Advocate Health Care

2025

Advocate Good Samaritan Hospital

Community Health Needs Assessment Report

3815 Highland Ave., Main Fl.
Downers Grove, IL 60515

Letter from Division President

October 2025

At Advocate Health, we are redefining care for you, for us, for all. This purpose calls us to see health not just as a service, but as a shared journey. From discovery to everyday moments, everyone plays a vital role.

Our Community Health Needs Assessments (CHNA) are more than just reports. They are roadmaps for our future, centered on strong partnerships that lead to real and lasting solutions.

Throughout the CHNA process, we strive to listen deeply, learn continuously and act boldly to address the changing needs and strengths of our communities. By working together with our community partners, engaging with our neighbors and analyzing local data, we aim to provide the best possible care that extends beyond the walls of our hospitals and clinics.

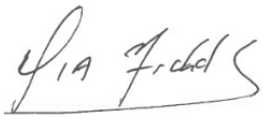
As we close another CHNA cycle, I'm inspired by the profound difference we make each day across our Illinois Division. From groundbreaking research and exceptional clinical care to meaningful patient programs and cutting-edge innovations, our work is driven by the patients, families and communities we serve. Together, we are shaping healthier futures for all.

We are deeply grateful to the many individuals and organizations who contributed to this assessment. Your perspectives and partnership are essential to improving the health and well-being of our communities, and we are proud to stand beside you in this work.

Publishing this CHNA is not the end of the conversation. It's an invitation to keep it going. We welcome your feedback, ideas and suggestions. At the end of this report, you'll find a link where you can share your thoughts on how we can strengthen community programs and strategies to better serve you and your neighbors.

Let's move forward toward better health for all.

Together always,



Dia Nichols
President, Illinois Division, Advocate Health

Letter from Hospital President

October 10, 2025

Thank you for taking the time to learn about the communities served by Advocate Good Samaritan Hospital through our Community Health Needs Assessment (CHNA). This report provides a detailed look at the health status and social needs of our service area, helping us deliver safe, high-quality care with compassion and dignity.

Advocate Good Samaritan Hospital in Downers Grove serves residents throughout DuPage County and nearby areas. We are deeply committed to not only exceptional patient care, but also to improving community health through strong partnerships and collaboration.

Every three years, we conduct a comprehensive CHNA in partnership with local organizations, stakeholders, and public health departments. This process includes extensive community engagement to ensure the assessment reflects the lived experiences and priorities of those we serve. Input from residents, along with internal and community data sources, forms the foundation of this report. Our Community Health Council also plays a key role by reviewing data, guiding priorities, and offering strategic insight.

For the 2025 CHNA, the Council has identified three priority health areas:

- Access to Health Care
- Mental Health
- Substance Use

We will implement strategies and interventions that address the root causes of these issues, guided by research, best practices, and evidence-informed approaches. This includes continuing long-standing programs and developing new initiatives.

It is our honor to work alongside community partners, leaders, and residents to improve the health and wellness of the diverse populations we serve. With a data-driven understanding of community needs, Advocate Good Samaritan remains committed to helping people live well and enhancing quality of life across our service area.

Eric Rhodes
President, Advocate Good Samaritan Hospital

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EXECUTIVE SUMMARY

In 2025, Advocate Good Samaritan Hospital (Advocate Good Samaritan) conducted a Community Health Needs Assessment (CHNA) for its Primary Service Area (PSA), which includes 21 zip codes in DuPage and Will Counties. The CHNA analyzed demographic, socioeconomic, and health data alongside input from the DuPage County Health Department (surveys and focus groups).

The PSA population is 66.8% White, 13.7% Hispanic/Latino, 10.2% Asian/Pacific Islander, and 5.9% Black/African American, with a median household income of $117,476.

The hospital's Community Health Council (CHC), comprised of hospital leaders and community representatives, guided the process through data review, discussion, and prioritization exercises. Health issues were rated against criteria including severity, urgency, disparities, cost, preventability, and long-term impact.

Key Findings

The CHC identified eight significant health needs: cardiovascular disease, diabetes, respiratory disease, substance and alcohol use, mental health, obesity, food insecurity, and access to care. After prioritization, the **three top health priorities** for the 2025 CHNA were confirmed as:

1. Mental Health
2. Substance Use
3. Access to Health Care

Cancer, housing, and maternal health were also noted as important concerns but were not included locally given Advocate Aurora Health's system-wide investments in these areas.

Next Steps

Advocate Good Samaritan, in collaboration with community partners, will develop an implementation strategy aligned with these priorities. Using a collective impact model, the strategy will define goals, objectives, and measurable outcomes to monitor community impact and program effectiveness.

ADVOCATE HEALTH CARE

Advocate Health Care is the largest health system in Illinois and a national leader in clinical innovation, health outcomes, consumer experience and value-based care. One of the state's largest private employers, the system serves patients across 11 hospitals, including two children's campuses, and more than 250 sites of care. Advocate Health Care, in addition to Aurora Health Care in Wisconsin and Atrium Health in the Carolinas, Georgia and Alabama, is a part of Advocate Health, the third-largest nonprofit health system in the United States. Committed to redefining care for all, Advocate Health provides nearly $6 billion in annual community benefits.

ADVOCATE GOOD SAMARITAN HOSPITAL

Advocate Good Samaritan Hospital is committed to providing clinically excellent, compassionate care. Through strong partnerships with outstanding physicians and nursing staff, we are improving the health of residents in our communities and meeting the highest standards for patient care.

Over its nearly 40-year history, Advocate Good Samaritan has evolved into a recognized national leader in health care. The hospital earned a Crystal Award from Truven Health Analytics in 2014 for being named to the 100 Top Hospitals list five times. It also is the only health care organization in the state to earn the prestigious Malcolm Baldrige National Quality Award, achieving the honor in 2010.

Advocate Good Samaritan features DuPage County's only Level I trauma center, a certified Level III neonatal intensive care unit and Magnet® recognition for nursing excellence. A range of services are offered at the hospital, including cardiology, orthopedic surgery, general surgery, gastroenterology, stroke care, obstetrics and gynecology, low-dose diagnostic imaging, and a comprehensive breast center. Advocate Good Samaritan is part of Advocate Health Care.

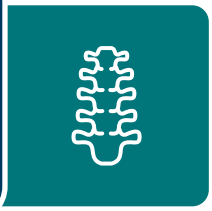
Heart Care

Level I Trauma Center

Stroke Care

Cancer Center

Bariatric Surgery



Spine Care

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (CHNA) is an analysis of the population, resources, services, health care statuses, health care outcomes, and other data within a defined community or service area that helps identify potential health issues being experienced by community members. Every nonprofit hospital is required to complete a CHNA every three years under the Patient Protection and Affordable Care Act (ACA), to demonstrate that a hospital is committed to promoting health.

A CHNA report is designed to inform a wide range of groups to learn more about a community's health and most urgent needs. It is a key tool for promoting health for all, as it lifts the community voice and encourages collaboration between different groups to create focused strategies to address the health needs identified in the CHNA.

Community Definition

For the purposes of this assessment, Advocate Good Samaritan Hospital defines "community" as its Primary Service Area (PSA). Of the 21 zip codes in the PSA, 15 are in DuPage County, while 6 belong to Will County. The PSA communities have been organized in order from greatest to lowest Hardship Index, and they include: Bolingbrook (60440), Romeoville (60446), Villa Park (60181), Lombard (60148), Oakbrook/Oakbrook Terrace (60523), Woodridge (60517), Lemont (60439), Glen Ellyn (60137), Naperville (60563), Burr Ridge/Willowbrook (60527), Westmont (60559), Downers Grove/Woodridge (60516), Darien (60561), Wheaton (60187), Lisle (60532), Wheaton (60189), Elmhurst (60126), Downers Grove (60515), Clarendon Hills (60514), Naperville (60540), and Hinsdale (60521).

Understanding who lives in a community is an important part of the CHNA process. A community is more than just a place on a map - it's made up of the people who live there, their shared experiences, and their differences. These differences can include things like age, income, education, race or ethnicity, and what people know about health. Learning about these details helps us see what specific health problems people face and what support they may need.

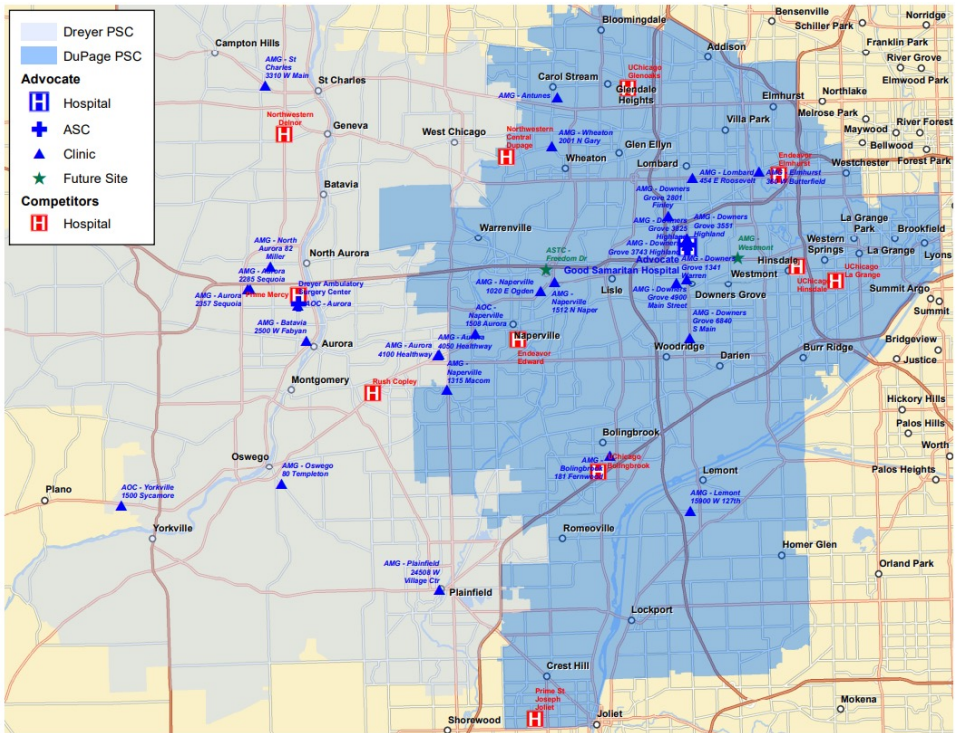


Exhibit 1:
Advocate Good Samaritan Hospital, Patient Service Area Map
Source: Advocate Health Care, Business Analytics, 2024

2019-2023 Data Estimates

Population
662,321

Largest Communities:
Lombard: 52,358
Bolingbrook: 52,074
Elmhurst: 47,759

Greatest Population Growth (2010-2020):
Downers Grove 60515: +6.5%
Clarendon Hills: +6.3%
Lisle: +6.1%
Lemont: +6.1%

Greatest Population Decline:
Westmont: –2.0%
Bolingbrook: –1.7%
Downers Grove/Woodridge 60516: –1.3%

Gender
50.7% Female
49.3% Male

Median Age
40.4 years PSA
41.6 years Females
39.4 years Males

Median Age by Race/Ethnicity
Hispanic or Latino 30.0
Two or More Races 25.5
Non-Hispanic White 44.9
Asian 39.3

Household/Family Single Parent Households
4.1% PSA
4.4% DuPage
5.9% Will
6.1% Illinois

Children under 18
22.4% PSA
22.4% DuPage
24.0% Will

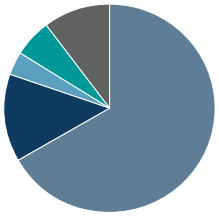
Seniors Living Alone
25.7% PSA
24.3% DuPage
21.7% Will

Highest Neighborhoods
46.6% Clarendon Hills
39.4% Downers Grove
32.9% Oakbrook Terrace

Lowest Neighborhoods
16.1% Naperville
20.9% Bolingbrook

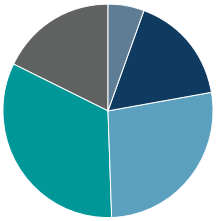
Population by Race/Ethnicity

Non-Hispanic White	66.8%
Hispanic or Latino	13.7%
Two or More Races	3.4%
Non-Hispanic Black	5.9%
Asian	10.2%

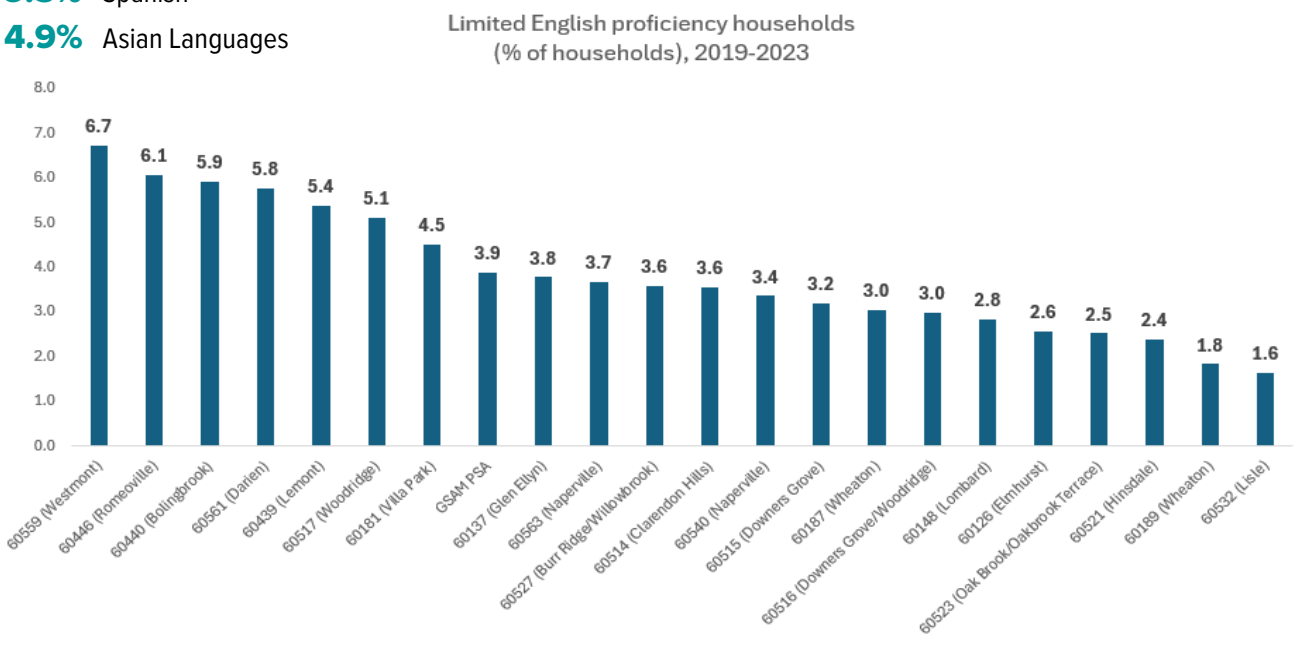


Population by Age Group

Infants 0-4	5.8%
Juveniles 5-17	16.6%
Young Adults 18-39	27.2%
Middle-Age 40-64	32.8%
Seniors 65+	17.6%



Primary Language Spoken at Home
9.3% Spanish
4.9% Asian Languages



Source: (Metopio, ACS, 2019-2023).

2019-2023 Data Estimates

Education

High School Graduation Rate		College Graduation Rate	
94.5%	PSA	53.8%	PSA
97.1%	NH White	55.4%	NH White
93.4%	NHBlack	37.5%	NH Black
92.0%	Asian	72.1%	Asian
82.6%	Hispanic or Latino	30.4%	Hispanic or Latino
89.1%	Native American	37.2%	Native American
88.6%	Two or more races	41.4%	Two or more races

Employment

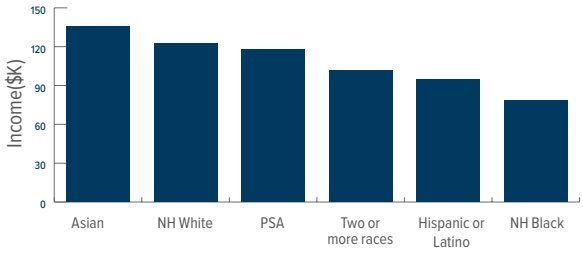
Unemployment rate of population 16+

4.6%	PSA
4.7%	DuPage
5.0%	Will
5.9%	Illinois

By Community:

9.5%	Oakbrook/Oakbrook Terrace
6.4%	Lisle
5.9%	Bolingbrook

Income by Race/Ethnicity (2019-2023)



Median Household Income

$117,476	$110,502	$107,799	$81,702
PSA	DuPage	Will	Illinois

Suggests higher standard of living in PSA and nearby counties

Population Living Below Poverty Level:

6.0%	6.4%	6.9%	11.7%
PSA	DuPage	Will	Illinois

By Race:

15.7%	NH Black
4.7%	NH White

By Age:

6.6%	0-4 years
6.7%	5-17 years
6.2%	Seniors

By Community:

Highest Neighborhoods

10.9%	Westmont
10.1%	Burr Ridge/Willowbrook
9.3%	Bolingbrook

Lowest Neighborhoods

1.8%	Hinsdale

Social Drivers of Health

Social drivers of health are the things in our everyday lives that can help us stay healthy or make it harder to be healthy. These include where we live, the food we eat, the schools we go to, the jobs our families have, and whether we can see a doctor when we need to.

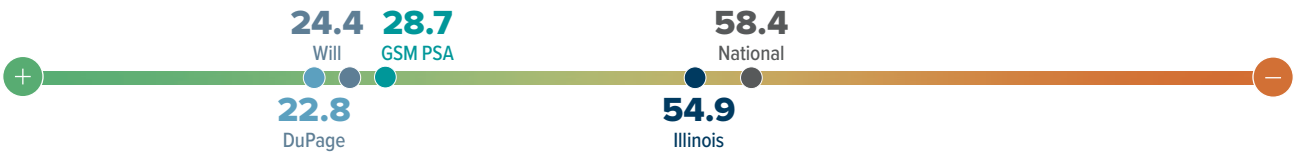
Social Drivers of Health can also cause health differences between groups of people. For example, if someone lives far from a store with healthy food, it's harder for them to eat well. This can lead to health problems like heart disease or diabetes. Just telling people to eat healthy isn't enough - we need to make sure they have what they need to make healthy choices. That's why people who work in health, schools, housing, and transportation must work together to help everyone live a healthy life.

Social Conditions at a Glance

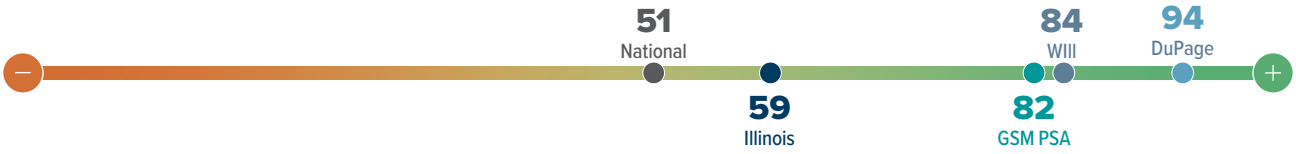
To better understand these factors and identify health inequities in a community, Advocate Health Care has partnered with Metopio, a software company that focuses on how communities are connected through people and places. Metopio's tools use data to show how different factors in each area influence health. It uses the latest data to create visual tools that focus on specific communities and hospital service areas.

The following section contains descriptions of three important indices found in Metopio. These indices combine various data points to compare areas in the community, helping to identify disparities caused by social factors that impact health. By doing this, it can better focus health improvement efforts where they are most needed.

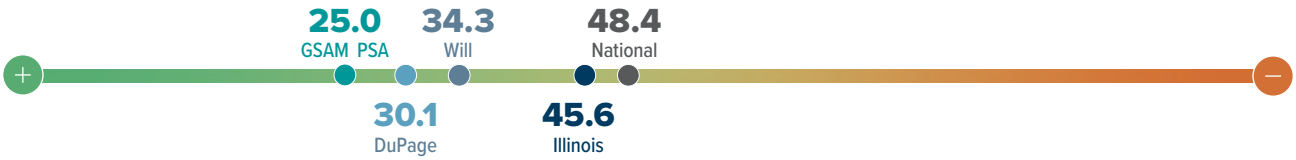
Social Vulnerability Index (SVI) – The SVI was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability). *(Source: Metopio, CDC, 2022)*



Childhood Opportunity Index (COI) – Childhood Opportunity Index 3.0 is a composite index that captures neighborhood resources and conditions that matter for children's healthy development scored as Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100). *(Source: Metopio, diversitydatakids.org, 2023)*



Hardship Index – The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. *(Source: Metopio, ACS, U.S. Census Bureau, 2019-2023)*



Communities with the greatest hardship index in the Good Samaritan PSA:

60440 Bolingbrook.....51.4
60446 Romeoville.....45.3
60181 Villa Park.....35.4
60148 Lombard.....29.9
60523 Oakbrook/Oakbrook Terrace.....29.8
60517 Woodridge.....29.4
60439 Lemont.....28.3
60137 Glen Ellyn.....26.0
60563 Naperville.....24.9
60527 Burr Ridge/Willowbrook.....24.7

How the CHNA Was Conducted

The Advocate Good Samaritan Community Health Department convenes regularly with the Community Health Council (CHC), which serves in an advisory capacity for the hospital's community health programming, Implementation Strategy, and Community Health Needs Assessment (CHNA). Led by the hospital's Regional Director of Community Health, the CHC includes 16 members, 12 from community-based organizations and four from the hospital - representing a range of sectors and expertise.

The CHC played a vital role in supporting the 2025 CHNA through data collection, review, and prioritization of health needs. From January to May 2025, the CHC met virtually five times for 90-minute sessions to provide feedback and engage in meaningful discussion. Community representatives offered critical insight into the needs of underserved populations, while hospital representatives contributed perspectives on patient health trends and resource alignment. Together, members identified health disparities, shared local knowledge on social barriers, and helped pinpoint high-need zip codes within the Primary Service Area (PSA).

Through this collaborative process, the CHC identified three priority health needs for Advocate Good Samaritan Hospital: Access to Health Care, Substance Use, and Mental Health. The CHC will continue to meet regularly to help shape Community Health Implementation Strategies (CHIS). Additionally, data from the 2025 DuPage County Health Department community surveys will be reviewed and incorporated into the final strategy development.

Purpose and Process

By 2025, Advocate Health Care had established the necessary resources to launch the 2025 Community Health Needs Assessment (CHNA), a process designed to better understand and address the health and social needs of the hospital's Primary Service Area (PSA). As part of this effort, Advocate Health Care maintained a contract with Metopio, a web-based data platform that provides access to a wide range of health and demographic indicators, including hospitalization and emergency department utilization trends. In addition, hospital and system leaders contributed de-identified, aggregated hospital utilization data through the Illinois Hospital Association's COMPdata system to inform the CHNA process.

During the final Community Health Council (CHC) meeting of 2024, the hospital's community health team presented the 2025 CHNA timeline and formally outlined expectations for CHC involvement. Council members received official membership letters detailing their roles and responsibilities, along with a comprehensive toolkit to guide participation. The toolkit included space for notetaking, national data on priority health issues, and summaries of the economic burden, long-term impacts, and preventability of each condition. This ensured that council members were well-informed and prepared to engage meaningfully in the upcoming data discussions.

In January 2025, the Community Health team began presenting demographic and socioeconomic data, followed by a series of in-depth presentations on the PSA's top eight identified health needs. After thorough discussion and analysis, CHC members completed a prioritization grid that allowed them to rate each health concern across six distinct criteria. The community health team compiled and analyzed these ratings to determine the top priorities. Based on the aggregated results, substance use, mental health, and access to care were identified as the top three health needs for the 2025 cycle.

Over the next three years, Advocate Good Samaritan Hospital's Community Health team will focus its strategic efforts on addressing these three priorities. At the same time, the hospital remains committed to supporting ongoing programs already in place and will remain responsive to any emerging health needs within the community.

Partnership

In addition to the work led by the hospital's Community Health Council, Advocate Good Samaritan Hospital actively participates on the DuPage County Health Department (DCHD) steering committee to help align efforts and support the county's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). To minimize redundancy and overlap, the hospital is also involved with DCHD's planning committee, which oversees the community survey efforts that collect qualitative data across the county. DCHD is further conducting focus groups to deepen understanding of community needs. Advocate Good Samaritan Hospital's Community Health team also meets regularly with other non-Advocate hospital systems to foster collaboration and maximize impact in shared zip codes.

Data Collection and Analysis

Multiple data collection strategies were employed to collect data for the CHNA. Our primary data source, Metopio, offers our hospitals over 198 health and demographic indicators, including 38 hospitalization and emergency department (ED) visit indicators at the service area and zip code levels. Utilizing the Illinois Hospital Association's COMPdata, Metopio was able to summarize, age adjust and average the hospitalization and ED utilization data for several time periods. The Metopio database provides a wealth of county and zip code data comparisons, and a Hardship Index, which helped to visualize vulnerable populations within service areas and counties. Additional data from Impact DuPage was leveraged to further illustrate the needs of our community. Impact DuPage, powered by Conduent Health Communities Institute, offers additional data and tools to illustrate the needs in our service area.

As indicated, Metopio was a key source of secondary data for the 2025 CHNA. This secondary data was crucial in analyzing the hospital's PSA health needs as the database was the only source that provided such an extensive amount of data specific to the 2025 CHNA's defined community. All data collected through Metopio was quantitative and included data comparisons between PSA communities, counties and the state.

Limitations: Due to timing conflicts, our team was unable to consider primary data during our health presentations. However, the DCHD conducted community survey and facilitated focus group conversations, all which is considered on our 2025 CHNA report and will be considered in our implementation strategies. The data will be used to focus on specific needs that correlated to the larger health needs identified. Summary of the focus groups can be found in the appendix.

Summary of Findings

Overall Health Status

Overall, Advocate Good Samaritan Hospital PSA's health outcomes are comparable to the average county in the state. In certain areas, the PSA had better health outcomes when compared to DuPage County and Will County.

However, many disparities - or differences in outcomes - exist between groups of populations in nearly every social and health issue, especially for Black, Indigenous and People of Color (BIPOC) populations. These disparities are often caused by barriers that these communities face. Health inequities are the unfair differences in health that can be avoided, measured and are often linked to injustice (AMA, 2021).

As you look at the data in the following sections, it is important to remember that these health issues are connected to many of these broader social and environmental factors.

Mortality - Leading Causes of Death in the United States

- According to the Centers for Disease Control and Prevention (CDC), the leading causes of death, in the US, in order from highest to lowest are: Heart Disease, Cancer, Accidents (unintentional injuries), Stroke, Chronic lower respiratory disease, Alzheimer's Disease, Diabetes, Nephritis (nephrotic syndrome & nephrosis), chronic liver disease (includes cirrhosis) and COVID-19 (CDC, National Center for Health Statistics, 2023)
  FastStats - Leading Causes of Death

Life Expectancy

- GSAM PSA: 81.2 years
- DuPage County: 81.3 years
- Will County: 79.0 years
- Illinois: 78.7 years

(Metopio, U.S. Small-Area Life Expectancy Estimates Project (USALEEP), 2010-2025).

Lowest Life Expectancy by Community

- 60446 Romeoville: 78.1
- 60440 Bolingbrook: 79.4
- 60563 Naperville: 80.3
- 60517 Woodridge: 80.4
- 60181 Villa Park: 80.5
- 60439 Lemont: 80.6
- 60516 Downers Grove/ Woodridge: 80.9 years

Building on Community Strengths

Before reviewing the significant health needs, it is important to recognize the assets, support systems, and health improvements within the community. These include hospitals, clinics, community organizations, and programs that help people stay healthy.

This section highlights key organizations and services that support community health, along with improvements that have been made since the last assessment. By understanding existing resources and recent progress, we can build on these strengths and find better ways to address remaining gaps in care.

Some initatives that seem to be working well in the community are:

DuPage County is very engaged in community efforts and in developing coalitions to address key disparities. The County has over 30 collaboratives in the area, each supporting multiple needs in the area. Key groups include:

DuPage Health Coalition: The mission of the DuPage Health Coalition is to develop and sustain in DuPage County a system for effectively and efficiently managing the health of low-income populations across the continuum of care.

DuPage Hunger Network: The focus is to provide quality food and nutrition to those in need; provide a forum for addressing hunger needs in our community; and educate and advocate for the elimination of hunger.

Behavioral Health Collaborative: A cross-sector partnership of DuPage County leaders, this group works collaboratively to identify and implement data-driven strategies that improve access and quality of behavioral health services for all DuPage County residents, advocate for aligning resources and funding, and educate the community about the signs and symptoms of mental illness.

- The DuPage County Health Department (DHC) and local stakeholders have been proactive in increasing access to Narcan availability in the community as an effort to reduce risk for overdoses.
- The new DuPage County Crisis Recovery Center (CRC) is a 24/7 facility designed to assist individuals, youth and adults, with any behavioral health crises.
- The 988 Suicide and Crisis Lifeline is also an immediate resource for any behavioral health needs with the option to call or text.
- DuPage County also offers 211, supporting residents with any social or health needs that they may be experiencing. The top needs identified in 2024, based on call volumes, were housing, utilities, information services, food and transportation.

Data Bright Spots:

- While there are multiple needs in the PSA by community, the overall Hardship Index score for the PSA is 25, placing it in the lowest quartile (10-25%) when compared to other areas and counties in Illinois.
- Peer disapproval of marijuana use in teens (67%) for DuPage County has increased over the years; the prior value for 2022 was 59% and in 2014, only 41% disapproved.
- Residents in the PSA are more likely to visit their health care provider and avoid unnecessary emergency department visits. The PSA rate for preventable acute ED visits is in the lowest quartile (10-25%) when compared to other zip codes in the state.
- Financially, the PSA's median household income ($117,476) and median earnings for workers ($62,081) is in the highest 10% when compared to other zip codes in Illinois.
- The PSA and County overall is doing well in many areas, achieving successful outcomes and benchmarks in several categories from socials drivers of health to individual health outcomes.

Identified Significant Needs

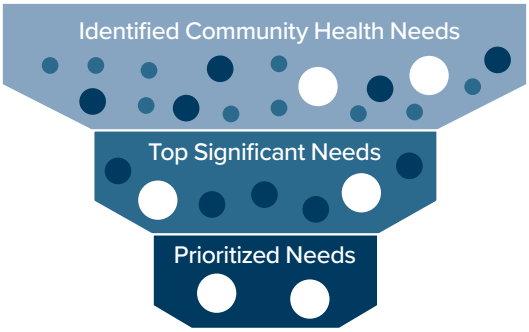
Even with progress and support in the community, challenges remain. While local programs and services have helped improve health, there are still gaps in care and unmet needs. This section looks at the biggest health concerns found in this assessment and areas where more support is needed to help the community stay healthy.

The following health needs section reviews parts of health such as health outcomes, social factors, and health behaviors.

- **Health outcomes** are the results of how healthy people are. This includes how many people in our community are affected by long-term illnesses, and the differences we see between groups of people.
- **Social factors** include things like income, education, jobs, and access to healthcare.
- **Health behaviors** are the choices people make, like what they eat and how much they move, and are often shaped by where people live and what is normal in their community.

Community input is important during this CHNA process, as it helps us decide which problems to focus on first. A health need is seen as important, or significant, if it's a big concern for the community, matches public health goals, and is backed up by data.

From the list of significant needs, we choose a smaller group of prioritized needs. These are the needs we will focus on first, in a very targeted way. This helps us make a plan to improve community health in the best way possible.



Top Health Concerns

Advocate Good Samaritan's Community Health team analyzed extensive health data, grouping indicators into broader themes based on health outcomes and health behaviors that correlate to those health outcomes. Our team acknowledges many confounding variables - language barriers, finances, age, medical history, environment, even zip code - affecting health in both direct and indirect ways. We recognize these underlying drivers as the Social Drivers of Health (SDOH).

Areas of Opportunity Found Through the Assessment	
Cancer	• Cancer incidence rates • Mammography screenings • Oncologist access
Cardiovascular Disease	• High blood pressure • High cholesterol • Heart attack, heart failure, hypertension, stroke
Diabetes	• Diagnosed with diabetes • Diabetes-related emergencies and hospitalizations • Lower-extremity amputations
Respiratory Diseases (Asthma & (COPD)	• Current Asthma • Asthma related complications • Chronic Obstructive Pulmonary Disease • Smoking and e-cigarettes (vaping) • Pneumonia and flu complications
Mental Health	• Poor self-reported mental health • Depression • Mental health related emergencies • Schizophrenia, suicide and self-injury
Substance Use	• Binge drinking • Alcohol and opioid related emergencies and hospitalizations • Drug overdose • Tobacco use
Obesity	• Obesity rates • Adult and childhood obesity • No exercise
Food Insecurity & Access to Healthy Food	• Food insecurity • Poverty and SNAP • Food Deserts
Access to Health Care	• Uninsured rates • Young invincibles • Preventable emergencies • Medicare coverage
Maternal, Child & Reproductive Health	• Maternal mortality • Maternal hardship • Low birth weight • Teen birth trends
Housing	• Severe housing cost burden • Homeownership challenges • Severe rent burden • Rising rent

The following pages summarize the top identified needs – also known as significant needs - from the CHNA process.

Cancer

SIGNIFICANT NEED

Why is this important? Cancer is a leading cause of death, and addressing it through prevention, early detection, and equitable treatment is critical. Reducing risk factors, such as smoking and unhealthy diets, can help lower incidence. Access to timely screening and care improves outcomes and quality of life for patients.

Significant Need Reasoning

Cancer continues to be the second leading cause of death in Illinois, where racial disparities remain stark: Black men experience cancer mortality rates about 42% higher than White men, and Black women face mortality rates approximately 27% higher than White women (Source: IDPH, Illinois Comprehensive Cancer Control Plan, 2022-2027).

A community leader from Wellness House in DuPage County shared that they serve individuals with a wide range of cancer types. Cancer patients in the area face substantial financial challenges, even when insured. Insurance-related barriers are common, and many patients encounter complex administrative hurdles in securing treatment and prescription approvals, which can lead to delays or interruptions in care.

Key Findings

- The PSA has the highest non-invasive breast cancer rate in the region (52.1 cases per 100,000 residents), with the highest rates in Downers Grove, Hinsdale, and Naperville. Some ZIP codes with lower rates, such as Westmont and parts of Wheaton, may reflect gaps in screening access or cultural barriers. Mammogram rates are lowest in Romeoville, Bolingbrook, and Lemont – these areas have also other social and economic barriers when compared to other communities in the PSA.
- While overall colorectal cancer rates in the PSA are slightly lower than DuPage County, more than half are diagnosed at late stage. Screening rates are higher than state averages but remain lowest in Romeoville, Bolingbrook, and Villa Park, suggesting targeted outreach is needed.
- Lung cancer incidence in the PSA is below the state average, yet certain ZIP codes such as Romeoville, Bolingbrook, and Villa Park experience significantly higher rates. Older adults (65+) are especially affected, with rates nearly five times higher than the overall population.
- Access to oncology specialists varies widely, with Hinsdale and Oak Brook having the highest physician density, while communities like Downers Grove, Clarendon Hills, Lemont, Wheaton, and Villa Park have no oncologists reported, highlighting potential care access disparities.

Contributing Factors

- The PSA shows higher breast cancer rates than county and state averages, especially in Downers Grove, Hinsdale, and Naperville. Lower rates in communities like Westmont and Wheaton may reflect barriers such as limited screening access, cultural attitudes toward preventive care, and socioeconomic differences.
- Specialist access is concentrated in affluent areas like Hinsdale and Oak Brook, while many ZIP codes report no oncologists at all. Geographic inequities, transportation barriers, and insurance coverage limitations contribute to uneven cancer care across the PSA.
- Although overall rates are slightly lower than DuPage County, more than half of colorectal cancers in the PSA are detected at late stage. Contributing factors include uneven access to screenings, lower utilization in communities like Romeoville and Bolingbrook, and disparities in preventive health behaviors.
- Lung cancer rates are below the state average overall, but ZIP codes like Romeoville, Bolingbrook, and Villa Park face significantly higher burdens. Risk is elevated by factors such as tobacco use, environmental exposures, and gaps in early detection, particularly among older adults.

Cancer *continued*

SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

General Cancer Prevalence
PSA: 8.2%
DuPage: 6.7%
Will: 6.7%
IL: 6.7%

Non-Invasive Breast Cancer* (females)
PSA: 52.1
DuPage: 49.5
Will: 49.2
IL: 38.3

Highest Rates by Community
60515 Downers Grove: 66.7
60521 Hinsdale: 65.7
60540 Naperville: 64.7
60523 Oak Brook: 61.3

Lowest Rates by Community
60563 Naperville: 37.4
60559 Westmont: 36.3
60187 Wheaton: 43.1
60189 Wheaton: 43.2

Note: Lower cancer diagnosis rates in some communities may reflect limited access to screening, cultural barriers, or challenges in navigating care—not necessarily lower incidence. In contrast, our more affluent communities tend to report higher diagnosis rates, likely due to better access to preventive services and early detection.

Mammogram Screening
(women 50-74, past 2 years)
60446 Romeoville: 69.7%
60440 Bolingbrook: 71.2%
60439 Lemont: 75.2%
60181 Villa Park: 75.7%
60148 Lombard: 75.8%

> I think my family initially was very quiet when talking about cancer... my mom was diagnosed with cancer and she had a really aggressive form of ovarian cancer that we started to open up and talk more about it and be more transparent with our health.
>
> – White, non-Hispanic cancer caregiver from suburban Cook County, 27 years of age – IDPH, Illinois Comprehensive Cancer Control Plan, 2022-2027
>
> Today, it is rare for anyone to live a life unaffected by cancer—indeed, more than 40% of Americans can expect to be diagnosed with cancer at some point in their lives. Cancer and its treatment wreaks both a physical and emotional toll on the patient, adding to the individual's suffering, preventing adherence to treatment, and interfering with patients' ability to manage their illness and health.
>
> – Kate Fridholm, Director of Development, Wellness House

Colorectal Cancer (ages 50-70)*
PSA: 41.8
DuPage: 42.1
Adults 65+: 149.3
more than half of diagnoses are late stage

Highest Rates by Community
Downers Grove: 49.9
Wheaton: 47.6
Lombard: 46.9

Lowest Rates by Community
Romeoville: 35.4
Lemont: 36.2
Westmont: 36.3
Naperville: 36.6

Colorectal Cancer Screening
PSA: 65.2%
DuPage: 60%
IL: 55.3%

Highest Rates by Community
Oak Brook: 70.4%
Downers Grove: 69.2%
Wheaton: 68.2%
Darien: 68.2%

Lowest Rates by Community
Romeoville: 55.8%
Bolingbrook: 58.7%
Villa Park: 63%

Lung Cancer*
PSA 54.7
DuPage: 56.9
IL: 73.8
Adults 65+: 256.9
Late stage diagnoses: 33.2

Highest Rates by Community
Romeoville: 82.3
Villa Park: 70.0
Lombard: 69.0

Lowest Rates by Community
Hinsdale: 35.3
Clarendon Hills: 38.1
Wheaton: 38.7

Prostate Cancer* (males)
PSA: 164.5
Most detected early at localized stage (117.4)

Oncologist Access*
Timely access to oncology care is critical for early diagnosis, effective treatment, and improved survival outcomes. Without it, patients face delays that can significantly affect their prognosis and quality of life.

Highest Rates by Community
Hinsdale: 147.7
Oak Brook: 110.9
Burr Ridge: 45.8
Naperville: 39.1

No Oncologists Reported in:
Downers Grove
Clarendon Hills
Lemont
Wheaton
Villa Park

**Diagnoses/Rates per 100,000 residents*

Cardiovascular Disease

SIGNIFICANT NEED

Why is this important? Heart disease and stroke are major causes of illness and death, making prevention and management essential. Lifestyle changes, like healthy eating, regular exercise, and avoiding tobacco, can significantly reduce risk. Early diagnosis and proper treatment help prevent complications and improve longevity.

Significant Need Reasoning

Heart disease is still the top cause of death nationally and a major concern in Illinois, where nearly 8 percent of adults report cardiovascular disease.

DuPage County leaders are prioritizing heart health by addressing disparities in access to AED defibrillators. Through partnerships with local organizations, they're funding CPR training and expanding AED installations to improve emergency response across the county.

> There are many patients who are diagnosed with Congestive Heart Failure (CHF) or Cardiomyopathy and have not experienced a CHF exacerbation, and they are unaware of the signs. The feedback I get from many patients who have had CHF diagnosis for a while and don't receive this education until they are in the hospital with an exacerbation is that they were never educated on this and did not know the signs, so they never contacted their doctor.
> – Congestive Heart Failure, Nurse Navigator

Key Findings

- Locally, more than one in four adults in DuPage County has high blood pressure, and heart attack death rates remain significant at 47.4 per 100,000 residents. These numbers underscore the ongoing burden of cardiovascular disease in the region.
- Within the Advocate Good Samaritan PSA, hypertension and cholesterol are widespread, with some zip codes reporting particularly high prevalence; 60523 Oak Brook/Oakbrook Terrace (36.5 percent) and 60440 Bolingbrook (32.4 percent) have some of the highest rates of high blood pressure, while 60446 Romeoville and Bolingbrook also show high rates of other heart-related conditions. These same communities report lower use of blood pressure medication.
- Heart health outcomes vary sharply across populations. Non-Hispanic Black residents consistently experience the highest rates of ED visits and hospitalizations for heart failure, hypertension, and stroke. Adults ages 65 and older also face a disproportionate burden, with hospitalization rates many times higher than younger groups.
- Communities with higher emergency department visits, such as 60446 Romeoville and 60440 Bolingbrook, also have higher hospitalization rates for heart attack, heart failure, and hypertension. This pattern suggests delays in accessing routine and preventive care, driving reliance on emergency services to manage chronic conditions. Strengthening access to primary care and preventive resources could help reduce these avoidable hospitalizations

Contributing Factors

- High prevalence of hypertension and cholesterol – Over one-quarter of adults in the PSA report high blood pressure, with certain communities such as 60523 Oak Brook (36.5%) and 60440 Bolingbrook (32.4%) reporting even higher rates. Elevated cholesterol further compounds cardiovascular risk.
- Unequal treatment and management – Some communities with high rates of hypertension, including Romeoville and Bolingbrook, also report lower use of blood pressure medication, suggesting barriers to ongoing care and disease management.
- Disparities across race and age – Non-Hispanic Black residents experience the highest ED visits and hospitalizations for heart failure, hypertension, and stroke, while adults 65+ face disproportionately higher hospitalization rates compared to younger adults.
- Reliance on emergency care – Communities with higher ED visits, such as Romeoville and Bolingbrook, also have higher hospitalizations for heart-related conditions, pointing to gaps in preventive care and timely primary care access.

Cardiovascular Disease *continued*

SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

DuPage County

High blood pressure:
29.1% of adults

Heart attack death rate*:
47.4

Stroke diagnosis:
2.8% of adults

High Blood Pressure (2022):
PSA prevalence: 28.5% of adults
Highest prevalence:
Oak Brook/Oakbrook Terrace (60523): 36.5%
Bolingbrook (60440): 32.4%
Lowest prevalence:
Naperville (60563): 25.6%

Medication Gaps (2019):
Bolingbrook: 67.3%
Romeoville: 64.5%
(low treatment rates despite high risk)

High cholesterol:
highest: 38.7% (Oak Brook 60523)
lowest: 28.3% (Naperville 60563)

Hypertension
ED Visit Rates (2019-2023)*:
PSA: 261.9
Non-Hispanic Black (NH) residents: 806.6
(3x higher than other groups)
Bolingbrook: 410.7
Romeoville: 405.7

Hospitalizations (2019-2023)*:
Highest in NH Black residents: 174.7
Adults 65+: 75.8
Romeoville: 57.2
Westmont: 51.3
Bolingbrook: 42.1

Heart Attack Hospitalizations (2018-2022)*:
PSA: 147.6 per 100,000 residents
DuPage: 150.3
Will: 196.7
Highest in several DuPage County communities:
Romeoville (60446): 206.8
Lemont (60439): 194.3
Villa Park (60181): 177.2
Bolingbrook (60440): 174.7

Heart Failure ED visit rate (2019-2023)*:
PSA: 56.8 per 100,000
DuPage: 56.9
Will: 65.6
NH Black residents: 159.8 ED visits
625.8 hospitalizations
White: 62.4 ED visits
Adults 65+: 213.8 ED visits
1,374.8 hospitalizations
Romeoville: 89
577.0 hospitalizations
Bolingbrook: 84.3
468.2 hospitalizations

Note: Bolingbrook and Romeoville are communities experiencing greater hardship, reflected in the highest emergency department and hospitalization rates in the PSA. ***This suggests residents may face barriers to care, delay treatment, and encounter personal and systemic challenges that impact their health outcomes.***

Stroke (2019-2023)*:
PSA ED rate: 43.5
DuPage: 39.5
Will: 40.5

Hospitalizations (2019-2023)*:
PSA: 192.9
DuPage: 196.7
Will: 228.5
NH Black: 309.5
Adults 65+: 658.6

**Rates per 100,000 residents*

Diabetes

SIGNIFICANT NEED

Why is this important? Diabetes affects millions worldwide, and proper management and access to care can prevent complications. Promoting healthy diets, physical activity, and regular monitoring helps reduce disease burden. Education and support are key to empowering individuals to manage their condition effectively.

Significant Need Reasoning

Despite the growing burden of diabetes across Illinois, DuPage County faces a significant gap in accessible prevention and support services. Many residents, especially those in underserved communities, lack consistent access to culturally competent education, early screening, and self-management programs. This absence of coordinated resources contributes to delayed diagnoses, poor disease management, and increased risk of costly complications such as heart disease and kidney failure. Addressing this gap is critical to improving health outcomes and reducing long-term strain on the healthcare system.

There is a clear gap in diabetes prevention efforts, highlighting the need for hospitals to expand community-based programs and invest in dedicated health educators who can support both patients and the broader community. Strengthening these resources is essential to improve early detection, education, and long-term management of diabetes.

Key Findings

- Nationally, 11.6% of the population has diabetes, with higher rates among American Indians (13.6%), Black (12.1%), and Hispanic (11.7%) populations. In Illinois, 10.4% of adults are affected. Within the PSA, prevalence is even higher at 10.8%, with certain communities such as Oak Brook/Oakbrook Terrace (15.5%) and Bolingbrook (12.7%) experiencing the greatest burden.
- Non-Hispanic Black residents consistently experience the highest rates across emergency visits (362.3), hospitalizations (324.3), and uncontrolled diabetes complications (327.6). Men have higher rates than women in nearly every category, and adults age 65 and older face the greatest risks, including nearly double the PSA average for uncontrolled diabetes hospitalizations.
- Bolingbrook (60440), Romeoville (60446), and Villa Park (60181) repeatedly rank among the highest for prevalence of diabetes, emergency visits, hospitalizations, and complications. These communities represent concentrated areas of need for prevention and intervention efforts.
- The PSA experiences 37.0 diabetes-related lower-extremity amputation hospitalizations per 100,000 residents, slightly higher than DuPage County but lower than Will County. Westmont, Villa Park, Romeoville, and Bolingbrook carry the highest amputation rates, underscoring the impact of uncontrolled diabetes and barriers to timely preventive care.

Contributing Factors

- Limited use of preventive and primary care leads to more emergency visits and hospitalizations, highlighting gaps in access to care for Diabetes.
- Black and Hispanic residents experience disproportionately higher rates of diabetes and complications, signaling major racial and ethnic disparities in the PSA.
- Areas like Bolingbrook, Romeoville, and Villa Park face consistently higher burdens which again suggests that there are community-level challenges that impact poor health outcomes in the area.
- Lower income communities face worse diabetes outcomes due to limited access to healthy food, quality healthcare, and diabetes education, combined with financial strain and chronic stress, which hinder effective prevention and management.

Diabetes *continued*

SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

	Diagnosed Diabetes	Diabetes ED Visits*	Diabetes Hospitalizations*	Uncontrolled Diabetes ED Visits*	Uncontrolled Diabetes Hospitalizations*	Amputation Hospitalizations*
PSA	10.8%	109.9	117.3	100.8	24.1	37
DuPage County		113.7	116	104.4	23.3	35.4
Will County		173.7	186.4	150.8	42.8	44.6
Illinois		223.2	179.0	184.1	39.5	49.8
Oakbrook/Oakbrook Terrace (60523)	15.5%					
Bolingbrook (60440)	12.7%	217.5	208.9	196.6	44.5	60.2
Darien (60561)	12.5%					
Burr Ridge/Willowbrook (60527)	12.4%					
Romeoville (60446)	12.1%	168.5	206.2		48.1	61.9
Villa Park		185.3	178.3	167.6		63.5
Westmont						65.5
NH Black		362.3	324.3	327.6	80.6	
Hispanic		122.3		155		
Men		123	145.9		27.1	
Women						
Age 65+		243.2			69.8	
Medicare Population						

**Rates per 100,00 residents*

> The Take Charge of Your Diabetes program delays and even prevents serious, costly complications—such as heart disease, stroke, and kidney failure—which directly impacts public health. Successful management of one of the most expensive chronic conditions reduces the health system's financial burden by decreasing emergency department visits and hospital admissions.
>
> – DuPage Health Coalition, Community Leader
>
> Services are limited across the county, and more programs need to be available for diagnoses and newly diagnosed individuals.
>
> – Community Health Council Leader

Respiratory Diseases

SIGNIFICANT NEED

Why is this important? Respiratory diseases impact daily life and increase hospitalizations, highlighting the need for prevention, education, and treatment. Environmental factors, such as air quality, play a significant role in disease severity. Proper medication use and management strategies can reduce symptoms and improve quality of life.

Significant Need Reasoning

DuPage County lacks sufficient prevention and support services for respiratory illnesses, despite rising cases of flu, COVID-19, and other conditions. Limited access to early intervention and education increases the risk of severe illnesses and strains local healthcare resources. Expanding respiratory health programs is essential to protect vulnerable populations and improve public health outcomes.

Our Respiratory Health Department at Advocate Good Samaritan Hospital shared several key observations that highlight why respiratory health is a critical area of focus for our community. They've reported a steady flow of patients presenting with COPD, pneumonia, and asthma, with many COPD patients relying on the emergency room rather than their primary care providers. This pattern suggests a need for better care coordination and access to preventive services.

Additionally, a small percentage of these patients are still smoking, which presents an opportunity to strengthen our smoking cessation efforts and provide more targeted support.

These insights underscore the importance of a community-driven approach to respiratory health—one that addresses both medical and social needs to improve access, prevention, and long-term wellness.

Key Findings

- Nearly 1 in 12 U.S. residents live with asthma. In the PSA, 8.7% of residents report asthma, with higher rates in Romeoville and Bolingbrook. Children and non-Hispanic Black residents are disproportionately affected, with strikingly higher ED visits (873 per 100,000 residents) and hospitalization rates.
- Non-Hispanic Black residents consistently experience far higher ED visits and hospitalizations for both asthma and COPD compared to other groups. Children (ages 0–4) and older adults (65+) also face elevated hospitalization rates, highlighting age-related vulnerability.
- COPD affects 5% of PSA residents, with the highest rates in Lemont and Oakbrook Terrace. ED visits and hospitalizations are significantly higher among non-Hispanic Black residents, women, and adults 65+.
- Pneumonia and flu contribute to high ED visits and hospitalizations across the PSA. Non-Hispanic Black residents report ED visit rates nearly three times higher than the overall population, while non-Hispanic White residents experience the highest hospitalization rates.

Contributing Factors

- Racial and ethnic disparities. Non-Hispanic Black residents consistently experience the highest ED visit and hospitalization rates for both asthma and COPD, showing unequal disease burden and access to care.
- Age-related vulnerability. Young children (0-4 years) have the highest asthma hospitalization rates, while older adults (65+) face elevated risks for asthma and COPD.
- Smoking and tobacco use. Tobacco remains a leading driver of COPD and worsens asthma outcomes. Certain communities show higher smoking rates.
- Community-level variation. Communities in a greater hardship index areas also experience worse respiratory health and more frequent exacerbations because they're disproportionately exposed to air pollution - both outdoor (like traffic emissions and industrial contaminants) and indoor (such as poor housing conditions) - while also facing limited access to quality healthcare, all of which compounds chronic respiratory risks.

Respiratory Diseases *continued*

SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

	Current Asthma*	Asthma ED Visits*	Asthma Hospitalizations*	Chronic Obstructive Pulmonary Disease COPD*	COPD ED Visits*	COPD Hospitalizations*
PSA	8.7%	152.4	34.4	5.0%	185.1	163.0
DuPage County	8.5%	147.5	31.0	4.1%		155.3
Will County	9.3%	198.9	43.8	4.6%		248.6
Oakbrook/Oakbrook Terrace (60523)				6.0%		
Bolingbrook (60440)	9.5%	326.4	61.9		328.8	
Darien (60561)				6.0%		
Burr Ridge/Willowbrook (60527)			52.1			
Romeoville (60446)	9.6%	251.7	54.4		298.0	
Villa Park (60181)	9.0%	223.4			292.8	
Woodridge (60517)	9.0%					
Lemont (60439)	9.0%			6.2%		
NH Black		873	145.3		623.4	403.3
Women		159.9			208.3	
0-4 years			111.3			
40-60 years						73.4
65+ years					266.9	332.9

Source: (Metopio, BRFSS, 2022) **Rates per 100,00 residents*

Other Respiratory Indicators

Smoking & E-Cigarettes
PSA smoking rate: 10.5%
DuPage: 9.7%
Will: 12.5%
Highest smoking rates by community:
60440 Bolingbrook: 13.9%
60446 Romeoville: 13.6%
60181 Villa Park: 12.8%
60439 Lemont: 11.8%
60148 Lombard: 11.4%

DuPage, County Level Data
Adults e-cigarette use: 5.9% (no change)
Teen smoking: 2% (no change)
Teen e-cigarette use: 10% (declining)

Community-Acquired Pneumonia ED*
PSA ED rate: 77.1
NH Black: 177.5 (highest)
Hospitalization*
PSA: 76.7
NH White: 98.6 (highest)

Pneumonia & Flu ED*
PSA ED rate: 321
NH Black: 960 (highest)
Hospitalization*
PSA: 135.5
NH White: 169.3 (highest)

> Another major concern is transportation—many patients face challenges getting to and from the hospital, leading to missed appointments in both the ER and outpatient clinic. These barriers not only affect individual health outcomes but also strain the healthcare system.
>
> – Respiratory Department, Advocate Good Samaritan Hospital

Substance Use: Alcohol and Drug Misuse

SIGNIFICANT NEED

Why is this important? Alcohol and drug misuse has a large impact on public health, mental well-being, and community stability. Substance misuse contributes to preventable health issues like liver disease, cardiovascular problems, and overdose deaths, while also being linked to social and economic issues.

Significant Need Reasoning

Leaders from the Behavioral Health Coalition in DuPage shared that substance use and mental health remain urgent priorities in DuPage County due to their deep and widespread impact. Youth data shows concerning levels of depression, suicidal ideation, and ongoing use of alcohol, cannabis, and vaping—issues that affect not just individuals, but families, schools, and the overall health of our communities.

Community leaders from the DuPage County Health Department emphasized that stigma around mental health and substance use continues to prevent people from seeking care—whether it's individuals avoiding sober housing due to safety concerns or teens whose parents don't understand the need for therapy. They also noted that overdose trends are constantly evolving, with substances like xylazine, nitazenes, and others requiring ongoing attention and updated public health messaging.

Key Findings

- In the PSA, we recognize High Binge Drinking rates in certain communities. Elmhurst, Glen Ellyn, and Villa Park exceed 19% binge drinking: Oakbrook/Oakbrook Terrace reports alcohol-related ED visits to over 760 ED visits per 100,000 residents.
- Alcohol and Opioids disproportionately affect Black residents and young adults. Non-Hispanic Black residents and adults 18–39 have the highest ED visit rates for both alcohol and opioids.
- While Opioids impact all communities in our PSA, we noticed higher rates in key areas. Oakbrook/Oakbrook Terrace and Villa Park show the highest opioid-related ED visits and hospitalizations in the PSA.
- On a favorable note, Youth Substance Use is declining. Teen alcohol use dropped from 29% to 22%; marijuana disapproval increased to 67%.
- Overdose deaths and treatment access gaps persist in our service area. DuPage County recorded 114 overdose deaths in 2023; efforts to increase NARCAN access continue to save lives, but more work needs to be done. We recognize that treatment access is lower in Will County compared to the PSA and state averages.

Contributing Factors

- Social and environmental stressors such as poverty, unstable housing, unemployment, peer pressure, and exposure to community violence can contribute to the misuse of substances.
- Health and biological factors have a major impact on substance use outcomes such as genetic predisposition, co-occurring mental health conditions, and chronic pain or medical conditions.
- Adverse childhood experiences (ACEs), abuse, neglect, and unresolved trauma all contribute to individual life experiences and trauma.
- Easy access to alcohol, tobacco, or drugs, combined with limited prevention, treatment, and recovery resources are major factors. Communities with greater hardship often have a higher concentration of liquor stores.

Youth Substance Use (DuPage County)
Alcohol use among 12th graders: 22% *(down from 29%)*
Peer disapproval of marijuana: 67% in 2024 *(up from 59%)*
Overall: *Youth alcohol and marijuana use trending downward; perception of harm increasing*

Alcohol Use – Adults
DuPage County: 20.5% reported binge drinking in past 30 days *(up from 16.2% prior year)*
Places county in bottom quartile, nationally and statewide

Substance Use: Alcohol and Drug Misuse
continued

SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

	Binge Drinking (Adults)	Alcohol Related ED Visits*	Alcohol Related Hospitalizations*	Opioid Use ED Visits*	Opioid Use Hospitalizations*	Drug Overdose Deaths*^	Opioid Treatment Providers*	Tobacco Use
PSA	19.0%	322.7	162.0	138.7	144.9		13.6	10.5%
DuPage County	20.5%	338.1				16.8	15.1	9.7%
Will County		293.7					7.4	12.5%
Illinois							17.4	12.4%
Oakbrook/ Oakbrook Terrace		764.2	415.9	376.7	368.8			
Elmhurst	21.8%							
Glen Ellyn	19.3%							
Lombard	19.9%							
Villa Park	19.8%	476.3		254.5	205.4			
Wheaton 60187	20.6%							
Wheaton 60189	19.6%							
Lisle		416.3	241.2					
Westmont			268.8					
Downers Grove			221.2					
Burr Ridge/ Willowbrook				239.7	212.0			
NH Black		664.9		418.6		28.4		
Women						8.8		
Men				195.7		24.7		
ages 18-39 years		605.3		337.4				

**Rates per 100,00 residents*
^Age-Adjusted, 2018-2022

Mental Health

SIGNIFICANT NEED

Why is this important? Mental health affects overall well-being, relationships, and productivity, and access to care and support is vital. Early intervention and treatment can prevent worsening symptoms and improve daily functioning. Reducing stigma and increasing awareness helps communities provide better support for those affected.

Significant Need Reasoning

The DuPage County Health Department and local leaders spearheaded a Forces of Change activity and of the 11-group discussion, mental health appeared in 9 group discussions.

From the focus groups, the major concerns highlighted included increase in demand for MH services, lack of providers, adolescent needs, burnout, and disparities related to access.

Additionally, social media, stress and system gaps were highlighted as areas of opportunity.

Community leaders from the DuPage County Health Department expressed deep concern about the availability and affordability of mental health care. With long waitlists - especially for youth and children under five - and growing uncertainty around Medicaid and ACA funding, the question isn't just who needs help, but where they'll go to get it

Key Findings

- In DuPage County, 16% of Medicare beneficiaries reported depression - slightly above state and prior rates (CMS, 2023). Overall, 17.1% of adults report a depression diagnosis, with notable variation in self-reported poor mental health, highest in Romeoville and Bolingbrook and lowest in Hinsdale and Oakbrook.
- While the PSA's mental health ED visit rate is below county and state levels, young adults (18–39) and Non-Hispanic Black residents have the highest rates, often several times greater than other groups. Oakbrook/Oakbrook Terrace, Bolingbrook, and Villa Park face the greatest burden.
- Non-Hispanic Black residents and young adults have the highest mental health hospitalization rates in the PSA, with children's rates for the PSA slightly below county and state averages. Oakbrook/Oakbrook Terrace, Wheaton, and Downers Grove report rates well above the PSA average, while Elmhurst and Naperville have the lowest.
- Youth aged 5–17 and Non-Hispanic Black residents face the highest suicide and self-injury ED visit rates, and females have higher rates than males. Oakbrook/Oakbrook Terrace, Villa Park, and Wheaton show elevated rates for both ED visits and hospitalizations, signaling a need for targeted prevention.

Contributing Factors

- Socioeconomic Stressors: Communities with higher hardship (e.g., Bolingbrook, Romeoville) show elevated mental health ED visits, reflecting the impact of poverty, housing instability, and financial strain.
- Access to Care Barriers: Limited availability of affordable services contributes to higher ED use, especially among young adults (18–39) who have the highest visit rates.
- Racial & Ethnic Disparities: Non-Hispanic Black residents experience disproportionately high ED visits and hospitalizations, pointing to systemic inequities and stressors.
- Co-Occurring Challenges: Higher rates of substance use, chronic illness, and stress in some PSA communities increase vulnerability to depression, suicide, and self-injury.

Mental Health *continued*

SIGNIFICANT NEED

> We're seeing an urgent need for early prevention and parent education around youth mental health and substance use. Young people are overwhelmed by academic pressures, and broader issues like political instability and lack of funding are deepening mental health challenges in our communities.
>
> – DuPage County Health Department Leader, BHC Co-Chair

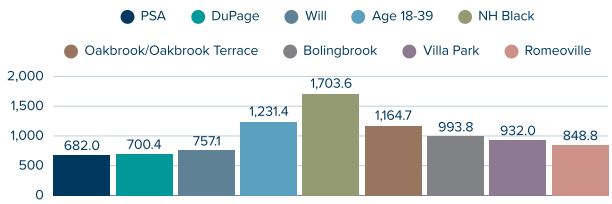
Depression

Medicare Beneficiaries (2023):
16% in DuPage County *(Prior value: 15%)*
Slightly higher than Illinois average (15%)

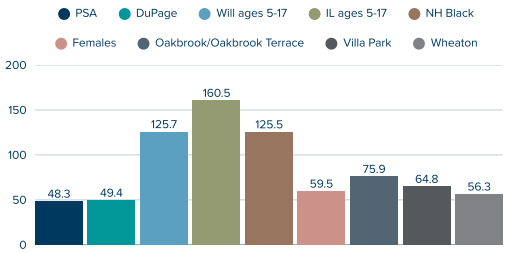
All Adults Ever Diagnosed (2022):
16.3% in DuPage County
Places DuPage County in the best 50% nationally

HIGHLIGHTED DISPARITIES

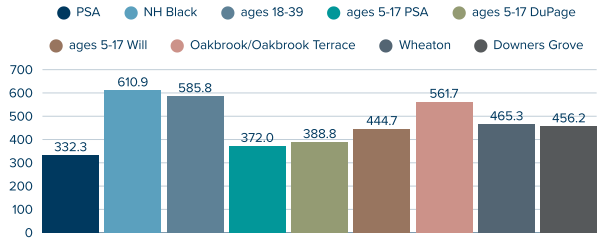
Mental Health ED Visits*



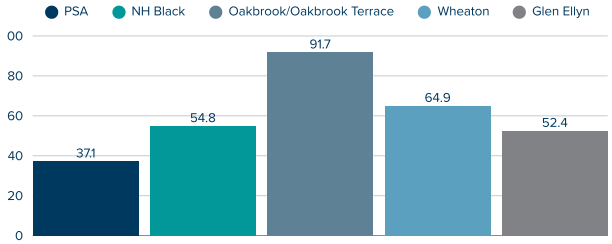
Suicide & Self Injury ED Visits*



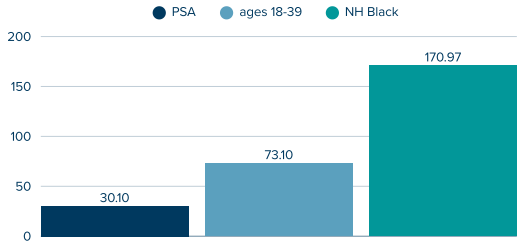
Mental Health Hospitalizations*



Suicide & Self Injury Hospitalizations*



Schizophrenia ED Visits*



Self-Reported Poor Mental Health

Romeoville: 16.3% *(highest)*
Bolingbrook: 15.7%
Hinsdale: 10.7% *(lowest)*
Oak Brook: 9.8%
Drivers: Community stressors, resource access, socioeconomic conditions

**Rates per 100,00 residents*

Obesity

SIGNIFICANT NEED

Why is this important? Obesity contributes to chronic diseases and reduces quality of life, emphasizing the importance of healthy lifestyles and supportive environments. Nutrition education, physical activity, and community initiatives can help prevent obesity. Addressing obesity early can reduce the risk of related conditions such as diabetes and heart disease.

Significant Need Reasoning

With the ongoing increase of obesity rates, DuPage County lacks sufficient intervention programs to meet community needs. There's an urgent call for more culturally relevant and clinically supported initiatives that address the root causes, especially in communities experiencing greater economic hardship.

During Advocate Good Samaritan's community council meetings, community health leaders across DuPage County agree that addressing obesity requires more than awareness - it demands targeted clinical interventions. To truly support individuals struggling with behavioral change, we need stronger clinical engagement, personalized care plans, and expanded access to evidence-based obesity treatment and prevention programs.

Key Findings

- Across the U.S., adult obesity affects 41.9% of the population and youth obesity affects nearly 1 in 5 children. Black (49.9%) and Hispanic (45.6%) adults experience the highest rates, while Asian adults report the lowest. Among youth, American Indian/Alaska Native (29.6 %) and Black children (25.2 %) are most impacted, underscoring persistent racial and ethnic disparities.
- More than 16% of public school students in DuPage County were classified as obese in 2023–2024, a steady increase from 15% previously. Nearly half (45.1%) of these children also presented with elevated blood pressure. Early childhood trends are concerning as well, with 16.9% of WIC-enrolled children ages 2–4 experiencing obesity (pre-COVID data).
- In DuPage County, 17.1% of adults reported no leisure-time physical activity in the past month, with women (18.8 %) more sedentary than men (15.3%). Within the PSA, nearly 1 in 3 adults (30.6%) are obese, slightly higher than DuPage overall (29.4%). By comparison, Will County (36.6%) exceeds both the PSA and Illinois averages.
- Obesity rates are highest in 60440 Bolingbrook (38.6%) and 60446 Romeoville (38.3%), where more than one-quarter of residents also report not exercising. Other communities such as 60181 Villa Park (32.1%) and 60517 Woodridge (31.2%) also face high obesity prevalence. Meanwhile, 60523 Oakbrook (25.8%) and 60521 Hinsdale (26.4%) report the lowest rates. These disparities suggest targeted prevention and lifestyle support efforts are most needed in Bolingbrook, Romeoville, and similar high-burden areas.

Contributing Factors

- Obesity is highly prevalent in communities experiencing greater hardship meaning that families in these areas have less resources and have more financial constraints when compared to communities with a lower hardship index score. In exchange, these communities tend to have greater access to processed foods, sugary drinks and limited access to affordable healthy foods.
- Physical activity and environmental barriers are also major contributing factors. We see a clear correlation between communities with greater obesity also living in communities with a lower walkability score and experiencing higher ambulatory difficulties.
- Understanding cultural and behavioral influences is also important. We recognize that the communities with the highest obesity percentages are also communities of color, suggesting a wide range of cultural influence in those communities.
- There are many factors that contribute to obesity, many which have been highlighted in this report such as food insecurity, stress, anxiety, lack of education in certain areas and much more. The socioeconomic factors (poverty, unemployment, etc.) all play major roles in how people stay healthy.

Obesity *continued*

SIGNIFICANT NEED

Community leaders recognize that economic hardship is a major driver of obesity, often limiting access to healthy food, safe spaces for physical activity, and consistent care. To make a meaningful impact, we must invest in culturally relevant programs that meet people where they are, respecting diverse values, traditions, and lived experiences while supporting sustainable behavioral change.

HIGHLIGHTED DISPARITIES

Obesity in the U.S. (State of Obesity Report, 2024)	**U.S. Adults (age 18+)**	**U.S. Youth (ages 6-17)**
U.S.	41.9%	–
NH Black	49.9%	25.2%
NH White	41.4%	13.9%
Hispanic	45.6%	23.7%
Multiracial	–	17.6%
American Indian/Alaska Native	–	29.6%
Asian	–	12.4%

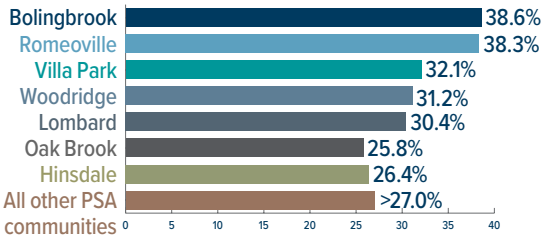
Childhood Obesity in DuPage County
Public School Students: 16.2% *(Prior value: 15%)*
(K, 6th, 9th grades, 2023–24)
45.1% also had elevated blood pressure
Children age 2–4: 16.9%
(WIC, 2018 – pre-COVID data):

Adult Obesity in DuPage County

Physical Activity (CDC, 2021):
No leisure-time physical activity: 17.1%
Women: 18.8% sedentary
Men: 15.3% sedentary

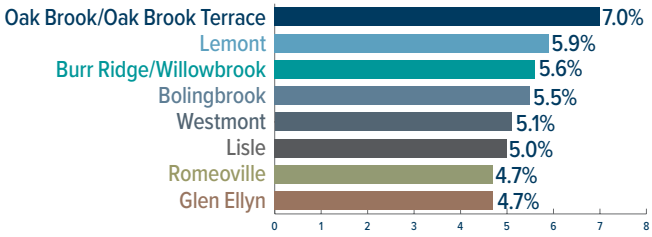
Obesity Prevalence (BRFSS/PLACES, 2022):
PSA: 30.6%
DuPage: 29.4%
Will County: 36.6%
IL: 32.9%

Communities with Highest Obesity Rates:

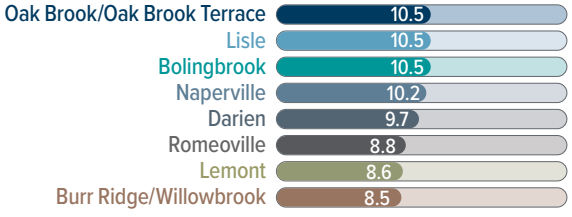


Bolingbrook & Romeoville also report highest inactivity (greater than 24%, above Illinois 22.1% & DuPage rate of 17.9%)

Communities with ambulatory difficulty (%):



Communities with the lowest Walkability Index Score in PSA (20 being the most walkable)



**(per 100,000 residents)*

Food Insecurity and Access to Healthy Foods

SIGNIFICANT NEED

Why is this important? Lack of reliable access to nutritious food affects health and development, underscoring the need for community support and resources. Food insecurity is linked to poor physical and mental health outcomes. Programs that increase access to healthy foods can improve overall well-being and reduce disparities.

Significant Need Reasoning

DuPage County ranks among the bottom 25% of U.S. counties for the share of food-insecure children living in households with incomes above 185% of the federal poverty level - families likely ineligible for federal nutrition assistance

Key Findings

- The PSA food insecurity rate is 9.3%, slightly above DuPage County (9.0%) and Will County (8.8%), indicating local pockets of need.
- Oak Brook/Oak Brook Terrace (13.4%), Lisle (11.8%), and Westmont (11.4%) have the highest food insecurity rates, while other communities remain above or near 9%.
- Some communities, such as Lisle and Clarendon Hills, have high food insecurity but fewer households receive SNAP benefits, suggesting many families struggle financially without assistance.
- Romeoville, Lombard, and Bolingbrook have the largest populations living in food deserts, highlighting limited access to nutritious and affordable food.

Contributing Factors

- Food insecurity negatively impacts health by increasing the risk of chronic conditions like diabetes and heart disease, causing nutritional deficiencies, and contributing to mental health issues such as anxiety and depression. It also affects children's development and academic performance, leading to long-term health challenges.
- SNAP Barrier and Challenges: People in food deserts often rely on SNAP due to limited access to affordable, healthy food. Food deserts often lack stores with fresh produce, limiting the impact of SNAP benefits on health. Limited healthy options in food deserts mean SNAP benefits may not support good nutrition. While SNAP helps with food insecurity, it doesn't solve the problem of limited access to nutritious food
- Transportation Barriers: Lack of transportation makes it difficult to travel to stores with healthier food, even with SNAP.
- Food insecurity is disproportionately higher among Black and Latino communities, as well as rural areas. In the GSAM PSA, the Food Insecurity rates fluctuate significantly, with some tracts experiencing as high as 17.8% food insecurity while others have lower rates around 4.4%

Members of the Community Health Council voiced serious concerns about rising costs and the growing difficulty families face in accessing healthier foods. Many are struggling financially and can no longer afford nutritious options, highlighting a critical barrier to health equity.

To address food insecurity and improve access to healthier options, Advocate Good Samaritan Hospital partnered with the Northern Illinois Food Bank in 2023 to launch a mobile pantry in Bolingbrook and in 2025, expanded efforts by establishing an onsite pantry at the hospital to support patients facing growing nutritional needs.

Food Insecurity and Access to Healthy Foods
continued

SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

Food Insecurity in the U.S.
National (2023): 13.5% of U.S. households (18M) food insecure
By Race/Ethnicity (2022):
Black households: 22.4%
Hispanic households: 22.7%
White households: 10.4%
(Source: USDA ERS, 2022–23)

	Residents Experiencing Food Insecurity	Food Deserts in the PSA *(Residents living in a food desert, 2019)*
PSA	9.3%	
DuPage	9.0%	
Will	8.8%	
Oak Brook/Oak Brook Terrace	13.4%	
Lisle	11.8%	
Westmont	11.4%	
Burr Ridge/Willowbrook	10.8%	
Naperville	10.5%	1,453
Bolingbrook	10.2%	2,662
Lombard	10.1%	3,400
Villa Park	9.8%	
Downers Grove/Woodridge	9.4%	
Woodridge		922
Romeoville	9.1%	5,629
Clarendon Hills	9.1%	
Lemont		1,237
Glen Ellyn		1,251
Wheaton		1,151

(Source: Metopio, Food Access Research Atlas, 2019)

Connections to Poverty & SNAP
Communities with higher food insecurity often have more households in poverty receiving SNAP benefits.
Some exceptions (e.g., Lisle, Clarendon Hills):
High food insecurity rates but lower SNAP enrollment suggests families may not qualify for assistance despite financial strain.

Access to Care

SIGNIFICANT NEED

Why is this important? Sometimes people do not get health care services recommended, like cancer screenings, because they do not have a primary care provider. Other times, it is because they live too far from health care providers who offer them. Interventions to increase access to health care professionals and improve communication – in person or remotely – can help more people get the care they need.

Significant Need Reasoning

In the 2025 Forces of Change Assessment with 11 participating groups, Medicaid and Access to Health Care emerged in 6 of the group discussion. The topics and concerns discussed include Medicaid changes, re-certification burdens, insurance loss and the impacts on both service providers and individuals seeking care.

Key Findings

- Thousands of residents in the PSA lack adequate health insurance, creating significant barriers to accessing appropriate health care.
- Communities facing greater socioeconomic hardships such as higher unemployment, lower education levels, lower per capita income, crowded housing, and higher poverty also experience reduced access to health coverage and quality health services. This contributes to preventable emergency department visits and hospitalizations.
- Among racial and ethnic groups, Hispanic/Latino adults (80.1%) and children (92.6%) have the lowest insurance coverage. Individuals identifying as “Other” also face low coverage rates: 75.2% of adults and 86.5% of children are insured.
- In DuPage County, the percentage of adults unable to afford a doctor visit is trending downward, decreasing from 9.7% to 5.8%.

Contributing Factors

- In Illinois, the Health Benefits for Immigrant Adults (HBIA) program is set to end on July 1, 2025, which will eliminate health coverage for roughly 33,000 undocumented adults aged 42–64. Seniors will still retain coverage under the Health Benefits for Immigrant Seniors (HBIS) program.
- The communities in the PSA with the highest uninsured rates are also communities of color, younger communities, lower income average and greater overall hardship when compared to neighboring communities that have higher education, income and are experiencing less hardship.
- Health care access is shaped by interconnected barriers including economic instability, educational inequities, inconsistent care quality, transportation challenges, and social factors like immigration status and systemic racism.

> Honestly, I’m totally happy with the solutions proposed and the ratings on “Preventability.” I can’t help but notice that whenever something might be solvable but diet and exercise (however difficult that is and however often research suggests that people are not able to keep up with these regimens) the issue is listed as “highly preventable” - see obesity and heart health issues. However, whenever the issue is systemic - e.g. food insecurity, health care access, issues are only “partially preventable.” I can’t help but notice this conveniently lets the institutions off the hook. **Honestly, the real solutions to so many of these problems involve greater access to health care** (and medications) for poorer people. This is my priority for our Community Health Needs.
>
> – Pastor Katie Hines-Shah, Senior Pastor, Redeemer Lutheran Church

Access to Care *continued*

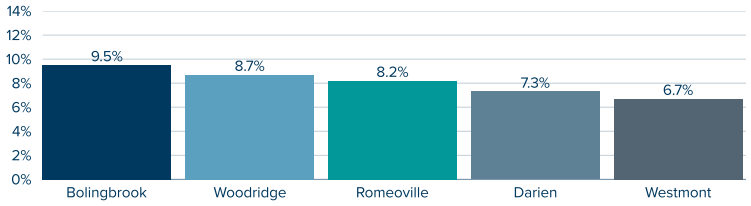
SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

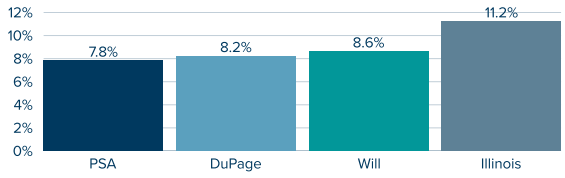
Uninsured Rates

In the Advocate Good Samaritan PSA, approximately 31,923 adults are uninsured. Of these, an estimated 10,074 are non-citizens.

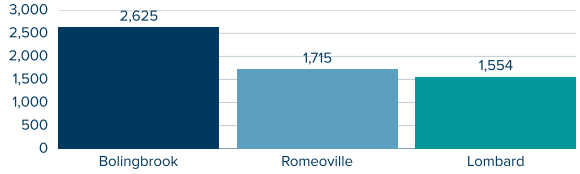
(Source: Metopio, PLACES, BRFSS, 2019–2023).



"Young Invincibles" without health coverage
(18-39; reluctance to seek health insurance)



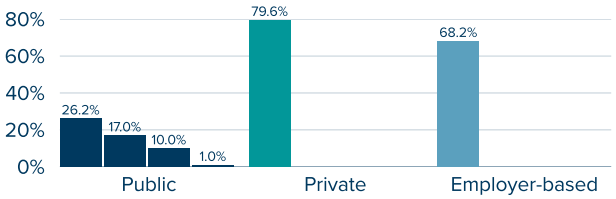
Communities with the highest preventable ED visits*



Preventable chronic ED visits are more frequent in communities facing higher hardship.

Communities with higher insurance rates also report more frequent routine checkups with doctors.

Types of coverage rates in the PSA:



Public Insurance Coverage total: 26.2%

- **Medicare accounts for 17%**
- **Medicaid accounts for 10.4%**
- **Roughly 1% are covered by VA Health Care**

(Source: Metopio, ACS, 2019–2023)

**(Rates per 100,000 residents)*

Location	Name of Facility	Type of Facility
Addison	Access Addison Health Center	Federally Qualified Health Center
	Hamdard- Addison	Federally Qualified Health Center
Bensenville	VNA Health Center Bensenville	Federally Qualified Health Center
Bloomingdale	Access Community Health Network	Federally Qualified Health Center
	Martin R Russo Family Health Center	Federally Qualified Health Center
Downers Grove	Access Gateway Center Family Health Center	Federally Qualified Health Center
	Advocate Good Samaritan Hospital	Hospital
Elmhurst	Endeavor Health Elmhurst Hospital	Hospital
Glendale Heights	Adventist Medical Center Glen Oaks (UChicago Medicine)	Hospital
Hinsdale	Adventist Medical Center Hinsdale (UChicago Medicine)	Hospital
Naperville	Endeavor Health Edward Hospital	Hospital
	Endeavor Health Linden Oaks Hospital	Hospital
Oakbrook Terrace	Rush Health	Hospital
Wheaton, Villa Park, Carol Stream, Bolingbrook	VNA Healthcare	Federally Qualified Health Center
Winfield	Northwestern Central DuPage Hospital	Hospital
	Northwestern Medicine Central DuPage Hospital	Hospital

Maternal, Child and Reproductive Health

SIGNIFICANT NEED

Why is this important? Maternal health impacts both mothers and infants, and ensuring quality care before, during, and after pregnancy is essential. Access to prenatal and postnatal services improves outcomes and reduces complications. Education, support, and early intervention are key to healthy pregnancies and healthy babies.

Significant Need Reasoning

Maternal mortality and morbidity rates remain disproportionately high among communities of color and underserved populations. Advocate Health recognizes that addressing these disparities is essential to achieving health for all and has prioritized maternal health through targeted interventions, care responsive to the needs of communities, and expanded access to prenatal services.

Healthy mothers lead to healthier families and communities. By investing in maternal health, through education, early screenings, and support services, Advocate is not only improving birth outcomes but also laying the foundation for lifelong wellness for both parent and child.

Key Findings

- Black women face significantly higher maternal mortality in the United States (50.3 deaths per 100,000 live births) compared to White (14.5), Hispanic (11.4), and Asian (10.7) women; women age 40+ are at 5 times greater risk than younger adults.
- The PSA shows the highest Maternal Hardship Index (43.4) in the region, with Bolingbrook, Romeoville, and Westmont among the most affected communities.
- Non-Hispanic Black, Asian, and Pacific Islander/ Native Hawaiian populations experience the highest rates of low birth weight (14.3%, 8.9% and 8.3%, respectively). Additionally, Bolingbrook and Naperville reporting the highest community-level rates.
- Lisle (60532) has the highest teen pregnancy rate in the PSA (40.4 per 1,000), indicating a need for targeted adolescent health interventions.

Contributing Factors

- Poverty, food insecurity, unsafe neighborhoods and limited social support increase maternal health risks. We can observe that the communities experiencing greater hardship also have the highest rates for low birth weight.
- Access to equitable health care is also important. Gaps in prenatal care, insurance coverage and provider availability contribute to complications and poor outcomes.
- Individuals with pre-existing conditions (e.g., hypertension, diabetes, obesity) and behaviors like poor nutrition or smoking elevate risk.
- Racial, ethnic and age disparities are also risk factors. Black women and women over the age of 40 years face higher maternal mortality due to systemic inequities and age-related risks.

Advocate Health has embraced maternal health as a core priority, recognizing that healthy pregnancies and births are foundational to community well-being. Through expanded access to prenatal care, culturally responsive services, and targeted support for high-risk populations, Advocate is committed to improving outcomes for mothers and babies across its communities.

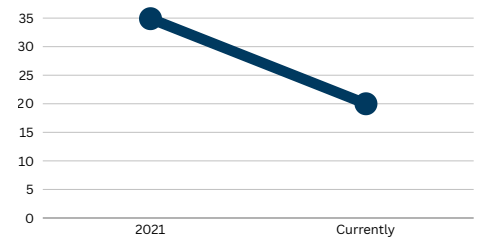
Maternal, Child and Reproductive Health
continued

SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

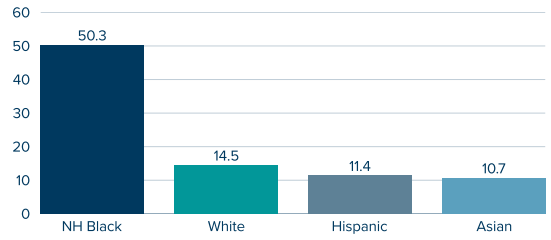
Maternal Mortality in the U.S.

Trends:



Maternal mortality peaked in 2021 at 34.9*
Currently decreased to under 20*

By Race/Ethnicity (2023)



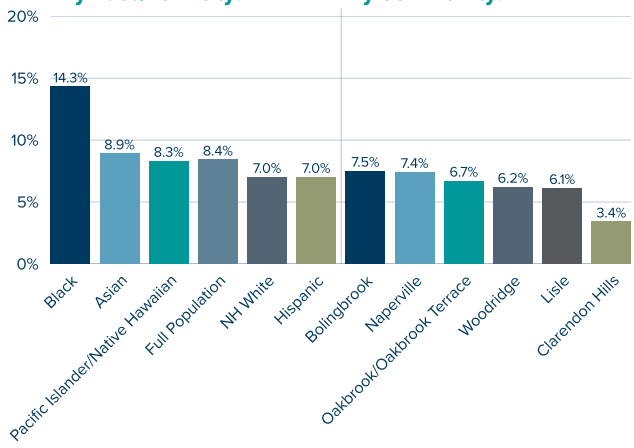
By Age

Women 25–39 years

Women 40+ are 5× more at risk

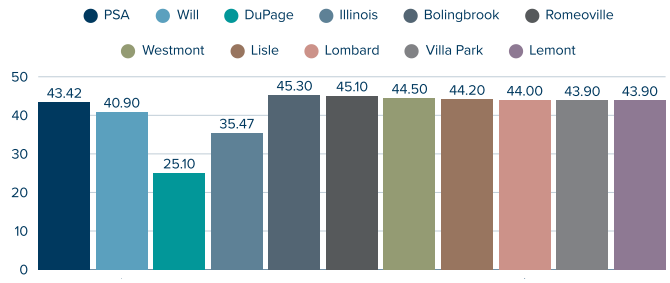
Low Birth Weight (≤5 lbs., 8 oz)

By Race/Ethnicity: **By Community:**



Maternal Hardship Index

Regional Differences (higher = more hardship):



Teen Birth Rates

Highest in PSA:
60532 Lisle: 40.4 births per 1,000 women (ages 15–19)

Total PSA Rate:

(Source: CDC, National Vital Statistics System, 2023)

**(Rates per 100,000 residents)*

Housing

SIGNIFICANT NEED

Why is this important? Affordable housing means having a safe and stable place to live that doesn't cost more than an individual or family can afford. High housing costs, frequent moves, or fear of eviction can affect mental health and even physical well-being. Problems in living spaces like mold, bugs, peeling paint, drafts and energy inefficiencies, and too many people in one space can also impact health.

Significant Need Reasoning

In a 2025 Forces of Change Assessment with 11 participating groups, Affordable Housing and Housing Instability emerged in 6 of the group discussion. The major concerns for the county include shelter space, rising house cost, cost of living and federal policy changes.

According to the 2024 Impact DuPage county-wide survey data assessment, the median household gross rent was rated the lowest outcome for DuPage County, suggesting that families are struggling with rent costs.

Second on the list was the median monthly owner costs for households without a mortgage, followed by mortgaged owner's median monthly household costs. Housing costs related indicators were in the top three with the lowest tier for DuPage County, highlighting a huge need in this area.

Key Findings

- Single and/or divorcing mothers often need larger, more expensive housing units to accommodate children, but face affordability challenges due to single incomes and gender-based income inequities.
- Discrimination was reported across race/ethnicity, age, and gender, with compounded effects for those at the intersection of multiple marginalized identities (e.g., single mothers of color with boys). This includes refusal to rent to young adults and differential treatment by property managers/residents.
- Residents with limited English proficiency struggle with English-only rental and mortgage contracts, leaving them vulnerable to misunderstanding leases or being unable to advocate for better conditions. Undocumented residents, who may rely on others to sign leases, face additional risks.
- Accessible affordable housing is a small portion of available stock, limiting options. Most shelters also lack accessibility.

Source: DuPage Federation on Human Services Reform, Safe, Accessible & Affordable Housing in DuPage County, Qualitative Community Engagement Findings, 2025

Contributing Factors

- Education and employment barriers: Competing demands and systemic barriers limit career advancement, perpetuating lower-income status.
- Undocumented immigrants: Face unique barriers—language limitations, loss of credentials, legal status, and trauma histories. Immigrants comprise about 14.3% of Illinois' population, with largest groups from Latin America (43%) and Asia (31%).
- High housing costs: Rent in DuPage County has risen quickly, with added fees making affordability worse.
- Job insecurity: Many residents work part-time, seasonal, or gig jobs, often without benefits or stable wages. Limited English proficiency and gender inequities place female immigrant workers in particularly vulnerable, low-paying positions (e.g., factory, house cleaning).

> Over the past couple of years, apartment complexes in particular, like management companies, they've increased the standard for eligibility to rent a unit. And everybody has packed on a bunch of fees. So it can be extremely costly to be able to find a unit because if you have to apply in multiple places over and over and over again to find one that's willing to rent to you and they don't generally tell you upfront that you don't meet our guidelines and so you're gonna waste however much the fee is. But if you already have limited resources, you're exhausting a big portion of it trying to find units that are available.
>
> – Participant, DuPage Federation on Human Services Reform Qualitative Community Engagement Findings, 2025

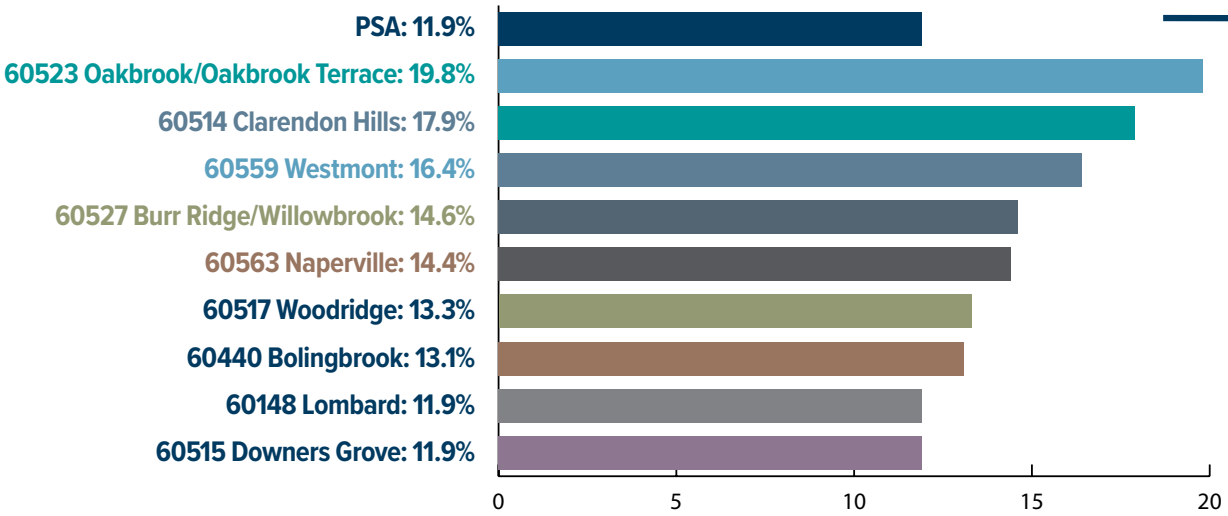
> Lower income workers cannot get out of interim housing and into a home of their own because it's so expensive.
>
> – Participant, DuPage Federation on Human Services Reform Qualitative Community Engagement Findings, 2025

Housing continued

SIGNIFICANT NEED

HIGHLIGHTED DISPARITIES

Severe housing cost burden (households spending more than 50% of income on housing)

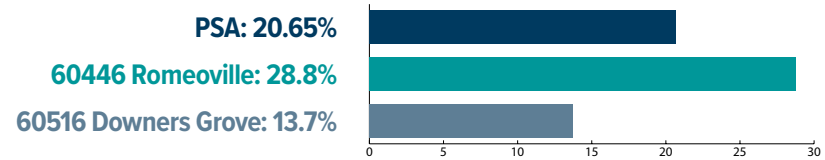


Impact: Families facing severe housing burdens have less income for food, healthcare, and transportation, increasing financial strain and health risks.

Homeownership challenges:
The mortgage interest rate (7.4%) and median home sale price ($472,837) in the PSA make it increasingly difficult for families to purchase homes.

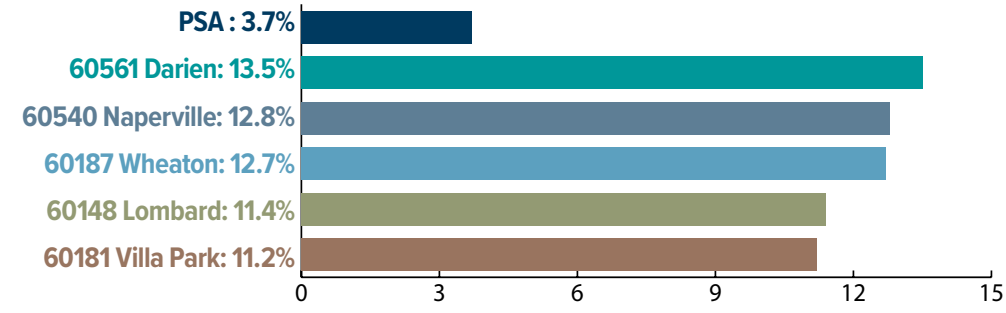
Impact: Rising costs and high interest rates limit opportunities for homeownership, especially for first-time buyers, reducing long-term financial stability.

Severe rent burden (renters spending more than 50% of income on rent)



Impact: Severely burdened renters are at higher risk of eviction, housing instability, and displacement.

Rising rents: Median gross rent increases



Impact: Rent increases that outpace wages force households to make tradeoffs, driving housing insecurity and widening inequities across communities.

PRIORITIZATION OF HEALTH-RELATED ISSUES

PRIORITY SETTING PROCESS

Advocate Good Samaritan's Community Health Department presented data to the hospital's CHC on the top eight health needs in the hospital's Primary Service Area (PSA). The CHC reviewed and discussed the data to ensure a clear understanding of all indicators and reports.

Top health needs were identified using several criteria:

- Whether rates increased or decreased over time
- Whether rates were higher than county and/or state averages
- Whether significant health disparities existed within the issue

Top Health Needs Presented to the Community Health Council for Voting

1. Cardiovascular Disease
2. Diabetes
3. Respiratory Disease (Asthma & COPD)
4. Mental Health
5. Substance Use
6. Obesity
7. Food Insecurity & Access to Healthy Food
8. Access to Health Care

Needs Acknowledged (Not Included in the Voting)

9. Maternal, Child and Reproductive Health
10. Housing
11. Cancer

The Council engaged in discussion around the nine health needs, which led to the first prioritization phase of the CHNA. Members were asked to complete a prioritization grid (see appendices for more details), rating each health need against the following criteria:

Severity: How serious is the issue? Does it cause significant harm or disability?

Urgency: Does it require immediate attention? Is it time-sensitive?

Impact on Quality of Life: How much does it affect daily activities, mental health, or overall well-being?

Cost of Treatment/Intervention: What are the financial costs for individuals and the system?

Preventability: Can it be prevented or reduced through lifestyle changes, interventions, or screening?

Potential for Long-Term Consequences: Will it lead to lasting health problems, complications, or disabilities?

Significant Health Needs Selected

Each member received an Excel spreadsheet to score health issues on a scale 1-5 (5= highest). The sheet automatically totaled scores, with the highest indicating the greatest priority. Members had several weeks to complete scoring, review their notes, and revisit the data presented.

The Community Health Department collected and analyzed the grids to aggregate the scores. The results were presented back to the CHC, and the top three priority health needs were identified. Cancer, housing, and maternal health were not included in the grid because Advocate Health already dedicates significant resources to these issues. The Council recognized these system-level commitments and agreed they are already being prioritized with ongoing strategies in development.

Using these criteria, the following significant health needs were chosen as priorities to address in the 2026-2028 implementation strategy:

Mental Health

Mental health is a growing concern in DuPage County, with rising rates of depression, anxiety, and stress across all age groups. Youth and young adults are particularly vulnerable, as emergency visits for self-harm and behavioral health issues have increased in recent years. Stigma and lack of awareness often delay people from seeking care until they are in crisis. Expanding access to timely, affordable, and preventive mental health services is critical to protecting long-term community well-being.

Substance Use

Substance use continues to pose serious risks in DuPage County, with opioid overdoses remaining a leading public health challenge. Alcohol misuse and youth vaping are also concerning trends, impacting both immediate health and long-term outcomes. Many individuals with substance use disorders also face co-occurring mental health conditions, which increases the complexity of care needed. By focusing on prevention, treatment, and recovery support, the community can save lives and reduce the burden on families, schools, and healthcare systems.

Access to Health Care

Despite DuPage's reputation as an affluent county, many residents face significant barriers to health care. Challenges include lack of insurance, high costs, transportation difficulties, and a shortage of behavioral health providers. Immigrant communities, older adults, and families with low incomes are especially impacted, leading to delayed or forgone care. We also recognize that political decisions at the federal, state and local levels can significantly influence available resources and shape residents' access to health care. Improving access ensures that all residents can receive the right care at the right time, reducing health disparities and preventing costly emergencies. The council would like to explore initiatives to improve care coordination, support access to health care and align with the county's needs.

HEALTH NEEDS NOT SELECTED

Cancer

Cancer remains a significant health issue in DuPage County, with breast, lung, and prostate cancers among the most frequently diagnosed. While mortality rates have improved due to early detection and treatment advances, disparities still exist across racial and socioeconomic groups. Preventive screenings and lifestyle changes are critical to reducing cancer's impact. The council acknowledged cancer as an important concern but did not select it as a top priority given stronger community capacity and resources already in place to address it. Advocate Good Samaritan Hospital's Bhorade Cancer Center provides extensive support and resources and continues to support programs as part of their commitment to our community.

Cardiovascular Disease

Cardiovascular disease is a leading cause of death in DuPage County and nationwide. Risk factors such as high blood pressure, high cholesterol, and poor diet contribute significantly to heart-related illnesses. Residents who lack access to regular preventive care may not be screened or treated early, increasing risk for heart attack or stroke. While still a major health challenge, the council determined that cardiovascular disease would not be a primary focus since it is already addressed through ongoing health initiatives and prevention programs and will continue to support this priority.

Diabetes

Diabetes affects many DuPage County residents, leading to complications such as kidney disease, vision loss, and cardiovascular issues. Type 2 diabetes is closely tied to lifestyle factors including obesity and physical inactivity, both of which remain concerns in the community. Although diabetes prevention and management are critical, community resources and existing programs are already in place to support residents. For this reason, the council recognized diabetes as important but did not identify it as one of the top three focus areas.

Respiratory Disease

Respiratory diseases such as asthma and COPD continue to impact residents, particularly children, older adults, and those exposed to poor air quality. Emergency department visits for asthma remain higher among some racial and ethnic minority groups, reflecting ongoing disparities. Preventive care, medication management, and environmental improvements can help reduce the burden of respiratory illness. The council acknowledged this as an issue but chose not to prioritize it at this time, given the relative capacity of current health programs to address respiratory needs.

Obesity

Obesity remains a public health concern in DuPage County, with long-term impacts on diabetes, heart disease, and overall quality of life. Childhood obesity in particular poses risks for future health outcomes and healthcare costs. While obesity prevention is important, it is already integrated into many school- and community-based wellness programs. The council determined that while obesity is critical, it did not rise to the level of being selected as a top focus area for this cycle.

Food Insecurity

Food insecurity persists for some DuPage County residents, despite the area's overall wealth. Families with low income, single parents, and older adults often struggle to afford healthy foods, which directly impacts chronic disease risk. Local organizations and food pantries have been instrumental in meeting immediate needs, but long-term solutions remain necessary. The council recognized food insecurity as a pressing issue but did not select it as a top focus area, choosing instead to elevate broader access-to-care strategies. Although this was not selected as a priority, Advocate Good Samaritan's Community Health team will continue supporting the programs in place, such as the mobile pantry program, the community gardens and the hospital pantry program.

APPROVAL OF COMMUNITY HEALTH NEEDS ASSESSMENT

The director of community health provided an update presentation to the hospital Governing Council on August 11th, 2025. Governing Council members learned about the process and the selected priorities. In addition, council members were informed that a copy of the CHNA would be provided later in the year for their review and approval. On October 10, 2025, the Good Samaritan Governing Council fully approved the findings of the 2025 Advocate Good Samaritan CHNA Report. The Advocate Health Care Network Board approved the Advocate Good Samaritan 2025 CHNA Report at the Division level on December 10, 2025.

VEHICLE FOR COMMUNITY FEEDBACK

Community Feedback

If you have any questions or comments on the CHNA, please send an email to us at: AHC-CHNAReportCmtyFeedback@aah.org.

This report can be viewed online at Advocate Health Care's Community Health Needs Assessment Report webpage via the following link: https://www.advocatehealth.com/hospital-chna-reports-implementation-plans-progress-reports

A hardcopy of this report may also be requested by contacting the hospital's Community Health Department.

EVALUATION OF IMPACT FROM PREVIOUS CHNA

Priority #1: Behavioral Health:

Over the past two years, Advocate Good Samaritan Hospital has advanced community behavioral health efforts through education, prevention, and collaboration. The hospital strengthened its partnership with the National Alliance on Mental Illness (NAMI) DuPage by sponsoring Ending the Silence (ETS) workshops, reaching 84 students with suicide prevention and mental health awareness programming. To further build community capacity, the hospital hosted multiple Mental Health First Aid trainings, equipping nearly 40 participants, including EMS students, library staff, and community members, with the skills to identify and respond to behavioral health concerns.

In addition, Advocate Good Samaritan has remained an active member of the DuPage County Behavioral Health Collaborative, aligning priorities with local organizations to expand access and impact. The hospital's Naloxone Program continues to play a vital role in overdose prevention by increasing access to life-saving medication for patients at risk of opioid-related events.

Together, these initiatives highlight Advocate Good Samaritan's commitment to fostering a healthier, more resilient community through education, partnerships, and harm reduction strategies.

Priority #2: Health, Wellness and Nutrition

Advocate Good Samaritan Hospital has continued to advance health promotion, disease prevention, and food security initiatives through education, partnerships, and innovative programming. In 2023, the hospital partnered with Peace Manor Residences, Elmhurst University, and the University of Illinois Extension to host a series of heart health, diabetes prevention, and healthy eating workshops. These programs engaged older adults and Spanish-speaking residents, resulting in high rates of improved diet, self-management practices, and stress management among participants.

To address food insecurity, Advocate Good Samaritan collaborated with the Northern Illinois Food Bank, Valley View School District, VNA Health Care, and the Southwest Suburban Immigrant Project through the Rx Mobile Pantry Program. This initiative served 575 families and over 2,300 individuals, distributing more than 24,000 pounds of healthy food while fostering volunteerism and community connection.

In 2024, the hospital deepened its food security work by developing the Wellness Food Connection Program, which screens patients for food insecurity and provides immediate support through an onsite pantry, which launched in early 2025. Additionally, the hospital supported the Summer Program in partnership with the University of Illinois Extension, delivering fresh produce and nutrition workshops to more than 175 children across local schools, housing sites, and community organizations.

Together, these efforts underscore Advocate Good Samaritan's commitment to building healthier communities by addressing nutrition, chronic disease prevention, and the social determinants of health.

Exhibit 1: Prioritization Tool Instructions (Voting Methodology)

The tool below outlines the methodology used for council members to select the top health priorities.

1. Prioritization Factors

This health issue prioritization tool is intended to help assess and prioritize health concerns based on factors like severity, urgency, impact, and preventability. Below is a framework that we will use to rank and prioritize health issues based on these key criteria.

- Severity: How serious is the health issue? Does it cause significant harm or disability?
- Urgency: Does the health issue require immediate attention? Is it time-sensitive?
- Impact on Quality of Life: How much does the issue affect daily activities, mental health, or overall well-being?
- Cost of Treatment/Intervention: What are the financial costs associated with addressing the issue (both individual and system-wide)?
- Preventability: Can the health issue be prevented or mitigated through lifestyle changes, interventions, or screening?
- Potential for Long-Term Consequences: Will the issue lead to long-term health problems, complications, or disabilities?

2. Assign Weights to Each Criterion

Determine how important each criterion is relative to others. Assign a weight (e.g., 1-5) to each. Assigning a number weight to a topic or issue involves quantifying its importance, severity, or impact in a way that can be used for comparison, prioritization, or decision-making. The health issues have already been assigned a weight in the excel template, same weight as below.

Criterion Weight:

- Severity 5
- Urgency 4
- Impact on Quality of Life 4
- Cost of Treatment.....3
- Preventability 4
- Potential for Long-Term Consequences 5

3. Rate Each Health Issue

Each council member will have their own excel spread sheet and he/she will rate each health issue on a scale of 1-5 (5 being the highest) for each criterion. The excel sheet will automatically add the total for each section. Highest score indicates highest priority.

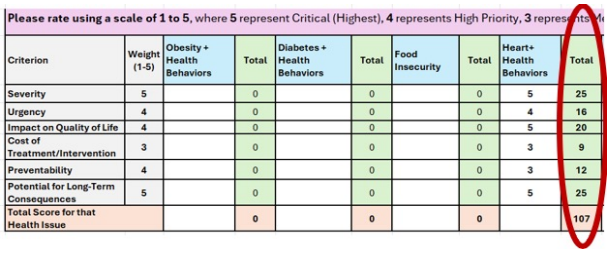
4. Calculate the Total Score

The excel spreadsheet will take the rating by the weight assigned to each criterion, then sum the results for each health issue.

Example Below for Heart Disease:

- Severity .....(5 x 5) = 25
- Urgency .....(4 x 4) = 16
- Impact on Quality of Life .....(4 x 5) = 20
- Cost of Treatment..... (3 x 3) = 9
- Preventability..... (4 x 3) = 12
- Potential for Long-Term Consequences .....(5 x 5) = 25

Total: 107



Please rate using a scale of 1 to 5, where **5** represent Critical (Highest), **4** represents High Priority, **3** repres

Criterion	Weight (1-5)	Obesity + Health Behaviors	Total	Diabetes + Health Behaviors	Total	Food Insecurity	Total	Heart+ Health Behaviors	Total
Severity	5		0		0		0	5	25
Urgency	4		0		0		0	4	16
Impact on Quality of Life	4		0		0		0	5	20
Cost of Treatment/Intervention	3		0		0		0	3	9
Preventability	4		0		0		0	3	12
Potential for Long-Term Consequences	5		0		0		0	5	25
Total Score for that Health Issue			0		0		0		107

5. Rank the Health Issues

After calculating the total scores, rank the health issues from highest to lowest. This gives you a prioritized list based on the criteria. The excel spreadsheet will automatically calculate the total for your voters, they just need to enter their rating for each category.

6. Review and Adjust

After reviewing the rankings, make sure they reflect the priorities of your specific context (e.g., for a particular

community, healthcare system, or population). Adjust the weights or ratings if needed to better align with local needs or available resources.

This tool provides a structured way to prioritize health issues based on objective criteria, helping you focus on those that require immediate attention or have the greatest impact on health outcomes. You can adapt the criteria and weights based on your specific needs (e.g., community health, healthcare budget, disease burden).

Exhibit 2: Health Priority Facts

In addition to robust data presentation, council members received a overview of the economic burden, long-term consequences and preventability for each health priority presented.

Health Priority	Economic Burden		Long-Term Consequences	Preventability
Obesity + Health Behaviors	Obesity + Health Behaviors: $170 billion Adult Obesity Facts | Obesity | CDC	Annual Cost: Approximately $170 billion in direct medical costs in the U.S. Obesity-related health behaviors (such as poor diet and lack of exercise) contribute heavily to chronic conditions like heart disease and diabetes, raising the overall costs.	Increases risk of chronic diseases (heart disease, diabetes, cancer), reduced life expectancy, mental health issues, limited mobility, and high healthcare costs.	Preventability: **Highly preventable** Maintaining a balanced diet, regular physical activity, and avoiding unhealthy behaviors (e.g., excessive screen time, sedentary lifestyle) can prevent obesity. Public health initiatives focusing on nutrition education and access to healthy foods are also key.
Diabetes + Health Behaviors	Diabetes + Health Behaviors: $412.9 billion $412.9 Billion in Health Care Dollars |ADA	Annual Cost: The total cost of diabetes in the U.S. is estimated at $412.9 billion annually, with a significant portion of that coming from medical care related to poor health behaviors (poor diet, sedentary lifestyle). Direct medical costs: About $237 billion. Lost productivity: About $90 billion.	Increases risk of chronic diseases (heart disease, diabetes, cancer), reduced life expectancy, mental health issues, limited mobility, and high healthcare costs.	Preventability: **Highly preventable** Maintaining a balanced diet, regular physical activity, and avoiding unhealthy behaviors (e.g., excessive screen time, sedentary lifestyle) can prevent obesity. Public health initiatives focusing on nutrition education and access to healthy foods are also key.
Food Insecurity	Food Insecurity: $160 billion Health Care Costs Associated with Food Insecurity	Annual Cost: The economic cost of food insecurity in the U.S. is estimated at $160 billion annually. This includes healthcare costs due to increased risk for chronic conditions like diabetes, heart disease, and mental health issues that are exacerbated by lack of access to nutritious food.	Chronic health issues (obesity, diabetes, malnutrition), developmental delays in children, mental health problems, and economic strain.	Preventability: **Partially preventable** While food insecurity often arises from broader economic and social factors, addressing poverty, improving access to nutritious foods, and strengthening social safety nets can reduce its impact. Community-based solutions like food banks and assistance programs are crucial in mitigating food insecurity.
Heart Health + Health Behaviors	Heart Health + Health Behaviors: $219 billion Forecasting the Economic Burden American Heart Association	Annual Cost: Heart disease and associated health behaviors (e.g., smoking, poor diet, lack of exercise) contribute to an estimated $219 billion annually in healthcare costs in the U.S. Direct medical costs: Around $150 billion. Lost productivity: About $70 billion.	Increased risk of heart disease, stroke, chronic heart failure, premature death, and reduced quality of life.	Preventability: **Highly preventable** Many heart conditions are preventable through regular exercise, healthy eating (low salt, low saturated fat), avoiding smoking, and managing stress. Lifestyle modifications can significantly reduce the risk of heart disease, especially when adopted early in life.

Health Priority	Economic Burden		Long-Term Consequences	Preventability
Asthma/ COPD	**Asthma/COPD: $80 billion** **The Economic Impact That Asthma Has on the Economy and Families**	Annual Cost: The total cost for asthma and chronic obstructive pulmonary disease (COPD) in the U.S. is estimated at $80 billion annually. Direct medical costs: About $50 billion. Lost productivity: Around $30 billion.	Permanent lung damage, respiratory infections, reduced mobility, chronic disability, and early death.	Preventability: **Partially preventable** Asthma cannot be entirely prevented, but its triggers (e.g., tobacco smoke, pollution) can be managed to reduce severity. COPD (often caused by smoking) is largely preventable through smoking cessation and reducing exposure to environmental pollutants.
Access to Health Care	**Access to Health Care: $93 billion** **NIH: Access**	Annual Cost: Poor access to healthcare can result in higher healthcare costs overall, both for individuals and the healthcare system. The U.S. spends $93 billion annually on preventable hospitalizations and emergency room visits that could have been avoided with adequate access to primary care and preventive services.	Delayed diagnoses, worsening of chronic conditions, higher mortality, increased healthcare costs, and health inequities.	Preventability: **Partially preventable** Access to healthcare is influenced by policy, geography, and socioeconomic factors. Expanding healthcare coverage, improving public health infrastructure, and reducing socioeconomic disparities can enhance access. While systemic changes are required, improving education about healthcare options and navigating insurance can also help.
Mental Health + Health Behaviors	**Mental Health + Health Behaviors: $225 billion** **Statistics - National Institute of Mental Health (NIMH)**	Annual Cost: Mental health disorders (such as depression, anxiety, and related behaviors like substance abuse) contribute to about $225 billion annually in lost productivity and healthcare costs. Poor health behaviors, such as smoking or lack of exercise, can exacerbate mental health conditions, raising overall costs.	Chronic mental health disorders, physical health deterioration, increased substance abuse, decreased productivity, and social isolation.	Preventability: **Partially preventable** Mental health disorders have both genetic and environmental causes. While not all are preventable, promoting mental wellness through stress management, social support, and early intervention can reduce the onset or severity of conditions. Avoiding substance abuse and maintaining good physical health can help prevent some mental health issues.
Substance Use + Health Behaviors	Substance Use + Health Behaviors: $740 billion NIDA.NIH.GOV | National Institute on Drug Abuse (NIDA)	Annual Cost: The economic burden of substance use disorders (including alcohol and drug use) in the U.S. is estimated to be $740 billion annually. This includes healthcare costs, lost productivity, and criminal justice costs.	Addiction, chronic health problems (liver disease, cancer), mental health disorders, injury or death, and social and economic hardship.	Preventability: **Highly preventable** Substance use disorders are largely preventable through education, early intervention, and public health initiatives focusing on the dangers of substance use. Avoiding early exposure to substances, strong family and community support systems, and providing access to mental health resources can prevent or reduce substance abuse.

Appendix 1: 2025 Community Health Needs Assessment Data Sources

To view the DuPage County Community Health Assessment report, which includes summaries of the community feedback, descriptions of the data collection methods and the members of the collaborative, along with the full survey reports, visit: https://www.impactdupage.org/

Appendix 2: Community Resources Available for Significant Needs

The resources under each significant need are not a complete list. For more community resources, visit: https://advocateauroracommunity.org/

Organization	Website
Cardiovascular Disease	https://www.heart.org/en/ https://www.advocatehealth.com/health-services/advocate-heart-institute
Diabetes	https://diabetes.org/ https://community.beyondtype2.org/ https://diabetesdisasterresponse.org/
Respiratory Disease (Asthma & COPD)	https://www.oakbrookallergists.com/conditions-treatments/asthma/ https://lungfessions.com/
Mental Health	https://samaracarecounseling.org/ https://www.dupagehealth.org/183/Crisis-Services https://namidupage.org/individual-services-support-groups/
Substance Use	https://www.gatewayfoundation.org/programs-services/programs/addiction-therapy-services/ https://www.dupagehealth.org/177/Substance-Use-Treatment
Obesity	https://www.auntmarthas.org/healthcare/primary-care/
Food Insecurity & Access to Healthy Food	https://www.peoplesrc.org/ https://wscpantry.org/
Access to Health Care	https://dupagehealthcoalition.org/ https://www.auntmarthas.org/healthcare/primary-care/ https://vnahealth.com/
Additional Tools/Websites:	https://www.impactdupage.org https://www.dupagehealth.org/ https://chat.988lifeline.org/

Appendix 3: References

References	
Demographics	• Metopio, American Community Survey (ACS), 2019-2023
Cancer	• Mammography: Metopio, Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA), PLACE, 2022 • Cancer Diagnosis Rate: Metopio, Illinois State Cancer Registry (ISCR), 2018-2022 • Pap Smears: Metopio, Behavioral Risk Factor Surveillance System (BRFSS), 2022 • Oncologist: Metopio, National Provider Identifier Files (NPI), 2025 • IDPH, Illinois Comprehensive Cancer Control Plan, 2022-2027 (Illinois Comprehensive Cancer Control Plan 2022-2027)
Cardiovascular Disease	• National Center for Health Statistics, CDC WONDER, 2018-2023 • United Health Foundation, CDC, 2018–2023 • Impact DuPage, Conduent Health Communities; CDC PLACES 2021–2022; NEPHTN, 2021; CDC, 2018–2020 • Metopio, IHA COMPdata, 2019–2023
Diabetes	• CDC, National Diabetes Report, 2021 • Impact DuPage, CDC, 2021 • Metopio, PLACES Diabetes Atlas, 2022 • Metopio, IHA COMPdata, 2019–2023
Respiratory Disease (Asthma & COPD)	• National Center for Health Statistics. NHIS Adult Summary Health Statistics. Accessed April 16, 2025. https://data.cdc.gov/d/25m4-6qqq. National Center for Health Statistics. NHIS Child Summary Health Statistics. Accessed April 16, 2025. https://data.cdc.gov/d/wxz7-ekz9Ferrante, G., & La Grutta, S. (2018). The Burden of Pediatric Asthma. Frontiers in Pediatrics, 6. https://doi.org/10.3389/fped.2018.00186 • AAFA Asthma Facts and Figures, April 2025 • Metopio, IHA COMPdata, 2019–2023 • Metopio, PLACES BRFSS, 2022
Mental Health	• Impact DuPage, Centers for Medicare & Medicaid Services, 2023 • Metopio, IHA COMPdata, 2019–2023
Substance Use	• Metopio, IHA COMPdata, 2019–2023 • Impact DuPage, CDC-PLACES, 2022 • Impact DuPage, Illinois Youth Survey (IYS), 2024 • DuPage County Coroner, CDC, Impact DuPage, 2024 • Metopio, SAMHSA, 2024
Obesity	• DuPage County Health Department Obesity Report, 2023–2024. 2023-24 Childhood Obesity in DuPage County • The State of Obesity, 2024, SOO-2024-FINAL-R-Sept-12.pdf • Impact DuPage, CDC, 2023 • Metopio, BRFSS, PLACES, 2022 • Metopio, Behavioral Risk Factor Surveillance System (BRFSS), 2022 • Metopio, American Community Survey (ACS), 2018-2022
Food Insecurity & Access to Healthy Food	• Feeding America, Map the Meal Gap. https://www.feedingamerica.org/research/map-the-meal-gap • U.S. Department of Agriculture (USDA), Household Food Security in the United States. https://www.ers.usda.gov/topics/food-security/ • Illinois Department of Human Services (IDHS), https://www.idhs.state.il.us/ • Metopio, Map the Meal Gap, 2022 • Metopio, American Community Survey, 2018-2022 • Metopio, Food Access Research Atlas, 2019
Access to Health Care	• Metopio, Behavioral Risk Factor Surveillance System (BRFSS), 2022 • Impact DuPage, IBRFSS, 2020–2023 • Metopio, American Community Survey (ACS), 2019-2023 • Metopio, IHA COMPdata, 2019–2023 • Metopio, PLACES, BRFSS, 2019–2023
Maternal, Child & Reproductive Health	• CDC, National Vital Statistics System, 2023 • CDC, National Center for Health Statistics, National Vital Statistics System, mortality data file, 2023 • Metopio, Maternal Hardship Index, 2016-2023
Housing	• DuPage Federation on Human Services Reform, Safe, Accessible & Affordable Housing in DuPage County, Qualitative Community Engagement Findings, 2025. Community Profiles and Reports | dupagefederation • Metopio, American Community Survey (ACS), 2018-2022

Appendix 4: Additional Data

The DuPage County Health Department, in partnership with local leaders and community collaboratives, spearheaded the Forces of Change Assessment (FOCA) to identify emerging needs in the county. The information below was provided by the DuPage County Health Department as a summary of the key themes and insights that emerged from the various group discussions in their FOCA strategy.

11 groups participated in Forces of Change

1. **Mental Health**
   Appears in **9 groups:** ARC, BHC, CoC, HEART, PLT, WeGo Together for Kids, Impact DuPage, BoH, DAECC
   - Concerns include increased demand, lack of providers, adolescent needs, burnout, and disparities in access.
   - Often tied to social media, stress, and systemic gaps.
2. **Affordable Housing / Housing Instability**
   Appears in **6 groups:** DCHD, Hunger Network, Impact DuPage, PLT, CoC, BoH
   - Includes lack of shelter space, rising housing costs, and housing-related health impacts.
   - Often linked to cost of living and federal policy changes.
3. **Medicaid / Access to Healthcare**
   Appears in **6 groups:** ARC, CoC, HEART, Impact DuPage, BoH, BHC
   - Topics include Medicaid changes, re-certification burdens, and insurance loss.
   - Impacts both service providers and individuals seeking care.
4. **Immigration Status & Fear of Accessing Services**
   Appears in **5 groups:** ARC, HEART, Hunger Network, Impact DuPage, WeGo Together for Kids
   - Fear of deportation and policy-driven distrust are major barriers.
   - Leads to worsened health outcomes and reduced service utilization.
5. **Cost of Living / Economic Strain**
   Appears in **5 groups:** ARC, BHC, PLT, DCHD, BoH
   - Includes rising costs of food, housing, transportation, and basic needs.
   - Often cited as a root cause of reduced community engagement and service access.

DuPage County is facing a convergence of forces—federal funding cuts, rising living costs, growing mental health needs, and deepening distrust—that threaten the health and stability of families and communities. Without coordinated action, these forces will widen disparities, strain service providers, and put the county's most vulnerable populations at even greater risk.

To learn more about local community coalitions, visit the Coalitions page on https://www.impactdupage.org/

Advocate Health Care

Thank You

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