



Community Health Needs Assessment

December 2025



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Introduction to South Shore Hospital

South Shore Hospital (SSH) is an independent general acute care hospital that has been in existence since 1912. The hospital is currently licensed for up to 170 beds. In addition, South Shore Hospital has five primary care outreach facilities. South Shore Hospital employs over 390, including a medical staff of approximately 102 physicians. The following services are provided on an inpatient and outpatient basis: respiratory care, physical therapy, surgery, nuclear medicine, radiology, laboratory, vascular, diagnostics, pharmacy, non-invasive cardiology, detox services, chemical dependency, transportation, wound and skin care, emergency medicine, geriatric psychiatry, HIV/AIDS services, and gynecological services. South Shore Hospital treats patients regardless of race, color, creed, or their ability to pay.

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

Introduction to the Alliance for Health Equity and collaborative CHNA

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



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

Alliance for Health Equity Member Hospitals/Health Systems and Health Departments		
<ul style="list-style-type: none">• Advocate Health Care• Cook County Health• Insight Chicago• Jackson Park Hospital• Loretto Hospital	<ul style="list-style-type: none">• Loyola Medicine/Trinity Health• UI Health• Sinai Health System• Rush University System for Health• Northwestern Medicine	<ul style="list-style-type: none">• South Shore Hospital• Swedish Hospital/Endeavor Health• Chicago Department of Public Health• Cook County Department of Public Health

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

Summary of collaborative health equity approach to Community Health Needs Assessment

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

Between June 2023 and December 2024, the Alliance completed a county-wide CHNA in partnership with other hospitals, the Chicago Department of Public Health, Cook County Department of Public Health, and community organizations. IPHI used data from the county-wide CHNA as well as additional local data to create a service level CHNA for South Shore Hospital. An updated, county-wide CHNA was released in June 2025 and is available at www.allhealthequity.org/chna.

IPHI partnered with the CHNA committee to design and facilitate a collaborative, community-engaged assessment process. The approach is grounded in the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) framework, a community-driven strategic planning model developed by the National Association of County and City Health Officials (NACCHO) and the CDC and used by both the Chicago and Cook County Departments of Public Health. MAPP 2.0 emphasizes systems thinking, meaningful community engagement, and strong cross-sector partnerships.

The Alliance also incorporated the AHA Community Health Improvement (ACHI) Community Health Assessment Toolkit to further guide the collaborative process. Together, these frameworks support an inclusive, aligned assessment that engages stakeholders, including community members, in identifying and advancing strategic priorities to promote health equity.

Primary data for the CHNA was collected through three methods:

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

Epidemiologists from the Cook County Department of Public Health (CCDPH) and Chicago Department of Public Health (CDPH) and Metopio are invaluable partners in identifying, compiling, and analyzing secondary data for the CHNA. IPHI and the CHNA Planning Committee worked with CDPH and CCDPH to refine a common set of indicators based on an adapted version of the County Health Rankings and Roadmaps Model. The primary data

sources for secondary data were the Cook County Health Atlas, Chicago Health Atlas, and Metopio. A full list of sources is available in the References section. Data for each indicator was pulled from the respective databases and then compared across geography (zip code, service area, county, state, etc.) and various stratifications (race, age, gender, etc.) to identify trends for each topic area.

Assessment data and findings are organized in following areas:

- community input;
- an overview of health inequities;
- risk factors, prevention, and management of chronic conditions;
- mortality data;
- influencers and outcomes in maternal and child health;
- social and structural influencers of health including access to quality health care and community resources; and
- mental health and substance use disorders.

The following summary report highlights primary and secondary data related specifically to South Shore Hospital's primary service area. Additional primary and secondary data for Chicago and Suburban Cook County can be found in the countywide CHNA report at alltheequity.org/chna.

Communities served

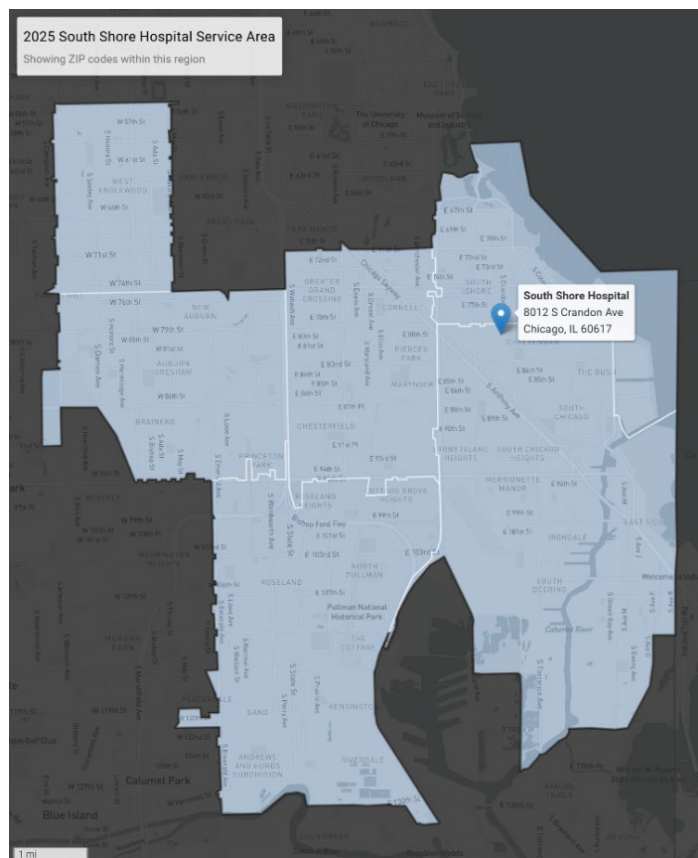
Primary service area

South Shore Hospital's community, as defined for the purposes of the Community Health Needs Assessment, includes each of the zip codes and community areas that make up the hospital's primary service area (PSA). The eight zip codes are: 60617, 60619, 60620, 60621, 60628, 60636, 60637, 60649. These zip codes encompass sixteen community areas in Chicago: Auburn Gresham, Avalon Park, Burnside, Calumet Heights, Chatham, East Side, Englewood, Greater Grand Crossing, Pullman, Roseland, South Chicago, South Deering, South Shore, West Englewood, West Pullman, and Woodlawn (Figure 2).

Figure 2. Table of the South Shore Hospital Primary Service Area by zip code and community area

Zip Codes	Community Areas	
60617	Auburn Gresham	Pullman
60619	Avalon Park	Roseland
60620	Burnside	South Chicago
60621	Calumet Heights	South Deering
60628	Chatham	South Shore
60636	East Side	West Englewood
60637	Englewood	West Pullman
60649	Greater Grand Crossing	Woodlawn

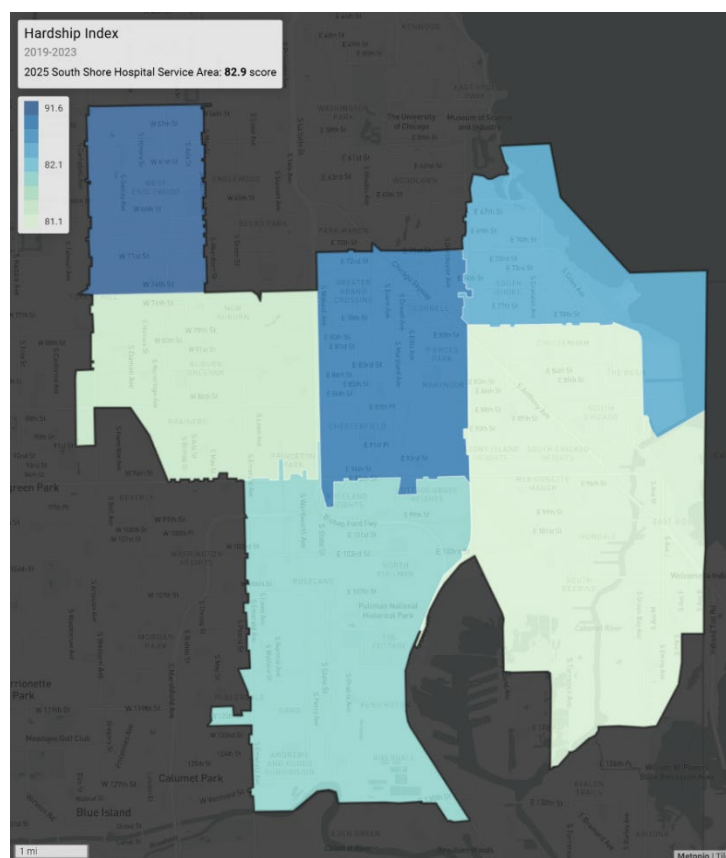
Figure 3. Map of the South Shore Hospital primary service area



Economic Hardship Index

Every zip code within South Shore Hospital's service area is classified as high economic hardship communities (Figure 4). Economic hardship is the difficulty resulting from not having enough collective economic resources available within a community. It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score rated from 1 to 100 – the Hardship Index – that allows comparison between communities (Chicago Department of Public Health, 2024). The higher the score, the greater the community's economic hardship. The average score for South Shore Hospital's service area (82.9) is high compared to the average overall score for Chicago (55.2) and Cook County (50.9) (Figure 5). The index is highly correlated with other measures of economic hardship including labor market data and poor health outcomes (Chicago Department of Public Health, 2024).

Figure 4. Map of Economic Hardship Index scores in the South Shore Hospital service area, 2023
Source: (US Census Bureau, 2024)



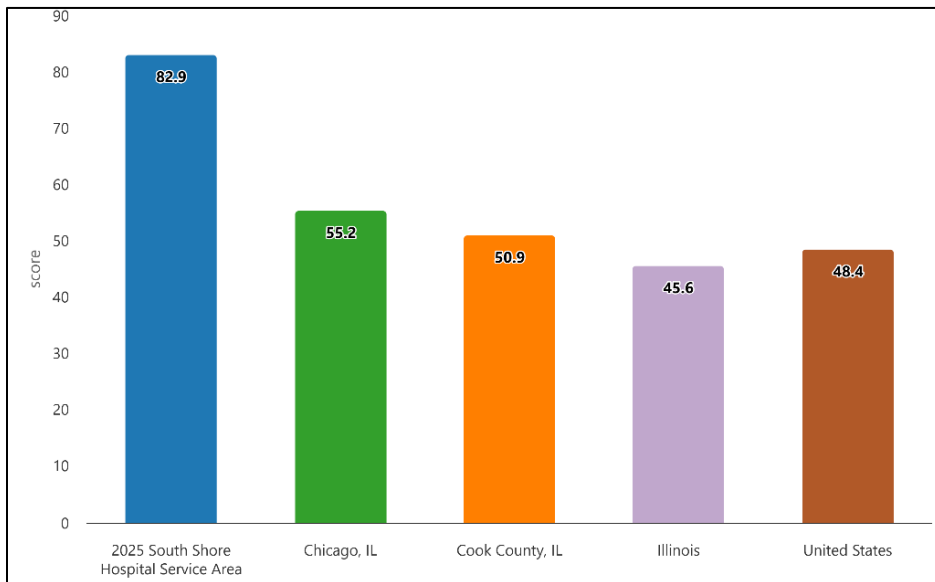


Figure 5. Chart comparing Economic Hardship Index scores for South Shore Hospital's service area, Chicago, Cook County, Illinois, and the United States, 2019-2023

Source: (US Census Bureau, 2024)

Demographics

In 2023, the population of the South Shore hospital service area was 344,626 individuals (US Census Bureau, 2024). The largest racial and ethnic group within South Shore Hospital's service area is Non-Hispanic Black (81%) followed by Hispanic or Latino (13%) and Non-Hispanic White (3%) (Figure 6). Community members identifying as Asian, two or more races, Native American, and Pacific Islander/Native Hawaiian accounted for about 2% of the service area's overall population (Figure 6). Twenty-two percent of the service area's population is children aged 0-17 years (Figure 7). Adults aged 18-64 years comprise 59% of the population and seniors aged 65 or older represent 19% of the population (Figure 7).

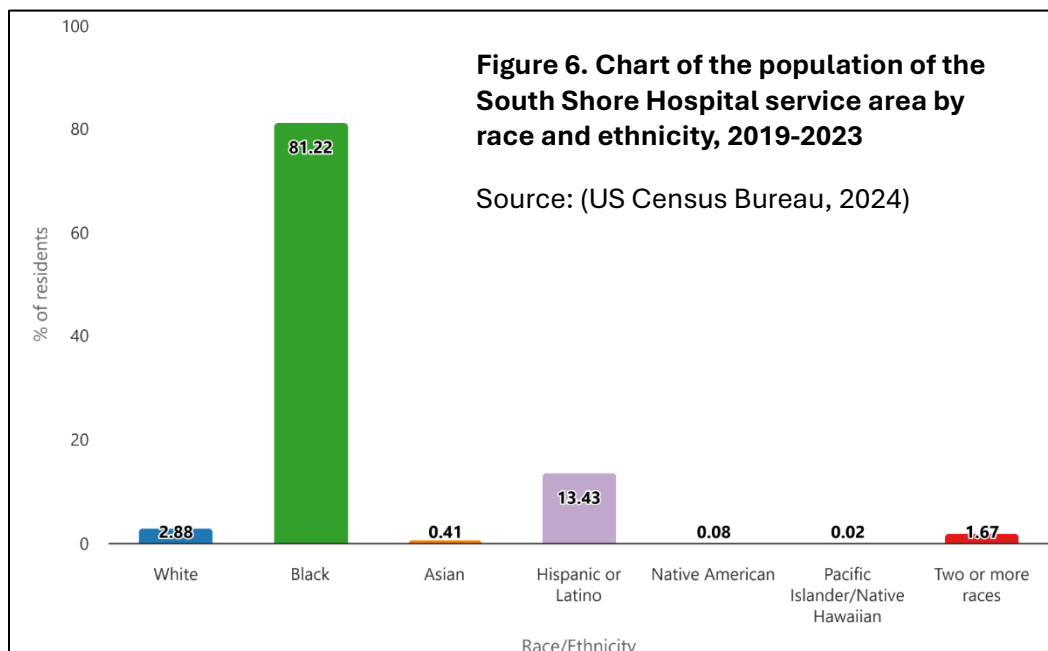


Figure 6. Chart of the population of the South Shore Hospital service area by race and ethnicity, 2019-2023

Source: (US Census Bureau, 2024)

In the South Shore Hospital service area, a low percentage of households are limited English proficient (2%), compared to 8% in Chicago, 7% across Cook County and 4% statewide (Figure 8). There is also a low percentage of foreign-born individuals in the service area (7%) (Figure 9). There is wide variation within the service area. The zip code with the highest percentage of foreign-born individuals is 60617 at 15% and the lowest percentage is 60628 at 3% (Figure 9).

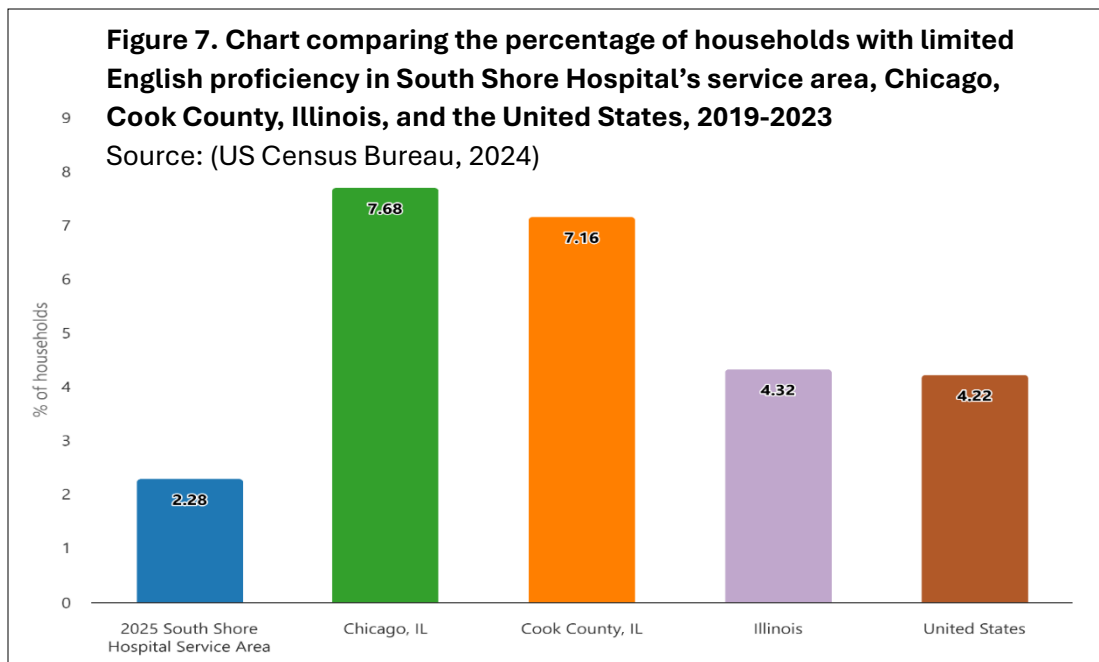
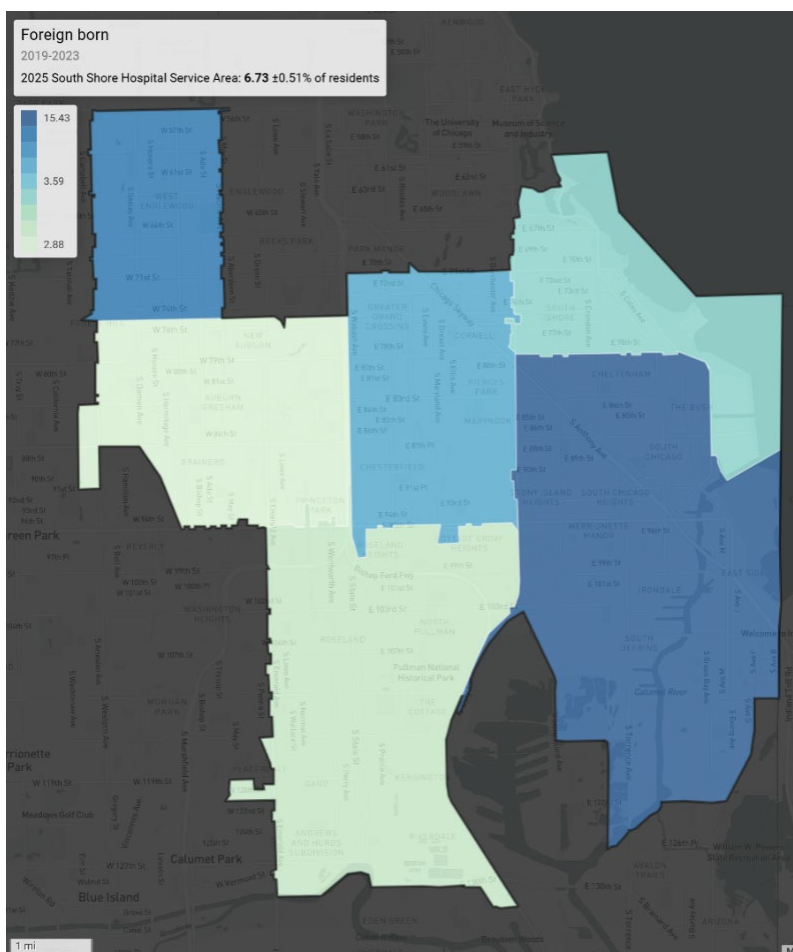


Figure 8. Map of the percentage of residents that are foreign born in South Shore Hospital's service area, 2019-2023

Source: (US Census Bureau, 2024)



The median household income of people living in South Shore Hospital’s service area (\$45,995) is significantly lower than that of Chicago (\$75,134) and Cook County (\$81,797) (Figure 11). There is variation within the service area with 60617 having the highest median income of \$51,237, while 60623 has the lowest median income of \$35,077 (Figure 10).

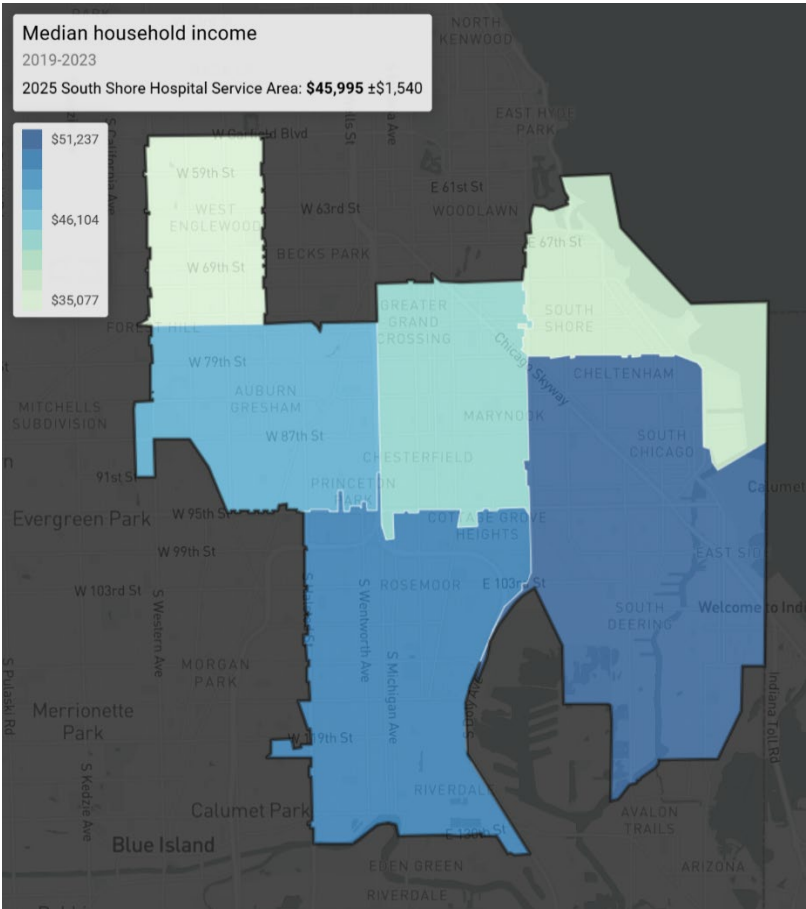
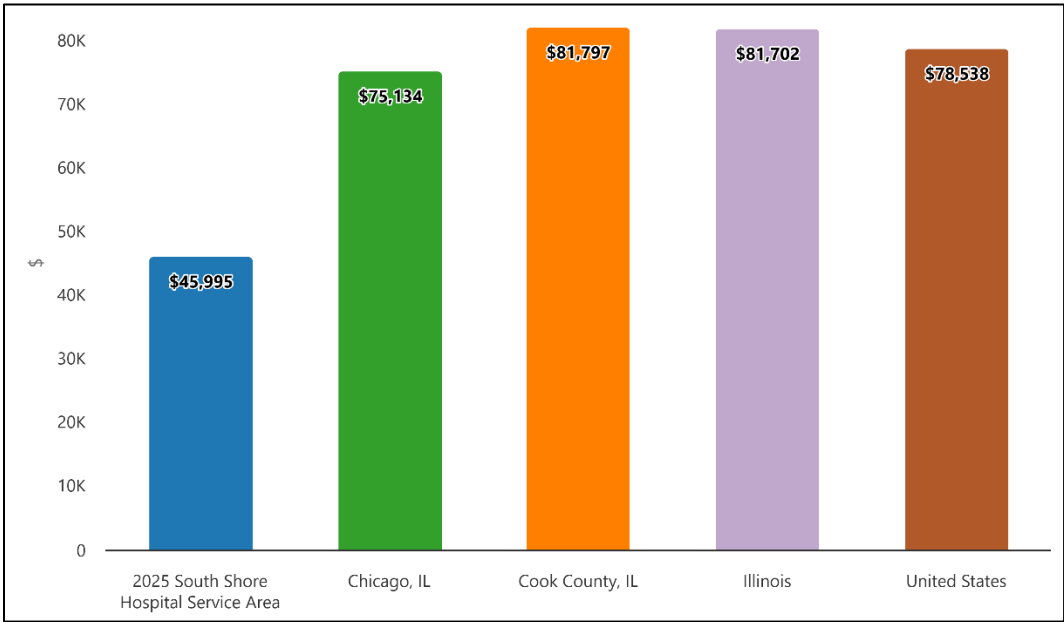


Figure 9. Map of median household income in South Shore Hospital’s service area, 2019-2023
Source: (US Census Bureau, 2024)

Figure 10. Chart comparing the median household income in South Shore Hospital’s service area to Chicago, Cook County, Illinois, and the United States, 2019-2023

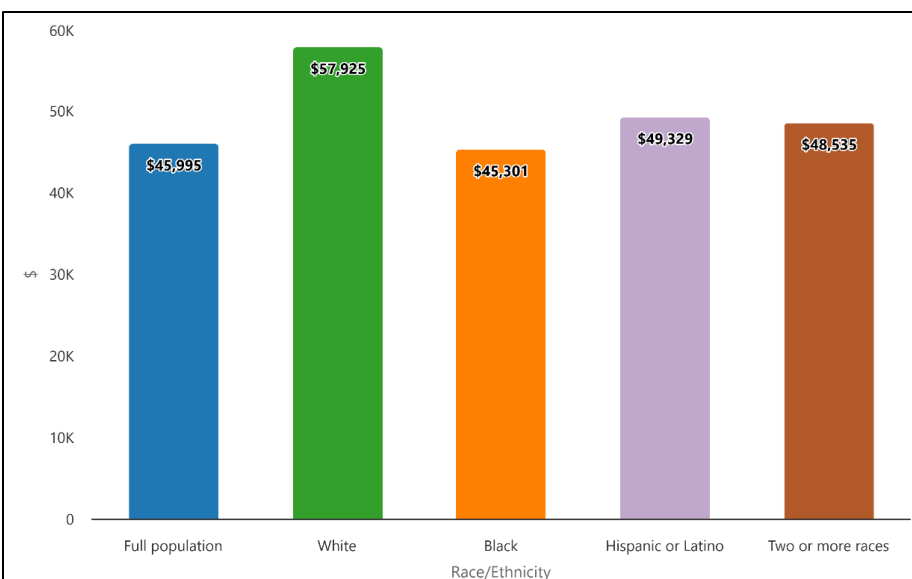


Source: (US Census Bureau, 2024)

There are racial and ethnic inequities in median household income for the service area, with Non-Hispanic White households having a median household income of \$57,925 and Non-Hispanic Black households having a median household income of \$45,301, a difference of \$12,000 (Figure 12).

Figure 11. Chart of median household income of the South Shore Hospital service area by race/ethnicity, 2019-2023

Source: (US Census Bureau, 2024)



Community input

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

Community partners

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

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

The community-based organizations engaged in the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing and homeless services, food access and food justice, community safety, planning and community development, immigrant rights, youth development, community organizing, faith communities, mental health services, substance use services, policy and advocacy, transportation, older adult



services, health care services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, youth, older adults and caregivers, LGBTQIA+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults.

Community input survey

The community input survey was a qualitative tool designed to understand community health needs and assets with a focus on hearing from community members that are most impacted by health inequities. Demographic information is in Figure 14 to Figure 21. Responses to key questions from community members within the service area are in Figure 22 to Figure 26. From February 2024 to October 2024, 271 community input surveys were collected in South Shore Hospital’s service area.

Surveys were collected in both paper and online format through various channels. Surveys were collected at focus groups, clinical office visits, community events (Figure 13), and by contracted community partners. The online survey was also shared in email newsletters and on social media.

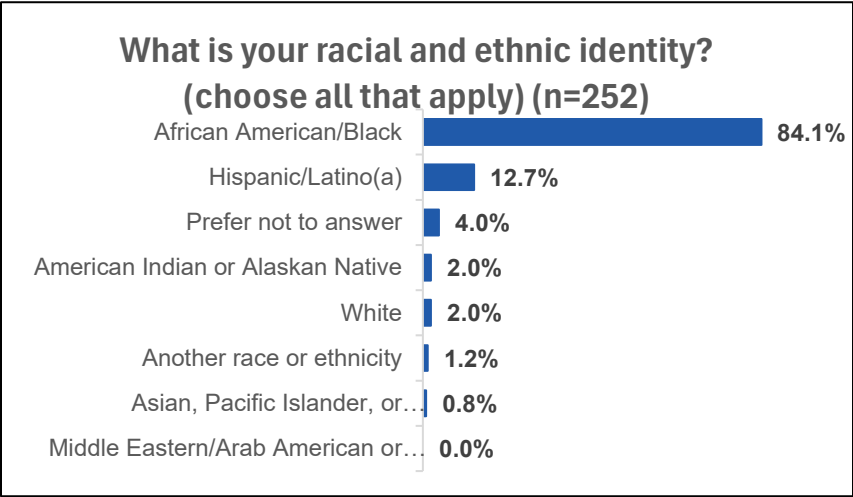
Figure 12. Table of community input survey collection partnerships

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

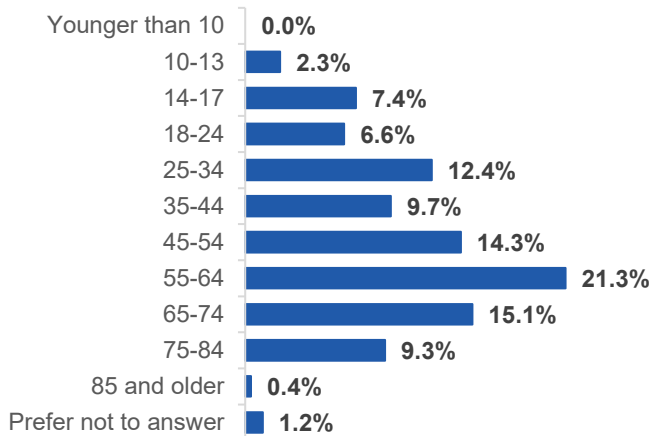
Survey demographics

The largest racial and ethnic group of survey respondents in the South Shore Hospital service area is African American/Black (84%) followed by Hispanic/Latino(a) (13%) (Figure 14). Participants identifying as Asian/Pacific Islander/Native Hawaiian (1%), American Indian/Alaskan Native (2%), and White (2%) accounted for less than 5% of survey respondents (Figure 14).

Figure 13. Chart of racial and ethnic identities of survey respondents



What is your age? (n=258)



Ten percent of participants were children aged 10-17 years. Adults aged 18-64 comprised 64% of the respondents and adults aged 65 or older represent 25% of the respondents (Figure 15).

Figure 14. Chart of age distribution of survey respondents

A majority of survey respondents identified as female (80%) in comparison to individuals who identified as male (18%) within South Shore Hospital's service area (Figure 16). A small percentage identify as non-binary (1%) (Figure 16). Additionally, most of the survey respondents identified as heterosexual/straight (82%) (Figure 17). Participants identifying as gay or lesbian (3%), bisexual (4%), and asexual (2%) accounted for less than 10% of survey respondents (Figure 17).

Figure 16. Chart of gender identity of survey respondents

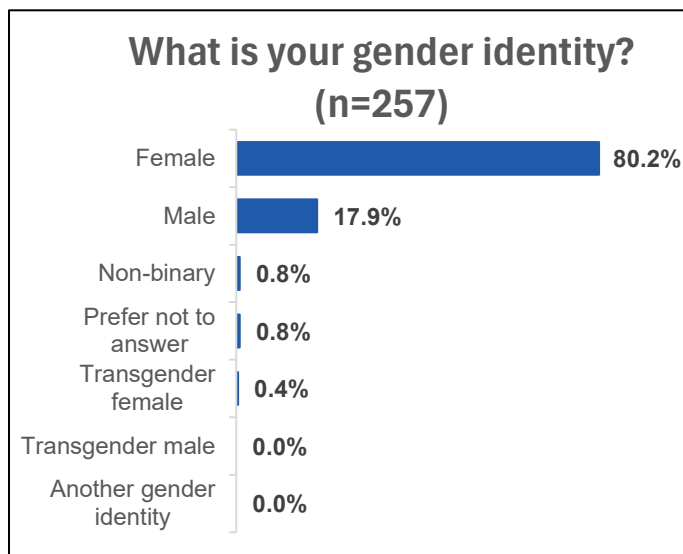


Figure 15. Chart of sexual orientation of survey respondents

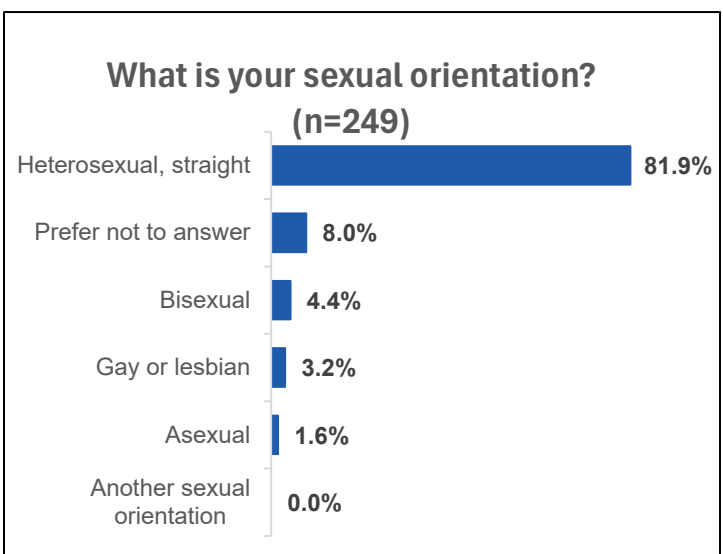
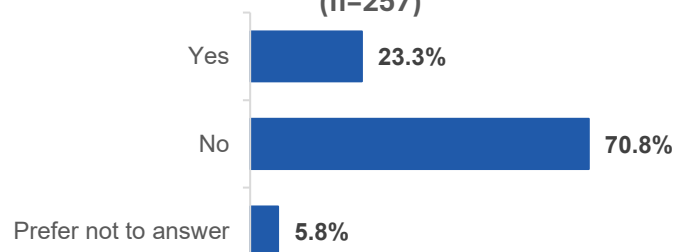


Figure 18. Chart of household disability status of survey respondents

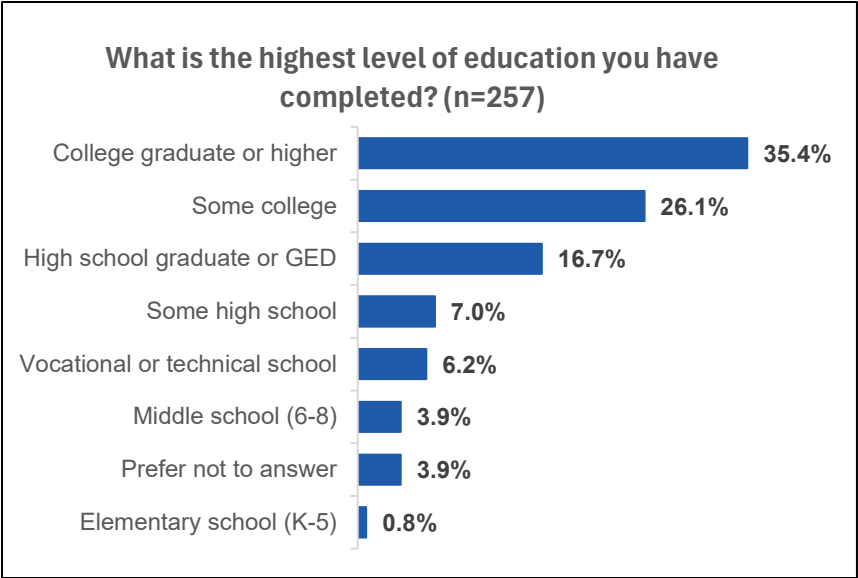
In the survey, 23% of respondents reported that someone in their household lives with a physical, mental, or intellectual disability, while 71% of respondents reported that they do not have someone in their household with a physical, mental, or intellectual disability (Figure 18).

Does anyone in your household live with a physical, mental, or intellectual disability? (n=257)



The largest groups of survey respondents have a level of education of college graduate or higher (35%) and some college (26%) followed by high school graduate or GED (17%) and some high school (7%) (Figure 19). Respondents whose highest level of education is elementary school (K-5) (1%), middle school (6-8) (4%), and vocational or technical school (6%) accounted for 11% of survey respondents (Figure 19).

Figure 17. Chart of highest level of education completed among survey respondents



Thirty-one percent of respondents have an annual household income between \$20,000 and \$59,000, 22% have an annual household income that is less than \$20,000, and 24% have a household income of \$60,000 or more (Figure 20). Forty-nine percent of participants reported that they were employed, whether it was full-time, part-time, and/or self-employed (Figure 21). Eleven percent of survey respondents are students, and 41% are not employed and/or retired (Figure 21).

Figure 19. Chart of annual household incomes of survey respondents

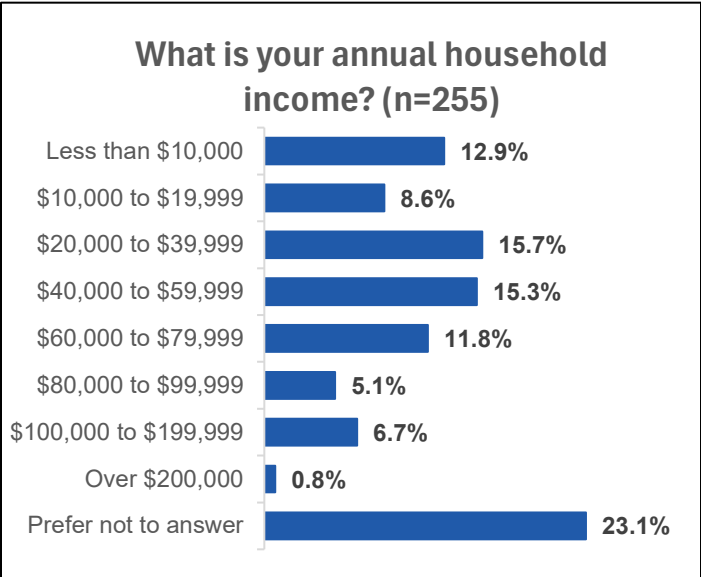
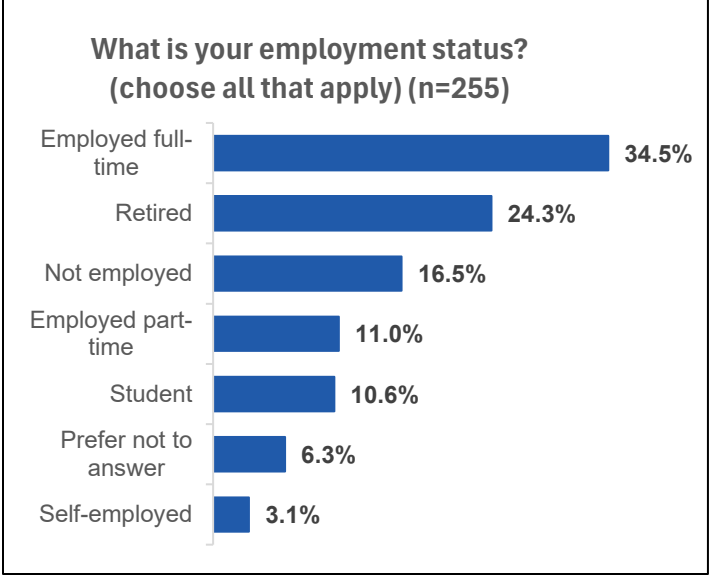


Figure 18. Chart of employment status of survey respondents



Quality of life

In the 2024 survey, participants were asked to rate both the health of their communities and their personal health on a scale from “very unhealthy” to “very healthy”. Fifty-two percent of respondents rated their communities as “somewhat healthy” (Figure 22). Participants were more likely to rate their personal health as better than overall community health with 46% reporting that their personal health was “healthy” or “very healthy” (Figure 23). Thirty-five percent of respondents to the survey selected that they “agree” or “strongly agree” to the statement “I am satisfied with the quality of life in my community” (Figure 24).

How would you rate the overall health of your community? (n=260)

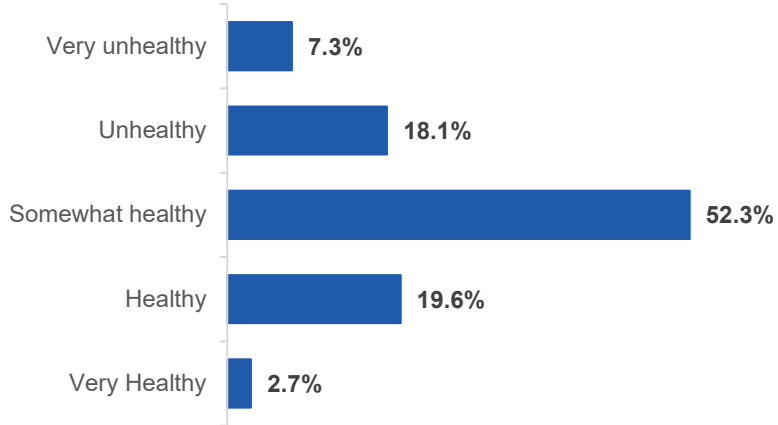
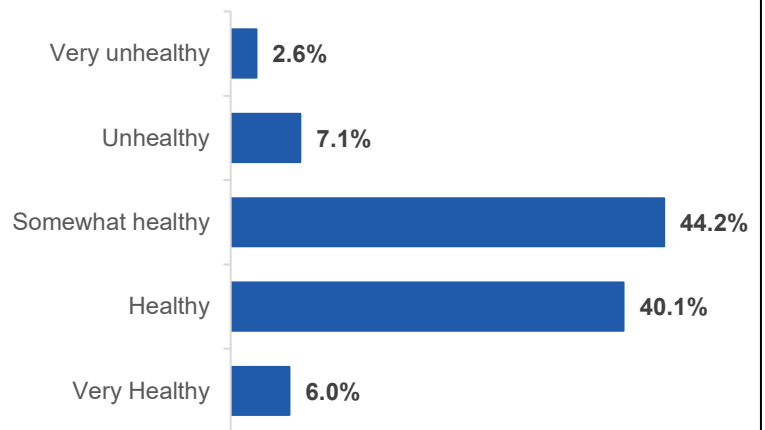


Figure 20. Chart of community input survey responses rating community health

Figure 21. Chart of community input survey responses rating personal health

How would you rate your personal health (n=267)



I am satisfied with the quality of life in my community. (n=259)

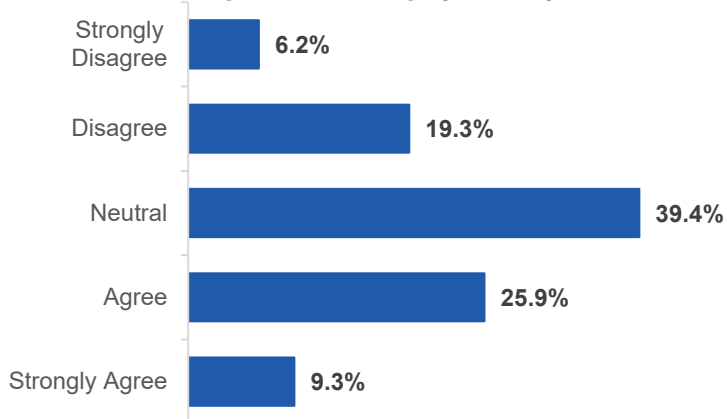


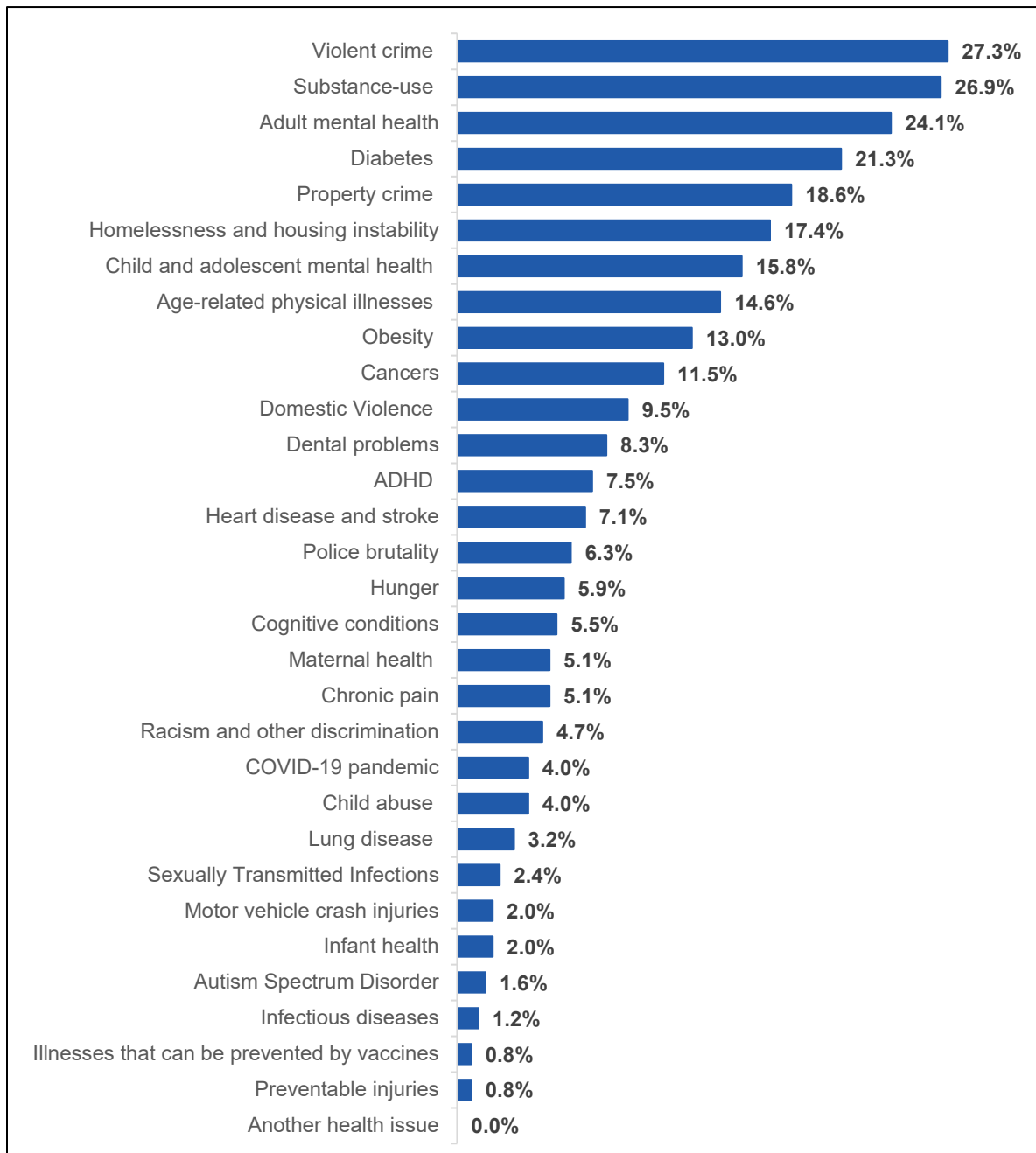
Figure 22. Chart of community input survey responses rating quality of life

Top community health issues and health needs

The top health issues identified in the South Shore Hospital service area are similar to the county-wide priorities and issues discussed by focus group participants (Figure 25). The top five health issues selected were:

1. Violent crime (27.3%)
2. Substance-use (26.9%)
3. Adult mental health (24.1%)
4. Diabetes (21.3%)
5. Property crime (18.6%)

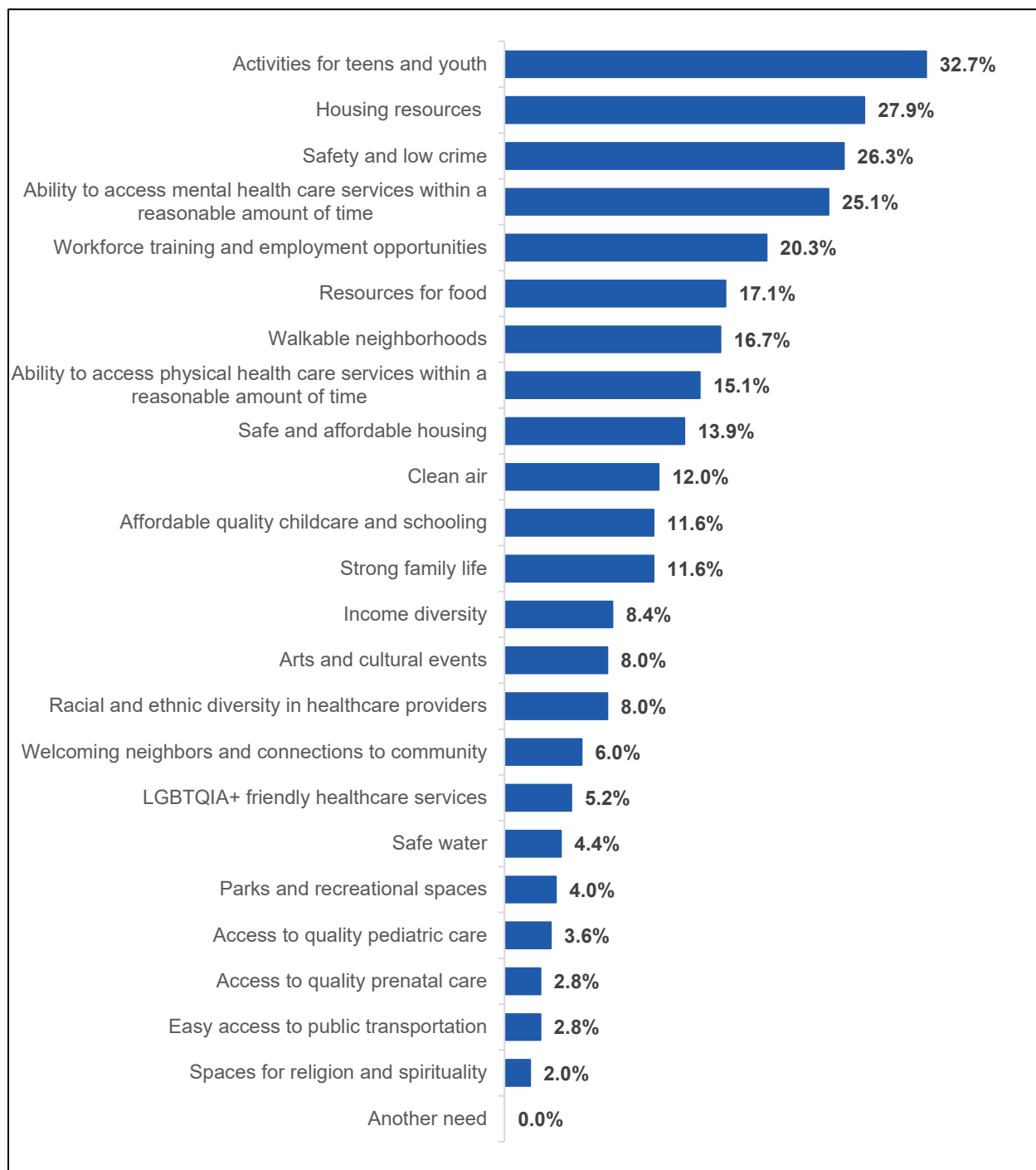
Figure 23. Chart of community input survey responses to the question: “What are the biggest health issues in your community? (Choose 3)”, n=253



In addition to health priorities, community survey respondents were asked about what was needed to support health improvements in their communities (Figure 26). The top five health supports identified in the survey included:

1. Activities for teens and youth (32.7%)
2. Housing resources (27.9%)
3. Safety and low crime (26.3%)
3. Ability to access mental health care services in a reasonable amount of time (25.1%)
5. Workforce training and employment opportunities (20.3%)

Figure 24. Community input survey responses to the question: “What does your community need to be healthy? (Choose 3)”, n=251



Focus groups

Six focus groups, totaling over 60 participants, were conducted within South Shore Hospital's service area or included participants living within the service area. Hosted by community partners, the focus groups included community residents and local service providers. Focus groups were hosted by:

- UI Health CHAMPIONS program
- REACH Program
- The Douglas Center
- Housing Forward
- 8th Ward Alderman's Office
- Montclare Senior Residences

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

Health issues and challenges:

- Mental health and substance use
- Lack of health education
- Neighborhood safety and infrastructure issues
- Lack of access to community resources
- Healthcare access
- Lack of outside of school programs for youth
- Homelessness
- Child and adolescent health
- Inadequate school systems
- Economic problems
- COVID 19 Impacts

Health promoters:

- Outdoor spaces
- Strong sense of community
- Active local government
- Community events and resources

Potential solutions

Focus group participants provided several potential solutions to the community health needs that they identified.

Solutions:

- Support for justice involved individuals including reentry resources
- Maintaining and expanding existing programs, services, and policies for healthcare access
- Fliers to share information offline
- Community involvement in programs and decision making
- Urban farming in vacant lots
- Bring back mental health services and clinics
- Expand youth focused community programs and education
- More community events to decrease loneliness
- Pop up clinics

Health inequities

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

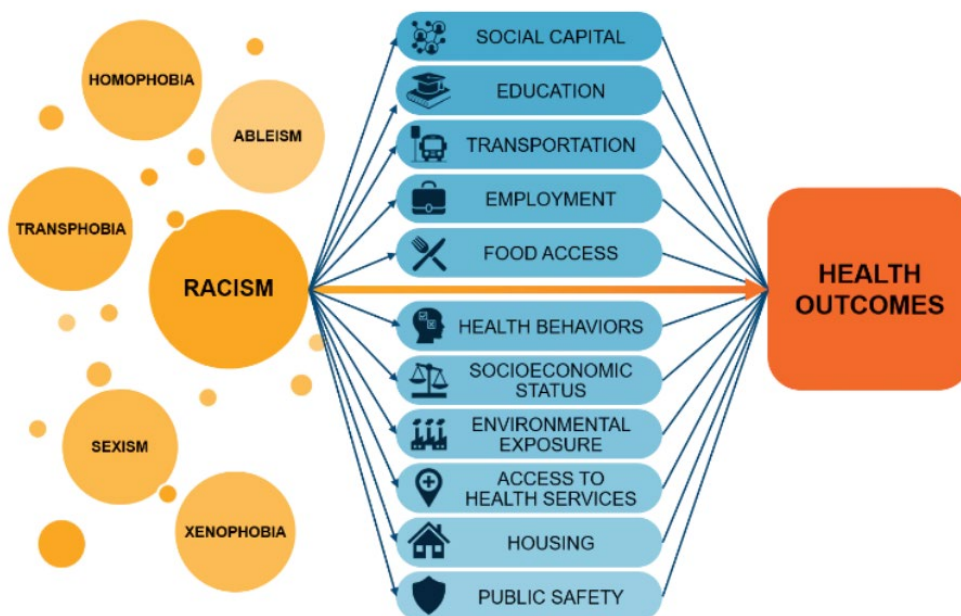
There are four overarching concepts that demonstrate the necessity of addressing health inequities:

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

Structural racism

Race and ethnicity are socially constructed categories that have profound effects on the lives of individuals and communities. Racial and ethnic health inequities are the most persistent inequities in health over time in the United States (Weinstein et al., 2017). Racial and ethnic inequities in health are directly linked to racism (Figure 27).

Figure 25. How structural racism and discrimination influence health outcomes



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

South Shore Hospital's service area encompasses many of the communities experiencing the highest levels of hardship in Chicago (Figure 28). The area has suffered significant social disruption over the past 100 years along with persistent and pervasive racial and ethnic inequities (Henricks et al., 2018). As a result, community-level violence, poor education opportunities, lack of quality job opportunities, poor quality housing stock, healthcare shortages, and poor health outcomes have been concentrated in Black and Brown communities on the South Side of Chicago.

Community Area	Hardship Index	Ranking in Chicago (Out of 77)
West Englewood	91.8	6
Englewood	91.4	7
Burnside	89.5	9
Auburn Gresham	88.1	12
South Chicago	86.2	16
Greater Grand Crossing	86.0	18
South Deering	84.6	20
Woodlawn	82.8	22
Roseland	82.5	23
South Shore	82.3	25
West Pullman	81	28
East Side	80.6	30
Avalon Park	79.7	32
Chatham	79.0	34
Pullman	77.1	36
Calumet Heights	64.5	45

Figure 26. Table comparing Hardship Index score between community areas in the South Shore Hospital service area, 2019-2023

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

Inequities in mortality

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

Life expectancy

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

The average life expectancy for South Shore Hospital's service area (71.4 years) is significantly lower than Chicago (78.7 years) and Suburban Cook County (81.1 years) (Figure 29). Overall in Chicago, Asian and Pacific Islanders have the highest life expectancies (86.8 years) and Non-Hispanic Black individuals have the lowest at 71.8 years (Figure 30).

Figure 27. Chart comparing life expectancy in the South Shore Hospital Service Area, Chicago, and Suburban Cook County, 2023

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

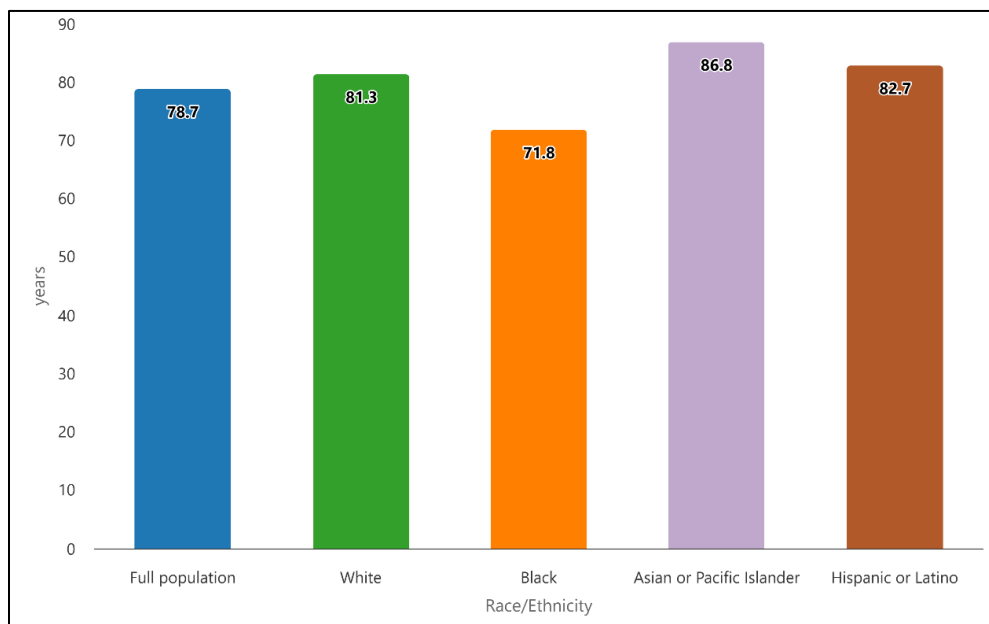
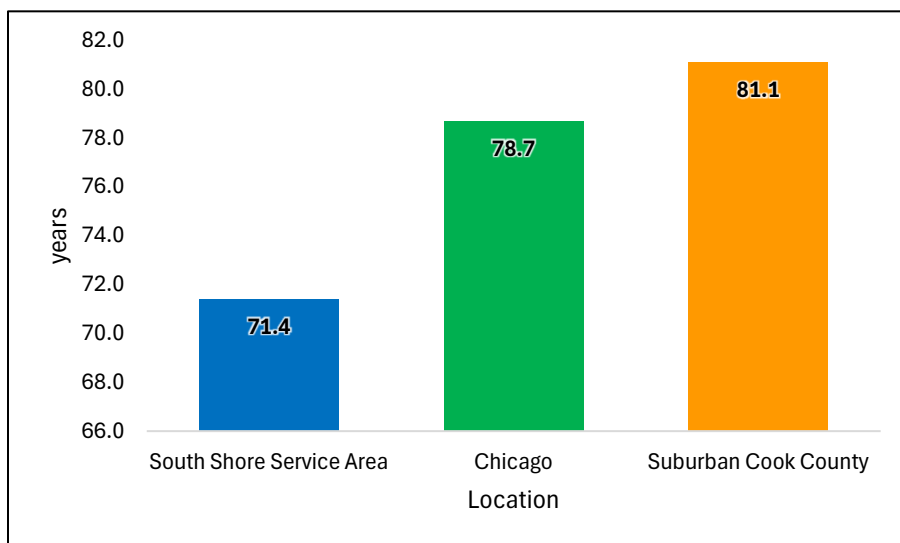


Figure 28. Chart comparing life expectancy in Chicago by Race/Ethnicity, 2023

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

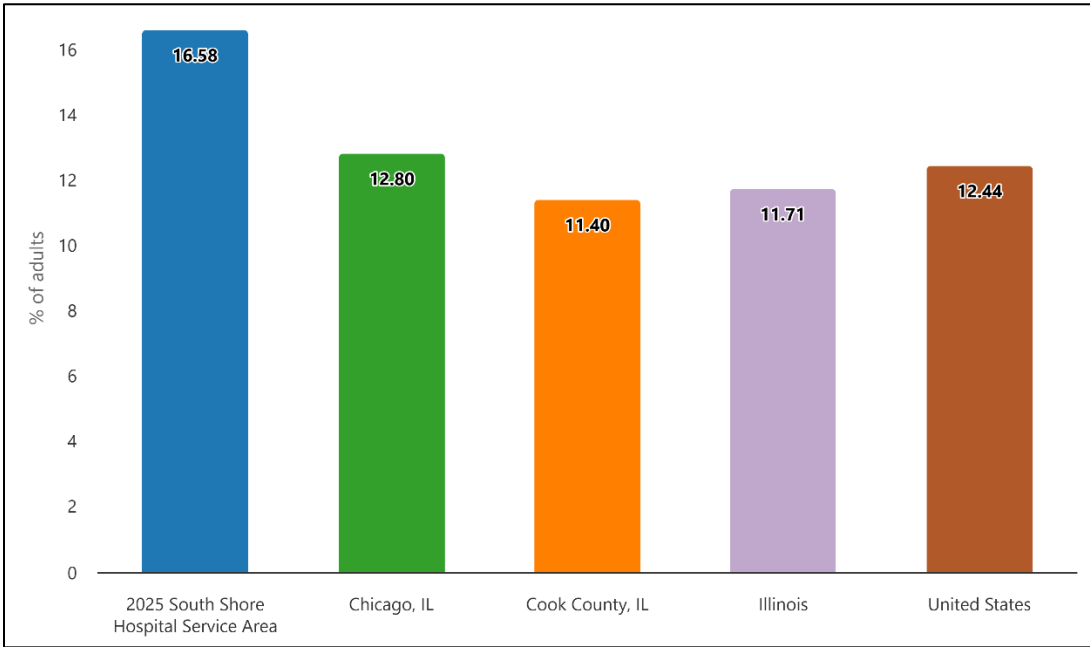
Secondary data

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

Overall health

Existing research indicates that self-reported health remains an important predictor of mortality (Wuorela et al., 2020). The measure integrates biological, mental, social, and cultural aspects of a person (Wuorela et al., 2020). The percentage of individuals reporting poor overall physical health is slightly higher in the service area than in the city, state, and nation (Figure 31). High rates of poor self-reported physical health such as those within the service area are connected to high rates of hardship and poor health outcomes.

Figure 29. Chart comparing the percentage of adults reporting poor physical health in the South Shore Hospital service area, Chicago, Cook County, Illinois, and the United States, 2022



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

Health behaviors

Four key health behaviors that are strongly correlated with chronic disease outcomes: smoking, physical activity, alcohol consumption, and sufficient daily sleep. Some communities in Cook County face significant barriers to engaging in preventative health behaviors such as limited access to safe exercise spaces, poor access to healthy affordable foods, and inadequate access to mental health and substance use disorder treatment. Data for self-reported health behaviors for communities in South Shore Hospital’s service area are presented in Figure 32.

Figure 30. Table of key health behaviors impacting chronic disease outcomes in South Shore Hospital’s service area, Chicago, Cook County, Illinois, and the United States, 2022

Health Behavior	South Shore Hospital Service Area	Chicago	Cook County	Illinois	United States
Cigarette smoking rate Percent of residents aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.	19%	14%	12%	11%	12%
Binge drinking Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.	15%	21%	21%	20%	16%

Sleeping less than 7 hours Percent of resident adults aged 18 and older who report usually getting insufficient sleep (<7 hours for those aged ≥18 years, on average, during a 24-hour period)	46%	38%	36%	36%	37%
No exercise Percent of resident adults aged 18 and older who answered “no” to the following question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”	31%	24%	21%	21%	24%

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

Chronic conditions

A chronic condition is an ongoing physical or mental health condition that lasts a year or more, requires ongoing medical attention, and/or limits activities of daily living. Worldwide and in the United States chronic diseases are the leading cause of disability and death. Chronic conditions such as heart disease, stroke, cancer, diabetes, arthritis, asthma, and poor mental health create a significant health and economic cost for individuals and communities. Prevention and management of chronic conditions can significantly reduce the burden of these diseases on individuals and society. The percentage of individuals with common chronic conditions in South Shore Hospital’s service area are presented in Figure 33.

Figure 31. Rates of individuals with chronic conditions in South Shore Hospital’s service area, Chicago, Cook County, Illinois, and the United States, 2017-2022

Health condition	Date	South Shore Hospital Service Area	Chicago	Cook County	Illinois	United States
Obesity	2022	44%	35%	33%	36%	33%
High blood pressure	2022	44%	30%	29%	30%	31%
Current asthma	2022	12%	10%	9%	10%	10%
Arthritis	2022	30%	22%	21%	21%	22%
Diagnosed diabetes	2022	19%	12%	11%	10%	11%
Chronic obstructive pulmonary disease (COPD)	2022	8%	5%	5%	6%	5%
Diagnosed stroke	2022	6%	4%	3%	3%	3%
Cancer diagnosis rate	2017-2021	598.5 per 100,000 residents	443.2 per 100,000 residents	553.7 per 100,000 residents	582.1 per 100,000 residents	444.4 per 100,000 residents
Coronary heart disease	2022	7%	5%	5%	3%	3%
Chronic kidney disease	2021	4%	3%	3%	3%	3%

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

Obesity and high blood pressure (hypertension) are often interconnected risk factors for cardiovascular disease, the leading cause of death in Chicago and the United States. In South Shore Hospital’s service area, 44% of adults reported being obese and/or being diagnosed with high blood pressure.

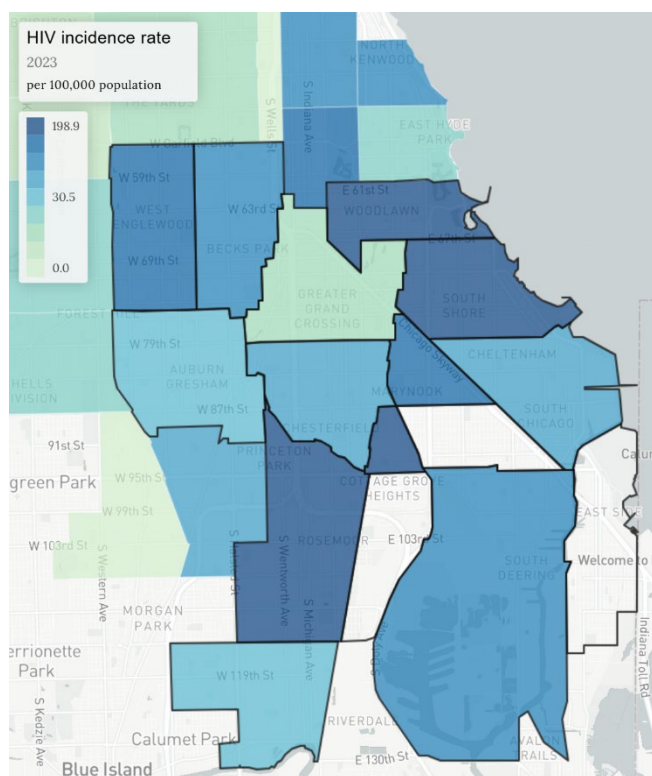
HIV

Human Immunodeficiency Virus, also known as HIV, is a virus that attacks the body’s immune system by destroying white blood cells making it harder for the body to fight off infections and diseases. HIV prevalence measures existing cases per 100,000 people, while HIV incidence tracks new cases. The HIV incidence and prevalence rates for Chicago are significantly higher than for Cook County, Illinois, and the United States (Figure 34).

Figure 32. Table of HIV incidence rate (new cases) and prevalence rate (existing cases) per 100,000 population in Chicago, Cook County, Illinois, and the United States, 2022

	Chicago Rate per 100,000 population	Cook County Rate per 100,000 population	Illinois Rate per 100,000 population	United States Rate per 100,000 population
HIV incidence (new cases)	22.9	15.2	9.6	11.3
HIV prevalence (existing cases)	692.9	595.8	338.8	386.6

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



Within the South Shore service area, HIV incidence rate and engagement with care rate vary between community areas. In some communities, 90% of individuals with HIV are engaged in care while others are as low as 35%.

Figure 33. Map of HIV incidence rate per 100,000 population in the South Shore Hospital service area, 2023
Source: (Illinois Department of Public Health, 2024c)

Mortality

In 2022, the top five leading causes of death in Cook County were heart disease, cancer, accidents (unintentional injury), COVID-19, and stroke (Figure 36). The geographic distributions of heart disease and cancer mortality within the South Shore service area are presented in Figure 36 and Figure 37. Communities in South Shore Hospital’s service area have some of Chicago’s highest rates of heart disease and cancer mortality.

Figure 34. Chart of the leading causes of death in Cook County, 2022

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

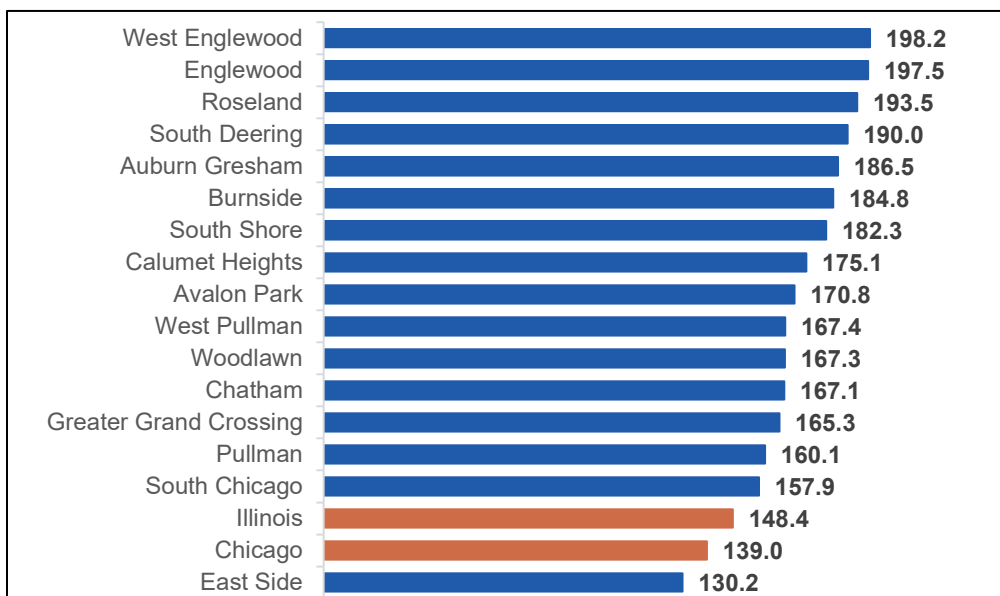
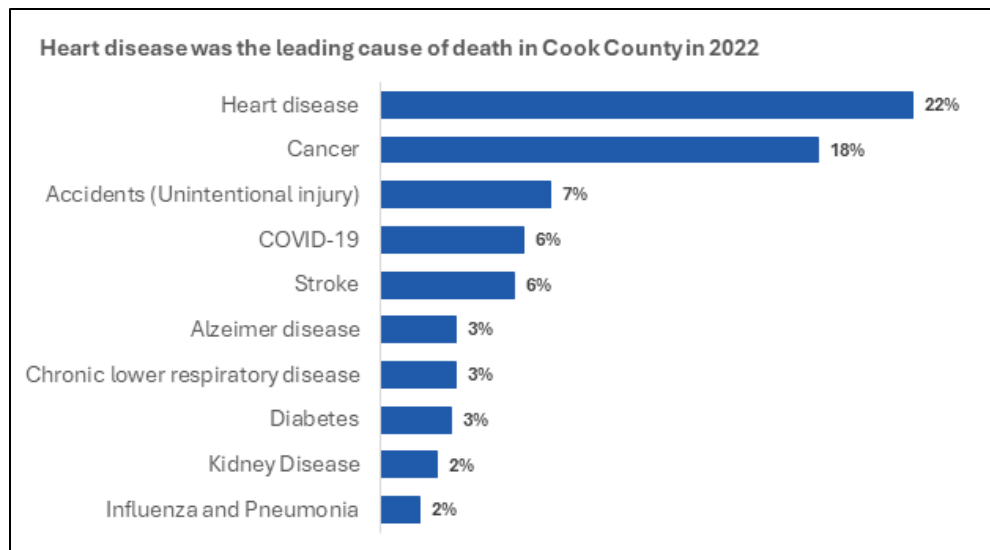
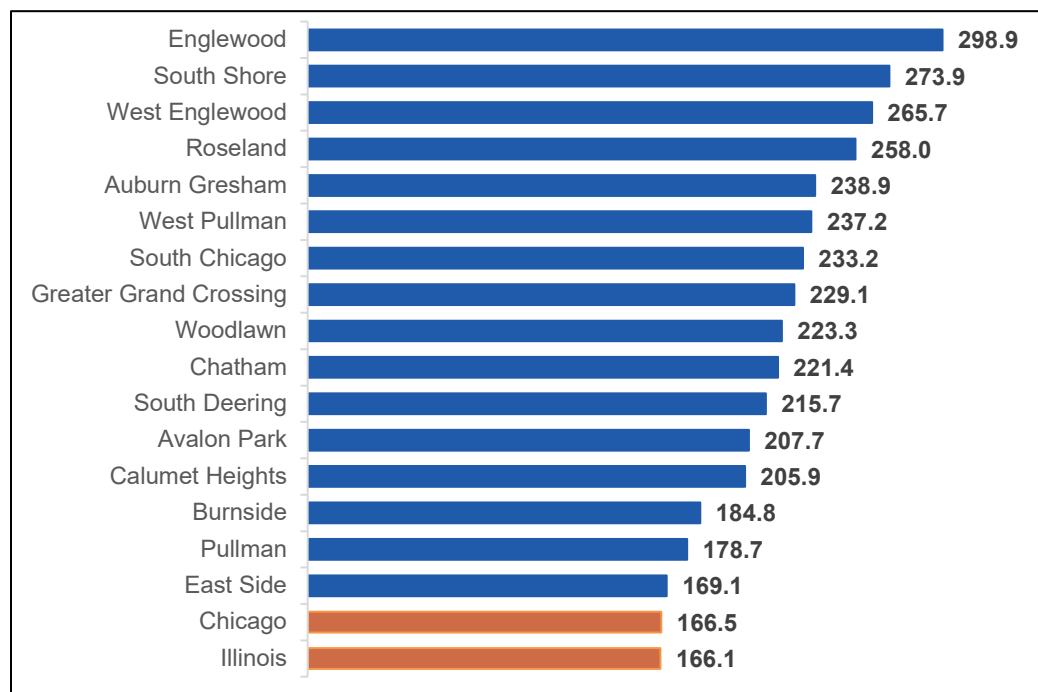


Figure 35. Chart of cancer mortality rate per 100,000 population by community area in the South Shore Hospital service area, 2019-2023

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

Figure 36. Chart of heart disease mortality rate per 100,000 population by community area in the South Shore Hospital service area, 2019-2023

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



Maternal and child health

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

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

In a 2023 report, a **Maternal Mortality Review Committee found that in Illinois between 2018-2020, Black women were almost twice as likely to die of pregnancy-related conditions that their white counterparts** (Bennet et al., 2023). The report also found that the gap in pregnancy-related deaths between Black and white women has narrowed, but not due to improved health outcomes for Black women. Instead, it is an effect of worsening conditions for white women, especially due to mental health conditions, including substance use disorder and suicide (Bennet et al., 2023). **Discrimination was cited as a contributing factor in 50% of pregnancy-related deaths among Black women.** From 2018-2020, 90% of pregnancy-related deaths in Illinois were found to have had either a “Good Chance” or “Some Chance” of being preventable (Bennet et al., 2023).

Fourteen of the sixteen community areas have infant mortality rates higher than the rate for Chicago overall. Englewood, which has the highest infant mortality rate in the service area, has a rate more than double that of East Side, the lowest in the service area (Figure 39). Throughout Chicago, there are inequities between different racial and ethnic groups. Infant mortality rate for Non-Hispanic Black infants (11.8) is almost three times that of Hispanic or Latino infants (4.4) and five times that of Non-Hispanic White infants (2.8) (Figure 40). Other risk factors for poor infant health outcomes such as low-birth weight and preterm births also show inequities between racial/ethnic groups in Chicago (Figure 41, Figure 42).

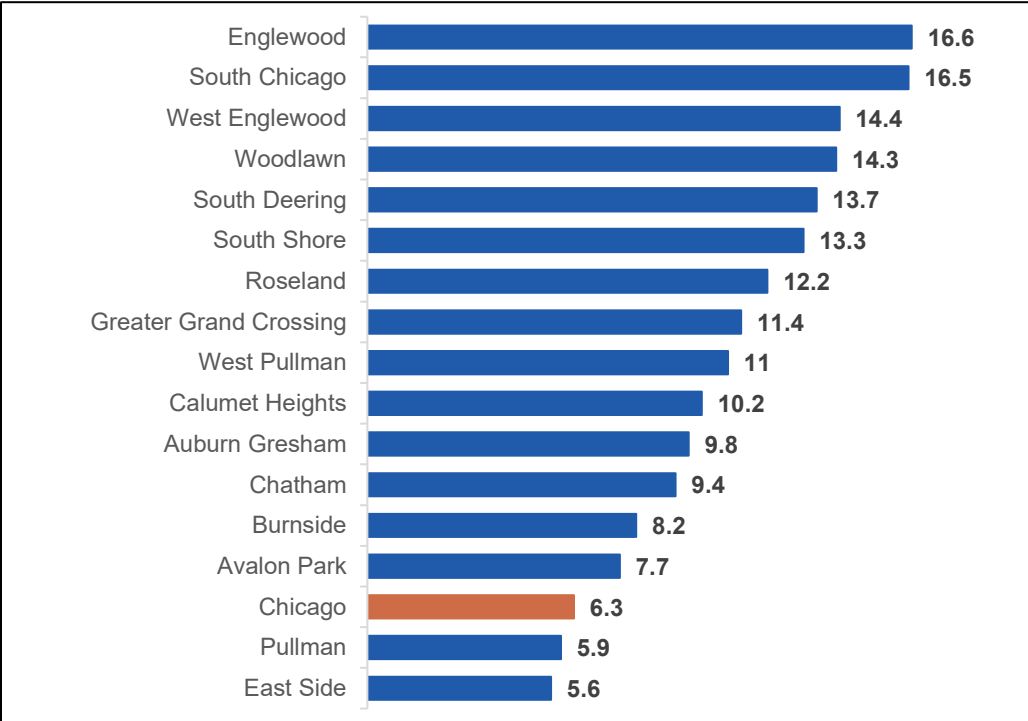


Figure 37. Chart of infant mortality rate per 1,000 live births in the South Shore Hospital service area, 2019-2023

Source: (Illinois Department of Public Health, 2023, 2024a)

Figure 38. Chart of infant mortality rate per 1,000 live births by Race/Ethnicity in Chicago, Illinois, 2023

Source: (Illinois Department of Public Health, 2023, 2024a)

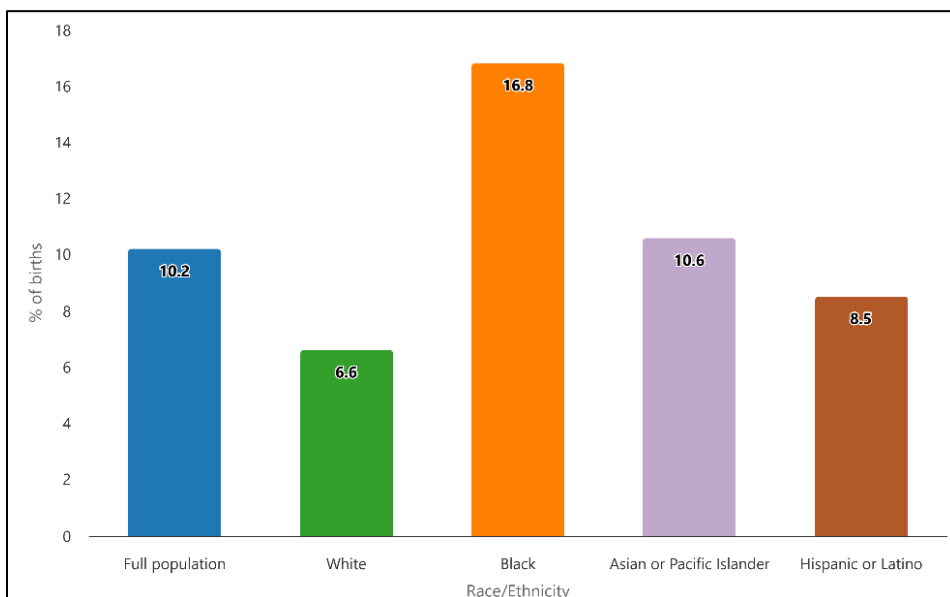
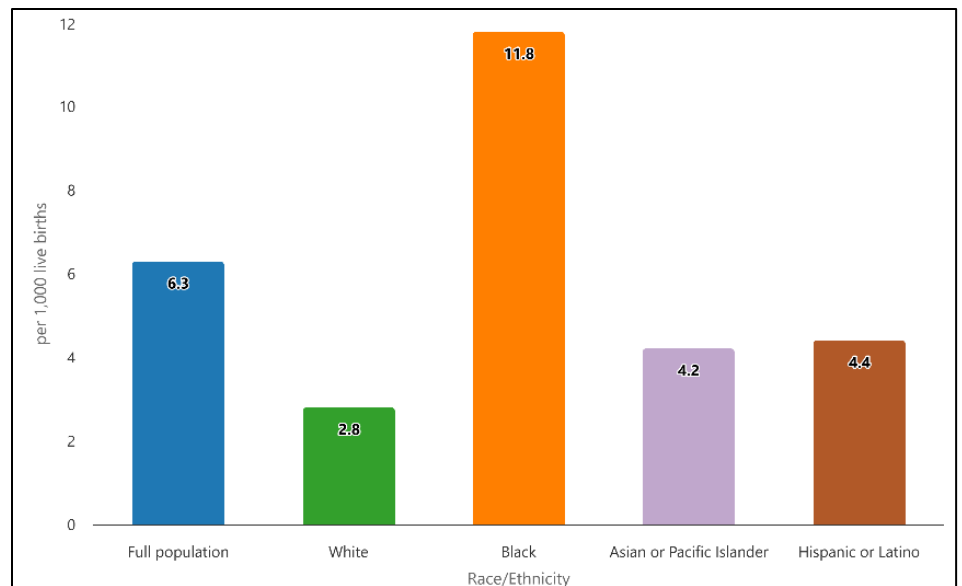
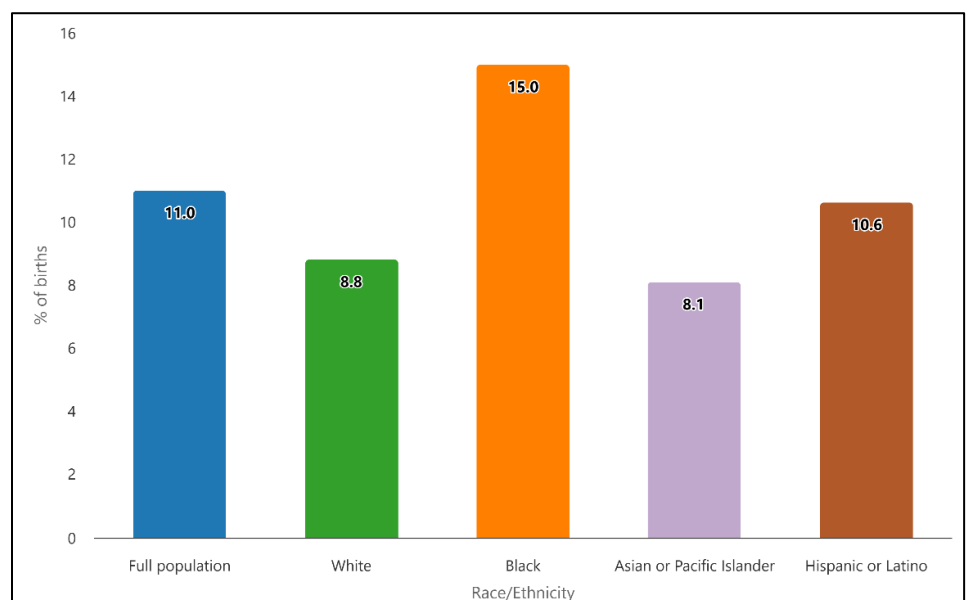


Figure 39. Chart of low-birth-weight rates as a percentage of births by Race/Ethnicity in Chicago, 2023

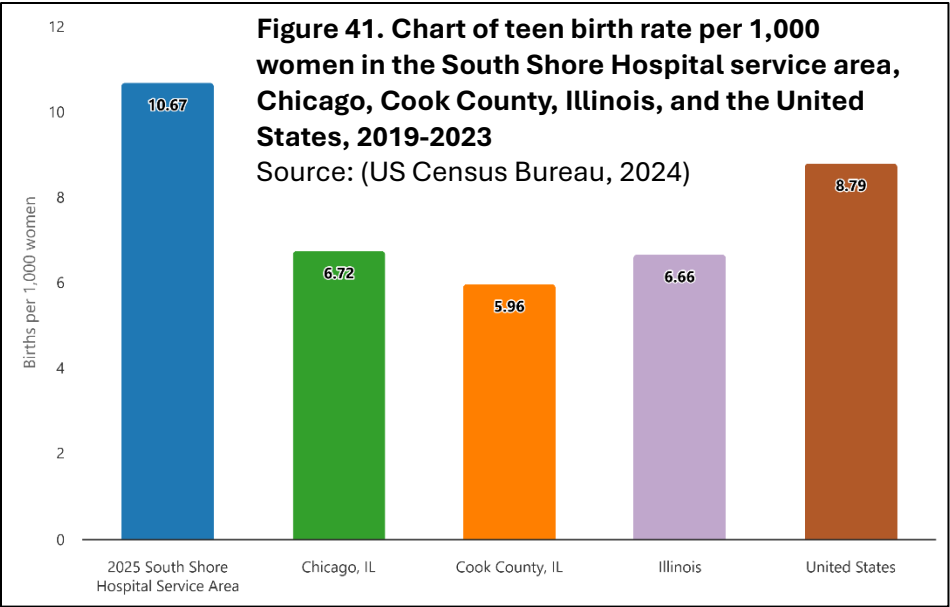
Source: (Illinois Department of Public Health, 2023)

Figure 40. Chart of preterm birth rate as a percentage of births by Race/Ethnicity in Chicago, 2023

Source: (Illinois Department of Public Health, 2023)



Preterm birth and low birthweight are more likely among infants born to adolescent mothers. The teen birth rate for South Shore Hospital’s service area is 10.7 births per 1,000 women which is significantly more than Chicago (6.7), Cook County (6.0), and Illinois (6.7) (Figure 43). The findings are consistent with overall population trends of inequities in health outcomes among women and infants of color.

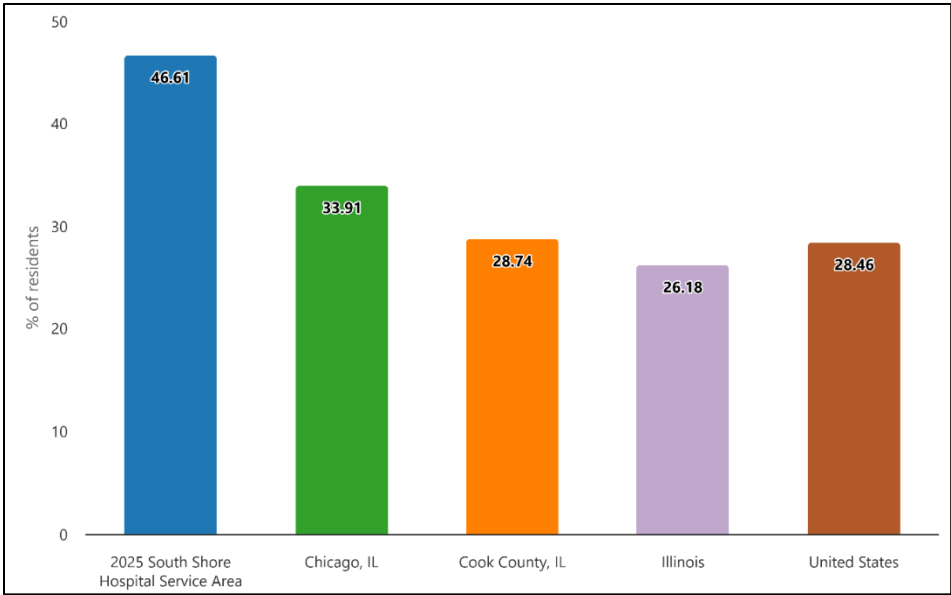


Social determinants of health

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

Healthy People 2020 highlights that communities with high rates of poverty are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. The percentage of residents within South Shore Hospital’s service area living at or below 200% of the Federal Poverty Level is high (Figure 44). Almost half of residents of the South Shore Hospital service area live below the Federal Poverty Level and 12% of residents are living in deep poverty, which is defined as having a total cash income below 50% of the Federal Poverty Level (US Census Bureau, 2024).

Figure 42. Chart comparing the percentage of residents below 200% of the Federal Poverty Level in South Shore Hospital’s service area, Chicago, Cook County, Illinois, and the United States, 2019-2023

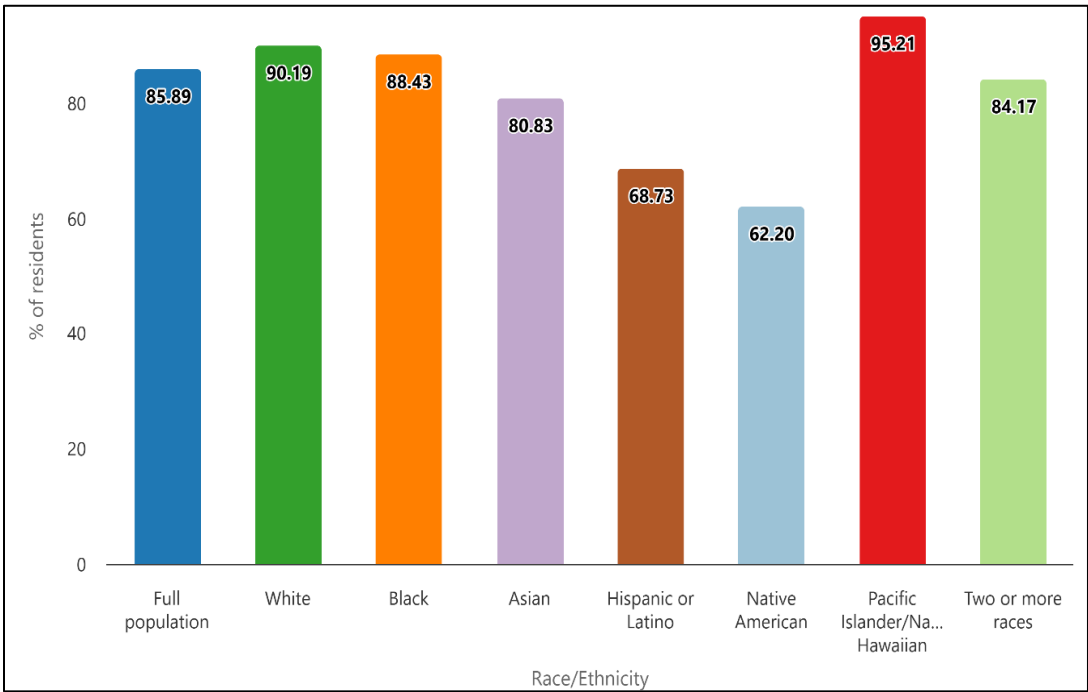


Source: (US Census Bureau, 2024)

Education

Education is an important determinant of health because poverty, unemployment, and underemployment are highest among those with lower levels of educational attainment. The high school graduation rate in South Shore Hospital’s service area (86%) is comparable to rates for Chicago (87%), Cook County (88%), Illinois (90%) and the United States (89%) (US Census Bureau, 2024). Within the service area, high school graduation rates vary by race and ethnicity with Native American and Hispanic/Latino residents having the lowest rates in the service area (Figure 45).

Figure 43. Chart of high school graduation rates by race and ethnicity in South Shore Hospital’s service area, 2019-2023



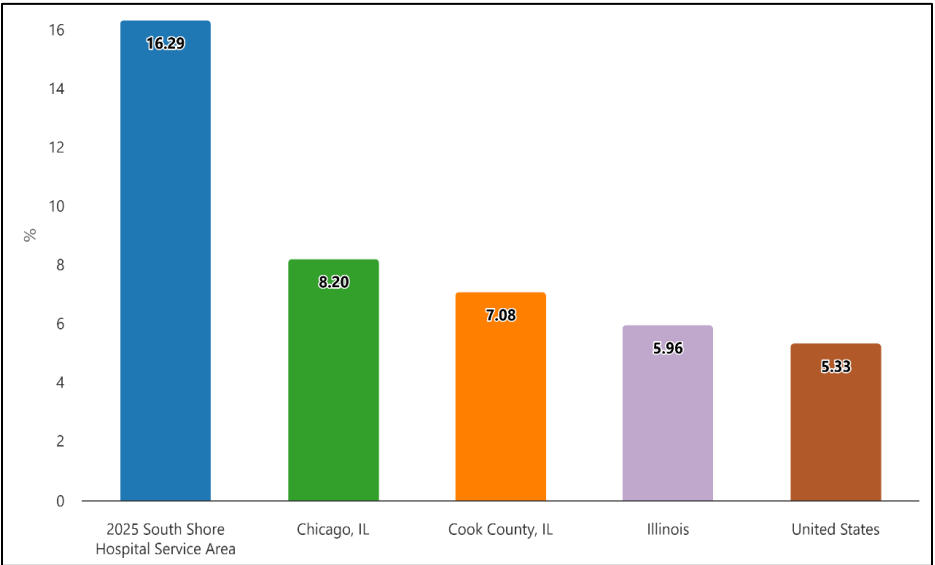
Source: (US Census Bureau, 2024)

“We have to realize all our children are not going to be doctors and lawyers. We need vocational education.”
-8th Ward focus group participant

Unemployment

Unemployment and underemployment can create financial instability, which influences access to health care services, insurance, healthy foods, stable quality housing, and other basic needs. The unemployment rate for the South Shore Hospital service area is significantly higher than Chicago, Cook County, Illinois, and the United States (Figure 46). Within the service area, unemployment rates vary, the highest rate is in West Englewood at 20.7% which is more than eight percent higher than that of the lowest rate (12.1%) and nearly four times higher than the national rate of 5.3% (Figure 47).

Figure 44. Chart comparing the unemployment rate in South Shore Hospital’s service area, Chicago, Cook County, Illinois, and the United States, 2019-2023
Source: (US Census Bureau, 2024)



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

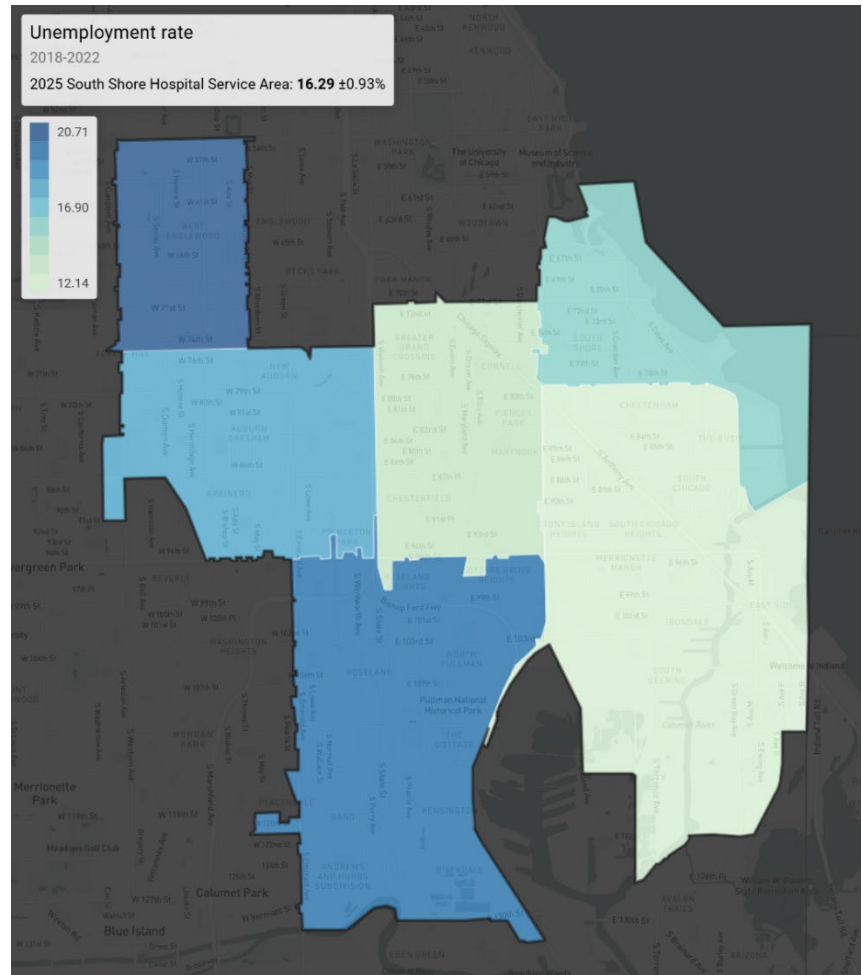


Figure 45. Map of unemployment rates in the South Shore Hospital service area, 2019-2023

Source: (US Census Bureau, 2024)

Food security

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

Food insecurity in the South Shore Hospital service area (19%) is higher than the rate for Cook County (12%), Illinois (12%), and the United States (13%) (Figure 48). However, as with other indicators, food security varies within the service area. The difference between the zip codes with the highest (24%) and lowest (17%) rates of food insecurity is about 9% (Figure 49).

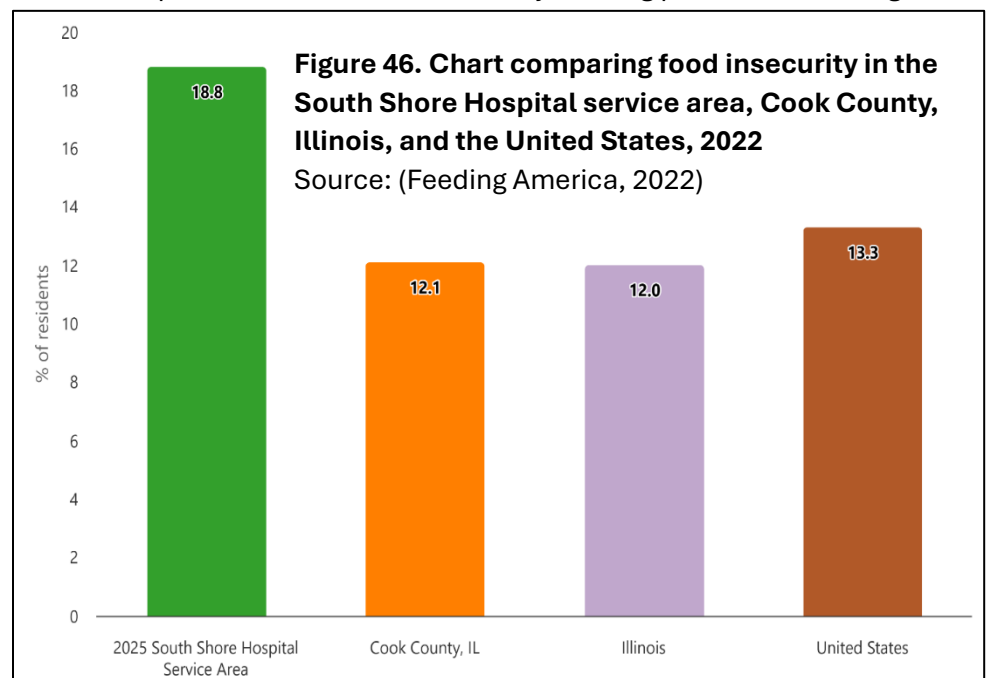


Figure 46. Chart comparing food insecurity in the South Shore Hospital service area, Cook County, Illinois, and the United States, 2022

Source: (Feeding America, 2022)

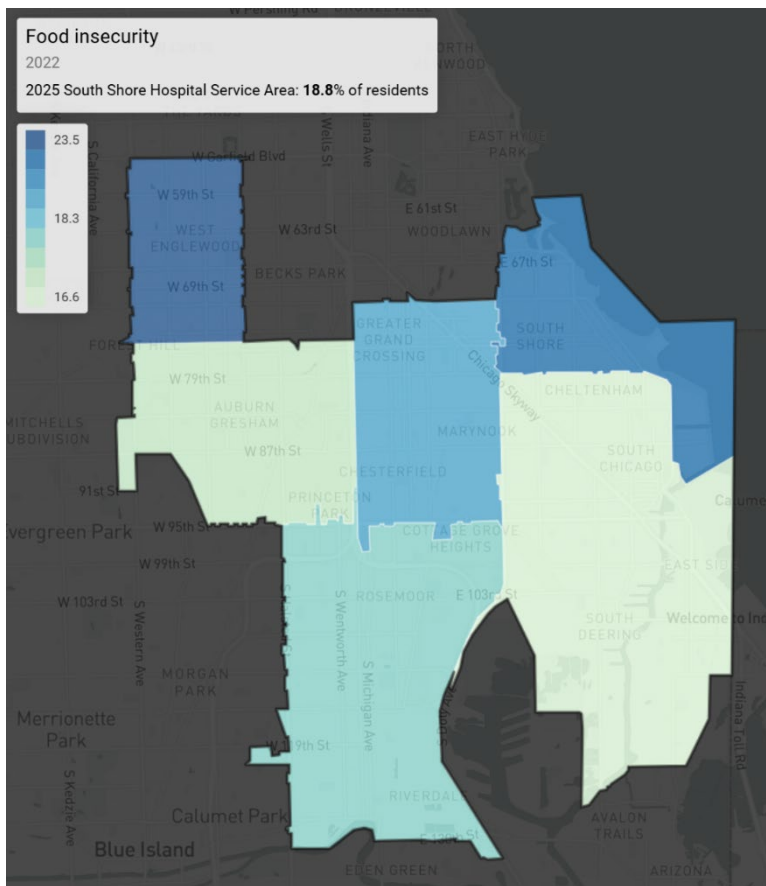


Figure 47. Map of food insecurity in South Shore Hospital's service area, 2022
Source: (Feeding America, 2022)

Only 27% of survey respondents agreed with the statement "I am satisfied with the availability of fresh and healthy food in my community".

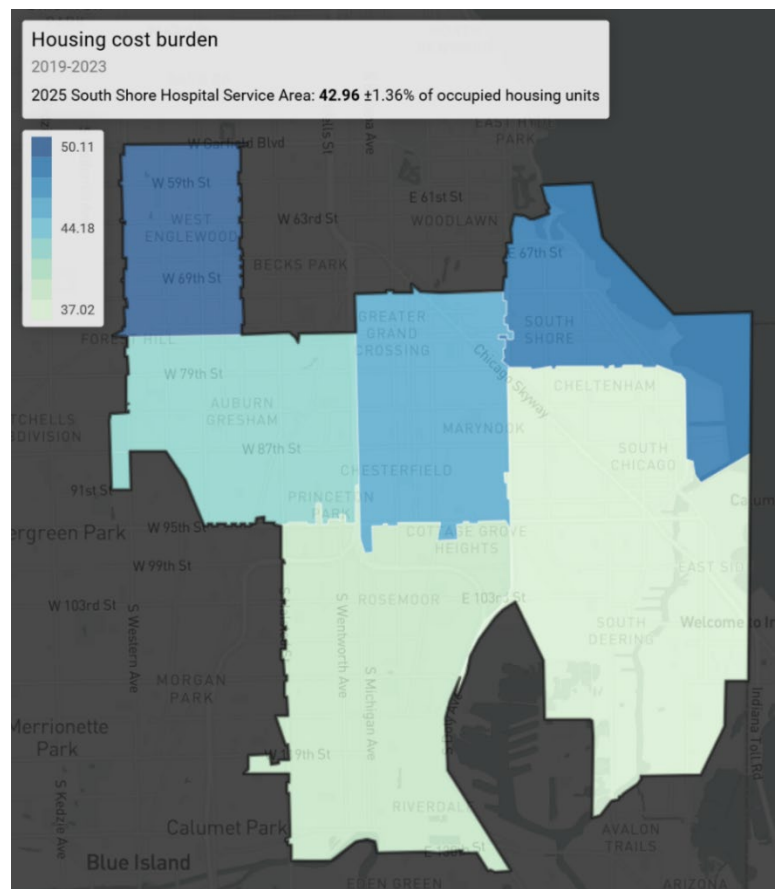
Housing

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

Forty-three percent of households in South Shore Hospital's service area are considered housing cost burdened, meaning they spend more than 30% of their income on housing costs (Figure 50). In addition, one in four households in the service area are considered severely housing cost burdened, meaning they spend more than 50% of their household income on housing costs alone (US Census Bureau, 2024).

Figure 48. Map of housing cost burdened households in South Shore Hospital's service area, 2019-2023

Source: (US Census Bureau, 2024)



“The neighborhood's getting gentrified. Some of the facilities and services are getting better. But then the people for the past 20 years, essentially, get kicked out because property values are going up, taxes are getting higher and all that stuff. So, it makes it difficult to feel like you have a community, and it makes it a little harder to do events that help with health in terms of the community itself because now it's kind of fragmented.”

-UI Health CHAMPIONS focus group participant

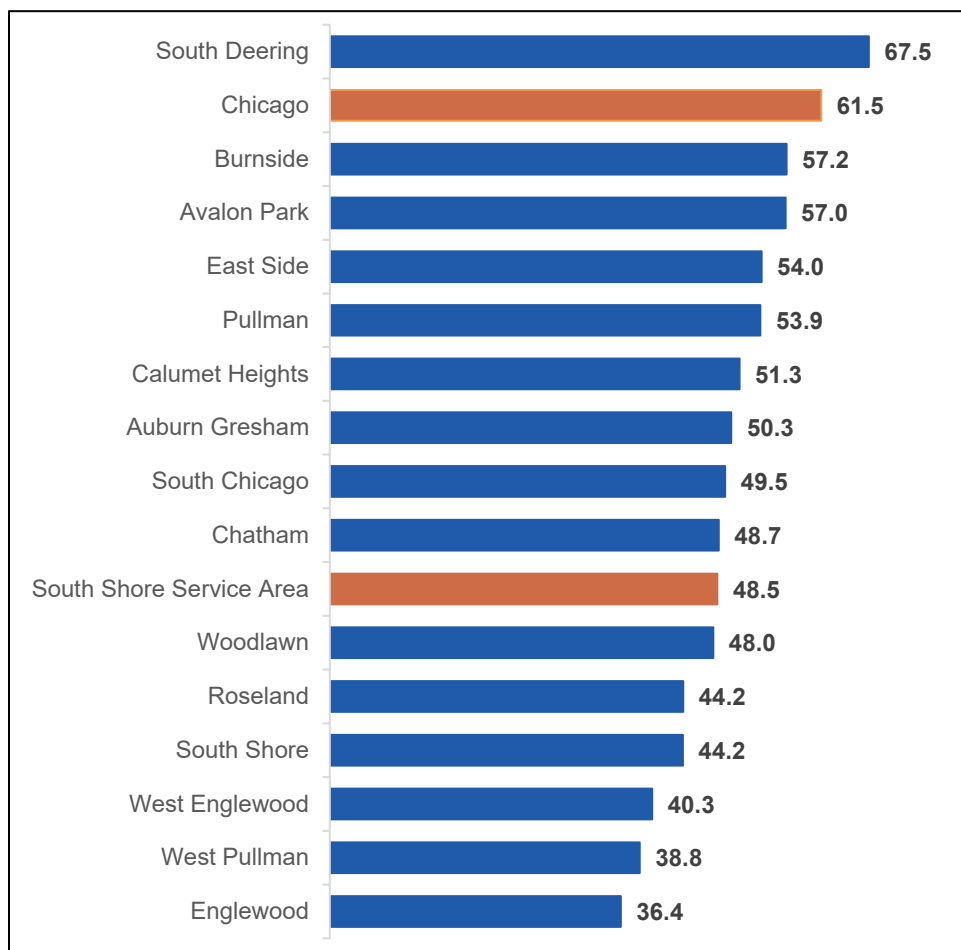
Community safety and violence

The root causes of community violence are multifaceted but include issues such as the concentration of poverty, education inequities, poor access to health services, mass incarceration, differential policing strategies, and generational trauma. Research has established that exposure to violence has significant impacts on physical and mental well-being. In addition, exposure to violence in childhood has been linked to trauma, toxic stress, and an increased risk of poor health outcomes across the lifespan. Violence also has a negative impact on the socioeconomic conditions within communities that contribute to the widening of disparities (National Academies of Sciences et al., 2017). In South Shore Hospital's service area less than half of adults reported feeling safe in their neighborhood “all of the time” or “most of the time” and in some communities, it is as low as 36% (Figure 51).

“Root of the problem is people are trying to survive – the cycle has to stop.”

-8th Ward focus group participant

Figure 49. Chart of the percentage of adults who report feeling safe in their neighborhood in the South Shore Hospital service area, 2023-2024



Source: (Chicago Department of Public Health, 2025)

Firearm-related and homicide mortality are complex issues that disproportionately affect communities of color in the U.S. Factors such as the concentration of poverty, disinvestment, low rates of home ownership, and a lack of neighborhood-based resources have all been linked to higher rates of gun violence, homicide, and other violent crimes in communities of color. Firearm-related homicide mortality and homicide mortality rates in the South Shore Hospital service area are high (Figure 52, Figure 53). Fifteen of the sixteen communities in the South Shore

service area have firearm-related homicide mortality rates and homicide mortality rates more than twice the rate for Chicago (Figure 53).

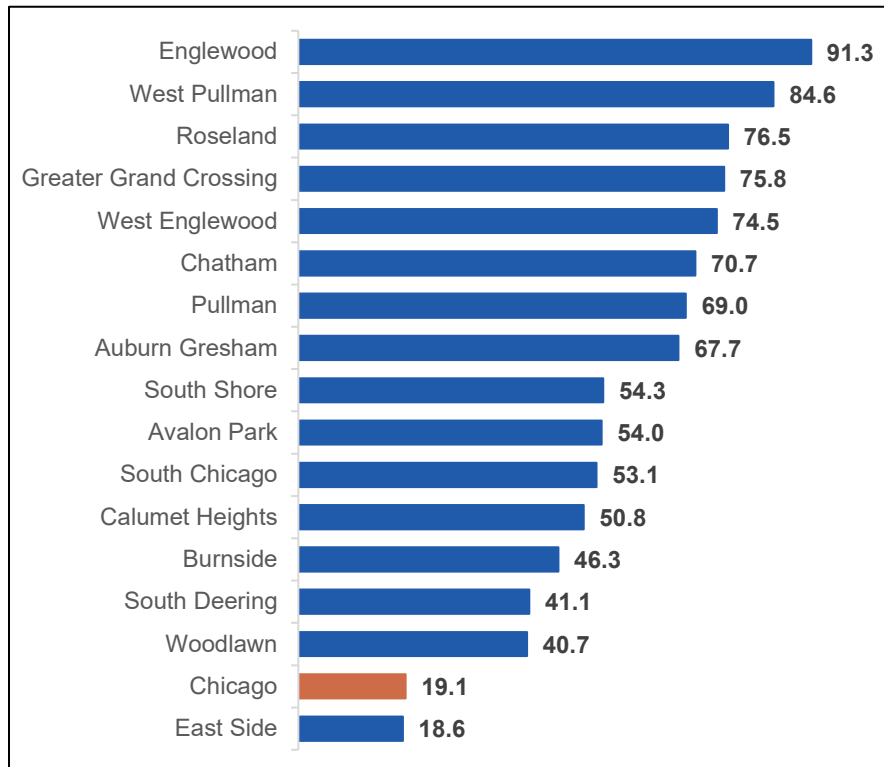


Figure 50. Firearm-related homicide mortality rate per 100,000 deaths in the South Shore Hospital service area, 2019-2023

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

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

-UI Health CHAMPIONS focus group participant

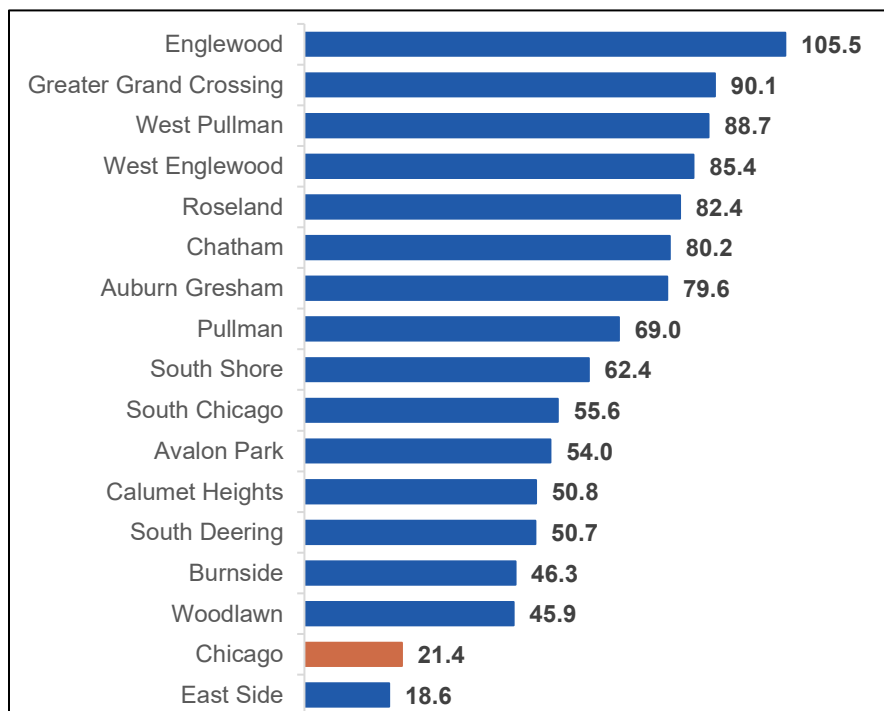


Figure 51. Homicide mortality rate per 100,000 deaths in the South Shore Hospital service area, 2019-2023

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

Access to care

There are several complex factors that influence access to health care including proximity; affordability; availability, convenience, accommodation, and reliability; quality and acceptability; openness and approachability; and cultural responsiveness and appropriateness (Levesque et al., 2013). Insurance coverage is associated with improved access to health services and better health monitoring.

The rate of uninsured residents in the service area (10%) is comparable to the uninsured rate for Chicago (10%) and Cook County (9%), but higher than that of Illinois (7%) (Figure 54). There are large disparities between groups within the service area. Zip code 60636 has a rate more than three times that of 60620 (Figure 55). The uninsured rate for Native American residents (36%) is 12 times that of Asian residents (3%) (Figure 56).

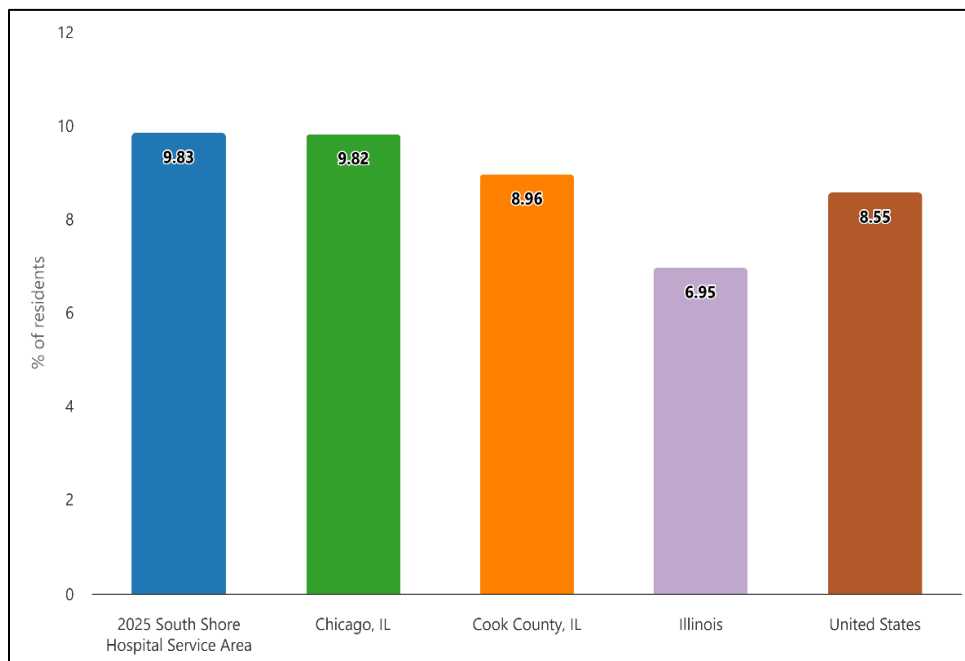
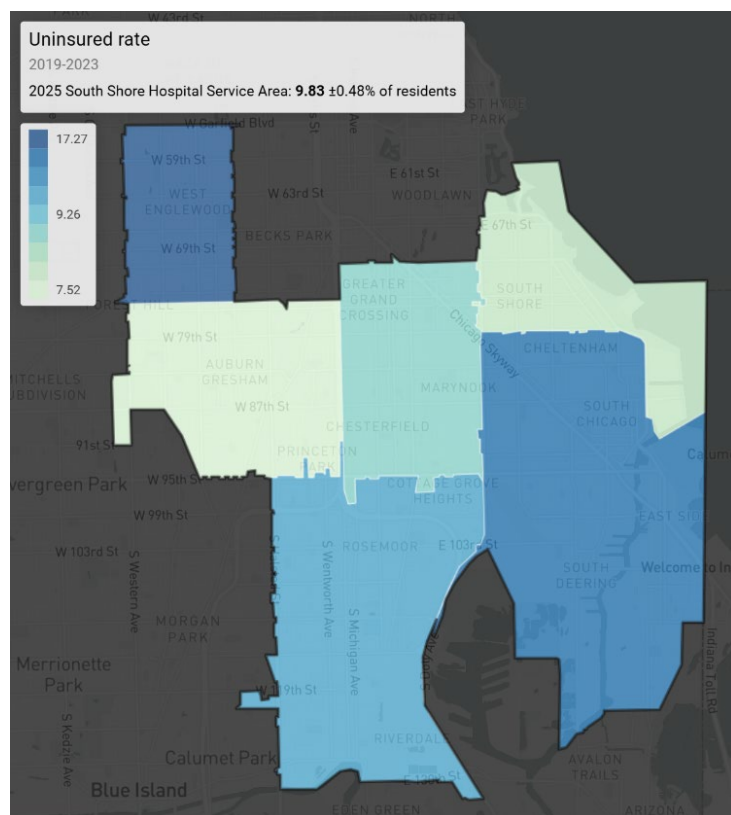


Figure 52. Chart comparing the uninsured rate in South Shore Hospital's service area, Chicago, Cook County, Illinois, and the United States, 2019-2023

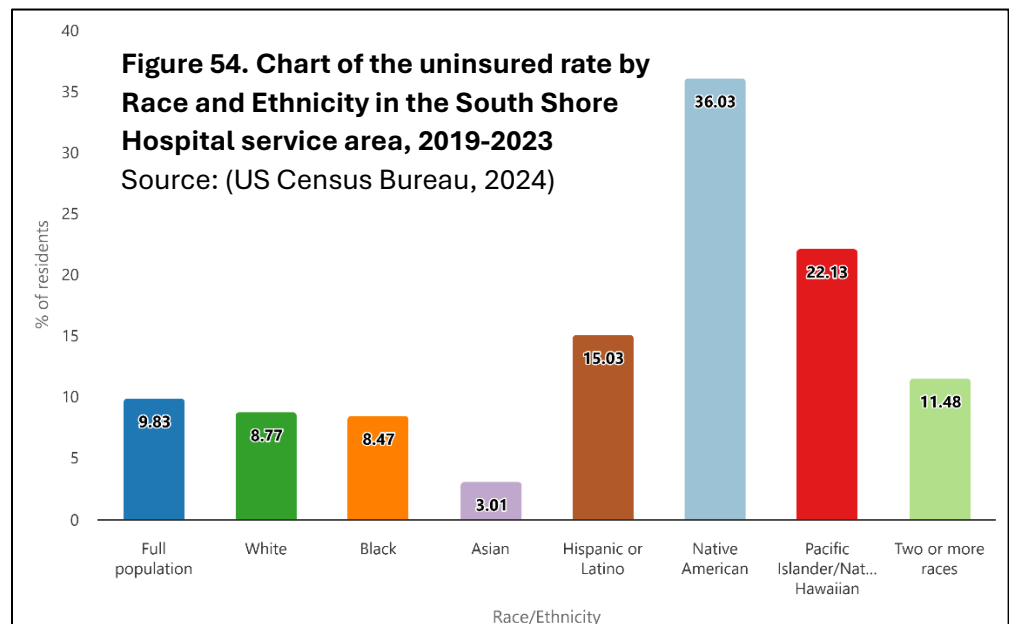
Source: (US Census Bureau, 2024)

"Getting help is just confusing."
-The Douglas Center focus group participant

Figure 53. Map of the uninsured rate in the South Shore Hospital service area, 2019-2023
Source:(US Census Bureau, 2024)



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



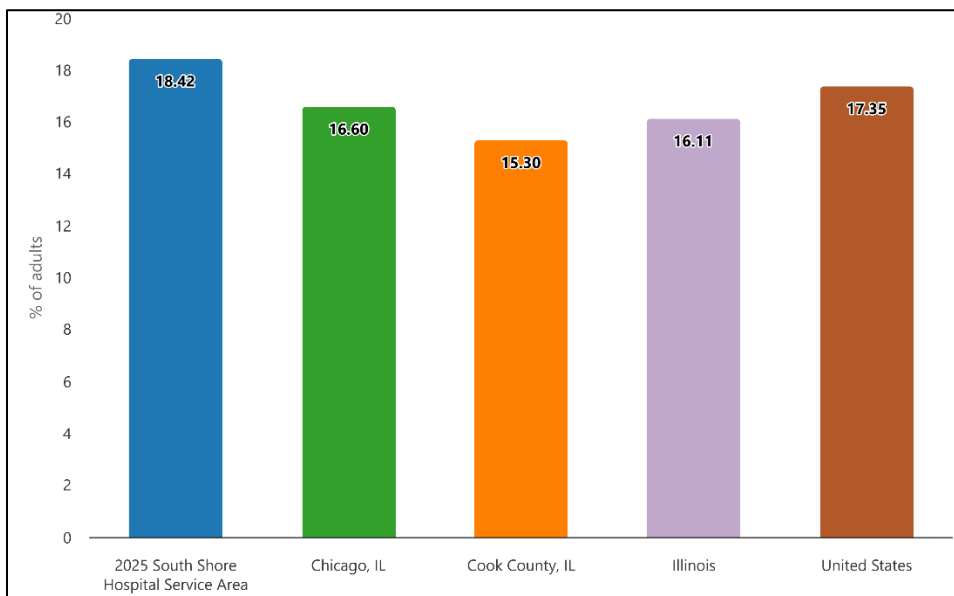
Behavioral health

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

Mental health

The rate of poor self-reported mental health in the service area is 18% which is comparable to the rates for Chicago (17%), Cook County (15%), Illinois (16%), and the United States (17%) (Figure 57). However, there is considerable geographic variation in these rates. As with other indicators, there is variation between zip codes within the service area (Figure 58).

Figure 55. Chart of the rate of poor self-reported mental health in the South Shore Hospital service area, Chicago, Cook County, Illinois, United States, 2022



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

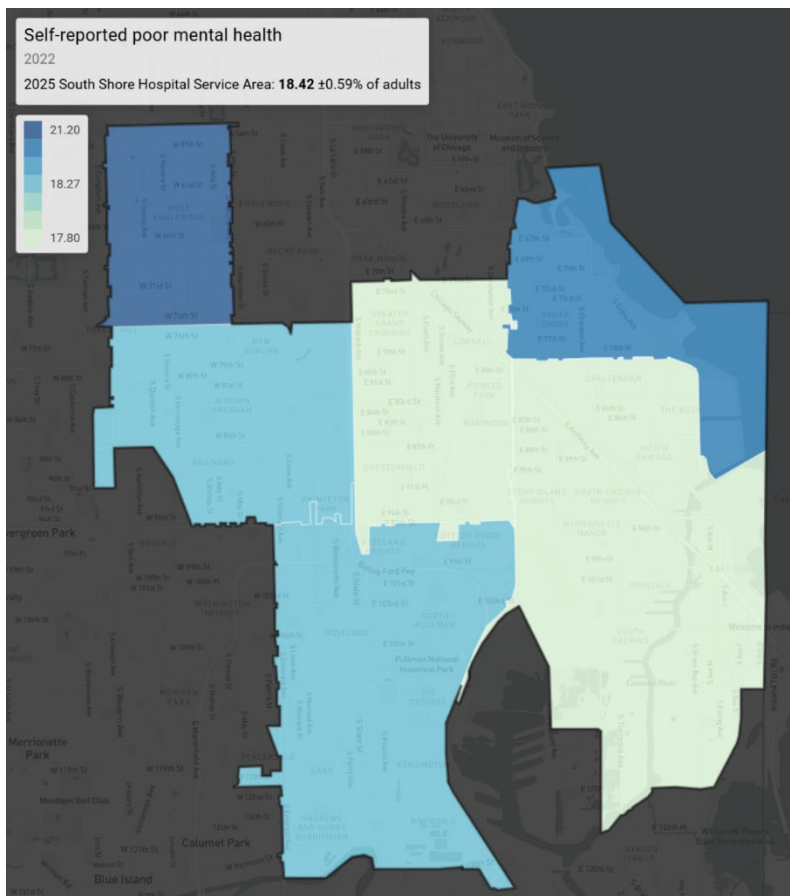


Figure 56. Map showing the percentage of adults reporting poor mental health in the South Shore Hospital service area, 2022
Source: (Centers for Disease Control and Prevention, 2024b)

The adult depression rate in the South Shore Hospital service area (16%) is comparable to Chicago (18%), Cook County (18%), and Illinois (19%) and slightly lower than the United States overall (23%) (Centers for Disease Control and Prevention, 2024b). There is little variation in depression rates between zip codes in the South Shore service area (Figure 58).

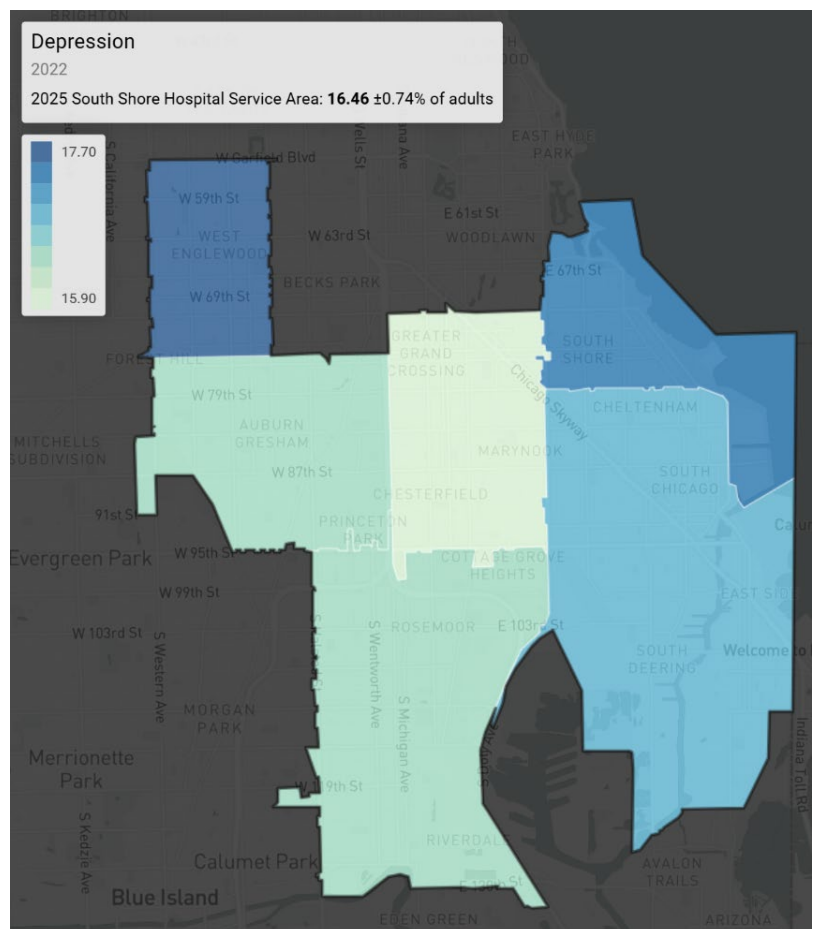
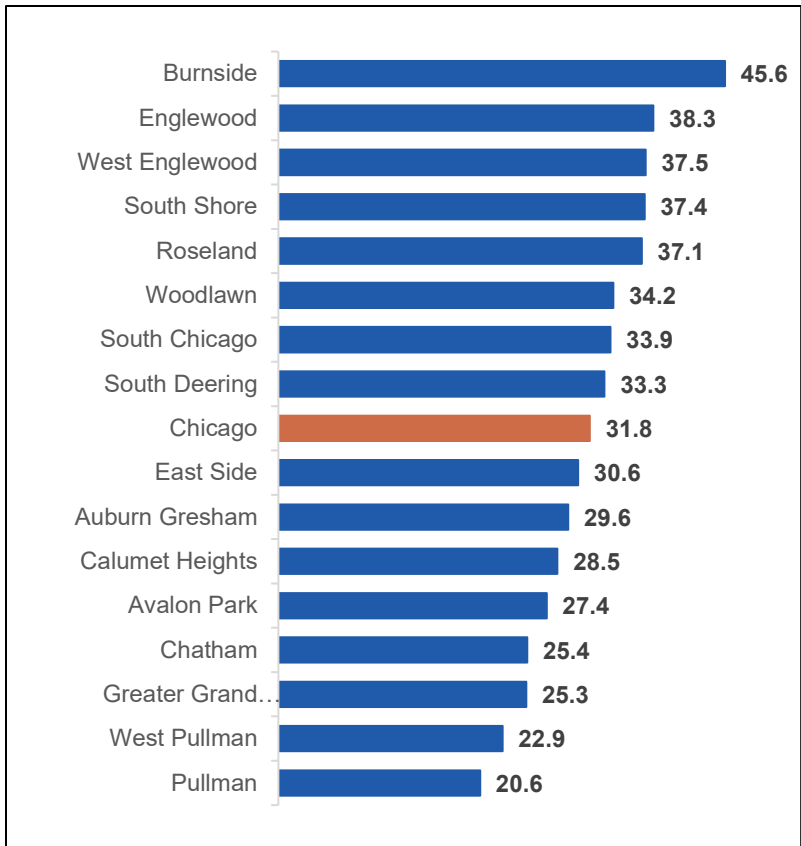


Figure 57. Map of depression prevalence among adults in the South Shore Hospital service area, 2022

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



Social-emotional support and social connectedness are important determinants of mental health that can increase resilience (World Health Organization, 2022). Social isolation is a risk factor for physical illnesses including heart disease, stroke, type 2 diabetes, and dementia (Centers for Disease Control and Prevention, 2024e). In the South Shore Hospital service area, the percentage of adults that reported being lonely ranged from 21% in Pullman to 46% in Burnside compared to 32% for Chicago overall (Figure 60).

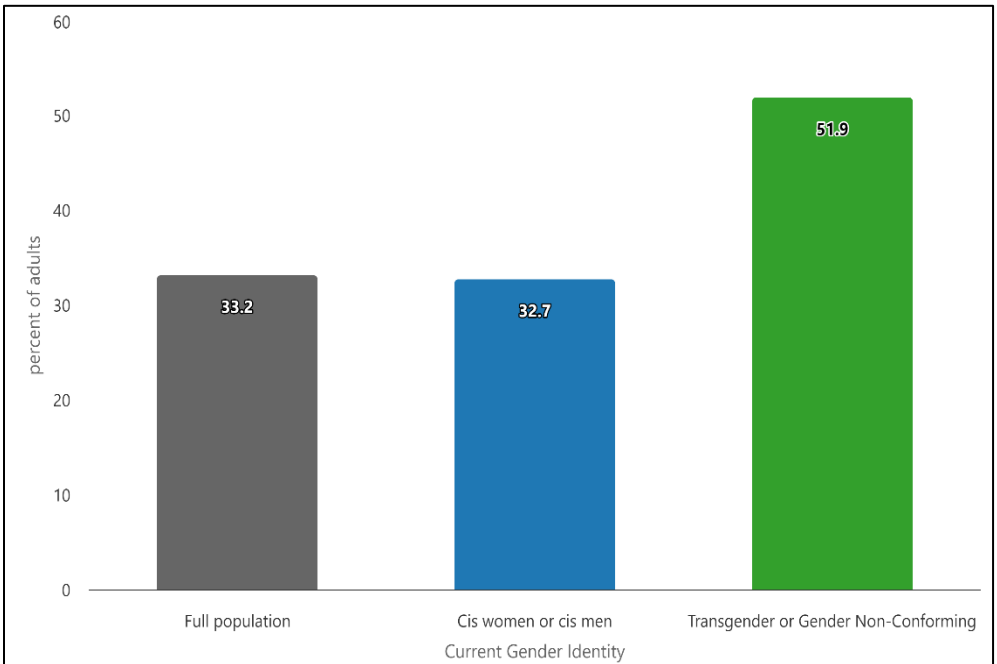
Figure 58. Chart of adult loneliness rate as a percentage of adults in the South Shore Hospital service area, 2023-2024

Source: (Chicago Department of Public Health, 2024)

Loneliness rates in Chicago are consistent across Racial/Ethnic groups and income level, but varied across gender identities, sexual identities, and age (Chicago Department of Public Health, 2024). The loneliness rate among transgender and other gender non-conforming adults was 52% compared to 33% among cis men and cis women (Figure 61). Loneliness rates are also higher among lesbian, gay, and bisexual (46%) adults compared to heterosexual adults (31%) (Figure 62).

Figure 59. Chart of adult loneliness rate by gender identity as a percentage of adults in Chicago, 2023-2024

Source: (Chicago Department of Public Health, 2024)



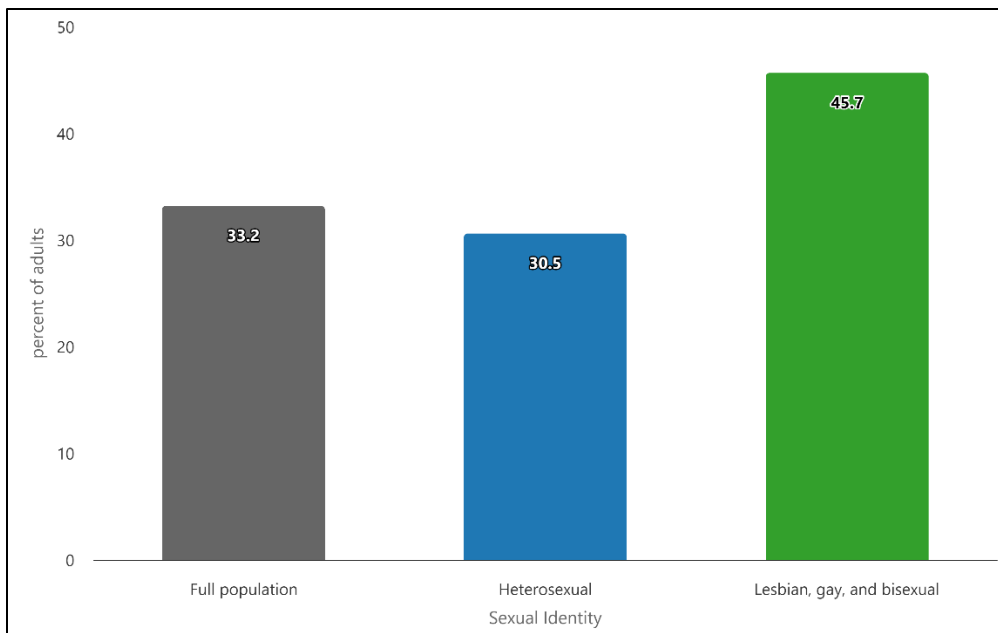


Figure 60. Chart of adult loneliness rate as a percentage of adults by sexual identity in Chicago, 2023-2024

Source: (Chicago Department of Public Health, 2024)

Young adults (18-29) reported loneliness rates of 42%, the highest among any age group and more than twice that of older adults (65+) (Figure 63).

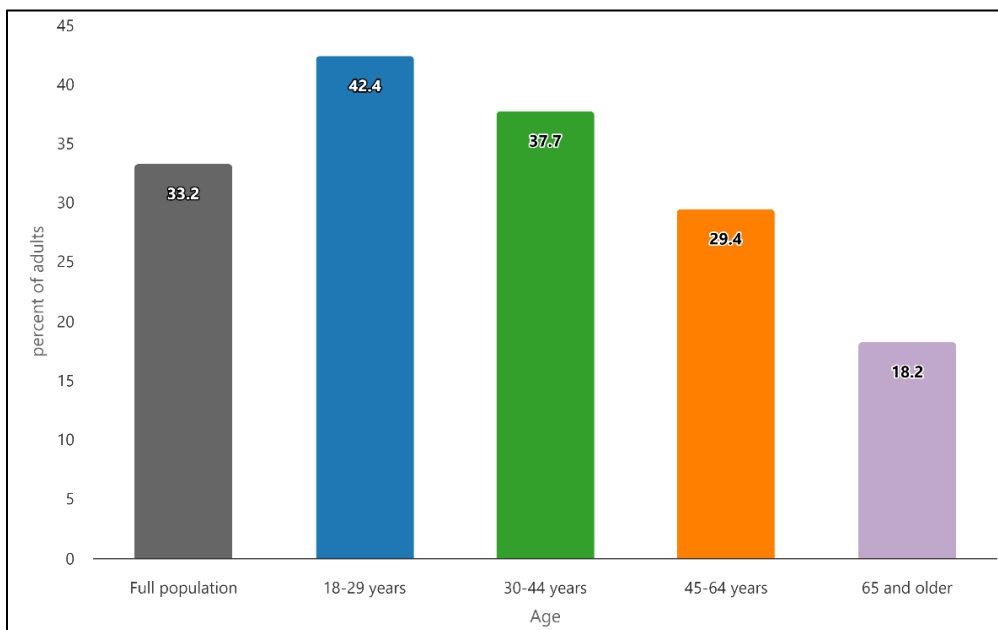


Figure 61. Chart of loneliness rate by age as a percentage of adults in Chicago, 2023-2024

Source: (Chicago Department of Public Health, 2024)

Youth mental health

In 2024, research by Lurie Children's Hospital found that 49% of youth in Illinois have worsening mental health symptoms (Heffernan et al., 2025). A 2024 survey of Chicago youth found that 94% see mental health and wellbeing as a problem for people their age and only 50% have a positive view of their community's response (A Better Chicago, 2024). The Englewood and West Englewood community areas make up a large portion of the South Shore Hospital service area. The percentage of 8th graders surveyed who reported feelings of depression in Englewood was 44% and West Englewood was 39% (Figure 64). In the same survey, nineteen percent of 8th graders in West Englewood and 10% in Englewood reported not having an adult other than a parent that they can talk to about important things, a major protective factor for youth mental wellbeing (Figure 64). For Chicago as a whole, 15% of 10th graders and 8% of 12th graders reported having seriously considered suicide in the past year (Illinois Department of Human Services, 2024d).

Figure 62. Table of eighth grade depression rates and adult support rates as a percentage of eighth graders for Chicago and the Englewood and West Englewood community areas, 2024

	Englewood	West Englewood	Chicago
Feelings of depression in the last 12 months*	44%	39%	41%
Does not have an adult other than a parent to talk to about important things	10%	19%	22%

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

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

Substance use

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

Alcohol use

The adult binge drinking rate for the South Shore Hospital service area is lower than that for Chicago, Cook County, Illinois, and the United States (Figure 65). Within the service area, all community areas have a rate that is less than the Chicago rate (Figure 66). Alcohol-related hospitalization rates are consistent across the service area, falling between 14 to 23 hospitalizations per 10,000 people (Figure 67).

Figure 63. Chart of adult binge drinking rate as a percentage of adults in the South Shore Hospital service area, Chicago, Cook County, Illinois, and the United States, 2022

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

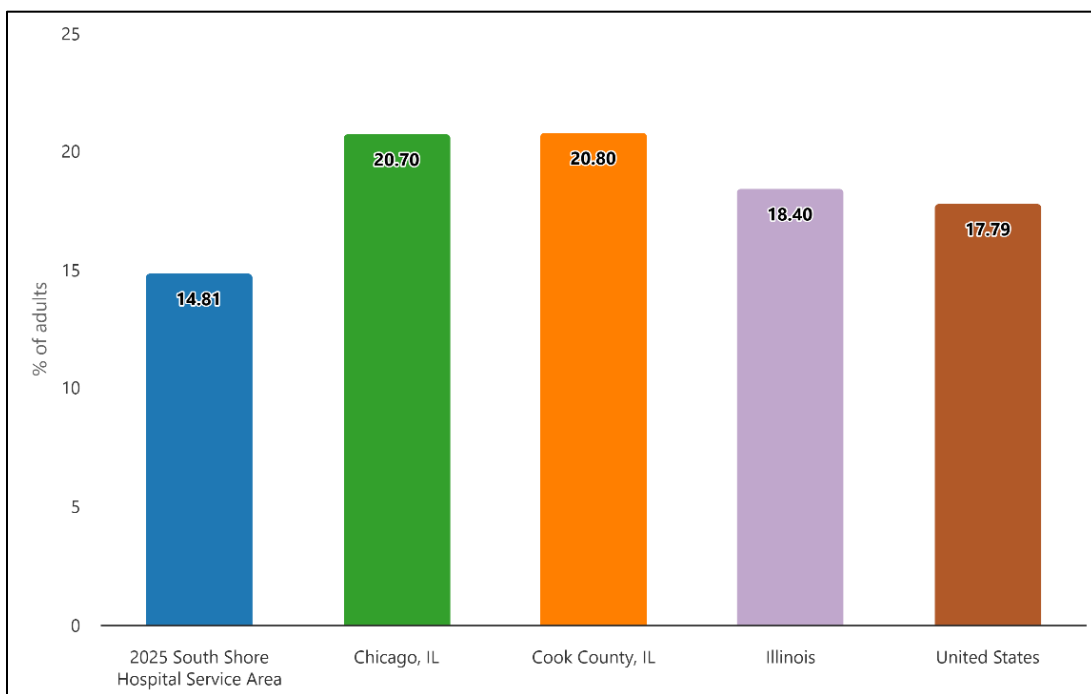


Figure 64. Chart of adult binge drinking rate as a percentage of adults in the South Shore Hospital service area, 2023-2024

Source: (Chicago Department of Public Health, 2024)

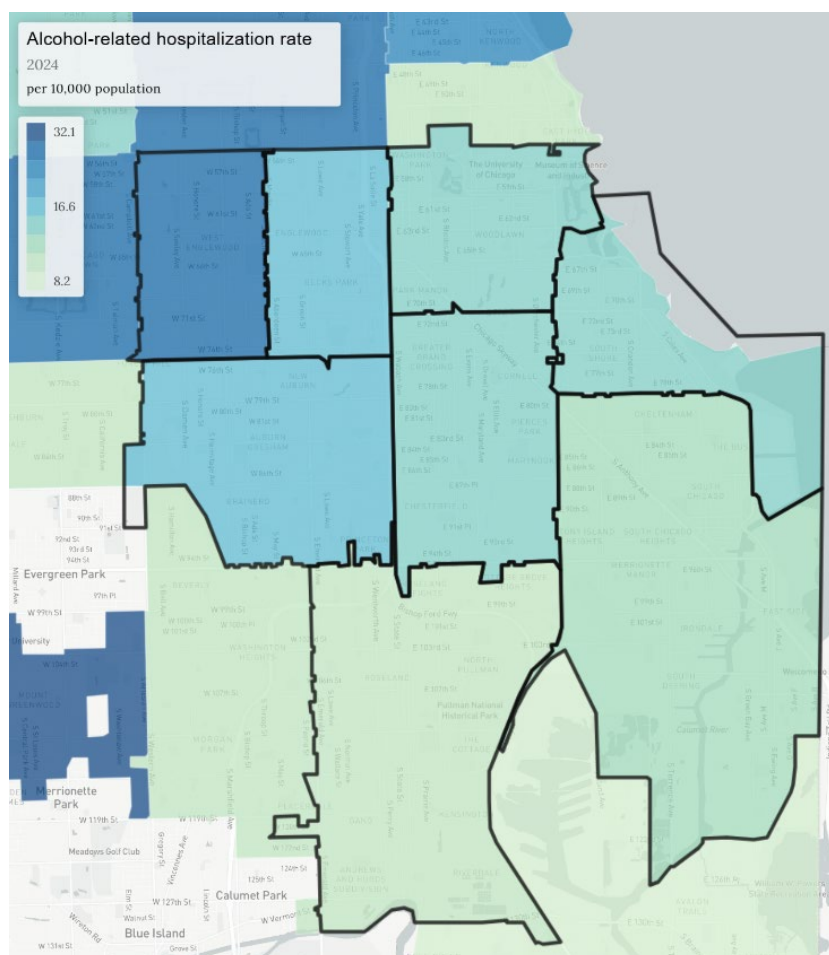
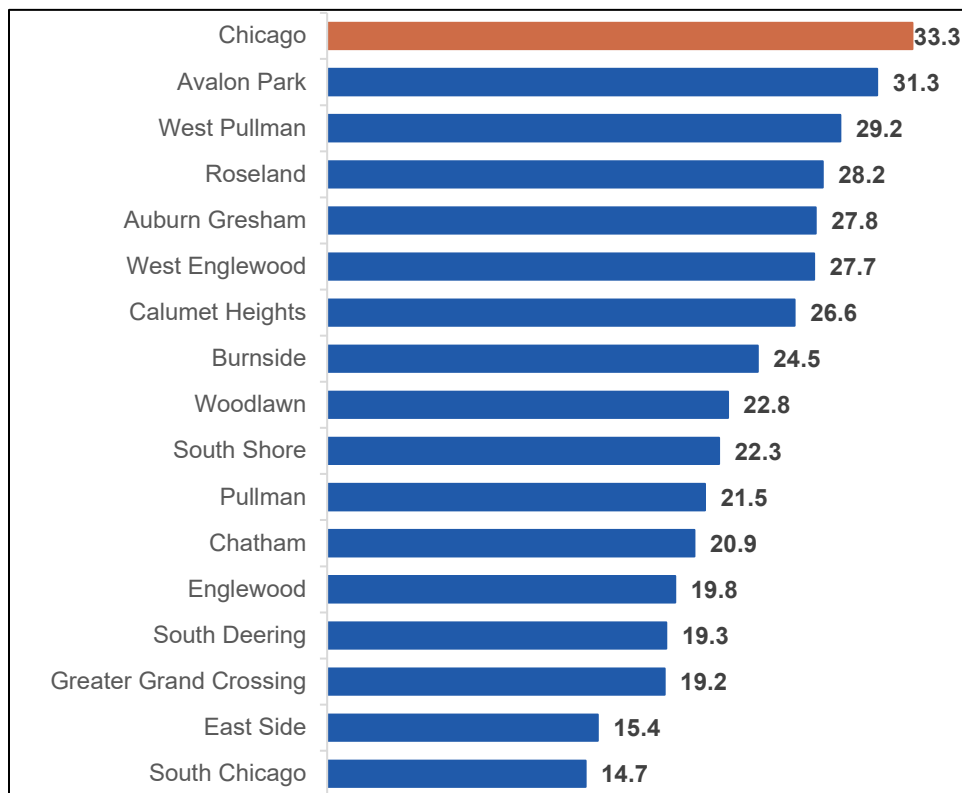


Figure 65. Map of alcohol-related hospitalization rate per 10,000 residents for the South Shore Hospital service area, 2024

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

Youth alcohol use has been declining. The Illinois Youth Survey reported that rates of alcohol use among 8th graders in Chicago decreased by almost half from 2018 to 2024 (Figure 68). In 2024, 14% of eighth graders in Chicago reported using alcohol in the last 30 days compared to 9% in the Englewood and 5% in the West Englewood community areas (Figure 68).

Figure 66. Table of eighth grade alcohol use as a percentage of students in the Englewood and West Englewood community areas and Chicago, 2018-2024

	Englewood	West Englewood	Chicago	
	2024	2024	2018	2024
Used alcohol in the past year	26%	17%	39%	22%
Used alcohol in the past 30 days	9%	5%	25%	14%
Binge drinking in the past 2 weeks	5%	1%	9%	3%

Source: (Illinois Department of Human Services, 2018, 2024d, 2024b, 2024c)

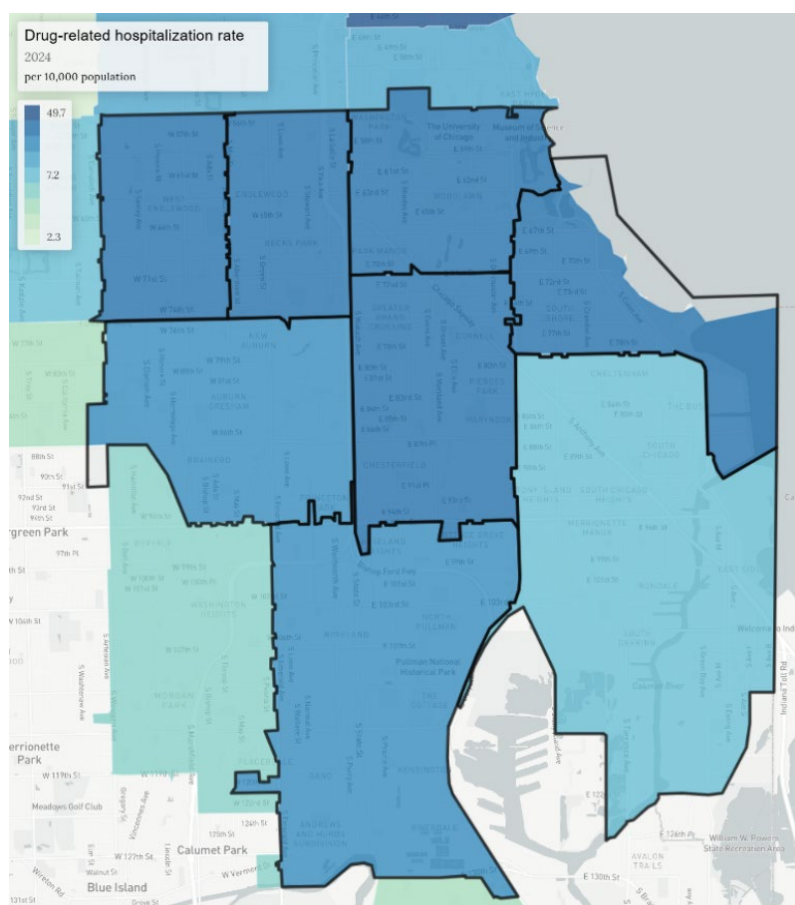
Drug use

Drug use is a major issue among both youth and adults. In the South Shore Hospital service area the drug-related hospitalization rate ranges from 6.6 to 24.3 per 10,000 population (Figure 69). This is comparable to the drug-related hospitalization rate for Chicago (9.8 per 10,000 population) (Illinois Department of Public Health, 2024d).

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

Figure 67. Map of drug-related hospitalization rate per 10,000 population in the South Shore Hospital service area, 2024

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



Like alcohol use, youth drug use has been declining. The Illinois Youth Survey reported that rates of drug use among 8th graders in Chicago decreased significantly from 2018 to 2024 (Figure 70). In 2024, 6% of eighth graders in Chicago reported using tobacco products or vaping in the last 30 days compared to 10% in the Englewood community area (Figure 70). The decline in youth substance use is linked to an increase in prevention programs and messaging both in and out of school creating greater awareness of the dangers of substance use and reduced stigma. In addition, legislation focused on increasing mental health support and improving online safety measures have been passed by federal, state, and local governments (Panchal & Zitter, 2024).

Figure 68. Table of eighth grade substance use rates in the past 30 days as a percentage of students in the Englewood community area and Chicago, 2018-2024

	Englewood	Chicago	
	2024	2018	2024
Tabacco products or vaping products	10%	13%	6%
Marijuana	10%	13%	3%
Prescription drug misuse	5%	3%	2%

Source: (Illinois Department of Human Services, 2018, 2024d, 2024b)

Mortality

The drug overdose mortality rate for adults in Chicago is higher than Cook County, Illinois, and the United States (Figure 71). Several communities in the South Shore Hospital service area have drug overdose mortality rates between two and four times that of Chicago overall (Figure 71). In Chicago, drug overdose mortality rates vary widely by Race and Ethnicity. The drug overdose mortality rate for Non-Hispanic Black residents is almost four times that of Non-Hispanic White and Hispanic/Latino residents (Figure 72).

Figure 69. Chart of drug overdose mortality rate per 100,000 population of the South Shore Hospital service area, 2019-2023
Source: (Centers for Disease Control and Prevention, 2024a; Illinois Department of Public Health, 2024a)

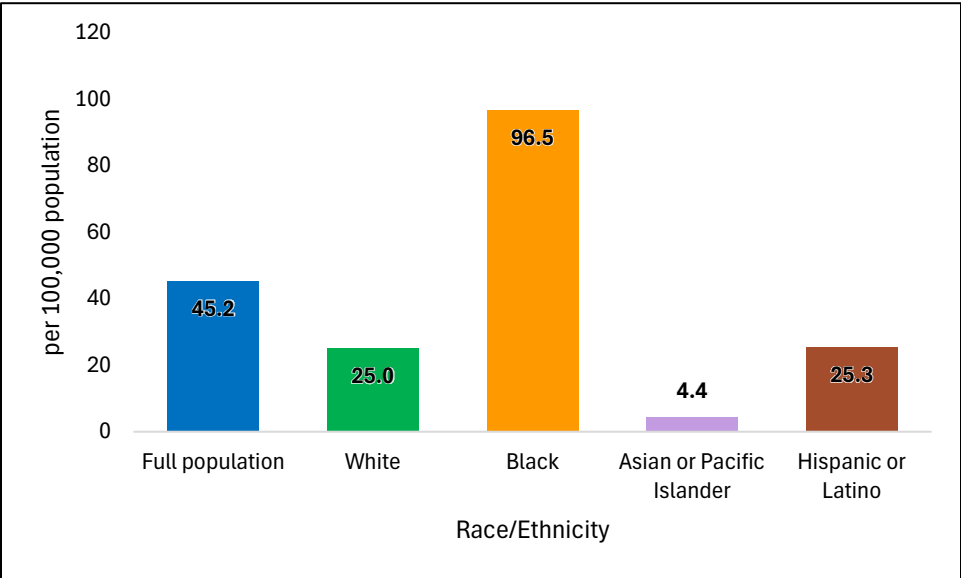
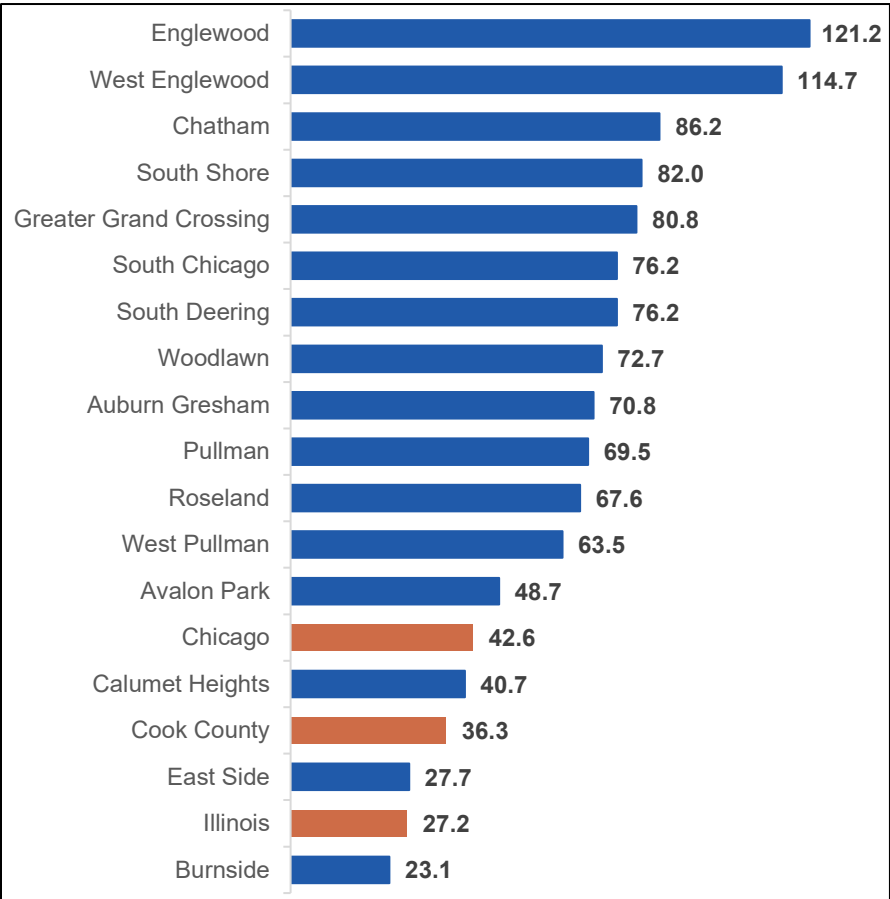


Figure 70. Chart of drug overdose mortality rate per 100,000 residents by Race/Ethnicity in Chicago, 2023
Source: (Illinois Department of Public Health, 2024a)

The opioid-related overdose mortality rate is also high in many parts of the South Shore Hospital service area. A majority of communities in the service area have opioid-related overdose rates that are between two and five times that of Chicago overall (Figure 73). In alignment with other drug overdose mortality trends, opioid-related overdose mortality is highest among Non-Hispanic Black residents with a rate of almost four times the rate for Non-Hispanic White and Hispanic/Latino residents (Figure 74).

Figure 71. Chart of opioid-related overdose mortality rate per 100,000 residents in the South Shore Hospital service area, 2023
Source: (Cook County Medical Examiner’s Office, 2025)

Only 23% of survey respondents agreed with the statement “There are networks of support for individuals and families during times of stress and need in my community”.

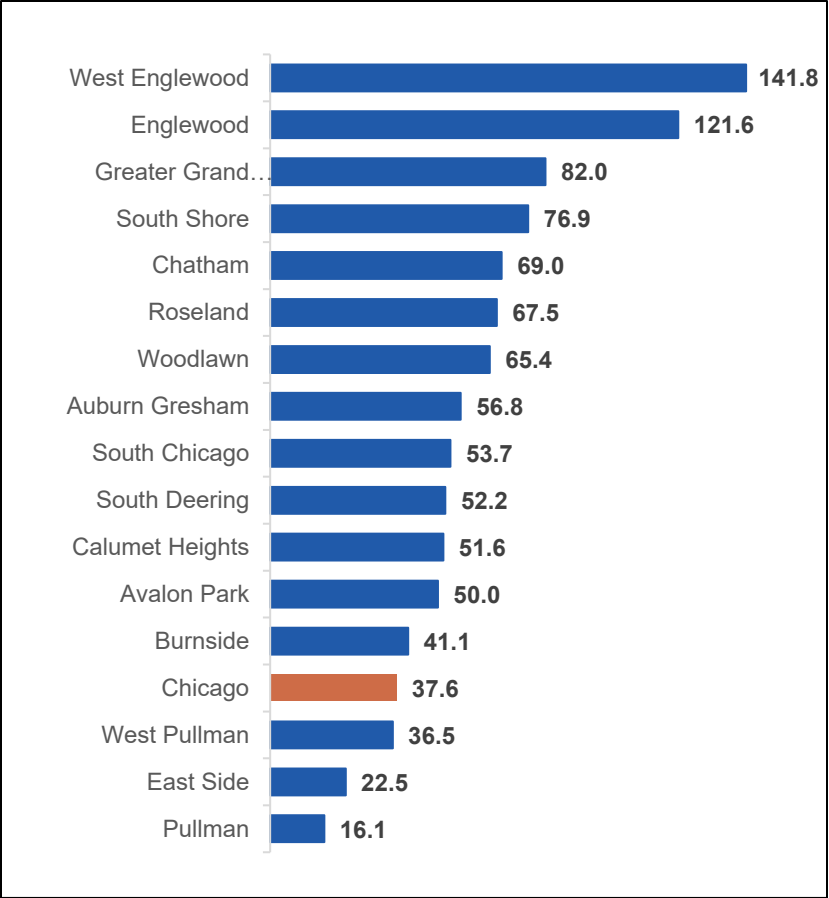
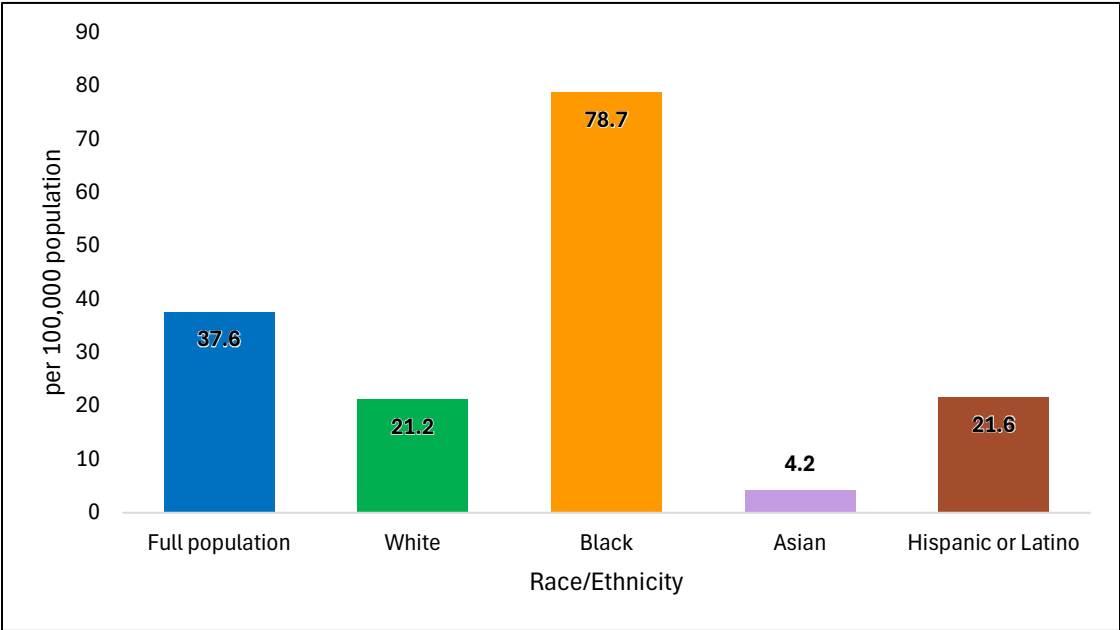


Figure 72. Chart of opioid-related overdose mortality rate per 100,000 residents by Race/Ethnicity in Chicago, 2023



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

Access to treatment

For both youth and adults, limited access to mental health treatment is a barrier to overall health and wellbeing. The amount of mental health care providers per 100,000 residents in the South Shore Hospital service area is less than one third the amount for Chicago, Cook County, and the United States (Figure 73). The number of Medicaid behavioral health professionals is comparably low, with only 8.2 per 100,000 in the South Shore Hospital service area. The Medicaid behavioral health professional rate for the service area is 29% of the rate for Cook County, and 21% of the rate for Illinois (Figure 76). This is in contrast to the significantly larger percentage of residents eligible for Medicaid in the South Shore Hospital service area than Chicago, Cook County, Illinois, or the United States (Figure 77).

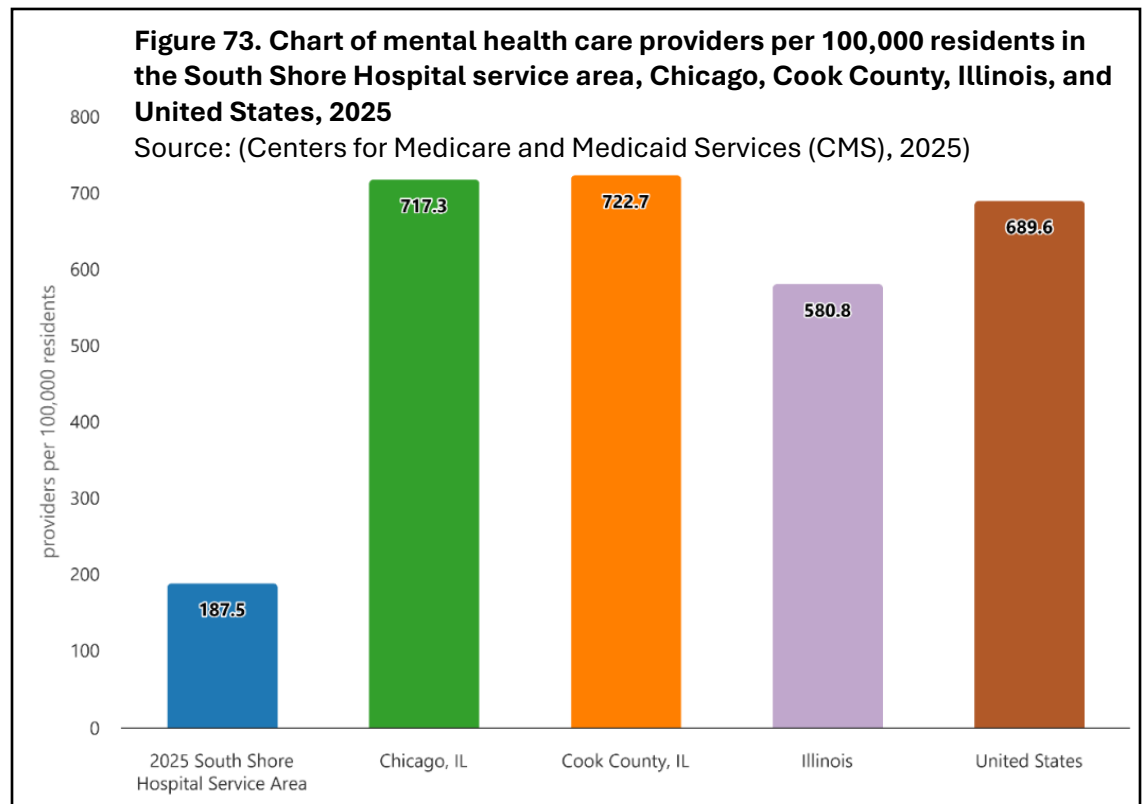
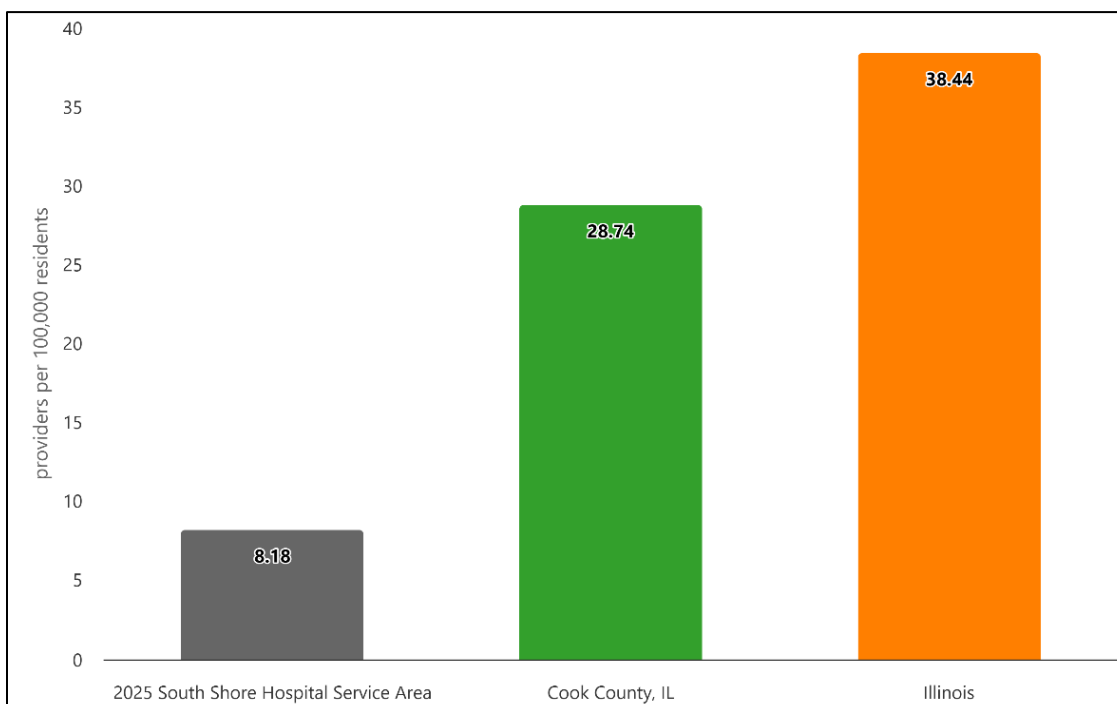
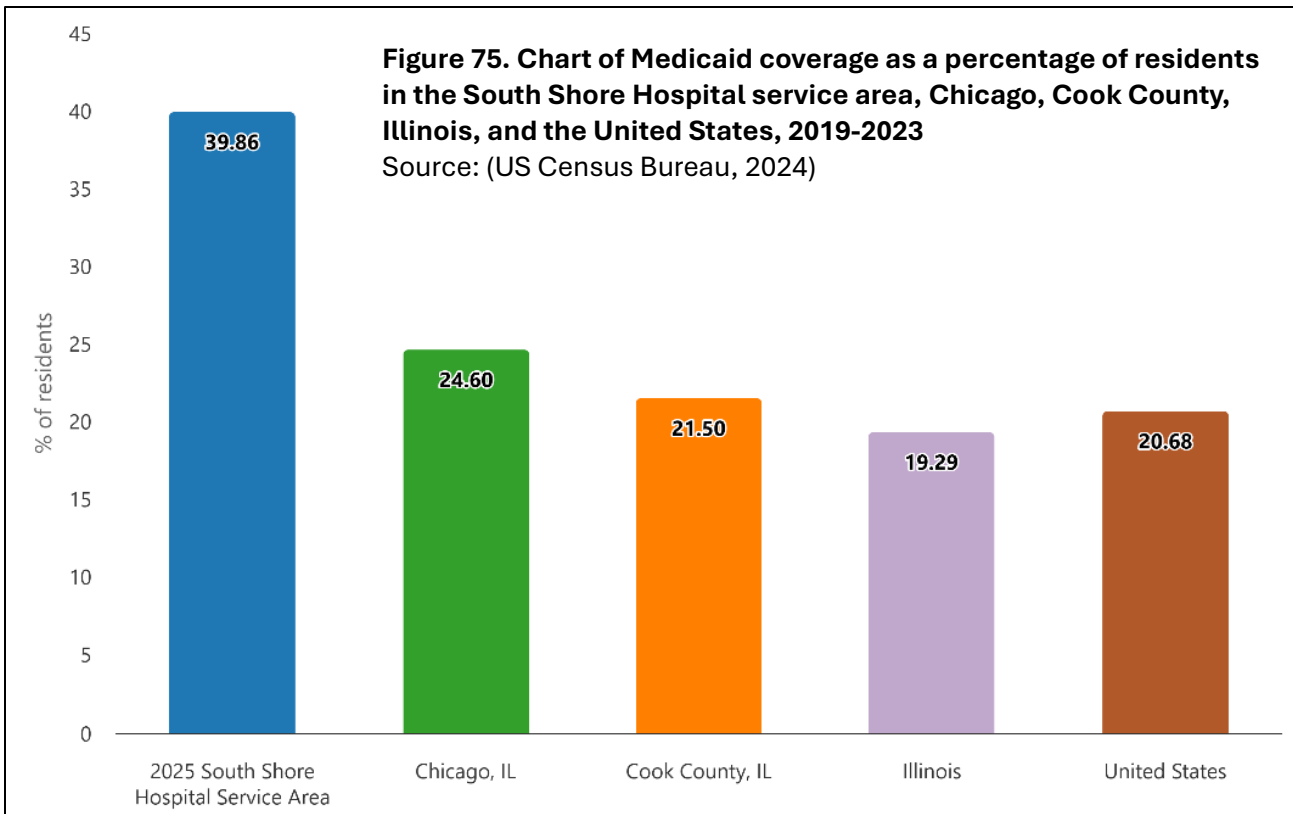


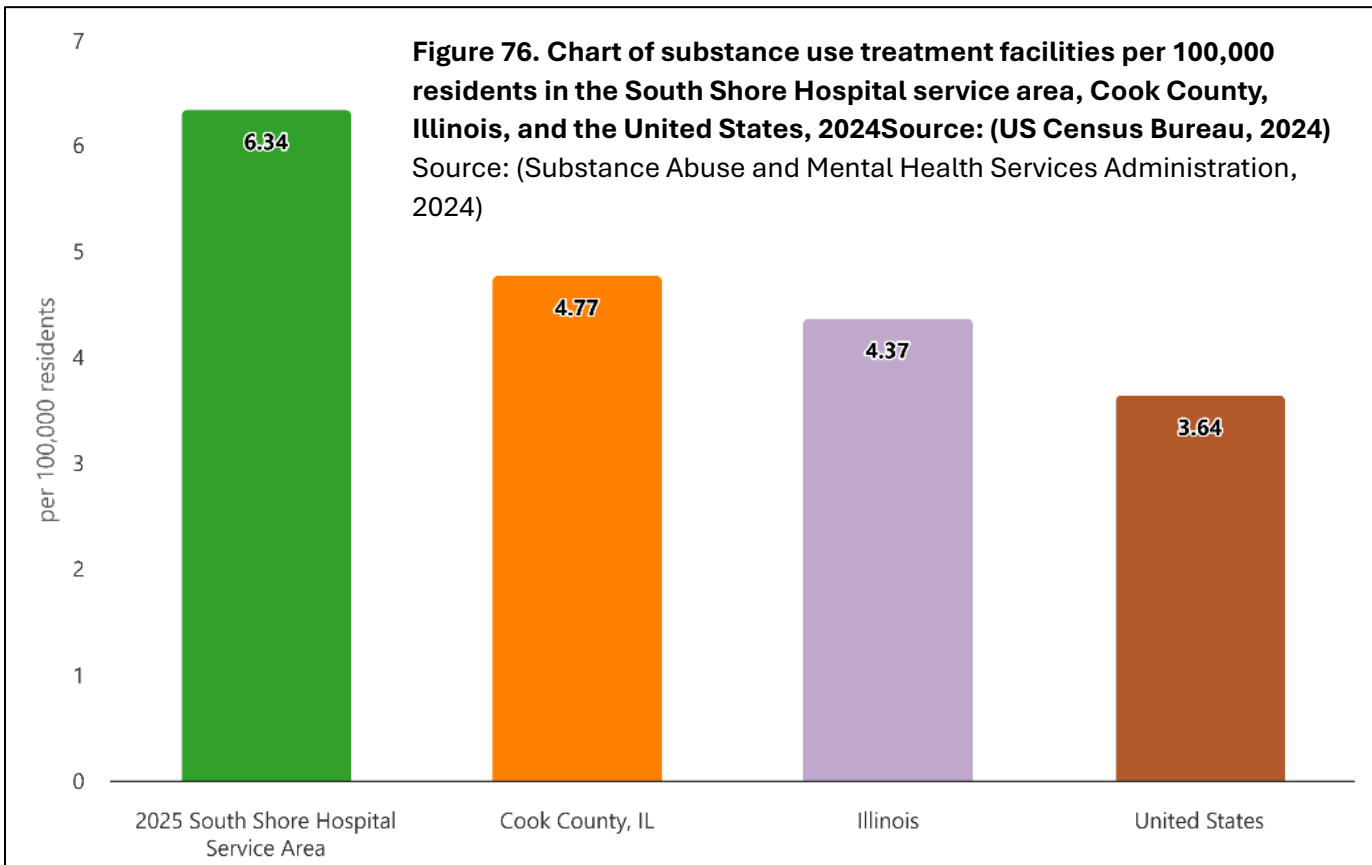
Figure 74. Chart of Medicaid behavioral health professionals per 100,000 residents in the South Shore Hospital service area, Cook County, and Illinois, 2025



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



In contrast, the South Shore Hospital service area has a higher rate of substance use treatment facilities per 100,000 residents than either Illinois or the United States (Figure 78).



COVID-19 and behavioral health

The COVID-19 pandemic had major effects on mental health. Increased isolation, anxiety, depression, and grief from loss of loved ones all influenced the incidence and severity of mental health challenges. In the South Shore Hospital service area, the percentage of adults reporting poor mental health increased from 14% in 2020 to 18% in 2022 (Figure 79). In Chicago, high school depression rates increased from 38% of students in 2019 to 41% in 2023, after peaking at 43% in 2021 (Figure 80).

Figure 77. Chart of poor self-reported mental health as a percentage of adults in the South Shore Hospital service area, 2014-2022

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

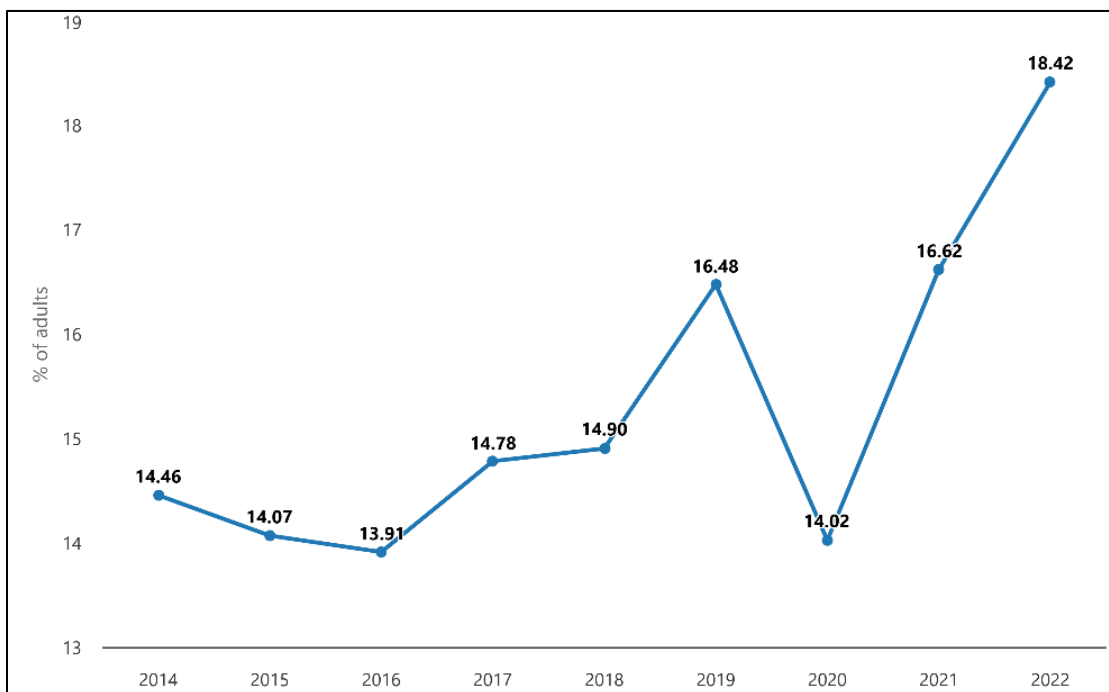
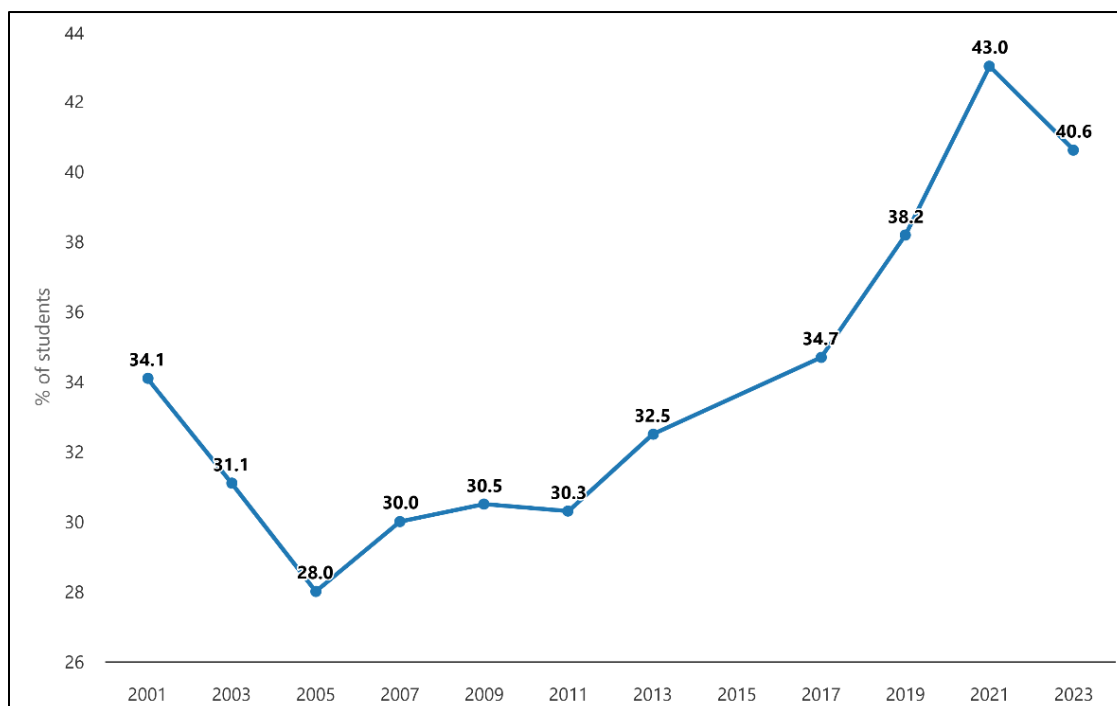


Figure 78. Chart of high school depression rate as a percentage of students in Chicago, 2001-2023



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

Before the start of the COVID-19 pandemic, opioid overdose and drug-related deaths were steadily increasing in Chicago and Cook County. In March of 2020, the rates of opioid overdose mortality and drug-related deaths began to skyrocket (Ghose et al., 2022; National Center for Health Statistics, 2024). This trend is expected to continue with synthetic opioids such as fentanyl continuing to accelerate mortality rates (National Center for Health Statistics, 2024). Within these populations, children, teenagers, and young adults have experienced some of the most dramatic increases in drug overdose mortality. In Chicago, the drug overdose mortality rate increased by 69% between 2019 and 2023 (5-year average). The drug overdose mortality rate doubled for more than half of community areas within the South Shore service area (Figure 81).

Figure 79. Table of the change in drug overdose mortality rate per 100,000 population in South Shore Hospital's service area, 2015-2023

	2015-2019	2019-2023	Percent Increase
Woodlawn	21.9	72.7	232.0%
South Shore	29.7	82	176.1%
Calumet Heights	16.3	40.7	149.7%
Englewood	50	121.2	142.4%
South Deering	31.7	76.2	140.4%
West Englewood	48.2	114.7	138.0%
Auburn Gresham	32.4	70.8	118.5%
Chatham	40.8	86.2	111.3%
Greater Grand Crossing	40.4	80.8	100.0%
Chicago	25.2	42.6	69.0%
South Chicago	45.8	76.2	66.4%
Pullman	42.1	69.5	65.1%
Roseland	44	67.6	53.6%
East Side	18.3	27.7	51.4%
West Pullman	44.2	63.5	43.7%
Avalon Park	39.8	48.7	22.4%

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

In the South Shore Hospital service area, as well as across Chicago and Cook County, behavioral health is becoming an increasingly urgent issue. Depression, social isolation, and substance use were all amplified by the COVID-19 pandemic and have not returned to pre-pandemic levels. With the added influence of social media, political division, and decrease in support, the prevalence of behavioral health issues has grown in the post-pandemic years. This is not only supported by the data, but communities have also voiced their concern and the need for high quality, accessible mental health and substance use treatment.

Updates on implementation activities from 2022 CHNA

Based on the 2022 CHNA, South Shore Hospital identified four goals across three priority areas for implementation:

- Behavioral Health – Mental Health Treatment and Referrals
- Behavioral Health – Substance Use Disorders
- HIV/AIDS Treatment and Prevention
- Access to Care for Uninsured

South Shore Hospital prioritized these needs to address throughout the 2022-2025 implementation cycle because they were deemed the most pressing, were under-addressed, and were within South Shore Hospital's ability to influence. The following is a summary of community health implementation activities carried out during the period 2022-2025.

Mental Health Treatment and Referrals

South Shore Hospital's goal was to increase access to treatment and education for mental health in South Shore Hospital's service area in order to improve patient's quality of life. To achieve this goal the Hospital maintained their inpatient Geriatric Psychiatric unit, which had 399 admissions in 2024. In addition, the Hospital continued to refer patients and community members to outpatient mental health services through community partnerships. Partners included Chicago Family Health Center, Metropolitan Family Services, and Aunt Martha's.

South Shore Hospital had planned to open a 15-bed adult psychiatric unit and were able to secure the building but were unable to secure adequate staffing or funding to complete the necessary renovations to open the unit.

Substance Use Disorders

South Shore Hospital's goal was to provide inpatient and outpatient services for substance use disorders, and referrals to community-based programs, in the South Shore community to improve patients' quality of life and understanding of substance use disorders. To achieve this goal the hospital maintained their 22-bed inpatient Chemical Dependency unit, which had 154 admissions in 2023. The hospital also referred patients to outpatient substance use counseling to Aunt Martha's South East Alcohol and Drug Abuse Center and Dr. E. Walker's clinic.

South Shore hospital had planned to open an outpatient therapy and supportive counseling program for individuals recovering from substance use disorders, but the program was unable to be opened due to a lack of funding and staff.

HIV/AIDS Treatment and Prevention

South Shore Hospital's goal was to improve HIV/AIDS treatment and education in the South Shore community to improve patients' quality of life and understanding of disease. To achieve this goal, the hospital provided community-wide screening and educational services on preventative and behavioral risk factors. They did this by maintaining a peer coordinator and screener on staff that traveled to public spaces and community-based organizations for education and screening. In addition, the hospital increased touch points where community members can get information and treatment, including distributing prevention supplies and partnering with local healthcare providers, to reach the affected population and connect them to treatment.

South Shore Hospital had planned to maintain the primary care clinic on E. 83rd St to provide services to HIV/AIDS patients. The clinic was maintained through 2024 but was closed in 2025 due to lack of funds.

Access to Care for Uninsured

South Shore Hospital's goal was to maintain and improve healthcare access for residents in the South Shore Hospital service area. To achieve this goal, the hospital provided \$1.2 million per year in health services to the uninsured. In addition, the hospital participated as a member of the Southside Healthy Community Organization which improved patient navigation and referrals to community-based services. Access to care was also improved through the increased outreach, screening, and community education outlined in the previous sections.

Conclusion

Community members living within the South Shore Hospital's service area face a disproportionate burden of health inequities that stem from long-standing historical, political, and social root causes. As a result, South Shore Hospital will continue to work collaboratively with stakeholders to develop community health improvement strategies that address priority health concerns within their service area with a focus on improving health equity outcomes.

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Appendix

South Shore Focus Group Summary

Community Descriptions

Focus group participants expressed that outdoor spaces are one of the things that they like about their community. Some have utilized them consistently, which is helpful to their physical health. Participants felt a strong sense of community in their neighborhood. Their neighbors are friendly, and many are involved in local events. A sense of safety is felt in the community.

Some focus group members felt gratitude for the access to healthcare services. Jackson Park Hospital is a common service amongst participants, and people generally were satisfied with their experience there.

About Jackson Park Hospital: *“When I was ill and my mother almost died I had good experiences, it could be improved, but glad it’s there” – 8th Ward Alderman Harris Office (Jackson Park Hospital)*

Health Issues and Challenges

Members of the community have emphasized that mental health was one of the issues that need to be addressed, specifically youth mental health. There is a lack of “outside of school” programs for children and youth, which could influence them to partake in unsafe activities. Participants have expressed the importance of after-school programming, so children and young adults have something to do.

It was also said by focus group participants that there is a lack of health education. Courses that covered subjects, like women’s health and parenting, could be a helpful resource to the community.

A number of community members felt unsafe in their neighborhood. Violent occurrences, like carjackings and shootings, make residents hesitant in spending time outside. Participants described that there are ongoing issues in the community which could lead to violent activities, such as lack of activities, outdoor spaces, and access to healthy foods.

“Root of the problem is people are trying to survive – the cycle has to stop” – 8th Ward Alderman Harris Office (Jackson Park Hospital)

Some focus group participants who were older adults said that there are infrastructure issues where the sidewalks in their community are uneven, so they know people who have fallen, making them feel like there is a lack of safety where they live.

Members of the community expressed that there is a challenge in accessing healthcare. It was described that there are limited care options available and a lack of providers. Some participants have to travel outside their community to get healthcare. Additionally, focus group members who need transportation assistance have had issues with the services provided, such as being picked up late to go to their appointment or the lack of assistance received to help get into the vehicle.

Solutions

Focus group participants have emphasized the importance of having support for justice-involved individuals. There should be more programs that help reestablish them as a resident and provide resources, like reentry assistance and health services.

Participants have recommended existing programs that have helped them, like parent courses, however, they found that not a lot of the community are aware of them. They indicated the significance of communication

solutions. Some suggestions to spread the word included fliers, mail, and local community events. This would help ensure that the neighborhood is involved.

Focus group participants have noticed the gaps in services, especially in mental health. They want the mental health services to return, as well as opening up a clinic. It was affirmed that hospitals should invest in pop-up clinics so more people have access to healthcare. To address the lack of “outside of school” activities for youth, community members thought it would be beneficial if there was programming that made young people aware of the various career paths they can take.

“We have to realize all our children are not going to be doctors or lawyers. We need vocational education” – 8th Ward Alderman Harris Office (Jackson Park Hospital)

“If I am not going to be a doctor, fund something that I can be.” - 8th Ward Alderman Harris Office (Jackson Park Hospital)

COVID-19

Participants noticed that COVID-19 has affected the way people look at vaccines. Some started to understand the importance of getting vaccinated but also noticed that hesitancy towards them were becoming more prevalent. They also remarked that there was a lack of community events due to the pandemic but suggested it increased the feeling of loneliness. This could impact someone’s mental health status.

