



ALLIANCE
for **HEALTH**
EQUITY

Hospitals and Communities
Improving Health Across
Chicago and Cook County

COMMUNITY VOICES: FOCUS GROUP SUMMARY

INSIGHTS INFORMING
THE COOK COUNTY COMMUNITY
HEALTH NEEDS ASSESSMENT

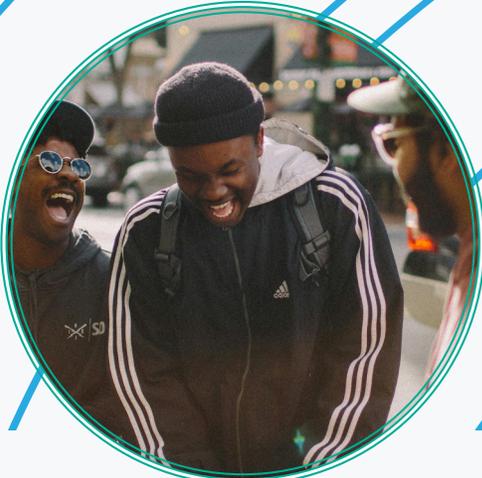
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INTRODUCTION

The 2025 Community Health Needs Assessment (CHNA) for Cook County, Illinois, reflects a robust and community-driven process led by the Alliance for Health Equity (AHE). This assessment was conducted using a mixed-methods approach that integrated both primary and secondary data to provide a comprehensive picture of community health. The CHNA prioritized equity and inclusion by centering the voices and experiences of community members who are often left out of traditional health assessments.

Primary data collection efforts included community advisory committee meetings, community input surveys, and 46 focus groups conducted in partnership with community-based organizations between January and October 2024. These conversations focused on elevating the perspectives of historically marginalized populations across Chicago and Suburban Cook County, including youth, older adults, individuals experiencing homelessness, people living with mental illness or substance use disorders, and racially, ethnically, and religiously diverse residents. Focus groups were designed and facilitated collaboratively with the Illinois Public Health Institute (IPHI), Rush University Medical Center, and members of the AHE CHNA Committee. The data collection and analysis were guided by nationally recognized frameworks, including MAPP 2.0 (Mobilizing for Action through Planning and Partnerships), the Association for Community Health Improvement (ACHI) framework, and the County Health Rankings & Roadmaps model. These frameworks ensured a structured, participatory, and equity-oriented process.

Community input is foundational to the AHE CHNA process. We recognize that the most timely and relevant insights into community health come directly from those with lived experience and on-the-ground expertise. Through facilitated discussions, participants shared their views on community strengths, pressing health issues, root causes of inequities, and visions for a healthier future. These insights have not only shaped the identification of priority health needs, but they also inform the development of strategies aimed at advancing health and racial equity.

Participants identified a range of interrelated health concerns rooted in broader social, economic, and structural inequities. Frequently cited challenges included limited access to timely and affordable healthcare; rising rates of chronic conditions such as diabetes and hypertension; widespread mental health challenges exacerbated by stigma, trauma, and lack of services; and the impact of substance use, especially among youth and individuals facing housing instability. Community members also raised concerns related to women's health, maternal-infant health, child and adolescent well-being, and the health effects of poverty, food insecurity, housing instability, and community violence. Across all focus groups, participants called for increased access to community-based care, youth programming, culturally responsive services, and long-term investments in addressing the root causes of health inequities.

This report presents key findings from the 46 focus groups organized with and co-facilitated by CHNA community-based partners (CBOs). It offers a synthesis of themes that emerged across diverse communities and direct quotes from individual focus group participants (attributed to the CBO partner). The insights shared by participants provide critical direction for health systems, public agencies, and partners working to address inequities and improve health outcomes across Cook County.

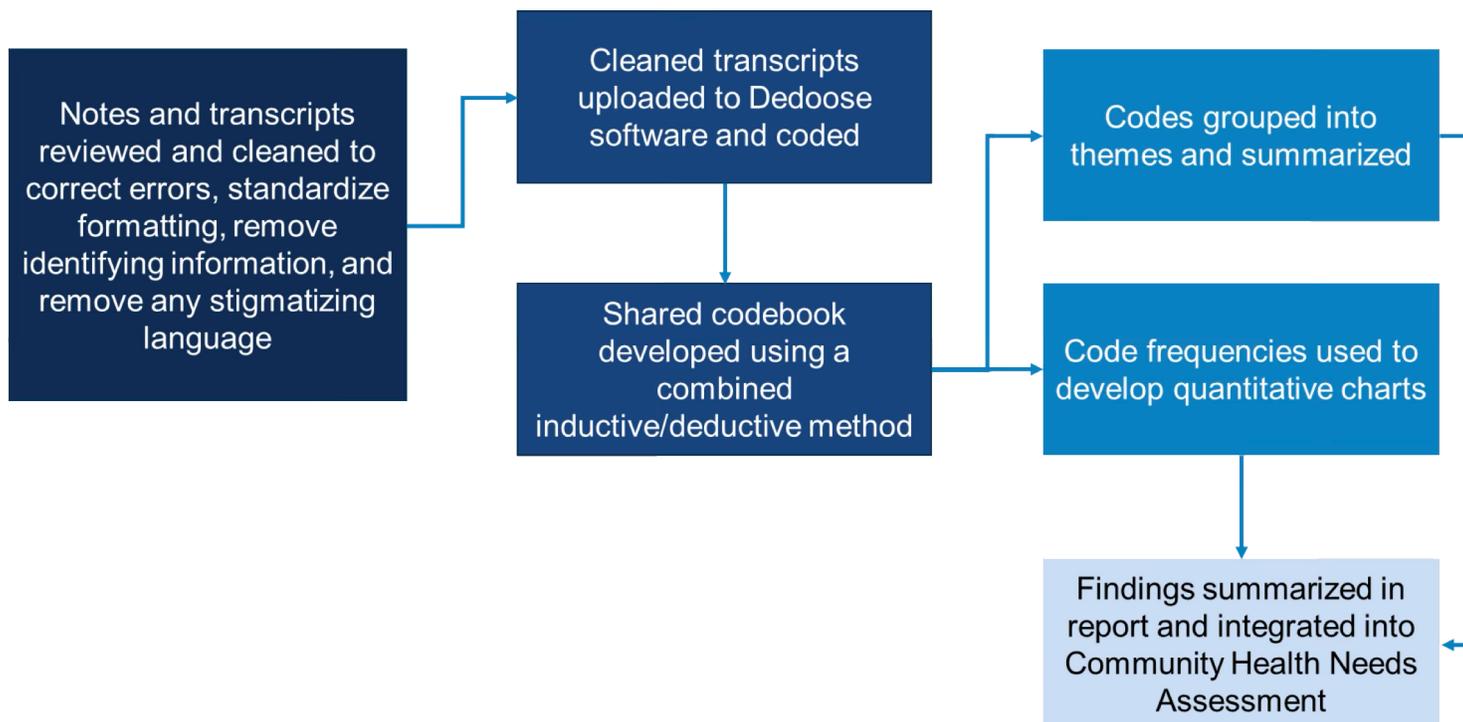
METHODS

AHE collected primary data through three approaches: (1) community input surveys, (2) focus groups with community residents and service providers, and (3) regional meetings with hospital advisory boards and cross-sector partners. These methods prioritized inclusion of historically marginalized populations across Chicago and Suburban Cook County.

Between January and October 2024, IPHI partnered with Rush University Medical Center and CHNA Committee members to conduct 46 focus groups. Participants included youth and adults from diverse racial, ethnic, religious, and socioeconomic backgrounds. Focus group questions were refined using previous CHNA findings, national toolkits, and input from partners (see Appendix). Focus group questions were refined using previous CHNA findings, national toolkits, and input from partners. Most sessions lasted 90 minutes with approximately 10 participants; the majority were held in person, with virtual options offered as needed.

Trained facilitators led each session using trauma-informed practices, supported by notetakers who documented key insights. Participants were asked about community strengths, health challenges, root causes of inequities, and solutions for improving health. All participants received gift cards in recognition of their contributions. Organizations that hosted focus groups in partnership with AHE and Rush University Medical Center are listed in the Appendix.

Recordings were securely stored, transcribed, and de-identified. Data were analyzed using Dedoose 10.0. Codes and sub-codes were developed to identify key themes, contrasting perspectives, and cross-cutting issues. The findings from these focus groups were integrated with secondary data and survey results to inform community-identified health priorities and strategies.



PRIORITY POPULATIONS

In Cook County, historically marginalized and health equity priority populations include individuals experiencing homelessness; those involved in the justice system; people living with mental health conditions or substance use disorders; individuals with disabilities; immigrants and refugees; veterans and former military personnel; and youth.

KEY THEMES

Focus group themes were broken into five overarching categories.

- **Community descriptions** - statements that participants used to describe their communities
- **Health issues and challenges** - community health issues and challenges related to the AHE priorities
- **Health promoters** - factors that help individuals and communities be healthy
- **Solutions** - solutions to health issues and challenges discussed by participants
- **Vision for the future** - improvements that participants would like to see in their communities over the next 3-5 years

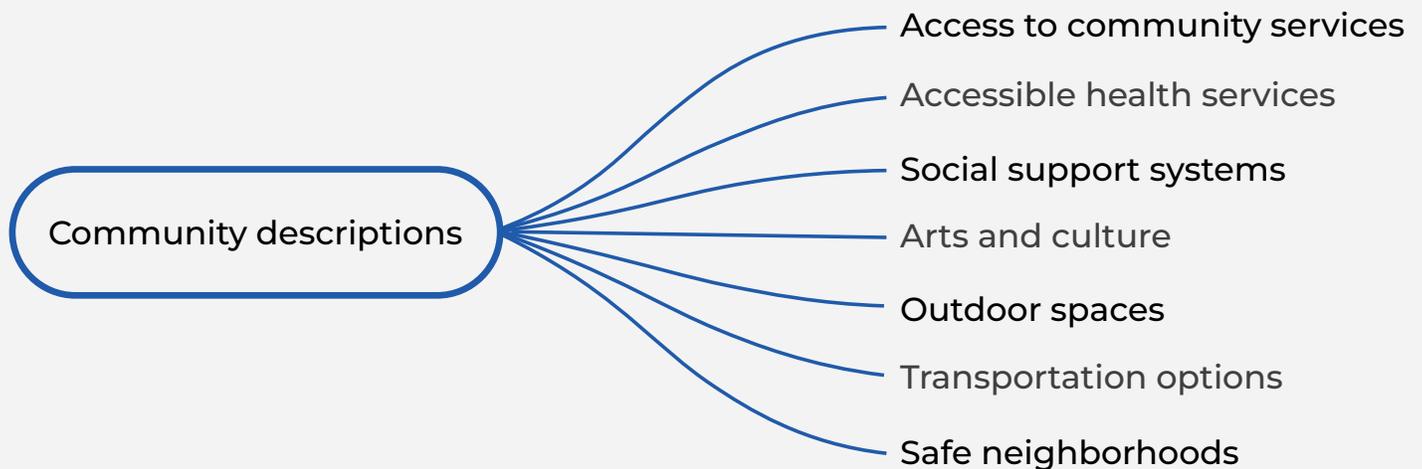
Key findings within each of the themes are summarized in the sections that follow.

COMMUNITY DESCRIPTIONS

Definition: statements that participants used to describe their communities

Purpose: to categorize participant responses to questions that asked them to describe their communities, to generate a list of community assets

Themes: access to community services; accessible health services; social support systems; arts and culture; outdoor spaces; transportation options; and safe neighborhoods



Access to community services

Many community members highlighted the availability of various services as a strong positive aspect of their communities. Parks, restaurants, schools, libraries, social service organizations, and clothing stores were some of the most mentioned services.

Outside of school programs for children and adolescents

Programs designed for children and youth were identified as key assets in many communities. Residents appreciated initiatives such as Boys and Girls Clubs and other extracurricular activities that provide safe, engaging environments for young people.

"I want to say that the best part of where I've been living is the accessibility to so many diverse things." — Beyond Hunger

Accessible health services

Access to nearby clinics, hospitals, and mental health services was considered essential by residents.

- Variety and diversity in healthcare providers and clinical options including specialty care were seen as an asset in some communities. Free or low-cost clinics were considered valuable resources, especially for uninsured residents.
- Programs like senior transportation to nearby hospitals, outreach initiatives, and health promotion activities were positively mentioned as supporting access to healthcare.

Social support systems

Participants frequently discussed the value of local networks and support systems.

Strong sense of community

Many participants emphasized their pride in the communal spirit, where neighbors look out for one another.

“But however, I would say the best thing about my neighborhood is that we were a family no matter what.” — Beyond Hunger

Cultural diversity

Community members celebrated their communities’ cultural diversity and many described their neighborhoods as welcoming to new residents.

Community engagement programs

Participants in multiple focus groups described how community events and gatherings play a significant role in fostering social bonds and encouraging resident engagement. Churches, mosques, synagogues, and other places of worship also provide social support and host community outreach programs.

Civic engagement

Active participation in local events, town halls, and community initiatives stood out as a key strength in some communities.

Arts and culture

Festivals, concerts, and cultural events were common highlights, providing opportunities for socializing and celebrating local heritage.

- Green spaces and parks often hosted events like art walks and music concerts, fostering community connections.
- Many communities appreciated their access to world-class cultural activities in Chicago, complementing local events and institutions.

Outdoor spaces

Many residents highlighted parks, trails, gardens, and recreational spaces as essential community assets. Examples included facilities for basketball, volleyball, soccer, and bike trails. These outdoor spaces were seen as crucial for promoting physical activity, relaxation, and neighborhood gatherings. In addition, outdoor spaces were often venues for community events and festivals, enhancing cultural ties and social cohesion.

“Love the building because of the garden; can sit 2-3 hours in the garden and get a tan by myself.” — Montclare Senior Residences

“I really like the amount of parks.” — Montclare Senior Residences

Transportation options

Some community members highlighted the variety of transportation options available in their neighborhoods, emphasizing how these contribute to mobility and access to resources.

“I love this general community here. I love that the transportation is right here. You have the expressways if you want to drive. You’ve got the trains. It’s so easy to get to other parts of town.” — Oak Park Area Lesbian and Gay Association (OPALGA+)

Reliable public transit

Public transit and nearby amenities were seen as significant advantages, particularly in areas where these services are well-maintained.

Walkability

Walkability and proximity to essential services were considered major assets in several neighborhoods.

Specific services for seniors

Senior services such as free transportation for groceries and medical appointments, were highlighted as valuable community resources.

Safe neighborhoods

Several participants expressed pride about living in neighborhoods they perceive as safe, peaceful, and welcoming. They emphasized a strong sense of security in their immediate surroundings, citing the presence of caring neighbors and well-maintained environments as contributing factors.

*"It's peaceful around here, mostly quiet and good neighbors."
— 8th Ward Alderman Harris Office (JPH)*

Perceptions of safety

Many participants expressed a sense of safety in their neighborhoods, citing peaceful, quiet environments where they feel comfortable walking, even at night. Visible police presence contributed to feelings of safety for some.

Community safety initiatives

Programs like SALT (Seniors And Law Enforcement Together) were highlighted as valuable for enhancing neighborhood safety through updates and community engagement. Persistent efforts, such as reporting issues to authorities, were credited with reducing crime in certain areas.

Infrastructure

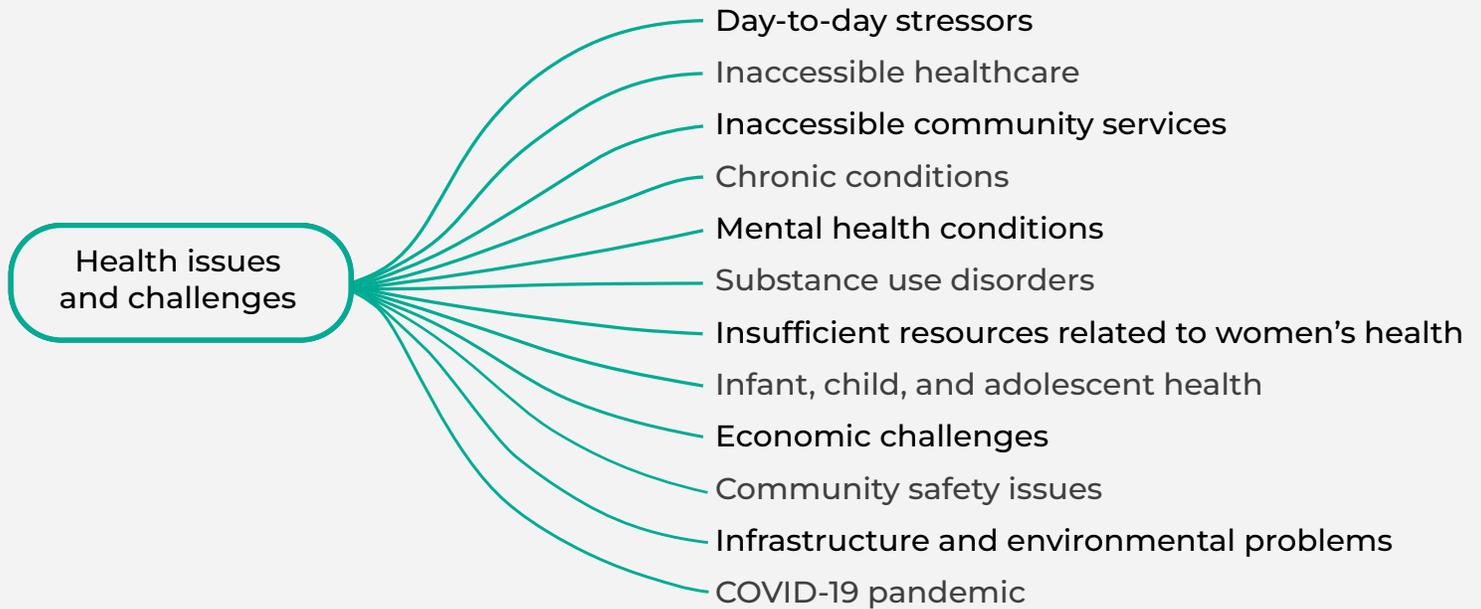
Clean, well-maintained streets, functional lighting, and frequent garbage collection were noted as factors enhancing neighborhood safety. Infrastructure improvements, such as sidewalk repairs and stop signs, were seen as contributors to safer communities.

HEALTH ISSUES AND CHALLENGES

Definition: community health issues and challenges related to the AHE priorities

Purpose: to categorize the types of health issues and challenges mentioned by participants

Themes: day-to-day stressors; inaccessible healthcare; inaccessible community services; chronic conditions; mental health conditions; substance use disorders; insufficient resources related to women’s health; infant, child, and adolescent health; economic challenges; community safety issues; infrastructure and environmental problems; and COVID-19 pandemic.



Day-to-day stressors

Participants highlighted mental health, health-related stress, stress from prejudice, housing instability, financial insecurity, social isolation, language and cultural barriers, transportation issues, parenting challenges, lack of safety, and environmental challenges as daily stressors.

Inaccessible healthcare

Participants in the focus groups highlighted several interconnected challenges related to healthcare access. These issues reflect both systemic barriers and individual struggles in navigating the healthcare system.

“Many people are unaware of their health conditions until it’s too late. Men, particularly Black and Brown men, often avoid going to the doctor until a health scare occurs.” — Fillmore

Affordability of care

Many participants emphasized the high cost of healthcare services, medications, and insurance as a primary barrier. Insurance coverage was often inadequate, particularly for name-brand medications or specialized treatments.

Availability of services

Some participants noted confusion about navigating insurance systems, including difficulties understanding coverage. Medicaid recipients in particular faced delays and hurdles in accessing services such as caregiver support due to administrative challenges and limited service availability.

- **Long wait times**

Chronic delays for appointments, including specialists and mental health services, were a recurring issue. Some families waited years for evaluations for conditions such as autism and ADHD, or faced months-long delays for critical procedures. Participants cited excessive wait times in emergency departments, even for urgent cases, as a major challenge. Insurance policies that delay needed care were also identified as contributing to the worsening of health issues long-term.

*“I was going to say, my main struggle is getting timely appointments with specialists.”
— A House in Austin*

*“...But getting an appointment with a specialist, an endocrinologist, an ophthalmologist, it’s six months to a year. It’s crazy.”
— Oak Park Area Lesbian and Gay Association (OPALGA+)*

“Long wait times and lack of information at hospitals are problematic.” — Peace Runners

“It’s the same thing with health. If you give people the tools they need, if they had access I mean, it costs an insurance company far less. My son was supposed to have a minor surgery, but because they said the insurance wouldn’t cover it because it was what’s it called? Not required. Not required. So anyway, they postponed. And then all of a sudden, it got so big, then he had to have a full complete surgery. He was in the hospital again for another like 10 days.” — Southland Chamber of Commerce

- **Business hours**

Lack of flexibility in work schedules prevents many from attending appointments during standard business hours. Insufficient availability of after-hours or weekend care exacerbates this issue.

- **Preventative care shortages**

A lack of preventative care programs, such as routine screenings and health education, was also noted. Participants noticed that some health clinics that were running pre-COVID have not returned, which contributed to unmanaged chronic conditions.

- **Not enough providers**

The difficulty of finding providers covered by insurance, or in general, was an issue for some participants. A few recalled long wait times to get an appointment and having to go out of their neighborhood to see their provider. Others had to go to the ER because they did not have a provider nearby.

*“Providers are very very overwhelmed. I have never seen my actual primary care person, it’s always just telehealth. I am still waiting over six months for a call back.”
— Midwest Refuah Health Center*

- **Healthcare navigation**

The complexity of the healthcare system, including confusing insurance policies and difficulty finding in-network providers, was a recurring issue. Priority populations, including youth, older adults, immigrants, non-English speakers, homeless individuals, and LGBTQIA+ individuals, faced additional challenges in accessing care. For instance, transgender individuals reported difficulties finding providers knowledgeable about or willing to address their specific healthcare needs.

“I just feel like as a millennial, there’s not enough education around utilizing your health insurance. So when they’re coming out of high school and they go into these jobs and they tell you, ‘oh, sign XXX here,’ you don’t know what you’re signing, you don’t know what you’re accepting. It would be nice to have a class or just somebody to guide them on what type of insurance they need, what’s going to benefit them in the future, how to go about changing those things if something was to happen, they get pregnant or they get into an accident or something like that. Just knowing what kind of health insurance they need at that time. Education is important.” — United Methodist Church

Quality of care

• Inclusive health options

Discrimination and microaggressions in healthcare settings limited access for LGBTQIA+ individuals, who often lacked safe, inclusive resources.

• Medical trauma

Participants described negative experiences with the healthcare system, including delayed diagnoses and lack of trauma-informed care. These issues have left lasting emotional and physical impacts.

• Communication challenges

Non-English-speaking participants reported significant difficulties communicating with healthcare providers. Even when interpreters were present, participants felt that their concerns were not fully understood or accurately conveyed. Language barriers delayed diagnoses and appropriate treatments, adding to the stress and health risks faced by individuals and families.

“If you don’t speak English fluently, they just don’t have the patience to explain things properly.” — UI Health CHAMPIONS Program

• Cultural challenges

A lack of culturally relevant care was particularly impactful for marginalized communities, including immigrants. This includes issues like inappropriate dietary recommendations or inadequate understanding of cultural health practices.

“But I know even with my family, whenever we have to go to a doctor, we do feel more comfortable with someone who looks like us and talks like us. So, I think that’s probably one of the bigger problems.” — UI Health CHAMPIONS Program

“Sometimes they don’t take us seriously because of where we live or how we look.” — UI Health Champions Program

• Transportation

Many participants identified transportation as a significant barrier. Unreliable or unavailable public transit and specialized medical transport services make it difficult for residents without personal vehicles to access care. Participants noted the cost of transportation as an additional burden.

“The closest specialist is miles away, and if you don’t have a car, it’s almost impossible to get there.” — Southland Chamber of Commerce

“Buses are late, times in the app are inaccurate. Not having a car, is not allowing you to have accessibility.” — Housing Forward

“Buses are late, times in the app are inaccurate. Not having a car, is not allowing you to have accessibility.” — Housing Forward

- **Geographic barriers**

Rural and suburban areas reported fewer healthcare facilities and longer travel distances to reach providers.

Inaccessible community services

Participants highlighted frustrations with reduced access to essential services such as programs for youth, safe public spaces such as parks, lack of homeless shelters, and limited access to affordable grocery stores.

Limited awareness

Lack of awareness about resources that are available was repeatedly cited as a barrier to access.

“And there’s not a lot of advertising for these things. So, I feel like in our community, there is some similar opportunities to get the help provided for you, but not a lot of people know about this opportunity.” — UI Health CHAMPIONS Program

“Services are there...but the issue is getting the word out, getting people to trust it, and increasing the amount of services that you can provide.” — The Douglas Center

Poor coordination of services

Participants observed a need for better collaboration between hospitals, community organizations, and residents. Suggestions included greater outreach to inform the public about available resources.

Cost of programs

High costs associated with community programs, such as admission prices for recreation centers, deter participation, especially for low-income families.

Geographic inequities

Participants noted the uneven distribution of services, leaving some neighborhoods underserved.

Social support services

Participants expressed concerns about the lack of community-driven initiatives to foster social connections and mutual aid networks. Some mentioned the decline of neighborhood-based services such as mobile clinics and school-based events that historically provided essential support.

Youth services

A lack of after-school programs and recreational activities for children and teens was a frequent concern. Participants emphasized the need for safe spaces and structured programs to engage young people.

Older adult services

Limited services for older adults, including transportation and social engagement programs, were noted as gaps.

Chronic conditions

Focus group discussions highlighted several chronic conditions that are significant concerns for communities in Cook County. Participants linked these conditions to systemic issues such as delayed or inadequate care, financial burdens, lifestyle factors, and environmental factors.

*“We ain’t got no gym here. We ain’t got no food here. We ain’t healthy.”
— United Methodist Church*

Diabetes

Diabetes was frequently highlighted as a widespread issue, particularly in communities with limited access to healthy food and preventive care. Black and Brown communities were also described as having significant inequities in diabetes prevalence.

*“Diabetes is also one of the main chronic diseases here in our community.”
— Youth Crossroads*

• Lifestyle factors

Participants linked diabetes to unhealthy diets high in sugar and processed foods. Many expressed concerns about limited awareness of the importance of diet and exercise in managing the condition.

“When I first got diagnosed, like I barely wanted to sit. It was no way I’m going to check my sugar by taking [it] myself and then take the insulin, and then you got to do it like two, three times a day. So I wasn’t taking care of it in the beginning, and I wasn’t educated on it. But because of Beyond Hunger, you know I learned a lot about diabetes, how to control it, and how much you should eat, how much you shouldn’t eat, what you should or shouldn’t eat.” — Beyond Hunger

• Systemic barriers

Economic challenges, lack of access to affordable healthy food, and heavy marketing of unhealthy foods were identified as significant barriers to diabetes prevention and management.

“Media like TV could be used to change people’s behaviors. Advertise eating healthier foods like fresh produce, make it popular.” — Beyond Hunger

*“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.”
— UCAN (Stone Temple Church)*

Heart disease

Heart disease was mentioned in conjunction with hypertension (high blood pressure) and diabetes, highlighting the interconnectedness of these chronic conditions. They were reported as widespread conditions among adults, often linked to stress, poor diet, and lack of exercise. Limited access to routine checkups and blood pressure management tools were described as exacerbating the issue.

Asthma

Asthma was described as a significant health concern, particularly for children. Asthma was linked to environmental factors such as neighborhood air quality and housing conditions. Participants shared that asthma-related emergencies often required multiple hospital visits.

Asthma was a huge thing in my family, in NW Indiana, fumes up into south subs, east south side. Everyone is affected.” — North River Commission”

Obesity

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

Other chronic conditions

There were several other chronic conditions that were mentioned less often than diabetes, heart disease, asthma, and obesity. Nonetheless, these conditions had profound impacts on those who experience them, and inequities in the burden of these conditions were highlighted.

- **Cancer**

Concerns about access to screening and treatment services for various types of cancer were mentioned. Participants emphasized the need for education on early detection and preventive measures.

- **Chronic pain**

Chronic pain was associated with arthritis and other musculoskeletal disorders. Participants described a lack of adequate pain management options.

- **Arthritis**

Arthritis was reported by older adults in relation to discussions about long wait times for specialists. Delays in treatment were associated with compounded pain and reduced mobility.

- **HIV**

HIV was identified as a significant health issue in some communities. Participants also referenced health inequities tied to systemic racism, with Black and Hispanic individuals facing stereotypes and barriers in accessing equitable care for HIV.

- **Sickle cell disease**

Families emphasized a lack of awareness and understanding about how sickle cell disease is inherited. For instance, they discussed how the disease may not impact an individual but could significantly affect future generations if both parents carry the trait.

Mental health conditions

Participants in the focus groups raised numerous concerns related to mental health. They discussed the widespread impact of untreated mental health conditions, often linked to systemic barriers such as poverty, stigma, and inadequate healthcare access. Participants emphasized the need for culturally relevant mental health services and better education on mental wellness.

Lack of mental health services

Participants described significant barriers to accessing mental health care, including difficulty finding in-network providers, long wait times for appointments, lack of nearby facilities (particularly in under-resourced communities including the West and South Sides

of Chicago and the suburbs), and inadequate Medicaid coverage for day programs or residential care. The closure of mental health clinics and a lack of crisis intervention services compounded access-related issues.

Crisis intervention

The lack of appropriate crisis intervention services was a recurring theme. Participants highlighted the absence of trauma-informed care in emergency settings. The Cook County Jail was identified as a major mental health facility as a large proportion of inmates have mental health conditions. This issue reflects systemic gaps in community-based mental health care to prevent crises and reduce incarceration of individuals experiencing mental health struggles.

“If you see someone experiencing a mental health...whether it be a relative or a stranger, I wouldn’t feel comfortable calling the police ‘cause that would... make things worse. So, who do you call?” — The Douglas Center

Community-level care

Participants described a lack of preventive mental health interventions, with most care being accessed only during crises. Limited local facilities and the need to travel long distances for services were significant obstacles, especially for residents without reliable transportation.

“And I would say too that when you’re incarcerated, whether it’s the Cook County jail or whether you’re in a prison, you’re limited with resources of mental health. People that are incarcerated, a lot of times they need mental health. You know they’re not a criminal. They just make some bad choices. So, I think being able to have those conversations about bringing more resources into that.” - NAMI Metro Suburban

Lack of social support

Isolation and loneliness were frequently mentioned, particularly among young adults, seniors, and LGBTQIA+ individuals. A lack of inclusive and safe social spaces was seen as a significant barrier to building connections and fostering community cohesion.

Stigma

Stigma around mental health, particularly in BIPOC and immigrant communities, was seen as a major barrier to seeking help. Participants noted that many people avoid acknowledging their mental health issues due to fear of judgment.

“Mental illness is real and it will kill you if you don’t reach out and get help...talk about it.” — Respond Now

“Mental health stigma and perceived costs are significant barriers in the Black community.” — Life is Work

“Mental health, there is a stigma in many communities, especially in South Asian communities.” - The Douglas Center

“Latinos have myths such as going to a psychologist is crazy or depression does not exist. There needs to be more education because discussions are not prevalent in our culture.” — New Life Center

“Mental health and substance abuse in Arab American community...stigma, need more access for both older and younger generation.” — Arab American Family Services

“Still stigma for many mental health conditions, we have come a long way, but we need to go much further.” — Midwest Refuah Health Center

Youth mental health

Young people were described as particularly vulnerable to poor mental health. Anxiety, depression, and other mental health issues among young people were commonly mentioned. Participants linked these concerns to academic pressures, social media, and lack of support systems. LGBTQIA+ youth face unique challenges such as finding inclusive support spaces, and navigating mental health concerns related to identity and transition. It was mentioned that there is a need to integrate discussions on mental health in school curriculums.

Adults and older adults

Stress, depression, and social isolation were recurring themes among adults and older adults, exacerbated by financial instability and caregiving responsibilities.

Specific mental health conditions

• Depression

Participants reported personal struggles with depression. Postpartum depression was mentioned as a significant, underdiagnosed issue, with participants noting a lack of education and awareness about its symptoms and impact.

“[...]it took me that long to realize that I actually went through postpartum depression. I wasn’t educated on it. I didn’t know about it.” — Beyond Hunger

*“If a mother has postpartum depression where is the community support? If a mother had cancer, there would be many organizations and people on hand to help.”
— Midwest Refuah Center*

• Anxiety

Social anxiety was frequently mentioned, particularly among youth and young adults, with many attributing increased anxiety levels to the pandemic and the challenges of social reintegration. General anxiety was linked to systemic stressors like financial instability and navigating healthcare systems.

• Post-Traumatic Stress Disorder (PTSD)

Some participants shared personal experiences of PTSD, often rooted in past trauma, dysfunctional family dynamics, or adverse life events. They emphasized the need for trauma-informed care.

• Additional conditions

Individuals mentioned other specific diagnoses like bipolar disorder and neurological conditions such as ADHD and Autism. Support groups, such as NAMI, were noted as helpful resources for coping.

Substance use disorders

Focus group participants shared significant concerns regarding substance use disorders and their impacts on individuals and communities. Populations highlighted as experiencing specific challenges included youth and people experiencing homelessness.

Community impacts

Substance use disorders were described as having far-reaching effects, including increased rates of crime, strained family relationships, and higher demand for emergency medical services. They were repeatedly tied to increasing violence, including gun violence. Participants noted issues with substance use in public spaces, such as people smoking or using drugs on public transportation and in parks, contributing to a sense of insecurity.

*“There’s so many drugs out there, so many people that are consuming a lot of drugs.”
— UCAN (Stone Temple Church)*

Health impacts

Participants described the physical and mental toll of substance abuse on individuals, including health crises and struggles with addiction recovery.

Substance use and mental health

Substance use was frequently linked to untreated mental health conditions, including depression and PTSD, with participants highlighting the cyclical nature of these challenges. High levels of stress due to financial instability, violence, and chronic health conditions were highlighted as contributing to substance use as a coping mechanism.

*“Instead of dealing with the stressors, they turn to things that kind of numb themselves.”
— UCAN (Stone Temple Church)*

“Substance abuse is often a response to trauma and pain. People use drugs to block out pain and trauma.” — Fillmore

Fentanyl and overdoses

Fentanyl-related overdoses were highlighted as a significant issue, with multiple incidents occurring in specific neighborhoods.

*“Just last year. Around this time here. They did a raid over there in Garfield Park. And it was a captain. It was a motel. If I’m not mistaken. It was a top white police out there. Taking pictures and everything. Because there was a lot of people OD’ing over there. Due to the fact that they had a lot of fentanyl over there.”
— Breakthrough (Men Session)*

Barriers to treatment

• Stigma

There was widespread acknowledgment of stigma attached to seeking help for addiction, particularly within Black and Brown communities.

• Access to resources

Participants noted the lack of accessible and timely substance use treatment programs, including rehabilitation and counseling services as well as harm-reduction programs. Programs like “Roads to Recovery” were mentioned but seen as insufficient for the level of need in communities.

- **Community environment**

Easy access to alcohol and drugs in some communities exacerbates treatment.

Youth and substance use

Concerns were raised about increasing substance use among teenagers and young adults, including vaping, alcohol, and drug experimentation. It was often linked to peer pressure, stress, and lack of structured activities. Some younger participants mentioned increased drug use along with increased arrests related to gun violence and substance use at their schools.

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

- **Early exposure to drugs**

Children were exposed to drug use in their neighborhoods, with parents recounting experiences of finding needles and other paraphernalia in areas meant for play. Substance use among adults in the community was seen as contributing to unsafe environments, leading to increased anxiety and trauma among youth.

People experiencing homelessness

Substance abuse was closely linked to homelessness in many communities. Participants described how individuals with substance use disorders often end up on the streets due to a lack of resources or support. Participants discussed the need for integrated services that address both housing and addiction issues.

Insufficient resources related to women’s health

There was a significant call for greater awareness and resources dedicated to women’s health issues such as endometriosis, menopause, and maternal health. Participants emphasized the importance of holistic, compassionate healthcare.

“Support for menopause is lacking, and finding doctors willing to help is challenging.”
— Living Word

“But sometimes we don’t have a place at home to talk about that. So that leads to them not knowing about their bodies. It’s really important. More education for everybody around women’s health, our bodies, what to expect as we age, things like that. And, making it culturally relevant because for some cultures is taboo.” — UI Health CHAMPIONS Program

Maternal health disparities

Black and Brown women face significantly higher risks during childbirth, including elevated rates of maternal mortality.

Access to prenatal and postnatal care

Participants highlighted gaps in prenatal and postnatal care, particularly in underserved areas. Limited resources and fragmented systems prevent many women from receiving adequate maternal health support. However, programs that provide support such as regular visits with a doula postpartum were described as beneficial to maternal and child health outcomes.

Maternal mental health

Resources for maternal mental health care were described as limited. For women in Latino communities, cultural stigma around discussing mental health and insufficient availability of Spanish-speaking providers were cited as barriers to maternal mental health support.

Infant, child, and adolescent health

Participants described several health inequities related to children in their communities with particular emphasis on Black and Brown children.

Inequities in mortality

Black and Brown children experience higher mortality rates.

Access to pediatric care

Limited access to affordable pediatric care and specialists was a recurring theme, especially in underserved areas. Participants noted gaps in regular checkups, immunizations, and screenings.

Rising mental health needs

Children and adolescents were described as struggling with increased mental health challenges, including anxiety, depression, and loneliness, particularly after the pandemic. LGBTQIA+ youth faced additional mental health concerns related to identity acceptance and bullying, with limited support systems available.

Food insecurity

Poor access to nutritious, affordable food was highlighted as a major issue, contributing to both malnutrition and obesity in children and youth. Participants noted the impact of food deserts and reliance on unhealthy, processed foods.

School quality

Participants expressed dissatisfaction with the quality of education in some schools, mostly for high school. Participants noted that key subjects like history, music, art, and home economics were no longer part of the curriculum. Some families felt the need to travel outside their communities to access better educational opportunities for their children. This was seen as a direct consequence of inadequate local systems.

School services

Schools with limited wraparound services, such as counseling and extracurricular activities, were seen as failing to meet students' holistic needs.

School-to-prison pipeline

Concerns were raised about systemic criminalization of youth, particularly in Black and Brown communities, leading to limited opportunities and increased vulnerability.

Accessibility and affordability of childcare

Childcare was described as prohibitively expensive. Participants highlighted insufficient financial aid or support for working parents balancing childcare and other expenses.

Support for families with special needs

While support services for children with autism, ADHD, and other conditions are available, families encounter long waiting lists and difficulties accessing these programs. Parents with

special needs children often required additional support such as respite services but faced financial barriers accessing it.

“One of the things that I think is being ignored in terms of number of places is where you can take your child when the parent needs a break.” — The Douglas Center

“If you want to support an individual, support their family.” — The Douglas Center

Support networks

Some families rely on intergenerational support, but aging caregivers often struggle to meet the needs of their grandchildren, particularly in cases where grandparents face health or socioeconomic challenges.

LGBTQIA+ youth

Participants emphasized the need for more support for LGBTQIA+ adolescents, including healthcare, counseling, and peer groups.

Lack of community spaces

A recurring theme was the absence of safe spaces for young people to socialize and participate in activities. Parks and community centers were often underfunded or lacked programming for youth.

“There is a need for more after-school programs and safe spaces for children.” — Fillmore

“Children lack a ‘third place’ for expression and growth. Most children only have home and school, lacking a safe third space.” — Fillmore

Technology

Technology was described as both a solution and a challenge. While it provides entertainment, participants highlighted concerns about its overuse, with children spending excessive time on screens instead of engaging in outdoor or social activities. Bullying and excessive social media use were linked to declining mental health among youth.

“Usually at school, a lot of people are technology-based because of laptops and the readings and everything. So, people are usually doing their work there. Then once they get home, it’s not really a possibility to go out. The only thing that they could do to entertain is kind of like just sit there to watch TV or something. When people are home, they are on entertainment. It increases use of technology and consumerism.”

- UI Health CHAMPIONS Program

“A lot of the kids go through stress because of bullying especially social media and peer pressure to do things they wouldn’t normally do.” — 8th Ward Alderman Harris Office

Safety concerns

Participants reported unsafe biking and walking infrastructure near schools. Concerns about over-policing of youth in schools and communities were frequently mentioned. Participants linked these practices to criminalization and lack of support for adolescents.

Transportation barriers

Parents frequently mentioned challenges in accessing pediatric healthcare. Delays in scheduling essential tests or appointments, compounded by unreliable transportation, were recurring themes.

“More investment in transportation. Resources are so scattered” — The Douglas Center

Environmental concerns

Poor housing conditions, such as lead exposure and mold, were noted as risks to children’s health. In addition, pollution and poor air quality were linked to high asthma rates.

Economic challenges

Economic stressors, including inflation and income inequality, were significant barriers to maintaining a healthy lifestyle. Participants highlighted struggles with affording basic needs, from groceries to healthcare.

“Financial problems are the base of what we are facing” — Arab American Family Services

“Jobs and economic stability are crucial for community health. There are not enough well-paying jobs to support families.” — Fillmore

Financial insecurity

• Inequities in development

Participants described visible disparities in housing and economic development across neighborhoods. Some areas receive significant investment, while others remain neglected.

“The community lacks growth opportunities and resources.” -Fillmore

• Cost of living

The cost of living, particularly for essentials like food, healthcare, and housing, was a major concern. Seniors expressed frustrations over high out-of-pocket healthcare expenses, even with insurance. Participants on fixed incomes, such as Social Security Disability Insurance (SSDI), highlighted difficulties in meeting basic needs due to rising costs and stagnant benefits.

*“The cost of living is higher post-pandemic, but salaries are still the same.”
— Youth Crossroads, Inc.*

“Elderly people, they work their whole life and then are barely surviving and can’t afford a caregiver or food.” — Respond Now

Employment Challenges

Limited job opportunities and high unemployment were mentioned, especially for marginalized populations. Many participants cited low-paying jobs, job insecurity, and lack of employment opportunities as major stressors. Young adults face challenges transitioning to independence due to a lack of financial literacy and job opportunities.

Education

Disparities in school funding and access to quality education were identified as barriers to upward mobility and health equity. Limited access to vocational training and higher education options perpetuates economic challenges.

Housing instability

Participants discussed the impact of unaffordable and substandard housing on health, including issues like overcrowding, exposure to environmental hazards, and frequent relocations. Homelessness or the threat of eviction was cited as adding significant stress and instability to families.

“There’s not enough affordable housing. I feel like that’s all over the city.”

— *Common Pantry*

Property taxes and other economic pressures force middle-class families to leave their communities once children grow up. Participants reported experiencing discrimination in the rental and home-buying markets, particularly among communities of color and low-income residents.

“Originally, there were Black and Puerto Rican people living in my building, but as the neighborhood changes, I started seeing people getting kicked out or feel like they do not fit in.” — *Common Pantry*

Lack of affordable housing was cited as a root cause of homelessness. Participants noted that many homeless individuals are in “survival mode,” without access to stable housing or preventive healthcare. Long waiting lists for housing assistance programs like Section 8 vouchers were common, with limited availability compounding the issue.

“I was eligible to be put on a Section 8 wait list, which I was told would be up to eight years. Eight years.” — *NAMI Metro Suburban*

Some participants noted the reluctance to use shelters due to concerns over shared spaces and a lack of privacy. In addition, while they appreciated the support, some raised concerns about other challenges within these settings, including safety and the emotional toll of instability.

Food instability

Many communities lack affordable access to healthy food, with participants highlighting the prevalence of food deserts. Families often rely on processed, low-cost foods, contributing to health issues like obesity and malnutrition. Reductions in programs like SNAP benefits and other financial assistance were described as exacerbating economic hardships.

“Middle class individuals are having a challenge in affording healthy options.”

— *The Douglas Center*

Health impacts

Financial stress was frequently linked to anxiety, depression, and other mental health challenges. Participants noted that economic struggles often lead to delayed or missed medical care due to cost concerns. Inability to afford medications or regular checkups exacerbates chronic conditions like diabetes and hypertension. High housing costs and gentrification are displacing long-term residents, disrupting social ties and community cohesion.

Community safety issues

How participants felt about the safety of their communities was variable. The focus group discussions underscored significant concerns about community safety and its impact on health and well-being.

Violence and crime

Gun violence, gang activity, and domestic violence were mentioned as pervasive threats in many neighborhoods. Exposure to violence was linked to trauma, stress, and mental health challenges, particularly among children and adolescents. Participants expressed that the fear of violence limits outdoor activities, social interactions, and engagement in community life.

“I’m scared to come home at night, like I don’t like going out at night because I want to be home by 8 o’clock because then it’s scary just walking simply from your car to your house, especially if your street is very quiet. And then with all the carjacking that’s also been happening around my neighborhood, yeah, it’s just really scary and all the gangs.”
— UI Health CHAMPIONS Program

“Safety, past 4-5 p.m. it is really dangerous to be out in the street because of gun violence.”
— UI Health CHAMPIONS Program

Neighborhood conditions

- **Poor lighting and infrastructure**

Dark streets, broken sidewalks, and abandoned buildings contribute to unsafe environments.

- **Drug activity**

Public drug use and dealing were cited as major safety concerns in several communities.

- **Traffic safety**

Speeding cars and inadequate pedestrian crossings were mentioned as risks, particularly for children and seniors.

- **Public transportation safety**

Participants described safety issues on public transportation, including drug use, smoking, and sleeping on buses and trains. Participants also mentioned concerns about harassment and violence on transit systems, particularly during late hours.

- **Hazardous areas**

Unsafe parks and recreational areas such as those with discarded drug paraphernalia and poorly maintained structures deter residents from using public spaces.

“I also see for the young kids in our community, there’s no safe space for them to go. They’re in the streets. And they’re like, in front of their houses. There’s no playgrounds. There’s no parks that are clean for them to go to.” — A House in Austin

- **Economic impact**

Businesses avoid high-crime areas, limiting economic opportunities and perpetuating cycles of poverty and unsafe conditions.

- **Substance use and safety impacts**

Substance abuse was closely linked to safety concerns in multiple ways. Participants in some communities described public spaces being dominated by individuals using drugs or drinking alcohol, creating a sense of unease.

- **Homelessness and public perceptions**

Many participants expressed empathy for homeless individuals but also noted that their presence, especially in groups, created fear in certain settings. The lack of support systems for homeless individuals, particularly for mental health and substance use treatment, was seen as a root cause of safety concerns.

- **Youth safety**

Children and teenagers were highlighted as particularly vulnerable to violence and unsafe environments. Concerns were raised about the lack of safety in and around schools, including bullying and school-based violence. Lack of safe recreational spaces for youth was noted as a contributing factor to their involvement in unsafe behaviors, such as gang activity and substance use.

- **Policing and public safety**

Policing was a polarizing issue. Some participants expressed concerns about insufficient police presence in high-crime areas, leading to unchecked violence and criminal activity. Others criticized overly aggressive policing practices, particularly racial profiling, which led to mistrust and fear among community members. Participants emphasized the importance of improving relationships between law enforcement and communities to build trust and enhance safety.

“As for security, there can be more “good cops” and help from the city. Police do not care about cleanliness or safety of the city. Police ignore people. There are a lot of police. Even when they see something, they do not act beyond warnings.” — New Life Center

“I am very friendly and traveled all over, so I never experience such racism until I moved there — my whole block is police officers, that was even worse.” — Common Pantry

- **Mental health impact**

Constant exposure to unsafe environments led to stress, anxiety, and fear among community members. Participants expressed frustration about the normalization of unsafe conditions, particularly for children growing up in high-crime areas.

“Gentrification has really hit us very hard. We don’t see our neighborhood as ‘it’s up and rising, this and that.’ Nobody knows the struggles we go through at night. You hear gunshots every week. The other day we were hearing stuff, and my little cousin told me like, ‘Oh, I’m used to it.’” — UI Health CHAMPIONS Program

Infrastructure and environmental problems

Community members identified issues such as industrial pollution, poor waste management, abandoned buildings, and unsafe infrastructure such as severely broken sidewalks. These environmental hazards contribute to health risks and reduce the overall quality of life in affected neighborhoods.

Air and water quality

Industrial pollution and poor air quality, particularly in areas near factories or major highways, were mentioned as contributors to respiratory issues like asthma. Concerns about water quality, including lead contamination and outdated infrastructure, were raised in some communities.

Substandard housing

Participants reported issues such as mold, lead exposure, pest infestations, and inadequate heating or cooling in their homes.

Limited green spaces and neglected parks

A lack of parks and recreational areas was highlighted, particularly in underserved neighborhoods. Poorly maintained parks and playgrounds deter residents from using these spaces for physical activity and recreation.

Waste management

Some neighborhoods struggle with illegal dumping and poorly maintained waste management systems, contributing to unsanitary conditions. Participants mentioned that trash in public areas diminishes community aesthetics and increases health risks.

Transportation infrastructure

Limited and unreliable public transportation restricts access to jobs, healthcare, and essential services. Participants noted concerns about unsafe sidewalks, lack of pedestrian crossings, and dangerous intersections. Issues such as severely broken sidewalks were cited as significantly hindering mobility for residents living with disabilities and older adults. The absence of bike lanes and bike-friendly roads in some communities makes cycling unsafe and impractical for many.

“Transportation is something that has become really difficult. Because if you’re trying to utilize public transportation, the closest train station to us has been in construction for, I want to say over five years. And they just still haven’t fixed the stop. So, you have to walk all the way to the next stop to catch it. And then also any of the buses that you want to take because of construction on the roads, the buses reroute.”

— UI Health CHAMPIONS Program

Climate and weather-related issues, flooding

Poor drainage systems and outdated infrastructure lead to frequent flooding in certain areas, damaging homes and increasing mold and waterborne illnesses.

Climate and weather-related issues, heat islands

Urban areas with limited vegetation experience higher temperatures, which can exacerbate heat-related health issues.

Environmental policy

Participants criticized perceived public corruption and stagnation in leadership, leading to poor environmental decision-making. For instance, concerns were raised about policies allowing forest destruction and other environmental damage. Poor urban planning and insufficient investment in green and public spaces perpetuate disparities in environmental quality.

COVID-19 pandemic

While there was variability in whether COVID-19 was described as an ongoing crisis in 2024, its residual effects were noted.

Health impacts, physical health

Participants discussed the direct health effects of COVID-19, including severe illness and long-term complications.

Health impacts, mental health

The pandemic exacerbated anxiety, depression, and stress due to isolation, fear of illness, and loss of loved ones, especially among older adults, adolescents, young adults, and individuals living alone. Participants reported heightened levels of anxiety, depression, and social awkwardness post-pandemic. The sudden halt of in-person interactions and reliance on virtual connections disrupted social skills and emotional well-being.

“Some people still don’t go outside. They don’t go outside for anything.”

— UCAN (Stone Temple Church)

Economic impacts, job loss and financial instability

Many families faced job losses or reduced income, leading to increased financial stress and reliance on assistance programs. Pressure was felt by some participants from having their health insurance connected to their employment.

Economic impacts, basic needs

Participants noted difficulties in accessing food, housing, and healthcare due to economic strains.

Overburdened systems

Participants highlighted the stress on hospitals and clinics, resulting in delayed care for both COVID-19 and non-COVID-related conditions. Participants described how many of the issues have persisted even after the strain of pandemic has eased. This includes continued impacts on access to preventative and primary care.

Prevention

While participants noted continued use of masks and precautions, there was variability in adherence, with some expressing a need for ongoing vigilance and others downplaying its significance.

Increased inequities

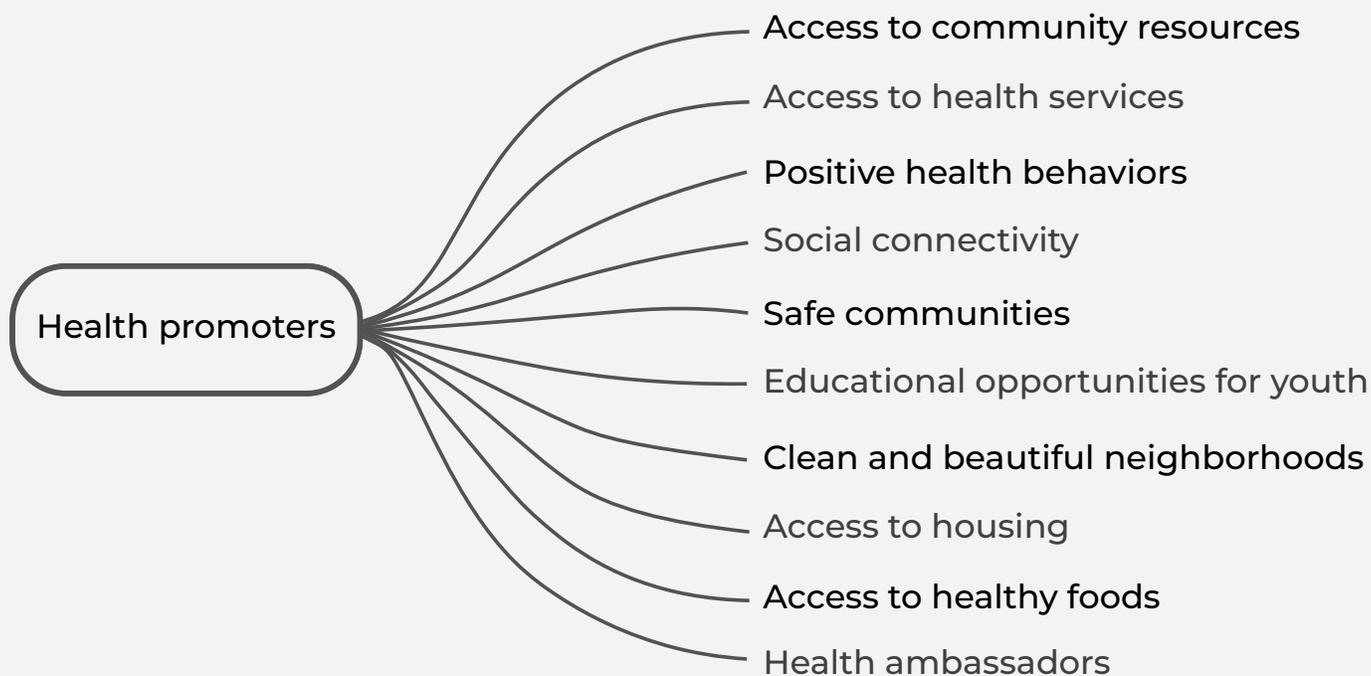
Marginalized communities, including low-income households and communities of color, were disproportionately affected by the health and economic impacts of the pandemic.

HEALTH PROMOTERS

Definition: factors that help individuals and communities be healthy

Purpose: to categorize the factors within communities that help people to be healthy and identify essential existing resources

Themes: access to community resources; access to health services; positive health behaviors; social connectivity; safe communities; educational opportunities for youth; clean and beautiful neighborhoods; access to housing; access to healthy foods; and health ambassadors



Access to community resources

Many participants emphasized the importance of accessible community services such as the Salvation Army, local shelters, and food banks. These resources provide essential support for individuals and families, fostering stability and well-being.

Access to health services

Many respondents discussed their efforts to maintain regular checkups and utilize available healthcare services. They shared that proximity to clinics, health programs, and wellness centers played a pivotal role in their ability to manage and improve their health. Access to trusted healthcare providers contributed to their sense of security and supported their physical well-being.

Positive health behaviors

Personal practices like healthy eating, staying hydrated, and physical activities such as walking were frequently mentioned. Participants noted that such behaviors were integral to their sense of health and vitality.

Social connectivity

Participants valued inclusive and supportive environments. Statements included appreciation for cultural diversity and community acceptance, which contribute to mental health and a sense of belonging.

“I think having a good support system is really healthy, whether it be a friend, a staff member, or a close family member. I think that everyone needs someone to rely on.” — UI Health CHAMPIONS Program

Safe communities

Safety was a recurrent theme, with several respondents pointing to programs and efforts that reduce violence and promote a secure living environment as central to community health.

Educational opportunities for youth

Focus group members emphasized programs that target young people, including educational workshops, extracurricular activities, and workforce development initiatives. These were seen as crucial for empowering the next generation and building a healthier future.

Clean and beautiful neighborhoods

Participants appreciated clean and aesthetically pleasing environments, noting that well-maintained parks and public spaces encourage outdoor activities and foster community pride.

Access to housing

Affordable and stable housing was highlighted as a key determinant of health. Some participants expressed gratitude for programs addressing homelessness and providing housing assistance. Programs like Housing Forward, Beds Plus, and Deborah’s Place were specifically mentioned. Access to secure housing was noted as a foundation for maintaining health and well-being, as it allows residents to focus on other aspects of their lives without the stress of housing insecurity.

Access to healthy foods

Respondents mentioned the presence of stores and markets offering healthy food options as crucial for community health. Food pantries, urban farms, fresh food trucks, and organizations like the Salvation Army and Catholic churches were frequently mentioned as critical resources for addressing low access to healthy foods. Some food programs were praised for offering fresh produce and healthier options tailored to the dietary needs of individuals with conditions like diabetes or high blood pressure. Some participants appreciated food delivery options from services like Walmart and Amazon for those using public aid benefits. Locations with easily walkable access to grocery stores were valued.

Health ambassadors

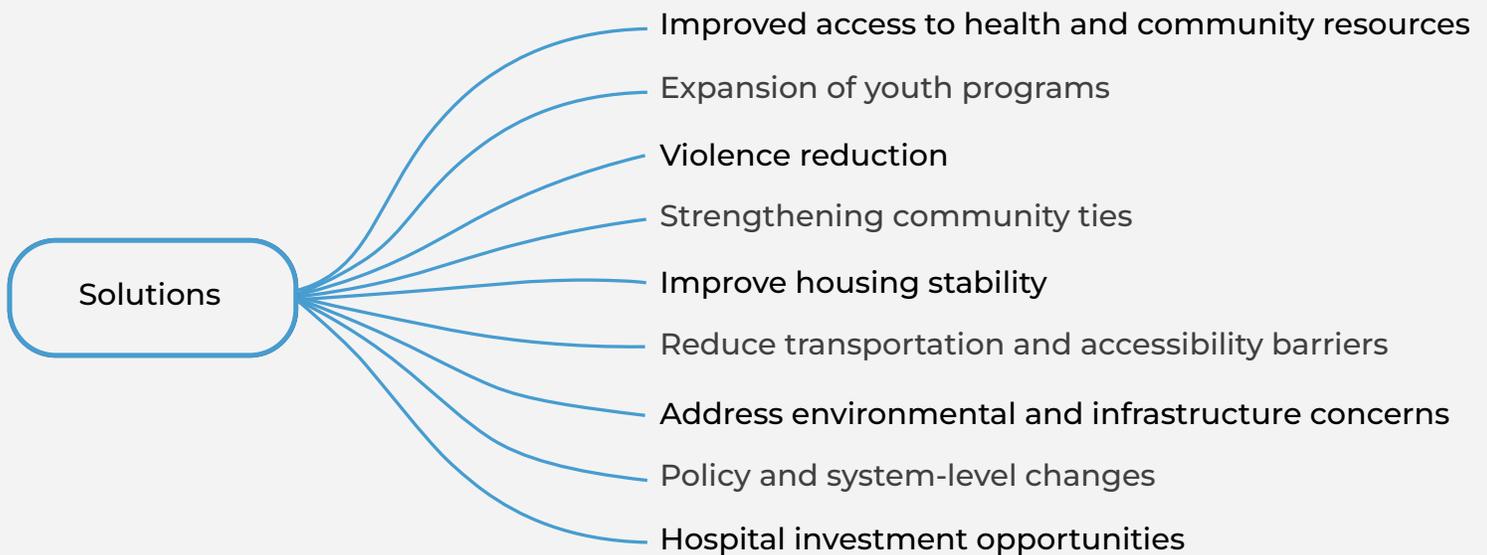
The concept of “health ambassadors” emerged as a strong theme, emphasizing individuals and programs that encourage health literacy, provide support, and create awareness around healthy practices. From youth programs to community-driven initiatives, health ambassadors were seen as key drivers in improving the overall health of the area. However, the need for greater engagement of Black men as health ambassadors was highlighted.

SOLUTIONS

Definition: solutions to health issues and challenges discussed by participants

Purpose: to develop community-informed and community-driven strategies for addressing community health challenges

Themes: improved access to health and community resources; expansion of youth programs; violence reduction; strengthening community ties; improve housing stability; reduce transportation and accessibility barriers; address environmental and infrastructure concerns; policy and system-level changes; and hospital investment opportunities



Improved access to health and community resources

Participants emphasized the need for better access to high-quality healthcare services, including mental health care, substance abuse programs, preventive services, and specialized care for vulnerable populations like youth, older adults, and people experiencing homelessness. Community services such as housing assistance and emergency food programs were seen as equally important to the health and well-being of communities.

Suggestions included increasing the number of healthcare providers, improving accessibility through transportation options, and streamlining processes to reduce wait times. Mobile health clinics and outreach efforts were proposed to effectively reach underserved areas and populations. School-based health services were another common suggestion.

"I grew up in Section 8 housing. So, they had a lot of opportunities for us to go do hearing tests and vision tests. And it seemed like our health was very important to the building because they would host these events right in front. But then the problem was that we had an increased gang population in our building. And so, they had to stop hosting these events. And then I feel like less and less people were getting the healthcare that they needed because it was so accessible. It was always like we have a mobile clinic coming to our building and that's how you could get your hearing test, your vision test done for school."

— UI Health CHAMPIONS Program

“I think it’s hard enough to get people to come to a screening, like a cancer screening or something. And we even do Silver Linings [Foundation that funds breast health initiatives] for mammograms, so they can get not only a free scan, but they can get like a biopsy too. It’s still hard to get people, believe it or not, to do that, even when they’re getting that paid for. I mean, anything to help people push them for screenings, I feel like that would be for anything, whether it’s diabetes or a heart scan or you know it’s not really that much money to do with the screenings. It might save their life.” — Southland Chamber of Commerce

Enhanced coordination

Community members also voiced a need for enhanced coordination between institutions, including hospitals, community organizations, and government agencies, to ensure seamless care.

“So, I’m in West Garfield. There are a lot of organizations in and around West Garfield that do various things, but they’re not interconnected. And if they were interconnected, I think that it would make a difference to both the seniors and the youth.” - Hope Church

“So having these services combined into one building or one facility would be beneficial because then people have a one-stop shop where they go.” — NAMI Metro Suburban

Tackling stigma and cultural barriers

Participants identified stigma around mental health and healthcare as a barrier to seeking help. They proposed community-driven campaigns to normalize discussions about mental health and to educate residents about the benefits of seeking care. In addition, respondents advocated for culturally relevant healthcare services that respect the diverse backgrounds of Cook County residents.

Community-based programs

Strengthening existing community resources, such as food distribution programs, housing programs, and free counseling services, was a recurring theme.

“Youth crossroads is like an organization, it is a really big part of the community. Not all schools have that. And, I feel like it’s really essential to have something to do with mental health support.” — UI Health CHAMPIONS Program

Expansion of youth programs

Youth programs were frequently mentioned as areas needing attention.

“Just like maybe community things that kids can get into that way they’re not just on the streets or bored.” — UI Health CHAMPIONS Program

After-school activities

Implement or expand programs such as sports clubs and homework help initiatives to provide safe, structured environments for youth.

Mentorship and guidance

Foster mentorship opportunities for personal and professional growth; specific examples include Boys & Girls Clubs and programs like UI Health CHAMPIONS.

Workforce development

Introduce job training and career development initiatives targeting young people.

Violence reduction

Community safety emerged as a significant concern, with recommendations for programs targeting violence reduction. Collaborative efforts between health departments, law enforcement, and community organizations were seen as vital for addressing root causes of violence.

Safe spaces

Participants recommended developing community centers and safe havens where residents, particularly youth, can gather in supportive and structured environments. Ensure these spaces provide recreational activities, educational resources, and access to counseling.

Conflict resolution

Establish programs that teach conflict resolution skills and provide mediation services to de-escalate tensions before they escalate into violence.

Address domestic and interpersonal violence

Expand shelters, counseling services, and legal aid for victims of domestic violence and abuse. Introduce programs in schools and community settings that teach skills for building healthy, respectful relationships.

Improve infrastructure

Invest in better street lighting, clean public spaces, and maintain infrastructure to deter criminal activity. Enhance the safety of public transportation systems to protect commuters, especially in vulnerable neighborhoods. Use urban planning strategies to design neighborhoods that discourage crime.

Community policing models

Encourage law enforcement agencies to adopt community policing strategies, where officers build relationships with residents and work collaboratively to address safety concerns. Empower community members to lead violence prevention efforts, leveraging local knowledge and trust.

Community policing models, de-escalation training

Advocate for mandatory de-escalation and cultural competency training for police officers to reduce incidents of excessive force.

Address root causes, economic empowerment

Promote workforce development programs, job creation, and training opportunities to address unemployment and poverty, which are often linked to violence.

Address root causes, educational opportunities

Increase access to quality education and after-school programs to keep youth engaged and reduce their involvement in risky behaviors.

Mental health and trauma support

Offer accessible mental health services to address trauma stemming from exposure to violence, fostering healing and resilience within communities.

Strengthening community ties

Many highlighted the importance of fostering a strong sense of community. This included creating safe, accessible gathering spaces, supporting local organizations, and promoting activities that encourage social interaction. Addressing feelings of isolation, especially among seniors and marginalized groups, was seen as essential to improving mental and physical health.

Improve housing stability

Affordable housing development

Increase the supply of affordable housing through new developments and rent-controlled units.

“I would love to see affordable housing for people who make under \$45 grand annually. I think that’s very measurable and very concrete [...]” — NAMI Metro Suburban

Tenant protections

Strengthen and support policies to protect tenants from eviction and enforce housing quality standards.

Homeownership support

Provide down payment assistance and fair lending programs to increase homeownership opportunities.

Improve housing conditions

Offer grants or incentives for landlords to improve housing conditions.

Supportive housing

Homelessness was tied to broader issues of mental health, substance use, and systemic inequities. Participants urged a holistic approach, including providing stable housing, mental health support, and opportunities for self-sufficiency through housing first programs.

Reduce transportation and accessibility barriers

The lack of reliable transportation was a significant barrier to accessing healthcare and other essential services. Suggestions included expanding public transit options and ensuring that they connect underserved areas to key resources.

Address environmental and infrastructure concerns

Residents stressed the importance of clean water, safe housing, and environmental protections. They also highlighted the need for infrastructure improvements, such as better lighting and walkable streets, to ensure safety and access.

Policy and system-level changes

Policy solutions included reducing the density of liquor and marijuana stores, addressing over-policing, and ensuring equitable distribution of resources. Participants advocated for government and institutional accountability in addressing health inequities.

Hospital investment opportunities

Coordinated care

Fragmentation in healthcare services was a recurring concern, especially for individuals with chronic conditions or complex medical needs. Expand care navigation programs where healthcare workers guide patients through the healthcare system, helping them access appropriate services and follow treatment plans.

Community-focused outreach

Many residents face barriers accessing hospital services, particularly in low-income or geographically isolated areas.

- **Community health ambassadors**

Investments in community health workers who could bridge gaps between healthcare systems and community residents were frequently mentioned.

- **Reduce geographic barriers**

Expand mobile health clinics and satellite locations to bring services like screenings, vaccinations, and chronic disease management closer to the community.

- **Partnerships**

Partner with community organizations to host regular health fairs and educational workshops to raise awareness of available services.

- **Tailored programming**

Develop tailored programs to address the specific needs of priority populations such as seniors, youth, LGBTQIA+ youth, and individuals with disabilities.

“Have a lot of programs, but they have a lack of them oriented towards people with disabilities.” — The Douglas Center

“There is a need for legal services for the disabled.” — The Douglas Center

Expand preventative services

- **Health screenings**

Expanding such services was seen as a way to reach people who may not regularly visit hospitals.

- **Chronic disease management programs**

Investments in services targeting diabetes, arthritis, and other chronic conditions were recommended to improve quality of life and reduce long-term healthcare costs.

- **Health education**

Focus on educating the community about preventive health measures, chronic disease management, and lifestyle improvements. Support programs promoting healthy eating and physical activity to combat obesity and related conditions.

Enhance access to mental health services

- **Increasing the availability of licensed mental health professionals**

Participants expressed difficulty accessing licensed therapists and called for hospitals to hire more professionals to address gaps in mental health services.

- **Providing holistic care for priority populations**

Suggestions included integrating mental health services with care for the homeless and those struggling with substance abuse.

- **Community-based care**

Invest in mental health infrastructure, including outpatient clinics, telehealth services, and crisis intervention programs.

- **Crisis care**

Enhance emergency care and crisis intervention services for mental health and substance abuse issues.

Build trust with communities

- **Community health outreach programs**

Invest in programs that engage directly with communities to understand their specific health needs and build trust.

- **Targeted support for marginalized priority populations**

Programs like trans-inclusive healthcare and comprehensive family support services at institutions like Lurie Children's Hospital were cited as successful examples to expand upon.

Community-based investments

- **Resource sharing and collaboration**

Enhance partnerships with local organizations to pool resources for community health initiatives.

*"You have to connect with community organizations. That way there is a conduit. There is a connection between what you all do and the community organization that is."
— Hope Church*

*"I know that the food pantry at BlueCap, they have to have a dedicated person to do grant writing to continually fill in the gaps for what's not there."
— Southland Chamber of Commerce*

Address social determinants of health

Hospitals were encouraged to invest in programs addressing housing instability, food insecurity, and economic opportunities as part of a comprehensive approach to health.

Address structural and policy barriers

- **Reducing bureaucratic challenges**

Simplify administrative processes, such as insurance and eligibility verifications, to make hospital services more accessible.

- **Emergency support systems**

Participants suggested hospitals could invest in systems to ensure rapid access to care during crises, such as instant clinics for urgent needs.

Workforce development

There were mentions of hospitals investing in local workforce development, particularly in creating job opportunities and training programs for residents. This aligns with the broader goal of economic empowerment in the community.

- **Training programs**

Recruit and retain healthcare workers from diverse backgrounds who reflect the communities they serve by investing in training programs, including establishing partnerships with local schools, colleges, and vocational programs to create pipelines for future healthcare workers.

- **Continuing education**

Provide continuing education and certifications for existing staff in areas such as cultural competency, trauma-informed care, and advanced clinical skills.

Violence reduction

Fund hospital-based violence intervention programs to support victims and reduce repeat incidents.

Technology and innovation

Some participants mentioned the potential for hospitals to leverage technology such as telehealth services to improve care delivery and expand access for underserved areas.

Emergency preparedness and resilience

The COVID-19 pandemic underscored the need for hospitals to be better prepared for public health emergencies. Participants recommended developing community resilience programs that educate residents on emergency preparedness and connect residents to resources during disasters.

VISION FOR THE FUTURE

Definition: changes that participants would like to see in their communities in the next 3-5 years

Purpose: to further prioritize immediate health needs of communities, identify potential short-term outcomes for use in implementation planning

Themes: affordable and inclusive care; expansive community programs; safe communities; inclusive and culturally vibrant neighborhoods; outdoor spaces; infrastructure improvements; economic development; affordable and stable housing; enhanced educational opportunities; youth empowerment; and collaborative action and systems change



Participants were asked to share what they would like to see in their communities in the near future. Participants shared a hopeful and aspirational vision for their communities over the next 3-5 years, emphasizing interconnected themes that span housing, education, healthcare, safety, and cultural enrichment.

Affordable and inclusive care

Accessible and affordable healthcare was a strong priority. Participants envisioned a healthcare system that eliminates financial barriers and is inclusive of all residents, regardless of socioeconomic status. In addition, participants envisioned a future with enhanced wellness initiatives, such as monthly health checkups, mental health support, and free or low-cost fitness programs. These ideas were aimed at promoting both physical and mental well-being in the community.

Expansive community programs

Participants desired diverse and inclusive programs such as skill-building workshops, recreational activities, and educational opportunities that foster personal and community growth.

Safe communities

Safety was a shared concern, with a vision for communities free from violence and an increase in mutual respect among community members. Participants see violence prevention programs and community policing as critical steps toward fostering trust and security.

Inclusive and culturally vibrant neighborhoods

Many participants expressed a desire to celebrate and preserve cultural diversity through arts and community activities. They envision neighborhoods where cultural heritage is honored and serves as a unifying force.

Outdoor spaces

Participants described a vision for more parks, recreational facilities, and community gardens to promote health and well-being.

Infrastructure improvements

Participants envisioned reliable and affordable transportation options to connect residents to essential services and job opportunities.

Economic development

Creating job opportunities and workforce development programs was identified as a crucial aspect of their vision. Participants hope for economic stability through meaningful employment and entrepreneurship, particularly for marginalized populations.

Affordable and stable housing

Affordable housing was a recurring theme, with participants highlighting the urgent need for investments in housing stability to support families. Participants expressed a desire for policies that prevent displacement and support long-term residency thereby enhancing community stability. They envision neighborhoods where housing is accessible to all, and homelessness is no longer a pressing issue.

Enhanced educational opportunities

Participants emphasized the importance of quality education, with calls for increased resources in schools to benefit children and youth. They envision schools as hubs for innovation, equity, and support, providing pathways for future success through technical programs and expanded extracurricular opportunities.

Youth empowerment

Young people were a central focus of many visions. Participants emphasized the need for programs that mentor and empower youth, especially those from marginalized communities. Many participants emphasized the importance of seeing people from their community in prominent roles, particularly in healthcare and other fields, to inspire the next generation. The goal is to create a future where young people can thrive and contribute positively to society.

Collaborative action and systems change

A significant portion of the vision revolved around community-driven action and systemic reform. Participants envisioned a future where residents play a central role in decision-making processes, ensuring that policies and initiatives reflect their needs and aspirations. Participants aspire to see governments and institutions work alongside residents to co-create solutions. Hospitals that have clear communication and accountability in implementing community-driven projects are desired.

CONCLUSION

The focus groups conducted for the 2025 Community Health Needs Assessment offered critical insight into the lived experiences, challenges, and priorities of Cook County residents, particularly those from historically marginalized communities. Participants identified a broad range of interconnected health issues shaped by systemic inequities and called for community-rooted, culturally responsive, and equity-driven solutions. Their voices serve as a powerful foundation for understanding community needs and shaping future strategies. These findings underscore the importance of ongoing community engagement in advancing health and racial equity across Cook County.

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- members of the AHE CHNA Committee for their guidance in designing and refining focus group materials and approaches.
- focus group facilitators and notetakers who created safe, trauma-informed environments for dialogue and reflection.
- local leaders, advocates, and partner organizations who continue to champion health equity across our communities.
- the residents of Chicago and Suburban Cook County, whose lived experiences and visions for the future drive the ongoing work of the Alliance.

We are deeply grateful for your contributions to this collaborative effort to advance community health and equity.

APPENDIX

FOCUS GROUP QUESTIONS

Structure

- 90 minutes
- Survey completion as participants arrive and are seated

TEAM INTROS/CONSENT

Explanation of purpose and process

Purpose:

The Alliance for Health Equity is a partnership of over 30 hospitals, six local health departments, and nearly 100 community-based organizations. We are gathering information about how hospitals, health departments, community organizations, and community residents can work together to improve health in communities across Chicago and Suburban Cook County. Our discussion will be focused on your thoughts about what makes a healthy community and your input about strategies that could be used to improve **health** in your community and other communities in Chicago and Suburban Cook County.

Process:

There are no wrong answers. We are going to talk about your experiences, observations and perceptions. You won't hurt our feelings or make us feel good with whatever opinions you might share. We are interested in hearing your point of view even if it is different from what others have expressed. So, please feel free to speak open and honestly.

When we speak about community it can have different meanings. For example, it can mean your family, the people you live or work with, the neighborhood you live in, a group of people you belong to. We are interested in hearing about your community, no matter how you define it.

[Notetaker Name] will be a note taker for the discussion today. An overall summary of the information shared by the different discussion groups will be written and shared online. There will not be any names attached to the comments and ideas in the notes or in the final report. We would like to record today's discussion to ensure that we completely capture your input. Is everyone ok with us recording the discussion?

You will be able to access the final report in **Spring 2025**.

Are there any questions before we start?

Introduction

1. Introduction activity (first names and pronouns on tent cards for in-person events)
2. What communities are you representing today?

Community Perceptions

3. Today we are going to be talking a lot about the community you represent. How would you describe your community?
 - a. If someone were to join your community, what would you say are the best things about it?
4. The Alliance for Health Equity is working on strategies for improving the health of communities in Cook County. Some of the key areas we are working in include:
 - Reducing health problems caused by social, structural, and economic inequities
 - Improving mental health and reducing substance use disorders
 - Improving prevention and management of chronic conditions
 - Reducing maternal and child health inequities
 - Improving adolescent and child health
 - Improving access to quality health care
 - a. How have these issues affected your community?
 - b. Thinking about day-to-day life – working, getting kids to school, taking care of yourself – things like that: What are some of the struggles that you or someone in your community has to deal with on a day-to-day basis?
 - c. What populations or groups of people do you think struggle the most with challenges in your community?
 - d. Does the COVID-19 Pandemic continue to impact your community? If so, how?
 - e. Please share any important health issues that we haven't talked about yet.
5. Based on what we have talked about so far, what do you think are the most urgent health concerns in your community? [Possible Round Robin Activity]
6. Thinking about health and wellness in general, what keeps you healthy?/What do you do to be healthy?
 - a. What makes it easier to be healthy in your community?

Solutions

7. [Select top issues discussed] Let's talk about a few of the issues you mentioned.
 - a. What programs, services, or policies are you aware of that currently focus on these issues?
 - b. What programs, services, or policies are currently NOT available and you think they should be?
 - c. What should hospitals and health departments do to address these issues?
 - d. If hospitals had the chance to invest in community development, what do you think they should focus on first?
 - e. What could hospitals be doing differently?
 - f. What is the role of communities in these solutions?

Visioning

8. When you think about your community three years from now, what would you like to see? What is your vision for the future?
 - a. What needs to happen to make this vision a reality?

FOCUS GROUP HOST ORGANIZATIONS

Host Organization Name	Priority Populations/Services
8th Ward Alderman Harris Office	African American/Blacks
A House in Austin	Families; Social services; Education; African American/Blacks
AHS Family Health Center	Immigrants and refugees; Underinsured and uninsured; Workforce development
Arab American Family Services	Arab Americans; Social services; Immigrants and refugees; Underinsured and uninsured
Bethel New Life	Wellness services; Workforce development; African American/Blacks; Education
Beyond Hunger	Food insecure individuals and families
Breakthrough (Men's Session)	Community and economic development; Faith community; Violence prevention; Social services
Breakthrough (Women's Session)	Community and economic development; Faith community; Violence prevention; Social services
Brighton Park Neighborhood Council	Community and economic development; Hispanic Latine; Immigrants and refugees; Advocacy; Housing
Center of Concern	Housing; Social services; Adults with intellectual, developmental, and physical disabilities; Older adults
Common Pantry 1	Food insecure individuals and families; Social services
Common Pantry 2	Food insecure individuals and families; Social services
FILLMORE	Community and economic development
Greater West Town Community Development Project (2 Sessions)	Community and economic development; Workforce development; Education
Healthy Hood	Community and economic development; Wellness services
Hope Church	Faith Community
Housing Forward	Housing; Social services; Food insecure individuals and families
Life Is Work	LGBTQIA+; Social services; African American/Blacks
Living Word Christian Center	Faith Community
Loyola Community Benefit Council	Service providers
MAAFA	African American/Blacks; Youth; Social services; Community and economic development
Midwest Refuah Health Center	Faith community; Underinsured and uninsured; Immigrants and refugees
Montclare Senior Residences	Older adults; African American/Blacks; Housing

Host Organization Name	Priority Populations/Services
Muslim Community Center (MCC)	Faith community; Social services
NAMI Metro Suburban - Group 1	Mental health; Crisis care; Underinsured and uninsured
NAMI Metro Suburban - Group 2	Mental health; Crisis care; Underinsured and uninsured
New Life Center	Youth; Education
North River Commission	Housing; Hispanic Latine; Immigrants and refugees; Education
Oak Park Area Lesbian and Gay Association (OPALGA+)	LGBTQIA+
Oakley Square Apartments	Housing
Pathlights	Older adults; Adults with intellectual, developmental, and physical disabilities; Social services
Peace Runners	Advocacy; Wellness services
REACH 1	Young people of color; Workforce development
Respond Now	Housing; Mental health; Crisis care; Underinsured and uninsured
Resurrection Project	Hispanic Latine; Immigrants and refugees; Community and economic development; Advocacy; Housing
Southland Chamber of Commerce	Service providers; Advocacy
Streetlights	Faith Community
The Douglas Center	Adults with intellectual, developmental, and physical disabilities; Social services
UCAN (Stone Temple Church) (2 Sessions)	Youth; Mental health; Violence prevention; Crisis care
UIC Champions Program	Youth; Workforce development; Education
REACH 1	Young people of color; Workforce development
United Methodist Church	Faith Community
West Cook YMCA	Wellness services
West Side Health Authority	Families; Social services; African American/Blacks
Youth Crossroads, Inc.	Youth; Immigrants and refugees; Workforce development; Education

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