

2025

University of Illinois
Community Assessment of Needs
(UI-CAN)





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Welcome

Letter from the Vice Chancellor for Health Affairs



As the state's only public academic health enterprise, UI Health is dedicated to serving our community throughout Illinois and beyond. We deliver outstanding primary and specialty care through our tertiary care hospital, more than 40 outpatient clinics, and 11 Federally Qualified Mile Square Health Center clinics located in Chicago, Cicero and Rockford. Along with UIC's seven health sciences colleges with campuses in Chicago, Rockford, Peoria, the Quad Cities, Springfield and Urbana, we also integrate discovery and training into our health system, providing exceptional educational opportunities and patient care throughout Illinois.

To help us live up to this mission, we conduct a triennial survey to identify and understand the most pressing health concerns of the communities we serve. Here, we are proud to share our 2025 University of Illinois Community Assessment of Needs (UI-CAN) report. This report serves as a valuable resource as we support healthier communities and redefine standards of care in Chicago and throughout the state. It offers analysis of our service areas based on a combination of quantitative data and input from community members, health experts, and local organizations.

UI Health, our university system and community partners are committed to serving the needs of our patients while keeping your family and neighborhood healthy.

A handwritten signature in blue ink that reads "Robert Barish". The signature is written in a cursive, professional style.

Robert A. Barish, MD, MBA
Vice Chancellor for Health Affairs
Professor of Emergency Medicine
University of Illinois Chicago

Welcome

Letter from the Chief Diversity and Community Health Equity Officer



On behalf of the Office of Diversity & Community Health Equity, I am proud to present the 2025 UI Health Community Assessment of Needs (UI-CAN). This year's report is the culmination of extensive research, query, and observation both within our organization and in the communities that we serve to ensure we obtained the best and most representative information possible about the health needs of our community members.

The triennial UI-CAN has become a dependable and trusted way for UI Health to take the pulse of our service areas, partner organizations, and how our care is being perceived and received in the community. The goal of this exercise is to learn all we can about our primary service area and their needs, so that we can meet them wherever practicable.

This year's document continues our tradition of partnering with the Alliance for Health Equity to gather comprehensive qualitative and quantitative data and combines that with our boots on the ground listening sessions that we held in many different communities within our primary service area, as well as with our patients and their families. The result is a comprehensive overview of needs that provides UI Health a road map of priorities for the next 3 years.

In alignment with our being Mission Driven As One, UI Health is focused on ensuring our efforts to advance health for everyone through outstanding clinical care, education, research, and social responsibility are visible and tangible. The UI-CAN is one tool that we have to support the execution of our mission and how UI Health shows up for our patients and community in a demonstrable way.

A handwritten signature in cursive script that reads "Rani Morrison Williams". The ink is dark and the signature is fluid and legible.

Rani Morrison Williams, MS, MSW, LCSW, FACHE, CDE
Chief Diversity & Community Health Equity Officer,
University of Illinois Hospital & Clinics (UI Health)



UI Health



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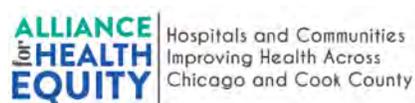
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LATIDOS BARRERAS
LUIS GUTIERREZ
TOMAS CARLOS
SANCHEZ

THANK YOU:
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- OFFICERS - IBERIAN
- JACQUES - STREETS
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WWW.VICTORIESMOVING.COM

Section 1

Executive Summary

The University of Illinois Hospital and Clinics (UI Health) prepares its University of Illinois Community Assessment of Needs (UI-CAN) every three years. We are pleased to present our fifth UI-CAN for 2025. With each report, we learn more about the community through direct conversations and through extensive research.



The 2025 UI-CAN comes together as we continue our collaboration with the Alliance for Health Equity (AHE), making this our third report in partnership with AHE. Since the 2022-2023 UI-CAN, the COVID-19 public health emergency has ended, allowing us to engage with the community in ways we were unable to in 2022. Many of the community health needs persist and have increased during and since the pandemic. As we engaged with the community through AHE’s Community Input Survey and through our own Community Listening Sessions, the following areas were identified as top of mind:

PRIORITY AREAS



Some of these priorities remain from previous UI-CANs and some have taken on new significance. We will explore each of the priority areas: their prevalence in and impact on the community.

Section 2

Overview of UI Health

UI Health is an organization that prides itself on being ‘Mission-Driven As One’ in its pursuit of being a high-reliability and human-centered organization. UI Health is dedicated to providing equitable patient care, community-oriented services, and remains adaptable to the ever-changing policy landscape. The communities, families, and individuals we serve are at the heart of our healing mission.

UI Health continues to pursue its longstanding objective of addressing health disparities by providing comprehensive care, education, and research to the people of Illinois and beyond. As part of the University of Illinois academic system and located at the heart of the Illinois Medical District (IMD), UI Health is comprised of a clinical enterprise that includes: a 438-bed tertiary care hospital, over 30 outpatient clinics, a Specialty Care Building that houses specialty clinics, outpatient pharmacy services, the Bruno & Sallie Pasquinelli Outpatient Surgery Center, as well as advanced diagnostics and imaging services. As part of UI Health’s care footprint, the organization prides itself on increasing access to healthcare services through their 11 Mile Square Health Center (MSHC) locations across Cook County and Rockford, as well as three School-Based Health Clinics, all of which are classified as Federally Qualified Health Centers (FQHCs). In addition, UI Health oversees the 55th & Pulaski Health Collaborative, which provides comprehensive healthcare services for the residents of Chicago’s Gage Park and West Elsdon communities.

Although providing care is critical to the work of UI Health, so is the education and research conducted within the 7 Health Sciences Colleges: the College of Applied Health Sciences; the College of Dentistry; the School of Public Health; the Jane Addams College of Social Work; and the Colleges of Medicine, Pharmacy, and Nursing. Similar to the care services footprint of UI Health, the academic footprint includes regional campuses located in Peoria, Quad Cities, Rockford, Springfield, and Urbana, in addition to Chicago. UI Health lies at the intersection of clinical care and academia, cultivating well-prepared healthcare workers and designing innovative models for care.

Mission, Vision, and Values

MISSION

Advance health for everyone through outstanding clinical care, education, research, and social responsibility.

VISION

Shaping the future of healthcare through innovative and advanced clinical care.

VALUES

INCLUSION

We believe diversity is our strength and do not tolerate discrimination in any form. We recognize and celebrate differences and uniqueness among our patients, staff, and faculty to ensure that everyone feels valued and respected.

COMPASSION

We will treat our patients and their families with kindness and compassion and strive to better understand and respond to their needs.

ACCOUNTABILITY

We will hold ourselves accountable as an organization and as individuals to act ethically and responsibly in everything we do, to be excellent stewards of our natural and financial resources, and to be transparent in our actions.

RESPECT

We will act with respect, openness, and honesty in our relationships with patients, families, and coworkers. We will work collaboratively to promote the well-being of the communities we serve and to advance patient care, education, and research.

EXCELLENCE

We will work as a team to leverage best practices and innovation in providing the highest-quality care for our patients and families. We will devote ourselves to continuously improve in everything we do.



ORGANIZATIONAL EXCELLENCE

UI Health has more than 40 healthcare access points that provide primary, specialty, and place-based care throughout Cook County. While access to healthcare services is critical to equitable care, UI Health strives to continue providing high-quality and safe care. UI Health received four quality achievement awards establishing us as a Certified Comprehensive Stroke Center from the American Heart Association ([AHA](#)), the first designated Center of Excellence in Robotic Surgery in the United States ([SRC](#)), a recipient of the 2025 Partner for Change Award through Practice Green Health ([PGH](#)) for our commitment to environmental stewardship, and is the first Hospital in Illinois to receive the Premier Recognition in the Specialty of Med-Surg ([PRISM](#)) for the exemplary care provided by the medical-surgical units. In its 2024 ranking of the World's Best Specialized Hospitals, Newsweek ranked UI Health among its top 300 hospitals for oncology care ([Cooper](#) 1). UI Health earned an 'A' grade on the Lown Institute's 2025-2026 Hospital Index in community benefit, avoiding overuse, health equity, inclusivity, and value. UI Health also ranked as a top 5 hospital in Illinois for inclusivity ([Lown](#) 1). And in 2025, UI Health achieved Magnet Recognition® from the American Nurses Credentialing Center, affirming our nursing excellence and quality patient care ([ANCC](#)).



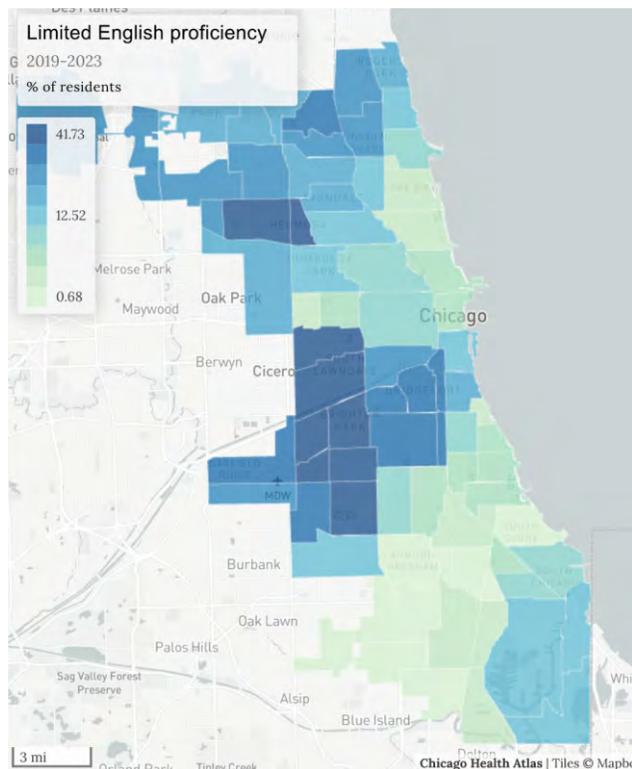
Section 3

UI Health Community Profile

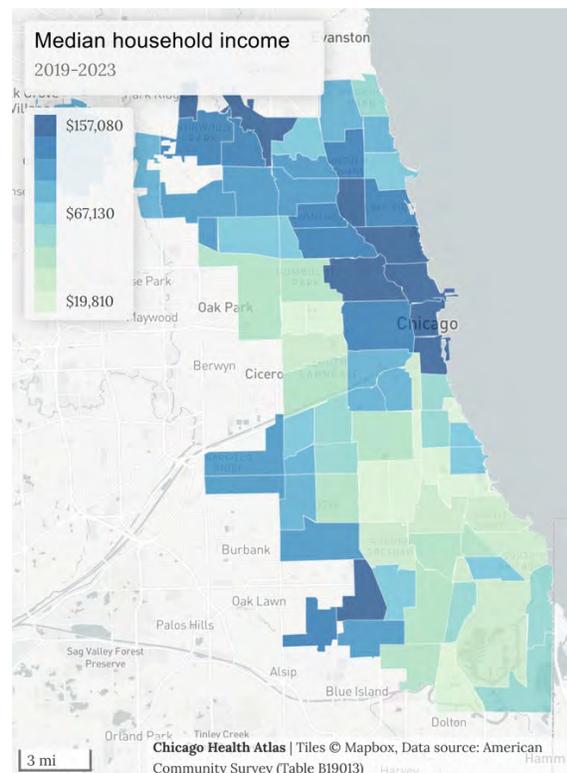
CHICAGO HEALTH ATLAS DATA

UI Health has a presence throughout the many neighborhoods of Chicago. Our primary service area covers the majority of Chicago zip codes. As we seek to understand the challenges faced at the community level, we draw from data gathered by the Chicago Health Atlas and the US Census' American Community Survey. This allows us to visualize commonalities and differences among each zip code at a point in time and over time. Understanding these characteristics helps us better serve our patient population and identify areas where additional support may be needed.

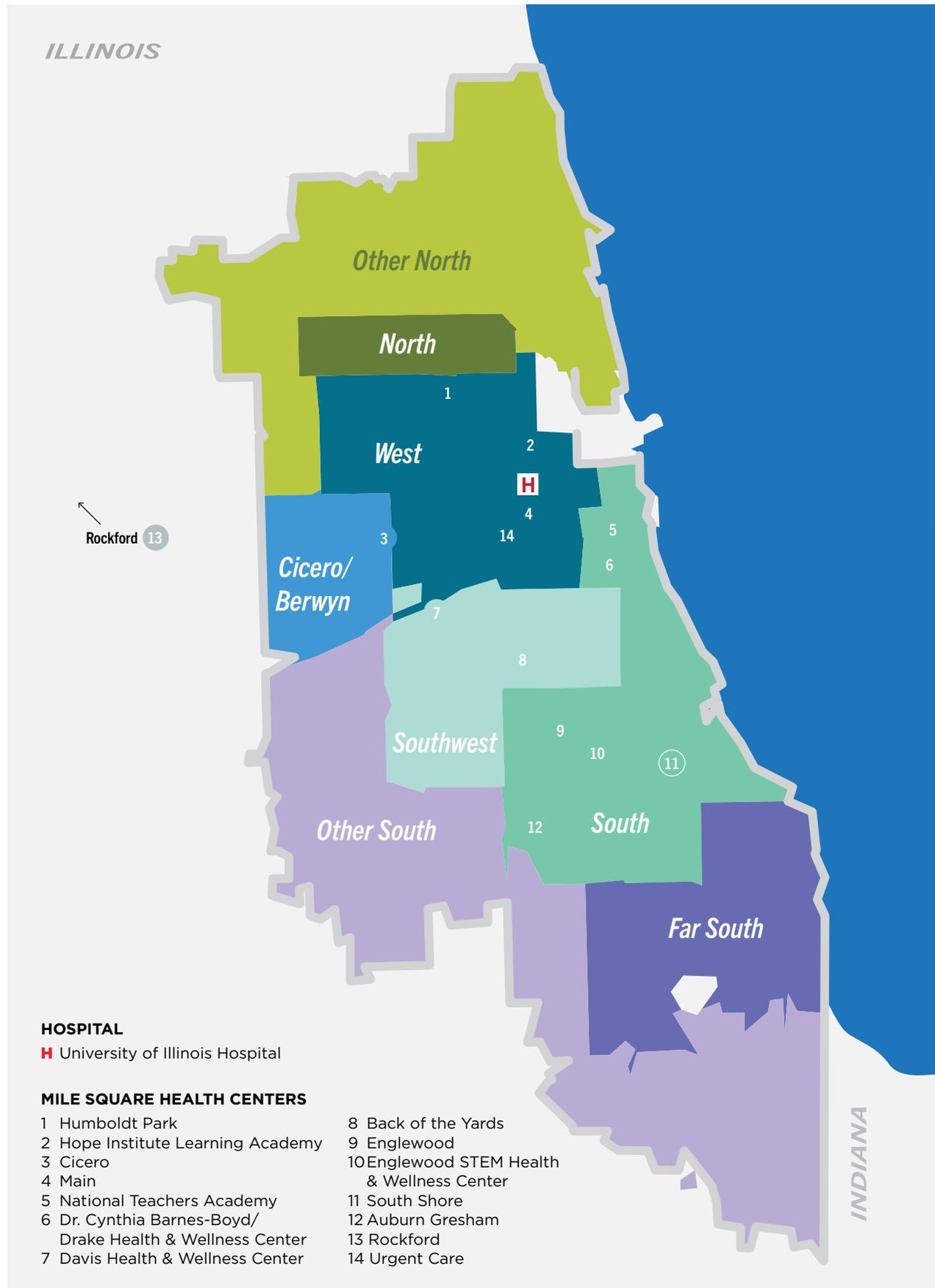
[Limited English Proficiency](#)



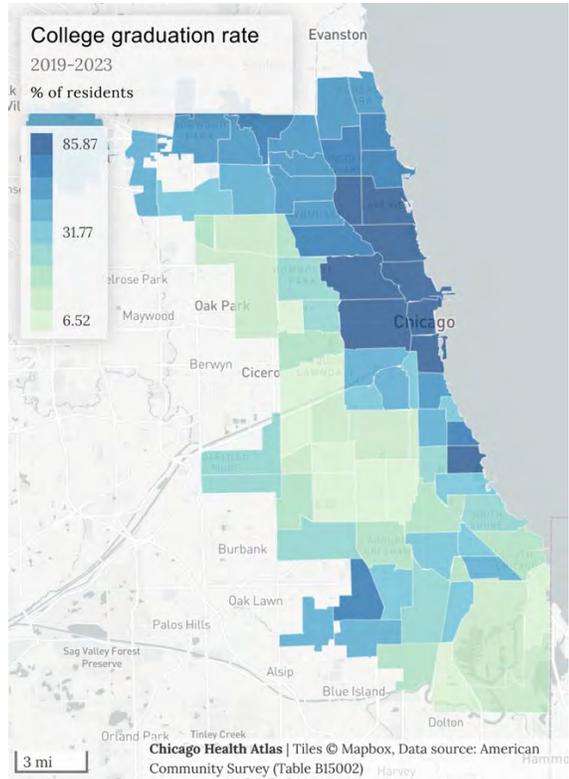
[Median Household Income](#)



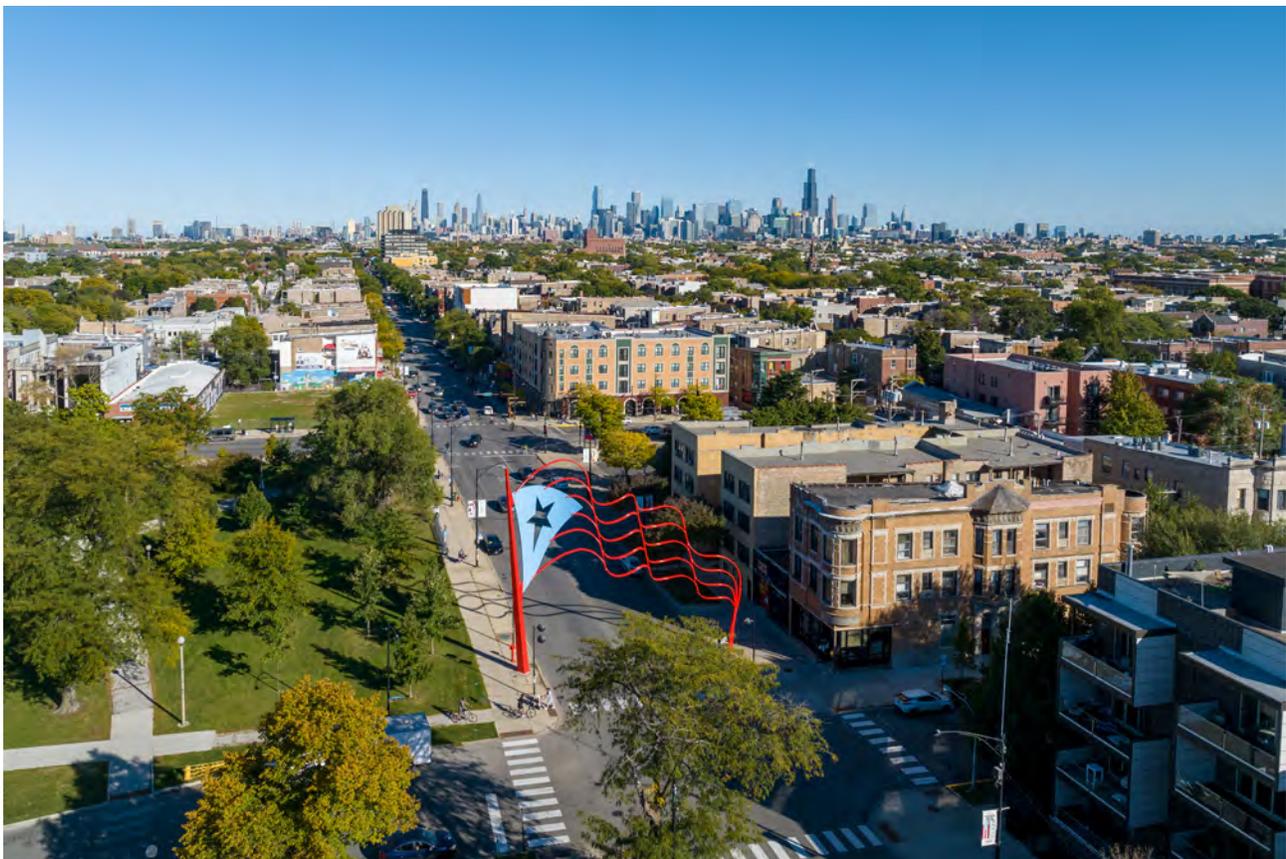
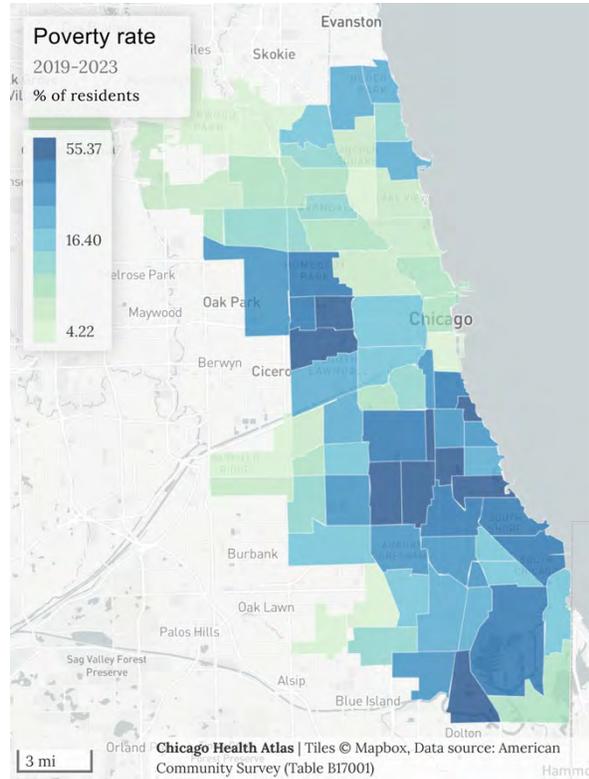
UI Health Primary Service Area (PSA)

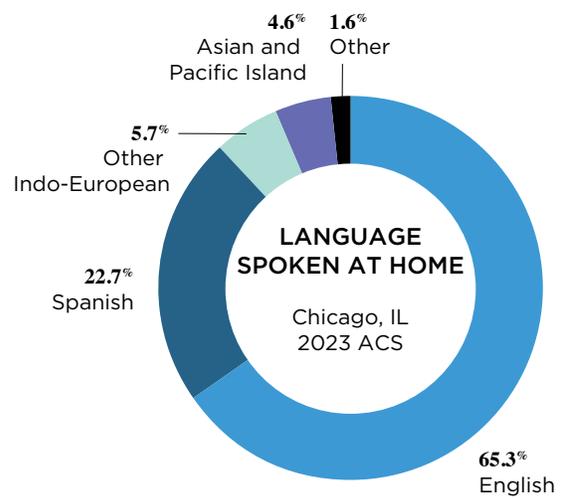
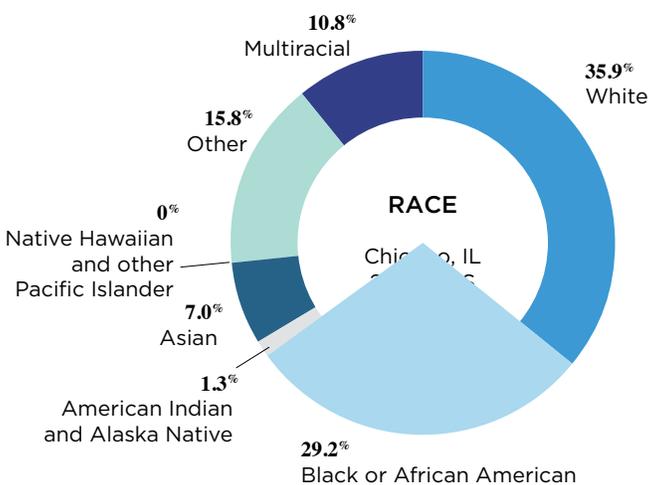
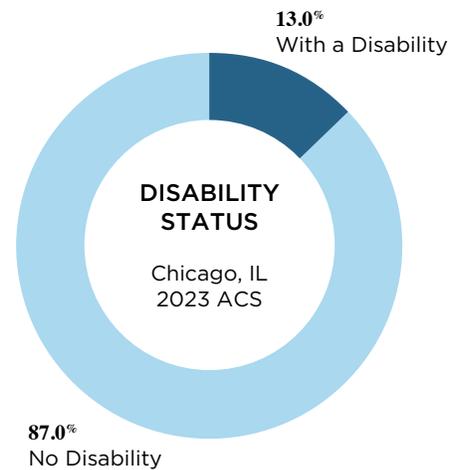
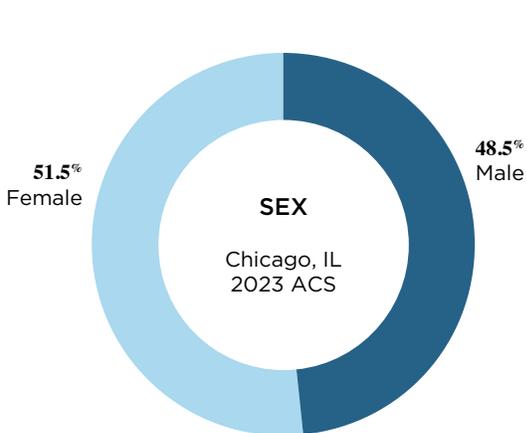
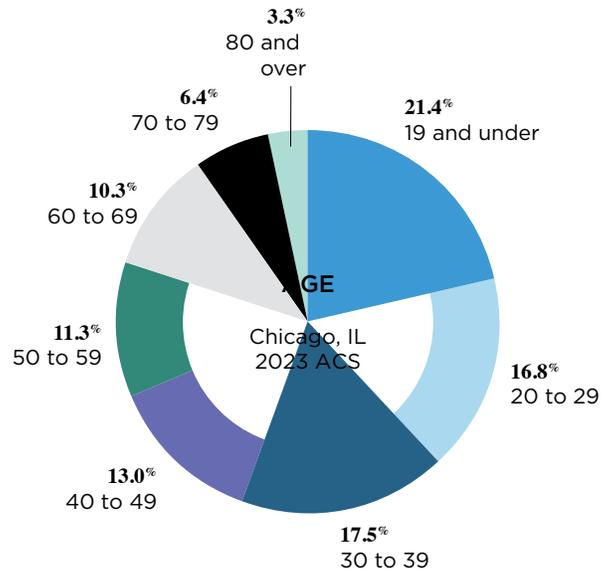
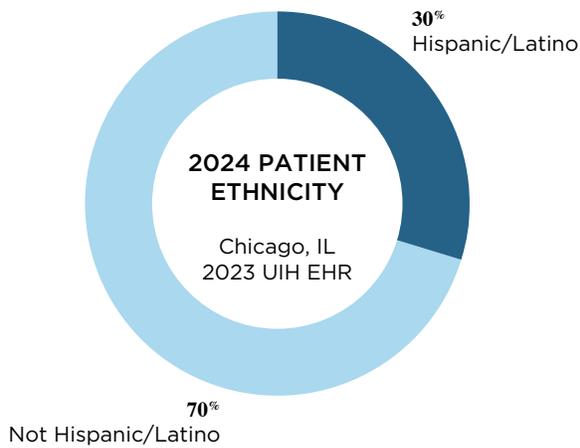


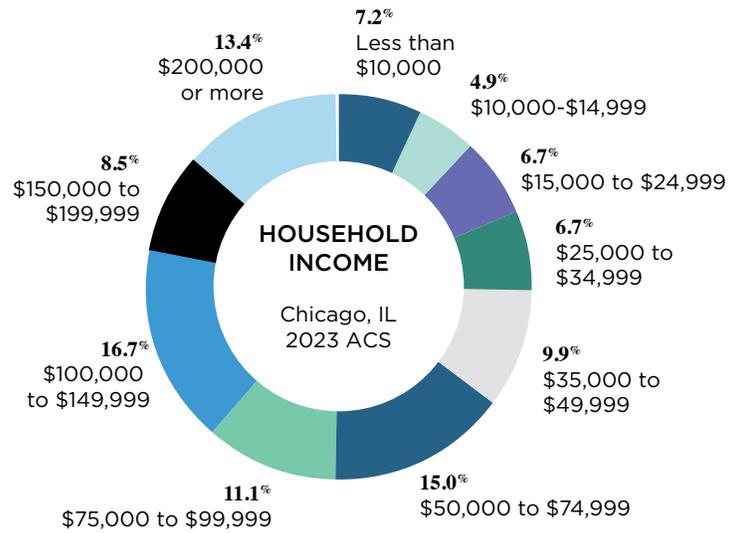
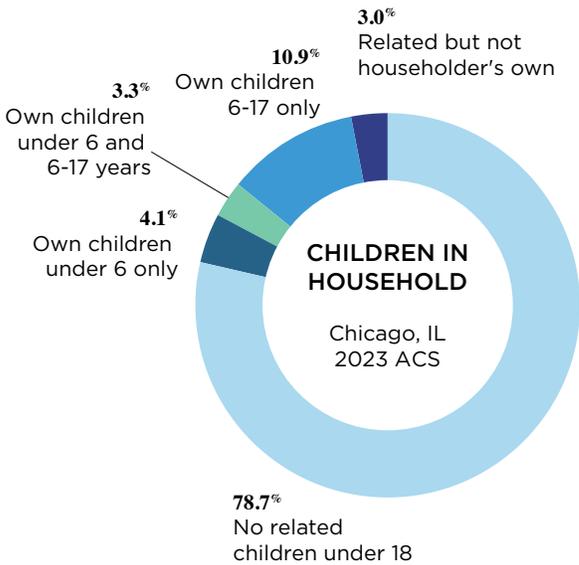
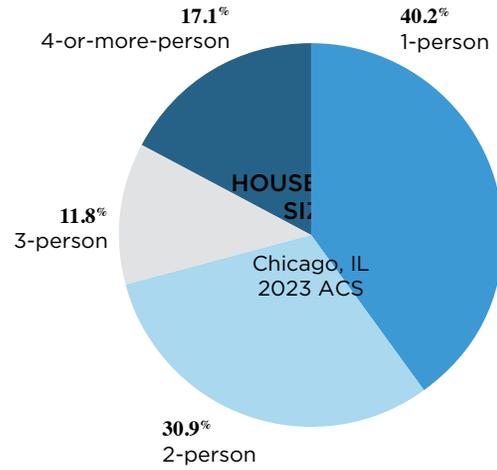
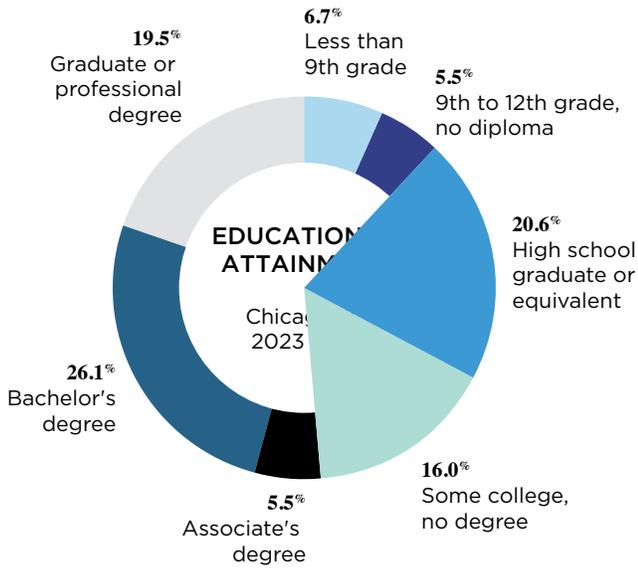
College Graduation Rate



Poverty Rate



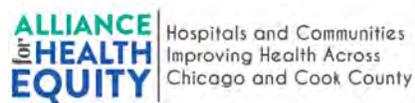




Section 4

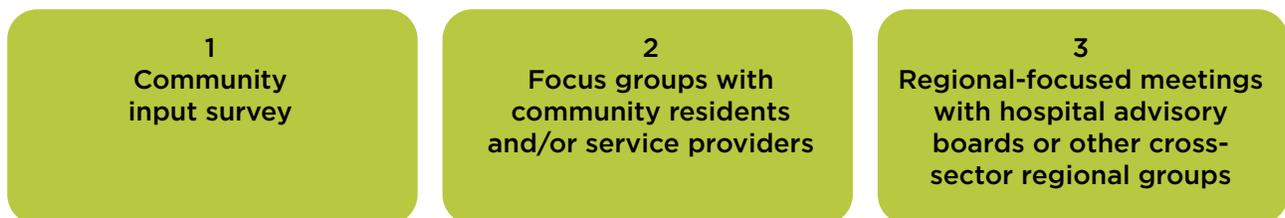
Methods

UI Health’s 2025 Community Assessment of Needs includes qualitative and quantitative data collected between June 2023 and March 2025 as part of the collaborative Community Health Needs Assessment (CHNA) for Cook County,



Illinois, led by the Alliance for Health Equity, a collaborative of thirty-four hospitals, including UI Health, working with health departments and regional and community-based organizations to

improve health equity, wellness, and quality of life across Chicago and Suburban Cook County. Alliance for Health Equity partners collected primary data through three methods:



Primary and secondary data analysis from various sources identified community health needs in Chicago and Suburban Cook County. This collaborative CHNA process follows the Mobilizing for Action through Planning and Partnerships (MAPP) framework developed by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

Between February and October 2024, Alliance for Health Equity partners collected over 1,800 community input surveys from individuals age ten or older living in Chicago and Suburban Cook County. The surveys were available on paper and online in English, Spanish, Polish, and Mandarin. Over a third of the surveys were collected on paper. The survey asked participants about priority health needs, health status and quality of life in their communities, and community strengths and opportunities for improvement. IPHI, hospitals,

community-based organizations, and health departments distributed surveys to gain insight from priority populations that are most impacted by health inequities. The intention of the community input survey was to complement existing surveys such as the Healthy Chicago Survey, Healthy Cook County Survey, Healthy Illinois Survey, and Behavioral Risk Factor Surveillance Survey.

To ensure we gathered primary data from within UI Health’s Primary Service Area (PSA), in 2024, UI Health convened three community listening sessions to actively engage residents from local neighborhoods and surrounding communities. The community listening sessions were designed to facilitate an open dialogue about their health needs, barriers to accessing care, and their community’s availability or lack of resources. The sessions aimed to gather community insights, identify resource gaps, strengthen community relationships, and inform future health initiatives. Findings from the sessions are in Table 1 and are referenced throughout the community priorities section.

In June 2025, UI Health presented demographic and socioeconomic data and the top five community priorities to the UI Health Hospital and Clinics Community Advisory Board for feedback and input. UI Health’s Community Advisory Board includes both hospital representatives and stakeholders from community-based organizations.



Table 1: Community Listening Sessions

<p>Community Safety</p>	<ul style="list-style-type: none"> • Crime • Gang activity • Gun violence 	<ul style="list-style-type: none"> • Car theft • Children missing
<p>Access to Healthcare</p>	<ul style="list-style-type: none"> • Scheduling appointments—wait is 30 days or more, ED long wait times, lack of accepted insurances, access to mental health resources, more pediatric services, speak to a live person 	<ul style="list-style-type: none"> • Vaccine fair—so they don't have to make an appointment • MyChart response delays • Urgent care—later hours, weekend hours
<p>Inaccessible Community Services</p>	<ul style="list-style-type: none"> • Mental health resources closer to the community--psychiatrists, professionals that are familiar with the community and with the struggles that this specific community deals with) • Nutritionists—Nutrition/healthy eating classes • More awareness of different programs and services that UI Health provides 	<ul style="list-style-type: none"> • More pediatric and OB/GYN services—lactation classes, classes to educate younger mothers • Fresh produce and grocery stores • Lack of programs or a center that provides information or recreation <ul style="list-style-type: none"> - Community coaches that provide information or resources • Mentorship programs—youth
<p>Substance/ Alcohol Use</p>	<ul style="list-style-type: none"> • Placing businesses in the wrong area(s)-- liquor store near daycares and churches 	<ul style="list-style-type: none"> • Drug circulation
<p>Built Environment</p>	<ul style="list-style-type: none"> • Sewer issues 	
<p>Economic Challenges</p>	<ul style="list-style-type: none"> • Unemployment 	<ul style="list-style-type: none"> • SNAP is limited
<p>Diabetes</p>	<ul style="list-style-type: none"> • Exercise (gyms) • Lack of fresh produce/fruits (affordability) 	<ul style="list-style-type: none"> • More holistic approach to health

Section 5

Community Priorities

ACCESS TO HEALTHCARE



UI Health held three community listening sessions with the purpose of facilitating an open dialogue about their community’s health needs. To capture diverse perspectives, the three listening sessions took place in different settings: at the Mile Square Primary and Immediate Care Center in Auburn Gresham, at the UI Health 55th & Pulaski Health Collaborative in West Elsdon, and with members of UI Health’s Patient and Family Advisory Council. Access to healthcare came up as a major theme during these three listening sessions. Participants stated that they have difficulty scheduling appointments in a timely manner and experience long wait times in the Emergency Department. The need for more access to community resources was also expressed by participants. These include vaccine fairs, nutrition classes, and overall, more awareness of programs and services UI Health offers. In alignment with survey data collected by AHE and UI Health, ensuring timely access to care is a shared priority and identified need.

Community-based focus groups held by the Alliance for Health Equity emphasized the importance of healthcare access to nearby clinics, hospitals, and mental health services. Access to healthcare is important to foster a healthy community and healthy individuals. Several, varying factors can impact an individual’s ability to access health care including proximity, affordability, availability, openness and approachability; and cultural responsiveness and appropriateness (2025 AHE CHNA, p. 97). The Agency for Healthcare Research and Quality defines access to healthcare as having the “timely use of personal

health services to achieve the best health outcomes” ([NLM](#)). Access to healthcare includes having health insurance, timely access to needed care, a usual source of care with whom the patient can develop a relationship, and the ability to receive care when there is a need for care. Lack of access to health care can be due to a variety of factors such as race, ethnicity, socioeconomic status, sexual orientation, gender identity, and residential access ([NLM](#)). These issues often disproportionately affect low-income residents, immigrants, and the elderly. Limited access to health care can make it difficult for individuals to prepare for and respond to an emergency to their full potential, therefore impacting their overall health outcomes ([CDC](#)). Access to appropriate health care is essential for maintaining health, promoting well-being, and preventing disease.

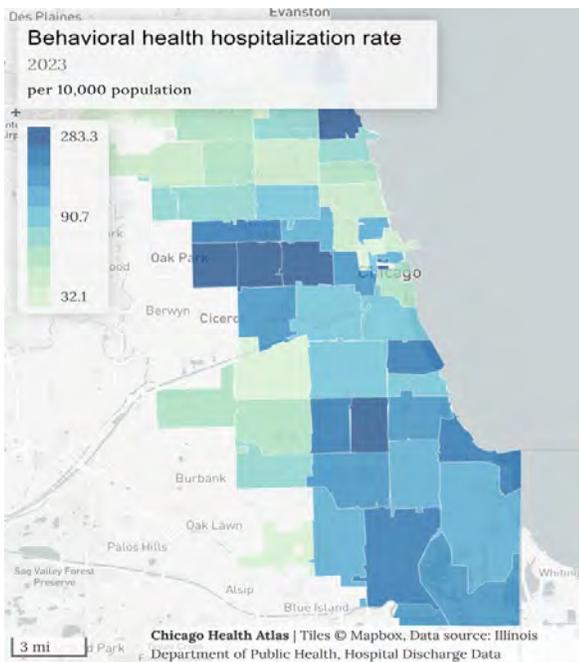
BEHAVIORAL HEALTH



Behavioral health encompasses mental health, substance use, and related issues such as emotional crises and stress-related symptoms ([American Medical Association](#)). In a survey by the Alliance for Health Equity, adult mental health and substance use disorders (SUDs) ranked as top community concerns. Common mental health conditions include depression, anxiety, post-traumatic stress disorder (PTSD), and self-harm, while SUDs involve misuse of substances like alcohol, opioids, marijuana, and illicit drugs. These issues are closely linked—mental health challenges can lead to substance use and vice versa—highlighting the need for integrated approaches to care ([National Institutes of Health](#)).

Mental Health

Mental health is a key component of behavioral health, influencing how we think, feel, and act. It shapes stress management, decision-making, relationships, and overall well-being ([World Health Organization](#)). Mental well-being supports learning, productivity, and community engagement, and is tightly linked to physical health. However, the U.S. faces a growing mental health crisis—90% of adults agree, per the Kaiser Family Foundation ([Lopes](#)). Locally, Chicago and



Cook County residents consistently rank mental health as a top concern. While mental health challenges affect all populations, disparities in outcomes and access persist across demographics.

Income Status

In Chicago, as elsewhere, economic instability is strongly linked to poor mental health. Individuals with lower incomes consistently report higher rates of psychological distress. A Kaiser Family Foundation (KFF) survey found that 60% of people in households earning \$40,000 or less cited personal finances as a major stressor ([McPhillips](#)). From 2014–2017,

adults living in poverty (e.g., single adults earning under \$15,650 or families of four under \$30,000) experienced psychological distress at twice the city average. Additionally, Chicagoans unable to afford a \$400 emergency expense reported serious psychological distress at five times the average rate ([Healthy Chicago](#), 36). Chronic financial stress significantly contributes to mental health disparities, underscoring the need for integrated, equity-focused solutions.

Racial/Ethnic Background

Black Chicagoans experience disproportionately higher levels of psychological distress (7.2%) compared to non-Black residents (5.4%), with Black women reporting the highest rates (8.8%) ([Chicago Department of Public Health](#), 21). Despite a citywide decline in mental health-related hospitalizations, Black residents remain most affected—especially with schizophrenia-related hospitalizations, which occur at five times the rate of white or Latinx residents. These disparities call for culturally responsive, community-based mental health strategies ([Johnson](#), 15).

Neighborhood/Community

A local level analysis reveals that mental health outcomes vary widely across Chicago neighborhoods. The South and West Sides report the highest levels of distress, reflecting historic disinvestment and limited behavioral health access. Illinois Department of Public Health (IDPH) data confirm hospitalization rates are highest in these areas, highlighting the need for place-based mental health interventions and resource expansion ([Ramos](#), 1).

Youth

Youth mental health has reached a critical point nationwide. The American Academy of Pediatrics (AAP) and other major organizations have declared a national emergency in child and adolescent mental health, driven by rising suicide rates and psychological distress ([Magoon](#), 4). In Illinois, suicide is now the third leading cause of death among individuals aged 15–34 ([IDPH](#)). Locally, Chicago Public Schools (CPS) data from the Youth Risk Behavior Surveillance System show that in 2021, 43% of CPS students felt persistently sad or hopeless—the highest rate since tracking began in 1991. Over the past decade, this rate has increased by 42%, signaling a severe and sustained trend ([CPS 1](#)). A 2024 survey by A Better Chicago and the Global Strategy Group found that 94% of youth aged 10–24 identified mental health and well-being as a problem—with 74% citing it as a major problem ([A Better Chicago](#)). These sobering statistics underscore the urgent need for comprehensive, youth-centered mental health support in schools, communities, and health systems.

LGBTQIA

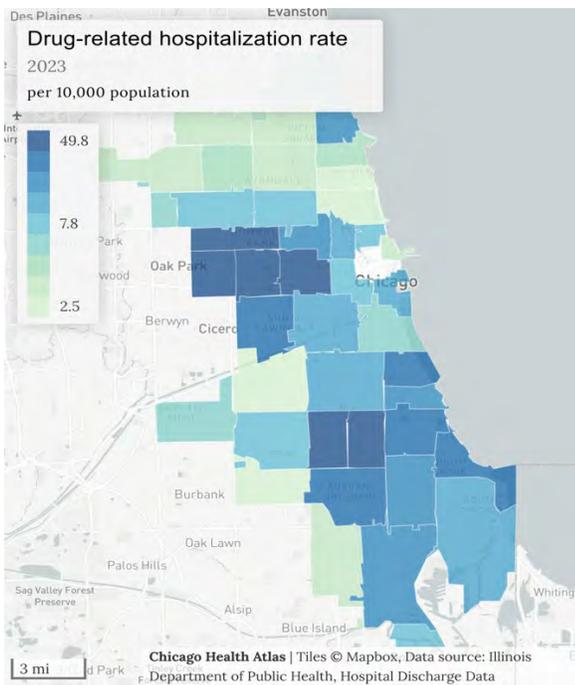
LGBTQIA youth and adults face significantly worse mental health outcomes than their non-LGBTQIA peers, largely due to stigma, discrimination, and lack of affirming care. From 2014 to 2017, 39.4% of transgender adults reported psychological distress, compared to 15.3% of cisgender adults, highlighting the compounded challenges transgender individuals face in accessing supportive services ([Healthy Chicago](#), 36). Among youth, the disparities are especially alarming. Recent CPS data show that 1 in 3 LGBTQIA students seriously considered suicide, and they were over three times more likely to attempt suicide than non-LGBTQIA peers ([CPS 2](#)). These findings emphasize the critical need for culturally competent, identity-affirming care and safe, inclusive school environments.

Substance Use

Youth

Substance use remains a top concern among Chicago parents and adults, with 64% identifying it as a “big problem” for youth, according to the Voices of Child Health in Chicago report ([2](#)). Substances of greatest concern include prescription drugs, marijuana, heroin, and cocaine.

The Chicago Public Schools (CPS) data show 29.3% of students have used marijuana, and 11.8% have misused prescription pain medications ([CPS 1](#)). Nationally, overdose deaths among teens aged 14–18 rose by 94% between



2019 and 2021. Locally, more than 140 overdose deaths occurred among teens and pre-teens in the Chicago area from 2019–2023, with fentanyl involved in most cases ([Matthews](#)).

Substance use disparities are especially pronounced among LGBTQIA youth, who are at higher risk of heroin use and prescription misuse than heterosexual peers ([Healthy Chicago](#), 44). Another growing issue includes electronic vaping products (also known as vapes), while traditional cigarette use among CPS students fell from 24.7% in 2001 to 2.0% in 2023, vape use surged to 30.2%, with 89.4% of users reporting their first vape was flavored ([CPS](#), 1).

Youth substance use is fueled by factors such as peer pressure, adverse childhood experiences (ACEs), mental health challenges, and identity-based rejection. During adolescence, a key period for brain development, substance use can lead to long-term consequences, including increased risk of adult substance use disorder, poor academic outcomes, justice system involvement, and impaired emotional functioning. These impacts threaten a young person’s future opportunities and quality of life, making this a public health crisis in urgent need of attention ([CDC](#)).

Opioid Epidemic

Opioids—including morphine, heroin, oxycodone, and fentanyl—are powerful painkillers with a high risk for abuse and addiction due to their euphoric effects ([Johns Hopkins Medicine](#)). The opioid crisis has escalated into a major public health emergency in Chicago. Opioid-related deaths now outnumber traffic fatalities and homicides, with 676 deaths in Cook County in 2015, rising to 2,000 confirmed deaths by 2022—a 200% increase in just seven years ([Cook County Government](#)).

The surge is largely driven by fentanyl, a synthetic opioid up to 50 times more potent than heroin and 100 times stronger than morphine ([Cook County Health](#)).

In 2015, fentanyl was involved in 15% (103 deaths) of opioid overdoses. By 2022, this jumped to 91% or 1,825 deaths. Fentanyl is increasingly found mixed with heroin, cocaine, meth, marijuana, and counterfeit pills, drastically raising the risk of unintentional overdoses.

These disparities mirror those seen in mental health. 78% of opioid deaths involve men, and 27% are among those aged 50-59 ([Cook County Government](#)). In 2023, Black Chicagoans accounted for 63% of opioid overdose deaths—compared to 20% of white and 15% of Latinx residents ([CDPH 8](#)). Nearly all Chicago community areas (97%) reported at least one opioid-related death in 2019, but West Side neighborhoods—notably Austin, Humboldt Park, North Lawndale, and both Garfield Parks—had the highest rates ([CDPH 2](#)). By 2021, these areas still led the city in Emergency Medical Services (EMS) responses, accounting for about one-third of all overdose-related EMS calls ([CDPH 5](#)).

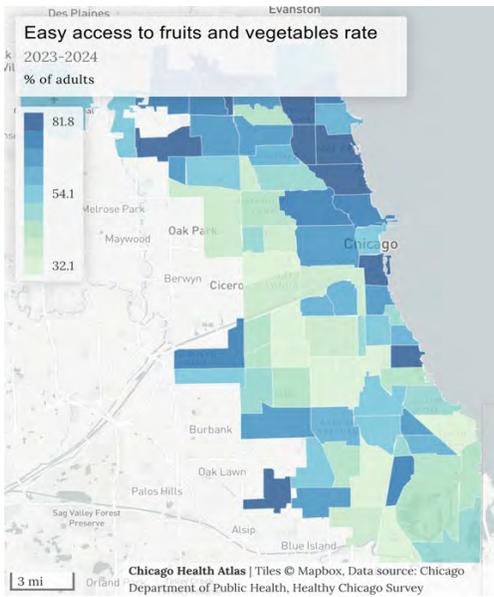
This crisis is not only widespread but intensely concentrated in historically marginalized communities, demanding urgent, equity-focused public health interventions.

FOOD ACCESS AND FOOD INSECURITY



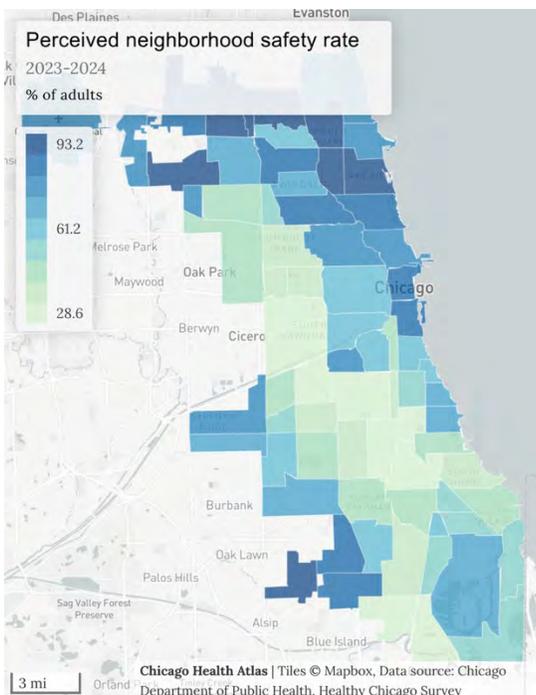
Food insecurity is the lack of access to enough food for a healthy lifestyle. Food insecurity is a systemic issue that can happen to anyone due to a lack of adequate resources. Barriers contributing to food insecurity include unemployment, high living costs, lack of access to transportation, health issues, and community environments. Food insecurity is increasingly linked to numerous adverse social and health outcomes, including physical health, mental health, missing work, and school ([Feeding America](#)).

Individuals with a lower socioeconomic status and racial and ethnic minority groups experience higher rates of food insecurity and are more likely to live in under-resourced food environments ([Odoms-Young et al.](#)). Communities of color,



in particular, experience disproportionately higher rates of food insecurity, reflecting structural inequities. Within UI Health’s Primary Service Area, 15.4% of residents report experiencing food insecurity, which is higher than Cook County at 12.1%. Further data shows that 12.47% of admitted UI Health patients screen positive for food insecurity. The food insecurity rates within UI Health’s patient population highlight the critical role of health systems in addressing food insecurity as a determinant of health.

VIOLENCE AND SAFETY

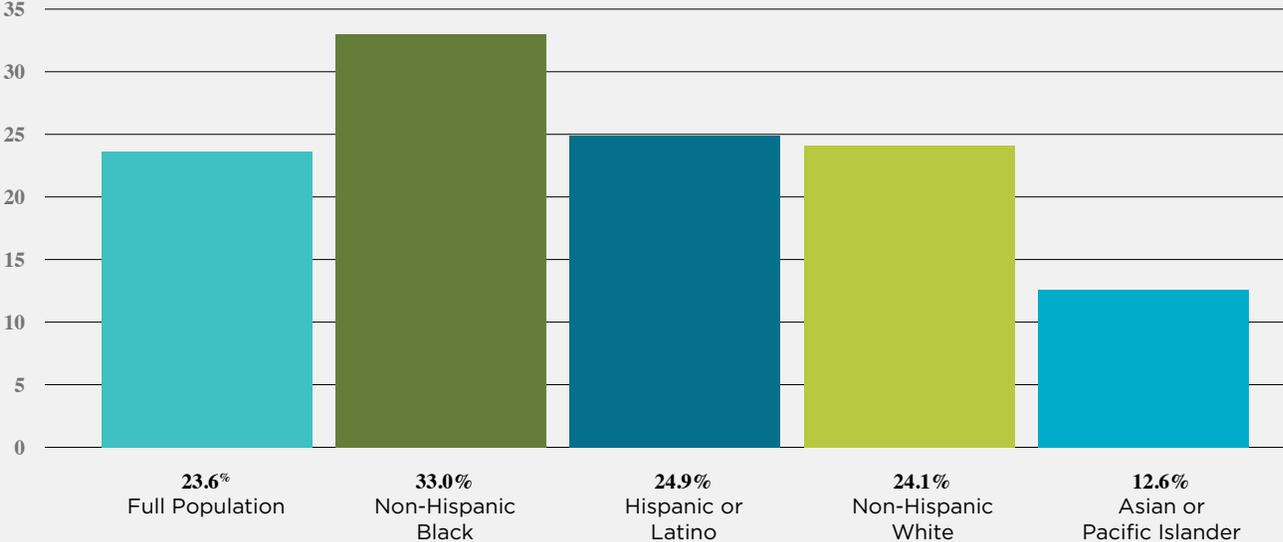


Violence and safety continue to be a top concern for Chicagoans, impacting their health and communities. Violence comes in many forms, such as community violence and interpersonal violence. Community violence happens between unrelated individuals who may or may not know each other. Examples include assaults or fights among groups and shootings in public places, such as schools, stores, and on the streets. Research indicates that youth and young adults ages 10-34, particularly those in African American and Hispanic and Latinx communities, are disproportionately impacted ([CDC](#)).

The perceived neighborhood violence rate refers to the percentage of adults who reported violence occurring in their neighborhood “every day” or at least every week. According to Chicago Health Atlas from 2023-2024, 29.0% of adults reported violence occurs in their neighborhood “every day” or “at least every week” ([Chicago Health Atlas](#)). The top three communities within UI Health’s PSA, with the highest rates of perceived neighborhood violence, are West Garfield Park at 52.7%, Riverdale at 52.1%, and New City at 35.3%. The Chicago Health Atlas stratifies the data by race/ethnicity, showing that African American and Hispanic or Latino adults reported higher perceived neighborhood violence when compared to non-Hispanic White and Asian or Pacific Islander adults.

Table 2: Perceived Neighborhood Violence by Race/Ethnicity

Chicago, IL (2024) Perceived neighborhood rate by race/ethnicity



AGING POPULATION



The U.S. is entering a “graying” era, with adults aged 65+ projected to outnumber children under 18 by 2034. By 2030, older adults will make up 21% of the U.S. population (a 10% increase from 2018), and 25% of Illinois’ population ([Vespa](#)). In Chicago, 19% of residents are currently aged 60 or older, with growth expected to continue ([Census Reporter](#)).

While some decline in health is natural with age, many adverse outcomes among older adults stem from environmental and social factors—not aging alone. Chicago’s infrastructure is not designed to support this growing population, leaving many older adults vulnerable. As the city ages, there is an urgent need for an inclusive, equitable, and age-friendly system that supports the dignity, well-being, and evolving needs of older residents.

Social Isolation and Loneliness

A survey by the Chicago Department of Family and Support Services (CDFSS) identified loneliness and social isolation as top concerns for older adults ([CDFSS 3](#)). Though related, they are distinct: loneliness is the subjective feeling of disconnection, while social isolation is the objective lack of social interaction and support ([National Institutes of Health; Borenstein](#)). Both are worsened by factors such as illness, living alone, sensory impairments, life transitions, low income, caregiving, and neighborhood safety concerns.

These issues have serious health impacts. They increase the risk of heart disease, depression, and cognitive decline, and have been linked to rising suicide rates among older adults ([National Institute on Aging](#)). In 2021, Illinois recorded 271 suicide deaths among residents 65+, a 33% increase from 2020. Older adults now make up 18.9% of all suicide deaths in the state ([Bhardwaj](#)).

Research from the University of Chicago shows loneliness weakens the immune system and intensifies inflammation—its health effects comparable to smoking

15 cigarettes a day or living with obesity. While all older adults are at risk, low-income and minority populations face these challenges at higher rates. Addressing loneliness and isolation is essential to improving the health and quality of life of Chicago's aging population ([Holt-Lunstad](#)).

Inadequate Age-Friendly Community Supports & Services

As the population of older adults continues to grow, so does the need for age-friendly systems that support autonomy, healthy aging, and community connections. Yet, in Cook County, significant unmet needs persist. A recent report by AgeOptions highlights key challenges, including difficulty accessing public benefits due to bureaucratic complexity, poor communication, and lack of in-person support—issues worsened by pandemic disruptions. Older adults also face barriers in accessing essential services due to affordability, cultural and language differences, and underfunded programs. The affordable housing crisis has led to increased evictions, homelessness, and long waitlists, while some remain in nursing homes due to a lack of supportive housing alternatives. Financial insecurity is widespread, contributing to food insecurity, home disrepair, and difficulty aging in place safely. Transportation remains a major obstacle, especially for accessing healthcare outside one's immediate area. Food deserts, fluctuating SNAP benefits, and growing hunger among seniors and their families further compound the problem. Mental health services are limited, particularly for the homebound, and resources for hoarding disorders are scarce. Technology access and digital literacy remain uneven, limiting connectivity and service access. Meanwhile, workforce shortages across the aging services sector and unstable funding continue to undermine the system's capacity to meet growing demand ([AgeOptions](#) 9-37).



Section 6

Summary and Next Steps

Since the 2023 UI-CAN report, UI Health has continued to serve its communities by expanding access to care and developing initiatives and programs to address patient needs.

With every UI-CAN, UI Health also prepares an Implementation Plan to identify a roadmap to progress on areas we can positively impact. In the 2022-2023 Implementation Plan, we identified six tasks and have made substantial progress on each of them.

In addition to addressing the six elements of the 2022-2023 Implementation Plan, UI Health is piloting a hospital-based food pantry with our oncology patients. And in 2025, UI Health was awarded a Healthcare Transformation Capital grant from the State of Illinois to establish the Community-Centered Comprehensive Care for Chronic Conditions (C6) Model and expand services at the UI Health [55th & Pulaski Health Collaborative](#). The C6 Model will (1) Expand Primary Care Access, (2) Enhance Diagnostics and Screening Services, (3) Expand Specialty Care Integration, and (4) Provide Community-Based Care Navigation

UI Health remains committed to investing in the communities we serve. The findings of the 2025 UI-CAN report lay the foundation for developing an implementation plan to address the top five identified health needs: access to healthcare, behavioral health, food access and insecurity, violence and safety, and aging populations. These priorities were determined through a review of data and extensive community discussions. We are aware many social and structural drivers of health exist such as racism that significantly influence health, well-being and quality of life. To ensure the health priorities are met, we will continue to collaborate across internal departments and work closely with key stakeholders, residents, and community-based organizations.

THE SIX TASKS...

1. UI Health's Office of Diversity and Community Health Equity (ODCHE) now comprises 5 departments: Ambulatory & Community Social Work, Care Coordination, Community Relations, Diversity & Inclusion, and Health Equity. These departments work together to better understand our patients and the communities they come from, informing our strategic efforts.

2. Internally, we formed the Health Equity Committee, recognizing health equity as part of our Quality and Safety Transformation.

3. In 2023, we piloted Social Determinants of Health Screenings for our admitted patients. We now screen patients for housing instability, transportation needs, food insecurity, utility needs, and intimate partner violence. Patients who screen positive are connected with our Social Work and Care Coordination departments for follow up.

4. In 2024, we convened our Community Advisory Board, with community based organizations from across the city, representing many of the patient populations we serve.

5. We've prepared and disseminated internal guidelines and workflows for many of our pilots and projects addressing community health needs.

6. The programs we launch have insightful data collection from the very beginning. This allows us to make changes and measure their impact over time. It also allows us to report out to our internal committees and external partners as needed.

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Institute for Healthcare Delivery Design
2024 Community Listening Session Participants
UIC Neighborhood Centers: The Auburn Gresham Center
UI Health Patient and Family Advisory Council
UI Health Community Advisory Board
UI Health Marketing and Strategic Communications
UI Health Community Relations

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