Advocate Health Care

2025

Advocate Illinois Masonic Medical Center

Community Health Needs Assessment Report

836 W Wellington Ave.
Chicago, IL 60657

Letter from Division President

October 2025

At Advocate Health, we are redefining care for you, for us, for all. This purpose calls us to see health not just as a service, but as a shared journey. From discovery to everyday moments, everyone plays a vital role.

Our Community Health Needs Assessments (CHNA) are more than just reports. They are roadmaps for our future, centered on strong partnerships that lead to real and lasting solutions.

Throughout the CHNA process, we strive to listen deeply, learn continuously and act boldly to address the changing needs and strengths of our communities. By working together with our community partners, engaging with our neighbors and analyzing local data, we aim to provide the best possible care that extends beyond the walls of our hospitals and clinics.

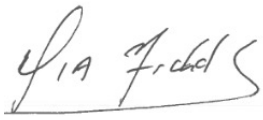
As we close another CHNA cycle, I'm inspired by the profound difference we make each day across our Illinois Division. From groundbreaking research and exceptional clinical care to meaningful patient programs and cutting-edge innovations, our work is driven by the patients, families and communities we serve. Together, we are shaping healthier futures for all.

We are deeply grateful to the many individuals and organizations who contributed to this assessment. Your perspectives and partnership are essential to improving the health and well-being of our communities, and we are proud to stand beside you in this work.

Publishing this CHNA is not the end of the conversation. It's an invitation to keep it going. We welcome your feedback, ideas and suggestions. At the end of this report, you'll find a link where you can share your thoughts on how we can strengthen community programs and strategies to better serve you and your neighbors.

Let's move forward toward better health for all.

Together always,



Dia Nichols
President, Illinois Division, Advocate Health

Letter from Hospital President

October 2025

Thank you for taking the time to learn about the communities served by Advocate Illinois Masonic Medical through our Community Health Needs Assessment (CHNA). This report provides a detailed look at the health status and social needs of our service area, helping us deliver safe, high-quality care with compassion and dignity.

Advocate Illinois Masonic in Lakeview serves residents throughout Cook County. We are deeply committed to not only exceptional patient care, but also to improving community health through strong partnerships and collaboration.

Every three years, we conduct a comprehensive CHNA in partnership with local organizations, stakeholders, and public health departments. This process includes extensive community engagement to ensure the assessment reflects the lived experiences and priorities of those we serve. Input from residents, along with internal and community data sources, forms the foundation of this report. Our Community Health Council also plays a key role by reviewing data, guiding priorities, and offering strategic insight.

For the 2025 CHNA, the Council has identified three priority health areas:

- Mental Health
- Diabetes
- Access to Health Care

We will implement strategies and interventions that address the root causes of these issues, guided by research, best practices, and evidence-informed approaches. This includes continuing long-standing programs and developing new initiatives.

It is our honor to work alongside community partners, leaders, and residents to improve the health and wellness of the diverse populations we serve. With a data-driven understanding of community needs, Advocate Illinois Masonic remains committed to helping people live well and enhancing quality of life across our service area.

Matthew Primack
President, Advocate Illinois Masonic Medical Center

Table of Contents

I. Executive Summary 05

II. Description of Advocate Health Care and Advocate Illinois Masonic Medical Center 06

A. Advocate Health Care 06

B. Advocate Illinois Masonic Medical Center 06

III. 2025 Community Health Needs Assessment 07

A. Community Definition 07

B. How the CHNA was Conducted 10

C. Summary of CHNA Findings 11

IV. Prioritization of Health-Related Issues 34

A. Priority Setting Process 34

B. Health Needs Selected 35

C. Health Needs Not Selected 35

V. Approval of Community Health Needs Assessment 36

VI. Vehicle for Community Feedback 36

VII. Evaluation of Impact from Previous CHNA 37

A. Exhibit 1: Prioritization Tool Instructions (Voting Methodology) 38

B. Exhibit 2: Health Priority Facts 39

VIII. Appendices 41

Appendix 1: 2025 Community Health Needs Assessment Data Sources 41

Appendix 2: Community Resources Available for Significant Needs 41

Appendix 3: References 42

Appendix 4: Additional Data 43

EXECUTIVE SUMMARY

In 2025, Advocate Illinois Masonic Medical Center (Advocate Illinois Masonic) conducted a Community Health Needs Assessment (CHNA) for its Primary Service Area (PSA), which includes 20 zip codes in Cook County. The CHNA analyzed demographic, socioeconomic, and health data alongside input from the Alliance for Health Equity (surveys and focus groups).

The PSA population is 48.2% White, 30.2% Hispanic/Latino, 8.0% Asian/Pacific Islander, and 10.0% Black/African American, with a median household income of $89,430.

The hospital's Community Health Council (CHC), comprised of hospital leaders and community representatives, guided the process through data review, discussion, and prioritization exercises. Health issues were rated against criteria including severity, urgency, disparities, cost, preventability, and long-term impact.

Key Findings

The CHC identified eight significant health needs: cardiovascular disease, diabetes, respiratory disease, substance and alcohol use, mental health, obesity, food insecurity, and access to care. After prioritization, the three top health priorities for 2026–2028 were confirmed as:

1. Mental Health
2. Access to Health Care
3. Diabetes

Cancer, housing, community safety, and maternal health were also noted as important concerns but were not included locally given Advocate Health's system-wide investments in these areas.

Next Steps

Advocate Illinois Masonic in collaboration with community partners, will develop an implementation strategy aligned with these priorities. Using a collective impact model, the strategy will define goals, objectives, and measurable outcomes to monitor community impact and program effectiveness.

ADVOCATE HEALTH CARE

Advocate Health Care is the largest health system in Illinois and a national leader in clinical innovation, health outcomes, consumer experience and value-based care. One of the state's largest private employers, the system serves patients across 11 hospitals, including two children's campuses, and more than 250 sites of care. Advocate Health Care, in addition to Aurora Health Care in Wisconsin and Atrium Health in the Carolinas, Georgia and Alabama, is a part of Advocate Health, the third-largest nonprofit health system in the United States. Committed to redefining care for all, Advocate Health provides nearly $6 billion in annual community benefits.

ADVOCATE ILLINOIS MASONIC MEDICAL CENTER

Advocate Illinois Masonic Medical Center, located on Chicago's North Side, is one of the state's largest, most comprehensive nonprofit medical centers. Advocate Illinois Masonic offers a wide range of medical specialties and is nationally recognized for its medical expertise, use of the most innovative technologies and dedication to patient safety, quality and service.

A commitment to community, medical education and ongoing clinical research affirms our mission of providing patients with the highest quality care in Chicagoland. A recipient of numerous awards for quality and clinical excellence, Advocate Illinois Masonic has achieved Magnet designation for excellence in nursing services from the American Nurses Credentialing Center.

Level I Trauma Center

Level III Neonatal Intensive Care Unit

Cancer Care

Heart Care

Bariatric Surgery

Brain and Spine Institute

Women's Imaging Center

Stroke Care

Outpatient Rehabilitation & Sports Health Center

Digestive Health

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) is an analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital is required to complete a CHNA every three years under the Patient Protection and Affordable Care Act (ACA), to demonstrate that a hospital is committed to promoting health.

A CHNA report is designed to inform a wide range of groups to learn more about a community's health and most urgent needs. It is a key tool for promoting health for all, as it lifts the community voice and encourages collaboration between different groups to create focused strategies to address the health needs identified in the CHNA.

Community Definition

For the purposes of this assessment, Advocate Illinois Masonic Medical Center defines "community" as its Primary Service Area (PSA). The PSA consists of 20 communities in Cook County including the communities of Old Town/Near North Side (60610), Boys Town/Lakeview (60613), Lincoln Park/DePaul (60614), Avondale/North Center (60618), Wicker Park/West Town (60622), Ravenswood/Lincoln Square (60625), Rogers Park (60626), Jefferson Park (60630), Dunning (60634), Belmont Cragin (60639), Uptown (60640), Irving Park/Portage (60641), Goose Island/Near North Side (60642), West Ridge/Avalon (60645), Logan Square (60647), Humboldt Park (60651), Lakeview (60657), West Ridge (60659), Edgewater (60660), and Elmwood Park, IL (60707).

Understanding who lives in a community is an important part of the CHNA process. A community is more than just a place on a map - it's made up of the people who live there, their shared experiences, and their differences. These differences can include things like age, income, education, race or ethnicity, and what people know about health. Learning about these details helps us see what specific health problems people face and what support they may need.

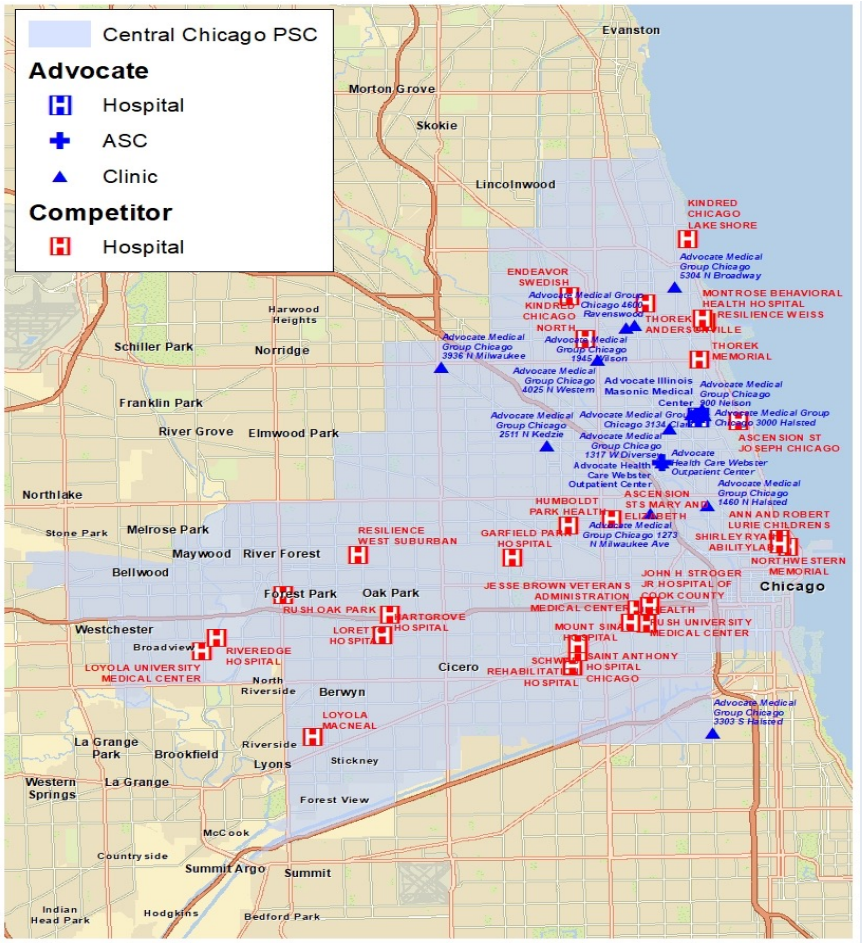


Exhibit 1:
Advocate Illinois Masonic Medical Center, Patient Service Area Map
Source: Advocate Health Care, Business Development, 2024

2019-2023 Data Estimates

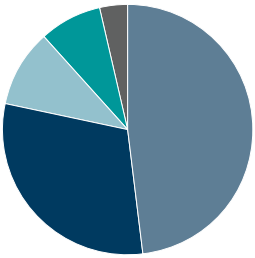
Population
1,202,979
Growth: +2.5% (2010-2020)
Highest Growth (2010-2020):
- Goose Island/Near North Side (60642): +17.3%

Gender
49.2% Male
50.8% Female

Median Age
35.8 years PSA
35.9 years Males
35.6 years Females

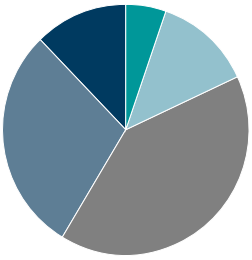
Race/Ethnicity

Non-Hispanic White	48.2%
Hispanic or Latino	30.2%
Non-Hispanic Black	10%
Asian	8%
Two or More Races	3.5%



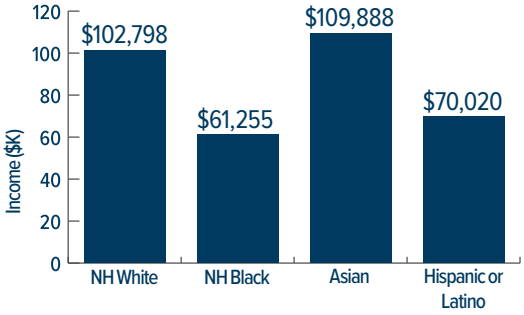
Population by Age Group

Infants 0-4	5.5%
Juveniles 5-17	12.6%
Young Adults 18-39	40.6%
Middle-Age 40-64	29.2%
Seniors 65+	12.1%



Limited English Proficiency Households
8.7% PSA

Income by Race/Ethnicity



Education

High School Graduation Rate		Any Higher Education Rate	
88.7%	PSA	**71.4%**	PSA
88.3%	Cook Co	**66.1%**	Cook Co
90.2%	Illinois	**65%**	Illinois

Median Household Income

$89,430	**$81,797**	**$81,702**
PSA	Cook Co	Illinois

Employment

Unemployment rate		Highest Unemployment Communities	
5.3%	PSA	**10.8%**	Humboldt Park (60651)
7.0%	Cook County	**6.5%**	West Ridge (60645)
5.9%	Illinois	**6.5%**	Irving Park/Portage (60641)

Population Living Below Poverty Level:

12.7%	**13.3%**
PSA	Cook County

Single Parent Families

4.5%	**6.3%**	**6.0%**	**13.0%**
PSA	Cook Co	Illinois	Humboldt Park (60651)

By Race:

25.8%	Pacific Islander/ NativeHawaiian
23.8%	NH Black
8.8%	NH White

By Community:

25.2%	Humboldt Park
18.7%	Uptown
17.7%	Rogers Park
7.3%	Jefferson Park
7.4%	Lakeview

Children:

14.0%	0-4 years
17.5%	5-17 years

Seniors:

15.9%	PSA
12.7%	Cook Co

Seniors Living Alone

» **PSA**	**34.1%**
» **Cook County**	**31.1%**
» **Uptown** (60640)	**54.1%**
» **Lakeview** (60657)	**52.1%**
» **Old Town** (60610)	**50.7%**
» **West Ridge** (60659)	**20.4%**
» **Belmont Cragin** (60639)	**20.8%**

**Source: Metopio, American Community Survey (ACS), U.S. Census Bureau, 2019-2023*
Metopio, Decennial Census, U.S. Census Bureau, 2010 & 2020.

Social Drivers of Health

Social drivers of health (SDOH) are the things in our everyday lives that can help us stay healthy or make it harder to be healthy. These include where we live, the food we eat, the schools we go to, the jobs our families have, and whether we can see a doctor when we need to.

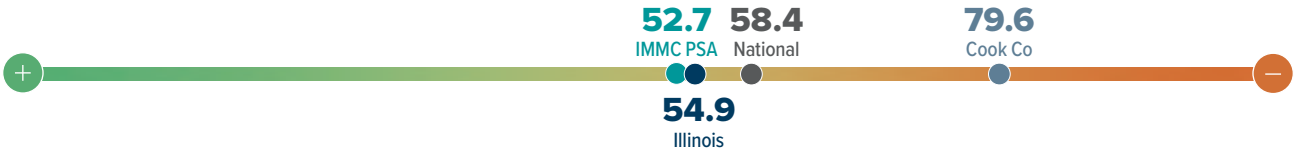
Social drivers of health can also cause health differences between groups of people. For example, if someone lives far from a store with healthy food, it's harder for them to eat well. This can lead to health problems like heart disease or diabetes. Just telling people to eat healthy isn't enough—we need to make sure they have what they need to make healthy choices. That's why people who work in health, schools, housing, and transportation must work together to help everyone live a healthy life.

Social Conditions at a Glance

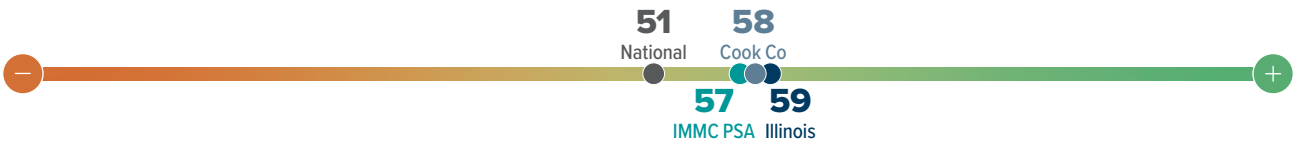
To better understand these factors and identify health inequities in a community, Advocate Health Care has partnered with Metopio, a software company that focuses on how communities are connected through people and places. Metopio's tools use data to show how different factors in each area influence health. It uses the latest data to create visual tools that focus on specific communities and hospital service areas.

The following section contains descriptions of three important indices found in Metopio. These indices combine various data points to compare areas in the community, helping to identify disparities caused by social factors that impact health. By doing this, it can better focus health improvement efforts where they are most needed.

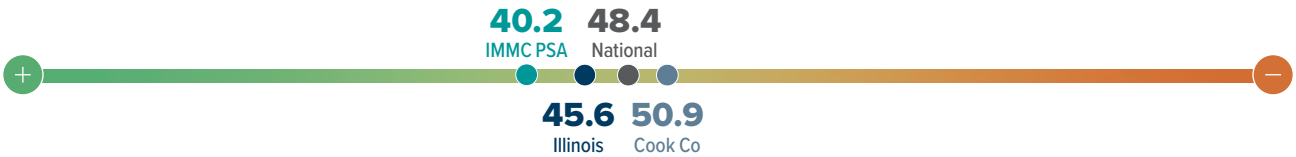
Social Vulnerability Index (SVI) – The Social Vulnerability Index (SVI) shows how vulnerable a community is based on 15 social factors like unemployment, disability, and minority status to help identify and map the communities that will most likely need support before, during, and after a hazardous event. Scores range from 0 (least vulnerable) to 100 (most vulnerable). The SVI in Masonic's PSA is comparable to the state average, and lower than Cook County, pointing to moderate community resilience and availability of resources.



Childhood Opportunity Index (COI) – The COI captures how well neighborhood resources and conditions that matter for children's healthy development are scored. Score range from Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100). In the PSA, the index varies significantly across the different zip codes from Very Low to Very High, indicating better or worse opportunities and resources depending on location.



Hardship Index – This index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age, dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with economic hardship, such as labor force statistics, and with poor health outcomes. Overall, the PSA has a lower hardship when compared to the County and State, however on a microlevel, 4 communities within the PSA experience a hardship index greater than 72.



Communities with the greatest hardship index in the Advocate Masonic PSA:

Humboldt Park	84.9	Elmwood Park, IL	54.7
Belmont Cragin	84.8	Rogers Park	51.0
West Ridge	78.0	Ravenswood/Lincoln Square	48.2
West Ridge	72.6	Dunning	47.3
Irving Park/Portage	56.4	Edgewater	43.0

How the CHNA Was Conducted

The Advocate Illinois Masonic Community Health Department convenes regularly with the Community Health Council (CHC), which serves in an advisory capacity for the hospital's community health programming, implementation strategy, and Community Health Needs Assessment (CHNA). Led by the hospital's Regional Director of Community Health, the CHC includes 18 members, 11 from community-based organizations and seven from the hospital - representing a range of sectors and expertise.

The CHC played a vital role in supporting the 2025 CHNA through data collection, review, and prioritization of health needs. From January to May 2025, the CHC met virtually five times for 90-minute sessions to provide feedback and engage in meaningful discussion. Community representatives offered critical insight into the needs of underserved populations, while hospital representatives contributed perspectives on patient health trends and resource alignment. Together, members identified health disparities, shared local knowledge on social barriers, and helped pinpoint high-need zip codes within the Primary Service Area (PSA).

Through this collaborative process, the CHC identified three priority health needs for Advocate Illinois Masonic Medical Center: mental health, access to health care, and diabetes. The CHC will continue to meet regularly to help shape Community Implementation Strategies. Additionally, data from the Illinois Public Health Institute (IPHI)- Alliance for Health Equity 2025 community surveys will be reviewed and incorporated into the development of the final strategy.

Purpose and Process

In January 2025, the Community Health team began presenting demographic and socioeconomic data, followed by a series of in-depth presentations on the PSA's top eight identified health needs. After thorough discussion and analysis, CHC members completed a prioritization grid that allowed them to rate each health concern across six distinct criteria. The Community Health team compiled and analyzed these ratings to determine the top priorities. Based on the aggregated results, mental health, access to care, and diabetes were identified as the top three health needs for the 2025 cycle.

Over the next three years, Advocate Illinois Masonic Medical Center's Community Health team will focus its strategic efforts on addressing these three priorities. At the same time, the hospital remains committed to supporting ongoing programs already in place and will remain responsive to any emerging health needs within the community.

Partnership

To minimize redundancy and overlap, the hospital is also in Illinois Public Health Institute's (IPHI) planning committee, Alliance for Health Equity (AHE), which oversees the community survey efforts that collect qualitative data across the county. AHE is further conducting focus groups to deepen understanding of community needs.

Data Collection and Analysis

Multiple data collection strategies were employed to collect data for the CHNA. Our primary data source, Metopio, offers our hospitals over 198 health and demographic indicators, including 38 hospitalization and emergency department (ED)

visit indicators at the service area and zip code levels. Utilizing the Illinois Hospital Association's COMPdata, Metopio was able to summarize, age adjust and average the hospitalization and ED utilization data for several time periods. The Metopio database provides a wealth of county and zip code data comparisons, and a Hardship Index, which helped to visualize vulnerable populations within service areas and counties.

As indicated, Metopio was a key source of secondary data for the 2025 CHNA. This secondary data was crucial in analyzing the hospital's PSA health needs as the database was the only source that provided such an extensive amount of data specific to the 2025 CHNA's defined community. All data collected through Metopio was quantitative and included data comparisons between PSA communities, counties and the state.

Limitations- Due to timing conflicts, our team was unable to consider primary data during our health presentations. However, the IPHI conducted community survey and facilitated focus group conversations, all which is considered on our 2025 CHNA report and will be considered in our implementation strategies. The data will be used to focus on specific needs that correlated to the larger health needs identified.

Summary of Findings

Overall Health Status

Overall, Advocate Illinois Masonic Medical Center's health outcomes are comparable to the average county in the state. In certain areas the PSA had better health outcomes when compared to Cook County.

However, many disparities - or differences in outcomes - exist between groups of populations in nearly every social and health issue, especially for Black, Indigenous and People of Color (BIPOC) populations. These disparities are often caused by barriers that these communities face. Health inequities are the unfair differences in health that can be avoided, measured and are often linked to injustice (AMA, 2021).

As you look at the data in the following sections, it is important to remember that these health issues are connected to many of these broader social and environmental factors.

Mortality - Leading Causes of Death in Cook County

- Heart Disease
- Cancer
- Accidents (unintentional injuries)

(Source: IDPH, Death Statistics, 2025)

Life Expectancy

The average life expectancy among residents:

- PSA: 79.2
- Cook: 77.4
- IL: 77.5

(County Health Rankings & Roadmaps, 2025)

Communities with life expectancy under 79 years of age

- 60651 Humboldt Park (74.5 years)
- 60626 Rogers Park (76.8 years)
- 60639 Belmont Cragin (77.8 years)
- 60640 Uptown (77.9 years)
- 60707 Elmwood Park, IL (78.3 years)

(Metopio, U.S. Small-Area Life Expectancy Estimates Project (USALEEP), 2010-2025).

Building on Community Strengths

Before reviewing the significant health needs, it is important to recognize the assets, support systems, and health improvements within the community.

This section highlights key organizations and services that support community health, along with improvements that have been made over time. By understanding existing resources and recent progress, we can build on these strengths and find better ways to address remaining gaps in care.

- During the Advocate Illinois Masonic Community Input Survey, respondents shared some best things about the community:
  - » Strong Sense of Community: Residents value the welcoming, culturally diverse environment and the supportive connections among neighbors.
  - » Accessible Services and Amenities: Easy access to health services, local businesses, restaurants, libraries, and outdoor spaces enhances quality of life.
  - » Safety and Mobility: Community members appreciate the sense of safety and walkability within their neighborhoods.
  - » Active Civic and Cultural Life: Engagement in civic activities and the availability of cultural and social events contribute to a vibrant community atmosphere.

Some initatives that seem to be working well in the community are:

Robust Healthcare Infrastructure: Cook County is home to a large network of hospitals, federally qualified health centers (FQHCs), specialty clinics, and academic medical centers that provide a wide range of care. Advocate Illinois Masonic is at the heart of the county, benefiting from a wide range of resources to support patient care.

Strong Public Health Leadership: The Cook County Department of Public Health and Chicago Department of Public Health are nationally recognized for their programs, policies, and data-driven approaches.

Diverse and Engaged Community Partnerships: Collaboration through coalitions like the Alliance for Health Equity helps leverage resources and align priorities across sectors.

Community Health Initiatives: Active efforts around chronic disease prevention, maternal and child health, food security, violence prevention, and behavioral health support.

Diversity and Cultural Assets: Advocate Illinois Masonic's cultural diversity is a strength for tailoring healthcare to meet the unique needs of different communities.

Advocate Illinois Masonic operates a **Mobile Dental Van**, providing access to free dental care services in communities with limited access or to residents experiencing financial challenges.

Data Bright Spots:

- Of the 354 survey respondents near the Illinois Masonic PSA, 50% rated the overall health of their community as “Healthy” or “Very Healthy”. When asked about their personal health, only 8% selected “Unhealthy” or “Very Unhealthy”.
- Of the 360 survey respondents near the Illinois Masonic PSA, only 24% of respondents reported being dissatisfied with the healthcare system in the area.
- 46.2% of participants surveyed stated “I am satisfied with the quality of life in my community.”
- The Advocate Illinois Masonic PSA’s overall Walkability Index Score is 14.9 (values range 1-20 with 20 being most walkable), putting the PSA in the highest 5% when compared to other areas in Illinois.
- In the PSA, the Medicaid behavioral health workers per capita is 23.4 providers per 100,000 residents, indicating greater access for low-income residents. The PSA ranks in the highest 10% when compared to other areas in Illinois.
- Residents in the PSA are more likely to visit their health care provider and avoid unnecessary emergency department visits. The PSA rate for preventable acute ED visits is in the lowest quartile (10-25%) for the PSA when compared to other zip codes in Illinois.

Source: AHE Community Input Survey, 2024

Identified Significant Needs

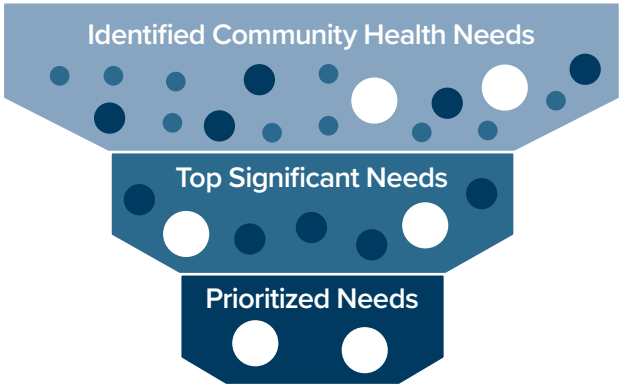
Even with the progress and support in the community, challenges remain. While local programs and services have helped improve health, there are still gaps in care and unmet needs. This section looks at the biggest health concerns found in this assessment and areas where more support is needed to help the community stay healthy.

The following health needs section reviews parts of health such as health outcomes, social factors, and health behaviors.

- **Health outcomes** are the results of how healthy people are. This includes how many people in our community are affected by long-term illnesses, and the differences we see between groups of people.
- **Social factors** include things like income, education, jobs, and access to healthcare.
- **Health behaviors** are the choices people make, like what they eat and how much they move, and are often shaped by where people live and what is normal in their community.

Community input is important during this CHNA process, as it helps us decide which problems to focus on first. A health need is seen as important, or significant, if it’s a big concern for the community, matches public health goals, and is backed up by data.

From the list of significant needs, we choose a smaller group of prioritized needs. These are the needs we will focus on first, in a very targeted way. This helps us make a plan to improve community health in the best way possible.



Top Health Concerns in Patient Service Area

Advocate Illinois Masonic's Community Health team analyzed extensive health data, grouping indicators into broader themes based on health outcomes and health behaviors that correlate to those health outcomes. Our team acknowledges many confounding variables - language barriers, finances, age, medical history, environment, even zip code - affecting health in both direct and indirect ways. We recognize these underlying drivers as the Social Drivers of Health (SDOH).

The list below outlines the top concerns for the PSA and the top concerns presented to the Community Health Council.

Areas of Opportunity Found Through the Assessment	
Cancer	• Cancer incidence rates • Oncologist access
Cardiovascular Disease	• Coronary Heart Disease • Heart failure related to emergencies and hospitalizations
Diabetes	• Diagnosed with diabetes • Diabetes-related emergencies and hospitalizations
Respiratory Diseases (Asthma & (COPD)	• Current Asthma • Asthma related complications • Chronic Obstructive Pulmonary Disease • COPD and COVID-19 related emergencies
Mental Health	• Poor self-reported mental health • Depression • Mental health related emergencies • Schizophrenia, suicide and self-injury
Substance Use	• Binge drinking • Alcohol and opioid related emergencies and hospitalizations • Drug overdose • Tobacco use
Obesity	• Obesity rates • Adult and childhood obesity • No exercise
Food Insecurity & Access to Healthy Food	• Food insecurity • Poverty and SNAP • Food Deserts
Access to Health Care	• Uninsured rates • Young invincibles • Preventable emergencies • Medicare coverage
Maternal, Child & Reproduc-tive Health	• Maternal mortality • Maternal hardship • Low birth weight • Teen birth trends
Housing	• Severe housing cost burden • Homeownership challenges • Severe rent burden • Rising rent
Community Safety / Unintentional Injuries	• Property crime • Homicide

The following pages summarize the top identified needs – also known as significant needs - from the CHNA process.

Cancer

SIGNIFICANT NEED

Why is this important? Cancer is a leading cause of death in the United States. Breast, lung, colorectal (colon), and prostate cancer are some of the most common cancers. Cancer develops for DNA changes influenced by factors like genetics, lifestyle, and social determinants of health. Black/ African American individuals have the highest cancer rates, driven by systemic and institutional racism, which creates disparities in research, access to care, poverty, stress, and the built environment. *(Source: National Institutes of Health, National Cancer Institute, 2024)*

Significant Need Reasoning

Lung cancer diagnosis rate for Cook County is higher than the U.S.

There are stark disparities in cancer mortality for Non-Hispanic Black populations in Cook County.

Breast cancer mortality rates in Cook County were higher than in IL and the U.S., with the highest rates among Non-Hispanic Black and Non-Hispanic White individuals.

Key Findings

- The PSA cancer prevalence is consistently lower than Cook County and IL averages, but older adults, 65+ years face dramatically higher rates across cancer types.
- Screening disparities impact outcome. Communities with lower screening (Belmont Cragin, West Ridge, Humboldt Park) often have lower early detection and higher late-stage diagnosis.
- There are higher reported incidence in affluent areas of the PSA, likely reflecting greater screening access and detection.
- Access to oncologists is uneven with some communities having strong provider density, while others have none (10 communities) – creating care deserts.

Contributing Factors

- Low specialty access and screening gaps creating barriers and “care deserts” for communities like Humboldt Park, Belmont Cragin and West Ridge whose screening rates are the lowest in the PSA.
- Stigma, lower trust in healthcare, and low cultural competency creating barriers to screenings for communities with higher immigrant populations such as Belmont Cragin and West Ridge.
- Language barriers reduce preventive care engagement for culturally diverse communities.

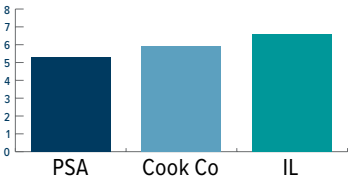
The IMMC Community Health Council recognizes the growing and urgent need for accessible cancer services within our communities. In recent discussions, our partners at CommunityHealth, a leading free clinic serving uninsured and underinsured populations, have emphasized the importance of expanding hospital partnerships to provide free cancer screenings for low-income patients. This collaboration is essential to ensuring early detection, reducing disparities in cancer outcomes, and promoting health for all across our region.

Cancer *continued*

SIGNIFICANT NEED

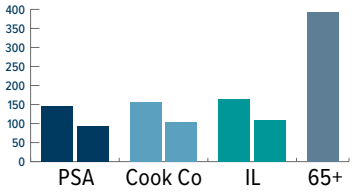
HIGHLIGHTED DISPARITIES

Have ever had cancer:
PSA: 5.3%
Cook: 5.9%
IL: 6.6%

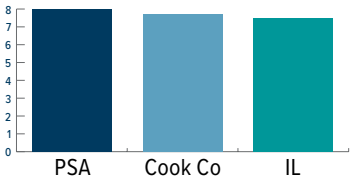


Invasive Breast Cancer* (females)**:**
PSA: 145.7
Cook: 157.8
IL: 164.7
65 and older: 391.6

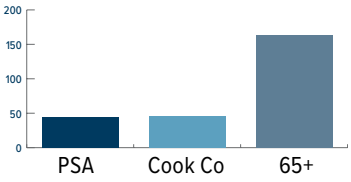
Localized stage:
PSA: 93.8
Cook: 103.1
IL: 109.5



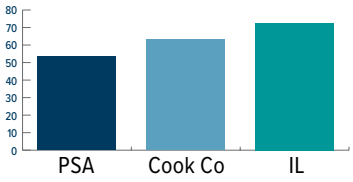
Cervical Cancer Diagnosis* (females):
PSA: 8
Cook County: 7.7
IL: 7.5
Most cases diagnosed at late stage: 4.8



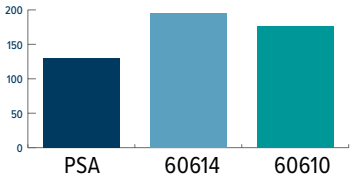
Colorectal Cancer Diagnosis*:
PSA: 44.4
Cook: 46.2
65 and older: 163.2
More than 50% of diagnosis are late stage



Lung Cancer Diagnosis*:
PSA 53.4
Cook: 63.1
IL: 73.8
Late-stage diagnosis makes up the majority (35.3)
65 and older much higher prevalence



Prostate Cancer Diagnosis* (males)**:**
PSA: 130.6
Lincoln Park/DePaul (60614): 194.8
Old Town Near North Side (60610): 176.8
Majority detected at localized stage (85.7) - suggesting strong early detection efforts



Non-Hispanic Black populations have the highest mortality rates for prostate, colon, and breast cancer in Cook County.

Cardiovascular Disease

SIGNIFICANT NEED

Why is this important? Cardiovascular diseases such as high blood pressure, heart disease, and stroke are globally the leading cause of death. Various lifestyle and environmental factors contribute to risks for cardiovascular disease such as air pollution, alcohol, and tobacco use, unhealthy diet and lack of physical activity. Without treatment, cardiovascular disease can cause stroke, heart attack, and heart failure. *(Source: World Health Organization, 2021)*

Significant Need Reasoning

The prevalence of coronary heart disease in Cook County is comparable to the rates for Illinois and the U.S. however, there are disparities within Cook County between different racial and ethnic groups.

Coronary heart disease and stroke mortality highest for Non-Hispanic Black population in Cook County.

Stroke mortality rates in Cook County began to rise in 2013, peaking in 2020. The mortality rate in 2022 was 50.1 per 100,000 population, higher than IL and the U.S.

Key Findings

- Data shows clear racial, age, and neighborhood disparities in cardiovascular and respiratory health.
- ED visit reliance indicates gaps in prevention and chronic disease management.
- Non-Hispanic Black residents and adults 65 and older carry the greatest burden, reflecting overlapping SDOH challenges.
- In the PSA, 24.8% of residents have been diagnosed with high blood pressure.

The IMMC Community Health Council recognizes the increasing need for accessible cardiovascular health services, particularly for low-income and uninsured populations. Expanding access to free heart health screenings—such as blood pressure, cholesterol, and glucose checks—is essential to preventing serious complications, reducing disparities, and promoting long-term wellness across our communities.

Contributing Factors

- Higher ED visit rates suggest delayed access to primary care, reliance on emergency services, and limited availability to specialty providers, especially for the Elmwood Park and Humboldt Park area.
- Cost barriers such as insurance gaps, underinsurance, and medication affordability lead to unmanaged chronic conditions like hypertension and COPD. Many communities like Belmont Cragin are facing economic stress which is linked to poor diet and delayed care-seeking.
- Food deserts and limited access to safe exercise spaces for neighborhoods like Humboldt Park and Elmwood Park worsen obesity, hypertension, and heart disease.
- Racial disparities are likely tied to systemic inequities in health care and reduced trust in providers.

HIGHLIGHTED DISPARITIES

Coronary Heart Disease
PSA: 4.5%
Humboldt Park (60651): 6.5%
Elmwood Park, IL (60707): 6.1%

	Heart Failure ED Visits*	Heart Attack Hospitalizations*	Hypertension ED Visits*	Stroke ED Visits*
PSA	62.7	172.3	305.1	44.6
NH Black	153.1	–	699.5	82.0
65 and older	198.1	516.2	775.9	127.2
Male	–	217.0	–	–
Female	–	–	357.0	–

Rates per 100,00 residents

Diabetes

SIGNIFICANT NEED

Why is this important? Diabetes is a chronic health condition in which the body has decreased ability to produce or use insulin, leading to high blood glucose. People with unmanaged diabetes are at risk of complications such as heart disease, vision loss, and kidney disease.

(Source: Illinois Department of Public Health, 2021)

Significant Need Reasoning

38.4 million people have diabetes in the U.S. (11.6% population).

The diagnosis rate for the adult population: IMMC PSA 9.8%, Cook County 10.8%, and IL 10.4%.

17.3% of Community Input survey respondents listed diabetes as one of the biggest health issues in the IMMC PSA.

Diabetes mortality in Cook County is higher than IL and U.S. and is highest in the Non-Hispanic Black population.

Key Findings

- Diabetes disproportionately affects racial minorities, older adults, and lower income neighborhoods
- ED utilization for uncontrolled diabetes indicates systematic barriers to preventative care, consistent treatment, and education.
- Humboldt Park and Belmont Cragin have the highest rates for diagnosed diabetes, and are among the highest emergency department visit rates, and overall diabetes complication hospitalization rates.
- In the U.S., Non-Hispanic Black have the highest prevalence of diabetes at 12.3%, followed by Hispanic or Latino at 12.0%.

Contributing Factors

- Language and literacy barriers as well as limited-culturally tailored outreach create obstacles to diabetes self-management for communities with higher rates.
- Higher poverty levels and limited access to insurance create cost barriers for insulin, testing supplies, and healthy foods.
- Food deserts and food swamps limit access to healthy and affordable food especially for the Humboldt Park community.

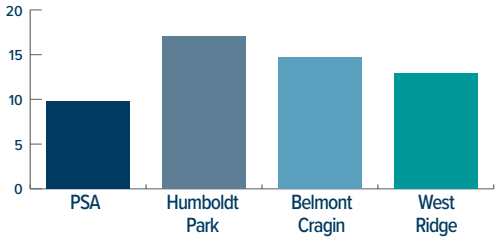
The IMMC Community Health team recognizes the growing burden of diabetes in our communities and the urgent need to strengthen support systems for newly diagnosed patients. Despite the availability of initial screenings, there remains a significant gap in follow-up care and limited access to culturally responsive education programs that help individuals understand and manage their condition effectively.

Diabetes *continued*

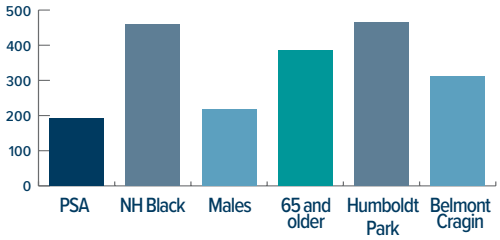
SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

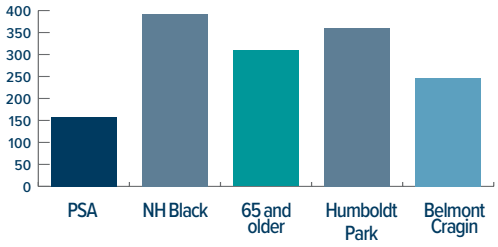
- **Diagnosed Diabetes (% of adults)**
  - » **PSA: 9.8%**
  - » **Humboldt Park (60651): 17.0%**
  - » **Belmont Cragin (60639): 14.7%**
  - » **West Ridge (60659): 12.9%**



- **Type 2 Diabetes ED Visit Rate***
  - » **PSA: 193.3**
  - » **NH Black: 459.1**
  - » **Males: 216.5**
  - » **65 and older: 384.3**
  - » **Humboldt Park (60651): 466.2**
  - » **Belmont Cragin (60639): 312.5**



- **Uncontrolled Diabetes ED Visit Rate***
  - » **PSA: 157.2**
  - » **NH Black: 392.2**
  - » **65 and older: 309.1**
  - » **Humboldt Park (60651): 361.1**
  - » **Belmont Cragin (60639): 247.1**



**Rates per 100,00 residents*

Respiratory Diseases

SIGNIFICANT NEED

Why is this important? Respiratory conditions such as chronic obstructive pulmonary disease (COPD) and asthma are increased by air pollution, tobacco smoke, substandard housing and frequent lower respiratory infections during childhood. These conditions increase the chance of complications and severe illness with viral infections such as influenza and COVID-19. *(Source: World Health Organization, 2024)*

Significant Need Reasoning

COVID-19 impacted local business that are now closed; health clinics that happened pre-COVID no longer exist.

COVID-19 increased severe illness and long-term respiratory complications.

9.3% of survey respondents rated respiratory condition-related needs (clean air) among the top three health needs in their community.

Key Findings

- Non-Hispanic Black adults and children in the U.S. have the highest rates of mortality, hospitalizations, and emergency department visits for asthma compared to all other racial groups.
  (Source: U.S. Department of Health and Human Services, Office of Minority Health, 2023)
- There are very high COPD and Asthma disparities for 60651 Humboldt Park community—community with the highest hardship index.

Contributing Factors

- Certain neighborhoods like Humboldt Park show significantly higher COPD rates, likely due to poor housing conditions and environmental exposures.
- Economic barriers, especially in immigrant and mixed-income communities like Humboldt Park and Elmwood Park, often delay care-seeking.
- Limited access to preventative and specialty care leads to increased reliance on emergency departments for asthma and COPD management.

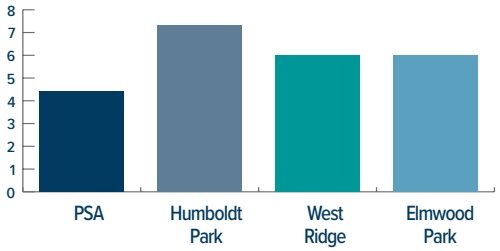
> Asthma was a huge thing in my family, in NW Indiana, fumes up into south subs, east side. Everyone is affected."
>
> – North River Commission focus group participant

Respiratory Diseases *continued*

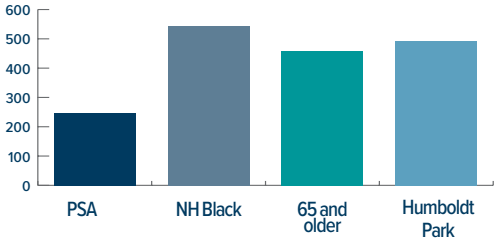
SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

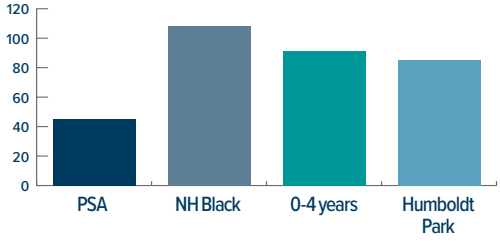
- **Chronic Obstructive Pulmonary Disease (COPD) (% of adults)**
  - » **PSA: 4.4%**
  - » **Humboldt Park (60651): 7.3%**
  - » **West Ridge (60659): 6%**
  - » **Elmwood Park (60707): 6%**



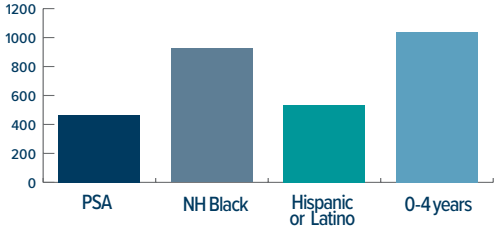
- **COPD Hospitalization Rate***
  - » **PSA: 247.9**
  - » **NH Black: 542.9**
  - » **65 and older: 457.9**
  - » **Humboldt Park (60651): 493.8**



- **Asthma Hospitalization Rate***
  - » **PSA: 44.8**
  - » **NH Black: 108.5**
  - » **0-4 years: 90.9**
  - » **Humboldt Park (60651): 85.3**



- **COVID-19 ED Visit Rate***
  - » **PSA: 465.7**
  - » **NH Black: 923.9**
  - » **Hispanic or Latino: 535.5**
  - » **0-4 years: 1039.8**



**Rates per 100,00 residents*

Mental Health

SIGNIFICANT NEED

Why is this important? Mental health includes emotional, psychological, and social well-being, and it affects how we think, feel, and act. It also influences how a person handles stress, relates to others, and makes healthy choices. (Source: Centers for Disease Control and Prevention (CDC), 2024) A direct link exists between social and economic inequity and mental health. *(Source: Macintyre et al.,2018)*

Significant Need Reasoning

In 2022, adults in Cook County reported an average of 5.2 days of poor mental health out of the last 30 days, and 15% of adults reported 14 or more days of poor mental health. *(Source: County Health Rankings, National Center for Health Statistics, 2024)*

County-wide, 26% of respondents selected adult mental health as a top health concern. Mental Health rated overall the top concern for IMMC PSA.

Key Findings

- Two communities with the highest hardship index rates report the highest percentage of self-reported poor mental health: Humboldt Park and Belmont Cragin.
- Rogers Park, Uptown, and Humboldt Park have the highest mental health ED visits and Hospitalization rates in the PSA.
- NH Black population has over three times higher rates of mental health ED and hospitalization rates in PSA.
- Communities with higher poverty see the highest mental health emergency department rates such as Humboldt Park, Rogers Park, and Uptown.

Contributing Factors

- High poverty, high SVI/Hardship, low education, and senior isolation are strong risk drivers for high rates of mental health.
- Disparities exist between facility availability and high-burden areas (e.g., Rogers Park has 1 facility but some of the highest ED/hospitalization rates).
- There is limited culturally responsive care in immigrant-heavy communities (e.g., Belmont Cragin and West Ridge).
- Safety concerns and exposure to violence are linked to stress/trauma, particularly in Humboldt Park.
- High rates of seniors living alone (Uptown 54%, Rogers Park 43%, Lakeview 52%); social isolation is a major risk factor for mental health issues.

> If you see someone experiencing a mental health … whether it be a relative or a stranger, I wouldn't feel comfortable calling the police 'cause that would …make things worse. So, who do you call?
>
> – The Douglas Center participant
>
> Mental health stigma and perceived costs are significant barriers in the Black community.
>
> – Life is Work participant

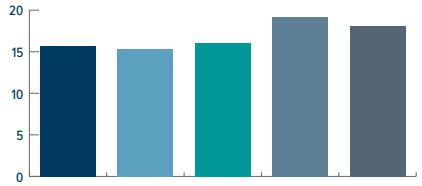
Mental Health *continued*

SIGNIFICANT NEED

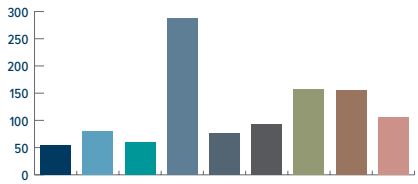
HIGHLIGHTED DISPARITIES

- **Rates of Self-Reported Poor Mental Health**
  (% of adult residents)
  - » **IMMC PSA: 15.7%**
  - » **Cook County: 15.3%**
  - » **Illinois: 16.1%**
  - » **Humboldt Park (60651): 19.2%**
  - » **Belmont Cragin (60639): 18.1%**

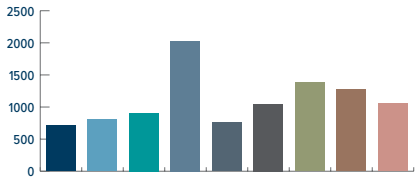
These disparities may be linked to differences in community stressors, access to mental health resources, and broader socioeconomic conditions.



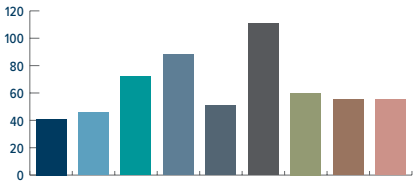
- **Schizophrenia ED Visit Rate***
  - » **IMMC PSA: 54.7**
  - » **Cook County: 79.3**
  - » **Illinois: 58.8**
  - » **NH Black: 287.4**
  - » **Males: 77.2**
  - » **Age 18-39: 91.7**
  - » **Rogers Park (60626): 156.9**
  - » **Uptown (60640): 155.2**
  - » **Humboldt Park (60651): 105.1**



- **Mental Health ED Visit Rate***
  - » **IMMC PSA: 715.6**
  - » **Cook County: 805.4**
  - » **Illinois: 906.3**
  - » **NH Black: 2027.4**
  - » **Males: 762.5**
  - » **Age 18-39: 1047.2**
  - » **Rogers Park (60626): 1384.8**
    NEARLY *4 TIMES HIGHER* THAN THE LOWEST RATE IN THE PSA
  - » **Uptown (60640): 1272.9**
  - » **Humboldt Park (60651): 1054.6**



- **Suicide and self-injury ED Visit Rate***
  - » **IMMC PSA: 41.2**
  - » **Cook County: 45.9**
  - » **Illinois: 72.0**
  - » **NH Black: 88.7**
  - » **Females: 51.3**
  - » **Age 5-7: 111.3**
  - » **Dunning (60640): 60.7**
  - » **Uptown (60640): 55.2**
  - » **Irving Park/Portage (60641): 55.0**



Substance Use

SIGNIFICANT NEED

Why is this important? Alcohol and drug misuse has a large impact on public health, mental well-being, and community stability. Substance misuse contributes to preventable health issues like liver disease, cardiovascular problems, and overdose deaths, while also being linked to social and economic issues.

Significant Need Reasoning

Poverty, unemployment, and underemployment create chronic stress and make substances a coping mechanism.

Over the past several years, drug-related mortality has been increasing in Chicago and Suburban Cook County.

Community Input Survey Respondents:

For the IMMC PSA, 21.1% of all respondents selected substance-use as the fourth top health concern under adult mental health, homelessness, and violent crime.

County-wide 22% of all respondents selected substance use a top health concern.

Key Findings

- In the PSA, we recognize high binge drinking rates in certain communities. Lakeview, Goose Island/Near North Side, and Wicker Park/West Town exceed 28% binge drinking; Rogers Park reports alcohol-related ED visits over 807 ED visits per 100,00 residents.
- Alcohol and opioids disproportionately affect Black residents and middle-aged adults. Non-Hispanic Black residents and adults 40-64 have the highest ED visit rates for both alcohol and opioids.
- While opioids impact all communities in our PSA, there are higher rates in key areas. Humboldt Park and Wicker Park/West Town show the highest opioid-related ED visits and Humboldt Park and Old Town Near North hospitalizations in the PSA.
- Non-Hispanic Black and Asian residents in the PSA are hospitalized for behavioral health at rates over two times higher than the respective Cook County rates.

Contributing Factors

- Financial strain limits access to healthier coping outlets (therapy, wellness programs, safe housing). Higher poverty and unemployment in places like Humboldt Park and Rogers Park align with higher alcohol- and opioid-related ED visits.
- Gaps in treatment access contribute to higher crisis-level ED use, especially among Black residents who face the highest rates.
- Areas with strong nightlife and bar presence (e.g., Lakeview, Wicker Park) show the highest binge drinking rates.
- Communities with more housing and social stressors (e.g., Uptown, Humboldt Park) also report the highest behavioral health visits.

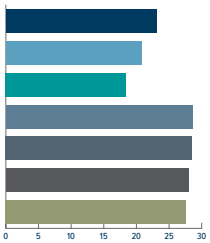
> For my school specifically, substance abuse is a big thing because once in a while, almost like every week, someone from school gets arrested for gun violence or drug use.
>
> – UI Health CHAMPIONS Program participant
>
> I've seen a lot of increasing violence. It is a lot of substance abuse and mental health.
>
> – Insight from a focus group participant

Substance Use *continued*

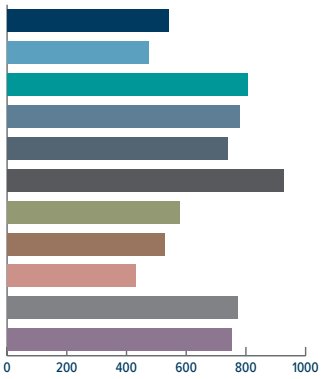
SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

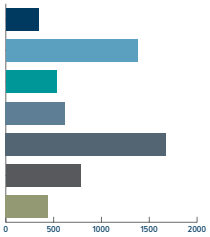
- **Binge Drinking Rates** (% of adults)**:**
  - » **PSA: 23.1%**
  - » **Cook Co: 20.8%**
  - » **IL: 18.4%**
  - » **Lakeview (60657): 28.6%**
  - » **Goose Island/Near North Side (60642): 28.5%**
  - » **Wicker Park/West Town (60622): 28.0%**
  - » **Lincoln Park/DePaul (60614): 27.6%**



- **Alcohol Use ED Visit Rate***
  - » **PSA: 540.5**
  - » **Cook Co: 474.9**
  - » **Rogers Park (60626): 807.6**
  - » **Wicker Park/West Town (60622): 780.8**
  - » **Uptown (60640): 737.8**
  - » **NH Black: 925.6**
  - » **Hispanic/Latino: 577.2**
  - » **NH White: 528.5**
  - » **Asian: 429.8**
  - » **40–64 yrs: 772.1**
  - » **18–39 yrs: 753.1**



- **Opioid-Related ED Visit Rate***
  - » **PSA: 339.1**
  - » **NH Black: 1376.4**
  - » **Males: 528.5**
  - » **Ages 40-64: 621.2**
  - » **Humboldt Park (60651): 1,675.8**
  - » **Wicker Park/West Town (60622): 784.8**
  - » **Belmont Cragin (60639): 441.7**



- **Cigarette Smoking Rate:**
  - » **PSA: 12%**
  - » **Cook: 12%**
  - » **IL: 12.6%**

- **Behavioral Health ED Visit Rate***
  - » **PSA: 1,653.2**
  - » **NH Black: 4,464.9**
  - » **Males: 2,205.5†**
  - » **5-17: 1,022.3**
  - » **18-39: 2,300.3**
  - » **40-64: 1,893.8**
  - » **65 and older: 1,195.8**
  - » **Humboldt Park (60651): 3,507.3**
  - » **Rogers Park (60626): 2,636.2**
  - » **Uptown (60640): 2,505**

†2x female rate, all ages affected

Obesity

SIGNIFICANT NEED

Why is this important? Being overweight or obese may seriously impact a person's health. Extra weight may lead to serious health consequences such as cardiovascular disease, type 2 diabetes, some cancers, and other chronic diseases. These conditions could reduce quality of life and shorten the individual's lifespan.

Significant Need Reasoning

Community Input Survey Respondents:

Obesity was highlighted as both a health condition and a contributing factor to other chronic diseases, such as diabetes and cardiovascular issues. Barriers to healthy food access and safe spaces for exercise were seen as underlying causes.

County-wide input survey respondents rated obesity as a top health issue in their community, with 19% selecting it as one of their top 3 priorities.

Key Findings

- Obesity rates are highest in Humboldt Park (43.1%) and Belmont Cragin (38.9%), both well above the PSA average (31.4%).
- Uptown (7.3%) and Elmwood Park (6.6%) shows elevated rates of ambulatory difficulty - these areas have larger aging populations and higher senior isolation.
- PSA walkability scores are overall better in the PSA, but disparities exist. Communities with higher obesity and inactivity rates overlap with lower walkability scores, confirming built in environment influence.

Contributing Factors

- Despite higher median income in the PSA, poverty in areas like Humboldt Park, Belmont Cragin, and Rogers Park limits access to healthy food and safe recreation.
- Low walkability in Humboldt Park, Edgewater, and Belmont Cragin reflects a lack of sidewalks, parks, and safe spaces.
- Higher single-parent rates in Humboldt Park and Belmont Cragin may reduce time and resources for healthy meals and physical activity.
- Immigrant communities may shift from traditional diets to more processed and fast foods, impacting nutrition.

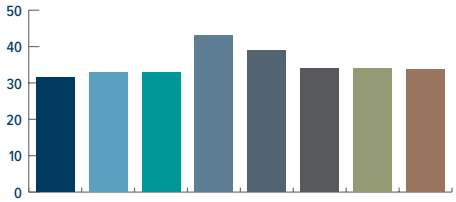
IMMC Community Health Council members expressed the need for targeted obesity prevention efforts, recognizing that obesity is a root cause of many chronic health conditions, including diabetes, heart disease, and certain cancers. Addressing this issue is essential to improving overall community health and reducing long-term healthcare costs.

Obesity *continued*

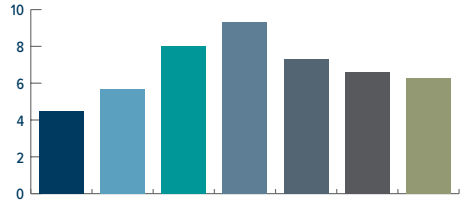
SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

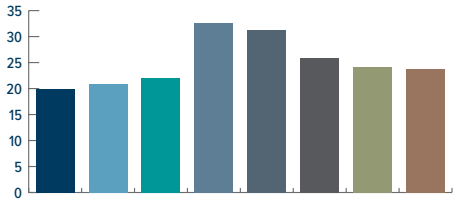
- **Obesity Rates** (% of adult residents)
  - » **IMMC PSA: 31.4%**
  - » **Cook County: 32.8%**
  - » **Illinois: 32.9%**
  - » **Humboldt Park (60651): 43.1%**
  - » **Belmont Cragin (60639): 38.9%**
  - » **Irving Park/Portage (60641): 34%**
  - » **Rogers Park (60626): 33.9%**
  - » **Elmood Park, IL (60707): 33.8%**



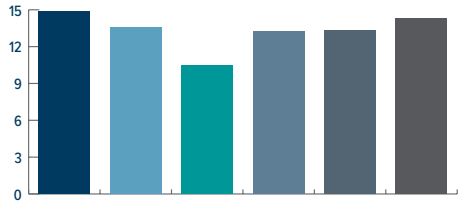
- **Ambulatory Difficulty** (% of residents)
  - » **IMMC PSA: 4.5%**
  - » **Cook County: 5.7%**
  - » **Illinois: 5.8%**
  - » **Humboldt Park (60651): 9.3%**
  - » **Uptown (60640): 7.3%**
  - » **Elmood Park, IL (60707): 6.6%**
  - » **Belmont Cragin (60639): 6.3%**



- **No Exercise** (% of adult residents)
  - » **IMMC PSA: 20.0%**
  - » **Cook County: 20.9%**
  - » **Illinois: 22.1%**
  - » **Humboldt Park (60651): 32.6%**
  - » **Belmont Cragin (60639): 31.2%**
  - » **West Ridge (60659): 25.8%**
  - » **West Ridge (60645): 24.1%**
  - » **Irving Park/Portage (60707): 23.8%**



- **Walkability Index** (range up to 20-highest)
  - » **IMMC PSA: 14.9**
  - » **Cook County: 13.6**
  - » **Illinois: 10.5**
  - » **Humboldt Park (60651): 13.2**
  - » **Edgewater (60660): 13.3**
  - » **Belmont Cragin (60639): 14.3**



Food Insecurity and Access to Healthy Foods

SIGNIFICANT NEED

Why is this important? Lack of reliable access to nutritious food affects health and development, underscoring the need for community support and resources. Food insecurity is linked to poor physical and mental health outcomes. Programs that increase access to healthy foods can improve overall well-being and reduce disparities.

Significant Need Reasoning

Community input survey respondents highlighted that many communities in Cook County lack affordable access to healthy food and the prevalence of food deserts. Families often rely on processed, low-cost foods, contributing to health issues like obesity and malnutrition. Reduction in programs like SNAP benefits and other financial assistance were described as exacerbating economic hardships

Key Findings

- 38.6% of residents in Cook County have low food access.
- There is high food insecurity in the IMMC PSA (13.2%).
- 53% of Cook County residents in poverty do not receive SNAP benefits.

Contributing Factors

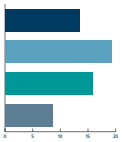
- High poverty rates in communities like Humboldt Park, Belmont Cragin, and West Ridge increase reliance on emergency food systems.
- Food insecurity is linked to higher rates of chronic disease (diabetes, hypertension, obesity).
- Transportation barriers make it harder to reach affordable and culturally appropriate grocery options ("food deserts" and "food swamps").

HIGHLIGHTED DISPARITIES

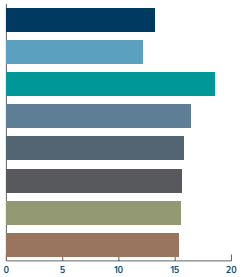
Food Insecurity in the U.S.

- **National (2023): 13.5%**
  - » **Black households: 19.2%**
  - » **Hispanic households: 15.8%**
  - » **White households: 8.5%**

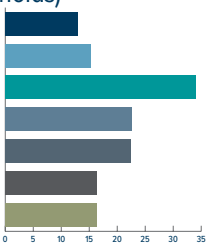
(Source: USDA ERS, 2022–23)



- **Food Insecurity** (% of residents)
  - » **PSA: 13.2%**
  - » **Cook: 12.1%**
  - » **Humboldt Park (60651): 18.5%**
  - » **Uptown (60640): 16.4%**
  - » **West Ridge: 15.8%**
  - » **Belmont Cragin: 15.6%**
  - » **Rogers Park: 15.5%**
  - » **Edgewater: 15.3%**



- **Food Stamps (SNAP)** (% of households)
  - » **PSA: 12.9%**
  - » **Cook: 15.2%**
  - » **Humboldt Park (60651): 34.1%**
  - » **Belmont Cragin (60639): 22.6%**
  - » **West Ridge (60659): 22.5%**
  - » **West Ridge (60645): 16.4%**
  - » **Rogers Park (60626): 16.3%**



Communities with higher food insecurity often have more households in poverty

> Middle class individuals are having a challenge in affording healthy options.
>
> – The Douglas Center participant.

Access to Care

SIGNIFICANT NEED

Why is this important? Sometimes people do not get the recommended health care services, like cancer screenings, because they do not have a primary care provider. Other times, it is because they live too far from the health care providers who offer them. Interventions to increase access to health care professionals and improve communication – in person or remotely – can help more people get the care they need.

Significant Need Reasoning

Community Input survey respondents:

Several factors influence access; top identified from the focus groups were ease of access to health clinics, insurance coverage and public benefits, and immigration status. Additional barriers provided were linguistically and culturally appropriate services, discrimination, racism, and lack of empathy among healthcare professionals, access to behavioral health services, affordable specialty care and engagement in primary care.

When asked their agreement with the statement, "I am satisfied with the quality of healthcare in my community", a quarter of survey respondents selected "disagree" or "strongly disagree".

In Cook County, uninsured rates are higher among Hispanic or Latino population (15 percent) and Native Americans (17.6 percent) more than double those of Non-Hispanic White, and Non-Hispanic Black and Asians population.

In focus groups participants mentioned it's hard to navigate insurance coverage and what treatments are paid for, and which are out-of-pocket. Additionally, it gets more stressful because employment is tied to their health insurance. If they lose their job, they lose their health insurance.

(Source: Alliance for Health Equity, 2025 CHNA)

Key Findings

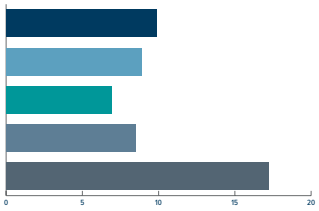
- Thousands of residents in the PSA lack adequate health insurance, creating significant barriers to accessing appropriate health care.
- Communities facing greater socioeconomic hardship- such as higher unemployment, lower education levels, lower per capita income, crowded housing, and higher poverty – also experience reduced access to health coverage and quality health services. This contributes to preventable emergency department visits and hospitalizations.
- Among racial and ethnic groups, Native Americans residents (17.6%) are uninsured at the highest rates in Cook County followed by Hispanic/Latino (14.7%), and Two or more races (10.2%)

(Source: Alliance for Health Equity, 2025 CHNA).

> But I know even with my family, whenever we go to a doctor, we feel more comfortable with someone who looks like us and talks like us. So, I think that's probably one of the bigger problems.
>
> – Focus Group participant

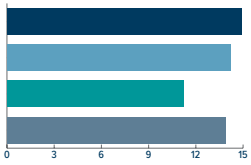
HIGHLIGHTED DISPARITIES

- **Uninsured Rate** (% of residents without health insurance) **2019-2023**
  - » **IMMC PSA: 9.9%**
  - » **Cook County: 8.9%**
  - » **Illinois: 6.9%**
  - » **National: 8.5%**
  - » **Hispanic or Latino: 17.2%**



Three communities within the PSA exhibit **alarmingly high** percentages of uninsured adults, **reaching up to 30% (60651, 60639, 60641)**

- **"Young Invincibles" without health coverage** (19-25; reluctance to seek health insurance)
  - » **IMMC PSA: 14.9%**
  - » **Cook County: 14.2%**
  - » **Illinois: 11.2%**
  - » **U.S.: 13.9%**



- **Non-citizen uninsured (count)**
  - » **IMMC PSA: 52,324**
  - » **Cook County: 175,004**
  - » **Illinois: 264,631**

Contributing Factors

In Illinois, the Health Benefits for Immigrant Adults (HBIA) program is set to end on July 1, 2025, which will eliminate health coverage for roughly 33,000 undocumented adults aged 42–64. Seniors will still retain coverage under the Health Benefits for Immigrant Seniors (HBIS) program.

- Barriers to accessing health care are multifaceted and interrelated. Key high-level barriers include:
  - » Economic instability
  - » Limited access to and quality of education
  - » Inconsistent health care access and quality across communities
  - » Challenges within the built environment (e.g., transportation)
  - » Social factors such as immigration status and systemic racism

Health Care Resources in the Defined Community

Location	Name of Facility	Type of Facility
Arlington Heights	Endeavor Health Northwest Community Hospital	Hospital
Austin	Loretto Hospital	Hospital
Belmont Cragin	Community First Medical Center	Hospital
	PCC Salud Family Health Center	Federally Qualified Health Center
	Prime Care Health	Federally Qualified Health Center
Boys Town	Lakeview	Thorek Memorial Hospital	Hospital
Cook County	Northwestern Memorial Hospital	Hospital
	CommunityHealth Clinic	Free Clinic
Cook County	Arlington Heights	Belmont Cragin	Cook County Department of Public Health	Public Health Departments
DePaul	Ann & Robert H. Lurie Children's Hospital of Chicago	Hospital
Des Plaines	ACCESS Genesis Cener for Health and Empowerment	Federally Qualified Health Center
Elk Grove Village	Ascension Alexian Brothers	Hospital
Evanston	Evanston Health and Human Services Department	Public Health Departments
	Endeavor Health Evanston Hospital	Hospital
Evanston	Skokie	Lincoln Square	Erie Health	Federally Qualified Health Center
Franklin Park	Des Plaines	Wheeling	Palatine	Greater Family Health	Federally Qualified Health Center
Glenview	Endeavor Health Glenbrook Hospital	Hospital
Irving Park	Kindred Hospital Chicago North	Hospital
	Old Irving Park Community Clinic	Free Clinic
Lakeview	Presence Saint Joseph Hospital	Hospital
	Advocate Illinois Masonic	Hospital
Lincoln Square	Endeavor Health Swedish Hospital	Hospital
	Swedish Hospital part of Northshore	Hospital
Maywood	Loyola University Medical Center	Hospital
Melrose Park	Loyola Gottlieb Memorial Hospital	Hospital
Near West Side	Rush-University-Medical Center Cancer Services	Hospital
Norwood Park	Resurrection Medical Center part of Prime Healthcare	Hospital
Oak Park	West Suburban Medical Center	Hospital
	Rush Oak Park Hospital	Hospital
Park Ridge	Advocate Children's in Park Ridge	Hospital
Skokie	Endeavor Health Skokie Hospital	Hospital
	Village of Skokie, Health Department	Public Health Departments
Uptown	Methodist Hospital of Chicago	Hospital
	Weiss Memorial Hospital	Hospital
	UI-Health Community Clinic Network	Clinic
Villa Park	Loyola University Medical Center	Hospital
	Loyola University Medical Center	Hospital
West Park	West Town	Ascension Saint Elizabeth	Hospital
	Humboldt Park Health	Hospital

Maternal, Child and Reproductive Health

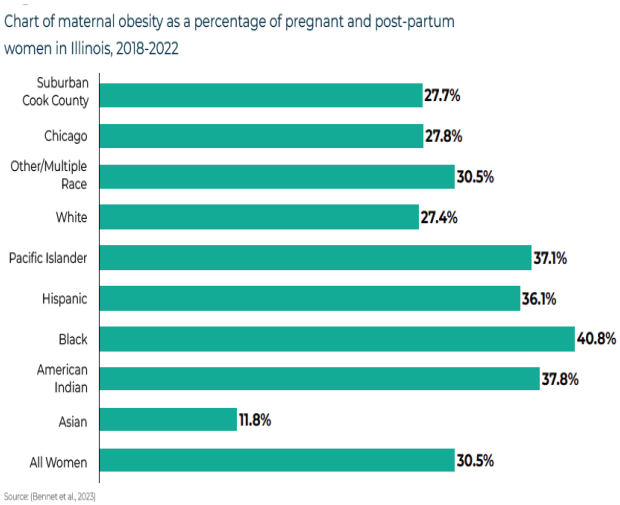
SIGNIFICANT NEED

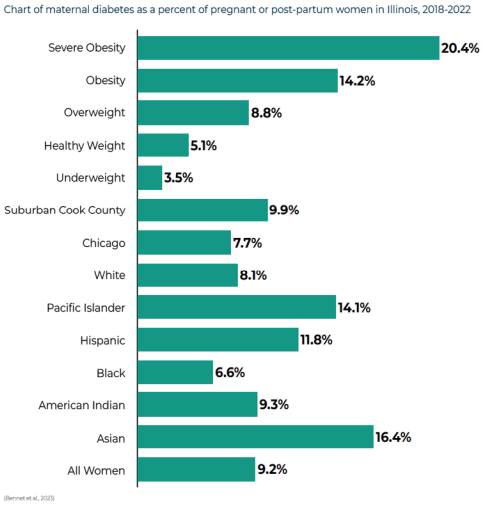
Why is this important? Maternal health impacts both mothers and infants, and ensuring quality care before, during, and after pregnancy is essential. Access to prenatal and postnatal services improves outcomes and reduces complications. Education, support, and early intervention are key to healthy pregnancies and healthy babies.

Significant Need Reasoning

Community Input Survey respondents:

Focus groups participants highlighted gaps in prenatal and postnatal care, particularly in underserved areas. Black/ African American women had the highest burden of obesity and hypertension during pregnancy and postpartum period while Asian women had the highest rates of diabetes.





Key Findings

- Maternal Hardship in IMMC PSA is higher than both Cook County and IL.
- Fewer OB/GYN physicians per capita create a gap in access to care.
- Women 40+ face 5 times higher risk than those ages 25-39.
- Black women have significantly higher maternal mortality rates than all groups.

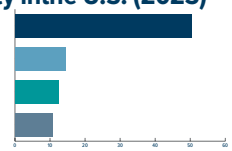
Contributing Factors

- Differences in insurance coverage, affordability, and timely access to high-quality maternal care increase risk, especially for Black women and older mothers.
- Higher maternal hardship index in the PSA suggests greater financial strain, which can limit ability to afford medical care, nutritious food, safe housing, and transportation to appointments.
- Persistent racial disparities in maternal mortality are linked to systemic racism, discrimination in care, and chronic stressors.

HIGHLIGHTED DISPARITIES

Maternal Mortality inthe U.S. (2023)

- » **Black: 50.3**
- » **White: 14.5**
- » **Hispanic: 12.4**
- » **Asian: 10.7**



Women age 40+ are

5x more at risk

than women 25-39 years

(Source: CDC, National Vital Statistics System, 2023)

Housing

SIGNIFICANT NEED

Why is this important? Affordable housing means having a safe and stable place to live that doesn't cost more than an individual or family can afford. High housing costs, frequent moves, or fear of eviction can affect mental health and even physical well-being. Problems in living spaces like mold, bugs, peeling paint, drafts and energy inefficiencies, and too many people in one space can also impact health.

Significant Need Reasoning

Community Input Survey respondents:

25.1% of respondents listed homelessness and housing instability as the 2nd biggest health issue in the community

26.2% of respondents listed access to housing resources as the 2nd leading resource the community needs to be healthy

25.6% of respondents listed safe and affordable housing as the 3rd leading resource the community needs to be healthy

In both the focus groups and survey, community members in the IMMC PSA chose housing as a top health need in their community

Almost half (49%) of the survey respondents in the PSA are dissatisfied with the availability of affordable housing

Key Findings

- In 2022, about 76,375 Chicagoans experienced homelessness, including more than 20,000 children.
  (Source: Chicago Coalition to end Homelessness, 2025)
- IMMC PSA has a higher housing cost burden when compared to Cook County, IL, and U.S.

Contributing Factors

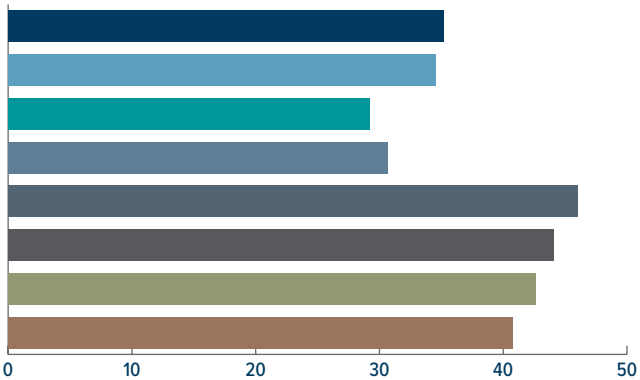
- High housing cost burden (up to 46% in Humboldt Park) leaves families with little income for food, healthcare, childcare, and transportation.
- Families under housing strain often experience school instability for children (frequent moves, absenteeism).
- Disinvestment has happened in affordable housing stock in high-need areas like Humboldt Park and Belmont Cragin.
- There is an unequal distribution of housing resources and supportive programs across communities.

> In my community, there's a lot of homelessness. A lot of the time you realize it has to do with something they're suffering from like mental health, substance abuse, and family issues.
> -Focus Group Participant

> Gentrification is pushing out a lot of families because rent is becoming unaffordable and even the local business that have been there for years are getting pushed out.
> -Focus Group Participant

HIGHLIGHTED DISPARITIES

- **Housing Cost Burden** (households spending more than 30% of income on housing)
  - » **IMMC PSA: 35.2%**
  - » **Cook County: 34.8%**
  - » **Illinois: 29.2%**
  - » **National: 30.7%**
  - » **Humboldt Park (60651): 46.0%**
  - » **Belmont Cragin (60639): 44.1%**
  - » **Rogers Park (60626): 42.6%**
  - » **West Ridge (60659): 40.8%**



Impact: Families facing severe housing burdens have less income for food, healthcare, and transportation, increasing financial strain and health risks.

Community Safety / Unintentional Injuries

SIGNIFICANT NEED

Why is this important? Exposure to violence significantly impacts physical and mental health, with childhood exposure linked to trauma, toxic stress, and poor health outcomes throughout the lifetime.
(Source: Centers for Disease Control and Prevention (CDC), 2024)

Significant Need Reasoning

Community Input Survey Respondents:

22.5% listed violent crime as a top three health issue in the community; higher than countywide response of 18%

19.7% listed property crime as a top five health issue in the community; higher than countywide response of 15%

24.1% listed addressing safety and low crime as a need to be healthy

Key Findings

- Property crime and homicides per 100,000 residents are trending up over 19% year over year for both categories.

Contributing Factors

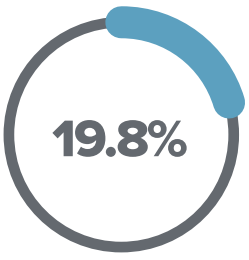
- Rise in property crime and homicide in the PSA reflect a convergence of economic hardship, disinvestment in neighborhood infrastructure, weak trust in institutions, and limited access to trauma-informed services.
- Community voices highlight mistrust of police, fragmental resources, and lack of investment in safe environment as critical needs.

> When there is conflict, police do not know how to interact.
>
> – The Douglas Center participant

HIGHLIGHTED DISPARITIES

Property Crime*

- **PSA: 2,752***
- **20.4% increase from the previous year**



Homicide*

- **PSA: 32.6***
- **19.8% increase from the previous year**

PRIORITIZATION OF HEALTH-RELATED ISSUES

PRIORITY SETTING PROCESS

Advocate Illinois Masonic's Community Health Department presented data to the hospital's CHC on the top eight health needs in the hospital's Primary Service Area (PSA). The CHC reviewed and discussed the data to ensure a clear understanding of all indicators and reports.

Top health needs were identified using several criteria:

- Whether rates increased or decreased over time
- Whether rates were higher than county and/or state averages
- Whether significant health disparities existed within the issue

Top Health Needs Presented to the Community Health Council for Voting:

1. Cardiovascular Disease
2. Diabetes
3. Respiratory Disease (Asthma & COPD)
4. Mental Health
5. Substance Use
6. Obesity
7. Food Insecurity & Access to Healthy Food
8. Access to Health Care

Needs Acknowledged (Not Included in the Voting)

9. Maternal, Child & Reproductive Health
10. Housing
11. Cancer
12. Community Safety

The Council engaged in discussion around the nine health needs, which led to the first prioritization phase of the CHNA. Members were asked to complete a prioritization grid (see appendices for more details), rating each health need against the following criteria:

Severity: How serious is the issue? Does it cause significant harm or disability?

Urgency: Does it require immediate attention? Is it time-sensitive?

Impact on Quality of Life: How much does it affect daily activities, mental health, or overall well-being?

Cost of Treatment/Intervention: What are the financial costs for individuals and the system?

Preventability: Can it be prevented or reduced through lifestyle changes, interventions, or screening?

Potential for Long-Term Consequences: Will it lead to lasting health problems, complications, or disabilities?

Significant Health Needs Selected

Each member received an Excel spreadsheet to score health issues on a scale 1-5 (5= highest). The sheet automatically totaled scores, with the highest indicating the greatest priority. Members had several weeks to complete scoring, review their notes, and revisit the data presented.

The Community Health Department collected and analyzed the grids to aggregate the scores. The results were presented back to the CHC, and the top three priority health needs were identified. Cancer, housing, maternal health, and community safety were not included in the grid because Advocate Health already dedicates significant resources to these issues. The Council recognized these system-level commitments and agreed they are already being prioritized with ongoing strategies in development.

Using these criteria, the following significant health needs were chosen as priorities to address in the 2026-2027 implementation strategy:

Mental Health

Mental health is a growing concern in Cook County, with rising rates of depression, anxiety, and stress across all age groups. Youth and young adults are particularly vulnerable, as emergency visits for self-harm and behavioral health issues have increased in recent years. Stigma and lack of awareness often delay people from seeking care until they are in crisis. Expanding access to timely, affordable, and preventative mental health services is critical to protecting long-term community well-being.

Access to Care

Many residents face significant barriers to health care. Challenges include lack of insurance, high costs, transportation difficulties, and a shortage of behavioral health providers. Immigrant communities, older adults, and families with low incomes are especially impacted, leading to delayed or forgone care. We also recognize that political decisions at the federal, state, and local levels can significantly influence available resources and shape residents' access to health care. Improving access ensures that all residents can receive the right care at the right time, reducing health disparities and preventing costly emergencies. The council would like to explore initiatives to improve care coordination, support access to health care and align with the county's needs.

Diabetes

Diabetes affects many Cook County residents, leading to complications such as kidney disease, vision loss, and cardiovascular issues. Type 2 diabetes is closely tied to lifestyle factors including obesity and physical inactivity, both of which remain concerns in the community. Diabetes prevention and management are critical to the quality of life for residents. For this reason, the council has decided to make this priority a top need focus for the coming year.

HEALTH NEEDS NOT SELECTED

Cancer

Cancer remains a significant health issue in Cook County, with breast, lung, and prostate cancers among the most frequently diagnosed. While mortality rates have improved due to early detection and treatment advances, disparities still exist across racial and socioeconomic groups. Preventive screenings and lifestyle changes are critical to reducing cancer's impact. The council acknowledged cancer as an important concern but did not select it as a top priority given stronger community capacity and resources already in place to address it. Advocate Illinois Masonic Medical Center provides extensive support and resources and continues to support programs as part of their commitment to our community. Masonic will continue to expand the hospital's array of comprehensive services through the expansion of the new Creticos Cancer Center that anticipates performing an additional 3,500 breast cancer screenings annually.

Cardiovascular Disease

Cardiovascular disease is the leading cause of death in Cook County and nationwide. Risk factors such as high blood pressure, high cholesterol, and poor diet contribute significantly to heart-related illnesses. Residents who lack access to regular preventative care may not be screened or treated early, increasing risk for heart attack or stroke. While still a major health challenge, the council determined that cardiovascular disease would not be a primary focus since it already addresses through ongoing health initiatives and prevention programs and will continue to support this priority.

Respiratory Disease

Respiratory diseases such as asthma and COPD continue to impact residents, particularly children, older adults, and those exposed to poor air quality. Emergency department visits for asthma remain higher among some racial and ethnic minority groups, reflecting ongoing disparities. Preventative care, medication management, and environmental improvements can help reduce the burden of respiratory illness. The council acknowledged this is an issue but chose not to prioritize it at this time, given the relative capacity of current health programs to address respiratory needs.

Obesity

Obesity remains a public health concern in Cook County residents, with long-term impacts on diabetes, heart disease, and overall quality of life. Childhood obesity in particular poses risks for future health outcomes and healthcare costs. While obesity prevention is important, it is already integrated into many school-and community-based wellness programs. The council determined that while obesity is critical, it did not rise to the level of being selected as a top focus area for this cycle.

Food Insecurity

Food insecurity persists for some Cook County residents, despite some areas of wealth and existing resources. Families with low income, single parents, and older adults often struggle to afford healthy foods, which directly impacts chronic disease risk. Local organizations and food pantries have been instrumental in meeting immediate needs, but long-term solutions remain necessary. The council recognized food insecurity as a pressing issue but did not select it as a top focus area, choosing instead to elevate broader access-to care strategies. Although this was not selected as a priority, Advocate Illinois Masonic's community health team will continue supporting the programs in place, such as the hospital pantry program and community gardens.

Substance Use

Substance use continues to pose serious risks in Cook County, with opioid overdoses remaining a leading public health challenge. Alcohol misuse and youth vaping are also concerning trends, impacting both immediate health and long-term outcomes. Many individuals with substance use disorders also face co-occurring mental health conditions, which increases the complexity of care needed. By focusing on prevention, treatment, and recovery support, the community can save lives and reduce the burden on families, schools, and healthcare systems. The council determined that substance use did not rise to the level of being selected as an individual top focus area for this cycle and can concurrently be addressed under the priority of mental health. Advocate Illinois Masonic also has strong relationships with external agencies to support substance use and detox.

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The director of community health provided an update presentation to the hospital Governing Council. Governing Council members learned about the process and the selected priorities. In addition, council members were informed that a copy of the CHNA would be provided later in the year for their review and approval. On October 21, 2025, the Illinois Masonic Governing Council approved the 2025 Advocate Illinois Masonic CHNA Report findings. The Advocate Health Care Network Board then approved the 2025 CHNA Report at the Division level on December 10, 2025.

VEHICLE FOR COMMUNITY FEEDBACK

Community Feedback

If you would like to provide feedback or have any questions, please send an email to us at: AHC-CHNAReportCmtyFeedback@aah.org

This report can be viewed online at Advocate Health Care's Community Health Needs Assessment Report webpage via the following link: https://www.advocatehealth.com/hospital-chna-reports-implementation-plans-progress-reports

A paper copy of this report may also be requested by contacting the hospital's Community Health Department.

EVALUATION OF IMPACT FROM PREVIOUS CHNA

Behavioral Health Summary:

From 2022 through 2024, Advocate Illinois Masonic Medical Center advanced behavioral health services through expanded access, community-based care, and strategic partnerships. The Advocate Illinois Masonic Medically Integrated Community Crisis Support (MICCS) program delivered nearly 2,000 services to patients with mental illness, while injection support transitioned from a clinic to community-based delivery, providing over 650 injections across the three years. The First Access program steadily expanded, growing from 1,276 intake assessments in 2022 to 1,877 in 2023, ensuring timely connections to outpatient care. To meet increasing community needs, the hospital launched a Mobile Crisis Response Team, partnered with Avondale Restorative Justice Community Court for Mental Health First Aid training, and established a lasting collaboration with Onward Neighborhood House to serve immigrants, refugees, and low-income families. By 2024, this partnership provided additional therapy hours and incorporated holistic supports such as yoga, meditation, and family attachment programming. Collectively, these efforts strengthened access to behavioral health care, reduced barriers for vulnerable groups, and fostered resilience and empowerment within the community.

Healthy Lifestyles Summary:

From 2022 through 2024, Advocate Illinois Masonic Medical Center advanced healthy lifestyle initiatives by addressing food insecurity, chronic disease prevention, and community wellness. In 2022, the hospital hosted thirteen pop-up farmer's markets serving over 9,000 pounds of produce to nearly 1,200 patients, launched a hypertension initiative with CommunityHealth and Onward House, and distributed more than 5,000 pounds of food through its hospital-based pantry, reaching over 500 patients. The following year, the pantry continued serving patients in need, while additional support included grocery cards for low-income students at Christ the King High School. In 2024, partnerships with Nourishing Hope and other service lines strengthened long-term food access, serving 81 individuals and 167 household members with over 1,200 pounds of food. Beyond food access, the hospital expanded chronic disease prevention efforts by supporting the Take Charge of Your Diabetes program, training 15 community health workers and certifying 9 participants to support diabetes management. In the same year, Advocate partnered with Concordia Place to launch a teen-focused community garden that provides hands-on education in agriculture, nutrition, and sustainability. Together, these initiatives reduced barriers to healthy food, supported chronic disease self-management, and empowered youth and families to adopt healthier lifestyles while strengthening resilience in surrounding communities.

Social Drivers of Health Summary:

From 2022 through 2024, Advocate Illinois Masonic Medical Center strengthened its focus on social determinants of health by addressing violence recovery, workforce stability, and resource navigation for vulnerable patients. The Trauma Recovery Center launched in 2022, providing short-term support to 70 survivors of intentional crime, while the Career Success Coach program was established to reduce new employee turnover by addressing barriers such as transportation, childcare, and food insecurity. In 2023, the hospital hired its first Community Health Worker (CHW) to connect unassigned patients—regardless of insurance status—to primary care and community resources, ultimately serving 140 patients that year. The Anti-Racism/Anti-Hate Collaborative also resumed work in 2023, bringing together 35 members to drive strategies such as upstander training, safe spaces for teammates, and increased awareness of DEI initiatives. By 2024, the CHW program had grown significantly, providing social service support to 1,219 patients, making 83 successful referrals to the Community Health Clinic, and helping 67% of patients secure follow-up appointments for services such as primary care, women's health, dental care, behavioral health, and subsidized medication programs. Collectively, these efforts demonstrate a sustained commitment to addressing the social and structural factors that impact health, ensuring patients and community members are supported beyond the walls of the hospital.

Exhibit 1: Prioritization Tool Instructions (Voting Methodology)

The tool below outlines the methodology used for council members to select the top health priorities.

1. Prioritization Factors

This health issue prioritization tool is intended to help assess and prioritize health concerns based on factors like severity, urgency, impact, and preventability. Below is a framework that we will use to rank and prioritize health issues based on these key criteria.

- Severity: How serious is the health issue? Does it cause significant harm or disability?
- Urgency: Does the health issue require immediate attention? Is it time-sensitive?
- Impact on Quality of Life: How much does the issue affect daily activities, mental health, or overall well-being?
- Cost of Treatment/Intervention: What are the financial costs associated with addressing the issue (both individual and system-wide)?
- Preventability: Can the health issue be prevented or mitigated through lifestyle changes, interventions, or screening?
- Potential for Long-Term Consequences: Will the issue lead to long-term health problems, complications, or disabilities?

2. Assign Weights to Each Criterion

Determine how important each criterion is relative to others. Assign a weight (e.g., 1-5) to each. Assigning a number weight to a topic or issue involves quantifying its importance, severity, or impact in a way that can be used for comparison, prioritization, or decision-making. The health issues have already been assigned a weight in the excel template, same weight as below.

Criterion Weight:

- Severity 5
- Urgency 4
- Impact on Quality of Life 4
- Cost of Treatment.....3
- Preventability 4
- Potential for Long-Term Consequences 5

3. Rate Each Health Issue

Each council member will have their own excel spread sheet and he/she will rate each health issue on a scale of 1-5 (5 being the highest) for each criterion. The excel sheet will automatically add the total for each section. Highest score indicates highest priority.

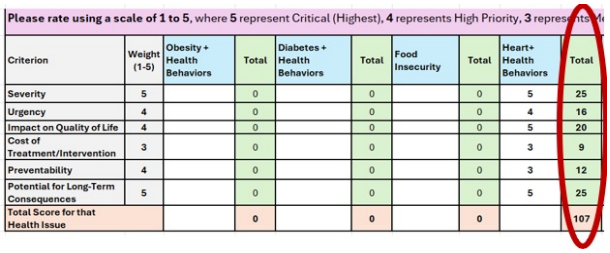
4. Calculate the Total Score

The excel spreadsheet will take the rating by the weight assigned to each criterion, then sum the results for each health issue.

Example Below for Heart Disease:

- Severity .....(5 x 5) = 25
- Urgency .....(4 x 4) = 16
- Impact on Quality of Life .....(4 x 5) = 20
- Cost of Treatment..... (3 x 3) = 9
- Preventability..... (4 x 3) = 12
- Potential for Long-Term Consequences .....(5 x 5) = 25

Total: 107



Please rate using a scale of 1 to 5, where **5** represent Critical (Highest), **4** represents High Priority, **3** repres

Criterion	Weight (1-5)	Obesity + Health Behaviors	Total	Diabetes + Health Behaviors	Total	Food Insecurity	Total	Heart+ Health Behaviors	Total
Severity	5		0		0		0	5	25
Urgency	4		0		0		0	4	16
Impact on Quality of Life	4		0		0		0	5	20
Cost of Treatment/Intervention	3		0		0		0	3	9
Preventability	4		0		0		0	3	12
Potential for Long-Term Consequences	5		0		0		0	5	25
Total Score for that Health Issue			0		0		0		107

5. Rank the Health Issues

After calculating the total scores, rank the health issues from highest to lowest. This gives you a prioritized list based on the criteria. The excel spreadsheet will automatically calculate the total for your voters, they just need to enter their rating for each category.

6. Review and Adjust

After reviewing the rankings, make sure they reflect the priorities of your specific context (e.g., for a particular

community, healthcare system, or population). Adjust the weights or ratings if needed to better align with local needs or available resources.

This tool provides a structured way to prioritize health issues based on objective criteria, helping you focus on those that require immediate attention or have the greatest impact on health outcomes. You can adapt the criteria and weights based on your specific needs (e.g., community health, healthcare budget, disease burden).

Exhibit 2: Health Priority Facts

In addition to robust data presentation, council members received a overview of the economic burden, long-term consequences and preventability for each health priority presented.

Health Priority	Economic Burden		Long-Term Consequences	Preventability
Obesity + Health Behaviors	Obesity + Health Behaviors: $170 billion Adult Obesity Facts | Obesity | CDC	Annual Cost: Approximately $170 billion in direct medical costs in the U.S. Obesity-related health behaviors (such as poor diet and lack of exercise) contribute heavily to chronic conditions like heart disease and diabetes, raising the overall costs.	Increases risk of chronic diseases (heart disease, diabetes, cancer), reduced life expectancy, mental health issues, limited mobility, and high healthcare costs.	Preventability: **Highly preventable** Maintaining a balanced diet, regular physical activity, and avoiding unhealthy behaviors (e.g., excessive screen time, sedentary lifestyle) can prevent obesity. Public health initiatives focusing on nutrition education and access to healthy foods are also key.
Diabetes + Health Behaviors	Diabetes + Health Behaviors: $412.9 billion $412.9 Billion in Health Care Dollars |ADA	Annual Cost: The total cost of diabetes in the U.S. is estimated at $412.9 billion annually, with a significant portion of that coming from medical care related to poor health behaviors (poor diet, sedentary lifestyle). Direct medical costs: About $237 billion. Lost productivity: About $90 billion.	Increases risk of chronic diseases (heart disease, diabetes, cancer), reduced life expectancy, mental health issues, limited mobility, and high healthcare costs.	Preventability: **Highly preventable** Maintaining a balanced diet, regular physical activity, and avoiding unhealthy behaviors (e.g., excessive screen time, sedentary lifestyle) can prevent obesity. Public health initiatives focusing on nutrition education and access to healthy foods are also key.
Food Insecurity	Food Insecurity: $160 billion Health Care Costs Associated with Food Insecurity	Annual Cost: The economic cost of food insecurity in the U.S. is estimated at $160 billion annually. This includes healthcare costs due to increased risk for chronic conditions like diabetes, heart disease, and mental health issues that are exacerbated by lack of access to nutritious food.	Chronic health issues (obesity, diabetes, malnutrition), developmental delays in children, mental health problems, and economic strain.	Preventability: **Partially preventable** While food insecurity often arises from broader economic and social factors, addressing poverty, improving access to nutritious foods, and strengthening social safety nets can reduce its impact. Community-based solutions like food banks and assistance programs are crucial in mitigating food insecurity.
Heart Health + Health Behaviors	Heart Health + Health Behaviors: $219 billion Forecasting the Economic Burden American Heart Association	Annual Cost: Heart dis-ease and associated health behaviors (e.g., smoking, poor diet, lack of exercise) contribute to an estimated $219 billion annually in healthcare costs in the U.S. Direct medical costs: Around $150 billion. Lost productivity: About $70 billion.	Increased risk of heart disease, stroke, chronic heart failure, premature death, and reduced quality of life.	Preventability: **Highly preventable** Many heart conditions are preventable through regular exercise, healthy eating (low salt, low saturated fat), avoiding smoking, and managing stress. Lifestyle modifications can significantly reduce the risk of heart disease, especially when adopted early in life.

Health Priority	Economic Burden		Long-Term Consequences	Preventability
Asthma/ COPD	Asthma/COPD: $80 billion Search Results | CDC Search Results | CDC	Annual Cost: The total cost for asthma and chronic obstructive pulmonary disease (COPD) in the U.S. is estimated at $80 billion annually. Direct medical costs: About $50 billion. Lost productivity: Around $30 billion.	Permanent lung damage, respiratory infections, reduced mobility, chronic disability, and early death.	Preventability: **Partially preventable** Asthma cannot be entirely prevented, but its triggers (e.g., tobacco smoke, pollu-tion) can be managed to reduce severity. COPD (primarily caused by smoking) is largely prevent-able through smoking cessa-tion and reducing exposure to environmental pollu-tants.
Access to Health Care	Access to Health Care: $93 billion NIH: Access	Annual Cost: Poor access to healthcare can result in higher healthcare costs overall, both for individuals and the healthcare system. The U.S. spends $93 billion annually on preventable hospitalizations and emergency room visits that could have been avoided with adequate access to primary care and preventive services.	Delayed diagnoses, worsening of chronic conditions, higher mortality, increased healthcare costs, and health inequities.	Preventability: **Partially preventable** Access to healthcare is influenced by policy, geography, and socioeconomic factors. Expanding healthcare coverage, improving public health infrastructure, and reducing socioeconomic disparities can enhance access. While systemic changes are required, improving education about healthcare options and navigating insurance can also help.
Mental Health + Health Behaviors	Mental Health + Health Behaviors: $225 billion Statis-tics - National Insti-tute of Mental Health (NIMH)	Annual Cost: Mental health disorders (such as depression, anxiety, and related behaviors like substance abuse) contribute to about $225 billion annually in lost productivity and healthcare costs. Poor health behaviors, such as smoking or lack of exercise, can exacerbate mental health conditions, raising overall costs.	Chronic mental health disorders, physical health deterioration, increased substance abuse, decreased productivity, and social isolation.	Preventability: **Partially preventable** Mental health disorders have both genetic and environmental causes. While not all are preventalbe, promoting mental wellness through stress management, social support, and early intervention can reduce the onset or severity of conditions. Avoiding substance abuse and maintaining good physical health can help prevent some mental health issues.
Substance Use + Health Behaviors	Substance Use + Health Behaviors: $740 billion NIDA.NIH.GOV | National Institute on Drug Abuse (NIDA)	Annual Cost: The economic burden of substance use disorders (including alcohol and drug use) in the U.S. is estimated to be $740 billion annually. This includes healthcare costs, lost productivity, and criminal justice costs.	Addiction, chronic health problems (liver disease, cancer), mental health disorders, injury or death, and social and economic hardship.	Preventability: **Highly preventable** Substance use disorders are largely preventable through education, early intervention, and public health initiatives focusing on the dangers of substance use. Avoiding early exposure to substances, strong family and community support systems, and providing access to mental health resources can prevent or reduce substance abuse.

Appendix 1: 2025 Community Health Needs Assessment Data Sources

To view the Alliance for Health Equity CHNA report, which includes summaries of the community feedback, descriptions of the data collection methods and the members of the collaborative, along with the full survey reports, visit: https://www.allhealthequity.org/chna

Appendix 2: Community Resources Available for Significant Needs

The resources under each significant need are not a complete list. For more community resources, visit: https://advocateauroracommunity.org/

Organization	Website
Cardiovascular Disease	https://www.heart.org/en/ https://www.advocatehealth.com/health-services/advocate-heart-institute
Diabetes	https://diabetes.org/ https://community.beyondtype2.org/ https://thresholds-health.org/
Respiratory Disease (Asthma & COPD)	https://cookcountyhealth.org/services/pulmonary-lung-health/ https://lungfessions.com/
Mental Health	https://www.tpoint.org/ https://cookcountypublichealth.org/mental-health-and-substance-use/ https://www.advocatehealth.com/health-services/behavioral-health-care/resources https://www.nami.org/affiliate/illinois/nami-cook-county-north-suburban/
Substance Use	https://www.gatewayfoundation.org/programs-services/programs/addiction-therapy-services/ https://illinoisaddictionhelp.org/cook-county/ https://www.gatewayfoundation.org/
Obesity	https://www.uchicagomedicine.org/conditions-services/weight-management https://iphionline.org/iapo/
Food Insecurity & Access to Healthy Food	https://extension.illinois.edu/food/find-food-illinois https://www.chicagosfoodbank.org https://www.nourishinghopechi.org/
Access to Health Care	https://www.d214.org/Page/3736 https://communityhealth.org/ https://www.oipcc.org/
Maternal Health	https://www.advocatehealth.com/health-services/obstetrics/specialty-care-support/nurse-midwifery https://everthriveil.org/ https://www.plannedparenthood.org/planned-parenthood-illinois/patient-resources
Community Safety	https://www.advocatehealth.com/health-services/emergency-services/advocate-trauma-recovery-center https://ovc.ojp.gov/resources-and-support-victims-chicago-illinois https://www.metrofamily.org/legal-aid-society/practice-groups-2/victims-of-crime/
Housing	https://www.shelterlistings.org/county/il-cook-county.html https://housingactionil.org/get-help/resources-homeless/ https://www.dhs.state.il.us/page.aspx?item=98150 https://evictionhelpillinois.org/ https://suburbancook.org/
Cancer	https://www.advocatehealth.com/immc/health-services/cancer-institute https://www.cancer.org/about-us/local/illinois.html https://www.gildasclubchicago.org/get-support/resources/

Appendix 3: References

	References
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Cardiovascular Disease	• World Health Organization. (2021). Cardiovascular diseases. https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds) • Centers for Disease Control and Prevention. (2024). Stroke Mortality. https://www.cdc.gov/nchs/state-stats/deaths/stroke.html • Metopio, IHA COMPdata, 2019–2023
Diabetes	• Illinois Department of Public Health. (2021). Diabetes in Illinois. https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/diabetes/2021_Illinois_Diabetes_Burden_Report.pdf • Centers for Disease Control and Prevention. (2024). National Diabetes Statistics Report. http://www.cdc.gov/diabetes/php/data-research/index.html CDC, National Diabetes Report, 2021 • Diagnosed Diabetes. Access from https://gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html • Metopio, PLACES Diabetes Atlas, 2022 • Metopio, IHA COMPdata, 2019–2023 • Alliance for Health Equity, Survey Data, 2024
Respiratory Disease (Asthma & COPD)	• World Health Organization. (2024a). Chronic respiratory diseases. https://www.who.int/health-topics/chronicrespiratory-diseases • U.S. Department of Health and Human Services, Office of Minority Health. (2023). Asthma and African Americans	Office of Minority Health. https://minorityhealth.hhs.gov/asthma-and-african-americans • Metopio, IHA COMPdata, 2019–2023 • Metopio, PLACES BRFSS, 2022
Mental Health	• Centers for Disease Control and Prevention. (2024). About Mental Health. Mental Health. https://www.cdc. gov/mental-health/about/index.html • Macintyre, A., Ferris, D., Gonçalves, B., & Quinn, N. (2018). What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. Palgrave Communications, 4(1), 1–5. https://doi.org/10.1057/s41599-018-0063-2 • County Health Rankings, National Center for Health Statistics. (2024). Cook, Illinois	County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/health-data/illinois/cook • Metopio, IHA COMPdata, 2019–2023 • Alliance for Health Equity, Survey Data, 2024
Substance Use	• Metopio, IHA COMPdata, 2019–2023 • Metopio, SAMHSA, 2024 • Alliance for Health Equity, Survey Data, 2024
Obesity	• Metopio, BRFSS, PLACES, 2022 • Metopio, Behavioral Risk Factor Surveillance System (BRFSS), 2022 • Metopio, American Community Survey (ACS), 2018-2022 • Alliance for Health Equity, Survey Data, 2024
Food Insecurity & Access to Healthy Food	• United States Department of Agriculture. (2019). USDA ERS-Food Access Research Atlas. https://www.ers.usda.gov/data-products/food-access-research-atlas/ • United States Department of Agriculture. (2023). U.S. households by food security status and selected household characteristics, 2023. Table 2. Household Food Security in the United States in 2023 • Metopio, Map the Meal Gap, 2022 • Metopio, American Community Survey, 2018-2022 • Metopio, Food Access Research Atlas, 2019
Access to Health Care	• Metopio, Behavioral Risk Factor Surveillance System (BRFSS), 2022 • Metopio, Ameri-can Community Survey (ACS), 2019-202 • Metopio, IHA COMPdata, 2019–2023 • Metopio, PLACES, BRFSS, 2019–2023
Maternal, Child & Reproductive Health	• CDC, National Vital Statistics System, 2023 • CDC, National Center for Health Statistics, National Vital Statistics System, mortality data file, 2023 • 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 • Metopio, Maternal Hardship Index, 2016-2023
Housing	• Metopio, American Community Survey (ACS), 2019-2023 • Alliance for Health Equity, Survey Data, 2024

Appendix 4: Additional Data

Alliance for Health Equity PSA Survey Analysis:

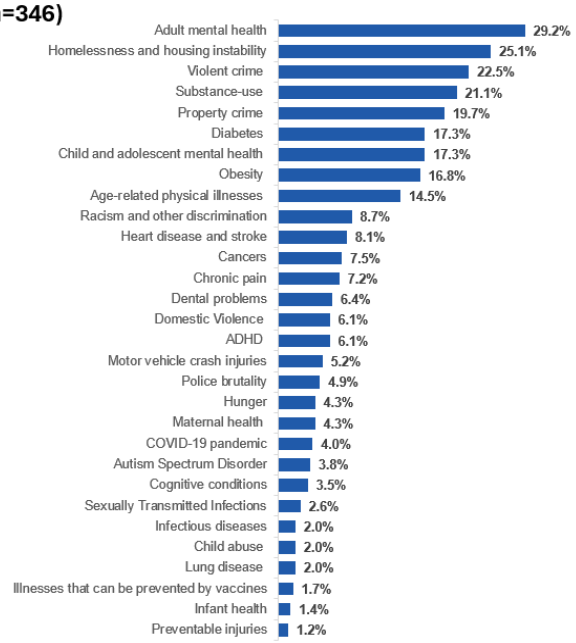
What are the biggest health issues in your community? (Choose 3) (n=346)

Advocate Masonic service area top health issues

1. Adult mental health
2. Homelessness and housing instability
3. Violent crime
4. Substance-use
5. Property crime

Cook County top health issues

1. Adult mental health
2. Diabetes
3. Substance use
4. Obesity
5. Homelessness and housing instability



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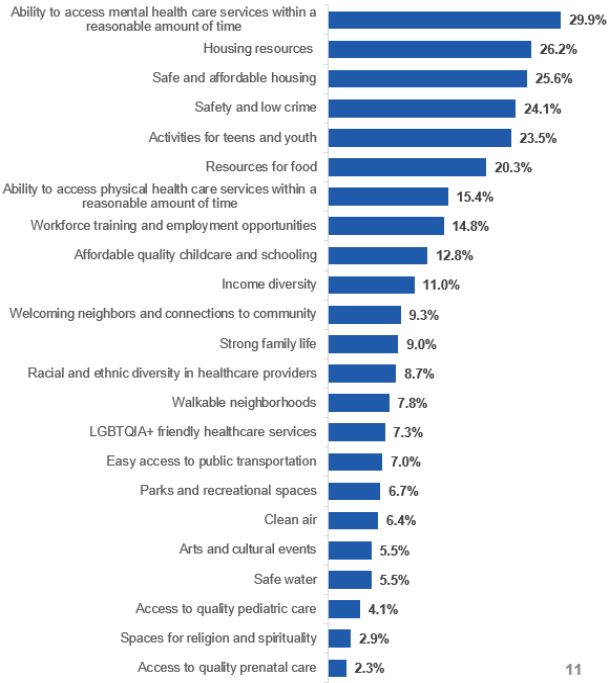
What does your community need to be healthy? (Choose 3) (n=344)

Advocate Masonic service area top health needs

1. Access to mental healthcare services
2. Housing resources
3. Safe and affordable housing
4. Safety and low crime
5. Activities for teens and youth

Cook County top health needs

1. Activities for teens and youth
2. Access to mental healthcare services
3. Housing resources
4. Safety and low crime
5. Safe and affordable housing



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Alliance for Health Equity PSA Survey Analysis:

Summary of Focus Group Findings

Core Themes

Chronic health conditions
- Several health behaviors and social determinants are contributing to chronic disease
  - Impacts of COVID-19 infection

COVID-19
- COVID-19 impacts:
  - Local businesses closed down
  - Health clinics that happened pre-COVID do not exist

Child and adolescent health
- Programs and services needed
  - After-school programs
  - Recreation centers
  - Health Education
- Childcare
- Education
- Youth mental health crises

"But I know even with my family, whenever we go to a doctor, we feel more comfortable with someone who looks like us and talks like us. So, I think that's probably one of the bigger problems."

Healthcare
- Several factors influence access
  - Ease of access to health clinics
  - Insurance coverage and public benefits
  - Immigration status
  - Linguistically and culturally appropriate services
- Discrimination, racism, and lack of empathy among healthcare professionals
- Several additional healthcare needs discussed
  - Behavioral health services
  - Affordable specialty care
  - Engagement in primary care
  - Expanded use of CHWs
  - Building trust with communities
  - Better communication about resources
  - Transportation to appointments
  - Diverse healthcare workforce

Summary of Focus Group Findings

Core Themes

Community safety
- Several factors contribute to violence in communities
  - Lack of economic opportunity
  - Inaccessible community resources
  - Lack of "outside of school" programs for youth
- Police involvement is not helpful
- Substance use disorders
- Lack of behavioral health treatment and need for greater mental health awareness
- Abandoned housing
- Lack of infrastructure investment in roads

"Transportation is something that has become really difficult."

"When there is conflict, police do not know how to interact."

Community cohesion and leadership
- Community cohesion is important for healthy communities
- Roles of communities in solutions
  - Trusted community liaisons for sharing information
- Coordination between programs and services needs improvement

"I'm scared to come home at night, like I don't like going out at night because I want to be home by 8 o'clock because then it's scary just walking from your car to your house, especially if your street is very quiet."

"Resources are so scattered."

Community communication
- Communication about resources in ineffective
- In-person communications
  - Community events
  - Trusted messengers
  - Passing information through local organizations
  - Mail

"Services are there... but the issue is getting the word out, getting people to trust it, and increasing the amount of services that you can provide."

Summary of Focus Group Findings

Core Themes

Social and structural determinants of health
- Some of the most discussed needs included:
  - Access to affordable housing
  - Access to healthy foods and grocery stores
  - Quality education
  - Affordable childcare
  - Economic opportunity and community investment
  - Improved infrastructure
  - Environmental health

Behavioral Health
- Substance use
- Mental health crises
- Access to treatment
- Connections between mental health and other determinants of health
- Positive health behaviors

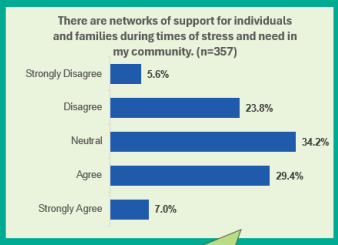
"Mental health and homelessness is a huge problem."

"In my community, there's a lot of homelessness. A lot of the time you realize it has to do with something they're suffering from like mental health, substance abuse, and family issues."

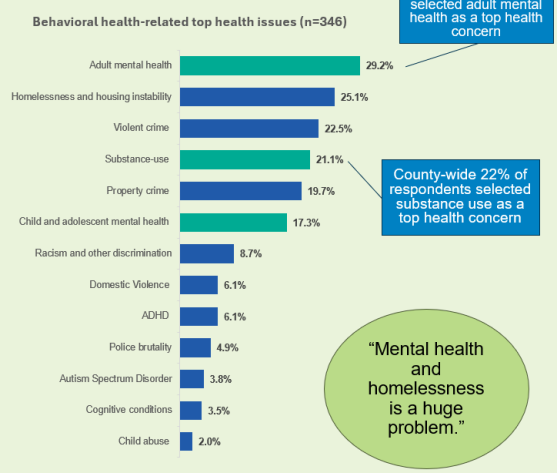
"I've seen since I've lived in Humboldt Park that it is starting to have a more predominantly white presence now. So, the neighborhood's getting gentrified."

"I'm really lucky that the lake is right there. So often times, anytime that we get a bunch of friends together, we'll just go to the lake and walk along that trail, which is really nice."

Mental Health and Substance Use



"I've seen a lot of increasing violence. It is a lot of substance abuse and mental health."



County-wide, 26% of all respondents selected adult mental health as a top health concern

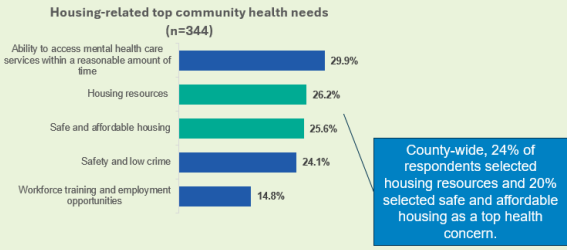
County-wide 22% of respondents selected substance use as a top health concern

"Mental health and homelessness is a huge problem."

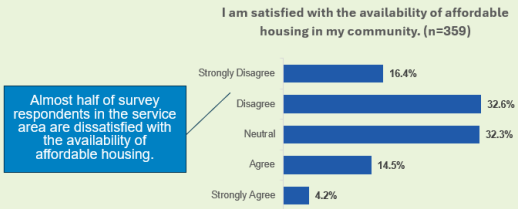
"Gentrification is pushing out a lot of families because rent is becoming unaffordable and even the local businesses that have been there for years are getting pushed out."

Housing

In both the focus groups and survey, community members in the Advocate Masonic service area chose housing as a top health need in their community.



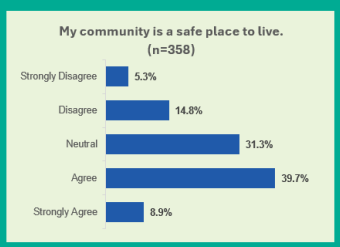
County-wide, 24% of respondents selected housing resources and 20% selected safe and affordable housing as a top health concern.



Almost half of survey respondents in the service area are dissatisfied with the availability of affordable housing.

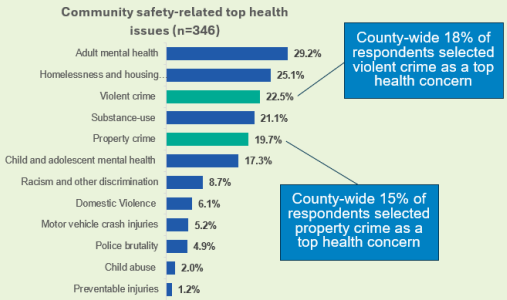
"I would say the gun violence and safety has been really bad. I mean, over the years, it's gotten better, but now I feel like this year, mainly it's been really, really bad. There were like three teens shot in front of our local ice cream shop."

Community Safety



Community safety was a major theme in focus groups and safety related top needs and issues rated highly.

"When there is a conflict, police do not know how to interact."

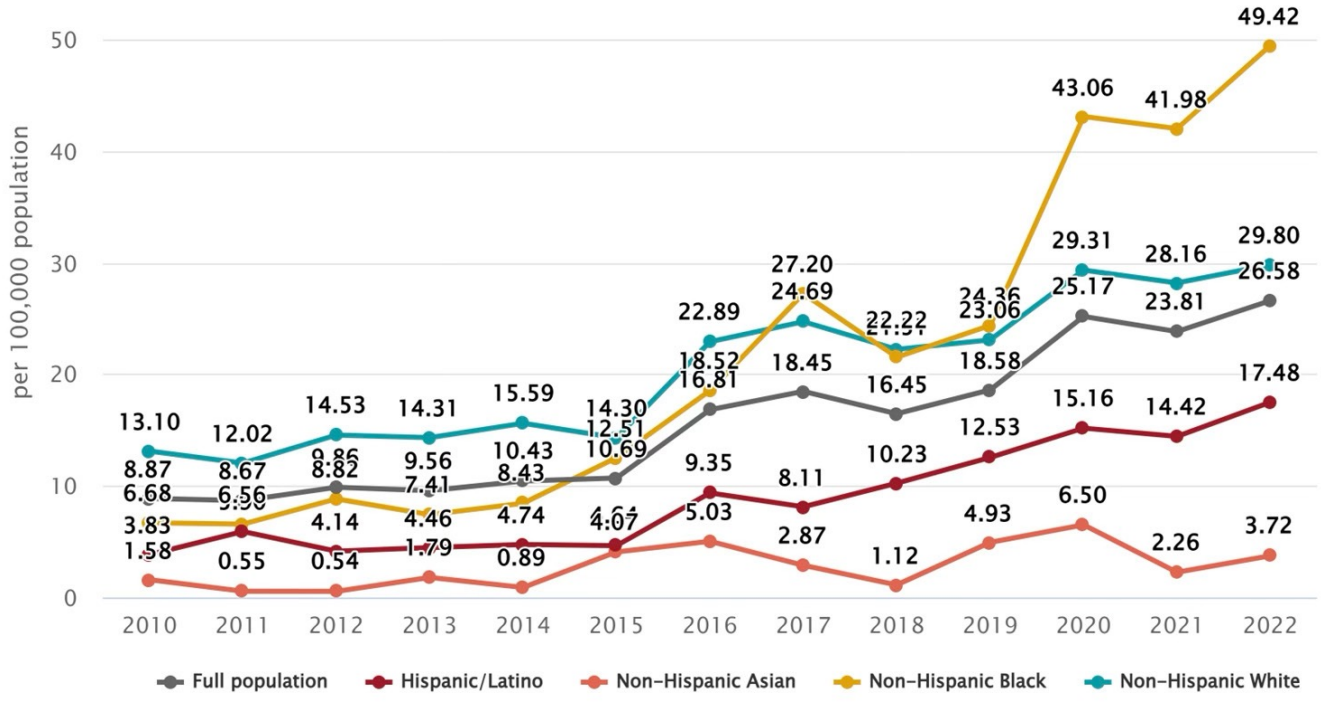


County-wide 18% of respondents selected violent crime as a top health concern

County-wide 15% of respondents selected property crime as a top health concern

Illinois Department of Public Health, 2024 – Substance Use Analysis:

Chart of drug-induced mortality rate per 100,000 population over time by race and ethnicity. Suburban Cook County.



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