Northwestern Medicine®

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2025 Community Health Needs Assessment

Northwestern Memorial Hospital

Foreword

Your Feedback Makes Us Better

Northwestern Medicine is committed to building healthier communities. Your voice is important for helping us understand your lived experiences in your community.

Northwestern Memorial Hospital encourages comments from the public regarding our Community Health Needs Assessment (CHNA) process or findings. Please submit comments to communityhealth@nm.org, and include your name and organization, if applicable.

This report was adopted by the Northwestern Memorial Hospital Board of Directors on July 15, 2025, and made available to the public by August 31, 2025. It was created in accordance with federal IRS regulations (26 C.F.R. §1.501(r)-3).

Our Commitment to Removing Barriers to Better Health

We believe that exceptional care means recognizing the unique circumstances of every patient and team member. We strive to understand and remove obstacles that prevent people from receiving the care, support and opportunities that they need to thrive. This means listening more closely, tailoring our services, and making thoughtful decisions that reflect the realities people face — whether in accessing health care, advancing in their careers or simply being heard. Our commitment to being Better is rooted in doing what is right.

Better is a philosophy that drives everything we do at Northwestern Medicine. Just as we are driven to provide better care, better treatments and better patient experiences, we also are relentless in our pursuit of building better communities.

Three pillars of community work

Access to Care

We deliver world-class, culturally competent care regardless of ability to pay, race, age, gender, sexuality or any other social factor, in the communities where our patients live and work.

Economic and Workforce Development

We invest in the communities we serve by employing individuals from a variety of backgrounds and providing innovative training, education and development initiatives that help drive economic growth for under-resourced communities.

Community Engagement

We collaborate with community organizations that provide access to nutritious food, shelter and other essentials, and we support initiatives that reduce violence, address trauma and build safer communities.

This Community Health Needs Assessment may be on a three-year cycle, but our community work happens every day, in every department. In short, this is who we are.

Two areas span our community pillars and touch every strategy we have for addressing the priority health needs of our communities.

Healthcare disparities

We elevate initiatives that:

- Facilitate community engagement and cultivate new relationships
- Address root causes of health in under-resourced communities
- Empower communities through data, education and advocacy
- Ensure Northwestern Medicine is a safe and welcoming environment for all patients

Coordination and connection to community resources

We elevate initiatives that:

- Strengthen community-clinician relationships
- Lead to better care and coordination
- Connect patients with community resources

Every member of the Northwestern Medicine workforce is dedicated to our vision of a stronger, healthier and **better** life for those in the communities we are privileged to serve.

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Introduction to the Community Health Needs Assessment

Since 2012, Northwestern Memorial Hospital has completed a comprehensive Community Health Needs Assessment (CHNA) every three years. This process helps us better understand who lives in the communities we serve as well as the biggest health issues they face.

Goals of our CHNA

The goals of the CHNA were to:

- Learn about the health needs of residents within the hospital's Community Service Area
- Identify which needs are most important to address
- Identify resources available to address those needs

Northwestern Medicine is committed to improving the health of the communities we serve. The CHNA process helps us achieve this mission.

How we achieved our goals

For the 2025 CHNA, Northwestern Memorial Hospital collaborated with Metopio to learn about the communities we serve and their health needs. Metopio is a software and service company grounded in the philosophy that communities are connected through places and people. Metopio uses data visualization to reveal valuable, interconnected factors that influence outcomes in various locations.

We also collaborated with the Alliance for Health Equity (AHE) on the 2025 CHNA. AHE is made up of numerous hospitals working with local health departments and regional and community-based organizations to improve health equity, wellness and quality of life across Chicago and suburban Cook County. The Illinois Public Health Institute acts as the backbone organization for AHE and developed the collaboration so that participating organizations could collaboratively assess community health needs, develop strategies to address needs, more efficiently share resources and have a greater impact on the larger population residing in Cook County.

Together with Metopio and AHE, we gathered community input from a variety of sources, including surveys, focus groups and in-depth interviews with persons who represent the broad interests of the community. After we collected and analyzed this information, we interpreted the findings to identify the most significant health needs affecting the communities we serve. Then, we worked with community representatives to help identify which needs were the most important for Northwestern Medicine to address over the next three years.

We identified health needs among people across all:

- Socioeconomic groups
- Races and ethnicities
- Ages

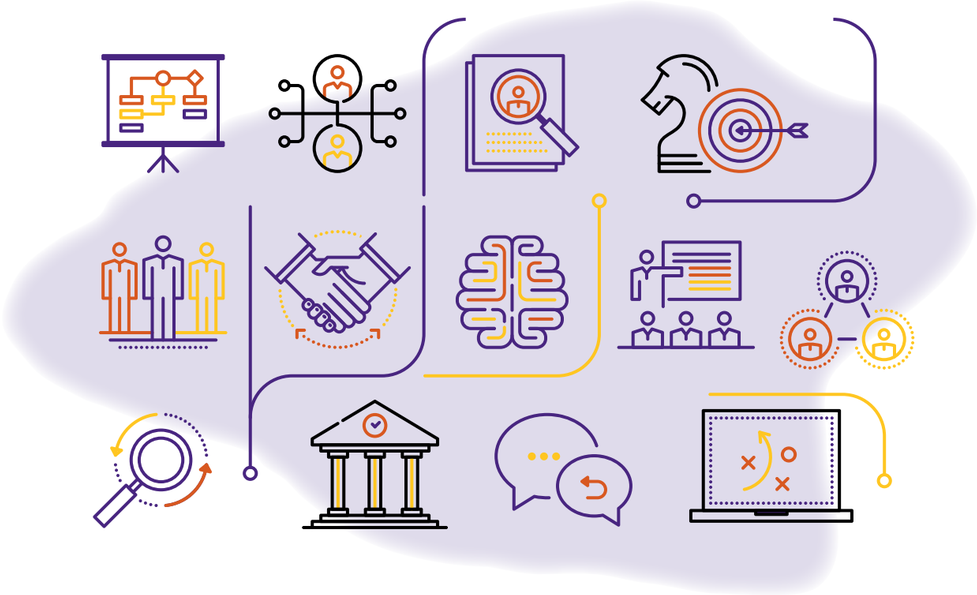
While we assessed information across our entire service area, this report highlights health disparities and needs that disproportionately impact people in communities that have been historically under-resourced and have a higher percentage of people with barriers to health and wellness, such as a lack of medical insurance.

Priority health needs

Many health needs were identified through the CHNA process. To identify which needs to address, we considered which were most widespread, severe and persistent. Then we considered which needs would be best addressed through a collaboration with community organizations. These needs are the priority health needs we will focus on over the next three years.

The priority health needs for Northwestern Memorial Hospital in the 2025 CHNA are:

- Access to health care
- Behavioral health



Addressing identified priority health needs

Northwestern Memorial Hospital will use the information and insight gained through this assessment to guide our work on improving the health of the communities we serve. We will develop an implementation plan to detail how we will address priority health needs in collaboration with healthcare, social service, public health and policy organizations where possible.

> **Drawing on our collective resources, together we can address the priority health needs of residents in our defined Community Service Area.**

Acknowledgments

We rely on voices within the communities we serve to help us better understand the needs and issues that affect the health of their residents. This CHNA and the work that will come out of it would not have been possible without discussions with key community collaborators, organizations and residents. We are grateful to everyone who dedicated their time to share their insights with us.

We also gratefully acknowledge Metopio and AHE for their collaboration and significant efforts in the completion of this CHNA.

Who We Are

Get to know Northwestern Memorial HealthCare

Who we are

Northwestern Memorial HealthCare

Northwestern Medicine

Northwestern University Feinberg School of Medicine

Nonprofit | Growing, nationally recognized | World-class care

Who we serve

Rural **Suburban** **Urban**

People with a broad range of socioeconomic statuses and needs associated with social drivers of health

We are...

- Pushing boundaries in our research labs
- Training the next generation of physicians and scientists
- Pursuing excellence in patient care

Our mission

Provide quality medical care regardless of the patient's ability to pay

Transform medical care through clinical innovations, breakthrough research and academic excellence

Improve the health of the communities we serve

About Northwestern Memorial Hospital

How we achieve our mission

As a pillar in the community, Northwestern Memorial Hospital is uniquely positioned to lead efforts to positively impact community health.

- We provide culturally informed care to meet the needs of those who live in our communities.
- We maintain strong relationships with community organizations that share our vision of building stronger, healthier communities.
- We are a major economic driver in the communities we serve.

Northwestern Memorial Hospital has a rich history of caring for our community

943 beds

>47,000 inpatient admissions

Located in Chicago, Illinois

2,359 physicians

Acute care

Academic medical center

>89,000 emergency department visits

Data reflects fiscal year 2024.

Northwestern Memorial Hospital is an academic medical center in the heart of downtown Chicago with physicians, surgeons and caregivers representing nearly every medical specialty. Through our teaching and service partnership with Northwestern University Feinberg School of Medicine, we provide patients access to leading-edge clinical trials and foster an environment of world-class patient care, academic inquiry and innovative research. Our commitment to the residents of Chicago and suburban Cook County is now older than 150 years.

Defining the Community Service Area

How the Community Service Area was determined

Northwestern Memorial Hospital defined the Community Service Area (CSA) used in this CHNA by considering:

- Geographic area served by the hospital
- Main functions of the hospital
- Areas that have been historically under-resourced
- Areas where we are currently working to address priority health needs, including work with community organizations

The defined CSA considers populations that are:

- Medically underserved
- Low income
- Historically underrepresented, minority populations

Our CSA definition does not consider how much patients or their insurers pay for care or whether patients are eligible for financial assistance through Northwestern Medicine.

About the Community Service Area

Northwestern Memorial Hospital Community Service Area

Cook County, Illinois

36 neighborhoods

89 square miles

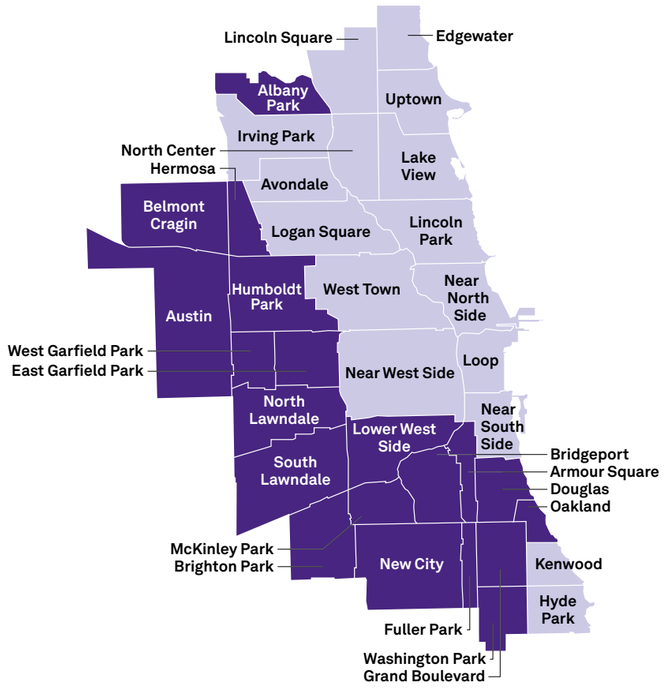
1,569,699 residents

Predominantly urban

Community Service Area map

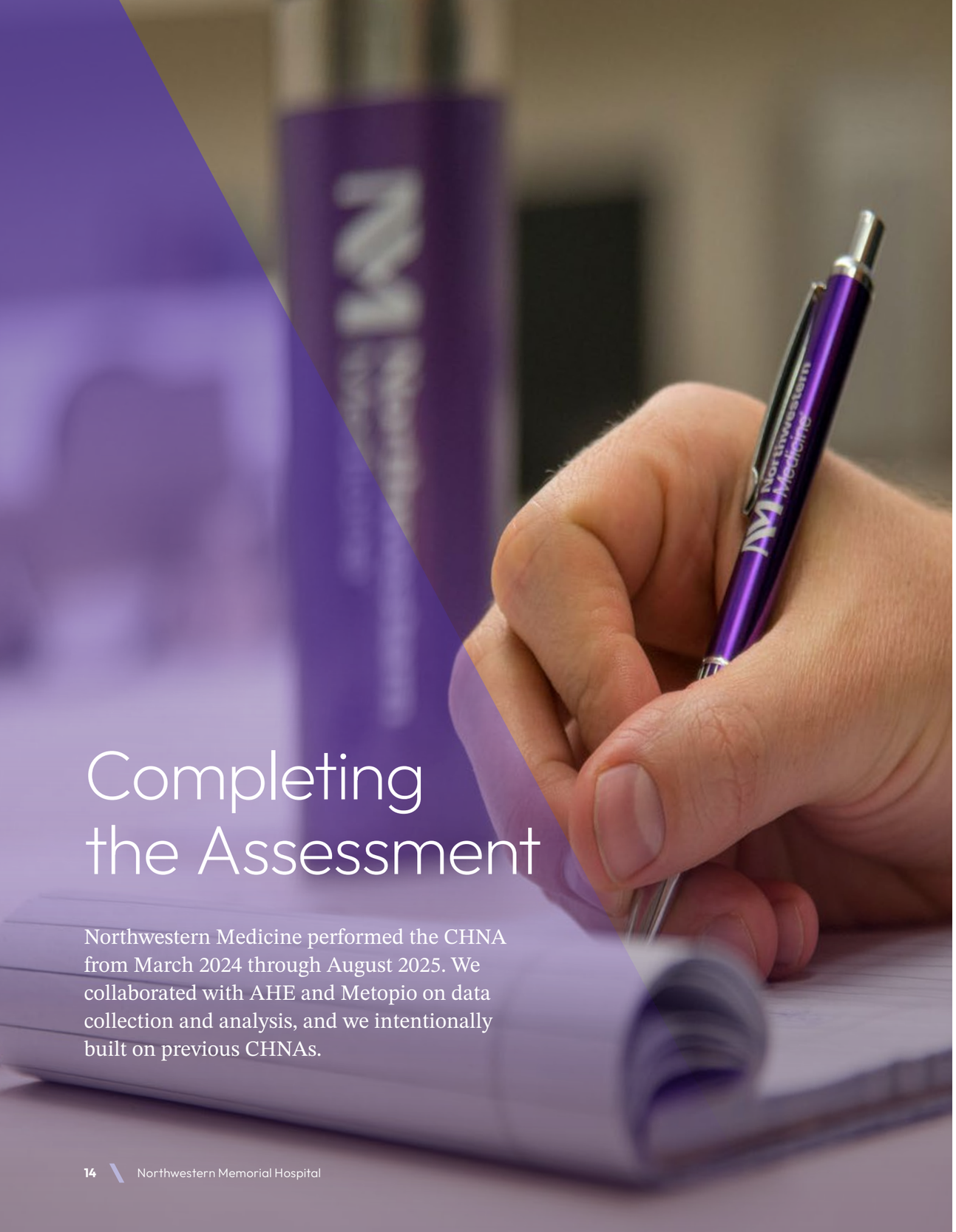
After identifying the CSA, we use the Socioeconomic Resource Index (SERI) to pinpoint areas facing economic challenges. Under-resourced areas are determined using key indicators, including:

- Unemployment (for individuals older than 16 years)
- Education (those older than 25 years without a high school diploma)
- Per capita income level
- Crowded housing (more than one person per room)
- Dependents (younger than 18 years or older than 64 years)
- Poverty (income below 200% of the federal poverty level)



Northwestern Memorial Hospital Community Service Area. Locations in dark purple have been identified as under-resourced communities by SERI.

Under-resourced areas are concentrated in the south and west sides of the CSA.



Completing the Assessment

Northwestern Medicine performed the CHNA from March 2024 through August 2025. We collaborated with AHE and Metopio on data collection and analysis, and we intentionally built on previous CHNAs.

We conducted surveys, focus groups and in-depth interviews with persons who represent the broad interests of the community. For the purposes of this report, primary data gathered by AHE and Metopio were combined. Community input is important for the CHNA because it provides real-time information about community health needs. We also looked at data such as local health statistics.

Taken together, the data allowed us to identify health trends and compare the health needs in the CSA to benchmarks at the city, county, state and national levels.

After we collected the data, it was analyzed and reviewed by community health experts. We then shared the findings with key community collaborators and Northwestern Memorial Hospital employees, who helped identify priority health needs.

Primary data

Collaborating with Metopio and AHE, we gathered information from a variety of sources, including community surveys, focus groups and in-depth interviews with people who represent the broad interests of the community.

This approach helped us gather first-hand information from people in the CSA. The surveys were available online or on paper in English, Spanish and other languages as requested.

Community surveys asked 48 questions about:

- Demographic details of the community
- Top health concerns and community issues
- Access to community resources

Focus groups and key interviews helped us learn about:

- Community strengths and resources available
- Areas of need and opportunities for improvement
- Solutions to identified health needs

Survey, focus group and key interview participants were recruited through hospital community collaborations. Participants consisted of people who are typically underrepresented in the assessment process, including people of color, immigrants, people in the LGBTQ+ community, people with disabilities and people with low incomes.

Collected 2,606 community surveys

Hosted 32 community focus groups and 1 healthcare focus group

Interviewed 9 key community members

Additional information on the survey, focus groups and key interviews can be found in Appendix D.

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Secondary data

Secondary data was identified, compiled and analyzed.

The following key topics were chosen for analysis:

- Social drivers of health
- Health conditions
- Health behaviors

Throughout this report, data is presented for the most recent years available for any given source. References are cited to indicate the data sources, which are described or linked in Appendix E.

Secondary data sources at a glance

- Peer-reviewed literature, white papers and existing assessments
- Chicago Department of Public Health and Cook County Department of Public Health
- Healthy Chicago Survey
- Local data compiled by community-based organizations and government agencies
- Illinois Health and Hospital Association/COMPdata: Hospitalization and emergency department rates
- State agencies:
  - Illinois State Board of Education
  - Illinois Department of Healthcare and Family Services
  - Illinois Department of Human Services
  - Illinois Department of Public Health
- Federal sources:
  - Centers for Disease Control and Prevention PLACES project
  - Centers for Medicare & Medicaid Services data accessed through the Dartmouth Atlas of Health Care
  - Environmental Protection Agency
  - Health Resources and Services Administration
  - Housing and Urban Development
  - U.S. Census Bureau American Community Survey
  - U.S. Department of Agriculture

Key Findings

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Who lives in the communities we serve

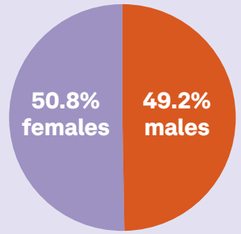
Demographics

Considering the demographic makeup of a community is crucial for shaping community health initiatives to improve health outcomes.

Population[1]

1,569,699 residents

Sex[1]



Accurate and complete data for people who are transgender, nonbinary and gender-nonconforming in the CSA is limited.

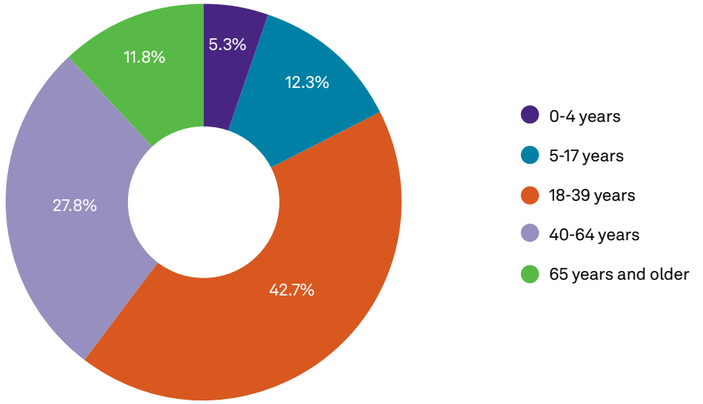
Expert observation

"There are major gaps in reporting demographic information. People just don't realize how important it is to have accurate demographic information for patient care. The gold standard is to self-report."

Sumanas Jordan, MD, PhD, Plastic Surgery
Northwestern Medicine

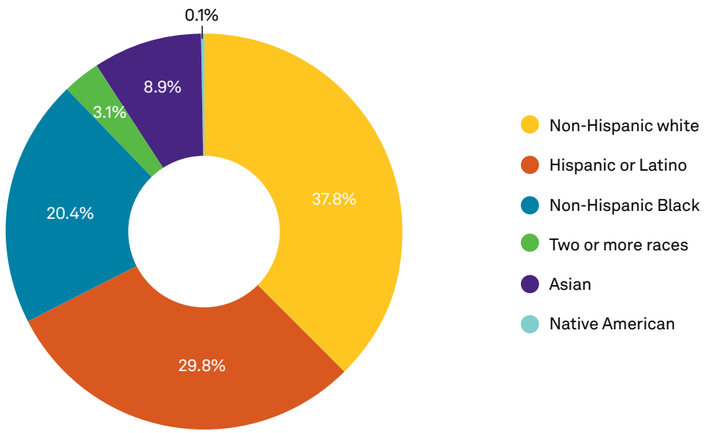
Age[1]

This information is important because different age groups have unique health needs that must be considered when planning a response to community needs.



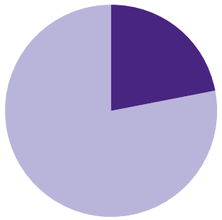
Race and ethnicity[1]

- The population distribution by race and ethnicity reveals significant diversity.
- Both the Asian population and the Hispanic or Latino population have steadily increased over the past decade.

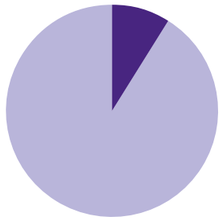


Language

Language skills affect the ability to access, understand and act on health information.



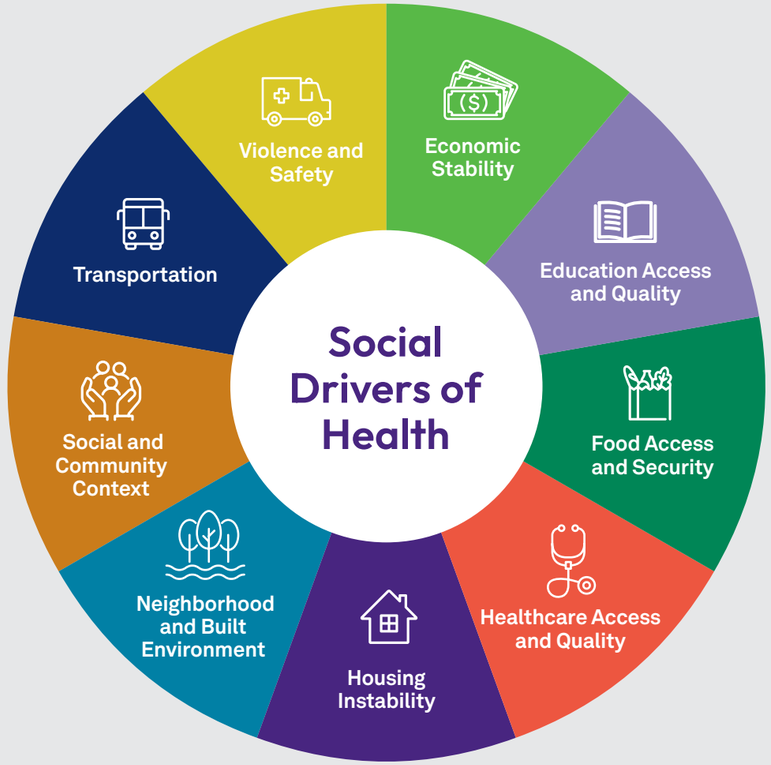
21.6%
of CSA residents were not born in the United States
(compared with 14.5% of residents in Illinois)[1]



9.3%
of CSA households speak limited English
(compared with 4.3% of households in Illinois)[1]

Social drivers of health

Social drivers of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. SDOH also contribute to wide health disparities.[2]



Expert observation

"Maintaining good physical and mental health is often not possible when fundamental needs are not met or when meeting them requires an inordinate amount of a person's or family's resources. Physical safety as well as affordable and accessible housing, healthy foods and employment opportunities are core needs that directly support good health."

Stephen Persell, MD, Internal Medicine
Northwestern Medicine

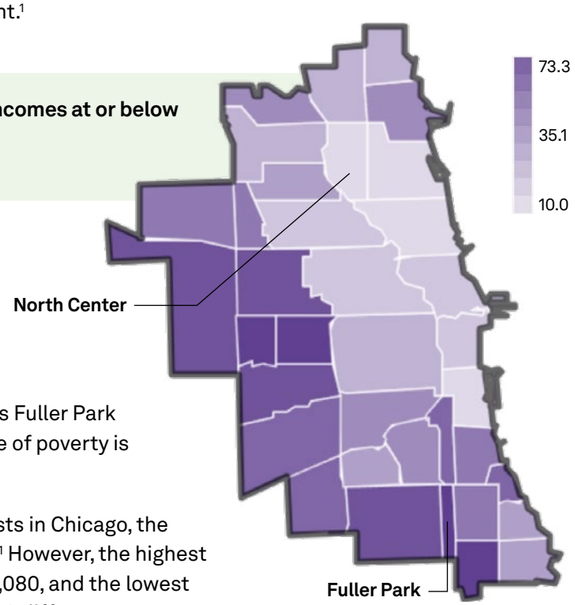
Economic stability

Poverty

Poverty is a challenge for many Americans. People experiencing poverty struggle to afford daily necessities such as healthy food and housing. When basic needs are not met, it's harder to maintain good health and prevent illness.[3]

Neighborhoods on the south and west sides of the CSA have significant and concentrated areas of poverty. The annual household income at 200% of the federal poverty level for a household of four was $62,400 in 2024.[7] More than 30% of residents in the CSA have household incomes less than or equal to this amount.[1]

Percentage of CSA residents with incomes at or below 200% of the federal poverty level[1]
CSA: 31.8% Illinois: 26.2%



The map here shows the distribution of poverty throughout the CSA, clearly demonstrating economic disparity between neighborhoods.

The neighborhood with the highest rate of poverty is Fuller Park at 73.3%, and the neighborhood with the lowest rate of poverty is North Center at only 10.0%.

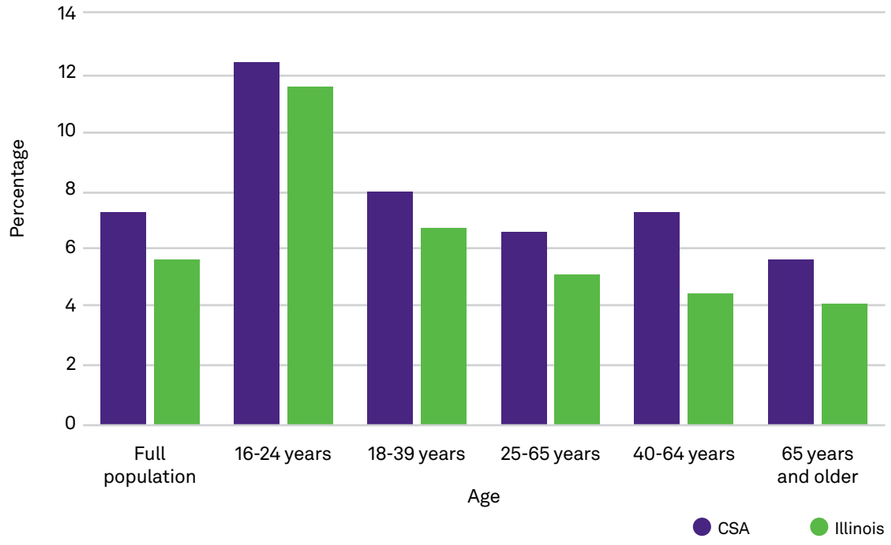
To further highlight the economic disparity that exists in Chicago, the CSA's median annual household income is $88,586.[1] However, the highest median household income is in Lincoln Park at $157,080, and the lowest rate is in Fuller Park at only $21,122.[1] That's a $135,958 difference.

Employment

Employment plays a crucial role in health; stable jobs provide not only income but also benefits such as health insurance and access to a better quality of life.

The unemployment rate for the CSA is 7.4%, which is higher than Illinois at 5.8%.[1]

Unemployment rate by age, 2019-2023



When looking at the unemployment rates by age, the rate for 16- to 24-year-olds is higher than all other age groups.

There is a portion of young adults aged 16 to 19 years who are neither working nor enrolled in school. They are called opportunity youth. In the CSA, 7.8% of residents are considered opportunity youth.[1]

In both the survey and focus groups, participants identified workforce training and employment opportunities as top needs within their community. Below are some of the specific needs that were mentioned in focus groups:

- Youth pipelines
- Training programs
- Mentorship opportunities
- College scholarships
- Employment resources

Community input[34]

> **They should invest in mentoring and guiding youth. That is how you invest in the community. There needs to be people guiding youth through the resources they have available."**
>
> **— Focus group participant from New Life Center**

Highlights

The rising cost of living was a common theme throughout the focus groups. With many residents facing a daily struggle to afford basic necessities and pay their bills, having stable income has never been more crucial. Improving access to employment opportunities and investing in our youth is essential in addressing the economic disparities that exist and promoting economic vitality for future generations.

Expert observation

"Our healthcare career exploration programming inspires the next generation of healthcare professionals through tours, hands-on learning, group discussions, mentorship and paid summer internships. These programs impact the education and future of students from groups underrepresented in the healthcare field."

Janna Eudave, Youth Programming
Northwestern Medicine

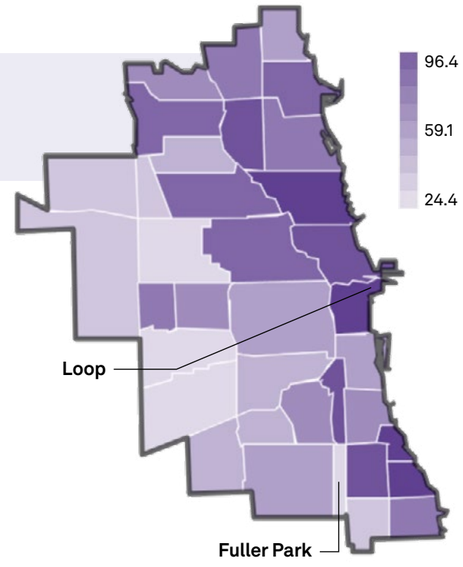
Education access and quality

Education is a critical factor in determining health outcomes because it influences opportunities for employment, income and access to resources that promote well-being. Individuals with higher levels of education are more likely to have better health, access to health care and healthier lifestyles.[4]

Childhood and youth education

Early learning lays the foundation for a child's success in schools and overall well-being throughout life.[5] Chicago Public Schools believes that every young child deserves access to high-quality early education, so they made all preschool programs available at no cost.[6]

Preschool enrollment in the CSA[1]
CSA: 58.6% Illinois: 52.6%



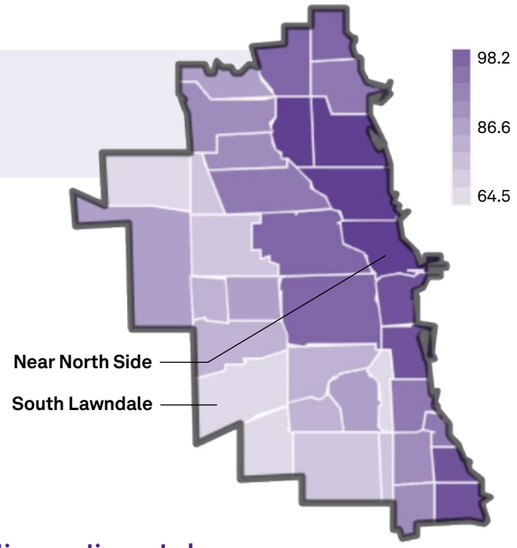
Although Chicago Public Schools has made preschool no cost for all children, the map here shows significant variation in preschool participation throughout the CSA.

The neighborhood with the highest percentage of preschool enrollment is the Loop at 96.4%, and the neighborhood with the lowest preschool enrollment is Fuller Park at only 24.4%.

Community input[34]

> **One in four children is accessing preschool when it could be almost four in four. Right? So we have very low enrollment, even with free programming in Chicago."**
>
> **— Focus group participant**

High school graduation rate in the CSA[1]
CSA: 86.7% Illinois: 90.3%



This map shows the educational disparity that exists within neighborhoods in the CSA.

The neighborhood with the highest high school graduation rate is Near North Side at 98.2%, and the neighborhood with the lowest high school graduation rate is South Lawndale at 64.5%.

Community input[34]

> **The level and the quality of education continues to be a challenge, which then leads to a lot of lost talent."**
>
> **— Focus group participant**

Highlights

Differences in educational attainment contribute to ongoing health disparities. Improving education access and quality is essential for fostering long-term health and well-being.

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Food access and security

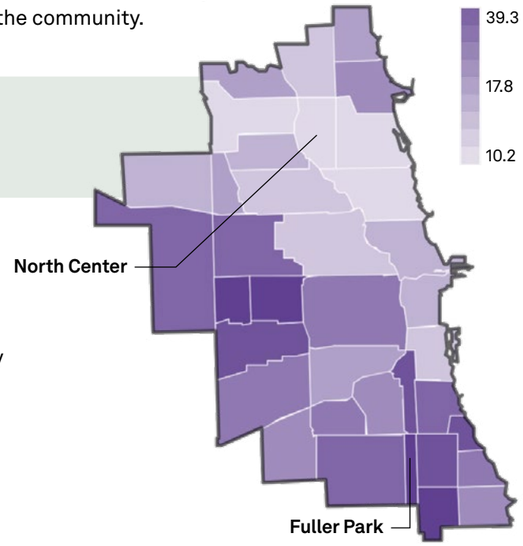
A healthy food environment allows people to easily access and afford nutritious foods near where they live. Without such access, individuals may have poor diets, increasing the risk of conditions like heart disease, obesity, diabetes and certain cancers. In addition, a lack of food can affect learning and growth, and cause both physical and mental health problems.

Access to food was identified as one of the top challenges in their community.

Food insecurity

Food insecurity is defined as limited or uncertain access to adequate food and may be caused or exacerbated by cost or distance to a grocery store. In both the survey and focus groups, food insecurity was stated as a major concern in the community.

Food insecurity in the CSA[7]
CSA: 18.3% Illinois: 8.3%



This map shows the percentage of residents with food insecurity throughout the CSA.

The neighborhood with the highest rate of food insecurity is in Fuller Park at 39.3%, and the neighborhood with the lowest rate of food insecurity is in North Center at 10.2%.

Community input[34]

> **Some of the convenience stores might have fruits and vegetables, but they're not the best quality. They don't look good. They're probably old or moldy."**
>
> **— Focus group participant from UCAN (Stone Temple Church)**

Food affordability

Focus group participants stated that even if there are grocery stores nearby, it's becoming more difficult for people to afford food because of rising costs. Survey respondents stated that the most common reason for not getting fresh fruits and vegetables was that it was too expensive.[34]

While there are public benefits such as Supplemental Nutrition Assistance Program (SNAP)* to assist families with getting fresh foods, only 17.4% of households in the CSA use it.[1] Additionally, 60.7% of CSA households below the federal poverty level did not receive SNAP benefits in the past 12 months.[1]

Community input[34]

> **The healthy food costs so much. I can go buy them a dollar burger, which is unhealthy, but I can't go buy no fruits because it costs too much."**
>
> **— Focus group participant from Westside Health Authority**

Highlights

Food access was a top health need in the community according to focus group participants and survey respondents. From the feedback we gathered, the community rallied around improving access to healthy, affordable food. Ensuring food security can help reduce the risk of chronic diseases, particularly for vulnerable populations.

*SNAP, formerly known as the Food Stamp program, is a federal nutrition program that provides food-purchasing assistance for individuals with low or no income. SNAP benefits can be used to purchase foods at grocery stores, convenience stores and farmers markets. People without documented status are generally not eligible for federal assistance programs such as SNAP.

Healthcare access and quality

Access to health care is the ability to use health services when needed to achieve the best health outcomes.[8] Healthcare access and quality can vary greatly between communities. Accessing appropriate and timely health care is impacted by:

- Access to health insurance coverage
- Ease of access to health clinics or physicians
- Immigration status
- Access to linguistically and culturally appropriate services

Health insurance

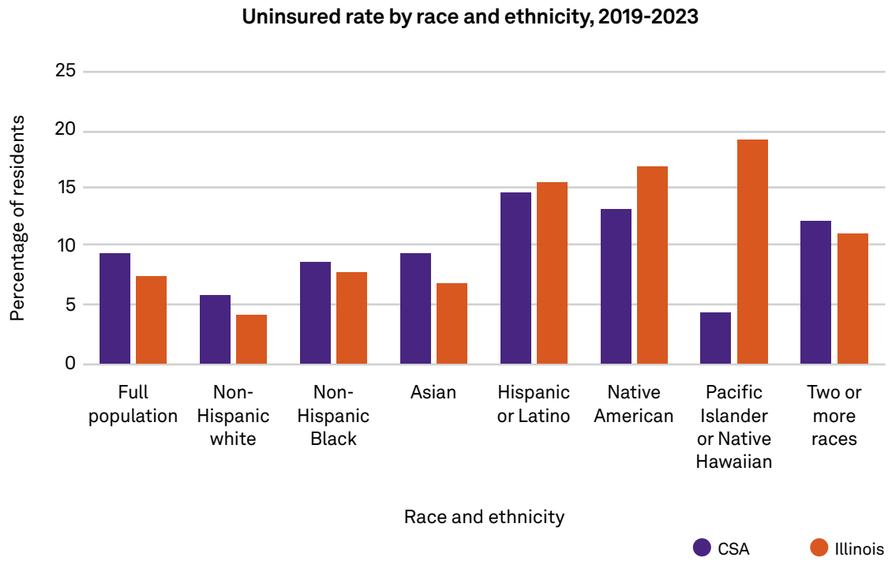
Having health insurance is key to maintaining health and preventing and managing disease. According to Healthy People 2030, people without insurance are less likely to have a physician, and they may struggle to afford necessary healthcare services and medications.[9]

Within the CSA, **9.5%** of residents do not have health insurance, which is higher than Illinois at 7.0%.[1]

Expert observation

"Improving access to preventive and mental health care would likely help address many of the identified health challenges for the community, including improving the prevention and management of conditions like cardiovascular disease, cancer, diabetes, obesity, substance use disorders and poor mental health."

Stephen Persell, MD, Internal Medicine
Northwestern Medicine



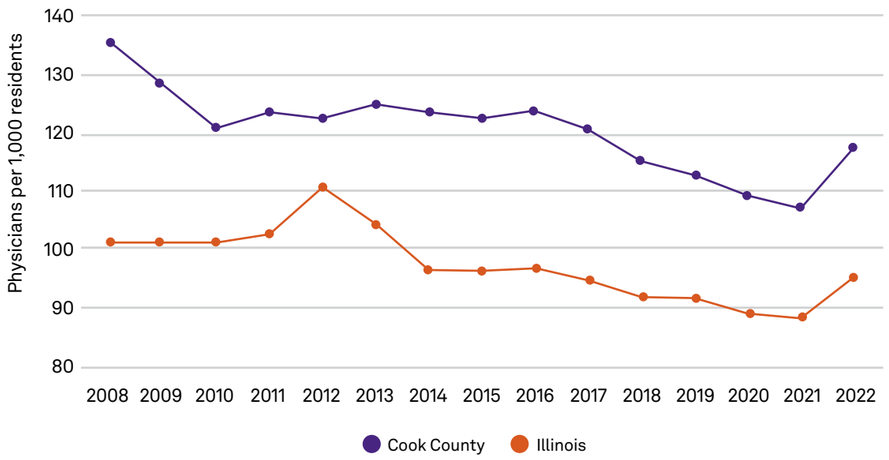
When looking at the uninsured rates by race and ethnicity, the rates are highest among the Hispanic or Latino and Native American populations, and the lowest is for the non-Hispanic white population

Healthcare professionals

Throughout focus groups and interviews, participants repeatedly stated how difficult it has been to access healthcare professionals in their community.

In 2022, there were **117.6** primary care physicians per 100,000 residents in Cook County, which is higher than Illinois at 95.8 primary care physicians per 100,000 residents.[10]

Primary care physicians per capita



This graph shows a steady decrease in the number of primary care physicians per capita from 2008 to 2021. Beginning in 2021, the number of physicians per capita increases, which is a good sign.

Among survey respondents, 30.3% delayed getting medical care in the past 12 months. The following reasons for delaying medical care were most common[34]:

- Wait time for appointment (13.7%)
- Inconvenient hours (10.3%)
- Cost of service (9.5%)

Community input[34]

> **We don't have any type of instant wellness clinics around here. So most people, when their kid's sick or there's an emergency, they go to the emergency room when they could just go to an immediate clinic."**
>
> **— Focus group participant from A House in Austin**

Highlights

Access to health care was consistently one of the top health needs shared by focus group participants, key interview participants and survey respondents. When residents face barriers to getting the care they need, this can lead to worsening health outcomes and higher healthcare costs in the long run. Improving access to care is essential to promoting better health and preventing disease within the community.

Expert observation

"Medication access is a big challenge. Depending on the disease that you're treating and depending on the insurance status of the patient, the cost can be very high."

Quentin Youmans, MD, Heart Failure and Heart Transplantation
Northwestern Medicine

Housing instability

Safe and stable housing is essential for allowing individuals to thrive. Without it, individuals may face increased stress, poor health outcomes and limited access to necessary resources.

Housing security

Survey respondents identified access to affordable and safe housing as one of the top challenges in their community. Focus groups shared the following challenges regarding access to housing in their community:

- Not enough available housing, let alone affordable housing
- Rental prices continue to increase, making it difficult to afford housing
- Limited options for individuals with disabilities and seniors
- Lack of housing options close to where they work

In the CSA, only **39.4%** of households are occupied by their owner, and 60.6% of households are occupied by a renter.[1]

Homelessness is a reality for many people in the CSA. As of 2020, there were 5,456 people living in homeless shelters or other facilities within the CSA.[1]

People experiencing homelessness may face health challenges such as a substance use disorder or chronic disease and are at higher risk of contracting infectious diseases. It is important to reduce barriers to health care and social services for people experiencing homelessness to prevent their health from worsening.[11]

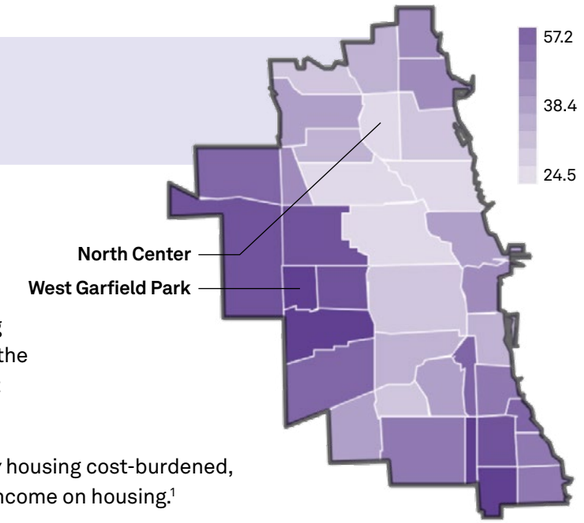
Community input[34]

> **You see people on the street suffering, and actually homelessness is another very urgent problem that is increasing."**
>
> **— Focus group participant from New Life Center**

Housing affordability

Housing cost burden is the percentage of households that spend more than 30% of their income on housing alone. This significantly impacts their ability to pay for other necessities, such as food, transportation and health care.

Housing cost burden in the CSA[1]
CSA: 37.2%
Illinois: 29.2%



This map shows the percentage of residents with housing cost burden throughout the CSA.

The neighborhood with the highest rate of housing cost burden is in West Garfield Park at 57.2%, and the neighborhood with the lowest rate of housing cost burden is in North Center at 24.5%.

Additionally, 18.2% of CSA households are *severely* housing cost-burdened, meaning that they spend more than 50% of their income on housing.[1]

Community input[34]

> **I am constantly putting alerts out to the community for housing for a family. It's a weekly issue. People are looking at rent prices and can't find homes. On top of that, being new to this country takes time to transition."**
>
> **— Focus group participant from Muslim Community Center**

Highlights

Stable housing is a fundamental need that influences nearly every aspect of life, from health to education. Addressing housing instability is a significant health need in our community based on the increasing housing cost burden and the many times it was mentioned during our focus groups. Breaking this cycle will improve long-term outcomes for individuals and families in our community.

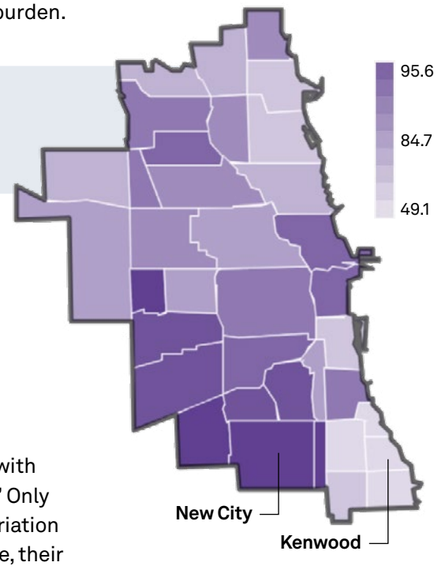
Neighborhood and built environment

A clean, healthy environment is essential for promoting well-being. The quality of our air, water and neighborhoods directly impacts physical and mental health.

Environmental burden

The environmental burden index is a composite index consisting of a place's exposure to harmful environmental factors relating to air quality, pollution and built environment. The index is a scale from 0 to 100, and higher values indicate a larger burden.

Environmental burden index in the CSA[12]
CSA: 82.5
Illinois: 60.2



This map shows the variation in environmental burden throughout the CSA.

The neighborhood with the highest environmental burden is New City at 95.6, and the neighborhood with the lowest environmental burden is Kenwood at 49.1.

Survey participants were asked to state their level of agreement with the following statement: "My community has clean air and water." Only 58.0% of all survey respondents agreed.[34] This ties back to the variation in environmental burden because, depending on where people live, their perception of the cleanliness and health of their community will be very different.

Highlights

While environmental considerations are important for public health, environmental health did not emerge as a major topic in our community discussions.

Social and community context

Northwestern Medicine is a community of caregivers who welcome, respect and serve all people without regard to age, race, color, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or military or veteran status.

Community input[34]

> **[There's a] fear that people feel in terms of doing things that they would normally do and accessing health services, especially within our immigrant, refugee communities, communities of color, transgender and queer communities."**
>
> **— Key interview participant**

Disability cultural responsiveness

A physical or mental impairment is considered a disability when it limits how someone goes about their daily life: when it affects how they hear or walk, for example, or how they communicate, learn or work. The Americans with Disabilities Act (ADA) is the federal civil rights law that defines disability and guarantees that people with disabilities have the same opportunities as everyone else.[13]

Northwestern Medicine provides reasonable accommodations to patients, companions and employees with disabilities when requested. These are provided at no cost to ensure good care, effective communication and compliance with disability rights laws (such as the ADA).

Community input[34]

> **I have a disability, and I also have a mental illness, and having these two things together, and being a woman, is quite an intersection of things that is very challenging."**
>
> **— Focus group participant**

LGBTQ+ cultural responsiveness

Providing a safe, affirming environment is essential to welcome patients from the LGBTQ+ community. There is evidence that sexual minorities (LGBTQ+) and transgender or gender-nonconforming patients can have significant difficulty in accessing appropriate care, developing trust in the care team and receiving safe and effective health care throughout their lives.[14]

Community input[34]

> **Discrimination based on sexual orientation is a significant issue."**
>
> **— Focus group participant from Healthy Hood Chicago**

Healthcare disparities

Medically underserved communities often lack access to:

- Healthy food
- Transportation
- Housing
- Parks, playgrounds and other places to connect with community

Community input[34]

Focus group participants from UCAN (Stone Temple Church) discussed that racism and systemic disparities are persistent obstacles in health care, education and economic opportunities.

> **Need to address the underlying structural racism affecting communities."**
>
> **— Focus group participant from UCAN (Stone Temple Church)**

Highlights

Structural disparities influence the way we live and therefore have a downstream effect on health outcomes. It is important to address structural disparities to improve health outcomes for everyone in the community.

Transportation

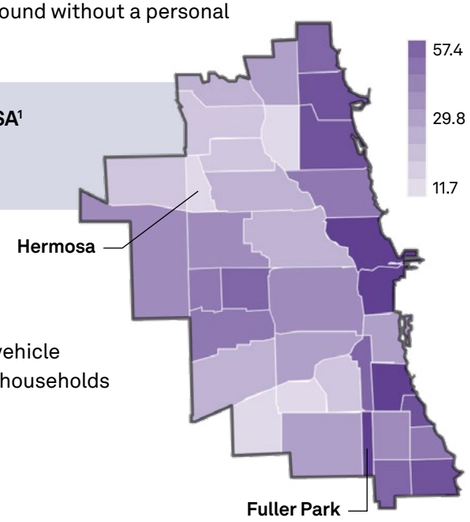
Safe and reliable transportation is essential to accessing healthcare appointments, social services, work, school and grocery stores. A lack of transportation is associated with adverse health outcomes.

Transportation continuously came up during focus groups as a challenge in the community. Without reliable transportation, residents cannot access the services they need to stay healthy.

Personal transportation

Although Chicago is a big city, transportation is still a major challenge for residents. Some focus group participants mentioned that it is difficult to get around without a personal vehicle.

Households with no vehicle available in the CSA[1]
CSA: 30.6%
Illinois: 10.9%



This map shows the percentage of households in the CSA with no vehicle available.

Fuller Park has the highest percentage of households with no vehicle available at 57.4%, and Hermosa has the lowest percentage of households with no vehicle available at 11.7%.

Access to public transportation

For residents who do not have access to a personal vehicle, they must figure out other modes of transportation.

The Chicago Transit Authority is Chicago's public transportation system that includes subways and buses that are dispersed throughout the city. Some focus groups mentioned the following challenges when accessing this public transportation system:

- Difficulty accessing transportation for those with disabilities
- Inconsistency of arrivals and departures
- Scarcity of public transportation in certain areas of the CSA, specifically the south and west sides of Chicago

In the CSA, **20.9%** of workers 16 years and older take public transportation to get to work, which is higher than the rate for Illinois at only 6.4%.[1]

When getting to medical appointments, some focus group participants shared that they use transportation from their insurance company. However, they stated that this service tends to be unreliable because the bus doesn't always show up on time.

Community input[34]

> **Bus cards and passes [are needed] to actually get people to healthcare providers. You might have a doctor or a free clinic, but if someone doesn't have transportation to get there, they're not going to go."**
>
> **— Focus group participant**

> **Transportation is a major challenge, especially for single moms, due to unreliable bus services."**
>
> **— Focus group participant from Healthy Hood Chicago**

Highlights

Residents in the CSA struggle with limited public transportation options, which impact their access to healthy food, gyms and parks for physical activity, employment, education and healthcare services.

Expert observation

"Transportation is a huge barrier for our patients. I've been working with the social work team to try to come up with potential solutions to address it. Our social work team says that many folks can't get to the hospital for their appointments, whether that's outpatient or inpatient. Their cost to travel is high and parking is expensive downtown."

Quentin Youmans, MD, Heart Failure and Heart Transplantation
Northwestern Medicine

Violence and safety

Expert observation

"Violence is a preventable condition that arises from economic desperation. For example, look at the poverty, housing cost burden and unemployment maps next to the violence map. We know from these data and many scientific studies that poverty and violence are highly correlated."

Anne Stey, MD, Trauma Surgery
Northwestern Medicine

Survey respondents identified safety and violence as top concerns in their community.

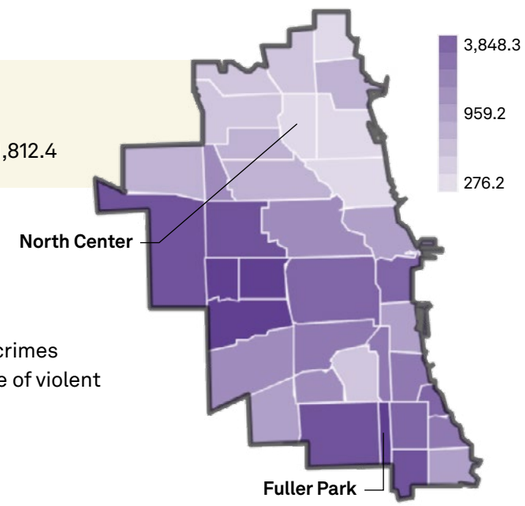
Violence

The epidemic of violence in Chicago is widely recognized, given widespread coverage in local, national and international media. Our analysis of data from the CSA reveals a similar story about the rates of violence in communities with low incomes and a high concentration of people from racial and ethnic minority groups.

Violent crime in the CSA[15]
Measured as crimes per 100,000 residents
CSA: 1,046.4 Chicago: 3,689.3 Illinois: 1,812.4

This map shows rates of violent crime throughout the CSA, clearly demonstrating a disparity between neighborhoods.

Fuller Park has the highest rate of violent crime at 3,848.3 crimes per 100,000 residents, and North Center has the lowest rate of violent crime at only 276.2 crimes per 100,000 residents.



Other violence-related data:

- 306.7 firearm injuries per 100,000 emergency department visits in the city of Chicago (regardless of injury intent) in 2023.[16]
- 27.9 violent deaths per 100,000 residents in Cook County in 2022.*[17]

Community input[34]

> **The gun violence, that's the number one problem in the city of Chicago."**
>
> **— Focus group participant**

> **None of these parks are safe. None of them. Any one you take your kids to, you got to be on your feet because you never know what might happen. And it don't matter what side. South side, west side, north side. It's like wherever you go."**
>
> **— Focus group participant from A House in Austin**

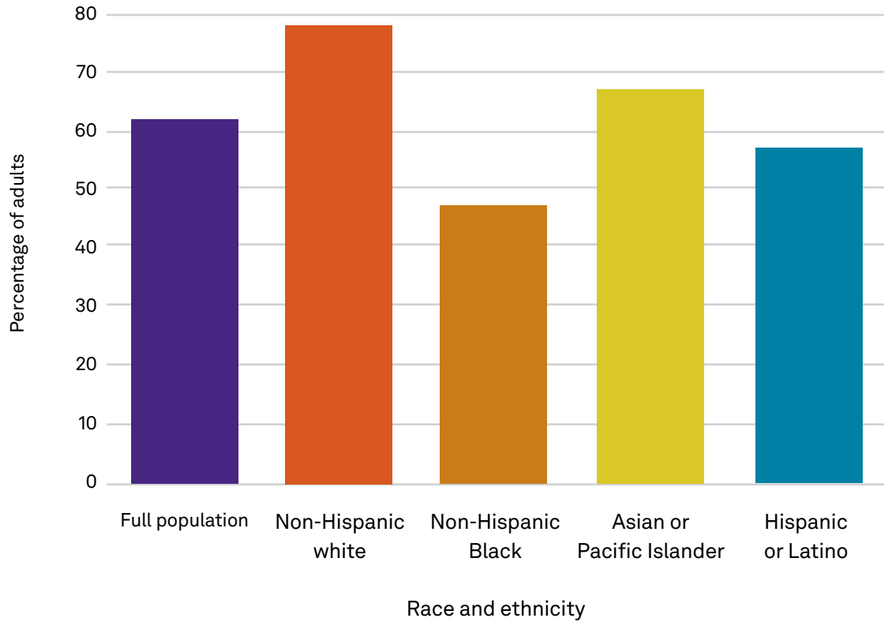
Perceptions of safety

Survey participants were asked to state their level of agreement with the following statement: "My community is a safe place to live." Only 47.3% of all survey respondents agreed.[34] This ties back to the variation in violent crime throughout the CSA because, depending on where people live, their perception of safety in their community will be very different.

Within the CSA, 61.5% of adults report that they feel safe in their neighborhood "all of the time" or "most of the time."[18]

*Manners of violent deaths include suicide, homicide, law enforcement intervention, unintentional firearm and undetermined.

Perceived neighborhood safety rate by race and ethnicity, 2023
Chicago, Illinois



When looking at perception of safety by race and ethnicity, perception of safety is highest among the non-Hispanic white population and lowest among the non-Hispanic Black population.

Highlights

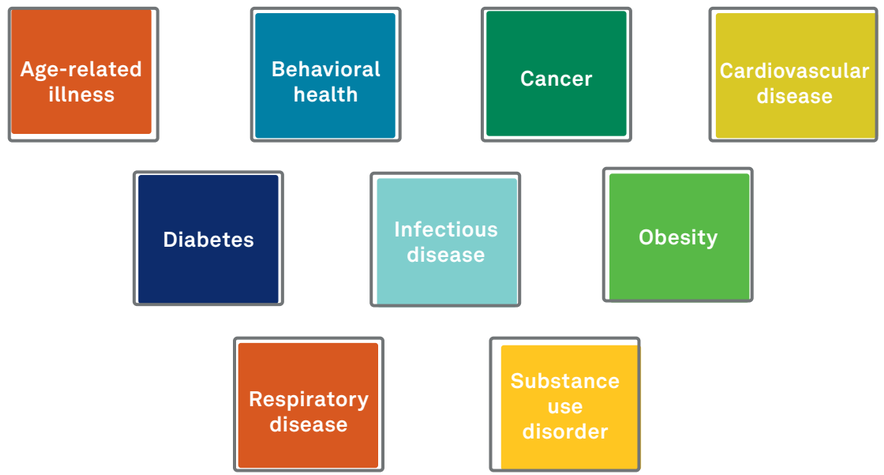
Results from focus groups and survey participants consistently demonstrated that violence and community safety are top concerns in the community. Improving community safety represents a great opportunity for improving health and well-being.

Expert observation

"People who have nothing to lose are those who resort to violence. We must give all Chicagoans opportunities to escape poverty by engaging in education and gainful employment that liberates them from violence and prevents early death. This is essential to ensure public safety in our beautiful Chicago for all people."

Anne Stey, MD, Trauma Surgery
Northwestern Medicine

Health conditions



When survey respondents were asked to rate the overall health of their community on a scale from 1 to 5, the average score was 3.5.[34]

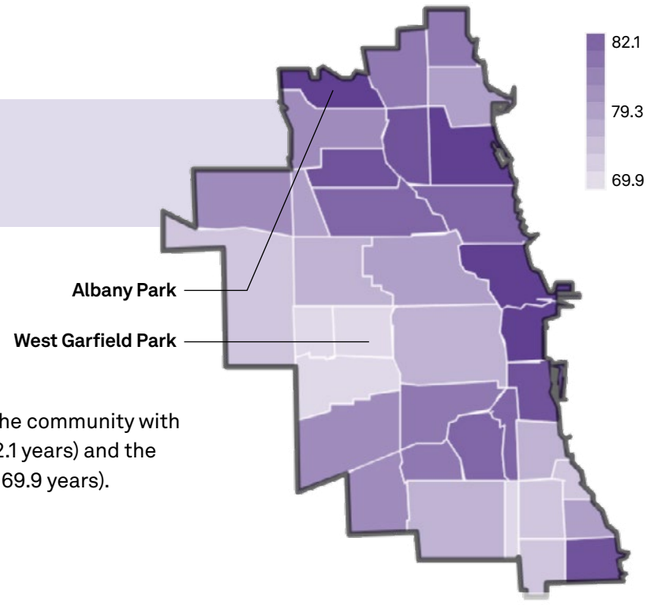
Overall, estimates of disease burden in the CSA are similar or slightly lower than those reported for the state of Illinois. For example, there was less than a percentage point difference between the CSA and Illinois in rates of obesity, diabetes and asthma.

Health condition[19]	CSA	Illinois
Obesity	33.3%	34.4%
High blood pressure	26.5%	29.1%
Diabetes	10.9%	10.4%
Asthma	9.4%	9.5%

Life expectancy in the CSA

Life expectancy is an important way to measure the overall health of a community. It helps us understand how long people live now compared with how long people lived in the past and shows the effects of big changes like diseases or lack of resources in the community.

Life expectancy in the CSA[20]
Measured in years
CSA: 78.3 Illinois: 78.7



In the CSA, there is a 12-year gap between the community with the highest life expectancy (Albany Park, 82.1 years) and the lowest life expectancy (West Garfield Park, 69.9 years).

Age-related illness

Focus group participants discussed that older adults have additional health-related challenges and difficulty accessing health care in the CSA. For the purposes of this report, age-related illness includes:

- Alzheimer's disease and dementia
- Arthritis
- Vision difficulty
- Hearing difficulty

Alzheimer's disease mortality: annual deaths per 100,000 residents[21]

CSA:
13.9

Illinois: 26.2

Arthritis[22]

CSA:
19.2% of adults

Illinois: 23.0% of adults

Vision difficulty[1]

CSA:
2.4% of adults

Illinois: 2.3% of adults

Hearing difficulty[1]

CSA:
2.3% of adults

Illinois: 3.1% of adults

Highlights

Access to health care and community resources for older adults was discussed in focus groups, but age-related illness did not come up. Without a community voice bringing this topic to the surface, we did not include this need in our prioritization process.

Community input[34]

> **We have a lot of seniors that don't know what's offered because, number one, they may not have the means as far as internet access. Or they don't come out as much because they might be disabled or something like that. So I think that that's very important that we, as a community, need to focus more on getting them involved, not involved, but getting them the resources and the information that's needed."**
>
> **— Focus group participant from A House in Austin**

Behavioral health

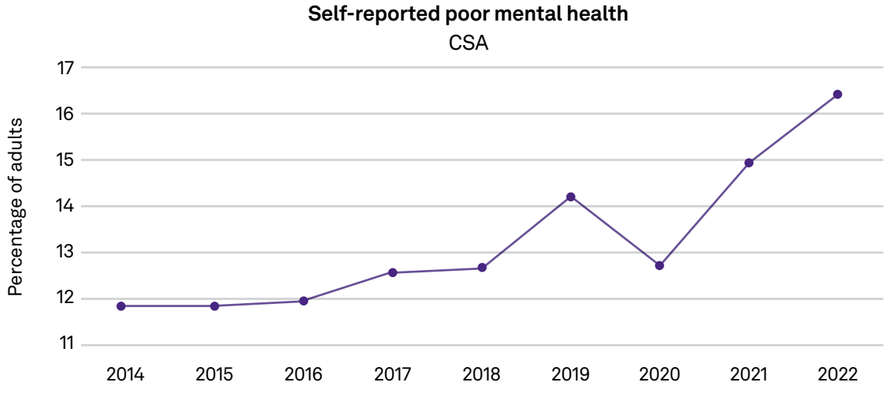
Behavioral health disorders are common and affect people of all demographics. They affect how we think, feel and act, and also influence how we handle stress, relate to others and make choices. In our community, mental health challenges are a growing concern and addressing them is key to improving overall health.

Survey respondents indicated that adult mental health and adolescent mental health were top health needs in their community.

Poor mental health and depression

Throughout focus groups, one common theme was that mental health has been getting worse over the past few years.

Among adults in the CSA, 16.6% reported having poor mental health. This percentage has drastically increased since 2020.[19]



In 2022, 18.5% of adults in the CSA reported having depression, which is higher than Cook County at 17.5% but lower than Illinois at 19.4%.[19] Additionally, in 2021, 43.0% of high school students in the CSA reported having depression.[23]

Behavioral health care

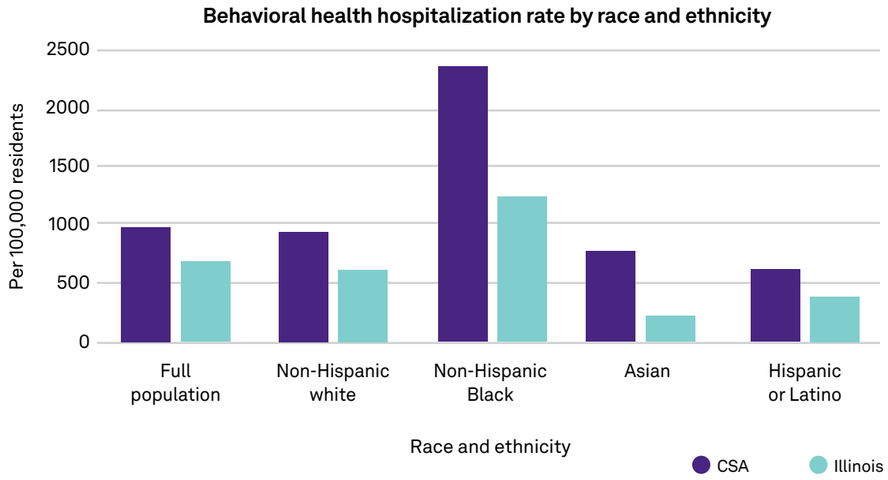
Among survey respondents, **33.1%** reported needing mental health treatment or counseling in the past 12 months. Of those individuals who reported they needed mental health treatment, 82.1% said they were able to receive it.[34]

Of the **17.9%** of survey respondents who reported not being able to receive treatment, the following were the most common reasons.[34]

- I could not afford the cost (38.4%).
- My health insurance does not cover or pay enough for mental health treatment (30.4%).
- I did not know where to get services (27.5%).

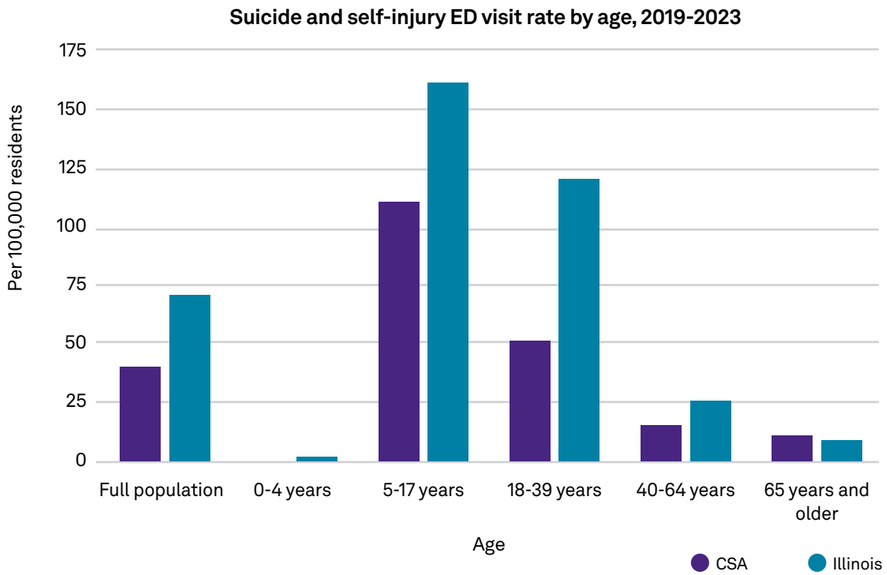
Without timely mental health treatment or counseling, sometimes mental health crises become emergencies, and people need hospital care immediately.

The behavioral health hospitalization rate in the CSA was 965.3 admissions per 100,000 residents, which was higher than both Cook County and Illinois at 700.2 and 621.2, respectively.[24]



When looking at the rates by race and ethnicity, the non-Hispanic Black population's hospitalization rate is 2.4 times higher than that of the full population, showing a significant disparity.

The suicide and self-injury emergency department (ED) visit rate in the CSA was 39.3 visits per 100,000 residents, which was lower than both Cook County and Illinois at 45.9 and 72.0, respectively.[24]



When looking at the rates by age, the rate for youth aged 5 to 17 years is 2.8 times higher than that for the full population.

Community input[34]

> **People will literally walk around either angry, sad or just down. It's a lot of anxiety and depression that feeds over into their day-to-day lives. Like how can you say hello to the brother next to you if on the inside you're feeling bad because you done lost two homies within like a week?"**
>
> — Focus group participant from MAAFA Redemption Project

> **Because much like a lot of people probably in this room and in the community, culturally, it just hasn't been acceptable. We don't look for therapy any time we have anything going on with us. Emotionally, we've been taught, especially as young men, we've been taught to bottle that up and not show the fact that we have something going on"**
>
> — Focus group participant from UCAN (Stone Temple Church)

Highlights

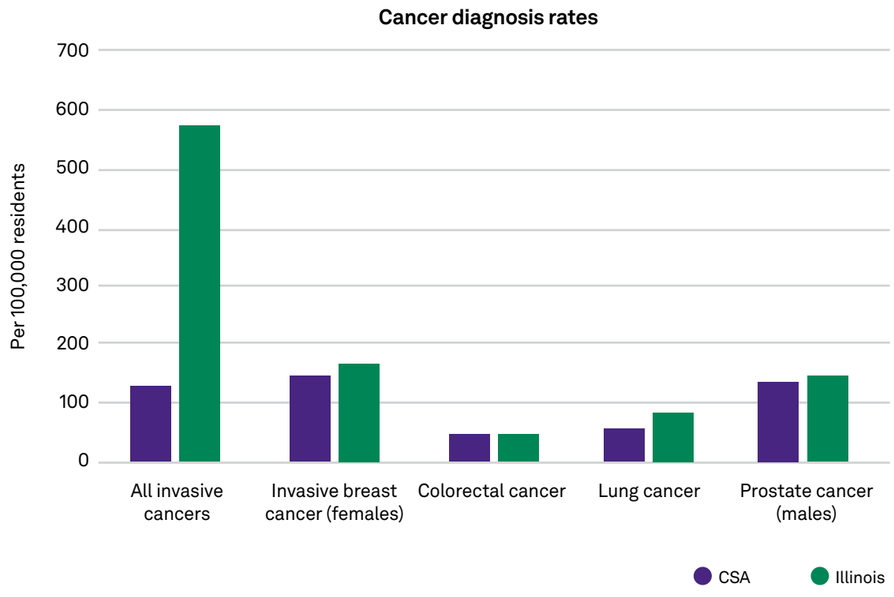
Many individuals in the community face mental health challenges, so it has never been more important to ensure they have access to behavioral health care. Addressing these issues is critical to improving the well-being of our community because mental health affects all aspects of life, from physical health to relationships and overall quality of life. Action is needed to provide support and resources for those in need.

Cancer

Cancer was identified as one of the top health needs in the community by survey respondents.

Cancer is not highly prevalent in the CSA, with only **4.7%** of adults reporting having ever had cancer.[22] However, it is the second leading cause of death for Cook County, only after cardiovascular disease, so it is an important health need in the community.[25]

The cancer mortality rate in the CSA is 128.4 deaths per 100,000 residents, which is lower than Illinois' rate at 144.7 deaths per 100,000 residents.[21]



Prevention and screening in the CSA vs. Illinois

74.2%
of females aged 50-74 years had a mammography screening [19]

Illinois: 73.0%

78.8%
of females aged 18-64 years had a Pap smear[22]

Illinois: 81.0%

55.3%
of residents aged 50-75 years had a colorectal cancer screening*[19]

Illinois: 55.4%

Community input[34]

"Cancer. Not everyone has someone in their families, but there is a lot of breast cancer and some lung cancer and pancreatic cancer. People feel a diagnosis means death. There is little information. Some people think chemotherapy is just to give false hope."

— Focus group participant from New Life Center

Highlights

Although cancer was not a major topic in focus groups, it was in the top health needs chosen by survey respondents. Cancer is an important health need because it can affect anyone. Providing health education and resources can help the community understand what they can do to lower their risk of getting cancer.

Expert observation

"Improving the availability of accessible and affordable screening for several cancers, particularly colorectal cancer, would likely lead to important improvements in the health of the people living in the CSA."

Stephen Persell, MD, Internal Medicine
Northwestern Medicine

*Full description of data: Percentage of resident adults aged 50-75 years who report having had (1) a fecal occult blood test (FOBT) within the past year, (2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or (3) a colonoscopy within the past 10 years.

Cardiovascular disease

Heart disease and stroke can result in poor quality of life, disability and death. These diseases are common, and they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

Cardiovascular disease was identified as one of the top health needs in the community by survey respondents, and was the leading cause of death in Cook County in 2022.[25]

Rates of high blood pressure[19]

CSA: 26.5%

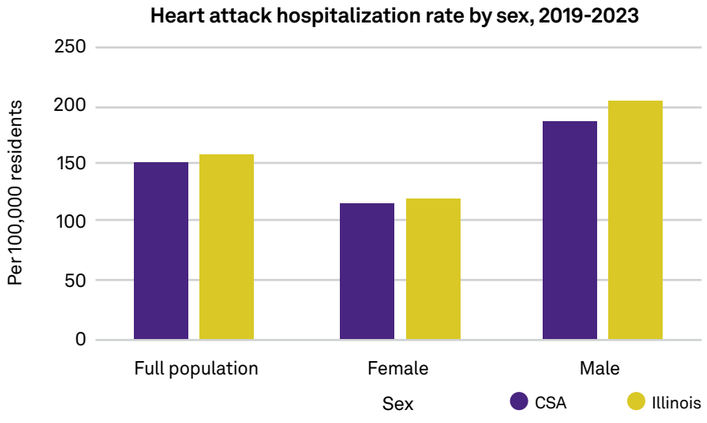
Illinois: 29.1%

Rates of high cholesterol[22]

CSA: 26.1%

Illinois: 28.2%

The heart attack hospitalization rate in the CSA is 148.7 admissions per 100,000 residents, which is slightly lower than Cook County and Illinois at 159.8 and 158.9, respectively.[24]



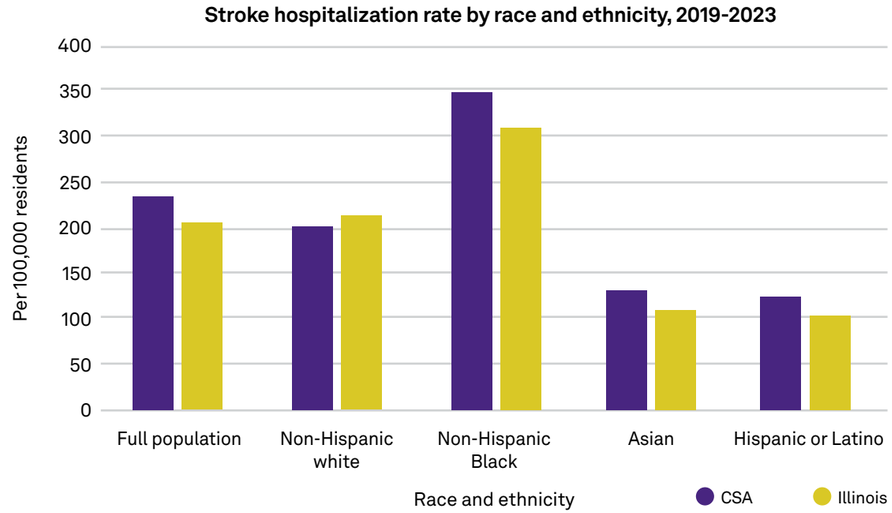
When looking at the heart attack hospitalization rates by sex, the rate is higher among males than females.

Expert observation

"High blood pressure is disproportionately higher in Black communities. It's often undiagnosed and not yet controlled, which then becomes a primary driver for downstream conditions like heart failure."

Quentin Youmans, MD, Heart Failure and Heart Transplantation
Northwestern Medicine

The stroke hospitalization rate in the CSA is 232.5 per 100,000, which is slightly lower than Cook County at 238.4 and higher than Illinois at 209.5.[24]



When looking at the rates by race and ethnicity, the rate for the non-Hispanic Black population is higher than the full population, clearly showing a disparity.

Community input[34]

> **Prevention of chronic disease depends on how people care for their health. Not enough people prioritize their health."**
>
> **— Focus group participant from New Life Center**

Highlights

Cardiovascular disease is a top health need in the community according to focus group participants and survey respondents. Addressing social drivers of health and providing health education can help prevent cardiovascular disease and improve health overall.

Mortality, annual deaths per 100,000 residents[21]

Heart disease

CSA: 155.6

Illinois: 166.7

Stroke

CSA: 38.2

Illinois: 40.8

Diabetes

Type 2 diabetes was identified as one of the top health needs in the community by survey respondents. Tailored health interventions and community education programs can help manage and mitigate the impact of diabetes, aiming to enhance the overall well-being and health of residents.

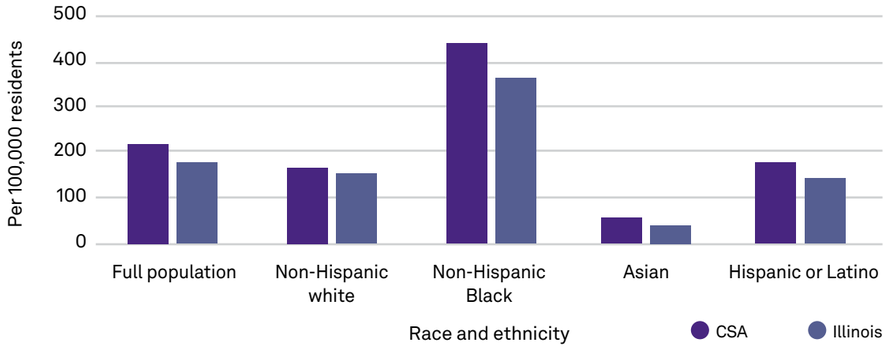
Prevalence of diagnosed diabetes among adults[19]

CSA: **10.9%**

Illinois: 10.4%

The diabetes hospitalization rate in the CSA is 218.8 per 100,000 residents, which is higher than both Cook County and Illinois at 203.9 and 179.0, respectively.[24]

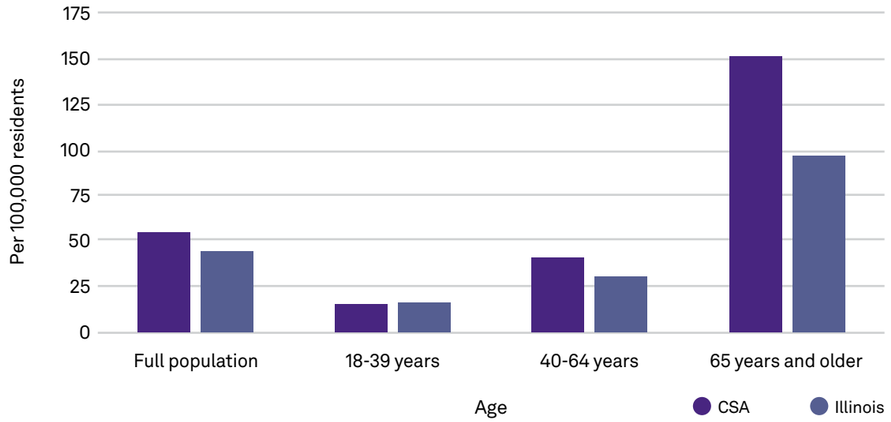
Diabetes hospitalization rate by race and ethnicity, 2019-2023



The rate for the non-Hispanic Black population is 2 times higher than the full population, showing a clear disparity.

The hospitalization rate for patients with uncontrolled diabetes rate in the CSA is 185.3 residents per 100,000, which is slightly higher than both Cook County and Illinois at 172.4 and 184.1, respectively.[24]

Uncontrolled diabetes hospitalization rate by age, 2019-2023



When looking at the rates by age, the rate for adults 65 years and older is the highest.

Community input[34]

> **I want to touch on the chronic diseases — diabetes, heart disease — pretty prevalent in the community, but certain challenges that we face is nutrition and nutrition education. Most people do not realize what they are eating. Physical activity plays a role in that. There is a lot of education needed. If you have diabetes or high cholesterol, how do you manage it?"**
>
> **— Focus group participant from Muslim Community Center**

> **Health awareness and access to health care are lacking. Many are unaware of healthy eating habits. Diabetes is common due to lack of education on nutrition."**
>
> **— Focus group participant from Fillmore Laundry Services**

Highlights

Diabetes was identified as a top health need in the community. Many focus group participants stated that the challenge with diabetes is the lack of education around how to eat healthy and how to manage their condition.

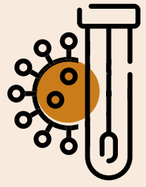
Infectious disease

The infectious disease assessment includes a review of rates of sexually transmitted infections (STIs), COVID-19 and a combined statistic for pneumonia and influenza (flu).

Sexually transmitted infections

Infection rates per 100,000 residents[27]

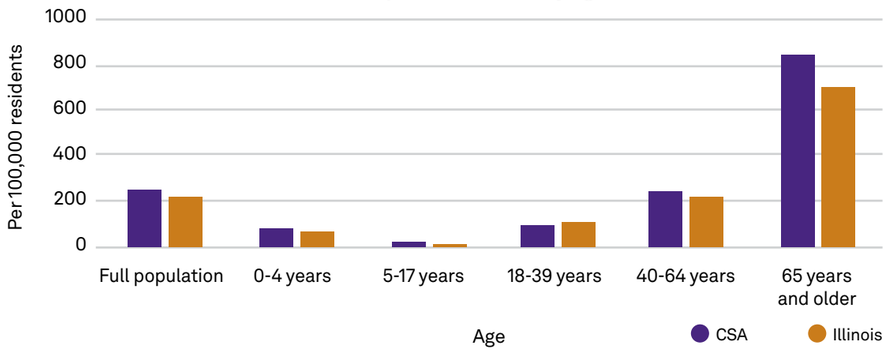
STIs	Gonorrhea	Chlamydia
Cook County: **1,720.9**	Cook County: **311.6**	Cook County: **774.6**
Illinois: 1,139.5	Illinois: 210.2	Illinois: 568.8



COVID-19

The COVID-19 hospitalization rate in the CSA is 240.6 admissions per 100,000 residents, which is slightly lower than Illinois at 214.3 admissions per 100,000 residents.[24]

COVID-19 hospitalization rate by age, 2019-2023



Older adults have the highest hospitalization rate for COVID-19, 3.5 times the rate for the full population. This shows that older adults are disproportionately affected by COVID-19.

Community input[34]

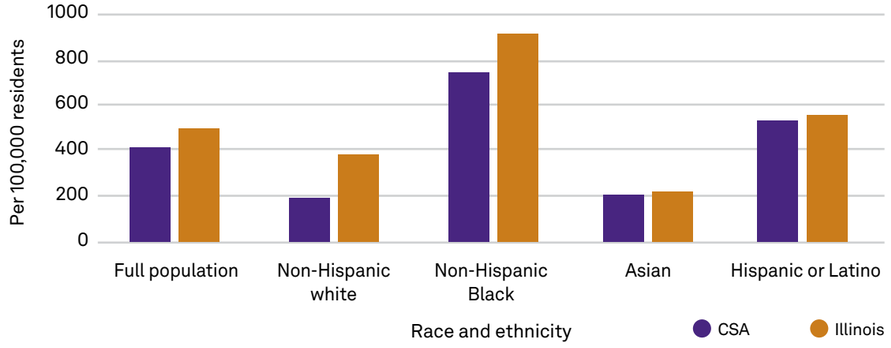
> **I had COVID in the beginning. I still have migraines. I still have body aches. I still have days where I just barely can get up to get myself dressed to go to work, but I still have to go to work."**
>
> **— Focus group participant from UCAN (Stone Temple Church)**

> **Like you can live a little bit at ease, but I still wear masks. I still keep these hands washed."**
>
> **— Focus group participant from Westside Health Authority**

Influenza

The pneumonia and influenza emergency department visit rate in the CSA was 401.1 per 100,000 residents, which was lower than the state at 494.5.[24]

Pneumonia/flu emergency department visit rate by race and ethnicity, 2019-2023



When looking at the rates by race and ethnicity, the rate for the non-Hispanic Black population is 1.9 times higher than the full population, which shows a significant disparity.

Asked about vaccination, 69.8% of survey respondents reported receiving the flu vaccine in the past 12 months.[34]

Highlights

Infectious diseases were not commonly identified as significant health needs in the community. However, many focus group participants noted the lasting effects that COVID-19 has had on their community.

Obesity

Obesity can contribute to the development of health conditions such as diabetes and heart disease. Managing obesity has a positive impact on the health of the individual and the community on a whole. Obesity is defined by a number called the body mass index, which is calculated using weight and height. An individual has obesity when their body mass index is 30 or more.

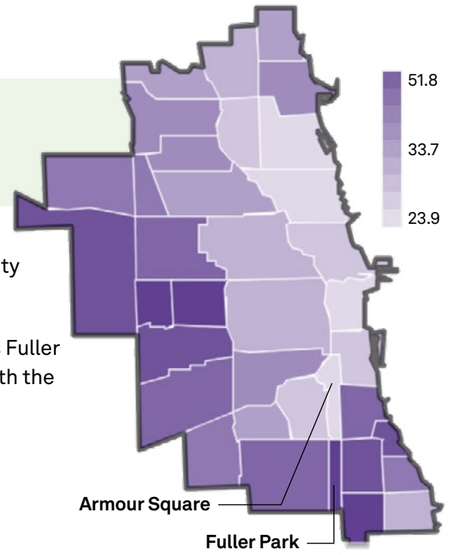
Survey respondents identified obesity as one of the top health needs in their community.

Some people in certain racial and ethnic groups are at higher risk of obesity because they live in communities with a lack of access to healthy food and easy availability of fast food, and other SDOH that increase their risk of chronic diseases.[2]

Percentage of adults with obesity in the CSA[19]
CSA: 33.3% Illinois: 34.4%

This map shows the percentage of adults with obesity in each neighborhood throughout the CSA.

The neighborhood with the highest rate of obesity is Fuller Park at 51.8% of residents, and the neighborhood with the lowest rate of obesity is Armour Square at 23.9%.



Exercise

Asked about exercise, **22.4%** of CSA residents 18 years and older reported they did not exercise in the past month, which is slightly higher than both Cook County and Illinois at 20.9% and 21.5%, respectively.[19]

Among the survey respondents stating they did not exercise in the past month, the following reasons were most common[34]:

- I don't have time (6.1%).
- I can't afford the fees to exercise (2.9%).
- I have a physical disability (2.5%).

Community input[34]

> **If you don't have good infrastructure in your parks and outdoor areas, like people are not really going to exercise."**
>
> **— Focus group participant**

> **Everybody mostly eats snacks and unhealthy foods."**
>
> **— Focus group participant from UCAN (Stone Temple Church)**

Highlights

Obesity was not commonly mentioned in focus groups as a top health need in the community, but it was in the top rankings by survey respondents. Because obesity can lead to other serious health problems, it is important to prioritize healthy habits to improve health.

Respiratory disease

Chronic respiratory diseases, or lung diseases, are diseases where the lungs are not working properly, which makes it difficult to breathe.[28] The respiratory disease assessments include a review of rates of asthma and chronic obstructive pulmonary disease (COPD).

Community input[34]

> **The parents will call just about anything asthma, but at the same time, they don't think it needs a diagnosis."**
>
> **— Focus group participant**

Highlights

The topic of respiratory disease rarely came up in focus groups and was not one of the top health needs in the survey results. Without a community voice bringing this topic to the surface, we did not include this need in our prioritization process.

Rates of asthma[19]

CSA:
9.4%
Illinois:
9.5%

Rates of COPD[19]

CSA:
4.8%
Illinois:
5.4%

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Substance use disorder

A substance use disorder is when someone cannot control their use of a substance, even though it causes harm and makes it hard to function in daily life.

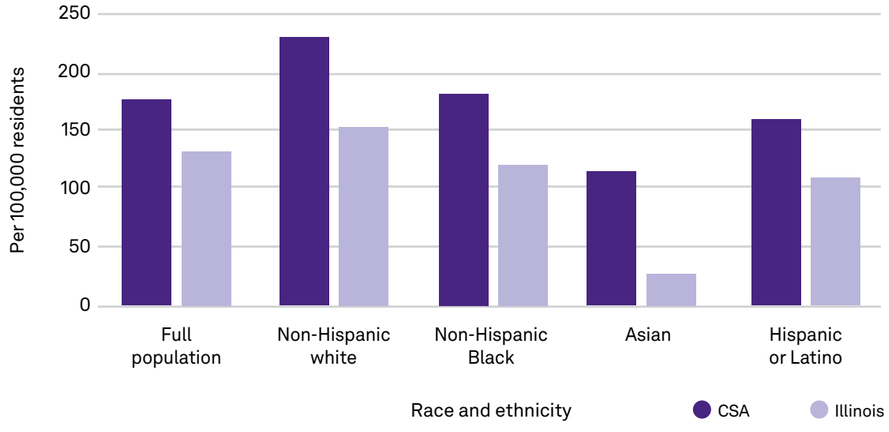
Focus group participants and survey respondents identified substance use disorder as one of the top health challenges in the community.

Alcohol use

The CSA has a binge drinking rate at 22.1% of adults, which is slightly higher than both Cook County and Illinois at 20.8% and 20.4%, respectively.[19]

The alcohol use hospitalization rate in the CSA is 173.2 admissions per 100,000 residents, which is higher than both Cook County and Illinois at 157.9 and 136.3, respectively.[24]

Alcohol use hospitalization rate by race and ethnicity, 2019-2023



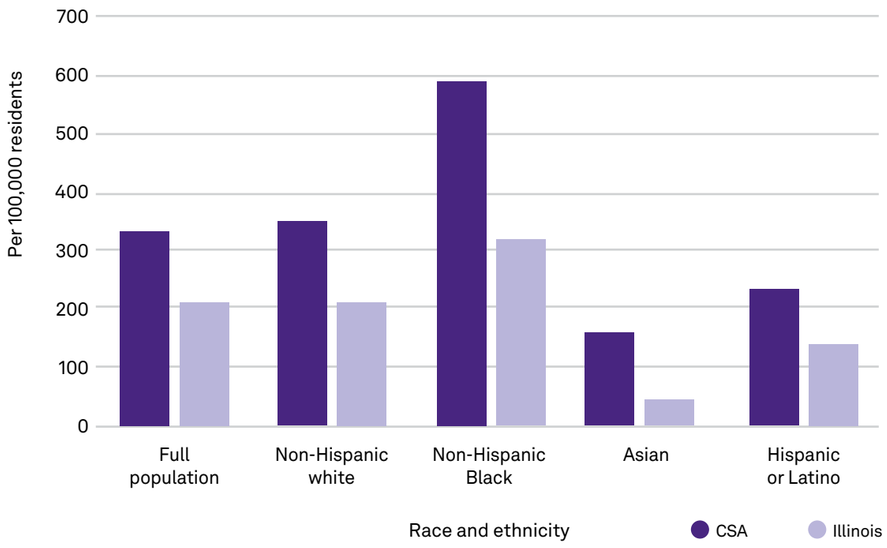
When looking at the rates by race and ethnicity, the rate for the non-Hispanic white population is the highest.

Substance use

The drug overdose mortality rate for the CSA is 38.5 deaths per 100,000 residents, which is is higher than the rate for Cook County and Illinois at 33.5 and 26.0, respectively.[21]

The substance use hospitalization rate in the CSA is 329.7 admissions per 100,000 residents, which is higher than both Cook County and Illinois at 261.7 and 209.6, respectively.[24]

Substance use hospitalization rate by race and ethnicity, 2019-2023



When looking at the rates by race and ethnicity, the rate for the non-Hispanic Black population is 1.8 times higher than the full population, demonstrating a significant disparity.

Community input[34]

> **Substance abuse is often a response to trauma and pain."**
>
> **— Focus group participant from Fillmore Laundry Services**

> **Instead of dealing with the stressors, they turn to things that kind of numb themselves."**
>
> **— Focus group participant from UCAN (Stone Temple Church)**

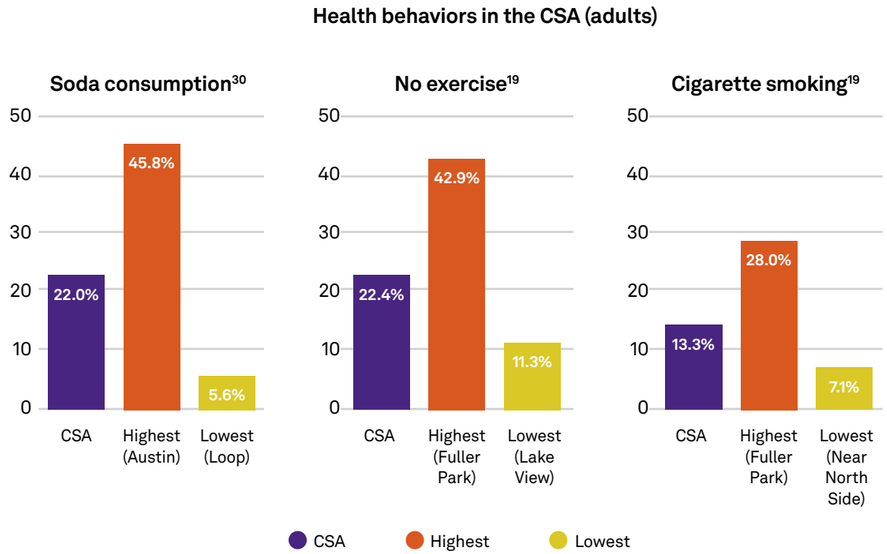
> **Alcoholism has been high as well as drug use. Immigrants leave everything behind in their old countries, and although they can find work, they compensate with vices. This affects both men and women. All kinds of drugs."**
>
> **— Focus group participant from New Life Center**

Highlights

Focus group participants shared that many people in the community suffer from a substance use disorder. It is critical to destigmatize substance use so that individuals can safely receive treatment and access resources to address their substance use disorder.

Health behaviors

Research has shown that a person's health is not solely defined by their socioeconomic status or available resources. In fact, a person's health is greatly influenced by their health behaviors such as food choices, physical activity and substance use.[29]



Negative behaviors correspond with a higher burden of disease in many of the same communities and highlight structural disparities that contribute to poor health.

Nutrition

Access to affordable food, access to fresh food and eating healthy were all identified by survey respondents as top challenges in their community.

Some people do not have the information they need to choose healthy foods, while others do not have access to healthy foods or cannot afford to buy enough food. In fact, 10.3% of residents in the CSA have low food access, which is residents who have low access to food defined solely by distance: further than 1/2 mile from the nearest supermarket in an urban area.[31] This percentage statewide is 49.9%.[31]

Without access to affordable, healthy foods in safe and accessible locations, individuals cannot reasonably make good nutritional choices for themselves and their families.

When investing in healthy food options for a community, it is important to understand the history and culture of that community. Programs should make every effort to take a culturally competent approach to create sustainable change in nutrition access.

Community input[34]

> **People try to eat well. It doesn't always happen, but they try. They try to limit soda and sugary drinks. Drink more water."**
>
> **— Focus group participant from New Life Center**

> **Kids in schools seem to do better when they have nutritious breakfast in the morning. If they don't eat breakfast, they are more likely to choose things that are quick and convenient when they are really hungry, such as chips and soda."**
>
> **— Focus group participant from UCAN (Stone Temple Church)**

12.1% of CSA residents live with food insecurity[7]

Illinois: 12.0%

17.4% of CSA households receive SNAP benefits[1]

Illinois: 13.5%

Physical activity

Regular physical activity can improve the health and quality of life of people of all ages. For people who are inactive, even small increases in physical activity are associated with health benefits.

Within the CSA, **22.4%** of residents reported not exercising at all in the past month.[19] Guidelines recommend at least 150 minutes of moderate aerobic activity per week.

Personal, social, economic and environmental factors all play a role in physical activity levels among youth, adults and older adults. Many families cannot afford gym memberships or fees to exercise. Understanding barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Tobacco and electronic cigarette use

Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung disease and many types of cancer.[32]

Adult behaviors

Among adults in the CSA, **13.3%** reported smoking cigarettes.[19]

A smaller proportion reports recent use of electronic cigarettes: **7.9%** of adults in the CSA said they used electronic cigarettes in the past 30 days.[30]

Youth behaviors

Among high school students in Chicago, **17.8%** reported ever smoking cigarettes.[33]

Many more have tried other forms of smoking: **42.5%** of Chicago high school students reported having ever used an electronic vapor product.[33]

Community input[34]

> **A lot of people smoke with their parents now, and they're young."**
>
> **— Focus group participant from Breakthrough**

Significant health needs

Based on local data, benchmark data, the number of people affected and focus group input, we identified the following to be significant health needs within our CSA. Our collaborators considered these needs when identifying which should be priority health needs for Northwestern Medicine to address.

- Access to health care
- Behavioral health
- Cancer
- Cardiovascular disease
- Diabetes
- Employment and youth development
- Food access
- Housing instability
- Obesity
- Substance use disorder
- Violence and community safety

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Priority Health Needs

Community Engagement Council

Once significant health needs are identified, it is important to engage individuals from a variety of backgrounds to share their insights. This helps ensure that data is being interpreted with the community voice at its core, and guides decisions about which needs should be a priority for Northwestern Medicine.

To that end, Northwestern Memorial Hospital engaged with community members and organization representatives, along with Northwestern Medicine employees through their Community Engagement Council.

The Community Engagement Council includes representatives from across Cook County and employees of Northwestern Medicine. Council members are people who have demonstrated a strong, ongoing commitment to improving the health of the communities we serve. Their different backgrounds helped us consider a full range of perspectives when prioritizing identified health needs.

The following community organizations participate on our Community Engagement Council:

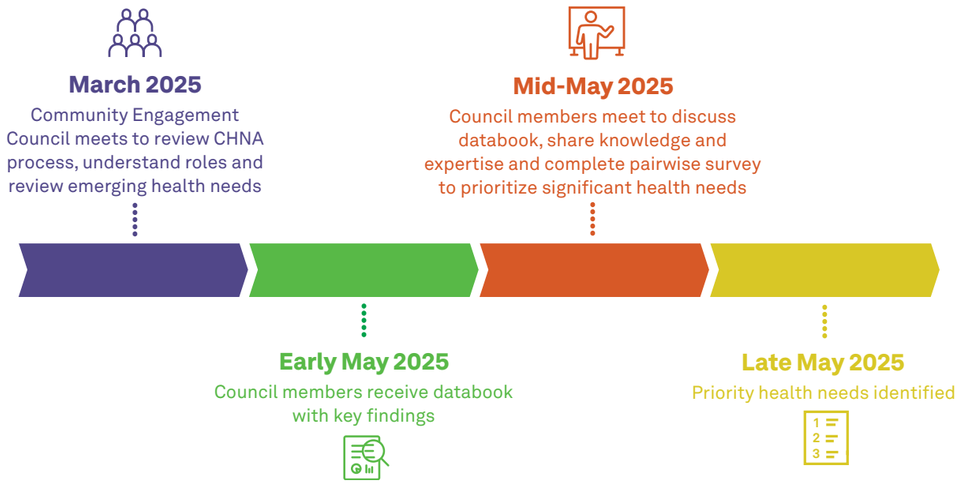
Bright Star Community Outreach	Metropolitan Peace Initiatives
Cara Chicago	NAMI Chicago
Center for Housing and Health	Near North Health
Chicago Department of Public Health	Thresholds
Dion's Chicago Dream	West Humboldt Park Development Council
Erie Family Health Centers	YMCA of Metropolitan Chicago
Ladies of Virtue	

The following is a list of Northwestern Medicine departments represented and why they were chosen for inclusion.

Hospital department	Knowledge area
Behavioral Health	Direct patient care
Care Coordination	Coordination of patient care, including medical and social needs
Community Affairs	Community relationships, data and hospital resources
Executive Leadership and Operations	Hospital operations and decision making
Medical Staff	Direct patient care
Oncology	Direct patient care
Patient Engagement	Coordination of patient care
Quality	Supports patient care
Northwestern Medical Group	Direct patient care
Social Work	Supports patient care

How we chose priority health needs

Following completion of data analysis, leaders from Northwestern Memorial Hospital convened our Community Engagement Council to review the findings.



The prioritization of health needs took place over a series of meetings with the Community Engagement Council.

- The council convened in March 2025 to receive an overview of the CHNA process, including the data collection process within the defined CSA. In this meeting, council members received a preview of the emerging significant health needs identified through the data analysis.
- In early May 2025, council members were given a databook that highlighted key findings.
- In mid-May 2025, the Community Engagement Council convened again to review the data collected from the community and to prioritize health needs based on data as well as their own knowledge and expertise.
- During this meeting, council members were encouraged to ask questions and offer additional data points based on their areas of expertise. This process was meant to ensure Northwestern Memorial Hospital was interpreting the data based on the voice of the community.
- Once the data was reviewed, council members participated in a pairwise survey through OpinionX. Through this process, participants were asked to consider multiple prioritization factors.
  - The survey assessed 11 significant health needs.
  - Participants were given two needs at a time and asked to select which was the priority. After making their selection, participants were presented with the next pair and so on.
- After prioritizing the list of top 11 needs, the Community Engagement Council was able to view and compare their results. The idea behind this methodology is to put an emphasis on the community voice while also recognizing that hospital employees are able to provide perspective on what Northwestern Memorial Hospital can feasibly accomplish over the next three years in this CHNA cycle.

Prioritization factors	Related questions
Consequences of inaction	What impact would inaction have on individuals and on population health? Are there other organizations who will act to address the need? Do the inputs needed to take action create challenges to act in other important areas, recognizing that Northwestern Medicine resources are limited?
Feasibility of influencing	What capacity already exists to address the need? Can Northwestern Medicine action add value? Is there already a foundation for collaboration? Is it local? Could the role of Northwestern Medicine complement that of other collaborators?
Magnitude and disparity	How many people in the community are impacted? Are there disparities by race, income or location? Where is the magnitude the greatest?
Severity and impact	How does the need impact health and vitality (focusing on people most impacted by needs related to social drivers of health)?
Trend	Is there a pattern in the data? Has the data gotten significantly worse or better over time?

Identified priority health needs

Northwestern Memorial Hospital has identified two priority health needs in the 2025 CHNA. In selecting priorities, we considered:

- How big the need is in the community
- The capacity and resources available to meet the need
- The suitability of our own expertise to address the need

In particular, priority health needs were selected based on their ability to be addressed through a coordinated response from a range of healthcare and community resources.

Northwestern Memorial Hospital 2025 priority health needs

Access to health care

Behavioral health

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Development of a Plan to Address Priority Health Needs

To address the priority health needs identified, Northwestern Memorial Hospital will continue to work with the community to develop a comprehensive Community Health Implementation Plan (CHIP). The CHIP will detail strategies to address each priority health need as well as anticipated impacts, resources and planned collaborations.*

Northwestern Medicine remains committed to providing culturally informed care that is responsive to the needs of the communities we serve. By creating a CHIP with community organizations, including health and social service organizations, we will develop community-based health initiatives designed to address the identified priority health needs.

This work is ultimately intended to **improve health, remove health disparities and build healthier communities** in alignment with the Northwestern Medicine mission.

Existing resources

We recognize that a significant number of healthcare facilities and organizations within the CSA respond to health needs and support health improvement efforts. A list of resources potentially available to address priority health needs is included in Appendix B.

*The CHIP will also specify significant health needs identified through the CHNA that we did not prioritize, together with the reason that they will not be addressed.

Northwestern Medicine roles

To address the priority health needs, Northwestern Memorial Hospital can serve in a variety of roles.

Civic leader

- Collaborator/convener
- Employer
- Advocate
- Funder

Researcher

- Medical/biomedical research
- Community-based evaluation
- Outcomes data
- Proof of concept

Educator

- Training
- Youth programs
- Health promotion
- Knowledge transfer

Carer

- Financial assistance
- Medicaid
- Safety net collaborator

Appendix A

Evaluation of Impact

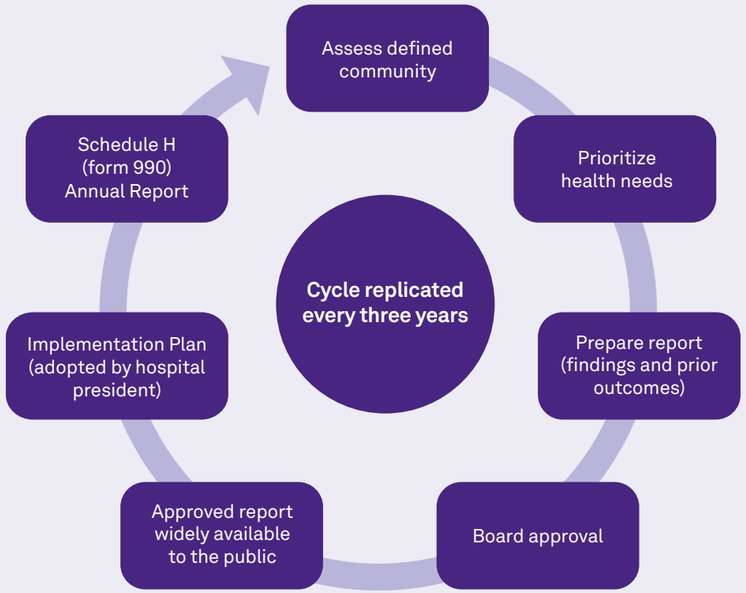
Actions taken to address Northwestern Memorial Hospital 2022 priority health needs

The last CHNA was completed by Northwestern Memorial Hospital in 2022. We worked with AHE to determine significant health needs through a comprehensive assessment that included analysis of the community voice, data and the potential health impact of a given issue.

Our community councils met to identify priority health needs for the CSA based on CHNA findings. In selecting priorities, Northwestern Memorial Hospital considered the following criteria:

- Consequences of inaction
- Feasibility of influencing
- Magnitude of disparity
- Severity and impact
- Trend

The final step before beginning a new CHNA report is evaluating the impact of the strategies started as a result of the previous CHNA.



Through the 2022 CHNA process, Northwestern Memorial Hospital identified three priority health needs to be addressed through collaborative planning and coordinated action with organizations that impact health services in the community:

1. Behavioral health
2. Employment and youth development
3. Violence and community safety

The hospital and key community organizations collaborated to address the identified priority health needs. This Evaluation of Impact report summarizes the progress of community strategies outlined in the hospital's current CHIP. This evaluation shows change over time and indicates how well these strategies addressed the priority health needs of the community.

Priority health need 1: Behavioral health

Goal: Improve access to and utilization of behavioral health services within the CSA.

Strategy 1.1: Improve access to behavioral health care services by expanding the collaborative care model within the community.
Northwestern Memorial Hospital is collaborating with the Inner-City Muslim Action Network (IMAN) to implement an integrated collaborative care model. The collaborative care model addresses the treatment of common mental health conditions such as depression and anxiety in the primary care setting. Northwestern Memorial Hospital has used an integrated collaborative care model in its primary care offices for more than 10 years. The healthcare professionals and staff involved in the initial pilot of the collaborative care model are part of the team helping IMAN.

Impact of Strategy
Implementation of the collaborative care model with IMAN experienced some delays, but was finally launched in April 2025. Since its implementation, IMAN has increased the number of patients who can manage their depression and anxiety, and subsequently improved patients' overall mental health and ability to achieve personal goals.

Strategy 1.2: Assess behavioral health community programming needs to identify and implement appropriate programs that address behavioral health disparities among marginalized populations in the Bronzeville and West Humboldt Park communities.
This strategy focused on developing a deeper understanding of behavioral health disparities to create education programming and content to meet the needs of adults, families and community members. Northwestern Memorial Hospital performed surveillance and conducted community listening sessions to understand community perceptions and behavioral health needs. We analyzed data to identify educational programming gaps and used the insights to adapt or develop new programming to complement existing programming.

Impact of Strategy
Through the insights gained from surveillance, we grew educational content and program offerings to include eight new behavioral health programs. Our expanded program offerings encouraged individuals to seek treatment as needed and encouraged community members to adopt better behavioral health habits. The following metrics demonstrate the impact of the work to date:

- In FY23, we performed surveillance, collected more than 350 completed community surveys and delivered 16 behavioral health program sessions.
- In FY24, we delivered 27 behavioral health program sessions.
- So far in FY25, we have held seven programs focusing on behavioral health with 117 attendees; six more programs are scheduled.

Strategy 1.3: Expand behavioral health training and education for Bright Star Community Outreach ambassadors to increase knowledge and help lessen stigma related to behavioral health.

This strategy focused on supporting efforts to reduce stigma and negative beliefs and improve attitudes and community understanding about behavioral health. Through collaboration with Bright Star Community Outreach (BSCO), we provided evidence-informed behavioral health education and training to support BSCO ambassadors. In turn, these ambassadors provided counseling through various support channels to adults, families and children affected by trauma in the community of Bronzeville, located on Chicago's South Side.

Impact of Strategy

As part of these efforts, we provided access to behavioral health and trauma-responsive interventions to support patients and community residents who needed behavioral health treatment and care. Through our collaboration with BSCO, we engaged and offered behavioral health resources and support to community members in the following ways:

- Through BSCO's trauma care helpline, we provided more than 400 direct service hours and more than 1,000 community touchpoints annually.
- BSCO-trained ambassadors attended nearly 500 community engagement events collectively and interacted with almost 13,000 individuals to increase trauma awareness.
- BSCO-trained ambassadors were placed in Caring and Resilient Environment (C.A.R.E.) rooms within Chicago Public Schools (CPS), resulting in more than 1,000 community engagements with CPS youth.

Priority health need 2: Employment and youth development

Goal: Expand access to employment, training and youth development opportunities at Northwestern Memorial Hospital for youth and adults within under-resourced areas of the CSA.

Strategy 2.1: Expand recruitment outreach and measurable impact in under-resourced areas.

Northwestern Memorial Hospital has increased awareness and engagement in our employment and training opportunities by collaborating with community organizations serving under-resourced neighborhoods. Initially focused on inner-city Chicago with four community organizations, the success of our efforts and public demand led to expansion into south suburban Cook County. We now collaborate with 10 community-based organizations. These collaborations create bidirectional pipelines that support our recruitment efforts—sharing Northwestern Medicine employment and training opportunities while attracting talent from under-resourced communities—and strengthen our physical presence and impact in these communities.

Impact of Strategy

Each year our efforts and expansion have helped us increase the number of recruitment events we attend in Chicago area communities:

- In FY23, we participated in approximately 50 community recruitment events.
- In FY24, we participated in 57 community recruitment events.
- In the first two quarters of FY25, we participated in 42 community recruitment events.

Strategy 2.2: Mitigate accessibility barriers to Northwestern Medicine employment and training opportunities.

Northwestern Medicine established the Community Referral Program with the support of 10 community collaborative organizations. The goal of the program is improve access to employment and training opportunities at Northwestern Medicine.

The Community Referral Program increased recruitment efforts by taking the following steps:

- Hiring dedicated staff and developing an expedited interview process for community referrals.
- Training community organizations to identify, prepare and refer qualified candidates for employment and training.
- Providing feedback to the community organizations in an ongoing process improvement for helping candidates prepare for interviews.

Impact of Strategy

These efforts helped reduce barriers to employment and training opportunities at Northwestern Medicine for candidates from under-resourced communities and resulted in an increasing number of community referral job placements each year:

- In FY23, 53 placements
- In FY24, 74 placements
- In FY25, on track to reach 88 placements

Strategy 2.3: Strengthen and develop youth pipeline and youth career development programs to promote careers in healthcare fields and paraprofessional roles to students in under-resourced communities.

This strategy focused on giving high school students enriching experiences through jobs in healthcare roles. It emphasized recruiting and attracting students from under-resourced neighborhoods on the south and west sides of Chicago. Students met healthcare professionals, explored programming opportunities and attended “Health Care Is Calling” roadshow events.

Impact of Strategy

Our efforts resulted in reaching more students and providing greater economic opportunities through the following:

- The number of students we engaged with increased from 790 to more than 1,300.
- We increased hourly wages from $15.00 to $16.50.
- Our number of paid internships increased from 54 to 63.
- A pilot program was successfully launched for students who are deaf or hard of hearing.
- More than 16 students from George Westinghouse College Prep attended a new program in Anesthesiology.
- Students attended more than 50 events designed to explore their interest in healthcare careers.

Priority health need 3: Violence and community safety

Goal: Through a hospital-based violence intervention program, provide health care and wraparound services for those who experience intentional interpersonal injury.

Strategy 3.1: Implement a hospital-based violence intervention program in the Northwestern Memorial Hospital Emergency Department.

This strategy aimed to design a hospital-based violence intervention program in the Northwestern Memorial Hospital Emergency Department, a Level I trauma center. Northwestern Memorial Hospital hired a community health coordinator to provide intensive case management for patients admitted to the hospital and to maintain and oversee relationships with community-based organizations in violence prevention and intervention.

Impact of Strategy
More than 350 patients have been treated in this program to date. This strategy has resulted in a patient-centered, trauma-informed care model for those who experience intentional personal injuries and their families.

Appendix B

Resources Available to Address Significant Health Needs

The following healthcare facilities and community organizations may be available to address significant health needs identified in this CHNA.

Category	Resource	Description	Link
Health care	CommunityHealth	Free community health center	communityhealth.org
	Erie Family Health Center	Federally qualified health center (FQHC)	eriefamilyhealth.org
	Howard Brown Health	FQHC	howardbrown.org
	Inner-City Muslim Action Network (IMAN)	FQHC	imancentral.org
	Near North Health	FQHC	nearnorthhealth.org
	Northwestern Memorial Hospital	Health care	nm.org/locations/north-western-memorial-hospital
Nonprofit, faith-based organizations	Bright Star Community Outreach	Trauma counseling, child and family services, employment mentoring	brightstarcommuni-tyoutreach.com
	Chicago Dream Center	Programs for unhoused or underserved people	chicagodreamcenter.org
	Inner-City Muslim Action Network	Transitional housing, job training, behavioral health, art therapy, food access, advocacy	imancentral.org
	Mission of Our Lady of the Angels	Food access, youth programs, senior programs	missionola.org

Category	Resource	Description	Link
Nonprofit, faith-based organizations (continued)	The Salvation Army – Freedom Center	Food access, youth programs, substance use, transitional housing	centralusa.salvationarmy.org/freedom
	Timothy Community Corporation	Health education, fitness programming, literacy and leadership	timothycommunity.org
Social service organizations	Acclivus Inc.	Violence prevention programs and trauma services	acclivusinc.org
	Association House of Chicago	Programs and services for underserved populations	associationhouse.org
	Bickerdike Redevelopment Corporation	Community and housing development	bickerdike.org
	BUILD	Violence prevention and youth development	buildchicago.org
	Chicago Cares	Programs for underserved people, volunteer engagement	chicagocares.org
	Chicago Housing Authority	Programs and services for residents, affordable housing	thecha.org
	Chicago Lights	Programs, services and advocacy for unhoused people	chicagolights.org
	Chinese Mutual Aid Association	Programs and services for low-income immigrant populations	chinesemutualaid.org
	Common Threads	Nutrition education programs for underserved populations	commonthreads.org
	Dion's Chicago Dream	Food access for underserved populations	dionschicagodream.com
	Greater Chicago Food Depository	Food access for underserved populations	chicagosfoodbank.org
	Kells Park Community Council	Community programs for neighborhood residents	

Category	Resource	Description	Link
Social service organizations (continued)	Kelly Hall YMCA	Youth organization	ymcachicago.org/kelly-hall/
	La Case Norte	Programs for unhoused youth and families	lacasanorte.org
	Ladies of Virtue	Mentor and leadership training for Black girls	lovchicago.org
	Luster Learning Institute: Calm Classroom	Mindfulness education	calmclassroom.com
	Neighborhood Housing Services	Housing	nhschicago.org
	New Community Outreach	Violence prevention and youth development	newcommunityoutreach.org
	Oakwood Shores Senior Apartments	Health education and prevention programs	oakwoodshores.com
	Sisters Working It Out	Cancer education programs and services	sistersworkingitout.org
	South Side YMCA	Youth organization	ymcachicago.org/south-side/
	Strides for Peace	Violence prevention	stridesforpeace.org
	The Boulevard	Respite care, supportive housing	blvd.org
	The Grace Network	Provides products for Chicago Public School students who face hygiene insecurity	gracenetworkchi.org
	Thresholds	Services and resources for persons with serious mental illnesses and substance use conditions	thresholds.org
	United Way of Metro Chicago	Community resources and programming	liveunitedchicago.org
	West Humboldt Park Development Council	Community development	whpdevelopmentcouncil.net

Category	Resource	Description	Link
Education	Bronzeville Scholastic Institute	High school education	bronzevillescholastic.org
	Daniel Hale Williams Preparatory School of Medicine	High school education	dhwprepmed.org
	George Westinghouse College Prep	High school education	newwestinghouse.org
	Northwestern University Feinberg School of Medicine	Medical school	feinberg.northwestern.edu
Government-based organizations	Chicago Department of Public Health	Public health	chicago.gov
	Illinois Public Health Institute	Public health	iphionline.org
	Chicago Public Library	Library services	chipublib.org

Appendix C

CHNA Timeline and Community Details

Timeline for the Northwestern Memorial Hospital CHNA

Phase	Description	Date
Assessment and analysis	Overall	March 2024 to April 2025
	Community input survey	March 2024 to December 2024
	Interviews with key community members	February to March 2025
	Focus groups	March to April 2025
Prioritization	Overall	May 2025
	Community Engagement Council	May 22, 2025
Approval	Northwestern Memorial Hospital Board of Directors	July 15, 2025
Report made widely available to the public	Website	August 31, 2025
	Paper copy available at no charge on request	August 31, 2025
Public comment	Northwestern Memorial Hospital 2025 CHNA	August 31, 2025, through August 31, 2031
	Northwestern Memorial Hospital 2022 CHNA	August 31, 2022, through August 31, 2028

Community Details

CSA neighborhoods

Albany Park	Edgewater	Lincoln Park	New City
Armour Square	Fuller Park	Lincoln Square	North Center
Austin	Grand Boulevard	Logan Square	North Lawndale
Avondale	Hermosa	Loop	Oakland
Belmont Cragin	Humboldt Park	Lower West Side	South Lawndale
Bridgeport	Hyde Park	McKinley Park	Uptown
Brighton Park	Irving Park	Near North Side	Washington Park
Douglas	Kenwood	Near South Side	West Garfield Park
East Garfield Park	Lake View	Near West Side	West Town

CSA ZIP codes

60601	60606	60611	60616	60625	60642	60654
60602	60607	60612	60618	60632	60644	60657
60603	60608	60613	60622	60639	60647	60660
60604	60609	60614	60623	60640	60651	60661
60605	60610	60615	60624	60641	60653	

Appendix D

A Closer Look at Data

Community input survey

The survey was shared widely through social media, email blasts and in-person events in collaboration with community organizations. We collected 2,606 survey responses from people in the CSA. The following issues were selected as the most important health challenges in the community by 10.0% or more of the survey respondents:

1. Adult mental health (53.7%)
2. Adolescent mental health (25.7%)
3. Substance use (25.4%)
4. Type 2 diabetes (20.2%)
5. Cancer (19.8%)
6. Obesity (18.9%)
7. Cardiovascular disease (18.4%)
8. Women's health (16.3%)
9. Family planning support (16.2%)
10. Alzheimer's disease and dementia (12.6%)

The following factors that support improvements in health needs were selected by 10.0% or more of the survey respondents:

1. Safety (40.2%)
2. Safe, affordable housing (37.8%)
3. Access to health care (30.5%)
4. Access to affordable food (27.5%)
5. Eating healthy (22.1%)
6. Access to health care for older adults (20.5%)
7. Medication affordability (19.7%)
8. Access to good schools (19.7%)
9. Health insurance access and affordability (19.6%)
10. Violence prevention (18.6%)

Community focus groups and key interviews

We facilitated 32 focus groups in the CSA and conducted nine in-depth interviews. Focus groups took place with priority populations such as individuals living with mental illness, people of color, older adults, caregivers, teens and young adults, people from sexual minority groups, families with children, faith communities and adults with disabilities.

Most focus groups were 90 minutes long with an average of 10 participants. Groups were conducted virtually using the Zoom platform or in person. A trained facilitator moderated each session. Sessions were recorded, and recordings were stored securely on a server at Metopio.

Interviews with key community members lasted 30 minutes and were done with a trained interviewer. Sessions were held over the Zoom platform. Notes were captured in a Word document.

We would like to thank community members and the following community organizations that participated in focus groups and key interviews:

Acclivus Inc.
A House in Austin
Bethel New Life Inc.
Breakthrough
Brighton Park Neighborhood Council
Catalyst Schools
Chicago Public Schools
Chicago Survivors
CommunityHealth
Douglas Center
Fillmore Laundry Services
Greater West Town Community Development Project
Guitars Over Guns
Healthy Hood Chicago
Housing Forward
I Am Abel Foundation
Inner-City Muslim Action Network (IMAN)
Life Is Work
Loyola Community Benefit Council
MAAFA Redemption Project
Metropolitan Asian Family Services
Mission of Our Lady of the Angels
Muslim Community Center (MCC)
New Life Center
Oakley Square Apartments
Peace Runners
Resurrection Project
Rush Education and Career Hub (REACH)
Skills for Chicagoland's Future
Southwest Organizing Project
The Grace Network
UCAN (Stone Temple Church)
UIC Champions Program
UIC College of Medicine
West Side Health Authority
YMCA of Metro Chicago

The following themes were identified during focus group sessions and key interviews for the CSA:

Access to health care

- Access to primary and specialty care
- Affordability of services
- Building trust with communities
- Linguistically and culturally appropriate services
- Transportation to appointments

Behavioral health and substance use disorder

- Access to behavioral health care
- Stigma around receiving care, particularly in Black and immigrant communities
- Lack of awareness of resources

Child and adolescent health

- Access to and affordability of child care
- Quality of education
- Behavioral health and substance use challenges

Community safety

- Gun violence
- Concerns of safety in public spaces

Social drivers of health

- Access to safe, affordable housing
- Access to healthy, affordable food
- Economic challenges

Appendix E

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All secondary data sources were accessed through Metopio unless a link was provided.

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34. Community input represents information and beliefs obtained from CHNA focus groups from persons representing the broad interests of the community, including people who are uninsured, have low incomes and belong to certain minority groups.

Appendix F

Disclaimers

Information gaps

Northwestern Memorial Hospital made efforts to comprehensively collect and analyze CHNA data to assess the health of the community. However, there are limitations to consider while reviewing the findings.

- Data is presented for the most recent years available for any given source. Because of variations in data collection time frames across different sources, some datasets are not available for the same time spans.
- Data availability ranges from census track to national geographies. The most relevant localized data is reported.
- There are persistent gaps in data for certain community health issues, such as homelessness, behavioral health, crime, environmental health and education.

Northwestern Medicine is investigating strategies for addressing information gaps for future assessment and implementation processes.

Public dissemination

The 2025 CHNA report for Northwestern Memorial Hospital is available to the public at no charge in the following ways:

Online: nm.org/about-us/nm-community-impact/reports

Phone: 312.926.2301 (TTY: 711)

Email: communityhealth@nm.org

In person: Please visit the main customer service desk at:
Northwestern Memorial Hospital
251 East Huron Street
Chicago, Illinois 60611

Public comment

As of May 2025, Northwestern Memorial Hospital had not received comments from the public. Northwestern Medicine will continue to use its website as a tool to encourage public comments and ensure that these comments are considered in the development of future CHNAs.

Extensive input from the broader community was gathered through surveys and focus groups for this report. This input, in conjunction with any public comments received, was considered when identifying and prioritizing the significant health needs of the community.

Northwestern Memorial Hospital welcomes comments from the public regarding the CHNA. Please submit comments to communityhealth@nm.org, and include your name, organization (if applicable) and any feedback you have regarding the CHNA process or findings.