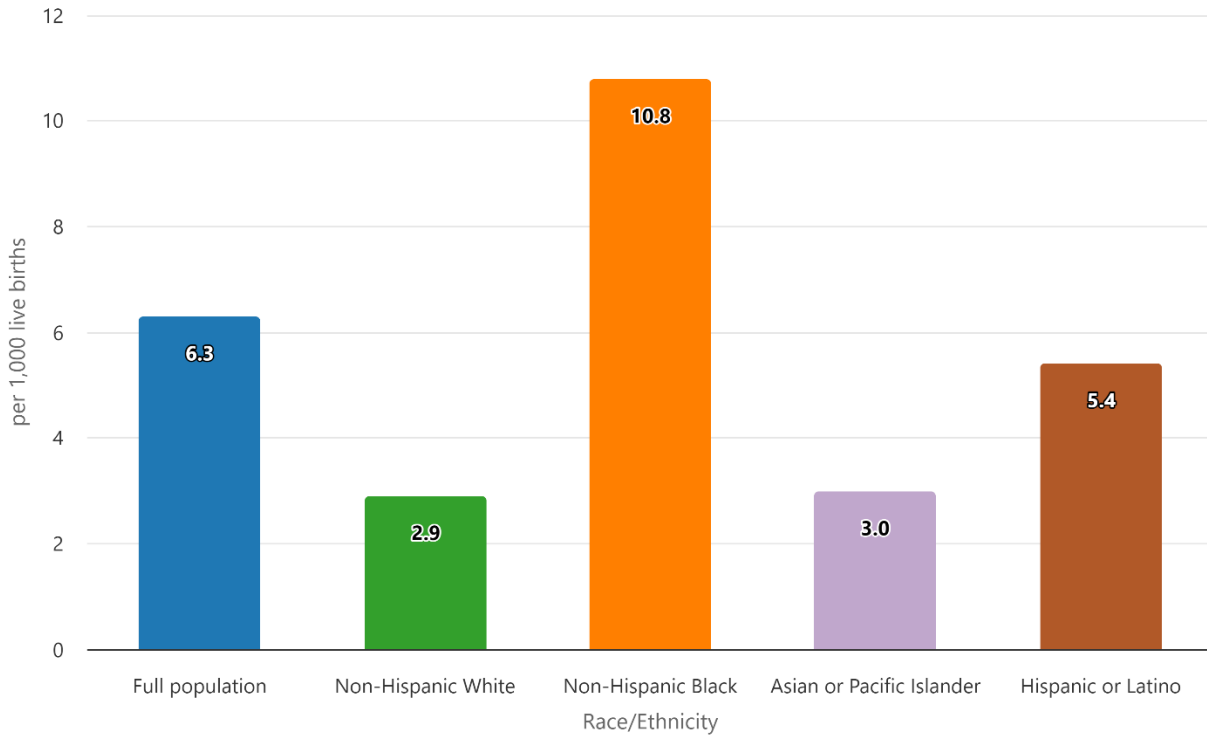
The infant mortality rate in the Loretto Hospital service area varies widely. Six of the nine community areas have infant mortality rates higher than the rate for Chicago overall. Throughout Chicago, there are inequities between different racial and ethnic groups. Infant mortality rates for Non-Hispanic Black infants (12.1) are more than double that of Hispanic or Latino infants (5.8) and three times that of Non-Hispanic White infants (3.6) (Figure 31). Other risk factors for poor infant health outcomes such as low-birth weight and preterm births also show inequities between racial/ethnic groups in Chicago (Figure 32, Figure 33).

**Figure 36. Infant mortality rate per 1,000 live births in the Loretto Hospital service area, 2018-2022**



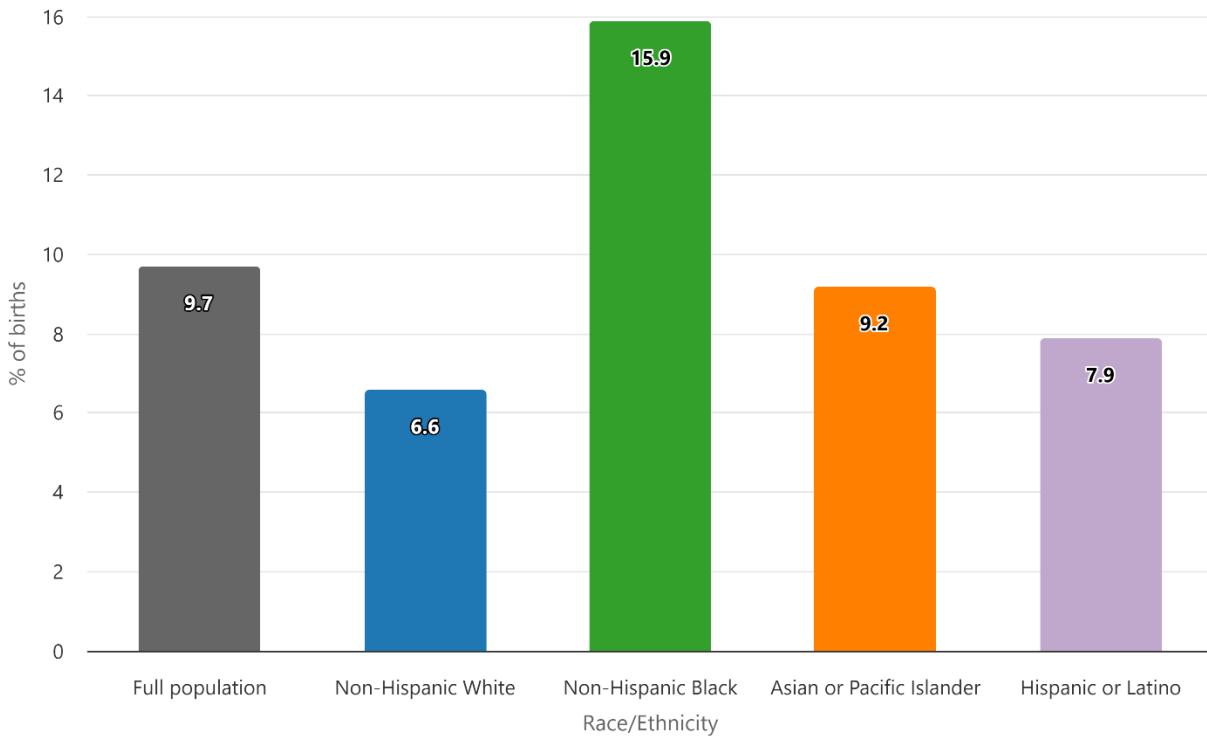
Source: (Illinois Department of Public Health, 2024a)

**Figure 37. Infant mortality rate per 1,000 live births by Race/Ethnicity in Chicago, Illinois, 2022**



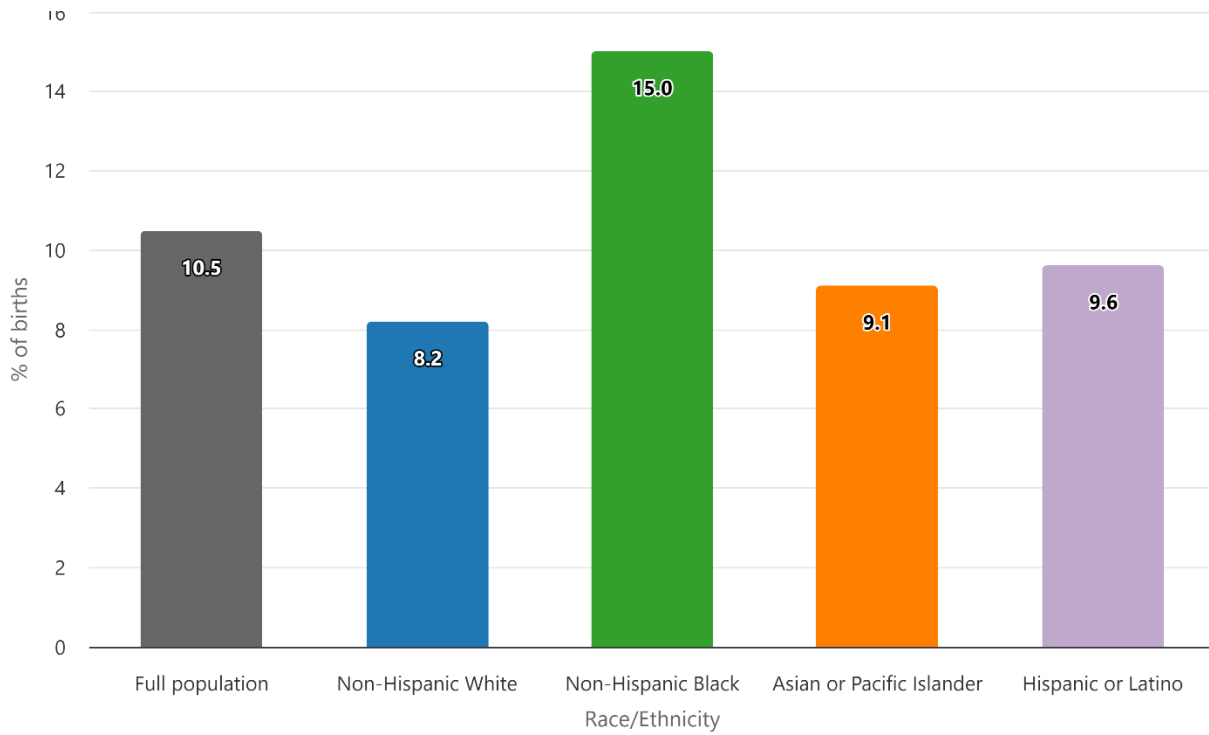
Source: (Illinois Department of Public Health, 2024a)

**Figure 38. Low birth weight rates as a percentage of births by Race and Ethnicity in Chicago, 2022**



Source: (Illinois Department of Public Health, 2022)

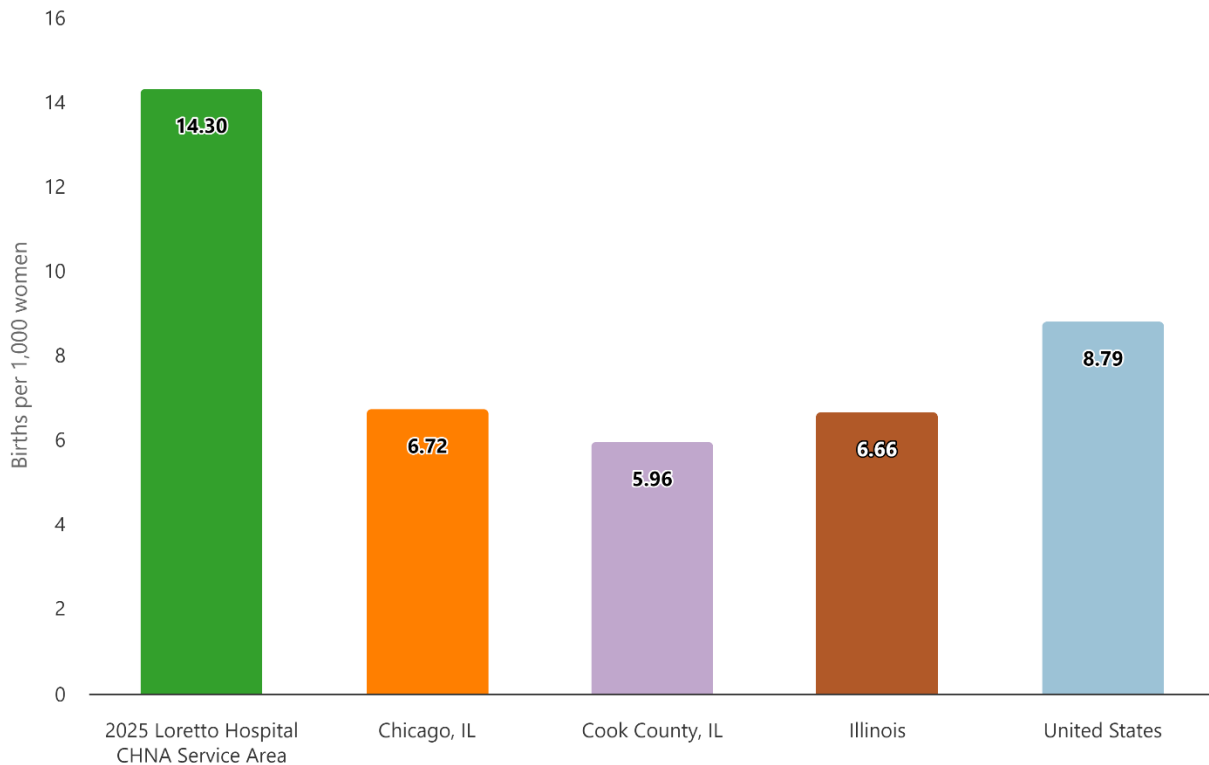
**Figure 39. Preterm birth rate as a percentage of births by Race and Ethnicity in Chicago, 2022**



Source: (Illinois Department of Public Health, 2022)

Preterm birth and low birthweight are more likely among infants born to adolescent mothers. The teen birth rate for Loretto Hospital’s service area is 14.3 births per 1,000 women which is more than double that of Chicago (6.7), Cook County (6.0), and Illinois (6.7) (Figure 40). The findings are consistent with overall population trends of high inequities in health outcomes among women and infants of color.

**Figure 40. Teen birth rate per 1,000 women in the Loretto Hospital service area, Chicago, Cook County, Illinois, and the United States, 2019-2023**



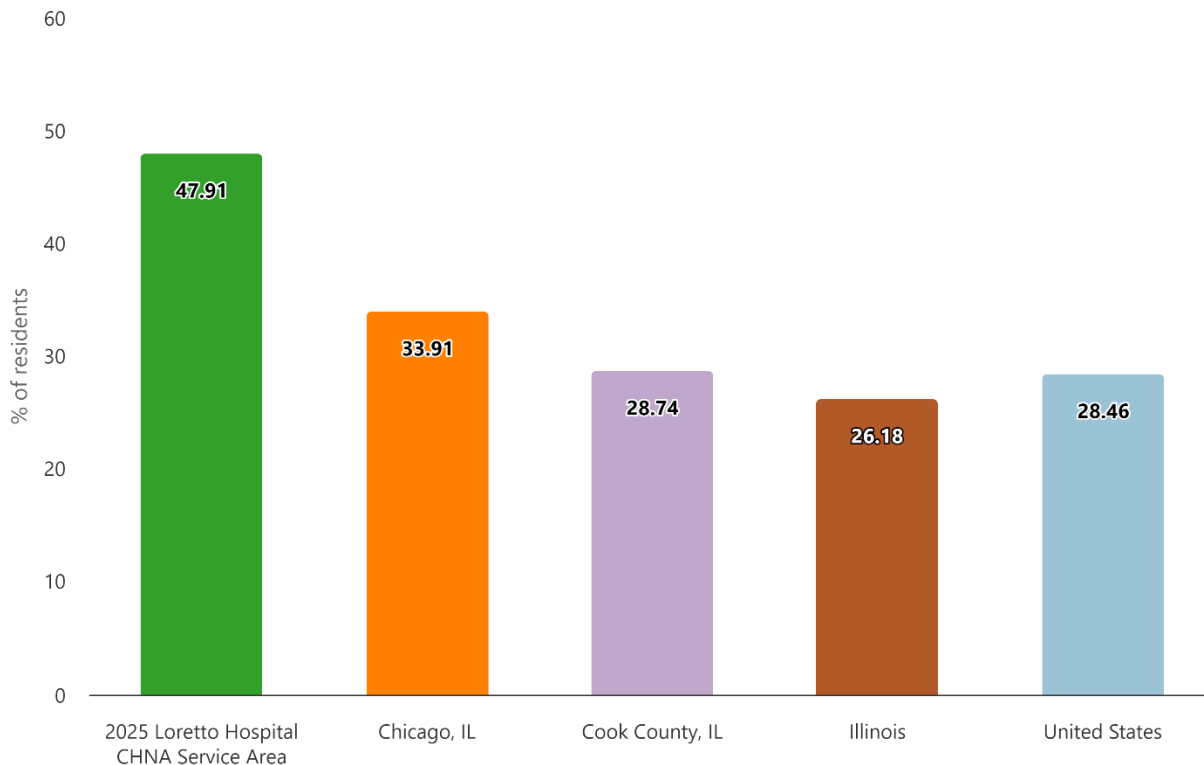
Source: (US Census Bureau, 2024)

## Social determinates of health

Social determinates of health such as poverty, limited access to healthy foods, exposure to violence, limited access to healthcare, and housing conditions are both underlying root causes of chronic disease and are barriers to the management of chronic disease. Communities within Loyola Medicine’s service area face significant inequities related to the social determinates of health.

Healthy People 2020 highlights that communities with high rates of poverty are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. The percentage of residents within Loretto Hospital’s service area living at or below 200% of the Federal Poverty Level is high (Figure 41). One in five residents of the Loretto Hospital service area live below the Federal Poverty Level and 10% of residents are living in deep poverty, which is 50% of the Federal Poverty Level (US Census Bureau, 2024).

**Figure 41. Chart comparing the percentage of residents below 200% of the Federal Poverty Level in Loretto Hospital’s service area, Cook County, Illinois, and the United States, 2019-2023**

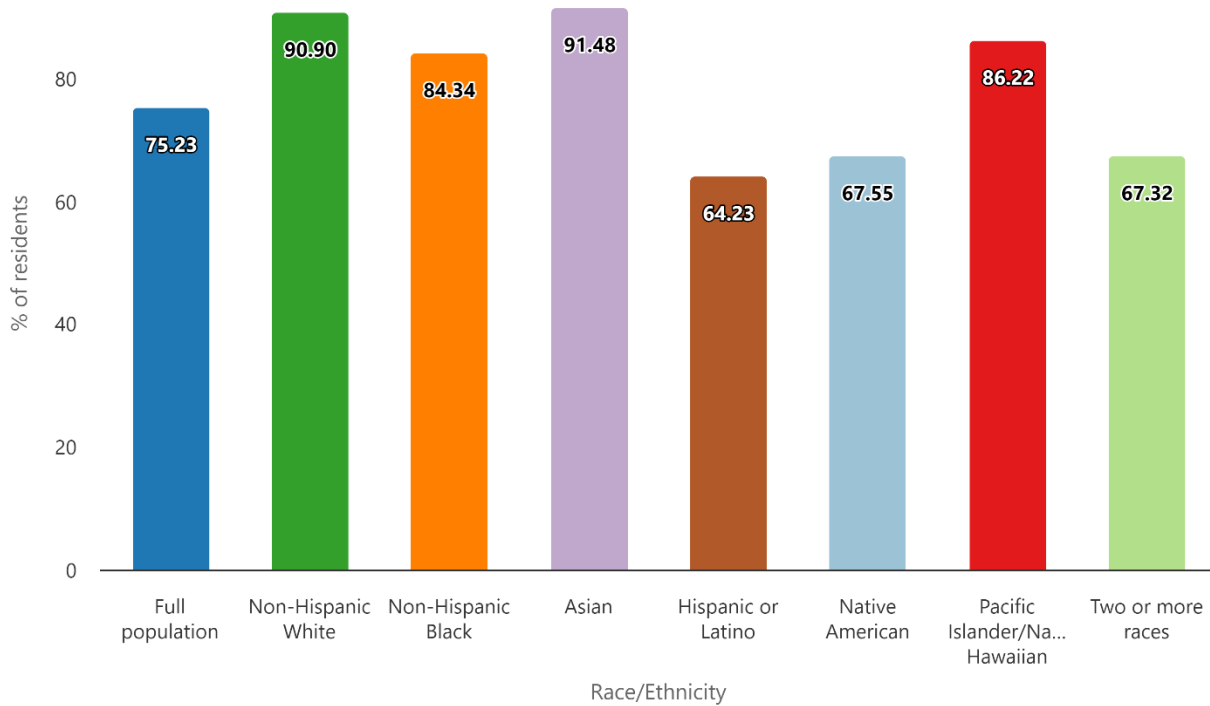


Source: (US Census Bureau, 2024)

## Education

Education is an important determinant of health because poverty, unemployment, and underemployment are highest among those with lower levels of educational attainment. The high school graduation rate in Loretto Hospital’s service area (75%) is lower than rates for Chicago (87%), Cook County (88%), Illinois (90%) and the United States (89%) (US Census Bureau, 2024). High school graduation rates vary by race and ethnicity with Native American and Hispanic/Latino residents having the lowest rates in the service area (Figure 42).

**Figure 42. High school graduation rates by race and ethnicity in Loyola Medicine’s service area, 2019-2023**



Source: (US Census Bureau, 2024)

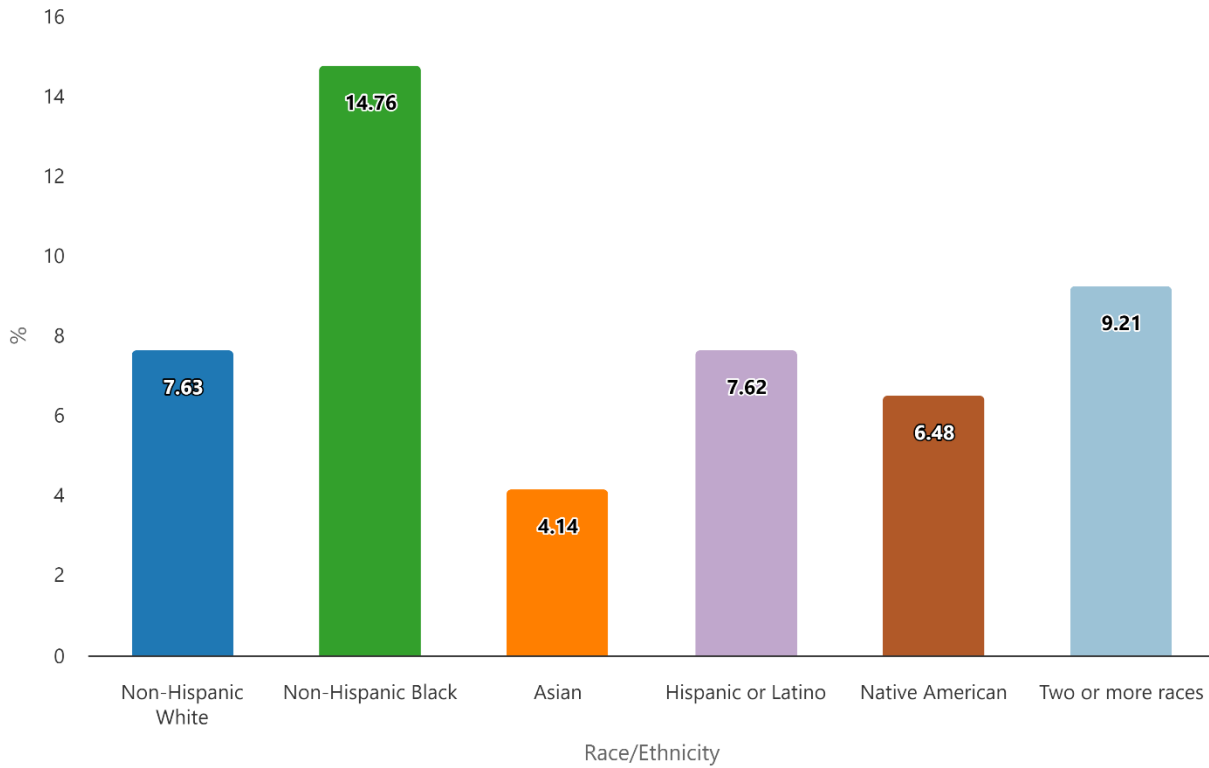
*“I think something that students struggle with is feeling motivated to try <sup>in school.</sup>” – UI Health CHAMPIONS*

33% of survey respondents agreed with the statement: “My community has good <sup>schools.</sup>”

## Unemployment

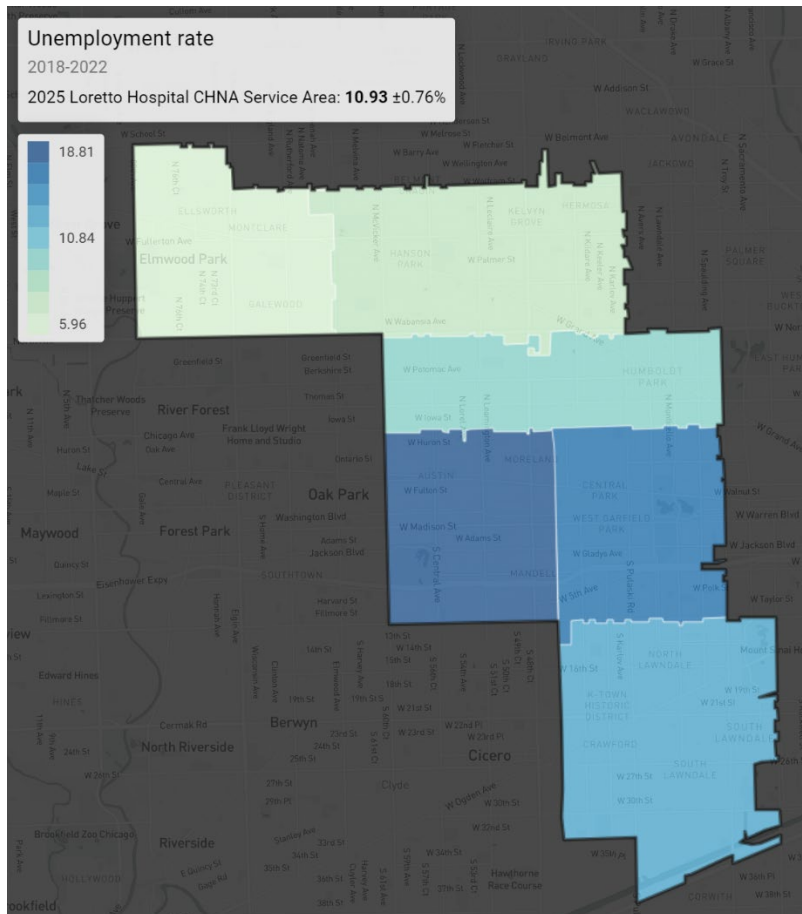
Unemployment and underemployment can create financial instability, which influences access to health care services, insurance, healthy foods, stable quality housing, and other basic needs. The unemployment rate for the service area is comparable to the county, but higher than the state and nation (Figure 43). Within the service area, unemployment rates vary widely, with the zip codes with the highest rate (18.8%) more than three times that of the lowest (6.0%) (Figure 44).

**Figure 43. Chart comparing the unemployment rate in Loretto Hospital’s service area, Chicago, Cook County, Illinois, and the United States, 2019-2023**



Source: (US Census Bureau, 2024)

**Figure 44. Map of unemployment rates in the Loretto Hospital service area, 2019-2023**



Source: (US Census Bureau, 2024)

As previously stated, education and employment can have a significant influence on access to healthcare and health outcomes among youth and adults. Workforce development is a strategy that has the potential to improve both education and employment outcomes within marginalized communities experiencing poor health outcomes (Perez-Johnson & Holzer, 2021; Pittman et al., 2021). Community input clearly indicates that improved quality educational opportunities and quality job opportunities are important for decreasing poverty and improving health within Chicago communities.

Only 20% of survey respondents in the Loretto Hospital service area agreed with the statement: “There is economic opportunity in my community.”

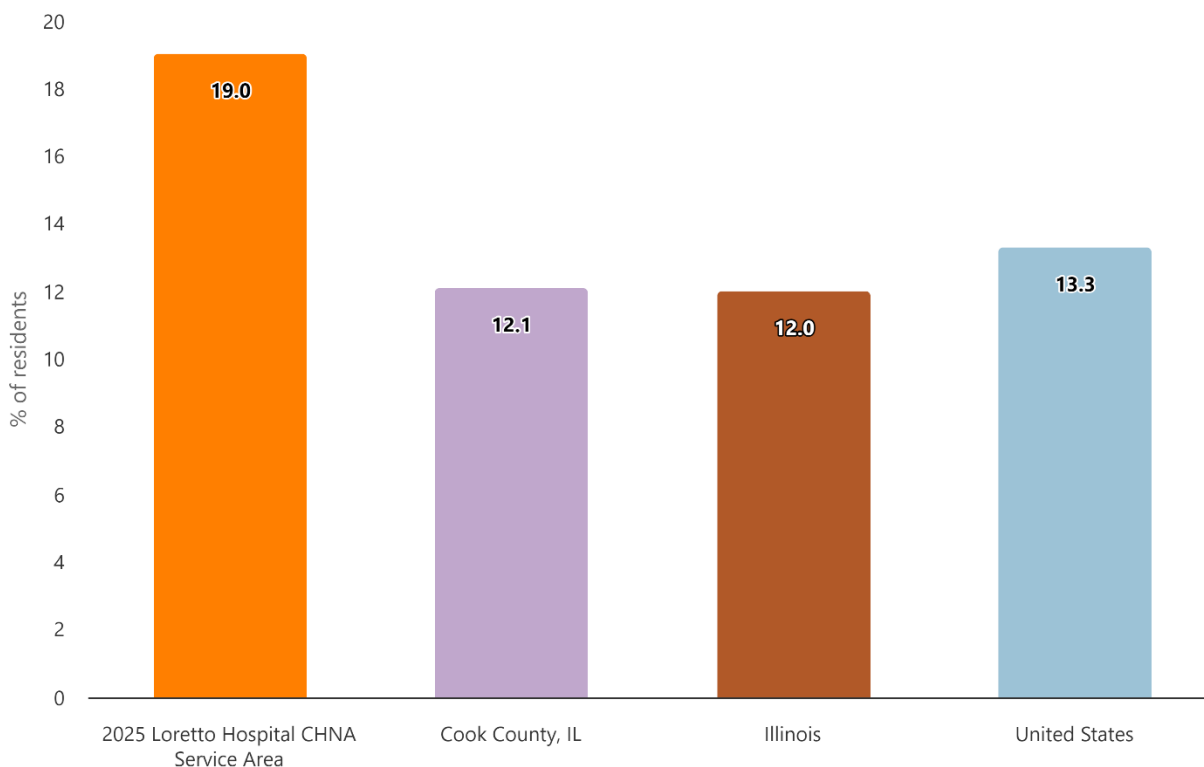
### Food access and food security

Food access and food security are major contributors to health. In areas with lower access to fresh, healthy foods there are higher rates of negative health outcomes such as obesity and diabetes. Historically, food access has been lower in majority communities of color due to racist policies such as discriminatory banking practices, redlining, and disinvestment.

Thirty-seven percent of survey respondents in the Loretto Hospital service area disagreed with the statement: “I am satisfied with the availability of fresh and healthy foods in my community.”

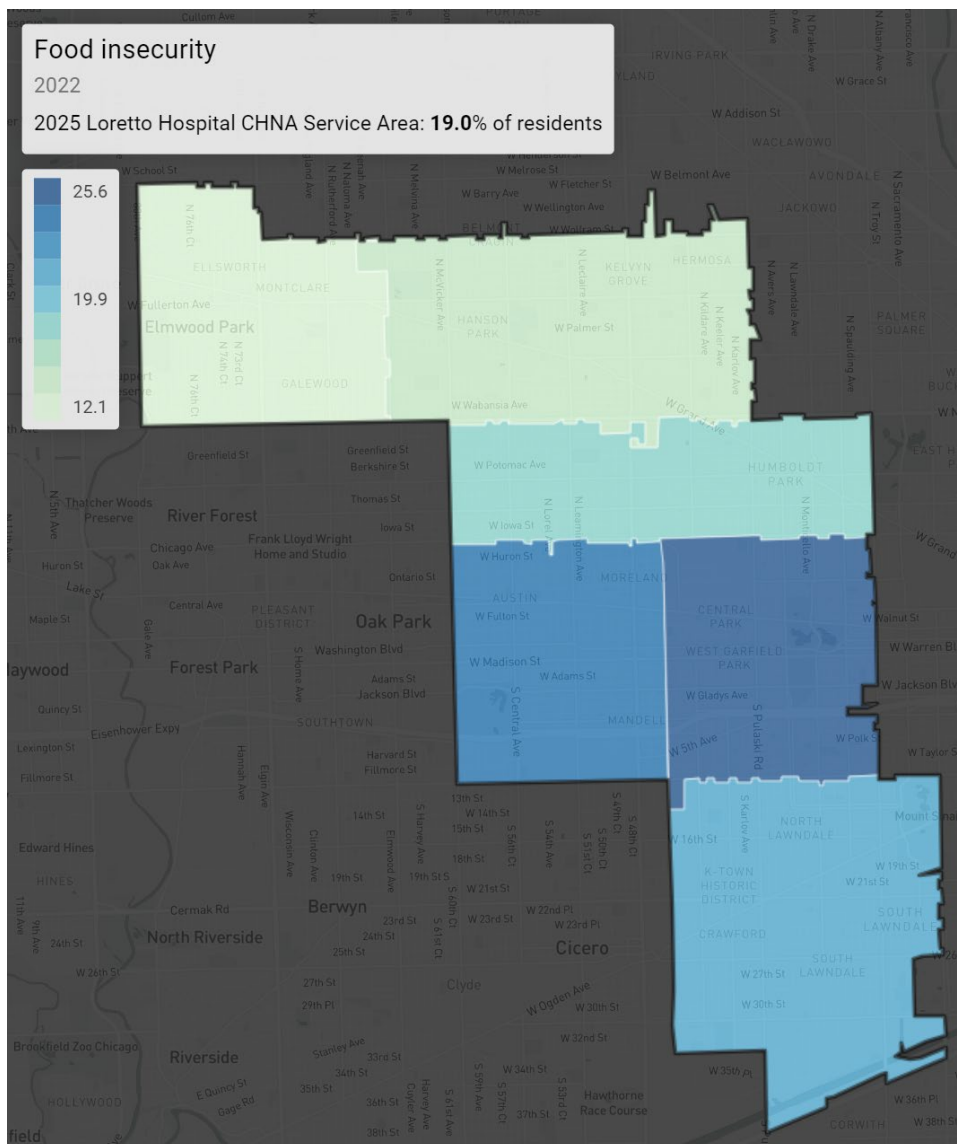
Food insecurity in the Loretto Hospital service area (19.0%) is higher than the rate for Cook County (12.1%), Illinois (12.0%), and the United States (13.3%) (Figure 45). However, as with other indicators, food access varies widely within the service area. The difference between the zip codes with the highest (25.6%) and lowest (12.1%) rates of food insecurity is more than 13% (Figure 46).

**Figure 45. Chart comparing food insecurity in the Loretto Hospital service area, Chicago, Cook County, Illinois, and the United States, 2022**



Source: (Feeding America, 2022)

**Figure 46. Map of food insecurity in Loretto Hospital's service area, 2022**



Source: (Feeding America, 2022)

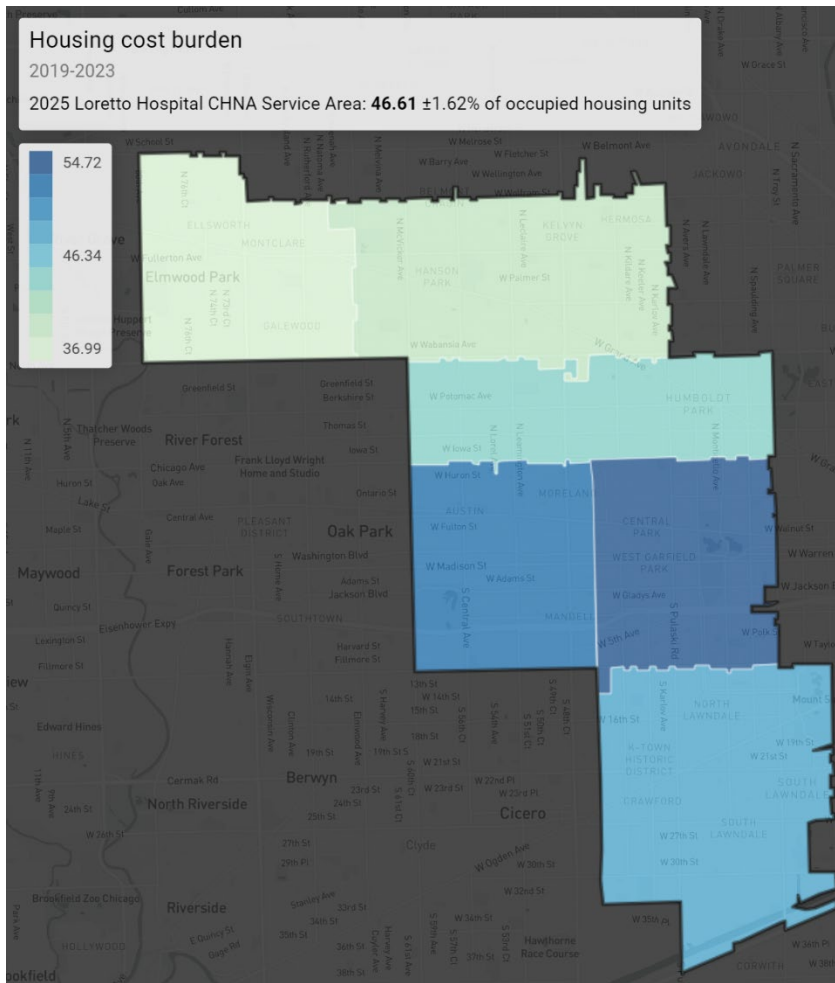
*“Some of the convenience stores might have fruits and vegetables, but they’re not the best quality. They don’t look good. They’re probably old or moldy.” - UCAN (Stone Temple Church)*

## Housing

Housing can serve as an opportunity for many people in this country, offering a pathway to better health, education, and business. However, for some people, housing (or the lack thereof) provides a significant path to health inequities that have been sustained for decades due to systemic racism.

Forty-seven percent of households in Loretto Hospital’s service area are considered housing cost burdened, meaning they spend more than 30% of their income on housing costs. In the Austin, East Garfield Park, West Garfield Park, and Humboldt Park neighborhoods, more than 50% of households are cost burdened households (Figure 47). In addition, 26% of households in the service area are considered severe housing cost burdened, meaning they spend more than 50% of their household income on housing costs alone (US Census Bureau, 2024)

**Figure 47. Map of housing cost burdened households in Loretto Hospital's service area, 2019-2023**



Source: (US Census Bureau, 2024)

Less than 20% of survey respondents in the Loretto Hospital service area agreed with the statement: “I am satisfied with the availability of affordable housing in my community.”

*“I’ve seen since I’ve lived in Humboldt Park that it is starting to have a more predominantly white presence now. So, the neighborhood’s getting gentrified. Some of the facilities and services are getting better. But then the people for the past 20 years, essentially, get kicked out because property values are going up, taxes are getting higher and all that stuff. So, it makes it difficult to feel like you have a community, and it makes it a little harder to do events that help with health in terms of the community itself because now it’s kind of fragmented.” - UI Health CHAMPIONS F*

## Community safety and violence

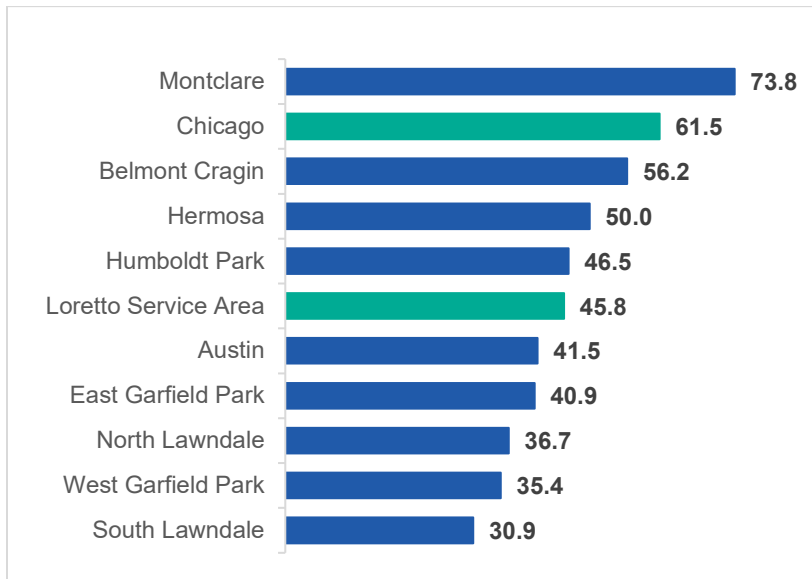
In the Loretto Hospital service area, only 23% of survey respondents agreed with the statement: “My community is a safe place to live.”

The root causes of community violence are multifaceted but include issues such as the concentration of poverty, education inequities, poor access to health services, mass incarceration, differential policing strategies, and generational trauma. Research has established that exposure to violence has significant impacts on physical and mental well-being. In addition, exposure to violence in childhood has been linked to trauma, toxic stress, and an increased risk of poor health outcomes across the lifespan. Violence also has a negative impact on the socioeconomic conditions within communities that contribute to the widening of disparities. In Loretto Hospital’s service area less than 50% of adults reported feeling safe in their neighborhood “all of the time” or “most of the time” and in some communities, it is as low as 31% (Figure 48).

*"I would say just like the gun violence and safety has been really bad. I mean, over the years, it's gotten better, but now I feel like this year, mainly it's been really, really bad." - UI Health CHAMPIONS*

*"I also see for the young kids in our community, there's no safe space for them to go. They're in the streets. And they're like, in front of their houses. There's no playgrounds. There's no parks that are clean for them to go to." - A House in Austin*

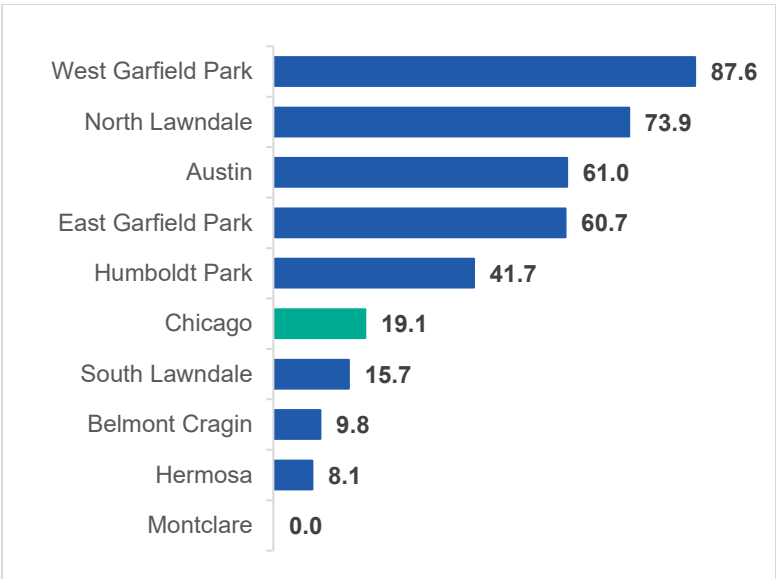
**Figure 48. Percent of adults who report feeling safe in their neighborhood in the Loretto Hospital service area, 2022-2023**



Source: (Chicago Department of Public Health, 2024)

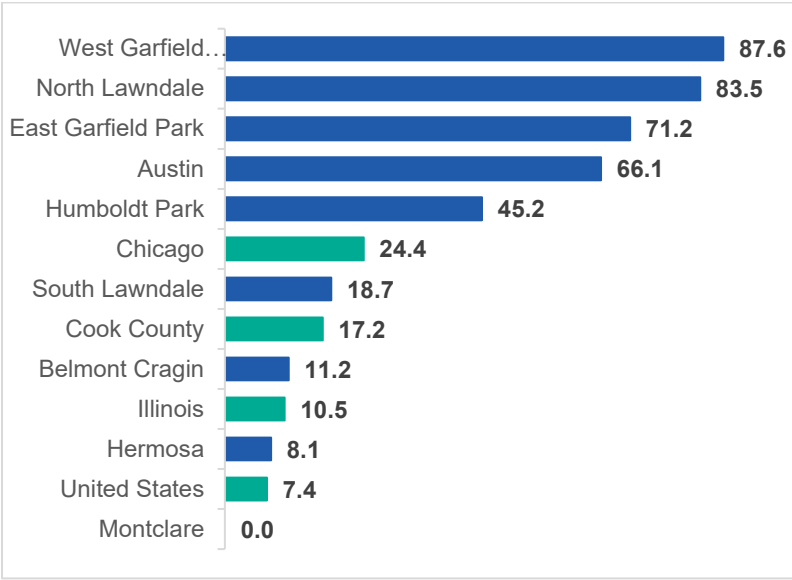
Firearm-related and homicide mortality are complex issues that disproportionately affect communities of color in the U.S. Factors such as the concentration of poverty, disinvestment, low rates of home ownership, and a lack of neighborhood-based resources have all been linked to higher rates of gun violence, homicide, and other violent crimes in communities of color. Firearm-related homicide mortality and homicide mortality rates in the Loretto Hospital service area are high (Figure 49 and Figure 50) Many of the communities in the Loretto Hospital service have higher homicide mortality rates than Chicago, Cook County, Illinois, and the United States (Figure 50).

**Figure 49. Firearm-related homicide mortality rate per 100,000 deaths in the Loretto Hospital service area, 2019-2023**



Source: (Illinois Department of Public Health, 2024a)

**Figure 50. Homicide mortality rate per 100,000 deaths in the Loretto Hospital service area, Chicago, Cook County, Illinois, and the United States, 2019-2023**



Source: (Centers for Disease Control and Prevention, 2024a; Illinois Department of Public Health, 2024a)

**Access to care**

There are several complex factors that influence access to health care including proximity; affordability; availability, convenience, accommodation, and reliability; quality and acceptability; openness and approachability; and cultural responsiveness and appropriateness. Insurance coverage is associated with improved access to health services and better health monitoring.

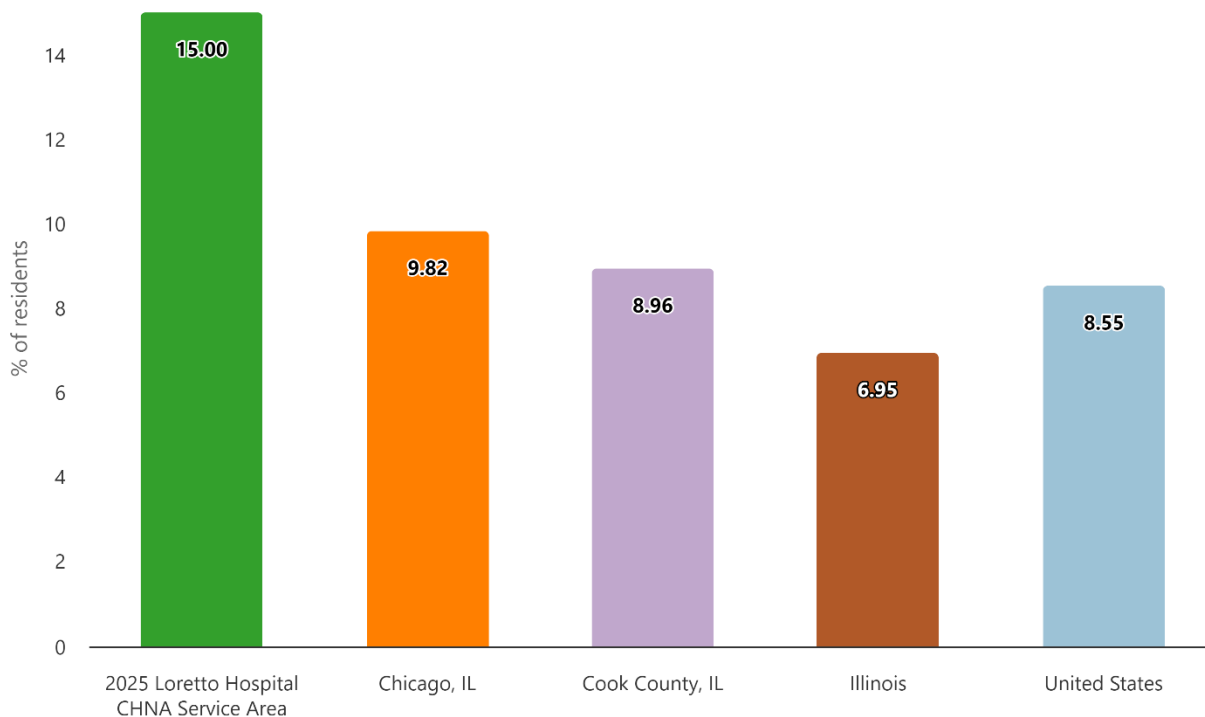
“Getting help **is just** confusing.” - The Douglas Center

“On my side with my kids, finding help to even get evaluated for autism is something that I’ve almost given up on because my kids have had educational diagnoses of autism, but then getting access to any sort of doctor is a two-

year, three-year wait. And it's like, and then we have like when we do finally see somebody, they're like, 'why didn't you get this done earlier?' and it's like, oh yes, blame me for everyone else's problems, so." - A House in Austin

The rate of uninsured residents in the service area (15%) is higher than the uninsured rate for Chicago (10%), Cook County (9%), Illinois (7%), and the United States (9%) (Figure 51). There are large disparities between groups within the service area. Zip codes 60651 and 60623 have significantly higher uninsured rates than 60707 and 60644 (Figure 52). The uninsured rate for Asian residents (29%) is more than three times that of Non-Hispanic White residents (8%). Native American and Hispanic/Latino residents also have uninsured rates (Figure 53).

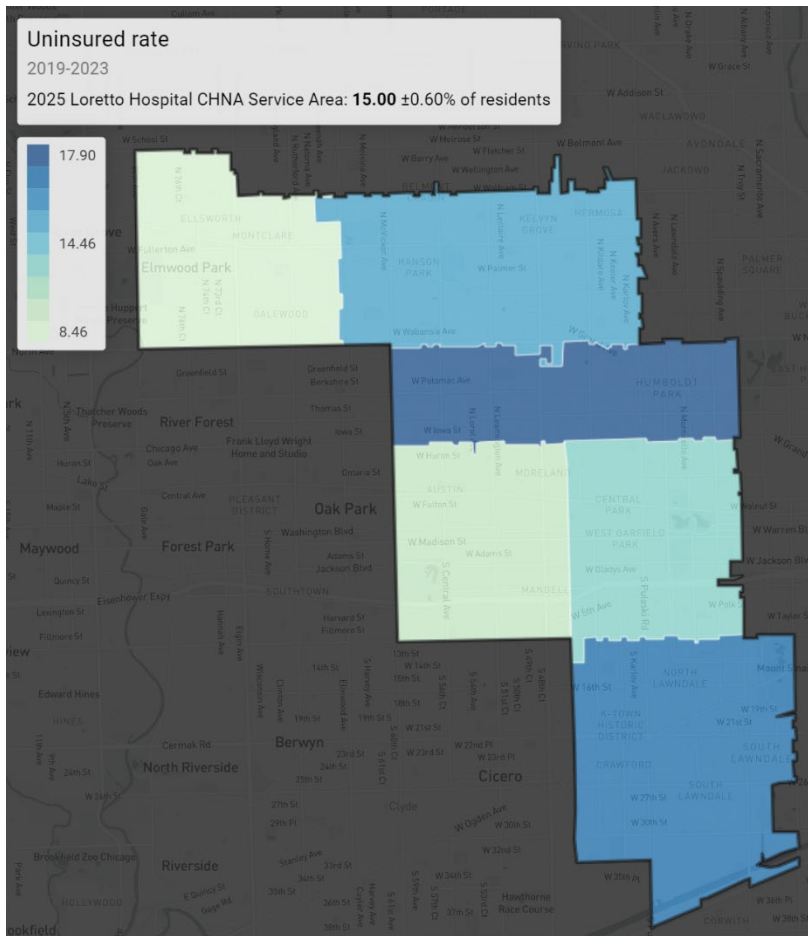
**Figure 51. Chart comparing the uninsured rate in Loretto Hospital's service area, Chicago, Cook County, Illinois, and the United States, 2019-2023**



Source: (US Census Bureau, 2024)

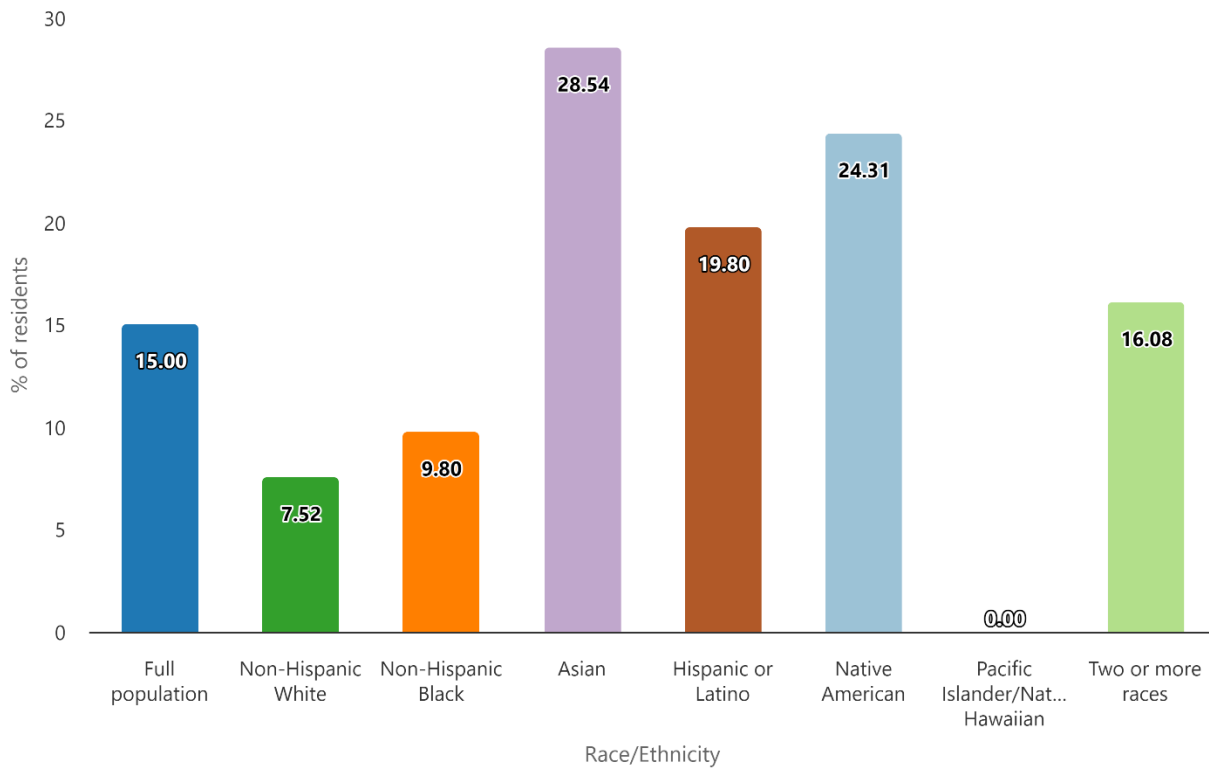
**Figure 52. Map of the uninsured rate in the Loretto Hospital service area, 2019-2023**





Source:(US Census Bureau, 2024)

**Figure 53. Uninsured rate by Race and Ethnicity in the Loretto Hospital service area, 2019-2023**



Source: (US Census Bureau, 2024)

As previously mentioned, access to healthcare is tied to affordability, particularly the affordability of health insurance (National Academies of Sciences, Engineering, and Medicine, 2018). Financial barriers to care, particularly among low-income people and the uninsured, have been greater in the United States than in other high-income countries (Davis & Ballreich, 2014; Squires & Anderson, 2015).

Less than 30% of survey respondents in the Loretto Hospital service area agreed with the statement: “I am satisfied with the healthcare system in my community.”

*“But I know even with my family, whenever we have to go to the doctor, we do feel more comfortable with someone who looks like us and talks like us.” - UI Health CHAMPIONS*

## Behavioral health

The World Health Organization states that mental health is an integral and essential component of overall health and wellbeing (World Health Organization, 2022). Mental health continues to be a top priority for communities in Cook County including those within Loretto Hospital’s service area.

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“I feel like it’s really essential to have something to do with mental health support. We need more free and easy access to programs.”  
-UIC Champions Focus Group Participant

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## Mental Health

The rate of poor self-reported mental health in the service area is 19% which is slightly higher than the rates for Chicago (17%), Cook County (15%), Illinois (16%), and the United States (17%) (Figure 54). However, there is considerable geographic variation in these rates. The lowest rates are in communities in the northern parts of the service area (Montclare, Belmont Cragin, Hermosa) and the highest rates of poor self-reported mental health are in the central and southern parts of the service area (Austin, Humboldt Park, West and East Garfield Park, North and South Lawndale) (Figure 55).

In the Loretto Hospital service area, survey respondents ranked access to mental health care as the third highest top health need.

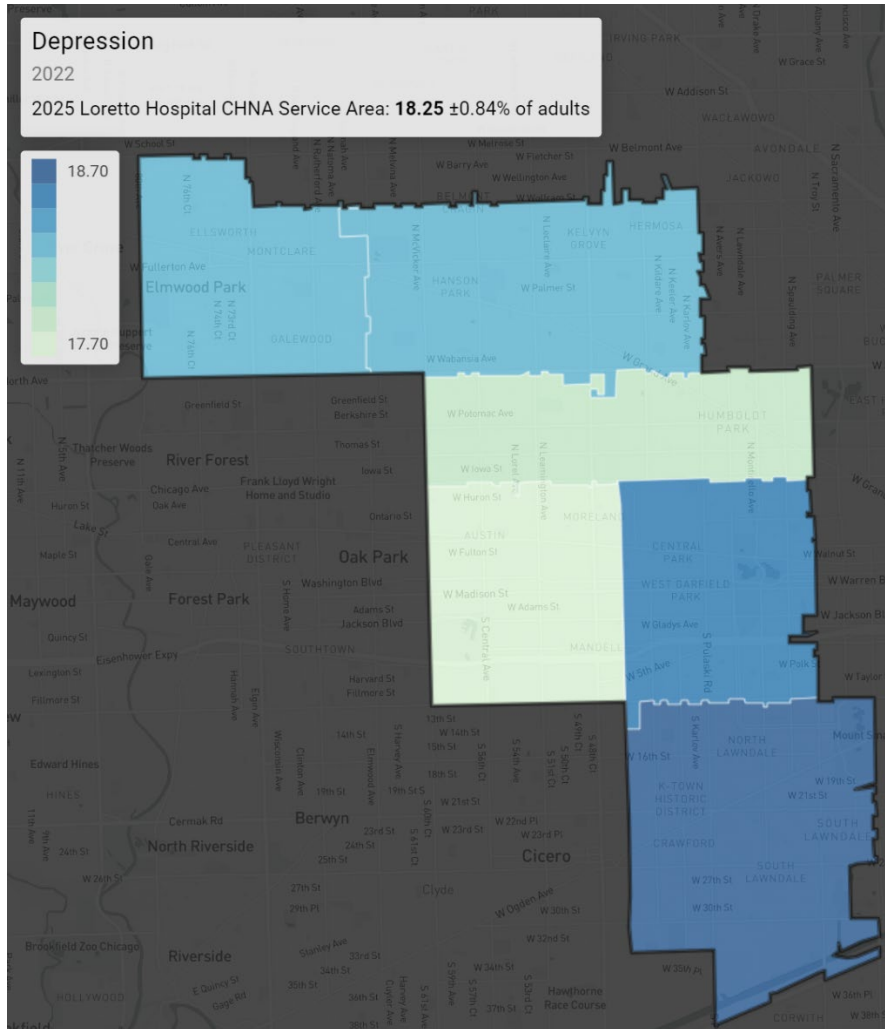
**Figure 54. Rate of poor self-reported mental health in the Loretto Hospital service area, Chicago, Cook County, Illinois, United States, 2022**



Source: (Centers for Disease Control and Prevention, 2024b)

The adult depression rate in the Loretto Hospital service area (18%) is comparable to Chicago (18%), Cook County (18%), and Illinois (19%) and slightly lower than the United States overall (23%) (Centers for Disease Control and Prevention, 2024b). There is little variation in depression rates between zip codes in the Loretto service area (Figure 56).

**Figure 56. Map of depression prevalence among adults in the Loretto Hospital service area, 2022**

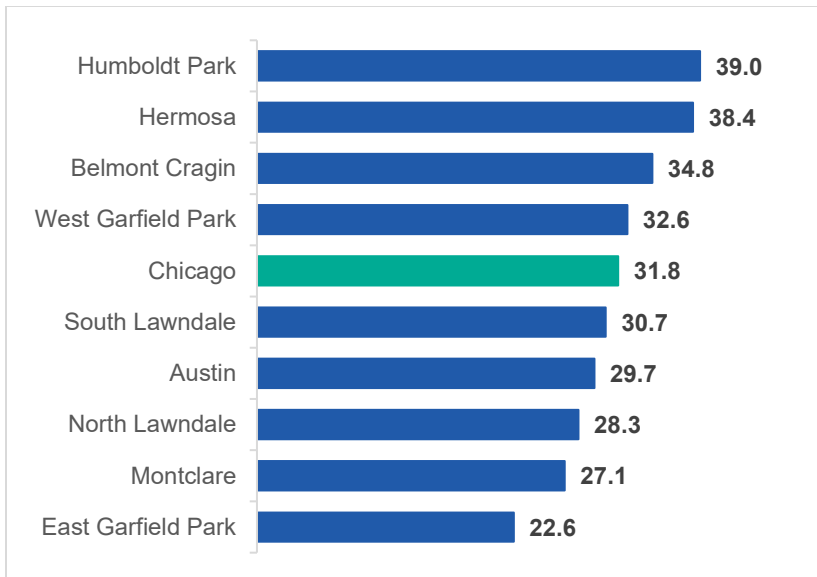


Source: (Centers for Disease Control and Prevention, 2024b)

In the Loretto Hospital service area, only 23% of survey respondents agree with the statement: “There are networks of support for individuals and families during times of stress and need in my community.”

Social-emotional support and social connectedness are important determinants of mental health that can increase resilience (World Health Organization, 2022). Social isolation is a risk factor for physical illnesses including heart disease, stroke, type 2 diabetes, and dementia (Centers for Disease Control and Prevention, 2024e). In the Loretto Hospital service area, the percentage of adults that reported being lonely ranged from 22% in East Garfield Park to 39% in Humboldt Park compared to 32% for Chicago overall (Figure 57).

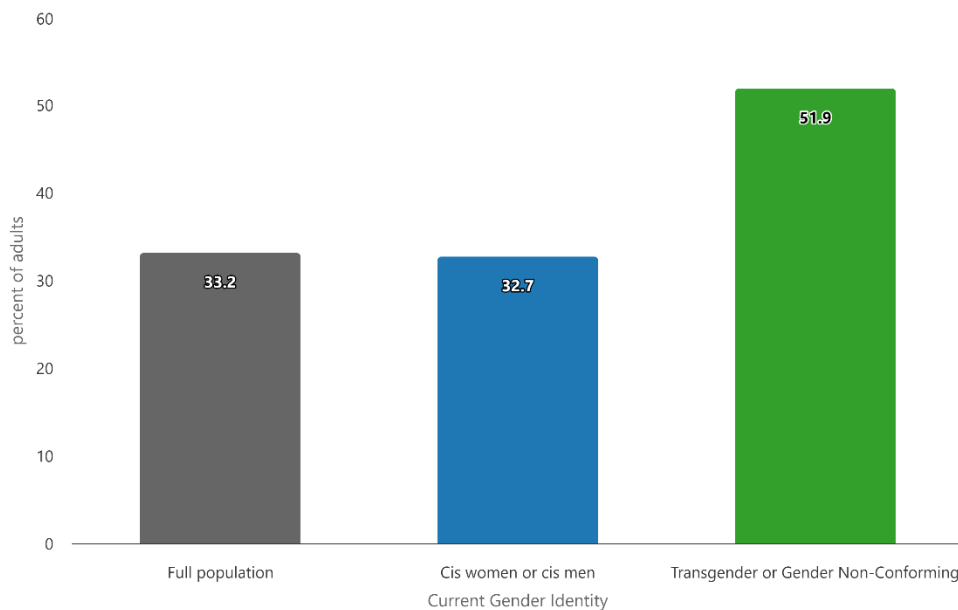
**Figure 57. Adult loneliness rate in the Loretto Hospital service area, 2023-2024**



Source: (Chicago Department of Public Health, 2024)

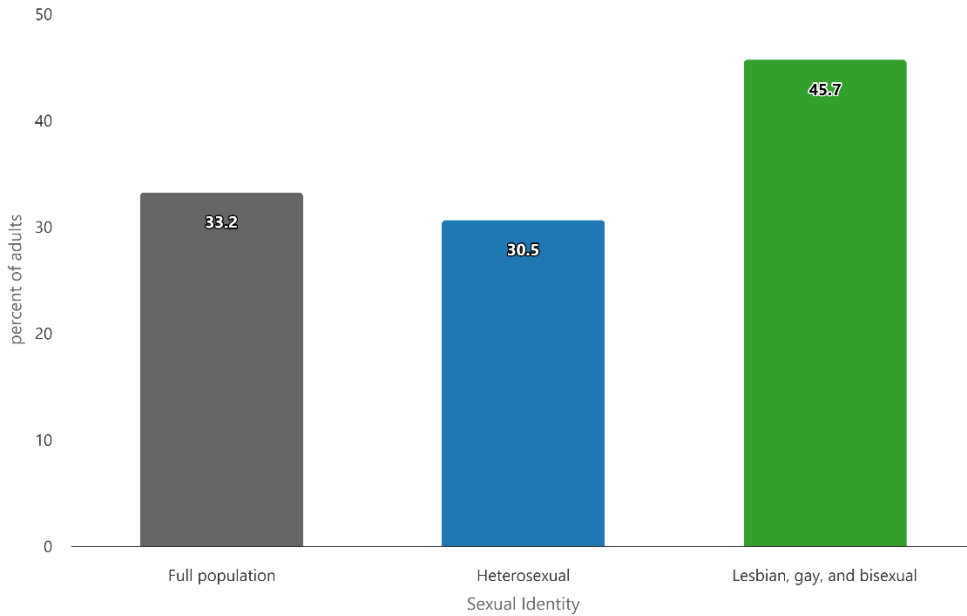
Loneliness rates in Chicago are consistent across Racial/Ethnic groups and income level, but varied across gender identities, sexual identities, and age (Chicago Department of Public Health, 2024). The loneliness rate among transgender and other gender non-conforming adults was 52% compared to 33% among cis men and cis women (Figure 58). Loneliness rates are also higher among lesbian, gay, and bisexual (46%) adults compared to heterosexual adults (31%) (Figure 59).

**Figure 58. Adult loneliness rate by gender identity in Chicago, 2023-2024**



Source: (Chicago Department of Public Health, 2024)

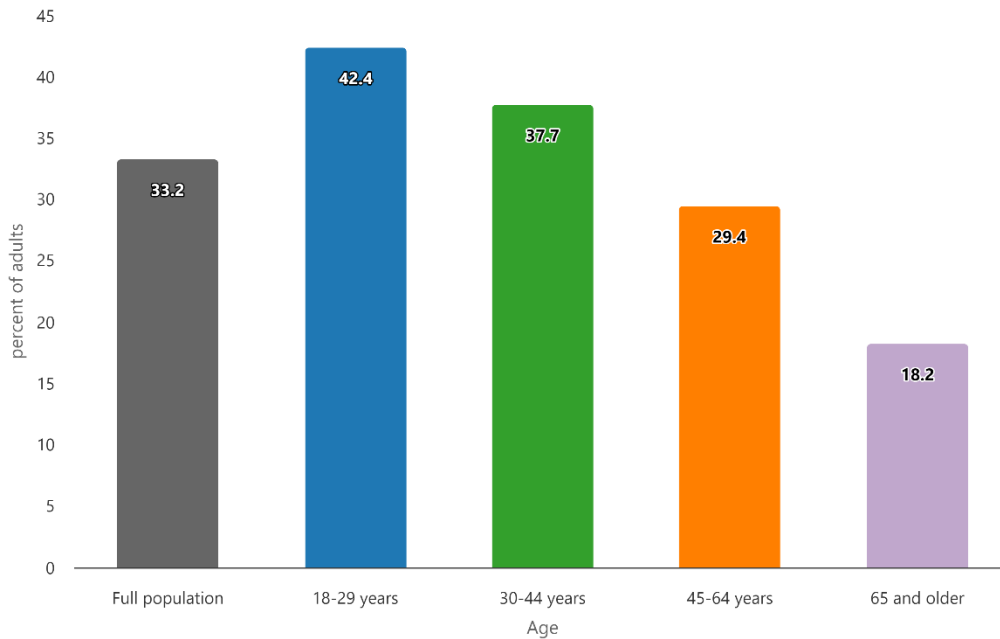
**Figure 59. Adult loneliness rate by sexual identity in Chicago, 2023-2024**



Source: (Chicago Department of Public Health, 2024)

Young adults (18-29) reported loneliness rates of 42%, the highest among any age group and more than twice that of older adults (65+) (Figure 60).

**Figure 60. Loneliness rate by age in Chicago, 2023-2024**



Source: (Chicago Department of Public Health, 2024)

### Youth mental health

In 2024, research by Lurie Children’s Hospital found that 49% of youth in Illinois have worsening mental health symptoms (Heffernan et al., 2025). A 2024 survey of Chicago youth found that 94% see mental health and wellbeing as a problem for people their age and only 50% have a positive view of their community’s response (A Better Chicago, 2024). The Austin community area makes up a large portion of the Loretto Hospital service area. In

the Austin community, 38% of 8<sup>th</sup> graders surveyed reported feelings of depression. In the same survey, nineteen percent of 8<sup>th</sup> graders reported not having an adult other than a parent that they can talk to about important things, up from 14% in 2020 (Figure 61). For Chicago as a whole, 15% of 10<sup>th</sup> graders and 8% of 12<sup>th</sup> graders reported having seriously considered suicide in the past year (Illinois Department of Human Services, 2024b).

**Figure 61. Eighth grade depression rates for Chicago and the Austin community area, 2020-2024**

	Austin Community Area			Chicago
	2020	2022	2024	2024
Feelings of depression in the last 12 months*	43%	51%	38%	41%
Does not have an adult other than a parent to talk to about important things	14%	18%	19%	22%

\*Defined as: Feeling so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities.

Source: (Illinois Department of Human Services, 2020, 2022, 2024a, 2024b)

## Substance use

“There’s so many drugs out there, so many people that are consuming a lot of drugs.” - UCAN (Stone Temple Church)

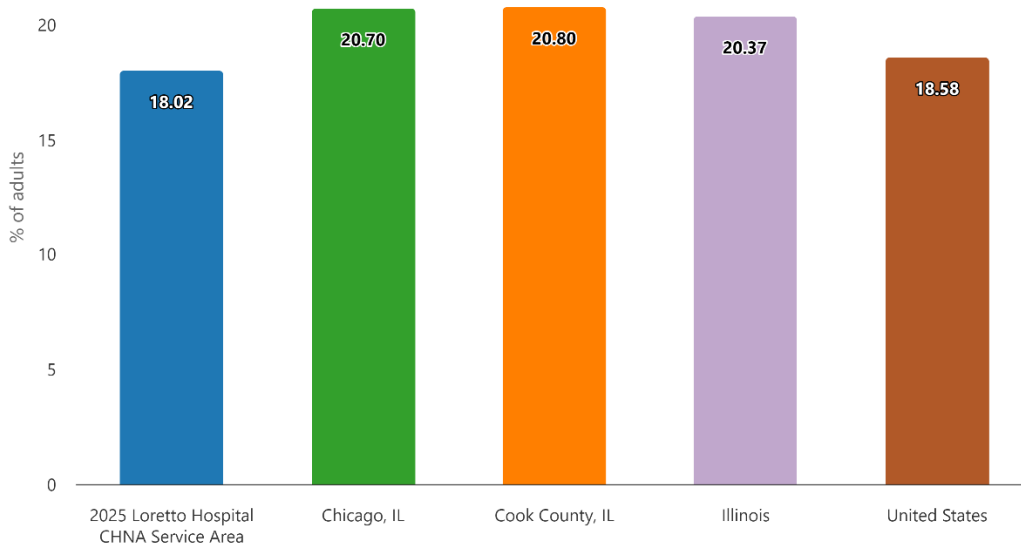
Many factors contribute to the development of substance use disorder including biology, environment, development, and mental health (National Institute on Drug Abuse, 2018). Substance use disorders affect individuals and communities including increasing risk for mental and physical health problems, straining relationships, fewer employment and educational opportunities, and reducing community safety (National Institute on Drug Abuse, 2018).

Community input survey respondents in the Loretto Hospital service area ranked substance use as the #2 top health issue.

## Alcohol use

The adult binge drinking rate for the Loretto Hospital service area is comparable to that for Chicago, Cook County, Illinois, and the United States (Figure 62). Within the service area, community areas have a rate that is similar to or lower than the Chicago rate (Figure 63). Alcohol-related hospitalization rates are consistent across the service area, with 12 of 13 zip codes falling between 17 to 24 hospitalizations per 10,000 people (Figure 64).

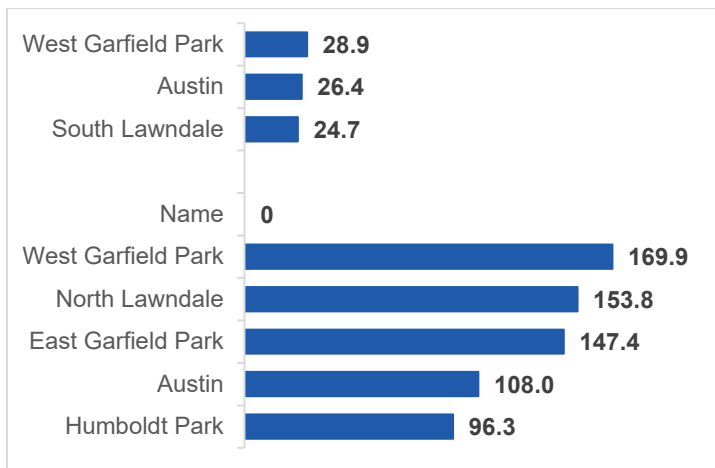
**Figure 62. Adult binge drinking rate as a percentage of adults in the Loretto Hospital service area, Chicago, Cook County, Illinois, and the United States, 2022**



Source: (Centers for Disease Control and Prevention, 2022, 2024b)

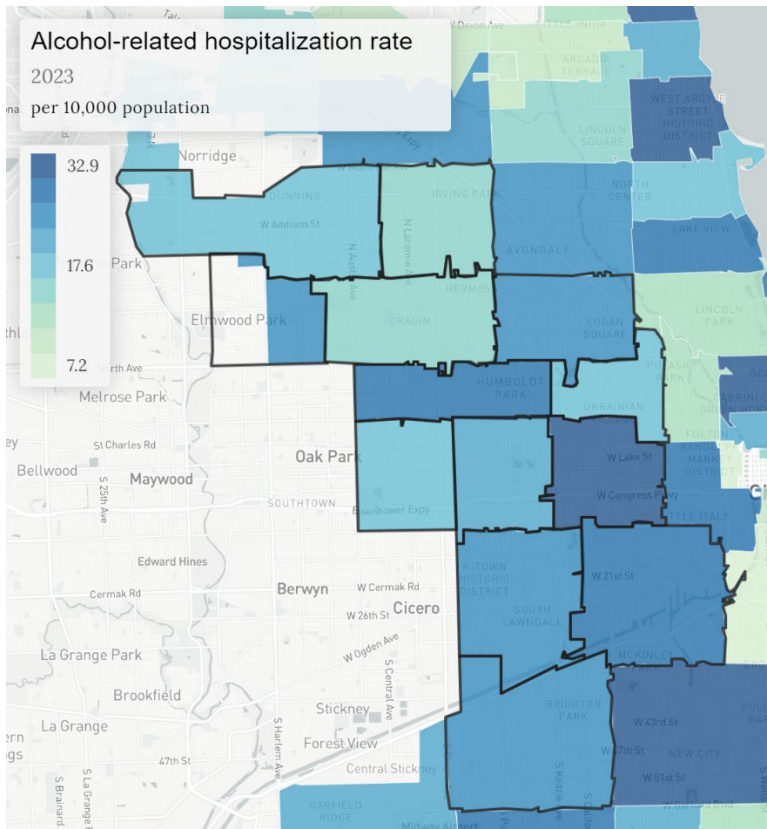
*“Instead of dealing with the stressors, they turn to things that kind of numb themselves.” - UCAN (Stone Temple Church)*

**Figure 63. Adult binge drinking rate as a percentage of adults in the Loretto Hospital service area, 2023-2024**



Source: (Chicago Department of Public Health, 2024)

**Figure 64. Alcohol-related hospitalization rate per 10,000 residents for the Loretto Hospital service area, 2023**



Source: (Illinois Department of Public Health, 2024c)

Youth alcohol use has been declining. The Austin community area makes up a large portion of the Loretto Hospital service area. The Illinois Youth Survey reported that rates of alcohol use among 8<sup>th</sup> graders in the Austin community area decreased significantly from 2020 to 2024 (Figure 65). In 2024, 14% of eighth graders in Chicago reported using alcohol in the last 30 days compared to 3% in the Austin community area (Figure 65).

**Figure 65. Eighth grade alcohol use in the Austin community area and Chicago, 2020-2024**

	Austin Community Area			Chicago
	2020	2022	2024	2024
Used alcohol in the past year	20%	19%	6%	22%
Used alcohol in the past 30 days	11%	7%	3%	14%
Binge drinking in the past 2 weeks	4%	5%	2%	3%

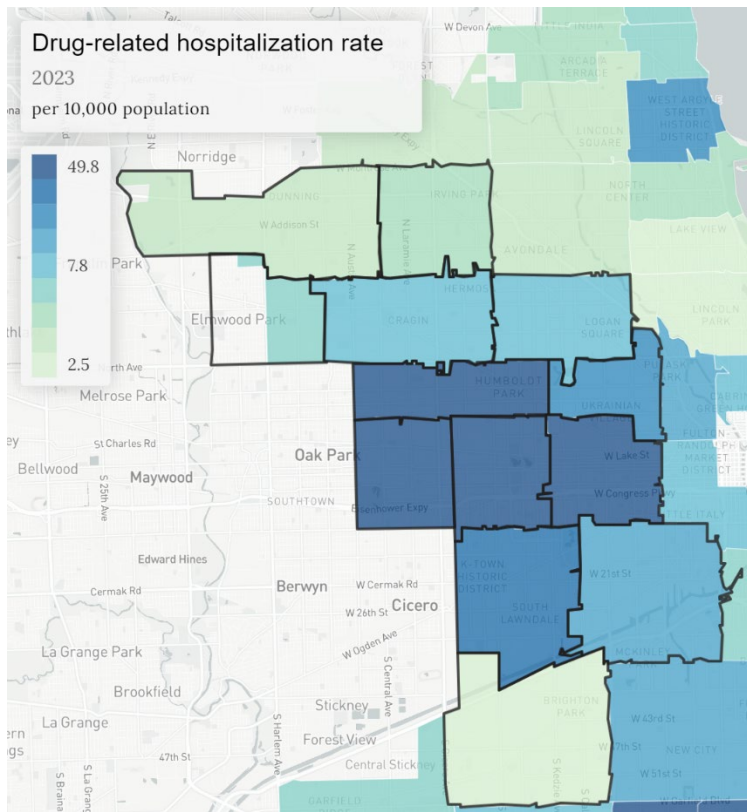
Source: (Illinois Department of Human Services, 2020, 2022, 2024a, 2024b)

**Drug use**

**“For my school specifically, substance abuse is a big thing because once in a while, almost like every week, someone from school or someone gets arrested for gun violence or drug use.” - UI Health CHAMPIONS**

Drug use is a major issue among both youth and adults. In the Loretto Hospital service area the drug-related hospitalization rate varies by zip code with 60624 (East and West Garfield Park) having the highest rate of 46.7 hospitalizations per 10,000 population and 60707 (Montclare) with the lowest rate at 5.9 (Figure 66). The drug-related hospitalization rate for Chicago is 9.8 (Illinois Department of Public Health, 2024c).

**Figure 66. Drug-related hospitalization rate per 10,000 population in the Loretto Hospital service area, 2023**



**Error! Not a valid link.**Source: (Illinois Department of Public Health, 2024c)

Youth drug use has been declining. The Illinois Youth Survey reported that rates of drug use among 8<sup>th</sup> graders in the Austin community area decreased significantly from 2020 to 2024 (Figure 65). In 2024, 6% of eighth graders in Chicago reported using tobacco products or vaping in the last 30 days compared to 3% in the Austin community area (Figure 67).

**Figure 67. Eighth grade substance use rates in the past 30 days in Chicago and the Austin Community area, 2020-2024**

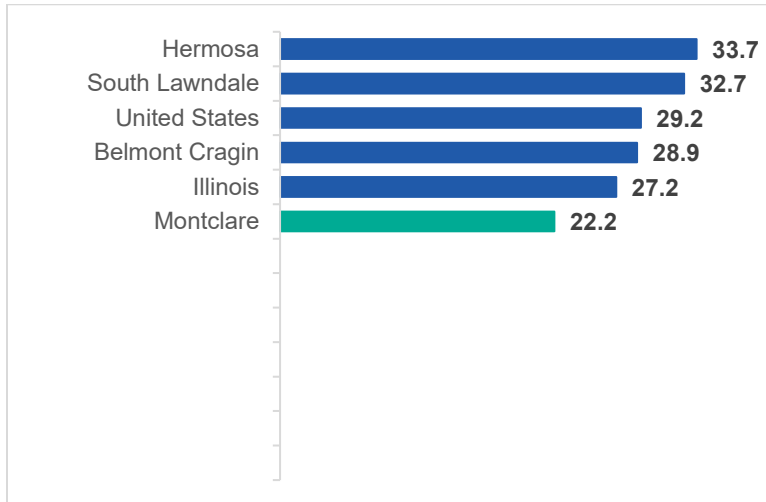
	Austin Community Area			Chicago
	2020	2022	2024	2024
Tabacco products or vaping products	8%	9%	3%	6%
Marijuana	15%	10%	6%	3%
Prescription drug misuse	5%	4%	2%	2%

Source: (Illinois Department of Human Services, 2020, 2022, 2024a, 2024b)

**Mortality**

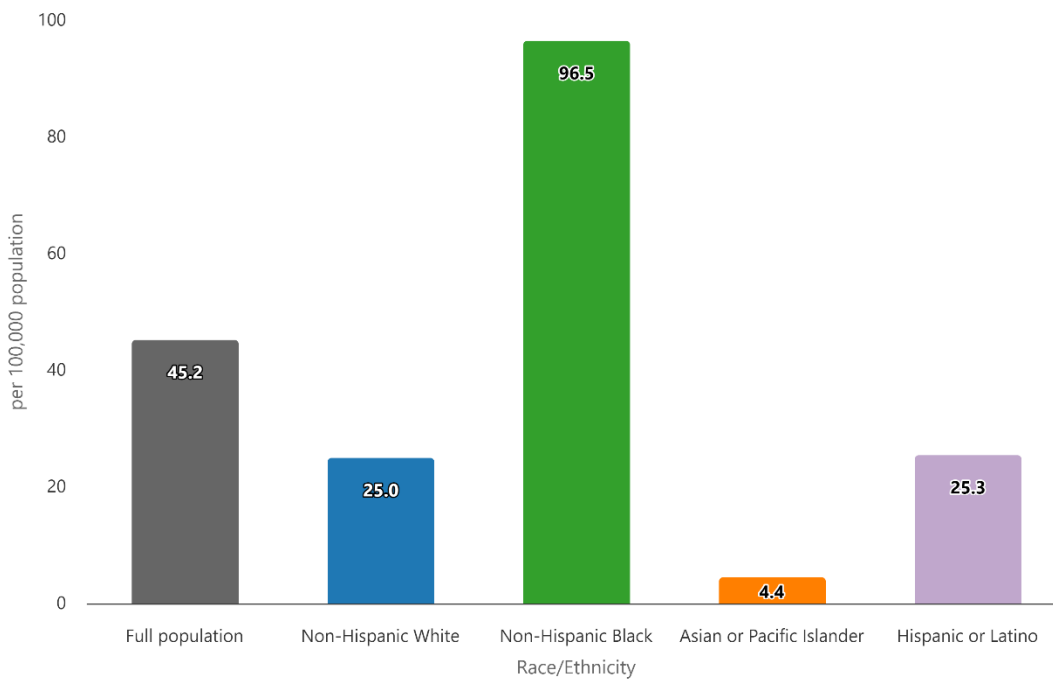
The drug overdose mortality rate in Chicago is higher than Cook County, Illinois, and the United States (Figure 68). Several communities in the Loretto Hospital service area have drug overdose mortality rates between two and four times that of Chicago overall (Figure 68). In Chicago, drug overdose mortality rates vary widely by Race and Ethnicity. The drug overdose mortality rate for Non-Hispanic Black residents is almost four times that of Non-Hispanic White and Hispanic/Latino residents (Figure 69).

**Figure 68. Drug overdose mortality rate per 100,000 population of the Loretto Hospital service area, 2019-2023**



Source: (Centers for Disease Control and Prevention, 2024a; Illinois Department of Public Health, 2024a)

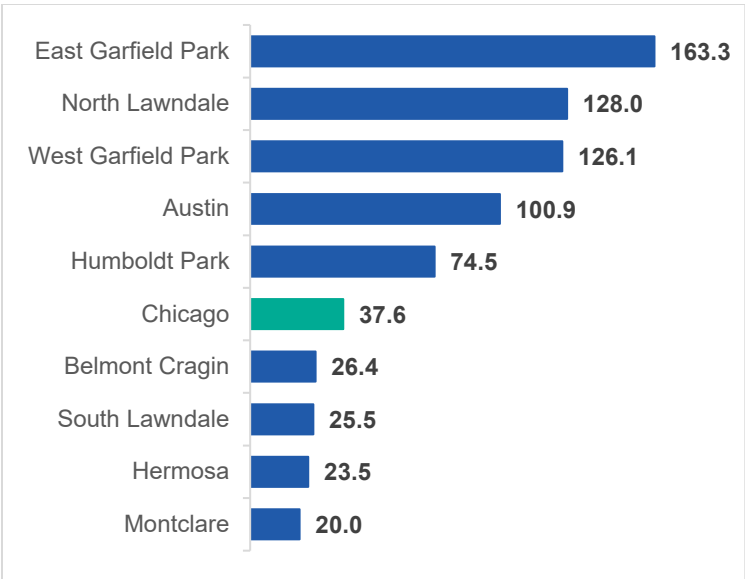
**Figure 69. Drug overdose mortality rate per 100,000 residents by Race/Ethnicity in Chicago, 2023**



Source: (Illinois Department of Public Health, 2024a)

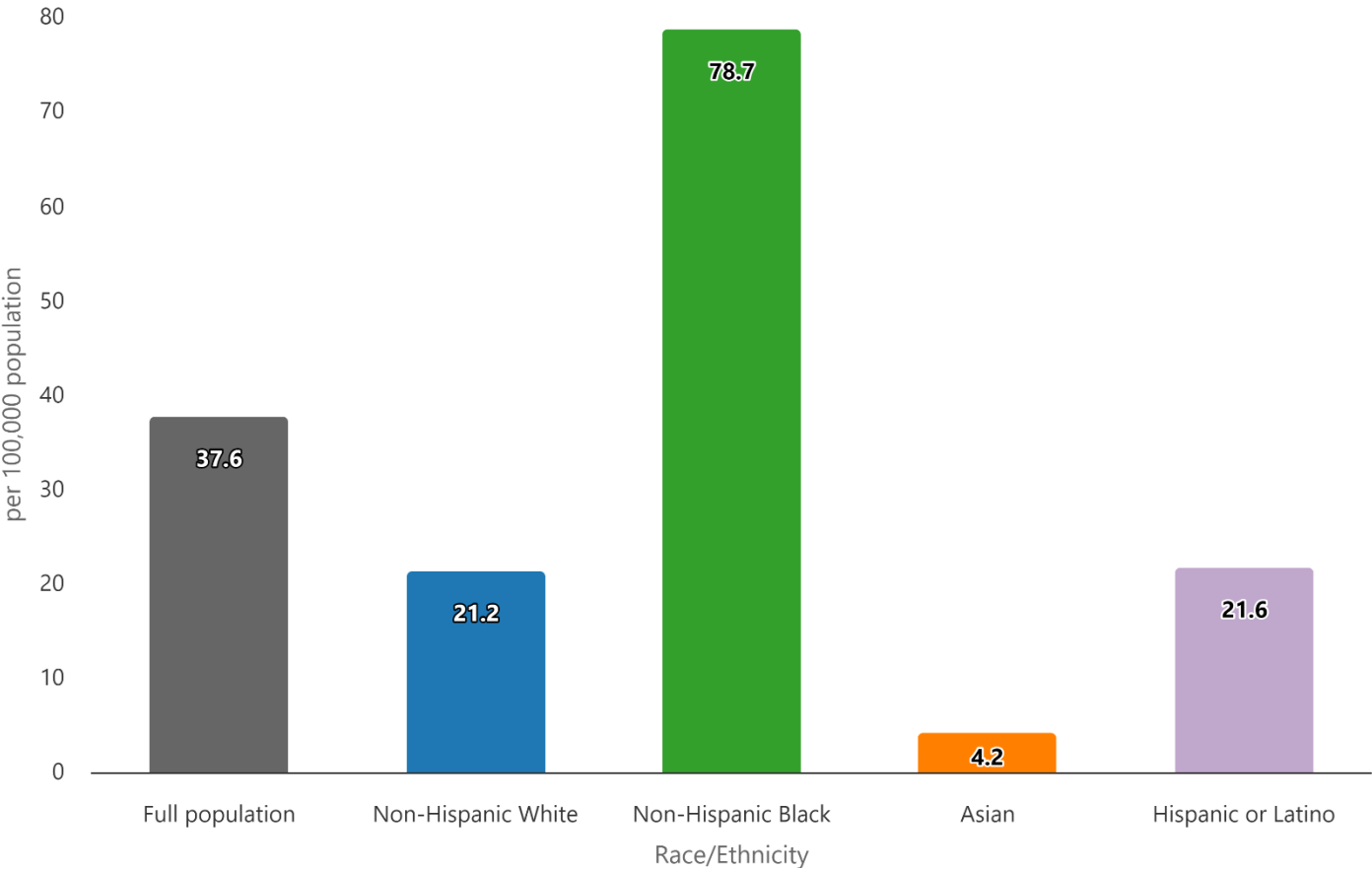
The opioid-related overdose mortality rate is also high in many parts of the Loretto Hospital service area. A majority of communities in the service area have opioid-related overdose rates that are between two and five times that of Chicago overall (Figure 70). In alignment with other drug overdose mortality trends, opioid-related overdose mortality is highest among Non-Hispanic Black residents with a rate of almost four times the rate for Non-Hispanic White and Hispanic/Latino residents (Figure 71).

**Figure 70. Opioid-related overdose mortality rate per 100,000 residents in the Loretto Hospital service area, 2023**



Source: (Cook County Medical Examiner’s Office, 2025)

**Figure 71. Opioid-related overdose mortality rate per 100,000 residents by Race/Ethnicity in the Loretto Hospital service area, 2023**

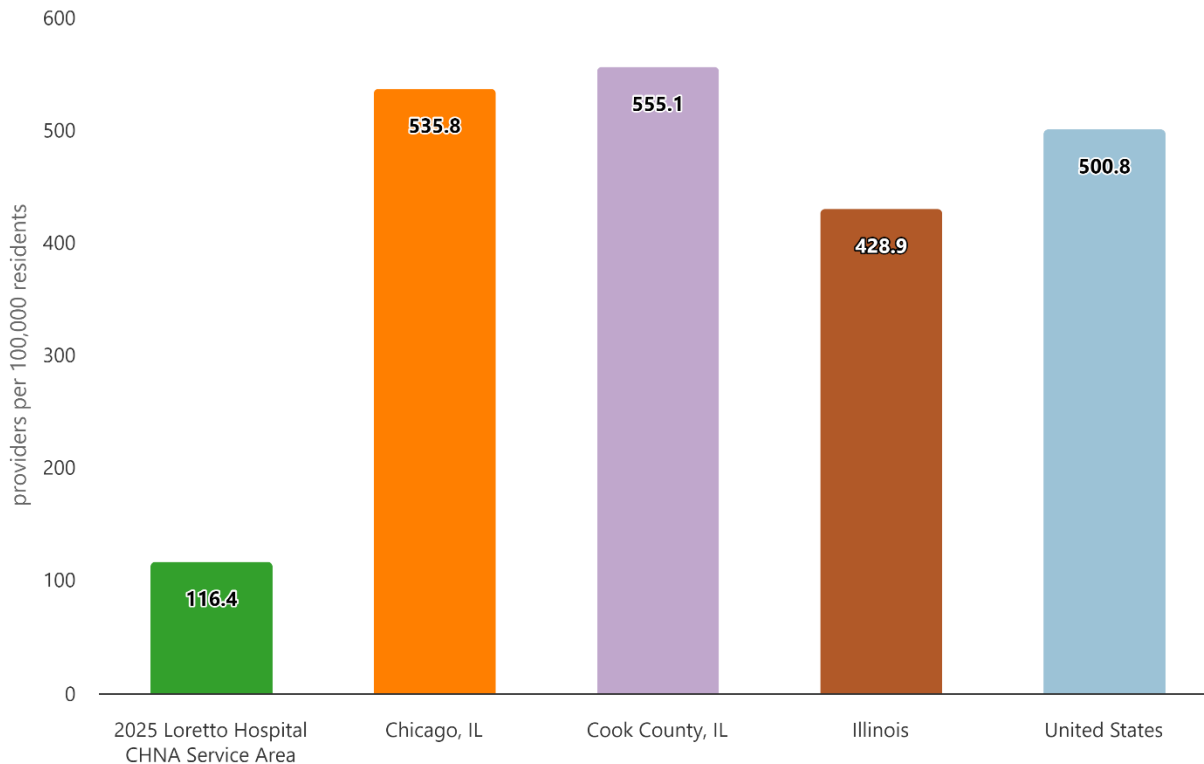


Source: (Cook County Medical Examiner’s Office, 2025)

## Access to treatment

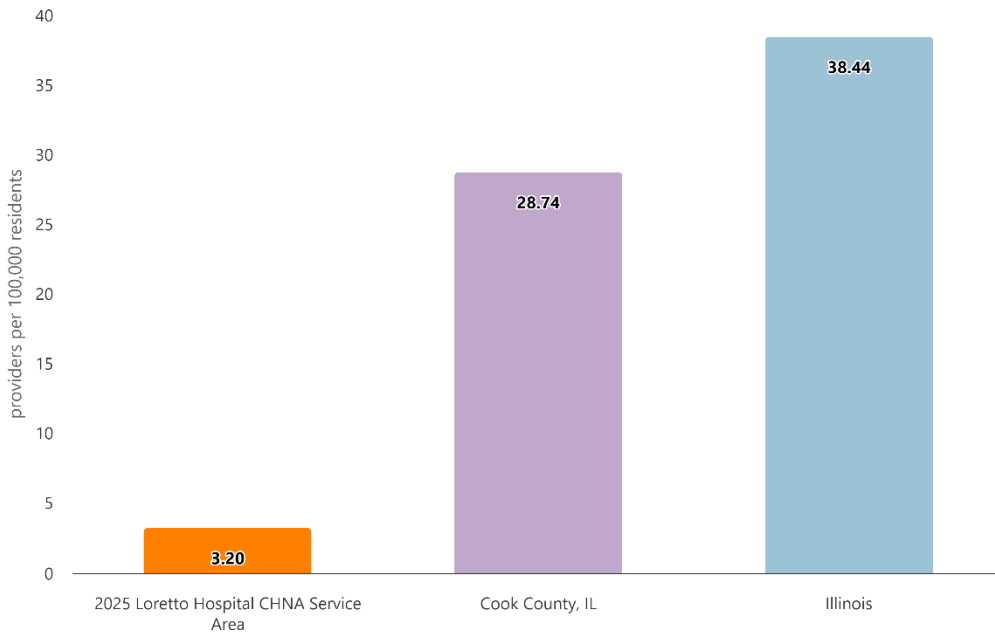
For both youth and adults, limited access to mental health treatment is a barrier to overall health and wellbeing. The amount of mental health care providers per 100,000 residents in the Loretto Hospital service area is less than 25% the amount for Chicago, Cook County, and the United States (Figure 72). The number of Medicaid behavioral health professionals is even lower, with only 3.2 per 100,000 in the Loretto Hospital service area. This is 11% of the rate for Chicago, and 8% of the rate for Illinois (Figure 73). This is despite the service area having a higher percentage of residents eligible for Medicaid than Chicago, Cook County, Illinois, or the United States (Figure 74).

**Figure 72. Mental health care providers per 100,000 residents in the Loretto Hospital service area, Chicago, Cook County, Illinois, and United States, 2022**



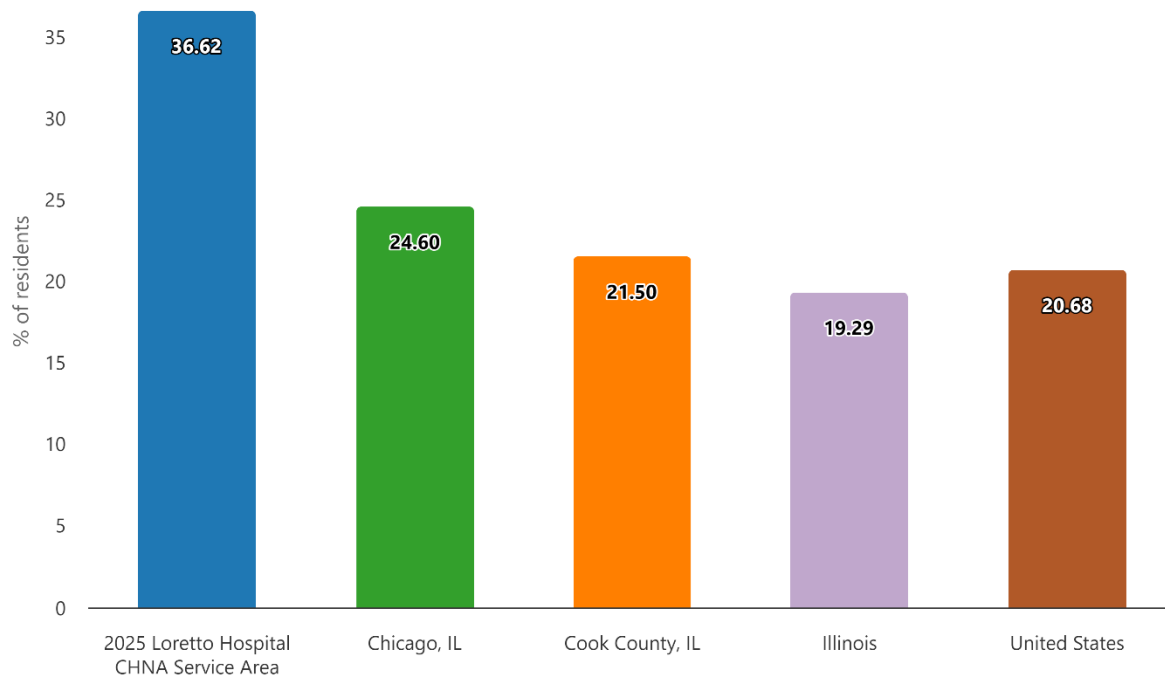
Source: (Centers for Medicare and Medicaid Services (CMS), 2024)

**Figure 73. Medicaid behavioral health professionals per 100,000 residents in the Loretto Hospital service area, Cook County, and Illinois, 2025**



Source: (Illinois Department of Healthcare and Family Services, 2025)

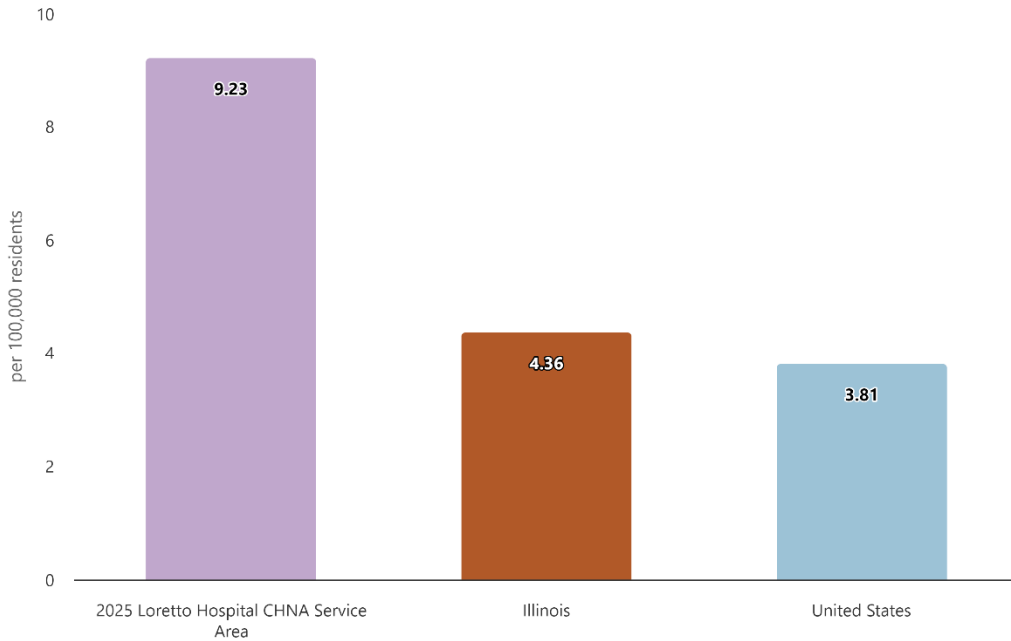
**Figure 74. Medicaid coverage as a percentage of residents in the Loretto Hospital service area, Chicago, Cook County, Illinois, and the United States, 2019-2023**



Source: (US Census Bureau, 2024)

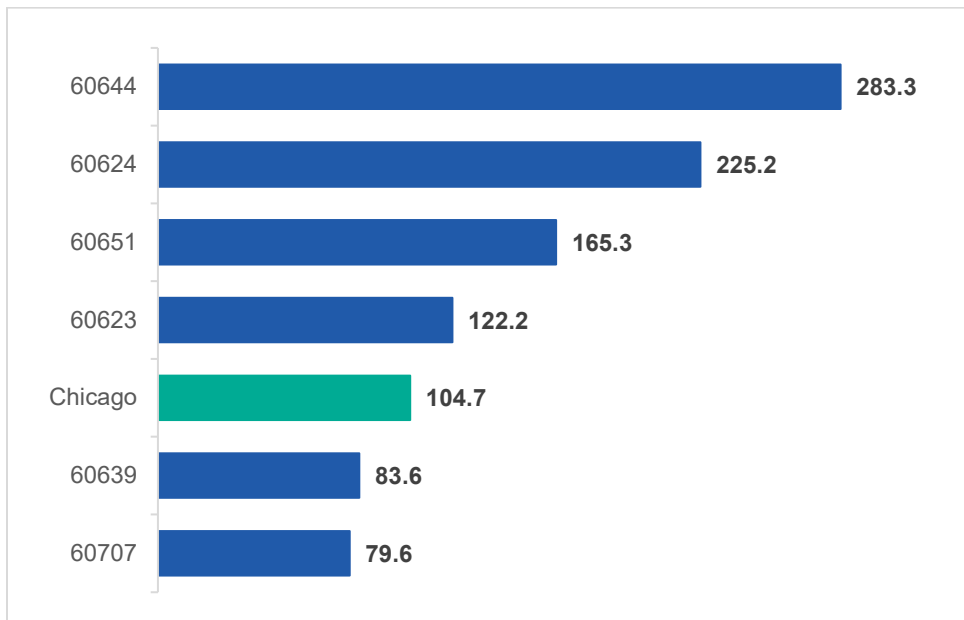
In contrast, the Loretto Hospital service area has a higher rate of substance use treatment facilities per 100,000 residents than either Illinois or the United States (Figure 75).

**Figure 75. Substance use treatment facilities per 100,000 residents in the Loretto Hospital service area, Illinois, and the United States, 2023**



Source: (Substance Abuse and Mental Health Services Administration, 2023)

**Figure 76. Behavioral health-related hospitalizations in the Loretto Hospital service area, 2023**

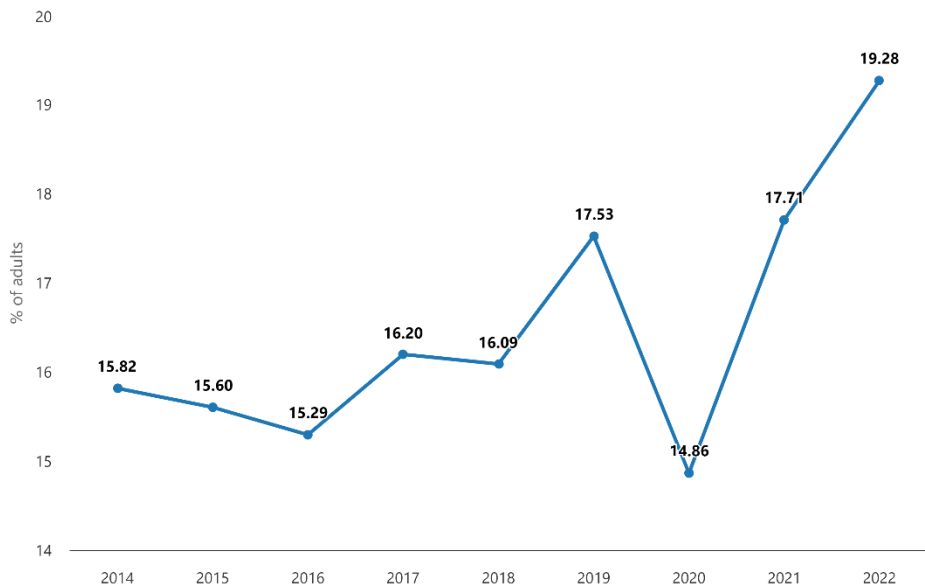


Source: (Illinois Department of Public Health, 2024c)

### COVID-19 and behavioral health

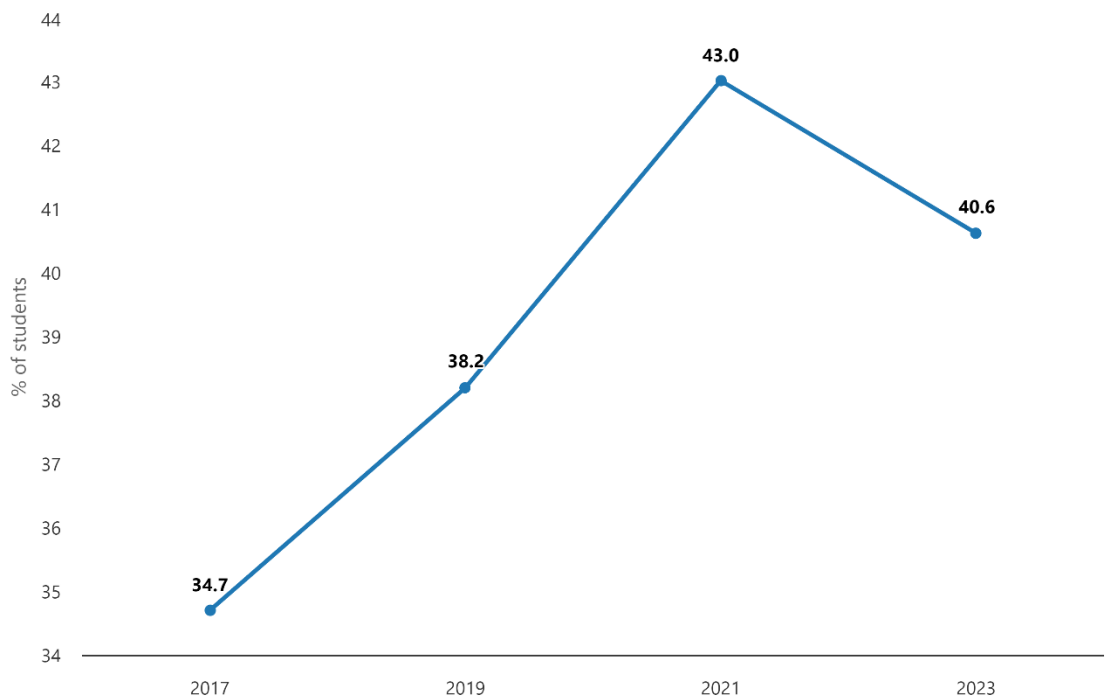
The COVID-19 pandemic had major effects on mental health. Increased isolation, anxiety, depression, and grief from loss of loved ones all influenced the incidence and severity of mental health challenges. In the Loretto Hospital service area, the percentage of adults reporting poor mental health increased from 15% in 2020 to 19% in 2022 (Figure 77). In Chicago, high school depression rates increased from 38% of students in 2019 to 41% in 2023, after peaking at 43% in 2021 (Figure 78).

**Figure 77. Poor self-reported mental health in the Loretto Hospital service area, 2014-2022**



Source: (Centers for Disease Control and Prevention, 2024b)

**Figure 78. High school depression rate as a percent of students in Chicago, 2017-2023**



Source: (Centers for Disease Control and Prevention, 2024d)

Before the start of the COVID-19 pandemic, opioid overdose and drug-related deaths were steadily increasing in Chicago and Cook County. In March of 2020, the rates of opioid overdose mortality and drug-related deaths began to skyrocket (Ghose et al., 2022; National Center for Health Statistics, 2024). This trend is expected to continue with synthetic opioids such as fentanyl continuing to accelerate mortality rates (National Center for Health Statistics, 2024). Within these populations, children, teenagers, and young adults have experienced some of the most dramatic increases in drug overdose mortality. In Chicago, the drug overdose rate increased by 69% between 2019 and 2023 (5-year average). In some communities within the Loretto Hospital service area, overdose mortality rates more than doubled (Figure 79).

**Figure 79. Change in drug overdose mortality rate per 100,000 population in Loretto Hospital’s service area, 2015-2023**

	2015-2019	2019-2023	Percent change
Chicago	25.2	42.6	69% ↑
Montclare	22.6	22.2	2% ↓
Hermosa	24.1	33.7	40% ↑
Humboldt Park	62.1	96.3	55% ↑
Belmont Cragin	18.1	28.9	60% ↑
North Lawndale	93.1	153.8	65% ↑
East Garfield Park	86.4	147.4	71% ↑
Austin	61.3	108.0	76% ↑
West Garfield Park	83.7	169.9	103% ↑
South Lawndale	13.7	32.7	139% ↑

Source: (Illinois Department of Public Health, 2024a)

In addition to increases in drug overdoses, emerging evidence indicates that alcohol-related issues such as binge drinking increased as a result of the pandemic (Grossman et al., 2020). Those experiencing COVID-19 related stress were more likely to increase alcohol consumption (National Center for Health Statistics, 2024). In Chicago, the alcohol-induced mortality rate increased 24% between 2019 and 2023 (5-year average) and many communities within the Loretto Hospital service area increased more than 30% (Figure 80).

**Figure 80. Change in alcohol-induced mortality rate per 100,000 population in the Loretto Hospital service area, 2015-2023**

	2015-2019	2019-2023	Percent increase
Chicago	8.6	11.3	24%
South Lawndale	14.4	15.4	6%
Austin	9.8	11.9	18%
Belmont Cragin	10.7	15.4	31%
East Garfield Park	9.2	13.8	33%
West Garfield Park	10.3	16.2	36%
North Lawndale	9.3	15.1	38%
Humboldt Park	8.1	14.1	43%
Montclare	5.1	10.4	51%
Hermosa	0.0	9.7	100%*

Source: (Illinois Department of Public Health, 2024a)

## Updates on implementation activities from 2022 CHNA

# Conclusion

## References

- A Better Chicago. (2024). *2024 Youth Survey Results*. A Better Chicago. [https://www.abetterchicago.org/wp-content/uploads/ABC\\_GSG-Youth-Survey-Results\\_2024\\_FINAL.pdf](https://www.abetterchicago.org/wp-content/uploads/ABC_GSG-Youth-Survey-Results_2024_FINAL.pdf)
- Benjamins, M. R., Silva, A., Saiyed, N. S., & De Maio, F. G. (2021). Comparison of All-Cause Mortality Rates and Inequities Between Black and White Populations Across the 30 Most Populous US Cities. *JAMA Network Open*, 4(1), e2032086. <https://doi.org/10.1001/jamanetworkopen.2020.32086>
- Bennet, A., Bergo, C., Debelnogich, J., Lightner, S., & Masinter, L. (2023). *Illinois Maternal Morbidity and Mortality Report* (pp. 1–79). Illinois Department of Public Health. <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/maternal-child-family-health-services/maternal-health/mmmr/maternal-morbidity-mortality-report2023.pdf>
- Centers for Disease Control and Prevention. (2022). *Behavioral Risk Factor Surveillance System*. Metopio. <https://metop.io/>
- Centers for Disease Control and Prevention. (2024a). *National Vital Statistics System-Mortality*. Metopio. [www.metop.io](http://www.metop.io)
- Centers for Disease Control and Prevention. (2024b). *PLACES*. Metopio. <https://metop.io/>
- Centers for Disease Control and Prevention. (2024c). *What is Health Equity?* Health Equity. <https://www.cdc.gov/health-equity/what-is/index.html>
- Centers for Disease Control and Prevention. (2024d, October 7). *2023 Youth Risk Behavior Survey Results*. Youth Risk Behavior Surveillance System (YRBSS). <https://www.cdc.gov/yrbs/results/2023-yrbs-results.html>
- Centers for Disease Control and Prevention. (2024e, December 17). *Health Effects of Social Isolation and Loneliness*. Social Connection. <https://www.cdc.gov/social-connectedness/risk-factors/index.html>
- Centers for Medicare and Medicaid Services (CMS). (2024). *National Provider Identifier Files [Dataset]*. Metopio. [www.metop.io](http://www.metop.io)
- Chicago Department of Public Health. (2024). *Healthy Chicago Survey*. Chicago Health Atlas. <https://chicagohealthatlas.org/>
- Cook County Medical Examiner’s Office. (2025). *Death Records [Dataset]*. Chicago Health Atlas. [www.chicagohealthatlas.org](http://www.chicagohealthatlas.org)
- Davis, K., & Ballreich, J. (2014). Equitable access to care—How the United States ranks internationally. *The New England Journal of Medicine*, 371(17), 1567–1570. <https://doi.org/10.1056/NEJMp1406707>
- Feeding America. (2022). *Map the Meal Gap*. Metopio. <https://metop.io/>

- Ghose, R., Forati, A. M., & Mantsch, J. R. (2022). Impact of the COVID-19 Pandemic on Opioid Overdose Deaths: A Spatiotemporal Analysis. *Journal of Urban Health*, 99(2), 316–327. <https://doi.org/10.1007/s11524-022-00610-0>
- Grossman, E. R., Benjamin-Neelon, S. E., & Sonnenschein, S. (2020). Alcohol Consumption during the COVID-19 Pandemic: A Cross-Sectional Survey of US Adults. *International Journal of Environmental Research and Public Health*, 17(24), 9189. <https://doi.org/10.3390/ijerph17249189>
- Heffernan, M., Menker, C., Cicchetti, C., Wakschlag, L., Bendelow, A., Keese, A., Casale, M., & Macy, M. (2025). *Voices of Child Health Report* (Vol 7, Number 1). Stanley Manne Children’s Research Institute. [luriechildrens.org/voices](http://luriechildrens.org/voices)
- Henricks, K., Lewis, A. E., Arenas, I., & Lewis, D. G. (2018). *A Tale of Three Cities: The State of Racial Justice in Chicago Report*. OSF. <https://doi.org/10.31235/osf.io/9wgs5>
- Hill, L., & Artiga, S. (2023, May 23). What is Driving Widening Racial Disparities in Life Expectancy? *KFF*. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/what-is-driving-widening-racial-disparities-in-life-expectancy/>
- Illinois Department of Healthcare and Family Services. (2025). *Illinois Medicaid Provider Directory* [Dataset]. Metopio. [www.metop.io](http://www.metop.io)
- Illinois Department of Human Services. (2020). *2020 Chicago Community Area Report—Austin* (Illinois Youth Survey). Illinois Department of Human Services. [https://iys.cprd.illinois.edu/UserFiles/Servers/Server\\_178052/File/2020/2020%20Revisions/2020%20CCA%20Report%20-%20Austin.pdf](https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2020/2020%20Revisions/2020%20CCA%20Report%20-%20Austin.pdf)
- Illinois Department of Human Services. (2022). *2022 Chicago Community Area Report—Austin* (Illinois Youth Survey). Illinois Department of Human Services. [https://iys.cprd.illinois.edu/UserFiles/Servers/Server\\_178052/File/2022/2022%20Revisions/2022%20CCA%20Report%20-%20Austin.pdf](https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2022/2022%20Revisions/2022%20CCA%20Report%20-%20Austin.pdf)
- Illinois Department of Human Services. (2024a). *2024 Chicago Community Area Report—Austin* (Illinois Youth Survey). Illinois Department of Human Services. [https://iys.cprd.illinois.edu/UserFiles/Servers/Server\\_178052/File/2024/2024%20Revisions/Chicago%20Community%20Area%20Report%20-%20Austin\\_20240814154.pdf](https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2024/2024%20Revisions/Chicago%20Community%20Area%20Report%20-%20Austin_20240814154.pdf)
- Illinois Department of Human Services. (2024b). *2024 Frequency Report: City of Chicago* (Illinois Youth Survey). Illinois Department of Human Services. [https://iys.cprd.illinois.edu/UserFiles/Servers/Server\\_178052/File/2024/Cnty24\\_Cook-Non\\_Chicago.pdf](https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/2024/Cnty24_Cook-Non_Chicago.pdf)
- Illinois Department of Public Health. (2021). *Illinois State Cancer Registry*. Metopio. <https://metop.io/>
- Illinois Department of Public Health. (2022). *Birth Certificate Data Files* [Dataset]. Chicago Health Atlas. [chicagohealthatlas.org](http://chicagohealthatlas.org)

- Illinois Department of Public Health. (2024a). *Death Certificate Data Files*. Chicago Health Atlas. <https://chicagohealthatlas.org/>
- Illinois Department of Public Health. (2024b). *Death Statistics*. <https://dph.illinois.gov/data-statistics/vital-statistics/death-statistics.html>
- Illinois Department of Public Health. (2024c). *Hospital Discharge Data*. Chicago Health Atlas. <https://chicagohealthatlas.org/>
- MacDorman, M. F., Declercq, E., Cabral, H., & Morton, C. (2016). Recent Increases in the U.S. Maternal Mortality Rate: Disentangling Trends From Measurement Issues. *Obstetrics & Gynecology*, 128(3), 447. <https://doi.org/10.1097/AOG.0000000000001556>
- National Academies of Sciences, Engineering, and Medicine. (2018). Department of Veterans Affairs Mental Health Services: Need, Usage, and Access and Barriers to Care. In *Evaluation of the Department of Veterans Affairs Mental Health Services*. National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK499497/>
- National Center for Health Statistics. (2021). *Cook, Illinois | County Health Rankings & Roadmaps*. <https://www.countyhealthrankings.org/health-data/illinois/cook>
- National Center for Health Statistics. (2024, August 20). *Substance use*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/hus/sources-definitions/substance-use.htm>
- National Institute on Drug Abuse. (2018, June 6). *Understanding Drug Use and Addiction DrugFacts*. National Institute on Drug Abuse. <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>
- Perez-Johnson, I., & Holzer, H. (2021). The importance of workforce development for a future-ready, resilient, and equitable American economy. *American Institutes for Research*. <https://www.air.org/sites/default/files/WDEMP-Importance-of-Workforce-Development-Brief-April-2021.pdf>
- Pittman, P., Chen, C., Erikson, C., Salsberg, E., Luo, Q., Vichare, A., Batra, S., & Burke, G. (2021). Health Workforce for Health Equity. *Medical Care*, 59(10 Suppl 5), S405–S408. <https://doi.org/10.1097/MLR.0000000000001609>
- Squires, D., & Anderson, C. (2015). U.S. health care from a global perspective: Spending, use of services, prices, and health in 13 countries. *Issue Brief (Commonwealth Fund)*, 15, 1–15.
- Substance Abuse and Mental Health Services Administration. (2023). *2023 National Survey on Drug Use and Health (NSDUH) [Dataset]*. <https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables>
- US Census Bureau. (2024). *American Community Survey 5-Year Data (2009-2023)*. Metopio. <https://metop.io/>
- Weinstein, J. N., Geller, A., Negussie, Y., & Baciu, A. (Eds.) (with Committee on Community-Based Solutions to Promote Health Equity in the United States, Board on Population Health and Public Health Practice, Health and Medicine Division, & National Academies of Sciences, Engineering, and Medicine). (2017).

*Communities in Action: Pathways to Health Equity*. National Academies Press.

<https://doi.org/10.17226/24624>

World Health Organization. (2022, June 17). *Mental health*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Wuorela, M., Lavonius, S., Salminen, M., Vahlberg, T., Viitanen, M., & Viikari, L. (2020). Self-rated health and objective health status as predictors of all-cause mortality among older people: A prospective study with a 5-, 10-, and 27-year follow-up. *BMC Geriatrics*, 20(1), 120. <https://doi.org/10.1186/s12877-020-01516-9>

## Appendix

- Focus group summary
- Survey data