

WILL COUNTY, ILLINOIS

COMMUNITY HEALTH NEEDS ASSESSMENT



2025



Developed by the Will County MAPP Collaborative, this report reflects the ongoing work of our community partners.
For more information, please visit willcountyhealth.org/mapp or reach us at mapp@willcountyhealth.org.

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FROM THE DESK OF THE EXECUTIVE DIRECTOR

To the Citizens of Will County,

I would like to present the 2025-2025 Will County Community Health Needs Assessment. Mobilization for Action through Planning and Partnerships (MAPP) was launched in 2001 by the Centers for Disease Control (CDC) and the National Association of County and City Health Officials (NACCHO) as a phased process for community planning around public health needs. Every 5 years, certified local health departments across Illinois must complete a comprehensive needs assessment and an Illinois Project for Local Assessment of Needs (IPLAN) that utilizes measurable objectives to identify and address priority health concerns identified in the community.



The Will County Health Department began our implementation of MAPP in 2008 to align with IRS guidelines for not-for-profit hospitals and the IDPH requirements for Local Health Departments.

The new MAPP 2.0 process consists of three phases: Build the Community Health Improvement Foundation, Tell the Community Story and Continuously Improving the Community. This process provides a framework for developing and assessing the local health concerns. The engagement of numerous community partners and agencies provides a county-wide strategic process to ensure that our local residents receive the best possible health services.

It has been my pleasure to chair the Will County MAPP Executive Committee alongside representatives from numerous community-based organizations. Together we have worked closely to complete this assessment and planning process. On behalf of the Executive Committee, I want to thank everyone for their time and talents, especially my Co-Chair Sarah Oprzedek and our MAPP Program Manager, Caitlin Daly. I would also like to thank our financial contributors including Silver Cross Hospital, Saint Joseph Medical Center, Endeavor Health and UChicago Medicine AdventHealth Bolingbrook.

Your commitment to this process and to the development of this plan to improve the health and quality of our Will County residents was critical. As you know it takes a village, therefore, the health of the community is dependent on all of us, as a whole, contributing to this endeavor.

Thank you again,

Elizabeth Bilotta

INTRODUCTION

Assessing the health and well-being of the community is one of the essential functions of public health. In Will County, a cross-sector of partners, including healthcare providers, government agencies, nonprofit organizations and community stakeholders, gather to conduct a comprehensive Community Health Needs Assessment (CHNA) to analyze health and quality of life challenges and identify three priority issues. Findings from the CHNA serve as the foundation for the development of a strategic community-based roadmap, known as a Community Health Improvement Plan (CHIP), designed to address the identified priority issues, enhance access to services and promote long-term community well-being. The CHIP leverages partnerships, policy initiatives and targeted interventions to create sustainable improvements in public health, reinforcing the County's commitment to fostering a healthier, more resilient community.

In this document, community partner refers to the organizations and agencies who serve the Will County community and are an essential component in impacting public health. Public health includes not only those who provide direct care, such as hospitals, clinics or the health department, but also social service agencies, schools, government, faith institutions, social associations and more.

THE WILL COUNTY MAPP COLLABORATIVE

The Will County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative leads the CHNA and CHIP process, bringing together data from hospitals, public health agencies and community partners. The CHNA is a critical requirement for healthcare institutions, mandated every three years for hospitals and every five years for local health departments. To enhance efficiency and reduce redundancy, the Will County Health Department has aligned its assessment cycle with the three-year hospital requirement, ensuring a unified approach to data collection, analysis and strategy development.

The MAPP Project was launched in 2008 to align with IRS guidelines for not-for-profit hospitals and the Illinois Department of Public Health (IDPH) requirements for local health department certification. A 27-member Steering Committee guided the community through the MAPP Strategic Planning Framework, completing the assessment phase in 2010 and approving the first plan in January 2011. Following the completion of the initial project, the Will County MAPP Collaborative was formally established in 2011 to continue leading health planning efforts.

Assessment and Iteration Timeline:

1. Assessment 2009–2011, Iteration 2011–2014
2. Assessment 2012–2014, Iteration 2014–2017
3. Assessment 2016–2017, Iteration 2017–2019
4. Assessment 2018–2019, Iteration 2019–2022
5. Assessment 2021–2022, Iteration 2022–2025
6. Assessment 2024–2025, Iteration 2025–2028

The MAPP Executive Committee meets quarterly to oversee the ongoing MAPP process and provide strategic guidance for the overall operations of the Collaborative. To support these efforts, a full-time Program Manager position was established in 2010 within the Will County Health Department, with funding support from the Fiscal Contributors. Organizations involved in the MAPP Executive Committee are:

- Aunt Martha's
- Catholic Charities, Diocese of Joliet
- Chestnut Health Systems
- Easter Seals of Joliet Region
- Endeavor Health Edward Hospital
- Governors State University
- Greater Joliet Area YMCA
- Holsten Human Capital Development
- Lightways Hospice and Serious Illness Care
- National Hook-Up of Black Women Inc.
- Northern IL Food Bank
- Saint Joseph Medical Center
- Senior Services of Will County
- Silver Cross Hospital
- Spanish Community Center
- Stepping Stones Inc.
- UChicago Medicine AdventHealth
- United Way of Will County
- Valley View School District
- VNA Health Care
- Will County Board
- Will County Executive Office
- Will County Health Department
- Will County Sheriff's Office
- Will-Grundy Medical Clinic

To address the priority issues identified in the CHNA, Action Teams or Task Forces are established to ensure alignment and advancement of CHIP strategies. The teams are led by Chairs and Co-Chairs from partner organizations, ensuring a collaborative approach to tackling community health challenges. Teams meet routinely to track progress and refine initiatives based on emerging needs and data insights.

ASSESSMENT FRAMEWORK

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning framework developed by the National Association of County and City Health Officials (NACCHO) that guides communities in the assessment, prioritization and collective mobilization around public health issues and identification of resources to address them. Organizations across the Nation utilize the MAPP framework to facilitate their CHNA and CHIP processes.

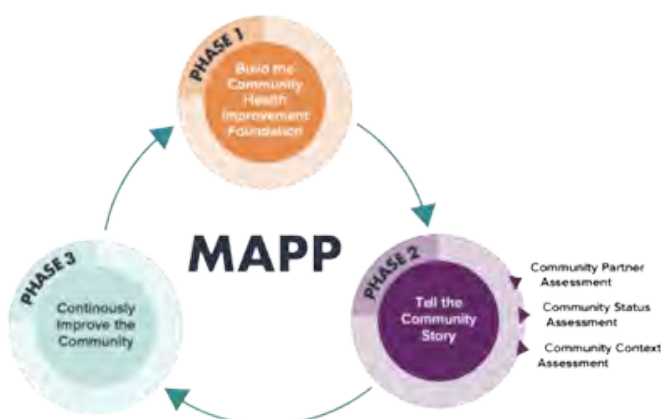


Figure 1

In July 2023, NACCHO revised the MAPP framework based upon best practices in the field of public health. While the process was streamlined, the framework still emphasized the importance of community engagement, data-driven assessments and health equity. The MAPP 2.0 process consists of three phases: Build the Community Health Improvement Foundation (Phase I), Tell the Community Story (Phase II) and Continuously Improving the Community (Phase III) (*Figure 1*).

Phase I focuses on establishing a strong foundation for community health improvement by fostering commitment, collaboration and inclusivity, emphasizes engaging a diverse range of stakeholders, to ensure broad community representation for effective Community Health Improvement (CHI) efforts. Phase II focuses on examining comprehensive, accurate and timely data about community health using three assessment tools: the Community Partner Assessment (CPA), Community Status Assessment (CSA) and Community Context Assessment (CCA). Phase III is the final stage and focuses on the development and implementation of the CHIP, ongoing evaluation and adaptation of strategies and strengthening collaboration among stakeholders.

ILLINOIS STATE HEALTH IMPROVEMENT PLAN: HEALTHY ILLINOIS 2028

The Illinois Department of Public Health (IDPH), in collaboration with statewide partners, leads the development and implementation of the State Health Improvement Plan (SHIP), known as Healthy Illinois 2028. This five-year plan outlines shared goals, objectives and strategies to improve the health of Illinois residents and advance health equity.

Healthy Illinois 2028 is guided by the findings of the State Health Assessment (SHA) and focuses on five priority areas (*Figure 2*):

- Chronic disease
- COVID-19 and emerging diseases
- Maternal and infant health
- Mental health and substance use disorders
- Racism as a public health crisis



Figure 2

The SHIP emphasizes a collaborative, systems-level approach, engaging organizations, associations and institutions across the state. It integrates crosscutting strategies essential to all priority areas, including:

- Access to health care and wrap-around services
- Physical and built environments
- Public health infrastructure
- Racial equity
- Social and structural determinants of health

While IDPH is charged with leading implementation, the success of Healthy Illinois 2028 depends on coordinated, shared efforts across the entire public health system. Stakeholders across the broad networks that make up Illinois' public health system are encouraged to use the SHIP as a blueprint, aligning their organizational efforts with the plan's overarching goals and objectives. The recommended strategies can serve as a guide for organizations pursuing similar aims, helping them enhance and build upon their existing work.

COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

The Community Health Needs Assessment serves to outline the evaluation process and present a community-driven plan developed with and for the people of Will County. This is achieved by gathering input and perspectives from residents, evaluating the overall health of the community, identifying key factors that influence health, examining the local public health system and measuring progress made during the fifth cycle of the MAPP process. The assessment also highlights accomplishments shared by Action Committees and sets the direction for the next three years through the collective efforts of stakeholders at a community forum.

In 2022, members of the MAPP Executive Committee and Action Teams identified and reaffirmed four strategic priorities to guide the next phase of the process, building on previous work and addressing challenges intensified by the COVID-19 pandemic:

- Behavioral Health and Substance Use
- Access to Health Care
- Access to Food and Nutrition
- Stabilizing the Built Environment

These focus areas form the foundation of the sixth iteration of the MAPP Process and underpin the data and insights presented in the 2025 Community Health Needs Assessment. The assessment draws from three key tools, each offering a unique perspective informed by the diverse experiences, expertise and backgrounds of contributors. The assessment tools include:

- Community Partner Assessment
- Community Status Assessment
- Community Context Assessment

On Friday, April 25, 2025, the Will County MAPP Collaborative hosted 71 community partners at Saint Joseph Medical Center in Joliet for its triennial Forum. The event highlighted recent community accomplishments, shared key assessment findings and engaged participants in strategic dialogue to help redefine Will County's health priorities for the next three to five years. The presentations highlighting community achievements featured:

- Holsten Human Capital Development at Riverwalk Homes - Dr. Elizabeth Protich and Chris Manzo

Holsten Human Capital Development (HHCD) at Riverwalk Homes in Joliet shared their experience with the collaborative ARPA-funded "Food For All, For a Healthy Community" grant. With a mission to

empower at-risk populations through resource access, HHCD supports over 800 low-income residents, primarily extremely low-income female-headed households, at Riverwalk Homes, the lowest income area in Will County. Through initiatives like the H.E.A.L. Pantry and an organic garden funded by the "We Will Grow" program, residents gain access to nutritious food and wellness resources. The garden, maintained by residents, offers self-selected produce and ties into SNAP-Ed cooking classes that foster food literacy and healthy habits.

A key advancement is the nearly completed 255 square foot commercial kitchen, part of the "Food For All" initiative, which will soon offer hands-on culinary training and community programming. With city inspections pending the installation of a grease interceptor, the facility aims to provide inclusive opportunities for food preparation education, entrepreneurship and skill-building once fully operational.

- Breastfeeding Welcome Here, Laying the Foundation for a Breastfeeding Collaborative: Use of a toolkit to build community support for breastfeeding - Nicole M. Albold, BSN, RN, IBCLC, RLC

Nicole M. Albold, a bachelor's-prepared registered nurse and International Board Certified Lactation Consultant with over 25 years of mother-baby nursing experience at Rush University Medical Center, is completing her Doctor of Nursing Practice program in Advanced Public Health Nursing at Rush University. As part of her internship with the MAPP Collaborative, Nicole is preparing to launch her capstone project aimed at improving maternal and infant health outcomes in Will County, where infant mortality rates, especially among Black/African American infants, exceed state and national benchmarks.

The project centers on promoting breastfeeding as a proven strategy to reduce infant mortality. It includes the development and distribution of 25 evidence-based toolkits to local businesses and organizations, with the goal of at least 25% committing to support breastfeeding through visible public signage. Additionally, a digital breastfeeding toolkit will be made available on the MAPP Collaborative website. Targeted outreach will focus on diverse community spaces such as churches, libraries, childcare centers and restaurants to build broad-based support for breastfeeding mothers in public spaces.

- Substance Use Initiatives - Dr. Kathleen Burke

Dr. Kathleen Burke presented a comprehensive update on the Will County Health Department's Substance Use Initiatives and Treatment Programs, highlighting a significant 33% decline in opioid overdose deaths in 2024. Data from the Will County Coroner's Office indicates demographic shifts in overdose trends, including declining rates among younger adults and males, with a rise in the 45–64 age group. Overdose fatalities remain highest in Joliet, Bolingbrook, Crest Hill and Lockport, though overall numbers in these areas are decreasing. Efforts to combat overdoses have expanded, with notable increases in the distribution of Naloxone (over 15,000 boxes), Fentanyl/Xylazine test strips and the introduction of 8mg Kloxxado for more effective overdose reversal in high-potency fentanyl cases.

Additional initiatives include the Rapid Response Team's education and harm reduction outreach, the launch

of a Peer Recovery Support Specialist role and a harm reduction project targeting pregnant and postpartum women, groups often overlooked in substance use treatment. The newly opened Recovery Community Center of Joliet now offers walk-in services, weekly recovery meetings, workshops and innovative programs like Day 29 and the Jazz Afterschool Youth Program. These efforts are supported by new funding from opioid settlement and cannabis tax dollars, ensuring sustained momentum in addressing substance use and supporting recovery in Will County.

PRIORITY SETTING CONVERSATION

Following the data presentation, the MAPP Program Manager led a strategic conversation aimed at refining Will County's priority health issues based on updated data and community feedback. Community partners reviewed the data in small groups, guided by three key questions: What themes stood out? Which issues are most pressing and actionable? What existing momentum or resources are already in place? Afterward, the full group came together to further organize the findings based on urgency, impact on vulnerable populations and feasibility. Three core health priorities emerged from these discussions: Food and Nutrition Access, Maternal and Child Health and Behavioral Health and Substance Use.

Despite an overall decline in food insecurity countywide, disparities persist, particularly among Black/African American and Hispanic/Latino residents. Challenges like limited healthy food access in specific communities, poor fruit and vegetable intake, especially among youth, and rising adult obesity rates highlight the need for targeted nutrition efforts. Additionally, chronic disease mortality continues to disproportionately impact Black/African American residents.

Maternal and child health disparities were also underscored, with Black/African American women experiencing significantly higher maternal mortality rates and lower prenatal care access. Child mortality and asthma-related ER visits are likewise highest among Black/African American children. Breastfeeding initiation rates also lag behind among this group, pointing to the need for culturally sensitive maternal and child health strategies.

Behavioral health access has improved, but key barriers remain, including service availability, provider shortages and inequities for non-English speakers and Medicare-insured individuals. Rates of depression are notably high among individuals identifying as Two or More Races, and while opioid overdose deaths are declining overall, new cases are appearing in previously unaffected towns.

To address these ongoing challenges, the MAPP Collaborative is evolving its Built Environment focus into a cross-cutting coalition initiative, integrating housing, infrastructure and transportation considerations into all identified health priorities. This holistic approach is intended to more effectively tackle the root causes of health disparities linked to social determinants. In alignment with its commitment to equity, the Collaborative has affirmed a strategic focus on the Black/African American population, who, despite comprising only 11% of Will County's residents, continue to experience the

most persistent and significant disparities. While maintaining a countywide reach, this targeted approach seeks to drive impactful change and close long-standing gaps in health outcomes.

COMMUNITY PARTNER ASSESSMENT

During Phase II, Tell the Community Story, three assessments are completed, including the Community Partner Assessment (CPA). The CPA is administered as a survey to community partners, and responses are analyzed to (1) assess our collective capacity as a network of partners to address the health needs of the community and support the CHNA/CHIP process; and (2) identify current and future actions to address health inequity at individual, systemic and structural levels.

METHODOLOGY

The survey was adapted from the NACCHO MAPP 2.0 Community Partner Assessment (CPA) guide. The assessment guide contained the 59-question survey template requiring approximately 40 minutes to complete. To respect the time of the participating organizations and better reflect our community, the survey was intentionally revised while maintaining its overall integrity. With support of a Steering Committee, the survey was revised down to 24 questions, requiring approximately 15 minutes to complete. It consisted of multiple choice, Likert scale and open-response type questions separated into four distinct sections:

1. Your Organization, Characteristics of Clients and Members Served
 - Included eight questions that asked participants about their organization and population served
2. Strategies and Topic Area Focus
 - Included two questions that asked participants to identify their organization's scope of service
3. Organizational Capacities Related to the 10 Essential Public Health Services
 - Included one question that asked participants to rank their organization's activity related to the 10 Essential Public Health Services (EPHS) on a scale from Always to Never or Unsure
4. Capacities to Support Community Health Improvement
 - Included 14 questions that asked participants about their organization's experience collecting data, engaging community members, advocating for policy change and communicating with the public

The survey, administered through the ArcGIS Survey123 platform, was distributed August 12, 2024 through October 31, 2024 by electronic link via email to staff of organizations servicing Will County. An invitation letter and link to a 7-minute orientation video accompanied the survey link. Sixty organizations received monthly reminders as part of recurring MAPP communications and meetings. Additionally, the survey was promoted during 15 community partner meetings.

The survey received a total of 56 responses from 44 distinct organizations. Four organizations had multiple respondents, each representing different departments or divisions within their organization: Ascension Saint Joseph Medical Center (5 respondents), Gateway Foundation (2), Stepping Stones (2) and Will County Health Department (6).

- Acadia Healthcare
- Access Will County Dial-a-Ride
- Agape, NFP
- Alpha Media
- Ascension Saint Joseph Joliet (5)
- Beecher Police Department
- Braidwood Area Healthy Community Coalition
- Catholic Charities, Diocese of Joliet
- Cornerstone Services (2)
- CW Avery Family YMCA
- Disability Resource Center
- Easterseals Joliet Region
- Endeavor Health
- Gateway Foundation (2)
- Governors State University
- Greater Joliet Area YMCA
- Guardian Angel Community Services
- Heartlife Ministries, HLM Recovery180 and Will/Grundy R.O.S.C.
- HNA Networks
- Holsten Human Capital Development, NFP
- Joliet Committee on Citizens with Disabilities
- Joliet Township Government
- Lewis University
- Lockport Police Department
- NAMI South Suburbs Chicago
- National Hookup of Black Women
- New Hope Christian Community Church
- O.L.I. Gardens
- Plainfield Police Department
- Rooted Counseling LLC
- Rush University
- Service Inc of Illinois
- SGA Youth and Family Services
- Stepping Stones (2)
- The Conservation Foundation
- The Salvation Army Joliet Corps
- UChicago Medicine/Advent Health
- Will County Community Health Center
- Will County Community Health Center Governing Council
- Will County Health Department (6)
- Will County Land Use Community Development Division
- Will County Sheriffs' Office
- Will County Substance Abuse Prevention Coalition
- Wilmington Coalition for a Healthy Community

The findings from the survey are not representative of all community partners in Will County and reflect only those who completed the survey. Participation in the survey was voluntary, and participants were presented with the option of selecting multiple items, skipping items, indicating that an item was not applicable to them or indicating they were unsure of the appropriate response.

Where responses required a rating of Always, Often or Sometimes, they were collapsed into “Strength,” while ratings of Rarely, Never and Unsure were collapsed into “Weakness/Opportunity.” This was done for easier interpretation.

10 ESSENTIAL PUBLIC HEALTH SERVICES

The 10 Essential Public Health Services (EPHS, *Figure 3*) provide a framework for public health to protect and promote community well-being. These services help guide public health agencies, organizations and professionals in delivering effective and equitable care.

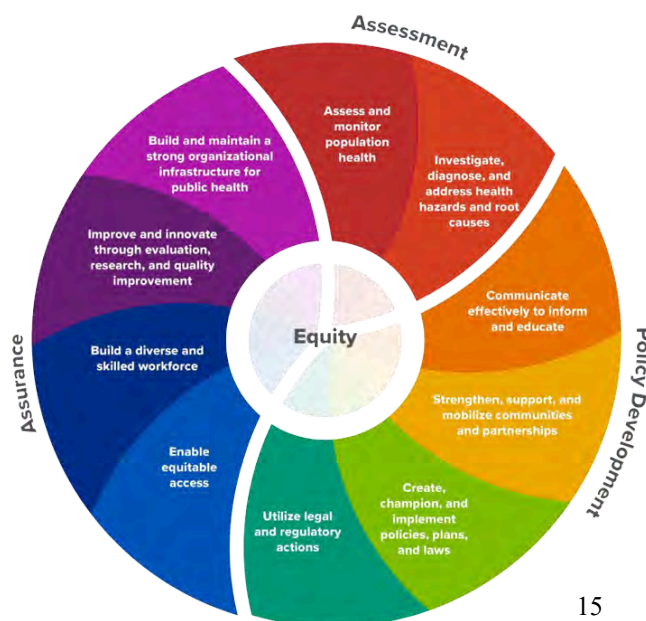


Figure 3

The CPA helps answer the question, “How well are the 10 EPHS being provided in our system?” Survey questions are grounded in principles of the 10 EPHS but intentionally structured to be relevant to community partners outside the health and human service sector.

WILL COUNTY HEALTH DEPARTMENT DOMAINS AND CAPABILITIES SURVEY

In Summer 2024, the Will County Health Department (WCHD) mobilized an Internal Team to develop the agency’s 2025–2030 Strategic Plan. As part of the data collection phase, a Domains and Capabilities Survey was administered to key leadership and staff members. This survey evaluated WCHD’s strengths and areas for growth based on the 10 EPHS. Key findings were incorporated into this assessment.

The survey consisted of two components: a quantitative portion that relied on the numerical ranking of capacity measures and a qualitative portion to receive feedback about relative strengths and weaknesses.

Achievement Rating Scale		
0	None	No or very limited implementation
1	Minimal (25%)	Limited development and implementation
2	Partial (50%)	Partially developed and inconsistently implemented
3	Substantial (75%)	Well-developed but with some areas for improvement
4	Full (100%)	Fully developed and consistently implemented

The achievement rating scale ranged from 0 (no achievement) to 4 (full achievement). Respondents were given the opportunity to rate each statement, if necessary, a 5 – “I am not able to respond based on my work role”. These responses were removed from the data set. For each domain and the respective capacity measure, the median was calculated.

No statements received a 0 (no achievement) or a 1 (minimal achievement). Only one capacity measure received a 2 (partial achievement) and that was foster innovation. Domains 1, 3, 5, 7, 8 and 9 had higher percentage of substantial achievement ratings. Domains 2, 4, 6 and 10 respondents were more confident and rated those a higher percentage of full achievement.

COFFEE AND CHAT WITH MAPP EQUITY SURVEY

On Thursday, April 4, 2024, the Will County MAPP Collaborative hosted a community partner engagement event, Coffee and Chat with MAPP, at the Will County Health Department (WCHD) rom 10:00 a.m. to 2:00 p.m. This informal networking event served three primary purposes:

- To fulfill the requirement for one (1) member engagement event, as outlined in the MAPP bylaws

- To pilot new and updated WCHD survey tools, including Microsoft Forms and iPad kiosks
- To test the MAPP 2.0 Community Partner Assessment (CPA) questions with community partners

The equity survey was adapted from the NACCHO MAPP 2.0 CPA guide. The original assessment included a 59-question survey template requiring approximately 40 minutes to complete. For this event, the survey was intentionally condensed to 15 questions, taking approximately 10 minutes to finish.

A total of 67 unique organizations attended the event, and 35 surveys were submitted, representing 22 distinct organizations. Of those 22 organizations, 8 had multiple responses. Out of the 38 organizations that attended, 22 completed the survey. The survey was administered via Microsoft Forms. It's important to note that the survey results are not representative of all community partners in Will County but only reflect the responses from those who attended the event and participated in the survey.

The event was widely promoted through various networks, and attendees were provided with light refreshments, 15 resource tables, incentives (coffee mugs and pens) and the chance to win one of three door prizes.

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS ANALYSIS

A Strengths, Weaknesses, Opportunities and Threats (SWOT, *Figure 4*) analysis was conducted to align findings from the CPA, providing a structured approach to assessing internal strengths and weaknesses, as well as external opportunities and threats that impact the public health landscape. This analysis serves as a valuable tool for strategic planning, decision-making and identifying areas for improvement or growth. By leveraging strengths and opportunities, the County can explore new initiatives and optimize resources, while addressing weaknesses and threats helps mitigate risks and refine strategies.



For clarity and ease of interpretation, Strengths (S) are outlined under Strengths in Collective Capacity, while Weaknesses (W), Opportunities (O) and Threats (T) are consolidated under Gaps in Collective Capacity to streamline the analysis.

Figure 4

COMMUNITY PARTNER SURVEY EXECUTIVE SUMMARY

STRENGTHS IN COLLECTIVE CAPACITY

Community partners in Will County exhibit strong engagement in collaboration, communication, workforce development and policy advocacy. They actively collect data, promote equity and drive innovation to enhance health and human services. The following highlights key themes in system Strengths (S):

1. Strong Community Engagement and Partnerships

- High participation in community mobilization and collaboration, with particular interest in increasing communication among groups, creating permanent social change and delivering programs effectively and efficiently, avoiding duplication of efforts (92.98% in EPHS 4)
- Many organizations work together to provide wraparound services (63.16% in EPHS 7)
- Strong commitment to equity-focused partnerships, including work with immigrants, refugees and English-language learners (91.42% in EPHS 7)

2. Effective Communication and Education Efforts

- High engagement in health communication (91.23% in EPHS 3)
- Broad use of communication tools, including fact sheets, videos and social media (85.97% in EPHS 3)
- Many partners integrate health equity messaging into their outreach (66.67% in EPHS 3)

3. Commitment to Data Collection and Research

- Widespread data collection efforts, Widespread data collection efforts, with many partners participating in evaluation (71.92% in EPHS 1)
- Many partners participate in evaluation and quality improvement (82.46% in EPHS 9)

4. Emphasis on Workforce Diversity

- Strong investment in diversity, equity and inclusion initiatives (71.93% in EPHS 8)
- Partners hire diverse staff who reflect target populations (56.14% in EPHS 8)

5. Policy and Advocacy for Systemic Change

- Many partners engage in policy development and advocacy (77.18% in EPHS 5)
- Strong focus on economic stability and healthcare access to improve social determinants of health (85.97% and 78.95% in EPHS 7)

6. Strength in Organizational Infrastructure and Stability

- Most partners have strong infrastructure (87.72% in EPHS 10)
- High service delivery ratings, with many partners receiving strong marks across all EPHS categories

GAPS IN COLLECTIVE CAPACITY

Will County community partners face challenges in data sharing, health hazard response, language accessibility, consumer decision-making, legal advocacy, service coordination and leadership diversity. Addressing these gaps through targeted strategies can strengthen public health equity, effectiveness and sustainability for all residents. The following outlines key themes in system Weaknesses (W), Opportunities (O) and Threats (T):

1. Barriers to Data Sharing and Accessibility (EPHS 1)

- Data collection is strong, but sharing remains a challenge as 43.86% of partners face barriers in sharing data with the MAPP Collaborative
- Lack of a public-facing data warehouse limits transparency and real-time decision-making for community health efforts
- Only 45.61% of partners incorporate health equity in data analysis, meaning disparities may not be fully addressed

Opportunities:

- Establish a centralized public health data system to improve transparency and real-time monitoring
- Provide technical assistance and training to help partners navigate data-sharing agreements

2. Gaps in Investigating and Addressing Health Hazards (EPHS 2 and 6)

- 42.11% of partners rarely or never participate in investigating health hazards
- Legal enforcement of public health regulations is weak, with 49.12% of partners unsure or inactive
- Limited litigation and regulatory action indicate public health protections may not be consistently enforced

Opportunities:

- Increase training and technical assistance for partners to improve their investigative capacities
- Strengthen legal advocacy and policy enforcement through clearer guidance and collaboration with stakeholders

3. Limited Community Participation in Decision-Making (EPHS 4 and 5)

- While partners collaborate well, consumer participation in decision-making remains low
- 15.79% of partners do not engage in policy or advocacy efforts, limiting community-driven policymaking
- Lack of Integrated Voter Engagement (only 7.02% use this strategy) means communities may not have a say in shaping health policies

Opportunities:

- Create resident advisory boards to guide public health initiatives
- Expand civic engagement programs to empower communities in policymaking

4. Uneven Service Access and Coordination (EPHS 7)

- 22.80% of partners rarely or never link people to healthcare services

- Limited specialized services for disparate populations as many partners provide generalized rather than tailored services
- Fragmented coordination between partners limits effectiveness in connecting residents with resources.

Opportunities:

- Improve service coordination platforms to streamline referrals
- Expand tailored healthcare services

5. Diversity and Training Gaps in Leadership (EPHS 8)

- 10.52% of partners rarely or never invest in workforce diversity
- Only 31.58% have leadership who speak the languages of target populations, limiting cultural competence
- Need for more leadership pipelines to ensure diverse voices are represented at decision-making levels

Opportunities:

- Develop mentorship and training opportunities for underrepresented groups
- Expand hiring practices to ensure linguistic and cultural diversity in leadership roles

6. Legal and Policy Gaps in Public Health Protection (EPHS 5 and 6)

- 49.12% of partners do not enforce public health laws or are unsure about legal responsibilities
- 15.79% of partners lack engagement in advocacy or policy work, reducing their ability to push for systemic change
- Limited grassroots lobbying efforts (only 43.86% use advocacy strategies)

Opportunities:

- Strengthen legal enforcement mechanisms to ensure public health protections are upheld
- Provide policy advocacy training to increase grassroots lobbying efforts

7. Capacity and Infrastructure Gaps in Smaller Organizations (EPHS 10)

- Smaller or resource-limited organizations may lack funding, technology or administrative capacity
- Need for greater sustainability planning to ensure long-term public health service delivery

Opportunities:

- Provide capacity-building grants for smaller organizations
- Expand resource-sharing networks to support infrastructure development

The following table maps the findings of the CPA to the 10 Essential Public Health Services (EPHS), providing a clearer understanding of Will County's public health system capacity:

ESSENTIAL SERVICE 1: Assess and monitor population health	
STRENGTHS	WEAKNESSES
○ A majority (71.92%) of community partners engage in assessment activities at least sometimes, with 17.54% always conducting these activities ○ Partners collect various types of data, including demographics (73.68%), performance metrics (64.91%), service access and utilization (59.65%) and social determinants of health (56.14%) ○ Data collection methods include surveys (64.91%), tracking systems (40.35%), focus groups and interviews (31.58%) and electronic health records (31.58%) ○ 45.61% of partners incorporate health equity considerations when analyzing data ○ Partners have key data-related skills, including interviewing (47.37%), survey design (42.11%) and facilitating community engagement activities (40.35%) ○ 85.97% of organizations consult the community through customer satisfaction surveys, public comment and polling ○ 57.89% of organizations use Research and Policy Analysis as a strategic approach ○ The WCHD Domain and Capabilities survey showed that 71.0% of services are rated as Substantial and 29.0% as Full delivery	○ 21.06% of community partners rarely or never participate in assessment activities. ○ 43.86% of partners involved in assessment activities face barriers in sharing data with the MAPP Collaborative, with 35.09% unsure about sharing and 8.77% unable to share. ○ The WCHD Domain and Capabilities survey findings highlight the need for a public-facing data warehouse to provide more equitable and timely access to data across the county
KEY TAKEAWAY: While many community partners actively assess and collect health data, challenges remain in data sharing, accessibility and equity. Expanding data-sharing capabilities and implementing a public-facing data warehouse could enhance collaboration, transparency and community health monitoring.	

ESSENTIAL SERVICE 2: Investigate, diagnose and address health hazards and root causes	
STRENGTHS	WEAKNESSES
○ 66.68% of community partners engage in investigating, diagnosing, and addressing health hazards at least sometimes, with 26.32% always performing these activities ○ The WCHD Domain and Capabilities survey rated 36.0% of services as Substantial and 64.0% as Full delivery, indicating strong overall performance	○ 42.11% of community partners rarely or never engage in investigating and addressing health hazards, with 8.77% rarely and 19.3% never participating
KEY TAKEAWAY: While most community partners actively engage in addressing health hazards, a significant gap remains as many rarely or never participate in these essential activities. The strong performance rating from the WCHD Domain and Capabilities survey highlights existing strengths.	

ESSENTIAL SERVICE 3: Communicate effectively to inform and educate	
STRENGTHS	WEAKNESSES
○ 91.23% of community partners engage in communication and education activities, with 35.09% always participating ○ 85.97% of partners use fact sheets, billboards, videos or social media to inform consumers ○ 66.67% of partners report having a clear equity lens guiding external communications and engagement ○ 42.11% of partners provide most publicly available materials in multiple languages, while 33.33% provide a few translated materials upon request ○ Organizations offer interpretation and translation services in Spanish, Chinese, Arabic, Sign Language, and Braille. Language line services are often used ○ 68.42% of partners use communications as a strategy to advance their work ○ The WCHD Domain and Capabilities survey rated 83.0% of services as Substantial and 17.0% as Full delivery, indicating strong performance	○ 12.28% of community partners do not provide any translated materials, which may limit access for non-English-speaking populations
KEY TAKEAWAY: Overall, communication and education efforts are a strong area for community partners, with high engagement and strategic use of various communication tools. However, language accessibility remains a gap, as a portion of organizations lack translated materials.	

ESSENTIAL SERVICE 4: Strengthen, support and mobilize communities and partnerships	
STRENGTHS	WEAKNESSES
○ 92.98% of community partners actively engage in mobilizing communities and partnerships, with 52.63% always participating ○ 85.96% of partners focus on social and community context, emphasizing community connectedness ○ 70.17% of partners involve consumers in community-driven decision-making, ensuring resident voices are heard ○ 87.72% of partners report having strong relationships with other entities that share information with consumers ○ 70.18% of partners collaborate to receive referrals, and 63.16% provide wraparound services for holistic support ○ 70.18% of partners use alliance and coalition-building strategies to strengthen partnerships ○ The WCHD Domain and Capabilities survey rated 67.0% of services as Full and 33.0% as Substantial delivery, indicating a high level of effectiveness	○ 15.79% of community partners rarely or never engage in community-driven decision-making, limiting direct consumer input in shaping programs and services ○ While most partners mobilize communities and partnerships, one respondent (1.75%) reported rarely doing so, suggesting a small gap in engagement
KEY TAKEAWAY: Community mobilization and partnership-building are strong areas of performance, with high levels of engagement, collaboration and strategic alignment. However, consumer participation in decision-making could be improved.	

ESSENTIAL SERVICE 5: Create, champion and implement policies, plans and laws	
STRENGTHS	WEAKNESSES
○ 77.18% of community partners engage in policy development, with 29.82% always participating ○ 80.70% of organizations focus on neighborhood and built environment improvements ○ Policy and advocacy engagement includes: ○ 57.89% develop relationships with elected officials to educate on community needs	○ 15.79% of partners rarely or never develop policies, plans or laws or were unsure if their organization engaged in such activities ○ 15.79% of organizations report no involvement in policy or advocacy work ○ Only 7.02% of organizations use Integrated Voter Engagement as a strategy, a missed opportunity for civic participation ○ 12.28% of organizations rarely integrate community needs and assets into planning, suggesting gaps in community-informed policymaking

○ 26.32% build capacity for impacted communities to advocate for policy change ○ 24.56% engage in policy writing, advocacy or lobbying ○ 19.3% mobilize public opinion through media and communications ○ 75.45% of organizations integrate community needs and assets into planning ○ 54.39% use community organizing and 43.86% use advocacy and grassroots lobbying to drive policy change. ○ The WCHD Domain and Capabilities survey rated 83% of services as Substantial and 17% as Full delivery, indicating a strong foundation in policy work	
KEY TAKEAWAY: While many organizations are engaged in policy development, advocacy and planning, gaps remain in community-driven policymaking and civic engagement.	

ESSENTIAL SERVICE 6: Utilize legal and regulatory actions	
STRENGTHS	WEAKNESSES
○ 42.11% of community partners actively enforce laws and regulations, with 21.05% always doing so ○ The WCHD Domain and Capabilities survey rated 71.0% of services as Full and 29.0% as Substantial delivery, indicating strong legal enforcement capacity among some departments or divisions	○ 49.12% of community partners rarely, never or are unsure about their role in enforcement and regulation activities, highlighting a lack of clarity or engagement in legal public health actions ○ Only 15.79% of organizations use litigation as a strategy, suggesting limited legal advocacy efforts to enforce health regulations or protect public health ○ The WCHD survey findings indicate a lack of legislative support for core public health services, which may hinder enforcement efforts and regulatory impact
KEY TAKEAWAY: Despite some strong enforcement efforts, there are significant gaps in legal and regulatory engagement across community partners. By bridging gaps in advocacy efforts, Will County can create a stronger legal framework for public health protection and equity.	

ESSENTIAL SERVICE 7: Enable equitable access	
STRENGTHS	WEAKNESSES
○ 71.93% of community partners actively link people to needed services and healthcare, with 47.37% always doing so ○ 85.97% of organizations focus on Economic Stability, and 78.95% focus on Healthcare Access and Quality, demonstrating a strong commitment to addressing social determinants of health ○ 57.89% of organizations are physically located in their target communities, improving access to services ○ 91.42% of organizations work with immigrants, refugees and non-English speakers, highlighting inclusivity efforts ○ 54.3% of organizations provide services for people with disabling conditions, though 40% are only ADA-compliant without a specific focus on disability services ○ The WCHD Domain and Capabilities survey revealed a 75.0% Substantial and 25.0% Full delivery, indicating moderate to strong capacity in equitable access	○ 22.80% of community partners rarely or never link people to needed services or assure healthcare access, revealing gaps in service coordination and outreach ○ Only 31.43% of partners offer services specifically for LGBTQIA+ individuals, though 60% provide general services that LGBTQIA+ persons can access ○ While 50.88% of partners use healing as a strategy, community trauma and its connection to systemic inequalities still require stronger integration into service models
KEY TAKEAWAY: Despite strong efforts to address economic stability, healthcare access and diverse populations, gaps remain in service linkage and coordination, tailored support for disparate populations and addressing systemic inequalities through healing-centered approaches.	

ESSENTIAL SERVICE 8: Build a diverse and skilled workforce	
STRENGTHS	WEAKNESSES
○ 84.21% of organizations actively invest in building a diverse and skilled workforce, with 40.35% always doing so ○ 56.14% of organizations hire staff and interpreters from diverse racial and ethnic groups that mirror and speak the languages of their target populations ○ 31.58% of organizations have leadership who speak the languages of their target populations, enhancing cultural competence ○ 71.93% of organizations employ at least one staff member dedicated to diversity, equity and inclusion	○ 10.52% of organizations Rarely or Never invest in a diverse or skilled workforce, highlighting gaps in workforce development efforts ○ While over half of organizations hire diverse staff, fewer (31.58%) have leadership that reflects language diversity, pointing to a leadership pipeline gap

○ 71.93% of organizations integrate advancing equity and addressing inequities into most or all staff job requirements ○ 64.91% of organizations use Leadership Development as a core strategy ○ 87.72% of organizations focus on Education Access and Services, demonstrating a commitment to workforce development ○ The WCHD Domain and Capabilities survey rated workforce-building efforts at 80.0% Substantial and 20.0% Full delivery, indicating strong but improvable capacity	
KEY TAKEAWAY: Partners demonstrate strong commitments to workforce diversity, cultural competence and equity-driven hiring practices. Key areas for improvement include ensuring all organizations actively invest in workforce diversity and skill development, expanding leadership pipelines and strengthening training and mentorship programs.	

ESSENTIAL SERVICE 9: Improve and innovate services through evaluation, research and quality improvement	
STRENGTHS	WEAKNESSES
○ 82.46% of community partners engage in evaluation, research, or quality improvement activities, with 26.32% always doing so ○ The WCHD Domain and Capabilities survey rated this service as 83.0% Substantial and 8.0% Full delivery, indicating strong but improvable capacity	○ 12.28% of community partners rarely or never engage in evaluation, research or quality improvement activities, signaling gaps in systematic improvement efforts
KEY TAKEAWAY: Will County organizations actively engage in evaluation and research, but there is room for improvement in consistency and reach.	

ESSENTIAL SERVICE 10: Build and maintain a strong organizational infrastructure for public health	
STRENGTHS	WEAKNESSES
○ 87.72% of community partners engage in activities to build and maintain a strong organizational structure, with 38.6% always doing so ○ The WCHD Domain and Capabilities survey rated this service as 87.0% Full and 13.0% Substantial delivery, indicating a well-established infrastructure across organizations	○ 7.01% of community partners rarely or never focus on maintaining a strong organizational structure, highlighting minor gaps in sustainability efforts
KEY TAKEAWAY: Partners demonstrate a strong commitment to organizational stability and development. However, there is an opportunity to support smaller or resource-limited organizations, enhance leadership and capacity-building programs and encourage collaboration to reinforce best practices in governance.	

CONCLUSION

Will County's community partners demonstrate strong collaboration, communication, workforce development and policy advocacy, with a commitment to equity and innovation. However, challenges remain in data sharing, health hazard response, service coordination, language accessibility and leadership diversity. Addressing these gaps through enhanced data systems, stronger policy enforcement, improved service access and leadership development programs will strengthen public health equity and sustainability. By building on existing strengths and implementing targeted improvements, Will County can create a more effective and inclusive public health system.

COMMUNITY STATUS ASSESSMENT

During Phase II, Tell the Community Story, three assessments are completed, including the Community Status Assessment (CSA). The CSA collects quantitative data on the status of Will County, such as demographics, health status and health disparities. This community data-driven assessment reveals inequities that will connect findings from the other assessments.

METHODOLOGY

This assessment was adapted from the NACCHO MAPP 2.0 CSA guide to collect and analyze quantitative data about Will County's health trends. The data collection process, which included both primary and secondary sources, took place from August 2024 to May 2025. Primary data was gathered through surveys conducted with healthcare providers and community partners, while secondary data was sourced from publicly available databases such as the Centers for Disease Control and Prevention (CDC), Illinois Department of Public Health (IDPH) and the United States Census Bureau's American Community Survey (ACS). The MAPP 2.0 CSA guide provided a Secondary Data Source List, which included 64 health indicators related to health behaviors, social determinants of health and systems of privilege, power and oppression.

From January to March 2025, community partners involved in the Will County MAPP Collaborative Action Teams, including Access to Food and Nutrition, Access to Health Care, Stabilizing the Built Environment and Behavioral Health and Substance Use, participated in a case study activity. This process allowed for a thorough review of collected data, discussions about its relevance, identification of gaps and exploration of additional sources. Additional indicators were identified to better reflect Will County's unique community needs.

While the Will County MAPP Collaborative made significant efforts to collect, review and analyze data, some limitations must be considered:

- Secondary data is often released with a delay, so this assessment utilizes the most recent available data from all sources
- Variability in the geographic levels of available data, ranging from Census Block Groups to National datasets, complicates comparisons and analysis. Whenever possible, the most specific geographic level was used
- Differences in population sizes, geographic boundaries and data collection techniques impact the availability of comparable data across locations
- Limited data exists on topics such as homelessness, justice-system trends, mental health and substance use. To address these gaps, the Will County MAPP Collaborative worked with local partners to collect primary data where possible

Despite these challenges, this comprehensive assessment provides a solid foundation for understanding community conditions.

ALL OUR KIDS (AOK) EARLY CHILDHOOD NETWORK ASSESSMENT

The Will County All Our Kids (AOK) Early Childhood Network is one of 12 community-based cross-sector collaborations in Illinois that work to improve health outcomes for children and their families from pregnancy to age five. AOK strives to make a more equitable and accessible system of services for children and families in Will County through active family and community engagement, linkages to resources, outreach and education, community collaboration and data collection.

Beginning in 2023, the AOK Early Childhood Networks underwent an assessment process to better understand the health, safety and development of young children and their families in each community. A data workgroup was formed in July 2023, marking the official start of the process. From July to October 2023, the workgroup gathered and analyzed county and statewide data. The AOK assessment data was provided to the MAPP Collaborative to further enhance the Maternal and Child Health trends presented in this report.

HEALTHY PEOPLE 2030 FRAMEWORK

The Healthy People 2030 (HP2030) Framework outlines the core concepts, goals and guiding principles of national health promotion and disease prevention initiatives. Designed to improve the health and well-being of all Americans, HP2030 sets national objectives and provides data to inform evidence-based policies, programs and actions. At its core, HP2030 envisions a society where all individuals can achieve their full potential for health and well-being across the life span, all based on recommendations from the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030.

Throughout the Community Status Assessment, red, yellow and green stoplight symbols (*Figure 5*) are used to highlight how local data compares to national benchmarks set by HP2030. A red light means the measure falls below the national goal, yellow indicates it is meeting the benchmark and green shows that it is surpassing the national standard.

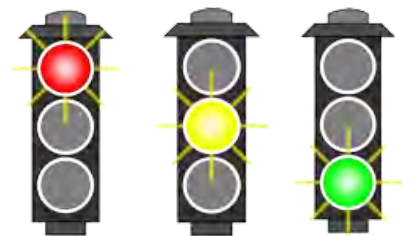


Figure 5

ILLINOIS YOUTH SURVEY TREND ASSESSMENT FROM THE WILL COUNTY SUBSTANCE USE PREVENTION COALITION

In 2024, the Will County Substance Abuse Prevention Coalition (WCSAPC) analyzed Illinois Youth Survey (IYS) data from 2018 to 2024, focusing on trends among 8th, 10th and 12th graders. The review centered on core Drug Free Communities (DFC) measures, along with two additional items related to the perceived risk of vaping and recent use of tobacco or vaping products. The report breaks down data by substance,

grade level and survey year, offering both short-term (2022–2024) and long-term (2018–2024) comparisons. The chart below summarizes the sample data.

	Number of respondents 2018 (number of schools)	% 2018 respondents eligible for free lunch	Number of respondents 2022 (number of schools)	% 2022 respondents eligible for free lunch	Number of respondents 2024 (number of schools)	% 2024 respondents eligible for free lunch
8 th grade sample	3,551 (22)	52%	2,661 (15)	83%	1,124 (8)	80%
10 th grade sample	2,646 (9)	43%	1,676 (7)	81%	2,152 (8)	49%
12 th grade sample	822 (9)	13%	334 (7)	55%	868 (8)	19%

Participation in the Illinois Youth Survey (IYS) among 8th, 10th and 12th graders in Will County varied across 2018, 2022 and 2024, both in sample size and school representation. In 2018, more students and schools were represented than in later years, with 3,551 8th graders from 22 middle schools and 3,468 high school students from 9 schools. By 2022, participation declined to 2,661 8th graders from 15 schools and 2,010 high school students from 7 schools. In 2024, participation included 1,124 8th graders from 8 schools and 3,020 high school students from 8 schools. Demographic shifts, particularly in socioeconomic status, were also noted. A higher percentage of students were eligible for free lunch in 2022 and 2024 compared to 2018, indicating increased economic disadvantage in those samples. This variation in sample composition should be considered when interpreting changes over time, as differences may reflect demographic shifts as much as actual behavioral trends.

WILL COUNTY BEHAVIORAL HEALTH AND SUBSTANCE USE CAPACITY SURVEY

From April to October 2024, the Will County MAPP Collaborative Behavioral Health and Substance Use (BH/SU) Action Team collaborated to develop the Will County Behavioral Health Capacity Survey. A dedicated group of Action Team members led this effort to gather new primary data for the 2025 Community Health Needs Assessment, addressing known data gaps identified in the 2022 report. The team reviewed the 2024 Will-Grundy Behavioral Health Assessment and the 2018 MAPP Behavioral Health Assessment to shape the survey’s focus.

The survey results reflect only the responses of those who chose to participate. Participation was voluntary, and respondents were able to skip questions, select multiple responses or indicate that a question did not apply or that they were unsure. The survey was conducted through Google Forms and shared with 38 MAPP BH/SU Action Team organizations, along with additional outreach to providers serving Will County who are not currently involved in the Collaborative. Nineteen organizations participated in the Will County Behavioral Health Capacity Survey. Of these, 10 (52.6%) responded on behalf of their entire organization, while 9 (47.4%) provided responses for a specific department, division or location.

WILL COUNTY CONTINUUM OF CARE POINT IN TIME COUNT

The Point-in-Time (PIT) count is an annual survey conducted each January to measure the number of people experiencing homelessness, both sheltered and unsheltered, on a single night. This snapshot helps the Will County Continuum of Care (CoC), in compliance with U.S. Department of Housing and Urban Development (HUD) requirements, assess the scale of local homelessness and inform funding and service decisions. The count includes individuals in emergency shelters, which offer short-term, lease-free housing for those in crisis; transitional housing, which provides temporary housing (up to 24 months) with support services and a lease or occupancy agreement; and those experiencing unsheltered homelessness, such as individuals sleeping outdoors, in vehicles or in places not meant for habitation.

WILL COUNTY PEDIATRIC PROVIDER MEDICAID CAPACITY SURVEY

Between March and October 2024, the Will County MAPP Collaborative's Access to Health Care Action Team developed and distributed the Pediatric Provider Medicaid Capacity Survey. As part of ongoing efforts to improve health care access, the Collaborative sought input from local pediatric clinicians to better understand the capacity of the health system to serve youth covered by Medicaid.

To gather feedback, the MAPP Collaborative distributed a five-question, two-minute online survey to Will County pediatric clinicians, including pediatricians, internal medicine and family medicine specialists and nurse practitioners at Saint Joseph Medical Center, Silver Cross Hospital and the Will County Community Health Center. The voluntary survey was administered through ArcGIS Survey123 with support from the Will County GIS Division. The results represent only those who chose to participate and will help better assess local pediatric Medicaid service capacity.

DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

CATEGORY DEFINITION: Demographic and socioeconomic characteristics refers to a set of attributes describing a population, including factors like age, gender, race, ethnicity, income level and education attainment, which are used to understand the social and economic makeup of a group of people.

WILL COUNTY DEMOGRAPHIC AND SOCIOECONOMIC KEY FINDINGS

Geography & Demographics Will County spans 849 square miles, encompassing 31 zip codes and 23 cities, with a population of 700,728 (2023). While 95.1% of the county is urbanized, rural pockets exist in the southern and eastern regions. The population is aging (median age: 39.6), and gender distribution is nearly equal.

- **Diverse and Growing Population:**
 - White: 61.6% (down from 81.8% in 2000)
 - Hispanic/Latino: 20.2%
 - Black/African American: approximately 11%
 - Asian: 6.6%
 - Two or More Races: 12.6%
 - Foreign-born residents: 14.4% (up from 12.4% in 2019)

Economic and Educational Conditions Will County enjoys lower-than-average poverty rates, but deep racial and geographic disparities remain.

- **Child Poverty Rate:** 9.3% (vs. higher state/national rates); over 70% in some tracts (e.g., Joliet, University Park)
- **Overall Poverty:** 7.2%, highest among Black/African American (12.5%) and Some Other Race (11.7%) groups
- **Preschool Enrollment:** Head Start enrollment is declining despite growing need
- **Academic Readiness:** Many districts underperform in kindergarten readiness, 3rd-grade literacy and math proficiency

Barriers and Vulnerabilities Persistent structural inequities are evident across housing, health access and early childhood services.

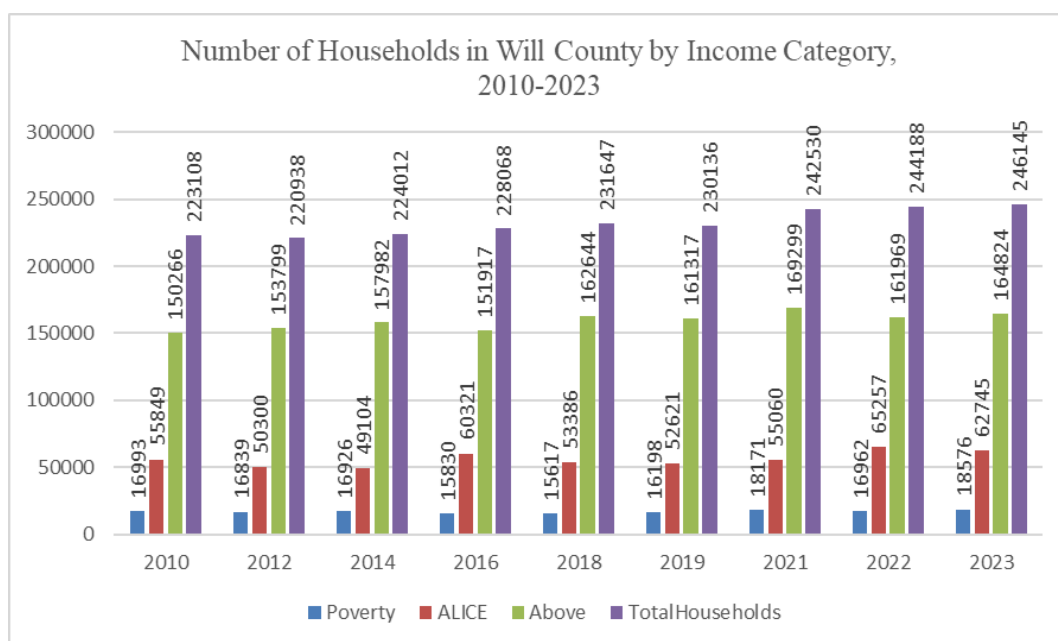
- **Disability Rate:** 10.3%, mainly mobility/cognition-related
- **Child Care Gaps:** Gold-rated childcare capacity dropped nearly 50% from 540 facilities in 2019 to 296 in 2023, with the steepest declines for infants and toddlers
- **Food Insecurity:** Improved to 6% overall (2024), but remains high for Black/African American (15%) and Hispanic/Latino (16%) residents
- **ALICE Households:** 65,257 overall, Joliet Township leads with 58% of households under economic strain
- **Homelessness:** 357 individuals in the tri-county region; Black/African American residents disproportionately impacted (42%)

Civic Life and Resilience Despite structural challenges, the county demonstrates strong civic engagement and signs of community resilience.

- Voter Turnout (2024): 75.06%, above state/national averages
- Social Vulnerability Index: Improved to 6.7 (moderate vulnerability)
- Social Associations: Low (6.7 per 10,000), suggesting room for stronger community networks

ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED

ALICE stands for Asset Limited, Income Constrained, Employed. It refers to individuals and families who earn above 100% of the Federal Poverty Line but still struggle to afford essential living expenses in their communities. Both ALICE households and those living in poverty often face difficult trade-offs, such as choosing between safe, reliable child care and covering housing costs. These choices can have lasting impacts not just on the well-being of their families, but on the broader community as well.



Between 2010 and 2023, the total number of households in Will County steadily increased from approximately 223,000 to 246,145. While the number of households living in poverty remained relatively stable, fluctuating between 16,000 and 18,000, the 2023 figure reached 18,576, which is on the higher end of that range. The number of ALICE households continued to rise, reaching 62,745 in 2023, slightly below the peak of 65,257 recorded in 2022. Households above the ALICE threshold increased in 2023 to 164,824, reversing the decline seen in the prior year. This trend suggests that while the total number of households continues to grow, financial strain persists for a significant portion of the population, with many still living below or just above the financial hardship threshold.

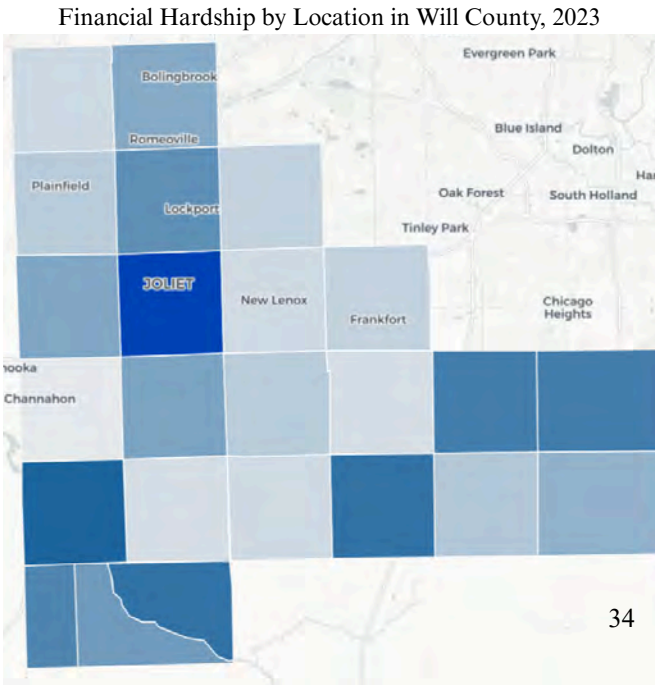
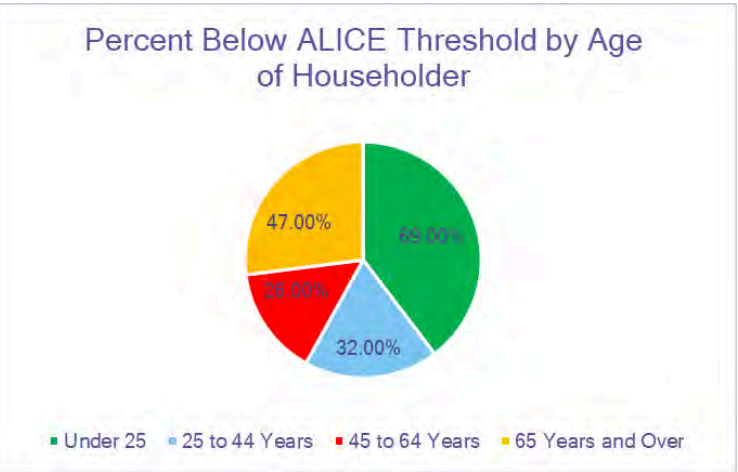
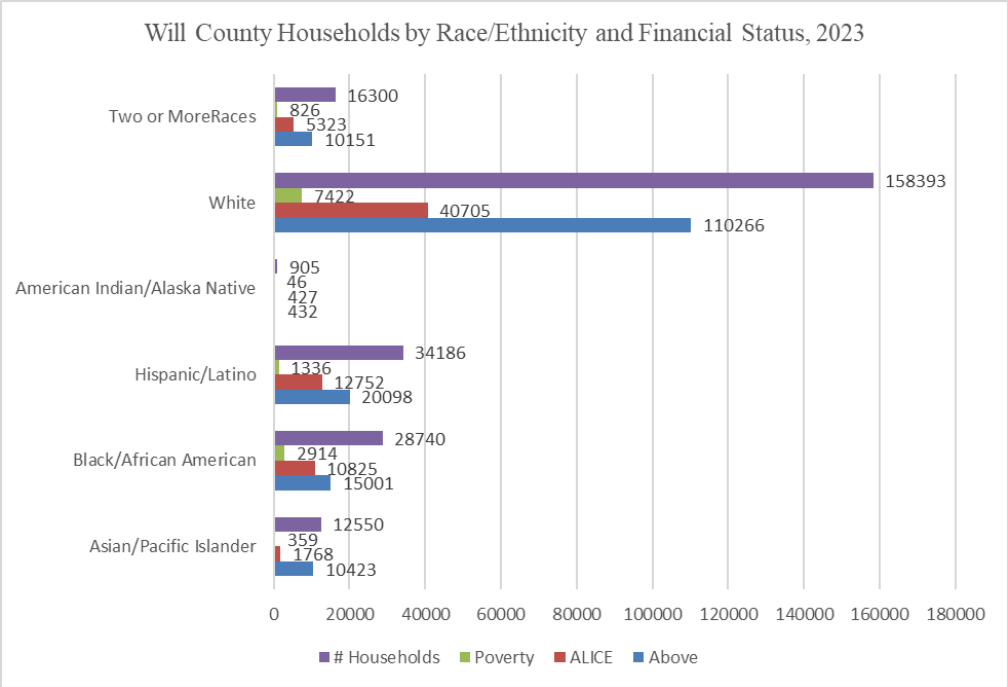
In 2023, household economic trends in Will County continued to show notable variation by race and ethnicity. White households remained the largest group, with 70% living above the ALICE threshold, 26% in the ALICE category and 5% in poverty. Hispanic/Latino households had 59% above ALICE, 37% as ALICE and 4% in poverty. Black/African American households experienced greater financial strain, with 52% above ALICE, 38% as ALICE and 10% in poverty.

Asian/Pacific Islander households continued to demonstrate the strongest financial standing, with 83% above ALICE, 14% as ALICE and just 3% in poverty. Households identifying as Two or More Races were more evenly distributed, with 62% above ALICE, 33% as ALICE and 5% in poverty. American Indian/Alaska Native households showed similar financial challenges, with 48% above ALICE, 47% as ALICE and 5% in poverty.

In Will County, younger and older adults are more likely to struggle financially. About 69% of householders under 25 and 47% of those 65 and older live below the ALICE threshold. In comparison, 32% of those aged 25 to 44 and 26% of those 45 to 64 are below the threshold, showing more financial stability during working years.

There are notable differences in financial hardship across Will County townships, based on the percentage of households living below the ALICE threshold.

Joliet Township has the highest percentage at 58%, followed closely by Wilmington (52%), Peotone (48%), Wesley (48%) and Crete and Monee Townships (both at 45%). In contrast, Wheatland (14%), Channahon (16%), Florence (19%), Green Garden (19%) and New Lenox and Wilton Townships (both at 20%) townships show the lowest rates, indicating fewer households struggling to afford basic needs. *Source: United For ALICE, 2025.*



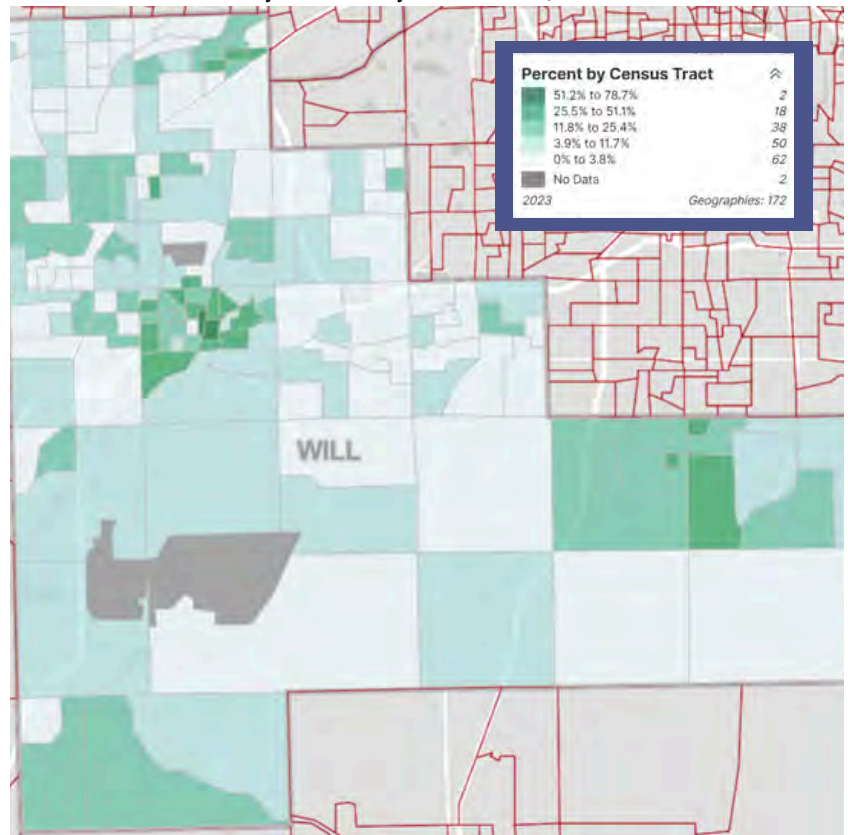
Name	Total Households	% Below ALICE Threshold
Channahon township, Will County, Illinois	3472	16
Crete township, Will County, Illinois	9653	45
Custer township, Will County, Illinois	503	37
Du Page township, Will County, Illinois	28988	33
Florence township, Will County, Illinois	279	19
Frankfort township, Will County, Illinois	20662	22
Green Garden township, Will County, Illinois	1400	19
Homer township, Will County, Illinois	13505	22
Jackson township, Will County, Illinois	1571	35
Joliet township, Will County, Illinois	30515	58
Lockport township, Will County, Illinois	22248	40
Manhattan township, Will County, Illinois	4080	24
Monee township, Will County, Illinois	5624	45
New Lenox township, Will County, Illinois	14924	20
Peotone township, Will County, Illinois	1765	48
Plainfield township, Will County, Illinois	26024	24
Reed township, Will County, Illinois	2843	43
Troy township, Will County, Illinois	17852	34
Washington township, Will County, Illinois	2383	31
Wesley township, Will County, Illinois	766	48
Wheatland township, Will County, Illinois	28750	14
Will township, Will County, Illinois	657	25
Wilmington township, Will County, Illinois	2456	52
Wilton township, Will County, Illinois	390	20

CHILDREN IN POVERTY

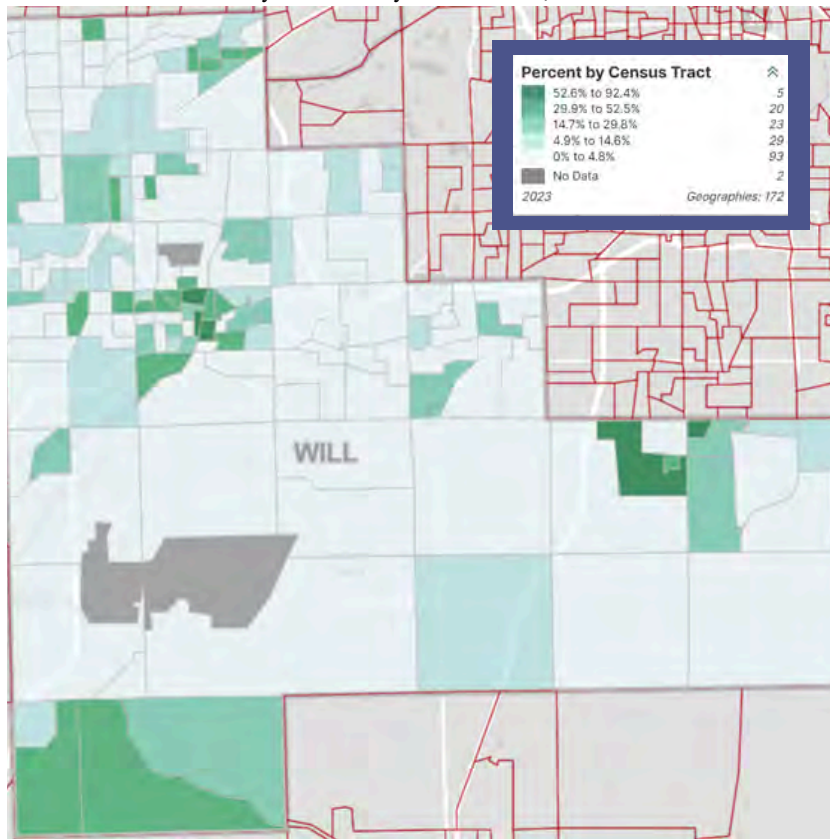
According to the Small Area Income and Poverty Estimates (SAIPE) from the U.S. Census Bureau, in 2023, 9.3% (14,931) of children under 18 in Will County were living below the poverty line. This is lower than both the State average of 14.7% and the National average of 16.0%. The trends in child poverty in Will County have remained relatively stable, with rates of 9.2% in 2022, 9.8% in 2021 and 9.0% in both 2020 and 2019, peaking at 12.2% in 2010.

When examining the heat maps, the distribution of children under 18 living in poverty is fairly even across the County. The Census Tracts with the highest proportions of children in poverty include 8819 (Joliet, with 67.8%) and 8820 (Joliet, with 63.4%). However, the distribution of children under 5

Percent of Children Under 18 Years Below Poverty Level
by Will County Census Tract, 2023

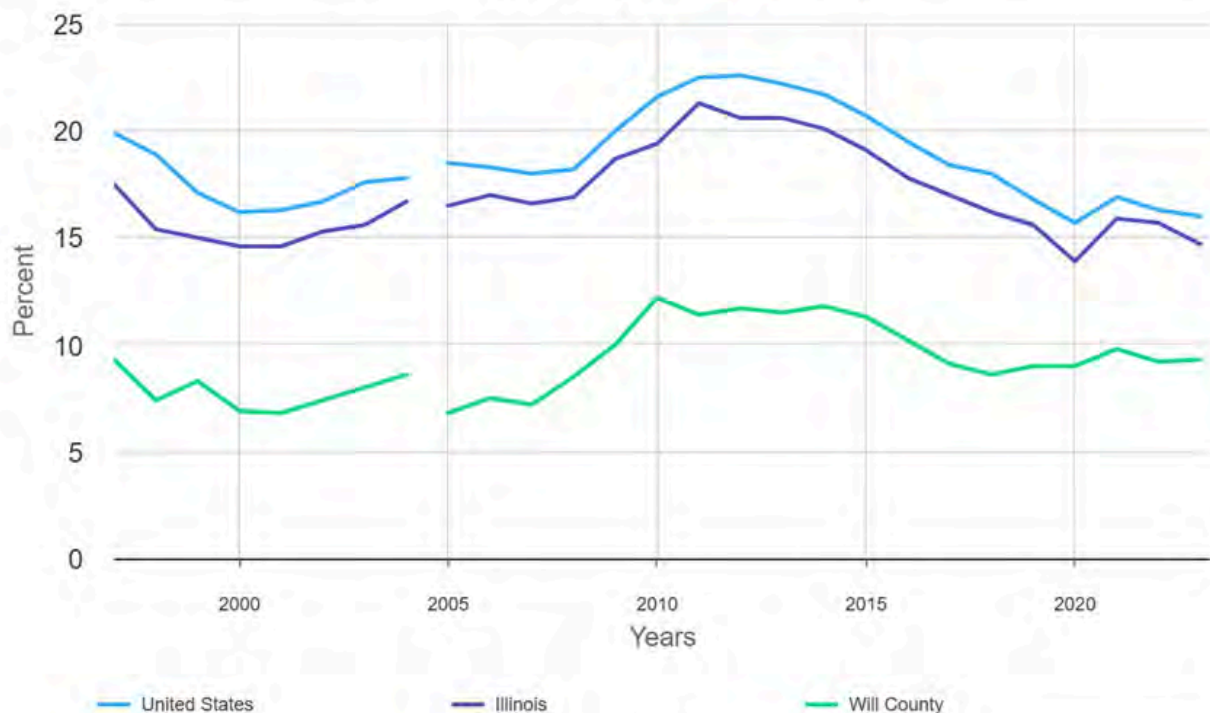


Percent of Children Under 5 Years Below Poverty Level
by Will County Census Tract, 2023



in poverty is more concentrated in the central, eastern and southern regions of Will County. Notable Census Tracts with the highest percentages of young children in poverty include 8814.01 (Joliet, 62.1%), 8819 (Joliet, 77.9%), 8820 (Joliet, 71.4%), 8836.06 (University Park/Crete/Monee, 58.9%) and 8838.03 (Steger/Crete, 92.4%).
Source: United States Census Bureau, n.d.-a. Table S1701; United States Census Bureau, n.d.-b.

Under Age 18 (1997 to 2023)



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates.

CITIZENSHIP STATUS

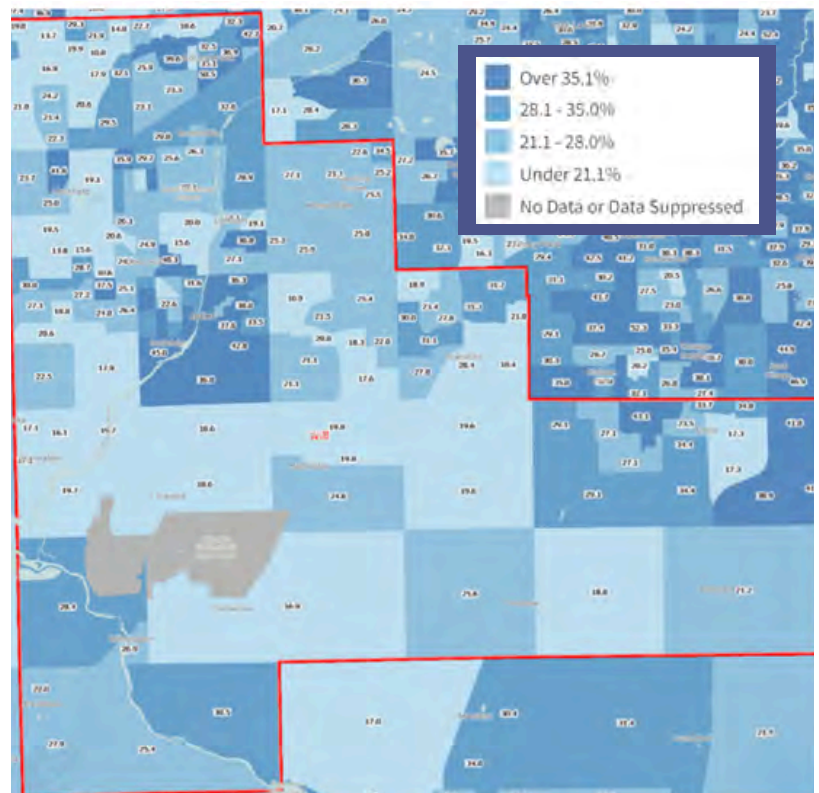
The table below shows the numbers and percent of population by citizenship status for Will County. Will County has experienced an increase in its foreign-born population, rising from 12.4% in 2019 to 14.4% in 2023. The non-U.S. Citizens saw the largest growth, with a 25% increase, while Naturalized Citizens saw a more modest growth of 11%. *Source: United States Census Bureau, n.d.-a. Table B05002.*

Citizenship Status	2007-2011		2014		2016		2019		2023	
	Number	% of Population	Number	% of Population	Number	% of Population	Number	% of Population	Number	% of Population
Total Population	674,166	100.0%	682,108	100.0%	685,378	100.0%	690,743	100.0%	700,728	100.0%
Native	596,419	88.5%	601,304	88.2%	604,864	88.3%	605,209	87.6%	599,540	85.5%
Foreign-Born	77,747	14.5%	80,804	11.8%	80,514	11.7%	85,534	12.4%	101,188	14.4%
Naturalized Citizens	38,062	5.6%	41,728	6.1%	43,043	6.3%	49,955	7.2%	55,738	8.0%
Non-U.S. Citizens	39,685	5.9%	39,076	5.7%	37,471	5.5%	35,579	5.2%	45,450	6.5%

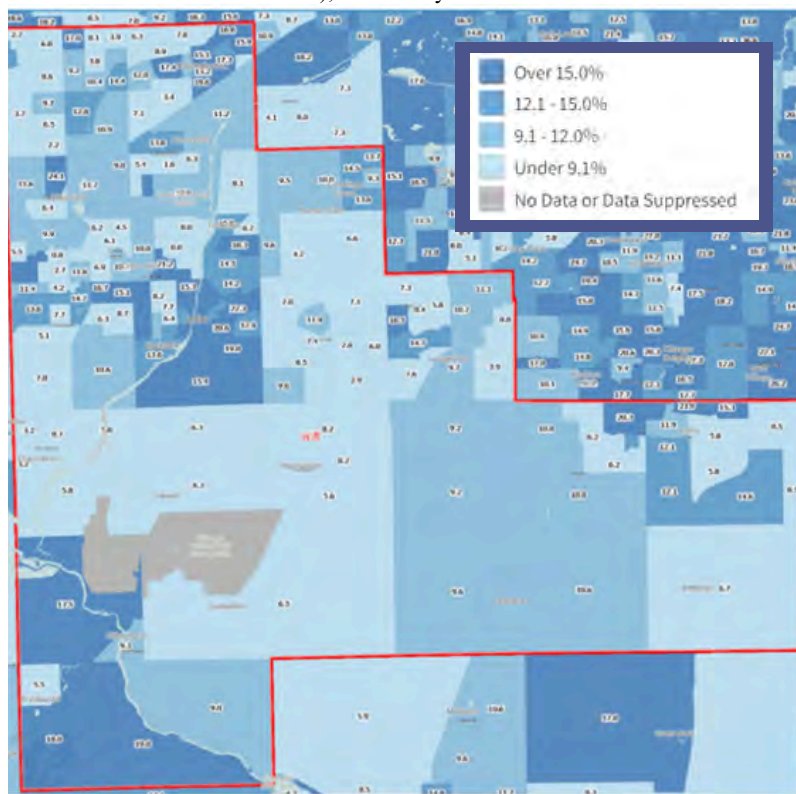
COST BURDENED HOUSEHOLDS

In Will County, a significant portion of households face housing affordability challenges. Approximately 50.8% of renter-occupied households spend more than 30% of their income on housing, classifying them as cost-burdened. Among homeowners, 22.4% are similarly burdened. Overall, 27.1% of all households in the county experience housing cost burdens. These figures highlight the need for targeted housing affordability initiatives to support both renters and homeowners. *Source: United States Census Bureau, n.d.-a. Table DP04; University of Missouri Extension, 2022.*

Cost Burdened Households (Housing Costs Exceed 30% of Household Income), Percent by Census Tract 2018-2022



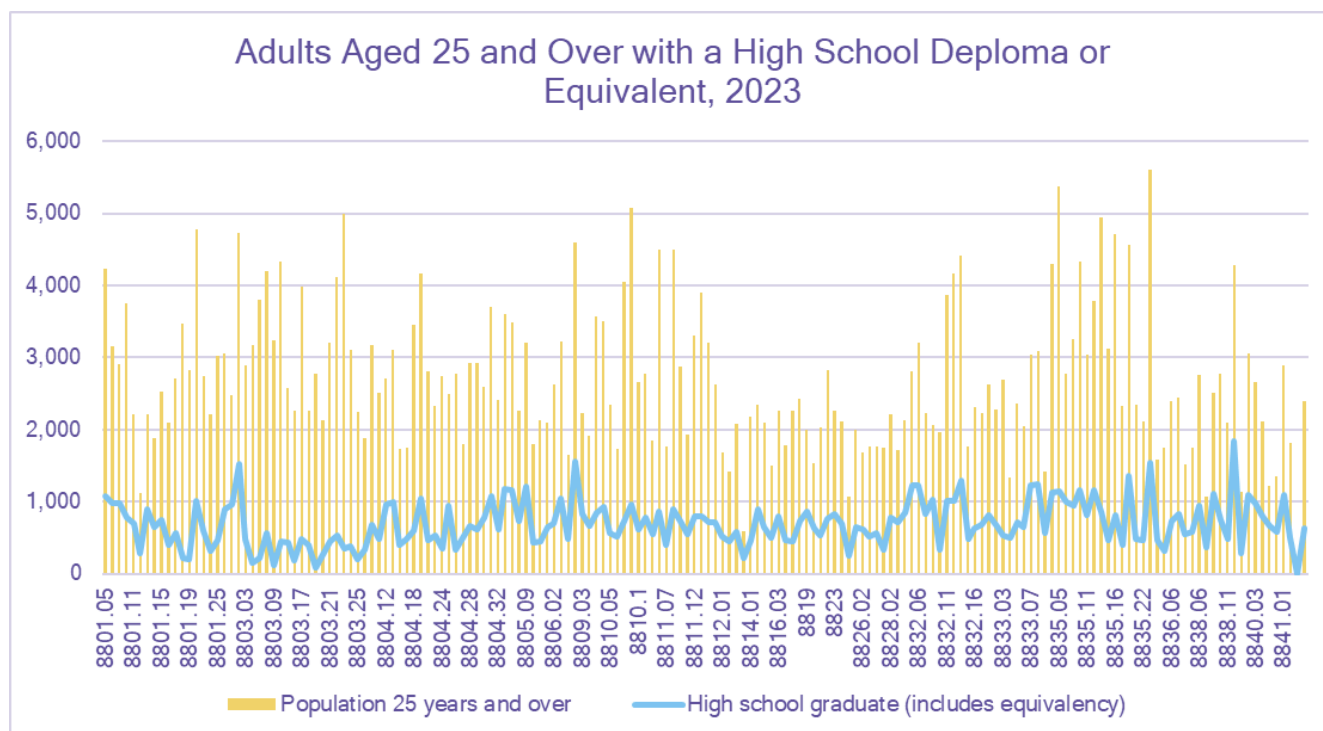
Severely Cost Burdened Households (Housing Costs Exceed 50% of Household Income), Percent by Census Tract 2018-2022



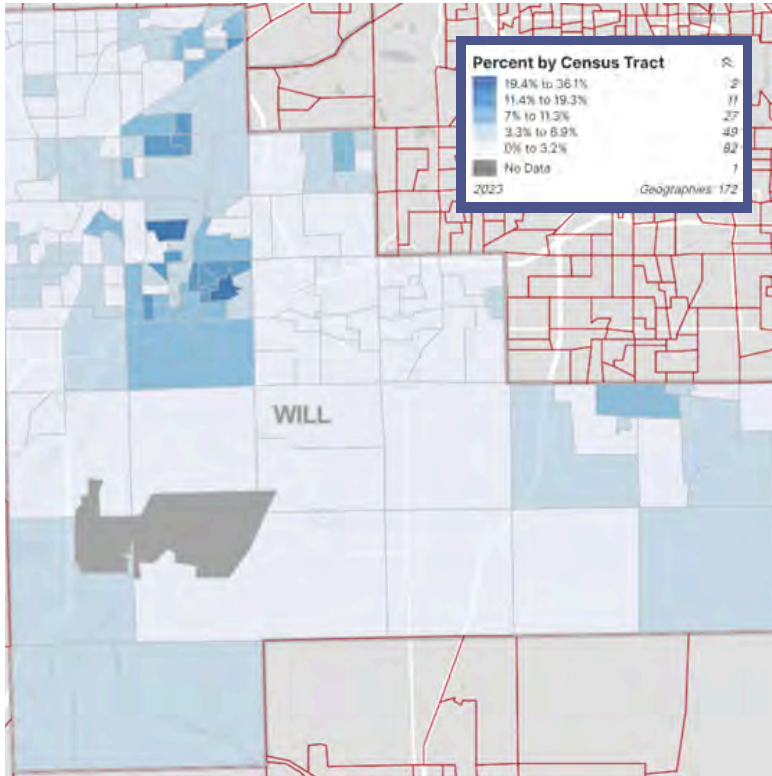
EDUCATION ATTAINMENT

Education attainment refers to the highest level of education an individual has completed. According to the 2023 Census, Will County is home to 474,369 residents aged 25 and older. Among them, 124,300 individuals (26.2%) have a high school diploma or equivalency as their highest level of education. This group is evenly distributed across the county, with 24 Census Tracts showing concentrations ranging from 36.2% to 55.4%. Nearly all towns in Will County contain at least one of these Census Tracts, with Census Tract 8840.05 (Wilmington) having the highest proportion at 55.4%.

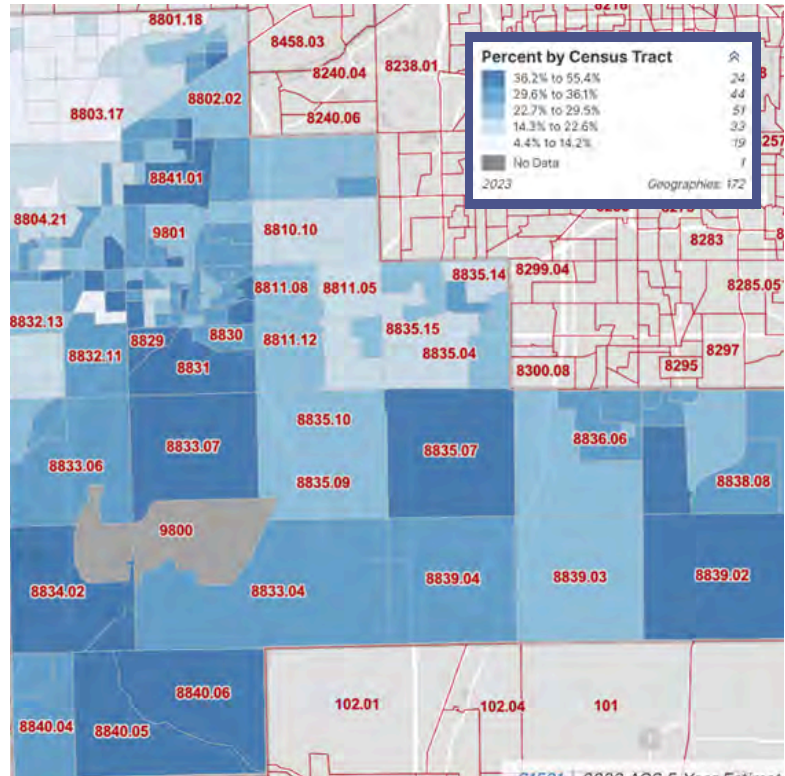
A smaller portion of the adult population, 19,993 individuals (4.2%), has not completed high school. Although these individuals are distributed throughout the county, certain areas have higher concentrations. The Census Tracts with the highest percentages of adults aged 25 and older without a high school diploma are Census Tract 8822 (Joliet) at 27.9% and Census Tract 9801 (Lockport) at 36.1%. *Source: United States Census Bureau, n.d.-a. Table S1501; Workforce Investment Board of Will County, 2024.*



Percent of Population 25 Years and Over | 9th to 12th Grade, No Diploma, 2023



Percent of Population 25 Years and Over | High School Graduate or Equivalency, 2023



EDUCATIONAL PIPELINE

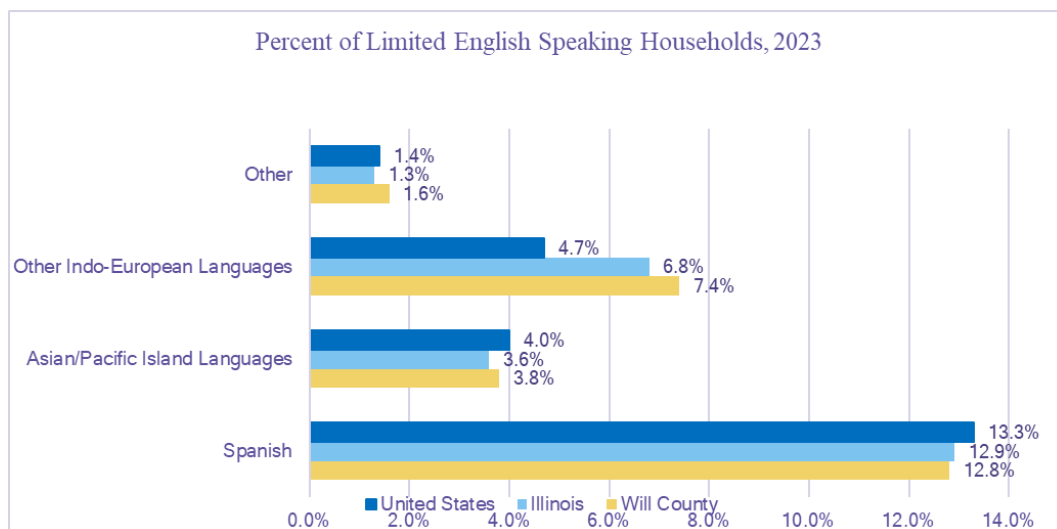
In 2023, Will County saw 7,085 graduates, marking a 1% increase over the past five years. The most common fields of study among these graduates were “Liberal Arts and Sciences/Liberal Studies” at the Associate’s level, “Registered Nursing/Registered Nurse” at the Bachelor’s level and “Curriculum and Instruction” at the Master’s or Higher level. *Source: Workforce Investment Board of Will County, 2024.*

School	Total Graduates (2023)	Graduate Trend (2019 - 2023)
Joliet Junior College	2,600	
Lewis University	2,206	
Governors State University	1,245	
University of St Francis	945	
Capri Beauty College	46	
Larry's Barber College-Joliet	24	
Professional's Choice Hair Design Academy	19	
The Salon Professional Academy (not current)	0	

Certificate
 Associate's
 Bachelor's
 Master's or Higher

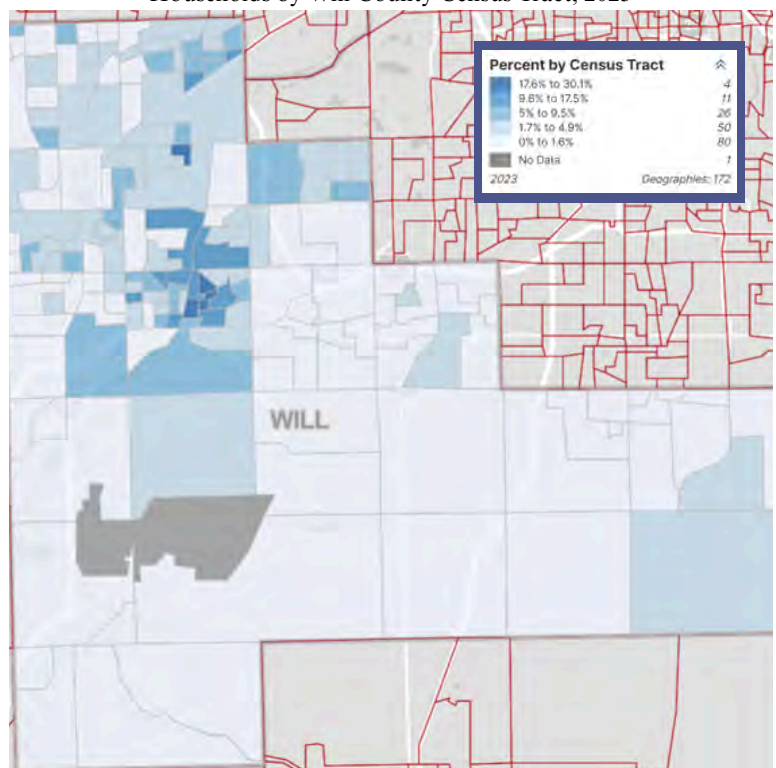
ENGLISH LANGUAGE LEARNERS

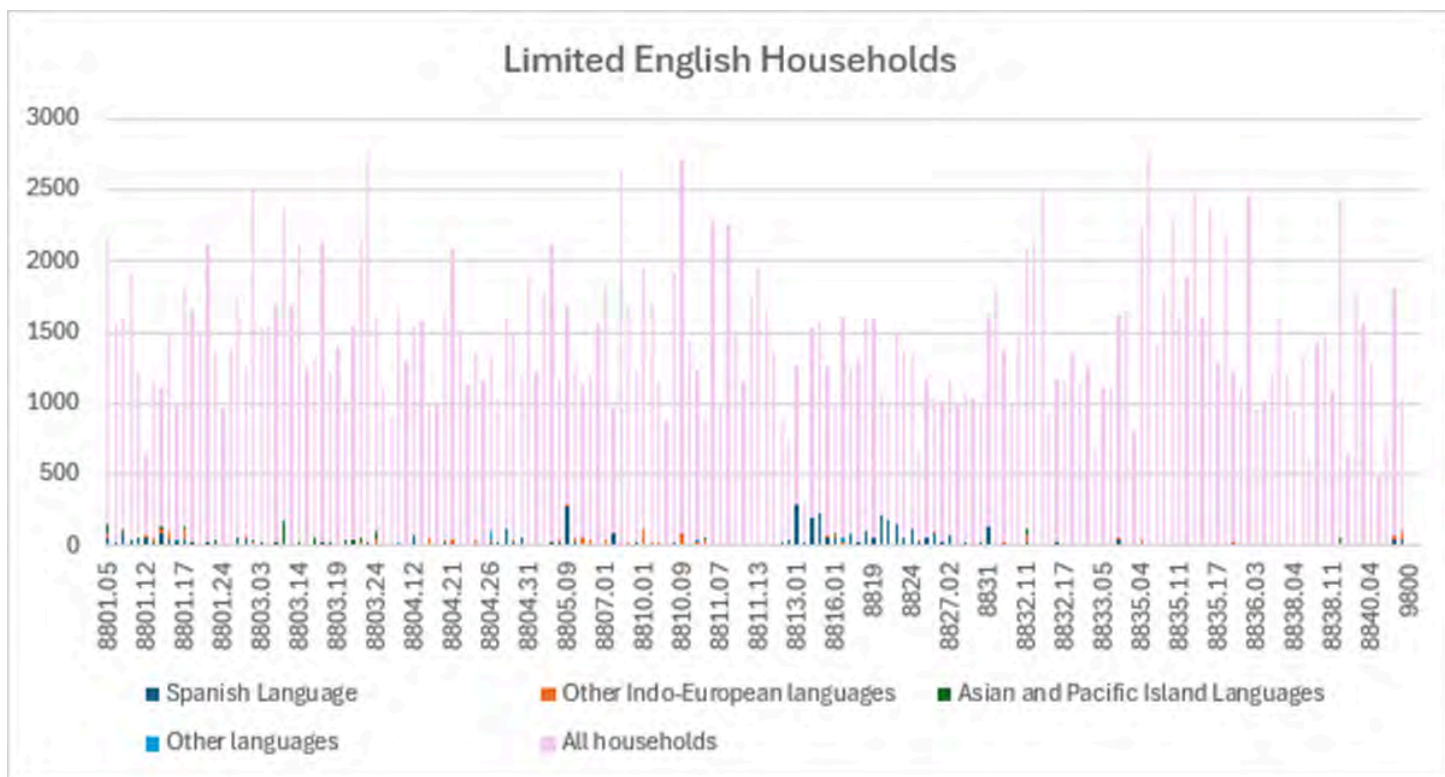
In 2023, the percentage of limited English-speaking households in Will County closely mirrors state and national trends. Spanish-speaking households make up the largest share at 12.8%, nearly identical to Illinois (12.9%) and slightly below the national figure (13.3%). Households speaking Asian/Pacific Island languages represent 3.8% in Will County, slightly higher than the state average of 3.6% and just below the national rate of 4.0%. Speakers of Other Indo-European languages, such as Polish or Russian, account for 7.4% of Will County households, higher than both the state (6.8%) and nation (4.7%). Households speaking other languages comprise a smaller portion, at 1.6%.



Certain census tracts in Will County show much higher concentrations of limited English-speaking households, particularly in Joliet and Romeoville. Tract 8813.01 in Joliet has the highest rate at 30.1%, followed by Tracts 8820 (25.6%) and 8821 (21.0%) in Joliet and Tract 8805.09 in Romeoville at 20.9%. *Source: United States Census Bureau, n.d.-a. Table S1602.*

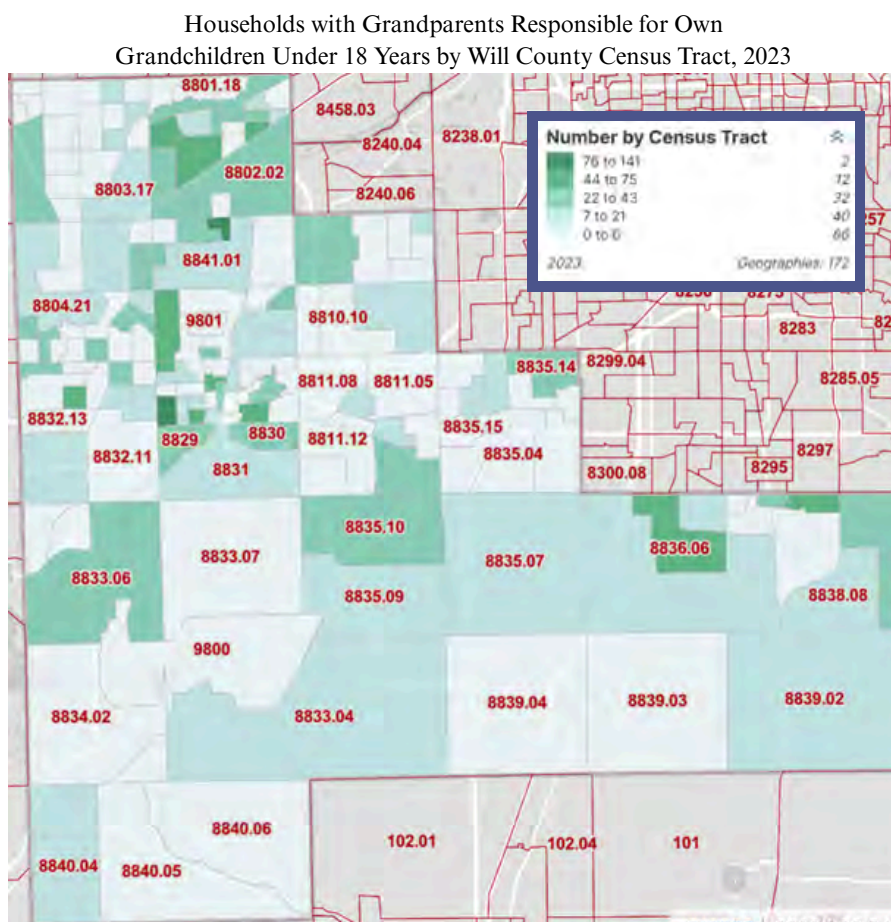
Percent of Limited English-speaking Households by Will County Census Tract, 2023

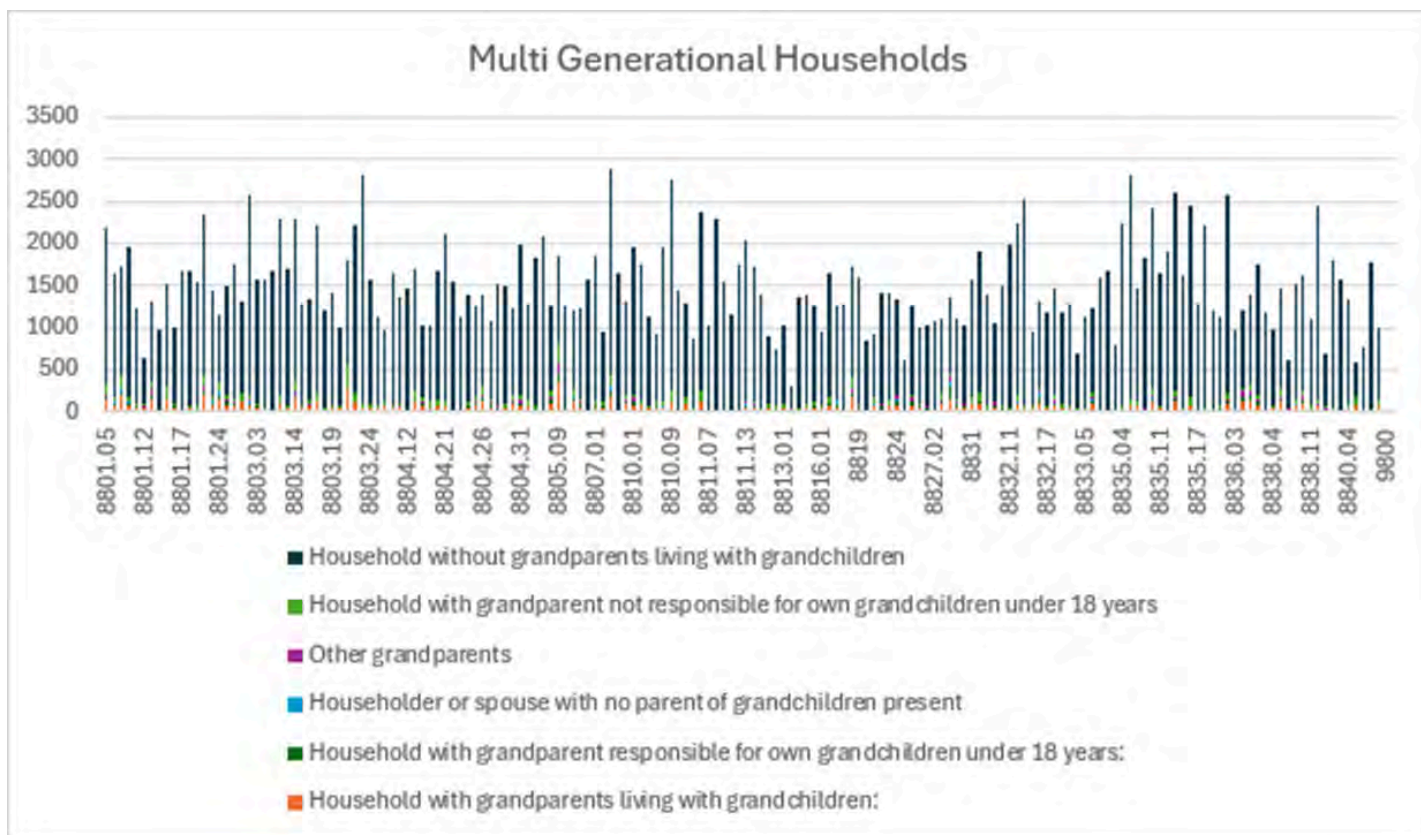




FAMILIES WITH CHILDREN

As of 2023, there are 162,945 Will County households (66.2%) with children under 18 years old, this represents a 3.2% decrease from 2019. Additionally, 10,537 households (4.3%) have a grandparent living with at least one grandchild. Of these, 2,128 households (0.86%) have a grandparent who is responsible for their own grandchild under 18, showing a 16.5% decrease since 2019. The two Will County Census Tracts with the highest number of households where grandparents are responsible for their own grandchildren under 18 years are 8805.09 (Romeoville, with 119 households) and 8828.02 (Joliet, with 141 households).
Source: United States Census Bureau, n.d.-a. Table B10063, S0901.



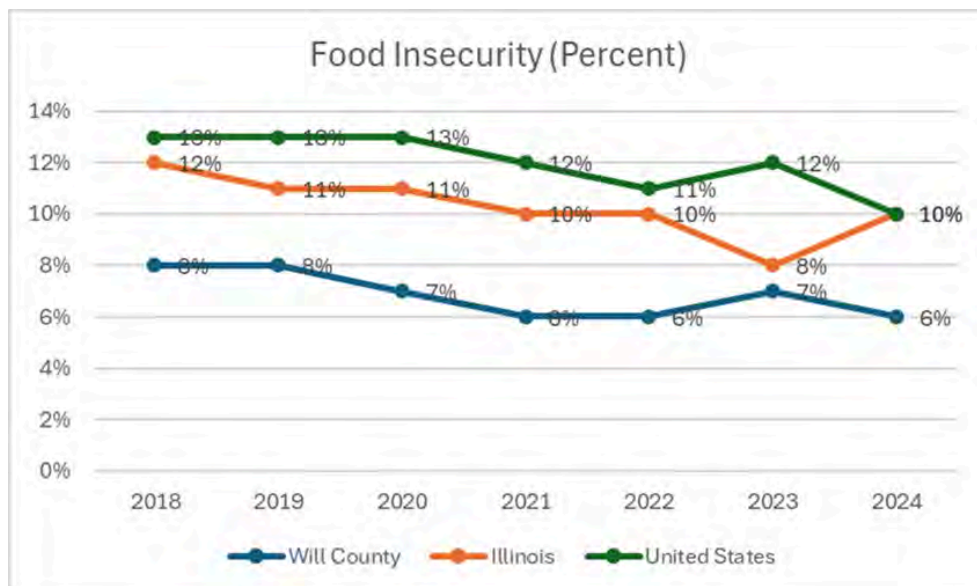


FOOD INSECURITY

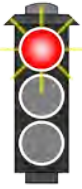


Between 2018 and 2024, food insecurity rates in Will County remained relatively steady, showing slight overall improvement. The rate dropped from 8% in 2018 to 6% in both 2021 and 2024, aligning with the HP2030 target of 6.0%, though a brief increase to 7% occurred in 2023. In contrast, Illinois and national rates showed more variability.

Racial disparities in food insecurity remain a significant concern. In 2022, food insecurity affected 15% of Black residents and 16% of Hispanic residents in Will County, more than double the rate among White residents (6%). These gaps reflect deeper structural inequities in income, access to resources and eligibility for assistance programs.

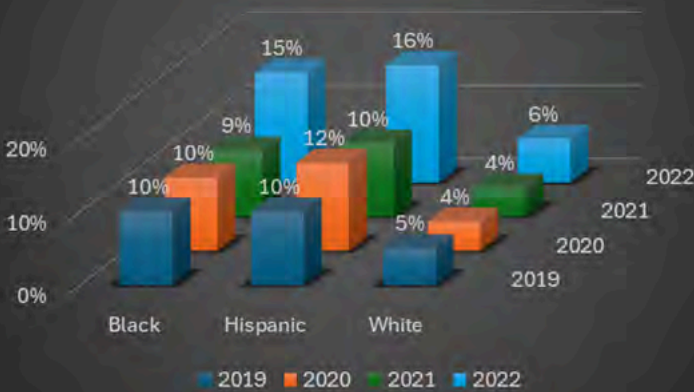


Percent Change in Food Insecurity							
Year	2018	2019	2020	2021	2022	2023	2024
Will County	8%	8%	7%	6%	6%	7%	6%
Illinois	12%	11%	11%	10%	10%	8%	10%
United States	13%	13%	13%	12%	11%	12%	10%



Child food insecurity showed notable fluctuation over recent years. After peaking at 9.7% in 2020, it briefly declined to 5.5% in 2021, then rose sharply to 10.3% in 2022. This figure stands far above the HP2030 target of 0.0% food insecurity among children. *Source: Feeding America, 2022; University of Wisconsin Population Health Institute, 2025.*

Food Insecurity Rate by Race/Ethnicity



CHILD FOOD INSECURITY RATE

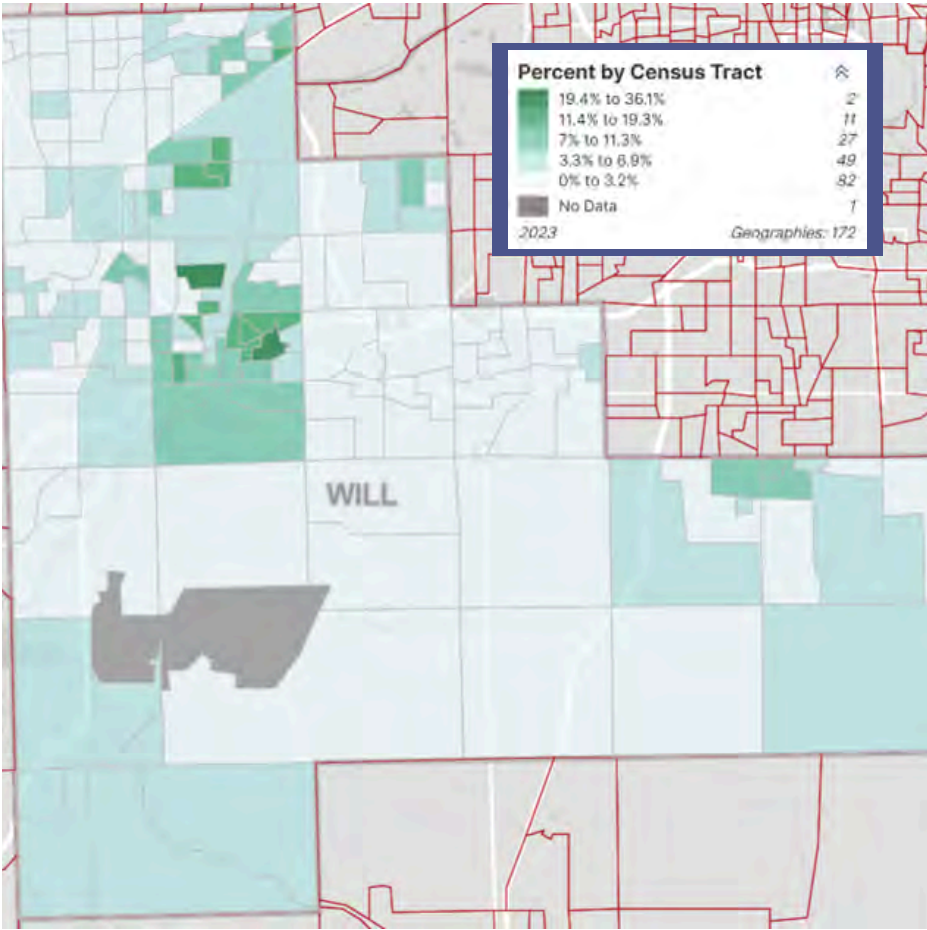


HIGH SCHOOL DROP-OUT RATE

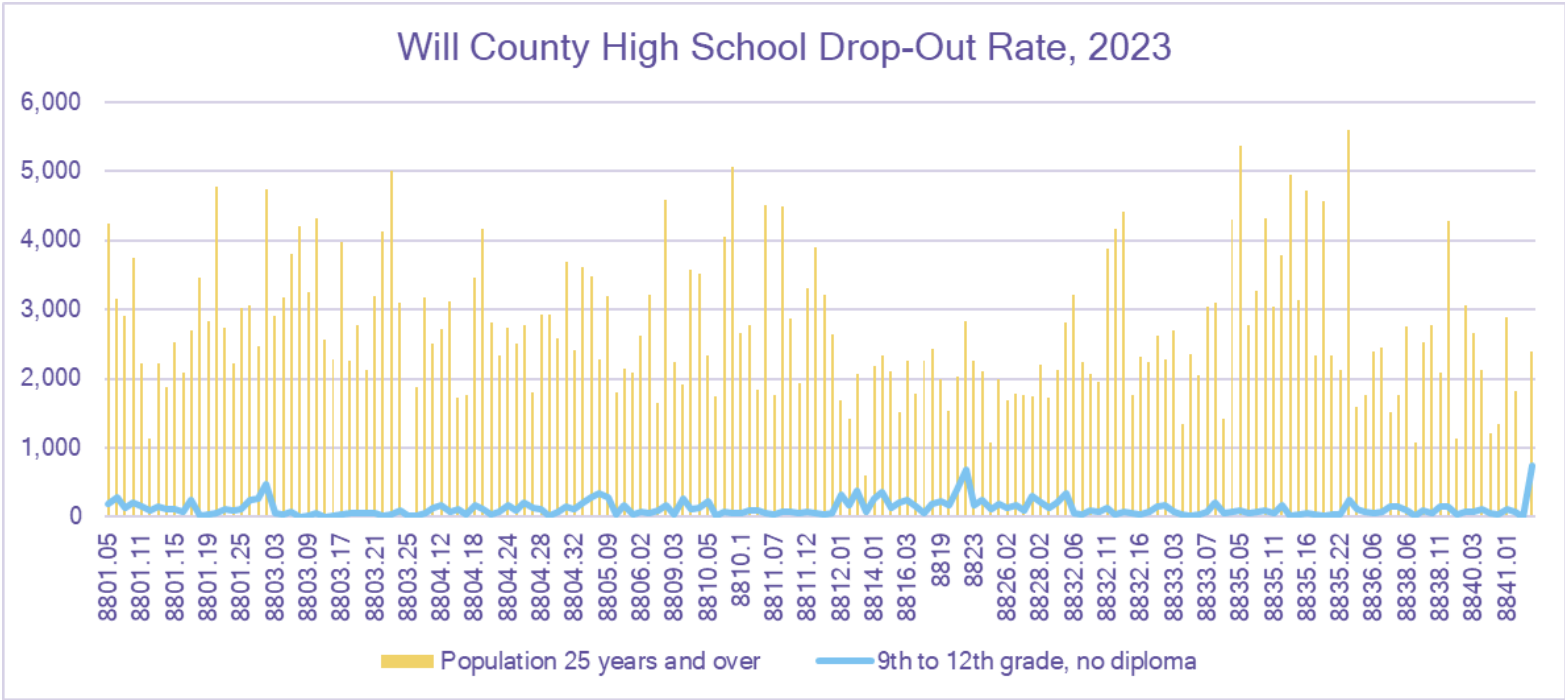
Not completing high school is associated with a range of negative health and socioeconomic outcomes, while earning a diploma can significantly improve an individual's life trajectory. Individuals without a high school diploma are more likely to report poor overall health and are at higher risk of developing chronic health conditions such as asthma, diabetes, heart disease, high blood pressure, stroke and is linked to a higher likelihood of premature death. Conversely, completing more years of education, particularly earning a high school diploma, is associated with better health outcomes, greater employment opportunities and increased lifetime earnings.

In Will County, 4.2% of the population lacks a high school diploma, which is lower than both the national rate of 5.6% and the Illinois state average of 5.0%. However, disparities exist within the county. Census Tract 8822 in Joliet has 27.9% of residents without a diploma, while Census Tract 9801 in Lockport reports the highest rate at 36.1%. These educational attainment gaps are most concentrated in central Will County, with additional clusters in the northern, eastern and southern areas. *Source: United States Census Bureau, n.d.-a. Table S1501; University of Wisconsin Population Health Institute, 2025.*

Percent of Population 25 Years and Over with No Diploma by Will County Census Tract, 2023



Will County High School Drop-Out Rate, 2023



HOMELESSNESS

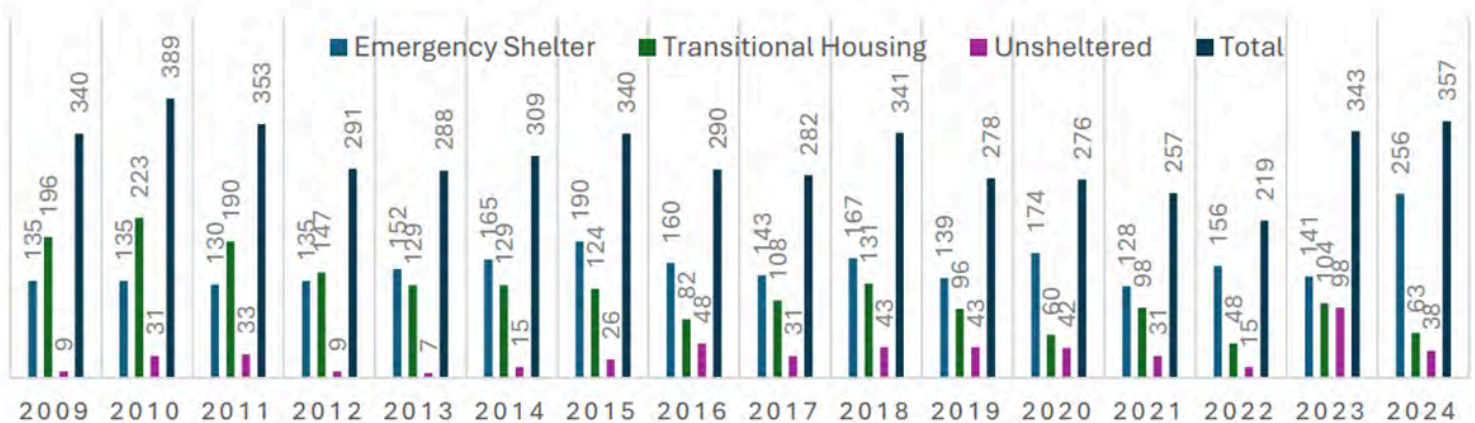
Between 2009 and 2024, the Will County Continuum of Care (CoC) Point-in-Time (PIT) count for the tri-county region of Will, Kendall and Grundy counties shows fluctuating levels of homelessness, with notable shifts in housing types over time. The total number of individuals experiencing homelessness peaked at 389 in 2010 and dropped to a low of 219 in 2022. Since then, the count has risen, reaching 357 in 2024, the highest level in over a decade.

Emergency shelter use has significantly increased, with 256 individuals counted in 2024, more than doubling from 128 in 2021. Transitional housing, by contrast, has seen a steady decline since 2009, dropping from 223 to just 63 in 2024, reflecting a shift away from this form of housing support.

Unsheltered homelessness fluctuated over the years, peaking at 98 in 2023 before decreasing to 38 in 2024. Overall, the 2024 data highlights both a resurgence in homelessness following pandemic-era lows and a growing reliance on emergency shelters over transitional or unsheltered arrangements.

Additional insights into the local homeless population reveal:

- Almost 11% are sleeping unsheltered
- Vulnerable health conditions are experienced at much higher proportions among those experiencing unsheltered homelessness
- People experiencing unsheltered homelessness are 4 times more likely to be chronically homeless (meaning they are people with living with a disabling condition and experiencing long term homelessness), nearly 3 times more likely to have a serious mental illness and nearly 5 times more likely to have a substance use disorder
- Adults without children are the overwhelming majority of people experiencing homelessness, representing 87.5% of households
- Unaccompanied youth (ages 18-24) and children (under 18 years old) make up 28% of the population served in emergency shelter or transitional housing
- People who are experiencing homelessness because of domestic violence make up 16% of the entire homeless population



- Veterans represent 3% of the population experiencing homelessness
- People with mental health or substance use disorders are a small portion of the entire population experiencing homelessness, representing 12% and 9% of people experiencing homelessness' experience
- Our Black/African American neighbors are overrepresented in this crisis, representing 42% of those in shelters or on the streets

Source: Will County Continuum of Care, 2024.

INCOME INEQUALITY

Income inequality is commonly measured by the ratio of household income at the 80th quintile to that at the 20th quintile, often referred to as the 80/20 ratio (*Figure 6*). This ratio highlights the income gap between households at these two points on the income scale, with a higher ratio indicating greater inequality.

Income inequality affects more than just the economic standing of individuals, it also has a significant impact on public health. Communities with larger income gaps tend to experience increased social stress, diminished social cohesion and lower levels of trust and support. These disparities can contribute to a range of health problems, including higher mortality rates, worse overall health

and elevated risks of cardiovascular diseases. Additionally, high income inequality can hinder upward mobility, making it more challenging for lower-income families and children to join the middle class. The wider the income gap, the less likely it is that the benefits of economic growth will be shared across all households. From 2019 to 2024, Will County maintained a consistently lower income inequality ratio (around 3.8–4.0) compared to both the state (steady at 5.0) and national average (steady at 4.9).

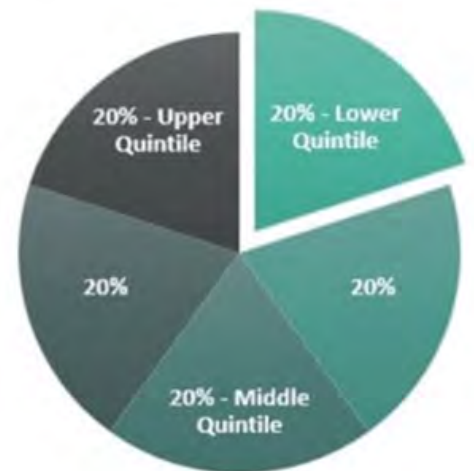
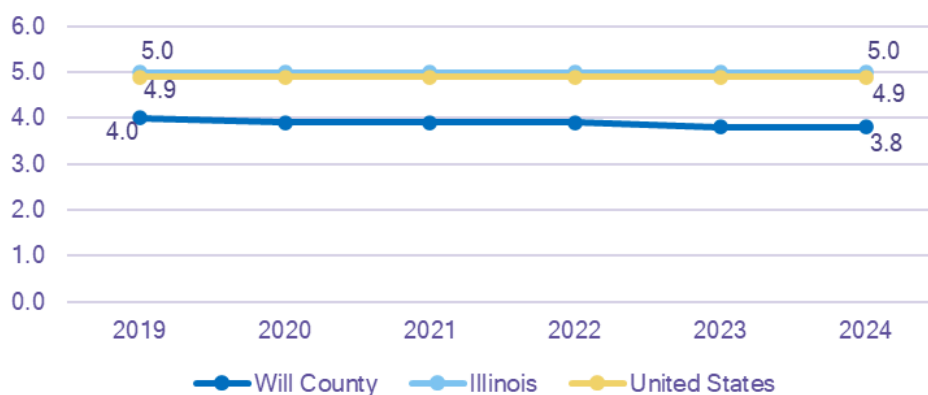


Figure 6

Income Inequality: Ratio of Household Income at the 80th Percentile to Income at the 20th Percentile, 2019-2024

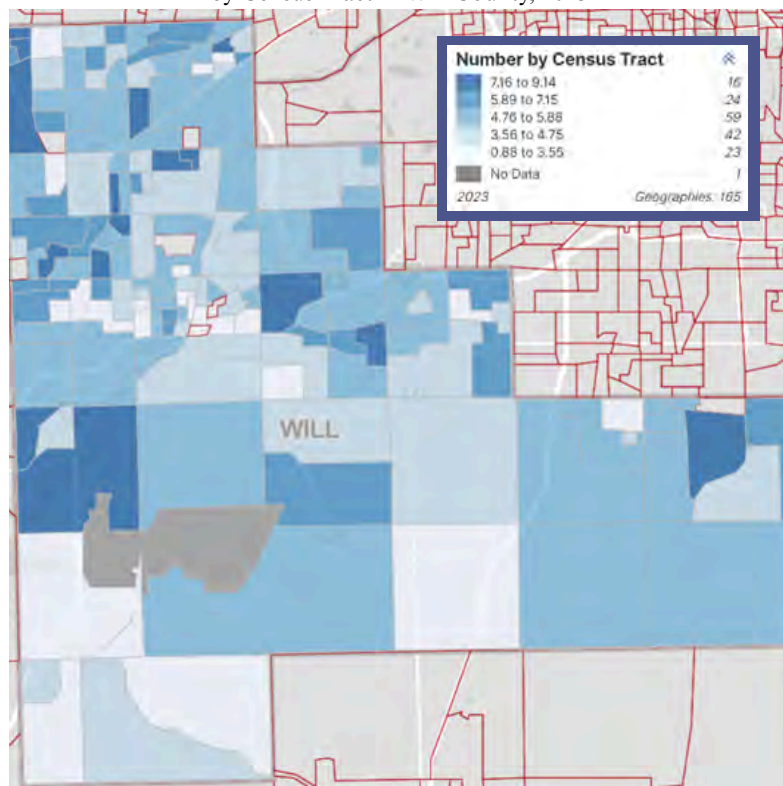


According to the U.S. Census Bureau, the lowest quintile refers to the bottom 20% of households or individuals based on income. This group represents those with the lowest earnings. In 2023, Will County had 16 Census Tracts with notable income inequality, where income disparity between the highest and lowest earners was especially pronounced. The highest ratios were found in Tract 8804.25

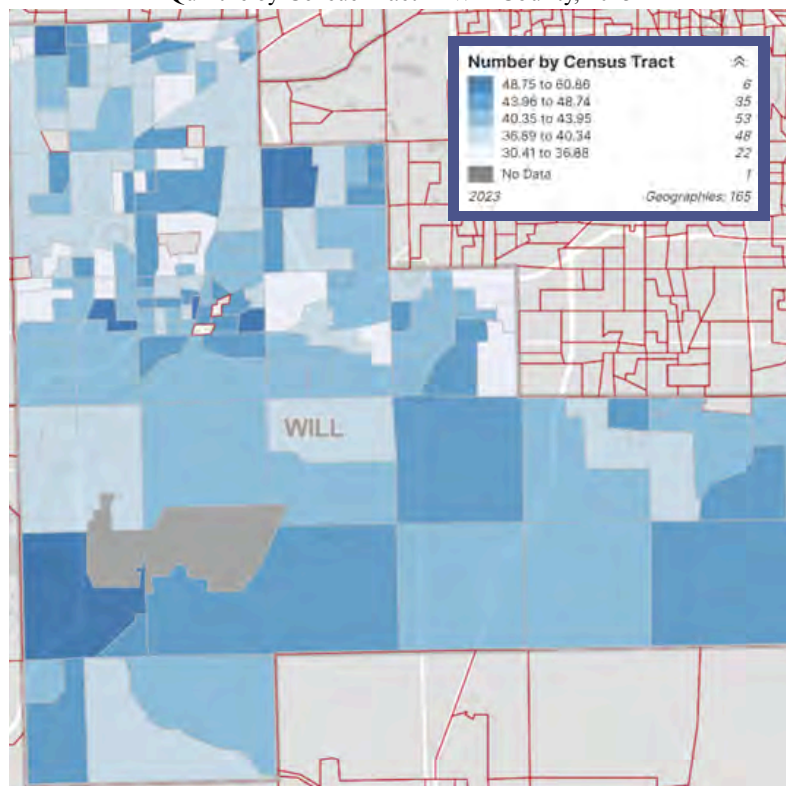
(Romeoville/Plainfield, 9.14), 8805.08 (Romeoville, 9.04) and 8803.26 (Plainfield/Aurora, 8.8). For instance, in Tract 8804.25, households in the top 20% of income earners made 9.14 times more than those in the bottom 20% of income earners.

When analyzing income distribution within the top 80%, six Census Tracts in Will County showed notably high-income inequality. The most pronounced disparities were in Tract 8832.10 (Joliet/Shorewood, 60.86), 8834.02 (Coal City/Wilmington/Braidwood, 54.35) and 8823 (New Lenox/Joliet, 53.13). For instance, in Tract 8832.10, households in the top 20% of income earners made 60.86 times more than those in the bottom 20% of income earners. *Source: United States Census Bureau, n.d.-a. Table B19080, B19082; University of Wisconsin Population Health Institute, 2025.*

Aggregate Income Share of the Lowest Quintile
by Census Tract in Will County, 2023



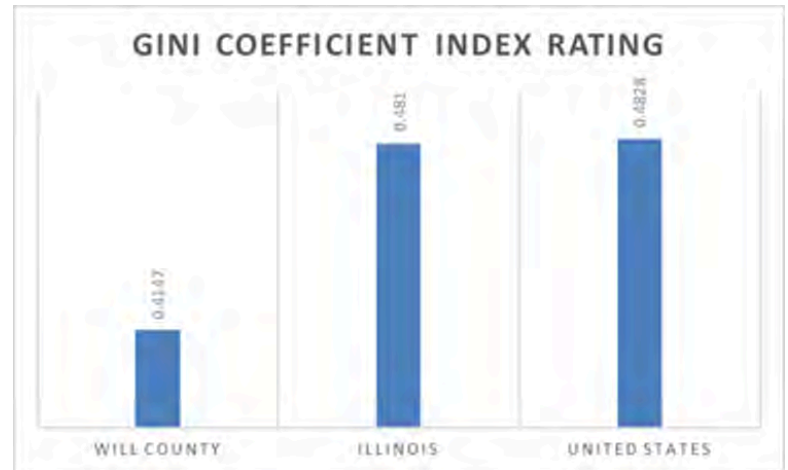
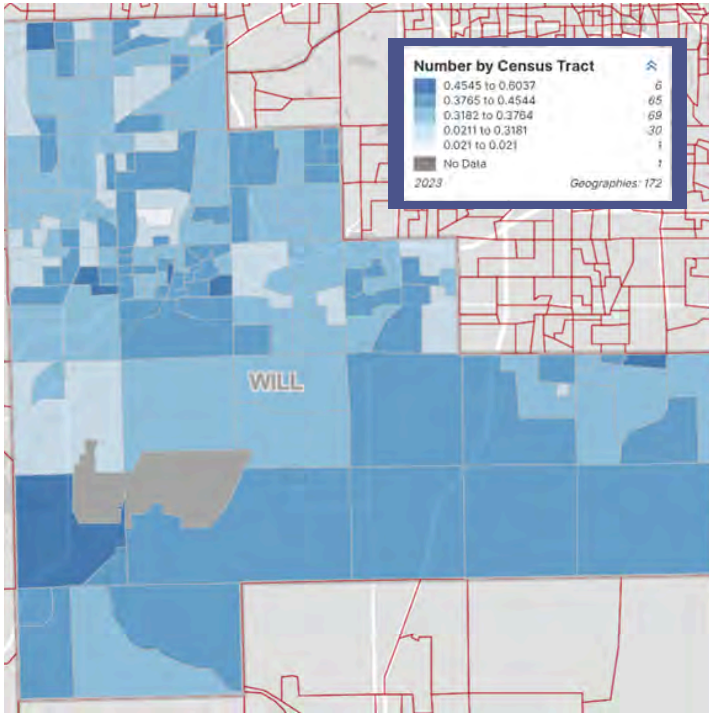
Aggregate Income Share of the Highest Quintile
by Census Tract in Will County, 2023



INCOME INEQUALITY: GINI COEFFICANT INDEX

The Gini Coefficient Index measures how evenly income is distributed across a population. It represents the level of income inequality within a population, with values ranging from 0 (perfect equality) to 1 (perfect inequality), where a higher number indicates greater income inequality by household. The average Gini Coefficient Index rating for Will County is 0.4147, signifying a more equitable distribution when compared to the State and National averages. The Gini Coefficient Index ratings in Will County vary by Census Tract, ranging from 0.1582 in Tract 9800 (Lockport) and 0.6222 in Tract 8832.1 (Joliet, Shorewood). *Source: United States Census Bureau, n.d.-a. Table B19083.*

Gini Index of Income Inequality by Will County Census Tract, 2023



KINDERGARTEN READINESS

Kindergarten readiness refers to the essential skills children need to succeed in school, including social-emotional development, language skills and early math. It encompasses multiple areas of development, such as motor skills, social and emotional growth, language acquisition, approaches to learning and general knowledge. Beyond academic abilities, children also need social and behavioral skills, such as independence, curiosity and self-control, to navigate classroom routines, follow directions and interact with peers effectively.

In 2023, the percentage of kindergarteners demonstrating social-emotional readiness in 11 of 26 school districts in Will County fell below the statewide average of 58%. The data varied widely across districts, ranging from 18.2% in Chaney-Monge School District 88 to 91.3% in Channahon School District 17. Peotone, Reed-Custer and Will County school districts saw notable improvements from the previous year. Beecher, Chaney-Monge and Rockdale school districts experienced significant drops. Channahon, Manhattan and Summit Hill school districts remained relatively consistent.

KINDERGARTEN READINESS, SOCIAL AND EMOTIONAL DEVELOPMENT

District #	2019	2020	2022	2023
BEECHER CUSD 200U	91.0%	56.0%	n/a	34.1%
CHANEY-MONGE SD 88	58.0%	58.0%	27.0%	18.2%
CHANNAHON SD 17	93.0%	76.0%	89.0%	91.3%
CRETE MONEE CUSD 201U	37.0%	36.0%	62.0%	44.3%
ELWOOD CCSD 203	84.0%	88.0%	95.0%	83.3%

FAIRMONT SD 89	86.0%	84.0%	88.0%	78.9%
FRANKFORT CCSD 157C	77.0%	78.0%	80.0%	75.3%
HOMER CCSD 33C	60.0%	66.0%	68.0%	67.6%
JOLIET PSD 86	44.0%	36.0%	42.0%	44.2%
LARAWAY CCSD 70C	23.0%	29.0%	37.0%	41.2%
LOCKPORT SD 91	70.0%	71.0%	73.0%	76.0%
MANHATTAN SD 114	94.0%	82.0%	87.0%	87.9%
MOKENA SD 159	64.0%	n/a	63.0%	67.9%
NEW LENOX SD 122	28.0%	10.0%	14.0%	16.8%
PEOTONE CUSD 207U	8.0%	4.0%	6.0%	31.7%
PLAINFIELD SD 202	49.0%	53.0%	55.0%	57.1%
REED CUSTER CUSD 255U	44.0%	42.0%	44.0%	79.2%
RICHLAND GSD 88A	27.0%	55.0%	17.0%	40.9%
ROCKDALE SD 84	29.0%	41.0%	63.0%	39.1%
SUMMIT HILL SD 161	75.0%	66.0%	74.0%	76.0%
TAFT SD 90	4.0%	90.0%	85.0%	70.4%
TROY CCSD 30C	62.0%	59.0%	59.0%	63.5%
UNION SD 81	76.0%	92.0%	60.0%	n/a
VALLEY VIEW CUSD 365U	30.0%	31.0%	38.0%	34.5%
WILL COUNTY SD 92	16.0%	24.0%	62.0%	64.7%
WILMINGTON CUSD 209U	86.0%	79.0%	48.0%	78.1%

Not all children are meeting the expected benchmarks for math. In 15 of 26 school districts in Will County, the percentage of kindergarteners demonstrating readiness in math was below the statewide average of 36% in 2023.

Readiness levels across districts varied significantly, ranging from 0% in Laraway School District to 91.7% in Elwood School District. Elwood, Peotone, Lockport and Taft school districts showed significant improvements from 2022 to 2023. Crete-Monee, Wilmington, Homer and Troy school districts experienced notable drops. Laraway, New Lenox and Valley View school districts have shown small fluctuations over the years but have generally remained at lower performance levels in math.

KINDERGARTEN READINESS, MATH

District #	2019	2020	2022	2023
BEECHER CUSD 200U	0.0%	10.0%	N/A	8.0%
CHANEY-MONGE SD 88	38.0%	31.0%	9.0%	12.1%
CHANNAHON SD 17	45.0%	50.0%	40.0%	46.6%
CRETE MONEE CUSD 201U	17.0%	19.0%	41.0%	14.6%
ELWOOD CCSD 203	81.0%	73.0%	82.0%	91.7%
FAIRMONT SD 89	21.0%	58.0%	65.0%	52.7%

FRANKFORT CCSD 157C	63.0%	67.0%	52.0%	54.3%
HOMER CCSD 33C	46.0%	43.0%	55.0%	41.8%
JOLIET PSD 86	14.0%	10.0%	15.0%	20.2%
LARAWAY CCSD 70C	0.0%	2.0%	2.0%	0.0%
LOCKPORT SD 91	60.0%	20.0%	37.0%	64.0%
MANHATTAN SD 114	82.0%	65.0%	58.0%	66.5%
MOKENA SD 159	38.0%	N/A	41.0%	35.8%
NEW LENOX SD 122	21.0%	4.0%	4.0%	7.3%
PEOTONE CUSD 207U	53.0%	33.0%	23.0%	68.3%
PLAINFIELD SD 202	28.0%	29.0%	29.0%	31.1%
REED CUSTER CUSD 255U	46.0%	23.0%	24.0%	18.7%
RICHLAND GSD 88A	15.0%	26.0%	6.0%	9.1%
ROCKDALE SD 84	6.0%	47.0%	13.0%	26.1%
SUMMIT HILL SD 161	47.0%	35.0%	61.0%	59.1%
TAFT SD 90	13.0%	73.0%	26.0%	55.6%
TROY CCSD 30C	40.0%	38.0%	42.0%	32.4%
UNION SD 81	76.0%	75.0%	33.0%	n/a
VALLEY VIEW CUSD 365U	9.0%	9.0%	7.0%	9.9%
WILL COUNTY SD 92	53.0%	24.0%	31.0%	33.6%
WILMINGTON CUSD 209U	64.0%	55.0%	46.0%	31.5%

In 2023, 10 of 26 school districts in Will County had kindergarten readiness rates in language and literacy below the state average of 48%. High-performing districts include Elwood (83.3%) and Peotone (90.5%), while lower-performing ones include Crete Monee (32.5%) and Laraway (32.4%). Peotone saw the largest improvement (+31.5%), followed by Reed Custer (+18.6%) and Will County SD 92 (+8.3%). Meanwhile, Beecher experienced a sharp decline (-66.2%), along with Fairmont (-24.4%) and Manhattan (-29.8%). Elwood and Summit Hill have remained stable, while New Lenox, Valley View and Laraway consistently rank among the lowest. *Note: Data from 2021 is excluded, as the Illinois State Board of Education (ISBE) deemed it unreliable. Source: Illinois State Board of Education, 2023.*

KINDERGARTEN READINESS, LANGUAGE AND LITERACY

District #	2019	2020	2022	2023
BEECHER CUSD 200U	81.0%	38.0%	N/A	14.8%
CHANEY-MONGE SD 88	29.0%	36.0%	32.0%	30.3%
CHANNAHON SD 17	63.0%	76.0%	69.0%	72.8%
CRETE MONEE CUSD 201U	25.0%	28.0%	44.0%	32.5%
ELWOOD CCSD 203	88.0%	85.0%	86.0%	83.3%
FAIRMONT SD 89	25.0%	63.0%	77.0%	52.6%
FRANKFORT CCSD 157C	69.0%	72.0%	69.0%	63.9%

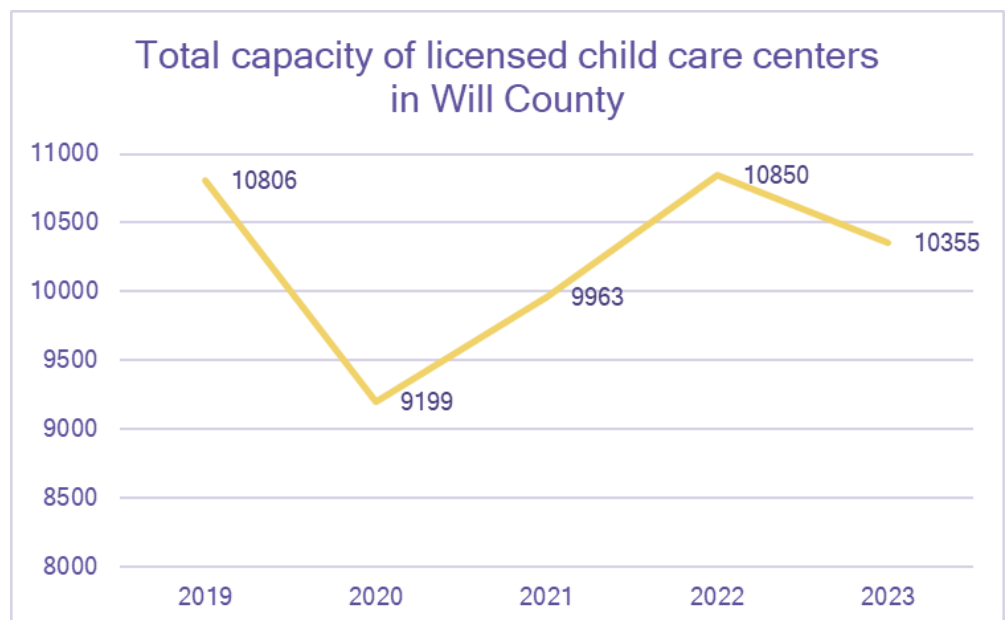
HOMER CCSD 33C	65.0%	62.0%	63.0%	56.4%
JOLIET PSD 86	24.0%	22.0%	27.0%	32.7%
LARAWAY CCSD 70C	13.0%	29.0%	26.0%	32.4%
LOCKPORT SD 91	88.0%	71.0%	51.0%	68.0%
MANHATTAN SD 114	88.0%	82.0%	67.0%	57.2%
MOKENA SD 159	61.0%	N/A	61.0%	53.5%
NEW LENOX SD 122	28.0%	14.0%	6.0%	7.1%
PEOTONE CUSD 207U	84.0%	73.0%	59.0%	90.5%
PLAINFIELD SD 202	45.0%	44.0%	48.0%	50.9%
REED CUSTER CUSD 255U	56.0%	34.0%	33.0%	51.6%
RICHLAND GSD 88A	30.0%	45.0%	10.0%	30.3%
ROCKDALE SD 84	32.0%	41.0%	33.0%	43.5%
SUMMIT HILL SD 161	63.0%	66.0%	69.0%	64.9%
TAFT SD 90	9.0%	90.0%	71.0%	59.3%
TROY CCSD 30C	54.0%	59.0%	52.0%	48.4%
UNION SD 81	76.0%	92.0%	47.0%	n/a
VALLEY VIEW CUSD 365U	20.0%	23.0%	29.0%	25.4%
WILL COUNTY SD 92	9.0%	3.0%	43.0%	35.3%
WILMINGTON CUSD 209U	79.0%	74.0%	53.0%	69.9%

LICENSED CHILD CARE FACILITIES

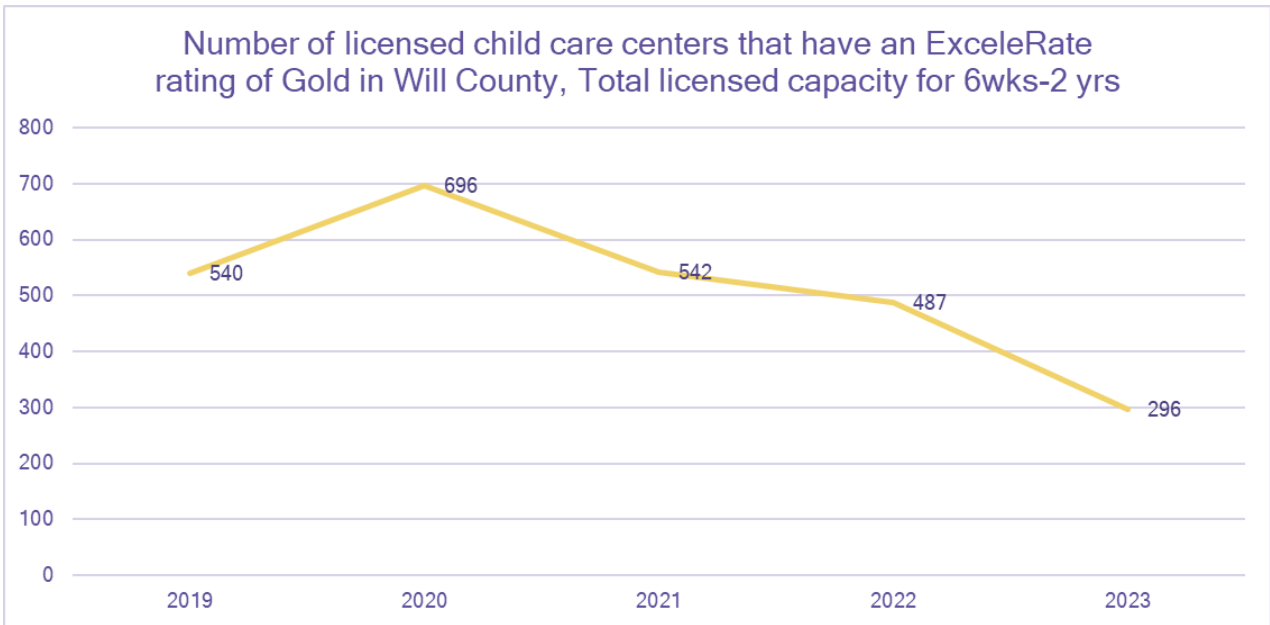
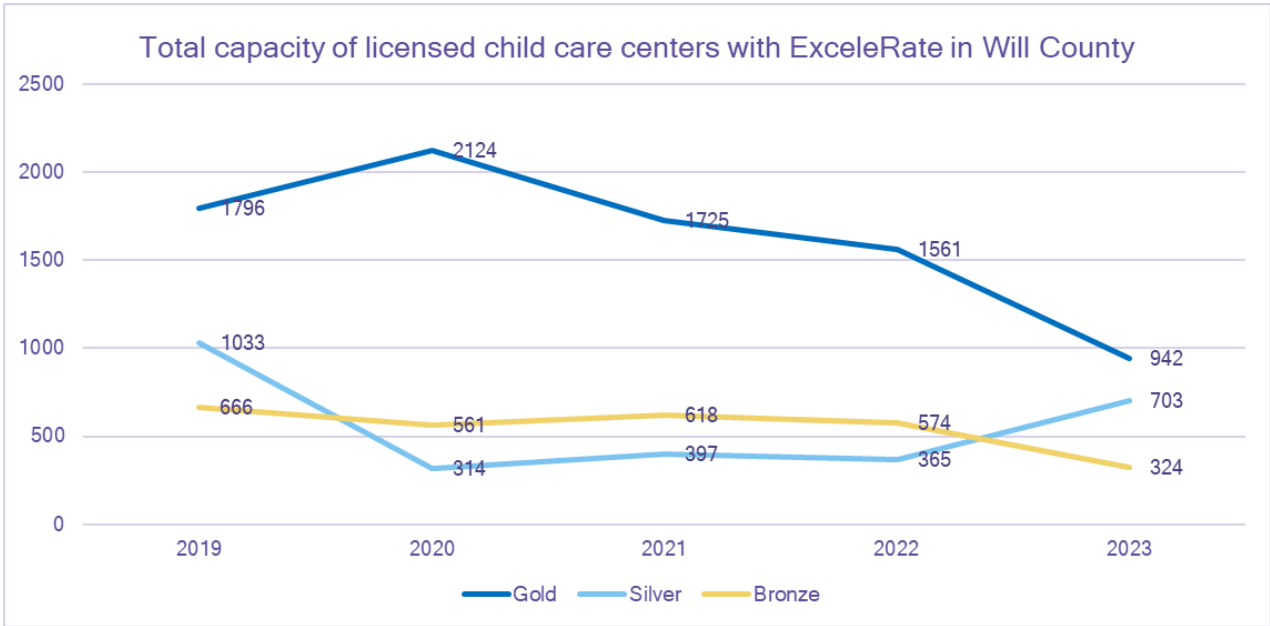
Between 2019 and 2023, Will County experienced a notable decline in the total licensed capacity of child care centers rated Gold by ExceleRate Illinois. Gold-rated capacity dropped from 1,796 in 2019 to just 942 in 2023. While Silver-rated capacity saw fluctuations, it increased overall, from 1,033 in

2019 to 703 in 2023, following a dip in 2020. Bronze-rated capacity declined from 666 to 324 during the same period.

The overall total capacity of licensed child care centers in the county showed some year-to-year variation but remained relatively stable, peaking in 2022 at 10,850 and ending 2023 at 10,355.



A specific area of concern is the licensed capacity for infants and toddlers (6 weeks–2 years) within Gold-rated centers, which dropped significantly from 540 in 2019 to only 296 in 2023. This suggests a growing gap in high-quality care access for the youngest children in Will County. *Source: Illinois Early Childhood Asset Map Database, 2023.*



LIVING WAGE

A living wage is the minimum income needed for an individual or family to meet basic needs without public assistance. It includes expenses like housing, food, childcare, healthcare, transportation, the internet and more. Because it uses region-specific market data, the living wage offers a more accurate picture of household needs than federal poverty thresholds.

Will County data highlights the financial gap between minimum wage, poverty wage and a true living wage across various household sizes. A single adult supporting child faces the largest wage gap, especially with 2 to 3 children. The current minimum wage is far below what's needed to live independently and care for a family. Dual-income families are closer to meeting living wage thresholds but still fall short when raising multiple children. This suggests that even two full-time minimum wage jobs are insufficient to support a family. *Source: Glasmeier, 2025; University of Wisconsin Population Health Institute, 2025.*

1 ADULT HOUSEHOLDS			
Children	Will County	Illinois	Difference
0	\$25.52	\$23.56	+\$1.96
1	\$41.91	\$40.41	+\$1.50
2	\$52.83	\$51.14	+\$1.69
3	\$65.86	\$61.41	+\$4.45

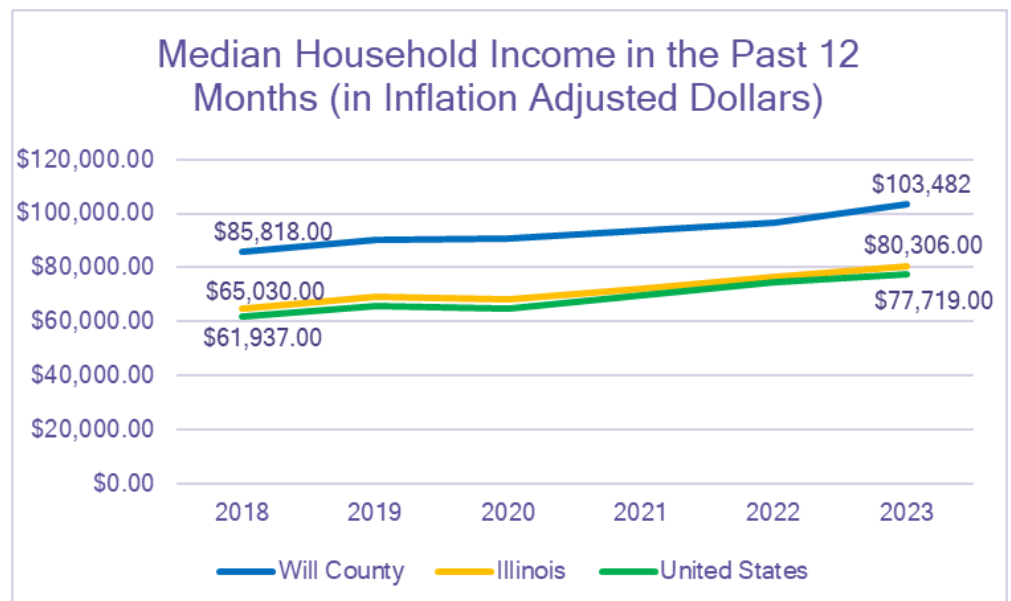
2 ADULT HOUSEHOLDS (1 WORKING)			
Children	Will County	Illinois	Difference
0	\$34.26	\$32.47	+\$1.79
1	\$39.80	\$38.03	+\$1.77
2	\$44.66	\$41.89	+\$2.77
3	\$47.79	\$48.17	-\$0.38

2 ADULT HOUSEHOLDS (BOTH WORKING)			
Children	Will County	Illinois	Difference
0	\$17.13	\$16.24	+\$0.89
1	\$23.40	\$22.78	+\$0.62
2	\$28.95	\$28.16	+\$0.79
3	\$32.44	\$32.44	\$0.00

MEDIAN HOUSEHOLD INCOME

Median household income is a widely used economic indicator that reflects the overall income level within a community and significantly influences whether individuals and families experience poverty, an important determinant of both physical and mental health. It represents the midpoint income level, where half of households earn more and half earn less. Household income includes the total income earned over a calendar year by all household members aged 15 and older, adjusted for inflation to 2023 dollars.

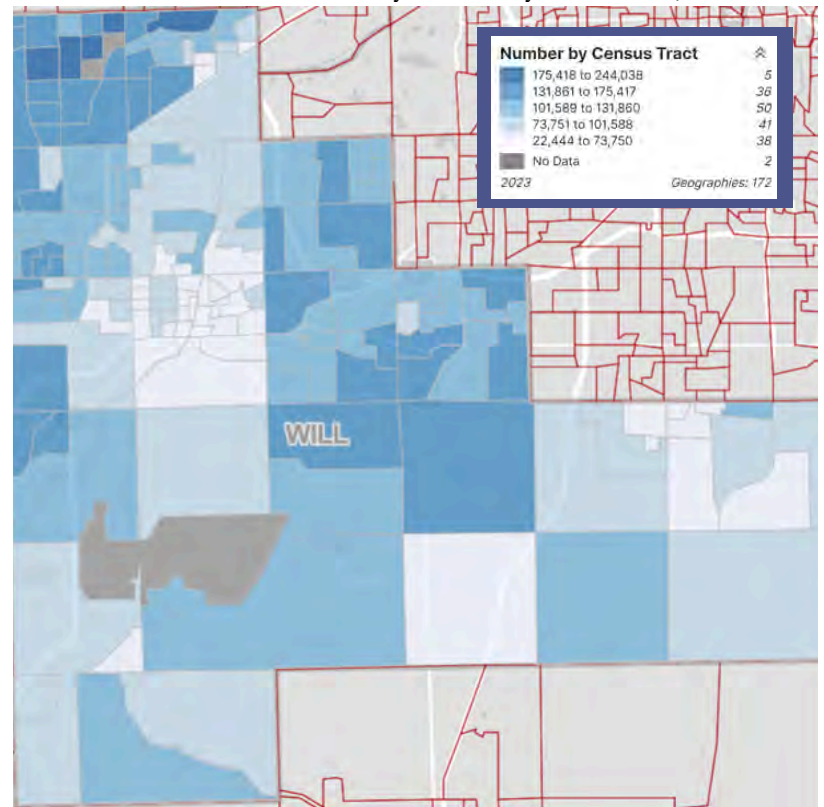
Between 2018 and 2023, Will County consistently reported higher median household income than both the State of Illinois and the United States. Will County's median income increased from \$85,818 in 2018 to \$103,482 in 2023, representing a 20.6% increase. During the same period, Illinois rose by 23.5%, and the United States by 25.4%.



Despite Will County's higher median income, significant geographic disparities exist. Census tracts in Joliet reported some of the lowest median household incomes, with Tract 8819 at \$22,444, Tract 8820 at \$22,750, Tract 8825 at \$42,356, Tract 8828.02 at \$46,159 and Tract 8816.03 at \$48,945. In contrast, areas in Naperville and Bolingbrook reported the highest incomes, including Tract 8806.16 in Naperville at \$250,000, Tract 8803.22 at \$244,038, Tract 8803.05 at \$224,053, Tract 8801.18 in Naperville/Bolingbrook at \$207,247 and Tract 8803.04 at \$190,375.

There are also significant disparities in income across racial and ethnic groups, which can contribute to inequities in access to housing, education, healthcare and other key social determinants of health. Asian households report the highest median income at \$111,817, followed closely by White households at \$109,007, both above the countywide median. In contrast, Black/African American households have the lowest median income at \$53,927, which is roughly half of the county average. Hispanic/Latino households report a median income of \$69,467 and American Indian or Alaska Native households report \$61,061. Other groups, including Native Hawaiian or Other Pacific Islander (\$74,257), Some Other Race (\$66,250) and individuals identifying with Two or More Races (\$73,382), also fall below the countywide median. *Source: United States Census Bureau, n.d.-a. Table B19013.*

Median Household Income by Will County Census Tract, 2023

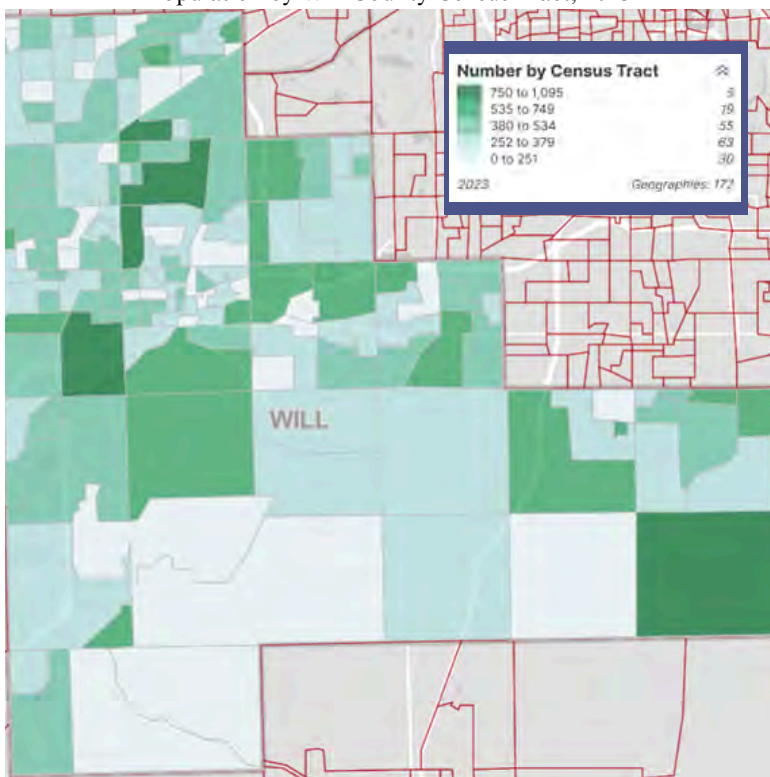


POPULATION WITH A DISABILITY

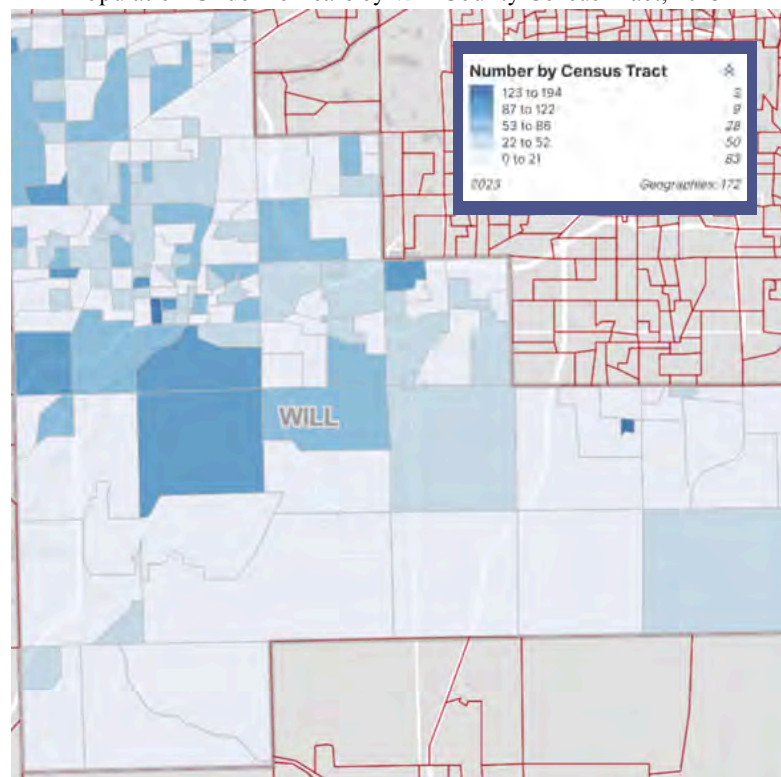
Will County is experiencing a growing population of individuals with disabling conditions, rising from 7.7% of the population in 2010 to 10.3% in 2023. The most common disabilities include ambulatory (mobility-related), independent living and cognitive impairments. Higher concentrations of individuals with disabilities are found in Beecher, Channahon, Lockport, Joliet, Plainfield and Romeoville.

Children under 18 with disabilities are primarily located in central and northern Will County, with the highest numbers in Census Tracts 8828.01 (Joliet, with 194 children) and 8836.05 (Crete/University Park, with 146 children). Adults aged 18 to 64 with disabilities are more evenly distributed across the county, with the largest populations in Census Tracts 8802.04 (Plainfield/Romeoville, with 522 adults), 8804.31 (Plainfield, with 571 adults) and 8832.11 (Channahon/Joliet, with 518 adults). Similarly, seniors aged 65 and older with disabilities are spread throughout the county, with the highest concentrations in Census Tracts 8805.03 (Plainfield, with 688 seniors) and 8809.01 (Joliet, with 848 seniors). *Source: United States Census Bureau, n.d.-a. Table S1801.*

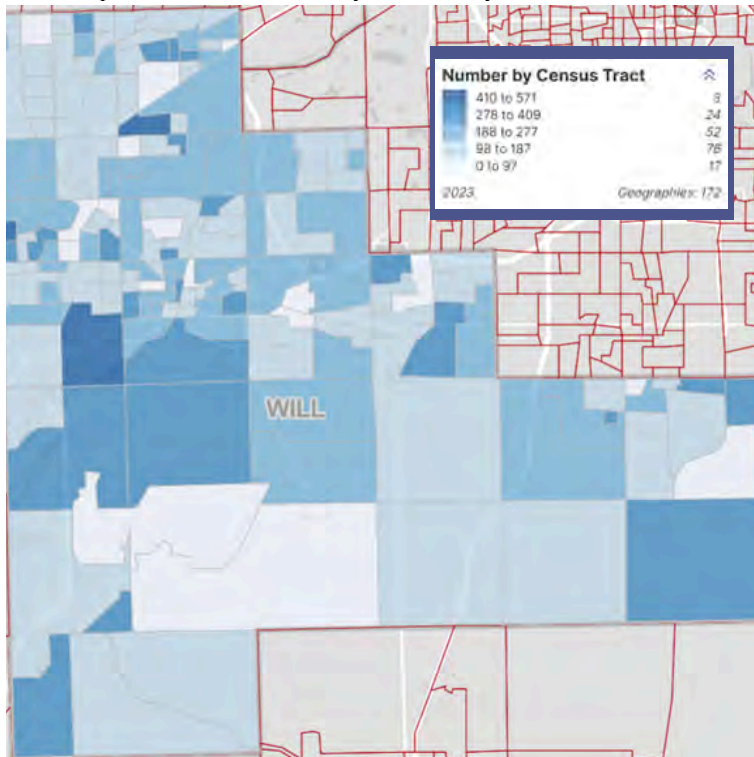
Disability Status of the Civilian Noninstitutionalized
Population by Will County Census Tract, 2023



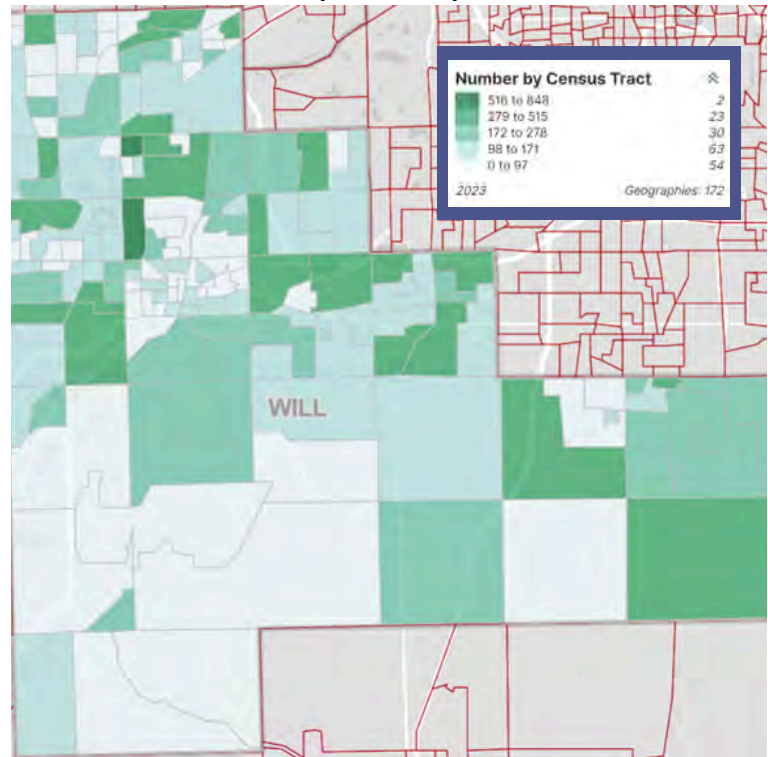
Disability Status of the Civilian Noninstitutionalized
Population Under 18 Years by Will County Census Tract, 2023



Disability Status of the Civilian Noninstitutionalized
Population 18 to 64 Years by Will County Census Tract, 2023



Disability Status of the Civilian Noninstitutionalized Population
65 Years and Over by Will County Census Tract, 2023



POSITIVE DEVELOPMENT

Third grade reading proficiency is a critical milestone, as it lays the groundwork for comprehension skills that support future learning. Students who struggle with reading at this stage are more likely to face academic challenges in later grades, which can affect their overall educational outcomes.

In Will County, not all students are meeting early literacy benchmarks. In 2023, the percentage of third graders meeting expectations on the Illinois Assessment of Readiness (IAR) for English and Language Arts (ELA) was below the state average in 8 out of 26 school districts. Performance varied widely across districts, ranging from just 3.4 percent in Rockdale SD 84 to 54.2 percent in Summit Hill SD 161. By comparison, the statewide average in 2022 was 28.8%.

District #	2019	2021	2022	2023	2024
BEECHER CUSD 200U	32.8%	26.2%	23.5%	38.1%	53.5%
CHANAY-MONGE SD 88	18.0%	13.9%	6.3%	11.9%	12.2%
CHANNAHON SD 17	36.0%	32.6%	46.4%	37.2%	37.5%
CRETE MONEE CUSD 201U	24.5%	8.0%	13.1%	n/a	25.1%
ELWOOD CCSD 203	48.6%	60.9%	35.7%	43.3%	38.2%
FAIRMONT SD 89	9.4%	3.7%	25.0%	13.0%	15.6%
FRANKFORT CCSD 157C	51.8%	52.2%	55.5%	54.7%	51.0%
HOMER CCSD 33C	48.9%	33.7%	36.8%	37.2%	42.8%
JOLIET PSD 86	12.8%	9.1%	11.9%	13.1%	12.8%

LARAWAY CCSD 70C	16.7%	0.0%	24.5%	29.8%	22.9%
LOCKPORT SD 91	25.4%	36.0%	43.9%	42.1%	47.3%
MANHATTAN SD 114	60.0%	37.6%	20.4%	32.4%	38.9%
MOKENA SD 159	38.4%	42.4%	35.7%	39.1%	46.6%
NEW LENOX SD 122	44.2%	40.0%	31.0%	40.9%	40.2%
PEOTONE CUSD 207U	24.7%	38.4%	31.3%	32.0%	41.9%
PLAINFIELD SD 202	38.2%	29.1%	34.4%	27.6%	26.3%
REED CUSTER CUSD 255U	45.2%	35.6%	25.5%	30.0%	31.2%
RICHLAND GSD 88A	15.6%	44.3%	27.7%	42.3%	43.6%
ROCKDALE SD 84	39.4%	20.0%	6.9%	10.0%	3.4%
SUMMIT HILL SD 161	42.2%	38.6%	39.4%	45.7%	54.2%
TAFT SD 90	25.0%	42.1%	3.4%	25.8%	30.8%
TROY CCSD 30C	35.9%	30.9%	29.8%	32.7%	31.4%
UNION SD 81	N/A	N/A	57.1%	46.7%	33.3%
VALLEY VIEW CUSD 365U	23.4%	17.6%	24.1%	24.1%	25.4%
WILL COUNTY SD 92	51.4%	46.9%	37.2%	45.3%	48.3%
WILMINGTON CUSD 209U	36.4%	44.1%	49.3%	31.9%	39.2%

Many students are not reaching key development benchmarks in math. In 2023, 14 out of 26 school districts in Will County had a lower percentage of third graders meeting the IAR math standards compared to the state average. Scores across districts ranged from 6.9% in Rockdale SD 84 to 60.0% in Union SD 81. Statewide, 33.0% of third graders met the math benchmark in 2023. *Note: Data from 2021 is excluded, as the Illinois State Board of Education (ISBE) deemed it unreliable. Source: Illinois State Board of Education, 2023.*

District #	2019	2021	2022	2023	2024
BEECHER CUSD 200U	41.9%	11.9%	22.1%	30.1%	27.9%
CHANEY-MONGE SD 88	26.0%	8.3%	10.6%	19.0%	19.5%
CHANNAHON SD 17	44.7%	44.0%	43.2%	48.9%	44.6%
CRETE MONEE CUSD 201U	26.4%	6.6%	13.0%	16.8%	12.1%
ELWOOD CCSD 203	48.6%	30.4%	42.9%	33.3%	29.4%
FAIRMONT SD 89	3.3%	18.5%	33.3%	17.4%	12.5%
FRANKFORT CCSD 157C	55.7%	49.3%	47.2%	50.4%	46.1%
HOMER CCSD 33C	55.9%	38.9%	45.4%	41.8%	44.5%
JOLIET PSD 86	13.1%	5.1%	11.9%	9.8%	12.3%
LARAWAY CCSD 70C	22.9%	0.0%	8.2%	25.5%	28.6%
LOCKPORT SD 91	31.7%	20.0%	48.8%	45.8%	39.2%
MANHATTAN SD 114	51.5%	35.9%	29.6%	30.4%	42.0%
MOKENA SD 159	33.8%	48.4%	45.2%	48.6%	50.0%
NEW LENOX SD 122	50.3%	44.6%	43.2%	47.4%	42.0%
PEOTONE CUSD 207U	27.1%	24.7%	31.3%	37.3%	25.8%
PLAINFIELD SD 202	40.0%	23.6%	33.7%	35.9%	31.3%

REED CUSTER CUSD 255U	45.2%	27.4%	28.6%	29.0%	27.5%
RICHLAND GSD 88A	18.3%	22.4%	26.5%	20.4%	21.0%
ROCKDALE SD 84	24.2%	10.0%	10.3%	10.0%	6.9%
SUMMIT HILL SD 161	43.1%	39.9%	44.8%	47.6%	44.9%
TAFT SD 90	46.4%	25.0%	34.5%	29.0%	23.1%
TROY CCSD 30C	36.8%	27.3%	31.2%	29.2%	34.5%
UNION SD 81	N/A	N/A	35.7%	53.3%	60.0%
VALLEY VIEW CUSD 365U	34.9%	22.4%	26.9%	24.4%	27.0%
WILL COUNTY SD 92	50.0%	38.5%	43.1%	36.2%	42.3%
WILMINGTON CUSD 209U	39.8%	32.4%	46.4%	36.2%	40.5%

POVERTY

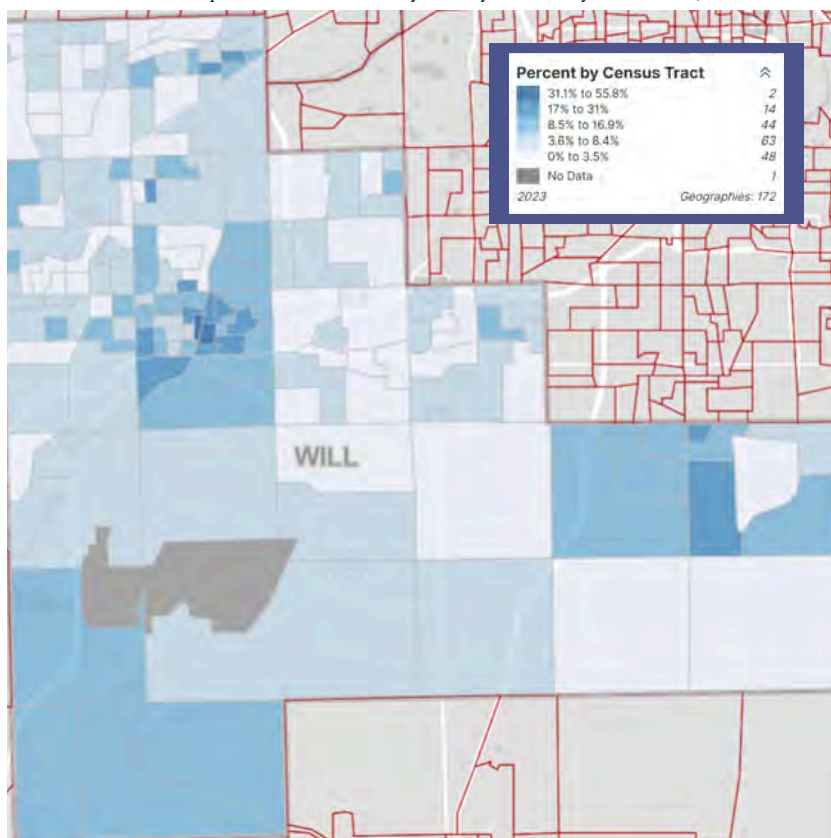


Poverty is a major factor influencing health outcomes. As noted by Community Commons, poverty creates obstacles to accessing essential resources such as healthcare, nutritious food and other necessities, all of which contribute to poor health. This indicator tracks the number of individuals living at or below 100% of the federal poverty level.

According to the Small Area Income and Poverty Estimates (SAIPE) from the U.S. Census Bureau, in 2023, 7.2% (49,733) Will County residents were living below the poverty line. This is lower than the State average of 11.6%, National average of 12.3% and HP2030 standard of 8.0%. Poverty trends have been relatively stable with some fluctuation through the years, at 7.9% in 2021, 7.2% in 2020 and 6.5% in 2019, with the highest rate recorded at 8.5% in 2010.

The Black/African American community experiences the highest poverty rate in Will County at 12.5% (9,235 individuals), followed by individuals identifying as Some Other Race at 11.7% (6,208 individuals), Two or More Races at 8.8% (7,670 individuals) and Hispanic/Latino at 8.1% (11,295 individuals). Poverty is fairly spread across the county, with higher concentrations in the central, eastern and southern areas. The highest poverty rates are found in Joliet Census Tracts 8819 (55.8% of individuals) and 8820 (44.1% of individuals).

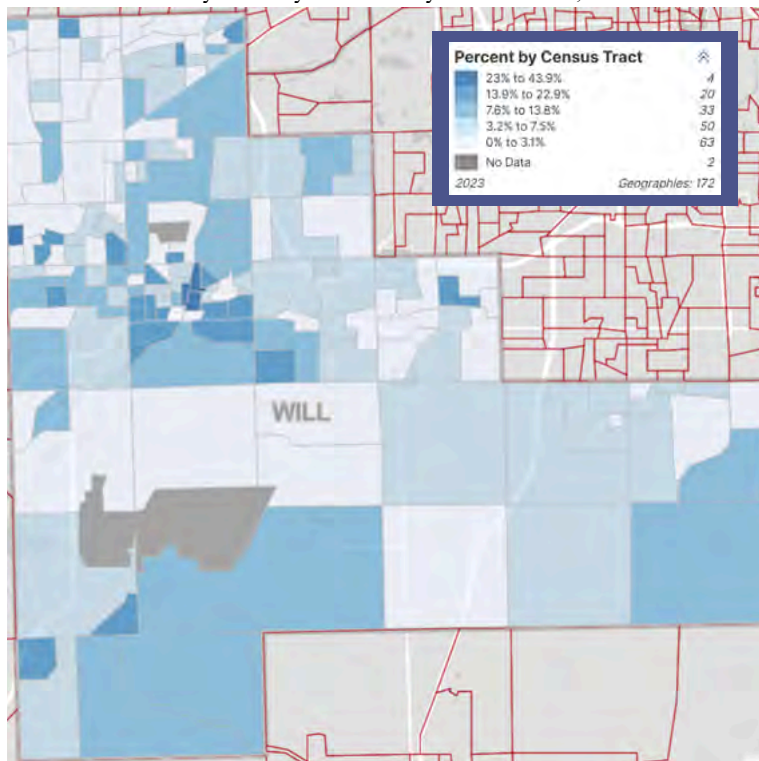
Percent of Population Below the Poverty Level by Will County Census Tract, 2023



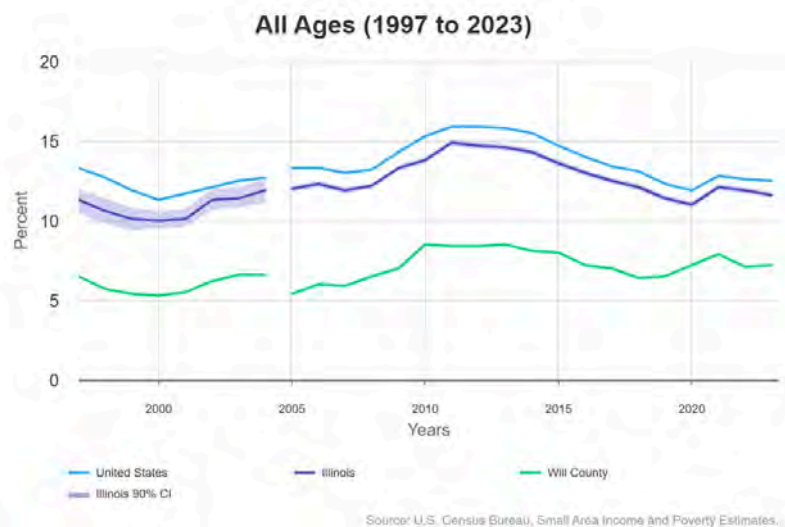
Older adults aged 65 and older experiencing poverty dispersed across the county, with the highest concentrations in Census Tracts 8804.31 (Plainfield, 38.0% of seniors), 8813.02 (Joliet, 33.8%), 8819 (Joliet, 29.7%) and 8820 (Joliet, 43.9%). *Source: United States Census Bureau, n.d.-a. Table S1701; United States Census Bureau, n.d.-b.*

WILL COUNTY POPULATION IN POVERTY BY RACE/ETHNICITY, 2023	PERCENT BELOW POVERTY LEVEL
White alone	5.4%
Black/African American alone	12.5%
American Indian/Alaskan Native alone	N/A
Asian alone	4.2%
Native Hawaiian/Pacific Islander alone	N/A
Some other race alone	11.7%
Two or more races	8.8%
Hispanic/Latino origin (any race)	8.1%
White alone, not Hispanic/Latino	5.5%

Percent of Population 65 Years and Over Below the Poverty Level by Will County Census Tract, 2023



Percent of Population Living in Poverty, Comparison of Will County, Illinois and the United States, 2023



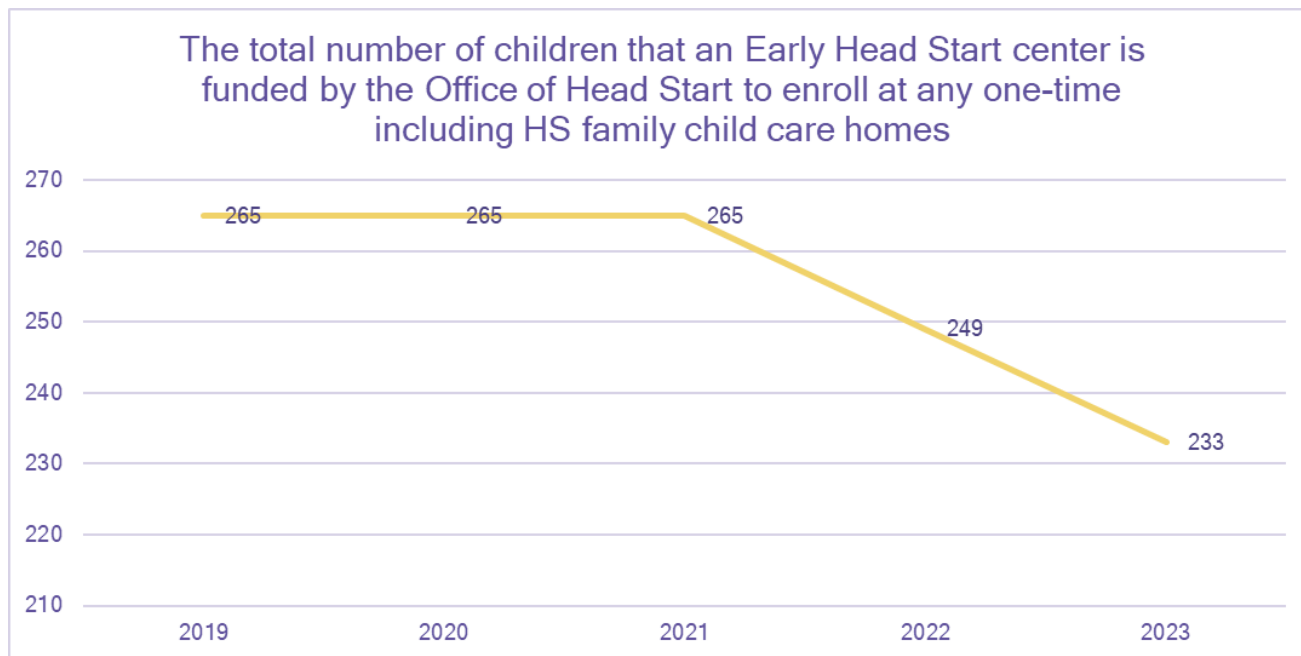
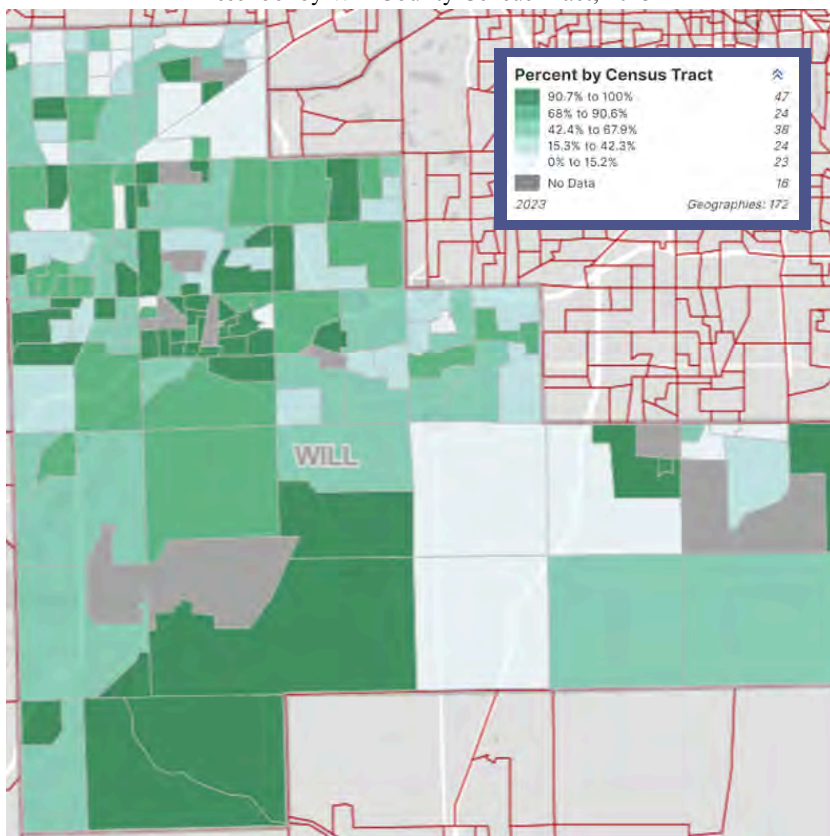
PRESCHOOL ENROLLMENT

Preschool enrollment is an important indicator of child well-being, as it reflects access to early childhood education and is a critical factor in a child's overall development. Participation in early education programs, such as preschool, supports cognitive, social and emotional development, laying the groundwork for future academic success and healthier behaviors.

In Will County, 5.7% (9,877) of children aged 3 and older who are enrolled in school are attending a nursery school or preschool program.

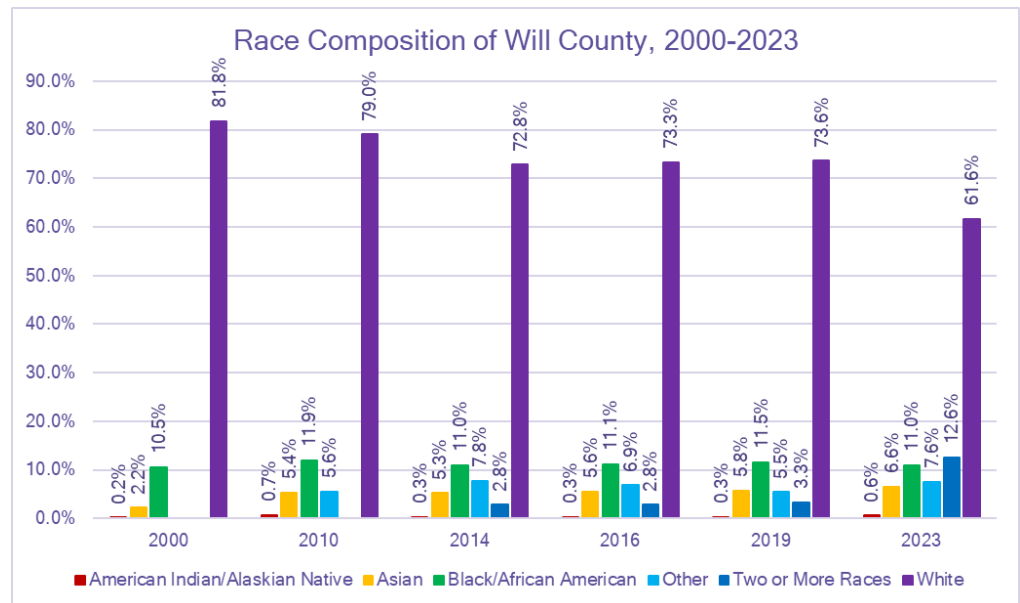
Head Start and Early Head Start programs provide early learning, health and family support services to children from birth to age five, emphasizing parental involvement and school readiness. Despite their benefits, not all infants and toddlers have access to high-quality early learning programs. *Source: Illinois Early Childhood Asset Map Database, 2023; United States Census Bureau, n.d.-a. Table S1401.*

Percent of Population Enrolled in Nursery School or Preschool by Will County Census Tract, 2023



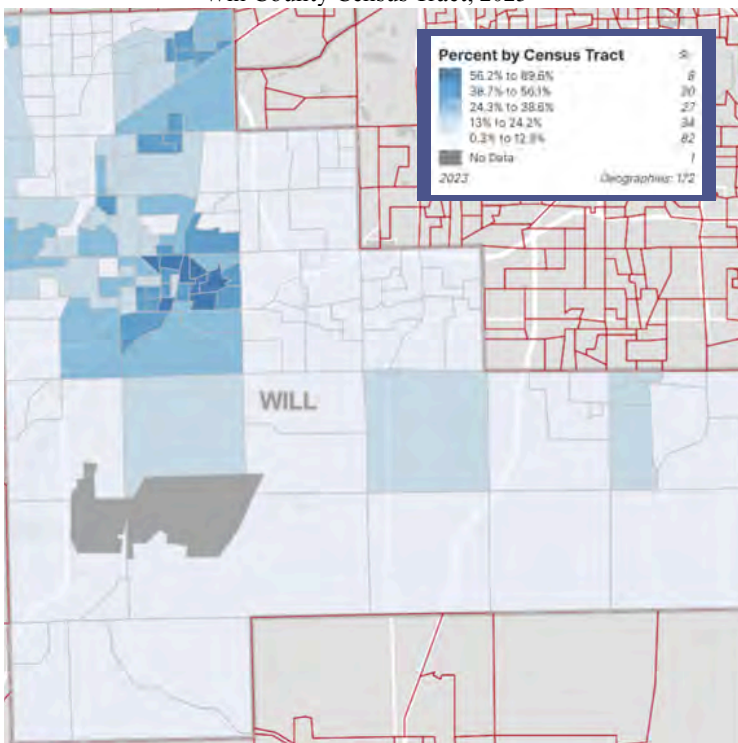
RACE AND ETHNICITY

Will County's population has experienced notable shifts in its racial composition. The percentage of White residents has steadily declined from 81.8% in 2000 to 61.6% in 2023, while racial diversity has increased. The Asian population has increased from 2.2% in 2000 to 6.6% in 2023. Those who identify as Two or More Races increased from 2.8% in 2014 to 12.6% in 2023. The Black or African American community has remained relatively level at 10.9% in 2010 and 11.0% in 2023.

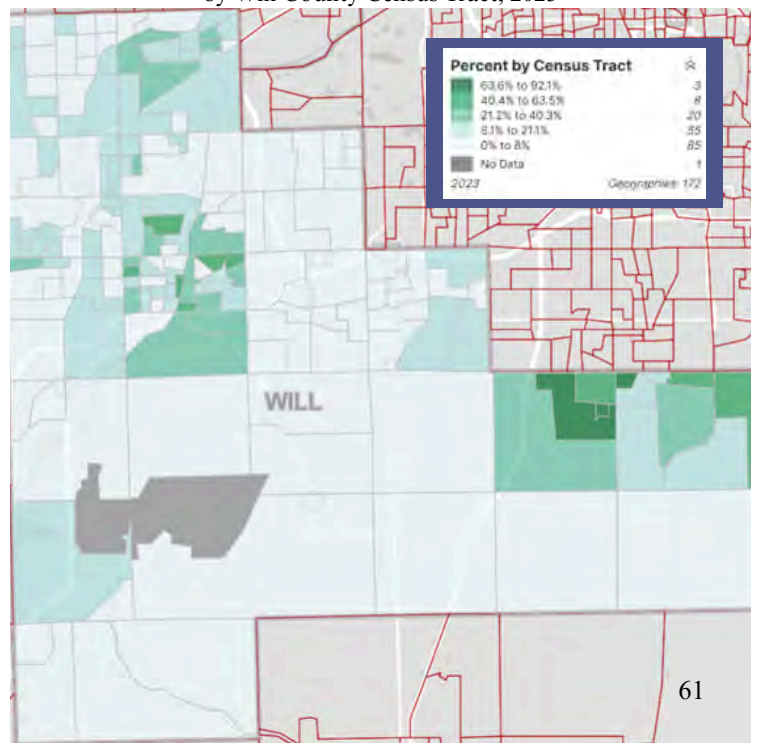


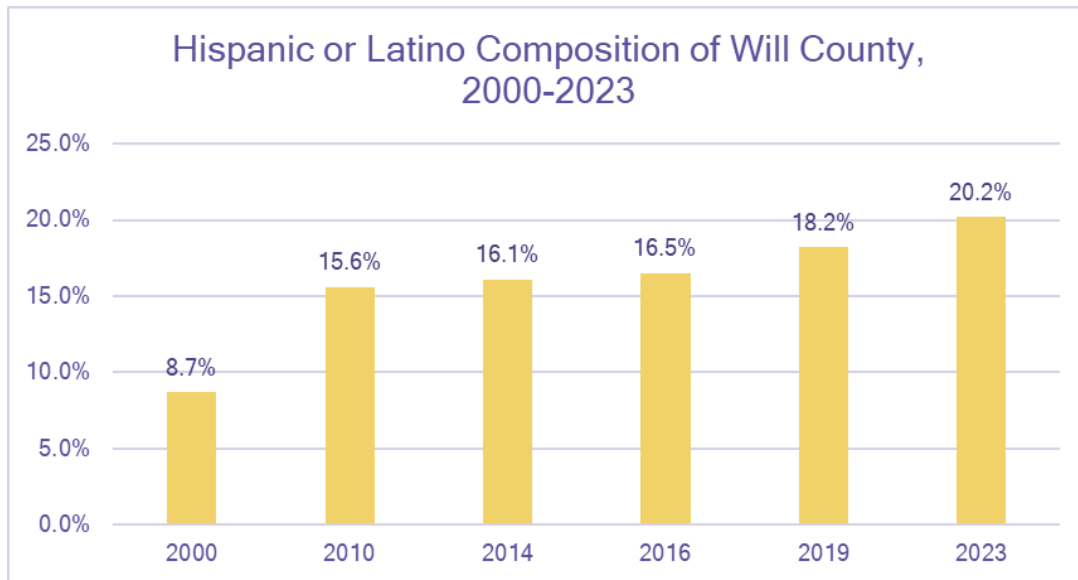
The Hispanic/Latino population in Will County has experienced consistent and significant growth over the past two decades. In 2000, this group made up 8.7% of the population, increasing to 20.2% by 2023. Our Hispanic/Latino community is predominantly concentrated in the central and northern regions of the county, with the highest representation in the Joliet and Crest Hill Census Tracts. *Source: United States Census Bureau, n.d.-a. Table P9.*

Percent of Hispanic/Latino Population by
Will County Census Tract, 2023



Percent of Black/African American Population
by Will County Census Tract, 2023

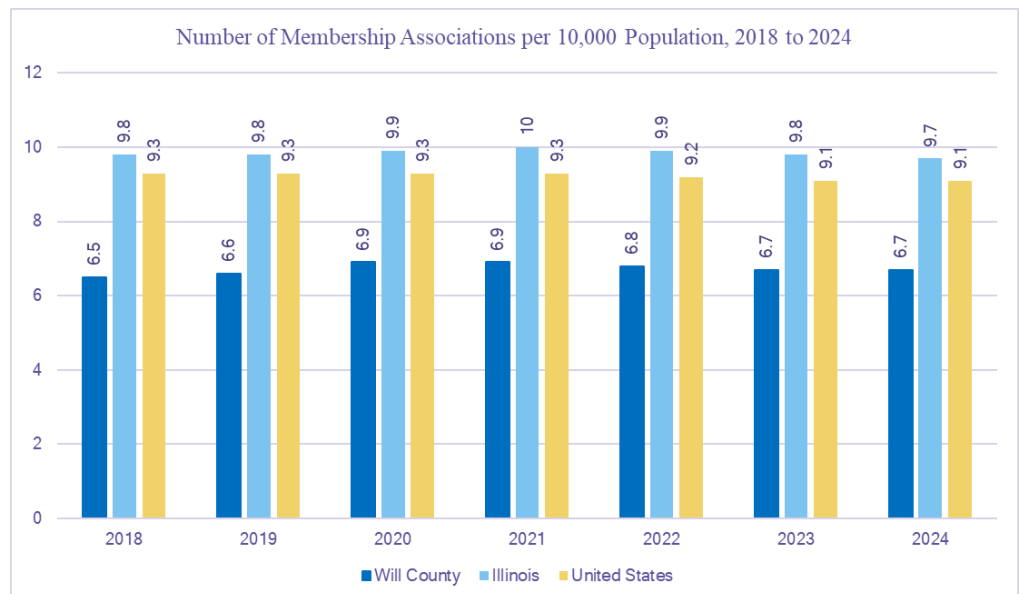




SOCIAL ASSOCIATIONS

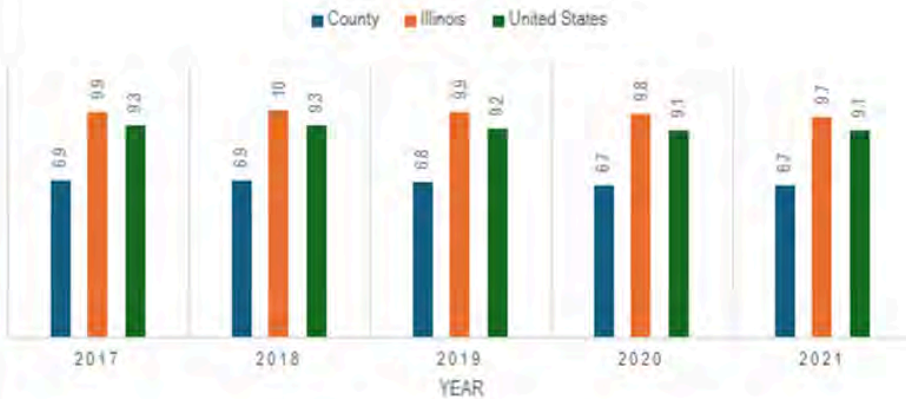
Social associations, such as participation in civic, religious, political, sports or professional groups, serve as a key indicator of community well-being and are closely linked to health outcomes. Strong social ties and a sense of belonging contribute to improved physical and mental health, while a lack of connection can have harmful effects on overall well-being. Research shows that individuals living in communities with high levels of social trust, which often reflect robust social association networks, are less likely to report poor or only fair health compared to those in areas with weaker social ties.

From 2018 to 2024, the rate of social associations in Will County remained relatively steady, with only slight fluctuations, increasing from 6.5 to 6.7 associations per 10,000 population. This rate consistently lagged both the state and national averages. Illinois maintained a higher rate, peaking at 10.0 in 2021. Nationally, the rate showed a gradual decline from 9.3 in 2018 to 9.1 in 2024.



Overall, Will County's lower level of social associations may indicate fewer formal opportunities for community engagement, which could impact residents' sense of connection and overall well-being. *Source: University of Wisconsin Population Health Institute, 2025.*

SOCIAL VULNERABILITY INDEX - WILL COUNTY, ILLINOIS AND UNITED STATES COMPARISON



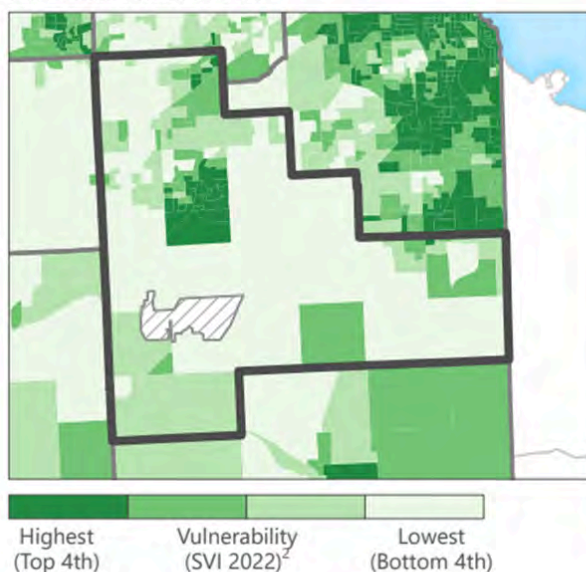
SOCIAL VULNERABILITY

Social vulnerability describes a community's ability to prepare for, respond to and recover from stressful events, including natural disasters, disease outbreaks or chemical spills. The Centers for Disease Control and Prevention Agency for Toxic Substances and Disease Registry's Social Vulnerability Index (SVI) 2022 organizes 16 Census-based indicators into four key themes

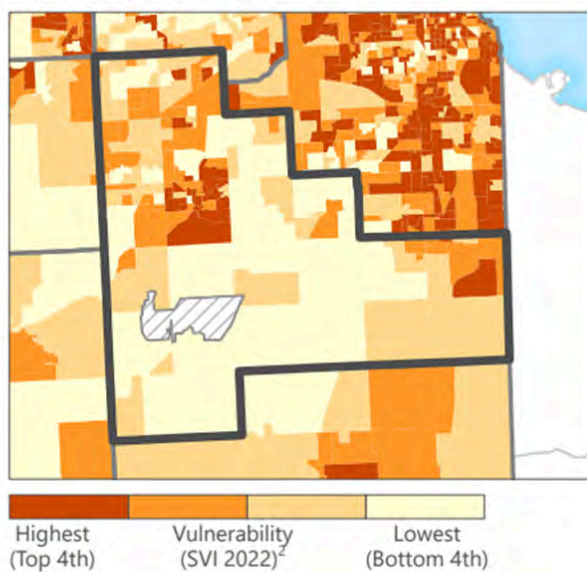
that reflect the degree of vulnerability in an area. These indicators encompass economic conditions, education levels, family composition, housing, language proficiency, race, ethnicity and access to transportation. The Overall Social Vulnerability score brings together all these factors to provide a comprehensive view of a community's resilience to disasters, with 0 indicating the greatest resilience and 1 indicating the highest vulnerability.

From 2017 to 2021, Will County's Social Vulnerability Index (SVI) scores showed a slight but consistent decline, decreasing from 6.9 to 6.7. Throughout this period, Will County maintained lower SVI scores compared to both state and national averages. Illinois saw a gradual decrease from 9.9 to 9.7, while the U.S. average dropped from 9.3 to 9.1. The consistently lower scores in Will County may indicate relatively stronger community resilience and fewer vulnerability-related risk factors compared to state and national levels. *Source: Centers for Disease Control and Prevention, 2022a.*

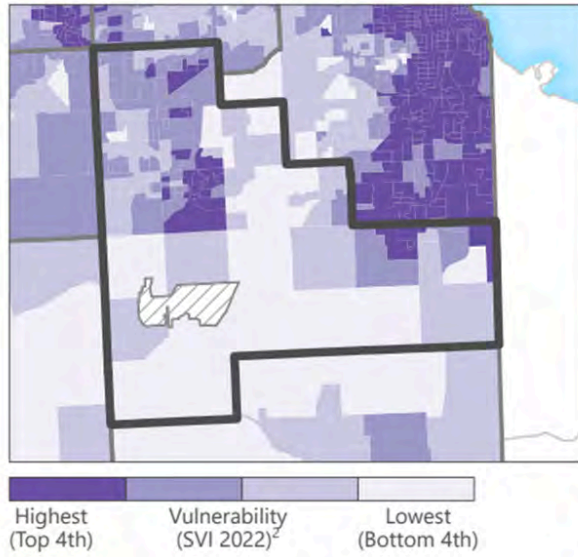
Socioeconomic Status⁵



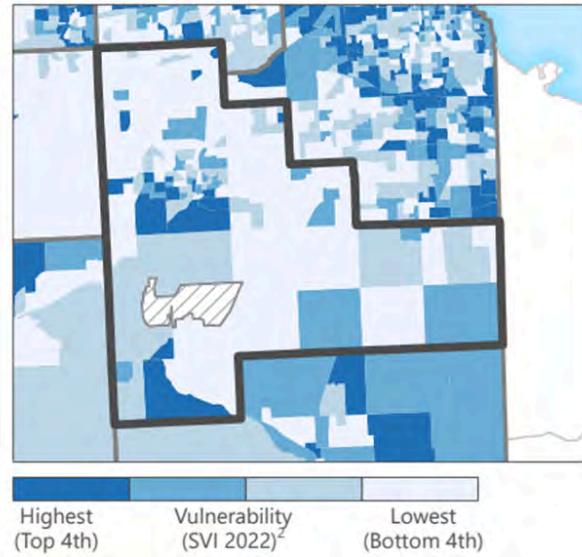
Household Characteristics⁶



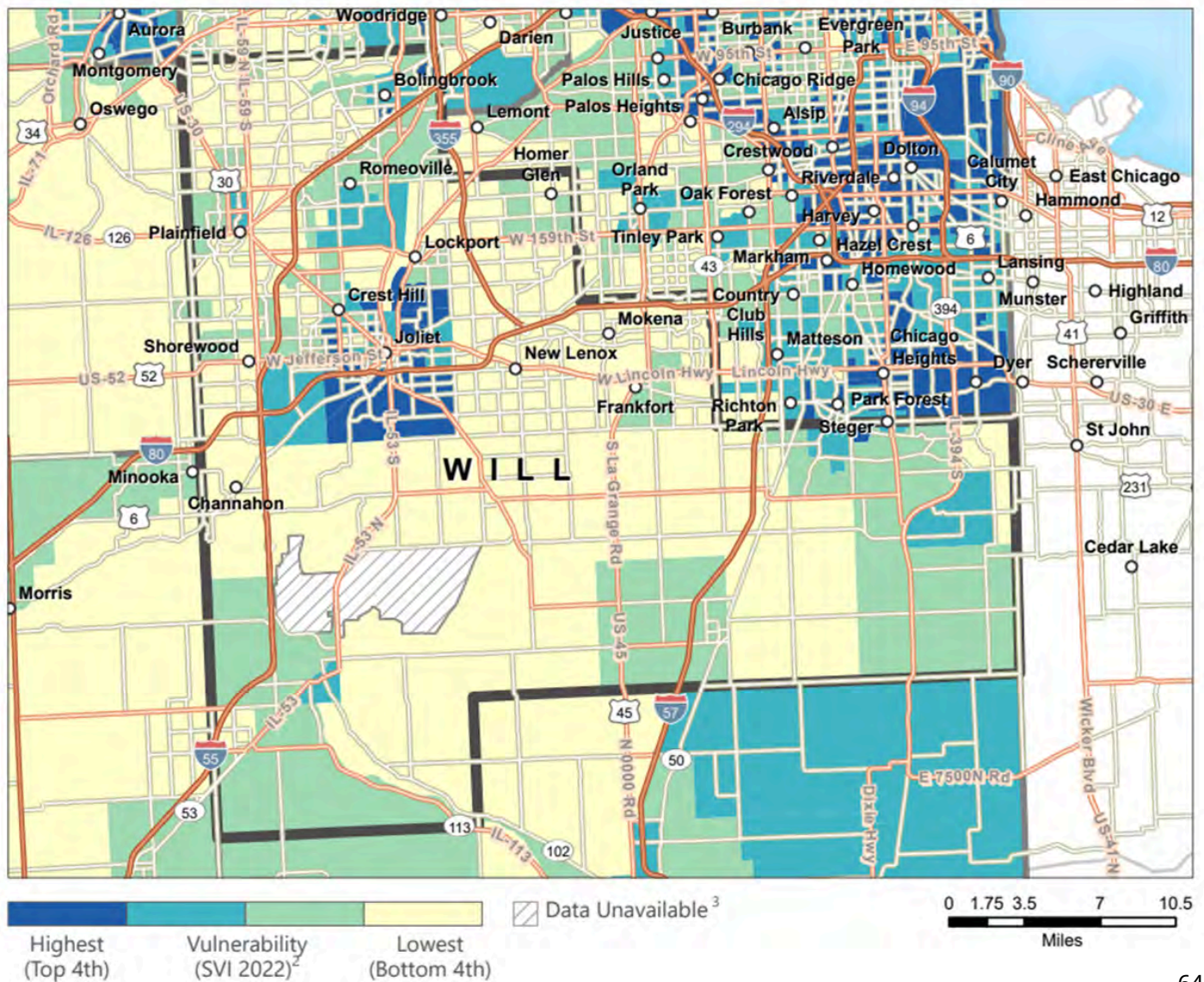
Racial and Ethnic Minority Status⁷



Housing Type/Transportation⁸



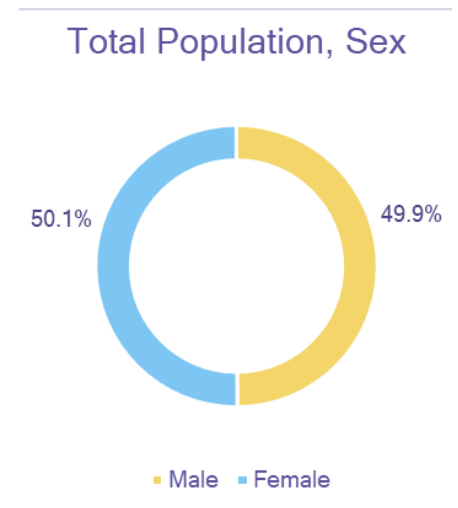
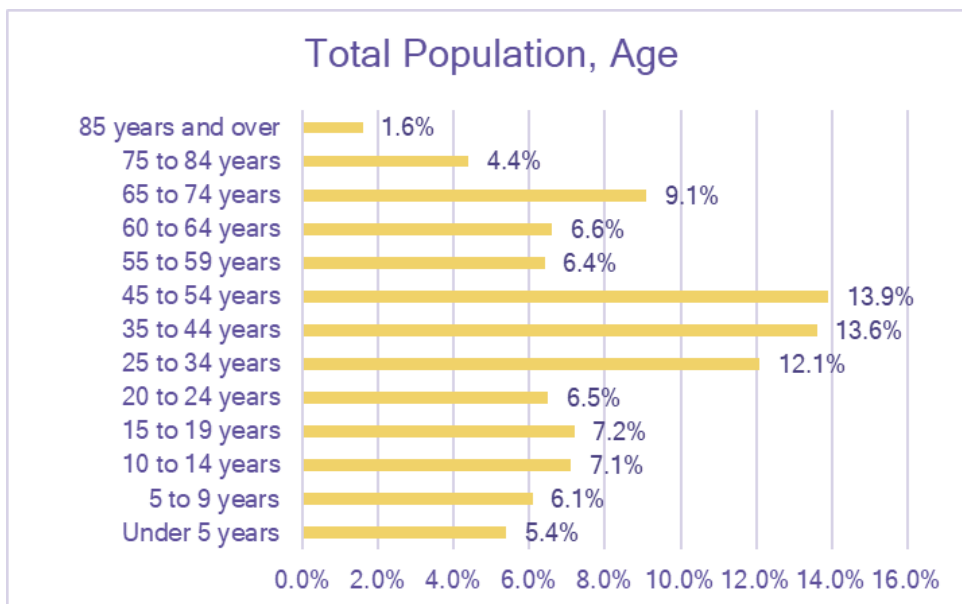
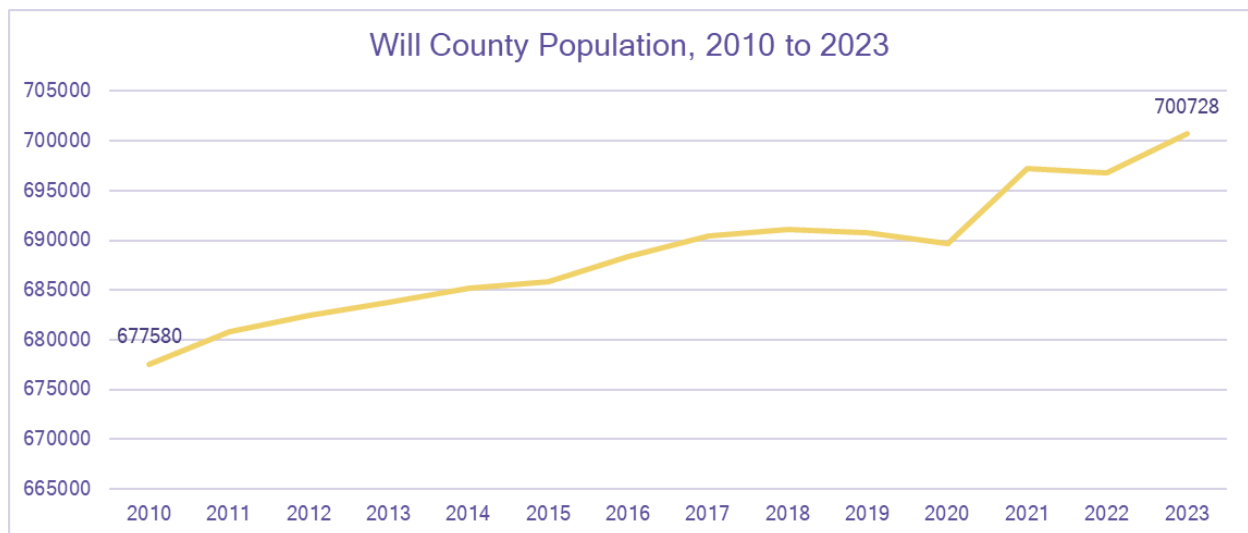
Overall Social Vulnerability¹



TOTAL POPULATION

Will County spans a total of 849 square miles, including 12 square miles of water. It encompasses 31 zip codes, 23 cities and five area codes. As the fourth most populous county in Illinois, behind Cook, DuPage and Lake, Will County is part of the Chicago-Naperville-Elgin, IL-IN-WI Metropolitan Statistical Area.

As of 2023, the U.S. Census Bureau reports that Will County has a population of 700,728, representing a 3.24% increase since the 2010 Census (678,697) and a 0.5% rise since 2020. Over the next five years, the county's population is expected to grow by an additional 10,901 residents. The gender distribution is nearly equal, with females comprising 50.1% of the population and males 49.9%. The county's median age is 39.6 years, with the largest age group being 45-54 years (13.9%), followed by 35-44 years (13.6%), 25-34 years (12.1%) and 65-74 years (9.1%). *Source: United States Census Bureau, n.d.-a. Tables Decennial H2, DP05, Pepannres, Quickfacts.; Workforce Investment Board of Will County, 2024.*

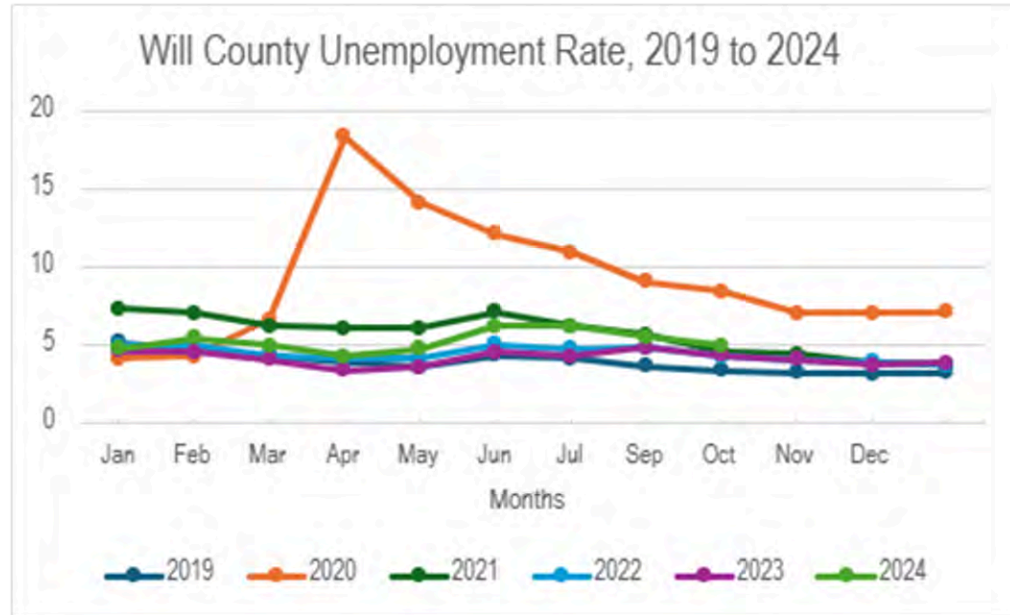


UNEMPLOYMENT

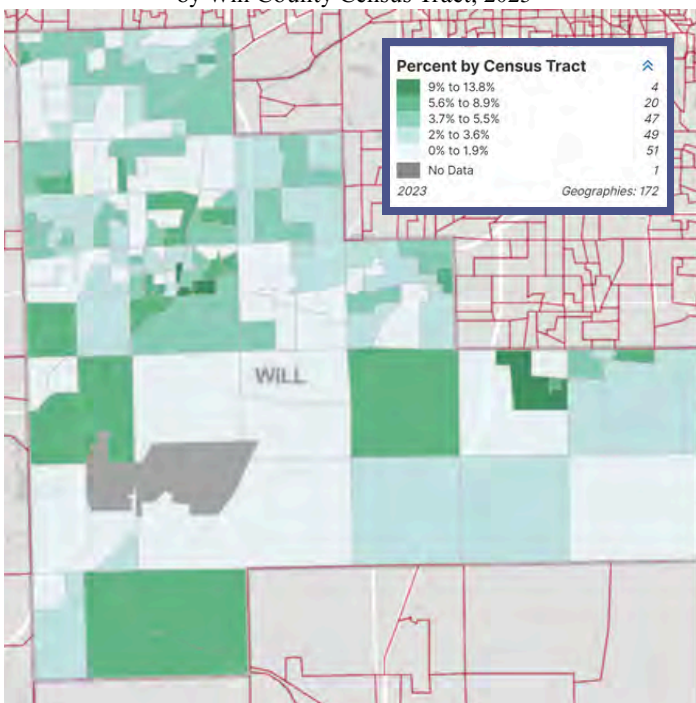


Will County's unemployment rate showed significant variation from 2019 to 2024, largely shaped by the COVID-19 pandemic and subsequent economic shifts. In 2019, unemployment steadily declined, reaching a low of 3.2% in November before rising sharply in 2020. The pandemic caused a dramatic spike to 18.4% in April 2020, followed by a gradual recovery through 2021. By late 2021, the rate had returned to pre-pandemic levels, dipping below 4%.

Throughout 2022 and 2023, unemployment remained relatively stable, generally ranging between 3.4% and 5%. However, in 2024, the trend reversed with rates increasing to a high of 6.3% in June and July before easing to 5% in September. Despite this increase, Will County's unemployment rate remains significantly below the HP2030 target threshold, which defines success as at least 75.0% employment or no more than 25.0% unemployment among the working-age population.



Unemployed Population 16 Years and Over
by Will County Census Tract, 2023



Unemployment rates in Will County show notable disparities across both geography and demographic groups. Certain census tracts in Joliet, particularly 8819 at 13.8%, 8824 at 11.3% and 8825 at 9.7%, as well as the University Park, Monee and Crete area in tract 8836.06 at 12.7%, exhibit significantly higher unemployment compared to the countywide average.

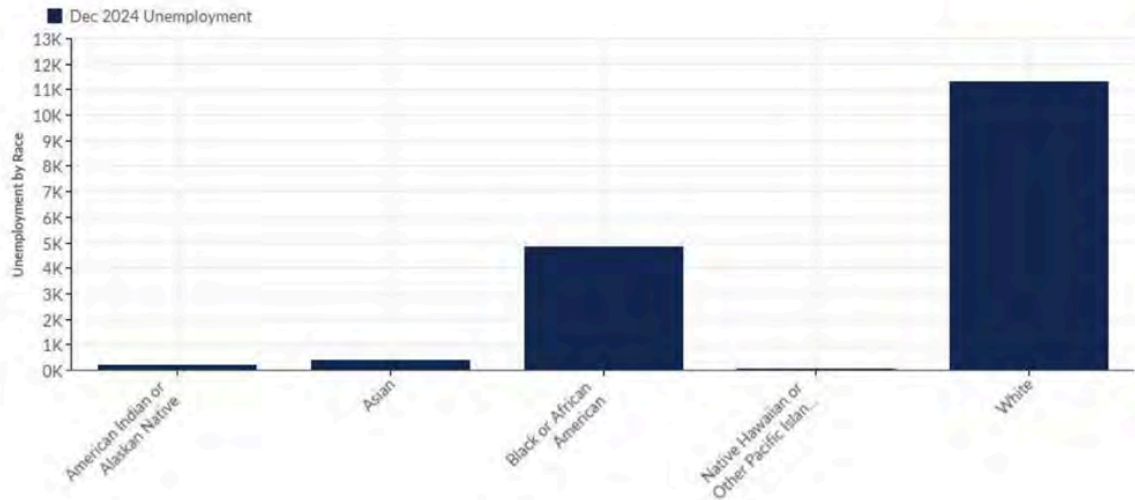
Within Will County's unemployed population, 67.7% are White, 28.8% are Black or African American, 2.2% are Asian, 1.0% are American Indian or Alaskan Native and 0.3% are Native Hawaiian or Pacific Islander.

Among the unemployed population, notable gender disparities exist, with males accounting for a significantly higher unemployment rate (68.7%) compared to females (31.3%).

Unemployment is elevated among certain vulnerable populations: individuals below the poverty level (15.9%), those with disabilities (11.3%) and adults without a high school diploma (5.0%).

In 2024, unemployment in Will County shows the highest concentration among adults aged 25 to 54, who collectively account for over two-thirds (67.8%) of the unemployed population. The 35–44 age group has the highest share at 23.25%, closely followed by those aged 25–34 (22.65%) and 45–54 (21.91%). Unemployment among younger residents under 22 and those aged 22–24 is notably lower, together comprising just under 8% of the total. Similarly, unemployment declines steadily among older age groups, with those 60 and older making up approximately 14% of the unemployed population. *Source: United States Bureau of Labor Statistics, 2024; United States Census Bureau, n.d.-a. Table DO03, S2301; Workforce Investment Board of Will County, 2024.*





Race	Unemployment (Dec 2024)	% of Unemployed
American Indian or Alaskan Native	171	1.02%
Asian	369	2.21%
Black or African American	4,817	28.84%
Native Hawaiian or Other Pacific Islander	44	0.26%
White	11,301	67.66%
Total	16,703	100.00%



Gender	Unemployment (Dec 2024)	% of Unemployed
Females	5,230	31.31%
Males	11,473	68.69%
Total	16,703	100.00%

URBAN AND RURAL POPULATION

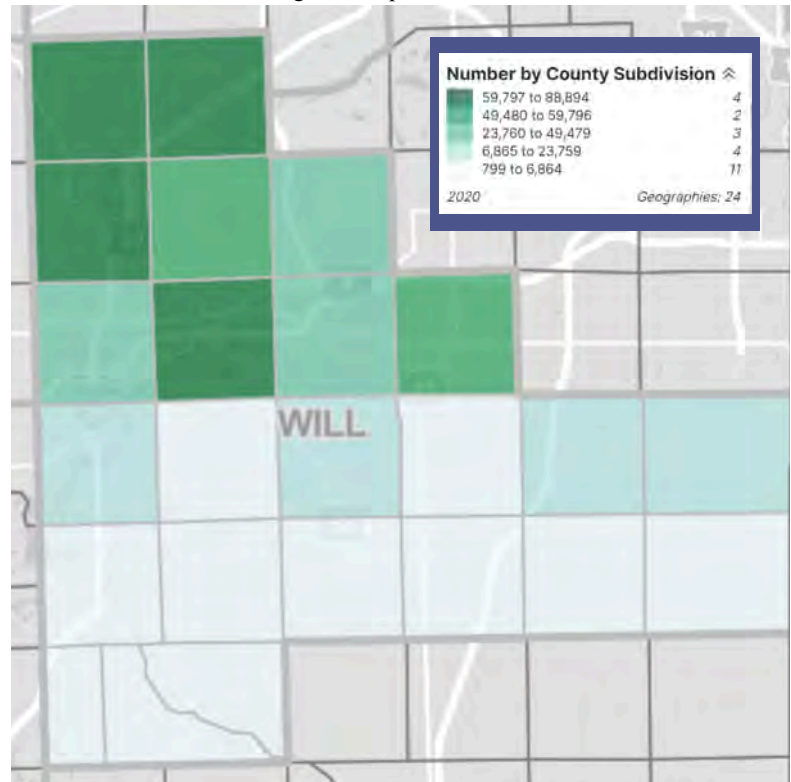
According to the 2020 Decennial Census, 95.1% of Will County's population (662,409 people) reside in urban areas, while 4.9% (33,946 people) live in rural regions. Geographically, northern Will County is predominantly urban, whereas the southern and eastern areas remain largely rural.

Among Townships, Joliet has the highest number of households (32,485), followed by DuPage (29,896), Wheatland (28,276) and Plainfield Township (26,236). In contrast, Wilton has the fewest households, with just 314. *Source: United States Census Bureau, n.d.-a. Table P1.*

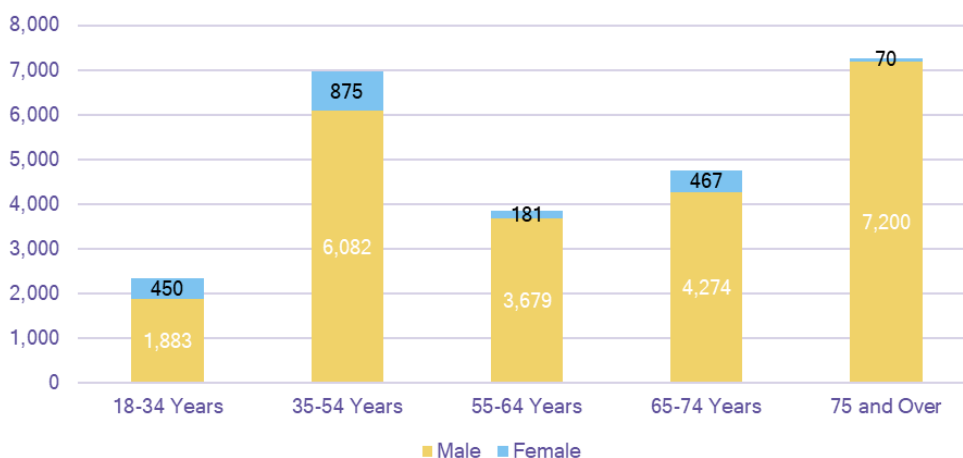
VETERAN POPULATION

In Will County, 4.68% of the total population, or 25,161 individuals, are veterans. The veteran population is fairly distributed across the County, with higher concentrations in the central, eastern and northern areas. The Census Tract with the largest number of veterans is 8832.13 (Shorewood), which includes 587 veterans. The majority of veterans are men, with 23,118 men compared to 2,043 women. Nearly half (47.7%) of the veteran population in Will County is over the age of 65, totaling 12,011 individuals. The largest age group of veterans in the County is 75 and older, followed by those aged 35-54. *Source: United States Census Bureau, n.d.-a. Table B21001, DP05.*

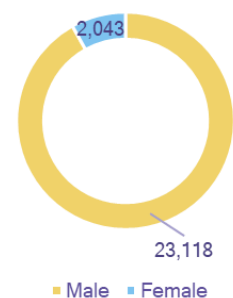
Total Will County Population
Regional Population, 2020



Sex and Age by Veteran Status for the Will County
Civilian Population 18 Years and Over, 2023



Sex by Veteran Status of
Civilian Population 18 Years
and Over



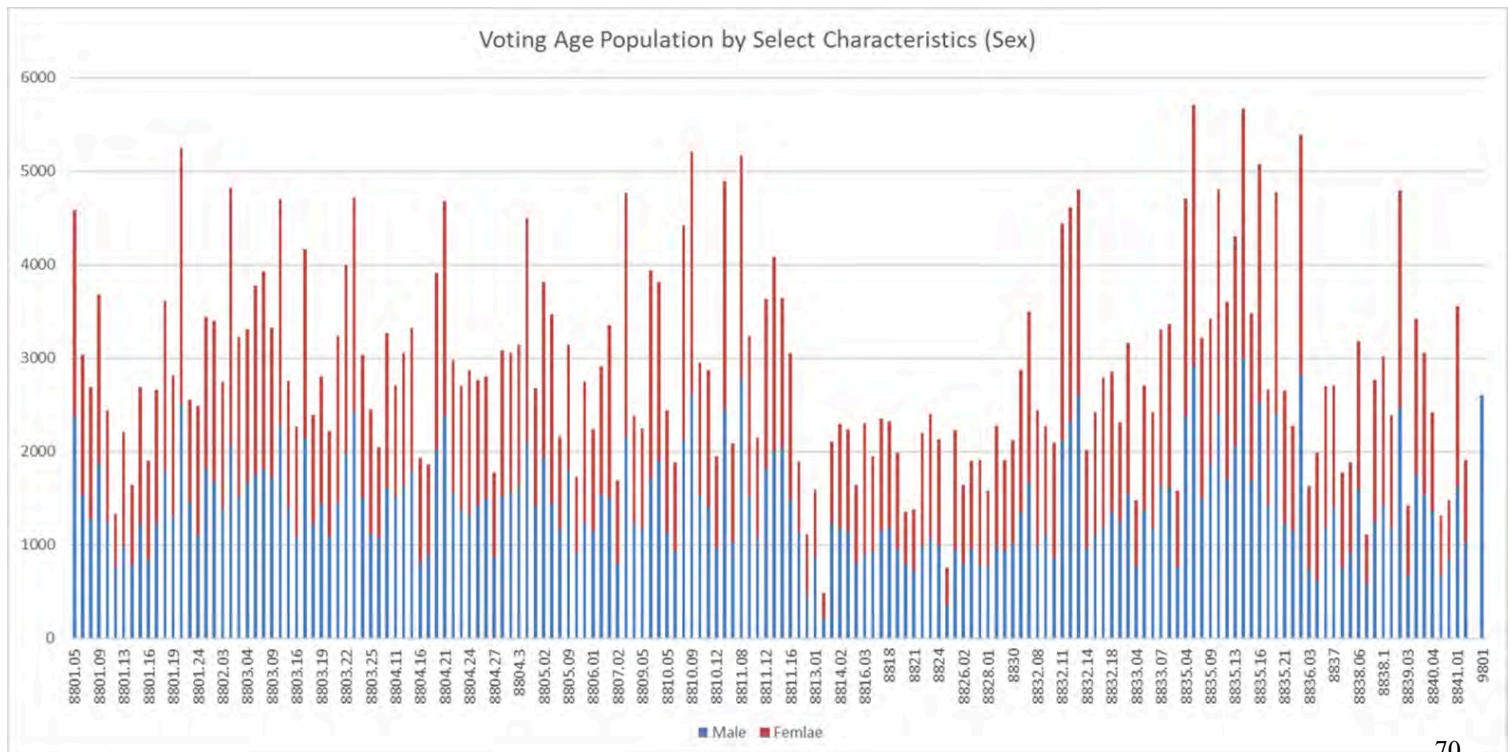
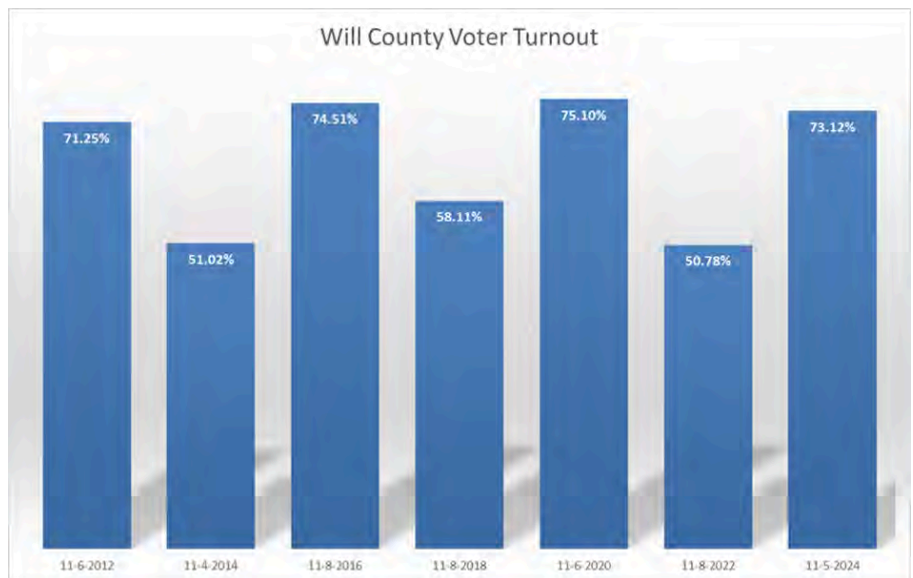
VOTING TRENDS



Voting is essential for determining the allocation of resources that impact population health and health equity. A community's health is shaped by various factors, especially policies on social assistance, education, housing and social services. Without political representation, communities lose influence over decisions on these policies, worsening existing inequities.

Voter participation refers to the percentage of individuals aged 18 and older who cast a vote in a given election. In the November 5, 2024 General Election, Will County had 441,483 registered voters, with a total of 331,367 votes cast, resulting in a voter participation rate of 75.06%. This rate is higher than the state average of 70.42% and HP2030 standard of 58.4%.

Will County has seen fluctuating voter turnout, with higher participation during presidential election years (2012, 2016, 2020 and 2024) and lower participation during midterm elections (2014, 2018 and 2022).
Source: Will County Clerk, 2025.



GENERAL HEALTH AND ACCESS TO CARE

CATEGORY DEFINITION: General health and access to care refers to the ability of people to get the health care they need when they need it.

GENERAL HEALTH AND ACCESS TO CARE KEY FINDINGS

Access to Care Will County improved dental and mental health provider availability and low uninsured rates, but continued challenges in primary care access and uneven Medicaid/CHIP enrollment across zip codes.

- **Primary Care:** Will County has a higher resident-to-provider ratio (1,850:1) than the state (1,260:1) and nation (1,330:1), suggesting limited access and potential provider shortages
- **Mental Health:** Access improved from 1,010:1 in 2019 to 560:1 in 2024, but still lags state and national ratios of 320:1
- **Dental Care:** Improved access from 1,310:1 in 2019 to 1,190:1 in 2024, better than state and national averages
- **Health Coverage:** Uninsured rate is 4.2%, below state (6.2%), national (7.9%) and HP2030 target (7.6%). Highest rates found in Joliet (up to 30%)
- **Medicaid/CHIP Enrollment:** While many zip codes experienced significant enrollment growth (up to 90%), others saw notable declines, highlighting uneven access across the county

Mental Health Concerns are rising in Will County, with increases in unhealthy mental health days and frequent distress.

- **Unhealthy Mental Health Days:** Increased from 3.1 (2019) to 4.8 (2025); highest among Two or More Races (7.3 days)
- **Frequent Mental Distress:** 15.6% of adults report distress; highest among Two or More Races (28.1%) and Black/African Americans (16.0%)

Oral Health Outcomes are strong, with higher-than-average dental visit rates and lower rates of complete tooth loss among older adults compared to state and national levels.

- **Dental Visits:** 67.5% of adults had a dental visit in the past year, exceeding state and national averages and the HP2030 target of 45.0%
- **Tooth Loss (65+):** 7.8% had lost all teeth, below state (8.7%) and national (12.1%) averages

Nutrition & Physical Health Indicators show declining vegetable intake, rising physical inactivity and persistent racial disparities, though self-reported poor health has improved overall since 2019.

- **Fruit/Vegetable Consumption (Adults):** Daily fruit intake stable at 39.6%; vegetable consumption declined to 16.7% in 2021
 - **Racial/Ethnic Disparities:** Hispanic/Latino adults have lowest daily fruit intake (33.1%); White adults have lowest vegetable intake (14.1%)
 - **Physical Inactivity:** Rose to 25% in 2023–2024, exceeding HP2030 target (21.8%)

- Self-Reported Poor Health: Decreased to 13% in 2024 from 16% in 2019–2022; highest among Hispanic/Latino (30.8%) and Black/African American (20.8%) residents

Tobacco and Alcohol Use Tobacco and alcohol use in Will County has declined across adults and youth, with notable reductions in smoking, binge drinking, marijuana and vaping, alongside increased perceptions of harm and disapproval

- Adult Smoking: Declined from 15.8% (2018) to 13.0% (2024), below HP2030 target of 17.4%
- Adult Binge Drinking: Dropped from 21.5% in 2018 to 16.9% in 2021; below state and national rates
- Youth Alcohol: 30-day use down in 8th (7%), 10th (12%) and 12th (11%), showing steady decline since 2018
- Youth Marijuana: 12th-grade use fell from 26% (2018) to 11% (2024); perception of harm, peer and parental disapproval increased significantly
- Youth Vaping: Usage declined across all grade levels between 2022 and 2024, with 8th-grade rates dropping from 6% to 4%, 10th-grade from 11% to 6% and 12th-grade from 17% to 13%
 - Perception and Peer Influence: Perception of harm increased among 8th (81% to 83%), 10th (81% to 84%) and 12th graders (79% to 81%). Peer disapproval strengthened among 8th graders (89% to 93%) but declined among 10th (89% to 78%) and 12th graders (81% to 77%)
- Unhealthy Physical Days: Increased from 2.7 days (2020) to 3.6 (2025); highest among Black/African American (4.2) and Hispanic/Latino (13.6% reporting frequent distress) adults

BEHAVIORAL HEALTH CAPACITY SURVEY KEY FINDINGS

1.High Demand and Active Expansion Plans

- Nearly all organizations (94.7%) plan to expand services in the next 12–18 months
- Expansion efforts include new locations, more outpatient services, additional crisis care programs and increased staffing

2.Access Barriers

- Major service access issues include transportation, residential treatment availability, substance use disorder care and crisis services
- Non-English speakers, children under 12, the uninsured and Medicare-insured individuals face the greatest access challenges

3.Workforce and Resource Gaps

- Staffing shortages, lack of office space and funding limitations are key barriers to expansion
- Access to psychiatrists, psychologists and Spanish-speaking providers remains limited

4.Wide Service Coverage, but Uneven by Population

- All organizations that completed the capacity survey provide services to adults and young adults, with most also offering support for seniors and adolescents
- Fewer offer services to early childhood, undocumented individuals, non-English speakers or people with disabilities

5. Strong Use of Telehealth and Outpatient Models

- Telehealth and outpatient services are widely used, often with short wait times
- Many organizations are integrating telehealth as a standard care option

6. Commitment to Integrated Mental Health and Substance Use Disorder Services

- Most providers offer both mental health and substance use services
- Medication-assisted treatment (MAT), especially with Naltrexone and Buprenorphine, is common, though methadone access is minimal

7. Prevention and Community Engagement Priorities

- Prevention services focus heavily on mental health, suicide, stigma and youth support
- Less emphasis is placed on HIV/Sexually Transmitted Infections (STIs), domestic violence and gun violence, indicating areas for potential growth

8. Funding and Reimbursement Diversity

- Organizations rely on a mix of Medicaid, grants, private insurance and self-pay
- Medicare is a less common funding source, potentially affecting senior access

9. Prevalent Diagnoses

- Co-occurring disorders, anxiety, depression, trauma and neurodiversity are the most frequently encountered diagnoses
- Conditions like schizophrenia and bipolar disorder are significant but less commonly ranked as top issues

MEDICAID CERTIFIED PEDIATRIC PROVIDER SURVEY KEY FINDINGS

1. Most Providers Are Medicaid Certified

- 83.33% of respondents are currently Medicaid-certified pediatric providers, indicating broad participation, but not universal

2. Heavy Reliance on Private Practices and FQHCs

- Most providers operate in private practices (41.67%) or Federally Qualified Health Centers (33.33%), highlighting these as the main points of access for Medicaid-insured youth

3. Geographic Concentration in Joliet

- Most practices are located in Joliet zip codes (60435, 60433), with minimal representation from rural or outlying areas, suggesting potential geographic access barriers

4. Wide Variation in Medicaid Patient Volume

- Providers reported vast differences in Medicaid patient load, ranging from 15% to over 3,000 patients, showing uneven distribution of care and likely capacity issues

5. Half of Providers Not Planning to Expand Medicaid Capacity

- Only 41.67% plan to expand capacity within the next year, while 50% do not, citing low reimbursement, delayed payments, limited vaccine access and organizational barriers

6. Rising Youth Medicaid Enrollment

- From 2019 to 2023, the percentage of youth (ages 0–18) enrolled in Medicaid rose from 24.9% to 26.4%, reflecting growing demand for pediatric Medicaid services

7. Apparent Increase in Medicaid-Participating Pediatricians

- As of 2024, 304 pediatricians in Will County accept major Medicaid plans, suggesting an increase from 2019, though unclear if this has translated into meaningful capacity gains or equitable access

ACCESS TO CARE: PROVIDERS

Access to primary care is a critical component of overall health, contributing to improved outcomes through early disease detection, chronic condition management and preventive services. Primary care providers, including internists, family physicians, pediatricians and non-physician clinicians such as nurse practitioners and physician assistants, play a key role in ensuring continuity of care and guiding patients to appropriate specialists when needed.

In addition to general medical care, access to mental health services and dental care is equally vital to comprehensive health. Mental health providers support emotional and psychological well-being, playing a crucial role in managing conditions such as depression, anxiety and substance use disorders. Similarly, regular dental care is essential for preventing oral health issues that can impact overall health, including heart disease and diabetes.

Research consistently shows that individuals with regular access to primary, mental and dental care are more likely to receive recommended health services, leading to better long-term health outcomes and quality of life.

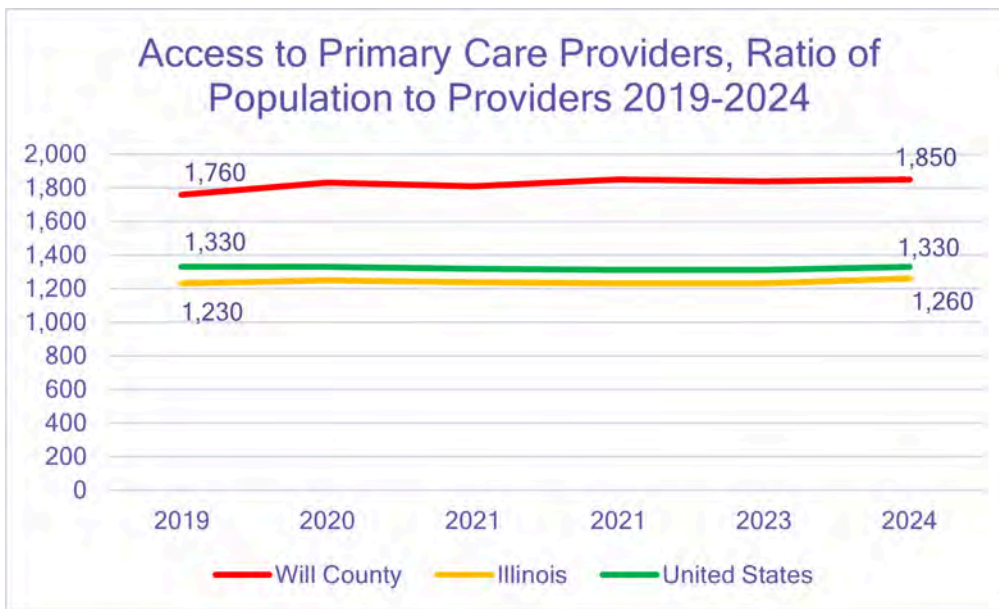
The Health Resources and Services Administration (HRSA) defines a facility Health Professional Shortage Area (HPSA) as a designation given to facilities that serve communities or areas with limited access to healthcare professionals. HPSA designations can apply to geographic areas, specific populations or facilities and are used to identify shortages in primary care, dental and mental health services across the United States. These designations help guide federal and state efforts to direct resources and improve access to care where it is most needed.

PRIMARY CARE PROVIDERS

From 2019 to 2024, Will County maintained a consistently higher ratio of residents per primary care

provider compared to both Illinois and the national average. The ratio in Will County rose from 1,760 to 1,850, suggesting increasing pressure on the availability of primary care. By comparison, Illinois showed minimal variation, ranging from 1,230 to 1,260, while the United States held steady around 1,330. These trends point to a potential shortage of providers in Will County, which may hinder timely access to essential health services and contribute to disparities in health outcomes.

Despite these challenges, data from the Center for Disease Control and Prevention Behavioral Risk Factor Surveillance System (IBRFSS) indicate that 88.8% of Will County adults, approximately 474,183, report having a personal doctor. Additionally, 83.0% (443,389 adults) had a routine checkup within the past year, while 12.5% (66,560) had a checkup within the past year two years and 4.5%



(24,064) had not seen a doctor in over two years. These findings suggest that while most residents do engage with the healthcare system, sustained efforts are needed to ensure equitable and timely access to primary care, particularly as provider capacity remains limited.

The Will County Community Health Center is designated as a facility

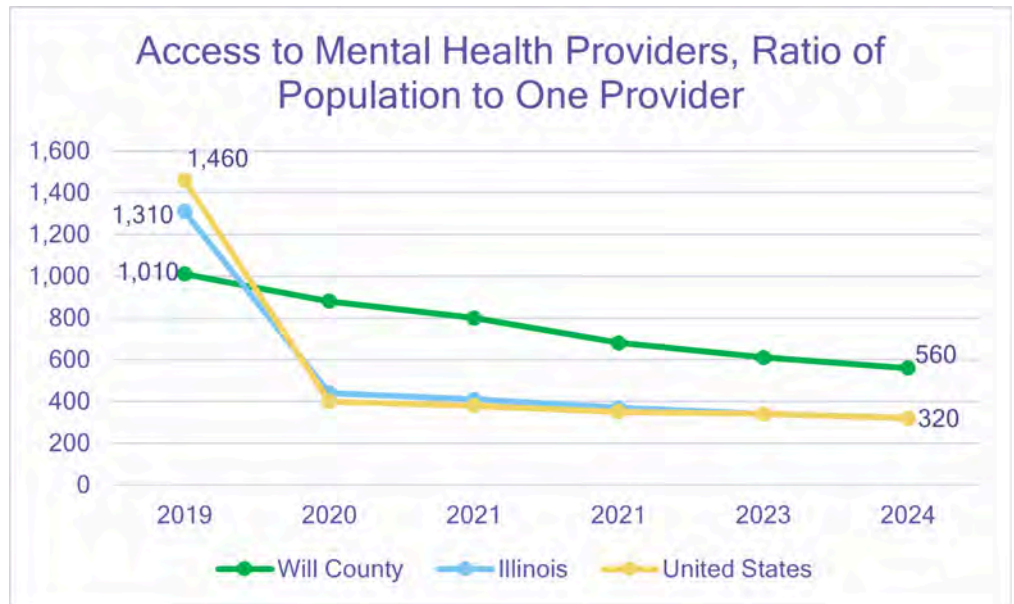
HPSA for primary care. Additionally, the low-income population within the Joliet service area (IL–Joliet SA) is recognized as a population HPSA for primary care, highlighting a shortage of providers for that specific group. *Source: Center for Disease Control and Prevention, 2022a; Center for Disease Control and Prevention, 2022b; Health Resources and Service Administration, 2022; University of Wisconsin Population Health Institute, 2025.*

MENTAL HEALTH PROVIDERS

Between 2019 and 2024, Will County experienced a steady improvement in access to mental health services, as reflected in the declining population-to-provider ratio. In 2019, there was one mental health provider for every 1,010 residents; by 2024, this improved to one provider per 560 residents, a 44.6% reduction over five years.

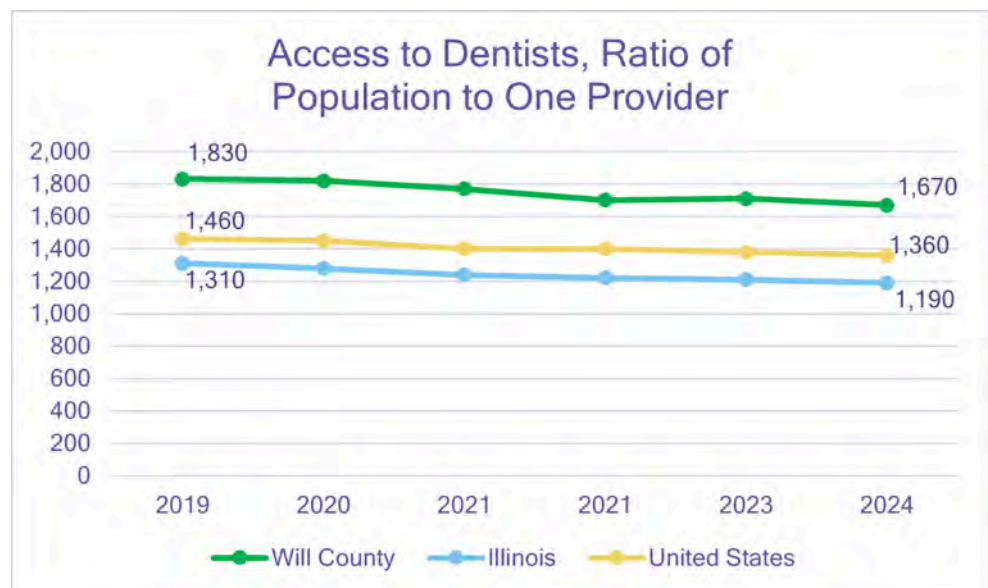
Despite this positive trend, Will County still lags behind both state and national averages. In 2024, the population-to-provider ratio in both Illinois and the United States was significantly lower, at one provider per 320 residents, indicating comparatively greater access to mental health care elsewhere. HRSA has

designated the County of Will as a geographic HPSA for mental health providers. While all three regions have shown improvement, the slower rate of progress in Will County highlights the ongoing need for investment in mental health workforce development and the expansion of services to better meet the needs of the community. *Source: Health Resources and Service Administration, 2022; University of Wisconsin Population Health Institute, 2025.*



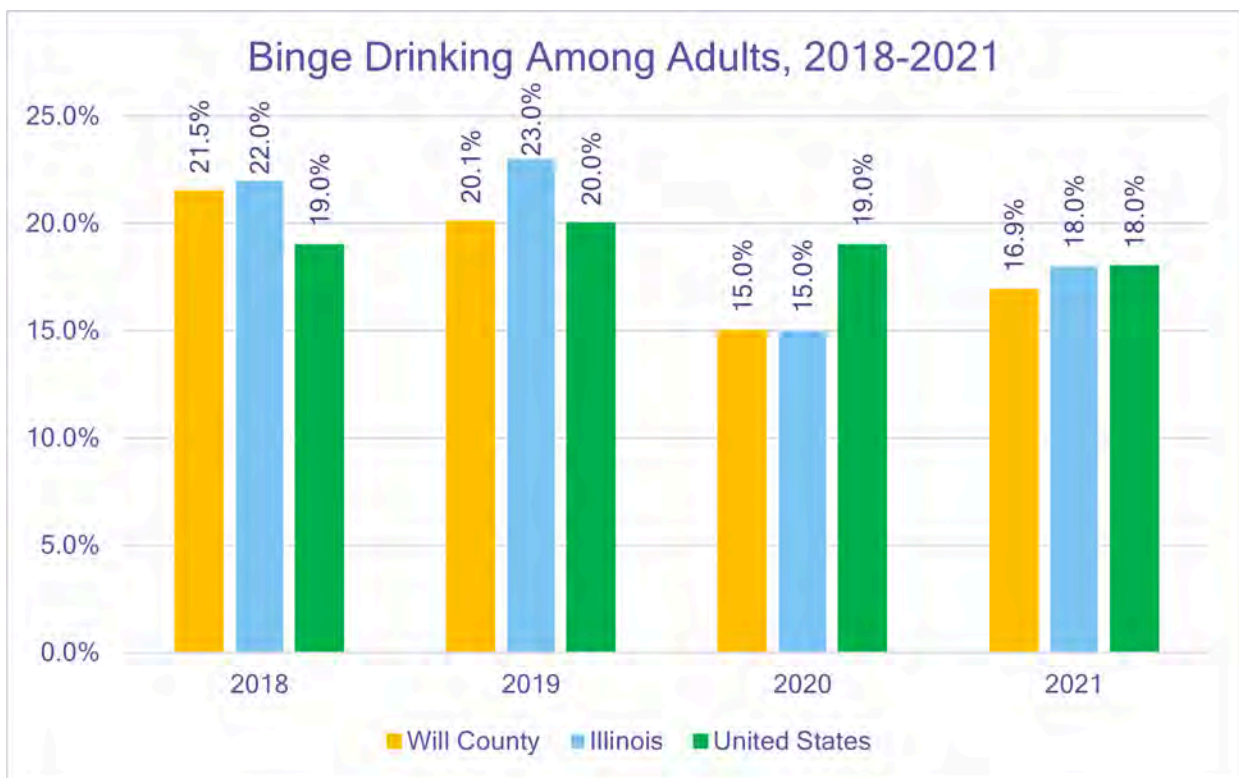
DENTISTS

From 2019 to 2024, Will County consistently demonstrated better access to dental care compared to both the Illinois state and national averages. During this period, the population-to-dentist ratio improved from 1,830 residents per provider in 2019 to 1,670 in 2024, indicating a steady increase in dental provider availability. Despite this progress, HRSA has designated the Will County Community Health Center as a facility HPSA for dental services. *Source: Health Resources and Service Administration, 2022; University of Wisconsin Population Health Institute, 2025.*



ALCOHOL USE

Between 2018 and 2021, binge drinking among adults in Will County showed a fluctuating but overall downward trend. The percentage dropped from 21.5% in 2018 to a low of 15.0% in 2020, possibly reflecting changes in behavior during the COVID-19 pandemic. However, the rate increased slightly to 16.9% in 2021, indicating a rebound in risky alcohol use. Despite the uptick in 2021, the rate remained below the levels reported in 2018 and 2019, indicating a gradual long-term decrease. It also stayed slightly below the Illinois and national averages of 18%. *Source: University of Wisconsin Population Health Institute, 2025.*

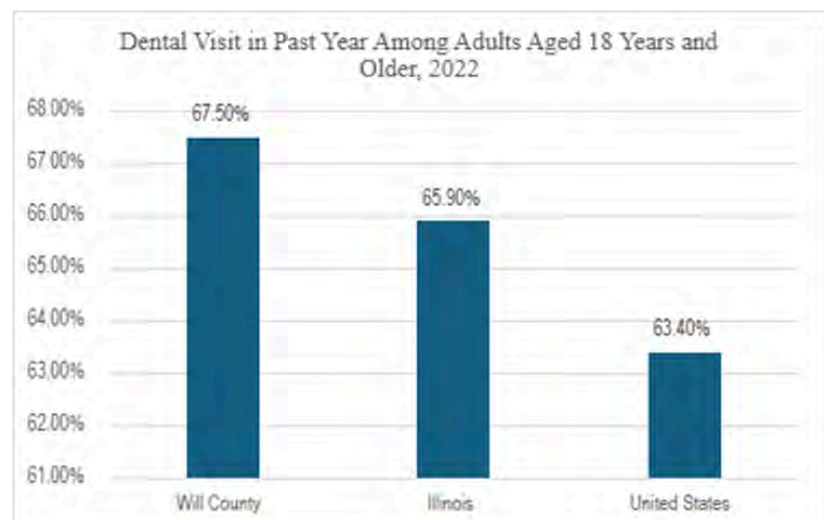


DENTAL VISITS



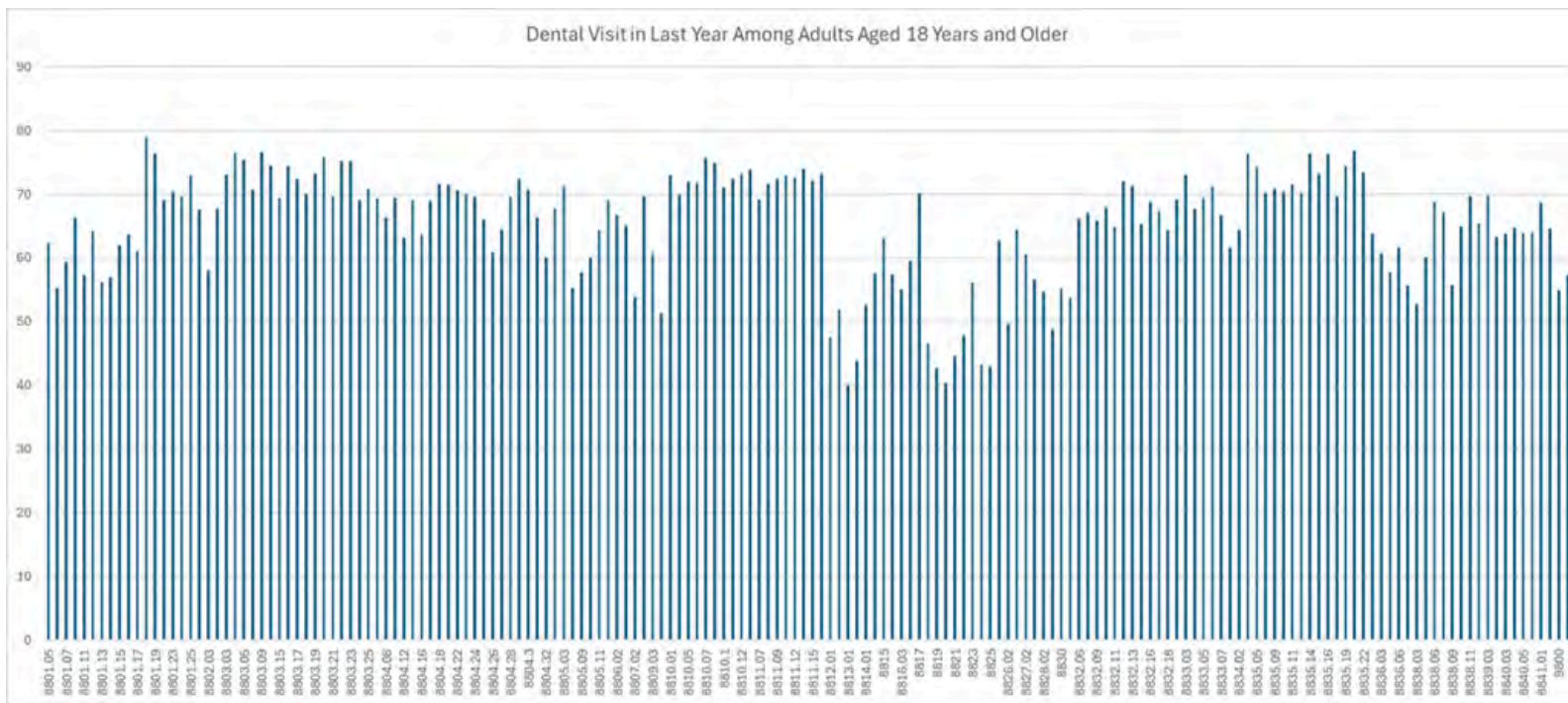
In Will County, 67.5% of adults reported having a dental visit in the past year, which is slightly higher than the state rate of 65.9% and national rate of 63.4%. This also exceeds the HP2030 target of 45.0%.

Despite the overall strong performance, several census tracts in central Will County, specifically in Joliet, have notably lower rates of dental visits. These include tracts 8812.01, 8813.01, 8813.02, 8818, 8819, 8820, 8821, 8822, 8824 and 8825, highlighting disparities in access or utilization of dental care within the county.



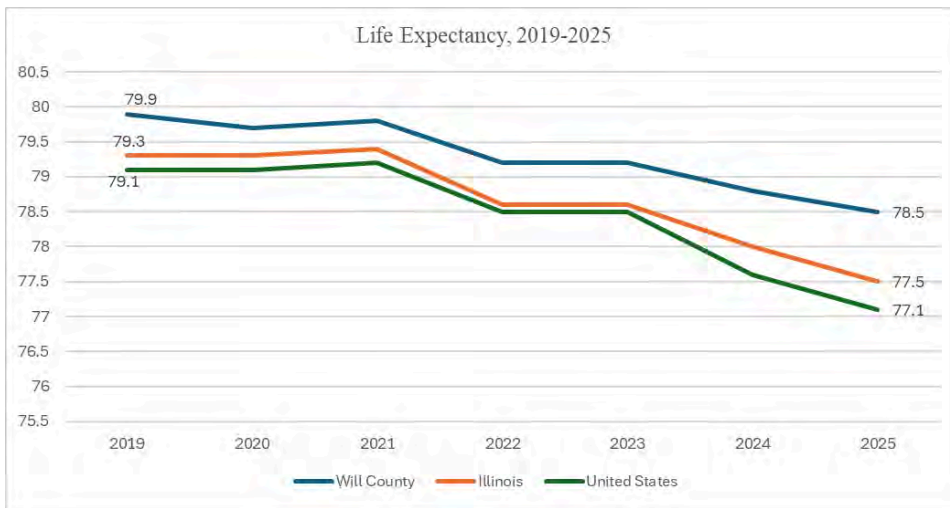
A bar chart comparing the age-adjusted percentage of all teeth lost among adults aged 65 years and older in 2022. The y-axis represents the percentage, ranging from 0.0% to 14.0% in increments of 2.0%. The x-axis lists three categories: Will County, Illinois, and United States. The bars are blue. Will County has a rate of 7.8%, Illinois has a rate of 8.8%, and the United States has a rate of 12.6%.

Location	Age-Adjusted All Teeth Lost (%)
Will County	7.8%
Illinois	8.8%
United States	12.6%

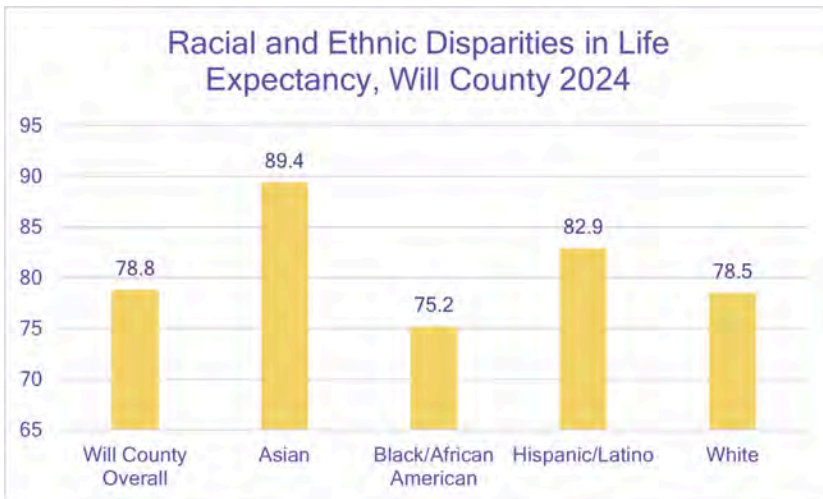


Life expectancy, the average lifespan a newborn can expect to live, is a widely used health indicator reflecting a population's overall mortality levels, and is influenced by factors like healthcare access, living standards, social and environmental factors.

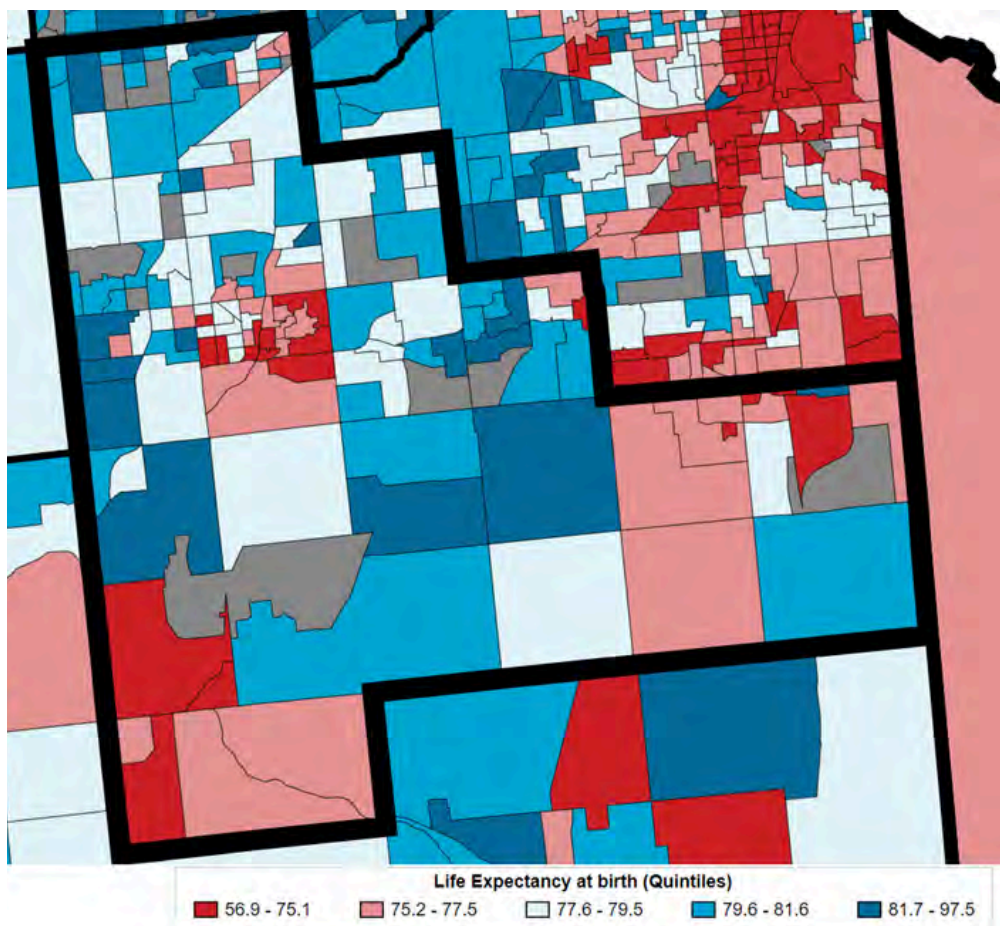
78



Life expectancy in Will County varied significantly by race and ethnicity. While the overall life expectancy was 78.8 years, Asian residents had the highest at 89.4 years, followed by Hispanic/Latino residents at 82.9 years. White residents closely aligned with the county average at 78.5 years. In contrast, Black/African American residents had the lowest life expectancy at 75.2 years.



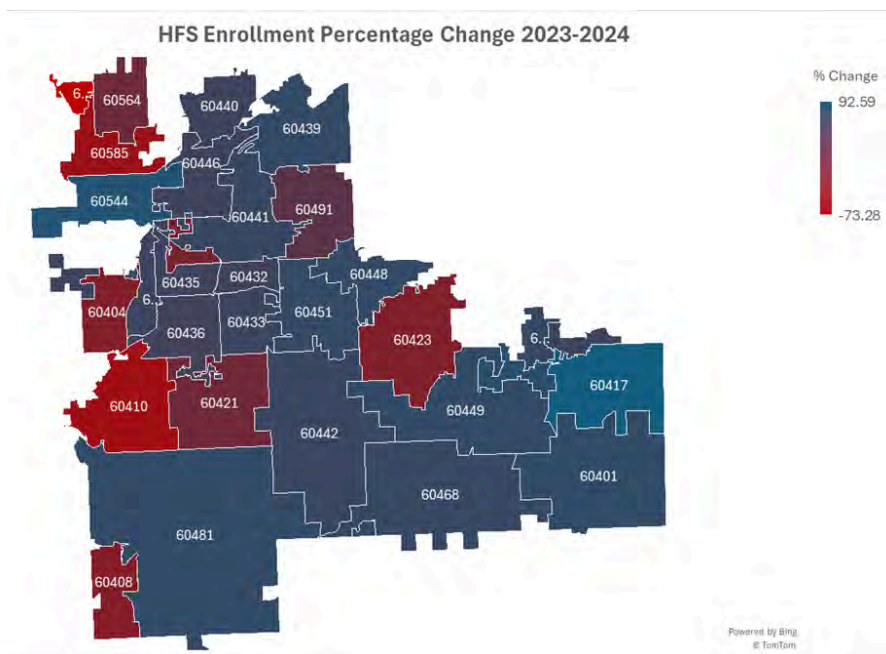
Regionally, residents living in central, eastern and southern parts of Will County, along with a smaller area in the north, tend to have life expectancies below the countywide average. *Source: Centers for Disease Control and Prevention, 2020b; University of Wisconsin Population Health Institute, 2025.*



MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM ANNUAL ENROLLMENT

This measure tracks the enrollment and changes in the yearly enrollment in Medicaid and Children's Health Insurance Program (CHIP) program based on zip code from the year 2023-2024

Between Fiscal Year 2023 and Fiscal Year 2024, many zip codes in Will County experienced significant increases in enrollment in comprehensive and partial Medicaid benefits and CHIP programs. Notable increases include zip codes 60417 (Crete) with a 92.6% rise, 60484 (University Park) up 69.2% and 60544 (Plainfield) up 75.6%. 60435 (Joliet) and 60440 (Bolingbrook) also saw enrollment nearly double. However, 60503 and 60410 experienced marked declines of -73.3% and -44.1%, respectively. These trends reflect a mixed pattern of growth and decline across the county, suggesting localized shifts in eligibility, need or enrollment outreach efforts. *Source: Illinois Department of Healthcare and Family Services, 2024.*



Comprehensive Benefits

COMPREHENSIVE BENEFIT ENROLLEES	FY2020	FY2021	FY2022	FY2023	FY2024
CHILDREN	60,961	64,615	67,258	70,199	66,888
ADULTS WITH DISABILITIES	7,601	7,770	7,691	8,020	7,407
ACA	23,374	28,140	31,604	34,674	28,679
OTHER ADULTS	22,440	28,001	32,821	38,389	26,258
SENIORS	7,293	8,319	9,460	11,367	9,891

Partial Benefits

PARTIAL BENEFIT ENROLLEES	FY2020	FY2021	FY2022	FY2023	FY2024
PARTIAL	1,570	1,620	1,658	1,633	1,752

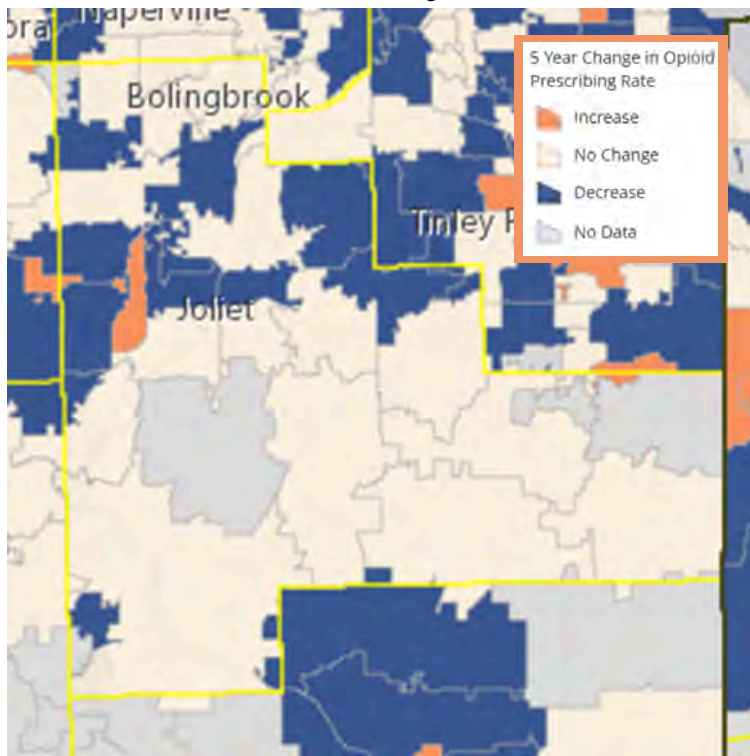
Total Enrollees

TOTAL ENROLLEES	FY2020	FY2021	FY2022	FY2023	FY2024
TOTAL	123,239	138,465	150,492	164,282	140,875

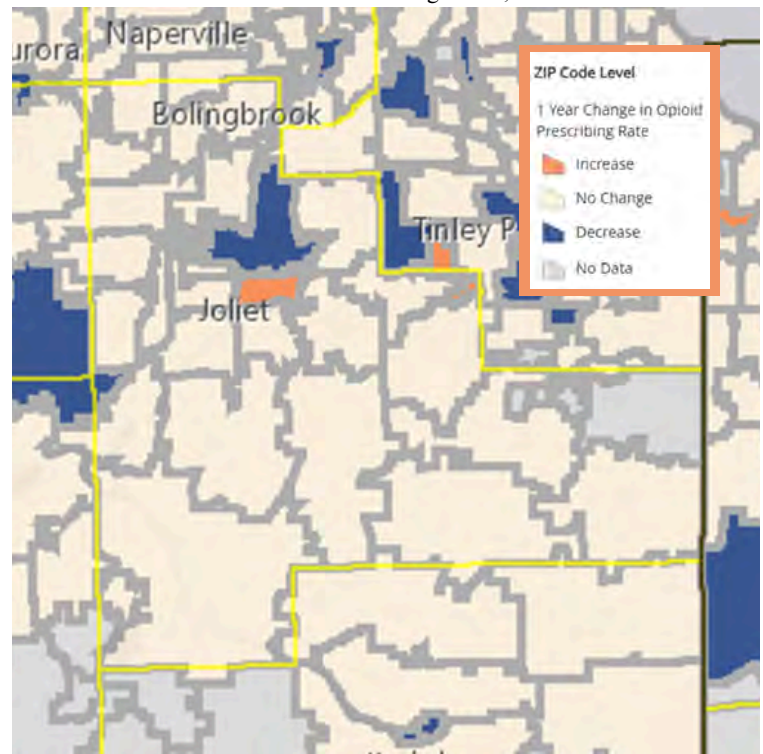
MEDICARE PART D OPIOID PRESCRIBING RATES

This indicator presents changes in opioid prescribing rates over a five-year trend, the most recent 2021 to 2022 rate changes and the current 2022 prescribing rates. Between 2017 and 2022, prescribing rates increased in zip codes 60432 and 60487, while significantly decreasing in zip codes 60441, 60447 and 60467. This five-year trend reflected an overall opioid prescribing rate for Will County which decreased from 4.50% to 3.52%. Most recent data from 2021 to 2022 shows a significant increase in prescribing rates for zip codes 60432 and 60487. A significant decrease was also show in the zip codes 60441, 60447 and 60467.

Five-Year Trend in Prescribing Rates, 2017 to 2022

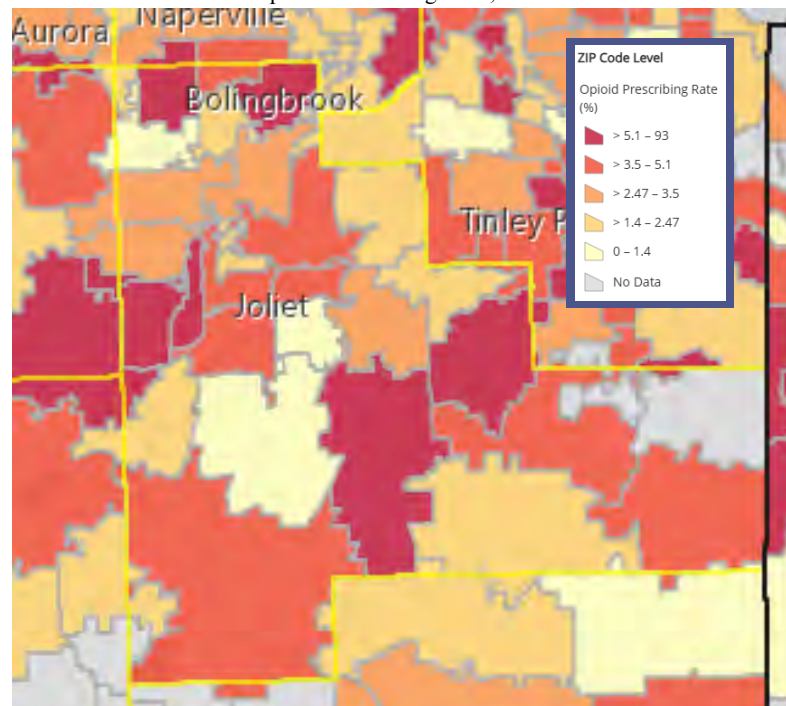


One-Year Trend in Prescribing Rates, 2021 to 2022



Between 2021 and 2022, opioid prescribing rates in zip codes 60442, 60431, 60404, 60423, 60440, 60546 and 60475 exceeded both the state average of 3.52% and the national average of 3.88%, reflecting a continued pattern of higher-than-average opioid use in these areas. 60431 had the highest prescribing rate at 11.22%, followed closely by 60475 at 10.60%, with both rates more than triple the state average. 60442 had the lowest rate among the group at 5.57%, though still well above state and national benchmarks. 60440, with a moderate prescribing rate of 6.33%, reported the highest number of overall claims, suggesting a high volume of general healthcare usage rather than disproportionate opioid prescribing. In contrast, 60475 showed a very high opioid prescribing rate despite having a low overall claim volume and only two prescribers, indicating a pattern of concentrated prescribing within a limited provider base. *Source: Centers for Medicare & Medicaid Services, 2024.*

Opioid Prescribing Rate, 2022



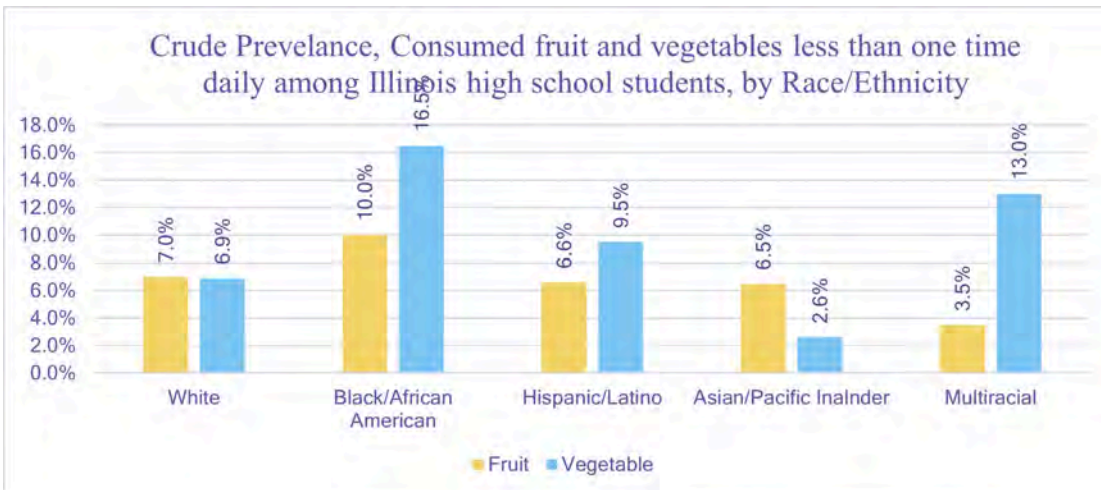
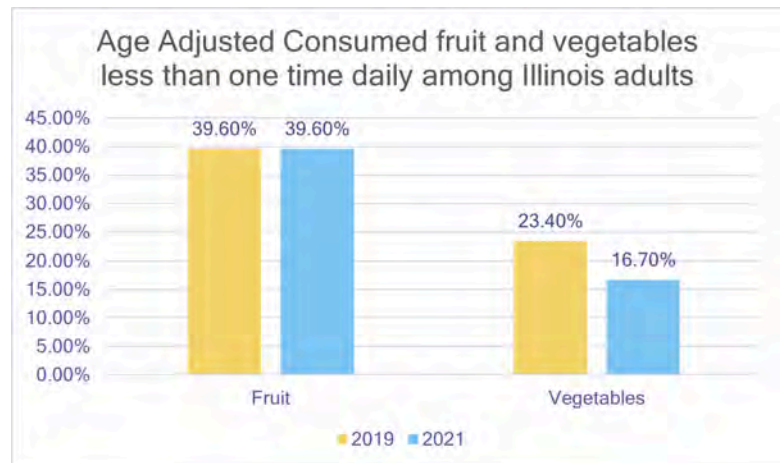
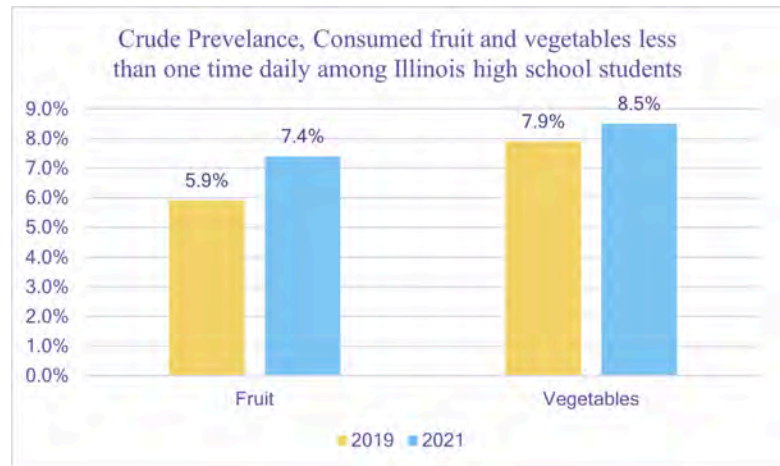
ZIP Code	Opioid Prescribing Rate	Opioid Claims	Overall Claims	Part D Prescribers
60442	5.57%	391	7,019	6
60431	11.22%	3,747	33,408	41
60404	7.28%	642	8,816	19
60423	6.95%	5,583	80,374	74
60440	6.33%	9,829	155,356	156
60564	5.65%	6,560	116,148	124
60475	10.60%	388	3,660	2

NUTRITION: FRUIT AND VEGETABLE CONSUMPTION

Between 2019 and 2021, the percentage of Illinois high school students consuming fruit less than once daily increased from 5.9% to 7.4%, while those consuming vegetables less than once daily rose from 7.9% to 8.5%. This suggests a slight decline in healthy eating habits among youth.

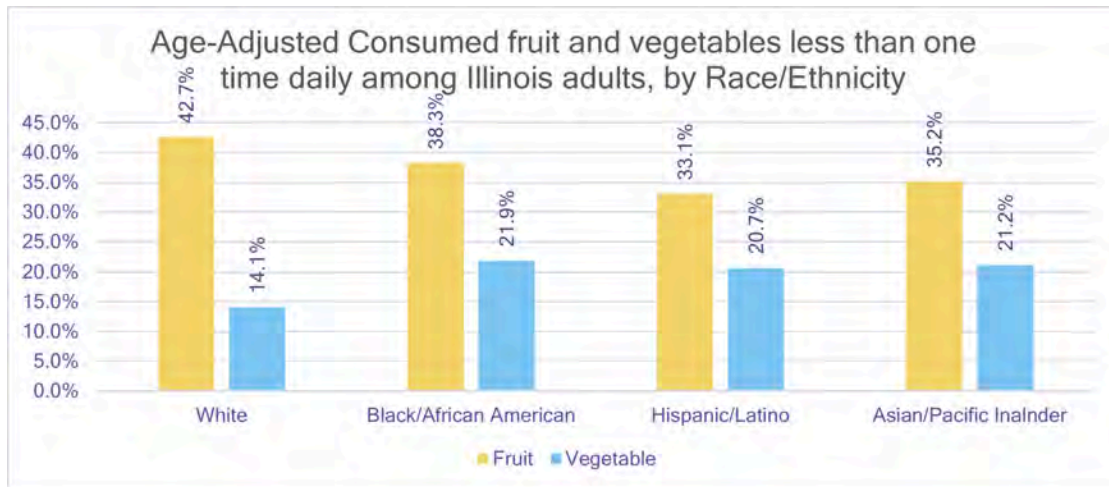
When broken down by race and ethnicity, disparities in fruit and vegetable consumption become more evident. In 2021, Black/African American students reported the highest rates of low daily intake for both fruit (10.0%) and vegetables (16.5%). In contrast, Asian/Pacific Islander students had the lowest rates of low daily intake for both fruits (6.5%) and vegetables (2.6%).

From 2019 to 2021, the percentage of Illinois adults consuming fruit at least once daily remained steady at 39.6%. However, vegetable consumption saw a notable decline, dropping from 23.4% in 2019 to 16.7% in 2021.

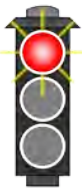


Looking at 2021 data by race and ethnicity, White adults reported the highest rate of low daily intake for fruit at 42.7%, while Hispanic/Latino adults had the lowest low daily intake at 33.1%. Black/African American adults had the highest rate of low daily intake for vegetables at 21.9%, compared to just 14.1% among White adults. These patterns reveal both racial and ethnic disparities in dietary habits and highlight the need for culturally relevant nutrition initiatives. *Source: Centers for Disease Control and Prevention, 2021b; Centers for Disease Control and Prevention, 2021c.*

21.9%, compared to just 14.1% among White adults. These patterns reveal both racial and ethnic disparities in dietary habits and highlight the need for culturally relevant nutrition initiatives. *Source: Centers for Disease Control and Prevention, 2021b; Centers for Disease Control and Prevention, 2021c.*

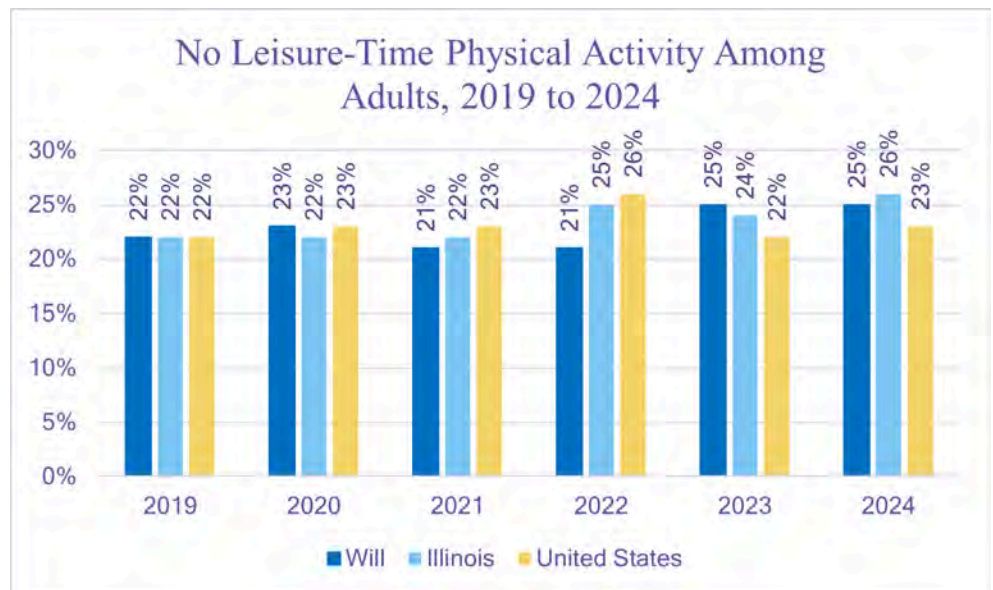


PHYSICAL INACTIVITY



From 2019 to 2024, the percentage of adults ages 20 and over reporting no leisure-time physical activity fluctuated across Will County, the state and nation, with varying trends relative to the HP2030 target of 21.8%.

Will County remained relatively stable early on, dipping slightly below the target to 21% in 2021–2022. However, it rose significantly to 25% in both 2023 and 2024, exceeding the HP2030 goal, suggesting a continued need for community-level strategies to promote active lifestyles and reduce sedentary behavior. *Source: Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; University of Wisconsin Population Health Institute, 2025.*



SELF-REPORTED FAIR/POOR HEALTH

The percentage of adults in Will County reporting fair or poor health remained relatively stable from 2019 to 2022 (14–16%), followed by a notable improvement to 12% in 2023. In 2024, it slightly increased to 13%, still below earlier years. State and national trends mirrored this pattern, showing a consistent 17% from 2020–2022, dropping to 12% in 2023 and rising slightly to 14% in 2024.

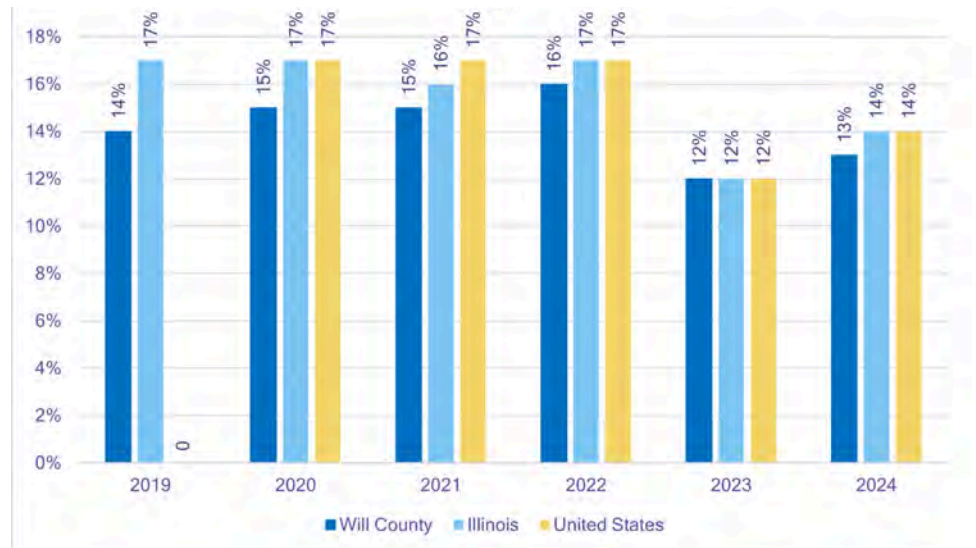
While recent years show progress, disparities remain:

- Hispanic/Latino (30.8%), Black/African American (20.8%) and Two or More Races (22.1%) report the highest rates of fair/poor health
- In contrast, White (12.5%) and Asian/Pacific Islander (7.6%) populations report significantly lower rates

These differences highlight persistent racial and ethnic health inequities that may require targeted interventions.

Source: Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; University of Wisconsin Population Health Institute, 2025.

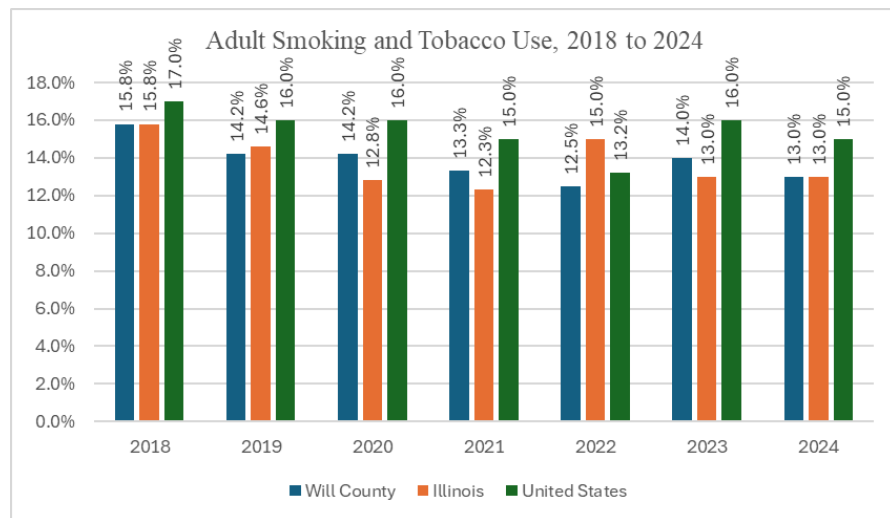
Fair or Poor Self-Reported Health Status Among Will County Adults, 2019 to 2024



SMOKING AND TOBACCO USE



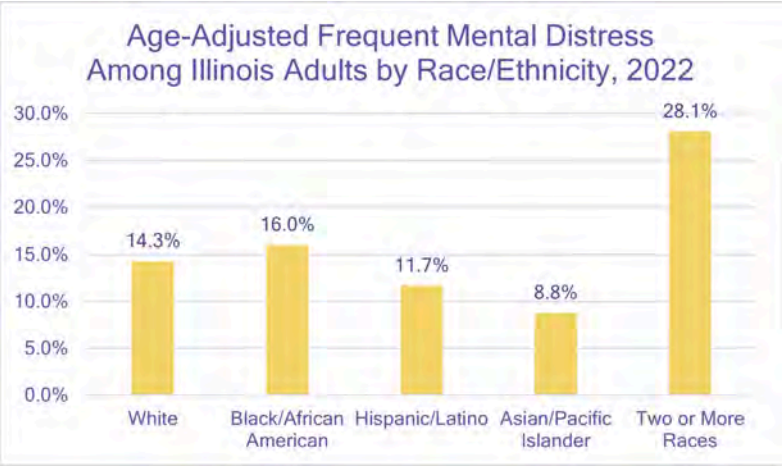
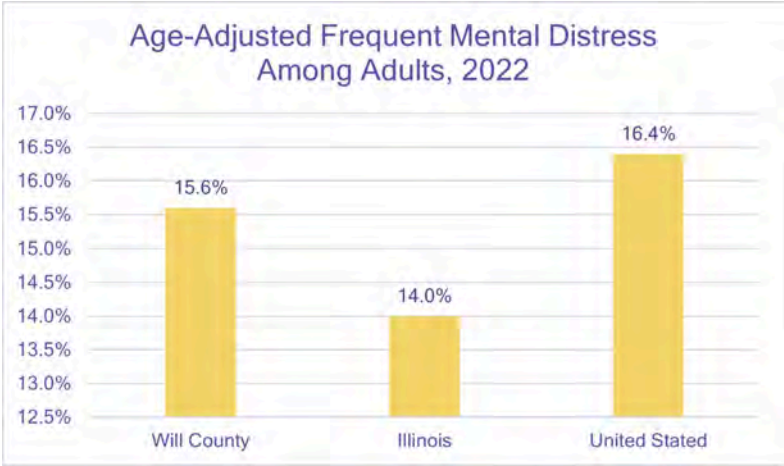
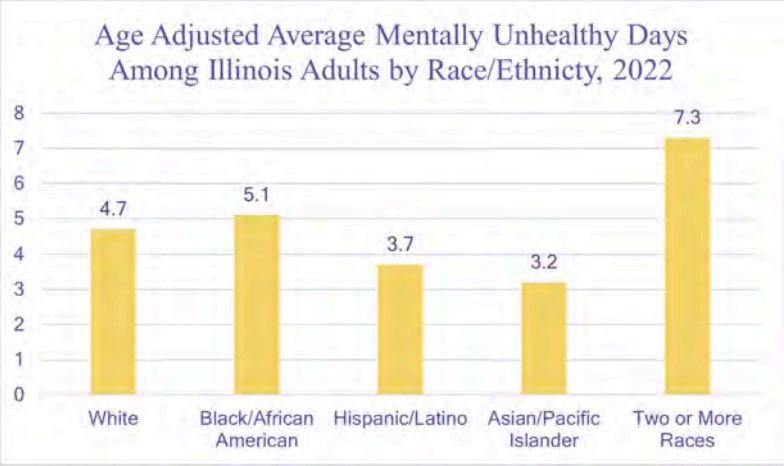
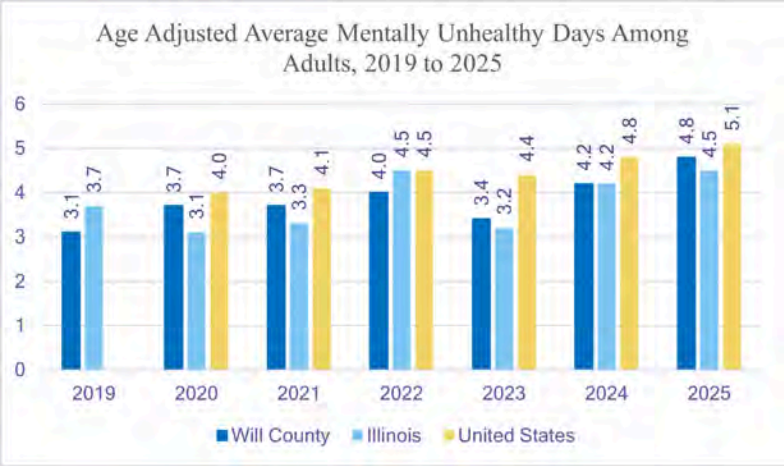
Between 2018 and 2024, smoking rates in Will County declined from 15.8% to 13.0%, remaining below the HP2030 target of 17.4%. Statewide and national trends also showed an overall decrease, despite some fluctuations, with rates reaching 13.0% in Illinois and 15.0% nationally by 2024. *Source: Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; University of Wisconsin Population Health Institute, 2025.*



UNHEALTHY MENTAL HEALTH DAYS

In Will County, adults reported an average of 3.1 mentally unhealthy days in the past 30 days in 2019. This figure has steadily risen over time, reaching 4.8 days in 2025, highlighting a growing mental health burden among residents. Although the average dropped to 3.4 days in 2023, the overall upward trend reflects broader increases observed at the state and national levels. The data highlights persistent racial disparities: individuals identifying as Two or More Races report the highest number of mentally unhealthy days at 7.3, followed by Black/African American residents at 5.1 and White residents at 4.7.

In 2022, 15.6% of adults in Will County reported frequent mental distress, a rate higher than the state average of 14.0% but slightly below the national average of 16.4%. Disparities are evident across racial and ethnic groups, with individuals identifying as Two or More Races experiencing the highest levels of frequent mental distress at 28.1%, followed by Black/African American residents at 16.0% and White residents at 14.3%. Hispanic/Latino and Asian/Pacific Islander adults reported lower rates at 11.7% and 8.8%, respectively. *Source: Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; University of Wisconsin Population Health Institute, 2025.*

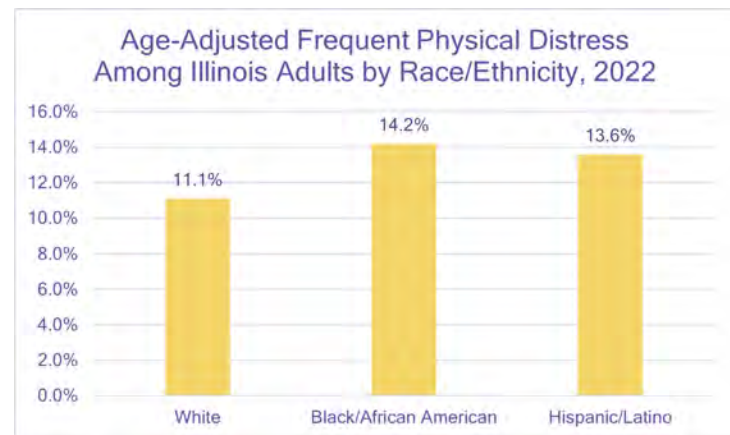
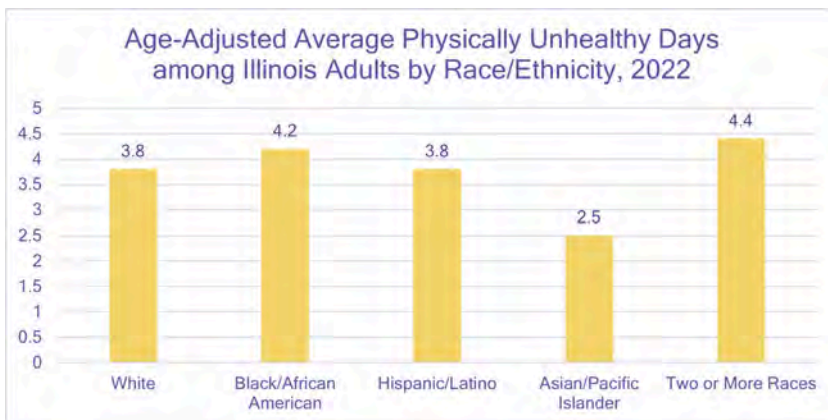
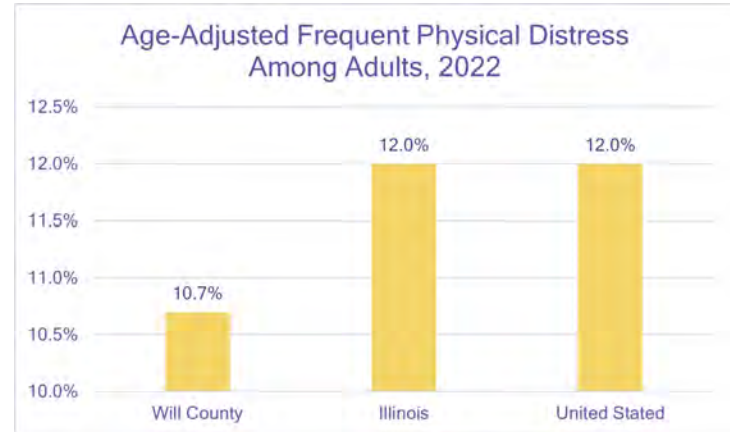
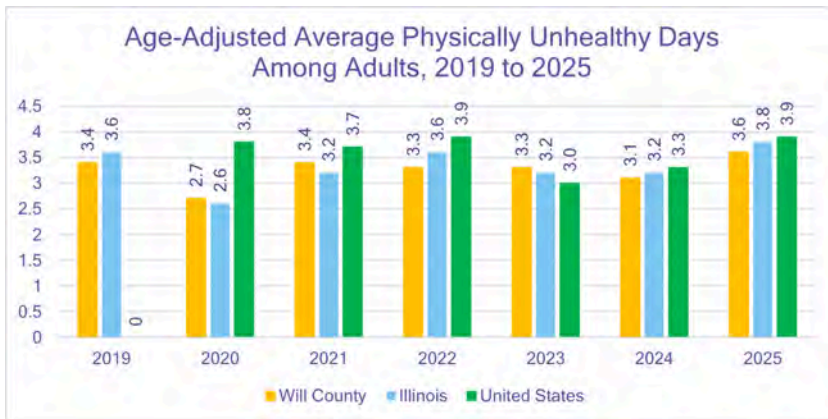


UNHEALTHY PHYSICAL DAYS

From 2019 to 2025, the average number of physically unhealthy days reported by Will County adults fluctuated, starting at 3.4 days in 2019, dropping to 2.7 in 2020, then gradually rising to 3.6 in 2025. This mirrors trends in the state and nation, though Will County generally reported slightly fewer unhealthy days than the state and nation. Racial and ethnic disparities are evident, with adults identifying as Two or More Races (4.4 days) and Black/African American (4.2 days) experiencing the highest burden, while Asian/Pacific Islander adults reported the lowest average at 2.5 days.

In 2022, 10.7% of adults in Will County reported experiencing frequent physical distress, which was lower

than both the state and national averages of 12.0%. When broken down by race and ethnicity, rates were highest among Black/African American adults (14.2%) and Hispanic/Latino adults (13.6%), compared to 11.1% among White adults. *Source: Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; University of Wisconsin Population Health Institute, 2025.*



UNINSURED

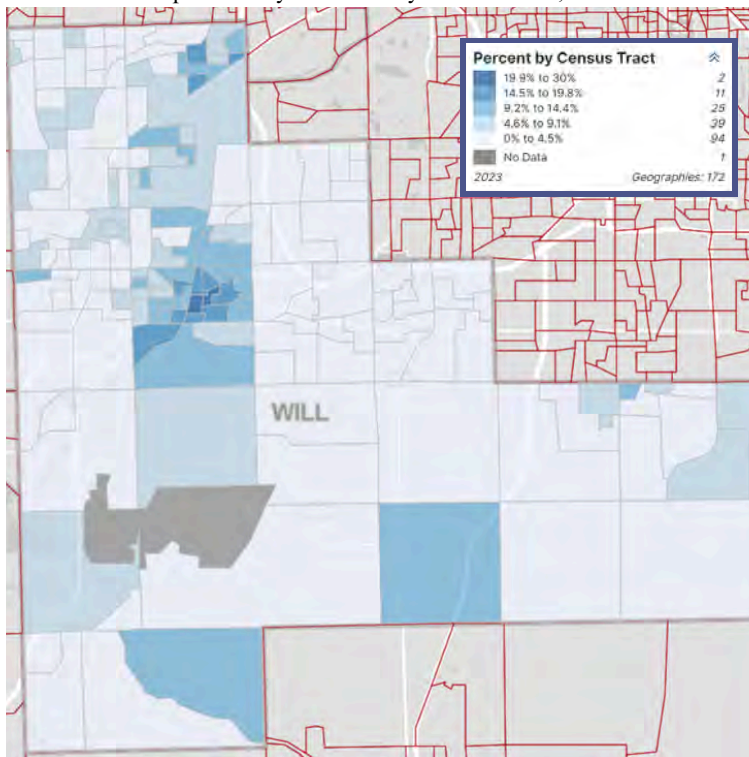


Health insurance coverage is a critical factor influencing overall health, as those without insurance often face significant barriers to accessing primary, specialty and preventive health care. This indicator reflects the percentage of the civilian non-institutionalized population without health insurance coverage, highlighting populations at risk of unmet needs.

In Will County, 4.2% of the population, approximately 29,413 residents, are uninsured, a rate lower than the state at 6.2%, the nation at 7.9% and the HP2030 target of 7.6%. While the overall coverage rate is relatively strong, geographic disparities remain, with the highest concentrations of uninsured individuals located in central Will County, and additional pockets in the northern, eastern and southern areas. Specifically, Census Tracts 8820 and 8821 in Joliet report the highest uninsured rates at 28.7% and 30.0%, respectively.

Men in Will County are more likely to be uninsured than women, with 4.9% of men lacking coverage

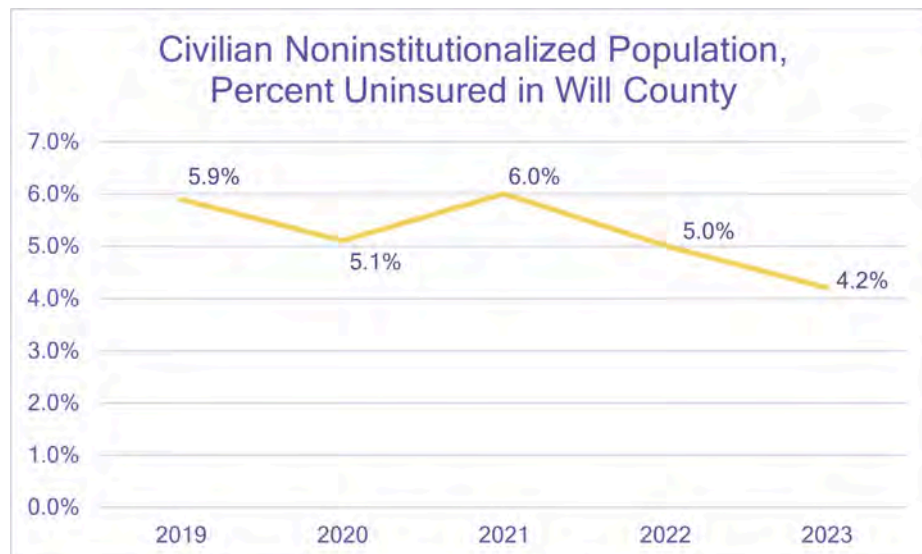
Percent of Uninsured Civilian Noninstitutionalized
Population by Will County Census Tract, 2023



compared to 3.6% of women. The highest rate by age group is among adults aged 35–44, at 6.9%. Educational attainment is also a key factor, as 17.1% of residents without a high school diploma are uninsured, the highest rate among all education levels. Since 2013, the percentage of uninsured residents has declined, likely influenced by the expansion of Medicaid in Illinois and the introduction of the Federal Health Insurance Marketplace.

Racial and ethnic disparities in insurance coverage persist. Among Will County residents, the uninsured rate is 2.0% (8,746) for White individuals, 3.9% (2,867) for Black/African American

individuals, 2.3% (1,089) for Asian individuals, 17.9% (9,536) for those identifying as Some Other Race, 7.8% (6,832) for those of Two or More Races and 12.1% (17,067) for Hispanic/Latino individuals. *Source: United States Census Bureau, n.d.-a. Table S2701; University of Wisconsin Population Health Institute, 2025.*

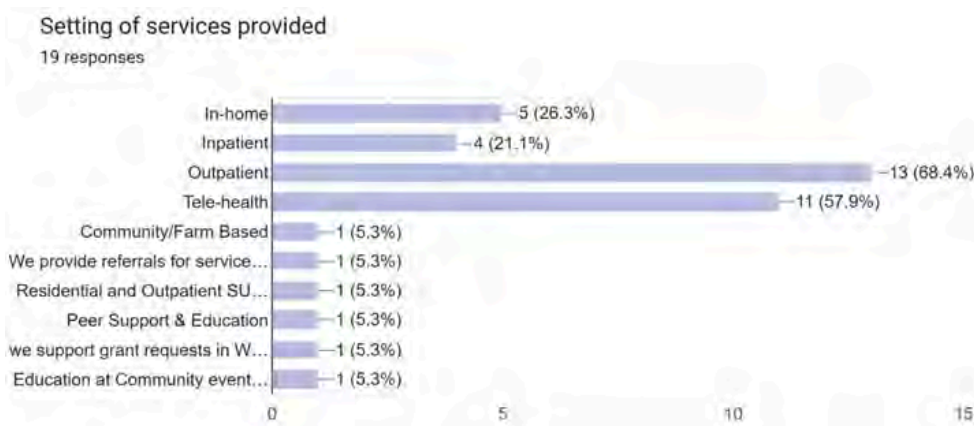


WILL COUNTY BEHAVIORAL HEALTH CAPACITY SURVEY

Most organizations operate outpatient and telehealth services, with fewer offering in-home or inpatient care. Inpatient service providers reported bed capacities ranging from 44 to 120, including dedicated beds for adolescents, adults as well as specific programs. Outpatient providers reported serving between 165 to over 57,000 clients annually, with individual estimates including 450, 500, 700, 1,000, 3,000, 3,500, 11,915 and over 20,000.

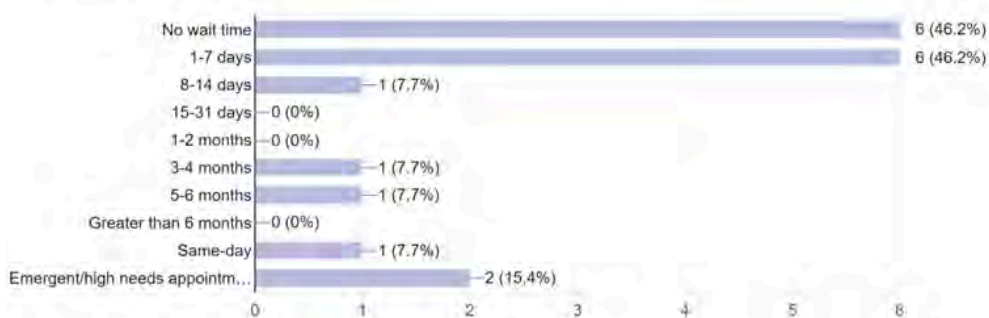
Nearly all organizations (93.8%, 15 respondents) are accepting new clients, and many report short wait times, particularly for in-person and telehealth appointments. For in-person services, 46.2% (6) reported no wait time, another 46.2% (6) reported a wait time of 1 to 7 days, 7.7% (1) reported same-day appointments and 15.4% (2) offer emergency or high-need

appointments. With regard to telehealth appointments, 41.7% (5) reported a wait time of 1 to 2 weeks, half (50%, 6) reported no wait time for telehealth and 8.3% (1) offered emergency or high-need telehealth appointments.



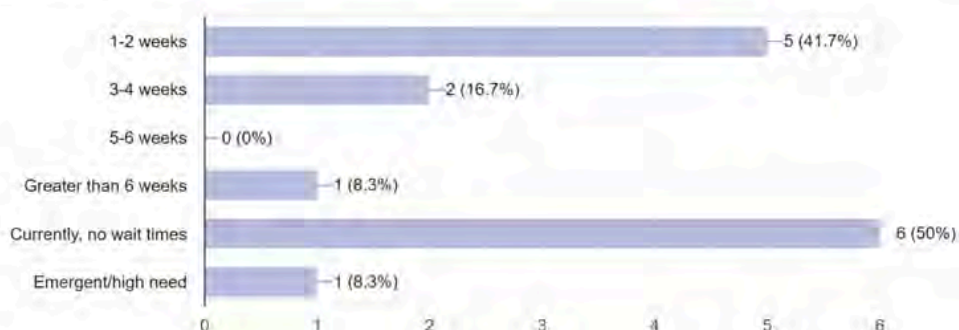
What is the average wait time for a new patient to be seen by a provider?

13 responses



If tele-health capacity exists, what is the average wait time for a new patient to be seen by a provider?

12 responses



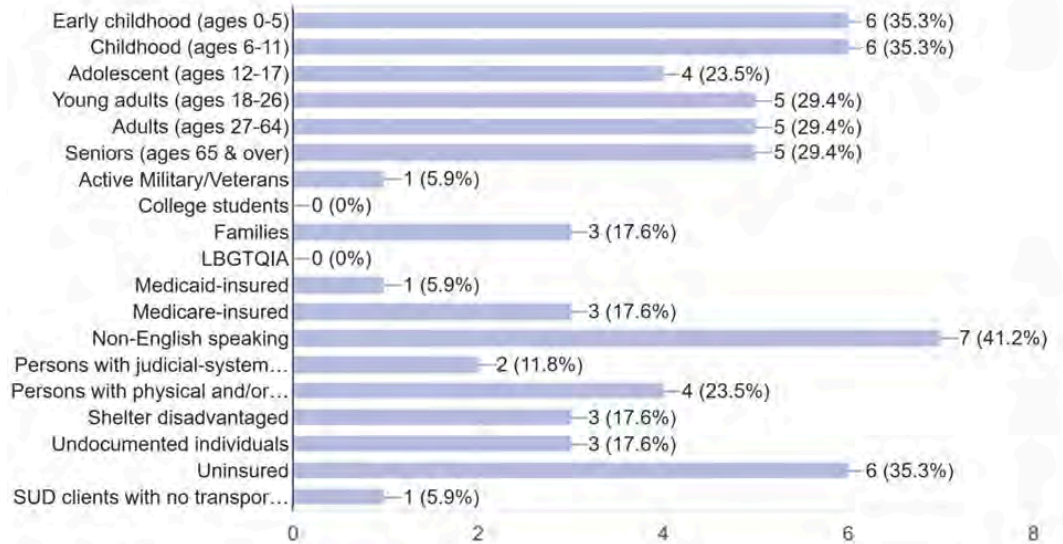
All organizations serve young adults and adults, with most also serving seniors and adolescents. Services for children under 12, early childhood, undocumented individuals, people with disabilities and individuals with limited English proficiency are less widely available, highlighting potential service gaps for these communities.

A wide range of populations experience service access difficulties, especially non-English speakers, young children, the uninsured and Medicare-insured individuals. Challenges persist across all age groups.

Transportation is the most reported barrier to accessing services, followed by limited availability of residential treatment, substance use disorder care and crisis or diagnostic services. These gaps often lead to referrals to hospital emergency departments (57.9%) or crisis care programs (77.8%). Most organizations also refer to community-based Living Room programs (73.7%) as an alternative to emergency departments.

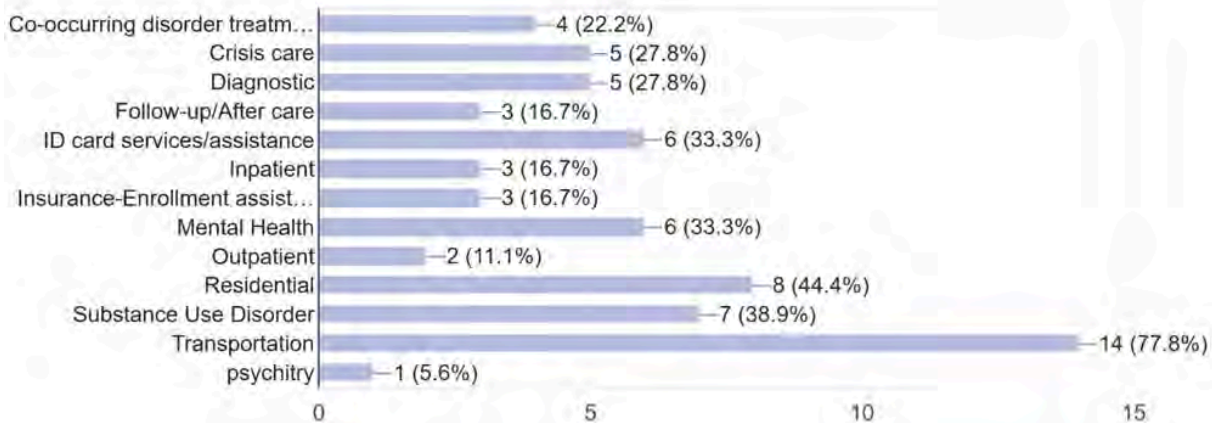
Is there a specific population for which it is difficult to access services? Please choose all that apply?.

17 responses



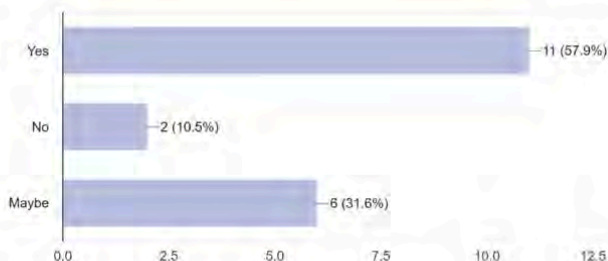
What types of services are hardest to access for your clients/patients? Please choose all that apply.

18 responses



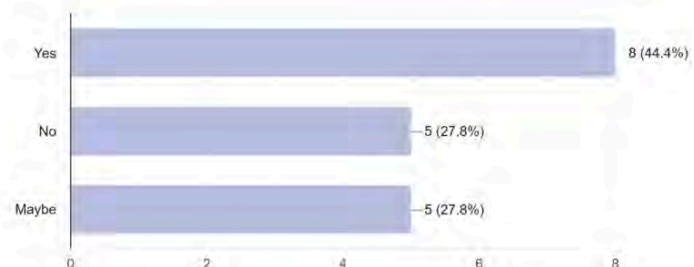
Because of difficulty accessing services, do you refer persons to the local hospital Emergency Department for acute services?

19 responses

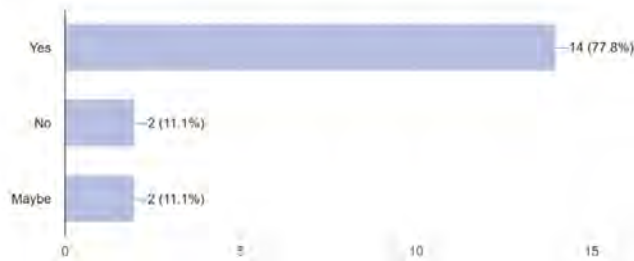


Because of difficulty accessing services, do you refer persons to a primary care provider for non-emergent/non-acute service needs?

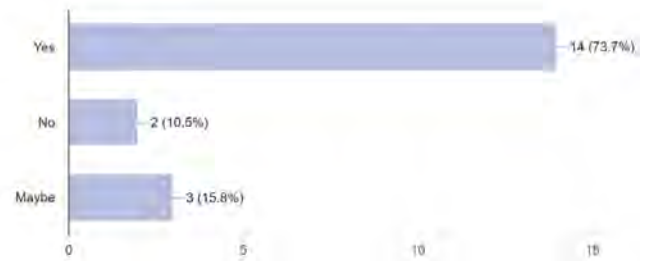
18 responses



Do you refer to Crisis Care programs?
18 responses



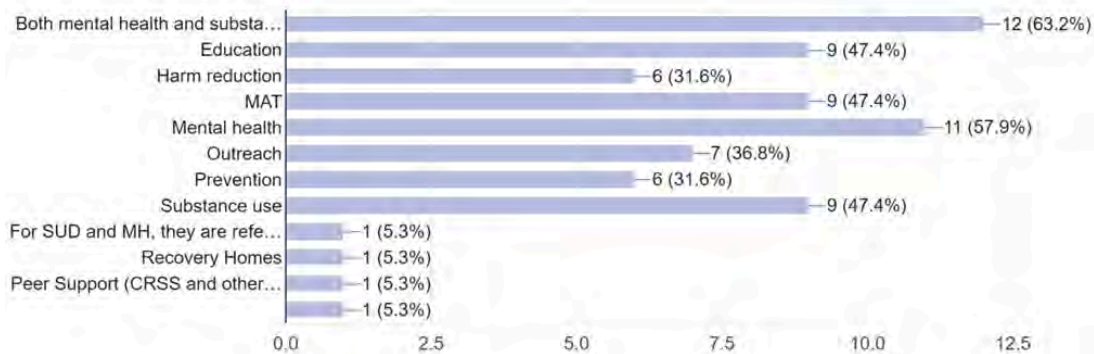
Do you refer to Living Room programs?
19 responses



Most organizations (63.2%) provide both mental health and substance use disorder services, with many also offering medication-assisted treatment (47.4%, MAT), especially Naltrexone (61.1%) and Buprenorphine (44.4%). Only one respondent reported access to methadone, and a few programs provide medication-assisted treatment (MAT) without the support of therapy, which may reflect resource constraints.

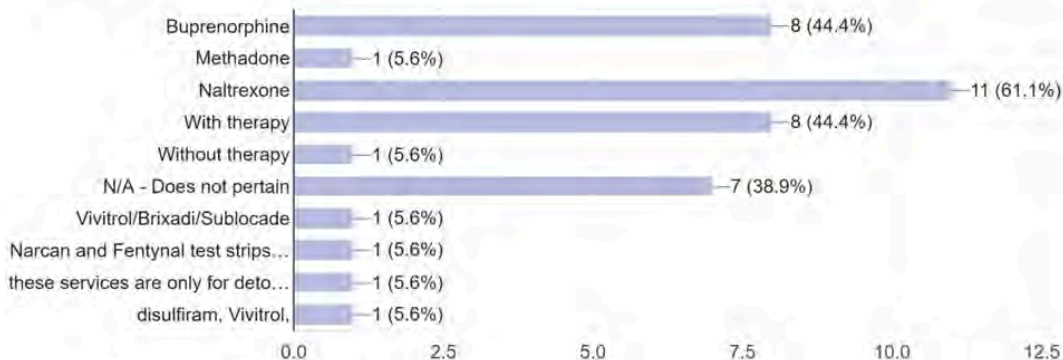
Primary service provided

19 responses



If you offer MAT, what kind is offered?

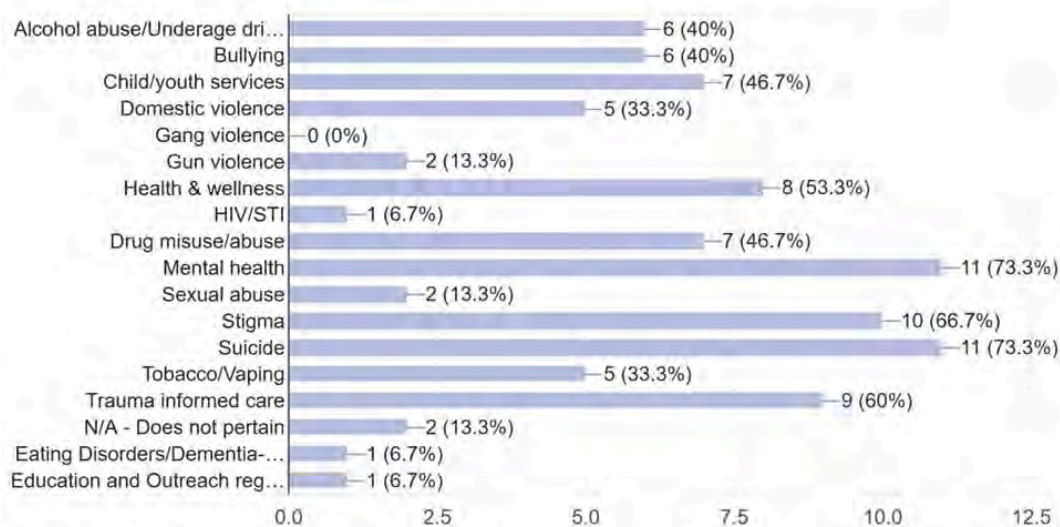
18 responses



Prevention services focus primarily on mental health (73.3%), suicide (73.3%) and stigma reduction (66.7%). Topics like trauma, youth services and drug misuse are also common. Fewer organizations address issues such as domestic violence, sexual abuse, HIV/Sexually Transmitted Infection (STI) prevention or gun violence, suggesting potential areas for expansion.

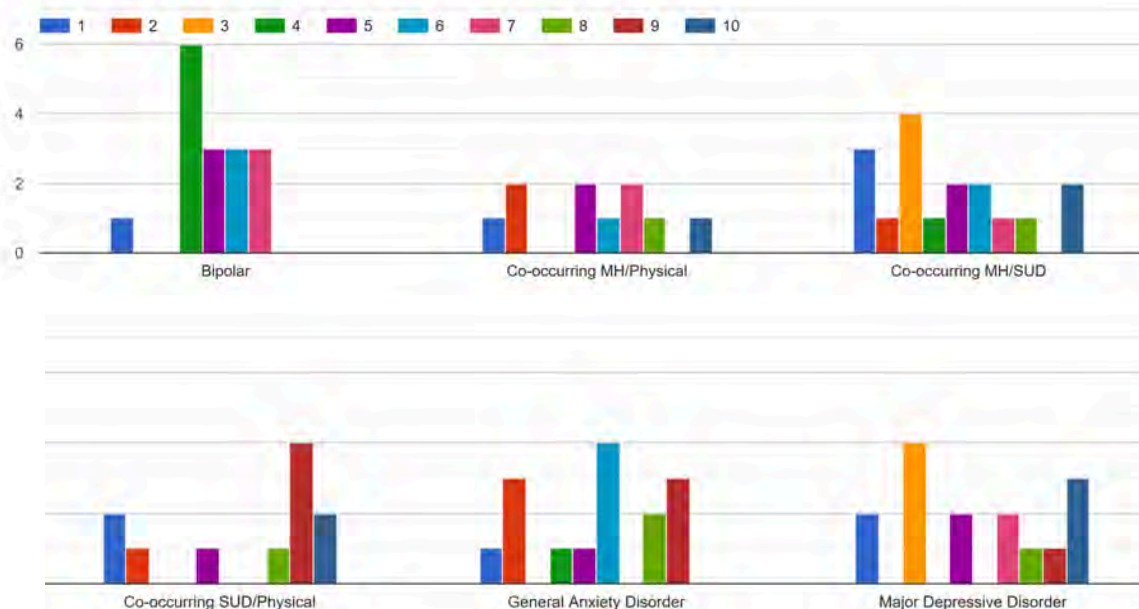
If you offer prevention services, what do you target? Please choose all that apply.

15 responses

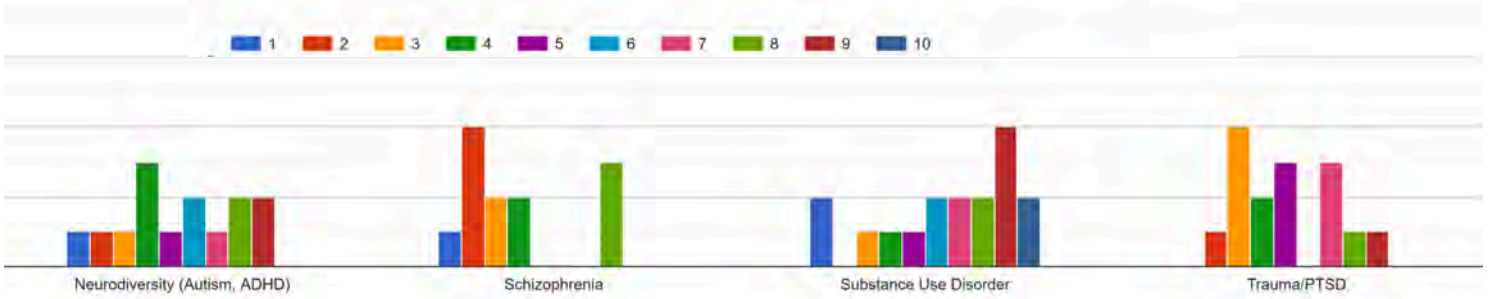


In terms of behavioral health diagnoses, organizations identified co-occurring disorders, anxiety, depression, trauma and neurodiversity as the most common behavioral health diagnoses, with co-occurring mental health and substance use disorders ranked highest overall. Anxiety, depression and trauma were frequently reported as widespread but not always top-priority concerns, while neurodiversity remained prevalent. Substance use disorders, schizophrenia and bipolar disorder were noted but ranked lower or varied in priority, and co-occurring physical-behavioral diagnosis were less commonly identified. These findings highlight the need for integrated, trauma-informed and dual-diagnosis care.

What diagnoses are most prevalent in your practice. Please rank from 1 to 10 (most prevalent to least prevalent)



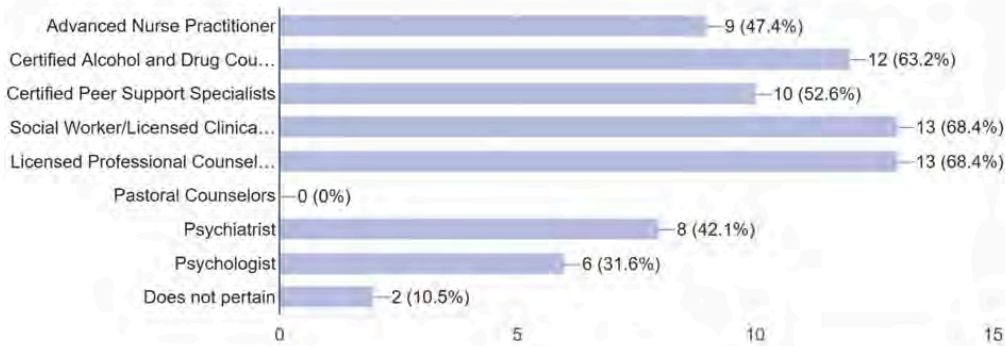
What diagnoses are most prevalent in your practice. Please rank from 1 to 10 (most prevalent to least prevalent)



2 of 2

What credentials do your behavioral health care providers hold?

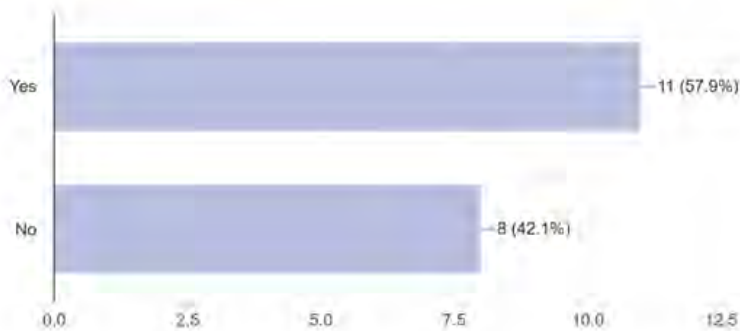
19 responses



The most employed provider types are social workers, licensed counselors and certified substance use professionals. Fewer organizations have psychiatrists or psychologists on staff, which may limit access to advanced care and assessments.

Do you have Spanish-speaking providers?

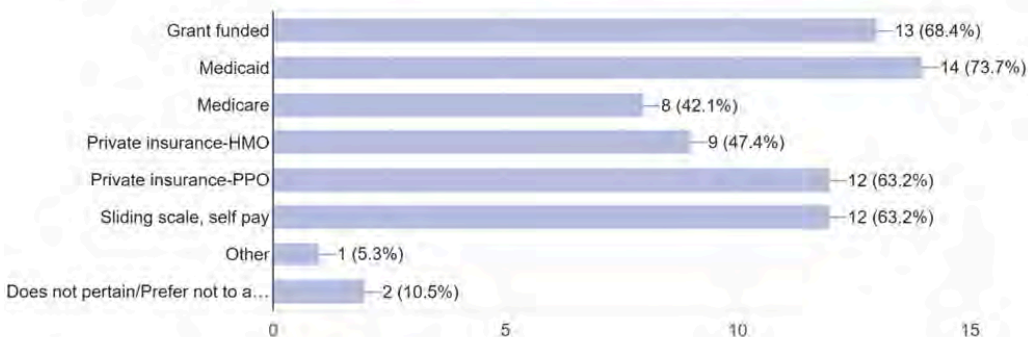
19 responses



More than half of the organizations (57.9%) have Spanish-speaking providers, though 42.1% do not, indicating a notable gap in language access.

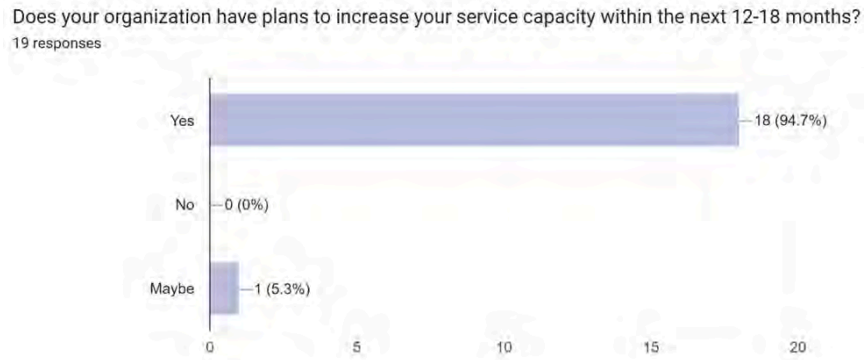
If your organization provides direct client services, what is the source of reimbursement?

19 responses



Most organizations are reimbursed through Medicaid (73.7%) and grants (68.4%), with significant but lesser participation from private insurance and Medicare. Sliding scale or self-pay models are also common, promoting financial accessibility.

Encouragingly, nearly all organizations (94.7%) plan to expand in the next 12–18 months. Planned growth includes new locations, expanded services, increased staffing and new programs like crisis stabilization and school-based care. Yet, barriers such as funding, staffing shortages and inadequate space could slow this progress if not addressed.



WILL COUNTY MEDICAID CERTIFIED PEDIATRIC PROVIDER CAPACITY SURVEY

This survey provides insight into the pediatric Medicaid provider landscape in Will County, reflecting both the distribution of providers and systemic challenges limiting capacity expansion.

Between 2019 and 2023, the proportion of Medicaid-covered youth in Will County rose from 24.9% to 26.4%, reflecting an upward trend in demand for publicly funded pediatric care. In 2019, there was 1 pediatrician per 1,000 youth enrollees. As of 2024, 304 pediatricians in Will County reportedly accept Medicaid plans through major insurers, which may reflect an increase in capacity, though it remains unclear how equitably these providers are distributed or how many actively serve large Medicaid populations.

PRACTICE SETTINGS

Most respondents (41.67%) reported practicing in private practice, followed by Federally Qualified Health Centers (FQHCs) at 33.33% and hospital settings at 16.67%. Only one provider identified as “Other” and no providers reported working in a specialized clinic. This distribution indicates a strong reliance on private and FQHC models to deliver pediatric Medicaid care.

GEOGRAPHIC DISTRIBUTION

Providers are concentrated primarily in Joliet zip codes (60435 and 60433), with a few located in neighboring or nearby areas including Orland Hills (60487), Lemont (60439) and New Lenox (60451). The geographic clustering around Joliet suggests limited access in more rural or underserved areas of the county.

MEDICAID CERTIFICATION AND COVERAGE

Most respondents (83.33%) are currently certified Medicaid pediatric providers, though a small share (16.67%) are not. Responses show significant variation in Medicaid patient load, ranging from as little as 15% of a provider's youth caseload to more than 3,000 Medicaid-covered patients. This reflects broad disparities in capacity and suggests some providers may be near or at capacity, while others have limited participation in the Medicaid system.

CAPACITY TO EXPAND

Only 41.67% of providers expressed plans to expand Medicaid capacity in the next year, while half (50%) said no. Barriers to expansion commonly cited include:

- Low reimbursement rates
- Delayed payments
- Lack of administrative support
- Limited referral options
- Vaccine access constraints for Medicaid patients
- Organizational decisions made at the administrative level

These responses underscore structural disincentives that discourage broader Medicaid participation and limit system adaptability, even as the share of Medicaid-enrolled youth grows.

CONCLUSION

While most pediatric providers in Will County are Medicaid-certified, capacity constraints and uneven distribution, both geographically and by patient load, pose serious challenges to meeting growing demand. Systemic barriers such as low reimbursement and limited referral networks reduce provider willingness to expand services, threatening the sustainability of Medicaid access for children across the county.

YOUTH SUBSTANCE USE TRENDS

EIGHTH GRADE

In looking at 2024 data for 8th graders, most of the data points compare favorably to the same data points from 2022 and 2018. The 30-day use of most substances (i.e., alcohol, any tobacco products OR e-cigarettes or other vaping products, marijuana) went down, with the largest reduction in the 30-day use of alcohol (16% of 8th graders in 2018 to 10% of 8th graders in 2022 to 7% of 8th graders in 2024). Even more impressively, the questions tapping into perceived risk and peer disapproval of each substance showed positive changes in 2024 compared to, respectively 2022 and 2018. In particular, the perceived risk of alcohol, e-cigarettes or vaping and marijuana increased in 2024 compared to 2022 and 2018, respectively. The same can be said for items related to peer disapproval of substances, including alcohol, tobacco,

marijuana and prescription drugs. As such, this pattern of findings could suggest that efforts at educating Will County youth on the risks of these substances are having some effect on how they are viewed more negatively. Importantly, also, is that the respondents are perceiving that their peers disapprove of most substances, which reduces some of the peer pressure to actually use them.

	2018	2020	Difference 2020-2018	2022	Difference 2022-2020	2024	Difference 2024-2022	Difference 2024-2018
	22 middle schools included	17 middle schools included		15 middle schools included		8 middle schools		
8th grade	n=3551	n=3069		n=2661		n=1124 (14%)		
<i>Alcohol</i>								
30 day use	16%	15%	-1	10%	-5	7%	-3%	-9%
Perceived risk-binge drinking*	82%	82%	0	85%	3	86%	1%	4%
Perceived risk-alcohol*	76%	74%	-2	79%	5	81%	2%	5%
Perceived parental disapproval**	97%	97%	0	98%	1	93%	-5%	-4%
Perceived peer disapproval**	81%	84%	3	87%	3	89%	2%	8%
<i>Cigarettes, Tobacco, & Vaping</i>								
30 day use- cigarettes	1%	1%	0	0%	-1	1%	1%	0%
Perceived risk- cigarettes*	90%	86%	-4	90%	4	87%	-3%	-3%
Perceived risk-e-	60%	78%	18	81%	3	83%	2%	23%

cigarettes or vaping*								
Perceived parental disapproval-tobacco**	99%	99%	0	99%	0	99%	0%	0%
Perceived peer disapproval-tobacco**	88%	89%	1	89%	0	93%	4%	5%
Any tobacco products OR e-cigarettes or other vaping products	10%	9%	-1	6%	-3	4%	-2%	-6%
<i>Marijuana</i>								
30 day use	5%	5%	0	3%	-2	2%	-1%	-3%
Perceived risk*	69%	69%	0	75%	6	76%	1%	7%
Perceived parental disapproval	95%	96%	1	98%	2	97%	-1%	2%
Perceived peer disapproval**	76%	79%	3	84%	5	90%	6%	14%
<i>Drugs not prescribed to user</i>								
30 day use	2%	2%	0	1%	-1	1%	0%	-1%

Perceived risk*	87%	85%	-2	89%	4	87%	-2%	0%
Perceived parental disapproval	97%	98%	1	99%	1	97%	-2%	0%
Perceived peer disapproval**	89%	88%	-1	91%	3	93%	2%	4%

TENTH GRADE

In looking at the data for 10th graders, like 8th graders, virtually all the 2024 data points compare favorably to the same data points from 2022 and 2018, respectively. The use of all substances, other than cigarettes went down in 2024 compared to 2022 and 2018, with the largest reduction in the short-term and long-term being found in the 30-day use of alcohol (12% of 10th graders in 2024 versus 16% in 2022 and 22% in 2018). The short-term and long-term changes in the questions about perceptions of substances were particularly impressive as they relate to marijuana. Some of the largest raw changes in percent were found for perceptions of marijuana, including items capturing perceived risk, perceived parental disapproval, and percent peer disapproval.

	2018	2020	Difference 2020-2018	2022	Difference 2022-2020	2024	Difference 2024-2022	Difference 2024-2018
	9 high schools included	8 high schools participated		7 high schools participated		8 high schools		
10th grade	n=2646	n=2321		n=1676		n= 2152 (27% of 10th graders in public schools in Will Co.)		
<i>Alcohol</i>								
30 day use	22%	22%	0	16%	-6	12%	-4%	-10%
Perceived risk- binge drinking*	84%	80%	-4	83%	3	84%	1%	0%

or Perceived risk-alcohol*	78%	76%	-2	78%	2	81%	3%	3%
Perceived parental disapproval**	97%	97%	0	98%	1	91%	-7%	-6%
Perceived peer disapproval**	73%	69%	-4	87%	18	82%	-5%	9%
<i>Cigarettes, Tobacco, & Vaping</i>								
30 day use-cigarettes	2%	1%	-1	1%	0	1%	0%	-1%
Perceived risk-cigarettes*	87%	84%	-3	88%	4	86%	-2%	-1%
Perceived risk-e-cigarettes or vaping*	56%	78%	22	81%	3	84%	3%	28%
Perceived parental disapproval-tobacco**	98%	98%	0	98%	0	98%	0%	0%
Perceived peer disapproval-tobacco**	84%	79%	-5	89%	10	78%	-11%	-6%
Any tobacco products OR e-cigarettes or other vaping products	17%	13%	-4	11%	-2	6%	-5%	-11%

<i>Marijuana</i>								
30 day use	12%	12%	0	7%	-5	6%	-1%	-6%
Perceived risk*	54%	56%	2	64%	8	70%	6%	16%
Perceived parental disapproval**	92%	92%	0	95%	3	96%	1%	4%
Perceived peer disapproval**	57%	56%	-1	71%	15	78%	7%	21%
<i>Drugs not prescribed to user</i>								
30 day use	3%	2%	-1	1%	-1	0%	-1%	-3%
Perceived risk*	87%	85%	-2	88%	3	88%	0%	1%
Perceived parental disapproval**	98%	97%	-1	98%	1	99%	1%	1%
Perceived peer disapproval**	86%	79%	-7	91%	12	92%	1%	6%

TWELVTH GRADE

In looking at the data for 12th graders, many of the positive short- and long-term trends identified for 8th and 10th graders also seem present with this sample of youth. The 30-day use measures of alcohol, any tobacco products OR e-cigarettes or other vaping products, marijuana, and prescription drugs have decreased in 2024, compared to 2022 and 2018 respectively. Like the observations above for 10th graders, the data points for marijuana are particularly positive when it comes to short- and long-term change. The 30-day marijuana use measure went from 26% of 12th graders in 2018, to 15% in 2022, to 11% in 2024. Perceived risk of marijuana, perceived parental disapproval of marijuana and perceived peer disapproval of marijuana all went up considerably in the short-term and long-term. A theme of this report, across the board, is that the marijuana numbers have shown marked improvement in Will County among 8th, 10th and 12th graders in 2024 compared to 2022 and 2018, respectively.

	2018	2020	Difference 2020-2018	2022	Difference 2022-2020	2024	Difference 2024-2022	Difference 2024-2018
	9 high schools included	8 high schools participated		7 high schools participated		8 high schools		
12th grade	n=822	n=846		n=334		n= 868 (10% of 12th graders in public schools in Will Co.)		
<i>Alcohol</i>								
30 day use	45%	37%	-8	32%	-5	25%	-7%	-20%
Perceived risk- binge drinking*	79%	84%	5	77%	-7	80%	3%	1%
Perceived risk- alcohol*	75%	82%	7	76%	-6	79%	3%	4%
Perceived parental disapproval**	96%	97%	1	96%	-1	96%	0%	0%
Perceived peer disapproval**	64%	68%	4	73%	5	74%	1%	10%
<i>Cigarettes, Tobacco, Vaping</i>								
30 day use- cigarettes	6%	2%	-4	3%	1	4%	1%	-2%
Perceived risk- cigarettes*	87%	92%	5	87%	-5	85%	-2%	-2%

Perceived risk-e-cigarettes or vaping*	50%	81%	31	79%	-2	81%	2%	31%
Perceived parental disapproval-tobacco**	95%	98%	3	97%	-1	97%	0%	2%
Perceived peer disapproval-tobacco**	70%	81%	11	81%	0	77%	-4%	7%
Any tobacco products OR e-cigarettes or other vaping products	41%	28%	-4	17%	-11	13%	-4%	-28%
<i>Marijuana</i>								
30 day use	26%	18%	-8	15%	-3	11%	-4%	-15%
Perceived risk*	40%	50%	10	51%	1	61%	10%	21%
Perceived parental disapproval**	82%	88%	6	88%	0	92%	4%	10%
Perceived peer disapproval**	40%	49%	9	59%	10	69%	10%	29%
<i>Drugs not prescribed to user</i>								
30 day use	3%	1%	-2	2%	1	0%	-2%	-3%
Perceived risk*	90%	94%	4	88%	-6	87%	-1%	-3%

Perceived parental disapproval**	97%	98%	1	98%	0	99%	1%	2%
Perceived peer disapproval**	82%	89%	7	90%	1	91%	1%	9%

MATERNAL AND CHILD HEALTH

CATEGORY DEFINITION: Maternal and child health encompasses the health and well-being of women during pregnancy, childbirth and the postpartum period, as well as the health of children from birth through adolescence.

WILL COUNTY MATERNAL AND CHILD HEALTH KEY FINDINGS

Positive Trends in Maternal and Child Health In 2022, Will County exceeded state averages on several key maternal and child health indicators.

- Infant Mortality: 4.3 per 1,000 (Will County) vs. 5.5 (Illinois)
- Prenatal Care (Early Access): 79.5% (Will County) vs. 78.3% (Illinois)
- Teen Birth Rate: 9 per 1,000 (Will County) vs. 15 per 1,000 (Illinois)
- Elevated Blood Lead Levels: 1.4% (Will County) vs. 2.5% (Illinois)
- Community Insight: Local programs supporting women during and after pregnancy (e.g., diaper programs) are cited as beneficial, though low awareness limits their reach

Racial and Ethnic Disparities Despite overall gains, substantial inequities remain for Black/African American and Hispanic/Latino populations.

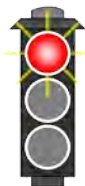
- Maternal Mortality: Black/African American women experience a maternal mortality rate of 10.96 per 100,000, 2.5 times higher than the county average and 3.8 times higher than that of White women
- Prenatal Care by Race/Ethnicity: Prenatal care initiation rates vary by race/ethnicity, with 64.4% of Black/African American women, 79.1% of White women, 76.2% of Asian women and 71.6% of Hispanic/Latino women receiving early prenatal care
- Child Mortality: In 2024, Black or African American children experienced the highest childhood mortality rate at 90 per 100,000, an increase from 84 in 2019 after peaking at 102 in 2021. This compares to a rate of 40 for White and Hispanic or Latino children, and 20 for Asian children
- Breastfeeding Initiation Rate: 66.9% for Black/African American mothers, compared to 84.5% for White mothers and 85.3% for Hispanic/Latino mothers
- Asthma-Related ER Visits: 98.08 for Black/African American children, compared to 15.53 for White children and 16.58 for Hispanic/Latino children
- Community Insight: Women emphasize the importance of culturally respectful care, but disparities point to systemic gaps that require targeted, equity-focused interventions

Barriers in the Built Environment Access to care is further strained by transportation barriers, limited healthcare availability and under-resourced neighborhoods, issues that disproportionately affect communities of color.

Clinical Practices and Patient Experience Shifting clinical practices and limited patient education may be undermining maternal care quality.

- Labor Inductions (at 37–38 weeks): Increased from 6.9% (2019) to 10.5% (2023)
- Community Insight: Feedback highlights inconsistent cultural sensitivity training among providers and limited patient education on birthing rights and options

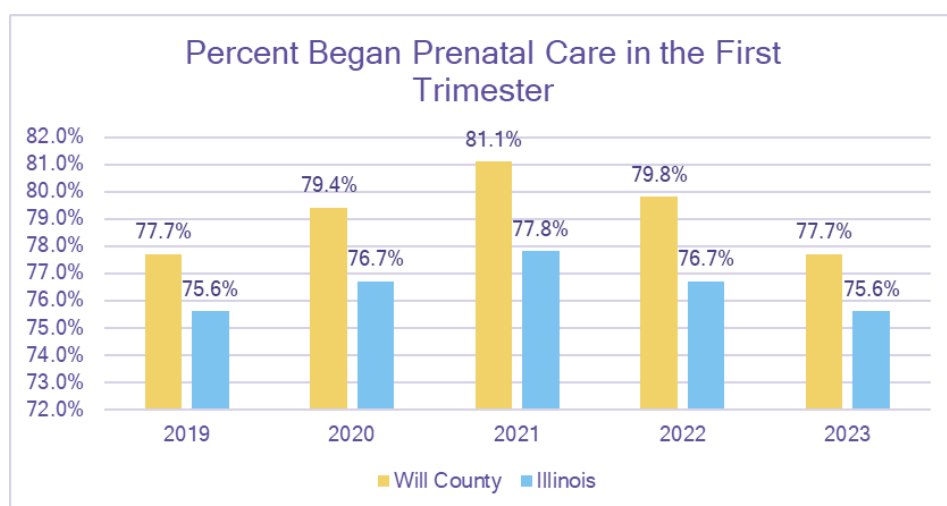
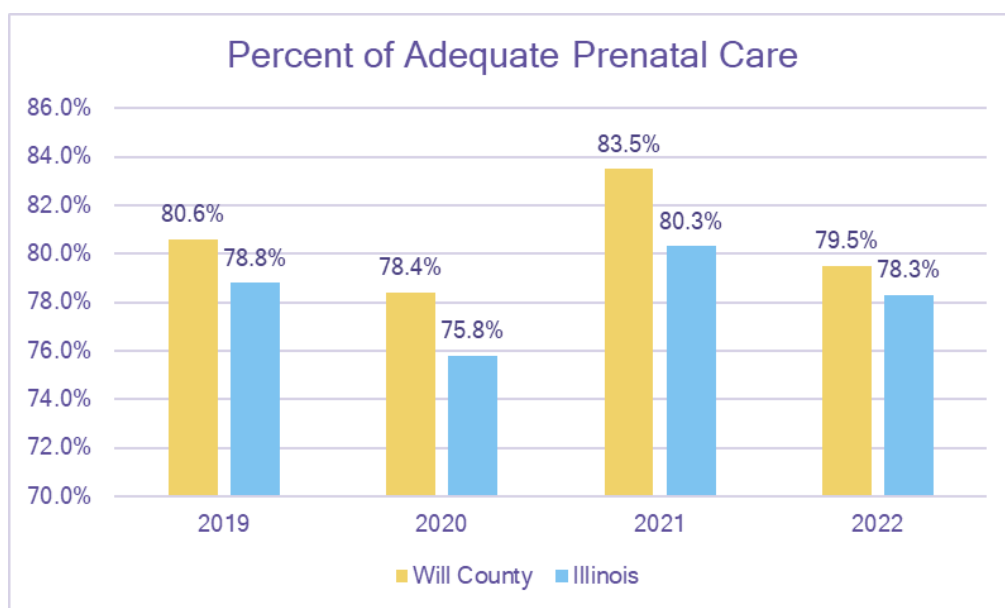
ADEQUATE PRENATAL CARE



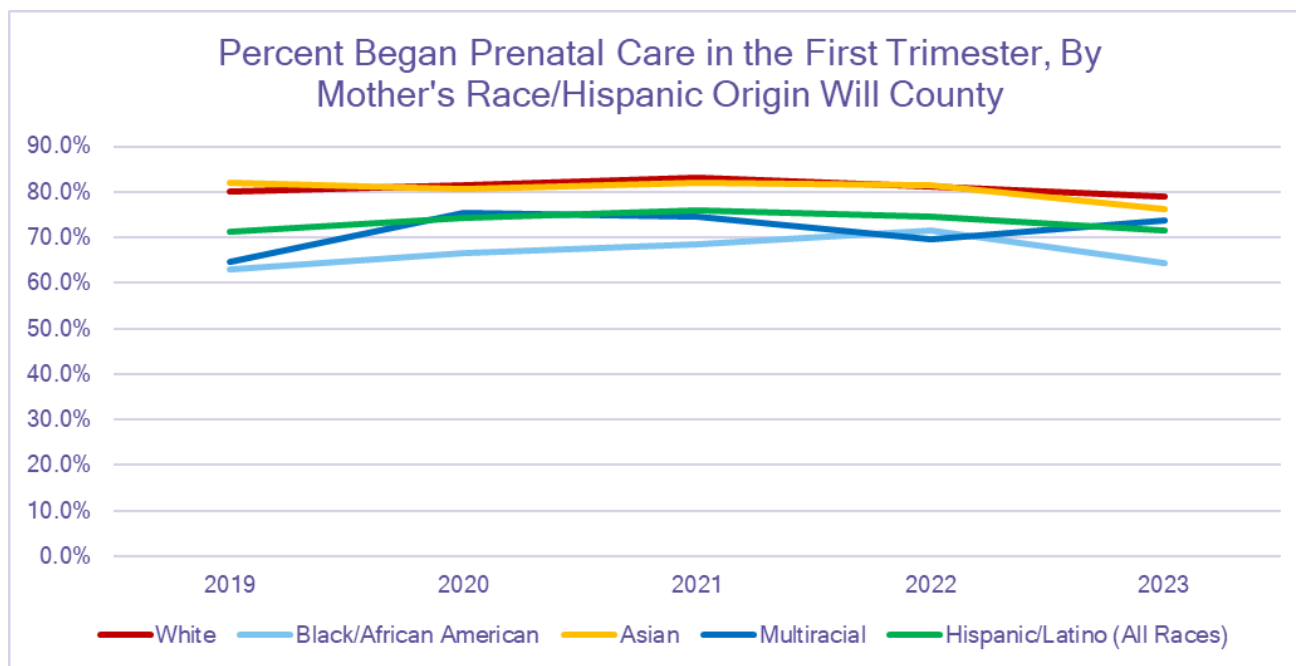
Early and consistent prenatal care is a critical measure of healthcare quality for pregnant women, improving the likelihood of a healthy birth and reducing risks associated with pregnancy complications. Inadequate prenatal care is linked to higher rates of preterm birth, stillbirth and infant mortality.

Adequate prenatal care is defined as care that begins before the fourth month of pregnancy and includes at least 80% of the recommended prenatal visits, based on guidelines from the American College of Obstetricians and Gynecologists. The quality of prenatal care plays a vital role in preventing, monitoring, detecting and managing maternal health issues while also enhancing maternal satisfaction and healthcare utilization. In Will County, the percentage of women receiving adequate prenatal care ranged from 80.6% in 2019 to 79.5% in 2022, peaking at 83.5% in 2021. This surpasses the state average of 78.3% in 2022 but falls slightly below the HP2030 goal of 80.5%.

The percentage of women in Will County who began prenatal care in the first trimester ranged from 77.7% in 2019 to 79.8% in 2022, before returning to 77.7% in 2023. This remains higher than the state average of 75.6% in 2023. However, disparities exist by race and ethnicity, with only 64.4% of Black/African American women accessing first-trimester prenatal care in 2023, compared to 79.1% of



of White women, 76.2% of Asian women, 73.8% of multiracial women and 71.6% of Hispanic/Latino women. *Source: Centers for Disease Control and Prevention, 2021; Forum on Child and Family Health Statistics, 2024; Illinois Department of Public Health, 2024; Kassaw et al., 2020.*



	2019	2020	2021	2022	2023
White	80.1%	81.4%	83.2%	81.2%	79.1%
Black/African American	63.1%	66.5%	68.4%	71.5%	64.4%
Asian	82.0%	80.7%	82.0%	81.4%	76.2%
Multiracial	64.7%	75.5%	74.5%	69.6%	73.8%
Hispanic/Latino (All Races)	71.3%	74.4%	76.1%	74.7%	71.6%

BREASTFEEDING

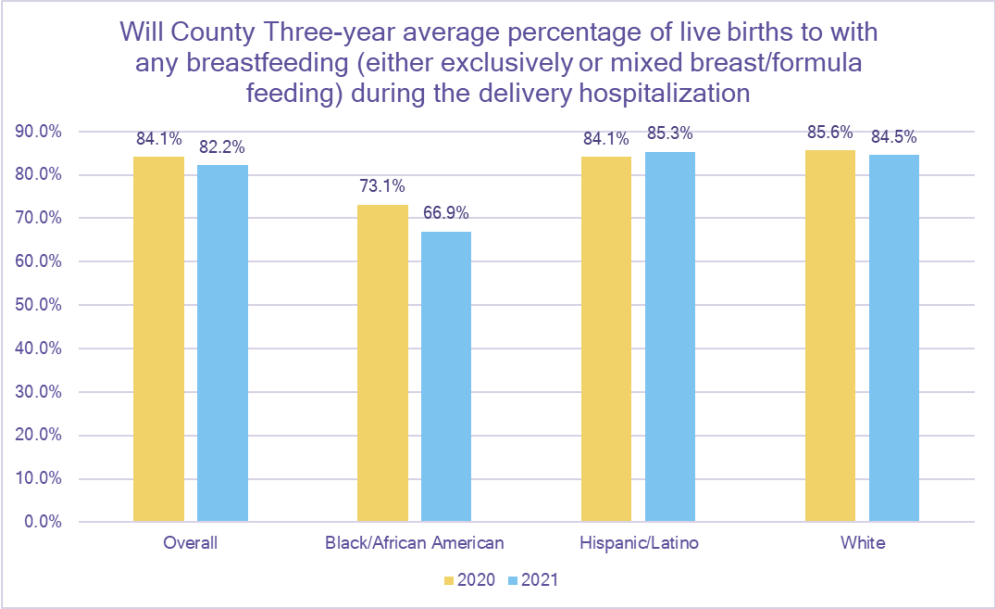
According to the World Health Organization (WHO), breastfeeding is one of the most effective ways to promote child health and survival. Breastmilk is the optimal source of nutrition for infants as it is safe, clean and contains antibodies that help protect against common childhood illnesses. It provides all the necessary energy and nutrients for an infant's first months of life, fulfilling up to half of a child's nutritional needs in the latter half of the first year and up to one-third in the second year.

Breastfed children tend to perform better on intelligence tests, have a lower risk of obesity and diabetes and benefit from long-term health advantages. Additionally, breastfeeding reduces the risk of breast and ovarian cancer for mothers.

In Will County, the three-year average for births with any breastfeeding in 2021 was 82.2%, a decline of 1.9

percentage points from the previous year, aligning closely with the state average of 82.1%. However, disparities exist by race and ethnicity, with 66.9% of Black/African American women breastfeeding in 2022, compared to 84.5% of White women and 85.3% of Hispanic/Latino women.

Source: *Illinois Department of Public Health, 2022; World Health Organization, 2023.*

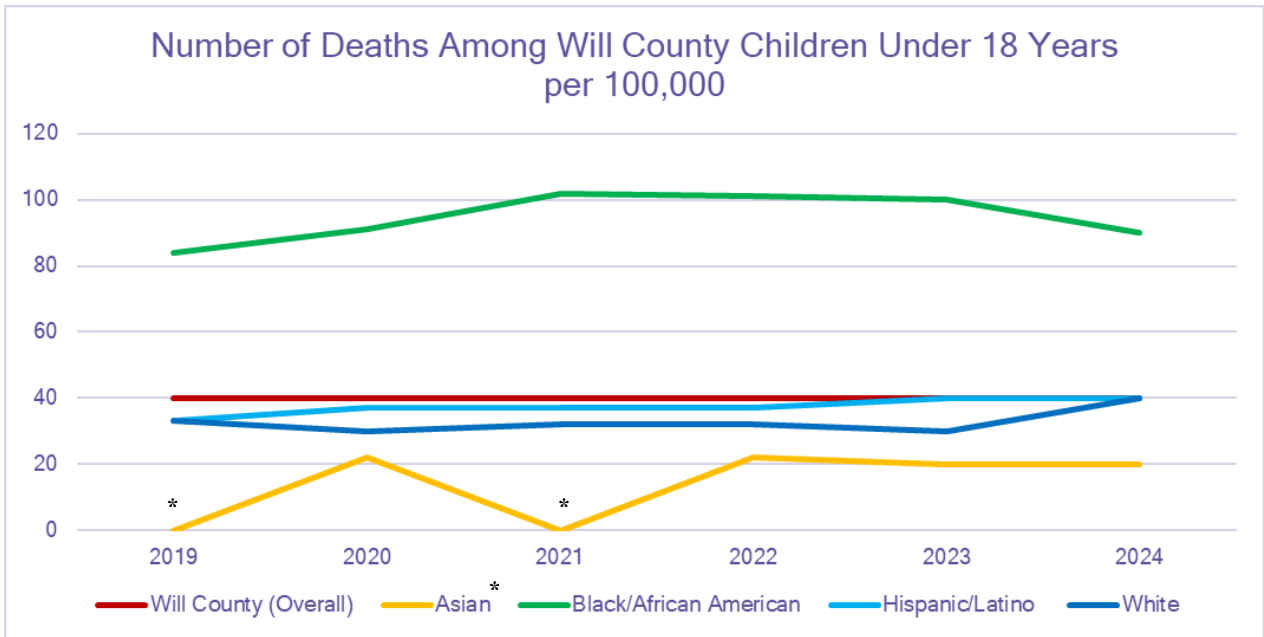


CHILD MORTALITY



Child mortality refers to the number of deaths per 100,000 individuals under the age of 18 and serves as a key indicator of overall population health, reflecting disparities in healthcare access, nutrition and socioeconomic conditions.

According to County Health Rankings, Will County’s overall child mortality rate has remained steady at 40 from 2019 to 2024, which is lower than the state average of 50 but remains significantly higher than the HP2030 target of 18.4 per 100,000.



*Childhood mortality data for Asian children was not available for the years 2019 and 2021.

	2019	2020	2021	2022	2023	2024	STATE
Will County (Overall)	40	40	40	40	40	40	50
Asian	N/A	22	N/A	22	20	20	28
Black/African American	84	91	102	101	100	90	107
Hispanic/Latino	33	37	37	37	40	40	37
White	33	30	32	32	30	40	38

However, there are stark racial disparities. From 2020 to 2024, the mortality rate for Asian children declined slightly from 22 to 20, while Hispanic/Latino and White children both peaked at 40 in 2024. The most significant disparity is among Black/African

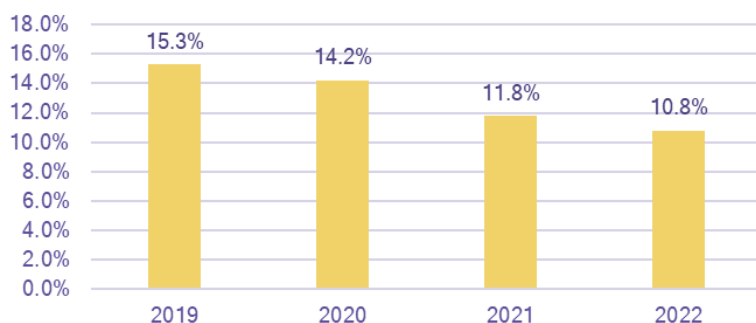
American children, with mortality rates rising from 84 in 2019 to 90 in 2024, reaching a peak of 102 in 2021. *Source: University of Wisconsin Population Health Institute, 2025.*

CHILDHOOD LEAD

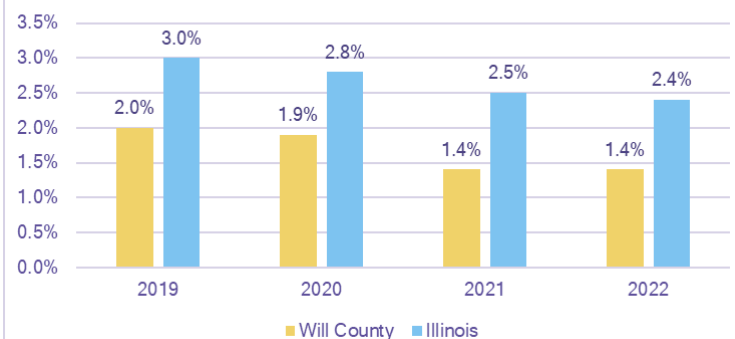
According to the Centers for Disease Control and Prevention (CDC), lead is a naturally occurring metal that can have harmful health effects. Exposure occurs through ingestion of lead paint chips, contaminated food or water or inhalation of lead dust. Children under the age of six are particularly vulnerable due to their tendency to put objects, such as toys and dirt, into their mouths. No safe blood lead level has been identified for children, as even low levels are linked to developmental delays, learning difficulties and behavioral problems. The effects of lead poisoning can be permanent and disabling. The CDC uses a blood lead reference value of 3.5 micrograms per deciliter ($\mu\text{g/dL}$) to identify children with elevated blood lead levels, estimating that approximately 500,000 children in the U.S. have levels at or above this threshold.

Lead poisoning is associated with serious health risks, including learning disabilities, cognitive impairments, behavioral issues and stunted growth. At higher levels, it can lead to seizures, coma or even death. Studies suggest that childhood lead exposure may contribute to long-term problems such as academic failure, juvenile delinquency and high blood pressure later in life.

Percentage of children tested for lead (≤ 72 months)

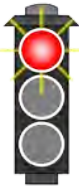


Percent of Children Tested with a Lead Blood Level of 5 mcg/dcl or Greater (≤ 72 months)



In Will County, the percentage of children under six being tested for lead exposure has declined in recent years, from 15.3% in 2019 to 10.8% in 2022. The percentage of children with elevated blood lead levels (5 mcg/dL or higher) has also decreased, from 2.0% in 2019 to 1.4% in both 2021 and 2022, below the Illinois state average of 2.5% in 2022. The Illinois Department of Public Health (IDPH) identifies the following Will County zip codes as high-risk areas for pediatric lead poisoning: 60408, 60410, 60417, 60421, 60432, 60433, 60434, 60435, 60436, 60468, 60481 and 60484. *Source: Illinois Department of Public Health, 2023.*

INFANT MORTALITY RATE



Infant mortality is a key indicator of a community's overall health, as it reflects broader social and economic conditions that influence population well-being. Defined as the death of an infant within the first year of life, it serves as a critical measure of healthcare quality and access.

In Will County, the infant mortality rate (IMR) has fluctuated over time, ranging from 5.3 in 2012 to 6.1 in 2019, with higher peaks of 6.7 recorded in both 2016 and 2018. The county's IMR remains above the Illinois state average of 5.5 and exceeds the HP2030 target of 5.0.

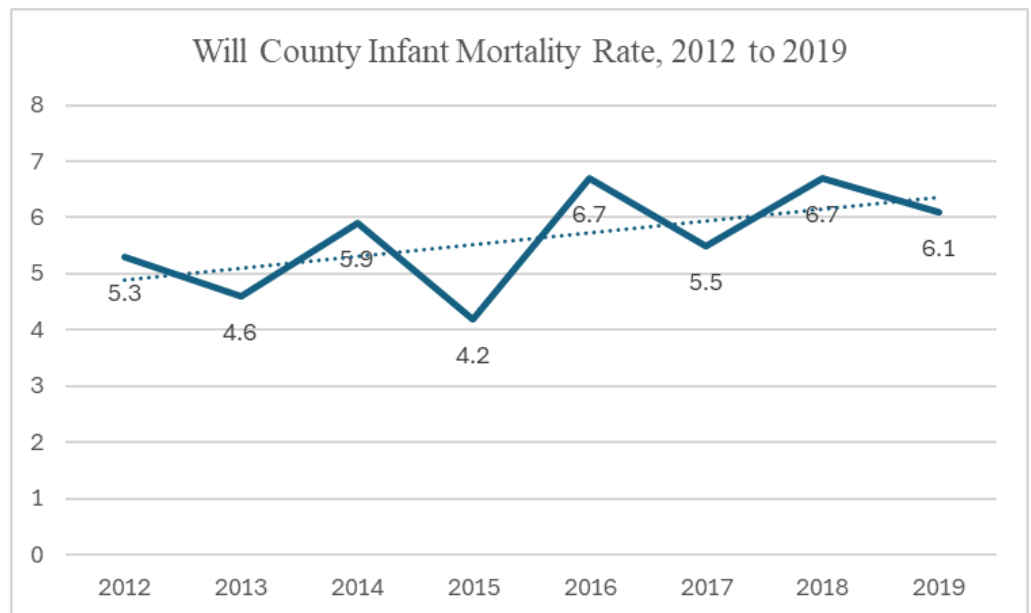
Although IMR data beyond 2019 is not yet

available, recent raw case counts offer preliminary insight. In 2020, Will County reported 44 infant deaths out of 6,823 total deaths. In 2021, there were 32 infant deaths among 6,990 total deaths, and in 2022, 30 infant deaths were recorded out of the same total.

However, significant racial and ethnic disparities persist. According to 2024 County Health Rankings data, the IMR is 4.0 for Non-Hispanic White women, 5.0 for Hispanic/Latino women and markedly higher at 14.0 for Black/African American women. *Source: Illinois Department of Public Health, 2019; Illinois Department of Public Health, 2021; Illinois Department of Public Health, 2024; University of Wisconsin Population Health Institute, 2025.*

LIVE BIRTHS INDUCED

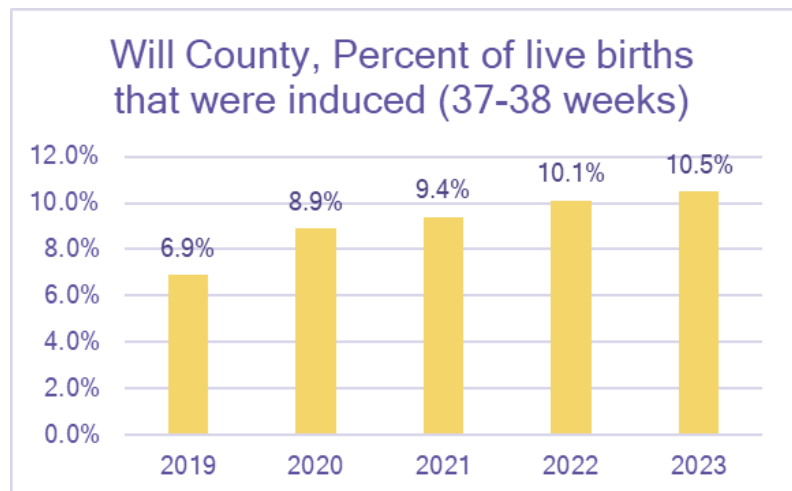
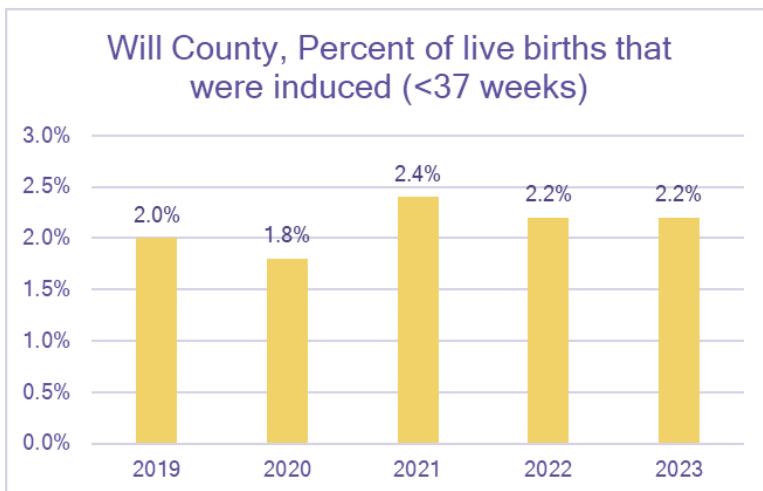
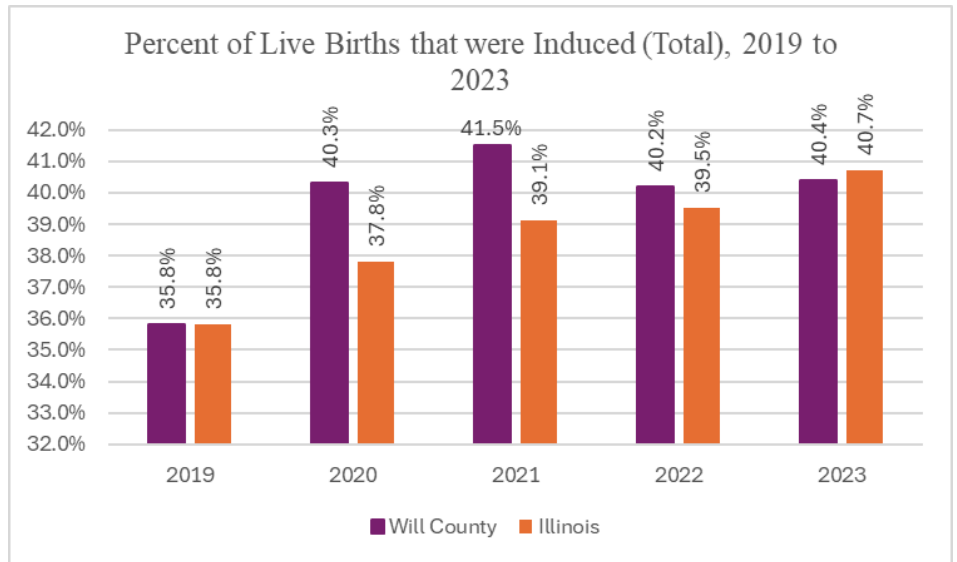
A full-term pregnancy typically lasts around 40 weeks from the start of a woman's last menstrual period,

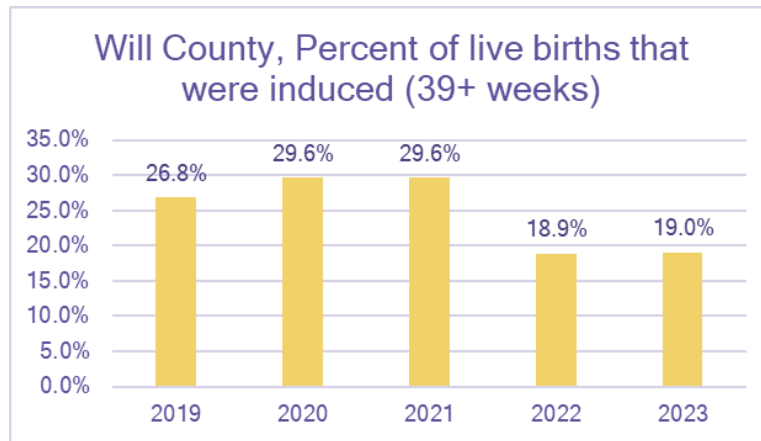


though a range of 37 to 42 weeks is considered normal. If a pregnancy extends beyond this period, a woman and her healthcare provider may consider inducing labor. Labor induction is a common obstetric intervention that has increased in use over the past decade. A pregnancy is considered "at term" at 39 weeks, and induction is often performed to reduce risks such as cesarean delivery, prolonged labor, postpartum hemorrhage and birth trauma, ultimately improving health outcomes for both mother and baby. In the U.S., nearly one in four births is induced.

Labor induction is typically recommended for conditions such as post-term pregnancy, hypertension or pre-eclampsia, diabetes, twin pregnancy, suspected fetal distress, advanced maternal age and maternal heart disease.

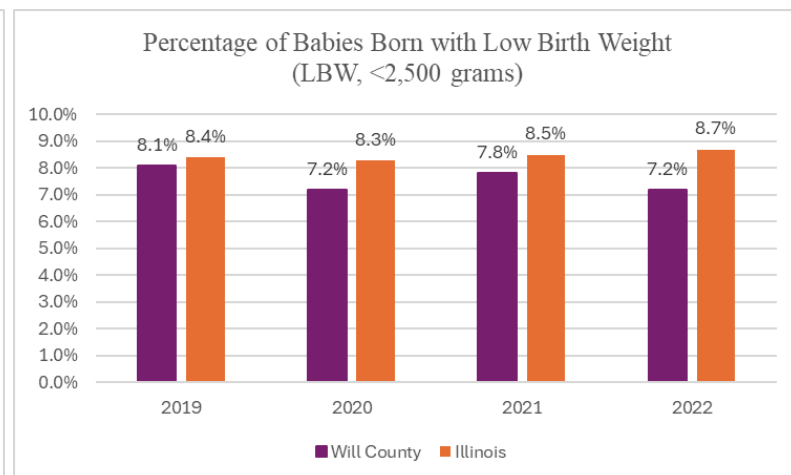
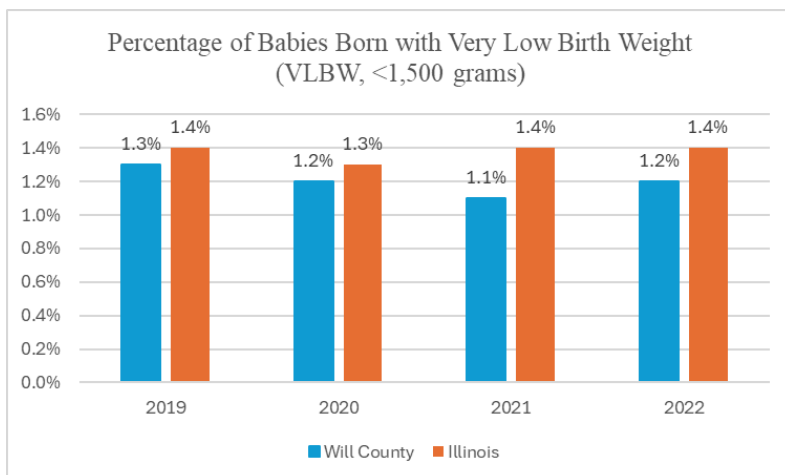
In Will County, the percentage of live births induced has fluctuated in recent years: 35.8% in 2019, 40.3% in 2020, 41.5% in 2021, 40.2% in 2022 and 40.4% in 2023, closely aligning with the state average of 40.7% in 2023. The percentage of induced births before 37 weeks remained stable, ranging from 1.8% to 2.4% between 2019 and 2023. However, inductions between 37 and 38 weeks have steadily increased, rising from 6.9% in 2019 to 10.5% in 2023. In contrast, inductions at 39 weeks or later have declined, from 26.8% in 2019 to 19.0% in 2023. *Source: Centers for Disease Control and Prevention; 2021; Illinois Department of Public Health, 2024; The American College of Obstetricians and Gynecologists, 2024.*





LOW BIRTHWEIGHT AND VERY LOW BIRTH WEIGHT

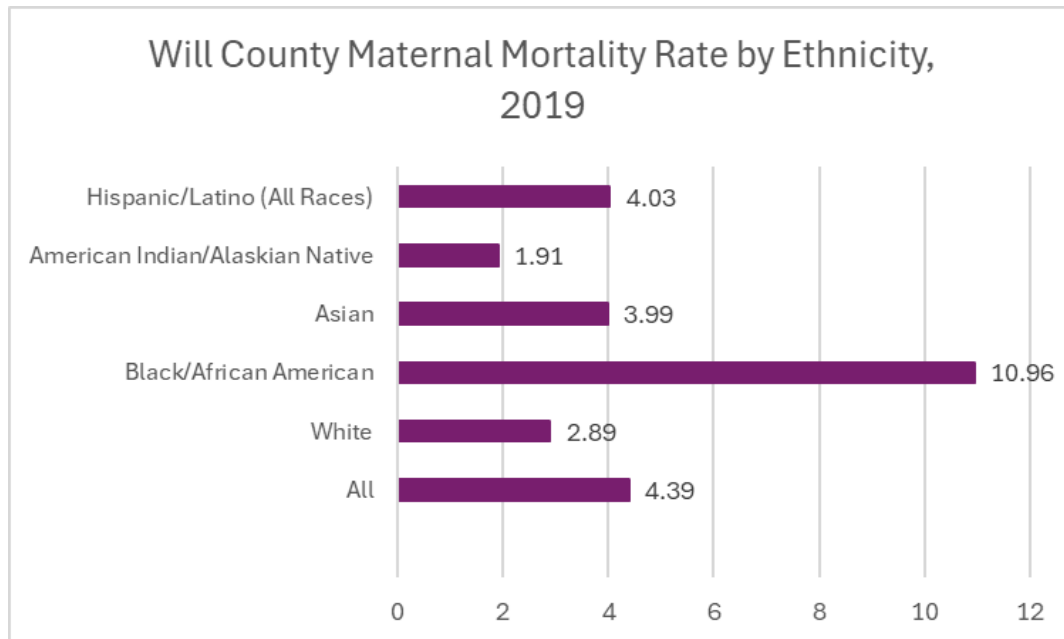
Low birth weight (LBW) and very low birth weight (VLBW) are key indicators of infant health, reflecting risks for future health issues and potential health disparities. LBW is defined as less than 2500 grams, while VLBW is under 1500 grams. In Will County, LBW rates have fluctuated from 8.1% (581 births) in 2019 to 7.2% (505 births) in 2022, below the state average of 8.7%. VLBW rates have remained relatively stable, ranging from 1.3% (96 births) in 2019 to 1.2% (87 births) in 2022, compared to the state average of 1.4% in 2022. *Source: Illinois Department of Public Health, 2024.*



MATERNAL MORTALITY RATE



According to the Illinois Department of Public Health, maternal mortality refers to the death of a woman during pregnancy, childbirth or the postpartum period and serves as a key indicator of a community's health and healthcare quality. Maternal morbidity encompasses a range of health complications resulting from pregnancy or childbirth, including both direct pregnancy-related conditions and the worsening of pre-existing chronic illnesses. These morbidities can vary in severity, from mild to life-threatening, and may have short- or long-term impacts.



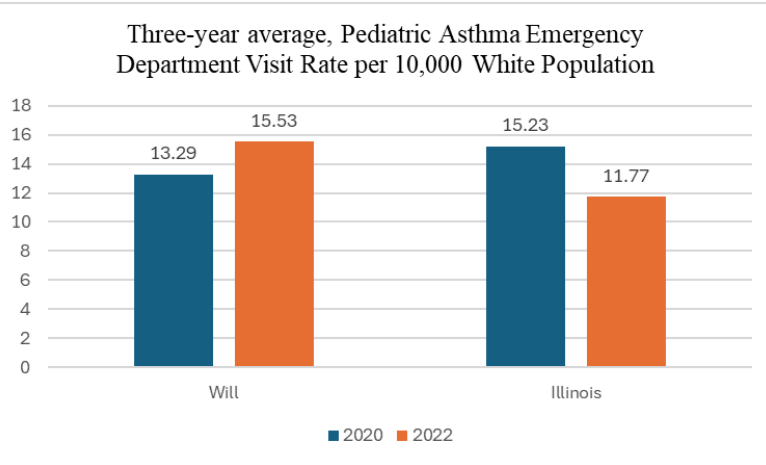
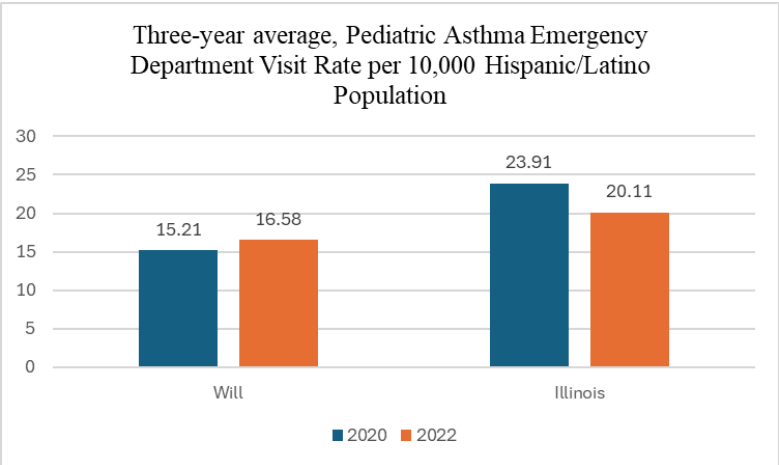
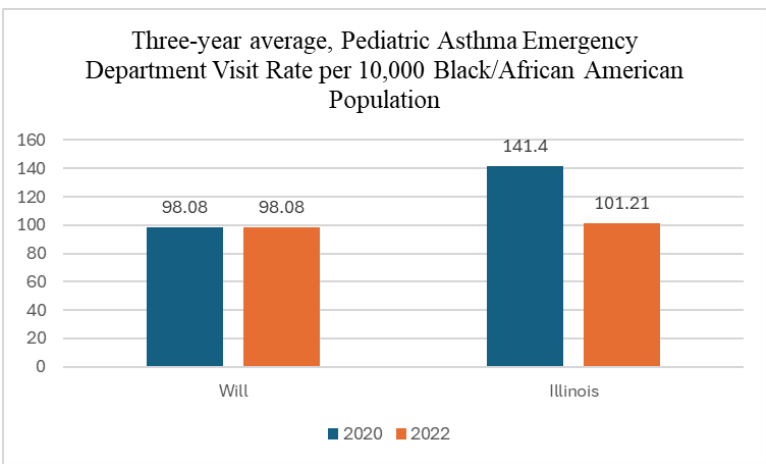
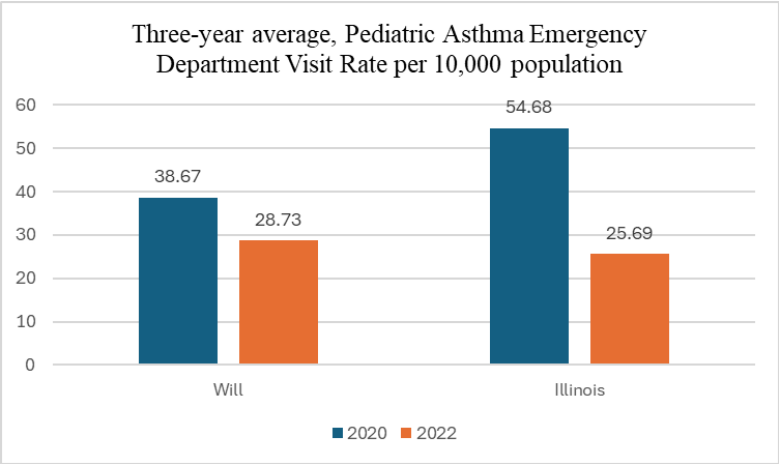
In Will County, the maternal mortality rate is 4.39 per 100,000, slightly below the Illinois state average of 4.43 and significantly lower than the HP2030 target of 15.7. However, disparities persist, with Black and African American women in Will County experiencing a maternal mortality rate of 10.96, nearly 2.5 times higher than the overall county average and 3.8 times higher than the rate for White women. *Source: Centers for Disease Control and Prevention, 2021a; Illinois Department of Public Health, 2021.*

PEDIATRIC ASTHMA

Pediatric asthma emergency room (ER) visit rates serve as a key health indicator, highlighting the burden of asthma in children and the effectiveness of healthcare systems in managing the condition. These rates can also reveal disparities in access to care, socioeconomic influences and the impact of public health interventions.

Globally, both the prevalence and severity of childhood asthma are rising, affecting approximately 14% of children. This growing burden places significant strain on families, healthcare systems and emergency departments (EDs), leading to increased hospital overcrowding, higher costs, limited resources and inconsistencies in clinical management.

In Will County, the 2022 pediatric asthma ER visit rate was 28.73 per 10,000 population, a decrease of 9.94 points from 2020 but still 3.04 points higher than the Illinois state average. Racial and ethnic disparities are evident, with Black/African American children experiencing significantly higher ER visit rates (98.08 per 10,000) compared to White children (15.53) and Hispanic/Latino children (16.58). *Source: Alkhazali et al., 2024; Illinois Department of Public Health, 2024.*



PRETERM BIRTHS

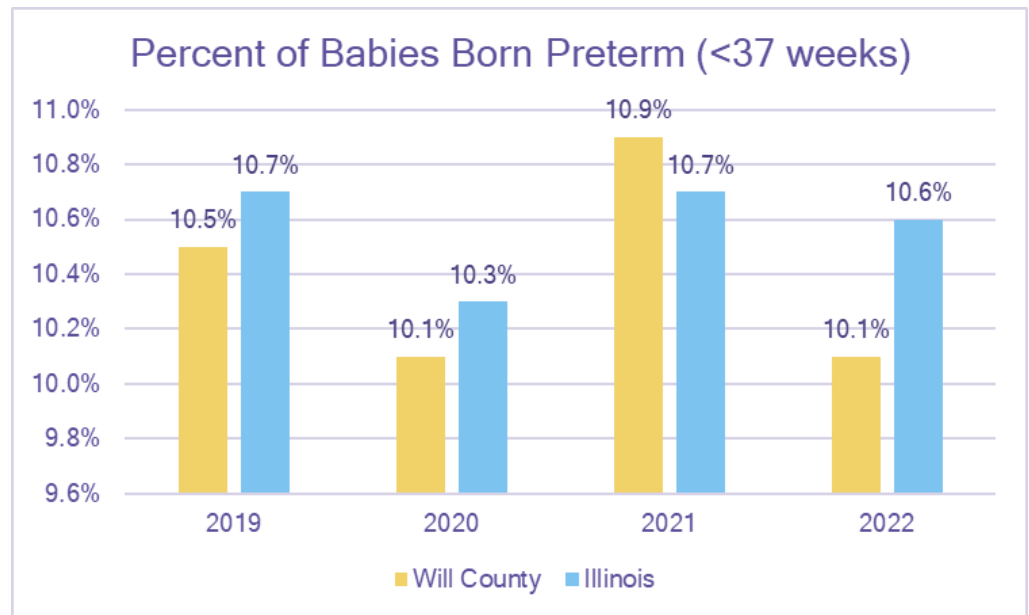
Preterm birth occurs when a baby is born before completing 37 weeks of gestation. Each year, an estimated 15 million babies, more than 1 in 10 live births, are born preterm. Approximately 1 million children die annually due to complications related to preterm birth, and many survivors experience long-term health challenges, including disabilities, learning difficulties, vision and hearing impairments and an increased risk of noncommunicable diseases later in life.

Globally, prematurity is the leading cause of death among children under five and contributes to over half of all neonatal deaths. Preterm newborns face higher risks of complications such as respiratory distress, nutritional challenges and infections. While many preterm births occur spontaneously, others result from medical or nonmedical interventions, including labor induction or cesarean delivery. Common risk factors

include multiple pregnancies, infections and chronic conditions like diabetes and hypertension, though in many cases, no specific cause is identified.

In Will County, 10.1% of babies were born preterm in 2022, marking a 0.8% decrease from the previous year. This figure remains slightly lower than the Illinois state average of 10.6% in 2022. Will County's preterm birth rate has

fluctuated from 10.5% in 2019 to 10.1% in 2022, peaking at 10.9% in 2021. *Source: Illinois Department of Public Health, 2024; Lincetto & Banerjee, 2020.*

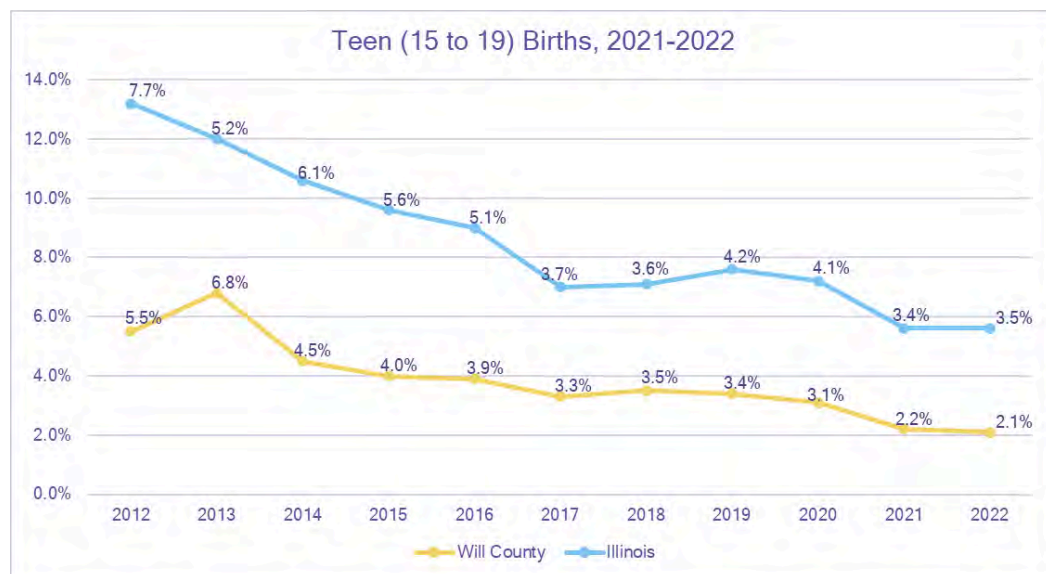


TEEN BIRTHS



Teen births serve as a critical public health indicator, reflecting access to reproductive health services, socioeconomic conditions and broader societal challenges. Early childbearing is linked to adverse health outcomes for both mothers and children, including increased risks of preterm birth, low birth weight and maternal, neonatal and infant mortality. These negative outcomes are often influenced by social disadvantages such as poverty, instability, violence, chronic stress and trauma. Teen mothers face significant barriers to completing their education, increased mental and physical stress and a lack of community support. Additionally, challenges in accessing affordable childcare and reliable transportation further limit their educational and employment opportunities.

The percentage and rate of teen births in Will County have shown a steady decline. In 2022, 2.1% of births were to teens aged 15 to 19, a significant drop from 6.8% in 2013 and 5.5% in 2012.



As of 2024, the Will County teen pregnancy rate stands at 9 per 1,000 females, lower than Illinois (15 per 1,000) and the national average (17 per 1,000). This rate also surpasses the HP2030 goal of 31.4 per 1,000. However, racial and ethnic disparities persist, with teen birth rates at 2 per 1,000 for Non-Hispanic Asian, 5 for Non-Hispanic White, 9 for Non-Hispanic individuals of two or more races, 16 for Hispanic/Latino (all races) and 18 for Non-Hispanic Black/African American populations. *Source: Illinois Department of Public Health, 2024; University of Wisconsin Population Health Institute, 2025.*

INFECTIOUS DISEASE

CATEGORY DEFINITION: Infectious diseases are illnesses that are commonly transmitted through direct person-to-person contact, the shared use of contaminated objects or vectors such as insects. Many of these conditions are preventable through widespread vaccination among at-risk populations, or by adopting protective practices, such as condom use, to reduce the transmission of sexually transmitted infections (STIs).

Will County Infectious Disease Key Findings

- **Notable Increases** Will County has experienced sharp rises in pertussis, rabies, RSV hospitalizations and syphilis, alongside concerning trends in HIV, hepatitis A and varicella.
 - Hepatitis A: Rose from 1–2 annual cases (2017–2022) to 8 cases in 2024
 - Human Immunodeficiency Virus (HIV): Diagnoses rose from 2018 through 2022. Significant disparities persist, especially among Black/African American and American Indian/Alaska Native residents
 - Measles: 2 cases were reported in 2024
 - Pertussis (Whooping Cough): Jumped from 0–2 cases annually (2020–2023) to 77 cases in 2024
 - Rabies: Cases more than tripled from 33 in 2014 to 117 in 2024
 - Respiratory Syncytial Virus (RSV) with ICU Hospitalization: First reported in 2024 with 29 cases, indicating a growing public health concern
 - Syphilis (Late-Stage/Congenital): Late-stage and congenital syphilis cases have sharply increased, pointing to gaps in early detection and prenatal care
 - Varicella (Chickenpox): Increased steadily, rising from 3 cases in 2020 to 16 in 2024
- **Notable Decreases** Will County has experienced declines in hepatitis B and C, chlamydia, gonorrhea, influenza hospitalizations and Covid-19, though significant disparities remain chlamydia and syphilis rates.
 - Acute Hepatitis B: Fell to just 1 case in 2024, down from 12 in 2018
 - Chlamydia: Chlamydia rates in Will County declined by 20% from 2018 to 2023, outperforming state and national trends. Black/African American residents have infection rates nearly eight times higher than White residents
 - Chronic Hepatitis C: Dropped significantly from 574 cases in 2014 to 87 in 2024, reflecting successful intervention efforts
 - Gonorrhea: Rates have decreased since a peak in 2020. Males continue to experience higher rates than females
 - Influenza with ICU Hospitalization: Fluctuated annually but has stayed below pre-pandemic levels since 2020
 - SARS-CoV-2 (Covid-19): Cases declined dramatically from 64,819 in 2021 to 2,599 in 2024, showcasing the impact of vaccination and containment measure

- Syphilis (Primary/Secondary): While primary and secondary syphilis rates remain relatively low, disparities by race and gender persist

COMMUNICABLE DISEASE

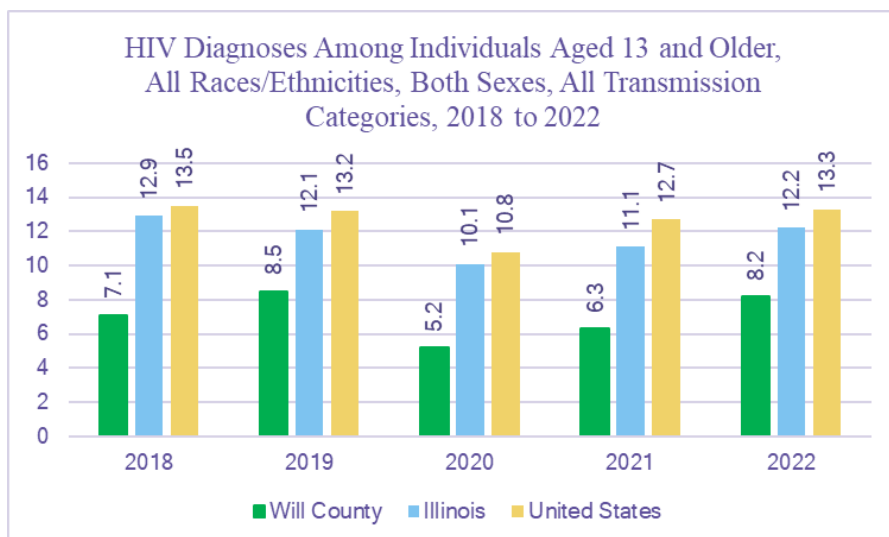
The Will County Health Department’s Epidemiology and Communicable Disease division monitors and investigates disease cases in accordance with Illinois regulations. It conducts public health surveillance through data collection, analysis and dissemination, using sources like case reports, school absenteeism and syndromic surveillance, capturing data from hospitals and physicians.

In 2024, Will County saw significant increases in several communicable diseases. Rabies cases tripled compared to 2014, and pertussis cases spiked sharply, reaching 77. Respiratory Syncytial Virus (RSV) also emerged, with 29 cases requiring ICU hospitalization. Rising trends were noted in varicella and Hepatitis A, and two measles cases were reported. In contrast, the county experienced notable declines in other diseases. Chronic Hepatitis C dropped significantly from 574 cases in 2014 to 87 in 2024, and Covid-19 cases declined steeply. Acute Hepatitis B and severe influenza cases remained low, suggesting effective public health efforts. *Please refer to the ‘Will County Communicable Disease 2014–2024’ table on the following page for detailed case count information. Source: Will County Health Department and Community Health Center, 2024.*

HIV INFECTION RATE

From 2018 to 2022, HIV diagnosis rates in Will County fluctuated but showed an overall upward trend, rising from 7.1 to 8.2 per 100,000 population. After a dip to 5.2 in 2020, likely due to pandemic-related disruptions in testing and care, rates rebounded in 2021 and 2022. State and national trends followed a similar pattern, with declines in 2020 and gradual increases afterward.

Males had a much higher rate of HIV diagnoses (14.7) compared to females (1.7). Racial and ethnic disparities were evident as American Indian/Native American individuals had the highest rate at 124.5 per 100,000, followed by Black/African American individuals at 30.9 and Hispanic/Latino individuals at 14.0. Rates among those identifying as Two or More Races (12.7), Asian/Pacific Islander (2.6) and White individuals (2.2) were notably lower.



Will County Communicable Disease 2014–2024											
	Will County Cases 2014	Will County Cases 2015	Will County Cases 2016	Will County Cases 2017	Will County Cases 2018	Will County Cases 2019	Will County Cases 2020	Will County Cases 2021	Will County Cases 2022	Will County Cases 2023	Will County Cases 2024
Dengue Fever	0	6	1	2	0	1	3	-	-	1	-
Hemophilus Influenza Invasive Disease	5	5	6	9	10	11	5	4	9	8	11
Hepatitis A	2	3	5	2	1	7	2	2	2	3	8
Hepatitis B Acute	1	3	3	1	12	1	-	2	-	-	1
Hepatitis B Chronic	74	49	65	42	73	54	41	25	14	17	37
Hepatitis C Acute	1	3	2	3	10	9	-	15	8	15	10
Hepatitis C Viral Infection Chronic or Resolves	574	630	401	444	425	342	206	129	152	116	87
Influenza with ICU Hospitalization	102	40	57	94	137	80	67	3	52	25	75
Legionellosis	6	16	10	15	29	31	25	20	20	28	32
Lyme Disease	14	18	16	20	11	22	9	15	19	12	14
Measles	-	-	-	-	-	-	-	-	-	-	2
Mumps	1	6	6	7	31	23	3	-	-	-	-
Monkeypox	-	-	-	-	-	-	-	-	20	1	1
Pertussis	20	26	22	11	8	70	15	-	-	2	77
Rabies	33	63	56	35	68	58	46	61	93	102	117
Respiratory Syncytial Virus (RSV) with ICU Hospitalization	-	-	-	-	-	-	-	-	-	-	29
Salmonellosis	82	94	91	110	97	108	61	77	68	90	92
SARS-CoV-2 (Covid-19)	-	-	-	-	-	-	52,346	64,819	60,337	14,900	2,599
SARS-CoV-2 (Covid-19) with ICU Hospitalization	-	-	-	-	-	-	-	-	-	-	64
Shigellosis	61	20	22	9	7	12	8	5	11	6	6
Varicella (Chicken Pox)	17	10	31	21	11	15	3	4	9	13	16

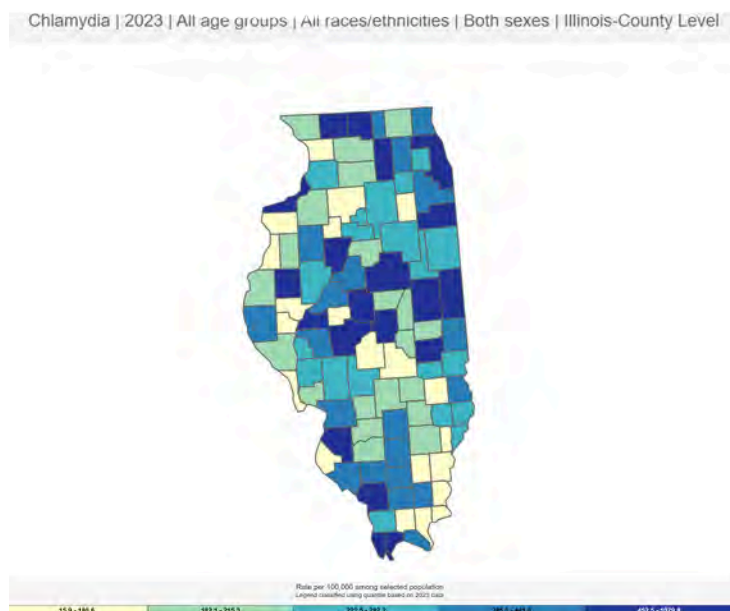
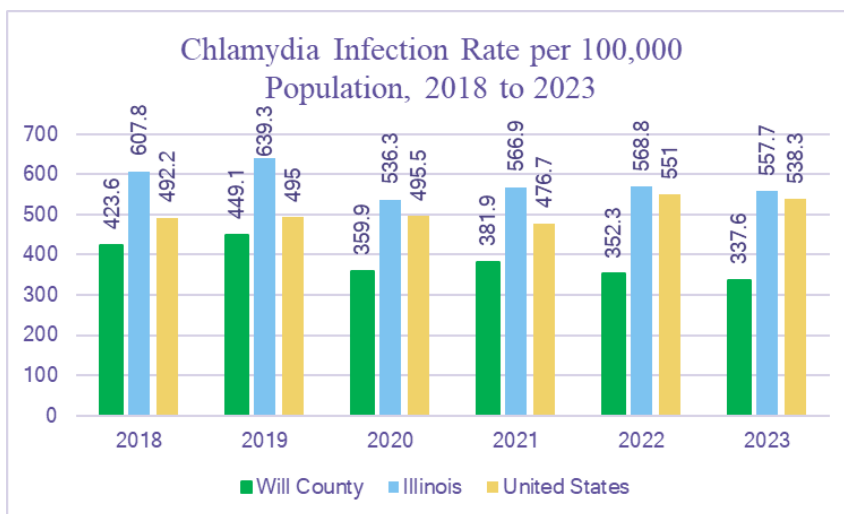
'HIV Infection Rate' Continued

Although rate data for 2023 and 2024 is not yet available, raw case counts provide early insight. In Will County, the number of new HIV cases decreased from 48 in 2022 to 38 in 2023 and further to 20 in 2024 (to date). This downward trend is mirrored in state and national totals, suggesting a potential decline in new diagnoses. Continued efforts in prevention, testing and equitable access to care remain essential to sustain this progress and address persistent disparities. *Source: Centers for Disease Control and Prevention, 2023a.*

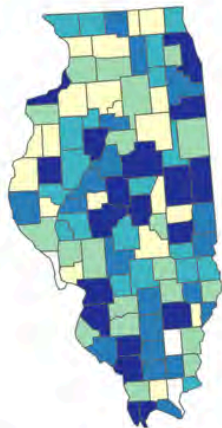
SEXUALLY TRANSMITTED DISEASE INFECTION RATE

Between 2018 and 2023, Will County saw a steady decline in chlamydia infection rates, dropping from 423.6 to 337.6 per 100,000 population, a reduction of about 20%. Compared to Will County, Illinois saw a more modest decline in rates from 2018 to 2023, while national rates fluctuated slightly but ultimately remained below earlier levels.

Disparities by gender and race were observed. Females had a substantially higher infection rate (426.4) than males (248.1), a pattern consistent with national trends, likely due to higher screening rates among women. When disaggregated by race and ethnicity, Black/African American individuals had the highest infection rate (956.6), followed by Hispanic/Latino individuals (398.6). In contrast, rates were considerably lower among those identifying as Two or More Races (133.6), White (125.7) and Asian/Pacific Islander (71.8).



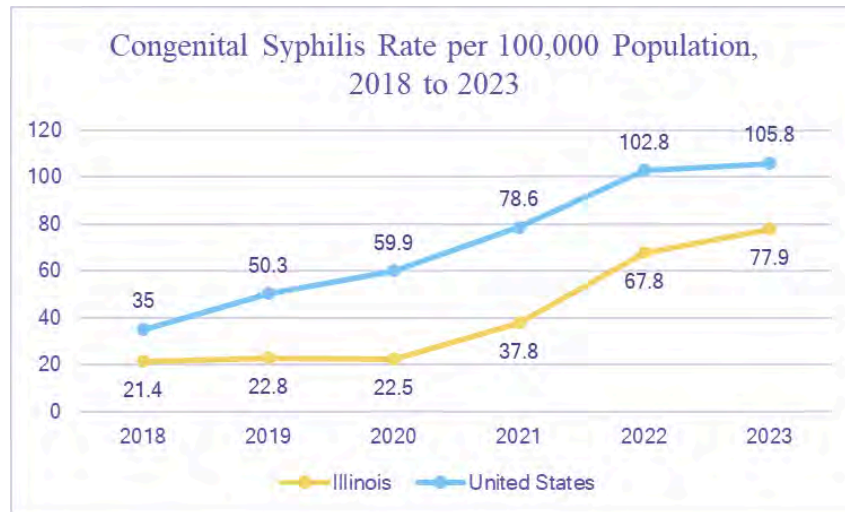
From 2018 to 2023, gonorrhea infection rates in Will County fluctuated but showed an overall downward trend. After peaking at 129.4 per 100,000 in 2020, the rate fell to 90.5 in 2023, reflecting progress in infection control. Both the state and nation saw gonorrhea rates peak around 2020 before declining, reaching 203.2 in Illinois and 179.5 nationally by 2023. Additionally, males in Will County had a markedly higher gonorrhea rate (108.7) than females (71.7), consistent with national trends.



Rates per 100,000 among selected population
Legend classified using quartile based on 2023 rates



Overall, while early-stage syphilis rates in Will County remain relatively low, increases in late-stage and congenital cases highlight gaps in prevention, screening and treatment that must be addressed. *Source: Centers for Disease Control and Prevention, 2023.*



CHRONIC DISEASE

CATEGORY DEFINITION: Chronic diseases are defined as conditions lasting a year or more that require ongoing medical attention or limit daily activities and they are often the leading cause of death and disability.

Will County Chronic Disease Key Findings

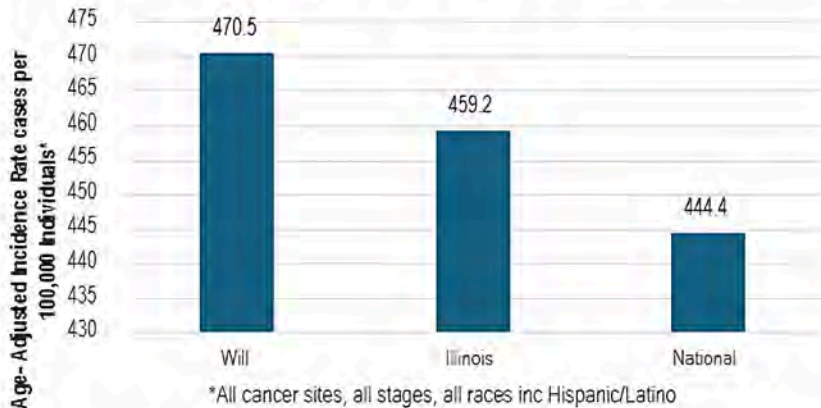
Chronic disease rates in Will County show mixed trends, with adult obesity and cancer incidence higher than state and national averages and clear racial disparities across several conditions. While heart disease and stroke rates remain lower locally, rising obesity and early childhood weight disparities highlight emerging concerns.

- **Depression:** In 2022, 19.5% of Will County adults reported a depression diagnosis, higher than the state (18.0%) but lower than the nation (21.1%), with the highest rates among individuals of Two or More Races (33.9%)
- **Cancer:** Will County's all-cancer incidence (470.5 per 100,000) exceeds state and national rates, with highest rates among White residents; similar racial disparities are seen across lung, colorectal, breast, prostate and cervical cancers
- **Diabetes:** Adult diabetes prevalence in Will County has remained stable (7.9% in 2021), but Medicare data show consistently higher rates among older adults than state and national averages (27% in 2023)
- **Heart Disease:** Will County reported lower heart disease prevalence (5.0%–5.6%) than Illinois and U.S. averages from 2018 to 2021, with minimal fluctuation.
- **Obesity:** Adult obesity rose from 32.3% (2018) to 36.6% (2022), surpassing state, national and HP2030 benchmarks; highest rates are among Black (44.3%), Hispanic (39.2%) and Two or More Races (44.9%)
- **Childhood Obesity:** WIC data show early disparities, with 19.4% of Black and 13.0% of White children ages 2–4 classified as obese; middle school obesity (8th grade) rose from 8% (2010) to 15% (2024)
- **High Blood Pressure:** Prevalence in Will County (32.2%) is lower than Illinois (46.1%) but higher than U.S. (29.6%); Black residents have the highest rates at 54.4%
- **Stroke:** Stroke prevalence in Will County is 2.5%, below both the state (3.6%) and national (3.1%) averages

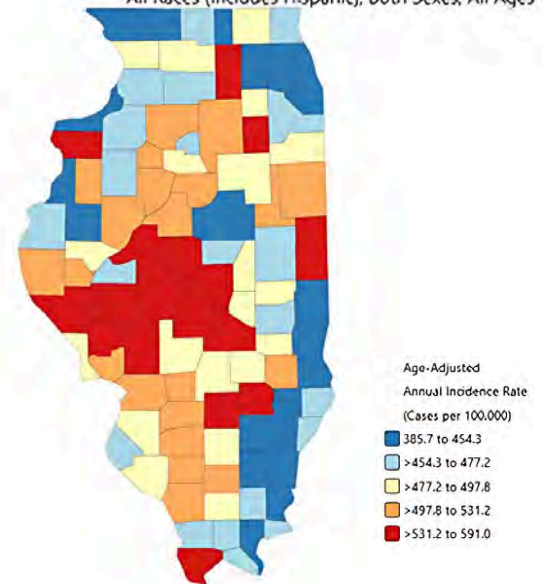
ALL CANCER INCIDENCE

The overall cancer incidence rate in Will County is 470.5 per 100,000 population, which is higher than both the Illinois rate of 459.2 and the national rate of 444.4, indicating a slightly greater cancer burden locally. When broken down by race and ethnicity, White residents have the highest incidence rate at 485.3, followed by Black/African American residents at 467.1. Hispanic/Latino residents have a lower incidence rate at 397.0, and Asian/Pacific Islander residents have the lowest rate at 301.4. *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*

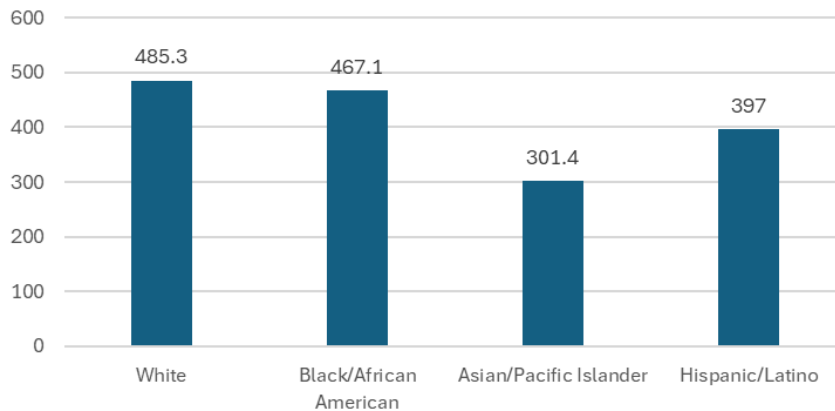
Cancer Incidence Rate - Will County, Illinois , and United States 2017 -2021



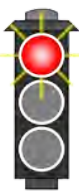
Incidence Rates for Illinois by County
All Cancer Sites (All Stages^), 2017-2021
All Races (includes Hispanic), Both Sexes, All Ages



Age-Adjusted Annual Incidence Rate by Race/Ethnicity per 100,000, 2017 to 2021

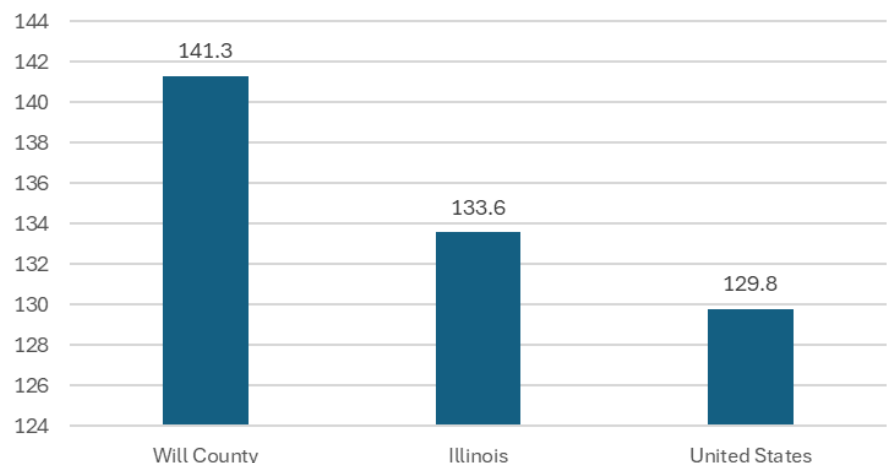


BREAST CANCER INCIDENCE

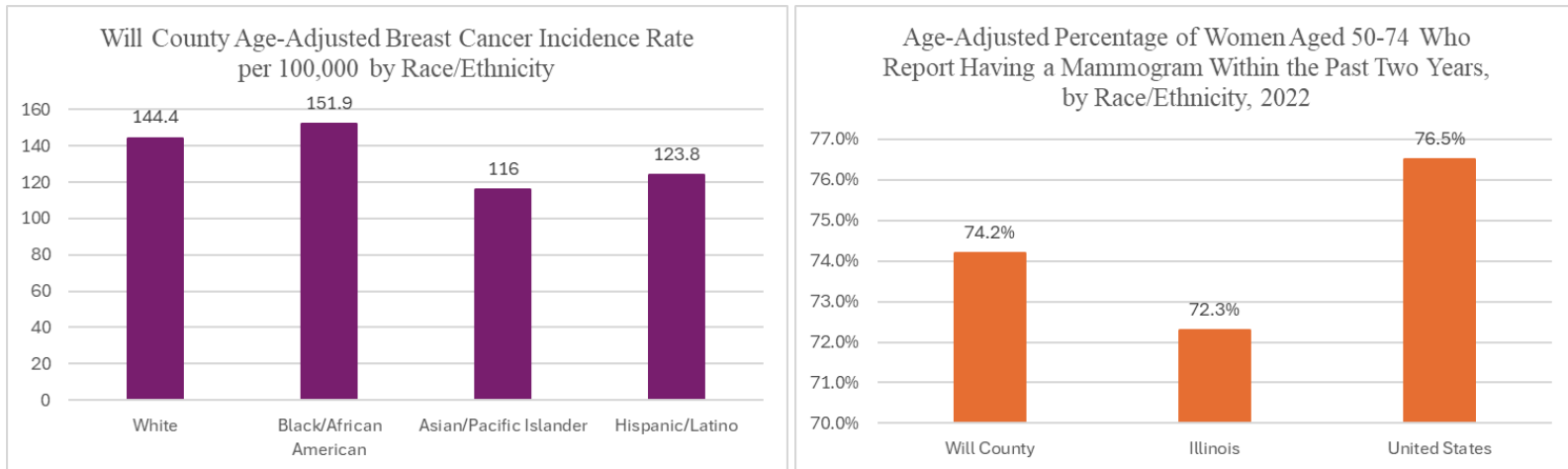


Will County reported a higher breast cancer incidence rate (141.3 per 100,000) than both the state (133.6) and national (129.8) averages. Incidence rates also varied by race and ethnicity, with Black/African American women having the highest rate at 151.9, followed by White women (144.4), Hispanic/Latino women (123.8) and Asian/Pacific Islander women (116.0).

Age-Adjusted Breast Cancer Incidence Rate per 100,000



Regarding screening, 74.2% of women aged 50–74 in Will County reported having a mammogram within the past two years, slightly higher than the Illinois average (72.3%) but lower than the national rate (76.5%) and the HP2030 goal of 80.3%. *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*

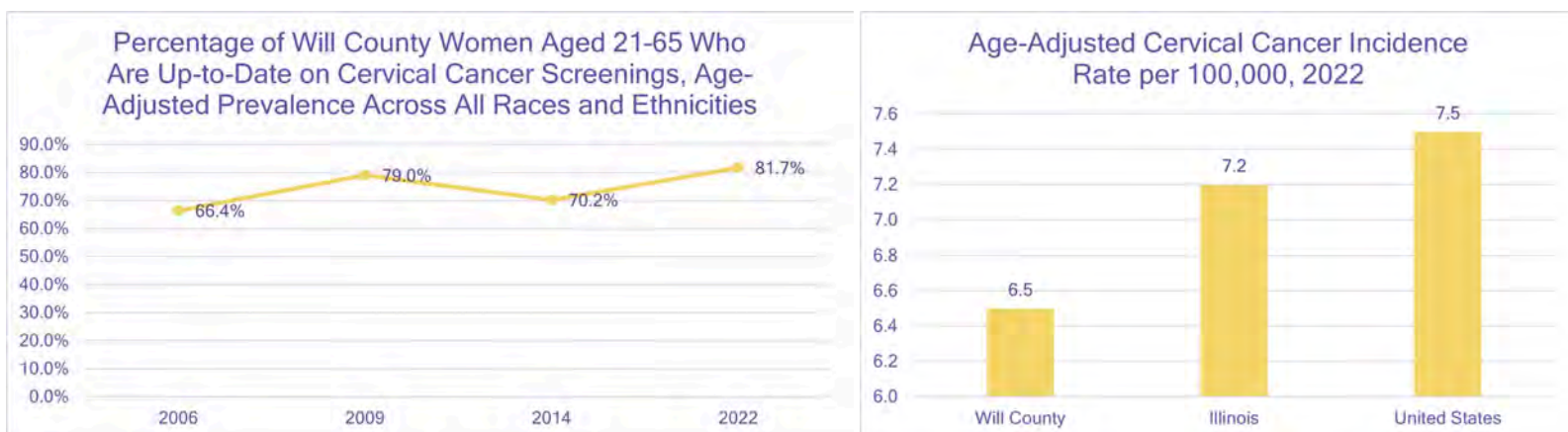


CERVICAL CANCER INCIDENCE

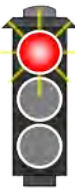


In 2022, Will County reported a cervical cancer incidence rate of 6.5 per 100,000, which is lower than both the Illinois rate of 7.2 and the national rate of 7.5. Among racial and ethnic groups in Will County, the incidence rate was 6.2 per 100,000 for White women and 8.5 for Hispanic/Latina women. Data for Black/African American and Asian/Pacific Islander populations was not available.

Cervical cancer screening rates in Will County have fluctuated over time, with a notable increase in recent years. The percentage of women aged 21–65 who reported being up-to-date with screening rose from 66.4% in 2006 to 81.7% in 2022. This exceeds both the Illinois average of 72.1% and the HP2030 target of 79.2%, though it remains slightly below the national rate of 83.9%. The upward trend reflects improvements in preventive care access and awareness in the county. *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*

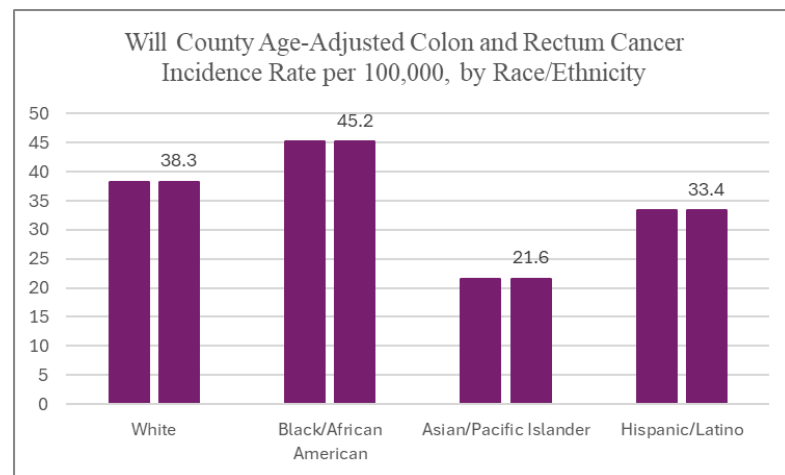
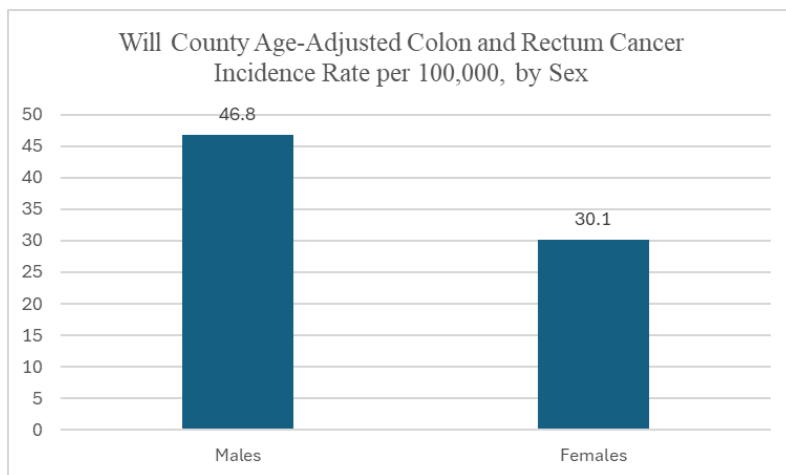
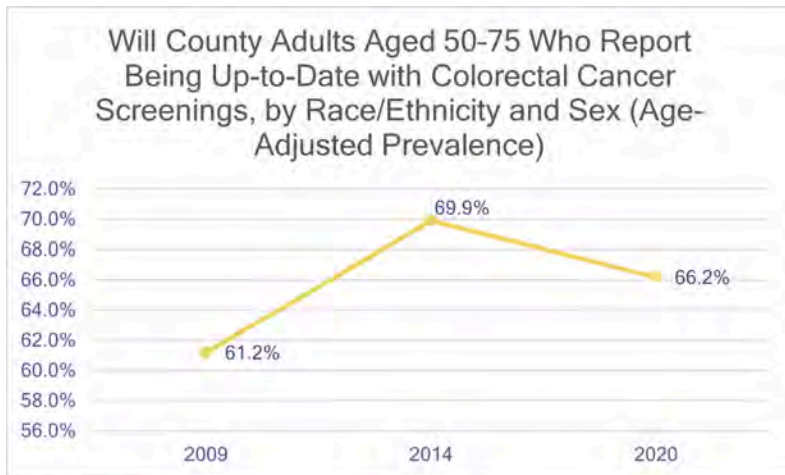
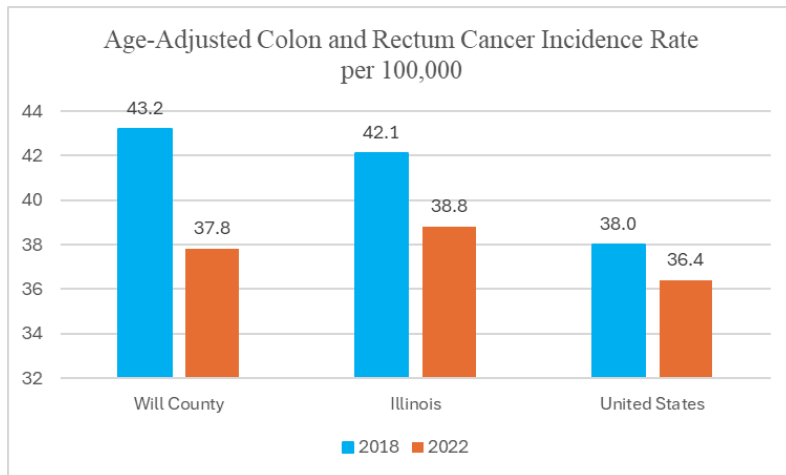


COLORECTAL CANCER INCIDENCE



Between 2018 and 2022, the incidence rate of colon and rectum cancer in Will County declined from 43.2 to 37.8 per 100,000 residents, mirroring state and national trends. However, disparities persist by sex and race, with higher incidence among males (46.8) and Black/African American residents (45.2), compared to notably lower rates in Asian/Pacific Islander (21.6) and Hispanic/Latino (33.4) populations.

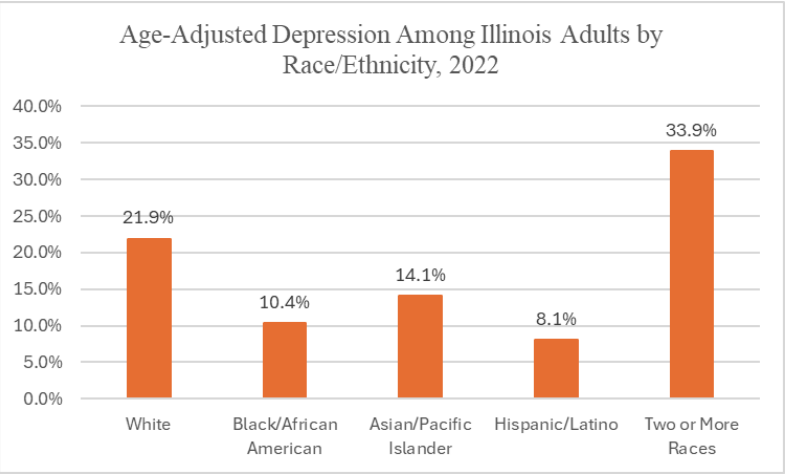
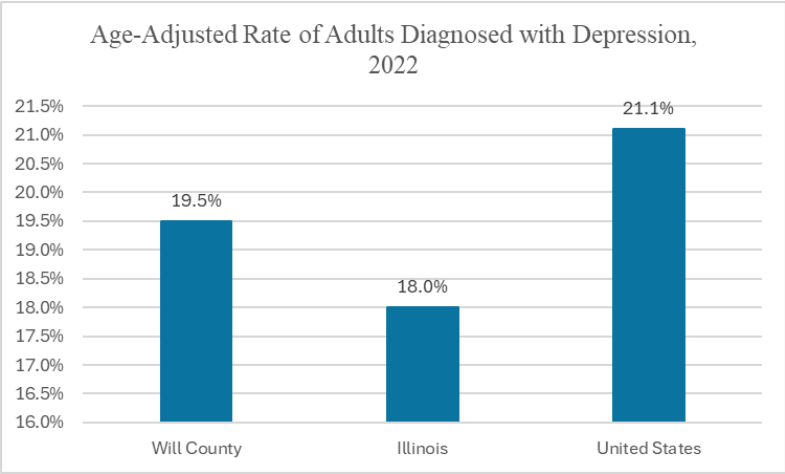
Colorectal cancer screening rates in Will County improved from 61.2% in 2009 to 69.9% in 2014, but slightly declined to 66.2% by 2020. This rate remains below the state (70.1%), national (72.2%) and HP2030 (72.8%) benchmarks, highlighting a need to increase awareness and access to preventive screening across the community. *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*



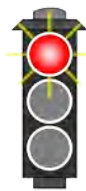
DEPRESSION

In 2022, 19.5% of adults in Will County reported having been diagnosed with depression, which was higher than the state average of 18.0% but below the national average of 21.1%. The data reveals significant racial and ethnic disparities, with individuals identifying as Two or More Races reporting the highest rate of

depression at 33.9%, followed by White adults at 21.9%. Rates were notably lower among Black/African American (10.4%), Hispanic/Latino (14.1%) and Asian/Pacific Islander (8.1%) populations. *Source: Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; University of Wisconsin Population Health Institute, 2025.*

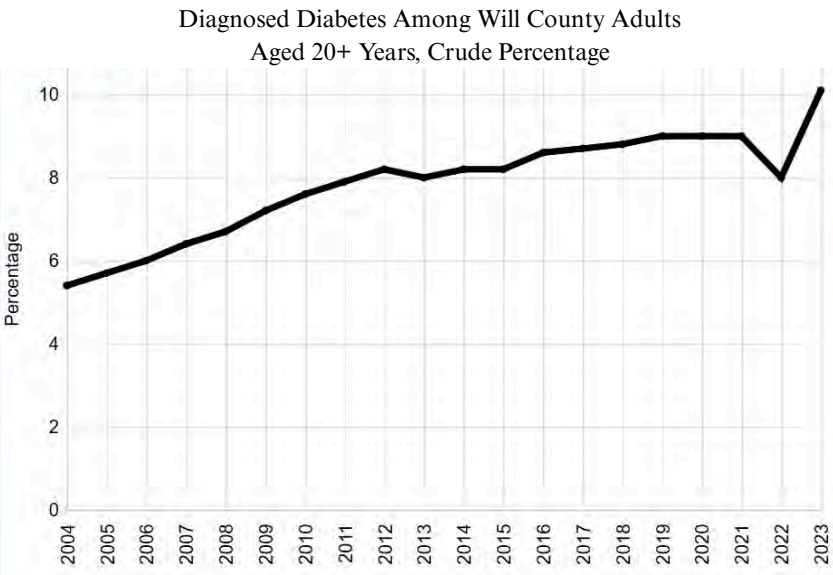


DIABETES PREVALENCE



Between 2004 and 2023, the percentage of adults in Will County diagnosed with diabetes showed a gradual long-term increase, rising from 5.4% in 2004 to 10.1% in 2023. After remaining relatively stable between 2018 and 2021 (8.8–9.0%), prevalence decreased slightly in 2022 (8.0%) before climbing sharply in 2023. The 2023 rate is now more than double the HP2030 target of 4.2%, highlighting the continued burden of diabetes among Will County adults.

Age-specific data continue to show a strong correlation between age and diabetes prevalence. In 2023, diabetes affected 3.1% of adults aged 20–44, 13.1% of those aged 45–64 and 19.4% of adults aged 65 and older, an increase across all age groups from 2022 levels (2.4%, 10.5% and 15.9%, respectively). The sharpest rise occurred among adults aged 65 and older, reflecting increased risk associated with aging and chronic disease progression.

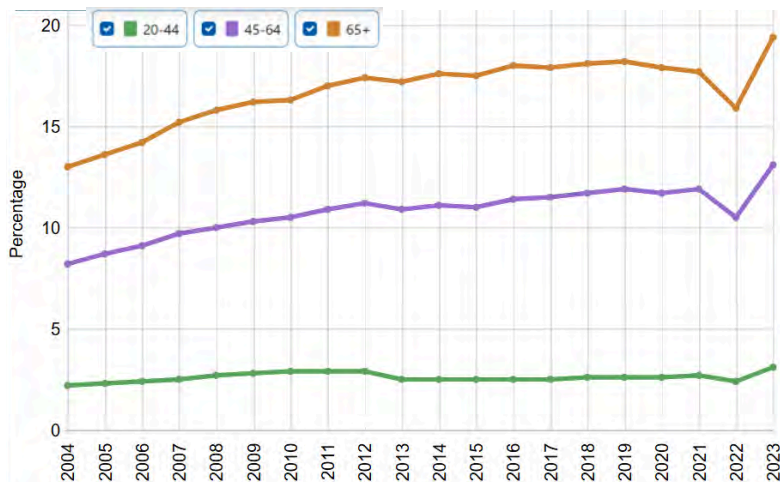


When examined by sex, men consistently exhibit higher rates of diagnosed diabetes than women. In 2023, 10.5% of men and 9.6% of women reported being diagnosed with diabetes, up from 8.3% and 7.7%, respectively, in 2022. This pattern aligns

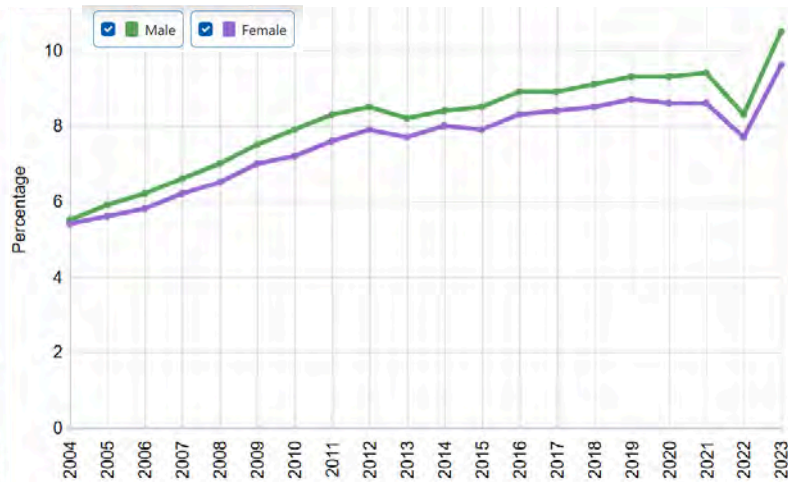
with historical data showing persistently higher prevalence among males since 2004.

Among Medicare beneficiaries, the prevalence of diabetes diagnoses in Will County has remained consistently higher than both the state and national averages. In 2012, 29% of Medicare beneficiaries in Will County were diagnosed with diabetes. The rate declined slightly over time, reaching 27% by 2020, where it has since stabilized. In comparison, the state and national rates decreased more gradually, settling at 26% by 2020 and remaining at that level through 2023. Despite this modest downward trend, Will County's rates have continued to exceed those of the state and nation, highlighting an ongoing need for targeted diabetes prevention and management strategies among the county's Medicare population. *Source: Center for Disease Control and Prevention, 2022a; Center for Medicare and Medicaid Services, 2023; Centers for Disease Control and Prevention, 2021b; Centers for Disease Control and Prevention, 2023b.*

Diagnosed Diabetes Among Will County Adults by Age

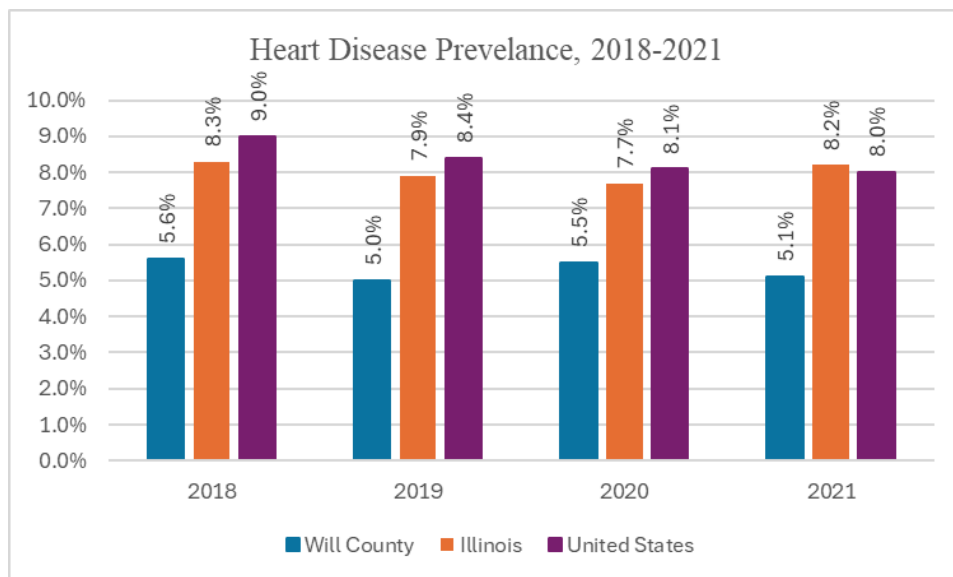


Diagnosed Diabetes Among Will County Adults by Sex



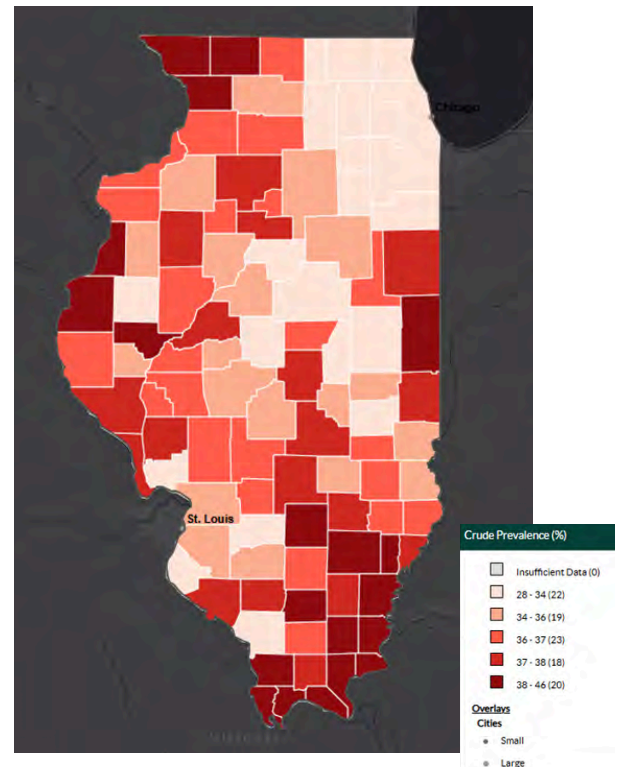
HEART DISEASE PREVALENCE

Will County consistently reported lower heart disease prevalence compared to both Illinois and national averages from 2018 to 2021. Rates in Will County remained relatively stable, fluctuating slightly between 5.0% and 5.6%, indicating minimal year-over-year change. In contrast, Illinois and U.S. rates showed a gradual decline, though they remained notably higher than Will County's throughout the period. *Source: Centers for Disease Control and Prevention, 2021c.*

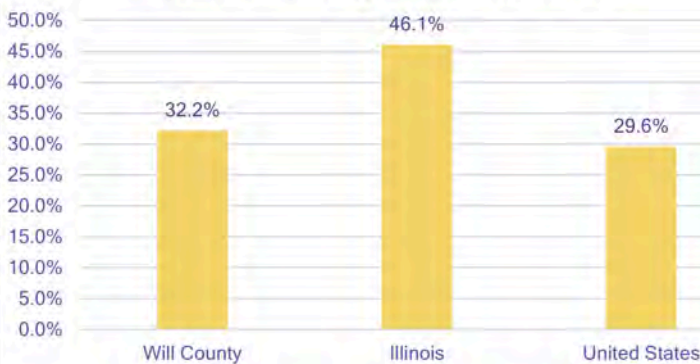


HIGH BLOOD PRESSURE

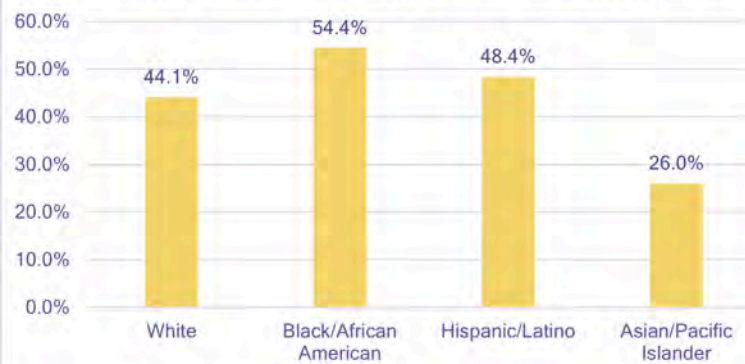
The prevalence of high blood pressure in Will County is 32.2%, which is lower than the state rate of 46.1% but slightly higher than the national rate of 29.6%. Within Illinois, significant disparities emerge when examining trends by sex and race/ethnicity. Males have a notably higher prevalence (49.5%) compared to females (42.9%). Among racial and ethnic groups, Black/African American individuals exhibit the highest prevalence at 54.4%, followed by Hispanic/Latino individuals at 48.4% and White individuals at 44.1%. Asian/Pacific Islander individuals have the lowest rate at 26.0%. *Source: Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; Centers for Disease Control and Prevention, 2021c.*



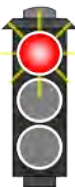
Age-Adjusted Percent of High Blood Pressure Among Adults, 2021-2022



Age-Adjusted Percent of High Blood Pressure Among Illinois Adults, by Race/Ethnicity, 2021



OBESITY PREVALENCE

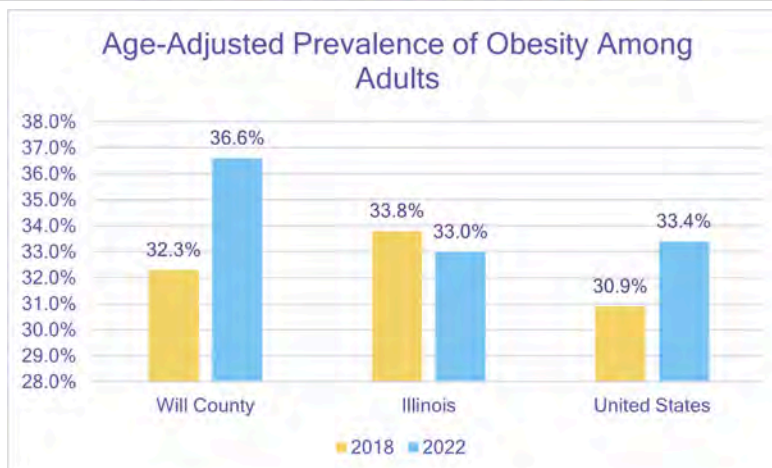
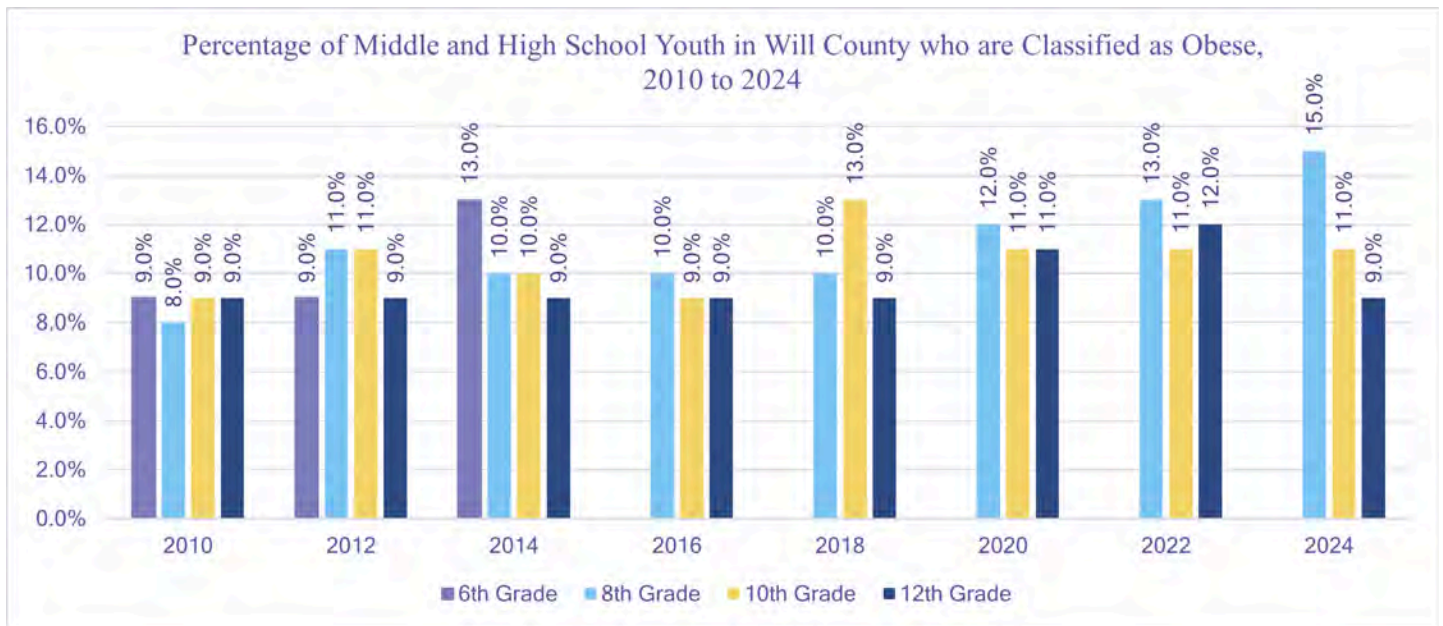


Adult obesity in Will County has increased from 32.3% in 2018 to 36.6% in 2022, surpassing both the state (33.0%) and national (33.4%) averages. This upward trend places Will County above the HP2030 target of 36.0%, highlighting the urgency for local interventions. Obesity is more prevalent among women (35.6%) than men (30.6%), and striking racial disparities persist. Black/African American adults have the highest obesity rate at 44.3%, followed by individuals identifying as Two or More Races (44.9%) and Hispanic/Latino residents (39.2%), compared to 29.6% among White adults.



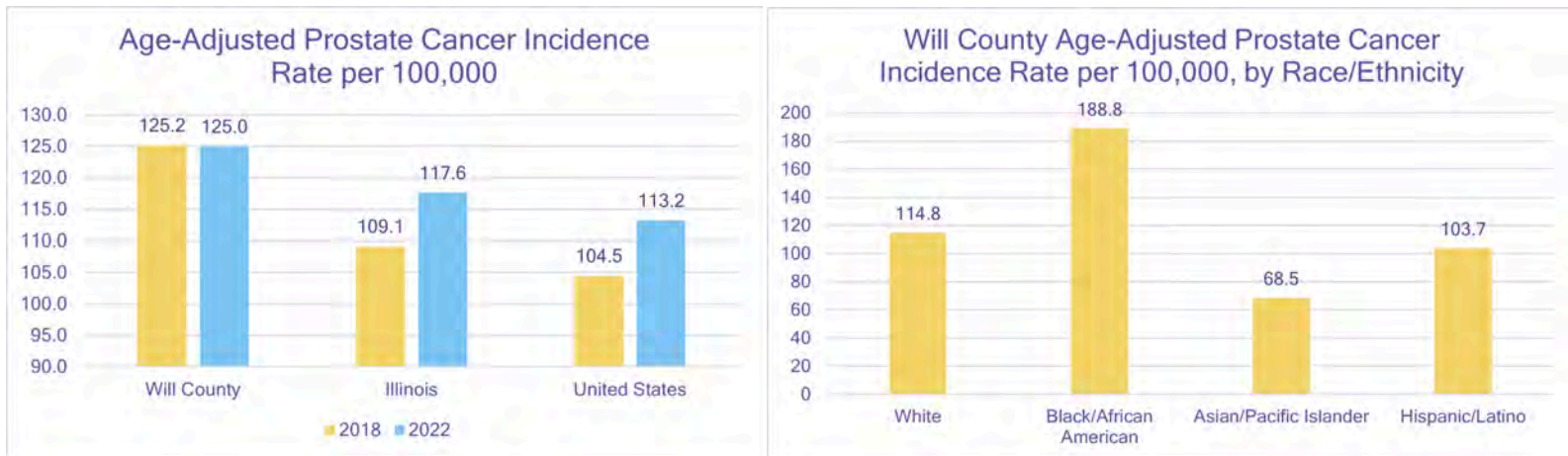
Disparities also emerge early in life. Among WIC-enrolled children aged 2 to 4 years in Illinois, 15.1% are classified as obese, just below the HP2030 goal of 15.5%. Racial and ethnic differences are again notable: 19.4% among Black/African American children, 13.0% among White children, 12.0% among Hispanic/Latino children, and 8.7% among Asian/Pacific Islander children. These patterns reflect the need for targeted, culturally responsive strategies to promote healthy growth and prevent obesity from an early age.

Obesity trends among middle and high school students in Will County, as reported by the Illinois Youth Survey, show a gradual increase over time, particularly among 8th graders. In 2010, obesity rates were relatively stable across grades, averaging around 9%. By 2024, the 8th-grade rate rose to 15%, up from 8% in 2010, marking the most notable upward trend. Tenth-grade rates peaked at 13% in 2018 but have remained steady at 11% since. Twelfth-grade rates have remained relatively stable, fluctuating slightly but returning to 9% in 2024, while 6th-grade data is limited to earlier years, with a noted increase from 9% in 2010 to 13% in 2014. *Source: Center for Disease Control and Prevention, 2022a; Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; University of Illinois Center for Prevention Research and Development, 2024.*



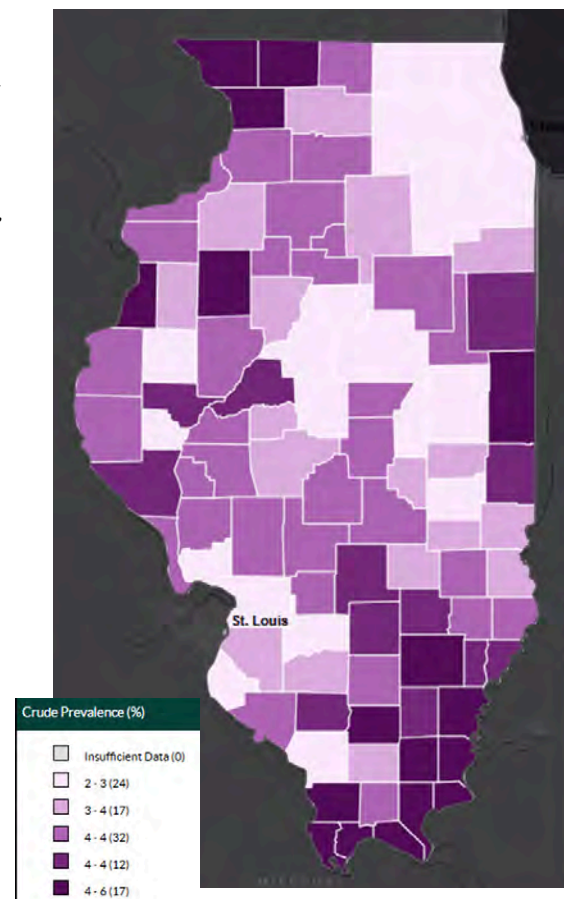
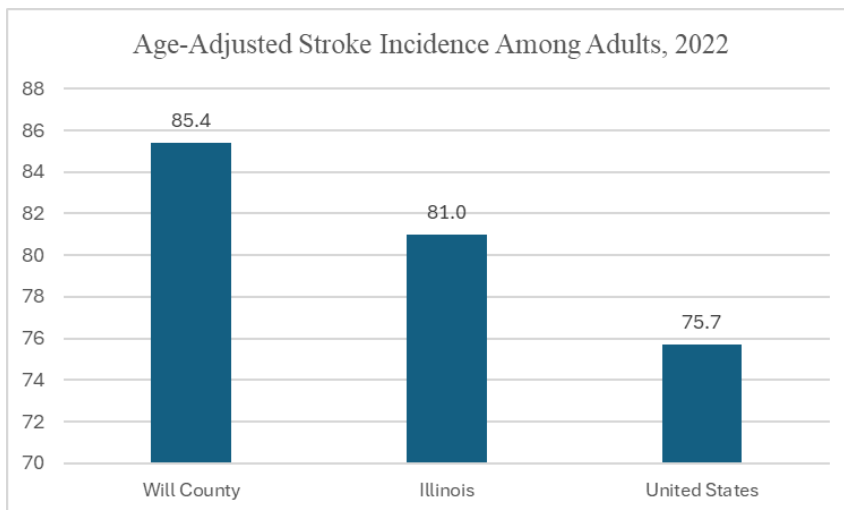
PROSTATE CANCER

Between 2018 and 2022, Will County's prostate cancer incidence rate remained relatively stable, decreasing slightly from 125.2 to 125.0 per 100,000. This rate remains higher than both the state (117.6) and national (113.2) averages in 2022. A breakdown by race and ethnicity shows significant disparities: Black/African American men have the highest incidence at 188.8 per 100,000, followed by White (114.8), Hispanic/Latino (103.7) and Asian/Pacific Islander men (68.5). *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*



STROKE

Stroke prevalence among adults in Will County (2.5%) is notably lower than both the Illinois (3.6%) and national (3.1%) averages. *Source: Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; Centers for Disease Control and Prevention, 2021c.*



ENVIRONMENT, OCCUPATIONAL AND INJURY CONTROL

CATEGORY DEFINITION: Environment, occupational and injury control include indicators related to human-made and environmental conditions that serve as structural determinants of health, influencing both health behaviors and outcomes.

Will County Environment, Occupational and Injury Control Key Findings

Community Access Community access in Will County has improved with increased park availability and a strong overall food environment, yet persistent gaps remain in broadband, transportation and healthy food access, particularly affecting rural and low-income areas

- **Park Access:** Between 2015 and 2020, countywide access to parks increased substantially from 52.5% to 87.1%. Despite this progress, gaps remain in southern and rural regions
- **Broadband Access:** Gaps persist in broadband access, particularly in parts of Joliet, Beecher, Crete, University Park, Wilmington and Shorewood, where up to 29% of households lack high-speed internet
- **Transportation Access and Commute Patterns:** In 2023, 72.6% of Will County residents drove alone to work, with an average commute of 32 minutes. Only 2.3% used public transit, far below the HP2030 goal of 5.3%. Access to transportation remains a challenge, especially in rural areas, with about 2.6% of households lacking a vehicle, concentrated in Joliet, Wilmington, Crete and University Park
- **Limited Access to Healthy Foods:** Low-income residents in Wilmington, Braidwood, Crete, Bolingbrook, Joliet, Crest Hill and Lockport face significant challenges in accessing healthy food options
- **Food Environment Index:** In 2024, Will County achieved a Food Environment Index score of 9.0, surpassing both state and national averages

Environmental Factors Environmental conditions in Will County showed fluctuating air quality alongside ongoing efforts to monitor and secure drinking water through well permitting, sealing abandoned wells and extensive water testing.

- **Air Quality:** Air quality varied over the past decade, with a peak of 231 "Good" days in 2017, falling to 155 in 2023, which also saw more "Unhealthy" days. Air quality improved sharply in 2024, with 245 "Good" days and no "Unhealthy" days
- **Drinking Water Monitoring:** From 2018 to 2024, 882 well permits were issued, and 817 complaints about abandoned wells were reported resulting in 720 well seals

Housing and Living Conditions Housing insecurity remains a challenge in Will County, marked by high housing cost burdens, rising eviction filings, low vacancy rates and regional disparities in home values.

- **Housing Insecurity and Substandard Living Conditions:** Approximately 26.4% of Will County households spend too much on housing, exceeding the HP2030 goal of 25.5%. Higher rates of this issue are seen in areas like Joliet, Bolingbrook and University Park

- **Housing Vacancy Rate:** Will County’s overall housing vacancy rate is low at 3.8%, much lower than the state and national averages. However, some areas, such as Census Tract 9801 in Lockport, have much higher vacancy rates of 46.4%
- **Eviction Filings:** After a temporary drop during pandemic relief efforts, eviction filings surged to 2,935 in 2023, exceeding pre-pandemic levels
- **Median Value of Owner-Occupied Homes:** The median home value in Will County is \$330,700, with the highest values in Naperville and the lowest in Joliet, Crete, Steger and University Park

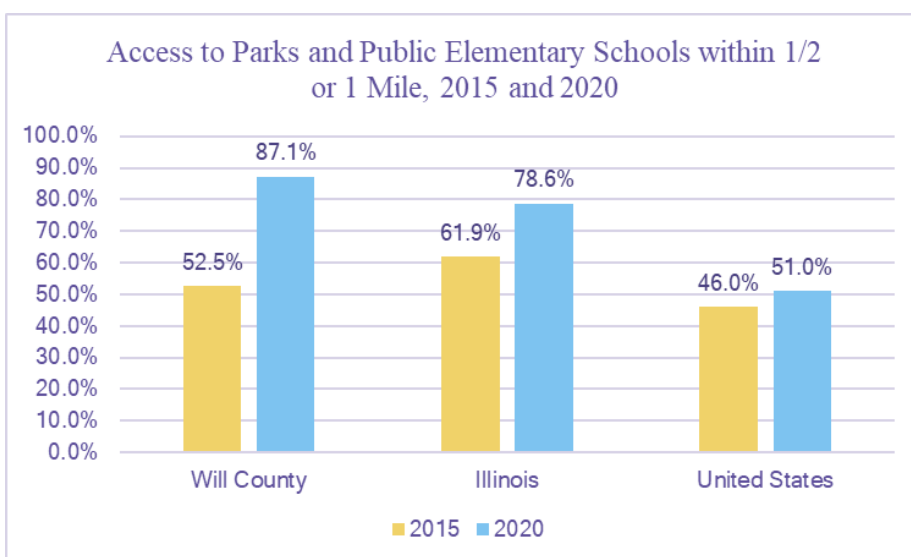
Social and Demographic Trends The correctional population in Will County has declined in recent years, while concerns about social isolation and elder care needs are growing due to a significant number of older adults living alone in various areas.

- **Correctional Population:** The average daily jail population decreased from 689 in 2019 to 466 in 2024. Black/African American individuals remain the largest racial group in custody. The average age of detainees has declined, with males still comprising the majority
- **Older Adults Living Alone:** The highest concentrations of older adults living alone are in parts of Plainfield, Joliet, Shorewood, Frankfort, Romeoville and Lockport, raising concerns about social isolation and elder care needs

ACCESS TO A PARK

This indicator measures the percentage of the population living within a ½ mile of a park, a key factor in supporting healthy, active lifestyles. Access to parks is associated with increased physical activity, improved mental well-being and stronger social connections.

Park access in Will County significantly improved, increasing from 52.5% in 2015 to 87.1% in 2020, outpacing growth at both the state (61.9% to 78.6%) and nation (46.0% to 51.0%). However, despite overall progress across the county, local-level disparities persist. Many census tracts in rural parts of the county, such as Manhattan, Wilmington, Peotone and Elwood, report that less than 50% of residents have access to a park. The lowest access was recorded in the



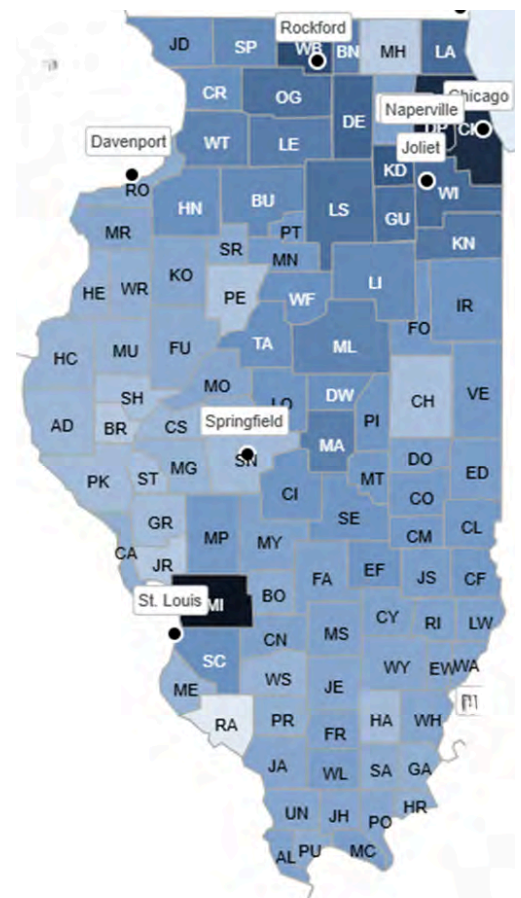
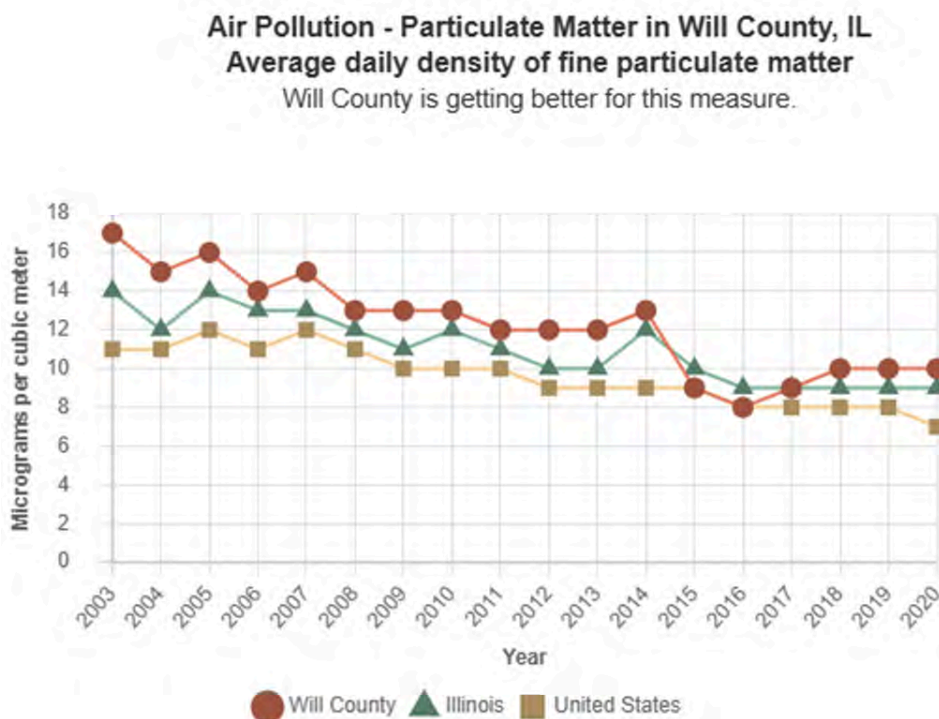
Crete/Beecher/University Park tract (8838.09), where only 47% of residents have park access. *Source: Centers for Disease Control and Prevention, 2020a; University of Wisconsin Population Health Institute, 2025.*

AIR QUALITY

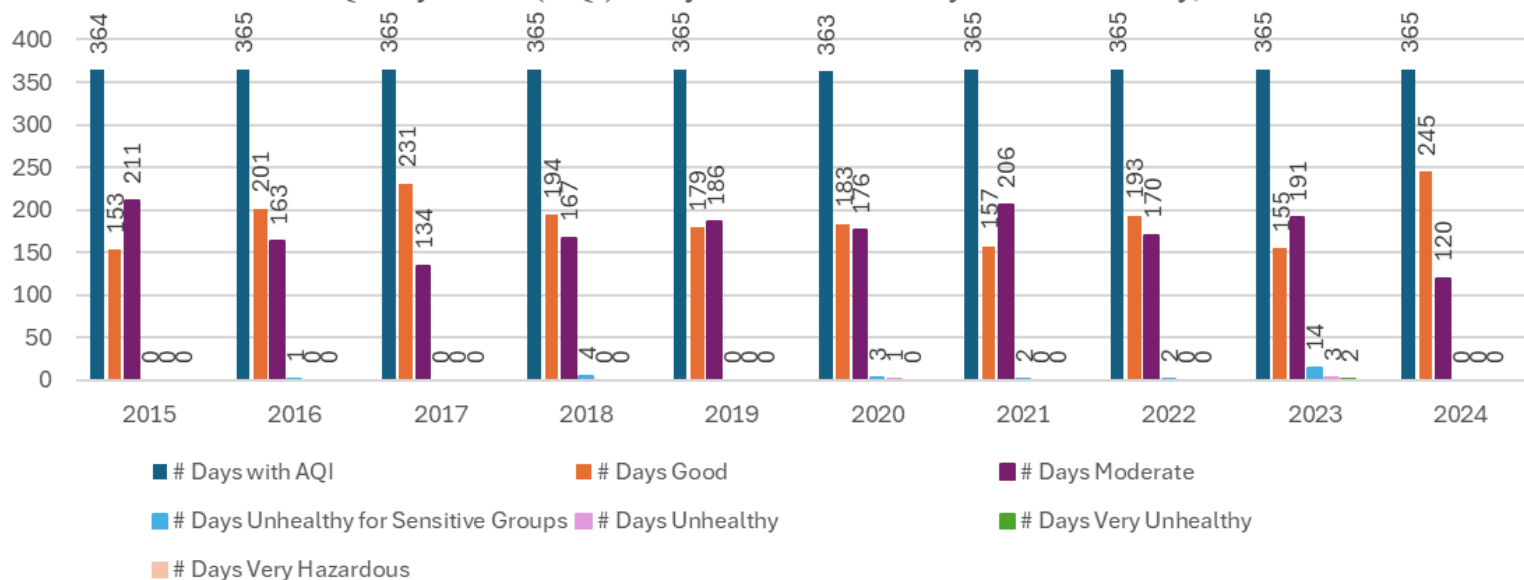
This indicator reflects the percentage of days each year when levels of fine particulate matter (PM_{2.5}) exceed the National Ambient Air Quality Standard of 35 micrograms per cubic meter. The data is based on monitoring station readings and modeled estimates for areas without direct monitoring. Elevated PM_{2.5} levels are associated with adverse health effects, particularly respiratory conditions and broader negative impacts on overall health.

From 2015 to 2024, Will County experienced year-to-year fluctuations in air quality, particularly in the number of "Good" versus "Moderate" air quality days. The number of "Good" air quality days peaked in 2017 at 231 days but dropped significantly in 2023 to just 155 days. Meanwhile, the number of "Moderate" days has increased, with 2023 recording 191 such days, the highest in the period.

Days classified as "Unhealthy for Sensitive Groups" and "Unhealthy" were relatively rare but showed a notable spike in 2023 with 14 and 3 days respectively, including 2 "Very Unhealthy" days, an unusual event for the area. In contrast, 2024 saw a marked improvement, with no days recorded in any of the unhealthy categories and a return to a higher count of "Good" air quality days (245), suggesting a positive shift. No year recorded any days as "Very Hazardous." *Source: University of Wisconsin Population Health Institute, 2025; United States Environmental Protection Agency, 2025.*



Annual Air Quality Index (AQI) Daily Value and County for Will County, 2015 to 2024



BROADBAND ACCESS

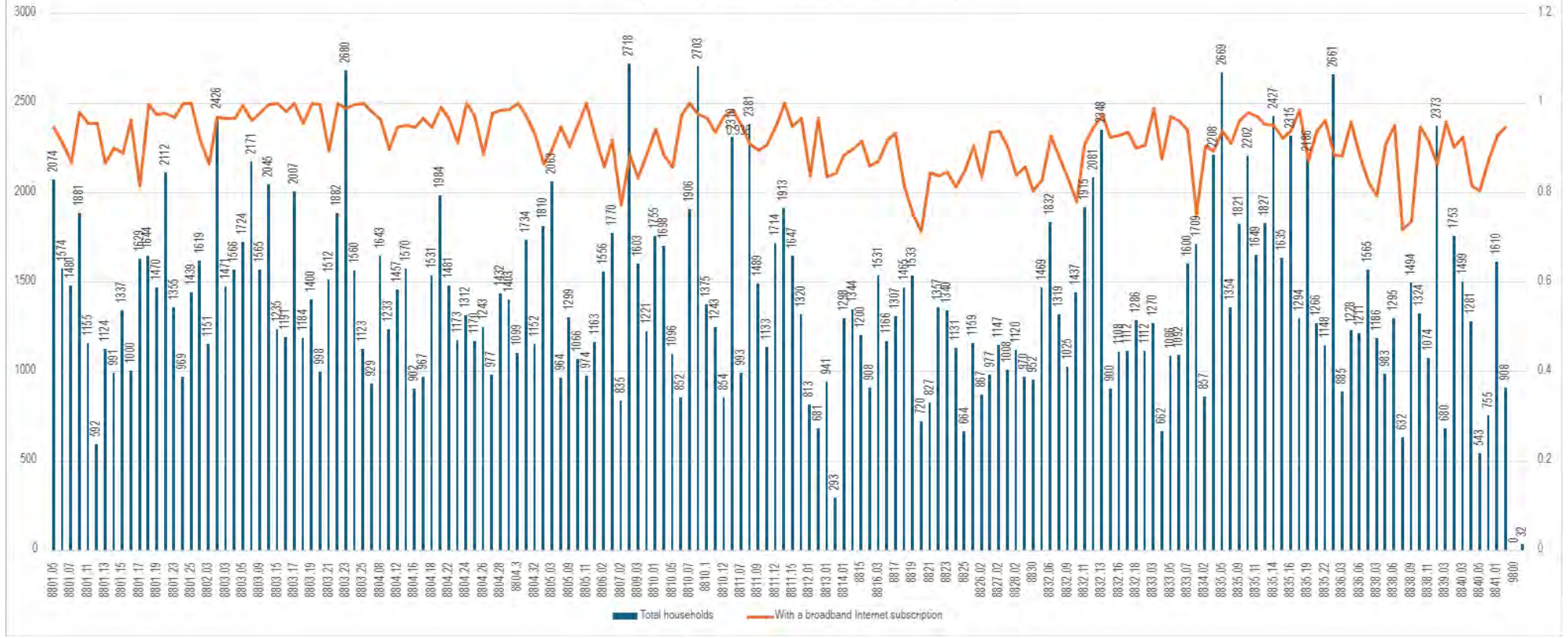
Broadband access is increasingly recognized as a "super determinant" of health because it influences social determinants like education, employment and access to healthcare. Several census tracts in Will County exhibit relatively low broadband access, with percentages of households lacking high-speed internet ranging from 28.7% to 20.7%. The areas most affected include parts of Joliet, Beecher, Crete, University Park, Wilmington and Shorewood. The lowest access is seen in tract 8820 in Joliet, where over 29% of households lack broadband access. *Please refer to the "Percentage of Households with Broadband Access" graph on the next page. Source: United States Census Bureau, n.d.-a. Table S2801.*

CORRECTIONS POPULATION

The Bureau of Justice Statistics defines the incarcerated or corrections population as individuals confined in prisons or jails. Incarceration serves as a method of punishment for criminal offenses, but it can significantly impact the health and well-being of those currently incarcerated, as well as those with a history of incarceration, their families and communities at large. Incarceration rates are often higher among certain racial and ethnic groups and individuals with lower education levels. Compared to the general population, both men and women with a history of incarceration experience poorer mental and physical health. Research indicates that incarcerated individuals are more likely to suffer from conditions such as high blood pressure, asthma, cancer, arthritis and infectious diseases like Tuberculosis, Hepatitis C and HIV.

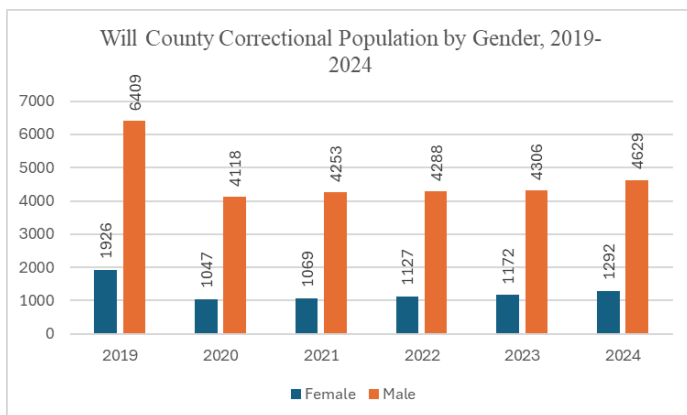
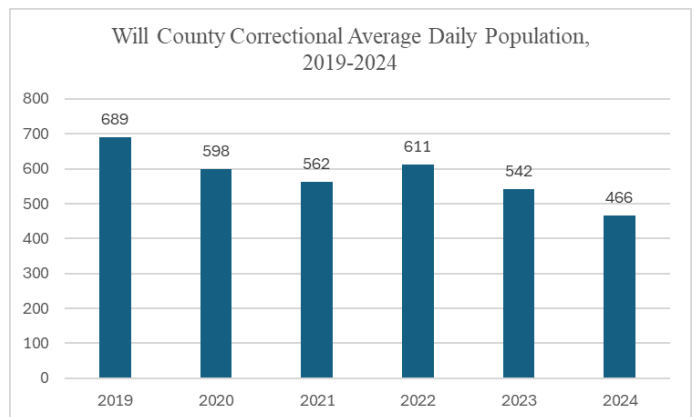
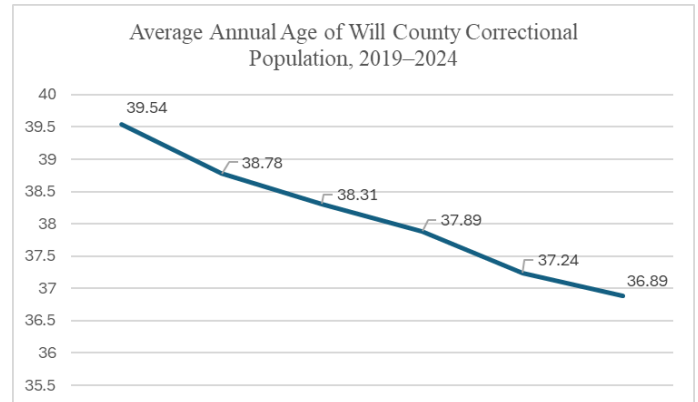
From 2019 to 2024, the Will County Adult Detention population declined, with the average daily population dropping from 689 to 466. The number of individuals identifying as Black/African American remained the largest racial group, rebounding from a 2020 decrease to 2,723 in 2024. White individuals consistently represented the second largest group, while the Hispanic/Latino population steadily increased to 995.

Percentage Households with Broadband Internet Access



The detained population has become younger over time, with the average age falling from 39.54 to 36.89. Males continued to make up the majority, and both male and female counts rose gradually after a sharp drop in 2020.

The SAFE-T Act (Safety, Accountability, Fairness and Equity-Today Act), also known as HB 3653, was passed by the Illinois General Assembly in January 2021 and signed into law by Governor JB Pritzker in February 2021. Taking effect on July 1, 2021, the Act introduced broad reforms across the criminal justice system, including changes to policing, pretrial procedures, sentencing, corrections and crime victim support. It's too early to determine whether the evolving demographic trends within Will County's corrections population are related to statewide reforms introduced by the SAFE-T Act. Source: Bureau of Justice Statistics, 2022; Will County Adult Detention Facility, personal communication, 2025.



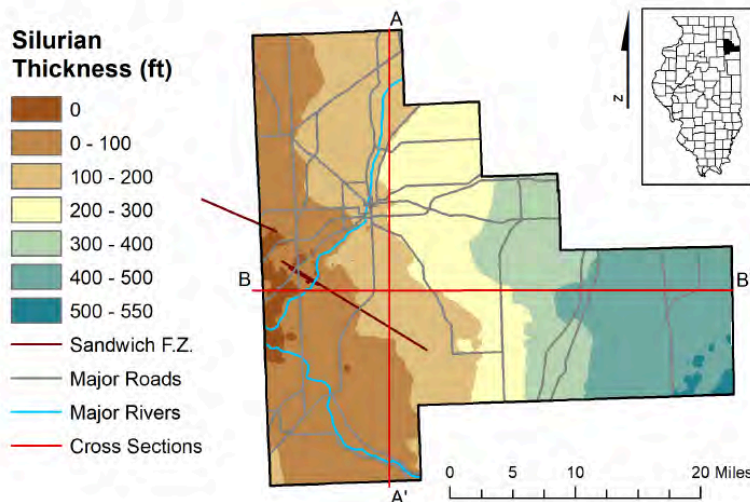
	2019	2020	2021	2022	2023	2024
American Indian / Alaskan	8	2	4	10	2	5
Asian	38	21	35	27	31	29
Black/African American	3618	2319	2342	2442	2446	2723
Hawaiian / Pacific Islander	1	2	4	6	5	6
Hispanic/Latino	1125	643	725	841	851	995
Multi-Racial	60	34	53	53	41	35
Unknown	41	30	14	15	31	26
White	3451	2119	2149	2021	2071	2102

DRINKING WATER VIOLATIONS

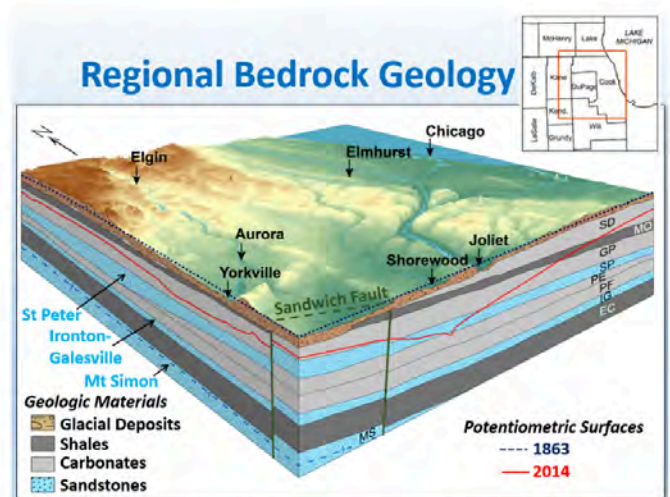
According to the University of Illinois Prairie Research Institute, Will County relies on two main groundwater sources for drinking water:

- **Deep Sandstone Aquifer:** Located 400 to 1,800 feet underground, this aquifer is currently overused in Will County. A 2018 study by the City of Joliet found that the supply is not sustainable long-term and recommended switching sources by 2030

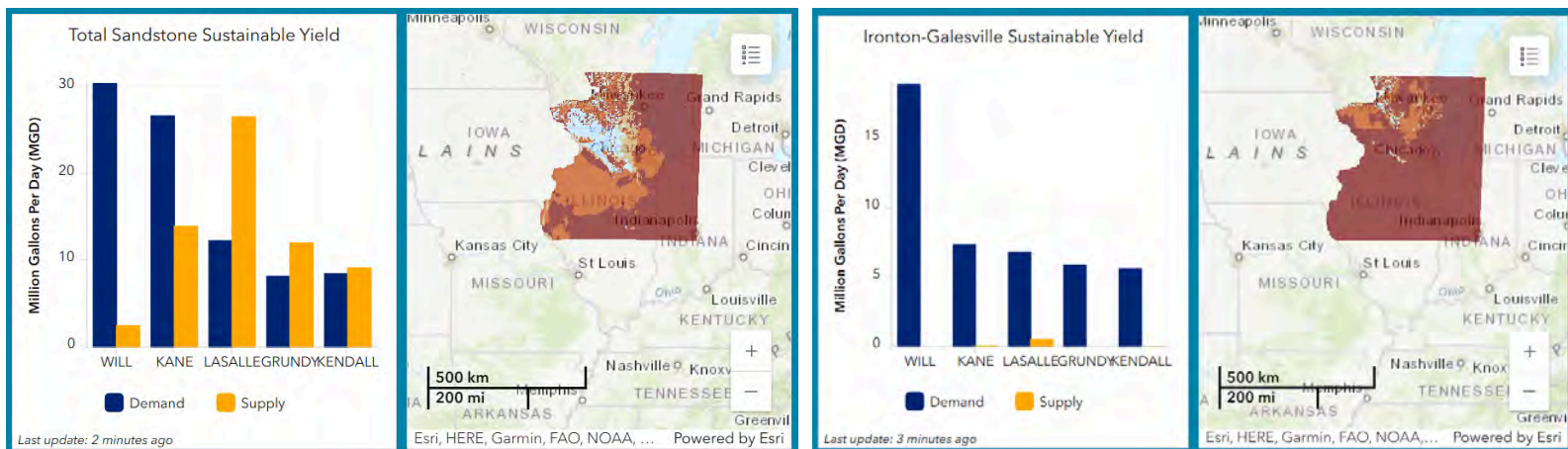
- Shallow Silurian Dolomite Aquifer: This source is closer to the surface and replenishes more easily, but it's also more prone to contamination. While the water quality is generally acceptable, there are concerns about:
 - Naturally high iron, sulfate and hardness levels
 - Rising chloride levels from urban runoff
 - The presence of PFAS ("forever chemicals"), which pose health and environmental risks



The Silurian aquifer is thickest in southeastern Will County at about 500 feet but becomes much thinner toward the west, where it has been mostly eroded away.



Deep Sandstone Aquifer Geology

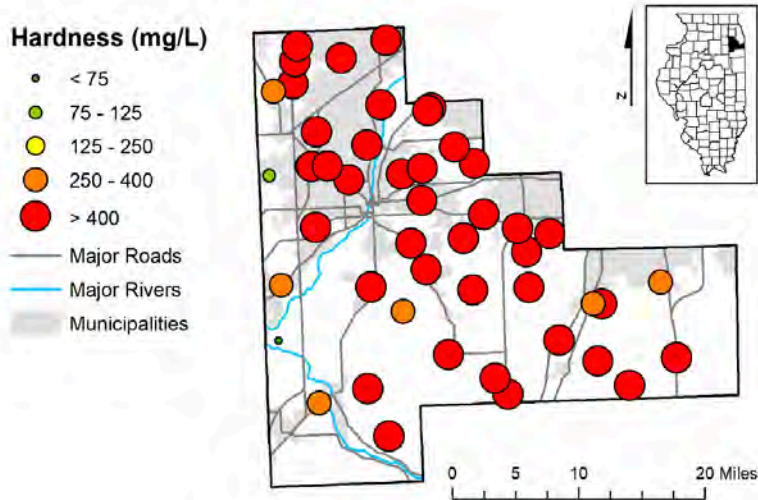


In Will County, both "Total Sandstone" and "Ironton-Galesville" analyses indicate that current water demand significantly exceeds the sustainable supply.

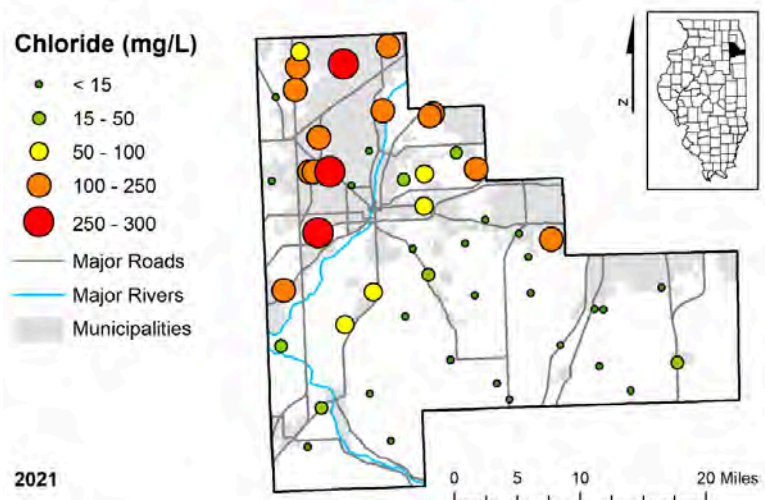
The Environmental Health Division of the Will County Health Department oversees inspections of water wells, wastewater systems and Non-Community Public Water Supplies (NCPWS). Through its Safe Drinking Water Program, the division ensures wells are properly constructed and regularly surveyed and sampled to meet local regulations.

Between January 1, 2018 and December 31, 2024, the division issued 882 new well permits throughout the county. During this period, it also investigated 817 complaints concerning abandoned wells, defined as

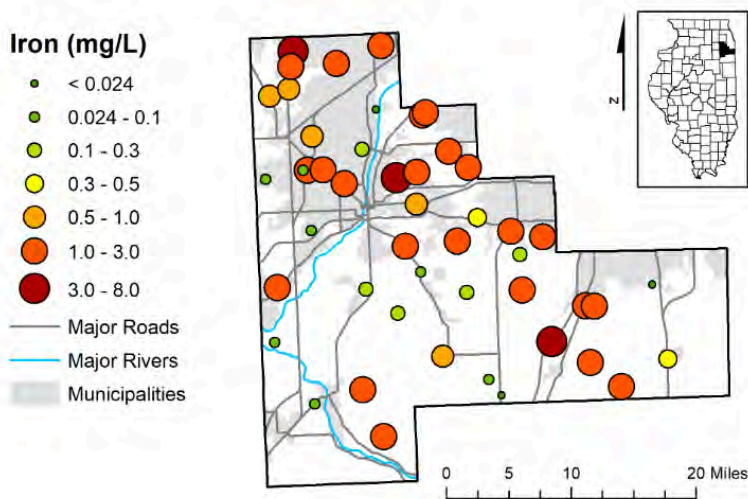
wells that are no longer in use or considered unsafe, and successfully sealed 720 of them. Additionally, through the Non-Community Public Water Supply (NCPWS) program, the division monitors 285 public wells serving facilities such as churches and schools, and has collected and tested 3,077 NCPWS water samples over the past five years. *Source: Abrams, 2021; Groenewold, 2021; Kelly, 2020; Kelly et al., 2022; University of Illinois Urbana-Champaign, 2020; Will County Health Department Environmental Health Division, personal communication, May 15, 2025.*



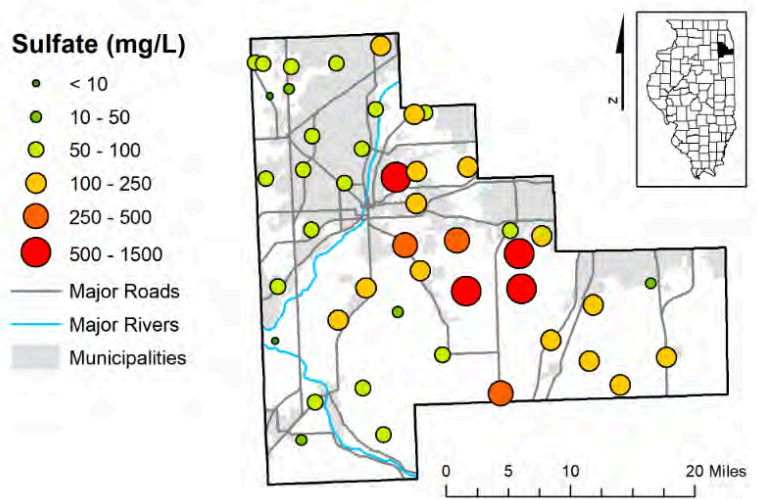
Groundwater in the Silurian aquifer is very hard due to high mineral content, which is common in shallow aquifers across Illinois and often leads well owners to use water softeners.



High chloride levels in northern urban Will County are likely caused by road salt runoff in winter, with brine from home water softeners also contributing.



Shallow bedrock aquifers have little natural iron, so the iron and other minerals likely come from water seeping in through the glacial deposits above.



While high sulfate levels don't pose a direct health risk, they can cause issues with taste and corrosion.

EMPLOYMENT-POPULATION RATIO

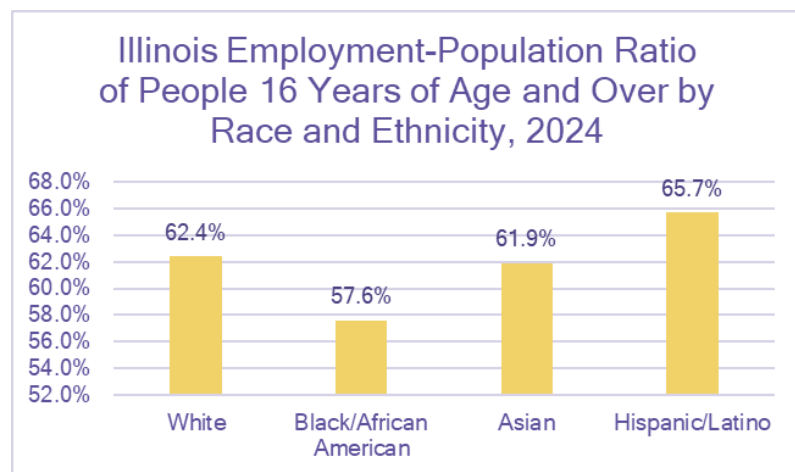
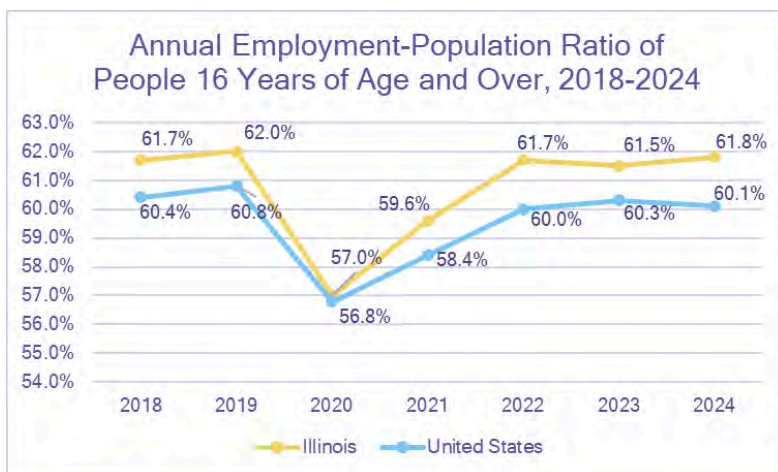


The employment-population ratio, which represents the percentage of individuals aged 16 and older who are employed, is an important measure of labor market strength and an indirect indicator of community health, given the strong connection between employment, economic stability and overall well-being.

Between 2018 and 2024, both the state and the nation experienced fluctuations in employment, with sharp declines in 2020 likely driven by the Covid-19 pandemic. The state's employment rate fell from 62.0% in 2019 to 57.0% in 2020, while the national rate dropped from 60.8% to 56.8%. Since then, both have gradually rebounded, reaching 61.8% for Illinois and 60.1% for the United States by 2024, nearly returning to pre-pandemic levels. However, both remain well below the HP2030 target of 75.0%, highlighting the continued need to strengthen workforce participation and economic opportunity.

In 2024, employment-population ratios varied across racial and ethnic groups. Hispanic/Latino individuals had the highest ratio at 65.7%, exceeding the overall state and national averages. White (62.4%) and Asian (61.9%) populations followed closely behind. In contrast, Black/African American individuals had the lowest employment-population ratio at 57.6%, indicating ongoing disparities in workforce engagement.

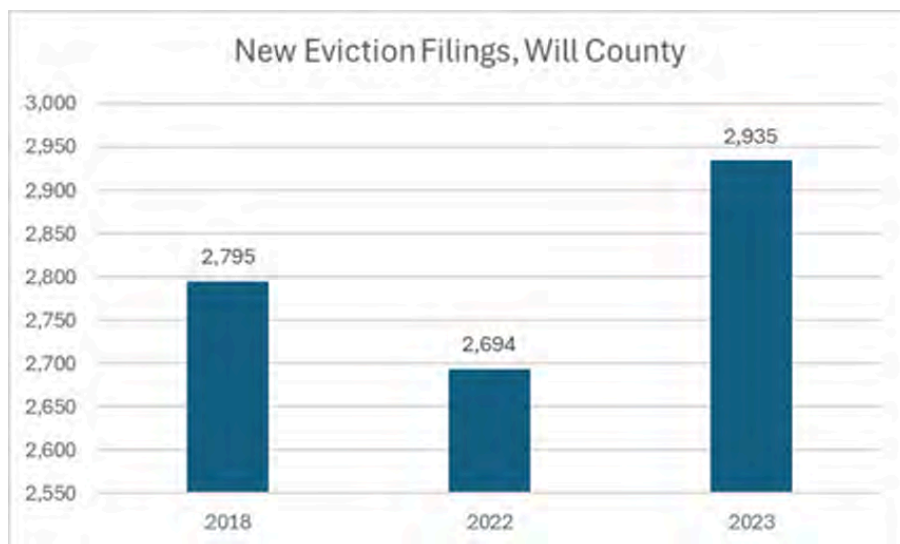
According to the U.S. Bureau of Labor Statistics, in 2024, the national employment-population ratio for individuals with disabilities remained relatively unchanged at 22.7%. For those ages 16 to 64 with a disability, the ratio was 37.4%, and for individuals 65 and older, it stood at 8.1%, both showing little variation from the previous year. Regardless of education level, individuals with disabilities were consistently less likely to be employed than those without disabilities. Additionally, people with disabilities were more likely to work part time, 31% compared to 17% of those without disabilities. Of those working part time, about 4% did so for economic reasons, such as reduced hours or an inability to find full-time employment. *Source: United States Bureau of Labor Statistics, 2024; United States Bureau of Labor Statistics, 2025.*



EVICTIION RATE

Stable housing is vital for good health, but rising housing costs and stagnant incomes have made secure housing unaffordable for many. The threat or experience of eviction is linked to a range of negative health outcomes, including physical illness, high blood pressure, mental health issues like anxiety and depression and increased ER visits. Eviction often leads to housing instability, overcrowding and homelessness, which further harm health. Affected children face higher food insecurity and poorer educational outcomes. Financially, eviction can result in job loss, increased reliance on social programs and reduced credit access, worsening long-term economic stability.

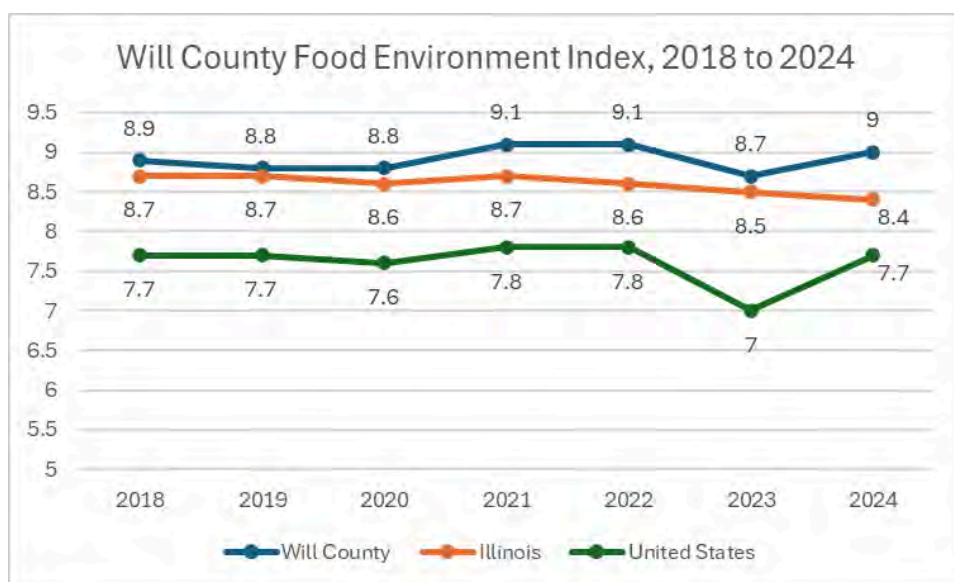
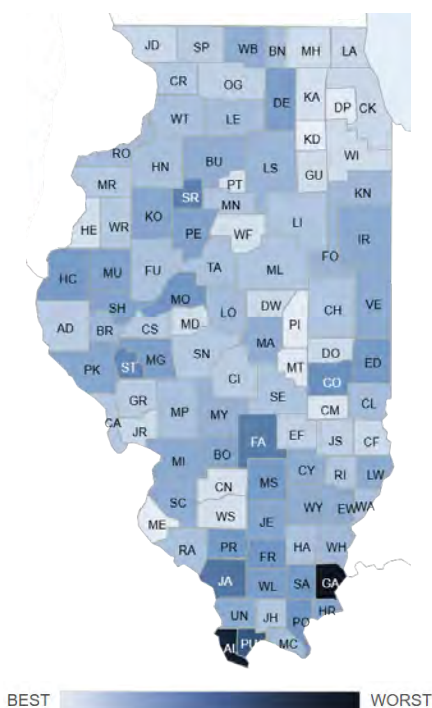
Eviction filings in Will County were relatively high before the COVID-19 pandemic, with 2,795 recorded in 2018. Following national and state-level eviction moratoriums and emergency rental assistance programs during the pandemic, filings decreased slightly to 2,694 in 2022. However, by 2023, eviction filings rose to 2,935, surpassing pre-pandemic levels. This rebound suggests that housing instability has resumed or worsened as pandemic-era protections have expired, indicating a growing need for long-term housing support and affordability interventions.



Source: Aborode, 2022; Administrative Office of the Illinois Courts, 2023; Princeton University, 2018.

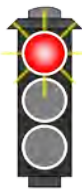
FOOD ENVIRONMENT INDEX

The Food Environment Index, which ranges from 0 (worst) to 10 (best) and reflects both physical access to healthy foods and economic factors such as income and transportation barriers, provides a meaningful gauge of how supportive a community's food environment is. It takes into account the distance residents live from supermarkets or other primary healthy-food retailers, the prevalence of healthy-food retail in the community, and whether cost or mobility prevent people from accessing healthy food. Research indicates that lower index scores—often found in so-called food deserts—are regularly linked with higher rates of overweight and obesity, premature mortality, asthma, activity limitations, and increased health-care costs.



From 2018 through 2024, Will County consistently outperformed both the state and national averages, achieving a score of 9.0 in 2024, which indicates comparatively strong food access and favorable economic conditions. Early data from 2025 show a slight decline to 8.8, suggesting a potential shift in the county's previously stable trend and underscoring the importance of continued efforts to preserve equitable access to healthy foods across all communities. *Source: University of Wisconsin Population Health Institute, 2025.*

HOUSING INSECURITY AND SUBSTANDARD LIVING CONDITIONS



Housing insecurity includes a range of issues such as struggling to pay rent or utilities, frequent or involuntary moves or living in unsafe or unhealthy environments, challenges that are often driven by poverty. One way to assess housing quality is by identifying households that experience at least one of four key problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing. These conditions help highlight areas with substandard housing and inform where support is most needed.

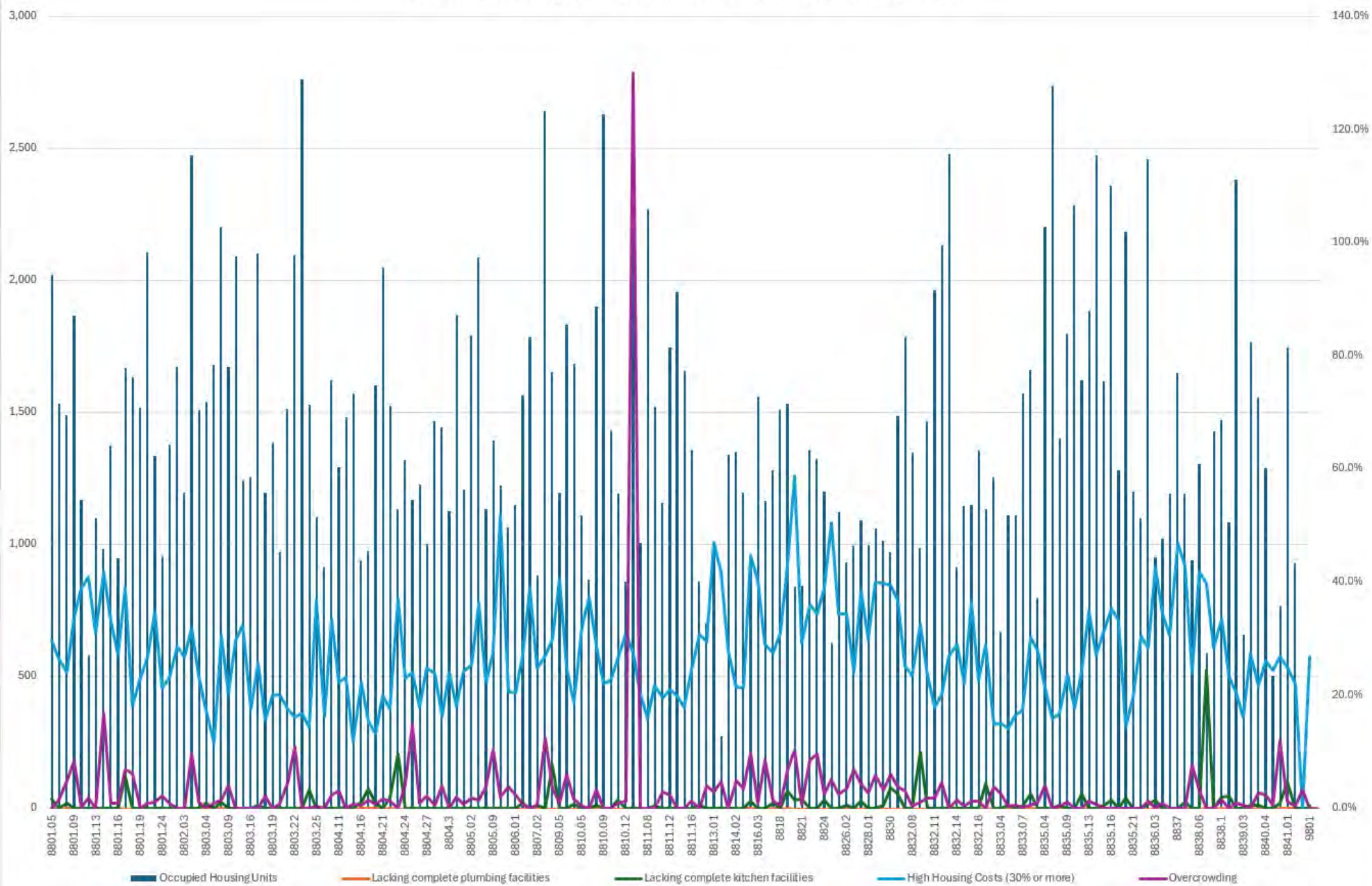
In Will County, 26.4% of households, 64,988 out of 246,145, spend 30% or more of their monthly household income on housing. This exceeds the HP2030 objective of 25.5%. Cost-burdened households are distributed throughout the county, with higher concentrations observed in parts of Aurora, Bolingbrook, Crete, Crest Hill, Frankfort, Joliet, Lockport, Mokena, Monee, New Lenox, Plainfield, Steger and University Park.

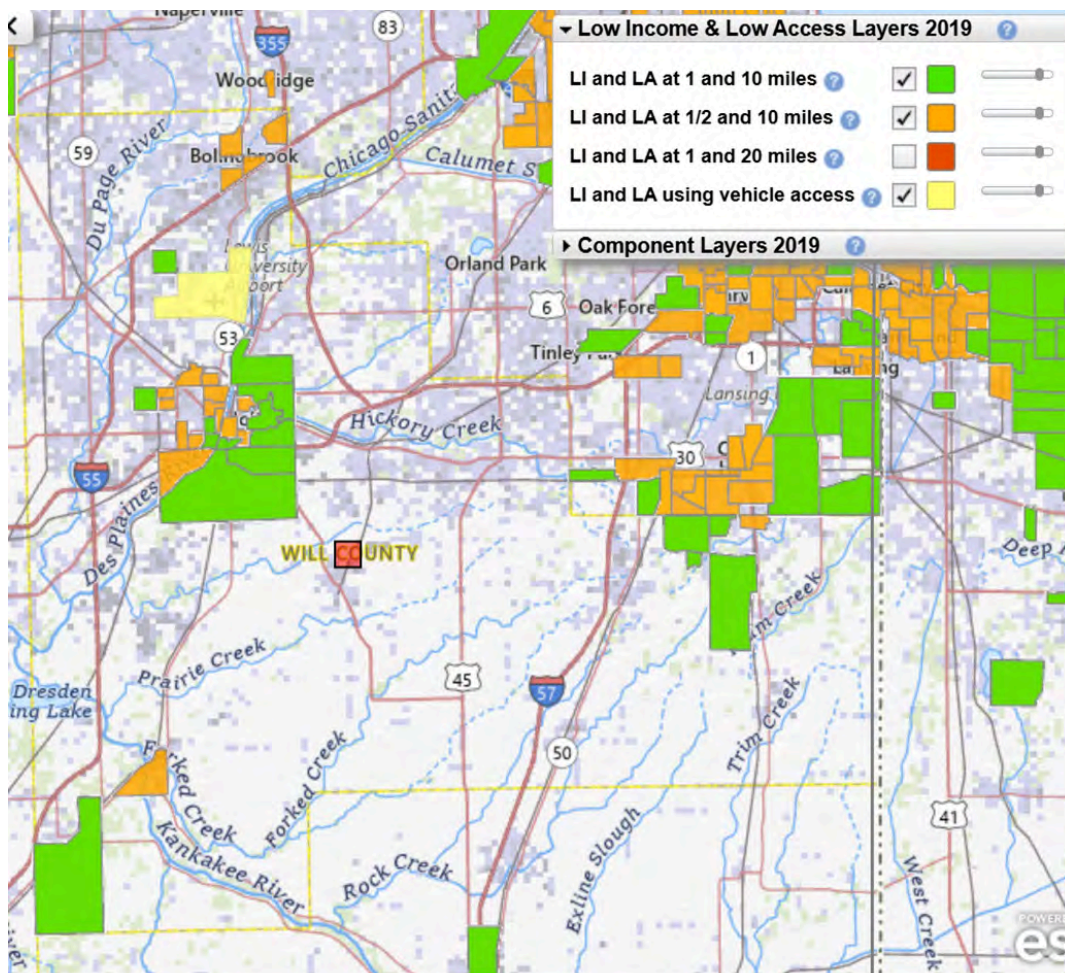
In 2023, 954 housing units in Will County lacked complete kitchen facilities. Among owner-occupied homes, Tract 8832.19 in Shorewood/Joliet had the highest count, with 50 units. The highest numbers among renter-occupied units were found in Tract 8838.08 in Beecher/Crete with 113 units, Tract 8832.09 in Joliet with 121, Tract 8804.23 in Plainfield with 115 and Tract 8801.17 in Bolingbrook, also with 115 units.

A total of 918 households in Will County had inadequate plumbing, with 731 being owner-occupied and 187 renter-occupied. The highest counts among owner-occupied households were in Tract 8832.19 (Shorewood/Joliet) with 50 units and Tract 8838.10 (Crete/Steger) with 61 units. For renter-occupied households, Tract 8819 in Joliet had 53 units without adequate plumbing and Tract 8838.03 in Steger/Crete had 61 units.

Telephone service gaps were also noted in several tracts. Among owner-occupied units, Tract 8839.02 in Beecher had 77 homes without phone service, Tract 8809.01 in the Crest Hill/Lockport/Plainfield/Joliet area had 89 and Tract 8837 in Steger/Crete had 71. For renter-occupied units, Tract 8834.01 in Wilmington had the highest number, with 76 units lacking telephone service. *Please refer to the “Percentage of Households Facing Housing Problems by Will County Census Tract, 2023” graph on the next page. Source: United States Census Bureau, n.d.-a. Table B25043, B25049, B25053, DR04 and S2501.*

Households Facing Housing Problems by Will County Census Tract, 2023





LIMITED ACCESS TO HEALTHY FOODS

The percentage of Will County's low-income population experiencing limited access to healthy food remained a concern, particularly in specific geographic areas. Census tracts in Wilmington, Braidwood, Crete, Bolingbrook, Joliet, Crest Hill and Lockport were identified as having significant overlap of low income and limited food access within both ½-mile and 10-mile radii. Additionally, residents in census tract 8841.01 (covering parts of

Romeoville, Plainfield and Lockport) were noted to face challenges even when using a vehicle, indicating broader transportation and accessibility barriers. *Source: U.S. Department of Agriculture, 2019.*

MEDIAN VALUE OF OWNER-OCCUPIED HOMES

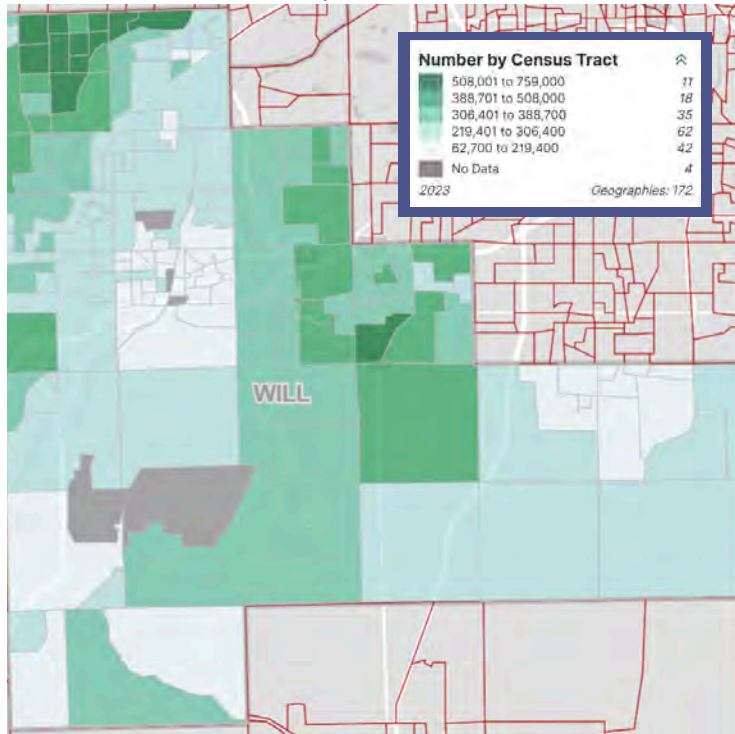
The median value of owner-occupied homes serves as an indicator of socioeconomic stability. Homeownership and stable housing are associated with lower stress levels, improved access to healthcare and nutritious food and greater opportunities to build wealth, all of which contribute to long-term health and well-being.

According to the U.S. Census Bureau, the median home value in Will County was \$330,700, compared to \$283,200 in the state and \$372,600 nationwide. In Will County, the highest median home values were concentrated in the northern and northeastern areas, particularly in Naperville, with Census Tracts such as 8803.16 (\$717,000), 8803.22 (\$620,200), 8803.05 (\$572,400), 8803.04 (\$550,200) and 8803.23 (\$541,500) reflecting the most elevated values.

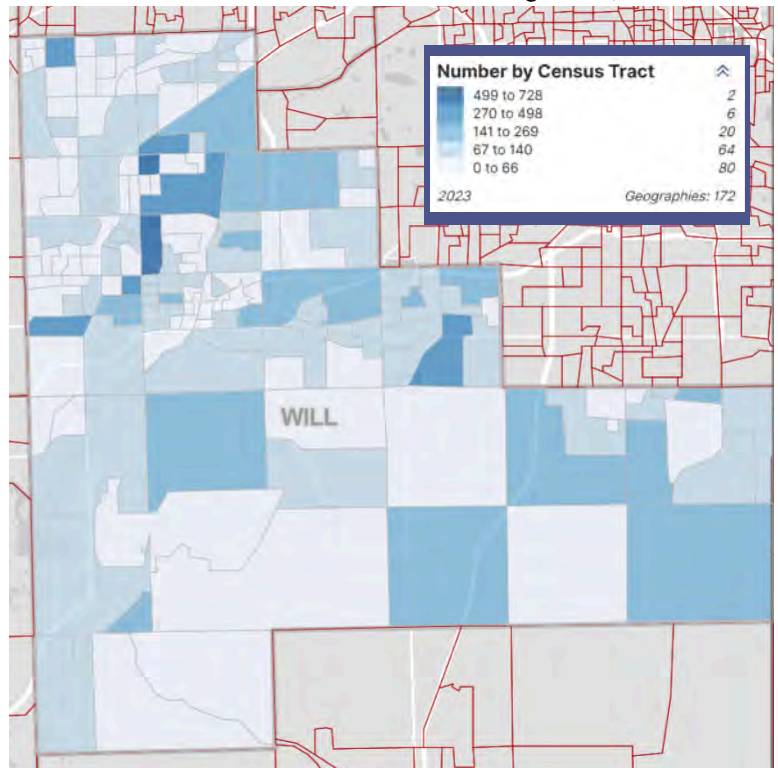
Conversely, the lowest median home values were found in parts of central, eastern and southern Will County, including Joliet, Steger, Crete and University Park. The lowest values appeared in Census Tracts 8836.05

(\$95,200), 8820 (\$95,700), 8838.03 (\$98,900), 8837 (\$105,300) and 8824 (\$117,600). These geographic disparities reflect broader patterns of socioeconomic inequality across the county. *Source: United States Census Bureau, n.d.-a. Table S2506.*

Median Value of Owner-Occupied Homes by
Will County Census Tract, 2023



Householder 65 Years and Over Living Alone, 2023

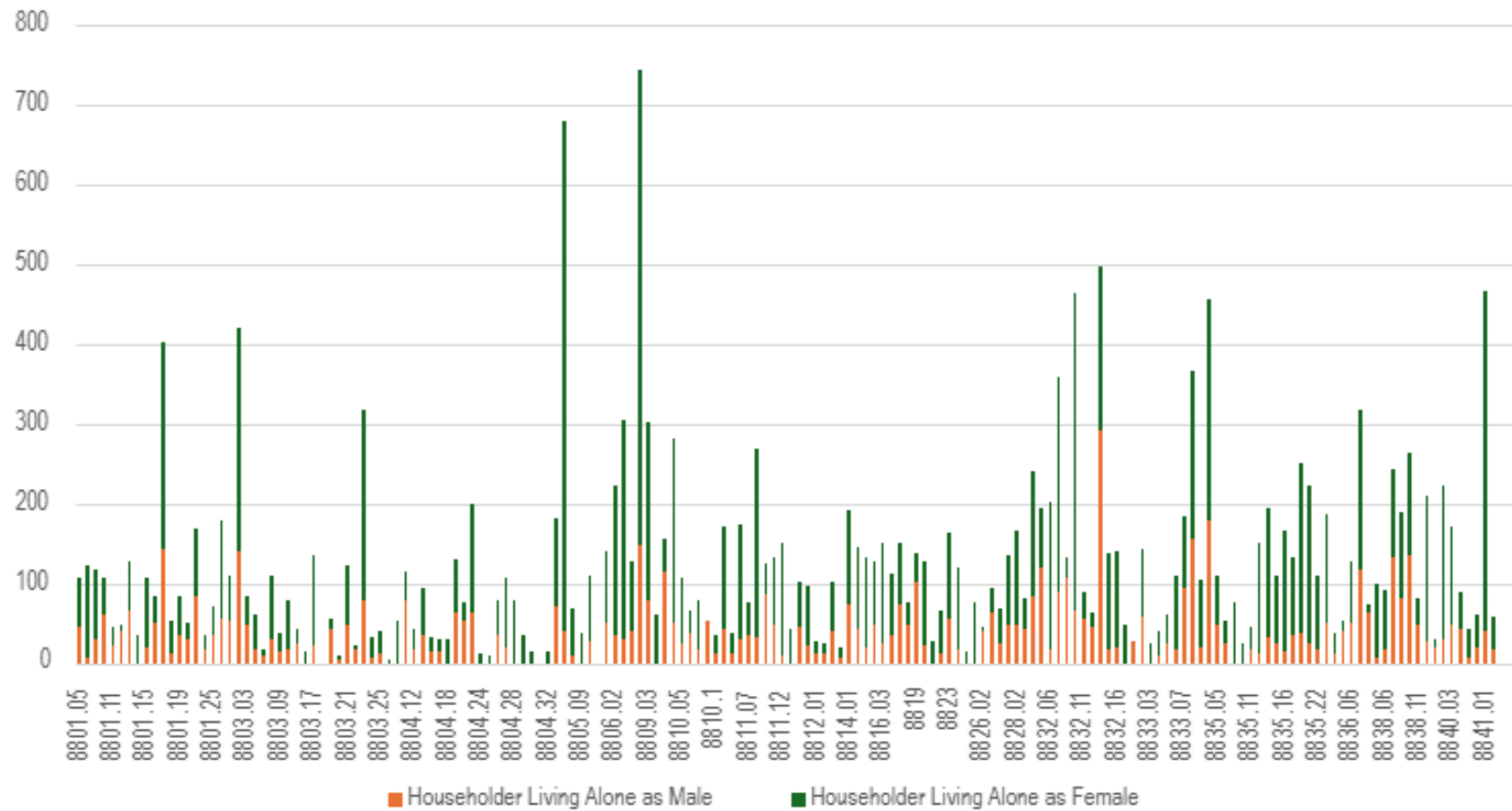


PEOPLE 65 + LIVING ALONE

Living alone at age 65 and older can signal increased health risks for older adults. It is linked to higher rates of falls, chronic conditions and functional impairments. Additionally, living alone often heightens the risk of social isolation, which can adversely affect both physical and mental health. Reduced social interaction may lead to loneliness, which is associated with greater chances of depression, heart disease and a weakened immune response, as well as a decline in the ability to manage daily activities.

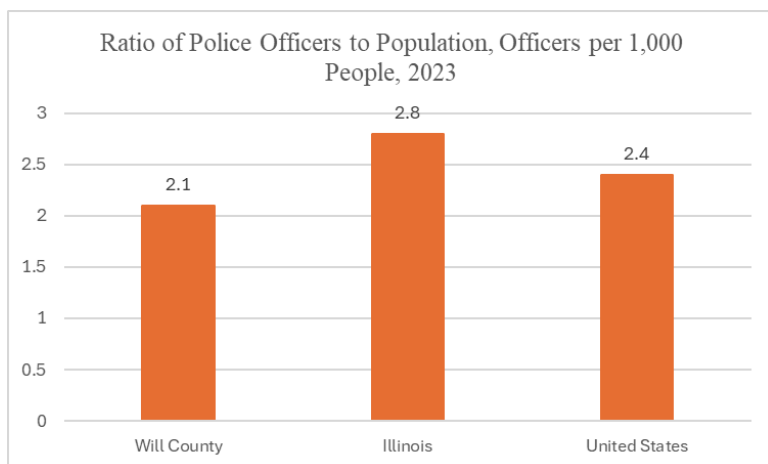
In Will County, several census tracts show notable concentrations of older adults aged 65 and over living alone, suggesting areas where aging populations may face increased risk for social isolation. The highest numbers are observed in census tract 8809.01 (Plainfield/Joliet) with 728 individuals and 8805.03 (Plainfield) with 625. Other tracts with significant numbers include Shorewood (8823.13) with 498, Frankfort (8835.04) with 437 and Romeoville/Plainfield/Lockport (8841.01) with 372. *Please refer to the “Living Alone for the Population 65 years and Over” graph on the next page. Source: United States Census Bureau, n.d.-a. Table B09020, B25011.*

Living Alone for the Population 65 years and Over



POLICE OFFICER RATIO

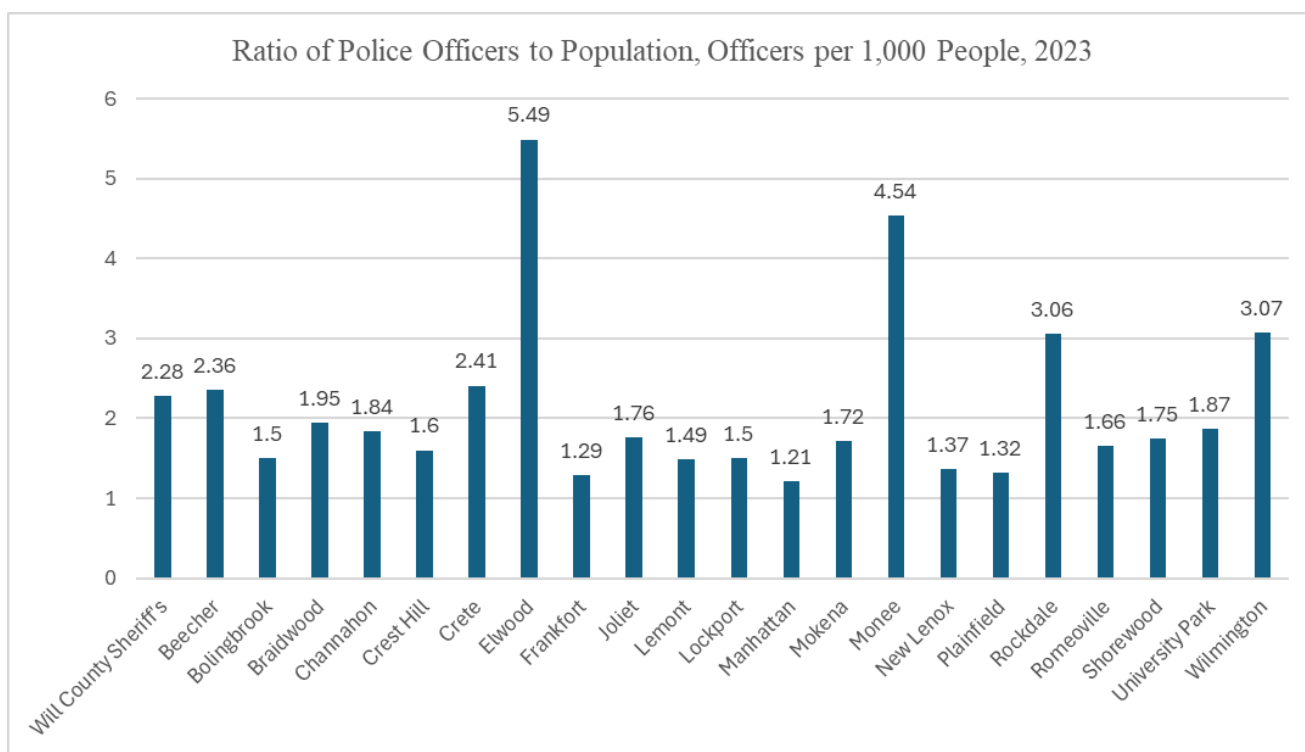
An increasing body of research highlights that policing functions as a social determinant of health, contributing to population-level health outcomes and disparities. While institutions like schools and workplaces have long been recognized as influential to health, there is growing recognition of how systems like law enforcement also shape community well-being.



In 2023, Will County had a lower police officer-to-population ratio at 2.1 per 1,000 residents compared to both the state of Illinois at 2.8 and the national average at 2.4. Within the county, staffing levels varied significantly, with Elwood (5.49), Monee (4.54), Wilmington (3.07) and Rockdale (3.06) had the highest ratios, while larger municipalities such as Frankfort (1.29), Plainfield (1.32), Manhattan (1.21) and New Lenox (1.37) reported much lower levels.

These variations likely reflect differing community sizes, resources, needs and public safety strategies.

Notably, there is no federally mandated standard for police staffing levels; best practices recommend tailoring staffing based on factors like crime trends, geographic layout, population demographics, officer workload and resource availability. *Source: Federal Bureau of Investigation, 2024; Lee et al., 2023.*

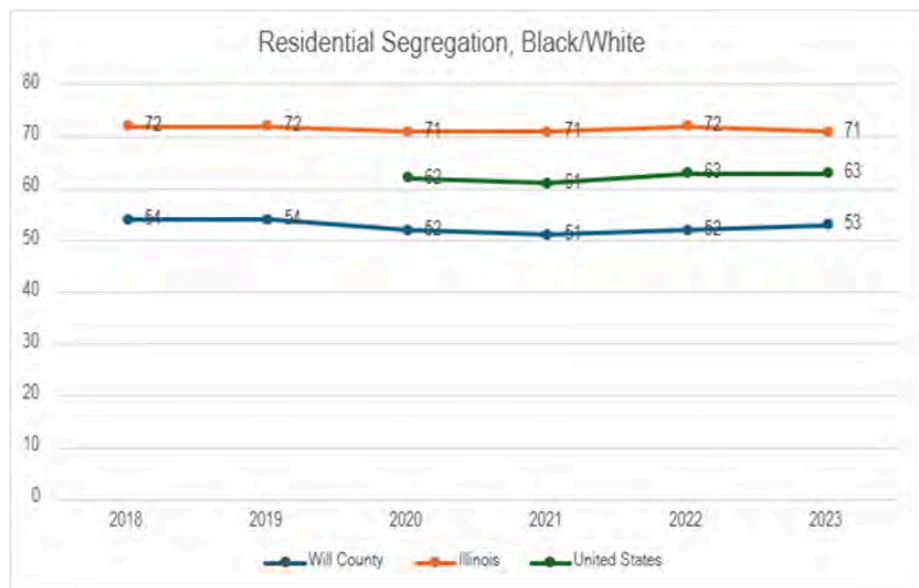


RESIDENTIAL SEGREGATION

The Residential Segregation Index of Dissimilarity measures the extent to which white and non-white households live separately within a given area, with values ranging from 0 (complete integration) to 100 (complete segregation). Higher scores reflect greater levels of segregation. This index is an important indicator of community health, as residential segregation is strongly associated with negative health outcomes, including higher mortality rates, poorer health behaviors and unequal access to healthcare.

According to the Centers for Disease Control and Prevention, racial residential segregation represents “the physical separation of races in residential settings,” and serves as a proxy for structural racism. This separation is often accompanied by systemic disinvestment in neighborhoods predominantly occupied by historically marginalized communities, leading to wide-ranging negative effects in education, employment, economic opportunity and environmental quality.

Between 2018 and 2023, Will County's Residential Segregation Index remained relatively stable, fluctuating slightly between 51 and 54. This indicates a moderate level of racial segregation, lower than both the Illinois average (71–72) and the national average (61–63). While Will County shows less segregation than the state and nation, the consistent index values suggest that progress toward integration has been limited over time. Persistent segregation may continue to contribute to disparities in health, education and economic opportunities within the county. *Source: University of Wisconsin Population Health Institute, 2025.*



SUPERFUND SITES

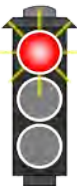
Across the country, thousands of Superfund sites have been contaminated due to the improper handling of hazardous waste. This can occur through dumping, open exposure or poor management practices. These sites often include former manufacturing plants, industrial processing facilities, landfills and mining areas. Superfund sites contain toxic pollutants, and living, working or attending school near one may pose health risks depending on the specific contaminants present. Exposure to Superfund site toxins has been associated with negative health outcomes, including infant mortality, mental health issues, waterborne and foodborne illnesses and cancer.

Will County is home to three Superfund sites, all located in Joliet. These include the Amoco Chemicals (Joliet Landfill) site and two areas of the Joliet Army Ammunition Plant, one designated for load-assembly-packing and the other for manufacturing. All three sites have been assigned a “final” on the National

Priorities List (NPL), indicating they are recognized by the EPA as significant enough to warrant long-term federal cleanup efforts. *Source: United States Environmental Protection Agency, 2018.*

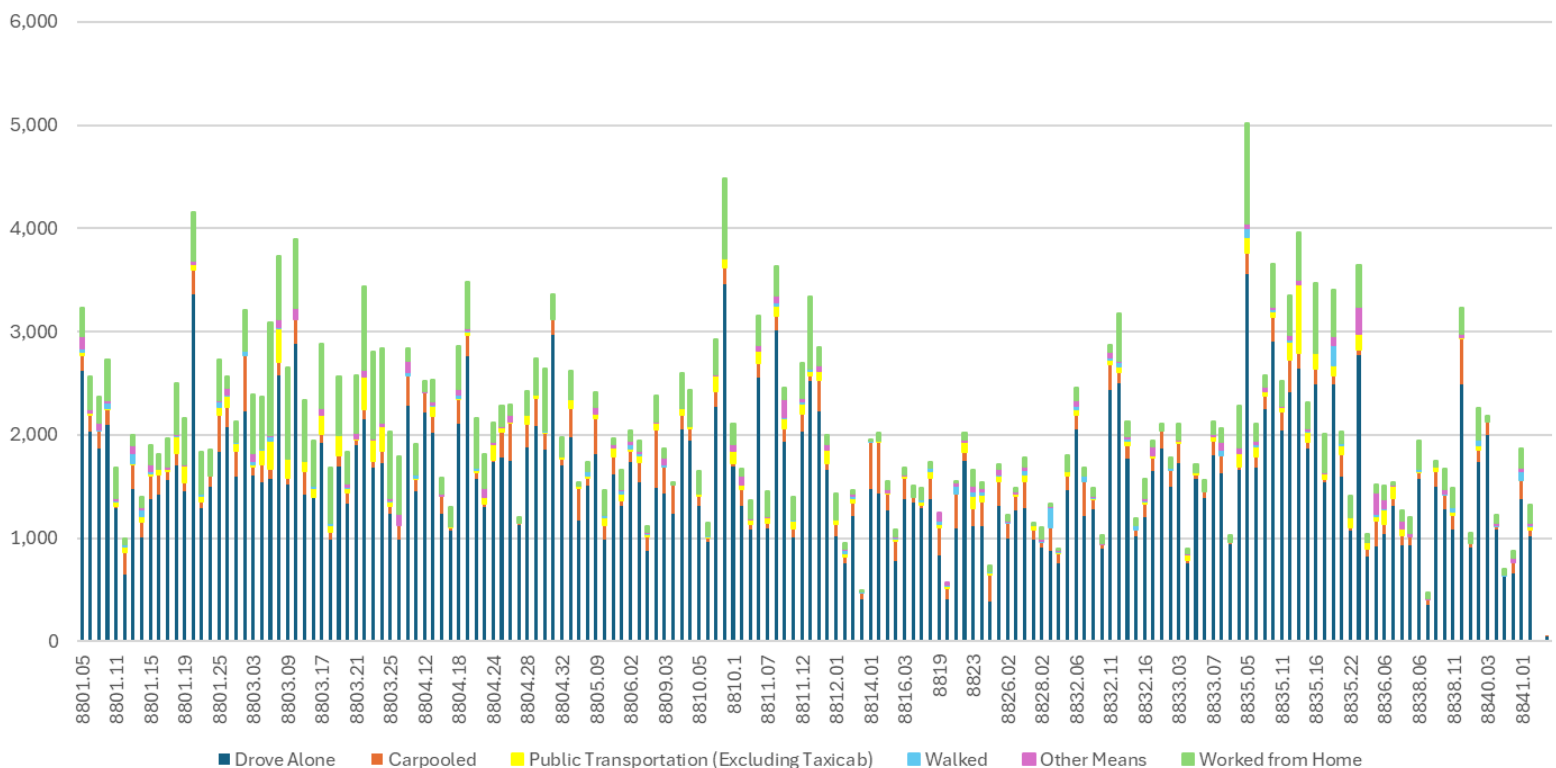
Region	City	County	State	Zip Code	EPA ID	Site Name	NPL Status
05	JOLIET	WILL	Illinois	60410	ILD002994259	AMOCO CHEMICALS (JOLIET LANDFILL)	Final
05	JOLIET	WILL	Illinois	60434	IL0210090049	JOLIET ARMY AMMUNITION PLANT (LOAD-ASSEMBLY-PACKING AREA)	Final
05	JOLIET	WILL	Illinois	60434	IL7213820460	JOLIET ARMY AMMUNITION PLANT (MANUFACTURING AREA)	Final

TRANSPORTATION



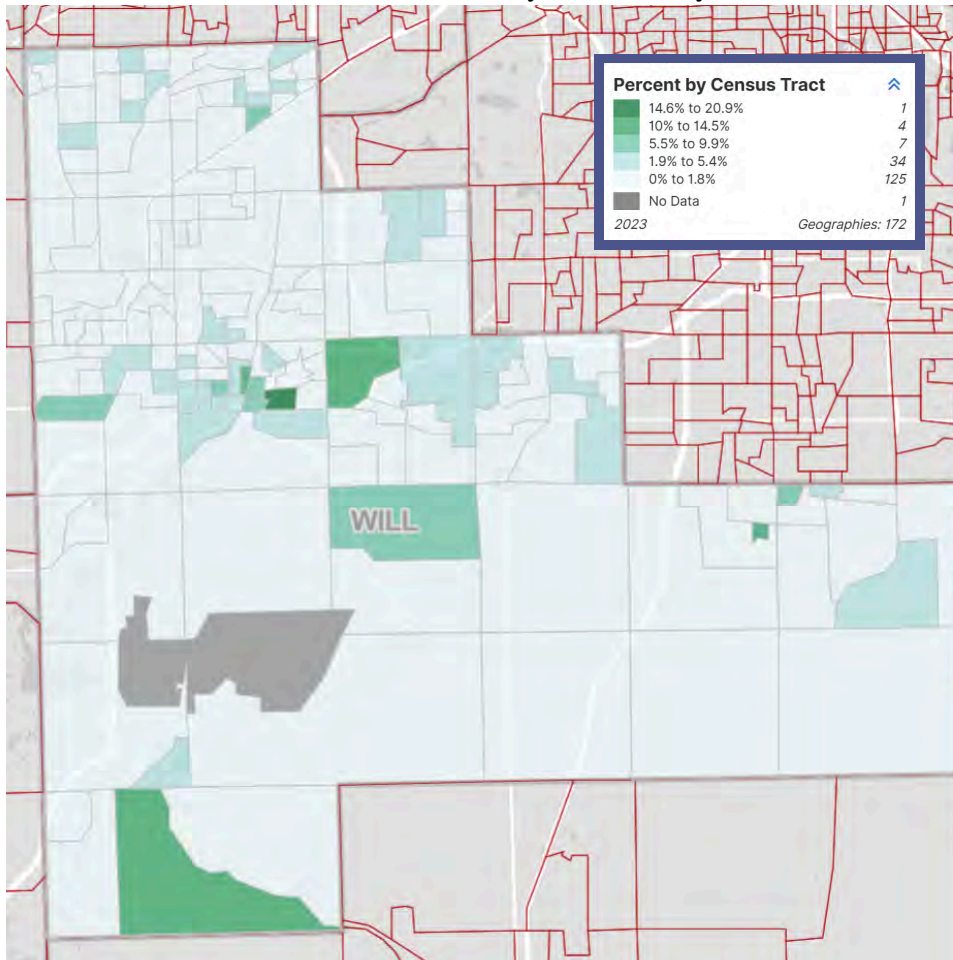
Modes of transportation to work can offer important insights into community health. Active commuting methods, such as walking or biking, are associated with improved physical health and well-being. In contrast, long or sedentary commutes can increase exposure to air pollution and the risk of motor vehicle-related injuries.

Means of Transportation to Work Among Will County Workers 16 Years and Over, 2023



In 2023, the most common commuting methods in Will County included driving alone (72.6%), working from home (13.5%) and carpooling (8.9%). The average commute time was 31.8 minutes, with 14.2% of workers traveling 30–34 minutes and 13.4% commuting 60 minutes or more. Only 2.3% of Will County residents used public transportation, falling below the HP2030 target of 5.3%.

Households with No Vehicle Available by Will County Census Tract, 2023



(Joliet) with 20.9%, 8819 (Joliet) with 14.5%, 8840.05 (Wilmington) with 12.9% and 8836.05 (Crete/University Park) with 12.3%. *Source: United States Census Bureau, n.d.-a. Table S0801.*

VACANCY RATE

The U.S. Department of Housing and Urban Development (HUD) defines the vacancy rate as the proportion of unoccupied residential properties in a neighborhood. High vacancy rates are linked to a variety of negative health and safety outcomes, including mental illness, cardiovascular disease, fire-related injuries and higher rates of crime and drug activity. Areas with many boarded-up homes also tend to have higher rates of sexually transmitted infections, premature death, diabetes, homicide, suicide and lead poisoning in children. Vacancy rates reflect broader social conditions. High vacancy can indicate neighborhood decline and contribute to health disparities, while very low vacancy may point to a lack of affordable housing.

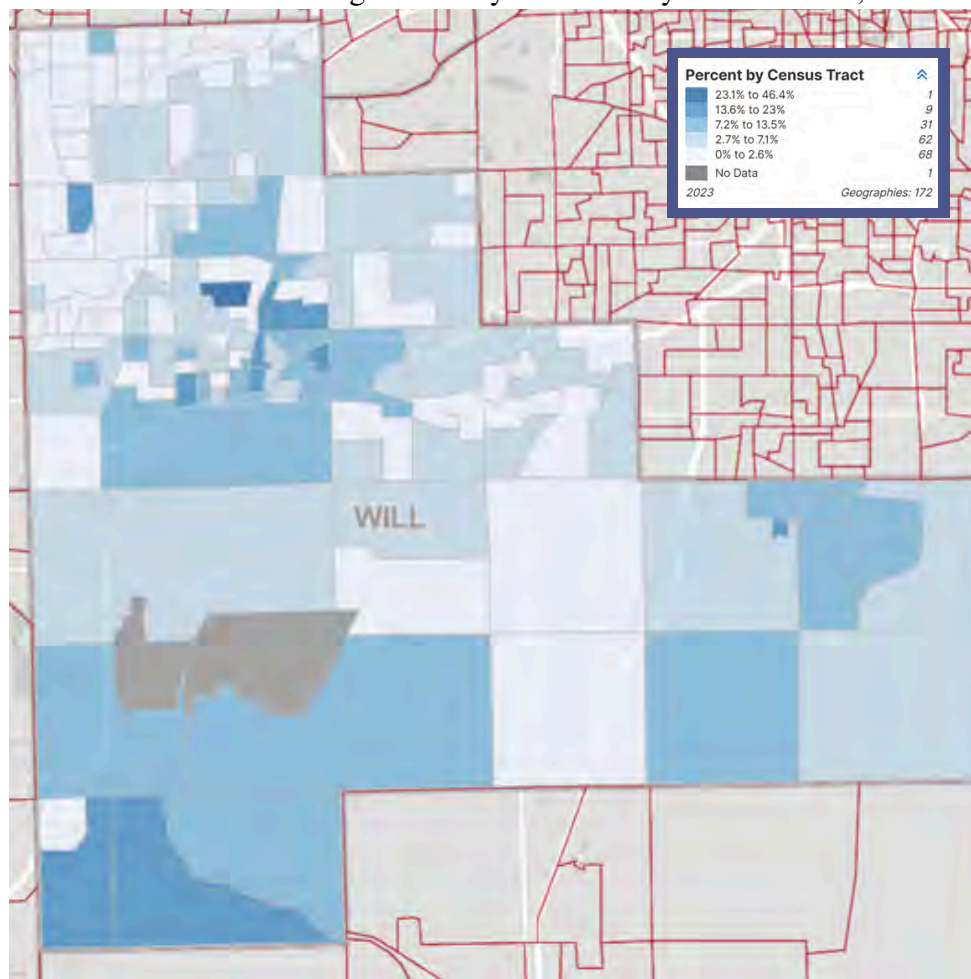
Community perspectives highlight that transportation barriers limit access to healthcare, education and job opportunities. While some residents find bus routes in Joliet reliable, others note significant service gaps, particularly outside urban areas. Suggestions to address these challenges included carpooling, ridesharing and supportive programs like bus pass assistance.

Additionally, 2.6% of Will County households lack access to a motor vehicle. Concentrations of households without vehicle access are scattered across the county, with the highest rates in Census Tract 8824

Will County's overall residential vacancy rate is relatively low at 3.8%, well below the state average of 7.8% and the national average of 9.6%. However, significant variation exists across the county. Low vacancy rates are concentrated in the central and northern regions, with 68 out of 172 census tracts reporting vacancy rates between 0.0% and 2.6%. Notably, 32 tracts, primarily located in areas such as Bolingbrook, Naperville, Plainfield, Aurora, Romeoville, Lockport, Shorewood, Joliet, Crest Hill, Homer Glen, Mokena and New Lenox, have a vacancy rate of 0.0%. One tract in eastern Will County, Census Tract 8835.07, which includes parts of Monee, Peotone, Manhattan and Frankfort, also reported a 0.0% vacancy rate.

In contrast, Census Tract 9801 in Lockport stands out with a significantly high vacancy rate of 46.4%.
Source: United States Census Bureau, n.d.-a. Table DP04.

Total Vacant Housing United by Will County Census Tract, 2023



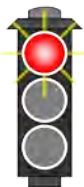
SENTINEL EVENTS

CATEGORY DEFINITION: Sentinel events refer to instances of preventable illness, disability or premature death that occur due to a lack of timely and appropriate medical care or preventive services. These events can serve as warning signs, highlighting potential issues within the public health system, such as insufficient vaccination coverage, limited access to prevention or screenings, bioterrorism or the emergence of globally transmitted infections.

Will County Sentinel Events Key Findings

- **Opioid Overdose:** Since 2022, both overdose deaths and Narcan reversals have steadily declined, indicating progress in prevention and response efforts. However, in 2024, new incidents emerged in towns that had not previously experienced overdoses, highlighting that no community is immune
- **Suicide:** Mortality has fluctuated over the past decade with no clear trend, though the 2022 rate (10.3 per 100,000) is below state, national and HP2030 benchmarks
- **Unintentional Injury:** Accidental deaths rose 27% from 2018 to 2022, with drug toxicity the leading cause; however, the 2022 crude rate (41.6) remains below state, national and HP2030 goals
- **Violent Crime:** Offenses increased sharply starting mid-2021, sustaining high monthly counts through 2023
- **Cancer Mortality:** Will County's all-cancer mortality rate (153.2) exceeds state, national and HP2030 benchmarks, with the highest burden among males and Black/African American residents
- **Chronic Disease Mortality:** Heart disease, stroke and hypertension-related deaths reveal significant racial disparities, especially among Black residents despite Will County's overall lower rates than national averages
- **Cancer-Specific Mortality:** Lung, colorectal, breast and prostate cancer deaths have modestly declined but still exceed HP2030 targets; cervical cancer mortality is rising despite lower incidence, signaling gaps in treatment
- **Diabetes Mortality:** The rate has decreased slightly to 18.0 per 100,000 in 2023 but remains a public health concern, particularly given recent spikes

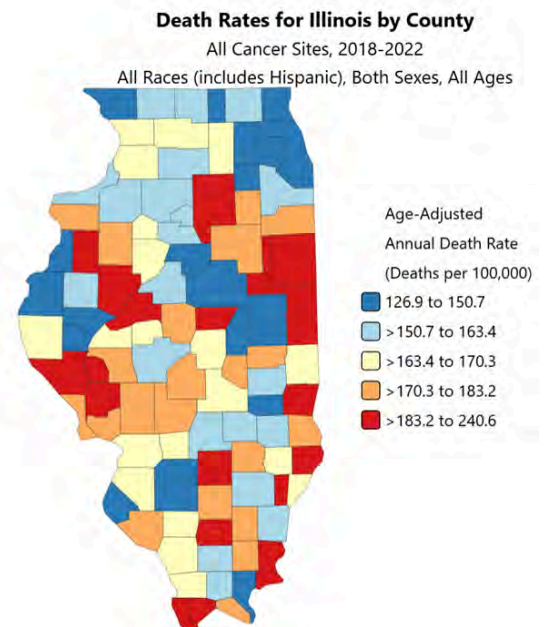
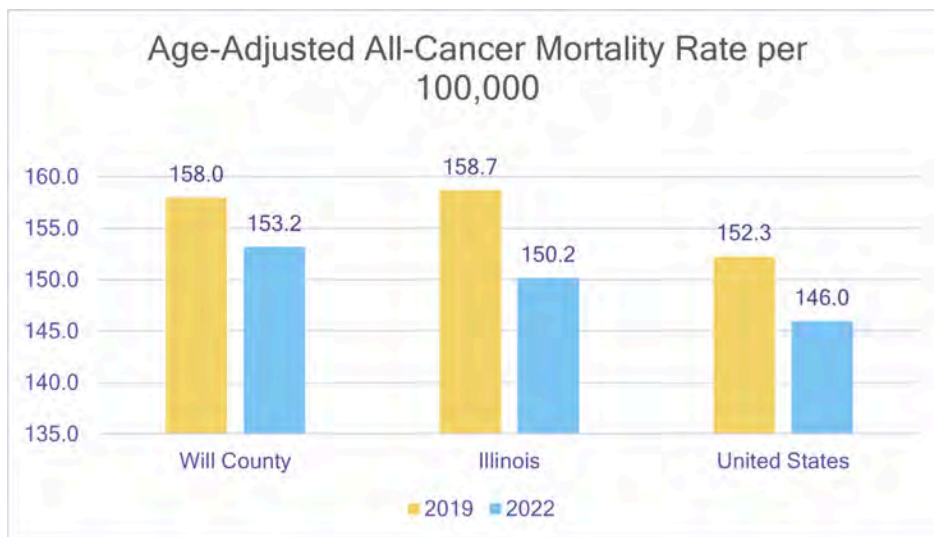
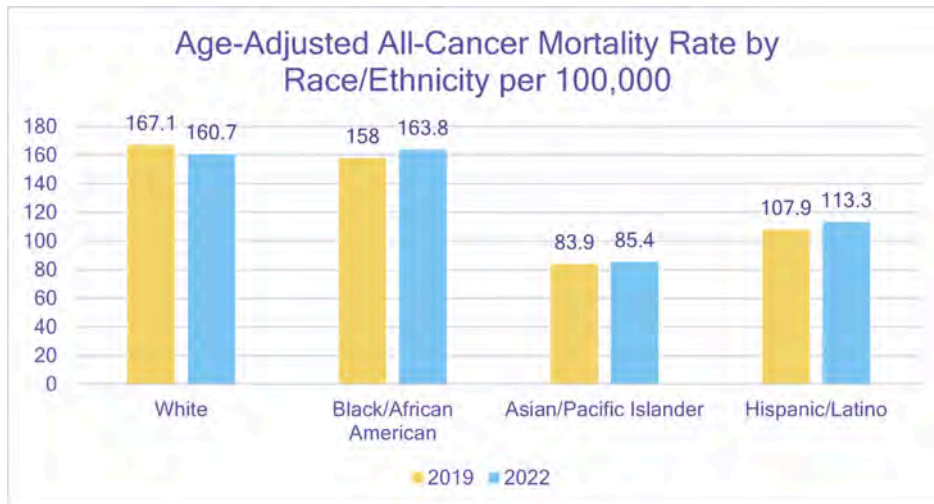
ALL CANCER MORTALITY



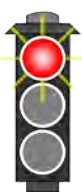
Between 2019 and 2022, age-adjusted all-cancer mortality rates decreased across Will County, Illinois and the United States. Will County saw a reduction from 158.0 to 153.2 deaths per 100,000, mirroring the state and national trends. Will County's rates, however, continue to exceed both the state and national averages, as well as the HP2030 goal of 122.7 deaths per 100,000.

In Will County, cancer mortality rates reveal notable disparities by both sex and race/ethnicity. Men face significantly higher cancer mortality (186.0 per 100,000) compared to women (130.4). Among racial and

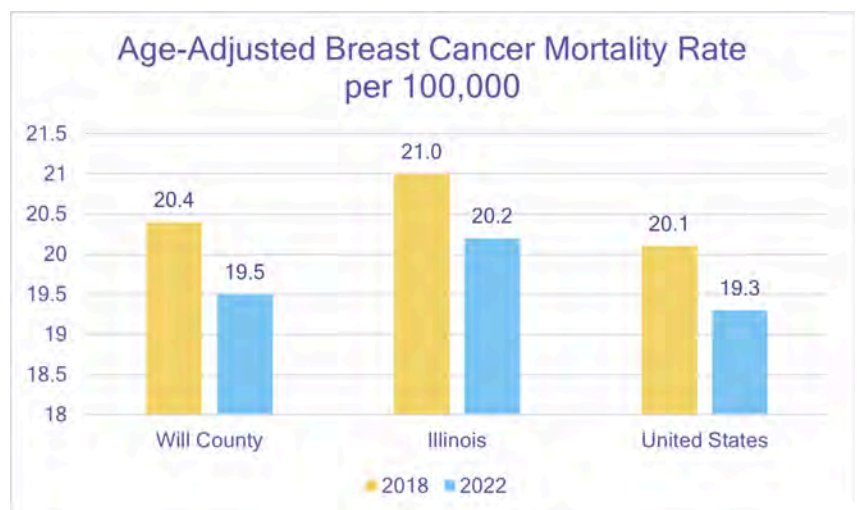
ethnic groups, Black/African American residents experience the highest mortality rate at 163.8, followed closely by White residents at 160.7. In contrast, Hispanic residents (113.3) and Asian/Pacific Islanders (85.4) have markedly lower rates. *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*



BREAST CANCER MORTALITY

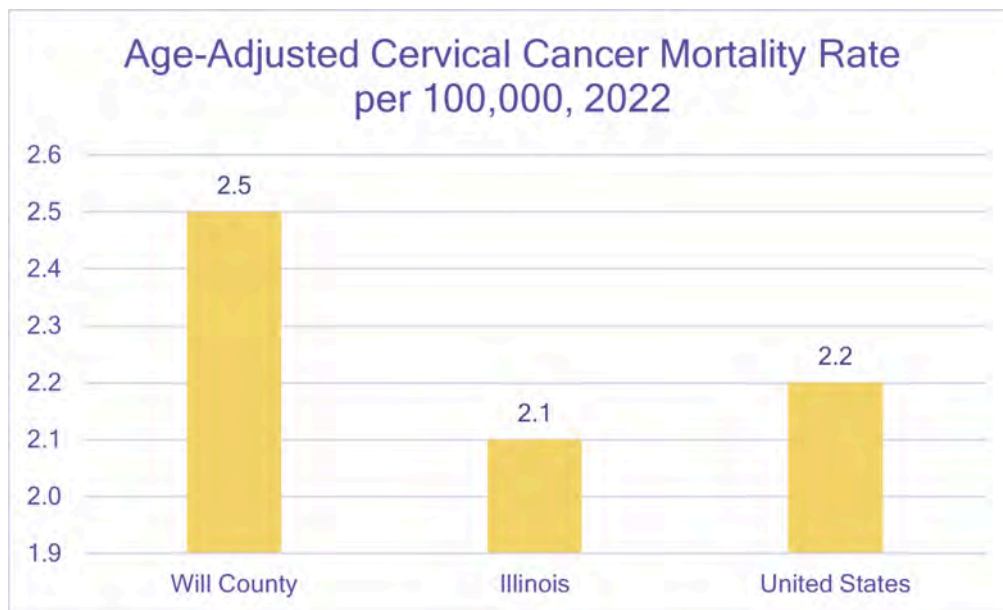


Between 2018 and 2022, breast cancer mortality rates in Will County showed a slight decrease from 20.4 to 19.5 deaths per 100,000. While this trend mirrors statewide and national declines, Will County's mortality rate remains above the HP2030 target of 15.3 per 100,000. *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*

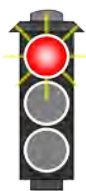


CERVICAL CANCER MORTALITY

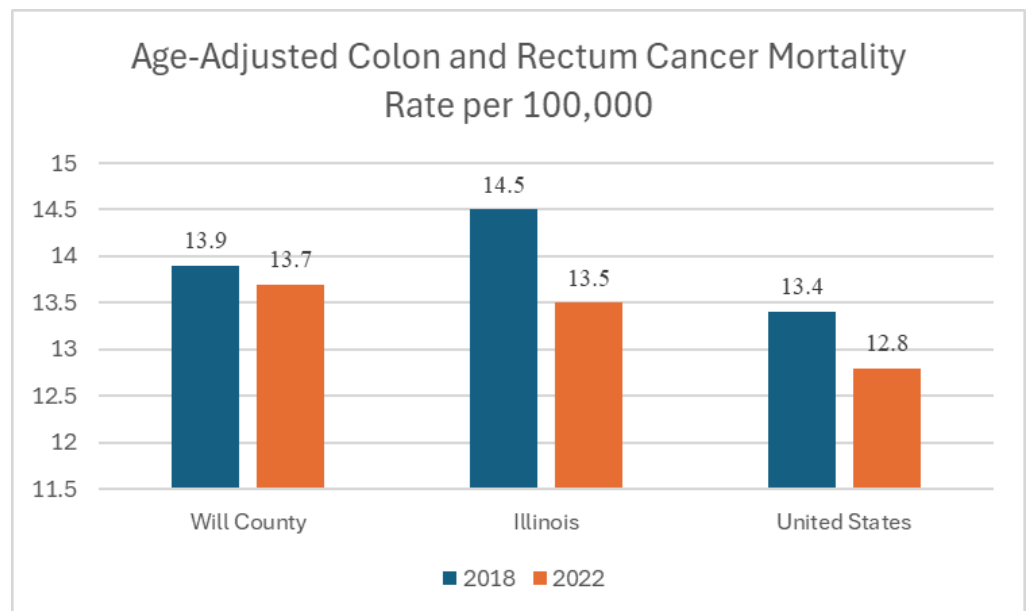
In 2022, the cervical cancer mortality rate in Will County was 2.5 deaths per 100,000, which is higher than both the Illinois rate of 2.1 and the national rate of 2.2. While the county shows a lower incidence of cervical cancer, the elevated mortality rate suggests potential disparities in timely access to treatment, follow-up care or early detection. *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*



COLORECTAL CANCER MORTALITY

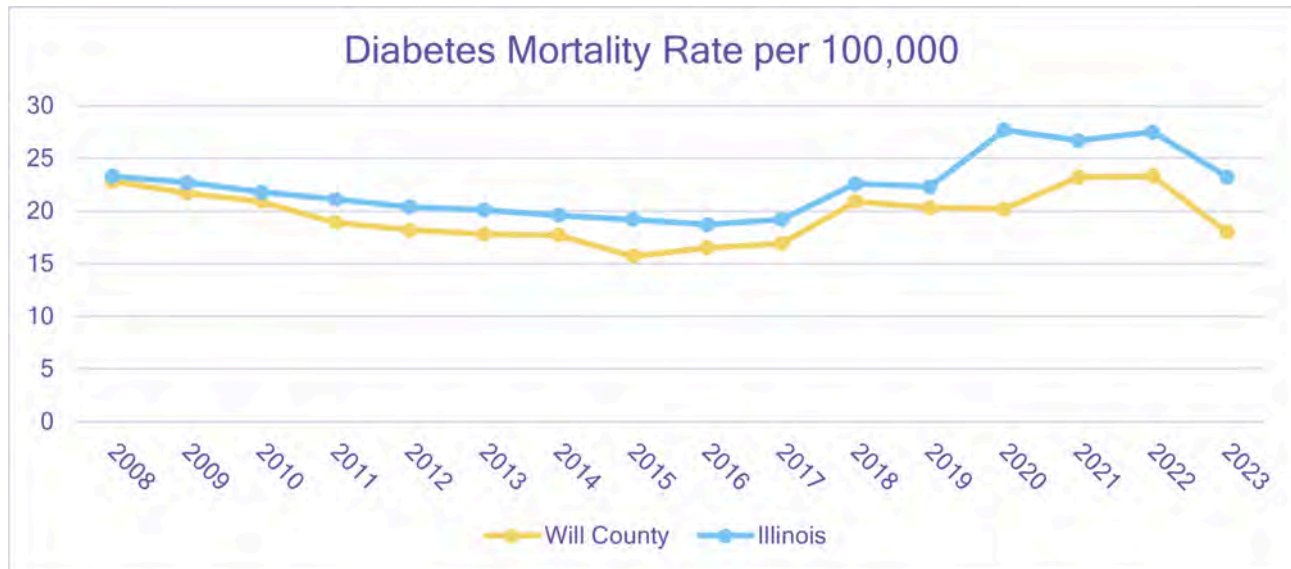


Mortality rates in Will County remained relatively steady, showing only a slight decrease from 13.9 in 2018 to 13.7 in 2022. Despite this improvement, the rate still exceeds the HP2030 target of 8.9 deaths per 100,000, indicating room for further progress. *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*



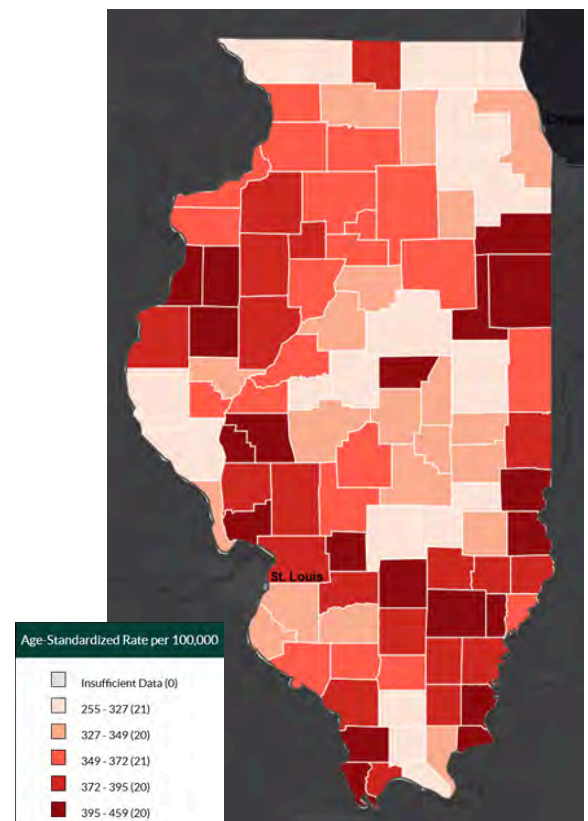
DIABETES MORTALITY

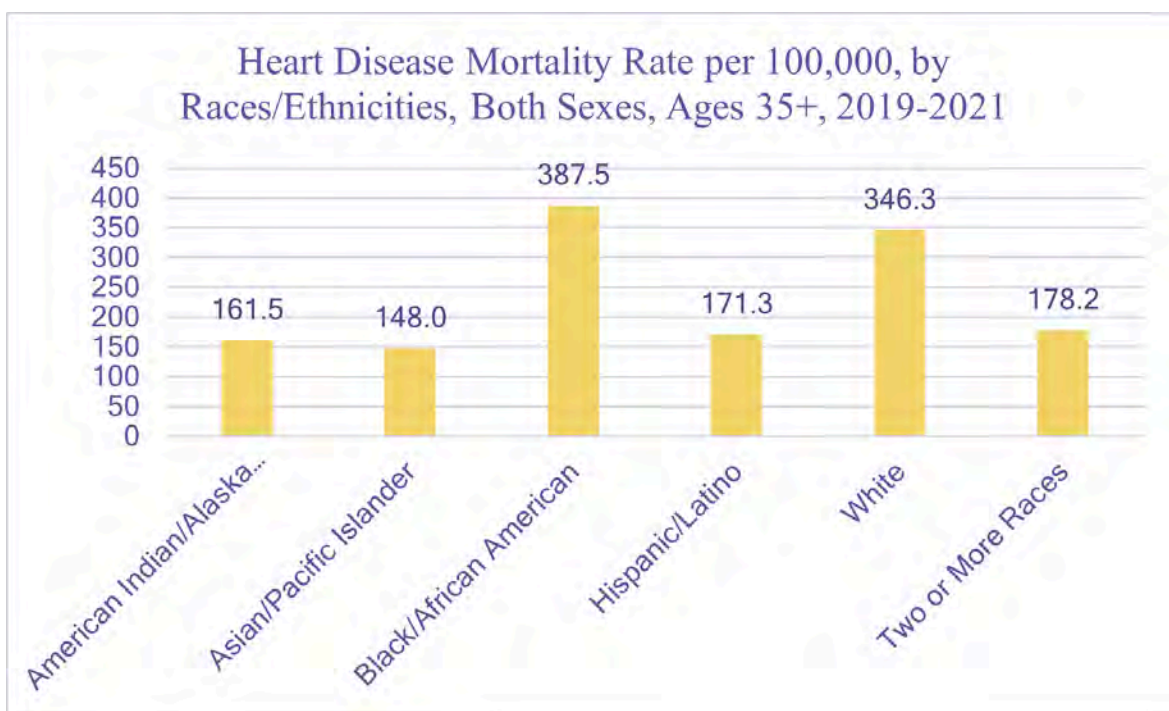
Will County's diabetes death rate declined overall from 22.8 per 100,000 in 2008 to 18.0 in 2023, despite some fluctuations. Notably, a peak of 23.3 was recorded in 2022. Although the 2023 mortality rate represents an improvement, it remains slightly below the state rate of 23.2, indicating a continued need for focused prevention and management efforts. *Source: Center for Medicare and Medicaid Services, 2023; Centers for Disease Control and Prevention, 2021b; Centers for Disease Control and Prevention, 2021d.*



HEART DISEASE MORTALITY

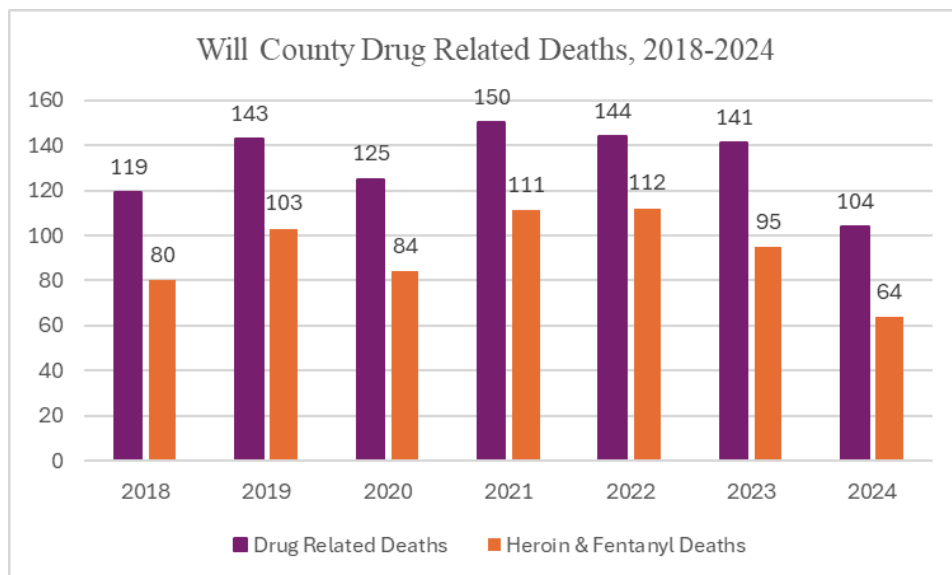
The age-adjusted heart disease mortality rate in Will County is 326.1 per 100,000, which closely aligns with the state rate of 325.2 and the national rate of 325.7. However, a closer look at race and ethnicity reveals significant disparities. Black/African American residents experienced the highest mortality rate at 387.5, followed by White residents at 346.3, both exceeding the county, state and national averages. In contrast, Hispanic/Latino (171.3), Two or More Races (178.2), American Indian/Alaska Native (161.5) and Asian/Pacific Islander (148.0) populations had substantially lower mortality rates. *Source: Centers for Disease Control and Prevention, 2021c.*





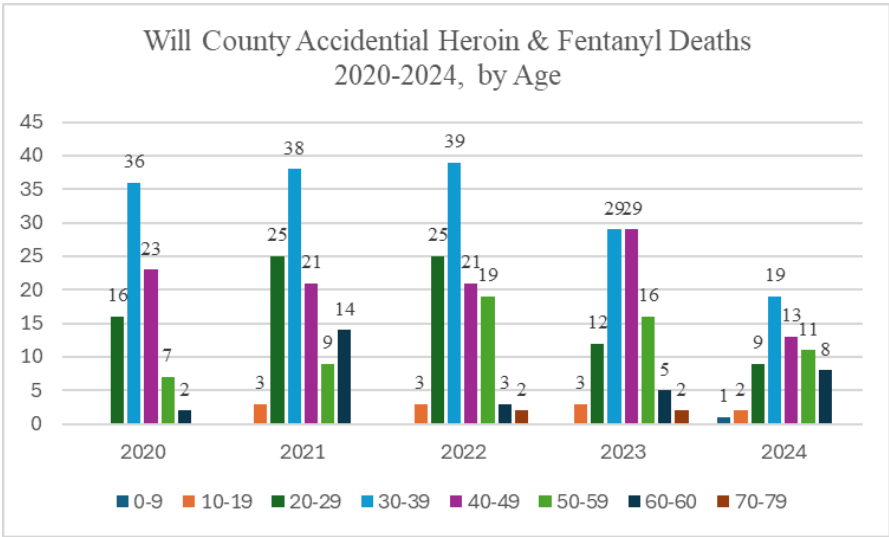
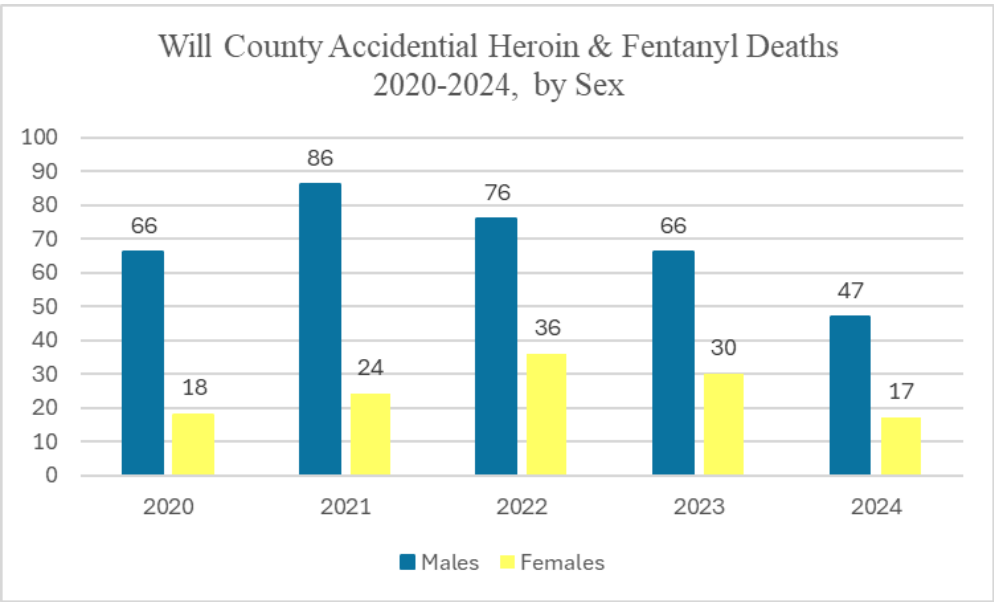
HEROIN AND FENTANYL OVERDOSE MORTALITY

According to the Will County Coroner's Office, drug toxicity has become the leading cause of unnatural death in the county. From 2018 to 2021, drug-related deaths steadily increased, peaking at 150 in 2021, before declining to 104 in 2024. Heroin and fentanyl were the primary drivers of these fatalities, accounting for the majority of cases each year, though deaths tied to these substances fell sharply after 2021 (from 111 in 2021 to 64 in 2024).

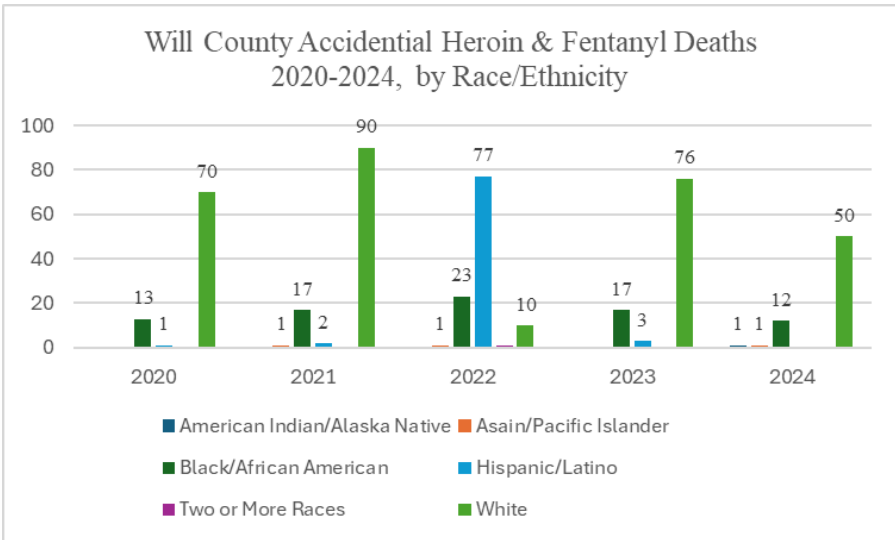


Males consistently represented the largest share of deaths from 2020 to 2024, though declines were observed among both sexes after 2022. Adults aged 30–39 carried the greatest burden, followed by those 20–29 and 40–49, with notable decreases across all three groups by 2024. White residents made up the majority of deaths, but Black/African American residents also experienced a significant share, underscoring persistent racial disparities.

Geographically, heroin and fentanyl deaths were most concentrated in Joliet, accounting for nearly half of all cases in 2023 (46.8%) and more than half in 2024 (54.3%). Other communities, including Bolingbrook, Crest Hill and Lockport, also experienced consistent impacts, while emerging cases in Tinley Park and Naperville highlight that no part of the county is untouched by the epidemic. While the overall decline since 2021 may suggest progress in prevention and treatment efforts, the data makes clear that heroin and fentanyl continue to impose a widespread toll on the community. *Source: Will County Coroner, 2025; Will County Health Department and Community Health Center, 2025.*

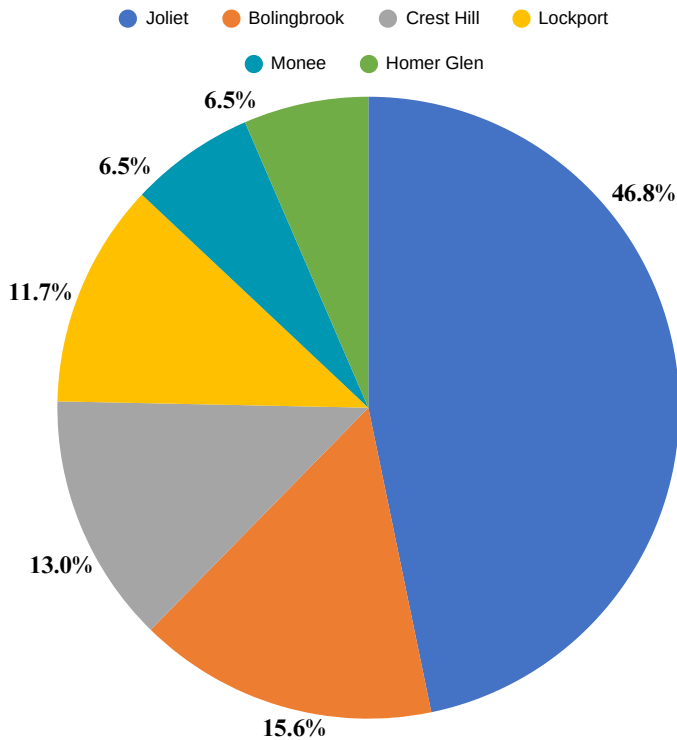


	2020	2021	2022	2023	2024
0-9	0	0	0	0	1
10-19	0	3	3	3	2
20-29	16	25	25	12	9
30-39	36	38	39	29	19
40-49	23	21	21	29	13
50-59	7	9	19	16	11
60-60	2	14	3	5	8
70-79	0	0	2	2	0

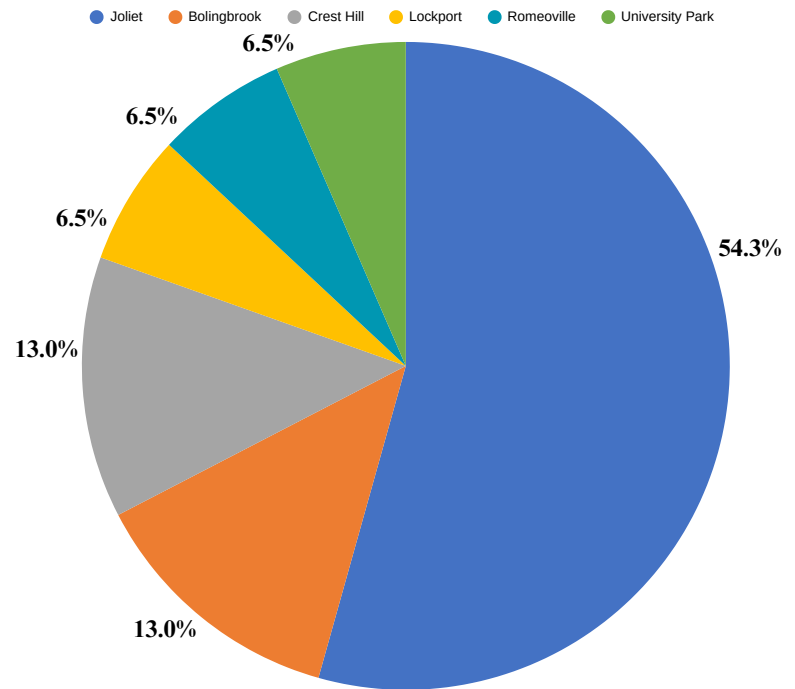


	2020	2021	2022	2023	2024
American Indian/Alaska Native	0	0	0	0	1
Asain/Pacific Islander	0	1	1	0	1
Black/African American	13	17	23	17	12
Hispanic/Latino	1	2	77	3	0
Two or More Races	0	0	1	0	0
White	70	90	10	76	50

*Will County Opioid Overdose
Mortality by Location, 2023*

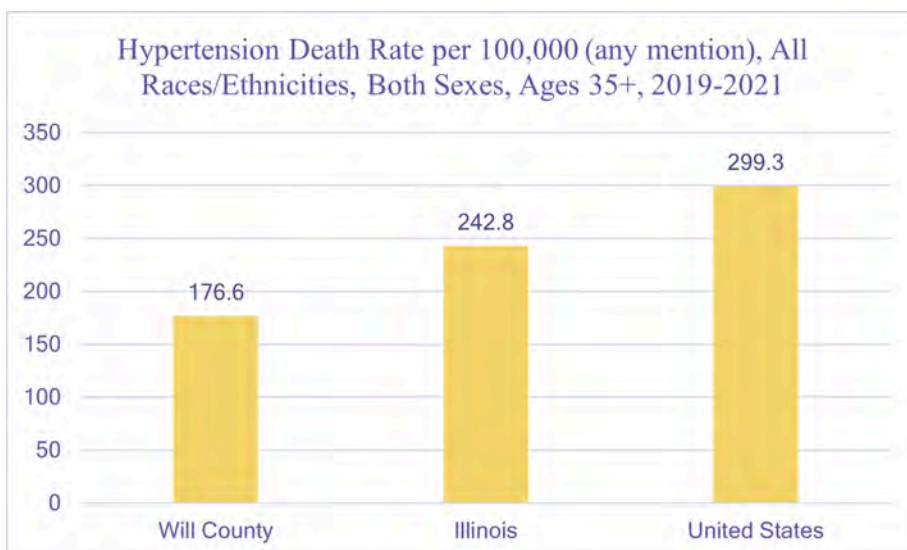


*Will County Opioid Overdose
Mortality by Location, 2024*

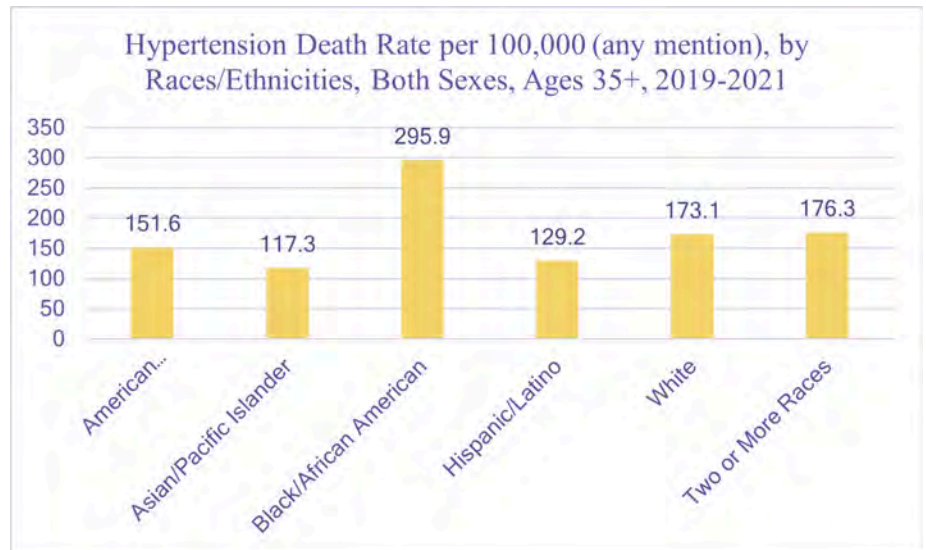
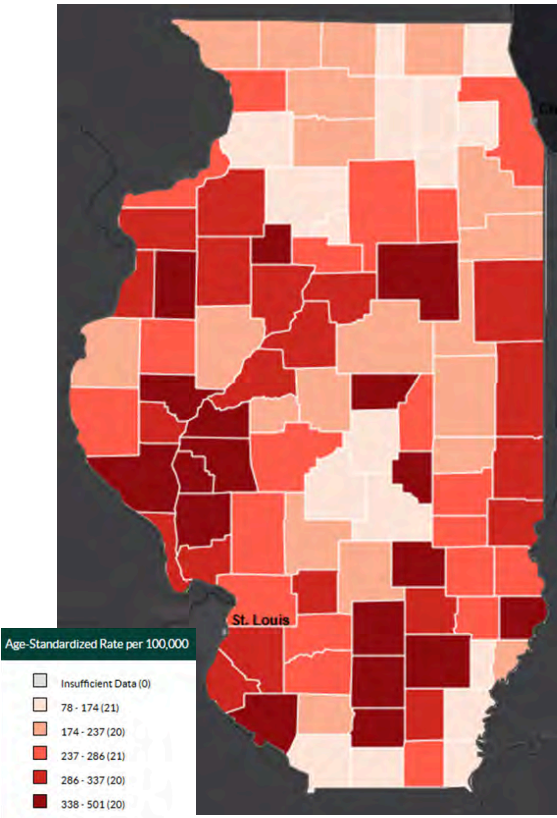


HIGH BLOOD PRESSURE MORTALITY

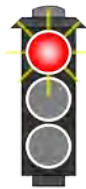
High blood pressure or hypertension-related mortality in Will County (176.6 per 100,000) is significantly lower than both the state (242.8) and national (299.3) averages. Males in Will County experience higher mortality (203.2) compared to females (152.4). Racial disparities are evident, with Black/African American residents facing the highest mortality rate (295.9), nearly double that of Asian/Pacific Islander residents (117.3) and substantially above Hispanic/Latino (129.2) and White (173.1) populations. Rates among American Indian/Alaska Native (151.6) and individuals of Two or



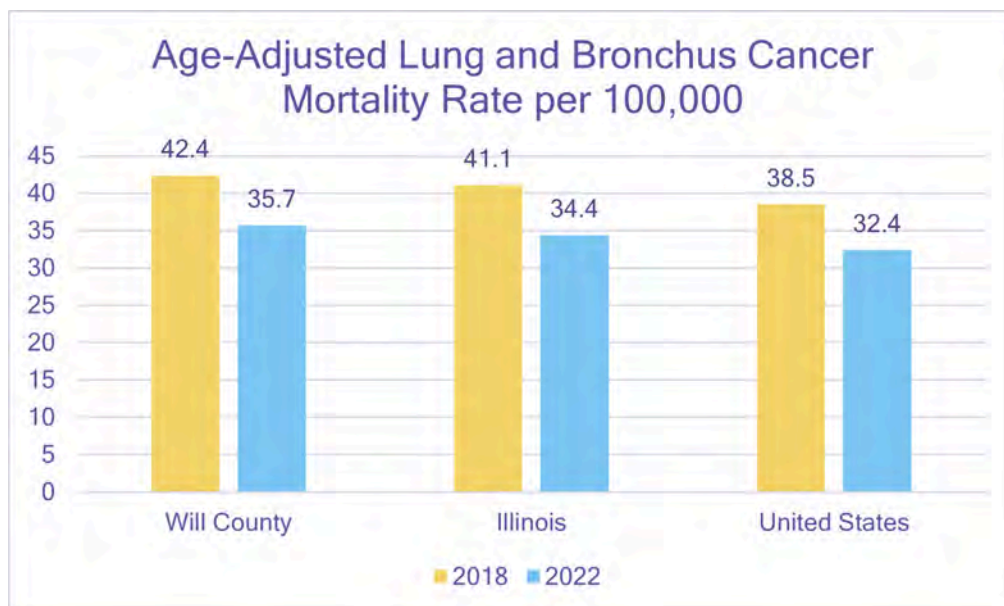
More Races (176.3) also highlight the need for focused prevention and management strategies across diverse communities. *Source: Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; Centers for Disease Control and Prevention, 2021c).*



LUNG AND BRONCHUS CANCER MORTALITY



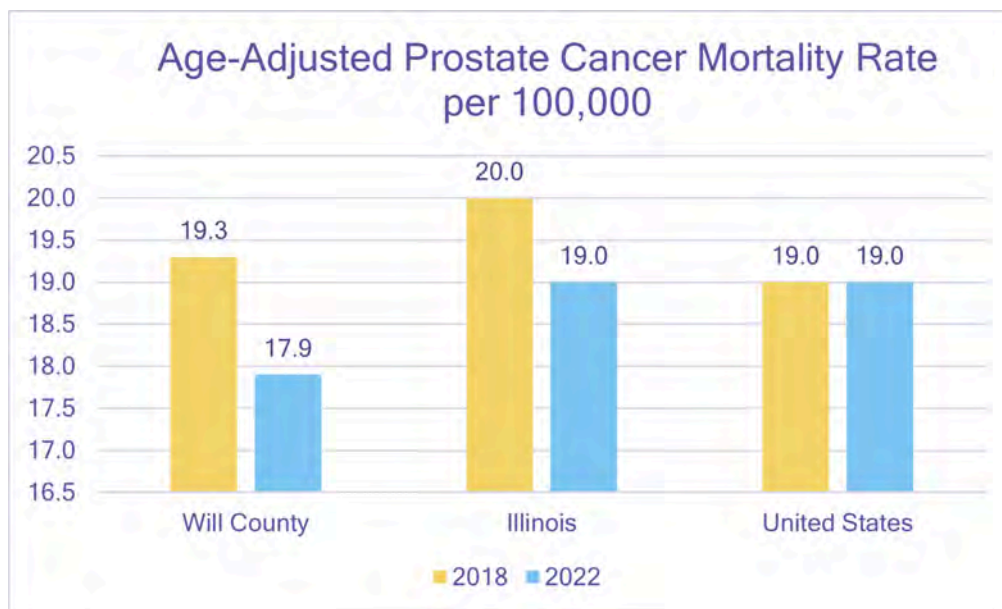
From 2018 to 2022, Will County saw a decrease in age-adjusted lung and bronchus cancer mortality, falling from 42.4 to 35.7 deaths per 100,000. While this marks progress, the county's rate still exceeds the state average of 34.4, the national average of 32.4 and the HP2030 goal of 25.1 deaths per 100,000. *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*



PROSTATE CANCER MORTALITY

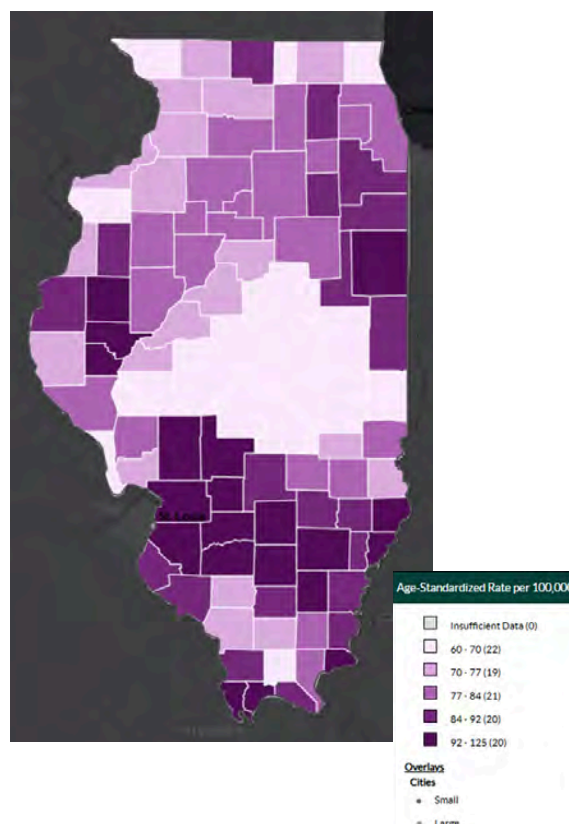


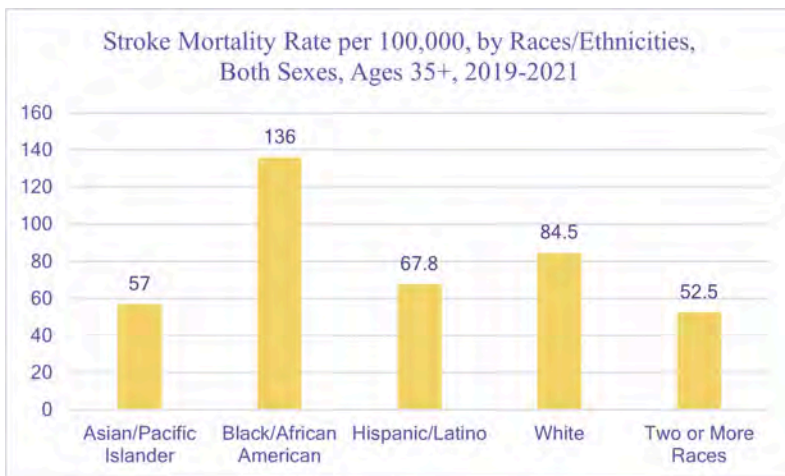
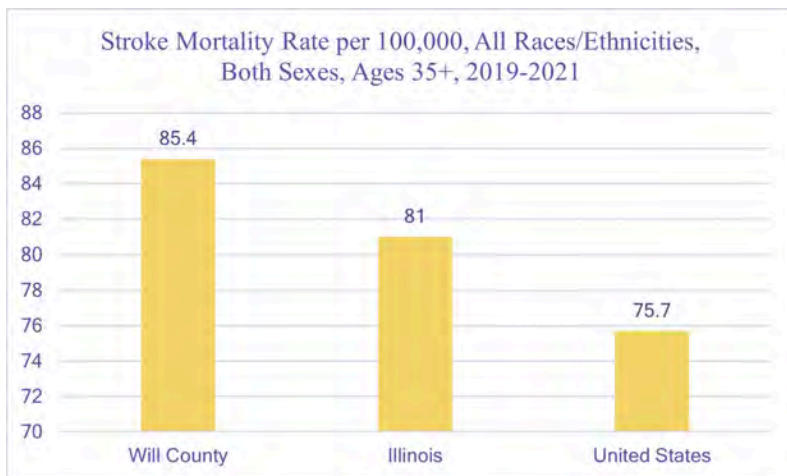
Mortality from prostate cancer in Will County declined from 2018 to 2022, from 19.3 deaths per 100,000 in 2018 to 17.9 in 2022. While this shows positive progress, the rate still exceeds the HP2030 target of 16.9 per 100,000. *Source: Center for Disease Control and Prevention, 2022b; National Cancer Institute, 2022.*



STROKE MORTALITY

Stroke mortality in Will County stands at 85.4 per 100,000, which is higher than both the Illinois (81) and national (75.7) averages, indicating a concerning trend despite relatively lower stroke prevalence. Mortality is slightly higher among males (86.2) than females (82.7). Racial disparities are evident, with Black/African American residents experiencing the highest stroke mortality rate (136.0), significantly exceeding all other groups. Asian/Pacific Islander (57) and individuals of Two or More Races (52.5) have the lowest rates, while Hispanic/Latino (67.8) and White residents (84.5) fall in the mid-range. *Source: Center for Disease Control and Prevention, 2022b; Centers for Disease Control and Prevention, 2021b; Centers for Disease Control and Prevention, 2021c.*





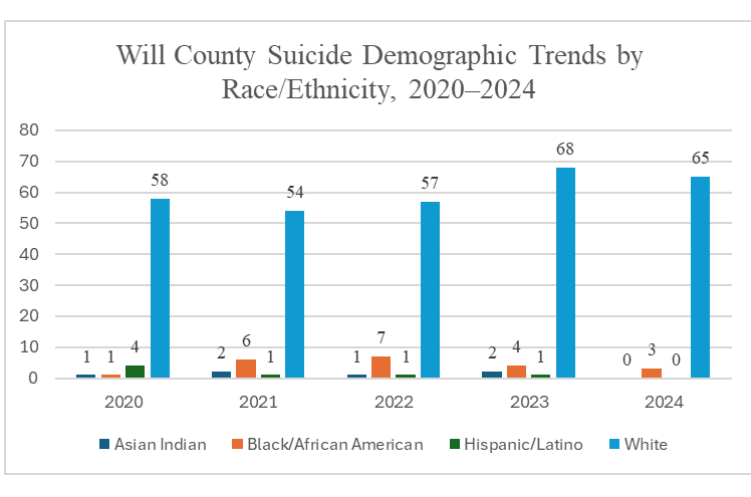
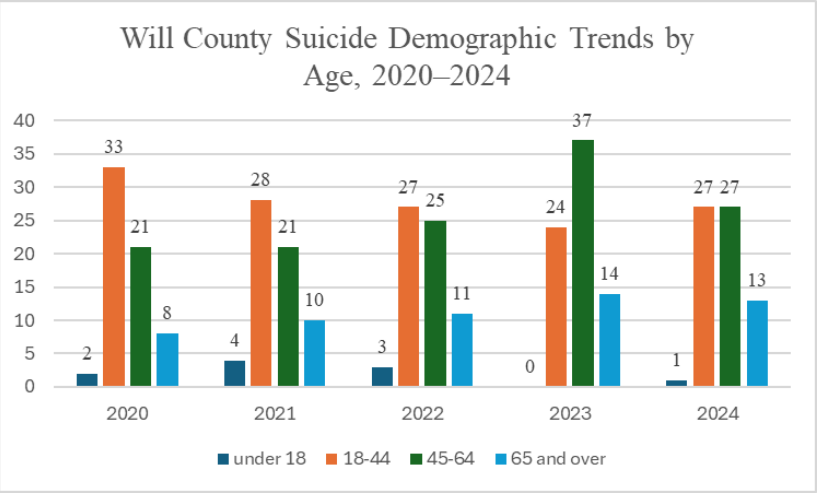
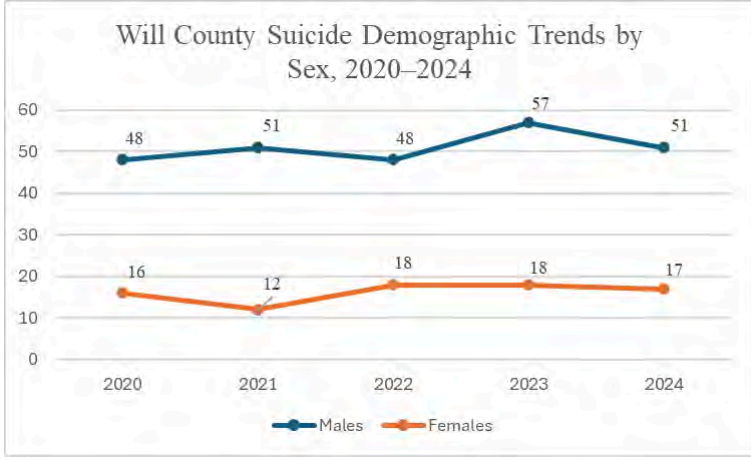
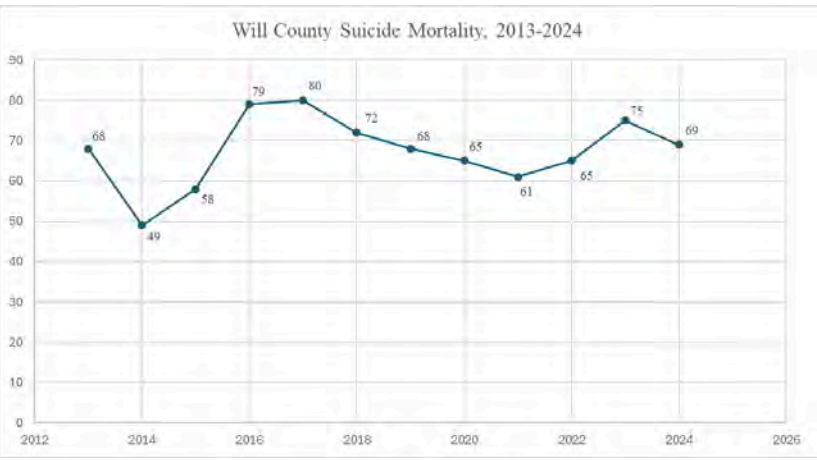
SUICIDE MORTALITY



Suicide deaths in Will County have fluctuated over the 12-year period from 2013 to 2024. The number of deaths ranged from a low of 49 in 2014 to a peak of 80 in 2017. Following this peak, the county experienced a five-year downward trend, with suicides steadily decreasing from 80 in 2017 to 61 in 2021. However, this decline was followed by an uptick over the next two years, rising to 65 deaths in 2022 and 75 deaths in 2023 before decreasing slightly to 69 in 2024. Overall, the data illustrate a cyclical pattern, marked by periods of both decline and resurgence, emphasizing the ongoing need for sustained and adaptive suicide prevention and mental health support strategies across the county.

Between 2020 and 2024, suicide deaths in Will County fluctuated but remained concentrated among adults aged 18–64, who consistently accounted for the majority of cases. Deaths among 18–44-year-olds declined slightly from 33 in 2020 to 27 in 2024, while suicides among 45–64-year-olds rose sharply to 37 in 2023 before returning to 27 in 2024. Deaths among adults aged 65 and older increased modestly over the period, and youth suicides under age 18 remained low, with only one case reported in 2024. Across all five years, males comprised roughly three-quarters of all suicides, reflecting a persistent gender disparity. By race and ethnicity, White residents represented the vast majority of deaths each year, though smaller numbers of Black/African American, Asian Indian, and Hispanic/Latino individuals were also affected. Overall, the data reveal stable yet concerning trends, particularly the sustained burden among middle-aged White males, and highlight the continued need for age- and culturally responsive suicide prevention and behavioral health support efforts throughout Will County.

In 2022, Will County reported a crude suicide death rate of 10.3 per 100,000 population, according to the CDC. This rate is lower than both the state average of 11.5 and the national rate of 14.5. It also falls well below the HP2030 target of 12.8, indicating relatively lower suicide mortality in the county compared to broader benchmarks. *Note: Total suicide case counts may not align with demographic breakdowns, as some records may be missing key information or classified as “Other” or “Unknown” within data collection systems. Source: Center for Disease Control and Prevention, 2022a; Centers for Disease Control and Prevention, 2021a; Will County Coroner, 2025.*



UNINTENTIONAL INJURY MORTALITY RATE

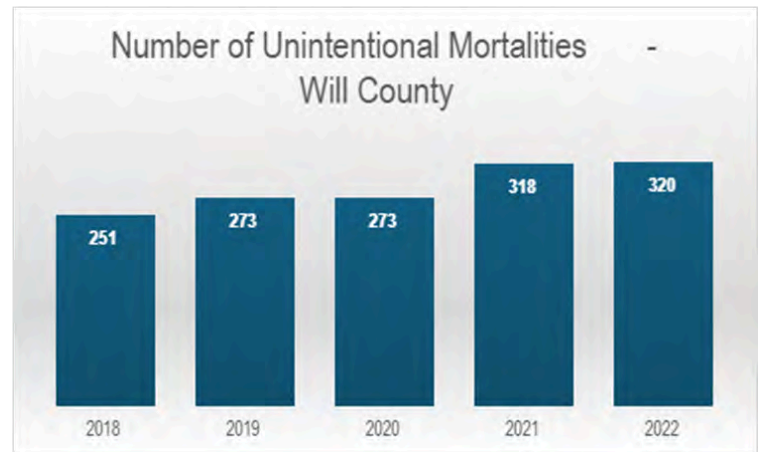
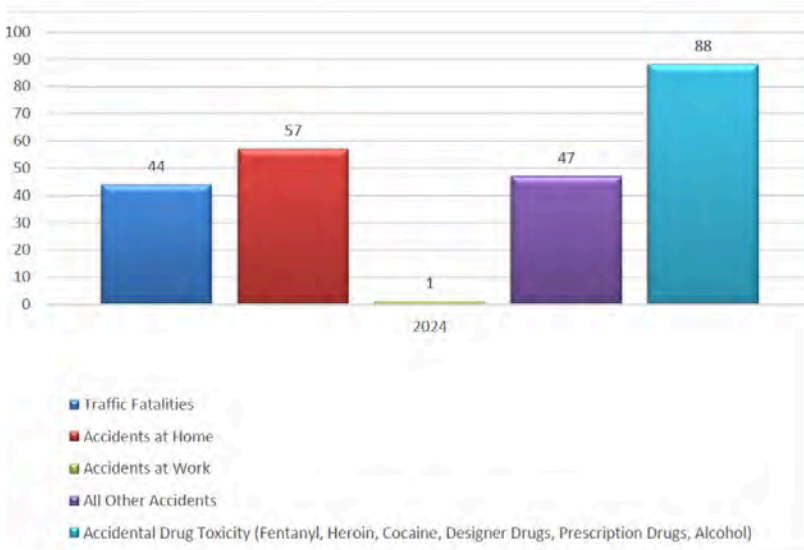


According to the Will County Coroner’s 2024 Annual Report, there were 237 accidental (unintentional) deaths, a decrease from 274 in 2023. These included 44 traffic fatalities, 57 accidents occurring at home, 1 work-related accident, 47 categorized as other accidents (e.g. allergic reactions, choking incidents, drownings, falls and medical mishaps) and 88 deaths due to accidental drug toxicity involving substances such as fentanyl, heroin, cocaine, prescription drugs and alcohol. Compared to 2023, accidental drug toxicity deaths declined from 129 to 88, representing a 32% decrease and marking the second consecutive year of decline. Other categories of accidental deaths remained relatively stable.

Unintentional mortality in Will County has risen over the past decade, increasing from 251 deaths in 2018 to a peak of 320 in 2022, before declining in 2023 and 2024. This pattern mirrors state-level trends, where Illinois experienced a sharp increase in unintentional deaths between 2018 and 2021 followed by gradual declines in recent years. The reduction in local drug toxicity deaths may indicate early progress from expanded harm reduction, substance use treatment and community overdose prevention efforts, though unintentional injuries, particularly those involving substance use and traffic-related incidents, remain among the leading causes of preventable death in the county.

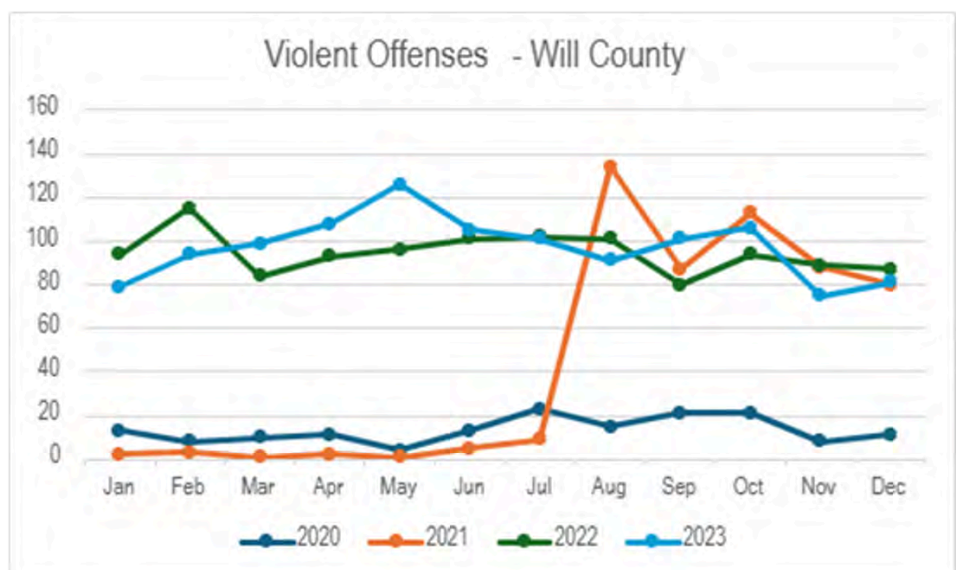
According to the CDC, in 2022 Will County's crude unintentional death rate was 41.6 per 100,000 population, which was lower than the Illinois rate (54.6), the U.S. rate (60.2), and the Healthy People 2030 target of 43.2 per 100,000. *Source: Center for Disease Control and Prevention, 2022a; Will County Coroner, 2025.*

Unintentional Deaths in Will County, 2024



VIOLENT CRIME

Violent offenses reported by the Will County Sheriff's Office have shown a significant increase since mid-2021. Between November 2019 and early 2021, monthly incident counts remained relatively low, typically under 20 offenses per month. However, in August 2021, there was a dramatic spike to 134 offenses, followed by consistently elevated numbers through 2022 and 2023, averaging around 90–100 incidents per month. While there was a slight decline toward the end of 2023, the overall trend reflects a notable and sustained rise in violent offenses compared to earlier years. *Source: Federal Bureau of Investigation, 2024.*



COMMUNITY CONTEXT ASSESSMENT

During Phase II, Tell the Community Story, three assessments are completed, including the Community Context Assessment (CCA). The CCA is a qualitative tool designed to gather insights from individuals and communities affected by social systems to enhance the impact of those systems. Unlike approaches based on perceived needs, the CCA focuses on community strengths, assets and culture. It prioritizes the perspectives of those with lived experiences, emphasizing their values and priorities.

Using methods like interviews, focus groups and mapping, the CCA provides depth to quantitative data, uncovering why conditions exist and how different communities experience them. Trust-building is essential in this process, recognizing past harms where researchers have extracted data without sharing findings or compensating participants.

By framing community stories with inclusive, strength-based language and addressing structural determinants of health, the CCA helps advance health equity and informs meaningful interventions.

METHODOLOGY

Premise

The premise of this qualitative study was to gather direct feedback on the views and opinions on issues related to the needs, wants, availability and accessibility regarding health care and social determinants of health (SDOH) from residents of Will County. Conducting a series of focus groups was selected as the best method of inquiry because they are uniquely suited to gaining insight into the authentic experiences of residents.

Goals and Objectives

The goal of this project is to better understand how Will County residents perceive health care, including their behaviors, views on access to care and perspectives on the availability of local services.

The objective of the project is for the Will County Mobilizing for Action through Planning and Partnerships (MAPP) Collaborative program to use the data and analysis to develop the triennial Will County Community Health Needs Assessment (CHNA) and quinquennial Will County Illinois Project for Local Assessment of Need (IPlan).

Recruitment

The focus groups were conducted in partnership with various community organizations, including Saint Joseph Medical Center, Will County Continuum of Care, Wilmington Coalition for a Healthy Community, Wilmington Public Library, Wilmington Fire Protection District, Recovery Community Center of Joliet, Will County Health Department Well-Woman Program, National Hookup of Black

Women Inc., Joliet Chapter, Disability Resource Center and Joliet Junior College. These sessions took place between October 2023 and March 2025.

The focus groups and discussion topics were promoted through regular communications, encouraging residents to participate voluntarily. At the conclusion of each session, participants were informed they would receive a \$10 Amazon, Speedway or Walmart gift card as a token of appreciation. When available, food was also provided.

Focus Groups

The focus groups were facilitated by Caitlin Daly, Program Manager of the Will County MAPP Collaborative. The questions for the focus groups were developed and adapted from the National Association of County and City Health Officials (NACCHO) Community Health Assessment (CHA) Focus Group resource guide. The facilitator fostered a welcoming and comfortable environment that encouraged participants to openly share their opinions and personal experiences. The sessions were conducted in English.

Guiding Questions

The CCA findings are organized around three key domains: Community Strengths and Assets, Built Environment and Forces of Change. Each domain provides guiding questions that shape focus group discussions around the structural determinants of health and help uncover actionable strategies to enhance community well-being. The Community Strengths and Assets domain considers how the community's existing strengths and resources contribute to overall health, helping to identify protective factors and opportunities for support. The Built Environment domain examines how features of the physical environment, including neighborhood resources and infrastructure, influence health disparities, especially in areas experiencing the greatest inequities. The Forces of Change domain explores current or emerging events, policies or trends that affect community health, identifying which populations are most impacted and the mechanisms driving these effects.

FINDINGS

A series of questions were used to serve as a guide to gather the views and opinions of the participants regarding healthcare availability, accessibility and barriers in their local area. This interaction and discussion allowed general themes to develop, as outlined on the following pages:

Executive Summary: Homelessness and Health Roundtable

FOCUS GROUP #1

DATE: October 20, 2023

LOCATION: Saint Joseph Medical Center

COMMUNITY PARTNER: Will County Continuum of Care (CoC)

The Homelessness and Health Roundtable highlighted community strengths like dedicated healthcare providers and trauma-informed care. Limited housing options, insufficient medical respite facilities and barriers to safe discharge from healthcare settings remain significant challenges. The impact of infectious diseases, mental health struggles and substance use disorders on emergency visits was also noted. The group emphasized the need for better partnerships, expanded respite care and enhanced discharge planning to improve health outcomes for the homeless

Themes and Key Data

Community Strengths and Assets

- Participants acknowledged the presence of dedicated healthcare providers, social service organizations and emergency responders who work collaboratively to support homeless individuals
- Trauma-informed care and motivational interviewing were identified as effective approaches in engaging this population
- Additionally, there was recognition of efforts to integrate primary care with emergency services to reduce reliance on emergency departments

Built Environment

- Lack of sufficient housing options, limited respite care availability and barriers to safe discharge from healthcare facilities
- Participants noted that Section 8 housing and hotel assistance programs exist but remain insufficient to meet the growing demand
- Shelters often lack adequate medical respite facilities, making it difficult for individuals with acute health concerns to recover safely
- There is a need for expanded partnerships between medical providers and housing organizations to bridge these gaps

Forces of Change

- The discussion underscored the ongoing impact of infectious diseases such as tuberculosis, respiratory infections and COVID-19, which disproportionately affect homeless populations
- Social determinants of health, including substance use disorders, mental health challenges and domestic violence, were cited as major contributors to emergency department visits
- Policymakers, healthcare leaders and community advocates must address these systemic issues through policy reforms, funding initiatives and enhanced training programs for frontline workers

Executive Summary: Rural Healthcare Needs

FOCUS GROUP #2

DATE: November 11, 2024

LOCATION: Wilmington Public Library

COMMUNITY PARTNER: Wilmington Coalition for a Healthy Community (WCHC)

Residents shared insights on community strengths, including strong volunteerism and support networks, while highlighting behavioral health concerns like substance abuse and bullying. Participants emphasized the lack of mental health resources, limited healthcare access and housing challenges, especially for young people. The group stressed the need for positive role models, greater substance use education and improved local healthcare services to support community well-being.

Themes and Key Data

Community Strengths and Assets

- A variety of grassroots and non-profit organizations such as the VFW, Lions Club, local churches, the Caring Closet and Kuzma Care cottage actively support the community
- The library provides essential resources for students and community members
- The Wilmington Coalition for a Health Community (WCHC) fosters youth engagement and funding initiatives
- Regarding mental health, the American Legion has made efforts to support veterans struggling with PTSD and suicide through suicide hotlines and local peer support

Built Environment

- Barriers to transportation bar access to hospitals and other care facilities for residents
- Lack of local health care services forces residents to travel long distances, creates challenges for individuals regardless of insurance status
- Lack of mental health care resources compound growing substance use concerns
- High housing costs and limited availability negatively impact young adults, who rely on family or friends for living accommodations

Forces of Change

- Bullying, cyberbullying specifically, significantly impacts youth mental health outcomes
- Community held stigma and ambiguous perceptions of substance use hinder progress toward any community-wide action against use
- The rising costs of living such as food, housing and transportation, increase financial stress on residents

Executive Summary: Maternal and Child Health

FOCUS GROUP #3

DATE: November 13, 2024

LOCATION: National Hookup of Black Women

COMMUNITY PARTNER: Will County Health Department Well-Woman Program

Participants discussed challenges in accessing care, cultural insensitivity from providers and limited awareness of resources. They stressed the need for better education before childbirth, mental health support and stronger community outreach. Recommendations included enhancing communication between agencies, leveraging social media for awareness and promoting midwives as legitimate care providers.

Themes and Key Data

Community Strengths and Assets

- Programs are in place which supports women during and after pregnancy, providing essential resources such as diapers; Awareness of these programs remains low
- Community members were available as a resource to share life experiences working with midwives versus traditional doctors
- Providers were reported overall as respectful of diverse backgrounds and cultures

Built Environment

- There exists a lack of accessible information regarding available maternal health program and services
- Mothers report feeling disconnected from healthcare providers. Holistic measures, such as access to midwives, were discussed and positive experiences were shared
- Transportation barriers and limited availability of comprehensive maternal care exacerbate already existing challenges for low-income families

Forces of Change

- Cultural sensitivity and diversity trainings are reported as inconsistently enforced among medical professionals, leaving patients vulnerable to being dismissed or ignored
- Participants mentioned a lack of understanding mothers have regarding their rights during medical visits, including the option for the natural birthing process
- Concerns were raised over healthcare providers prioritizing efficiency over patient preference for deliveries and medical procedures involved in the birthing process

Executive Summary: Rural School Leadership and Student Needs

FOCUS GROUP #4

DATE: December 9, 2024

LOCATION: Wilmington Fire Protection District

COMMUNITY PARTNER: Wilmington Coalition for a Healthy Community (WCHC)

Participants discussed school attendance issues, mental health struggles and youth substance use. The discussion revealed increased absenteeism post-COVID, limited mental health resources in schools and rising substance use, such as vaping and alcohol consumption. Financial barriers and lack of accessible mental health support were also noted, with a call for greater parental involvement and enhanced community support to better assist students and families.

Themes and Key Data

Community Strengths and Assets

- The inclusion of key informants, professionals and community leaders demonstrates robust community engagement
- Collaboration among schools, parents and the community at large has taken effect to address challenges such as attendance and overall well-being of students
- Although additional resources are required, schools are actively implementing social and emotional learning programs and attempting to identify struggling individuals to meet the needs of students

Built Environment

- Counseling offices that accept public aid were suggested in order to increase access for low-income families
- Rising grocery prices and changes in grocery store clientele and stock reflect the shift in the community's demographics and financial pressures
- Infrastructure for support, including the presence and participation of the Wilmington Coalition for a Health Community, indicates a foundation for future health initiatives

Forces of Change

- Concerns were raised regarding increased substance use among students like alcohol, marijuana and kratom, which could have potential impacts on academics, lawful conduct and overall health
- Stigma surrounding mental health among parents present barriers to effective intervention of future programs

Executive Summary: Community Support, Challenges and Access

FOCUS GROUP #5

DATE: March 4, 2025

LOCATION: Recovery Community Center of Joliet (RCCJ)

COMMUNITY PARTNER: Recovery Community Center of Joliet (RCCJ)

Focus group participants with lived experience of homelessness, justice system involvement and substance use recovery emphasized the role of local community organizations, peer support networks, mentorship and social events in fostering recovery, connection and stability. Their insights highlighted how limited and inconsistent transportation options create barriers to accessing healthcare, employment and other essential services, with informal solutions and assistance programs only partially addressing these gaps. Participants also described how housing insecurity, economic challenges, substance use and limited awareness of available resources compound instability and make it harder for community members to obtain needed support.

Themes and Key Data

Community Strengths and Assets

- Local organizations such as the Recovery Community Center and Admiral Club were noted for their role in offering essentials like food, shelter and social connection
- Peer group including those focused on sobriety, like AA and N/A were deeply valued as safe spaces to share and grow
- Grassroots nonprofits help engage youth through activities and serve families through practical assistance
- Social events that avoid drug and alcohol use help foster trust, friendship and recovery-friendly environments
- Strong personal ties, mentorship and emotional encouragement among neighbors were considered essential to healing and long-term stability

Built Environment

- Getting to essential services like healthcare or work can be difficult without consistent transit options
- While some participants find the bus routes dependable, others struggle with limited service, especially outside urban hubs
- Shared rides and informal carpooling were offered as creative solutions for filling transit gaps
- Transportation assistance programs, like bus passes offered through legal or recovery services, were viewed as helpful but not widely accessible

Forces of Change

- Participants described day-to-day struggles with housing insecurity, economic strain and exposure to violence
- Substance use remains a primary concern, with limited access to treatment and recovery housing amplifying risks

Executive Summary: Community Support, Challenges and Access Continued

- Mental health challenges are common, but stigma and lack of information often keep people from seeking help
- Many community members don't know what resources exist, making it harder to find support when it's needed most
- Delays in securing housing assistance or medical care due to system backlogs or coverage limits contribute to instability and frustration

Executive Summary: Disability and Health

FOCUS GROUP #6

DATE: March 6, 2025

LOCATION: Joliet Junior College (JJC)

COMMUNITY PARTNER: Disability Resource Center (DRC)

Focus group participants highlighted the supportive role of local organizations such as the DRC, JJC, Trinity and Cornerstone in promoting self-advocacy, independence and community inclusion for individuals with disabilities. However, persistent barriers such as unreliable transportation, limited accessible medical and dental services and inadequate disability-specific training among healthcare providers were noted. Participants also emphasized the lingering effects of the COVID-19 pandemic, including grief, isolation and financial instability, underscoring the need for stronger systems of support, empathy and equitable access to care.

Themes and Key Data

Community Strengths and Assets

- Participants provided praise for the supportive role the DRC and JJC staff took in fostering self-advocacy, independence and a general sense of community
- Assistive technology, like medical alert devices, helped people manage health and emergencies more independently
- Community discussions on inclusion were appreciated as a step toward reducing discrimination
- Organizations like Trinity and Cornerstone were highlighted for successful job assistance efforts
- Participants expressed enthusiasm for initiatives like “Service Saturdays” to increase engagement and shift community perceptions

Built Environment

- Unreliable transportation services were a key barrier to attending medical appointments and school
- Participants emphasized a need for safer sidewalks and infrastructure improvements for individuals with disabilities
- Medical services, such as dental care for Medicaid recipients, were inaccessible locally and require travel to Chicago

Forces of Change

- The COVID-19 pandemic left lasting impacts including grief, isolation and job loss
- Medical professionals’ lack of disability-specific training and dismissive care practices were mentioned as contributors to negative healthcare experiences
- Participants stressed the need for hospital staff to receive better training in empathy, patient communication and respect for patient autonomy
- Difficulty accessing and navigating health insurance and healthcare systems increases dependence on family members, and therefore, distress in familial systems
- Concerns about employment and housing stability were expressed, particularly as participants moved toward independent living

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