

Examining Regional Inequities in ACEs, Community Health Factors, and Resource Access Among Youth, Families, and Immigrant Communities Across Illinois

Mayra Diaz, MPH, MSW

Introduction

Health care, public health, and community-based organizations across Illinois can and often do play a critical role in connecting youth and families to services and supports that help mitigate or prevent Adverse Childhood Experiences (ACEs). Resources such as food, housing, employment, mental health care, and other basic needs can help buffer the effects of toxic stress stemming from trauma and promote the conditions necessary for healthy youth development and family well-being.¹ However, persistent gaps in the state's social safety net, worsened by recent federal funding cuts and policy changes, have left many organizations facing a rising demand for services while confronting decreasing funding, resources, and capacity. These challenges risk exacerbating the social conditions that contribute to trauma and poor health outcomes across the lifespan. An extensive body of research demonstrates that historically excluded communities, including undocumented or newly arrived immigrant families, often bear the greatest burden.^{1,2} This brief examines patterns in community health factors and resource access issues across Illinois and identifies opportunities to change systems to increase investment in underserved regions, strengthen local capacity, and advance health equity for youth, families, and immigrant communities.

Background

Recently, proposed and enacted federal policies, including cuts to Medicaid, SNAP, and other public programs, have created increased uncertainty for communities and the health and human service sector.^{3,4} As public programs shrink, eligibility becomes more restrictive, and enrollment and re-enrollment paperwork becomes more onerous, more individuals and families are at risk of losing access to critical public services. Such people may turn to local community-based organizations for support at the same time that those organizations face funding instability, overwhelming demand, and insufficient capacity. Yet even before the recent federal actions, Illinois communities long relied on a patchwork of underfunded health and social service systems to meet the needs of youth and families, particularly in rural and downstate Illinois.

In previous research by Health & Medicine conducted in early 2025, findings from key informant interviews with health and social service professionals and parents of youth reconfirmed these longstanding problems.⁵ Many interview participants described persistent pressure to adequately respond to the needs of families while contending with significant shortages in mental health care, housing assistance,

economic supports, health care, legal services, and other resources. These challenges have intensified as many newly arrived migrant families have increasingly settled in rural and downstate parts of Illinois that often lack the infrastructure, workforce capacity, and funding needed to meet these needs. Interviewees in these regions of the state noted that the uneven allocation of resources, particularly a *perceived* inequitable concentration of funding in Chicago relative to rural areas, has contributed to these issues. Providers also reported that fear of immigration enforcement and lack of culturally and linguistically congruent services have made it even more difficult to serve families, even when services are available.

These findings are consistent with statewide data showing geographic inequities in youth and community health. According to the 2020 Illinois Adolescent Health County Rankings report, many counties, including rural counties in central and southern Illinois, ranked "much worse than average" on overall adolescent health and social determinants of health measures, although Cook County, where Chicago is located, also consistently ranked much worse than average across several measures. Utilizing a composite index, the report examined various measures, including poverty, education, health care access, mental health provider availability, insurance coverage, and health outcome indicators.⁶ More recent data from the 2025 Illinois Children's Adversity Index report further highlight these regional differences. The index, which quantifies and compares childhood trauma exposure across regions of the state,⁷ found that the highest levels of child adversity were concentrated in southern, western, and central rural areas of Illinois, areas with longstanding histories of disinvestment.⁸ Rural and downstate communities are also experiencing demographic changes as the immigrant population has grown in these regions of the state, in turn increasing health and social needs. Immigrants in these regions are more likely to be recent arrivals and have lower naturalization rates than those in Chicago, while immigrant-serving organizations remain disproportionately concentrated in Chicago, leaving many families with a lack of access to supports.⁹ It is important to note that health inequities also persist within more affluent counties. For example, in Lake County, Latine immigrant and undocumented populations face disproportionate barriers to health care and experience poorer health outcomes compared to their white counterparts.¹⁰

County-level data reflect broader state-level trends. In the 2026 Kids Count Data Center report, Illinois ranked 20th nationally in child well-being, a decline from the previous year. The report also documented worsening outcomes across several indicators, including increases in youth mortality, greater parental job instability, declining educational performance, and poorer overall health among children and adolescents in Illinois.^{11,12}

Together, these issues underscore the ongoing challenges facing Illinois youth and families, particularly among immigrant families and communities with the greatest health barriers. Without intervention, these challenges compromise public health and threaten to further strain social service systems that were already struggling to meet the community's needs. More than ever, the Illinois General Assembly must act to protect families and ensure all communities have what they need to thrive.

“... many political and social forces contribute to ‘distributive injustice’ or the unjust allocation of resources that result in an uneven spread of trauma exposure.”

Childhood Adversity Index Report, 2025

Recommendations

Recommendation 1: Utilize data-driven and equity-based resource allocation methods to prioritize communities with the highest need.

Using data from available tools, such as the Children’s Adversity Index, state agencies should prioritize investments in communities experiencing the highest levels of trauma exposure, adverse health indicators, and unmet social needs. Efforts should also prioritize communities experiencing both high adversity and rapid growth in immigrant populations. Prior case studies have demonstrated how these strategies can direct resources more equitably and effectively to communities. During the COVID-19 pandemic, for example, the Washington State Department of Health designed and implemented an equitable funding allocation methodology using a racial equity framework to distribute and prioritize \$21.3 million in emergency funds to high-risk and underserved communities.¹³ Fair resource allocation methods during the COVID-19 response were also tested in other cities around the country, including Chicago, New York City, and Baltimore.¹⁴ Similarly, the city of Tacoma developed an Equity Index to address systemic racism and guide resource prioritization efforts, which informed decisions for arts and culture funding, small business grants, and infrastructure upgrades in areas with the greatest need and lowest opportunity.¹⁵

Illinois should ensure all state agencies administering child, family, health, and human services funding incorporate measures of adversity and community need into grantmaking and resource allocation decisions. This approach would help ensure that limited public dollars reach the communities most affected by the social conditions that contribute to ACEs.

Recommendation 2: Increase local capacity through expanded flexible grant funding.

Community-based organizations often lack the administrative infrastructure necessary to compete for government grants. The Illinois State Treasurer’s Charitable Trust Stabilization Fund was created to address these barriers through flexible grants for non-profits with annual budgets of \$1 million or less in communities with high socioeconomic disparities.¹⁶ Recently, the fund announced a new hunger-relief grant in response to the recent federal SNAP cuts.¹⁷ The state should establish a dedicated annual appropriation from the from the General

Revenue Fund to significantly expand the program and provide multi-year operational support for small organizations. As the federal budget bill also implemented restricted SNAP benefits for previously exempt groups, including humanitarian immigrants and refugees, ramping up local capacity will help support families disqualified by federal immigration restrictions.⁴ Support for these organizations should also include providing linguistically and culturally responsive services, legal assistance and referrals, and other supports for immigrant families.

Recommendation 3: Scale up outreach and enrollment assistance for Illinoisans affected by the federal Medicaid changes.

The federal administration's new Medicaid restrictions will impose stricter work requirements and more frequent renewals for recipients,¹⁸ increasing the risk that eligible people will lose coverage due to cumbersome enrollment processes.¹⁹ Illinois should expand and strengthen outreach and enrollment services to help individuals and families navigate these changes and maintain coverage during eligibility changes and renewal periods. Investments should support community-based enrollment navigators, multilingual outreach, and streamlined renewal processes.

Recommendation 4: Restore health benefits for immigrant adults and seniors.

In 2025, the state closed Health Benefits for Immigrant Adults (HBIA) and imposed an enrollment cap on Health Benefits for Immigrant Seniors (HBIA),²⁰ leaving many eligible residents without access to care. Illinois must restore and adequately fund these programs so that eligible individuals can access vital health care services regardless of federal restrictions. Restoring these programs supports the well-being of entire families, as positive child outcomes depend on the well-being of the adults who raise them.

Recommendation 5: Invest in the health care and human services workforce.

Meeting the needs of children and families affected by adversity depends on a strong and stable health and human services workforce. Illinois should invest in recruiting and retaining primary care providers, nurses, behavioral health professionals, social workers, and other frontline workers, particularly in underserved communities facing persistent workforce shortages. Competitive wages, loan repayment programs, workforce development initiatives, and sustained funding for community-based organizations can help address high turnover and improve continuity of care for families who depend on the support of these workers.

Recommendation 6: Expand integration and reimbursement for Community Health Workers.

Community health workers (CHWs) help families navigate health care systems, enroll in public benefits, and connect with community resources that address the

social drivers of health. Illinois should continue implementing Medicaid reimbursement for CHW services while ensuring reimbursement rates are sufficient to support community-based employers and long-term program sustainability. The state should also invest in training, certification, and technical assistance to expand the CHW workforce in communities with the highest levels of childhood adversity and shortage of immigrant-serving programs.

Recommendation 7: Increase investment in primary prevention and upstream solutions.

For far too long, public systems have placed a greater emphasis on downstream approaches to community issues and underinvested in early prevention strategies. Research consistently demonstrates that social and economic conditions are powerful drivers of health and well-being and play a significant role in shaping children's exposure to adversity.¹ Investment in primary prevention approaches, such as economic supports, affordable housing, access to food, paid family leave, home visiting programs, and early childhood education, can help reduce the degree, prevalence, and long-term societal costs associated with ACEs, such as chronic disease, child welfare involvement, educational challenges, and justice system contact, and promote healthier outcomes across the lifespan.^{21,22,23} Illinois has begun to make a significant shift toward a more prevention-oriented approach through initiatives such as the Medicaid 1115 waiver, which funds services that address the social determinants of health.²⁴ The state should continue exploring additional avenues for early prevention that are inclusive of immigrant families who may face eligibility barriers to Medicaid services.

Recommendation 8: Fully fund the Evidence-Based Formula for public education.

Access to quality education is not only essential for a child's well-being but is a strong predictor of positive health outcomes across the lifespan. In 2017, Illinois adopted the Evidence-Based Formula (EBF) to make funding for public education more equitable and adequate across all districts, especially for students with higher needs, yet it remains substantially underfunded.²⁵ The state must act with urgency to adequately fund the EBF to address the declines in educational achievement and reduce inequities in districts serving communities with high levels of childhood adversity and concentrated poverty. Funding would also help support trauma prevention resources, such as student mental health services, trauma-informed school-based supports, and adequate school staffing to provide these services.

Recommendation 9: Pursue progressive revenue strategies to sustain efforts long-term.

While Illinois has made important investments in child and family well-being, continued federal funding reductions place increasing pressure on state resources

and threaten the stability of essential services. Ultimately, sustainable investments in prevention and community well-being require bold and innovative revenue strategies. Policymakers should pursue progressive revenue options to ensure that high-income households and profitable corporations contribute a fairer share toward maintaining the state's social infrastructure.²⁶ Proposals advanced by members of the Illinois Revenue Alliance, for example, include closing tax loopholes, modernizing the tax code, and generating new revenue streams that can support education, health care, housing, and human services.²⁷ These approaches would help offset funding cuts and in some cases could expand resources beyond the prior capacity while reducing the burden on working families who are already disproportionately impacted by the recent federal actions. Sustained investments are needed to ensure services remain accessible regardless of immigration status.

Conclusion

Illinois youth and families face significant and uneven barriers to health, well-being, and opportunity, with many of the greatest challenges concentrated in communities that have experienced longstanding disinvestment. Immigrant and newly arrived families often face additional barriers, including limited access to services, language obstacles, and policies that create fear and uncertainty. As federal funding reductions place greater strain on local systems, Illinois must invest in equitable, prevention-focused strategies that strengthen community capacity and ensure resources reach the communities with the greatest need.

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