we PLAN 2025

The Community Health Assessment and Community Health Improvement Plan for Suburban Cook County, IL

APPENDIX D

# Community Health Status Assessment

Cook County Dept. of Public Health

COOK COUNTY HEALTH

**ACKNOWLEDGEMENTS**

Cook County Department of Public Health would like to acknowledge the following partners for their participation in this work:

- The Illinois Department of Public Health (IDPH), especially the Vital Statistics, Behavioral Risk Factor Surveillance System (BRFSS), Communicable Diseases, Illinois National Electronic Disease Surveillance System (I-NEDSS) and Syndromic Surveillance Data programs
- Special thanks to the CCDPH Prevention Services Unit, other CCDPH staff and the CHSA Assessment Team leaders including Alfreda Holloway-Beth, C. Scott Smith, Xie Kulikoff, Rishi Kowalski, Nhan Nguyen, Kyla Quigley, Kimberley Conrad-Junius, Kelley Bemis, Hanna Kite, Amy O'Rourke, Neela Satyanarayan, Keith Winn, Hannah Steinberg, Alexandra Burda, Darcie Moeller, Debbie Brooks, Demian Christiansen, Deanna Durica, Michelle Beckles, George Papadopulos and Rachel Rubin.

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## EXECUTIVE SUMMARY

Cook County Department of Public Health (CCDPH), under the direction of the Epidemiology Unit, developed this Community Health Status Assessment (CHSA) for public distribution. The assessment is one of four evaluations that are part of the broader Mobilizing for Action through Planning and Partnerships (MAPP) framework created by the National Association of County and City Health Officials (NACCHO). MAPP is a framework facilitated by public health leaders to help communities apply strategic thinking to prioritize public health issues and identify resources to address them. Toward this end, the CHSA employs a comprehensive data collection, analysis and synthesis approach to operationalize and present selected indicators in such a way that is both meaningful to stakeholders and assists in better integrating health equity and community engagement into the public health process. The document aims to raise awareness among the general public and, when integrated into the broader community health planning process, open up opportunities for civic engagement. The document also provides a rich, multidimensional account of the health status of CCDPH residents to inform public health activities, plans, projects and policies.

The wide range of indicators presented in this CHSA provide information to help CCDPH respond to several pertinent public health questions, including:

- How healthy are residents within CCDPH's jurisdiction, relative to other reference populations, such as the nation as a whole?
- How are CCDPH residents performing relative to adopted federal and community-derived public health targets?
- How do public health outcomes, trends, and other social determinants of health vary within CCDPH's jurisdiction, especially when evaluated across sociodemographic groups and neighborhoods?
- How accessible are health services and resources to CCDPH residents?
- What are the overall strengths and weaknesses in CCDPH's jurisdiction that contribute to health outcomes?

The CHSA presents and summarizes data for several interrelated indicators over 10 topic categories, which are further organized into two principal sections; namely: (1) social and structural determinants of health and (2) health behaviors, outcomes, and trends. The remainder of this summary states key findings drawn from each of the CHSA's 10 component categories.

- *Demographics*
    - ***The total population of CCDPH has remained flat over the past 10 years and is forecast to grow at a relatively slow pace in subsequent decades.*** *The residential population within CCDPH's jurisdiction was approximately 2,259,211, according to the latest estimate (2019). The jurisdiction should expect to gain an additional 400,000 residents between 2020 and 2050, according to the latest regional population forecasts by the Chicago Metropolitan Agency for Planning (CMAP).*
    - ***The overall composition of CCDPH's population is aging****. The population under 10 years of age made up approximately 14.1 percent of the jurisdiction's population in 2010 and 13.3 percent in 2019, while the share of 55 and older population grew from 26.6 percent to 31.9 percent over the same period (i.e., a net gain of nearly 120,000 residents). If these trends continue, CCDPH will need to adapt its services to accommodate an increasingly older population base.*

- ***The racial and ethnic composition within CCDPH's jurisdiction is growing more diverse, although residential settlement patterns continue to be highly segregated.*** *While the White population has decreased by 123,000 over the past decade, the Hispanic population experienced a net increase of approximately 74,000 people. The Black and Asian populations also experienced net increases--about 30,000 residents each--over the same period. However, multiple segregation indices suggest that White and Black residents tend to live in more segregated neighborhoods compared to their Asian and Hispanic counterparts.*

- *Socioeconomics*
  - ***Educational attainment has increased throughout CCDPH's jurisdiction, with the highest rates of increase occurring within the south and southwest health districts.*** *Across all CCDPH districts, the percentage of the 25 and older population with less than a high school diploma as their highest educational attainment decreased by 17.5 percent between 2010 and 2019, while the percentage of the population with at least a bachelor's degree increased by 13 percent over the same period. The south public health district reported a steep 22.9 percent drop in the share of its population reporting less than a high school diploma as their highest educational attainment, whereas the southwest district reported the greatest increase (17.2 percent) in the share of those with at least a bachelor's degree.*
  - ***A considerable portion of CCDPH's population resides in households that earn below poverty-level income.*** *In 2019, the south district reported the greatest proportion of individuals living under the federal poverty level (16 percent), which is six points higher than the national rate (10.5 percent).*
  - ***The cost of housing is a burden for many CCDPH residents, especially renters.*** *Since 2000, the price of a single-family home has increased by 50 percent in suburban Cook County and almost 100 percent in the city of Chicago, while controlling for inflation. The percentage of owner-occupied households reporting housing burden (i.e.,* households spending more than 30 percent of income on housing) *decreased across all CCDPH districts between 2010 and 2019, with the greatest decreases experienced by households residing in the north and west districts. However, the share of renter households paying more than 30 percent of their income on housing increased within CCDPH's jurisdiction by as much as 8.3 percent within the southwest health district over the same period.*
- *Environmental risk*
  - ***Water and air emissions among large industrial facilities have decreased throughout CCDPH's jurisdiction, although lower-income residents remain at higher risk of toxic exposure.*** *Air emissions decreased by 27.7 percent between 2010 and 2019 within the jurisdiction, with the greatest drops reported in the southwest and south districts. Yet, residential areas in the south and southwest health districts also tend to be in closer proximity to environmental hazards and industrial land uses.*
  - ***Lead paint exposure continues to be a public health risk throughout CCDPH's jurisdiction.*** *Approximately half of the housing stock in the west health district was built before 1978, prior to when lead paint was banned. The southwest district has the highest percentage of newer housing units, although 19 percent were still built before 1978.*
- *Health resource availability*
  - ***Considerable disparities exist with respect to access to healthcare establishments and health insurance as well as emergency departments.***

- *Residents within the north and west health districts host a greater number of hospitals per resident (around 1 hospital per 100,000 residents) compared to the south district, which has about 1 hospital per 150,000 residents.*
- *About 8 percent of residents within CCDPH's jurisdiction do not have health insurance. At 16.4 percent, the rate of the Hispanic population without health insurance is more than double that of the jurisdiction as a whole.*
- *Emergency department visit rates are much higher among Black residents compared to White residents. Adult and pediatric asthma–related emergency department visit rates among Black residents, for example, were six times that of their White counterparts.*

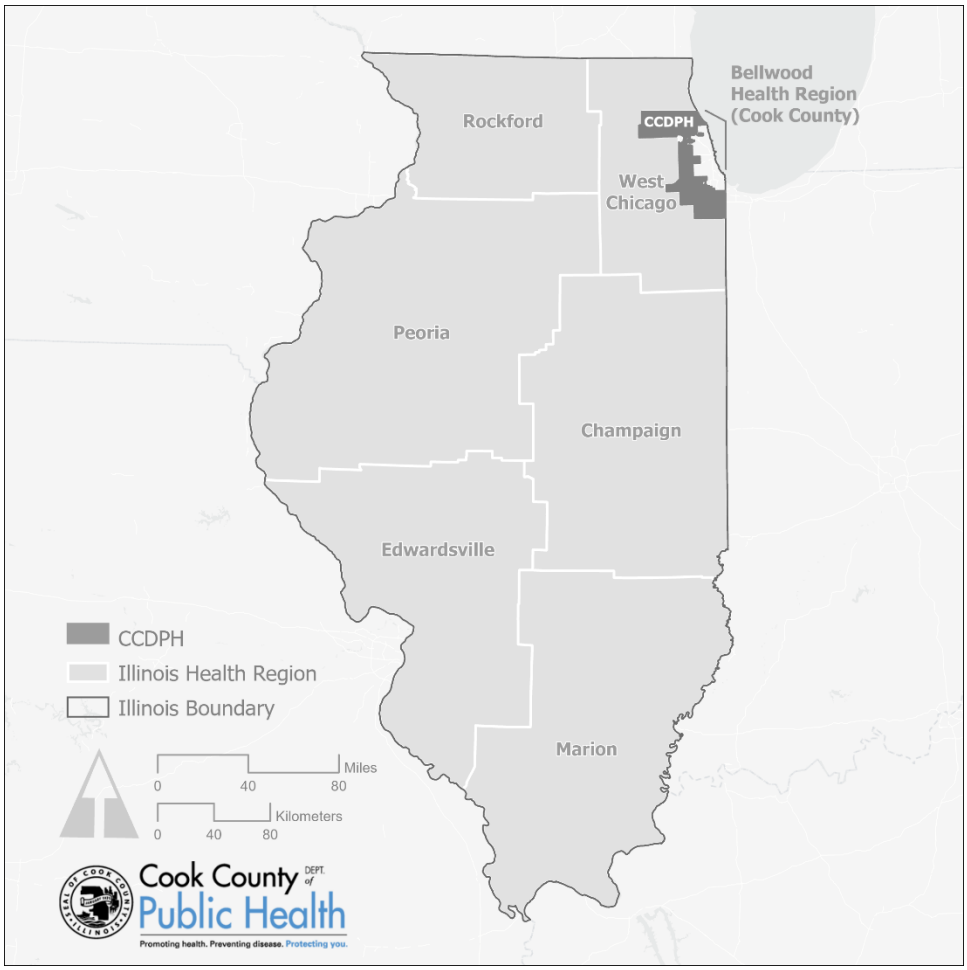
- *Quality of life*
  - ***Overall quality of life differs markedly throughout CCDPH's jurisdiction, in terms of social vulnerability, childhood opportunity and life expectancy.***
  - *The Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) social vulnerability index (SVI) scores for CCDPH's majority-minority communities in the west and south districts are approximately double those of communities in the predominantly White north district. The lower SVI scores in the west and south districts suggest these areas may be less prepared and able to respond to hazardous events, including natural disasters and disease outbreaks.*
  - *Children in CCDPH's north district also had much higher childhood opportunity scores compared to children residing in the other three CCDPH health districts. According to scores adapted from the Diversity Data for Kids Childhood Opportunity Index, residents in the north district scored nearly three times higher than residents in the south district, suggesting that access to education, health, economic opportunities and other resources are considerably greater within north district neighborhoods.*
- *Behavioral risk and prevention*
  - ***While suburban Cook County residents outperformed the U.S. and the state of Illinois in many prevalence categories (e.g., tobacco and alcohol use), it also underperformed in other categories (e.g., physical activity and healthcare utilization).***
  - *A greater share of suburban Cook County residents had not had their cholesterol checked or visited a dentist in the past year when compared to statewide and national rates, although the percent of the Suburban Cook County population who did not receive a routine checkup in the past year was lower than that reported for the statewide population, and higher than the national rate.*
- *Mental health and disability*
  - ***Substantial segments of the population residing within CCDPH's jurisdiction are at higher risk of social isolation.*** *For instance, the north and west districts are at elevated risk due in part to relatively high rates of limited English-speaking households.*
  - ***Suburban Cook County also had higher prevalence rates of depression compared to the national and state rates****. Residents in the south health district were much more likely to report poor mental health compared to their counterparts in the three other CCDPH health districts.*

- *Maternal and child health*
  - ***Considerable disparities exist between racial and ethnic groups with respect to the experiences of women before, during and following pregnancy, and to the health and well-being of children more generally.***
  - *Teenage birth rates were highest among the Hispanic and Black populations, which were much higher than the national rate. Black residents were also much more likely than White, Hispanic and Asian residents to delay or not receive prenatal care.*
  - *All CCDPH health districts reported preterm birth rates greater than the national average over the examined period.*
- *Mortality, illness and injury*
  - ***The two leading causes of mortality reported for CCDPH jurisdiction were heart disease (25 percent) and cancer (24 percent), accounting for nearly half of all deaths both jurisdiction-wide and within each of the four CCDPH health districts.***
  - *Heart disease was especially high for Black and White residents, for whom reported rates were much higher than the national average.*
  - *The rate of unintentional injuries (e.g., work-related, overdose) was considerably higher among suburban Cook County Hispanic residents (8 percent) than for other racial/ethnic groups; whereas the homicide rate was highest (3 percent) among Black residents than other racial/ethnic groups.*
  - *Mortality rates across many of the reported categories were greatest in the south CCDPH district.*
- *Communicable disease*
  - ***There is considerable variation in the incidence of infectious disease by CCDPH district and by race and ethnicity, with several municipalities having rates both considerably below and above national and target rates for different diseases.***
  - *For example, tuberculosis was relatively high among Asian populations in the north CCDPH district; whereas other communicable diseases – such as HIV and STDs – were higher among the Hispanic and Black populations.*
  - *Childhood vaccination rates also varied substantially between CCDPH health districts and over time. Overall, reported vaccination rates trended downward beginning in 2014, with the west district having the highest rates and the south district reporting the lowest rates.*

## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH (CCDPH) JURISDICTION

Cook County Department of Public Health (CCDPH) was established in 1945 and is the state-certified public health agency for most of suburban Cook County (SCC). CCDPH's jurisdiction is within the largely urban Bellwood health region, one of seven health regions within the state of Illinois (Map 1). The Bellwood health region, which corresponds with the Cook County boundary, is the smallest of the state's health regions in terms of area, although it has the most residents, comprising over 40 percent of the total population of Illinois. CCDPH is one of six local health departments within the Bellwood health region. The other five local health departments are the Chicago Department of Public Health, the City of Evanston Department of Health and Human Services, the Village of Oak Park Department of Public Health, the Stickney Township Public Health District and the Village of Skokie Health Department.

**Map 1. Illinois Health Regions**

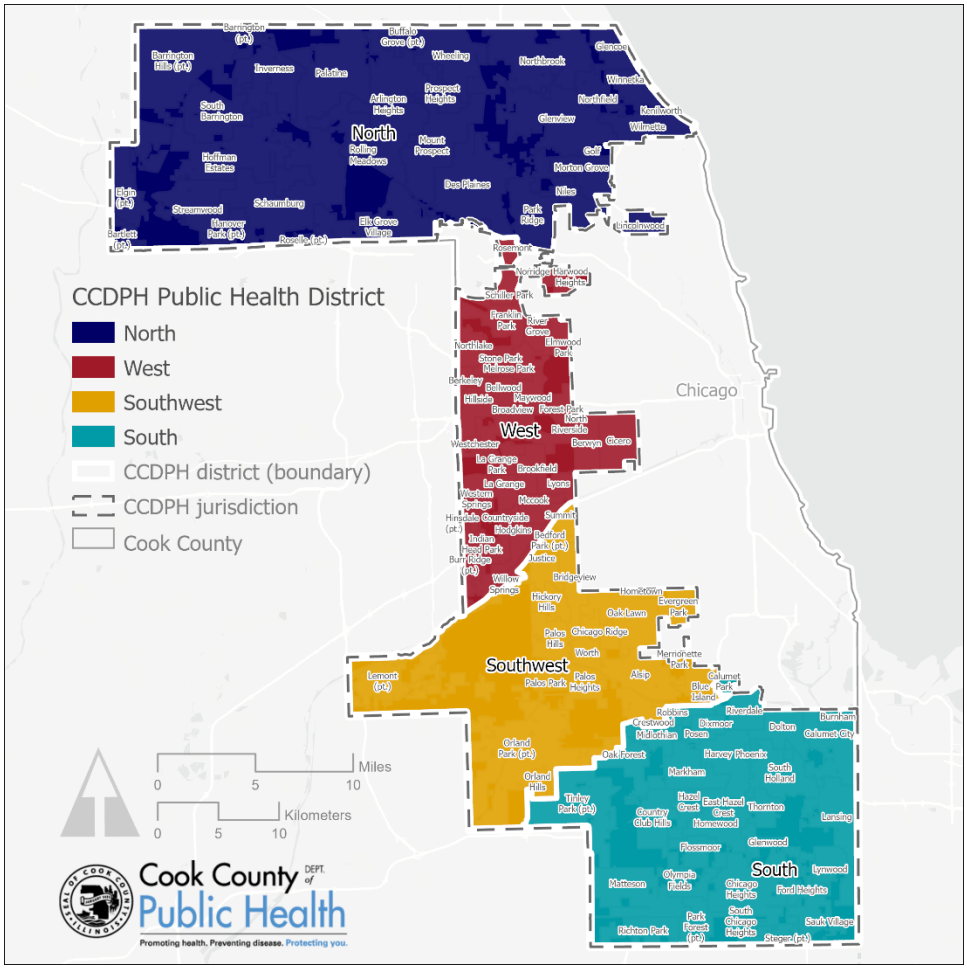



*Data sources: Illinois Department of Public Health; CCDPH.*

With an estimated residential population of 2.3 million (ACS, 2019), CCDPH is the second largest jurisdiction among local health departments located within the Bellwood health region, second only to the Chicago Department of Public Health (CDPH) district, which has a population of 2.7 million. CCDPH's jurisdiction spans approximately 693 square miles, or 70 percent of Cook County's total land area. Larger than any other local health department within the Bellwood region, CCDPH' jurisdictional boundary includes all parts of Cook County, aside from Stickney Township, and the municipalities of Chicago, Evanston, Skokie and Oak Park, which have their own local health departments (Map 2).

CCDPH's jurisdiction includes 120 municipalities, 114 in their entirety and portions of six others. The unincorporated area population (i.e., the population residing outside of the 120 incorporated municipalities) within CCDPH is estimated to be about 104,874, or 4.6 percent of the jurisdiction's total. It also includes 27 townships (i.e., minor civil divisions), 10 political Cook County commissioner districts and four CCDPH health districts: north, west, southwest and south. These four CCDPH health districts are used by CCDPH largely to evaluate social and demographic patterns across its jurisdiction, as well as to enumerate and report the incidence and prevalence of disease and other health indicators.

**Map 2. CCDPH Jurisdiction, Districts and Municipalities**




*Data sources: U.S. Census Bureau TIGER/Line shapefiles (2019); CCDPH (2021).*

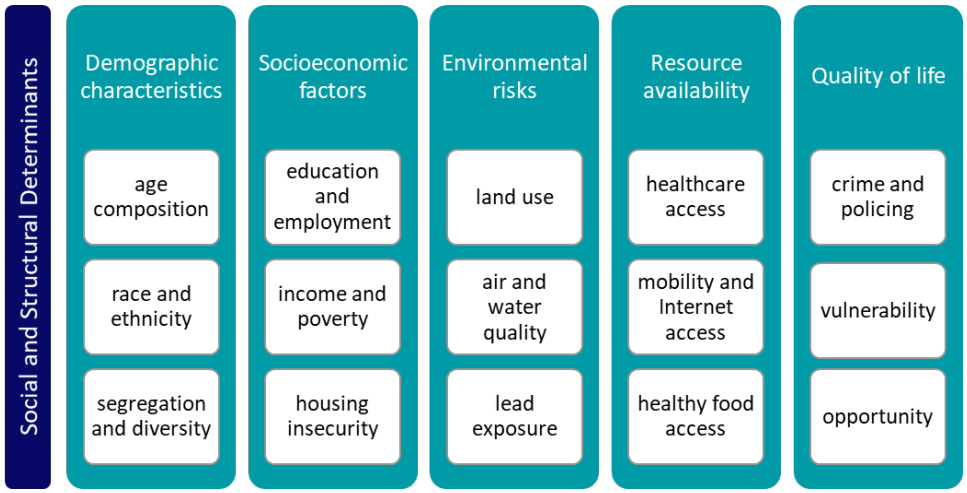
## REPORT PURPOSE AND ORGANIZATION

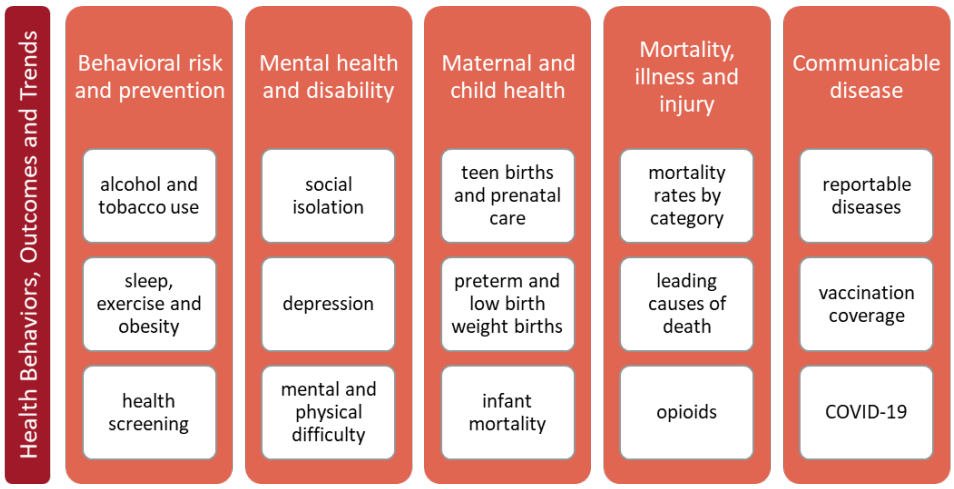
Cook County Department of Public Health (CCDPH) developed this Community Health Status Assessment (CHSA) to inform public health planning, as well as to comply with its 5-year IPLAN requirements, compliance and certification through the Illinois Department of Public Health (IDPH) and its federal accreditation via the Public Health Accreditation Board (PHAB). The assessment is one of four evaluations that are part of a broader Mobilizing for Action through Planning and Partnerships (MAPP) framework created by the National Association of County and City Health Officials (NACCHO), a framework facilitated by public health leaders to help communities apply strategic thinking to prioritize public health issues and identify resources to address them.

Toward this end, the CHSA employs a comprehensive data collection, analysis and synthesis approach to operationalize and present selected indicators in a way that is both meaningful to stakeholders and assists in better integrating health equity and community engagement into the public health process. Overall, the document aims to provide a rich, multidimensional account of the health status of CCDPH residents to aid with problem and asset identification and policy formulation, implementation and evaluation.

The CHSA presents and summarizes data for several interrelated indicators across 10 topic categories organized into two sections; namely: (1) *social and structural determinants of health,* and (2) *health behaviors, outcomes and trends*. The indicators and categories included in the assessment are presented graphically below, by section.

**Figure 1. Select CHSA Indicators by Topic Category and Section**






## METHODOLOGY, DATA AND LIMITATIONS

The indicators presented in this assessment rely on a wide variety of secondary data made available from both public and private sources. Brief summaries of the principal data sources used to construct public health-related indicators for this document are provided below.

***Principal datasets and sources***

*U.S. Census Bureau's American Community Survey (ACS)*

The ACS is an ongoing survey conducted by the U.S. Census Bureau that provides information on a yearly basis about population demographics and housing in the nation. Data are sampled and analyzed in single-year or 5-year summations. For this assessment, data from the ACS 5-year estimates for 2015–2019 (the latest available at the time of this writing) were used, unless otherwise noted. These data represent the most complete timely estimates available for Cook County residents. Like all surveys based on samples, ACS estimates have a degree of sampling error. For more information about the ACS methodology, refer to the U.S. Census Bureau website (*1*).

*Illinois Department of Public Health (IDPH) Vital Statistics*

The most comprehensive health information comes from the Illinois Department of Public Health (IDPH). IDPH shares with CCDPH records of birth, death and hospital discharges that were used to understand adverse pregnancy outcomes, mortality and hospital usage patterns for residents of SCC. Data are current through 2017.

*Illinois County Behavioral Risk Factor Surveillance System County Report*

The Illinois County Behavioral Risk Factor Surveys (ICBRFS) is a statewide survey that collects county-level health data using a standardized questionnaire and procedures established by the CDC and used for the BRFSS. ICBRFS data for SCC were downloaded from the IDPH website (*2*). The latest release includes information collected between 2015 and 2019 on alcohol use, arthritis, asthma, cardiovascular disease and other chronic health conditions stratified by Chicago, SCC and Cook County as a whole.

*CDC PLACES, 2020*

The PLACES project provides estimates of chronic disease measures for small areas across the United States. The prevalence measures estimated in the PLACES dataset largely align with the nationwide BRFSS. For this report, PLACES data were used to map and explore variations and chronic disease hotspots across the CCDPH jurisdiction by municipality and census tract (*3*). The PLACES project is an expansion of the original 500 Cities Project that began in 2015. In 2020, the project expanded to provide small-area estimates for counties, places,

census tracts and ZIP Code Tabulation Areas (ZCTA) across the United States. The 27 measures provided within the 2020 PLACES dataset include five unhealthy behaviors, 13 health outcomes and nine prevention practices.

*Other sources*

Several other local, regional, state and federal data sources were utilized to develop additional indicators in this document, including the Institute of Housing Studies at DePaul University, the Chicago Metropolitan Agency for Planning, the U.S. Environmental Protection Agency, the Center for Neighborhood Technology, the USDA Economic Research Service, the Illinois State Police Annual Uniform Crime Report and the Centers for Disease Control and Prevention.

***Data analysis***

The CCDPH Epidemiological Unit used *R* and *SAS* statistical programs to import, process, summarize and analyze the raw data made available from the above sources. Data permitting, indicator values represent characteristics of the residential population within CCDPH jurisdiction at the most granular level of geography. Analyses were carried out at multiple units of analysis, including CCDPH health district (N=4), municipality (N=120) and census tract (N=469). When the data did not reliably support the segmenting-out of the CCDPH population, indicators were reported for either SCC or Cook County as a whole. When possible, CCDPH-level indicators were also accompanied with rates for reference geographies, including the state of Illinois and U.S., or compared to target or benchmark values to provide additional context.

***Data presentation***

For each of the reported indicators, the assessment provides a description of the indicator's relevance to public health, a presentation of associated data in either figure, map and/or table form, as well as a brief summary of the indicator's geographic distribution within the CCDPH jurisdiction and, where possible, its performance over time. A standard color scheme is employed such that each CCDPH health district, race and ethnic group are represented in a consistent color throughout the document. Thematic or choropleth maps were created at the census tract and/or municipal level to show geographic variations in health opportunities or challenges across CCDPH jurisdiction. Unless otherwise noted, data were categorized into quintiles with approximately equal populations. Quintiles are also represented using a standard color scheme to allow for meaningful comparisons across groups and indicators. Areas shaded in dark red represent neighborhoods in the upper quintile (top 20 percent) and typically represent areas where risk or vulnerability is highest. Areas in dark blue represent communities in the lowest quintile (bottom 20 percent) and typically represent areas where risk and vulnerability are lowest. In some cases, corresponding data tables are often provided to present demographic summary information of the quintiles shown on the map, by race and income.

***Limitations***

Many of the sources and methodologies used to develop the datasets have limitations in terms of accuracy and representativeness across suburban Cook and CCDPH jurisdictional areas. For instance, when reporting natality and morbidity data at the municipal level, small numbers of incidences for a given vital event may be suppressed. Further, when calculating rates or ratios for small populations, counts of one to four, rates for counts less than 20 and rates based on populations less than 1,000 are suppressed due to estimate instability. Reporting on race and ethnicity will vary based on the categories utilized by the data sources. Due to the data suppression rules expressed above, some data for specific racial and ethnic groups are limited. Public health–related information by gender identity and sexual orientation are also relatively limited in the source datasets.

## 1. SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH

The need to better monitor and identify the "*causes of the causes*" (*4*), or the combination of social, economic, political and biological forces that are most likely to drive population health, is critical to public health and an important part of CCDPH's mission. Part one of this report presents a series of both demographic and social determinants of health that are widely accepted by public health officials to be factors that influence population health, well-being and quality of life (*5*). Throughout this part and the remainder of the document, we highlight disparate conditions or inequities within CCDPH's jurisdiction to help inform resource allocations and other strategic decisions. Collectively, these indicators provide a multidimensional portrait of the public health tapestry within SCC and more specifically in CCDPH's jurisdiction.

### a. Demographic characteristics

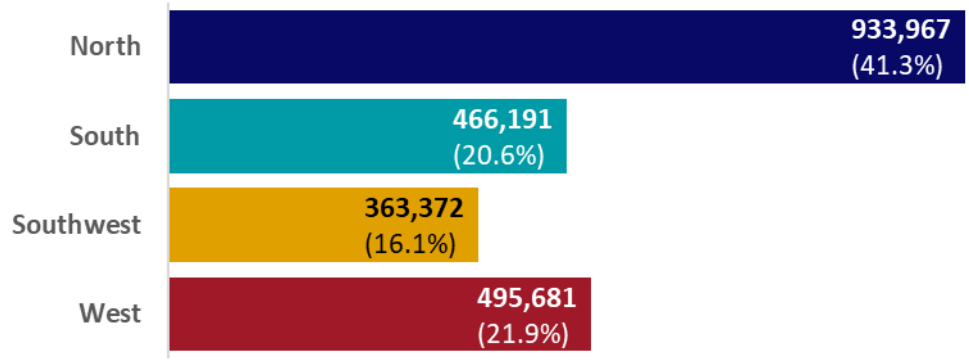
Described below are demographic characteristics of the population residing CCDPH's jurisdiction, including measures of the total population as well as age, gender, race and ethnicity. Changes in population are examined both geographically and over time to identify patterns and trends. Also examined in this section are neighborhood-level measures of racial and ethnic segregation.

#### i. Age composition

The biological process of aging plays a key role in the etiology of most diseases. In general, the incidence and prevalence of disease as well as mortality rates increase systematically with age (*6*). Other public-health-related concerns also tend to be age- and gender-specific, such as childhood vaccinations, fertility rates and risk behaviors (e.g., motor vehicle fatalities). For these and other reasons, it is important for CCDPH to have a clear understanding of the age and sex composition within its jurisdiction and how it is changing over time.

CCDPH has a residential population of 2,259,211 (2019) and comprises about 44 percent of Cook County's total population. Figure 2 graphs the estimated residential population within each of CCDPH's health districts and each district's share of the total population living within CCDPH's jurisdiction. The north district has the greatest share, with 933,967 residents, or 41.3 percent of the CCDPH total. The southwest district is the least populated of the four districts, comprising 16.1 percent (363,372 residents) of the jurisdictional population, while the south and west districts have approximately equal populations, with each accounting for approximately 21 percent of the total. At over 5,163 residents per square mile, the west health district has the highest population density, followed by the north (3,220), south (2,726) and southwest (2,672) districts (Table 1).

**Figure 2. Population by CCDPH District, 2019**




*Data source: U.S. Census Bureau (2019). Sex by Age (Table B01001), 2015–2019 American Community Survey f5-year estimates.*

Table 1 reports shares of select younger and older age groups within CCDPH's jurisdiction and each of its health districts. The mean age was approximately 39.4 years in 2019. The north and southwest health districts have the highest average ages (40.4 and 40.3) compared to the relatively younger south and west districts, which reported mean ages of 38.4 and 37.8 years respectively. While all four districts have similar shares of their corresponding populations in the *Under 5* years of age population group (around 6 percent), there is more variation across districts with respect to their shares of older age cohorts.

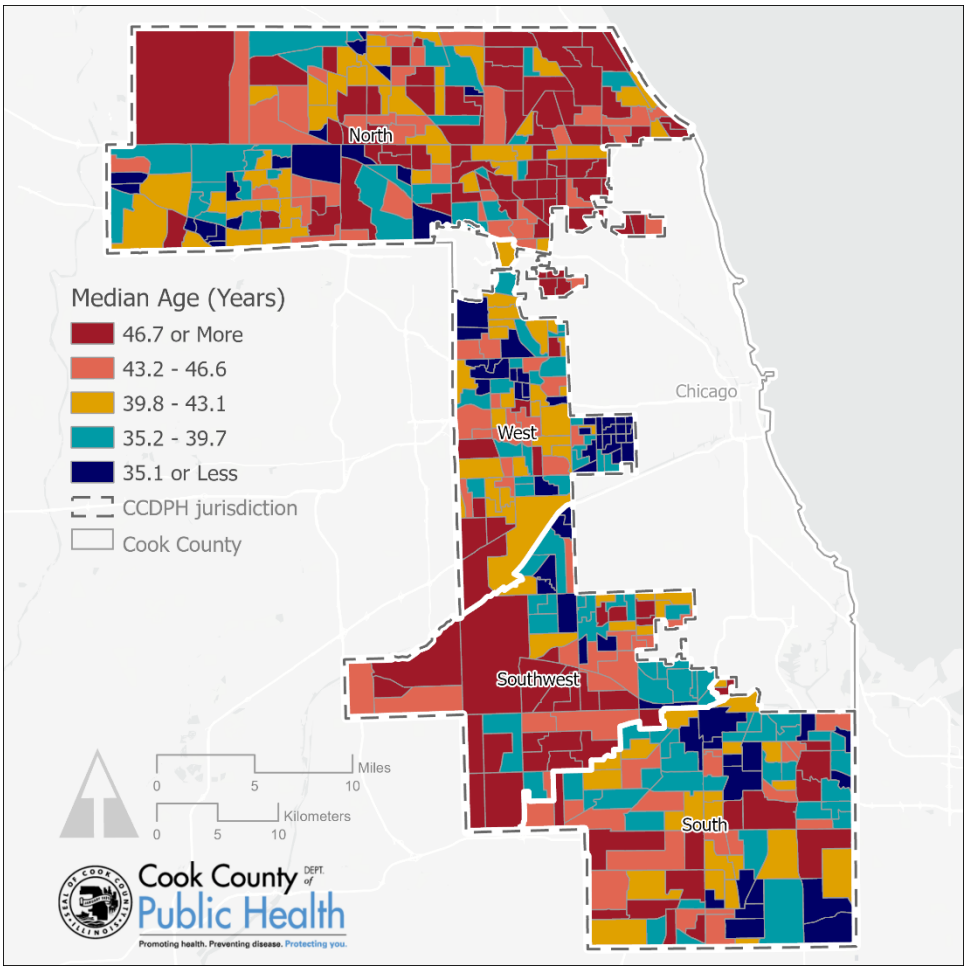
**Table 1. Population and Shares of Select Age Groups by CCDPH District, 2019**

| | ***CCDPH*** | **North** | **West** | **Southwest** | **South** |
|---|---|---|---|---|---|
| *Population* | *2,259,211* | 933,967 | 495,681 | 363,372 | 466,191 |
| *Percent of Total* | *100%* | 41.3% | 21.9% | 16.1% | 20.6% |
| *Square miles* | *693* | 290 | 96 | 136 | 171 |
| *Population density* | *3,260.0* | 3,220.6 | 5,163.3 | 2,671.9 | 2,726.3 |
| *Municipalities* | *120* | 32 | 33 | 22 | 33 |
| *Mean Age* | *39.4* | 40.4 | 37.8 | 40.3 | 38.4 |
| *Under 5* | 6.1% | 6.1% | 6.3% | 6.0% | 5.8% |
| *5 to 24* | 25.0% | 22.9% | 27.0% | 24.0% | 27.8% |
| *25 to 54* | 39.0% | 39.5% | 40.0% | 37.6% | 38.0% |
| *55 to 74* | 22.8% | 23.4% | 20.6% | 24.6% | 22.4% |
| *Over 75* | 7.2% | 8.1% | 6.1% | 7.8% | 6.1% |

*Data source: U.S. Census Bureau (2019). Sex by Age (Table B01001), 2015–2019 American Community Survey 55-year estimates.*

There is considerable variation in age distributions both across and within CCDPH health districts. Map 3 shows the median age of the population by census tract from 2015 to 2019. The north district has a high concentration of tracts in the top two quintiles of median age (represented in red), while the west and south districts have clusters of tracts in the bottom two quintiles of median age (represented in blue). In the southwest district, tracts in the highest median age quintiles are clustered in communities along the county's western border.

**Map 3. Median Age by Census Tract, 2019**



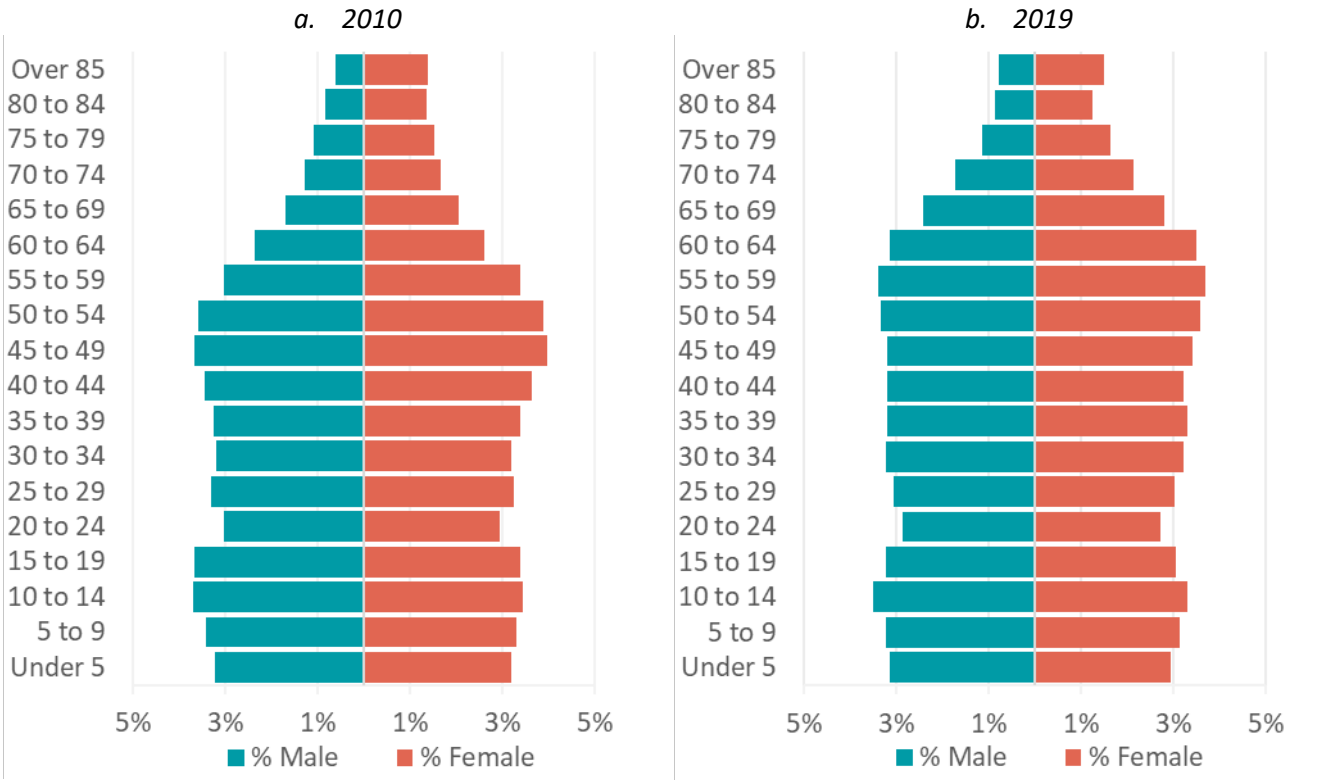

*The median age of the population varies considerably throughout CCDPH's jurisdiction, with neighborhoods in the north and southwest districts having considerably older populations than their counterparts residing in the west and south.*

*Data source: U.S. Census Bureau (2015-2019). Median Age (Table B01002), 2015–2019 American Community Survey 55-year estimates.*

The population pyramids shown in Figure 3 compare the proportion of CCDPH's jurisdictional population by age group for 2010 and 2019. The size of each population cohort is graphed on the horizontal axis such that bars on the right side (in red) represent the number of females and the bars on the left (in teal) represent the number of males. Age of the population, separated into 5-year age groups, is aligned on the vertical axis, with the youngest age group shown on the bottom bar and the oldest age group on the uppermost bar.

In some ways, the overall shape of the two population pyramids, each with nearly vertical sides, are rather similar for 2010 and 2019, suggesting a slow-growing population. Relatively stable fertility and net migration rates, combined with increased life expectancy, have led to a stable yet aging population within CCDPH's jurisdiction over the past decade. For example, the population under 10 years of age comprised approximately 14.1 percent of the jurisdiction's population in 2010, and 13.3 percent in 2019, This represents a net loss of nearly 14,000 individuals within these age groups over the study period. In contrast, the share of 55 and older population grew from 26.6 percent to 31.9 percent of the jurisdiction's total over the same period or a net gain of nearly 120,000 residents. If these trends continue, CCDPH will need to adapt its services to accommodate an increasingly older population base.

**Figure 3. Age-Sex Composition of Population in CCDPH Jurisdiction, 2010 and 2019**

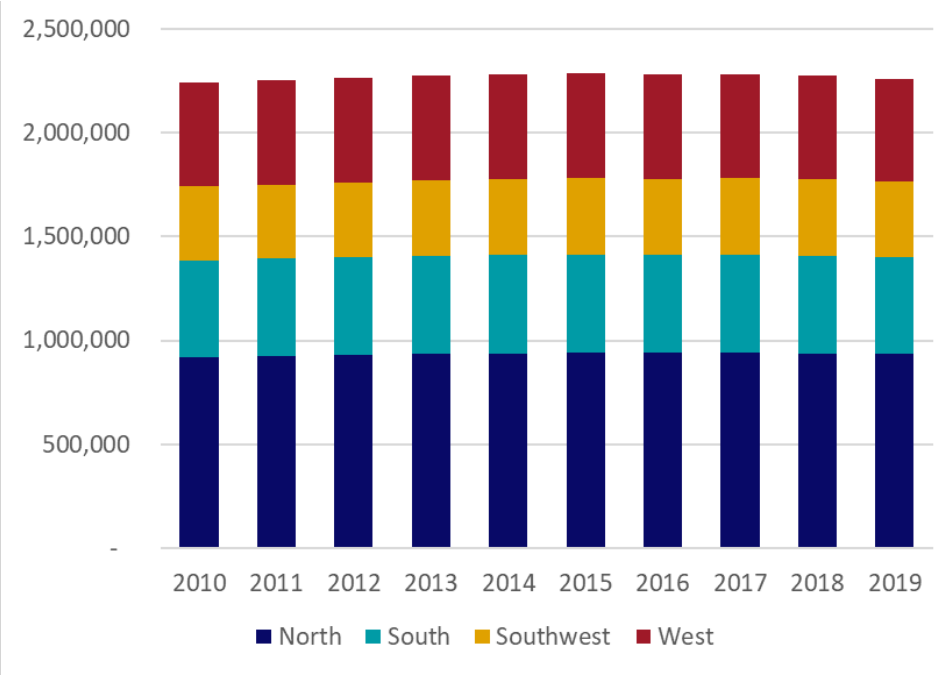



*Data source: U.S. Census Bureau (2010; 2019). Sex by Age (Table B01001), 2006–2010 and 2015–2019 American Community Survey 5-year estimates.*

Figure 4 and Table 2 depict the yearly population of CCDPH by health district. It is clear from the figure that overall population within CCDPH's jurisdiction has remained consistent over time, increasing by less than 1 percent between 2010 and 2019, with the south and southwest districts losing population over this period. The north district represented most of the jurisdiction's population gain over the past decade, reporting a net increase of 15,488 residents or 87.9 percent of the jurisdiction's net population growth. Black, Hispanic and Asian populations have largely fueled growth within CDDPH's jurisdiction over this period, making up for a net decrease in the White population.

According to Chicago Metropolitan Agency for Planning's (CMAP) latest forecasts, the total population within CCDPH's jurisdiction is anticipated to grow at a slow but steady pace for decades to come (Table 2 and Figure 5). In total, the area is forecast to experience a net increase of 400,000 residents between 2020 and 2050. With an anticipated 23 percent increase (or net population growth of 115,800), the south health district is forecast to experience the greatest rate of change over these three decades, followed by the southwest (17.1 percent), north (13.8 percent) and west (12.7 percent) districts. Although these forecasts are contingent on a wide variety of social, economic and environmental conditions that can vary over time.

**Figure 4. Population by CCDPH District, 2010–2019**



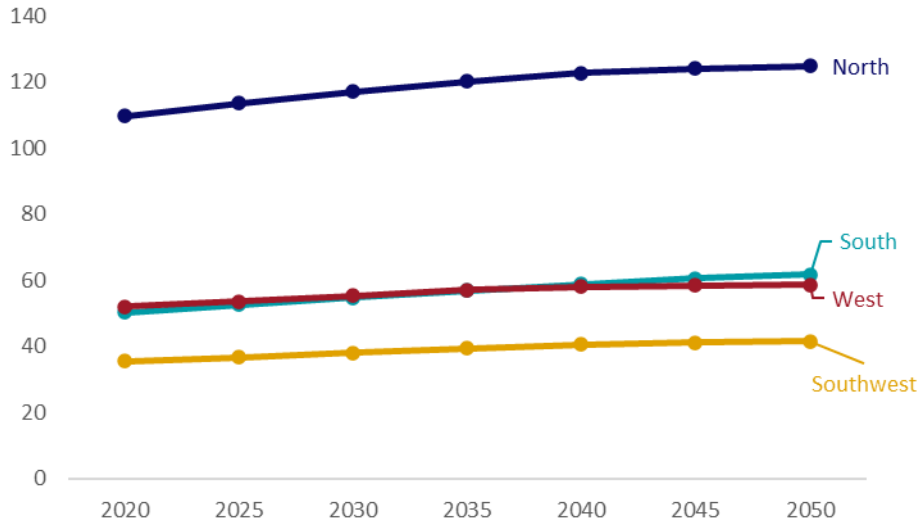

*Data source: U.S. Census Bureau (2010–2019). Sex by Age (Table B01001), 2006–2010 through 2015–2019 American Community Survey 5-year estimates.*

**Table 2. Population by CCDPH District, 2010–2019**

| Year | *CCDPH* | North | West | Southwest | South |
|---|---|---|---|---|---|
| *2010* | *2,241,590* | 918,479 | 499,931 | 356,114 | 467,066 |
| *2011* | *2,252,951* | 923,854 | 501,416 | 358,269 | 469,412 |
| *2012* | *2,264,849* | 929,393 | 503,026 | 361,244 | 471,186 |
| *2013* | *2,274,882* | 934,366 | 504,729 | 362,631 | 473,156 |
| *2014* | *2,283,143* | 938,197 | 506,025 | 364,616 | 474,305 |
| *2015* | *2,286,659* | 940,674 | 505,790 | 365,666 | 474,529 |
| *2016* | *2,281,689* | 939,582 | 504,020 | 365,579 | 472,508 |
| *2017* | *2,283,684* | 941,295 | 503,298 | 366,727 | 472,364 |
| *2018* | *2,274,003* | 938,794 | 499,686 | 365,624 | 469,899 |
| *2019* | *2,259,211* | 933,967 | 495,681 | 363,372 | 466,191 |
| *2050 (est.)*[1] | *2,868,884* | 1,248,410 | 586,737 | 415,742 | 617,995 |
| *Net change, 2010-19* | *17,621* | 15,488 | -4,250 | 7,258 | -875 |
| *% change, 2010-19* | *0.8%* | 1.7% | -0.9% | 2.0% | -0.2% |
| *Net change, 2020-50 (est.)* | *393,736* | 151,099 | 66,276 | 60,562 | 115,799 |
| *% change, 2020-50 (est.)* | *15.9%* | 13.8% | 12.7% | 17.1% | 23.1% |

*Data sources: U.S. Census Bureau (2010–2019). Sex by Age (Table B011001), 2006–2010 through 2015–2019 American Community Survey 5-year estimates; Chicago Metropolitan Agency for Planning (CMAP) 5-year population projections (updated November 10, 2020); Note: (1) The CMAP forecasts are limited to populations residing in the incorporated areas of CCDPH.*

**Figure 5. Population Forecasts (in 1,000s) by CCDPH District, 2020–2050**




*Data source: Adapted from Chicago Metropolitan Agency for Planning (CMAP) 5-year population projections (November 10, 2020).*

ii. Race and ethnicity

Similar to the city of Chicago, the racial and ethnic makeup of municipalities and neighborhoods within CCDPH's jurisdiction has informed virtually every aspect of public health over time, in part because of unequal outcomes created through health policy and urban planning, as well as unfair labor and housing markets (*7–9*). Health disparities in life expectancy and disease prevalence, as well as other behaviors that influence public health, are oftentimes highly correlated with race and ethnicity. For these reasons, it is important to understand current patterns and emerging trends within CCDPH's jurisdiction, including the composition and geographic distributions of racial and ethnic groups.

**Table 3. Population Composition by Race/Ethnicity and CCDPH District, 2019**

| | ***CCDPH*** | **North** | **West** | **Southwest** | **South** |
|---|---|---|---|---|---|
| **Totals** | | | | | |
| *White* | *1,167,371* | 590,699 | 202,005 | 248,689 | 125,978 |
| *Black* | *381,355* | 24,536 | 61,743 | 33,823 | 261,253 |
| *Asian* | *171,330* | 141,711 | 12,373 | 10,220 | 7,026 |
| *Other* | *7,078* | 3,631 | 1,173 | 753 | 1,521 |
| *Two or More Races* | *34,735* | 18,289 | 4,836 | 3,818 | 7,792 |
| *Hispanic* | *497,342* | 155,101 | 213,551 | 66,069 | 62,621 |
| **Percentages** | | | | | |
| *White* | *51.7%* | 63.2% | 40.8% | 68.4% | 27.0% |
| *Black* | *16.9%* | 2.6% | 12.5% | 9.3% | 56.0% |
| *Asian* | *7.6%* | 15.2% | 2.5% | 2.8% | 1.5% |
| *Other* | *0.3%* | 0.4% | 0.2% | 0.2% | 0.3% |
| *Two or More Races* | *1.5%* | 2.0% | 1.0% | 1.1% | 1.7% |
| *Hispanic* | *22.0%* | 16.6% | 43.1% | 18.2% | 13.4% |

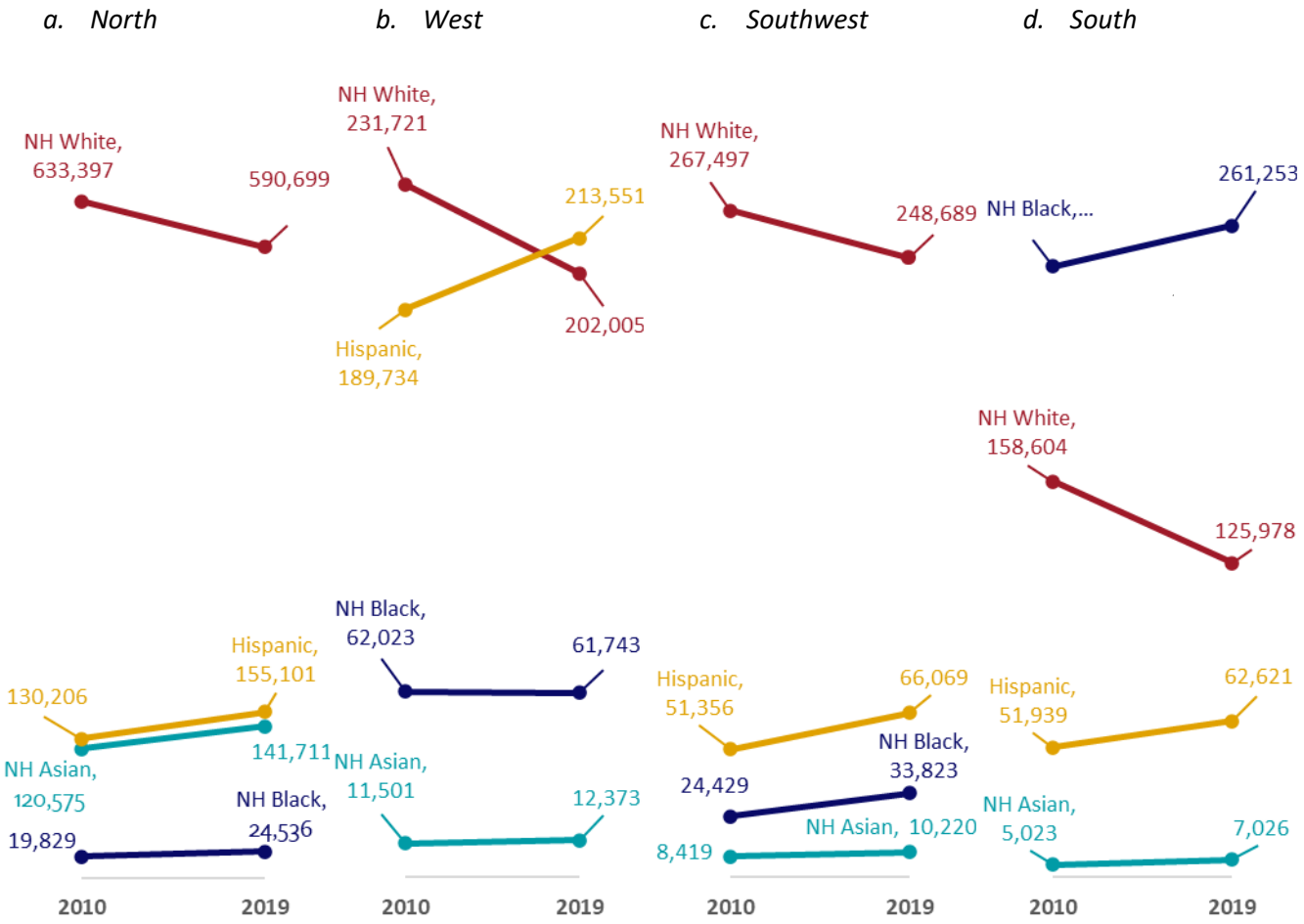
*Data source: U.S. Census Bureau (2010–2019). Hispanic or Latino by Race (Table B03002), 2006–2010 through 2015–2019 American Community Survey 5-year estimates.*

Table 3 shows the total and share of the residential population within CCDPH's jurisdiction by race/ethnic group and health district. (Note that, throughout this document, the *White, Black, Asian, Other* and *Two or More Races* categories refer to *non-Hispanic* ethnic populations.) In 2019, the White, non-Hispanic population composed 51.7 percent of the district's total population, followed by Hispanic (22 percent) and Black (16.9 percent). Yet each of the four districts have markedly different race and ethnic profiles, with the west and south districts having larger shares of Hispanic and Black populations than White residents.

Figure 6 shows that across all four CCDPH districts, the population of non-Hispanic White individuals decreased between 2010 and 2019, with the greatest decrease (20.6 percent) occurring in the south district. In 2010, non-Hispanic White individuals composed the largest population in three out of the four CCDPH districts. However, by 2019, non-Hispanic White individuals were the largest population in only two out of the four CCDPH districts. The Hispanic population increased by an average of 20.2 percent in all districts between 2010 and 2019.In the west district, the Hispanic population exceeded that of all other racial-ethnic groups in 2019. While the greatest population of Hispanic individuals resides in the west district, the greatest increase in Hispanic population was seen in the southwest district, with an increase of 28.6 percent over the same period.

The Black population increased by an average of 17.1 percent across all CCDPH districts. However, the largest share of these increases was reported in the north and southwest districts, with increases of 23.7 percent and 38.5 percent respectively. The south district, which contains the largest share of Black population (56 percent), reported a population increase of 6.6 percent between 2010 and 2019. The Asian population increased by an average of 21.6 percent across all CCDPH districts, with the largest reported increase in the south district. The north district reported a population increase of 17.5 percent.

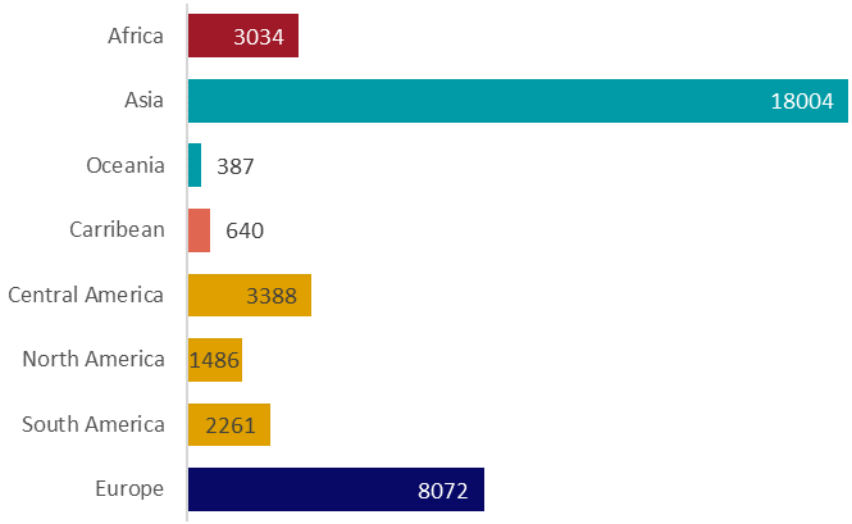
**Figure 6. Change in Population by Race/Ethnicity and CCDPH District, 2010–2019**




*Data source: U.S. Census Bureau (2010–2019). Hispanic or Latino by Race (Table B03002), 2006–2010 through 2015–2019 American Community Survey 55-year estimates.*

Recent global migration patterns also suggest that Cook County's population is becoming increasingly diverse. Figure 7 shows total in-migration to Cook County in 2018 by world region. In 2018, around 18,000 individuals emigrated from Asia to Cook County, over twice the number than the next highest region of origin, Europe. Over 3,000 migrants moved to Cook County from Africa and Central America over this period.

**Figure 7. Migration to Cook County by Region of Origin, 2018**




*Data source: U.S. Census Bureau 2014–2018 ACS County-to-County Migration Files.*

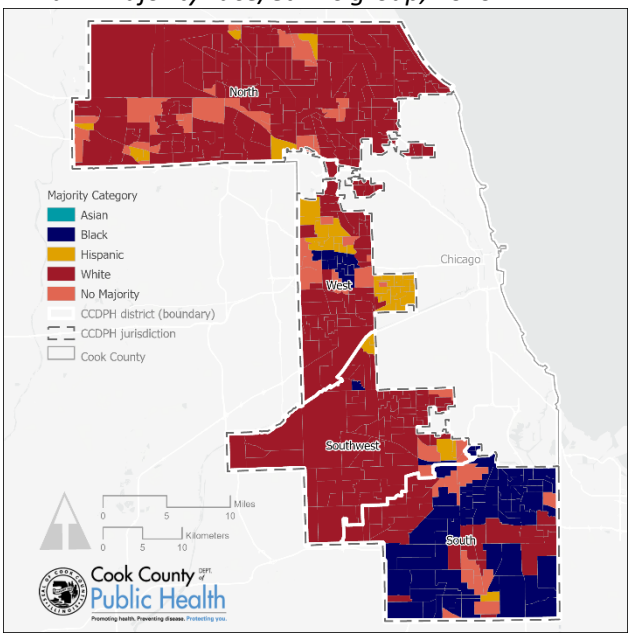
iii. Segregation

In addition to understanding general trends in the overall population composition, it is also important for CCDPH to identify and seek to mitigate segregation and spatial concentrations of public health disadvantage within its jurisdiction. Similar to the city of Chicago and other urban areas across the country, CCDPH has racially segregated pockets of high poverty, high unemployment and low life expectancy that are the direct consequences of decades-long discrimination, racist banking policies and zoning regulations. These practices have effectively kept Black residents and more affordable housing units (and in some cases, hospitals and other health care providers) out of communities (*8–13*). Sociologists, epidemiologists and other researchers have found time and again that the economic and health consequences of neighborhood segregation can be enormous, such that communities with stark racial differences tend to produce vastly different health outcomes, even after controlling for income and education (*14–17*).

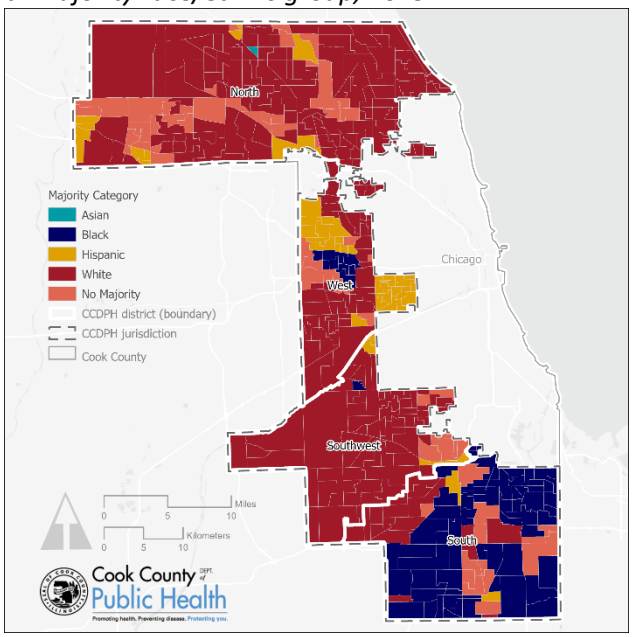
Map 4 color codes census tracts by majority race/ethnic category for 2010 and 2019. Census tracts shaded in dark red are neighborhoods where 50 percent or more of the population self-identify as White. Dark blue tracts are those where 50 percent or more of the population self-identify as Black. Teal-colored tracts are where at least half of the population self-identifies as Asian and orange tracts are those where a majority of the population identifies as Hispanic. Areas shaded in light red (or salmon-color) have no majority race or ethnic group.

**Map 4. Majority Race/Ethnic Group by Census Tract, 2010–2019**

*a. Majority race/ethnic group, 2010*




*b. Majority race/ethnic group, 2019*




*Data source: U.S. Census Bureau (2010–2019). Hispanic or Latino by Race (Table B03002), 2006–2010 and 2015–2019 American Community Survey 5-year estimates.*

The above maps clearly show that most of the census tracts within CCDPH jurisdiction are majority White. In 2010, 299 of the census tracts and 63.8 percent of the total jurisdictional population resided in such neighborhoods. However, in 2019, the number of majority White tracts dropped by over 10 percent (to 265), as did the share of residents living within them — a net decrease of 150,000 population (Table 4).

**Table 4. Population Counts, Percentages by Majority Race/Ethnic Group Census Tract, 2010–2019**

***2010, Counts***

| Majority Group | Tracts | CCDPH Total | Asian | Black | Hispanic | White |
|---|---|---|---|---|---|---|
| Asian | 0 | 0 | 0 | 0 | 0 | 0 |
| Black | 75 | 324,833 | 2,411 | 245,916 | 27,043 | 45,035 |
| Hispanic | 46 | 231,016 | 4,047 | 11,259 | 167,495 | 46,324 |
| White | 299 | 1,430,555 | 109,617 | 47,970 | 152,932 | 1,100,319 |
| No Majority | 49 | 255,186 | 29,443 | 46,138 | 75,765 | 99,541 |
| *Total* | *469* | *2,241,590* | *145,518* | *351,283* | *423,235* | *1,291,219* |

***2010, Percentages***

| Majority Group | Tracts | CCDPH Total | Asian | Black | Hispanic | White |
|---|---|---|---|---|---|---|
| Asian | 0 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Black | 75 | 14.5% | 1.7% | 70.0% | 6.4% | 3.5% |
| Hispanic | 46 | 10.3% | 2.8% | 3.2% | 39.6% | 3.6% |
| White | 299 | 63.8% | 75.3% | 13.7% | 36.1% | 85.2% |
| No Majority | 49 | 11.4% | 20.2% | 13.1% | 17.9% | 7.7% |
| *Total* | *469* | 100.0% | *6.5%* | *15.7%* | *18.9%* | *57.6%* |

***2019, Counts***

| Majority Group | Tracts | CCDPH Total | Asian | Black | Hispanic | White |
|---|---|---|---|---|---|---|
| Asian | 1 | 2,616 | 1,436 | 6 | 107 | 1,029 |
| Black | 78 | 340,487 | 2,719 | 260,298 | 31,573 | 39,413 |
| Hispanic | 57 | 291,200 | 8,533 | 17,543 | 210,609 | 52,016 |
| White | 268 | 1,283,804 | 113,005 | 44,966 | 153,489 | 947,475 |
| No Majority | 65 | 341,104 | 45,637 | 58,542 | 101,564 | 127,438 |
| *Total* | *469* | *2,259,211* | *171,330* | *381,355* | *497,342* | *1,167,371* |

***2019, Percentages***

| Majority Group | Tracts | CCDPH Total | Asian | Black | Hispanic | White |
|---|---|---|---|---|---|---|
| Asian | 1 | 0.1% | 0.8% | 0.0% | 0.0% | 0.1% |
| Black | 78 | 15.1% | 1.6% | 68.3% | 6.3% | 3.4% |
| Hispanic | 57 | 12.9% | 5.0% | 4.6% | 42.3% | 4.5% |
| White | 268 | 56.8% | 66.0% | 11.8% | 30.9% | 81.2% |
| No Majority | 65 | 15.1% | 26.6% | 15.4% | 20.4% | 10.9% |
| *Total* | *469* | 100.0% | *7.6%* | *16.9%* | *22.0%* | *51.7%* |

*U.S. Census Bureau (2010–2019). Hispanic or Latino by Race (Table B03002), 2006–2010 through 2015–2019 American Community Survey 5-year estimates.*

While the White population is in decline within the CCDPH jurisdiction (between 2010 and 2019 this group reported a net decrease of 123,000 residents), the jurisdiction's Asian, Black and Hispanic populations are growing, with the Hispanic population growing at a faster pace than all other groups. Over the past decade, Hispanic population had a net increase of approximately 74,000 people, compared to a 30,000 net increase in the Black population and a 26,000 net increase in the Asian population.

Table 4 also suggests that

There are other, more robust methods and dimensions for measuring residential segregation. In the remainder of this section, we measure trends in race and ethnic segregation throughout the CCDPH jurisdiction with widely used measures of dissimilarity, interaction and isolation (*10*). The dissimilarity index is used to measure the degree to which the percentage of minority members within a residential area (in this case, the share of Black, Asian and Hispanic populations) approaches the minority percentage of the entire jurisdiction or, alternatively, the fraction of one group that would have to move to another area within CCDPH's jurisdiction in order to equalize the district's population distribution. Interaction refers to the degree of potential contact between minority and majority members within neighborhoods. All three of the above segregation indices are essentially two-group measures (i.e., compare one minority group to the majority group) and range from 0 (complete integration) to 1 (complete segregation), where the value indicates the percentage of the minority group that needs to move to be distributed exactly like the White population.

Annual estimates of these indices are presented in Table 5 for the period 2010 to 2019. Here we see that the dissimilarity index for Black/White in CCDPH was 0.787 in 2010, meaning that in that year, 78.7 percent of Black residents would need to move neighborhoods in order to achieve a uniform distribution of Black residents across other neighborhoods. The Black residents have by far the highest rates of dissimilarity, followed by the Hispanic (0.540 in 2010) and Asian (0.445) populations. These indices have also changed little over the past decade.

The Black population also has a relatively low probability of interacting with White residents in residential neighborhoods throughout CCDPH's jurisdiction. Specifically, in 2019, the probability of a Black resident "interacting" with a White person in his or her neighborhood is about 20.7 percent. We can also interpret this to mean that about 21 of every 100 people a Black person meets in his or her neighborhood will be White, which again is considerably lower than similar corresponding rates for the CCDPH Hispanic and Asian populations. It also follows that Black residents tend to be more isolated, such that in 2019, approximately 61 of 100 people that a Black person meets in his or her neighborhood is also Black.

**Table 5. Race/Ethnic Group Segregation Indices for CCDPH's Jurisdiction, 2010-2019**

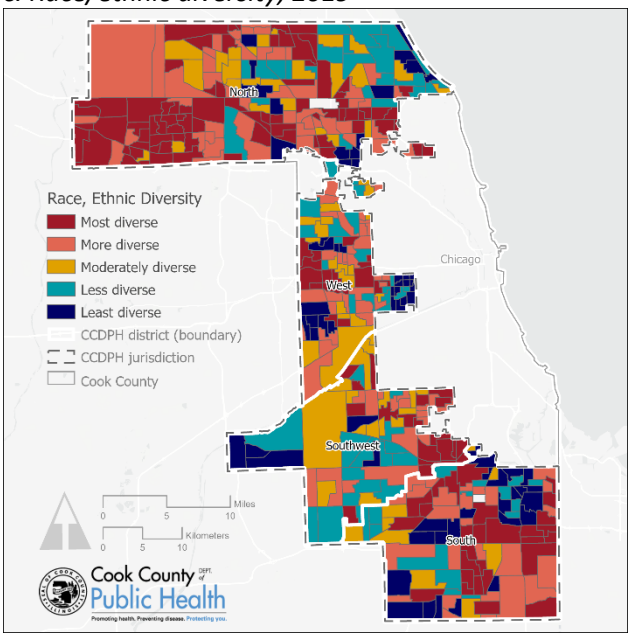
| | *Dissimilarity Index* | | | *Interaction Index* | | | *Isolation Index* | | |
|---|---|---|---|---|---|---|---|---|---|
| *Year* | Black, NH vs White, NH | Hispanic vs White, NH | Asian, NH vs White, NH | Black, NH with White, NH | Hispanic with White, NH | Asian, NH with White, NH | Black, NH with Black, NH | Hispanic with Hispanic | Asian, NH with Asian, NH |
| *2010* | 0.787 | 0.540 | 0.445 | 0.229 | 0.405 | 0.633 | 0.615 | 0.432 | 0.165 |
| *2011* | 0.784 | 0.537 | 0.450 | 0.227 | 0.400 | 0.622 | 0.616 | 0.437 | 0.169 |
| *2012* | 0.783 | 0.539 | 0.444 | 0.224 | 0.393 | 0.621 | 0.611 | 0.439 | 0.169 |
| *2013* | 0.782 | 0.541 | 0.443 | 0.221 | 0.390 | 0.621 | 0.615 | 0.442 | 0.171 |
| *2014* | 0.779 | 0.543 | 0.449 | 0.220 | 0.383 | 0.610 | 0.611 | 0.444 | 0.175 |
| *2015* | 0.775 | 0.540 | 0.449 | 0.216 | 0.380 | 0.606 | 0.612 | 0.446 | 0.180 |
| *2016* | 0.766 | 0.541 | 0.450 | 0.220 | 0.375 | 0.595 | 0.600 | 0.445 | 0.183 |
| *2017* | 0.768 | 0.536 | 0.444 | 0.215 | 0.372 | 0.587 | 0.607 | 0.450 | 0.188 |
| *2018* | 0.771 | 0.536 | 0.443 | 0.209 | 0.367 | 0.580 | 0.611 | 0.454 | 0.192 |
| *2019* | 0.768 | 0.537 | 0.437 | 0.207 | 0.359 | 0.580 | 0.605 | 0.458 | 0.187 |

*U.S. Census Bureau (2010–2019). Hispanic or Latino by Race (Table B03002), 2006–2010 through 2015–2019 American Community Survey 5-year estimates.*

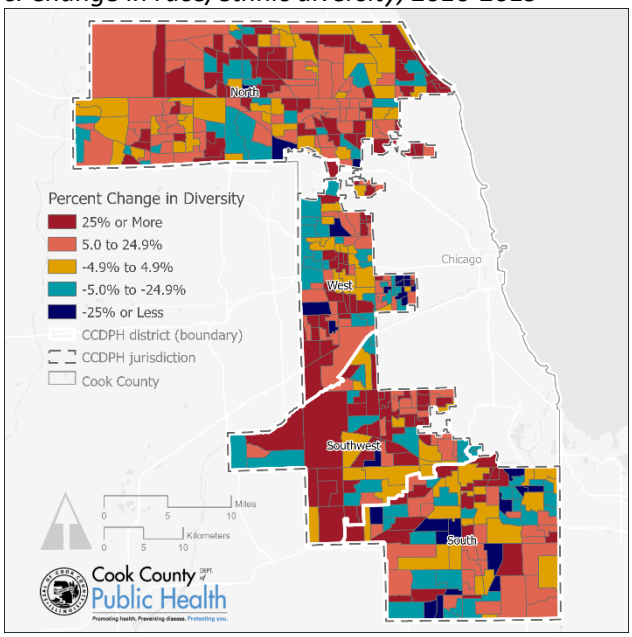
While the above two-group indices have changed little over the past decade, there are signs that the CCDPH jurisdiction is slowly growing in diversity. We employed a multigroup measure of entropy (*10*) to quantify the relative race/ethnic diversity within CCDPH neighborhoods. The entropy or diversity index measures the average deviation of each census tract from CCDPH's jurisdictional racial and ethnic composition. The index varies between 0 (when all census tracts have the same composition as CCDPH's jurisdiction) and 1.0 (when all areas contain only one race or ethnic group). Map 5 shows that some of the least diverse neighborhoods in CCDPH's jurisdiction (shaded in teal and dark blue) are in the south and west districts, and communities that are growing in diversity (shaded in salmon and dark red colors) tend to be in the north and southwest districts.

**Map 5. Race/Ethnicity Diversity (2019) and Change in Diversity by Census Tract, 2010–2019**

*c. Race/ethnic diversity, 2019*




*c. Change in race/ethnic diversity, 2010-2019*




*Data source: Adapted from U.S. Census Bureau (2010–2019). Hispanic or Latino by Race (Table B03002), 2006–2010 through 2015-2019 American Community Survey 5-year estimates.*

iv. Seasonal populations

As public health programs become more targeted toward specific population segments, there is a need to better understand the behaviors of temporary populations to inform and evaluate the allocation of resources. Of particular concern is the longer-term mobility patterns of seasonal residents, which have the potential to substantively alter the size and composition of local and regional populations at different times of the year. Most recently, accurate estimates of the size, distribution, timing and characteristics of temporary populations has been of concern for COVID-19 vaccination planning and programs, which require accurate counts of the size and locations of phase-specific priority groups and vaccination coverage more generally.

Most secondary population data in the United States concern permanent residents, or those for whom a particular state, county or municipality is the usual place of residence (i.e., where the person lives and sleeps most of the time). Yet there are a considerable number of places across the country that have large temporary populations (e.g., college students, hospital patients, U.S. military personnel, shelter populations, people at correctional facilities) who live there for extended periods of time, from a few days to many months. This can lead to both the under- and over-counting of populations in official statistics (*18*, *19*).

Of particular concern is the jurisdiction's snowbird population, or those who principally live in Cook County in the warmer months but move to Southern states for the winter. It is impossible to know definitively whether the snowbird population subgroup is over- or under-counted within the CCDPH jurisdiction. Yet county-to-county migration flows show a steady net out-migration of Cook County to warmer climes. The latest migration data from the ACS show that 136,365 Cook County residents (approximately 2.6 percent of the total county population) changed their usual residence over the previous year. Arizona, California and Florida, among other Sunbelt states, reported net population increases from Cook County between 2014–2018 (*20*). Whether these individuals continue to seasonally reside in Illinois is difficult to determine.

Past research has shown that most seasonal populations tend to be composed of cohorts that are 55 and older (*21*). Within the CCDPH jurisdiction, this 55 and older cohort has grown steadily over time, from 582,713 (24.9 percent of the CCDPH population) in 2010 to 705,424 or 29.9 percent of the CCDPH jurisdiction population in 2019 (*22*). However, age alone is unlikely to be a sole indicator or determinant of whether or not people seasonally migrate. Another indicator of seasonal residency can be derived from the vacancy status of existing housing units. Total vacant units are subdivided in the ACS according to their housing market classification, which includes for rent/sale, rented/sold not occupied, or properties used for seasonal, recreational or other use. The "other vacant" category includes units held for occupancy by a caretaker or janitor, as well as units held for personal reasons of the owner. In addition to being an indicator of the housing market, data on vacancies can also be used to assess the intended use of properties. Vacant units within the seasonal and other categories may be especially useful for estimating seasonal populations within the study area given that snowbirds tend to be absent from their Illinois properties in early spring, when the ACS is carried out.

**Table 2. Vacant Housing Unit Status within CCDPH Jurisdiction, 2000 and 2019**

| *Year* | *Vacant Housing Units* | *Seasonally Vacant* | *Vacant, Other* | *% Seasonally Vacant* | *% Vacant, Other* |
|---|---|---|---|---|---|
| *2010* | 69,370 | 2,582 | 24,827 | 3.7 | 35.8 |
| *2015* | 72,459 | 3,378 | 33,392 | 4.7 | 46.1 |
| *2019* | 70,361 | 2,396 | 35,017 | 3.4 | 49.8 |

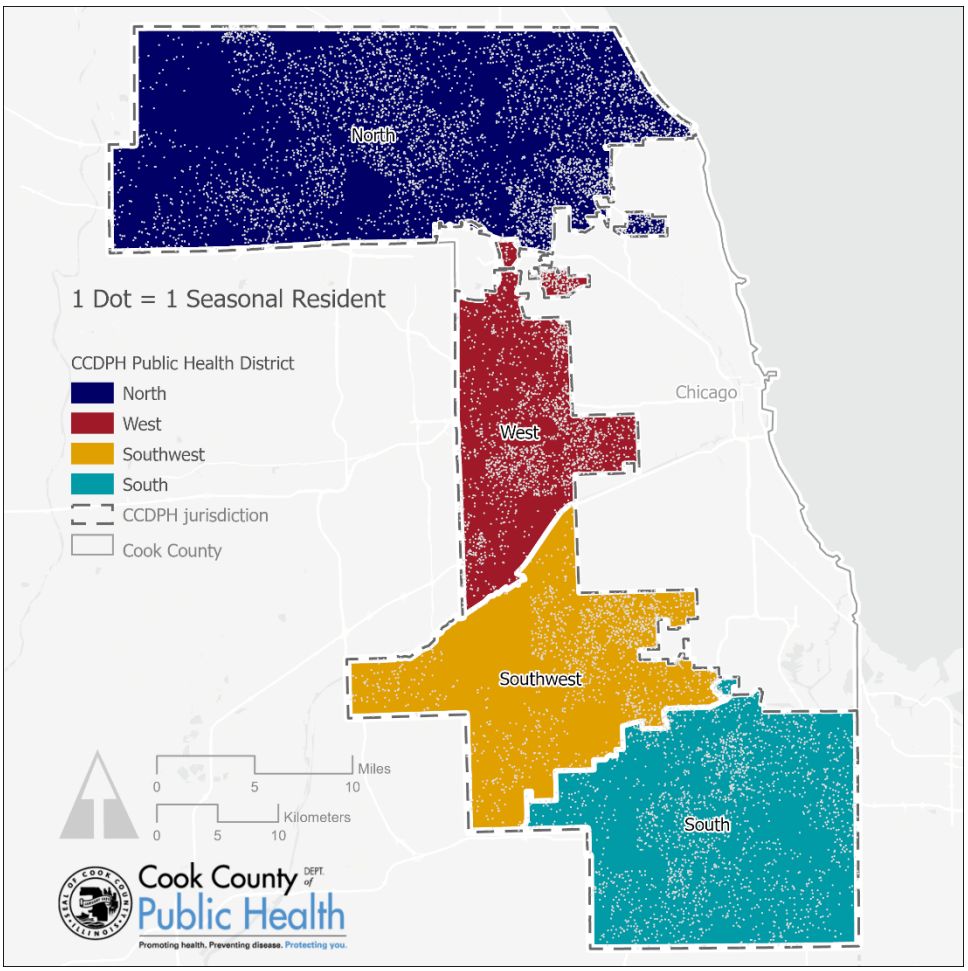
*Data source: ACS 5-year estimates, 2010–2019.*

Using data on age composition, median household income and vacant housing unit status, the CCDPH Epidemiology Unit estimated seasonally adjusted populations by municipalities located within the CCDPH jurisdiction. Estimates assume that:

- *Maximum seasonal population cannot exceed the number of combined vacant housing units categorized as either seasonal or other multiplied by an age-adjusted average household size ranging from 2.34 (median household age of 55 to 59) to 1.65 (median household age of 75 and older).*
- *Estimated seasonal population is weighted by median household income for households age 55 and older with weighting values ranging from 0.2 to 1.0.*
- *Estimated seasonal population is weighted by the proportion of population over 55, due to aging in place and the likelihood that seasonal residents resemble the demographic character of current residents.*

These estimates suggest that there is a seasonal population of approximately 10,300 within the CCDPH jurisdiction with over 47.5 percent residing in the north health district. Map 6 presents the distribution of these seasonal residents.

**Map 6. Distribution of CCDPH Seasonal Snowbird Population, 2019**




*Data source: Adapted from the U.S. Census Bureau 2015–2019 American Community Survey 5-year estimates.*

***Our estimates suggest that the CCDPH snowbird population numbers over 10,300, with 4,901 residing in the north; 2,011 in the south; 1,995 in the west and 1,442 in the west health districts respectively.***

## b. Socioeconomic factors

In this section, we explore various socioeconomic characteristics of the population residing within CCDPH's jurisdiction. Such characteristics include measures that have been shown to be associated with health status, such as income, education and employment. These factors broadly impact the social and economic opportunities afforded to individuals of different socioeconomic status, while also affecting the access they may have to medical care, health-promoting activities and safe housing or neighborhoods. This section explores the geographic patterning of socioeconomic factors within CCDPH's boundaries to establish an understanding of the complex social and structural factors that drive many of the health outcomes presented later in this report.

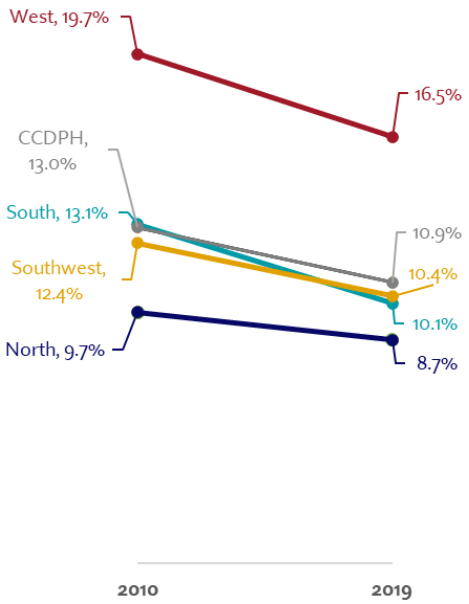
### i. Educational attainment and employment

Educational attainment and employment type and status have been found to be associated with health status. Similarly, higher educational attainment has been found to be associated with improved mental health and healthier self-reported behaviors, as well as being predictive of greater employment opportunities (*23*). Better educational and employment outcomes have been associated with reduced rates of heart disease, diabetes and depression when compared to those who have attained lower levels of education or have reduced employment opportunities (*24*).

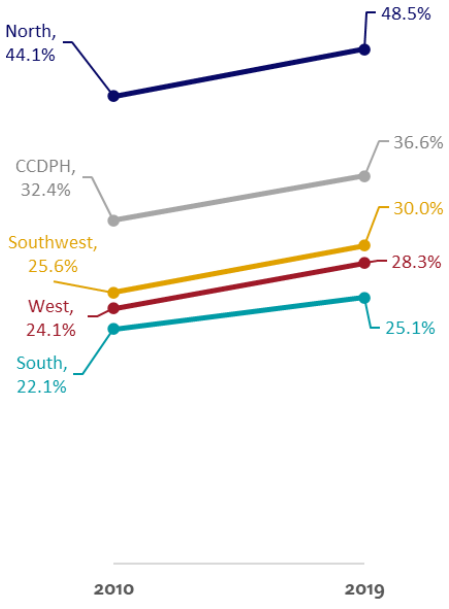
Figure 8 portrays changes in two measures of educational attainment from 2010 to 2019 across all CCDPH districts. Across all CCDPH health districts, the percentage of the population with less than a high school diploma decreased by 17.5 percent from 2010–2019, while the percentage of the population with at least a bachelor's degree increased by 13 percent from 2010–2019. For individuals with less than a high school diploma, the greatest decrease occurred in the south district, with a decrease of 22.9 percent. For individuals with at least a bachelor's degree, the greatest increase occurred in the southwest district, with an increase of 17.2 percent. Figure 8 also indicates that educational outcomes within CCDPH's jurisdiction have improved from 2010–2019.

**Figure 8. Educational Attainment by CCDPH District, 2010–2019**

*a. Less Than a High School Diploma*




*b. At Least a Bachelor's Degree*

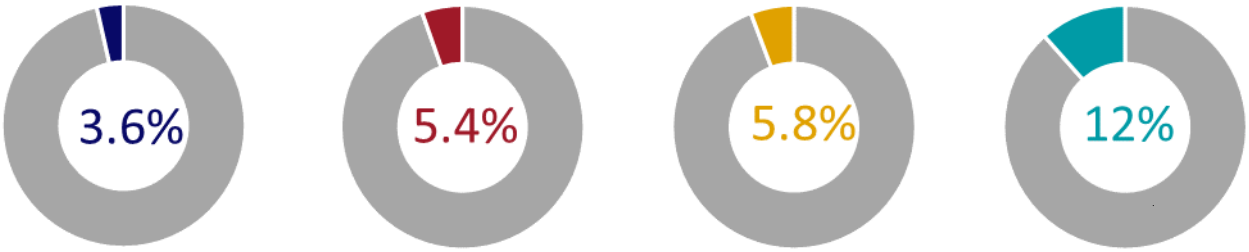



*Data source: U.S. Census Bureau (2010–2019). Sex by Education Attainment (Table B15002), 2006–2010 through 2015–2019 American Community Survey 5-year estimates.*

Figure 9 and Figure 10 examine unemployment in CCDPH districts. In 2019, the south district had the highest percentage unemployment (12 percent), over twice that of the next highest districts. The north district had the lowest percentage unemployment (3.6 percent). While unemployment has decreased slightly across all CCDPH districts since 2010, the south district consistently had the highest unemployment rate over this period.

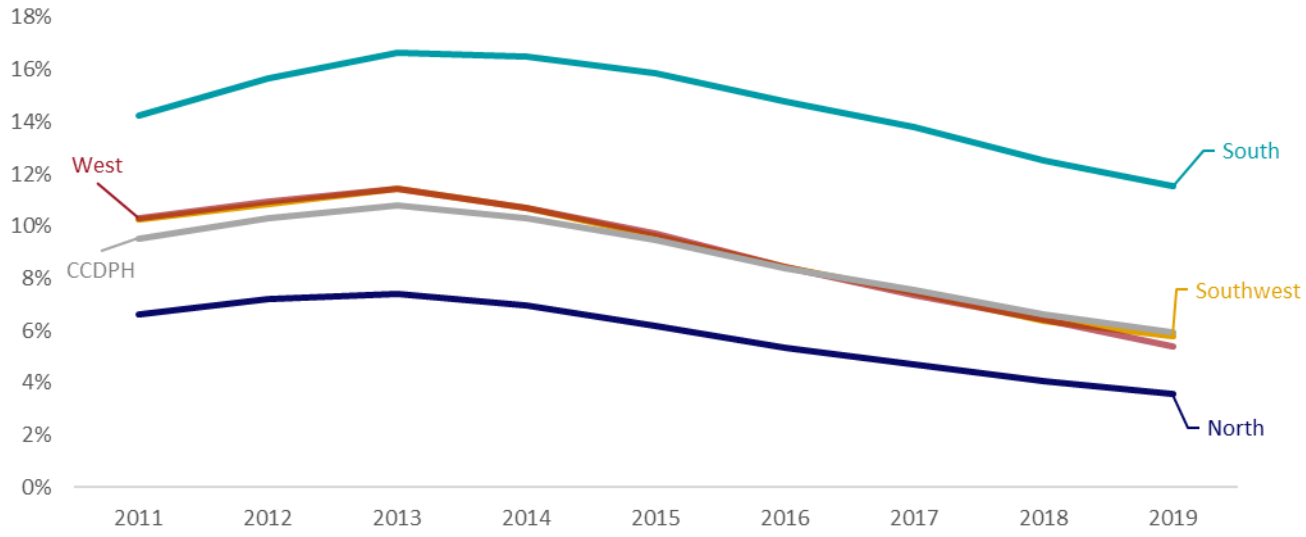
**Figure 9. Percent Unemployed Civilian Labor Force by CCDPH District, 2019**

*a. North* *b. West* *c. Southwest* *d. South*




*Data source: U.S. Census Bureau (2010–2019), Sex by Age by Employment Status (Table B23001).*

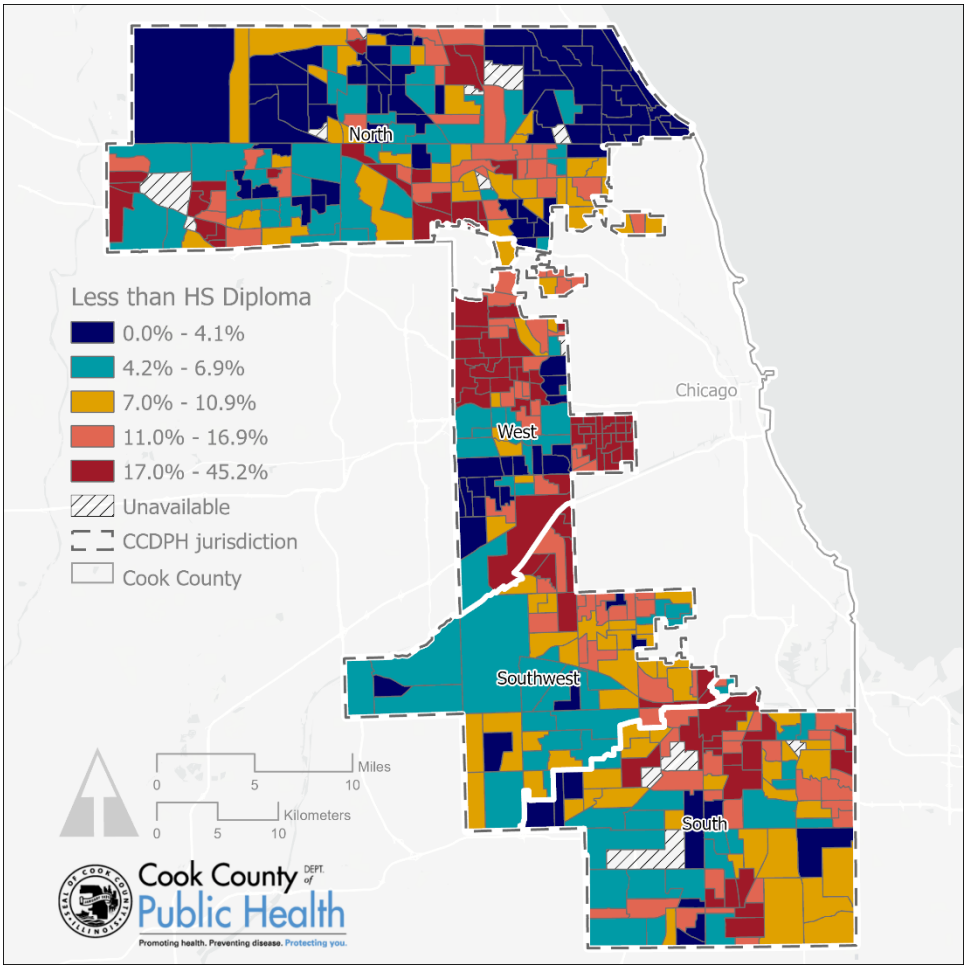
**Figure 10. Percent Unemployed Labor Force by CCDPH District, 2011–2019**




*Data source: U.S. Census Bureau (2010–2019). Sex by Age by Employment Status (Table B23001), 2006–2010 through 2015–2019 American Community Survey 55-year estimates.*

Map 7 displays the percent of the population 25 and older who *have not* received a high school diploma by census tract. Higher rates (shown in salmon and dark red color) represent lower educational attainment. The north and southwest districts have relatively high variability across neighborhoods with respect to educational attainment, although overall, the north district reported the lowest rates of residents without a high school diploma. In contrast, the west and south districts have sizable clusters of neighborhoods with lower rates of educational attainment.

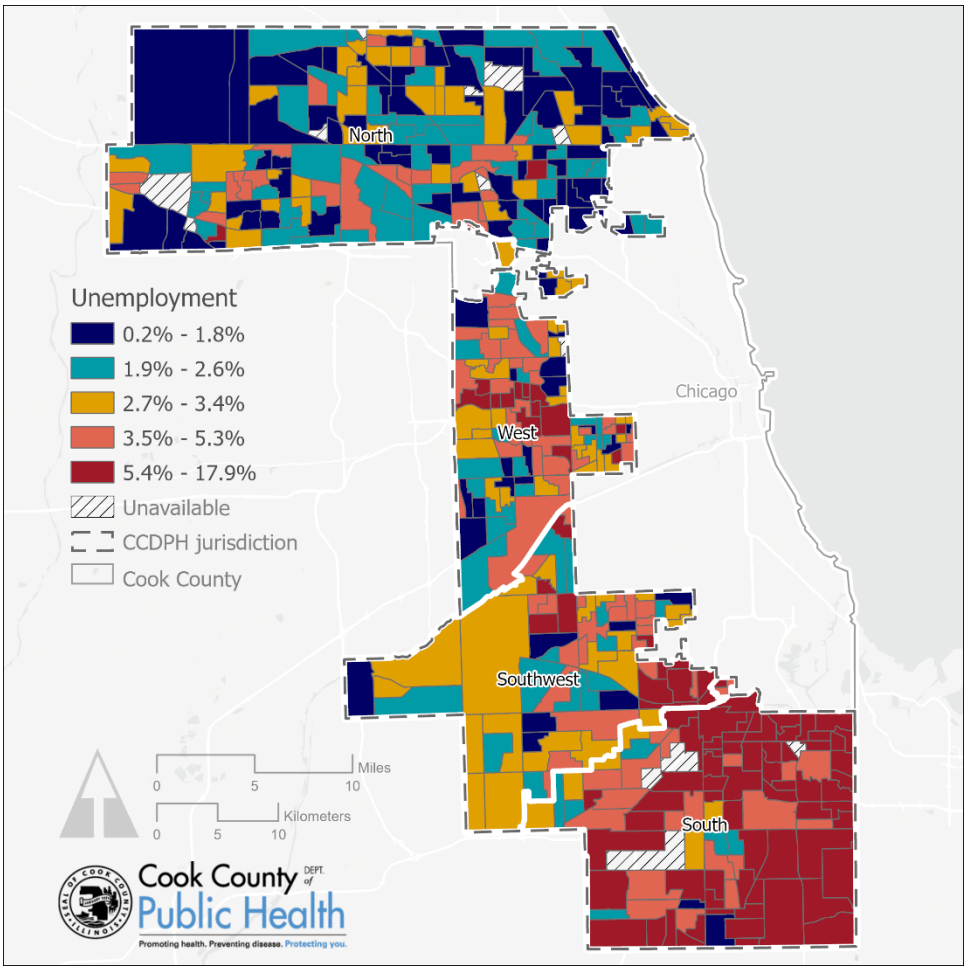
**Map 7. Percent of Population 25 and Older with Less Than High School Diploma, 2019**




*Data source: U.S. Census Bureau (2015–2019). Sex by Educational Attainment (Table B15002), 2015–2019 American Community Survey 5-year estimates.*

***The percentage of census tract populations in each CCDPH health district that have not completed high school varies throughout CCDPH's jurisdiction. The north district contains the lowest concentration of populations without a high school diploma, while the west district has the highest concentration of census tracts with less than a high school diploma.***

**Map 8. Percent of Population 16 and Older Unemployed, 2019**




*Data source: U.S. Census Bureau (2015–2019). Sex by Age by Employment Status for the Population 16 Years and Over (Table B23001), 2015–2019 American Community Survey 55-year estimates.*

***Throughout CCDPH's jurisdiction, the north district has the lowest concentration of census tracts with high levels of unemployment. Census tracts in the south district have much higher levels of unemployment when compared to other CCDPH districts.***

ii. Income and poverty

Income includes payments received from jobs, investments or government assistance. Research has consistently shown that health status tends to improve as income rises, with individuals earning incomes below the federal poverty level to be at greatest risk for diminished health outcomes (*25*).

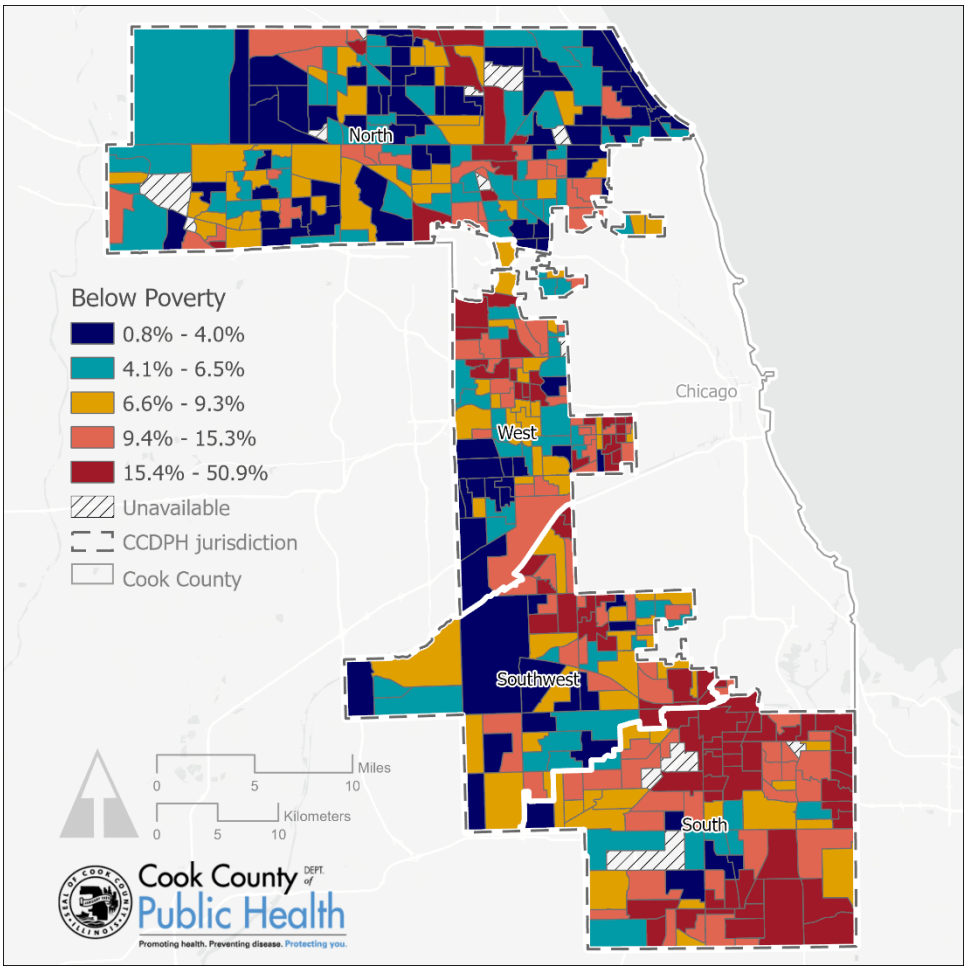
In 2019, the CCDPH district with the greatest proportion of individuals living under the federal poverty line was the south district, with 16 percent (Figure 11 and Map 9). Of note, the south district has 6 percent more individuals living below federal poverty level income than the CCDPH average of 10 percent. The north district contains the smallest proportion of individuals living in households earning below poverty level income, with 7 percent, around 3 percent below the jurisdictional average; whereas, the southwest and west districts reported rates closer to the CCDPH average.

**Figure 11. Households Earning Below Poverty Level Income by CCDPH District, 2019**

*a. North* *b. West* *c. Southwest* *d. South*


*Data source: U.S. Census Bureau (2015–2019). Poverty Status by Sex by Age (Table B17001), 2015–2019 American Community Survey 5-year estimates.*

**Map 9. Percent of Population in Households Earning Below Poverty Level Income, 2019**




*Data source: U.S. Census Bureau (2015–2019). Poverty Status in the Past 12 Months by Sex by Age (Table B17001), 2015–2019 American Community Survey 5-year estimates.*

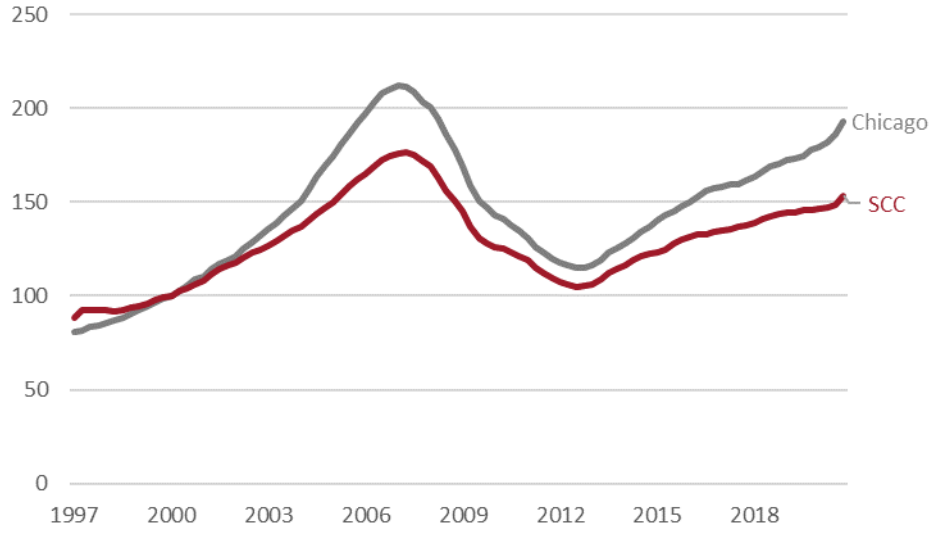
***While there is some variation of income levels within each of the CCDHP districts, the percent and concentration of neighborhoods with populations living in households earning below the federal poverty level (FPL) were considerably lower in the north compared to the south district.***

iii. Housing insecurity

Housing insecurity is complex and may describe situations where individuals or families make frequent moves, struggle to afford housing expenses or reside in crowded housing spaces. Housing insecurity may be driven by housing or rental affordability and the availability of affordable housing units within a community.

As seen in Figure 12, since 2000, the price of a single-family home has increased by 50 percent in suburban Cook County (SCC) and almost 100 percent in Chicago. While the initial increases in home prices from 2000–2008 in both SCC and Chicago were eliminated by the 2008 financial crisis, the price of a single-family home rebounded after 2012 in both areas but has not yet recovered to pre-2008 levels. Since 2000, the prices of single-family homes in Chicago have outpaced those of SCC, suggesting that overall, housing is more affordable within SCC compared to the city of Chicago.

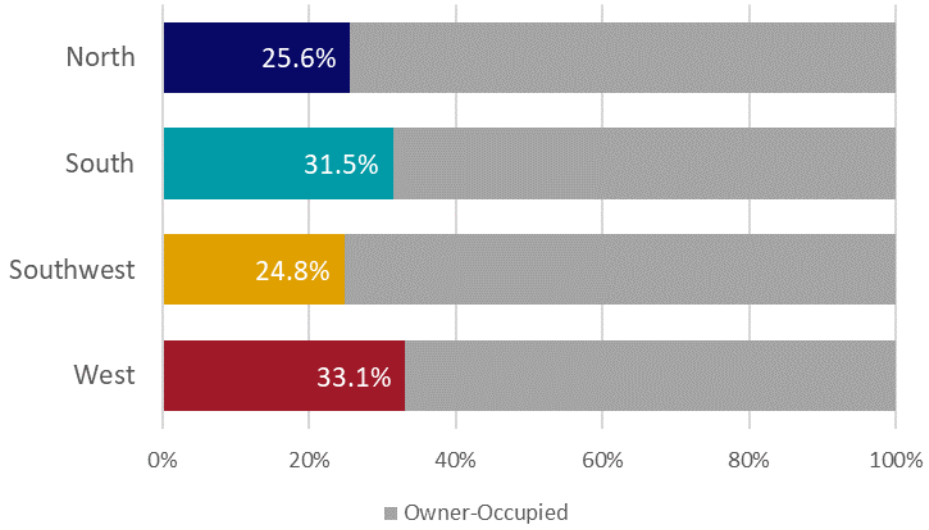
**Figure 12. Change in Single-Family Home Prices from 1997 to 2020**




*Data source: DePaul University Institute for Housing Studies, 2021.*

The majority of homes in SCC are owner-occupied, with the largest share of renter-occupied units distributed in the south and west sides. About one-third of units in these districts are renter-occupied (Figure 13). Renter-occupied housing units within north and southwest districts comprise about 25 percent of total occupied units.

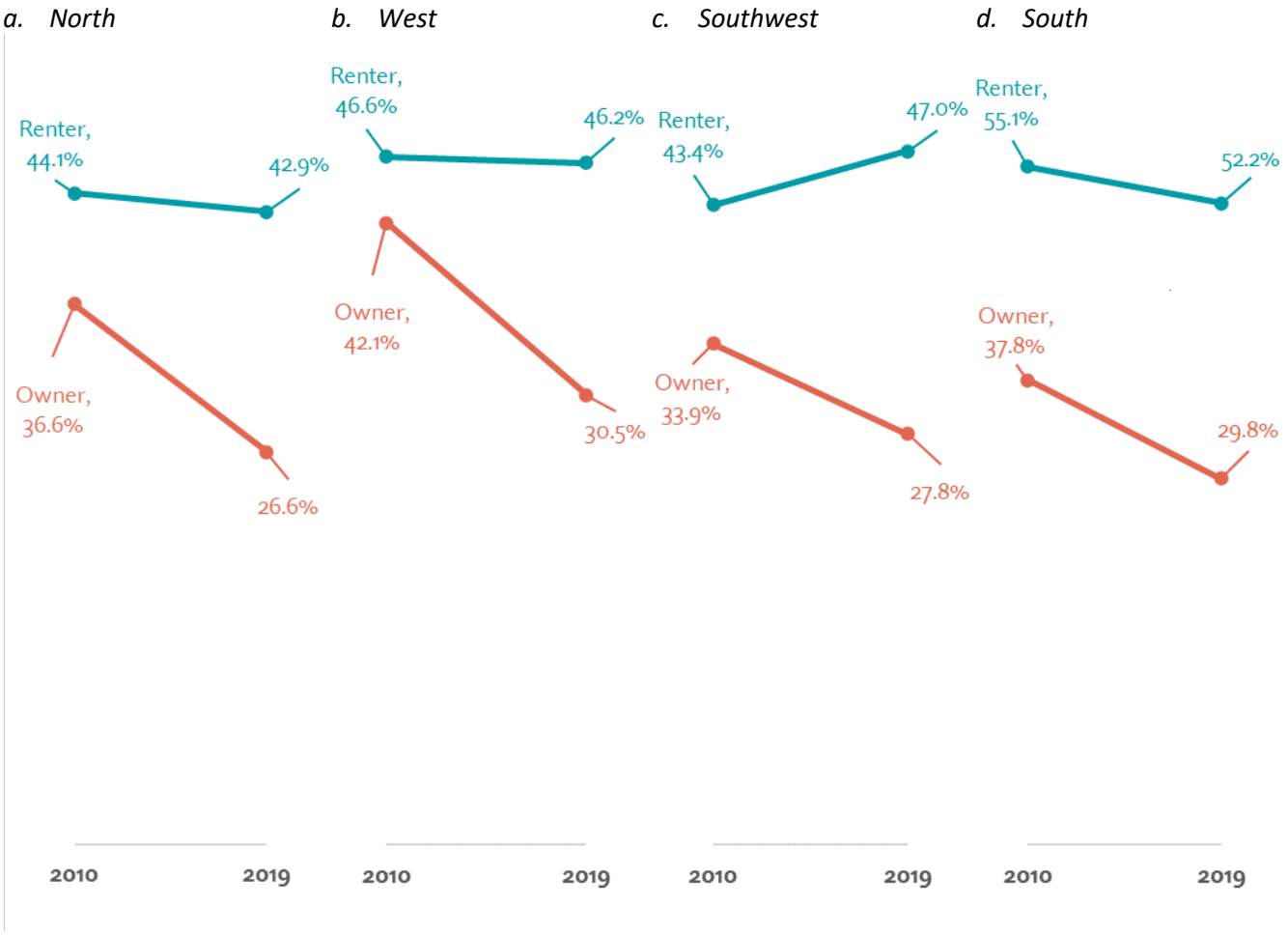
**Figure 13. Percentage of Renter-Occupied Units by CCDPH District, 2019**




*Data source: U.S. Census Bureau (2015–2019). Tenure by Housing Costs as a Percentage of Household Income (Table B25106), 2015–2019 American Community Survey 5-year estimates.*

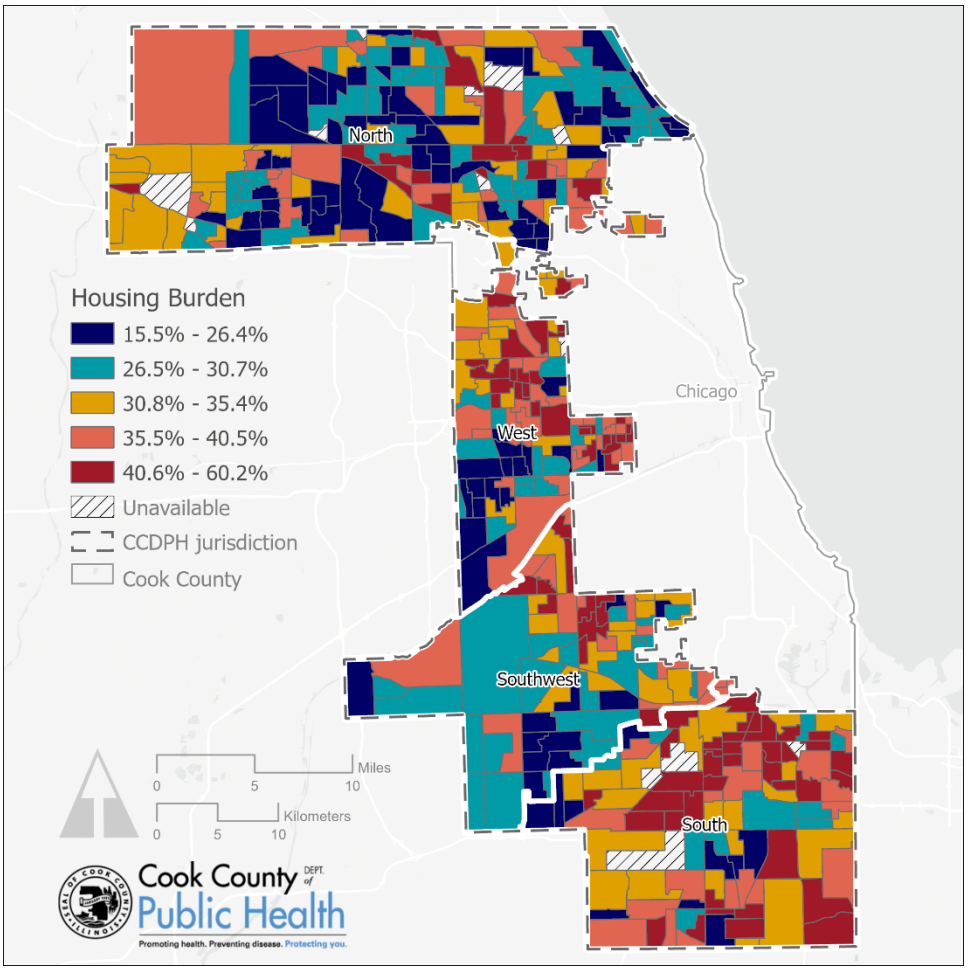
Housing-burdened households are those who pay more than 30 percent of their monthly income on housing costs. Greater rates correspond with greater housing insecurity and the likelihood of financial instability. Figure 14 depicts the change in housing burden across all CCDPH districts from 2010–2019. The percentage of owner-occupied households reporting housing burden decreased across all CCDPH districts from 2010–2019, with the greatest decreases occurring in the north and west districts, at 27.3 percent and 27.5 percent, respectively. Reported housing burdens for renters were more heterogeneous across districts (Map 10), with small decreases in the percentage of renters reporting housing burdens in the north, south and west districts, while there was an 8.3 percent increase in the percentage of renters reporting a housing burden in southwest district from 2010–2019. Housing burden for homeowners decreased in CCDPH's jurisdiction over the past decade but, in the southwest district, the financial burden associated with housing increased for renters.

**Figure 14. Share of Housing-Burdened Households by CCDPH District, 2010–2019**




*Data source: U.S. Census Bureau (2015–2019). Tenure by Housing Costs as a Percentage of Household Income (Table B25106), 2015–2019 American Community Survey 5-year estimates.*

**Map 10. Share of Households Spending Greater Than 30 Percent of Annual Income on Housing, 2019**




*Data source: U.S. Census Bureau (2015–2019). Tenure by Housing Costs as a Percentage of Household Income (Table B25106), 2015–2019 American Community Survey 5-year estimates.*

***While the north, west and southwest districts have high levels of variation in the share of households spending more than 30 percent of their incomes on housing, the south district also displays variation, though many census tracts are more likely to have greater levels of housing costs.***

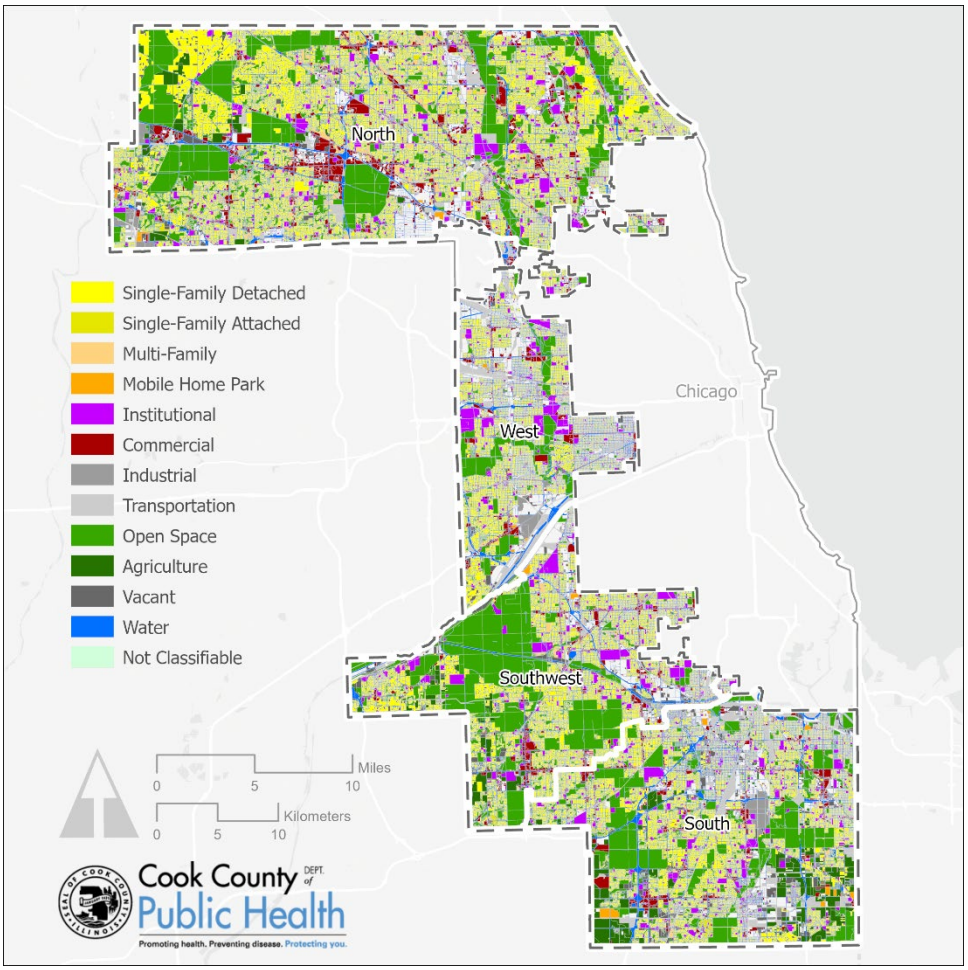
## c. Environmental risks

Acute and chronic health outcomes are often linked to the physical environment where populations reside and are generally exposed. Inequities in the distribution of environmental quality, for example, may reinforce and perpetuate existing health disparities. Such exposures may stem from vulnerability to extreme weather conditions, the built environment or physical hazards, like pollution, in each community. Additionally, a greater density of housing units built in a given area before 1978 (when lead paint was banned), may increase the risk for lead exposure in a community (*26*, *27*). This section explores the extent of exposure to environmental risk throughout CCDPH's jurisdiction by examining select indicators.

### i. Land use

The below map (Map 11) shows the distribution of land uses throughout CCDPH's jurisdiction. Areas in yellow and orange represent housing and areas in grey represent more marginal uses, including vacant land, industrial or transportation (e.g., manufacturing, recycling facilities, junkyards, truck depots, storage warehouses, power plants and others). Land-use incompatibility occurs when residential housing sits close to or even beside these uses, which can expose residents to undue risks due to air and water pollution, noise, physical hazards and traffic due to normal operation of these types of businesses (*28*, *29*). Areas in the south and southwest health districts tend to have greater instances of these types of land use and are therefore more likely to experience negative externalities, including unhealthy exposures due to proximity to noxious facilities.

**Map 11. Suburban Cook Land Use, 2015**




***Approximately 30 percent of the total CCDPH land area is used for single-family residential housing. Another 21 percent of the jurisdiction's area is designated as open space followed by institutional (5.6 percent), commercial (5.5 percent) and transportation (5.2 percent). The south and southwest districts have the highest shares of industrial uses.***

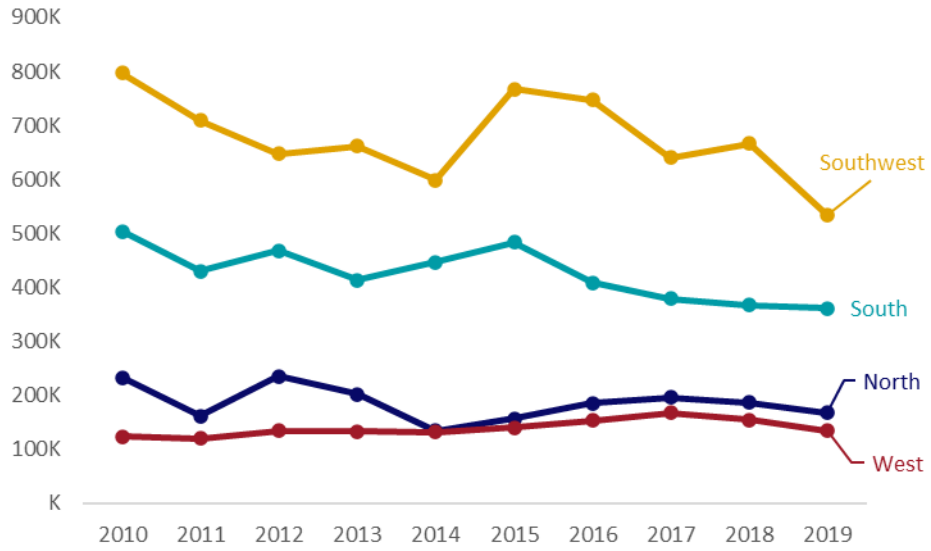
*Data source: U.S. Census Bureau (2015–2019). Sex by Educational Attainment (Table B15002), 2015–2019 American Community Survey 5-year estimates.*

ii. Air and water quality

Exposure to air and water pollution may impact brain and bodily functioning throughout one's life. These pollutants include hazardous air emissions, fine particulate matter with an aerodynamic diameter less than 2.5 micrometers (PM2.5) and lead derived from paint or water contamination. The rate and severity of asthma has been found to be associated with greater levels of air pollution in a given area, while other chronic conditions like emphysema, chronic bronchitis, lung disease and heart disease may be aggravated by exposure to air pollution (*30*). Researchers suspect that environmental risks may also be associated with certain cancers, neurological diseases and developmental disabilities (*31*).

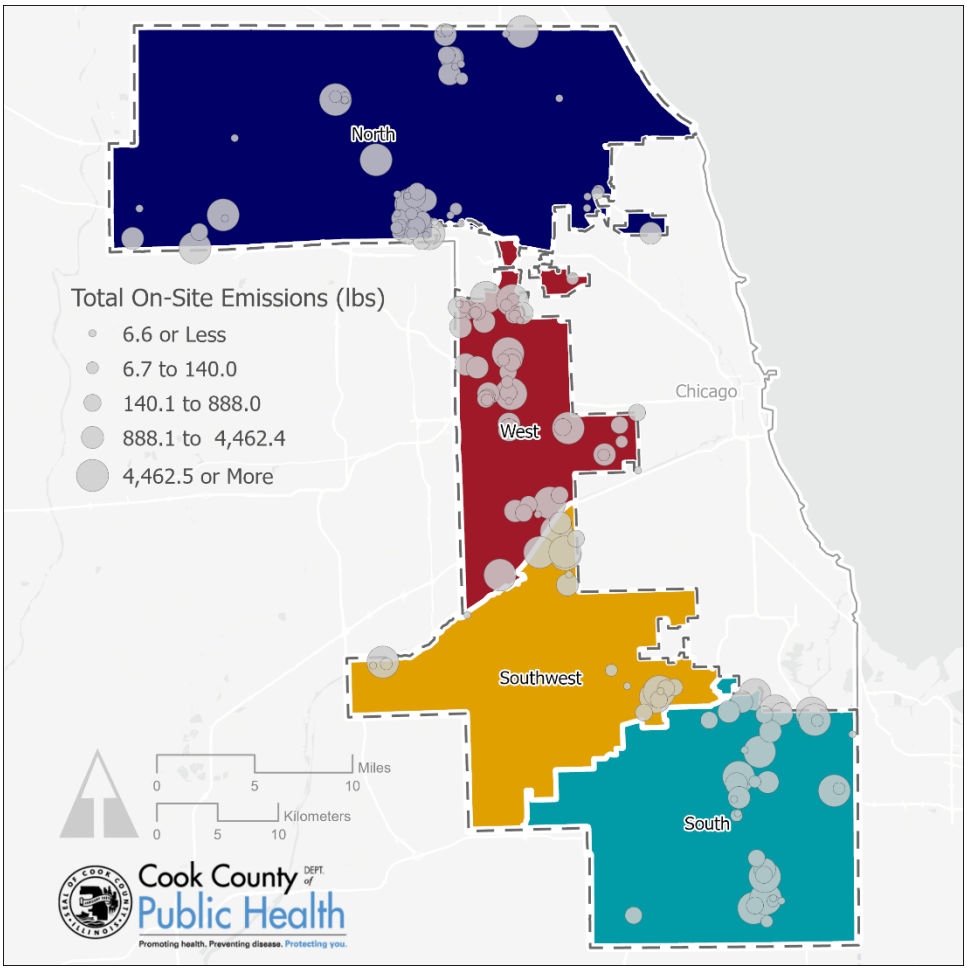
Figure 15 shows annual air emissions by CCDPH district from 2010–2019. These data are made available by the U.S. Environmental Protection Agency's annual Toxics Release Inventory (TRI) dataset, which provides self-reported data on large industrial point-source polluters, including information on the volume and chemical composition of emissions, and the location of the polluting facilities. The location of TRI facilities reporting air releases for 2019 are shown in Map 12. Across all years examined, air emissions decreased slightly in the southwest and south districts and remained relatively stable in the north and west districts. From 2010–2019, the southwest district had the largest total air emissions of the four CCDPH districts, and displayed some yearly variation in air emissions, with a notable increase in emissions from 2014–2015 and a moderate decrease in emissions from 2018–2019. The figure also indicates that the southwest and south districts are faced with a larger share of emissions than the other two CCDPH districts.

**Figure 15. Total Air Emissions in Pounds (Fugitive and Stack) by CCDPH District, 2010–2019**




*Data source: Environmental Protection Agency Toxics Release Inventory (2010–2019).*

**Map 12. Total On-Site Emissions (lbs) by TRI Facility by CCDPH District, 2019**

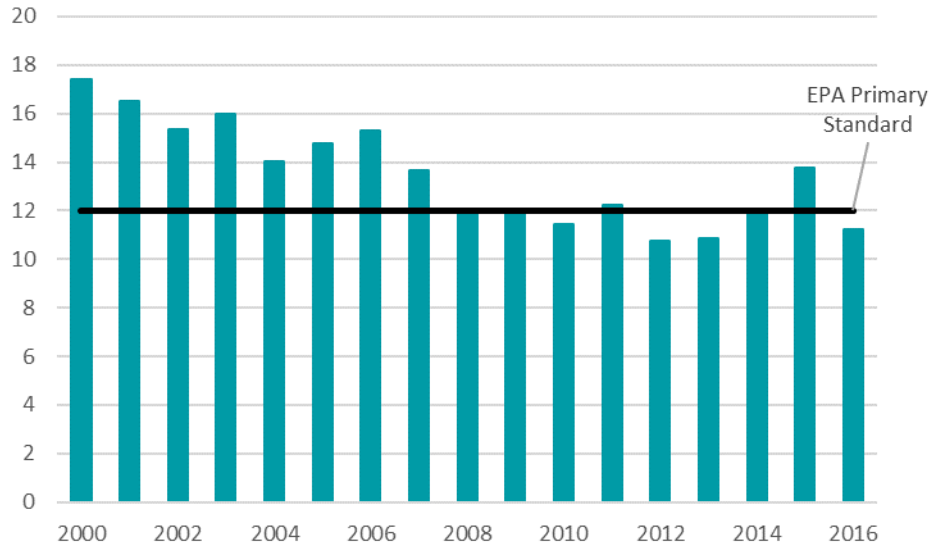



*Each circle displayed on this map represents facilities that expel toxic emissions. The size of the circles indicates the amount of emissions released at the facilities, with smaller circles corresponding to fewer on-site emissions. The west and south districts have the highest concentration of TRI facilities, and most have higher levels of emissions.*

*Data source: Environmental Protection Agency Toxics Release Inventory (2019).*

Figure 16 depicts the average annual ambient air concentrations of PM2.5 in Cook County from 2010–2016, with any year exceeding the EPA Primary Standard being one with concerning levels of PM2.5. The chart indicates an inconsistent but decreasing trend in PM2.5 concentration throughout Cook County overtime. The levels of ambient air PM2.5 concentrations were highest in the year 2000, and remained below or nearly below the EPA Primary Standard from 2008 to 2014. While PM2.5 concentrations exceeded the EPA Primary Standard in 2015, the concentration returned to lower levels in 2016.

**Figure 16. Cook County Average Ambient Air PM 2.5 Concentrations, 2010–2016**

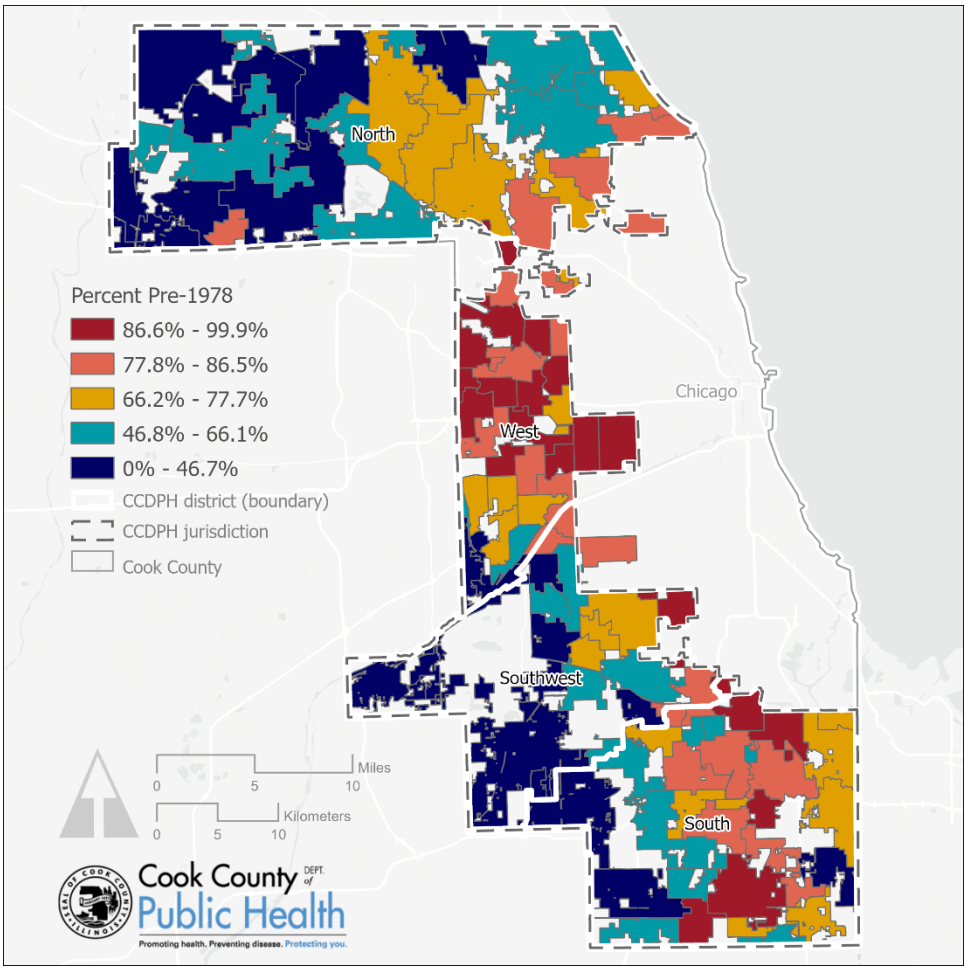



*Data Source: Adapted from NASA Socioeconomic Data and Applications Center (SEDAC), 2000–2016.*

iii. Lead exposure

Lead exposure most often occurs due to air pollution, drinking-water contamination or ingestion of lead-based paint chips (*27*). The health effects of lead exposure include kidney damage, blood poisoning, nervous system failure or death. Exposure to lead among children is of particular concern, with exposure being linked to damage to the brain and nervous system, leading to impaired development, along with problems with behavior, learning and hearing or speech patterns (*26*).

**Map 13. Percent of Housing Units with Lead Paint Risk, 2021**

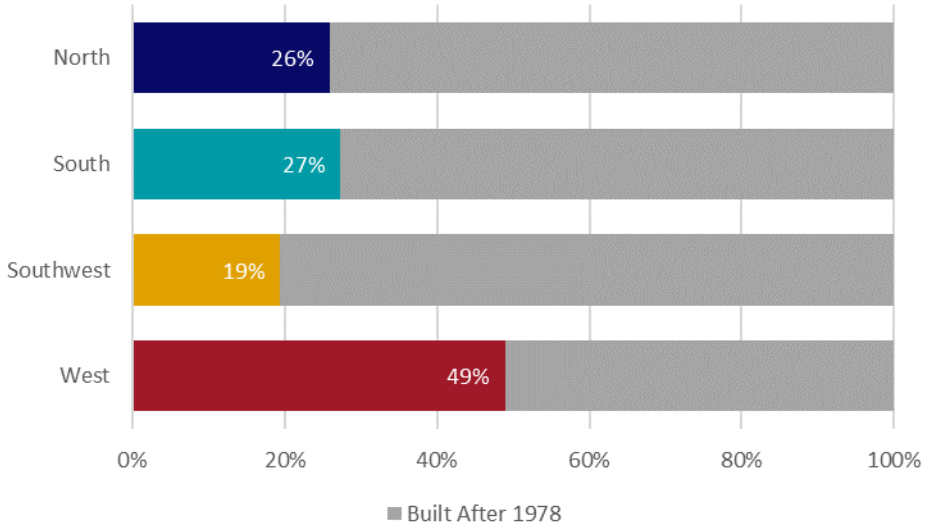



*Data source: Cook County Assessor (2021).*

***The west and south districts have considerably older housing stocks compared to their north and west counterparts. Municipalities within these districts have relatively high concentrations of housing units built prior to 1978, before the banning of lead paint, putting these residents at greater risk of potential lead exposure.***

Figure 17 details the percentage of housing units in SCC built before 1978 within each CCDPH district. Most housing units in each CCDPH district were constructed after 1978. The west district has the lowest percentage of newer housing units, with just under half (49 percent) of housing units in the west district being built before 1978. The southwest district has the highest percentage of newer housing units, where 19 percent of units were built before 1978.

**Figure 17. Percent of Units Built Before 1978 by CCDPH District**




*Data Source: Cook County Assessor's Office (2021)*

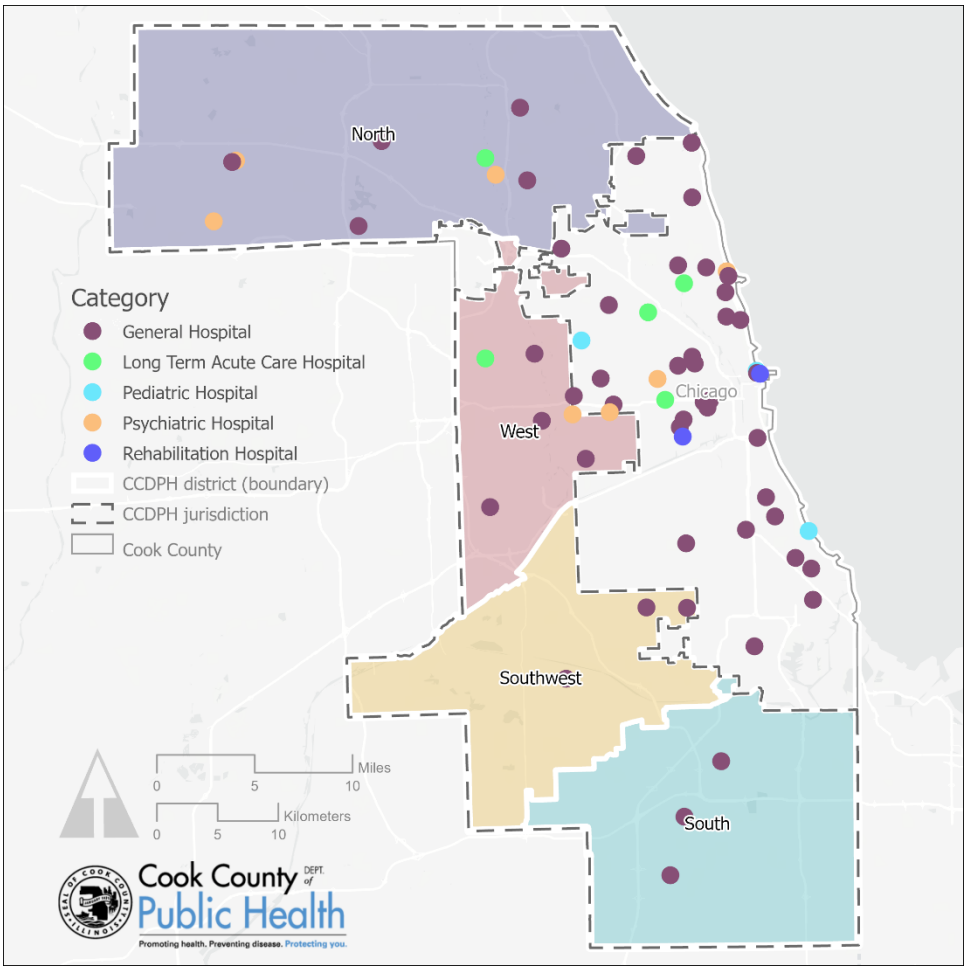
## d. Health resource availability

This domain represents factors associated with health system capacity, which may include both the number of licensed and credentialed health facilities. In addition, the category of health resources includes measures of access (e.g., both physical and online), mobility and utilization of prevention and emergency department services.

### i. Healthcare providers and utilization

Adequate access to healthcare is mediated by the extent to which individuals in a community may be able to obtain necessary medical care or have insurance coverage which may limit financial barriers to care. Access to preventive medical care makes it more likely that one will get routine physical checkups and recommended vaccinations, while also allowing for blood pressure and cholesterol levels to be monitored, thus reducing morbidity and mortality. Lacking health insurance and consequently affordable healthcare will often make individuals less likely to seek preventative services, and may increase the chance that one could develop chronic disease.

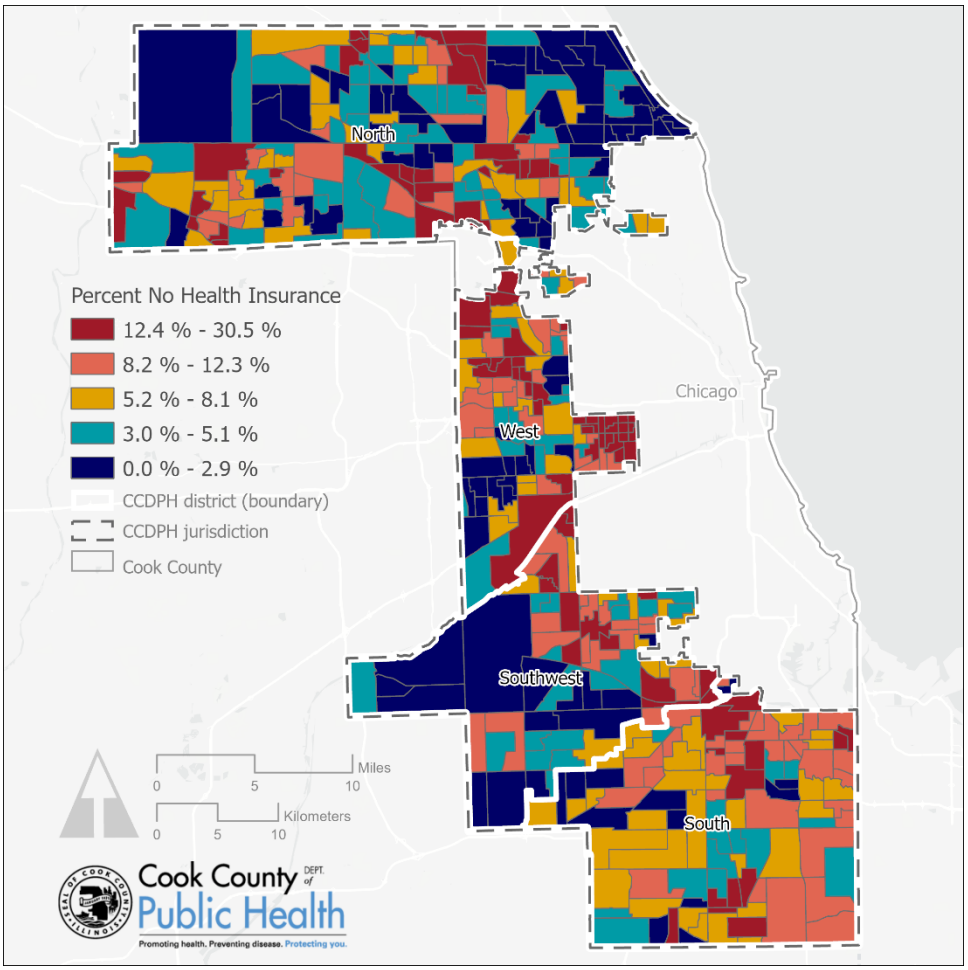
**Map 14. Licensed Hospitals in Cook County, 2021**




*Data source: Illinois Department of Public Health, Licensed Hospital Directory (2021).*

***As of 2021, the concentration of hospitals of all types is lower throughout CCDPH's health districts when compared to the city of Chicago. General hospitals are the most common hospital type throughout the county. The north district contained the most variety of hospital types, and the fewest hospitals were located in the southwest and south districts.***

**Map 15. Percent No Health Insurance, 2019**

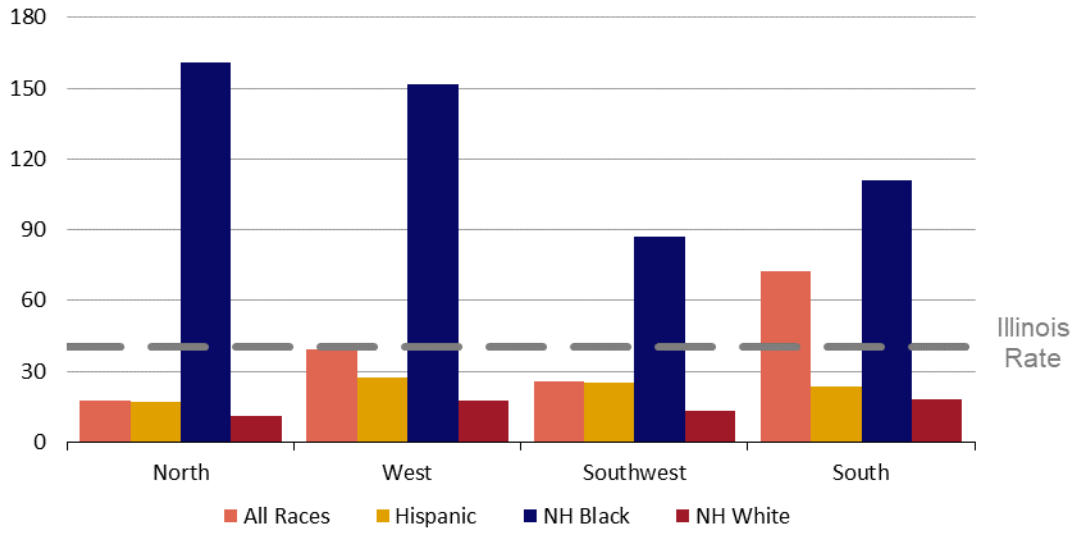



*Data source: 2015–2019 American Community Survey 5-year estimates (Table S2701).*

***Several communities across CCDPH's jurisdiction reported high rates of uninsured population, with sizable clusters in each of the four public districts.***

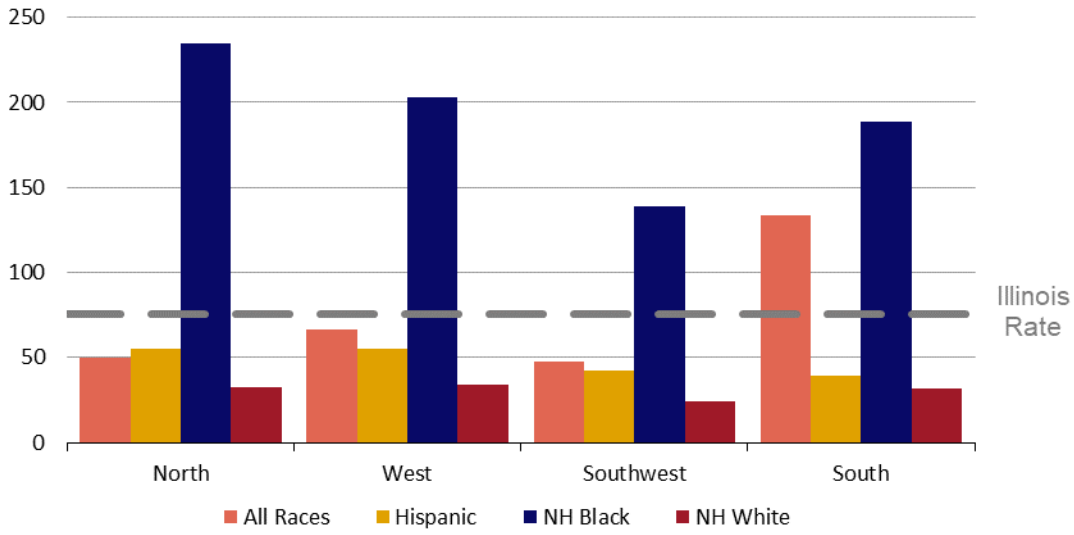
Figure 18 and Figure 19 shows the three-year (2015–2017) average rate of adult and pediatric asthma emergency department (ED) visits by CCDPH health district. This rate is compared to the statewide rate (of all races) and expressed per 10,000 population. From 2015–2018 in Illinois, adult non-Hispanic Black populations have 8.5 times the rate of ED visits due to asthma compared to non-Hispanic White populations, and pediatric non-Hispanic Black populations have 6.2 times the rate of ED visits compared to non-Hispanic White populations. This difference is more pronounced among non-Hispanic Black adults residing within CCDPH's jurisdiction, with the rate being 12.2 times that of the non-Hispanic White adult population. Among CCDPH districts, this difference is highest in the north district, where non-Hispanic Black adults have 14.5 times the rate of ED visits from asthma compared to the non-Hispanic White adults. Hispanic populations throughout CCDPH's jurisdiction report higher rates of ED visits due to asthma when compared to non-Hispanic White populations, with Hispanic adults and Hispanic children having 2.3 and 1.9 times the rate of ED visits respectively.

**Figure 18. Adult Asthma ED Visit Rate by Race/Ethnicity and CCDPH District, 2015–2017**




*Rate expressed per 10,000 population age 18 years and older*
*Illinois rate: 40.6*
*Data Source: Illinois Public Health Community Map, 2015–2017*

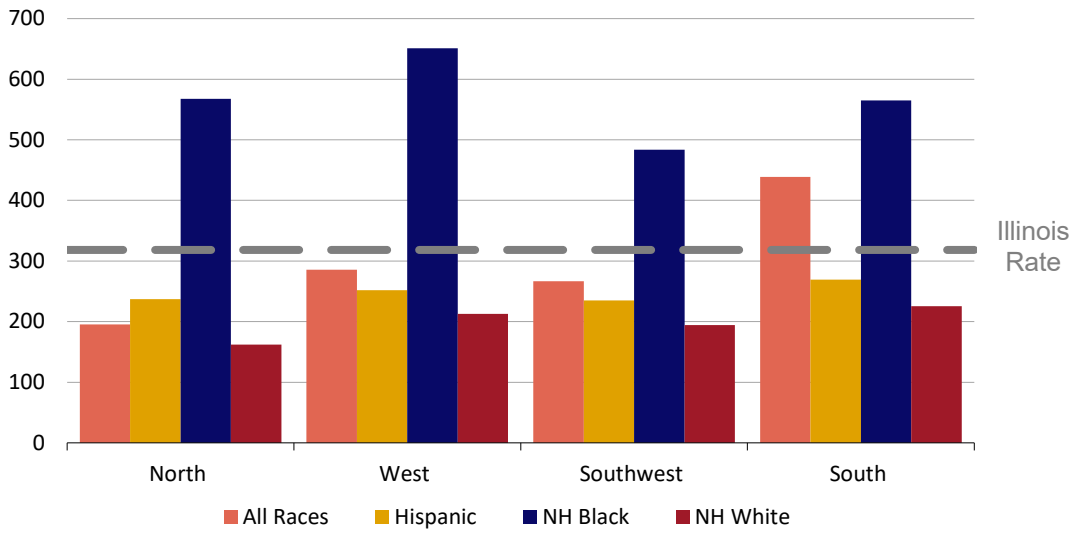
**Figure 19. Pediatric Asthma ED Visit Rate by Race/Ethnicity and CCDPH District, 2015–2017**




*Rate expressed per 10,000 population age 17 years and under*
*Illinois rate: 75.2*
*Data Source: Illinois Public Health Community Map, 2015–2017*

The below figure (Figure 20) shows the three-year (2015–2017) average rate of Type 2 diabetes emergency department visits compared to the total statewide rate (of all races) and expressed per 10,000 population. In Illinois, the rate of ED visits due to Type 2 diabetes among non-Hispanic Black adults was 2.5 times higher than that of non-Hispanic White populations. This difference was more pronounced in SCC, with non-Hispanic Black populations and Hispanic populations having 3.5 and 1.7 times respectively the rate of ED visits compared to the non-Hispanic White population. Among CCDPH districts, this difference was most pronounced when comparing non-Hispanic Black populations to non-Hispanic White populations. In the north district, non-Hispanic Black populations had 3.5 times the rate of ED visits compared to non-Hispanic White populations.

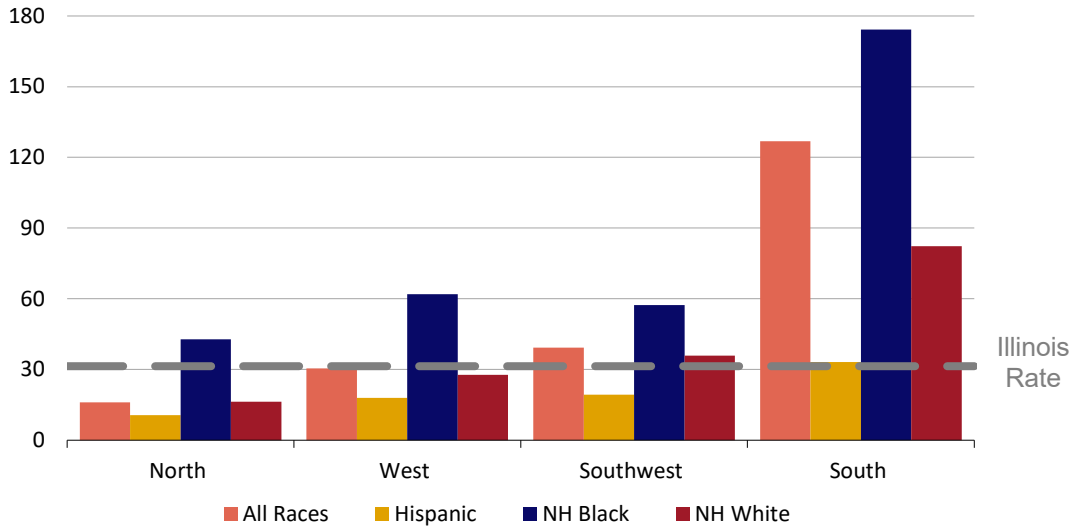
**Figure 20. Diabetes ED Visit Rate by Race/Ethnicity and CCDPH District, 2015–2017**




*Rate expressed per 10,000 population*
*Illinois rate: 318.3*
*Data Source: Illinois Public Health Community Map, 2015–2017.*

Figure 21 shows the 3-year (2015–2017) average rate of substance-related disorder ED visits compared to the total statewide rate (of all races) and expressed per 10,000 population. Throughout the state of Illinois, the rate of ED visits among non-Hispanic Black populations was 3.28 times the rate observed among non-Hispanic White populations. non-Hispanic Black populations in SCC had a higher rate of ED visits in comparison to non-Hispanic White populations, with the rate being 3.8 times higher. The trend observed when comparing Hispanic populations to non-Hispanic White populations in Illinois and in SCC were similar, with Hispanic populations having a rate about 0.7 times higher than that of non-Hispanic White populations.

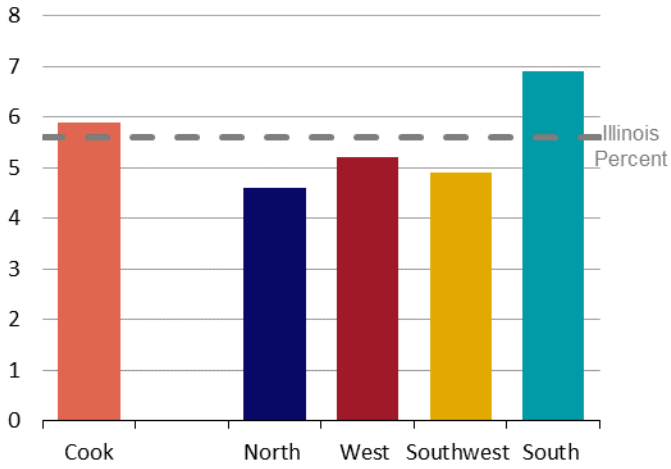
**Figure 21. Substance-Related Disorder ED Visit Rate by Race/Ethnicity and CCDPH District, 2015–2017**




*Rate expressed per 10,000 population*
*Illinois rate: 31.4*
*Data Source: Illinois Public Health Community Map, 2015–2017.*

Figure 22 depicts the proportion of ED cases when care was required or procedures were performed, but the emergent nature of the condition was potentially preventable or avoidable. While the percentage of preventable or avoidable ED visits in Illinois (5.6 percent) and in SCC (5.9 percent) are comparable, the south district accounts for the highest proportion of preventable or avoidable ED visits. Of all ED visits in the south district, 6.9 percent were preventable or avoidable.

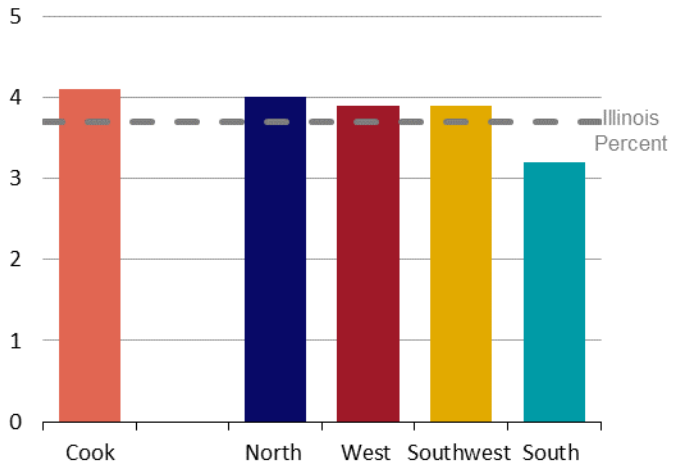
**Figure 22. Percent Preventable/Avoidable-ED Visits by Cook County and CCDPH District, 2015–2017**




*Rate expressed as a percentage of total ED visits*
*Illinois rate: 5.6*
*Data Source: Illinois Public Health Community Map, 2015–2017.*

Figure 23 describes ED visits related to behavioral health, which includes include mental health, alcohol and substance abuse–related visits, expressed as a percentage of all ED visits, both as a percentage of all ED visits or as a rate per 10,000 population. From 2015 to 2017 in Illinois, 3.7 percent of all ED visits were attributed to behavioral health–related causes. In the same time period, this trend was somewhat higher in SCC, with 4.1 percent of all ED visits being attributed to behavioral health–related causes. The south district reported the lowest percentage (3.2 percent) of all ED visits being attributed to behavioral health–related causes.

**Figure 23. Behavioral Health–Related ED Visit Rate by Cook County and CCDPH District, 2015–2017**



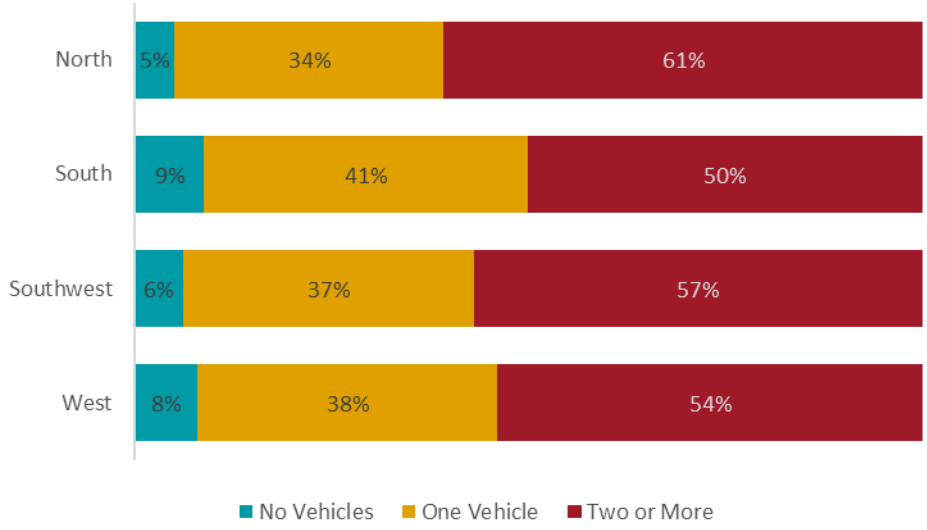

*Rate expressed per 10,000 population*
*Illinois rate: 123.1*
*Data Source: Illinois Public Health Community Map, 2015–2017.*

ii. Mobility, disability, Internet access

Disability is a dynamic state that may impact many aspects of one's life and well-being, imposing limitations along a continuum of social, emotional and physical needs. Disability status includes a reported functional limitation in any of the following domains: hearing, vision, cognition and ambulation (*32*). Disabilities that may impose physical mobility restrictions may put persons with such disabilities at higher risk for additional chronic health conditions, due to greater difficulty participating in physical activity. Inadequate access to transportation and online services may also create barriers to healthcare services, social activities and employment opportunities.

Figure 24 depicts the percentage of households in each CCDPH district with access to no vehicle, one vehicle or two or more vehicles in 2019. While each district has low levels of access to no vehicle, the south district has the highest percentage (9 percent) of households with access to no vehicles. The south district has the highest percentage of households with access to one vehicle, at 41 percent, and the lowest percentage of households with access to two or more vehicles, at 50 percent. The north district has 61 percent of households reporting access to two or more vehicles, and only 5 percent of households reporting no access to vehicles.

**Figure 24. Households by Vehicle Availability by CCDPH District, 2019**




*Data source: U.S. Census Bureau (2015–2019). Tenure by Vehicle Availability (Table B25044), 2015–2019 American Community Survey 5-year estimates.*

Figure 25 shows the percentage of households in each CCDPH health district reporting having access to a smartphone in 2019. A majority of households in SCC have access to a smartphone as of 2019. The north district has the highest percentage of smartphone access, with 84 percent reporting having access. The southwest district has the lowest percentage of smartphone access, with 77 percent reporting having access.

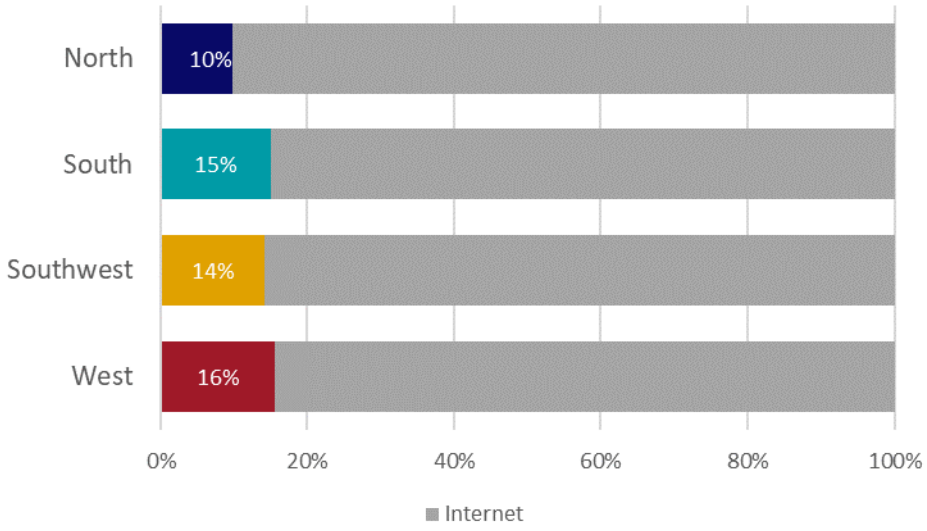
**Figure 25. Smartphone Access by CCDPH District, 2019**

*a. North* *b. West* *c. Southwest* *d. South*


*Data source: U.S. Census Bureau (2015–2019). Types of Computer in Household (Table B28001), 2015–-2019 American Community Survey 5-year estimates.*

Figure 26 details the percentage of households without access to the internet in SCC as of 2019 within each CCDPH district. The north district has the lowest percentage of households without internet access (10 percent). The south, southwest and west districts have similar percentages of households lacking internet access, though the west district reports the highest percentage (16 percent) among the three districts.

**Figure 26. Households Lacking Internet Access by CCDPH District, 2019**




*Data source: U.S. Census Bureau (2015–2019). Internet Subscriptions in Household (Table B28011), 2015–2019 American Community Survey 5-year estimates.*

Figure 27 indicates the percentage of the SCC population reporting a disability in 2019 by CCDPH district. The north and west districts each report 9 percent of residents having a disability, with the south and southwest districts each reporting 11 percent of residents having a disability.

**Figure 27. Disability Status by CCDPH District, 2019**

*a. North* *b. West* *c. Southwest* *d. South*


*Data source: U.S. Census Bureau (2015–2019). Disability Characteristics (Table S1810), 2015–2019 American Community Survey 5-year estimates.*

iii. Healthy food access

A healthy diet is fundamental to the health and well-being of people in a community. Diets lacking nutritious foods are associated with the development of chronic illnesses like heart disease and Type 2 diabetes. The extent to which a healthy diet is accessible is dependent upon the food environment surrounding a community, with a healthy food environment being one where transportation to retailers selling healthy food options is accessible and there is a greater supply of healthy foods.

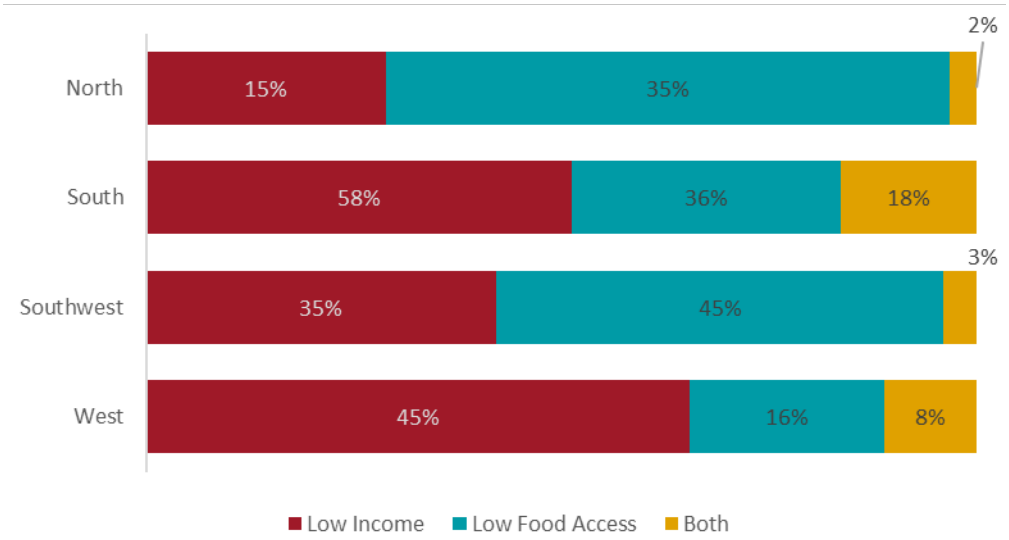
Table 6 and Figure 28 depicts the share of population in each CCDPH district living in census tracts that are considered low income or low food access. Low income census tracts are those tracts with households reporting annual family incomes of less than or equal to 200 percent of the federal poverty threshold based on family size and low access census tracts are where households reside more than one mile from a supermarket or large grocery store. The south and southwest districts share the greatest burden of low income and poor food access, with over 35 percent of the population in these districts living in tracts that are either low income or low food access. These two districts also have the greatest share of the populations living in tracts that are burdened by both income and access; 18 percent of the population in the south district and 8 percent in the west district. In the southwest district, 45 percent of the population lives in tracts that are low food access, while in the south district, 58 percent of the population lives in low-income tracts. The north district is relatively less burdened than the other three districts, with fewer than 2 percent of its resident population living in tracts that are both low income and reside further than one mile from a grocery store.

**Table 6. Income and Food Access Characteristics by CCDPH District, 2020**

| | *CCDPH* | North | West | Southwest | South |
|---|---|---|---|---|---|
| *Total census tracts* | 469 | 189 | 105 | 72 | 103 |
| *Population, 2019* | 2,259,211 | 933,967 | 495,681 | 363,372 | 466,191 |
| *Low Income Tracts* | 158 | 26 | 45 | 25 | 62 |
| *Low Access Tracts* | 138 | 60 | 15 | 30 | 33 |
| *Low Income & Access Tracts* | 31 | 3 | 7 | 3 | 18 |
| *Low Income Tract* | 757,848 | 140,687 | 221,465 | 126,829 | 268,867 |
| *Population (%)* | (33.5%) | (15.1%) | (44.7%) | (34.9%) | (57.7%) |
| *Low Access Tract* | 740,987 | 329,919 | 79,406 | 162,130 | 169,532 |
| *Population (%)* | (32.8%) | (35.3%) | (16.0%) | (44.6%) | (36.4%) |
| *Low Income & Access Tract* | 150,974 | 15,579 | 37,650 | 11,959 | 85,786 |
| *Population (%)* | (6.7%) | (1.7%) | (7.6%) | (3.3%) | (18.4%) |

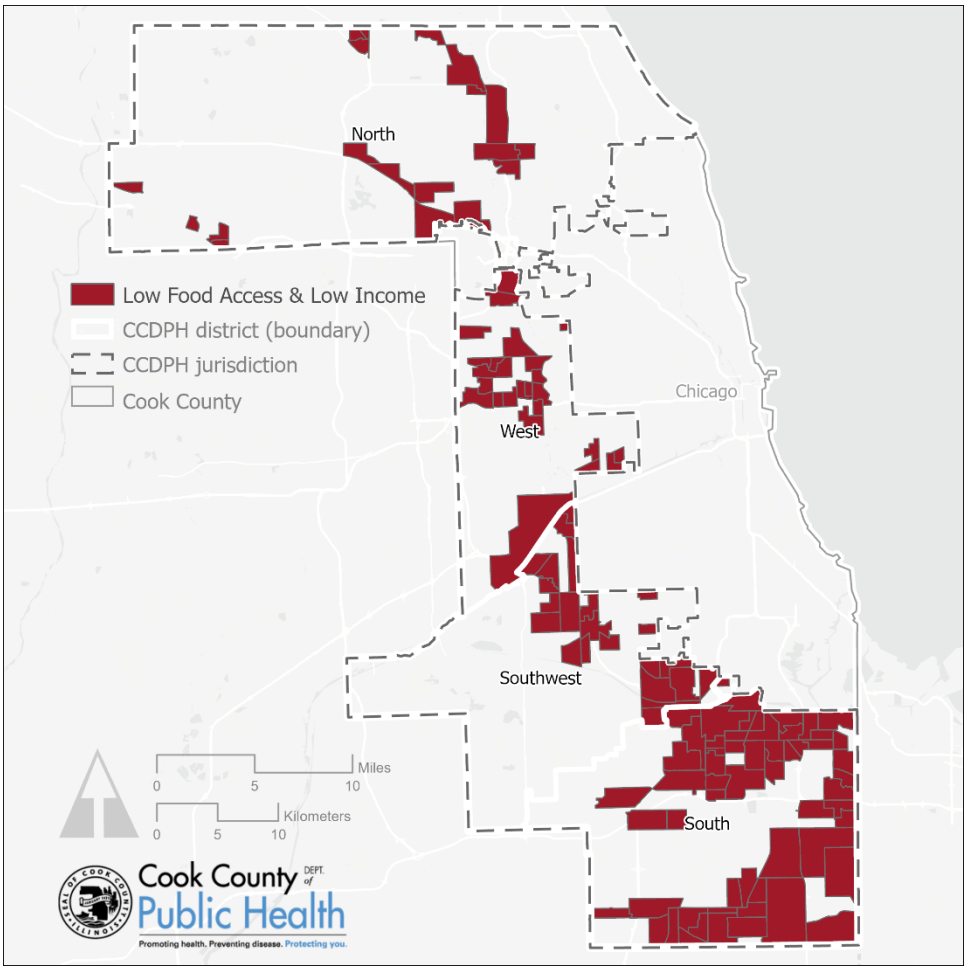
*Data source: USDA Food Environment Atlas (2020).*

**Figure 28. Population Living in Low Income and/or Low Food Access Census Tracts by CCDPH District, 2020**




*Data Source: USDA Food Environment Atlas (2020).*

**Map 16. Low Income Census Tracts with Low Food Access (>1 mile)**




*Data source: Data Source: USDA Food Environment Atlas (2020).*

***Census tracts reporting both low average income and low food access are the least prevalent in the north district. Clusters of low income and low food access are found throughout the west and southwest districts. The highest concentration of low income and low food access census tracts occur in the south district.***

## e. Quality of life

Quality of life encompasses the extent to which individuals felt healthy while alive, including emotional, physical, social and community-level wellbeing. Good living conditions, safe neighborhoods, accessibility to transportation and healthful activities may all afford a person a perception of good health and an improved quality of life. An evaluation of quality of life allows for a holistic investigation of health promotion throughout a community through the implied connection between mental and physical health. This is of public health concern due to the documented association between quality of life and longevity, healthy behaviors, mental and physical illness, and social connectedness. This section details crime metrics, indices of social vulnerability and childhood opportunity, as well as life expectancy indicators that likely influence the quality of life reported by individuals in SCC districts.

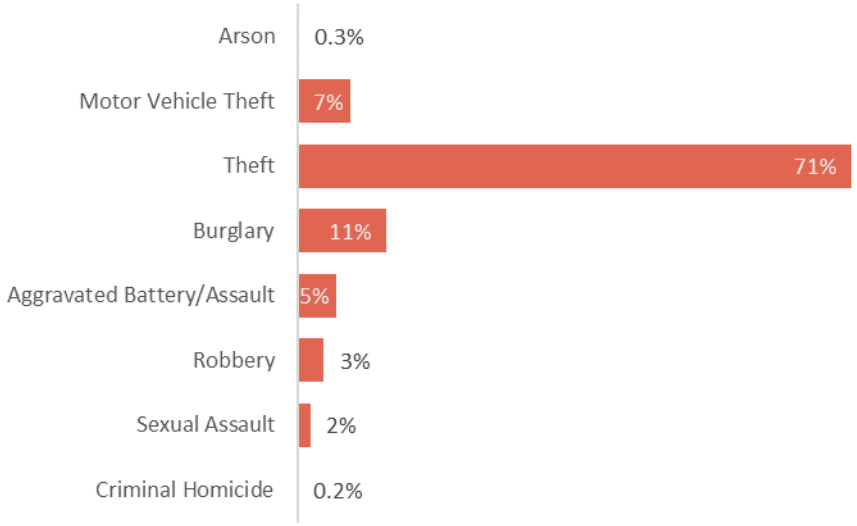
### i. Crime and policing

Proximity to crime and violence in one's neighborhood has several direct or indirect impacts on the health and well-being of residents. Those who witness crime or hear about crime in their neighborhood may also suffer from mental distress or social and emotional trauma, which can have negative impacts on future health outcomes. People who fear crime in their communities may also be less physically active because of concerns about leaving their home. This in turn may place them at risk for obesity and chronic diseases. Children and teens who are exposed to violence also suffer from long-term health impacts, including depression, anxiety and post-traumatic stress disorder.

Law enforcement is also a source of harm for communities in SCC. Between 2005 and 2018, WBEZ and the Better Government Association reported that 113 civilians were shot by law enforcement in SCC. All communities in Illinois experience injuries from law enforcement encounters, however, African American civilians are disproportionately impacted. Almost two-thirds of people who were shot by police were African American, and 4 in 10 shootings were fatal. Researchers estimate that for every death from law enforcement in Illinois, there are 60 to 80 nonfatal injuries. Between 2016 and 2020, 628 individuals in SCC required hospital treatment as a result of injuries from law enforcement. People with a substance use disorder or a major psychiatric condition are also more likely to need hospitalization from a law enforcement–inflicted injury.

Figure 29 displays the crimes committed in SCC in 2018 by type, further showing those most commonly reported. In 2018, theft was the most commonly reported crime, representing 71 percent of crimes reported in that year. Burglary was the second most commonly reported crime, representing 11 percent of reported crimes. Arson and criminal homicide were the least frequently reported crimes in 2018, representing 0.3 percent and 0.2 percent of crimes respectively.

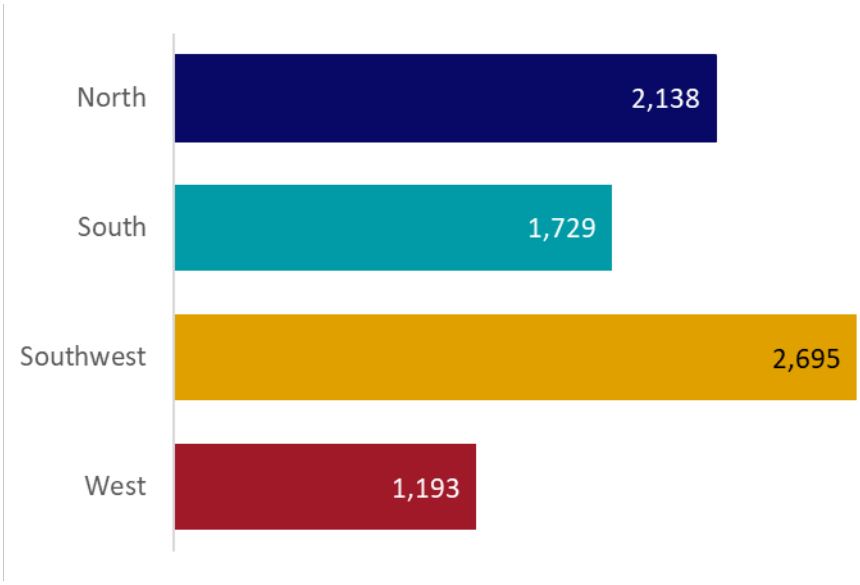
**Figure 29. CCDPH Jurisdiction Crimes by Type, 2018**




*Data Source: Illinois State Police Annual Uniform Crime Report.*

Figure 30 details the average index crime rate for each of the CCDPH districts in 2018. The index crime rate provides an aggregate assessment of the number of crimes of all types committed per 100,000 residents in the area. In 2018, the southwest district (2,695 crimes per 100,000 residents) and the north district (2,138 crimes per 100,000 residents) had the highest crime rates. The third highest crime rate in 2018 was found in the south district (1,729 crimes per 100,000 residents). The west district had the lowest crime rate (1,193 crimes per 100,000 residents) in 2018.

**Figure 30. Index Crime Rate per 100,000 by CCDPH District, 2018**




*Data Source: Illinois State Police Annual Uniform Crime Report*

Figure 31 compares the total crimes committed throughout CCDPH health districts to arrests in 2018. The southwest district sustained the highest percentage of crimes resulting in arrests, at 29 percent of total crimes. The south and west districts had equal percentages of crimes resulting in arrests, both at 25 percent of total crimes. The north district sustained the lowest percentage of crimes resulting in arrests, with 20 percent of crimes resulting in arrests.

**Figure 31. Arrests as Percent of Total Crimes by CCDPH District, 2018**

*a. North* *b. West* *c. Southwest* *d. South*

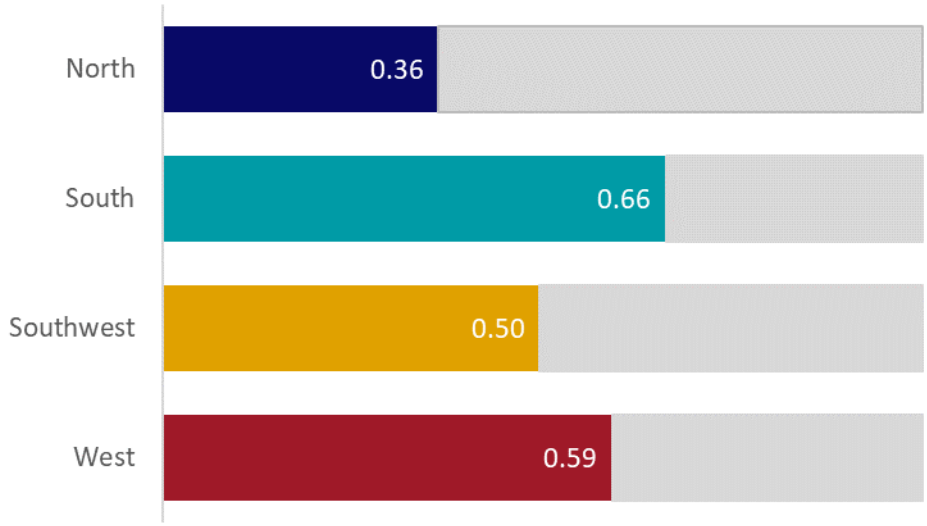

*Data Source: Illinois State Police Annual Uniform Crime Report*

ii. Social vulnerabilities

Social vulnerabilities describe the potential for negative outcomes resulting from natural or human-caused disasters or disease outbreaks. The social vulnerability of a given community is defined along four broad categories: socioeconomic status, household composition and disability, the racial or ethnic and linguistic composition, and housing or transportation. Figure 32 details the relative social vulnerability among CCDPH health districts in 2018. The south district displayed the highest vulnerability, with a score of 0.66 out of 1, and was closely followed by the west district, with a score of 0.50 out of 1. The north district displayed the lowest vulnerability, with a score of 0.36 out of 1.

**Figure 32. Relative Social Vulnerability Index by CCDPH District, 2018**

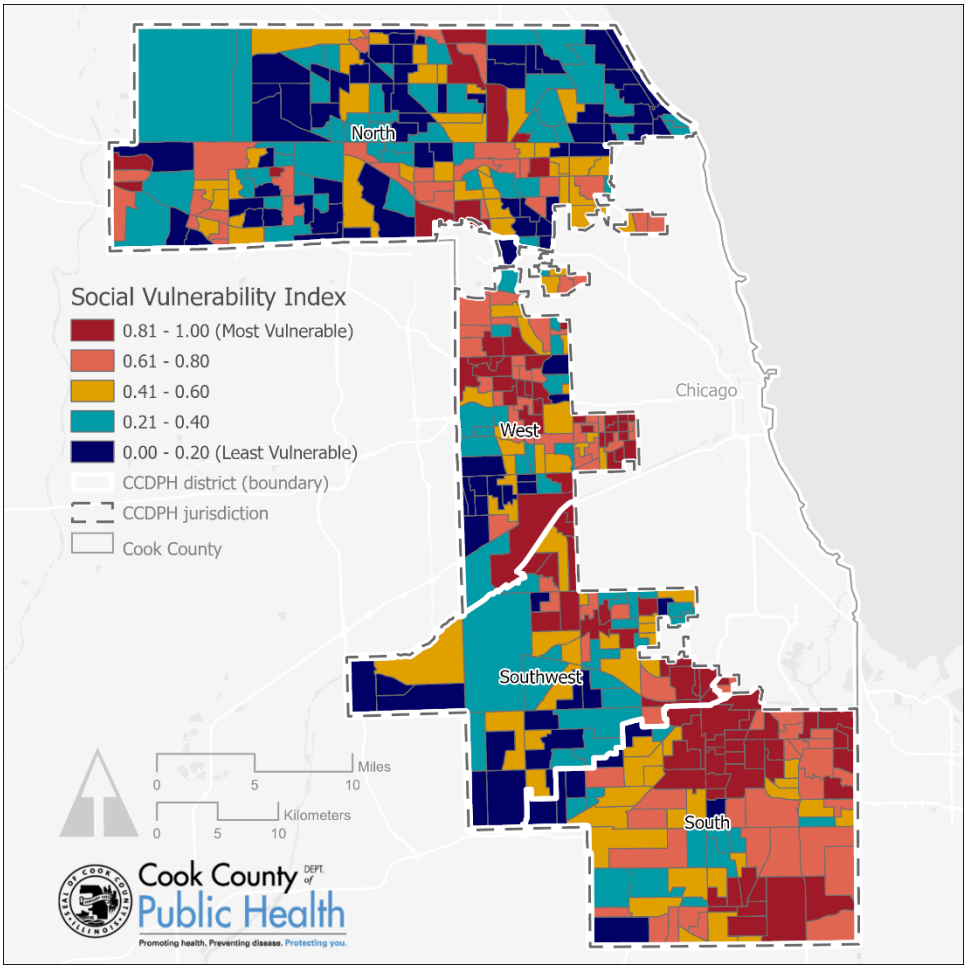
*Data are standardized relative to the lowest and highest SVIs by census tract within CCDPH Jurisdiction*
*Lowest Vulnerability = 0, Highest Vulnerability = 1*




*Data Source: CDC/ATSDR Social Vulnerability Index (2018).*

Map 17 indicates spatial variability in the social vulnerability of census tracts throughout CCDPH health districts. Census tracts in the north district primarily report low levels of vulnerability, though clusters of high vulnerability are observed in this district. The west and southwest districts contain clusters of high levels of vulnerability, with higher-vulnerability census tracts being more prevalent in the west district than in the southwest district. The south district has the highest concentration of high-vulnerability census tracts, with few census tracts reporting low levels of vulnerability.

**Map 17. Social Vulnerability Index by Census Tract, 2018**




*Data source: Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis and Services Program. CDC/ATSDR Social Vulnerability Index (2018).*

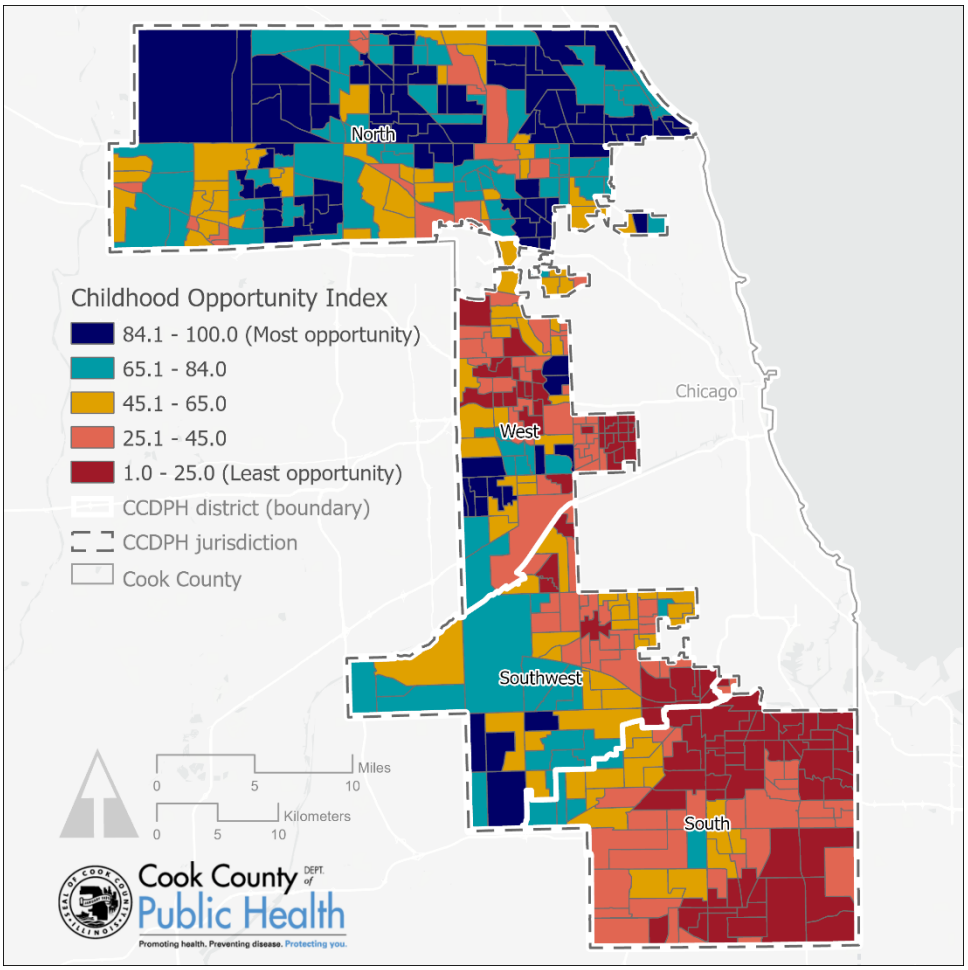
***Census tracts in the north district primarily report low levels of vulnerability, though clusters of high vulnerability are observed in this district. The west and southwest districts contain clusters of high levels of vulnerability, with higher-vulnerability census tracts being more prevalent in the west district than in the southwest district.***

iii. Childhood opportunity

The Childhood Opportunity Index is a measurement tool that evaluates the quality of resources and health-related conditions children are exposed to in their community. Childhood opportunity is assessed through access to education, health and environmental factors, and social and economic opportunities and resources of children in a given community. The scores derived from the Childhood Opportunity Index range from 1 at the lowest to 100 at the highest, with higher scores suggesting greater opportunities for children in that community.

As demonstrated in Map 18, clusters of high childhood opportunity were found predominantly in the north district, though clusters of high opportunity were also observed in the west and southwest districts. The west and south districts contain the highest concentration of census tracts with low childhood opportunity scores.

**Map 18. Childhood Opportunity Index by Census Tract, 2015**

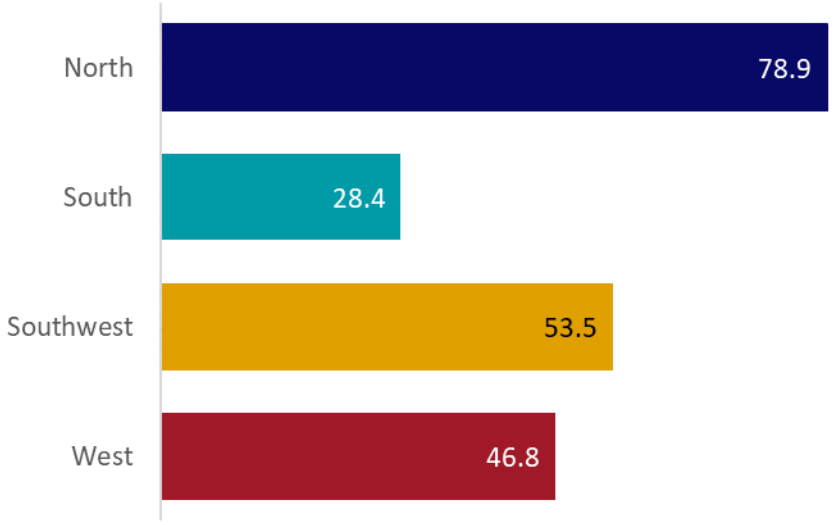



*Data source: Diversity Data for Kids Childhood Opportunity Index 2.0 (2015).*

***Clusters of high childhood opportunity were found predominantly in the north district, though clusters of high opportunity were also observed in the west and southwest districts. The west and south districts contain the highest concentration of census tracts with low childhood opportunity scores.***

Figure 33 describes the extent to which children in CCDPH health districts have access to opportunity, based on 2015 data. In 2015, the north district had the highest childhood opportunity score at 78.9 out of 100, meaning that, of all CCDPH districts children in north district had the highest level of access to resources and opportunities. The south district had the lowest childhood opportunity score in 2015, with a score of 28.4 out of 100.

**Figure 33. Overall Childhood Opportunity Index, Nationwide Standardization, by CCDPH District, 2015**

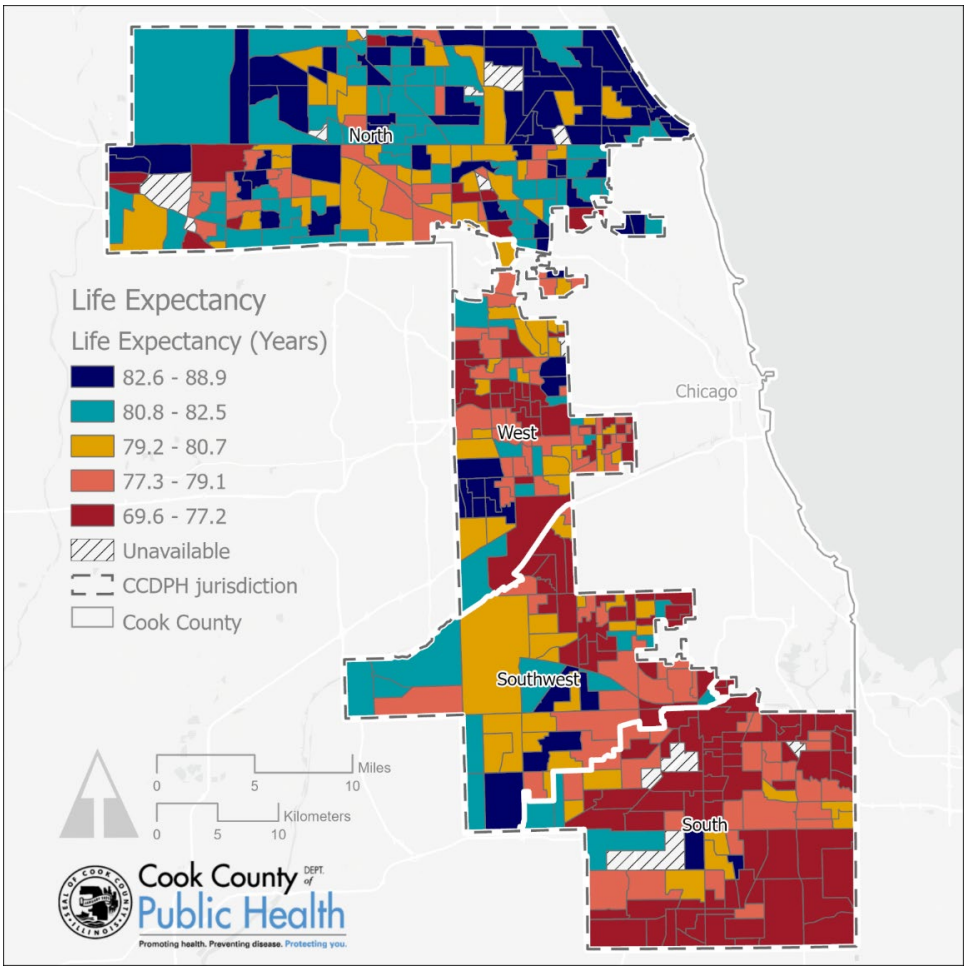



*Data source: Diversity Data for Kids Childhood Opportunity Index 2.0 (2015).*

iv. Life expectancy

Life expectancy at birth provides an estimation of the years individuals in a given region may live on average, based on current mortality trends in that region. Map 19 displays the variability in the average life expectancy of SCC census tracts in 2019. While there is considerable variation within the north district, this district has the largest cluster of census tracts with the longest life expectancy estimations. Most census tracts in the north district have an average life expectancy of 80.8 to 88.9 years of age. In contrast, the south district contains census tracts primarily corresponding to the lowest average life expectancy, with most census tracts having an average life expectancy of 69.6 to 77.2 years of age. The west and southwest districts have more variable average life expectancies.

**Map 19. Life Expectancy at Birth by Census Tract, 2019**




*Data source: United States Life Expectancy Estimation Project (USALEEP, 2020).*

***The north district contains the highest concentration of census tracts with higher concentrations of populations with longer life expectancy. The south district contains the highest proportion of census tracts with comparatively lower life expectancy.***

## 2. HEALTH BEHAVIORS, OUTCOMES AND TRENDS

This section provides detailed information about health behaviors, outcomes and related trends throughout CCDPH's jurisdiction and SCC as a whole. The data and indicators presented in this section draw heavily from mortality and natality data sourced from the Illinois Department of Public Health, as well as the Illinois County Behavioral Risk Factor Survey (ICBRFS), which includes information on alcohol use, arthritis, asthma, cardiovascular disease and other chronic health conditions. When the data do not reliably support segmenting the population by jurisdiction or municipality (e.g., BRFSS), indicators were reported for either SCC (i.e., all areas within Cook County excluding the City of Chicago) or Cook County as a whole.

This section also utilizes CDC's PLACES project data which includes modeled estimates of chronic disease prevalence for small area geographies including census tracts. The prevalence measures estimated in the PLACES dataset largely align with the nationwide BRFSS. When possible throughout this section, CCDPH-level indicators are also accompanied with rates for reference geographies, including the state of Illinois and the U.S. or compared to target or benchmark values to provide additional context concerning performance.

### a. Behavioral risk and prevention

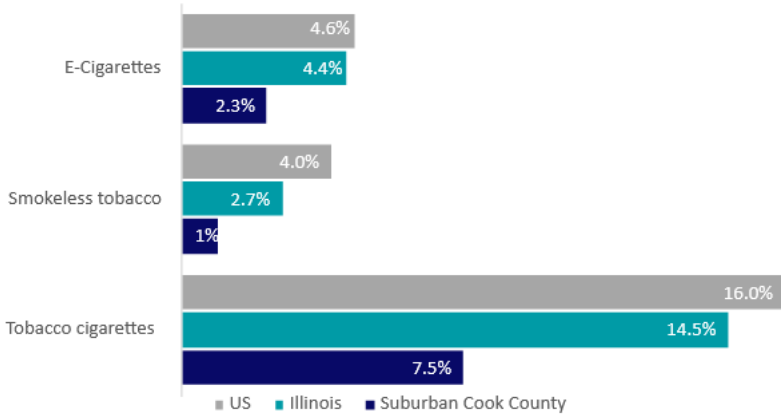
Researchers have found that a wide variety of unhealthy behaviors (e.g., smoking, drinking, physical inactivity, poor diet) and disease-prevention measures (e.g., regularly brushing teeth, cancer and cholesterol screening) have the potential to greatly influence both individual and public health outcomes. The root causes of such behaviors are complicated and oftentimes the product of a dynamic interplay of personal, social, economic and environmental influences. This section examines the magnitude and geographic patterning of select unhealthy and disease prevention behaviors to evaluate differences in prevalence of these key behaviors across CCDPH's jurisdiction.

#### i. Tobacco and e-cigarettes

Tobacco use leads to disease and disability and remains the leading preventable cause of death in Cook County, the state of Illinois, nationwide and worldwide. The scope of the burden of disease and death that cigarette-smoking in particular imposes on the public's health is extensive. Chronic diseases such as asthma and cancer caused by cigarette-smoking can appear in both younger and older age groups, posing adverse short- and long-term health effects (*33*). And while cigarette-smoking continues to be the major focus for local public health departments, the effects of secondhand smoke exposure, smoking of other combustible tobacco products, smokeless tobacco and electronic nicotine delivery systems (ENDS) or e-cigarettes are also of increasing concern (*34*).

Figure 34 compares the prevalence of e-cigarette, smokeless tobacco and conventional tobacco cigarette use across SCC, Illinois and the United States. In 2019, an estimated 7.5 percent (or 129,973 residents) of SCC's residents 18 years and older smoked tobacco cigarettes, whereas 1 percent used smokeless tobacco (e.g., chewing tobacco, snuff or snus) and 2.3 percent reported using e-cigarettes. For all forms of tobacco use, prevalence in SCC is considerably lower than the corresponding prevalence in Illinois and the U.S. overall.

**Figure 34. Smoking Prevalence by Category for SCC, Illinois and U.S., 2019**



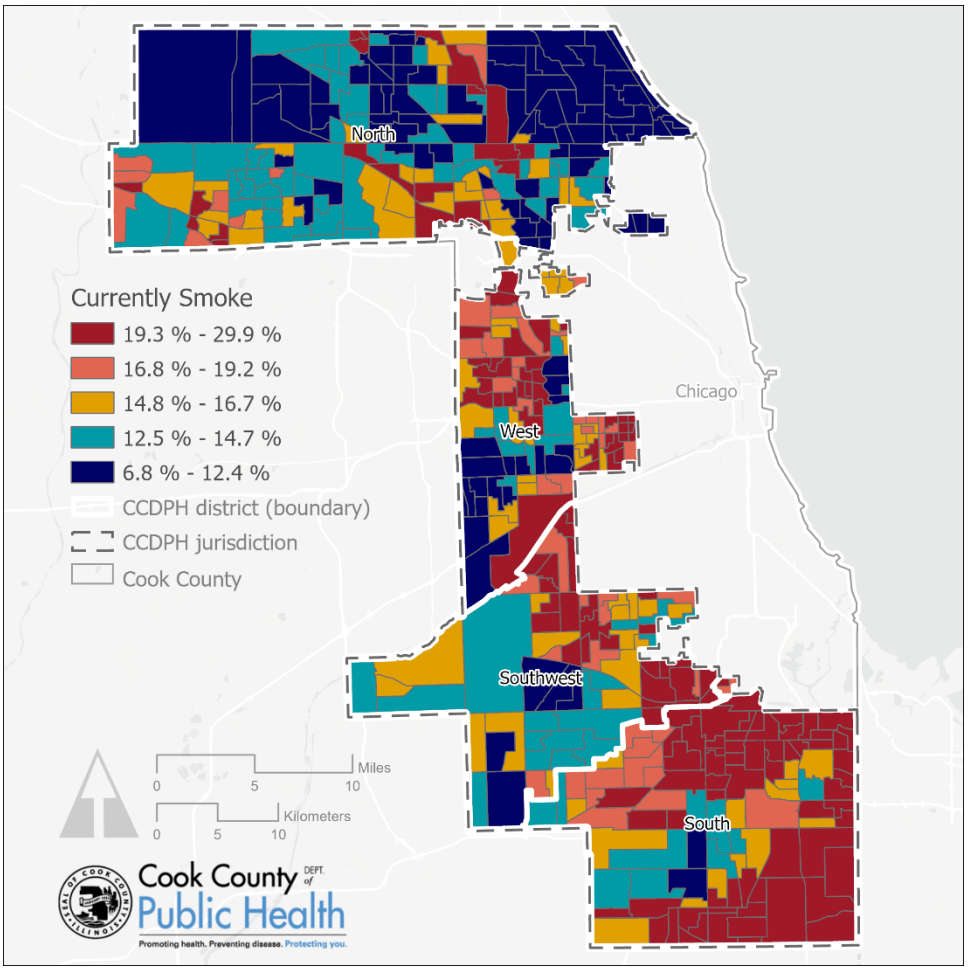

*Tobacco use is considerably lower among residents of SCC compared to the State of Illinois and the U.S. as a whole.*

*Data sources: BRFSS 2017, 2019; ICBRFS, Round 6 (collected 2015–2019).*

Map 20 shows the estimated prevalence of tobacco cigarette use by census tract across the CCDPH jurisdiction. Census tracts are categorized into quintiles; areas shaded in dark red represent neighborhoods in the upper quintile, reflecting the top 20 percent of cigarette use, whereas areas in dark blue represent communities in the lowest quintile of cigarette use. The map shows cigarette-smoking is spatially concentrated in select communities in the west and southwest districts, with the most expansive clusters of high-prevalence census tracts located in the south district.

Table 7 lists the proportion of individuals of different racial and ethnic groups and those who have incomes below the federal poverty level in each level of smoking prevalence in SCC. As shown, the highest proportion of those with incomes below the federal poverty level fall into the highest smoking prevalence quintile, making up 21 percent of that group. There is a clear gradient by smoking prevalence and poverty status, with the proportion of those with incomes below the federal poverty level increasing as smoking prevalence increases. This gradient is also observed among the non-Hispanic Black and Hispanic populations. The reverse is observed among the non-Hispanic Asian population, where the proportion of the racial and ethnic group is highest in the lowest category and decreases as smoking prevalence increases. This is observed more dramatically among the non-Hispanic White population, which has the highest percentage of the population in the lowest smoking-prevalence group, representing 78.6 percent of the lowest smoking quintile.

**Map 20. Percent Who Currently Smoke Cigarettes by Census Tract, 2020**




***Cigarette-smoking is spatially concentrated in select communities in the west and southwest health districts, with the most expansive clusters of high-prevalence census tracts located in CCDPH south district.***

*Data sources: CDC PLACES (2020); U.S. Census Bureau TIGER/Line shapefiles (2019); CCDPH.*

**Table 7. Population Characteristics by Smoking Prevalence Quintile, 2019**

| | Lowest | Low | Moderate | High | Highest |
|---|---|---|---|---|---|
| *Population* | 445,739 | 468,358 | 457,790 | 476,570 | 410,754 |
| *Prevalence* | 10.4% | 13.4% | 15.6% | 17.9% | 21.6% |
| *Black* | 2.8% | 9.9% | 14.9% | 21.9% | 36.5% |
| *Asian* | 11.1% | 12.1% | 8.1% | 4.6% | 1.6% |
| *Hispanic* | 5.4% | 11.4% | 22.9% | 33.6% | 37.8% |
| *White* | 78.6% | 64.2% | 52.5% | 38.5% | 22.7% |
| *Below Poverty* | 3.7% | 6.4% | 8.1% | 11.7% | 21.0% |

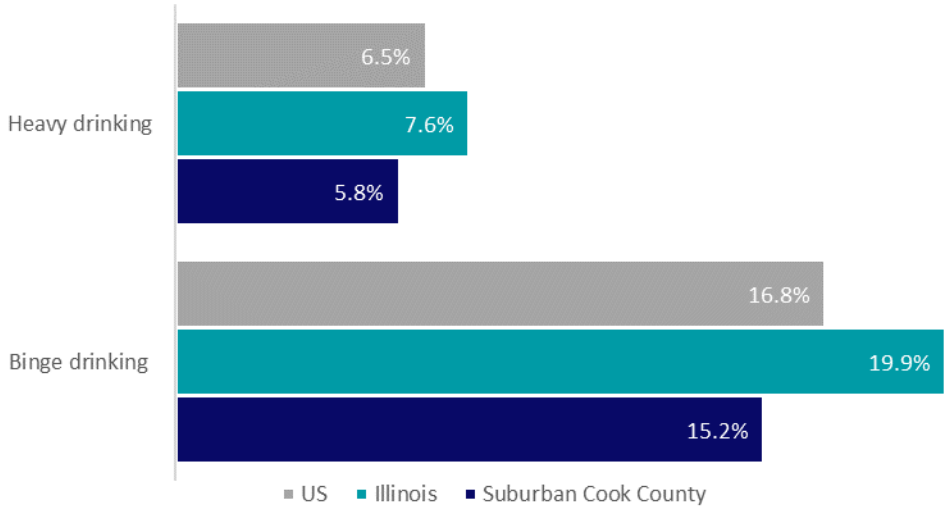
*Data sources: CDC PLACES (2020); American Community Survey, 2015–2019 Five-Year Estimates.*

ii. Alcohol consumption

Excessive alcohol consumption is a risk factor for several health and social problems, such as heart disease, liver dysfunction, motor-vehicle crashes, violence, unintended pregnancy or sudden infant death syndrome. In the U.S., binge drinking accounts for more than half of all alcohol consumed by adults. And while most binge drinkers are not necessarily alcohol-dependent, the effects of excessive alcohol consumption can be considerable in terms of both economic costs and loss of life.

Figure 35 provides a comparison of drinking behaviors between SCC, Illinois and the United States. Statewide, 7.6 percent of the Illinois population reports heavy drinking, higher than the 6.5 percent of the U.S. population reporting heavy drinking practices. Fewer residents report heavy drinking in SCC, at 5.8 percent of the population, when compared to the national and statewide figures. Similarly, a lower percent of the SCC population (15.2 percent) report binge drinking behaviors when compared to that of Illinois (19.9 percent) and the U.S. (16.8 percent).

**Figure 35. Alcohol Consumption Prevalence by Category for SCC, Illinois and U.S., 2019**




*Data sources: BRFSS 2017, 2019; ICBRFS, Round 6 (Collected 2015–2019).*

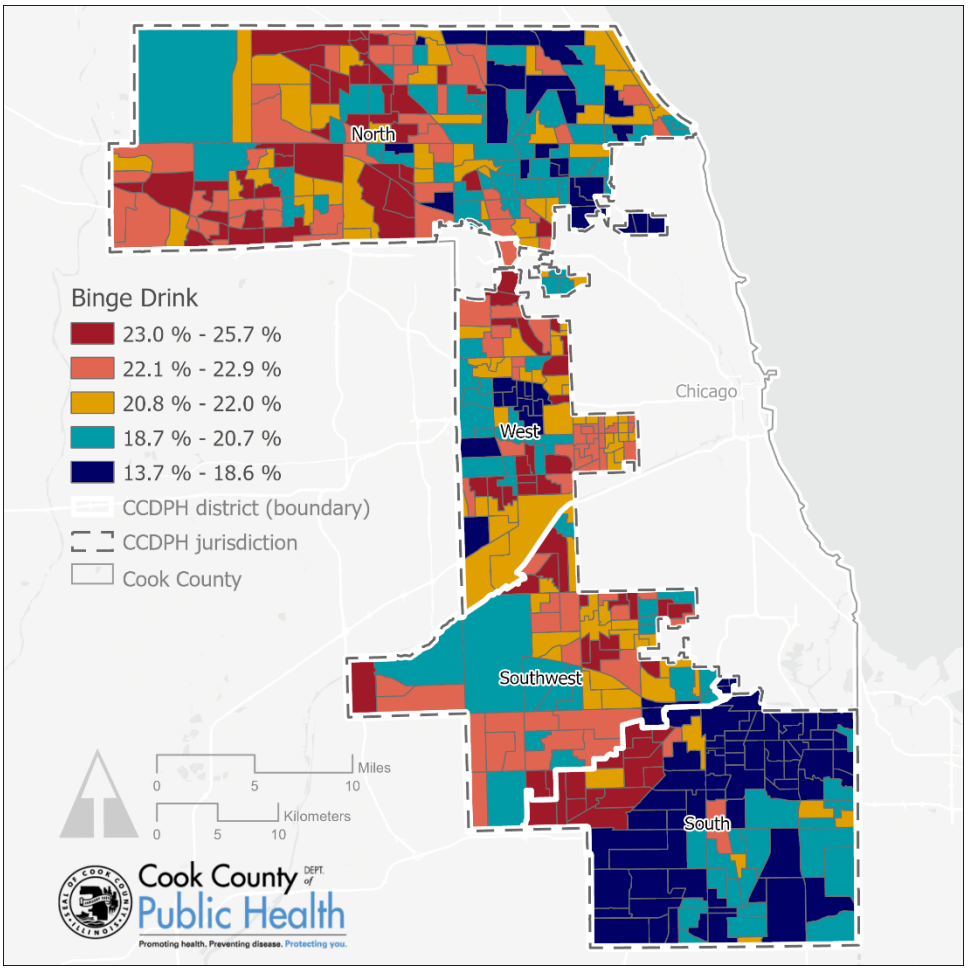
Binge drinking

According to the CDC, binge drinking is defined as a pattern of drinking that brings a person's blood alcohol concentration (BAC) to 0.08 g/dl or above. This typically happens when men consume five or more drinks or women consume four or more drinks in about two hours. Binge drinking is very common; 1 in 6 adults binge drinks at least four times a month. Binge drinking is associated with multiple serious health harms including but not limited to unintended injuries from car crashes and falls, homicide, suicide, intimate partner violence and sexual assault. Experts estimate that binge drinking costs the United States $191 billion per year in health care expenditures, lost productivity and other costs.

Map 21 shows prevalence of binge drinking by census tract throughout CCDPH jurisdiction. Tracts are shaded by quintile; dark red indicates binge drinking prevalence in a tract was in the top 20 percent of all tracts in SCC, while dark blue indicates binge drinking prevalence in that tract was in the bottom 20 percent of all tracts in SCC. The map shows that census tracts in the bottom two quintiles of drinking incidence are clustered in the north, south and west districts. Despite a cluster of tracts in the west district with low binge drinking incidence, high incidences of binge drinking are seen across the southwest and west districts of SCC. Of note, is that there is some heterogeneity in binge drinking incidence by tract in the north district, as higher incidences of binge drinking are seen in the western portion of the north district, while tracts on the eastern portion of the district display lower incidences of binge drinking.

Table 8 provides demographic summaries for each quintile. Non-Hispanic White individuals make up almost 64.9 percent of the quintile representing the highest incidence of binge drinking, a percentage that is more than three times that of the second highest category race, ethnic category. Conversely, the lowest quintile census tracts were comprised of predominantly Non-Hispanic Black residents (56.8 percent). Table 8 shows that in SCC, binge drinking prevalence has a negative association with poverty levels, as the percentage of the population living below poverty increases for each subsequent quintile of binge drinking incidence. Table 8 further indicates that the highest levels of binge drinking incidence are associated with Non-Hispanic White populations in SCC.

**Map 21. Percent Who Binge Drink by Census Tract, 2020**




*Throughout census tracts in the north, west and southwest districts of SCC, there is variation in the percentage of the populations who report binge drinking. In contrast, most census tracts in the north district report higher levels of binge drinking.*

*Data sources: CDC PLACES (2020); U.S. Census Bureau TIGER/Line shapefiles (2019); CCDPH.*

**Table 8. Population Characteristics by Binge Drinking Prevalence Quintile, 2019**

| | Lowest | Low | Moderate | High | Highest |
|---|---|---|---|---|---|
| *Population* | 406,764 | 439,030 | 449,273 | 492,324 | 471,820 |
| *Prevalence* | 18.3% | 20.9% | 22.7% | 23.8% | 25.5% |
| *Black* | 56.8% | 17.6% | 7.0% | 4.2% | 4.4% |
| *Asian* | 6.4% | 9.8% | 7.3% | 6.8% | 7.6% |
| *Hispanic* | 9.5% | 16.4% | 26.1% | 34.3% | 21.3% |
| *White* | 25.4% | 53.8% | 57.9% | 53.0% | 64.9% |
| *Below Poverty* | 15.2% | 9.7% | 9.0% | 9.0% | 7.9% |

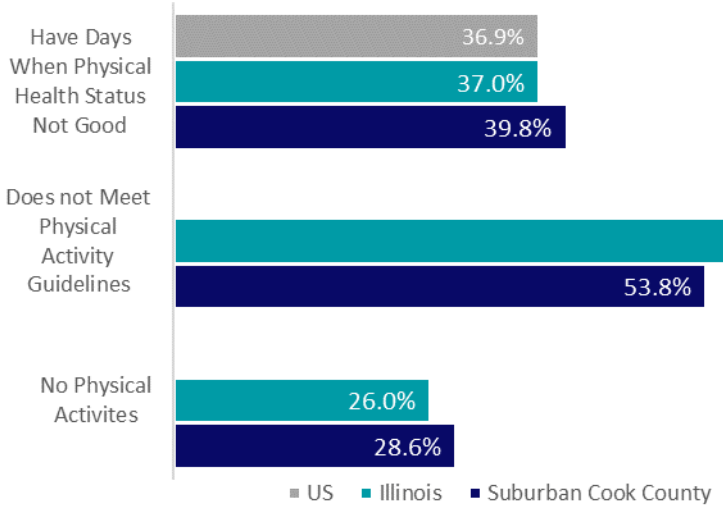
*Data sources: CDC PLACES (2020); American Community Survey, 2015–2019 Five-Year Estimates.*

iii. Physical activity

Consistent physical activity has numerous impacts on the health and well-being of all people. Among these benefits are reduced risk of coronary heart disease, stroke, high blood pressure, type 2 diabetes and depression. The CDC recommends increased access to outdoor recreational facilities and green space, walkable or bike-friendly infrastructure and public transit in order to facilitate increased physical activity. The quality of these spaces must also be improved to better facilitate an active lifestyle for individuals, allowing all community members to have access to safe and pollution-free spaces.

Figure 36 compares SCC, Illinois and U.S. populations who report having days where physical health status is not good, not meeting physical activity guidelines and not partaking in any physical activities. A greater percentage of SCC residents report having days when their physical health is not good and not partaking in physical activities when compared to statewide and national percentages. A lesser percent of SCC residents reports not meeting physical activity guidelines when compared to statewide and national percentages.

**Figure 36. Physical Activity Prevalence by Category for SCC, Illinois and U.S., 2019**




*Data sources: BRFSS 2017, 2019; ICBRFS, Round 6 (Collected 2015–2019).*

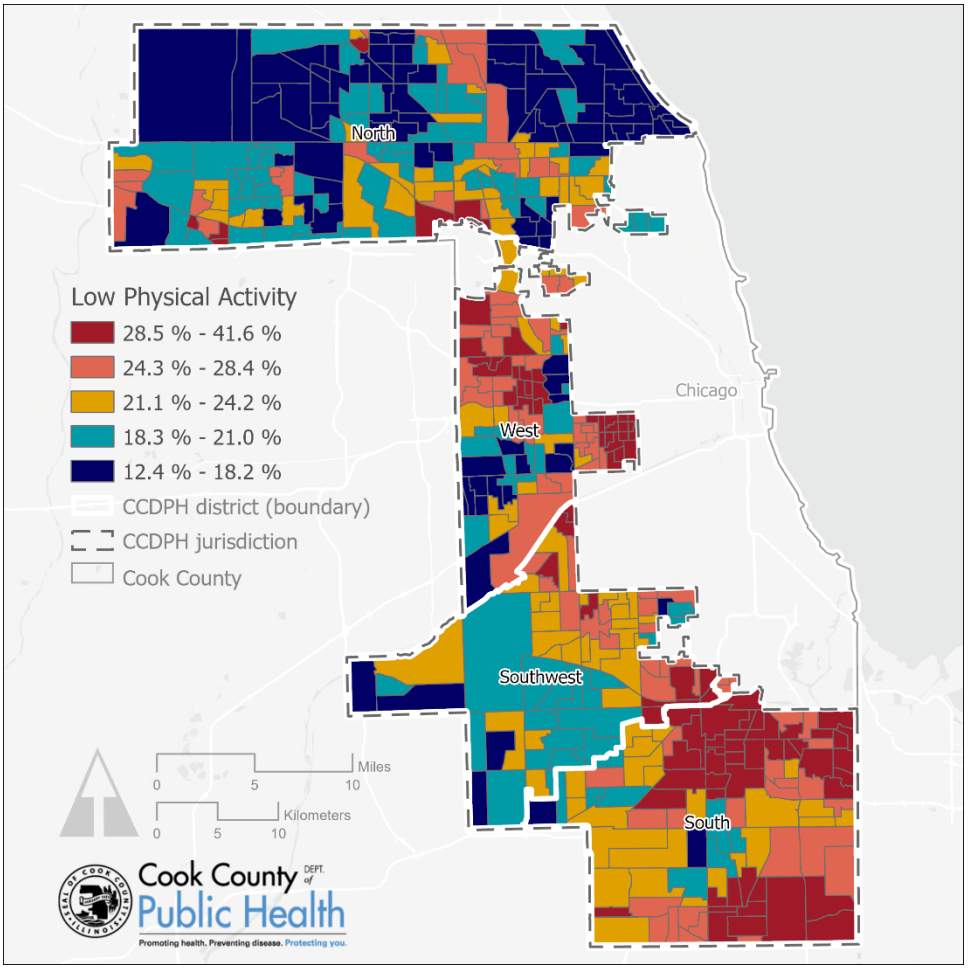
Map 22 shows the percentage of adults 18 and over in SCC who reported low physical activity by census tract. Tracts are shaded by quintile; dark red indicates the percentage of adults reporting low physical activity was in the top 20 percent of all tracts in SCC, while dark blue indicates the percentage of adults reporting low physical activity was in the lowest 20 percent of all tracts in SCC. Table 9 provides demographic summaries for each quintile.

The south and west districts present clusters of census tracts with the highest incidence of low physical activity reported, despite heterogeneity in tracts in the west district. Many tracts in the southwest district report moderate to high levels of low physical activity, while tracts in the north district predominantly report more physical activity. Low physical activity refers to the percentage of respondents who responded no to whether they participated in any nonwork (or recreational) physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise in the past 30 days.

Table 9 clearly shows the association between income level and physical activity, as the tracts in the top two highest quintiles for low physical activity reported have the highest percentage of individuals living below

poverty. This finding is further verified by Map 24, as tracts reporting the highest levels of low physical activity are predominantly in the less affluent districts. Low physical activity reported is also correlated with race and ethnicity, as Hispanic individuals make up the vast majority of tracts reporting the lowest two quintiles of physical activity, at 78 percent and 68.8 percent respectively, and non-Hispanic Black and White individuals make up 37.7 percent and 45.8 percent of tracts in the highest quintile of low physical activity reported, respectively.

**Map 22. Percent Low Recreational Physical Activity by Census Tract, 2020**




***The south and west districts have the highest levels of adults aged 18 and older who report having lower levels of physical activity across CCDPH jurisdictions. The north district has the highest number of municipalities reporting low rates of low physical activity.***

*Data sources: CDC PLACES (2020); U.S. Census Bureau TIGER/Line shapefiles (2019); CCDPH.*

**Table 9. Population Characteristics by Low Physical Activity Prevalence Quintile, 2019**

| | Lowest | Low | Moderate | High | Highest |
|---|---|---|---|---|---|
| *Population* | 460,909 | 457,791 | 466,766 | 464,644 | 409,101 |
| *Prevalence* | 31.0% | 33.5% | 36.5% | 39.5% | 45.3% |
| *Black* | 2.5% | 6.5% | 13.3% | 26.6% | 37.7% |
| *Asian* | 11.0% | 11.1% | 8.2% | 5.6% | 1.3% |
| *Hispanic* | 78.0% | 68.8% | 57.6% | 36.1% | 13.9% |
| *White* | 6.3% | 11.3% | 19.2% | 30.1% | 45.8% |
| *Below Poverty* | 3.7% | 5.8% | 9.2% | 11.7% | 20.7% |

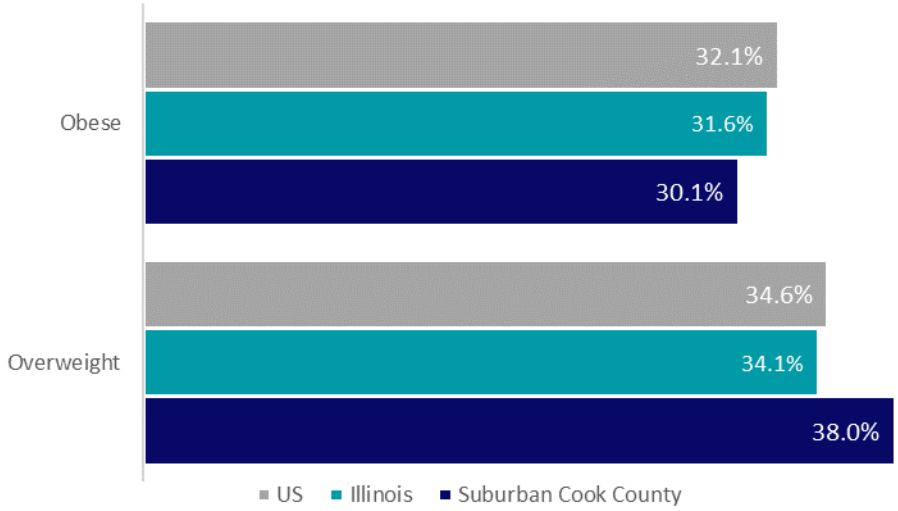
*Data sources: CDC PLACES (2020); American Community Survey, 2015–2019 5-Year Estimates.*

iv. Overweight and obesity

Obesity status is determined by an individual's body mass index (BMI), calculated using height and weight, and may arise due to genetic, behavioral and socially mediated causes. This indicator is often used to describe the greater risk people of higher BMIs may have for hypertension, heart disease, type 2 diabetes, stroke and certain cancers. Social stigma additionally facilitates poorer mental health outcomes among individuals of greater body size and thus increases the risk for coincident chronic illness.

As shown in Figure 37, 32.1 percent and 34.6 percent of the national population have a BMIs that places them in the obese and overweight category respectively. Statewide (31.6 percent) and in SCC (30.1 percent), the percent of the population with BMIs that would be classified as obese is lower than the national rate. SCC has a higher percentage of the population that would be classified as overweight, with 38 percent of the population falling in this category, compared to 34 percent of the national population and 34.1 percent of the statewide population.

**Figure 37. Overweight and Obesity Prevalence for SCC, Illinois and U.S., 2019**

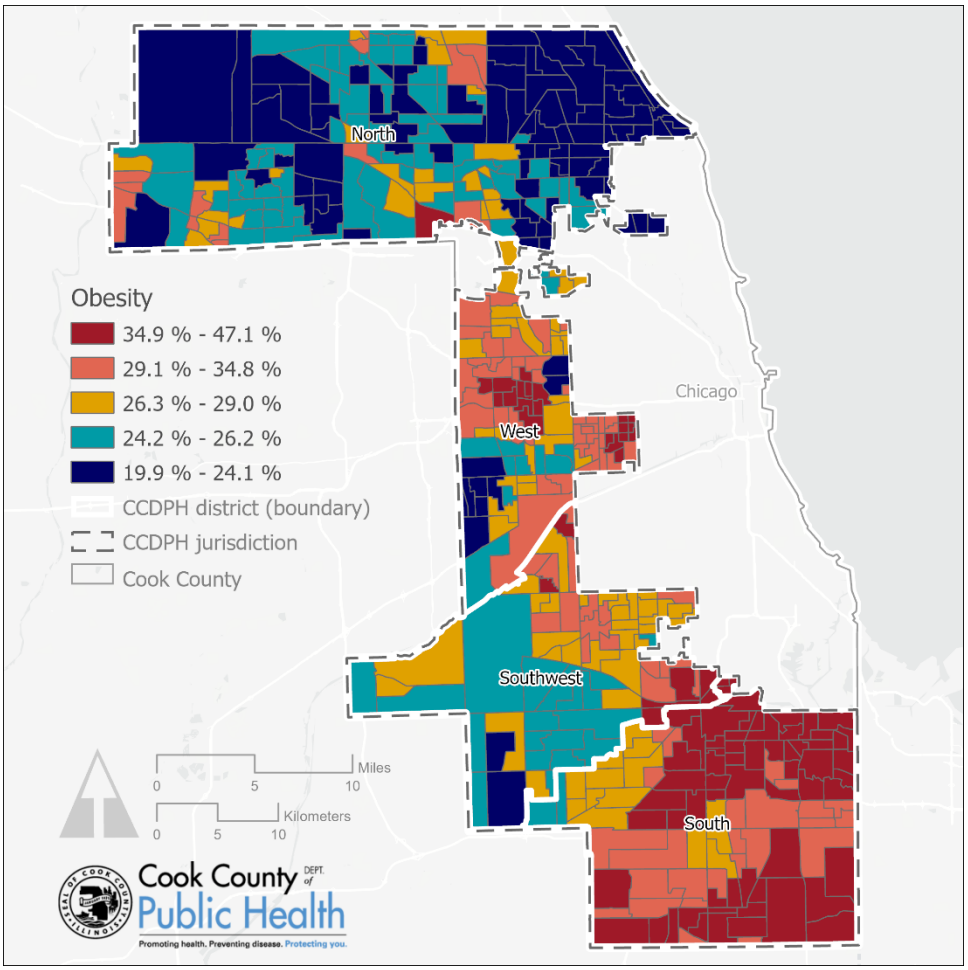



*Data sources: BRFSS 2017, 2019; ICBRFS, Round 6 (Collected 2015–2019).*

Map 23 depicts the prevalence of obesity in SCC by census tract. Most tracts in the south district are in the top two quintiles of obesity prevalence, highlighting the severe burden of obesity facing the south district. Clusters of tracts with high obesity prevalence are seen in the west and southwest districts as well. Many tracts in the north district are in the bottom two quintiles of obesity prevalence, as are a cluster of census tracts in the southwest district. Like many health indicators within SCC, the map also makes clear the differential burden of obesity with respect to disadvantaged communities in SCC.

Table 10 demonstrates a positive association between poverty status and obesity prevalence, with the proportion of the population with incomes below the federal poverty level increasing as obesity prevalence increases. This trend is also observed in the non-Hispanic Black population, with non-Hispanic Black populations accounting for 1.9 percent of the lowest obesity prevalence quintile and 60.9 percent of the highest obesity prevalence quintile. The highest proportion of Hispanic populations falls into the high obesity prevalence quintile, accounting for 43.4 percent of the quintile. Non-Hispanic Asian groups fall predominantly into the lowest obesity prevalence quintile, though accounting only for 15.8 percent of the group. The highest proportions of non-Hispanic White residents are found in the lowest, low and moderate obesity prevalence quintile census tracts.

**Map 23. Percent Obese by Census Tract, 2020**




*Data sources: CDC PLACES (2020); U.S. Census Bureau TIGER/Line shapefiles (2019); CCDPH.*

***The greatest variation in the percentage of the population who would be classified as obese is found in the west and southwest districts of SCC at the census tract level. Most census tracts in the north district have lower percentages of the populations who would be classified as obese, while the south district contains a majority of census tracts with high proportions of the populations reporting obesity.***

**Table 10. Population Characteristics by Obesity Prevalence Quintile, 2019**

| | Lowest | Low | Moderate | High | Highest |
|---|---|---|---|---|---|
| *Population* | 460,585 | 472,219 | 452,102 | 469,375 | 404,930 |
| *Prevalence* | 24.4% | 26.7% | 29.3% | 33.4% | 40.8% |
| *Black* | 1.9% | 2.8% | 7.2% | 17.2% | 60.9% |
| *Asian* | 15.8% | 11.4% | 6.1% | 3.2% | 0.6% |
| *Hispanic* | 6.3% | 12.2% | 21.8% | 43.4% | 26.8% |
| *White* | 73.6% | 71.7% | 63.2% | 34.8% | 10.0% |
| *Below Poverty* | 4.3% | 5.8% | 8.5% | 13.0% | 19.4% |

*Data sources: CDC PLACES (2020); American Community Survey, 2015–2019 Five-Year Estimates.*

v. Sleep

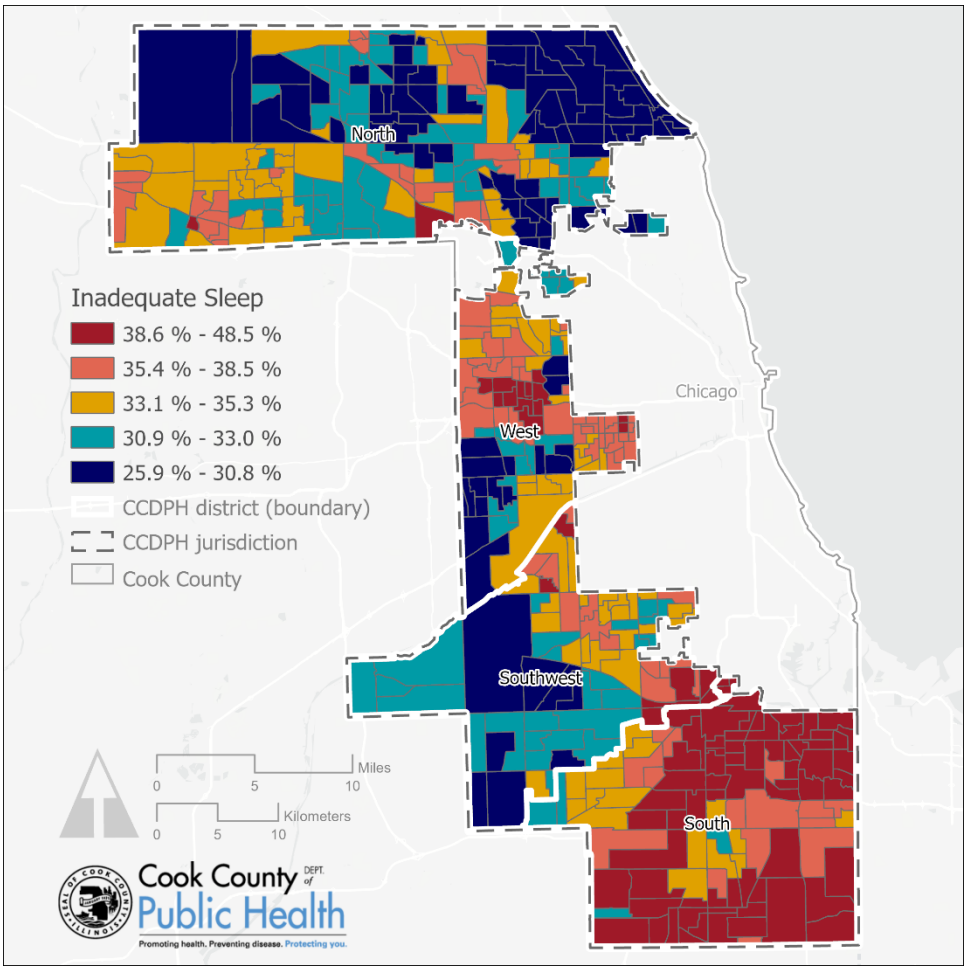
Inadequate sleep among adults is defined as sleeping for less than seven hours in a 24-hour period. An inability to consistently get sufficient sleep may be associated with an increased risk of diabetes, cardiovascular disease, hypertension and depression. Inadequate sleep is additionally associated with motor vehicle accidents and industrial errors, further driving morbidity and mortality among communities.

Map 24 shows the percentage of adults 18 and over in SCC who reported less than seven hours of sleep daily by census tract. Tracts are shaded by quintile: dark red indicates the percentage of adults reporting less than seven hours of sleep per day was in the top 20 percent of all tracts in SCC, while dark blue represent tracts where low physical activity was in the lowest 20 percent of all tracts in SCC. Table 11 provides demographic summaries for each quintile.

Census tracts in the south district are predominantly in the highest quintile of individuals reporting less than seven hours of sleep per day; clusters of tracts in the west district are also in the top two highest quintiles for individuals reporting less than seven hours of sleep per day. The southwest district displays some heterogeneity in sleep quality by tract, as tracts closer to the CCDPH-Chicago border are predominately in the moderate to high quintiles of individuals reporting under seven hours of sleep, while the tracts closer to the county border consist of fewer individuals reporting less sleep per day. Tracts in the north district are largely in the lowest two quintiles of individuals reporting fewer than seven hours of sleep per day.

Table 11 shows that in SCC, income and hours of sleep are positively associated, as tracts in the lowest quintiles of individuals reporting less than seven hours of sleep per day have the lowest proportions of individuals living beneath the poverty line; and for each quintile, the percentage of individuals below the poverty line increases as the percentage of individuals reporting less than seven hours of sleep per day increases (Table 11).

**Map 24. Percent with Inadequate Sleep by Census Tract, 2020**




*The west, north and southwest districts exhibit the most variation in the proportion of the census tract populations who report inadequate sleep, though many in the north and southwest districts have the lowest proportion of inadequate sleep. The south district contains a majority of census tracts with high proportions of the populations reporting inadequate sleep.*

*Data sources: CDC PLACES (2020); U.S. Census Bureau TIGER/Line shapefiles (2019); CCDPH.*

**Table 11. Population Characteristics by Inadequate Sleep Prevalence Quintile, 2019**

| | Lowest | Low | Moderate | High | Highest |
|---|---|---|---|---|---|
| *Population* | 445,119 | 439,041 | 484,724 | 487,612 | 402,715 |
| *Prevalence* | 31.3% | 34.1% | 36.3% | 39.0% | 45.4% |
| *Black* | 1.5% | 3.2% | 7.3% | 13.0% | 65.0% |
| *Asian* | 9.1% | 10.2% | 10.5% | 6.6% | 0.8% |
| *Hispanic* | 5.5% | 11.1% | 24.3% | 44.7% | 21.8% |
| *White* | 81.8% | 73.4% | 56.0% | 34.2% | 10.6% |
| *Below Poverty* | 3.8% | 5.7% | 8.8% | 13.0% | 19.3% |

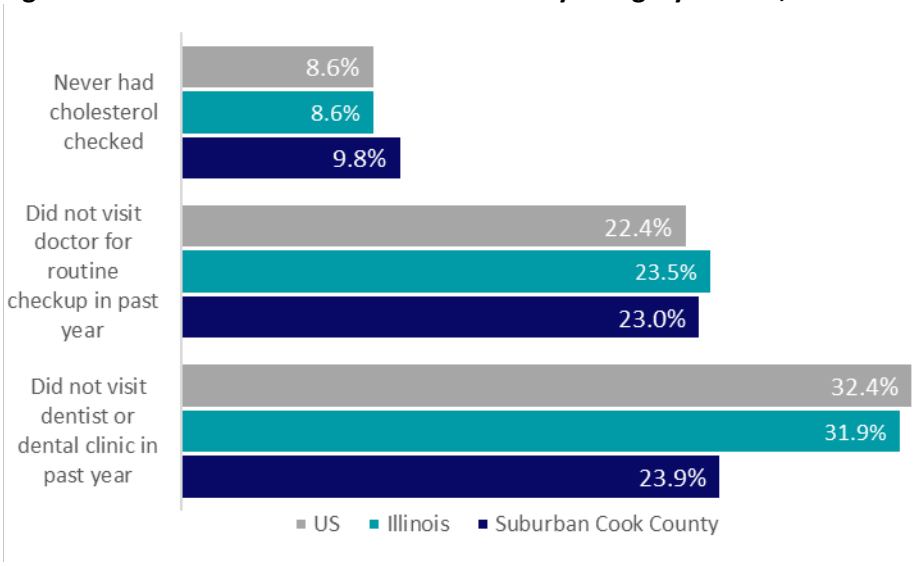
*Data sources: CDC PLACES (2020); American Community Survey, 2015–2019 Five-Year Estimates.*

vi. Healthcare utilization

Healthcare utilization describes the extent to which a population seeks routine health services. The willingness or ability of a population to utilize healthcare services may be driven by the cost of services, insurance status, cultural acceptance of healthcare services or perceived need for care. Healthcare utilization may be evaluated by assessing the proportion of the population that has accessed routine healthcare services like screening for cholesterol, routine check-ups or annual dental services.

Figure 38 compares the patterns in routine healthcare utilization of the SCC, statewide and national populations. A greater percent of SCC residents (9.8 percent) has never had their cholesterol checked when compared to the statewide and national populations (8.6 percent). The percent of the Cook County population (23 percent) who did not receive a routine checkup in the past year was lower than that of the statewide population (23.5 percent) and higher than that of the national population (22.4 percent). A lesser percentage of the SCC population (23.9 percent) had visited a dentist or dental clinic in the past year when compared to that of the statewide (31.9 percent) and national (32.4 percent) populations.

**Figure 38. Healthcare Utilization Prevalence by Category for SCC, Illinois and U.S., 2019**




*Data sources: BRFSS 2017, 2019; ICBRFS, Round 6 (Collected 2015–2019).*

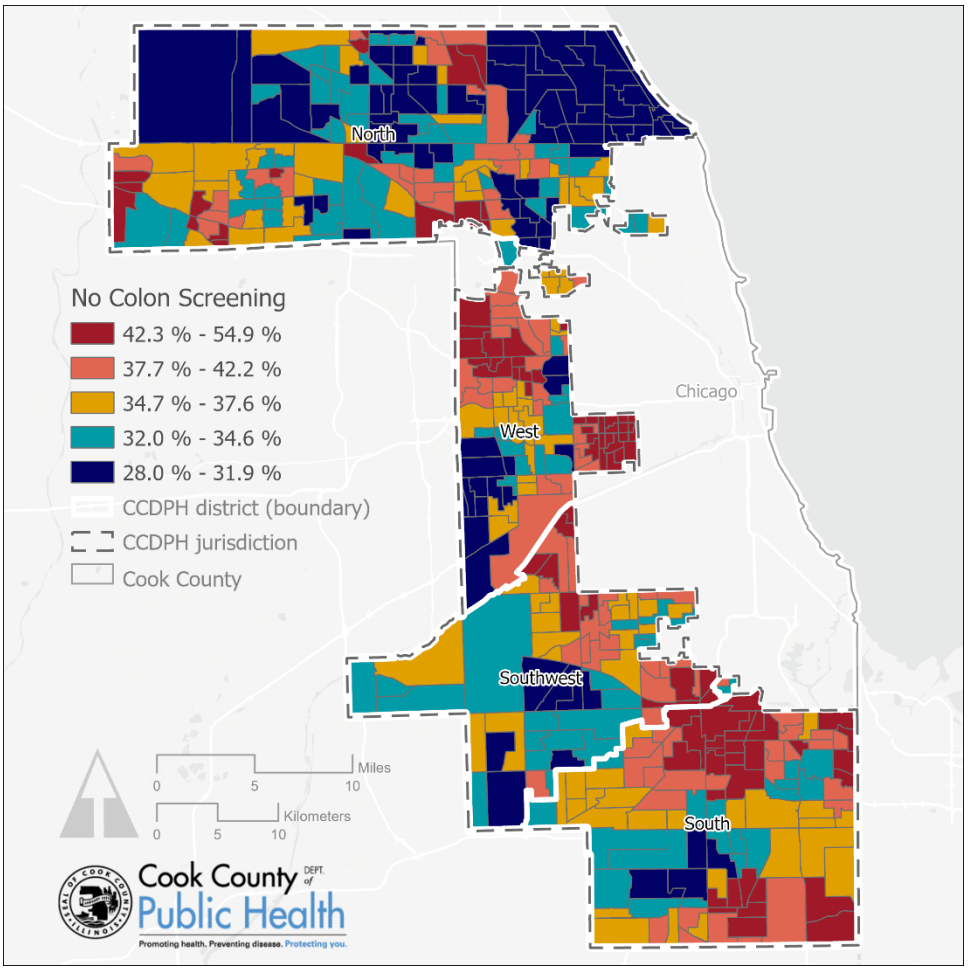
Cancer Screening

Screening for breast cancer, colon cancer and cervical cancer is recommended by health professionals and the CDC. Regular screening for these cancers may facilitate early detection of these cancers, allowing for more effective treatment of the cancer. Colon cancer screening options, recommended for adults aged 45 to 75 years, include annual fecal occult blood tests (FOBT) and sigmoidoscopy every five years, along with a FOBT every three years or colonoscopy every 10 years. Routine mammography screening is recommended among women aged 50 to 74 years every two years to increase the chance of early detection of breast cancer. Cervical cancer screening options include a pap smear alone for females aged 21 to 29 or a Pap smear in combination with a test for human papilloma virus (HPV) among females aged 30 to 65.

Map 25, for example, shows the percentage of adults 50 to 75 years of age who *have not* had a colon screening in the past 10 years by census tract. Tracts are shaded by quintile; dark red indicates the percentage of adults 50 to 75 years of age reporting that they did not have a colon screening in the past 10 years was in the top 20 percent of all tracts in SCC, while dark blue shows the percentage of adults reporting that they did not have a colon screening in the past 10 years was in the lowest 20 percent of all tracts in SCC. Table 12 provides demographic summaries for each quintile.

Clusters of census tracts in the south and west districts present high numbers of individuals 50 to 75 years of age who have not received colon cancer screenings in the past 10 years. The west and southwest districts present some heterogeneity in individuals with no colon cancer screening, and some tracts close to the Cook County border have more individuals who received colon cancer screenings. Many tracts in the north district are in the lowest two quintiles of individuals who have not received colon cancer screenings.

**Map 25. Percent Who Have Not Had Colon Screening, 2020**




*The north district has the lowest number of municipalities who report high percentages of the population without a colon cancer screening. Trends are more variable in the west and southwest districts, and the south district has the highest number of municipalities reporting not having received colon cancer screening.*

*Data sources: CDC PLACES (2020); U.S. Census Bureau TIGER/Line shapefiles (2019); CCDPH.*

**Table 12. Population Characteristics by No Colon Screening Prevalence Quintile, 2019**

| | Lowest | Low | Moderate | High | Highest |
|---|---|---|---|---|---|
| *Population* | 449,732 | 442,045 | 459,546 | 477,201 | 430,687 |
| *Prevalence* | 32.3% | 35.4% | 38.3% | 41.8% | 49.5% |
| *Black* | 4.6% | 15.0% | 18.7% | 23.2% | 22.6% |
| *Asian* | 9.2% | 9.5% | 8.1% | 8.2% | 2.7% |
| *Hispanic* | 5.2% | 9.8% | 15.5% | 25.8% | 54.8% |
| *White* | 79.0% | 63.4% | 55.7% | 41.0% | 18.6% |
| *Below Poverty* | 3.8% | 6.0% | 8.8% | 11.8% | 19.7% |

*Data sources: CDC PLACES (2020); American Community Survey, 2015–2019 Five-Year Estimates.*

## b. Mental health and disability

i. Social isolation

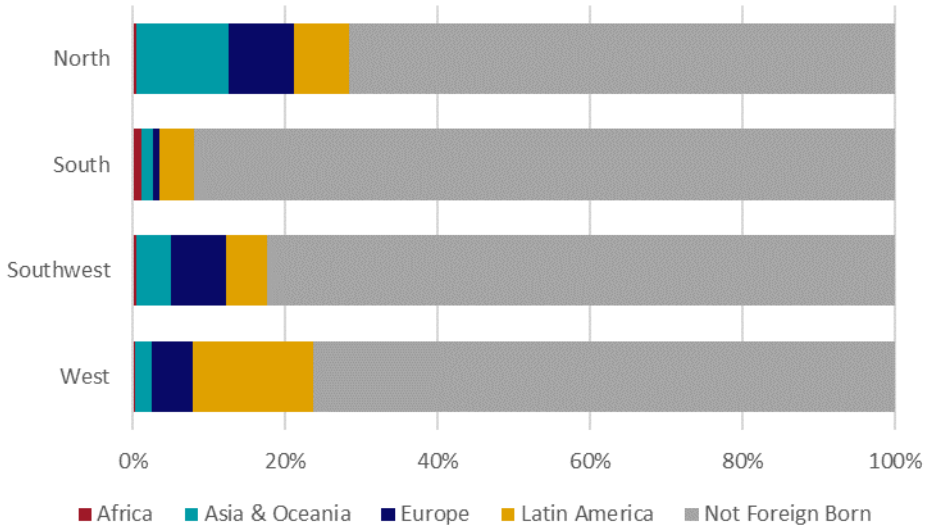
One in 4 adults over the age of 65 is socially isolated due to factors such as the loss of family or friends, chronic illness or hearing loss. Other groups of people that are at higher risk for loneliness include first-generation immigrants and lesbian, gay, bisexual and transgender (LGBT) individuals. First-generation immigrants may face language barriers, complex family dynamics and relationships that lack history and depth. LGBT individuals face stigma, discrimination and barriers to care.

Experts report a strong connection between social isolation and multiple health risks. Social isolation is associated with a 50 percent increased chance of dementia. Loneliness is also associated with higher rates of depression, anxiety and suicide. For heart failure patients, loneliness was associated with a fourfold increase in risk for death.

Language status and permanent or temporary migration may impact the health status of individuals in a community. Limited English language skills may act as a barrier to accessing health care or understanding health information more difficult in areas where English is the primary language (*24*). Relatedly, those with limited English language skills report lower levels of self-rated physical and mental health and timeliness of health care, and are less likely to have access to health insurance or a primary care physician when compared to English-language speakers. Immigration flows may be driven by either chosen, forced, permanent or seasonal moves out of a home country, and immigration status acts as a complex determinant of health (*35*).

Figure 39 shows the share of foreign-born individuals within each CCDPH district in 2019 and their place of origin. The north and west districts had the highest percentages of foreign-born population at 28.4 percent and 23.8 percent respectively. The south district has the smallest percentage of foreign-born population, with 8.1 percent. In the north district, 12 percent of the population was born in Asia and Oceania and 8.6 percent of the population was born in Europe. In the west district, 15.9 percent of the population was born in Latin America, making the west district the district with the highest percentage of foreign-born population born in Latin America.

**Figure 39. Percentage Foreign-Born by CCDPH District, 2019**



*Data source: U.S. Census Bureau (2015–2019)*

Figure 40 demonstrates the distribution of primary language use throughout SCC, where limited English–speaking households are defined as those where no household member above age 14 speaks only English or reports all household members having difficulty speaking English. From 2015–2019, the west district had the highest percentage of households reporting limited English-speaking, at 8.8 percent of households. The south district reported the lowest percentage of limited English-speaking households from 2015–2019, at 2.2 percent of households.

**Figure 40. Percent Limited English-Speaking Households by CCDPH District, 2019**

*a. North* *b. West* *c. Southwest* *d. South*


*Data source: U.S. Census Bureau (2015–2019). Household Language (Table C16002), 2015–2019 American Community Survey 5-year estimates.*

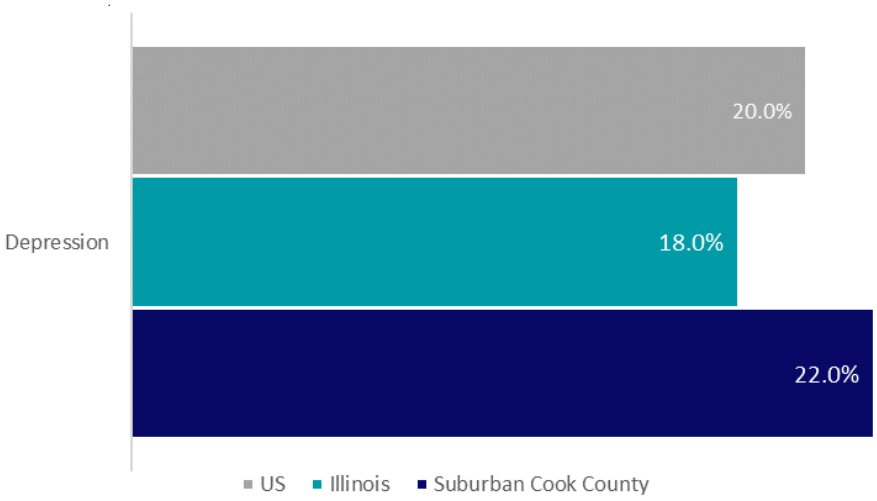
ii. Depression

Depression is the ninth leading cause of death and disability in the United States. Almost 8 percent of Americans, or 19 million Americans, experienced a major depressive episode in the last year. Those with depressive disorder have symptoms such as feeling sad or anxious all the time, lack of interest in activities that used to be fun, fatigue, feeling irritable or restless, or having trouble sleeping, that last a long time and may hinder their ability to take care of daily activities.

Depression manifests itself differently in different people. Types of depression include postpartum depression, seasonal affective disorder, chronic depression and major depression. The Kaiser Family Foundation has found that the percentage of adults reporting symptoms of depression or anxiety was 41.1 percent in January 2021, compared to 11 percent in January to June of 2019. Depression is caused by biological, environmental, genetic and psychological factors. People who have a family history of depression, who have experienced trauma and with certain illnesses or take certain medications can be at higher risk for depression. In 2018, about 2 in 10 adults with a substance use disorder experienced a major depressive episode. Within SCC, this rate is slightly greater.

Figure 41 details the prevalence of depression in SCC, compared to the statewide and national averages. Depression appears to be more prevalent in SCC, with 22 percent of residents reporting depressive symptoms, compared to 18 percent of the statewide population and 20 percent of the national population reporting depressive symptoms.

**Figure 41. Depression Prevalence by Category for SCC, Illinois and U.S., 2019**



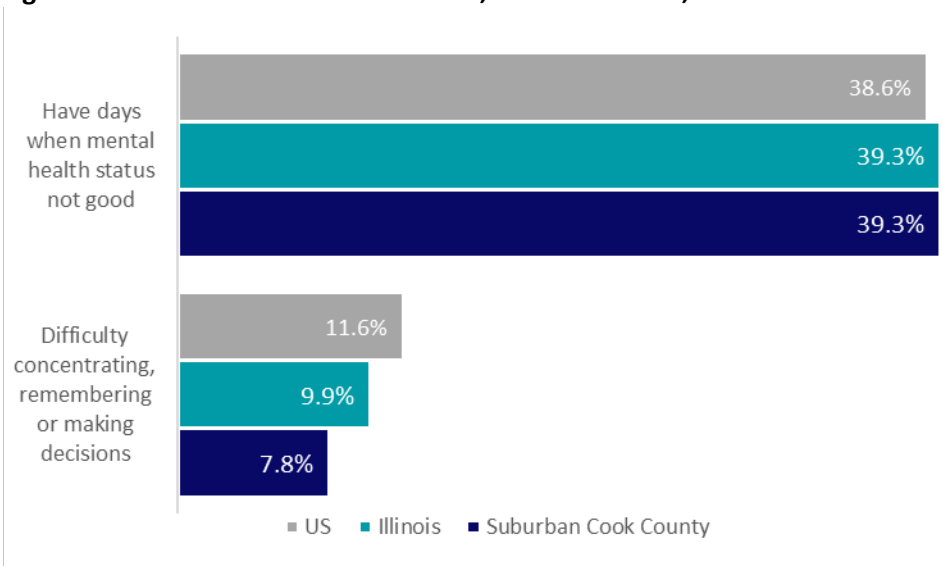

*Data sources: BRFSS 2017, 2019; ICBRFS, Round 6 (Collected 2015–2019)*

iii. Physical and cognitive difficulty

Increased confusion and memory loss can have a profound impact on an individual's ability to live independently, to enjoy a high quality of life and to engage with family and friends. These impacts may be shared by the family and friends of the individual experiencing cognitive decline, either due to pressures of caregiving or general stress caused by seeing a loved one suffer. Causing further concern, these declines could signal further health complications, as memory loss can be an early sign of dementia and may be a precursor to Alzheimer's disease. Cognitive decline can be reversable if caused by depression, medications or nutritional deficiencies, but often remains undiagnosed.

Figure 42 compares the proportion of the SCC population reporting cognitive or emotional difficulties to that of the statewide and national population. SCC's proportion of the population reporting having days when mental health status was not good was equivalent to that of the Illinois population and greater than that of the national population, at 39.3 percent and 38.6 percent respectively. In contrast, the SCC population reported a lower proportion (7.8 percent) experiencing difficulty concentrating, remembering or making decisions than observed at the state (9.9 percent) or national level (11.6 percent).

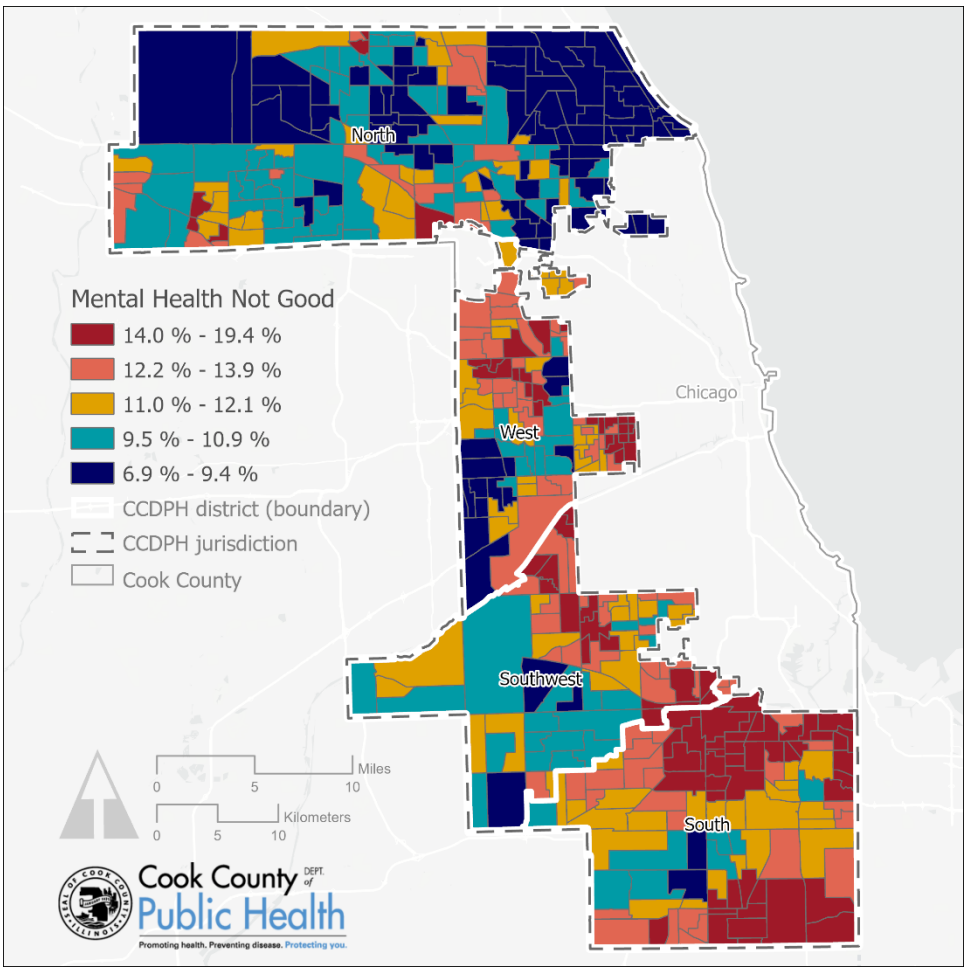
**Figure 42. Mental Health Status for SCC, Illinois and U.S., 2019**




*Data sources: BRFSS 2017, 2019; ICBRFS, Round 6 (Collected 2015–2019).*

Map 26 demonstrates that the distribution of poor mental health is variable throughout CCDPH health districts. The north district has the lowest concentration of census tracts reporting higher mental health not good prevalence. The west district contains clusters of census tracts within all five prevalence quintiles. The south district contains the highest prevalence of mental health not good among all CCDPH districts.

**Map 26. Percent with Mental Health Not Good, 2020**




*Data sources: CDC PLACES (2020); U.S. Census Bureau TIGER/Line shapefiles (2019); CCDPH.*

***While the distribution of census tracts reporting poor mental health varies throughout SCC, the north district has the lowest concentrations of mental health not good prevalence. The west district contains clusters of census tracts within all five prevalence quintiles. The south district contains the highest prevalence of mental health not good among all CCDPH districts.***

Table 13 demonstrates that poverty is positively correlated with poorer mental health in SCC, with the proportion of the population with incomes falling below the federal poverty level in each mental health quintile increasing as the rate of poor mental health increases. This same trend was observed among the non-Hispanic Black and Hispanic populations, with the highest proportion of each population being observed in the highest poor mental health quintile. The inverse of this trend was observed among the non-Hispanic Asian and White groups, with the highest proportion of each population being observed in the low or lowest poor mental health quintiles.

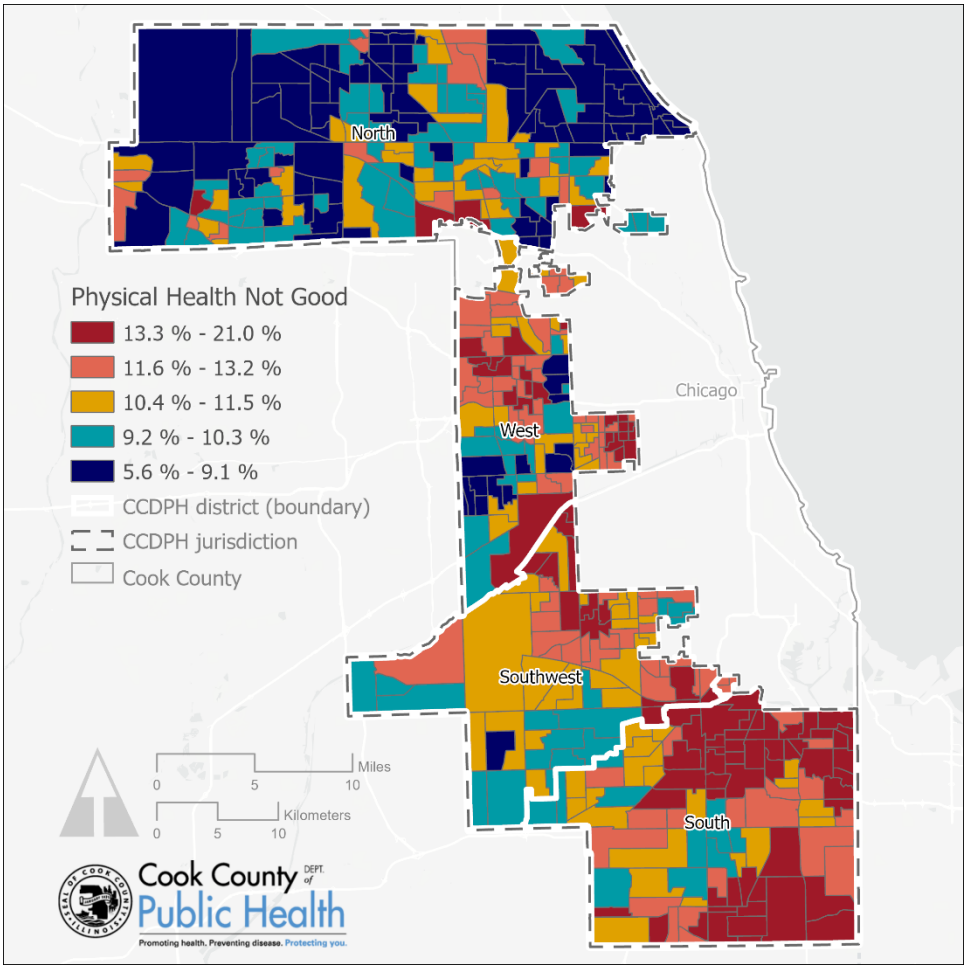
**Table 13. Population Characteristics by Mental Health Not Good Prevalence Quintile, 2019**

| | Lowest | Low | Moderate | High | Highest |
|---|---|---|---|---|---|
| *Population* | 443,158 | 462,631 | 468,105 | 466,041 | 419,276 |
| *Prevalence* | 8.5% | 10.1% | 11.5% | 12.9% | 15.2% |
| *Black* | 2.8% | 7.2% | 16.0% | 23.8% | 35.7% |
| *Asian* | 12.0% | 12.6% | 7.5% | 4.1% | 1.4% |
| *Hispanic* | 5.0% | 12.4% | 21.1% | 31.4% | 41.2% |
| *White* | 77.9% | 65.6% | 53.7% | 39.2% | 20.3% |
| *Below Poverty* | 3.9% | 5.9% | 8.3% | 11.7% | 20.9% |

*Data sources: CDC PLACES (2020); American Community Survey, 2015–2019 Five-Year Estimates.*

Map 27 displays the spatial variation in the distribution of poor physical health throughout SCC. The percent of the population reporting poor physical health is lowest in the north district. The distribution of poor physical health is more variable throughout the west and southwest districts, though the west district contains more census tracts reporting a lower rate of poor physical health. The south district contains the highest concentration of census tracts reporting the highest level of poor physical health.

**Map 27. Percent with Physical Health Not Good, 2020**




*Data sources: CDC PLACES (2020); U.S. Census Bureau TIGER/Line shapefiles (2019); CCDPH.*

***The north district contains the highest concentration of census tracts reporting low levels of poor mental health. The distribution of poor physical health is more variable throughout the west and southwest districts. The south district is primarily composed of census tracts reporting high levels of poor physical health.***

Table 14 indicates that poverty is positively associated with high levels of poor physical health. Non-Hispanic Black and Hispanic populations account for the highest proportion of those in the highest poor physical health quintile. Non-Hispanic White populations account for the highest proportion of residents within the lowest physical health not good prevalence quintile, followed by the non-Hispanic Asian population.

**Table 14. Population Characteristics by Physical Health Not Good Prevalence Quintile, 2019**

| | Lowest | Low | Moderate | High | Highest |
|---|---|---|---|---|---|
| *Population* | 464,407 | 472,036 | 447,787 | 467,200 | 407,781 |
| *Prevalence* | 8.3% | 9.7% | 10.9% | 12.2% | 14.8% |
| *Black* | 2.1% | 8.6% | 12.2% | 23.9% | 40.3% |
| *Asian* | 13.8% | 10.5% | 7.2% | 4.3% | 1.3% |
| *Hispanic* | 8.0% | 12.6% | 21.7% | 32.7% | 36.9% |
| *White* | 73.9% | 65.9% | 57.1% | 37.6% | 20.0% |
| *Below Poverty* | 4.1% | 5.7% | 8.9% | 12.2% | 20.4% |

*Data sources: CDC PLACES (2020); American Community Survey, 2015–2019 Five-Year Estimates.*

## c. Maternal and child health

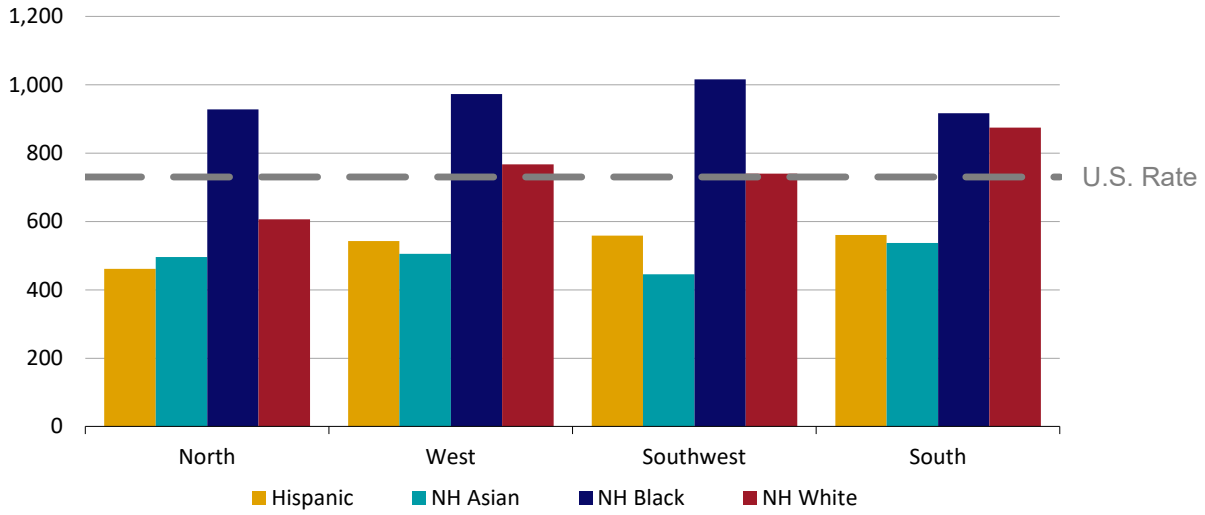
Maternal and child health broadly refers to the experiences of women before, during and following pregnancy, along with the health and well-being of children. Access to prenatal care may help to prevent avoidable morbidity or mortality of a mother or her child. Infants born preterm or at a low birth weight are at higher risk for the development of disabilities or death, making the early identification of potential health complications a necessity. This section will evaluate maternal and child health throughout SCC and its four health districts.

### i. Prenatal care

Prenatal care describes healthcare delivered during a pregnancy, and ready access to quality prenatal care may reduce the risk for negative health outcomes and preterm birth. Early and ongoing prenatal care allows for ongoing health assessment of the mother and child throughout pregnancy.

Figure 43 displays the number of births to mothers who either delayed or did not receive prenatal care by race and ethnicity among the SCC districts. Among all districts, non-Hispanic Black populations most frequently delayed or did not receive prenatal care, exceeding the U.S. average in each district. The non-Hispanic White populations who delayed or did not receive prenatal care in the west, southwest and south districts exceeded the U.S. rate. In all but the north district, Hispanic populations were more likely than non-Hispanic Asian populations to have delayed or not received prenatal care.

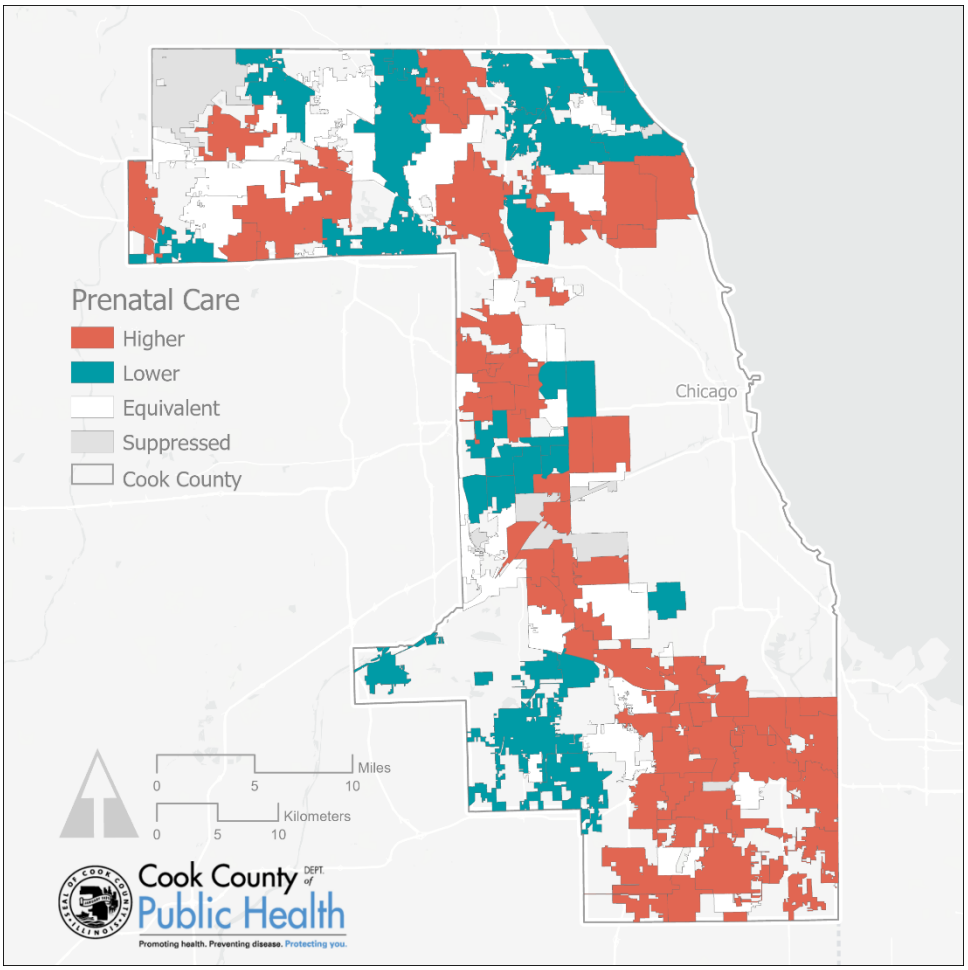
**Figure 43. Late or No Prenatal Care Birth Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 21.9 percent of live births (U.S. Rate 2013–2017). Number of births to mothers with prenatal care beginning after third month of pregnancy or no prenatal care received per 100 live births.*
*Data Sources: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017*

Municipalities in teal in Map 28 and Table 15 are those where the percentage of births to mothers who had received delayed or no prenatal care is below 21.9 percent, indicating better access to prenatal care, while those in red have a higher percentage of births to mothers with delayed or no prenatal care, indicating poor access to prenatal care. As shown, clusters of municipalities with low rates of poor access are found throughout the county, primarily in the north, west and southwest districts. Clusters of municipalities with high rates of poor access predominate the south district, though these may additionally be found throughout the county. Ford Heights reports the highest percentage of births to mothers with delayed or no prenatal care, at 60.7 percent of births. Riverside reports the lowest percentage of births to mothers with delayed or no prenatal care, at 10.3 percent.

**Map 28. Late or No Prenatal Care Birth Rate by Municipality, 2013–2017**




*Target: 21.9 percent of live births (U.S. Rate 2013–2017). Number of births to mothers with prenatal care beginning after third month of pregnancy or no prenatal care received per 100 live births. Data Sources: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017.*

***Access to prenatal care varies throughout SCC, though the south district has the highest concentration of municipalities demonstrating poor access to prenatal care. Clusters of adequate access to prenatal care may be found throughout the north, west and southwest districts of the county.***

## Table 15. Late or No Prenatal Care Birth Rate by Municipality, 2013–2017

**Natality Rate by Town of Residence, 2013-2017 (combined)**

| Area | # of Births | Percent | Comparison* Level | Area | # of Births | Rate per 1,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 282 | 24.8 | H | Lynwood | 190 | 41.3 | H |
| Arlington Heights | 843 | 19.1 | L | Lyons | 197 | 31.1 | H |
| Barrington (pt.) | 43 | 13.0 | L | Markham | 291 | 36.1 | H |
| Barrington Hills (pt.) | 6 | - | S | Matteson | 293 | 31.7 | H |
| Bartlett (pt.) | 171 | 18.2 | L | Maywood | 604 | 36.6 | H |
| Bedford Park | 16 | - | S | McCook | - | - | S |
| Bellwood | 393 | 34.8 | H | Melrose Park | 683 | 28.9 | H |
| Berkeley | 78 | 26.7 | E | Merrionette Park | 21 | 20.8 | E |
| Berwyn | 1079 | 28.9 | H | Midlothian | 215 | 27.2 | H |
| Blue Island | 628 | 35.8 | H | Morton Grove | 278 | 22.9 | E |
| Bridgeview | 362 | 29.5 | H | Mount Prospect | 782 | 22.9 | E |
| Broadview | 132 | 31.7 | H | Niles | 333 | 24.2 | H |
| Brookfield | 213 | 19.4 | L | Norridge | 168 | 25.8 | H |
| Buffalo Grove (pt.) | 137 | 17.7 | L | North Riverside | 55 | 17.2 | L |
| Burbank | 428 | 26.2 | H | Northbrook | 233 | 16.6 | L |
| Burnham | 56 | 31.8 | H | Northfield | 43 | 19.0 | E |
| Burr Ridge (pt.) | 25 | 19.5 | E | Northlake | 231 | 31.7 | H |
| Calumet City | 742 | 35.7 | H | Oak Forest | 343 | 23.1 | E |
| Calumet Park | 150 | 36.3 | H | Oak Lawn | 752 | 22.6 | E |
| Chicago Heights | 925 | 40.5 | H | Oak Park | 488 | 17.5 | L |
| Chicago Ridge | 295 | 26.4 | H | Olympia Fields | 34 | 28.6 | E |
| Cicero | 1874 | 30.6 | H | Orland Hills | 85 | 23.5 | E |
| Country Club Hills | 322 | 40.5 | H | Orland Park (pt.) | 537 | 19.2 | L |
| Countryside | 71 | 25.7 | E | Palatine | 998 | 22.2 | E |
| Crestwood | 110 | 21.9 | E | Palos Heights | 86 | 14.8 | L |
| Des Plaines | 1501 | 27.7 | H | Palos Hills | 209 | 21.7 | E |
| Dixmoor | 50 | 34.2 | H | Palos Park | 36 | 13.7 | L |
| Dolton | 500 | 37.9 | H | Park Forest (pt.) | 465 | 38.4 | H |
| East Hazel Crest | 12 | - | S | Park Ridge | 294 | 17.6 | L |
| Elgin (pt.) | 322 | 27.2 | H | Phoenix | 42 | 44.2 | H |
| Elk Grove Village | 288 | 18.7 | L | Posen | 108 | 28.0 | H |
| Elmwood Park | 287 | 22.9 | E | Prospect Heights | 305 | 28.2 | H |
| Evanston | 949 | 23.8 | H | Richton Park | 244 | 34.4 | H |
| Evergreen Park | 191 | 18.6 | L | River Forest | 58 | 15.0 | L |
| Flossmoor | 83 | 27.1 | H | River Grove | 130 | 21.6 | E |
| Ford Heights | 139 | 60.7 | H | Riverdale | 370 | 36.5 | H |
| Forest Park | 169 | 19.4 | E | Riverside | 42 | 10.3 | L |
| Forest View | 7 | - | S | Robbins | 139 | 42.1 | H |
| Franklin Park | 272 | 26.0 | H | Rolling Meadows | 339 | 23.8 | E |
| Glencoe | 30 | 11.5 | L | Roselle (pt.) | 48 | 23.6 | E |
| Glenview | 420 | 19.0 | L | Rosemont | 71 | 27.6 | H |
| Glenwood | 120 | 30.0 | H | Sauk Village | 92 | 35.1 | H |
| Golf | - | - | S | Schaumburg | 344 | 46.5 | H |
| Hanover Park (pt.) | 493 | 30.2 | H | Schiller Park | 1034 | 22.3 | E |
| Harvey | 715 | 39.5 | H | Skokie | 210 | 28.5 | H |
| Harwood Heights | 120 | 25.8 | E | South Barrington | 903 | 28.1 | H |
| Hazel Crest | 292 | 37.7 | H | South Chicago Heights | 26 | 23.4 | E |
| Hickory Hills | 226 | 26.1 | H | South Holland | 314 | 31.1 | H |
| Hillside | 140 | 28.9 | H | Steger (pt.) | 111 | 35.9 | H |
| Hinsdale (pt.) | 22 | 21.2 | E | Stickney | 90 | 24.4 | E |
| Hodgkins | 29 | 34.9 | H | Stone Park | 105 | 31.9 | H |
| Hoffman Estates | 660 | 22.1 | E | Streamwood | 607 | 22.7 | E |
| Hometown | 39 | 18.9 | E | Summit | 281 | 35.1 | H |
| Homewood | 227 | 26.5 | H | Thornton | 29 | 27.1 | E |
| Indian Head Park | 19 | - | S | Tinley Park (pt.) | 500 | 19.4 | L |
| Inverness | 34 | 16.3 | L | Westchester | 154 | 19.0 | L |
| Justice | 304 | 28.2 | H | Western Springs | 66 | 11.4 | L |
| Kenilworth | 10 | - | S | Wheeling (pt.) | 703 | 26.4 | H |
| La Grange | 130 | 15.9 | L | Willow Springs | 37 | 17.1 | E |
| La Grange Park | 105 | 16.0 | L | Wilmette | 99 | 11.6 | L |
| Lansing | 447 | 32.5 | H | Winnetka | 52 | 12.0 | L |
| Lemont (pt.) | 128 | 15.3 | L | Worth | 177 | 26.5 | H |
| Lincolnwood | 146 | 27.7 | H | | | | |

Target: 21.9% of live births (U.S. Rate 2013-2017)
Number of births to mothers with prenatal care begining after third month of pregnancy or no prenatal care received
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Birth File, 2013-2017

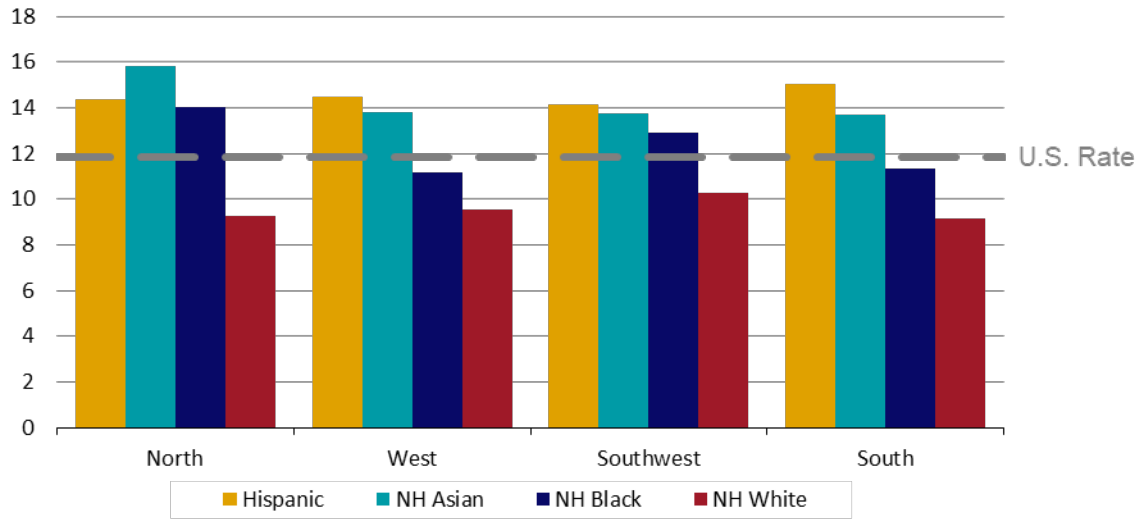
**Higher**
**Equivalent**
**Lower**

ii. Crude births

This metric describes the total number of live births in each community during a specified time period over the total population of that area. The crude birth rate of a given area is most informative when considered alongside other demographic patterns like migration into and out of the region, mortality rate and average life expectancy of that area.

As shown Figure 44, the U.S. average crude birth rate was exceeded by Hispanic and non-Hispanic Asian populations in each district, with the Hispanic birthrate being exceeded by the non-Hispanic Asian birth rate in all but the north district. The non-Hispanic Black population had a higher birth rate than the non-Hispanic White population in each district and exceeded the U.S. rate in the north and southwest districts.

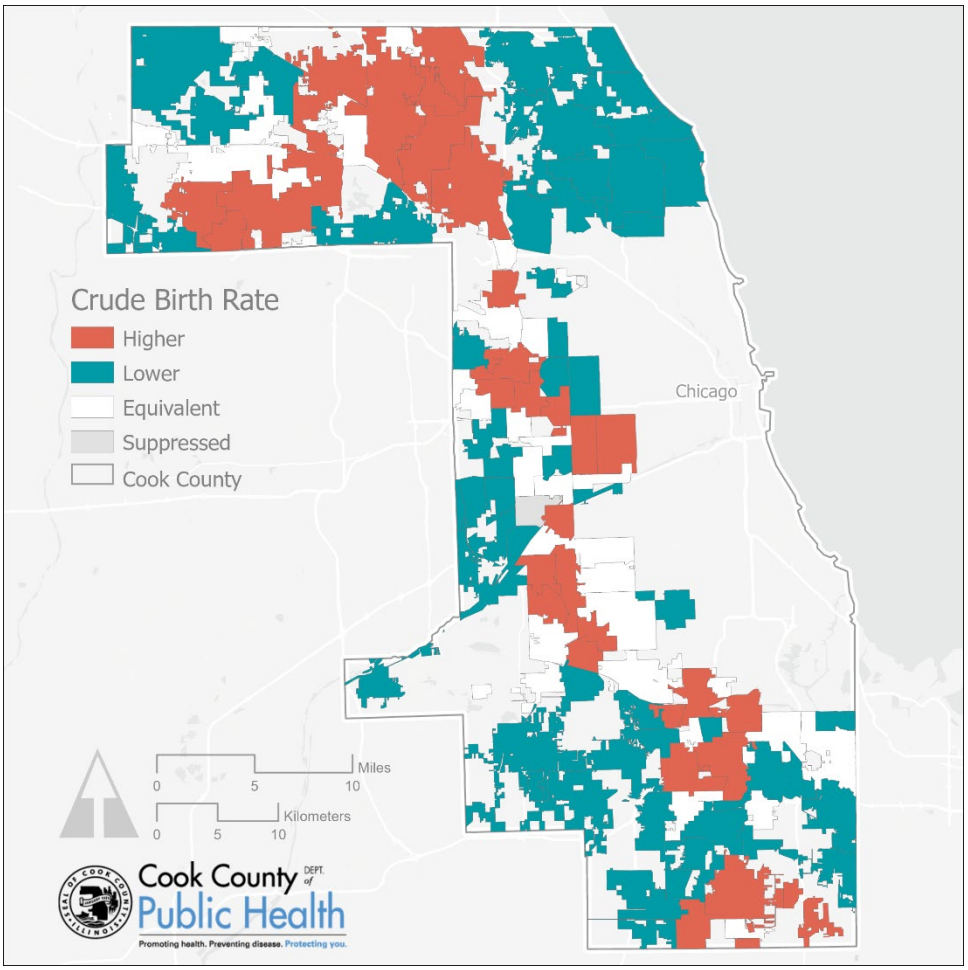
**Figure 44. Crude Birth Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 11.4 births per 1,000 population (U.S. Rate 2013–2017); Data Source: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017.*

Map 29 and Table 16 indicate the crude birth rate of each SCC municipality from 2013–2017. During that time period, a crude birth rate lower than the U.S. average birth rate of 11.4 births per 1,000 population was observed in most municipalities. Clusters of municipalities with birth rates higher than the U.S. average were observed in the north, west and south districts. East Hazel Crest and south Barrington reported the lowest crude birth rates of all municipalities where the full region is included in the CCDPH jurisdiction, with both municipalities reporting a rate of 4.5 births per 1,000 population. Ford Heights reported the highest crude birth rate, at 19 births per 1,000 population.

**Map 29. Crude Birth Rate by Municipality, 2013–2017**




*Target: 11.4 births per 1,000 population (U.S. Rate 2013–2017); Data Source: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017.*

***Clusters of birth rates higher than the U.S. average are observed throughout the north, west and south districts. These clusters are surrounded by municipalities reporting crude birth rates lower than the U.S. average, with the highest concentrations of these municipalities being observed in the north and south districts.***

## Table 16. Crude Birth Rate by Municipality, 2013–2017

**Natality Rate by Town of Residence, 2013-2017 (combined)**

| Area | Total Births | Percent | Comparison* Level | Area | Total Births | Percent | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 1,177 | 11.9 | E | Lynwood | 487 | 9.4 | L |
| Arlington Heights | 4,620 | 11.8 | H | Lyons | 646 | 11.5 | E |
| Barrington (pt.) | 354 | 11.9 | E | Markham | 842 | - | H |
| Barrington Hills (pt.) | 36 | 3.0 | L | Matteson | 978 | 8.4 | L |
| Bartlett (pt.) | 991 | 9.9 | L | Maywood | 1,716 | 14.6 | H |
| Bedford Park | 46 | 15.8 | E | McCook | 15 | - | S |
| Bellwood | 1,194 | 12.3 | H | Melrose Park | 2,439 | 17.8 | H |
| Berkeley | 303 | 11.3 | E | Merrionette Park | 107 | 10.9 | E |
| Berwyn | 3,866 | 12.9 | H | Midlothian | 809 | 10.5 | L |
| Blue Island | 1,817 | 14.7 | H | Morton Grove | 1,279 | 10.2 | L |
| Bridgeview | 1,277 | 14.5 | H | Mount Prospect | 3,576 | 12.9 | H |
| Broadview | 432 | 10.7 | E | Niles | 1,442 | 9.3 | L |
| Brookfield | 1,164 | 11.6 | E | Norridge | 676 | 8.9 | L |
| Buffalo Grove (pt.) | 813 | 11.7 | E | North Riverside | 765 | 11.6 | E |
| Burbank | 1,690 | 11.1 | E | Northbrook | 328 | 9.6 | L |
| Burnham | 182 | 8.3 | L | Northfield | 1,470 | 8.5 | L |
| Burr Ridge (pt.) | 134 | 6.5 | L | Northlake | 240 | 8.3 | L |
| Calumet City | 2,141 | 11.5 | E | Oak Forest | 1,559 | 10.7 | L |
| Calumet Park | 426 | 11.0 | E | Oak Lawn | 3,479 | 11.6 | E |
| Chicago Heights | 2,360 | 15.8 | H | Oak Park | 2,934 | 10.8 | L |
| Chicago Ridge | 1,170 | 15.5 | H | Olympia Fields | 128 | 4.7 | L |
| Cicero | 6,299 | 14.8 | H | Orland Hills | 374 | 9.9 | L |
| Country Club Hills | 837 | 9.5 | L | Orland Park (pt.) | 2,917 | 9.4 | L |
| Countryside | 289 | 9.4 | L | Palatine | 4,685 | 12.8 | H |
| Crestwood | 521 | 9.3 | L | Palos Heights | 610 | 8.9 | L |
| Des Plaines | 5,637 | 18.6 | H | Palos Hills | 998 | 11.1 | E |
| Dixmoor | 150 | 8.3 | L | Palos Park | 278 | 10.7 | E |
| Dolton | 1,379 | 12.0 | E | Park Forest (pt.) | 1,264 | 13.5 | H |
| East Hazel Crest | 34 | 4.5 | L | Park Ridge | 1,781 | 9.0 | L |
| Elgin (pt.) | 1,229 | 9.2 | L | Phoenix | 95 | 10.2 | E |
| Elk Grove Village | 1,629 | 9.6 | L | Posen | 387 | 11.7 | E |
| Elmwood Park | 1,293 | 10.2 | L | Prospect Heights | 1,121 | 13.6 | H |
| Evanston | 4,230 | 10.7 | L | Richton Park | 758 | 10.0 | L |
| Evergreen Park | 1,067 | 10.6 | L | River Forest | 415 | 7.1 | L |
| Flossmoor | 311 | 6.4 | L | River Grove | 611 | 12.1 | E |
| Ford Heights | 235 | 19.0 | H | Riverdale | 1,068 | 15.8 | H |
| Forest Park | 908 | 13.0 | H | Riverside | 432 | 9.2 | L |
| Forest View | 28 | 7.9 | L | Robbins | 338 | 14.1 | H |
| Franklin Park | 1,072 | 11.8 | E | Rolling Meadows | 1,491 | 11.9 | E |
| Glencoe | 275 | 6.0 | L | Roselle (pt.) | 216 | 10.5 | E |
| Glenview | 2,313 | 9.6 | L | Rosemont | 269 | 12.3 | E |
| Glenwood | 428 | 8.9 | L | Sauk Village | 758 | 14.0 | H |
| Golf | 24 | 7.6 | L | Schaumburg | 4,861 | 12.6 | H |
| Hanover Park (pt.) | 1,678 | 15.9 | H | Schiller Park | 756 | 12.5 | H |
| Harvey | 1,864 | 15.8 | H | Skokie | 3,363 | 9.8 | L |
| Harwood Heights | 484 | 10.6 | E | South Barrington | 119 | 4.5 | L |
| Hazel Crest | 817 | 11.3 | E | South Chicago Heights | 274 | 12.4 | E |
| Hickory Hills | 891 | 12.3 | H | South Holland | 1,047 | 9.2 | L |
| Hillside | 504 | 11.9 | E | Steger (pt.) | 315 | 15.0 | H |
| Hinsdale (pt.) | 106 | 9.2 | L | Stickney | 382 | 10.4 | E |
| Hodgkins | 83 | 9.3 | L | Stone Park | 333 | 13.6 | H |
| Hoffman Estates | 3,109 | 11.2 | E | Streamwood | 2,785 | 12.8 | H |
| Hometown | 218 | 9.6 | L | Summit | 816 | 14.2 | H |
| Homewood | 888 | 8.9 | L | Thornton | 113 | 9.7 | E |
| Indian Head Park | 136 | 6.7 | L | Tinley Park (pt.) | 2,684 | 10.1 | L |
| Inverness | 225 | 5.4 | L | Westchester | 854 | 9.7 | L |
| Justice | 1,129 | 16.2 | H | Western Springs | 606 | 8.8 | L |
| Kenilworth | 79 | 5.6 | L | Wheeling (pt.) | 2,767 | 13.6 | H |
| La Grange | 884 | 10.6 | L | Willow Springs | 225 | 7.5 | L |
| La Grange Park | 696 | 9.6 | L | Wilmette | 908 | 6.4 | L |
| Lansing | 1,433 | 9.7 | L | Winnetka | 466 | 7.2 | L |
| Lemont (pt.) | 886 | 9.6 | L | Worth | 698 | 12.5 | H |
| Lincolnwood | 560 | 8.3 | L | | | | |

11.4 of births (U.S. Rate 2013-2017)
Live births per 1,000 population
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Birth File, 2013-2017

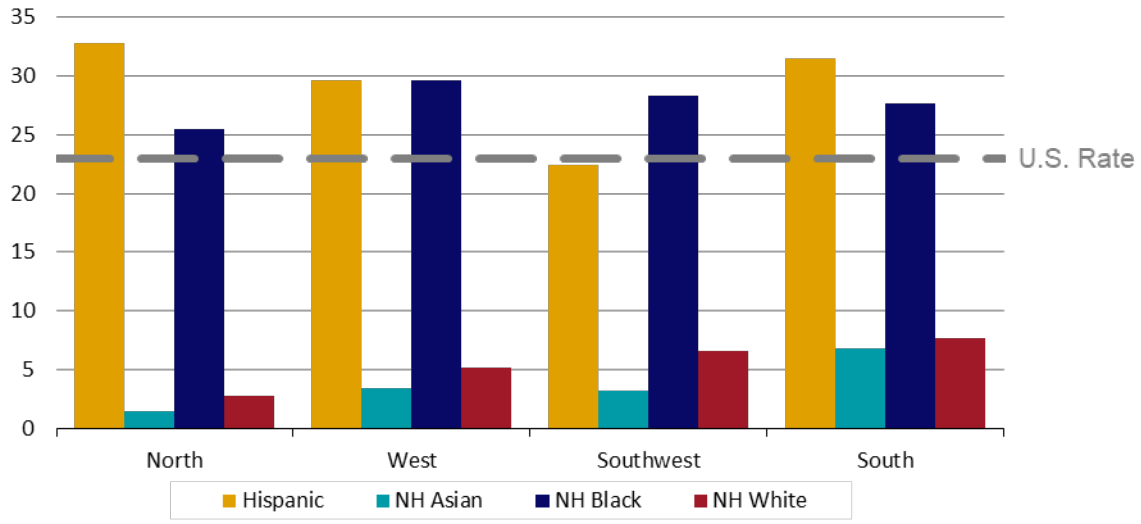
**Higher**
**Equivalent**
**Lower**

iii. Teen births

The teenage birth rate measures how many births in each community may be attributed to teens aged 15 to 19 years per 1,000 females in that community. While the teenage birth rate has declined nationally over the past three decades, continuing to prevent teenage pregnancies remains a public health concern. The financial and social pressures of childrearing may be difficult for teenagers to overcome, and many teenaged parents are at higher risk of high school dropout and reduced economic opportunity as young adults, and may also increase the risk of their children becoming parents as teens as well.

As displayed in Figure 45, the teenage birthrate of Hispanic and non-Hispanic Black populations in each CCDPH district exceeds or is nearly equivalent to the U.S. average rate and is significantly higher than that observed among the non-Hispanic Asian and non-Hispanic White populations. The teenage birthrate among non-Hispanic Asian and non-Hispanic White populations are highest in the south district. The teenage birthrate of Hispanic populations exceeds that of the non-Hispanic Black populations in all but the southwest district.

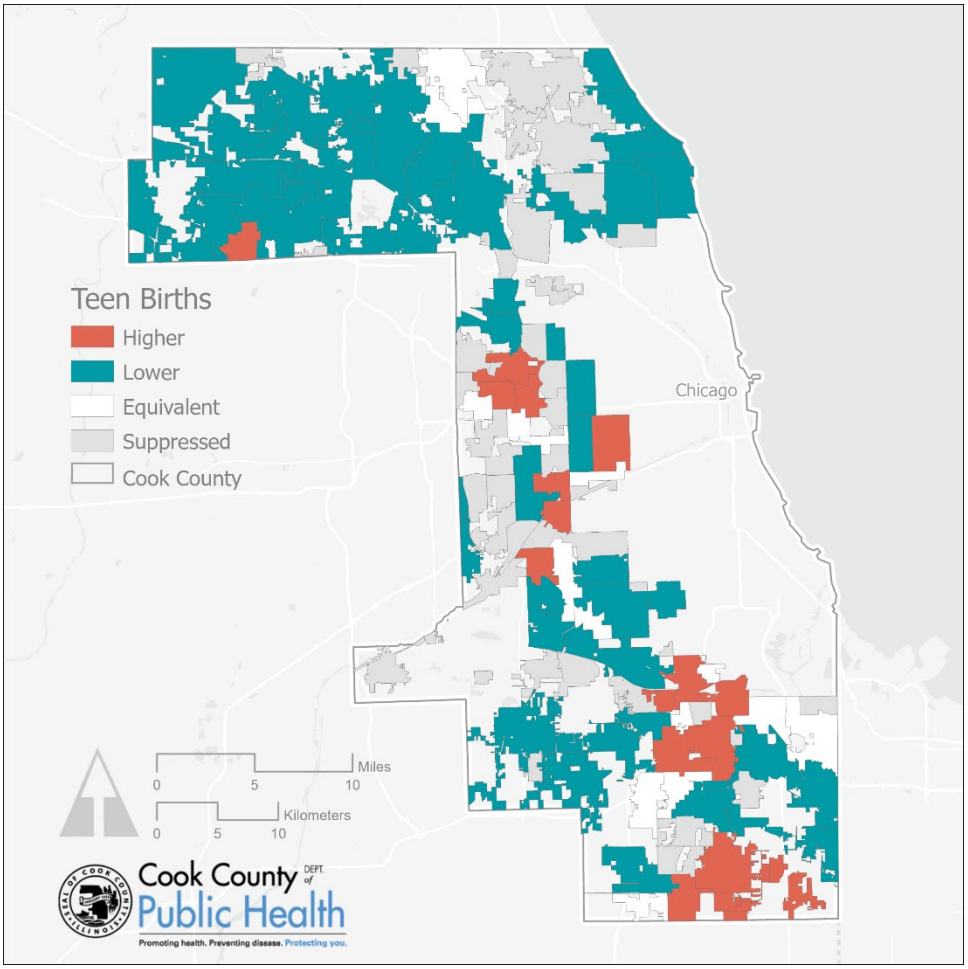
**Figure 45. Teenage Birth Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 22.5percent of births females age 15 to 19 years of age (U.S. Rate 2013–2017),*
*Data Source: IDPH Birth File 2013–2017, National Center for Health Statistics, Compressed Natality File 2013–2017.*

Map 30 and Table 17 indicate that the majority of SCC municipalities with reportable teenage birth rates reported rates lower than the U.S. average of 22.5 percent of births delivered by females aged 15 to 19 years of age. Clusters of municipalities with rates higher than the U.S. average were observed in the west and south districts. Ford Heights, in the south district, reported the highest teenage birth rate, with 53.2 percent of births being delivered to females aged 15 to 19 years of age.

**Map 30. Teenage Birth Rate by Municipality, 2013–2017**




***Few municipalities throughout SCC report teenage birth rates higher than the U.S. average. Those that do report higher rates are primarily clustered in the west and south districts. The north of the city contains the highest density of municipalities reporting low teenage birth rates.***

*Target: 22.5 percent of births among females aged 15 to 19 years of age (U.S. Rate 2013–2017),*
*Data Sources: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017.*

## Table 17. Teenage Birth Rate by Municipality, 2013–2017

**Natality Rate by Town of Residence, 2013-2017 (combined)**

| Area | # of Births | Percent | Comparison* Level | Area | # of Births | Percent | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 49 | 14.2 | L | Lynwood | 35 | 16.6 | L |
| Arlington Heights | 79 | 7.4 | L | Lyons | 40 | 31.2 | H |
| Barrington (pt.) | - | - | S | Markham | 90 | 30.7 | H |
| Barrington Hills (pt.) | 0 | 0.0 | L | Matteson | 63 | 14.2 | L |
| Bartlett (pt.) | 23 | 8.6 | L | Maywood | 193 | 39.9 | H |
| Bedford Park | - | - | S | McCook | 0 | 0.0 | L |
| Bellwood | 119 | 31.4 | H | Melrose Park | 212 | 47.2 | H |
| Berkeley | 17 | - | S | Merrionette Park | - | - | S |
| Berwyn | 228 | 20.1 | L | Midlothian | 40 | 16.0 | L |
| Blue Island | 141 | 29.1 | H | Morton Grove | 12 | - | S |
| Bridgeview | 53 | 20.6 | E | Mount Prospect | 85 | 11.1 | L |
| Broadview | 35 | 27.1 | E | Niles | 23 | 6.3 | L |
| Brookfield | 25 | 8.6 | L | Norridge | 11 | - | S |
| Buffalo Grove (pt.) | 9 | - | S | North Riverside | 63 | 24.8 | E |
| Burbank | 101 | 19.3 | L | Northbrook | 12 | - | S |
| Burnham | 14 | - | S | Northfield | 11 | - | S |
| Burr Ridge (pt.) | 0 | 0.0 | L | Northlake | - | - | S |
| Calumet City | 203 | 23.9 | E | Oak Forest | 35 | 6.9 | L |
| Calumet Park | 46 | 26.6 | E | Oak Lawn | 108 | 11.9 | L |
| Chicago Heights | 218 | 33.8 | H | Oak Park | 51 | 6.9 | L |
| Chicago Ridge | 38 | 19.3 | E | Olympia Fields | 5 | - | S |
| Cicero | 587 | 34.2 | H | Orland Hills | 9 | - | S |
| Country Club Hills | 84 | 23.2 | E | Orland Park (pt.) | 31 | 3.0 | L |
| Countryside | 14 | - | S | Palatine | 164 | 15.3 | L |
| Crestwood | 13 | - | S | Palos Heights | 9 | - | S |
| Des Plaines | 158 | 17.8 | L | Palos Hills | 21 | 7.8 | L |
| Dixmoor | 10 | - | S | Palos Park | - | - | S |
| Dolton | 135 | 22.3 | E | Park Forest (pt.) | 105 | 28.9 | H |
| East Hazel Crest | 0 | 0.0 | L | Park Ridge | 11 | - | S |
| Elgin (pt.) | 83 | 18.5 | L | Phoenix | 12 | - | S |
| Elk Grove Village | 31 | 6.2 | L | Posen | 36 | 25.2 | E |
| Elmwood Park | 43 | 10.4 | L | Prospect Heights | 60 | 25.6 | E |
| Evanston | 95 | 6.3 | L | Richton Park | 64 | 21.0 | E |
| Evergreen Park | 32 | 8.5 | L | River Forest | 5 | - | S |
| Flossmoor | 14 | - | S | River Grove | 16 | - | S |
| Ford Heights | 51 | 53.2 | H | Riverdale | 129 | 34.7 | H |
| Forest Park | 11 | - | S | Riverside | 5 | - | S |
| Forest View | - | - | S | Robbins | 41 | 40.4 | H |
| Franklin Park | 51 | 17.5 | L | Rolling Meadows | 60 | 16.4 | L |
| Glencoe | 0 | 0.0 | L | Roselle (pt.) | - | - | S |
| Glenview | 19 | - | S | Rosemont | 11 | - | S |
| Glenwood | 21 | 10.2 | L | Sauk Village | 96 | 30.3 | H |
| Golf | 0 | 0.0 | L | Schaumburg | 56 | 6.1 | L |
| Hanover Park (pt.) | 125 | 29.9 | H | Schiller Park | 21 | 13.2 | L |
| Harvey | 248 | 48.2 | H | Skokie | 58 | 5.6 | L |
| Harwood Heights | 9 | - | S | South Barrington | 0 | 0.0 | L |
| Hazel Crest | 85 | 23.2 | E | South Chicago Heights | 22 | 36.4 | H |
| Hickory Hills | 33 | 13.1 | L | South Holland | 63 | 12.8 | L |
| Hillside | 33 | 19.0 | E | Steger (pt.) | 28 | 34.9 | H |
| Hinsdale (pt.) | 0 | 0.0 | L | Stickney | 22 | 19.2 | E |
| Hodgkins | 13 | - | S | Stone Park | 18 | - | S |
| Hoffman Estates | 65 | 7.9 | L | Streamwood | 111 | 15.9 | L |
| Hometown | 9 | - | S | Summit | 55 | 28.0 | H |
| Homewood | 24 | 5.9 | L | Thornton | 6 | - | S |
| Indian Head Park | - | - | S | Tinley Park (pt.) | 43 | 5.2 | L |
| Inverness | 0 | 0.0 | L | Westchester | 12 | - | S |
| Justice | 65 | 30.3 | H | Western Springs | - | - | S |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | 118 | 21.8 | E |
| La Grange | 11 | - | S | Willow Springs | - | - | S |
| La Grange Park | 6 | - | S | Wilmette | 0 | 0.0 | L |
| Lansing | 80 | 15.4 | L | Winnetka | 0 | 0.0 | L |
| Lemont (pt.) | 7 | - | S | Worth | 26 | 15.6 | L |
| Lincolnwood | - | - | S | | | | |

Target: 22.5% of births (U.S. Rate 2013-2017)
Birth to females aged 15-19
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Birth File, 2013-2017

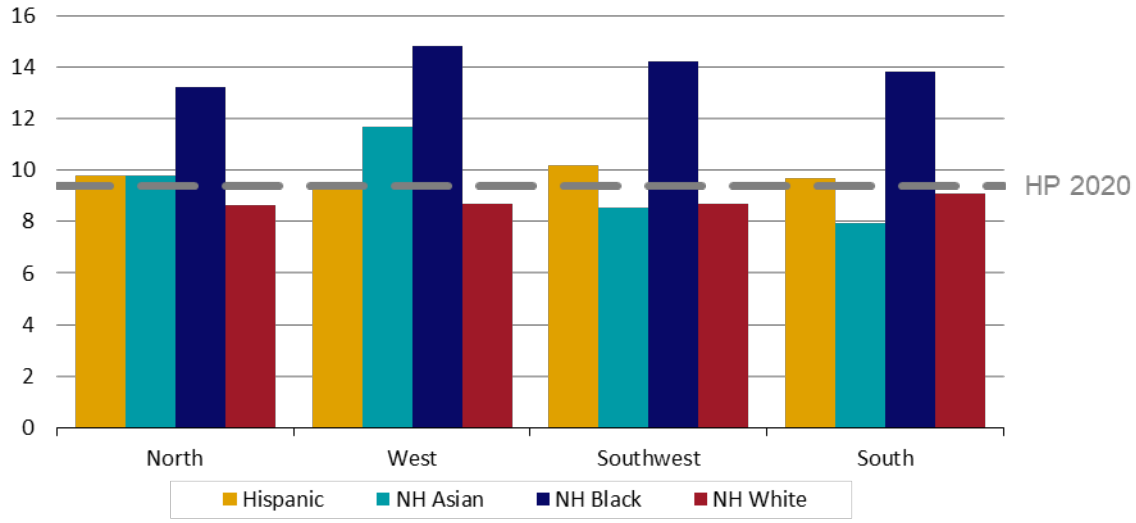
**Higher**
**Equivalent**
**Lower**

iv. Preterm births

Infants born before 37 weeks of gestation are considered preterm. As infants born too early are at greater risk for infections, developmental issues, breathing problems and death, reducing the rates of preterm births remains a focus of public health practice. Further need for intervention is demonstrated in the commonly reported racial and ethnic inequities in the prevalence of preterm births, particularly among Black or African American women, who are at significantly greater risk of preterm birth when compared to White or Hispanic women.

Figure 46 presents the preterm birth rate by race and ethnicity among each CCDPH district. The Healthy People 2020 target of 9.4 percent of births being born preterm is exceeded by the non-Hispanic Black population in each district, also representing the highest rate in each district. This goal is also exceeded by the Hispanic and non-Hispanic Asian population in the north district, the non-Hispanic Asian population in the west district and the Hispanic populations in the southwest and west districts.

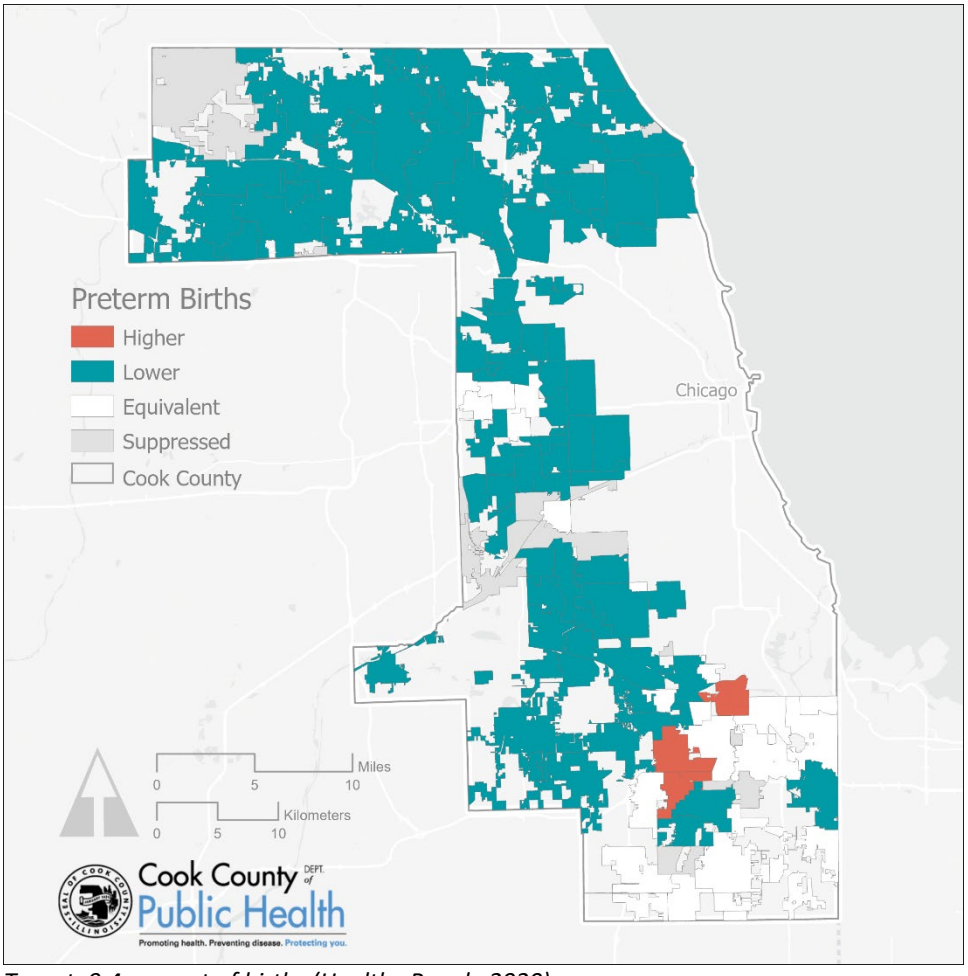
**Figure 46. Preterm Birth Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 9.4 percent of births (Healthy People 2020)*
*Data Source: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017.*

Most municipalities throughout SCC reported meeting the Healthy People 2020 goal for reducing the preterm birth rate to 9.4 percent of births (Table 18). Clusters of municipalities which reported a preterm birth rate lower than this goal are distributed throughout the county, with the highest concentrations being observed in the north, west and southwest districts (Map 31). The south district contains all of the municipalities reporting a preterm birth rate higher than the Healthy People 2020 target. Among the municipalities reporting a rate higher than the target were Hazel Crest, Markham and Riverdale, reporting that 12.3 percent, 12.4 percent and 12.8 percent of births were born preterm respectively. Wilmette, located in the north district, had the lowest reportable rate, with a 3 percent preterm birth rate.

**Map 31. Preterm Birth Rate by Municipality, 2013–2017**




***While most municipalities in SCC report a preterm birth rate either lower than or equivalent to the Healthy People 2020 target, small clusters of higher rates were observed in the south district.***

*Target: 9.4 percent of births (Healthy People 2020)*
*Data Source: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017.*

## Table 18. Preterm Birth Rate by Municipality, 2013–2017

**Mortality Rate by Town of Residence, 2013-2017 (combined)**

| Area | # of Births | Percent | Comparison* Level | Area | # of Births | Percent | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 117 | 5.9 | L | Lynwood | 60 | 9.6 | E |
| Arlington Heights | 390 | 4.2 | L | Lyons | 55 | 4.4 | L |
| Barrington (pt.) | 33 | 3.6 | L | Markham | 138 | 12.4 | H |
| Barrington Hills (pt.) | - | - | S | Matteson | 153 | 10.0 | E |
| Bartlett (pt.) | 113 | 6.7 | L | Maywood | 235 | 10.8 | E |
| Bedford Park | 5 | - | S | McCook | - | - | S |
| Bellwood | 178 | 9.9 | E | Melrose Park | 258 | 6.7 | L |
| Berkeley | 31 | 8.9 | E | Merrionette Park | 12 | - | S |
| Berwyn | 367 | 5.8 | L | Midlothian | 70 | 5.6 | L |
| Blue Island | 252 | 7.4 | L | Morton Grove | 97 | 4.5 | L |
| Bridgeview | 119 | 5.1 | L | Mount Prospect | 330 | 5.1 | L |
| Broadview | 54 | 11.0 | E | Niles | 127 | 6.0 | L |
| Brookfield | 100 | 4.4 | L | Norridge | 51 | 4.9 | L |
| Buffalo Grove (pt.) | 72 | 4.8 | L | North Riverside | 70 | 5.2 | L |
| Burbank | 156 | 4.8 | L | Northbrook | 29 | 4.7 | L |
| Burnham | 22 | 11.4 | E | Northfield | 108 | 4.9 | L |
| Burr Ridge (pt.) | 9 | - | S | Northlake | 25 | 4.4 | L |
| Calumet City | 225 | 9.3 | E | Oak Forest | 139 | 5.0 | L |
| Calumet Park | 54 | 9.4 | E | Oak Lawn | 338 | 5.2 | L |
| Chicago Heights | 261 | 8.6 | E | Oak Park | 264 | 5.2 | L |
| Chicago Ridge | 110 | 5.9 | L | Olympia Fields | 18 | - | S |
| Cicero | 610 | 6.9 | L | Orland Hills | 30 | 4.4 | L |
| Country Club Hills | 101 | 9.7 | E | Orland Park (pt.) | 244 | 4.2 | L |
| Countryside | 33 | 4.0 | L | Palatine | 431 | 5.3 | L |
| Crestwood | 47 | 5.0 | L | Palos Heights | 59 | 3.3 | L |
| Des Plaines | 534 | 6.3 | L | Palos Hills | 99 | 6.1 | L |
| Dixmoor | 23 | 11.6 | E | Palos Park | 25 | 3.8 | L |
| Dolton | 194 | 11.0 | E | Park Forest (pt.) | 159 | 9.8 | E |
| East Hazel Crest | 5 | - | S | Park Ridge | 168 | 3.8 | L |
| Elgin (pt.) | 136 | 6.6 | L | Phoenix | 11 | - | S |
| Elk Grove Village | 188 | 6.1 | L | Posen | 31 | 4.9 | L |
| Elmwood Park | 127 | 5.8 | L | Prospect Heights | 103 | 6.0 | L |
| Evanston | 363 | 4.6 | L | Richton Park | 115 | 10.3 | E |
| Evergreen Park | 104 | 6.1 | L | River Forest | 37 | 2.3 | L |
| Flossmoor | 20 | 5.6 | L | River Grove | 43 | 6.1 | L |
| Ford Heights | 21 | 6.6 | E | Riverdale | 172 | 12.8 | H |
| Forest Park | 91 | 7.2 | L | Riverside | 37 | 5.2 | L |
| Forest View | - | - | S | Robbins | 46 | 10.9 | E |
| Franklin Park | 110 | 6.5 | L | Rolling Meadows | 133 | 5.5 | L |
| Glencoe | 24 | 1.9 | L | Roselle (pt.) | 19 | - | S |
| Glenview | 180 | 3.5 | L | Rosemont | 26 | 5.8 | L |
| Glenwood | 79 | 12.3 | E | Sauk Village | 96 | 10.6 | E |
| Golf | 5 | - | S | Schaumburg | 446 | 5.8 | L |
| Hanover Park (pt.) | 173 | 7.8 | L | Schiller Park | 71 | 5.4 | L |
| Harvey | 221 | 8.8 | E | Skokie | 313 | 5.9 | L |
| Harwood Heights | 48 | 5.6 | L | South Barrington | 14 | - | S |
| Hazel Crest | 105 | 12.3 | H | South Chicago Heights | 38 | 8.0 | E |
| Hickory Hills | 57 | 5.7 | L | South Holland | 126 | 9.2 | E |
| Hillside | 47 | 7.8 | E | Steger (pt.) | 28 | 7.1 | E |
| Hinsdale (pt.) | 5 | - | S | Stickney | 40 | 6.0 | L |
| Hodgkins | 8 | - | S | Stone Park | 31 | 6.7 | L |
| Hoffman Estates | 301 | 6.6 | L | Streamwood | 312 | 5.8 | L |
| Hometown | 33 | 8.3 | E | Summit | 80 | 8.3 | E |
| Homewood | 107 | 6.4 | L | Thornton | 10 | - | S |
| Indian Head Park | 16 | - | S | Tinley Park (pt.) | 230 | 4.3 | L |
| Inverness | 22 | 3.3 | L | Westchester | 74 | 4.7 | L |
| Justice | 106 | 5.5 | L | Western Springs | 37 | 3.6 | L |
| Kenilworth | 10 | - | S | Wheeling (pt.) | 250 | 6.3 | L |
| La Grange | 86 | 3.5 | L | Willow Springs | 19 | - | S |
| La Grange Park | 57 | 4.3 | L | Wilmette | 67 | 3.0 | L |
| Lansing | 161 | 7.9 | L | Winnetka | 42 | 3.2 | L |
| Lemont (pt.) | 81 | 4.2 | L | Worth | 53 | 3.7 | L |
| Lincolnwood | 50 | 4.7 | L | | | | |

Target: 9.4% of births (Healthy People 2020)
Percent of infants born before 37 completed weeks of gestation
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Birth File, 2013-2017

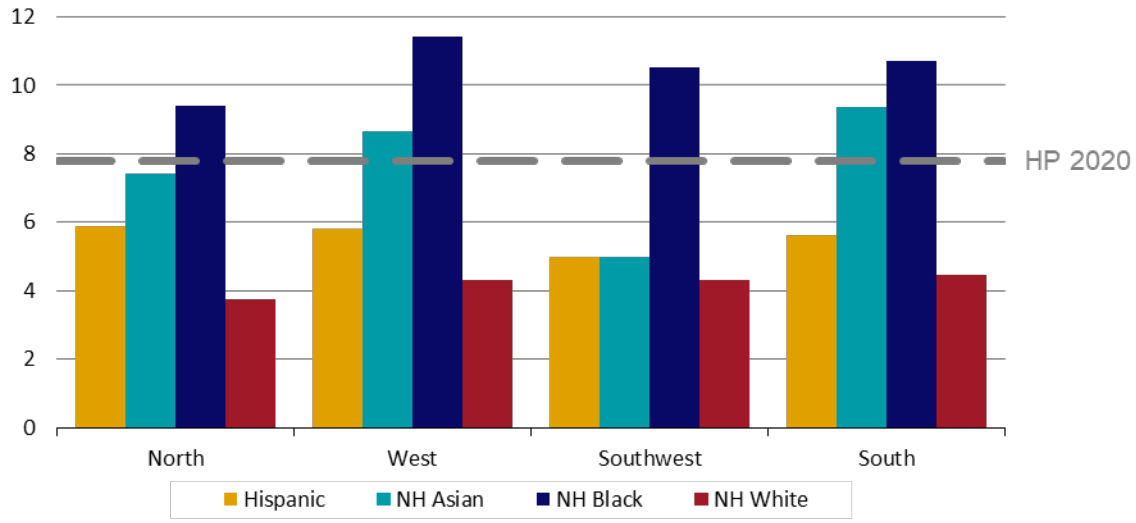
**Higher**
**Equivalent**
**Lower**

v. Low birth weight births

Infants who are born weighing less than 2,500 grams are considered to have a low birth weight. Birth weight acts as an indicator of maternal and infant health, and may also predict later health outcomes of the baby. While some variation in risk may be present due to genetics, many low birth weight infants experience a greater risk of morbidity, infections and impaired development when compared to babies born at normal birth weight.

As shown in Figure 47, Black followed by Asian populations have the highest rate of babies born at a low birth weight among all CCDPH health districts, though the Asian population has a rate comparable to that of the Hispanic population in the southwest district. The lowest number of low birth weight births was observed among the White populations in all districts.

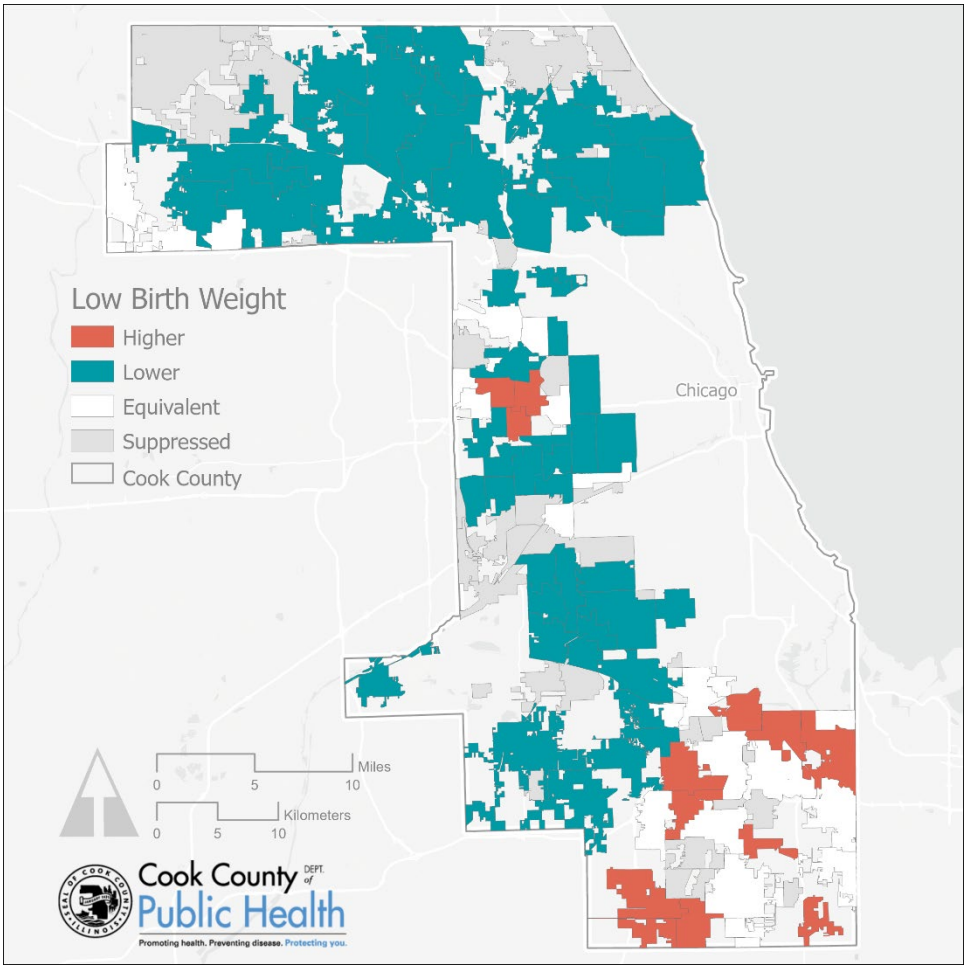
**Figure 47. Low Birth Weight Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 7.8 percent of births (Healthy People 2020)*
*Data Source: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017.*

Of the municipalities with reportable low birth weight rates, Map 32 demonstrates that clusters of rates lower than the Healthy People 2020 target of reducing the rate to 7.8 percent of infants being born at a low birth weight were primarily observed in the north and west districts. A small cluster of municipalities with rates higher than the Healthy People 2020 target was observed in the west district. Municipalities in the south district reported rates either equivalent to or higher than the target. Of these municipalities, Markham, located in the south district, reported a 12.4 percent low birth weight (Table 19).

**Map 32. Low Birth Weight Rate by Municipality, 2013–2017**




***Most municipalities throughout SCC reported low birth weight rates lower than the Healthy People 2020 target. While municipalities reporting higher rates were observed in the south health district, one cluster of municipalities was also reported in the west district.***

*Target: 7.8 percent of births (Healthy People 2020)*
*Data Source: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017.*

## Table 19. Low Birth Weight Rate by Municipality, 2013–2017

**Mortality Rate by Town of Residence, 2013-2017 (combined)**

| Area | # of Births | Percent | Comparison* Level | Area | # of Births | Percent | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 67 | 5.9 | L | Lynwood | 44 | 9.6 | E |
| Arlington Heights | 187 | 4.2 | L | Lyons | 28 | 4.4 | L |
| Barrington (pt.) | 12 | - | S | Markham | 100 | 12.4 | H |
| Barrington Hills (pt.) | - | - | S | Matteson | 92 | 10.0 | H |
| Bartlett (pt.) | 63 | 6.7 | E | Maywood | 179 | 10.8 | H |
| Bedford Park | - | - | S | McCook | - | - | S |
| Bellwood | 112 | 9.9 | H | Melrose Park | 158 | 6.7 | L |
| Berkeley | 26 | 8.9 | E | Merrionette Park | - | - | S |
| Berwyn | 218 | 5.8 | L | Mo | 44 | 5.6 | L |
| Blue Island | 129 | 7.4 | E | Morton Grove | 55 | 4.5 | L |
| Bridgeview | 63 | 5.1 | L | Mount Prospect | 174 | 5.1 | L |
| Broadview | 46 | 11.0 | H | Niles | 83 | 6.0 | L |
| Brookfield | 48 | 4.4 | L | Norridge | 32 | 4.9 | L |
| Buffalo Grove (pt.) | 37 | 4.8 | L | North Riverside | 38 | 5.2 | L |
| Burbank | 78 | 4.8 | L | Northbrook | 15 | - | S |
| Burnham | 20 | 11.4 | E | Northfield | 69 | 4.9 | L |
| Burr Ridge (pt.) | - | - | S | Northlake | 10 | - | S |
| Calumet City | 194 | 9.3 | H | Oak Forest | 74 | 5.0 | L |
| Calumet Park | 39 | 9.4 | E | Oak Lawn | 174 | 5.2 | L |
| Chicago Heights | 197 | 8.6 | E | Oak Park | 145 | 5.2 | L |
| Chicago Ridge | 66 | 5.9 | L | Olympia Fields | 15 | - | S |
| Cicero | 422 | 6.9 | L | Orland Hills | 16 | - | S |
| Country Club Hills | 77 | 9.7 | E | Orland Park (pt.) | 118 | 4.2 | L |
| Countryside | 11 | - | S | Palatine | 238 | 5.3 | L |
| Crestwood | 25 | 5.0 | L | Palos Heights | 19 | - | S |
| Des Plaines | 339 | 6.3 | L | Palos Hills | 59 | 6.1 | L |
| Dixmoor | 17 | - | S | Palos Park | 10 | - | S |
| Dolton | 145 | 11.0 | H | Park Forest (pt.) | 119 | 9.8 | H |
| East Hazel Crest | - | - | S | Park Ridge | 64 | 3.8 | L |
| Elgin (pt.) | 78 | 6.6 | E | Phoenix | 9 | - | S |
| Elk Grove Village | 94 | 6.1 | L | Posen | 19 | - | S |
| Elmwood Park | 73 | 5.8 | L | Prospect Heights | 65 | 6.0 | L |
| Evanston | 183 | 4.6 | L | Richton Park | 73 | 10.3 | H |
| Evergreen Park | 63 | 6.1 | L | River Forest | 9 | - | S |
| Flossmoor | 17 | - | S | River Grove | 37 | 6.1 | E |
| Ford Heights | 15 | - | S | Riverdale | 130 | 12.8 | H |
| Forest Park | 63 | 7.2 | E | Riverside | 21 | 5.2 | L |
| Forest View | - | - | S | Robbins | 36 | 10.9 | E |
| Franklin Park | 68 | 6.5 | E | Rolling Meadows | 79 | 5.5 | L |
| Glencoe | 5 | - | S | Roselle (pt.) | 13 | - | S |
| Glenview | 78 | 3.5 | L | Rosemont | 15 | - | S |
| Glenwood | 49 | 12.3 | H | Sauk Village | 78 | 10.6 | H |
| Golf | - | - | S | Schaumburg | 270 | 5.8 | L |
| Hanover Park (pt.) | 128 | 7.8 | E | Schiller Park | 40 | 5.4 | L |
| Harvey | 160 | 8.8 | E | Skokie | 190 | 5.9 | L |
| Harwood Heights | 26 | 5.6 | L | South Barrington | 7 | - | S |
| Hazel Crest | 95 | 12.3 | H | South Chicago Heights | 21 | 8.0 | E |
| Hickory Hills | 49 | 5.7 | L | South Holland | 93 | 9.2 | E |
| Hillside | 38 | 7.8 | E | Steger (pt.) | 22 | 7.1 | E |
| Hinsdale (pt.) | - | - | S | Stickney | 22 | 6.0 | E |
| Hodgkins | 6 | - | S | Stone Park | 22 | 6.7 | E |
| Hoffman Estates | 196 | 6.6 | L | Streamwood | 154 | 5.8 | L |
| Hometown | 17 | - | S | Summit | 66 | 8.3 | E |
| Homewood | 55 | 6.4 | E | Thornton | 8 | - | S |
| Indian Head Park | 9 | - | S | Tinley Park (pt.) | 112 | 4.3 | L |
| Inverness | 7 | - | S | Westchester | 38 | 4.7 | L |
| Justice | 59 | 5.5 | L | Western Springs | 21 | 3.6 | L |
| Kenilworth | - | - | S | Wheeling (pt.) | 167 | 6.3 | L |
| La Grange | 29 | 3.5 | L | Willow Springs | 11 | - | S |
| La Grange Park | 28 | 4.3 | L | Wilmette | 26 | 3.0 | L |
| Lansing | 108 | 7.9 | E | Winnetka | 14 | - | S |
| Lemont (pt.) | 35 | 4.2 | L | Worth | 25 | 3.7 | L |
| Lincolnwood | 25 | 4.7 | L | | | | |

Target: 7.8% of births (Healthy People 2020)
Percent of births with a birthweight less than 2,500 grams
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Birth File, 2013-2017

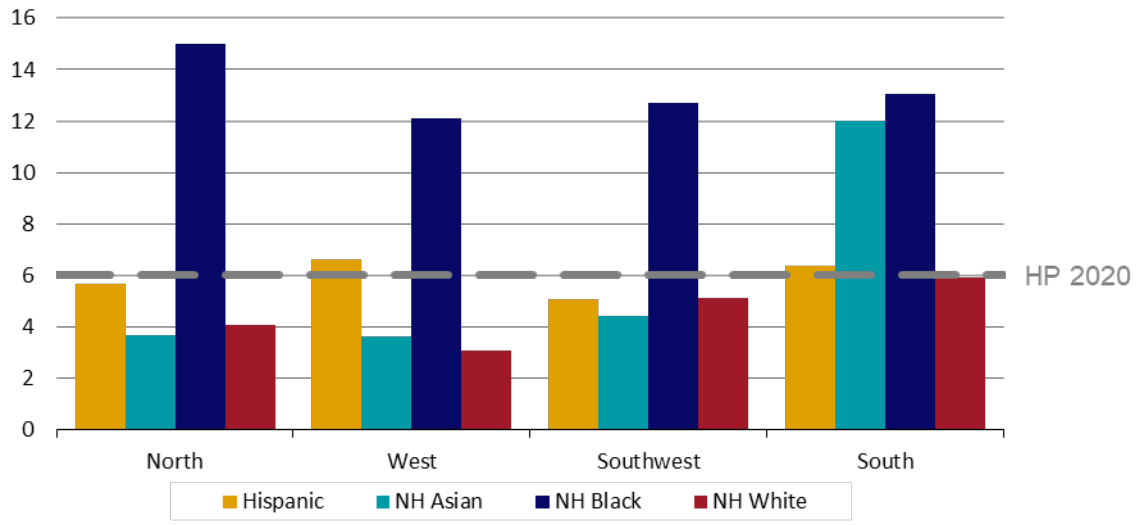
**Higher**
**Equivalent**
**Lower**

vi. Infant mortality

The infant mortality rate is a metric that describes the number of infants below the age of 1 who died in a given year among the number of births in that same year. Infant mortality acts as a marker of the overall health of a community. The leading causes of infant mortality in the United States are birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome and various injuries. Nationally, infant mortality varies by race and ethnicity, with non-Hispanic Black or African American, Native Hawaiian or Pacific Islanders, or American Indian/Alaska Native newborns being at greatest risk when compared to Hispanic, non-Hispanic White and Asian newborns.

Figure 48 demonstrates differences in infant mortality by race and ethnicity among the CCDPH districts. non-Hispanic Black populations in each district demonstrate the highest infant mortality rate, with the highest rate being observed in the north district. The non-Hispanic Asian population has an infant mortality rate close to that of the non-Hispanic Black population in the south district, though it is lower than that of the Hispanic and non-Hispanic White populations in the north and southwest districts.

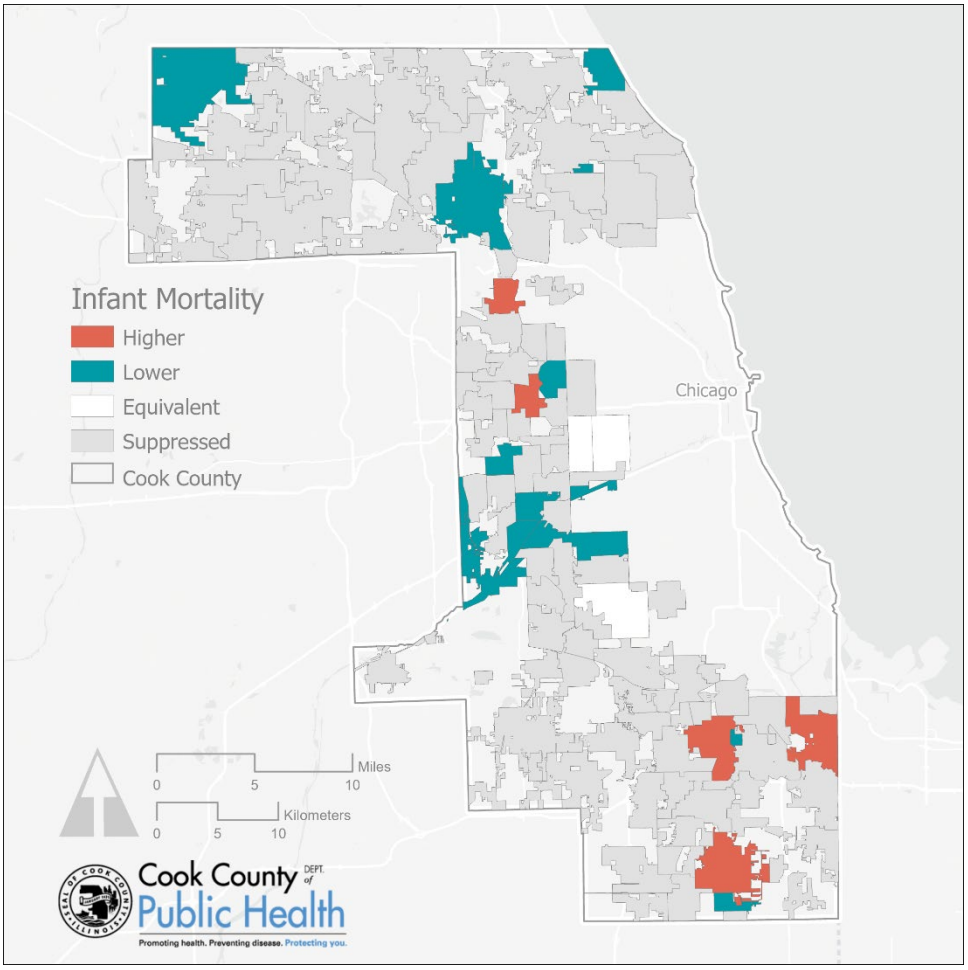
**Figure 48. Infant Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 6.0 deaths per 100,000 (Healthy People 2020)*
*Data Source: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017.*

Infant mortality was rare in SCC, and few municipalities had infant mortality rates high enough to be reportable, as shown on Map 33 and Table 20. Among municipalities with reportable infant mortality rates, those with rates lower than the Healthy People 2020 target of 6.0 deaths per 100,000 persons were distributed throughout the county, being found primarily in the north and west districts. Municipalities with rates higher than the Healthy People 2020 target were observed in the west and south districts. Schiller Park, the northernmost of the municipalities with higher infant mortality rates, reported the highest rate at 28.5 deaths per 100,000.

**Map 33. Infant Mortality Rate by Municipality, 2013–2017**




*Target: 6.0 deaths per 100,000 (Healthy People 2020)*
*Data Source: IDPH Birth File 2013–2017; National Center for Health Statistics, Compressed Natality File 2013–2017.*

***While few municipalities had reportable infant mortality rates, those with reportable rates were distributed throughout SCC. Municipalities with rates higher than the Healthy People 2020 target were localized in the west and south districts.***

## Table 20. Infant Mortality Rate by Municipality, 2013–2017

**Natality Rate by Town of Residence, 2013-2017 (combined)**

| Area | # of Births | Rate per 1,000 | Comparison* Level | Area | # of Births | Rate per 1,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 11 | - | S | Lynwood | 5 | - | S |
| Arlington Heights | 18 | - | S | Lyons | 5 | - | S |
| Barrington (pt.) | - | - | S | Markham | 14 | - | S |
| Barrington Hills (pt.) | 0 | 0.0 | L | Matteson | 12 | - | S |
| Bartlett (pt.) | 5 | - | S | Maywood | 21 | 12.7 | H |
| Bedford Park | 0 | 0.0 | L | McCook | 0 | 0.0 | L |
| Bellwood | 15 | - | S | Melrose Park | 12 | - | S |
| Berkeley | - | - | S | Merrionette Park | - | - | S |
| Berwyn | 24 | 6.4 | E | Midlothian | 6 | - | S |
| Blue Island | 16 | - | S | Morton Grove | 5 | - | S |
| Bridgeview | 5 | - | S | Mount Prospect | 19 | - | S |
| Broadview | 7 | - | S | Niles | 11 | - | S |
| Brookfield | - | - | S | Norridge | - | - | S |
| Buffalo Grove (pt.) | - | - | S | North Riverside | - | - | S |
| Burbank | 8 | - | S | Northbrook | 7 | - | S |
| Burnham | - | - | S | Northfield | - | - | S |
| Burr Ridge (pt.) | 0 | 0.0 | L | Northlake | - | - | S |
| Calumet City | 22 | 10.6 | H | Oak Forest | 9 | - | S |
| Calumet Park | 6 | - | S | Oak Lawn | 23 | 6.9 | E |
| Chicago Heights | 24 | 10.5 | H | Oak Park | 9 | - | S |
| Chicago Ridge | 11 | - | S | Olympia Fields | 5 | - | S |
| Cicero | 41 | 6.7 | E | Orland Hills | - | - | S |
| Country Club Hills | 10 | - | S | Orland Park (pt.) | 11 | - | S |
| Countryside | - | - | S | Palatine | 17 | - | S |
| Crestwood | - | - | S | Palos Heights | - | - | S |
| Des Plaines | 22 | 4.1 | L | Palos Hills | - | - | S |
| Dixmoor | - | - | S | Palos Park | - | - | S |
| Dolton | 10 | - | S | Park Forest (pt.) | 15 | - | S |
| East Hazel Crest | - | - | S | Park Ridge | 7 | - | S |
| Elgin (pt.) | 5 | - | S | Phoenix | 0 | 0.0 | L |
| Elk Grove Village | 8 | - | S | Posen | - | - | S |
| Elmwood Park | 5 | - | S | Prospect Heights | 9 | - | S |
| Evanston | 12 | - | S | Richton Park | 11 | - | S |
| Evergreen Park | - | - | S | River Forest | 0 | 0.0 | L |
| Flossmoor | - | - | S | River Grove | 6 | - | S |
| Ford Heights | - | - | S | Riverdale | 9 | - | S |
| Forest Park | 6 | - | S | Riverside | - | - | S |
| Forest View | 0 | 0.0 | L | Robbins | - | - | S |
| Franklin Park | 7 | - | S | Rolling Meadows | 7 | - | S |
| Glencoe | 0 | 0.0 | L | Roselle (pt.) | - | - | S |
| Glenview | 8 | - | S | Rosemont | - | - | S |
| Glenwood | 9 | - | S | Sauk Village | - | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | 14 | - | S |
| Hanover Park (pt.) | 12 | - | S | Schiller Park | 21 | 28.5 | H |
| Harvey | 25 | 13.8 | H | Skokie | 6 | - | S |
| Harwood Heights | - | - | S | South Barrington | 13 | - | S |
| Hazel Crest | 12 | - | S | South Chicago Heights | 0 | 0.0 | L |
| Hickory Hills | - | - | S | South Holland | 13 | - | S |
| Hillside | - | - | S | Steger (pt.) | - | - | S |
| Hinsdale (pt.) | 0 | 0.0 | L | Stickney | - | - | S |
| Hodgkins | 0 | 0.0 | L | Stone Park | - | - | S |
| Hoffman Estates | 15 | - | S | Streamwood | 15 | - | S |
| Hometown | - | - | S | Summit | - | - | S |
| Homewood | 7 | - | S | Thornton | - | - | S |
| Indian Head Park | 0 | 0.0 | L | Tinley Park (pt.) | 10 | - | S |
| Inverness | - | - | S | Westchester | - | - | S |
| Justice | 8 | - | S | Western Springs | - | - | S |
| Kenilworth | - | - | S | Wheeling (pt.) | 13 | - | S |
| La Grange | 6 | - | S | Willow Springs | 0 | 0.0 | L |
| La Grange Park | 0 | 0.0 | L | Wilmette | - | - | S |
| Lansing | 10 | - | S | Winnetka | - | - | S |
| Lemont (pt.) | 8 | - | S | Worth | - | - | S |
| Lincolnwood | - | - | S | | | | |

Target: 6 deaths per 1,000 live births (Healthy People 2020)
Deaths of infants less than one year old per 1,000 live births
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Birth File, 2013-2017

**Higher**
**Equivalent**
**Lower**

## d. Mortality, illness and injury

CCDPH looks at data for many chronic and acute illnesses. We focus on morbidities that place significant burden on the health system or have significant impact on the daily life of residents, and for which primary, secondary and/or tertiary prevention methods exist.

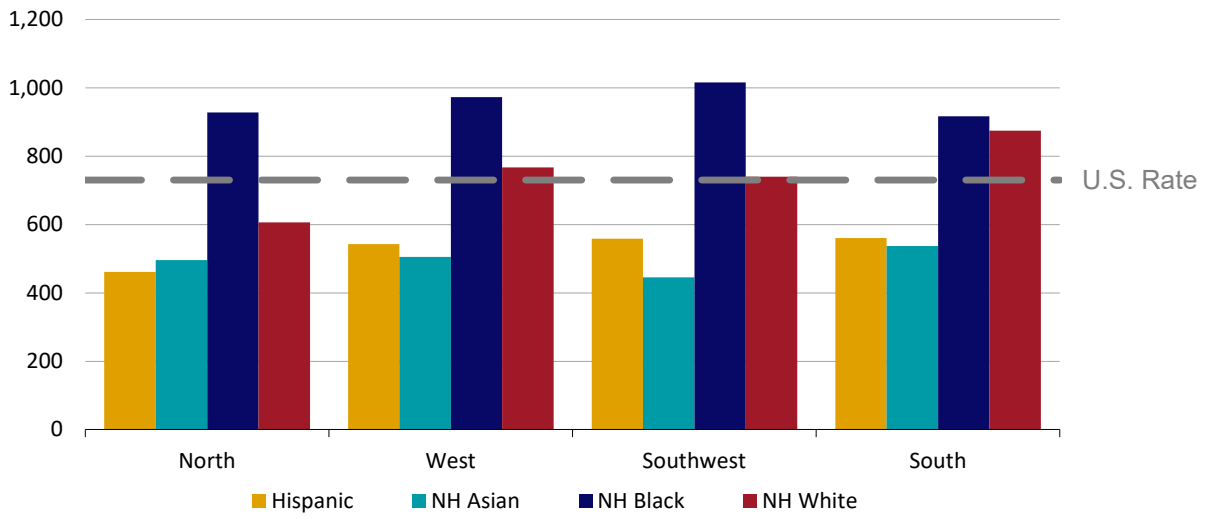
### i. Mortality rates by category

This section uses mortality data from the Illinois Department of Public Health to present a series of charts, tables and maps organized by category. Most of the data in the tables and maps are summarized by municipality, whereas the rates presented in the charts are grouped by health district. When possible, rates are examined relative to the nation as a whole or a target rate put forward by Healthy People 2020. Municipalities shaded in red in the tables and maps have a rate greater than the specified target, those in teal are under the specified rate and those in White have met the goal.

*All Causes*

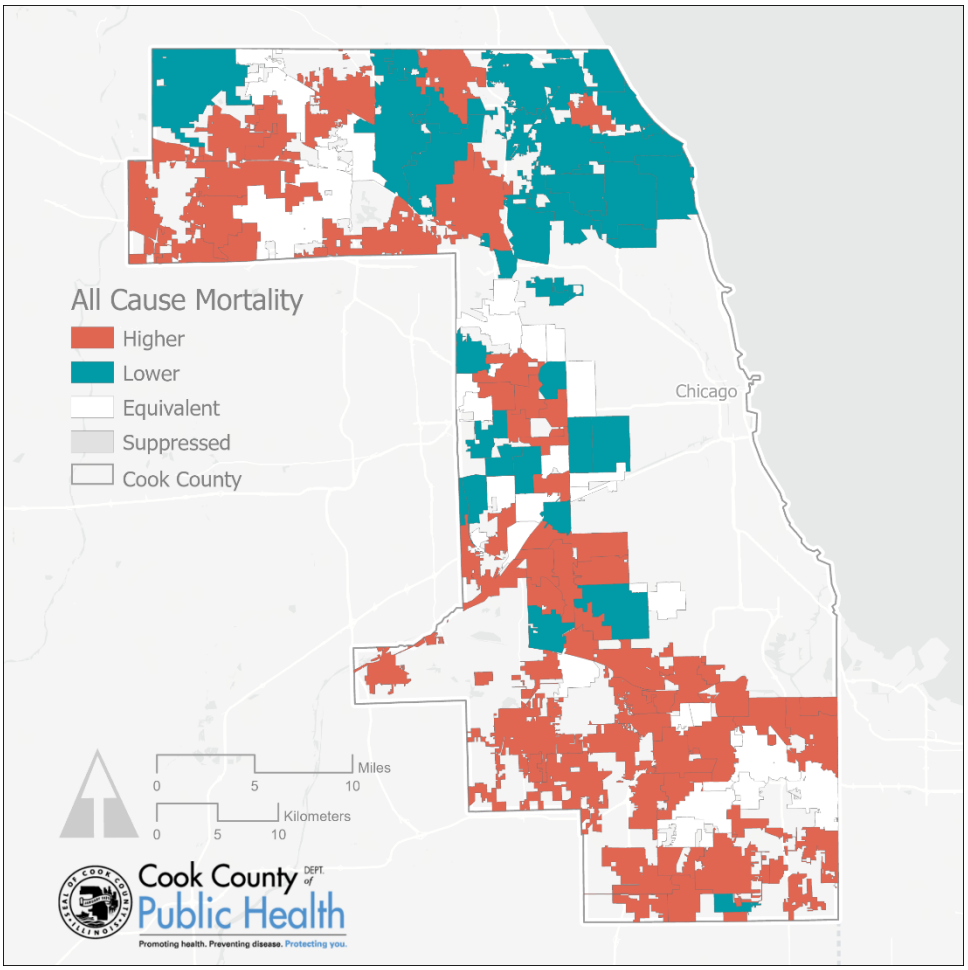
Figure 49 details the mortality rate from all causes by race and ethnicity within CCDPH district, further showing the U.S. average all-cause mortality rate. Non-Hispanic Black populations in each of the CCDPH health districts have all-cause mortality rates that exceed the U.S. rate, with the rate being highest in the southwest district. In all but the north district, non-Hispanic White populations have an all-cause mortality rate either greater than or equal to the U.S. rate, while Hispanic and non-Hispanic Asian populations have all-cause mortality rates lower than that of the U.S. rate in each of the CCDPH health districts.

**Figure 49. All-Cause Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Mortality ICD-10 Codes: All Causes.*
*Data sources: IDPH Death File 2013–2017; National Center for Health Statistics, Compressed Mortality File 2013–2017.*

**Map 34. All-Cause Mortality Rate by Municipality, 2013–2017**




*Municipalities in teal have a mortality rate lower than the Healthy People 2020 goal of 730.0 deaths per 100,000 persons. The northern area of SCC has the greatest number of municipalities who have a lower mortality rate than the Healthy People 2020 goal, while the south district has the highest number of municipalities who have a mortality rate greater than the goal.*

*Mortality ICD-10 Codes: All Causes*
*Data source: IDPH Death File 2013–2017*

Map 34 and Table 21 depict patterning of mortality from all causes throughout SCC. As shown in Map 34, the spatial patterning of mortality rates throughout the county varies though the lowest rates are most densely located in the north district and the highest rates are most densely located in the south district. Table 21 specifies the mortality rate of each SCC municipality. With a mortality rate of 2,928.6 deaths per 100,00 persons, Northfield has the highest mortality rate of all listed municipalities, closely followed by North Riverside, which has a mortality rate of 1,918.5 deaths per 100,000 persons. Glencoe and Golf report the lowest mortality rates of all municipalities, with mortality rates of 346.3 and 347.5 deaths per 100,000 persons respectively.

## Table 21. All-Cause Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 850 | 873.8 | H | Lynwood | 377 | 1319.3 | H |
| Arlington Heights | 3598 | 614.4 | L | Lyons | 499 | 872.1 | H |
| Barrington (pt.) | 302 | 783.3 | E | Markham | 645 | 1037.0 | H |
| Barrington Hills (pt.) | 44 | 350.1 | L | Matteson | 961 | 1409.4 | H |
| Bartlett (pt.) | 648 | 1082.4 | H | Maywood | 1029 | 1061.1 | H |
| Bedford Park | 38 | 1186.0 | H | McCook | 15 | 710.2 | E |
| Bellwood | 767 | 1059.1 | H | Melrose Park | 1122 | 965.6 | H |
| Berkeley | 211 | 695.1 | E | Merrionette Park | 115 | 974.0 | H |
| Berwyn | 1716 | 659.0 | L | Midlothian | 599 | 939.0 | H |
| Blue Island | 957 | 974.8 | H | Morton Grove | 1169 | 561.1 | L |
| Bridgeview | 818 | 939.6 | H | Mount Prospect | 2039 | 576.7 | L |
| Broadview | 391 | 1003.4 | H | Niles | 2408 | 644.0 | L |
| Brookfield | 767 | 621.8 | L | Norridge | 1118 | 584.8 | L |
| Buffalo Grove (pt.) | 597 | 644.5 | L | North Riverside | 811 | 1918.4 | H |
| Burbank | 1270 | 788.2 | H | Northbrook | 403 | 465.1 | L |
| Burnham | 171 | 1032.1 | H | Northfield | 2349 | 2928.6 | H |
| Burr Ridge (pt.) | 267 | 963.0 | H | Northlake | 275 | 90.8 | L |
| Calumet City | 1604 | 823.9 | H | Oak Forest | 1046 | 883.7 | H |
| Calumet Park | 340 | 1105.6 | H | Oak Lawn | 3189 | 681.1 | L |
| Chicago Heights | 1430 | 944.7 | H | Oak Park | 1602 | 711.9 | E |
| Chicago Ridge | 641 | 897.8 | H | Olympia Fields | 413 | 900.1 | H |
| Cicero | 1691 | 647.1 | L | Orland Hills | 159 | 1016.6 | H |
| Country Club Hills | 714 | 1241.8 | H | Orland Park (pt.) | 3129 | 767.6 | H |
| Countryside | 335 | 884.8 | H | Palatine | 2157 | 802.6 | H |
| Crestwood | 712 | 818.5 | H | Palos Heights | 999 | 752.4 | E |
| Des Plaines | 3553 | 814.6 | H | Palos Hills | 813 | 638.4 | L |
| Dixmoor | 116 | 685.2 | E | Palos Park | 771 | 1444.3 | H |
| Dolton | 942 | 1068.4 | H | Park Forest (pt.) | 980 | 934.5 | H |
| East Hazel Crest | 66 | 890.6 | E | Park Ridge | 1813 | 554.3 | L |
| Elgin (pt.) | 639 | 875.3 | H | Phoenix | 115 | 870.9 | E |
| Elk Grove Village | 1402 | 776.3 | H | Posen | 166 | 735.4 | E |
| Elmwood Park | 1146 | 721.0 | E | Prospect Heights | 541 | 596.1 | L |
| Evanston | 2575 | 639.9 | L | Richton Park | 577 | 1319.8 | H |
| Evergreen Park | 946 | 714.2 | E | River Forest | 328 | 444.3 | L |
| Flossmoor | 403 | 765.7 | E | River Grove | 437 | 686.8 | E |
| Ford Heights | 134 | 1434.0 | H | Riverdale | 490 | 1176.3 | H |
| Forest Park | 606 | 834.3 | H | Riverside | 342 | 685.6 | E |
| Forest View | 44 | 683.9 | E | Robbins | 331 | 1084.0 | H |
| Franklin Park | 663 | 708.8 | E | Rolling Meadows | 858 | 712.5 | E |
| Glencoe | 191 | 346.3 | L | Roselle (pt.) | 126 | 913.1 | H |
| Glenview | 2275 | 596.7 | L | Rosemont | 127 | 598.4 | L |
| Glenwood | 417 | 856.0 | H | Sauk Village | 363 | 1300.9 | H |
| Golf | 12 | 347.5 | L | Schaumburg | 2719 | 726.2 | E |
| Hanover Park (pt.) | 440 | 1093.6 | H | Schiller Park | 403 | 779.8 | E |
| Harvey | 1092 | 1044.1 | H | Skokie | 2692 | 507.8 | L |
| Harwood Heights | 377 | 560.8 | L | South Barrington | 124 | 1022.5 | H |
| Hazel Crest | 807 | 1119.3 | H | South Chicago Heights | 155 | 591.8 | L |
| Hickory Hills | 594 | 826.0 | H | South Holland | 1261 | 759.0 | E |
| Hillside | 403 | 796.4 | E | Steger (pt.) | 232 | 1134.0 | H |
| Hinsdale (pt.) | 60 | 465.9 | L | Stickney | 286 | 663.5 | E |
| Hodgkins | 90 | 809.0 | E | Stone Park | 110 | 747.3 | E |
| Hoffman Estates | 1535 | 892.3 | H | Streamwood | 1049 | 974.0 | H |
| Hometown | 244 | 780.2 | E | Summit | 315 | 658.2 | L |
| Homewood | 963 | 769.8 | E | Thornton | 136 | 804.8 | E |
| Indian Head Park | 293 | 657.4 | E | Tinley Park (pt.) | 2265 | 880.9 | H |
| Inverness | 308 | 784.9 | E | Westchester | 1048 | 585.8 | L |
| Justice | 546 | 1362.5 | H | Western Springs | 386 | 519.8 | L |
| Kenilworth | 48 | 574.0 | L | Wheeling (pt.) | 1429 | 770.2 | H |
| La Grange | 661 | 745.4 | E | Willow Springs | 211 | 841.4 | H |
| La Grange Park | 884 | 529.6 | L | Wilmette | 966 | 480.8 | L |
| Lansing | 1296 | 713.6 | E | Winnetka | 308 | 544.3 | L |
| Lemont (pt.) | 927 | 987.2 | H | Worth | 541 | 960.9 | H |
| Lincolnwood | 735 | 532.7 | L | | | | |

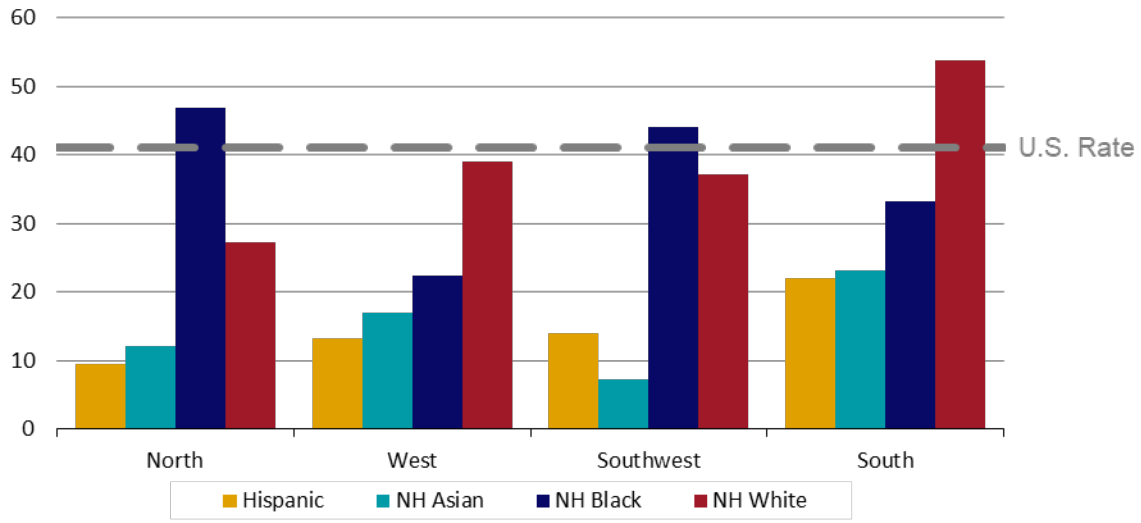
Target: 730.0 deaths per 100,000 (U.S. Rate 2013-201)
^Mortality ICD-10 Codes: All
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

*Chronic Lower Respiratory Disease*

Chronic lower respiratory disease is a broad term for chronic conditions which impact the health and functioning of the respiratory tract and the lungs. The most common lower respiratory diseases include chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema and asthma. Because of the interference with sufficient oxygen intake, these conditions may cause fatigue, shortness of breath or a chronic cough, all of which may impact the quality of life of those with the condition.

Figure 50 describes the mortality rate associated with chronic lower respiratory disease in SCC among the four CCDPH health districts from 2013–2017, compared to the U.S. rate. In each district, non-Hispanic Black and non-Hispanic White residents had the highest mortality rates from chronic lower respiratory disease when compared to the Hispanic and non-Hispanic Asian populations. The mortality rates of non-Hispanic Black populations in the north and southwest districts and of non-Hispanic White populations in the south district exceeded that of the U.S. rate.

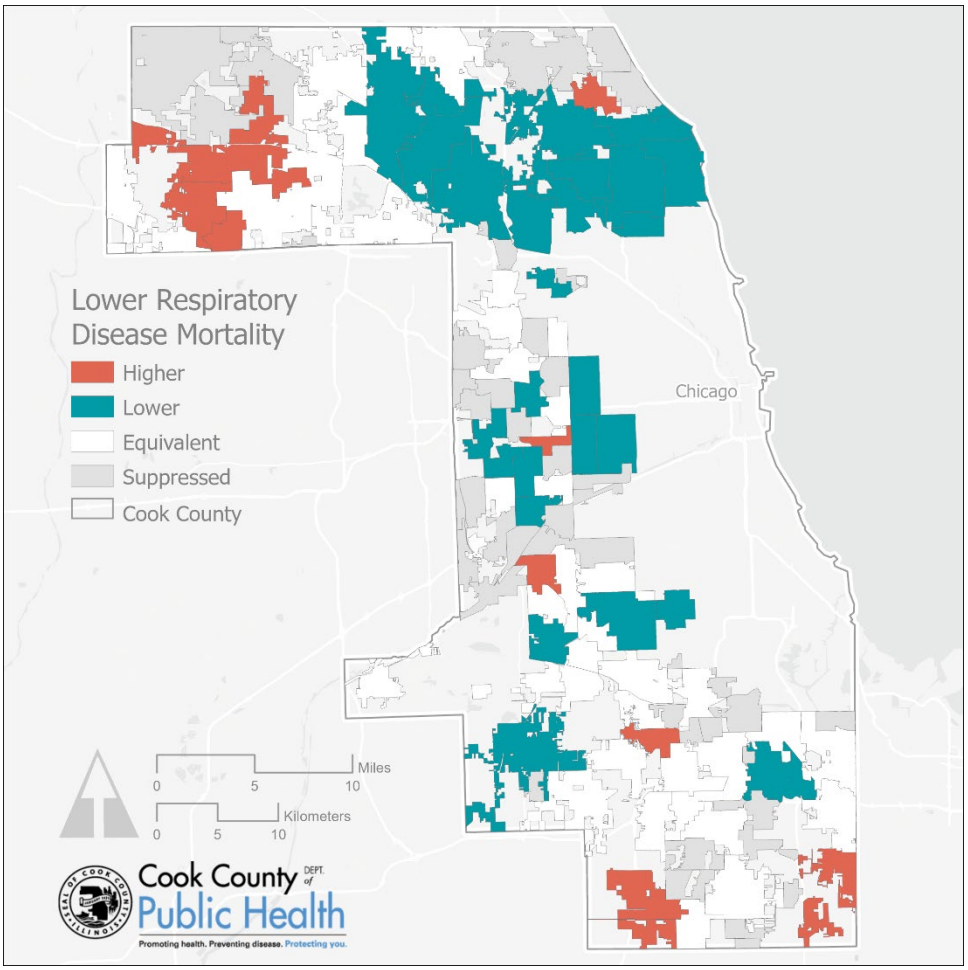
**Figure 50. Chronic Lower Respiratory Disease Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 41.1 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: J40-J47*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017*

The spatial patterning of mortality from chronic lower respiratory disease is displayed in Map 35 and Table 22. Most municipalities in SCC report a mortality rate from lower respiratory disease either lesser than or equivalent to the U.S. average rate of 41.1 deaths per 100,000 persons. Municipalities with rates below the U.S. average are clustered primarily in the northern part of the county. Clusters of higher mortality rates are in the northwest and south districts. As detailed in Table 22, the highest mortality rate from chronic lower respiratory disease is found in North Riverside, with a rate equal to 105.7 deaths per 100,000 persons. The lowest mortality rate is observed in Golf and Kenilworth, which both report a rate of 0 deaths per 100,000 persons.

**Map 35. Chronic Lower Respiratory Disease Mortality Rate by Municipality, 2013–2017**




***Most municipalities in SCC report a mortality rate from chronic lower respiratory disease equivalent to the Healthy People 2020 goal. Municipalities with mortality rates lower than the goal are primarily located in the northern part of the county.***

*Target: 41.1 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: J40-J47*
*Data source: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 22. Chronic Lower Respiratory Disease Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 38 | 42.0 | E | Lynwood | 24 | 84.1 | H |
| Arlington Heights | 169 | 28.4 | L | Lyons | 26 | 46.2 | E |
| Barrington (pt.) | 19 | - | S | Markham | 31 | 48.4 | E |
| Barrington Hills (pt.) | - | - | S | Matteson | 44 | 67.4 | H |
| Bartlett (pt.) | 29 | 45.0 | E | Maywood | 29 | 26.5 | L |
| Bedford Park | - | - | S | McCook | 0 | 0.0 | L |
| Bellwood | 15 | - | S | Melrose Park | 54 | 46.1 | E |
| Berkeley | 11 | - | S | Merrionette Park | 8 | - | S |
| Berwyn | 86 | 32.6 | L | Midlothian | 37 | 60.9 | H |
| Blue Island | 46 | 48.3 | E | Morton Grove | 44 | 19.5 | L |
| Bridgeview | 43 | 48.9 | E | Mount Prospect | 80 | 22.6 | L |
| Broadview | 6 | - | S | Niles | 85 | 19.8 | L |
| Brookfield | 35 | 26.5 | L | Norridge | 47 | 26.2 | L |
| Buffalo Grove (pt.) | 32 | 32.0 | E | North Riverside | 51 | 105.7 | H |
| Burbank | 62 | 37.7 | E | Northbrook | 17 | - | S |
| Burnham | 19 | - | S | Northfield | 77 | 83.7 | H |
| Burr Ridge (pt.) | 12 | - | S | Northlake | 9 | - | S |
| Calumet City | 77 | 38.2 | E | Oak Forest | 57 | 51.2 | E |
| Calumet Park | 17 | - | S | Oak Lawn | 164 | 32.2 | L |
| Chicago Heights | 75 | 48.7 | E | Oak Park | 69 | 32.4 | L |
| Chicago Ridge | 30 | 40.6 | E | Olympia Fields | 18 | - | S |
| Cicero | 61 | 24.9 | L | Orland Hills | - | - | S |
| Country Club Hills | 28 | 55.8 | E | Orland Park (pt.) | 135 | 33.7 | L |
| Countryside | 18 | - | S | Palatine | 107 | 42.6 | E |
| Crestwood | 45 | 52.7 | E | Palos Heights | 56 | 39.6 | E |
| Des Plaines | 158 | 33.9 | L | Palos Hills | 33 | 25.7 | L |
| Dixmoor | - | - | S | Palos Park | 26 | 49.3 | E |
| Dolton | 38 | 42.3 | E | Park Forest (pt.) | 49 | 44.9 | E |
| East Hazel Crest | - | - | S | Park Ridge | 77 | 22.1 | L |
| Elgin (pt.) | 23 | 34.2 | E | Phoenix | 8 | - | S |
| Elk Grove Village | 78 | 43.2 | E | Posen | 9 | - | S |
| Elmwood Park | 56 | 34.1 | E | Prospect Heights | 22 | 24.8 | L |
| Evanston | 138 | 30.8 | L | Richton Park | 32 | 75.4 | H |
| Evergreen Park | 40 | 27.1 | L | River Forest | 11 | - | S |
| Flossmoor | 12 | - | S | River Grove | 16 | - | S |
| Ford Heights | 8 | - | S | Riverdale | 12 | - | S |
| Forest Park | 22 | 29.7 | E | Riverside | 17 | - | S |
| Forest View | - | - | S | Robbins | 15 | - | S |
| Franklin Park | 34 | 36.2 | E | Rolling Meadows | 53 | 43.4 | E |
| Glencoe | - | - | S | Roselle (pt.) | - | - | S |
| Glenview | 84 | 20.2 | L | Rosemont | 5 | - | S |
| Glenwood | 19 | - | S | Sauk Village | 22 | 107.8 | H |
| Golf | 0 | 0.0 | L | Schaumburg | 141 | 38.7 | E |
| Hanover Park (pt.) | 24 | 65.7 | H | Schiller Park | 23 | 47.3 | E |
| Harvey | 35 | 35.0 | E | Skokie | 102 | 18.2 | L |
| Harwood Heights | 14 | - | S | South Barrington | - | - | S |
| Hazel Crest | 44 | 59.2 | E | South Chicago Heights | 9 | - | S |
| Hickory Hills | 26 | 37.0 | E | South Holland | 48 | 29.5 | L |
| Hillside | 11 | - | S | Steger (pt.) | 14 | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | 12 | - | S |
| Hodgkins | 11 | - | S | Stone Park | - | - | S |
| Hoffman Estates | 82 | 52.2 | H | Streamwood | 54 | 55.6 | H |
| Hometown | 21 | 61.4 | E | Summit | 11 | - | S |
| Homewood | 44 | 35.4 | E | Thornton | 14 | - | S |
| Indian Head Park | 22 | 46.9 | E | Tinley Park (pt.) | 108 | 42.8 | E |
| Inverness | 9 | - | S | Westchester | 43 | 20.7 | L |
| Justice | 31 | 81.7 | H | Western Springs | 12 | - | S |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | 60 | 36.5 | E |
| La Grange | 29 | 30.9 | E | Willow Springs | 12 | - | S |
| La Grange Park | 27 | 14.4 | L | Wilmette | 37 | 17.5 | L |
| Lansing | 76 | 39.9 | E | Winnetka | 9 | - | S |
| Lemont (pt.) | 40 | 49.9 | E | Worth | 35 | 61.4 | E |
| Lincolnwood | 32 | 21.2 | L | | | | |

Target: 41.1 deaths per 100,000 (U.S. Rate 2013-2017)
Mortality ICD-10 Codes: J40-J47
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

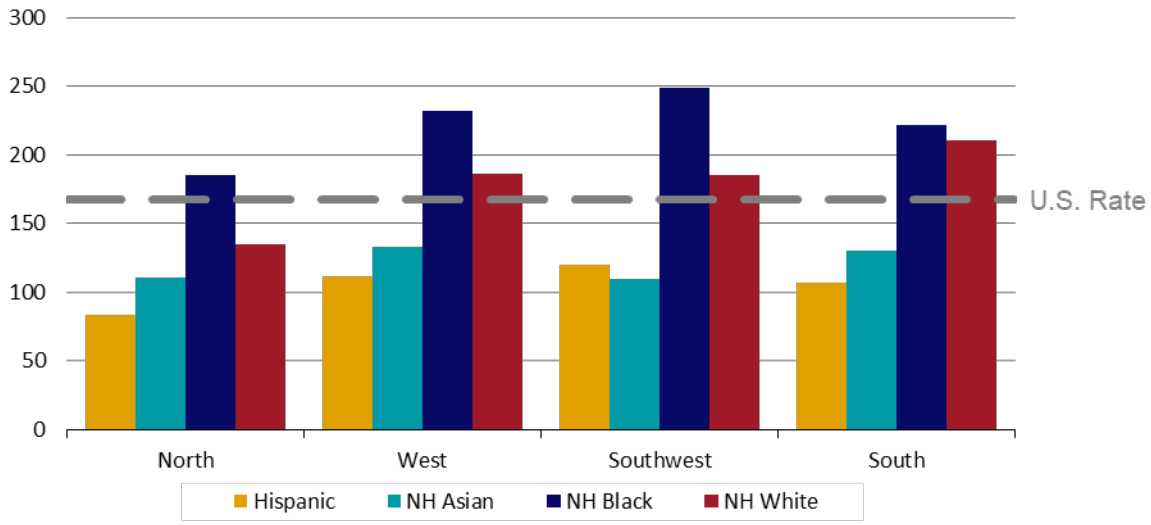
Higher
Equivalent
Lower

*Heart Disease*

Heart disease, including angina or coronary heart disease, is one of the leading causes of death nationally and occurs due to the buildup of arterial plaque, thus leading to the narrowing of arteries, or through plaque rupturing and causing a blood clot. Risk for mortality as a result of heart disease is greater among those with diabetes, whose BMI would be classified as obese, who maintain an unhealthy diet or are physically inactive, and who drink excessive amounts of alcohol.

As indicated in Figure 51, non-Hispanic Black populations in each of the CCDPH health districts had the highest mortality rates attributable to heart disease that additionally exceed the U.S. rate, with the highest rate being observed in the southwest district. Non-Hispanic White populations exceeded the U.S. mortality rate in the west, southwest and south districts. Non-Hispanic Asian and Hispanic populations had the lowest mortality rates attributable to heart disease in each district, with rates that fall below the U.S. rate.

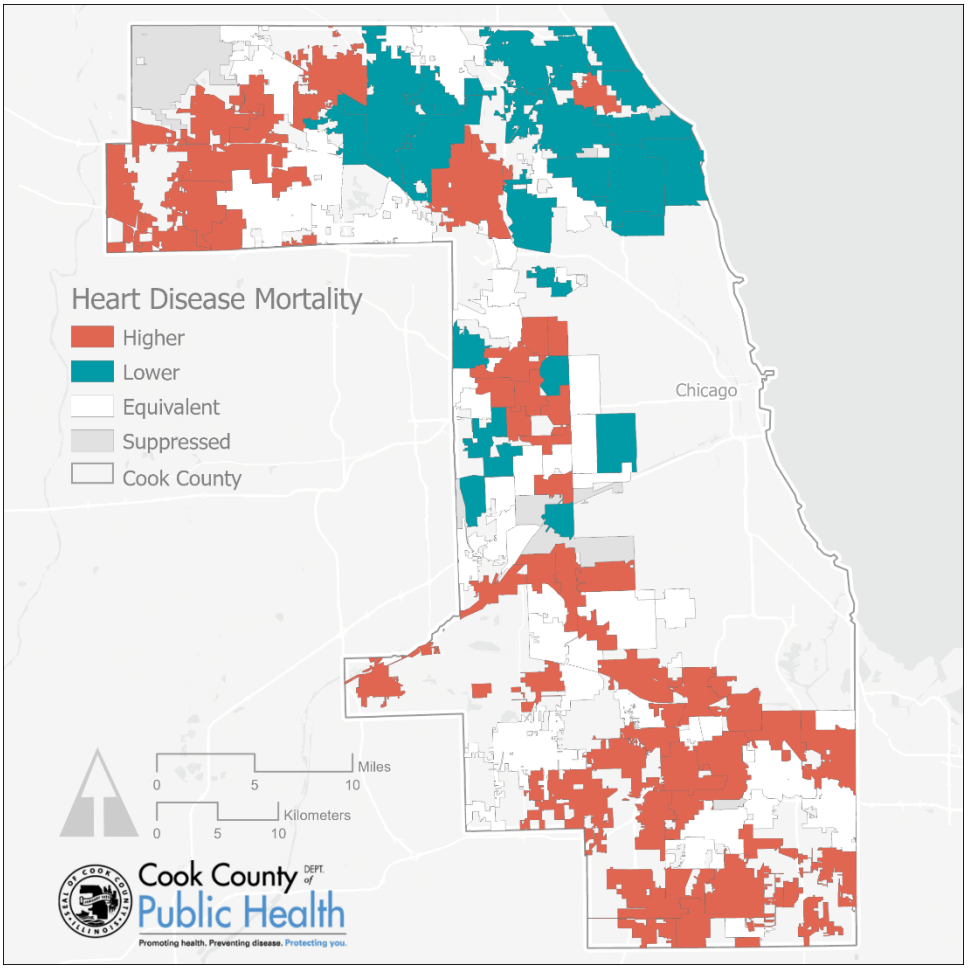
**Figure 51. Heart Disease Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 167.1 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: I00-I09, I11, I13, I20-I51*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

Map 36 and Table 23 demonstrate that most municipalities in SCC have mortality rates attributable to heart disease greater than the U.S. average of 167.1 deaths per 100,000 persons. These municipalities are most densely located throughout the northwest, southwest and south districts. Those municipalities that have a lower mortality rate are clustered in the north district. Among municipalities with mortality rates that exceed the U.S. average, Northfield reports the highest mortality rate, at 665.2 deaths per 100,000 persons. Northlake has the lowest reported mortality rate, at 13.1 deaths per 100,000 persons.

**Map 36. Heart Disease Mortality Rate by Municipality, 2013–2017**




***While most municipalities in SCC report mortality rates greater than the U.S. average mortality rate attributable to heart disease, municipalities with lower mortality rates are located primarily in the north district.***

*Target: 167.1 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: I00-I09, I11, I13, I20-I51*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017*

## Table 23. Heart Disease Mortality Rate by Municipality, 2013–2017

**Mortality Rate by Town of Residence, 2013-2017 (combined)**

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 220 | 226.3 | H | Lynwood | 94 | 329.93 | H |
| Arlington Heights | 821 | 132.3 | L | Lyons | 134 | 231.83 | H |
| Barrington (pt.) | 58 | 133.5 | E | Markham | 178 | 285.19 | H |
| Barrington Hills (pt.) | 11 | - | S | Matteson | 241 | 358.19 | H |
| Bartlett (pt.) | 139 | 233.5 | H | Maywood | 253 | 267.87 | H |
| Bedford Park | 15 | - | S | McCook | - | - | S |
| Bellwood | 182 | 251.8 | H | Melrose Park | 264 | 228.42 | H |
| Berkeley | 51 | 159.4 | E | Merrionette Park | 27 | 220.95 | E |
| Berwyn | 418 | 163.5 | E | Midlothian | 128 | 207.44 | H |
| Blue Island | 255 | 264.0 | H | Morton Grove | 288 | 131.94 | L |
| Bridgeview | 214 | 246.2 | H | Mount Prospect | 474 | 129.88 | L |
| Broadview | 89 | 223.0 | H | Niles | 640 | 156.72 | E |
| Brookfield | 190 | 151.7 | E | Norridge | 291 | 136.9 | L |
| Buffalo Grove (pt.) | 132 | 140.4 | E | North Riverside | 238 | 516.26 | H |
| Burbank | 313 | 192.3 | H | Northbrook | 100 | 111.18 | L |
| Burnham | 35 | 217.1 | E | Northfield | 588 | 685.21 | H |
| Burr Ridge (pt.) | 63 | 223.5 | E | Northlake | 52 | 13.06 | L |
| Calumet City | 383 | 194.7 | H | Oak Forest | 255 | 213.57 | H |
| Calumet Park | 84 | 280.8 | H | Oak Lawn | 900 | 181.62 | E |
| Chicago Heights | 370 | 244.1 | H | Oak Park | 351 | 154.9 | E |
| Chicago Ridge | 182 | 246.9 | H | Olympia Fields | 114 | 226.75 | H |
| Cicero | 376 | 151.4 | L | Orland Hills | 36 | 241.83 | H |
| Country Club Hills | 180 | 321.6 | H | Orland Park (pt.) | 788 | 179.28 | E |
| Countryside | 76 | 203.8 | E | Palatine | 489 | 183.13 | H |
| Crestwood | 190 | 204.9 | E | Palos Heights | 247 | 163.68 | E |
| Des Plaines | 866 | 191.1 | H | Palos Hills | 218 | 165.16 | E |
| Dixmoor | 26 | 159.0 | E | Palos Park | 230 | 319.19 | H |
| Dolton | 215 | 243.0 | H | Park Forest (pt.) | 253 | 234.84 | H |
| East Hazel Crest | 19 | - | S | Park Ridge | 456 | 128.72 | L |
| Elgin (pt.) | 148 | 205.7 | H | Phoenix | 37 | 256.75 | E |
| Elk Grove Village | 309 | 166.2 | E | Posen | 33 | 154.88 | E |
| Elmwood Park | 340 | 209.3 | H | Prospect Heights | 125 | 138.52 | L |
| Evanston | 574 | 136.5 | L | Richton Park | 115 | 274.03 | H |
| Evergreen Park | 256 | 182.6 | E | River Forest | 70 | 89.41 | L |
| Flossmoor | 74 | 139.7 | E | River Grove | 138 | 209.29 | H |
| Ford Heights | 25 | 291.2 | H | Riverdale | 117 | 291.04 | H |
| Forest Park | 150 | 203.8 | H | Riverside | 80 | 158.24 | E |
| Forest View | 11 | - | S | Robbins | 89 | 276.22 | H |
| Franklin Park | 174 | 189.0 | E | Rolling Meadows | 173 | 144.6 | L |
| Glencoe | 38 | 64.4 | L | Roselle (pt.) | 35 | 244.53 | H |
| Glenview | 536 | 123.1 | L | Rosemont | 32 | 147.42 | E |
| Glenwood | 110 | 220.0 | H | Sauk Village | 87 | 364.88 | H |
| Golf | - | - | S | Schaumburg | 634 | 164.02 | E |
| Hanover Park (pt.) | 88 | 224.3 | H | Schiller Park | 100 | 196.12 | E |
| Harvey | 261 | 253.9 | H | Skokie | 602 | 107.09 | L |
| Harwood Heights | 102 | 151.6 | E | South Barrington | 31 | 273.51 | H |
| Hazel Crest | 191 | 258.0 | H | South Chicago Heights | 39 | 142.66 | E |
| Hickory Hills | 139 | 192.2 | E | South Holland | 319 | 182.19 | E |
| Hillside | 98 | 179.1 | E | Steger (pt.) | 60 | 293.13 | H |
| Hinsdale (pt.) | 13 | - | S | Stickney | 74 | 169.43 | E |
| Hodgkins | 23 | 207.1 | E | Stone Park | 20 | 147.17 | E |
| Hoffman Estates | 336 | 191.9 | H | Streamwood | 214 | 201.58 | H |
| Hometown | 64 | 190.9 | E | Summit | 63 | 134.14 | L |
| Homewood | 244 | 185.7 | E | Thornton | 38 | 235.74 | E |
| Indian Head Park | 65 | 146.3 | E | Tinley Park (pt.) | 601 | 221.96 | H |
| Inverness | 62 | 139.7 | E | Westchester | 249 | 130.91 | L |
| Justice | 149 | 381.7 | H | Western Springs | 81 | 106.87 | L |
| Kenilworth | 8 | - | S | Wheeling (pt.) | 342 | 172.24 | E |
| La Grange | 163 | 180.0 | E | Willow Springs | 56 | 223.36 | H |
| La Grange Park | 225 | 128.4 | L | Wilmette | 230 | 108.28 | L |
| Lansing | 339 | 182.1 | E | Winnetka | 59 | 107.94 | L |
| Lemont (pt.) | 240 | 229.7 | H | Worth | 117 | 201.12 | E |
| Lincolnwood | 177 | 114.0 | L | | | | |

Target: 167.1 deaths per 100,000 (U.S. Rate 2013-2017)
Mortality ICD-10 Codes: I00-I09, I11, I13, I20-I51
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

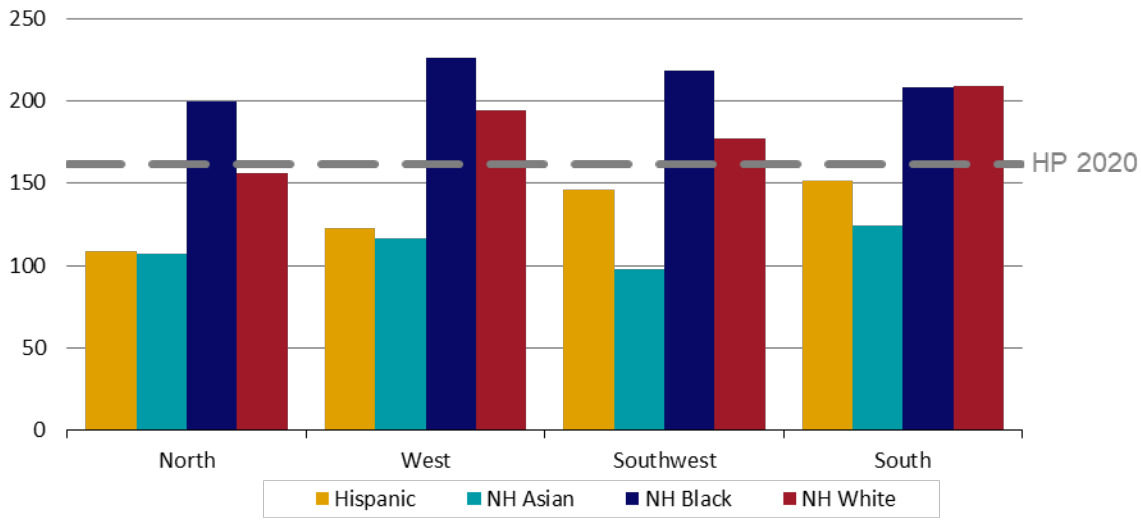
**Higher**
**Equivalent**
**Lower**

*All Cancer*

Cancer broadly describes a set of diseases that develop as a result of abnormal and uncontrolled cell growth that may invade tissues and interfere with normal bodily functioning. The most common types of cancer are breast, colorectal, lung and breast cancer. Early detection remains the best strategy for preventing the aggressive development of cancer.

Figure 52 specifies the mortality rate attributable to all cancers in SCC by race and ethnicity within each CCDPH health district. Non-Hispanic Black populations in the north, west and southwest health district exhibit the highest mortality rates that additionally exceed the Healthy People 2020 goal mortality rate limit attributable to all cancers. The mortality rate among non-Hispanic White populations in the south district exceeds the Healthy People 2020 goal and is marginally higher than that observed among the non-Hispanic Black population in the south district. Hispanic populations in each district have mortality rates that exceed the rate observed among non-Hispanic Asian populations, with this difference being greatest in the southwest district.

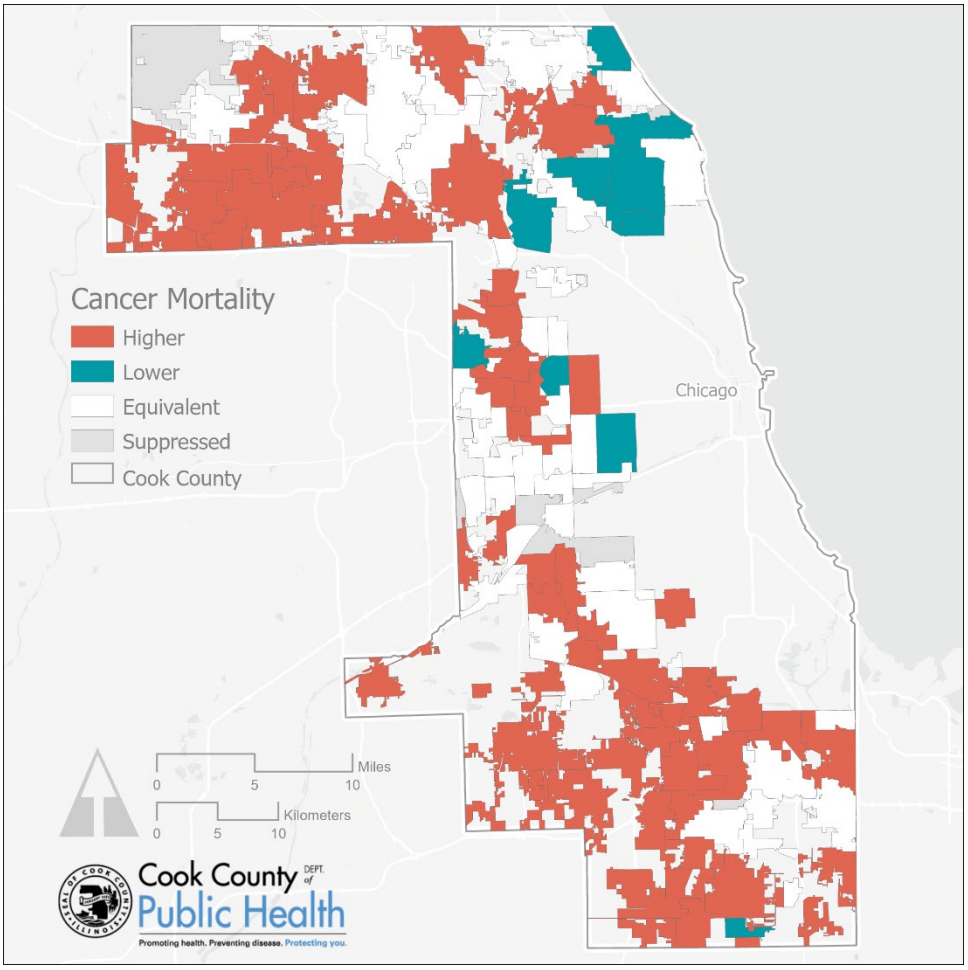
**Figure 52. Cancer Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 161.4 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: C00-C97*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

The distribution of mortality attributable to all cancers throughout SCC is displayed on Map 37. Very few municipalities have reduced their mortality rates to meet the Healthy People 2020 goal of 161.4 deaths per 100,000 persons. The municipalities that have rates lower than the target are clustered primarily in the north district, though the municipality with the lowest rate is found in the community of Cicero with a mortality rate of 148.7 deaths per 100,000 persons (Table 24). The highest mortality rate is found in Palos Park, with a mortality rate of 366.8 deaths per 100,00 persons.

**Map 37. Cancer Mortality Rate by Municipality, 2013–2017**




***Few municipalities in SCC have reduced their cancer mortality rates to lower than the Healthy People 2020 goal. Most municipalities throughout SCC have cancer mortality rates that are greater than the Healthy People 2020 goal.***

*Target: 161.4 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: C00-C97*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 24. Cancer Mortality Rate by Municipality, 2013–2017

**Mortality Rate by Town of Residence, 2013-2017 (combined)**

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 193 | 196.1 | H | Lynwood | 95 | 349.0 | H |
| Arlington Heights | 836 | 154.7 | E | Lyons | 110 | 197.9 | E |
| Barrington (pt.) | 69 | 188.4 | E | Markham | 140 | 225.8 | H |
| Barrington Hills (pt.) | 14 | - | S | Matteson | 234 | 358.7 | H |
| Bartlett (pt.) | 140 | 263.2 | H | Maywood | 268 | 270.9 | H |
| Bedford Park | 12 | - | S | McCook | - | - | S |
| Bellwood | 166 | 227.6 | H | Melrose Park | 266 | 241.7 | H |
| Berkeley | 52 | 179.6 | E | Merrionette Park | 31 | 257.8 | E |
| Berwyn | 398 | 153.1 | E | Midlothian | 147 | 228.6 | H |
| Blue Island | 237 | 248.9 | H | Morton Grove | 255 | 129.3 | L |
| Bridgeview | 176 | 204.9 | H | Mount Prospect | 536 | 157.0 | E |
| Broadview | 101 | 253.7 | H | Niles | 482 | 152.1 | E |
| Brookfield | 186 | 160.1 | E | Norridge | 235 | 144.7 | E |
| Buffalo Grove (pt.) | 171 | 190.7 | E | North Riverside | 158 | 366.4 | H |
| Burbank | 290 | 180.7 | E | Northbrook | 95 | 129.7 | E |
| Burnham | 38 | 222.8 | E | Northfield | 545 | 745.1 | H |
| Burr Ridge (pt.) | 61 | 232.2 | H | Northlake | 70 | 25.5 | L |
| Calumet City | 363 | 187.9 | H | Oak Forest | 277 | 234.2 | H |
| Calumet Park | 74 | 237.7 | H | Oak Lawn | 683 | 152.0 | E |
| Chicago Heights | 323 | 214.7 | H | Oak Park | 393 | 181.9 | H |
| Chicago Ridge | 144 | 211.7 | H | Olympia Fields | 93 | 226.8 | H |
| Cicero | 375 | 148.7 | L | Orland Hills | 48 | 330.9 | H |
| Country Club Hills | 179 | 323.7 | H | Orland Park (pt.) | 759 | 205.8 | H |
| Countryside | 86 | 218.2 | H | Palatine | 536 | 206.3 | H |
| Crestwood | 167 | 202.2 | H | Palos Heights | 221 | 191.8 | E |
| Des Plaines | 838 | 203.5 | H | Palos Hills | 197 | 158.2 | E |
| Dixmoor | 35 | 202.6 | E | Palos Park | 154 | 366.8 | H |
| Dolton | 230 | 252.3 | H | Park Forest (pt.) | 249 | 237.8 | H |
| East Hazel Crest | 17 | - | S | Park Ridge | 417 | 143.7 | L |
| Elgin (pt.) | 161 | 231.2 | H | Phoenix | 21 | 151.4 | E |
| Elk Grove Village | 379 | 217.0 | H | Posen | 51 | 225.7 | H |
| Elmwood Park | 277 | 177.9 | E | Prospect Heights | 123 | 142.3 | E |
| Evanston | 597 | 167.9 | E | Richton Park | 153 | 338.6 | H |
| Evergreen Park | 228 | 191.4 | H | River Forest | 72 | 111.3 | L |
| Flossmoor | 109 | 202.3 | H | River Grove | 99 | 156.1 | E |
| Ford Heights | 21 | 217.8 | E | Riverdale | 108 | 270.1 | H |
| Forest Park | 136 | 190.3 | E | Riverside | 88 | 174.5 | E |
| Forest View | 9 | - | S | Robbins | 78 | 250.2 | H |
| Franklin Park | 183 | 191.4 | H | Rolling Meadows | 209 | 183.9 | E |
| Glencoe | 59 | 106.0 | L | Roselle (pt.) | 39 | 280.6 | H |
| Glenview | 592 | 180.0 | H | Rosemont | 42 | 202.4 | E |
| Glenwood | 89 | 176.3 | E | Sauk Village | 80 | 269.2 | H |
| Golf | 7 | - | S | Schaumburg | 628 | 188.7 | H |
| Hanover Park (pt.) | 112 | 245.2 | H | Schiller Park | 104 | 199.2 | H |
| Harvey | 258 | 240.9 | H | Skokie | 631 | 130.7 | L |
| Harwood Heights | 94 | 140.8 | E | South Barrington | 29 | 215.0 | E |
| Hazel Crest | 183 | 274.1 | H | South Chicago Heights | 30 | 115.2 | L |
| Hickory Hills | 153 | 208.4 | H | South Holland | 262 | 163.4 | E |
| Hillside | 92 | 200.1 | E | Steger (pt.) | 53 | 252.5 | H |
| Hinsdale (pt.) | 19 | - | S | Stickney | 62 | 149.7 | E |
| Hodgkins | 20 | 165.1 | E | Stone Park | 29 | 198.3 | E |
| Hoffman Estates | 407 | 251.7 | H | Streamwood | 291 | 265.9 | H |
| Hometown | 56 | 183.0 | E | Summit | 70 | 152.9 | E |
| Homewood | 219 | 181.4 | E | Thornton | 33 | 185.6 | E |
| Indian Head Park | 65 | 140.8 | E | Tinley Park (pt.) | 568 | 242.2 | H |
| Inverness | 84 | 217.5 | H | Westchester | 244 | 147.3 | E |
| Justice | 119 | 296.8 | H | Western Springs | 110 | 149.9 | E |
| Kenilworth | 15 | - | S | Wheeling (pt.) | 331 | 205.4 | H |
| La Grange | 142 | 168.6 | E | Willow Springs | 46 | 181.5 | E |
| La Grange Park | 172 | 139.5 | E | Wilmette | 233 | 118.8 | L |
| Lansing | 307 | 172.8 | E | Winnetka | 90 | 142.9 | E |
| Lemont (pt.) | 206 | 254.3 | H | Worth | 141 | 248.3 | H |
| Lincolnwood | 167 | 132.8 | L | | | | |

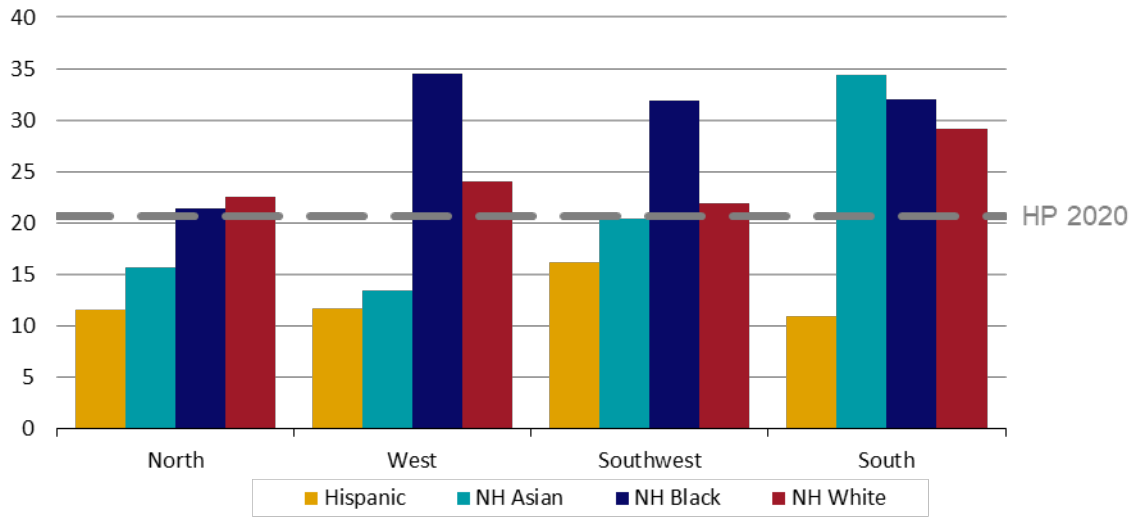
Target: 161.4 deaths per 100,000 (Healthy People 2020)
Mortality ICD-10 Codes: C00-C97
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

**Higher**
**Equivalent**
**Lower**

*Breast Cancer*

The mortality rate attributable to breast cancer is variable among each racial and ethnic group examined among the four CCDPH districts, as illustrated in Figure 53. The mortality rate among Hispanic and non-Hispanic Asian populations are either lower than or equivalent to the Healthy People 2020 goal in all but the south district, where the non-Hispanic Asian population has a mortality rate that is higher than that observed among non-Hispanic Black and non-Hispanic White populations and exceeds the Healthy People 2020 goal. The mortality rate for non-Hispanic Black and non-Hispanic White populations exceeds the Healthy People 2020 goal in each district, being highest for non-Hispanic Black populations in the west district and for non-Hispanic White populations in the south district.

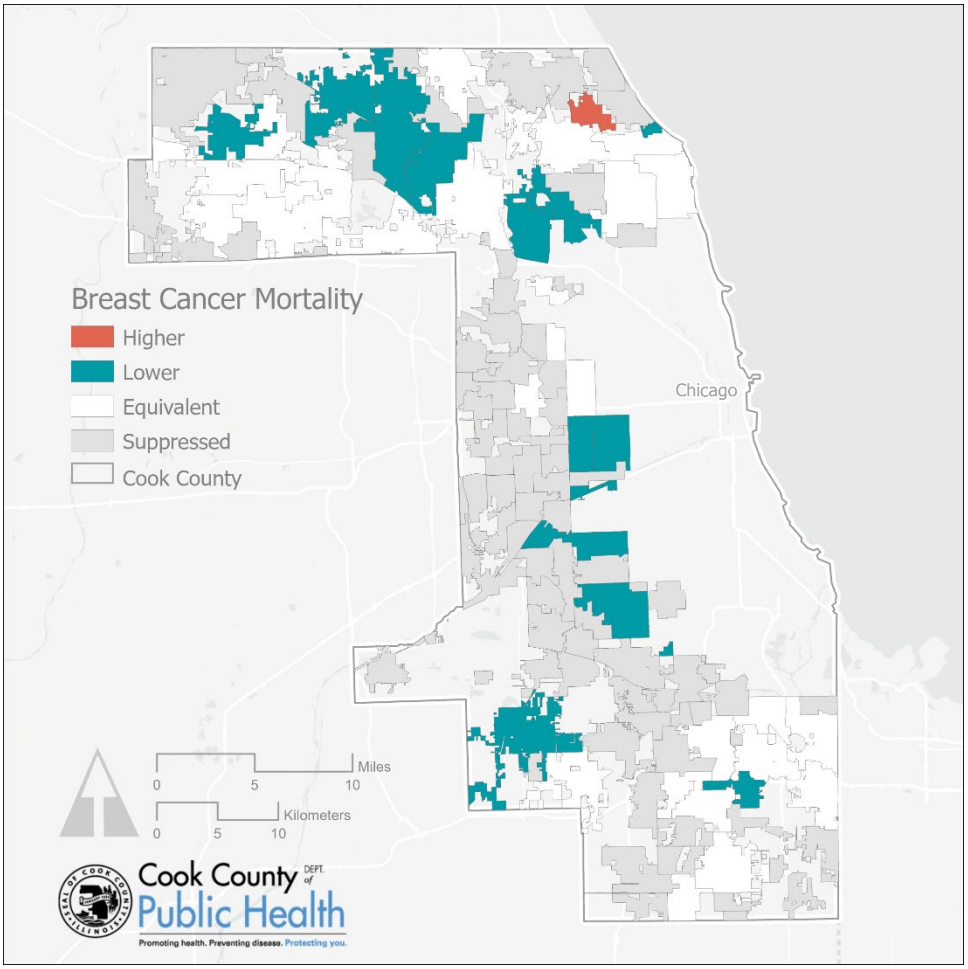
**Figure 53. Breast Cancer Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 20.7 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: C50 Female Only*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

Of the municipalities with reportable data in SCC, most report a mortality rate from breast cancer lower than or equivalent to the Healthy People 2020 target of 20.7 deaths per 100,000. Map 38 demonstrates spatial patterning, further showing that the one municipality with a rate exceeding the target is located in the northern part of the county. As described in Table 25, Northfield is the only municipality with a rate higher than the target, with a rate equal to 61.5 deaths per 100,000 persons.

**Map 38. Breast Cancer Mortality Rate by Municipality, 2013–2017**




***While many municipalities in SCC report mortality rates too low to be reportable, those that do either meet the Healthy People 2020 target or report rates lower than the target. Only one municipality in the northern part reported a mortality rate higher than the target.***

*Target: 20.7 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: C50 Female Only*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 25. Breast Cancer Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

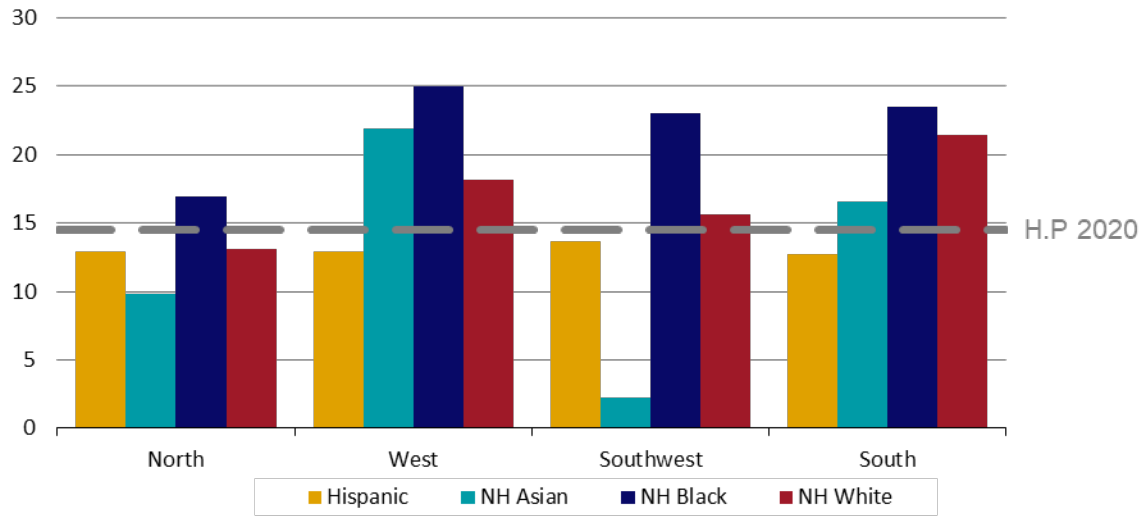
| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 15 | - | S | Lynwood | 5 | - | S |
| Arlington Heights | 59 | 11.0 | L | Lyons | 6 | - | S |
| Barrington (pt.) | 8 | - | S | Markham | 8 | - | S |
| Barrington Hills (pt.) | - | - | S | Matteson | 19 | - | S |
| Bartlett (pt.) | 14 | - | S | Maywood | 26 | 25.7 | E |
| Bedford Park | 0 | 0.0 | L | McCook | - | - | S |
| Bellwood | 9 | - | S | Melrose Park | 16 | - | S |
| Berkeley | - | - | S | Merrionette Park | 0 | 0.0 | L |
| Berwyn | 37 | 14.2 | L | Midlothian | 11 | - | S |
| Blue Island | 18 | - | S | Morton Grove | 19 | - | S |
| Bridgeview | 16 | - | S | Mount Prospect | 37 | 11.0 | L |
| Broadview | 12 | - | S | Niles | 34 | 11.1 | L |
| Brookfield | 7 | - | S | Norridge | 21 | 14.8 | E |
| Buffalo Grove (pt.) | 12 | - | S | North Riverside | 11 | - | S |
| Burbank | 16 | - | S | Northbrook | - | - | S |
| Burnham | - | - | S | Northfield | 41 | 61.5 | H |
| Burr Ridge (pt.) | - | - | S | Northlake | 9 | - | S |
| Calumet City | 41 | 21.6 | E | Oak Forest | 16 | - | S |
| Calumet Park | 6 | - | S | Oak Lawn | 59 | 13.6 | L |
| Chicago Heights | 24 | 16.2 | E | Oak Park | 43 | 19.0 | E |
| Chicago Ridge | 9 | - | S | Olympia Fields | 5 | - | S |
| Cicero | 34 | 13.1 | L | Orland Hills | - | - | S |
| Country Club Hills | 17 | - | S | Orland Park (pt.) | 45 | 12.3 | L |
| Countryside | 5 | - | S | Palatine | 40 | 14.4 | L |
| Crestwood | 19 | - | S | Palos Heights | 17 | - | S |
| Des Plaines | 60 | 15.0 | E | Palos Hills | 15 | - | S |
| Dixmoor | - | - | S | Palos Park | 12 | - | S |
| Dolton | 20 | 20.1 | E | Park Forest (pt.) | 20 | 18.7 | E |
| East Hazel Crest | 0 | 0.0 | L | Park Ridge | 27 | 11.2 | L |
| Elgin (pt.) | 18 | - | S | Phoenix | - | - | S |
| Elk Grove Village | 31 | 17.5 | E | Posen | - | - | S |
| Elmwood Park | 22 | 14.9 | E | Prospect Heights | 13 | - | S |
| Evanston | 62 | 18.0 | E | Richton Park | 17 | - | S |
| Evergreen Park | 18 | - | S | River Forest | 7 | - | S |
| Flossmoor | 8 | - | S | River Grove | 8 | - | S |
| Ford Heights | - | - | S | Riverdale | 7 | - | S |
| Forest Park | 5 | - | S | Riverside | - | - | S |
| Forest View | 0 | 0.0 | L | Robbins | 7 | - | S |
| Franklin Park | 11 | - | S | Rolling Meadows | 5 | - | S |
| Glencoe | 6 | - | S | Roselle (pt.) | 6 | - | S |
| Glenview | 49 | 14.9 | E | Rosemont | - | - | S |
| Glenwood | 8 | - | S | Sauk Village | 5 | - | S |
| Golf | - | - | S | Schaumburg | 56 | 16.1 | E |
| Hanover Park (pt.) | 6 | - | S | Schiller Park | - | - | S |
| Harvey | 29 | 28.4 | E | Skokie | 51 | 11.5 | E |
| Harwood Heights | - | - | S | South Barrington | 0 | 0.0 | L |
| Hazel Crest | 22 | 31.8 | E | South Chicago Heights | - | - | S |
| Hickory Hills | 7 | - | S | South Holland | 29 | 18.2 | E |
| Hillside | 9 | - | S | Steger (pt.) | - | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | 7 | - | S |
| Hodgkins | - | - | S | Stone Park | - | - | S |
| Hoffman Estates | 38 | 20.8 | E | Streamwood | 20 | 14.8 | E |
| Hometown | - | - | S | Summit | 5 | - | S |
| Homewood | 25 | 22.9 | E | Thornton | 0 | 0.0 | L |
| Indian Head Park | 6 | - | S | Tinley Park (pt.) | 48 | 20.1 | E |
| Inverness | 7 | - | S | Westchester | 10 | - | S |
| Justice | 7 | - | S | Western Springs | 11 | - | S |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | 32 | 19.3 | E |
| La Grange | 9 | - | S | Willow Springs | - | - | S |
| La Grange Park | 8 | - | S | Wilmette | 22 | 13.1 | E |
| Lansing | 29 | 17.3 | E | Winnetka | 9 | - | S |
| Lemont (pt.) | 18 | - | S | Worth | 8 | - | S |
| Lincolnwood | 18 | - | S | | | | |

Target: 20.7 deaths per 100,000 (Healthy People 2020)
Mortality ICD-10 Codes: C50 Female Only
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

*Colorectal Cancer*

As shown in Figure 54, mortality rates attributable to colorectal cancer among non-Hispanic Black populations throughout CCDPH health districts exceed the Healthy People 2020 target of reducing the mortality rate to 14.5 deaths per 100,000 persons, and are higher than the rate observed among Hispanic, non-Hispanic White and non-Hispanic Asian populations in each district. Among non-Hispanic Asian populations, the mortality rate is highest in the west district, also exceeding that of the non-Hispanic White population, as well as the Healthy People 2020 target. The lowest mortality rate within the CCDPH districts is observed among non-Hispanic Asian populations in the southwest district.

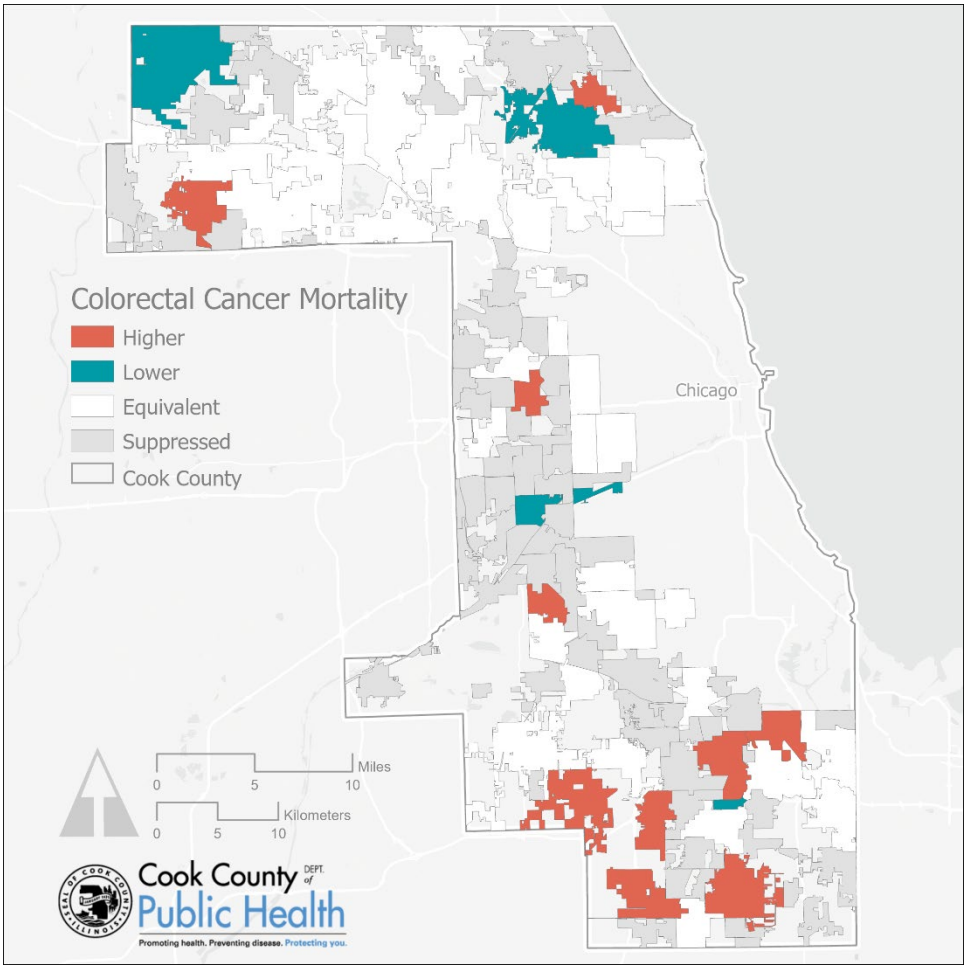
**Figure 54. Colorectal Cancer Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 14.5 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: C18-C21*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

Map 39 demonstrates that the majority of municipalities in SCC have mortality rates from colorectal cancer that either meet or are lower than the U.S. average rate of 14.5 deaths per 100,000 persons. Those with rates lower than the average are clustered primarily in the north district of the city. The south district of the county contains the most municipalities with rates higher than the U.S. average. As shown in Table 26, Matteson reports the highest colorectal cancer mortality rate, with 53.7 deaths per 100,000 persons being reported.

**Map 39. Colorectal Cancer Mortality Rate by Municipality, 2013–2017**




***Many municipalities in SCC report lower mortality rates from colorectal cancer than the U.S. average. The municipalities reporting rates that exceed the U.S. average are clustered primarily in the south district.***

*Target: 14.5 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: C18-C21*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 26. Colorectal Cancer Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 11 | - | S | Lynwood | 8 | - | S |
| Arlington Heights | 73 | 13.4 | E | Lyons | 11 | - | S |
| Barrington (pt.) | 7 | - | S | Markham | 13 | - | S |
| Barrington Hills (pt.) | 0 | 0.0 | L | Matteson | 32 | 53.7 | H |
| Bartlett (pt.) | 14 | - | S | Maywood | 27 | 28.5 | H |
| Bedford Park | - | - | S | McCook | 0 | 0.0 | L |
| Bellwood | 17 | - | S | Melrose Park | 22 | 19.6 | E |
| Berkeley | - | - | S | Merrionette Park | - | - | S |
| Berwyn | 34 | 13.4 | E | Midlothian | 11 | - | S |
| Blue Island | 22 | 23.0 | E | Morton Grove | 23 | 11.2 | E |
| Bridgeview | 19 | - | S | Mount Prospect | 50 | 14.4 | E |
| Broadview | 7 | - | S | Niles | 50 | 16.5 | E |
| Brookfield | 15 | - | S | Norridge | 26 | 16.0 | E |
| Buffalo Grove (pt.) | 6 | - | S | North Riverside | 14 | - | S |
| Burbank | 22 | 13.9 | E | Northbrook | 15 | - | S |
| Burnham | - | - | S | Northfield | 35 | 49.0 | H |
| Burr Ridge (pt.) | - | - | S | Northlake | 8 | - | S |
| Calumet City | 40 | 20.8 | E | Oak Forest | 22 | 18.4 | E |
| Calumet Park | 8 | - | S | Oak Lawn | 68 | 14.5 | E |
| Chicago Heights | 38 | 25.7 | H | Oak Park | 38 | 16.5 | E |
| Chicago Ridge | 8 | - | S | Olympia Fields | 9 | - | S |
| Cicero | 32 | 12.9 | E | Orland Hills | - | - | S |
| Country Club Hills | 21 | 35.8 | H | Orland Park (pt.) | 68 | 16.6 | E |
| Countryside | 8 | - | S | Palatine | 48 | 17.6 | E |
| Crestwood | 11 | - | S | Palos Heights | 25 | 20.9 | E |
| Des Plaines | 69 | 16.9 | E | Palos Hills | 26 | 23.3 | E |
| Dixmoor | - | - | S | Palos Park | 13 | - | S |
| Dolton | 23 | 24.7 | H | Park Forest (pt.) | 23 | 21.6 | E |
| East Hazel Crest | 0 | 0.0 | L | Park Ridge | 44 | 14.3 | E |
| Elgin (pt.) | 11 | - | S | Phoenix | - | - | S |
| Elk Grove Village | 29 | 17.9 | E | Posen | 5 | - | S |
| Elmwood Park | 25 | 15.0 | E | Prospect Heights | 7 | - | S |
| Evanston | 52 | 14.6 | E | Richton Park | 16 | - | S |
| Evergreen Park | 21 | 18.0 | E | River Forest | 7 | - | S |
| Flossmoor | 5 | - | S | River Grove | 8 | - | S |
| Ford Heights | - | - | S | Riverdale | 12 | - | S |
| Forest Park | 15 | - | S | Riverside | 13 | - | S |
| Forest View | 0 | 0.0 | L | Robbins | 11 | - | S |
| Franklin Park | 16 | - | S | Rolling Meadows | 20 | 16.6 | E |
| Glencoe | 7 | - | S | Roselle (pt.) | - | - | S |
| Glenview | 35 | 9.7 | L | Rosemont | - | - | S |
| Glenwood | 10 | - | S | Sauk Village | 9 | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | 59 | 17.5 | E |
| Hanover Park (pt.) | 15 | - | S | Schiller Park | 13 | - | S |
| Harvey | 26 | 23.7 | H | Skokie | 57 | 12.6 | E |
| Harwood Heights | 14 | - | S | South Barrington | 6 | - | S |
| Hazel Crest | 15 | - | S | South Chicago Heights | 8 | - | S |
| Hickory Hills | 20 | 26.8 | H | South Holland | 35 | 23.0 | E |
| Hillside | 13 | - | S | Steger (pt.) | 8 | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | - | - | S |
| Hodgkins | - | - | S | Stone Park | - | - | S |
| Hoffman Estates | 35 | 19.3 | E | Streamwood | 26 | 22.7 | H |
| Hometown | 5 | - | S | Summit | 8 | - | S |
| Homewood | 26 | 19.6 | E | Thornton | - | - | S |
| Indian Head Park | 7 | - | S | Tinley Park (pt.) | 60 | 24.2 | H |
| Inverness | 7 | - | S | Westchester | 36 | 22.8 | E |
| Justice | 10 | - | S | Western Springs | 7 | - | S |
| Kenilworth | - | - | S | Wheeling (pt.) | 32 | 20.0 | E |
| La Grange | 14 | - | S | Willow Springs | - | - | S |
| La Grange Park | 16 | - | S | Wilmette | 18 | - | S |
| Lansing | 30 | 16.8 | E | Winnetka | 6 | - | S |
| Lemont (pt.) | 18 | - | S | Worth | 12 | - | S |
| Lincolnwood | 20 | 17.8 | E | | | | |

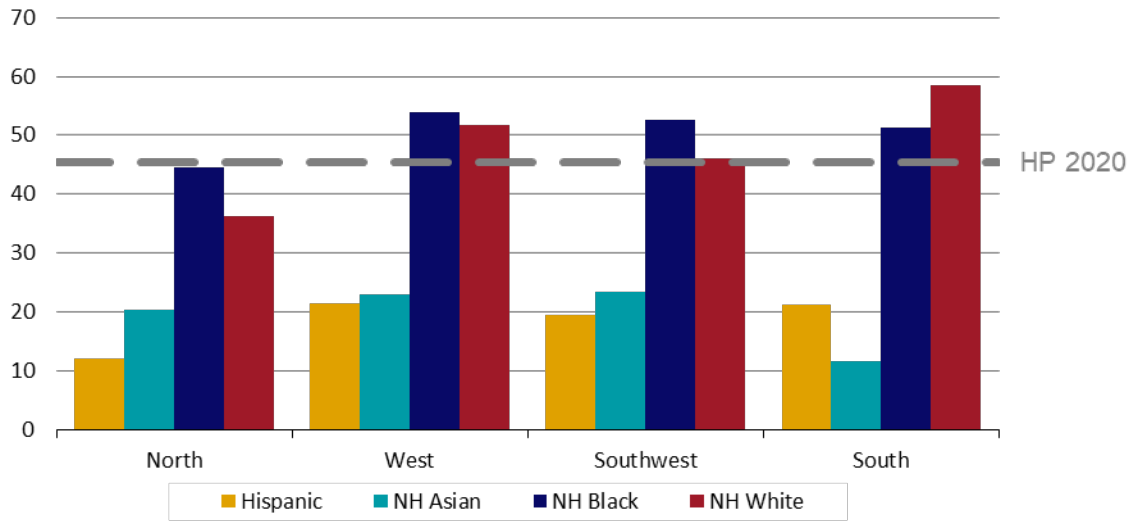
Target: 14.5 deaths per 100,000 (U.S. Rate 2013-2017)
Mortality ICD-10 Codes: C18-C21
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

Higher
Equivalent
Lower

*Lung Cancer*

Figure 55 presents the mortality rates attributable to lung cancer within each CCDPH district by race and ethnicity. Non-Hispanic Black populations exhibit the highest mortality rate in each district, with the exception of the south districts, where the non-Hispanic White population is highest. Hispanic and non-Hispanic Asian populations demonstrate the lowest mortality rates among each jurisdiction, with rates that are far lower than the Healthy People 2020 goal.

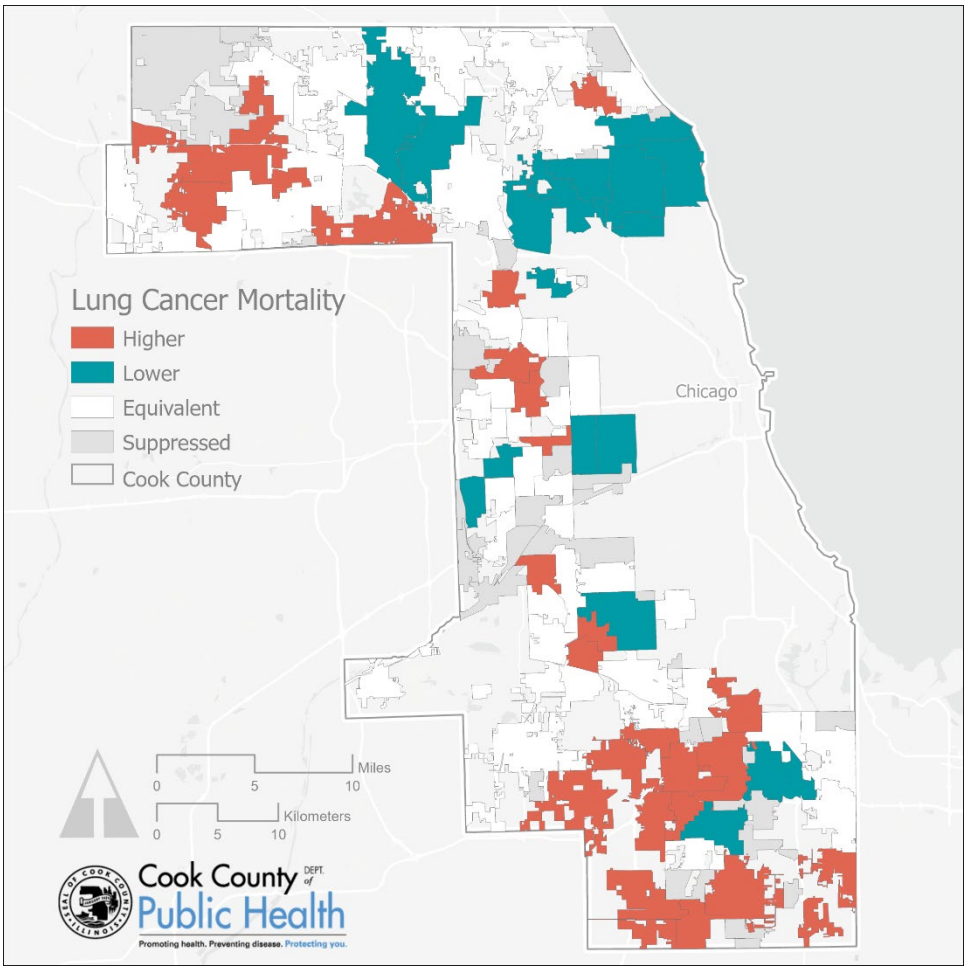
**Figure 55. Lung Cancer Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 45.5 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: C34*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

There is variability in the spatial patterning of lung cancer mortality throughout SCC municipalities, as displayed on Map 40 and in Table 27. Clusters of mortality rates that are higher than the Healthy People 2020 target rate of 45.5 deaths per 100,000 persons are found in the northwest and south districts. Clusters of municipalities that have either met or reduced mortality rates below than the Healthy People 2020 target are found primarily in the north district. Of the municipalities with reportable rates detailed in Table 27, the lowest rate is found in Wilmette, which has a mortality rate equal to 22.2 deaths per 100,000 persons. Northfield reports the highest mortality rate, at 151.8 deaths per 100,000 persons.

**Map 40. Lung Cancer Mortality Rate by Municipality, 2013–2017**




*Many SCC municipalities have either met the Healthy People 2020 goal for cancer mortality rates or have a lung cancer mortality rate that is higher than the goal. Those that have lung cancer mortality rates lower than the Healthy People 2020 goal are mostly located in the northern part of SCC.*

*Target: 45.5 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: C34*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 27. Lung Cancer Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 55 | 56.9 | E | Lynwood | 26 | 98.6 | H |
| Arlington Heights | 187 | 35.8 | L | Lyons | 29 | 53.7 | E |
| Barrington (pt.) | 13 | - | S | Markham | 51 | 82.0 | H |
| Barrington Hills (pt.) | - | - | S | Matteson | 66 | 100.1 | H |
| Bartlett (pt.) | 27 | 59.4 | E | Maywood | 67 | 65.8 | H |
| Bedford Park | - | - | S | McCook | - | - | S |
| Bellwood | 40 | 55.7 | E | Melrose Park | 66 | 62.0 | H |
| Berkeley | 14 | - | S | Merrionette Park | 10 | - | S |
| Berwyn | 81 | 31.3 | L | Midlothian | 51 | 80.5 | H |
| Blue Island | 51 | 55.1 | E | Morton Grove | 43 | 22.1 | L |
| Bridgeview | 47 | 54.1 | E | Mount Prospect | 111 | 32.5 | L |
| Broadview | 21 | 52.8 | E | Niles | 102 | 34.8 | L |
| Brookfield | 52 | 45.7 | E | Norridge | 48 | 31.2 | L |
| Buffalo Grove (pt.) | 43 | 47.2 | E | North Riverside | 38 | 85.8 | H |
| Burbank | 83 | 52.0 | E | Northbrook | 25 | 36.1 | E |
| Burnham | 11 | - | S | Northfield | 115 | 151.8 | H |
| Burr Ridge (pt.) | 10 | - | S | Northlake | 12 | - | S |
| Calumet City | 86 | 44.6 | E | Oak Forest | 88 | 75.6 | H |
| Calumet Park | 22 | 75.1 | H | Oak Lawn | 165 | 35.8 | L |
| Chicago Heights | 92 | 60.6 | H | Oak Park | 85 | 41.7 | E |
| Chicago Ridge | 49 | 74.2 | H | Olympia Fields | 17 | - | S |
| Cicero | 75 | 31.4 | L | Orland Hills | 19 | - | S |
| Country Club Hills | 35 | 67.6 | H | Orland Park (pt.) | 170 | 46.6 | E |
| Countryside | 24 | 60.9 | E | Palatine | 119 | 46.5 | E |
| Crestwood | 41 | 49.4 | E | Palos Heights | 47 | 38.8 | E |
| Des Plaines | 198 | 48.6 | E | Palos Hills | 51 | 40.8 | E |
| Dixmoor | 10 | - | S | Palos Park | 34 | 75.6 | E |
| Dolton | 51 | 58.1 | E | Park Forest (pt.) | 72 | 67.7 | H |
| East Hazel Crest | 9 | - | S | Park Ridge | 74 | 25.1 | L |
| Elgin (pt.) | 39 | 58.1 | E | Phoenix | - | - | S |
| Elk Grove Village | 101 | 58.5 | H | Posen | 10 | - | S |
| Elmwood Park | 72 | 44.8 | E | Prospect Heights | 30 | 35.5 | E |
| Evanston | 101 | 29.9 | L | Richton Park | 39 | 91.9 | H |
| Evergreen Park | 54 | 47.7 | E | River Forest | 13 | - | S |
| Flossmoor | 20 | 36.9 | E | River Grove | 29 | 43.5 | E |
| Ford Heights | 7 | - | S | Riverdale | 26 | 67.3 | H |
| Forest Park | 35 | 50.7 | E | Riverside | 14 | - | S |
| Forest View | - | - | S | Robbins | 27 | 80.9 | E |
| Franklin Park | 45 | 45.9 | E | Rolling Meadows | 50 | 46.2 | E |
| Glencoe | 16 | - | S | Roselle (pt.) | 14 | - | S |
| Glenview | 134 | 41.3 | E | Rosemont | 13 | - | S |
| Glenwood | 13 | - | S | Sauk Village | 24 | 84.4 | H |
| Golf | - | - | S | Schaumburg | 151 | 46.7 | E |
| Hanover Park (pt.) | 28 | 60.0 | E | Schiller Park | 38 | 72.7 | H |
| Harvey | 78 | 70.5 | H | Skokie | 116 | 23.6 | L |
| Harwood Heights | 21 | 31.4 | E | South Barrington | 6 | - | S |
| Hazel Crest | 43 | 68.0 | H | South Chicago Heights | 5 | - | S |
| Hickory Hills | 34 | 47.3 | E | South Holland | 49 | 31.2 | L |
| Hillside | 24 | 51.4 | E | Steger (pt.) | 15 | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | 16 | - | S |
| Hodgkins | 7 | - | S | Stone Park | 10 | - | S |
| Hoffman Estates | 96 | 63.0 | H | Streamwood | 71 | 68.3 | H |
| Hometown | 17 | - | S | Summit | 24 | 54.9 | E |
| Homewood | 40 | 33.6 | L | Thornton | 11 | - | S |
| Indian Head Park | 17 | - | S | Tinley Park (pt.) | 144 | 63.7 | H |
| Inverness | 22 | 60.1 | E | Westchester | 65 | 40.6 | E |
| Justice | 33 | 85.6 | H | Western Springs | 23 | 30.7 | L |
| Kenilworth | 5 | - | S | Wheeling (pt.) | 67 | 44.4 | E |
| La Grange | 34 | 40.2 | E | Willow Springs | 13 | - | S |
| La Grange Park | 34 | 28.6 | L | Wilmette | 45 | 22.2 | L |
| Lansing | 83 | 46.5 | E | Winnetka | 22 | 35.8 | E |
| Lemont (pt.) | 45 | 56.8 | E | Worth | 42 | 71.0 | H |
| Lincolnwood | 37 | 27.4 | L | | | | |

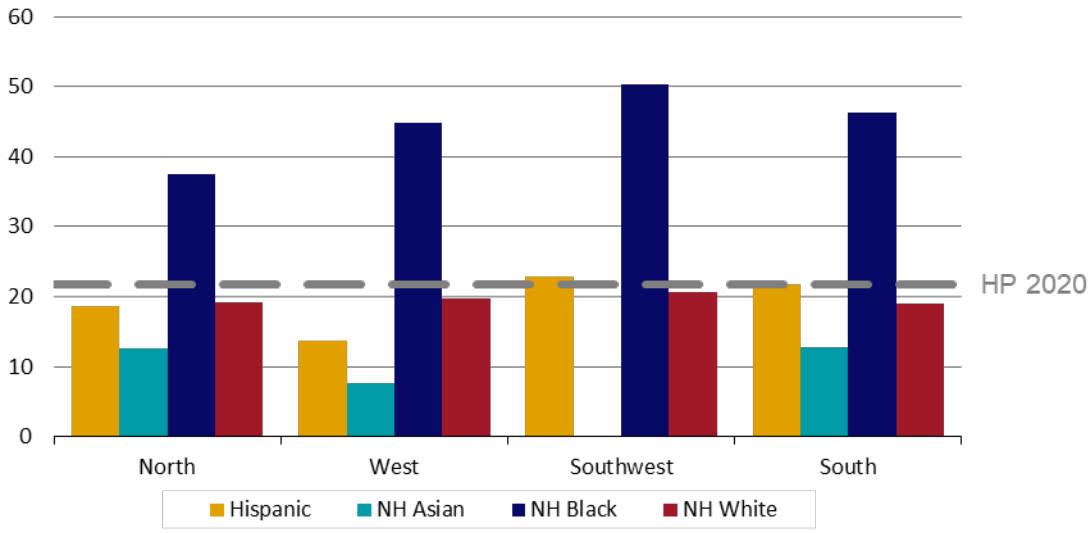
Target: 45.5 deaths per 100,000 (Healthy People 2020)
Mortality ICD-10 Codes: C34
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

Higher
Equivalent
Lower

*Prostate Cancer*

The mortality rate attributable to cancer for the non-Hispanic Black populations of each CCDPH district far exceeds that of the Hispanic, non-Hispanic Asian and non-Hispanic White populations, as shown in Figure 56. The rate among the Hispanic populations in the southwest and south districts exceed the Healthy People 2020 target and the rate observed among the non-Hispanic White populations of those districts. The rate is lowest among the non-Hispanic Asian populations of each district.

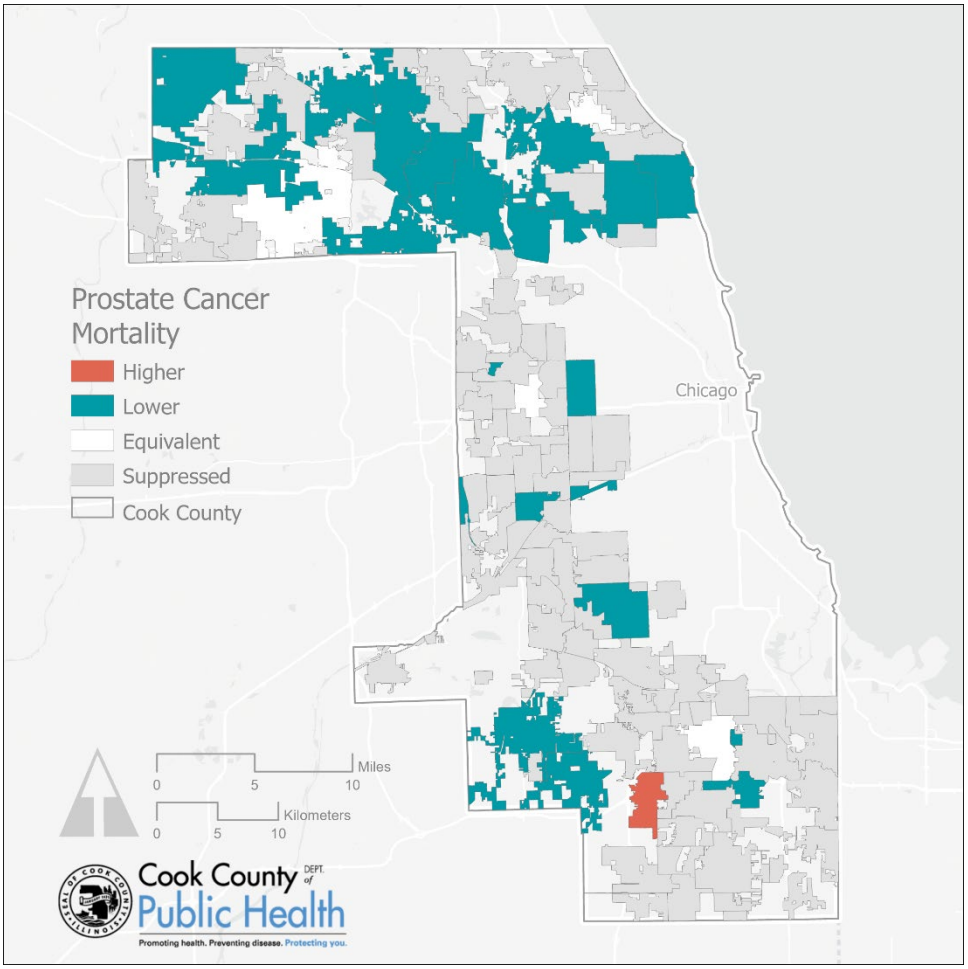
**Figure 56. Prostate Cancer Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 21.8 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: C61*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

As displayed on Map 41 and in Table 28, many municipalities with reportable rates of prostate cancer have mortality rates lower than the Healthy People 2020 target of 21.8 deaths per 100,000 persons. These municipalities are primarily clustered in the north and south districts. Table 28 details the mortality rates reported for each municipality, showing that Country Club Hills has the highest mortality rate at 44.0 deaths per 100,000 persons.

**Map 41. Prostate Cancer Mortality Rate by Municipality, 2013–2017**




***Municipalities with reportable rates of mortality from prostate cancer primarily report rates lower than the Healthy People 2020 target. These municipalities are clustered in the north and south districts. One municipality with a rate greater than the Healthy People 2020 target is found in the south district.***

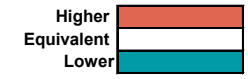
*Target: 21.8 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: C61*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 28. Prostate Cancer Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 6 | - | S | Lynwood | 6 | - | S |
| Arlington Heights | 50 | 8.0 | L | Lyons | 5 | - | S |
| Barrington (pt.) | - | - | S | Markham | 11 | - | S |
| Barrington Hills (pt.) | 0 | 0.0 | L | Matteson | 13 | - | S |
| Bartlett (pt.) | 8 | - | S | Maywood | 23 | 24.2 | E |
| Bedford Park | - | - | S | McCook | 0 | 0.0 | L |
| Bellwood | 12 | - | S | Melrose Park | 10 | - | S |
| Berkeley | - | - | S | Merrionette Park | - | - | S |
| Berwyn | 18 | - | S | Midlothian | 6 | - | S |
| Blue Island | 12 | - | S | Morton Grove | 16 | - | S |
| Bridgeview | 8 | - | S | Mount Prospect | 26 | 7.3 | L |
| Broadview | - | - | S | Niles | 20 | 4.8 | L |
| Brookfield | 6 | - | S | Norridge | 18 | - | S |
| Buffalo Grove (pt.) | 7 | - | S | North Riverside | 7 | - | S |
| Burbank | 8 | - | S | Northbrook | 6 | - | S |
| Burnham | - | - | S | Northfield | 41 | 47.6 | E |
| Burr Ridge (pt.) | - | - | S | Northlake | - | - | S |
| Calumet City | 18 | - | S | Oak Forest | 11 | - | S |
| Calumet Park | 5 | - | S | Oak Lawn | 29 | 5.5 | L |
| Chicago Heights | 18 | - | S | Oak Park | 25 | 11.6 | L |
| Chicago Ridge | - | - | S | Olympia Fields | 10 | - | S |
| Cicero | 14 | - | S | Orland Hills | - | - | S |
| Country Club Hills | 21 | 44.0 | H | Orland Park (pt.) | 47 | 11.9 | L |
| Countryside | - | - | S | Palatine | 22 | 8.8 | L |
| Crestwood | 9 | - | S | Palos Heights | 11 | - | S |
| Des Plaines | 34 | 7.3 | L | Palos Hills | 8 | - | S |
| Dixmoor | 5 | - | S | Palos Park | 9 | - | S |
| Dolton | 18 | - | S | Park Forest (pt.) | 6 | - | S |
| East Hazel Crest | 0 | 0.0 | L | Park Ridge | 22 | 6.6 | L |
| Elgin (pt.) | 6 | - | S | Phoenix | 0 | 0.0 | L |
| Elk Grove Village | 22 | 11.7 | L | Posen | - | - | S |
| Elmwood Park | 7 | - | S | Prospect Heights | 9 | - | S |
| Evanston | 38 | 9.7 | L | Richton Park | 8 | - | S |
| Evergreen Park | 12 | - | S | River Forest | - | - | S |
| Flossmoor | 7 | - | S | River Grove | - | - | S |
| Ford Heights | - | - | S | Riverdale | 7 | - | S |
| Forest Park | 6 | - | S | Riverside | 6 | - | S |
| Forest View | 0 | 0.0 | L | Robbins | 5 | - | S |
| Franklin Park | 6 | - | S | Rolling Meadows | 5 | - | S |
| Glencoe | - | - | S | Roselle (pt.) | - | - | S |
| Glenview | 34 | 9.0 | L | Rosemont | - | - | S |
| Glenwood | 8 | - | S | Sauk Village | - | - | S |
| Golf | - | - | S | Schaumburg | 32 | 9.5 | E |
| Hanover Park (pt.) | - | - | S | Schiller Park | - | - | S |
| Harvey | 20 | 20.5 | E | Skokie | 32 | 5.9 | L |
| Harwood Heights | - | - | S | South Barrington | - | - | S |
| Hazel Crest | 11 | - | S | South Chicago Heights | - | - | S |
| Hickory Hills | 10 | - | S | South Holland | 13 | - | S |
| Hillside | 8 | - | S | Steger (pt.) | - | - | S |
| Hinsdale (pt.) | 0 | 0.0 | L | Stickney | 6 | - | S |
| Hodgkins | - | - | S | Stone Park | 0 | 0.0 | L |
| Hoffman Estates | 21 | 12.4 | L | Streamwood | 14 | - | S |
| Hometown | - | - | S | Summit | - | - | S |
| Homewood | 11 | - | S | Thornton | 0 | 0.0 | L |
| Indian Head Park | - | - | S | Tinley Park (pt.) | 24 | 9.4 | L |
| Inverness | 6 | - | S | Westchester | 19 | - | S |
| Justice | 5 | - | S | Western Springs | 6 | - | S |
| Kenilworth | - | - | S | Wheeling (pt.) | 11 | - | S |
| La Grange | - | - | S | Willow Springs | - | - | S |
| La Grange Park | 8 | - | S | Wilmette | 15 | - | S |
| Lansing | 5 | - | S | Winnetka | 11 | - | S |
| Lemont (pt.) | 15 | - | S | Worth | 7 | - | S |
| Lincolnwood | 9 | - | S | | | | |

Target: 21.8 deaths per 100,000 (Healthy People 2020)
Mortality ICD-10 Codes: C61
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

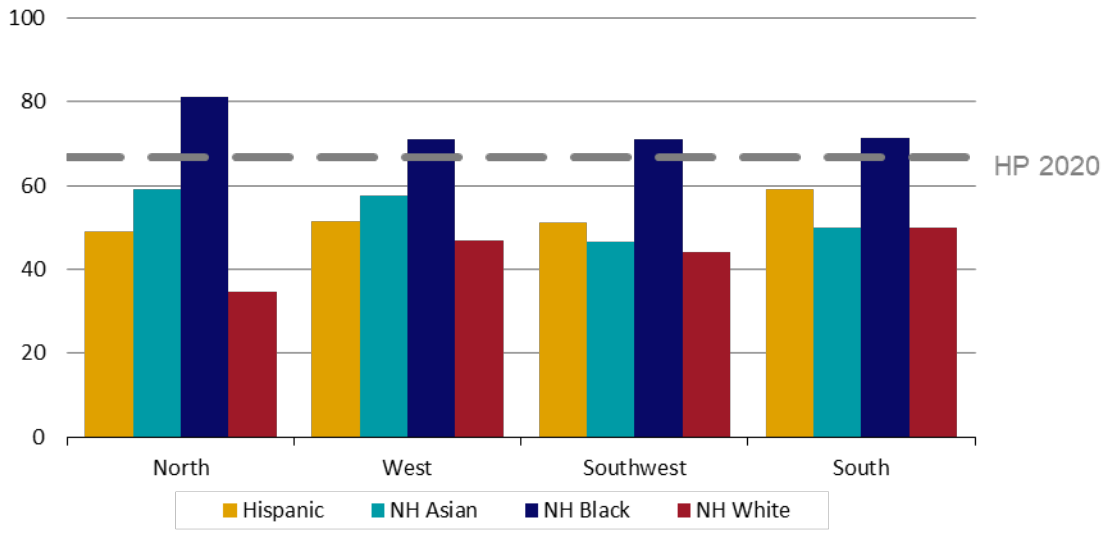


*Diabetes*

Diabetes is a chronic disease where a person's body does not sufficiently produce or utilize insulin and thus causes dangerously high blood glucose levels. Diabetes may take the form of type 1, type 2 or gestational diabetes which occurs in some pregnant women. Diabetes may lead to the development of heart disease, vision loss and kidney disease, though a healthy lifestyle and diet, along with proper self-management, may reduce the risk for those outcomes.

Figure 57 illustrates differences in mortality attributable to diabetes by race and ethnicity within each CCDPH district. The mortality rate observed among the non-Hispanic White populations of each district and was lowest in the north district. The mortality rate of the Hispanic, non-Hispanic Asian and non-Hispanic White populations is lower than the Healthy People 2020 target for reducing diabetes mortality in each CCDPH district. In contrast, the mortality rate among the non-Hispanic Black populations in each district exceeds the Healthy People 2020 Target.

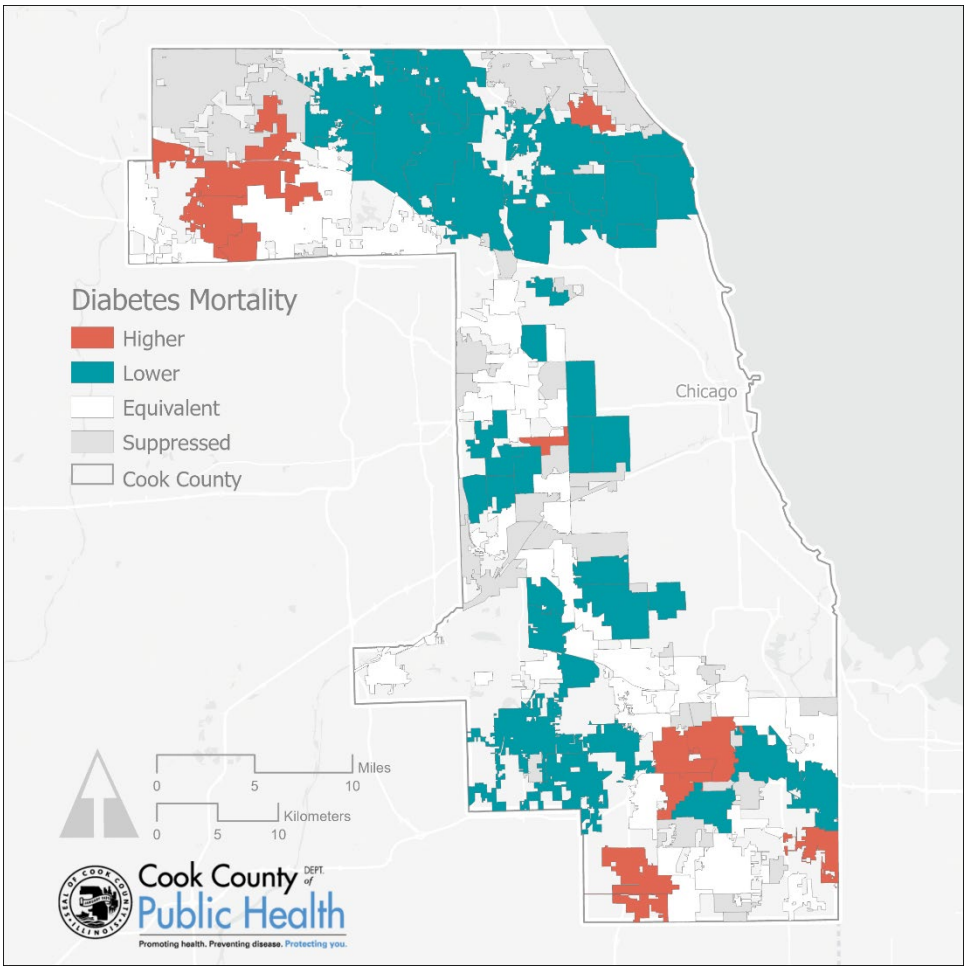
**Figure 57. Diabetes Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 66.6 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: E10-E14 (Any Cause)*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

Most municipalities throughout SCC report mortality rates from diabetes either equivalent to or lower than the Healthy People 2020 target of 66.6 deaths per 100,000 persons, as shown in Map 42 and Table 29. Clusters of municipalities with mortality rates lower than the target are distributed throughout the north, west and south health districts. Fewer municipalities report a death rate higher than the target, and those that do are clustered primarily in the north and south health districts. The highest mortality rate attributed to diabetes is reported in Northfield, with a rate of 155.3 deaths per 100,000 persons. Wilmette reported the lowest mortality rate, at 16.8 deaths per 100,000 persons.

**Map 42. Diabetes Mortality Rate by Municipality, 2013–2017**




***Must municipalities in SCC report a mortality rate from diabetes lower than the Healthy People 2020 goal, with clusters observed in each district of the County. Municipalities with mortality rates higher than the goal are clustered in the north and south districts.***

*Target: 66.6 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: E10-E14 (Any Cause)*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 29. Diabetes Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 61 | 63.2 | E | Lynwood | 35 | 118.1 | H |
| Arlington Heights | 174 | 31.9 | L | Lyons | 34 | 58.9 | E |
| Barrington (pt.) | 15 | - | S | Markham | 59 | 95.9 | H |
| Barrington Hills (pt.) | - | - | S | Matteson | 78 | 121.1 | H |
| Bartlett (pt.) | 39 | 76.2 | E | Maywood | 80 | 82.6 | E |
| Bedford Park | - | - | S | McCook | - | - | S |
| Bellwood | 57 | 77.8 | E | Melrose Park | 89 | 79.9 | E |
| Berkeley | 13 | - | S | Merrionette Park | - | - | S |
| Berwyn | 114 | 44.1 | L | Midlothian | 33 | 52.2 | E |
| Blue Island | 77 | 79.9 | E | Morton Grove | 73 | 35.2 | L |
| Bridgeview | 60 | 70.2 | E | Mount Prospect | 109 | 30.8 | L |
| Broadview | 26 | 63.6 | E | Niles | 190 | 48.6 | L |
| Brookfield | 49 | 43.2 | L | Norridge | 82 | 40.2 | L |
| Buffalo Grove (pt.) | 43 | 47.0 | L | North Riverside | 69 | 145.3 | H |
| Burbank | 83 | 51.4 | L | Northbrook | 9 | - | S |
| Burnham | 13 | - | S | Northfield | 127 | 155.3 | H |
| Burr Ridge (pt.) | 7 | - | S | Northlake | 16 | - | S |
| Calumet City | 109 | 56.8 | E | Oak Forest | 55 | 47.1 | L |
| Calumet Park | 18 | - | S | Oak Lawn | 196 | 42.6 | L |
| Chicago Heights | 107 | 70.7 | E | Oak Park | 109 | 49.5 | L |
| Chicago Ridge | 41 | 59.7 | E | Olympia Fields | 28 | 62.2 | E |
| Cicero | 117 | 46.5 | L | Orland Hills | 11 | - | S |
| Country Club Hills | 42 | 73.5 | E | Orland Park (pt.) | 176 | 44.7 | L |
| Countryside | 27 | 70.2 | E | Palatine | 114 | 43.3 | L |
| Crestwood | 60 | 70.7 | E | Palos Heights | 46 | 37.1 | L |
| Des Plaines | 223 | 52.6 | L | Palos Hills | 63 | 51.2 | L |
| Dixmoor | 7 | - | S | Palos Park | 38 | 75.2 | E |
| Dolton | 62 | 71.7 | E | Park Forest (pt.) | 77 | 72.8 | E |
| East Hazel Crest | - | - | S | Park Ridge | 91 | 27.4 | L |
| Elgin (pt.) | 39 | 56.8 | E | Phoenix | 11 | - | S |
| Elk Grove Village | 124 | 70.0 | E | Posen | 10 | - | S |
| Elmwood Park | 94 | 58.9 | E | Prospect Heights | 34 | 37.4 | L |
| Evanston | 148 | 39.3 | L | Richton Park | 48 | 110.0 | H |
| Evergreen Park | 52 | 41.1 | L | River Forest | 14 | - | S |
| Flossmoor | 18 | - | S | River Grove | 28 | 43.7 | L |
| Ford Heights | 16 | - | S | Riverdale | 31 | 74.4 | E |
| Forest Park | 52 | 71.2 | E | Riverside | 18 | - | S |
| Forest View | - | - | S | Robbins | 31 | 98.2 | E |
| Franklin Park | 49 | 52.2 | E | Rolling Meadows | 42 | 33.8 | L |
| Glencoe | 8 | - | S | Roselle (pt.) | 14 | - | S |
| Glenview | 128 | 35.6 | L | Rosemont | 6 | - | S |
| Glenwood | 34 | 67.5 | E | Sauk Village | 22 | 60.8 | E |
| Golf | - | - | S | Schaumburg | 206 | 59.6 | E |
| Hanover Park (pt.) | 41 | 100.0 | H | Schiller Park | 33 | 62.0 | E |
| Harvey | 94 | 85.3 | H | Skokie | 174 | 33.7 | L |
| Harwood Heights | 17 | - | S | South Barrington | 11 | - | S |
| Hazel Crest | 63 | 91.5 | H | South Chicago Heights | 15 | - | S |
| Hickory Hills | 35 | 48.9 | L | South Holland | 86 | 50.9 | L |
| Hillside | 24 | 50.3 | E | Steger (pt.) | 19 | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | 14 | - | S |
| Hodgkins | 11 | - | S | Stone Park | 8 | - | S |
| Hoffman Estates | 136 | 83.0 | H | Streamwood | 95 | 94.3 | H |
| Hometown | 12 | - | S | Summit | 23 | 48.4 | E |
| Homewood | 61 | 47.6 | L | Thornton | 9 | - | S |
| Indian Head Park | 24 | 59.9 | E | Tinley Park (pt.) | 139 | 56.3 | L |
| Inverness | 14 | - | S | Westchester | 44 | 24.6 | L |
| Justice | 35 | 79.6 | E | Western Springs | 20 | 26.8 | L |
| Kenilworth | - | - | S | Wheeling (pt.) | 85 | 50.1 | L |
| La Grange | 31 | 35.7 | L | Willow Springs | 13 | - | S |
| La Grange Park | 29 | 24.6 | L | Wilmette | 35 | 16.8 | L |
| Lansing | 74 | 40.0 | L | Winnetka | 5 | - | S |
| Lemont (pt.) | 46 | 57.2 | E | Worth | 33 | 58.4 | E |
| Lincolnwood | 44 | 36.6 | L | | | | |

Target: 66.6 deaths per 100,000 (Healthy People 2020)
Mortality ICD-10 Codes: E10-E14 (Any Cause)
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

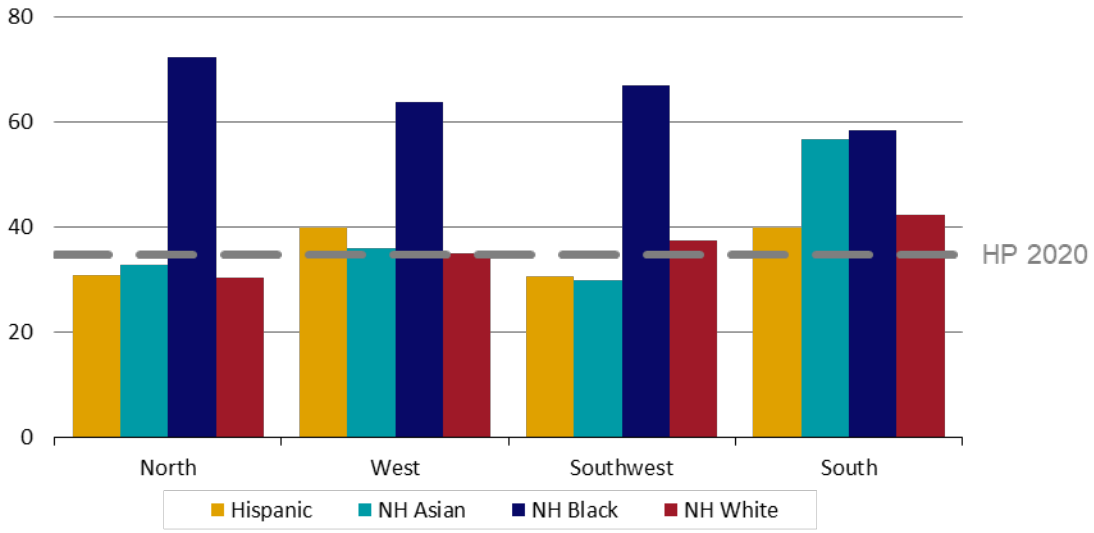
Higher
Equivalent
Lower

*Stroke*

A stroke, or cerebrovascular disease, is caused by an artery either bursting or becoming clogged by a blood clot in the brain and may cause brain damage. Atrial fibrillation, hypertension, high cholesterol, diabetes, atherosclerosis, tobacco use, being older than age 55 and a history of stroke may increase one's risk for a stroke.

As shown in Figure 58, the mortality rates attributable to stroke was lowest for Hispanic, non-Hispanic Asian and non-Hispanic White populations in the north district of SCC. In contrast, the mortality rate of non-Hispanic Black populations in the north district was highest of all districts. The mortality rate for non-Hispanic Asian populations either is less than or equivalent to the Healthy People 2020 target for all but the south district of the county, where the rate is only marginally smaller than that of the non-Hispanic Black population.

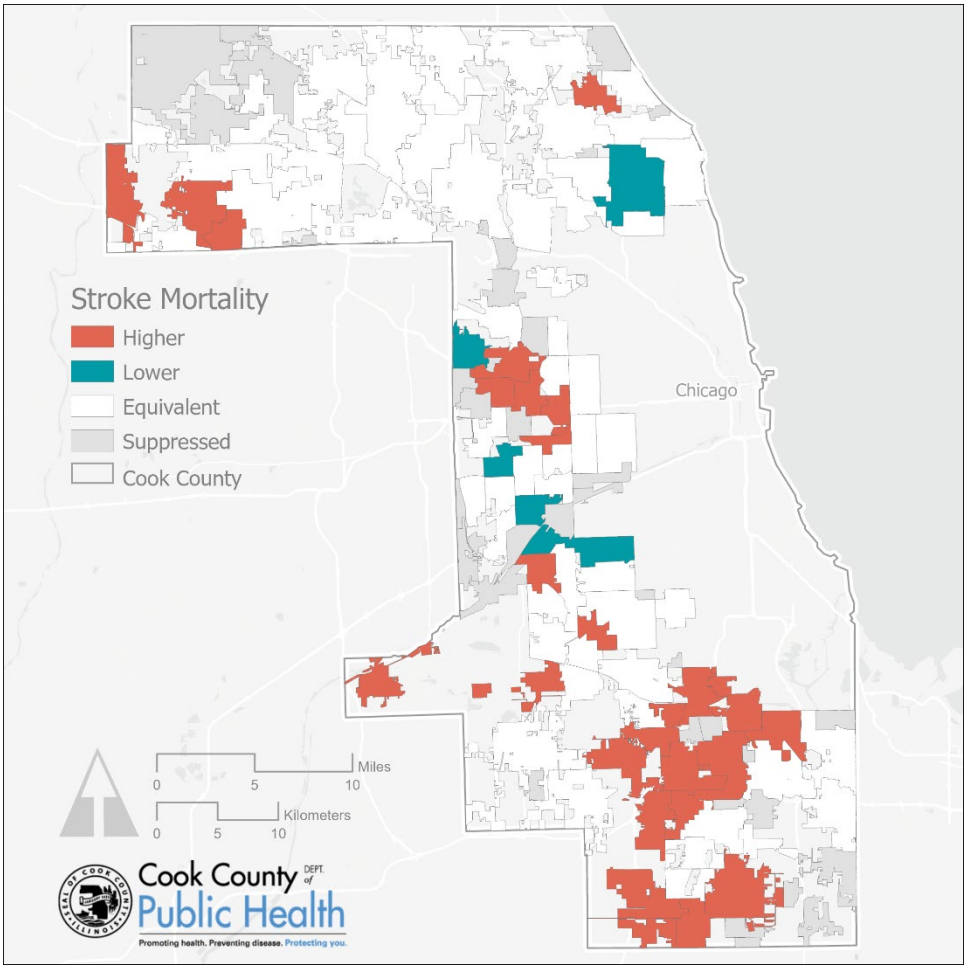
**Figure 58. Stroke Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 34.8 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: I60-I69*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

While municipalities in SCC report mortality rates from stroke equivalent to the Healthy People 2020 target of 34.8 deaths per 100,000 persons, Map 43 demonstrates that municipalities reporting rates higher than the goal are clustered primarily in the south district of the county. Municipalities with rates equivalent to or lower than the target are found in the north district of the county, with a few municipalities reporting lower rates in the north and west districts. Table 30 indicates that the highest mortality from stroke may be found in Northfield, reporting a rate of 138.8 deaths per 100,000 persons.

**Map 43. Stroke Mortality Rate by Municipality, 2013–2017**




***Most municipalities in SCC have stroke mortality rates equivalent to the Healthy People 2020 goal. The majority of municipalities that have stroke mortality rates higher than the goal are located in the southern part of SCC.***

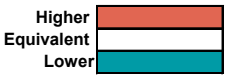
*Target: 34.8 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: I60-I69*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 30. Stroke Mortality Rate by Municipality, 2013–2017

**Mortality Rate by Town of Residence, 2013-2017 (combined)**

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 41 | 41.4 | E | Lynwood | 15 | - | S |
| Arlington Heights | 252 | 38.9 | E | Lyons | 27 | 45.8 | E |
| Barrington (pt.) | 19 | - | S | Markham | 41 | 64.9 | H |
| Barrington Hills (pt.) | - | - | S | Matteson | 55 | 85.2 | H |
| Bartlett (pt.) | 22 | 35.8 | E | Maywood | 69 | 79.9 | H |
| Bedford Park | 0 | 0.0 | L | McCook | 0 | 0.0 | L |
| Bellwood | 43 | 61.9 | H | Melrose Park | 62 | 51.3 | H |
| Berkeley | 7 | - | S | Merrionette Park | - | - | S |
| Berwyn | 88 | 34.4 | E | Midlothian | 32 | 52.1 | H |
| Blue Island | 47 | 47.9 | H | Morton Grove | 68 | 30.3 | E |
| Bridgeview | 33 | 36.8 | E | Mount Prospect | 123 | 32.7 | E |
| Broadview | 15 | - | S | Niles | 139 | 33.4 | E |
| Brookfield | 48 | 33.9 | E | Norridge | 76 | 32.1 | E |
| Buffalo Grove (pt.) | 26 | 25.6 | E | North Riverside | 32 | 73.0 | H |
| Burbank | 71 | 43.5 | E | Northbrook | 22 | 21.5 | E |
| Burnham | 11 | - | S | Northfield | 126 | 138.8 | H |
| Burr Ridge (pt.) | 13 | - | S | Northlake | 21 | 6.7 | L |
| Calumet City | 84 | 41.1 | E | Oak Forest | 54 | 46.6 | H |
| Calumet Park | 25 | 82.9 | H | Oak Lawn | 162 | 31.7 | E |
| Chicago Heights | 82 | 53.4 | H | Oak Park | 91 | 39.5 | E |
| Chicago Ridge | 48 | 67.3 | H | Olympia Fields | 28 | 50.3 | E |
| Cicero | 93 | 37.7 | E | Orland Hills | 15 | - | S |
| Country Club Hills | 39 | 72.7 | H | Orland Park (pt.) | 173 | 36.5 | E |
| Countryside | 20 | 50.0 | E | Palatine | 108 | 40.1 | E |
| Crestwood | 45 | 50.2 | E | Palos Heights | 61 | 38.4 | E |
| Des Plaines | 175 | 36.2 | E | Palos Hills | 49 | 36.1 | E |
| Dixmoor | 5 | - | S | Palos Park | 60 | 91.3 | H |
| Dolton | 59 | 70.3 | H | Park Forest (pt.) | 64 | 56.5 | H |
| East Hazel Crest | - | - | S | Park Ridge | 108 | 28.8 | E |
| Elgin (pt.) | 36 | 51.4 | H | Phoenix | 8 | - | S |
| Elk Grove Village | 78 | 42.5 | E | Posen | - | - | S |
| Elmwood Park | 52 | 30.8 | E | Prospect Heights | 31 | 33.0 | E |
| Evanston | 162 | 37.3 | E | Richton Park | 23 | 59.5 | H |
| Evergreen Park | 64 | 43.8 | E | River Forest | 28 | 36.0 | E |
| Flossmoor | 26 | 49.4 | E | River Grove | 12 | - | S |
| Ford Heights | 7 | - | S | Riverdale | 21 | 52.9 | H |
| Forest Park | 43 | 58.7 | H | Riverside | 21 | 41.8 | E |
| Forest View | - | - | S | Robbins | 23 | 72.5 | H |
| Franklin Park | 28 | 31.1 | E | Rolling Meadows | 51 | 44.0 | E |
| Glencoe | 12 | - | S | Roselle (pt.) | 5 | - | S |
| Glenview | 133 | 31.5 | E | Rosemont | - | - | S |
| Glenwood | 26 | 53.5 | E | Sauk Village | 13 | - | S |
| Golf | - | - | S | Schaumburg | 131 | 32.4 | E |
| Hanover Park (pt.) | 20 | 60.2 | H | Schiller Park | 15 | - | S |
| Harvey | 76 | 76.0 | H | Skokie | 155 | 27.0 | L |
| Harwood Heights | 24 | 35.3 | E | South Barrington | - | - | S |
| Hazel Crest | 46 | 58.8 | H | South Chicago Heights | 9 | - | S |
| Hickory Hills | 34 | 47.6 | E | South Holland | 79 | 42.2 | E |
| Hillside | 16 | - | S | Steger (pt.) | 19 | - | S |
| Hinsdale (pt.) | 5 | - | S | Stickney | 18 | - | S |
| Hodgkins | 5 | - | S | Stone Park | 6 | - | S |
| Hoffman Estates | 54 | 33.2 | E | Streamwood | 43 | 44.1 | H |
| Hometown | 13 | - | S | Summit | 14 | - | S |
| Homewood | 62 | 45.5 | E | Thornton | 15 | - | S |
| Indian Head Park | 15 | - | S | Tinley Park (pt.) | 114 | 41.0 | E |
| Inverness | 15 | - | S | Westchester | 67 | 30.6 | E |
| Justice | 31 | 81.7 | H | Western Springs | 24 | 32.1 | E |
| Kenilworth | - | - | S | Wheeling (pt.) | 81 | 38.2 | E |
| La Grange | 39 | 41.1 | E | Willow Springs | 12 | - | S |
| La Grange Park | 54 | 22.9 | L | Wilmette | 70 | 33.6 | E |
| Lansing | 74 | 38.9 | E | Winnetka | 23 | 37.1 | E |
| Lemont (pt.) | 54 | 52.6 | H | Worth | 21 | 38.0 | E |
| Lincolnwood | 36 | 25.3 | E | | | | |

Target: 34.8 deaths per 100,000 (Healthy People 2020)
Mortality ICD-10 Codes: I60-I69
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

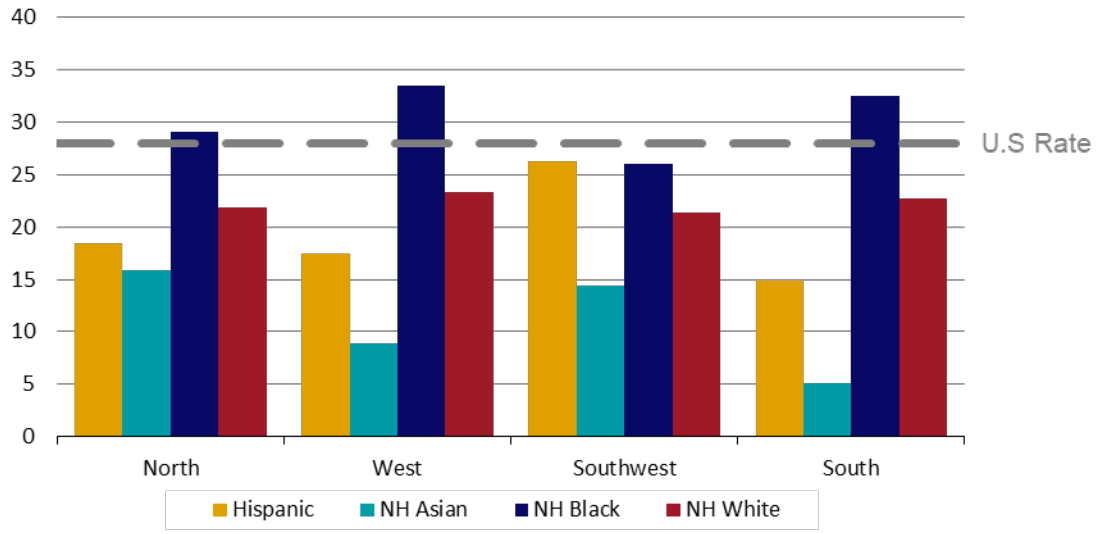


*Alzheimer's*

Alzheimer's disease is the most common form of dementia and leads to the progressive loss of cognitive functioning. Alzheimer's disease most frequently impacts those older than age 65, and the risk for its development increases with age, though it has been diagnosed in younger populations to a lesser extent. The complex causes of Alzheimer's disease are not yet well understood, and no cure currently exits.

Figure 59 details the mortality rate attributable to Alzheimer's by race and ethnicity in each CCDPH district. The rate is lowest among the non-Hispanic Asian population of each district. In all but the southwest district, the mortality rate among non-Hispanic Black populations exceeds the U.S. average mortality rate.

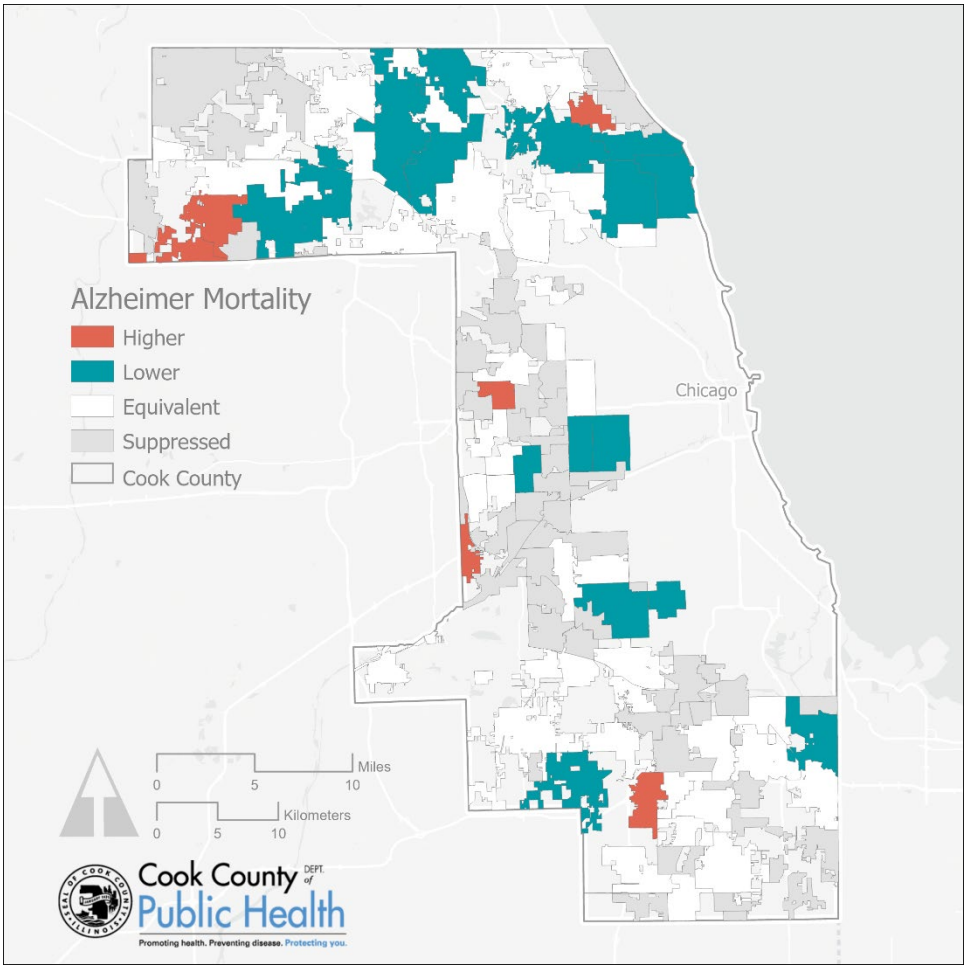
**Figure 59. Alzheimer's Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 28.0 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: G30*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

Map 44 demonstrates that districts of the city that have reportable mortality rates lower than or equivalent to the U.S. average of 28.0 deaths per 100,000 persons are clustered in the north and south districts of the county. As detailed in Table 31, the lowest reportable rate was observed in Golf, where 0 deaths were observed. The highest mortality rate was observed in the part of Burr Ridge included in the CCDPH jurisdiction, reporting a rate of 101.8 deaths per 100,000 persons.

**Map 44. Alzheimer's Mortality Rate by Municipality, 2013–2017**




***Mortality from Alzheimer's appears to be lowest in the northern portion of SCC, though a few municipalities reducing lower rates are found throughout the county. Few municipalities report mortality rates higher than the U.S. average rate, with the largest cluster being found in the northwest district.***

*Target: 28.0 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: G30*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 31. Alzheimer's Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 23 | 24.2 | E | Lynwood | 8 | - | S |
| Arlington Heights | 135 | 19.9 | L | Lyons | 8 | - | S |
| Barrington (pt.) | 19 | - | S | Markham | 17 | - | S |
| Barrington Hills (pt.) | - | - | S | Matteson | 26 | 39.0 | E |
| Bartlett (pt.) | 39 | 53.6 | H | Maywood | 18 | - | S |
| Bedford Park | - | - | S | McCook | - | - | S |
| Bellwood | 30 | 45.2 | H | Melrose Park | 28 | 21.3 | E |
| Berkeley | 10 | - | S | Merrionette Park | - | - | S |
| Berwyn | 46 | 18.1 | L | Midlothian | 14 | - | S |
| Blue Island | 13 | - | S | Morton Grove | 64 | 25.6 | E |
| Bridgeview | 27 | 29.3 | E | Mount Prospect | 80 | 20.6 | L |
| Broadview | 6 | - | S | Niles | 111 | 21.1 | E |
| Brookfield | 21 | 13.7 | L | Norridge | 61 | 23.9 | E |
| Buffalo Grove (pt.) | 22 | 19.7 | E | North Riverside | 16 | - | S |
| Burbank | 44 | 26.3 | E | Northbrook | 22 | 16.2 | E |
| Burnham | 6 | - | S | Northfield | 99 | 100.5 | H |
| Burr Ridge (pt.) | 30 | 101.8 | H | Northlake | 8 | - | S |
| Calumet City | 44 | 20.8 | L | Oak Forest | 31 | 27.6 | E |
| Calumet Park | 10 | - | S | Oak Lawn | 127 | 21.8 | L |
| Chicago Heights | 38 | 24.0 | E | Oak Park | 74 | 30.9 | E |
| Chicago Ridge | 11 | - | S | Olympia Fields | 16 | - | S |
| Cicero | 33 | 14.0 | L | Orland Hills | - | - | S |
| Country Club Hills | 31 | 49.7 | H | Orland Park (pt.) | 131 | 27.7 | E |
| Countryside | 7 | - | S | Palatine | 74 | 26.6 | E |
| Crestwood | 20 | 17.9 | E | Palos Heights | 39 | 21.8 | E |
| Des Plaines | 153 | 26.6 | E | Palos Hills | 16 | - | S |
| Dixmoor | - | - | S | Palos Park | 34 | 36.2 | E |
| Dolton | 25 | 33.7 | E | Park Forest (pt.) | 24 | 19.7 | E |
| East Hazel Crest | - | - | S | Park Ridge | 119 | 30.6 | E |
| Elgin (pt.) | 14 | - | S | Phoenix | - | - | S |
| Elk Grove Village | 62 | 32.4 | E | Posen | - | - | S |
| Elmwood Park | 38 | 21.6 | E | Prospect Heights | 27 | 25.3 | E |
| Evanston | 105 | 21.4 | L | Richton Park | 10 | - | S |
| Evergreen Park | 32 | 18.8 | L | River Forest | 18 | - | S |
| Flossmoor | 21 | 39.9 | E | River Grove | 11 | - | S |
| Ford Heights | 5 | - | S | Riverdale | 6 | - | S |
| Forest Park | 18 | - | S | Riverside | 14 | - | S |
| Forest View | - | - | S | Robbins | 9 | - | S |
| Franklin Park | 14 | - | S | Rolling Meadows | 30 | 22.9 | E |
| Glencoe | 10 | - | S | Roselle (pt.) | - | - | S |
| Glenview | 104 | 20.1 | L | Rosemont | 5 | - | S |
| Glenwood | 10 | - | S | Sauk Village | - | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | 85 | 18.3 | L |
| Hanover Park (pt.) | 7 | - | S | Schiller Park | 12 | - | S |
| Harvey | 28 | 31.6 | E | Skokie | 81 | 12.3 | L |
| Harwood Heights | 18 | - | S | South Barrington | 5 | - | S |
| Hazel Crest | 34 | 38.5 | E | South Chicago Heights | 5 | - | S |
| Hickory Hills | 14 | - | S | South Holland | 67 | 32.6 | E |
| Hillside | 13 | - | S | Steger (pt.) | 7 | - | S |
| Hinsdale (pt.) | 7 | - | S | Stickney | 5 | - | S |
| Hodgkins | - | - | S | Stone Park | - | - | S |
| Hoffman Estates | 55 | 30.1 | E | Streamwood | 37 | 38.7 | H |
| Hometown | - | - | S | Summit | 15 | - | S |
| Homewood | 31 | 21.2 | E | Thornton | - | - | S |
| Indian Head Park | 12 | - | S | Tinley Park (pt.) | 64 | 20.3 | L |
| Inverness | 12 | - | S | Westchester | 51 | 21.0 | E |
| Justice | 13 | - | S | Western Springs | 28 | 37.1 | E |
| Kenilworth | - | - | S | Wheeling (pt.) | 45 | 19.5 | L |
| La Grange | 28 | 27.7 | E | Willow Springs | 5 | - | S |
| La Grange Park | 55 | 18.9 | E | Wilmette | 33 | 14.1 | L |
| Lansing | 43 | 20.6 | E | Winnetka | 17 | - | S |
| Lemont (pt.) | 36 | 24.5 | E | Worth | 17 | - | S |
| Lincolnwood | 35 | 20.3 | E | | | | |

Target: 28.0 deaths per 100,000 (U.S. Rate 2013-2017)
Mortality ICD-10 Codes: G30
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

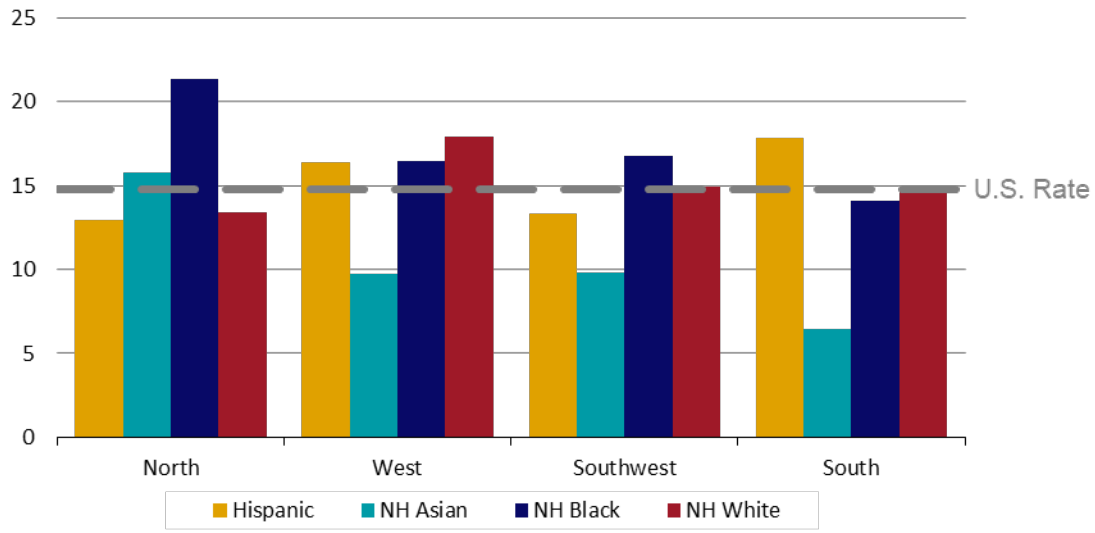
Higher
Equivalent
Lower

*Pneumonia and Influenza*

Influenza is an infectious respiratory illness caused by exposure to influenza viruses, and may result in mild to severe illness and hospitalization, or death in the most serious cases. Pneumonia is a respiratory illness that may be caused by exposure to bacteria, fungi or viruses, and influenza is one of the most common causes of viral pneumonia. Those greater than 65 years of age, very young children or those who are otherwise immunocompromised are at higher risk for a severe case of influenza and pneumonia. Development of influenza and pneumonia may be prevented through routine vaccination.

Mortality rate from pneumonia and influenza by race and ethnicity was quite variable among CCDPH districts, as detailed in Figure 60. The rate across districts was highest in the non-Hispanic Black population in the north district, far exceeding the U.S. average mortality rate. The U.S. average mortality rate is exceeded by non-Hispanic Asian populations in the north district, Hispanic and non-Hispanic White populations in the west district, non-Hispanic Black populations in the southwest district and by Hispanic populations in the south district.

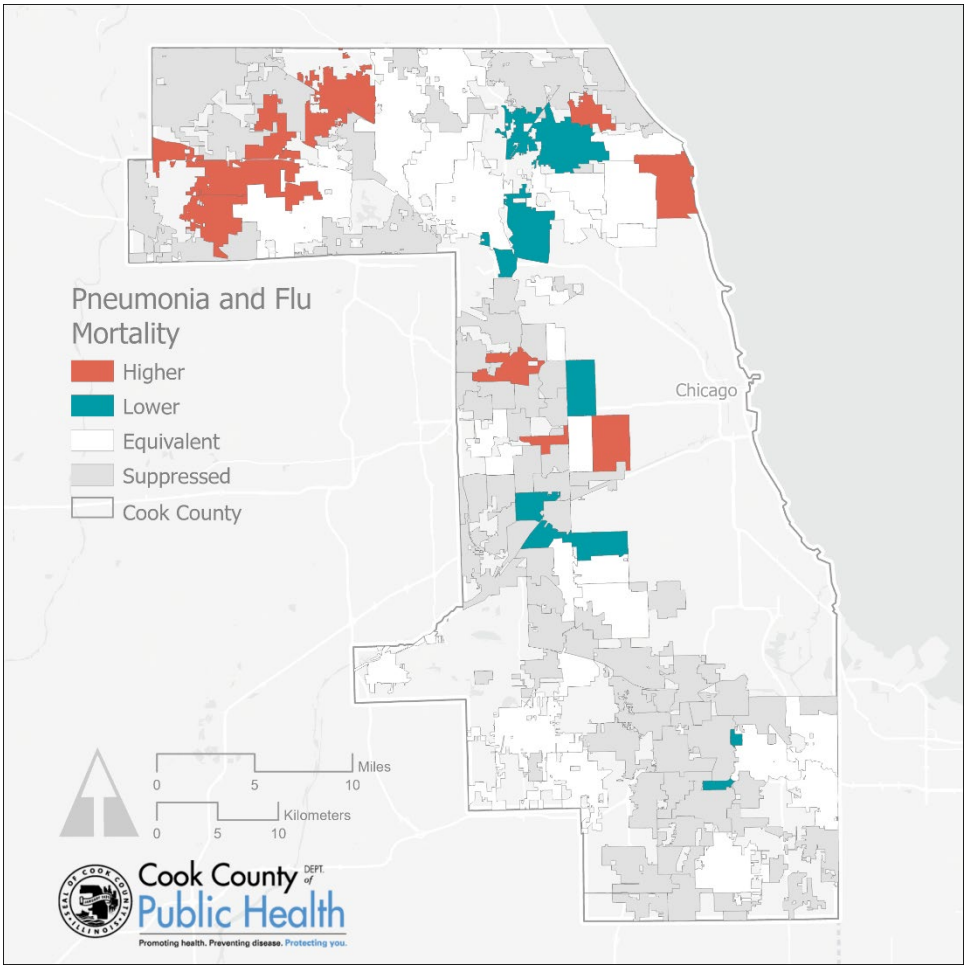
**Figure 60. Pneumonia and Influenza Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 14.8 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: J10-J18*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

Map 45 and Table 32 demonstrate that few municipalities in SCC have reportable mortality rates from pneumonia and influenza. Clusters of municipalities reporting rates higher than the U.S. average of 14.8 deaths per 100,000 persons were located primarily in the north district of the city. More variability throughout the county is observed in the municipalities that report rates equivalent to or less than the U.S. average. Northfield reports the highest mortality rate, equal to 61.8 deaths per 100,000 persons, and was closely followed by North Riverside, reporting a rate of 54.2 deaths per 100,000 persons.

**Map 45. Pneumonia and Influenza Mortality Rate by Municipality, 2013–2017**




***While few municipalities in SCC had reportable mortality rates from pneumonia and influenza, most that do report rates higher than the U.S. average. These are located primarily in the north district of the county.***

*Target: 14.8 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: J10-J18*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File, 2013–2017.*

## Table 32. Pneumonia and Influenza Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 18 | - | S | Lynwood | - | - | S |
| Arlington Heights | 97 | 14.8 | E | Lyons | 16 | - | S |
| Barrington (pt.) | 10 | - | S | Markham | 6 | - | S |
| Barrington Hills (pt.) | - | - | S | Matteson | 16 | - | S |
| Bartlett (pt.) | 19 | - | S | Maywood | 14 | - | S |
| Bedford Park | 0 | 0.0 | L | McCook | 0 | 0.0 | L |
| Bellwood | 14 | - | S | Melrose Park | 30 | 24.9 | H |
| Berkeley | 6 | - | S | Merrionette Park | 8 | - | S |
| Berwyn | 49 | 18.6 | E | Midlothian | 13 | - | S |
| Blue Island | 18 | - | S | Morton Grove | 23 | 10.9 | E |
| Bridgeview | 20 | 22.8 | E | Mount Prospect | 39 | 10.9 | E |
| Broadview | 11 | - | S | Niles | 55 | 12.1 | E |
| Brookfield | 12 | - | S | Norridge | 22 | 9.1 | E |
| Buffalo Grove (pt.) | 15 | - | S | North Riverside | 25 | 54.2 | H |
| Burbank | 32 | 19.6 | E | Northbrook | 9 | - | S |
| Burnham | - | - | S | Northfield | 57 | 61.8 | H |
| Burr Ridge (pt.) | 5 | - | S | Northlake | 7 | - | S |
| Calumet City | 24 | 12.0 | E | Oak Forest | 16 | - | S |
| Calumet Park | 6 | - | S | Oak Lawn | 55 | 11.2 | E |
| Chicago Heights | 29 | 19.1 | E | Oak Park | 24 | 9.5 | L |
| Chicago Ridge | 10 | - | S | Olympia Fields | 8 | - | S |
| Cicero | 51 | 20.6 | H | Orland Hills | - | - | S |
| Country Club Hills | 11 | - | S | Orland Park (pt.) | 71 | 14.9 | E |
| Countryside | 11 | - | S | Palatine | 57 | 21.5 | H |
| Crestwood | 17 | - | S | Palos Heights | 29 | 24.2 | E |
| Des Plaines | 88 | 18.0 | E | Palos Hills | 11 | - | S |
| Dixmoor | 5 | - | S | Palos Park | 14 | - | S |
| Dolton | 11 | - | S | Park Forest (pt.) | 15 | - | S |
| East Hazel Crest | 0 | 0.0 | L | Park Ridge | 33 | 9.1 | L |
| Elgin (pt.) | 16 | - | S | Phoenix | 0 | 0.0 | L |
| Elk Grove Village | 16 | - | S | Posen | 6 | - | S |
| Elmwood Park | 28 | 17.5 | E | Prospect Heights | 11 | - | S |
| Evanston | 102 | 22.8 | H | Richton Park | 9 | - | S |
| Evergreen Park | 11 | - | S | River Forest | - | - | S |
| Flossmoor | 5 | - | S | River Grove | 14 | - | S |
| Ford Heights | - | - | S | Riverdale | 12 | - | S |
| Forest Park | 10 | - | S | Riverside | 11 | - | S |
| Forest View | - | - | S | Robbins | 6 | - | S |
| Franklin Park | 10 | - | S | Rolling Meadows | 18 | - | S |
| Glencoe | 9 | - | S | Roselle (pt.) | - | - | S |
| Glenview | 49 | 10.1 | L | Rosemont | 0 | 0.0 | L |
| Glenwood | 8 | - | S | Sauk Village | 7 | - | S |
| Golf | - | - | S | Schaumburg | 65 | 16.3 | E |
| Hanover Park (pt.) | 17 | - | S | Schiller Park | 6 | - | S |
| Harvey | 11 | - | S | Skokie | 73 | 12.2 | E |
| Harwood Heights | - | - | S | South Barrington | - | - | S |
| Hazel Crest | 12 | - | S | South Chicago Heights | - | - | S |
| Hickory Hills | 17 | - | S | South Holland | 21 | 13.3 | E |
| Hillside | 7 | - | S | Steger (pt.) | - | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | 10 | - | S |
| Hodgkins | - | - | S | Stone Park | - | - | S |
| Hoffman Estates | 55 | 28.2 | H | Streamwood | 35 | 34.9 | H |
| Hometown | 7 | - | S | Summit | 10 | - | S |
| Homewood | 18 | - | S | Thornton | - | - | S |
| Indian Head Park | 10 | - | S | Tinley Park (pt.) | 49 | 17.5 | E |
| Inverness | - | - | S | Westchester | 25 | 12.0 | E |
| Justice | 14 | - | S | Western Springs | 16 | - | S |
| Kenilworth | - | - | S | Wheeling (pt.) | 31 | 14.6 | E |
| La Grange | 12 | - | S | Willow Springs | 7 | - | S |
| La Grange Park | 35 | 16.6 | E | Wilmette | 23 | 10.7 | E |
| Lansing | 23 | 12.3 | E | Winnetka | 8 | - | S |
| Lemont (pt.) | 20 | 20.7 | E | Worth | 13 | - | S |
| Lincolnwood | 21 | 12.5 | E | | | | |

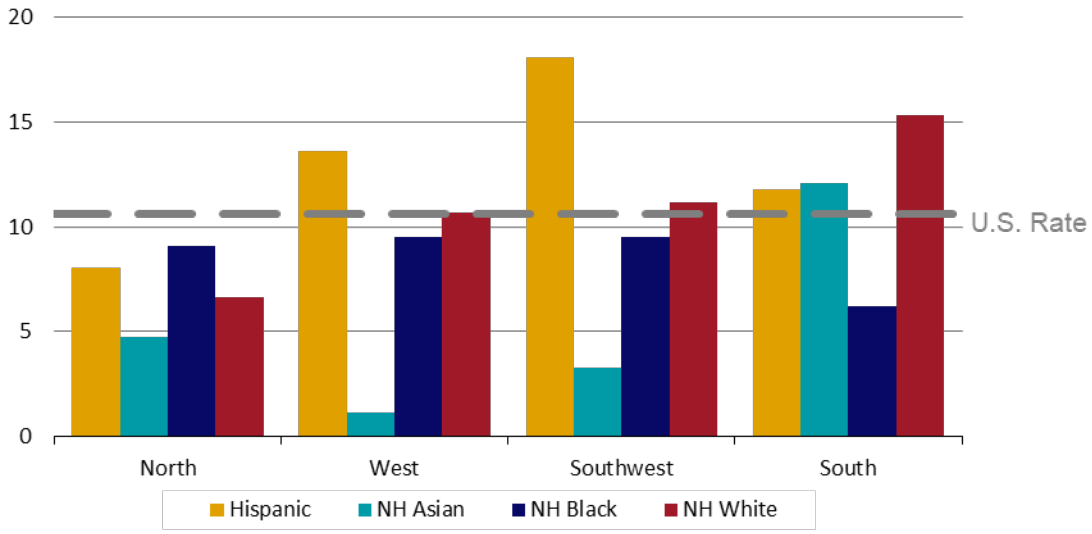
Target: 14.8 deaths per 100,000 (U.S. Rate 2013-2017)
Mortality ICD-10 Codes: J10-J18
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20

*Chronic Liver Disease*

Chronic liver disease occurs when liver functions continuously and progressively deteriorate for a period of greater than six months, resulting in fibrosis and cirrhosis. Exposure to toxic substances, prolonged alcohol abuse, infection, autoimmune diseases and genetic or metabolic disorders may cause the development of chronic liver disease.

Chronic liver disease mortality for Hispanic populations in the west and southwest district and for non-Hispanic White populations in the south district far exceeds the U.S. average mortality rate, as detailed in Figure 61. The mortality rate among the non-Hispanic Black population is lowest in the south district, lower than that observed among the other racial and ethnic groups in the same district. Non-Hispanic Asian populations in the north, west and southwest district exhibit the lowest mortality rates, while the mortality rate exceeds that of the U.S. average mortality rate in the south district.

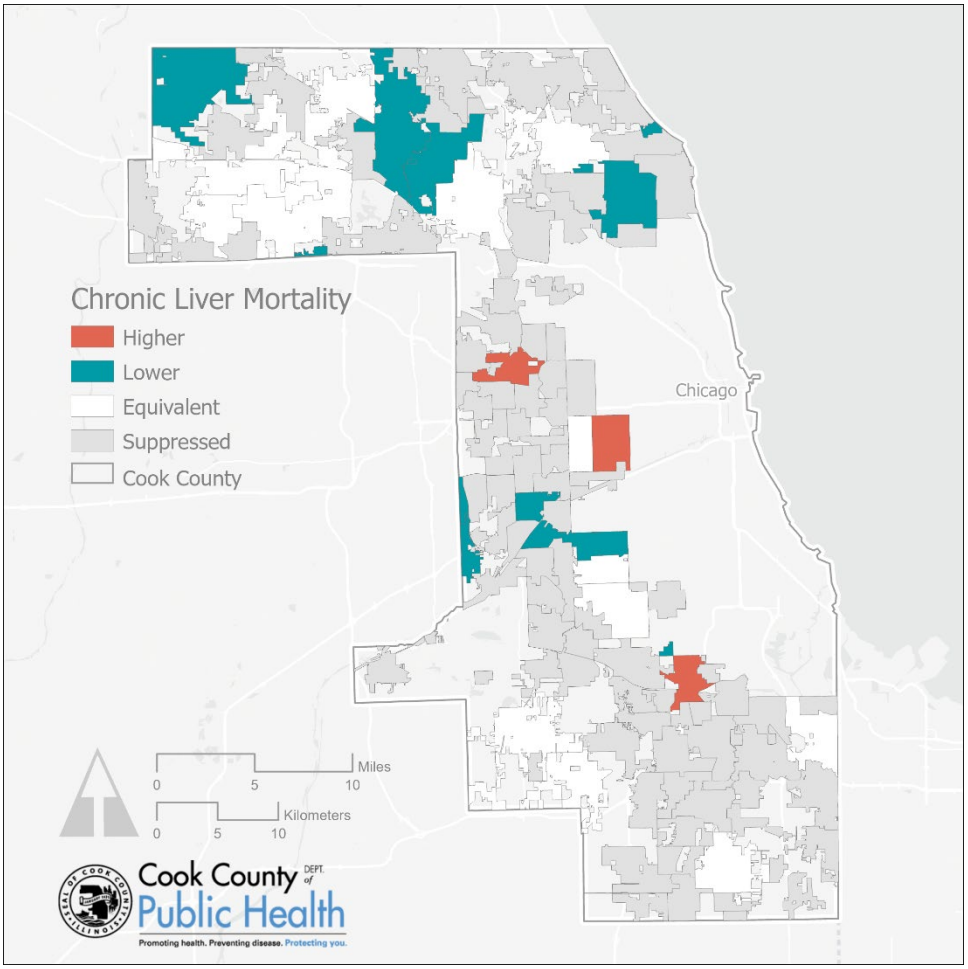
**Figure 61. Chronic Liver Disease Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 10.6 deaths per 100,000 (U.S Rate 2013–2017)*
*Mortality ICD-10 Codes: K70, K73-K74*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File 2013–2017.*

As detailed on Map 46 and in Table 33, most municipalities that have reportable mortality rates from chronic liver disease report rates that are equivalent to the U.S. average rate of 10.6 deaths per 100,000 persons. Municipalities with reportable rates equivalent to and lower than the U.S. average are clustered primarily in the north district of the county. Blue Island was the municipality which reported the highest mortality rate, at 26.2 deaths per 100,000 persons.

**Map 46. Chronic Liver Disease Mortality Rate by Municipality, 2013–2017**




***Few municipalities throughout SCC have met the Healthy People 2020 goal for reducing mortality rates from cancer, with most having rates that are higher than the goal.***

*Target: 10.6 deaths per 100,000 (U.S Rate 2013–2017)*
*Mortality ICD-10 Codes: K70, K73-K74*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File, 2013–2017.*

## Table 33. Chronic Liver Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 14 | - | S | Lynwood | - | - | S |
| Arlington Heights | 23 | 5.0 | L | Lyons | 7 | - | S |
| Barrington (pt.) | 5 | - | S | Markham | 10 | - | S |
| Barrington Hills (pt.) | 0 | 0.0 | L | Matteson | 9 | - | S |
| Bartlett (pt.) | 9 | - | S | Maywood | 16 | - | S |
| Bedford Park | 0 | 0.0 | L | McCook | 0 | 0.0 | L |
| Bellwood | 11 | - | S | Melrose Park | 22 | 21.0 | H |
| Berkeley | - | - | S | Merrionette Park | 0 | 0.0 | L |
| Berwyn | 38 | 15.0 | E | Midlothian | 17 | - | S |
| Blue Island | 26 | 26.2 | H | Morton Grove | 7 | - | S |
| Bridgeview | 11 | - | S | Mount Prospect | 22 | 7.3 | L |
| Broadview | 7 | - | S | Niles | 15 | - | S |
| Brookfield | 11 | - | S | Norridge | 15 | - | S |
| Buffalo Grove (pt.) | - | - | S | North Riverside | 8 | - | S |
| Burbank | 26 | 16.3 | E | Northbrook | - | - | S |
| Burnham | 6 | - | S | Northfield | 19 | - | S |
| Burr Ridge (pt.) | 0 | 0.0 | L | Northlake | 5 | - | S |
| Calumet City | 24 | 13.2 | E | Oak Forest | 17 | - | S |
| Calumet Park | - | - | S | Oak Lawn | 48 | 13.1 | E |
| Chicago Heights | 24 | 16.7 | E | Oak Park | 15 | - | S |
| Chicago Ridge | 9 | - | S | Olympia Fields | - | - | S |
| Cicero | 41 | 14.7 | H | Orland Hills | - | - | S |
| Country Club Hills | - | - | S | Orland Park (pt.) | 31 | 9.0 | E |
| Countryside | - | - | S | Palatine | 30 | 10.6 | E |
| Crestwood | 6 | - | S | Palos Heights | 5 | - | S |
| Des Plaines | 37 | 10.0 | E | Palos Hills | 13 | - | S |
| Dixmoor | - | - | S | Palos Park | 6 | - | S |
| Dolton | 12 | - | S | Park Forest (pt.) | 13 | - | S |
| East Hazel Crest | - | - | S | Park Ridge | 16 | - | S |
| Elgin (pt.) | 8 | - | S | Phoenix | - | - | S |
| Elk Grove Village | 16 | - | S | Posen | - | - | S |
| Elmwood Park | 8 | - | S | Prospect Heights | 7 | - | S |
| Evanston | 13 | - | S | Richton Park | 5 | - | S |
| Evergreen Park | 14 | - | S | River Forest | 5 | - | S |
| Flossmoor | - | - | S | River Grove | 7 | - | S |
| Ford Heights | - | - | S | Riverdale | 7 | - | S |
| Forest Park | 9 | - | S | Riverside | - | - | S |
| Forest View | - | - | S | Robbins | - | - | S |
| Franklin Park | 10 | - | S | Rolling Meadows | 8 | - | S |
| Glencoe | - | - | S | Roselle (pt.) | 0 | 0.0 | L |
| Glenview | 28 | 10.1 | E | Rosemont | - | - | S |
| Glenwood | - | - | S | Sauk Village | 5 | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | 28 | 8.4 | E |
| Hanover Park (pt.) | 6 | - | S | Schiller Park | - | - | S |
| Harvey | 12 | - | S | Skokie | 20 | 4.6 | L |
| Harwood Heights | 8 | - | S | South Barrington | - | - | S |
| Hazel Crest | - | - | S | South Chicago Heights | - | - | S |
| Hickory Hills | 13 | - | S | South Holland | 6 | - | S |
| Hillside | 6 | - | S | Steger (pt.) | 6 | - | S |
| Hinsdale (pt.) | 0 | 0.0 | L | Stickney | 10 | - | S |
| Hodgkins | - | - | S | Stone Park | - | - | S |
| Hoffman Estates | 20 | 10.1 | E | Streamwood | 20 | 13.3 | E |
| Hometown | 5 | - | S | Summit | 11 | - | S |
| Homewood | 12 | - | S | Thornton | - | - | S |
| Indian Head Park | - | - | S | Tinley Park (pt.) | 28 | 11.8 | E |
| Inverness | 5 | - | S | Westchester | 10 | - | S |
| Justice | 14 | - | S | Western Springs | - | - | S |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | 14 | - | S |
| La Grange | 6 | - | S | Willow Springs | - | - | S |
| La Grange Park | - | - | S | Wilmette | 9 | - | S |
| Lansing | 17 | - | S | Winnetka | - | - | S |
| Lemont (pt.) | 13 | - | S | Worth | 9 | - | S |
| Lincolnwood | - | - | S | | | | |

Target: 10.6 deaths per 100,000 (U.S Rate 2013-2017)
Mortality ICD-10 Codes: K70, K73-K74
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

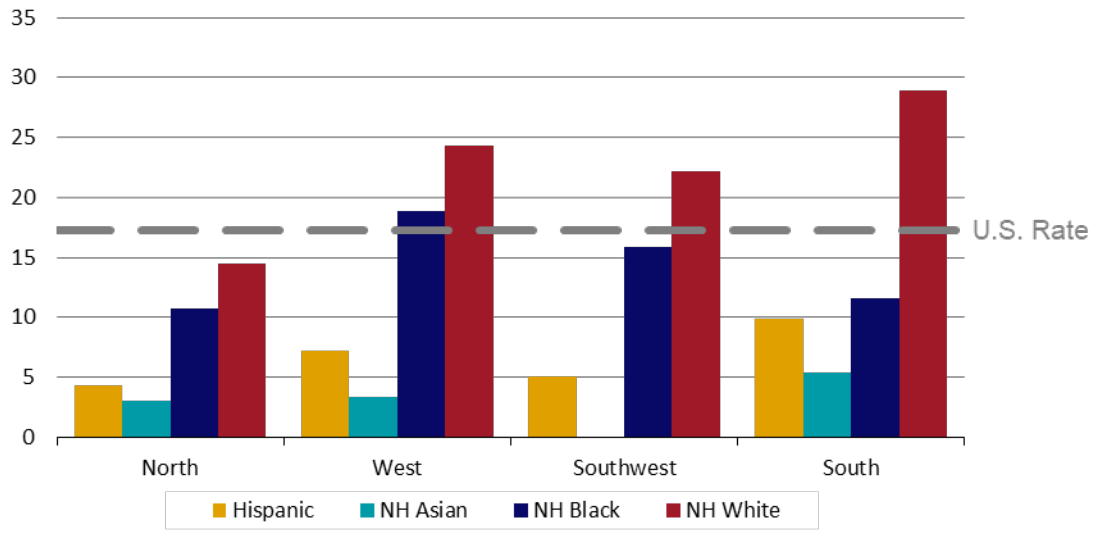
Higher
Equivalent
Lower

*Drug Related Mortality*

Two metrics of drug-related mortality are specified in this section: drug poisoning mortality and drug-induced mortality. Drug-induced mortality includes all deaths attributable to an adverse reaction resulting from exposure to a drug, while drug poisoning mortality includes all deaths attributable to a drug overdose from any type of drug.

Figure 62 indicates the mortality rate due to drug poisoning in each CCDPH district, showing that the rate was highest among non-Hispanic White populations of each district. The rate non-Hispanic White populations exceeded that of the U.S. average mortality rate in the west, southwest and south districts of SCC. The rate was lowest among non-Hispanic Asian populations in each district. It was only in the west district that the U.S. average mortality rate was exceeded among the non-Hispanic Black populations.

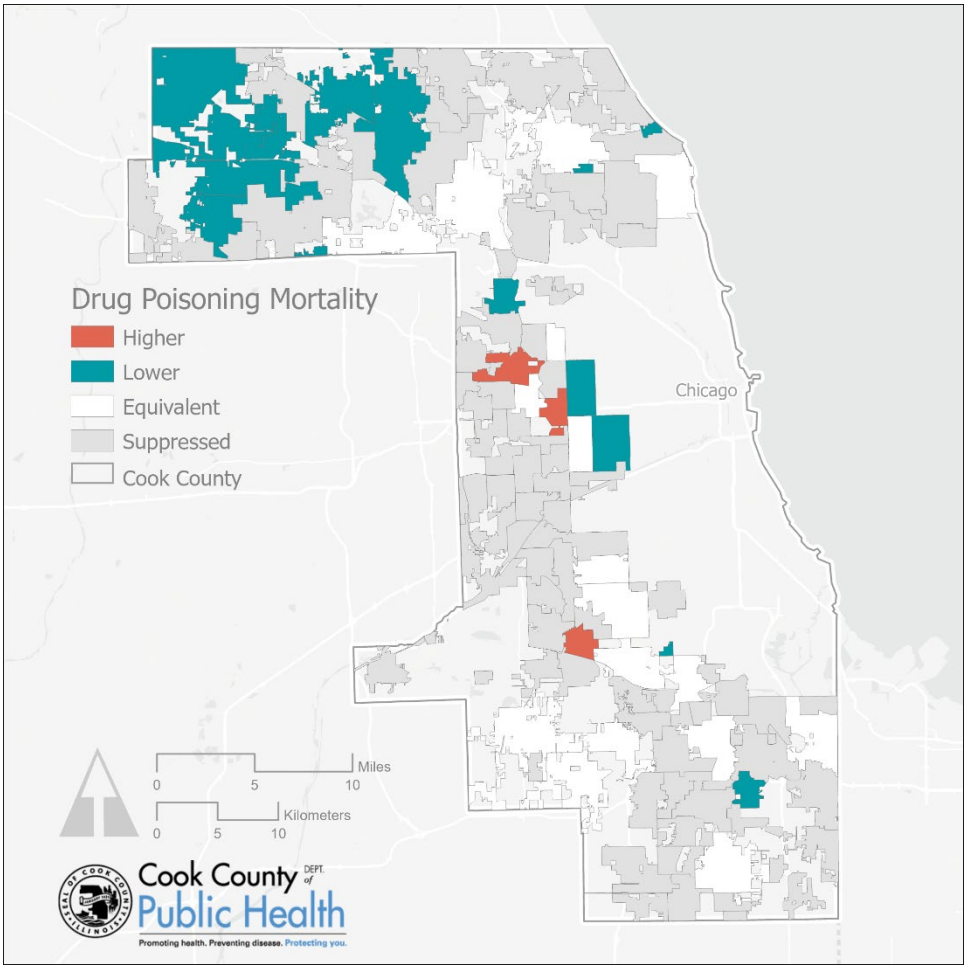
**Figure 62. Drug Poisoning Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 17.3 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: X40–X44, X60–X64, X85, Y10–Y14*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File 2013–2017.*

Mortality from drug poisoning in SCC is rare, as demonstrated in Map 47 and Table 34. Most municipalities with reportable mortality have rates that are equivalent to or lower than the national average of 17.3 deaths per 100,000 persons. Those with rates lower than the average are primarily clustered in the north district of the county. Municipalities with rates higher than the average are distributed in the west and south health districts. Worth reports the highest mortality rate, at 43.4 deaths per 100,000 persons.

**Map 47. Drug Poisoning Mortality Rate by Municipality, 2013–2017**




***Of the municipalities with reportable mortality rates, those reporting a rate lower than the U.S. average are clustered in the north district of SCC. Municipalities with rates higher than the U.S. average are found in the west and southwest districts.***

*Target: 17.3 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: X40–X44, X60–X64, X85, Y10–Y14*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File, 2013–2017.*

## Table 34. Drug Poisoning Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 20 | 22.2 | E | Lynwood | 10 | - | S |
| Arlington Heights | 44 | 13.3 | L | Lyons | 19 | - | S |
| Barrington (pt.) | - | - | S | Markham | 10 | - | S |
| Barrington Hills (pt.) | 0 | 0.0 | L | Matteson | 17 | - | S |
| Bartlett (pt.) | 10 | - | S | Maywood | 26 | 22.9 | E |
| Bedford Park | - | - | S | McCook | - | - | S |
| Bellwood | 16 | - | S | Melrose Park | 33 | 28.0 | H |
| Berkeley | 7 | - | S | Merrionette Park | 0 | 0.0 | L |
| Berwyn | 43 | 16.2 | E | Midlothian | 18 | - | S |
| Blue Island | 20 | 18.8 | E | Morton Grove | 8 | - | S |
| Bridgeview | 18 | - | S | Mount Prospect | 19 | - | S |
| Broadview | 10 | - | S | Niles | 11 | - | S |
| Brookfield | 19 | - | S | Norridge | 8 | - | S |
| Buffalo Grove (pt.) | 11 | - | S | North Riverside | 10 | - | S |
| Burbank | 32 | 22.8 | E | Northbrook | 9 | - | S |
| Burnham | 7 | - | S | Northfield | 5 | - | S |
| Burr Ridge (pt.) | - | - | S | Northlake | 12 | - | S |
| Calumet City | 35 | 20.6 | E | Oak Forest | 21 | 16.0 | E |
| Calumet Park | 8 | - | S | Oak Lawn | 44 | 16.2 | E |
| Chicago Heights | 25 | 19.1 | E | Oak Park | 28 | 11.7 | L |
| Chicago Ridge | 13 | - | S | Olympia Fields | - | - | S |
| Cicero | 43 | 11.8 | L | Orland Hills | 6 | - | S |
| Country Club Hills | 9 | - | S | Orland Park (pt.) | 44 | 18.0 | E |
| Countryside | 9 | - | S | Palatine | 39 | 11.0 | L |
| Crestwood | 9 | - | S | Palos Heights | 9 | - | S |
| Des Plaines | 49 | 18.6 | E | Palos Hills | 14 | - | S |
| Dixmoor | 5 | - | S | Palos Park | 6 | - | S |
| Dolton | 13 | - | S | Park Forest (pt.) | 16 | - | S |
| East Hazel Crest | 6 | - | S | Park Ridge | 15 | - | S |
| Elgin (pt.) | 11 | - | S | Phoenix | - | - | S |
| Elk Grove Village | 20 | 13.4 | E | Posen | - | - | S |
| Elmwood Park | 21 | 15.8 | E | Prospect Heights | 8 | - | S |
| Evanston | 48 | 13.8 | E | Richton Park | - | - | S |
| Evergreen Park | 14 | - | S | River Forest | - | - | S |
| Flossmoor | 5 | - | S | River Grove | 11 | - | S |
| Ford Heights | - | - | S | Riverdale | 16 | - | S |
| Forest Park | 22 | 30.9 | H | Riverside | - | - | S |
| Forest View | - | - | S | Robbins | - | - | S |
| Franklin Park | 14 | - | S | Rolling Meadows | 13 | - | S |
| Glencoe | - | - | S | Roselle (pt.) | 0 | 0.0 | L |
| Glenview | 27 | 17.8 | E | Rosemont | - | - | S |
| Glenwood | - | - | S | Sauk Village | - | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | 5 | - | S |
| Hanover Park (pt.) | 8 | - | S | Schiller Park | 48 | 12.7 | L |
| Harvey | 26 | 25.3 | E | Skokie | 7 | - | S |
| Harwood Heights | 8 | - | S | South Barrington | 22 | 7.7 | L |
| Hazel Crest | 10 | - | S | South Chicago Heights | - | - | S |
| Hickory Hills | 6 | - | S | South Holland | 13 | - | S |
| Hillside | - | - | S | Steger (pt.) | - | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | - | - | S |
| Hodgkins | - | - | S | Stone Park | 5 | - | S |
| Hoffman Estates | 22 | 8.9 | L | Streamwood | 22 | 10.7 | L |
| Hometown | 5 | - | S | Summit | 14 | - | S |
| Homewood | 16 | - | S | Thornton | 0 | 0.0 | L |
| Indian Head Park | - | - | S | Tinley Park (pt.) | 35 | 16.0 | E |
| Inverness | - | - | S | Westchester | 15 | - | S |
| Justice | 14 | - | S | Western Springs | - | - | S |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | 18 | - | S |
| La Grange | 6 | - | S | Willow Springs | - | - | S |
| La Grange Park | 7 | - | S | Wilmette | 12 | - | S |
| Lansing | 13 | - | S | Winnetka | - | - | S |
| Lemont (pt.) | 10 | - | S | Worth | 23 | 43.4 | H |
| Lincolnwood | - | - | S | | | | |

Target: 17.3 deaths per 100,000 (U.S. Rate 2013-2017)
Mortality ICD-10 Codes: X40–X44, X60–X64, X85, Y10–Y14
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

Higher
Equivalent
Lower

Table 35 details the drug-induced mortality rate in SCC municipalities. Most municipalities with reportable rates have drug-induced death rates that exceed the than the Healthy People 2020 target for reducing the mortality rate to lower than 11.3 deaths per 100,000 persons.

## Table 35. Drug-Induced Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 21 | 23.2 | H | Lynwood | 11 | - | S |
| Arlington Heights | 44 | 13.3 | E | Lyons | 19 | - | S |
| Barrington (pt.) | - | - | S | Markham | 10 | - | S |
| Barrington Hills (pt.) | 0 | 0.0 | L | Matteson | 18 | - | S |
| Bartlett (pt.) | 11 | - | S | Maywood | 26 | 22.9 | H |
| Bedford Park | - | - | S | McCook | - | - | S |
| Bellwood | 16 | - | S | Melrose Park | 33 | 28.0 | H |
| Berkeley | 7 | - | S | Merrionette Park | 0 | 0.0 | L |
| Berwyn | 43 | 16.2 | H | Midlothian | 19 | - | S |
| Blue Island | 22 | 20.3 | H | Morton Grove | 8 | - | S |
| Bridgeview | 18 | - | S | Mount Prospect | 19 | - | S |
| Broadview | 11 | - | S | Niles | 11 | - | S |
| Brookfield | 19 | - | S | Norridge | 8 | - | S |
| Buffalo Grove (pt.) | 11 | - | S | North Riverside | 12 | - | S |
| Burbank | 33 | 23.5 | H | Northbrook | 10 | - | S |
| Burnham | 7 | - | S | Northfield | 9 | - | S |
| Burr Ridge (pt.) | - | - | S | Northlake | 5 | - | S |
| Calumet City | 38 | 22.2 | H | Oak Forest | 22 | 16.7 | E |
| Calumet Park | 8 | - | S | Oak Lawn | 44 | 16.2 | H |
| Chicago Heights | 25 | 19.1 | H | Oak Park | 28 | 11.7 | E |
| Chicago Ridge | 13 | - | S | Olympia Fields | - | - | S |
| Cicero | 43 | 11.8 | E | Orland Hills | 6 | - | S |
| Country Club Hills | 10 | - | S | Orland Park (pt.) | 44 | 18.0 | H |
| Countryside | 9 | - | S | Palatine | 39 | 11.0 | E |
| Crestwood | 9 | - | S | Palos Heights | 9 | - | S |
| Des Plaines | 50 | 19.1 | H | Palos Hills | 14 | - | S |
| Dixmoor | 5 | - | S | Palos Park | 6 | - | S |
| Dolton | 15 | - | S | Park Forest (pt.) | 16 | - | S |
| East Hazel Crest | 7 | - | S | Park Ridge | 15 | - | S |
| Elgin (pt.) | 11 | - | S | Phoenix | - | - | S |
| Elk Grove Village | 20 | 13.4 | E | Posen | - | - | S |
| Elmwood Park | 21 | 15.8 | E | Prospect Heights | 8 | - | S |
| Evanston | 48 | 13.8 | E | Richton Park | - | - | S |
| Evergreen Park | 14 | - | S | River Forest | - | - | S |
| Flossmoor | 5 | - | S | River Grove | 11 | - | S |
| Ford Heights | - | - | S | Riverdale | 16 | - | S |
| Forest Park | 23 | 32.0 | H | Riverside | - | - | S |
| Forest View | - | - | S | Robbins | - | - | S |
| Franklin Park | 14 | - | S | Rolling Meadows | 13 | - | S |
| Glencoe | - | - | S | Roselle (pt.) | 0 | 0.0 | L |
| Glenview | 28 | 18.0 | H | Rosemont | - | - | S |
| Glenwood | - | - | S | Sauk Village | 5 | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | 49 | 13.0 | E |
| Hanover Park (pt.) | 8 | - | S | Schiller Park | 7 | - | S |
| Harvey | 26 | 25.3 | H | Skokie | 23 | 8.0 | L |
| Harwood Heights | 8 | - | S | South Barrington | - | - | S |
| Hazel Crest | 10 | - | S | South Chicago Heights | - | - | S |
| Hickory Hills | 6 | - | S | South Holland | 14 | - | S |
| Hillside | - | - | S | Steger (pt.) | - | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | - | - | S |
| Hodgkins | - | - | S | Stone Park | 5 | - | S |
| Hoffman Estates | 22 | 8.9 | E | Streamwood | 22 | 10.7 | E |
| Hometown | 6 | - | S | Summit | 15 | - | S |
| Homewood | 16 | - | S | Thornton | 0 | 0.0 | L |
| Indian Head Park | - | - | S | Tinley Park (pt.) | 35 | 16.0 | E |
| Inverness | - | - | S | Westchester | 15 | - | S |
| Justice | 14 | - | S | Western Springs | - | - | S |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | 19 | - | S |
| La Grange | 7 | - | S | Willow Springs | - | - | S |
| La Grange Park | 7 | - | S | Wilmette | 12 | - | S |
| Lansing | 14 | - | S | Winnetka | - | - | S |
| Lemont (pt.) | 10 | - | S | Worth | 23 | 43.4 | H |
| Lincolnwood | - | - | S | | | | |

Target: 11.3 deaths per 100,000 (Healthy People 2020)

Higher
Equivalent
Lower

Mortality ICD-10 Codes: D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5 F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19. 0-F19.5, F19.7-F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, 62.0, G72.0, I95.2, J70.2-J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1-R78.5, X40-X44, X60-X64, X85, Y10-Y14

*Significantly higher/lower than the target at p<0.05

- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20

Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

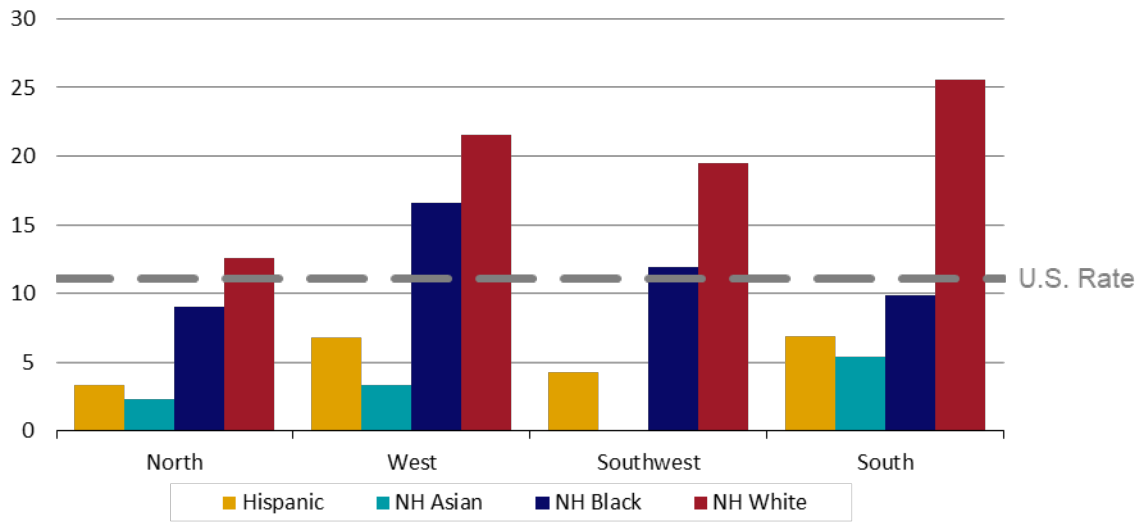
*Opioids*

Opioids are the main driver of drug overdose deaths, and the rate of overdose deaths involving opioids has increased across the United States since 2013, making opioids a leading cause of injury-related death in the United States. Fatal overdose is only one facet of the risks that opioid dependance and misuse present, which also include hospitalizations, injury and harm to communities. Some strategies to decrease opioid-involved overdoses include targeted Naloxone distribution to communities and criminal justice systems, syringe service programs and medication-assisted treatment (MAT) initiation for opioid use disorder (OUD) in clinical, emergency department and criminal justice settings.

Figure 63 presents the rates of mortality from an opioid overdose by race and ethnicity among CCDPH districts. The rate was highest among White populations in each district, far exceeding that observed among other racial and ethnic groups in the west, southwest and south districts and exceeding the U.S. average mortality rate. Asian populations had the lowest mortality rate among each district, followed by Hispanic populations. Black populations in the west and southwest districts had mortality rates that exceeded the U.S. average mortality rate.

For a more comprehensive report that characterizes the opioid epidemic among residents within CCDPH jurisdiction, refer to the "Opioid Epidemic in SCC" report (*36*).

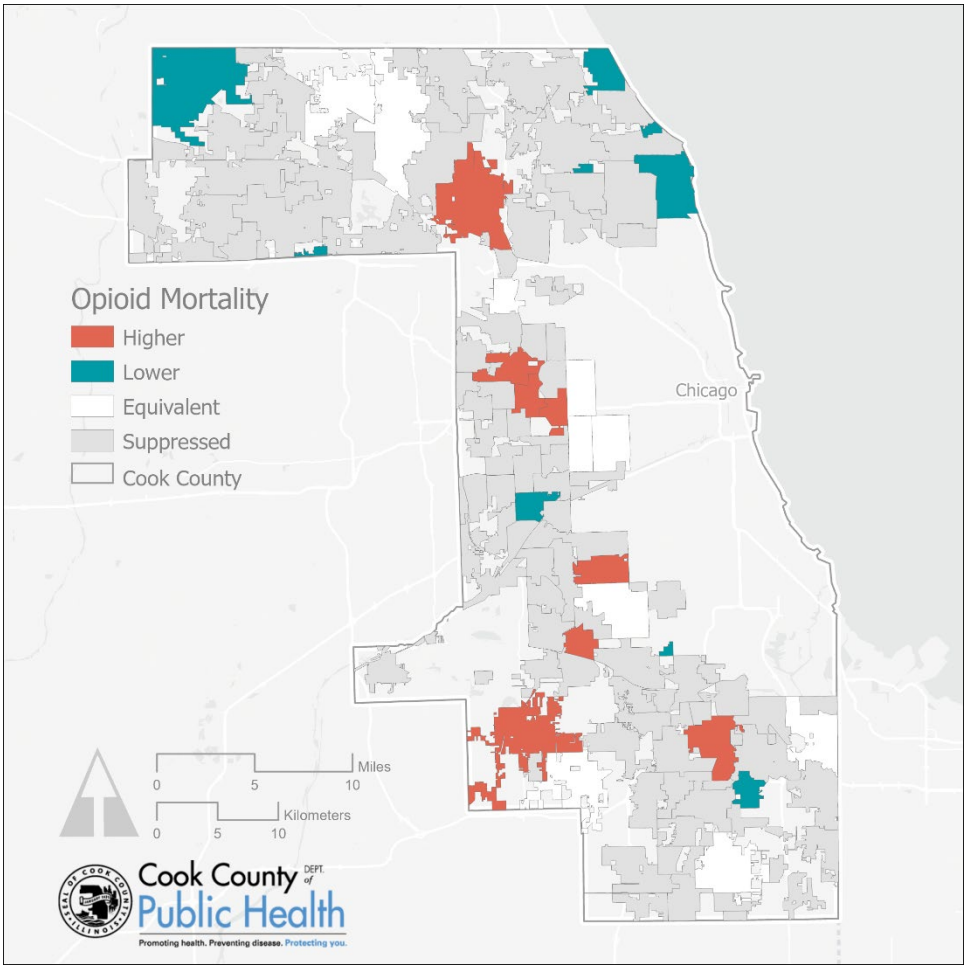
**Figure 63. Opioid Overdose Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 11.1 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: Underlying Cause X40–X44, X60–X64, X85, Y10–Y14 and Any Cause T40.0, T40.1, T40.2, T40.3, T40.4 or T40*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File, 2013–2017.*

Map 48 and Table 36 display the spatial trends in opioid overdose mortality throughout SCC, revealing that most municipalities with reportable mortality rates have rates that are higher than or equivalent to the U.S. average rate of 11.1 deaths per 100,000 persons. Among them, Worth reports the highest rate, at 42.7 deaths per 100,000 persons. Municipalities with reportable rates that are also lower than the U.S. average are found most frequently in the north district of the county.

**Map 48. Opioid Overdose Mortality Rate by Municipality, 2013–2017**




***Spatial variability in opioid overdose mortality is observed throughout SCC and among municipalities with reportable mortality rates. Municipalities reporting rates higher than, lower than and equivalent to the U.S. average mortality rate may be found in each district of the county, though most that report lower rates are found in the north district.***

*Target: 11.1 deaths per 100,000 (U.S. Rate 2013–2017)*
*Mortality ICD-10 Codes: Underlying Cause X40–X44, X60–X64, X85, Y10–Y14 and Any Cause T40.0, T40.1, T40.2, T40.3, T40.4 or T40*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File, 2013–2017.*

## Table 36. Opioid Overdose Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 19 | - | S | Lynwood | 8 | - | S |
| Arlington Heights | 41 | 12.6 | E | Lyons | 17 | - | S |
| Barrington (pt.) | - | - | S | Markham | 10 | - | S |
| Barrington Hills (pt.) | 0 | 0.0 | L | Matteson | 12 | - | S |
| Bartlett (pt.) | 7 | - | S | Maywood | 24 | 20.8 | H |
| Bedford Park | - | - | S | McCook | 0 | 0.0 | L |
| Bellwood | 12 | - | S | Melrose Park | 29 | 24.5 | H |
| Berkeley | 7 | - | S | Merrionette Park | 0 | 0.0 | L |
| Berwyn | 35 | 13.1 | E | Midlothian | 14 | - | S |
| Blue Island | 15 | - | S | Morton Grove | 8 | - | S |
| Bridgeview | 18 | - | S | Mount Prospect | 15 | - | S |
| Broadview | 9 | - | S | Niles | 9 | - | S |
| Brookfield | 17 | - | S | Norridge | 9 | - | S |
| Buffalo Grove (pt.) | 11 | - | S | North Riverside | 8 | - | S |
| Burbank | 29 | 20.8 | H | Northbrook | 6 | - | S |
| Burnham | 6 | - | S | Northfield | 5 | - | S |
| Burr Ridge (pt.) | - | - | S | Northlake | 12 | - | S |
| Calumet City | 28 | 16.4 | E | Oak Forest | 19 | - | S |
| Calumet Park | 5 | - | S | Oak Lawn | 38 | 14.3 | E |
| Chicago Heights | 22 | 17.2 | E | Oak Park | 22 | 9.3 | E |
| Chicago Ridge | 12 | - | S | Olympia Fields | - | - | S |
| Cicero | 38 | 10.4 | E | Orland Hills | - | - | S |
| Country Club Hills | 7 | - | S | Orland Park (pt.) | 40 | 17.0 | H |
| Countryside | 6 | - | S | Palatine | 30 | 8.7 | E |
| Crestwood | 7 | - | S | Palos Heights | 7 | - | S |
| Des Plaines | 44 | 16.7 | H | Palos Hills | 13 | - | S |
| Dixmoor | 5 | - | S | Palos Park | - | - | S |
| Dolton | 12 | - | S | Park Forest (pt.) | 13 | - | S |
| East Hazel Crest | 6 | - | S | Park Ridge | 12 | - | S |
| Elgin (pt.) | 10 | - | S | Phoenix | - | - | S |
| Elk Grove Village | 19 | - | S | Posen | - | - | S |
| Elmwood Park | 18 | - | S | Prospect Heights | 7 | - | S |
| Evanston | 28 | 8.1 | L | Richton Park | - | - | S |
| Evergreen Park | 13 | - | S | River Forest | - | - | S |
| Flossmoor | - | - | S | River Grove | 10 | - | S |
| Ford Heights | - | - | S | Riverdale | 11 | - | S |
| Forest Park | 20 | 27.6 | H | Riverside | - | - | S |
| Forest View | - | - | S | Robbins | - | - | S |
| Franklin Park | 14 | - | S | Rolling Meadows | 12 | - | S |
| Glencoe | 0 | 0.0 | L | Roselle (pt.) | 0 | 0.0 | L |
| Glenview | 18 | - | S | Rosemont | - | - | S |
| Glenwood | - | - | S | Sauk Village | - | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | - | - | S |
| Hanover Park (pt.) | 7 | - | S | Schiller Park | 36 | 9.7 | E |
| Harvey | 24 | 23.6 | H | Skokie | 8 | - | S |
| Harwood Heights | 7 | - | S | South Barrington | 18 | - | S |
| Hazel Crest | 9 | - | S | South Chicago Heights | - | - | S |
| Hickory Hills | 5 | - | S | South Holland | 12 | - | S |
| Hillside | - | - | S | Steger (pt.) | - | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | - | - | S |
| Hodgkins | - | - | S | Stone Park | - | - | S |
| Hoffman Estates | 18 | - | S | Streamwood | 18 | - | S |
| Hometown | 5 | - | S | Summit | 10 | - | S |
| Homewood | 11 | - | S | Thornton | 0 | 0.0 | L |
| Indian Head Park | - | - | S | Tinley Park (pt.) | 30 | 13.2 | E |
| Inverness | - | - | S | Westchester | 11 | - | S |
| Justice | 8 | - | S | Western Springs | - | - | S |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | 14 | - | S |
| La Grange | 6 | - | S | Willow Springs | - | - | S |
| La Grange Park | 7 | - | S | Wilmette | 9 | - | S |
| Lansing | 12 | - | S | Winnetka | - | - | S |
| Lemont (pt.) | 8 | - | S | Worth | 23 | 42.7 | H |
| Lincolnwood | - | - | S | | | | |

Target: 11.1 deaths per 100,000 (U.S. Rate 2013-2017)
Mortality ICD-10 Codes: Underlying Cause X40–X44, X60–X64, X85, Y10–Y14 and Any Cause T40.0, T40.
T40.2, T40.3, T40.4, or T40.6
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

Higher
Equivalent
Lower

*Suicide*

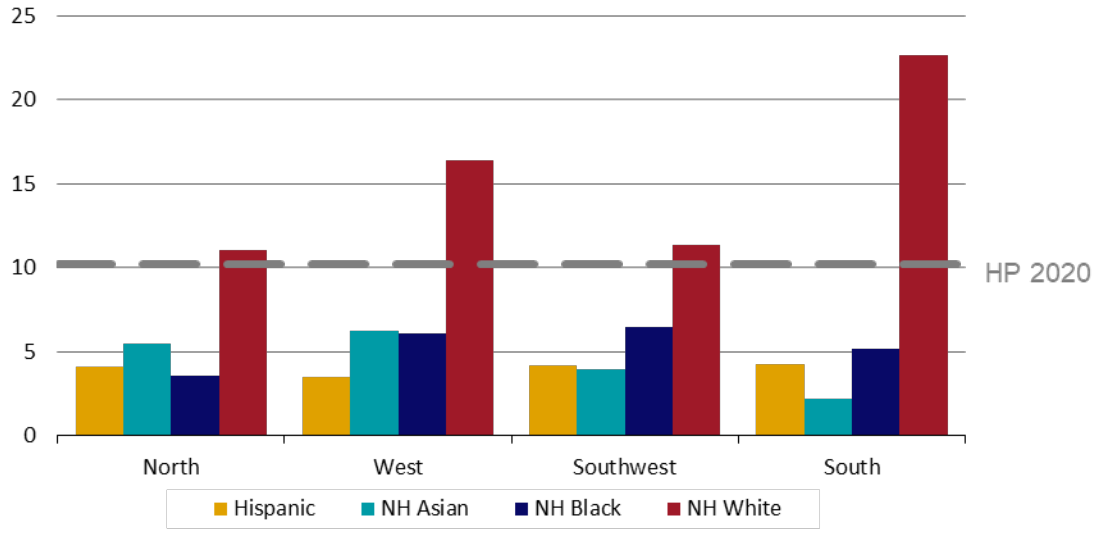
Suicide is an intentionally self-inflicted death and is one of the leading causes of deaths for people aged 15 to 34 nationally. Suicide may negatively impact friends, families and communities of the decedent. Prevention efforts related to suicide risk act to increase resilience while reducing the social and emotional factors that may increase the risk for suicide.

In 2019, suicide was the ninth leading cause of death in the United States. About 47,500 people died from suicide. Risk factors for suicide include depression and substance use disorder, chronic pain, the presence of firearms in the home, a recent release from prison or jail, exposure to family violence, such as sexual or physical abuse, and a family history of suicide, mental illness or substance use.

Although suicide rates in African American communities have historically been low, suicide death rates for Black youth have been rising faster than any other racial or ethnic group. Suicide became the second leading cause of death in Black children aged 10 to 14, and the third leading cause of death in Black adolescents aged 15 to 19. Compared to essential workers, nonessential workers were also more likely to report suicidal thoughts during the COVID-19 pandemic (8 percent versus 22 percent).

The mortality rate due to suicide was highest among non-Hispanic White populations in each CCDPH district, as indicated in Figure 64. Of all the included racial and ethnic groups across CCDPH districts, non-Hispanic White populations were the only to have a mortality rate exceeding the Healthy People 2020 target for reducing suicide mortalities. Non-Hispanic Asian populations exhibited a higher mortality rate in the north and west district than that observed among the Hispanic and non-Hispanic Black populations.

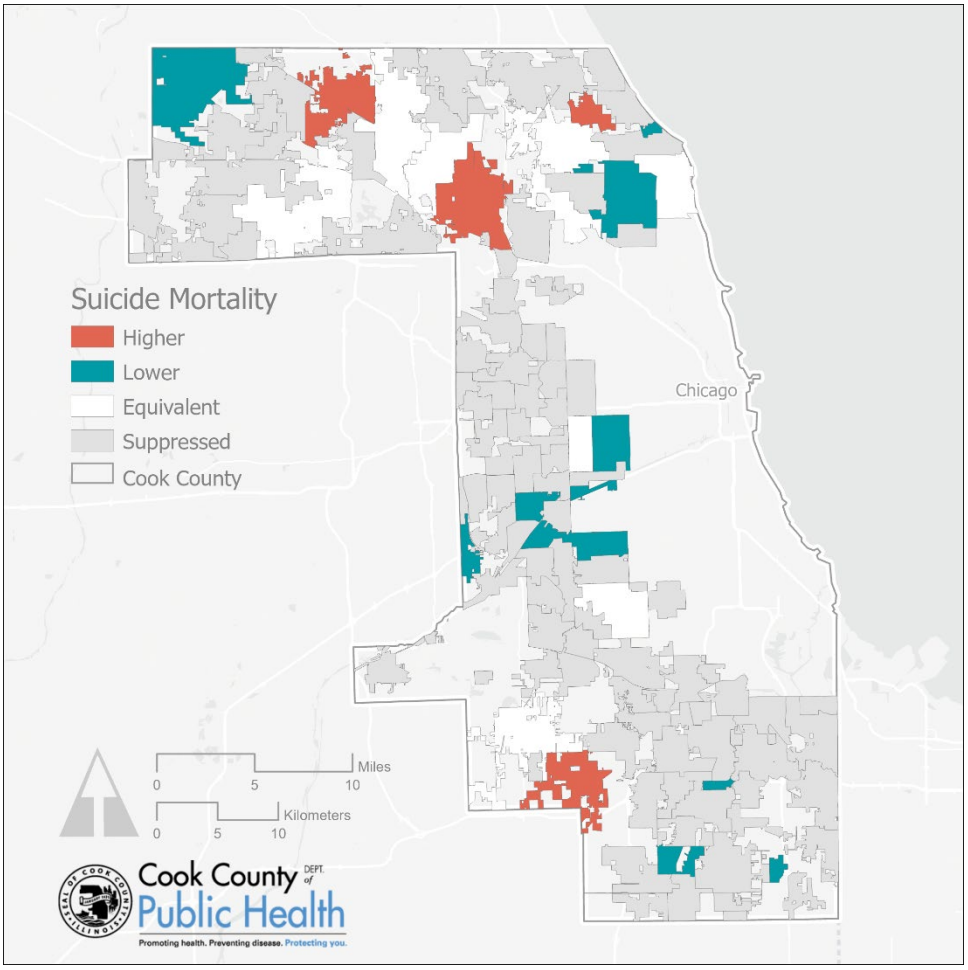
**Figure 64. Suicide Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 10.2 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: X60-X84, U03, Y87.0*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File, 2013–2017.*

Suicide mortality is rare in SCC, as detailed on Map 49 and in Table 37, with many municipalities not having reportable suicide mortality rates. Many municipalities with reportable rates higher than the U.S. average of 10.2 deaths per 100,000 persons are located in the north and the south districts of the city. The distribution of municipalities with rates lower than the U.S. average are more variable throughout the county, and many of these municipalities report a rate of 0 deaths per 100,000 persons. The highest suicide mortality rate is observed in Northfield, which reported a rate of 53.8 deaths per 100,000 persons.

**Map 49. Suicide Mortality Rate by Municipality, 2013–2017**




***Suicide mortality appears to be rare throughout SCC. Among municipalities with reportable rates, clusters of rates higher than the U.S. average are found in the north and south districts of the county, while municipalities with lower rates are distributed through each district of the county.***

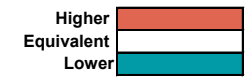
*Target: 10.2 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: X60-X84, U03, Y87.0*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File, 2013–2017.*

## Table 37. Suicide Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 13 | - | S | Lynwood | 6 | - | S |
| Arlington Heights | 35 | 10.0 | E | Lyons | 9 | - | S |
| Barrington (pt.) | - | - | S | Markham | 6 | - | S |
| Barrington Hills (pt.) | 0 | 0.0 | L | Matteson | 10 | - | S |
| Bartlett (pt.) | 10 | - | S | Maywood | 6 | - | S |
| Bedford Park | 0 | 0.0 | L | McCook | 0 | 0.0 | L |
| Bellwood | 9 | - | S | Melrose Park | 11 | - | S |
| Berkeley | - | - | S | Merrionette Park | - | - | S |
| Berwyn | 22 | 8.0 | E | Midlothian | 14 | - | S |
| Blue Island | 7 | - | S | Morton Grove | 10 | - | S |
| Bridgeview | 6 | - | S | Mount Prospect | 25 | 8.7 | E |
| Broadview | - | - | S | Niles | 22 | 14.2 | E |
| Brookfield | 15 | - | S | Norridge | 7 | - | S |
| Buffalo Grove (pt.) | - | - | S | North Riverside | 8 | - | S |
| Burbank | 13 | - | S | Northbrook | - | - | S |
| Burnham | - | - | S | Northfield | 21 | 53.8 | H |
| Burr Ridge (pt.) | 0 | 0.0 | L | Northlake | - | - | S |
| Calumet City | 15 | - | S | Oak Forest | 17 | - | S |
| Calumet Park | 5 | - | S | Oak Lawn | 31 | 10.5 | E |
| Chicago Heights | 16 | - | S | Oak Park | 19 | - | S |
| Chicago Ridge | - | - | S | Olympia Fields | 0 | 0.0 | L |
| Cicero | 23 | 6.3 | L | Orland Hills | - | - | S |
| Country Club Hills | 9 | - | S | Orland Park (pt.) | 31 | 11.5 | E |
| Countryside | 8 | - | S | Palatine | 48 | 14.5 | H |
| Crestwood | 8 | - | S | Palos Heights | - | - | S |
| Des Plaines | 51 | 16.6 | H | Palos Hills | 9 | - | S |
| Dixmoor | - | - | S | Palos Park | - | - | S |
| Dolton | - | - | S | Park Forest (pt.) | 14 | - | S |
| East Hazel Crest | 0 | 0.0 | L | Park Ridge | 12 | - | S |
| Elgin (pt.) | 12 | - | S | Phoenix | - | - | S |
| Elk Grove Village | 18 | - | S | Posen | - | - | S |
| Elmwood Park | 12 | - | S | Prospect Heights | 5 | - | S |
| Evanston | 42 | 12.4 | E | Richton Park | 6 | - | S |
| Evergreen Park | 9 | - | S | River Forest | - | - | S |
| Flossmoor | 7 | - | S | River Grove | 9 | - | S |
| Ford Heights | 0 | 0.0 | L | Riverdale | 5 | - | S |
| Forest Park | 9 | - | S | Riverside | - | - | S |
| Forest View | 0 | 0.0 | L | Robbins | - | - | S |
| Franklin Park | 7 | - | S | Rolling Meadows | 14 | - | S |
| Glencoe | - | - | S | Roselle (pt.) | - | - | S |
| Glenview | 22 | 9.5 | E | Rosemont | - | - | S |
| Glenwood | - | - | S | Sauk Village | - | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | 40 | 11.6 | E |
| Hanover Park (pt.) | 8 | - | S | Schiller Park | 11 | - | S |
| Harvey | 7 | - | S | Skokie | 22 | 6.7 | L |
| Harwood Heights | 8 | - | S | South Barrington | - | - | S |
| Hazel Crest | 5 | - | S | South Chicago Heights | - | - | S |
| Hickory Hills | 8 | - | S | South Holland | 5 | - | S |
| Hillside | 6 | - | S | Steger (pt.) | - | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | - | - | S |
| Hodgkins | - | - | S | Stone Park | - | - | S |
| Hoffman Estates | 18 | - | S | Streamwood | 19 | - | S |
| Hometown | 5 | - | S | Summit | - | - | S |
| Homewood | 7 | - | S | Thornton | - | - | S |
| Indian Head Park | - | - | S | Tinley Park (pt.) | 41 | 20.0 | H |
| Inverness | 5 | - | S | Westchester | 16 | - | S |
| Justice | 7 | - | S | Western Springs | 9 | - | S |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | 17 | - | S |
| La Grange | 7 | - | S | Willow Springs | - | - | S |
| La Grange Park | 5 | - | S | Wilmette | 12 | - | S |
| Lansing | 13 | - | S | Winnetka | 8 | - | S |
| Lemont (pt.) | 10 | - | S | Worth | 6 | - | S |
| Lincolnwood | 10 | 17.7 | S | | | | |

Target: 10.2 deaths per 100,000 (Healthy People 2020)
Mortality ICD-10 Codes: X60-X84, U03, Y87.0
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

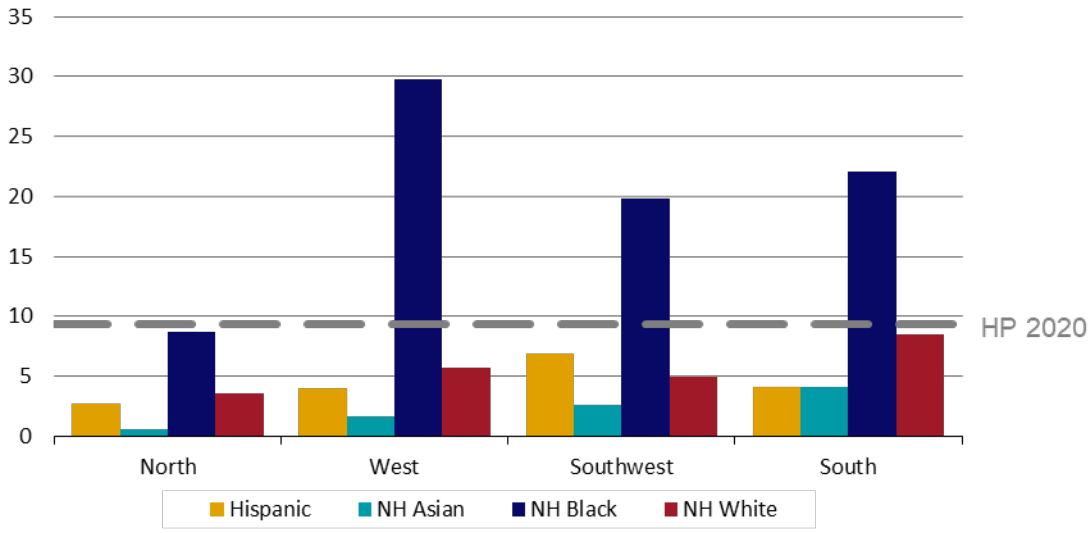


*Firearm*

Firearm mortality describes intentional homicides, suicides and accidental injuries caused by a firearm. Most often, firearm mortality is connected to suicide. The impacts of violence related to firearms extend beyond the victim, harming the person's family, friends, and community. Firearm related injuries are not uncommon, with about 109 people dying from a firearm-related injury each year and being a leading cause of death for people aged 1 to 64 nationally.

Figure 65 details the firearm mortality rates across racial and ethnic groups and CCDPH district. Firearm mortality rates observed among the non-Hispanic Black populations in the west, southwest and south districts of CCDPH exceed the Healthy People 2020 target limit for mortality rates attributable to firearms. The rates are lowest among the non-Hispanic Asian populations of each health district. Non-Hispanic White populations have the second highest mortality rates of all racial and ethnic groups in the south district.

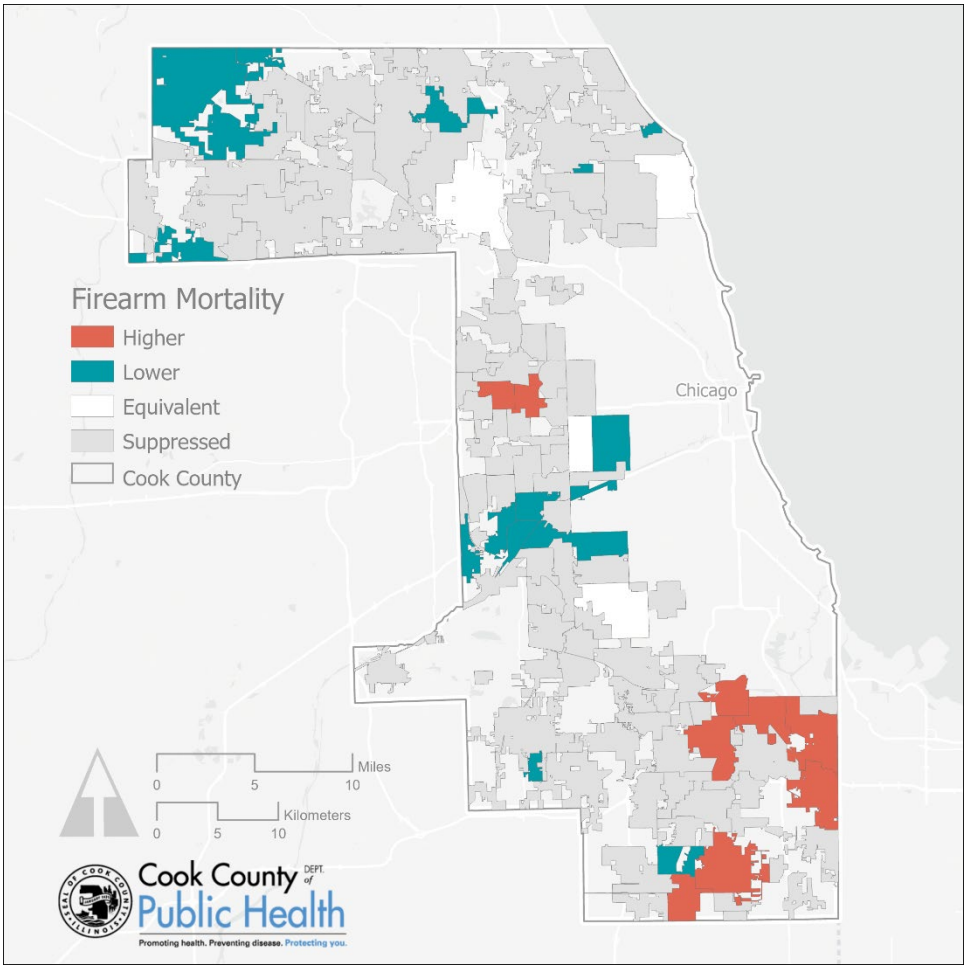
**Figure 65. Firearm Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 9.3 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File, 2013–2017.*

Map 50 and Table 38 display the distribution of firearm mortalities throughout SCC, with many municipalities lacking reportable rates. Of municipalities with reportable rates, most with rates lower than the Healthy People 2020 target of 9.3 deaths per 100,000 are located in the north and west districts, while most of those with rates higher than the target are found in the south district. Riverdale reported the highest mortality rate, at 48.2 deaths per 100,000 persons.

**Map 50. Firearm Mortality Rate by Municipality, 2013–2017**




***Clusters of municipalities reporting firearm mortality rates lower than the Healthy People 2020 target are found in the northwest and southwest districts of SCC. Municipalities reporting higher rates are found primarily in the south district of the county.***

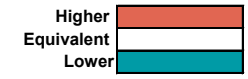
*Target: 9.3 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017; National Center for Health Statistics, Compressed Mortality File, 2013–2017*

## Table 38. Firearm Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 10 | - | S | Lynwood | 6 | - | S |
| Arlington Heights | 8 | - | S | Lyons | - | - | S |
| Barrington (pt.) | 0 | 0.0 | L | Markham | 17 | - | S |
| Barrington Hills (pt.) | 0 | 0.0 | L | Matteson | 11 | - | S |
| Bartlett (pt.) | 0 | 0.0 | L | Maywood | 31 | 28.8 | H |
| Bedford Park | 0 | 0.0 | L | McCook | 0 | 0.0 | L |
| Bellwood | 21 | 24.0 | H | Melrose Park | 10 | - | S |
| Berkeley | - | - | S | Merrionette Park | - | - | S |
| Berwyn | 23 | 8.0 | E | Midlothian | 5 | - | S |
| Blue Island | 17 | - | S | Morton Grove | - | - | S |
| Bridgeview | 9 | - | S | Mount Prospect | 12 | - | S |
| Broadview | 11 | - | S | Niles | 7 | - | S |
| Brookfield | - | - | S | Norridge | - | - | S |
| Buffalo Grove (pt.) | - | - | S | North Riverside | 8 | - | S |
| Burbank | 11 | - | S | Northbrook | - | - | S |
| Burnham | - | - | S | Northfield | 7 | - | S |
| Burr Ridge (pt.) | 0 | 0.0 | L | Northlake | - | - | S |
| Calumet City | 35 | 18.6 | H | Oak Forest | 6 | - | S |
| Calumet Park | 10 | - | S | Oak Lawn | 27 | 8.8 | E |
| Chicago Heights | 24 | 16.2 | H | Oak Park | 12 | - | S |
| Chicago Ridge | - | - | S | Olympia Fields | 0 | 0.0 | L |
| Cicero | 28 | 6.2 | L | Orland Hills | 0 | 0.0 | L |
| Country Club Hills | 10 | - | S | Orland Park (pt.) | 11 | - | S |
| Countryside | 0 | 0.0 | L | Palatine | 15 | - | S |
| Crestwood | - | - | S | Palos Heights | - | - | S |
| Des Plaines | 20 | 6.5 | E | Palos Hills | - | - | S |
| Dixmoor | - | - | S | Palos Park | - | - | S |
| Dolton | 35 | 35.6 | H | Park Forest (pt.) | 20 | 24.2 | H |
| East Hazel Crest | - | - | S | Park Ridge | 7 | - | S |
| Elgin (pt.) | 8 | - | S | Phoenix | - | - | S |
| Elk Grove Village | 7 | - | S | Posen | 5 | - | S |
| Elmwood Park | 5 | - | S | Prospect Heights | 0 | 0.0 | L |
| Evanston | 27 | 7.1 | E | Richton Park | 6 | - | S |
| Evergreen Park | 9 | - | S | River Forest | - | - | S |
| Flossmoor | - | - | S | River Grove | - | - | S |
| Ford Heights | 10 | - | S | Riverdale | 29 | 48.2 | H |
| Forest Park | 7 | - | S | Riverside | - | - | S |
| Forest View | 0 | 0.0 | L | Robbins | 7 | - | S |
| Franklin Park | - | - | S | Rolling Meadows | - | - | S |
| Glencoe | - | - | S | Roselle (pt.) | - | - | S |
| Glenview | 13 | - | S | Rosemont | - | - | S |
| Glenwood | - | - | S | Sauk Village | 10 | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | 14 | - | S |
| Hanover Park (pt.) | 6 | - | S | Schiller Park | 6 | - | S |
| Harvey | 30 | 26.8 | H | Skokie | 9 | - | S |
| Harwood Heights | - | - | S | South Barrington | 0 | 0.0 | L |
| Hazel Crest | 17 | - | S | South Chicago Heights | - | - | S |
| Hickory Hills | - | - | S | South Holland | 18 | - | S |
| Hillside | 7 | - | S | Steger (pt.) | - | - | S |
| Hinsdale (pt.) | - | - | S | Stickney | - | - | S |
| Hodgkins | 0 | 0.0 | L | Stone Park | - | - | S |
| Hoffman Estates | 6 | - | S | Streamwood | 7 | - | S |
| Hometown | - | - | S | Summit | - | - | S |
| Homewood | 7 | - | S | Thornton | - | - | S |
| Indian Head Park | - | - | S | Tinley Park (pt.) | 15 | - | S |
| Inverness | - | - | S | Westchester | 10 | - | S |
| Justice | 8 | - | S | Western Springs | - | - | S |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | 6 | - | S |
| La Grange | 5 | - | S | Willow Springs | - | - | S |
| La Grange Park | - | - | S | Wilmette | - | - | S |
| Lansing | 23 | 16.2 | H | Winnetka | - | - | S |
| Lemont (pt.) | - | - | S | Worth | - | - | S |
| Lincolnwood | - | - | S | | | | |

Target: 9.3 deaths per 100,000 (Healthy People 2020)
Mortality ICD-10 Codes: U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

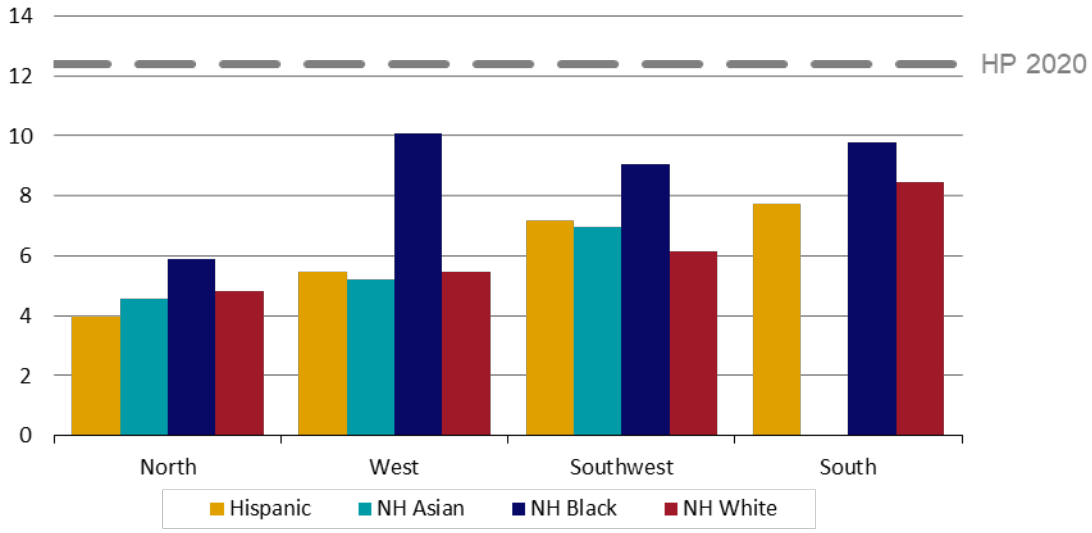


*Motor Vehicle Accident*

Mortality from a motor vehicle accident may result in the death of a driver, passenger or pedestrian. The risk for a motor vehicle accident is increased in the instance of drunk driving, speeding and when seat belts, car seats or booster seats are not used.

Figure 66 presents the mortality rates due to motor vehicle accidents by race and ethnicity among CCDPH districts. Among all districts and racial and ethnic groups, the mortality rates were lower than the Healthy People 2020 target goal for reducing mortality from motor vehicle rates. Despite that, the rates were highest among the non-Hispanic Black populations in each district. Rates were lowest for each group within the north district.

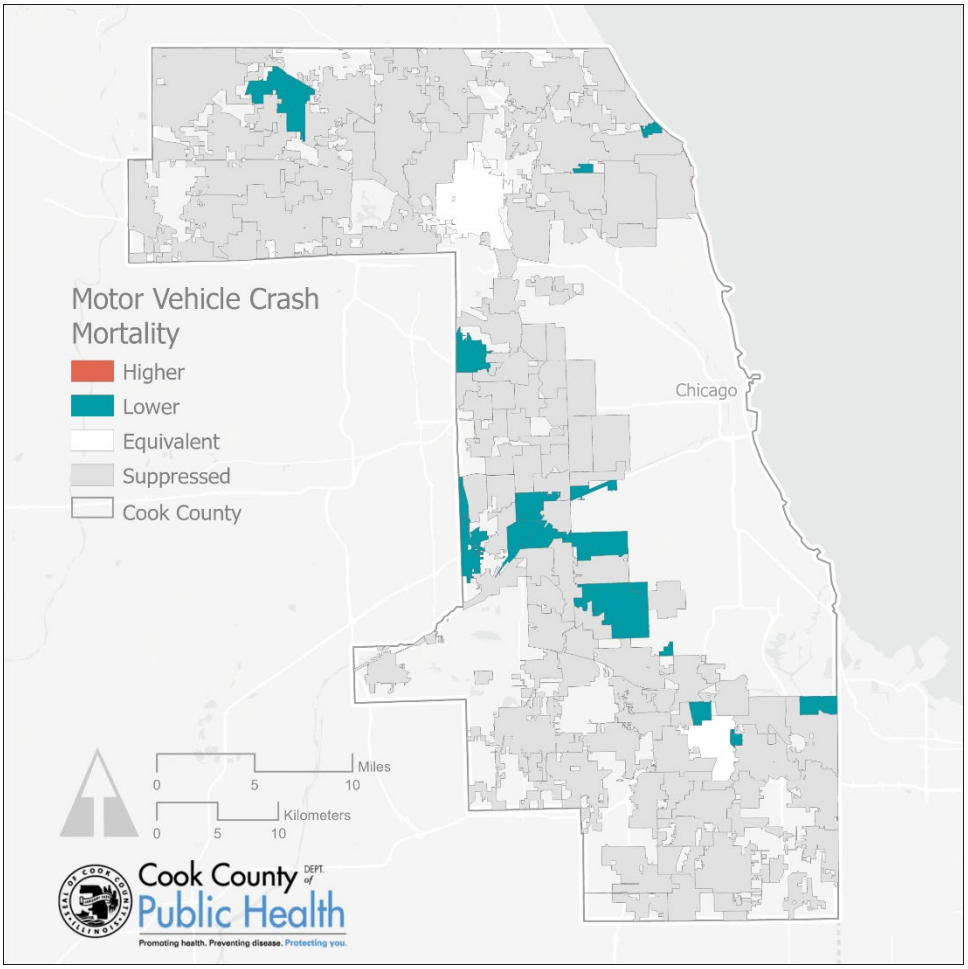
**Figure 66. Motor Vehicle Accident Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 12.4 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: V02-V04, V09.0, V09.2, V12-V14,V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

Map 51 and Table 39 demonstrate that few municipalities in SCC have mortality rates attributable to motor vehicle accidents that are reportable. Among those that that are reported, no municipalities have a rate that is higher than the Healthy People 2020 target of 12.4 deaths per 100,000 persons. Most of the municipalities with reportable rates have rates lower than the Healthy People 2020 target and are primarily distributed throughout the south and southwest districts.

**Map 51. Motor Vehicle Accident Mortality Rate by Municipality, 2013–2017**




***Of the few municipalities with reportable motor vehicle mortality rates, the majority report rates lower than the Healthy People 2020 target. Municipalities reporting lower rates are mostly distributed throughout the southwest district of the county.***

*Target: 12.4 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: V02-V04, V09.0, V09.2, V12-V14,V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 39. Motor Vehicle Accident Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

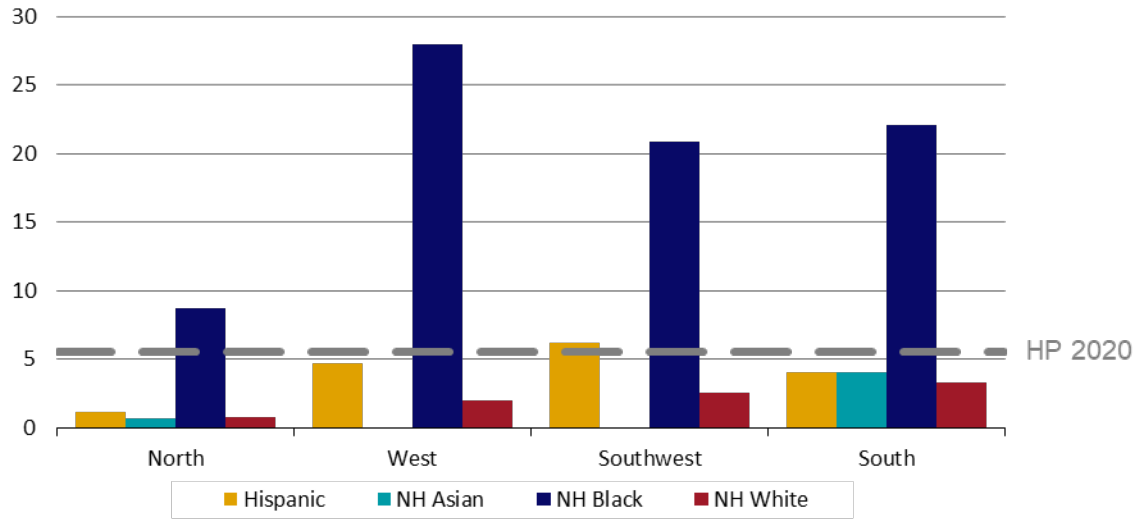
| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 8 | - | S | Lynwood | 5 | - | S |
| Arlington Heights | 19 | - | S | Lyons | 6 | - | S |
| Barrington (pt.) | 5 | - | S | Markham | 9 | - | S |
| Barrington Hills (pt.) | - | - | S | Matteson | 10 | - | S |
| Bartlett (pt.) | 10 | - | S | Maywood | 13 | - | S |
| Bedford Park | 0 | 0.0 | L | McCook | 0 | 0.0 | L |
| Bellwood | 10 | - | S | Melrose Park | 12 | - | S |
| Berkeley | - | - | S | Merrionette Park | 0 | 0.0 | L |
| Berwyn | 16 | - | S | Midlothian | 9 | - | S |
| Blue Island | 15 | - | S | Morton Grove | 9 | - | S |
| Bridgeview | 10 | - | S | Mount Prospect | 12 | - | S |
| Broadview | - | - | S | Niles | 13 | - | S |
| Brookfield | 5 | - | S | Norridge | 8 | - | S |
| Buffalo Grove (pt.) | - | - | S | North Riverside | 10 | - | S |
| Burbank | 7 | - | S | Northbrook | - | - | S |
| Burnham | 0 | 0.0 | L | Northfield | 10 | - | S |
| Burr Ridge (pt.) | 0 | 0.0 | L | Northlake | 0 | 0.0 | L |
| Calumet City | 16 | - | S | Oak Forest | 9 | - | S |
| Calumet Park | - | - | S | Oak Lawn | 25 | 7.3 | L |
| Chicago Heights | 17 | - | S | Oak Park | 10 | - | S |
| Chicago Ridge | 5 | - | S | Olympia Fields | - | - | S |
| Cicero | 18 | - | S | Orland Hills | - | - | S |
| Country Club Hills | - | - | S | Orland Park (pt.) | 10 | - | S |
| Countryside | - | - | S | Palatine | 9 | - | S |
| Crestwood | - | - | S | Palos Heights | - | - | S |
| Des Plaines | 32 | 10.5 | E | Palos Hills | 6 | - | S |
| Dixmoor | 0 | 0.0 | L | Palos Park | - | - | S |
| Dolton | 15 | - | S | Park Forest (pt.) | - | - | S |
| East Hazel Crest | - | - | S | Park Ridge | 8 | - | S |
| Elgin (pt.) | 7 | - | S | Phoenix | 0 | 0.0 | L |
| Elk Grove Village | 13 | - | S | Posen | - | - | S |
| Elmwood Park | 5 | - | S | Prospect Heights | - | - | S |
| Evanston | 11 | - | S | Richton Park | 5 | - | S |
| Evergreen Park | 5 | - | S | River Forest | - | - | S |
| Flossmoor | - | - | S | River Grove | - | - | S |
| Ford Heights | - | - | S | Riverdale | - | - | S |
| Forest Park | 6 | - | S | Riverside | - | - | S |
| Forest View | 0 | 0.0 | L | Robbins | 7 | - | S |
| Franklin Park | 5 | - | S | Rolling Meadows | 5 | - | S |
| Glencoe | - | - | S | Roselle (pt.) | - | - | S |
| Glenview | 11 | - | S | Rosemont | - | - | S |
| Glenwood | - | - | S | Sauk Village | 7 | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | 14 | - | S |
| Hanover Park (pt.) | - | - | S | Schiller Park | 5 | - | S |
| Harvey | 23 | 20.1 | E | Skokie | 14 | - | S |
| Harwood Heights | - | - | S | South Barrington | - | - | S |
| Hazel Crest | - | - | S | South Chicago Heights | - | - | S |
| Hickory Hills | - | - | S | South Holland | 8 | - | S |
| Hillside | 5 | - | S | Steger (pt.) | 5 | - | S |
| Hinsdale (pt.) | 0 | 0.0 | L | Stickney | - | - | S |
| Hodgkins | 0 | 0.0 | L | Stone Park | - | - | S |
| Hoffman Estates | 6 | - | S | Streamwood | 10 | - | S |
| Hometown | 0 | 0.0 | L | Summit | 7 | - | S |
| Homewood | 7 | - | S | Thornton | - | - | S |
| Indian Head Park | 0 | 0.0 | L | Tinley Park (pt.) | 6 | - | S |
| Inverness | 0 | 0.0 | L | Westchester | - | - | S |
| Justice | - | - | S | Western Springs | - | - | S |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | 10 | - | S |
| La Grange | - | - | S | Willow Springs | - | - | S |
| La Grange Park | - | - | S | Wilmette | - | - | S |
| Lansing | 9 | - | S | Winnetka | - | - | S |
| Lemont (pt.) | 7 | - | S | Worth | 6 | - | S |
| Lincolnwood | 6 | - | S | | | | |

Target: 12.4 deaths per 100,000 (Healthy People 2020)
Mortality ICD-10 Codes: V02-V04, V09.0, V09.2, V12-V14,V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

*Homicide*

Homicide involves intentional violence against another resulting in death. Homicide is often associated with other crimes like robbery, intimate partner violence and illicit drug use. Gun violence and the widespread availability of guns additionally increases the risk for homicide in communities. Nationally, inequities in the risk of exposure to homicide by age and race or ethnicity persist.

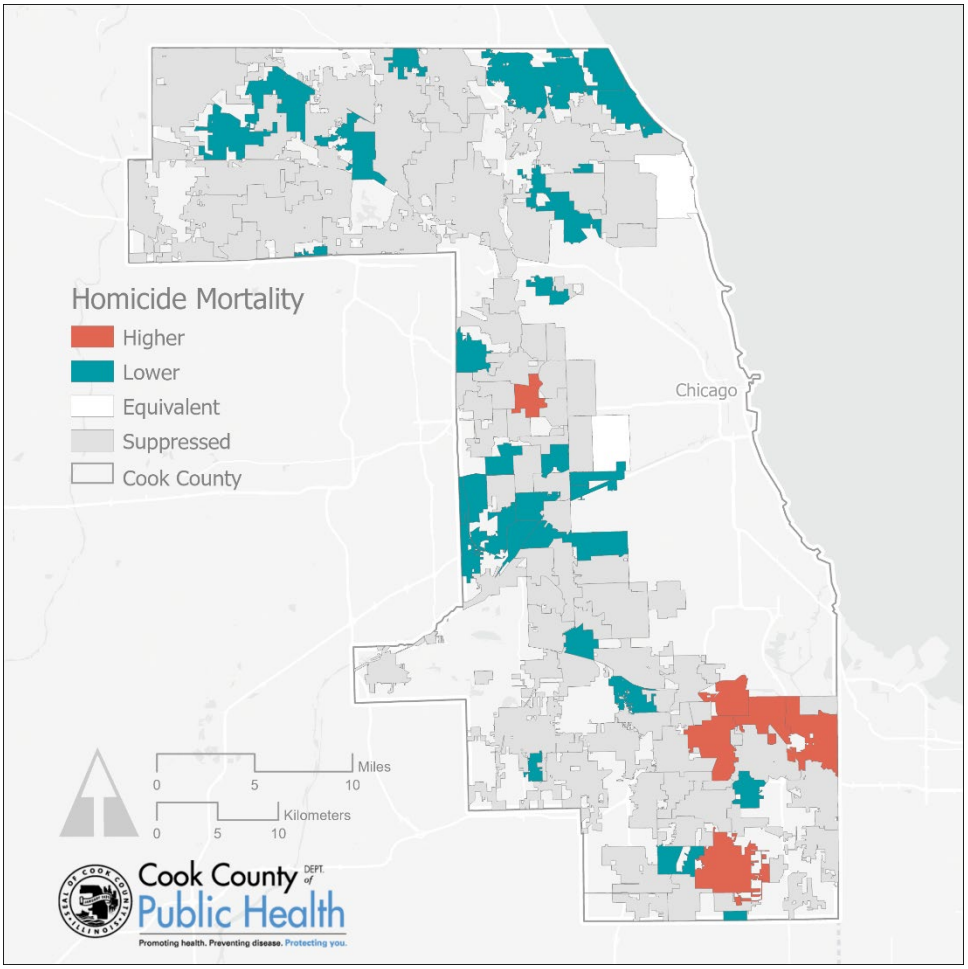
**Figure 67. Homicide Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017**




*Target: 5.5 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: X85-Y09, U01-U02, Y87.1*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

Map 52 and Table 40 display the homicide mortality rate of municipalities throughout SCC. Clusters of municipalities with reportable homicide mortality rates lower than the Healthy People 2020 target of 5.5 deaths per 100,000 persons are found throughout the north and west health districts. The south district of the county contains two large clusters of municipalities reporting rates higher than the Healthy People 2020 target. Of all municipalities, Riverdale has the highest reportable mortality rate, at 44.0 deaths per 100,000 persons.

**Map 52. Homicide Mortality Rate by Municipality, 2013–2017**




***Homicide mortality varies throughout SCC, though the districts with the lowest reportable rates are found in the north and west districts of the county. Municipalities with higher mortality rates are found primarily in the south district of the county.***

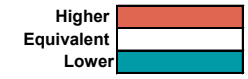
*Target: 5.5 deaths per 100,000 (Healthy People 2020)*
*Mortality ICD-10 Codes: X85-Y09, U01-U02, Y87.1*
*Data sources: Illinois Department of Public Health (IDPH) Death File, 2013–2017.*

## Table 40. Homicide Mortality Rate by Municipality, 2013–2017

Mortality Rate by Town of Residence, 2013-2017 (combined)

| Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level | Area | # of Deaths | Age-Adjusted Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|---|---|
| Alsip | 6 | - | S | Lynwood | - | - | S |
| Arlington Heights | - | - | S | Lyons | - | - | S |
| Barrington (pt.) | - | - | S | Markham | 17 | - | S |
| Barrington Hills (pt.) | - | - | S | Matteson | 6 | - | S |
| Bartlett (pt.) | - | - | S | Maywood | 30 | 26.8 | H |
| Bedford Park | 0 | 0.0 | L | McCook | 0 | 0.0 | L |
| Bellwood | 17 | - | S | Melrose Park | 8 | - | S |
| Berkeley | - | - | S | Merrionette Park | - | - | S |
| Berwyn | 16 | - | S | Midlothian | - | - | S |
| Blue Island | 17 | - | S | Morton Grove | - | - | S |
| Bridgeview | 5 | - | S | Mount Prospect | - | - | S |
| Broadview | 9 | - | S | Niles | 0 | 0.0 | L |
| Brookfield | - | - | S | Norridge | 0 | 0.0 | L |
| Buffalo Grove (pt.) | 0 | 0.0 | L | North Riverside | - | - | S |
| Burbank | 6 | - | S | Northbrook | 0 | 0.0 | L |
| Burnham | - | - | S | Northfield | - | - | S |
| Burr Ridge (pt.) | 0 | 0.0 | L | Northlake | 0 | 0.0 | L |
| Calumet City | 33 | 17.6 | H | Oak Forest | 5 | - | S |
| Calumet Park | 13 | - | S | Oak Lawn | 17 | - | S |
| Chicago Heights | 22 | 15.3 | H | Oak Park | 8 | - | S |
| Chicago Ridge | - | - | S | Olympia Fields | 0 | 0.0 | L |
| Cicero | 34 | 7.7 | E | Orland Hills | 0 | 0.0 | L |
| Country Club Hills | 12 | - | S | Orland Park (pt.) | - | - | S |
| Countryside | 0 | 0.0 | L | Palatine | - | - | S |
| Crestwood | 0 | 0.0 | L | Palos Heights | - | - | S |
| Des Plaines | 7 | - | S | Palos Hills | - | - | S |
| Dixmoor | - | - | S | Palos Park | - | - | S |
| Dolton | 37 | 39.2 | H | Park Forest (pt.) | 12 | - | S |
| East Hazel Crest | - | - | S | Park Ridge | - | - | S |
| Elgin (pt.) | - | - | S | Phoenix | - | - | S |
| Elk Grove Village | - | - | S | Posen | 6 | - | S |
| Elmwood Park | - | - | S | Prospect Heights | - | - | S |
| Evanston | 20 | 5.0 | E | Richton Park | 7 | - | S |
| Evergreen Park | 8 | - | S | River Forest | - | - | S |
| Flossmoor | - | - | S | River Grove | - | - | S |
| Ford Heights | 11 | - | S | Riverdale | 27 | 44.0 | H |
| Forest Park | 6 | - | S | Riverside | 0 | 0.0 | L |
| Forest View | 0 | 0.0 | L | Robbins | 5 | - | S |
| Franklin Park | - | - | S | Rolling Meadows | 0 | 0.0 | L |
| Glencoe | 0 | 0.0 | L | Roselle (pt.) | 0 | 0.0 | L |
| Glenview | - | - | S | Rosemont | - | - | S |
| Glenwood | - | - | S | Sauk Village | 10 | - | S |
| Golf | 0 | 0.0 | L | Schaumburg | 5 | - | S |
| Hanover Park (pt.) | - | - | S | Schiller Park | - | - | S |
| Harvey | 30 | 26.0 | H | Skokie | - | - | S |
| Harwood Heights | - | - | S | South Barrington | 0 | 0.0 | L |
| Hazel Crest | 17 | - | S | South Chicago Heights | - | - | S |
| Hickory Hills | - | - | S | South Holland | 19 | - | S |
| Hillside | - | - | S | Steger (pt.) | 0 | 0.0 | L |
| Hinsdale (pt.) | 0 | 0.0 | L | Stickney | 0 | 0.0 | L |
| Hodgkins | 0 | 0.0 | L | Stone Park | 5 | - | S |
| Hoffman Estates | - | - | S | Streamwood | - | - | S |
| Hometown | - | - | S | Summit | - | - | S |
| Homewood | 5 | - | S | Thornton | 0 | 0.0 | L |
| Indian Head Park | 0 | 0.0 | L | Tinley Park (pt.) | - | - | S |
| Inverness | 0 | 0.0 | L | Westchester | 6 | - | S |
| Justice | 6 | - | S | Western Springs | 0 | 0.0 | L |
| Kenilworth | 0 | 0.0 | L | Wheeling (pt.) | - | - | S |
| La Grange | - | - | S | Willow Springs | - | - | S |
| La Grange Park | 0 | 0.0 | L | Wilmette | - | - | S |
| Lansing | 17 | - | S | Winnetka | 0 | 0.0 | L |
| Lemont (pt.) | - | - | S | Worth | 0 | 0.0 | L |
| Lincolnwood | - | - | S | | | | |

Target: 5.5 deaths per 100,000 (Healthy People 2020)
^Mortality ICD-10 Codes: X85-Y09, U01-U02, Y87.1
*Significantly higher/lower than the target at p<0.05
- Counts suppressed for events between 1 and 4; Rates not calculated for events less than 20
Source: Illinois Department of Public Health (IDPH) Death File, 2013-2017

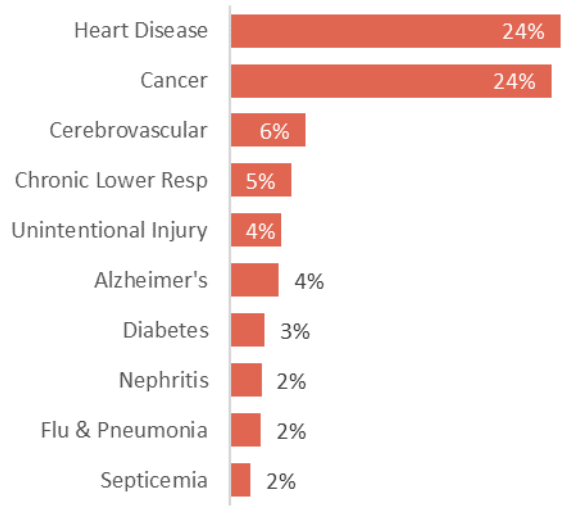


ii. Leading causes of death

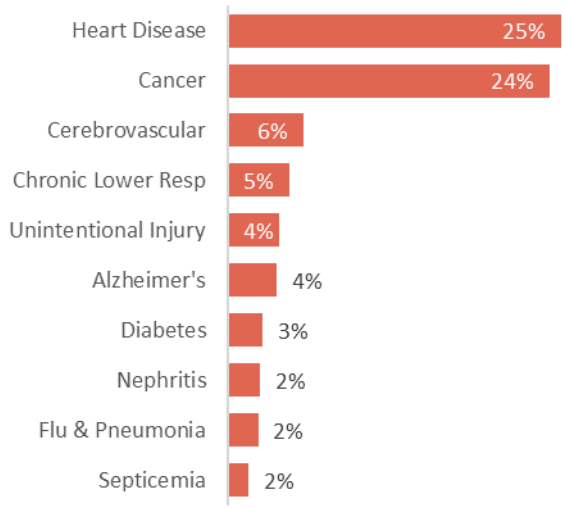
This section highlights the most common causes of death in SCC and among the four CCDPH health districts. Chronic diseases, including heart disease, stroke and cancer are among the leading causes of death in the county. Injury-related mortality like homicide and suicide additionally drives mortality in SCC. The risk for each of these health outcomes varies by race and ethnicity and by age group, with persistent disparities being observed. Figure 68 shows the top 10 leading causes of death in SCC and the CCDPH jurisdiction using data from the IDPH mortality file. Heart disease and cancer combined account for nearly 50 percent of all deaths in both areas.

**Figure 68. Leading Causes of Death by Location, 2013-2017**

*a. SCC*




*b. CCDPH Jurisdiction*

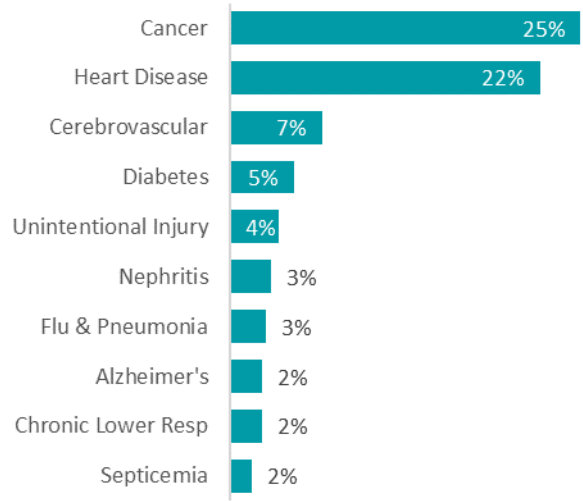



*Data source: IDPH Death File, 2013–2017.*

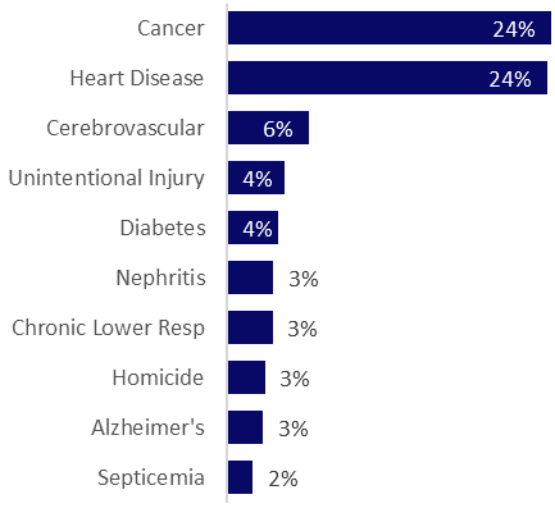
Figure 69 details the leading causes of death among the non-Hispanic Asian, non-Hispanic Black, non-Hispanic White and Hispanic populations of SCC from 2013–2017. In SCC, cancer and heart disease were responsible for most deaths across all racial and ethnic groups examined. While the rates of mortality due to cancer or heart disease are close for non-Hispanic Asian, non-Hispanic White and non-Hispanic Black populations, the mortality rate attributable to cancer far exceeds that of heart disease among Hispanic populations in SCC.

**Figure 69. Leading Causes of Death by Race/Ethnic Category, 2013-2017**

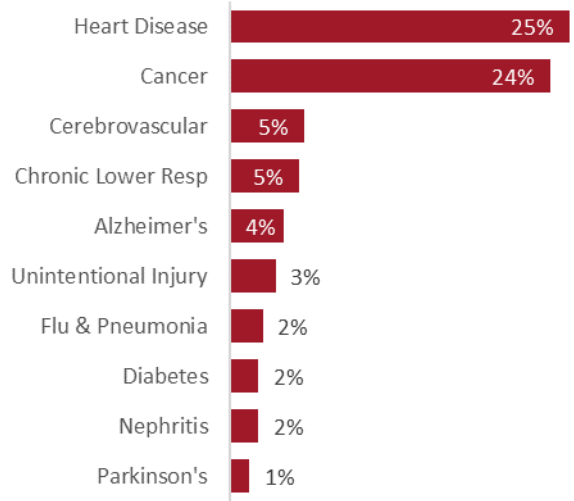
*a. Asian*



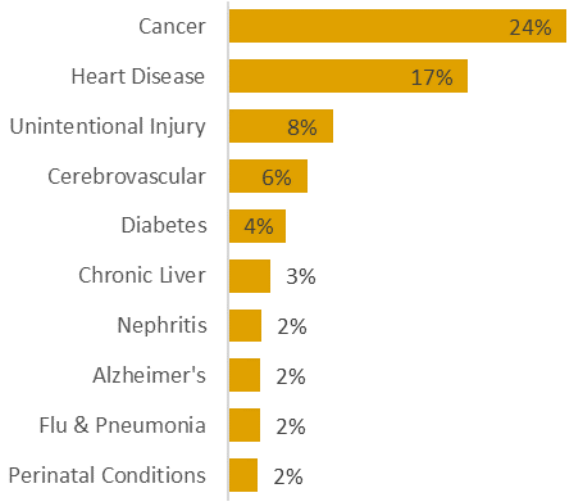

*b. Black*




*c. White*




*d. Hispanic*

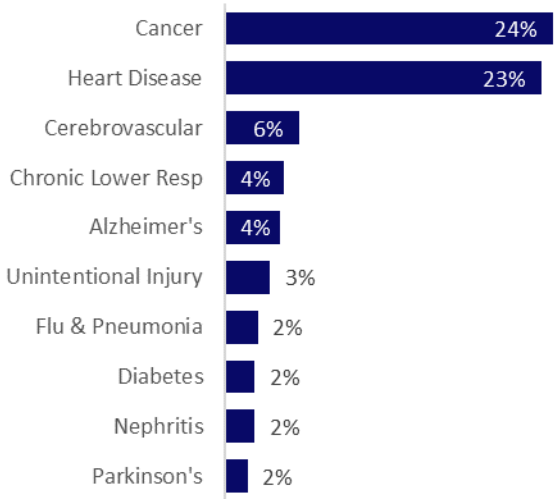



*Data source: Data source: IDPH Death File, 2013–2017.*

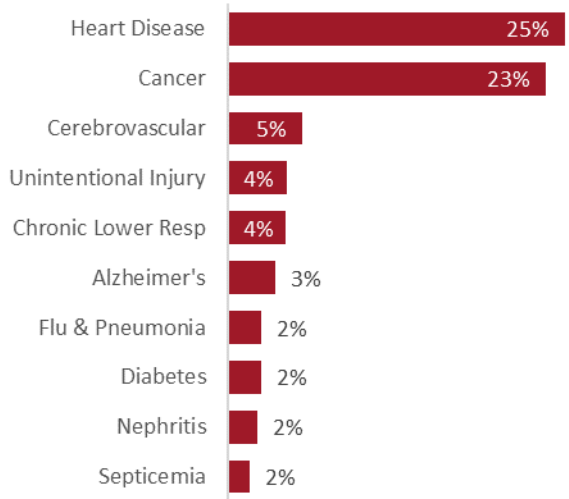
In all but the north district, heart disease was the leading cause of death, followed closely by cancer (Figure 70). This trend was reversed in the north district, where cancer was the leading cause of death and heart disease was the second most commonly reported cause of death. Though accounting for significantly fewer deaths in each district, cerebrovascular or stroke-related complications was the third leading cause of death in the CCDPH districts.

**Figure 70. Leading Causes of Death by Health district, 2013-2017**

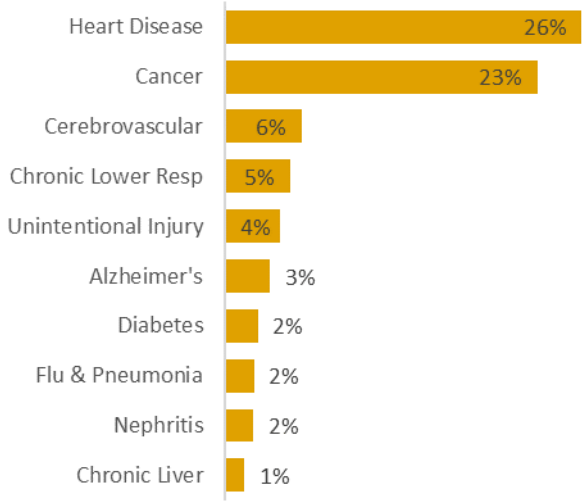
*a. North*



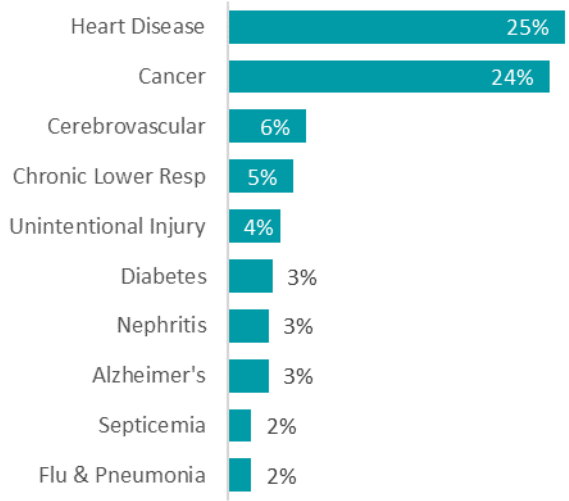

*b. West*




*c. Southwest*




*d. South*




*Data source: Data source: IDPH Death File, 2013–2017.*

## e. Communicable disease

Communicable diseases are those that either spread from one person to another or may spread from animal or insect to person. These may be spread through the air, contact with a contaminated surface or object, through bodily fluids or through bites from an insect or animal, and the symptomology of each illness may vary in severity. This section will discuss the spread of communicable diseases like sexually transmitted diseases and COVID-19, along with vaccination coverage for vaccine preventable illnesses throughout SCC.

For more CCDPH jurisdictional information regarding reportable diseases, sexually transmitted diseases, vaccine-preventable diseases, immunizations and tuberculosis, as well as disease case counts, data reports and resources, visit the communicable diseases pages on the CCDPH web page (*https://cookcountypublichealth.org/communicable-diseases*).

### i. Infectious disease rates by category

Reportable diseases are diseases considered to be of considerable importance to public health. U.S., states, and local health departments require that these diseases be reported when they are diagnosed by doctors or laboratories within their jurisdiction. The most commonly categories of reportable sexually transmitted disease (STD) are syphilis, gonorrhea and chlamydia, while human immunodeficiency virus (HIV) persists as a public health concern nationally. STDs and HIV are spread from the exchange of bodily fluids and sexual contact. In contrast to most other STDs, there is no cure for HIV, though initial infection may be prevented through use of pre-exposure prophylaxis (PrEP), and the condition may be managed by those who carry the virus.

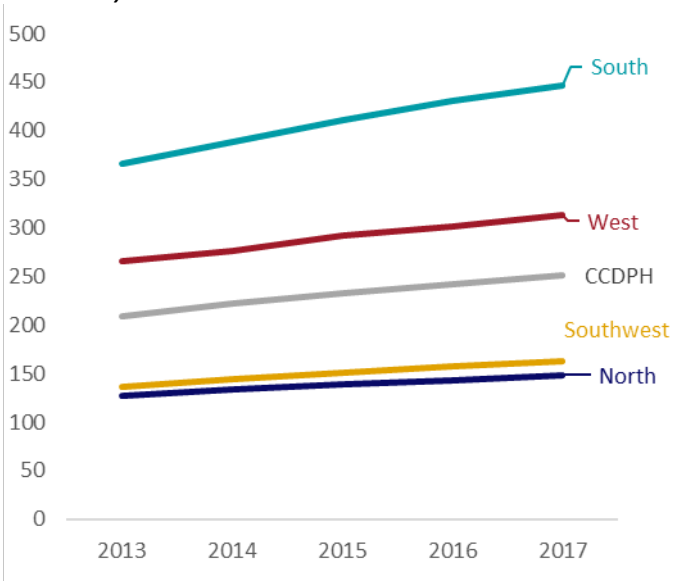
Cases of chlamydia, gonorrhea and syphilis have consistently increased nationally, and preventing their spread remains a focus of public health practice. Often worsened by social inequities and health disparities, STDs can lead to long-term health problems, and untreated infection with an STD may also increase the risk for HIV transmission.

*HIV*

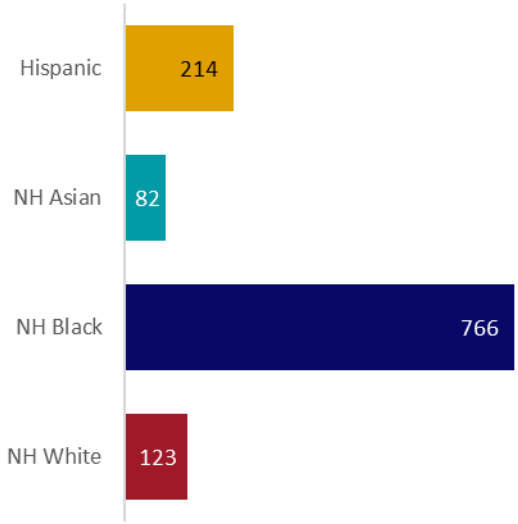
Figure 71 details HIV prevalence per 100,000 by CCDPH district from 2013–2017 and by race for 2017. The south CCDPH district had the highest rate of HIV prevalence per 100,000 for all years presented, while the southwest and north districts had consistently lower rates of HIV prevalence. The burden of HIV prevalence largely falls on non-Hispanic Black residents of SCC, whose rate of 766 individuals with HIV per 100,000 is over three times that of the next nearest racial group, Hispanic/Latino residents of SCC. The non-Hispanic White and non-Hispanic Asian populations of SCC have the two lowest rates of HIV prevalence per 100,000.

**Figure 71. HIV Prevalence, 2013-2017**

*a. by health district*



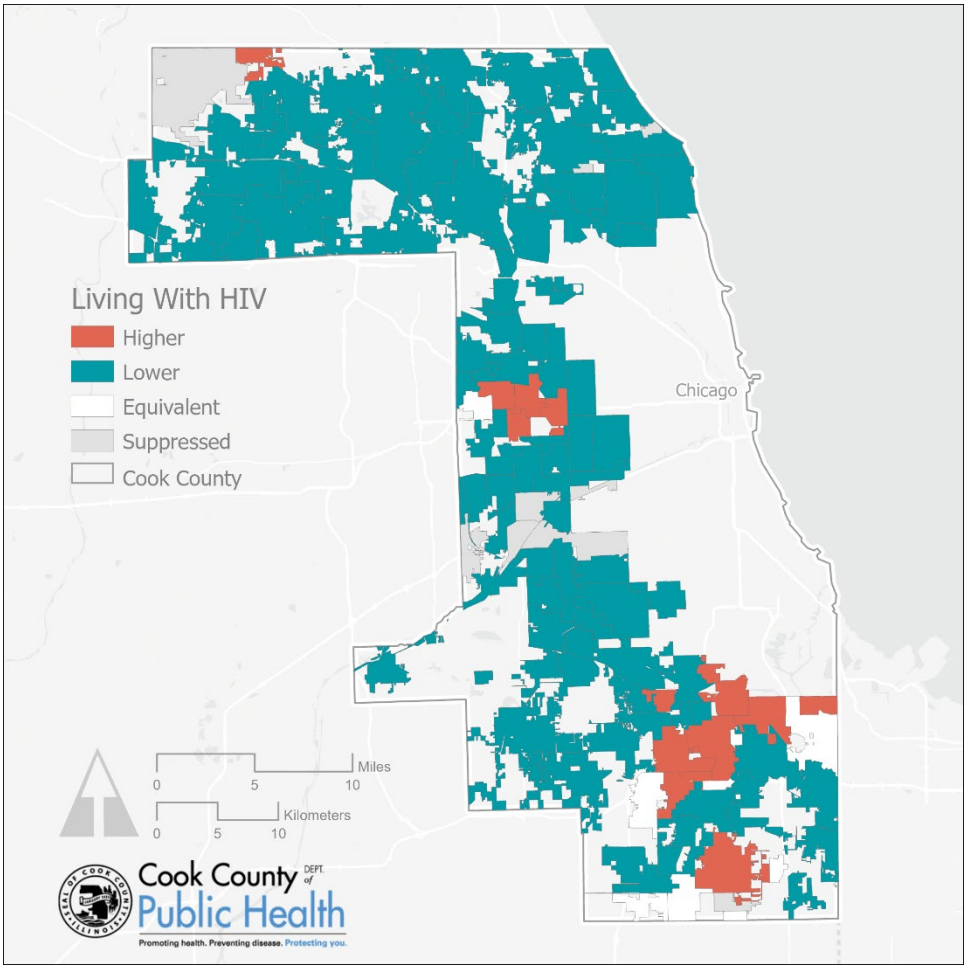

*b. by race/ethnic group*




*Target: 491.3 cases per 100,000 (U.S. Rate 2014–2017)*
*Number of reported HIV (not AIDS) cases per 100,000 population*
*Data source: CCDPH HIV/AIDS Surveillance Database, 2013–2017.*

Map 53 and Table 41 indicate that most municipalities throughout SCC reported an HIV prevalence lower than the U.S. average of 491.3 cases per 100,000 persons. The highest concentration of municipalities reporting an HIV prevalence greater than the U.S. average was observed in the south district of the county, and small clusters were observed in the north and west districts of the county. Riverdale reported the highest prevalence, at 1,129.2 cases per 100,000 persons. South Barrington and La Grange Park reported the lowest prevalence, at 0.0 and 51.6 cases per 100,000 persons respectively.

**Map 53. HIV Prevalence by Municipality, 2013–2017**




***HIV prevalence throughout SCC is lower than the U.S. average in most districts, though clusters of higher prevalence may also be found in the north, west and south districts.***

*Target: 491.3 cases per 100,000 (U.S. Rate 2014–2017)*
*Number of reported HIV (not AIDS) cases per 100,000 population*
*Data source: CCDPH HIV/AIDS Surveillance Database, 2013–2017.*

## Table 41. HIV Prevalence by Municipality, 2013–2017

Rate by Town of Residence, 2013-2017 (combined)

| Area | Rate per 100,000 | Comparison* Level | Area | Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|
| Alsip | 150.4 | L | Lynwood | 388.6 | L |
| Arlington Heights | 157.1 | L | Lyons | 158.4 | L |
| Barrington (pt.) | 645.8 | H | Markham | 607.6 | H |
| Barrington Hills (pt.) | - | S | Matteson | 399.8 | L |
| Bartlett (pt.) | 142.9 | L | Maywood | 958.9 | H |
| Bedford Park | - | S | McCook | - | S |
| Bellwood | 671.2 | H | Melrose Park | 346.3 | L |
| Berkeley | 268.8 | L | Merrionette Park | 263.2 | L |
| Berwyn | 319.5 | L | Midlothian | 229.4 | L |
| Blue Island | 388.1 | L | Morton Grove | 64.5 | L |
| Bridgeview | 152.0 | L | Mount Prospect | 234.5 | L |
| Broadview | 970.8 | H | Niles | 117.4 | L |
| Brookfield | 137.0 | L | Norridge | 82.3 | L |
| Buffalo Grove (pt.) | 117.3 | L | North Riverside | 179.9 | L |
| Burbank | 83.0 | L | Northbrook | 132.6 | L |
| Burnham | 760.8 | H | Northfield | 110.7 | L |
| Burr Ridge (pt.) | - | S | Northlake | 202.9 | L |
| Calumet City | 502.1 | E | Oak Forest | 175.2 | L |
| Calumet Park | 702.0 | H | Oak Lawn | 123.5 | L |
| Chicago Heights | 568.1 | H | Oak Park | 422.1 | L |
| Chicago Ridge | 146.8 | L | Olympia Fields | 320.8 | L |
| Cicero | 348.1 | L | Orland Hills | 111.9 | L |
| Country Club Hills | 507.8 | E | Orland Park (pt.) | 66.9 | L |
| Countryside | 254.5 | L | Palatine | 176.5 | L |
| Crestwood | 146.1 | L | Palos Heights | 71.9 | L |
| Des Plaines | 277.6 | L | Palos Hills | 131.5 | L |
| Dixmoor | 384.2 | L | Palos Park | 309.5 | L |
| Dolton | 660.8 | H | Park Forest (pt.) | 449.9 | E |
| East Hazel Crest | 388.9 | E | Park Ridge | 80.0 | L |
| Elgin (pt.) | 87.4 | L | Phoenix | 560.1 | E |
| Elk Grove Village | 144.9 | L | Posen | 150.3 | L |
| Elmwood Park | 205.0 | L | Prospect Heights | 196.9 | L |
| Evanston | 324.9 | L | Richton Park | 498.3 | E |
| Evergreen Park | 267.0 | L | River Forest | 205.9 | L |
| Flossmoor | 221.9 | L | River Grove | 68.4 | L |
| Ford Heights | 506.7 | E | Riverdale | 1129.2 | H |
| Forest Park | 825.9 | H | Riverside | 236.6 | L |
| Forest View | - | S | Robbins | 993.1 | H |
| Franklin Park | 141.8 | L | Rolling Meadows | 203.3 | L |
| Glencoe | 80.2 | L | Roselle (pt.) | 322.3 | L |
| Glenview | 100.7 | L | Rosemont | 261.8 | L |
| Glenwood | 379.1 | L | Sauk Village | 342.7 | L |
| Golf | - | S | Schaumburg | 184.6 | L |
| Hanover Park (pt.) | 281.1 | L | Schiller Park | 245.9 | L |
| Harvey | 1079.8 | H | Skokie | 112.7 | L |
| Harwood Heights | 104.5 | L | South Barrington | 0.0 | L |
| Hazel Crest | 687.9 | H | South Chicago Heights | - | S |
| Hickory Hills | 85.4 | L | South Holland | 422.2 | L |
| Hillside | 490.4 | E | Steger (pt.) | 463.1 | E |
| Hinsdale (pt.) | 314.3 | L | Stickney | 250.5 | L |
| Hodgkins | - | S | Stone Park | 283.1 | L |
| Hoffman Estates | 131.0 | L | Streamwood | 148.0 | L |
| Hometown | 115.0 | L | Summit | 262.3 | L |
| Homewood | 232.9 | L | Thornton | 213.9 | L |
| Indian Head Park | - | S | Tinley Park (pt.) | 144.2 | L |
| Inverness | 108.1 | L | Westchester | 179.4 | L |
| Justice | 224.4 | L | Western Springs | 77.1 | L |
| Kenilworth | - | S | Wheeling (pt.) | 172.7 | L |
| La Grange | 263.7 | L | Willow Springs | 126.7 | L |
| La Grange Park | 51.6 | L | Wilmette | 59.1 | L |
| Lansing | 190.6 | L | Winnetka | 73.8 | L |
| Lemont (pt.) | 68.8 | L | Worth | 111.2 | L |
| Lincolnwood | 127.1 | L | | | |

Target: 491.3 cases per 100,000 (U.S. Rate 2013-2017)
Number of Persons Living with HIV (Any Stage) per 100,000 population
*Significantly higher/lower than the target at p<0.05
- Rates not calculated for events less than 20
Source: CCDPH HIV/AIDS Surveillance Database 2013-2017

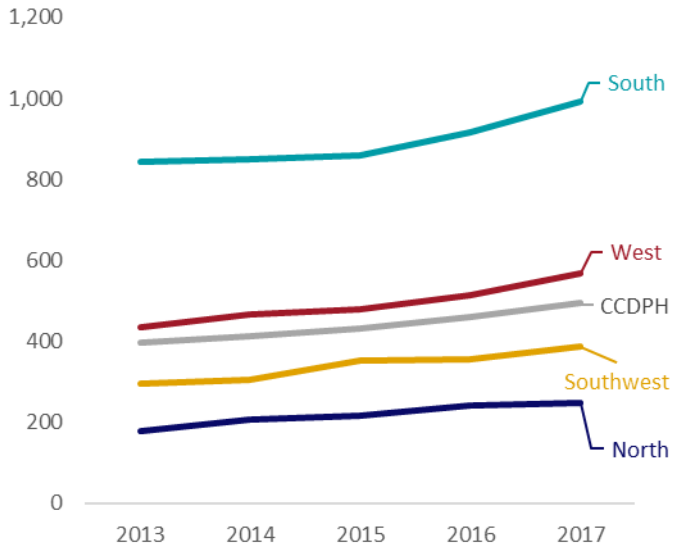
**Higher**
**Equivalent**
**Lower**

*Chlamydia*

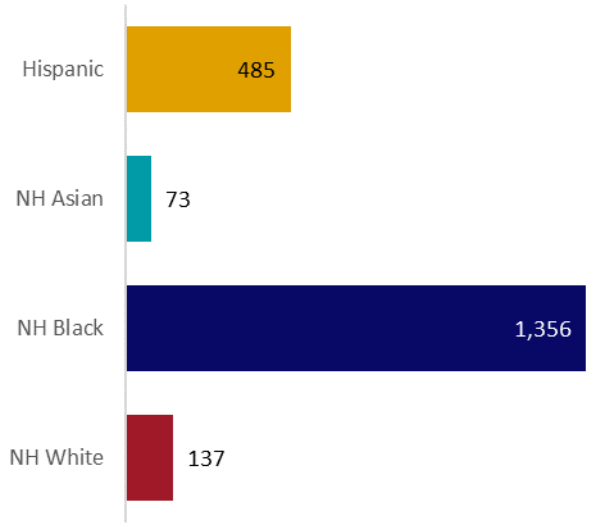
Figure 72 details chlamydia incidence per 100,000 by CCDPH district from 2013–2017 and by race for 2017. Like with HIV prevalence, chlamydia incidence was consistently highest in the south CCDPH district over all years examined and lowest in the southwest and north districts. The rate of chlamydia incidence was highest for non-Hispanic Black residents of CCDPH in 2017, at 1,356 infections per 100,000, and lowest for non-Hispanic Asian and non-Hispanic White residents of CCDPH.

**Figure 72. Chlamydia Rate, 2013-2017**

*a. by health district*



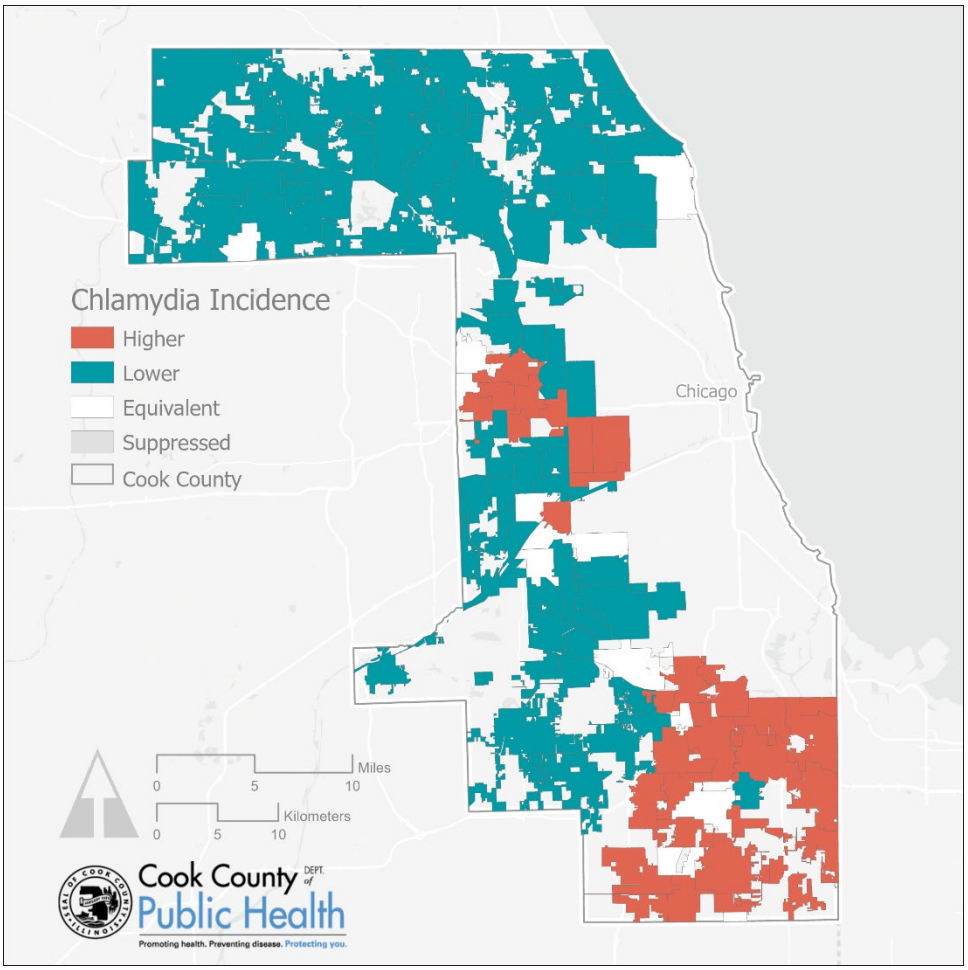

*b. by race/ethnic group*




*Target: 481.5 cases per 100,000 (U.S. Rate 2013–2017)*
*Number of reported chlamydia cases per 100,000 population*
*Data source: CCDPH Annual Sexually Transmitted Infections Surveillance 2017*

Map 51 and Table 42 reveal distinct spatial patterning of the incidence of chlamydia throughout SCC, with clusters of municipalities reporting incidence higher than the U.S. average rate of 481.5 cases per 100,000 persons in the west and south health districts. Municipalities reporting rates lower than the U.S. average predominate the north and southwest districts of the county. Golf reported the lowest chlamydia rate, excluding municipalities where only a portion is included in the CCDPH jurisdiction, with 80.0 cases per 100,000 persons being reported. The highest rate was observed in Ford Heights, with 2,148.8 cases per 100,000 persons being reported.

**Map 54. Chlamydia Rate by Municipality, 2013–2017**




***The highest concentration of municipalities reporting chlamydia incidence lower than the U.S. average was observed in the north and southwest health districts. Clusters of municipalities reporting higher than average incidence was located in the west and south districts.***

*Target: 481.5 cases per 100,000 (U.S. Rate 2013–2017)*
*Number of reported chlamydia cases per 100,000 population*
*Data source: CCDPH Annual Sexually Transmitted Infections Surveillance 2017*

## Table 42. Chlamydia Rate by Municipality, 2013–2017

Rate by Town of Residence, 2013-2017 (combined)

| Area | Rate per 100,000 | Comparison* Level | Area | Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|
| Alsip | 450.3 | E | Lynwood | 961.5 | H |
| Arlington Heights | 199.5 | L | Lyons | 389.6 | L |
| Barrington (pt.) | 170.5 | L | Markham | 1445.5 | H |
| Barrington Hills (pt.) | 0.0 | L | Matteson | 921.7 | H |
| Bartlett (pt.) | 210.8 | L | Maywood | 1422.2 | H |
| Bedford Park | 758.6 | E | McCook | 263.2 | E |
| Bellwood | 1212.3 | H | Melrose Park | 688.7 | H |
| Berkeley | 560.6 | E | Merrionette Park | 494.7 | E |
| Berwyn | 522.4 | H | Midlothian | 429.2 | L |
| Blue Island | 811.6 | H | Morton Grove | 173.6 | L |
| Bridgeview | 301.6 | L | Mount Prospect | 213.0 | L |
| Broadview | 1056.5 | H | Niles | 159.0 | L |
| Brookfield | 252.9 | L | Norridge | 181.2 | L |
| Buffalo Grove (pt.) | 195.0 | L | North Riverside | 185.9 | L |
| Burbank | 59.5 | L | Northbrook | 150.1 | L |
| Burnham | 632.4 | H | Northfield | 262.0 | L |
| Burr Ridge (pt.) | 166.7 | L | Northlake | 425.2 | E |
| Calumet City | 1152.7 | H | Oak Forest | 311.1 | L |
| Calumet Park | 1411.6 | H | Oak Lawn | 304.8 | L |
| Chicago Heights | 1092.0 | H | Oak Park | 406.2 | L |
| Chicago Ridge | 323.0 | L | Olympia Fields | 421.0 | E |
| Cicero | 644.9 | H | Orland Hills | 277.0 | L |
| Country Club Hills | 1224.8 | H | Orland Park (pt.) | 179.0 | L |
| Countryside | 315.5 | L | Palatine | 258.2 | L |
| Crestwood | 283.1 | L | Palos Heights | 127.8 | L |
| Des Plaines | 345.8 | L | Palos Hills | 223.1 | L |
| Dixmoor | 691.5 | H | Palos Park | 218.7 | L |
| Dolton | 1526.4 | H | Park Forest (pt.) | 1073.3 | H |
| East Hazel Crest | 505.5 | E | Park Ridge | 158.0 | L |
| Elgin (pt.) | 419.4 | L | Phoenix | 1232.2 | H |
| Elk Grove Village | 178.7 | L | Posen | 504.4 | E |
| Elmwood Park | 284.5 | L | Prospect Heights | 315.0 | L |
| Evanston | 460.5 | E | Richton Park | 1020.1 | H |
| Evergreen Park | 436.2 | L | River Forest | 239.9 | L |
| Flossmoor | 589.6 | H | River Grove | 271.8 | L |
| Ford Heights | 2149.8 | H | Riverdale | 1567.6 | H |
| Forest Park | 560.5 | H | Riverside | 293.0 | L |
| Forest View | 286.5 | L | Robbins | 1439.0 | H |
| Franklin Park | 333.8 | L | Rolling Meadows | 279.7 | L |
| Glencoe | 135.3 | L | Roselle (pt.) | 300.8 | L |
| Glenview | 188.0 | L | Rosemont | 295.1 | L |
| Glenwood | 912.0 | H | Sauk Village | 1444.9 | H |
| Golf | 80.0 | L | Schaumburg | 214.5 | L |
| Hanover Park (pt.) | 475.9 | E | Schiller Park | 293.4 | L |
| Harvey | 1412.9 | H | Skokie | 223.0 | L |
| Harwood Heights | 176.5 | L | South Barrington | 83.2 | L |
| Hazel Crest | 1319.1 | H | South Chicago Heights | 710.3 | H |
| Hickory Hills | 222.1 | L | South Holland | 1003.2 | H |
| Hillside | 821.4 | H | Steger (pt.) | 526.4 | E |
| Hinsdale (pt.) | 116.7 | L | Stickney | 1495.7 | H |
| Hodgkins | 263.6 | L | Stone Park | 501.4 | E |
| Hoffman Estates | 226.6 | L | Streamwood | 331.7 | L |
| Hometown | 202.3 | L | Summit | 568.1 | H |
| Homewood | 510.3 | E | Thornton | 316.5 | L |
| Indian Head Park | 94.5 | L | Tinley Park (pt.) | 201.5 | L |
| Inverness | 100.0 | L | Westchester | 312.2 | L |
| Justice | 529.2 | E | Western Springs | 104.8 | L |
| Kenilworth | 111.4 | L | Wheeling (pt.) | 282.1 | L |
| La Grange | 235.4 | L | Willow Springs | 184.6 | L |
| La Grange Park | 145.8 | L | Wilmette | 123.3 | L |
| Lansing | 583.1 | H | Winnetka | 139.5 | L |
| Lemont (pt.) | 193.8 | L | Worth | 254.0 | L |
| Lincolnwood | 160.4 | L | | | |

Target: 481.5 cases per 100,000 (U.S. Rate 2013-2017)
Number of reported chlamydia cases per 100,000 population
*Significantly higher/lower than the target at p<0.05
- Rates not calculated for events less than 20
Source: CCDPH Annual Sexually Transmitted Infections Surveillance 2017

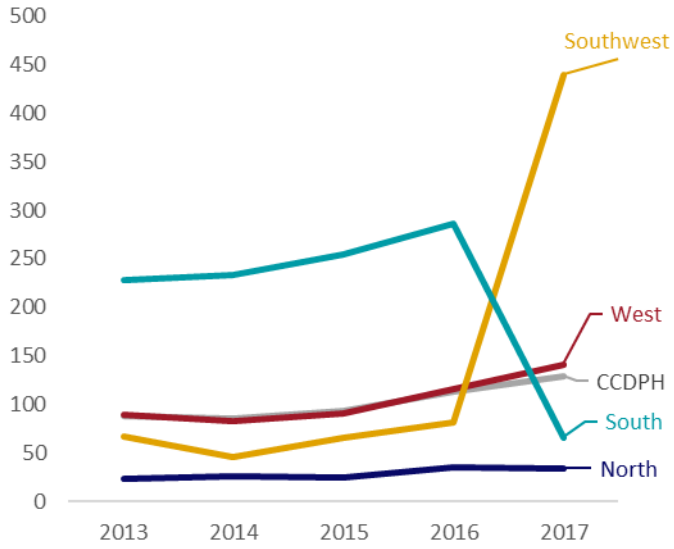
**Higher**
**Equivalent**
**Lower**

*Gonorrhea*

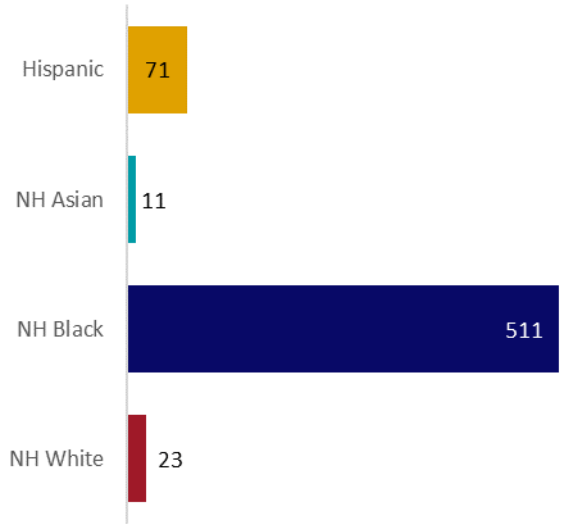
Figure 73 details gonorrhea incidence per 100,000 by CCDPH district from 2013–2017 and by race for 2017. For years 2013–2016, gonorrhea incidence was highest in the south CCDPH district, but declined substantially from 2016 to 2017, in which the south district had the second lowest gonorrhea incidence. The southwest CCDPH district experienced a large increase in gonorrhea incidence from 2016–2017, and jumped from the district with the second lowest gonorrhea incidence to the district with the highest. Through these years, the north district exhibited the lowest gonorrhea incidence and the west district exhibited the second highest, at an incidence on par with the CCDPH average. Racially, non-Hispanic Black residents of CCDPH are burdened with the highest gonorrhea incidence, with an incidence rate that is almost eight times as large as the next nearest racial/ethnic group, Hispanic/Latino residents of CCDPH. Like with other sexually transmitted diseases, non-Hispanic Asian and non-Hispanic White residents of CCDPH have the lowest rates of Gonorrhea incidence.

**Figure 73. Gonorrhea Rate, 2013-2017**

*a. by health district*



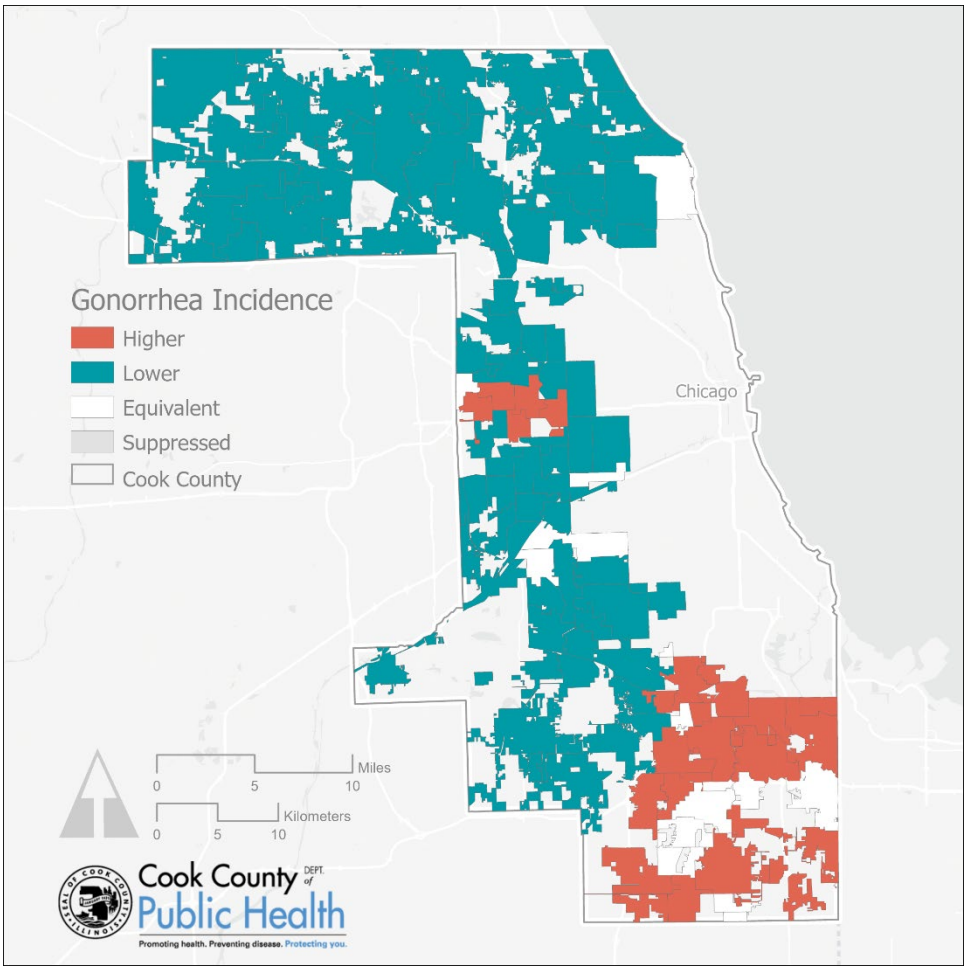

*b. by race/ethnic group*




*Target: 131.7 cases per 100,000 (U.S. Rate 2013–2017*
*Number of reported gonorrhea cases per 100,000 population*
*Data source: CCDPH Annual Sexually Transmitted Infections Surveillance 2017*

The spatial trends in the incidence of gonorrhea were similar to that observed in chlamydia incidence throughout SCC, as displayed on Map 55. Clusters of municipalities reporting incidence rates higher than the U.S. average of 131.7 cases per 100,000 persons were observed in the west and south districts of the county. Municipalities reporting lower than average gonorrhea incidence rates were observed in high concentrations throughout the north, west and southwest health districts. The highest incidence was reported in Ford Heights, with a rate of 912.1 cases per 100,000 persons being reported (Table 43). Forest View and Kenilworth each reported the lowest rate, at 0.0 cases of gonorrhea per 100,000 persons being reported in each municipality.

**Map 55. Gonorrhea Rate by Municipality, 2013–2017**




***Most municipalities throughout SCC report a lower than average gonorrhea incidence rate, though a cluster of municipalities reporting higher than average incidence rates was observed in the west district of the county. The south district of the county contains the highest concentration of municipalities reporting higher than average incidence.***

*Target: 131.7 cases per 100,000 (U.S. Rate 2013–2017)*
*Number of reported gonorrhea cases per 100,000 population*
*Data source: CCDPH Annual Sexually Transmitted Infections Surveillance 2017*

## Table 43. Gonorrhea Rate by Municipality, 2013–2017

Rate by Town of Residence, 2013-2017 (combined)

| Area | Rate per 100,000 | Comparison* Level | Area | Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|
| Alsip | 95.5 | L | Lynwood | 262.0 | H |
| Arlington Heights | 30.4 | L | Lyons | 63.4 | L |
| Barrington (pt.) | 36.9 | L | Markham | 479.7 | H |
| Barrington Hills (pt.) | 0.0 | L | Matteson | 275.7 | H |
| Bartlett (pt.) | 44.1 | L | Maywood | 461.6 | H |
| Bedford Park | 69.0 | E | McCook | 0.0 | L |
| Bellwood | 372.3 | H | Melrose Park | 112.5 | L |
| Berkeley | 142.1 | E | Merrionette Park | 136.8 | E |
| Berwyn | 103.1 | L | Midlothian | 105.3 | L |
| Blue Island | 221.9 | H | Morton Grove | 17.2 | L |
| Bridgeview | 30.4 | L | Mount Prospect | 24.7 | L |
| Broadview | 297.5 | H | Niles | 22.1 | L |
| Brookfield | 37.9 | L | Norridge | 31.6 | L |
| Buffalo Grove (pt.) | 13.2 | L | North Riverside | 27.0 | L |
| Burbank | 5.5 | L | Northbrook | 13.3 | L |
| Burnham | 252.0 | H | Northfield | 11.1 | L |
| Burr Ridge (pt.) | 10.4 | L | Northlake | 63.3 | L |
| Calumet City | 371.5 | H | Oak Forest | 54.4 | L |
| Calumet Park | 536.1 | H | Oak Lawn | 52.9 | L |
| Chicago Heights | 300.6 | H | Oak Park | 99.3 | L |
| Chicago Ridge | 43.3 | L | Olympia Fields | 136.3 | E |
| Cicero | 93.5 | L | Orland Hills | 33.6 | L |
| Country Club Hills | 348.2 | H | Orland Park (pt.) | 26.1 | L |
| Countryside | 40.7 | L | Palatine | 30.6 | L |
| Crestwood | 69.4 | L | Palos Heights | 11.2 | L |
| Des Plaines | 53.1 | L | Palos Hills | 35.5 | L |
| Dixmoor | 263.4 | H | Palos Park | 28.9 | L |
| Dolton | 491.5 | H | Park Forest (pt.) | 290.3 | H |
| East Hazel Crest | 220.3 | E | Park Ridge | 19.2 | L |
| Elgin (pt.) | 71.6 | L | Phoenix | 529.5 | H |
| Elk Grove Village | 20.5 | L | Posen | 100.2 | E |
| Elmwood Park | 45.0 | L | Prospect Heights | 30.8 | L |
| Evanston | 137.9 | E | Richton Park | 294.6 | H |
| Evergreen Park | 101.8 | L | River Forest | 37.6 | L |
| Flossmoor | 150.0 | E | River Grove | 48.9 | L |
| Ford Heights | 912.1 | H | Riverdale | 609.6 | H |
| Forest Park | 168.0 | H | Riverside | 38.3 | L |
| Forest View | 0.0 | L | Robbins | 509.6 | H |
| Franklin Park | 42.5 | L | Rolling Meadows | 36.5 | L |
| Glencoe | 16.0 | L | Roselle (pt.) | 21.5 | L |
| Glenview | 19.2 | L | Rosemont | 47.6 | L |
| Glenwood | 200.7 | H | Sauk Village | 464.5 | H |
| Golf | 0.0 | L | Schaumburg | 35.0 | L |
| Hanover Park (pt.) | 51.4 | L | Schiller Park | 40.7 | L |
| Harvey | 501.5 | H | Skokie | 47.1 | L |
| Harwood Heights | 30.2 | L | South Barrington | 13.1 | L |
| Hazel Crest | 425.5 | H | South Chicago Heights | 101.5 | E |
| Hickory Hills | 24.2 | L | South Holland | 286.0 | H |
| Hillside | 198.6 | H | Steger (pt.) | 117.0 | E |
| Hinsdale (pt.) | 9.0 | L | Stickney | 162.1 | E |
| Hodgkins | 10.5 | L | Stone Park | 93.0 | L |
| Hoffman Estates | 29.7 | L | Streamwood | 48.2 | L |
| Hometown | 36.8 | L | Summit | 76.0 | L |
| Homewood | 125.2 | E | Thornton | 128.3 | E |
| Indian Head Park | 21.0 | L | Tinley Park (pt.) | 28.4 | L |
| Inverness | 13.5 | L | Westchester | 69.4 | L |
| Justice | 122.2 | E | Western Springs | 15.4 | L |
| Kenilworth | 0.0 | L | Wheeling (pt.) | 33.5 | L |
| La Grange | 60.5 | L | Willow Springs | 18.1 | L |
| La Grange Park | 36.8 | L | Wilmette | 12.6 | L |
| Lansing | 146.1 | E | Winnetka | 6.6 | L |
| Lemont (pt.) | 17.5 | L | Worth | 44.5 | L |
| Lincolnwood | 30.2 | L | | | |

Target: 131.7 cases per 100,000 (U.S. Rate 2013-2017)
Number of reported gonorrhea cases per 100,000 population
*Significantly higher/lower than the target at p<0.05
- Rates not calculated for events less than 20
Source: CCDPH Annual Sexually Transmitted Infections Surveillance 2017

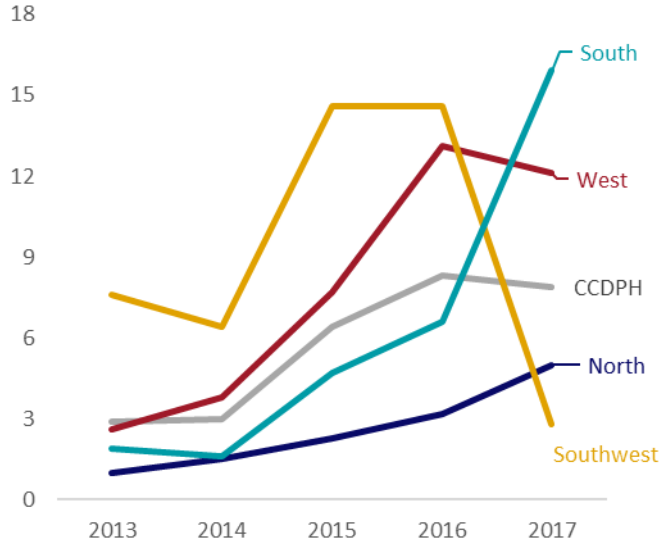
**Higher**
**Equivalent**
**Lower**

*Syphilis*

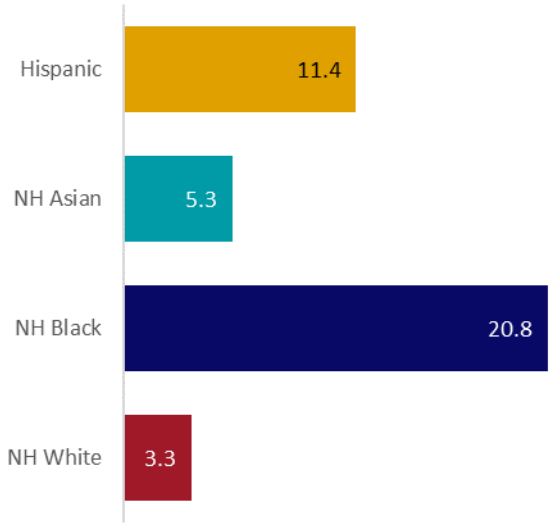
Figure 74 details primary and secondary syphilis incidence by CCDPH district from 2013–2017 and by race for 2017. For years 2013–2016, the southwest CCDPH district had the highest syphilis incidence, but experienced a steep decline in 2017 and was overtaken by the south district. The south district experienced a steady increase in syphilis incidence from 2014 to 2017, with the largest increase in incidence occurring from 2016–2017. The west district saw a steady increase in syphilis incidence from 2013–2016 and a small decline from 2016–2017. The average syphilis incidence increased from 2014–2016 before decreasing slightly from 2016–2017. In 2017, non-Hispanic Black residents of SCC had the highest syphilis incidence, with a rate of 20.8 new infections per 100,000, followed by Hispanic/Latino residents, with a rate of 11.4 new syphilis infections per 100,000.

**Figure 74. Primary and Secondary Syphilis, 2013-2017**

*a. by health district*



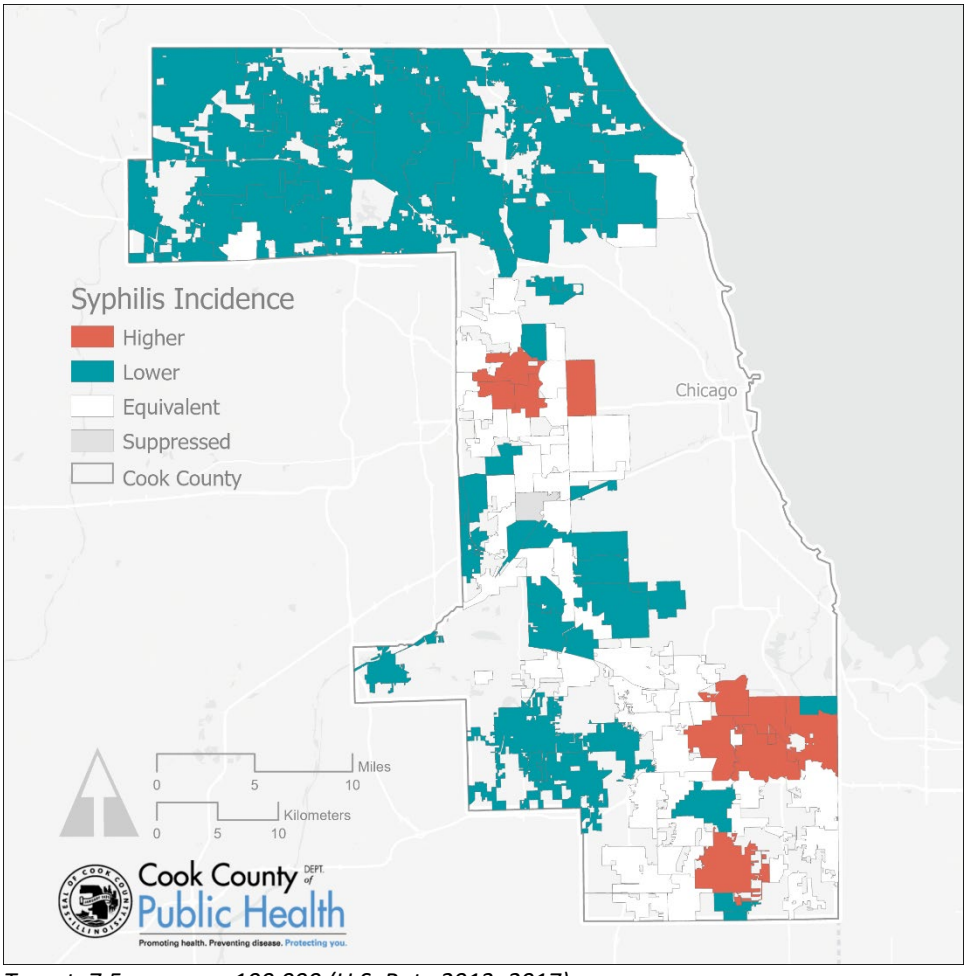

*b. by race/ethnic group*




*Target: 7.5 cases per 100,000 (U.S. Rate 2013–2017)*
*Number of reported primary and secondary syphilis cases per 100,000 population*
*Data source: CCDPH Annual Sexually Transmitted Infections Surveillance 2017*

Map 56 and Table 44 indicate that municipalities throughout SCC report primary and secondary syphilis incidence rates either equivalent to or lower than the U.S. average rate of 7.5 cases per 100,000 persons. The north district contains the highest concentration of municipalities reporting syphilis incidence rates lower than the U.S. average, and smaller clusters of municipalities with lower than average incidence of syphilis are also observed in the southwest district of the county. The west and south health districts include municipalities mostly reporting incidence rates equivalent to or higher than the U.S. average. Among the municipalities reporting incidence rates higher than the U.S. Average, the highest incidence Riverdale reported the highest syphilis incidence, with 28.0 cases per 100,000 persons being observed.

**Map 56. Syphilis Rate by Municipality, 2013–2017**




***While most municipalities throughout the north district of the county report syphilis incidence rates lower than the U.S. average, incidence throughout the rest of the county is more variable.***

*Target: 7.5 cases per 100,000 (U.S. Rate 2013–2017)*
*Number of reported primary and secondary syphilis cases per 100,000 population*
*Data source: CCDPH Annual Sexually Transmitted Infections Surveillance 2017*

## Table 44. Syphilis Rate by Municipality, 2013–2017

Rate by Town of Residence, 2013-2017 (combined)

| Area | Rate per 100,000 | Comparison* Level | Area | Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|
| Alsip | 5.2 | E | Lynwood | 11.1 | E |
| Arlington Heights | 3.7 | L | Lyons | 7.5 | E |
| Barrington (pt.) | 0.0 | L | Markham | 8.0 | E |
| Barrington Hills (pt.) | 0.0 | L | Matteson | 6.3 | E |
| Bartlett (pt.) | 2.4 | L | Maywood | 17.4 | H |
| Bedford Park | 0.0 | L | McCook | - | S |
| Bellwood | 22.0 | H | Melrose Park | 16.5 | H |
| Berkeley | 15.4 | E | Merrionette Park | 10.5 | E |
| Berwyn | 6.4 | E | Midlothian | 16.2 | E |
| Blue Island | 11.0 | E | Morton Grove | 0.0 | L |
| Bridgeview | 3.6 | E | Mount Prospect | 3.0 | L |
| Broadview | 7.6 | E | Niles | 1.3 | L |
| Brookfield | 4.2 | E | Norridge | 2.7 | L |
| Buffalo Grove (pt.) | 2.9 | L | North Riverside | 6.0 | E |
| Burbank | 0.7 | L | Northbrook | 1.8 | L |
| Burnham | 0.0 | L | Northfield | 0.0 | L |
| Burr Ridge (pt.) | 0.0 | L | Northlake | 9.7 | E |
| Calumet City | 17.8 | H | Oak Forest | 3.6 | L |
| Calumet Park | 15.3 | E | Oak Lawn | 2.5 | L |
| Chicago Heights | 14.5 | H | Oak Park | 12.0 | H |
| Chicago Ridge | 7.0 | E | Olympia Fields | 8.0 | E |
| Cicero | 7.6 | E | Orland Hills | 0.0 | L |
| Country Club Hills | 10.9 | E | Orland Park (pt.) | 1.1 | L |
| Countryside | 6.8 | E | Palatine | 3.5 | L |
| Crestwood | 11.0 | E | Palos Heights | 3.2 | E |
| Des Plaines | 4.8 | L | Palos Hills | 1.1 | L |
| Dixmoor | 5.5 | E | Palos Park | 8.3 | E |
| Dolton | 19.9 | H | Park Forest (pt.) | 7.5 | E |
| East Hazel Crest | 13.0 | E | Park Ridge | 0.5 | L |
| Elgin (pt.) | 3.3 | L | Phoenix | 40.7 | E |
| Elk Grove Village | 3.0 | L | Posen | 3.3 | E |
| Elmwood Park | 5.6 | E | Prospect Heights | 2.5 | L |
| Evanston | 8.1 | E | Richton Park | 13.2 | E |
| Evergreen Park | 3.0 | L | River Forest | 3.6 | E |
| Flossmoor | 4.2 | E | River Grove | 0.0 | L |
| Ford Heights | 21.7 | E | Riverdale | 28.0 | H |
| Forest Park | 14.1 | E | Riverside | 4.5 | E |
| Forest View | 0.0 | L | Robbins | 18.7 | E |
| Franklin Park | 8.7 | E | Rolling Meadows | 3.3 | L |
| Glencoe | 0.0 | L | Roselle (pt.) | 0.0 | L |
| Glenview | 1.3 | L | Rosemont | 0.0 | L |
| Glenwood | 15.6 | E | Sauk Village | 9.5 | E |
| Golf | 0.0 | L | Schaumburg | 3.2 | L |
| Hanover Park (pt.) | 6.8 | E | Schiller Park | 10.2 | E |
| Harvey | 22.9 | H | Skokie | 2.3 | L |
| Harwood Heights | 2.3 | L | South Barrington | 0.0 | L |
| Hazel Crest | 14.2 | E | South Chicago Heights | 0.0 | L |
| Hickory Hills | 1.4 | L | South Holland | 17.2 | H |
| Hillside | 14.7 | E | Steger (pt.) | 0.0 | L |
| Hinsdale (pt.) | 0.0 | L | Stickney | 18.4 | E |
| Hodgkins | 0.0 | L | Stone Park | 4.0 | E |
| Hoffman Estates | 3.5 | L | Streamwood | 2.0 | L |
| Hometown | 0.0 | L | Summit | 3.6 | E |
| Homewood | 2.1 | L | Thornton | 8.6 | E |
| Indian Head Park | 0.0 | L | Tinley Park (pt.) | 2.4 | L |
| Inverness | 0.0 | L | Westchester | 8.4 | E |
| Justice | 4.6 | E | Western Springs | 1.5 | L |
| Kenilworth | 0.0 | L | Wheeling (pt.) | 2.7 | L |
| La Grange | 9.0 | E | Willow Springs | 3.6 | E |
| La Grange Park | 1.5 | L | Wilmette | 0.0 | L |
| Lansing | 6.4 | E | Winnetka | 1.6 | L |
| Lemont (pt.) | 1.3 | L | Worth | 1.9 | L |
| Lincolnwood | 6.4 | E | | | |

Target: 7.5 cases per 100,000 (U.S. Rate 2013-2017)
Number of reported primary and secondary syphilis cases per 100,000 population
*Significantly higher/lower than the target at p<0.05
- Rates not calculated for events less than 20
Source: CCDPH Annual Sexually Transmitted Infections Surveillance 2017

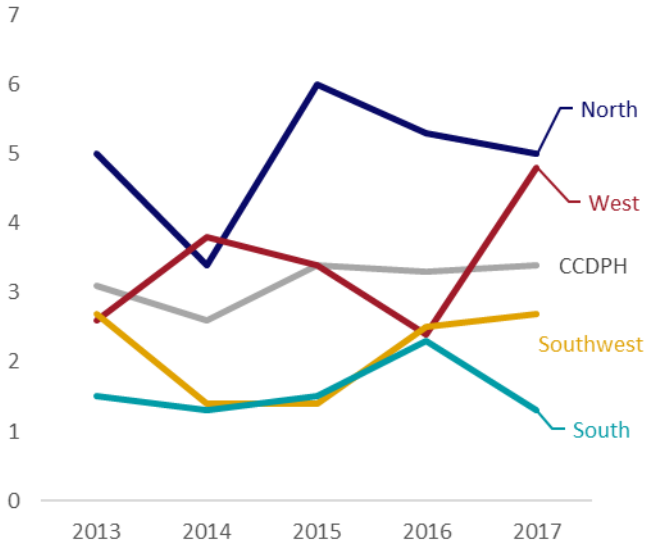
**Higher**
**Equivalent**
**Lower**

*Tuberculosis*

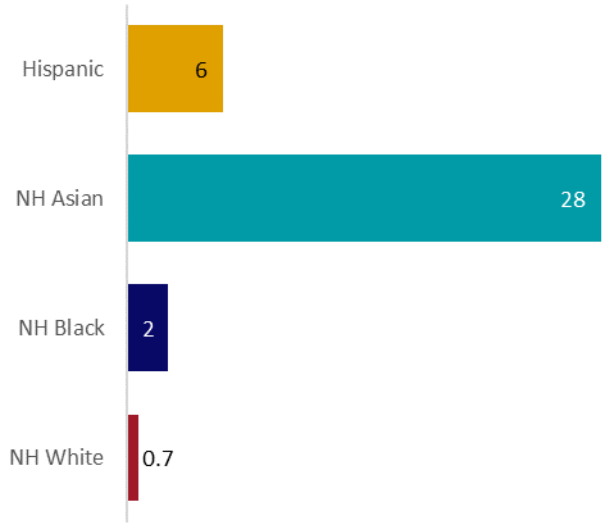
Figure 75 details tuberculosis incidence per 100,000 by CCDPH district from 2013–2017 and by race/ethnic group for 2017. While the average tuberculosis incidence remained steady over this time period, tuberculosis incidence across individual CCDPH districts from 2013–2017 was variable, with large increases in incidence seen in the north district from 2014–2015 and in the west district from 2016–2017. The south district exhibited some of the lowest tuberculosis incidence across the years presented. Non-Hispanic Asian residents of SCC experienced the highest rates of tuberculosis incidence in 2017, with an incidence rate almost five times as high as that of the next nearest group, Hispanic/Latino residents.

**Figure 75. Tuberculosis Rate, 2013-2017**

a. *by health district*



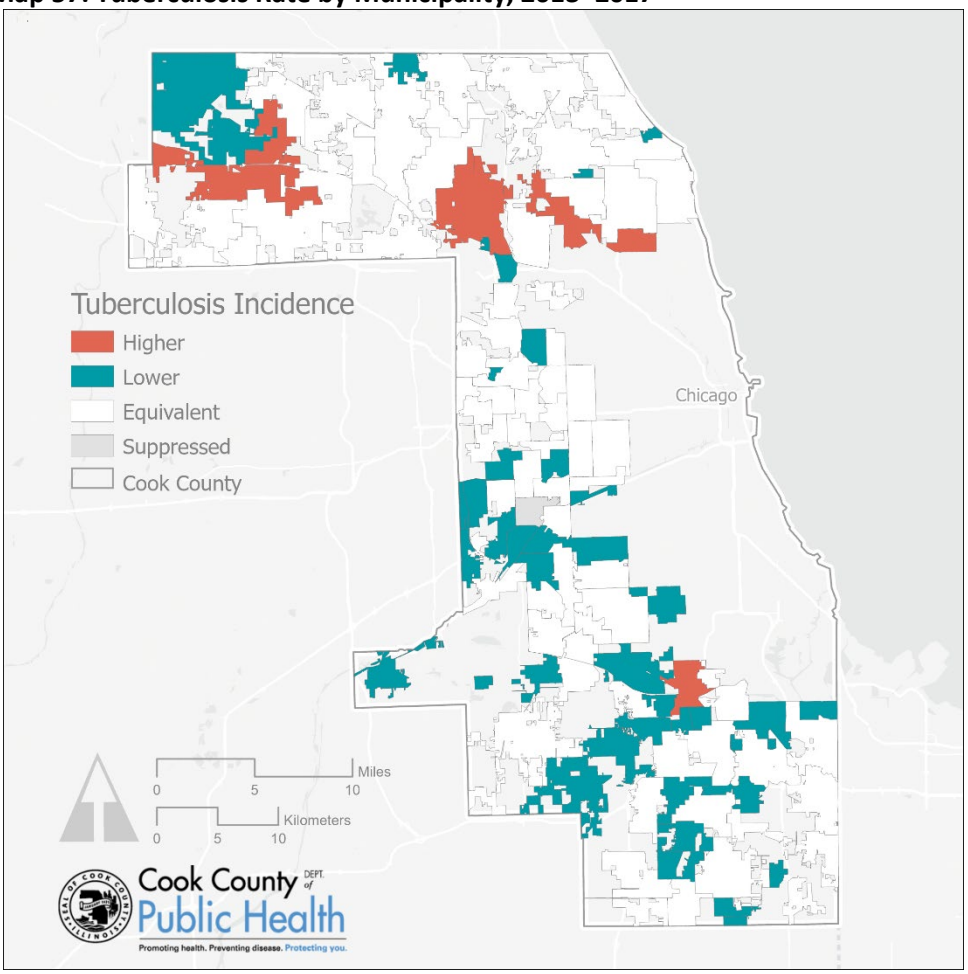

*b. by race/ethnic group*




*Target: 7.5 cases per 100,000 (U.S. Rate 2013–2017)*
*Number of reported tuberculosis cases per 100,000 population*
*Data source: CCDPH Illinois-National Electronic Disease Surveillance System, 2013–2017.*

Map 57 and Table 45 indicate that most municipalities throughout SCC report tuberculosis incidence rates equivalent to the U.S. average of 7.5 cases per 100,000 persons, with the highest concentration of these municipalities being observed in the north district. The north district also includes the majority of municipalities reporting higher than average tuberculosis incidence. Clusters of municipalities reporting lower than average tuberculosis incidence were observed throughout all SCC. The highest incidence was observed in Lincolnwood, where an incidence of 11.1 cases per 100,000 persons was reported.

**Map 57. Tuberculosis Rate by Municipality, 2013–2017**




***Most municipalities throughout SCC report incidence equivalent to the U.S. average. Municipalities reporting incidence lower than the U.S. average were primarily observed in the southwest and south health districts. Municipalities reporting higher incidence were concentrated primarily in the north district.***

*Target: 7.5 cases per 100,000 (U.S. Rate 2013–2017)*
*Number of reported tuberculosis cases per 100,000 population*
*Data source: CCDPH Illinois-National Electronic Disease Surveillance System, 2013–2017.*

## Table 45. Tuberculosis Rate by Municipality, 2013–2017

Rate by Town of Residence, 2013-2017 (combined)

| Area | Rate per 100,000 | Comparison* Level | Area | Rate per 100,000 | Comparison* Level |
|---|---|---|---|---|---|
| Alsip | 0.0 | L | Lynwood | 2.2 | E |
| Arlington Heights | 2.7 | E | Lyons | 3.7 | E |
| Barrington (pt.) | 18.5 | E | Markham | 1.6 | E |
| Barrington Hills (pt.) | 0.0 | L | Matteson | 2.1 | E |
| Bartlett (pt.) | 1.2 | E | Maywood | 5.0 | E |
| Bedford Park | 0.0 | L | McCook | - | S |
| Bellwood | 4.2 | E | Melrose Park | 7.1 | E |
| Berkeley | 3.8 | E | Merrionette Park | 0.0 | L |
| Berwyn | 2.1 | E | Midlothian | 0.0 | L |
| Blue Island | 8.4 | H | Morton Grove | 7.7 | E |
| Bridgeview | 3.6 | E | Mount Prospect | 4.1 | E |
| Broadview | 2.5 | E | Niles | 10.7 | H |
| Brookfield | 1.1 | E | Norridge | 1.4 | E |
| Buffalo Grove (pt.) | 0.0 | L | North Riverside | 3.0 | E |
| Burbank | 3.5 | E | Northbrook | 3.0 | E |
| Burnham | 0.0 | L | Northfield | 3.7 | E |
| Burr Ridge (pt.) | 0.0 | L | Northlake | 3.2 | E |
| Calumet City | 1.6 | E | Oak Forest | 0.7 | L |
| Calumet Park | 5.1 | E | Oak Lawn | 1.8 | E |
| Chicago Heights | 2.6 | E | Oak Park | 1.5 | E |
| Chicago Ridge | 1.4 | E | Olympia Fields | 0.0 | L |
| Cicero | 4.8 | E | Orland Hills | 2.8 | E |
| Country Club Hills | 1.2 | E | Orland Park (pt.) | 1.8 | E |
| Countryside | 0.0 | L | Palatine | 3.2 | E |
| Crestwood | 1.8 | E | Palos Heights | 1.6 | E |
| Des Plaines | 10.6 | H | Palos Hills | 3.4 | E |
| Dixmoor | 0.0 | L | Palos Park | 0.0 | L |
| Dolton | 0.9 | L | Park Forest (pt.) | 1.1 | E |
| East Hazel Crest | 0.0 | L | Park Ridge | 1.6 | E |
| Elgin (pt.) | 5.8 | E | Phoenix | 0.0 | L |
| Elk Grove Village | 1.8 | E | Posen | 0.0 | L |
| Elmwood Park | 5.6 | E | Prospect Heights | 4.9 | E |
| Evanston | 3.5 | E | Richton Park | 1.5 | E |
| Evergreen Park | 0.0 | L | River Forest | 1.8 | E |
| Flossmoor | 0.0 | L | River Grove | 0.0 | L |
| Ford Heights | 0.0 | L | Riverdale | 3.0 | E |
| Forest Park | 1.4 | E | Riverside | 0.0 | L |
| Forest View | 0.0 | L | Robbins | 0.0 | L |
| Franklin Park | 4.4 | E | Rolling Meadows | 5.0 | E |
| Glencoe | 2.3 | E | Roselle (pt.) | 5.4 | E |
| Glenview | 5.8 | E | Rosemont | 0.0 | L |
| Glenwood | 4.5 | E | Sauk Village | 3.8 | E |
| Golf | 0.0 | L | Schaumburg | 4.0 | E |
| Hanover Park (pt.) | 3.9 | E | Schiller Park | 5.1 | E |
| Harvey | 3.2 | E | Skokie | 4.6 | E |
| Harwood Heights | 2.3 | E | South Barrington | 0.0 | L |
| Hazel Crest | 0.0 | L | South Chicago Heights | 0.0 | L |
| Hickory Hills | 1.4 | E | South Holland | 1.8 | E |
| Hillside | 7.4 | E | Steger (pt.) | 0.0 | L |
| Hinsdale (pt.) | 0.0 | L | Stickney | 2.9 | E |
| Hodgkins | 0.0 | L | Stone Park | 0.0 | L |
| Hoffman Estates | 6.2 | H | Streamwood | 3.5 | E |
| Hometown | 0.0 | L | Summit | 1.8 | E |
| Homewood | 2.1 | E | Thornton | 0.0 | L |
| Indian Head Park | 5.3 | E | Tinley Park (pt.) | 1.2 | L |
| Inverness | 2.7 | E | Westchester | 3.6 | E |
| Justice | 0.0 | L | Western Springs | 0.0 | L |
| Kenilworth | 0.0 | L | Wheeling (pt.) | 6.4 | E |
| La Grange | 2.6 | E | Willow Springs | 3.6 | E |
| La Grange Park | 0.0 | L | Wilmette | 1.5 | E |
| Lansing | 2.1 | E | Winnetka | 1.6 | E |
| Lemont (pt.) | 0.0 | L | Worth | 3.7 | E |
| Lincolnwood | 11.1 | H | | | |

Target: 7.5 cases per 100,000 (U.S. Rate 2013-2017)
Number of reported tuberculosis cases per 100,000 population
*Significantly higher/lower than the target at p<0.05
- Rates not calculated for events less than 20
Source: CCDPH Illinois-National Electronic Disease Surveillance System 2013-2017

**Higher**
**Equivalent**
**Lower**

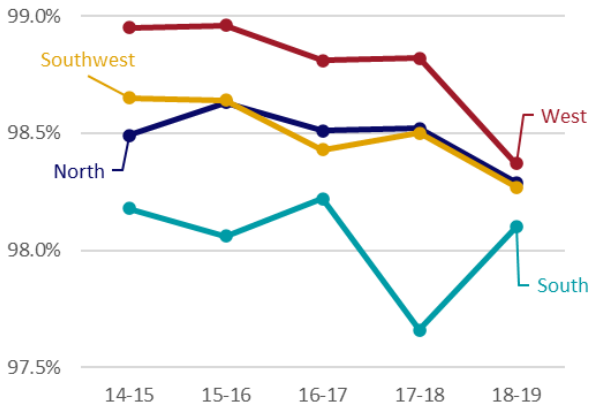
ii. Vaccination coverage

Immunization through vaccination is a safe and effective way to reduce disease burden from infectious disease. Routine vaccination among infants and children confer protection against illnesses like chickenpox, diphtheria, meningitis, hepatitis, measles and pertussis. Children aged 11 to 12 years are recommended to receive vaccination for human papilloma virus (HPV), a common virus that can lead to the development of cervical, penial, anal and oropharyngeal cancer later in life. Additionally, routine seasonal vaccination against influenza among children and adults is a primary strategy for reducing the incidence and severity of influenza.

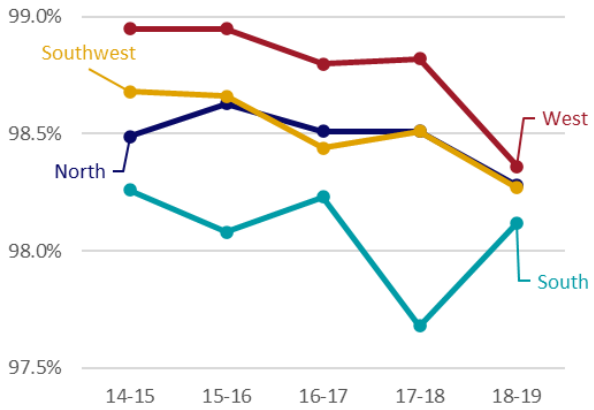
Over the last five school years, vaccination rates for many required shots have gone down in SCC schools. But vaccination rates are still relatively high in our schools overall. Vaccination rates for the 2018–2019 school year for schools serving grades K-–12 in SCC were: 98.27 percent for measles, 98.27 percent for mumps, 98.28 percent for rubella (Figure 76).

**Figure 76. MMR Vaccination Trends by Health district, 2013-2017**

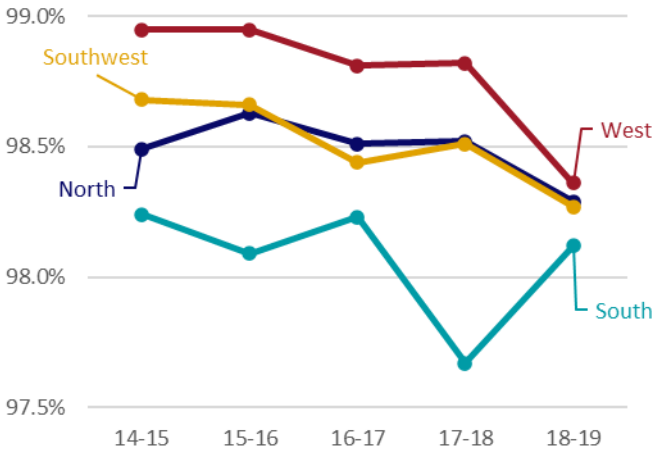
*a. Measles*




*b. Mumps*



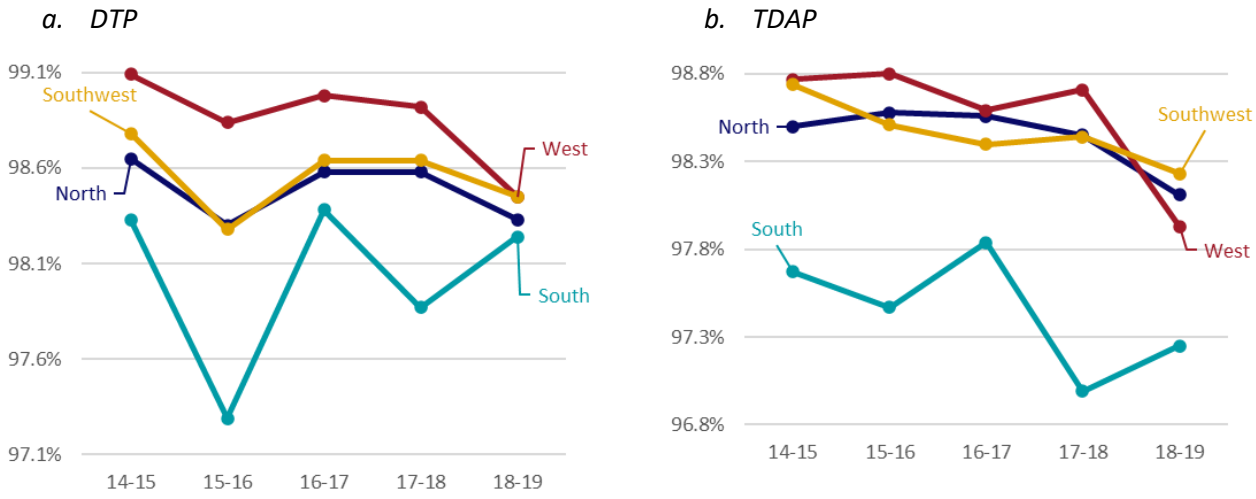

*c. Rubella*




*Data source: Illinois State Board of Education, 2018–2019 academic year.*

Similar tends were reported with respect to DTP, 98.47 percent and TDAP 97.93 percent for TDAP. Our analysis also shows that vaccination rates are going down in public and private schools (Figure 77).

**Figure 77. DTP and TDAP Vaccination Trends by Health district**



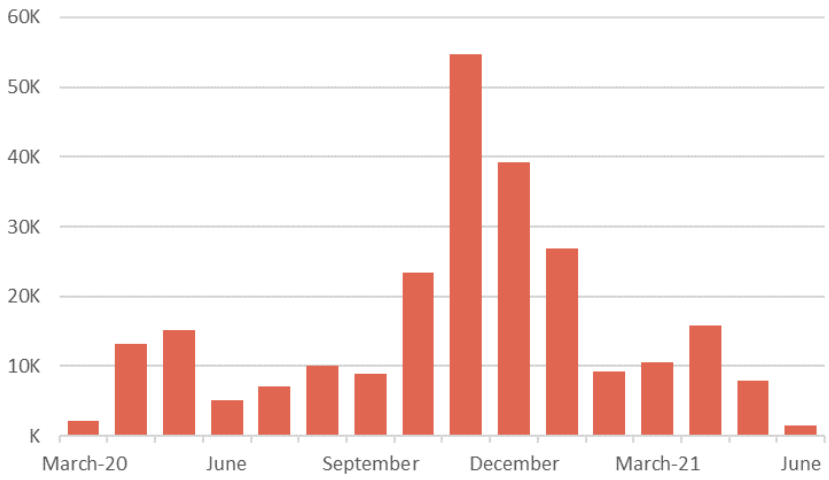

*Data source: Illinois State Board of Education, 2018–2019 academic year.*

However, rates in private schools are about 1 to2 percentage points lower than rates in public schools in SCC. There have also been changes in types of vaccination exemptions seen over the past five school years. Overall, there were 20 percent more vaccine exemptions in the 2018–2019 school year than the 2014–2015 school year in SCC schools. There was also a 31 percent increase in students who were not vaccinated and had no documented exemption. Exemptions under the McKinney-Vento Act have gone up by 63 percent over the past five years, mostly in public schools. Religious exemptions are also on the rise, and have gone up by 37 percent in the past five years. The only kind of exemptions that seems to be going down are medical exemptions, which have gone down by 35 percent. Approved schedule exemptions have not changed overall, but are slightly higher in private schools for the 2018–2019 school year than the 2014–2015 school year. Visit and explore the CCDPH school vaccines online dashboard at https://ccdphcd.shinyapps.io/schoolvaccines for more information on these trends.

iii. COVID-19

COVID-19 is a novel respiratory disease caused by infection from the SARS-CoV-2 virus, spread from person to person through the inhalation of aerosolized respiratory droplets that may be expelled when an infected person coughs, sneezes or talks. COVID-19 presents with a range of symptoms of varying severity. While some who are infected may be asymptomatic or only mildly ill, COVID-19 may also progress into a severe and life-threatening illness. Those above the age of 65 and who are immunocompromised are at greatest risk of developing a severe case of COVID-19. Because of the novel nature of the virus, the long-term consequences of infection are not well understood. Safe and effective vaccines are available to mitigate the risk of developing COVID-19 following infection with the virus. Figure 78 shows total COVID-19 infections in CCDPH's jurisdiction by month between March 2020 and June 2021 while Map 58 presents cumulative municipal case (per 100,000 population) and vaccination (complete series) rates over the same period. To explore more recent COVID-19 data for SCC, including case counts by municipality, visit the Cook County ShinyApp (*https://ccdphcd.shinyapps.io/covid19*).

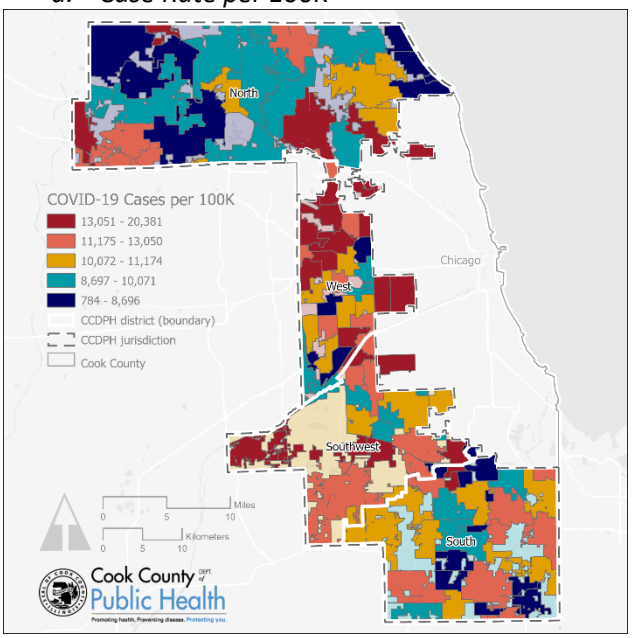
**Figure 78. COVID-19 Infections by Month, March 2020–June 2021**



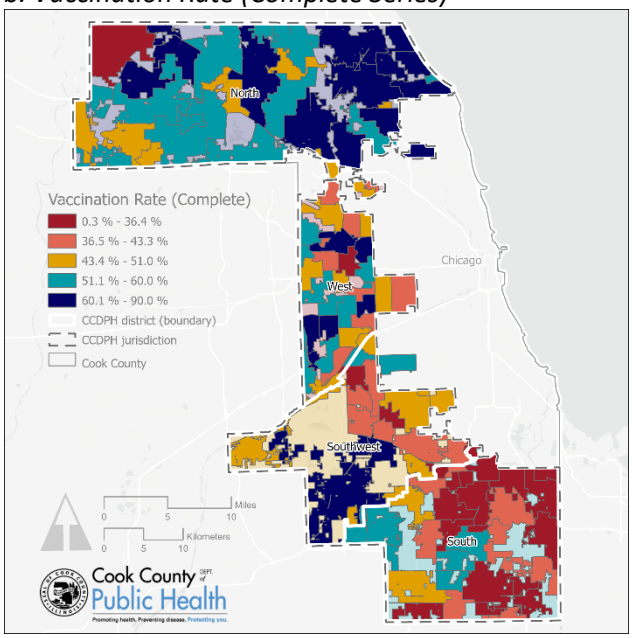

*Data source: INEDDS (2020–2021)*

**Map 58. COVID-19 Cumulative Case and Vaccination Rates, March 2020–June 2021**

*a. Case Rate per 100K*




*b. Vaccination Rate (Complete Series)*




*Data source: INEDDS (2020–2021)*

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