BUILDING HEALTHIER COMMUNITIES 2030

COMMUNITY HEALTH ASSESSMENT

Evaluation of the Health Status, Needs and Priorities of Suburban Cook County residents

Cook County Department of Public Health (CCDPH)
2025-12-19

Cook County DEPT. of Public Health
A division of Cook County Health
BUILDING HEALTHIER COMMUNITIES

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EXECUTIVE SUMMARY

As a state mandate for accreditation of our health department, the Cook County Department of Public Health (CCDPH) has developed a roadmap for strategic planning that is known as the Building Healthier Communities 2030 (BHC2030) Community Health Assessment (CHA). The assessment presents an in-depth picture of the health and well-being of residents across the CCDPH jurisdiction. The CHA describes current health status, key determinants, and inequities that affect communities in suburban Cook County. It also guides the development of the BHC2030 Community Health Improvement Plan (CHIP), which identifies priority health issues, establishes measurable objectives, and outlines collaborative strategies with community partners. Together, the CHA and CHIP serve as a five-year roadmap to support long-term public health action, resource allocation, and evaluation.

This executive summary brings together key findings from the major domains of the Community Health Assessment (CHA). Each section highlights broad patterns, inequities, and notable trends, followed by concise insights that point to priorities for public health planning. The themes follow the structure of the comprehensive CHA: demographic and socioeconomic characteristics; general health and access to care; chronic disease; maternal and child health; mental health and substance use; infectious disease; and environment, occupation, and injury control. The abbreviated summaries below illustrate how long-standing structural conditions, community environments, and unequal access to opportunity shape health outcomes in suburban Cook County and guide decisions about where coordinated investment can advance health equity.

Throughout this document, population groups are described using commonly used race and ethnicity categories in public health and Census-based data. References to Black, White, Asian, and similar groups generally reflect the non-Hispanic population within those racial categories. Hispanic/Latino refers to ethnicity rather than race, and individuals who identify as Hispanic or Latino may belong to any racial group. These categories are presented this way to help clarify patterns in the data and should be read as analytical groupings rather than rigid or mutually exclusive identities.

Demographic and Socioeconomic Characteristics

Demographic and socioeconomic patterns in suburban Cook County reveal a region that is aging, increasingly diverse, and experiencing wide differences in economic opportunity and neighborhood investment. Many northern and select western communities benefit from stronger local economies, stable housing, and higher educational attainment. In contrast, several southern and parts of western and southwest communities experience the cumulative effects of historic disinvestment, limited job access, and higher housing cost burden. These place-based conditions shape residents' exposure to stressors and their access to the resources that support health.

- Population change is uneven, with growth in the North, West, and Southwest Districts and population loss in parts of the South District.
- Rapid population aging will increase demand for caregiving supports, accessible housing, and transportation.

- Residential segregation continues to influence access to education, employment, transportation, and environmental quality across districts.
- Income, education, and housing stability vary geographically, reflecting long-standing differences in public and private investment.
- Composite indices—i.e., the Social Vulnerability Index (SVI), Area Deprivation Index (ADI) and Child Opportunity Index (COI)--identify neighborhoods with higher social and environmental vulnerability, many of which also include larger shares of Hispanic/Latino and Black residents due to historic inequities.

General Health and Access to Care

General health and access to care reflect both improvement and persistent inequities that align closely with neighborhood conditions. Communities with greater economic opportunity and stronger healthcare networks consistently experience better health outcomes.

- Premature mortality, life expectancy, and years of potential life lost are strongly influenced by community conditions, with the poorest outcomes in areas facing the greatest economic hardship.
- Residents in better-resourced northern communities report higher satisfaction with care and better overall health.
- Insurance gaps remain concentrated in communities where residents face economic or immigration-related barriers to coverage.
- Provider shortages and transportation barriers limit access to preventive care in under-resourced areas.
- Structural inequities lead to higher mortality burdens in areas where more residents identify as Black or Hispanic/Latino.

Chronic Disease

Chronic diseases remain a major contributor to illness and death, and their distribution reflects decades of differential access to prevention, healthy environments, and clinical care. Community-level conditions such as food environments, walkability, and availability of primary care play a critical role.

- Communities experiencing the highest economic hardship and environmental burdens have the highest chronic disease mortality and emergency department use.
- Diet-related and diabetes mortality are strongly influenced by access to healthy food, safe spaces for activity, and clinical management.
- Chronic conditions are less likely to be well controlled in areas with fewer primary care providers or transportation challenges.
- Food insecurity, limited recreational space, and high housing cost burden reinforce chronic disease risk.
- Racial and ethnic inequities in diabetes and heart disease mortality reflect structural barriers disproportionately affecting residents of historically marginalized communities.

Maternal and Child Health

Maternal and child health outcomes demonstrate overall improvement, but persistent inequities tied to access to care, neighborhood conditions, and chronic stressors. Communities with fewer maternity care resources and higher economic hardship continue to experience the poorest outcomes.

- The highest maternal and infant mortality burdens occur in neighborhoods with fewer clinical resources, greater housing instability, and long-standing structural barriers.
- Early and adequate prenatal care is least accessible in districts with transportation limitations and provider shortages.
- Chronic conditions before pregnancy, such as hypertension and obesity, are more prevalent in communities facing food insecurity and limited preventive care access.
- Rising maternal care–related emergency department visits signal continuing gaps in outpatient support.
- Structural inequities contribute to persistently higher rates of adverse birth outcomes among residents from historically marginalized racial and ethnic groups.

Mental Health and Substance Use

Behavioral health needs continue to grow and are shaped by economic stress, access to care, exposure to violence, housing instability, and structural racism. These pressures affect communities differently across the county.

- Behavioral health–related mortality—including overdose, firearm injury, and homicide—is concentrated in areas facing sustained disinvestment and fewer behavioral health resources.
- Opioid overdose deaths have risen steadily, especially where treatment access is limited.
- Emergency department visits for mental health concerns and substance use reflect unmet needs in communities with fewer prevention and crisis response services.
- Psychological distress, economic strain, and financial precarity are elevated in communities with fewer economic opportunities.
- Long-standing structural inequities contribute to higher violence- and injury-related emergency department visits in areas with larger shares of Black residents.

Infectious Disease

Infectious disease patterns show both strong prevention capacity and persistent inequities shaped by housing, employment conditions, access to care, and community resources.

- For many reportable infectious diseases, declines observed during the COVID-19 pandemic have disappeared, and rates have now returned to or exceed pre-pandemic levels.

- Novel interventions, such as curative treatments for hepatitis C or doxycycline post-exposure prophylaxis for STIs, among other factors, may be helping to turn the tide on once-intractable epidemics.
- Progress for other diseases has stalled, such as for tuberculosis, or is reversing course, such as for vaccine preventable diseases, and will require additional investment and new ways of educating and communicating to make sure hard-fought ground is not lost.
- New infectious disease threats continue to emerge, such as multidrug-resistant organisms, that require intensive public health responses to contain and mitigate.
- Disparities exist across almost all infectious disease indicators with Black and Hispanic/Latino residents and communities typically affected at higher rates compared to other sub-populations within suburban Cook County.

Environment, Occupation, and Injury Control

Environmental conditions, the built environment, injury patterns, and workplace risks demonstrate how physical surroundings and long-standing land use decisions shape community health. Communities with fewer environmental protections and older infrastructure experience higher burdens.

- Environmental exposures—including air pollution, hazardous sites, flooding risk, and extreme heat—are concentrated in historically industrial and under-resourced communities.
- Unintentional injuries, such as falls and motor vehicle crashes, occur more often in neighborhoods with older housing, heavier traffic, and limited pedestrian infrastructure.
- Intentional injuries—including firearm-related injury, interpersonal violence, and legal intervention injuries—are concentrated in communities experiencing economic and environmental stressors.
- School safety challenges—including bullying, sexual violence, and feeling unsafe—are more common among students who experience discrimination, marginalization, or neighborhood violence.
- Structural inequities help explain why communities with larger shares of Black and Hispanic/Latino residents often face higher burdens of environmental hazards and injury risk.

BACKGROUND AND PURPOSE

Welcome to the Cook County Department of Public Health (CCDPH) Building Healthier Communities 2030 (BHC2030) Community Health Assessment (CHA). The assessment presents comprehensive data on the health status, determinants, and disparities across CCDPH's jurisdiction and informs the Community Health Improvement Plan (CHIP) which identifies priority health issues, establishes measurable goals, and outlines collaborative strategies with community partners. Together, the BHC2030 CHA and CHIP provide CCDPH and its community partners a five-year roadmap to guide long-term public health action, resource allocation, and evaluation.

The CHA and CHIP are designed to meet the diverse information needs of partners across suburban Cook County. Because these needs vary widely, from technical data users to community members seeking a general understanding of local health issues, CCDPH produces multiple complementary products as part of the BHC2030 planning cycle.

This CHA serves as a comprehensive, data-driven reference document intended primarily for public health practitioners, researchers, policymakers, health system partners, and community organizations that use data to support planning and decision-making. It includes detailed descriptions of data sources, analytical methods, indicator definitions, and limitations. While written clearly and accessibly, the CHA necessarily contains technical language to meet state (IPLAN) and national (PHAB) requirements for documenting assessment procedures and evidence.

The CHIP translates assessment findings into a strategic action plan. It is designed for partners involved in developing, implementing, and evaluating public health interventions. Although less technical than the CHA, the CHIP includes goals, objectives, performance measures, and partnership structures that may still involve specialized terminology relevant to health planning.

To ensure that residents and community stakeholders have a clear and accessible overview of local health conditions, CCDPH also produces a public facing summary of the CHA/CHIP. This distilled product highlights key findings, priority health issues, and planned strategies using plain language, infographics, and visual summaries. It is intended for broad community distribution and supports transparency, engagement, and shared understanding of local health needs.

Together, these products allow CCDPH to meet reporting requirements, support technical users, and provide clear, actionable information to the broader community.

CCDPH's Jurisdiction

CCDPH was established in 1945 and is the nationally accredited, state-certified local health department serving most of suburban Cook County. CCDPH is certified by the Illinois Department of Public Health (IDPH) and operates as an affiliate of Cook County Health, one of the nation's largest public safety net health systems. The Department is also accredited by the Public Health Accreditation Board (PHAB), a 501(c)(3) organization that administers the national public health accreditation program.

CCDPH's jurisdiction lies within the Westchester health region, one of six state-defined health regions in Illinois (Figure 1) [1]. The Westchester region covers nine northeastern Illinois counties—Cook, DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry and Will—making it the smallest region by land area (approximately 5,000

square miles) but the most populous. With an estimated 8.7 million residents, the region accounts for nearly 70 percent of the state's total population. Fourteen local health departments operate within this region, including five located in Cook County: 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. *Suburban Cook County* refers to all areas of Cook County outside the Chicago city limits, regardless of whether those areas are directly served by CCDPH or by another local health agency.

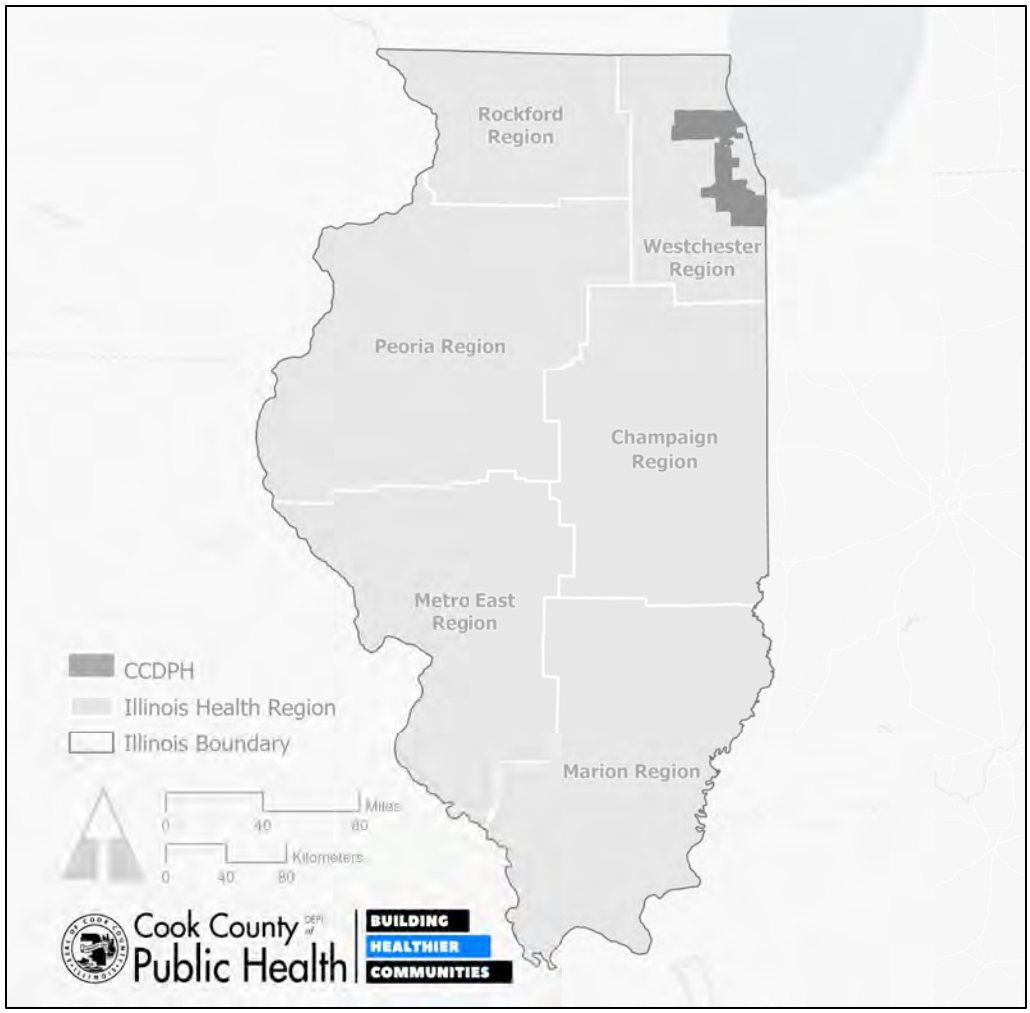


Figure 1: Illinois Health Regions

With an estimated residential population of 2.5 million, CCDPH is the second-largest jurisdiction among local health departments in the Bellwood health region, following only the Chicago Department of Public Health (CDPH), which serves 2.7 million residents [2]. CCDPH's jurisdiction covers roughly 693 square miles—about 70 percent of Cook County's total land area—and includes 120 municipalities, 114 in full and portions of six others (Figure 2). An estimated 104,874 residents, or 4.6 percent of the population, live in unincorporated areas outside these municipalities. The jurisdiction also encompasses 27 townships, 10 Cook County commissioner districts, and four CCDPH health districts (North, West, Southwest, and South). These four health districts are used to assess social and demographic patterns across the jurisdiction and to organize reporting on disease incidence, prevalence, and other health indicators.

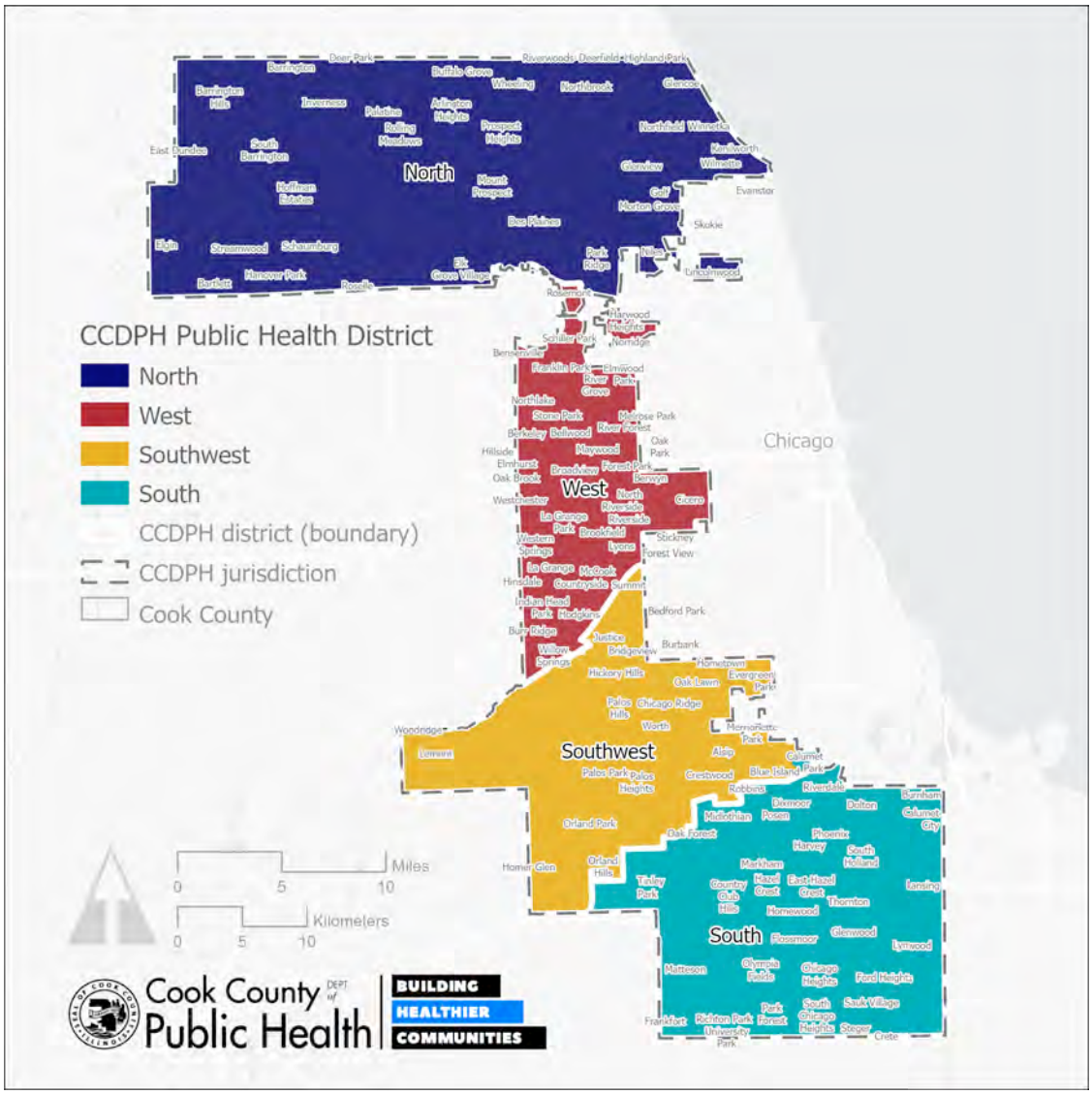


Figure 2: CCDPH Jurisdiction

Planning Frameworks

Historically, CCDPH has grounded its community health planning processes in the *Illinois Project for Local Assessment of Needs (IPLAN)* framework—a state-mandated model emphasizing data-driven priority setting, broad community engagement, and alignment with statewide health objectives [3]. Through IPLAN, CCDPH built a foundation for systematically assessing health conditions across suburban Cook County, identifying priority health concerns, and developing collaborative strategies with local partners and stakeholders.

In recent years, CCDPH has also integrated aspects of the *Mobilizing for Action through Planning and Partnerships (MAPP 2.0)* framework (Figure 3), developed by the National Association of County and City Health Officials (NACCHO), to expand and modernize its approach [4]. MAPP 2.0 enhances the IPLAN structure by emphasizing systems thinking, cross-sector collaboration, health equity, and continuous

improvement. CCDPH's current CHA and CHIP represent a hybrid model that combines IPLAN's analytical rigor and compliance with state requirements with MAPP 2.0's participatory and partnership-oriented principles. This blended approach ensures that CCDPH's planning efforts remain both methodologically robust and responsive to the evolving needs and voices of suburban Cook County communities.

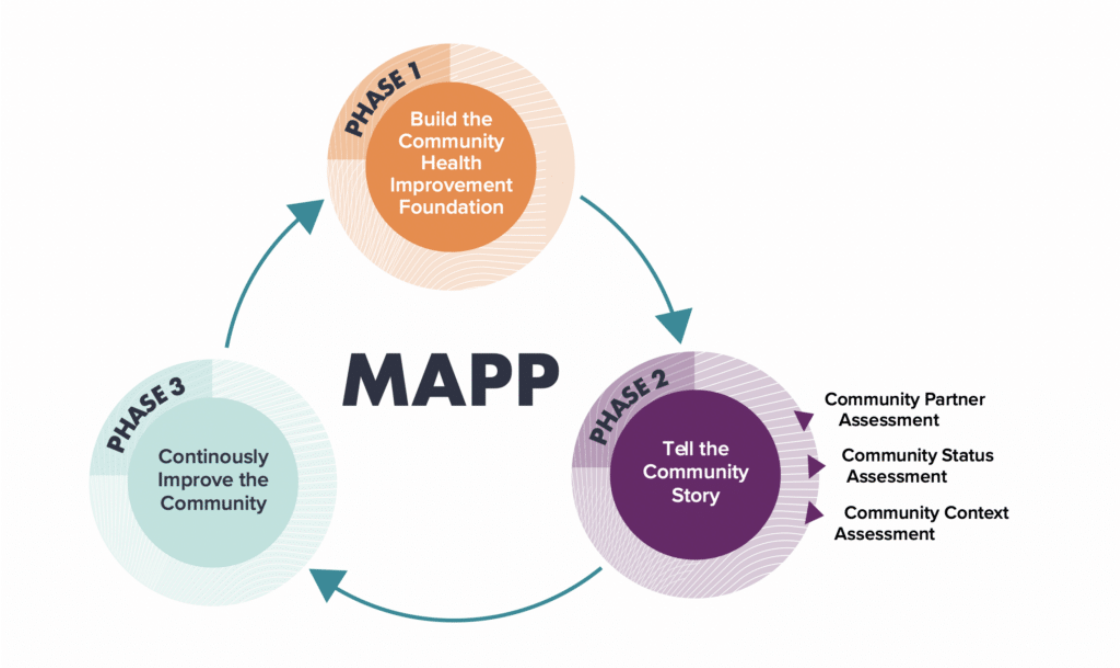


Figure 3: MAPP Process

The current CHA builds upon a strong foundation established through previous health assessments and improvement plans conducted by CCDPH. Lessons learned, longitudinal data trends, and community priorities identified in earlier cycles have informed this updated plan—ensuring continuity, accountability, and responsiveness to emerging public health challenges. The CHA/CHIP also aligns closely with the Cook County Health Strategic Plan 2023–2025 and the CCDPH Strategic Plan 2023–2025, reflecting a unified, system-wide commitment to advancing health equity, strengthening partnerships, and improving the social and structural conditions that shape health across suburban Cook County.

ORGANIZATION

Below is an overview of how this Community Health Assessment is organized. Summaries of the purpose and content of each chapter is provided to help readers navigate the document. The structure follows the IPLAN framework, which groups community health information into key domains to support data-driven planning and priority-setting. Each chapter examines a major public health area and is organized by data source, with indicators and insights drawn from mortality records, emergency department visits, and self-reported information from adult and youth surveys in suburban Cook County. These sources offer different but complementary perspectives for public health planning: mortality and emergency department data capture severe and acute outcomes observed in clinical settings, while survey data provide insight into behaviors, risk factors, and community conditions that are not visible in administrative records. Together, these indicators help guide both immediate response efforts and long-term prevention strategies.

The presentation and interpretation of these data are further informed by themes and perspectives that emerged from the Community Context Assessment (CCA) and Community Partner Assessment (CPA), ensuring that findings are grounded in the lived experiences and priorities of residents and organizations across the county. Chapters conclude with a summary and domain-specific insights that are later integrated with additional contextual information and community input to shape overall priorities. Taken together, this structure aligns with both MAPP 2.0 and IPLAN guidance and provides the foundation for developing the Community Health Improvement Plan (CHIP).

- **Chapter 1, Methods and data sources:** Details the data sources, analytic methods, and community engagement processes used to identify health needs, inequities, and assets across suburban Cook County.
- **Chapter 2, Demographics and socioeconomic characteristics:** Describes the population of suburban Cook County by outlining its size, age structure, racial and ethnic composition, language diversity, and key socioeconomic indicators such as education, income, employment, and housing.
- **Chapter 3, General health and access to care:** Offers an overview of the overall health status of our residents, including life expectancy and preventable mortality, and explores access to care through provider availability, insurance coverage, and patterns of health care utilization.
- **Chapter 4, Chronic disease:** Focuses on the burden of major chronic conditions—such as heart disease, diabetes, cancer, and chronic respiratory disease—detailing prevalence, mortality, and the behavioral risk factors that shape long-term health outcomes.
- **Chapter 5, Maternal and child health:** Presents indicators related to pregnancy, birth outcomes, infant and child well-being, and access to prenatal and pediatric care, highlighting disparities affecting mothers, infants, and children across suburban Cook County.
- **Chapter 6, Mental health and substance use:** Examines mental health status, psychological distress, and behavioral health conditions, along with patterns of alcohol and drug use, related hospitalizations and deaths, and access to behavioral health services.
- **Chapter 7, Infectious disease:** Reviews trends in communicable diseases—including sexually transmitted infections, vaccine-preventable diseases, and other conditions—and outlines public health prevention and response activities.

- **Chapter 8, Environment, occupation and injury control:** Summarizes environmental exposures, and patterns of intentional and unintentional injury, illustrating how community-level conditions influence health risks across the county.
- **Chapter 9, Synthesis and prioritization:** Integrates findings from all preceding chapters as well as the Community Context and Community Partner Assessments (CCA and CPA) to identify the most significant health issues affecting suburban Cook County, drawing together insights on demographics, health outcomes, risk factors, environmental conditions, and access to care to highlight cross-cutting themes and determine priorities for the Building Healthy Communities 2030 Community Health Improvement Plan (CHIP).

1. METHODS, DATA SOURCES AND DATA LIMITATIONS

This chapter describes the methods and data used to inform the Community Health Assessment. It outlines how CCDPH combined primary data (information collected directly from community members through surveys, interviews, and other firsthand methods) and secondary data (existing information drawn from sources such as hospital records, vital statistics, and census data) to build a comprehensive, evidence-based understanding of population health, its determinants, and community priorities. The chapter begins with an overview of primary data sources including the Suburban Cook County Health Survey (SCCHS) and the Suburban Cook County Youth Risk Behavior Survey (SCC YRBS), which provide behavioral and attitudinal data from adults and public high school students. This section also describes the Community Context Assessment (CCA) and Community Partner Assessment (CPA), two complementary data collection efforts carried out as part of the CHA/CHIP process that aimed to capture community perspectives and organizational capacity of partner groups within suburban Cook County.

The following section summarizes key secondary data sources such as vital statistics, hospital discharge records, health provider, and environmental datasets from the Illinois Department of Public Health (IDPH), the National Provider Identifier registry, and U.S. Environmental Protection Agency, and describes the procedures used to clean, process, and calculate the indicators derived from these datasets. Finally, the chapter describes how local data are compared with state and national benchmarks and concludes with a discussion of data limitations and considerations for interpretation. Together, these methods ensure that the CHA integrates both quantitative evidence (numerical data that can be measured and analyzed statistically) and qualitative community insight (narrative or descriptive information that captures experiences, perceptions, and context) to guide equitable public health planning across suburban Cook County.

> Many of the indicators described in this assessment are shared on CCDPH's Suburban Cook County Health Atlas. The atlas offers population data along with a wide range of other health outcomes and health behavior indicators. Users can explore interactive maps and charts or download datasets directly from the site to support planning, research, and community health improvement efforts.

1.1 Primary Data Sources

1.1.1 Suburban Cook County Health Survey (SCCHS)

The Suburban Cook County Health Survey (SCCHS) is a cross-sectional survey with a sample of approximately 32,000 randomly selected adults aged 18 and older suburban Cook County residents [5]. The paper and web-based versions of the survey are available in English and Spanish. All data collected are self-reported and used to help the CCDPH assess the health-related needs of the county population and to guide the Department in planning programs to improve the health and well-being of county residents. The design of the survey closely follows the CDC's national Behavioral Risk Factor Surveillance System (BRFSS) and the Illinois Behavioral Risk Factor Surveillance System (IBRFSS) [6], [7]. CCDPH has traditionally sought to align its survey with validated

questions asked in the BRFSS, IBRFSS, as well as the similarly structured Healthy Chicago Survey (HCS) via a broader collaborative effort with the Chicago Department of Public Health (CDPH).

Surveys took approximately 25 minutes to complete and were conducted by mail and online. Respondents were randomly selected within households to ensure demographic representativeness. Questionnaires include more than 150 items covering a wide spectrum of topics, including general health status, health care access, insurance coverage, chronic conditions (such as hypertension, diabetes, asthma, and arthritis), nicotine use (i.e., tobacco and electronic cigarettes), cannabis use, alcohol consumption, and prescription drug use. It also included modules on diet, food security, and physical activity; cancer screening practices; mental health and access to counseling; neighborhood conditions and social cohesion; housing stability and environmental exposures; experiences with law enforcement and violence; and perceptions of youth health issues. In addition, the survey collected detailed demographic and social information—including income, education, sexual orientation, and gender identity—to support analyses of health inequities.

Overall, the survey reflects CCDPH's effort to capture a comprehensive view of health and well-being in suburban Cook County, linking behavioral, social, and environmental factors. The resulting data enable countywide and subpopulation analyses to inform community health assessments, policy development, and the targeting of public health programs. Results from the SCCHS are shared on the Suburban Cook County Health Atlas and published in reports and briefs. Data are provided for suburban Cook County overall and the over 120 municipalities within CCDPH's jurisdiction. The SCCHS was conducted in 2022 and 2023, with plans to administer again in 2026.

1.1.2 Suburban Cook County Youth Risk Behavioral Survey (SCC YRBS)

The SCC YRBS is based on the Youth Risk Behavior Surveillance System (YRBSS), a health monitoring system developed by the Centers for Disease Control and Prevention (CDC) in collaboration with numerous state and local health departments. Conducted at the national, state, and local levels, this system is designed to track health-related behaviors among youth. The SCC YRBS collects data to help describe the extent to which youth in the 120 suburban municipalities within CCDPH's jurisdiction are engaging in risky behaviors. The SCC YRBS has been conducted every two years since 2020, with the most recent survey administered in 2024.

Survey questions are reviewed and updated each cycle to reflect evolving social contexts, public health priorities, and input from internal CCDPH program units. The 2024 SCC YRBS asked high school students a comprehensive set of questions about their health-related behaviors, emotional well-being, and social environments. The instrument included core demographic items—such as age, sex, grade, and race/ethnicity—followed by behavior-specific modules aligned with the CDC's YRBSS framework. Topics covered a wide range of domains, including personal safety, violence exposure, bullying, and mental health, addressing issues such as suicidal ideation, dating violence, and access to emotional support. The survey also assessed behaviors associated with injury and risk, including seat belt use, driving under the influence, and texting while driving.

The survey population includes all public high schools in suburban Cook County with students enrolled in grades 9 through 12, from which a representative sample is drawn. Recent surveys were conducted by CCDPH following a two-stage cluster sampling design: first, a representative sample of schools was selected using probabilities proportional to enrollment size, and second, classrooms within participating schools were randomly chosen so that all students had an equal chance of selection. Data collection typically occurs between September and November of the academic year using a secure web-based platform, with students completing the survey anonymously in approximately 15 minutes.

Across survey years, participation in the survey has remained consistent, with school response rates typically ranging from about 50 to 55 percent, and student response rates averaging between 85 and 92 percent. In 2020, for example, 1,310 completed surveys were collected from 1,448 students in randomly selected classes across 13 participating schools, yielding an overall response rate of approximately 47 percent. These averages provide a reliable foundation for county-level estimates and allow for stratified analyses by grade and sex.

Survey data were weighted to ensure representativeness of all students enrolled in grades 9–12 across suburban Cook County public high schools. Weighting involved several sequential steps, including adjustments for the probability of school selection, school and class nonresponse, and student nonresponse. A final ranking adjustment aligned the weighted totals to known population distributions by grade, sex, and race/ethnicity using official county enrollment data. The resulting weights allowed estimates to accurately reflect the entire public high school student population rather than only those who participated. Analyses used design-based variance estimation to account for the complex sampling design, ensuring statistically valid confidence intervals. Ultimately, all results were reported at the suburban Cook County level, representing the overall population of suburban Cook County public high school students in grades 9–12.

1.1.3 Community Context Assessment (CCA)

As part of the MAPP 2.0 process, two complementary assessments were carried out to gather data from suburban Cook County residents as a whole: (1) a Community Context Assessment (CCA); and (2) a Community Partner Assessment (CPA).

The CCA for suburban Cook County was conducted as part of the broader 2025 Community Health Needs Assessment (CHNA) led by the Alliance for Health Equity (AHE)—a collaborative of hospitals, health departments, and community-based organizations working to advance health equity across the region. The CCA aimed to capture community perspectives and lived experiences related to health, well-being, and social conditions throughout suburban Cook County. Building on prior collaborative assessments completed in 2016, 2019, and 2022, the 2025 process used the MAPP 2.0 framework to emphasize equity, systems thinking, and community engagement. The Illinois Public Health Institute (IPHI), serving as the Alliance's backbone organization, coordinated data collection, analysis, and partner engagement. The CCA combined quantitative and qualitative methods, integrating secondary data with primary input gathered directly from community members and organizations serving populations most affected by health inequities. This inclusive approach was designed to ensure that the priorities identified through the CHA/CHIP process were grounded in local realities and reflective of community voice.

Primary data collection for the CCA included both a community input survey and a series of focus groups conducted between early 2023 and late 2024. The survey, available online and in multiple languages including Spanish, Chinese, and Polish, collected more than 1,800 responses from residents of Chicago and suburban Cook County aged ten and older. Respondents identified community health priorities, described perceptions of health and quality of life, and shared insights on local assets and opportunities for improvement. In parallel, IPHI and its partners conducted 46 focus groups across the region, emphasizing engagement with populations historically marginalized or underrepresented in traditional health assessments. These discussions explored community strengths, pressing health challenges, structural barriers, and participants' visions for a healthier future. Data from both methods were coded and analyzed with themes synthesized to identify cross-cutting issues and inform the CHA. Together, these efforts provided a rich understanding of the social, environmental, and systemic factors shaping health in suburban Cook County—laying the foundation for identifying priority health needs and guiding equitable strategies in the subsequent CHIP.

1.1.4 Community Partner Assessment (CPA)

The CPA survey was designed to gather comprehensive information about organizations across suburban Cook County to better understand their structure, capacities, community focus, and potential roles in collaborative public health planning through the MAPP process. The survey collected basic organizational details (name, role, and type) and asked about past participation in community health improvement or decision-making initiatives. It sought to identify each organization's interests in joining the MAPP partnership, their core assets, resources they could contribute, and the populations they serve—including racial/ethnic groups, immigrants, refugees, LGBTQIA+ individuals, and people with disabilities. Several questions focused on demographic representation within the organization's leadership and staff, language capacity, and outreach practices, providing a foundation for assessing cultural and linguistic inclusivity across partners.

The assessment also explored how organizations engage with key social determinants of health such as economic stability, education, healthcare access, and neighborhood environments. Respondents were asked to identify the health and social issues most affecting suburban Cook County and to highlight policies or programs needed to improve health outcomes. Additional sections evaluated organizational commitment to equity—internally and externally—including the presence of staff or teams focused on the existence of shared definitions of health equity. The survey further assessed each organization's functional capacity in areas such as data collection, analysis, community engagement, coalition participation, and communications infrastructure. Finally, questions addressed interest in contributing to policy or advocacy efforts, readiness to share data and assessments, and preferred methods for staying involved in MAPP or the CHIP. Overall, the CPA provided a comprehensive inventory of community partners' missions, populations, capacities, and equity practices to inform a coordinated, equitable, and data-driven approach to regional health improvement.

The 2025 CPA was distributed to more than 50 partner organizations across suburban Cook County through both email outreach and in-person engagement events. A total of 18 organizations completed the survey. While this represents a modest response rate, the feedback collected provided valuable qualitative insights. The responses reflected a diverse range of organizational perspectives, priorities, and capacities, enabling CCDPH to identify meaningful themes and opportunities for strengthening collaboration within the community health improvement process.

1.2 Secondary Data Sources

1.2.1 Vital statistics

Vital statistics represent one of the foundational data sources within CCDPH's surveillance and assessment systems. They encompass the systematic collection, analysis, and interpretation of information on key life events—principally births, deaths, fetal deaths, and maternal deaths—which together provide a continuous, population-based measure of community health. These data are indispensable for tracking long-term trends in fertility, mortality, and life expectancy, and for identifying disparities in health outcomes across demographic and geographic subgroups.

In Illinois, vital records are collected and maintained by the Illinois Department of Public Health (IDPH) and made available to local health departments. CCDPH receives de-identified birth and death record files that include residential information for individuals residing in suburban Cook County, enabling analyses at both county and sub-county levels. CCDPH epidemiologists use these records to calculate age-adjusted mortality

rates, identify leading causes of death, and examine differences by age, sex, sexual orientation, gender, race/ethnicity, and socioeconomic status. These analyses inform program priorities and evaluation activities across the CHA/CHIP.

1.2.2 Hospital discharge records

Hospital discharge data are an important source of information for understanding health and health care use in suburban Cook County. These records are created each time a person leaves a hospital and include both overnight hospital stays and same-day visits, such as emergency department care. CCDPH receives these data from the Illinois Department of Public Health on a regular basis. Each record includes basic details like a patient's age, sex, and where they live, along with the main reason for the hospital visit, other health conditions, how long the patient stayed, and the total cost of care. This information makes it possible to measure how often people are hospitalized for different health problems.

Within the department, staff regularly review hospital discharge data to follow changes in chronic disease, injuries, mental health conditions, and maternal and child health outcomes. The data help show which communities and population groups are most affected by certain health problems and where gaps in care may exist. A central system is used to organize and manage these data so results are consistent and reliable from year to year. Clear written guidance is available internally to help staff bring in the data, check it for accuracy, and use it in analyses and reports.

1.2.3 Illinois' National Electronic Disease Surveillance System (I-NEDSS)

Illinois law dictates that over 90 diseases must be reported to local health departments when diagnosed by a physician or laboratory. Mandatory reporting allows local health departments to investigate and control the spread of these diseases and maintain the health of the community. Data collected during reportable disease investigations are stored in the Illinois National Electronic Disease Surveillance System (I-NEDSS), a secure, web-based application. Infectious disease-related data for this assessment come from this system and include patients who are considered "probable" or "confirmed", according to standard definitions determined by the Council of State and Territorial Epidemiologists (CSTE). Rates are calculated using patient counts from I-NEDSS and U.S. Census population estimates to provide demographic and geographic insights on the burden of these diseases on local communities.

1.2.4 The US Census Bureau and other external data sources

A variety of other secondary data sources were integrated into the Community Health Assessment to provide a comprehensive and geographically nuanced understanding of health status and its social, environmental, and structural determinants across suburban Cook County. Foundational demographic, socioeconomic, and housing data were derived from the US Census Bureau's American Community Survey (ACS) and decennial censuses, which provided key contextual indicators such as population composition, income, educational attainment, employment, and housing characteristics. These data were supplemented with composite indices—including the Social Vulnerability Index (SVI), the Area Deprivation Index (ADI), and the Child Opportunity Index (COI)—each of which measures neighborhood-level access to opportunity, material deprivation, and population vulnerability through different yet complementary lenses. Together, these measures enabled CCDPH to evaluate disparities in health risk and opportunity across communities, identify populations with higher cumulative social and environmental burdens, and better target public health resources and interventions.

Additional environmental and community status data were obtained from the US Environmental Protection Agency (EPA) and other federal, state, and regional sources to assess factors such as air quality. These datasets were integrated with health surveillance indicators to explore relationships between environmental conditions and population health outcomes. Vaccination coverage data was obtained from public reports produced by the Illinois State Board of Education that include enrollment totals and number of students vaccinated by school. Data for schools located in suburban Cook County were combined to produce jurisdiction and district level coverage estimates for several standard childhood vaccines.

Through the combination of these diverse secondary data sources, CCDPH was able not only to describe existing patterns in health and its determinants but also to develop new, locally relevant indicators—such as composite measures of community health opportunity and neighborhood resilience—that enhance understanding of place-based inequities. This data integration supports a more actionable framework for public health planning and evaluation, ensuring that strategies are informed by both quantitative evidence and the lived realities of suburban Cook County residents.

1.3 Benchmarks and Targets

To contextualize findings and assess progress toward broader population health objectives, CCDPH compared suburban Cook County data with established benchmarks at the county, state, and national levels. Targets from Healthy People 2030 served as primary reference points for evaluating local health indicators against national objectives for prevention, health promotion, and equity. Where applicable, comparable indicators were also drawn from the Illinois State Health Improvement Plan (SHIP) and neighboring county and regional datasets to assess alignment and variation within the greater metropolitan context. These benchmark comparisons allowed CCDPH to identify areas where suburban Cook County performs above, near, or below national and state averages, providing an evidence base for setting local targets and tracking progress over time. Integrating these comparative measures ensures that the Community Health Assessment not only reflects local conditions but also situates them within the broader framework of state and national health priorities.

Healthy People 2030 is the U.S. Department of Health and Human Services' (HHS) national framework for improving the health and well-being of people across the country over the decade from 2020 to 2030. It serves as both a strategic plan and a measurement system, outlining national priorities, setting evidence-based objectives, and providing standardized indicators for tracking progress on key public health issues.

1.4 Data Limitations

While the data sources used in this Community Health Assessment aim to provide a comprehensive picture of health and its determinants across suburban Cook County, several limitations should be noted. As with most population-based surveys, data from the CCA and CPA, SCCHS, and SCC YRBS are subject to potential biases inherent in self-reported information. Respondents may over- or underreport certain health behaviors, experiences, or conditions due to recall error, misunderstanding of questions, or social desirability bias (i.e., a form of response bias that occurs when individuals provide answers they believe are more socially acceptable or favorable rather than responses that reflect their true behaviors, attitudes, or experiences). Despite efforts to ensure representation across demographics and geography, these surveys may not have reached individuals who do not speak the available survey languages, are unstably housed, or do not have internet access. Also, because some groups have only a small number of survey responses, it becomes harder to report dependable results for those populations or neighborhoods. These factors should be considered when interpreting findings and identifying trends based on survey data.

Secondary data sources, including vital statistics and hospital discharge records, also have inherent limitations related to completeness, timeliness, and data quality. Vital statistics depend on the accuracy and consistency of reporting by medical professionals and registrars; diagnostic coding errors, delays in data processing, and variations in cause-of-death classification can affect trend analyses and subgroup comparisons. Hospital discharge data are administrative in nature and are designed primarily for billing rather than surveillance purposes. As such, they may not fully capture the underlying clinical or social context of health conditions, may reflect differences in access to care or hospital coding practices, and exclude encounters outside of hospital settings such as urgent care, outpatient clinics, or telehealth. Both data types also rely on residential address information, which may not perfectly align with current residence or reflect mobility patterns among populations. Furthermore, some datasets are subject to reporting lags or periodic updates, meaning that the most recent available data may precede current conditions.

Recognizing these limitations, CCDPH uses multiple complementary data sources and applies standardized data cleaning, validation, and analytic protocols to enhance accuracy and comparability. When possible, data are evaluated across sources to confirm consistency and identify discrepancies. Despite the challenges inherent in large-scale public health surveillance, these datasets—when interpreted within their proper context—remain essential tools for monitoring population health, identifying inequities, and informing evidence-based action across suburban Cook County.

Throughout this document, population groups are described using commonly used race and ethnicity categories in public health and Census-based data. References to Black, White, Asian, and similar groups generally reflect the non-Hispanic population within those racial categories. Hispanic/Latino refers to ethnicity rather than race, and individuals who identify as Hispanic or Latino may belong to any racial group. These categories are presented this way to help clarify patterns in the data and should be read as analytical groupings rather than rigid or mutually exclusive identities.

2. DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

2.1 Overview

Suburban Cook County is home to nearly 2.5 million residents whose demographic, socioeconomic, and cultural diversity reflects the region's complex social and economic landscape. Within CCDPH's jurisdiction there are more than 120 municipalities, which vary widely in terms of population size, racial and ethnic composition, age structure, educational attainment, housing conditions, and overall opportunity. Understanding these factors provides essential context for interpreting the health patterns described throughout this assessment. This chapter presents key demographic and socioeconomic indicators and indices, which together, illustrate how structural and place-based differences shape the health and well-being of residents across suburban Cook County and inform CCDPH's equity-driven public health planning.

2.2 Population Size and Distribution

It is important for health departments such as CCDPH to track population change by age, sex, and overall population size because these shifts reveal emerging health needs, highlight changing service demands, and ensure that public health programs and resources remain aligned with the communities they serve. Figure 2.1 shows that Cook County's population grew modestly between 2010 and 2020, increasing from about 5.19 million to 5.28 million people. This is a gain of roughly 81,000 residents, or about 1.6 percent. Suburban Cook County also grew slightly during this time, adding about 30,000 people, or 1.2 percent. However, growth was not the same in every CCDPH health district (Figure 2.2). The North District grew the most, gaining nearly 30,000 residents (3.2 percent). The West and Southwest Districts had smaller increases, adding about 7,000 (1.5 percent) and 4,500 (1.2 percent) people, respectively. The South District was the only area that lost population, with a decrease of about 21,500 residents (−4.6 percent).

	POPULATION (2010)[1]	POPULATION (2020)[1]	POPULATION CHANGE (2010-2020)[1]	PERCENT CHANGE (2010-2020)[1]	POPULATION TREND (2010-2023)[2]
COOK COUNTY	5,194,675	5,275,541	80,866	1.6%	
SUBURBAN COOK	2,499,426	2,529,711	30,285	1.2%	
NORTH HEALTH DISTRICT	930,955	960,863	29,908	3.2%	
WEST HEALTH DISTRICT	503,748	511,080	7,332	1.5%	
SOUTHWEST HEALTH DISTRICT	369,064	373,528	4,464	1.2%	
SOUTH HEALTH DISTRICT	464,416	442,958	−21,458	−4.6%	

[1] Based on population counts from the U.S. Census Bureau's 2010 and 2020 Decennial Censuses

[2] Based on 5-year population estimates from the US Census Bureau's American Community Survey for the period 2010–2023

Data Sources: US Census Bureau, Decennial Census of Population (2010, 2020); American Community Survey 5-Year Estimates (2010–2023)

Figure 2.1: Population Trends by Location, 2010-2023

Looking at year-to-year estimates, most areas experienced gradual growth in the early part of the decade, peaking between 2014 and 2016, before leveling off or dipping slightly before the 2020 decennial census [8]. Suburban Cook as a whole saw slow but steady growth during the mid-2010s, followed by a small decline just before 2020. The North District's population continued to climb, while the South District saw a slow, steady loss. Overall, these trends point to uneven population change across suburban Cook County marked by steady growth in the north and west, modest gains in the southwest, and decline in the south.

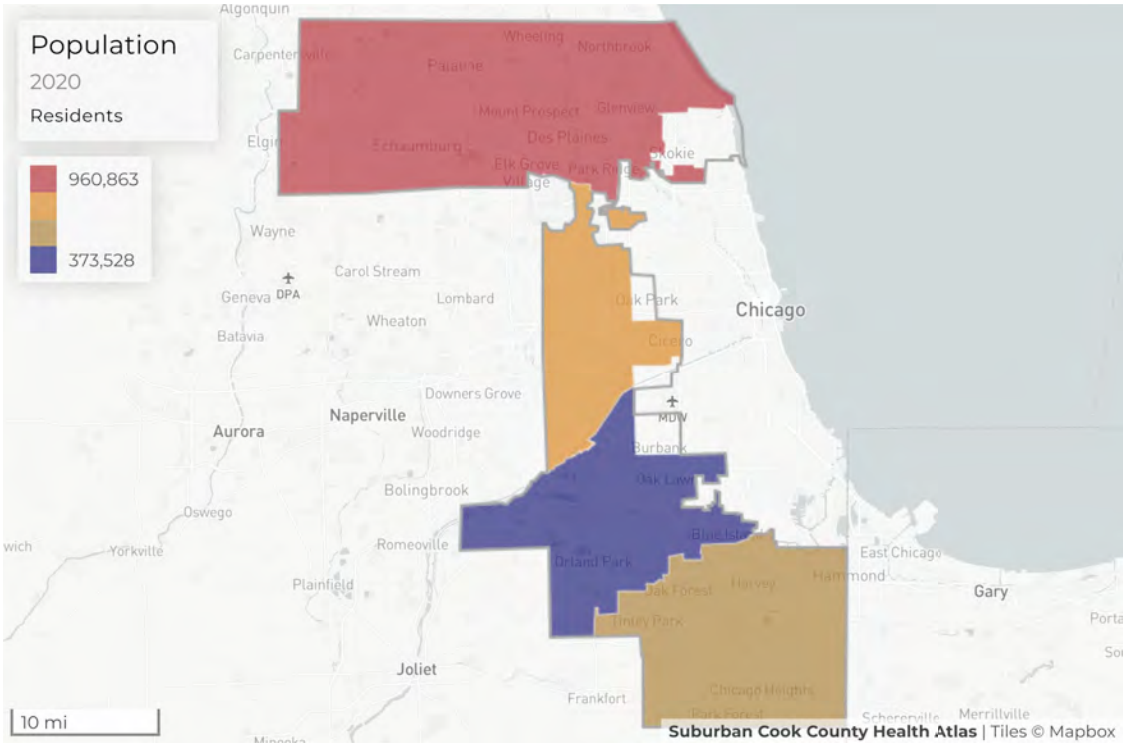


Figure 2.2: Population by CCDPH Health District, 2020

2.3 Age and Sex Composition

Understanding the age structure within an area is important because it affects what kinds of health services people need and how communities plan for the future. Figure 2.3 shows that, while Cook County's population grew only slightly between 2010 and 2020, the age makeup changed considerably. The number of children under age 18 dropped by more than 129,000 (a 10 percent decrease), and the number of working-age adults stayed almost the same, growing by only about 1 percent. The biggest change was among older adults: residents age 65 and older increased by more than 174,000, a 28 percent jump. Suburban Cook County experienced a similar pattern. Its total population grew only slightly but the number of children dropped by more than 52,000 (9 percent), working-age adults decreased by 1 percent, and the number of older adults grew by more than 101,000 (30 percent).

AGE_GROUP	POPULATION (2010)[1]	POPULATION (2020)[1]	POPULATION CHANGE (2010-2020)[1]	PERCENT CHANGE (2010-2020)[1]	POPULATION TREND (2010-2023)[2]
COOK COUNTY					
Total	5,194,675	5,275,541	80,866	1.6%	
Under 18 years	1,232,280	1,103,139	−129,141	−10.5%	
18 to 64 years	3,342,066	3,377,943	35,877	1.1%	
65 and older	620,329	794,459	174,130	28.1%	
SUBURBAN COOK					
Total	2,499,426	2,529,711	30,285	1.2%	
Under 18 years	610,691	558,073	−52,618	−8.6%	
18 to 64 years	1,546,291	1,527,642	−18,649	−1.2%	
65 and older	342,444	443,996	101,552	29.7%	
NORTH HEALTH DISTRICT					
Total	930,955	960,863	29,908	3.2%	
Under 18 years	218,043	208,404	−9,639	−4.4%	
18 to 64 years	576,272	573,239	−3,033	−0.5%	
65 and older	136,640	179,220	42,580	31.2%	
WEST HEALTH DISTRICT					
Total	503,748	511,080	7,332	1.5%	
Under 18 years	131,388	117,561	−13,827	−10.5%	
18 to 64 years	310,588	315,504	4,916	1.6%	
65 and older	61,772	78,015	16,243	26.3%	
SOUTHWEST HEALTH DISTRICT					
Total	369,064	373,528	4,464	1.2%	
Under 18 years	85,339	79,602	−5,737	−6.7%	
18 to 64 years	227,423	223,127	−4,296	−1.9%	
65 and older	56,302	70,799	14,497	25.8%	
SOUTH HEALTH DISTRICT					
Total	464,416	442,958	−21,458	−4.6%	
Under 18 years	125,045	101,476	−23,569	−18.9%	
18 to 64 years	282,727	267,133	−15,594	−5.5%	
65 and older	56,644	74,349	17,705	31.3%	

[1] Based on population counts from the U.S. Census Bureau's 2010 and 2020 Decennial Censuses

[2] Based on 5-year population estimates from the US Census Bureau's American Community Survey for the period 2010–2023

Data Sources: US Census Bureau, Decennial Census of Population (2010, 2020); American Community Survey 5-Year Estimates (2010–2023)

Figure 2.3: Population by Age Group in Cook County, Suburban Cook County and CCDPH's Jurisdiction, 2010-2023

Because the senior population is growing so quickly, suburban Cook County is older than the state and the country overall. The median age in suburban Cook County is now 40.97 years, compared with 38.9 years in Illinois and 38.7 years in the United States [8]. Women in suburban Cook County tend to live longer than men, which is also true across the nation. This means the female population is slightly older on average, with a median age of about 42.3 years.

The speed of population change varies across CCDPH's jurisdiction. The North suburbs grew the most, gaining about 3 percent overall, largely due to an increase among older adults. Both children and working-age adults in the North saw small declines. The West suburbs grew by about 1.5 percent but lost more than 13,000 in the youth population category (an 11 percent drop); seniors grew by 26 percent and working-age adults stayed about the same. The Southwest suburbs grew by about 1 percent, with small decreases in younger age groups and a 26 percent increase in seniors. The South suburbs were the only area to lose population overall (a 5 percent drop), mainly because of sharp declines in children (−19 percent) and working-age adults (−6 percent). Although the senior population in the South grew by 31 percent, it was not enough to make up for the losses in younger groups. Overall, the trend is clear: suburban Cook County is aging quickly, with fewer children and younger families and more older adults in every health district, even in places where the total population is shrinking.

The age dependency ratio measures the number of children (ages 0–17) and older adults (ages 65 and over) relative to the working-age population (ages 18–64). The ratio is an important public health indicator because it reflects the balance between those who typically require greater health, social, and caregiving support and those who form the core of the labor force that sustains health systems, public services, and local economies. In suburban Cook County, this ratio stands at 70.9, well above the national and statewide averages of about 54.4 and 53.0 per 100 working-age persons, respectively [9]. High dependency ratios can strain family caregivers, social services, and local economies, underscoring the need for strong community support systems.

Age also varies widely across racial and ethnic groups within suburban Cook County. The Hispanic or Latino population is notably younger, with a median age of 30.6 years compared to 50.4 for the White population and 41.0 years for the overall population in suburban Cook County. Younger age profiles point to different community needs—such as reproductive health, pediatric care, and family-centered services—compared to older, aging populations.

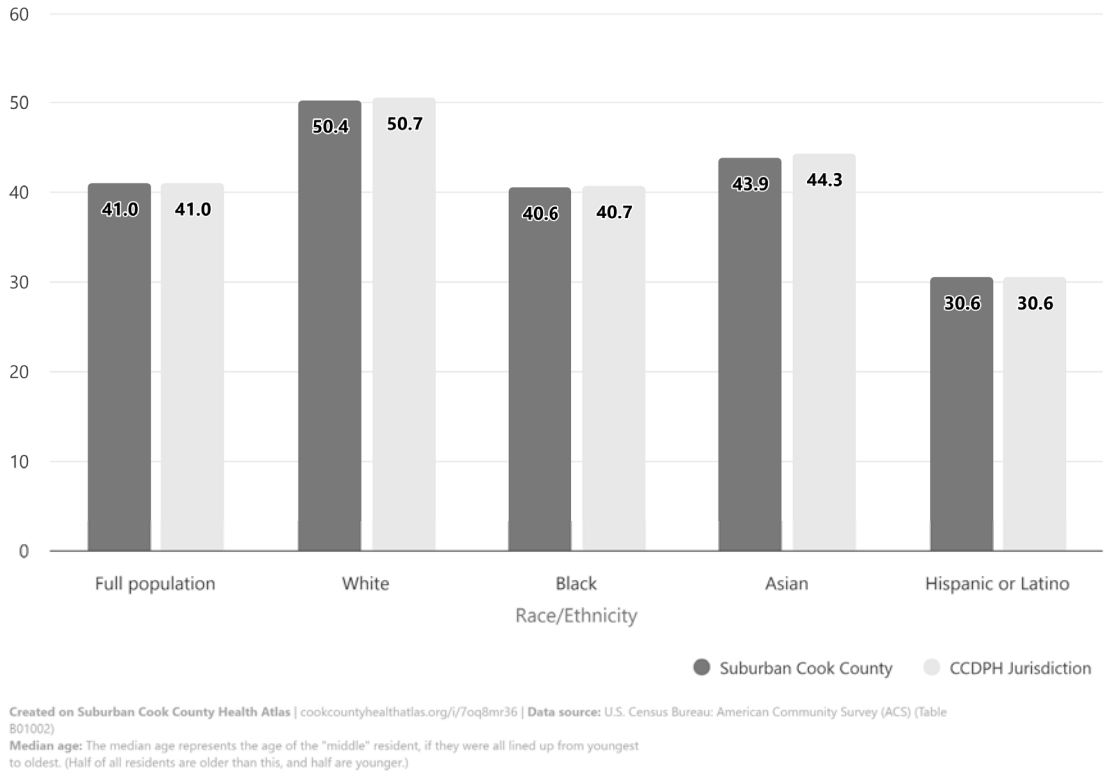


Figure 2.4: Median Age by Race and Ethnicity for Suburban Cook County and CCDPH's Jurisdiction, 2023

The overall sex distribution in suburban Cook County is relatively stable. Individuals who identify as female make up about 51.6 percent of the population and those who identify as male about 48.4 percent, which is slightly higher than the statewide female share of approximately 50.5 percent and modestly above the national female share of around 50.9 percent. The South District shows a more uneven distribution, where females account for 53.1 percent of residents (Figure 2.5).

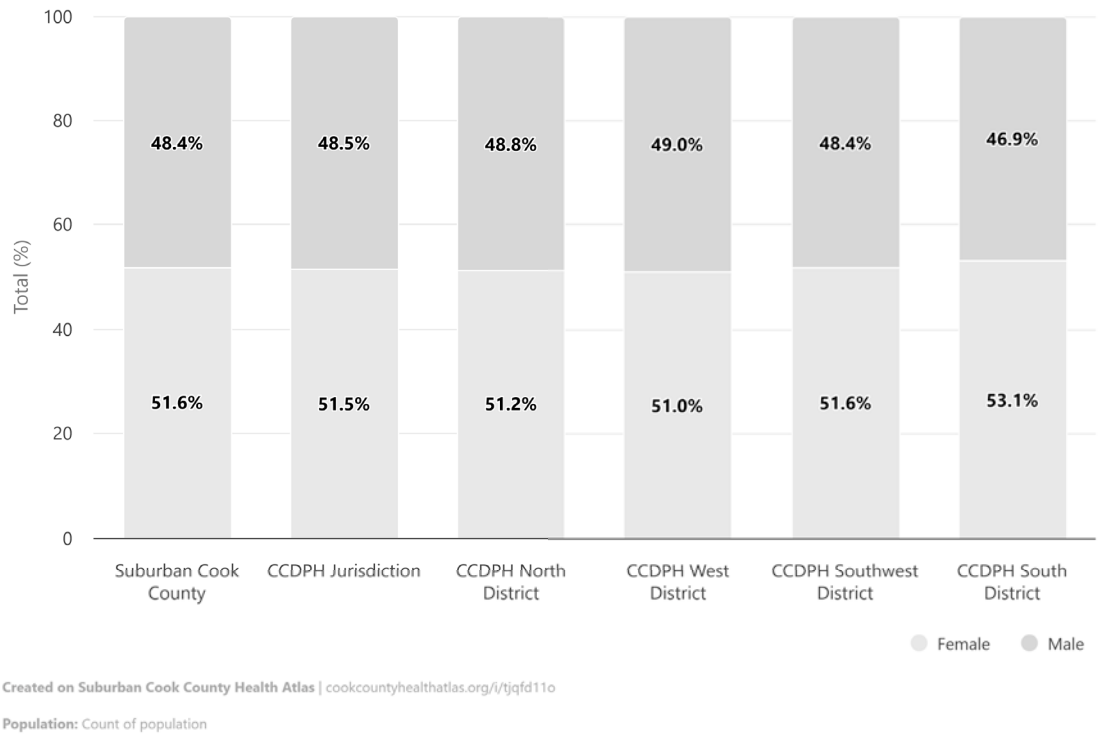


Figure 2.5: Population by Sex for Suburban Cook County, CCDPH and Health District, 2020

Note that the CHA relies heavily on data from the U.S. Census Bureau and related federal surveys, in which sex is recorded as male or female based on the identity reported by the householder. These data sources do not capture gender identity or include measures for transgender, nonbinary, or gender-diverse populations. As a result, the CHA is limited in its ability to describe the experiences and health needs of these communities. This limitation underscores the need for more inclusive data collection practices to better understand and address the health of all residents.

2.4 Racial and Ethnic Composition

Race and ethnic composition is important for understanding health because different groups can face different levels of access, opportunity, and exposure to health risks. As stated earlier, between 2010 and 2020, Cook County's population stayed almost the same overall (growing by only 1.6 percent) however the mix of racial and ethnic groups changed considerably. Figure 2.6 shows that the Asian population grew the fastest, increasing by nearly 90,000 people (28 percent) over this period. The Hispanic/Latino population also saw strong growth, growing by about 138,000 people (11 percent). In contrast, the Black population fell by about 80,000 residents (a 6 percent drop), and the White population saw the biggest loss, shrinking by about 143,000 residents (also a 6 percent decrease). These shifts show that while the total number of residents stayed nearly the same, the county became more race and ethnically diverse over the past decade.

The changes were even stronger in suburban Cook County. Although the suburbs gained only about 30,000 people overall (a 1 percent increase), racial and ethnic makeup changed much more sharply. The Asian population grew by around 45,000 people (26 percent), and the Hispanic population increased by nearly 98,000 (21 percent). Meanwhile, the White population dropped by more than 151,000 residents (an 11 percent decrease), and the Black population stayed roughly the same, showing only a very small increase. As a result, suburban Cook County is far more diverse today than it was a decade ago, with large increases in Hispanic/Latino and Asian residents and continued declines in the White population.

RACE[1]	POPULATION (2010)[2]	POPULATION (2020)[2]	POPULATION CHANGE (2010-2020)[2]	PERCENT CHANGE (2010-2020)[2]	POPULATION TREND (2010-2023)[3]
COOK COUNTY					
Total	5,194,675	5,275,541	80,866	1.6%	
Asian	318,869	408,691	89,822	28.2%	
Black	1,265,778	1,185,601	−80,177	−6.3%	
White	2,278,358	2,135,243	−143,115	−6.3%	
Hispanic	1,244,762	1,382,778	138,016	11.1%	
SUBURBAN COOK					
Total	2,499,426	2,529,711	30,285	1.2%	
Asian	173,998	218,874	44,876	25.8%	
Black	393,516	398,065	4,549	1.2%	
White	1,423,888	1,272,050	−151,838	−10.7%	
Hispanic	465,936	563,314	97,378	20.9%	
NORTH HEALTH DISTRICT					
Total	930,955	960,863	29,908	3.2%	
Asian	122,501	159,356	36,855	30.1%	
Black	21,716	25,046	3,330	15.3%	
White	634,038	587,435	−46,603	−7.3%	
Hispanic	136,469	159,094	22,625	16.6%	
WEST HEALTH DISTRICT					
Total	503,748	511,080	7,332	1.5%	
Asian	11,424	13,739	2,315	20.3%	
Black	63,089	61,100	−1,989	−3.1%	
White	229,700	198,741	−30,959	−13.5%	
Hispanic	193,884	226,121	32,237	16.6%	
SOUTHWEST HEALTH DISTRICT					
Total	369,064	373,528	4,464	1.2%	
Asian	8,710	9,848	1,138	13.1%	
Black	34,608	38,944	4,336	12.5%	
White	268,690	244,359	−24,331	−9.1%	
Hispanic	51,955	70,094	18,139	34.9%	
SOUTH HEALTH DISTRICT					
Total	464,416	442,958	−21,458	−4.6%	
Asian	5,432	5,712	280	5.2%	
Black	244,725	244,494	−231	−0.1%	
White	151,794	111,125	−40,669	−26.8%	
Hispanic	54,435	67,975	13,540	24.9%	

[1] Asian, Black, and White refer to Non-Hispanic/Latino populations

[2] Based on population counts from the U.S. Census Bureau's 2010 and 2020 Decennial Censuses

[3] Based on 5-year population estimates from the US Census Bureau's American Community Survey for the period 2010–2023

Data Sources: US Census Bureau, Decennial Census of Population (2010, 2020); American Community Survey 5-Year Estimates (2010–2023)

Figure 2.6: Race and Ethnicity Trends by Location, 2010-2023

Decennial data from the 2020 U.S. census show that CCDPH's four health districts differ sharply from one another in terms of race and ethnic composition (Figure 2.7). The North District is majority White, with more than 60 percent of residents identifying as White and a relatively large Asian population at nearly 17 percent. The West District is far more diverse, with the largest share of Hispanic/Latino residents at 44 percent and smaller shares of Asian and Black residents. The Southwest District is also majority White, with modest Black and Hispanic/Latino populations. In contrast, the South District stands out because it has a majority Black population; more than half of residents in this district identify as Black along with smaller White, Asian, and Hispanic/Latino populations. These differences show that racial and ethnic composition varies widely from district to district, shaping community needs, lived experiences, and health outcomes across suburban Cook County.

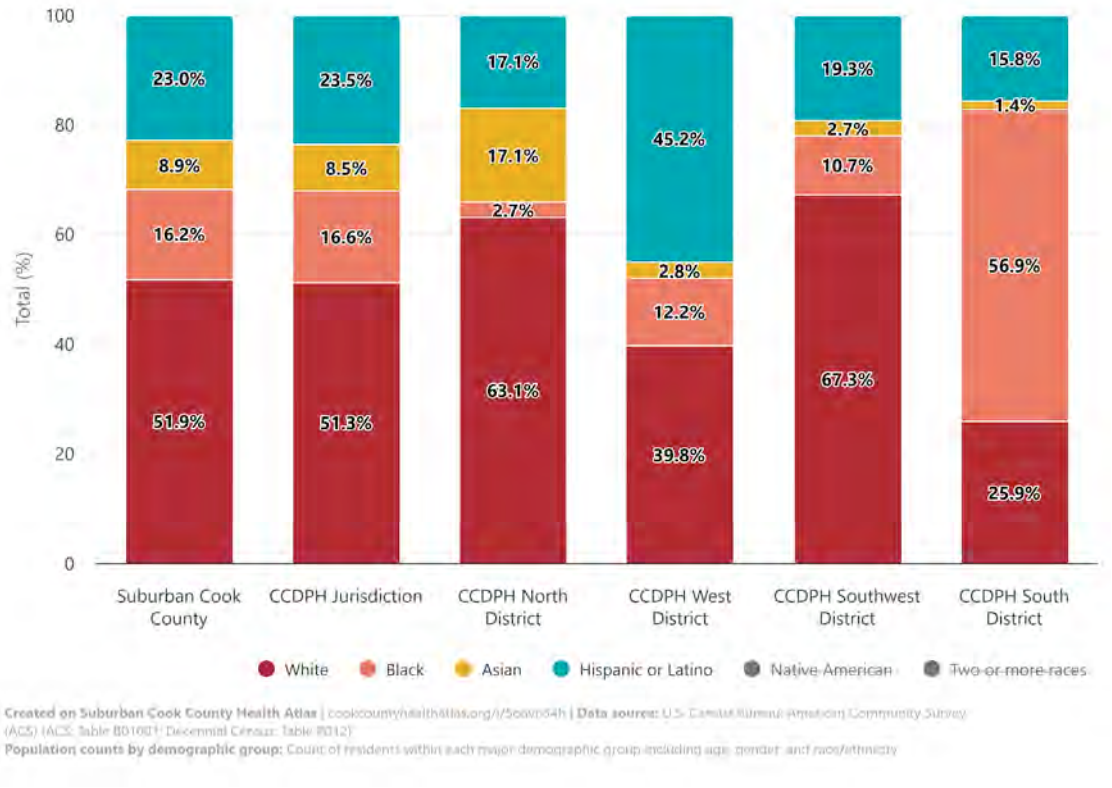


Figure 2.7: Race and Ethnic Composition by Location, 2020

2.5 Linguistic and Cultural Diversity

Language and immigration patterns are important for public health because they affect how easily people can get information, communicate with providers, and access services. In suburban Cook County overall, about 22.1 percent of residents were born outside the United States, according to the latest American Community Survey [9]. The share of households where Spanish is the primary language has grown slightly over time; from about 16 percent in 2015 to 17 percent in 2023. The share of households speaking primarily Asian languages such as Chinese, Japanese, or Tagalog at home has stayed steady at around 5 percent. Most of these Asian-language households are concentrated in CCDPH's North Health District.

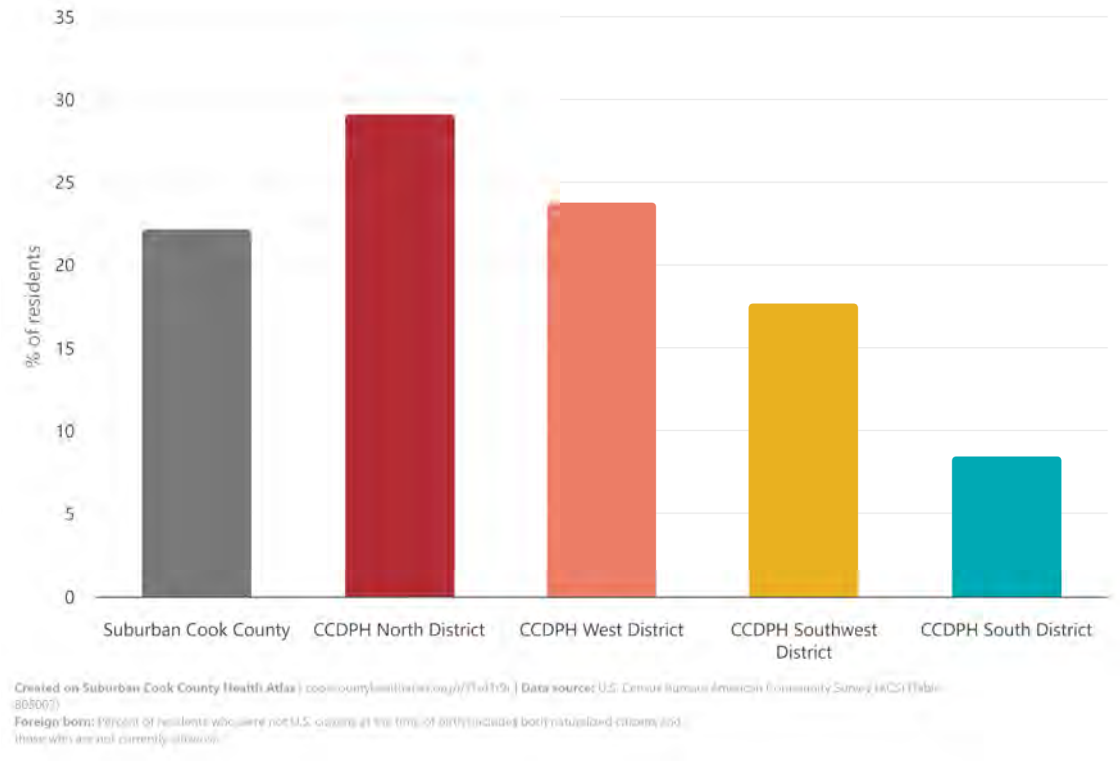


Figure 2.8: Percent of Foreign-Born Residents by Health District, 2023

Across suburban Cook County, language and foreign-born patterns vary widely from place to place, and these differences often reflect the characteristics of each CCDPH health district. Many communities in the North District have large immigrant populations and higher rates of Asian-language households (Figure 2.9). Municipalities such as Buffalo Grove, Morton Grove, Niles, Schaumburg, and Wheeling, for example, have foreign-born populations ranging from 30 to more than 40 percent, along with significant shares of residents who primarily speak Asian languages at home. Yet most of these communities have relatively high rates of English proficiency because many residents are long-term immigrants or have strong English skills.

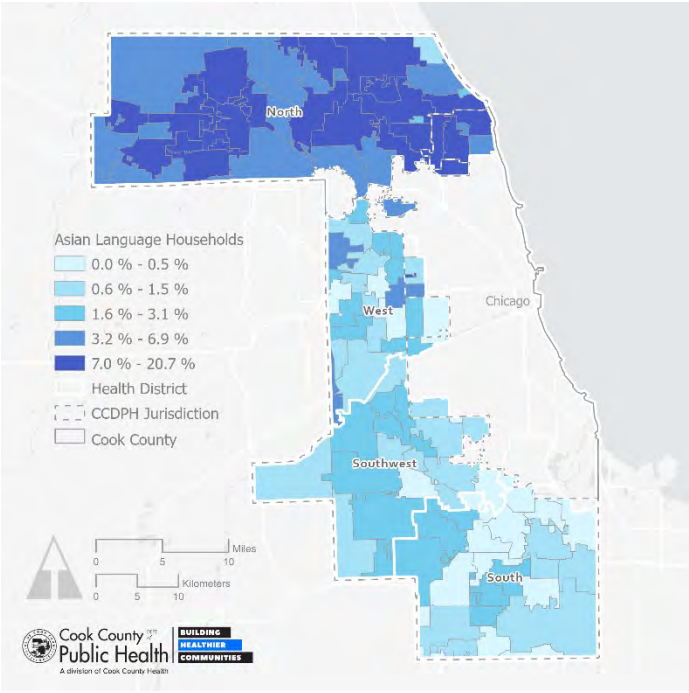


Figure 2.9: Percent of Households Asian Languages Primarily Spoken, 2023

The West District, on the other hand, includes some of the highest Spanish-speaking communities in suburban Cook County (Figure 2.10a). Places like Cicero, Melrose Park, Franklin Park, Northlake, and Stone Park have very high percentages of households where Spanish is the main language, and many of these communities also show elevated levels of limited English proficiency. Foreign-born populations in these towns often reach 30 to 40 percent or more, shaping the need for bilingual outreach, interpretation services, and culturally specific programming.

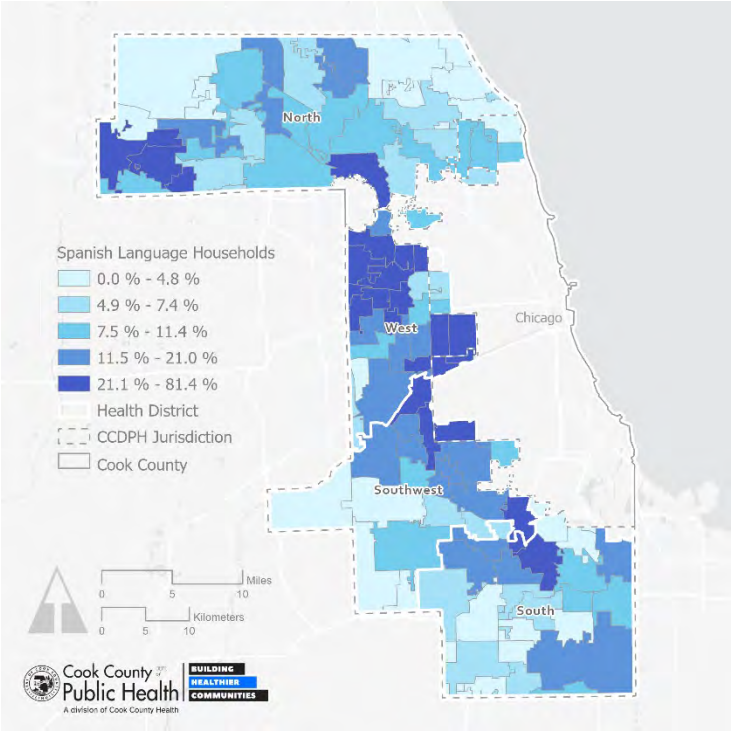


Figure 2.10a: Percent of Households Spanish Languages Primarily Spoken, 2023

In the Southwest District, language patterns vary widely. Communities like Summit, Chicago Ridge, and Justice have sizable Spanish-speaking populations and high foreign-born shares, while others such as Orland Park, Palos Heights, and Lemont have much lower levels of linguistic diversity. The South District generally has the lowest levels of foreign-born residents and the smallest shares of households speaking languages other than English.

Across suburban Cook County municipalities, the share of residents reporting Arab ancestry varies widely. In the American Community Survey (ACS), Arab ancestry refers to people who self-identify as having origins in Arab-speaking countries or cultures, such as Lebanon, Syria, Palestine, Jordan, Egypt, Iraq, or other parts of the Middle East and North Africa. This information is self-reported, residents may list more than one ancestry, and the categories reflect how people understand and describe their background rather than nationality, race, or place of birth.

Most municipalities report very small percentages of residents with Arab ancestry, often below 1 percent (Figure 2.10b). Communities such as Arlington Heights, Evanston, Oak Park, Schaumburg, and Wheeling fall into this range. Many municipalities do not show Arab ancestry within the top 20 ancestries reported in the ACS, which may reflect smaller population sizes as well as limits of how the data are summarized.

In contrast, a smaller number of municipalities have much higher shares of residents reporting Arab ancestry. The highest percentages are found in Orland Hills (18.0 percent) and Chicago Ridge (17.5 percent), followed by communities such as Bridgeview and Hickory Hills, where about one in ten residents report Arab ancestry. Overall, these data show that Arab ancestry in suburban Cook County is highly concentrated in a small number of municipalities, while most communities have relatively small or unreported shares. Understanding where Arab ancestry populations are concentrated is important for CCDPH's public health planning, as it can help guide culturally responsive outreach, language access, and community-based services that improve access to care and health information.

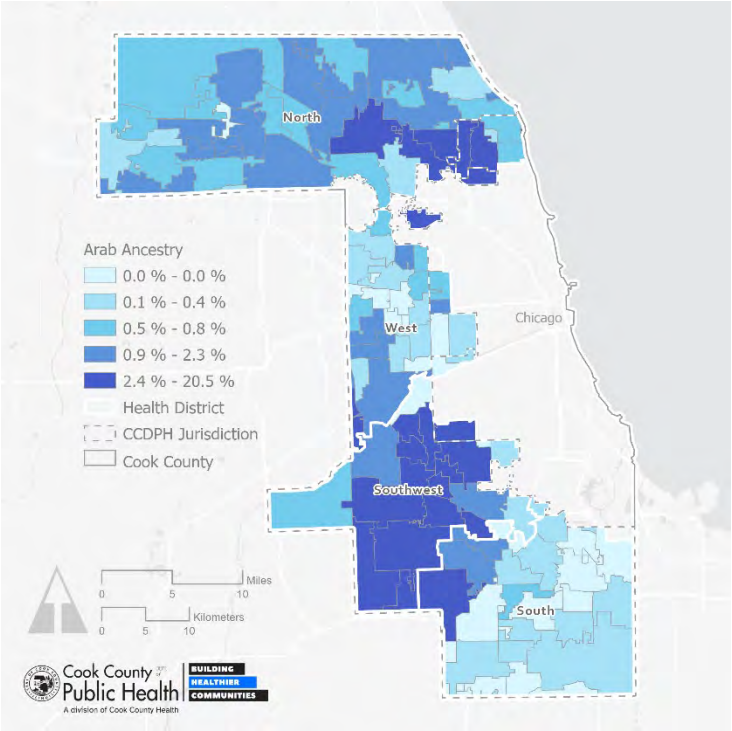


Figure 2.10b: Percent of Residents with Arab Ancestry

2.6 Educational Attainment

Education is a key driver of health because it influences employment opportunities, income, housing stability, health literacy, and access to resources that support long-term well-being. Understanding differences in high school and college graduation rates, for example, helps show how educational opportunity varies across communities and how these differences shape health outcomes in suburban Cook County.

High school graduation rates in suburban Cook County have remained consistently high over the past decade, rising from 88.8 percent in 2014–2018 to 89.8 percent in 2019–2023 among residents ages 25 and older (Figure 2.11). These levels are comparable to national attainment, which is approximately 89 percent, and slightly below the Illinois statewide average of about 90 to 91 percent based on recent American Community Survey data [9]. Graduation levels across the CCDPH jurisdiction closely mirror the county overall, but notable geographic variation persists across health districts. The North District has the highest educational attainment, increasing from about 91.1 percent to 91.9 percent over the period. In contrast, the West District has the lowest rates, though it has shown gradual improvement—from 82.2 percent in 2014–2018 to 83.7 percent in 2019–2023. The Southwest and South Districts maintain relatively strong and stable graduation rates, generally around 89 to 91 percent. Overall, suburban Cook County aligns closely with state and national patterns, but district-level differences highlight uneven access to educational opportunities across the region.

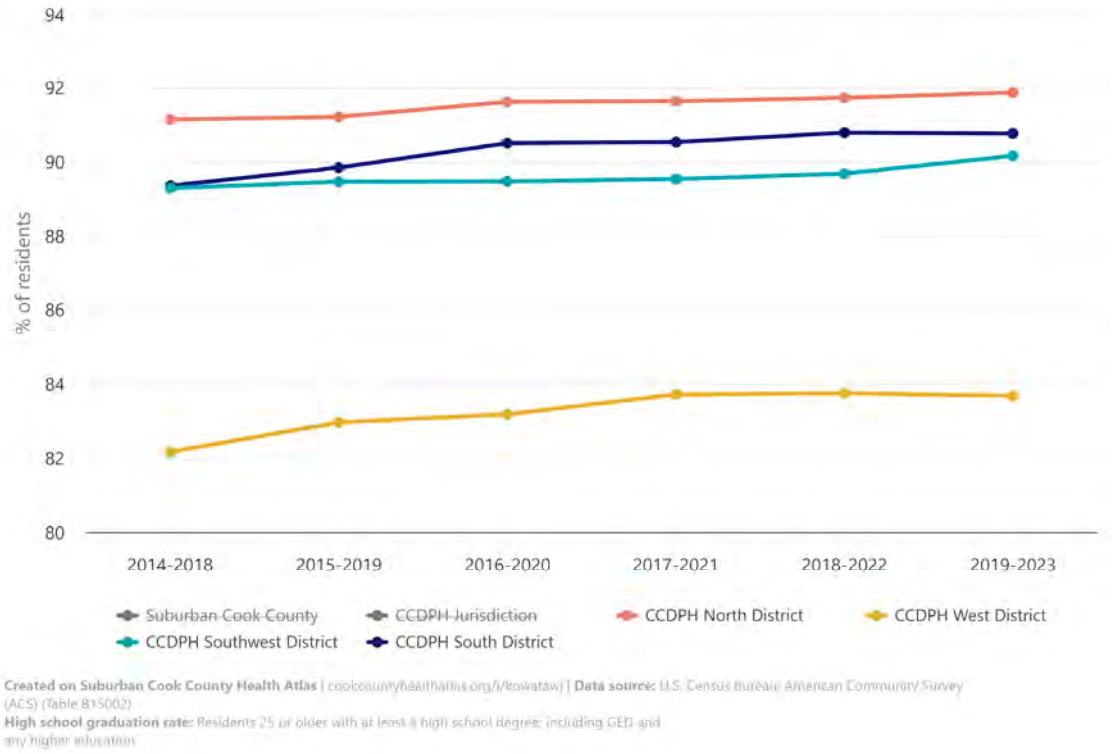


Figure 2.11: High School Graduation Rate by Location, 2014-2023

Across suburban Cook County and within the CCDPH jurisdiction, the share of adults age 25 or older with a four-year college degree has steadily increased over time. In suburban Cook County overall, the college graduation rate rose from about 38 percent in 2016–2020 to about 40 percent in 2019–2023 (Figure 2.12). A similar upward trend appears within the CCDPH service area, where rates increased from around 36 percent to just over 38 percent during the same period. These gains suggest gradual improvements in educational attainment across the region.

College graduation rates, however, differ widely by race and ethnicity. Asian residents have the highest rates, remaining above 62 percent in all time periods. White residents also have relatively high graduation rates, rising from about 40 percent to more than 42 percent. Black residents have lower rates overall, with only modest improvement from around 30 percent to about 33 percent. Hispanic or Latino residents have the lowest graduation rates, remaining around 26 to 27 percent with minimal change over time. These patterns show persistent gaps in higher educational attainment across racial and ethnic groups.

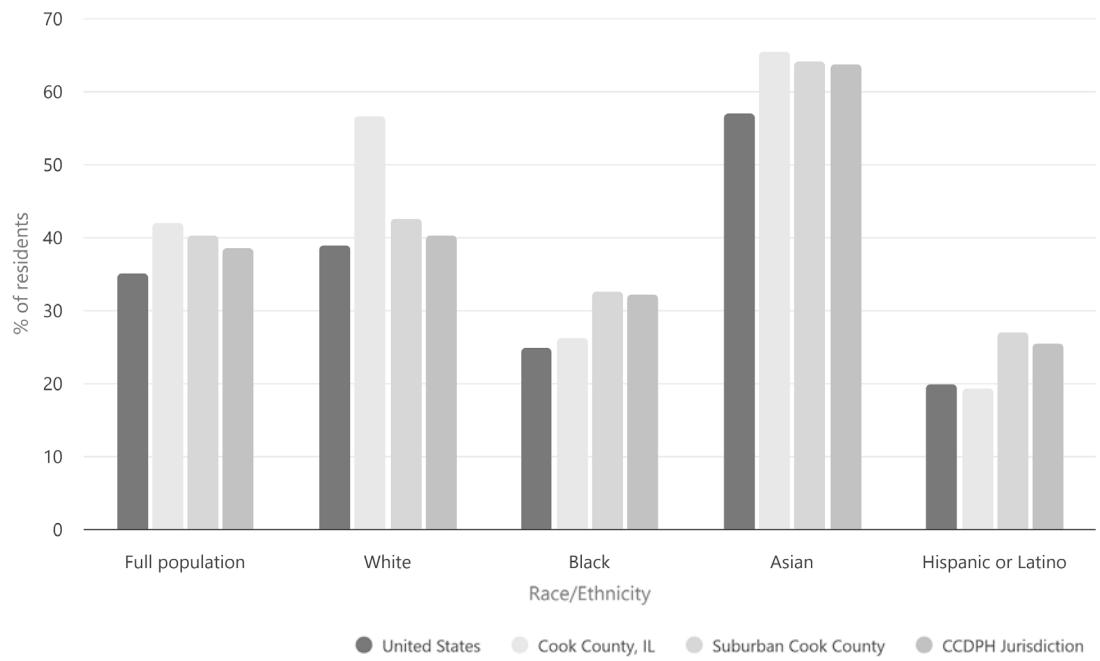


Figure 2.12: College Graduate Rate by Race and Ethnicity by Location, 2023

College graduation rates also vary by health district within CCDPH's jurisdiction. The North District has the highest levels of four-year college graduation rates, increasing from about 48 percent to over 50 percent. The West District, by comparison, shows lower rates that rise from about 27 percent to 30 percent. The Southwest District also remains below the countywide average, increasing from roughly 29 percent to 31 percent. The South District has the lowest graduation rates, showing only slight growth from about 24.5 percent to 27 percent. These differences highlight how educational opportunity is unevenly distributed across the region, which likely contributes to differences in health outcomes and long-term community well-being.

College graduation rates also vary across suburban Cook County municipalities (Figure 2.13). Municipalities in the North District have the highest rates, with many towns such as Deerfield, Glencoe, Kenilworth, Northfield, and Winnetka reporting more than 80 percent of adults holding a four-year degree. In contrast, many communities in the South and Southwest Districts including Ford Heights, Dixmoor, and Robbins have very low graduation rates, often below 15 percent, while others fall in the low-to-mid range. The West District shows the biggest mix, with some municipalities matching the high-performing northern suburbs and others reporting rates below 20 percent. Overall, these patterns show that educational opportunity is uneven across suburban Cook County, with high-opportunity communities clustering in the north and lower-opportunity areas concentrated in the south and parts of the west.

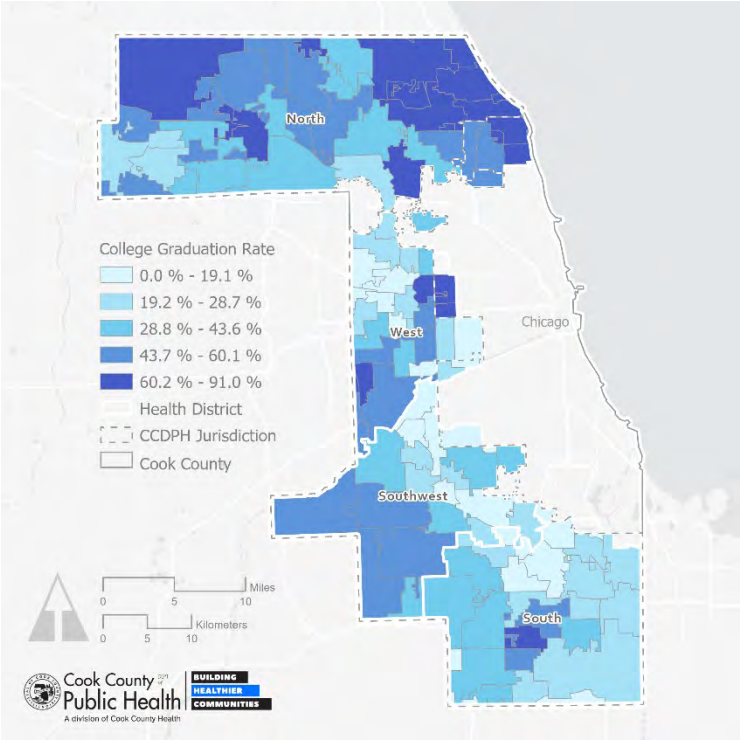


Figure 2.13: College Graduation Rate by Municipality, 2023

For CCDPH, high school and four-year college graduation rates are key indicators for understanding and improving long-term community health. Educational attainment shapes economic stability, access to quality jobs, and health insurance coverage, all of which are closely tied to health outcomes across the life course. Higher graduation rates are also associated with stronger health literacy, greater civic engagement, and increased ability to navigate health and social service systems. These measures help CCDPH identify communities where students may face barriers to academic success and future opportunity. Aligning education-related data with health indicators allows CCDPH and its partners to target prevention strategies, youth development programs, workforce pathways, and cross-sector investments that can reduce inequities and support healthier outcomes for residents over time.

2.7 Income and Poverty

Socioeconomic conditions such as income, poverty, unemployment, and access to basic financial services play a major role in shaping people's health. Communities with higher incomes and stable employment often have better access to healthy food, safe housing, and medical care, while communities facing economic hardship tend to experience more stress, chronic illness, and barriers to care.

Across suburban Cook County, the data show large differences between municipalities, and these patterns often follow the same north–south and west–south divides seen in other health and demographic indicators. Many North District communities, such as Barrington, Northbrook, Inverness, Winnetka, and Wilmette, have some of the highest median household incomes; often above $150,000 (Figure 2.14). These same communities also have very low unemployment (Figure 2.16) and poverty (Figure 2.15) rates according to the latest American Community Survey [9].

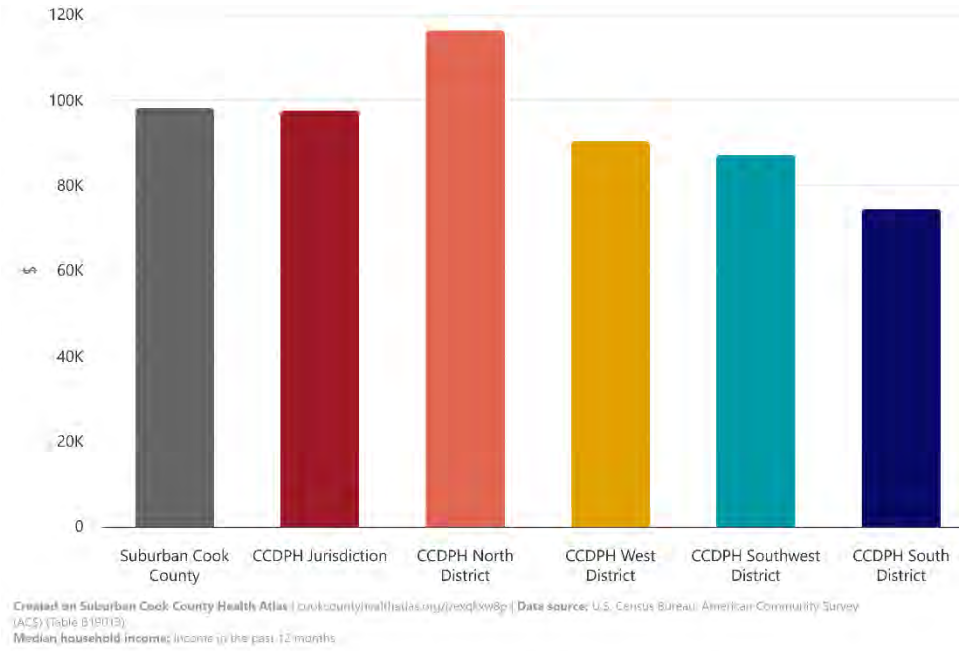


Figure 2.14: Median Household Income by Location, 2023

In contrast, several South District communities, including Ford Heights, Riverdale, Robbins, and Harvey, show some of the lowest incomes in the region, some with median incomes below $45,000, very high poverty rates, and unemployment levels well above the county average. According to the Suburban Cook County Health Survey, many of these communities also have higher rates of residents without bank accounts, which can make it harder to manage finances, build savings, or handle emergencies [5].

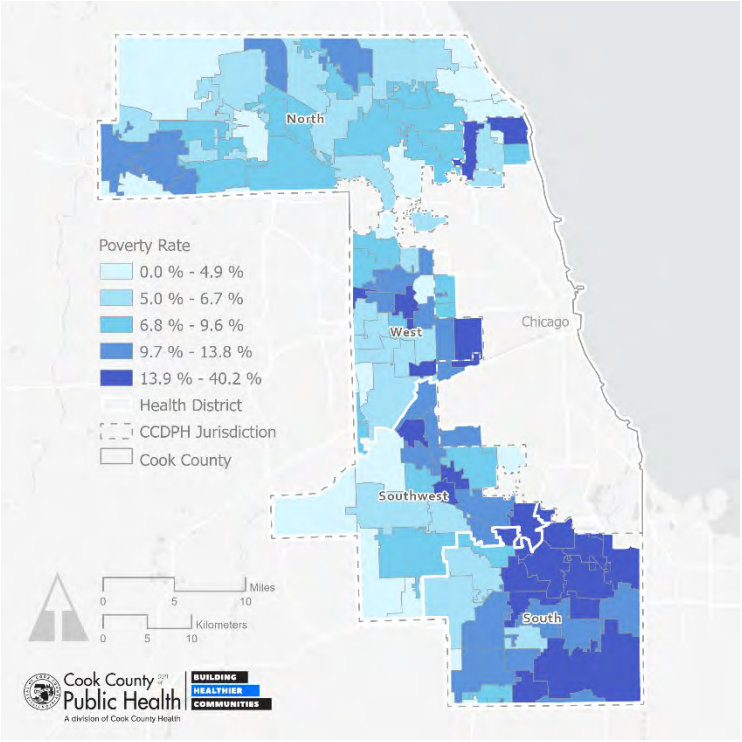


Figure 2.15: Poverty Rate by Municipality, 2023

The West District displays a wide mix of economic conditions. Towns such as Hinsdale, Western Springs, and River Forest have very high incomes and low poverty, similar to many northern suburbs. But several nearby communities—including Maywood, Stone Park, Northlake, and Melrose Park—have much lower incomes and higher poverty and unemployment. This shows how extreme economic differences can exist even between neighboring towns. The Southwest District falls in the middle, with communities like Orland Park, Palos Heights, and Lemont showing strong economic conditions, while others such as Blue Island, Summit, and Worth have higher levels of financial hardship. In the South District, economic challenges are widespread and include higher unemployment, higher poverty, and elevated rates of residents who do not have a bank account, especially in places such as Calumet City, Markham, Dolton, and Richton Park.

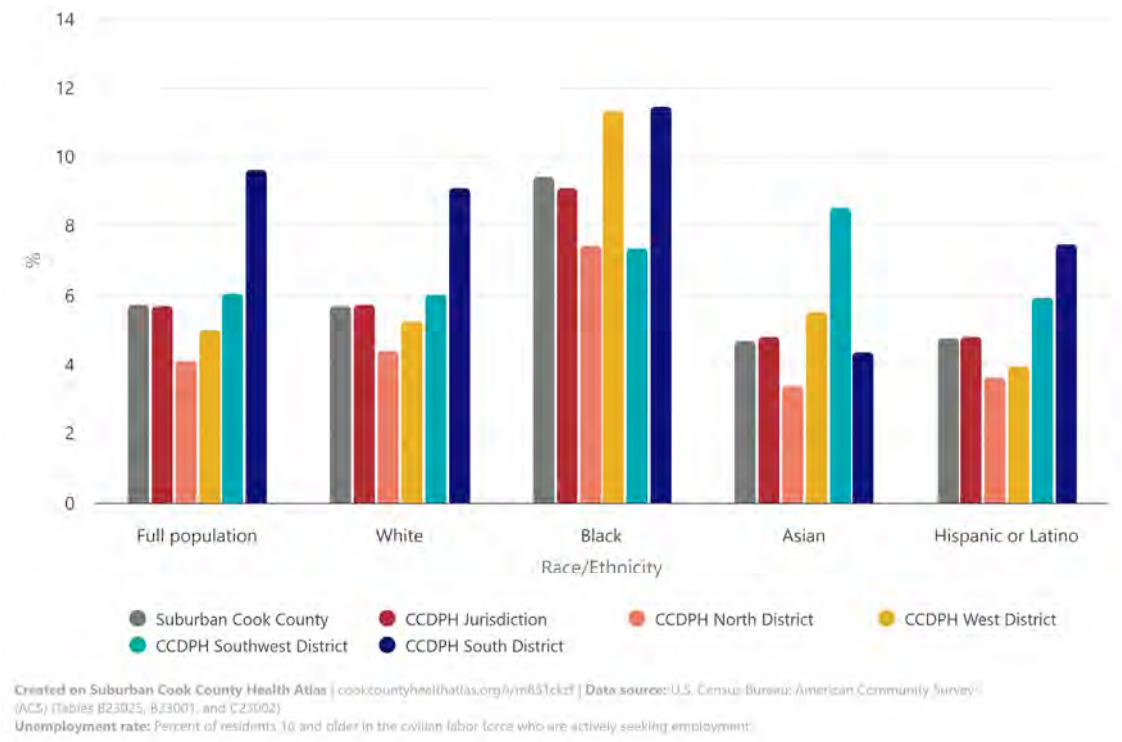


Figure 2.16: Unemployment Rate by Location and Race and Ethnicity, 2023

While differences across health districts show how economic conditions vary geographically, looking at income and poverty by race and ethnicity reveals another layer of inequality within suburban Cook County. Overall unemployment is about 5.7 percent, but rates differ across groups, with Black residents experiencing the highest unemployment at about 9.4 percent, while Asian and Hispanic/Latino residents have lower rates, around 4.6 and 4.8 percent. These employment patterns align with differences in household income. Asian households have the highest median income at roughly $133,500, followed by White and Hispanic/Latino households, which are close to or slightly below the county median of about $97,700. Black households have the lowest median income, around $77,000. Poverty rates show similar patterns, with Black residents facing the highest poverty level at more than 18 percent, nearly double the county average. In contrast, White and Asian residents have lower poverty rates, near 8 to 9 percent, while Hispanic or Latino residents have a rate just above 10 percent. Together, these differences show how economic opportunity is unevenly distributed across the county and highlight areas where additional support may be needed.

Overall, these data show that socioeconomic opportunity is not evenly distributed across suburban Cook County, and both geography and race and ethnicity shape these patterns. Northern suburbs consistently show the strongest economic conditions, while many southern suburbs experience significant financial hardship, and western suburbs range from very affluent to highly disadvantaged. These geographic differences mirror racial and ethnic disparities in income and poverty. Black residents face the highest unemployment and poverty rates and have the lowest median household income, while Asian residents have the highest incomes and lower levels of poverty. White and Hispanic/Latino residents fall between these two groups but still show meaningful differences in economic stability. Income and poverty strongly influence health, affecting access to resources, daily stress, and long-term well-being. These inequities highlight where public health planning may need to prioritize supportive services, economic assistance, financial education, workforce programs, and community investment, in order to improve health and quality of life.

2.8 Housing and Living Conditions

Housing conditions are an important part of health because families who face overcrowding, high housing costs, or unstable living situations often experience more stress, poorer health, and fewer resources for basic needs. Across suburban Cook County, housing data from the U.S. Census Bureau show large differences between communities, and these patterns often match the same north-south and west-south divides seen in other socioeconomic indicators (Figure 2.17).

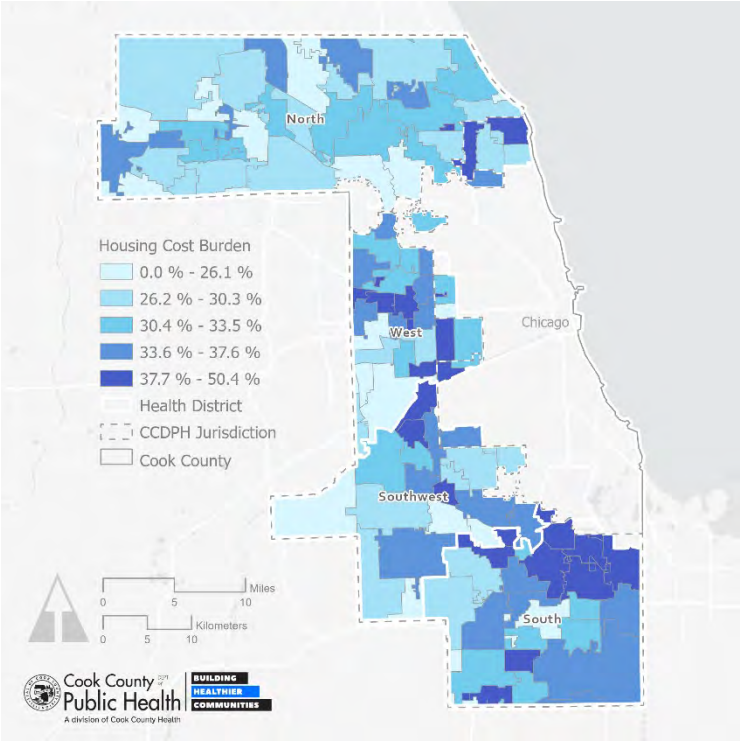


Figure 2.17: Housing Cost Burden by Race and Ethnicity, 2023

Many northern suburbs such as Deerfield, Glencoe, and Wilmette have very low rates of overcrowding and housing cost burden, and also have some of the lowest hardship index scores in the region. These communities tend to be higher income with strong housing stability. In contrast, several municipalities in the South District, including Robbins, Riverdale, Dixmoor, South Chicago Heights, and Harvey, show much higher levels of housing challenges. These areas often have large shares of residents spending over 30 percent of their income on rent or mortgage payments, higher percentages of overcrowded homes, and hardship index scores above 70 or even 80, which reflects significant financial strain.

> ⓘ The Hardship Index is a composite measure that summarizes economic and social conditions within a community, ranging from 0 (lowest hardship) to 100 (highest hardship). It combines several key indicators such as unemployment, age dependency, educational attainment, per capita income, crowded housing, and poverty into a single score that makes it easier to compare areas. Because these factors strongly reflect underlying economic stress, the index is closely linked with other measures of disadvantage, including labor force and housing challenges as well as poor health outcomes.

The West District shows a wide mix of housing conditions. Some communities including Hinsdale, La Grange, and River Forest, have low overcrowding and low housing cost burden, while others, such as Cicero, Melrose Park, and Franklin Park, report much higher levels of crowding and cost burden. This mix reflects the district's economic diversity, where very high-resource and high-hardship communities exist side by side. The Southwest District also varies in terms of housing and living conditions. Towns like Orland Park, Lemont, and Palos Heights have relatively low housing cost pressures, while Blue Island, Justice, Worth, and Summit show higher levels of burden and hardship.

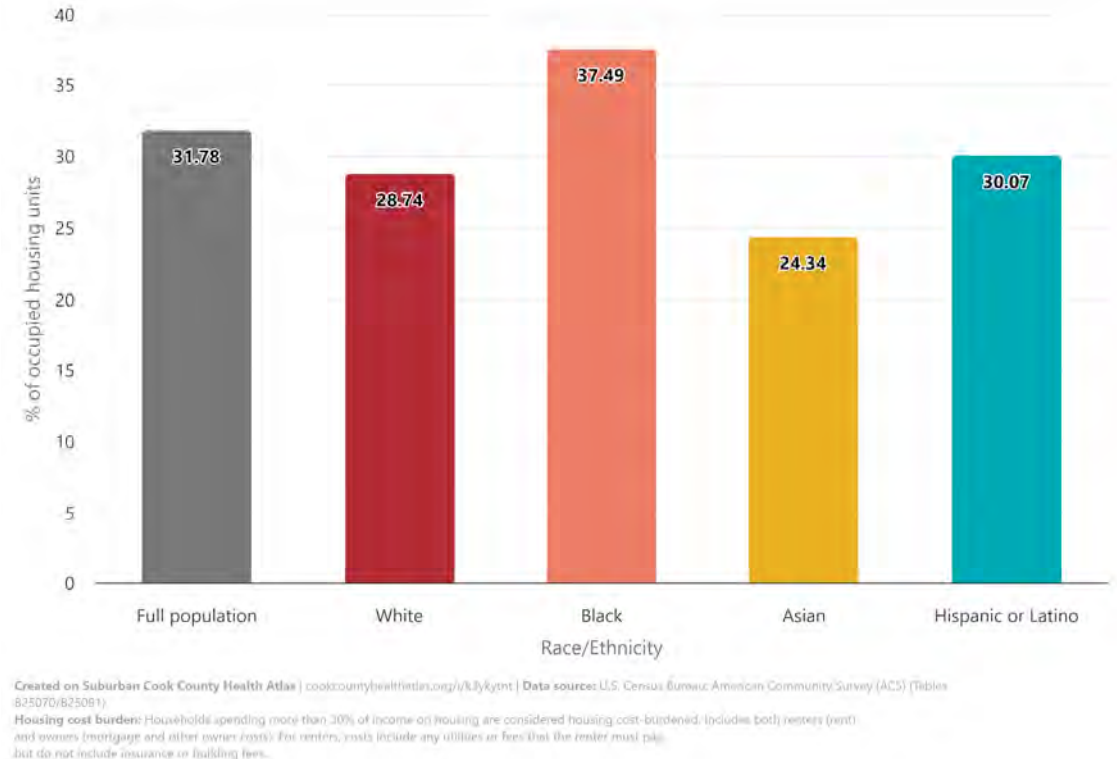


Figure 2.18: Housing Cost Burden by Race and Ethnicity, 2023

After comparing housing affordability across different parts of suburban Cook County, it is also important to understand how housing cost burdens vary by race and ethnicity. Overall, about 32 percent of residents spend a large share of their income on housing, but this burden is not shared equally.

Black residents experience the highest housing cost burden, with nearly 37.5 percent paying more than they can comfortably afford. Hispanic or Latino residents also face above-average strain, at about 30 percent. In contrast, White residents have a lower burden, around 29 percent, and Asian residents have the lowest burden at about 24 percent. These differences show how economic pressures related to housing fall more heavily on some groups than others, shaping where people can live and the stability of their household finances.

Overall, the data show that communities in the North District tend to have the most stable and affordable housing conditions, while many South District communities experience the greatest housing-related challenges. The West and Southwest districts fall in between but include several communities with high overcrowding and high housing cost burden. These geographic patterns align with disparities by race and ethnicity. Black residents face the highest housing cost burden, and Hispanic or Latino residents also experience above-average strain, while White and Asian residents face lower levels of hardship. Housing

hardship is strongly tied to health. These differences highlight the need for targeted public health planning, supportive housing programs, and community investment to reduce inequities across suburban Cook County.

2.9 Indices of Opportunity and Hardship

This chapter concludes by examining three composite indices that bring together many of the individual factors discussed earlier to provide a broader picture of community conditions. The Child Opportunity Index (COI) focuses on neighborhood resources and environments that support healthy child development (Figure 2.19), while the Area Deprivation Index (ADI) measures socioeconomic disadvantage based on income, education, housing, and employment conditions (Figure 2.20). The Social Vulnerability Index (SVI) highlights communities that may have more difficulty preparing for, responding to, or recovering from public health emergencies (Figure 2.21). These indices are examined at the census tract level to highlight fine-scale variation across suburban Cook County, revealing geographic differences that are not visible in higher-level summaries. Although each index captures hardship or opportunity in a different way, together they help CCDPH and partner organizations identify where to target programs, allocate resources, and design interventions that respond to the specific needs of different communities [10], [11], [12].

Looking across the 539 census tracts in suburban Cook County, these measures often move together: places with high SVI scores (more social vulnerability) usually have high ADI scores (more deprivation) and lower COI scores (fewer opportunities for children), while tracts with low SVI and low ADI tend to have very high COI scores.

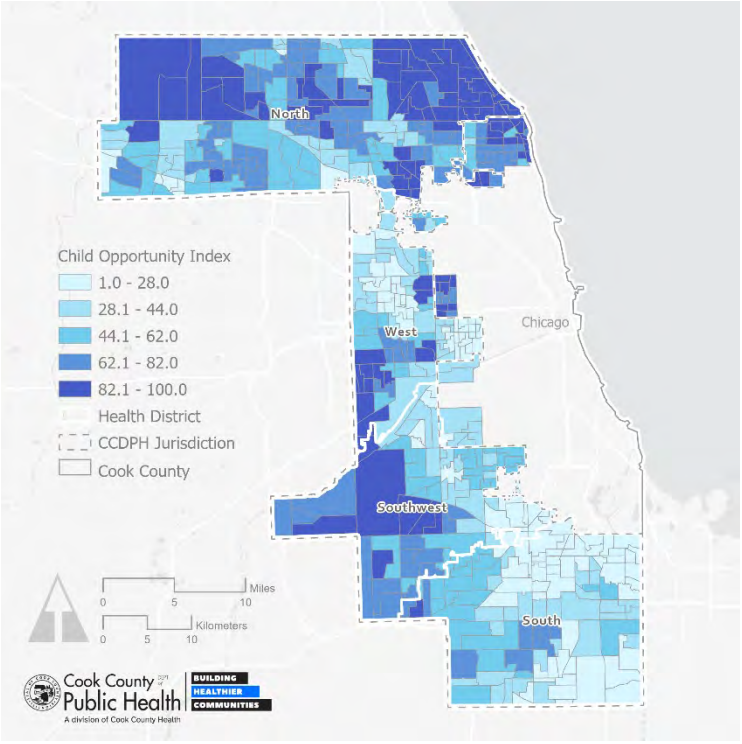


Figure 2.19: Child Opportunity Index (COI) by Census Tract, 2023

Patterns differ by health district but there is also a lot of variation within each district. In the North District, many tracts have low SVI values and COI scores in the 80–100 range, with moderate ADI values, showing relatively low deprivation and strong opportunities for children. At the same time, the North District also contains pockets of concern where SVI is above 0.7, COI drops into the 20s or 30s, and ADI rises above 110, indicating higher need even in an overall advantaged district. The West District shows more tracts with high vulnerability and high deprivation: SVI scores there are frequently above 0.6, COI often sits between 20 and 60, and ADI values are commonly above 100. Still, the West District also includes a small number of higher-opportunity tracts with COI scores in the 80s and 90s and lower ADI scores, underscoring how conditions can change quickly from one neighborhood to another.

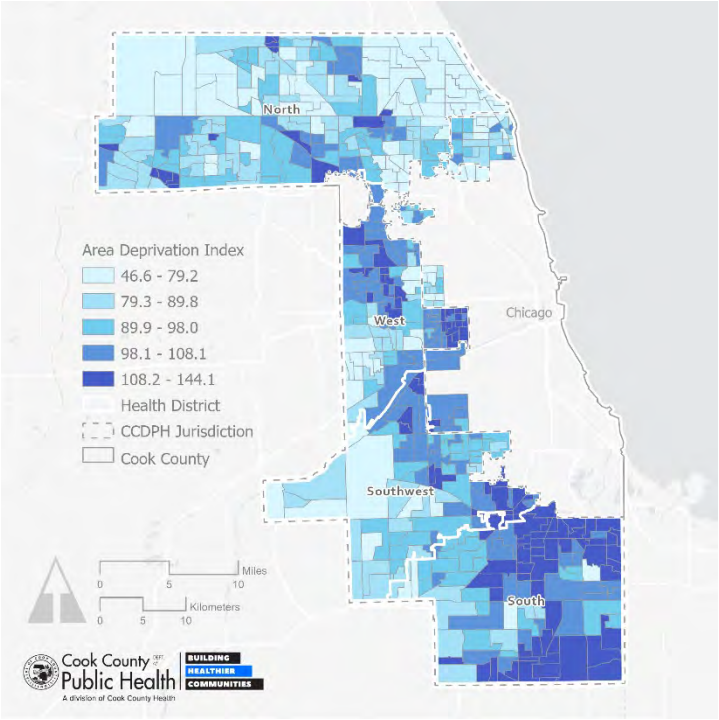


Figure 2.20: Area Deprivation Index (ADI) by Census Tract, 2023

The Southwest and South Districts contain some of the most disadvantaged tracts in suburban Cook County. In the Southwest District, many tracts have mid-to-high SVI values, COI scores mostly in the 30–60 range, and ADI values around or above 100, suggesting consistent but not uniform disadvantage. The South District stands out for clusters of very high SVI (often above 0.8), very low COI (sometimes below 10), and some of the highest ADI scores in the county, above 120 in several tracts. These patterns show that children in parts of the South District face both high social vulnerability and limited neighborhood opportunity. Across all districts, the tract-level data highlight that health-related risks and resources are not evenly spread; instead, they vary sharply from one neighborhood to the next. This makes census-tract analysis essential for targeting public health programs, prioritizing investments, and tracking progress in the communities with the greatest need.

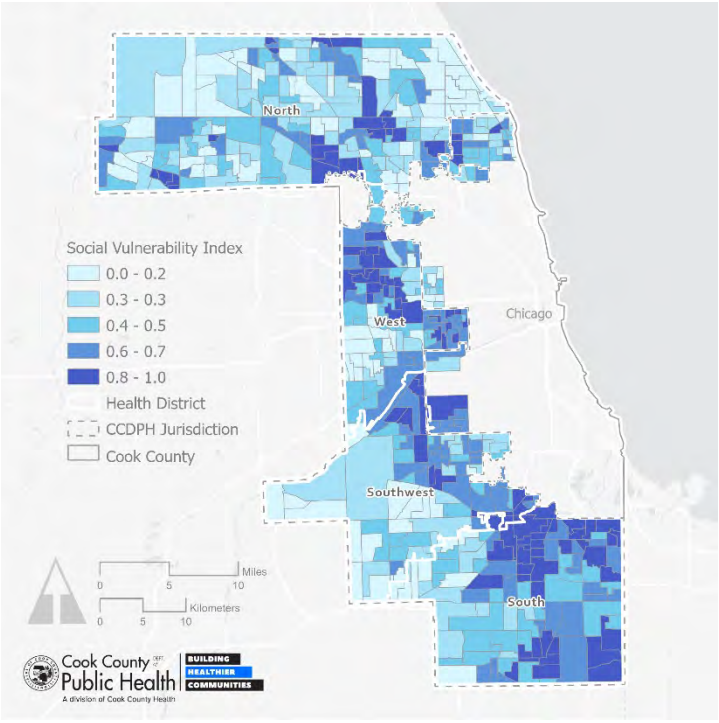


Figure 2.21: Social Vulnerability Index (SVI) by Census Tract, 2022

The Social Vulnerability Index (SVI), Child Opportunity Index (COI), and Area Deprivation Index (ADI) each combine different neighborhood-level factors to show how social and economic conditions affect health. SVI includes domains such as socioeconomic status, household composition, disability, minority status, language, housing, and transportation. COI measures neighborhood conditions that support healthy child development, including education quality, environmental conditions, and social and economic resources. ADI focuses on material deprivation and includes domains like income, education, employment, and housing quality. Data for each of these component domains and the indicators that make them up are available on the Cook County Health Atlas, allowing users to explore both overall index scores and the underlying factors that drive them.

2.10 Summary and Insights

Taken together, the demographic and socioeconomic patterns in suburban Cook County show a region that is growing older, becoming more racially, ethnically, and linguistically diverse, and experiencing very different levels of opportunity from one community to the next. Northern suburbs and some western communities tend to have higher incomes, more educational attainment, greater neighborhood opportunity, and more stable housing conditions. In contrast, many southern—and some western and southwest—communities face concentrated hardship, including lower incomes, higher poverty and unemployment, greater housing cost burden, and higher social vulnerability. These differences shape who is most at risk for poor health and where public health investments, services, and partnerships are most needed.

- Population change is uneven: the North, West, and Southwest Districts grew modestly between 2010 and 2020, while the South District lost residents, especially children and working-age adults, contributing to an older age structure and shrinking tax base in many southern communities.

- Suburban Cook County is aging rapidly, with large increases in residents age 65 and older in every district and declining numbers of children, which raises the age dependency ratio and increases demand for long-term services, caregiving supports, and age-friendly community planning.
- Racial and ethnic diversity has increased across the region, with strong growth in Hispanic/Latino and Asian populations and declines in the White population; at the same time, districts remain sharply segregated, with the North and Southwest Districts having a majority of White residents, the South District having a majority Black of residents, and the West District having the highest share of Hispanic/Latino residents.
- Educational attainment, income, poverty, unemployment, and housing conditions follow a consistent geographic pattern: northern suburbs and a few western communities show high levels of education and income and low hardship, while many South and select West and Southwest municipalities experience persistent economic disadvantage, higher hardship index scores, and greater housing cost burden.
- Composite indices such as the SVI, ADI, and COI confirm and sharpen these patterns, showing clusters of high vulnerability and low opportunity in parts of the South, Southwest, and West Districts and pockets of need even within otherwise advantaged areas; these tract-level insights point to specific neighborhoods where targeted, equity-focused public health strategies will be most important.

3. GENERAL HEALTH AND ACCESS TO CARE

3.1 Overview

General health and access to care are central to understanding the well-being of residents in suburban Cook County and identifying gaps that contribute to health inequities. This chapter brings together several core indicators to assess overall population health, including all-cause mortality, life expectancy, and years of potential life lost derived from official vital statistics [13]. It also incorporates insights from the Suburban Cook County Health Survey, which captures residents' perceptions of their overall health and their satisfaction with recent healthcare experiences [5]. In addition, the chapter draws from other state and federal data sources such as the American Community Survey and the Illinois Department of Healthcare and Family Services (HFS) to examine health insurance coverage and Medicaid enrollment. The chapter evaluates healthcare services within CCDPH's jurisdiction by exploring the location and density of care providers across CCDPH health districts. Together, these measures offer a picture of health status and service access, highlighting areas where improved resources or targeted interventions may be needed.

3.2 All-cause Mortality

All-cause mortality rates are an important measure of overall health in a community because they show how many people die each year from any cause, and they help identify groups that may be facing greater health challenges. In suburban Cook County, the overall death rate, expressed in age-adjusted mortality per 100,000 residents, slowly decreased from 2010 to 2019, but rose sharply in 2020 and 2021 during the COVID-19 pandemic before moving downward again in recent years (Figure 3.1). Across all years, Black residents consistently had the highest mortality rates—often far above every other group—which shows a long-standing and significant health gap. White residents had rates close to the county average, while Hispanic/Latino and Asian residents had the lowest mortality rates throughout the period. These patterns were similar before, during, and after the pandemic, although all groups saw their highest rates in 2020 and 2021. While every group experienced the pandemic's impact, the differences between groups highlight ongoing inequities and the need to improve health conditions for populations facing the greatest burden.

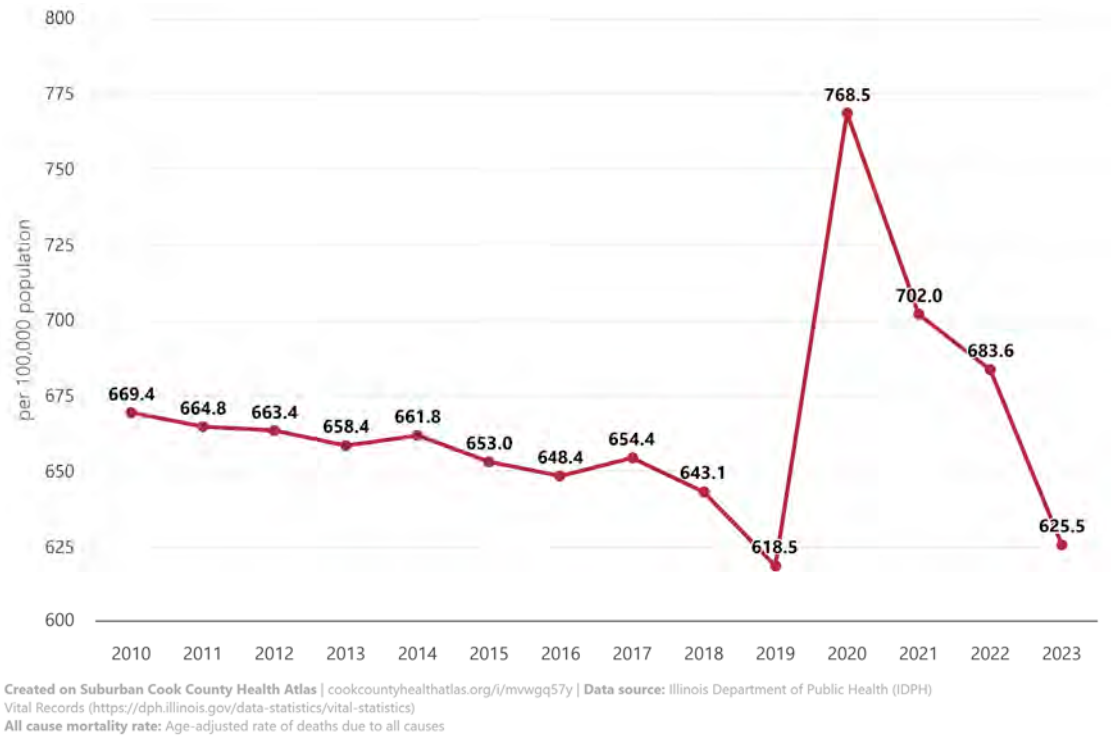


Figure 3.1: All-Cause Mortality Rate (per 100,000) in Suburban Cook County, 2010-2023

3.3 Life Expectancy

Life expectancy is another key measure of community health because it reflects how long people are expected to live based on current patterns of illness and death. Life expectancy also provides some insights into how different population groups are able to achieve long, healthy lives. In suburban Cook County, life expectancy remained fairly stable between 2010 and 2019, hovering around 80 to 81 years for the total population before dropping sharply during the COVID-19 pandemic and then rising again over the past few years. Across all years, large differences existed between racial and ethnic groups (Figure 3.2). Asian residents consistently had the longest life expectancy, reaching around 87 years, while Hispanic/Latino residents also showed strong outcomes, often in the mid-80s. White residents remained close to the county average at about 80 to 81 years. In contrast, Black residents had the lowest life expectancies in suburban Cook County, typically around 75 to 76 years before the pandemic, and falling to roughly 72 years in 2020 and 2021. These 10 to 12 year gaps in life expectancy highlight persistent inequities and show how underlying social, economic, and health system factors shape long-term health outcomes.

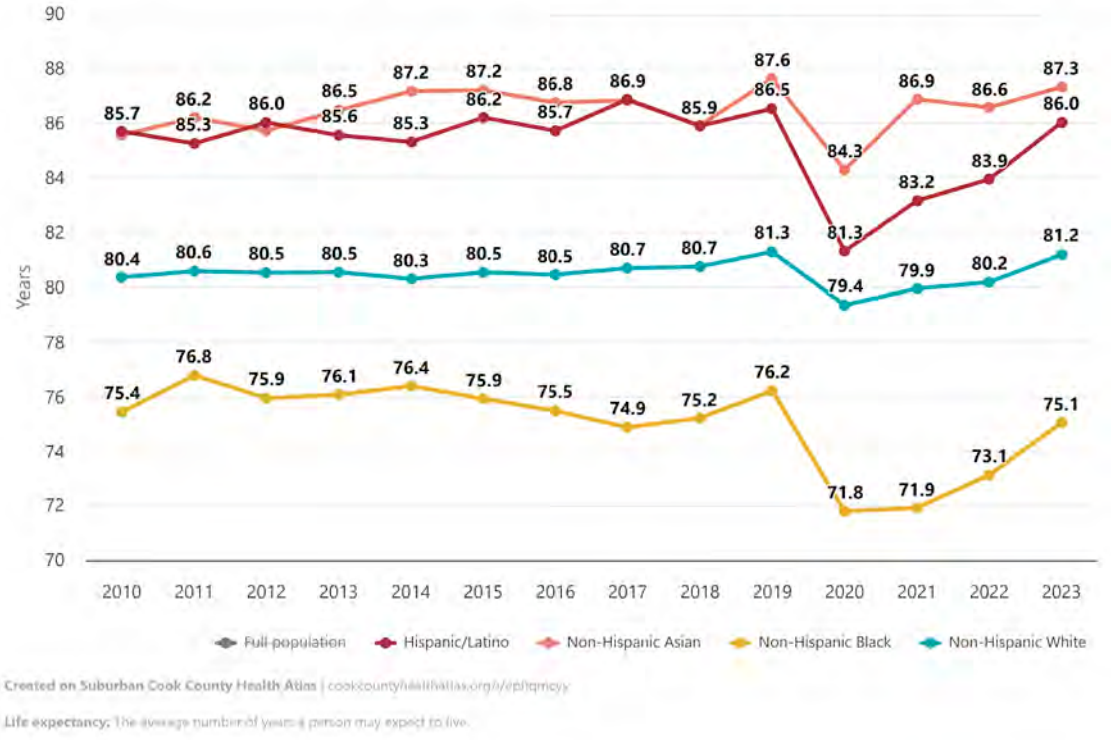


Figure 3.2: Life Expectancy in Suburban Cook County by Race and Ethnicity, 2010-2023

Life expectancy varies widely across the municipalities in suburban Cook County, showing important differences in health and longevity between communities (Figure 3.3). Overall, towns in the North Health District tend to have the highest life expectancies, often in the mid-80s. Examples include Winnetka at about 88 years, and Glencoe, Glenview and Northbrook at 85 years. In contrast, several communities in the South and Southwest Health Districts have much lower life expectancies. Harvey has the lowest estimate at about 69 years, while Calumet Park, Markham, Riverdale, Crestwood, and Dolton all have life expectancies in the low- to mid-70s. Municipalities in the West Health District show more mixed results, with some towns such as Western Springs reaching the mid-80s, while others like Berkeley and Bellwood falling in the low- to mid-70s. These numbers show a very large gap between communities. The highest life expectancy—about 88 years in Winnetka—is nearly 20 years higher than the lowest life expectancy of about 69 years in Harvey. This wide range shows how much health can differ depending on where people live, and it highlights the need to support communities facing the lowest life expectancies

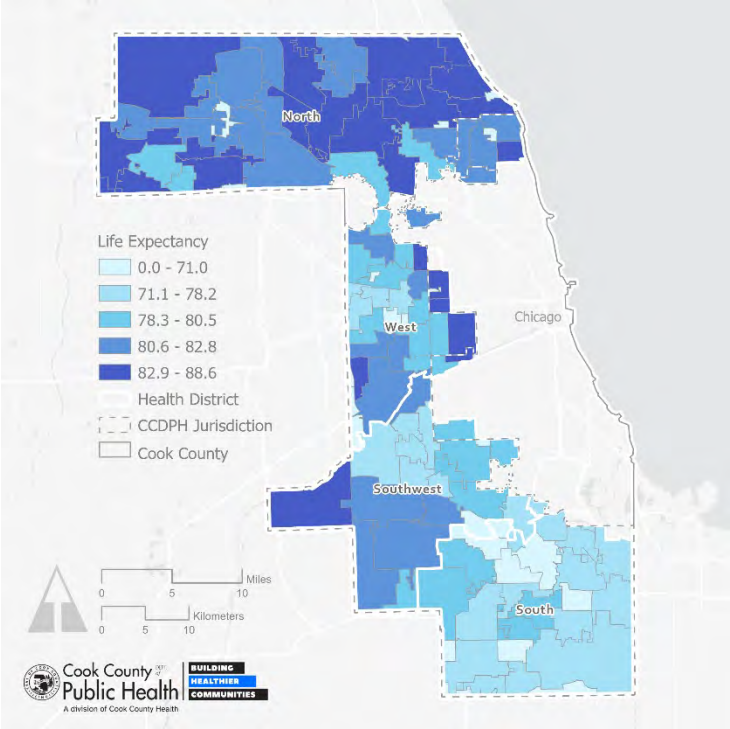


Figure 3.3: Life Expectancy by Municipality, 2023

Life expectancy in this assessment was calculated using standard life table methods to estimate how long a person born in a given year could expect to live if current death rates stayed the same. The analysis used the Chiang method, which applies age-specific death rates across groups such as ages 0–1, 1–4, 5–9, and five-year intervals up to age 90 and older [14]. Death data came from IDPH vital statistics, and population estimates were created by interpolating between the 2010 and 2020 censuses. When an age group had no recorded deaths, a value of 0.5 was used to keep the calculations stable. Life expectancy was calculated for suburban Cook County, the CCDPH jurisdiction, health districts, municipalities, and ZIP code tabulation areas, with race- and sex-specific results available for the two county-level geographies. As a key indicator of overall health, life expectancy highlights differences across communities and population groups and helps show how factors like healthcare access, living conditions, and public health efforts shape long-term outcomes. Small year-to-year differences of less than one year are usually not meaningful unless supported by clear trends or other evidence.

3.4 Years of Potential Life Lost (YPLL)

Years of Potential Life Lost (YPLL) is an important measure of community health because it shows how many years of life are lost when people die before age 75. Higher YPLL values mean more early deaths, which often point to serious and preventable health problems in a community. In suburban Cook County, strong differences exist across racial and ethnic groups (Figure 3.4). Black residents experience by far the highest burden, with a YPLL rate of about 11,697 per 100,000, nearly double the county overall and more than four times the rate of Asian residents. Hispanic/Latino residents have a lower YPLL rate (about 4,202) compared with the full population, while Asian residents have the lowest rate at about 2,519, showing fewer early deaths in this group. White residents are close to the county average at around 6,030 YPLL. These differences show how early death affects some groups much more than others, highlighting serious health inequities that can have long-term effects on families and communities.

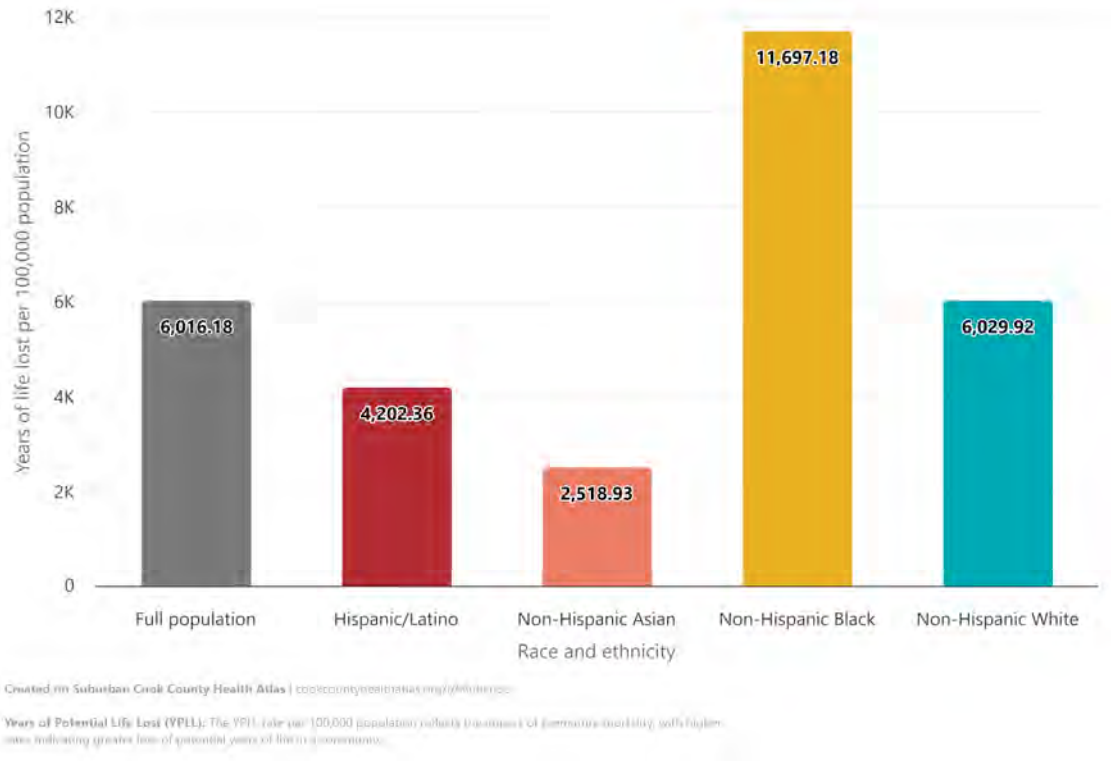


Figure 3.4: Years of Potential Life Lost (YPLL) by Race and Ethnicity, 2023

Across suburban Cook County, YPLL varies widely between towns and across health districts (Figure 3.5), and these patterns closely follow the same differences seen in life expectancy. Municipalities in the North Health District tend to have both the lowest YPLL rates and the highest life expectancies. Places like Winnetka (about 1,679 YPLL), Hinsdale (about 1,588 YPLL), and Glencoe (about 1,845 YPLL) have some of the lowest levels of early death and life expectancies in the mid-80s, showing strong overall health outcomes. In contrast, many communities in the South Health District have both high YPLL and low life expectancy, meaning residents experience more early deaths and shorter average lifespans. Ford Heights has the highest YPLL rate at about 23,894, and places such as Phoenix (20,547), Riverdale (16,501), Dolton (14,068), and Dixmoor (14,779) also show very high levels of early death and life expectancies in the low to mid-70s.

The Southwest and West districts show more mixed results: some towns fall near the county average, while others like Calumet Park (13,945 YPLL) and Maywood (13,420 YPLL) have high YPLL rates and lower life expectancies. Overall, the gap across municipalities is very large. The lowest YPLL values in places like Winnetka and Hinsdale are around 1,600 to 1,800, while the highest values in Ford Heights and nearby communities exceed 20,000, creating a difference of more than 20,000 years of life lost per 100,000 residents. These parallel patterns in life expectancy and YPLL show that communities facing more early deaths also tend to have shorter average lifespans, reflecting deep and long-standing health inequities within suburban Cook County.

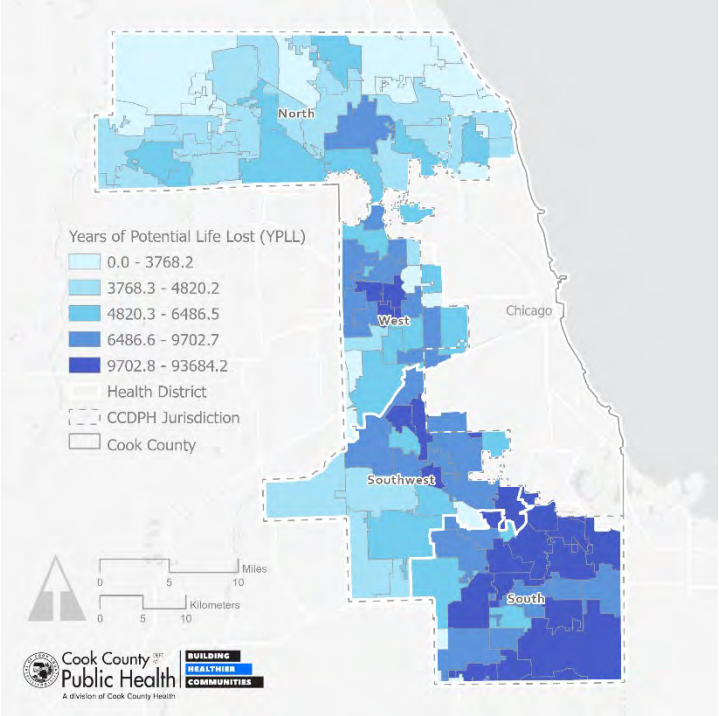


Figure 3.5: Years of Potential Life Lost (YPLL) by Municipality, 2023

3.5 Health Status and Health Care Satisfaction

In 2022 and 2023, the Suburban Cook County Health Survey asked a stratified random sample of adults about their overall health status and their satisfaction with the health care they received in the past year. The percentage of respondents who report their health as good, very good, or excellent (Figure 3.6) reflects how healthy people feel in their day-to-day lives, while the percentage who say they are very satisfied with their care gives another view of their health experiences. When these measures are compared with life expectancy, Years of Potential Life Lost (YPLL), and all-cause mortality, the patterns are very similar across suburban Cook County. Communities where people report better health and higher satisfaction with their care almost always have higher life expectancy, lower YPLL, and lower mortality rates. These places tend to be in the North Health District, where towns such as Park Ridge (99% reporting good health; 59% very satisfied with care), Wilmette (97% good health; 64% satisfaction), Glenview (96% good health; 64% satisfaction), and La Grange (97% good

health; 63% satisfaction) show consistently positive results. These communities also have long life expectancies and very low YPLL, meaning residents live longer and experience fewer early deaths.

By contrast, many communities in the South Health District-which have lower life expectancy and some of the highest YPLL and mortality rates-also tend to report low self-reported health and low health-care satisfaction. Towns such as Harvey (79% good health; 43% satisfaction), Dixmoor (17% good health; 9% satisfaction), Phoenix (10% good health; 6% satisfaction), Ford Heights (8% good health; 6% satisfaction), and East Hazel Crest (8% good health; 4% satisfaction) have much lower levels of residents who feel healthy or very satisfied with their care. These places also have some of the county's lowest life expectancies and highest YPLL levels, showing a consistent pattern of poorer health outcomes across multiple measures. The Southwest and West districts show more mixed results, with some towns performing near the county average, while others—including Maywood, Berkeley, North Riverside, and Merrionette Park—show lower self-reported health and lower satisfaction, reflecting their higher early-death burdens.

Overall, the measures of self-reported health and health care satisfaction closely match the patterns seen in objective indicators. Where people live longer and have fewer early deaths, they also tend to feel healthier and more satisfied with their care. Where communities face greater health burdens and more early mortality, residents are less likely to describe their health as good or to be satisfied with the care they receive. This alignment suggests that people's perceptions of their health and their experiences with the health system reflect real differences in health conditions across suburban Cook County. However, it is important to note that municipal-level survey estimates may be affected by small sample sizes and population counts, which can lead to greater uncertainty and variability in the numbers.

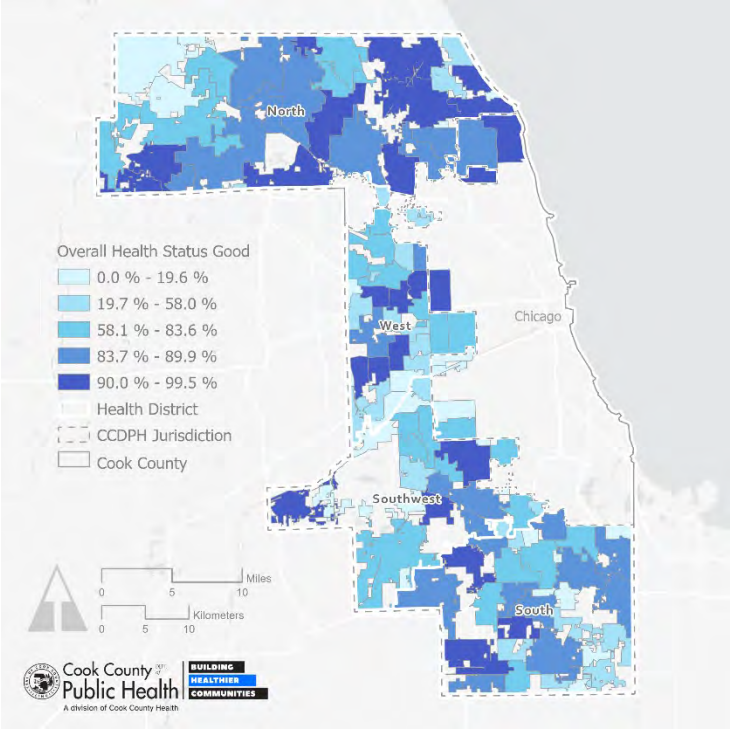


Figure 3.6: Overall Health Status Rate (i.e., Percent of adults who reported that their overall health is good, very good or excellent) by Municipality, 2023

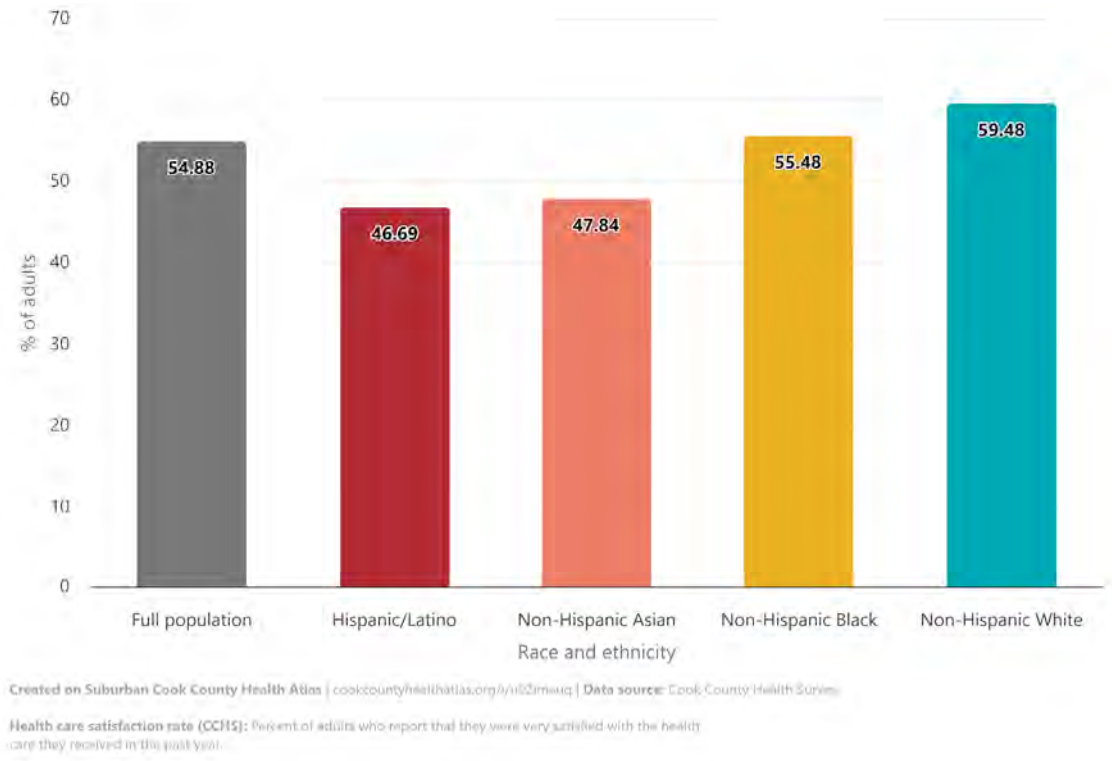
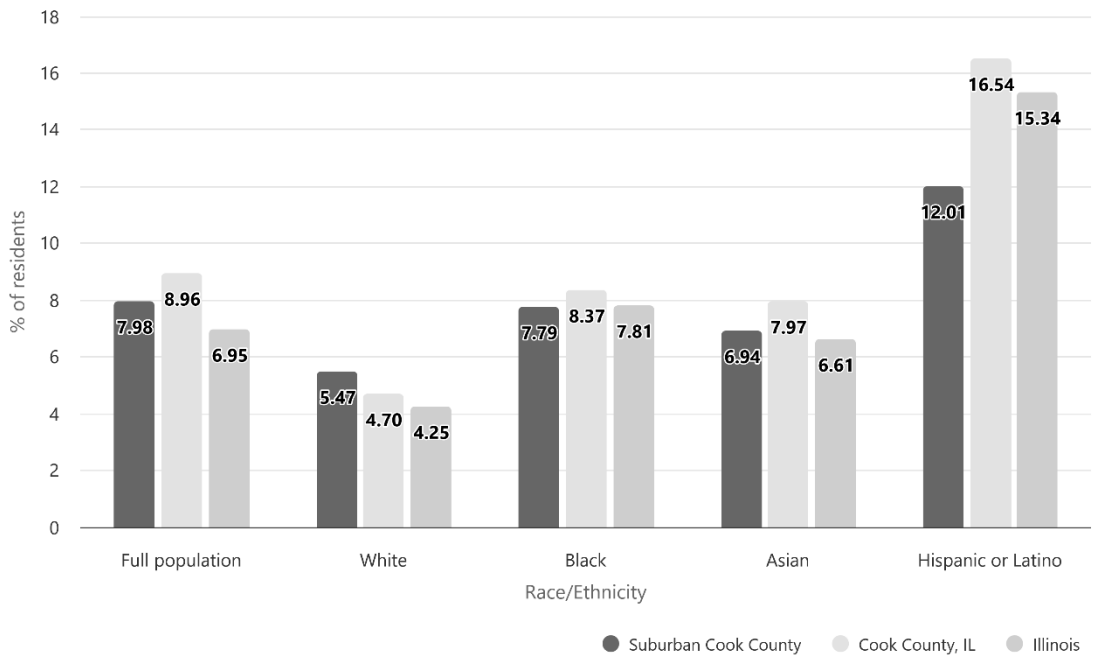


Figure 3.7: Health Care Satisfaction Rate by Race and Ethnicity, 2023

3.6 Health Insurance and Medicaid Access

Access to health insurance and Medicaid enrollment are important indicators of a community's overall health because they show whether people are able to get medical care when they need it. When more people are insured, they are more likely to receive preventive care, manage chronic diseases, and avoid serious health problems that can lead to early death.

In suburban Cook County, uninsured rates vary widely across racial and ethnic groups (Figure 3.8). White residents have the lowest uninsured rate at about 5.5 percent, while Asian and Black residents fall in the middle, at around 7 to 8 percent. Hispanic or Latino residents have the highest uninsured rate at 12 percent, almost double the overall suburban average. This pattern is similar across Cook County and the state of Illinois, though uninsured rates in suburban Cook tend to be slightly lower than those in Cook County as a whole. Hispanic or Latino residents face the greatest barriers to coverage in all locations, with the uninsured rate rising to more than 16 percent in Cook County and over 15 percent statewide. By contrast, White residents consistently have the lowest uninsured rates in every geography.



Created on Suburban Cook County Health Atlas | cookcountyhealthatlas.org/i/gkm68y21 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)
Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Figure 3.8: Percent of Residents Without Health Insurance by Race and Ethnicity and Location, 2023

Medicaid enrollment trends also help show how many people rely on public health insurance to meet their basic health needs. Enrollment in suburban Cook County rose steadily from about 613,000 people in 2020 to a peak of more than 812,000 in 2023 (Figure 3.9). This increase likely reflects the economic strain and continuous eligibility rules during the COVID-19 pandemic. Enrollment then dropped to about 707,000 in 2024, which aligns with the end of the federal public health emergency and the restarting of redeterminations [19]. Taken together, the uninsured rates and Medicaid enrollment trends suggest that many residents—especially people of color and those with lower incomes—depend on public programs to maintain access to care, and that changes to these programs can have a major impact on health across the region.

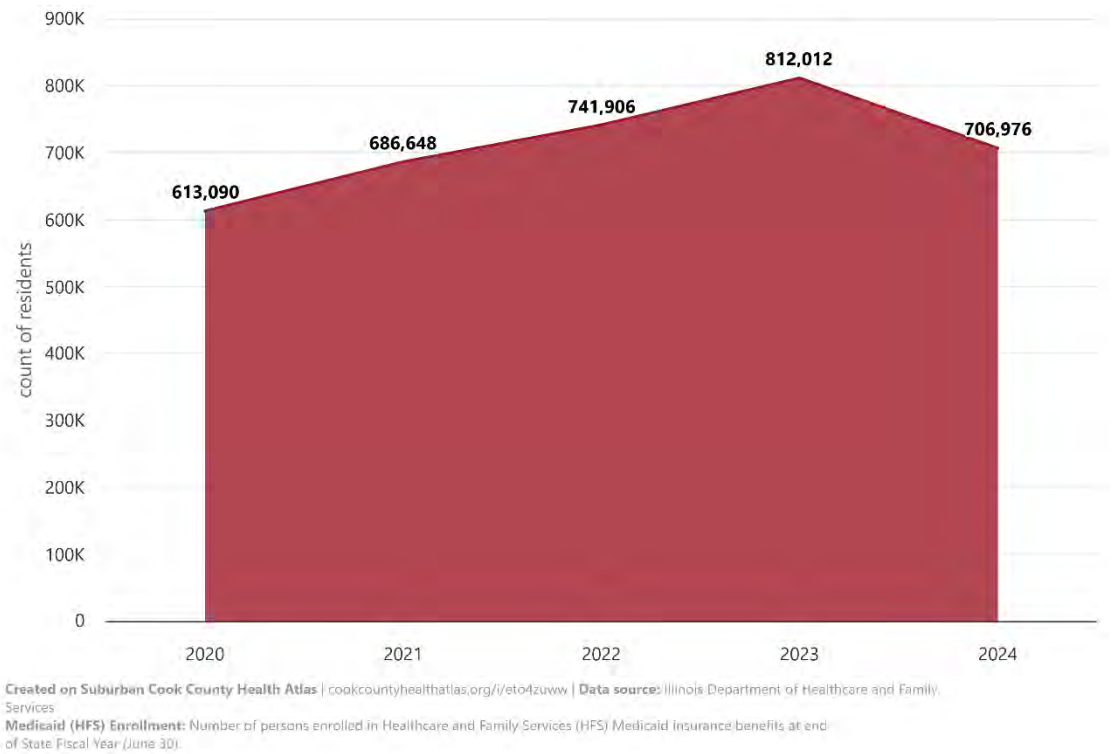
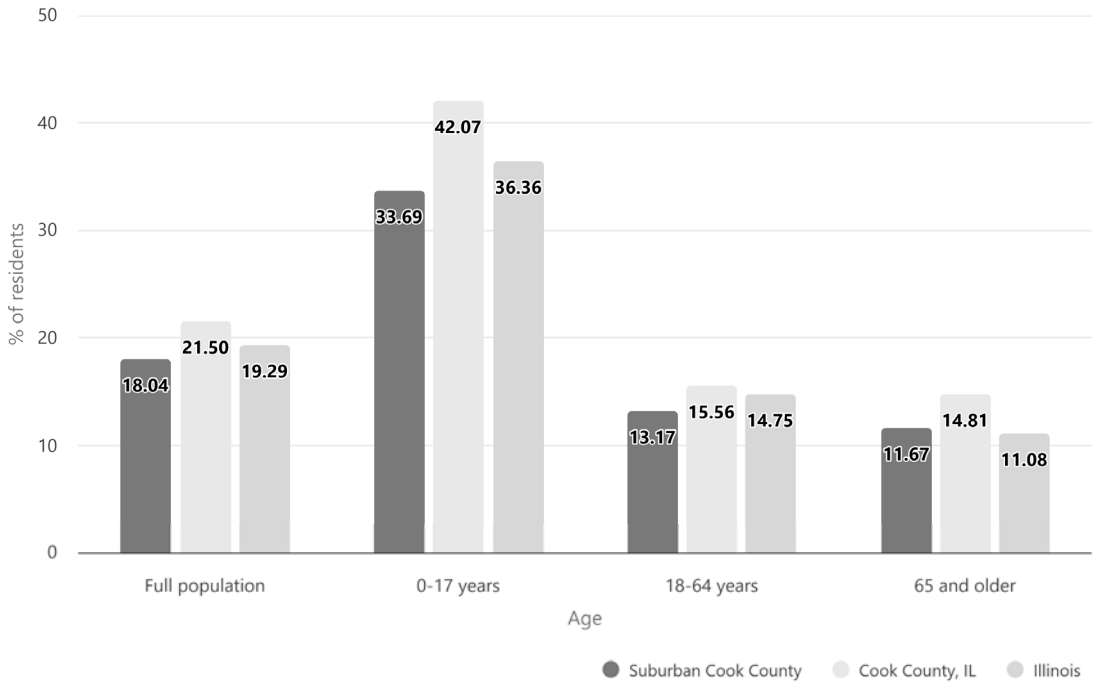


Figure 3.9: Medicaid Enrollment in Suburban Cook County, 2020-2024

Understanding Medicaid enrollment by age is important because it shows which groups rely most on public health insurance to meet their basic health needs. When many children, adults, or seniors depend on Medicaid, it suggests that access to affordable private coverage is limited and that public programs play a major role in supporting overall community health.

In suburban Cook County, children have the highest Medicaid enrollment both in number and in share of the population (Figure 3.10 and Figure 3.11). More than one-third of all residents ages 0–17 are covered by Medicaid, which is similar to the statewide average but lower than the rate in Cook County overall. Enrollment among children also increased from about 288,000 in 2020 to a peak of nearly 319,000 in 2023, before declining slightly in 2024. Adults ages 18–64 have much lower Medicaid coverage rates—about 13 percent in suburban Cook—yet they make up the largest share of total enrollees. Enrollment for this age group rose steadily during the pandemic, especially among adults eligible through the Affordable Care Act expansion, whose numbers grew from around 120,000 in 2020 to more than 180,000 in 2023.



Created on Suburban Cook County Health Atlas | cookcountyhealthatlas.org/i/uhjeijq8 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)
Medicaid coverage: Percent of residents covered by Medicaid, a state-administered health insurance program for residents meeting certain income limits and other eligibility standards that vary by state.

Figure 3.10: Medicaid Coverage Rate by Age and Location, 2023

Seniors have the smallest share of residents covered by Medicaid, at about 12 percent, which is similar to the statewide rate but lower than that of Cook County overall. Still, the number of seniors enrolled grew from about 52,000 in 2020 to nearly 79,000 in 2023, reflecting aging populations and continued financial need. Across all age groups, suburban Cook County consistently has lower Medicaid coverage rates than Cook County as a whole but is close to or slightly below Illinois averages. Together, these patterns show that Medicaid is especially important for low-income children and working-age adults, and that enrollment shifts over time can signal changes in economic conditions, health needs, and access to private insurance.

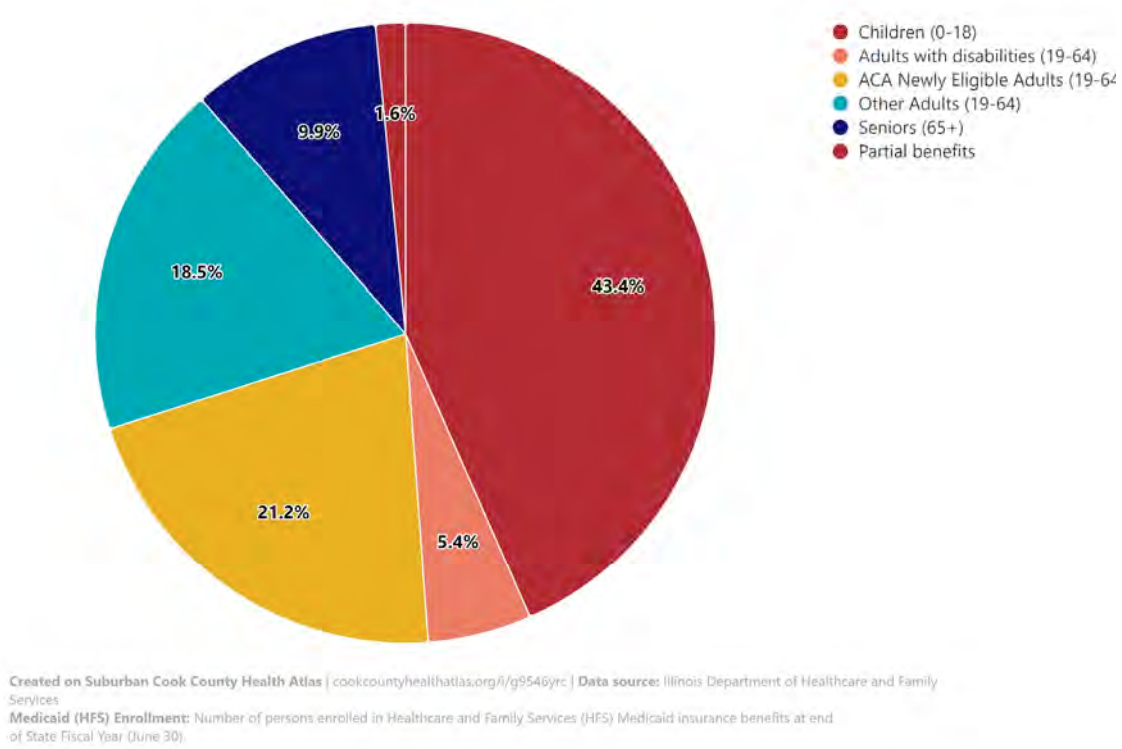


Figure 3.11: Medicaid Enrollment in Suburban Cook County by Category, 2024

3.7 Provider Access and Routine Checkups

Having a regular primary care provider is an important indicator of overall health because it means people have a trusted place to go for checkups, preventive care, and early treatment. Communities with higher rates of primary care access are more likely to catch health problems early and manage chronic conditions, which can lead to better long-term outcomes.

In the 2023 Suburban Cook County Health Survey, most adults reported having a primary care provider, with an overall rate of about 88 percent. However, there are clear differences across racial and ethnic groups (Figure 3.12). Hispanic and Latino residents had the lowest rate at about 78 percent, which is notably below the countywide average. In contrast, White, Black, and Asian residents all reported very similar and higher rates, ranging from about 89 to 91 percent. These patterns show that while access to primary care is generally strong across the county, Hispanic and Latino residents face more barriers to having a regular source of care. This gap can affect preventive health, disease management, and overall health outcomes for this community.

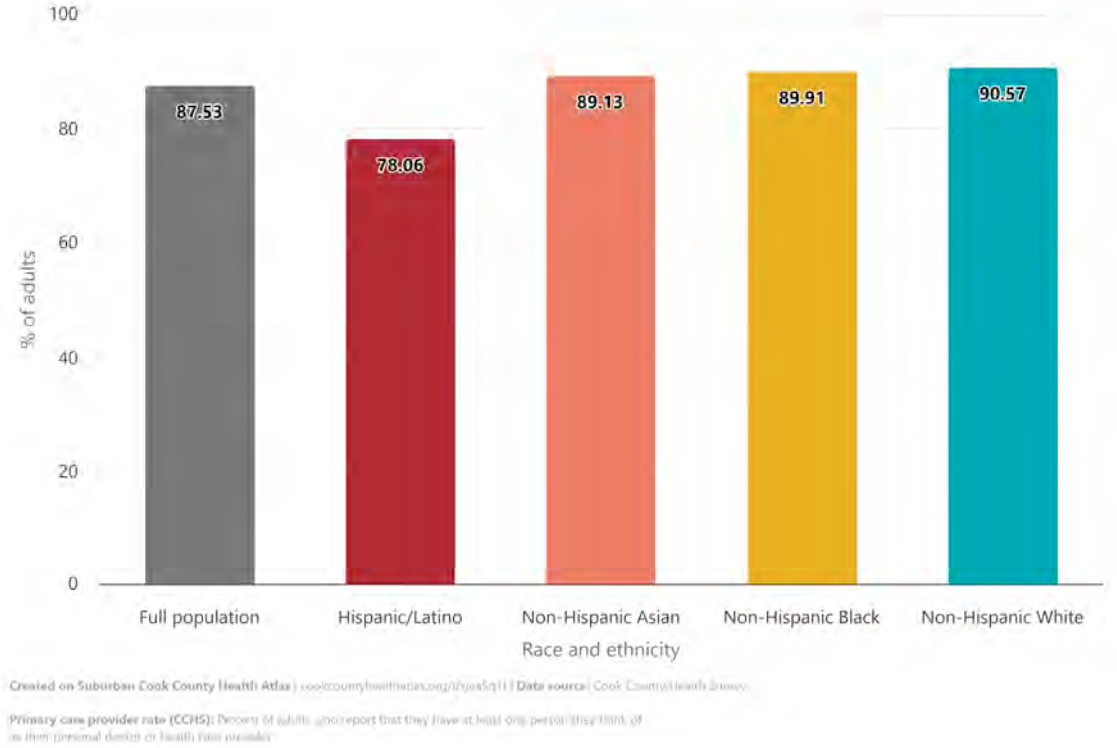


Figure 3.12: Primary Care Provider Rate in Suburban Cook County, 2023

Routine checkups are an important part of staying healthy because they allow health care providers to catch problems early, manage chronic conditions, and guide patients toward healthier behaviors. Across suburban Cook County, the percentage of adults who had a routine checkup in the past year varies widely between communities, showing the same kinds of geographic differences seen in other health indicators (Figure 3.13). Many municipalities in the North Health District report some of the highest routine checkup rates in the county. Places like Lincolnwood (99%), Northbrook (99%), Wheeling (99%), Wilmette (99%), Bartlett (98%), and Park Ridge (98%) show very strong use of preventive care. These communities also tend to have high life expectancy, low YPLL, and lower mortality rates, suggesting that access to routine care may support better long-term health.

In contrast, several communities in the South Health District, where life expectancy is lower and YPLL is higher, also have some of the lowest checkup rates. Ford Heights (10%), Phoenix (11%), East Hazel Crest (9%), Barrington Hills (3%), and Dixmoor (18%) report very low engagement in routine care. These same towns face major health challenges, including shorter lifespans, more early deaths, and higher rates of chronic disease. Many communities in the West and Southwest Districts fall in between: some have high checkup rates, like River Forest (99%), La Grange Park (96%), Crestwood (94%), and Palos Heights (98%), while others—including Berkeley, Countryside, North Riverside, Stone Park, and Merrionette Park—show much lower routine care use.

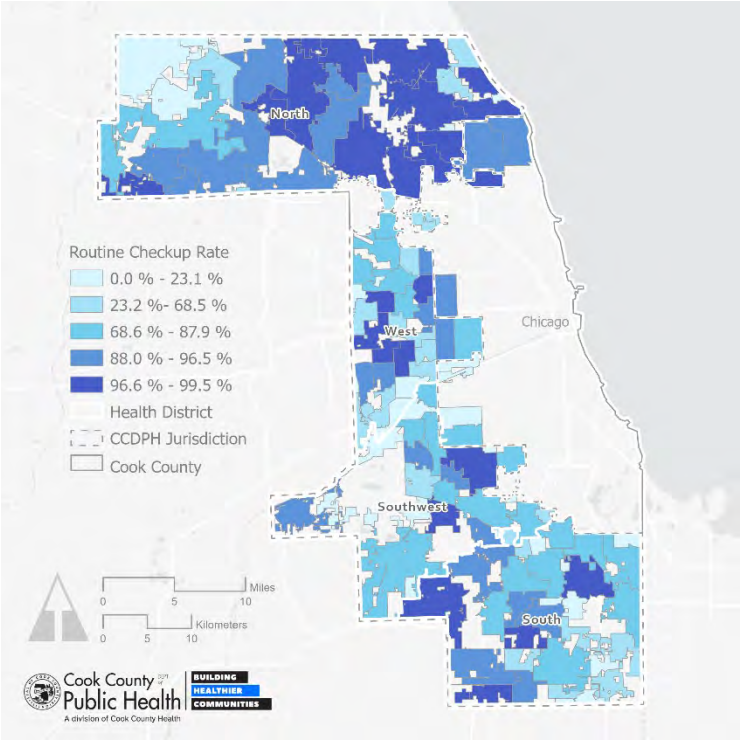


Figure 3.13: Routine Checkup Rate by Municipality, 2023

Overall, the data show a clear pattern: communities with high checkup rates often have stronger health outcomes, and communities with low checkup rates tend to face greater health burdens. While these patterns reflect real differences in access, opportunity, and health system use, it is important to remember that survey results can vary due to small sample sizes in some municipalities. Still, the overall trend suggests that improving access to preventive care—especially in areas with low checkup rates—could help reduce inequities and support better health across suburban Cook County.

3.8 Provider Density

Another way to understand access to care is to examine provider densities across key health care domains. To develop these measures, provider data were drawn from the National Plan and Provider Enumeration System (NPPES), which includes all actively enrolled health care providers in the United States [20]. Records were filtered to retain only those with Illinois practice locations, and addresses were geocoded using the Cook County Bureau of Technology's batch geocoding tool to ensure that only providers located within Cook County were included. Each provider was then classified into one of seven access-to-care categories—Primary Care, Mental Health, Dental/Oral Health, Maternal and Reproductive Health, Pharmacy, Home Health and Long-Term Care, and Specialty Care—based on official NUCC taxonomy codes [21]. Provider counts, population-to-provider ratios, and provider densities per 100,000 residents were calculated for each suburban Cook County health district, with maternal health indicators calculated using the female population ages 15–44. This approach follows national public health workforce and Health Professional Shortage Area (HPSA) designation frameworks to allow consistent comparisons across regions [22].

Examining provider availability is important because the number and type of providers in a community shape residents' ability to get timely and appropriate care. When provider densities are low, people may wait longer for appointments, travel farther, or skip needed care. National HPSA standards help identify potential shortages—for example, a primary care population-to-provider ratio above 3,500 to 1 is considered a shortage [22].

Across suburban Cook County, provider availability varies widely. For primary care, the region has 121.9 providers per 100,000 residents, or a ratio of 821 to 1, which is far better than HPSA shortage thresholds. The North (125.1 per 100,000) and Southwest Districts (144.5 per 100,000) show especially strong access. In contrast, the South District has only 54.8 providers per 100,000, with a ratio of 1,824 to 1, indicating far more limited access even though it does not meet official shortage criteria.

Mental health care has the strongest availability across all districts. Suburban Cook County averages 130.3 providers per 100,000 residents (ratio 767 to 1), with the North District even higher at 132.4 per 100,000 (ratio 755 to 1). The South, Southwest, and West districts have slightly lower densities—around 93 to 96 per 100,000—but still perform well compared to HPSA guidelines.

Dental access shows some of the largest disparities. Suburban Cook County overall has 13.0 dental providers per 100,000 residents (ratio 7,688 to 1). The North and Southwest districts have stronger access (17.0 and 16.5 per 100,000, respectively), but the South District has only 6.5 providers per 100,000, with a ratio of 15,437 to 1.

Maternal and reproductive health access varies even more. Using the female population ages 15–44 as the base, the Southwest District has the highest density (9.4 per 100,000), followed by the North (7.7 per 100,000) and suburban Cook County overall (7.3 per 100,000). The South and West districts have very low densities—2.19 and 2.28 per 100,000, with ratios over 22,000 to 1—suggesting major challenges accessing OB/GYN and reproductive health services.

Pharmacy access is moderate across all districts. Suburban Cook County has 34.2 pharmacies per 100,000 residents, with the Southwest District highest at 47.9 per 100,000 and the South and West districts at roughly 21–23 per 100,000. Specialty care also varies widely: the Southwest (21.8 per 100,000) and North (16.2 per 100,000) districts are highest, while the South (4.9 per 100,000) and West (6.0 per 100,000) districts have far fewer specialty providers per resident.

Home health and long-term care providers are the least common. Suburban Cook County has only 0.59 providers per 100,000 residents, and all districts fall below 1.1 per 100,000, although this reflects how agencies operate rather than a strict shortage.

Overall, suburban Cook County performs well relative to HPSA thresholds, especially for primary care and mental health. However, large differences between districts—particularly in the South and West—highlight unequal access to essential services. These disparities point to areas where expanded programs, partnerships, or targeted investments may be needed to improve equitable access to care.

At the same time, provider density alone does not fully capture whether residents can obtain high-quality, appropriate care when and where they need it. Access is also shaped by factors such as whether providers accept patients' insurance, have appointment availability, offer evening or weekend hours, and are reachable by public transportation. Equally important is the presence of a health care workforce that is culturally responsive and trained in cultural humility, including providers who understand the lived experiences of diverse communities and can build trust with patients. The availability of professional interpretation and translation services, as well as care delivered in patients' preferred languages, further influences whether services are truly

accessible. As a result, areas with adequate or even high provider density may still experience gaps in effective access if these qualitative dimensions of care are limited. Interpreting provider density alongside these broader considerations is therefore essential for understanding equity in health care access across suburban Cook County.

3.9 Summary and Insights

The indicators in this chapter show that general health and access to care in suburban Cook County are marked by both overall progress and deep, persistent inequities. Many residents live long lives, have health insurance, and report strong connections to primary care and routine checkups. At the same time, large gaps in mortality, life expectancy, years of potential life lost, self-reported health, and provider availability fall along clear racial, ethnic, and geographic lines; especially between the North District and many communities in the South, West, and parts of the Southwest districts. These patterns suggest that improving health in suburban Cook County will require not only maintaining strong systems where they already work well, but also investing in communities that face the greatest barriers to prevention, timely treatment, and high-quality care.

- All-cause mortality, life expectancy, and YPLL consistently point to the same inequities: Black residents and many South District communities experience the highest death rates, the shortest lifespans, and the largest burden of early deaths, while Asian and many northern suburbs have the most favorable outcomes.
- Self-reported health status and health-care satisfaction closely mirror these patterns, with residents of high-opportunity northern suburbs more likely to feel healthy and very satisfied with their care, and residents of high-hardship communities in the South, West, and Southwest districts less likely to report good health or positive care experiences.
- Health insurance coverage is generally strong, but gaps remain—especially for Hispanic/Latino residents, who have the highest uninsured rates in suburban Cook County and statewide, and for low-income residents who rely heavily on Medicaid and are vulnerable to policy changes and enrollment disruptions.
- Access to providers and preventive services is uneven: most residents report having a primary care provider and many northern and southwest suburbs have very high routine checkup rates, yet several South and West District communities have far fewer providers per resident and some of the lowest rates of routine care use.
- District- and neighborhood-level differences across all indicators highlight priority areas for action, pointing to the need for targeted investments in primary care, maternal and reproductive health, dental care, and community-based outreach in the South, West, and selected Southwest communities to close gaps and advance health equity across suburban Cook County.

4. CHRONIC DISEASE

4.1 Overview

Chronic disease refers to long-term health conditions that are persistent, often progressive, and typically require ongoing medical attention or management rather than a one time cure. Examples include heart disease, cancer, diabetes, asthma, and arthritis. These conditions are influenced by a mix of genetic, behavioral, environmental, and social factors.

Tracking and monitoring chronic disease is vital for population health planning because it helps public health agencies such as CCDPH to identify trends, measure disparities, and allocate resources effectively. Surveillance data reveal which populations are most affected, how disease patterns change over time, and where prevention and intervention efforts can have the greatest impact. By monitoring chronic disease, CCDPH can design targeted programs, evaluate their effectiveness, and support policies that promote healthier communities and reduce long-term healthcare costs.

4.2 Mortality

Chronic disease mortality rates are an important indicator of overall health because they show how often people die from long-term illnesses such as heart disease, cancer, stroke, diabetes, and respiratory diseases. High mortality rates can point to gaps in prevention, early detection, treatment access, or underlying conditions in a community. These indicators also include deaths from major chronic diseases like lung cancer, colorectal cancer, chronic liver disease, and other long-term health conditions.

Chronic disease mortality in suburban Cook County shows a general downward trend across most major conditions from 2010 to 2023, and these patterns broadly mirror statewide and national improvements (Figure 4.1). Heart disease and cancer—the two leading causes of death—decline steadily over time, dropping from roughly 168–170 deaths per 100,000 in 2010 to about 138 for heart disease and 131 for cancer by 2023. These levels are similar to recent U.S. rates, where heart disease mortality has fallen to around 150 deaths per 100,000 and cancer mortality to about 144, and they closely align with Illinois patterns, which also show long-term declines. Lung and bronchus cancer mortality shows a clear decrease, falling from 43.6 to about 26 deaths per 100,000, reflecting national trends tied to reduced smoking and improved screening. Chronic lower respiratory disease mortality also drops overall despite some fluctuations, declining from about 30 to 20 deaths per 100,000. Stroke mortality remains more variable, with rates rising and falling and ending close to their 2010 level, similar to U.S. patterns where stroke mortality has shown modest fluctuations rather than a steady decline. Diabetes mortality fluctuates across the period, with a noticeable increase in 2020 consistent with statewide and national spikes during the COVID-19 pandemic, but still moves downward overall, ending lower in 2023 than in 2010. Colorectal cancer mortality shows a steady decline, aligning with national improvements tied to increased screening. Overall, the trends suggest progress in chronic disease prevention and treatment in suburban Cook County, while also highlighting some conditions—such as stroke and diabetes—where variability and pandemic-related increases remain visible.

	TOTAL SCC POPULATION (PER 100,000)			STRATIFICATIONS	
	AVERAGE	LATEST	TREND	RACE[1]	GEOGRAPHY[2]
ALL CAUSE MORTALITY RATE[3]	665.3	625.5			
HEART DISEASE MORTALITY RATE[3]	154.4	137.8			
CANCER MORTALITY RATE	150.1	130.5			
STROKE MORTALITY RATE[3]	36.6	38.7			
LUNG AND BRONCHUS CANCER MORTALITY RATE[3]	34.3	26.2			
CHRONIC LOWER RESPIRATORY DISEASE MORTALITY RATE[3]	27.0	20.3			
DIABETES MORTALITY RATE[3]	16.6	14.7			
COLORECTORAL MORTALITY RATE[3]	13.9	11.6			

[1] Latest rate ordered by race/ethnic group: Hispanic/Latino; Non-Hispanic Asian; Non-Hispanic Black; Non-Hispanic White

[2] Latest rate ordered by CCDPH health district: North; West; Southwest; South

[3] Health disparity detected. Disparity is defined as a difference of 2 times (100%) or greater in health outcomes between one or more race/ethnic groups or one or more health districts.

Data source: Adapted from the Suburban Cook County Health Atlas (https://cookcountyhealthatlas.org).

Figure 4.1: Age-Adjusted Mortality Rates by Year in Suburban Cook County, 2010-2023

Across suburban Cook County, chronic disease mortality rates show clear differences by race, ethnicity, and health district (Figure 4.1). In nearly every category, Black residents have the highest death rates, especially for heart disease (185 per 100,000), stroke (64 per 100,000), diabetes (25 per 100,000), and colorectal cancer (17 per 100,000). These rates are much higher than those for White residents and far above the levels seen among Hispanic/Latino or Asian residents. Asian residents consistently have the lowest mortality rates, such as 74 per 100,000 for heart disease and 85 per 100,000 for cancer, while Hispanic/Latino residents also experience lower-than-average rates for many conditions.

Major differences also appear across the four health districts. The South Health District has the highest death rates for almost every chronic disease, including heart disease (183 per 100,000), cancer (163 per 100,000), and stroke (56 per 100,000). These levels are all higher than the countywide average. The West and Southwest districts show elevated mortality for several conditions, including cancer and heart disease, but not as high as the South District. In contrast, the North District has the lowest mortality across nearly all conditions, such as heart disease (121 per 100,000) and cancer (116 per 100,000), highlighting major geographic differences in health outcomes.

Diet-related mortality, coronary heart disease, and diabetes mortality are important indicators because they show how nutrition, access to healthy foods, and long-term eating patterns affect a community's overall health. Diabetes mortality, in particular, reflects how well communities are preventing, detecting, and managing a chronic disease that can lead to serious complications and early death. All three indicators are strongly linked to preventable factors such as high blood pressure, obesity, and limited access to timely care, and they are sensitive to neighborhood conditions such as food environments, income, and health care availability. Tracking these measures helps public health officials identify which groups face the highest risks and where to focus prevention strategies, including nutrition programs, chronic disease management, and improved food access.

Across suburban Cook County, diet-related mortality shows large and consistent differences by race and ethnicity (Figure 4.2). Black residents have the highest rates throughout the entire period, with levels that remain well above those of other racial and ethnic groups. By comparison, Hispanic/Latino and Asian residents have much lower diet-related mortality, and their rates decline steadily over time. White residents fall in the

middle but still show higher rates than Hispanic/Latino and Asian residents. Despite an overall downward trend across the county—from about 255 per 100,000 in 2010 to under 200 in 2023—the gap between racial groups remains large, showing that not all communities have benefited equally from improvements in nutrition or chronic disease prevention.

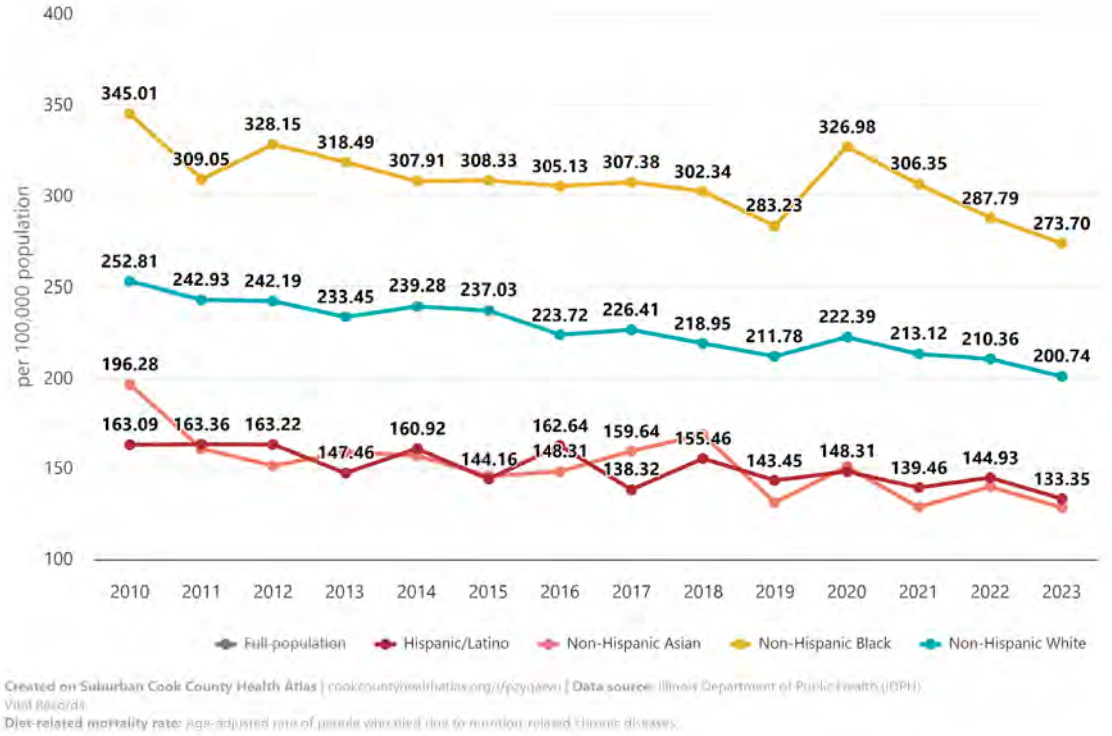


Figure 4.2: Diet-Related Mortality Rate by Race and Ethnicity, 2010-2023

Coronary heart disease mortality shows many of the same patterns as diet-related mortality and is a key measure for public health planning because it reflects long-term risks tied to nutrition, stress, physical activity, and access to medical care. Strong primary care systems, early diagnosis, and treatment for high blood pressure and high cholesterol can prevent many of these deaths. Across suburban Cook County, Black residents experience the highest coronary heart disease mortality throughout the period, with rates that remain well above other groups (Figure 4.3). White residents show moderately high levels, while Hispanic/Latino and Asian residents consistently experience the lowest rates. All groups see gradual declines over time, but the gaps between groups remain large, showing that long-standing inequities continue to influence health outcomes.

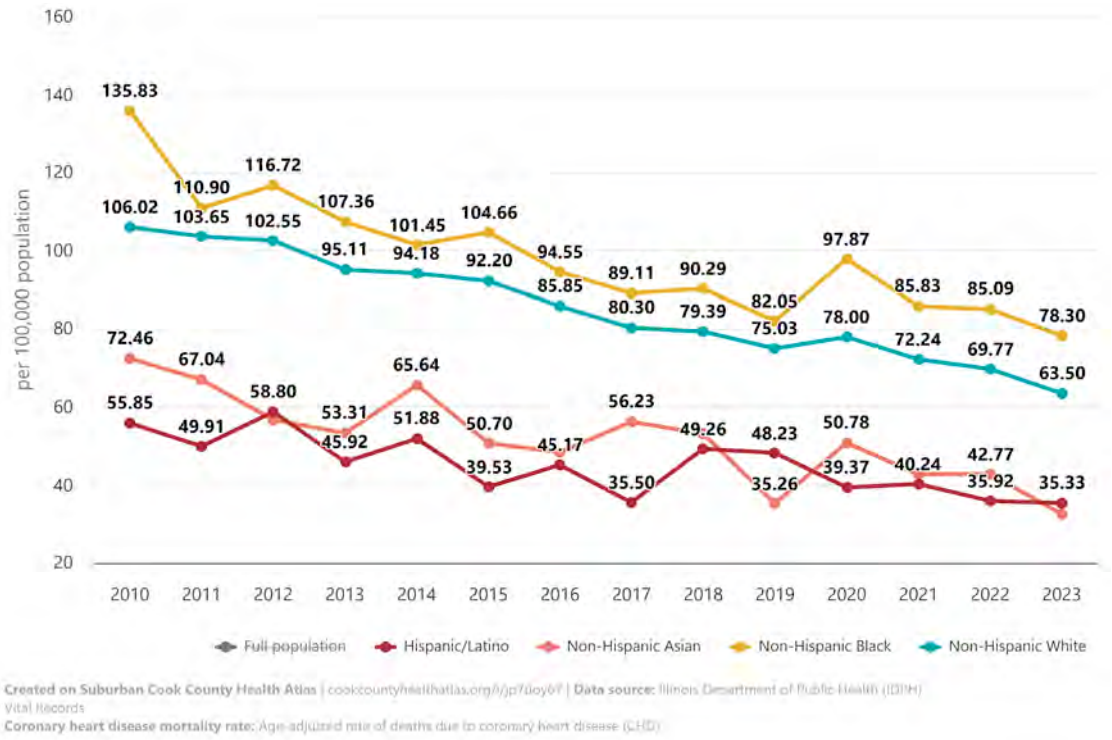


Figure 4.3: Coronary Heart Disease Mortality Rate by Race and Ethnicity, 2010-2023

Diabetes mortality rates vary widely across suburban Cook County municipalities, showing clear differences in risk from place to place (Figure 4.4). Communities in the South and Southwest Health Districts generally have the highest rates, with several towns such as Robbins (49.7 deaths per 100,000), Richton Park (42.7), Calumet Park (40.6), Sauk Village (40.1), and Markham (33.4) experiencing some of the greatest burdens. Many of these areas also face long-standing challenges related to income, access to health care, and other chronic disease risk factors. In contrast, several North District communities report much lower mortality, including Wilmette (5.5), Northbrook (6.3), and Park Ridge (6.7), as well as a cluster of zero-rate municipalities such as Barrington Hills, Glencoe, Golf, and Hinsdale, although small population sizes can influence these figures. Most West District communities fall in the middle range, with rates commonly between 14 and 22 deaths per 100,000, while towns classified as out-of-jurisdiction (OOJ) show similarly mixed patterns. Overall, the geographic differences show that diabetes does not affect all communities equally. Higher-burden towns are concentrated in the South and Southwest districts, while many North District communities have much lower rates. These patterns highlight the need for targeted prevention, stronger diabetes management support, and improved access to clinical care in communities facing the highest mortality.

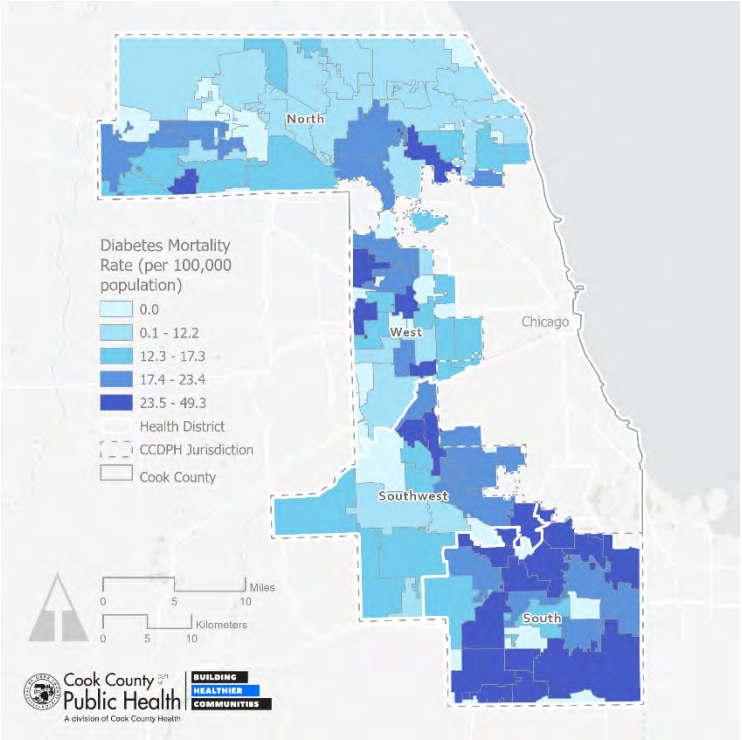


Figure 4.4: Coronary Heart Disease Mortality Rate by Race and Ethnicity, 2010-2023

These patterns are important because they highlight communities where stronger prevention and treatment strategies could have the greatest impact. The higher mortality rates among Black residents may reflect barriers in access to heart disease screening, follow-up care, affordable medication, and healthy food options. Meanwhile, groups with lower rates—such as Hispanic/Latino and Asian residents—may benefit from different health behaviors, stronger community support systems, or easier access to preventive care. Understanding these differences helps guide public health efforts toward the neighborhoods and populations facing the greatest risks, ensuring that programs such as blood pressure screening, nutrition support, and chronic disease management reach the people who need them most.

In suburban Cook County and elsewhere, mortality can vary considerably by sex. Diabetes mortality rates for both females and males have generally decreased over the past decade, but the patterns show clear differences between the two groups. Male mortality rates remained noticeably higher than female rates in every year from 2010 to 2023, often by a wide margin (Figure 4.5). For example, in 2010 the male rate was 21.9 deaths per 100,000 compared to 13.4 among females, and in 2023 the rate for males (20.7) was still more than double the female rate (9.9). These local patterns are consistent with national and statewide trends, where men also experience higher diabetes mortality due to differences in disease severity, health behaviors, and delayed access to preventive care. Both groups in suburban Cook County experienced increases during 2020–2022, reflecting statewide and national surges linked to the COVID-19 pandemic, which disrupted routine diabetes management and increased risks for people with chronic conditions [23]. However, female rates fell sharply to their lowest point in 2023, while male rates remained elevated, a pattern also seen across Illinois and the U.S., where women have shown faster recovery in chronic disease outcomes. Overall, the long-term decline in female mortality and the more uneven pattern among males suggest different levels of risk and access to care. These differences highlight the need for targeted prevention, diabetes management support, and clinical follow-up to reduce deaths across all groups.

Figure 4.5: Diabetes Mortality Rate by Sex, 2010-2023

Overall, the patterns are consistent: Black residents and residents of the South Health District experience the heaviest burden of chronic disease, reflecting long-standing inequities in prevention, care access, and social conditions. Meanwhile, Asian residents and people living in the North Health District tend to have the lowest mortality rates. These differences point to the need for targeted prevention, early detection efforts, and improved access to high-quality care in communities facing the greatest risks.

4.3 Emergency Department Visits

This section presents emergency department (ED) visitation rates per 100,000 among residents of suburban Cook County. The rates refer to the number of visits to hospital emergency departments for a specific condition or cause, standardized to a population of 100,000 people over a given time period. These rates indicate how often people seek urgent medical care and can reflect both the prevalence and severity of certain health issues, as well as gaps in access to primary care, preventive services, or disease management.

Unlike mortality rates, which capture only the most severe outcomes—death—ED visitation rates offer a broader view of population health by capturing non-fatal but serious episodes of illness or injury. High ED rates may signal unmet healthcare needs, poor disease control (e.g., uncontrolled asthma or diabetes), or social and structural barriers that lead people to rely on emergency care instead of more cost-effective, preventive services. As such, ED visitation rates can guide policy interventions aimed at strengthening primary care, improving care coordination, and addressing upstream determinants of health that reduce preventable emergency visits. Figure 4.6 presents ED visitation rates per 100,000 residents in suburban Cook County from 2016 to 2024 for selected chronic disease and related conditions.

Across suburban Cook County, ED visit rates differ widely by race and ethnicity. Black residents have the highest rates for almost every chronic condition, such as about 1,503 visits per 100,000 people for asthma, 1,204 for diabetes, 1,462 for hypertension, and 620 for heart failure (Figure 4.6). These levels are several times higher than those seen among other groups. Hispanic/Latino residents show moderate rates, including around 758 diabetes-related visits and 474 asthma-related visits. Asian residents consistently have some of the lowest ED visit rates, with only 182 asthma-related visits and 248 diabetes-related visits, while White residents fall in the middle, such as 336 asthma-related visits and 312 diabetes-related visits. These differences suggest that not all communities have the same access to preventive care or the same ability to manage chronic diseases outside the hospital.

	TOTAL SCC POPULATION (PER 100,000)			STRATIFICATION
	AVERAGE	LATEST	TREND	RACE[1]
CANCER-RELATED ED VISITATION RATE	3125.9	3286.9		
HYPERTENSION-RELATED ED VISITATION RATE[2]	765.1	663.2		
CORONARY ARTERY DISEASE ED VISITATION RATE	590.6	654.8		
ASTHMA-RELATED ED VISITATION RATE[2]	652.5	573.2		
DIABETES-RELATED ED VISITATION RATE[2]	623.5	540.9		
HEART FAILURE-RELATED ED VISITATION RATE[2]	232.2	285.7		
CHRONIC KIDNEY DISEASE ED VISITATION RATE[2]	275.2	274.4		
TOBACCO-RELATED ED VISITATION RATE[2]	272.4	203.7		
STROKE-RELATED ED VISITATION RATE[2]	63.4	74.0		

[1] Latest rate ordered by race/ethnic group: Hispanic/Latino; Non-Hispanic Asian; Non-Hispanic Black; Non-Hispanic White

[2] Health disparity detected. Disparity is defined as a difference of 2 times (100%) or greater in health outcomes between one or more race/ethnic groups.

Data source: Adapted from the Suburban Cook County Health Atlas (https://cookcountyhealthatlas.org).

Figure 4.6: Emergency Department Hospital Visitation Rates by Year, 2016-2024

The same patterns appear across health districts, where the South District typically has the highest ED visit rates for many chronic conditions. For example, the most recent countywide rates include 3408 cancer-related visits, 775 hypertension-related visits, and 727 coronary artery disease-related visits, with the South District often experiencing even higher levels than the county average. The West District also shows elevated rates for several conditions, while the North District consistently has the lowest ED visit rates. This suggests that residents in the North District may have better access to primary care, chronic disease programs, or healthier living conditions that help prevent emergency visits.

Heart failure–related emergency department visits have increased over time in suburban Cook County and show large differences across racial and ethnic groups (Figure 4.7). Black residents consistently have the highest rates, rising from about 327 visits per 100,000 people in 2016 to nearly 740 in 2024. These levels are several times higher than those seen in other groups and point to serious challenges in managing heart failure outside the emergency setting. Hispanic/Latino residents have moderate rates that increase from roughly 119 to 214 over the same period. White residents also experience rising rates, reaching about 255 in 2024. Asian residents have the lowest rates throughout the entire period, ranging from about 67 to 125. The full population rate also climbs from about 175 to 337 per 100,000. These patterns suggest persistent differences in access to preventive care, treatment, and chronic disease management, with Black residents facing the greatest burden and Asian residents experiencing the lowest levels of emergency care for heart failure.

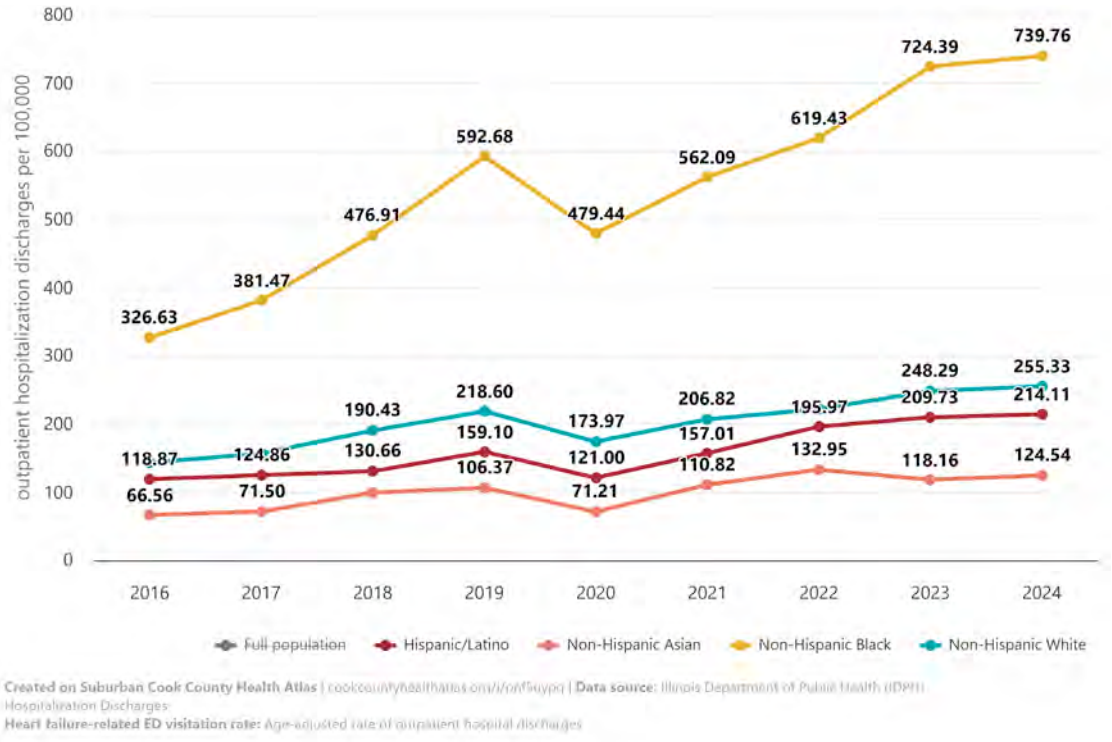


Figure 4.7: Heart Failure-Related ED Visitation Rate by Race and Ethnicity, 2016-2024

Overall, the data show strong and persistent disparities. Black residents and people living in the South District experience the highest ED visit rates for chronic conditions, while Asian residents and people living in the North District experience the lowest. These patterns point to the need for targeted prevention programs, better chronic disease management support, and stronger access to routine medical care in the communities facing the biggest challenges.

4.4 Adult Health Survey

The following sections present indicator collected by CCDPH via the survey method. Survey data differ from mortality and hospitalization data in that they are self-reported by individuals across suburban Cook County, capturing behaviors, perceptions, and experiences that may not be documented in clinical or professional settings. The Suburban Cook County Health Survey (SCCHS), administered in 2022 and 2023, is a cross-sectional survey of approximately 32,000 randomly selected adults aged 18 and older living in suburban Cook County. Offered in both English and Spanish via paper and web-based formats, the survey collects self-reported health, exposure, and behavior data to help the department assess community needs, identify health disparities, and inform programs and policies. The SCCHS design closely follows national and state models, including the CDC's Behavioral Risk Factor Surveillance System (BRFSS), the Illinois County BRFSS, and the Healthy Chicago Survey (HCS), in collaboration with the Chicago Department of Public Health.

Figure 4.8 presents chronic disease-related indicators from the 2022 and 2023 Suburban Cook County Health Survey, covering health behaviors, preventive care, diagnosed conditions, and community conditions. While most indicators remained relatively stable, some modest changes are evident across the two years. Across

racial and ethnic groups, clear differences appear in both health behaviors and diagnosed conditions. Food insecurity is highest among Black residents, with more than half reporting worry about food running out, compared with about one in five White adults. Hispanic/Latino adults also report high levels of food insecurity, while Asian residents report the lowest. Access to healthy food shows a similar pattern: only about 47 percent of Hispanic/Latino adults say it is very easy to get fresh fruits and vegetables, compared with 73 percent of White adults. Physical inactivity and obesity are also more common among Black adults, while Asian adults consistently have the lowest rates of inactivity, obesity, and asthma. Smoking and e-cigarette use are most common among White and Hispanic/Latino residents, while Asian residents again report the lowest levels.

	DESCRIPTION	TOTAL SCC POPULATION (%) 2022	2023	STRATIFICATIO RACE[1]
FOOD SECURITY CONCERN RATE (CCHS)[2]	Percent of adults who reported being worried about food running out sometimes or often	32.6	32.0	
NEIGHBORHOOD SIDEWALK QUALITY RATE (CCHS)	Percent of adults who reported the sidewalks in their neighborhood are well-maintained.	65.4	68.0	
EASE OF WALKING TO TRANSIT STOP RATE (CCHS)	Percent of adults who reported it was easy to walk, scoot, or roll to a transit stop from home.	66.5	67.8	
HIGH CHOLESTEROL RATE (CCHS)	Percent of adults who were diagnosed with high cholesterol blood levels	30.0	30.3	
EASY ACCESS TO FRUITS AND VEGETABLES RATE (CCHS)	Percent of adults who reported that it is very easy for them to get fresh fruits and vegetables.	63.2	62.8	
ADULT PHYSICAL INACTIVITY RATE (CCHS)	Percent of adults who reported that they did not participate in any physical activities or exercises in the past month.	30.0	27.6	
ADULT E-CIGARETTE USE RATE (CCHS)[2]	Percent of adults who report that they have used electronic cigarettes in the past 30 days , or Age-adjusted rate of adults who reported that they currently use electronic cigarettes "Every day" or "Some days" (2020-current)	4.8	6.6	
HYPERTENSION RATE (CCHS)[2]	Percent of adults who reported that a doctor, nurse or other health professional has diagnosed them with high blood pressure (excludes borderline high, pre-hypertensive or hypertension diagnosed only during pregnancy).	31.9	32.1	
DRINKING WATER QUALITY RATE (CCHS)[2]	Percent of adults who reported that their source of drinking water is unfiltered tap water	19.0	17.7	
ADULT SMOKING RATE (CCHS)[2]	Percent of adults who report that they've smoked at least 100 cigarettes in their life and report that they now smoke cigarettes every day or some days.	29.1	28.7	
ADULT OVERWEIGHT RATE (CCHS)	Percent of adults who are overweight (have a body mass index (BMI) higher than 25 but less than 30.0 kg/m^2 calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.	33.1	33.9	
ADULT ASTHMA RATE (CCHS)[2]	Percent of adults who reported that a doctor, nurse or other health professional has diagnosed them with asthma, and they currently have asthma.	8.0	7.9	
ANNUAL DENTAL CLEANING RATE (CCHS)	Percent of adults who report that they have had their teeth cleaned by a dentist or hygienist in the past year.	66.2	68.3	
ADULT OBESITY RATE (CCHS)[2]	Percent of adults who are obese (have a body mass index (BMI) ≥30.0 kg/m^2 calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.	37.0	36.0	
COLORECTAL CANCER SCREENING RATE (CCHS)[2]	Percent of adults age 45 and older who reported having a colonoscopy or sigmoidoscopy in the past 5 years or a blood stool test in the past year.	30.0	35.3	

[1] Latest rate ordered by race/ethnic group: Hispanic/Latino; Non-Hispanic Asian; Non-Hispanic Black; Non-Hispanic White

[2] Health disparity detected. Disparity is defined as a difference of 2 times (100%) or greater in health outcomes between one or more race/ethnic groups.

Data source: Adapted from the Suburban Cook County Health Atlas (https://cookcountyhealthatlas.org).

Figure 4.8: Suburban Cook County Health Survey Chronic Disease-Related Indicators, 2022 and 2023

Preventive care indicators also show meaningful differences. White adults have the highest annual dental cleaning rates, while Black adults have the lowest. Screening for colorectal cancer is much more common among White and Black residents and much less common among Hispanic/Latino and Asian adults. Hypertension remains a major concern, especially for Black residents—where more than 40 percent report being diagnosed with high blood pressure—compared with much lower rates in Asian and Hispanic groups.

Even neighborhood conditions differ: White and Asian adults are more likely to report well-maintained sidewalks and easy access to transit, while Black adults report the lowest sidewalk quality.

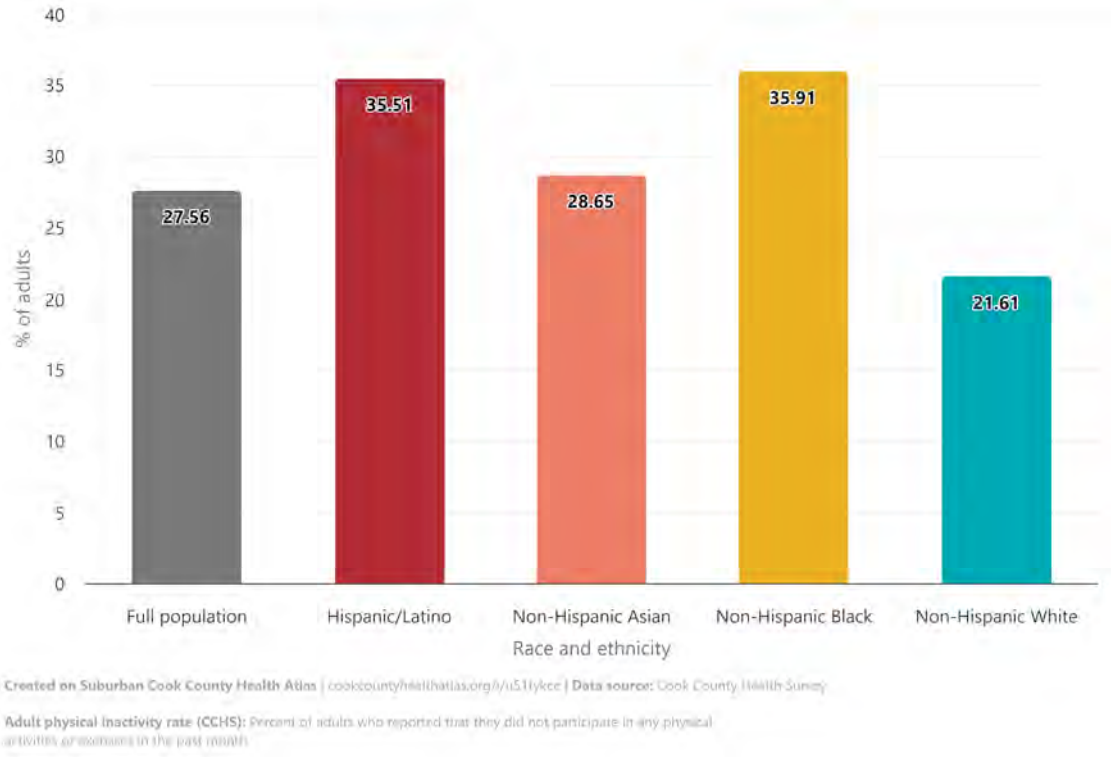


Figure 4.9: Adult Physical Inactivity Rate by Race and Ethnicity, 2023

Taken together, these patterns show that many of the same populations experiencing the highest chronic disease burden—especially Black and some Hispanic/Latino communities—also face more barriers in food access, preventive care, and healthy living conditions. Meanwhile, Asian adults tend to have the most favorable behavioral and health indicators. These insights highlight the importance of targeted community investments, better access to preventive services, and programs that address food access, neighborhood environments, and chronic disease management where the needs are greatest.

4.5 Youth Survey

The Youth Risk Behavior Survey (YRBS) is a key data collection effort conducted by CCDPH to assess health risk behaviors among high school students (grades 9–12) in suburban Cook County. Administered locally in 2010, 2020, and 2022, with plans for ongoing biennial implementation, the YRBS is part of a nationwide surveillance system developed by the CDC to monitor priority health behaviors among adolescents, including physical activity, nutrition, substance use, sexual behavior, and mental health. The data help guide the development of targeted policies and programs that support adolescent health and well-being at both the local and national levels. Figure 4.10 presents selected health behavior and outcome indicators from the Youth Risk Behavior Survey (YRBS) for suburban Cook County high school students, showing trends from 2020 to 2024.

	DESCRIPTION	TOTAL SCC POPULATION (%) AVERAGE	LATEST	TREND	STRATIFICATION RACE[1]
HIGH SCHOOL OBESITY RATE (YRBS)	Percent of public high school students who are obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height).	11.0	10.2		
HIGH SCHOOL OVERWEIGHT RATE (YRBS)	Percent of public high school students who are overweight (have a body mass index (BMI) higher than 25 but less than 30.0 kg/m² calculated from self-reported weight and height).	15.7	14.7		
HIGH SCHOOL PHYSICAL INACTIVITY RATE (YRBS)[2]	Percent of public high school students who report not participating in at least 60 minutes of physical activity on at least 1 day of the past 7 days.	15.9	11.7		
HIGH SCHOOL E-CIGARETTE USE RATE (YRBS)[2]	Percent of public high school students who report using an electronic vapor product at least once during the past 30 days.	13.9	8.5		
HIGH SCHOOL SODA CONSUMPTION RATE (YRBS)[2]	Percent of public high school students who report consuming one or more servings of soda or pop daily for the past 7 days.	12.3	12.7		
HIGH SCHOOL DENTAL VISIT RATE (YRBS)	Percent of public high school students who report having a check-up, exam, teeth cleaning, or other dental work within the past year.	78.4	79.5		

[1] Latest rate ordered by race/ethnic group: Hispanic/Latino; Non-Hispanic Asian; Non-Hispanic Black; Non-Hispanic White

[2] Health disparity detected. Disparity is defined as a difference of 2 times (100%) or greater in health outcomes between one or more race/ethnic groups.

Data source: Adapted from the Suburban Cook County Health Atlas (https://cookcountyhealthatlas.org).

Figure 4.10: Suburban Cook Youth Risk Behavioral Survey Indicators, 2020, 2022 and 2024

High school students in suburban Cook County show a mix of strengths and areas of concern related to chronic disease risk, based on recent Youth Risk Behavior Survey data (Figure 4.10). Overall rates of obesity and overweight remain fairly steady over time, with about 10 percent of students reporting obesity and around 15 percent reporting being overweight. These levels show only small changes between 2020 and 2024. Dental care access appears to be a strong point for most students, with nearly 80 percent reporting a dental visit within the past year. Although this rate improved from 72.8 percent in 2020 to 79.5 percent in 2024, differences emerge across racial and ethnic groups. White and Asian students report the highest dental visit rates at 87.7 and 83.2 percent, while Black students report a much lower rate at 59.5 percent.

Several behavioral risks linked to chronic disease show sharper differences across groups. Physical inactivity varies widely, with Black students reporting the highest inactivity rate at 18.4 percent, compared with 16.1 percent for Hispanic students, 9.3 percent for Asian students, and only 5 percent for White students. E-cigarette use also shows notable variation. While the latest overall rate is 8.5 percent, White students report the highest use at 8.5 percent and Black students at 11.2 percent, compared with far lower levels among Hispanic students at 8.2 percent and especially Asian students at just 1.1 percent. Soda consumption follows a similar pattern: Hispanic students report the highest rate at 14.8 percent, followed by Black students at 13.4 percent, White students at 11 percent, and Asian students at 5.4 percent.

Across these measures, some similarities exist. Obesity and overweight rates show relatively small racial and ethnic differences, suggesting that weight-related chronic disease risk is broadly shared among students. However, disparities are larger for physical activity, substance use, and sugary drink consumption. Asian and White students consistently report healthier behaviors across multiple indicators, while Black and Hispanic students show higher levels of physical inactivity, soda consumption, and, in some cases, e-cigarette use. These patterns suggest that while some chronic disease risks are widespread across youth in suburban Cook County,

others are more concentrated among specific racial and ethnic groups, highlighting opportunities for targeted prevention and expanded support for healthy behaviors.

4.6 Summary and Insights

Chronic diseases such as heart disease, cancer, diabetes, and stroke remain leading causes of illness and death in suburban Cook County, but their impact is not shared equally across communities. Mortality data, emergency department visits, and adult and youth survey findings all point to the same pattern: Black residents and people living in the South Health District experience the highest burdens, while Asian residents and those in the North District generally have the most favorable outcomes. Diet-related, coronary heart disease, and diabetes mortality rates are highest in communities with long-standing challenges related to income, food access, and health care, and several South and Southwest municipalities show especially high diabetes mortality. Emergency department data reveal that many chronic conditions are not well controlled, particularly among Black residents and in the South District, where avoidable emergency department use is common. Adult and youth survey findings add important context by showing that food insecurity, physical inactivity, tobacco and e-cigarette use, and lower access to preventive care are also concentrated in communities already facing the greatest chronic disease burden. Taken together, these data underscore the need for targeted, place-based prevention efforts, stronger chronic disease management, and policies that improve neighborhood conditions, access to healthy food, and high-quality primary care in the communities with the highest risk.

- Chronic disease disparities follow consistent patterns across data sources, with Black residents and South Health District communities experiencing the highest mortality and emergency department visit rates, while Asian residents and North District communities experience the lowest.
- Diet-related, heart disease, and diabetes mortality are strongly shaped by neighborhood conditions such as food access, income, and preventive care availability, with the highest rates concentrated in South and Southwest municipalities.
- Emergency department data show that many chronic conditions are not well managed in outpatient settings, especially for Black residents and in the South District, pointing to gaps in primary care access, care continuity, and chronic disease management resources.
- Adult survey findings link higher chronic disease burdens to greater food insecurity, physical inactivity, obesity, and lower use of preventive care, alongside neighborhood challenges such as poorer sidewalk quality and less convenient access to transit.
- Youth survey data indicate early warning signs for future chronic disease disparities, with Black and Hispanic/Latino students reporting higher levels of physical inactivity, soda consumption, e-cigarette use, and lower dental care access than their White and Asian peers.

5. MATERNAL AND CHILD HEALTH

5.1 Overview

Maternal and child health encompasses the health, well-being, and healthcare experiences of people before, during, and after pregnancy, as well as the health of infants and young children in their earliest and most vulnerable stages of life. This domain includes critical indicators such as prenatal care access, maternal and infant mortality, birth outcomes like preterm birth and low birth weight, maternal health conditions, and health behaviors that influence pregnancy and early childhood development. These measures are central to public health because they reflect not only the quality and accessibility of medical care, but also the broader social and economic conditions that shape family health—such as stable housing, transportation, food access, and exposure to chronic stress. Tracking maternal and child health helps identify early warning signs of health inequities, highlight long-standing racial and geographic disparities, and guide strategies that support healthy pregnancies, safe deliveries, and strong beginnings for all children in suburban Cook County.

5.2 Mortality and Natality

This section presents mortality and natality rates—typically defined as the number of events per 100,000 people—among residents of suburban Cook County. These rates allow for meaningful comparisons across communities and over time by accounting for population size. They help illustrate how many people are being born or dying relative to the total population. Unlike simple counts, which show only the number of births and deaths, these rates provide standardized measures that can highlight trends and disparities.

Figure 5.1 presents maternal and child health mortality and natality indicators for suburban Cook County spanning the years 2010 through 2023. Indicators include measures of maternal and infant mortality, prenatal care access, birth outcomes (such as preterm birth, low birth weight, and infant mortality), maternal health risks (e.g., pre-pregnancy obesity, gestational diabetes, and hypertension), and health behaviors (such as smoking or alcohol use during pregnancy). These indicators are reported annually, with calculated averages and the most recent available year included. Data are stratified by race and ethnicity—Hispanic/Latino, Black, and White—as well as by four public health districts (North, West, Southwest, South). Disparities are indicated in the figure when there is a twofold or greater difference between groups. This dataset is essential for identifying both trends and long-standing inequities in maternal and infant health, which are often shaped by structural racism and social determinants such as healthcare access, economic opportunity, housing, and community resources.

	TOTAL SCC POPULATION (PER 100,000)			STRATIFICATIONS	
	AVERAGE	LATEST	TREND	RACE[1]	GEOGRAPHY[2]
ALL CAUSE MORTALITY RATE[3]	665.3	625.5			
EARLY AND ADEQUATE PRENATAL CARE RATE	72.6	74.4			
PRENATAL CARE IN FIRST TRIMESTER RATE	73.4	73.2			
GENERAL FERTILITY RATE	56.0	48.7			
CESAREAN BIRTH RATE	31.8	31.0			
PRE-PREGNANCY OBESITY RATE[3]	20.5	25.0			
MATERNAL MORTALITY RATE[3]	16.7	17.3			
CHRONIC HYPERTENSION PRIOR TO PREGNANCY RATE	6.8	11.2			
GESTATIONAL DIABETES RATE[3]	8.1	10.7			
PRETERM BIRTH RATE	10.1	10.1			
BIRTH RATE	10.7	9.1			
LOW BIRTH WEIGHT RATE[3]	7.9	7.8			
TEENAGE BIRTH RATE[3]	13.4	6.8			
PRE-PREGNANCY SEVERE OBESITY RATE[3]	4.3	5.5			
INFANT MORTALITY RATE[3]	5.8	5.1			
VAGINAL BIRTH AFTER PREVIOUS CESAREAN (VBAC) RATE	2.3	2.9			
GESTATIONAL HYPERTENSION RATE[3]	2.0	2.8			
NO PRENATAL CARE RATE[3]	1.4	1.9			
VERY PRETERM BIRTH RATE[3]	1.7	1.5			
CHRONIC DIABETES PRIOR TO PREGNANCY RATE[3]	0.9	1.2			
VERY LOW BIRTH WEIGHT RATE[3]	1.2	0.8			
SMOKING DURING PREGNANCY RATE[3]	2.4	0.8			
ALCOHOL USE DURING PREGNANCY RATE	0.4	0.4			

[1] Latest rate ordered by race/ethnic group: Hispanic/Latino; Non-Hispanic Asian; Non-Hispanic Black; Non-Hispanic White

[2] Latest rate ordered by CCDPH health district: North; West; Southwest; South

[3] Health disparity detected. Disparity is defined as a difference of 2 times (100%) or greater in health outcomes between one or more race/ethnic group or one or more health districts.

Data source: Adapted from the Suburban Cook County Health Atlas (https://cookcountyhealthatlas.org).

Figure 5.1: Age-Adjusted Mortality Rates by Year, 2010-2023

Maternal and infant mortality rates in suburban Cook County show clear and persistent racial and ethnic disparities. Between 2010 and 2023, the maternal mortality rate for the full population was about 16 deaths per 100,000 live births, but rates varied widely across groups (Figure 5.2). Black residents experienced the highest rate at 36 deaths per 100,000—more than three times the rates for Hispanic/Latino (9.8) and White residents (10.3), and more than double the rate for Asian residents (16.0).

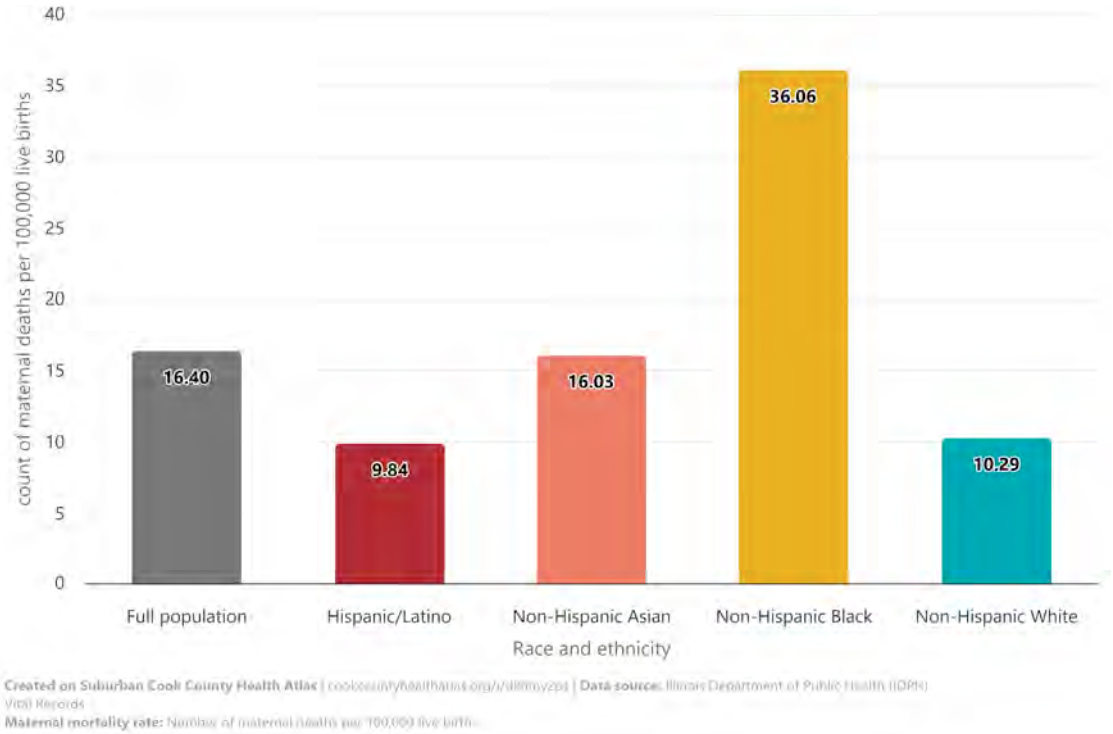


Figure 5.2: Maternal Mortality Rate by Race and Ethnicity, 2010-2023

Infant mortality shows a similar pattern (Figure 5.3). While overall rates have improved over time, Black infants consistently face the greatest risk, with recent rates around 10–13 deaths per 1,000 live births—roughly three to four times higher than rates for Asian and White infants, which fall between about 2.4 and 4.4. Hispanic/Latino infant mortality remains moderate, generally around 5.3 to 6.1 deaths per 1,000. Together, these indicators highlight long-standing inequities in maternal and infant health that reflect broader differences in healthcare access, chronic stress, structural racism, and community conditions across suburban Cook County.

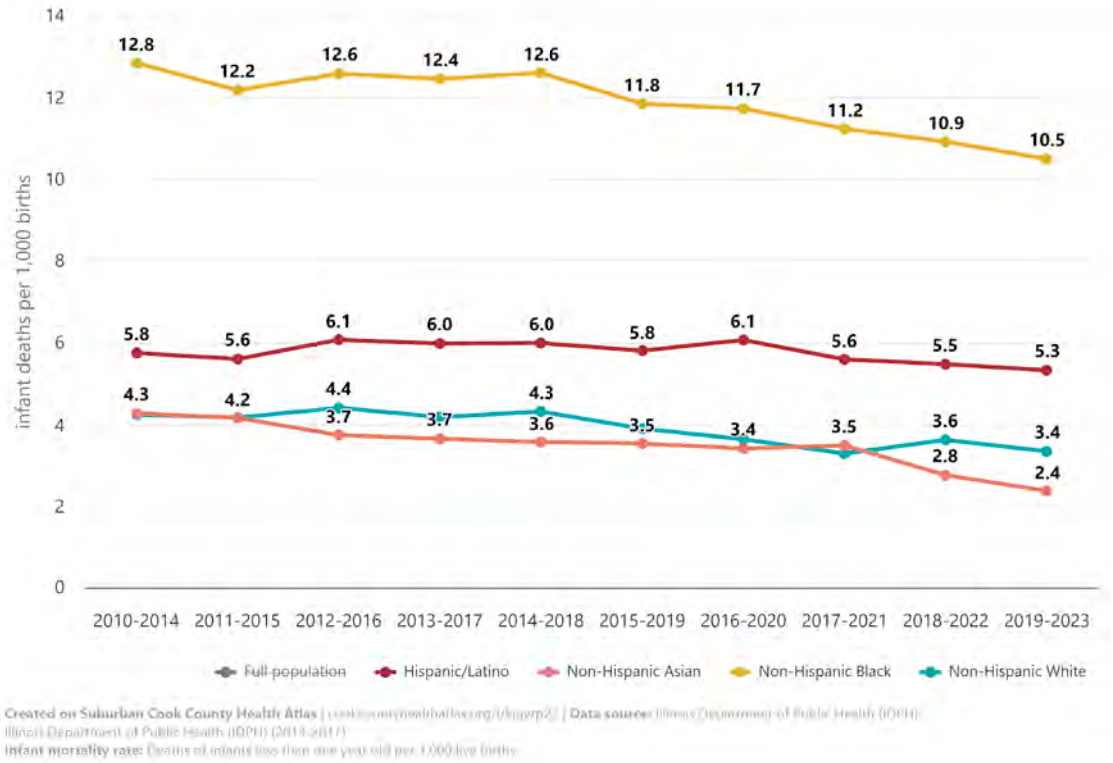


Figure 5.3: Infant Mortality Rate by Race and Ethnicity, 2010-2023

Prenatal care access has grown stronger since 2010, with early prenatal care now reaching the low- to mid-70 percent range overall (Figure 5.4). However, access is not equal across suburban Cook County's population. Asian and White residents have the highest early care rates—around the upper 70s to low 80s—while Hispanic residents are closer to the low 70s and Black residents remain near the low 60s. District patterns are similar, with the North Health District having the strongest access and the South and West districts showing lower rates. The measure of early and adequate prenatal care used in this assessment is based on the Adequacy of Prenatal Care Utilization (APNCU) Index, which evaluates whether prenatal care begins in the first trimester and whether a pregnant person receives the recommended number of visits throughout pregnancy [24]. Because the APNCU Index captures both timing and intensity of care, it provides a clearer picture of whether families are getting the level of support needed for a healthy pregnancy. These combined findings highlight where access is strong and where additional resources and support are needed to reduce inequities across suburban Cook County.

Figure 5.4: Early and Adequate Prenatal Care Rate by Health District, 2010-2023

Chronic health conditions before pregnancy have risen steadily. Pre-pregnancy obesity increased from the high teens in 2010 to about 25 percent in 2023. Rates are much higher among Black residents, where obesity exceeds 30 percent, compared with about 15 percent among Asian residents. Chronic hypertension before pregnancy has also grown, reaching double-digit levels overall and even higher among Black residents. These conditions raise the risk of complications and contribute to differences in outcomes.

Birth outcomes show even sharper disparities. Low birth weight affects about 13 percent of births among Black infants, more than double the rate for White infants. Preterm birth and very preterm birth follow the same pattern, with the South and West districts also showing higher rates than the North and Southwest. Infant mortality highlights the deepest inequity: the rate for Black infants is over four times higher than for Asian and White infants.

Some indicators show progress. Teen births have fallen dramatically—from more than 20 births per 1,000 teens in 2010 to under 7 in 2023—and smoking during pregnancy has dropped to below 1 percent.

Overall, the data show both improvement and persistent inequities. While many indicators have moved in a positive direction for the county as a whole, Black residents and communities in the South and West districts continue to experience higher risks. These differences show why continued, focused public health efforts are essential to ensure all families in suburban Cook County have the chance for healthy pregnancies and healthy babies.

5.3 Hospital Visits

This section presents both emergency department (ED) visitation rates and inpatient hospitalization discharge rates per 100,000 residents of suburban Cook County. ED visitation rates refer to the number of visits to hospital emergency departments for a specific condition or cause, while inpatient hospitalization discharge rates capture the frequency of hospital admissions resulting in discharge after treatment. Both metrics are standardized to a population of 100,000 people over a given time period. These rates provide insight into the burden and severity of health conditions in the community and may also reflect gaps in access to primary care, timely preventive services, and effective disease management, particularly when high rates of ED use or hospitalization suggest preventable or unmanaged health issues.

Figure 5.5 presents trends from 2016 through 2023 for three key indicators in suburban Cook County: maternal care-related ED (outpatient) visitation rate, maternal care-related hospitalization (inpatient) rate, and the rate of infants breastfed at hospital discharge. These indicators reflect patterns of maternal health service utilization and early infant feeding practices. The table includes annual values, a multi-year average, and the most recent year available for each indicator. Data are disaggregated by race and ethnicity to identify any disparities between these population subgroups. This dataset offers insight into maternal healthcare access and outcomes, which are influenced by broader social determinants of health such as insurance coverage, provider availability, structural racism, and culturally responsive care, all of which shape how different communities interact with the healthcare system before, during, and after childbirth.

	TOTAL SCC POPULATION (PER 100,000)			STRATIFICATION
	AVERAGE	LATEST	TREND	RACE[†]
MATERNAL CARE-RELATED ED VISITATION RATE	516.5	562.6		
MATERNAL CARE-RELATED HOSPITALIZATION RATE	131.0	140.6		
INFANT BREASTFED AT HOSPITAL DISCHARGE RATE	85.4	86.5		

[†] Latest rate ordered by race/ethnic group: Hispanic/Latino; Non-Hispanic Asian; Non-Hispanic Black; Non-Hispanic White

Data source: Adapted from the Suburban Cook County Health Atlas (https://cookcountyhealthatlas.org).

Figure 5.5: Hospital Visitation Rates by Year, 2016-2024

Emergency department (ED) visits and hospitalizations related to maternal care are important indicators because they show when pregnant people need urgent help or experience complications during pregnancy. In suburban Cook County, maternal care–related ED visits have generally increased over time, rising from the mid-400s in 2016 to more than 560 visits per 100,000 in 2023. Hospitalizations have also trended upward, reaching about 140 per 100,000 in the latest year. These increases suggest that more pregnant people are experiencing conditions that require emergency or inpatient care.

There are meaningful differences across racial and ethnic groups. Maternal care–related ED visit rates are highest among Black residents, at more than 600 visits per 100,000, which is significantly higher than the rates for White and Hispanic residents and nearly double the rate for Asian residents. Hospitalization patterns look similar, with Black residents again having the highest rates and Asian residents having the lowest. These differences likely reflect persistent inequities in chronic health conditions, access to high-quality prenatal care, and exposure to stressors that increase the risk of pregnancy complications.

Breastfeeding at hospital discharge remains high overall, with rates in the mid-80 percent range for the county. Asian and White parents have the highest breastfeeding rates, reaching close to 90 percent, while rates are lower among Black parents, at about 75 percent. Even though breastfeeding rates are strong for most groups, this gap shows that families experience different levels of support in the early days after birth.

Overall, the patterns in ED visits, hospitalizations, and breastfeeding highlight both strengths and challenges in maternal and infant health across suburban Cook County. While breastfeeding rates remain high, rising emergency and inpatient care use—and persistent racial differences—show the need for continued efforts to support pregnant people and promote healthy births.

5.4 Summary and Insights

Maternal and child health in suburban Cook County reflects both encouraging progress and persistent challenges that disproportionately affect some communities. Many indicators including teen births, smoking during pregnancy, and infant mortality have improved over the past decade, and breastfeeding rates at hospital discharge remain high across most groups. However, racial and geographic inequities persist throughout suburban Cook County. Black residents consistently face the highest rates of maternal and infant mortality, preterm birth, low birth weight, chronic health conditions before pregnancy, and maternal care–related emergency department use. Differences in early and adequate prenatal care across racial and district lines also highlight unequal access to timely support. Together, these patterns show that while overall outcomes are moving in a positive direction, sustained and focused public health strategies are needed to ensure all families in suburban Cook County have healthy pregnancies, safe births, and strong starts for their children.

- Maternal and infant mortality rates remain highest among Black residents, with maternal mortality more than triple that of Hispanic/Latino and White residents and infant mortality roughly three to four times higher than other groups.
- Early and adequate prenatal care shows steady improvement overall but remains lowest among Black residents and in the South and West health districts, indicating unequal access to essential care during pregnancy.
- Chronic health conditions before pregnancy—such as obesity and hypertension—have increased across all groups since 2010, with the highest rates among Black residents, contributing to greater risks of complications.
- Maternal care–related emergency department visits and hospitalizations have risen since 2016, with Black residents experiencing the highest rates, suggesting ongoing gaps in preventive and routine care.
- Breastfeeding at hospital discharge is high overall but remains lowest among Black parents, pointing to differences in postpartum support and lactation resources across communities.

6. MENTAL HEALTH AND SUBSTANCE USE

6.1 Overview

Mental health and substance use are central to the well-being of individuals, families, and communities throughout suburban Cook County. For CCDPH, understanding patterns of mental illness, substance use, and related outcomes is essential for identifying service gaps, strengthening prevention strategies, and improving access to care. These conditions influence many aspects of daily life, including school success, family stability, employment, housing, and community safety. By examining trends across neighborhoods and population groups, CCDPH can design programs that respond to local needs and address the social and structural factors that shape behavioral health. A comprehensive assessment of mental health and substance use therefore supports CCDPH's efforts to plan effectively allocate resources and advance health equity across the region.

The mental health and substance use-related indicators presented below are organized by data source, including mortality records, emergency department visits, and self-reported data from adult and youth surveys. Each source provides a distinct lens for public health planning—mortality and emergency department data reflect severe and acute outcomes captured in clinical settings, while survey data offer insight into behaviors, risk factors, and community conditions not visible in administrative records, helping to guide both immediate responses and long-term prevention goals.

6.2 Mortality

This section presents mortality rates—defined as the number of deaths per 100,000 people—among residents of suburban Cook County. Mortality rates allow for meaningful comparisons across communities and over time by accounting for population size. They help illustrate how many people are dying from specific causes relative to the total population. Unlike simple death counts, which show only the number of deaths, mortality rates provide a standardized measure that can highlight trends and disparities.

Figure 6.1 presents annual mortality rates for suburban Cook County from 2010 through 2023 across seven key indicators: all-cause mortality, opioid-related overdose mortality, drug-induced mortality, firearm-related mortality, suicide mortality, homicide mortality, and chronic liver disease and cirrhosis mortality. These indicators reflect key aspects of behavioral and injury-related health outcomes. The dataset includes yearly values, a multi-year average (2010–2023), and the most recent rate available for each indicator. Data are stratified by race and ethnicity—specifically Hispanic, Asian, Black, and White—as well as by the four public health districts defined by CCDPH (North, West, Southwest, and South). The table also includes flags for disparities, defined as differences in outcomes that are two times or greater between racial/ethnic groups or between geographic districts, highlighting inequities in health burdens across populations and regions. This structure allows for the identification of both long-term trends and persistent disparities in behavioral health outcomes within the county.

	TOTAL SCC POPULATION (PER 100,000)			STRATIFICATIONS	
	AVERAGE	LATEST	TREND	RACE[1]	GEOGRAPHY[2]
ALL CAUSE MORTALITY RATE[3]	665.3	625.5			
OPIOID-RELATED OVERDOSE MORTALITY RATE[3]	16.4	27.6			
DRUG-INDUCED MORTALITY RATE[3]	16.1	21.2			
FIREARM-RELATED MORTALITY RATE[3]	9.9	12.3			
SUICIDE MORTALITY RATE[3]	8.9	9.9			
HOMICIDE MORTALITY RATE[3]	6.8	8.5			
CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATE[3]	8.1	8.0			

[1] Latest rate ordered by race/ethnic group: Hispanic/Latino; Non-Hispanic Asian; Non-Hispanic Black; Non-Hispanic White

[2] Latest rate ordered by CCDPH health district: North; West; Southwest; South

[3] Health disparity detected. Disparity is defined as a difference of 2 times (100%) or greater in health outcomes between one or more race/ethnic groups or one or more health districts.

Data source: Adapted from the Suburban Cook County Health Atlas (https://cookcountyhealthatlas.org).

Figure 6.1: Age-Adjusted Mortality Rates by Year, 2010-2023

Behavioral health–related mortality in suburban Cook County shows clear and persistent differences across racial and ethnic groups as well as across the county's health districts. Drug-induced mortality is highest among Black residents at 43.9 deaths per 100,000, compared with much lower levels among Hispanic (13.1), White (22.8), and especially Asian (4.1) residents (Figure 6.2). Firearm-related mortality and homicide follow a similar pattern: Black residents experience 39.8 firearm deaths and 36.5 homicides per 100,000, while Asian, White, and Hispanic residents experience far lower rates. Suicide mortality shows a different pattern, with White residents experiencing the highest suicide rate at 12.9 deaths per 100,000, higher than Black (9.9), Hispanic (6.4), and Asian (3.9) residents. These patterns demonstrate that racial disparities vary by cause but consistently show that Black communities face the highest mortality from overdoses, firearm injuries, and homicide.

Recent reports published by CCDPH show that suicide remains a serious public health concern in suburban Cook County (SCC), even though local rates are lower than those observed statewide and nationally [13b, 13c]. Between 2018 and 2023, 1,506 SCC residents died by suicide, and in 2023 the local suicide rate was approximately 10 deaths per 100,000 residents, compared with 13 per 100,000 in Illinois and 14 per 100,000 nationally. These local patterns exist within a broader national context in which nearly 50,000 people died by suicide in 2023—about one death every 11 minutes. Suicide affects SCC residents across the life course, with substantial differences by age and sex: the male suicide rate is more than 3.5 times higher than the female rate, and 14.6 percent of high school students reported seriously considering suicide in 2022. National evidence further underscores the importance of age-specific and population-specific risk, as suicide was the leading cause of death in 2022 among Asian individuals ages 15–24 in the United States, highlighting how suicide risk can vary sharply at the intersection of race, ethnicity, age, and other social factors [13a].

Although White residents continue to experience the highest overall suicide rates in SCC, recent trends point to growing inequities across racial and ethnic groups and emphasize the limits of viewing these populations as uniform. Suicide rates among Black residents increased from 4.5 per 100,000 in 2018 to 10.7 per 100,000 in 2023, while rates among Hispanic residents rose from 4.0 to 7.0 per 100,000 during the same period; Black high school students also attempted suicide at three times the rate of their peers. These patterns reflect the combined influence of systemic drivers—such as trauma, poverty, housing instability, discrimination, substance use, and barriers to culturally responsive mental health care—and the ways these factors interact differently by

age, sex, and lived experience. At the same time, available data often rely on broad racial and ethnic categories that can mask substantial variation within groups, including differences across distinct Asian, Latino, and other subpopulations. Recognizing both intersecting identities and data limitations is critical for effective suicide prevention, underscoring the need for more granular data, community-informed strategies, and equitable investments that address root causes while improving access to timely, culturally appropriate care across suburban Cook County.

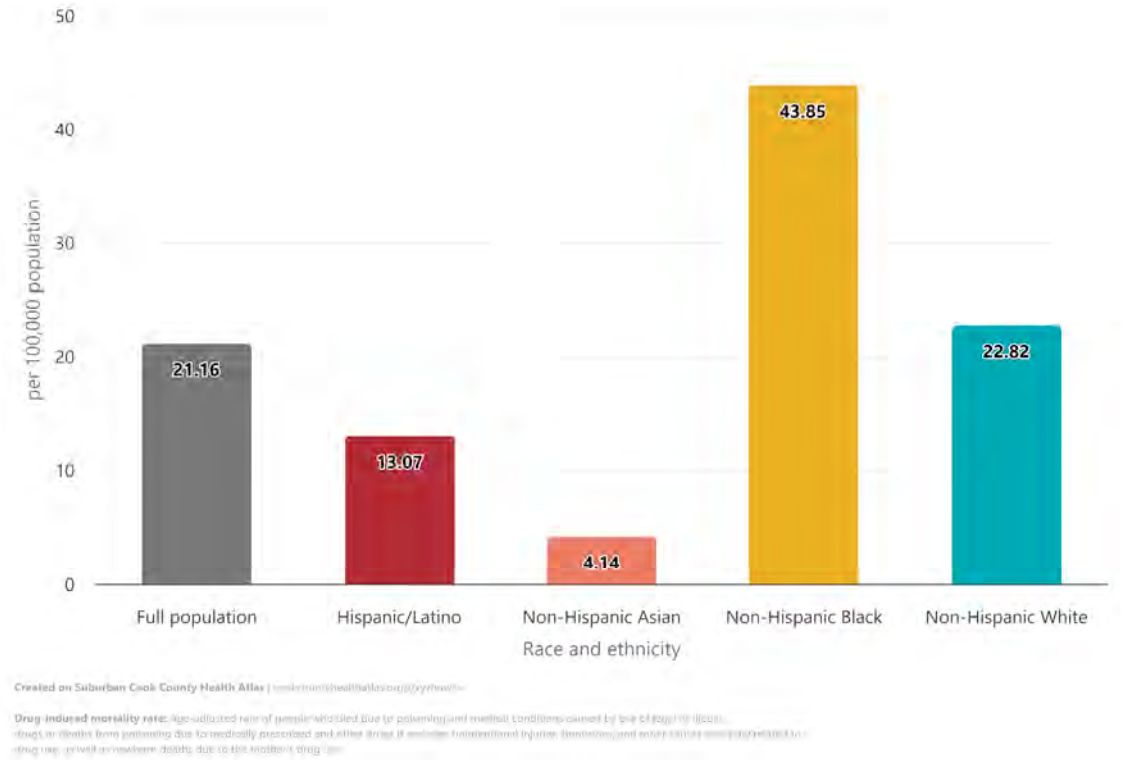


Figure 6.2: Drug-Induced Mortality Rate by Race & Ethnicity, 2010-2023

Geographic patterns across health districts reflect similar structural differences. The North Health District has the lowest behavioral health mortality rates across nearly every measure. Drug-induced mortality in the North District is 15.5 deaths per 100,000, compared with 36.1 in the West District, 35.6 in the Southwest District, and 36.2 in the South District according to the latest 2023 mortality data. Firearm-related deaths show the starkest divide, ranging from 4.7 deaths per 100,000 in the North District to 33.7 in the South District. Homicide mortality shows a similar spread, from 2.2 deaths per 100,000 in the North to 29.0 in the South. Suicide mortality remains more consistent across districts, ranging from 8.9 to 11.0 deaths per 100,000. These spatial differences mirror long-standing patterns of unequal access to opportunity, with the western and southern areas experiencing greater economic hardship, higher levels of segregation, and fewer protective community resources.

Opioid-involved overdose mortality has risen sharply in suburban Cook County from 2010 to 2022, with consistently higher rates among males compared with females (Figure 6.3). Mortality among females increased steadily from about 4.9 deaths per 100,000 in 2010 to 12.2 in 2022, more than doubling over the period. Male mortality rates, however, escalated much more dramatically—from 14.8 deaths per 100,000 in 2010 to 44.1 in 2022—with particularly steep increases beginning in 2016. By 2022, the opioid overdose mortality rate for

males was more than three times the rate for females. These trends reflect the growing severity of the opioid crisis and highlight clear sex-based disparities in overdose risk, with males bearing a substantially greater burden of opioid-related mortality over time.

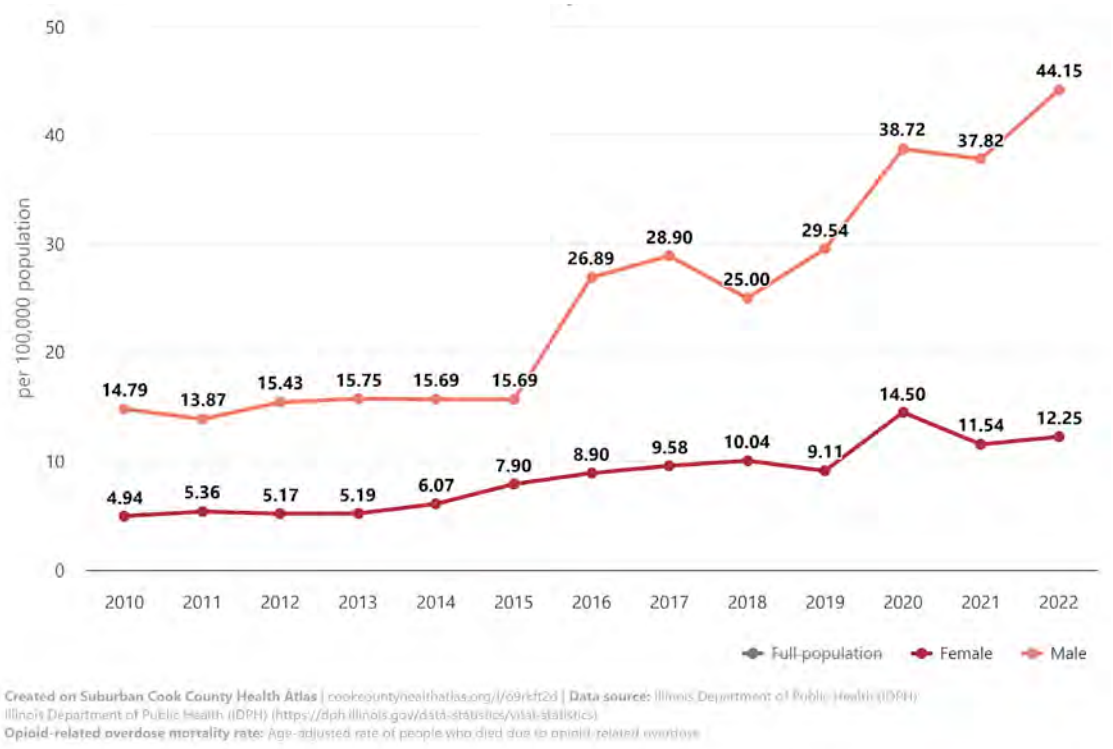


Figure 6.3: Opioid-Involved Overdose Mortality Rate by Sex, 2010-2022

Recent peer-reviewed research supports and helps explain these local patterns. National studies show that drug overdose deaths, which now disproportionately affect Black communities, are closely linked to poverty, unstable housing, limited access to treatment, and structural racism [25]; [26]. Research on firearm violence finds that exposure to deadly shootings is far more common in neighborhoods with concentrated disadvantage and residential segregation, conditions that closely resemble those in many West and South District communities [27]; [28]; [29]. Studies of suicide show that, although White residents continue to experience the highest suicide rates, structural racism and chronic stress are increasingly contributing to suicide risk among Black youth and adults [30]; [31]. Research on chronic liver disease highlights the role of social and economic factors—including alcohol outlet density, economic hardship, targeted marketing, and insurance barriers—in shaping mortality rates among Hispanic populations [32]; [33].

Together, these findings underscore that behavioral health outcomes in suburban Cook County are shaped not only by individual risk factors but also by the broader social and structural conditions in which residents live. The large differences by race, ethnicity, and geographic district demonstrate the importance of addressing social determinants—such as housing stability, economic opportunity, community safety, and access to care—as core components of behavioral health planning and prevention.

6.3 Emergency Department Visits

This section presents Emergency department (ED) visitation rates per 100,000 among residents of suburban Cook County. The rates refer to the number of visits to hospital emergency departments for a specific condition or cause, standardized to a population of 100,000 people over a given time period.

Figure 6.4 presents annual rates of ED visits related to a wide range of mental health and substance use conditions among suburban Cook County residents, covering the years 2016 through 2022. The indicators span 17 categories, including visits related to mental and behavioral health, substance use (such as opioids, cannabis, alcohol, stimulants, sedatives, and hallucinogens), intentional and interpersonal injuries, assault, intimate partner violence, firearm-related injuries, mood and depressive disorders, and self-harm. Each indicator is reported as a rate per 100,000 population, along with a multi-year average and the most recent available data point. The table also provides rates stratified by race and ethnicity—Hispanic, Asian, Black, and White—and identifies disparities where one group's rate is at least twice as high as another's. This dataset enables detailed analysis of behavioral health burdens and inequities across populations, reflecting the influence of broader structural and social determinants of health such as systemic racism, neighborhood violence, healthcare access, and economic marginalization.

	TOTAL SCC POPULATION (PER 100,000)			STRATIFICATION
	AVERAGE	LATEST	TREND	RACE[1]
MENTAL AND BEHAVIORAL HEALTH-RELATED ED VISITATION RATE[2]	2460.0	2217.5		
ALCOHOL-RELATED ED VISITATION RATE[2]	595.9	562.6		
INTENTIONAL INJURY RELATED ED VISIT RATE[2]	198.0	181.7		
DRUG-RELATED ED VISITATION RATE[2]	186.9	173.7		
ASSAULT-RELATED ED VISIT RATE[2]	194.8	173.6		
INTERPERSONAL INJURY RELATED ED VISIT RATE[2]	185.0	166.2		
OPIOID-RELATED ED VISITATION RATE[2]	121.7	119.5		
CANNABIS-RELATED ED VISITATION RATE[2]	46.0	47.3		
OTHER SUBSTANCE USE-RELATED ED VISITATION RATE[2]	51.7	45.6		
STIMULANT-RELATED ED VISITATION RATE[2]	24.0	26.2		
MOOD AND DEPRESSIVE DISORDER ED VISITATION RATE[2]	25.6	17.9		
FIREARM-RELATED ED VISIT RATE[2]	12.5	16.8		
INTENTIONAL SELF-HARM ED VISIT RATE[2]	13.3	16.1		
SELF-INFLICTED INJURY RELATED ED VISIT RATE[2]	13.0	15.6		
HALLUCINOGEN-RELATED ED VISITATION RATE[2]	9.5	11.1		
SEDATIVE-RELATED ED VISITATION RATE[2]	10.4	8.0		
MENTAL AND SUBSTANCE USE-RELATED ED VISITATION RATE[2]	4.3	7.2		
INTIMATE PARTNER VIOLENCE-RELATED ED VISIT RATE[2]	1.6	2.0		

[1] Latest rate ordered by race/ethnic group: Hispanic/Latino; Non-Hispanic Asian; Non-Hispanic Black; Non-Hispanic White

[2] Health disparity detected. Disparity is defined as a difference of 2 times (100%) or greater in health outcomes between one or more race/ethnic groups.

Data source: Adapted from the Suburban Cook County Health Atlas (https://cookcountyhealthatlas.org).

Figure 6.4: Emergency Department Hospital Visitation Rates by Year, 2016-2024

Behavioral health–related ED visits in suburban Cook County show wide differences across racial and ethnic groups. Mental and behavioral health ED visits are highest among Black residents at 3,742 visits per 100,000 people. Rates are much lower for Hispanic residents (1,590), White residents (1,962), and especially Asian residents (469).

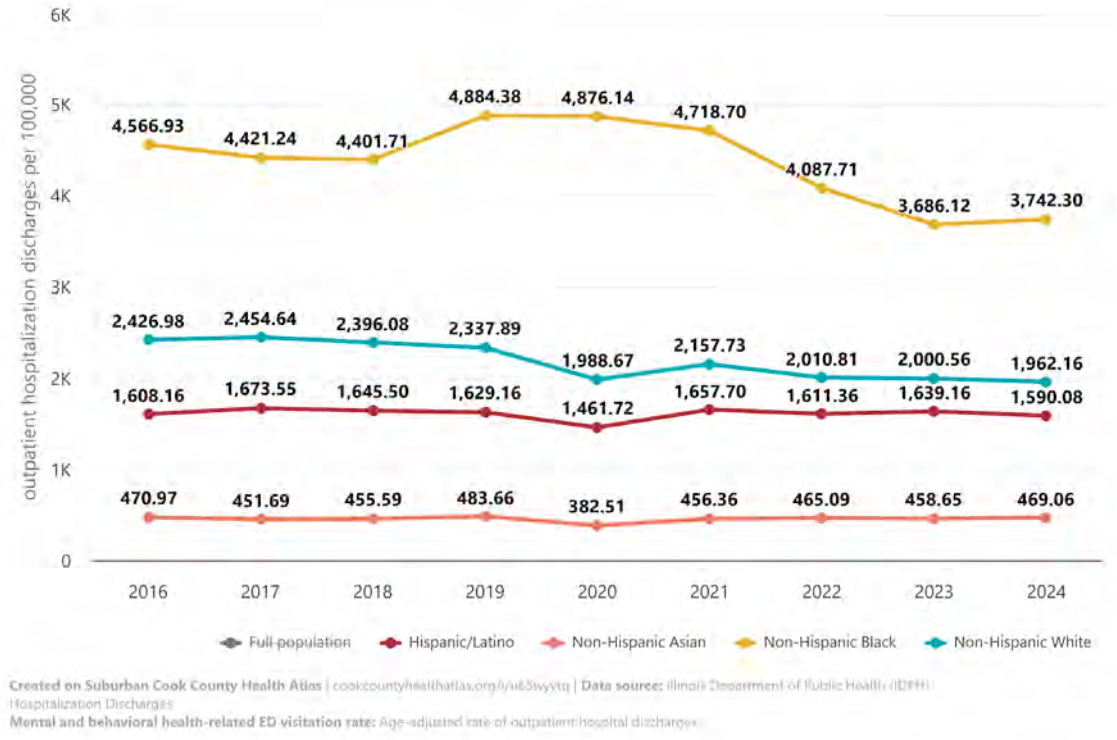


Figure 6.5: Mental and Behavioral Health-Related ED Visitation Rate by Race and Ethnicity, 2016-2024

Mental and behavioral health–related hospitalizations vary widely across zip codes in suburban Cook County, revealing substantial geographic disparities in behavioral health needs and service utilization (Figure 6.6). Several south suburban and west suburban areas show high hospitalization counts exceeding 1,900 per 100,000, reflecting concentrated behavioral health challenges in these areas. In contrast, more affluent or resource-rich areas, including several in the northern suburbs, report far fewer hospitalizations, often under 300. Overall, the distribution of hospitalizations aligns with broader patterns of socioeconomic inequality, where communities facing higher levels of economic hardship and structural inequities also experience greater behavioral health–related hospitalization rates.

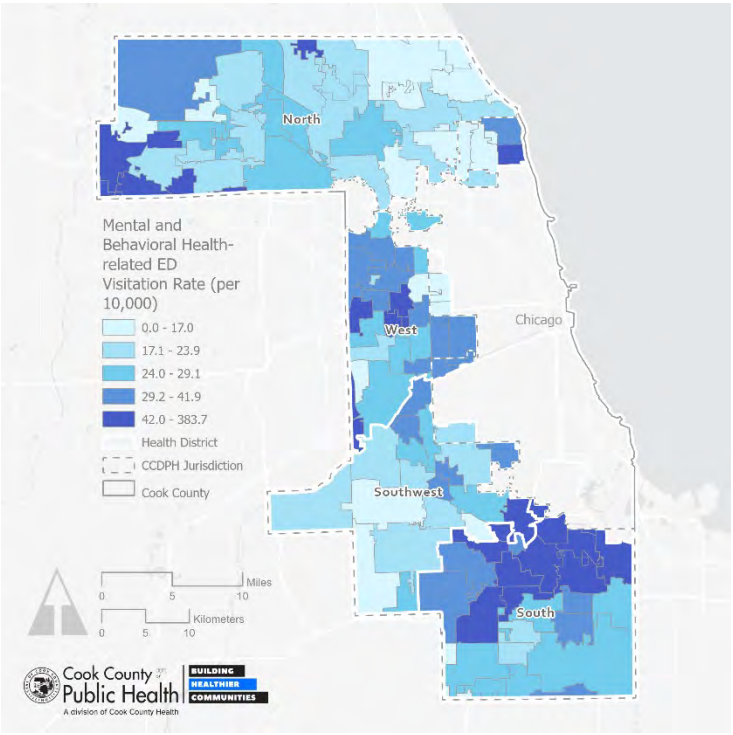


Figure 6.6: Mental and Behavioral Health-Related ED Visitation Rate, 2024

Alcohol- and drug-related ED visits follow a similar pattern. Black residents experience the highest alcohol-related visit rate at 660 per 100,000, compared with 508.9 among Hispanic residents, 572.3 among White residents, and 108.9 among Asian residents. Drug-related ED visits are also highest among Black residents at 335 per 100,000—nearly three times the rate for White residents and far above the rates for Hispanic and Asian residents.

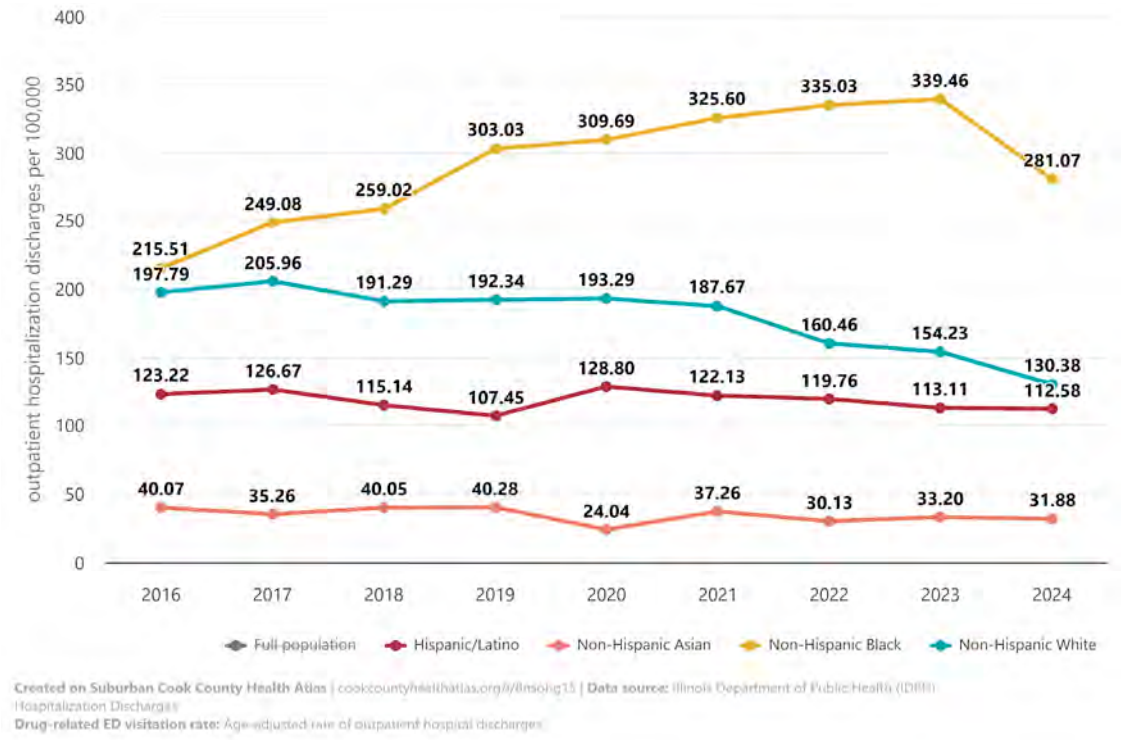


Figure 6.7: Drug-Related ED Visitation Rate by Race and Ethnicity, 2016-2024

Specific substance-related visits, including opioid-, cannabis-, stimulant-, and hallucinogen-related emergencies, show the same disparities. Opioid-related ED visits reach 242.7 per 100,000 for Black residents, compared with 113.4 for White residents, 72.3 for Hispanic residents, and just 1.8 for Asian residents.

Injury-related ED visits also reveal large racial gaps. Assault- and interpersonal injury–related visits are dramatically higher among Black residents, with rates exceeding 400 per 100,000, while Asian residents show near-zero rates. Firearm-related ED visits are more than twenty times higher for Black residents (64.5) than for White residents (3.1) and do not appear among Asian residents.

Even for mental health–specific conditions, such as mood and depressive disorders, Black residents experience the highest rates. Across nearly all measures, Black residents have the greatest burden of behavioral health–related ED visits, while Asian residents have the lowest. Hispanic and White residents fall between these two groups, with patterns varying by condition. These findings demonstrate consistent and substantial racial disparities in behavioral health emergencies across suburban Cook County.

Recent research helps explain the strong racial and ethnic differences observed in ED visit rates. National studies show that drug overdose and substance-related harms disproportionately affect Black communities and are linked to structural factors such as poverty, housing instability, discrimination in treatment access, and long-term impacts of structural racism [25]; [26]. Research on violence and injury shows that exposure to assault and firearm violence is concentrated in neighborhoods with high levels of economic disadvantage and residential segregation, conditions that align with many communities where ED visitation among Black residents is highest [27]; [28]; [29]. Studies on suicide and mental health indicate that structural racism, discrimination, and chronic stress increasingly contribute to rising suicide and self-harm risks among Black youth and adults, even as White residents continue to show the highest overall suicide mortality rates [30]; [31]. Research on chronic liver disease and alcohol-related harms highlights how neighborhood alcohol outlet

density, economic hardship, and gaps in insurance coverage shape higher burden among Hispanic populations [32]; [33]. Overall, the literature underscores that these ED utilization disparities are not simply the result of individual behavior. Instead, they reflect social and structural conditions that influence access to resources, exposure to harm, and opportunities for prevention and care. This evidence suggests that reducing behavioral health ED burdens will require targeted, place-based strategies that improve social conditions and expand access to culturally appropriate mental health and substance use treatment.

6.4 Adult Health Survey

The following sections present indicators collected by CCDPH via the survey method. Survey data differ from mortality and hospitalization data in that they are self-reported by individuals across suburban Cook County, capturing behaviors, perceptions, and experiences that may not be documented in clinical or professional settings.

Figure 6.10 presents provide self-reported data on adult health behaviors, health care access, and perceptions of well-being for the years 2022 and 2023. These indicators include measures of access to care (e.g., routine checkups, having a primary care provider), perceptions of neighborhood safety and overall health, health care satisfaction, substance use (cannabis use, binge drinking, prescription opioid misuse), psychological distress, and financial vulnerability (lack of a checking or savings account). Data are disaggregated by race and ethnicity—Latino/Hispanic, Asian, Black, and White—and disparities are flagged where a racial or ethnic group experiences an outcome at least twice as frequently (or infrequently, for protective factors) as another. The indicators reflect not only individual behaviors and access to services, but also deeper structural determinants such as economic security, systemic racism, and neighborhood conditions that shape behavioral health outcomes across communities.

Across most indicators from the Suburban Cook County Health Survey, the overall population shows stable trends from 2022 to 2023, with only small changes in routine health behaviors and perceptions. Routine checkups remain very common, with more than 93 percent of adults reporting a yearly visit in 2023, though rates are slightly lower for Hispanic and Black residents compared with White adults. Feelings of neighborhood safety improved slightly overall, rising to nearly 89 percent in 2023, with Asian and White residents reporting the highest levels of safety and Hispanic and Black residents reporting somewhat lower levels.

	DESCRIPTION	TOTAL SCC POPULATION (%) 2022	2023	STRATIFICATIO RACE[1]
ROUTINE CHECKUP RATE (CCHS)	Percent of adults who visited a doctor or health care provider for a routine checkup in the past year	94.4	93.2	
NEIGHBORHOOD SAFETY RATE (CCHS)	Percent of adults who report that they feel safe in their neighborhood "all of the time" or "most of the time."	86.9	88.7	
PRIMARY CARE PROVIDER RATE (CCHS)	Percent of adults who report that they have at least one person they think of as their personal doctor or health care provider.	87.0	87.5	
OVERALL HEALTH STATUS RATE (CCHS)	Percent of adults who reported that their overall health is good, very good or excellent.	88.5	87.2	
HEALTH CARE SATISFACTION RATE (CCHS)	Percent of adults who report that they were very satisfied with the health care they received in the past year.	55.8	54.9	
ADULT CANNABIS USE RATE (CCHS)[2]	Percent of adults who reported using cannabis	44.7	46.1	
ADULT BINGE DRINKING RATE (CCHS)[2]	Percent of adults who report binge drinking (men having 5 or more drinks on one occasion, women having 4 or more drinks on one occasion) in the past month.	19.7	23.2	
NO CHECKING OR SAVINGS ACCOUNT RATE (CCHS)[2]	Percent of adults who reported that no one in their household including themselves currently has a checking or savings account.	7.2	8.4	
PSYCHOLOGICAL DISTRESS RATE (CCHS)	Percent of adults who reported serious psychological distress based on how often they felt nervous, hopeless, restless or fidgety, depressed, worthless, or that everything was an effort in the past 30 days.	8.3	7.4	
PRESCRIPTION OPIATE MISUSE RATE (CCHS)[2]	Percent of adults who have taken a higher dose of a prescription pain medication than what was prescribed to them or have taken prescription pain medication that was not prescribed to them in the past 12 months.	2.9	2.7	

[1] Latest rate ordered by race/ethnic group: Hispanic/Latino; Non-Hispanic Asian; Non-Hispanic Black; Non-Hispanic White

[2] Health disparity detected. Disparity is defined as a difference of 2 times (100%) or greater in health outcomes between one or more race/ethnic groups.

Data source: Adapted from the Suburban Cook County Health Atlas (https://cookcountyhealthatlas.org).

Figure 6.8: Suburban Cook County Health Survey Behavioral Health Indicators, 2022 and 2023

Substance use patterns showed larger differences between groups. Cannabis use increased slightly in the full population and was highest among Black and White adults, while Asian adults reported very low use. Binge drinking also increased overall, reaching 23 percent in 2023, and was most common among White adults. Financial strain, measured by not having a checking or savings account, affected about 8 percent of adults overall but was much more common among Hispanic and Black residents, suggesting economic disparities shape financial access. Rates of serious psychological distress decreased slightly overall but were highest among Hispanic/Latino adults and lowest among Asian adults. Prescription opioid misuse remained low across all groups. Together, these survey findings show that while many health behaviors remain stable across the population, meaningful differences persist between racial and ethnic groups in access to care, financial stability, substance use, and well-being.

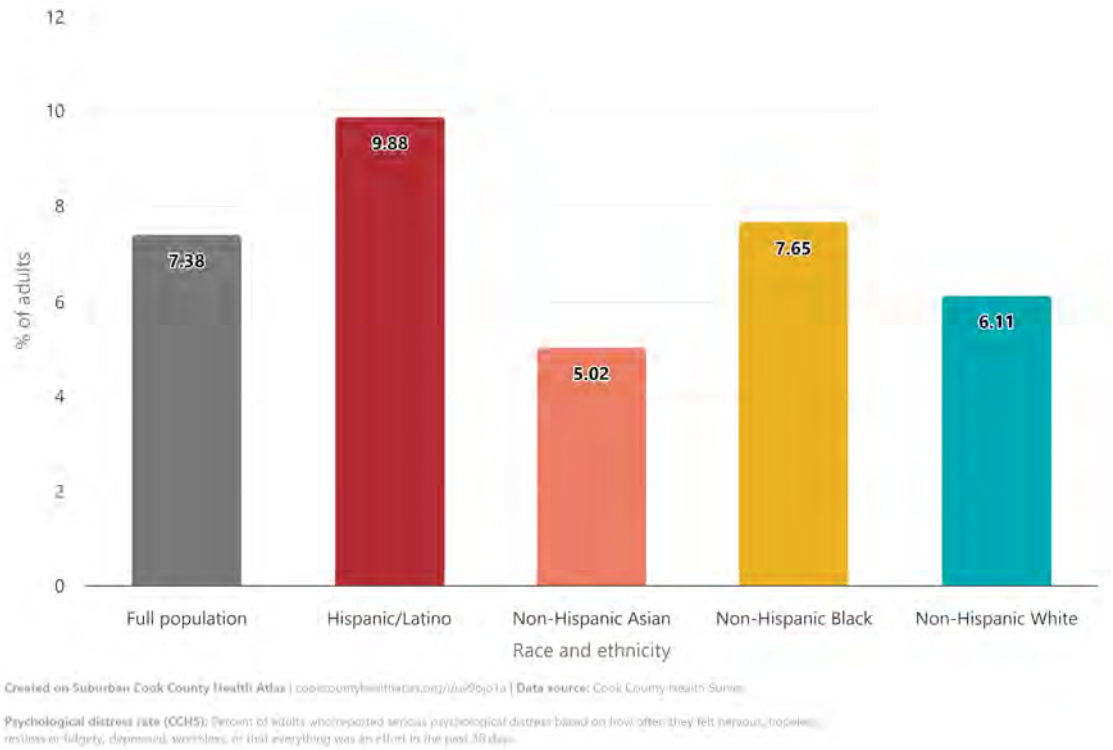


Figure 6.9: Psychological Distress Rate by Race and Ethnicity, 2023

Across these indicators, several similarities emerge: most adults in every racial and ethnic group report good access to care, strong neighborhood safety, and positive overall health. However, behavioral health behaviors and economic barriers differ more sharply, with Hispanic/Latino and Black residents facing higher financial strain and White and Black residents reporting higher rates of substance use. Asian residents consistently report the lowest rates of substance use and distress. These patterns suggest that while basic health care access is strong across the population, behavioral health risks and financial challenges are unevenly distributed across racial and ethnic groups.

6.5 Youth Survey

The Suburban Cook County YRBS is a key data collection effort conducted by CCDPH to assess health risk behaviors among high school students (grades 9–12) in suburban Cook County (Figure 6.10) a wide range of self-reported health behaviors, exposures, and outcomes among public high school students in suburban Cook County for the years 2020, 2022, and 2024. Each indicator is reported as a percentage of students who experienced the behavior or condition and is disaggregated by race and ethnicity. These findings offer insight into how adolescent behavioral health is shaped by structural and social determinants, including racism, trauma exposure, access to support systems, and community safety—factors that intersect with education, housing, healthcare, and justice systems.

	DESCRIPTION	TOTAL SCC POPULATION (%) 2022	2023	STRATIFICATIO RACE[1]
ROUTINE CHECKUP RATE (CCHS)	Percent of adults who visited a doctor or health care provider for a routine checkup in the past year	94.4	93.2	
NEIGHBORHOOD SAFETY RATE (CCHS)	Percent of adults who report that they feel safe in their neighborhood "all of the time" or "most of the time."	86.9	88.7	
PRIMARY CARE PROVIDER RATE (CCHS)	Percent of adults who report that they have at least one person they think of as their personal doctor or health care provider.	87.0	87.5	
OVERALL HEALTH STATUS RATE (CCHS)	Percent of adults who reported that their overall health is good, very good or excellent.	88.5	87.2	
HEALTH CARE SATISFACTION RATE (CCHS)	Percent of adults who report that they were very satisfied with the health care they received in the past year.	55.8	54.9	
ADULT CANNABIS USE RATE (CCHS)[2]	Percent of adults who reported using cannabis	44.7	46.1	
ADULT BINGE DRINKING RATE (CCHS)[2]	Percent of adults who report binge drinking (men having 5 or more drinks on one occasion, women having 4 or more drinks on one occasion) in the past month.	19.7	23.2	
NO CHECKING OR SAVINGS ACCOUNT RATE (CCHS)[2]	Percent of adults who reported that no one in their household including themselves currently has a checking or savings account.	7.2	8.4	
PSYCHOLOGICAL DISTRESS RATE (CCHS)	Percent of adults who reported serious psychological distress based on how often they felt nervous, hopeless, restless or fidgety, depressed, worthless, or that everything was an effort in the past 30 days.	8.3	7.4	
PRESCRIPTION OPIATE MISUSE RATE (CCHS)[2]	Percent of adults who have taken a higher dose of a prescription pain medication than what was prescribed to them or have taken prescription pain medication that was not prescribed to them in the past 12 months.	2.9	2.7	

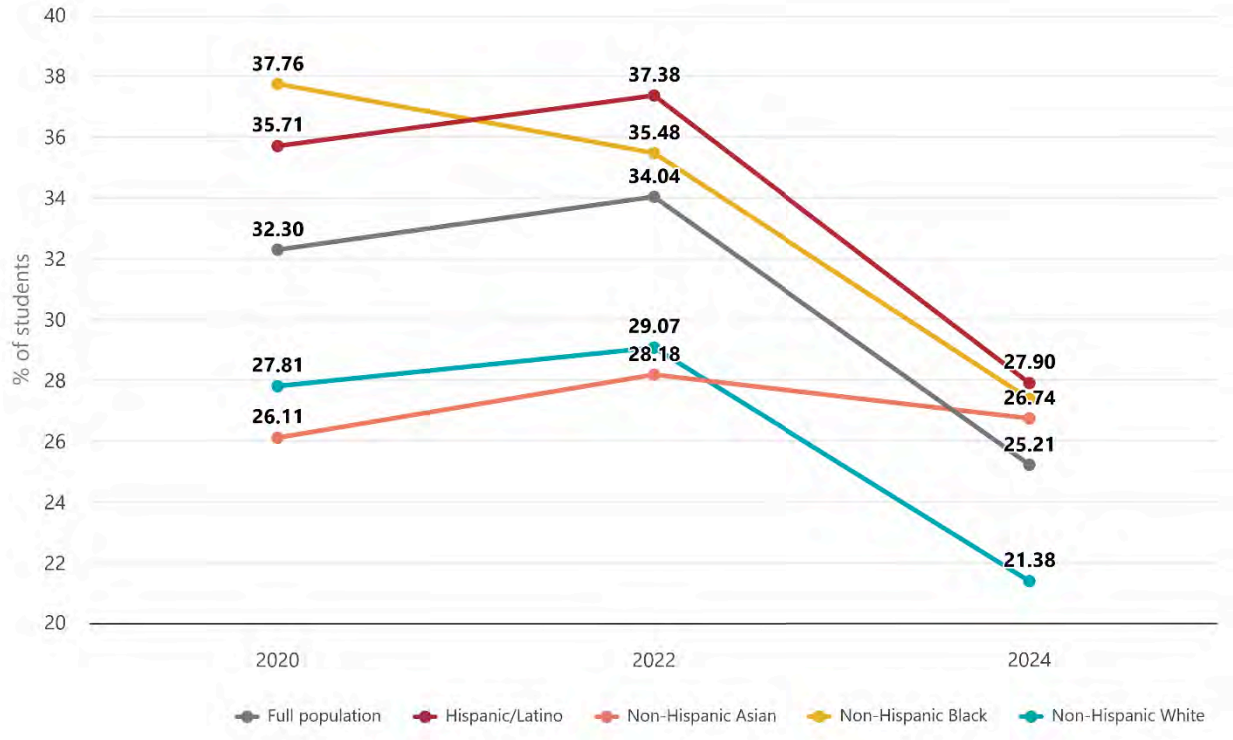
[1] Latest rate ordered by race/ethnic group: Hispanic/Latino; Non-Hispanic Asian; Non-Hispanic Black; Non-Hispanic White

[2] Health disparity detected. Disparity is defined as a difference of 2 times (100%) or greater in health outcomes between one or more race/ethnic groups.

Data source: Adapted from the Suburban Cook County Health Atlas (https://cookcountyhealthatlas.org).

Figure 6.10: Suburban Cook County Health Survey Behavioral Health Indicators, 2022 and 2023

Survey results from the Suburban Cook County YRBS show that many high school students continue to struggle with mental health challenges, even as some measures have improved over time. The share of students reporting that their mental health was not good in the past month remains high at about 46 percent. The percent of public high school students who report feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months have decreased since 2022 but still affect one in four students (Figure 6.11). Some of the most serious concerns such as suicide attempts that required medical care rose sharply in 2024, driven by very high rates reported among Hispanic and White students.



Created on Suburban Cook County Health Atlas | cookcountyhealthatlas.org/i/td8cjruf | **Data source:** SCC Youth Risk Behavior Survey (YRBS)

High School depression rate (YRBS): Percent of public high school students who report feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.

Figure 6.11: High School Depression Rate by Race and Ethnicity, 2020-2024

Substance use patterns show mixed trends. Fewer students report trying marijuana or drinking alcohol compared with earlier years, and binge drinking continues to decline. However, racial and ethnic differences are clear: White students generally report higher alcohol use, while Hispanic and Black students show higher exposure to risks such as riding with a drinking driver or feeling unsafe at school. Drug-related behaviors such as prescription pain medication misuse, cocaine use, and hallucinogen use are relatively low overall but tend to be highest among Black and White students.

Safety and violence-related experiences also differ across groups. Reports of not going to school because students felt unsafe increased in 2024, with the highest rates among Hispanic and Black students. Bullying—both in person and online—affects all groups but is more common among Black and White students. Physical fights at school have decreased over time but still show disparities, with Black students reporting the highest involvement.

Overall, the YRBS data show that while some risky behaviors have declined, mental health concerns and safety issues remain major challenges for high school students in suburban Cook County. Many indicators differ sharply by race and ethnicity, pointing to unequal experiences and the need for targeted support for students facing the highest levels of stress, exposure to violence, and behavioral health risks.

6.6 Summary and Insights

Behavioral health in suburban Cook County reflects both serious challenges and clear inequities across communities. Mortality data show rising opioid overdose deaths, especially among men, and higher drug- and firearm-related deaths in West and South Health Districts and among Black residents. Emergency department data echo these patterns, with Black residents experiencing the highest rates of mental health, substance use, and injury-related visits, while Asian residents have the lowest rates and White and Hispanic residents fall in between. Adult survey data suggest that most residents report good access to care and feel safe in their neighborhoods, yet financial strain, psychological distress, and substance use remain more common in some racial and ethnic groups than others. Youth survey results add another layer of concern: many high school students report poor mental health, depression, and exposure to violence, even as some substance use behaviors decline. Together, these findings show that behavioral health outcomes are shaped by unequal social and economic conditions, highlighting the need for CCDPH to pair clinical and crisis responses with long-term, place-based prevention strategies.

- Behavioral health–related mortality, including drug-induced, firearm, and homicide deaths, is highest among Black residents and in the West and South Health Districts, while suicide deaths are highest among White residents.
- Opioid overdose mortality has increased sharply since 2010, with men experiencing more than three times the overdose death rate of women in recent years.
- Emergency department visits for mental health, substance use, assault, firearm injuries, and self-harm are consistently highest among Black residents and lowest among Asian residents, reflecting deep racial and geographic disparities.
- Adult survey data show generally strong access to routine care and primary care providers across all groups, but higher cannabis use, binge drinking, psychological distress, and lack of bank accounts among specific racial and ethnic groups point to uneven behavioral health risks and economic stress.
- Youth survey findings reveal that many high school students report poor mental health, depression, and feeling unsafe at school, with higher exposure to violence and some substance-related risks among Hispanic and Black students, underscoring the need for early, culturally responsive supports for young people.

7. INFECTIOUS DISEASE

7.1 Overview

Infectious diseases continue to pose significant threats to community health in suburban Cook County, affecting residents across all ages and neighborhoods. Observed trends in suburban Cook County reflect long-standing disparities in access to care. Monitoring trends in infection rates, from sexually transmitted infections (STIs) to vaccine-preventable diseases, provides CCDPH with essential insight into how diseases spread, which communities are most affected, and where prevention and treatment resources are most needed. By understanding both short-term outbreaks and long-term disease patterns, CCDPH can implement control measures to reduce transmission, design effective public health interventions, strengthen surveillance systems, and support equitable access to testing, vaccination, and treatment across the county.

Many of the infectious disease indicators described in this chapter are reported on CCDPH's Suburban Cook County Health Atlas. Users can explore related maps and charts or download datasets directly from the site to support planning, research, and community health improvement efforts. For data on other infectious diseases reported to CCDPH, see the quarterly case counts and yearly disease reports. CCDPH also maintains several interactive dashboards on topics such as respiratory disease and school vaccinations. For a complete list of our dashboards, visit this CCDPH web page.

7.2 Sexually Transmitted Infections

STI rates declined from 2022 to 2023 for chlamydia, gonorrhea, and syphilis for the second year in a row; however, declines were more modest for gonorrhea and syphilis compared to chlamydia. In addition, rates vary widely across suburban Cook County, with the highest burden concentrated in the South and West health districts (Figure 7.1). Chlamydia rates are elevated in many south suburban municipalities, including Calumet City, Harvey, Dolton, Riverdale, and Ford Heights, where rates often exceed 800 cases per 100,000 people. Several west suburban municipalities—including Bellwood, Broadview, Maywood, and Cicero—also show high chlamydia rates. In contrast, many north suburban municipalities, such as Glenview, Wilmette, and Winnetka, report lower rates of chlamydia, often under 150 per 100,000 people.

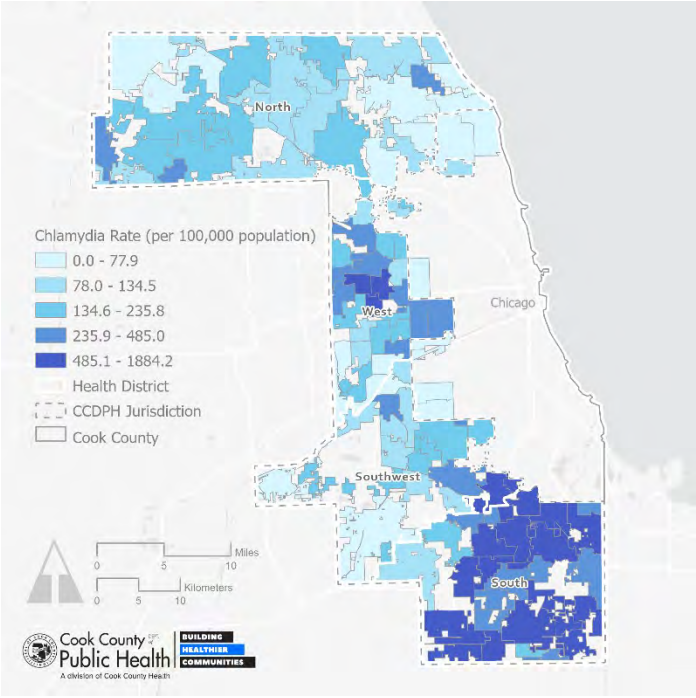


Figure 7.1: Chlamydia Rate by Municipality, 2023

STI incidence varies widely among different age groups nationally, with incidence being highest among younger populations (Figure 7.2). In suburban Cook County, residents aged 15–24 have the highest burden of chlamydia, with a rate nearly 4 times higher than the suburban Cook County average (2,236 per 100,000 vs. 471.3 per 100,000). Chlamydia rates are also elevated among younger adults aged 25–34, at 1,183 per 100,000 people. Adults aged 35–44 experience a lower rate of chlamydia, at 285 per 100,000 people, and adults 45 and older show the lowest rate at 34 per 100,000 people. These differences highlight that STIs disproportionately affect younger residents, where higher burden is influenced by a range of factors including differences in sexual practices, the concentration of infections among sexual networks, access to care, and sexual health education.

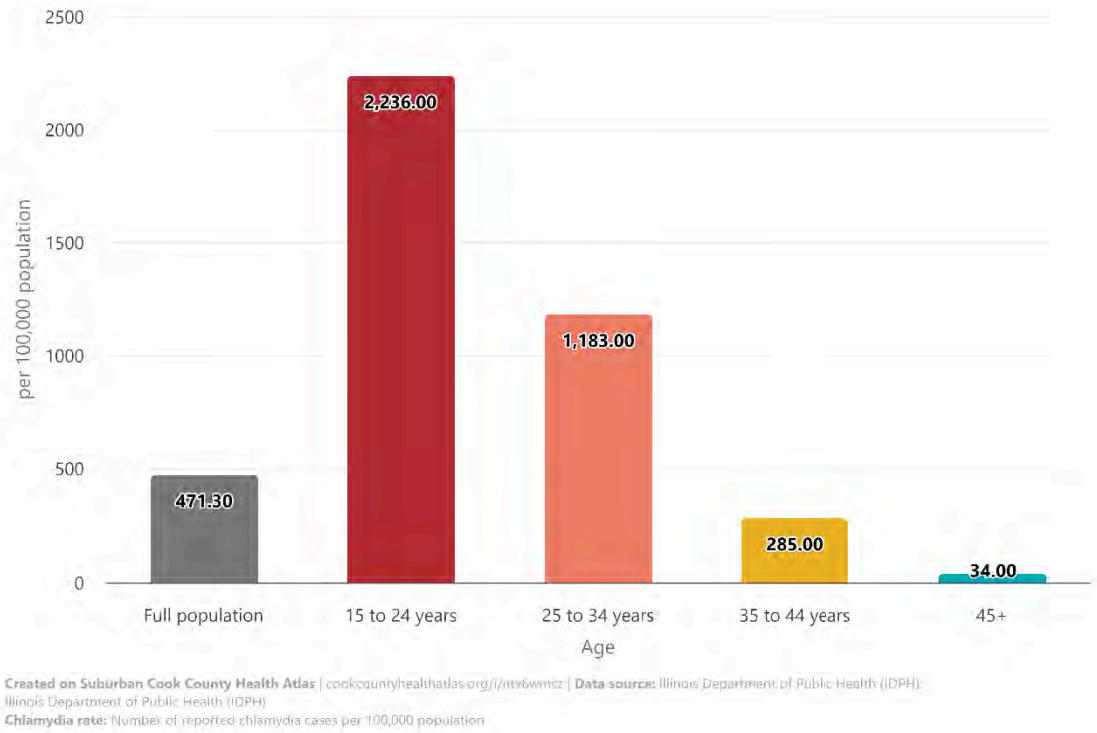


Figure 7.2: Chlamydia Rate by Age Group, 2023

Gonorrhea and syphilis incidence follow similar geographic and demographic patterns (Figure 7.3). Communities in the South and West districts report the highest rates, while many North suburban towns report low or no cases. Trends in gonorrhea incidence by age follows those of chlamydia closely, while syphilis incidence is higher in adult populations. Following national trends, syphilis incidence is highest among adults aged 25-34 (22.4 per 100,000 people) and adults aged 35-44 (13.6 per 100,000) (Figure 7.4).

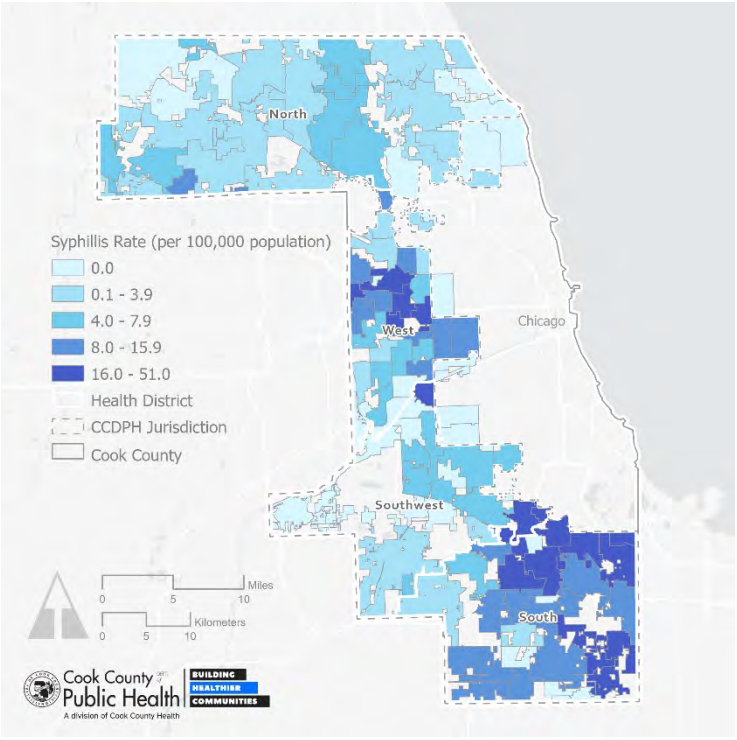


Figure 7.3: Syphilis Rate by Municipality, 2021-2023

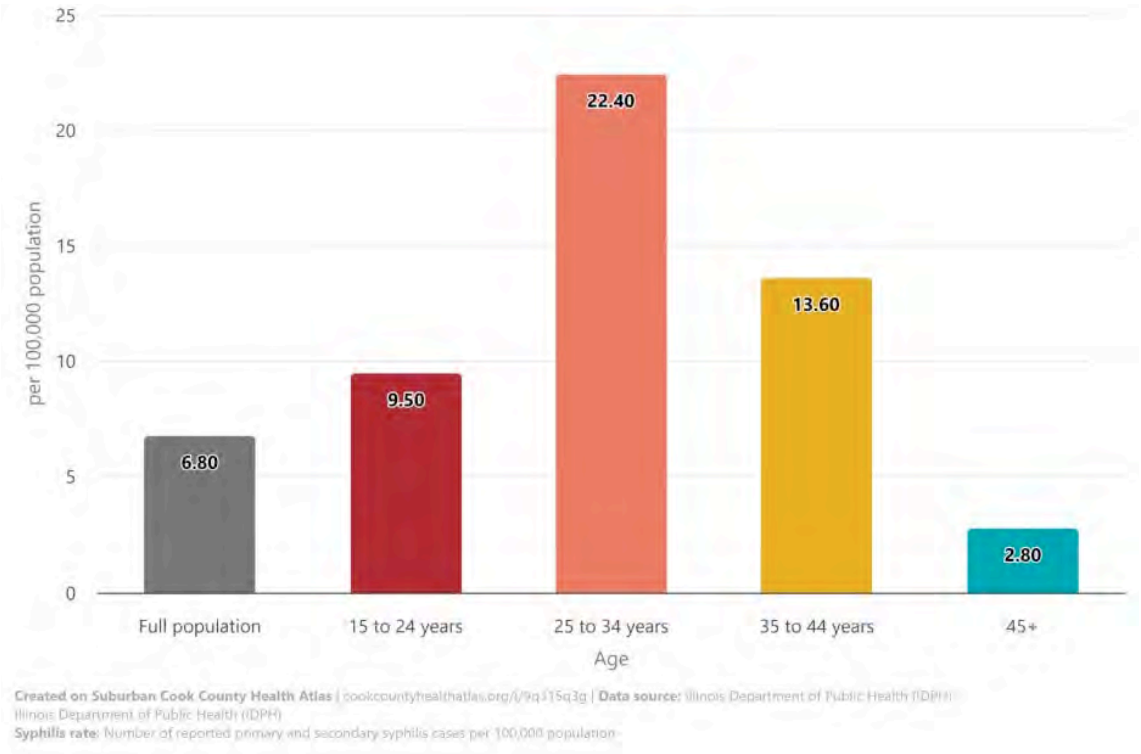


Figure 7.4 Syphilis Rate by Age Group, 2023

Overall, STI trends across suburban Cook County reflect broader social and structural differences. Higher rates in the South and West districts align with communities experiencing greater economic hardship, limited access to healthcare, and other longstanding inequalities. A greater burden of STIs in a community will reinforce existing trends, increasing the risk of exposure and the concentration of infections among locally connected sexual networks. These patterns underscore the need for targeted prevention, expanded screening, and accessible treatment services to reduce disparities and support the health of all residents.

7.3 Tuberculosis

Progress towards tuberculosis (TB) elimination has reached a plateau nationwide. In suburban Cook County, rates have decreased by 24 percent from 2010 to 2024. This decrease has primarily been observed among Asian populations from 2020 to 2024, who also have the highest rates of confirmed TB disease (Figure 7.5). Asian residents consistently experience the highest tuberculosis rates—often five to ten times higher than rates in other population groups—reflecting broader global and structural factors that influence exposure and risk. Hispanic/Latino residents also show elevated rates compared with the overall rates for suburban Cook County, while White residents report the lowest levels. Data in CCDPH's annual TB surveillance reports show that Asian and Hispanic residents with TB disease are more likely to be foreign-born, though the majority have lived in the U.S. for five years or more. Dedicated efforts to identify and treat latent TB infection in high-risk groups are likely needed to reduce TB rates in suburban Cook County; however, expanding education and services to these groups would require additional investment in public health staff and resources.

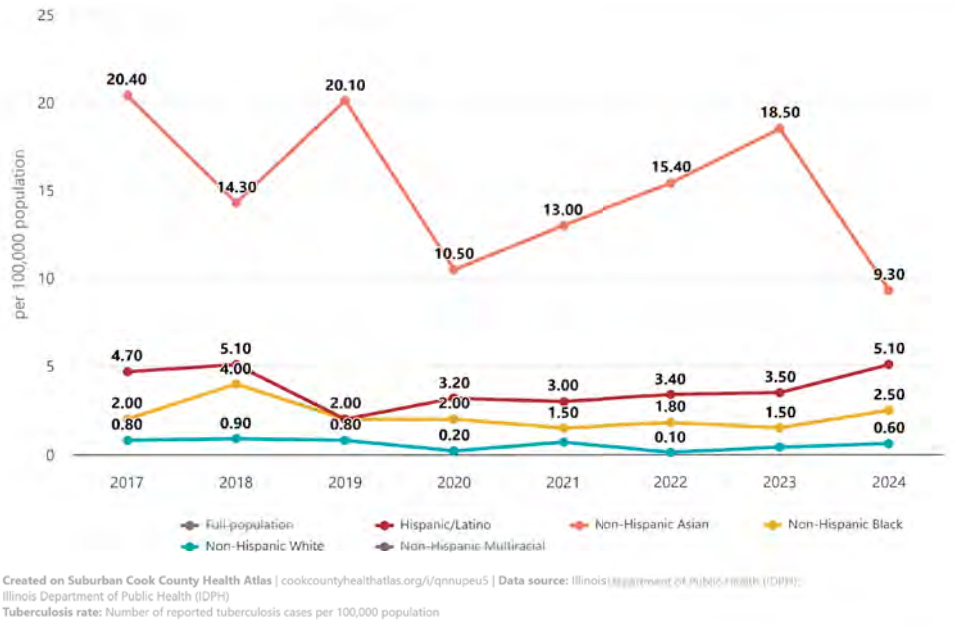


Figure 7.5: Tuberculosis Rate by Race and Ethnicity, 2017-2024

7.4 Hepatitis C

Viral hepatitis, which leads to inflammation of the liver and associated morbidity, remains a complex public health challenge despite it being both preventable and curable. The most common cause of viral hepatitis in the U.S. and in suburban Cook County is hepatitis C, a bloodborne pathogen. In the U.S., Hepatitis C infections may be spread through congenital exposure where a birth parent exposes a child during birth, through sexual contact, or, most commonly, through sharing of needles or other equipment used to inject drugs. About half of those infected with the virus will develop a long-term, chronic infection. Fortunately, we now have drugs available for treatment of chronic hepatitis C that have high cure rates. After many years of consecutive increases, national incidence rates for newly diagnosed chronic hepatitis C have stabilized. In suburban Cook County, rates have decreased by almost 200 percent from 47.9 cases per 100,000 people in 2017 to 16.7 cases per 100,000 people in 2024; however, declines have been less pronounced in recent years and 2024 saw a slight increase from 2023 (Figure 7.6). Furthermore, disparities in incidence remain: the rate in Black residents is double the rate in White residents and 3.7 times higher than the rate in Asian and Hispanic/Latino residents. Sustained and focused interventions are necessary to continue more recent progress in the prevention of chronic hepatitis C.

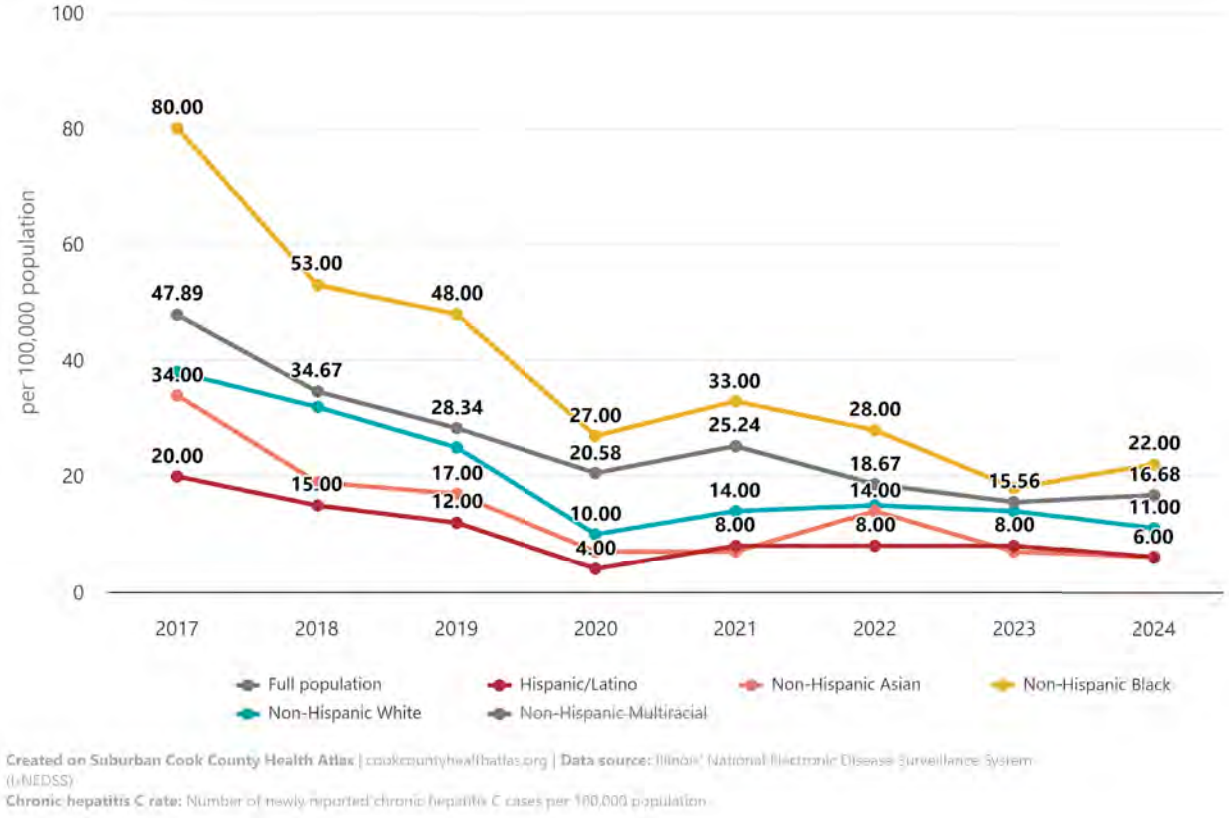


Figure 7.6 Chronic Hepatitis C Rate by Race and Ethnicity, 2017-2024

7.5 Vaccine-preventable Diseases

Vaccine-preventable diseases continue to pose risks in suburban Cook County, despite the availability of safe and effective vaccines. These diseases remain public health concerns because they can spread quickly, cause severe illness, and require strong community-level prevention efforts. Childhood vaccines against diphtheria, tetanus, pertussis, hepatitis B, measles, mumps, rubella, polio, and varicella (chickenpox) are essential tools for protecting children and preventing outbreaks. In addition to tracking disease incidence, tracking vaccination coverage across suburban Cook County helps CCDPH identify communities at risk for outbreaks of vaccine-preventable disease and understand broader trends in vaccine access and acceptance. High vaccination rates create "community immunity," but even small declines can leave infants, medically vulnerable people, and unvaccinated residents at higher risk.

The United States implemented a national varicella vaccination program in 1995. Despite this, rates of varicella in suburban Cook have been steadily increasing since 2020 (Figure 7.7). The majority of these cases were not vaccinated. In 2024, CCDPH also saw the largest number of pertussis cases reported since at least 2004 (the last year available in our modern reporting system) and the first time multiple measles cases have been reported in consecutive years since at least 2004.

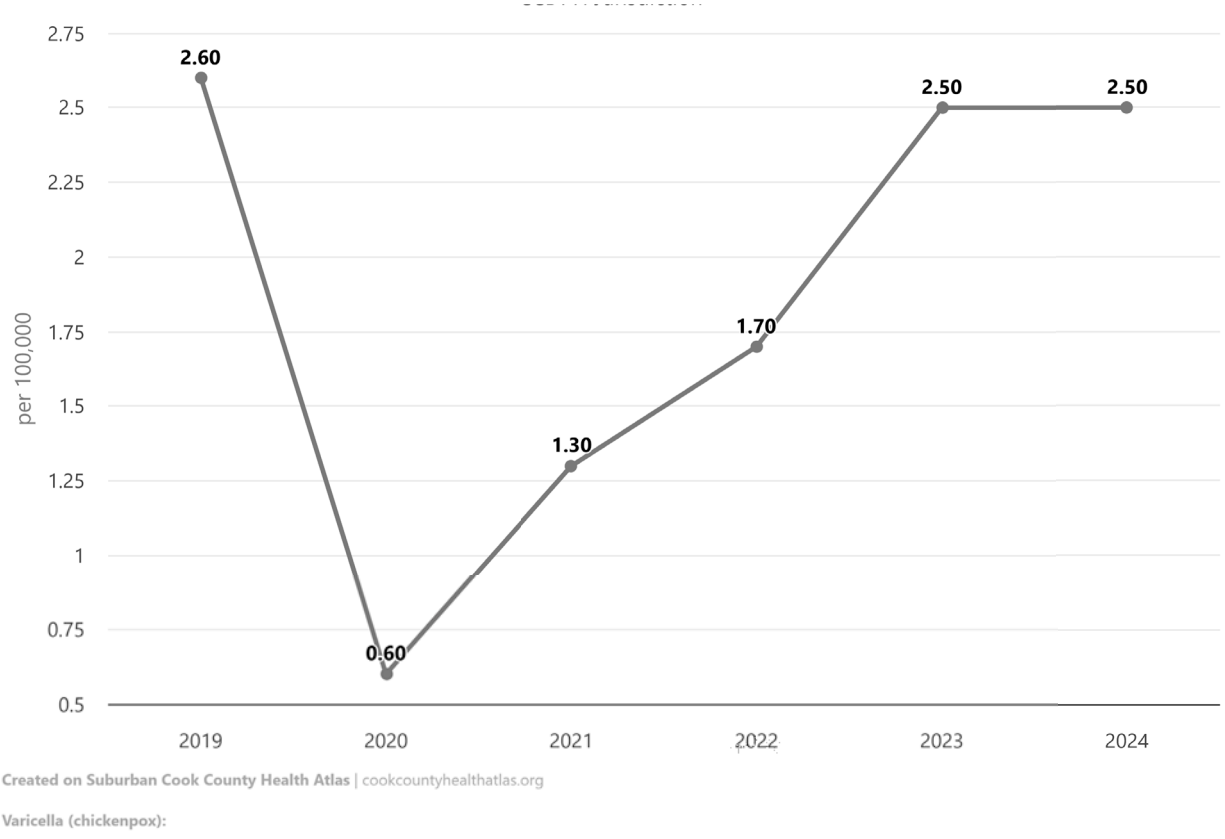


Figure 7.7: Varicella (Chickenpox) Rate, 2019-2024

Young children consistently bear the highest burden of both varicella and pertussis (Figure 7.8). In 2024, rates reached 7.8 cases per 100,000 people among children under age 5 and 7.5 cases per 100,000 people among those ages 5 to 14, far exceeding rates seen in older adults. Racial and ethnic differences are also clear: 2024 varicella rates per 100,000 people were highest among Hispanic/Latino (3.7) and White (2.1) residents, while Black (0.5) and Asian (1.7) residents report lower rates overall.

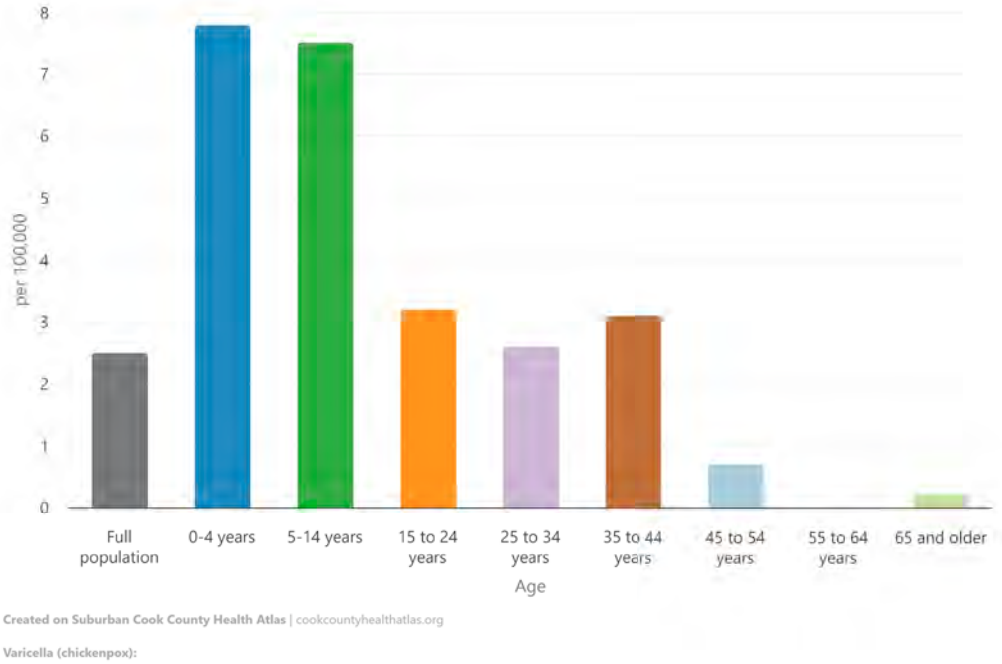


Figure 7.8: Varicella Rate by Age Group, 2024

CCDPH's primary source of information for childhood vaccination rates are publicly available reports released annually by the Illinois State Board of Education. We analyze and visualize data from these reports in a dashboard here. Childhood vaccination rates across suburban Cook County remain high, with most vaccines—such as chickenpox, DTP (diphtheria, tetanus, polio), MMR (measles, mumps, rubella), and polio—consistently showing coverage above 95 percent across all health districts. The North and West districts generally report the highest vaccination levels, often around 97 to 98 percent. The South and Southwest districts also maintain strong coverage, but are slightly lower than in the North and West districts- typically in the mid- to upper-90s. However, at both the jurisdiction and district level, vaccination coverage for all diseases has been steadily trending down for over a decade, which is worrisome. Several schools throughout suburban Cook County do not have coverage levels above the critical vaccination threshold to maintain community immunity. High vaccination coverage is necessary to limit outbreaks of diseases such as measles and pertussis and provides a critical safeguard for infants, medically vulnerable residents, and others who rely on high community vaccination coverage to stay safe.

7.6 Foodborne Illness

Foodborne illness is a major cause of infectious disease morbidity in the U.S. with severe cases resulting in hospitalization or even death. Reduction of foodborne illness is a Healthy People 2030 goal and relies on a multitude of interventions from increasing food safety awareness to swift outbreak detection to structural changes, such as ensuring access to sick leave for food handlers.

Salmonella infections are one of the most common foodborne illnesses reported to CCDPH and is the leading cause of deaths from domestically acquired foodborne illness nationwide. Rates in suburban Cook have been steadily increasing after dropping sharply in 2020 during the COVID-19 pandemic (Figure 7.9).

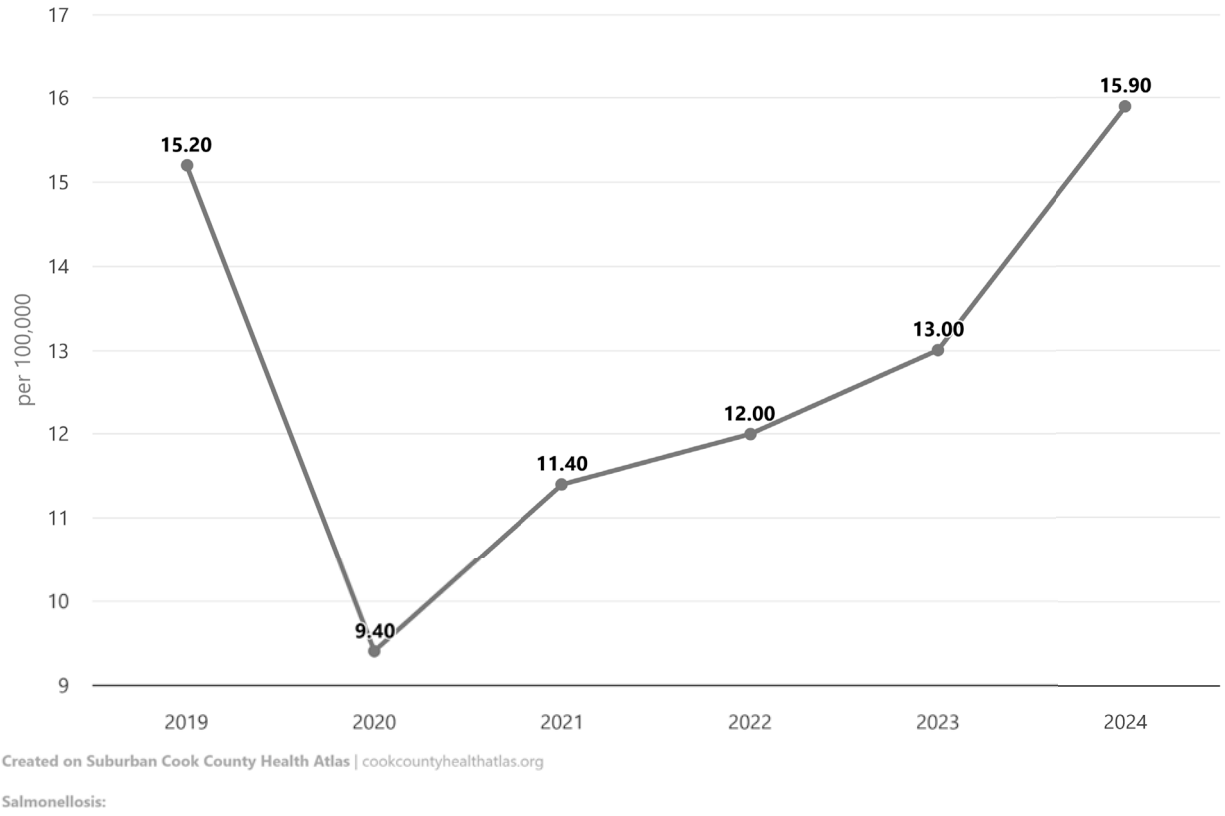


Figure 7.9: Salmonellosis Rate, 2019-2024

Foodborne infections, including salmonellosis, often affect the medically vulnerable at higher rates, including young children and older adults. Salmonellosis rates in 2024 were highest for children under 5 and adults 65 and older, with both groups exceeding the jurisdiction average (Figure 7.10). Disparities were also observed by race and ethnicity with the rate among Hispanic/Latino residents (17.4 cases per 100,000 people) exceeding those of White residents (14.2 cases per 100,000 people), Asian residents (11.4 cases per 100,000 people), and Black residents (8.8 cases per 100,000 people).

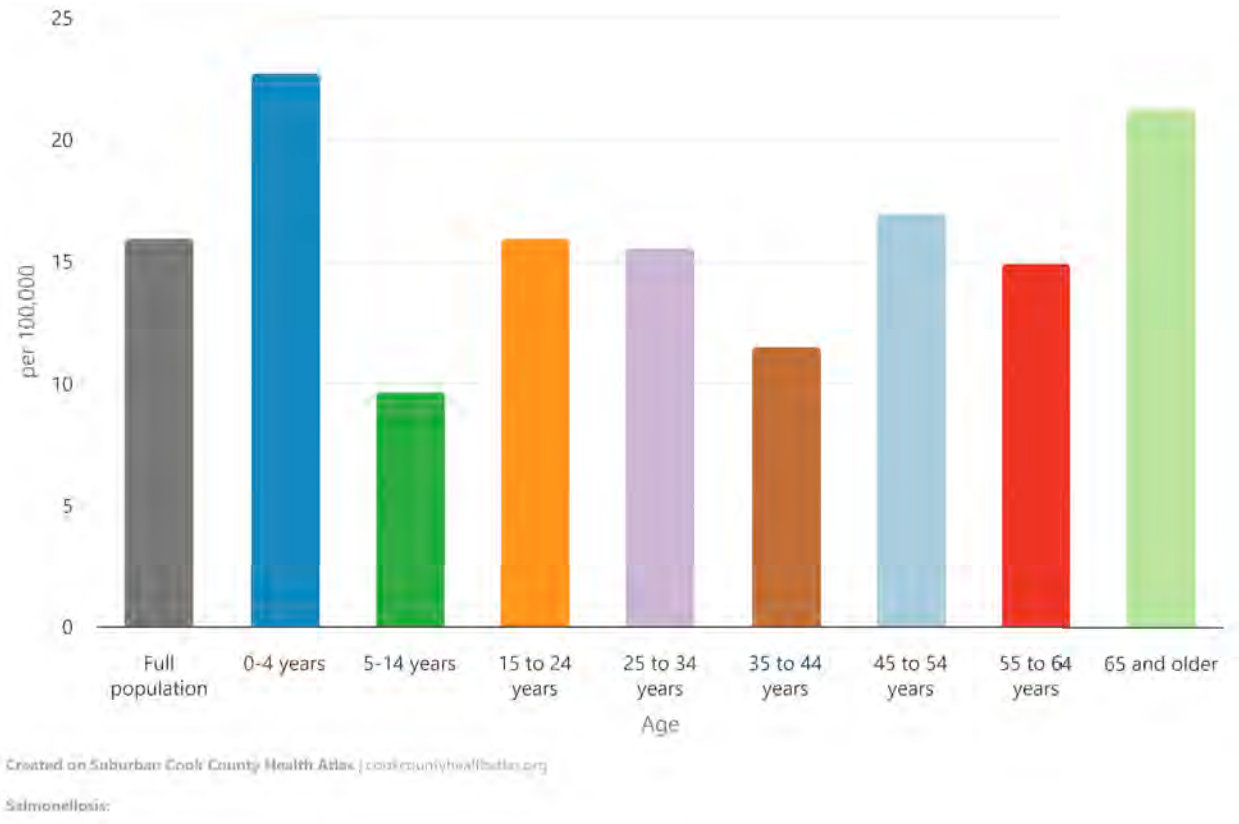


Figure 7.10 Salmonellosis by Age Group, 2024

7.7 Healthcare-associated Infections

Healthcare-associated infections are preventable, yet cause significant morbidity and mortality in the U.S. as well as unnecessary medical costs and extended hospital stays. Health departments are especially concerned about healthcare-associated infections caused by pathogens resistant to multiple forms of treatment, often grouped together under the category of "multidrug-resistant organisms". These pathogens can be exceptionally difficult to treat and can spread quickly in healthcare environments when patients need complex care or are being transferred from facility to facility. *Candida auris (C. auris)* is one such pathogen, an emerging fungal infection that was first detected in Illinois in 2016 and is often resistant to antifungal medications. Less than a decade after it was first detected, *C. auris* now causes hundreds of infections a year in suburban Cook County alone. Clinical cases (infections that are symptomatic, as opposed to those detected through screening programs) have quadrupled between 2019 and 2024 (Figure 7.11).

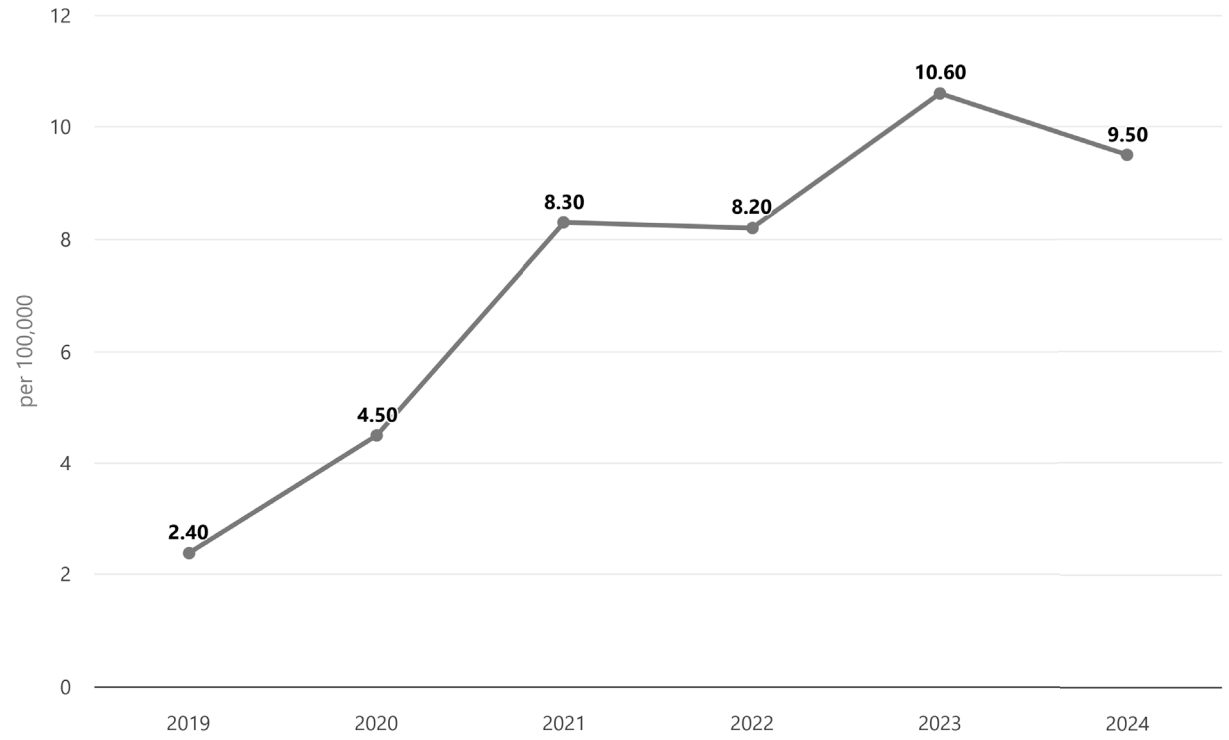
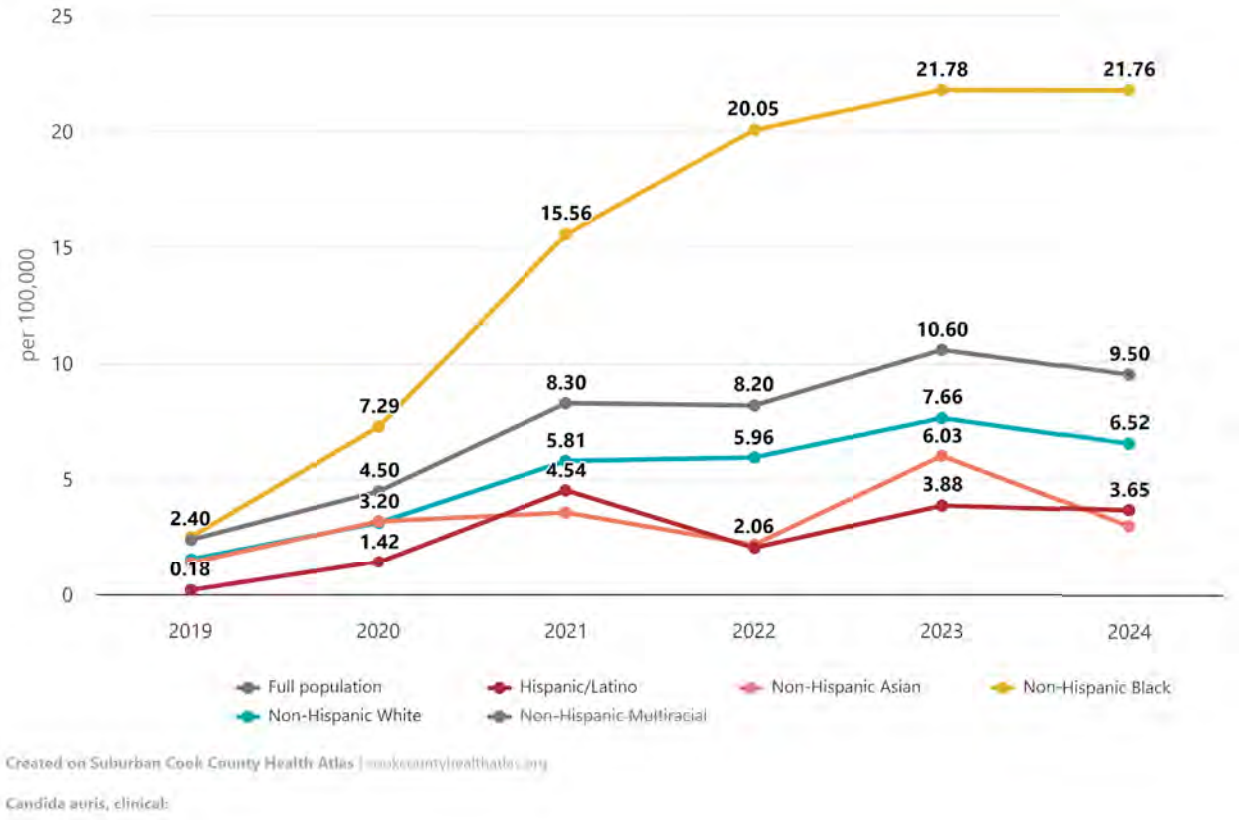


Figure 7.11 Candida auris Rates, 2019-2024

Adults over 65 have the highest rates of *C. auris*, by far, with 28.7 cases per 100,000 people in 2024, almost three times the rate in the overall population. Rates are also disproportionately high among Black residents. In 2024, 21.8 clinical *C. auris* cases per 100,000 people were reported among Black residents, compared to only 6.5 cases per 100,000 people among White residents, 3.7 cases per 100,000 people among Hispanic/Latino residents, and 3.0 cases per 100,000 people among Asian residents (Figure 7.12).



7.12 Candida auris (clinical) Rate by Race and Ethnicity, 2019-2024

7.8 Summary and Insights

The 20th century witnessed historic gains in curbing morbidity and mortality caused by infectious disease, thanks to invaluable tools such as antibiotics and vaccination campaigns. Today, indicators in suburban Cook County show a mixed picture of progress which illustrates ongoing challenges for public health. While some diseases or infections which had been on the rise for several years are starting to stabilize or even decline (STI, hepatitis C), others have firmly plateaued (TB) or are trending up despite having effective prevention strategies (vaccine-preventable diseases, foodborne illness). In addition, new infectious agents with epidemic or pandemic potential remain a constant threat. Finally, patterns of disease reflecting historic and structural inequities are stubbornly entrenched in many regions of suburban Cook County. If we are to maintain the hard-fought gains of the past and eliminate disproportionate disease burden in our communities, it is more crucial than ever to support sustained public health interventions. Public health must not only rely on past successes but also continue to advocate for further investment and creative solutions in the fight against infectious diseases. Local effort is particularly necessary as federal funding supporting prevention of infectious diseases becomes more unreliable.

- For many reportable infectious diseases, declines observed during the COVID-19 pandemic have disappeared, and rates have now returned to or exceed pre-pandemic levels.
- Novel interventions such as curative treatments for hepatitis C or doxycycline post-exposure prophylaxis for STIs, among other factors, may be helping to turn the tide on once-intractable epidemics.
- Progress for other diseases has stalled, such as for tuberculosis, or is reversing course, such as for vaccine preventable diseases, and will require additional investment and new ways of educating and communicating to make sure hard-fought ground is not lost.
- New infectious disease threats continue to emerge, such as multidrug-resistant organisms, that require intensive public health responses to contain and mitigate.
- Disparities exist across almost all infectious disease indicators with Black and Hispanic/Latino residents and communities typically affected at higher rates compared to other sub-populations within suburban Cook County.

8. ENVIRONMENT, OCCUPATION AND INJURY CONTROL

8.1 Overview

The environment in which people live, work, learn, and travel has a powerful impact on health and safety in suburban Cook County. This chapter brings together information on the built environment, environmental exposures, unintentional and intentional injuries, and climate-related risks. These indicators show how everyday conditions such as sidewalk quality, air pollution, drinking water safety, workplace and household hazards, and community violence, shape residents' opportunities to stay healthy and avoid harm. By highlighting where risks are concentrated and which populations experience the greatest burden, this chapter supports planning efforts to reduce preventable injuries, address environmental inequities, and strengthen community resilience.

8.2 Built Environment

The built environment affects how safely and easily residents can move through their communities. Indicators such as sidewalk condition, walkability, and active transportation capture whether neighborhoods support safe physical activity and independent mobility. Motor vehicle mortality and hospitalization rates provide information about traffic-related harm, which often reflects road design, traffic speeds, and transportation access. Perceived neighborhood safety helps describe how safe residents feel in their daily environments, which can influence whether people choose to walk, bike, or be outdoors. Together, these measures show how community design and safety conditions can either support or hinder health.

Walkability and active transportation are important for public health because they support regular physical activity, reduce injuries from car crashes, and lower air pollution. Across suburban Cook County, walkability and commuting by walking or biking vary widely, but clear patterns help guide planning (Figure 8.1). The West and North Health Districts tend to have the highest walkability scores, with many communities scoring between 14 and 15. These areas also show some of the highest rates of active commuting, especially in places like Wilmette, Winnetka, River Forest, and Oak Park, where more than 20 percent of workers walk or bike to work. These communities illustrate how connected streets, nearby destinations, and strong transit access can encourage healthier daily behaviors and reduce dependence on cars.

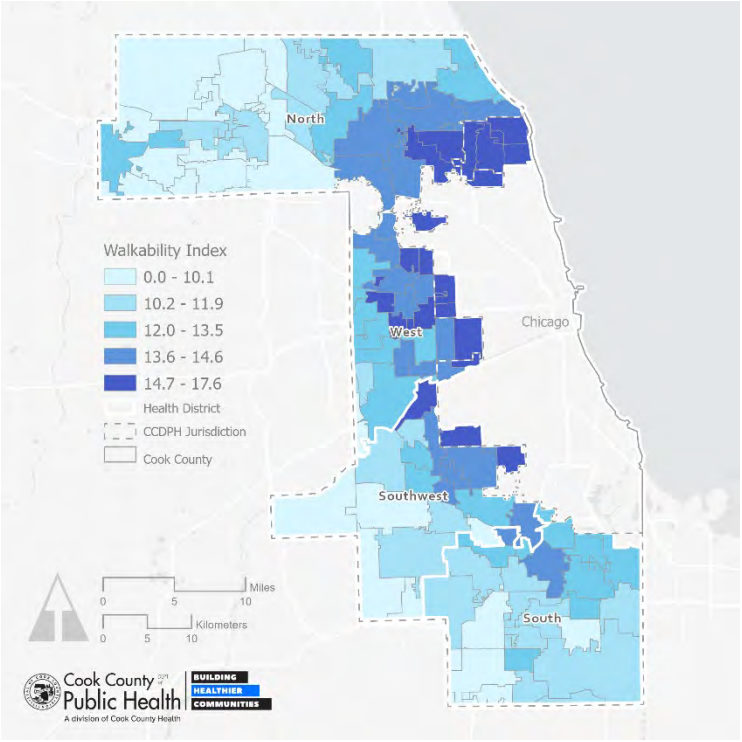


Figure 8.1: Walkability Index by Municipality, 2024

The South and Southwest Health Districts generally show more moderate walkability, with scores often between 10 and 13, but several communities still report relatively high rates of walking and biking to work (Figure 8.2). For example, Calumet City, Harvey, Riverdale, and Ford Heights all exceed 10 percent active commuting. In many of these places, residents walk or bike because jobs, bus routes, and stores are close by, even when the street environment is less supportive. These patterns highlight opportunities for targeted public health investments, such as improving sidewalks, lighting, and traffic safety. Across all districts, communities with higher walkability also tend to have healthier travel behaviors, showing that improving the built environment can play an important role in preventing chronic disease and supporting safer, more active lifestyles.

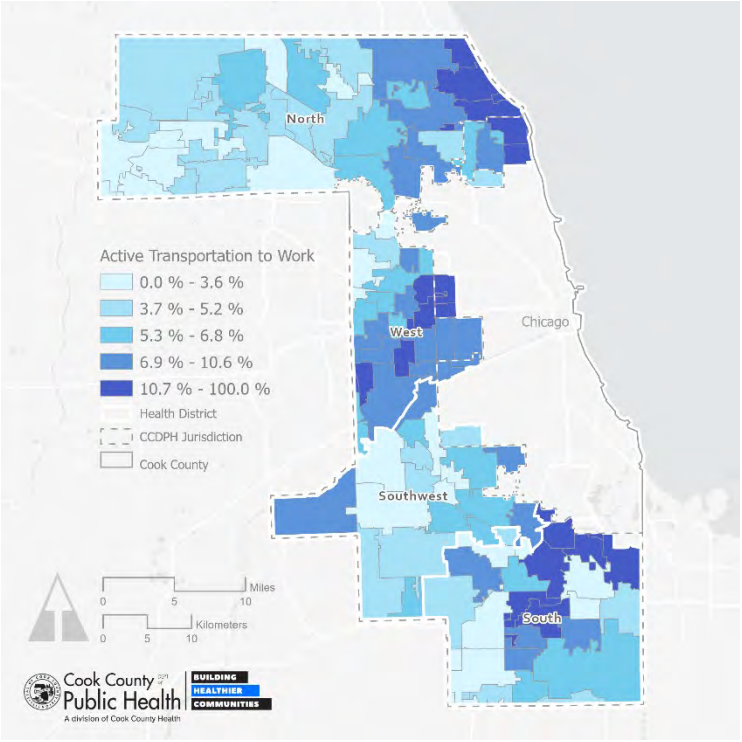


Figure 8.2: Active Transportation to Work by Municipality, 2023

Residents' experiences with sidewalk quality, walking access, and neighborhood safety show meaningful differences across racial and ethnic groups, and these patterns are important for understanding uneven opportunities for physical activity and mobility (Figure 8.3). Overall, about 68 percent of suburban Cook County adults say their sidewalks are well maintained, but this varies by group. White and Asian residents report the highest sidewalk quality, at about 71 percent, while Hispanic/Latino residents report lower sidewalk quality at 65 percent. Black residents report the lowest sidewalk quality, at just over 61 percent. These differences matter because poor sidewalks make it harder and less safe to walk for exercise, reach transit, or travel to daily destinations, which can contribute to health gaps between communities.

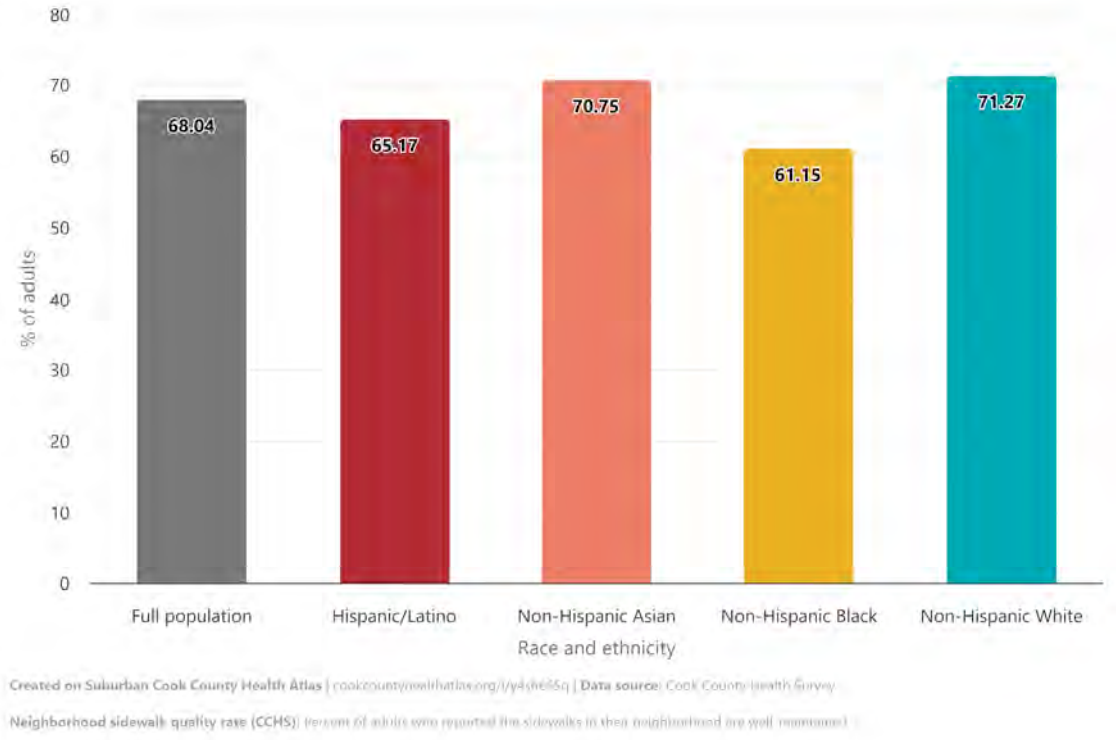


Figure 8.3: Neighborhood Sidewalk Quality Rate by Race and Ethnicity, 2023

Access to transit by foot also differs across groups (Figure 8.4). About 68 percent of all adults say it is easy to walk to a transit stop, but women report less ease of access than men (65 percent compared with 72 percent). Reliable and walkable transit access supports health by reducing dependence on cars and expanding access to jobs, health care, and services. When certain groups face barriers to reaching transit on foot, it can limit their mobility and make it harder to meet daily needs, which is an important consideration for public health planning.

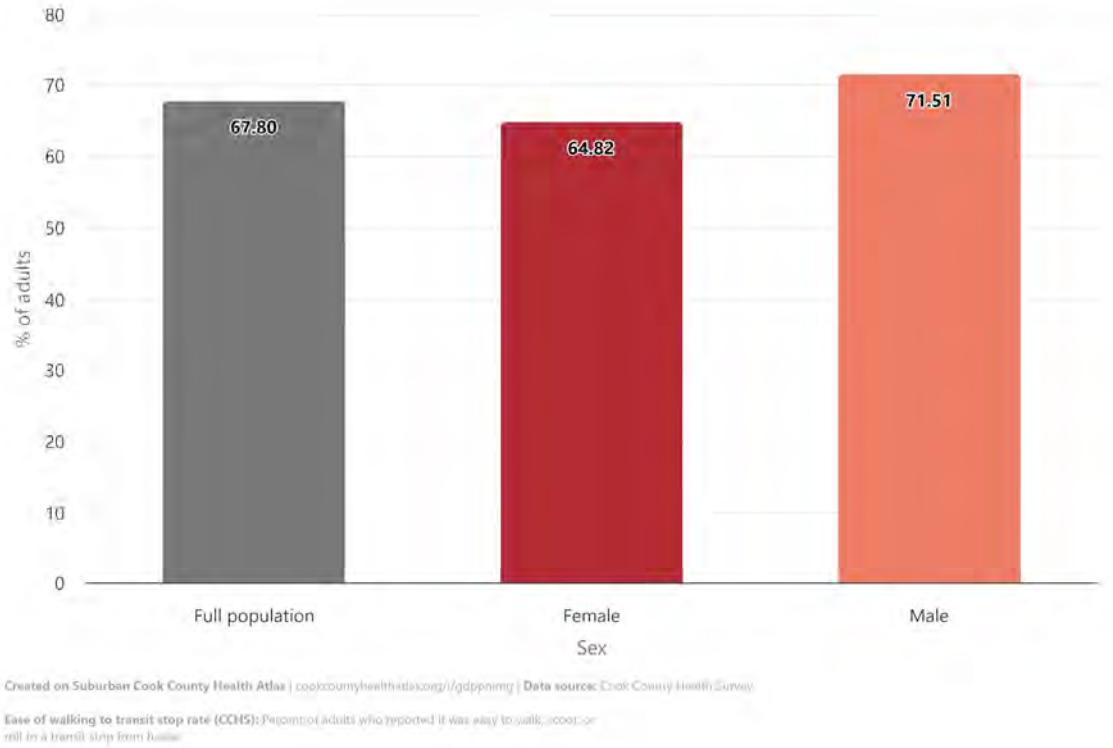


Figure 8.4: Ease of Walking to Transit Stop Rate by Sex, 2023

Perceived neighborhood safety also varies and plays a major role in whether residents feel comfortable walking or being active outdoors (Figure 8.5). About 89 percent of adults overall feel their neighborhood is safe, but this ranges from 83 percent among Hispanic/Latino residents and 84 percent among Black residents to more than 92 percent among White residents. Asian residents also report high levels of perceived safety at nearly 91 percent. These differences show that not all groups experience the same level of safety in their communities, which can strongly influence outdoor physical activity, mental well-being, and social connection. For public health planners, improving sidewalk conditions, strengthening walkable access to transit, and addressing safety concerns are key steps toward creating environments that support health for all residents.

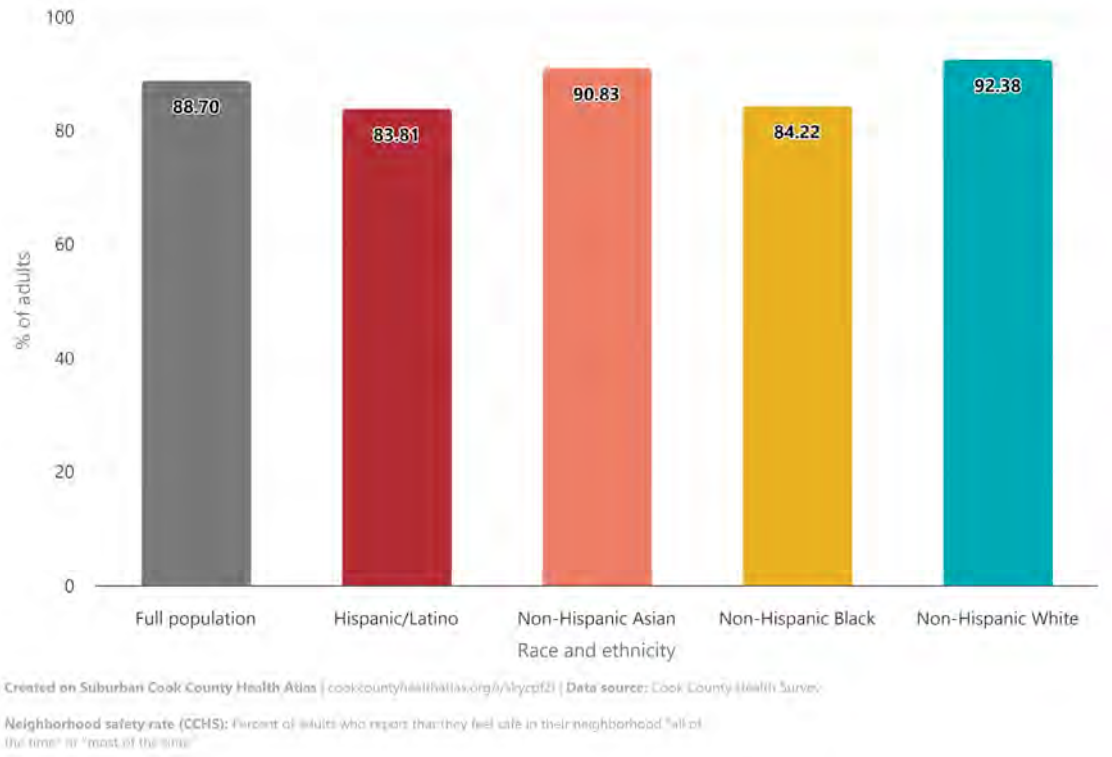


Figure 8.5: Neighborhood Safety Rate by Race and Ethnicity, 2023

Pedestrian and cyclist deaths in suburban Cook County have remained a persistent concern over the past decade, and these trends reinforce the importance of improving walkability, transit access, and neighborhood safety. From 2010 to 2022, annual pedestrian fatalities ranged from the low 20s to more than 50 deaths per year, with the highest count recorded in 2021 [34]. Cyclist deaths were lower but still significant, averaging between 3 and 8 fatalities per year, with a peak of 12 in 2021. These patterns show that people walking and biking continue to face serious risks on local roadways, even as many communities work to encourage more active travel. When sidewalk quality is poor, access to transit is limited, or residents feel unsafe, the risk of injury or death while walking or biking increases, making it harder for communities to support healthy transportation choices.

Motor vehicle crash mortality data from 2023 further highlight major differences in transportation-related risk across racial, ethnic, and sex groups (Figure 8.6). While the overall motor vehicle mortality rate is 8.4 deaths per 100,000 residents, the rate for Black residents is nearly double that, at 15.1. Asian residents experience the lowest rate at 3.2, while Hispanic/Latino and White residents fall between 7.2 and 7.6. Men also face much higher mortality from motor vehicle crashes than women, with a rate of 12.5 compared with 4.6.

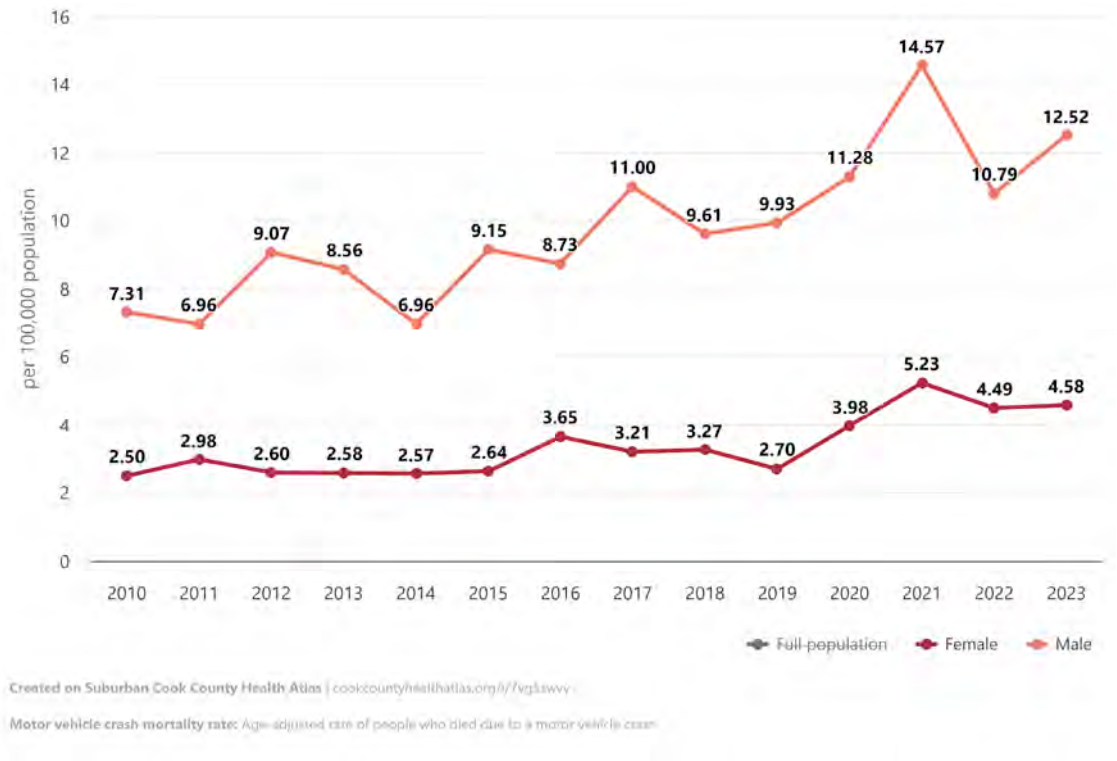


Figure 8.6: Motor Vehicle Crash Mortality Rate by Sex, 2010-2023

These disparities mirror the patterns seen in sidewalk quality, perceived safety, and transit access, where groups experiencing poorer walking conditions or lower neighborhood safety often face higher transportation risks overall. For public health planning, these data emphasize the need for targeted investments in safer street design, improved pedestrian infrastructure, and equitable traffic safety strategies to reduce injuries and fatalities across all communities.

8.3 Environmental Exposure

Environmental exposures contribute to long-term health risks and are not distributed equally across suburban Cook County. The Environmental Justice Index data—including particulate matter, ozone, diesel particulate matter, respiratory hazard scores, inhalation cancer risk, and the overall environmental burden index—highlight areas where residents face elevated pollution levels or cumulative exposures [35]. Additional indicators identify risks from hazardous waste sites, Superfund sites, potential chemical accidents, and drinking water non-compliance, which can increase the likelihood of respiratory, cardiovascular, or developmental health problems. Lead paint risk measures also point to communities where older housing may expose children to harmful lead levels. These indicators help identify neighborhoods with environmental inequities and support strategies to reduce exposure and improve environmental quality.

Across suburban Cook County, the environmental justice indexes show that exposure to air pollution, hazardous sites, and other environmental risks is not evenly shared. Many municipalities in the West, South, and Southwest Health Districts fall in the upper half of national percentiles for particulate matter, respiratory hazards, diesel exhaust, and inhalation cancer risk. Communities such as Bellwood, Cicero, Maywood,

Riverdale, Harvey, and several south suburbs often score above the 80th or even 90th percentile on multiple indicators, meaning residents face higher pollution levels and are more vulnerable compared with most places in the country (Figure 8.7). These same areas also tend to have higher scores for proximity to Superfund sites, hazardous waste facilities, or potential chemical accidents, reflecting their location near major industrial corridors, rail yards, highways, and older housing.

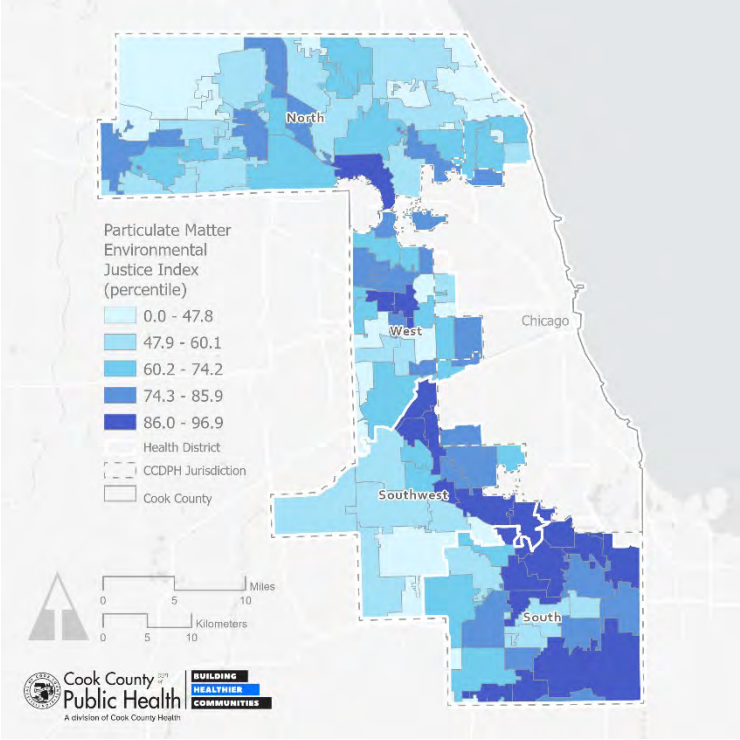


Figure 8.7: Particulate Matter Index by Municipality, 2024

The environmental justice particulate matter index is a weighted index of vulnerability to particulate matter. It measures exposure to PM 2.5 in the air, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure.

In contrast, many municipalities in the North Health District, especially along the North Shore, have much lower environmental justice scores. Places like Glencoe, Wilmette, Winnetka, Deerfield, and Northbrook often fall below the national median on particulate matter, respiratory hazards, and lead paint risk (Figure 8.8). Western Springs, Hinsdale, and other built-out suburbs in the western part of the county also tend to show relatively low scores across several indicators. These communities still experience environmental risks, but the combined burden of pollution and social vulnerability is much lower than in the industrial south and west suburbs.

Within each district there is still noticeable variation. The North District includes both low-burden North Shore communities and higher-burden municipalities such as Elgin, Des Plaines, Streamwood, and Wheeling, which sit near major highways, warehouses, or industrial areas and therefore show elevated scores for particulate matter, diesel exhaust, and respiratory hazards. Similarly, the South and Southwest districts include a mix of communities: some like Tinley Park and Orland Park have more moderate index values, while nearby towns such as Dolton, Markham, Riverdale, and Sauk Village show very high scores across multiple hazards. Drinking water non-compliance is low or zero in many suburbs, but several south communities, including Ford Heights,

Glenwood, Lynwood, Markham, Matteson, Richton Park, South Holland, Steger, and others, stand out with high percentiles, suggesting more serious or repeated water system violations.

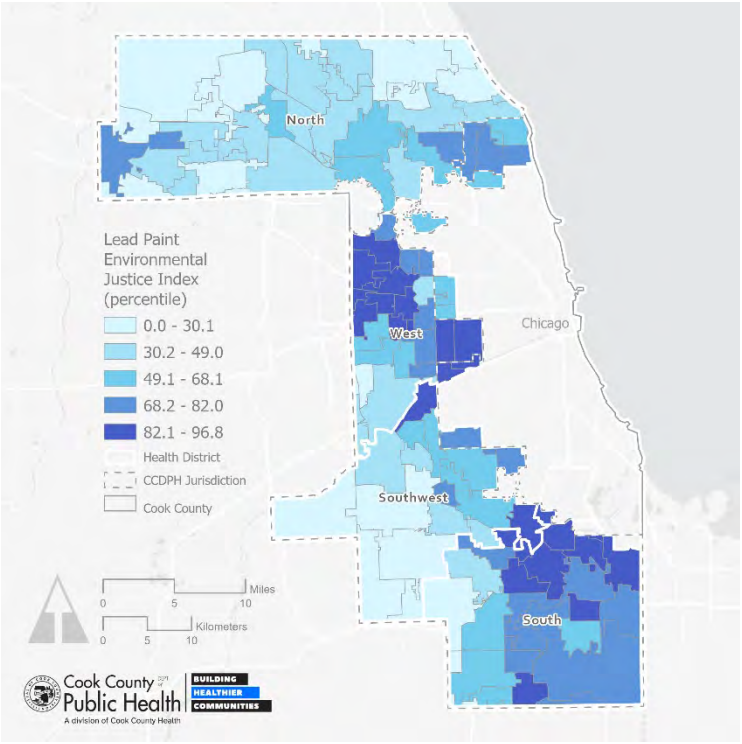


Figure 8.8: Lead Paint Index by Municipality, 2024

The environmental justice lead paint index is a weighted index of vulnerability to lead paint exposure. The index measures exposure to housing built before 1960 and at risk of containing lead, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure.

Taken together, these patterns point to a clear environmental justice gradient across suburban Cook County. Residents in many west and south inner-ring and industrial suburbs face higher combined risks from air pollution, hazardous sites, and drinking water violations, while those in many northern and western suburbs experience lower burdens. Because the indexes are weighted by population vulnerability, they highlight places where pollution and social disadvantage overlap, increasing the likelihood of asthma, heart and lung disease, cancer, and lead exposure. For public health planning, this means that resources for environmental monitoring, remediation, and health protection should be targeted toward high-burden municipalities and health districts, while maintaining protections in lower-burden areas to prevent new or worsening exposures.

8.4 Unintentional Injuries

Unintentional injuries remain a leading cause of preventable emergency department visits, hospitalizations, and deaths. Measures included in this section—such as fall-related visits, non-drug poisoning emergency and inpatient hospitalization rates, and overall unintentional injury hospitalizations—provide insight into the most

common injury mechanisms affecting residents. Many of these injuries disproportionately affect older adults, young children, and people living in homes or neighborhoods with safety hazards. Understanding these patterns can help guide prevention strategies such as fall-prevention programs, home safety improvements, traffic safety initiatives, and public education about household and environmental toxins.

Unintentional injuries remain a major reason people in suburban Cook County visit the emergency department (ED). From 2016 to 2019, the overall rate of unintentional injury–related ED visits slowly declined, but it was still high, at about 3,900 to 4,200 visits per 100,000 residents. In 2020, during the first year of the COVID-19 pandemic, rates dropped sharply, then rose again in 2021 and 2022, though they did not fully return to 2016 levels. Across all years, Black residents have the highest rates of unintentional injury ED visits, often above 5,000 visits per 100,000 people, while Asian residents have the lowest rates, around 1,300 to 1,500. Children and teens age 0–17 and adults 65 years and older also have higher visit rates than middle-aged adults. These patterns suggest that both racial inequities and age-related risks shape who is most likely to be injured and need emergency care.

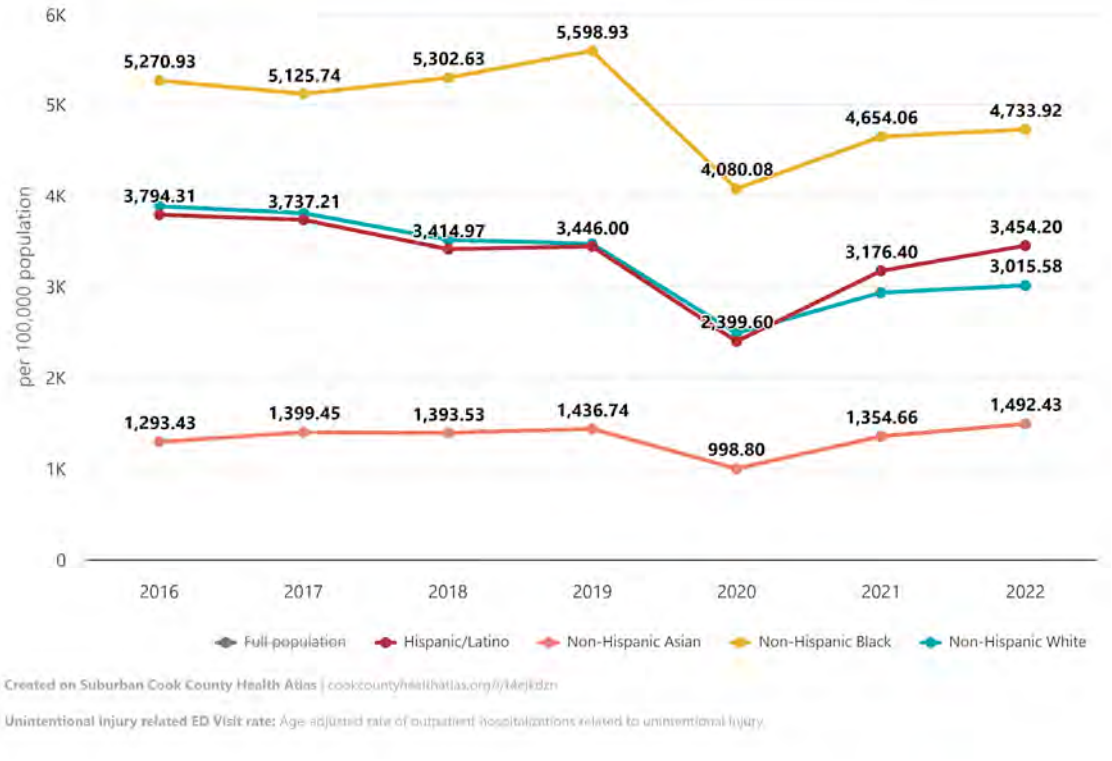


Figure 8.9: Unintentional Injury Related ED Visit Rate by Race and Ethnicity, 2016-2022

Falls are a major driver of these injuries, especially for older adults. The fall-related ED visit rate for the full population was about 1,400 to 1,500 per 100,000 residents before 2020, dropped during the pandemic, and then climbed again by 2022. Adults 65 years and older have extremely high fall-related ED visit rates, reaching more than 3,000 per 100,000 in recent years, much higher than any younger age group (Figure 8.10). Women also have slightly higher fall-related ED visit rates than men, and the number of inpatient hospitalizations for falls among older adults has increased over time, rising from about 6,800 in 2016 to more than 8,100 in 2022. These trends highlight the need for fall-prevention efforts, such as safe housing, home modifications, improved lighting and sidewalks, and programs that support balance, strength, and vision care for older residents.

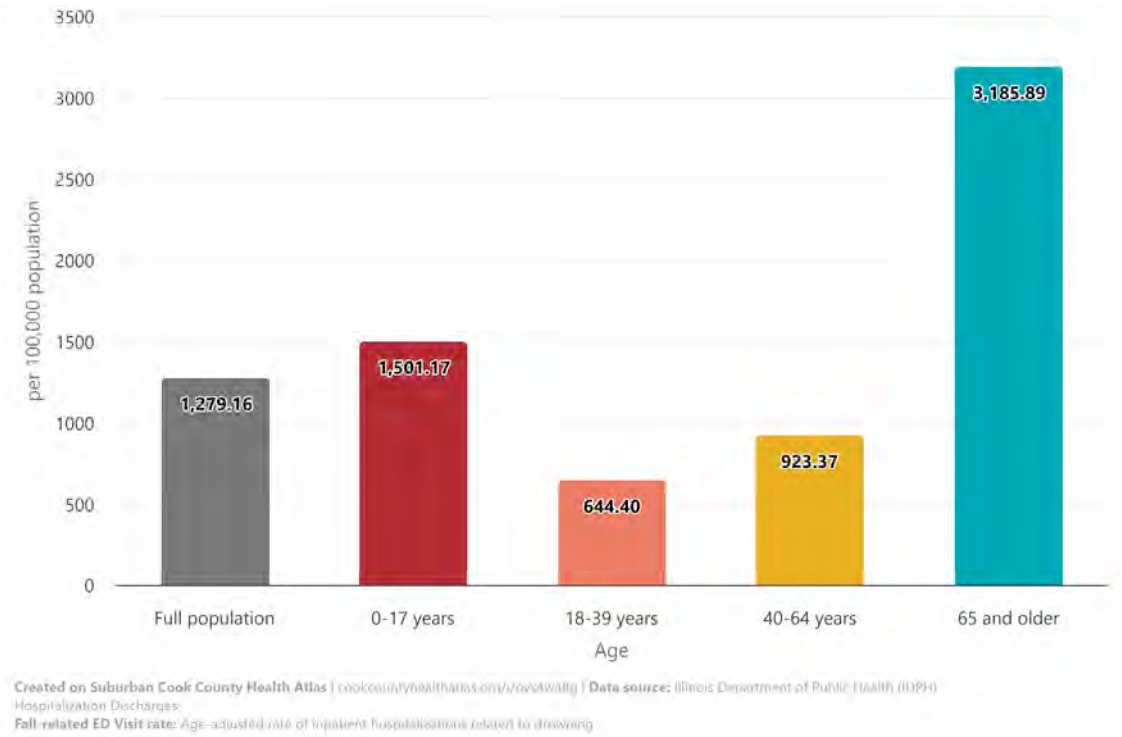


Figure 8.10: Fall-Related ED Visit Rate by Age Group, 2022

Non-drug poisoning events are less common but still important. Overall, ED visit rates for non-drug poisoning are low compared with other injuries, around 23 to 25 per 100,000 residents before 2020, then dropping in 2020 and rising modestly afterward. Black residents have consistently higher poisoning-related ED rates than White and Hispanic/Latino residents. The highest age-specific rates are seen among children and younger adults, with much lower rates among adults 65 years and older (Figure 8.11). These patterns point to the need for safe storage of chemicals and household products, clear labeling, and education campaigns aimed at parents, caregivers, and young adults.

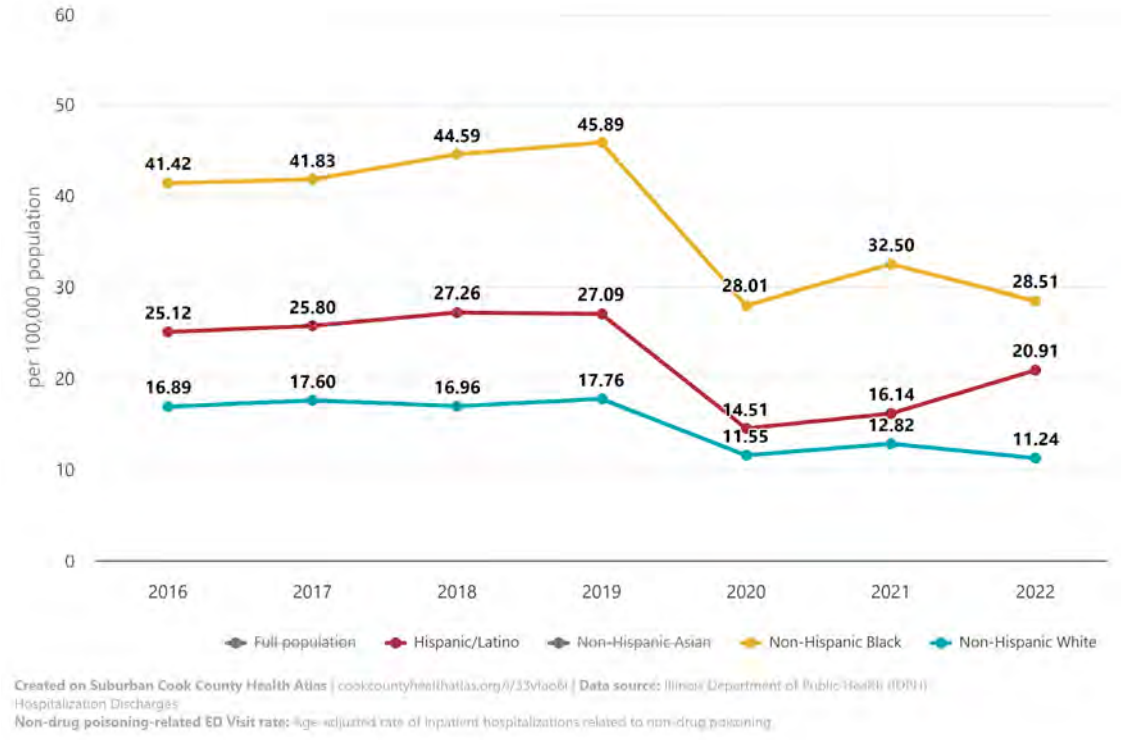


Figure 8.11: Non-Drug Poisoning-Related ED Visit Rate by Race and Ethnicity, 2016-2022

For public health and planning, these injury patterns connect directly to decisions about the built environment, housing, and safety programs. Higher injury and fall rates among Black residents and among older adults mirror other inequities in sidewalk quality, neighborhood safety, and environmental exposures. Targeted investments in safer streets and crossings, better-maintained sidewalks, accessible transit, safe housing conditions, and culturally tailored injury-prevention programs can help reduce these burdens. Tracking unintentional injuries over time also helps CCDPH and local partners evaluate whether their policies and interventions are working and where additional resources are needed to protect those at greatest risk.

8.5 Violence and Intentional Injuries

Intentional injuries—including legal intervention injuries, interpersonal violence, assault-related hospitalizations, and firearm-related injuries—represent serious threats to community safety and long-term health. These indicators show how violence affects residents physically, emotionally, and socially, with impacts often concentrated in communities facing structural inequities such as poverty, under-resourced schools, and limited access to supportive services. Hospitalization and injury data help identify groups at greatest risk and highlight opportunities for prevention—such as community-based violence interruption programs, hospital-linked violence recovery services, and investments in neighborhood safety. Reducing violence is essential for promoting safe, stable, and healthy environments for all residents.

Legal intervention–related injuries, which include injuries caused during encounters with law enforcement, represent an important but often overlooked component of intentional injury in suburban Cook County. Although these events occur far less frequently than other forms of violence, the available data show clear

racial disparities. The overall emergency department visit rate for legal intervention injuries is about 3.7 visits per 100,000 residents, but the rate for Black residents is nearly three times higher, at 10.7 per 100,000. In contrast, the rate for White residents is much lower, at about 1.9 per 100,000.

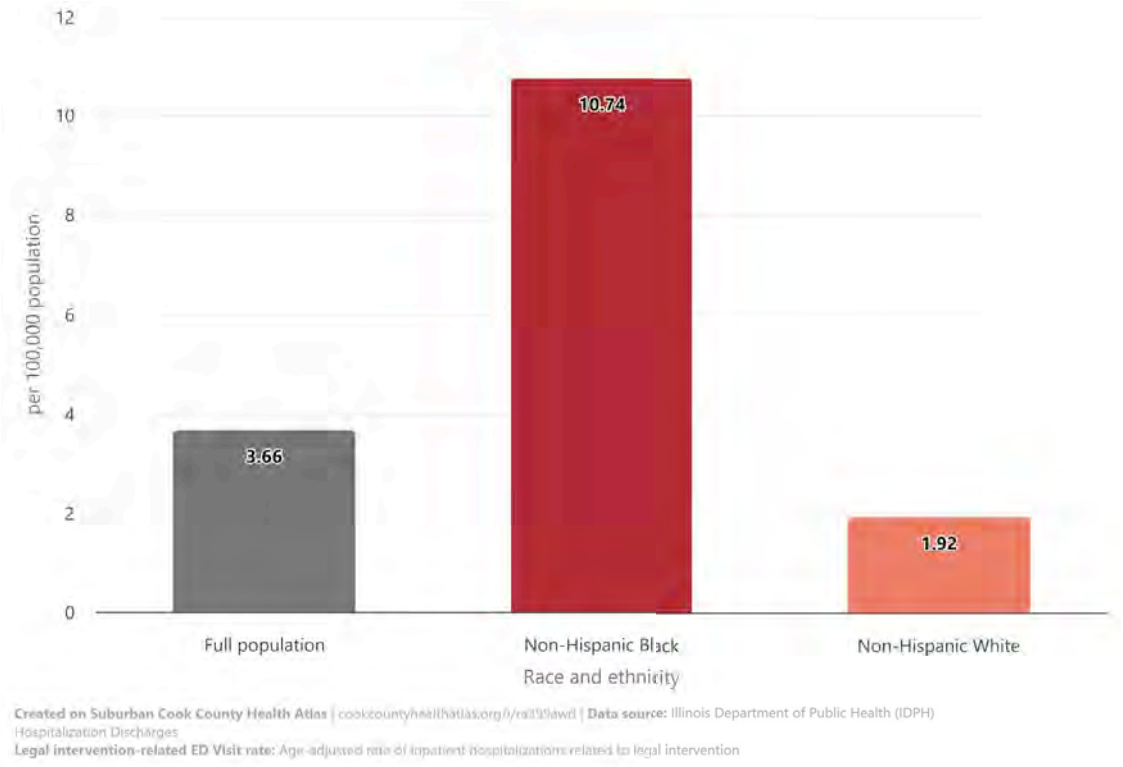


Figure 8.12: Legal Intervention-Related ED Visit Rate by Race and Ethnicity, 2022

These differences suggest that Black residents experience a disproportionate burden of injuries during police encounters compared with other groups. This pattern aligns with longstanding concerns about unequal exposure to law enforcement and the use of force, which can have physical, emotional, and community-level health consequences. For public health planning, monitoring injuries related to legal intervention helps identify where prevention, training, crisis response alternatives, and community-based safety strategies may be needed. Understanding who is most affected also supports equity-focused approaches that aim to reduce harm, improve trust, and promote safer interactions between residents and public safety systems.

Interpersonal violence represents a substantial share of injury-related mortality in suburban Cook County and is a critical issue for understanding community safety and health equity. The data show that 863 residents died from interpersonal injuries over the reporting period, with deaths concentrated heavily among younger and middle-aged adults (Figure 8.13). Individuals ages 18 to 39 account for the majority of these deaths (595), followed by those ages 40 to 64 (165). Children and teens (0–17 years) and adults 65 and older experience far fewer deaths, though each case still represents a profound loss and signals the need for age-appropriate prevention strategies.

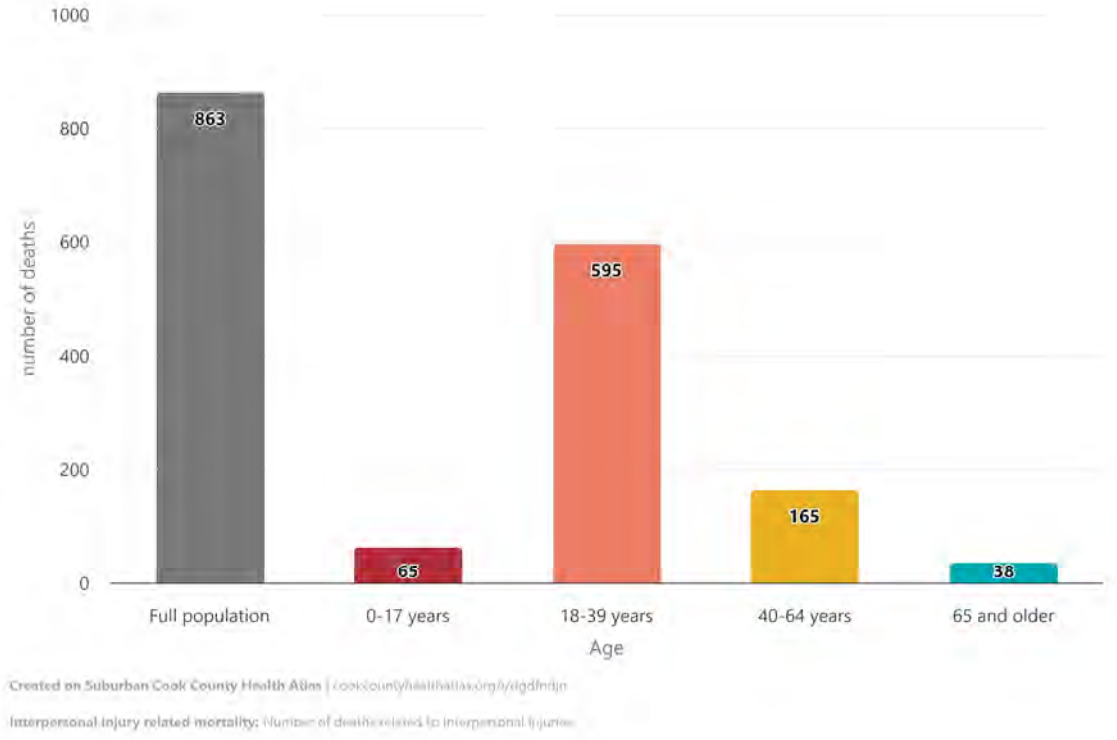


Figure 8.13: Interpersonal Injury Related Mortality Rate by Age, 2020

The burden of interpersonal injury mortality also differs sharply by sex and race. Men account for 754 of the 863 deaths—nearly seven times the number observed among women—reflecting well-known patterns in fatal assaults and firearm violence. Racial inequities are even more striking. Black residents make up the vast majority of interpersonal injury deaths (617), far exceeding the numbers among Hispanic/Latino residents (119), White residents (110), and Asian residents (5). These disparities highlight how interpersonal violence is deeply connected to structural inequities, including concentrated disadvantage, limited economic opportunities, and unequal access to safe housing and community environments.

Together, these patterns reinforce that interpersonal violence is not evenly distributed across the population and that prevention efforts must focus on the groups and neighborhoods facing the greatest risk. For public health planning, this includes supporting violence prevention programs, investing in youth opportunities, strengthening community partnerships, expanding trauma-informed services, and addressing upstream drivers such as poverty, housing instability, and exposure to environmental hazards. Understanding who is most affected by interpersonal injury mortality provides a foundation for developing targeted strategies that promote safety, healing, and long-term community well-being.

Intimate partner violence (IPV) is another key form of intentional injury affecting residents of suburban Cook County, and the emergency department (ED) data show that these incidents continue to occur across all demographic groups, with some groups facing greater risk than others. ED visits related to IPV remain relatively uncommon at the population level—generally between 1.2 and 2.0 visits per 100,000 residents each year—but the small numbers mask the seriousness of these events and the clear disparities reflected in the data. Women account for the vast majority of IPV-related ED visits each year, with annual counts typically between 28 and 41, while men account for only a handful of visits. This consistent pattern reflects national trends showing that women experience higher rates of IPV-related injury requiring medical care.

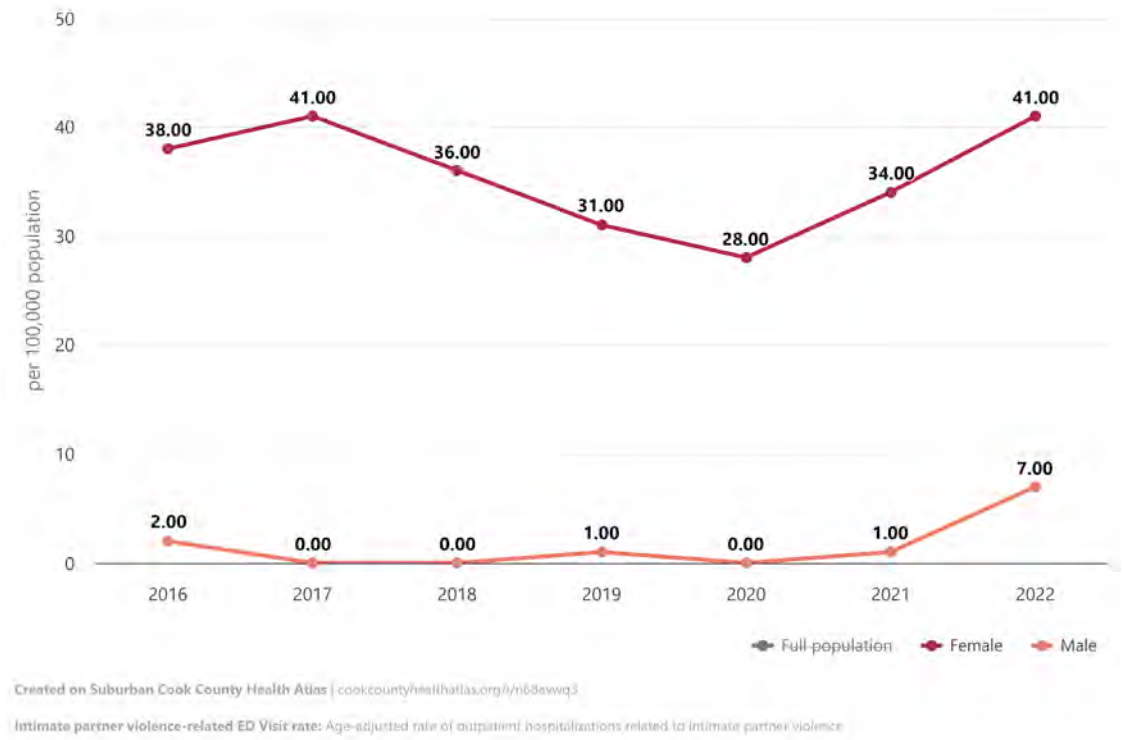


Figure 8.14: Intimate Partner Violence-Related ED Visit Rate by Sex, 2016-2022

IPV-related ED visits are most common among adults ages 18 to 39, who make up the largest share of cases across all years. Smaller numbers are reported among adults ages 40 to 64 and older adults, while children and teens represent only a small share of cases. Patterns by race and ethnicity vary somewhat from year to year, but Hispanic/Latino and Black residents tend to have higher annual counts than Asian residents, who consistently report the lowest numbers. White residents also experience IPV-related injuries, though at levels generally lower than those observed for Hispanic/Latino residents.

The slight increase in population-level IPV ED visit rates in 2022 may reflect a rebound in service use following the disruptions of the COVID-19 pandemic, when many individuals experienced isolation, economic stress, and reduced access to support services. For public health planning, these trends underscore the importance of accessible domestic violence services, trauma-informed care in emergency departments, strong community partnerships with shelters and advocacy groups, and prevention programs aimed at young adults. They also highlight the need to address root causes of IPV, including economic instability, housing insecurity, and unequal access to supportive resources. Understanding who is most affected helps CCDPH and partners design targeted, culturally responsive strategies to reduce harm and strengthen safety for individuals and families across suburban Cook County.

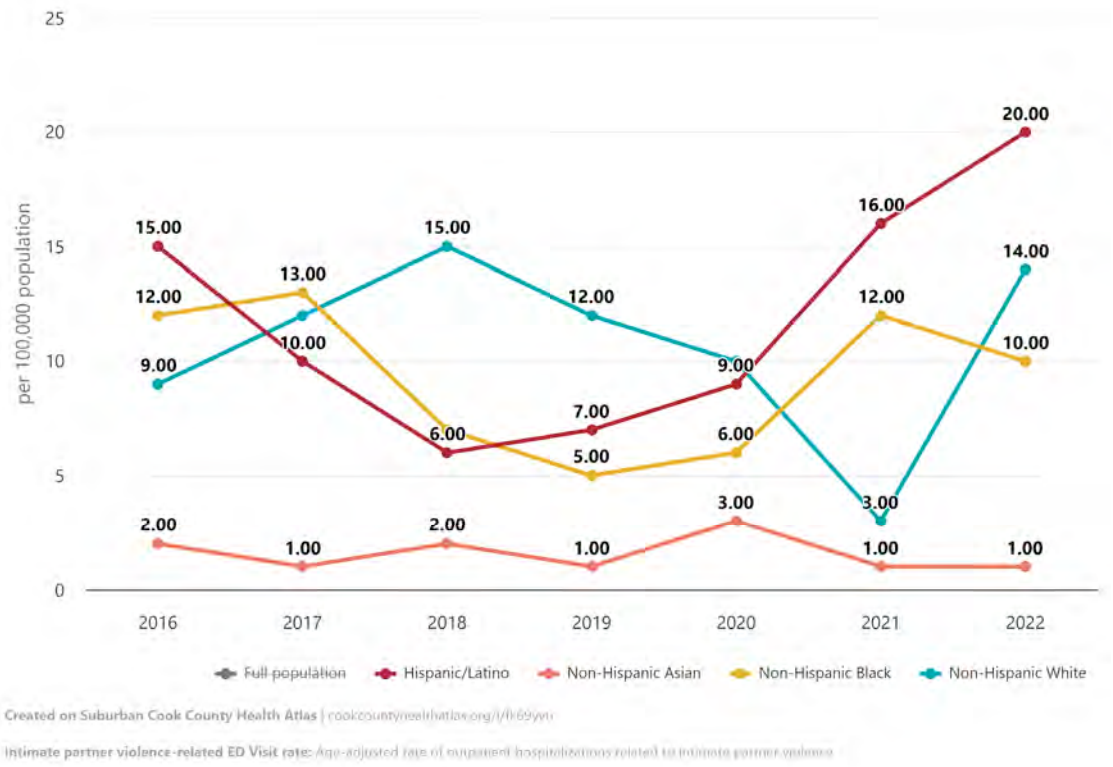


Figure 8.15: Intimate Partner Violence-Related ED Visit Rate by Race and Ethnicity, 2016-2022

Homicide and firearm-related injury remain major contributors to intentional injury in suburban Cook County, and the data show clear and persistent inequities across demographic groups. Homicide deaths are overwhelmingly concentrated among men, who account for more than 80 percent of all homicide mortality each year (Figure 8.16). Rates among men consistently range from about 8 to 20 deaths per 100,000, compared with roughly 1 to 3 per 100,000 among women. This wide gap reflects longstanding national patterns in exposure to violent crime and access to firearms.

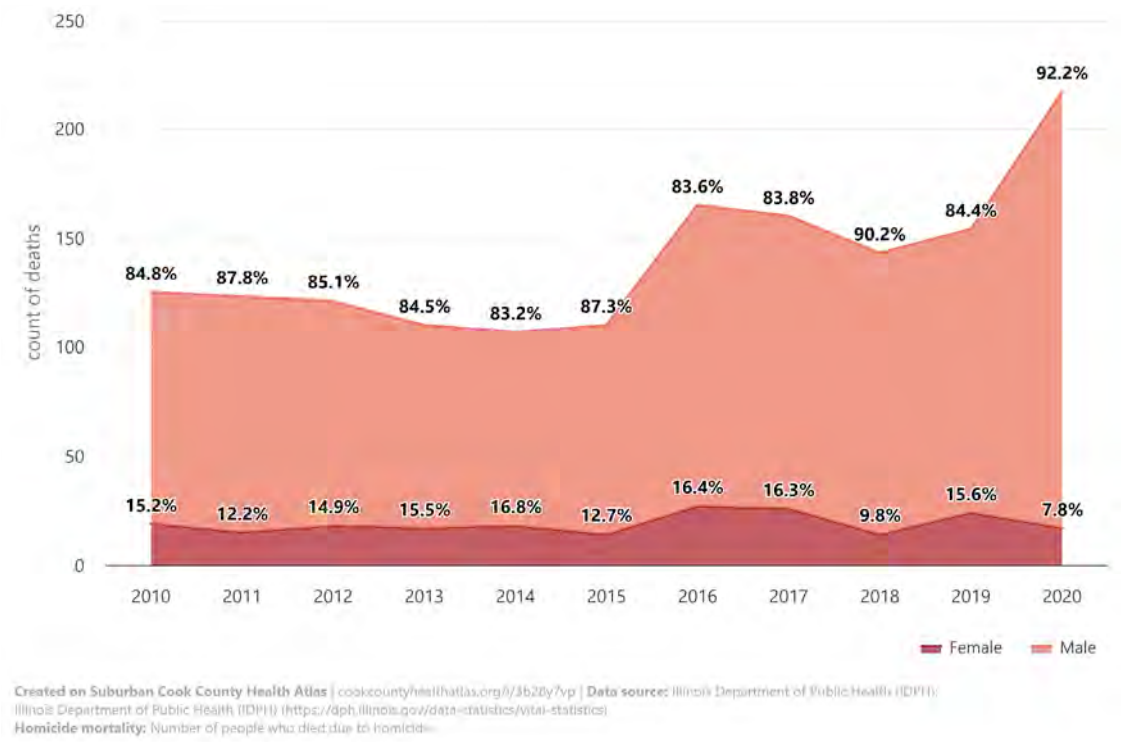


Figure 8.16: Homicide Mortality by Sex, 2010-2020

Racial inequities in homicide are even more striking. Across all years, Black residents experience homicide mortality rates far higher than any other group—typically between 18 and 30 deaths per 100,000 before 2020, then rising sharply to more than 45 in 2020 and peaking above 50 in 2021. These increases align with national surges in violent deaths during the first years of the COVID-19 pandemic. In contrast, homicide rates among White residents remain very low, generally below 2 deaths per 100,000. Hispanic/Latino residents make up a modest portion of homicide deaths each year, and Asian residents experience very few cases. These patterns demonstrate how homicide is concentrated within specific communities, shaped by structural inequities, economic stressors, housing instability, and differences in exposure to neighborhood violence.

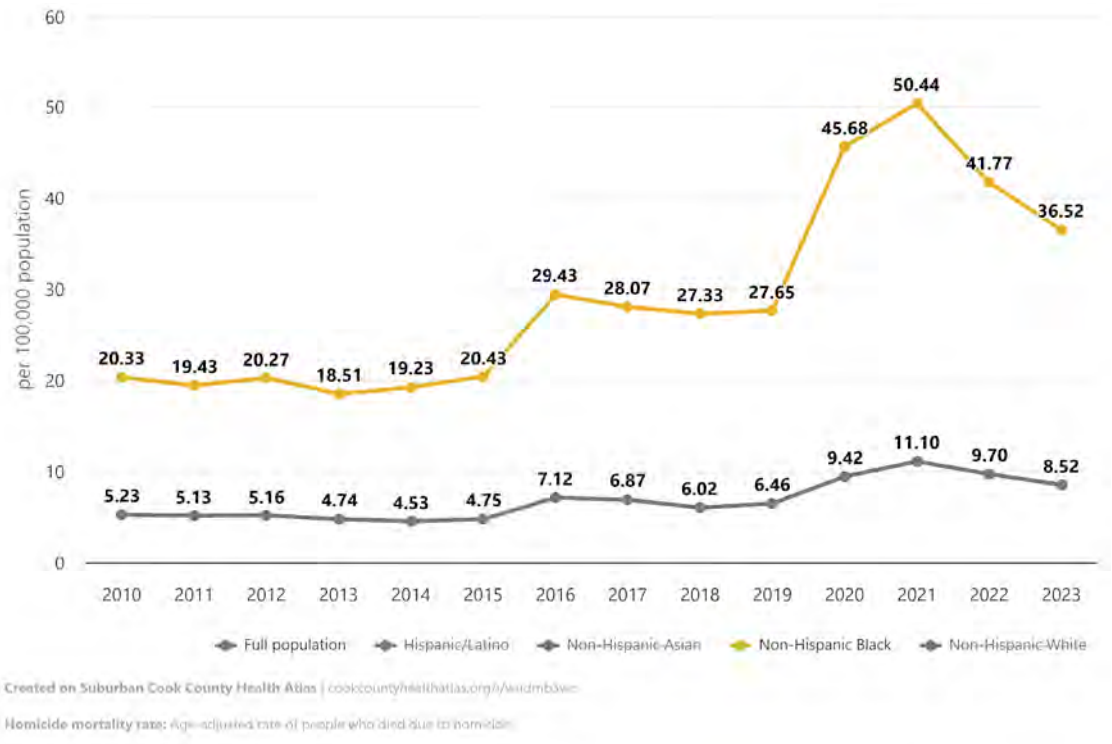


Figure 8.17: Homicide Mortality Rate by Race and Ethnicity, 2010-2023

Firearm-related emergency department (ED) visit rates follow a similar inequitable pattern. Across all years, men experience far higher firearm-related ED visit rates than women, with male rates reaching more than 30 visits per 100,000 in 2021. Young adults ages 18 to 39 consistently have the highest rates among all age groups, peaking at 48 visits per 100,000 in 2021. Children and teens also experience meaningful levels of firearm injury, with rates increasing from about 3 to more than 8 visits per 100,000 between 2019 and 2022. Adults ages 40 to 64 have lower rates, but these too have increased in recent years. The substantial rise in firearm-related injuries during 2020 and 2021 suggests that broader social conditions—such as pandemic disruptions, economic hardship, and increased firearm availability—may have played a role.

Together, homicide mortality and firearm-related injury reflect patterns of concentrated violence that mirror other disparities presented throughout this chapter, including sidewalk quality, neighborhood safety, environmental exposures, and access to resources. For public health and community planning, these trends underscore the urgent need for violence prevention strategies that focus on the places and populations most affected. This includes expanding community-based violence intervention programs, improving economic and educational opportunity, strengthening trauma-informed services, and creating safer physical environments. Understanding these patterns helps CCDPH and partners target prevention efforts and advance long-term strategies that support safer, healthier communities across suburban Cook County.

School safety is a critical part of youth well-being, and SCC YRBS data show that many students in suburban Cook County experience environments that affect their sense of security. About 12 percent of high school students report missing at least one day of school in the past month because they felt unsafe, with higher levels among female students and Black students (Figure 8.18). Hispanic/Latino students report rates close to the overall average, while Asian and White students report lower levels. These differences suggest that some students face unequal exposure to unsafe conditions at school, on their commute, or in their neighborhoods, which can directly affect attendance, learning, and emotional health.

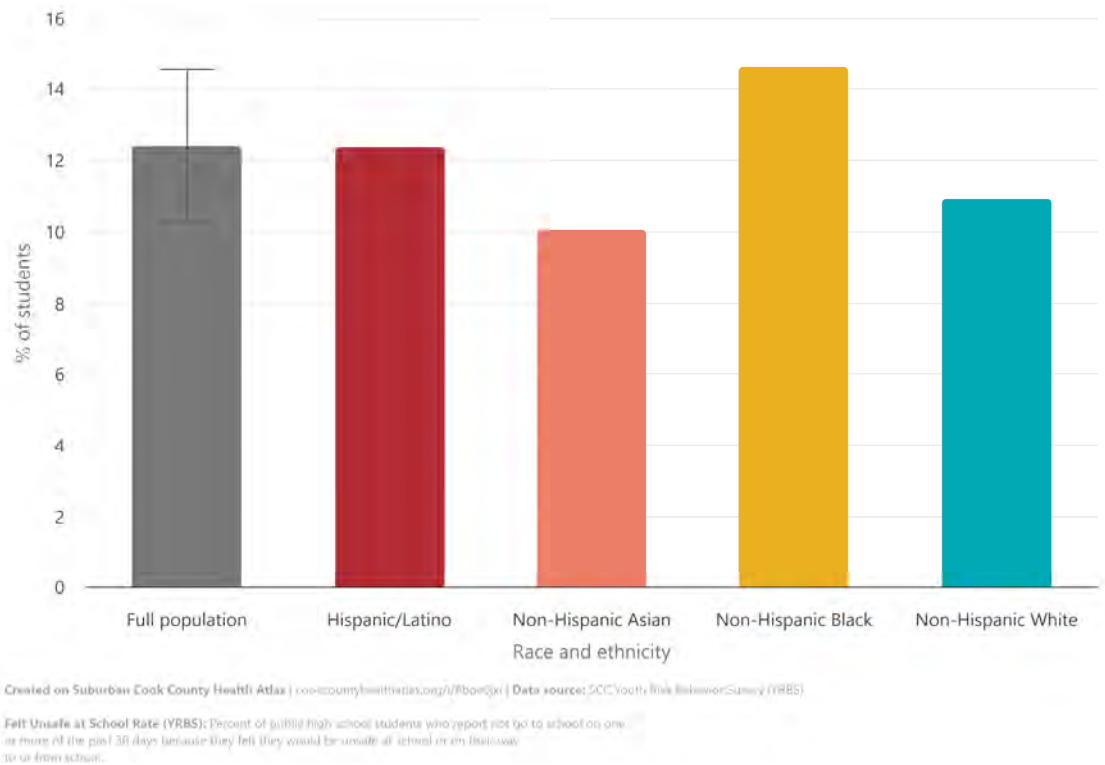


Figure 8.18: Felt Unsafe at High School Rate by Race and Ethnicity, 2024

Bullying remains widespread and has increased in recent years. Between 2020 and 2024, self-reported bullying rose across nearly all groups, with lesbian, gay, or bisexual students consistently reporting the highest rates—about twice those of heterosexual students by 2024 (Figure 8.19). Bullying affects students in every racial and ethnic group, though patterns shift over time. These findings show that many young people experience harassment or exclusion at school, and that some groups, particularly sexual minority youth, face much higher risks. Such experiences can contribute to anxiety, depression, and disengagement from school.

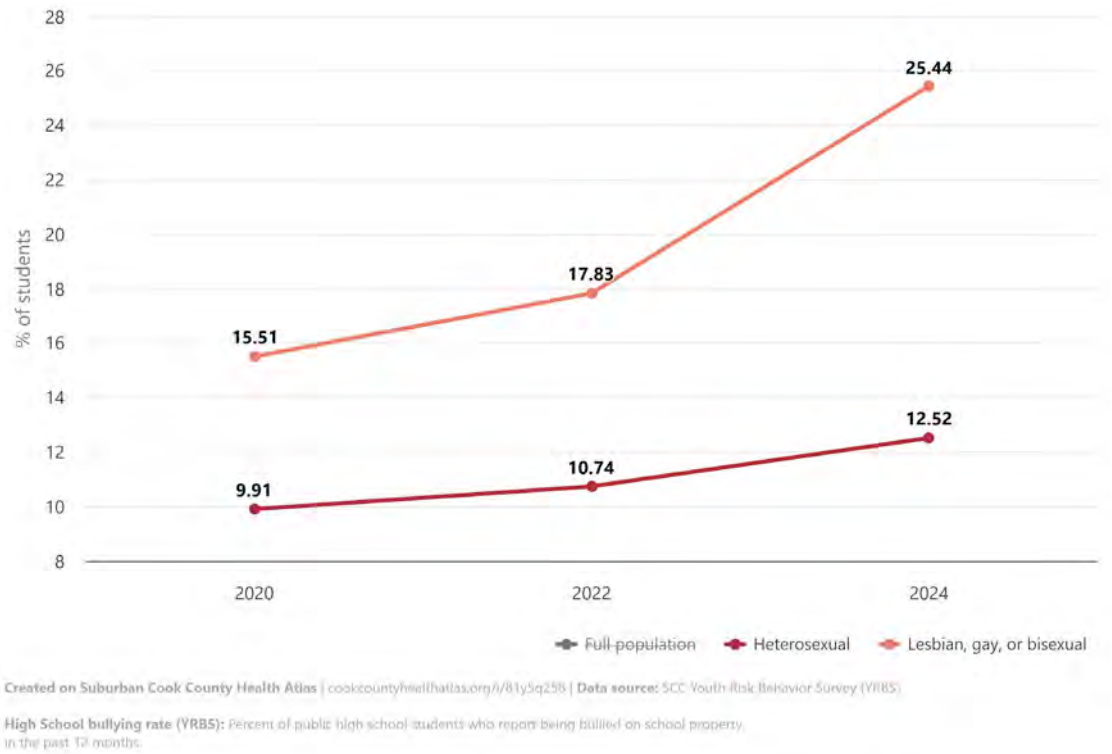


Figure 8.19: High School Bullying Rate by Sexual Identity, 2020-2024

Sexual violence is also a significant concern. Nearly 7 percent of high school students report being forced to do sexual things they did not want to do in the past year, with much higher rates among female and lesbian, gay, or bisexual students (Figure 8.20). Rates among racial and ethnic groups are generally similar, with the lowest levels reported by Asian youth. These indicators reinforce that safety challenges extend beyond physical environments and include interpersonal harm. For public health and school planning, these data point to the need for trauma-informed supports, strong anti-bullying policies, access to mental health services, and prevention programs that address the specific needs of the groups at highest risk.

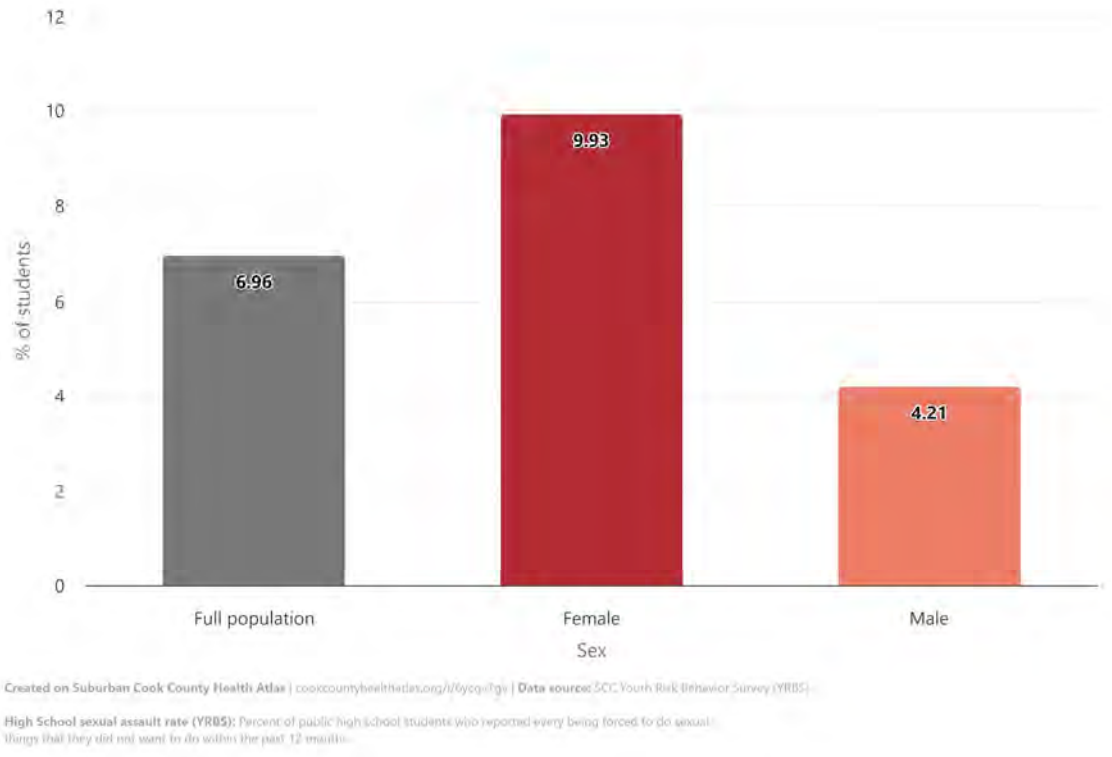


Figure 8.20: High School Sexual Assault Rate by Sex, 2024

8.6 Climate and Extreme Weather

Climate change is increasing the frequency and severity of extreme weather events globally including suburban Cook County, and has the potential to affect health through heat exposure, poor air quality, flooding, and infrastructure disruptions. The Heat and Health Index provides insight into which areas and populations are more vulnerable to heat-related illness, based on factors such as age, chronic disease, housing quality, and access to cooling. Measures of community resilience and emergency preparedness describe how well neighborhoods are equipped to respond to and recover from extreme weather events and other emergencies. These indicators help identify communities that may benefit from additional resources, planning, and infrastructure investments to ensure residents remain safe as climate risks continue to grow.

The heat and health index shows that heat-related vulnerability is not evenly spread across suburban Cook County. Scores range from very low to very high, with larger values indicating greater risk of health problems during extreme heat. Many communities in the northern and western parts of the county tend to have lower scores, reflecting cooler local conditions, more tree cover, and better-quality housing (Figure 8.21). In contrast, many inner-ring and southern suburbs have higher scores, where dense development, fewer trees, and more vulnerable residents increase the health risks from hot weather. These patterns point to a need for targeted strategies—such as cooling centers, tree planting, and utility assistance—in the areas facing the highest heat burden.

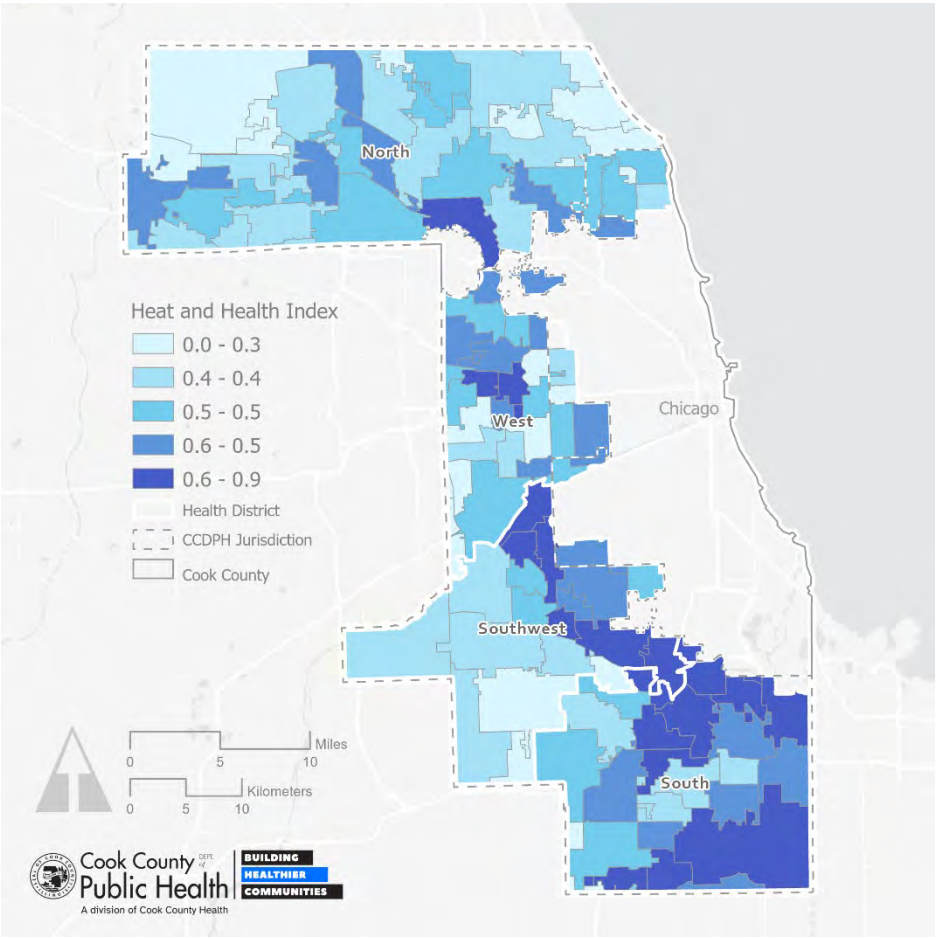


Figure 8.21: Heat and Health Index by Zip Code, 2023

The Heat Health Index incorporates historical temperature, heat-related illness and community characteristics to measure extreme heat vulnerability and help communities prepare for warming temperatures in a changing climate [36]. Higher values represent more vulnerable areas.

The Child Opportunity Index (COI) health and environment domain, summarized at the census tract level, paints a similar picture of uneven conditions across health districts. Many tracts in the North Health District score very high—frequently between 80 and 100—reflecting cleaner air, better housing quality, more green space, and stronger access to healthy food and medical care. However, even within the North District there are pockets with much lower scores (below 30), showing that opportunity is not uniform. The West, South, and Southwest Health Districts display a much wider range, with numerous tracts in the bottom of the regional distribution (scores under 20) alongside a smaller number of high-opportunity areas. Very low scores cluster in parts of the West and South districts, where children are more likely to live near major sources of pollution, have poorer housing conditions, and have fewer nearby health-promoting resources.

8.7 Summary and Insights

Environmental conditions, the built environment, injury patterns, and workplace risks demonstrate how physical surroundings and long-standing land use decisions shape community health. Communities with fewer environmental protections and older infrastructure experience higher burdens.

- Environmental exposures—including air pollution, hazardous sites, flooding risk, and extreme heat—are concentrated in historically industrial and under-resourced communities located largely in the West, South and Southwestern districts of suburban Cook County.
- Unintentional injuries such as falls and motor vehicle crashes occur more often in neighborhoods with older housing, heavier traffic, and limited pedestrian infrastructure.
- Intentional injuries—including firearm-related injury, interpersonal violence, and legal intervention injuries—are concentrated in communities experiencing economic and environmental stressors.
- School safety challenges—bullying, sexual violence, and feeling unsafe—are more common among students who experience discrimination, marginalization, or neighborhood violence.
- Structural inequities help explain why communities with larger shares of Black and Hispanic/Latino residents often face higher burdens of environmental hazards and injury risk.

9. SYNTHESIS AND PRIORITIZATION

9.1 Purpose

This Community Health Assessment (CHA) provides an understanding of health status, determinants, and disparities across suburban Cook County. This final section synthesizes findings from all health domains to identify systemic drivers of inequity and establish priority areas for action. Guided by the Illinois Project for Local Assessment of Needs (IPLAN) and Mobilizing for Action through Planning and Partnerships (MAPP 2.0) frameworks, this synthesis ensures strategies address root causes rather than symptoms, advancing health equity through structural change. Prioritization will also be informed by community input gathered through the Community Context Assessment (CCA) and Community Partner Assessment (CPA), ensuring strategies reflect lived experiences and local priorities.

9.2 Prioritization

The CHA revealed persistent inequities across multiple health domains. Life expectancy varies by as much as ten years between communities, with South and West districts experiencing the greatest burden of chronic disease, maternal morbidity, and behavioral health challenges. Social determinants including housing instability, food insecurity, transportation gaps, and economic hardship shape these disparities. Structural racism remains a foundational driver, influencing access to care, exposure to environmental hazards, and distribution of resources.

Maternal and child health outcomes show improvement overall, yet racial disparities remain stark. Black women and infants face significantly higher risks of adverse outcomes, compounded by barriers to prenatal care and chronic stress. Mental health and substance use disorders are rising, with opioid overdose deaths and youth behavioral health crises demanding urgent attention. Chronic diseases such as diabetes, hypertension, and cardiovascular disease continue to impose a heavy burden, particularly in communities with limited access to healthy foods and safe environments for physical activity.

9.2.1 Community Context Assessment (CCA) Alignment

The CCA was administered as a structured community survey designed to capture residents' perceptions of health issues, needs, and conditions across suburban Cook County. The survey included approximately 25–30 questions, combining closed-ended items (such as multiple-choice and select-all-that-apply questions) with rating-scale questions and a limited number of open-ended prompts that allowed respondents to provide additional context. Questions focused on key domains relevant to public health planning, including perceived top health issues, community needs and assets, social determinants of health (such as housing, food access, and economic conditions), neighborhood and environmental factors, and overall community well-being. Several questions asked respondents to identify their top three priorities, allowing for comparison across topics and geographies while capturing relative importance rather than single-issue responses.

A total of 775 residents completed the CCA. To improve representativeness and reduce bias associated with voluntary survey participation, responses were demographically weighted to reflect the suburban Cook County population by age, race and ethnicity, and household income level. This weighting approach helps ensure that findings more closely align with the county's underlying population distribution and strengthens the validity of comparisons across communities and priority areas. As a result, CCA findings are intended to reflect countywide patterns and lived experiences rather than raw respondent counts alone, and they provide an important complement to quantitative epidemiologic data presented in the Community Health Assessment.

As part of the CCA, respondents across suburban Cook County were asked to identify their top three health priorities for their community, and clear patterns emerged across health districts that closely mirror findings from the CHA. Demographically weighted responses indicate that mental health conditions, particularly adult mental health concerns such as depression, anxiety, PTSD, and suicide, were the most frequently identified issues across all districts, regardless of how long respondents had lived in their communities. Chronic physical conditions including diabetes, obesity, heart disease, and age-related illnesses were also consistently cited, often by long-term residents with decades of lived experience. Substance use, including alcohol and prescription drug misuse, appeared repeatedly alongside mental health concerns, reinforcing the close relationship between behavioral health, chronic disease, and social stressors. Across districts, these issues were identified by both newer and long-term residents, suggesting that they represent sustained and widely felt health challenges rather than short-term or episodic concerns.

While the overall pattern of priorities was consistent, differences across health districts reflected local context and population needs. In the North District, respondents frequently emphasized adult and youth mental health, chronic disease, and age-related conditions, alongside concerns about housing instability and hunger. In the West and South Districts, mental health and substance use were commonly identified alongside chronic disease, violence, housing instability, and food insecurity, highlighting the intersection of health outcomes with structural and social conditions. Respondents in the Southwest District also frequently cited mental health, chronic disease, and substance use, with additional emphasis on obesity, injuries, and maternal health. Across districts, the prominence of behavioral health and chronic disease priorities aligns strongly with CHA evidence documenting high rates of poor mental health days, suicide ideation, substance-related emergency department visits, and persistent inequities in chronic disease prevalence and premature mortality. Together, these findings demonstrate strong convergence between community-identified health issues and epidemiologic data, reinforcing the importance of prioritizing behavioral health, chronic disease prevention, and the social conditions that shape health outcomes in suburban Cook County.

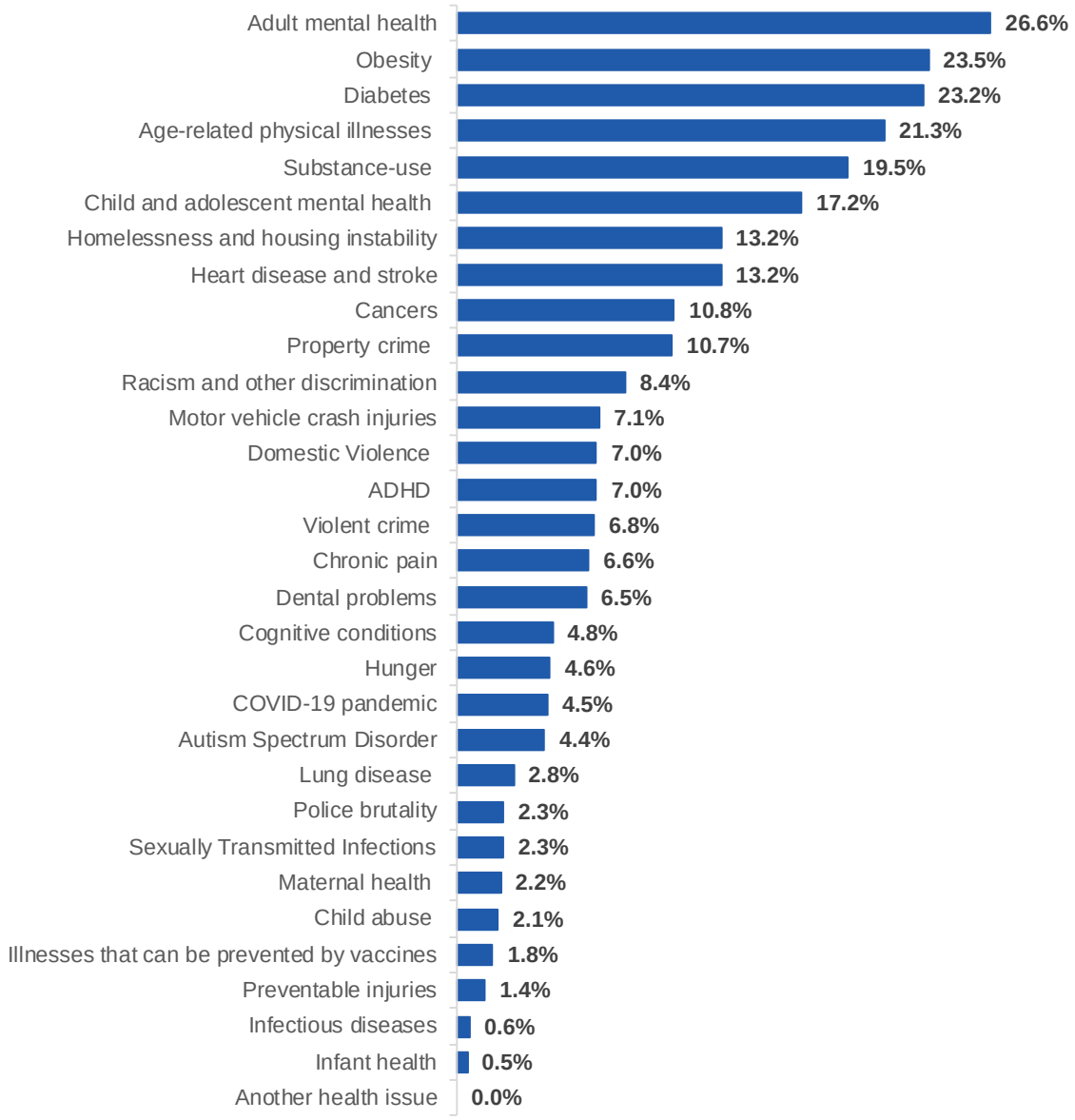


Figure 9.1: Percent of Weighted Community Context Assessment Respondents Identifying Each Health Issue as a Top Community Priority, 2025

Across suburban Cook County, responses to the Community Context Assessment show strong consistency in the health needs identified by residents, regardless of health district or length of time living in the community. Respondents were asked to identify their top three health needs, and across all districts—North, West, South, Southwest, and Other/Out of Jurisdiction—activities and supports for teens and youth emerged as the most frequently cited priority. Housing-related needs, including safe and affordable housing and housing resources such as emergency and transitional housing, were also consistently identified, particularly by long-term residents who reported living in their communities for 20 years or more. Access to mental health care and access to physical health care appeared repeatedly across districts, reflecting widespread concerns about timely, affordable, and culturally responsive services. These priorities were identified by both newer residents

and long-term community members, indicating that they reflect enduring, lived experiences rather than short-term or isolated concerns.

While some variation in emphasis exists across health districts, these differences largely reflect local context rather than fundamentally different needs. In the North District, residents—many with long community tenure—more often highlighted access to mental and physical health care alongside youth programming. In the West and South Districts, respondents placed greater emphasis on youth activities, housing stability, food access, and workforce training, pointing to the close connections between economic opportunity, family stability, and health. When asked more broadly what their communities need to be healthy, respondents again emphasized youth supports, access to mental health care, and basic social needs, reinforcing the same themes.

These priorities strongly align with CHA findings (Figure 9.2), which document elevated rates of youth mental distress and suicide ideation, gaps in mental health provider availability and cultural responsiveness, and clear links between housing instability, food insecurity, and poorer health outcomes. Together, the convergence of community-identified needs and CHA-defined priorities underscores the importance of integrated public health strategies that center youth well-being, behavioral health access, housing stability, and food security as foundational drivers of health equity in suburban Cook County.

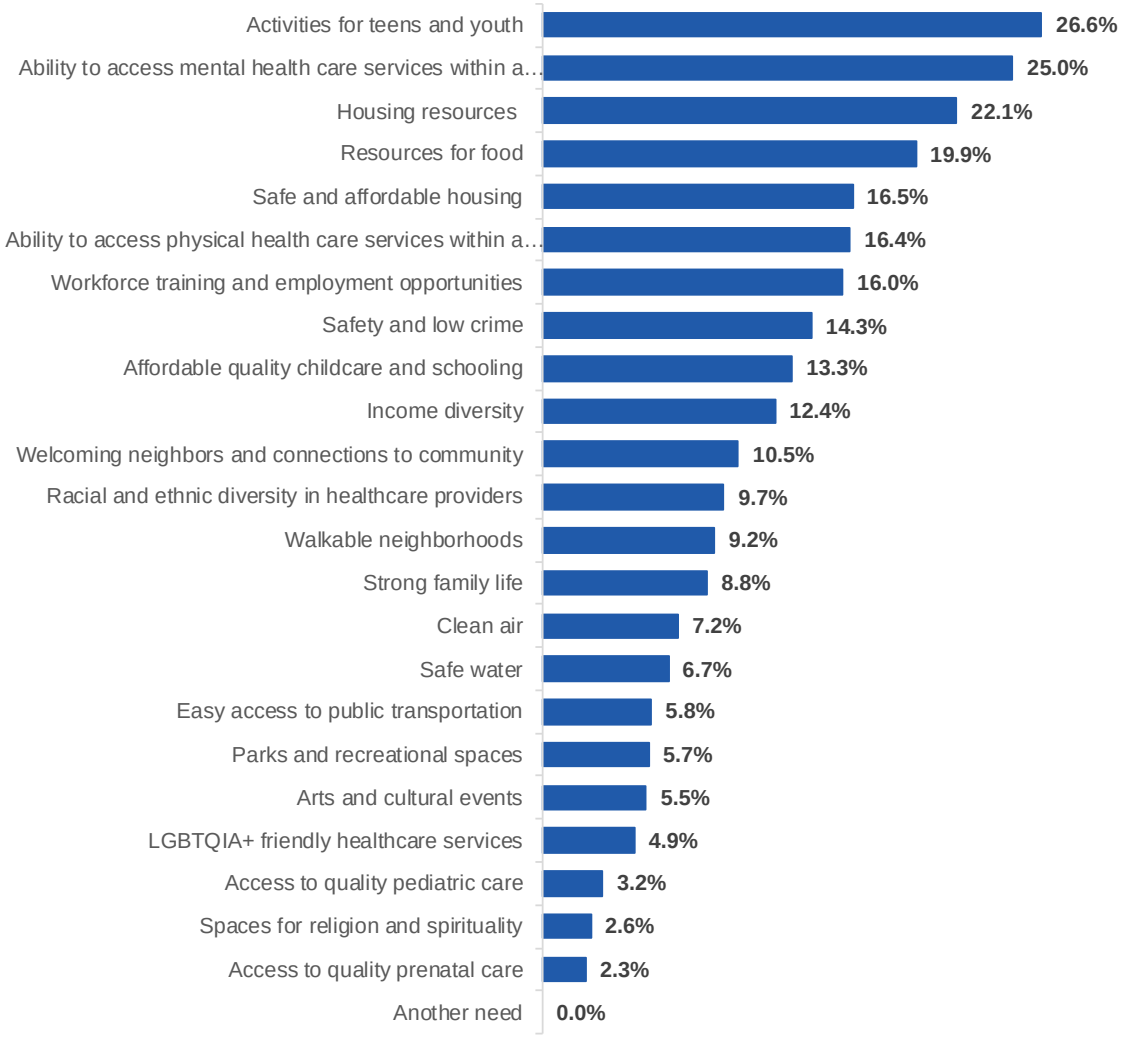


Figure 9.2: Percent of Weighted Community Context Assessment Respondents Identifying Each Need as a Top Community Priority, 2025

9.2.2 Community Partner Assessment (CPA) Alignment

The CPA survey was a comprehensive, mixed-methods instrument designed to capture detailed information about organizations engaged in public health–related work across suburban Cook County and their potential roles in the MAPP 2.0 and Building Healthy Communities 2030 CHIP processes. The survey included approximately 70–80 questions organized into thematic sections, with a mix of multiple-choice, checkbox (select-all-that-apply), Likert-scale, and open-ended questions. Early sections collected information on organizational characteristics, including type of organization, leadership role of the respondent, prior experience with community health improvement efforts, and interest in participating in partnerships. Subsequent sections assessed organizational focus areas and capacities across the social determinants of health, public health topic areas, equity commitments, accountability structures, core competencies, and strategies used in community engagement, policy, advocacy, communications, and service delivery. The survey also included detailed questions on data access and analytic capacity, community-engagement practices, and preferred modes of collaboration and communication with CCDPH. Together, this structured yet flexible

design allowed CCDPH to systematically assess the breadth of the local public health system while also capturing nuanced qualitative insights into organizational strengths, limitations, and partnership interests that will inform the Community Health Assessment and Community Health Improvement Plan

Responses from the 17 community partners participating in the CPA reflect a diverse mix of organizational types that are already deeply engaged in addressing health and social needs across suburban Cook County. Partners included nonprofit social service organizations, community-based organizations, health care and behavioral health providers, advocacy groups, faith-based organizations, and local government or quasi-government entities. Many organizations described missions that extend beyond traditional health services to include housing support, food access, youth development, violence prevention, workforce development, and behavioral health, which highlights the broad ecosystem of actors contributing to population health. This diversity underscores that public health priorities in suburban Cook County are being addressed through multiple entry points, often outside of clinical settings, and that effective public health strategies require cross-sector collaboration.

In terms of organizational capacity, most partners reported strengths in direct service delivery, community outreach, education, and relationship-building, particularly with populations that may face barriers to care or mistrust of formal systems. Several organizations emphasized their ability to reach specific priority populations, such as youth, older adults, people experiencing housing instability, individuals with behavioral health needs, immigrants, and residents in historically disinvested communities. At the same time, partners commonly noted capacity constraints related to staffing, sustainable funding, data and evaluation infrastructure, and administrative burden, which can limit their ability to scale programs or respond to emerging needs. Despite these challenges, many organizations expressed readiness to expand or adapt their work if provided with additional resources, technical assistance, or stronger coordination with county systems.

When asked how they would like to partner with CCDPH, respondents consistently emphasized collaboration that goes beyond one-way funding relationships. Commonly identified partnership opportunities included shared planning and strategy development, data sharing and evaluation support, training and technical assistance, and coordination across service systems to reduce duplication and improve referral pathways. Many partners expressed interest in working with CCDPH to align efforts around shared priorities such as behavioral health, youth well-being, housing stability, food access, and health equity, while also elevating community voice in program design and policy decisions. Overall, CPA responses suggest strong willingness among community partners to engage with CCDPH as a convener, data steward, and strategic collaborator—leveraging complementary strengths to address complex public health challenges more effectively and equitably across suburban Cook County.

Overall, findings from the CPA provide valuable insight into the types of organizations engaged in public health–related work across suburban Cook County, their capacities, and their interest in partnering with the CCDPH to address shared priorities. However, these results should be interpreted with caution, as the CPA reflects input from a relatively small number of respondents and may not fully capture the breadth, diversity, or geographic distribution of all organizations active in the local public health system. Organizations with greater capacity, stronger existing relationships, or more direct engagement in public health planning may have been more likely to participate, potentially shaping the themes that emerged. Despite these limitations, the CPA offers an important snapshot of partnership readiness and opportunities, and it helps identify areas where additional outreach, engagement, and relationship-building will be needed to ensure broader and more representative participation as CCDPH advances the Community Health Improvement Plan.

9.3 Next Steps

Next steps include validating priorities with stakeholders and community partners, developing measurable objectives for the Building Healthy Communities 2030 Community Health Improvement Plan, and aligning strategies with CCDPH's Strategic Plan to ensure systemic impact. This approach emphasizes sequencing, transparency, and equity, ensuring that resources are directed where they can achieve the greatest benefit for communities most affected by health disparities.

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APPENDIX A — ACRONYMS

- **ACA:** The Affordable Care Act is a federal law passed in 2010 that expanded access to health insurance, strengthened consumer protections, and introduced new standards for preventive care. It increased coverage through Medicaid expansion, the creation of health insurance marketplaces, and subsidies to help individuals and families afford private insurance plans. The law also established essential health benefits and prohibited insurers from denying coverage due to preexisting conditions.
- **ACS:** The American Community Survey is an ongoing survey conducted by the U.S. Census Bureau that provides yearly estimates on population, housing, social, and economic characteristics. ACS data are widely used for local planning, policy-making, and monitoring social determinants of health at the community level.
- **ADI:** The Area Deprivation Index is a measure used to assess socioeconomic disadvantage at a neighborhood level. It incorporates factors such as income, education, employment, and housing quality to describe the degree of socioeconomic hardship in a given area. Higher ADI scores indicate greater disadvantage, and public health agencies often use the index to identify communities experiencing structural barriers that contribute to health inequities.
- **AHE:** Alliance for Health Equity, a regional collaborative of hospitals, health departments, and community organizations working to advance health equity in metropolitan Chicago. The Alliance supports joint community health assessments, shared data resources, and coordinated strategies to address structural determinants of health.
- **BHC2030:** Building Healthy Communities 2030 is Cook County Health's long-range strategic initiative to improve health equity and population health outcomes by 2030. It emphasizes cross-sector collaboration, investment in communities with the highest need, and alignment of clinical and public health efforts.
- **BRFSS:** Behavioral Risk Factor Surveillance System, a nationwide telephone survey conducted annually by the CDC. It collects data on health-related behaviors, chronic conditions, and use of preventive services among adults.
- **CCA:** Community Context Assessment, a component of the MAPP 2.0 framework that helps local health departments understand the social, economic, environmental, and structural conditions that shape community health.
- **CCDPH:** Cook County Department of Public Health, the nationally accredited and state-certified local health department serving suburban Cook County. CCDPH provides a wide range of public health services including communicable disease control, chronic disease prevention, emergency preparedness, and environmental health.
- **CDC:** Centers for Disease Control and Prevention, the national public health agency of the United States.
- **CCHHS:** Cook County Health, one of the largest public health systems in the country. It includes hospitals, health centers, public health services, and CountyCare, the county's Medicaid managed care plan.
- **COI:** Child Opportunity Index, a nationwide measure describing neighborhood conditions that support healthy child development, including education, environment, health, and economic resources.
- **CPA:** Community Partner Assessment, a survey tool used to gather information from organizations involved in community health improvement efforts.
- **DEI:** Diversity, Equity, and Inclusion, referring to organizational and community efforts that promote fair treatment, representation, and meaningful participation for people of all backgrounds. In public health, DEI work helps address structural racism and reduce inequities in power and resources.

- **EPA:** U.S. Environmental Protection Agency, the federal agency responsible for regulating and protecting air, water, and environmental health.
- **HCS:** Healthy Chicago Survey, a population health survey conducted by the Chicago Department of Public Health.
- **HPSA:** Health Professional Shortage Area, a federal designation indicating shortages of primary care, dental, or mental health providers in geographic areas or specific facilities.
- **IBRFSS:** Illinois Behavioral Risk Factor Surveillance System, a state-based survey providing county-level estimates of adult health behaviors and conditions.
- **ICD:** International Classification of Disease, a standardized global system for classifying diseases and health conditions, maintained by the World Health Organization.
- **ICF:** ICF International, a research and consulting organization that provides analytic, technical, and evaluation support across public health and other sectors.
- **IDPH:** Illinois Department of Public Health, the state public health authority responsible for disease control, facility regulation, and support for local health departments.
- **IPHI:** Illinois Public Health Institute, a nonprofit that works to improve public health systems, promote health equity, and support policy and environmental changes.
- **IPLAN:** Illinois Project for Local Assessment of Needs, a state-required planning process local health departments complete every five years to remain certified.
- **IPV:** Intimate Partner Violence, referring to physical, sexual, or psychological harm by a current or former partner or spouse.
- **LGBTQIA+:** Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and other sexual and gender identities.
- **MAPP 2.0:** Mobilizing for Action through Planning and Partnerships 2.0, a community-driven strategic framework developed by NACCHO for improving public health practice and health equity.
- **NACCHO:** National Association of County and City Health Officials, which provides training, technical assistance, and advocacy for local health departments.
- **NUCC:** National Uniform Claim Committee, the body that maintains standardized provider taxonomy codes used in healthcare billing and administrative processes.
- **PLACES:** A CDC initiative producing small-area estimates of health behaviors, preventive care, and chronic disease to support local health planning.
- **RTI International:** A nonprofit research institute providing scientific studies, program evaluation, survey administration, and technical assistance across public health and social sectors.
- **SCCHS:** Suburban Cook County Health Survey, which collects data on adult health behaviors, chronic conditions, and access to care for suburban Cook County.
- **SCC YRBS:** Suburban Cook County Youth Risk Behavior Survey, a student survey aligned with the national YRBS that tracks health-related behaviors, mental health, and experiences of violence and bullying.
- **SHIP:** Illinois State Health Improvement Plan, a statewide framework that outlines priority health issues, objectives, and strategies to improve health and equity.

- **SVI:** Social Vulnerability Index, a CDC tool identifying communities that may need additional support before, during, or after emergencies, based on socioeconomic, household, and housing factors.
- **YPLL:** Years of Potential Life Lost, a measure of premature mortality capturing how many years of life are lost when people die before a certain age, often 75.
- **YRBS:** Youth Risk Behavior Survey, a national CDC system monitoring health-related behaviors among students, adapted locally in suburban Cook County.