

Community Health Needs Assessment

August 2023 - March 2024



VILLAGE OF SCHAUMBURG

PROGRESS THROUGH THOUGHTFUL PLANNING



Table of Contents

I.	Executive Summary.....	2
II.	Introduction and Process.....	3
A.	The Village of Schaumburg.....	3
B.	Illinois Project for Local Assessment of Needs (IPLAN)	3
C.	The MAPP 2.0 Framework.....	4
D.	Village of Schaumburg Community Health Needs Assessment Process and Timeline	5
III.	Phase One: Build the Community Health Improvement Foundation	6
IV.	Phase Two: Tell the Community Story.....	8
A.	Community Status Assessment.....	9
B.	Community Context Assessment	35
C.	Community Partner Assessment.....	47
D.	Triangulating and Summarizing the Three Assessments.....	54
V.	Conclusion	55



I. Executive Summary

The aim of this community health needs assessment is to identify and enhance our understanding of the health needs, as well as assess the existing services and infrastructure available to fulfill these needs, in the Village of Schaumburg and for its residents.

The assessment was led by a project team from the Village of Schaumburg with support from consultant Leading Healthy Futures (LHF), who conducted the assessment in keeping with the Illinois Project for Local Assessment of Needs (IPLAN), which requires such a process every five years for local health departments certified by the Illinois Department of Public Health. The assessment uses the Mobilizing for Action Through Planning and Partnerships 2.0 (MAPP 2.0) process as its framework and structure to understand the community's health status, community members, and the capacity of health and nonprofit partners within the community to improve health for all. Through this process, the village gathered both quantitative data on community health as well as perspectives from health care providers, social service agencies, community groups, and more than 500 individuals who live, work, shop, and play in Schaumburg.

The Village of Schaumburg is home to 79,498 residents, of whom 56% identify as white non-Hispanic and 24% as Asian. Nearly 40% of all residents speak a language other than English at home, with common languages including Spanish, Polish, Gujarati, Urdu, Hindi, Japanese, and Korean. The village has lower rates of poverty and unemployment than elsewhere in Cook County, and higher levels of educational attainment and rates of health insurance. Many health indicators are better than state and national averages, including those around chronic disease, prenatal health, and pediatric health, though opportunities exist to improve cancer screening rates.

Feedback from community members highlighted the many strengths and assets within the community, including collaborative agencies, parks and green spaces, and access to health care facilities and community services. At the same time, community members also noted barriers to accessing care, including transportation challenges, challenges affording and understanding health insurance, and a level of need for behavioral health services that exceeds current capacity. Housing costs and access to affordable housing were also common challenges. Many community partners have the capacity and skills to fulfill essential public health services, a commitment to equity and community engagement, and are interested in participating in community health improvement activities.

From this assessment, several key cross-cutting strengths, assets, and areas for improvement emerged, including:

- *Community Strengths and Assets:* strong collaboration between government agencies; diverse community; many green spaces; strong business community; strong response to COVID; and many nonprofits and government agencies available to fulfill essential public health services.
- *Social Determinants of Health Facing Residents:* Transportation and public transit barriers; housing cost challenges; language barriers; and challenges accessing, affording, and understanding health insurance.
- *Health and Social Service Capacity and Opportunities for Improvement:* Workforce challenges; growing demand for mental health services and services for older adults, adults with disabilities, and young people; opportunity for more health service facilities, access points, preventive services, and for bringing services closer to residents; and opportunity to increase communication, outreach, and collaboration.

Findings from this assessment affirm that the Village of Schaumburg has a strong infrastructure of social service and health partners that together provide the community with essential public health services. The assessment also pinpointed specific areas where the village has the potential to be a leader in implementing improvements. The project team and its many partners across the community look forward to using this assessment to inform future opportunities to advance some of these areas of improvement and promote access to health and equitable health outcomes for all who live, work, shop, and play in the village.



II. Introduction and Process

A. The Village of Schaumburg

The Village of Schaumburg is a full-service home rule municipal corporation located in the northwest corner of suburban Cook County, with a small portion in DuPage County. It is bordered by the municipalities of Elk Grove Village, Rolling Meadows, Palatine, Hoffman Estates, Streamwood, Hanover Park, and Roselle.

Since its incorporation in 1956, the Village of Schaumburg has grown from a population of 130 to what is now the 12th largest community in Illinois, with more than 79,498 residents as of 2017-2021 ACS five-year estimates. Outside the City of Chicago, Schaumburg is the largest center of economic development in the State of Illinois. In addition to the 9.5 million square feet of retail and restaurant space, the Village has over 12 million square feet of office space and 13.5 million square feet of industrial space. With a daytime population of 150,000, thousands of businesses, 30 hotels, over 200 restaurants, a highly educated workforce, superb location and high quality of life, Schaumburg is 'The Place for Business'.

Schaumburg is one of 125 municipalities and 30 townships that are under the jurisdiction of the Cook County Department of Public Health (CCDPH). CCDPH provides services related to communicable disease prevention and control, community epidemiology, emergency preparedness, environmental health, and integrated health support services.

Beyond those services provided by CCDPH, Schaumburg residents and businesses have access to a wide variety of local health services provided by the Village of Schaumburg, Schaumburg Township, other government agencies and divisions such as the Schaumburg Park District and Schaumburg Library, as well as several local private and non-profit service providers. Examples of these services include the following:

- Health inspection programs and services
- Emergency preparedness and response
- Senior services
- General/financial assistance programs
- Nursing services
- Behavioral health services
- Domestic violence services
- Youth and young adult services
- Transportation

B. Illinois Project for Local Assessment of Needs (IPLAN)

Illinois law requires that, every five years, each local health department complete an Illinois Project for Local Assessment of Needs (IPLAN), which is a community health assessment and health improvement process. This fulfills the requirements of the Illinois Administrative Code, Title 77, Subsection 600.410 for certification for local public health departments by the Illinois Department of Public Health (IDPH). Although the Village of Schaumburg is not a certified local health department, it chose to conduct a community health needs assessment consistent with IPLAN requirements to better understand and improve the health of its residents.

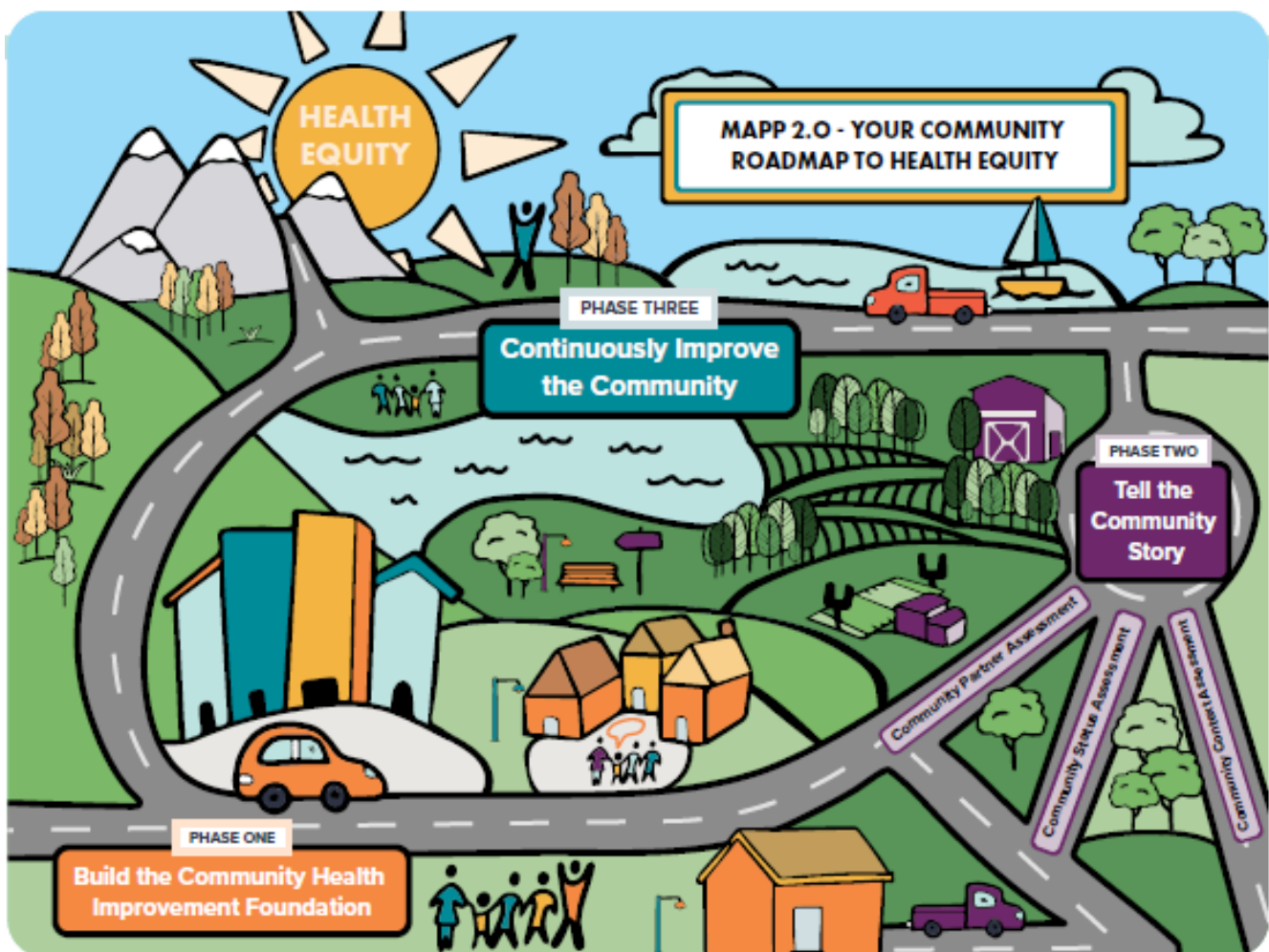
The IPLAN process is grounded in the core functions of public health and incorporates robust participation of community stakeholders. The essential elements of an IPLAN are an organizational capacity assessment, a community health needs assessment, and a community health improvement plan.



C. The MAPP 2.0 Framework

To complete this community health needs assessment, the Village of Schaumburg and its partners adapted the nationally recognized model Mobilizing for Action through Planning and Partnerships (MAPP). Developed by the National Association of County and City Health Officials (NACCHO), MAPP is a Centers for Disease Control and Prevention–approved planning process and one which IDPH considers to be an equivalent process for completing a certified local health department’s IPLAN. The Village of Schaumburg was not required to use an IPLAN-approved framework to conduct its needs assessment, but elected to do so because MAPP is considered the gold standard for community health needs assessment processes.

In 2023, MAPP released MAPP 2.0, an updated framework which seeks to achieve health equity by identifying urgent health issues in a community and aligning community resources.



MAPP involves developing a community-wide vision for health, involving organizations across sectors, assessing both community needs and strengths, and assigning resources to the underlying drivers of inequity. The process includes three phases:

- Phase One: Build the Community Health Improvement Foundation
- Phase Two: Tell the Community Story
- Phase Three: Continuously Improve the Community



D. Village of Schaumburg Community Health Needs Assessment Process and Timeline

The MAPP 2.0 process begins with Phase One: Build the Community Health Improvement Foundation, which unites partner organizations and people to plan for the activities of the needs assessment. In Schaumburg, this process formally began in August 2023. The village contracted with Leading Healthy Futures (LHF) to support its needs assessment activities, formed a project team of internal village staff from across departments, and identified a diverse list of key external partners and collaborators. An introductory meeting was held in October to welcome community partners, introduce them to the process, and begin to develop a community vision.

Phase Two: Tell the Community Story involved preparation, application, and analysis of three different assessments. This began in Fall 2023 with the gathering and analysis of quantitative data for the Community Status Assessment (CSA), and continued with developing and conducting surveys, focus groups, and interviews for the Community Context Assessment (CCA) and Community Partner Assessment (CPA). In January 2024, the project team hosted a community partner meeting to review the results of the CSA and CCA and to complete the CPA.

This report summarizes Phases One and Two of the MAPP process completed by the village in March 2024.





III. Phase One: Build the Community Health Improvement Foundation

PURPOSE

In Phase One of the MAPP 2.0 process, the facilitating organization identifies its stakeholders in the community, establishes its leadership and administrative structure and engages its steering committee, and develops a community vision. This phase unites many different types of partner organizations and stakeholders to plan for and begin to implement MAPP.

PROCESS

As the facilitating organization, the Village of Schaumburg took several steps to plan for the leadership, administrative structure, and infrastructure of a health services needs assessment. The village contracted with Leading Healthy Futures (LHF) to design and lead the assessment process, created an interdepartmental project team of village staff to oversee and provide subject matter expertise and internal perspectives to LHF, and provided the overall leadership and administrative resources to ensure that high-quality assessments could be conducted in Phase Two.

The village project team also helped build relationships with other stakeholders and community partners listed throughout this report. These partners subsequently lent their support and participated in surveys, focus groups, interviews, and community conversations. Additionally, these partners began the process of developing a shared community vision by brainstorming words that described their vision for health and health equity in Schaumburg.

Village Project Team

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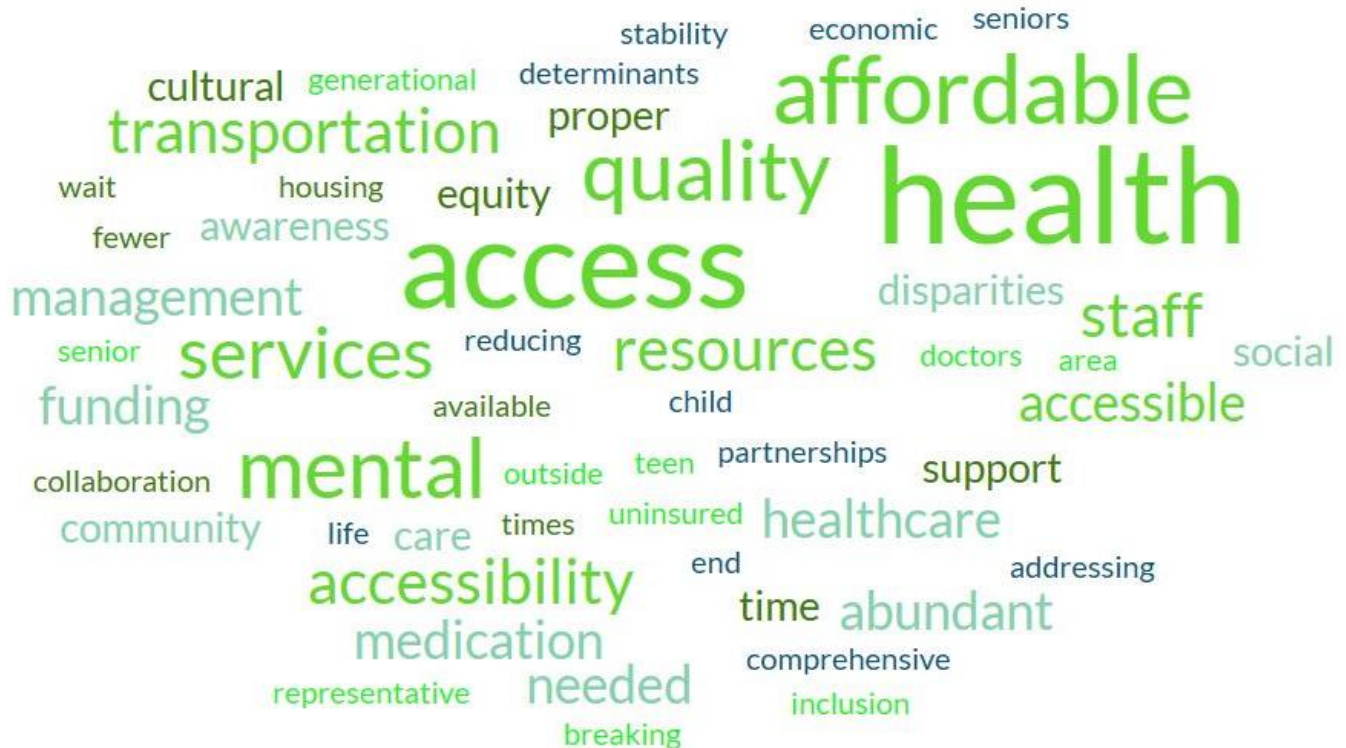


Community Partners

- Apna Ghar
- Boys & Girls Club of Elgin
- Children's Advocacy Center of North and Northwest
- Cook County
- Clearbrook
- Greater Family Health
- Fellowship Housing
- JOURNEY | The Road Home
- Kenneth Young Center
- Life Span
- Northwest CASA
- Northwest Community Hospital
- Northwest Compass, Inc.
- Partners for Our Communities (POC)
- Safe From the Start
- Schaumburg Business Association
- Schaumburg High School
- Schaumburg Park District
- Schaumburg School District #5411
- Schaumburg Township
- Schaumburg Township District Library
- Schaumburg Township Mental Health Board
- Shelter, Inc.
- St. Peter Lutheran Church & School
- The Bridge Youth and Family Services
- The Salvation Army
- The SHARE Program

Vision

Based on brainstorming activities held with partners in October 2023 and January 2024, the word cloud below shows some of the words that described the vision that community partners have for health and health equity in Schaumburg. Key recurring words included access and accessibility, affordable, quality, services, resources, mental health, and transportation.





IV. Phase Two: Tell the Community Story

In Phase Two of the MAPP 2.0 process, three different assessments are conducted to paint a comprehensive picture of health in the community.



The **Community Status Assessment** collects quantitative data on the status of the community such as demographics, health status, and health inequities. It helps reveal gaps, issues, and inequities across a variety of population and health indicators.



The **Community Context Assessment** uses qualitative data to assess community strengths and assets, built environment, and forces of change. It collects insights, expertise, and views of people and communities affected by social systems and centers on people and communities with lived experience who may be experiencing inequities firsthand.



The **Community Partner Assessment** provides a structure for community partners to look critically at their individual systems, processes, and capacities, and the collective capacity of the system to address inequities and advance health equity.

The Village of Schaumburg, in partnership with LHF and with the support of a variety of community organizations, conducted these three assessments between October 2023 and January 2024. This section summarizes the purpose, methods, and results or findings of each assessment.



A. Community Status Assessment

PURPOSE

The Community Status Assessment (CSA) collects quantitative data on the status of the community such as demographics, health status, and health inequities. It helps reveal gaps, issues, and inequities across a variety of indicators. It answers questions like:

- What does the status of the community look like, including key health, socioeconomic, environmental, and quality-of-life outcomes?
- What populations are experiencing inequities across health, socioeconomic, environmental, and quality-of-life outcomes?
- How do systems influence outcomes? Where are the gaps?

PROCESS

LHF worked with the village project team to identify demographic and health indicators for analysis and to conduct the CSA during September 2023. Data was collected using the most recently available data sets as of September 2023 from the American Community Survey (ACS) 2017–2021 five-year estimates; CDC Wonder; the Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior Survey (YRBS); Data Resource Center for Child and Adolescent Health; UDS Mapper; Policy Map; Spark Map; CDC PLACES; Cook County Health Atlas; City Health Dashboard; and other publicly available online sources.

At times, the best available data is only available at county or state levels rather than zip code level. In these cases, a standard extrapolation methodology was used to estimate the percent of a population with a certain disease or condition in each zip code. This methodology allows health data only available at the state or county level to be reliably extrapolated down to a smaller geography such as zip code, using data breakouts available by race and ethnicity or age. Extrapolations were either provided by CDC PLACES or conducted by LHF.

The analysis covered zip codes 60173, 60193, 60194, and 60195 (please note that 60196 is also part of the village but does not have any population associated with it) and was compared to relevant benchmarks such as Cook County, Illinois, or national averages as appropriate.

The CSA is organized around the social determinants of health (SDOH). Healthy People 2030, the fifth iteration of the Office of Disease Prevention and Health Promotion's Healthy People Initiative, defined SDOH as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks."¹ There are five domains of SDOH, which are:

1. Social and Community Context
2. Economic Stability
3. Education Access and Quality
4. Health Care Access, Quality, and Disparities
5. Neighborhood and Built Environment

The section on Health Care Access, Quality, and Disparities also describes morbidity, mortality, and other health indicators in the village, including for diabetes, cardiovascular disease, cancer, prenatal and perinatal health, child health, behavioral health, and other health indicators, with comparisons to national and state averages. Health indicators are color-coded based on whether the village is performing better than both the state and nation, in between, or worse than both the state and nation.

Social Determinants of Health





RESULTS

Community Overview

According to the 2017-2021 ACS five-year estimates, the Village of Schaumburg has a total population of 79,498. More than half (51% or 40,150 individuals) reside in the zip code 60193 and another quarter (26% or 20,467) live in 60194. Due to its vibrant business community, office parks, and major shopping district, nearly 70,000 workers come to Schaumburg from outside the village, nearly as many as the actual population of Schaumburg.² This results in a “daytime” population of approximately 150,000.

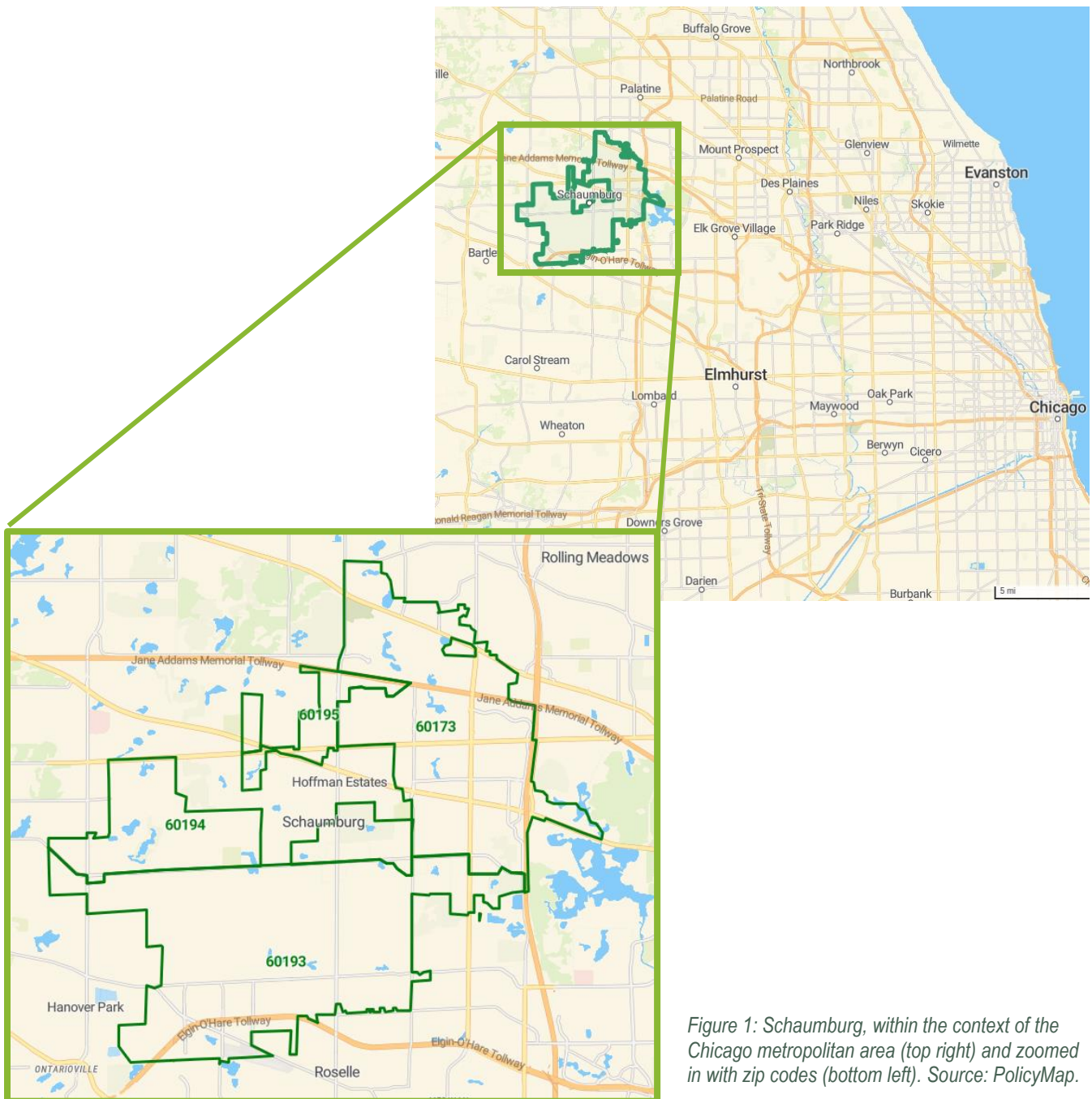


Figure 1: Schaumburg, within the context of the Chicago metropolitan area (top right) and zoomed in with zip codes (bottom left). Source: PolicyMap.



Social and Community Context

Race/Ethnicity

The Village of Schaumburg is a racially and ethnically diverse community. A little more than half the population (56%) identifies as white non-Hispanic, which is more than in Cook County but less than in the state of Illinois. Approximately one-quarter (24%) of the population identifies as Asian, which is substantially above the county or state proportion. Another 11% of residents identify as Hispanic/Latino and 6% identify as Black/African American.

At the zip code level, two of Schaumburg's four zip codes have even higher proportions of Asian residents – 42% of residents of 60173 identify as Asian and 52% of 60195 residents do. These zip codes also have the smallest proportion of white residents. The other two zip codes have the highest proportions of Hispanic residents – 14% in 60193 and 9% in 60194 – and higher proportions of white residents as well.

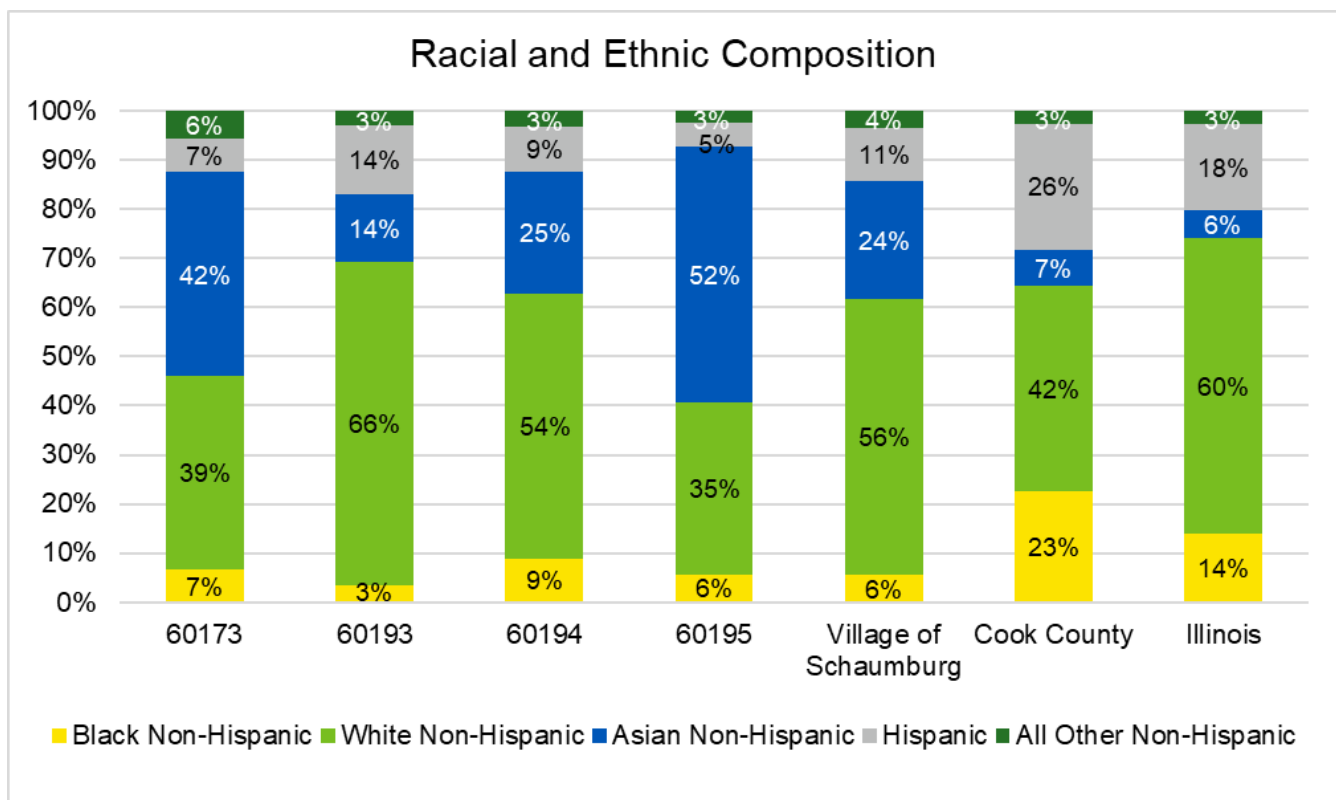


Figure 2: Racial and ethnic composition of Schaumburg by zip code. Source: 2017-2021 ACS five-year estimates.



According to a profile of demographic, social, and economic trends in the Village of Schaumburg based on a comparison of the 2010 and 2020 decennial census, the white non-Hispanic share of Schaumburg’s population fell from 65% in 2010 to 56% in 2020, while other major groups increased their share of the population. Notably, the Asian population rose from 20% to 26%.³ This includes not only east Asian populations such as those with roots in China, Japan, and Korea, but also southeast Asian populations such as those with roots in India, Pakistan, and Afghanistan.

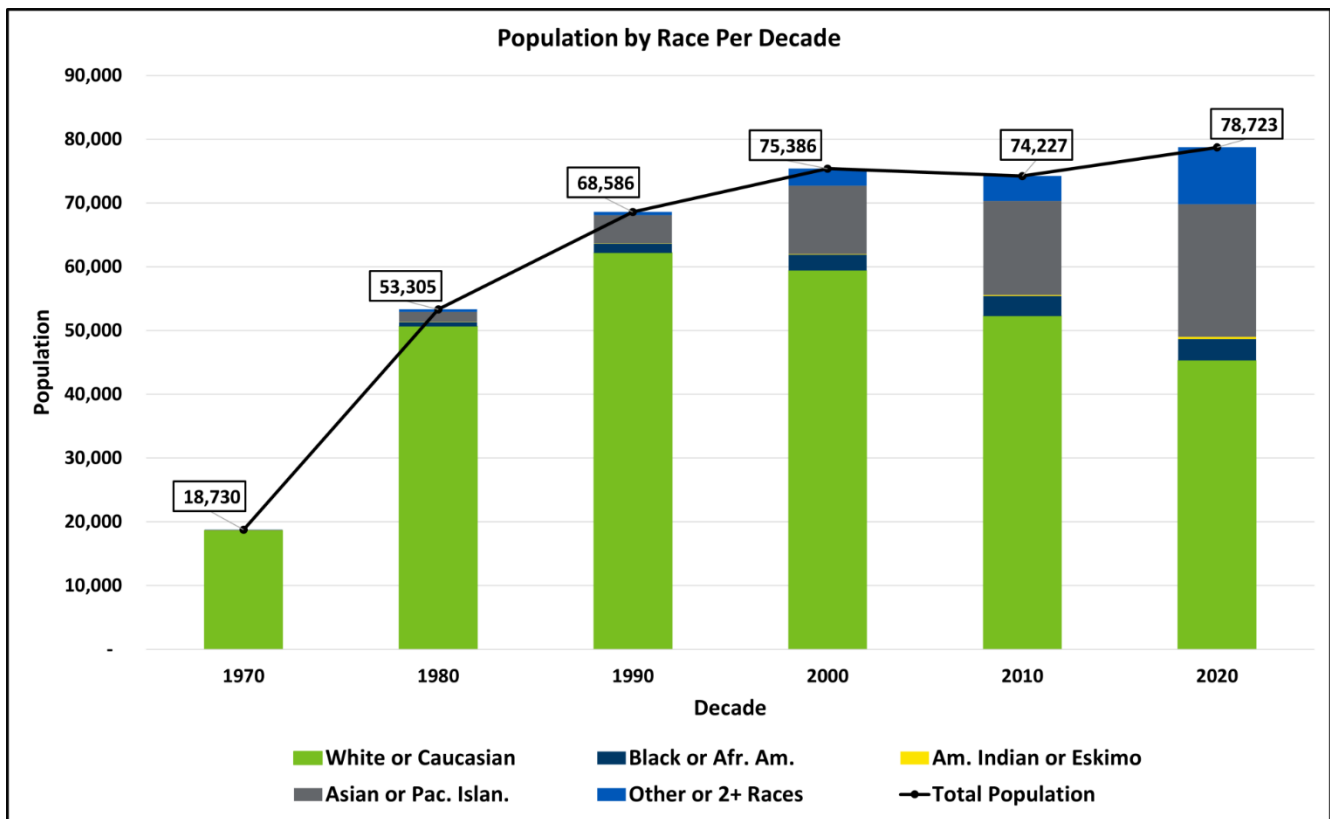


Figure 3: Population by race per decade in Schaumburg. Source: Village of Schaumburg, based on US Census Bureau data.



Age

Schaumburg overall is relatively similar to Cook County and the state of Illinois in terms of age distribution, with 23% of the population under age 18, 62% of the population between 18 and 64 years of age, and 15% of the population aged 65 years or more.

Notably, the zip code where the majority of the village population lives, 60193, has both a larger proportion of older adults and also a larger proportion of children than either Cook County or the state, and therefore a smaller proportion of working-aged adults. This may reflect the large number of older adults aging in place in the village as well as young families moving into the homes that do vacate; the high rates of homeownership in 60193 (74%) support this. This also aligns with analysis of trends between the 2010 and 2020 Census, which found that there has been a slight increase in both the share of the population that is 0-9 years old and also the share that is 55 years and older.⁴

The two smaller zip codes, 60173 and 60195, have much higher proportions of working-aged adults (71%) and fewer children or older adults. This may align with the higher rates of renters found in 60173 and 60195, where 65% and 70% of residents, respectively, are renters. These renters may be single working-aged adults, couples, and smaller families, compared to the homeownership older adults and families with children in 60193 and 60194.

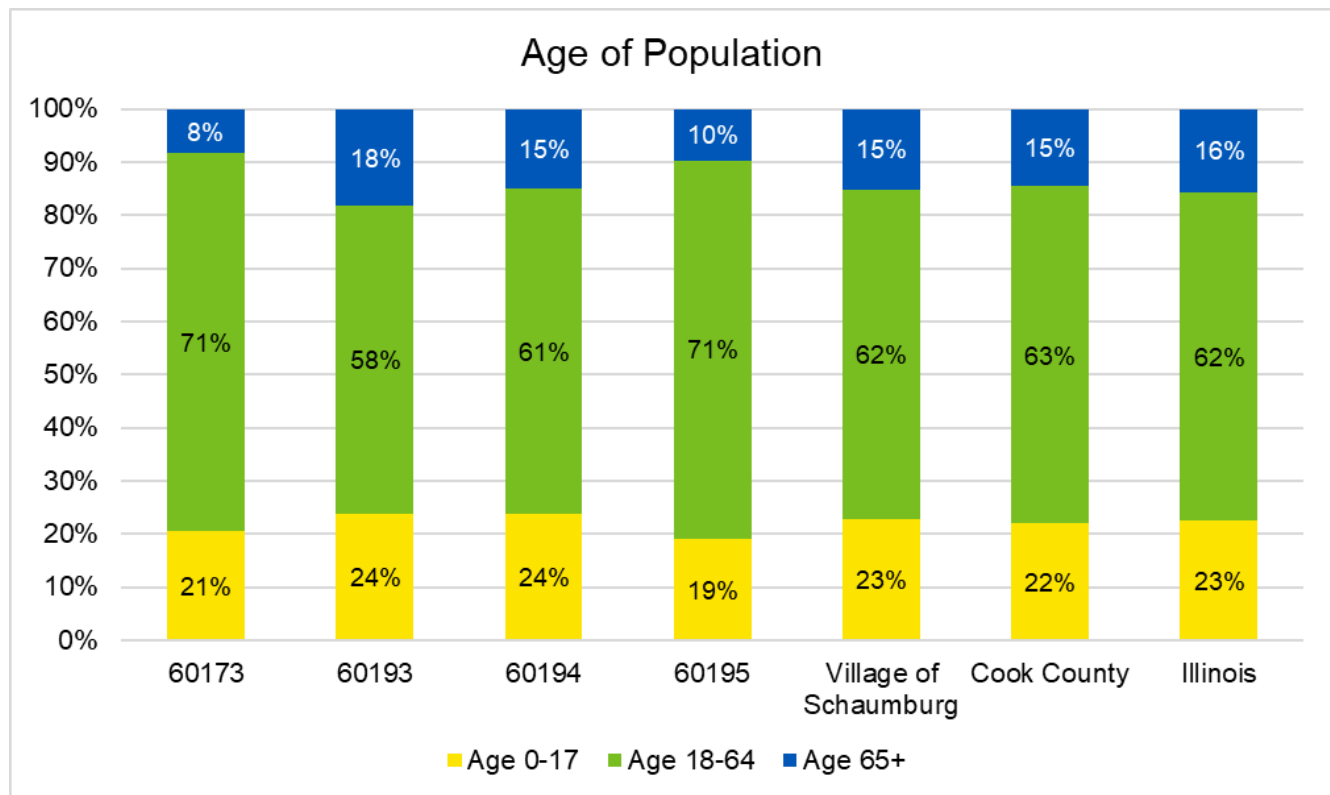


Figure 4: Age distribution of Schaumburg by zip code. Source: 2017-2021 ACS five-year estimates.



International Born

The Village of Schaumburg has a much larger proportion of immigrant residents than the state of Illinois or even Cook County. A full 30% of residents were born outside the United States, compared to just 21% in Cook County and 14% in Illinois.

The proportion of immigrant community members is highest in 60173 and 60195, where nearly half (47% in each zip code) of the population was born outside the U.S. The smallest proportion of immigrant community members is in 60193, where 23% of the population was born outside the U.S., but even this is higher than the state or county.

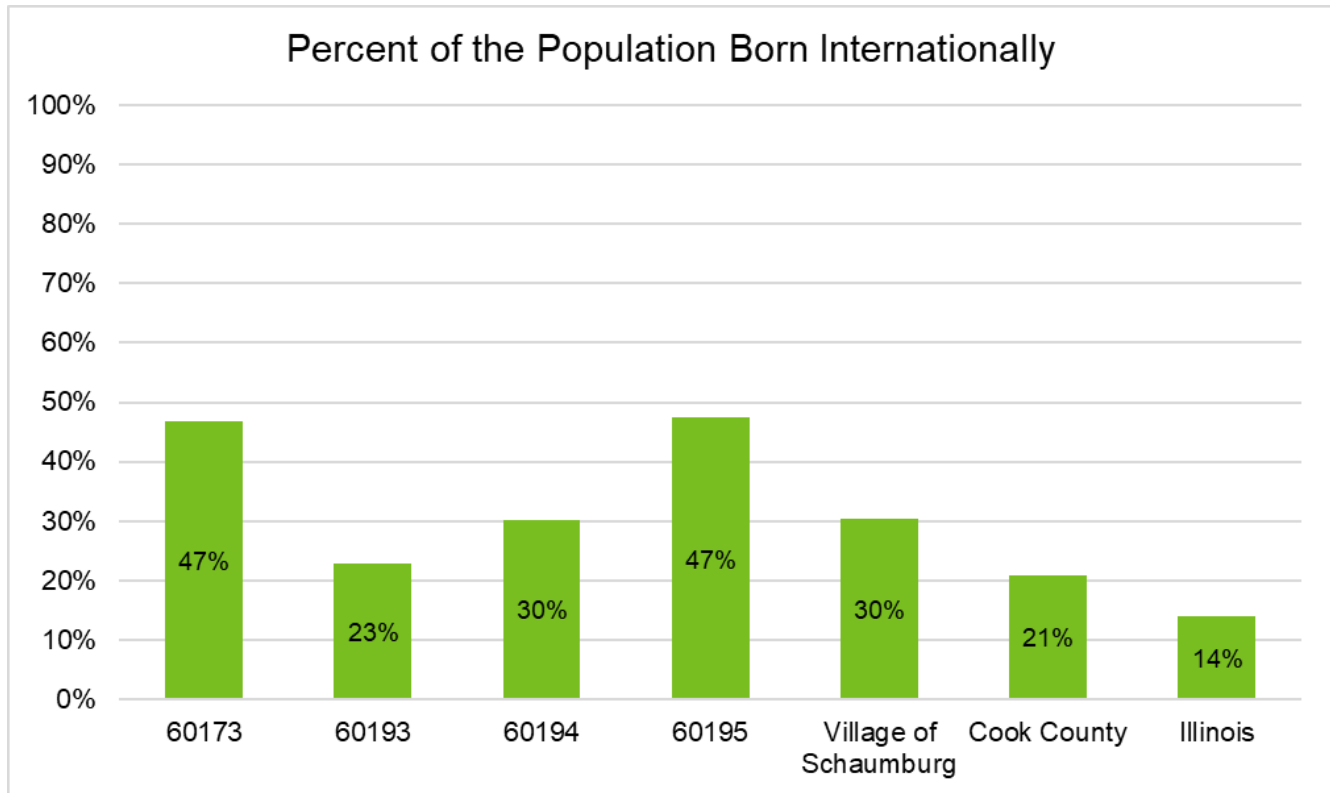


Figure 5: Percent of Schaumburg population born outside the U.S. by zip code. Source: 2017-2021 ACS five-year estimates.



As shown on Figure 6, in most census tracts, the most common country of origin for residents born outside the U.S. is India (blue), with a few census tracts where the most common country of origin is Mexico (green). Other common countries of origin include Poland, Japan, the Philippines, China, Korea, Pakistan, and Bulgaria.

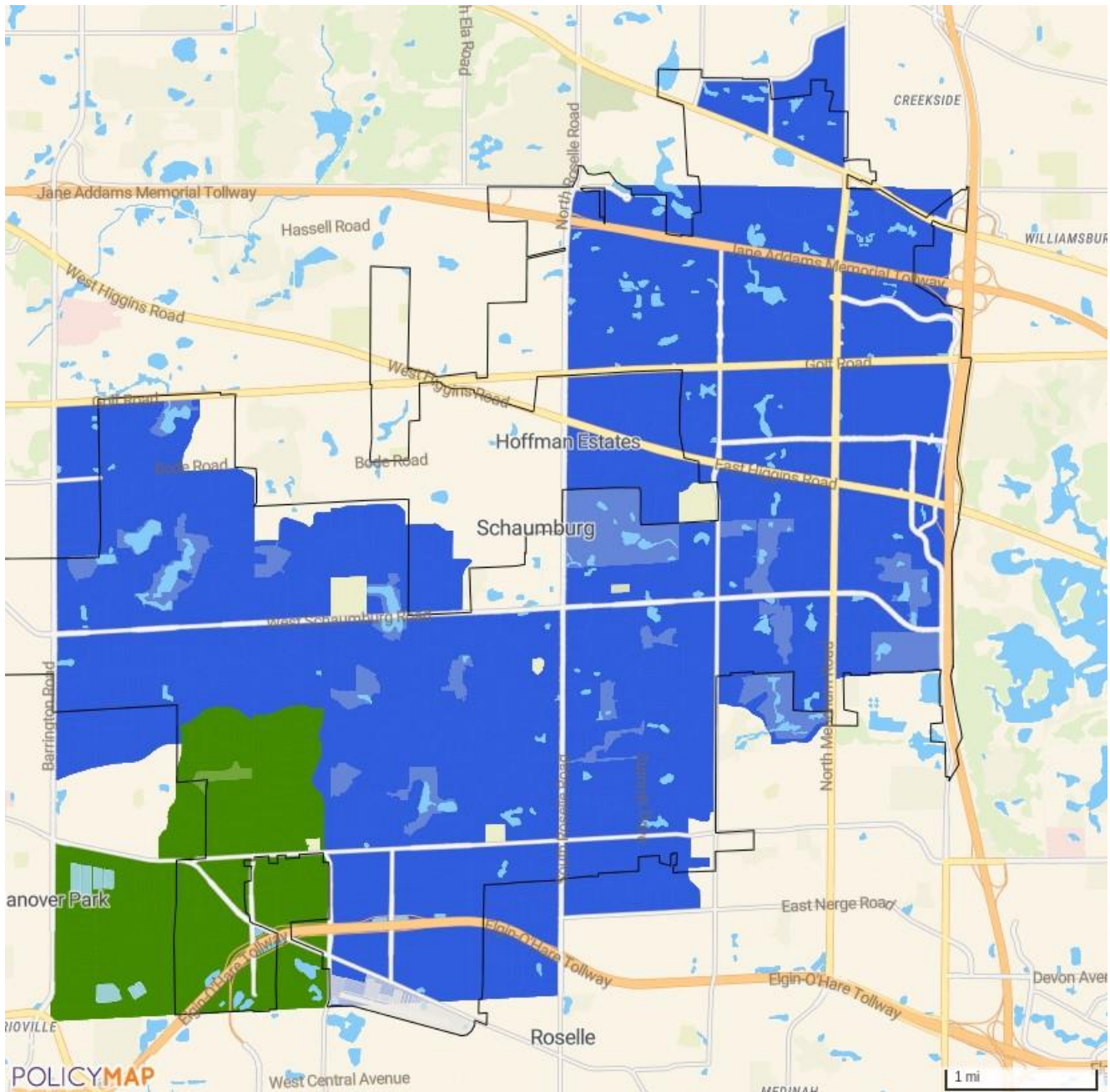


Figure 6: Predominant country of birth, not including US, by census tract in Schaumburg. Blue represents India and green represents Mexico. Source: PolicyMap, based on ACS 2014-2018 five-year estimates.



Language Spoken at Home

The Village of Schaumburg has a very linguistically diverse population, as nearly 40% of all residents over the age of 5 years speak a language other than English at home, more than in Cook County or Illinois. Overall, 7% of Schaumburg residents speak Spanish at home, 20% speak another Indo-European language at home, and 11% speak an Asian or Pacific Island language at home. This includes both multilingual households that prefer to speak their native language at home and households that have more limited English proficiency.

In 60173 and 60195, more than 50% of residents speak a non-English language at home. This aligns with the zip codes with the highest proportion of residents born outside the U.S. However, it should be noted that in every zip code, more individuals speak non-English languages at home than were born outside the U.S., indicating that many U.S. born residents also speak other languages at home.

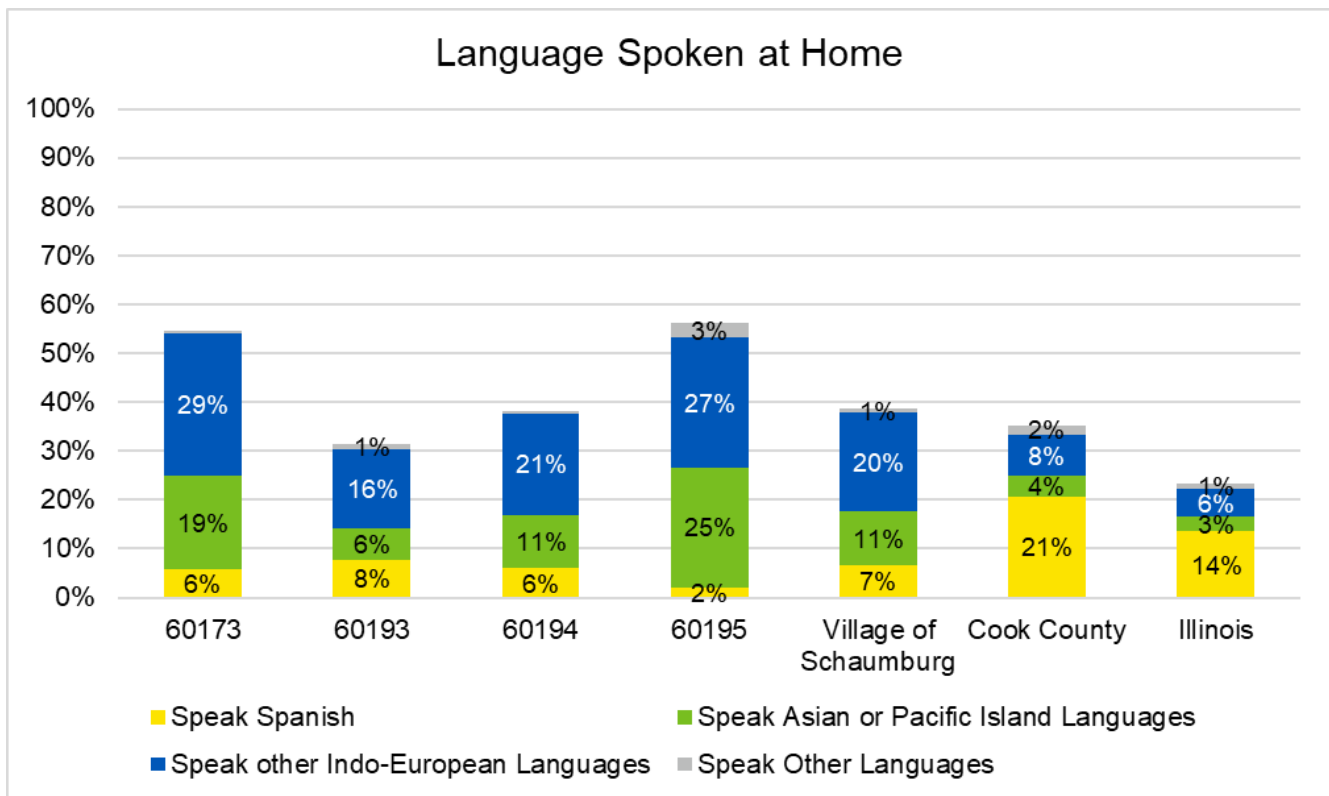


Figure 7: Languages spoken at home by Schaumburg residents by zip code. Source: 2017-2021 ACS five-year estimates.

Another key measure is linguistic isolation, defined as households where no person over age 14 speaks English only or English “very well.” Between 2010 and 2020, the rate of linguistic isolation fell across all language groups in Schaumburg.⁵ This demonstrates that Schaumburg residents are increasingly able to speak English well and are not as linguistically isolated as in the past.

Common languages spoken at home, after English, include Spanish, Polish, Gujarati, Urdu, Hindi, Japanese, and Korean.

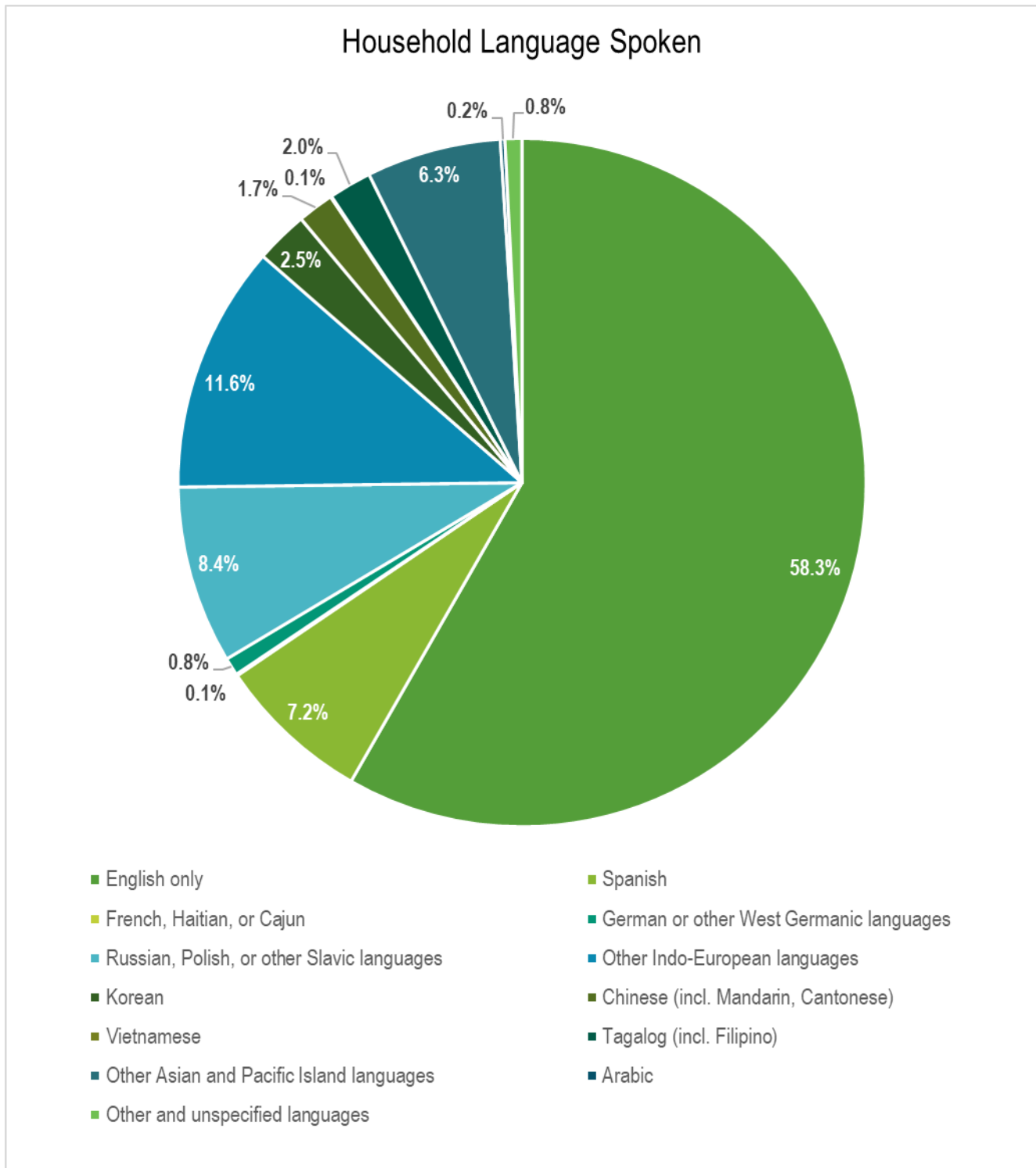


Figure 8: Languages spoken at home by Schaumburg residents, including English. Source: 2017-2021 ACS five-year estimates.



The map below shows the most common language group by census tract as of 2019 five-year estimates, with yellow representing Spanish, green representing Polish, orange representing other Indo-European languages such as Gujarati, Hindi, and Urdu, and red representing Japanese.

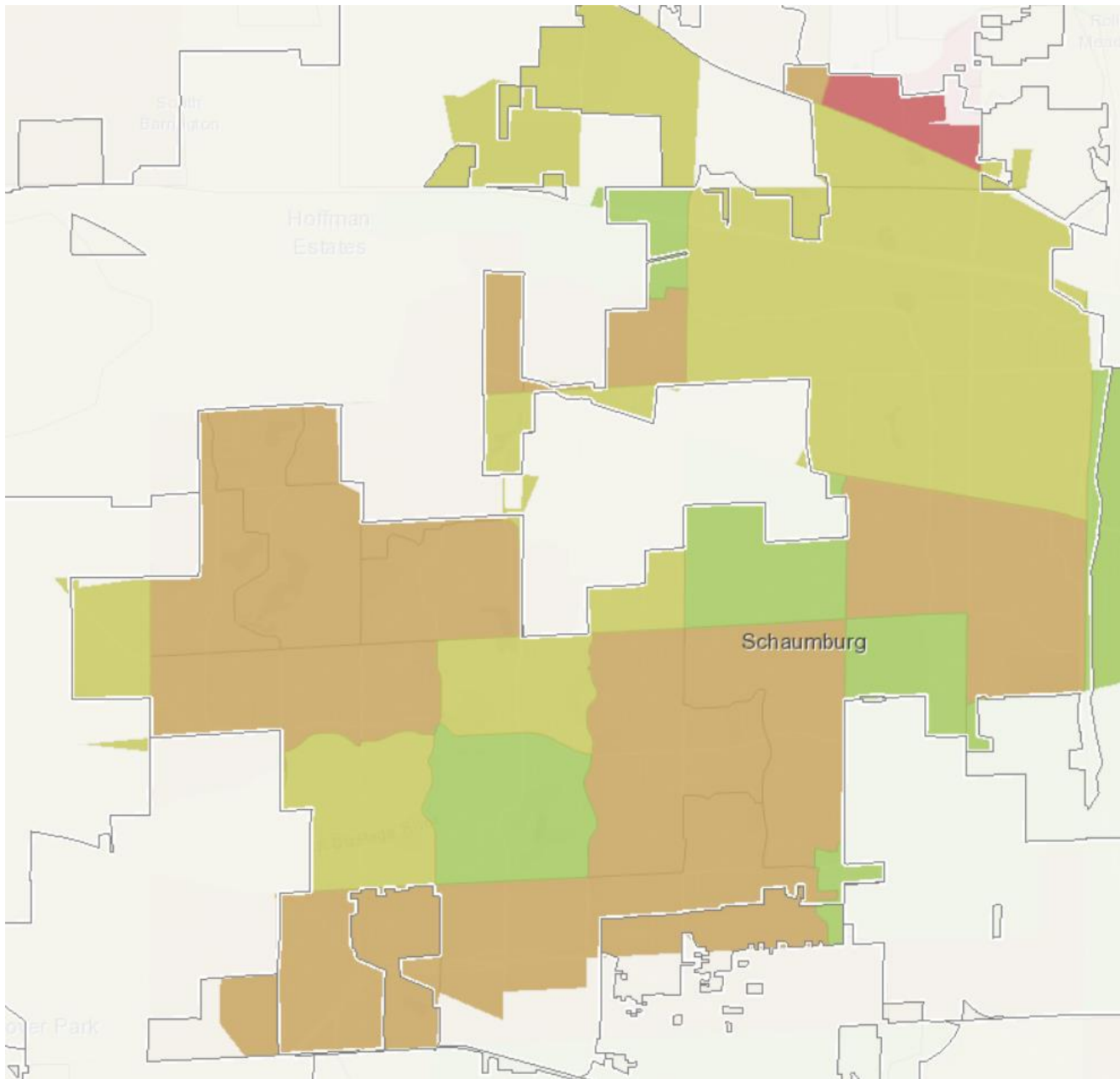


Figure 9: Predominant language spoken at home, excluding English, by census tract in Schaumburg. Top languages include Spanish (yellow), Polish (green), Gujarati, Hindi, or Urdu (orange), and Japanese (red). Source: SparkMap, based on ACS 2015-2019 five-year estimates.



Economic Stability

Income and Poverty

Schaumburg experiences less poverty overall than Cook County or the state. A full 85% of residents are living above 200% of the Federal Poverty Level (FPL), a common threshold for many financial assistance programs, compared to only 70% overall in Cook County and 73% in Illinois. In 2024, 200% of the Federal Poverty Level is equivalent to \$30,120 for an individual or \$62,400 for a family of four.

However, 15% of Schaumburg residents are considered low-income, living under 200% of FPL, and 6% are living in poverty, below 100% of FPL. In Schaumburg's most populous zip code, 60193, more than 17% of residents are living in poverty or low-income.

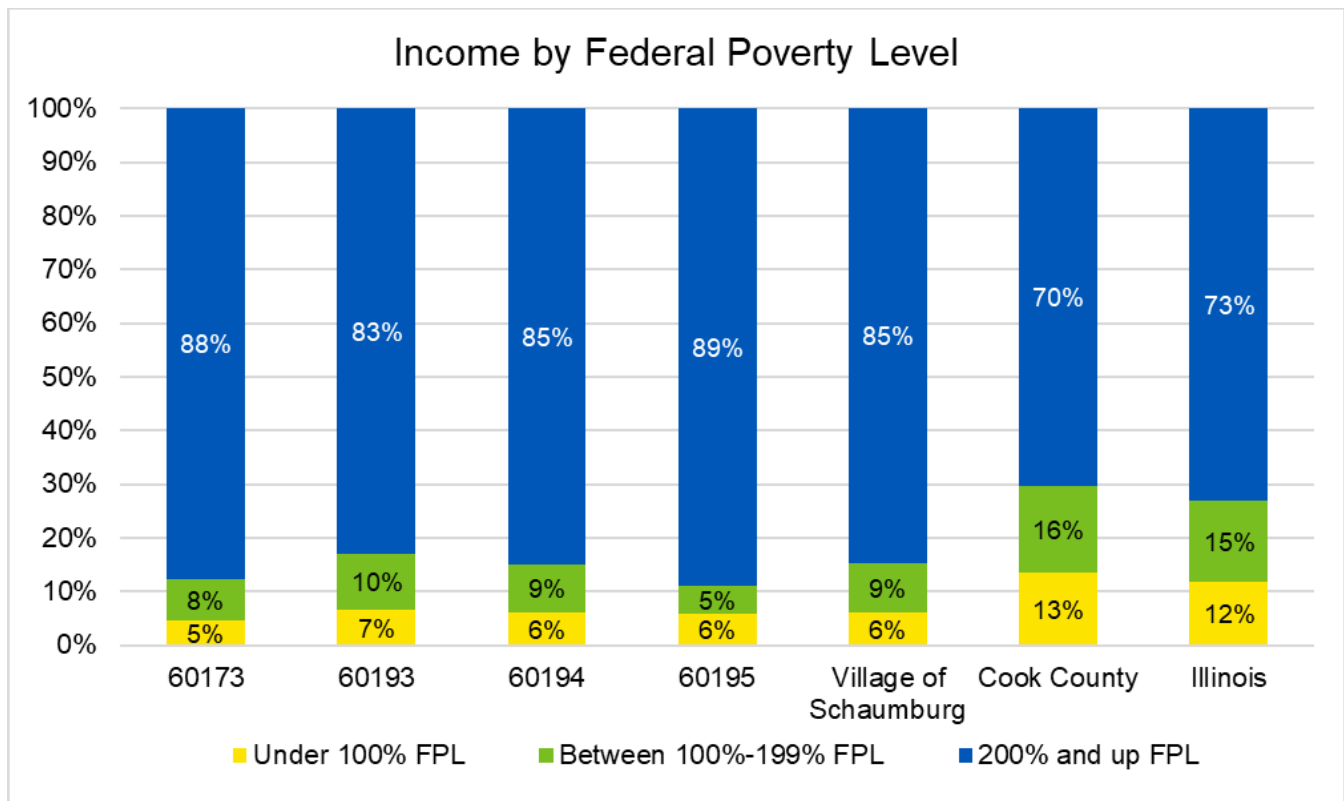


Figure 10: Income by federal poverty level by zip code in Schaumburg. Source: 2017-2021 ACS five-year estimates.

Schaumburg households saw their median incomes rise by 4% between 2010 and 2020. While the largest growth in income was seen in Black and Latino households, the highest median household income in 2020 was among Asian households, at \$101,593 in 2020.⁶

In general, Schaumburg has less childhood poverty than other communities. According to the City Health Dashboard, Schaumburg had an estimated 6.6% of children in poverty in 2021, compared to an average of 16.9% across other Dashboard cities.⁷



Median household income varies throughout the community. The map below highlights the median household income by Census Block Group, which includes some with median incomes as high as \$180,230 and others as low as \$54,318.

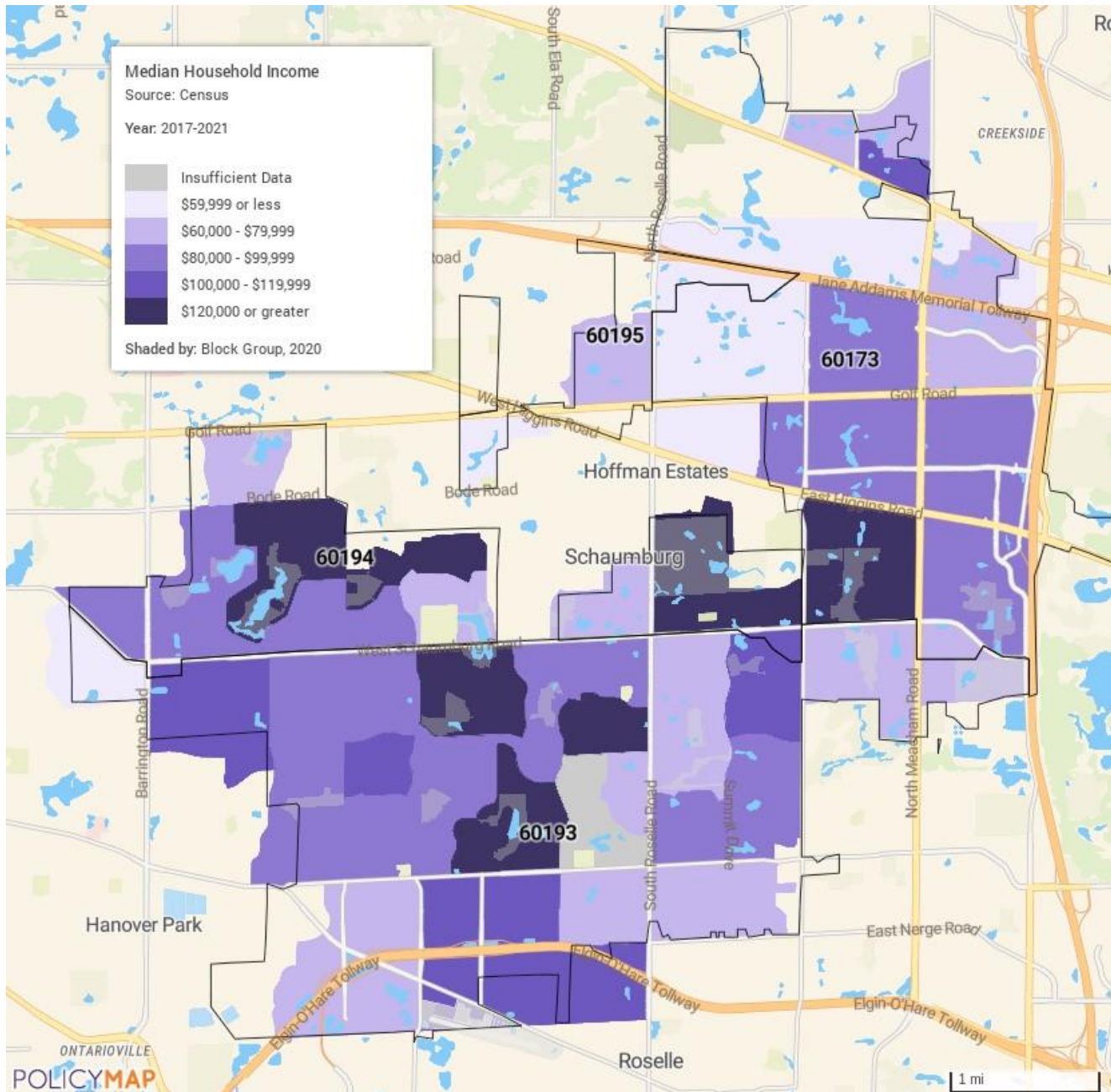


Figure 11: Estimated median household income by census block group in Schaumburg. Source: PolicyMap, based on ACS 2017-2021 five-year estimates.



Unemployment and Occupations

Like other communities, Schaumburg has seen many swings in unemployment in recent years. For several years prior to the COVID-19 pandemic, the labor market had improved, with unemployment steadily decreasing. The pandemic then caused a significant, unprecedented rise in unemployment, reaching a high of 17.4% in April 2020. This gradually came down, dropping to 2.5% in May 2023.⁸

According to the 2017-2021 ACS five-year estimates shown in the graph below, 3% of the overall Schaumburg population is unemployed, much lower than in Cook County and the state of Illinois. Only 60173 has a higher unemployment rate of 6%. Please note that this data set combines pre-COVID and COVID years, but the pattern of Schaumburg having overall better employment than other US cities is consistently seen in other data sets as well. For example, when looking at 2022 and 2023 monthly data from the Bureau of Labor Statistics as analyzed by the City Health Dashboard, Schaumburg consistently has better employment metrics compared to the average of all cities in the City Health Dashboard's data set (US cities with populations above 50,000).

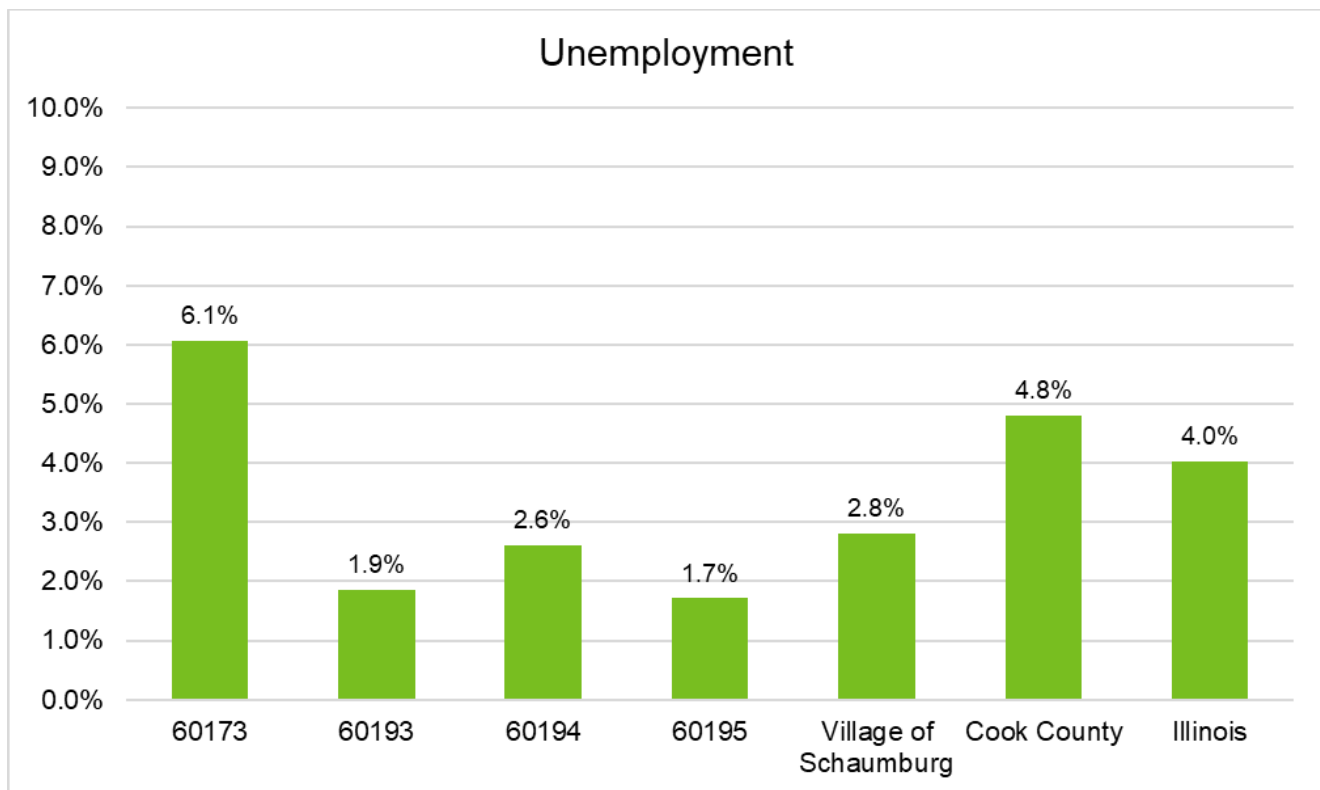


Figure 12: Unemployment by zip code in Schaumburg. Source: 2017-2021 ACS five-year estimates.

Trend analysis by Rob Paral and Associates found that the average person coming to work in Schaumburg in 2020 is older than the average worker in 2010. Only 15% of workers were over 55 in 2010, while 23% were over 55 in 2020. People coming to work in Schaumburg are also less likely to be white than a decade ago; 67% of Schaumburg workers in 2010 identified as white, while only 59% in 2020 identify as such.⁹ More workers come to Schaumburg for education-related and professional jobs compared to a decade ago, while fewer come for manufacturing, information, or retail trade industries. As of the 2020 Census, the top four industries were:

- Professional, scientific, and management, and administrative and waste management services
- Information and finance and insurance, and real estate and rental and leasing
- Retail trade
- Educational services, and health care and social assistance



Education Access and Quality

Educational Attainment

Schaumburg is a highly educated community, where 50% of residents over age 25 years have a bachelor's degree or higher, compared to just 41% in Cook County and 36% in Illinois. Only 4% of Schaumburg residents over age 25 lack a high school degree, far lower than in Cook County (12%) or Illinois (10%).

The proportion of residents with bachelor's degrees or higher is highest in 60173 and 60195, at 67% and 69% of the population respectively. These are the zip codes with the largest proportion of Asian residents and the largest proportion of individuals living above 200% of the FPL. The smallest proportion of residents with bachelor's degrees is found in 60193, where only 42% of the population has a bachelor's degree, but this still remains higher than Cook County and Illinois.

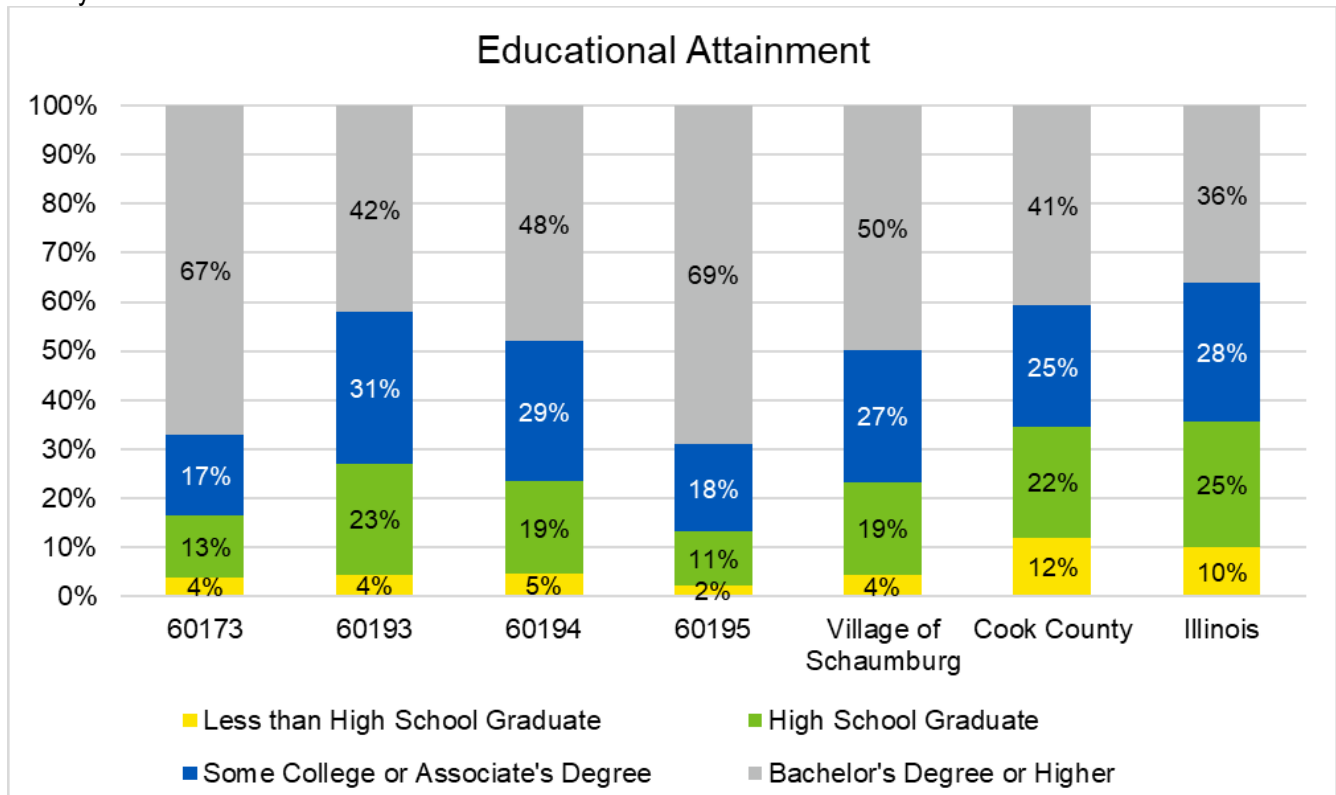


Figure 13: Highest level of educational attainment among adults 25 years and older by zip code in Schaumburg. Source: 2017-2021 ACS five-year estimates.

In the decade between the 2010 and 2020 census, Schaumburg residents experienced a notable upward shift in their educational attainment, with the share of residents with a bachelor's degree rising by 7%. Additionally, the share of Schaumburg immigrants with a graduate or professional degree has risen from 21% to 26% over that decade, and 43% of Schaumburg residents from South Central Asia have a graduate or professional degree.¹⁰



Neighborhood and Built Environment

Housing Burden and Homelessness

Cost of housing is a challenge for some Schaumburg residents. Among homeowners, 23% are considered “housing cost burdened,” which means that their housing costs more than 30% of their income. Among renters, 34% are housing cost burdened. These are both better than Cook County, but still mean that one-third of renters in Schaumburg find that their incomes are not keeping pace with the cost of rent.

Renters in 60194 experience the highest housing burden, while the highest housing burden for homeowners is in 60193. The two zip codes that have higher incomes and lower poverty rates experience the lowest housing burden for renters (60173) and for homeowners (60195).

According to trend analysis, the share of Schaumburg households that is housing cost burdened has decreased over the last decade for both renters and homeowners.¹¹

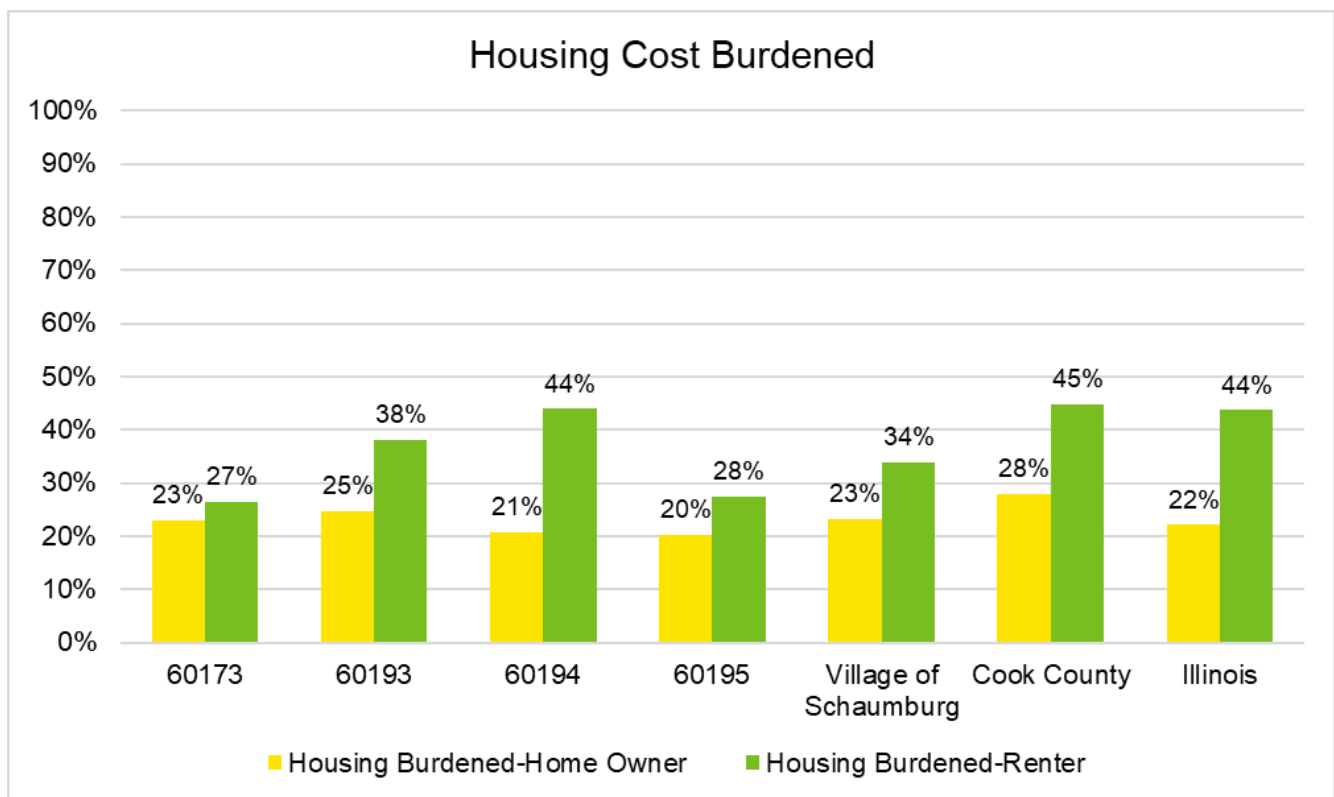


Figure 14: Percent of housing cost burdened homeowners (yellow) and housing cost–burdened renters (green), or individuals who spend more than 30% of their income on housing, by zip code in Schaumburg. Source: 2017-2021 ACS five-year estimates.

Housing burden can contribute to people experiencing homelessness. In suburban Cook County, 1,056 individuals were identified as experiencing homelessness in the 2023 Point-in-Time Count, similar to the 1,096 identified in 2022.¹² Many more individuals may be “doubling-up,” or temporarily staying at another person’s residence, sleeping in cars, or otherwise be transient.



Roadways and Bikeways

The Village of Schaumburg is situated at the intersection of three major highways: I-90, I-290, and Illinois 390, seen on the map below. It thus has strong roadway access to the City of Chicago as well as other communities throughout Cook County and the collar counties.

Residents and visitors can also travel around much of the village via bicycle, with numerous bike paths (shown in pink on the map) and bike lanes or routes (shown in blue) that connect different areas of the village, including residential communities, business areas, green spaces, and public transit. Additional bike paths and lanes are planned in the future, as shown by the dotted lines.

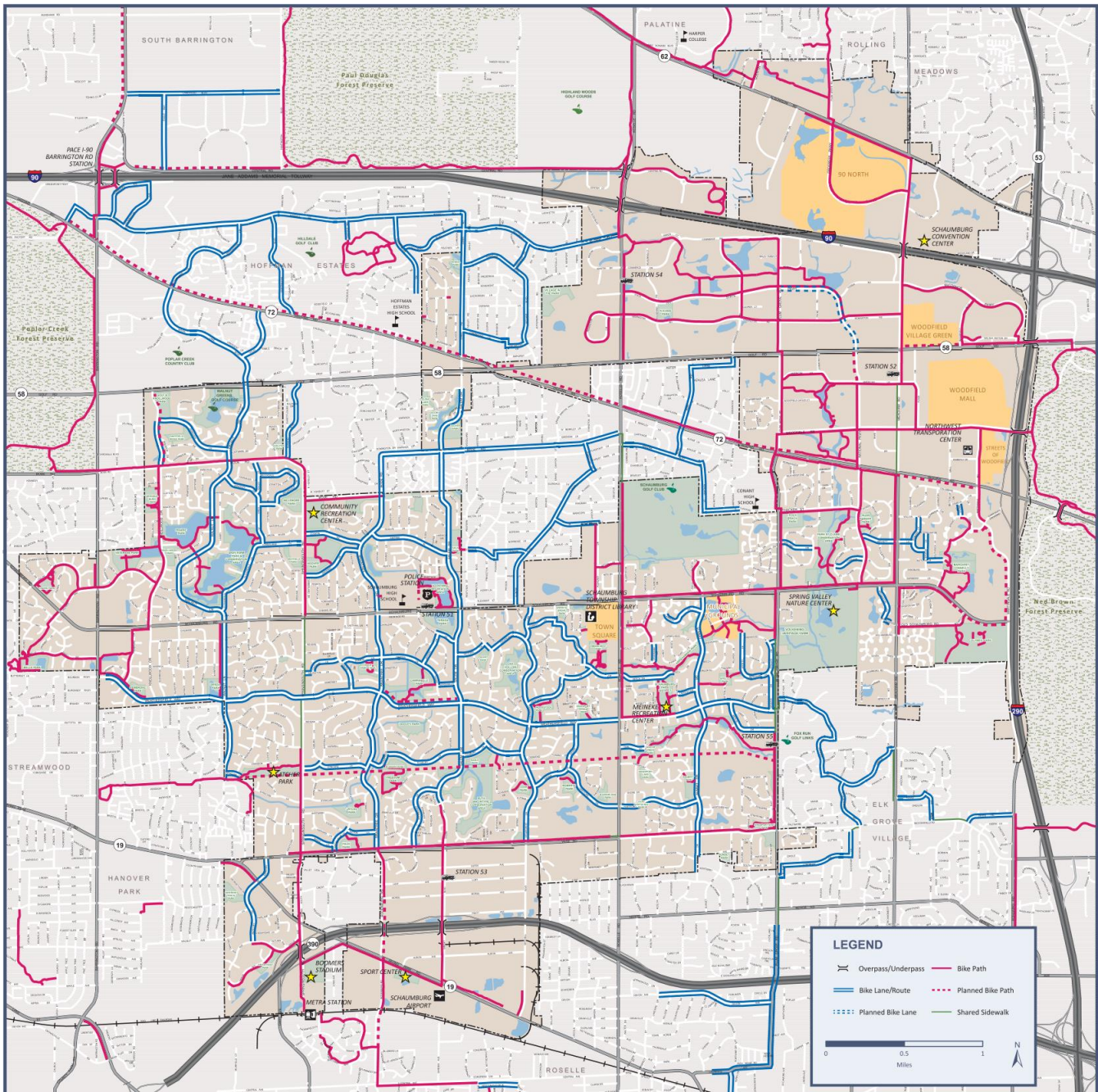


Figure 15: Roadways, bike paths, and sidewalks in the Village of Schaumburg. Source: Village of Schaumburg.



Public Transit and Walking

For those who do not drive or who lack a vehicle, public transit is available but more limited. As seen below on the map of Metra commuter rail stops and Pace bus stops, Schaumburg is home to the Pace Northwest Transportation Center, where many bus routes connect to one another, making it easy for those outside Schaumburg to access Woodfield Mall, the Schaumburg Convention Center, and other key business locations. However, few bus lines connect areas within Schaumburg, leaving residents without car access facing challenges getting from one side of the village to another. There are also challenges accessing key health care facilities, such as Alexian Brothers Medical Center, which is close to Schaumburg but not connected by any bus line. Despite the many buses that connect at the Transportation Center, Schaumburg has limited rail access, with the only Metra stop in the village being at the far southwest corner, without bus connections. Other nearby Metra stops are in neighboring communities such as Palatine, Arlington Heights, Mount Prospect, Hanover Park, and Roselle.

Shaded in yellow on the map below are several on-demand transit services, but these frequently serve only one or two villages, such as the Arlington Heights-Rolling Meadows On Demand or the Hoffman Estates On Demand services, neither of which serve Schaumburg. Other transit services include Dial-A-Ride Transportation (DART), an on-demand transit service from the Village of Schaumburg and Pace; the Schaumburg Township bus service, which provides door-to-door transportation for seniors and people with disabilities; and the Woodfield Trolley, which is a free shuttle connecting Woodfield-area destinations, hotels, and the Pace Northwest Transportation Center.



Figure 16: Regional Transportation Authority (RTA) system map of Schaumburg and surrounding communities, with Metra rail system (dark blue lines), Pace bus system (thin colored lines), and on demand transit areas (yellow shading), February 2024. Source: RTA.

In the Cook County Health Survey (CCHS), 58% of Schaumburg adults said it was easy to walk, scoot, or roll to a transit stop from home. This is just slightly better than the median community in Cook County, where approximately 52% of adults reported it was easy to walk, scoot, or roll to a transit stop from home.¹³ Schaumburg also fares well on overall walkability, with a walkability score of 44.8 out of 100 in 2022, compared to an average of 36.6 across other cities in the City Health Dashboard.¹⁴



Parks and Green Spaces

The Village of Schaumburg has exceptional park access. In 2022, it was estimated that 86.8% of residents lived within a 10-minute walk of a park or green space, compared to just 61.5% of residents in City Health Dashboard cities across the nation.¹⁵ The purple shading on the map below indicates portions of Schaumburg's four zip codes that are within a 10-minute walk of a park or green space.

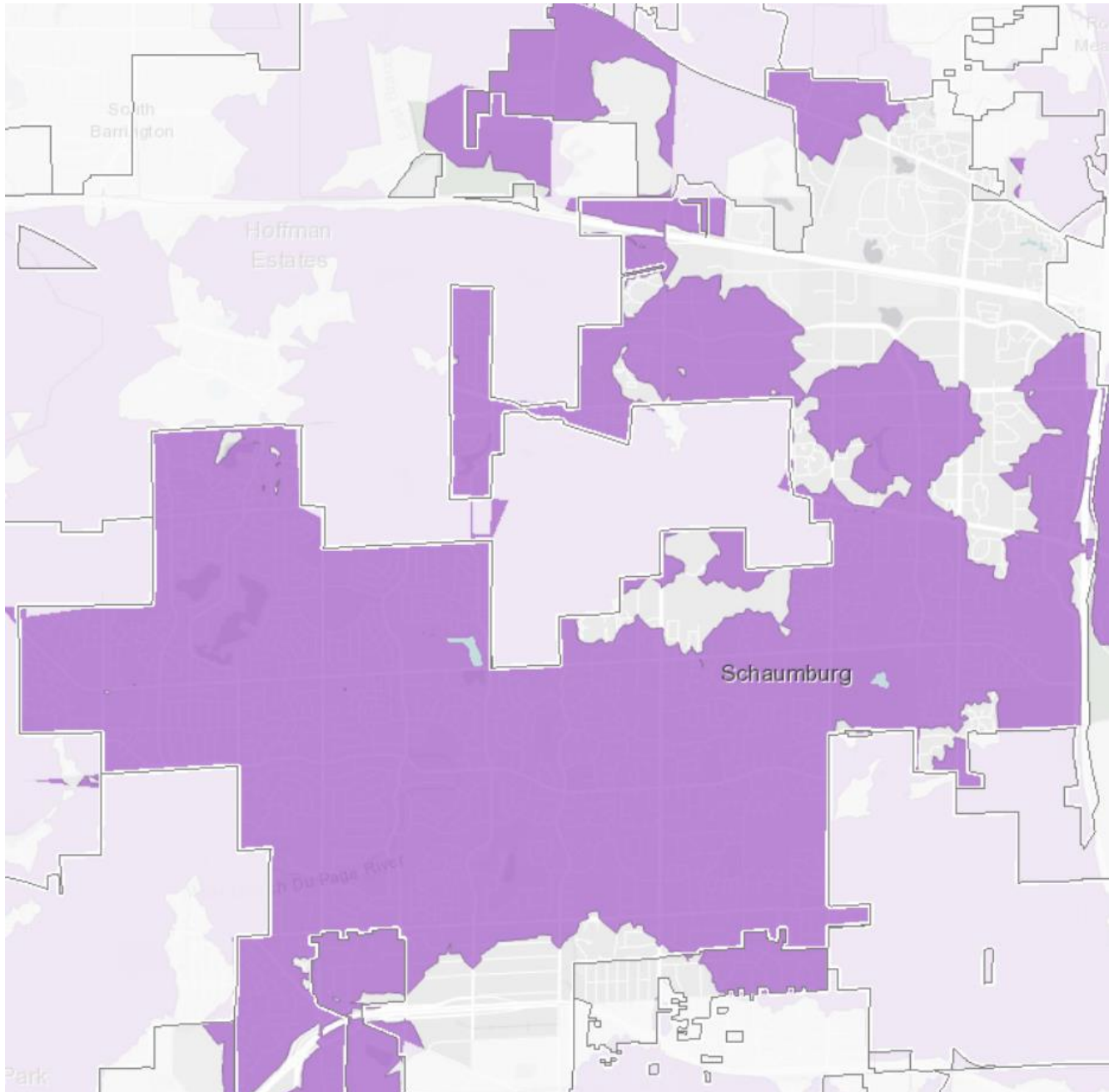


Figure 17: Areas within a 10-minute walk from a park, 2022. Source: SparkMap, based on Trust for Public Land ParkServe dataset.



Health Care Access, Quality, and Disparities

Insurance Status

Approximately 94% of Schaumburg residents have some form of health insurance, just above the county or state numbers of 92% and 93% respectively. However, there remain 6% of Schaumburg residents who are not insured.

Roughly 10% of Schaumburg residents are on Medicaid or other public insurance, such as the Children’s Health Insurance Program (CHIP). Although this is less than in the state or county, it represents an important population when considering access to care. In the most populous zip code of 60193, 15% of residents have Medicaid. The remainder of the insured population has either Medicare or private insurance.

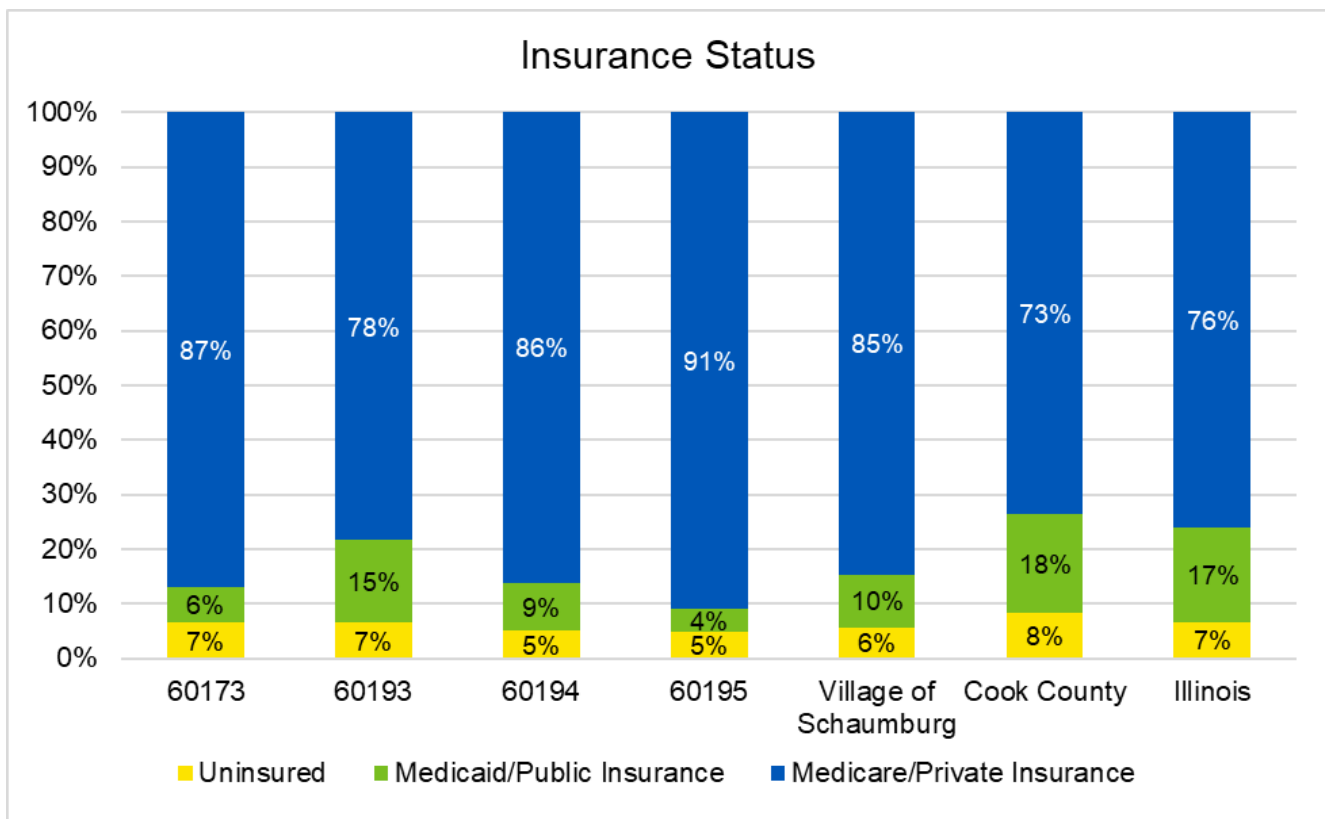


Figure 18: Insurance status by zip code in Schaumburg. Source: 2017-2021 ACS five-year estimates.



Insurance status varies across the village. The map below shows the proportion of residents with Medicaid by census tract. As can be seen, census tracts in 60193 and 60194 have higher proportions of residents with Medicaid, reaching as high as 19% in places, which exceeds the Cook County average. Other census tracts have less than 5% of their population that has Medicaid.

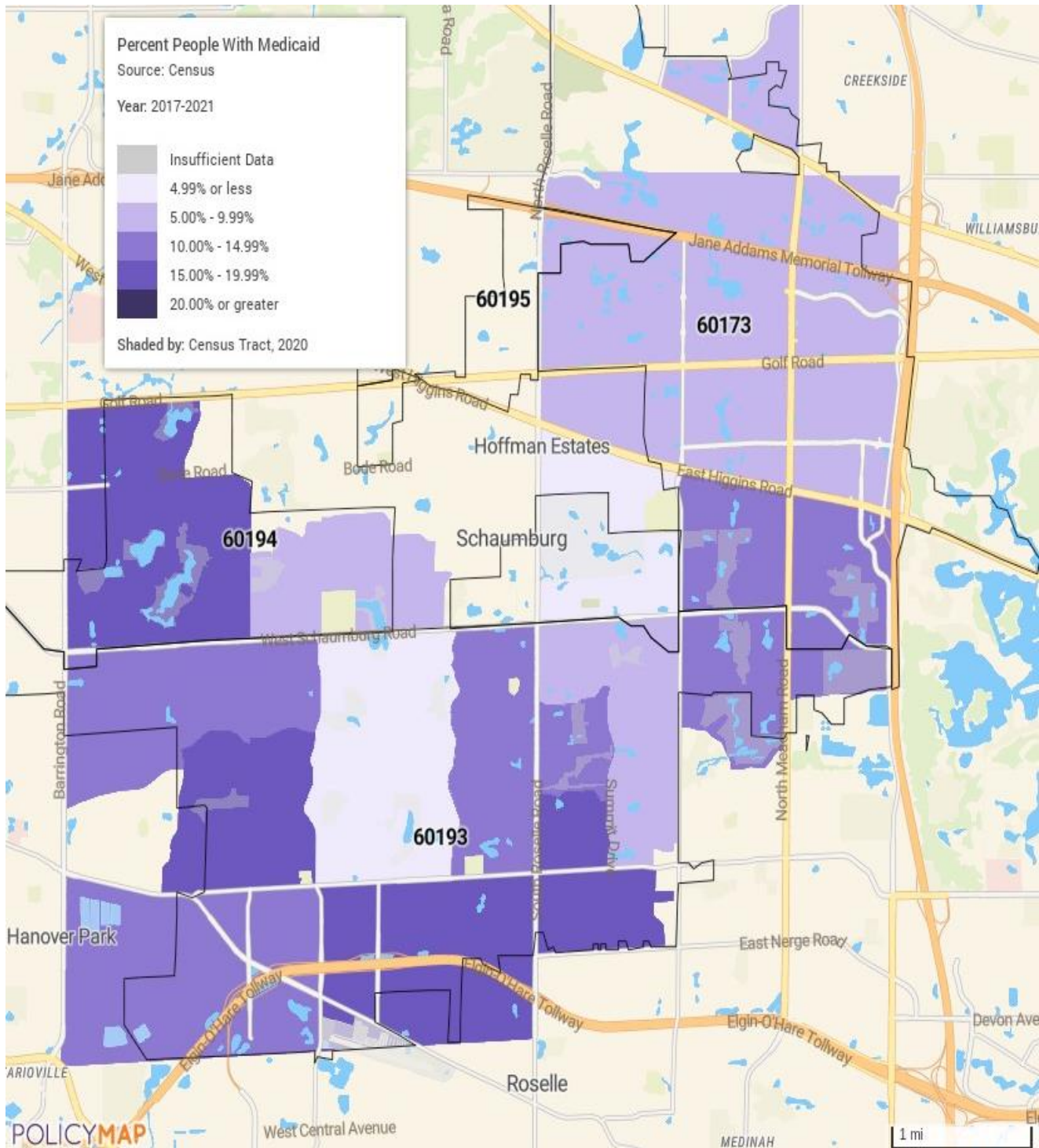


Figure 19: Percent of population who have Medicaid by census tract. Source: PolicyMap, based on ACS 2017-2021 five-year estimates.



The map that follows shows the percent of the population that lacks health insurance by census tract. The census tract that makes up 60173 has by far the highest proportion of uninsured residents, at 17%. This is double the county or state average. It should be noted that this zip code also has a very high proportion of residents born outside the U.S., some of whom may not be eligible for various insurance products. It also has a higher proportion of younger, working-aged adults, who are not eligible for Medicare and may not have affordable insurance options or may choose to go without insurance. Other census tracts have as little as 1-3% of the population that is uninsured.

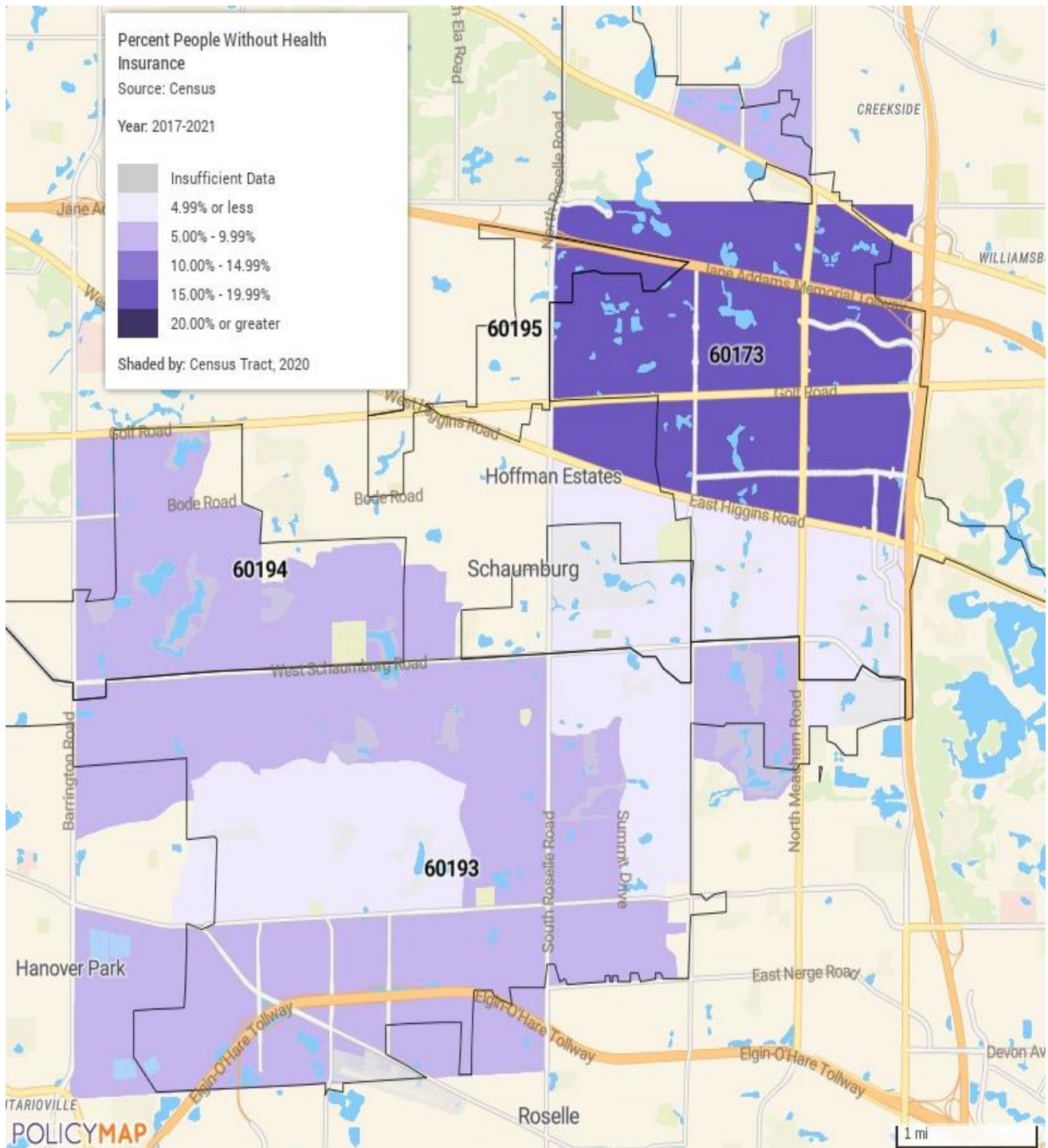


Figure 20: Percent of population who are uninsured by census tract. Source: PolicyMap, based on ACS 2017-2021 five-year estimates.



Health Indicators

Diabetes and Cardiovascular Disease

Diabetes and cardiovascular indicators are mixed in Schaumburg. The diabetes prevalence among adults (11%) is slightly elevated compared to the state average (10.8%). However, adult obesity prevalence and high blood pressure prevalence were below the state and national averages.

For mortality, the mortality rate from stroke (47.1 per 100,000) is a little higher than the national average (46.5 per 100,000) but lower than the state average (49.4 per 100,000). Diabetes mortality and heart disease mortality are both lower than the state and national averages.

The one indicator that is elevated compared to both the state and nation is the access measure around cholesterol screening. The proportion of adults that have not had their cholesterol checked in the past 5 years is 15.2%, meaningfully above both the state average of 13.9% and national average of 14.8%.

Health Indicator	Village of Schaumburg	State Average	National Average
Diabetes & Cardiovascular Disease			
Diabetes prevalence among adults	11%	10.8%	11.8%
Diabetes mortality rate (per 100k)	17.3	24.2	27.9
Adult obesity prevalence	26%	34.2%	33.9%
Adults who have been told they have high blood pressure	25.4%	30.0%	32.4%
Adults that have not had cholesterol checked within past 5 yrs	15.2%	13.9%	14.8%
Heart disease mortality rate (per 100k)	195.1	207.6	204.2
Cerebrovascular (stroke) mortality rate (per 100k)	47.1	49.4	46.5

Figure 21: Select estimated diabetes and cardiovascular indicators. Sources: BRFSS, CDC Wonder.

There are also differences within Schaumburg for some indicators. For example, as noted above, a higher proportion of Schaumburg residents lack a recent cholesterol screening than in other communities. As shown on the adjacent census tract-level map from CDC PLACES, residents of the northeast corner of the village, in the 60173 zip code, have particularly low cholesterol screening rates. This is also the census tract with the highest percent of uninsured residents. Some of these uninsured residents may be ineligible for insurance products due to being foreign-born, while others may be younger adults who choose to go without health insurance due to cost or because they feel it is not necessary.

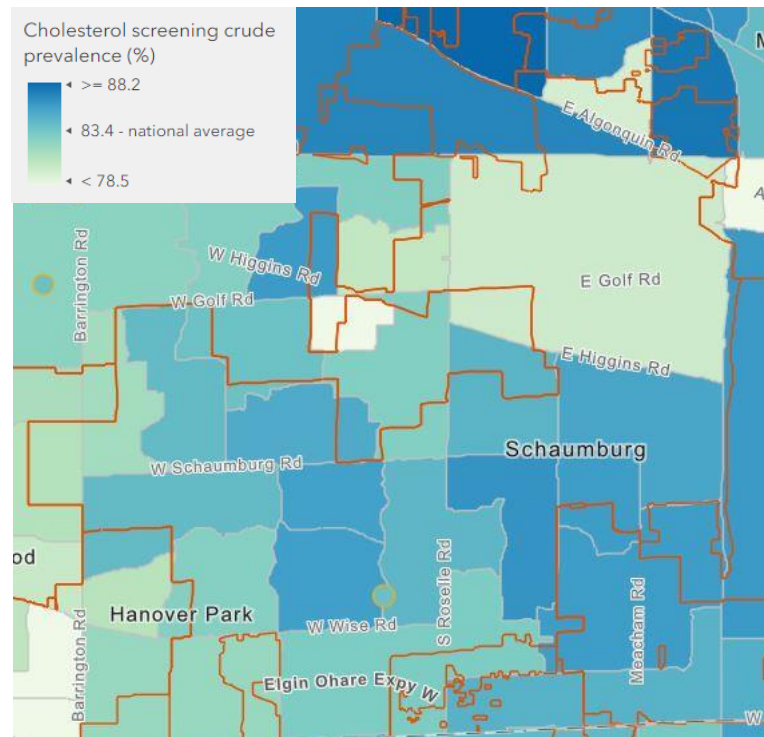


Figure 22: Cholesterol screening crude prevalence by census tract. Lighter colors denote a lower rate of cholesterol screening. Source: CDC PLACES.



Cancer

In the Village of Schaumburg, several cancer screening measures are elevated compared to the state or nation. Schaumburg has a higher rate of people lacking screenings for cervical cancer screening (Pap tests) and breast/chest cancer (mammograms) than either the state or nation, and a higher rate of lacking colorectal cancer screening than the nation. However, fewer residents lack prostate cancer screening (PSA test) as compared to the state or national averages.

The Village of Schaumburg also has a higher rate of breast/chest cancer mortality, at 14.3 per 100,000, compared to either the state or nation (13.9 and 13.0, respectively). It also experiences elevated colorectal cancer mortality compared to the nation.

Health Indicator	Village of Schaumburg	State Average	National Average
Cancer			
No Pap test in the past three years	28.3%	27.9%	22.3%
No mammogram in the past two years	27.3%	19.9%	21.7%
No PSA (prostate) test in past two years	66.8%	69.0%	68.2%
No colorectal screening in past year	93.1%	93.5%	90.7%
Breast/chest cancer mortality rate (per 100k)	14.3	13.9	13.0
Colorectal cancer mortality (per 100k)	16.7	17.1	16.2

Figure 21: Select estimated cancer indicators. Sources: BRFSS, CDC Wonder.

The adjacent map from CDC PLACES shows differences in cervical cancer screening rates across census tracts. As with cholesterol screening, residents of the northeast corner of the village, in the 60173 zip code, have particularly low rates of cervical cancer screening. Since this is also the census tract with the highest percent of uninsured residents, this may suggest barriers accessing care playing a role in these rates. Individuals without access to insurance – or who have access to insurance but choose to go without due to cost or other factors – may not receive recommended preventive services such as cervical cancer screening.

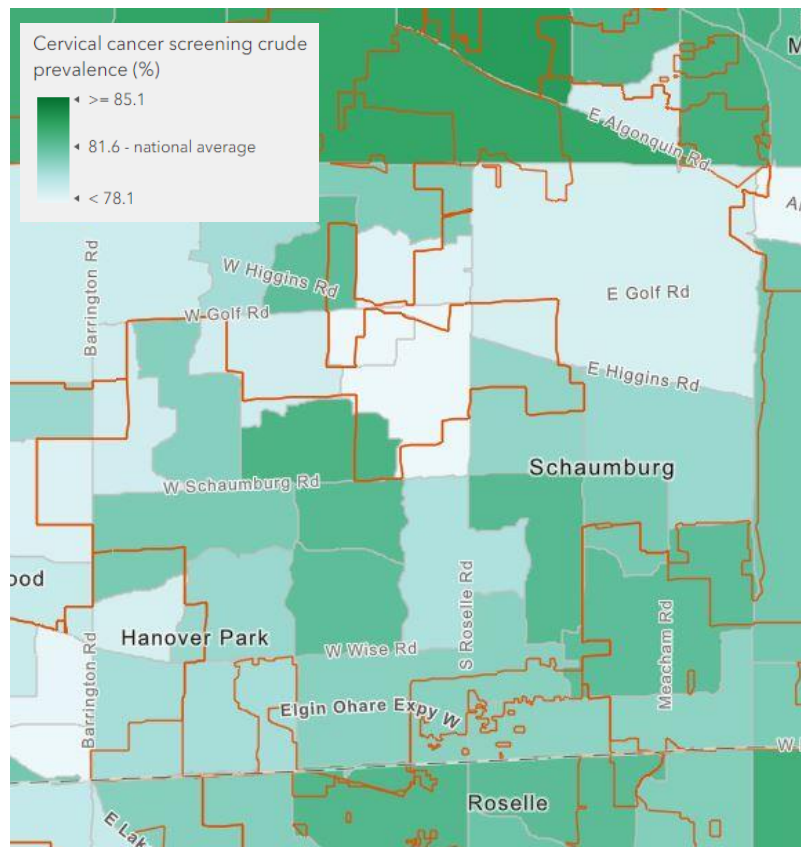


Figure 22: Cervical screening crude prevalence by census tract. Lighter colors denote a lower rate of cervical cancer screening. Source: CDC PLACES.



Prenatal, Perinatal and Pediatric Health

Schaumburg generally performs well on prenatal and perinatal indicators. As shown below, all listed indicators are better in the village than the state or nation, including low birth weight births, preterm births, infant mortality, birth to teenage mothers, and late entry into prenatal care.

Similarly, Schaumburg fares well on several key pediatric indicators, including percent of children aged 10-17 who are obese and percent of high school students with less than 1 hour of physical activity in the last week.

Health Indicator	Village of Schaumburg	State Average	National Average
Prenatal, Perinatal, & Pediatric Health			
Low birth weight (<2500 grams) births	7.4%	8.5%	8.5%
Percent of births that are preterm	9.8%	10.7%	10.5%
Infant mortality rate per 1,000	4.0	5.5	5.4
Late entry into prenatal care (after first trimester)	15.1%	20.0%	21.2%
Births to teenage mothers	1.0%	3.4%	4.0%
Percent of children (10-17) who are obese	13.5%	16.1%	17.0%
Percent of high school students with less than 1 hour of physical activity in last week	10.6%	12.3%	17.0%

Figure 23: Select estimated prenatal, perinatal, and pediatric indicators. Sources: CDC Wonder, Youth Risk Behavior Survey, National Survey of Children's Health.



Behavioral Health

The Village of Schaumburg has more favorable rates than the state or nation on many behavioral health indicators, such as adult depression prevalence, suicide, binge alcohol use, adult smoking rate, and overdose mortality rate. However, as with many self-reported data indicators, behavioral health conditions can be vastly underreported, especially among immigrant communities, due to various factors such as stigma and shame, so caution should be taken in interpretation of these very positive indicators.

Adolescent poor mental health is one behavioral health indicator that is elevated in Schaumburg compared to the state and nation. In the Youth Risk Behavior Survey (YRBS), nearly one-third (30.5%) of Schaumburg adolescents reported stress, anxiety, or depression, compared to 20.5% statewide or 21.8% nationally. Please note that this data is from 2021 and asked about the last 30 days, and thus may be particularly influenced by adolescent experiences during the COVID-19 pandemic; nonetheless, Schaumburg youth had a higher rate of reported poor mental health than youth elsewhere during the same timeframe.

Health Indicator	Village of Schaumburg	State Average	National Average
Behavioral Health			
Adults ever told they have a form of depression	15.2%	17.0%	20.5%
Adolescent poor mental health (stress, anxiety, depression)	30.5%	20.5%	21.8%
Suicide rate	10.4	11.4	14.5
Binge alcohol use	13.7%	14.8%	15.4%
Adults who currently smoke cigarettes	10.7%	12.0%	14.4%
Overdose mortality rate	20.4	23.8	23.3

Figure 26: Select estimated behavioral health indicators. Sources: BRFSS, CDC Wonder, YRBS.

How poorly adults rate their mental health varies across the village. The adjacent Cook County Health Atlas map using CDC PLACES analysis of 2021 BRFSS data shows that in some census tracts, as many as 14% of adult residents have reported 14 or more days in the past 30 days during which their mental health was not good. This is particularly true of census tracts to the west. In other census tracts, only 10% of adult residents have had 14 or more days of poor mental health in the last month.

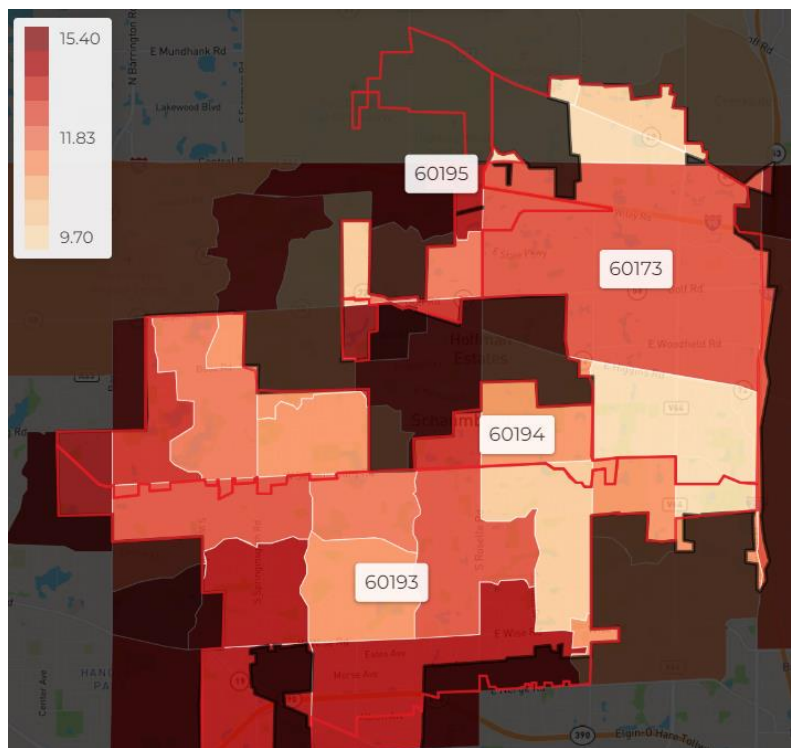


Figure 27: Percent of adults who report 14 or more days during the past 30 days during which their mental health was not good, by census tract. Darker colors denote higher percent of residents who report that their mental health was not good, 2021. Source: Cook County Health Atlas, based on CDC PLACES.



Other Health Indicators

Several other health indicators are important in the community, including those around asthma, infectious disease, mortality, and access to care. For asthma, Schaumburg’s adult asthma prevalence is consistent with that of the state.

For infectious disease, Schaumburg has a slightly higher flu and pneumonia death rate than the nation but comparable to the state. The village’s flu vaccination rate in 2023, at 25.2% of adults, was also comparable to that of all of suburban Cook County (25.8%).¹⁶

Schaumburg has a much lower rate of unintentional injury death than the state or nation, at only 39.3 deaths per 100,000 population. This includes things like motor vehicle accidents and falls. Schaumburg also has a lower overall all-cause age-adjusted death rate than either the state or nation, which aligns with the lower rates of unintentional injury deaths, suicides, infant mortality, and deaths from diabetes and heart disease noted earlier in this report.

Health Indicator	Village of Schaumburg	State Average	National Average
Other Health Indicators			
Adult asthma prevalence	8.6%	8.7%	9.8%
Flu and pneumonia death rate (per 100k)	18.5	18.7	16.5
Unintentional injury death rate (per 100k)	39.3	50.7	54.9
Age-adjusted death rate (per 100k)	806.0	819.8	826.3
Adults who have delayed or not sought care due to cost	8.8%	10.8%	10.1%
Adults without a visit to a dental clinic during the past year	31.4%	31.6%	33.3%
Percent of high school students with no visit to a dentist in last year	17.8%	23.8%	24.1%

Figure 24: Select estimated behavioral health indicators. Sources: BRFSS, CDC Wonder, YRBS.

For access to care indicators, fewer adults have delayed care or not sought care due to cost in Schaumburg than in the state or nation. A similar pattern is seen with oral health care, where the percent of adults without a visit to a dental clinic in the past year is better than the state or nation, and the percent of high school student with no visit to a dentist in the last year is substantially better than the state or nation.



B. Community Context Assessment

PURPOSE

The Community Context Assessment (CCA) uses qualitative data to assess community strengths and assets, built environment, and forces of change. It collects insights, expertise, and views of people and communities with lived experience who may be experiencing inequities firsthand. It answers questions like:

- What strengths and assets do community members have that contribute to health?
- How does the built environment impact health and health inequities?
- What access to care gaps or barriers exist? Who is most affected?
- What changes are occurring in the community that affect health? Who is most affected?
- How has COVID-19 affected the community? What have health departments done well or not well to help?

PROCESS

The village project team and LHF gathered qualitative data on community perceptions through three methodologies.

First, a community survey for local Schaumburg residents was conducted from October through December 2023. The survey was available in five languages: English, Spanish, Polish, Gujarati, and Hindi. It was primarily completed online but able to be completed on paper as needed. The survey was distributed via the village's website and flyers utilizing QR codes, which offered direct links to the survey in each language, and was promoted in the village's weekly newsletter, on Village Hall's Marquee sign and information screen, and via flyer distribution throughout village facilities and with community partners. Survey questions covered health insurance, school and work, home, quality of life, health needs, and community needs. The survey totaled 25 questions in length. In total, 480 total survey responses were received in four languages, with 463 responses (96%) from residents of the four Schaumburg zip codes.

Self-identified demographics of survey respondents

96% Schaumburg residents (all four zip codes), 3% adjacent zip codes

81% white, 8% Asian, 4% Latino/a/x, 2% Black/African American

73% female, 25% male, 1% other

44% age 65 and older, 56% mix of other ages from 18 to 64

Survey responses received in English, Polish, Gujarati, and Spanish

It should be noted that the survey was a self-reported survey conducted by a self-selected convenience sample of individuals in contact with the village or its partners, not a controlled random sample of the entire population. As such, it is important to note that convenience samples are vulnerable to hidden and systemic biases, where the sample results may differ from results that would be derived from the entire population. It is therefore unknown how responses in this survey may differ from the whole village population. Despite such limitations, the survey provides valuable insight into community members' perspectives and perceived needs.

As a second methodology, subject matter expert interviews were conducted in October and November 2023 with individuals recommended by the village project team as having knowledge of and perspectives on the health needs of the community. These experts included representatives from village leadership, sister agencies, and community partners. In total, LHF conducted 12 individual or paired phone interviews with a total of 13 people.

Finally, LHF facilitated four focus groups in October and November 2023 to gather insights from populations whose perspectives were vital to include. These groups were older adults, teens, business owners, and direct service providers in the health, mental health, and disability sectors. The groups also functioned as "member checking," allowing for discussion of themes emerging from other data. In total, 40 individuals participated in a focus group.

The CCA is organized around the guiding questions above, with survey responses and common emergent themes from interviews and focus groups woven together. Where themes are listed, the number in parentheses represents the number of different conversations out of the 16 in which this theme emerged.



RESULTS

Community Strengths and Assets

Village and Organizational Strengths and Assets

Some of the most common themes around community strengths and assets that emerged from interviews and focus groups were around the strengths of the village and other local government institutions and agencies such as the township and park district. Recurring themes include:

- Township offers many services, such as its food pantry, transportation, tax help, new Mental Health Board and forthcoming funding, and other services (n=8)
- Village, township, and park district all are strong and collaborate well (n=8)
- Many resources and programs exist for seniors, the Senior Center/the Barn is an asset (n=7)
- Village does a great job with its services around nutrition, mental health counseling, nursing, loan closet, health education and promotion (n=6)
- Park district is an asset (e.g., playgrounds, gym facilities, classes); also YMCA, athletic association (n=6)
- Schaumburg library is a community asset, a positive for kids, and was valuable during COVID (n=4)
- New mental health crisis van, crisis response social workers are assets that help with village police response (n=5)
- Village cares about its seniors, people with disabilities, victims of domestic violence, and is more proactive about caring for underserved than many other communities (n=4)
- Police department and social work team at the village are compassionate, work in close partnership with social service partners and other agencies (n=4)

Broader Community Strengths and Assets

There were also several emergent themes surrounding the broader community's assets, including the natural and built environment and the overall residents. These include:

- Strong vibrant business community, job opportunities, tourism (n=5)
- Tolerant community that respects diversity, has many ethnic resources and foods, and that generally welcomes everyone (n=4)
- Schaumburg is higher income, employment is good, most people are insured, minority population is better off than in some communities, more infrastructure and resources (n=4)
- Bike and walking paths throughout village, walking groups, improvements to bike paths (n=4)
- Green spaces, parks, creek, nature pathways, flowers, retention ponds are assets, calming (n=4)
- Schaumburg has very good schools, people move to Schaumburg because of the schools and quality special education programs, schools have good rapport with social services (n=3)
- Safe community, clean, well-lit, good for walking (n=3)
- Lighting and streets improvements have made community safer, though still need more (n=3)
- The mall is big, is a good place for teens to hang out, is still doing well even when other malls aren't, though not at its former glory (n=3)



Built Environment

Housing

Housing was a major concern across both the community survey and the interviews and focus groups. When asked if in the past 5 years they were worried about losing their home or apartment, 15% of community survey respondents (68/451) said they had been. Among respondents under age 65 years, 20% had been worried about losing their home, and respondents over age 65 were statistically more likely to say they have not been worried about losing their home or apartment. Though not statistically significant due to overall low numbers, a higher proportion of Black respondents said they were worried about losing their home or apartment than other racial/ethnic groups.

Q13: In the last 5 years, have you been worried about losing your home or apartment?

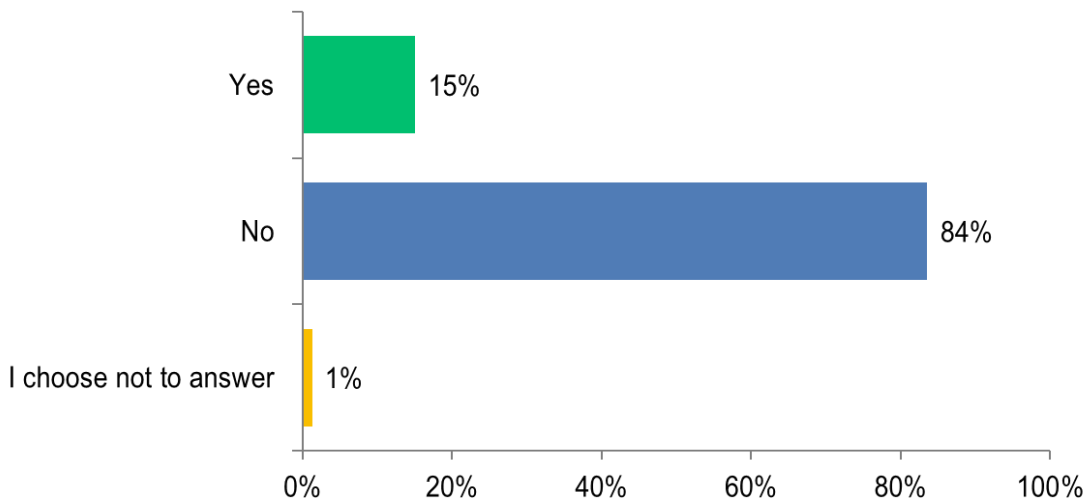


Figure 25: Community survey responses to the question: "in the last 5 years, have you been worried about losing your home or apartment?" n=451

Many interviews and focus group conversations also discussed housing-related concerns. Recurring themes around housing centered on some of the gaps in availability, affordability, and accessibility, including:

- Affordability, cost of living, inflation, gentrification, income disparities, "nothing is cheap" (n=9)
- Limited affordable housing, HUD housing, landlords don't want to take vouchers, people who work in Schaumburg have to live outside Schaumburg to afford it (n=8)
- Homelessness, transience, limited shelters/long waits for shelter (n=7)
- Housing for seniors is a challenge, many are on a fixed income, barriers to seniors affording housing, housing is not accessible for seniors (too many stairs), seniors can't maintain their homes (n=6)
- Limited supportive housing/assisted living, limited group homes, not enough resources for adults with disabilities whose parents are aging, waiting lists for assisted living (n=6)
- People in apartments/condos get forgotten about, priced out, discriminated against, seen as "undesirable," evicted for higher paying tenants, limited options for low-income (n=5)
- Many hotels exist in Schaumburg but few will work to house homeless individuals, village policy allows only 28 day stays, need more bridge or transitional housing (n=3)

Two of the top recommendations for the village emerging from these conversations focused on housing:

- Village needs more multi-family housing and more units that lower- and middle-income families can afford; should consider zoning changes and vacant building use to make that happen (n=7)
- Village could be leader in addressing affordable housing, working with alliance on homelessness, create wraparound services, group housing, push landlords to have more affordable units (n=4)



Transportation

Transportation was another top concern about the built environment present in nearly every qualitative conversation. Two major overarching themes around transportation and inequities or gaps in access to transportation emerged in more than half the conversations:

- Transportation in general is a challenge and a barrier to getting care, not everyone (seniors, parents, immigrants) drives or has a vehicle, need more transportation options for qualifying/low-income (n=11)
- Public transit and paratransit are better than other suburbs (transit hub) but still very limited (dial-a-ride, Pace); doesn't go outside the village limits in most cases, doesn't go to mental health drop-in centers, often have to wait for hours, runs at limited times/days, need more transit or shuttles for older adults (n=9)

Community Safety

Although Schaumburg was generally regarded as fairly safe, a small number of survey respondents did express concerns about safety on questions about safety at home and neighborhood safety. Three qualitative conversations also brought up concerns about increasing crime, fights, shootings, and homicides (3 of 16).

Q14: Within the past year, have you felt unsafe at home, such as being afraid of someone in your household?

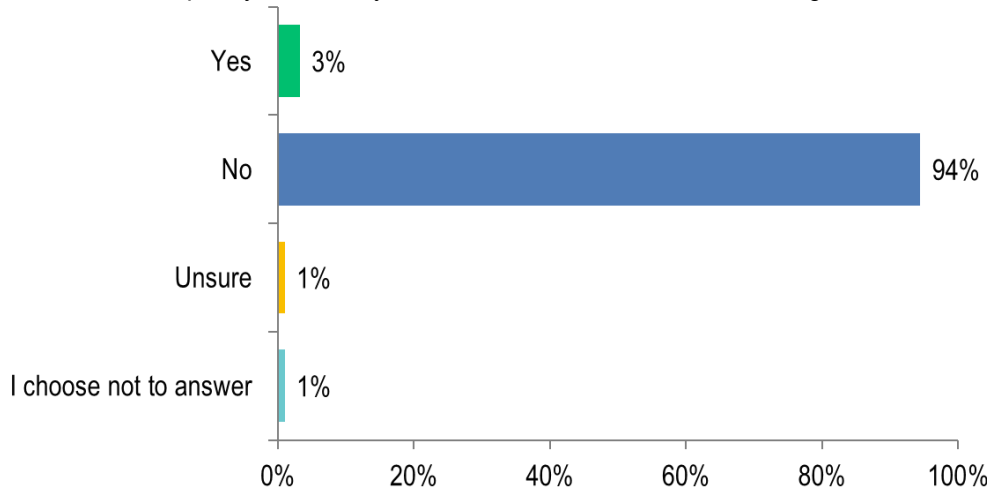


Figure 26: Community survey responses to the question: "Within the past year, have you felt unsafe at home, such as being afraid of someone in your household?" n=451

Q15: Do you feel safe in your neighborhood?

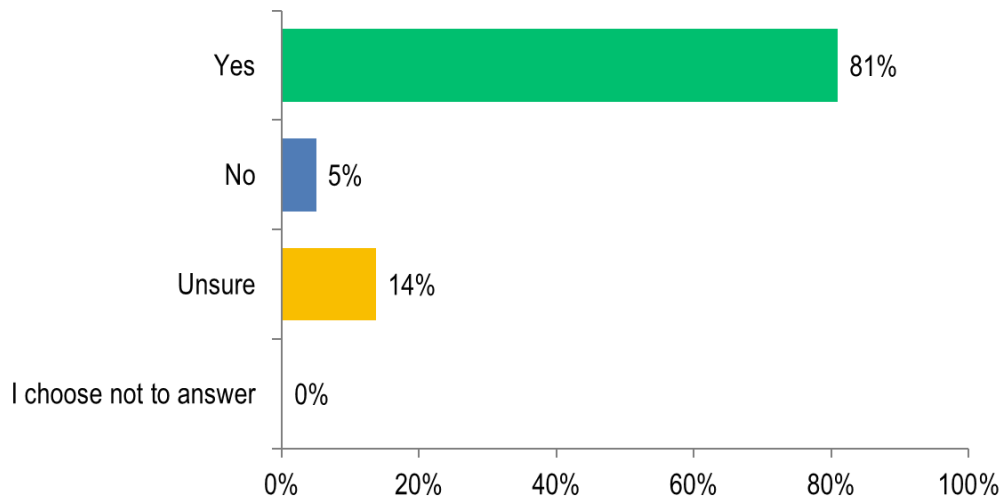


Figure 27: Community survey responses to the question: "Do you feel safe in your neighborhood?" n=451



Access to Care Gaps and Barriers

Access to Health Care and Insurance

When asked if they or their household members had been unable to get any of the following when it was really needed, more than 70% of community survey respondents had not had any difficulty buying what they needed. However, for those that did have difficulty accessing items when they were needed, the top items they had difficulty accessing related to health services. These included health care, including medical, dental, and vision (9% of all respondents, or 38/425), mental health support (7% or 28/425), or medicine or medications (6% or 25/425). Other commonly reported needs included food (5%), transportation (5%), and open-ended responses related to services for seniors.

Q18: In the past year, have you or any household members been UNABLE to get any of the following when it was REALLY NEEDED? Please check all that apply.

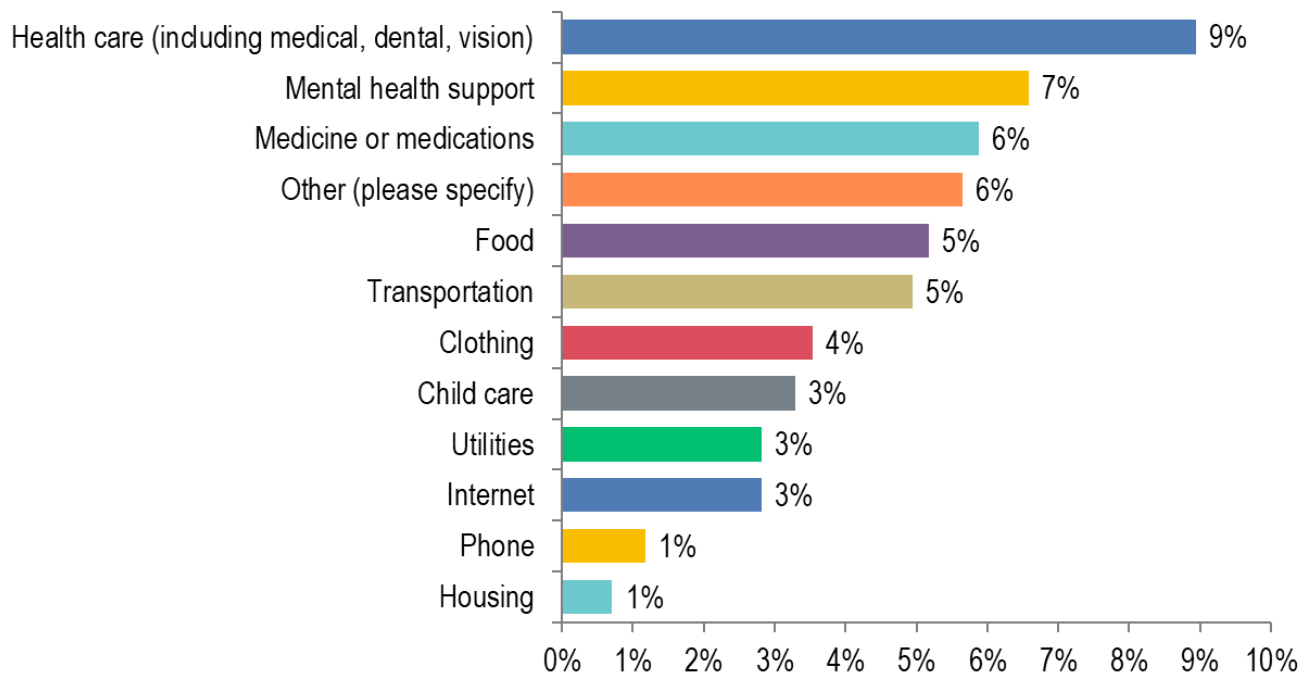


Figure 28: Community survey responses to the question: “In the past year, have you or any household members been UNABLE to get any of the following when it was REALLY NEEDED?” n=425



Both community survey respondents and qualitative conversation participants emphasized that insurance and cost barriers associated with insurance were some of the main barriers to care. This is a particularly complex challenge to address at the local level, given that health insurance access and health plan costs are frequently dictated by employers or by state or national entities, not local ones. Common themes around insurance and cost barriers that emerged from qualitative conversations included:

- Cost of care, affording insurance, high deductibles, high office bills, insurance can limit access to specific facilities or specialists (n=11)
- Need more prescription access, need more reduced cost medications, pharmaceuticals are expensive, high deductibles and copays for medications (n=9)
- Many people are uninsured/underinsured, immigrants and service workers may lack insurance and therefore delay care due to costs (n=6)
- Need more resources on how to understand insurance, your Medicare options, supplements/Advantage plans (n=4)

These themes aligned with what community survey respondents reported as barriers to accessing care. When asked what keeps people in the community from seeing a medical provider, the top responses were costs are too much (62%) and lack of health insurance (43%).

Some variation existed by age and insurance, with respondents under age 65 statistically more likely to say time off work was a barrier compared to those over 65, and those with Medicare more likely to identify lack of transportation as a barrier than respondents with private insurance.

Q25: What keeps people in your community from seeing a medical provider (doctor, dentist, nurse, etc.)? Please choose the top THREE.

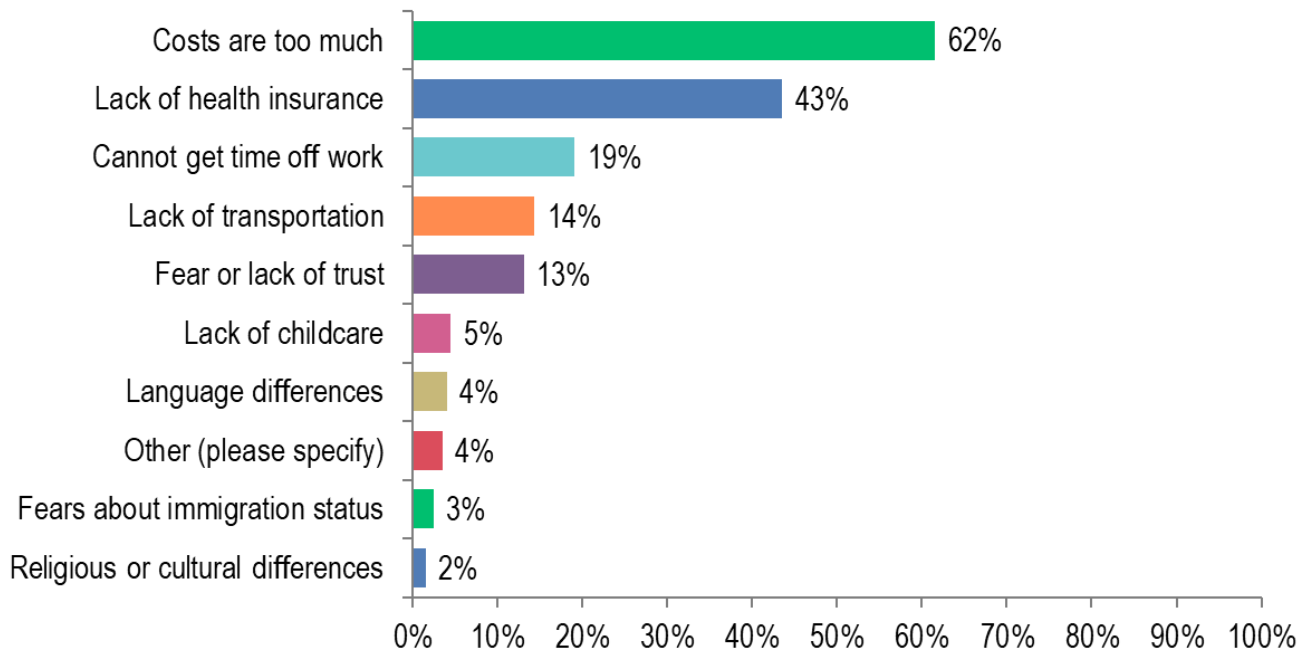


Figure 29: Community survey responses to the question: "What keeps people in your community from seeing a medical provider (doctor, dentist, nurse, etc.)?" n=398

Qualitative themes also aligned with survey respondents' challenges with their own insurance. Although 46% of respondents reported that they have no problems with their insurance, among those who did, the top problems were that the plan does not cover needed services (23%), monthly payments or bills from visits are too expensive (20%), medications are not covered or are too expensive (16%), and it is confusing (10%).

There were some differences depending on the insurance type the respondent had. Compared with people on Medicare, respondents with private insurance were statistically more likely to report problems with the cost of monthly payments or bills from visits, and with being confused by their plans. Respondents with Medicare were more likely to have problems with the plan covering services they need.

Q7: What problems do you experience with your insurance? Please check all that apply.

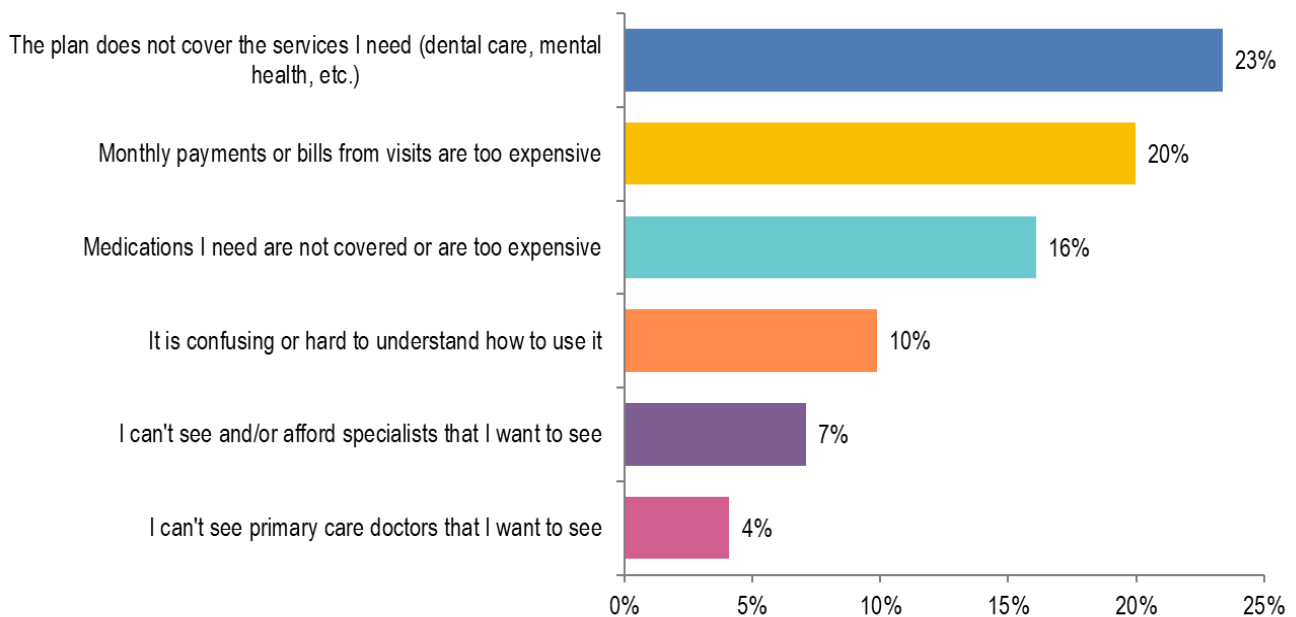


Figure 30: Community survey responses to the question: "What problems do you experience with your insurance?" n=466

Mental Health and Substance Use Disorder Service Needs

Another key set of themes across qualitative conversations centered on mental health, psychiatric health, substance use disorders, and other behavioral health needs. Participants expressed concern with both the great needs around mental health as well as the barriers to accessing mental health resources. Themes included:

- Psychiatric needs, mental health needs, mental health medication needs, insufficient safety net mental health resources (n=9)
- Stigma/shame with accessing care, getting help, especially around mental health and especially with immigrants (n=9)
- Overall mental health and suicide in the community - people are isolated, struggling silently, lonely, depressed, lots of crisis needs, needs for veterans (n=8)
- Drug and opioid use disorders are a problem, fentanyl is a problem and is in other drugs, need for fentanyl test strips (n=3)
- Co-morbidities, medical issues get ignored during mental health/substance use disorder crisis - sores on feet, wounds, necrosis, trauma needs for mental health patients (n=3)

When asked what keeps people in the community from seeking mental health care, community survey respondents pointed to both similar and different barriers compared to those for medical care. The top reported barrier to seeking mental health care was costs are too much (48%), followed by do not know where to go or how to access services (35%), lack of health insurance (33%), and fear, stigma, or lack of trust (31%).

Respondents in their 40s and 50s were statistically more likely to select costs as a barrier compared to those over age 65. Respondents 49 and under were also more likely to select time off work and childcare as barriers compared to those over 65. Similarly, compared to those with Medicare, those with private insurance were more likely to say costs are too much or have challenges getting time off work.

Q24: What keeps people in your community from seeking mental health care? Please choose the top THREE.

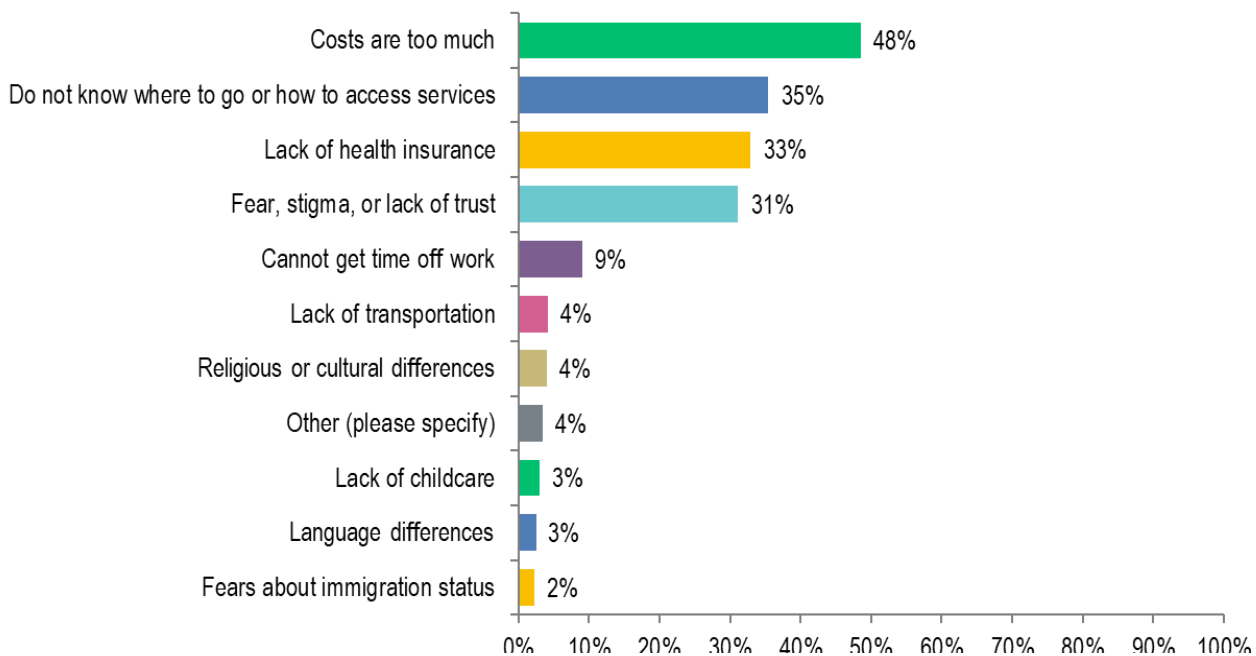


Figure 31: Community survey responses to the question: "What keeps people in your community from seeking mental health care?" n=398



Availability of Health Facilities, Providers, and Services

Another key aspect of access to care is access to health facilities and providers. Qualitative conversations highlighted some of the assets in Schaumburg around health facilities and locations, including:

- Proximity to many health facilities/resources: hospitals, retail clinics, urgent care, outpatient centers (n=7)
- New healthcare facilities coming to Schaumburg soon – Lurie outpatient, cancer treatment, Duly, small and large centers (n=4)

However, other themes emerged around gaps, shortcomings, and challenges in health facilities and workforce:

- Lack of providers, specialists, healthcare workforce burnout, people leaving field or retiring, hard to find providers, not diverse enough workforce to find appropriate providers (n=7)
- Mental health/behavioral health workforce challenges – smaller organizations can't compete on salary with hospitals, not enough social workers, not enough psychiatry, not enough bilingual mental health/behavioral health staff (n=7)
- No safety net clinics/community health centers/Federally Qualified Health Centers/free clinics in Schaumburg, few doctors work on a cash basis (n=5)
- No hospital in Schaumburg, though several nearby (n=3)
- Not enough vision services/vision care, especially for kids; need for eye doctors (n=3)



When asked for the top three health or social services that the community needs more of, the top choices for community survey respondents included care for elderly adults (33%) and counseling for depression, anxiety, family problems, etc. (27%). Other key services the community needs included psychiatric care (14%), care for people with disabilities (14%), health education (13%), and dental health (13%). Younger respondents were more likely to select services in other languages, counseling for mental health, and childcare as needed in the community. Older respondents were more likely to select care for elderly adults and services for those experiencing homelessness.

Q23: What are the top three health or social services that your community needs more of? Please choose up to three.

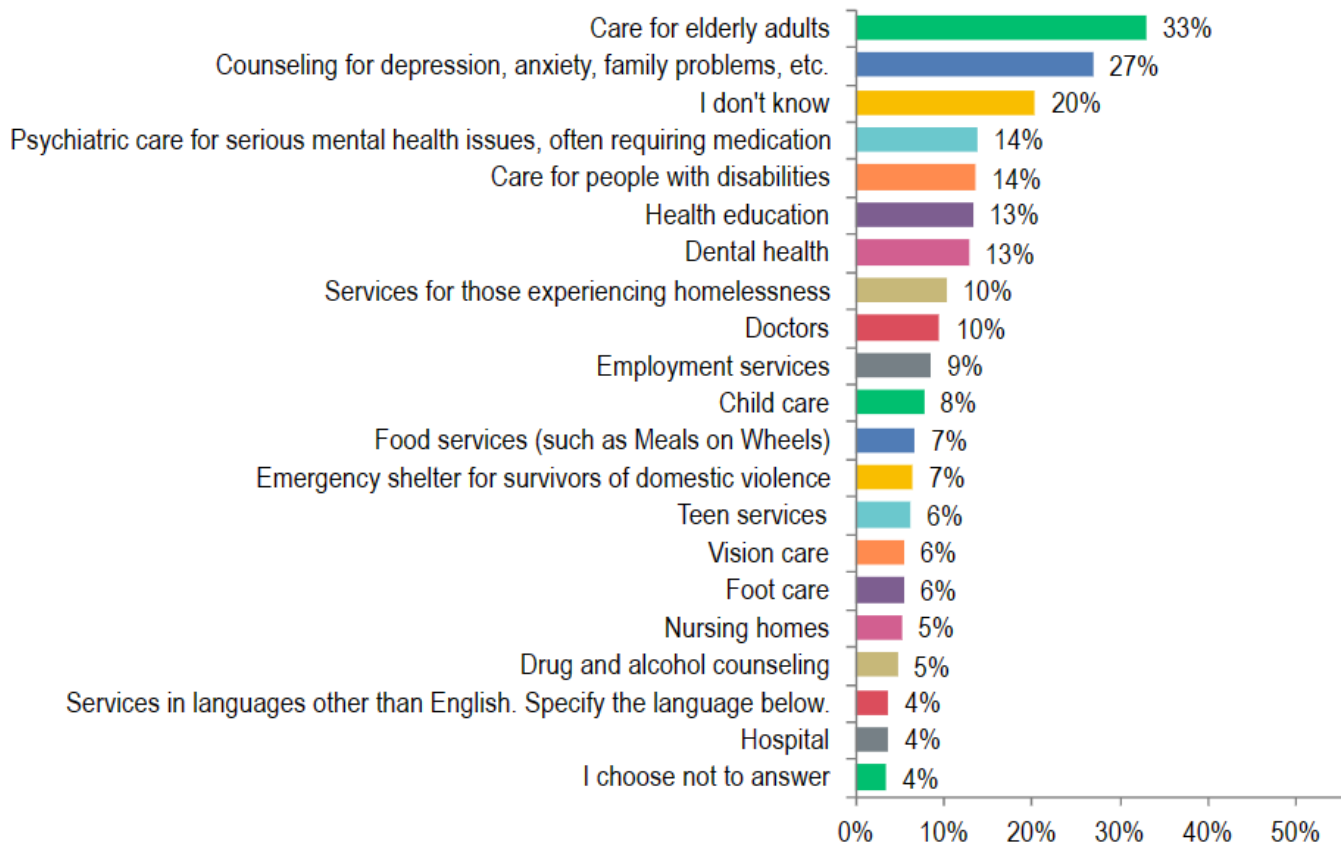


Figure 32: Community survey responses to the question: "What are the top three health or social services that your community needs more of?" n=398



COVID-19 and Public Health Response

Interviews and focus groups included questions around how the COVID-19 pandemic has affected the community and what health departments and other institutions did well or not well as part of the COVID-19 response effort. On the whole, participating stakeholders felt the response to COVID went well in Schaumburg:

- Local COVID response went well generally, no specific concerns regarding response from health department (CCDPH), nothing specific to change, no specific criticism, not sure what came from what level of government (n=8)
- Community came together, lots of food, supplies, PPE, tests distributed, would be nice to still have (n=7)
- County provided information during COVID, regular calls, very helpful; other agencies (CDC, etc.) provided information (n=4)

Not all stakeholders shared this perspective on the response in Schaumburg. There did emerge some themes that were more critical or pointed out shortcomings in the local COVID response:

- Needed a manual/guide, a clearer plan, more written communications, more townhalls with public (n=4)
- Would have liked to see community have greater confidence in/understanding of decisions during COVID, more buy-in from restaurants, more flexibility for village to make own decisions (n=3)
- Perception that county focused more on other communities and that county services were not readily available within a reasonable distance of Schaumburg during COVID (n=3)

Additionally, several themes pointed to the lasting impact that COVID has had in the community:

- Rates of anxiety, trauma, post-traumatic stress disorder, depression, grief, hopelessness due to COVID, not enough therapy available for this (n=4)
- Many people with losses during COVID, widowed, orphaned, lost friends, many people who died, lost homes or stability due to losing loved ones, staff who put lives on the line (n=4)
- Pivot to telehealth during COVID helped address some barriers to care - transportation, childcare, seniors learned to use electronics (n=3)



Forces of Change

Qualitative conversations highlighted a variety of demographic changes that the Schaumburg community is seeing and that may affect the health services and initiatives that will be needed in the future. Some of these forces of change include:

- Community is getting more diverse – more Indian, Polish, more people of color, more recent immigrants - fewer white residents (n=8)
- Increasing refugee/asylee needs, increasing migration, undocumented immigrant challenges, need for a long-term solution/housing/asylum (n=5)
- More languages spoken, need for services is Spanish, Polish, and other languages, need for crisis workers who are bilingual, not enough ESL support (n=5)
- Younger generations are more diverse, more mixed income, more renters, not the same population as 15-20 years ago (n=5)
- More seniors than ever, seniors are a big part of the community, more older seniors than ever (75+, not 60+), people aging in place and staying longer, not enough services to meet their needs (n=5)
- Very multigenerational community, grandparents raising grandkids, age diversity, younger people need to know about services for older people and vice versa (n=3)

Recommendations for Village of Schaumburg

Finally, many qualitative conversations pointed to the Village of Schaumburg potentially playing a role in closing gaps and driving future community health improvement. In addition to the housing-focused recommendations on page 37, other recommended solutions emerging from focus groups and interviews included:

- More awareness of village services, more visibility, more promoting what is available, more health fairs, more literature/newsletters about the many resources, targeted mailings (n=8)
- Village could expand existing services – nursing, screenings/referrals, vaccines, mental health care (n=7)
- Village could give funds to organizations already doing this work, e.g., grantmaking/subcontracting (n=4)
- Village could convene/coordinate social service partners around mental health, housing (n=3)
- Village could get more health facilities into town – urgent care, labs, outpatient, dialysis, Federally Qualified Health Centers (FQHCs), alternative medicine providers, birthing centers, device manufacturers (n=3)



C. Community Partner Assessment

PURPOSE

The Community Partner Assessment (CPA) provides a structure for community partners to look critically at their individual systems, processes, and capacities, and the collective capacity of the system to address inequities and advance health equity. It answers questions like:

- Who is involved in MAPP? Who else needs to be involved?
- What capacities, skills, and strengths does each organization bring that could contribute to improving community health? Where are there gaps in fulfilling the essential public health services?

PROCESS

The village project team and LHF first held a virtual community partner welcome meeting in October 2023 to bring together community partners from across the public health landscape, provide an opportunity for them to learn more about the needs assessment, and launch a community partner assessment survey. The village invited a wide variety of partner organizations in the health and human services sectors that serve Schaumburg residents, including social service nonprofits, health care entities, mental health and substance use providers, faith-based organizations, senior service providers, and municipal departments.

The community partner assessment survey was open online from October through December 2023 and received 27 total responses, primarily from leadership or senior management from nonprofit organizations serving Schaumburg. The survey itself was adapted from a sample MAPP 2.0 survey developed by NACCHO. It included questions about each partner organization, who they serve and what they focus on, the community health improvement needs they see in their work, their organizational commitment to equity, their interest in being part of MAPP, their capacities to support community health improvement, and their specific capacities around the 10 Essential Public Health Services (EPHS). The updated 2020 version of the EPHS framework was used, which puts equity at the center of all 10 EPHS (see Figure 37).

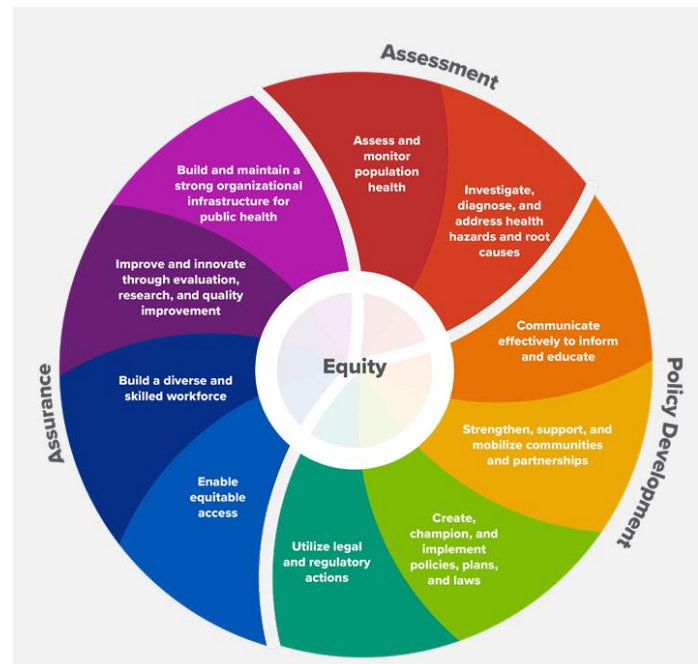


Figure 33: The 10 Essential Public Health Services (EPHS). Revised 2020 by the Public Health National Center for Innovations (PHNCI) and the de Beaumont Foundation. Image from CDC.

A facilitated in-person meeting was held on January 16, 2024, in which participating community partners heard preliminary findings about community needs from the CSA and CCA, reflected on the results of the community partner assessment survey, and worked in small groups to weigh in on gaps and barriers based on these findings.

The CPA is organized around the guiding questions above, with highlights from both the community partner assessment survey and from the discussion and synthesis with partners in-person in January 2024.

RESULTS

Community Partners and Involvement in Community Health Improvement

Community Partner Agencies and Their Focus

Partner agencies responding to the survey came from many different sectors:

- 73% were nonprofit organizations, but agencies self-identified as many different provider types, including social service provider, mental health provider, housing provider, government agency, school, faith-based organization, hospital, clinic, and emergency response agency.
- 61% focus on health issues, largely a combination of mental health, primary care and chronic disease management, healthy living and nutrition, health prevention, and immunization.

Partner agencies report working with many underserved populations, including:

- 92% work with populations that speak English as a second language
- 88% work with immigrants
- 75% work with people with disabilities
- 71% work with transgender, non-binary, and other members of the LGBTQIA+ community
- 58% work with refugees
- 50% work with asylum seekers

Partner agencies report many categories of work, with the top nine as follows:

- 78% work on mental health care
- 70% work on human services
- 57% work on family well-being
- 52% work on food access and affordability
- 48% work on education
- 48% work on housing
- 43% work on transportation
- 39% work on LGBTQIA+ discrimination/equity
- 39% work on racial justice

Partner agencies focus on all five social determinants of health (see page 9) but focus the most on economic stability, such as working on poverty, employment, food security, and housing. 65% of respondents reported focusing on economic stability a lot, 26% focusing on it a little, and only 9% (2/23) not focusing on it at all.

Q11: How much does your organization focus on each of these topics? For each one, select a lot, a little, not at all, or unsure.

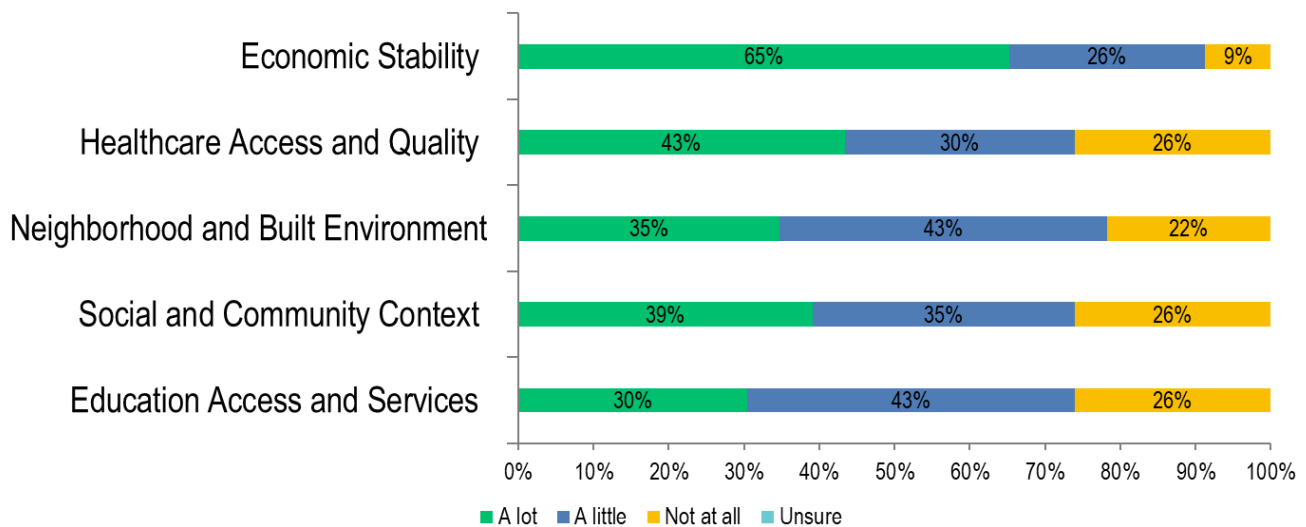


Figure 34: Partner survey responses to the question: "How much does your organization focus on each of these topics?" n=23



Interest and Involvement in Community Health Improvement Partnership

In the survey, partners were asked several questions about their past involvement and their future interest in being a part of a community health improvement partnership and process like MAPP. Key findings included:

- 50% said their organization has participated in a community health improvement process, while 12% said their organization had not.
- 54% said their organization had participated in or facilitated community-led decision-making around policies, actions, or programs, while 15% said their organization had not.
- The number one reason organizations were interested in joining a community health improvement partnership was to deliver programs effectively and efficiently and avoid duplicated efforts (72%). This was followed by creating long term, permanent social change (48%), pooling resources (40%), and increasing communication among groups (40%).
- Organizations were also interested in participating in a community health initiative to improve conditions for their members or constituents (33%), build connections to other organizations (21%), and build connections to communities with lived experience (17%).

Q6: What are your organization's top three interests in joining a community health improvement partnership?

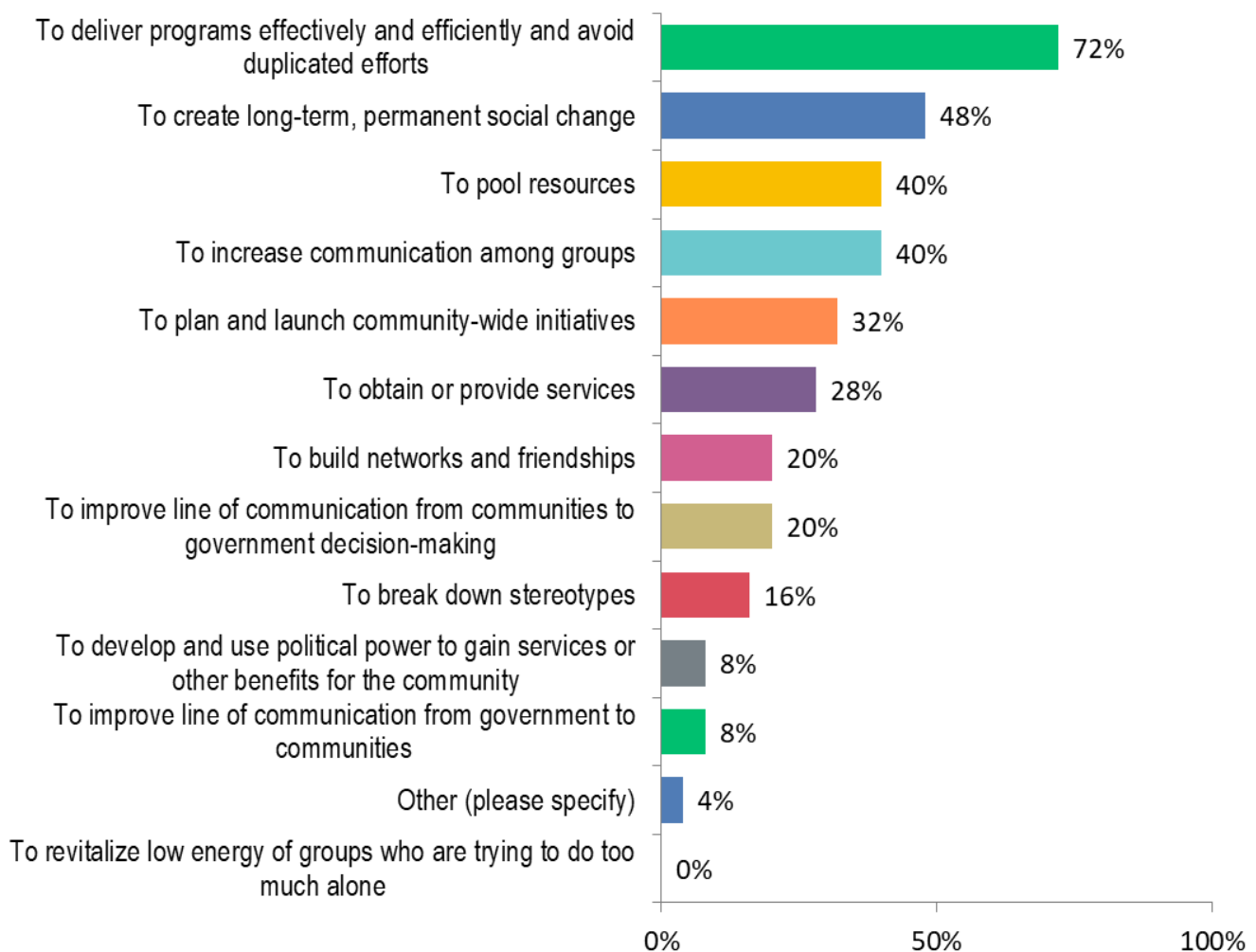


Figure 35: Partner survey responses to the question: "What are your organization's top three interests in joining a community health improvement partnership?" n=25



Partner Perceptions of Community Health Improvement Needs

Partner agencies were asked what groups of people need more services available in the community and could select their organization’s top three. The top eight groups that emerged were:

- Individuals with limited English proficiency (75%)
- Immigrants, refugees, asylum seekers (70%)
- Individuals who are unhoused (65%)
- Children or teens (55%)
- Individuals with disabilities and their caregivers (55%)
- Older adults (50%)
- Individuals who identify as Hispanic/Latinx (50%)
- Individuals who identify as LGBTQIA+ (50%)

Partners were also asked to select the top 10 greatest challenges in the community, whether or not their organization directly worked on those. Many of the top selected challenges mirrored findings from the CSA and CCA, with the top nine as follows:

- Mental health care access (95%)
- Poverty or affordability of basic needs (85%)
- Housing stability or affordability (85%)
- Food security (70%)
- Unemployment or underemployment (65%)
- Transportation (65%)
- Childcare or early childhood education access (60%)
- Primary care access (55%)
- Health insurance coverage (55%)

Regarding the greatest barriers to community members accessing health services, the top three barriers selected by partners were costs (80%), lack of transportation (75%), and insurance barriers (70%), followed by language differences (50%), lack of childcare (45%), and fear or lack of trust (40%). These also aligned with findings from other assessments.

Q25: What are the greatest barriers to community members accessing health services, social services, or other needed services that your organization observes? Please check your organization’s top three.

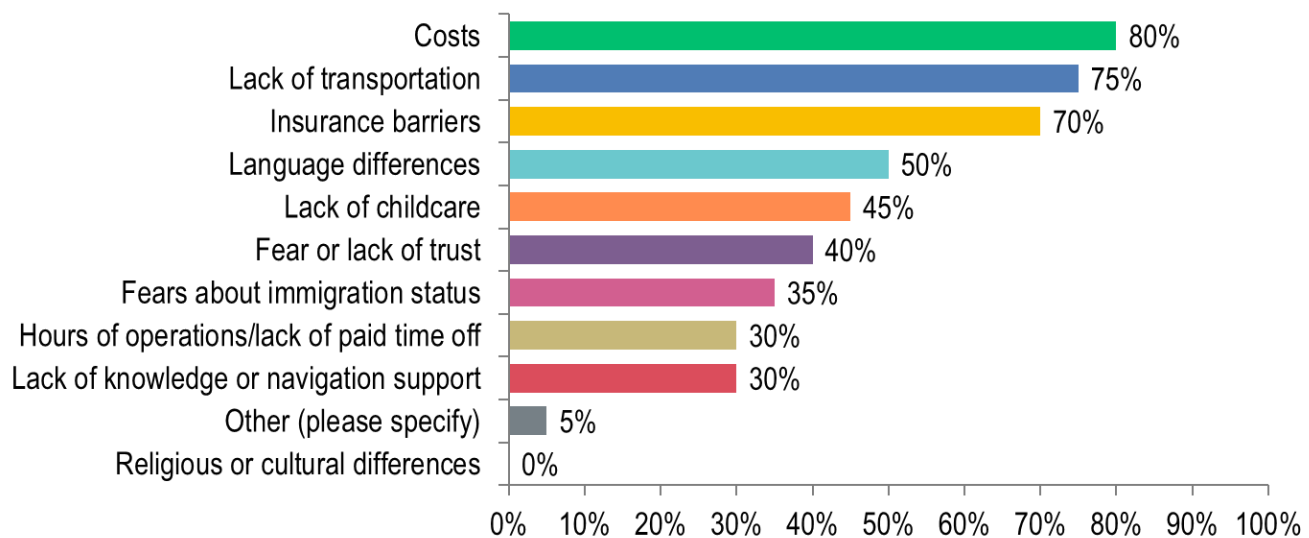


Figure 36: Partner survey responses to the question: “What are the greatest barriers to community members accessing health services, social services, or other needed services that your organization observes?” n=20



Capacities of Community Partners and Gaps in Essential Public Health Services

Partner Capacities, Skills, and Strengths

As part of understanding organizational strengths and capacities, partners were asked about organizational equity practices. Key findings include that:

- 91% of responding organizations have at least one person in their organization dedicated to addressing diversity, equity, and inclusion internally.
- 74% have a team dedicated to advancing equity in the organization.
- 70% have advancing equity or addressing inequities in all or most of their staff job requirements.
- Not as many organizations have at least one person dedicated to addressing inequities *externally* in the community. Only 30% of responding organizations reported that their organization has this.

To accomplish their work, strategies that partners most commonly used included providing social and health services (90%), using communications (80%), and engaging in alliance and coalition building (70%), research and policy analysis (65%), and leadership development (65%). Few partners use voter engagement, movement building, arts and culture, narrative change, campaigns, organizing, or litigation as their main strategies.

Q21: Which of the following strategies does your organization use to do your work? (check all that apply)

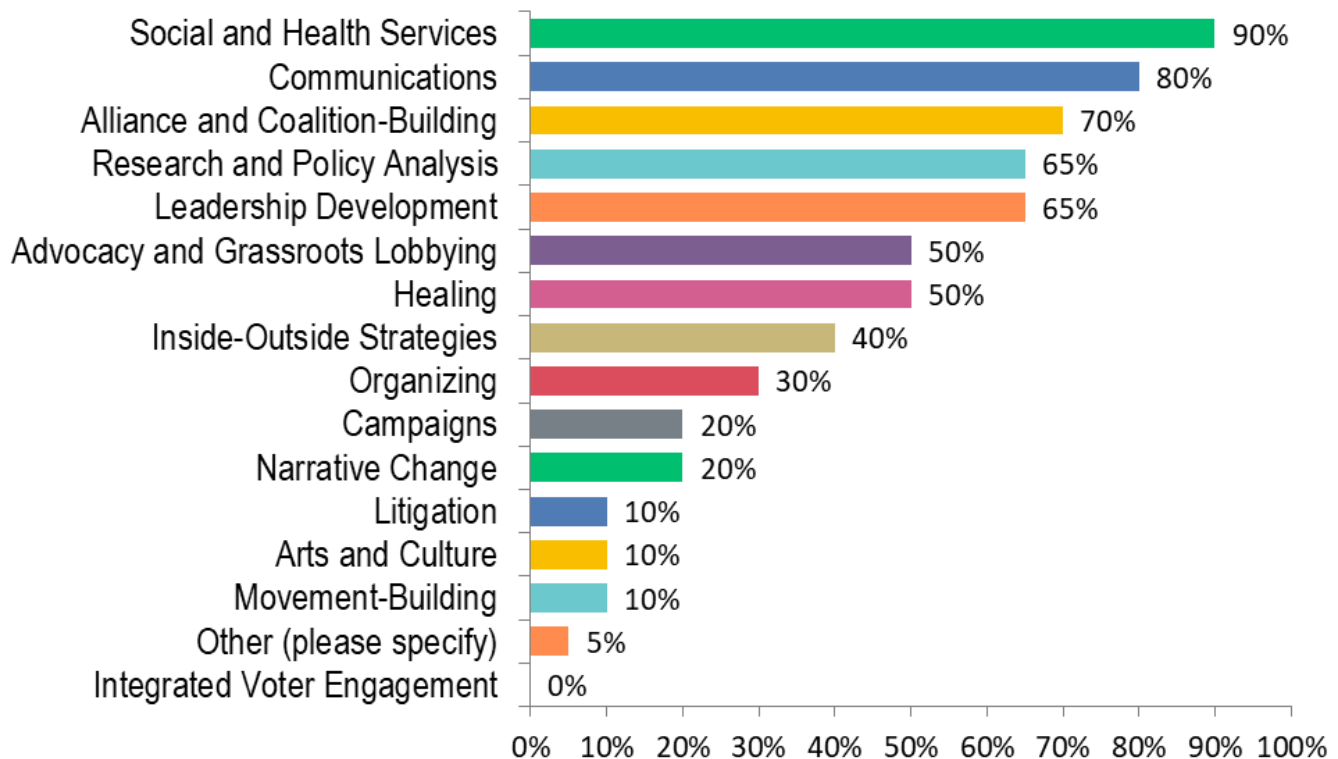


Figure 37: Partner survey responses to the question: "Which of the following strategies does your organization use to do your work?" n=20

Partner organizations were also asked if they had sufficient capacity to do their work, and only 20% felt they did while 70% felt they did not and 10% were unsure. In open-ended comments, many partners noted that they have experienced funding cuts and that insufficient funding has resulted in insufficient staff capacity and wait lists. One noted that in nonprofits, there is never enough funding.



Fulfillment of Essential Public Health Services

Partner agencies were asked a question structured around the 10 Essential Public Health Services, which are a set of activities that public health systems undertake to protect and promote the health of all people in all communities (see Figure 37 on page 47). These activities can be done by different organizations throughout the community, including nonprofit organizations, schools, faith institutions, mental health agencies, community health centers, emergency responders, neighborhood groups, employers, and more (see Figure 42).



Figure 38: The local public health system, from MAPP 2.0.

What emerged is that several essential public health services are being done by most partners that responded to this question, including communication and education (100%), community engagement and partnerships (81%), and access to care (76%). Other essential public health services are being fulfilled by some partners, including workforce (52%), policies, plans, and laws (48%), and evaluation and research (43%). Few partners who took the survey regularly fulfill the essential public health services of legal and regulatory authority (14%) or investigation of hazards (19%).

Q18: Please select whether your organization regularly does the following activities. (check all that apply)

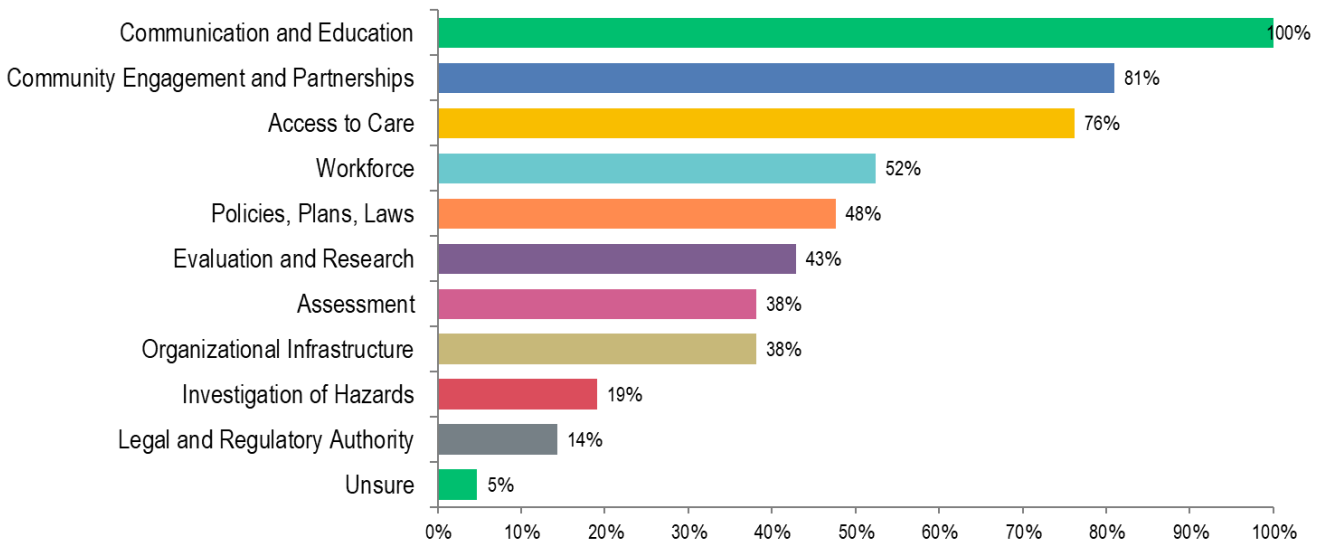


Figure 39: Partner survey responses to the question around fulfillment of the 10 essential public health services: "Please select whether your organization regularly does the following activities." n=21

One observation made during the January 2024 community partner meeting was that while there are a wide variety of organizations serving Schaumburg residents and located in close proximity to Schaumburg, comparatively few agencies are actually located within the village itself. Organizations may have a perception that there is less need in Schaumburg and that the village, township, and park district are able to meet existing needs, and therefore not located within the village. Opportunities may exist to bring additional services in proximity to residents, whether through new sites within the village, mobile services, or transportation to existing sites just outside the village.



Capacities to Support Community Health Improvement

Partners were asked about other types of capacities, strengths, and skills their organization brings to community health improvement activities. Regarding assessment and data collection practices, key findings included:

- 55% of responding organizations conduct assessments of some kind, while 20% do not.
- All organizations collect some kind of data, primarily demographic data about clients or members (89%), access and utilization data about services provided and to whom (63%), and evaluation, performance management, or quality improvement information about services and programs offered (63%).
- 47% of organizations collect data on social determinants of health and 42% collect data on health status.
- Only 26% of organizations collect data on health behaviors and just 11% (2 respondents) said their organization is collecting data about systems of power, privilege, and oppression.
- The most common form of data collected was surveys (75%), followed by feedback forms (45%), interviews (40%), data tracking systems (40%), electronic health records (25%), and focus groups (20%). Few organizations are using methods like videos or photovoice or participatory research methods.

Partners were asked about their community engagement practices, including where they fall along the spectrum of community engagement to community ownership (see figure 44 below). Findings included:

- Approximately half of partners are less far along the spectrum from community engagement to ownership. 47% of partners typically inform the community and 5% consult the community.
- Nearly half of organizations are further along the spectrum from community engagement to ownership. 11% involve the community, 26% collaborate with the community, and 5% defer to the community.
- Partners use many different community engagement methods, but most often use social media (74%), customer or patient satisfaction surveys (68%), presentations (68%), and community forums/events (68%).
- 84% of responding partners say that most of their organization's publicly available materials are translated into other languages.



Figure 40: Spectrum of community engagement to ownership. From MAPP 2.0 Power Primer.

Finally, partners were asked about what types of policy and advocacy work they do. Most organizations develop close relationships with elected officials (68%), educate decision-makers and respond to their questions (58%), and respond to requests from decision-makers (53%). Fewer partners report engaging in strategies like voter outreach, legal advocacy, building capacity of impacted communities, and writing or developing policy.



D. Triangulating and Summarizing the Three Assessments

Across all three assessments, several cross-cutting themes emerged that reflect issues faced by the community. Based on triangulation of the CSA, CCA, and CPA, as well as feedback from community partners that participated in the January 2024 meeting, the following cross-cutting themes were identified:

Community Strengths and Assets

- Collaboration between government agencies (village, township, etc.) is strong
- Diverse, tolerant community
- Robust green spaces, parks, recreation opportunities
- Strong business community, high education, and low unemployment
- Strong response to COVID within community
- Many nonprofits and government agencies fulfilling essential public health services

Social Determinants of Health Facing Residents

- Transportation barriers and limited access to public transit
- Housing and affordable housing challenges
- Language barriers due to wide and increasing diversity of languages
- Unique challenges for foreign-born residents
- Challenges accessing, affording, and understanding health insurance
- Stigma around accessing services, especially mental health services and especially among immigrants

Health and Social Service Capacity and Opportunities for Improvement:

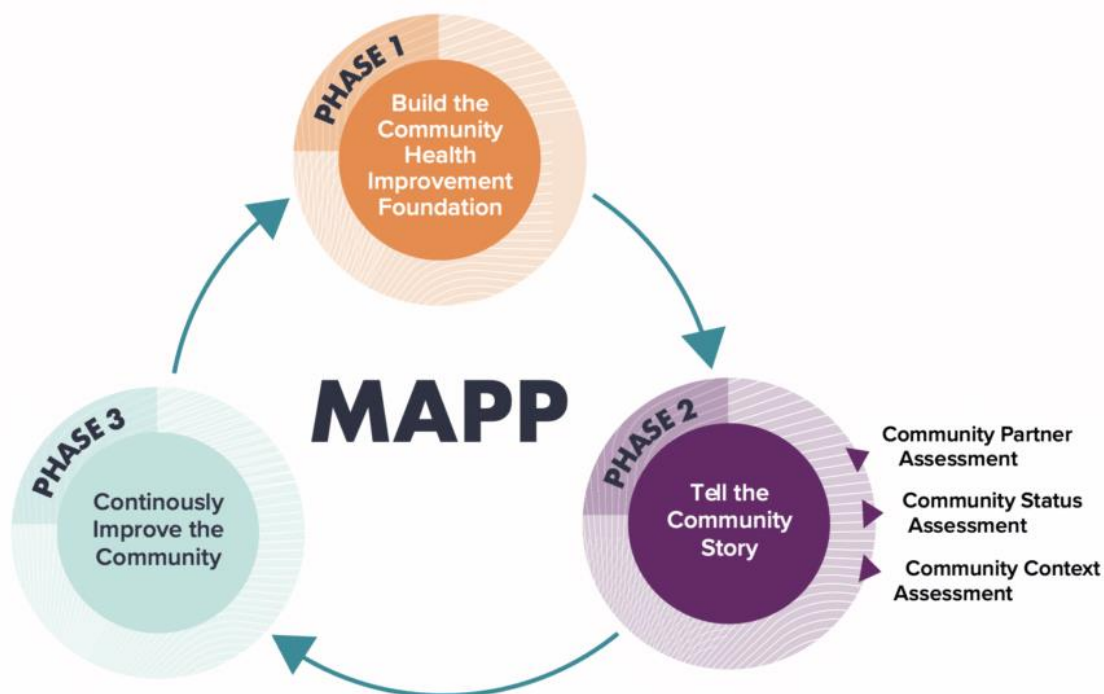
- Growing demand for mental health and psychiatric services
- Growing demand for services for older adults and for adults with disabilities
- Opportunity to increase preventive services such as chronic disease and cancer screening
- Opportunity to increase services for young people and collaboration with schools
- Workforce challenges like high turnover, insufficient practitioners, lack of bilingual providers
- Although many nonprofits serve Schaumburg, few are located within the village
- Opportunity for more health services facilities and points of access for health services within the village, in order to bring key health services in closer proximity to residents
- Opportunity to increase communication, outreach, education, and information about available services
- Opportunity to increase collaboration between nonprofits and partners serving the village

V. Conclusion

Results from this community health needs assessment affirm that the Village of Schaumburg is a community with many strengths and assets, including a robust infrastructure of social service and health partners that together provide the community with essential health services. There are also many opportunities to further improve access to care and be ever-more responsive to the needs of residents. Cross-cutting themes that emerged from across all three assessments conducted include:

- *Community Strengths and Assets:* strong collaboration between government agencies; diverse community; many green spaces; strong business community; strong response to COVID; and many nonprofits and government agencies available to fulfill essential public health services.
- *Social Determinants of Health Facing Residents:* Transportation and public transit barriers; housing cost challenges; language barriers; and challenges accessing, affording, and understanding health insurance.
- *Health and Social Service Capacity and Opportunities for Improvement:* Workforce challenges; growing demand for mental health services and services for older adults, adults with disabilities, and young people; opportunity for more health service facilities, access points, preventive services, and for bringing services closer to residents; and opportunity to increase communication, outreach, and collaboration.

The Village of Schaumburg can play a leading role in addressing these identified needs, leveraging opportunities for improvement, and encouraging community solutions. Based on the findings in this report, the village will determine whether and when they will embark on Phase Three of the MAPP 2.0 process, which centers on prioritizing issues, defining strategies, and developing a formal Community Health Improvement Plan to improve health access and outcomes for the whole community. The themes and findings in this report can also be used to inform future planning by other partners and stakeholders in the broader Schaumburg community who share a desire to promote access to health and equitable health outcomes for all who live, work, shop, and play in the village.



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