

Heart Health Disparities Among Males in Chicago

Heart disease and related health conditions, also known as cardiovascular disease, are experienced by many Chicagoans. Cardiovascular disease mortality is the leading cause of death for males. Life expectancy in Chicago was 74.1 years for males in 2023; 7.7 fewer years compared to females in Chicago. However, males self-report having a good or better general health status at a slightly higher rate than females, 86% compared to 84.6%. This suggests a disconnect between perceived health status and measurable health outcomes, suggesting a need for cardiovascular prevention strategies specific to males.

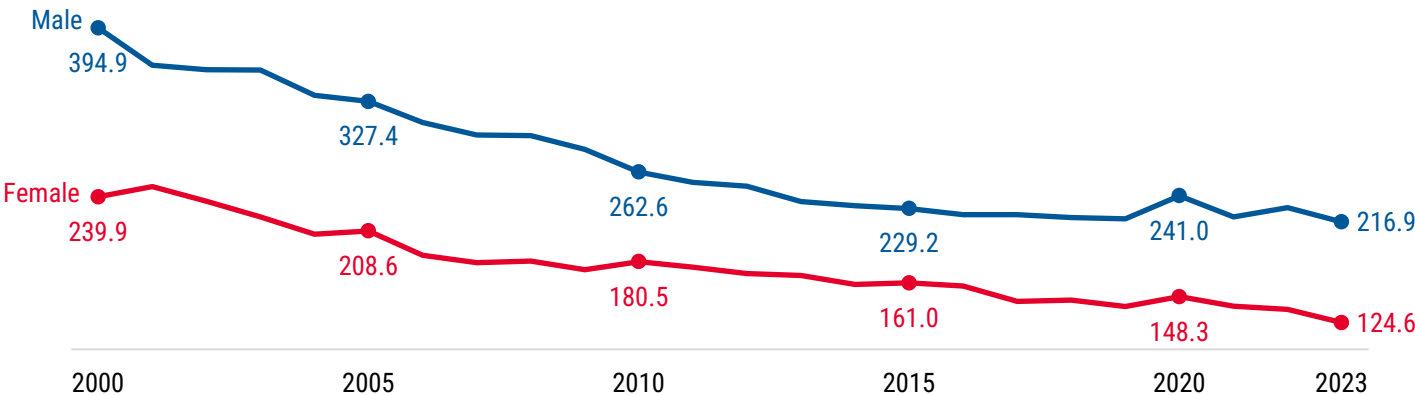
INDICATOR	FEMALE	MALE	% DIFFERENCE	RATE DIFFERENCE
Life Expectancy (2023) Years	81.8	74.1	-9.4%	-7.7
Heart Disease Mortality (2023) Age-adjusted rate per 100,000	124.6	216.9	74.1%	92.3
Overall Health Status – Excellent, Very Good, Good (2024) Percent of adults	84.6	86.0	1.7%	1.4

CARDIOVASCULAR DISEASE MORTALITY AND MORBIDITY

- The male heart disease mortality rate is 216.9 per 100,000, significantly higher than the female population rate of 124.6 per 100,000.
- Males have slightly lower mortality from stroke than females, with only a minimal difference (0.7 per 100,000) between the two populations.
- Males experience significantly higher hospitalization rates for coronary heart disease (103.2 per 10,000 compared to 74.8 for females) and higher rates for heart failure (29.7 per 10,000 compared to 23.1 for females), indicating a greater clinical burden related to cardiovascular conditions.
- The hypertension rate for males (33.5%) is only slightly higher than the female rate (31.1%).

Heart disease mortality is decreasing for males but it continues to be higher in males than in females.

FIGURE 1. AGE-ADJUSTED HEART DISEASE MORTALITY RATE (PER 100,000) BY SEX, CHICAGO, 2000-2023



SOCIAL DETERMINANTS OF HEALTH

Healthcare and Food Access

Males are less likely to engage with the healthcare system for routine and preventative care.

- A greater proportion of males (9.8%) lack health insurance compared to the female population (7.2%), pointing to a coverage gap for males.
- Fewer males (76.3%) report having a primary care provider compared to the female population (85.7%), a concerning 9.4% gap in access to regular medical care.
- Preventive care engagement is lower among males, with 72.0% receiving routine checkups versus 80.9% in females—a 8.9% disparity.
- A slightly higher percentage of males (54.4%) report easy access to fruits and vegetables compared to the female population (54.0%).

Economic Stability

The slight differences in socioeconomic conditions, such as poverty, unemployment and education, between males and females, indicate their limited impact on the broader health disparities seen between the two populations.

- The poverty rate is slightly lower for males (15.6%) compared to the female population (17.9%), suggesting relatively better economic conditions for males compared to females in Chicago.
- Male unemployment (6.2%) is nearly identical to the female rate (6.4%).
- High school (87.3% males vs. 88.2% females) and college graduation rates (44.6% males vs. 46.7% females) are nearly the same.

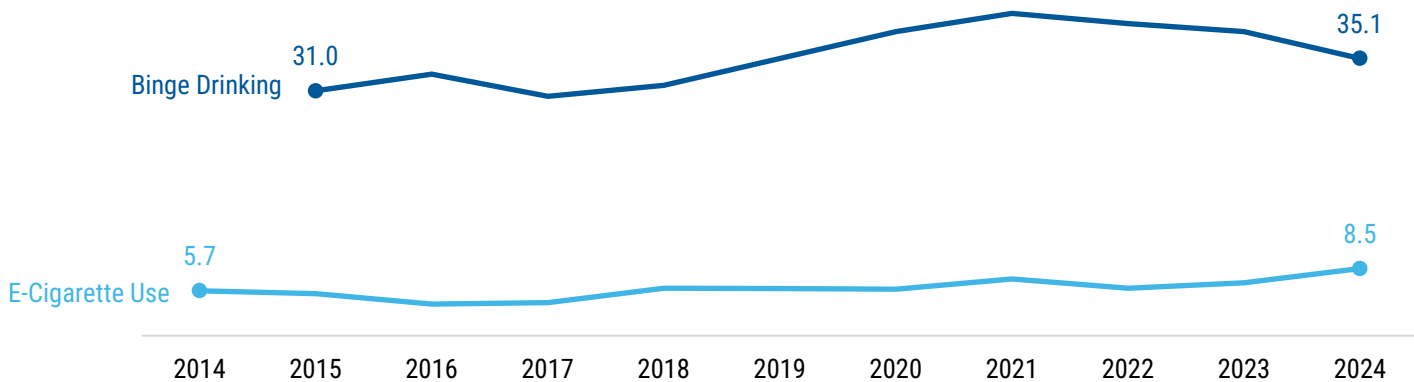
Health Behaviors

Compared to the female population, Chicago males—especially youth—exhibit healthier behaviors related to physical activity and illicit drug use. However, adult males demonstrate higher rates of tobacco and alcohol use, and lower engagement with healthy eating. These disparities highlight a need for age and male-targeted interventions that sustain positive youth momentum while addressing worsening adult male health behaviors.

- Adult males have higher smoking (12.2% vs. 7.1%), e-cigarette use (8.5% vs. 5.5%), and binge drinking rates (35.1% vs. 29.4%) than the adult female population, indicating more harmful patterns.
- Adult males are less likely to meet fruit and vegetable intake recommendations (28.3%) than the adult female population (33.4%), signaling a nutrition gap.

Binge drinking and e-cigarette use are increasing among male adults.

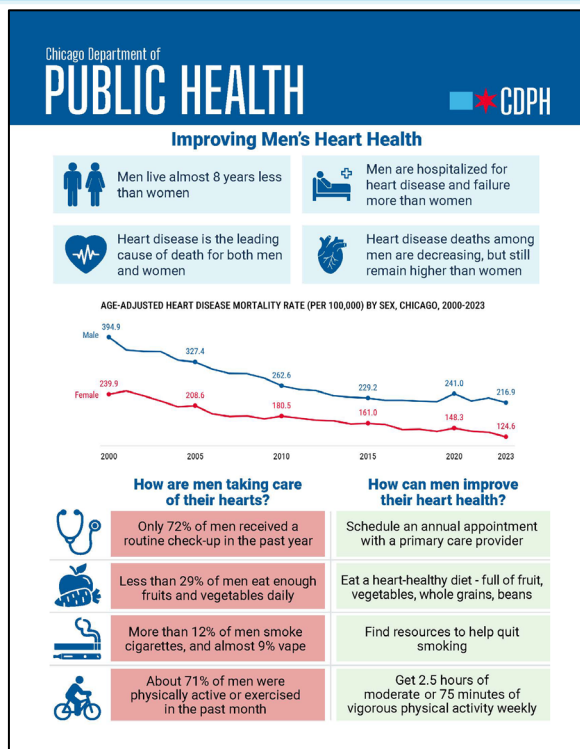
FIGURE 2. PERCENT OF MALE ADULTS REPORTING HEALTH RISK BEHAVIORS BY TYPE, CHICAGO, 2014-2024





WHAT IS CDPH DOING TO IMPROVE MEN'S HEART HEALTH?

- Increasing engagement around tobacco prevention and cessation through community partnerships;
- Tailoring the PlayStreets initiative to increase youth and adult physical activity;
- Supporting food resource navigation and increasing food access; and
- Increasing hypertension prevention and treatment by increasing health literacy and promoting risk reduction resources.



Know the Warning Signs for Heart Disease

- Chest pain or discomfort
- Shortness of breath
- Irregular heartbeat (racing, fluttering or pounding)
- Swelling in legs, ankles, feet or abdomen
- Fatigue and weakness
- Dizziness or lightheadedness
- Nausea or vomiting
- Pain or discomfort in the jaw, neck, back, arm or shoulder
- Indigestion, heartburn or stomach pain
- Sweating

IF YOU ARE EXPERIENCING A VARIETY OF THE SYMPTOMS ABOVE, CONSIDER CONTACTING YOUR PRIMARY CARE PROVIDER.

What is CDPH Doing to Improve Men's Health?

- Increasing engagement around tobacco prevention and cessation through community partnerships
- Tailoring the PlayStreets initiative to increase youth and adult physical activity
- Supporting food resource navigation and increasing food access
- Increasing hypertension prevention and treatment by promoting health literacy and risk reduction resources



Annual Check-Ups



Move More, Sit Less



Quit Smoking



Eat Healthy Meals

DATA SOURCES AND METHODS

Mortality data were obtained from the Illinois Department of Public Health (IDPH), Death Certificate files. Mortality rates included all deaths occurring between 2000 and 2023 among Chicago residents, regardless of place of death. Causes of death were classified using ICD-10 codes. Life expectancy was calculated using standard abridged life table methods and aggregated at the citywide level. Differences in mortality rates and life expectancy were age-adjusted and evaluated by year and sex for these analyses. Data from the Healthy Chicago Survey, collected between 2023 and 2024, were used to assess reported overall health status, health behaviors, and access to care among adult Chicago residents. All data were weighted to reflect the demographic composition of the adult population in Chicago, accounting for age, gender, race-ethnicity, and geographic distribution. Hospital discharges of Chicago residents in 2023 were extracted from IDPH's Illinois Hospital Discharge Data. Hospitalization rates were calculated using ICD diagnosis codes from inpatient admissions to Illinois care facilities. Analyses was limited to Chicago residents regardless of hospital location. Economic stability and health insurance coverage rate estimates were obtained from the U.S. Census Bureau's American Community Survey (ACS) 5-year estimates for 2019–2023, to ensure statistical reliability for smaller populations and geographic units. ACS data was also used as population estimates when calculating hospitalization and mortality rates.

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