we | PLAN 2025

Community Health Assessment & Community Health Improvement Plan

for Suburban Cook County, Illinois

Cook County Dept. of Public Health

COOK COUNTY HEALTH

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Letter from Cook County Board President

The Honorable Toni Preckwinkle

Dear Suburban Cook County Residents and Partners,

Nothing over the last five years has illuminated structural inequities like the COVID-19 pandemic. It has revealed more clearly than ever what public health experts have long known: that structural racism and systems of oppression are the main drivers of health inequities. Racism is a public health crisis.

Here, in suburban Cook County, we have seen more African American/Black and Hispanic/Latinx people become sick and die from COVID-19 than their White counterparts. These inequities in COVID-19 rates start not with who has access to insurance or hospital beds, but even further upstream, with who has access to healthy workplaces, safe housing, and high-quality education. We cannot improve the health of our communities without addressing the injustices in our health, education, employment, housing, and legal systems.

I am therefore pleased to share WePlan 2025, the community health assessment and improvement plan for suburban Cook County. This plan prioritizes addressing structural racism as the key to improving access to health and behavioral health resources, ensuring safe and healthy environments, and advancing inclusive and healthy education and economic opportunities for all.

While the planning effort was led by staff from Cook County Department of Public Health (CCDPH), it could not have been accomplished without the many partner organizations, community residents, public health and healthcare professionals, and others, who participated in the process. I truly appreciate the input and expertise of all the individuals and organizations who contributed to this plan and commend CCDPH for their work bringing these voices together. The result is a plan for the whole community that aligns with the Cook County Policy Roadmap and builds upon the great work already happening across suburban Cook County.

As we emerge from the COVID-19 pandemic, I look forward to working with CCDPH and many community partners across the county to address these root causes and upstream drivers of health disparities.

Toni Preckwinkle
President, Cook County Board of Commissioners

I. Executive Summary

Cook County Department of Public Health (CCDPH) serves nearly 2.3 million residents, with a jurisdiction covering 125 municipalities and 30 townships in suburban Cook County. It is one of six health departments in Cook County certified by the Illinois Department of Public Health (IDPH), is nationally accredited by the Public Health Accreditation Board (PHAB), and is part of one of the largest public healthcare systems in the country.

CCDPH's community-driven health assessment and improvement plan is called WePlan 2025. While this effort is led by CCDPH, it is meant to be owned by all of the providers, organizations, agencies, businesses, local governments, community groups, and residents of suburban Cook County, to guide and inform community health planning and improvement efforts. This plan was developed with input from a wide range of partner organizations; more than 2,000 residents, public health and healthcare professionals; and others working in suburban Cook County. It seeks to improve the conditions in which our residents live, work, and play.

WePlan 2025 uses the Mobilizing for Action through Planning and Partnerships (MAPP) process to complete a comprehensive community health assessment (CHA) and community health improvement plan (CHIP). WePlan 2025 has an explicit focus on addressing health inequities and upstream drivers of health, expressed in the vision statement for the plan:

> *Across suburban Cook County, we envision thriving communities where everyone is valued, feels connected and safe, and has equitable access to resources and opportunities for physical, mental, and social well-being.*

For the community health assessment portion of WePlan 2025, four assessments were conducted in collaboration with the Chicago Department of Public Health (CDPH) and its Partnership for a Healthy Chicago, as well as the Alliance for Health Equity, convened by the Illinois Public Health Institute. These assessments help gauge the community's health status, community member perspectives on health and well-being, forces of change influencing the community's health, and the local public health system's capacity to advance health equity.

Based on the findings of these four assessments, CCDPH and its partners convened to identify key community health priorities. Three such priorities were identified, with structural racism as a cross-cutting theme across all of them:

- Improve access to health and behavioral health resources for all;
- Ensure safe and healthy environments for all; and
- Advance inclusive and healthy education and economic opportunities for all.

Addressing structural racism is necessary to achieving all other priorities. Assessment findings and dialogue with partners consistently pointed to unjust power imbalances and racialized systems of oppression as root causes of health inequities in suburban Cook County. Race, ethnicity, and geography are major drivers of whether a community member will have access to affordable healthcare, safe housing, gainful employment, or high-quality education. Structural inequities and the role of systemic racism in perpetuating inequity have become even more apparent in light of the COVID-19 pandemic.

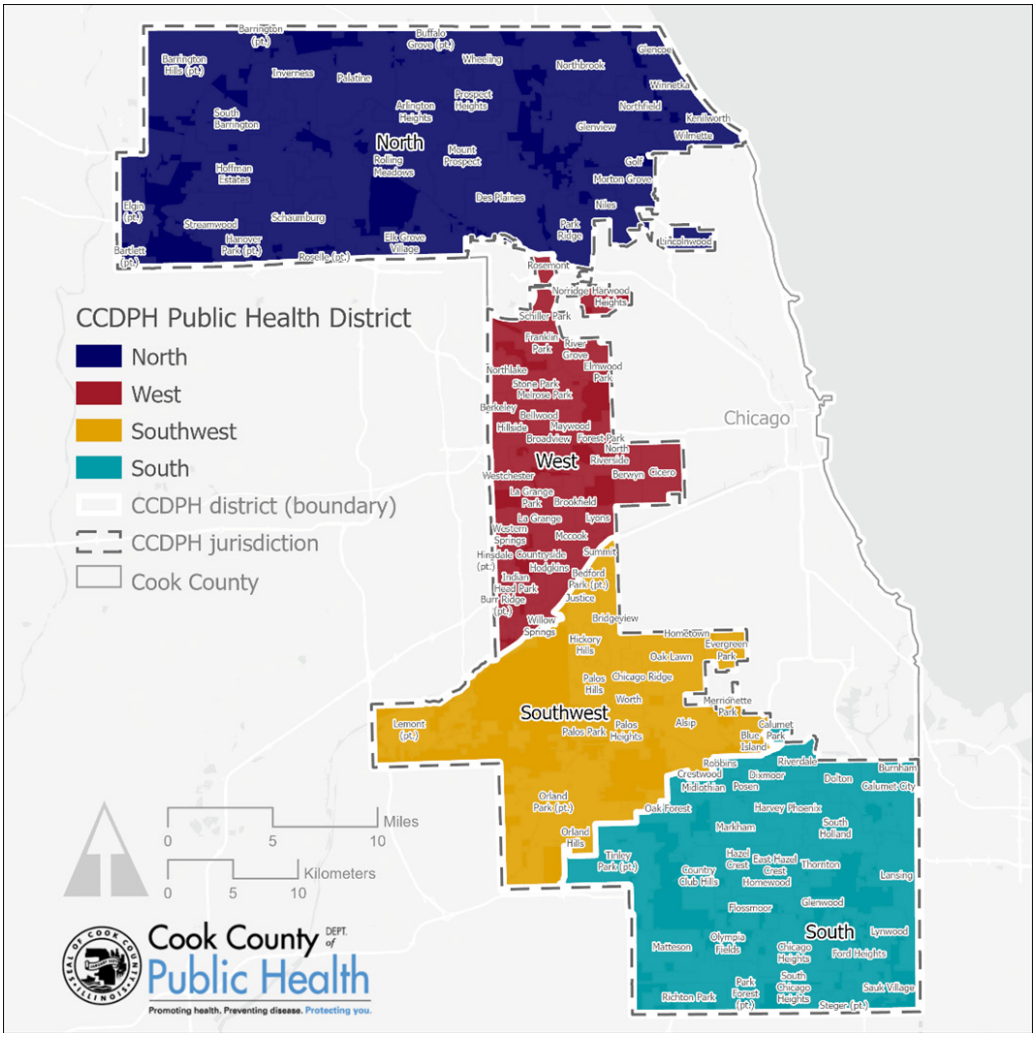
CCDPH looks forward to joining together with its many partners across suburban Cook County to tackle structural racism and root causes of inequity through implementation of WePlan 2025.

II. Introduction and MAPP Process

Cook County Department of Public Health (CCDPH) is the state-certified public health department to 2.3 million suburban Cook County residents. It was established in 1945 and has a jurisdiction that spans 700 square miles and includes 125 municipalities and 30 townships. CCDPH's jurisdiction does not include the City of Evanston, Village of Skokie, Village of Oak Park, and Stickney Township, which have their own state-certified health departments. CCDPH is nationally accredited by the Public Health Accreditation Board (PHAB) and is part of Cook County Health, one of the largest public healthcare systems in the country.

The map below shows CCDPH's jurisdiction divided into four CCDPH public health districts (North, West, Southwest, and South). CCDPH evaluates social and demographic patterns and reports the incidence and prevalence of diseases and other health indicators across these four districts.

Figure 1 | CCDPH Jurisdiction, Districts, and Municipalities



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

a. IPLAN Requirements

Every five years, Illinois state law requires each certified local health department to complete an Illinois Project for Local Assessment of Needs (IPLAN), which is a community health assessment and health improvement process. This fulfills the requirements of the Illinois Administrative Code, Title 77, Subsection 600.210 for certification for local public health departments by the Illinois Department of Public Health (IDPH).

The essential elements of IPLAN are:

1. An organizational capacity assessment;
2. A community health needs assessment; and
3. A community health plan, focusing on a minimum of three priority health problems.

The organizational capacity assessment element of IPLAN was fulfilled by CCDPH's 2018 strategic plan. The community health needs assessment and community health plan are fulfilled by this document, using the Mobilizing for Action through Planning and Partnerships (MAPP) process.

b. Progress Toward WePlan 2020

CCDPH's last IPLAN, WePlan 2020, built on the successes of WePlan 2015 and began placing greater emphasis on health equity and the social and structural determinants of health. Health equity, chronic disease, and behavioral health were identified as priority health issues in WePlan 2020. Over the past five years, CCDPH and organizations across the local public health system worked together to progress across all three of these areas.

Health Equity

Getting municipalities previously against Cook County Minimum Wage and Earned Sick Leave ordinances to opt-in – A majority of municipalities initially opted out of minimum wage and paid sick leave ordinances. Arise Chicago and other organizations collaborated with workers and residents to get municipalities to opt-in. CCDPH worked with Arise Chicago and others to promote the health benefits of these policies. This led to successes such as Wilmette opting into the minimum wage ordinance (June 2018), Northbrook opting into the earned sick leave ordinance (September 2018), and Glenview opting into both ordinances, positively impacting an estimated 5,725 workers (January 2019). This occurred prior to the State of Illinois passing a law increasing Illinois' minimum wage statewide from $8.25 to $15 by January 2025.

Improving the built environment and increasing active transportation through grant funding – Cook County Department of Transportation and Highways (DOTH) launched the Invest in Cook grant program in 2017 to promote equal access to opportunities. Through the Invest in Cook grant awards between 2017 and 2020, DOTH has awarded over $31 million to support 128 projects, nearly 85 percent of which directly impact suburban Cook County municipalities. Over 50 percent of these projects were for bike and pedestrian enhancements.

Shifting resources and power to communities as part of COVID-19 response – In 2020, CCDPH worked to prevent and control the spread of COVID-19. Funding was used strategically to advance racial and economic justice; ensure sustainable pathways to access healthcare and social services supports beyond COVID-19 testing and medical care; and promote healthy work environments that protect worker rights, health, and safety. Through the Suburban Cook County COVID-19 Community Supports Program and Suburban Cook County Worker Protection Program, CCDPH awarded nearly $6 million in funding to 42 community-based organizations, including worker centers, to communicate critical, timely messages for workers and residents, provide education and guidance to support workplace and community mitigation practices, and offer needed resources to lessen the health, social, and economic impacts of COVID-19.

Chronic Disease

Providing fresh, locally grown and affordable foods to residents – A partnership between Proviso Partners for Health, a community coalition; Windy City Harvest; and Loyola University Health System launched Veggie Rx in 2018. It is a weekly program that provides free produce to SNAP participants at the Loyola Center for Health in Elmwood Park. Program participants also can attend a cooking demonstration during the week, which features easy, inexpensive and culturally appropriate meals, and then are encouraged to use double-value coupons to purchase additional produce at Veggie Rx's low-cost farm stand.

Adopting Good Food Purchasing Policy – The adoption of this policy in May 2018 by Cook County Government supports increased access and availability of healthy food through the implementation of the Good Food Purchasing Program (GFPP). GFPP is a procurement strategy that drives food purchasing towards five values: building local economies, valued workforce, environmental sustainability, nutrition and animal welfare. CCDPH launched this initiative with the 2018 Food Summit. Updates on GFPP implementation progress were shared during subsequent Food Summits in 2019 and 2020, and can be found here.

Supporting passage and implementation of Tobacco 21 – CCDPH provided technical assistance, offered testimony, shared educational resources, and conducted communications campaigns in support of Tobacco 21. This resulted in six suburban Cook County municipalities and the Cook County Board of Commissioners passing Tobacco 21 ordinances going into effect in 2019, prior to passage of the statewide Illinois Tobacco 21 law, which went into effect on July 1, 2019.

Behavioral Health

Offering access to Living Rooms for people with mental health needs – Living Rooms are warm and inviting spaces for people with mental illness to visit when they are experiencing an increase in mental health symptoms. Staffed by recovery support specialists, and with couches, comfortable chairs, and soft lighting, Living Rooms serve as an alternative to the emergency room. Walk-ins are welcome and the services are free. By 2020, at least five Living Rooms opened in CCDPH's suburban Cook County jurisdiction, including locations in Matteson, Summit, La Grange, Broadview, and Franklin Park. The Living Room in Summit offers services in English and Spanish, and many families visit together. NAMI Metro Suburban operates Living Rooms in Summit, La Grange, and Broadview in partnership with Community Memorial Foundation and Pillars. Sertoma Centre, Inc. operates the Living Room in Matteson, and Leyden Family Service & Mental Health Center operates the Living Room in Franklin Park.

Implementing trauma-informed approaches at Cook County Health – In 2019, CCDPH convened stakeholders from across Cook County Health (CCH) in a series of in-person meetings to discuss how to implement trauma-informed approaches at CCH. The input from the meetings was incorporated into a report with recommendations to CCH leadership. Since that time, the group, which is called the CCH Trauma-Informed Approaches Task Force, has presented at the CCH Ambulatory and Community Health Network's leadership forum, and started training groups across CCH about how social and emotional traumas impact health across the lifespan and how groups can use trauma-informed principles to build resilience.

Launching opioid overdose prevention initiative – In 2019, CCDPH launched an opioid overdose prevention initiative that includes training and distribution of naloxone, the establishment of law-enforcement-driven voluntary deflection-to-treatment programs, coordinating and convening of suburban stakeholders, and conducting quantitative and qualitative research. CCDPH and CDPH have worked together to release a joint report on opioid overdose deaths based on data from the Cook County Medical Examiner's Office. CCDPH also completed a report that used data from four data systems to describe opioid-use trends by race and ethnicity, gender, age, and residential zip code. View CCDPH's opioid reports and other resources.

c. The WePlan 2025 Approach

CCDPH began the community health assessment and improvement planning process in 2018-2019.

While CCDPH led this effort, a wide range of partner organizations, residents, public health and healthcare professionals and others working in suburban Cook County were engaged in developing WePlan 2025.

WePlan 2025 explicitly focuses on addressing health inequities, differences in health status between groups of people caused by unjust social inequalities and structural racism. A health equity lens was applied to the WePlan 2025 planning process. Key components of the plan include:

Focusing on communities and populations most affected by inequities

CCDPH has been intentional about engaging power-building organizations, grassroots coalitions, and community-based agencies that work with populations or communities in suburban Cook County whose voices are often forgotten and invisible.

Advancing equity through upstream approaches

The resulting plan focuses on changes that address the root causes of health inequities and how public health and healthcare will be allies with communities and organizations leading this work.

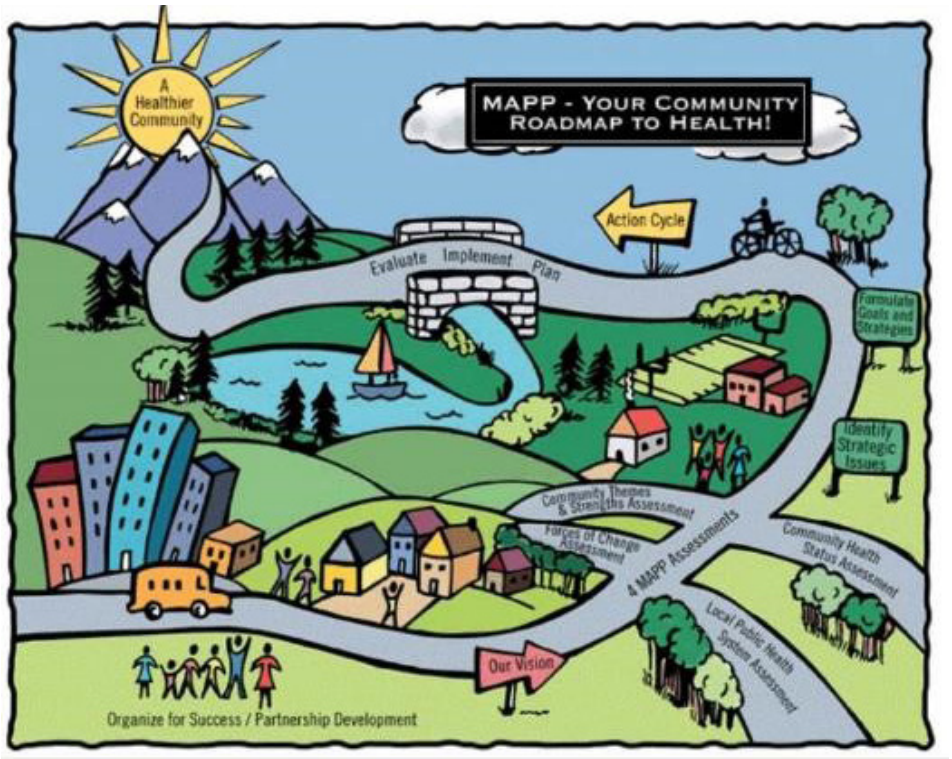
Engaging partners on an ongoing basis

CCDPH and partners will work together to support plan development, implementation, performance monitoring, evaluation and ongoing updates. Continuous engagement of partners will ensure WePlan 2025 is a living document beneficial to all.

This photo was taken at the first of two meetings held in 2019 at the Oak Park Public Library (pre-COVID and masking) to: describe the community health planning process and group purpose; build consensus on key phrases and words for the vision statement, values and guiding principles, and promote networking.

d. The MAPP Framework

To complete this planning process, CCDPH utilized the nationally-recognized model *Mobilizing for Action through Planning and Partnerships (MAPP)*. Developed by the National Association of County and City Health Officials (NACCHO), MAPP is a planning process developed by the U.S. Centers for Disease Control and Prevention (CDC), approved for IPLAN.



MAPP takes a strategic approach to community health improvement, using a community-driven process to understand community needs, prioritize public health issues, and identify resources to address them. The process starts with structuring a planning process, engaging participants, and completing a collaborative visioning process. It then involves conducting four separate community assessments:

Community Themes & Strengths Assessment, which provides community members' perceptions of leading health issues, needs, and assets;

Forces of Change Assessment, which identifies threats and opportunities based on forces that are impacting or may impact organizations and the communities they serve;

Local Public Health System Assessment, which identifies strengths and weaknesses of the local public health system including its capacity to advance health equity; and

Community Health Status Assessment, which assesses the health status of the population through an examination of a variety of population and health indicators.

After the four assessments are completed, data from these assessments are synthesized together and used to identify strategic issues. For each prioritized issue, goals and strategies are formulated and a plan for evaluation and implementation is developed.

e. The WePlan 2025 Planning Process and Timeline

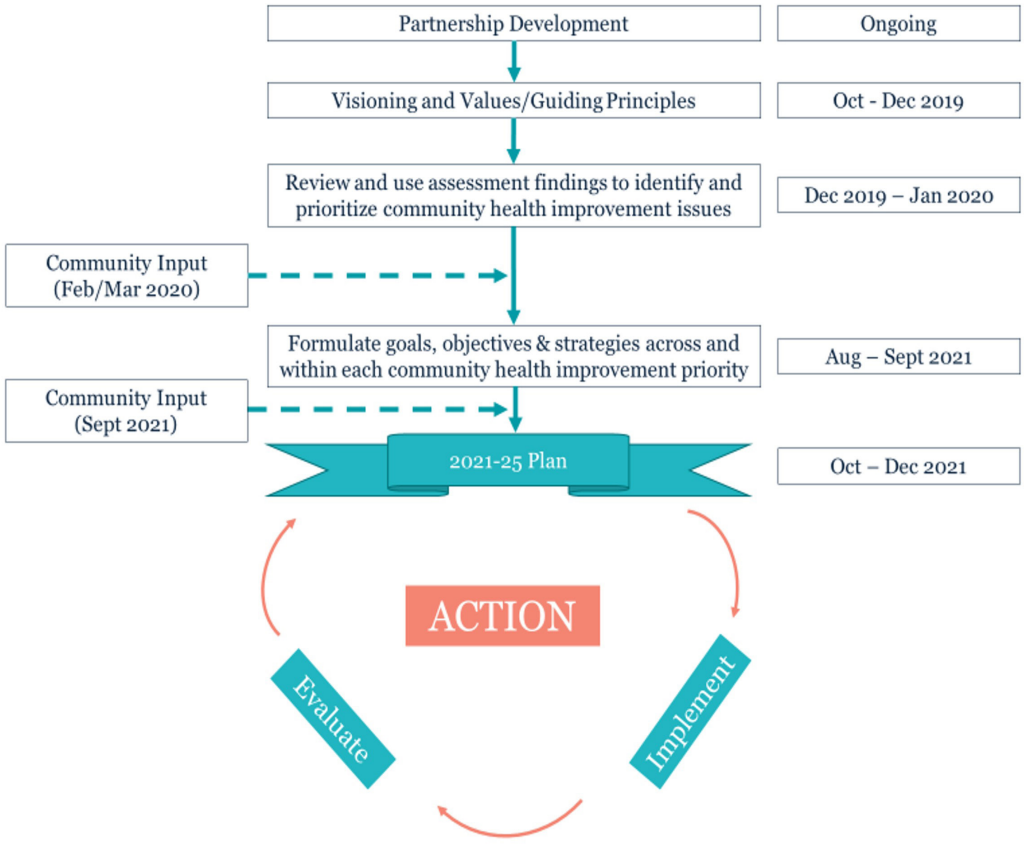
The MAPP process begins with partnership development. CCDPH has engaged and continues to engage in ongoing partnership development. This has been an area of considerable focus while implementing WePlan 2020. Community organizations that participated in past planning processes and other CCDPH initiatives were invited to participate in WePlan 2025 activities.

During 2018 and 2019, three MAPP assessments were conducted in partnership with the Chicago Department of Public Health (CDPH), the Partnership for a Healthy Chicago, the Alliance for Health Equity (AHE), and others. These included the Health Equity Capacity Assessment, Forces of Change Assessment, and Community Themes and Strengths Assessment. The CCDPH Epidemiology Unit led the Community Health Status Assessment, which was initiated in 2019 and then updated in 2021.

CCDPH's partners officially began meeting for WePlan 2025 process in-person on October 30, 2019. The purpose of this first meeting was to engage in visioning and development of values and guiding principles. Community partners again met on December 4, 2019 and January 15, 2020 to review and use results of the four MAPP assessments to identify and prioritize strategic community health improvement issues. Six key community health issues, as well as the overarching issue of structural racism, were prioritized.

Due to the COVID-19 pandemic, the planning process was suspended in March 2020 and reinitiated in July 2021. Previously prioritized community health improvement issues were consolidated into three priorities, and then goals, objectives, and strategies under each priority area were developed. Community input on the draft community health improvement plan was gathered through three public virtual meetings held in September 2021.

WePlan 2025 will be implemented between 2021 and 2025. A systematic performance-monitoring system will be established with partners to track progress, and the plan will be updated annually.



III. Community Engagement & Partnership Acknowledgements

WePlan 2025 could not have been developed without the many partner organizations that participated throughout the process. CCDPH would like to thank the following partners for their time, commitment, and thoughtful input during the WePlan 2025 development process, and for their continued engagement and collaboration on implementation of WePlan 2025.

Access Community Health Network
Access to Care
Active Transportation Alliance
Advocate Aurora Health
AgeOptions
Alliance for Health Equity
Alliance to End Homelessness in Suburban Cook County
American Heart Association
American Red Cross
Arab American Family Services
Arise Chicago
Best of Proviso Township
Beyond ABA
Brothers In Christ Global
Caan Academy
Center for Neighborhood Technology
Centro de Trabajadores Unidos
Chicago Community and Workers' Rights
Chicago Department of Public Health
Chicago Food Policy Action Council
Chicago Metropolitan Agency for Planning
Chicago Workers' Collaborative
CJE SeniorLife
Collaborative for Health Equity Cook County
Community and Economic Development Association of Cook County, Inc. (CEDA)
Community Memorial Foundation
Cook County Department of Environment and Sustainability
Cook County Government
Cook County Health
Cook County Sheriff's Office
Corazon Community Services
Employment & Employer Services
Family Christian Health Center
Family Service and Mental Health Center of Cicero
First Baptist Church of Melrose Park
Foothold Technology
Forest Preserves of Cook County
Grand Prairie Services
Greater Chicago Food Depository
Hartgrove Behavioral Health System
Health & Medicine Policy Research Group
Housing Action Illinois
Housing Authority of Cook County
Housing Forward
Illinois Public Health Institute
Illinois Public Healthcare Association
Institute on Disability and Human Development
Latino Alzheimer's and Memory Disorders Alliance
Loyola University Chicago
Loyola University Health System
Maywood Youth Mentoring Program
Mikvah Challenge
KR Executive Services
Moraine Valley Community College
Mosque Community Nurses of Chicagoland
Mount Prospect Public Library
NAMI Metro Suburban
NAMI South Suburbs of Chicago
New Moms
OAI, Inc.
Oak Park Regional Housing Center
Pillars Community Health
Proactive Community Services
Progress Center for Independent Living
Proviso Leyden Council for Community Action, Inc.
Proviso Partners for Health
Proviso Township High School
Public Health Institute of Metropolitan Chicago
Quinn Center of St. Eulalia
Respond Now
Sisters Working It Out
Solutions For Care
South Suburban Mayors and Managers Association
Southland Care Coordination Partners
Start Early
Suburban Primary Healthcare Council/Access to Care
Treatment Alternatives for Safe Communities
TCA Health
Temp Worker Union Alliance Project
The Answer Inc.
The Way Back Inn
TRC
UIC Center for Healthy Work
University of Illinois at Chicago (UIC)
University of Illinois, School of Public Health
Village of Broadview
Warehouse Workers for Justice
West 40 Intermediate Service Center
Williams Aftercare Recovery Center
World Deliverance Christian Center

IV. Vision and Values

CCDPH and its partners met in late 2019 to establish a shared vision statement as well as values and guiding principles. Stakeholders shared key words, phrases, and feedback in a series of meetings in order to coalesce around a revised vision statement and values that reflect core priorities and fundamental beliefs that inform this work. Words and phrases elicited in this process are depicted in the below word cloud, and followed by the final vision statement and values/guiding principles.

Vision Statement

Across suburban Cook County, we envision thriving communities where everyone is valued, feels connected and safe, and has equitable access to resources, and opportunities for physical, mental, and social well-being.

Values/Guiding Principles

Diversity, Equity, and Inclusion – We are committed to: minimizing bias and discrimination; transforming environments where everyone – no matter what they look like, where they come from, whether they can pay, how they describe themselves, or who they love – is valued and respected; and recognizing and addressing the underlying historical and structural causes of inequity through policy, systems, and environmental changes.

Innovation – We are committed to: being nimble; challenging our thinking around current systems, processes, and strategies; staying on top of the changing landscape; taking advantage of technology; and incorporating community perspectives in order to generate creative and outside-the-box strategies and initiatives.

Social and Environmental Justice – We recognize the interconnectedness between people, environment, and health, and believe that social and environmental justice are inseparable. We are committed to: advancing strategies that lead to the fair and just distribution of social, environmental, and economic benefits and burdens across suburban Cook County, regardless of where people are born, grow, live, work, and age.

Authentic Community Engagement and Power-Building – We are committed to: fostering trust and creating meaningful relationships with communities and populations most affected by inequities, and to supporting community-led solutions that advance change. We further believe that power-building is key to lifting up the voices of those who are typically excluded, and to closing equity gaps. By growing and distributing power and leadership, we will ensure that communities and populations most affected by inequities participate in and lead decision-making processes that meet their needs, maximize their strengths, and influence transformative solutions.

Collaboration and Integrated Approaches - We recognize the collective expertise and assets of agencies and institutions that advance well-being in suburban Cook County. By ensuring multi-sectoral collaboration and connectedness, we aim to better integrate activities that promote the well-being of communities by reducing duplication, leveraging resources, strengthening partnerships, and working together to make a greater impact.

V. Community Health Assessments

In keeping with the MAPP process, four assessments were conducted to understand community health needs, perceptions, capabilities, and opportunities. CCDPH partnered with the Chicago Department of Public Health (CDPH) and its Partnership for a Healthy Chicago, as well as the Alliance for Health Equity, convened by the Illinois Public Health Institute, to lead three of these assessments. The purpose, lead agency, and timeframe of each assessment is below.

	Assessment	Purpose	Lead Agency/ Timeframe
a	Community Themes and Strengths Assessment (CTSA)	Provides community members' perceptions of leading health issues, needs, and assets. Uses surveys and focus groups to answer the questions: • *What is important to our community?* • *How is quality of life perceived in our community?* • *What assets do we have that can be used to improve community well-being?*	Alliance for Health Equity (2018-2019)
b	Forces of Change Assessment (FOCA)	Identifies threats and opportunities based on forces that are impacting or may impact organizations and the communities they serve. Answers the questions: • *What is occurring or might occur that affects the health of our community or the local public health system?* • *What specific threats or opportunities are generated by these occurrences?*	CDPH / Partnership for Healthy Chicago (2018-2019)
c	Local Public Health System Assessment (LPHSA) or Health Equity Capacity Assessment (HECA)	Identifies strengths and weaknesses of the local public health system (LPHS). Answers the question: • *What are the components, competencies, and capacities of our local public health system?* • *How are the 10 Essential Public Health Services (EPHS) being provided to our community?* Additionally, this assessment gathered information on how well the LPHS is able to advance health equity, and is therefore referred to here as the Health Equity Capacity Assessment.	CDPH / Partnership for Healthy Chicago (2019)
d	Community Health Status Assessment (CHSA)	Assesses the health status of the population through an examination of a variety of population and health indicators. Ongoing and not static. Addresses questions such as: • *How healthy are residents relative to other populations?* • *How do public health outcomes, trends, and social determinants of health vary within the jurisdiction, especially across different socio-demographic groups and neighborhoods?* • *How accessible are health services and resources to residents?*	CCDPH (2021)

This document summarizes each of the assessments. The full reports will be posted on the CCDPH website.

a. Community Themes and Strengths Assessment

Purpose

The Community Themes and Strengths Assessment (CTSA) provides community members' perceptions of leading health issues, needs, and assets. The CTSA uses qualitative methods to answer the questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community well-being?

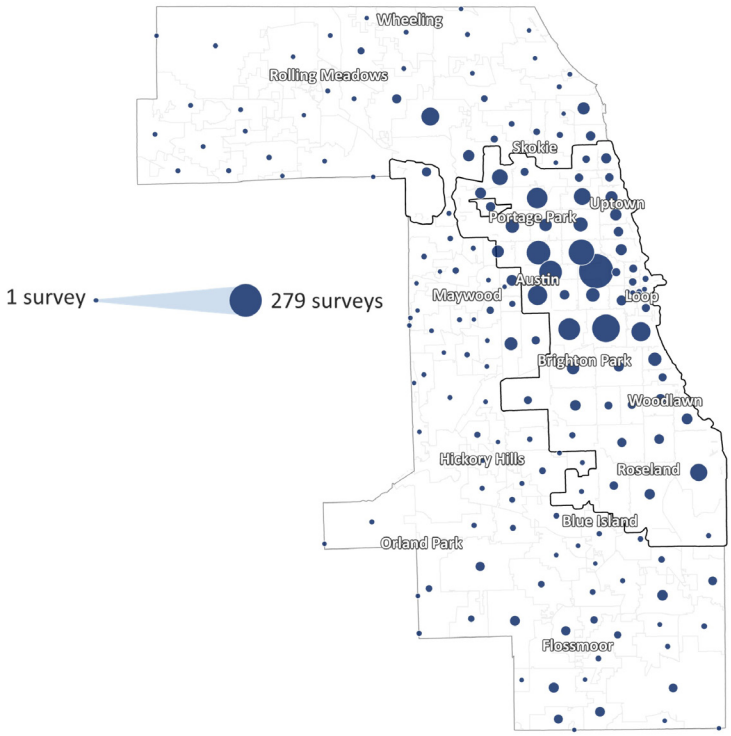
Methodology

This CTSA was conducted in 2019 and led by the Alliance for Health Equity, a partnership of 37 hospitals, local health departments, including CCDPH, and community-based organizations working together on collaborative assessment and implementation. Several qualitative methodologies were used to gather perspectives from both residents of Chicago and of suburban Cook County on behalf of CDPH and CCDPH, including community surveys and focus groups. Specific to suburban Cook County, input was gathered via 1,965 community surveys and 16 focus groups.

A wide range of communities and population groups provided input through the surveys and focus groups. As shown on the adjacent map, survey responses (1,965) were received from all over suburban Cook County and respondents were diverse with respect to age, race/ethnicity, sexual orientation, household income, and whether there were children or people with disabilities living in the household. Despite this diversity, respondents over-represented older adults and white residents.

Focus groups were held across many municipalities, including: Maywood, Harvey, Berwyn, Park Ridge, Palos Heights, and North Riverside. Host organizations included senior centers, libraries, food pantries, and other trusted institutional partners. Participants in the focus groups included a variety of communities with important perspectives, including older adults, veterans, immigrants, people living with mental health conditions, people living with substance use disorders, people with disabilities, homeless youth and adults, faith communities, communities of color, young adults, low-income families with children, and healthcare providers.

Figure 2 | Geographic distribution of survey responses

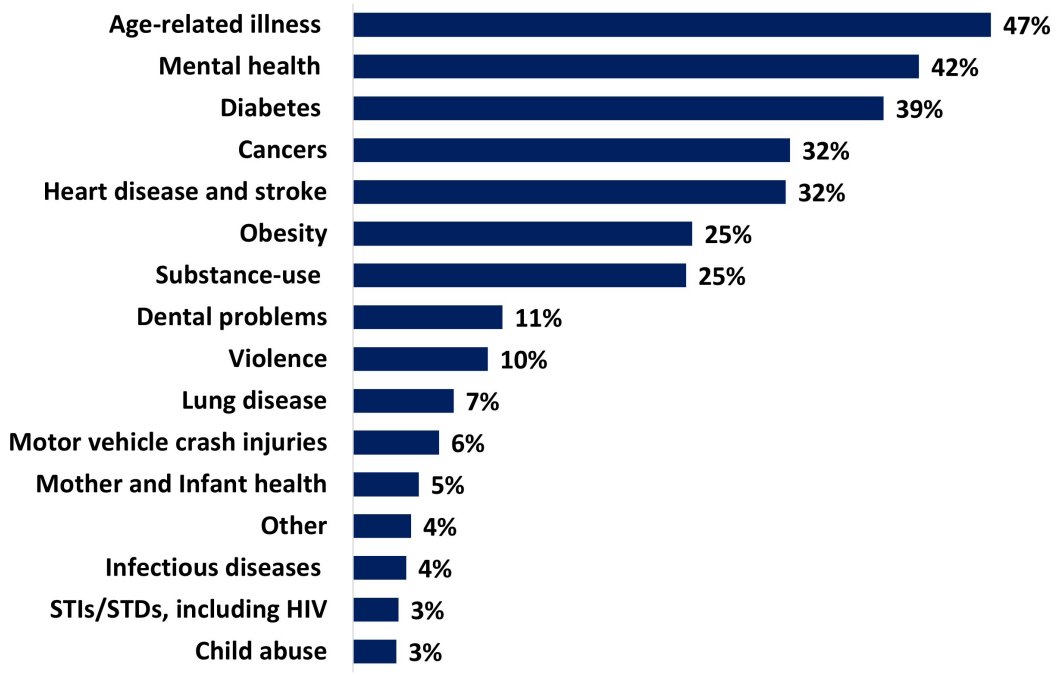


Findings

Community input survey | Top community health problems

The top five community health problems identified by suburban Cook County survey respondents included: age-related illness, mental health, diabetes, cancers, and heart disease and stroke. These issues were each selected by 32 percent or more of the survey respondents.

Figure 3 | Survey responses to the question, "What are the most important health problems in your community?"



Variations existed by population group with regard to survey respondent prioritization of different health problems. In particular, the prioritization of mental health relative to other top issues varied considerably by demographic group.

For African American/Black respondents, diabetes and cancers were much more salient issues. A full 89 percent of African American/Black respondents selected diabetes and 81 percent selected cancers, compared to just 39 percent and 33 percent of all respondents, respectively.

For respondents with children in the household, mental health was the top health problem identified (50%). Other top responses for this population included substance use (28%) and obesity (27%).

For younger adults, ages 18-24 years old, mental health (53%) was the most important health problem identified. For older adults, 65 years and older, age-related illness was the top issue (60%). Mental health was only selected by 28 percent of older adults compared to 53 percent of younger adults and 50 percent of individuals with children in the household.

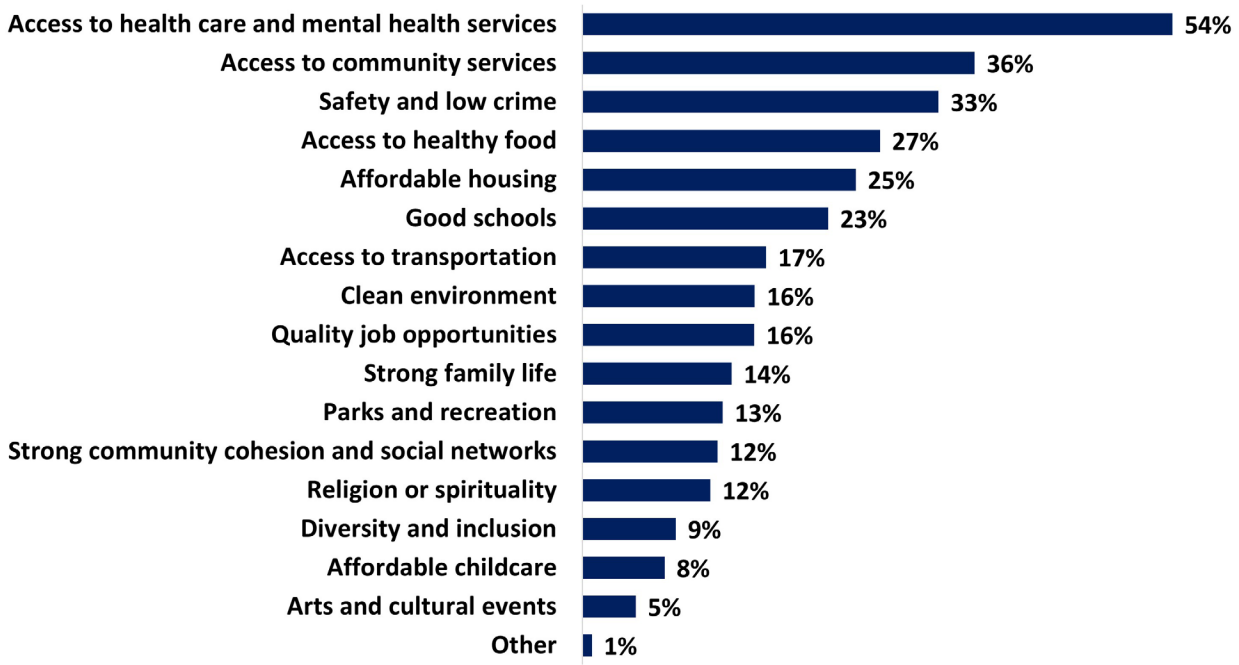
Finally, for lower income respondents (incomes less than $20,000 per year), mental health was also the top issue (44%), followed by age-related illness, diabetes, heart disease and stroke, and cancers.

Community input survey | Top things necessary for a healthy community

The top five things identified by survey respondents as necessary for a health community were access to healthcare and mental health services; access to community services; safety and low crime; access to healthy foods; and affordable housing. These issues were all selected by 25 percent or more of the survey respondents.

Though most population groups selected the same top five items necessary for a healthy community, some variation existed by population group in the relative prioritization of the five different items. African American/ Black respondents prioritized access to healthy food (33%) and affordable housing (32%) above safety and low crime (24%). Lower income respondents ranked affordable housing second (41%), followed by access to community services, access to healthy food, and safety and low crime. Older adults ranked good schools as the fifth most important thing for a healthy community (24%), above affordable housing. Younger adults shared the same top choice in access to healthcare and mental health services, but then selected safety and low crime (36%), affordable housing (31%), access to healthy food (29%), and access to community services (28%). Younger adults also selected a clean environment as their sixth most important thing for a healthy community (23%).

Figure 4 | Survey responses to the question, “What are the most important things necessary for a healthy community?”



Community input survey | Open-ended responses

Survey respondents could choose to answer two open-ended questions:
- What are the greatest strengths in the community where you live?
- What is one thing that you would like to see improved in your community?

Of the 1,552 responses to the greatest strengths in the communities, responses most commonly related to the following categories:

- Community cohesion
- Safety and low crime
- Education
- Accessibility
- Community services
- Transportation

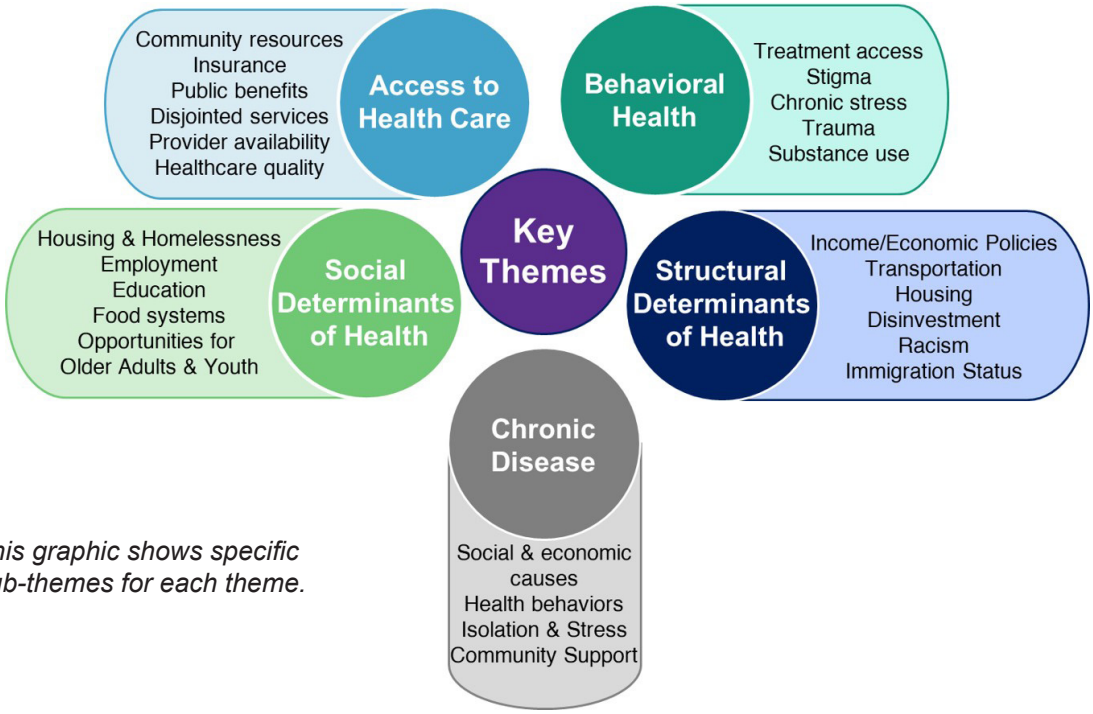
Of the 1,210 responses to something you would like to see improved, responses most commonly related to the following categories:

- Safety and low crime
- Economic development
- Infrastructure
- Community cohesion
- Affordable housing

Focus group input | Key themes

Among the 16 focus group conversations, five key themes emerged:

- Social determinants of health
- Structural determinants of health
- Behavioral health
- Access to healthcare
- Chronic disease



This graphic shows specific sub-themes for each theme.

b. Forces of Change Assessment

Purpose

The Forces of Change Assessment (FOCA) identifies forces, trends, factors, events, or changes that affect the community served and the local public health system. The assessment focuses on answering the questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Methodology

CCDPH collaborated with CDPH and the Partnership for Healthy Chicago to conduct the FOCA via two methodologies: an online survey and partnership discussion. The online survey was developed by a committee of the Partnership for Healthy Chicago and conducted between Dec. 13, 2018, and Jan. 9, 2019. Organizations were asked to share widely with their networks to get a broad level of response.

In total, 122 individuals completed the survey, representing 86 different organizations. Of these 38 (31%) served suburban Cook County: 30 (24.6%) who serve both the city of Chicago and suburban Cook County and eight (6.6%) who serve just suburban Cook County. A wide cross-section of sectors was represented including not only public health, healthcare providers and systems, policy and advocacy, and research, but also housing, social services, community development, workforce development, education, behavioral health, environmental health, and more.

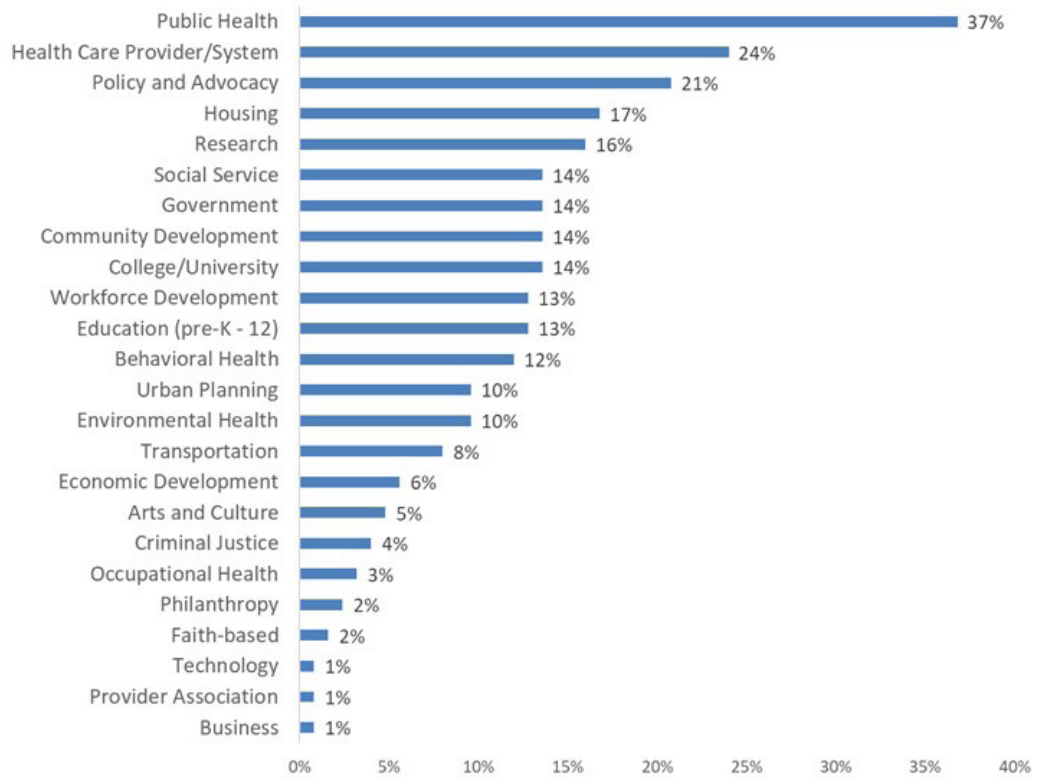
Survey respondents mentioned 784 issues, which were grouped into 95 areas. The issues were further compiled into 15 categories. At a meeting in February 2019, partnership members then engaged in structured, facilitated breakout sessions to review each of these consolidated force areas, prioritize one or two key threats and one or two key opportunities, and present these priorities to the larger group. Participants were encouraged to consider systems change, policy, research, and community engagement.

Forces of Change Assessment Findings

Based on the survey results and consolidation of findings, a total of fifteen forces were identified that affect the public health system and communities in suburban Cook County. These were as follows (in order of frequency of mentions, with percent of total mentions listed):

1. Political forces - local, state, federal (23%)
2. Economic trends (10%)
3. Built environment (10%)
4. Insurance & healthcare (8%)
5. Population shifts (8%)
6. Environment (7%)
7. Data, science & technology (6%)
8. Criminal justice/community safety (5%)
9. Racism & discrimination (5%)
10. Mental health & substance use (5%)
11. Immigration (5%)
12. Contemporary life (4%)
13. Language & access to resources (3%)
14. Giving/partnerships (3%)
15. Education & workforce development (2%)

Figure 5 | Sectors completing the Forces of Change (FOCA) survey



From discussion of these overarching forces, seven key threats and six key opportunities were identified.

Threats identified:

1. Racism and prejudice against people of color and those from other countries
2. Programs that are not based on the best information about what works
3. Not including people of color and community members most affected in decision making
4. Poor health for older adults, people with disabilities, and LGBTQ
5. Policies developed or enforced by the federal government that threaten the health and well-being of suburban Cook County residents
6. Lack of opportunities and good jobs needed to achieve and maintain a healthy life
7. Lack of investment in specific communities and gentrification

Opportunities identified:

1. Strengthen collaboration across government, organizations, and communities
2. Advocate for fair policies
3. Strengthen programs to address racism and health inequities
4. Educate about the connection between how people live (ability to live in a safe home, attend a good school, get a good job) and their health
5. Use data to show what works and replicate effective programs and policies
6. Coordinate healthcare and social service interventions to better serve communities and individuals

The Forces of Change Assessment (FOCA) was conducted in 2019, prior to the COVID-19 pandemic, and does not reflect its impacts. CCDPH partners have shared that COVID-19 has significantly exacerbated existing racial and ethnic, economic, and other inequities in the communities that we serve. Specific threats that have taken on greater salience include racism and prejudice, poor and inequitable health, lack of opportunities and good jobs, and federal policies that threaten the health and well-being of suburban Cook County residents. Simultaneously, partners have shared that COVID-19 has opened new opportunities to strengthen collaboration, coordinate health and social services, address racism and health inequities, educate about connections between how people live and their health, and use data to improve program effectiveness.

c. Health Equity Capacity Assessment

Purpose

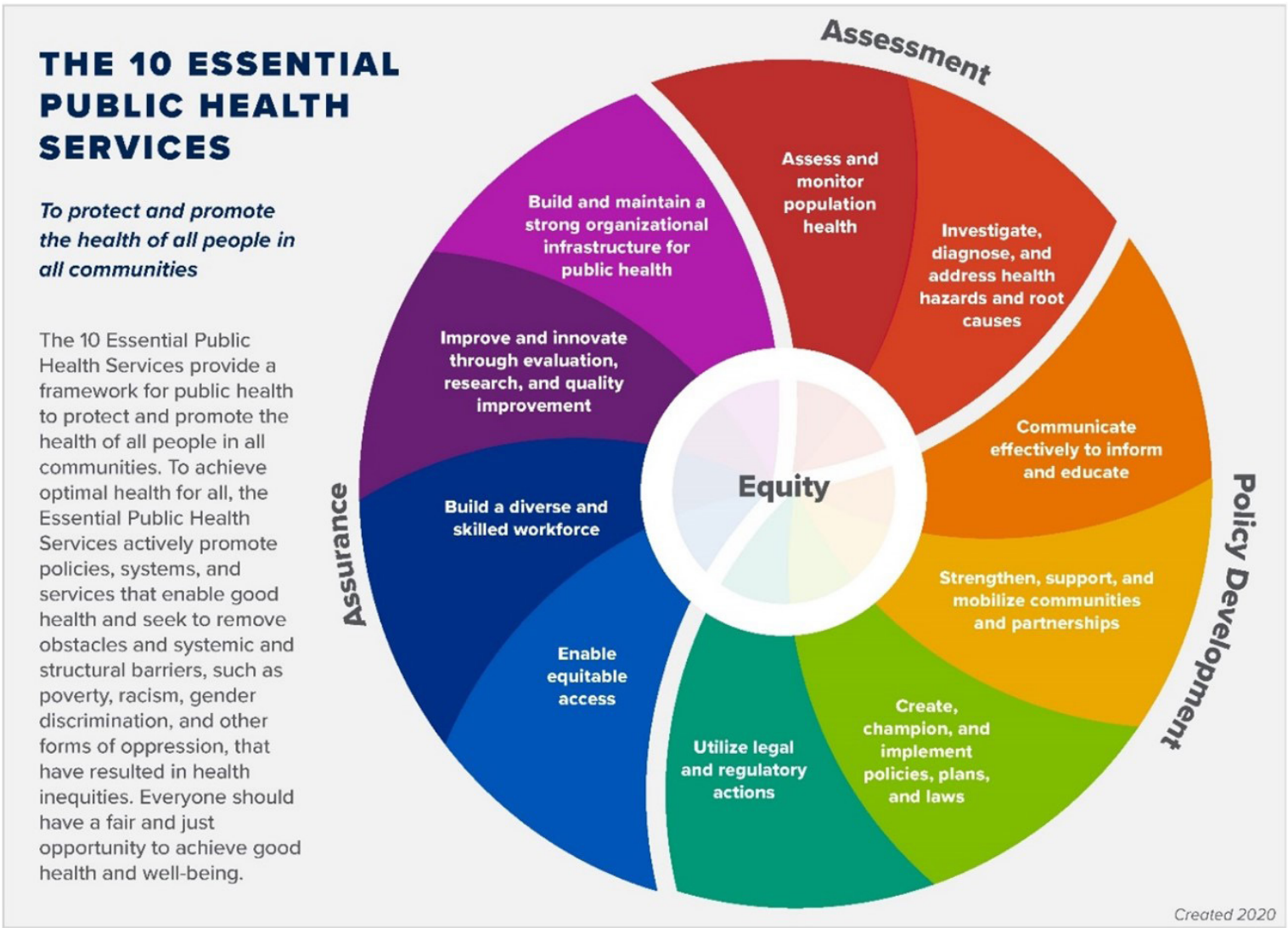
In the MAPP framework, the Local Public Health System (LPHS) assessment is designed to identify strengths and weaknesses in the local public health system by answering the questions:

- What are the components, competencies, and capacities of our local public health system?
- How are the 10 Essential Public Health Services (EPHS) being provided to our community?

This LPHS assessment was referred to as the Health Equity Capacity Assessment (HECA), as it focused on the capacity of the LPHS to advance health equity, including strengths, challenges, and opportunities in advancing health equity.

Methodology

CCDPH collaborated with the CDPH and the Partnership for Healthy Chicago to conduct the HECA. CCDPH and several partner organizations that serve both Chicago and suburban Cook County participated in this assessment. The committee developed 5-6 questions in each of the 10 Essential Public Health Services.



The questions were based around five components of health equity that a committee convened by CDPH and in which CCDPH was a member identified:

- Community Engagement/Civic Involvement
- Organizational Processes
- Power/Influence
- Structural Inequities
- Funding/Resources

On March 5, 2019, a total of 79 stakeholders from across Chicago and suburban Cook County came together to answer these questions and score the public health system according to the 10 Essential Public Health Service areas and by health equity component.

Findings

When health equity capacity was reviewed by essential public health service, the local public health system was deemed strongest at monitoring health status; linking people and assuring services; diagnosing and investigating; and mobilizing community partnerships. The system was deemed weakest at assuring a competent public health workforce; research; informing, educating, and empowering; and enforcing laws and regulations.

Feedback was grouped by system strengths, weaknesses, and priority or action items, as shown below.

Feedback Types	Priorities/Action Items	
System strengths and growth	• Conducting assessments • Increased collaboration across the Local Public Health System (LPHS) • More community engagement efforts • More data collected and made available	• Funding sources available • Improvements in policy and laws • Increased awareness about root causes and health equity • Social determinants of health
System weaknesses and opportunities for improvement	• Lack of accessible language • Assessment weaknesses • Barriers to collaboration • Need community in the driver's seat • Community engagement weaknesses • Lack of transparency in data collection/sharing • Lack of common definitions and measurement • Evaluation weaknesses • Funding weaknesses	• More historical context needed • Policy weaknesses • Power imbalance • Unpacking racism/root causes • Incorporating social determinants of health • Gaps in the suburbs • Workforce development gaps
Priority strategies or actions needed	• Improve assessments • Increase community-led efforts • Continue to broaden community engagement • Expand non-traditional and cross-sector partnerships • Improve data collection and sharing	• Expand funding opportunities • Leverage historical information • Support innovation • Support community resources • Change the tax structure • Implement workforce actions

Summary of Stakeholder Feedback

Key feedback around each of the five health equity components led to the following summary developed by CDPH:

Community Engagement & Civic Involvement: Many organizations and local government should fully engage community members in planning efforts. We should learn from those organizations doing this work well.

Organizational Processes: Organizations and local government should train their staff on health equity and racism. They should review their policies and procedures to support fair hiring and workforce development. Public health organizations need to evaluate their efforts to learn how they can improve.

Power & Influence: More organizations should include community members in the decision-making process. The public health system can help to empower people, including youth, to understand their ability to improve the health of their communities.

Structural Inequities: In order to combat racism, organization and local government leaders must be able to talk about racism and historical inequities for which their organizations may be responsible. The local public health system has improved in this area and has been supporting work to make change. We have the opportunity and responsibility to bring communities and organizations together to design these changes.

Funding & Resources: While some funders are working more closely with members of the public health system, many current grants do not support public health's efforts to increase community participation and advocacy. We should educate grant makers on better ways to support these efforts. Organizations should also work together more often to be most effective.

The HECA was conducted in 2019, prior to the COVID-19 pandemic. Since then, many of the strengths and weakness identified in the local public health system and its capacity to advance health equity have only become more evident. Not only do the summary recommendations above hold true in light of the pandemic, but many – such as the importance of addressing structural inequities, engaging community members, and expanding funding – have become critically important in the wake of the pandemic.

The National Academy of Medicine's Emerging Stronger After COVID-19: Priorities for Health System Transformation series highlighted several key challenges and opportunities faced by local health departments, including funding gaps for foundational needs and capabilities; promoting structural alignment across the public health sector; investing in leadership and workforce development; addressing systematic health inequities; modernizing data capabilities; and supporting cross-sector partnerships. These national recommendations align with this local assessment and speak to the need for continued health equity capacity improvements.

d. Community Health Status Assessment

Purpose

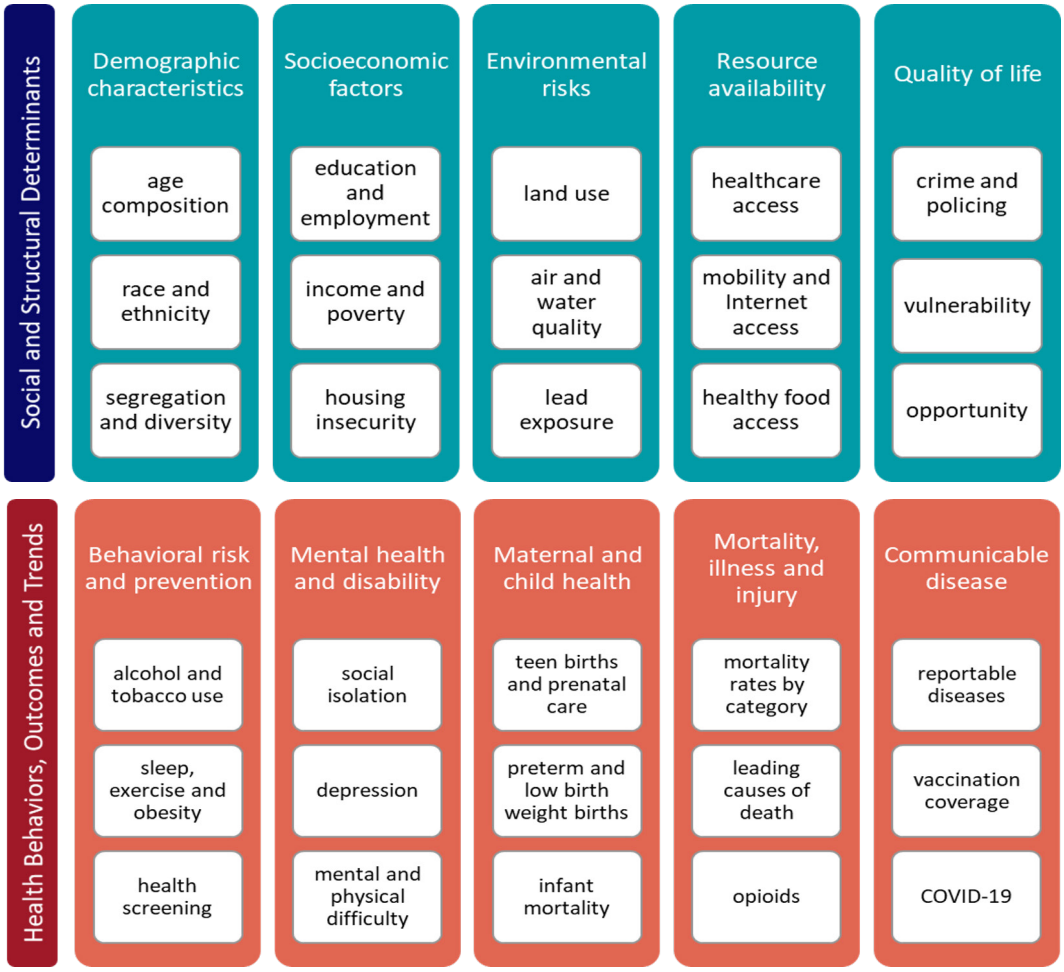
The Community Health Status Assessment (CHSA) evaluates the health status of the population through an examination of a variety of population and health indicators. This assessment aims to provide a rich, multi-dimensional account of the health status of community residents by addressing several pertinent public health questions, including:

- How healthy are residents within CCDPH's jurisdiction relative to other reference populations such as the state and nation as a whole?
- How do public health outcomes, trends, and other social determinants of health vary within the jurisdiction, especially across different sociodemographic groups and neighborhoods?
- How accessible are health services and resources to CCDPH residents?

Methodology, Data, and Limitations

The CHSA was conducted by CCDPH in summer 2021 under the direction of the Epidemiology Unit. The CHSA summarizes data for several inter-related indicators across ten topic categories organized into two sections, namely: (1) social and structural determinants of health; and (2) health behaviors, outcomes, and trends. The indicators and categories included in the assessment are presented graphically below.

Figure 6 | Select CHSA Indicators by Topic Category and Section



The indicators rely on a wide variety of secondary data made available from both public and private sources such as the US Census Bureau's American Communities Survey, Illinois Department of Public Health (IDPH) vital statistics, Illinois County Behavioral Risk Factor Surveys, and CDC's PLACES project. For each reported indicator, the assessment provides a description of the indicator's relevance to public health, a presentation of associated data, a brief summary of the indicator's geographic distribution within the CCDPH jurisdiction, and, where possible, its performance over time. Maps were created at the census tract and/or municipal level to show geographic variations in health opportunities or challenges across CCDPH's jurisdiction. Unless otherwise noted, data were categorized into quintiles with approximately equal populations.

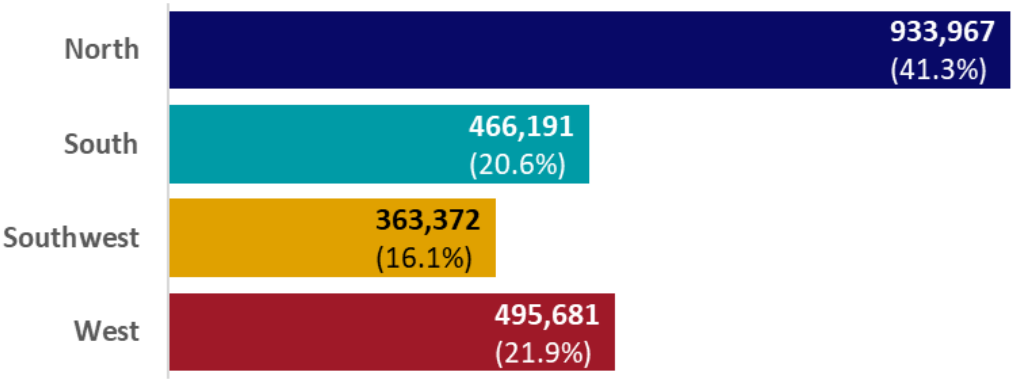
Please note that many of the sources and methodologies used to develop the datasets have limitations in terms of accuracy and representativeness. Small numbers of incidences or rates and ratios for small populations may be suppressed due to estimate instability. Reporting on race and ethnicity will vary based on the categories utilized by the data sources.

Findings

Demographics

The total population in CCDPH's jurisdiction of suburban Cook County (excluding Evanston, Oak Park, Skokie and Stickney Township) has remained rather flat over the past 10 years. In 2019, the population was about 2,259,211. It is predicted to grow at a relatively slow pace by about 400,000 residents between 2020 and 2050.

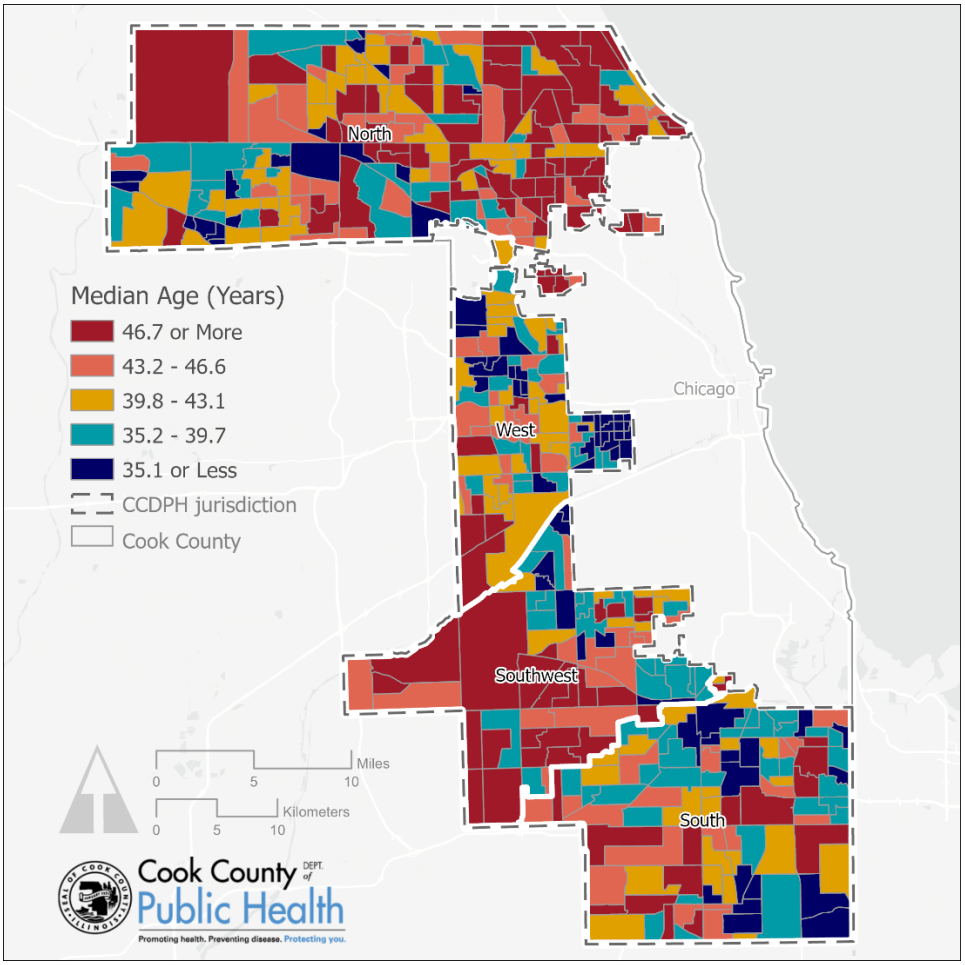
Figure 7 | Population by Public Health District, 2019



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

The overall composition of CCDPH's population is aging. The population under ten years of age made up approximately 14.1 percent of the jurisdiction's population in 2010 and 13.3 percent in 2019 while the share of CCDPH's 55 and older population grew from 26.6 percent to 31.9 percent over the same period (i.e., a net gain of nearly 120,000 residents). If these trends continue, CCDPH will need to adapt its strategies to accommodate an increasingly older population base.

Figure 8 | Median Age by Census Tract, 2019

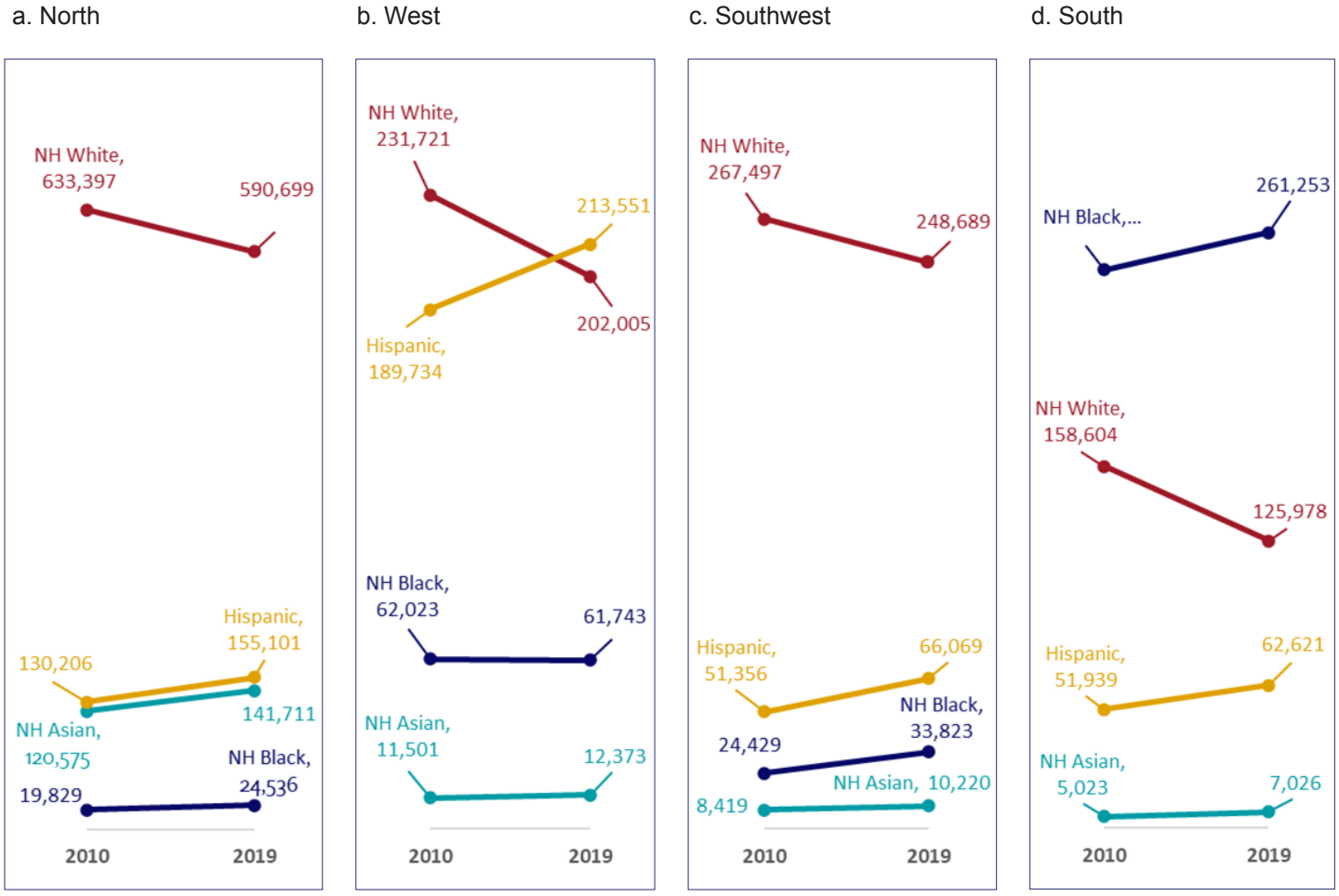


The median age of the population varies considerably throughout CCDPH's jurisdiction with neighborhoods in the North and Southwest districts having considerably older populations than their counterparts residing in the West and South.

Data source: U.S. Census Bureau (2015-2019). Median Age (Table B01002), 2015-2019 American Community Survey 5-year estimates.

The racial and ethnic composition within CCDPH's jurisdiction is growing more diverse, although residential settlement patterns continue to be highly segregated. While CCDPH's White, Non-Hispanic population has decreased by 123,000 over the past decade, CCDPH's Hispanic population experienced a net increase of approximately 74,000 people compared to a 30,000 net increase in its African American/Black population and a 26,000 net increase among its Asian population over the same period. Various segregation indices suggest that CCDPH's African American/Black residents tend to live in more segregated neighborhoods than their Asian and Hispanic counterparts.

Figure 9 | Change in Population by Race, Ethnicity, and Public Health District, 2010-2019



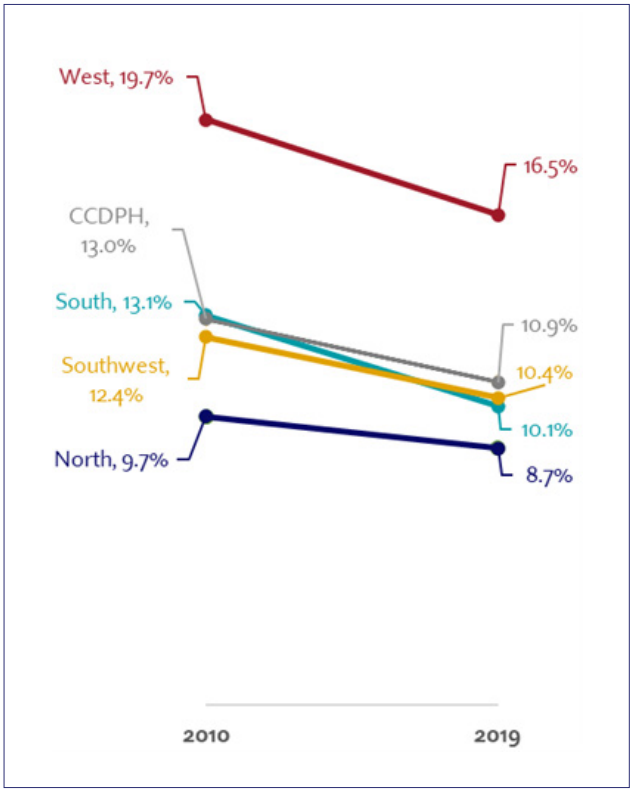
Data source: U.S. Census Bureau (2010-2019). Hispanic or Latino by Race (Table B03002), 2006-2010 through 2015-2019 American Community Survey 5-year estimates.

Socioeconomics

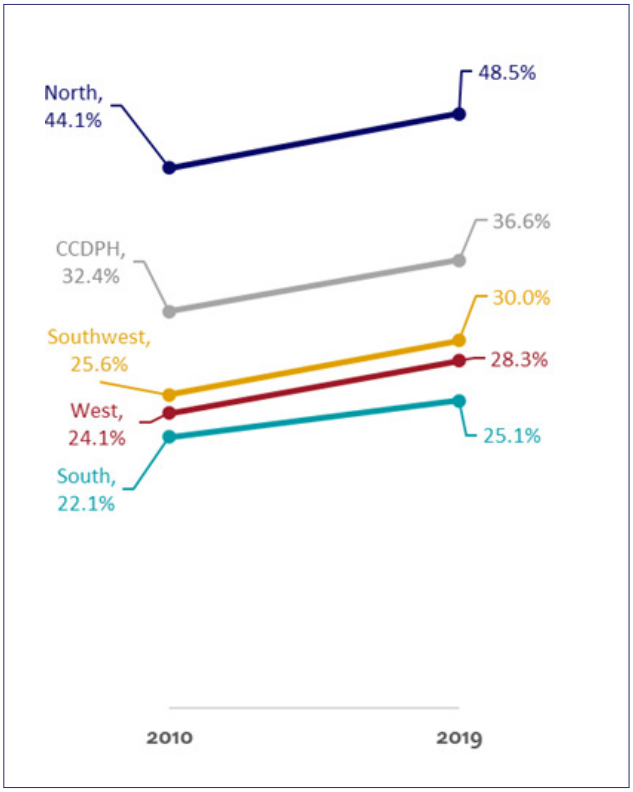
Educational attainment has increased throughout CCDPH's jurisdiction with greatest rates of increase occurring in the South and Southwest public health districts. Across all public health districts, the percentage of the population with less than a high school diploma as their highest educational attainment decreased by 17.5 percent from 2010-2019, while the percentage of the population with at least a bachelor's degree increased by 13.0 percent over the same period. For individuals with less than a high school diploma, the greatest decrease occurred in the South district, with a decrease of 22.9 percent. For individuals with at least a bachelor's degree, the greatest increase occurred in the Southwest district, with an increase of 17.2 percent.

Figure 10 | Educational Attainment by CCDPH District, 2010-2019

a. Less than a high school diploma



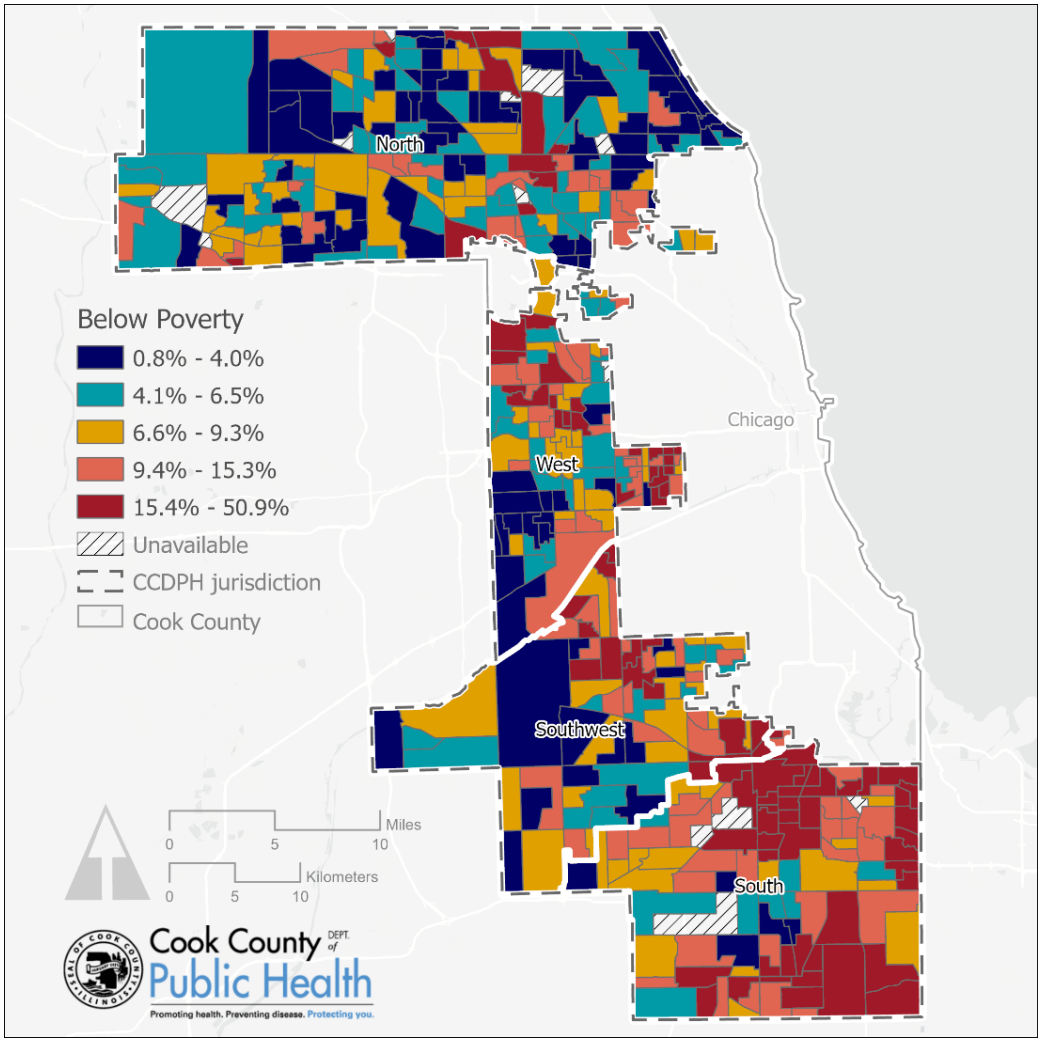
b. At least a bachelor's degree



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

A considerable portion of the CCDPH population reside in households that earn below poverty level income. In 2019, the CCDPH district with the greatest proportion of individuals living under the Federal Poverty Level was the South district, with 16 percent, which is six percentage points greater than the suburban Cook County average of 10 percent.

Figure 11 | Percent of Population in Households Earning Below Poverty Level Income, 2019



While each CCDPH district contains variation in the percent of the population with incomes below the federal poverty level (FPL), the North district has the fewest census tracts with average incomes below FPL and the South district has the most census tracts with average incomes below FPL.

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

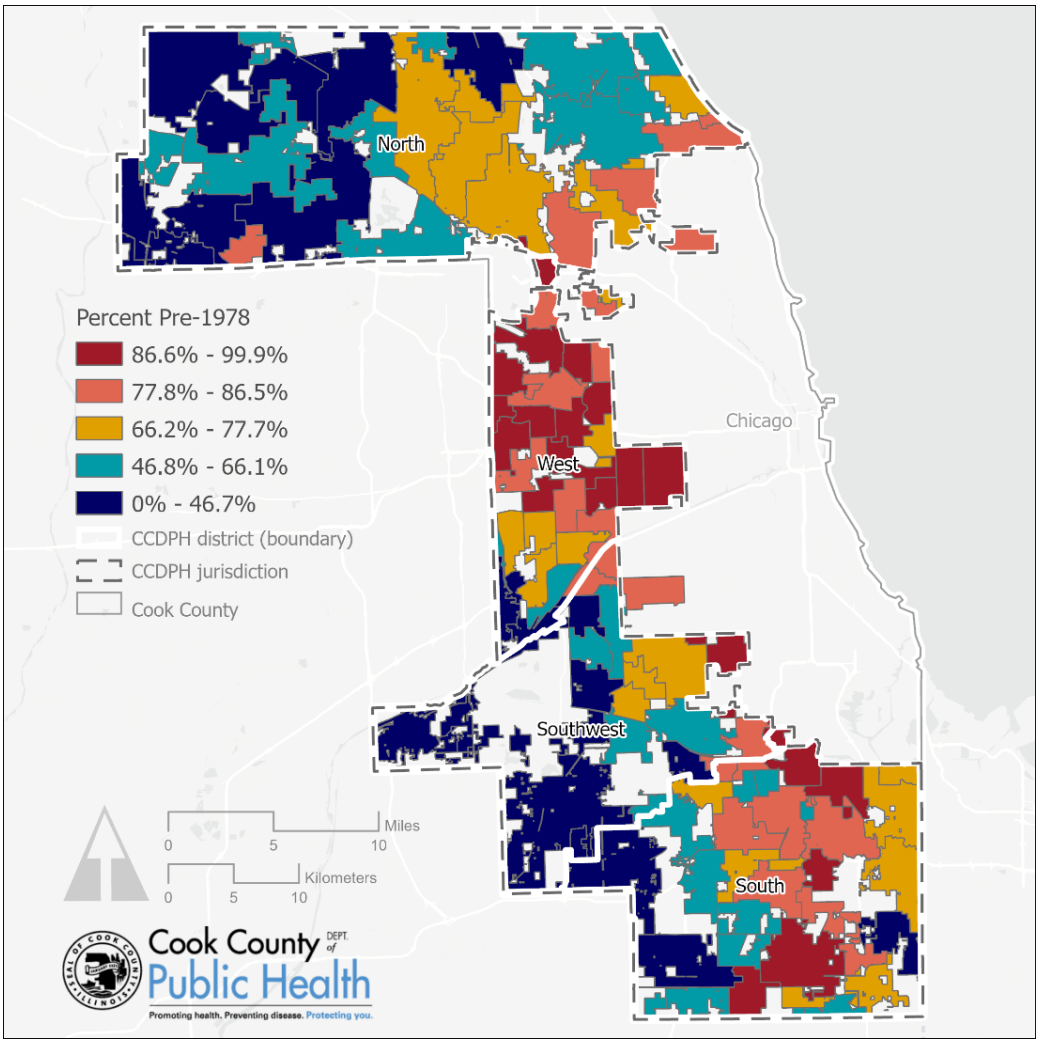
The cost of housing is a burden for many CCDPH residents, especially renters. Since 2000, the price of a single-family home has increased by 50 percent in suburban Cook County and almost 100 percent in Chicago, while controlling for inflation. The percentage of owner-occupied households reporting housing burden decreased across all CCDPH districts between 2010 and 2019, with the greatest decreases experienced by households residing in the North and West districts. However, the share of renter households paying more than 30 percent of their income on housing increased by 8.3 percent within the Southwest ublic health district portion of CCDPH's jurisdiction.

Environmental risk

Water and air emissions among large industrial facilities has decreased throughout CCDPH's jurisdiction, although lower-income residents remain at higher risk of toxic exposure. Air emissions have decreased by 27.7 percent between 2010 and 2019 throughout CCDPH's jurisdiction, with the greatest drops reported in the Southwest and South districts. Yet residential areas in the South and Southwest public health districts also tend to be located in closer proximity to environmental hazards and industrial land uses.

Lead paint exposure continues to be a public health risk throughout CCDPH's jurisdiction. Approximately half of the housing stock in the West public health district was built before 1978, prior to when lead paint was banned. The Southwest district has the highest percentage of newer housing units, yet still 19 percent were built before 1978.

Figure 12 | Percent of Housing Units with Lead Paint Risk, 2021



This map shows the percentage of housing units that were built prior to 1978, the year when lead-containing paint was removed from consumer settings. Over 8 in 10 municipalities in CCDPH's jurisdiction have over 50 percent of their housing stock built before 1978. Many of the older suburbs in the South and West districts have even older housing stocks, heightening the potential for lead paint exposure to residents.

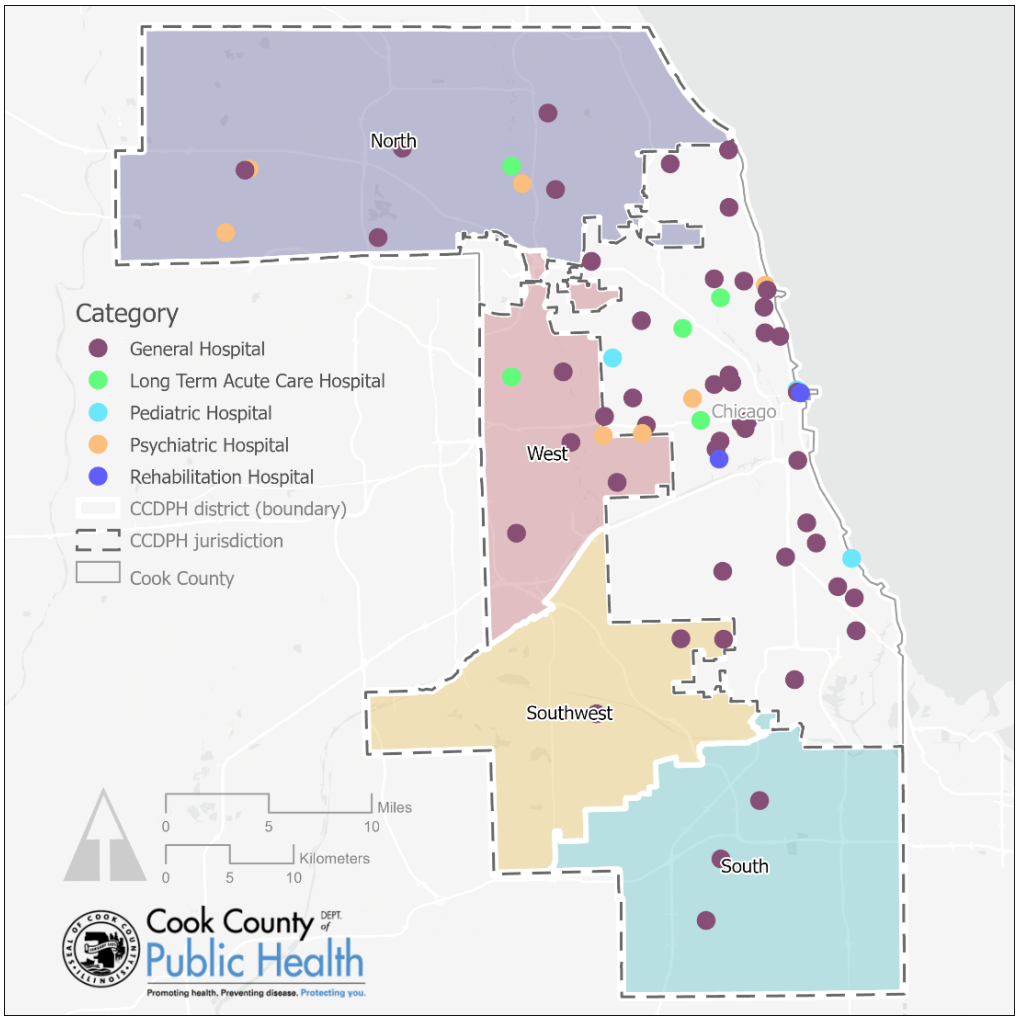
Data source: Cook County Assessor Parcel Data (2021)

Health resource availability

Considerable disparities exist with respect to access to healthcare establishments and health insurance as well as emergency department utilization.

The North and West public health districts have a greater number of hospitals (around 1 per 100,000 residents) compared to the South district, which has about 1 per 150,000 residents.

Figure 13 | Licensed Hospitals in Cook County, 2021

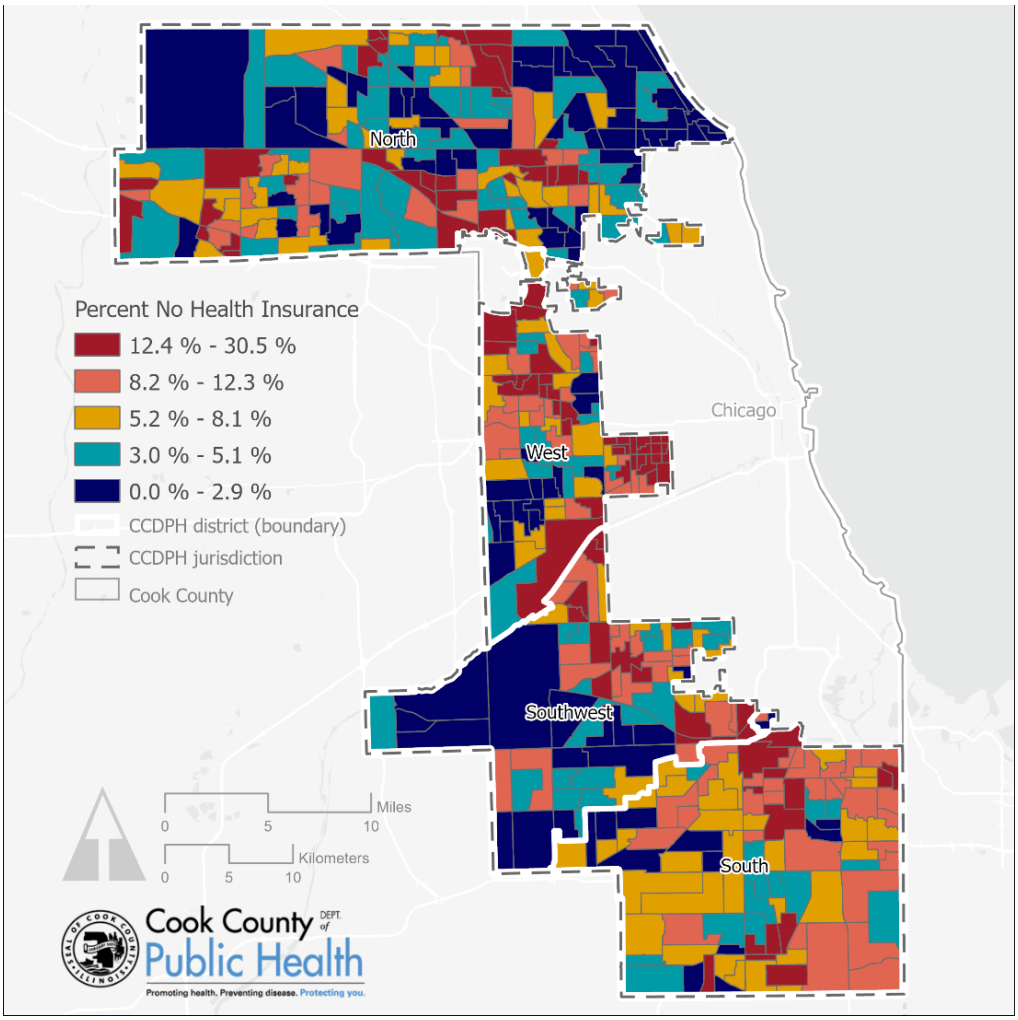


As of 2021, the concentration of hospitals of all types is lower throughout suburban Cook County districts when compared to the City of Chicago. General hospitals are the most common hospital type throughout the county. The North district contained the most variety of hospital types, and the fewest hospitals were located in the Southwest and South districts.

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

About 8 percent of residents in CCDPH's jurisdiction do not have health insurance. This disparity in access to insurance is most evident, however, among the Hispanic population, 16.4 percent of whom are uninsured.

Figure 14 | Percent No Health Insurance, 2019



The highest concentrations of residents living without health insurance reside in the South and West public health districts.

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

Emergency department visit rates are much higher among African American/Black, Non-Hispanic residents compared to the jurisdiction's White, Non-Hispanic population. Adult and pediatric asthma-related emergency department visit rates among African American/Black residents, for example, were six times that of their White counterparts.

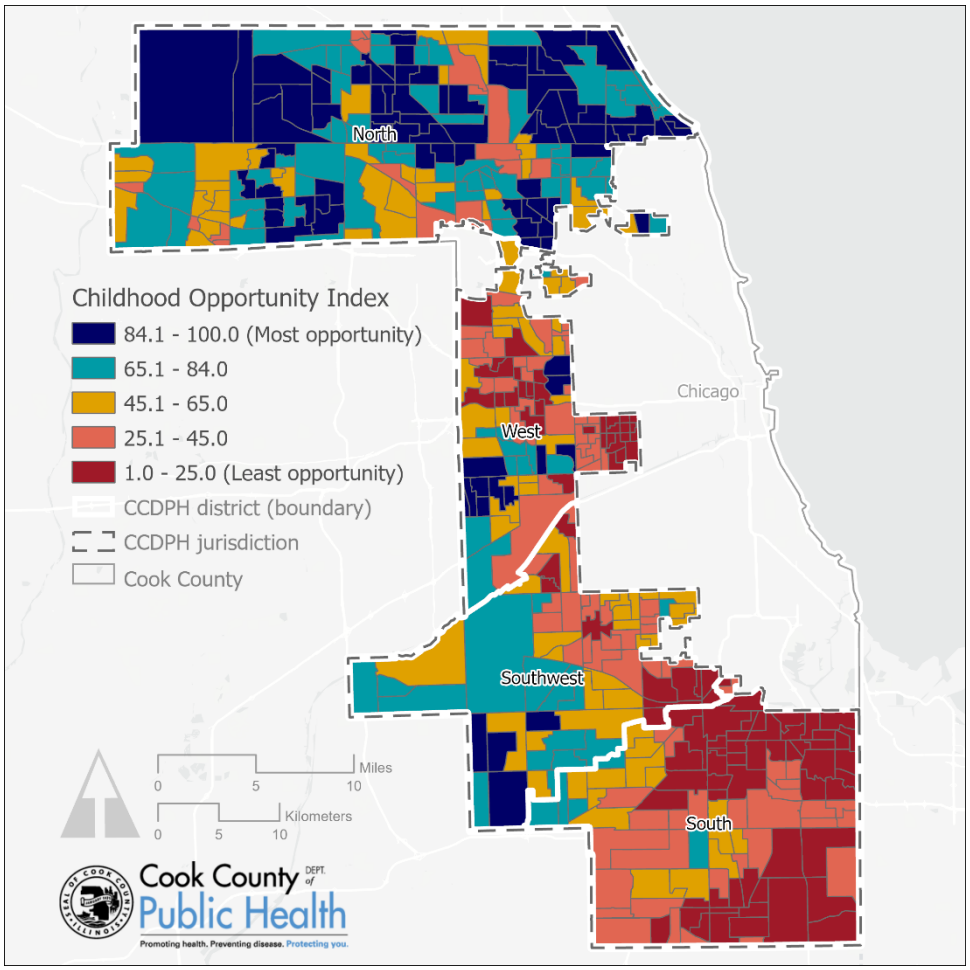
Quality of life

Overall quality of life in terms of social vulnerability, childhood opportunity, and life expectancy differs markedly throughout CCDPH's jurisdiction.

The Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) social vulnerability index score in the predominantly White North public health district is approximately half that of the scores reported for the CCDPH's majority-minority West and South districts suggesting that the latter districts may be less prepared for and able to respond to hazardous events, including natural disasters and disease outbreaks.

Children in CCDPH's North district also had much higher childhood opportunity scores compared to children residing in the other three public health districts. According to scores adapted from the Diversity Data for Kids Childhood Opportunity Index, the North district scored nearly three times higher than the South district suggesting that access to education, health and environmental factors, and social and economic opportunities and resources are considerably greater within North district neighborhoods.

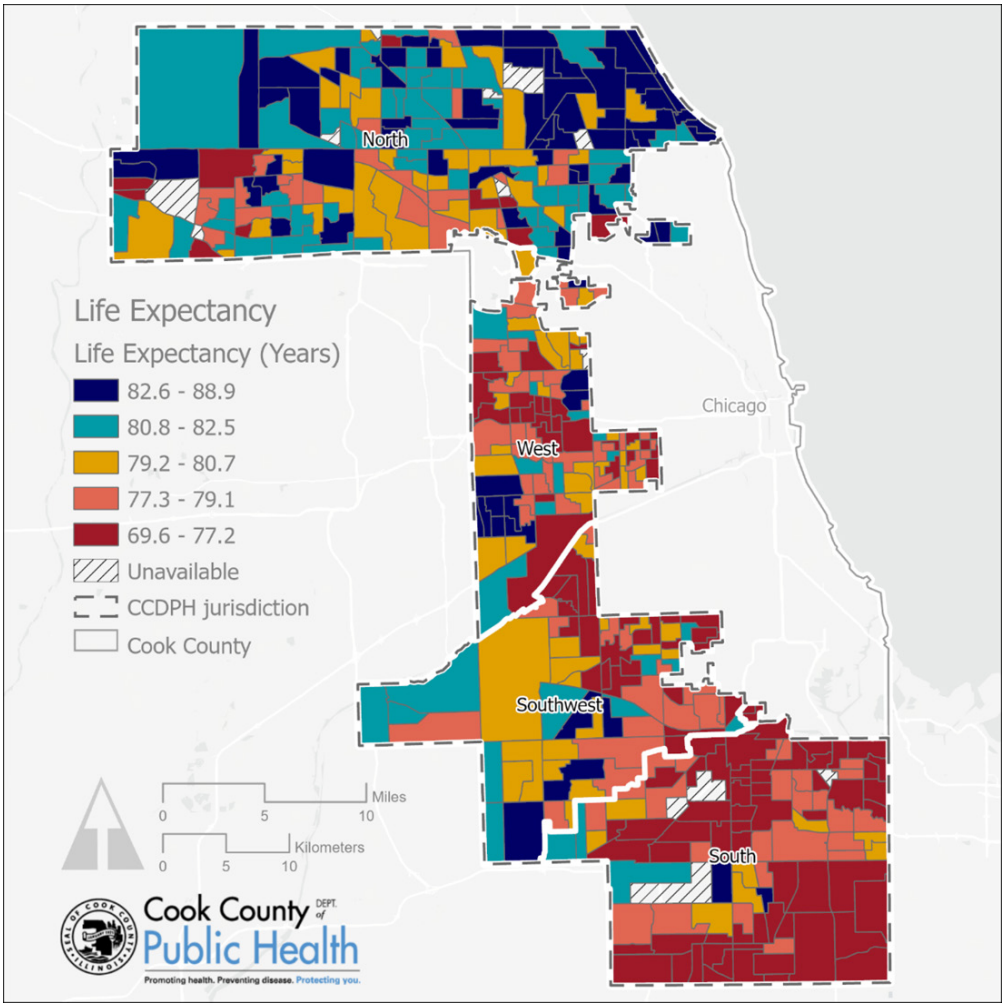
Figure 15 | Childhood Opportunity Index by Census Tract



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

Life expectancy at birth also varies across suburban Cook County. The North district has the largest cluster of census tracts who have the longest life expectancy estimations. Most census tracts in the North district have an average life expectancy of 80.8-88.9 years of age. In contrast, the South district contains census tracts primarily corresponding to the lowest average life expectancy, with most census tracts having an average life expectancy of 69.6-77.2 years of age. The West and Southwest districts have more variable average life expectancies.

Figure 16 | Life Expectancy at Birth by Census Tract, 2019



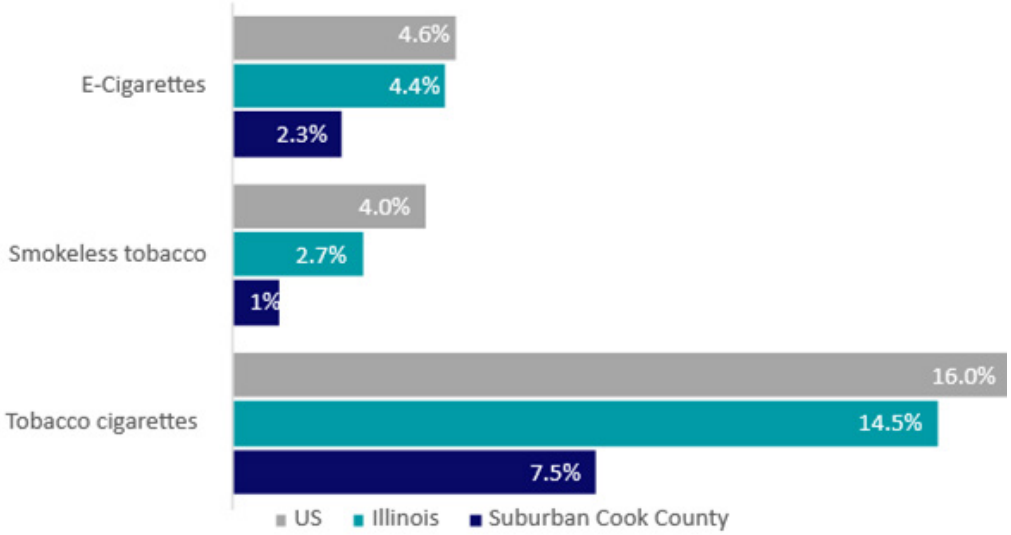
The North district contains the highest concentration of census tracts with longer life expectancies. The South district contains the highest proportion of census tracts with comparatively lower life expectancies.

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

Behavioral risk and prevention

While suburban Cook County compared favorably to the US and the State of Illinois in many prevalence categories (e.g., tobacco and alcohol use), it fared less faborably in other categories (e.g., physical activity and healthcare utilization).

Figure 17 | Smoking Prevalence by Category for Suburban Cook County, Illinois, and US

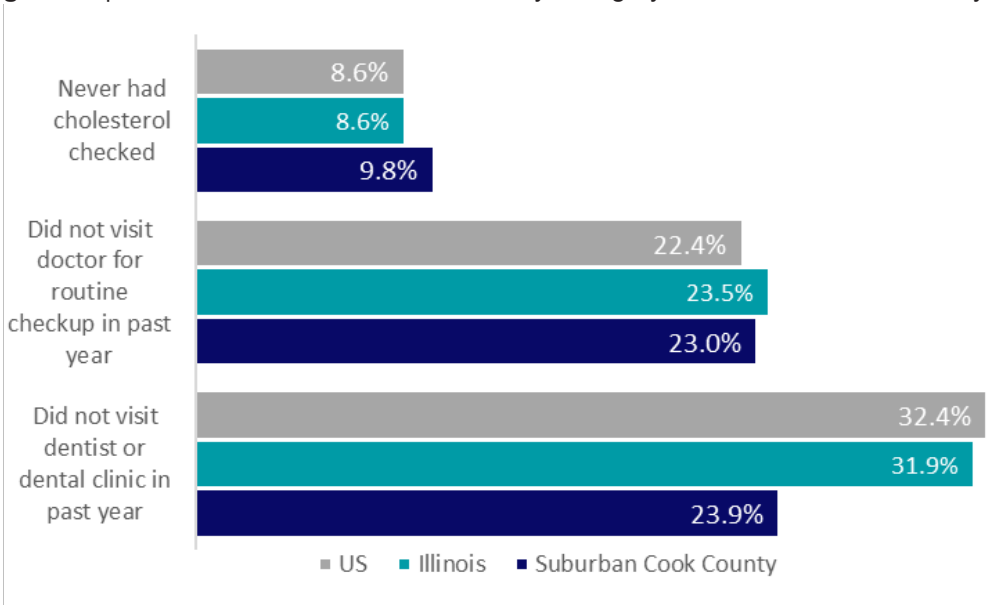


Tobacco use is considerably lower among residents of suburban Cook County compared to the State of Illinois and the US as a whole.

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

This is also the case with respect to healthcare utilization. For example, a greater percent of suburban Cook County residents has never had their cholesterol checked or visited a dentist in the past year when compared to the statewide and national populations. Although the percent of the Cook County population who did not receive a routine checkup in the past year was lower than that of the statewide population, it was higher than that of the national population.

Figure 18 | Healthcare Utilization Prevalence by Category for Suburban Cook County, Illinois, and US



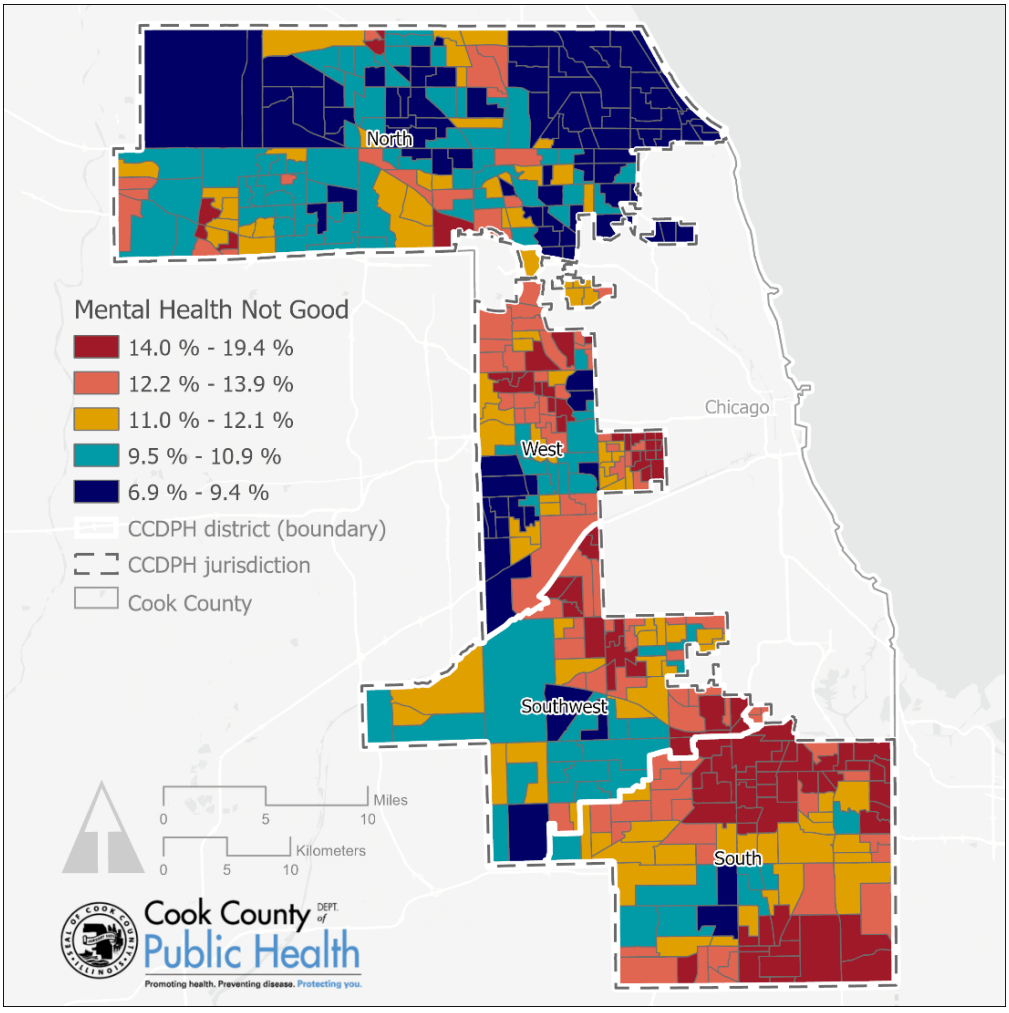
Data sources: BRFSS 2017, 2019; ICBRFS, Round 6 (Collected 2015-2019)

Mental health and disability

Substantial segments of the population residing within CCDPH's jurisdiction are at higher risk of social isolation. For instance, the North and West districts are at high risk due in part because they have relatively high rates of limited English-speaking households.

Suburban Cook County also has higher prevalence rates of depression compared to the national and state rates. Residents in the South district were much more likely to report poor mental health compared to their counterparts in other public health districts.

Figure 19 | Percent with Mental Health 'Not Good'



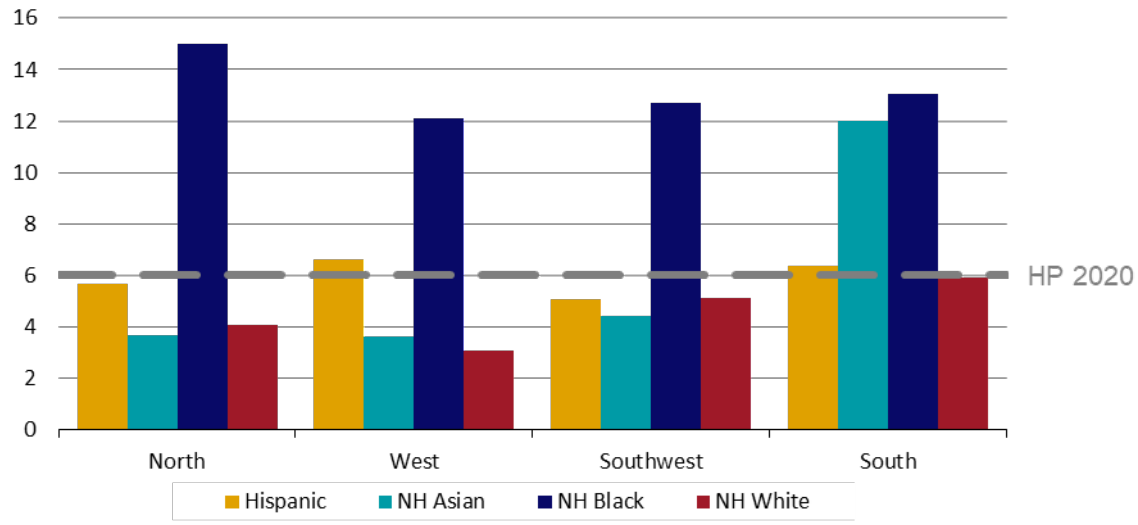
While the distribution of census tracts reporting poor mental health varies throughout suburban Cook County, the North district contains the highest concentration of census tracts with low rates of poor mental health, and the South district contains the highest concentration of census tracts reporting poor mental health.

Data sources: CDC PLACES (2020); US Census Bureau/TIGER/Line shapefiles (2019); CCDPH

Maternal and child health

Considerable disparities exist between race and ethnic groups with respect to experiences of women before, during, and following pregnancy, as well as to the health and well-being of children. The figure below demonstrates differences in infant mortality by race and ethnicity among the CCDPH districts.

Figure 20 | Infant Mortality Rate by Race, Ethnicity, and Public Health District, 2013-17



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

Teenage birth rates were highest among the Hispanic and African American/Black, Non-Hispanic populations; well above the national rate. African American/Black residents were also much more likely than White, Hispanic, and Asian residents to delay or not receive prenatal care.

All CCDPH public health districts reported preterm birth rates greater than the national average over the examined period.

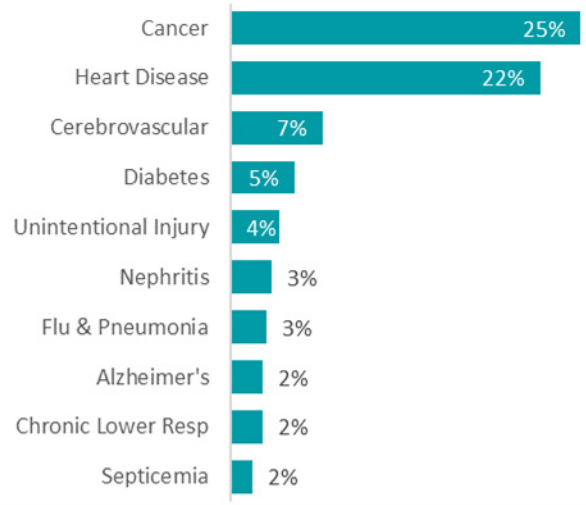
Mortality, illness, and injury

The leading causes of death with CCDPH's jurisdiction were heart disease (25%) and cancer (24%), accounting for nearly half of all deaths both jurisdiction-wide and within all four of the public health districts.

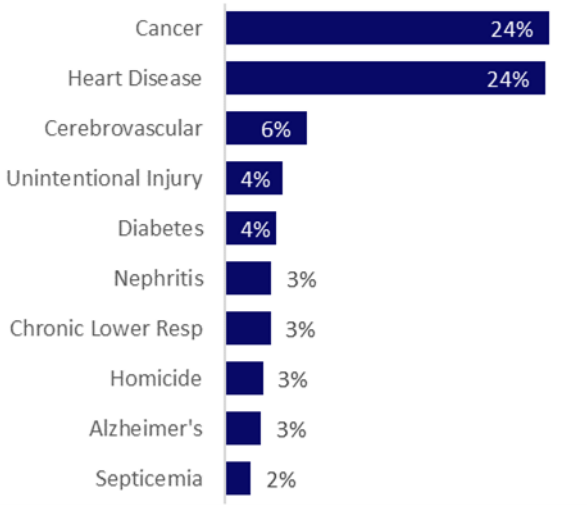
Heart disease was especially high for African American/Black and White residents, which reported rates much higher than the national average. Mortality rates for nearly all reported categories were greater in the South public health district.

Figure 21 | Leading Causes of Death by Race, Ethnic Category

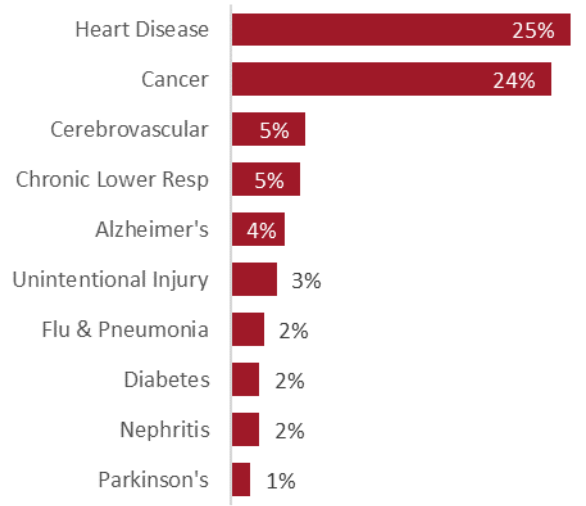
a. Asian, Non-Hispanic



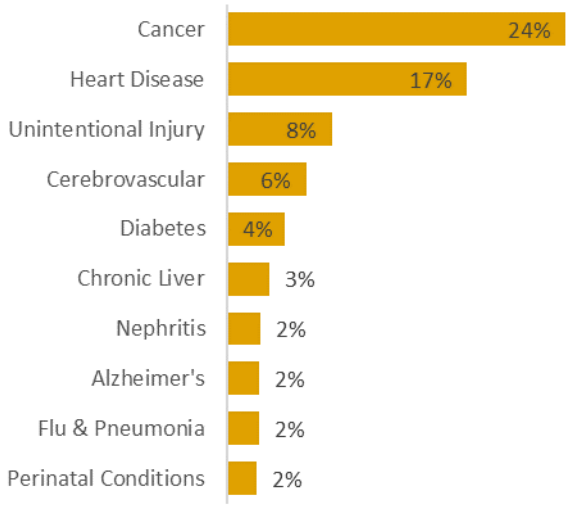
b. African American/Black, Non-Hispanic



c. White, Non-Hispanic



d. Hispanic

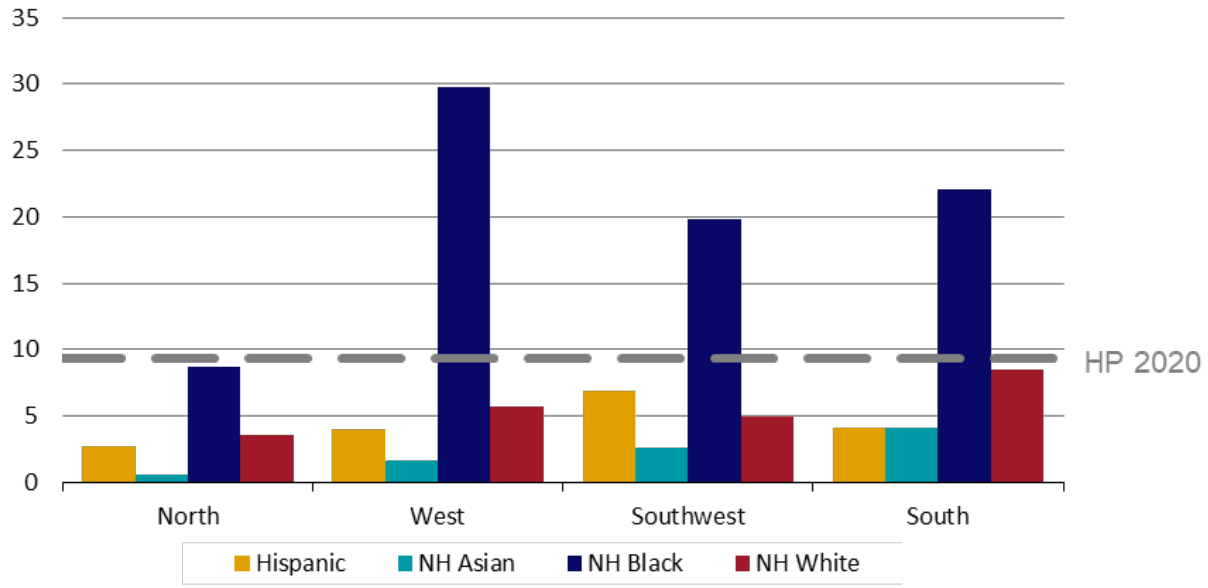


Data source: IDPH Death File 2013-2017

Leading causes of death varied by racial/equity groups over the study period. For example, unintentional injury deaths (e.g., work-related and others) were considerably higher in the Hispanic population (8%). Whereas, homicide deaths were higher in the African American/Black, Non-Hispanic population (3%).

Firearm mortality, including intentional homicides, suicides, and accidental injuries caused by a firearm, vary substantially across racial and ethnic groups and CCDPH districts. Firearm mortality rates among the African American/Black, Non-Hispanic population in the West, Southwest and South districts of CCDPH exceed the Healthy People 2020 target. Rates are lowest among the Non-Hispanic Asian population.

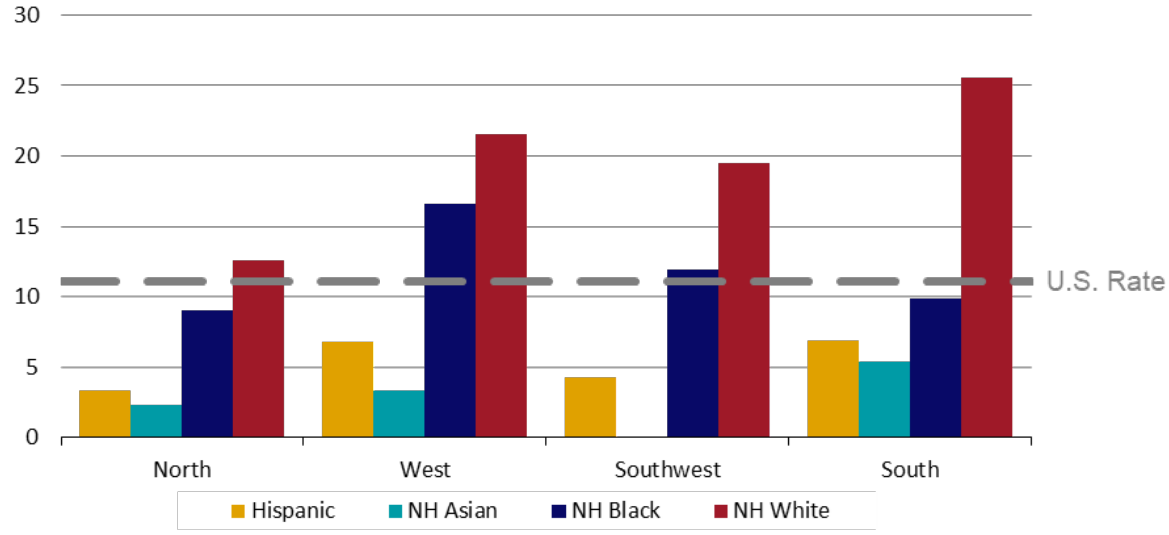
Figure 22 | Firearm Mortality Rate by Race/Ethnicity and CCDPH District, 2013–2017



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

Opioids are the main driver of drug overdose deaths. The figure below presents the rates of mortality from an opioid overdose by race and ethnicity among CCDPH districts. The rate was highest among non-Hispanic White populations in each district, far exceeding that observed among other racial and ethnic groups in the West, Southwest, and South districts and exceeding the US average mortality rate. Non-Hispanic Asian populations had the lowest mortality rate among each district, followed by Hispanic populations. Non-Hispanic Black populations in the West and Southwest districts had mortality rates that exceeded the US average mortality rate. CCDPH analysis also shows that overdose mortality rates for middle-aged Black men are rising faster than any other race or ethnicity group. For more reports and data on opioid use and overdose, click here.

Figure 23 | Opioid Overdose Mortality Rate by Race, Ethnicity, and Public Health District, 2013-17



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

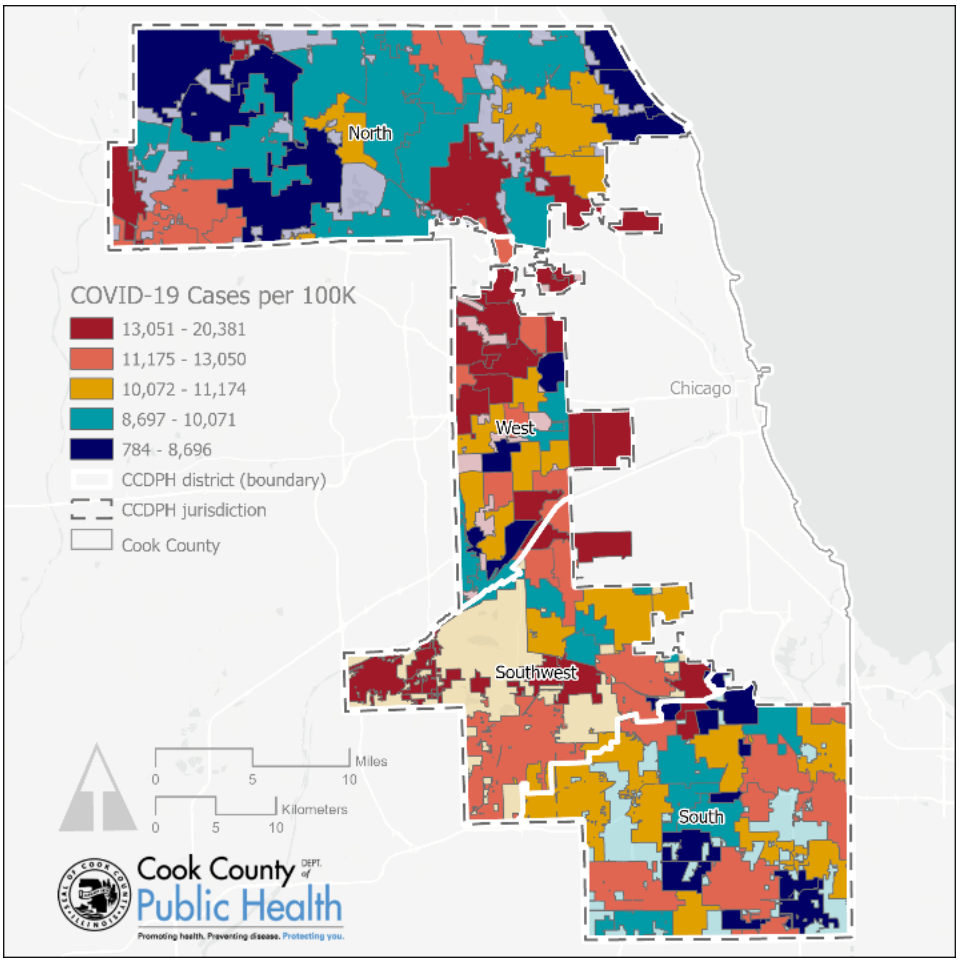
Communicable disease

There is considerable variation in the incidence of infectious disease by CCDPH jurisdiction and by race and ethnic group, with several municipalities reporting both below and above national and target rates for different diseases. For example, tuberculosis was relatively high among Asian populations in the North district and other communicable diseases such as HIV and STDs higher among the Hispanic and Black, Non-Hispanic populations.

Childhood vaccination rates also vary substantially across public health district and over time. Overall, reported vaccination rates are on downward trend since 2014, with the West district having the highest rates and the South district reporting the lowest rates over the period examined.

Incidence and mortality from COVID-19, the novel respiratory disease caused by the SARS-CoV-2 virus, also vary substantially across suburban Cook County. As of October 2021, there have been more than 280,000 confirmed COVID-19 cases and more than 4,700 COVID-19 deaths within CCDPH's jurisdiction. Case and hospitalization rates have been highest among Hispanic and Black, Non-Hispanic populations. Case rates have been highest in the West district while hospitalization rates have been highest in the South and Southwest districts. To explore COVID-19 data for suburban Cook County, visit the Cook County ShinyApp.

Figure 24 | COVID-19 Cumulative Case Rate Per 100,000, March 2020-June 2021

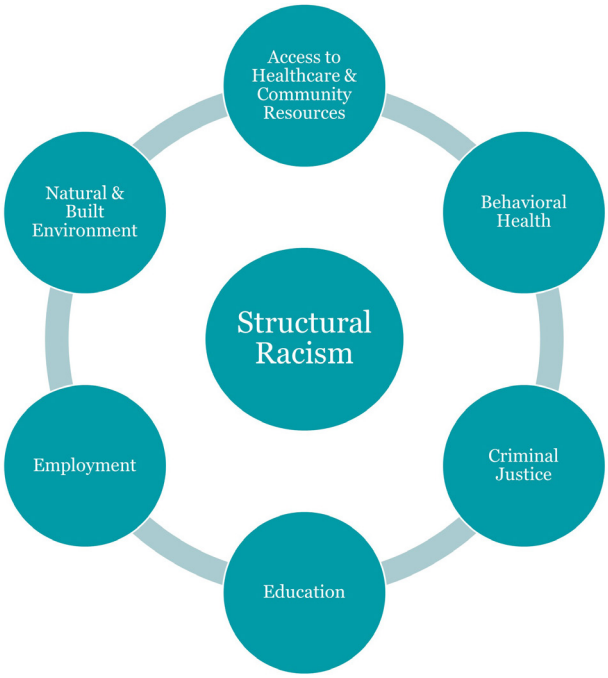


Data source: INEDDS (2020-2021)

VI. Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) identifies priority health issues to address based on findings from the four MAPP assessments. For each prioritized issue, goals and strategies are formulated and a plan for evaluation and implementation is developed.

Over the course of three in-person, community partner meetings held on October 30, 2019, December 4, 2019, and January 15, 2020, CCDPH and its partners identified and prioritized seven community health improvement issues. The issues initially identified were: access to healthcare and community preventive resources; behavioral health; criminal justice; education; employment; natural and built environment; and structural racism.



In 2021, upon reinitiating the planning process, CCDPH consolidated these areas into three priorities, with structural racism as a central, cross-cutting theme across all of them:

- Improve access to health and behavioral health resources for all;
- Ensure safe and healthy environments for all; and
- Advance inclusive and healthy education and economic opportunities for all.

Three virtual sessions were held on September 9, 13, and 20, 2021 to discuss the proposed community health improvement areas, with one session on each of the three priority areas. Nearly 100 unique community stakeholders from across suburban Cook County and from a variety of sectors attended, sharing their thoughts on strategies, indicators, and other ideas to advance these priority areas. Engagement of these many partners helped ensure that strategies aligned with work occurring across suburban Cook County, as well as other plans such as the Cook County Policy Roadmap.

This section describes the overarching theme of addressing structural racism and several overall health equity indicators suburban Cook County will use to track its overall progress towards greater equity. What then follows is a description of each of the three community health improvement areas, why each is a priority, how each affects suburban Cook County based on assessment findings, and how each one connects to the other priorities. For each of the three areas, specific goals, outcomes, strategies, measurable indicators, and key partners in the work are listed.

Overarching Health Priority | Addressing Structural Racism

Central to the success of WePlan 2025 is the recognition that racism is a public health problem. Although the concepts of health equity, social determinants of health, and root causes of health disparities have gained greater prominence over the last decade, naming structural racism specifically as one of these root causes is essential to tackling it.

For this reason, in July 2019, the Cook County Board of Commissioners passed a resolution declaring racism and racial inequalities a public health crisis in Cook County. The declaration asserts that racism is a public health crisis affecting all of society and it is the County's responsibility to address racism, including seeking solutions to reshape the discourse and actively engage all citizens in racial justice work.

The COVID-19 pandemic has further revealed the way structural racism creates the inequitable and unjust conditions that lead to adverse health outcomes. As noted in CCDPH's Racial Justice Statement from 2020,

> *Racism is a public health emergency in suburban Cook County. In suburban Cook County, we have seen more Black people and Latinx people become sick and die from COVID-19 than their white counterparts. The health inequities in COVID-19 rates in Black and Brown communities are a direct result of structural racism.*
>
> *Structural racism impacts every facet of our lives, even the price we pay for car insurance and whether a doctor believes us when we say we are in pain. It determines how quickly an ambulance shows up at our door if we call 9-1-1.*
>
> *To effectively eradicate racism we must deliberately address existing injustices in health, education, employment, housing, and legal systems.*

WePlan 2025 seeks to do just that, centering addressing structural racism as the key to all three community health improvement priorities. Throughout each of the three priorities, strategies can be found that focus on structural and policy solutions, are explicit about power imbalances, emphasize working with grassroots community organizations, and elevate the voices of those most affected by racism and oppression.

To stay accountable to the overall goal of improving health equity by addressing structural racism, WePlan 2025 includes four overarching health equity indicators, which align with those identified by CDPH in their Healthy Chicago 2025:

Life Expectancy	Increase life expectancy for Black residents and reverse declines in Latinx and Asian populations.
Overall Health Status	Improve overall health status for Black and Latinx residents, as measured by percent of adults who report good health.
Economic Well-Being	Increase economic well-being for Black and Latinx residents, as measured by the percent of adults living above the Federal Poverty Level
Mental Well-Being	Increase access to behavioral health treatment for all residents, with a focus on Black, Latinx, and Asian populations, as measured by reduced behavioral health emergency department visits.

Health Priority 1 | Improve access to health and behavioral health resources for all

Why this is a health priority

As noted by the Alliance for Health Equity in their 2019 Community Health Needs Assessment for Chicago and Suburban Cook County, "access to healthcare is a complex and multi-faceted concept that includes dimensions of proximity; affordability; availability, convenience, accommodation, and reliability; quality and acceptability; openness, cultural responsiveness, appropriateness, and approachability." Income inequality, disparities in health insurance coverage, geographic barriers, and challenges in finding culturally and linguistically-appropriate providers can all hinder appropriate access to care.

Access to behavioral health support can be even more challenging. Access to behavioral healthcare is impeded by many of the same barriers – poverty, insurance, geography, language – but with additional challenges posed by widespread stigma, lack of trauma-informed practices, and marginalization of those experiencing homelessness, domestic violence, or substance use. COVID-19 has further exacerbated these disparities, with essential workers more likely to report symptoms of anxiety, symptoms of depressive disorder, suicidal thoughts, or starting or increasing substance use. People of color continue to experience disproportionate barriers to accessing behavioral health services, with 20 percent of Black adults saying that they needed but were unable to get mental health services in the last year according to the Kaiser Family Foundation.

How this affects suburban Cook County

All four assessments point to the inequitable access to health and behavioral health resources experienced by suburban Cook County residents. As shown in the CHSA, the concentration of hospitals and health resources across suburban Cook County is extremely uneven, with much greater access in the North and West compared to the South and Southwest. Hispanic residents are twice as likely to lack health insurance as non-Hispanic residents, and Black residents have substantially higher rates of emergency department visits than their white counterparts. Suburban Cook County also has a higher prevalence of depression compared to state and national rates.

Access to healthcare and mental health services was consistently selected by community survey respondents, focus group participants, and partner organizations as a top priority for a healthy community. Key themes across assessments included access to insurance, public benefits, and community resources; availability of trauma-informed care, culturally-competent providers, and high-quality services; and addressing structural inequities, racism, social determinants of health, and power imbalances through community-based approaches.

How this connects to other priorities

Education, employment, and environment are closely tied to access to health and behavioral health resources. Higher levels of education and better employment opportunities are not only correlated with greater income, insurance access, and health literacy, but schools and employers can also be access points for integrated care. Access to safe, affordable housing can help prevent behavioral health challenges and can also be a strategy for addressing them.

Public health can play a stronger role in bringing together systems like community-based organizations, advocacy groups, hospitals and providers, behavioral health providers, insurance and managed care companies, the criminal justice system, social service agencies, and much more to improve access to health and behavioral health resources for all.

Goal 1.1 | Increase access to primary care and behavioral healthcare services

OUTCOMES	STRATEGIES	INDICATORS
Residents will be able to access high-quality, integrated primary care and behavioral health services, supports, and treatment.	• Train medical providers on offering behavioral health services in primary care settings. • Increase resources to FQHCs and other safety net providers. • Offer naloxone and referral to treatment to patients in emergency departments who have experienced an opioid overdose. • Expand incentives such as loan repayment to bring providers to under-resourced communities. • Support ongoing access to and reimbursement of telehealth services. • Provide outpatient and home-based supports as an alternative to hospitalization or congregate care settings.	• By 2025, reduce the percent of suburban Cook County residents who do not have a usual primary care provider by 2.2% (BRFSS).
Fewer residents will experience gaps in access to care.	• Conduct landscape analysis to identify service gaps, such as in-crisis response system and post-crisis care. • Make data about gaps publicly available through CCDPH dashboards. • Identify options for filling gaps in access, such as alternatives to emergency departments, crisis intervention programs, mobile units, and certified community behavioral health centers. • Improve insurance pre-authorization, prior authorization, and reimbursement rates, including for behavioral health services, community health workers, recovery coaches, and safety net providers. • Continue to expand Medicaid eligibility and coverage and support navigators to assist in enrollment. • Expand availability of behavioral health treatment for children and adolescents by reducing wait times, increasing inpatient capacity, and reducing inpatient psychiatric boarding.	• By 2025, decrease the percentage of residents who are uninsured by 2% (ACS). • By 2025, decrease the disparity in health insurance status between Hispanic/Latinx and non-Hispanic/Latinx residents (ACS).

Goal 1.2 | Coordinate systems to better empower and engage communities

OUTCOMES	STRATEGIES	INDICATORS
Health and social service programs will be better integrated through use of technology.	• Increase data-sharing around referrals through systems like Aunt Bertha's and NowPow. • Improve access to broadband and technology that allows for high-quality telehealth visits.	• Close the loop on 80% of referrals to health and social service programs by December 2022.
Community members will be supported in navigating health, social service, and other systems.	• Foster initiatives to build community health worker and care coordination capacity. • Develop and implement a Community Information Exchange and 211 line that directs residents towards appropriate services, helplines (NAMI Chicago, domestic violence), and other resources like housing and transportation. • Expand NAMI Chicago Helpline to suburban Cook County to provide mental health support, care navigation, and referrals to services.	• At least 150,000 calls will be made to the 211 line annually from 2022 to 2025. • By May 2023, field 6,000 suburban calls through NAMI Chicago's Helpline (NAMI).

Goal 1.3 | Promote person-centered, trauma-informed, culturally-appropriate approaches

OUTCOMES	STRATEGIES	INDICATORS
Trauma-informed and person-centered approaches will be the norm.	• Expand and sustain community-based initiatives to promote trauma-informed approaches in schools and other settings. • Replicate successful existing models, such as Living Rooms and Medical Respite Centers, and associated social service supports (e.g., transportation vouchers). • Share effective community strategies for suicide prevention, including suicide screening in schools. • Host mental health trainings aimed at reducing stigma, increasing mental health literacy, and providing opportunities for people with lived experience to share their journey.	• By 2025, increase the number of Living Rooms in suburban Cook County by 2.
Providers and systems will communicate in ways that are culturally and linguistically appropriate and meet residents where they are.	• Expand incentives to diversify the safety net workforce to ensure it reflects the community they serve. • Increase hiring opportunities and paid internships at FQHCs and Look-Alikes, Cook County Health, mental health and drug treatment programs, and elsewhere that meet peer recovery specialist certification requirements to expand number of providers who represent the community and have lived experience. • Encourage healthcare partners to engage in internal health literacy and cultural competency training efforts. • Implement implicit bias training licensure requirement as part of House Bill 158, also known as the Illinois Black Caucus' Health and Human Services pillar legislation.	• By 2025, increase the number of healthcare partners working toward becoming a health literate by 10% over baseline.

Goal 1.4 | Address substance use using a harm reduction approach

OUTCOMES	STRATEGIES	INDICATORS
Harm reduction approaches to substance use will be widely available and accepted.	• Expand Medication Assisted Recovery (MAR) availability through suburban Cook County. • Increase capacity of nonprofits in the South, West, and Southwest suburbs to provide harm reduction services, including safe supplies, naloxone, and street outreach. • Provide naloxone training to community-based nonprofits and other stakeholders that serve people at high risk for opioid overdose. • Support the legalization of safe consumption facilities.	• By 2025, increase the number of providers prescribing MAR medications by 10% over baseline. • By 2025, expand the number of organizations providing harm reduction services in suburban Cook County by 2 organizations. • By 2025, distribute 4,000 naloxone kits.

Goal 1.5 | Focus on upstream drivers of mental health and substance use

OUTCOMES	STRATEGIES	INDICATORS
Reduce involvement in the criminal justice system for people with substance use disorders	• Educate and organize around the importance of reducing penalties for drug possession. • Expand voluntary deflection to treatment programs as an alternative to the emergency room and the criminal justice system, including staffing programs with outreach workers.	• By 2025, increase the number of law enforcement agencies (LEAs) with deflection protocols by 5 agencies. • By 2025, CCDPH and the Cook County Sheriff's Office Treatment Response Team will provide 120 linkages to social services or treatment.
Quality housing will be available to people with mental health conditions, substance use disorders, victims of domestic violence, and people with disabilities.	• Promote housing first approaches. • Promote the acceptance of patients in Medication Assisted Recovery (MAR) at Recovery Homes. • Advocate against "crime-free" or "nuisance" housing policies that allow landlords to evict victims of domestic violence and people with disabilities for emergency service visits.	• By 2025, increase the number of Recovery Homes accepting patients on MAR by 2 homes.
Communities will have a robust understanding of the drivers on mental illness and substance use from a policy, systems, and environmental perspective.	• Use data analysis to follow individuals through Cook County Health, Cook County Jail, and other systems to identify opportunities for policy and systems change. • Engage stakeholders in collection and reporting of data on mental health and substance use to inform policy, systems, and other changes. • Implement qualitative and quantitative methods to illuminate upstream drivers of mental health and substance use such as poverty, racism, homelessness, community violence, and other factors.	• By 2025, engage 20 community members in meaningful partnership.

Health Priority 1 | Key Partners

Aetna
Community Memorial Foundation
Cook County Health
Cook County Sheriff's Office
Grand Prairie Services
Healthy Communities Foundation
Illinois Department of Human Services (IDHS) Substance Use Prevention & Recovery (SUPR)
Illinois Public Health Institute (IPHI)
NAMI Chicago
NAMI Metro Suburban
NAMI South Suburbs
Respond Now
Sertoma Centre, Inc.
TASC Center for Health and Justice
UIC Community Outreach Intervention Projects (COIP)

Additional community partners will be added throughout implementation of WePlan 2025.

Why this is a health priority

The built environment – including homes, buildings, streets, open spaces, workplaces, and infrastructure – plays a huge role in the health and wellbeing of communities. Safe streets, sidewalks, and bicycle or walking paths provide access to work, school, retail, and other resources, as well as offer opportunities to be physically active. Most people spend at least half their day in their homes, so having access to a safe, affordable home, with clean indoor air and water and that is free of hazardous toxins like secondhand smoke, is critical to protecting individuals from illness and injury. The availability of healthy, affordable foods in communities also contributes to a person's diet and risk of related chronic diseases.

Similarly, the natural environment also contributes to the health of communities. Climate change and exposure to air and water pollution influence human health and disease. Climate change increases ground level ozone and particulate matter, exposing communities to air pollution that is associated with many health problems, such as diminished lung function and emergency room visits for asthma. Climate change and other natural environment issues disproportionately impact the most vulnerable and oppressed within our communities, including low-income populations, communities of color, immigrant communities, people living with disabilities, and seniors.

How this affects suburban Cook County

Housing, transportation, neighborhood disinvestment and gentrification, food access, and community safety were all top priorities within the four MAPP assessments. Access to healthy foods, affordable housing, access to transportation, and a clean environment were all top choices in the CTSA community survey, with infrastructure and affordable housing commonly mentioned as things survey respondents wanted to see improved about their communities. Social and structural determinants of health, like housing, transportation, food systems, and investment/disinvestment, were key themes emerging from focus group conversations as well as partner and stakeholder meetings.

Data presented in the CHSA also demonstrates the substantial inequities in environmental exposure risk across suburban Cook County. Although water and air emissions have decreased, lower-income residents especially in the South and Southwest continue to be at higher risk of toxic exposure. Many industries have created polluted air and water though toxic air emissions and ground water contamination, with numerous polluted sites in south suburban areas. Lead paint exposure in homes continues to be a challenge, with communities in the West portion of the county having the oldest housing stock. The cost of housing has been rising, putting residents at risk of homelessness or unsafe housing. The population is aging, making accessible, safe transportation and housing even more crucial.

How this connects to other priorities

Having a safe, secure home environment is essential to health and wellbeing. Preventing homelessness and housing instability can help decrease behavioral health issues, criminal justice system involvement, and hospital readmissions. Furthermore, accessible and active transportation can be crucial to connecting residents to healthy employment, education, and healthcare opportunities. Investments in healthy food businesses and green infrastructure projects can bring much-needed employment opportunities to historically marginalized communities. Environmental justice initiatives to clean up our polluted air and water need support. Ensuring public health is part of land use, transportation, housing, zoning, and infrastructure conversations has the potential to mitigate some of the systemic and structural health inequities.

Goal 2.1 | Increase access to safe, healthy, inclusive, and affordable housing and active transportation networks

OUTCOMES	STRATEGIES	INDICATORS
All residents in suburban Cook County have access to affordable, accessible, safe, inclusive, healthy, and stable housing.	• Increase supply and equitable distribution of affordable housing, permanent supportive housing, accessible housing, and crisis housing. • Increase resources for housing stability services (e.g. permanent supportive housing staffing, rental assistance programs, home modification programs for those living with disabilities, Medical-Legal Partnerships). • Preserve or replace housing stock in disinvested areas of suburban Cook County including efforts to address lead poisoning and other health hazards in the home. • Promote adoption and implementation of smoke-free housing policies in multi-unit properties. • Support initiatives that promote housing justice/fair housing practices.	• By 2025, decrease percent of population that is housing cost burdened in suburban Cook County compared to baseline. (ACS) • By 2025, decrease number of unsheltered people experiencing homelessness in suburban Cook County (Alliance to End Homelessness in Suburban Cook County)
All residents in suburban Cook County have access to safe, affordable, reliable, inclusive, and active transportation options.	• Promote accessible and inclusive multi-modal transportation options that are low and/or zero emission, including walking, biking and public transit, that connect people to everyday destinations. • Advance local and regional policies, plans, and design standards that provide active transportation options and address gaps in transportation networks to ensure equitable access for suburban Cook County residents. • Improve public transit service and affordability, prioritizing the south suburbs of Cook County (e.g. Cook County Pace and Metra Fair Transit Pilot Project). • Increase equitable funding for transportation infrastructure that integrates health considerations and/or equity factors and eliminates barriers to accessing these funds. • Support implementation of programs, plans, and infrastructure to reduce pedestrian and bicycle-related injury and death, especially in the south suburbs. • Improve existing infrastructure or install new infrastructure that promote use of multi-modal infrastructure across suburban Cook County (e.g. lighting, wayfinding signage, accessible sidewalk improvements). • Expand paratransit, community charters, and other accessible transportation options that prioritize seniors, people living with disabilities, and low-income residents.	• By 2025, decrease percent of suburban Cook County residents that report driving alone to work (ACS) • By 2025, increase percent of suburban Cook County residents that report taking public transit to work (ACS) • By 2025, increase percent of suburban Cook County residents that report walking or biking to work (ACS)

Goal 2.2 | Diversify land use to increase and improve access to everyday destinations and healthy food while protecting access to green and natural spaces

OUTCOMES	STRATEGIES	INDICATORS
All residents of suburban Cook County have safe access to inclusive green and natural spaces.	• Enhance opportunities for year-round physical and mental wellness and accessible outdoor activities. • Improve walking and biking access to green and natural spaces by increasing pedestrian and bicycle facilities on adjacent suburban Cook County roadways. • Preserve and restore existing parks and green space and acquire land to support development of new parks and green spaces that feel safe and inclusive, prioritizing areas where open space is limited. • Promote the health benefits of spending time outdoors. • Protect green spaces and human health by advancing smoke-free parks.	• By 2025, increase by 10% proportion of students who were physically active for a total of at least 60 minutes per day on the last 7 days (YRBS). • By 2025, decrease by 5% proportion of adults aged 18 or older who report participating in no physical activity or exercise (BRFSS).
All residents of suburban Cook County have access to healthy food options and food businesses have opportunities for sustainable growth.	• Improve healthy food access and household food security to reduce hunger and enable healthy living, especially within marginalized communities (e.g. increase farmers markets accepting Supplemental Nutrition Assistance Program, increase access to local food retailers, promote healthy food options served at community sites, encourage community garden and farming initiatives, etc.) • Incentivize food retailers to sell healthy foods. • Promote and increase participation in and funding levels for food access programs and school meal programs. • Identify and provide access to publicly owned lands suitable for local food production that can benefit emerging food businesses in suburban Cook County. • Increase investments in local food producers and businesses, especially producers and businesses of color. • Assess current zoning regulations around commercial food production, urban agriculture, and food sales across suburban Cook County and disseminate best practices.	• By 2025, increase by 10% over baseline the proportion of high school students who ate fruit and vegetables five or more times per day over the past seven days (YRBS). • By 2025, decrease by 10% over baseline the proportion of adults reported consuming less than 5 servings of fruit and vegetables (BRFSS). • By 2025, decrease percent of population that lives more than ½ mile from the nearest supermarket and has no access to a vehicle (ACS). • By 2025, decrease percent of the population who are food insecure (Greater Chicago Food Depository).

Community health is included as part of transportation, land use and zoning decisions in suburban Cook County.	• Support local and regional transportation and land-use policies that prioritize efficient use of land and the connectivity between everyday destinations, active transportation networks, and land use. • Integrate health equity measures and strategies in land use and zoning plans and equitable transit-oriented development. • Increase compliance with Americans with Disabilities Act in transportation, building, and land use design planning and implementation to ensure accessibility. • Promote programs and policies that reduce exposure to pollution and improve brownfield sites, with priority given to environmental justice areas. • Advance Cook County environmental justice policy and planning. • Support defining environmental justice area factors/criteria for areas in suburban Cook County.	• By 2025, 75% of residential units developed since 2015 will be located within highly and partially infill supportive areas (CMAP). • By 2025, 85% of non-residential square footage developed since 2015 will be located within highly and partially infill supportive areas (CMAP).

Goal 2.3 | Support and enhance climate mitigation and resiliency strategies to increase community preparedness

OUTCOMES	STRATEGIES	INDICATORS
Communities, including businesses, within suburban Cook County have the resources needed to significantly reduce greenhouse gas emissions.	• Increase investments and secure sustainable financing to support implementation of clean energy, green infrastructure, and energy efficiency projects, prioritizing environmental justice areas. • Support and promote low and/or zero emission travel options including use of public transportation, ride-sharing, walking or biking options in suburban Cook County. • Support and participate in regional planning and coordination of greenhouse gas emissions reduction strategies and policy-making.	• By 2025, decrease over baseline the percent of days that air quality was rated as unhealthy for sensitive populations (Illinois EPA and Cook County Department of Environment and Sustainability).
Suburban Cook County residents have equitable access to resources to mitigate and adapt to the impacts of climate change.	• Increase investments and secure sustainable financing to support implementation of green infrastructure, hazard mitigation plans, climate resiliency planning, voluntary buyout programs, risk assessments, etc. • Address the impacts of extreme seasonal weather conditions and advance local green infrastructure policies, maintenance, and improvements in communities. • Develop and secure investment for a series of Climate Resiliency Hubs for communities in Cook County.	• By 2025, increase over baseline investments in green infrastructure projects.

Health Priority 2 | Key Partners

Active Transportation Alliance
Alliance to End Homelessness in Suburban Cook County
American Lung Association
Chicago Food Policy Action Council
Chicago Metropolitan Agency for Planning (CMAP)
Cook County Dept Environment and Sustainability
Cook County Dept of Transportation and Highway
Forest Preserve of Cook County
Housing Authority of Cook County
Illinois Alliance to Prevent Obesity (IAPO)/Illinois Public Health Institute (IPHI)
Proviso Partners for Health
Respiratory Health Association
South Suburban Mayors and Managers Association

Additional community partners will be added throughout implementation of WePlan 2025.

Health Priority 3 | Advance inclusive and healthy education and economic opportunities for all

Why this is a health priority

Education access and quality is one of Healthy People 2030's five social determinant of health domains. It states, "children from low-income families, children with disabilities, and children who routinely experience forms of social discrimination like bullying are more likely to struggle with math and reading. They are also less likely to graduate from high school or go to college. This means they are less likely to get safe, high-paying jobs and more likely to have health problems like heart disease, diabetes, and depression." Given that most children participate in the school and early childhood systems, improving education has the potential for profound long-term health benefits for the whole community.

Economic stability is another key social determinant of health, impacting one's ability to afford healthy food, healthcare, and housing. According to Healthy People 2030, "people with steady employment are less likely to live in poverty and more likely to be healthy, but…people with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy."

Increasingly, workers are subject to precarious employment, without stability or labor protection. Precarious employment has been amplified by the COVID-19 pandemic, as workers deemed essential have had to take on health risks for low wages, minimal benefits, unsafe working conditions, and with insufficient protective measures. Creating systems that empower and protect workers is key to promoting the overall health and wellness of marginalized communities.

How this affects suburban Cook County

Educational attainment is increasing in suburban Cook County, yet significant educational disparities exist across the county. Unemployment disparities exist too, with much greater unemployment in the South compared to other parts of the county. Poverty is also highest in the South. The Childhood Opportunity Index (COI) is nearly three times higher in the North district than the South, highlighting the deep racial and geographic inequities in education and employment opportunities for children growing up in suburban Cook County. The COI provides the health sector with a surveillance system of children's neighborhood environments and helps guide interventions.

Community survey respondents deemed education the sixth most important thing necessary for a healthy community, as well as a top strength of many local communities. Economic development was highlighted as something many respondents wanted to see improved about their community as well as a key threat according to partners. Employment, education, and the need for fair economic policies were all themes identified across stakeholder groups.

How this connects to other priorities

In addition to education indirectly leading to better health outcomes, educational settings can also provide direct access to health services, behavioral health support, care coordination, screenings, and restorative justice programs. Likewise, community health worker models can both bring employment opportunities to marginalized communities, as well as bring people who represent and understand the community into the health field. Green infrastructure and investments in healthy food businesses can also be sources of job opportunities. The public health system is in a unique position to bring together partners across sectors to broaden the conversation about what healthy, inclusive, and fair work and educational opportunities look like.

Goal 3.1 | Increase access to and provision of high-quality education and educational supports

OUTCOMES	STRATEGIES	INDICATORS
More children will be enrolled in high-quality early childhood programs (home visiting, preschool programs, and childcare).	• Promote access to high-quality early education programs for birth-to-five. • Support initiatives that identify and address the availability of high-quality birth to five programs in communities. • Promote provider participation in the Child Care Assistance Program to expand low-income families' access to quality centers. • Support initiatives to increase Child Care Assistance Program reimbursement to encourage more providers to participate in the program. • Support implementation of the Illinois Prenatal to Three Agenda. • Engage private sector employers in facilitating workers' access to high-quality, affordable childcare.	• By 2025, increase the percent of kindergarteners demonstrating readiness in at least 2 domains by 5% from baseline (ISBE). • By 2025, reduce gap between capacity in the publicly-funded early care and education system and number of eligible children birth to five by 5% (IECAM).
Children and families will receive the supports they need through an integrated system of social and health services.	• Improve data collection on developmental screening completion for children 0-5. • Increase reimbursement rates for developmental screenings. • Support access to Cook County Project Rainbow resources. • Implement initiatives of the Early Childhood Access Consortium for Equity to support teacher quality. • Expand universal newborn support services being implemented in 2021 as a pilot in Illinois. • Promote school district implementation of restorative justice programs and practices. • Train practitioners in comprehensive, equity-promoting services, and cultural humility. • Increase communication and collaboration between schools, health, and social service agencies to provide integrated supports to families.	• By 2025, increase Kindergarten readiness scores in the social/emotional domain by 5% from baseline (ISBE). • By 2025, at least 75% of families with young children visited by CCDPH lead program staff will receive information on Project Rainbow resources (CCDPH). • By 2025, increase the percentage of children receiving a developmental screening by 5% from baseline (IECAM). • By 2025, increase by 10 the number of schools that have fully implemented restorative justice programs.

Goal 3.2 | Expand opportunities for post-secondary education, workforce/talent development and local businesses, women- or minority-owned companies and companies owned by people living with disabilities

OUTCOMES	STRATEGIES	INDICATORS
Underrepresented populations will have access to post-secondary education and pathways into the health field.	• Promote the curriculum of community colleges, trade, and technical schools. • Build and sustain a region-wide Community Health Worker network that provides standardized training and professional development opportunities. • Support development and implementation of payment and system of reimbursement (e.g., for community health workers). • Cultivate workforce pathways to training certifications in the allied health field. • Increase workforce support for returning citizens collaboration with Justice Advisory Council and the Chicago Cook Workforce Partnership.	• By August 2024, a region-wide CHW network will have been established and sustained. • By August 2024, up to 75 individuals will have received training certifications or degrees in allied health fields from South Suburban College.
More opportunities exist for businesses owned by populations with lived experiences of inequities.	• Expand Cook County's toolbox of available resources for small- and medium-sized businesses and entrepreneurs. • Connect small businesses to banks, Community Development Financial Institutions, business incubators, and training and mentorship programs. • Support the development of worker cooperatives through training and certification. • Align procurement and contract compliance policies to strengthen minority, women, people with disabilities, and veteran business enterprise programs. • Encourage major corporations and non-profit organizations to use their purchasing power to support worker rights; increase support to local, women-, minority-, and people with disabilities-owned firms; and strengthen their local communities.	• By 2025, demonstrate an increase in number of MBE/WBE/DBE award commitments.

Goal 3.3 | Advance education and economic opportunities and promote worker rights, health, and safety

OUTCOMES	STRATEGIES	INDICATORS
Definition of "healthy work" will promote health equity and reduce occupational safety and health disparities.	• Conduct assessments that examine tax and other incentives to facilitate healthy work, policies that facilitate health work criteria, such as requiring contracts to provide paid sick leave and living wage, and community/municipal structures like participatory budgeting and community participation. • Design a suburban Cook County Healthy Work Strategy Agenda. • Develop and implement a capacity building initiative to improve policy, systems, and environmental changes related to precarious employment initiatives. • Explore establishment of a unit at CCDPH focused on occupational health/worker rights health and safety.	• By 2025, additional data will have been gathered to understand the landscape related to precarious work in suburban Cook County.
Worker voices will be elevated to ensure and promote worker rights and workplace health and safety.	• Provide workers with training that educates them on their rights and supports the establishment of systems of accountability. • Engage workers in Health and Safety Committees in workplaces. • Identify mechanisms that promote communication with workers, support workers in reporting mistreatment/exploitation without fear of retaliation or exposure, and support enforcement. • Support unionization efforts and encourage partnerships between public health agencies and unions.	• By 2025, establish and sustain systems and structures that promote tri-directional communication and support enforcement for worker rights, health, and safety, without retaliation.
People will earn a living wage so that their income covers their physical, mental, and social needs.	• Identify, prioritize, and support new and emerging sectors that lead to living wage jobs. • Increase minority and women business ownership, worker cooperatives, and labor force participation in sectors that offer living wage jobs. • Explore direct cash support initiatives.	• By 2025, increase the median household income in suburban Cook County by 5% over baseline (ACS).

Goal 3.3 | Continued

OUTCOMES	STRATEGIES	INDICATORS
Equitable policies, systems, and environmental improvements will align with education and economic opportunities and worker rights, health, and safety.	• Explore establishment of a local department of labor for enforcement and education of both workers and employers, consistent with Chicago's model. • Create incentives for employers to make safer work environments beyond minimum requirements. • Support full implementation of equitable funding formula for public schools. • Improve education policies that support and protect children most at risk of challenges, such as children with special healthcare needs (including behavioral or neurological needs), homeless students, and LGBTQ+ students. • Implement Suburban Cook County Worker Protection Program. • Increase number of municipalities who support Cook County's Earned Sick Leave ordinance. • Promote the Temporary Staffing Agency Seal of Approval Program. • Organize and educate on the impacts of at-will employment and the need for just cause termination standards. • Explore a wage theft ordinance for Cook County. • Identify mechanisms for co-production of enforcement. • Increase access to healthy work initiatives such as through increasing registration in health insurance.	• By 2025, at least one policy or systems improvement will have been adopted and/or implemented.

Health Priority 3 | Key Partners

Arise Chicago
Centro de Trabajadores Unidos
Chicago Food Policy Action Council
Chicago Community & Workers Rights
Chicago Cook Workforce Partnership
Chicago Metropolitan Agency for Planning
Chicago Workers' Collaborative
Community Memorial Foundation
Cook County President's Office
Cook County Bureau of Economic Development
Elementary and High School districts
Healthy Communities Foundation
Illinois Community Health Workers Association
Intermediate Service Centers (ISCs) in suburban Cook County
New Moms
Public libraries
Raise the Floor Alliance
Start Early
South Suburban College
Temp Workers Union Alliance Project
The Quinn Center
University of Illinois, School of Public Health, Center for Healthy Work
University of Illinois, Office of Community Engagement and Neighborhood Health Partnerships
Warehouse Workers for Justice

Additional community partners will be added throughout implementation of WePlan 2025.

VII. Next Steps

Upon adoption of the WePlan 2025, CCDPH and its partners will move into the action cycle, the last phase of the MAPP process. The action cycle involves planning, implementation, and evaluation of all the goals and strategies identified in the plan. These three elements – planning, implementation, and evaluation – are seen as cyclical and ongoing, with the community health improvement plan a living document that evolves over time.

In the first year of the WePlan 2025 action cycle, CCDPH will focus on building the infrastructure for implementation, including continuing conversations with existing partners and engaging new partners integral to its work. CCDPH and its partners will identify which organizations within suburban Cook County will lead which strategies within the plan and establish more detailed action steps for specific strategies.

A systematic performance monitoring system will be established with partners to monitor progress and the plan will be updated on an annual basis to reflect this progress. Many additional process indicators and short- or medium-term outcome indicators were suggested by participants in the September 2021 virtual sessions and these measures will be incorporated into the overall monitoring of progress.

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Acronyms Key

Below is a list of acronyms referenced in this report.

Agency for Toxic Substances and Disease Registry	ATSDR
Alliance for Health Equity	AHE
American Community Survey	ACS
Behavioral Risk Factor Surveillance System	BRFSS
Centers for Disease Control and Prevention	CDC
Chicago Department of Public Health	CDPH
Community Health Assessment	CHA
Community Health Improvement Plan	CHIP
Community Health Status Assessment	CHSA
Community Themes and Strengths Assessment	CTSA
Cook County Department of Public Health	CCDPH
Disadvantaged Business Enterprise	DBE
Environmental Protection Agency	EPA
Essential Public Health Services	EPHS
Forces of Change Assessment	FOCA
Health Equity Capacity Assessment	HECA
Illinois County Behavioral Risk Factor Surveys	ICBRFS
Illinois Department of Public Health	IDPH
Illinois Early Childhood Asset Map	IECAM
Illinois Public Health Institute	IPHI
Illinois State Board of Education	ISBE
Local Public Health System	LPHS
Local Public Health System Assessment	LPHSA
Medication Assisted Recovery	MAR
Minority Business Enterprise	MBE
Mobilizing Action for Planning and Partnerships	MAPP
National Alliance on Mental Illness	NAMI
National Association of County and City Health Officials	NACCHO
Public Health Accreditation Board	PHAB
Women’s Business Enterprise	WBE
Youth Risk Behavior Surveillance System	YRBS