



2024 Community Health Needs Assessment

Jackson Park Hospital & Medical Center



Prepared by Illinois Public Health Institute

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Introduction to Jackson Park Hospital and Medical Center

Jackson Park Hospital & Medical Center (JPH) is a 256-bed acute, short-term comprehensive care facility serving the south side of Chicago. The hospital offers a wide range of inpatient and outpatient diagnostic, therapeutic and ancillary services with a commitment to medical education at all levels. The hospital offers full medical, surgical, psychiatric, and medical stabilization services as well as medical subspecialties including cardiology, pulmonary, gastrointestinal disease, renal, orthopedics, ENT, ophthalmology, infectious disease, HIV, and geriatrics. Ambulatory care is provided through the family medicine center and senior health center. Approximately 84 percent of the hospital's patients are covered by Medicare and Medicaid.

Jackson Park Hospital's mission is to provide compassionate and high-quality healthcare service to meet the needs of the patients and communities we serve. We believe that all human beings possess intrinsic value. We will strive to ensure: our operations will be patient-centered; all patients will be treated with dignity and respect; patients' rights will be honored.

Introduction to the Alliance for Health Equity and Collaborative Community Health Needs Assessment

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



- Alliance for Health Equity Committees and Workgroups**
- Steering committee
 - Community Health Needs Assessment committee
 - Trauma-informed Hospital Collaboratives
 - Mental health and substance use disorders workgroup
 - Social and structural determinants of health workgroup
 - Food security and food access workgroup
 - Housing and health workgroup

Summary of Collaborative Health Equity Approach to Community Health Needs Assessment

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

In 2022, the Alliance completed a county-wide CHNA in partnership with other hospitals, the Chicago Department of Public Health, Cook County Department of Public Health, and community organizations. IPHI updated the assessment data for 2023-2024 and collected additional community input to create a service area focused CHNA for JPH. An updated county-wide CHNA will be released in December 2024.

IPHI worked with the CHNA committee and steering committee to design and facilitate a collaborative, community-engaged assessment. The CHNA process is adapted from the Mobilizing for Action through Planning and Partnerships 2.0 (MAPP 2.0) framework, a community-engaged strategic planning framework that was developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). Both the Chicago and Cook County Departments of Public Health use the MAPP 2.0 framework for community health assessment and planning. The MAPP 2.0 framework promotes a system focus, emphasizing the importance of community engagement, partnership development, and the dynamic interplay of factors and forces within the public health system. The Alliance chose this inclusive, community-driven process to leverage and align with health department assessments and to actively engage stakeholders, including community members, in identifying and addressing strategic priorities to advance health equity.

Primary data for the CHNA was collected through three methods:

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

The community-based organizations engaged in the Alliance for Health Equity represent a broad range of sectors such as workforce development, housing and homeless services, food access and food justice, community safety, planning and community development, immigrant rights, youth development, community organizing, faith communities, mental health services, substance use services, policy and advocacy, transportation, older adult services, health care services, higher education, and many more. All community partners work with or represent communities that are disproportionately affected by health inequities such as communities of color, immigrants, youth, older adults, caregivers, LGBTQIA+, individuals experiencing homelessness or housing instability, individuals living with mental illness or substance use disorders, individuals with disabilities, veterans, and unemployed youth and adults.

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

Assessment data and findings are organized in following areas:

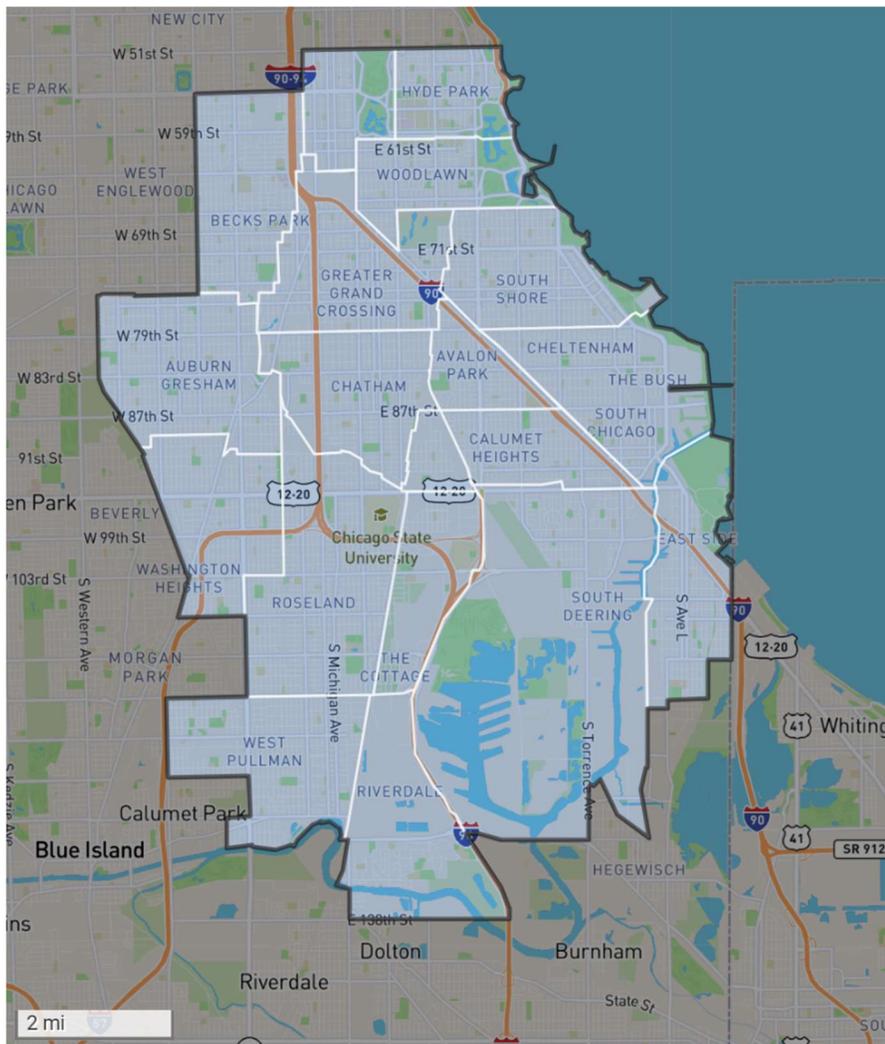
- an overview of health inequities;
- mental health and substance use disorders;
- access to quality health care and community resources;
- social and structural determinants of health;
- risk factors, prevention, and management of chronic conditions; and
- health, economic, and social factors of the COVID-19 pandemic.

The following summary report highlights primary and secondary data related specifically to JPH’s primary service area. Additional primary and secondary data for Chicago and Suburban Cook County can be found in the countywide CHNA report at allhealthequity.org.

Communities served

The hospital’s primary service area encompasses eight zip codes and 19 community areas within Chicago, Illinois (Figure 1).

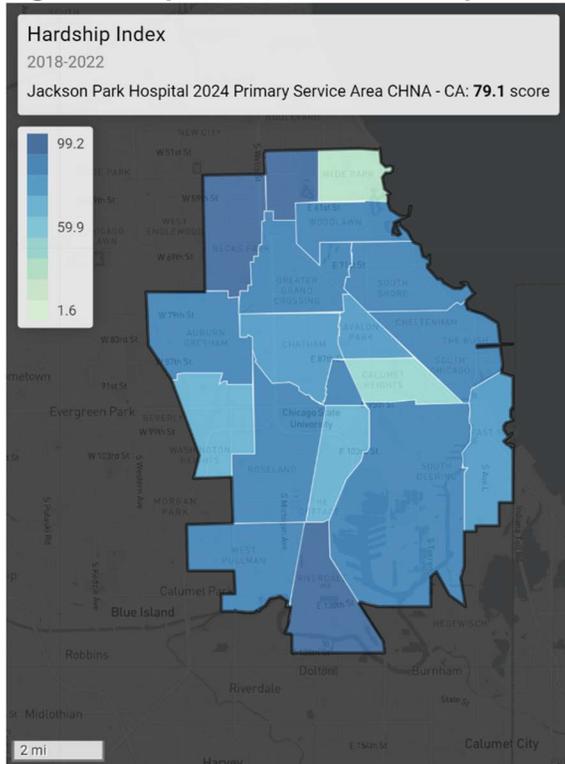
Figure 1. Jackson Park Hospital’s primary service area



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

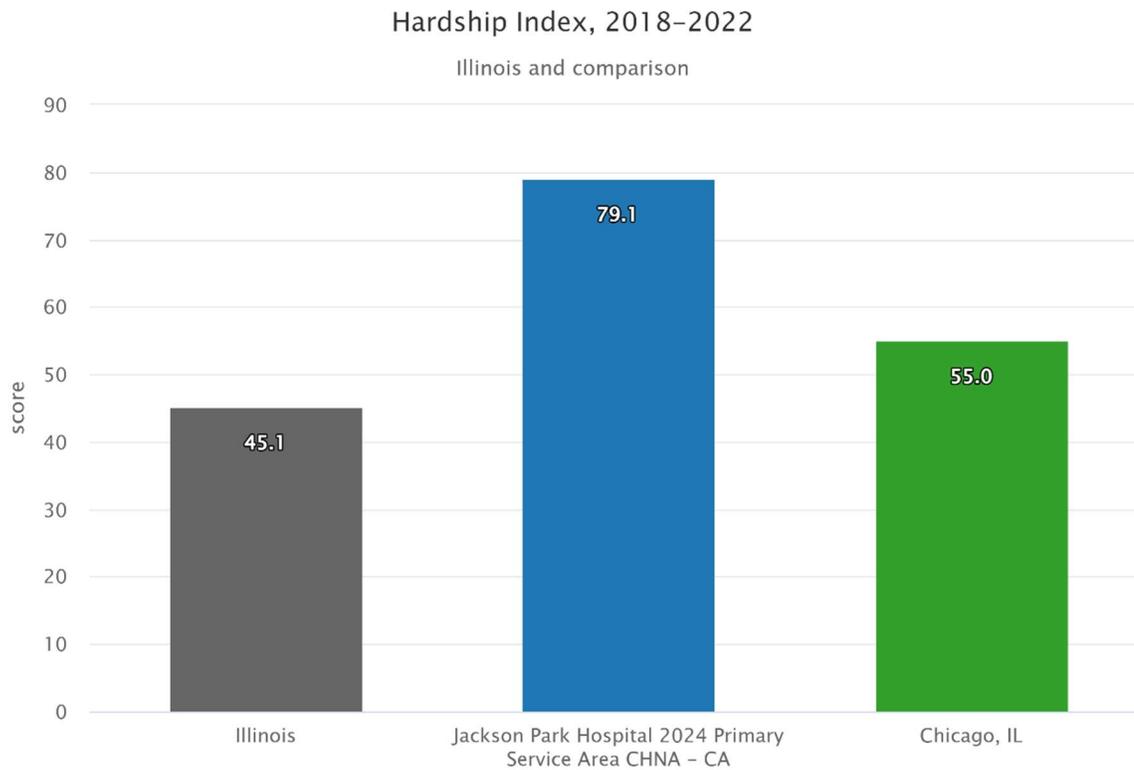
Most communities within JPH’s service area are classified as high economic hardship communities (Figures 2-3). Economic hardship is the difficulty resulting from not having enough collective economic resources available within a community (Chicago Department of Public Health, 2022). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score – the Hardship Index – that allows comparison between communities (Chicago Department of Public Health, 2022). The higher the score, the greater the community’s economic hardship. The average score for JPH’s service area (79.1) is high compared to the average overall score for Chicago (55.0) (Figure 3). The index is highly correlated with other measures of economic hardship including labor market data and with poor health outcomes (Chicago Department of Public Health, 2022).

Figure 2. Map of Economic Hardship Index scores in Jackson Park Hospital’s service area, 2018-2022



U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

Figure 3. Chart comparing Economic Hardship Index scores for Illinois, Jackson Park Hospital’s service area, and Chicago, 2018-2022

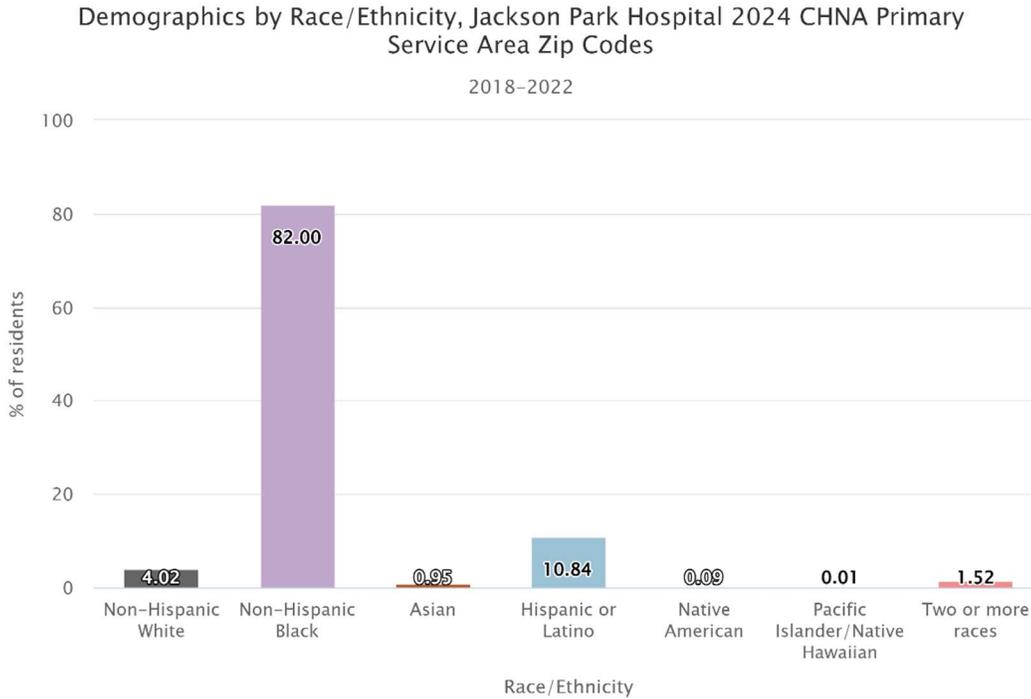


U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

Demographics

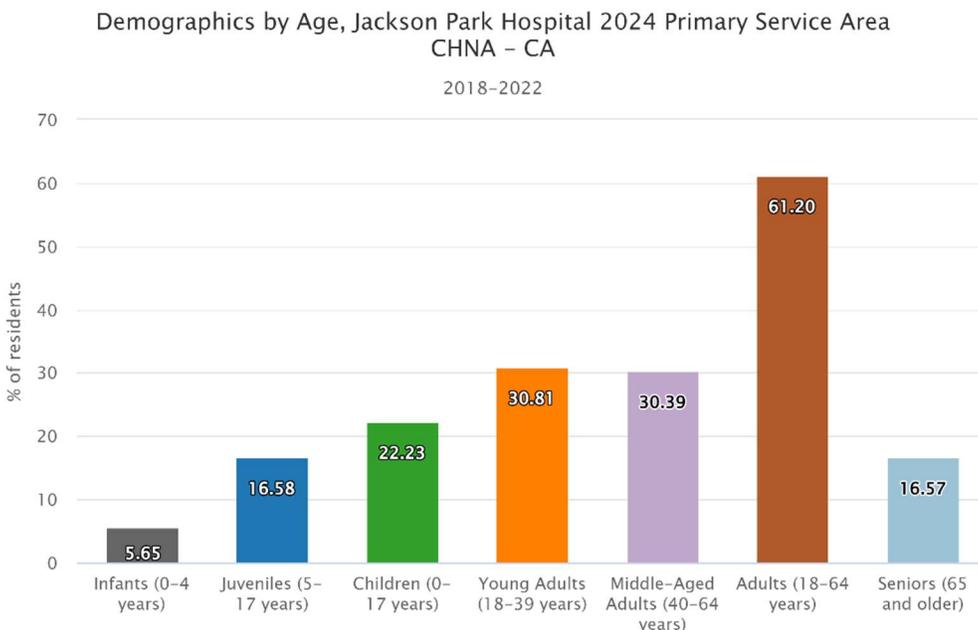
The largest racial and ethnic group within JPH’s service area is Non-Hispanic Black (82%) followed by Hispanic or Latino (10.84%), and Non-Hispanic white (4.02%) (Figure 4). Community members identifying as two or more races (1.52%), Asian (0.95%), Native American (0.09%), and Pacific Islander/Native Hawaiian (0.01%) accounted for less than 2% of the service area’s overall population (Figure 4). Approximately 22.2% of the service area population is children aged 0-17 years (Figure 5). Adults aged 18-64 years comprise 61.2% of the population and seniors aged 65 or older represent 16.6% of the population (Figure 5).

Figure 4. Racial and ethnic demographics for Jackson Park Hospital’s service area, 2018-2022



U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

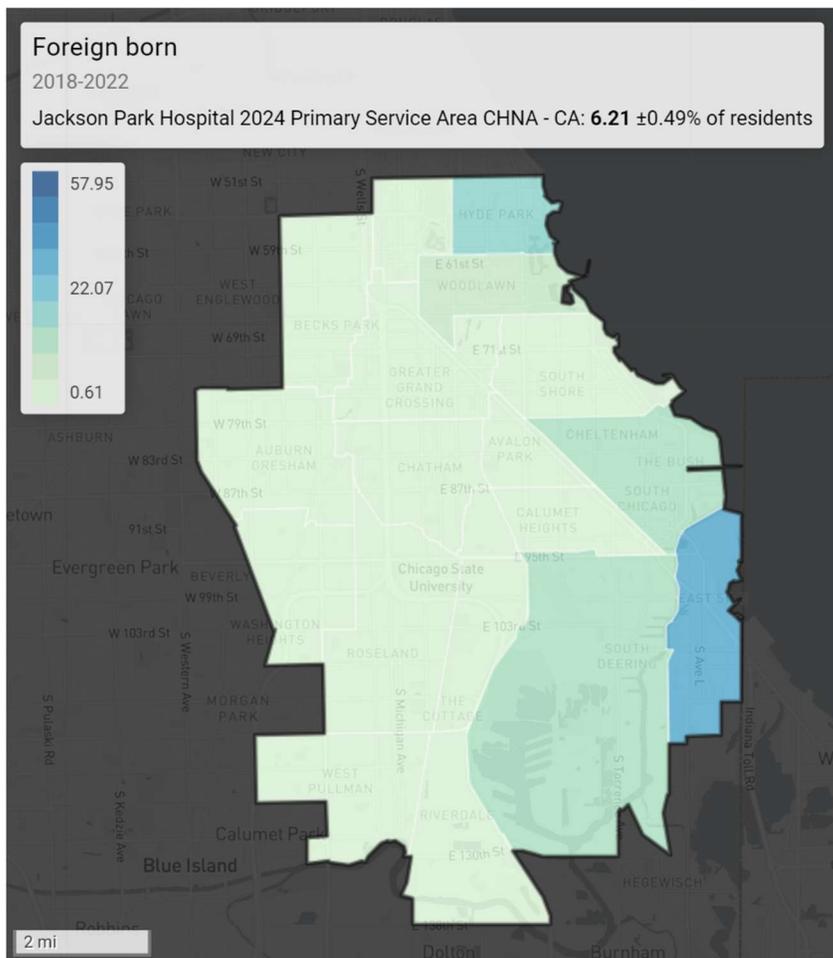
Figure 5. Age distribution of the population in Jackson Park Hospital’s service area



U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

There is considerable geographic variation in the foreign-born population within the service area. East Side has the highest percentage of foreign-born individuals at 25.6% (Figure 6). The overall percentage of foreign-born individuals for the service area is 6.2%.

Figure 6. Map of the percentage of foreign-born individuals in Jackson Park Hospital’s service area, 2018-2022

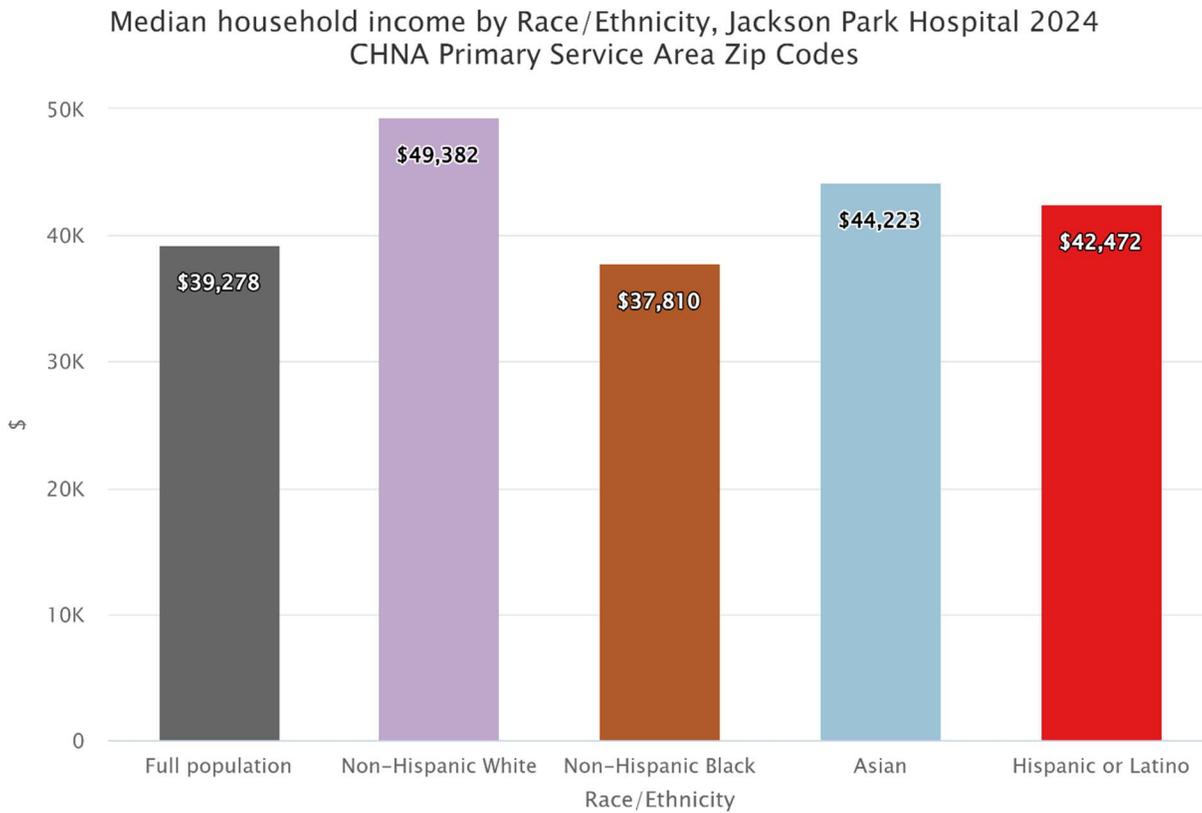


U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

The median household income of people living in Jackson Park’s service area (\$39,278) is low compared to the city (\$65,719), state (\$71,917), and nation (\$68,906). In addition, within the service area, there are racial and ethnic inequities in median household income with Non-Hispanic White have the highest median household income (\$49,382) and Non-Hispanic Blacks having the lowest (\$37,810) (Figure 7).

The **\$39,278** median household income in JPH’s service area is well below the city, state, and national medians.

Figure 7. Median household income by race and ethnicity in Jackson Park Hospital's service area, 2018-2022



U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

Non-Hispanic Black households have the **lowest median income** in JPH's service area, highlighting racial and ethnic inequities in economic opportunity.

Community Input

Community input is the most valuable data resource in the Alliance for Health Equity CHNA process. First-hand information from communities most impacted by inequities is the most up-to-date data available about community health needs, particularly in the rapidly developing post-COVID-19 surge landscape. The Alliance for Health Equity worked closely with hospital partners and community-based organizations to collect community input data through a community input survey and focus groups. Two community resident focus groups were conducted in Jack Park Hospital's service area in December 2023 and February 2024 to review and provide feedback on community health priorities. Community input surveys were collected from 2021-2022 and again from December 2023-February 2024 to provide insight into any changes in survey respondent priorities.

Community input survey

The community input survey was a qualitative tool designed to understand community health needs and assets with a focus on hearing from community members that are most impacted by health inequities. Responses to key questions from community members within the service area are included in Figures 8-11. From 2021 to 2022, 112 community input surveys were collected in JPH's service area. Updated survey responses were collected from **35** focus group participants from December 2023 – February 2024. A more detailed analysis of the 2021-2022 county-wide survey results is available at allhealthequity.org and the results of the 2024 community input survey will be released in December 2024.

In the 2023-2024 survey, participants were asked to rate both the health of their communities and their personal health on a scale of 1 to 5 from “very unhealthy” to “very healthy”. Sixty-nine percent of respondents rated their communities as “somewhat healthy” (Figure 8). Participants were more likely to rate their personal health as better than overall community health with 57% reporting that their personal health was “healthy” or “very healthy” (Figure 9). Sixty-eight percent of respondents to the 2021-2022 survey indicated that there were people in their communities that they were comfortable asking for help.

Community input is the most valuable data resource in the Alliance for Health Equity CHNA process.



Figure 8. Overall health ratings for 2023-2024 community input survey respondents in Jackson Park Hospital's service area, n=29

How would you rate the health of your community?

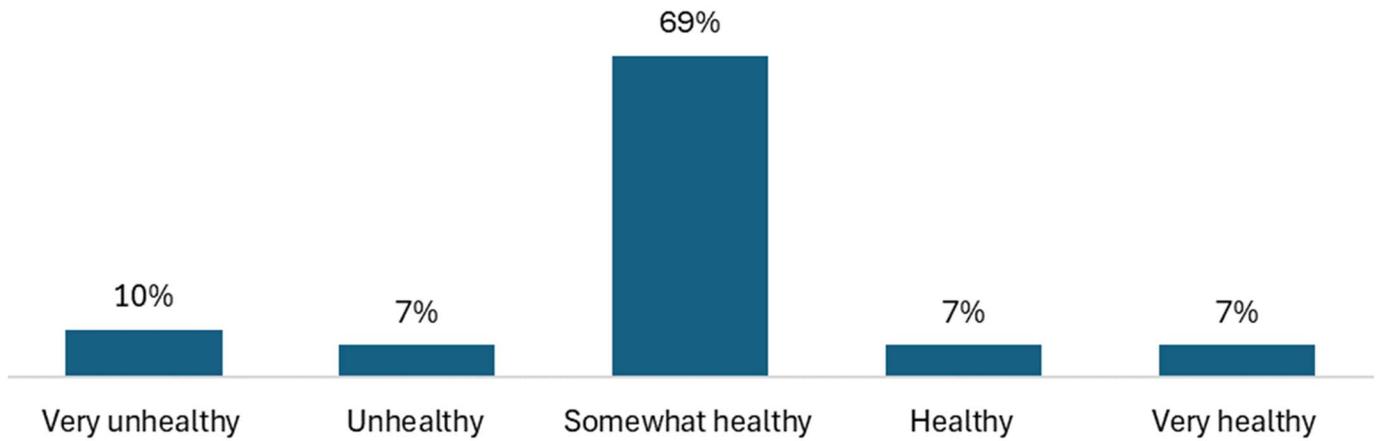
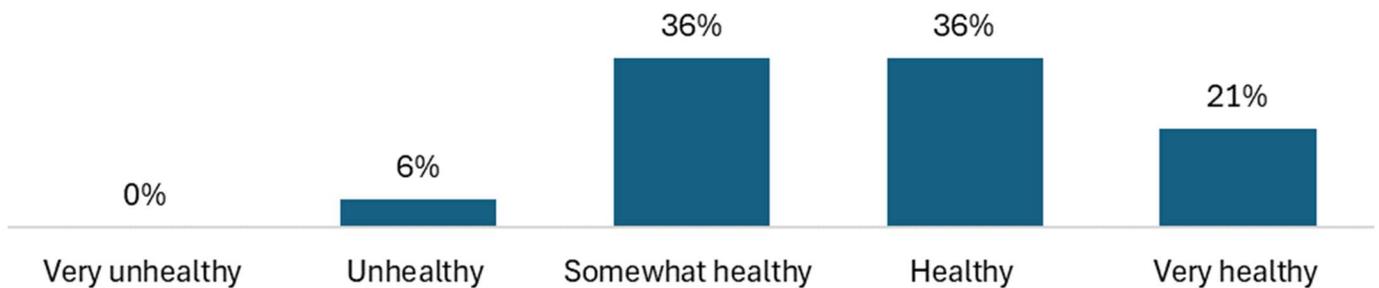


Figure 9. Personal health ratings for 2023-2024 community input survey respondents in Jackson Park Hospital's service area, n=33

How would you rate your personal health?



The top health needs identified in the 2021-2022 survey aligned with the overall county results with mental health (40%), violence (36%), homelessness and housing instability (31%), age-related illness (28%), and COVID-19 (22%) being the top five health issues (Figure 10). In 2024, survey respondents continued to identify mental health as the top health issue in their communities (Figure 10). Additional top priorities identified in 2024 included age-related physical illness (31%), diabetes (27%), substance-use (27%), cancers (23%), and child and adolescent mental health (19%). Note that there are differences in response options between survey years.

Figure 10. Top health priorities among community input survey respondents in Jackson Park Hospital’s service area from 2021-2024*

What are the biggest health issues in your community? (Choose 3)			
Health issue (2023-2024 Survey, n=35)	Percentage (2023-2024)	Health issue (2021-2022 Survey, n=112)	Percentage (2021-2022)
Adult mental health	46%	Mental health	40%
Age-related physical illnesses	31%	Violence	36%
Substance-use	27%	Homelessness and housing instability	31%
Diabetes (high blood sugar)	27%	Age-related illness	28%
Cancers	23%	COVID-19	22%
Child and adolescent mental health	19%	Diabetes	18%
Property crime (theft, burglary)	15%	Racism and other discrimination	18%
COVID-19 pandemic	15%	Cancers	13%
Cognitive conditions (Alzheimer’s, dementia, Parkinson’s)	12%	Police brutality	13%
Violent crime	12%	Substance-use	13%
Chronic pain	8%	Dental problems	8%
Dental problems	8%	Domestic violence	8%
Obesity (obese, overweight)	8%	Obesity (obese, overweight)	8%
ADHD (Attention Deficit Hyperactivity Disorder)	4%	Heart disease and stroke	7%
Autism Spectrum Disorder	4%	Hunger	5%
Lung disease	4%	Child abuse	4%
Homelessness and housing instability	4%	Mother and Infant health	2%
Child abuse	0%	Motor vehicle crash injuries	2%
Domestic Violence	0%	Sexually Transmitted Infections	2%
Heart disease and stroke	0%	Infectious diseases	1%
Hunger	0%	Lung disease	1%
Illnesses that can be prevented by vaccines	0%	Preventable injuries	1%
Infant health	0%	Vaccine preventable illnesses	0%
Infectious diseases	0%		
Maternal health	0%		
Motor vehicle crash injuries	0%		
Police brutality	0%		
Preventable injuries	0%		
Racism and other discrimination	0%		
Sexually Transmitted Infections	0%		

* Note that there are differences in response options between survey years.

In addition to health priorities, community survey respondents about what was needed to support health improvements in their communities. The top health supports identified in the 2021-2022 survey included access to mental health services, access to community services, safety and low crime, access to healthcare, access to healthy food, activities for teens and youth, and affordable housing (Figure 11). Top health supports identified in the 2023-2024 survey were similar and included activities for teens and youth, safety and low crime, safe and affordable housing, workforce training and employment opportunities, ability to access mental health care services in a reasonable amount of time, and clean air (Figure 11).

Figure 11. Top health resources needed to support health improvement among community input survey respondents in Jackson Park Hospital’s service area from 2021-2024

What does your community need to be healthy? (Choose 3)			
Needed support (2023-2024 Survey, n=35)	Percentage (2023-2024)	Needed support (2021-2022 Survey, n=112)	Percentage (2021-2022)
Activities for teens and youth	41%	Access to mental health services	47%
Safety and low crime	41%	Access to community services	31%
Safe and affordable housing	26%	Safety and low crime	29%
Workforce training and employment opportunities	22%	Access to health care	27%
Ability to access mental health care services within a reasonable amount of time	22%	Access to healthy food	26%
Clean air	22%	Activities for teens and youth	23%
Arts and cultural events	19%	Affordable housing	22%
Housing resources (housing services, emergency shelters, transitional housing)	15%	Quality job opportunities	17%
Resources for food (pantries, food banks, love kitchens, SNAP programs)	15%	Clean environment	12%
Ability to access physical health care services within a reasonable amount of time	15%	Adult education and job training	10%
Walkable neighborhoods	15%	Good schools	10%
Affordable quality childcare and schooling	11%	Affordable childcare	8%
Welcoming neighbors and connections to community	11%	Strong family life	5%
Strong family life	7%	Access to transportation	4%
Spaces for religion and spirituality	4%	Parks and recreation	4%
Easy access to public transportation (buses, trains)	4%	Diversity	3%
Access to quality pediatric care	0%	Religion or spirituality	3%
Access to quality prenatal care	0%	Arts and cultural events	2%
Racial and ethnic diversity in healthcare providers	0%	Early childhood programs	2%
Parks and recreational spaces	0%	Welcoming neighbors and social groups	2%
Safe water	0%		

Focus groups

Two focus groups were conducted within JPH's service area. The focus groups included community residents and local government officials as participants.

Several themes were identified based on the focus group input collected:

- Mental health
- Loneliness and community interactions
- Healthcare access
- Physical exercise and wellness
- Safety and security
- COVID-19 impacts
- Advocacy and community engagement
- Youth and education
- Economic challenges
- Food access and food security
- Infrastructure and green space

Tables summarizing the key themes and quotes from focus group participants are included below in Figures 12-14.

Potential solutions

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

- **Support for Parents:** Participants suggested the need for parenting classes, mentoring, and support for both parents and children to address underlying issues.
- **Youth engagement activities:** Emphasis was placed on creating activities for children in partnership with community-based organizations, increased after-school programs, and mentoring programs.
- **Community engagement:** There were calls for greater involvement of the community in decision-making processes to ensure that programs meet the specific needs of the community.
- **Access to fresh food and increased food security:** Participants expressed the need for increased access to fresh and affordable food and highlighted urban farms, community gardens, and fresh-food trucks as potential solutions.
- **Education and economic opportunities:** Participants highlighted the high rates of unemployment among young people in their communities and recommended reintroducing trade and skills-based programs combined with services such as criminal record expungement to improve economic opportunities.
- **Mental health services:** Participants called for increased access to mental health services, improved support for individuals experiencing mental illness, community programs to decrease loneliness and isolation, support for youth experiencing bullying and other traumatic stressors, more extensive early intervention in schools, and increased access to mental health services within schools.
- **Healthcare access:** Healthcare access could be improved by increasing community-based interventions such as doctor and nurse visits to senior living facilities, pop-up clinics, and increased numbers of school nurses.
- **Financial support:** It was suggested that government and corporate funds be redirected to address community health issues.

Focus group participants emphasized the need for holistic approaches to address the socioeconomic and health issues impacting their communities. Their recommendations underscored the importance of collaboration with education institutions, community engagement, and targeted interventions addressing community-identified concerns.

Figure 12. Summary of themes from focus groups conducted in Jackson Park Hospital’s service area

Theme	Summary	Excerpts
Mental health	<ul style="list-style-type: none"> • There was significant recognition of mental health issues including depression • Across both groups a lack of mental health support was highlighted • Participants mentioned challenges in identifying and addressing mental health issues • Stress and anxiety in children are increasing • Youth mental health has been impacted by social media and bullying 	<p>“Mental health is one thing that really needs to be addressed, you find people walking and talking to themselves and you know they really need help”</p> <p>“Have a mental health clinic for when people are stressed out”</p>
Loneliness and community interactions	<ul style="list-style-type: none"> • Seniors in an independent living building highlighted positive aspects of their community including a sense of family and friendship among residents • Participants from both focus groups highlighted friendly neighbors and a sense of community as positive aspects of their neighborhoods • Community residents expressed a desire for more community activities and greater community engagement as well as new opportunities for getting to know others in their community • Multiple residents highlighted the importance of social connections in promoting mental health • COVID-19 had a significant impact of social interactions and increased feelings of loneliness among seniors 	<p>"Loneliness increased when they closed the lobby [during COVID]"</p>
Healthcare access	<ul style="list-style-type: none"> • Limited access to physicians and psychologists • Challenges in obtaining routine medical care and other types of medical appointments • Need for more healthcare resources, especially for seniors • Participants expressed the need for updated healthcare facilities within their communities • There are limited transportation options in some communities and accessibility issues with the public transportation that is available • School-based health services and increased numbers of school nurses have the potential to improve youth access to healthcare 	<p>[Referring to seniors living in a retirement community] “So it would be good to have an outside group come check on us because we all have health issues.”</p>
Physical exercise and wellness	<ul style="list-style-type: none"> • Many participants experience challenges in maintaining physical activity, particularly in cold weather or in areas where they feel unsafe • There is a desire for group exercise activities and programs • There is interest among seniors in balance exercises and wellness programs • Pop-up clinics were highlighted as a potential avenue for improving community wellness 	<p>"Love the building because of the garden, can sit 2-3 hours in the garden and get a tan by myself."</p> <p>"In the summer I might walk, but now I don't feel safe."</p>
Safety and security	<ul style="list-style-type: none"> • Multiple residents relayed concerns about their physical safety in the neighborhood particularly at night • Some residents reported slow or inadequate emergency response to their apartment building 	<p>“I haven’t ventured out much, [I’m} a little frightened, want to get home by 4pm before dark”</p>

Figure 13. Summary of themes from focus groups conducted in Jackson Park Hospital’s service area (Continued)

Theme	Summary	Excerpts
COVID-19 impacts	<ul style="list-style-type: none"> Multiple participants reported concerns around vaccine misinformation and some expressed vaccine hesitancy for themselves or their family members There is a need for better communication and understanding of COVID-19 prevention measures Participants relayed personal experiences with contracting the virus and its negative impacts on their overall health Loss of family members and the impact of COVID-19 on mental well-being 	<p>“My daughter, a millennial, says not to take it [the COVID vaccine] but I will because I feel protected.”</p> <p>“COVID took my granddaughter two years ago. I do and I don’t understand why but I was not able to be with her, to talk and hold her hand”</p>
Advocacy and community engagement	<ul style="list-style-type: none"> There is a desire for community members to be more involved in advocating for resources through activities such as neighborhood meetings Residents expressed that better engagement with law enforcement such as CAPS meetings might improve community safety Community engagement by local government – particularly the 8th Ward Alderman’s office – were highlighted by both focus groups as tremendous community assets Participants expressed a desire to be more involved in community program development 	<p>"Wednesday will be the first time there is a CAPS meeting, that may be the time to discuss these issues."</p> <p>“Make sure community is involved, not just another organization. Make sure it is what the community needs. The commitment to see it through.”</p>
Youth and education	<ul style="list-style-type: none"> Parents lack community-based support such as parenting classes There is a lack of activities for youth in communities Some residents relayed challenges they have in connecting with younger family members and younger community residents Intergenerational relationships were described as important for the emotional well-being of children Increasing numbers of school nurses and improved healthcare access through schools (including mental health services) was described as a possible solution for improving the health of children and youth Unemployment among youth is high and there is a lack of opportunity for young people Increased access to education in trades and more support for trade students transitioning to careers is needed Early intervention is an important strategy for improving youth education and health outcomes Greater support for youth that have experienced trauma is needed 	<p>“We don’t have enough psychologists to see problems when they are young, they need support”</p> <p>“There are no activities for kids, no activities so they do adult things”</p>

Figure 14. Summary of themes from focus groups conducted in Jackson Park Hospital’s service area (Continued)

Theme	Summary	Excerpts
Economic challenges	<ul style="list-style-type: none"> • High unemployment rates, particularly among youth • Lack of Black owned businesses and trades in the community • Processes for allocating government funds need to be more community driven • Corporate responsibility programs were highlighted as a potential option for improving the economic status of some communities 	<p>“Sometimes the parents are working two jobs just to make ends meet”</p>
Food access and food security	<ul style="list-style-type: none"> • Some participants live in food deserts and must travel to access quality fresh foods • Healthy food trucks, urban farms, and the conversion of vacant lots to community gardens were highlighted as important resources that could be expanded to improve access to healthy foods 	<p>“Fast life leads to health disparities, leads to bad health outcomes because we don’t have healthy options”</p> <p>“Make sure we get urban farmers in our lots and communities, use vacant lots like on the West Side”</p>
Infrastructure and green space	<ul style="list-style-type: none"> • Broken sidewalks, a lack of ramps, poor lighting, and lack of public transportation infrastructure such as benches at bus stops were highlighted as accessibility issues within the community • Access to public transportation, quality parks and green spaces, and neighborhood cleanliness were highlighted as positives within some communities 	<p>“Reminds me of a suburb in the city – I hear crickets at night instead of noise, beautiful trees, people involved in the community, school”</p>

Health Inequities

Health inequities can be defined as differences in the burden of disease, mortality, or distribution of health determinants between different population groups (Centers for Disease Control and Prevention, 2023; Weinstein et al., 2017). Health inequities can exist across many dimensions such as race, ethnicity, gender, sexual orientation, age, disability status, socioeconomic status, geographic location, and military status (Centers for Disease Control and Prevention, 2023; Weinstein et al., 2017).

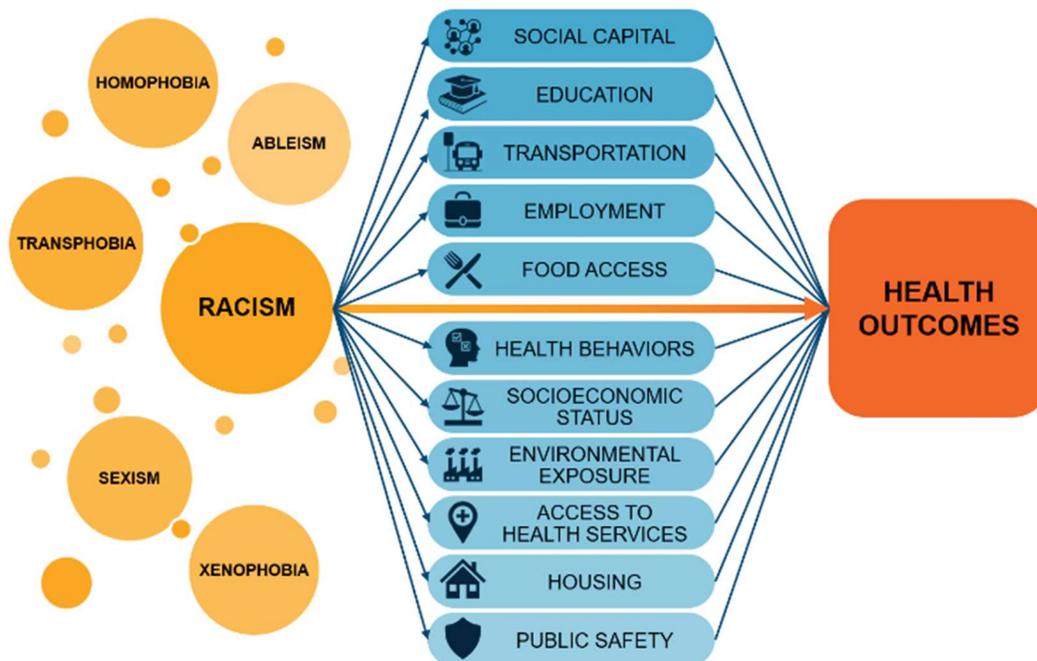
There are four overarching concepts that demonstrate the necessity of addressing health inequities:

1. **Inequities are unjust.** Health inequities result from the unjust distribution of the underlying determinants of health such as education, safe housing, access to health care, and employment.
2. **Inequities affect everyone.** Conditions that lead to health disparities are detrimental to all members of society and lead to loss of income, lives, and potential.
3. **Inequities are avoidable.** Many health inequities stem directly from government policies such as tax policy, business regulation, public benefits, and healthcare funding and can therefore be addressed through policy interventions.
4. **Interventions to reduce health inequities are cost-effective.** Evidence-based public health programs to reduce or prevent health inequities can be extremely cost effective particularly when compared to the financial burden of persistent disparities (Centers for Disease Control and Prevention, 2023; Metropolitan Planning Council, 2017; Weinstein et al., 2017).

Structural racism

Race and ethnicity are socially constructed categories that have profound effects on the lives of individuals and communities. Racial and ethnic health inequities are the most persistent inequities in health over time in the United States (Weinstein et al., 2017). Racial and ethnic inequities in health are directly linked to racism (Figure 15).

Figure 15. Differences in health outcomes among racial and ethnic groups are directly linked to racism



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

As previously mentioned, Jackson Park Hospital’s service area encompasses many of the communities experiencing the highest levels of hardship in Chicago (Figures 2-3). The area has suffered significant social disruption over the past 100 years along with persistent and pervasive racial and ethnic inequities (Henricks et al., 2017). As a result, community-level violence, poor education opportunities, lack of quality job opportunities, poor quality housing stock, healthcare shortages, and poor health outcomes have been concentrated in black and brown communities on the South Side of Chicago.

There is a common misconception that racism is a rare problem of isolated individual’s attitudes and actions or that racism is a thing of the past (Race Forward, 2014). While individual racism is important to address, there are other less obvious yet ultimately more destructive forms of racism (Braveman et al., 2022; Race Forward, 2014). Systemic and structural racism are forms of racism that are deeply embedded in systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences (Braveman et al., 2022).

Inequities in mortality

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

Life expectancy

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

Life expectancy in JPH’s service area is 3.4 years lower than the overall average life expectancy for Chicago (Figure 16). The service area’s average life expectancy is low compared to the state and national averages as well (Figure 16). In 2021, the COVID-19 death rate was considerably higher within JPH’s service area (133.9 per 100,000) compared to the city (83.8 per 100,000 population) highlighting the disproportionate burden of COVID-19 deaths in predominately black and brown communities (Figure 17).

“We all share the vision of a more healthy, just, and equitable Chicago, and that our zip code should not determine our life expectancy.”

- Healthy Chicago 2025, Former Chicago Mayor Lori Lightfoot

Figure 16. Average life expectancy in Jackson Park Hospital's service area and comparisons, 2010-2015

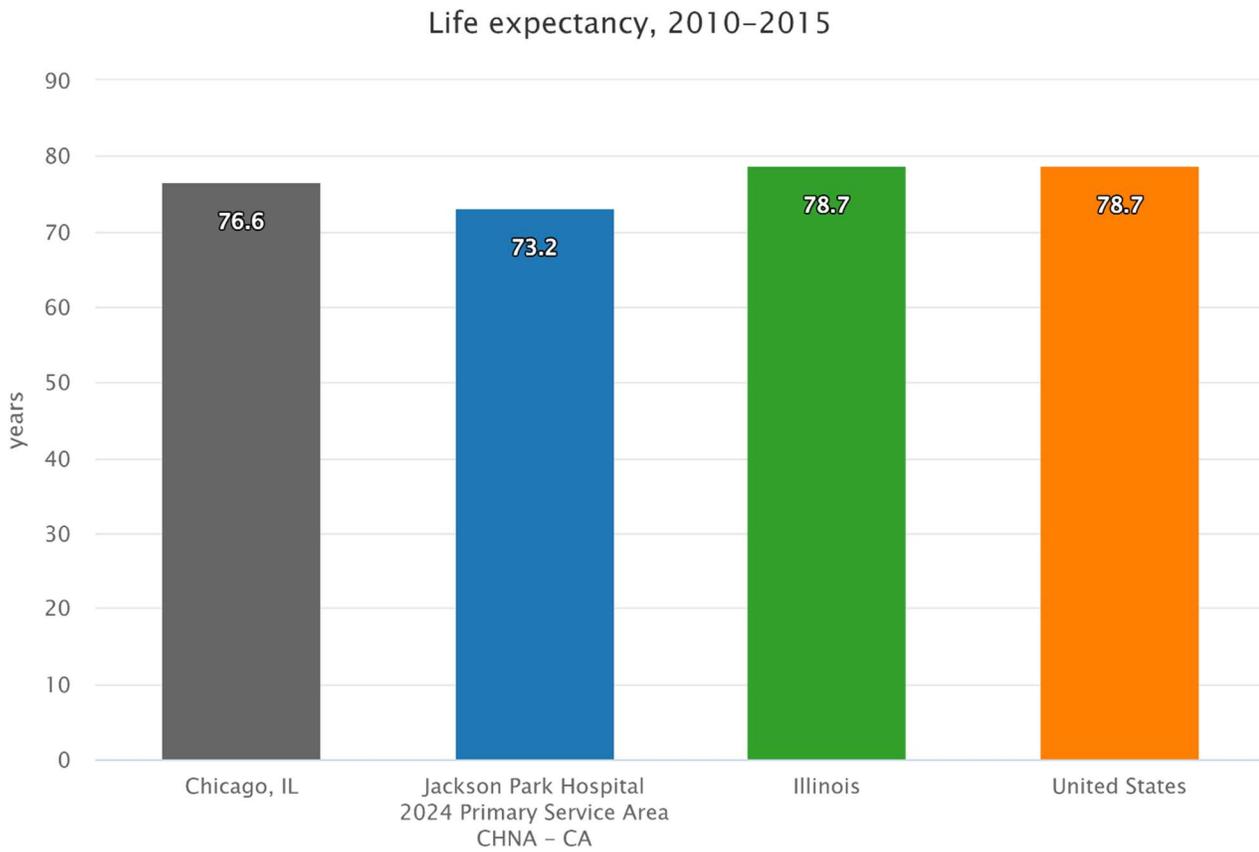
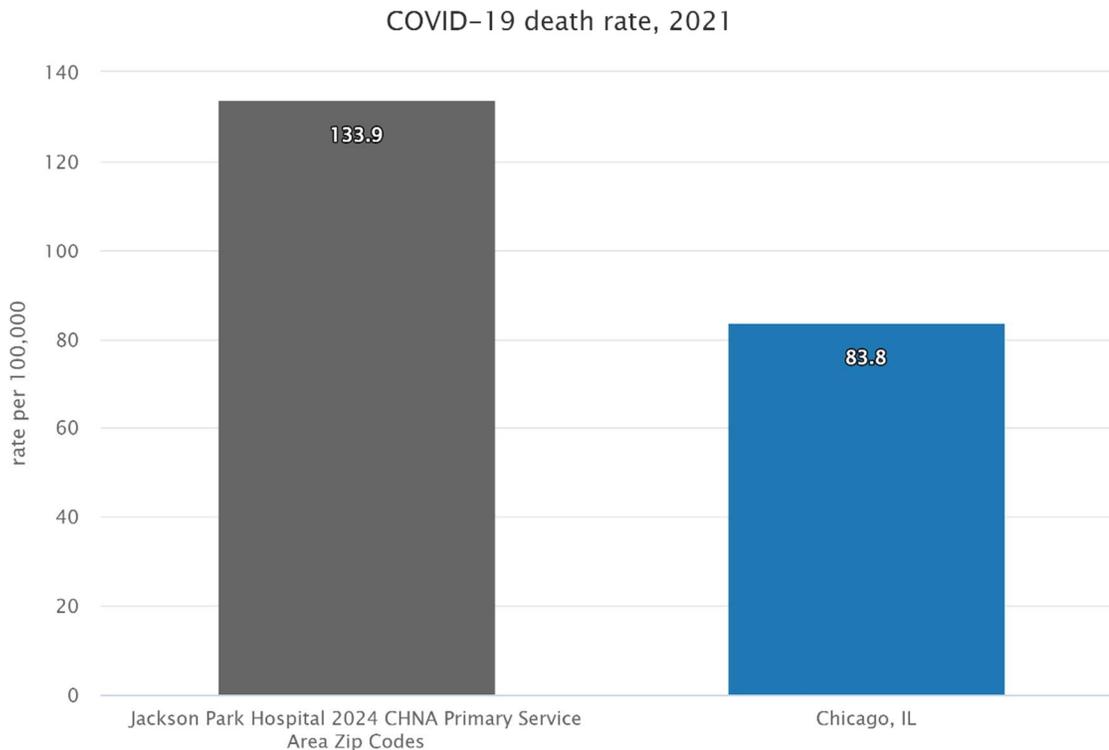


Figure 17. COVID-19 death rate per 100,000 population in Jackson Park Hospital's service area and comparison, 2021



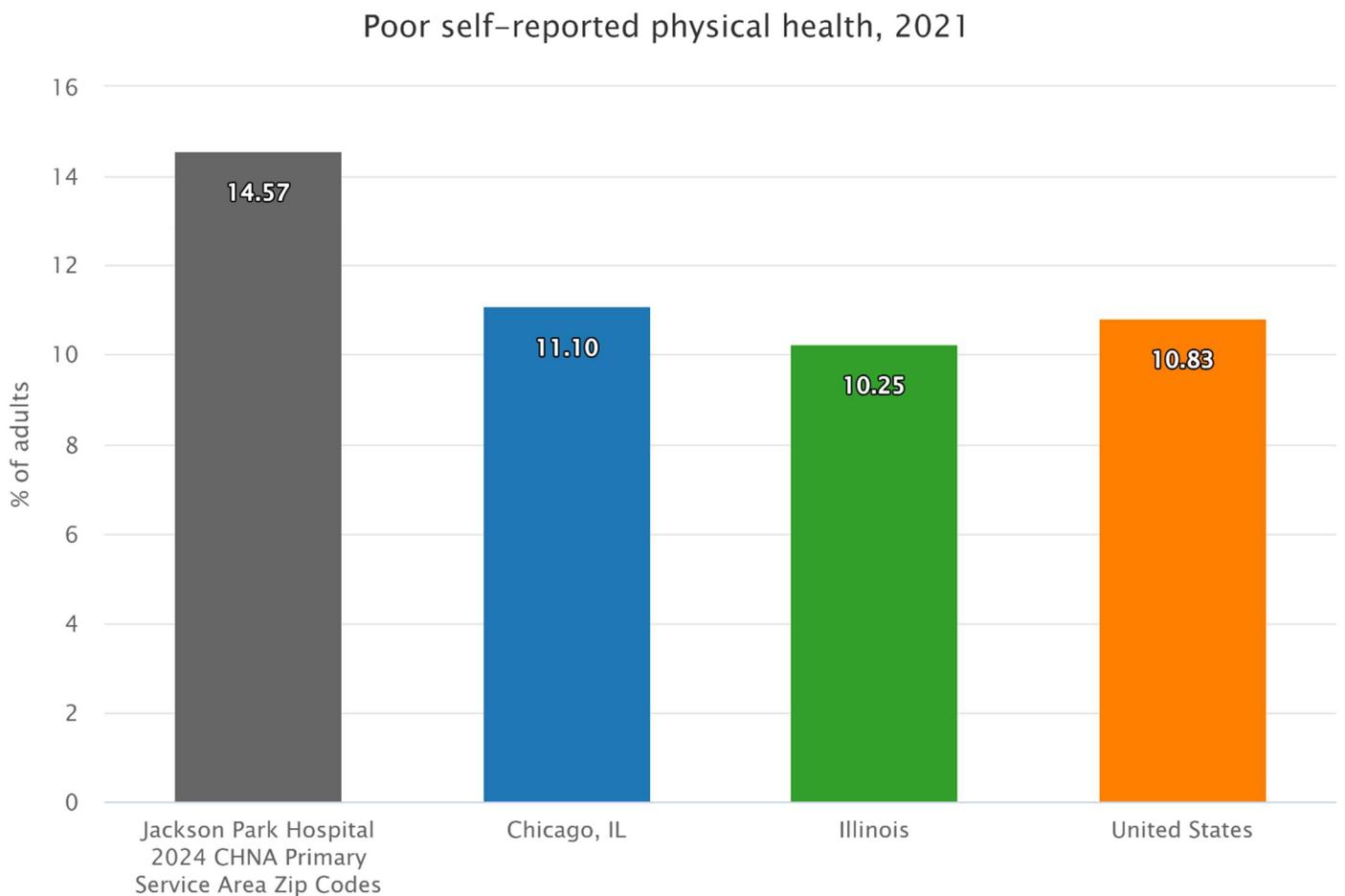
Secondary data

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

Overall health

Existing research indicates that self-reported health remains an important predictor of mortality (Wuorela et al., 2020). The measure integrates biological, mental, social, and cultural aspects of a person (Wuorela et al., 2020). The percentage of individuals reporting poor overall physical health is high in the service area compared to the rates for the city, state, and nation (Figure 18). High rates of poor self-reported physical health such as those within the service area are connected to high rates of hardship and poor health outcomes.

Figure 18. Percentage of individuals reporting poor physical health in Jackson Park Hospital’s service area and comparisons, 2021



Centers for Disease Control and Prevention, CDC PLACES

In 2024, 57% of community input respondents rated their personal health as “healthy” or “very healthy” (n=33)

Health Behaviors

Five key health behaviors that are strongly correlated with chronic disease outcomes: smoking, physical activity, alcohol consumption, body weight, and sufficient daily sleep. Some communities in Chicago face significant barriers to engaging in preventative health behaviors such as access to safe exercise spaces, access to healthy affordable foods, and access to mental health and substance use disorder treatment. Health behaviors for communities in JPH's service area are presented in Figure 19.

Figure 19. Table of key health behaviors impacting chronic disease outcomes in Jackson Park Hospital's service area

Health behavior	Date	Jackson Park Hospital	Chicago	Illinois	United States
Fruit and vegetable consumption by high school students High school students who have had at least 4 servings of fruits or vegetables per day during the last 7 days	2021	Not available	5%	14%	17%
Cigarette smoking rate Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.	2021	20%	15%	14%	15%
Binge drinking Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.	2021	13%	18%	17%	17%
Sleeping less than 7 hours Percent of resident adults aged 18 and older who report usually getting insufficient sleep (<7 hours for those aged ≥18 years, on average, during a 24-hour period)	2020	42%	35%	33%	34%
No exercise Percent of resident adults aged 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"	2021	37%	29%	26%	24%

Centers for Disease Control and Prevention, CDC PLACES

Centers for Disease Control and Prevention, The Youth Risk Behavior Surveillance System (YRBSS)

Focus group participants identified challenges such as cold weather and poor perceptions of community safety as barriers to engaging in physical activity.

Chronic conditions

A chronic condition is an ongoing physical or mental health condition that lasts a year or more, requires ongoing medical attention, and/or limits activities of daily living. Worldwide and in the United States chronic diseases are the leading cause of disability and death. Chronic conditions such as heart disease, stroke, cancer, diabetes, arthritis, asthma, and mental health create a significant health and economic cost for individuals and communities. Prevention and management of chronic conditions can significantly reduce the burden of these diseases on individuals and society. The percentage of individuals with common chronic conditions in JPH's service area are presented in Figure 20.



Figure 20. Rates of individuals with chronic conditions in Jackson Park Hospital's service area

Health condition	Date	Jackson Park Hospital	Chicago	Illinois	United States
Obesity	2021	42%	34%	34%	34%
High blood pressure	2021	42%	28%	29%	30%
Current asthma	2021	12%	10%	9%	10%
Arthritis	2021	24%	18%	20%	23%
Diagnosed diabetes	2021	18%	11%	10%	10%
Chronic obstructive pulmonary disease (COPD)	2021	8%	6%	6%	6%
Diagnosed stroke	2021	5%	3%	3%	3%
Cancer diagnosis rate	2016-2020	687.0 per 100,000 residents	464.2 per 100,000 residents	570.7 per 100,000 residents	449.4 per 100,000 residents
Coronary heart disease	2021	7%	8%	5%	5%
Chronic kidney disease	2021	4%	3%	3%	3%

Centers for Disease Control and Prevention, CDC PLACES

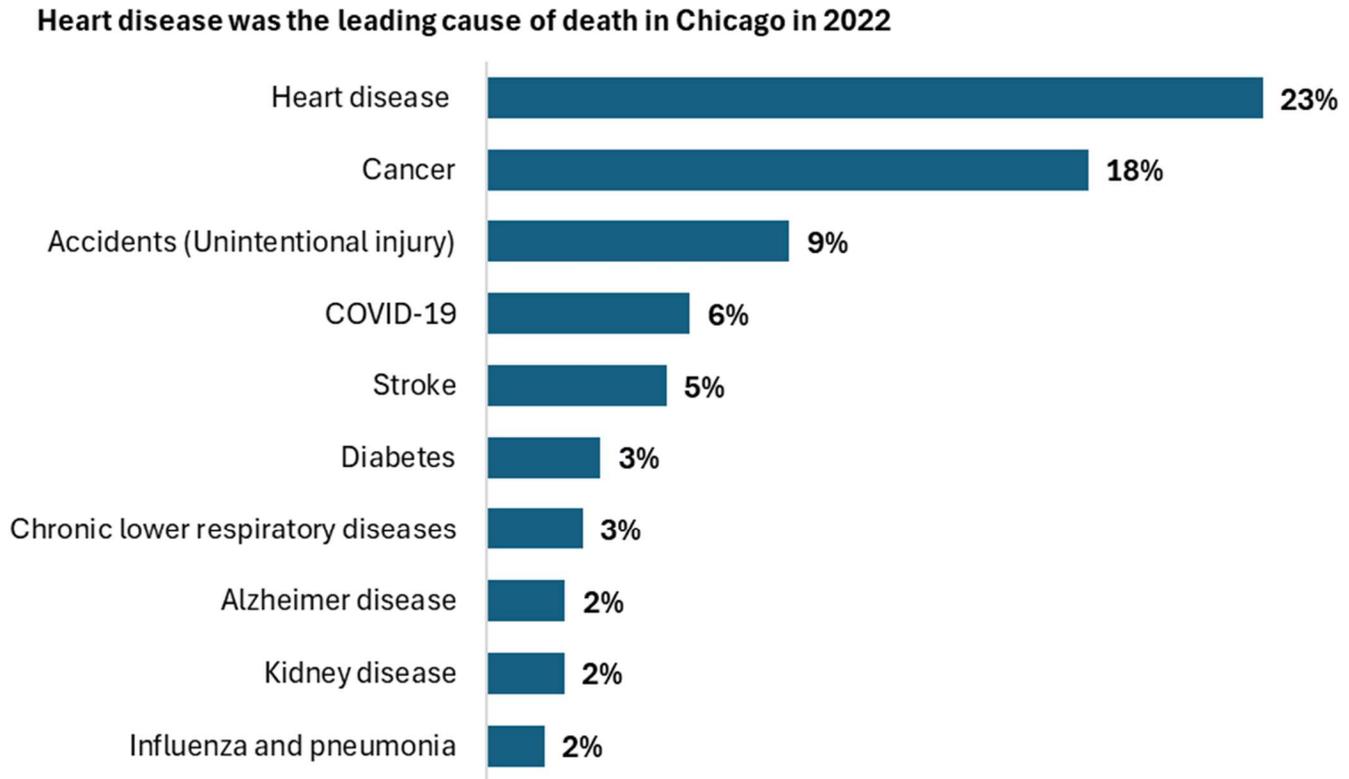
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)

Obesity and high blood pressure (hypertension) are often interconnected risk factors for cardiovascular disease, the leading cause of death in Chicago and the United States. In JPH's service area, 42% of adults reported being obese and 42% reported being diagnosed with high blood pressure. Additionally, these conditions are linked with poorer outcomes following COVID-19 infection.

Mortality

The top five leading causes of death in Chicago were heart disease, cancer, accidents (unintentional injury), COVID-19, and stroke (Figure 21). The geographic distributions of heart disease and cancer mortality are presented in Figures 22-23. Communities in JPH's service area have some of Chicago's highest rates of heart disease and cancer mortality.

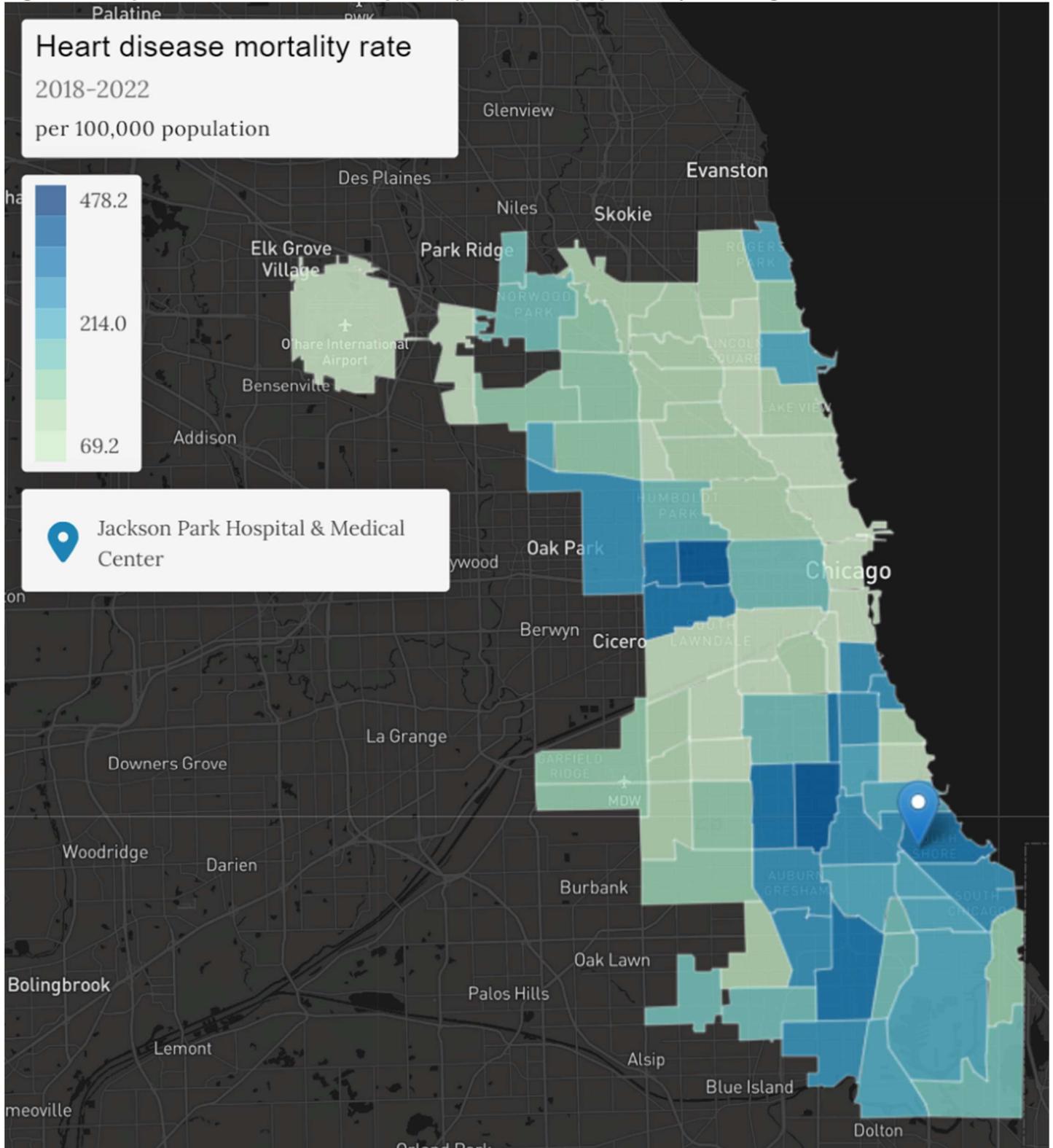
Figure 21. Leading causes of death in Chicago, Illinois, 2022



Illinois Department of Vital Statistics, Statewide leading causes of death by resident county, 2022

In JPH's service area **42%** of adults reported obesity and **42%** reported high blood pressure. Both are serious risk factors for **heart disease** - the leading cause of death in Chicago.

Figure 22. Map of heart disease mortality rates (per 100,000 population) in Chicago, Illinois, 2018-2022



Illinois Department of Public Health, Division of Vital Statistics

Maternal and child health

"Improved maternal health benefits the whole of society."

- Isabella Lövin, Former Minister for International Development Cooperation



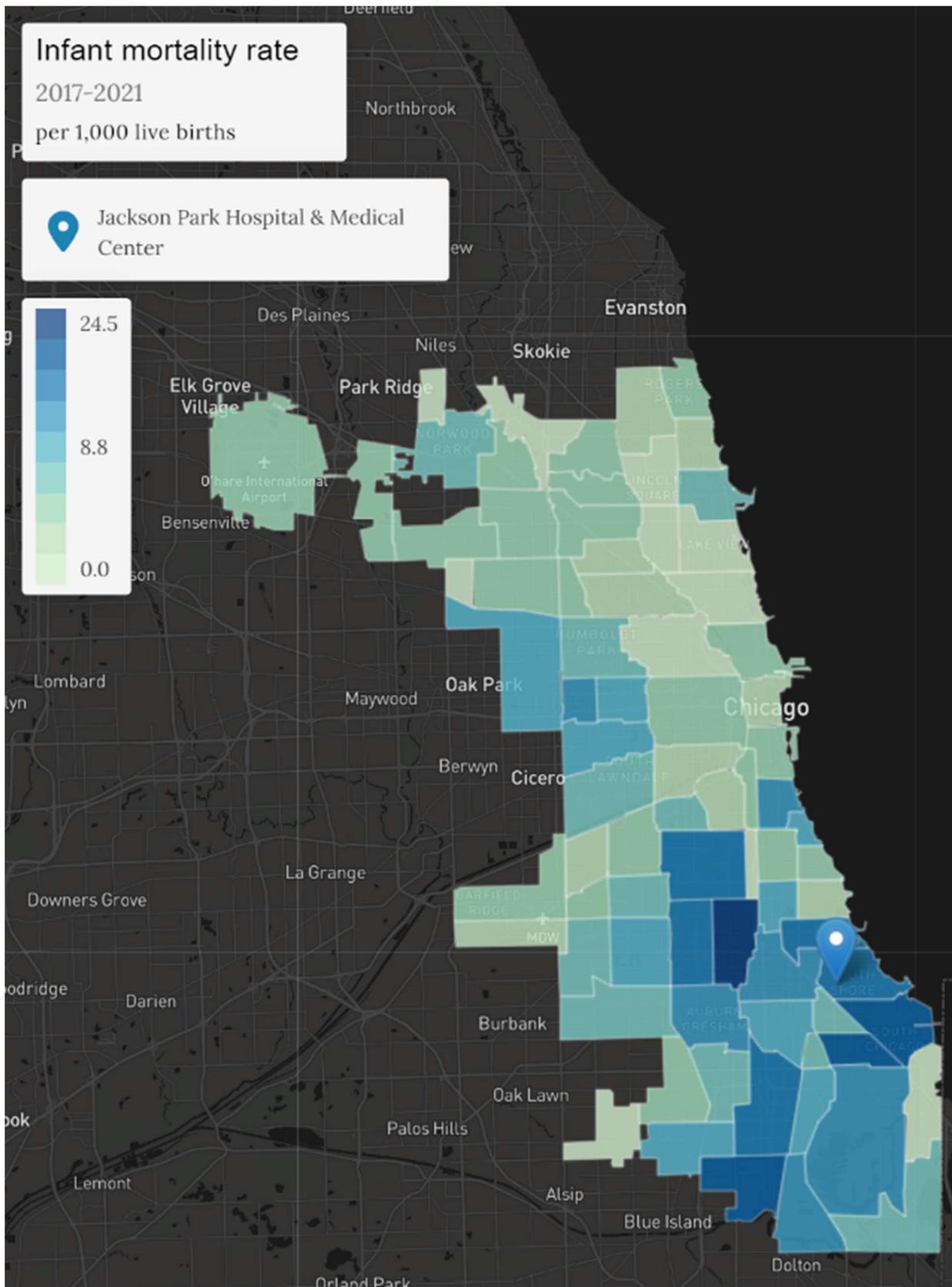
Maternal health is defined as the health of women during pregnancy, childbirth, and in the postpartum period (Illinois Department of Public Health, 2021). This period is a critical time for women's health since they typically have more interaction with and access to health care services (Illinois Department of Public Health, 2021). In addition, pregnancy provides an opportunity to identify, treat, and manage underlying chronic conditions to improve a woman's overall health (Illinois Department of Public Health, 2021).

Severe pregnancy complications (maternal morbidity) and mortality are used on an international level to judge the overall health status of a country, state, or community (Illinois Department of Public Health, 2021). Since the year 2000, maternal mortality rates in the United States have been increasing even though the global trend has been the opposite (MacDorman et al., 2016). In addition, vast maternal health disparities exist between racial and ethnic groups (Illinois Department of Public Health, 2021). The persistent nature of racial and ethnic disparities in maternal health indicate that inequities are due to more than just access to health care but include factors such as poverty, quality of education, health literacy, employment, housing, childcare availability, and community safety (Illinois Department of Public Health, 2021).

In a 2021 report, a Maternal Mortality Review Committee found that in Illinois between 2016-2017, Black women were three times more likely to die of pregnancy-related conditions than their white counterparts (Illinois Department of Public Health, 2021). The report also found that the gap in pregnancy-related deaths between Black and white women has narrowed, but not due to improved health outcomes for Black women (Illinois Department of Public Health, 2021). Instead, it is an effect of worsening conditions for white women, especially due to mental health conditions, including substance use disorder and suicide (Illinois Department of Public Health, 2021). Nationally and statewide in Illinois, between 2011 and 2013, Black women experienced infant mortality at nearly two times the rate as white, Asian, and Hispanic/Latinx/e women. The trend is more pronounced in Cook County, IL including Chicago where women of color experience infant mortality as high as four times the rate of white women. The COVID-19 pandemic further worsened health inequities in maternal health outcomes with maternal death rates sharply increasing in 2020 and 2021 (Simpson, 2023; U. S. Government Accountability Office, 2022). The rate increases were highest among Black and Hispanic women compared to non-Hispanic white women (Simpson, 2023; U. S. Government Accountability Office, 2022).

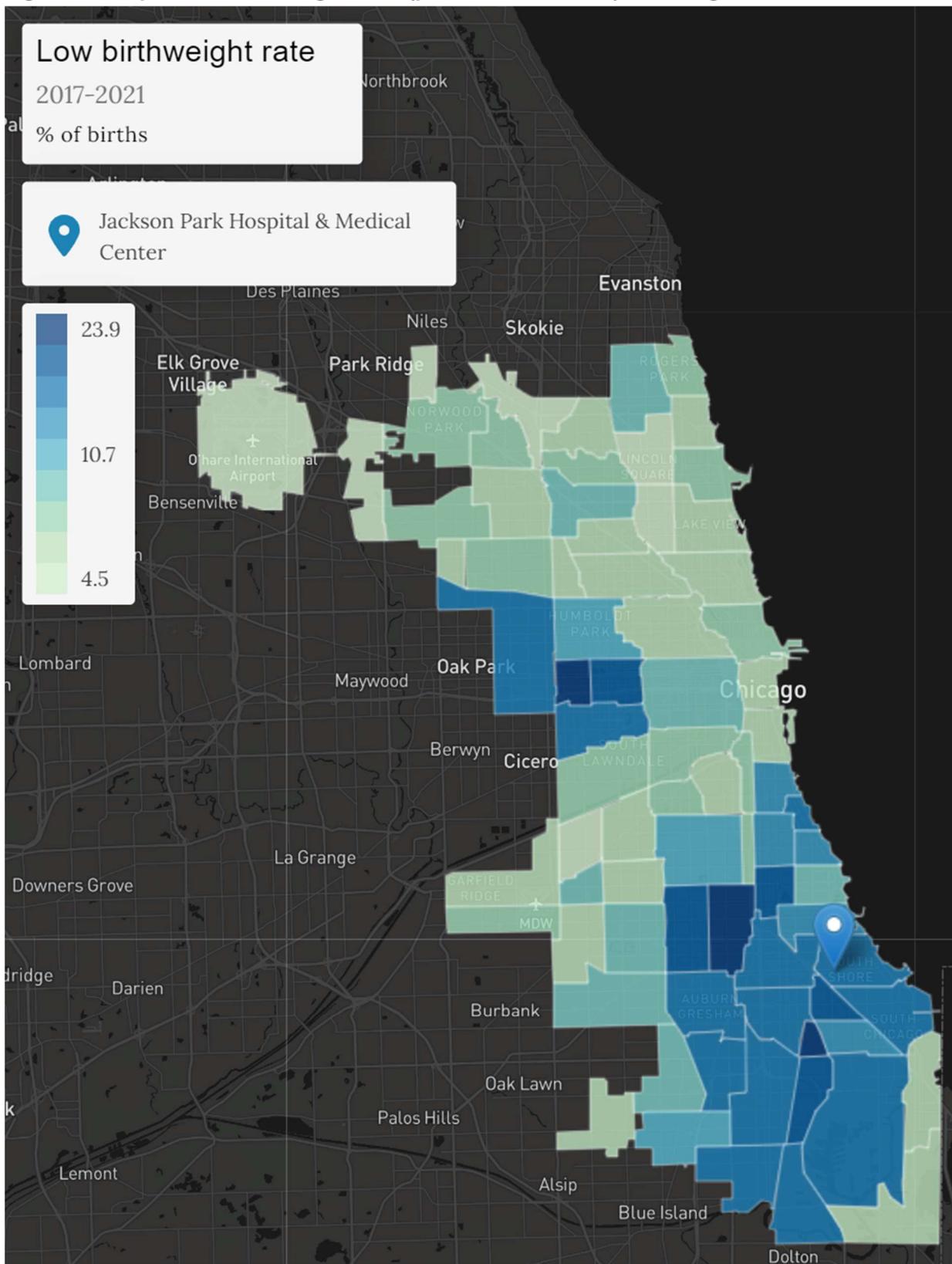
In JPH's service area, several communities have high rates of infant mortality (Figure 24). Other risk factors for poor infant health outcomes such as low-birth weight and preterm births are high within the service area as well (Figures 25-26). Preterm birth and low birthweight are more likely among infants born to adolescent mothers. The teen birth rate for JPH's service area is 8.4 births per 1,000 women compared to 7.8 births per 1,000 women in Chicago, and 7.1 births per 1,000 women in Illinois (U.S. Census Bureau, American Community Survey, 2018-2022). The service area findings are consistent with overall population trends of high inequities in health outcomes among women and infants of color.

Figure 24. Map of infant mortality rates (per 1,000 live births) in Chicago, Illinois, 2017-2021



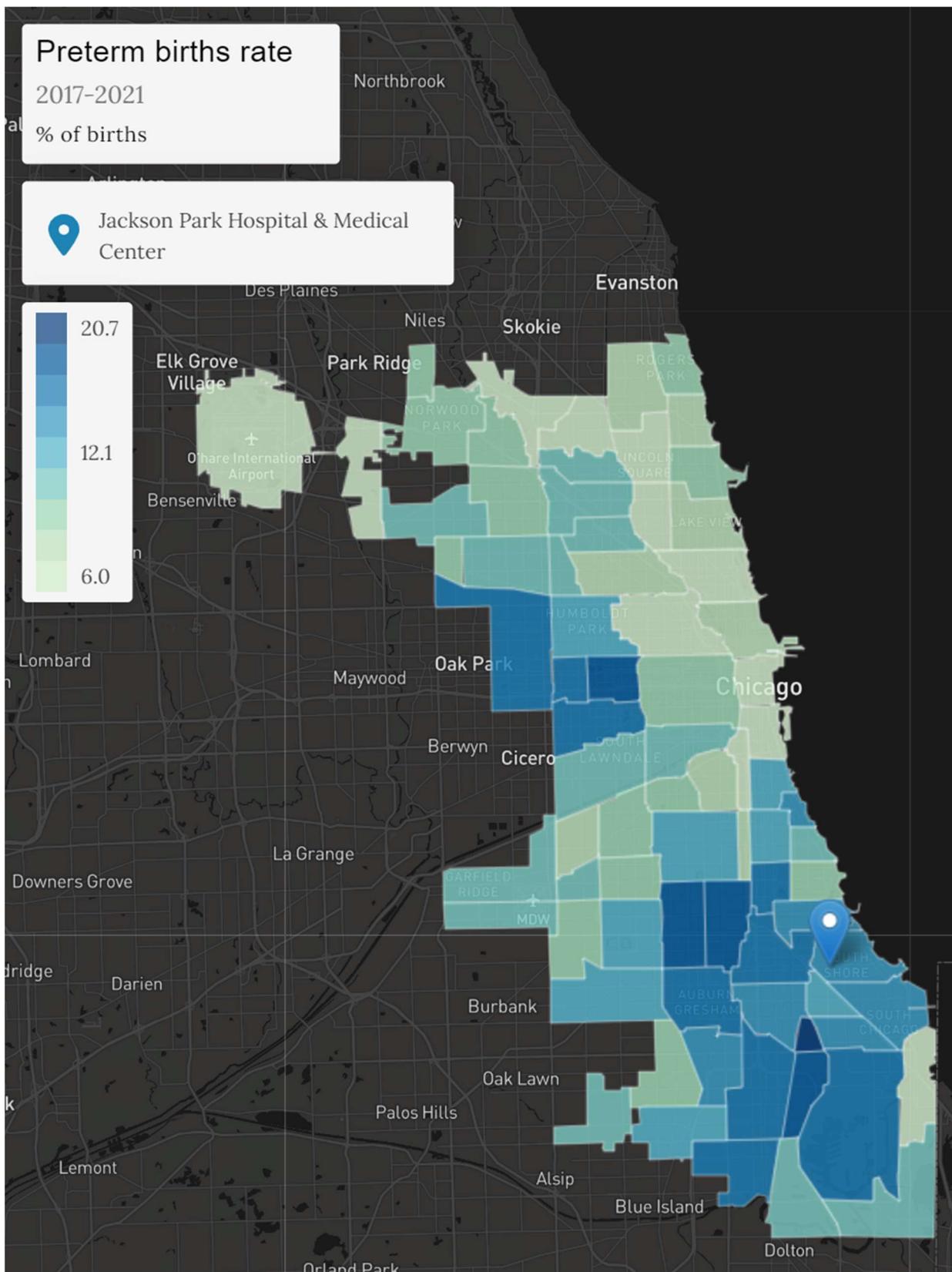
Illinois Department of Public Health, Division of Vital Statistics

Figure 25. Map of low-birth weight rates (per 1,000 live births) in Chicago, Illinois, 2017-2021



Illinois Department of Public Health, Division of Vital Statistics

Figure 26. Map of pre-term birth rates (per 1,000 live births) in Chicago, Illinois, 2017-2021



Illinois Department of Public Health, Division of Vital Statistics

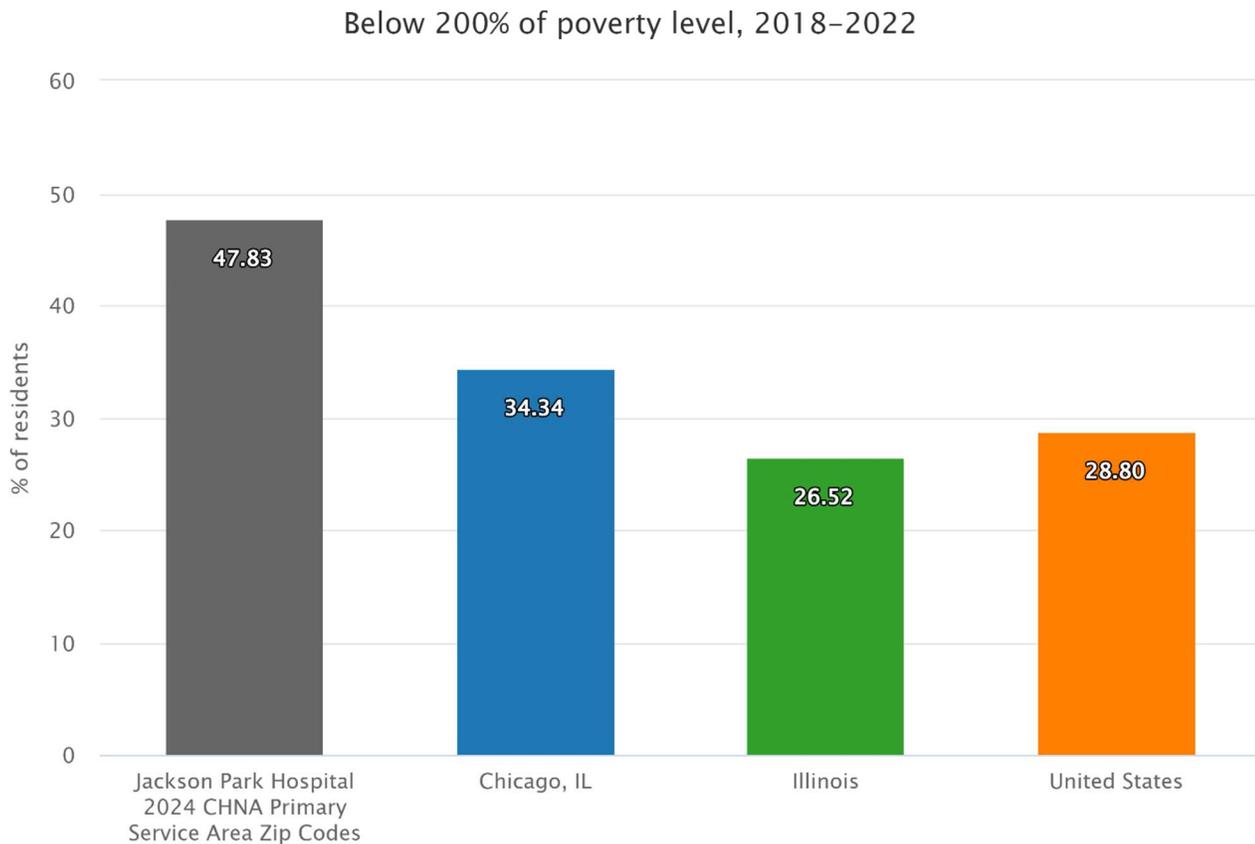
Social determinants of health

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



Healthy People 2020 highlights that communities with high rates of poverty are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. **The percentage of residents within JPH’s service area living at or below 200% of the Federal Poverty Level is high** (Figure 27).

Figure 27. Percentage of population living at or below the 200% Federal Poverty Level in Jackson Park Hospital’s service area and comparisons, 2018-2022

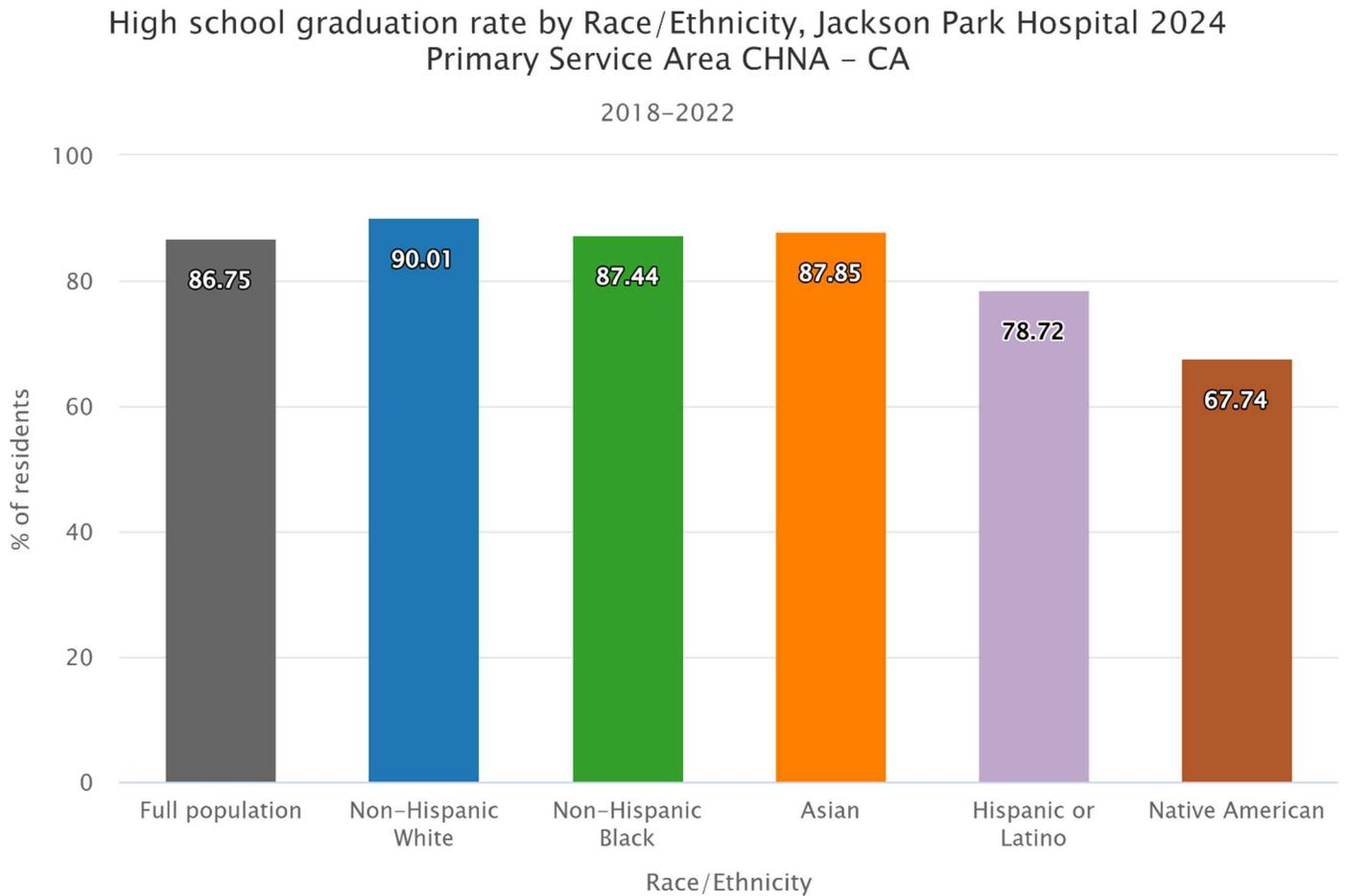


U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

Education

Education is an important determinant of health because poverty, unemployment, and underemployment are highest among those with lower levels of educational attainment. High school graduation rates in JPH’s service area (86%) are comparable to those for the city (87%), however, they are slightly lower than rates for the state (90%) and nation (89%) (U.S. Census Bureau, American Community Survey, 2018-2022). **High school graduation rates vary by race and ethnicity with Native American and Hispanic or Latino residents having the lowest rates** (Figure 28).

Figure 28. High school graduation rates by race and ethnicity in Jackson Park Hospital’s service area, 2018-2022

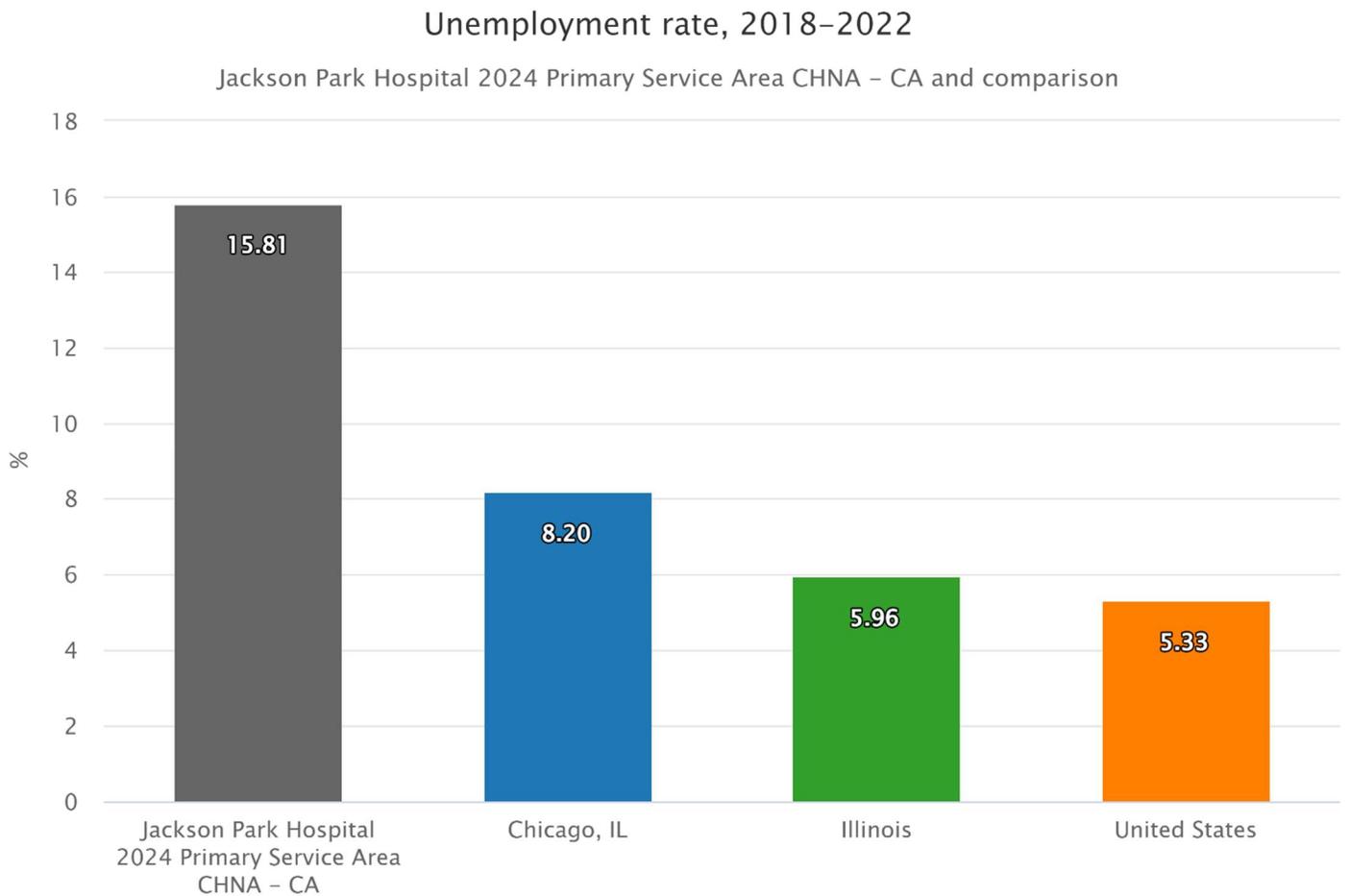


U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

Unemployment

Unemployment and underemployment can create financial instability, which influences access to health care services, insurance, healthy foods, stable quality housing, and other basic needs. Unemployment rates are approximately **7.6% higher in the service area** compared to the unemployment rates for the city, state, and nation (Figure 29).

Figure 29. Unemployment rates in Jackson Park Hospital’s service area and comparison, 2018-2022



U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

As previously stated, education and employment can have a significant influence on access to healthcare and health outcomes among youth and adults. Workforce development is a strategy that has the potential to improve both education and employment outcomes within marginalized communities experiencing poor health outcomes (Holzer, 2008; Perez-Johnson & Holzer, 2021; Pittman et al., 2021). Community input clearly indicates that improved quality educational opportunities and quality job opportunities are important for decreasing poverty and improving health within Chicago communities.

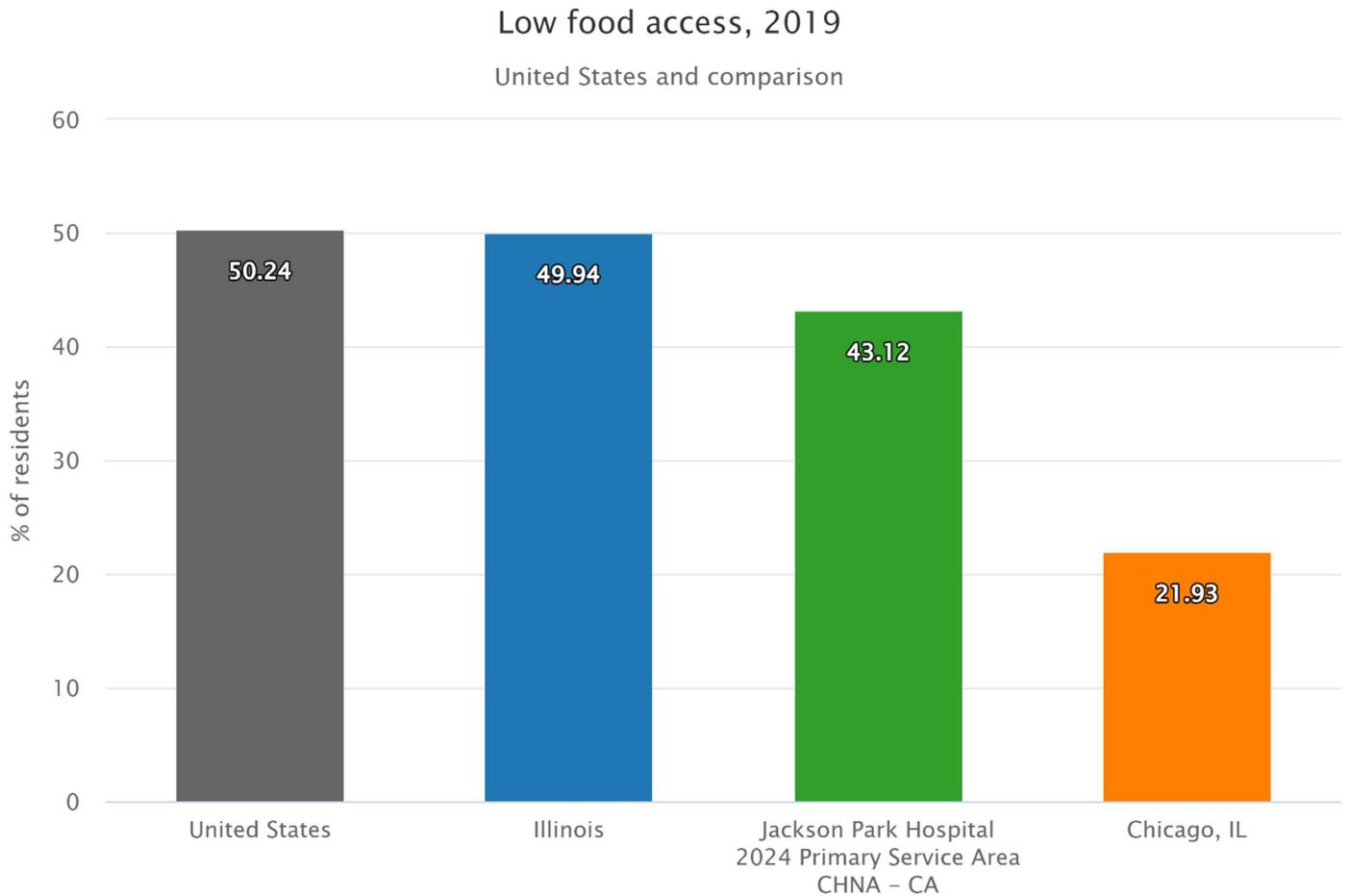
**“You can resurrect an economy, but
you can’t resurrect a person.”**

– Dr. Orrett Thane, Deputy Head of the General Practice, Cayman Islands

Food access and food security

Food access and food security are major contributors to health. In areas with lower access to fresh, healthy foods there are higher rates of negative health outcomes such as obesity and diabetes. Historically, food access has been lower in majority communities of color due to racist policies such as discriminatory banking practices, redlining, and disinvestment. The percentage of residents with low food access in the Jackson Park Hospital service area (43%) is more than double the rate for Chicago (21%), however it is slightly lower than the rate for the state (50%) and nation (50%) (United States Department of Agriculture, 2019)(Figure 30).

Figure 30. Percentage of population with low food access in Jackson Park Hospital's service area and comparisons, 2015-2019



United States Department of Agriculture, ERS, Food Access Research Atlas

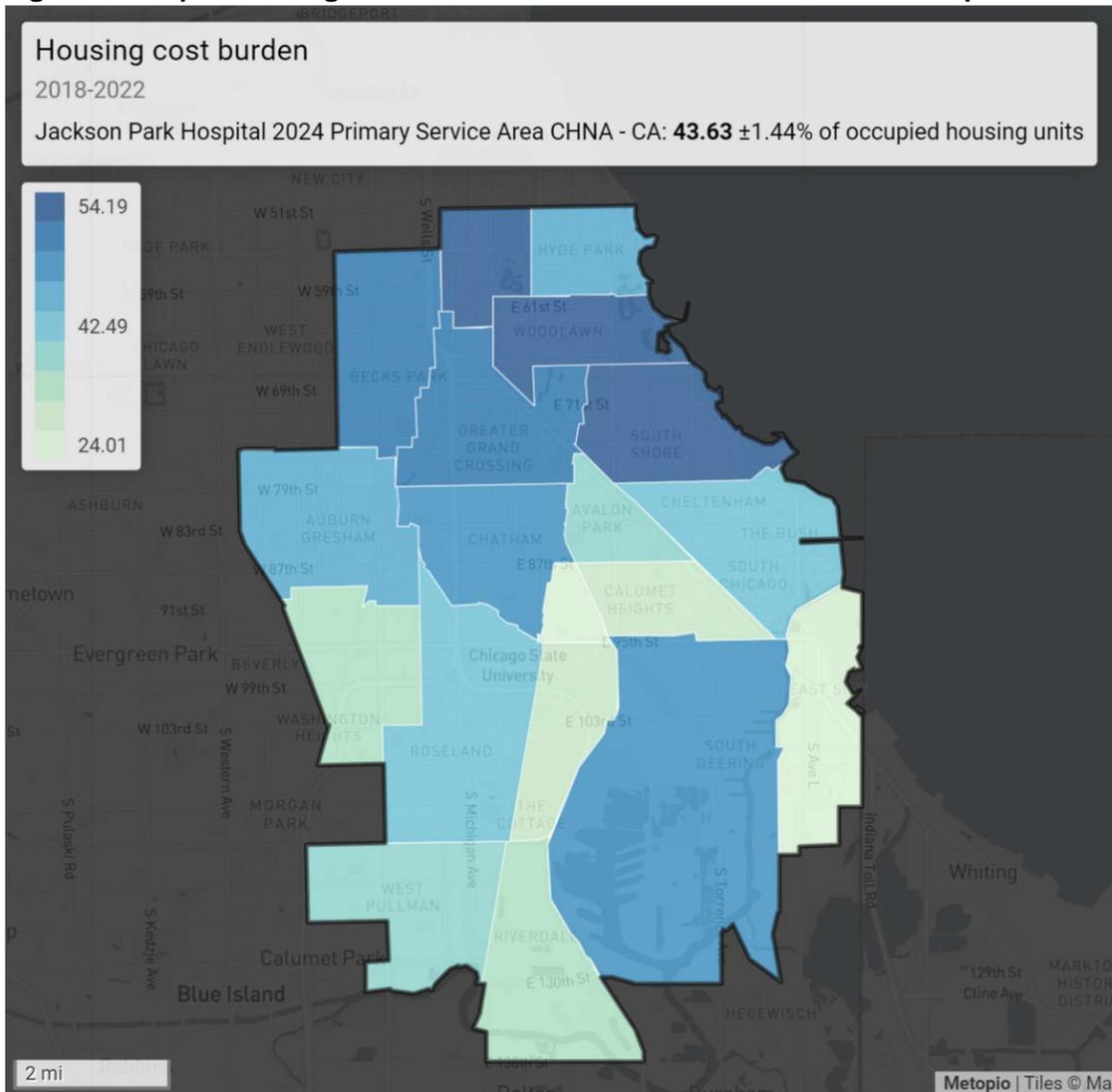
Focus group participants identified **urban agricultural, community gardens, and healthy food trucks** as opportunities to improve healthy food access and food security in their communities.

Housing

Housing can serve as an opportunity for many people in this country, offering a pathway to better health, education, and business. However, for some people, housing (or the lack thereof) provides a significant path to health inequities that have been sustained for decades due to systemic racism. Forty-four percent of households in JPH’s service area are considered housing cost burdened meaning they spend more than 30% of their income on housing costs. The Washington Park (54%), Woodlawn (54%), and South Shore (49%) community areas have the highest percentages of cost burdened households (Figure 31). In addition, **25% of households in the service area are considered severe house cost burdened meaning they spend more than 50% of their household income on housing costs alone.**



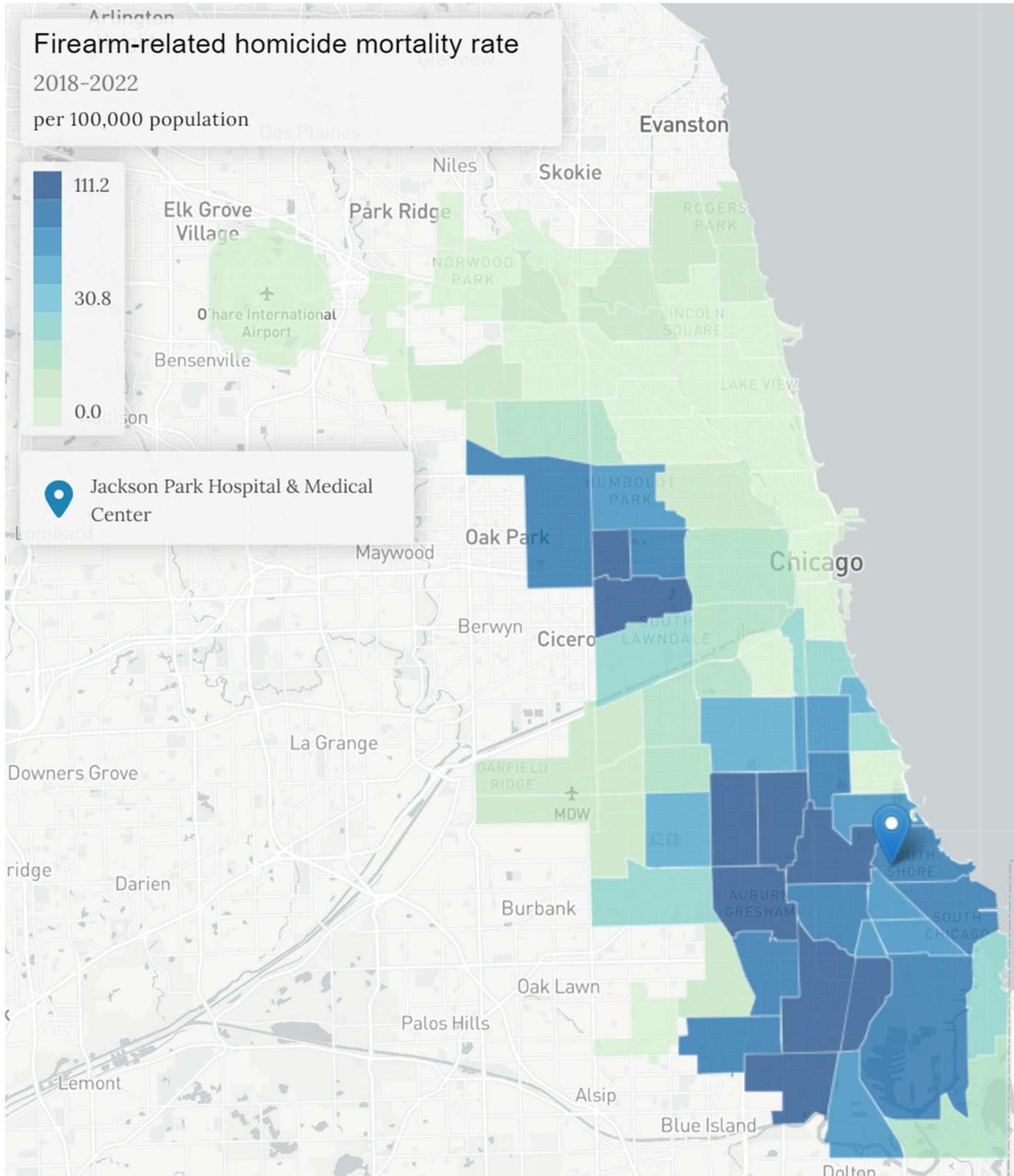
Figure 31. Map of housing cost burdened households in Jackson Park Hospital’s service area, 2018-2022



U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

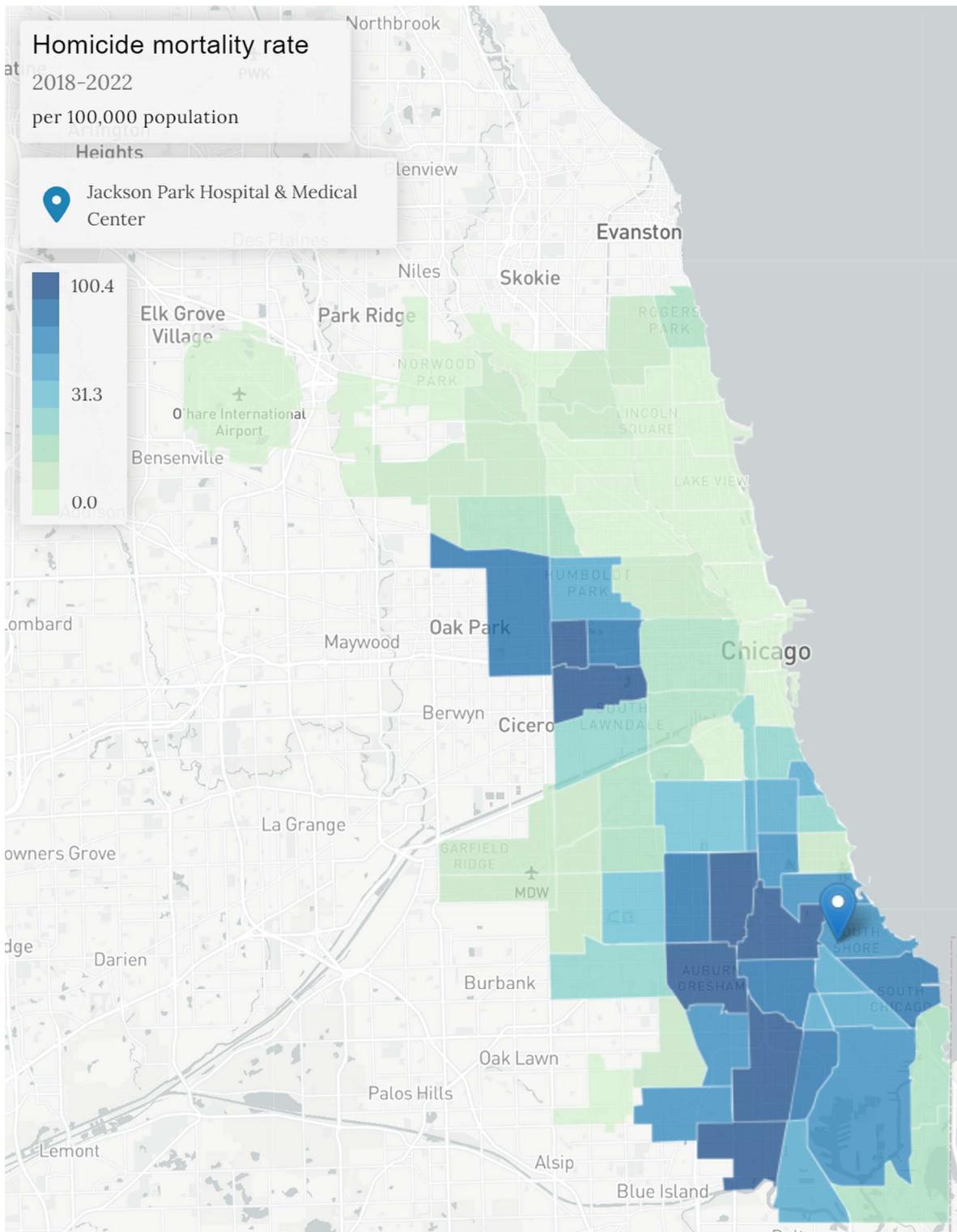
Firearm-related and homicide mortality are complex issues that disproportionately affect communities of color in the U.S. Factors such as the concentration of poverty, disinvestment, low rates of home ownership, and a lack of neighborhood-based resources have all been linked to higher rates of gun violence, homicide, and other violent crimes in communities of color. In Chicago, South and West Side communities experience the highest rates of socio-economic inequities as well as the highest rates of firearm-related mortality (Figure 33) and homicide mortality (Figure 34).

Figure 33. Map of firearm-related mortality in Chicago, Illinois, 2018-2022



Chicago Department of Public Health, Chicago Health Atlas

Figure 34. Map of homicide mortality in Chicago, Illinois, 2018-2022



“Extreme poverty anywhere is a threat to human security everywhere.”

- Kofi Annan, Seventh Secretary-General of the United Nations

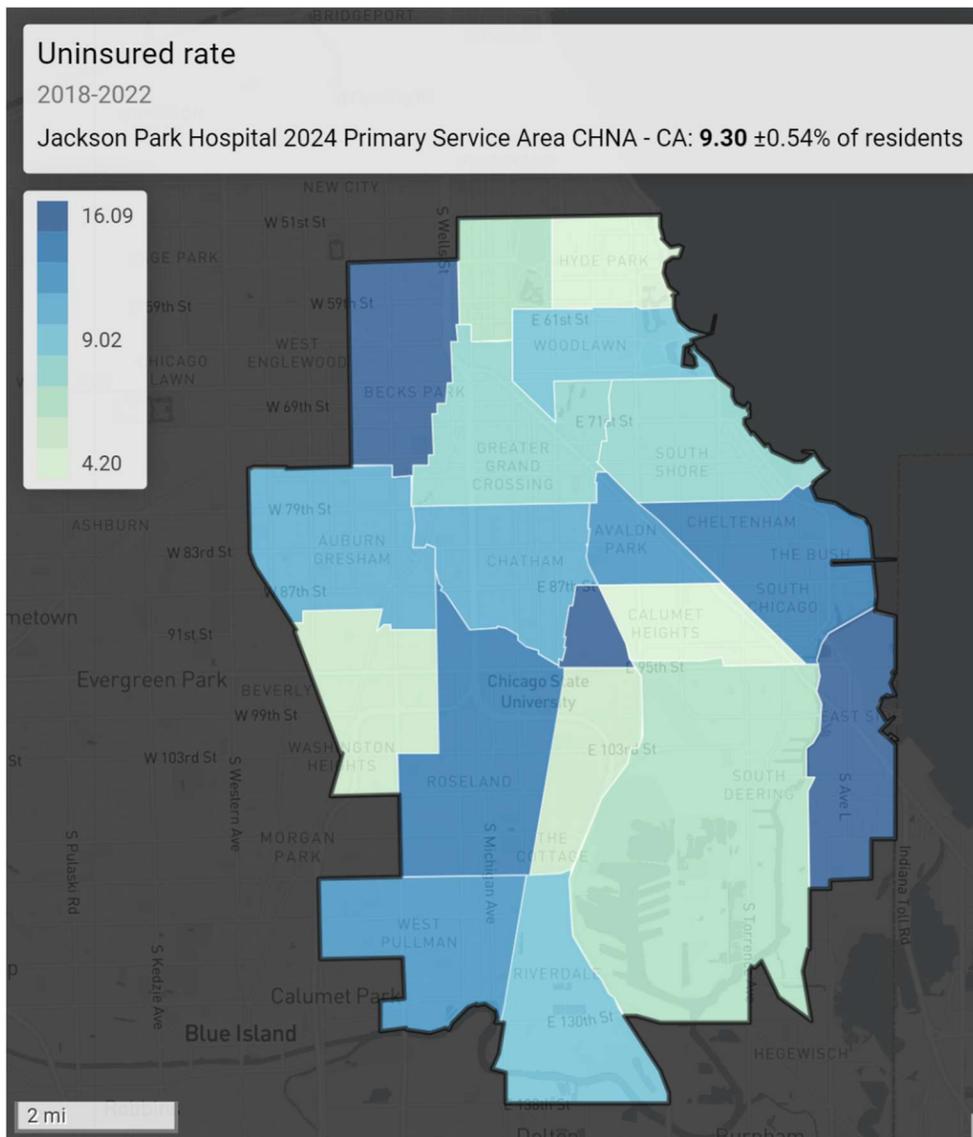
Access to healthcare

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

The rate of uninsured residents in the service area (9%) is comparable to the overall rates for the city (10%). However, they are slightly higher than the uninsured rate for Illinois (7%). Within the service area, Burnside has the highest uninsured rate at 16% followed by East Side 15% and Englewood 14% (Figure 35).



Figure 35. Map of uninsured rate in Jackson Park Hospital’s service area, 2018-2022



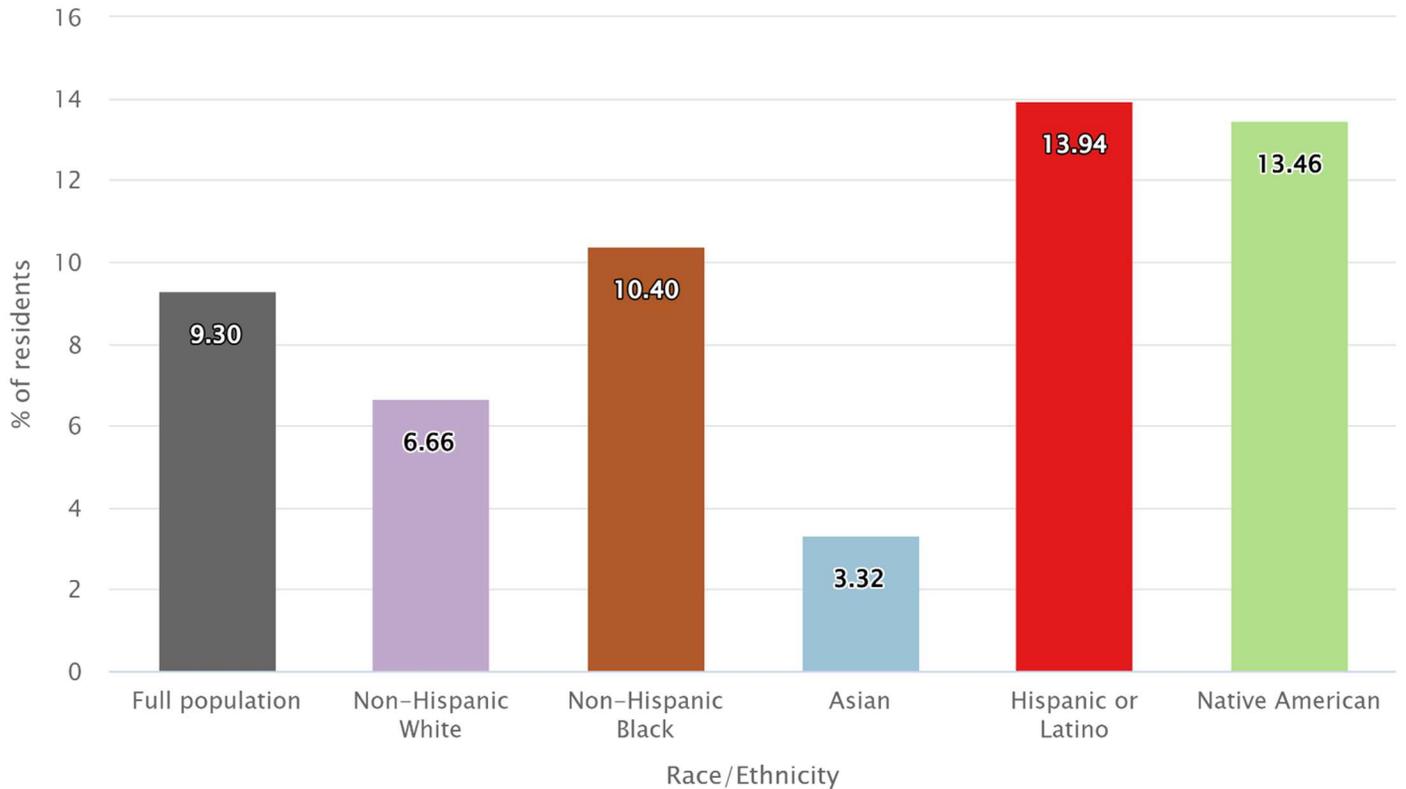
U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

In addition to geographic inequities in insurance coverage, there are racial and ethnic inequities in uninsured rates as well. In JPH’s service area, Hispanic Latinos (14%) and Native Americans (14%) have the highest uninsured rates followed by Non-Hispanic Blacks (10%) (Figure 36). Non-Hispanic whites and Asians have uninsured rates that lower than average for the service area (Figure 36).

Figure 36. Uninsured rates by race and ethnicity in Jackson Park Hospital’s service area, 2018-2022

Uninsured rate by Race/Ethnicity, Jackson Park Hospital 2024 Primary Service Area CHNA – CA

2018-2022



U.S. Census Bureau, American Community Survey (ACS) (Calculated by Metopio)

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

Financial barriers to care, particularly among low-income people and the uninsured, have been **greater** in the United States than in other high-income countries.

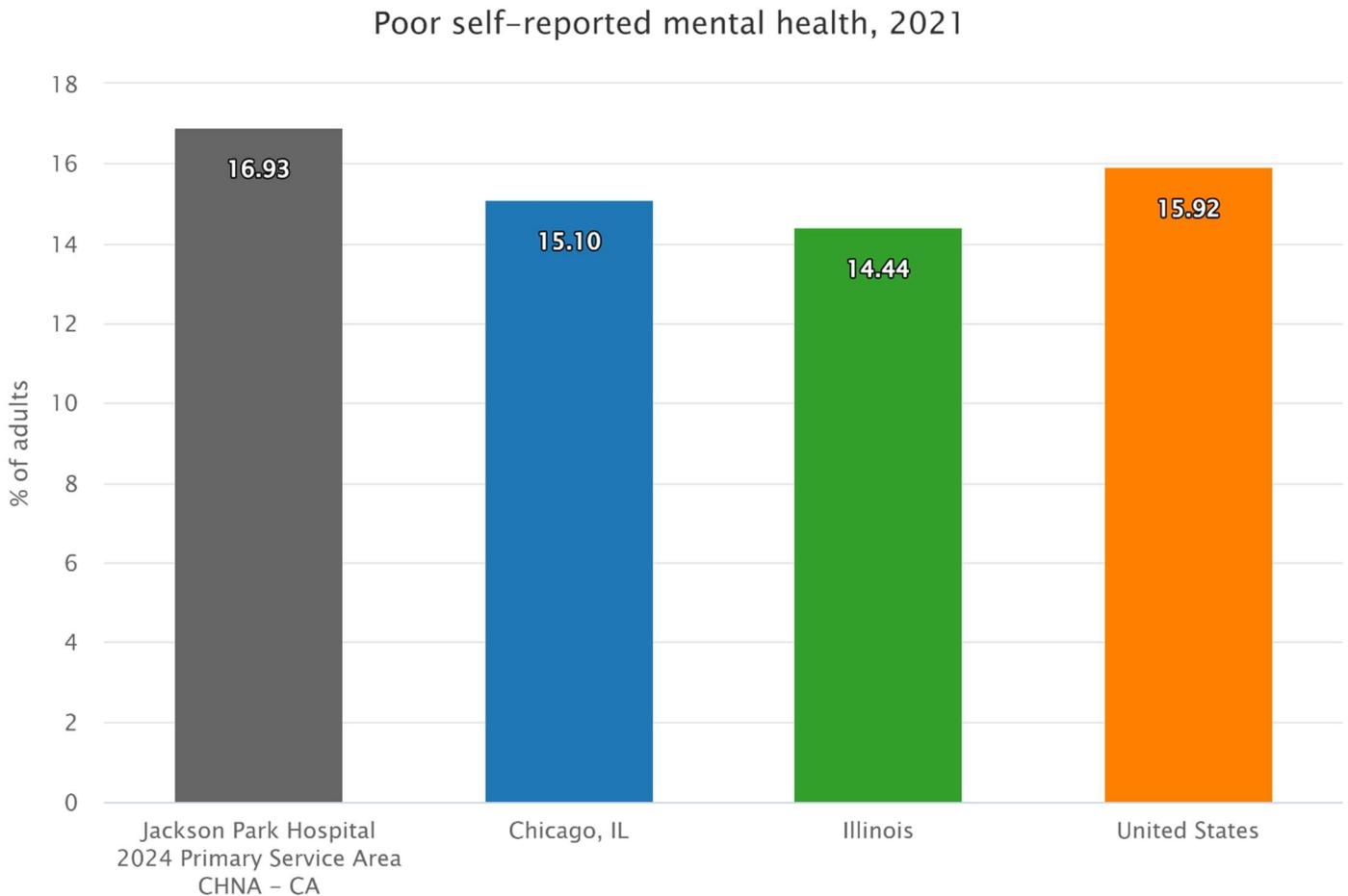
(Davis & Ballreich, 2014; Squires & Anderson, 2015)

Mental health and substance use disorders

The World Health Organization states that mental health is an integral and essential component of overall health and wellbeing. Mental health continues to be a top priority for communities in Chicago including those within Jackson Park Hospital’s service area. The rate of poor self-reported mental health in the service area is 17% which is comparable to rates for the city (15%), state (14%), and nation (16%) (Figure 37). However, there is considerable geographic variation in these rates (Figure 38). The communities of Riverdale (25%), Englewood (21%), and Washington Park (20%) have the highest rates of poor self-reported mental health (Figure 38).



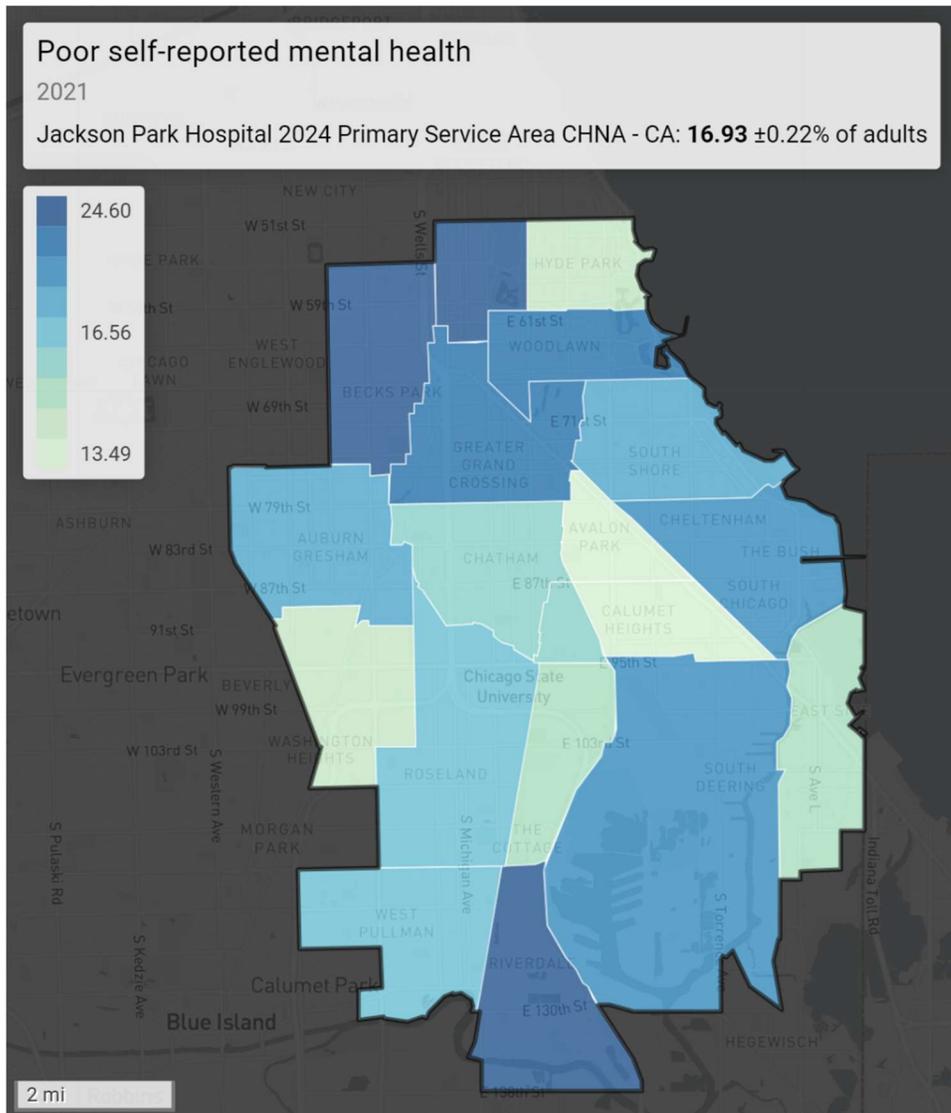
Figure 37. Poor self-reported mental health in Jackson Park Hospital’s service area and comparisons, 2021



Centers for Disease Control and Prevention, CDC PLACES

Community input survey respondents identified mental health as the top health priority in both the 2021-2022 and 2023-2024 surveys.

Figure 38. Map of poor self-reported mental health in Jackson Park Hospital's service area, 2021

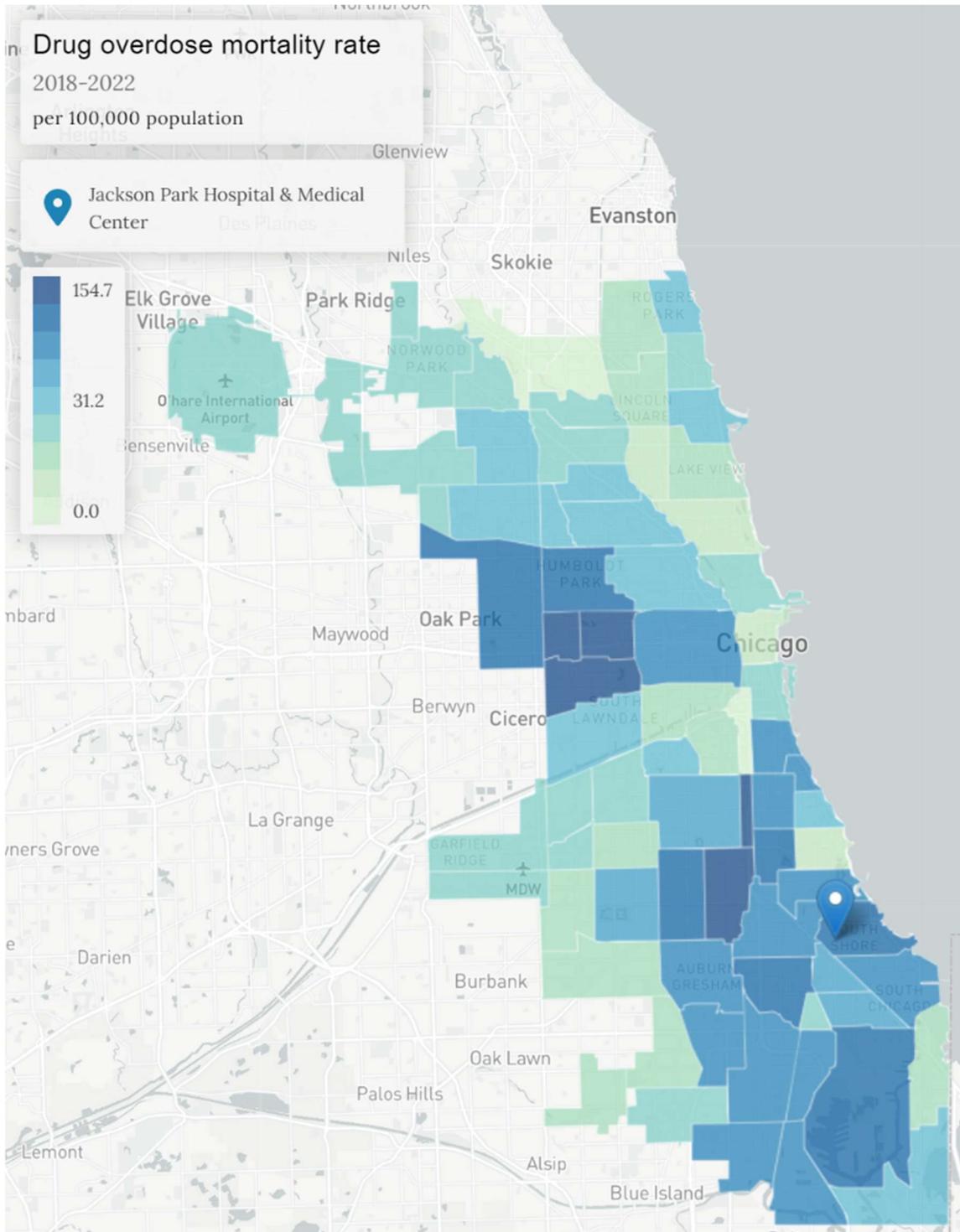


Centers for Disease Control and Prevention, CDC PLACES

Drug and alcohol use

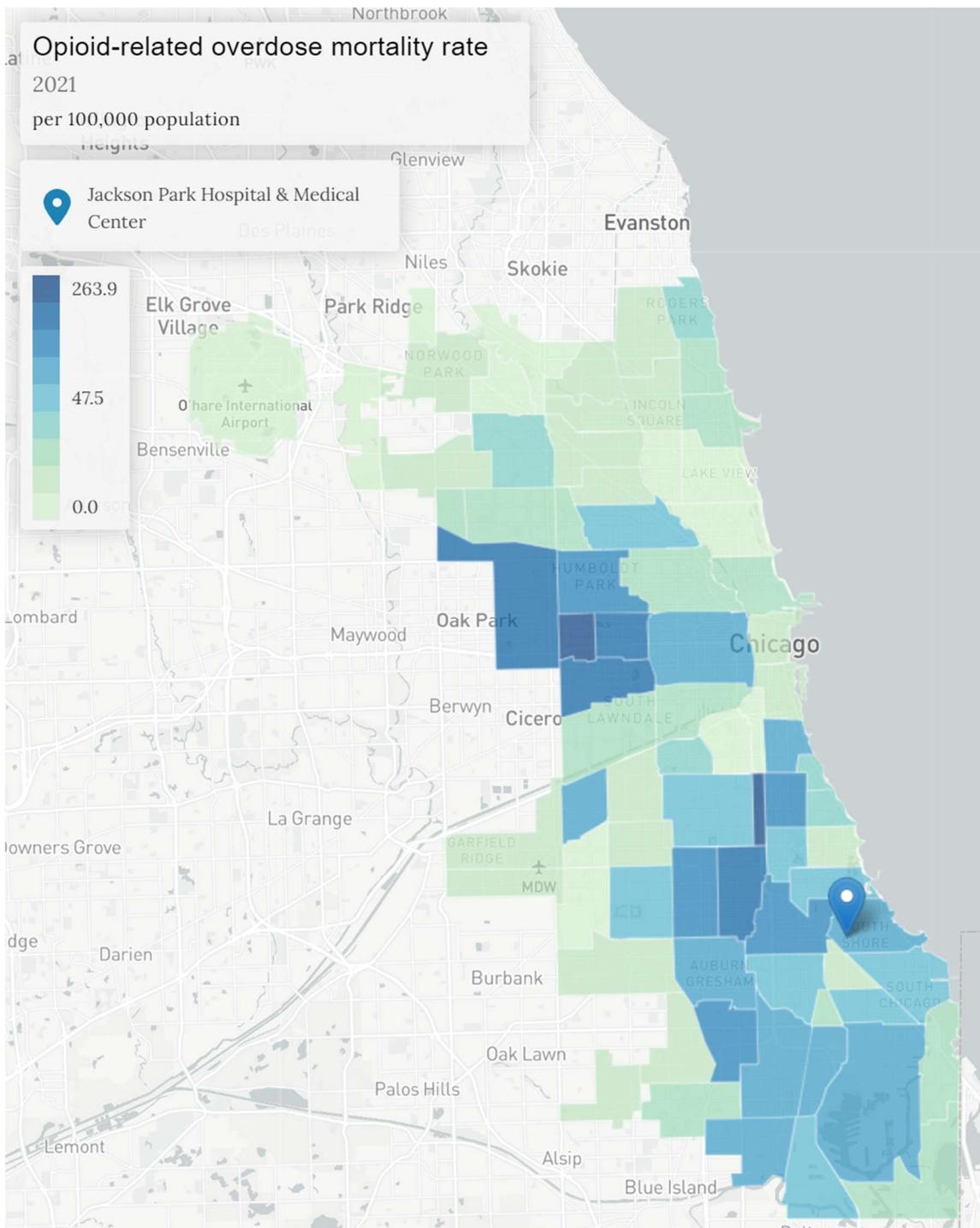
Before the start of the COVID-19 pandemic, opioid overdose and drug-related deaths were steadily increasing in the city and county. In March of 2020, the rates of opioid overdose mortality and drug-related deaths began to skyrocket (Ghose et al., 2022; National Center for Health Statistics, 2021). This trend is expected to continue with synthetic opioids such as fentanyl continuing to accelerate mortality rates (National Center for Health Statistics, 2021). The communities on the South and West Sides of Chicago including those within the service area have been most heavily impacted by opioid-overdose and drug-related mortality (Figures 39-40). Within these populations, children, teenagers, and young adults have experienced some of the most dramatic increases in drug overdose mortality.

Figure 39. Map of drug overdose mortality rate in Chicago, Illinois, 2018-2022



Illinois Department of Public Health, Division of Vital Statistics

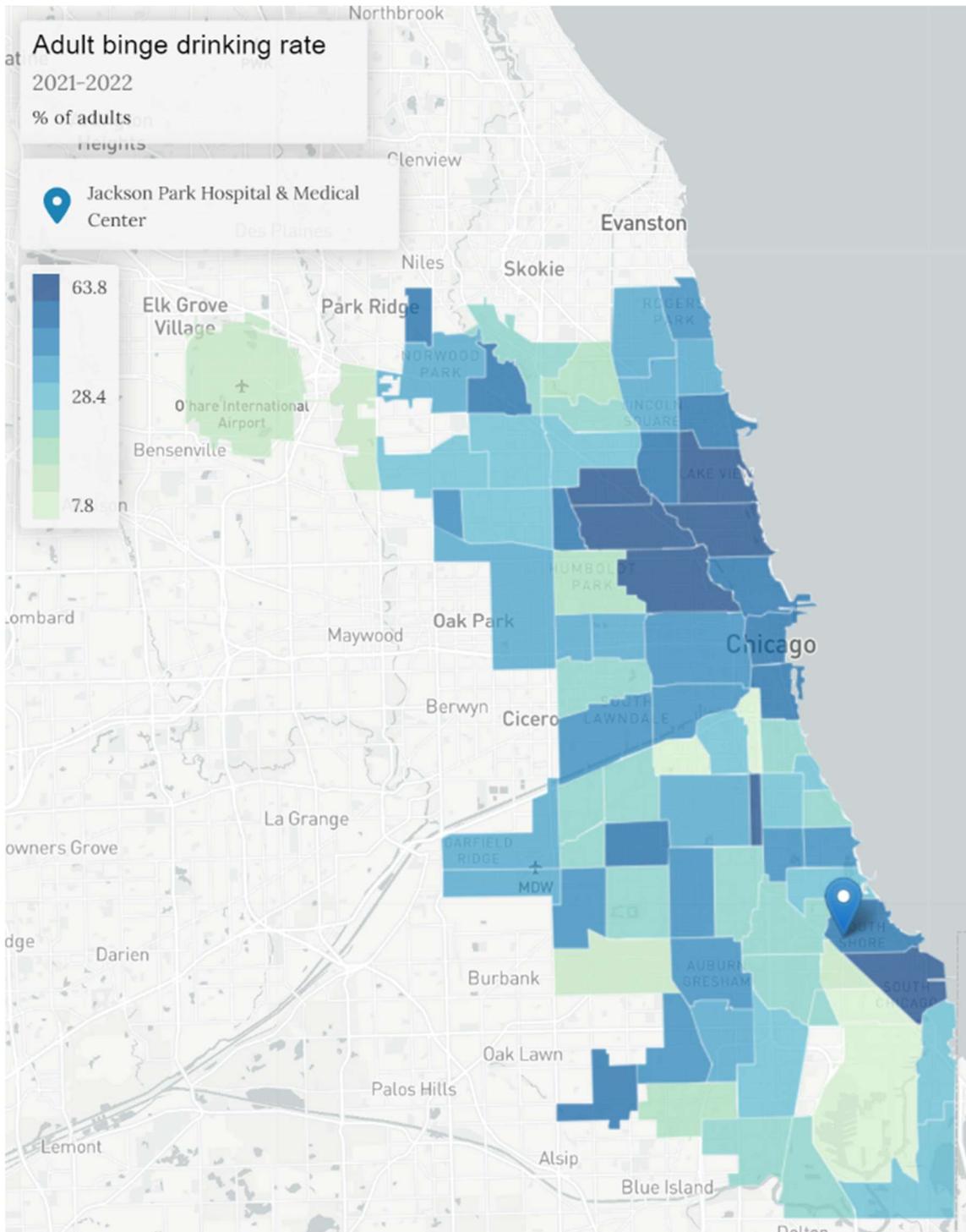
Figure 40. Map of opioid overdose mortality in Chicago, Illinois, 2018-2022



Illinois Department of Public Health, Division of Vital Statistics

In addition to increases in drug overdoses, emerging evidence indicates that alcohol-related issues such as binge drinking increased as a result of the pandemic (Grossman et al., 2020). Those experiencing COVID-19 related stress were more likely to increase alcohol consumption (Grossman et al., 2020). Within the city of Chicago, adult binge drinking rates vary considerably by geography including within the service area (Figure 41).

Figure 41. Map of adult binge drinking rates in Chicago, Illinois, 2021-2022



Chicago Department of Public Health, Healthy Chicago Survey

Conclusion

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

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