

# A PROFILE OF HEALTH AND HEALTH RESOURCES WITHIN CHICAGO'S 77 COMMUNITY AREAS

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# About this Report

*A Profile of Health and Health Resources within Chicago's 77 Communities* describes the health status and availability of resources that promote health within Chicago's 77 community areas. This comprehensive report is the first of its kind to paint a big-picture view of the health of our city. The report presents a body of information which includes data about the health status of Chicago's population, health care resources available, social determinants of health (e.g., the social and economic conditions of our neighborhoods) and community-level assets (e.g., the presence of sidewalks and playgrounds, availability of affordable nutritious food, and health care services). This comprehensive report uses data from a variety of information sources (see Appendix 1a).

We use the Winnable Battles framework from the Centers for Disease Control and Prevention (CDC) to present the information in this report. This framework addresses national public health priorities—which are highly relevant at the local level—that have a large-scale impact on health and for which effective actionable strategies exist.<sup>1</sup> This report features five winnable battles: (1) childhood obesity, (2) HIV/AIDS, (3) racial/ethnic disparities in breast cancer mortality, (4) teen pregnancy, and (5) motor vehicle injury and death. Each one is covered in a separate chapter of the report. Each chapter begins with prevalence and trend data for the nation, followed by comparable data for the city of Chicago and selected community areas. National benchmarks such as Healthy People 2010 targets are presented where they exist. Maps showing the prevalence rate for each priority within each community area, healthcare resources, and community assets are also included. Each chapter concludes with a summary of community stakeholder perceptions about the availability and adequacy of resources, as well as examples of existing citywide and community-specific initiatives focused on addressing each winnable battle.

The report includes an introductory chapter on the demographics of Chicago and a chapter with maps showing the distribution of various healthcare resources throughout Chicago, such as hospitals, clinics, and primary- and specialty-care physicians.

*A Profile of Health and Health Resources within Chicago's 77 Communities* is designed as a resource for people of the community, community leaders, policy makers, administrators, and others interested in improving the health of Chicago's 77 communities. The report serves as a starting point for the identification of community areas and populations at greatest risk for each condition, an assessment of the health care resources and community assets available to address these conditions, and a baseline measurement for assessing progress toward improving health overall and eliminating health inequities.

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<sup>1</sup> Centers for Disease Control and Prevention. Winnable Battles. <http://www.cdc.gov/winnablebattles/>

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## Contributors

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<http://chicagohealth77.org>

# Executive Summary

*A Profile of Health and Health Resources within Chicago's 77 Communities* describes the health status and availability of resources that promote health within Chicago's 77 community areas. We use the Winnable Battles framework from the Centers for Disease Control and Prevention (CDC) to present the information in this report. This framework addresses national public health priorities—which are highly relevant at the local level—that have a large-scale impact on health and for which effective actionable strategies exist.<sup>1</sup> This report features five winnable battles: (1) childhood obesity, (2) HIV/AIDS, (3) racial/ethnic disparities in breast cancer mortality, (4) teen pregnancy, and (5) motor vehicle injury and death. The report also provides demographic information about Chicago's population and several different maps. For example, the report includes maps showing the distribution of healthcare resources throughout the city, such as hospitals, clinics, and primary and specialty care physicians. Additionally, detailed community health asset maps were created for four Chicago community areas: Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham.

The report serves as a starting point for the identification of community areas and populations at greatest risk for each winnable battle, an assessment of the healthcare resources and community assets available to address these conditions, and a baseline measurement for assessing progress toward improving health overall and eliminating health inequities.

## Data Sources

*A Profile of Health and Health Resources within Chicago's 77 Communities* uses the most current data available at the time of release on the health of the population of Chicago and its healthcare resources. Information was obtained from data files and published reports administered or compiled by the Chicago Department of Public Health, the federal government, other municipal agencies, and community-based organizations.

In each case, the sponsoring agency or organization collected data using its own methods and procedures. Therefore, data in this report may vary considerably with respect to source, method of collection, definitions, and reference period. The appendixes provide a detailed description of the data sources used for this report.

We also conducted key informant interviews with community stakeholders from four multiethnic, underserved, low-income community areas in Chicago—Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham—to ascertain stakeholders' perspectives on what constitutes a healthy community, the prevalence and impact of select health conditions, and the availability and adequacy of resources within the community to promote healthy living. Stakeholders from a variety of sectors were invited to participate, including aldermen, school administrators, and business owners; faith-based and cultural organizations; and healthcare providers (see Appendix 3 for a list of participating organizations).

The key findings of this report are summarized below.

## Childhood Overweight and Obesity

### ■ Trends in childhood obesity

- According to data from the Consortium to Lower Obesity in Chicago Children (CLOCC), in 2008, the rate of obesity among Chicago children ages 3–7 was more than twice the national average for children of similar ages (22% vs. 10.4%, respectively).
- Data from the 2009 CDC Youth Risk Behavior Survey shows that the prevalence of overweight among high school students in Chicago is significantly higher than for the rest of the nation (21% vs. 16%).
- Sinai Urban Health Institute’s Community Health Survey showed that in 2002, nearly half of the children in five of six Chicago community areas were obese, compared with 16.8% of children nationally.
- Compared with figures of U.S. high school students, a higher percentage of high school students in Chicago do not eat green salad, fruit, and other vegetables.
- More high school students in Chicago than the U.S. (44.9% vs. 32.8%) report an excess amount of time (three or more hours per school day) spent viewing TV.

### ■ Disparities in childhood obesity

- *Racial/ethnic disparities.* A higher proportion of Black (22.6%) and Hispanic/Latino (22.4%) Chicago high school students are overweight, compared with White students (11.8%).

### ■ Community-level resources to combat childhood obesity

- According to information obtained from key informants in four Chicago community areas, the following were identified as resources:
  - Community health centers, which provide nutrition classes and other education about the importance of eating healthy and being physically active.

- Mobile grocers (e.g., Peapod).
  - Schools, which offer extended after-school hours at school gyms and after-school programs that promote physical activity among youth, including after-school martial arts and dance classes.
- Resources needed include more physical activity programs offered by the Chicago Park District; increased time spent by primary care physicians educating patients about the importance of good nutrition; and measures to reduce violence so that residents can safely access to these resources.

- Community asset maps for each of the four community areas show that resources that promote a healthy diet (e.g., supermarkets, grocery stores, and farmers markets) and physical activity (e.g., fitness centers, parks, and bike paths) are unevenly distributed within and between each community area.

## HIV and AIDS

### ■ Trends in HIV/AIDS prevalence

- According to data from Chicago Department of Public Health, the annual number of newly diagnosed HIV infections and HIV deaths in Chicago has been declining since 2004, whereas the number of people living with HIV infection and AIDS has been increasing.
- The HIV/AIDS prevalence rate in Chicago exceeds both the statewide rate and national rate.

### ■ Characteristics of people with HIV/AIDS

- In 2008, HIV/AIDS was most prevalent among males (78%), Blacks (53%), individuals ages 20–29 (31%), and men who have sex with men (MSM) (71%).

### ■ Racial/Ethnic Disparities

- By race, Blacks account for more HIV infections, AIDS diagnoses, people living with HIV/AIDS, and HIV-related deaths

than any other racial/ethnic group. Despite representing one-third of Chicago's population, Blacks accounted for 60% of the HIV diagnoses in adolescents and adults during 2005–2008. In 2008 the rate of HIV diagnoses among Blacks was 91.6 per 100,000. This rate is three times higher than the rate for Whites (27.7 per 100,000) and Hispanics/Latinos (28.3 per 100,000).

- Among all Chicago women infected with HIV in 2008, Black women accounted for 80% of new infections, despite comprising 31% of Chicago's female population.

#### ■ Geographic disparities

- Living HIV/AIDS cases are clustered in community areas located in the north, west, central, southwest and south regions of the city.

#### ■ Community-level resources to combat HIV/AIDS

- According to information obtained from key informants in four Chicago community areas, community health centers and schools provide HIV testing and education. Resources needed include comprehensive sex education in schools and more education and outreach about the importance of testing and the availability of services in the community.

- A map showing the HIV prevalence rate and HIV test site locations for each of Chicago's 77 community areas demonstrates that HIV test sites are not evenly distributed throughout high prevalence areas. Sites tend to be clustered in high prevalence communities in the north and west areas of the city, whereas very few sites are located on the South Side.

## Teen Pregnancy

#### ■ Teen birth rate trends

- From 2000 to 2008, there was a 25% decline in Chicago's teen birth rate (ages 15–19). However, this rate has been consistently higher than both statewide and national rates

during this time period. In 2008, the Chicago rate was 57% higher than the U.S. rate.

- Teen birth rates vary by geographic location. In 2007, the southwest and west regions of the city had the highest teen birth rates (fig. 3). The birth rate in the southwest is four times that in the north region (92.4 vs. 22.8 per 1,000 teens).

#### ■ Characteristics of pregnant teens

- *Trends by age.* Older teens (ages 18–19) have higher birth rates compared with younger teens (ages 15–17). The 2008 birth rate among 18- to 19-year-olds is 2.8 times the rate among 15- to 17-year-olds (87.8 vs. 38.8 per 1,000 teens).
- *Trends by race/ethnicity.* In 2007 (the most recent year Chicago birth statistics are available for race/ethnicity), the live birth rate among Black and Hispanic/Latino teens ages 15–19 years are 6.9 and 6.1 times higher than among Whites. Over 95% of Chicago's teen births in 2007 occurred among Black and Hispanic/Latina females.

#### ■ Repeat pregnancies

- In 2007, the repeat pregnancy rate among Chicago teens ages 15–19 years was 31.3%, compared with 19.8% nationally.
- Repeat births were highest among 15- to 19-year-old Black and Hispanic/Latino teens (33.4% and 28.5%, respectively). The proportion of previous births was highest among teens living in communities on the North Side, Far South East Side, and South Side.

#### ■ First trimester prenatal care

- In Chicago, the percentage of teen mothers receiving prenatal care during their first trimester increased from 61.2% in 2000 to 69.6% in 2007, a 13.7% increase. The Healthy People 2010 prenatal goal is to increase the percent of infants born to pregnant women receiving prenatal care beginning in the first trimester to 90.0%.



- Community-level resources to prevent teen pregnancy
  - According to information obtained from key informants in four Chicago community areas, school-based health centers, adolescent reproductive health clinics, public schools, community clinics, and community health fairs provide pregnancy prevention education to teens.
  - Resources needed include after-school programs and activities to keep teens occupied, comprehensive sex education in schools, and affordable day care and mentoring to teen mothers to keep them in school.

### Motor Vehicle Crash-Related Injury and Fatality

- In 2009, 151 people died in motor vehicle traffic crashes in Chicago, a 9% decline in the number of people killed compared to the previous year. The fatality rate declined 12%, whereas the overall injury rate did not change compared with the previous year.
- During 2007, the overall motor vehicle–related age-adjusted death rate in Chicago was 8.5 deaths per 100,000 population, down from 10.6 deaths per 100,000 population in 2004.
- Characteristics of Chicago residents killed in motor vehicle accidents
  - Drivers age 75 years and older had the highest death rate, although the highest number of deaths occurred among drivers ages 15–24 years.
  - By race/ethnicity, the death rate was highest among Blacks (11.3 per 100,000 population), approximately twice that of Whites (5.5 per 100,000 population). For all racial/ethnic groups, males had death rates that were 2 to 3.5 times higher than the rates for females (8.5 per 100,000 population versus 3.1 for Whites; 18.5 versus 5.2 for Blacks; and 10.1

versus 4.9 for Hispanic/Latinos, for males and females, respectively).

- Among females, Blacks also had the highest motor vehicle–related death rates, with approximately 5.2 deaths per 100,000 population per year. Hispanic/Latina females had the second-highest death rates (approximately 5 deaths per 100,000 population per year), followed by Whites (approximately 3 deaths per 100,000 population per year).
- Community-level resources to prevent injury and death from motor vehicle accidents
  - According to information obtained from key informants in four Chicago community areas, resources to reduce injury and fatality from motor vehicle crashes include child passenger safety seat inspections, distribution of infant child car seats, and community-based bicycle and pedestrian safety workshops.
  - More education about the importance of wearing a seat belt, properly restraining children in vehicles (i.e., using infant and child safety seats) and increased enforcement of primary seat belt laws are needed.

### Breast Cancer Disparities

- Trends in breast cancer mortality
  - Recent studies have suggested that the Black/White disparity in breast cancer mortality is even greater in Chicago than the country as a whole. The most recent data from the Sinai Urban Health Institute (2005–2007) indicates that the Black:White breast cancer mortality rate ratio has reached 1.62 (62%). This mortality gap is significantly higher than both New York City (27%) and the U.S. (41%).
  - In 2007, community areas with the highest breast cancer mortality rates were concentrated in the south, southwest, and far south regions of Chicago.
- Trends in breast cancer screening (mammography)
  - According to the BRFSS, in 2008, 75.9%

of Chicago women age 40 and older (approximately 449,000 women) reported getting a mammogram in the past two years, a 3% increase since 2002 (74%). Chicago's rate is comparable to the mammography rate for both Illinois (75.8%) and the U.S. (76%), and it exceeds the Healthy People 2010 target (70%).

- Mammography screening rates in Chicago varied by education level, annual household income, and health insurance coverage in 2008. Among the lowest rates reported were those by women who did not finish high school (66.7%), those with annual household income less than \$15,000 (61.6%), and those without health insurance (50.0%). Similar proportions of Black and White women over the age of 40 have reported that they received a mammogram in the last two years.
- According to data from the Sinai Urban Health Institute, there is substantial variability in self-reported mammography utilization among women from 10 different racial and ethnic communities surveyed. Less than 50% of Chinese women (Armour Square) and Cambodian women (Albany Park) reported that they received a mammogram within the past two years. These proportions are far lower compared with the proportions of Mexican (South Lawndale), Black (Roseland) and White (Norwood Park) women surveyed. They are also well below estimates for the city of Chicago from 2002 to 2008 (median = 75.7%). There was limited variation in mammography screening among women in Black (Roseland) and White (Norwood Park) communities.
- Community-level resources to improve breast cancer screening rates
  - According to key informants in four Chicago community areas, community-level resources needed to improve breast cancer screening rates include mobile mammography vans as

well as organizations that currently provide free or low-cost mammograms.

- Additional resources needed include more education and outreach about the importance of screening and the availability of services in the community.
- Although women living in areas with the highest mortality rates (the south, southwest, and far south) are clearly in need of services such as mammography and cancer treatment, very few exist in these areas. Instead, these services tend to be concentrated in the north and west regions, which have lower mortality rates.

### Healthcare Resource Maps

- Citywide maps
  - *Primary care clinics.* The greatest concentration of primary clinics is located in the west region. The northwest and the far south regions are the most sparsely populated.
  - *Hospitals.* The spatial distribution of hospitals is uneven across the city. For example, general acute care hospitals are concentrated in the north, west and south regions of the city. In contrast, the northwest, southwest, and far south regions each had fewer than three general acute care hospitals.
  - *Primary and specialty care physicians.* Eight of the 12 community areas with the highest numbers of potential patients per physician are located in the southwest and far south regions of the city.

### Conclusion

By making our communities more equitable with respect to resources and assets, we can progress toward achieving health equity in Chicago. As a first step, we need to understand what is available and what is needed at the local level, within our communities and neighborhoods. We should be investing in collecting local health indicator data to better understand our assets and resources to

promote healthy living within each community. We can use this information to target our policies and invest resources in communities where there are clear gaps. Achieving equity in health and health care requires multi-stakeholder collaboration, but at the end of the day, creating healthy neighborhoods where people can flourish is a local enterprise. We

hope this report begins to provide a picture of what Chicago's underserved neighborhoods need to thrive.

### **Reference**

1. Centers for Disease Control and Prevention. Winnable Battles. <http://www.cdc.gov/winnablebattles/>.





## Chicago's People and Neighborhoods: Demographic and Socioeconomic Characteristics

*This section presents demographic and socioeconomic characteristics of persons living in Chicago. This is particularly important because of the increasing awareness of the effect that social, economic, and environmental factors—as well as race/ethnicity—have on the health of individuals and their families. Understanding the city's diversity is essential to developing policies and strategies that address health inequity in Chicago.*



We present the most recent data available for demographic and socioeconomic indicators; therefore the years may vary. For example, total population, age, and housing distributions were available for 2010, whereas race by Hispanic/Latino origin, education attainment, and median annual income were available for 2009.

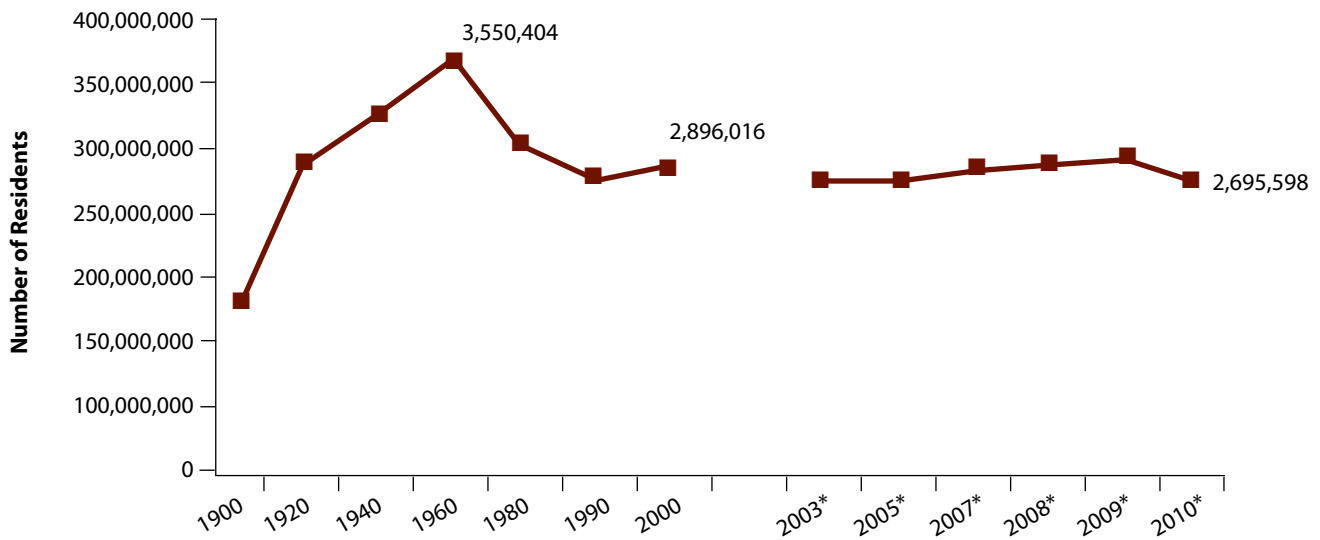
## Demographics

### Population

The most recent estimates (2010) show that the city of Chicago has a population of 2,695,598 making it the largest in Illinois and the third largest in the United States.<sup>1</sup> The city’s population has fluctuated over time since 1900 with a steep increase between 1900 and 1960, followed by a decline over the next thirty years. The second increase took place between 1990 and 2000, after which the population remained fairly stable.

Among the top ten U.S. cities in 2010, Chicago was the only city to have experienced a decline over the past decade (–6.9% between 2000 and 2010).<sup>2</sup>

**Figure 1—Chicago Population, 1900–2010**



Sources: Decennial Censuses, U.S. Department of Commerce, Bureau of the Census, 1900–2010

\*Annual Population Estimates Program, Population Division, US Bureau of the Census, 2003–2009

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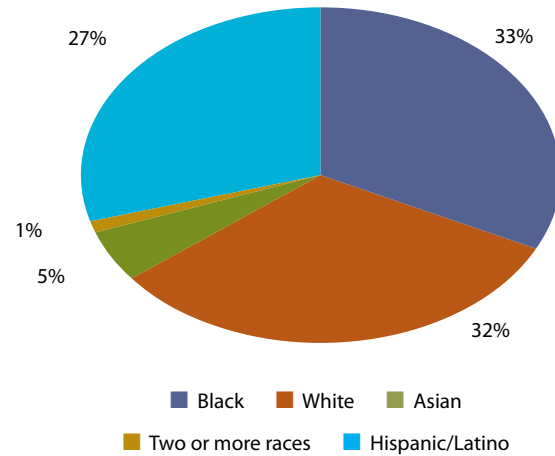
### Race, Ethnicity, and Primary Language

The racial and ethnic composition of Chicago has become increasingly diverse over the last several decades (table 1). The 1950 census estimated that 86% of the population was White and 14% was Black. In 2009, the American Community Survey (ACS) estimated that 65% of the population consisted of racial minorities—33% were Black, 27% were Hispanic/Latino, and 5% were Asian or Pacific Islander (fig. 2).

Foreign-born residents make up 21% of the population (fig. 3) and originate from a wide variety of countries, including Mexico, Poland, China and India. Of the residents who reported being born outside the United States, over half originated from Mexico and Poland (fig. 4).

The largest percentage of those who identified as Hispanic/Latino in 2009 noted their specific origin

**Figure 2—Population by Race/Ethnicity, 2009**



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

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**Table 1. Chicago Population by Race/Ethnicity and Year: Percentage Distributions, 1950 - 2010**

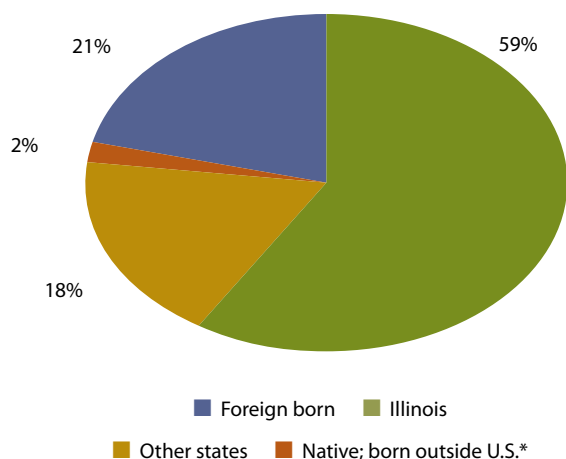
Year	Not Hispanic/Latino						Hispanic/Latino (of any race)
	White	Black	AI/AN	Asian/Pacific Islander	Other Race	Two or more races	
	%	%	%	%	%	%	%
1950	85.9%	14.1%	–	–	–	–	
1960	76.4%	22.9%	–	–	–	–	
1970	65.5%	32.7%	–	–	–	–	
1980	43.7%	39.5%	0.18%	2.4%	–	–	14.1%
1990	37.9%	38.6%	0.18%	3.5%	0.13%	–	19.6%
2000	31.3%	36.4%	0.15%	4.3%	0.15%	1.6%	26.0%
2004*	31.0%	35.9%	0.14%	4.6%	0.36%	0.67%	27.4%
2005*	30.3%	34.7%	0.14%	4.8%	0.34%	0.92%	28.8%
2006*	30.6%	35.0%	0.11%	4.9%	0.36%	0.81%	28.2%
2007*	30.9%	34.6%	0.16%	4.8%	0.32%	0.95%	28.2%
2008*	31.3%	34.2%	0.13%	4.9%	0.44%	1.0%	28.1%
2009*	33.3%	32.8%	0.10%	5.2%	0.20%	1.0%	27.3%
2010	31.4%	–	–	–	–	–	28.9%

Sources: Decennial Censuses, U.S. Department of Commerce, Bureau of the Census, 1950-2000, 2010; \*American Community Survey (ACS), 1-year population estimates, 2004-2009

ACS data are derived from a sample of the population rather than from the whole population. Decennial census data are based on the entire population. – race by Hispanic/Latino origin not available

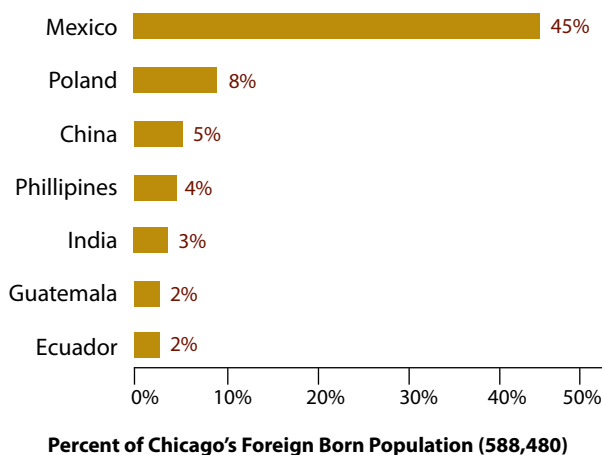
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**Figure 3—Place of Birth for Chicago Residents, 2009**



\*Native born people are U.S. citizens at birth. All other people are foreign born.  
 Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009  
 A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

**Figure 4—Select Countries of Birth of Foreign Born Chicago Residents, 2009**



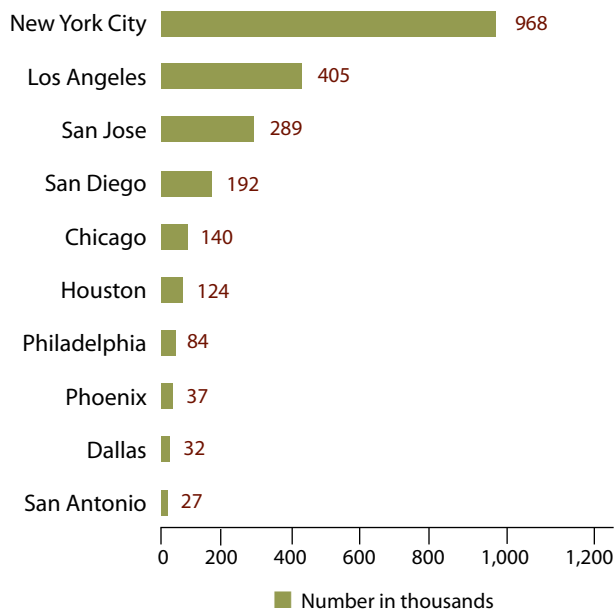
Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009  
 A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

as Mexico (73%), followed by Puerto Rico (14%) and Central America (4%). Sixty-two percent of Central Americans noted their specific origin as Guatemala.

Chicago has the third largest number of Puerto Ricans in the continental United States after New York City and Philadelphia.<sup>3</sup> Division Street in Humboldt Park remains a primary port of entry for new Puerto Rican migrants.<sup>4</sup> Chicago also has the fourth largest number of Mexicans in the United States. Community areas with significant Mexican populations are located on the Chicago's West Side, such as South Lawndale, Brighton Park, and Gage Park.

Chicago is a major center for Asian Americans: of the top 10 largest cities, Chicago ranks fifth in the number of Asians residents (fig. 5). Twenty-nine percent are Chinese, 18% Indian, 23% Filipino, and 8% Korean. The Devon Avenue corridor on the north side is one of the largest South Asian (Indian and Pakistani) neighborhoods/markets in North America.<sup>5</sup> Chicago is also an important locus of

**Figure 5—Asian Population of the Ten Largest U.S. Cities**



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2005–2009  
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**Table 2—Race/Ethnicity of Chicago's 77 Communities**

	<b>Community Area</b>	<b>Total Population</b>	<b>NH White</b>	<b>NH Black</b>	<b>Hispanic/Latino</b>	<b>NH Asian</b>
1	Rogers Park	56,125	38.2%	26.4%	25.7%	6.4%
2	West Ridge	71,915	47.3%	10.3%	19.0%	20.6%
3	Uptown	60,070	52.1%	18.9%	15.9%	11.0%
4	Lincoln Square	40,971	61.2%	4.7%	18.6%	13.0%
5	North Center	34,623	78.0%	2.3%	13.3%	3.9%
6	Lakeview	99,544	81.4%	3.4%	8.0%	6.0%
7	Lincoln Park	69,518	82.9%	4.9%	5.1%	5.5%
8	Near North Side	77,412	72.2%	12.9%	5.1%	8.2%
9	Edison Park	11,715	93.6%	0.0%	3.7%	1.7%
10	Norwood Park	41,097	80.5%	0.4%	13.5%	4.9%
11	Jefferson Park	28,812	70.3%	0.3%	19.9%	6.9%
12	Forest Glen	20,033	74.9%	1.6%	12.6%	10.1%
13	North Park	21,963	50.6%	2.0%	16.1%	27.7%
14	Albany Park	52,657	30.2%	4.3%	51.0%	12.7%
15	Portage Park	66,365	56.4%	1.5%	34.5%	5.2%
16	Irving Park	58,410	43.2%	3.5%	44.3%	7.2%
17	Dunning	44,664	73.2%	1.2%	20.6%	3.8%
18	Montclare	14,556	40.3%	2.2%	55.5%	1.4%
19	Belmont Cragin	81,448	18.6%	6.0%	72.4%	1.8%
20	Hermosa	26,060	10.1%	1.7%	84.9%	2.6%
21	Avondale	42,187	27.0%	2.5%	65.8%	3.2%
22	Logan Square	81,140	35.4%	6.7%	53.5%	3.1%
23	Humboldt Park	57,763	4.9%	41.1%	52.5%	0.4%
24	West Town	86,354	55.5%	9.2%	30.2%	3.6%
25	Austin	103,304	5.9%	84.7%	8.3%	0.4%
26	West Garfield Park	19,264	1.2%	95.6%	1.8%	0.2%
27	East Garfield Park	20,915	3.4%	93.1%	2.0%	0.5%
28	Near West Side	52,384	38.4%	40.2%	7.3%	11.7%
29	North Lawndale	36,243	1.8%	91.3%	5.5%	0.5%
30	South Lawndale	77,324	4.1%	13.5%	82.1%	0.1%
31	Lower West Side	37,477	13.7%	2.9%	81.8%	0.5%
32	Loop	20,006	68.6%	11.9%	3.9%	12.5%
33	Near South Side	16,657	43.4%	36.9%	4.8%	12.9%
34	Armour Square	13,735	16.5%	9.1%	3.7%	67.9%
35	Douglas	21,546	13.2%	77.4%	1.9%	7.1%
36	Oakland	5,098	3.2%	91.0%	2.7%	0.9%
37	Fuller Park	3,317	0.6%	97.4%	0.0%	0.3%
38	Grand Boulevard	21,777	3.6%	93.7%	1.1%	0.2%
39	Kenwood	17,870	16.6%	71.8%	2.9%	5.5%
40	Washington Park	12,271	0.2%	98.3%	1.0%	0.1%



**Table 2—Race/Ethnicity of Chicago’s 77 Communities** (continued)

	<b>Community Area</b>	<b>Total Population</b>	<b>NH White</b>	<b>NH Black</b>	<b>Hispanic/Latino</b>	<b>NH Asian</b>
41	Hyde Park	27,604	48.4%	33.4%	5.3%	11.1%
42	Woodlawn	23,410	5.0%	91.2%	1.4%	1.0%
43	South Shore	54,128	1.8%	94.8%	1.3%	0.3%
44	Chatham	36,584	0.6%	97.1%	0.3%	0.3%
45	Avalon Park	10,420	0.4%	98.1%	0.0%	0.3%
46	South Chicago	34,796	1.9%	71.6%	25.5%	0.1%
47	Burnside	4,138	2.0%	98.0%	0.0%	0.0%
48	Calumet Heights	16,431	0.5%	94.6%	4.3%	0.5%
49	Roseland	49,833	0.9%	97.2%	0.5%	0.1%
50	Pullman	7,900	8.4%	83.4%	8.1%	0.0%
51	South Deering	17,725	6.8%	61.6%	30.6%	0.1%
52	East Side	26,608	19.4%	2.3%	77.6%	0.3%
53	West Pullman	34,759	0.9%	94.3%	3.7%	0.5%
54	Riverdale	5,269	0.5%	97.7%	0.6%	1.2%
55	Hegewisch	10,880	48.9%	7.1%	43.3%	0.1%
56	Garfield Ridge	39,844	56.1%	7.5%	33.5%	2.3%
57	Archer Heights	12,315	30.1%	1.4%	67.8%	0.0%
58	Brighton Park	45,387	10.8%	1.1%	82.0%	5.5%
59	McKinley Park	16,192	22.9%	1.4%	61.1%	13.2%
60	Bridgeport	32,394	38.5%	0.8%	27.0%	32.4%
61	New City	47,011	13.3%	31.5%	53.2%	1.0%
62	West Elsdon	18,249	21.4%	1.9%	75.4%	0.7%
63	Gage Park	39,981	7.2%	5.7%	85.7%	0.4%
64	Clearing	24,483	57.7%	0.7%	40.5%	0.7%
65	West Lawn	33,310	22.1%	3.6%	72.8%	0.2%
66	Chicago Lawn	56,019	5.3%	56.0%	37.2%	0.5%
67	West Englewood	42,329	0.7%	96.4%	1.9%	0.1%
68	Englewood	35,186	0.6%	98.5%	0.4%	0.0%
69	Greater Grand Crossing	37,465	1.3%	97.4%	0.6%	0.1%
70	Ashburn	44,627	17.6%	49.2%	31.5%	0.8%
71	Auburn Gresham	55,258	0.4%	98.3%	0.7%	0.1%
72	Beverly	23,462	62.6%	31.9%	3.1%	0.5%
73	Washington Heights	28,246	0.7%	97.6%	0.4%	0.2%
74	Mount Greenwood	19,550	89.4%	4.7%	5.8%	0.0%
75	Morgan Park	29,199	37.2%	54.8%	5.4%	1.1%
76	O’Hare	35,567	75.4%	0.9%	16.2%	6.9%
77	Edgewater	57,846	57.0%	15.4%	13.7%	10.4%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2005–2009

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Palestinian (second largest number after New York) and Jordanian (third largest number after L.A.) immigrant communities in the United States.<sup>6</sup>

Although racially and ethnically diverse overall, Chicago's community areas are often dominated by a single racial/ethnic group. Table 2 shows that in 68 of 77 community areas, 50% of the population identifies with a single racial/ethnic group. Twenty-one community areas are predominantly white, 29 are predominantly black, 17 are predominantly Hispanic/Latino, and one is predominantly Asian.

Chicago's diverse population brings with it fluency in a variety of languages: over one-third of Chicago residents speak a language other than English at home (data not shown). Spanish is the most common language, followed by Polish. Of those who speak Spanish at home, almost 50% speak English less than very well. Sixty percent of Polish-speaking residents speak English less than very well (fig. 6).

### Age

Since 2000 there has been very little change in the overall distribution of Chicago's population by age

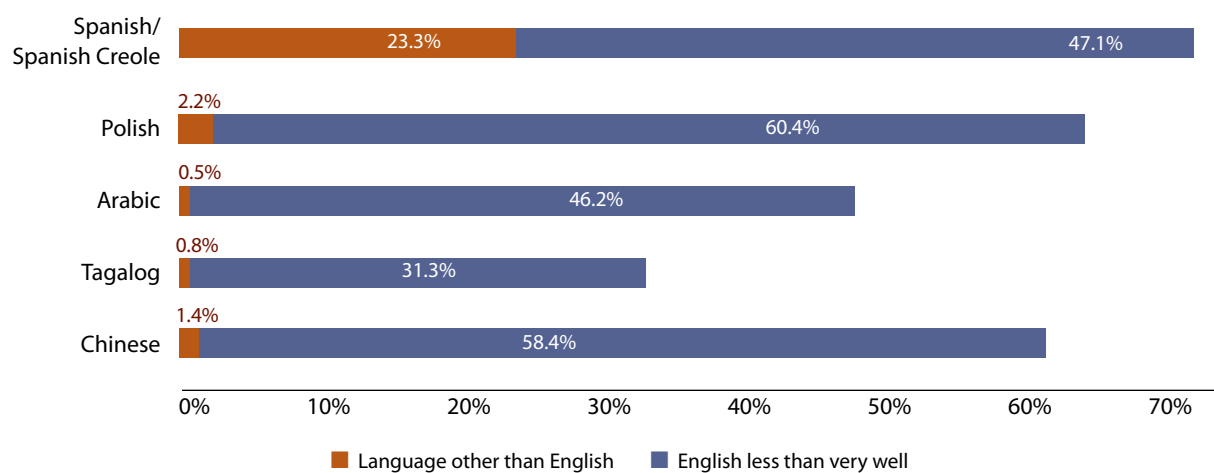
(fig. 7). Nearly 50% of Chicagoans are between the ages of 15 and 44. Between 2000 and 2010, the largest increase occurred among persons ages 45–64 (from 19% to 22%). The proportion of the population between ages 0–14 decreased slightly during this time period (22.2% to 19.2%).

### Housing

In 2010, 35% of all households in Chicago were occupied by a single individual (fig. 8). Fifty-five percent of all households were family households (the census defines a family household as one in which there is at least one person living in the home who is related by marriage, blood, or adoption to the head of the household). Of all households, 32% were "married couple" families, an arrangement in which the householder was living with a spouse.

Housing in Chicago is nearly evenly distributed between rental and owner-occupied units. This contrasts with the the rest of the state, in which the vast majority of housing units are owner-occupied (fig. 9).

**Figure 6—Top 5 Languages Other than English Spoken at Home and English Speaking Ability\*, 2009**

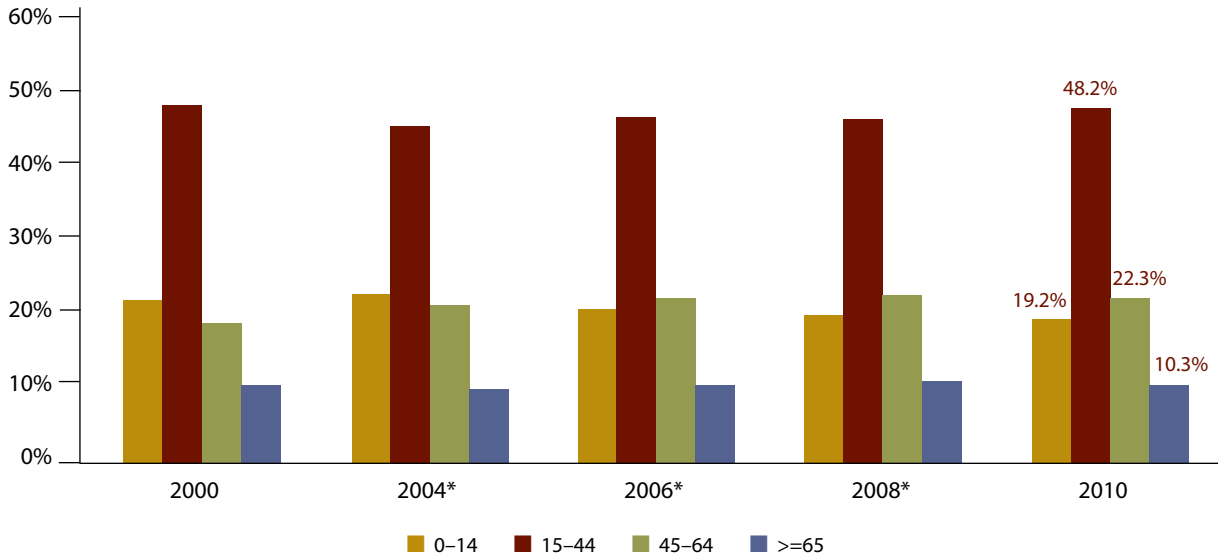


\*a subset of the population within each language category.

Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

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**Figure 7—Population Distribution by Age, 2000-2010**

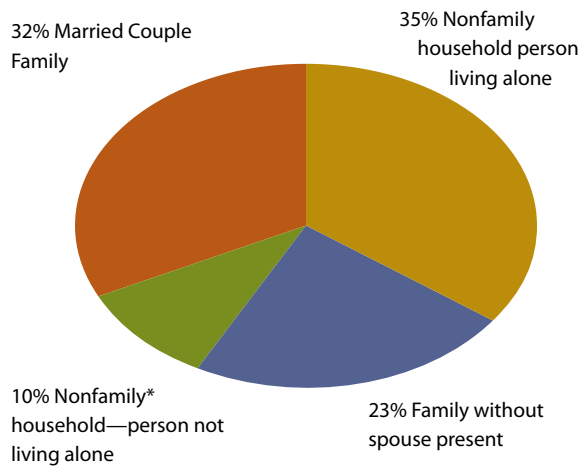


Sources: Decennial Censuses, U.S. Department of Commerce, Bureau of the Census, 2000, 2010

\*Annual Population Estimates Program, Population Division, US Bureau of the Census 2004-2008

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**Figure 8—Type of Household, 2010**

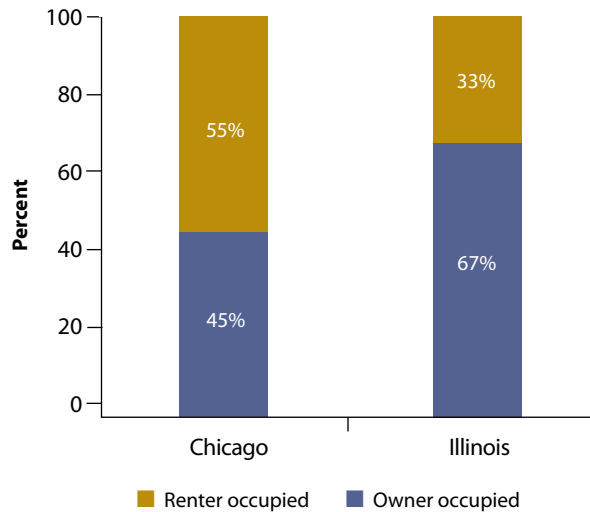


\*A nonfamily household consists of a householder living alone (a one-person household) or where the householder shares the home exclusively with people to whom he/she is not related.

Sources: Decennial Censuses, U.S. Department of Commerce, Bureau of the Census, 2010

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**Figure 9—Type of Occupancy of Chicago Housing Units, 2010**



Sources: Decennial Censuses, U.S. Department of Commerce, Bureau of the Census, 2010

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## Socioeconomic Status

Socioeconomic status is a measure of an individual’s or family’s economic and social position based on education, income, and occupation. It is such a strong predictor of health that an assessment of the health of Chicago would be incomplete without consideration of the socioeconomic status of its residents. This section will present data on measures related to socioeconomic status. These include measures of income (median family and median household income, and poverty levels), and measures associated with income status (educational level and employment levels).

## Education

Many research studies have found that a higher level of educational attainment is a strong predictor of access to economic and healthcare resources. The variation in educational attainment may contribute to the differences in access and utilization of health care among different social groups. Figure 10 shows that in 2009, males and females had approximately the same level of achievement at each education level. In 2009, there were racial/ethnic differences in the

educational attainment of Chicago residents (fig. 11). Twenty-three percent of Chicago residents had less than a high school diploma or GED. The percentage of Chicago adults with less than a high school diploma or GED was highest for Hispanics/Latinos (43%) and lowest among Whites (7%). The percentage of Black adults with some college or an associate’s degree was approximately two times higher than Hispanic/Latino and White adults.

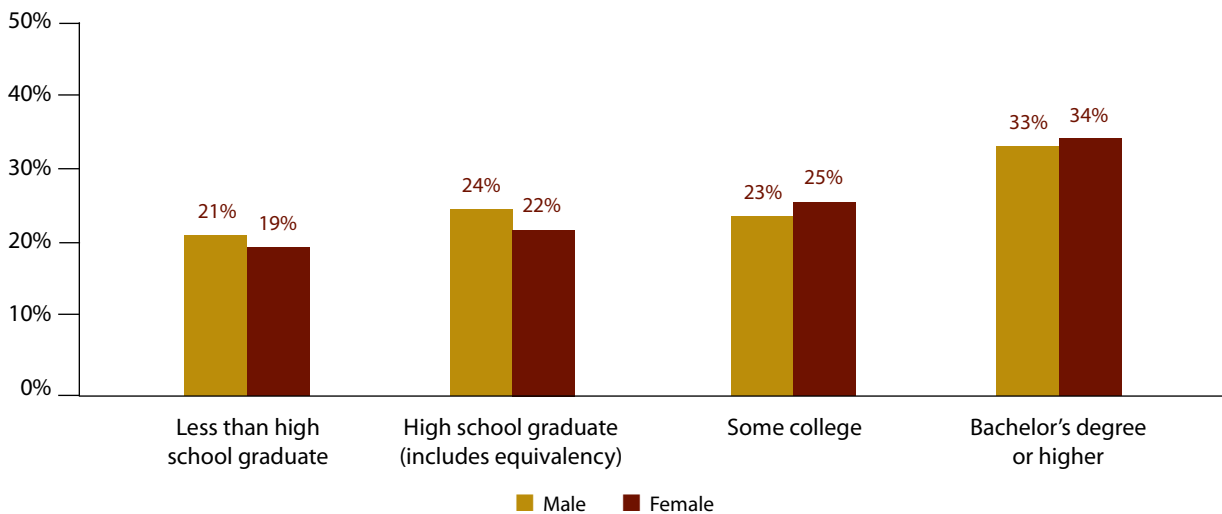
The percentage of White adults who had attained a bachelor’s degree or higher was three times higher than the percentage of Blacks and nearly five times higher than Hispanic/Latino adults. More than 50% of Asian adults in living in Chicago had a bachelor’s degree or higher.

## Employment

In 2009, 70% of males and 66% of females ages 16–64 were employed full time (fig. 12).

In 2009, 64% of the nondisabled population ages 18–64 was employed, compared with 19% of the disabled population (fig. 13).

**Figure 10—Educational Attainment by Gender, Chicago, 2009**

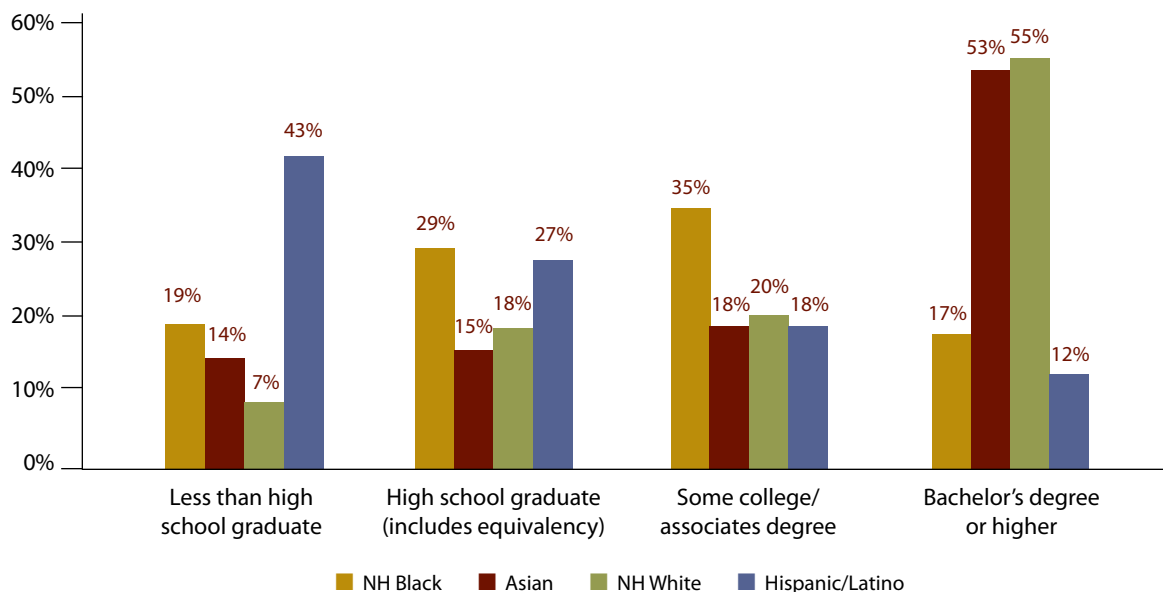


Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

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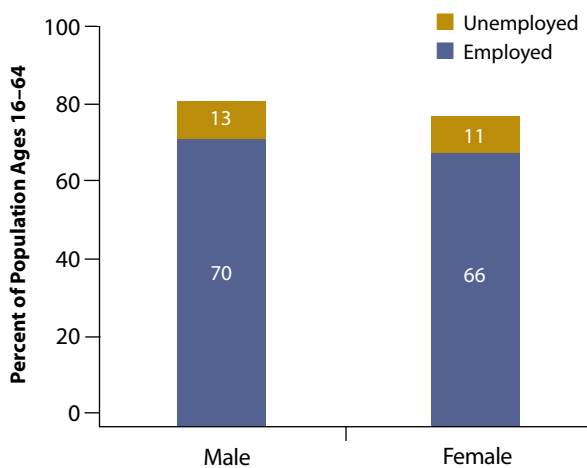
**Figure 11—Educational Attainment by Race/Ethnicity, Chicago, 2009**



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

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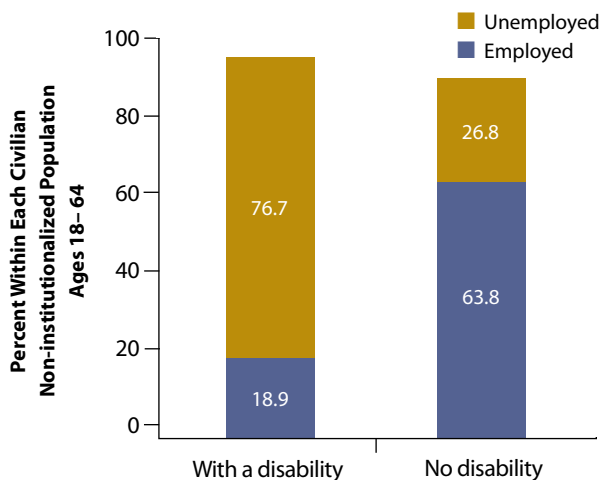
**Figure 12—Employment Status by Gender, 2009**



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

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**Figure 13—Employment Status by Disability, 2009**

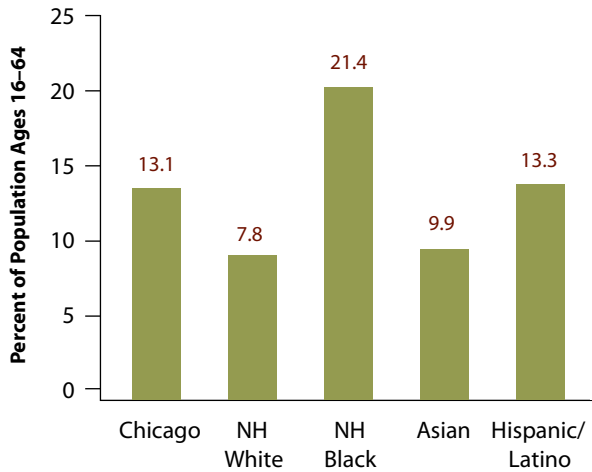


Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

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**Figure 14—Unemployment Rate by Race/Ethnicity, 2009**



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

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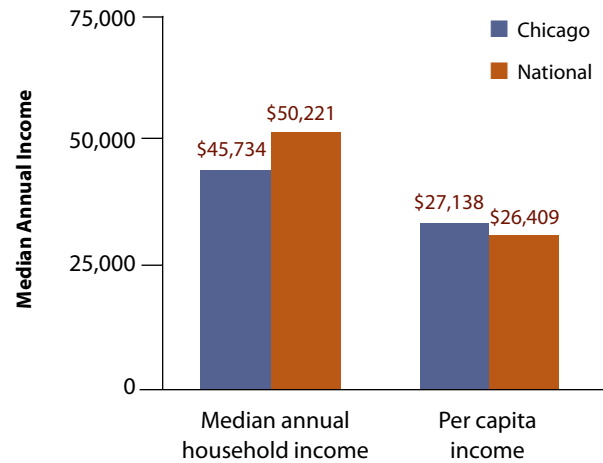
In 2009, Whites had a lower unemployment rate compared with residents other racial/ethnic groups (fig. 14). The unemployment rate among Blacks was almost three times the rate among Whites. The rate among Hispanics/Latinos was more than 1½ times the rate among White males.

### Income

In 2009, median annual household income for Chicago (\$45,734) was less than the national median household income (\$ 50,221) (fig. 15). The per capita household income (\$27,138) was greater than the national per capita household income (\$26,409) (for both indicators, the difference between Chicago and the U.S. is statistically significant).

Figure 16 illustrates the five-year trend in median annual household income. Between 2005 and 2009, the overall median annual household income of Chicago residents increased by 11% to \$45,734. Differences in the median annual household incomes were observed when stratified by race/ethnicity. White residents had a substantially higher median annual household income in comparison

**Figure 15—Median Annual Household Income, 2009**



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

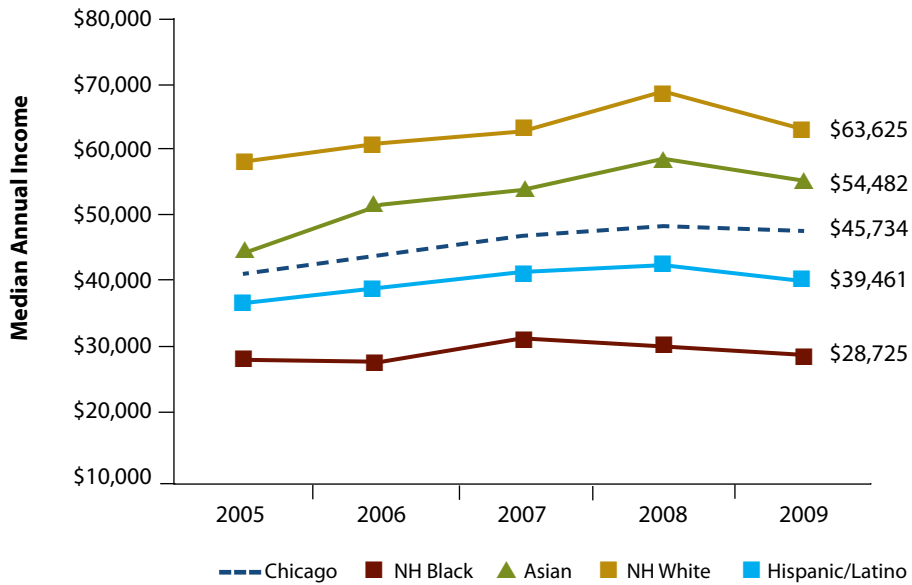
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to Asian, Black, and Hispanic/Latino residents. The median income for African American and Hispanic/Latino households is significantly lower than for the city as whole.

In 2009, the median annual household income for Asian residents was \$54,482; for Black residents \$28,725; for Hispanic/Latino residents \$39,461; and for White residents \$63,625. The decline in median household income across all racial/ethnic groups in 2009 can be attributed to the economic downturn.

A family household is defined as a household in which at least one other member of the household is related to the head of the house. Figure 17 shows the median annual family household income among Chicago residents. In 2009 it was \$52,101—an 11% increase from 2005. Substantial differences in annual median family household income were observed by race/ethnicity. In 2009, the median annual family household income for White residents was \$89,817, compared with \$66,122 for Asian, \$34,794 for Black, and \$40,149 for Hispanic/Latino families.

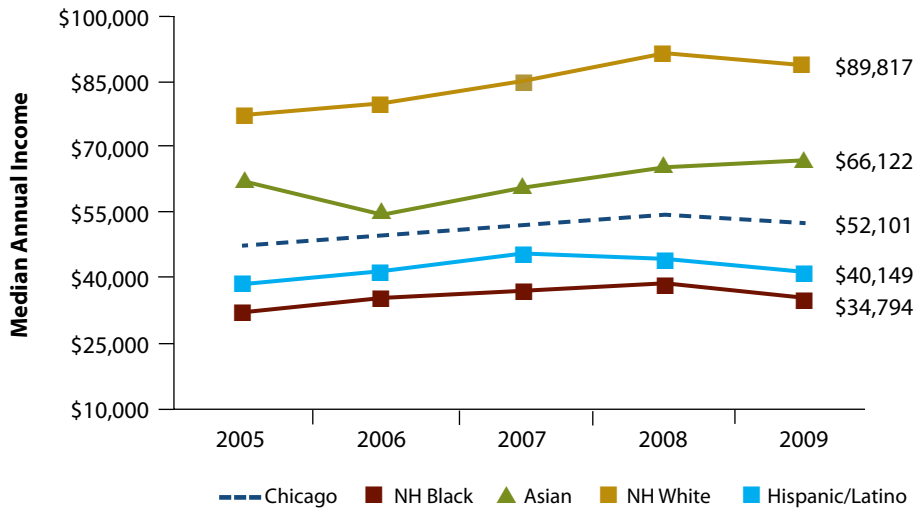
**Figure 16—Median Annual Household Income by Race/Ethnicity, 2005–2009**



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2005–2009.

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**Figure 17—Median Annual Family Income by Race/Ethnicity, 2005–2009**

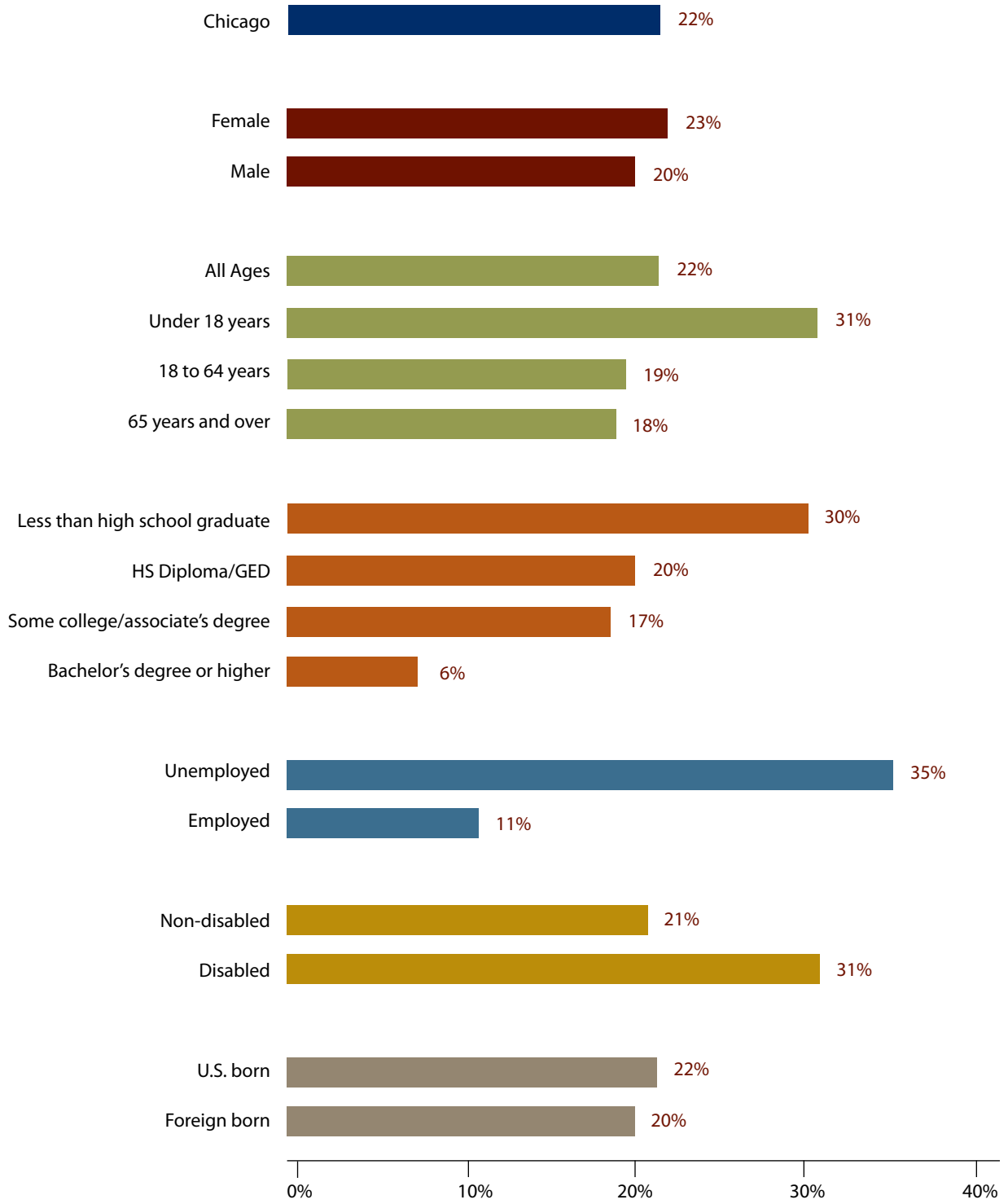


Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2005–2009.

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**Figure 18—Percent Below Poverty Level in the Past 12 Months, by Selected Characteristics, 2009**



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

## Poverty

Poverty and low living standards are powerful determinants of ill health and health inequity.<sup>7</sup> They have significant consequences for early childhood development and lifelong trajectories. In the U.S., low socioeconomic position means poor education, lack of amenities, unemployment, and job insecurity, poor working conditions, and unsafe neighborhoods, with their consequent impact on family life.

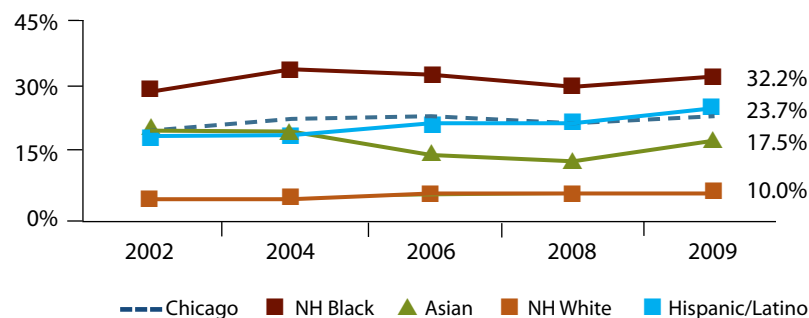
The U.S. Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family household or for an unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being below the poverty level.<sup>8</sup> The official poverty thresholds do not vary geographically, but they are updated yearly for inflation using the consumer price index (CPI-U).

Figure 18 shows the characteristics of Chicago residents living below the poverty line. In 2009, 22% of Chicago residents had an income that fell below the poverty line. With regard to education attainment level, a higher percentage of residents over the age of 25 with less than a high school

diploma lived below the poverty level, compared with residents with a bachelor's degree or higher. A higher percentage of unemployed residents lived below the poverty level in comparison to employed residents. A higher percentage of disabled Chicago residents reported living below the poverty level in comparison to nondisabled residents. The percentage of residents living in poverty was highest among residents under age 18 and lowest among residents ages 65 and older. The percentages of residents living in poverty were fairly similar with respect to place of birth and gender.

The percentage of individuals living below the poverty level has remained fairly constant since 2002 for Chicago overall (Figure 19). However, there have been fluctuations in the percentage of the population living in poverty for Black, Asian and Hispanic/Latino residents. From 2002–2009, the highest percentage of residents living in poverty have been Blacks. During this period, the percentage of Asians living in poverty had been steadily declining until 2009, when it increased 26% (from 13.9% in 2008 to 17.5% in 2009). The percentage of Hispanics/Latinos living in poverty has been increasing incrementally since 2004.

**Figure 19—Population with Income Below Poverty Level by Race/Ethnicity, 2002–2009**

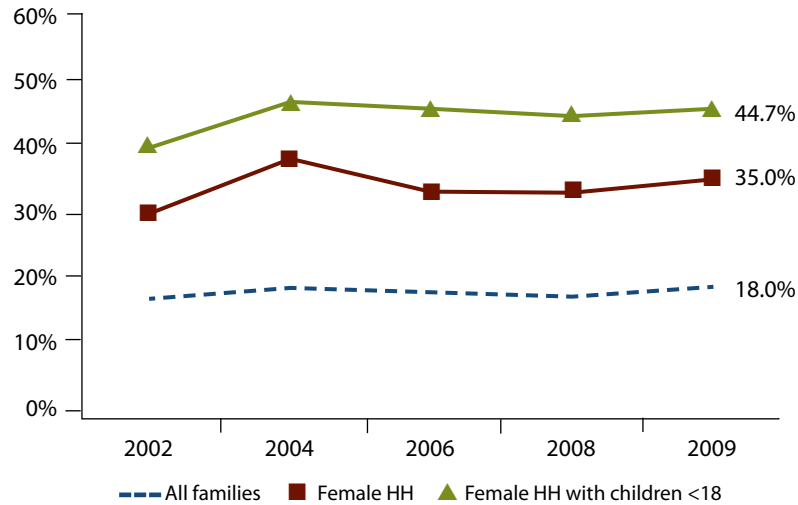


Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2002–2009

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**Figure 20—Families with Income Below Poverty Level by Family Type, 2002–2009**



Source: U.S. Census Bureau, *American Community Survey 1-Year Estimates, 2002–2009*

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Since 2002, the percentage of all families with income below the poverty level has remained below 20% (fig. 20). The percentage of female-headed households with children under age 18 with income below the poverty level increased 13% from 39.3% in 2002 to 44.7% in 2009.

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# Childhood Overweight and Obesity

## Overview

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### **What is obesity and how is it measured?**

*Obesity is defined as excess body fat. Because body fat is difficult to measure directly, obesity is often measured by body mass index (BMI). BMI is calculated using an individual's height and weight. For adolescents, a BMI-for-age-and-sex percentile is determined to account for changes that occur during growth and development. Children and adolescents with a BMI between the 85th and 94th percentiles are generally considered overweight and those with a BMI at or above the 95th percentile for children of the same age and gender are typically considered obese.<sup>1</sup>*





## **Impact of Childhood Obesity: Prevalence and Trends**

### **U.S.**

Currently, approximately one-third (31.7%) of American children ages 2–19 are overweight or obese.<sup>2</sup> According to prevalence estimates derived from the National Health and Nutrition Examination Survey (NHANES), childhood and adolescent obesity has more than tripled among children and adolescents between the survey periods 1976–1980 and 2007–2008 (rising from 5% to 17%).<sup>3</sup> Older children, males, and racial and ethnic minorities are disproportionately affected.<sup>4</sup>

The consequences of childhood and adolescent obesity on long-term health are serious. Obese children and adolescents have an increased risk of type 2 diabetes mellitus, asthma, and heart disease.<sup>5–7</sup> In addition to the physical health consequences, severely obese children report a lower health-related quality of life (a measure of their physical, emotional, educational, and social well-being). They may also experience more mental health and psychological issues such as depression and low self-esteem.<sup>8,9</sup> Excess weight is also costly during childhood, estimated at \$3 billion per year in direct medical costs.<sup>10</sup>

### **Chicago**

Obesity is commonly recognized as a foremost public health crisis in Chicago. According to data from the Consortium to Lower Obesity in Chicago Children (CLOCC), the rate of obesity among Chicago children ages 3–7 is more than twice the national average for children of similar ages.<sup>11</sup> For example, the national rate of obesity for children ages 2–5 years is 10.4%, compared with 22% for Chicago children ages 3–7. The national rate of obesity for children ages 6–11 years is 19%, while Chicago's rate for children ages 10–13 years is 28% (1½ times as high). Additionally, children in some Chicago communities are overweight at three to four times the national average.

Chicago monitors critical health-related behaviors such as diet and physical activity among middle and high school students through annual administration of the Youth Risk Behavior Survey (YRBS).<sup>12</sup> YRBS collects data on health-risk behaviors among 9th to 12th grade students in the United States, including behaviors that contribute to injuries and violence; alcohol or other drug use; tobacco use; sexual risk behaviors; unhealthy dietary behaviors; and physical inactivity. YRBS also measures the prevalence of obesity and asthma among youth and young adults.

2009 YRBS results for Chicago high school students are as follows:

Figure 1 shows that the prevalence of overweight among high school students in Chicago is significantly higher than for the rest of the nation (21% vs. 16%). Also, a higher percentage of high school students in Chicago are obese relative to the U.S. overall. However, this difference is not statistically significant.

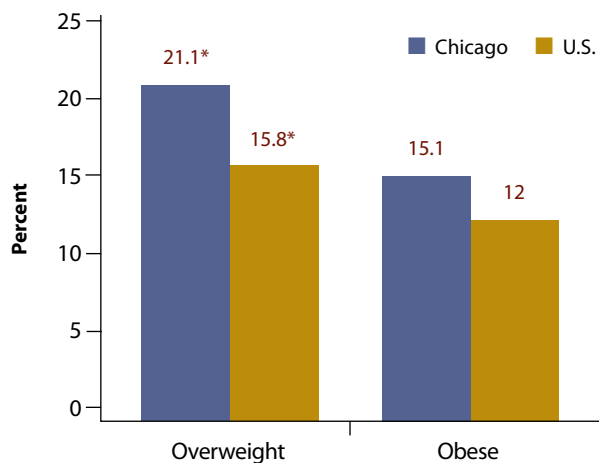
There are significant racial and ethnic disparities in overweight prevalence among Chicago high school students, with Blacks and Hispanics/Latinos having higher rates relative to Whites (fig. 2). Obesity rates varied significantly by gender but not race: 18.1% of males were obese compared with 11.7% of females (data not shown).

Compared to the U.S. overall, a higher percentage of Chicago high school students do not eat green salad, fruit, and other vegetables (fig. 3). These results potentially indicate the presence of food deserts and highlight the need for better nutrition in school-based meals.

Even a school environment with a captive population struggles to promote physical activity. As shown in figure 4, 40% of Chicago high school students did not attend physical education (PE) classes in an average week and nearly 50% did not play on a sports team. These results also may

**Figure 1—Prevalence of Overweight and Obesity Among High School Students**  
Chicago and the U.S., 2009

Chicago and the U.S., 2009

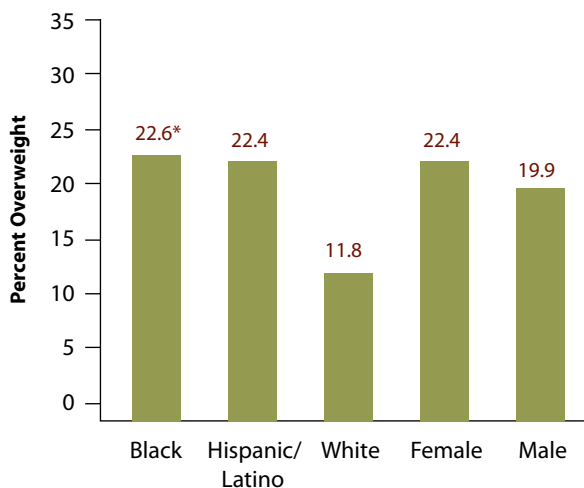


\* Difference is statistically significant,  $p < 0.001$

Source: CDC Youth Risk Behavior Survey, 2009

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**Figure 2—Overweight Prevalence Among Chicago High School Students, by Sex and Race/Ethnicity, 2009**

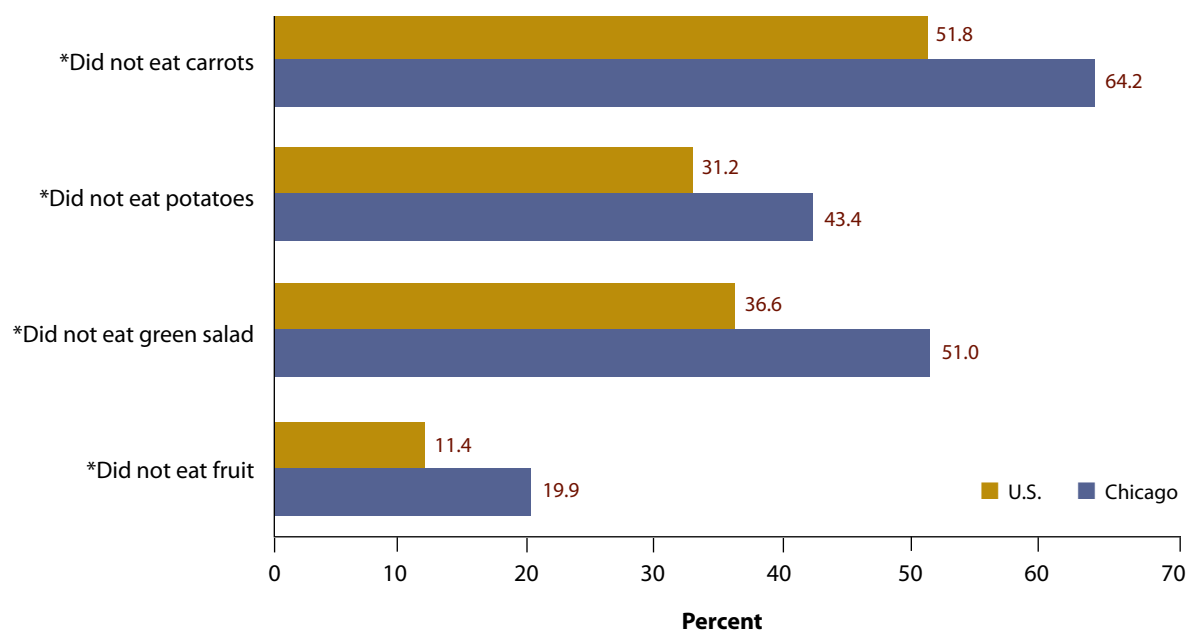


\*  $p < 0.01$ , significantly different compared to whites

Source: CDC Youth Risk Behavior Survey, 2009

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**Figure 3—Dietary Behaviors<sup>^</sup> Among High School Students**  
Chicago and the U.S., 2009



\* All differences are statistically significant,  $p < 0.001$ ; <sup>^</sup> During the 7 days prior to the survey; Source: CDC Youth Risk Behavior Survey, 2009

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indicate a lack of safe places in the community to exercise and play sports.

Compared with male students, female students of all races are less likely to exercise for at least one hour per day, five days a week (fig. 5).

### Prevalence of Childhood Obesity in Six Chicago Community Areas<sup>13</sup>

To document childhood obesity at the community level, Steve Whitman and colleagues from the Sinai Urban Health Institute in Chicago developed the Sinai Improving Community Health Survey. The survey was conducted via face-to-face interviews with people living in six racially and ethnically diverse Chicago communities during 2002 and 2003. Humboldt Park and West Town are predominantly

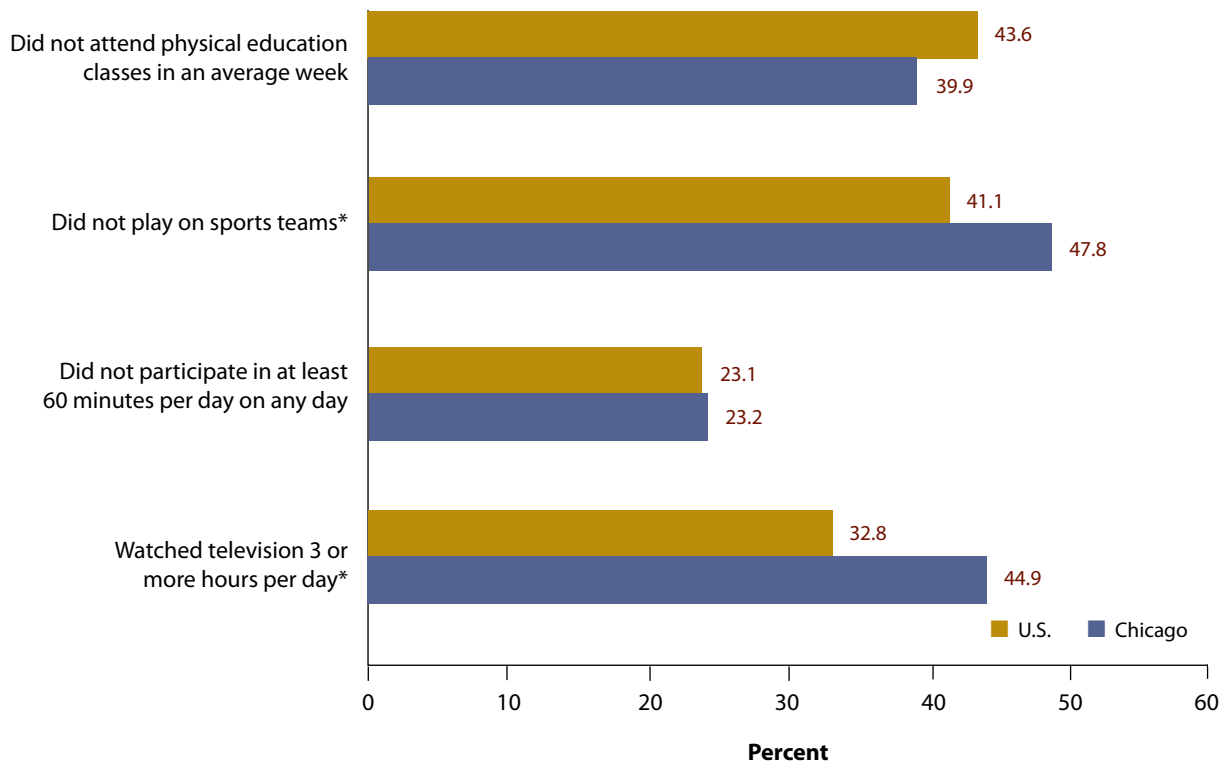
Hispanic/Latino and contain the largest population of Puerto Ricans in Chicago. North Lawndale and Roseland are predominantly African American communities. Norwood Park is a non-Hispanic/Latino White community, and South Lawndale is a mostly Mexican immigrant community adjacent to North Lawndale.

Figure 6 presents the proportion of children ages 2–12 years who had a BMI for age greater than or equal to the 95th percentile. Nearly half of the children in five of the six Chicago community areas were obese, compared with 16.8% of children nationally.

### Community Perceptions

To understand how communities view childhood obesity, we conducted key informant interviews with

**Figure 4—Physical Activity<sup>^</sup> Among High School Students Chicago and the U.S., 2009**

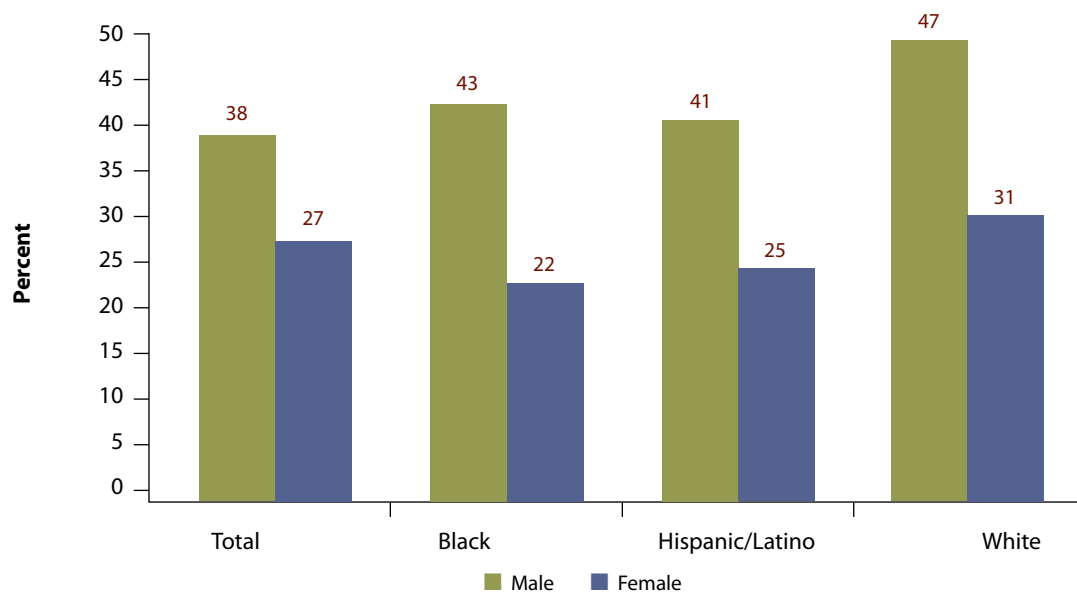


\* Significant,  $p < 0.01$ ; <sup>^</sup> During the 7 days prior to the survey

Source: CDC Youth Risk Behavior Survey, 2009

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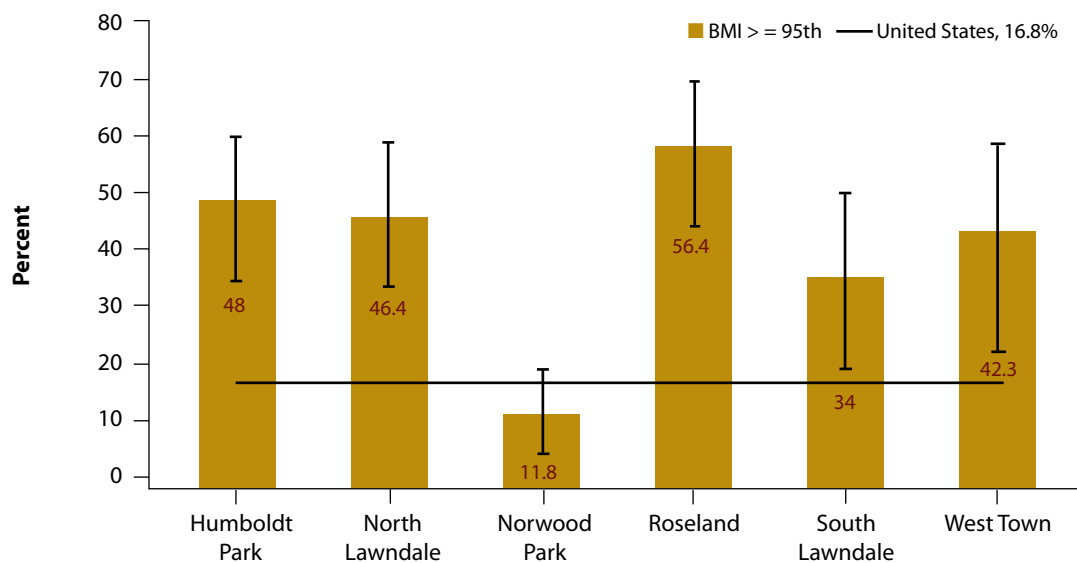
**Figure 5—Chicago High School Students Who Get At Least One Hour of Exercise, 5 days a week, by Race/Ethnicity and Gender**



Source: CDC Youth Risk Behavior Survey, 2009

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**Figure 6—Prevalence of obesity (BMI for age  $\geq$  95th percentile) among children ages 2–12 years in six Chicago communities compared with the U.S.**



Source: Margellos-Anast H, Shah AM, Whitman S. Prevalence of obesity among children in six Chicago communities: findings from a health survey. *Public Health Reports*. 2008;123(2):117.

The U.S. prevalence is a weighted estimate from the national Health and Nutrition Examination Survey 2003–2004 obesity data for children aged 2–5 years (13.9%) and 6–11 years (18.9%).

BMI = body mass index

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multiple stakeholders from four community areas (Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham). Questions were designed to elicit stakeholder perceptions regarding the frequency and impact of childhood obesity, and the types of resources and assets available to combat childhood obesity. Key informants included aldermen, school administrators, community health center directors, faith-based leaders, and directors of other community-based organizations. Between three and six interviews per community area were completed.

**Albany Park** Respondents reported that childhood obesity is common in Albany Park; however, perspectives throughout the community are strongly influenced by culture—what one culture views as a healthy weight, another culture views as overweight or obese. Respondents did not know of any major childhood obesity prevention initiatives under way in Albany Park. Two organizations that educate residents about the importance of eating a healthy diet and being physically active include Albany Park Community Center (through its Head Start program) and Heartland Health Center–Lincoln Square.

**Chicago Lawn** Respondents did not know the prevalence of childhood obesity in their community but stated that it is a major issue. Barriers to maintaining a healthy weight include a lack of nutritious school lunches. Because there are few grocery stores in Chicago Lawn, many residents do a large part of their shopping in corner stores. Peapod, a mobile grocer that provides access to fresh produce, has recently started service in Chicago Lawn. There are also few places for children to exercise safely, due to gang violence. In addition, many primary care physicians in the community do not have time to educate patients about the importance of good nutrition.

To incentivize residents to buy more produce rather than convenience foods, one respondent suggested increasing the dollar amount on the LINK card for fresh fruits and vegetables. More opportunities for youth to be physically active are also needed, such as programs offered by the Chicago Park District.

**South Lawndale** Childhood obesity is reported as very common in South Lawndale and as having a major impact on the community. However, there are many different resources available in the community to promote physical activity and increase access to nutritious foods. Physical fitness resources include B-Ball on the Block, dance classes at Little Village Community Council, extended after-school hours at school gyms, churches with open gyms, fitness facilities at Lawndale Christian Health Center, and free aerobics and dance classes through the park district. Nutrition classes are offered at Lawndale Christian Health Center. Family Focus, in partnership with Mount Sinai Hospital, also offers nutrition classes.

Despite having a wide variety of resources available, respondents listed several factors that compromise residents' ability to take advantage of these resources, including domestic violence, unemployment, living on welfare, the inability to receive citizenship, and gang violence. According to one respondent, *"There may be grocery stores, restaurants, doctors, the clinic, etc. But people are going to be like, 'I'm not going there this week because there was a shootout there two days ago.'"*

**Auburn Gresham** Respondents perceive childhood obesity to be somewhat or very common. At Perspectives Charter School, approximately one in five children (20%) are obese. The high rate of obesity at Perspectives was one of the factors that made them eligible to receive funding for the Elev8 initiative.<sup>14</sup>

When asked about the impact of youth obesity within the community, one respondent stated, *"This is the first era where parents will be burying their children."* Respondents reported that the rise in childhood obesity can be attributed to an increase in video games, a lack of regular physical activity in the schools, and the fear of violence in the community. Lacking access to primary care is also believed to have contributed to the high rate of obesity and other chronic illnesses in Auburn Gresham. Prior

to the opening of an ACCESS school-based health center at Perspectives Charter Middle School, some residents hadn't seen a physician in 5– 10 years.

When it comes to eating a healthy diet, residents often lack the skills and education needed to make healthy food selections. For example, a year after the opening of Food 4 Less, a major chain grocery store, two of the top-selling items were whole fat milk and butter, in part because *"residents who had been here 40 plus years didn't know any better, didn't know any difference, and purchased all of these things."* In response the community implemented an initiative to work with Food 4 Less to promote the sale of healthier items that residents will purchase instead. Respondents also mentioned ongoing local efforts to advocate for healthier school lunches in Chicago Public Schools.

The Elev8 initiative at Perspectives has created several after-school programs to promote physical activity among youth, including after-school martial arts and dance classes offered at Perspectives. The health center at YMCA was also mentioned as a valuable resource to the community.

### **Community Health Assets to Address Childhood Obesity**

Community health asset mapping involves locating and cataloging the resources of a community—in this case as they relate to creating and maintaining a healthy place to live. This information can be used to analyze whether there are unrecognized assets from which the community can draw for particular strategic issues, and whether all segments of the community can access its resources.

Community asset maps were created for four Chicago community areas: Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham. These maps show community assets that can prevent childhood obesity by promoting healthy eating and physical activity, such as farmers markets, supermarkets, parks and recreation centers, and bike paths. Mapping these assets on street maps allows

communities to identify areas where resources are lacking, whether they are clustered or concentrated in specific geographic areas, and whether they are accessible to all residents (see pages 36–39 for maps).

### **CDC Strategies and Solutions for addressing childhood obesity<sup>15</sup>**

Although there is no single or simple solution to the childhood obesity epidemic, the CDC proposes steps that communities can take to make it easier to engage in physical activity and to eat a healthy diet. These steps are listed in the chart on page 32.

### **Childhood Overweight and Obesity Prevention Initiatives in Chicago**

#### **Chicago Department of Public Health**

In the fall of 2010, The Consortium to Lower Obesity in Chicago Children (CLOCC) was awarded \$5.8 million in federal health reform funds to fight childhood obesity in Chicago. CLOCC and CDPH will launch Healthy Places, a citywide initiative that will focus on policy, systems, and environmental change to support healthy eating and physical activity throughout the city.

The funds will be used to implement sustainable policies and environmental changes that address obesity in Chicago by creating healthier environments where Chicagoans live, work, learn, and play. The Healthy Places project, involves governmental and community partners from across Chicago.

Healthy Places is funded through September 2012 with a \$5.8 million award from the U.S. Department of Health and Human Services through the Centers for Disease Control and Prevention as part of its nationwide Communities Putting Prevention to Work initiative. Areas of focus for Healthy Places include food access, school wellness policy, safe walking and biking, and breastfeeding support.

A total of \$800,000 will be awarded to organizations throughout Chicago for community interventions that



Location	Steps to Help Prevent and Decrease Overweight and Obesity
Schools	Ensure that the school breakfast and lunch programs meet nutrition standards Provide food options that are low in fat, calories, and added sugars Increase access to free drinking water and limit the sale of sugar drinks in schools by establishing school wellness and nutrition policies Enroll elementary, middle, and high schools in USDA's Team Nutrition program and apply for certification through the HealthierUS School Challenge Put salad bars in schools Expand programs that bring local fruits and vegetables to schools Provide all children, from prekindergarten through grade 12, with quality daily physical education Support quality daily physical education in schools and daily physical activity in child care facilities
Work Place	Create more opportunities for physical activity at work sites Support breastfeeding in hospitals and the workplace
Community	Assess retail food environment to better understand the current landscape and differences in accessibility to healthier foods Provide incentives to existing supermarkets and farmers' markets to establish their businesses in low-income areas or to sell healthier foods Encourage the food industry to provide reasonable food and beverage portion sizes Encourage food outlets to increase the availability of low-calorie, nutritious food items Adopt standards for child care licensing that reduce the availability of less healthy foods and sugar drinks, and limit screen time Create and maintain safe neighborhoods for physical activity and improve access to parks and playground

Source: CDC <http://www.cdc.gov/obesity/causes/index.html>

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will help connect neighborhoods to citywide change and support initiatives at the community level.

These funds will be used to support initiatives that aim to:

- Improve access to healthy food and safe opportunities for physical activity at the city and neighborhood level
- Employ policy and environmental change strategies to improve safe access to the city's parks, increase retail options available for healthy food purchasing, and help develop tools to integrate urban agriculture and other forms

of food production into city and open-space planning across the city, which will ensure equal access to healthy foods for all Chicagoans

- Implement a public media campaign that will encourage Chicago residents to make healthier choices in conjunction with the environmental changes that will facilitate such choices

In addition to the CDC cooperative grant, the department launched its Let's Move Chicago! obesity prevention plan at the beginning of 2011. Let's Move Chicago! will focus on five main pillars: (1) early childhood, (2) empowering parents and caregivers,



(3) healthier food in schools, (4) improving access to healthy, affordable food, and (5) increasing physical activity.

In addition to the department's efforts, many city/sister agencies and community organizations are engaged with activities to reduce the prevalence of childhood overweight and obesity.

### **Summer Nutrition Program**

The Summer Food Nutrition Program is a federally funded program administered jointly through the Illinois State Board of Education (ISBE) and the Department of Family and Support Services (DFSS) to provide breakfasts, snacks and lunches for children ages 0–18 in Chicago. The program begins operations in May of each year and run through August.

The city of Chicago has participated in the Summer Nutrition Program for over 40 years. Currently the Department of Family and Support Services (DFSS) administers and oversees the program. Last year, the city provided over a million meals to children at over 400 sites throughout the city. Sites include community-based organizations, churches, parks, and public housing locations. Depending on the site, children receive breakfast, lunch, supper, an afternoon snack, or some combination thereof. Meals are tailored to reflect the cultural diversity of the children served.

### **Chicago Public Schools**

Chicago Public Schools (CPS) has been instrumental and continues to play an important role in the fight against childhood obesity. Each day, its Nutrition Support Services Department serves over 77,000 school breakfasts and 280,000 school lunches. Approximately 86% of CPS students qualify for free or reduced-price school meals.

Programs/initiatives focused on improving the healthfulness of meals served in the schools include the following:

### ***Go for the Gold Campaign***

The Go for the Gold campaign is a citywide initiative to ensure that all kids at Chicago Public Schools have access to healthy food, quality nutrition education, and physical activity. Go for the Gold is Chicago's answer to First Lady Michelle Obama's Let's Move campaign, a national movement to reverse childhood obesity in a generation.

A key component of Let's Move is the HealthierUS School Challenge, a USDA program that sets high standards for school food, nutrition education and physical activity. Schools have the opportunity to become certified as Bronze, Silver, Gold, or Gold of Distinction Schools, depending on meeting certain criteria. The goal of Go for the Gold is to help schools meet the HealthierUS School Challenge. In Chicago, Healthy Schools Campaign (HSC), USDA Midwest, and Illinois State Board of Education are supporting Chicago Public Schools in meeting this challenge. Examples of Go for the Gold programs and accomplishments are provided below.

#### *New nutritional standards for school-based meals*

Chicago Public Schools recently became the first major school district in the nation to adopt the HealthierUS Gold Standard for all school meals beginning in the 2010–2011 school year. The new nutritional standards are as follows:

- While vegetables are already offered daily, CPS will now offer a different vegetable everyday, increase dark green, orange, and other dark vegetables, and limit starchy vegetables.
- Where occasional whole grains are offered, they will now be served every day at lunch, and there will be a 25% whole grain requirement at breakfast.
- No breakfast items containing “dessert or candy-type” ingredients or flavors will be offered.
- Only reduced-fat salad dressings and mayonnaise will be offered.
- A fiber requirement of 7 grams on average weekly for breakfast and minimum of 3 grams averaged



daily at lunch will replace the current lack of fiber requirement.

- CPS has set a goal of reducing sodium by 5% annually. (Currently, no sodium is added during meal preparation.)

Further, there will now be limits on 100% juice at breakfast and increased serving of canned or frozen fruit in natural juices or light syrup. There will be a preference given to locally grown and processed fruit and vegetables when economically feasible.

CPS already does not permit trans fats and deep-fat frying, prohibitions that will be continued under the new standards. Treats must meet specific snack guidelines and will be offered only once a week vs. the current practice of three times per week.

#### *Salad Bars*

The United Fresh Produce Association Foundation and Chiquita Brands International recently joined forces with Chicago Public Schools to provide 10 salad bars as part of a larger effort to expand salad bars into 110 CPS schools by the end of 2011. This partnership is part of the Let's Move Salad Bars to Schools initiative. Other partners include the Chicago Community Trust, Blue Cross and Blue Shield of Illinois, and Dominick's.

#### *Chef in the Classroom*

Local chefs provide cooking demonstrations, veggie tastings and healthy eating lessons to children at schools across Chicago. Afterward, chefs join school principals at a special luncheon to discuss ways they can continue to support the schools' healthy eating and food education efforts. In addition to being a program of Go for the Gold, Chef in the Classroom is also part of the *Chefs Move to Schools* Chicago initiative. Chef in the Classroom is presented by Healthy Schools Campaign and the Office of Minority Health, U.S. Department of Health and Human Services, in partnership with Purple Asparagus, Real Men Cook, Seven Generations Ahead and the USDA.

#### ***Universal Breakfast Program***

Breakfast in the Classroom is a federally funded initiative aimed at giving kids from low-income families a healthier start to their day. Participating students and teachers can enjoy a nutritious breakfast during the first 10 minutes of the school day in their classrooms. The program is free to all students, regardless of whether they qualify for free, reduced-price, or paid lunches. Breakfast in the Classroom was first implemented in 2007 and today is offered in 199 CPS district schools. In January 2011, the Chicago Board of Education passed a blanket mandate requiring free breakfast to be served in all elementary school classrooms (an additional 299 schools).

Other Go for the Gold Programs can be found at <http://www.goforthegoldcps.org/resources/index.php#physact>.

CPS recognizes the overall importance of physical activity in the fight against obesity. Go for the Gold programs/initiatives focused on improving physical activity within and after school include the following:

#### *Chicago Run*

Chicago Run is a nonprofit organization that operates and supports running programs for children and youth in Chicago. In partnership with CPS, the Chicago Runners program is "up and running" in 30 schools, inspiring children in largely underserved communities to improve fitness and self-esteem through 15-minute organized runs three times per week, as well as digital learning through our virtual marathon database and lesson plans for teachers that align with the Illinois Performance Standards. Designed for middle schools, Chicago Running Mates is an after-school program that meets three times a week to prepare kids to run in a local 5K or 8K race. This program is unique because it trains kids from different schools together, thereby breaking down racial and cultural stereotypes and forging friendships that might not otherwise be formed.

### *Urban Initiatives*

Urban Initiatives is a nonprofit organization that runs a health and education soccer program, called the Work to Play Program, in the Chicago Public Schools (CPS). Urban Initiatives works with schools, teachers, and parents to boost the physical fitness, health education, academic performance, and character development of children from Chicago's underserved communities by actively engaging them in safe and structured extracurricular activities through soccer programs, field trips, and cultural outings. In the Work to Play Program, students strive for excellence in the classroom as well as on the soccer field. The goal is to develop the student by using the soccer program as an incentive to convince the students of the connection between their education and personal growth. The program also provides some nutrition training. This program is not free to schools; there is a buy-in per year.

### *Recess*

CPS encourages its elementary schools to incorporate recess into their instructional day. A recess task force has been formed, in partnership with the Healthy Schools Campaign, to offer guidance for elementary schools that wish to provide recess for their students.

### **School Health Profiles**

The School Health Profiles (Profiles) is a system of surveys assessing school health policies and programs in states, territories, and large urban school districts. Profiles surveys are conducted biennially among representative samples of middle and high school principals and leading health education teachers. Profiles monitors the current status of:

- School health education requirements and content
- Physical education requirements
- School health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition
- Asthma management activities

- Family and community involvement in school health programs

In 2008, 47 states, 20 cities (including Chicago), and four territories obtained weighed data. 2008 results for Chicago schools are as follows:

#### PE and physical activity

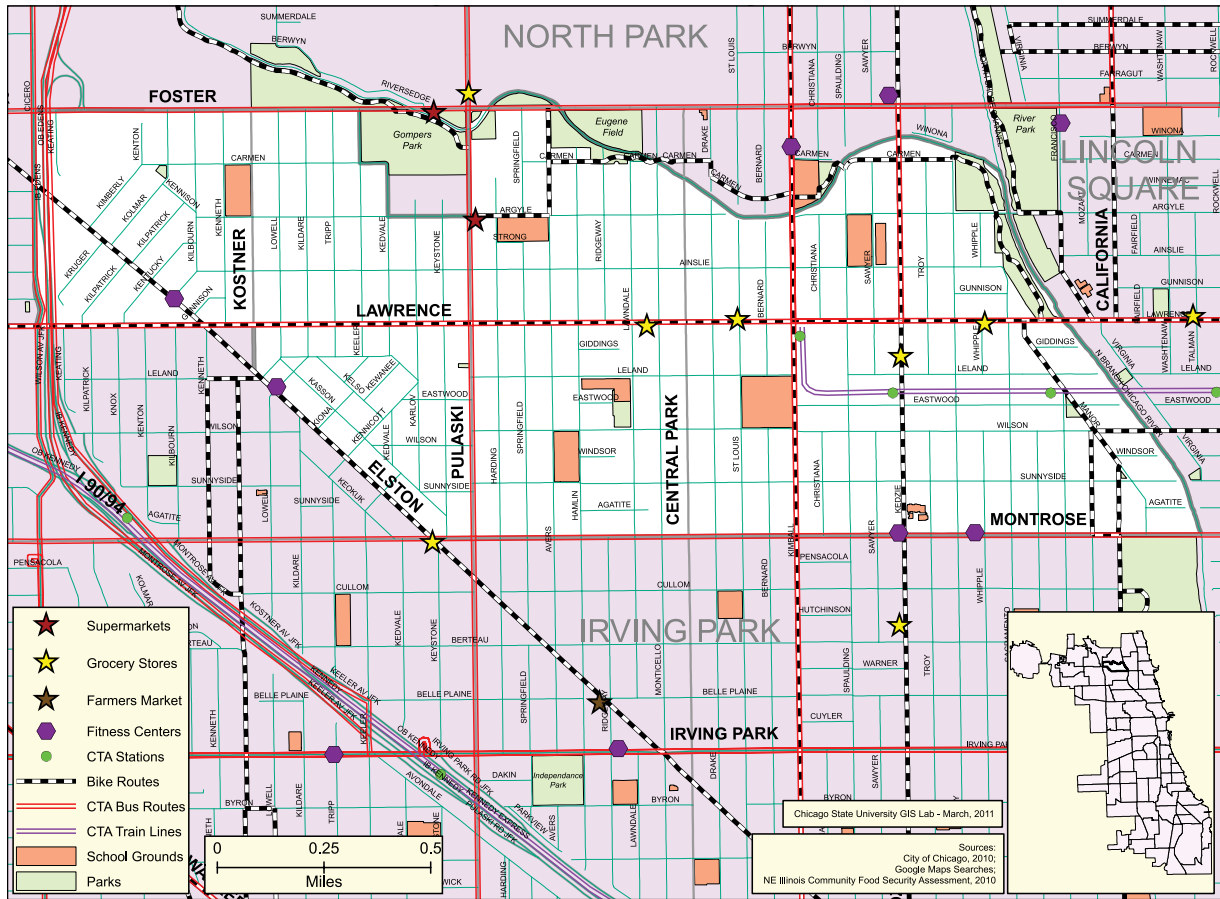
- 84% taught a required PE course in all grades in the school.
- 84% did not allow students to be exempted from taking a required PE course for certain reasons.
- 91% offered opportunities for all students to participate in intramural activities or physical activity clubs.

#### School Environment

- 85% did not sell less nutritious foods and beverages anywhere outside the school food service program.
- 6.1% always offered fruits or nonfried vegetables in vending machines and school stores, canteens, or snack bars, and during celebrations when foods and beverages are offered.
- 61% prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations.
- 43% used the School Health Index or a similar self-assessment tool to assess their policies, activities, and programs in physical activity.
- 34% used the School Health Index or a similar self-assessment tool to assess their policies, activities, and programs in nutrition.



## Albany Park Community Assets



Each community area is shown in white; bordering areas are shown in purple.

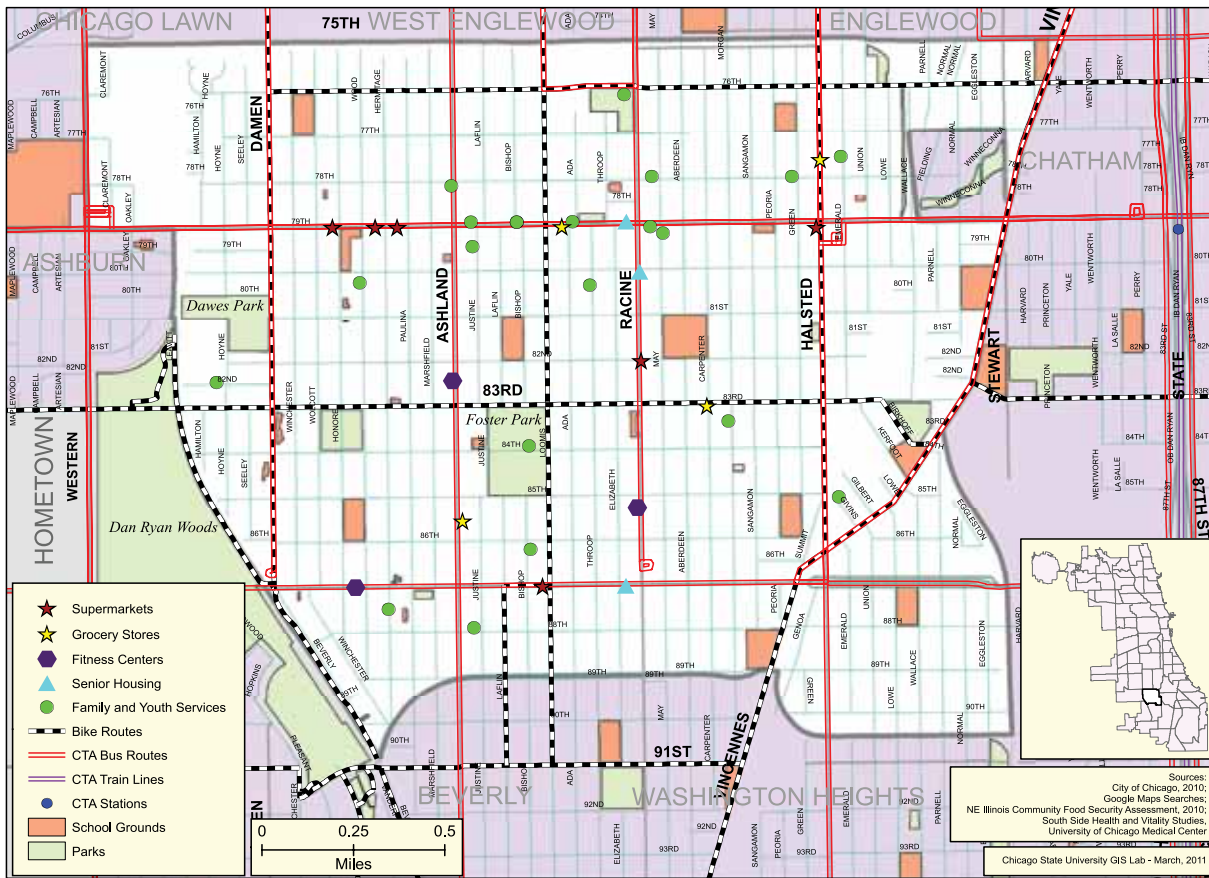
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### Albany Park

**Food assets:** There are four grocery stores and one supermarkets in Albany Park. These establishments are concentrated in the northern and eastern areas. The area to the west of Pulaski and south of Lawrence Avenue contains a single grocery store.

**Physical activity assets:** Although there is only one major park (Gompers Park) located within Albany Park, there are three other parks located in bordering community areas to the north and east. There are bike routes leading to each park. Fitness centers are located along the western and southern boundaries of Albany Park.

## Auburn Gresham Community Assets



Each community area is shown in white; bordering areas are shown in purple.

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### Auburn Gresham

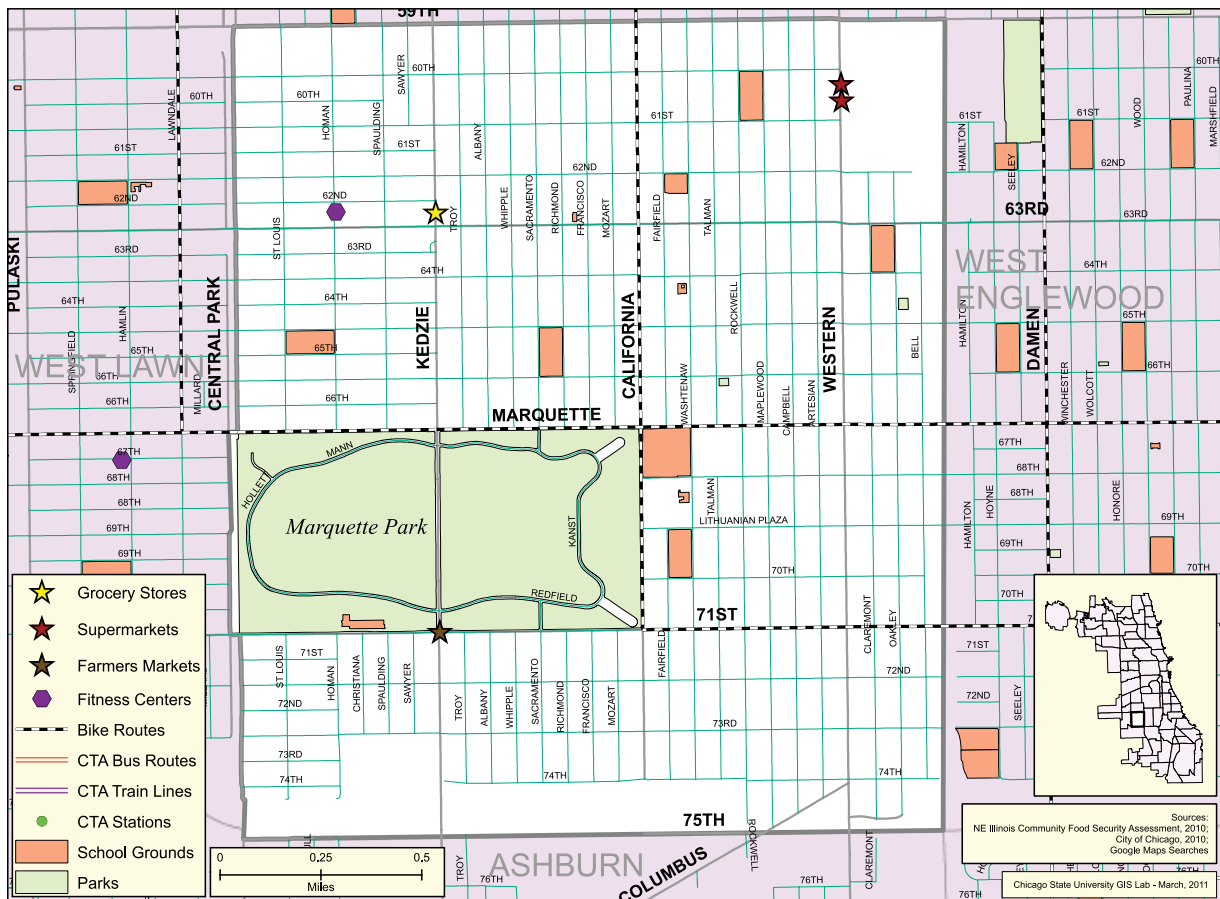
**Food assets:** There are four grocery stores and six supermarkets in Auburn Gresham. These assets are clustered along 79th Street, with three of supermarkets located within three blocks of one another.

**Physical activity assets:** There are two parks in Auburn Gresham. There is also a large forest preserve (Dan Ryan Woods) located along the southwestern border of the community. Both parks and the forest preserve are accessible by bicycle. There are three fitness centers.





## Chicago Lawn Community Assets



Each community area is shown in white; bordering areas are shown in purple.

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### Chicago Lawn

**Food assets:** There is one grocery store, two supermarkets, and a farmers market in Chicago Lawn. The two supermarkets are adjacent to each other in the northeastern corner of the community area, and the single grocery store is located in the northwest. The small number and uneven distribution of these assets indicate that Chicago Lawn is a food desert. As shown by this map, residents living south of 63rd and east of California have little to no access to stores selling fresh produce.

**Physical activity assets:** Chicago Lawn contains one major park (Marquette Park) and one fitness center.

## South Lawndale Community Assets



Each community area is shown in white; bordering areas are shown in purple.

A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

### South Lawndale

**Food assets:** There are 11 grocery stores and two supermarkets in South Lawndale. These establishments are heavily clustered along 26th Street. Residents living south of 31st and west of Central Park have little to no access to these assets.

**Physical activity assets:** There are six fitness centers in South Lawndale, the majority of which are concentrated in the northwest. Douglas Park is the closest major park. Although technically located in North Lawndale, it shares a border with South Lawndale. While the park is accessible via bicycle for residents living north of 26th, there are few bike paths located south of 26th and west of California.





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# HIV and AIDS

## Overview<sup>1</sup>

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### U.S.

*The Centers for Disease Control and Prevention (CDC) estimates that over 1 million persons are currently living with HIV in the United States. Of those individuals, approximately one in five (21%) do not know they are infected. Men of all races who have sex with other men; African Americans; and Hispanics/Latinos are disproportionately affected by HIV. More HIV infections occur among young people under age 30 than any other age group.*



Today, more people than ever before are living with HIV/AIDS. People with HIV are living longer than in years past because of better treatments. Also, more people become infected with HIV than die from the disease each year. While the total number of people living with HIV in the U.S. is increasing, the number of annual new HIV infection diagnoses has remained stable in recent years. However, the number persists at far too high a level, with an estimated 56,300 Americans becoming infected with HIV each year.

HIV/AIDS remains a significant cause of illness, disability, and death in the United States. More than 18,000 people with AIDS still die each year in the U.S. Gay, bisexual, and other men who have sex with men (MSM) are strongly affected and represent the majority of persons who have died.

### Chicago<sup>2</sup>

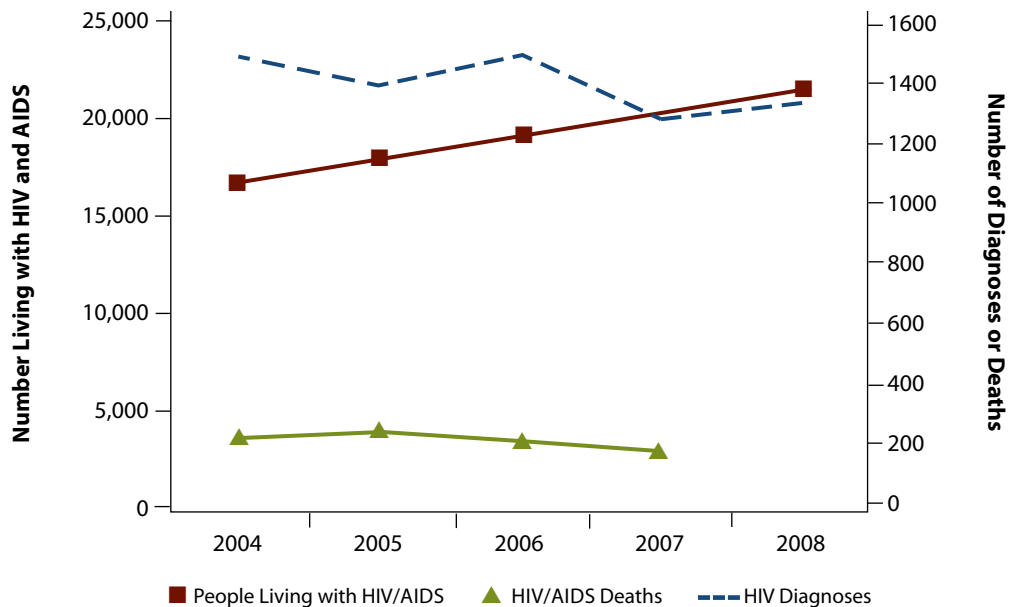
The Chicago Department of Public Health's STI/HIV Division—Surveillance, Epidemiology and Research Section collects, analyzes, and disseminates

surveillance data on the HIV epidemic in Chicago. Data presented in the STI/HIV Surveillance Report, published by CDPH, highlights the effect of STI/HIV across the city (rates, incidence, and prevalence data for high-risk populations). These data identify high-risk populations and regionalize the epidemic by community area or zip code. Findings from the most recent report (Fall 2010) are summarized below.

HIV/AIDS is a serious problem in Chicago. Since the start of the epidemic 30 years ago, more than 32,000 Chicagoans have been diagnosed with HIV infection and/or AIDS. In 2008, the most recent year for which incidence and prevalence estimates are available, approximately 20,871 adults and adolescents were living with HIV infection and AIDS in Chicago. It is estimated that more than 5,000 Chicagoans are HIV-positive but not yet aware of their infection.

The number of people living with HIV/AIDS (HIV prevalence) continues to grow as new HIV cases are diagnosed and fewer people die from HIV each year (fig. 1). The annual number of newly diagnosed

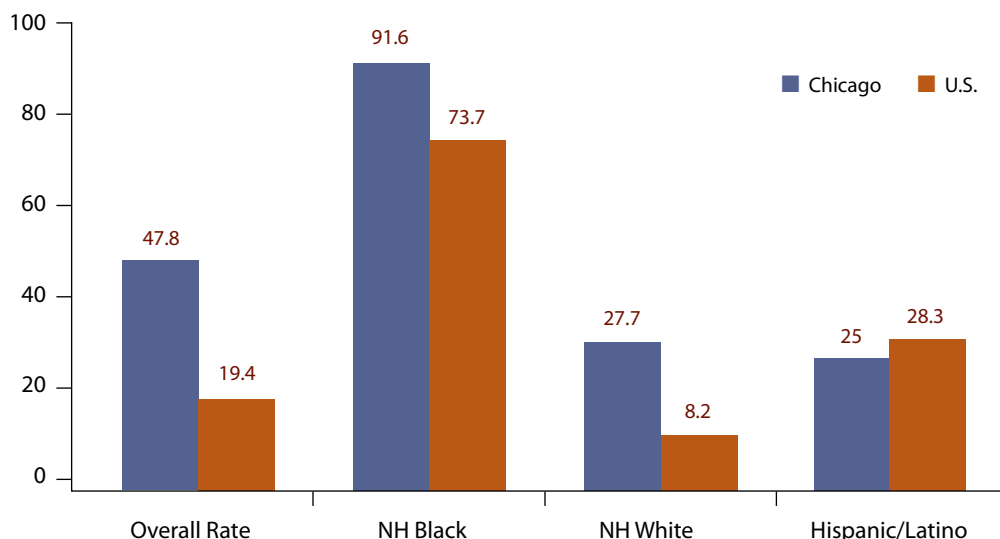
**Figure 1—HIV Incidence, Prevalence, and Mortality, 2004–2008**



Source: Chicago Dept of Public Health. STI/HIV Chicago Surveillance Report, 2010

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**Figure 2a—HIV Infection Diagnosis Rates by Race/Ethnicity, Chicago and U.S., 2008**



Source: Chicago Dept of Public Health. *STI/HIV Chicago Surveillance Report, 2010*; Centers for Disease Control and Prevention. *HIV Surveillance Report, 2009*; vol. 21.

A Profile of Health and Health Resources within Chicago's 77 Communities. *Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.*

infections has been declining since 2004. In 2008, 1,309 persons were newly diagnosed with HIV compared to 1,465 in 2004.

Despite the decline in the annual number of new diagnoses and deaths for the past four years, certain populations in Chicago are disproportionately affected by HIV.

**1. Blacks.** By race, Blacks are the most severely impacted by HIV in Chicago. Of the 20,871 people living with HIV/AIDS, 53% are Black, 27% are White, 17% are Hispanic/Latino, and 3% are of another race. Even though the number of new HIV infections among Blacks has been relatively stable since 2005, compared with members of other races and ethnicities Blacks continue to account for a higher proportion of cases at all stages of HIV—from new infections to deaths.

#### *Diagnoses of HIV infection*

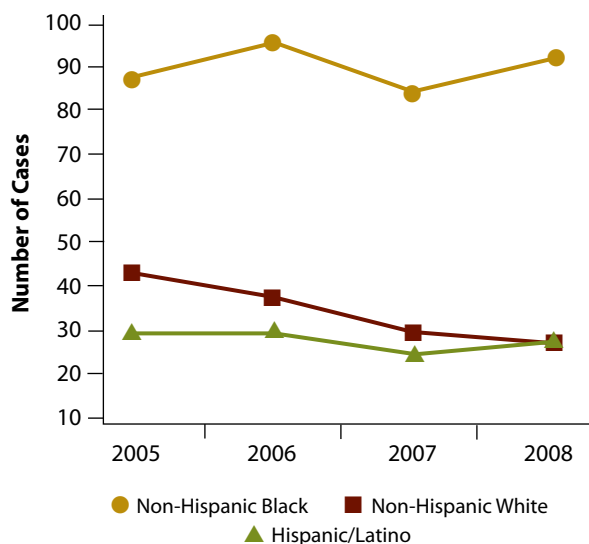
Despite representing one-third of Chicago's population, Blacks accounted for 60% of the HIV diagnoses in

adolescents and adults during 2005–2008. In 2008 the rate of HIV diagnoses among Blacks was 91.6 per 100,000 (fig. 2a). This rate is three times higher than the rate for Whites (27.7 per 100,000) and Hispanics/Latinos (25 per 100,000). From 2005 to 2008, the rate of new diagnoses of HIV infections declined sharply (32%) among Whites (from 48.8 to 27.7 per 100,000) and increased 4% for Blacks (from 88.3 to 91.6 per 100,000).

Black females are heavily impacted by HIV. In 2008, they accounted for the largest percentage of HIV diagnoses in women (80%) (fig. 3). The rate of new HIV infection for Black women was 19 times as high as that of white women, and six times that of Hispanic/Latina women. Most Black females diagnosed with HIV were exposed through heterosexual contact (75.6%), and the next greatest percentage by injection drug use (IDU) (25.3%).



**Figure 2b—HIV Infection Diagnosis Rates by Race/Ethnicity, 2005–2008**



Source: Chicago Dept of Public Health. *STI/HIV Chicago Surveillance Report, 2010*

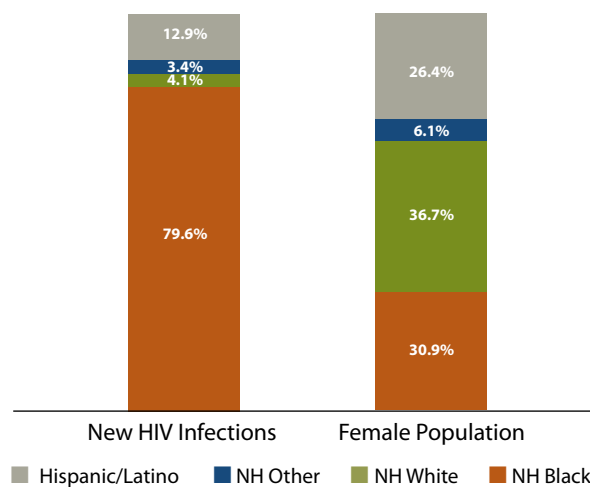
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**AIDS Diagnoses.** A substantially higher number of AIDS cases are diagnosed among Blacks compared with other racial/ethnic groups. Since 2004, the number of annual AIDS diagnoses has decreased for all racial/ethnic groups in Chicago (fig. 4); however, Blacks have consistently accounted for the largest percentage of AIDS diagnoses. In 2008, Blacks accounted for 66% of AIDS diagnoses, while Whites and Hispanics/Latinos represented 15% and 17% of the diagnoses, respectively. The AIDS case rate among Blacks (50.8 per 100,000) was nearly five times greater than that of Whites (10.7 per 100,000).

**Persons Living with a Diagnosis of HIV Infection or AIDS.** By race/ethnicity, the largest percentage of persons living with a diagnosis of HIV/AIDS in Chicago—53%—was Blacks.

**2. Males.** Males are disproportionately affected by HIV. In 2008, males accounted for 77% of all diagnoses of HIV infection among adults and adolescents in

**Figure 3—Chicago Women: New HIV Diagnoses and Population by Race/Ethnicity, 2008**



Source: Chicago Dept of Public Health. *STI/HIV Chicago Surveillance Report, 2010*; U.S. Census Bureau—*American Community Survey 1-Year Population Estimates, 2008*

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Chicago, compared with 75% in the U.S. Among Chicago males, over half of all HIV diagnoses occurred in Blacks (fig. 5).

### 3. Men who have sex with men (MSM)

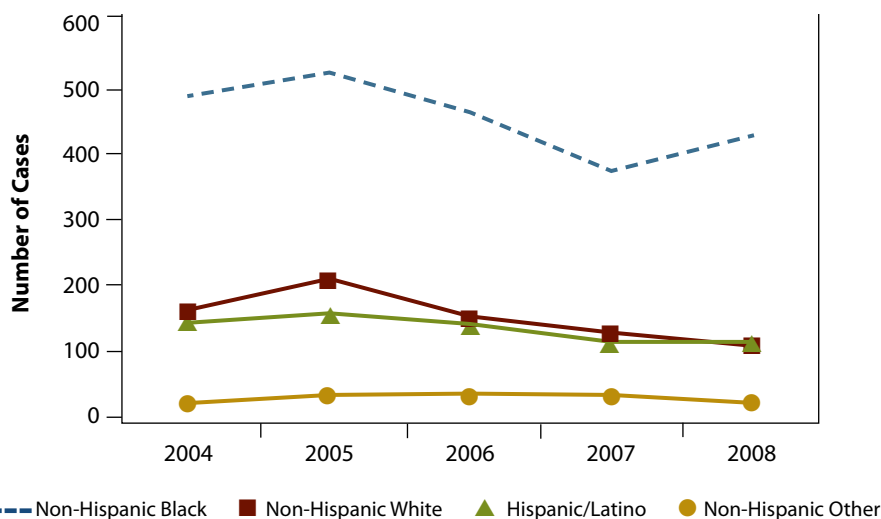
**Diagnoses of HIV infection.** MSM is the leading mode of transmission of HIV in Chicago (fig. 6).

In 2008, 78% of males diagnosed with HIV were infected through male-to-male sexual contact. Although this is the primary mode of transmission among men of all race/ethnicities, it accounts for a higher proportion of infections in White males (90%) compared with Hispanic/Latino (76%) and Black (73%) males. The number of new HIV infection diagnoses among MSM has been declining for the past two years: in 2008 there were 785 new diagnoses among MSM, compared to 846 in 2006.

**AIDS Diagnoses.** MSM continue to represent the largest number of AIDS diagnoses, accounting for over half of all cases in 2008 (fig. 7). While the



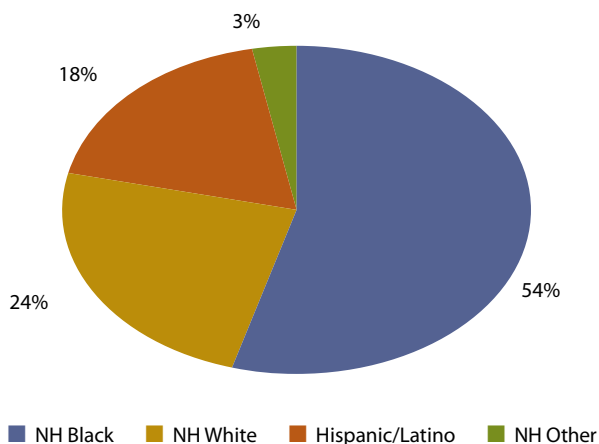
**Figure 4—AIDS Diagnoses by Year of Diagnosis and Race/Ethnicity, 2004–2008**



Source: Chicago Dept of Public Health. *STI/HIV Chicago Surveillance Report, 2010*

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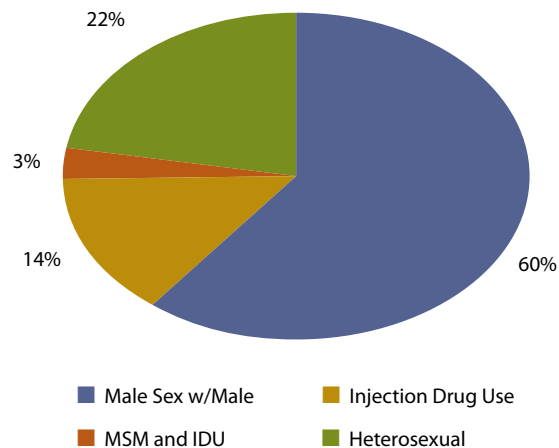
**Figure 5—Males: Estimated HIV Infections by Race/Ethnicity, 2008**



Source: Chicago Dept of Public Health. *STI/HIV Chicago Surveillance Report, 2010*

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**Figure 6—Estimated number of New HIV Infections in Chicago, by Transmission Category, 2008**



Source: Chicago Dept of Public Health. *STI/HIV Chicago Surveillance Report, 2010*

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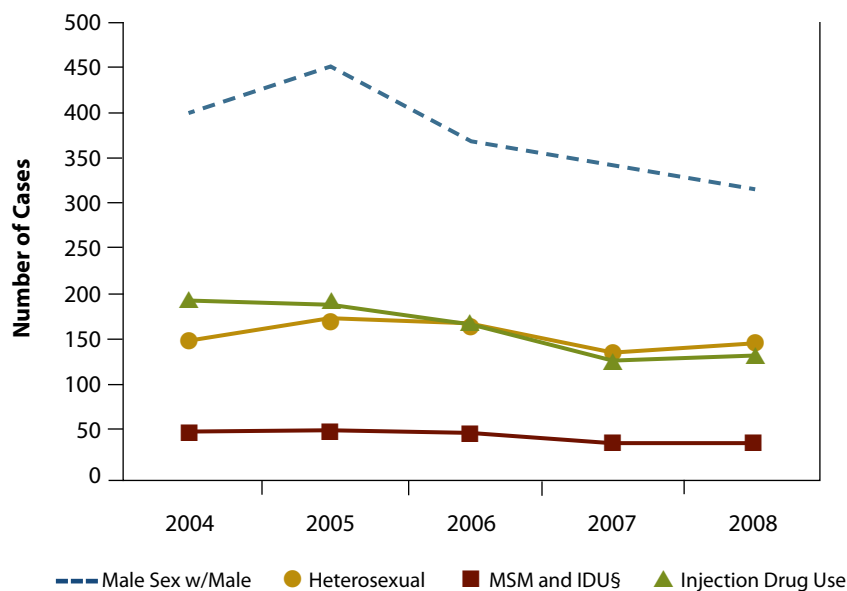
number of annual AIDS cases among MSM has declined since 2004, the largest decline occurred among injection drug users (IDU). From 2004 to 2008, the number of cases due to IDU fell by 23%.

*Persons Living with a Diagnosis of HIV Infection or AIDS.* The majority (56%) of adults and adolescents living with a diagnosis of HIV infection in Chicago are MSM. By race, MSM comprise the largest group





**Figure 7—AIDS Diagnoses by Mode of Transmission, 2004–2008**



Source: Chicago Dept of Public Health. *STI/HIV Chicago Surveillance Report, 2010*

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of Whites (84%), Blacks (40%), and Hispanics/Latinos (60%) living with HIV (data not shown).

### Geographic Distribution of HIV Prevalence and HIV Testing Sites in Chicago

Community area location is available for all reported cases of HIV and AIDS. To calculate HIV prevalence rates per 100,000 for Chicago’s 77 community areas, 2005 population projections were obtained from the Metropolitan Chicago Information Center (MCIC). It is important to note that the community area of residence is not indicative of where a person was infected but represents where the person resided at the time of diagnosis. Thus, although these cases reported living in these community areas at the time of diagnosis, they may no longer live in these community areas as there is movement both within and outside of Chicago.

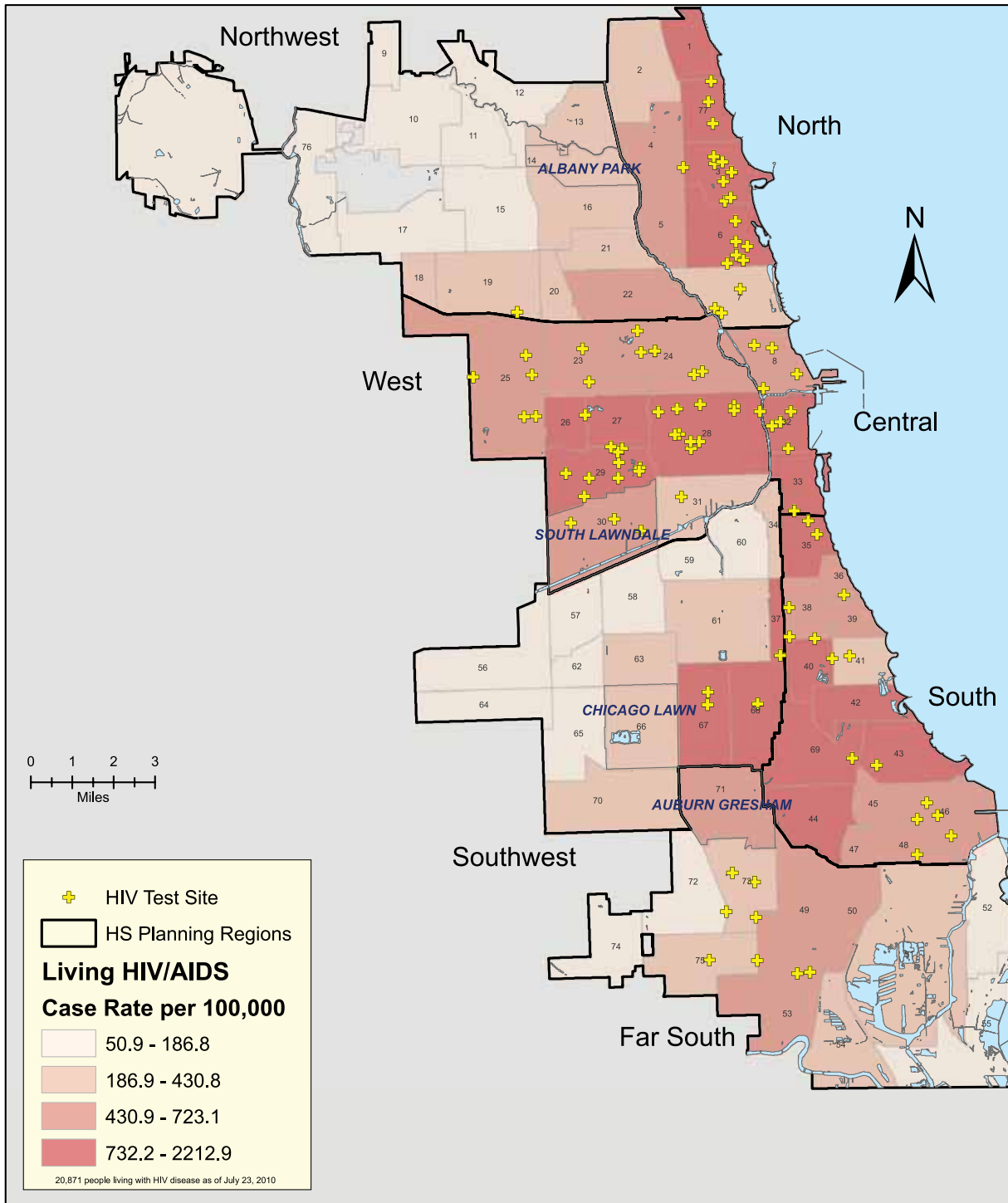
Figure 8 illustrates that the HIV/AIDS epidemic continues to be “clustered” in distinct geographic regions. In 2008, Chicago’s highest HIV prevalence rates (range 732.2–2212.9) were identified in

community areas in the north, west, central, southwest, and south regions of the city. This map also shows that HIV test sites are unevenly distributed among Chicago’s community areas with the highest HIV prevalence. HIV test sites are much more common in north, central, and west regions compared to the south and southwest regions. The ten communities with highest HIV/AIDS prevalence rates in rank order were as follows: Uptown (2,213), Edgewater (1,907), East Garfield Park (1,354), Lake View (1,334), Rogers Park (1,295), Washington Park (1,112), Near South Side (1,016), Grand Boulevard (1,005) and Woodlawn (959).

### HIV Testing Patterns and the Chicago HIV Behavioral Surveillance Survey

Persons who do not know they are HIV-infected account for a disproportionate percentage of new transmissions because they are more likely to engage in high-risk sexual behavior than persons who have learned they have HIV.<sup>3</sup> CDC recommends routine HIV screening in all healthcare settings for persons ages 13–64 years.<sup>4</sup> In 2008, 44.6% of persons

**Figure 8—HIV Testing Sites and Living HIV/AIDS Case Rate by Chicago Community Area**



Sources: CDC National HIV and STD Testing Resources; AIDS Chicago; Illinois Dept of Public Health, HIV/AIDS; Chicago Dept of Public Health, Division of STI/HIV/AIDS Public Policy and Programs

Chicago State University  
GIS Lab, March 2011

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ages 18–64 years reported ever being tested for HIV in the U.S.<sup>5</sup>

In Chicago, CDPH monitors trends in HIV prevalence, sex and drug use behaviors, HIV testing, and prevention utilization in HIV at-risk populations as part of the National HIV Behavioral Surveillance System (NHBS). This project is locally known as Project CHAT (Chicago Health Assessment Team). NHBS is a multisite project funded by the CDC.<sup>6</sup> Data collection occurs in multiple cycles with each year targeting one of three at-risk populations including: a) men who have sex with men (NHBS-MSM); b) intravenous drug users (NHBS-IDU); and c) heterosexuals at high risk for contracting HIV (NHBS-HET).

All cycles of NHBS utilize systematic, random sampling methods to conduct sampling in community-based settings. Questionnaires are administered face-to-face with individuals from each at-risk population. Formative research is conducted prior to data collection to identify communities and venues where each population typically congregates. All respondents who complete the questionnaire are offered anonymous HIV testing as part of the survey.

Highlights from the most recent surveys conducted in Chicago are summarized below.

#### *2008 MSM Survey (570 respondents)*

Men were systematically sampled from randomly selected venues throughout the city where MSM congregate.

- Although MSM from all 77 community areas were surveyed, the largest concentration of respondents reported residence in three geographic regions: Auburn/Gresham, Lakeview/Uptown/Edgewater, and Logan Square/West Town.
- Almost all MSM (91%) reported having an HIV test in their lifetime, and over half (64%) reported taking an HIV test in the past year.

- Among the 524 MSM tested by NHBS-Chicago, 91 (17.4%) tested positive for HIV. HIV prevalence among Black MSM (30.1%) was at least twice the rate of White (11.3%) and Hispanic/Latino MSM (12.0%). These rates compare to a 19% HIV-positivity rate among MSM in the other 20 MSAs participating in NHBS nationally.<sup>7</sup>
- Half (50%) of those who tested HIV-positive were unaware of their HIV infection at the time of the survey. The proportion unaware was higher among blacks (66%) and Hispanics/Latinos (50%), and lowest among Whites (23%).
- Over half (62%) of MSM who were unaware of their HIV-positive status reported having an HIV-negative test result during the past year. This suggests that many of these infections have been very recently acquired.

#### *2009 IDU Survey (545 respondents)*

- The largest concentrations of IDU surveyed reported residence in the Humboldt Park, East Garfield Park, and Englewood community areas.
- Almost all IDUs surveyed (90%) reported having an HIV test in their lifetime, and over half of IDU (54%) reported being tested for HIV within the past year. In comparison, 66% of IDUs across the other 22 MSAs conducting NHBS had been tested for HIV infection within the past year.<sup>8</sup>
- Among the 545 IDU tested by NHBS-Chicago, 29 (5.5%) tested positive for HIV. The prevalence was 5.8% among Blacks, 5.7% among Hispanics/Latinos, and 4.7% among Whites.
- Among Chicago IDUs who tested positive, 48% were unaware of their HIV infection at the time of the survey. Hispanics/Latinos were the most likely to be unaware (70%) followed by Black (45%).

### 2010 HET Survey (514 respondents)

DC recently demonstrated that community-level poverty was a strong predictor of increased heterosexual AIDS incidence. Therefore, during the 2010 HET survey, residents of Chicago neighborhoods with the highest rates of household poverty were eligible for the survey. Survey respondents recruited members of their social networks to participate in the survey.

- Recruitment sites were located in the Austin, North Lawndale, Grand Boulevard, and Englewood neighborhoods.
- Of the 514 respondents, 403 (78%) reported having an HIV test in their lifetime, and only a quarter (26%) reported being tested for HIV in the past year.
- Of the 514 HET tested by NHBS, six (1.2%) tested HIV positive. This compares to 0.14% among all heterosexuals in Chicago (CDPH estimate). All the six respondents who tested positive during the survey were unaware of their infection at the time of the survey.
- The most common location for most recent HIV test among male HET respondents was a correctional facility (jail or prison), and among females was a public health clinic.

### Community Perceptions

To understand how communities view HIV/AIDS, we conducted key informant interviews with multiple stakeholders from four community areas (Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham). Questions were designed to elicit stakeholder perceptions regarding the frequency and impact of HIV/AIDS, and the types of resources and assets available to combat HIV/AIDS. Key informants included aldermen, school administrators, community health center directors, faith-based leaders, and directors of other community-based organizations. Between three and six interviews per community area were completed.

Few respondents know the exact prevalence of HIV in their communities. However, several stated that the impact of HIV is moderate to major. Respondents stated that more people need to be tested and more education is needed to remove the stigmas, negative perceptions, and fears that prevent people from getting tested and practicing safe sex.

**Albany Park** Some respondents reported that HIV is not common in Albany Park, especially compared to neighboring communities such as Uptown. Others stated that there is “a lot of HIV” in the community but that it remains “under the radar” or undetected. HIV testing and education takes place primarily in health centers and schools. One barrier to testing among young adults is the fear of a breach in confidentiality.

**Chicago Lawn** Respondents do not know the prevalence of HIV/AIDS in their community because “people don’t get tested.” Aside from mentioning the Chicago Recovery Alliance as a resource for free HIV screening, respondents were unaware of specific HIV/AIDS initiatives or organizations providing HIV prevention services in Chicago Lawn. They reported that there is a need for more free testing, education, and referrals to care. When asked about barriers to testing, respondents mentioned that people either “shy away” when the subject of HIV comes up or disregard the importance of knowing their status because having unprotected sex “has become a way of life for them.”

**South Lawndale** Perceptions about the prevalence of HIV are mixed, ranging from unsure to very common. When asked about the availability of resources for HIV testing and education, respondents mentioned several organizations including Project VIDA, Alivio Medical Center, Lawndale Christian Health Center, and Jorge Prieto County Clinic. Negative perceptions and stigmas about HIV, a lack of sex education, difficulty accessing information about resources for HIV, and a lack of health insurance were cited as barriers to testing and prevention.



**Auburn Gresham** Respondents did not know the prevalence of HIV/AIDS but reported that African-American women in the community are severely impacted by it, particularly teenage women who are dating older men. Although HIV was not specifically mentioned, STDs were reported to be very common among seniors living in housing complexes because of prostitution. Prevention education is provided one-on-one in health centers and through the Get Yourself Tested campaign.<sup>9</sup> The Auburn Gresham Family Health Center was mentioned as a resource for HIV testing. Because HIV is considered taboo by some African Americans, it represents a huge barrier to prevention in this community.

### **HIV/AIDS Prevention Initiatives in Chicago**

The city, through CDPH and other city departments, funds a wide array of community-based prevention, education, counseling, testing, treatment, and human services programs designed to confront the epidemic.

Some examples of CDPH's role reducing the prevalence of HIV/AIDS are as follows:

#### **Chicago Comprehensive HIV Prevention Plan<sup>10</sup>**

Each year CDPH collaborates with the HIV Prevention and Planning Group (HPPG), a voluntary community planning group, to develop the Chicago Comprehensive HIV Prevention Plan. HPPG members consist of individuals living with HIV/AIDS, community advocates, HIV service providers, substance abuse professionals, and STI/HIV program administrators. The goal of the plan is to prioritize HIV prevention services for high-risk populations and support the delivery of effective prevention services for the city of Chicago.

The target audience for the report includes community-based organizations, legislators and advocacy groups, community planning groups, and health departments. Information in the report is used to:

- provide guidance in program development;
- provide data and information for grant applications;
- provide information about Chicago's HIV epidemic;
- inform decision making regarding allocation and distribution of resources;
- document HIV prevention funding priority allocations;
- track health department goals and objectives;
- meet grantee requirements and contractual agreements between the health department and the CDC; and
- provide a historical record of priority-setting of HIV/AIDS initiatives.

#### **STI Specialty Clinics and HIV Early Intervention Services**

The department's STI Specialty Clinics and HIV Early Intervention Services are drop-in specialty clinics that diagnose and treat sexually transmitted infections (STI) and provide information about condom use and other STI prevention methods. STI care at CDPH's STI Specialty Clinics is offered at no cost, and on a first come, first served basis. Confidential HIV counseling and testing is offered routinely to all persons seeking services at the STI Specialty Clinics. HIV rapid tests are available for same-day test results. Additionally, fast-track STI/HIV services are available to those who qualify.

In addition to clinical exams and evaluations, the STI Specialty Clinics offer on-site lab testing and dispensing of medications, STI and HIV education and partner notification, and treatment services.

#### **Adolescent Health Program**

The goal of the Adolescent Health Program is to reduce the rates of STI/HIV disease among adolescents in areas with a high HIV prevalence, communities with large reentry populations, Chicago Public Schools, juvenile incarceration facilities, and other areas where large numbers of

adolescents engaging in high-risk behaviors are located. The program provides these at-risk youth with STI/HIV prevention education and testing. The program has been implemented by the following agencies:

- Cook County Juvenile Temporary Detention Youth Center of Chicago
- Illinois Youth Center—Chicago
- James Jordan Club and Family Center—Boys and Girls Clubs of Chicago, and
- YMCA of Metropolitan Chicago

### **HIV/AIDS Training Unit**

The Chicago Department of Public Health, Division of STI/HIV, Capacity Building & Training Unit offers a sequence of courses to educate and empower service providers who provide or wish to provide STI, Hepatitis, TB and HIV/AIDS prevention education to at-risk populations in Chicago. The mission of the Capacity Building & Training Unit (HIV/AIDS Training Unit) is to provide high-quality, standardize trainings and workshops in an effort to make a difference, one person at a time, by helping individuals prevent the spread of HIV and sexually transmitted infections (STIs).

In addition to what CDPH is doing, there are many community-based organizations providing clinical and social services to people living with and affected by HIV and AIDS throughout Chicago. Community-based organizations are also crucial in implementing HIV prevention programs, as well as targeted education efforts to raise awareness of the importance of HIV testing in high prevalence areas. Prevention activities from select organizations are featured below. Additional programs can be found in the appendix.

### **CDC-Supported Community-Based Programs**

#### **Minority AIDS Initiative**

CDC is funded through the Minority AIDS Initiative (MAI) to enhance community-based efforts to prevent the acquisition or transmission of HIV infections among racial and ethnic minority

populations. Using MAI resources, CDC supports community-based HIV prevention programs, capacity-building programs to assist community-based organizations in implementing HIV prevention programs, and targeted education efforts to raise awareness of the importance of HIV testing. In Chicago, the following agencies receive MAI funding:

#### **Ambulatory/Outpatient Medical Care**

Erie Family Health Center  
Austin-Hektoen  
Jackson Park Hospital  
South Suburban Clinics-Hektoen

#### **Mental Health**

Austin-Hektoen  
Open Door Clinic

#### **Substance Abuse Services: Outpatient**

Healthcare Alternative Systems  
South Suburban Clinics-Hektoen

#### **Psychosocial Support Services**

Austin-Hektoen  
Southside Healthcare Association

#### **Substance Abuse Services: Residential**

HRDI

#### **Community-Based HIV Prevention Grant (PS10-1003)**

In August 2010, eight Chicago community-based organizations (CBOs) received funding through CDC's Community-Based HIV Prevention grant (PS10-1003). Funds will be used by CBOs to implement effective HIV prevention programs for individuals living with HIV and those at high risk of infection. Funding will also be used to increase HIV testing and knowledge of status in these communities. In addition, a limited portion of the funding will be given to some CBOs to assist in monitoring program impact and behavioral outcomes. The eight organizations are listed below:





- Access Community Health Network
- Chicago House and Social Service Agency
- Christian Community Health Center
- Heartland Human Care Services
- McDermott Center–Haymarket Center
- Puerto Rico Cultural Center
- South Side Help Center
- TaskForce Prevention and Community Services

### **Vida/SIDA: Generation L Project**

In December 2010, the CDC funded Chicago's Vida/SIDA's Generation L project, a new gay empowerment group for 18-to-24-year-old Hispanic/Latino in Humboldt Park. The project follows data that cites Puerto Ricans are more likely than any other Hispanic/Latino group to contract HIV via injection drug use.

HIV/AIDS prevention programs implemented by other community organizations are found in Appendix 4.

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# Breast Cancer Disparities

## Overview

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### U.S.

*Despite recent improvements in U.S. breast cancer survival rates, disparities on the basis of race/ethnicity and socioeconomic factors persist. Poor women and those who are uninsured have poorer breast cancer survival than their more advantaged counterparts.<sup>1,2</sup> Although White women are slightly more likely to develop breast cancer than are African American women, African American women are more likely to die of this cancer.<sup>3</sup>*



## Chicago

Recent studies have suggested that the Black/White disparity in breast cancer mortality is even greater in Chicago than the country as a whole. The first comprehensive study of breast cancer mortality in Chicago was conducted by researchers from Mount Sinai’s Urban Health Institute (SUHI) in 2006.<sup>4</sup> Race-specific rate ratios were used to measure the disparity in breast cancer mortality between non-Hispanic/Latino black (NHB) and non-Hispanic/Latino white (NHW) women.

$$\text{rate ratio} = \text{NHB rate} / \text{NHW rate}$$

Results indicate that breast cancer mortality rate ratios between Black and White women in Chicago have persistently increased over time. As depicted in figure 1, mortality rates for African American women and White women remained comparable until the early 1990s, when they began to diverge. This divergence occurred because the rate among

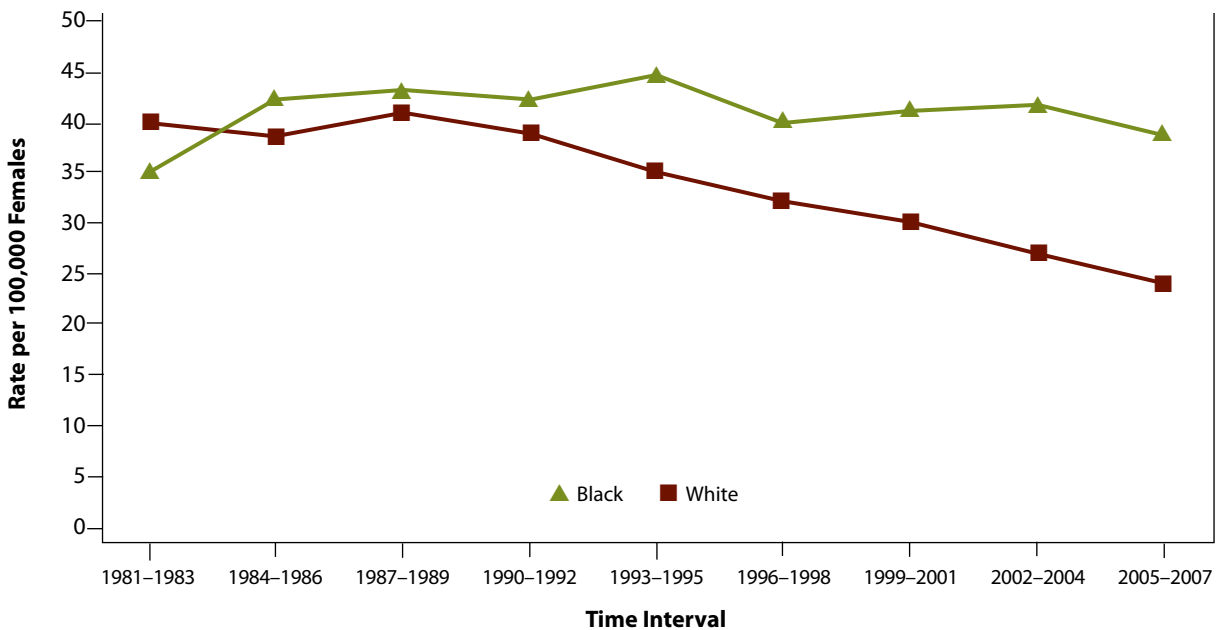
White women declined significantly, whereas the rate among Black women increased slightly.

By 2002, the NHB:NHW rate ratio was 1.54 (54%). The most recent data available (2005–2007) indicates that the Black:White rate ratio has reached 1.62 (62%). This mortality gap is significantly higher than both New York City (27%) and the U.S. (41%).<sup>5</sup>

Figure 2 presents age-adjusted breast cancer mortality rates for 2007 by Chicago health system planning region (n=7). These seven regions are based on the 77 formally designated community areas in Chicago and primarily follow the Chicago Department of Planning and Development’s (DPD) regional approach to planning. Analyzing data by these regions helps to better identify trends and issues occurring in different regions.

The central, far south, south, and southwest regions of the city had the highest mortality rates, whereas the regions on the North Side had the lowest rates.

**Figure 1—Black and White Breast Cancer Mortality Chicago, 1981–2007**

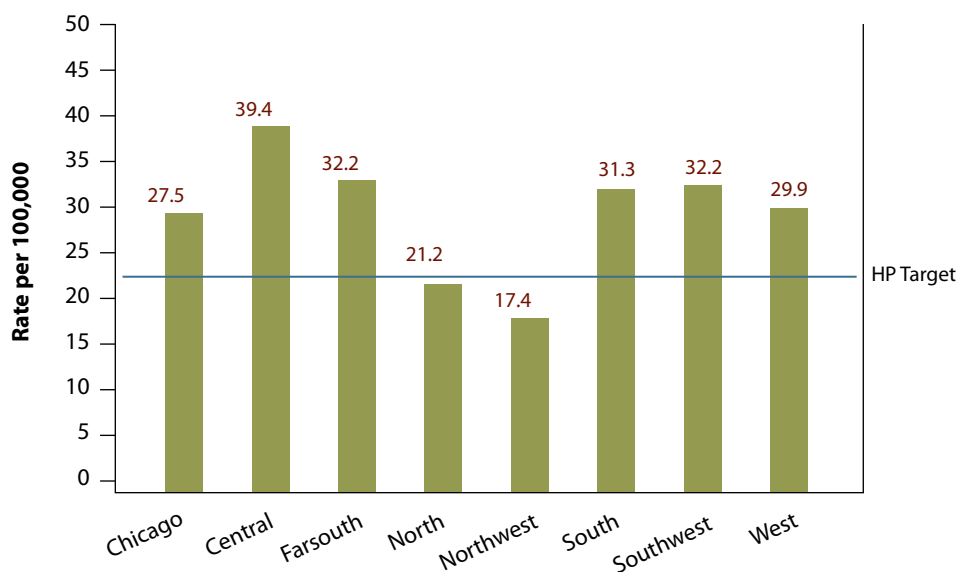


Prepared by Sinai Urban Health Institute

Source: Chicago Metropolitan Breast Cancer Task Force. Annual Report Back to the Community. 2010

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**Figure 2—Breast Cancer Mortality Rates\* by Chicago Health System Planning Region, 2007**



Source: Chicago Department of Public Health

\*Rates are age-adjusted to the Census 2000 U. S. standard population

Healthy People 2010 Target Rate: 22.3 per 100,000

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The Sinai Urban Health Institute analyzed breast cancer mortality rates by Chicago community area using data from 2000–2005 (fig. 3). Of the 25 community areas (out of a total of 77) with the highest average annual rates, 24 are predominantly African American and are located on the South Side of the city.<sup>6</sup>

### Breast Cancer Screening (Mammography)

Screening procedures such as clinical breast examination and mammography can help detect breast cancer at an early stage, which significantly increases chances for successful treatment and cure. Results from the U.S. Preventive Services Task Force's (USPSTF) most recent systematic evidence review for breast cancer screening indicate that mammography screening reduces breast cancer mortality by 15% for women ages 39–69 years.<sup>7</sup> Mammography utilization is influenced by multiple factors, including patient and provider characteristics, healthcare norms, and access to and availability of healthcare

services.<sup>8,9</sup> However, the most common reason women give for not having a mammogram is that no one recommended the test.<sup>10</sup> Differences in mammography utilization are widely believed to contribute to observed socioeconomic and racial/ethnic disparities in late-stage breast cancer diagnosis and survival.<sup>11</sup>

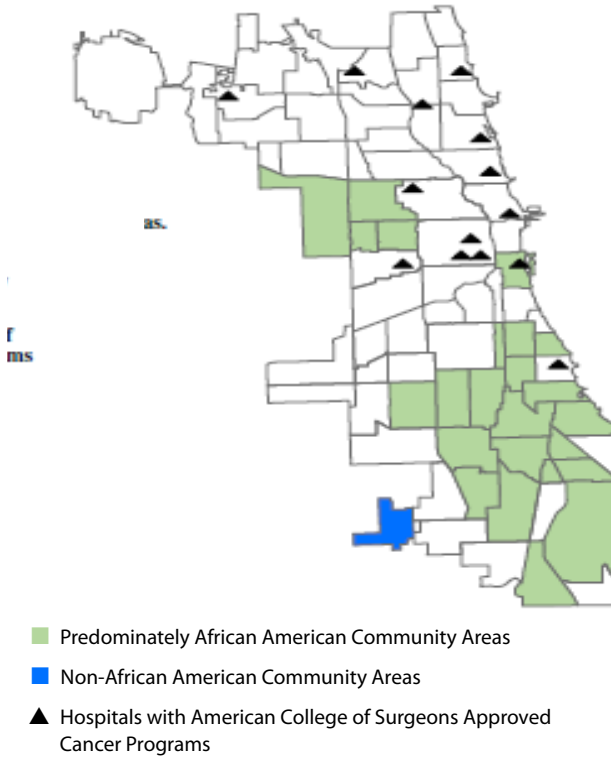
### Mammography Rates in Chicago

In 2008, 75.9% of Chicago women age 40 and older (approximately 449,000 women) reported getting a mammogram in the past two years, a 3% increase since 2002 (74%). Chicago's rate is comparable to the mammography rate for both Illinois (75.8%) and the U.S. (76%), and it exceeds the Healthy People 2010 target (fig. 4).

As shown in table 1, mammography screening rates in Chicago varied by education level, annual household income, and health insurance coverage in 2008. Among the lowest rates reported were



**Figure 3—Chicago Community Areas with the Highest 2000–2005 Average Annual Breast Cancer Mortality Rates**



Source: Ansell D, Grabler P, Whitman S, et al. A community effort to reduce the black/white breast cancer mortality disparity in Chicago. *Cancer Causes and Control*. 2009;20(9):1681–1688.

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those by women who did not finish high school (66.7%), those with annual household income less than \$15,000 (61.6%), and those without health insurance (50.0%). Similar proportions of Black and White women over the age of 40 have received a mammogram in the last two years.

Low-income and uninsured women also experience disparities in mammography screening, having consistently lower screening rates compared with insured and higher-income women.<sup>12</sup> According to the 2008 National Health Interview Survey, 73% of U.S. women with health insurance received a mammogram, compared with 40% of women without health insurance.<sup>13</sup> Additionally, lacking a

**Table 1—Percentage of Women Aged 40+ Reported Receiving a Mammogram Within the Previous 2 Years, by Select Characteristics**

Behavioral Risk Factor Surveillance System (BRFSS), Chicago†, 2008

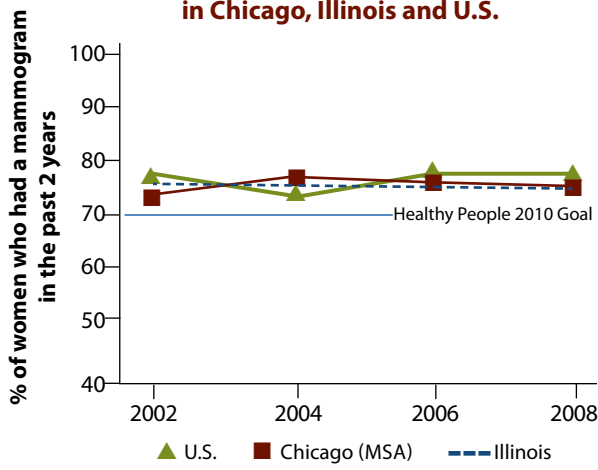
Characteristic	No.	%	95% C.I.
<b>Total</b>	<b>1317</b>	<b>75.9</b>	<b>73.9 - 77.9</b>
<b>Age group (yrs)</b>			
40-44	134	68.7	62.4 - 78.1
45-64	688	77.6	74.9 - 80.3
>65	495	77.6	74.3 - 80.9
<b>Race/Ethnicity</b>			
NH White	928	76.2	73.8 - 78.6
NH Black	267	78.2	73.9 - 82.5
Hispanic/Latino	75	69.9	61.4 - 78.4
<b>Education level</b>			
<High school	78	66.7	58.4 - 75.1
High school graduate/GED	385	66.7	63.1 - 70.4
Some college/tech school	352	73.6	69.6 - 77.5
College graduate	502	82.6	79.6 - 85.6
<b>Annual household income (\$)</b>			
<15,000	118	61.6	54.7 - 68.5
15,000 - 34,999	319	71.4	67.2 - 75.5
35,000 - 50,000	145	76.4	70.4 - 82.4
>50,000	572	79.2	76.2 - 82.2
<b>Health Insurance</b>			
Yes	1245	77.5	75.5 - 79.5
No	71	50.0	42.6 - 57.4
<b>Regular Provider</b>			
Yes	1266	78.4	76.2 - 80.6
No	50	47.5	44.8 - 50.2

†Counts are unweighted; Percentages are weighted to population characteristics.

usual source of care is associated with lower receipt of preventive services, including mammography.<sup>14</sup> A higher proportion of Chicago women with health insurance and a regular provider had a mammogram (79%), compared with women who had either one or the other (i.e., either health insurance or a regular health provider), and with women who had neither one (fig. 5). Only 50% of women without a regular source of care and without health insurance were screened for breast cancer. In addition, low-income women (annual household income less than \$25,000) who had health insurance and a regular provider were less likely to be screened than women with higher annual incomes (72% vs. 81%).



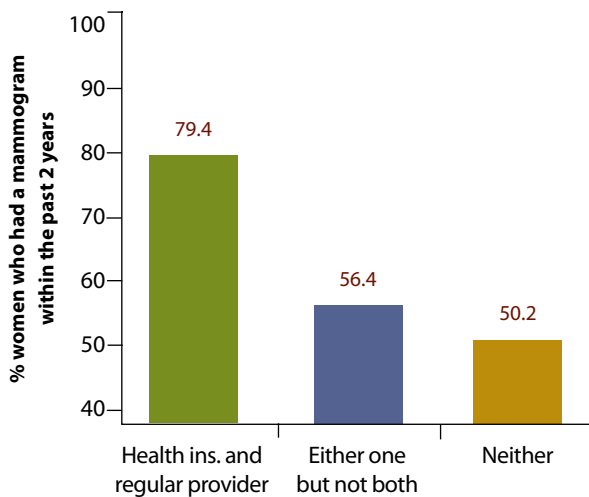
**Figure 4—Mammography Use Among Women Age 40 and Older in Chicago, Illinois and U.S.**



Source: Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, 2002–2008

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**Figure 5—Mammography Use Among Chicago Women Age 40 and Older by Insurance and Regular Health Care Provider Status, 2008**



Source: 2008 CDC BRFSS Survey.

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## Mammography Rates in 10 Chicago Community Areas<sup>15</sup>

The following information is excerpted from the book *Urban Health: Combating Health Disparities with Local Data*, written by Steve Whitman and colleagues at the Sinai Urban Health Institute. This book provides a model for how to systematically collect and use local data to improve the health of individuals living in vulnerable communities.

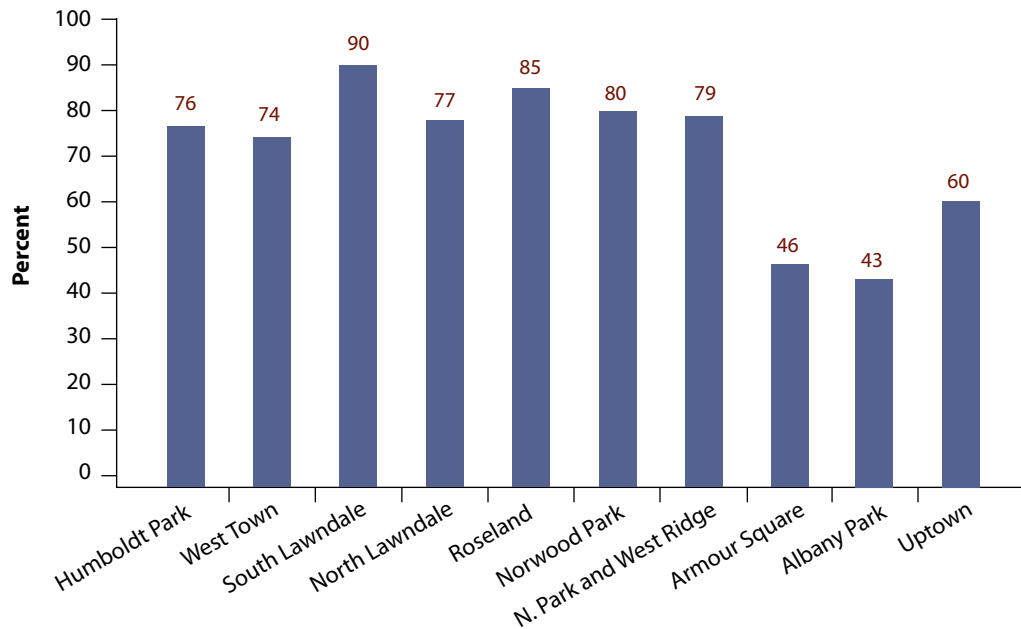
From 2002 to 2008, the Sinai Urban Institute, under the leadership of Steve Whitman, designed and implemented four major surveys to obtain health data, including data on breast cancer screening, from residents in 10 communities. These surveys include the Sinai Health Survey, Jewish Community Health Survey, Chicago Asian Chinese Survey, and the Chicago Asian Cambodian/Vietnamese Survey. The community areas surveyed were selected based on the homogeneity of their racial and ethnic demographics, their geographic location, and the demand for local health data.

Figure 6 shows the variability in self-reported mammography utilization among women from the 10 different racial and ethnic communities surveyed. Less than 50% of Chinese women (Armour Square) and Cambodian women (Albany Park) reported that they received a mammogram within the past two years. These proportions are far lower compared with the proportions of Mexican (South Lawndale), Black (Roseland) and White (Norwood Park) women surveyed. They are also well below estimates for the city of Chicago from 2002 to 2008 (median = 75.7%). There was limited variation in mammography screening among women in Black (Roseland) and White (Norwood Park) communities. These findings illustrate how community level data can reveal disparities in health behaviors and outcomes documented by race and ethnicity and by geographic area that are otherwise masked when city level data are used.





**Figure 6—Proportion of Women (>40 years) Who Had a Mammogram in the Last 2 Years in Ten Chicago Communities**



Source: Sinai Urban Health Institute.

Data Sources: Sinai's Improving Community Health Survey (2002–2003), Jewish Community Health Survey (2003), Chicago Asian Community Survey (2006–2008)

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### **Mammography Rates in 5 Chicago Community Areas—REACH U.S. Risk Factor Survey**

Another survey which provides community level data on breast cancer screening and other health related information is the CDC's REACH (Racial and Ethnic Approaches to Community Health) U.S. risk factor survey.

Through REACH, CDC funds partners throughout the U.S. to establish community-based programs and culturally appropriate interventions to eliminate health disparities among the following racial and ethnic groups: African American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, or Hispanic/Latino. Funded partners focus on eliminating health disparities in one or more of the following health priority area(s): breast and cervical cancer; cardiovascular disease; diabetes mellitus; adult/older adult immunization, hepatitis B

and/or tuberculosis; asthma; and infant mortality.<sup>16</sup> University of Illinois at Chicago is funded by REACH.

In 2009, The REACH U.S. Risk Factor Survey was administered in seven Chicago community areas. Figure 7 presents aggregate results for five of the seven communities. These five communities include Albany Park, Chicago Lawn, North Lawndale, South Lawndale, and Hermosa.

Results from each of the surveys referenced should be interpreted with caution. Studies have shown that women tend to overestimate how frequently they obtain mammography,<sup>17</sup> and the degree to which overreporting occurs varies by income,<sup>18</sup> race, and ethnicity.<sup>19</sup> Therefore, it is likely that racial/ethnic disparities in screening rates still exists, contributing to Chicago's Black/White disparity in breast cancer mortality.

**Figure 7—Percentage of Women Older Than 40 Years Who Reported Receiving a Mammogram in the Past 2 Years—by Race.**

REACH U.S. Risk Factor Survey, Chicago<sup>†</sup>, 2009

Characteristic	Sample Size	%	95% C.I.
<b>Total</b>	<b>574</b>	<b>79.3</b>	<b>75.5 - 82.7</b>
<b>Race/Ethnicity</b>			
Black	416	80.3	75.8 - 84.1
Hispanic/Latino	158	77.1	69.4 - 83.4
<b>U.S.*</b>		76.0	
<b>Illinois*</b>		75.8	73.9 - 77.7

<sup>†</sup> Data for the following Chicago communities: Albany Park, Chicago Lawn, North Lawndale, South Lawndale, and Hermosa

\* Source: BRFSS, 2008

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### Geographic Distribution of Mammography Sites, American College of Surgeons (ACS) Approved-Hospital Cancer Treatment Programs, and Breast Cancer Mortality Rates

The following map (fig. 8) shows the distribution of breast cancer mortality rates, mammography sites, and ACS-Hospital Cancer Treatment Programs by health system planning region. Areas with the highest breast cancer mortality rates are concentrated in the south, southwest and far south regions of Chicago. These findings are comparable to those previously reported by Sinai Urban Health Institute (see fig. 3). Although women living in these areas are clearly in need of breast health services such as mammographies and cancer treatment, very few exist in these areas. Instead, these services tend to be concentrated in the north and west regions, which have lower mortality rates.

### Community Perceptions

To understand how communities view breast cancer, we conducted key informant interviews with multiple stakeholders from four community areas (Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham). Questions were designed to elicit stakeholder perceptions regarding the frequency

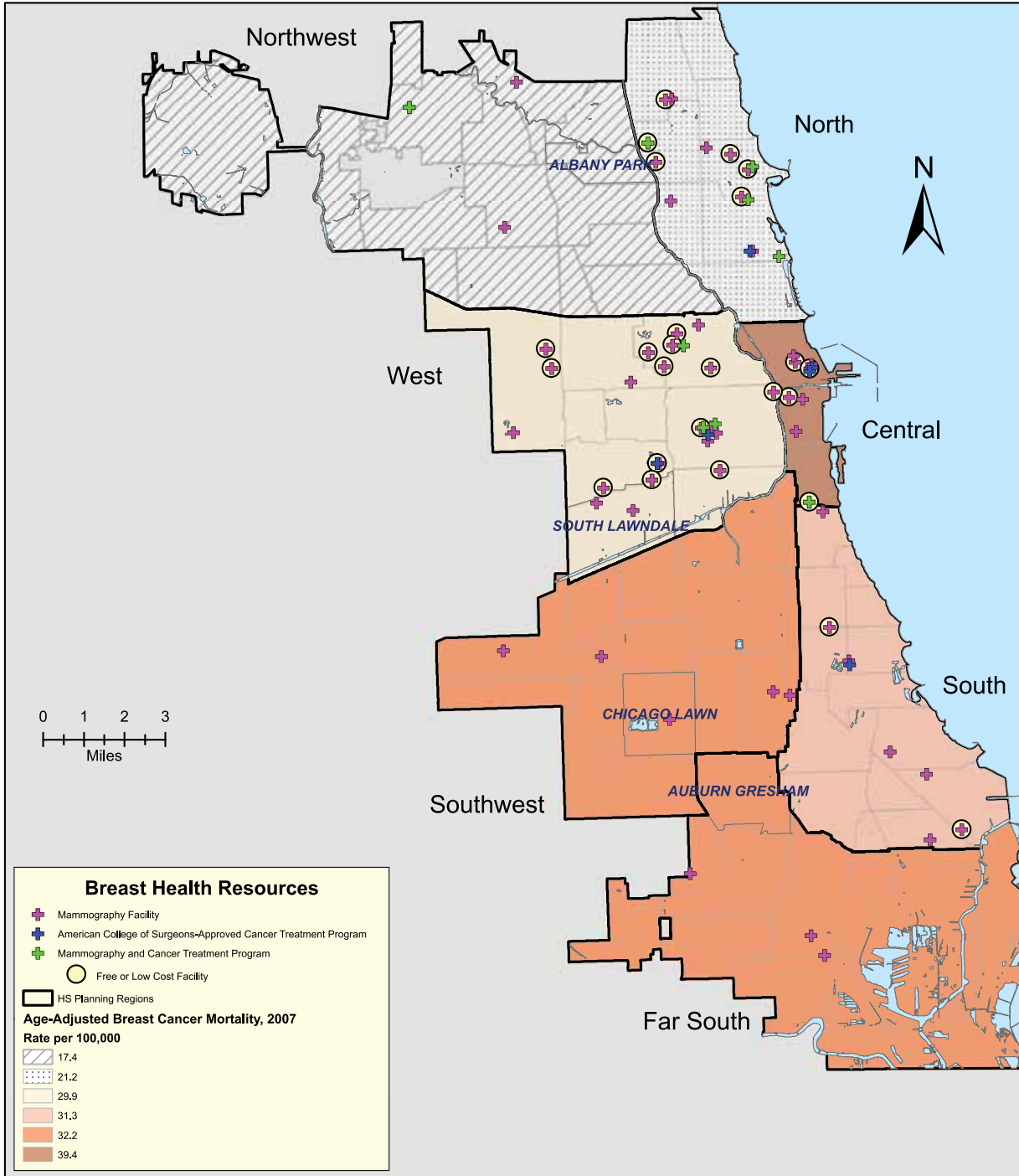
and impact of breast cancer, and the types of resources to increase screening rates. Key informants included aldermen, school administrators, community health center directors, faith-based leaders, and directors of other community based organizations. Between three and six interviews per community area were completed.

**Albany Park** Perceptions about the prevalence of breast cancer in Albany Park are mixed. Some respondents reported that it is not common because Albany Park's population is young (the average age is less than 30). Others stated that the true prevalence is difficult to determine because cultural issues discourage it as a topic of discussion. As a result the true prevalence is likely underestimated. One of the biggest barriers to screening is that women do not know where to go. Swedish Covenant Hospital, Erie Family Health Center, and Heartland Health Center offer free mammograms for women who don't have health insurance; however, few residents are aware of this. There is a need for more education and outreach about the importance of screening and the availability of services in the community.

**Auburn Gresham** Although respondents were unsure how common breast cancer is in Auburn Gresham, they all agreed that many women are not getting mammograms. The prevalence is largely unknown because it is not discussed openly. Cultural beliefs were reported as playing a substantial role in the low uptake of breast cancer screening. Auburn Gresham is a predominantly black community. One respondent explained that historically, Blacks didn't go to the doctor and are extremely reluctant to see a doctor if they think they might get bad news: "Getting a mammogram is waiting for bad news, so you have generations that are pulling away from it." Additionally, a woman may get a mammogram one year but wait three or four years before getting another one. To increase the number of women who are screened for breast cancer requires that all barriers to access are removed. Using mobile mammography vans has helped facilitate access.



**Figure 8—Mammography Sites, Hospital Cancer Treatment Programs and Breast Cancer Mortality Rates by Chicago Health System Planning Region**



Sources: U.S. Food and Drug Administration (FDA);  
Metropolitan Chicago Breast Cancer Task Force;  
American College of Surgeons Commission on Cancer

Chicago State University  
GIS Lab, March 2011

A Profile of Health and Health Resources within Chicago's 77 Communities. *Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.*

**Chicago Lawn** Respondents were generally unable to estimate the prevalence of breast cancer in Chicago Lawn; however the impact was described as moderate to major. African American and Hispanic/Latino populations are the most severely impacted. Fear of getting bad news was cited as a major barrier to screening in the African American population: *“Even though we refer women, they don’t go. It’s almost like after they’re here for two years as a patient and I call and hound them, maybe start calling them three times a week, then they’ll do it. It takes stalking them to get them to go. It’s not so much an issue with Hispanic/Latino women. But among African American women the general attitude is like, ‘Well, I’ve already gotten so much bad news, now why am I going to go looking for more bad news?’”* Respondents stated that more breast health services are needed in Chicago Lawn. Organizations that currently provide free or low-cost mammograms include Silver Lining, Chicago Family Health Center, and Access Community Health centers. The alderman for Chicago Lawn was described as a strong advocate for increasing breast cancer awareness and plans to increase the number of mammography centers.

**South Lawndale** Respondents provided multiple reasons for not knowing the prevalence of breast cancer in South Lawndale, ranging from *“It’s something we don’t discuss in the community”* to *“There aren’t any services or programs that specifically target breast cancer awareness and promote screening.”* Although Mount Sinai Hospital and St. Anthony Hospital were mentioned as resources for mammograms, many residents without medical insurance wait for the free mammograms offered during one of the community’s health fairs. Barriers to screening are also partially explained by cultural views about health care: *“A lot of people in the community still rely on the neighborhood massage person, the healer, and that kind of alternative therapy because it’s something that they’re comfortable with and maybe something that they can afford.”*

## Breast Cancer Disparities Reduction Initiatives in Chicago

### *The Metropolitan Chicago Breast Cancer Task Force*

The Metropolitan Chicago Breast Cancer Task Force (MCBTF) is a not-for-profit organization whose mission is to serve as a catalyst to reduce the racial, ethnic, and class disparity in breast cancer death rates in Metropolitan Chicago. The task force conducts projects in policy, outreach, education, quality improvement in healthcare, and research. All these projects work to accomplish the task force’s 37 recommendations to eliminate breast cancer disparities in Chicago. These recommendations are framed by three main hypotheses that may explain racial disparities in breast cancer mortality in Chicago (box 1).

#### **Box 1—Three Hypotheses Explaining Breast Cancer Disparities**

1. Black women receive fewer mammograms;
2. Black women receive mammograms of inferior quality; and
3. Black women have inadequate access to quality treatment once a cancer is diagnosed.

*Source: The Metropolitan Chicago Breast Cancer Task Force Report, October 2007.*

### **MCBTF Key Initiatives**

**Quality Consortium.** Given that the high death rate for African American women may be partially attributed to problems with the quality of care that they receive, one of the task force recommendations was to form an initiative among healthcare providers involved in breast health to deliver the highest quality of care.

In 2008, Susan G. Komen for the Cure Foundation provided funding to initiate the Chicago Breast Cancer Quality Consortium. The consortium brings together experts from across the continuum of breast cancer screening and treatment, the Illinois



Hospital Association, community leaders and breast cancer advocates. Providers share healthcare data confidentially in order to identify deficiencies in quality and make improvements. To date, 55 hospitals—70 percent of the hospitals in the area—and the Chicago Department of Public Health have joined the consortium.

One of consortium's first tasks was to decide what quality data to collect from providers. Expert advisory boards were established to select measures that would show if a hospital was providing the best breast cancer screening and the best breast cancer treatment. High-quality mammography and treatment programs were defined as follows:

**A high-quality mammography program should:**

- Find cancer
- Find cancer when it's small
- Ensure that women with suspicious mammograms have follow-up in a timely fashion

**A high-quality breast cancer treatment should:**

- Provide timely treatment, which increases the likelihood of survival
- Provide radiation after breast-conserving surgery, which increases the likelihood of survival
- Test patients for hormone receptors, which allows for targeted treatment options

In 2010, the consortium received data on the quality of mammography from 37 hospitals and on the quality of treatment from 19 hospitals. Preliminary results show that many Metropolitan Chicago hospitals cannot demonstrate that they are meeting these quality standards.<sup>20</sup> Only about a third of the facilities offering screening could demonstrate that they met the standard for early detection of breast cancer, or finding cancer when it is small. About 60% were able to demonstrate that they met the quality standard for finding cancer, which means identifying four to nine cancers for every 1,000 screening mammograms.

Treatment data showed that a third of the hospitals could demonstrate they met a timeliness standard, which is getting at least 80% of newly diagnosed patients into treatment within 30 days of diagnosis.

**Community Grants Program.** In 2008 the Metropolitan Chicago Breast Cancer Task Force established a Community Grants Program to assist community-based organizations in helping to eliminate the breast cancer mortality disparity in Metropolitan Chicago. Grantees work within Chicago communities of color to raise awareness about the importance of breast cancer screening, navigate women into care and provide education and support for women getting screened and those diagnosed with breast cancer.

**REACH Out (Racial and Ethnic Approaches to Community Health)**

REACH Out is a collaborative program that works with local faith leaders to help low-income women of color get tested for breast and cervical cancer. REACH encourages low-income African American and Hispanic/Latina women in the Chicago metro area to get early breast and cervical cancer screenings. The program reaches women by getting support from local faith leaders, recruiting lay health workers from participating churches, adding health information and reminders into Sunday sermons, holding focus groups, setting up support groups, and sponsoring health fairs. The program also reaches women by working with Access Community Health Network (ACCESS), which offers primary care services in 47 health centers in medically underserved areas around Chicago. The Access Community Health Network (ACCESS) and the University of Illinois at Chicago coordinate the REACH program.

A list of 2010 Metropolitan Chicago Breast Cancer Task Force 2010 grantee programs and programs implemented by other community organizations throughout the city of Chicago are found in Appendix 5.



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# Teen Pregnancy

## Overview

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### The Impact of Teen Pregnancy

*The adverse effects of teen births on both teen parents and their children are well documented. Teen mothers have less education, are more likely to be in poor health, and are more likely to rely on public assistance.<sup>1</sup> Only about 50% of teen mothers receive a high school diploma by age 22, compared with nearly 90% of women who do not give birth during adolescence.<sup>2</sup> Births to teenagers are at higher risk of low birth weight and preterm birth, as well as death in infancy, compared with babies born to women in their 20s and older.<sup>3</sup> Children of unwanted conception have a greater risk of being born at low birth weight, of dying in the first year of life, of being abused, and of having developmental disabilities than children of wanted conception.*

Children who are born to teen mothers also experience a wide range of problems.<sup>4</sup> They are more likely to grow up in less supportive and stimulating home environments, have impaired cognitive development, more behavioral problems, less education, and higher rates of both incarceration (for boys) and unintended teen pregnancies.

Teen pregnancy and childbirth cost U.S. taxpayers an estimated \$9 billion per year because of increased healthcare and foster care costs, increased incarceration rates among the children of teen parents, and lost tax revenue from teen mothers who earn less money because they have less education.<sup>5</sup>

### Teen Pregnancy in the United States<sup>6</sup>

Teen pregnancy and birth rates in the United States are substantially higher than those in other Western industrialized nations—more than 1 million American teenagers become pregnant each year, and more than 400,000 give birth. Nearly two-thirds of births to females younger than age 18 and more than half of those to females ages 18–19 years are unintended.

With the exception of a two-year increase between 2005 and 2007, teenage birth rates have declined each year since 1991. Data for 2008 and 2009 indicate that this downward trend continues. In 2009, a total of 409,840 infants were born to females ages 15–19 years, for a live birth rate of 39.1 per 1,000 females in this age group.

Non-Hispanic/Latino black youth, Hispanic/Latino youth, American Indian/Alaska Native youth, and socioeconomically disadvantaged youth of any race or ethnicity experience the highest rates of teen pregnancy and childbirth. Together, black and Hispanic/Latino youth comprise nearly 60% of U.S. teen births in 2009, although they represent only 35% of the total population of 15- to 19-year-old females.

### Teen Pregnancy in Chicago

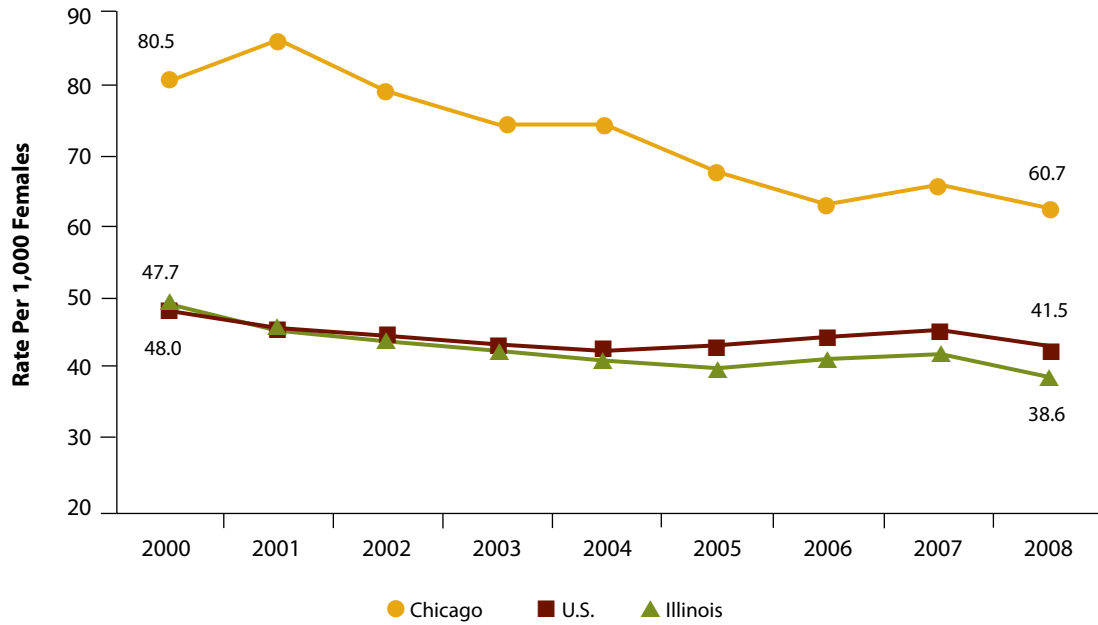
From 2000 to 2008, there was a 25% decline in the birth rate for Chicago's teens ages 15–19 (fig. 1). However, Chicago's teen birth rate has consistently exceeded the statewide and national rates during the past eight years. In 2008, the Chicago rate was 57% higher than the U.S. rate.

**Trends by Age.** Older teens (ages 18–19) have higher birth rates compared with younger teens (ages 15–17). The 2008 birth rate among 18- to 19-year-olds is 2.8 times the rate among 15- to 17-year-olds (87.8 vs. 38.8 per 1,000 teens) (table 1). From 2000 to 2008, live birth rates declined 29% among 15- to 17-year-olds and 24% among 18- to 19-year-olds.

**Trends by Race/Ethnicity.** The declining trend masks huge racial and ethnic disparities (fig. 2). In 2007 (the most recent year Chicago birth statistics are available for by race/ethnicity), the live birth rate among Black and Hispanic/Latino teens ages 15–19 years are 6.9 and 6.1 times higher than among Whites. Over 95% of Chicago's teen births in 2007 occurred among Black and Hispanic/Latina females.



**Figure 1—Teen Live Birth Rate Trends, Ages 15 - 19 , 2000–2008**



Data Sources: CDC, National Center for Health Statistics (US); Illinois Dept of Public Health (Illinois); Chicago Dept of Public Health (Chicago)

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**Table 1—Live Birth Rates\* among Chicago and U.S. Teens Ages 15–19, 2000–2008**

	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>Chicago</b>									
<b>15–17</b>	54.7	55.6	49.3	45.6	42.4	41.8	41.4	42.1	38.8
<b>18–19</b>	115.8	127.2	127.1	119.8	137.2	110.0	90.7	96.4	87.8
<b>15–19</b>	80.5	85.6	79.3	74.2	74.0	67.0	62.2	65.0	60.7
<b>U.S.</b>									
<b>15–17</b>	26.9	24.7	23.2	22.4	22.1	21.4	22.0	22.2	21.7
<b>18–19</b>	78.1	76.1	72.8	70.7	70	69.9	73.0	73.9	70.7
<b>15–19</b>	47.7	45.3	43	41.6	41.1	40.5	41.9	42.5	41.5

\*Rates are per 1,000 females in specified group.

Data Sources: Chicago Dept of Public Health; National Vital Statistics Reports, Vol. 56, No. 15; Vol. 57, No. 7; and Vol. 57, No. 12.

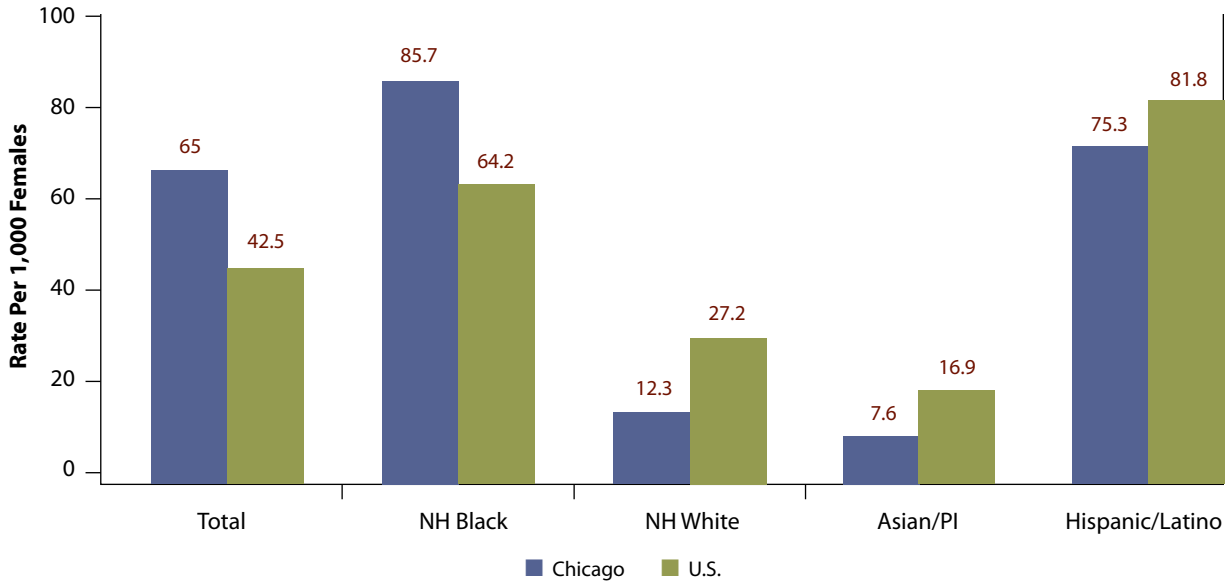
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**Trends by Health System Planning Region.** There are also large disparities in teen birth rates by geographic location. In 2007, the southwest and west regions of the city had the highest teen birth rates (fig. 3). The live birth rate in the southwest is four times that in the north region (92.4 vs. 22.8 per 1,000 teens).

### Repeat Births<sup>7</sup>

Repeated childbearing during adolescence reduces the likelihood that teen mothers will graduate high school, increases public costs associated with child welfare, increases criminal justice system involvement, and increases the likelihood of long-term poverty.

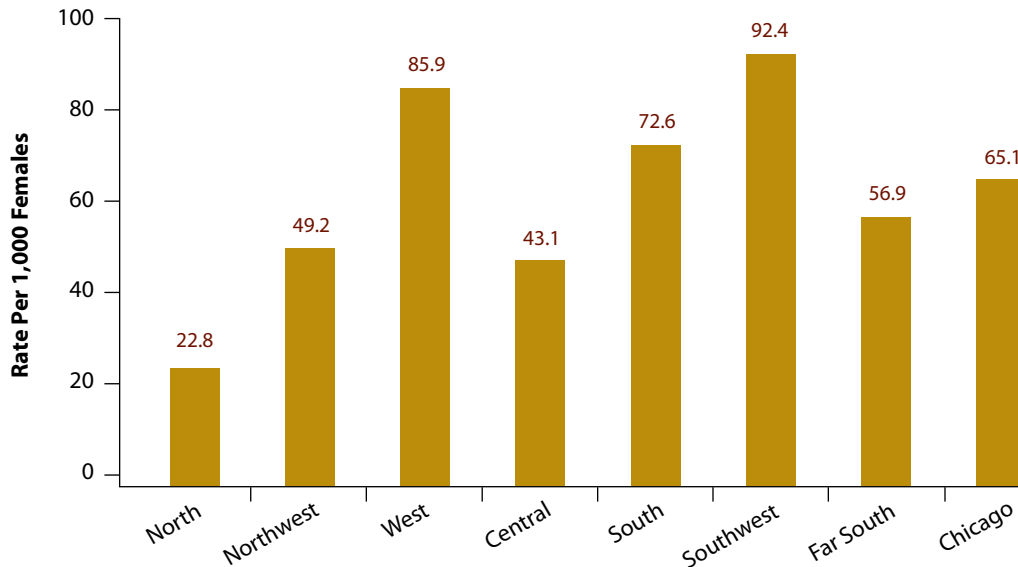
**Figure 2—Live Birth Rates Among Chicago Residents Ages 15–19, by Race/Ethnicity, 2007**



Data Sources: Chicago Dept of Public Health; National Center for Health Statistics

A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

**Figure 3—Live Birth Rates Among Chicago Residents Ages 15–19, by Health System Planning Region, 2007**



Source: Chicago Dept of Public Health

A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.



**Table 2. Frequency of Repeat Births Among Chicago Teens 15–19 years by Select Characteristics, 2007**

	15-19 Years	
	Total Births N	Repeat births %
<b>Total</b>	<b>6184</b>	<b>31.3</b>
<b>Race and Hispanic/Latino Origin</b>		
NH White	211	28.0
NH Black	3516	33.4
Hispanic/Latino	2420	28.5
Other/Unknown	37	21.6
<b>Health System Planning Region (N=6,121)</b>		
Central	280	27.5
Far North Side	922	27.9
Far South East Side	1612	32.5
Far South West Side	43	27.9
North Side	869	33.9
West Side	1579	30.3
South Side	816	32.2

Source: Chicago Dept of Public Health

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One-quarter of U.S. teenagers giving birth will bear another child within two years. Repeated births within 24 months of an index birth occur more commonly among African American (23%) and Hispanic/Latina (22%) girls than White adolescent mothers (17%).

In 2007, nearly one-fifth of U.S. teen births were repeat births.<sup>8</sup> Of the more than 400,000 births to females ages 15–19 in 2007, 88,059 (19.8%) were to teen females who already had given birth at least once.

In 2007, 31.3% of Chicago teen births were repeat births compared with 19.8% nationally. Older teens had a higher proportion of repeat births (38.8%) compared with younger teens (18.5%). As shown in Table 2, repeat births were highest among 15- to 19-year-old Black and Hispanic/Latino teens (33.4% and 28.5%, respectively). The proportion of previous births was highest among teens living in

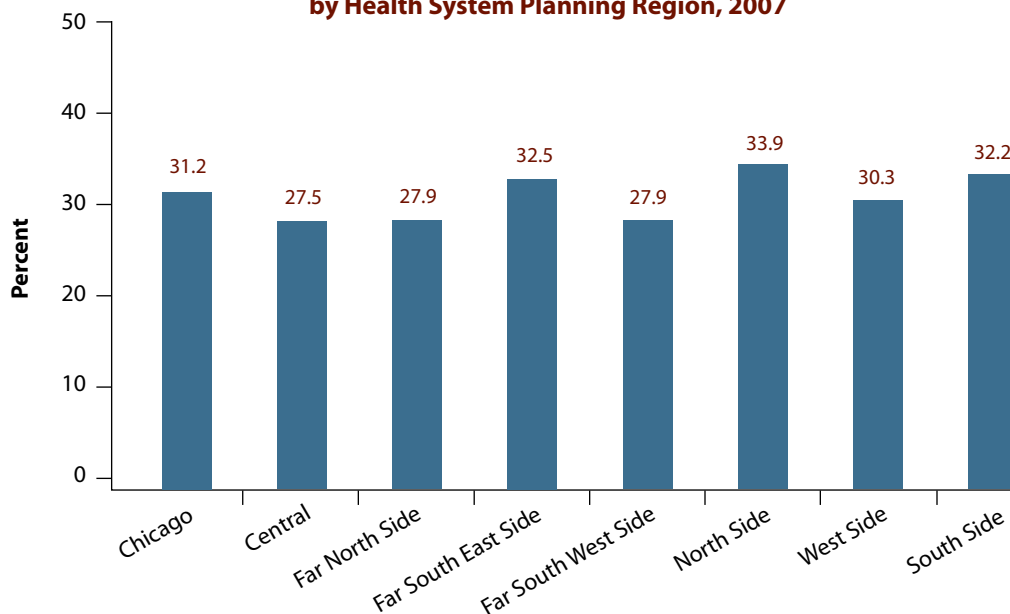
communities on the North Side, Far South East Side, and South Side (fig. 4).

### **Sexual Behavior among Chicago Public High School Students: Youth Risk Behavior Survey, 2009**

Youth who engage in sexual activity are at risk of contracting sexually transmitted infections (STIs) and becoming pregnant. In 2009, 46 percent of U.S. high school students reported ever having had sexual intercourse.<sup>9</sup> In the same year, among those reporting having had sexual intercourse during the past three months, 22.9% reported the use of birth control pills to prevent pregnancy before the last sexual intercourse and 61% reported use of a condom during the last sexual intercourse.

The Youth Risk Behavior Surveillance System (YRBSS)<sup>10</sup> monitors priority health-risk behaviors

**Figure 4—Repeat Births Among Chicago Residents Ages 15–19, by Health System Planning Region, 2007**



Source: Chicago Dept of Public Health

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and the prevalence of obesity and asthma among youth and young adults. YRBSS includes school-based national, state, and local Youth Risk Behavior Surveys (YRBS) conducted among representative samples of students in grades 9–12. It is a self-administered, anonymous questionnaire completed by a representative sample of public high school students. The Youth Risk Behavior Survey (YRBS) is conducted every two years.

2009 Chicago YRBS results are summarized below.

### **Sexual initiation**

Among Chicago public high school students, 53.6% are sexually experienced, that is to say, have had sexual intercourse. The proportion is lower for females (45.3%) than males (61.9%). Among female students, 46.3% of Blacks and 52.5% of Hispanic/Latinas have had sexual intercourse. Among male students, the proportions are 74.9% and 56.2% among Blacks and Hispanic/Latinas, respectively. Among sexually experienced students, 19.4% of

females and 47.2% of males first had intercourse at age 13 or earlier. 45.2% of Blacks and 21% of Hispanic/Latinos first had intercourse at age 13 or earlier.

### **Sexual activity**

Regarding current activity, 78.1% of sexually experienced females were sexually active (had sex in the past three months), compared with 68.7% among males. Among sexually experienced students, 23.9% had more than one partner in the past three months. The proportion is lower for females (15.4%) than males (30.3%).

### **Contraceptive use among sexually active students**

Among sexually active students, 82.8% used a condom or other method of protection at last intercourse. Only 5.9% of females and 4.0% of males used a condom and another method of protection (e.g., the birth control pill or Depo-Provera) at their last intercourse.





Among those who were currently sexually active, 89% had not used birth control pills and 95.8% had not used Depo-Provera prior to the last sexual intercourse. Ninety-five percent did not use both a condom and either birth control pills or Depo-Provera before the last sexual intercourse.

**Forced sex**

13.0% of sexually experienced students reported being forced to have sex. The proportion is slightly higher among females (14.4%) than males (12.1%).

**Prenatal Care and Pregnancy Outcomes**

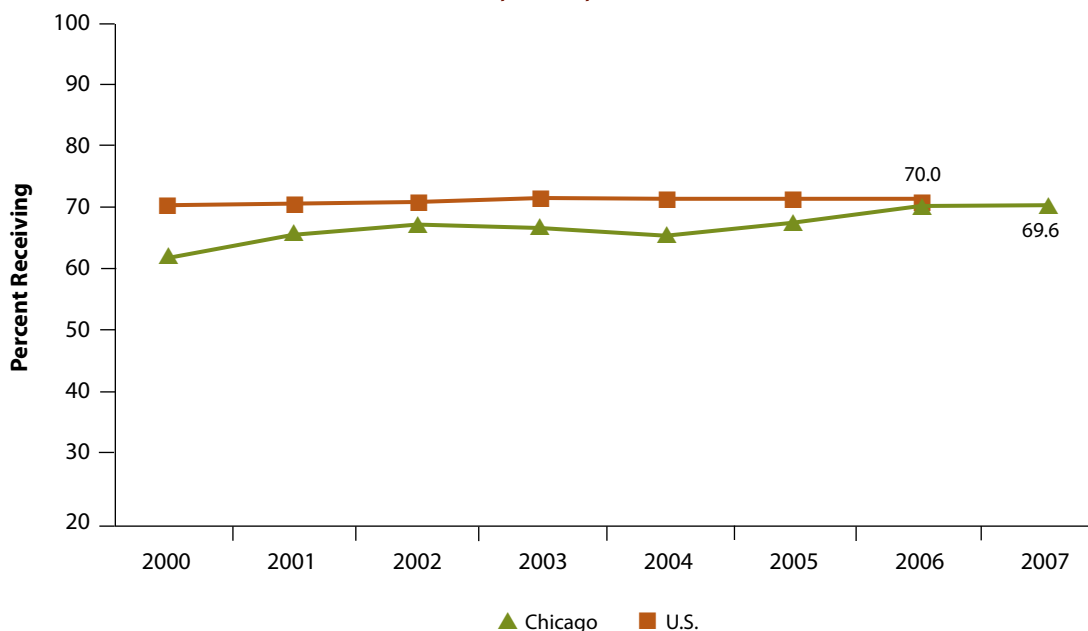
There is substantial evidence to indicate that women who receive insufficient, late, or no prenatal care have increased risks of poor pregnancy outcome. Women, especially adolescents, who do not want a child tend to delay or never receive prenatal care.<sup>11</sup> Because pregnant teens are less likely to receive adequate prenatal care,<sup>12</sup> their babies are more likely to be low birth weight (defined as less than 2,500

grams or 5 lb 8 oz). In 2007, the low birth weight rate among 15- to 19-year-olds was 20% higher compared with the rate for all ages (9.8% vs. 8.2%, respectively).<sup>13</sup> Infants born to teenage mothers also have a higher infant mortality rate.<sup>14</sup>

In 2008, the Agency for Healthcare Research and Quality’s National Health Disparities Report Card showed that large racial disparities remain in access to prenatal care.<sup>15</sup> American Indian/Alaskan Native women and Hispanic/Latino women were twice as likely to lack prenatal care as White women. Black women are 1.6 times as likely as White women to lack prenatal care.

In Chicago, the percentage of teen mothers receiving prenatal care during their first trimester increased from 61.2% in 2000 to 69.6% in 2007, a 13.7% increase (fig. 5). The Healthy People 2010 prenatal goal is to increase the percent of infants born to pregnant women receiving prenatal care beginning in the first trimester to 90.0%.

**Figure 5—Trimester Prenatal Care Among Chicago and U.S. Teens, 15–19, 2000–2007**



Sources: Chicago Dept of Public Health; National Center for Health Statistics, Vital Stats

Healthy People 2010 Target = 90%

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Table 3 shows characteristics of teen mothers receiving prenatal care during the first trimester. Hispanic/Latino mothers had slightly higher levels of first trimester prenatal care compared with other racial/ethnic groups.

### Community Perceptions

To understand how communities view teen pregnancy, we conducted key informant interviews with multiple stakeholders from four community areas (Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham). Questions were designed to elicit stakeholder perceptions regarding the frequency and impact of teen pregnancy, and the types of resources and assets available to combat teen pregnancy. Key informants included aldermen, school administrators, community health center directors, faith-based leaders, and directors of other community-based organizations. Between three and six interviews per community area were completed.

**Albany Park** All interviewees agreed that teen pregnancy is very common in Albany Park. However, when asked to describe the impact of teen pregnancy on the community, responses were mixed. Individuals who stated that teen pregnancy has a major impact described its effect on the level of education attained (high rate of school drop outs) and income level (teens who become pregnant end up on welfare). Teen pregnancy prevention education and adolescent reproductive health services in the community are provided primarily by the public schools and one teen health clinic. When asked what resources are needed to reduce the prevalence of unintended pregnancy among teens in Albany Park, one respondent suggested offering more after-school programs, or “*something to keep them busy.*”

**Auburn Gresham** Perceptions about the prevalence of teen pregnancy were mixed, ranging from unsure to very common. One respondent who stated that teen pregnancy is somewhat common described the economic impact that it has on the community—

**Table 3. Percent of Chicago Teens Receiving Prenatal Care in First Trimester by Race/Ethnicity and Age, 2007**

	%
Total (N=4,305)	69.6
<b>Race and Hispanic/Latino Origin*</b>	
NH White (n=140)	66.4
NH Black alone (n=2,339)	66.5
Hispanic/Latino origin (n=1,804)	74.6
Other/Unknown (n=22)	59.5
<b>Age</b>	
15–17 (n=2,311)	24.3
18–19 (n=3,875)	45.3
15–19 (n=6,186)	69.6

Source: Chicago Dept of Public Health

\* n for each racial/ethnic category is the total number of births to teens 15–19 years old

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teen mothers are less likely to stay in school and more likely require some sort of income subsidy. When asked about community-based initiatives or programs focused on preventing teen pregnancy, respondents mentioned Family Focus, ACCESS Community Health Center at Perspectives–Calumet Middle School, and Community Youth Development Institute, an alternative high school for at risk youth and high school dropouts between the ages of 16 and 21.

**Chicago Lawn** All interviewees perceive teen pregnancy in Chicago Lawn as common, citing the high number of teens seeking prenatal care at the local clinics and the number of pregnant teens attending Gage Park High School. Metropolitan Family Services and Chicago Family Health Center were mentioned as the primary organizations that provide pregnancy prevention education and reproductive health services to teens in the community.



Teen pregnancy is also perceived to have a moderate to major impact on the community, particularly its effect on the high school dropout rate. One of the major barriers to completing high school after becoming pregnant is a lack of child care services. To prevent teens from dropping out of school after becoming pregnant, one respondent suggested that the community offer services like day care and mentoring to teen mothers, but only if they remain in school. Another respondent stated that the way in which certain income subsidies are structured potentially incentivizes teens to become pregnant: *“It’s almost like the system is built [so] that the more children you have, the more money you get on the LINK card, so that’s how they look at it: ‘If I have a baby, then I can have a house.’”*

**South Lawndale** Teen pregnancy is perceived to be very common in South Lawndale. Statements such as *“There are a lot of young girls pushing baby strollers”* and *“Teen pregnancy is through the roof here”* were made by respondents when describing the magnitude of the issue. A lack of comprehensive sex education in schools was cited as a major barrier to reducing teen pregnancy. Parental resistance to discussing the topic of sex with their children is another barrier. According to one respondent, *“The hardest thing is getting a mom talking to her son about pregnancy, getting the dad talking to his daughter about sex. I mean, they just don’t do it.”* Respondents mentioned Alivio Medical Center on the Little Village Lawndale High School campus and the Jorge Prieto Clinic as providers of reproductive health services and education for teens. Information about pregnancy prevention is also provided at community health fairs.

## **Teen Pregnancy Prevention Initiatives in Chicago**

### **1. Chicago Department of Public Health**

Currently, CDPH does not have any specific initiatives focused on reducing teen pregnancy. However, teen pregnancy prevention education is integrated into

its existing STI/HIV/AIDS prevention programs and partnerships with Chicago Public Schools and other community based organizations. CDPH clinics also offer family planning clinical services and education for low-income women of child-bearing age.

### **Adolescent Health Program**

The Adolescent Health Program (AHP) is a services unit under the Community-Based Services Section of the Division of STI/HIV/AIDS within the Chicago Department of Public Health. The primary goal of the AHP is to reduce the rates of STI/HIV/AIDS disease among Chicago adolescents ages 12–24 through education, health screening, and treatment. The program targets youth in high morbidity areas for STI/HIV/AIDS, communities with a large reentry population, and other settings where adolescents are engaged in high-risk sexual behavior, such as juvenile incarceration facilities. AHP provides education, training, and technical assistance to a variety of youth-serving organizations on various STI/HIV/AIDS prevention strategies, including: (1) condom use and negotiation skills, (2) abstinence, (3) postponement of sexual activity, and (4) peer training. AHP also offers STI/HIV/AIDS education and testing at CDPH’s specialty clinics. AHP has established partnerships with Chicago Public Schools, Cook County Juvenile Temporary Detention Youth Center of Chicago, and various youth-focused coalitions such as the Better Boys Foundation, Illinois Youth Center, Connect 2 Protect, and the YMCA.

### **Family Planning Program**

Since 1965, CDPH has been providing family planning clinical and education outreach services for low-income women of child-bearing age who are residents of the city. CDPH targets economically challenged community areas that have high rates of teen births, infant morbidity and mortality, and STIs. Clinical services include physical examinations, laboratory tests, health education/counseling, STI/HIV screening and treatment, and prescription of birth control methods. Clients receive services regardless of their ability to pay. During the calendar

year 2009, CDPH provided 11,999 family planning service visits to 6,621 clients. Of these, 2,384 (36%) were new to the program, and 4,237 (64%) were continuing clients. One hundred and eighteen (2%) of the clients were adolescents age 17 years and younger.

Family Planning Program staff provides community outreach education on topics such as: substance abuse; anatomy and physiology of the male and female reproductive systems; STI/HIV prevention; birth control methods; and the recognition and prevention of sexual coercion. During 2009 the staff provided 31 community outreach sessions to 1,532 participants in public schools and community agencies and to family case management staff. The participants who completed the customer satisfaction surveys reported an average of 96% satisfaction with these presentations.

#### ***CDPH/Chicago Public Schools STI Collaboration***

This collaborative effort began in fall 2009 under an intergovernmental agreement between CDPH and CPS and in partnership with the CPS, School-Based Health Centers (SBHC), and other community partners. The purpose of CDPH/CPS STI project is to reduce the spread of sexually transmitted infections among teens and adolescents in Chicago by establishing a voluntary, expanded STI education and screening project for all 11th and 12th grade students in selected CPS high schools. The group conducts STI prevention and screening in CPS high schools, including alternative and charter schools. The project consists of health education, voluntary screening for chlamydia and gonorrhea, provision of test results, and assurance of timely treatment and follow-up.

The project has been implemented successfully in three Westside high schools. Four hundred students were educated, and almost 280 received STI screening and counseling services. Of these students, 10–12% tested positive for an STI and 100% of these were successfully treated. These

students also received an HIV test through the school-based health centers. The partners plan to expand the education, counseling and screening activities to other Chicago schools with special emphasis on schools that have high youth morbidity rates from gonorrhea and chlamydia.

## **2. Chicago Public Schools**

Although sex education is optional in Illinois schools and abstinence-only-until-marriage programs are the standard, Chicago public schools have been providing “age-appropriate and comprehensive” sex education (abstinence, contraception, and the prevention of sexually transmitted diseases) since 2006. Starting in fifth grade, students are educated on health topics including sexually transmitted infections and pregnancy.

In October 2010, Chicago Public Schools (CPS) were awarded more than \$3.9 million in federal funding through the national Teen Pregnancy Prevention Initiative (TPPI).<sup>16</sup> TPPI favors implementation of evidence-based programs and programs providing medically accurate and age-appropriate comprehensive sex education over abstinence-only programs. Chicago Public Schools will implement the Chicago Teen Pregnancy Prevention Initiative using the Teen Outreach Program (TOP) model, reaching approximately 9,000 ninth grade students enrolled in almost 40 target schools per year. The overarching goal of this initiative is to reduce teen pregnancy by improving Chicago youth’s life skills, healthy behaviors, and community engagement. The program includes plans for a condom availability program, a teen health hotline, community service programming, a youth advisory committee, and a social media campaign. The project also includes an independently conducted rigorous evaluation, with half of the students randomized into a control condition. Illinois Caucus for Adolescent Health and Planned Parenthood are subcontractors under the Chicago Public Schools grant.



**Table 4—Elev8 Chicago Partnerships**

Lead Agency	School	# of Students	Health Partner	Additional Partners
Logan Square Neighborhood Association (LSNA)	Ames	637	PrimeCare	Advocate Behavioral Health
SouthWest Organizing Project (SWOP)	Marquette	550	ACCESS	Metropolitan Family Services
The Resurrection Project (TRP)	Orozco	620	Alivio	Pilsen Neighborhood Community Council
Greater Auburn Gresham Development Corporation (GADC)	Perspectives	450	ACCESS	St. Sabina CWF
Quad Communities Development Corporation (QCDC)	Reavis	160	Near North Health	The Cara Program
<b>Total</b>	<b>5</b>	<b>2,417</b>	<b>4</b>	

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### 3. Community-Level Programs

#### **Teen Pregnancy Prevention Primary Program TP4<sup>17</sup>**

Methodist Youth Services (MYS) is a nonprofit, nonsectarian child welfare agency that serves otherwise homeless abused and neglected or delinquent youth under the direction of the Illinois Department of Children and Family Services or the Department of Corrections. MYS is licensed by the State of Illinois and certified as a provider of Medicaid eligible services. The agency provides clinical and case management services to at-risk youth and families in each of its programs.

In collaboration with the Illinois Department of Human Services, MYS has initiated TP4, a teen pregnancy prevention program in the Pilsen community working in local area elementary and secondary schools. This innovative educational program is designed to engage young men and young women while strengthening the knowledge and communication skills of their parents. The male involvement and service learning curricula includes traditional elements of health education in which students receive positive messages of abstinence and safe sex practices.

#### **Elev8 Chicago<sup>18</sup>**

Elev8 Chicago (formerly Integrated Services in Schools) is a community-based initiative that seeks to transform the educational achievement and life outcomes of disadvantaged students in five Chicago middle schools: Ames, Marquette, Orozco, Perspectives-Calumet, and Reavis. Elev8 Chicago establishes networks of relationships among school and community partners to implement extended-day learning (e.g., after-school, Saturday, and summer programs); comprehensive on-site, school-based health services; and mentoring. The initiative also facilitates family access to a variety of income and social supports such as tax credits and healthcare coverage. Elev8 Chicago partnerships are shown in Table 4.

A primary objective of the Elev8 program is to provide adolescent-centered health services and education in school-based health centers. The health centers are part of a larger plan to address obstacles to academic success that are prevalent in low-income neighborhoods, including poor eating and health habits, depression, and risk-taking behaviors. Educational programs and on-site services are designed to encompass all aspects of health (e.g., physical and mental), with an emphasis on prevention.

Atlantic Philanthropies, an international foundation supporting the Elev8 program, has made comprehensive, age-appropriate sex education a requirement for funding. By doing so, the expectation is that all Elev8 students will know how to prevent pregnancy and sexually transmitted diseases, and have the ability to apply responsible decision-making skills with regard to their personal health by the time they graduate. Schools use a variety of approaches to provide sex education. For example, Perspectives-Calumet Middle School in Auburn Gresham offers comprehensive and age-appropriate sex education in seventh and eighth grades as part of its Healthy Lifestyles course. Teachers and health center staff co-teach the curriculum to students. Families are also provided with materials to help them talk with their children about sexuality in the media and are engaged in the schools' sex education program through a parent seminar. Ames Middle School in Logan Square hired an external provider, the Chicago Women's Health Center, to provide sex education to its students rather than assign it to a health or science teacher.

Other community-based programs and initiatives to reduce teen pregnancy in Chicago are found in Appendix 6.

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# Injuries and Deaths from Motor Vehicle Crashes in Chicago

## Overview<sup>1-3</sup>

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### U.S.

*Motor vehicle crashes are the leading cause of death among those ages 5–34 in the U.S. More than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2009. The economic impact is also notable: according to a study by the Centers for Disease Control and Prevention, the lifetime costs of crash-related deaths and injuries among drivers and passengers were \$70 billion in 2005.*

Based on the magnitude of the issue and the availability of evidence-based, cost-effective strategies to prevent both injury and death from motor-vehicle crashes, CDC has identified motor vehicle crashes as a winnable battle. Recent analyses of motor vehicle fatalities from the National Highway Traffic Safety Administration showed that in 2008, an estimated 244 lives were saved by the use of child restraints; 13,250 lives of people 5 and older were saved by seat belts; 2,546 lives of people 13 and older were saved by air bags; 1,829 lives were saved by the use of motorcycle helmets, and 714 lives were saved by minimum-drinking-age laws.

## Chicago

### Crashes

Traffic summaries and crash reports from the Illinois Department of Transportation (IDOT) serve as the primary source of crash statistics in this report. 2009 is the most recent year for which data are available.

The number of crashes, by crash type, is presented in table 1. The total number of crashes has been steadily declining since 2007. Between 2008 and 2009, fatal crashes decreased 9.6%. Property damage-only crashes declined 26%.

### Geographic Distribution of High Crash Intersections

Table 2 shows the location of intersections in Chicago that were identified by the Chicago Metropolitan Planning Area as having the highest number of total or serious crashes in 2005–2006.<sup>4</sup> Serious crashes are crashes involving fatalities or incapacitating injuries. Whether the goal is to reduce the total number of crashes or the most serious crashes, examining where specific types of crashes occur can provide clues about which approaches will best promote safety in each location.

### Fatalities and Injuries

The motor vehicle fatality rate is measured by total fatalities per 100 million vehicle miles of travel (VMT). Rates are calculated using the latest annual estimates of vehicle miles of travel (VMT) from IDOT's Traffic Count Program.<sup>5</sup>

**Table 1— Number of Crashes by Crash Type**

Crash Type	2007	2008	2009	% Change (2008 to 2009)
Fatal Crashes	164	156	141	-9.6
Nonfatal Crashes				
Injury Crashes	17,638	15,559	15,624	0.4
Property Damage- Only Crashes	103,090	95,978	66,206	-31.0
<b>Total</b>	<b>120,892</b>	<b>111,693</b>	<b>81,971</b>	<b>-26.6</b>

Source: Illinois Dept of Transportation

A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.



**Table 2—Chicago Intersections With the Highest Numbers of Either Total Crashes or Serious Crashes in (2005-2006)**

Intersection	Zip Code	Community Area	Planning Region	Total Crashes <sup>^</sup>		Serious Crashes <sup>*</sup>	
				No.	Rate	No.	Rate
N Cicero Ave & W Lawrence Ave	60630	Albany Park	Northwest	162	3.72	5	0.1
S Halsted St & W 79th St	60620	Auburn Gresham	Far South	93	3.45	7	0.24
N Cicero Ave & W Fullerton Ave	60639	Belmont Craigan	Northwest	165	3.95	5	0.1
N Cicero Ave & Il-64	60639	Belmont Craigan	Northwest	94	NA	9	NA
S Stony Island Ave & E 95th St	60628	Burnside	South	257	4.13	7	0.1
S Cottage Grove Ave & E 87th St	60619	Chatham	South	145	NA	8	NA
S Californave & W 63rd St	60629	Chicago Lawn	Southwest	58	2.71	7	0.31
S Cicero Ave & W 55th St	60632	Garfield Ridge	Southwest	154	2.38	2	0.02
S Stony Island Ave & S South Chicago Ave	60619	Greater Grand Crossing	South	297	4.64	4	0.05
S Cottage Grove Ave & E 79th St	60619	Greater Grand Crossing	South	114	NA	7	NA
N Pulaski Rd & W Irving Park Rd	60618	Irving Park	Northwest	168	3.93	3	0.06
N Western Ave & W Fullerton Ave	60647	Logan Square	Northwest	158	3.79	4	0.09
N Pulaski Rd & W Diversey Ave	60647	Logan Square	Northwest	76	3.01	7	0.27
S Lake Shore Dr & E Monroe Dr	60601	Loop	Central	124	1.13	10	0.08
N Western Ave & W Addison St	60618	North Center	North	163	3.49	2	0.04
Cicero Ave & W Belmont Ave	60641	Portage Park	Northwest	126	3.06	10	0.23
S Halsted St & W 95th St	60620	Washington Heights	Far South	145	4.49	7	0.2
S Cottage Grove Ave & E 67th St	60637	Woodlawn	South	51	NA	7	NA

Source: CMAP—High Crash Locations with Intersections, Metropolitan Chicago, 2005-2006

<sup>^</sup> The crash rates are based on crashes per 1,000,000 vehicles entering the intersection.

<sup>\*</sup> Serious crashes include those with a fatality or incapacitating injury

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In 2009, 151 people died in motor vehicle traffic crashes in Chicago, a 9% decline in the number of people killed compared to the previous year (fig. 1, table 3). The fatality rate declined 12%, whereas the overall injury rate did not change compared with the previous year. Despite a 3% increase in VMT in 2009 (12,035,778 million vs. 11,671,444 million in 2008), the decline in the number of fatalities is notable.

#### **Alcohol-Impaired Motor Vehicle Fatalities**

Fatalities in alcohol-related crashes are on the decline in Chicago. From 2008 to 2009, alcohol-impaired driving fatalities declined 12%, from

32 to 28 people. Illinois shows a similar trend. In 2009, 373 Illinois motorists died in alcohol-related crashes, compared with 425 in 2008.<sup>6</sup> According to IDOT, the reduction may be attributed to stronger enforcement and increased safety belt usage.

#### **Pedalcyclist and Pedestrian Crash Fatalities**

Pedestrians and pedalcyclists are the most vulnerable road users. In 2009, 20% of all motor vehicle fatalities in Chicago were pedestrians. This exceeds the percentage for both Illinois<sup>7</sup> and the U.S.<sup>8</sup> (12.2% and 11.8%, respectively). However, the number of pedestrian deaths decreased from

**Table 3—Number and Rate of Fatalities and Injuries by Year**

	2007	2008	2009	Change	% Change (2008–2009)
Total Fatalities	191	166	151	-15	-9%
Fatality Rate*	1.63	1.42	1.25	0	-12%
Total Injuries	24,612	21,313	21,958	645	3%
Injury Rate*	210.3	182.6	182.4	0	0%

\*per 100 million vehicle miles traveled

Source: Illinois Dept. of Transportation

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**Table 4—Nonoccupants Killed and Injured in Traffic Crashes**

	Killed					Injured				
	2007	2008	2009	Change (2008 to 2009)	% Change	2007	2008	2009	Change (2008 to 2009)	% Change
Pedestrians	42	52	31	-21	-40.4%	3,813	3379	3,173	-206	-6.1%
Pedalcyclist	3	5	5	0	0	1,817	1527	1472	-55	-3.6%
<b>Total*</b>	<b>191</b>	<b>166</b>	<b>151</b>	<b>-15</b>	<b>-9.0%</b>	<b>24,612</b>	<b>21,313</b>	<b>21,958</b>	<b>645</b>	<b>3.0%</b>

\*total includes occupants and other nonoccupants not shown in this table

Source: Illinois Dept of Transportation

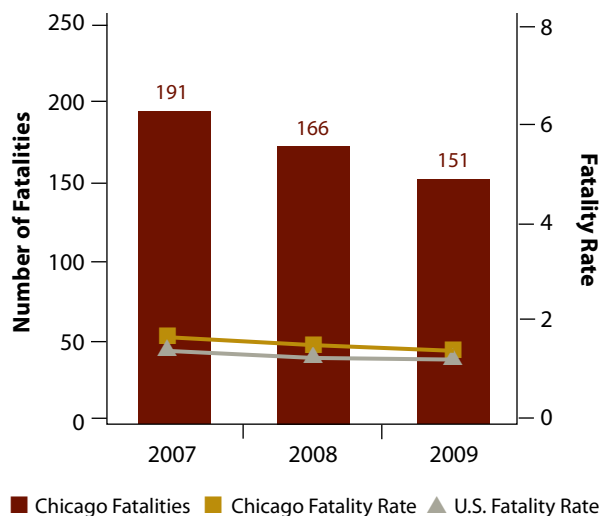
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52 in 2008 to 31 in 2009 (table 4). The number of pedalcyclist deaths was unchanged from 2008 to 2009.

## Demographic Characteristics of Individuals Killed in Motor Vehicle Crashes

### National Overview<sup>9-11</sup>

In 2007, approximately 44,000 persons were killed in motor vehicle crashes, or 14.5 deaths per 100,000 population. By age, teen drivers have the highest motor vehicle crash risk of any age group, and crashes are the leading cause of death among teens in the United States. In 2009, approximately 3,000 teens ages 15–19 died in motor vehicle crashes—approximately 500 fewer deaths than occurred in 2008 in this age group. From 2004 to 2008 the fatality rate for drivers ages 16 or 17 years declined 38%, to 16.7 per 100,000 population; however, rates varied widely by state (range: 9.7–59.6).

**Figure 1—Fatalities and Fatality Rate Per 100M VMT by Year**

Sources: Illinois Dept of Transportation (Chicago); National Highway Transportation Safety Administration (US); Vehicle Miles Travelled (VMT): Federal Highway Administration

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Older adults are also at increased risk of being injured or killed in a motor vehicle crash - deaths per capita among males and females begin to increase markedly starting at ages 70–74. In 2007, the death rate among adults 70 years and older was 20.5 per 100,000 population.

Racial/ethnic minorities and males have disproportionately higher fatality rates from motor vehicle crashes. In 2007, American Indian/Alaska Native and males had the highest motor vehicle-related death rates.

### Chicago

Motor vehicle accident mortality data was obtained from CDPH. 2007 is the most current year for which mortality data are available for Chicago.

Data were examined by age, race/ethnicity and sex. Race/ethnicity was divided into four mutually exclusive categories: non-Hispanic/Latino Whites, non-Hispanic/Latino Blacks, non-Hispanic/Latino Asian/Pacific Islanders, and Hispanic/Latinos of all races. All Hispanic/Latinos were grouped in the Hispanic/Latino category; therefore, references to race refer to non-Hispanic/Latino members of that race (e.g., Blacks are non-Hispanic/Latino Blacks). CDPH does not collect information on other characteristics such as income level; therefore variability in motor vehicle-related deaths for other characteristics is not included in this report.

Table 5 summarizes death rates from motor vehicle crashes by age, sex, and race/ethnicity.

During 2007, the overall motor vehicle-related age-adjusted death rate in Chicago was 8.5 deaths per 100,000 population, down from 10.6 deaths per 100,000 population in 2004. Drivers age 75 years and older had the highest death rate, although the highest number of deaths occurred among drivers ages 15–24 years.

By race/ethnicity, the death rate was highest among Blacks (11.3 per 100,000 population), approximately

**Table 5—Motor Vehicle Fatalities (Number and Rate per 100,000) by Select Characteristics—Chicago, 2007**

	No. of Deaths	Rate
Total	220	8.51
<b>Age</b>		
<=14	15	–
15–24	58	14.5
25–34	45	10.0
35–44	27	6.4
45–54	19	–
55–64	17	–
65–74	18	–
>=75	21	15.9
<b>Race/Ethnicity<sup>1</sup></b>		
NH White	49	5.5
NH Black alone	108	11.3
Hispanic or Latino origin (of any race)	59	8.2
Asian/Pacific Islander	3	–
Other/Unknown	1	–
<b>Gender<sup>1</sup></b>		
Female	59	4.2
Male	161	12.0

Source: Chicago Dept of Public Health

<sup>1</sup> Rates are per 100,000 persons and are age-adjusted to the 2000 U.S. standard population (Census P25-1130).

Populations used for computing death rates are postcensal estimates based on the 2000 census estimated as of July 1, 2007

– rate not calculated due to insufficient sample size

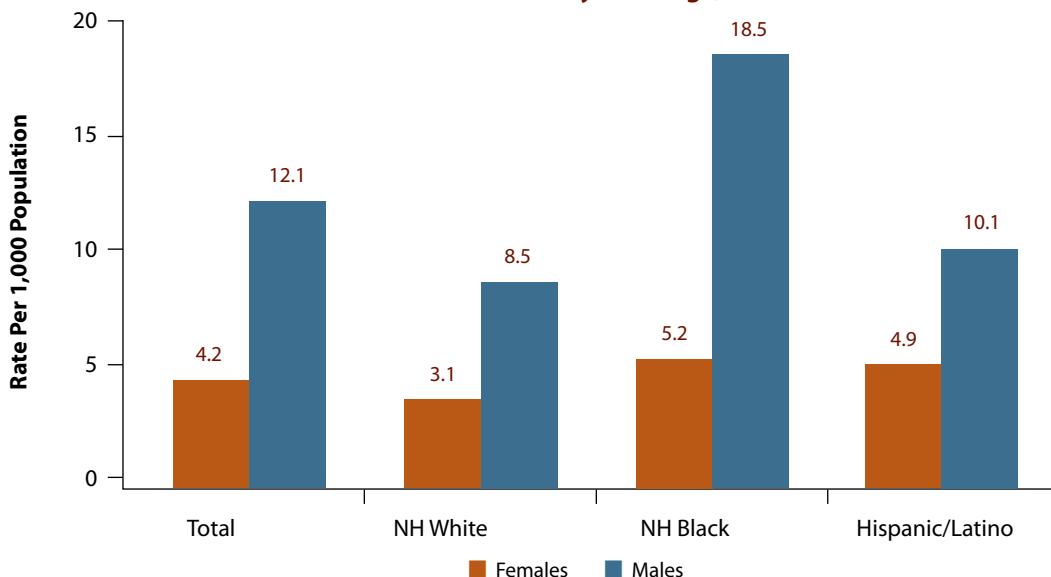
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twice that of Whites (5.5 per 100,000 population). For all racial/ethnic groups, males had death rates that were 2 to 3.5 times higher than the rates for females (8.5 per 100,000 population versus 3.1 for Whites; 18.5 versus 5.2 for Blacks; and 10.1 versus 4.9 for Hispanic/Latinos, for males and females, respectively) (fig. 2).

Among females, blacks also had the highest motor vehicle-related death rates, with approximately 5.2 deaths per 100,000 population per year. Hispanic/



**Figure 2—Motor Vehicle-Related Death Rates by Gender and Race/Ethnicity—Chicago, 2007**



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Latina females had the second-highest death rates (approximately 5 deaths per 100,000 population per year), followed by Whites (approximately 3 deaths per 100,000 population per year). These trends reflect national trends, the exception being that American Indian/Alaskan Natives have the highest death rates among both males and females.

### Community Perceptions

Although the prevalence of motor vehicle injuries and fatalities is relatively uncommon, few people engage in behaviors known to prevent serious injury and death from crashes, such as wearing seat belts, wearing helmets and using child car seats.

**Albany Park** Motor vehicle injury and fatalities were perceived as either uncommon or undetermined. However, there was consensus among respondents that children are often not properly restrained while riding in cars.

**Auburn Gresham** Motor vehicle injury and fatalities are not perceived as common in Auburn Gresham. Respondents attribute this to few people owning

cars and a predominantly older (i.e., older than 55 years) population. Respondents also reported that the use of seat belts while riding in vehicles is "low," as is wearing a helmet when riding bicycles/motorcycles.

**Chicago Lawn** Motor vehicle injury and fatalities are not perceived as common in Chicago Lawn. Kids use seat belts regularly. CAPS conducts regular seat safety training at the schools.

**S Lawndale** Perceptions about the prevalence of motor vehicle injury and fatalities are mixed, ranging from unsure to extremely common. However, all agreed safe driving behaviors such as using seat belts are uncommon: "When it comes to using seat belts and putting kids in proper car seats, most people don't do that" and "We might look and say, 'Oh, there aren't really any motor vehicle injuries,' but when we talk to people they say, 'Well, actually we kind of drive erratically and we don't wear seat belts.'"





## Initiatives to prevent motor vehicle crash-related injuries and death in Chicago

Overall motor vehicle–related mortality can be reduced through increased adoption of evidence-based strategies, including enforcement of primary seat belt laws, child passenger safety initiatives such as seat checks, teen driver safety initiatives such as graduated driver licensing programs, and campaigns to reduce alcohol-impaired driving.

### Seat Belt Use

Seat belt use is the single most important factor in preventing or reducing the severity of injuries to vehicle occupants involved in a traffic crash.<sup>12</sup> National and state-level data indicate that an increase in the safety belt usage rate is highly correlated with a decrease in motor vehicle fatalities.<sup>13</sup> The primary method for measuring safety belt use in Illinois is through a statewide annual observational survey.

To monitor safety belt usage in Illinois, the Illinois Department of Transportation conducts an annual, observational survey. The survey design is based on the National Highway Traffic Safety Administration’s requirements. Results from the 2010 survey are shown in table 6.

The collar counties (DuPage, Kane, Lake, McHenry, and Will) had the highest usage rate, at 94.2%, closely followed by the downstate counties (Champaign, Macon, Montgomery, Peoria, Rock Island, and St. Clair), at 92.%. Cook County had a seat belt usage rate of 91.0%. The city of Chicago had the lowest rate, 88.0%. Nationally, the seat belt usage rate is 84%.<sup>14</sup>

Experience across the nation clearly demonstrates that high safety belt usage rates (above 80%) are not possible in the absence of highly publicized enforcement. The threat of serious injury or even death is not enough to persuade some people—especially young people who believe they are invincible—to always buckle up. The only proven

**Table 6—Safety Belt Usage Rates in Illinois (June 2010)**

Selected Characteristics	Total Observed (1)	Actual Usage Rate (2)
<b>Statewide (258)</b>	<b>136,674</b>	<b>92.6%</b>
<b>Regions</b>		
City of Chicago (46)	21,861	88.0%
Cook County (40)	16,136	91.0%
Collar Counties (118)	72,543	94.2%
Downstate (54)	26,134	92.5%
<b>Road Type</b>		
Residential (190)	71,259	90.9%
U.S./Illinois Highways (40)	23,614	91.8%
Interstate Highways (28)	41,801	95.6%
<b>Day of Week</b>		
Weekends (115)	67,655	94.0%
Weekdays (143)	69,019	91.0%

Source: Illinois Dept of Transportation. Safety Belt Usage in Illinois, June 2010 Observational Survey Results

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way to get higher risk drivers to use safety belts is through the real possibility of a ticket or a fine.

### Click it or Ticket Campaign<sup>15</sup>

Click It or Ticket (CIOT) is a nationally recognized, high-visibility, massive enforcement effort to detect violators of safety belt laws. In coordination with the National Highway Traffic Safety Administration (NHTSA) and county and local law enforcement agencies, the program aims to increase safety belt and child safety use across the state by means of a highly publicized enforcement campaign of states’ mandatory safety belt law.<sup>16</sup> The goal of the CIOT campaign is to save lives and reduce injuries resulting from motor vehicle crashes by increasing the safety belt usage rate. In Illinois, the target is an increase of at least 3–5 percentage points.

Enforcement campaigns typically last two weeks. During this period, zero-tolerance enforcement focusing on safety belt violations is carried out

**Table 7—Chicago Law Enforcement Activities and Costs for Safety Belt Campaign, 2010**

1	2	3	4	5	6	7	8	9	10	11	12
Grantee Type	Law Enforcement Agency	Total Patrol Hours During YDDYL Enforcement	Total Citations During YDDYL Enforcement	Occupant Protection Violations	% Occupant Protection Violations	DUI Arrests	% DUI Arrests	Citation Written Every X Minutes	Cost Per Citation	Cost Per Hour	Total Cost
Holiday Mobilization	Chicago	1201	2463	2112	85.70%	3	0.10%	29.3	\$28.59	\$58.63	\$70,416.00
Local Alcohol Program	Chicago	300	430	14	3.30%	14	3.30%	41.9	\$38.63	\$55.37	\$16,611.00
SUBTOTAL - Agencies with HM grants		6,301.50	9,393	7,311	77.80%	52	0.60%	40.3	\$34.59	\$51.55	\$324,872.20
SUBTOTAL - Agencies with LAP grants		1,393.50	1,667	123	7.40%	147	8.80%	50.2	\$44.26	\$52.95	\$73,785.61
<b>TOTAL—All agencies with multiple grants (N=39)</b>		<b>10,494.80</b>	<b>14,867</b>	<b>9,323</b>	<b>62.70%</b>	<b>283</b>	<b>1.90%</b>	<b>42.4</b>	<b>\$36.92</b>	<b>\$52.30</b>	<b>\$548,852.88</b>

Source: Illinois Dept of Transportation, Division of Traffic Safety. Evaluation of the 2010 Illinois “Click It or Ticket” Campaign Traffic Law Enforcement Program (TLEP)

Column 1: Type of grant that agency had

Column 2: Participating law enforcement agency

Column 3: Number of patrol hours conducted during YDDYL enforcement

Column 4: Total number of citations written by law enforcement agency during statewide YDDYL enforcement

Column 5: Total number of occupant protection violations (seat belt and child safety seat) written by law enforcement agency during statewide CIOT enforcement

Column 6: Percentage of total citations that were occupant protection violations

Column 7: Total number of DUI arrests written by law enforcement agency during statewide CIOT enforcement

Column 8: Percentage of total citations that were DUI arrests

Column 9: Number of minutes it took to write a citation = 60 / Number of citations per hour

Column 10: Cost per citation = Total Cost / Number of Citations

Column 11: Cost per patrol hour = Total Cost / Number of Patrol Hours

Column 12: Total Cost = amount of money reimbursed to law enforcement by DTS for statewide enforcement

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statewide by local police agencies and state police. Main enforcement activities include safety belt enforcement zones (SBEZs) and saturation patrols focused on occupant restraint violations. Total enforcement hours, number of SBEZs conducted, total citations, number of safety belt and child safety seat citations, and other citations are used to assess enforcement. Two performance indicators (citations written per minute and safety belt and child safety seat citations per minute) are used to assess the progress made by local agencies.

The 2010 Memorial Day CIOT was conducted in Illinois from April 19 to June 14, 2010. One hundred ninety local law enforcement agencies, including the Chicago Police Department, and all 22 districts of the Illinois State Police participated in the statewide safety belt campaign. Table 7 summarizes

enforcement activities and their associated costs for Chicago. Frequency and percent distributions of occupant protection and DUI citations are also included.

### Child Passenger Safety

#### **The Injury Prevention and Research Center at Children’s Memorial Hospital (IPRC) and Safe Kids Chicago<sup>17,18</sup>**

Established in 2005, the IPRC coordinates all intentional and unintentional injury prevention activities within the hospital. Their mission is to pursue programs, policies and partnerships to reduce preventable injury to children. One example is the Safe Kids Chicago, a coalition focused on preventing unintentional childhood injury.



Safe Kids Chicago is part of a national network of coalitions whose mission is to prevent accidental childhood injury, a leading killer of children age 14 and under. In the United States, there are more than 300 coalitions in all 50 states, the District of Columbia, and Puerto Rico. These coalitions bring together health and safety experts, educators, corporations, foundations, governments and volunteers. Coalition members provide injury prevention messages, safety devices, and hands-on training to their local communities. Children's Memorial Hospital is the lead organization for Safe Kids in Chicago and Illinois.

At Children's Memorial, Safe Kids has become the leader in child passenger safety initiatives within all hospital departments. Safe Kids has trained hospital department staff as certified child passenger safety technicians to provide child safety seat checks for community members at the hospital.

With support from the Illinois Department of Transportation, Safe Kids has also developed an extensive network of car seat training and distribution sites at nonprofit organizations throughout Chicago.

***Injury Free Coalition for Kids of Chicago at University of Chicago Children's Hospital<sup>19</sup>***

*Safe on Foot:* Using a trauma registry data to map pedestrian injuries in both Woodlawn and Washington Park communities near the University of Chicago Children's Hospital, this program identifies "hot spots" and works with the community to identify solutions.

*Kids' Safety Team:* Funded by the Illinois Department of Transportation, this program is designed to implement and evaluate an innovative program to provide car seat checks at the time of a pediatric visit.

***Centro San Bonifacio***

Centro San Bonifacio (CSB) is a community-based organization serving the immigrant Hispanic/Latino

community in Chicago's West Town/East Village area. CSB's mission is to promote personal and collective self-development within the Hispanic/Latino community through programs based on needs related to health, education, solidarity and human rights.

With funding from IDOT, CSB serves as an Occupant Resource Protection Resource Center and provides community outreach on wearing safety belts, teen safe driving and child passenger safety. CSB staff members are nationally certified child passenger safety (CPS) technicians who conduct safety seat inspections and distribute infant child car seats. They also teach multiple certification courses throughout the year to train new CPS technicians in the Chicago area. In 2010, CSB certified 26 new CPS technicians and provided recertification training to 54 technicians in Chicago, 10 of which are bilingual. CSB organized and participated in 15 child safety seat checks in Chicago. They distributed 682 child safety seats and 357 booster seats. CSB also conducted a total of 30 injury prevention presentations at various locations in the community, training a total of 503 individuals.

***LaRabida Children's Hospital***

At LaRabida, nine staff are certified Child Passenger Safety Technicians for children with special needs. They hold two to three child safety seat check clinics monthly for their patients and their relatives. In 2010, 26 of the 36 the inpatients who received child safety seats were monitored for their tolerance of sitting in a car seat, while on a cardiac/apnea monitor. LaRabida recently became a satellite site for the Children's Hospital of Illinois Special Needs Child Passenger Safety Resource Center.

***City of Chicago<sup>20</sup>***

In an effort to ensure that parents and guardians of children are installing child seats properly, the Chicago City Council has amended the Child Toy Safety ordinance and added section (7-36-115). Effective as of Jan. 1, 2011, the ordinance requires

**Table 8—Chicago LAP (Strikeforce Patrols)—Progress Over Multiple Years of Funding**

Year	Patrol Schedule Hours/week		Motorist contact rate Citations & Warnings		DUI Arrest Rate		Alcohol-Related Contact Rate		DUI Processing Time Per DUI	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FY09	> 36.0	36.1	< 60 min.	20.2 min.	< 10.0 hrs.	14.8 hrs.	< 6.0 hrs.	14.8 hrs.	< 2.0 hrs.	3.7 hrs.
FY08	> 36.0	47.3	< 60 min.	17.2 min.	< 10.0 hrs.	12.5 hrs.	< 6.0 hrs.	12.5 hrs.	< 2.0 hrs.	7.0 hrs.
FY07	> 58.1	45	< 60 min.	22.0 min.	< 10.0 hrs.	13.0 hrs.	< 6.0 hrs.	11.4 hrs.	< 2.0 hrs.	4.1 hrs.
FY06	> 58.1	42.6	< 60 min.	29.9 min.	< 10.0 hrs.	20.7 hrs.	< 6.0 hrs.	11.3 hrs.	< 2.0 hrs.	N/A
FY05	> 58.1	47.2	< 60 min.	34.6 min.	< 10.0 hrs.	16.8 hrs.	< 6.0 hrs.	9.6 hrs.	< 2.0 hrs.	N/A
FY04	> 58.2	49.8	< 60 min.	23.8 min.	< 10.0 hrs.	38.0 hrs.	< 6.0 hrs.	26.9 hrs.	< 2.0 hrs.	N/A

Source: Illinois Dept of Transportation, Division of Traffic Safety. Evaluation of FY09 Traffic Law Enforcement Program (TLEP) and Local Alcohol Program (LAP)

Projects in Illinois. [http://www.dot.il.gov/trafficsafety/FY\\_2009\\_TLEP\\_LAP\\_Report.pdf](http://www.dot.il.gov/trafficsafety/FY_2009_TLEP_LAP_Report.pdf)

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all retailers selling or leasing child passenger safety seats, and booster seats in the city of Chicago to post a Referral to Resource sign. The sign lists certified CSP technicians that are available to assist consumers install car seats properly and must be posted within 20 feet of any child seat offered for sale or lease.

## Alcohol-Impaired Driving

### Chicago Strikeforce Patrols

In 2009, the Chicago Police Department received grant funding from the Division of Traffic Safety's Local Projects Section for its local alcohol program (LAP), known as Strikeforce Patrols. The focus of the program is to pursue and arrest individuals who are driving under the influence. Patrols are concentrated in areas throughout the city that have high rates of DUI and alcohol-related driving violations.

All LAP projects, including Strikeforce Patrols, are required to meet the following objectives:

- (1) Issue one DUI arrest for every 10 hours of patrol.
- (2) Make one alcohol-related contact for every six hours of patrol. This objective focuses on those violations that may lead to driver impairment, such as illegal transportation, illegal possession by a minor, drug-related offenses, and zero tolerance.
- (3) Maintain a DUI processing time of two hours or less.

In 2009, the Chicago Police Department did not achieve any of these objectives (table 8). Only one DUI arrest was made for every 14.8 patrol hours, no additional alcohol-related citations were issued, and the DUI processing time was greater than two hours. Although these findings indicate that increased enforcement is necessary to curb alcohol-related driving behavior, there has been some improvement in performance over time. For example, the DUI arrest rate has decreased 61%, from 38 hours in 2004 to 14.8 hours in 2009.

## Teen Driver Safety

### Graduated driver licensing (GDL) program

Illinois' graduated driver licensing law took effect in 2008. The GDL law better prepares novice teen drivers by giving them more time to obtain valuable driving experience and requiring teens to earn their way from one stage to the next by avoiding traffic convictions. Young drivers must spend 25 to 50 hours with a parent or guardian before obtaining an Illinois driver's license. Since the GDL law took effect in 2008, teen driving fatalities have dropped from 146 to 87 in 2008 and 73 in 2009.

### Ford Driving Skills for Life (DSFL) Program

The Ford Driving Skills for Life program was created in conjunction with the Governor's Highway Safety



Association in 2003 to provide teens with the skills and experience they need to become safer drivers. Each year, the program holds activities and hands-on driving courses across the country. The DSFL program allows students to improve their driving skills by participating in hands-on driving activities under the instruction of trained professionals.

In 2008, 96 schools participated in the program, four of which were located in the Chicago area (Curie Metro, Maria, Dunbar Vocational, and De La Salle Institute). Each school was given a \$1,000 grant and tasked their students to create innovative and unique teen-led safe driving campaigns aimed at decreasing the number of fatalities and crashes involving teenagers in their communities. The top 20 creative programs, judged by an independent panel, have earned their schools the opportunity to participate in a half-day, Ford-sponsored Ride and Drive safety clinic, with hands-on vehicle activities.

### **Operation Teen Safe Driving (OTSD)<sup>21</sup>**

In 2007, the state of Illinois, the Ford Fund and the Governors Highway Safety Association launched one of the nation's most comprehensive teen safety campaigns—Operation Teen Safe Driving—modeled after the Ford DSFL program. OTSD gives all Illinois schools the chance to create unique safe driving campaigns for their local communities. The program's mission is to provide the initiative and resources required to challenge the creativity of Illinois teens to develop and implement community-based programs to reduce fatalities and injuries due to traffic crashes among their peers.

After its initial success in rural Tazewell County, the Ford Motor Company Fund and the Governors Highway Safety Association partnered with the IDOT Division of Traffic Safety and the Allstate Foundation in 2008 to implement the program statewide.

The selection process requires students to identify issues relating to traffic safety in their community (e.g., underage drinking, driving unbuckled, driving

impaired, driving distracted). Students are required to provide information explaining how they would combat the traffic safety problem and implement a teen awareness program in their school and community.

All the selected schools will receive \$2000 in grant funding from IDOT/DTS and from the Allstate Foundation. The selected schools develop and implement a peer-to-peer based program and present a report at the conclusion of the program. Winners are selected from each region, and each will receive prize money to host a postprom party.

The top five schools from each region are also invited to send students to a Driving Skills for Life, Ride and Drive event sponsored by the Ford Motor Company Fund. The selected high schools are equally distributed in seven regions across the state. Five schools from Chicago were selected to participate in the OTSD 2010–2011 program: Roberto Clementa Community Academy, Mother McAuley Liberal Arts High School, Antonia Pantoja Alternative High School, Prosser Career Academy, and Wells Community Academy High School.

### ***Alliance for Community Peace (ACP)–Teen Alive! Injury Prevention Program<sup>22</sup>***

With funding from IDOT, ACP developed a teen/driver safety program to reduce the incidence of unsafe driving among teens from minority communities across Chicago. The Teen Alive! Injury Prevention Program worked with nontraditional partners: church alliances, youth groups/choirs, church weekend schools, and high schools throughout Cook County. In 2010, ACP attended 51 citywide events and conducted a total of 24 presentations to various organizations. Twenty-four teenagers were trained as peer mentors and conducted 40 rap sessions for the Teen Alive! Program. In total, the program reached over 1,500 youth.

### ***Chicago Police Department's Protectors Program***

The Protectors Program is designed to reduce the number of traffic crashes and the resulting fatalities



through education. Chicago Police Department has assigned four officers to conduct traffic safety presentations to students and community groups in several diverse Chicago neighborhoods. In 2010, Chicago Police Department conducted 444 presentations on traffic safety-related issues to high schools, grammar schools, and park district classes, reaching a total of 24,368 students.

## **Pedestrian and Bicyclist Safety**

### **Safe Routes to School (SRTS) program**

The Illinois Safe Routes to School program supports projects and programs that enable and encourage walking and bicycling to and from school. The program applies to schools serving kindergarten through eighth grade. The SRTS program is managed by the Illinois Department of Transportation (IDOT). Past SRTS programs in Chicago are briefly described below.

#### ***Jungman Elementary School: Walk Across Illinois School Fitness Program***

Jungman Elementary School serves families in Chicago's Pilsen neighborhood. Jungman comprises 327 students from kindergarten through eighth grade, and 89% of the students qualify as low income. Jungman has entered its third year in the Walk Across Illinois School fitness program. Teachers and support staff have also joined in the journey toward a more active lifestyle by participating in the Walk the Walk Challenge. Seventeen of Jungman's 20 teachers recorded a combined 10,000 miles in the Walk the Walk Challenge, a program specifically for teachers and staff.

#### ***Lock Library Program***

Through a Lock Library program, McAuliffe Elementary School in Chicago provides high-quality U-locks for students to use while in school. A school staff member greets cycling students when they arrive each morning, signs out the locks for the day, and assists children in locking their bikes properly.

#### ***Safe Routes Ambassadors<sup>23</sup>***

The Chicago Department of Transportation's

pedestrian and bicycle safety outreach team, Safe Routes Ambassadors, provides free in-class education to students in Chicago schools and traffic safety outreach at community events. Kids are taught safe walking and biking behavior, as well as the benefits of active transportation. Ambassadors also help communities implement Safe Routes to School activities. For example, in celebration of National Bike Month (May 2010), the Safe Routes Ambassadors teamed up with Kmart to host bike safety events throughout the Chicago area. Parents and children were educated on safe riding skills and proper bike helmet fittings. Each store also featured a sweepstakes to win a children's bike. In May 2009, ambassadors kicked off Chicago's inaugural Crossing Guard Appreciation Month. Twenty-five crossing guards from across the city were recognized for their efforts to make the walk and ride to school safer for children and families.

#### ***City of Chicago Bicycling Ambassadors<sup>24</sup>***

The City of Chicago Bicycling Ambassadors and Junior Ambassadors are a bike-safety and public-awareness outreach team. Through education and outreach, ambassadors work toward achieving the following objectives: (1) to increase the number of trips made by bicycle, (2) to reduce the number of bicycle-related injuries, and (3) to help all users—bike riders, motorists, and pedestrians—better share roads and off-street trails.

Ambassador events include: outreach at music festivals in Grant Park, neighborhood health fairs, block parties, and farmers markets. Ambassadors also give bicycle safety demonstrations at day camps, libraries, and schools, as well as bike-to-work presentations for area businesses.

#### ***City of Chicago's Bike 2015 Plan<sup>25</sup>***

The Bike 2015 Plan is the city of Chicago's vision to make bicycling an integral part of daily life in Chicago. The plan recommends projects, programs and policies for the next ten years to encourage use of this practical, nonpolluting, and affordable mode of transportation.





The Bike 2015 Plan has two overall goals:

- To increase bicycle use so that 5% of all trips less than five miles are by bicycle.
- To reduce the number of bicycle injuries by 50% from current levels.

The plan has eight chapters, each with a specific goal:

- Bikeway network: Establish a bikeway network that serves all Chicago residents and neighborhoods.
- Bicycle-friendly streets: Make all of Chicago's streets safe and convenient for bicycling.
- Bike parking: Provide convenient and secure short-term and long-term bike parking throughout Chicago.
- Transit: Provide convenient connections between bicycling and public transit.
- Education: Educate bicyclists, motorists, and the general public about bicycle safety and the benefits of bicycling.
- Marketing and health promotion: Increase bicycle use through targeted marketing and health promotion.
- Law enforcement and crash analysis: Increase bicyclist safety through effective law enforcement and detailed crash analysis.
- Bicycle messengers: Expand the use of bicycle messengers; improve their workplace safety and public image.

Each chapter of the Bike 2015 Plan identifies specific objectives to accomplish the chapter's overall goal. One hundred fifty strategies detail how to implement these objectives in realistic, meaningful, and cost-effective ways.

### **Children's Memorial Hospital**

In addition to their work with child passenger safety, Children's Memorial promotes bicycle and pedestrian safety at numerous community-based events. With funding from IDOT, hospital staff taught 50 injury

prevention workshops at schools and social service organizations. 1,540 helmets were distributed. An annual highlight of the pedestrian safety initiative was the Walk This Way pedestrian safety event held at Goudy School in 2006 and 2007.

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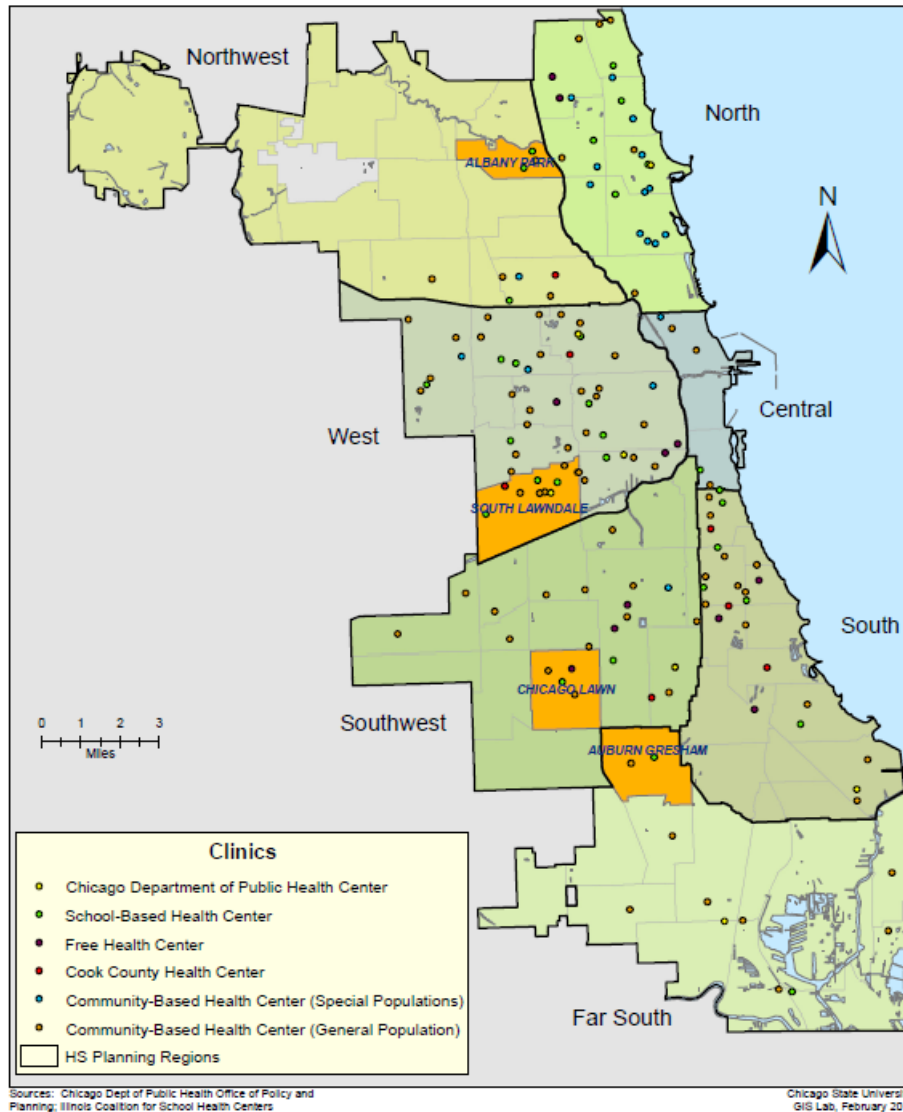
## Healthcare Resource Maps

*A critical component of improving community health is increased access to primary care and preventative health services. Maps provide a visual summary that identifies inequities in the distribution of healthcare services and health outcomes.*

*This section provides citywide maps of Chicago's health care resources, including primary care clinics, primary and specialty care physicians, hospitals, HIV test sites, and breast cancer screening and treatment services. These resources are also plotted on street maps for four Chicago community areas: Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham. The maps for each community area also include eye services, dentists, and pharmacies.*

# Citywide Maps

## Chicago Primary Care Clinics



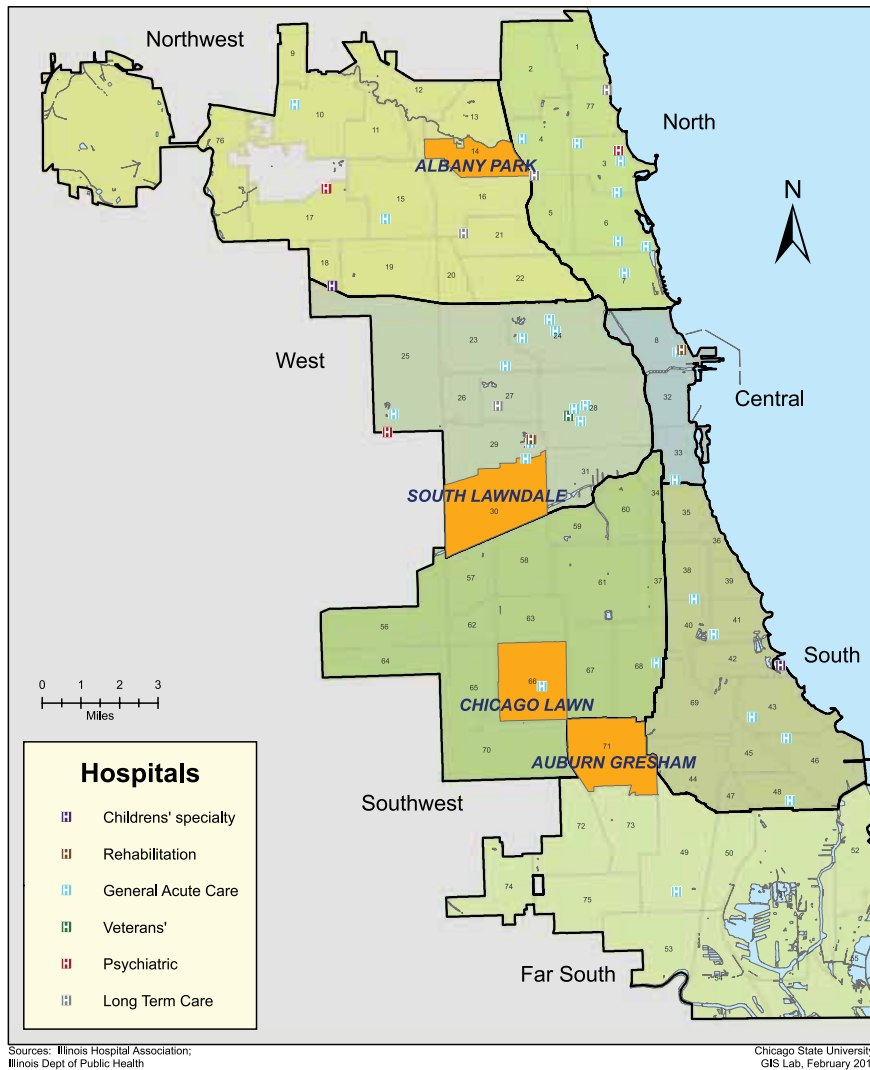
A Profile of Health and Health Resources within Chicago's 77 Communities. *Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.*

This map shows the distribution of Chicago's 153 primary care clinics. The clinics were grouped into one following CDPH-designated categories: CDPH Center, school-based health center, free health center, Cook County health center, community-based health center (special populations), community-based health center (general population).

Of all seven health system planning regions, the west has the most clinics. The northwest and the far south regions are the most sparsely populated with primary care clinics.



## Chicago Hospitals

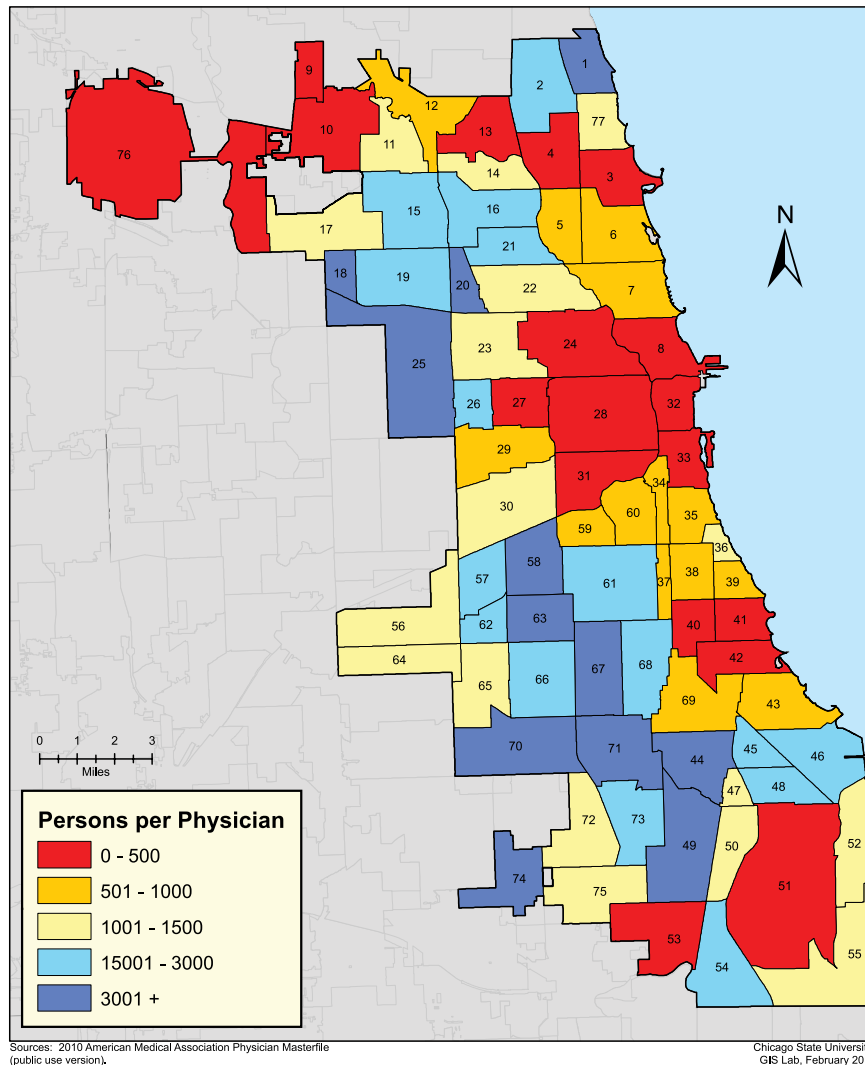


A Profile of Health and Health Resources within Chicago's 77 Communities. *Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.*

This map shows the distribution of Chicago's 36 hospitals by health system planning region. Hospitals were categorized as general acute care, long-term care, psychiatric, children's specialty, rehabilitation, and veterans'.

The spatial distribution of hospitals is unevenly distributed across the city. The greatest concentration of general acute care facilities are found in the north, west and south regions of the city. In contrast, the northwest, southwest, and far south region each had fewer than three general acute care hospitals.

## Chicago Primary and Specialty Care Physicians



A Profile of Health and Health Resources within Chicago's 77 Communities. *Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.*

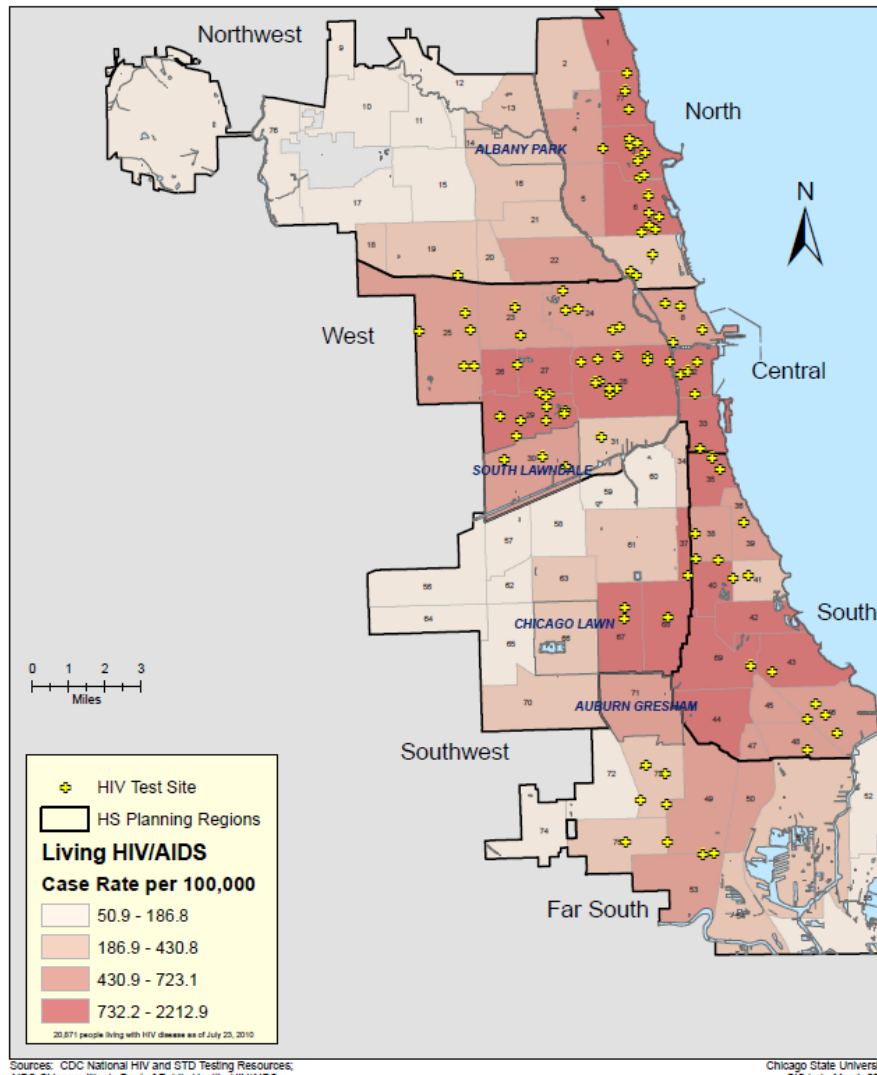
This map shows the geographic distribution of physicians relative to the population in each community area. The AMA Doctor Finder online locator tool was used to identify practice location (zip code only) of all primary and specialty care physicians in Chicago. All practice locations were assigned to one of Chicago's 77 community areas. The ratio of potential patients per physician was then calculated by dividing the total population by the number of physicians.

Physicians practicing in community areas shaded in dark blue see the greatest number of potential patients, compared with their counterparts practicing in community areas shaded in red. Eight of the 12 community areas with the highest numbers of potential patients per physician are located in the southwest and far south regions of the city.





## HIV Testing Sites and Living HIV/AIDS Case Rate by Chicago Community Area

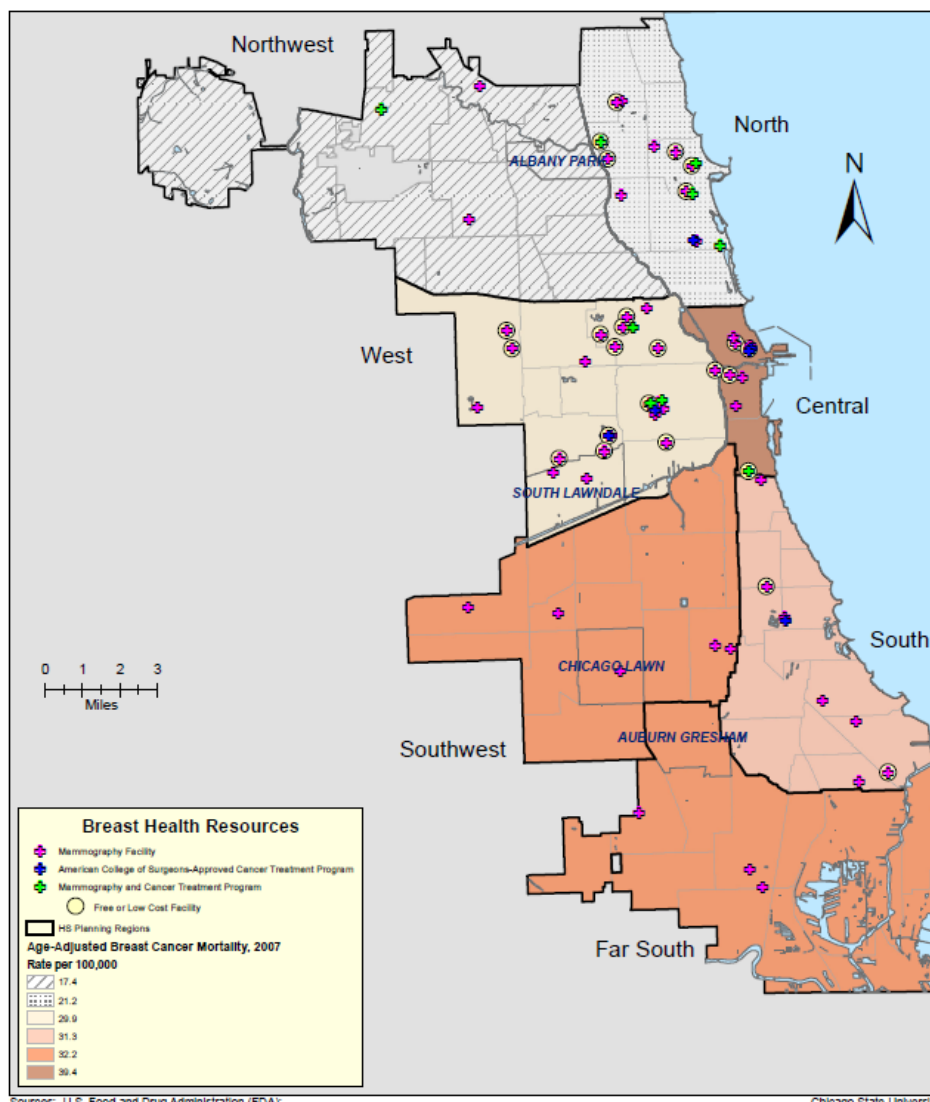


A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

Maps showing the geographic distribution of disease prevalence rates and healthcare resources can be used to identify high-prevalence areas that area underserved or in need of additional resources.

To examine the geographic distribution of HIV/AIDS prevalence and location of HIV prevention resources, HIV testing site locations and HIV/AIDS prevalence rates were mapped for each community area. The following map illustrates that the HIV/AIDS epidemic continues to be clustered in distinct geographic regions. In 2008, Chicago's highest HIV prevalence rates (range 732.2–2212.9) were identified in community areas in the north, west, central, southwest, and south regions of the city. This map also shows that HIV test sites are unevenly distributed among Chicago's community areas with the highest HIV prevalence. HIV test sites are much more common in north, central, and west regions compared with the south and southwest regions.

## Chicago Breast Cancer Mortality



Sources: U.S. Food and Drug Administration (FDA) Chicago State University

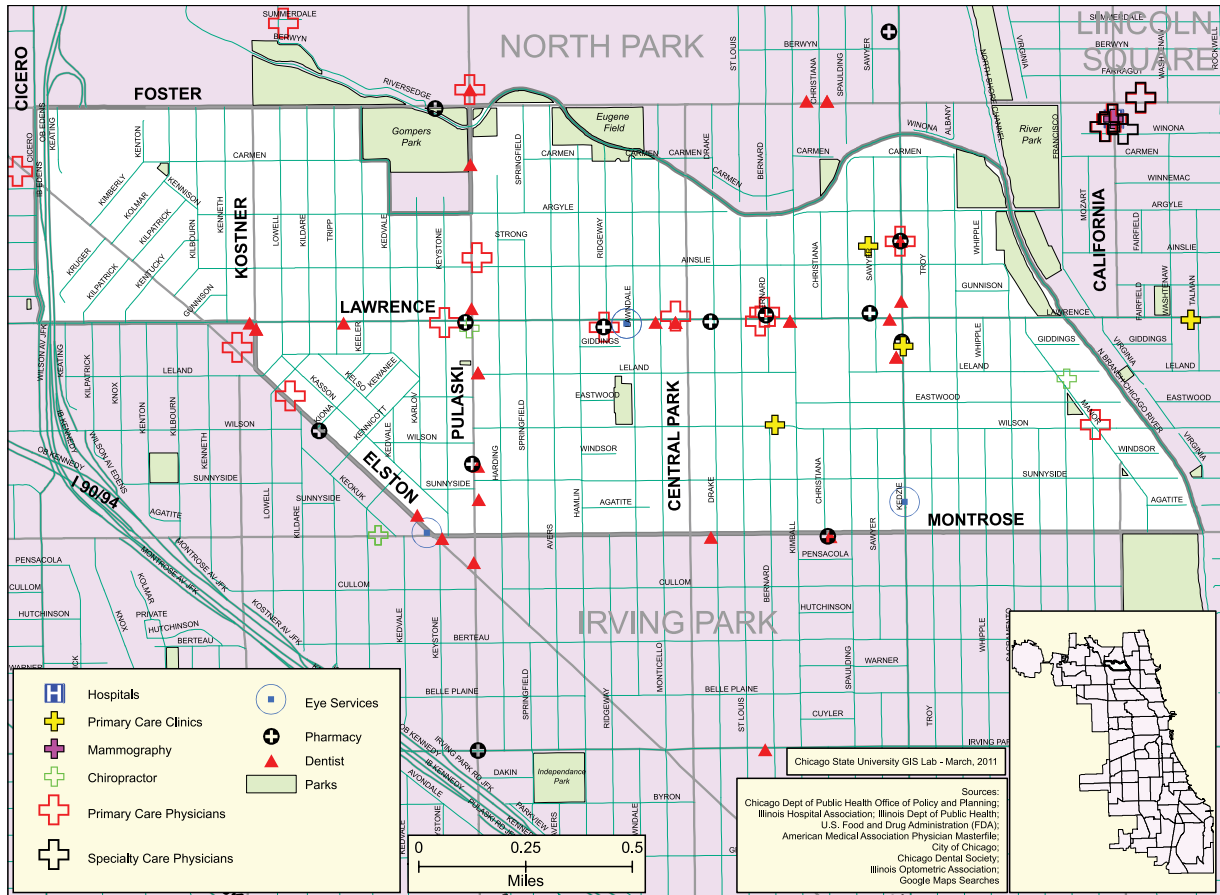
A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

The following map shows the distribution of breast cancer mortality rates, mammography sites, and American College of Surgeons Approved Hospital Cancer Treatment Programs by health system planning region. Areas with the highest breast cancer mortality rates are concentrated in the south, southwest, and far south regions of Chicago. Although women living in these areas are clearly in need of breast health services such as mammographies and cancer treatment, very few exist in these areas. Instead, these services tend to be concentrated in the north and west regions, which have lower mortality rates.



## Community-Area Health Resource Maps

### Albany Park Health Services

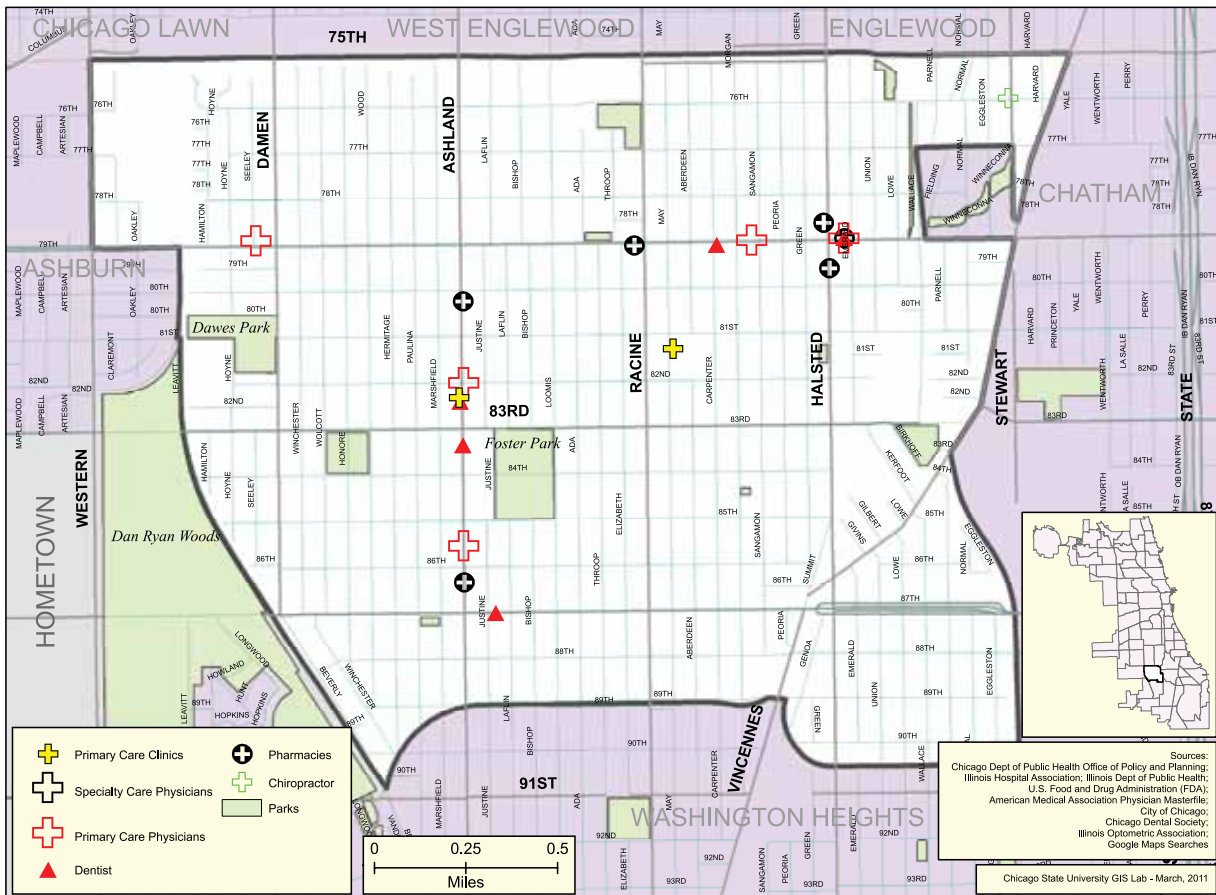


A Profile of Health and Health Resources within Chicago's 77 Communities. *Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.*

Each community area is shown in white; bordering areas are shown in purple.

This section includes healthcare resource maps for four Chicago community areas: Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham. Primary care clinics, primary and specialty care physicians, hospitals, HIV test sites and mammography centers, eye services, dentists, and pharmacies are plotted on street maps for each community area.

## Auburn Gresham Health Services

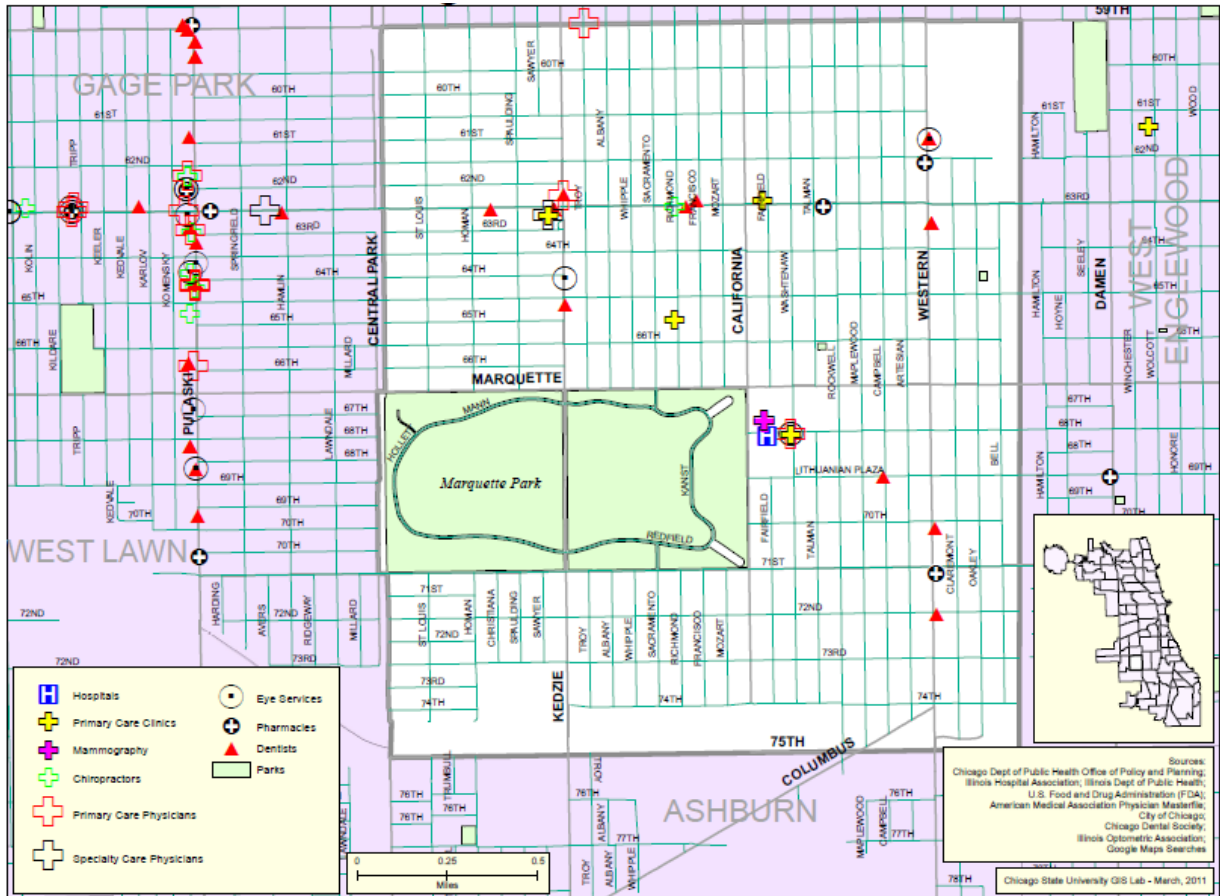


A Profile of Health and Health Resources within Chicago's 77 Communities. *Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.*

Each community are shown in white; bordering areas are shown in purple.



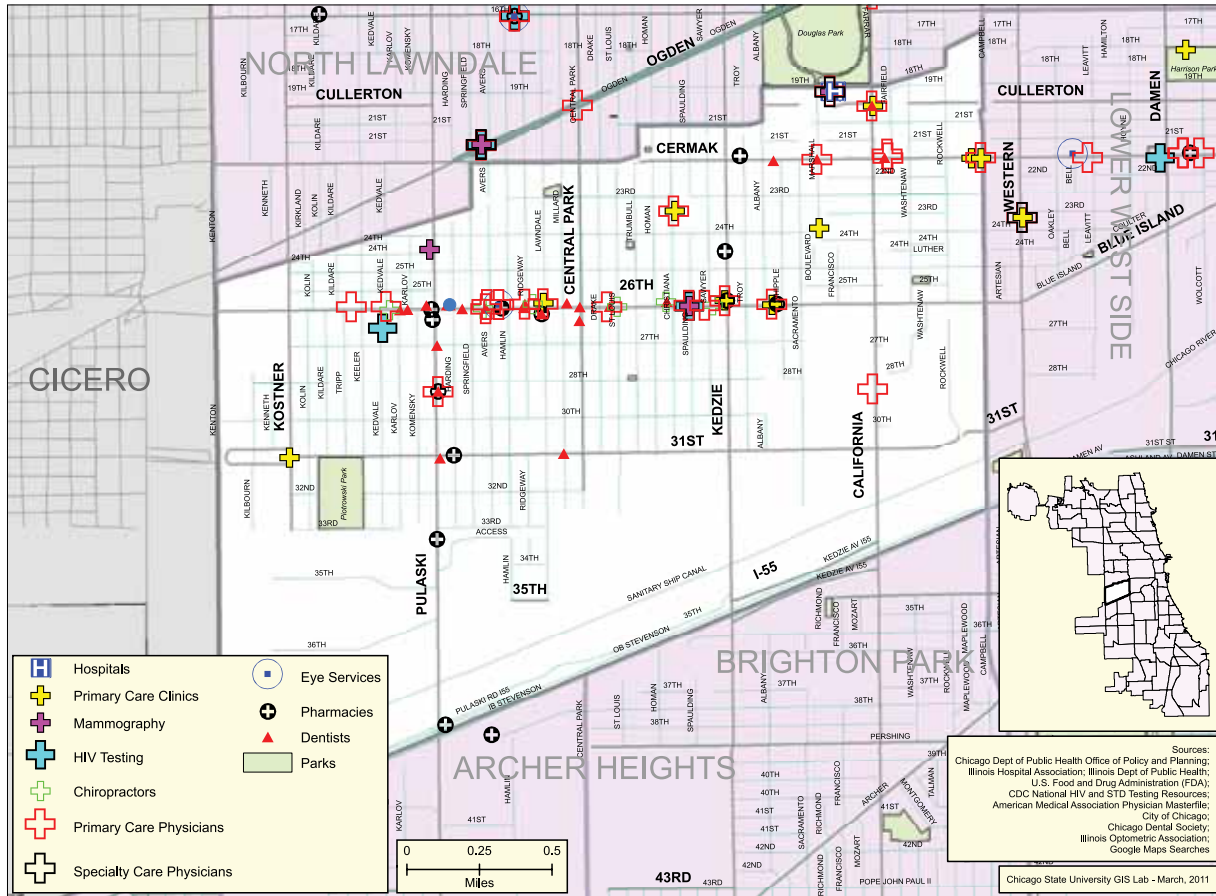
# Chicago Lawn Health Services



A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

Each community are shown in white; bordering areas are shown in purple.

## South Lawndale Health Services



A Profile of Health and Health Resources within Chicago's 77 Communities. *Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.*

Each community are shown in white; bordering areas are shown in purple.





## Conclusion

*The environment in which people live, work, play, socialize, and learn is a major determinant of health, safety, and health equity. Healthy neighborhoods are those with resources and assets such as parks, easy access to high-quality medical care, safe places to exercise, and stores that sell affordable, healthy foods, such as fresh fruits and vegetables.*

While we might consider these assets to be universal, data presented in this report show that many of these resources are neither universal nor equally distributed among Chicago's 77 communities. Rather, there is substantial variation in both availability and access to resources across communities. Additionally, the prevalence of winnable battles featured in this report—HIV/AIDS, childhood obesity, and mortality from breast cancer—varies by community area. High-prevalence areas, particularly those located in Chicago's south and southwest regions, lack the resources needed to prevent and treat these conditions, such as HIV testing sites and mammography centers. These community areas are among Chicago's most racially and economically segregated—at least 50% of the population is either Black or Hispanic/Latino. Racially and economically segregated communities are more likely to have a lack of healthy options for food and physical activity, increased presence of environmental hazards, substandard housing, lower-performing schools, higher rates of crime and incarceration, and higher costs for common goods and services.<sup>1</sup>

By making our communities more equitable with respect to resources and assets, we can progress toward achieving health equity in Chicago. As a first step, we need to understand what is available and what is needed at the local level, within our communities and neighborhoods. We should be investing in collecting local health indicator data to better understand our assets and resources to promote healthy living within each community. We can use this information to target our policies and invest resources in communities where there are clear gaps. Achieving equity in health and health care requires multi-stakeholder collaboration but, at the end of the day, creating healthy neighborhoods where people can thrive is a local enterprise. We hope this report begins to provide a picture of what Chicago's underserved neighborhoods need to thrive.

## Reference

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## Appendices



# Appendix 1a:

## Data Sources and Limitations

A Profile of Health and Health Resources within Chicago's 77 Communities uses the most current data available at the time of release on the health of the population of Chicago. Information was obtained from data files and published reports administered or compiled by the Chicago Department of Public Health, the federal government, other municipal agencies, and community-based organizations.

In each case, the sponsoring agency or organization collected data using its own methods and procedures. Therefore, data in this report may vary considerably with respect to source, method of collection, definitions, and reference period. A hyperlink to more information is included for most data sources.

The following data sources are organized by these three categories:

- Chicago Department of Public Health (CDPH)
- Federal governmental agencies
- Other city and state organizations

### Chicago Department of Public Health

The following data sources are held by the CDPH and are listed in alphabetical order.

#### HIV/AIDS

The Chicago Department of Public Health's STI/HIV Division provided the most recent data describing Chicago's HIV epidemic. Data elements include the number of new HIV and AIDS cases, HIV-related deaths, and demographic characteristics for people living with HIV or AIDS.

Limitations: In order to present the most complete data possible, CDPH delays reporting of HIV/AIDS cases for up to two years after the end of the calendar year in which the cases are diagnosed. At the time this report was written, the most current year available was 2008.

Additionally, the numbers and rates for infectious diseases that are required to be reported are always subject to variations in reporting and detection, since healthcare providers are not always compliant with reporting requirements and persons affected by these illnesses do not always seek medical care.

#### Illinois Department of Public Health (IDPH) Electronic Vital Records Data Sets

The IDPH computerizes all birth and death certificates and makes this data available electronically to local health departments and other interested parties. Preliminary preparation of these vital records data was conducted by the CDPH's Office of Epidemiology.

Deaths: Chicago resident deaths from HIV, breast cancer, and motor vehicle accidents were obtained for 2007. The cause of death groupings and code numbers were based on International Classification



of Diseases, 10th revision (ICD-10). For each cause of death, the total number of deaths, gender, race, Hispanic/Latino origin, and age were provided for the city of Chicago and each of the 77 community areas when the number of deaths was greater than 20.

**Births:** Live births, repeat births and first trimester prenatal care among Chicago adolescents ages 15–19 were obtained for 2007. Race, Hispanic/Latino origin, and age are provided for the city of Chicago and the seven health system planning regions. Race/ethnicity is self-reported by the mother. Infants are assigned their mother's race/ethnicity, not a combination of both parents.

**Limitations:** Death records are completed with the assistance of an informant, typically a family member or funeral director, which may result in errors (for example, in race/ethnicity reporting) that would not occur in self-reported data. Inconsistencies in the recording of immediate cause of death, intervening causes, and the underlying cause of death have been documented nationally, which may result in under- or overreporting of certain causes.

There is an approximate three-year delay between the close of a data year and the IDPH's release of the data for outside publication. 2007 was the most recent year available at the time this report was written (2010).

### **Community Area Health & Resource Inventory Report**

The Community Area Health & Resource Inventory report contains community area level data on the following topics:

- 2007 Health measures, including: infant, child and maternal health; disabilities (for year 2000); mortality due to cancer, chronic disease and unnatural causes; hospitalizations; and infectious disease cases and deaths.
- 2000 medically needy population (by region as well),

- 2007 healthcare resource information including hospital capacity and utilization, and safety net provider utilization, and
- Current information on safety net provider locations throughout the city of Chicago

The report summarizes data from many sources and represents the cumulative effort of the Offices of Epidemiology and Policy & Planning, the Division of STI/HIV, and the Communicable Disease, Lead Poisoning Prevention and Tuberculosis Programs.

For more information please visit: [http://www.cityofchicago.org/content/dam/city/depts/cdph/statistics\\_and\\_reports/CAHRIFINAL05042011.pdf](http://www.cityofchicago.org/content/dam/city/depts/cdph/statistics_and_reports/CAHRIFINAL05042011.pdf).

### **Federal Governmental Agencies**

#### **American Community Survey (ACS), U.S. Census Bureau**

The American Community Survey provides one-year estimates for all states as well as for cities, counties, and metropolitan areas with a total population of 65,000 or more. Beginning in December 2008, the ACS began to provide three-year estimates for geographies with a total population of 20,000 or more. By the end of 2010, the ACS plans to provide five-year estimates for all geographies, even those with very small populations.

2009 ACS data was used to present demographic and socioeconomic population characteristics for the city of Chicago. Five-year estimates (2005–2009) were used to describe the racial/ethnic composition of Chicago's 77 community areas. ACS one-year population estimates were used as denominators in rate calculations for community areas.

The American Community Survey data sets are available from the U.S. Census Bureau, American FactFinder: [http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en).

## Healthy People 2010

Healthy People 2010 is the name of the U.S. government's national health goals and objectives initiative. Every ten years beginning in the year 2000, specific disease prevention and health promotion objectives are developed based on baseline data. Approximately 467 health objectives are described within 28 categories that cover a wide range of health topics, including physical activity, overweight and obesity, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, environmental quality, immunization, and access to health care.

Healthy People 2010 objectives are found throughout this report where a comparable data measure was reported for the city of Chicago.

For more information on Healthy People 2010, and the development of Healthy People 2020 objectives for the next decade, visit <http://www.healthypeople.gov/default.htm>.

## American Medical Association (AMA) DoctorFinder

AMA DoctorFinder is a free, online physician locator tool. It provides basic professional information for all U.S.-licensed physicians in the United States, approximately 814,000 in 2008. Types of information include gender, geographic location, primary specialty, and board certification. The amount of information provided depends on AMA membership. AMA member physicians have an expanded listing that includes major professional activity, hospital admitting privileges, accepted insurance providers, and educational history (medical school, internship, residency, fellowship).

For this report, AMA DoctorFinder was used to obtain zip code and primary specialty for all physicians licensed in the city of Chicago during 2008. This data was then used to construct a physician-per-population measure for each community area.

Limitations: A primary limitation of this data source is that it does not include the major professional activity for physicians who are not AMA members. Professional activities are categorized as office-based practice, hospital-based practice, or "other professional activities" (administration, teaching, and research). Therefore, it was not possible to exclude nonpracticing physicians. Approximately 5% of all active physicians are involved in "other professional activities."

A second limitation is that physician addresses included in AMA DoctorFinder can reflect either an office or a residential location. If a physician's office address was not available when the listing was most recently updated, his or her city of residence may have been used instead.

For more information, visit: <https://extapps.ama-assn.org/doctorfinder/home.jsp>.

## National Vital Statistics System (NVSS), CDC/NCHS

The National Vital Statistics System collects and publishes official national statistics on births, deaths and fetal deaths based on U.S. standard certificates. There are five vital statistics files: birth, mortality, multiple cause of death, linked birth/infant death, and compressed mortality.

Vital statistics data are accessible electronically through both interactive online data access tools and downloadable public use data files. Data access tools used for this report include:

- VitalStats (allows users to access and examine data interactively)
- WONDER (allows users to query CDC data sources, including NCHS birth and death data)

NVSS VitalStats and National Vital Statistics Reports were used to report national teen pregnancy rates, teen repeat births, and first trimester prenatal care.





For more information, visit <http://www.cdc.gov/nchs/nvss.htm>.

### **Behavioral Risk Factor Surveillance System (BRFSS)**

Established in 1984 by the CDC, the Behavioral Risk Factor Surveillance System is a state-based system of health surveys that obtain information from adults on health risk behaviors, preventive health practices, and healthcare access primarily related to chronic disease and injury. Telephone surveys are conducted monthly by health departments of all 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.

Although the BRFSS was designed to produce state-level estimates, growth in the number of respondents has made it possible to produce prevalence estimates for smaller areas and led to the Selected Metropolitan/Micropolitan Area Risk Trends (SMART) project. This analysis of BRFSS data has yielded estimates for over 170 metropolitan (with at least one urbanized area of 50,000 or more inhabitants) and micropolitan (with at least one urban cluster of at least 10,000 but less than 50,000 inhabitants) statistical areas.

The Illinois Department of Public Health (IDPH) gathers data on health behaviors annually through the Behavioral Risk Factor Surveillance Survey. To allow for a more in-depth picture of Chicago, CDPH has worked with IDPH to obtain a larger sample for Chicago. CDPH uses these data to identify level of risk of certain behaviors by community area.

Limitations: Data for certain indicators is not available for Chicago, but rather the entire metropolitan statistical area (MSA), which includes Chicago, Naperville, and Joliet.

BRFSS health indicators included in this report: Mammography use among women ages 40 and older, Chicago MSA, 2009.

For more information, visit <http://www.cdc.gov/brfss/index.htm>.

### **Youth Risk Behavior Surveillance System (YRBSS)**

The Youth Risk Behavior Surveillance System was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include

- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity
- Alcohol and other drug use
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Behaviors that contribute to unintentional injuries and violence. In addition the YRBSS monitors the prevalence of obesity and asthma

The YRBSS includes national, state, territorial, tribal, and local school-based surveys of representative samples ninth through twelfth grade students. These surveys are conducted every two years, usually during the spring semester. The national survey, conducted by CDC, provides data representative of ninth through twelfth grade students in public and private schools in the United States. The state, territorial, tribal, and local surveys, conducted by departments of health and education, provide data representative of public high school students in each jurisdiction.

The Illinois Youth Risk Behavior Survey (YRBS) and the Chicago YRBS were completed in randomly selected public high schools in Illinois and Chicago during the springs of 1993, 1995, 2007, and 2009.

For more information, visit <http://www.cdc.gov/healthyyouth/yrbs/index.htm>.

### **REACH U.S. Risk Factor Survey**

Through REACH (Racial and Ethnic Approaches to Community Health), CDC funds partners throughout the U.S. to establish community-based programs and culturally appropriate interventions to eliminate health disparities among the following racial and ethnic groups: African American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, or Hispanic/Latino.

Funded partners focus on eliminating health disparities in one or more of the following health priority area(s): breast and cervical cancer; cardiovascular disease; diabetes mellitus; adult/older adult immunization, hepatitis B, and/or tuberculosis; asthma; and infant mortality. In Chicago, the University of Illinois at Chicago is funded by REACH. The CDC's REACH U.S. Risk Factor Survey provides community level data on breast cancer screening and other health related information. In 2009, The REACH U.S. Risk Factor Survey was administered in seven Chicago community areas. Aggregate results were available for five of the seven communities, including Albany Park, Chicago Lawn, North Lawndale, South Lawndale, and Hermosa.

For this report, REACH survey data was used to report mammography use across these five communities.

For more information, visit <http://www.cdc.gov/reach/index.htm>.

### **Other Chicago Organizations**

#### **Metro Chicago Information Center (MCIC)**

Founded in 1990, the Metro Chicago Information Center was created by members of the Commercial Club of Chicago to collect demographic and baseline data on social policy and human needs on a regular

basis in order to create a more complete picture of the seven-county metropolitan Chicago region.

*Metro Chicago Facts OnLine* provides census data for areas within the six-county Chicago metro area, including Chicago community areas. For this report, 2005 MCIC population estimates were used as denominators in rate calculations for community areas.

For more information, visit: <http://www.mcic.org>.

#### **Sinai Urban Health Institute (SUHI)**

Founded in 2000 as part of the Sinai Health System, SUHI is a Chicago-based research institute comprised of epidemiologists, research assistants, and health educators. SUHI's mission is to develop and implement effective approaches that improve the health of urban communities through data-driven research, evaluation, and community engagement. Current projects in line with that mission include an effort to address the Black/White disparity in breast cancer deaths in North Lawndale and Humboldt Park; an intervention in five Jewish schools to fight obesity; and an intervention in the greater Humboldt Park area to decrease the high rates of diabetes in the Puerto Rican community.

SUHI data describing Chicago's Black/White disparity in breast cancer mortality and geographic variation in Chicago's childhood obesity epidemic were used in this report.

For more information, visit <http://www.suhichicago.org/>.

#### **Consortium to Lower Obesity in Chicago Children (CLOCC)**

The Consortium to Lower Obesity in Chicago Children is a nationally recognized consortium that brings together hundreds of organizations and individuals to confront childhood obesity in Chicago. The shared work of CLOCC's partners cuts across sectors: medicine, government, corporate, volunteer, academic, advocacy, and others. It involves clinical care, community development, legislation and



regulation, community-based programming, cultural affairs, and more.

CLOCC statistics describing Chicago's childhood obesity epidemic were used in this report.

For more information please visit <http://www.clocc.net/about/about.html>

### **University of Chicago Medical Center–South Side Health and Vitality Studies (SSHVS) Resource Mapping System**

The South Side Health and Vitality Studies are a component of the University of Chicago Medical Center's Urban Health Initiative. It is a family of research studies that involve a large group of health researchers from the university in partnership with community members who are working to generate knowledge about health and the impact of interventions to create and maintain good health on

the South Side of Chicago. SSHVS aims to gather information that contributes to a deep and holistic understanding of the factors that influence the health and wellness of residents on Chicago's South Side. A flagship project of the South Side Health and Vitality Studies is the South Side Health Resource Mapping system. This Web-based system currently includes all nonresidential establishments in six neighborhoods on the South Side of Chicago (Hyde Park, Washington Park, North Kenwood, Grand Boulevard, Woodlawn and East Side). Community organizations, students, and urban planners are using the resources database as a tool for planning programs as well as identifying assets and needs in these six communities.

For this report, the resources database was used to identify community assets for Auburn Gresham.

For more information, visit <http://www.sshvs.org>.

# Appendix 1b: Health Measure Definitions

## I. Childhood Obesity

### **Prevalence of overweight and obesity**

**Definitions:** Overweight: percentage of high school students who were  $\geq$  85th percentile but  $<$  95th percentile for body mass index, by age and sex, based on reference data

Obese: percentage of high school students who were  $\geq$  95th percentile for body mass index, by age and sex, based on reference data

**Survey questions:** How tall are you without shoes?; How much do you weigh without shoes?; BMI calculated based on responses to height and weight.

**Data source:** CDC YRBS, Chicago and U.S., 2009

### **Prevalence of childhood obesity in six Chicago community areas**

**Definition:** Percentage of children ages 2–12 years who are obese (BMI for age  $\geq$ 95th percentile) in six Chicago communities and the U.S.

**Data source:** Sinai Improving Community Health Survey, Sinai Urban Health Institute. 2002–2003.

**Source:** Margellos-Anast H, Shah AM, Whitman, S. *Prevalence of Obesity among Children in Six Chicago Communities: Findings from a Health Survey*. Public Health Reports. March–April 2008; Volume 123: 117–125.

### **High school students eating no servings of fruit**

**Definition:** Percentage of high school students who did not eat fruit during the 7 days prior to the survey

**Survey question:** During the past 7 days, how many times did you eat fruit?

**Data source:** CDC YRBS, Chicago and U.S., 2009

### **High school students eating no servings of green salad**

**Definition:** Percentage of high school students who

did not eat green salad during the 7 days prior to the survey

**Survey question:** During the past 7 days, how many times did you eat green salad?

**Data source:** CDC YRBS, Chicago and U.S., 2009

### **High school students eating no servings of potatoes**

**Definition:** Percentage of high school students who did not eat potatoes during the 7 days prior to the survey

**Survey question:** During the past 7 days, how many times did you eat potatoes?

**Data source:** CDC YRBS, Chicago and U.S., 2009

### **High school students eating no servings of carrots**

**Definition:** percentage of high school students who did not eat carrots during the 7 days prior to the survey

**Survey question:** During the past 7 days, how many times did you eat carrots?

**Data source:** CDC YRBS, Chicago and U.S., 2009

### **Did not attend physical education classes in an average week**

**Definition:** Percentage of high school students who did not attend physical education classes in an average week during the 7 days prior to the survey

**Survey question:** In an average week when you are in school, on how many days do you go to physical education (PE) classes?

**Data source:** CDC YRBS, Chicago and U.S., 2009

### **Did not play on team sports**

**Definition:** Percentage of high school students who did not play on team sports

**Survey question:** During the past 12 months, on how many sports teams did you play?

**Data source:** CDC YRBS, Chicago and U.S., 2009

***Did not attend participate in at least 60 minutes per day on any day***

**Definition:** Percentage of high school students who did not attend participate in at least 60 minutes per day on any day 7 days prior to the survey

**Survey question:** During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

**Data source:** CDC YRBS, Chicago and U.S., 2009

***Watched television 3 or more hours per day***

**Definition:** Percentage of high school students who watched television 3 or more hours per day during the 7 days prior to the survey

**Survey question:** On an average school day, how many hours do you watch TV?

**Data source:** CDC YRBS, Chicago and U.S., 2009

***Physically active for at least 1 hour per day, 5 days a week***

**Definition:** Percentage of high school students who were physically active for a total of at least 60 minutes per day, 5 days a week, 7 days prior to the survey

**Survey question:** During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

**Data source:** CDC YRBS, Chicago and U.S., 2009

## **II. HIV/AIDS**

***HIV incidence, prevalence, and mortality***

**Definitions:** HIV incidence: number of people newly diagnosed with HIV in a given year, at any stage of disease through 07/23/2010

HIV prevalence: number of people living with HIV at any stage of disease, including AIDS.

HIV mortality: number of people who died from an HIV-related cause

**Data sources:** CDPH STI/HIV/AIDS Division, 2004–2008 (HIV incidence and prevalence); IDPH Division of Vital Statistics, 2007 (HIV mortality)

**Source:** CDPH STI/HIV/AIDS Division

***HIV infection diagnosis rate by race/ethnicity***

**Definition:** Rate of newly diagnosed HIV infections (per 100,000 population) by gender, race/ethnicity, and transmission category

**Data source:** CDPH STI/HIV/AIDS Division, 2005–2008

**Source:** CDPH STI/HIV/AIDS Division

***HIV infection diagnosis rate, Chicago and U.S., by race/ethnicity***

**Definition:** Rate of newly diagnosed HIV infections (per 100,000 population) by race/ethnicity

**Data source:** CDPH STI/HIV/AIDS Division, 2008 (Chicago); CDC (U.S.).

**Source:** CDC HIV Surveillance Report, 2009; vol. 21 (U.S.).

***Estimated number of new HIV infections by gender, race/ethnicity, and transmission category***

**Definition:** Percentage of people newly diagnosed with HIV in a given year, at any stage of disease through 07/23/2010, by gender, race/ethnicity, and transmission category

**Data source:** CDPH STI/HIV/AIDS Division, 2008

***Trends in AIDS diagnoses by race/ethnicity and mode of transmission***

**Definition:** Rate of AIDS diagnoses (per 100,000 population) by race/ethnicity, and transmission category

**Data source:** CDPH STI/HIV/AIDS Division, 2004–2008

## **III. Breast Cancer**

***Black and White breast cancer disparities in Chicago, 1981–2007***

**Definition:** Age-adjusted female breast cancer mortality rates (per 100,000 women, age-adjusted to the 2000 U.S. standard population) for non-Hispanic/Latino black and non-Hispanic/Latino white women in Chicago

**Data source:** IDPH Vital Records, 1981–2007

**Source:** Sinai Urban Health Institute, 2010. Obtained

from the Metropolitan Chicago Breast Cancer Task Force Report, October, 2010.

***Black and White breast Cancer mortality disparity (3-year averages), Chicago, New York City, and U.S., 2003 and 2005–2007***

**Definition:** Ratio (expressed as a percentage) between age-adjusted female breast cancer mortality rates for black and white women in Chicago, New York City, and the U.S.

**Data sources:** IDPH vital records (Chicago); NYC DOHMH Vital Statistics, (New York City); SEER (U.S.)  
**Source:** Prepared by the Sinai Urban Health Institute for the Metropolitan Chicago Breast Cancer Task Force, (Task Force Report, October, 2010).

***Chicago community areas with the highest average annual breast cancer mortality rates***

**Definition:** Geographic distribution of the 25 community areas in Chicago with the highest average annual breast cancer mortality rates

**Data source:** IDPH vital records, 2000–2005  
**Source:** Ansell D, Grabler P, Whitman S, Ferrans C, Burgess-Bishop J, Murray LR, Rao R, Marcus E. *A community effort to reduce the black/white breast cancer mortality disparity in Chicago.* Cancer Causes Control. 2009; 20(9): 1681-1688.

***Mammography use in Chicago, IL, and U.S.***

**Definition:** Percentage of women age 40 and older who reported receiving a mammogram within the past 2 years

**Survey question:** How long has it been since you had your last mammogram?

**Data source:** CDC BRFSS–Chicago, Illinois, and U.S., 2008

***Mammography use in 10 Chicago community areas***

**Data sources:** Sinai Urban Health Institute’s Improving Community Health Survey (2002 - 2003), Jewish Community Health Survey (2003), and Chicago Asian Community Survey (2006-2008)  
**Source:** Whitman, S. Shah, A. Benjamins, M. *Urban Health: Combating Disparities with Local Data.* Oxford University Press, 2010.

***Mammography use in 5 Chicago community areas by race***

**Definition:** Percentage of women age 40 and older who reported receiving a mammogram within the past 2 years

**Data source:** CDC REACH U.S. Risk Factor Survey, 2009

**Source:** CDPH, Office of Epidemiology

***IV. Motor Vehicle Crash-Related Injuries and Death***

***Motor vehicle fatalities by demographic characteristics***

**Definition:** Number of deaths and age-adjusted mortality rate (per 100,000 population, age-adjusted to the 2000 U.S. standard population), by race/ethnicity, age, and gender

**Data source:** IDPH Vital Records, 2007

**Source:** CDPH, Office of Epidemiology

***V. Teen Pregnancy***

***Teen birth rates, Chicago and U.S.***

**Definition:** Birth rate for females ages 15–19 years (rate per 1,000 females), by race/ethnicity, age, and health system planning region

**Data source:** IDPH Vital Records, 2000–2008 (Chicago); National Vital Statistics Reports, Vol. 56, No. 15; Vol. 57, No. 7; and Vol. 57, No. 12 (U.S.)

**Source:** CDPH, Office of Epidemiology (Chicago); National Center for Health Statistics (U.S.)

***Repeat births***

**Definition:** Percentage of females ages 15–19 years with at least one previous birth, by age and health system planning region

**Data source:** IDPH Vital Records, 2008

**Source:** CDPH, Office of Epidemiology

***First trimester prenatal care, Chicago and U.S.***

**Definition:** Annual number and percentage of resident teen mothers (ages 15–19) receiving prenatal care during their first trimester

**Data sources:** IDPH Vital Records, 2000–2007 (Chicago); National Center for Health Statistics, CDC, 2000–2007.





**Source:** CDPH, Office of Epidemiology (Chicago); National Vital Statistics System, Vital Statistics Online–Birth Data Files (U.S.)

***Sexual initiation***

**Definition:** Percentage of high school students who reported having had sexual intercourse, by race/ethnicity, gender, and age

**Survey question:** Have you ever had sexual intercourse?

**Data source:** CDC YRBS, Chicago, 2009

***Sexual activity***

**Definition:** Percentage of sexually experienced high school students who reported being sexual active, by gender

**Survey question:** During the past 3 months, with how many people did you have sexual intercourse?

**Data source:** CDC YRBS, Chicago, 2009

***Contraceptive use***

**Definition:** Percentage of sexually experienced high school students who reported using a condom or other method of protection at last intercourse, by gender

**Survey questions:** The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? The last time you had sexual intercourse, did you or your partner use a condom?

**Data source:** CDC YRBS, Chicago, 2009

***Forced sex***

**Definition:** Percentage of sexually experienced high school students who reported having had forced sex, by gender.

**Survey question:** Have you ever been physically forced to have sexual intercourse when you did not want to?

**Data source:** CDC YRBS, Chicago, 2009

# Appendix 1c: Methods

## General Limitations

This report is intended as a resource for advocates, providers, planners, and others. It is descriptive and is not intended to serve as a causal analysis. For example, if a community has a high cancer mortality rate, this may not be caused by characteristics of the community. Determining this would require further investigation. For some measures—such as breast cancer mortality, which are based on relatively few events at the community area level—other limitations must be considered. These rates are subject to substantial random variability.

The most recent data available are used in this report. Some data are older than other data. The availability of data varies by source. Several factors play a role in determining when data are available including the frequency of data collection, the postcollection cleaning and verification process, and resources available to manage and analyze the data.

## Data Reporting

To preserve confidentiality and produce reliable estimates, results presented in this report comply with the data reporting criteria used by the Chicago Department of Public Health (CDPH).<sup>1</sup> Age-adjusted mortality rates were not reported if the number of deaths was 20 or less. Also, percentages and rates (not age-adjusted) based on fewer than five events were not reported. When the sample size did not meet these criteria (e.g., when data were stratified by community area), data were aggregated to permit reporting. In other instances, combining several years of data was done to increase the sample size to a level that permitted the calculation and presentation of a rate or point estimate.

## Rates

Several health indicators in this report are presented as rates. A rate is a measure of some event, disease, or condition in relation to a population per unit of time; for instance, the number of deaths due to heart disease per 100,000 population in a given year.

Four types of rates are presented in this report: crude rates, age-specific rates (ASRs), age-adjusted rates (AARs), and incidence rates. Crude rates are used to present data pertaining to the entire population, such as all of Chicago, or to present data pertaining to an entire group within a population, such as all males or females. A crude rate is calculated by dividing the number of events for the entire population by the total population. It is usually calculated on the basis of every 100,000 people; or in the case of birth rates, every 1,000 females.



ASRs take into account the size and age distribution of the population. They enable the reader to compare different groups without being concerned that differences in health status are due to differences in the size of the groups or in the distribution of ages. An ASR is calculated by dividing the number of events among people in an age group by the number of people in that age group. ASRs for deaths and for communicable diseases are usually calculated on the basis of every 100,000 people.

AARs are used to present data for comparison among several populations, such as Chicago health system planning region, in which distribution of age can differ considerably. The calculation for AARs takes into account the differences in age distribution and adjusts for them.

The AAR is calculated by applying the age-specific rate in a population for a specific event such as death to a standard population. In this report, the 2000 U.S. standard population is used for age adjustment. AARs are used for reporting mortality rates by gender, race/ethnicity, or health system planning region.

Incidence rates are the number of new cases in a given time period divided by the number of subjects at risk in the population at the beginning of the study. Incidence rates are usually reported on the basis of every 100,000 people per year. New cases of HIV and AIDS are presented as incidence rates, which may be age-specific or crude.

### **Population Denominators for Rates**

The population denominators for calculating annual citywide rates and percentages are American Community Survey one-year population estimates. The population denominators for calculating community area rates and percentages are 2005 Metro Chicago Information Center population estimates. The population of each of each health system planning region is the aggregate of populations from community areas within each region.

Although 2010 census data became available during the drafting and revision of this report, census information by community area was not available for inclusion.

### **Reporting Differences in Rates and Percentages**

Percent change in rates, percents, or total counts between years are calculated using the following formula:

$$(\text{rate}_{\text{year2}} - \text{rate}_{\text{year1}}) / (\text{rate}_{\text{year1}}) \times 100$$

A rate ratio is used to report the magnitude of the difference between two rates:  $\text{rate}_{\text{group1}} / \text{rate}_{\text{group2}}$

### **Determining Statistical Significance**

Confidence intervals and *p*-values were calculated for survey data from the Chicago Behavioral Risk Factor Surveillance System (BBRFSS), and the Youth Behavioral Risk Surveillance (YRBS). To determine whether a percentage for one group was higher or lower than the percentage for a comparison group, the confidence intervals were calculated and compared. If the confidence intervals did not overlap, the difference between the two percentage estimates was reported as statistically significant. If the confidence intervals overlapped, the percentage estimates were reported as similar to one another and no further comparison was made.

### **Chicago Community Areas and Health System Planning Regions**

Chicago Community Areas are 77 neighborhood areas within the city of Chicago. They comprise groups of census tracts, consecutively numbered in most cases. In this report, zip codes are used to identify boundaries since this information is often collected with Chicago health data (See Appendix 2 for a map of community areas and their associated zip codes).

There are seven health system planning regions. These regions are based upon the 77 designated

community areas described above. These regions were determined largely based on the Chicago Department of Planning and Development's regional approach to planning. The DPD regions were originally developed based upon a number of factors including demographic composition, common histories, and other factors, including transportation patterns.

### Racial and Ethnic Designations

The classification of race/ethnicity used in this report varies by data source. All racial and ethnic designations except those from the death certificate are self-reported. Chicago-specific data in this report are presented for each racial and ethnic subgroup when numbers are large enough to allow calculation of percentages or reliable rates. Few sources have data in large enough numbers to allow presentation of data about smaller groups such as the many ethnicities included in the category "Asian". Since Hispanics/Latinos can be of any race, federal data sources often report Hispanic/Latino persons within the race categories Black or White. In this report, Hispanic/Latino ethnicity is presented alongside other racial/ethnic groups. References to race refer to non-Hispanic/Latino members of that race (e.g., Blacks are non-Hispanic/Latino Blacks).

### Community Stakeholder Perceptions

Suggested key informants were provided by CDPH, Community-Engaged Research Center (CERC) at Northwestern University's Feinberg School of Medicine, and University of Chicago's Urban Health Initiative. The purpose of the interviews was to ascertain stakeholders' perspectives on what constitutes a healthy community, the prevalence and impact of select health conditions, and the availability and adequacy of resources within the community to promote healthy living. Stakeholders from a variety of sectors were invited to participate, including aldermen, school administrators, and business owners; faith-based and cultural organizations; and healthcare providers (see Appendix 3 for a list of participating organizations). Suggested key informants were provided by CDPH,

Community-Engaged Research Center (CERC) at Northwestern University's Feinberg School of Medicine, and University of Chicago's Urban Health Initiative. A total of 16 interviews were conducted across the four community areas. Interviews were carried out between September and November 2010.

The interviews were semistructured, although there were specific questions that we wanted all key informants to address. These questions were as follows:

1. How would you describe your community (in a nutshell)?
  - a. What are its strengths?
  - b. What are its most significant challenges?
2. What does a healthy community mean to you?
  - a. In what ways is your community healthy?
  - b. In what ways is your community less healthy or unhealthy?
3. What are some resources or services in the community that make a positive difference in the health and well-being of residents?

Probe for the following:

- Health care services (medical, dental, vision, rehabilitation, mental health, substance abuse treatment)
- Convenient public transportation
- Places to engage in physical activity including parks, bike paths, playgrounds, courts, swimming pools, gyms, other public recreation facilities and programs
- Public safety—neighborhood crime watch programs, lighting on sidewalks and other areas where people are or could be physically active
- Pedestrian enhancements such as sidewalks, lighting, street crossing enhancements
- Street-calming measures—such as road narrowing, central islands, speed bumps, roundabouts—to make areas where people walk safer



- Access to fresh and affordable food
  - After-school physical activity programs
  - Affordable and nutritious foods in schools
4. What groups, clubs, agencies, or associations make a positive difference in the health and well-being of residents?
  5. To what extent do people in this community know their neighbors?
  6. How common are the following issues in your community? (1 = not common; 2 = somewhat common; 3 = extremely common)
    - Teen pregnancy
    - Youth obesity
    - Smoking and tobacco use
    - HIV/AIDS
    - Motor-vehicle related injuries
    - Breast cancer
    - Other issues
  7. To what degree does each issue impact the overall health and well-being of the community? (1 = no impact; 2 = some impact; 3 = major impact)
    - Teen pregnancy
    - Youth obesity
    - Smoking and tobacco use
    - HIV/AIDS
    - Motor-vehicle related injuries
    - Breast cancer
    - Other issues
  8. What is being done in the community to address these issues? By which organization(s)?
  9. What additional resources do you think would help address these issues?
  10. Is there anything else that we have not talked about that impacts the health and well being of people in your community?

## Maps

The availability of healthcare resources and community assets plays an important role in promoting conditions that support good health

For this report, maps illustrating the distribution of select health care resources, community assets and health status indicators were created using Geographic Information Systems (GIS). ArcGIS10 geographic information system (GIS) software was used to geocode (by street address) and map community resources and assets. The purpose of these maps is not explanatory but rather to generate hypotheses based upon patterns depicted by these maps. Further investigation is necessary to determine the reasons for the patterns.

## Community Asset Maps

Community assets refer to the physical and social resources that improve the quality of community life and provide a healthier environment for residents.<sup>2</sup> Types of assets include parks, churches, schools, libraries, health centers, police departments, grocery stores, community centers, and social clubs. Community asset maps for were created for four community areas in Chicago: Albany Park, Chicago Lawn, South Lawndale, and Auburn Gresham. Asset inventories were generated from several different sources, including available data from CDPH, Chicago State University, and University of Chicago's Urban Health Initiative. Google searches were also performed for certain assets.

Table 1 shows the assets that were inventoried and mapped for each community area.

## Citywide Health Resource Maps

Healthcare resource maps were created to show the distribution of various healthcare resources throughout the city of Chicago (table 2). To examine the geographic distribution of HIV/AIDS prevalence and location of HIV prevention resources, HIV testing site locations are layered over HIV/AIDS prevalence rates for each community area. For breast cancer, mammography centers and cancer treatment facilities are layered over breast cancer mortality rates for each health system planning region. A choropleth shows the population to physician ratio for each community area.

**Table 1**

Resource/Asset	Data Source <sup>^</sup>	Website
<b>Health Care Resources</b>		
Pharmacies	Chicago State University (Dr. Block File); Internet Search (Google maps)	n/a
Hospitals	Illinois Hospital Association; Illinois Dept of Public Health (2009)	<a href="http://www.ihatoday.org/">http://www.ihatoday.org/</a> ; <a href="http://www.idph.state.il.us/">http://www.idph.state.il.us/</a>
Primary Care Clinics	Chicago Dept of Public Health Office of Policy and Planning (January 2011); Illinois Coalition for School Health Centers (2010)	<a href="http://www.cityofchicago.org/city/en/depts/cdph.html">http://www.cityofchicago.org/city/en/depts/cdph.html</a> ; <a href="http://www.ilmaternal.org/">http://www.ilmaternal.org/</a>
Mammography centers	U.S. Food and Drug Administration (FDA); Metropolitan Chicago Breast Cancer Task Force; <a href="http://www.chicagobreastcancer.org">www.chicagobreastcancer.org</a>	<a href="http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm">http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm</a> ; <a href="http://www.chicagobreastcancer.org">http://www.chicagobreastcancer.org</a>
HIV Testing sites	CDC National HIV and STD Testing Resources; AIDS Foundation Chicago; Illinois Dept of Public Health, HIV/AIDS; Chicago Dept of Public Health, Division of STI/HIV/AIDS Public Policy and Programs	<a href="http://hivtest.org/">http://hivtest.org/</a> ; <a href="http://www.aidschicago.org/">http://www.aidschicago.org/</a> ; <a href="http://www.idph.state.il.us/">http://www.idph.state.il.us/</a> ; <a href="http://www.cityofchicago.org/city/en/depts/cdph.html">http://www.cityofchicago.org/city/en/depts/cdph.html</a> ;
Primary Care Physicians	AMA Doctorfinder	<a href="https://extapps.ama-assn.org/doctorfinder/recaptcha.jsp">https://extapps.ama-assn.org/doctorfinder/recaptcha.jsp</a>
Specialty Care Physicians	AMA Doctorfinder	<a href="https://extapps.ama-assn.org/doctorfinder/recaptcha.jsp">https://extapps.ama-assn.org/doctorfinder/recaptcha.jsp</a>
Eye Services (Ophthalmologists, Optometrists)	American Academy of Ophthalmology; Illinois Optometric Association	<a href="http://www.aao.org/">http://www.aao.org/</a> ; <a href="http://www.ioaweb.org/">http://www.ioaweb.org/</a>
Chiropractors	Internet Search (Google Maps)	n/a
Dentists	Chicago Dental Society; American Dental Association; Internet (Google Maps) Search	<a href="http://www.ada.org/">http://www.ada.org/</a> ; <a href="http://www.cds.org/find_a_dentist/clinic.html#chiclinics">http://www.cds.org/find_a_dentist/clinic.html#chiclinics</a>
<b>Community Assets</b>		
Parks	City of Chicago	<a href="http://www.cityofchicago.org/">http://www.cityofchicago.org/</a>
Recreation (fitness centers/non park facilities)	City of Chicago, Internet Search (Google Maps)	<a href="http://www.cityofchicago.org/">http://www.cityofchicago.org/</a>
Grocery stores, supermarkets	NE Illinois Community Food Security Assessment	n/a
Farmers markets	NE Illinois Community Food Security Assessment	n/a
Bike routes	City of Chicago	<a href="http://www.cityofchicago.org/">http://www.cityofchicago.org/</a>
Public Transportation (bus and train routes)	City of Chicago	<a href="http://www.cityofchicago.org/">http://www.cityofchicago.org/</a>
School Grounds	City of Chicago	<a href="http://www.cityofchicago.org/">http://www.cityofchicago.org/</a>
Senior Housing*	University of Chicago Medical Center - South Side Health and Vitalities	<a href="http://www.southsidehealth.org/">http://www.southsidehealth.org/</a>
Family and Youth Services*	University of Chicago Medical Center - South Side Health and Vitalities	<a href="http://www.southsidehealth.org/">http://www.southsidehealth.org/</a>

<sup>^</sup> Data for 2010 unless noted otherwise. \* Data available for Auburn Gresham only

A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.





**Table 2—Healthcare Resources in the City of Chicago**

Map	Geographic Area	Data Source <sup>^</sup>	Website
Hospitals*	community area	Illinois Hospital Association; Illinois Dept of Public Health (2009)	<a href="http://www.ihatoday.org/">http://www.ihatoday.org/</a> ; <a href="http://www.idph.state.il.us/">http://www.idph.state.il.us/</a>
Primary Care Clinics <sup>±</sup>	community area	Chicago Dept of Public Health, Office of Policy and Planning; Illinois Coalition for School Health Centers	<a href="http://www.cityofchicago.org/city/en/depts/chph.html/">http://www.cityofchicago.org/city/en/depts/chph.html/</a> ; <a href="http://www.ilmaternal.org/">http://www.ilmaternal.org/</a>
Mammography Sites, Hospital Cancer Treatment Programs and Breast Cancer Mortality Rates	health system planning region	U.S. Food and Drug Administration (FDA); Metropolitan Chicago Breast Cancer Task Force; American College of Surgeons Accredited Breast Cancer Centers	<a href="http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm">http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMQSA/mqsa.cfm</a> ; <a href="http://www.chicagobreastcancer.org/">http://www.chicagobreastcancer.org/</a> ; <a href="http://napbc-breast.org/resources/midwest.html">http://napbc-breast.org/resources/midwest.html</a>
HIV Testing Sites and Living HIV/AIDS Case Rate	community area	CDC National HIV and STD Testing and Resources; AIDS Foundation Chicago; Illinois Dept of Public Health, HIV/AIDS; Chicago Dept of Public Health, Division of STI/HIV/AIDS Public Polich and Programs	<a href="http://hivtest.org/">http://hivtest.org/</a> ; <a href="http://www.aidschicago.org/">http://www.aidschicago.org/</a> ; <a href="http://www.idph.state.il.us/">http://www.idph.state.il.us/</a> ; <a href="http://www.cityofchicago.org/city/en/depts/cdph/html/">http://www.cityofchicago.org/city/en/depts/cdph/html/</a>
Primary and Specialty Care Physicians	community area	AMA Doctorfinder	<a href="http://extapps.ama-assn.org/doctorfinder/recaptcha.jsp">http://extapps.ama-assn.org/doctorfinder/recaptcha.jsp</a>

<sup>^</sup> data for 2010 unless noted otherwise

\* includes general acute care, rehabilitation, children's specialty, veterans', psychiatric, and long term care hospitals

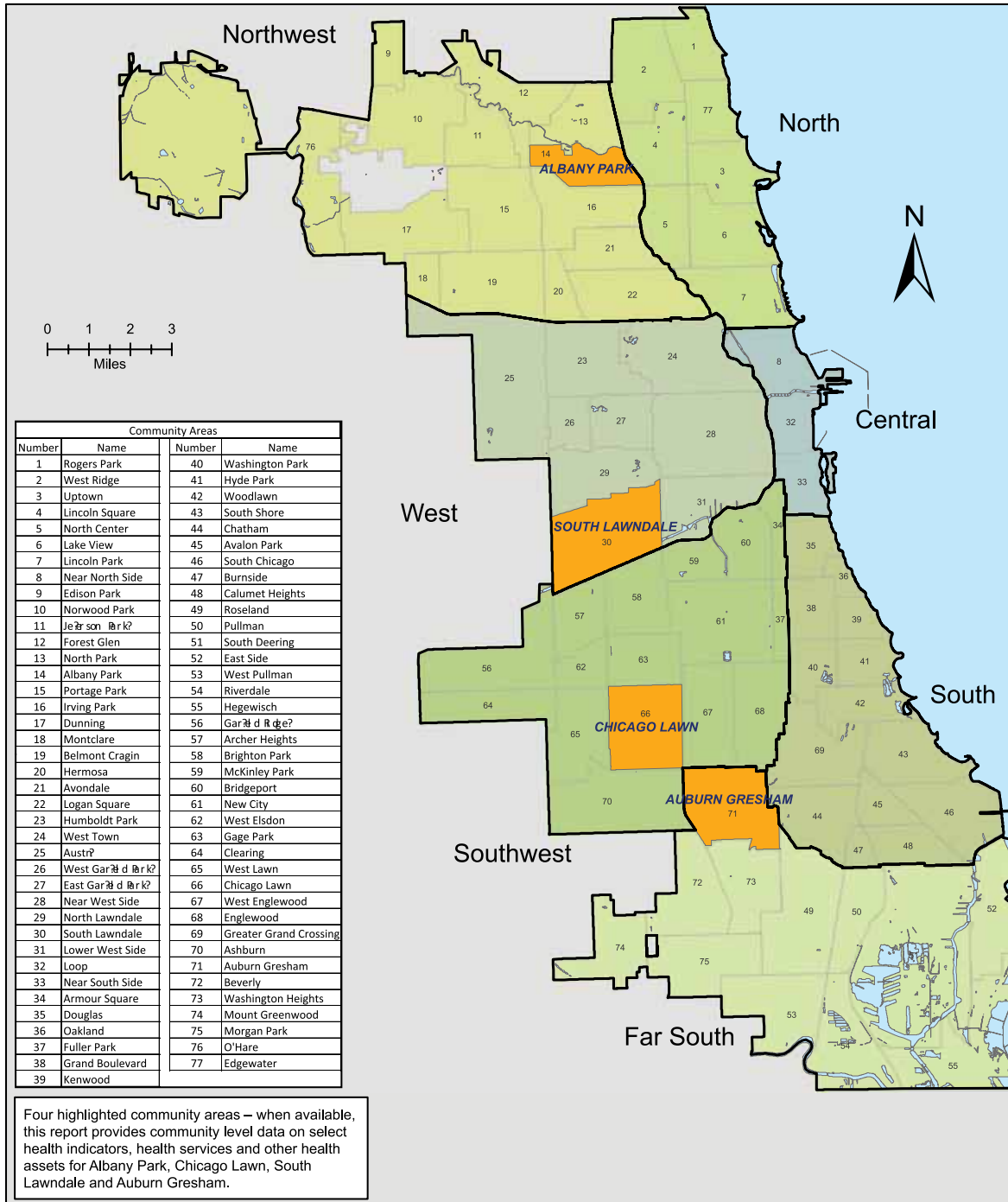
<sup>±</sup> includes Chicago Dept of Public Health clinics, school-based health centers, free health centers, Cook County health centers, and other community health centers

A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

## References

1. Woldemichael G, Harper DM, Cohen SB, Thomas SD, Bocskay KA, Morita JY. *Community Area Health & Resource Inventory*. Health Status Index Series Vol. XIX No. I Chicago, Illinois: Chicago Department of Public Health Office of Epidemiology, 2011.
2. Boston Public Health Commission Research Office. *Health of Boston 2010*. Boston, Massachusetts 2010.

# Appendix 2: Map of Chicago's 77 Community Areas



Source: City of Chicago and Chicago Dept of Public Health Office of Policy and Planning, 2010

Chicago State University GIS Lab, February 2011

A Profile of Health and Health Resources within Chicago's 77 Communities. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

# Appendix 3: Community Stakeholder Interviews: Participating Organizations

Albany Park		
Organization	Contact Information	Date Completed
<b>Healthy Albany Park</b>	4759 N. Kedzie Chicago, IL 60625 <a href="http://www.cchsd.org/chicagohealthpartners.org/html/albanypark/albanypark_index.html">http://www.cchsd.org/chicagohealthpartners.org/html/albanypark/albanypark_index.html</a>	September 9, 2010
<b>Erie Teen Health Center</b>	1945 West Wilson Avenue, 5th Floor Chicago, IL 60640 <a href="http://www.eriefamilyhealth.org/locations/erie-teen-health-center">http://www.eriefamilyhealth.org/locations/erie-teen-health-center</a>	September 9, 2010
<b>Albany Park Community Center</b>	3403 West Lawrence Avenue Chicago, IL 60625 <a href="http://www.apcc-chgo.org/">http://www.apcc-chgo.org/</a>	September 9, 2010
<b>Heartland Alliance</b>	208 S. LaSalle Street, Suite 1818 Chicago, IL 60604 <a href="http://www.heartlandalliance.org/">http://www.heartlandalliance.org/</a>	October 27, 2010
<b>Jesus House (2 participants)</b>	4332 N. Kedzie Avenue Chicago, IL 60618 <a href="http://www.jesushouse.org/">http://www.jesushouse.org/</a>	September 29, 2010
<b>Alderman 33rd Ward</b>	3649 N. Kedzie Ave Chicago, IL 60618 <a href="http://33rdward.org/">http://33rdward.org/</a>	November 9, 2010

A Profile of Health and Health Resources within Chicago's 77 Communities. *Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.*

<b>Auburn Gresham</b>		
<b>Organization</b>	<b>Contact Information</b>	<b>Date Completed</b>
<b>Greater Auburn-Gresham Development Corporation</b>	7901 South Racine Chicago, IL 60620 <a href="http://www.gagdc.org/index.html">http://www.gagdc.org/index.html</a>	August 31, 2010
<b>Perspectives Charter Schools (2 participants)</b>	3663 South Wabash Ave., 3rd Floor Chicago, IL 60653 <a href="http://perspectivescs.org/">http://perspectivescs.org/</a>	August 31, 2010
<b>Greater Auburn-Gresham Development Corporation Elev8 Project</b>	8131 South May Street Chicago, IL 60620 <a href="http://www.gagdc.org/Our-community/Elev8/index.html">http://www.gagdc.org/Our-community/Elev8/index.html</a>	August 31, 2010
<b>Access Community Health Network—Perspectives Middle School</b>	8131 South May Street Chicago, IL 60620 <a href="http://www.accesscommunityhealth.net">http://www.accesscommunityhealth.net</a>	September 2, 2010

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<b>Chicago Lawn (Marquette Park)</b>		
<b>Organization</b>	<b>Contact Information</b>	<b>Date Completed</b>
<b>Inner-City Muslim Action Network</b>	2744 West 63rd Street Chicago, IL 60629 <a href="http://www.imancentral.org/">http://www.imancentral.org/</a>	September 8, 2010
<b>Chicago Department of Public Health – REACH U.S. Health Promotion Project</b>	333 South State Street, Suite 209 Chicago, IL 60604 <a href="http://www.cityofchicago.org/city/en/depts/cdph.html">http://www.cityofchicago.org/city/en/depts/cdph.html</a>	October 4, 2010
<b>Healthy Chicago Lawn</b>	2701 W. 68th St. Chicago, IL 60629 <a href="http://www.healthychicagolawn.org/">http://www.healthychicagolawn.org/</a>	September 9, 2010
<b>Alderman 15th Ward</b>	3045 W. 63rd Street Chicago, IL 60629 <a href="http://www.chicityclerk.com/citycouncil/alderman/ward15/">http://www.chicityclerk.com/citycouncil/alderman/ward15/</a>	October 4, 2010

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<b>South Lawndale (Little Village)</b>		
<b>Organization</b>	<b>Contact Information</b>	<b>Date Completed</b>
<b>Enlace Chicago</b>	2756 S. Harding Chicago, IL 60623 <a href="http://www.enlacechicago.org/">http://www.enlacechicago.org/</a>	September 8, 2010
<b>Project Vida</b>	4045 W 26th Street Chicago, IL 60623 <a href="http://www.projectvida.org/index.html">http://www.projectvida.org/index.html</a>	September 17, 2010
<b>Chicago Department of Public Health – REACH U.S. Health Promotion Project</b>	333 South State Street, Suite 209 Chicago, IL 60604 <a href="http://www.cityofchicago.org/city/en/depts/cdph.html">http://www.cityofchicago.org/city/en/depts/cdph.html</a>	September 17, 2010
<b>Alderman 22nd Ward</b>	2500 S. St Louis Chicago, IL 60623 <a href="http://www.cityofchicago.org/city/en/about/wards/22.html">http://www.cityofchicago.org/city/en/about/wards/22.html</a> <a href="mailto:Ward22@cityofchicago.org">Ward22@cityofchicago.org</a>	November 8, 2010

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# Appendix 4: Community Area HIV/AIDS Prevention Programs

Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
South Side Help Center	The Illinois Women Preventing AIDS campaign	An educational program targeting high-risk women with culturally appropriate, gender-specific prevention and risk-reduction messages. The project provides women of child-bearing age with HIV/AIDS education and risk-reduction information with an emphasis on promoting and reinforcing safer behavior through enhanced decision-making skills. Participants receive interpersonal skills training in negotiating and sustaining appropriate behavior changes.				Not available	<a href="http://www.southsidehelp.org/">http://www.southsidehelp.org/</a>
South Side Help Center	Safety Counts and Street Outreach	This program targets intravenous drug users who are among the highest risk groups for contracting and spreading HIV. South Side Help Center developed an effective street outreach campaign and has specially trained staff who target designated locations where IDUs are known to frequent. Our outreach staff distributes risk reduction kits containing bleach, sterile water, clean cotton, condoms, and lubricants while providing information on the relationship between drug use and contracting HIV.		Injection drug users (IDUs) and sex workers		In 2010, the program served 105 participants ages 25 and over (including 7 individuals ranging in age from 40 to 60) who were substance users and asked to be a part of the program. Of those enrolled, 75% (79) completed 75% of the planned sessions.	<a href="http://www.southsidehelp.org/">http://www.southsidehelp.org/</a>
South Side Help Center	HIV/AIDS Shelter Education & Outreach	This program targets African Americans who reside in or frequent shelters and transitional living facilities. It is designed specifically around the population's unique circumstances and addresses issues of survival, self-esteem, support, and mistrust. In addition to providing group education workshops, the program offers intensive individualized prevention case management services. Other services include referrals for counseling, continuing education, and substance abuse treatment, plus free, confidential HIV testing.				Not available	<a href="http://www.southsidehelp.org/">http://www.southsidehelp.org/</a>





Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
South Side Help Center	Secondary Prevention Project	This project is designed to educate people living with HIV/AIDS about the risks of secondary infection (in which the virus can mutate and thus become stronger and more resistant) and reduce the transmission and/or re-infection of the virus. This goal is accomplished through the use of outreach, group education, prevention case management, and health communication public information seminars. In addition, the project assists clients by making referrals for counseling, testing and accessing other HIV prevention and related services.		The communities served include Roseland, Riverdale, Hegewisch, and South Shore.		Not available	<a href="http://www.southsidehelp.org/#">http://www.southsidehelp.org/#</a>
South Side Help Center	Corrections Initiative	This program provides intensive case management services and referral services to postincarcerated individuals or recently released individuals living with HIV/AIDS. Clients receive comprehensive assessments and are connected with the services they need, including primary medical care, housing, mental health, and substance abuse treatment.				Not available	<a href="http://www.southsidehelp.org/#">http://www.southsidehelp.org/#</a>
Salud Latina/ Latino Health	Time for Myself	This program establishes a permanent Latino HIV statewide network of HIV providers that engage Latinos in HIV education, outreach, testing, and continuum of care services.	Increase HIV testing for Latinos 50+; disseminate HIV prevention and care information; address the need to increase intervention strategies	Latinos 50+ in Lake, DuPage and Will counties of Illinois		Not available	<a href="http://www.salud-latina.org/">http://www.salud-latina.org/</a>
Ruth M. Rothstein CORE Center	Peer Educator Program	This innovative peer education program trains people with HIV infection to assist patients at the CORE Center and participate in outreach. Peer educators play major roles in both internal and external HIV/STD prevention outreach efforts funded by the Chicago Department of Public Health. Internally, peer educators on Prevention for Positives grants target all new adult patients entering primary care as well as existing patients who are referred by their medical providers. Externally, in community settings, peer educators play similar roles in programs targeting men who have sex with other men.				Not available	<a href="http://www.southsidehelp.org/#">http://www.southsidehelp.org/#</a>

Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Advocate Trinity Hospital, Stroger, Mt. Sinai, and Provident hospitals	Expanded HIV testing in hospital emergency departments	Through this initiative, hospitals offer free rapid-result HIV screening to all patients during emergency room visits. Health educators were hired in all EDs to offer HIV screening to all ED patients during working hours. Linkage to care was integrated into the testing process for those found to be HIV-positive (individuals were either referred to onsite HIV clinics or local health center).	Increase HIV testing among African Americans living in high-incidence areas; increase the number aware of HIV status; facilitate linkage to care	African Americans living in high HIV incidence areas		2008-2009: 32,269 screening tests performed, 195 confirmed HIV positive, 140 HIV diagnoses were newly identified. 69% of patients found to be positive were reported as linked to HIV care. Each site continues to expand testing by working to identify in new areas of the ED.	<a href="http://www.hivtestingconference.org/PDF/Presentations/Glick_Reitan.pdf">http://www.hivtestingconference.org/PDF/Presentations/Glick_Reitan.pdf</a>
Asian Human Services	Banyan Tree	The HIV/AIDS program provides prevention education, outreach, case management, individual counseling and support groups, and housing advocacy to the HIV-positive.	Outreach, education, and testing at Asian Human Services location	HIV-positive Asian Americans and non-Asians living on the North Side of Chicago (Uptown)		Not available	<a href="http://www.ahschicago.org/banyan_tree.htm">http://www.ahschicago.org/banyan_tree.htm</a>
Chicago House	Be Aware, Be Alive (BABA)	This is an HIV prevention program with a two-pronged approach: identifying those who are unaware of HIV status through free, rapid HIV testing, and preventing the further spread of HIV by working one-on-one with those who are HIV-positive to promote safer behaviors.	The overarching goal of the testing program is to find previously unidentified positive persons so those individuals may access medical care and other vital services.		Prevention counselor meets with clients weekly for one hour.	Not available	<a href="http://www.chicagohouse.org/be_aware_be_alive_hiv_and_aids_prevention.html">http://www.chicagohouse.org/be_aware_be_alive_hiv_and_aids_prevention.html</a>
Chicago House	PASHN (Positive Adherence and Stable Housing Now)	Adherence to medication regimens is the single most important factor to the health and survival of a person living with HIV. PASHN not only helps clients reach their goals of staying healthy through medication adherence but also helps to stop the spread of HIV/AIDS by lowering transmissible viral loads.	Reduce HIV transmission through medication adherence			Not available	<a href="http://www.chicagohouse.org/pashn_program.html">http://www.chicagohouse.org/pashn_program.html</a>



Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Centro Romero		Centro Romero's HIV/AIDS Outreach and Education project has been developed to increase the awareness of HIV/AIDS in the Latino community in the Northside of Chicago. In addition to education, Centro Romero provides free and confidential HIV testing.	Increase the awareness of HIV/AIDS in the Latino community in the North Side of Chicago	Latino immigrants and refugees on the Northeast Side of Chicago (60660)	HIV peer education training; training for youth groups of 15 and more in HIV and STDs as well as leadership and communications skills. HIV/AIDS & STD community presentations about the epidemic of the HIV/AIDS. These are intended for the community and for the ESL students at Centro Romero. We offer free and confidential testing once a month for HIV and some STDs.	Not available	<a href="http://www.centroromero.org/HomePage.asp">http://www.centroromero.org/HomePage.asp</a>
Chicago Child Care Society		The Safe Life HIV/AIDS prevention program offers education and intensive outreach services to adolescents and young adults within the community. Through educational sessions, the Safe Life Coordinator provides information about sexually transmitted diseases and specifically HIV/AIDS, risk factors, and methods of prevention as well as referrals to community resources for follow-up services. Rapid testing and counseling services are also available for all participants.				Since its inception in 2005, the program has educated thousands of adolescents and young adults throughout the city of Chicago, through schools, social service agencies, churches, health fairs, and youth summits.	<a href="http://www.cccsociety.org/index.php">http://www.cccsociety.org/index.php</a>



Organization	Program/ Initiative Name	Program Description	Program Goals/Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
BEHIV	Brothas Saving Brothas	Brothas Saving Brothas is a group-based, three day-retreat that provides education on topics such as risk reduction to African American MSM.				Not available	BEHIV has closed as of January 2011 after 21 years of service to the community.
BEHIV		These educational programs are geared toward young people and adults touching on issues such as communication, peer pressure, the importance of getting tested and knowing your status, and drug and alcohol use.		Youth and adults, citywide	Presentations held at public and private high schools, colleges and universities, community agencies, religious organizations, and local businesses throughout the Chicago area	Not available	BEHIV has closed as of January 2011 after 21 years of service to the community.
Project VIDA		This organization offers individual and group services for adults (age 25 and up) living with HIV/AIDS, including healthy life styles, coping skills, prevention/risk reduction counseling, and more. In English and Spanish.	Address the needs of racial and ethnic minorities. ProjectVIDA has expanded its community scope by initiating a variety of programs and direct services for people infected or affected by HIV/AIDS as well as prevention education programs for the larger population.	Located in South Lawndale (Little Village, 60623)		Not available	www.projectvida.org
Project VIDA	NANDI	NANDI helps educate girls on health and self-esteem issues, including discussions around HIV/STI's, relationships and body issues. The group also participates in activities that help build non-violent communication skills, better decision making processes, and self image.		African American young women ages 12-24 in the North Lawndale area		Not available	www.projectvida.org

Organization	Program/ Initiative Name	Program Description	Program Goals/Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Project VIDA	SHEROS	SHEROS helps educate girls on health and self-esteem issues, including discussions around HIV/STIs, relationships, and body issues. The group also participates in activities that help build nonviolent communication skills, better decision-making processes, and self-image. It is an eight-week program, with weekly group discussions.		Young women ages 12-24 in the South Lawndale area		Not available	<a href="http://www.projectvida.org">www.projectvida.org</a>
Project VIDA	C.A.R.E. program (Care, Awareness, Resources & Education)	C.A.R.E. offers individual and group services for adults (age 25 and up) living with HIV/AIDS in the West Side and Near South Side of Chicago. The C.A.R.E. program offers workshops focusing on prevention related topics for those living with HIV/AIDS to encourage healthier lifestyles. It also provides support groups that help reinforce coping skills, decreasing the psychosocial stress associated with living with HIV/AIDS. There are individual (prevention/risk reduction) counseling sessions offered for a more personal, one-on-one discussion. All services are offered in English and Spanish.		HIV positive adults (ages 25 and up) in the Westside and near Southside of Chicago		Not available	<a href="http://www.projectvida.org">www.projectvida.org</a>
The Night Ministry		Outreach professionals and nurses offer free prevention education, self-care supplies, and rapid HIV testing to individuals in six Chicago neighborhoods from their Health Outreach Bus. Test results are available in 20 minutes.		Uptown, Roseland, South Shore, Humboldt Park, Pilsen, Wicker Park		Not available	<a href="http://www.thenightministry.org/">http://www.thenightministry.org/</a>
Test Positive Aware Network		TPAN Prevention Department provides HIV prevention information, HIV testing, counseling, and/or referrals. This is accomplished via informative presentations, testing, risk-reduction counseling, and referrals for anyone at risk of contracting or transmitting HIV both in-house and off-site at various locations throughout Chicago.		Lakeview (Boys Town), Andersonville	HIV testing offered at BioScrip Pharmacy, Man's Country, Steamworks, and TPAN	Not available	<a href="http://www.tpan.com/">http://www.tpan.com/</a>





Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Test Positive Aware Network	Smart Sex	TPAN Smart Sex provides health-related communication and public information, individual and group-level interventions, HIV counseling and testing, and referrals to primary care and support services.		White men who have sex with men (MSM) ages 21+ on the North Side of the city; African American MSM ages 21+ on the North Side of the city; African American MSM ages 21+ on the South Side of the city		Contact with over 115,668 clients to date	<a href="http://www.tpan.com/">http://www.tpan.com/</a>
Test Positive Aware Network	Condom Parties	TPAN distributes safe sex kits to the local community at monthly parties held at TPAN's location.				Not available	<a href="http://www.tpan.com/">http://www.tpan.com/</a>
Test Positive Aware Network	Needle Exchange	Offered in conjunction with the Chicago Recovery Alliance, TPAN's needle exchange program offers: safe and legal needle exchange and distribution of sterile injection equipment (cotton, alcohol pads, and cookers) during TPAN's regularly scheduled hours on an as-needed, walk-in basis. We provide harm reduction counseling and peer support, including one-to-one and group sessions specific to vein health, safer injection procedures, reduction of HIV and hepatitis transmission through safer sex, narcotics addiction, and crystal meth addiction.				Not available	<a href="http://www.tpan.com/">http://www.tpan.com/</a>
Chicago Women's AIDS Project	Sisters Reaching Out	CWAP provides prevention education, advocacy, and support for women at risk or living with HIV in the Chicago area. Sisters Reaching Out (SRO) is a gender-specific, evidence-based intervention for formerly incarcerated women intended to train participants to become health promoters in their community. SRO incorporates two interventions recognized by the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention (CDC). First, self-help in eliminating life-threatening diseases (SHIELD) is group-level "diffusion of effective behavioral interventions" (DEBI) that relies on peer networks to reduce drug and sex risk behaviors. Second, Sisters Informing Sisters on topics about AIDS (SISTA) is a group-level, gender- and culturally relevant DEBI designed to increase condom use with African American women.				Not available	<a href="http://www.cwapchicago.org/index.php?option=com_content&amp;view=featured&amp;Itemid=101">http://www.cwapchicago.org/index.php?option=com_content&amp;view=featured&amp;Itemid=101</a>

Organization	Program/ Initiative Name	Program Description	Program Goals/Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
VIDA/SIDA		MPowerment Project is aimed at training a core group of young Latino men ages 18-24 to do peer outreach on HIV prevention and risk reduction. The core group, composed of 10 members, undergoes training to conduct formal outreach--going to social events to discuss safer sex and HIV risk reduction, and to distribute condoms--and to do informal outreach where they discuss HIV and sex with friends. They'll also hold m-groups, peer-led meetings to discuss a wide range of related issues, including sex, relationships, family issues, homophobia, and discrimination.		LGBT youths		Not available	<a href="http://www.facebook.com/vidasida#!/url">http://www.facebook.com/vidasida#!/url</a>
AIDS Foundation of Chicago	Faith Responds to AIDS (FRA)	In recognition of the important role the church plays in the African American community, FRA strives to develop and engage a broad interfaith coalition of Chicagoland area leaders, organizations, and faith communities in a committed and effective response to stop HIV/AIDS and its destructive impact on human bodies, spirits, and communities.	(1) Provide training sessions and develop materials to empower faith communities to respond to HIV/AIDS; (2) promote comprehensive sex education among adults and youth; (3) provide safe spaces for a dialogue on homophobia; (4) provide workshops on communication, pastoral care, and family/community support, (5) create messaging, framing, and response team within the Coalition to respond specifically to neglect, misinformation, and ignorance within the "public square;" and (6) develop materials that help individuals and organizations engage in HIV/AIDS policy and advocacy	African Americans	In 2007 created an eight-month intensive training program for faith leaders to start a new or enhance an existing HIV ministry	Not available	<a href="http://www.aidschicago.org/">http://www.aidschicago.org/</a>



Organization	Program/ Initiative Name	Program Description	Program Goals/Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
AIDS Foundation of Chicago	Project CRYSP	Project Crystal Prevention (CRYSP) seeks to promote health and wellness in Chicago's gay community. Specifically, Project CRYSP will address crystal methamphetamine use as a contributing factor for HIV transmission, the abuse of other substances, and mental health concerns among gay men. Funded by the Chicago Department of Public Health, the five-year special project of innovative significance, led by AFC, supports activities at the Center on Halsted, Howard Brown Health Center, and Test Positive Aware Network.				Not available	<a href="http://www.aidschicago.org/">http://www.aidschicago.org/</a>
AIDS Foundation of Chicago	Communities of Color Collaborative	The Communities of Color Collaborative (3C) is a Chicagoland network of health agencies, businesses, and churches that works to stop the spread of HIV among African Americans and Latinos through prevention and care services.	Reduce HIV prevalence among African Americans and Latinos in Chicagoland, with a primary focus on those most impacted by HIV/AIDS: women, men who have sex with men, and youth	African Americans and Latinos	3C reaches communities through venues such as beauty salons, barbershops, churches, clubs/bars, high schools, and the Internet.	Not available	<a href="http://www.aidschicago.org/">http://www.aidschicago.org/</a>
AIDS Foundation of Chicago	The Chicago Female Condom Campaign	The Chicago Female Condom Campaign is a coalition of HIV/AIDS, reproductive justice, women's health, and gay men's health organizations dedicated to increasing access, affordability, availability, awareness, and utilization of female condoms.			Illinois tour of 12 cities from Kankakee to Cairo	Not available	<a href="http://www.aidschicago.org/">http://www.aidschicago.org/</a>
Global Girls Inc.	The Company	HIV information play and workshops. In 2007 created an HIV education (educational entertainment) production called "From Gross to Hope" exploring the way girls talk about sex, using dance, poetry, and improvisation. The piece highlights the urgent need for straight talk and opportunities for girls and parents to talk in a safe space about feelings, biology, and personal power.		Chicago's southside (Grand Crossing Park)		Not available	<a href="http://www.globalgirlsinc.org/programs/">http://www.globalgirlsinc.org/programs/</a>

# Appendix 5: Community Area Breast Cancer Screening Programs

Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
University of Illinois at Chicago, Center of Excellence in Eliminating Health Disparities	Beating Breast Cancer	Features African American community outreach to increase early detection of breast cancer through mammography. Activities are geared toward increasing awareness, educating women, and providing information about where to go for low-cost/no cost. Outreach activities are held in a variety of places, such as churches, beauty shops, food pantries, school events for parents, and other locations. Nurses from the National Black Nurses Association and other qualified individuals provide information to women at events.	Increase the number of women screened for breast cancer	Four Chicago communities with high death rates from breast cancer: Roseland, Pullman, West Pullman, and Riverdale	Provides the following: 1. Community education; 2. Attractive totes for women containing (a) information on where to go for low-cost and no-cost mammograms; (b) information on mammography and breast health; and (c) a DVD addressing the worries about breast cancer that keep women from getting screened, presented by five African American cancer survivors; 3. Personal guidance (one-on-one) for women who need help in finding a mammogram they can afford	Not available	<a href="http://www.uic.edu/orgs/bbc/">http://www.uic.edu/orgs/bbc/</a>



Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Sinai Urban Health Institute	Helping Her Live: Gaining Control of Breast Health	Educates women about mammograms and breast health, and assists women in the community by first linking them to a medical home and then navigating them through the web of medical services to ensure that they receive mammograms on an annual basis, obtain timely follow-up for an abnormal diagnosis, and understand their results.	Improve breast health outcomes. The HHL program intends to be a community model to navigate breast health services and to measure its effectiveness in improving breast health outcomes such as an increase in routine mammograms and reduction in number of delays.	Three underserved and racially/ethnically diverse Chicago communities: North Lawndale (predominantly Black), East Humboldt Park (predominantly Hispanic), and West Humboldt Park (predominantly Black)	<p>(1) Hosts free breast health awareness educational workshops and community breast cancer forums;</p> <p>(2) Attend various community health fairs and events to disseminate information on importance of preventative health screenings and how to obtain mammograms;</p> <p>(3) Provides the HHL hotline, which is designed to help women navigate the healthcare system in their area and find services that are accessible to them. The hotline serves as a tool for scheduling mammography appointments, assisting callers in receiving free or low-cost mammograms (if the caller is uninsured), assisting callers in understanding the results of their mammograms, serving as a reminder for their annual mammograms, and providing callers with answers to any questions or concerns they may have about breast health.</p>	<p>Oct 2008 and April 2010: Outreach and Education: HHL has reached over 26,000 women through 885 outreach activities. Navigating Women to Services:</p> <ol style="list-style-type: none"> <li>1. HHL staff have navigated 1,563 unique requests specifically for a doctor's appointment or an annual mammogram and generated 386 annual reminders.</li> <li>2. Assisted approximately 1,350 women obtain mammograms and their results.</li> <li>3. Partnered with Harmony Health Plan, a Medicaid HMO serving Chicago to help women with insurance get routine mammograms.</li> <li>4. Created and utilized tracking forms and an effective tracking system for outreach and education through to community navigation efforts.</li> <li>5. Collected basic demographic and mammography history data on 2,260 women who completed a service request with HHL.</li> </ol>	<a href="http://www.suhichicago.org/research-evaluation/helping-her-live-gaining-control-of-breast-health">http://www.suhichicago.org/research-evaluation/helping-her-live-gaining-control-of-breast-health</a>

Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Sisters Embracing Life		Provides outreach and education, community navigation, and support group and counseling services for survivors and family members. Program staff attends screening and treatment appointments with clients.		West Side of Chicago		January through September 2010: SEL has disseminated over 2,000 breast cancer literature packets, held 18 support group meetings, and navigated over 44 women into screening and treatment services.	<a href="http://www.sistersembracinglife.org/">http://www.sistersembracinglife.org/</a>
Amani Trinity United Community Health Corporation	Breast Education Advocacy Counseling and Navigation (BEACON) Breast Cancer Health Education and Awareness	Provides breast cancer awareness education and health system navigation to black women in need of breast cancer screening.	Increase the number of black women screened for breast cancer	Four community areas on the South Side of Chicago that are predominately African American (Washington Heights, Roseland, Pullman, West Pullman)	Monthly educational activities held in beauty salons in the target communities	Not available	<a href="http://www.amanicommunityhealth.org/whatwedo.htm">http://www.amanicommunityhealth.org/whatwedo.htm</a>
Amani Trinity United Community Health Corporation	BEACON Back-on-Track Warriors	Support group provides group and individual counseling services by a breast cancer survivor from the African American community. Additionally, the program keeps an active list of women who are given reminders and transportation stipends for mammography appointments.		Four community areas on the South Side of Chicago that are predominately African American (Washington Heights, Roseland, Pullman, West Pullman)		BEACON has 71 completed mammography appointments and provided breast health information to over 585 individuals since January 2010.	<a href="http://www.amanicommunityhealth.org/beacon.htm">http://www.amanicommunityhealth.org/beacon.htm</a>
Chicago Women's Health Center (CWHC)		Offers 41 breast health education workshops.		Homeless persons and domestic violence victims		Not available	<a href="http://www.chicago.womenshealthcenter.org/">http://www.chicago.womenshealthcenter.org/</a>



Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
The National Museum of Mexican Arts (NMMA)		Provides breast cancer awareness education and refers women for free mammography services at widely attended community events.		Little Village and Pilsen	NMMA has produced and recorded a public service announcement for Radio Arte 90.5 WRTE-FM on breast health that is being aired 10 times a day, 7 days a week with the potential to reach 500,000 individuals per airing.	Not available	<a href="http://www.nationalmuseumofmexicanart.org/">http://www.nationalmuseumofmexicanart.org/</a>
Centro Comunitario Juan Diego (CCJD)	Mujer a Mujer / Women to Women Breast Education	Provides home visits with educational presentations and mammography referrals, with the overall goal to improve quality and access to breast health services in the Latino population of South Chicago.		South Chicago Latinos		Not available	<a href="http://www.ccjuandiego.org/">http://www.ccjuandiego.org/</a>
Sisters Working It Out	Sisters Working It Out . . . Health Advocacy in Motion	Targets the most medically underserved parts of the African American community for breast cancer awareness, advocacy, and outreach activities.	Empower women to become health educators in their own communities and advocate for policy changes	Predominantly underserved African-American women in the Woodlawn and Englewood communities, including current and former residents of Chicago's Rockwell Gardens public housing complex	12-week training program provides women with knowledge about a wide range of women's health topics, including breast health, osteoporosis prevention, birth control, sexually transmitted diseases, heart disease, public speaking, community organizing, and media relations. A volunteer medical faculty teaches the SWIO's program curriculum. This faculty consists of people who work with the University of Chicago Hospitals, Rush Hospital, Stroger Hospital, and health advocacy agencies such as American Cancer Society, A Silver Lining Foundation, and Breast Cancer Network of Strength.	Not available	<a href="http://www.orgsites.com/ill/swio/">http://www.orgsites.com/ill/swio/</a>

Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Stand Against Cancer		Provides community education to women about the importance of early detection in fighting breast and cervical cancer. These churches then refer women to a STAND community health center and hospital who provide clinical breast exams, mammograms, Pap smears, and other services free or at low-cost to women who are Illinois residents, have limited incomes, and/or no health insurance. Stand Against Cancer also provides a seamless system for women diagnosed with cancer, by providing patient navigation and nurse case management and by enrolling eligible women into the state Medicaid program.	Reduce racial and economic disparities in access to breast cancer and cervical cancer screening and treatment. Program was created to ensure that all women, regardless of their health circumstances or ability to pay, can have access to the early screening services they need to protect them against breast and cervical cancer.	All Access Community Health Network Centers in Chicago	Free community-based education on breast and cervical cancer at local churches and community agencies. Low-cost breast and cervical cancer screenings including clinical breast exams and pap smears at local community health centers. Referral for a free mammogram at local hospitals. Low-cost diagnostic testing and procedures as needed. Access to the Illinois Treatment Act to cover the cost of cancer treatment.	In fiscal year 2005, SAC provided more than 17,000 breast and cervical cancer screenings and reached more than 47,200 other women through educational programs and outreach.	<a href="http://www.stepandthinkpink.org/stand-against-cancer.html">http://www.stepandthinkpink.org/stand-against-cancer.html</a>

## Appendix 6: Community Area Teen Pregnancy Prevention Programs

Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
A coalition of 20 members including HIV/AIDS, reproductive justice, women's health, and gay men's health organizations	Chicago Female Condom Campaign	Works to reduce sexually transmitted infections and unintended pregnancies by advocating for increased public health purchasing and distribution of female condoms, training service providers, educating community members, and executing a social marketing campaign.	Increase purchasing and distribution of female condoms by the Illinois Department of Public Health, the Chicago Department of Public Health, and the Cook County Bureau of Health Services; equip health service providers with the information and skills necessary to positively promote female condoms		The campaign hosts regular trainings for case managers, HIV prevention educators, healthcare providers, and family planning specialists; educates community members on the correct ways to use female condoms and where to access them; and launched a social marketing campaign that includes postcards, factsheets, posters, a Facebook page, a Twitter account, and a website to promote female condoms.	Not available	<a href="http://www.ringonit.org">http://www.ringonit.org</a>
Local Initiatives Support Corporation's Chicago office (LISC/Chicago)	Elev8	Establishes networks of relationships among school and community partners to extend the school day; create on-site health clinics; mobilize parent and community leaders; and advocate for policies that support similar comprehensive programs in other schools, locally and nationally. The program is led by the Local Initiatives Support Corporation's Chicago office (LISC/Chicago), which organizes capital and other resources to support initiatives that stimulate the comprehensive development of healthy, stable neighborhoods. Comprehensive sex education is requirement for receiving the four-year grant.	Transform the educational achievement and life outcomes of middle grade students in five public schools, all in underserved areas of the city	Ames Middle School (Logan Square); Marquette Elementary School (SouthWest Organizing Project); Orozco Community Academy (The Resurrection Project); Perspectives-Calumet Middle School (Greater Auburn Gresham Development Corporation)	Adolescent-centered health services and education in school-based health centers that encompass physical, mental, sexual, and dental health, with an emphasis on prevention	Not available	<a href="http://www.elev8kids.org/local-initiatives/content/chicago">http://www.elev8kids.org/local-initiatives/content/chicago</a>

Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
ASPIRA Inc. of Illinois (not-for-profit organization created to address the growing social and educational needs of of Chicago's Puerto Rican, Latino, and other economically disadvantaged youth)	Miguel del Valle Youth Development Center	Offers two sex education programs: <b>Abstinence Program</b> The primary goal of this program is to promote the value of abstinence through learned alternative, positive behaviors. Workshops teach about intimate relationships, affects of early pregnancy / infection by STDs and alternatives to the pro-sex messages. Parents also learn how to be effective in communication with their child about sex and sexuality. <b>Teen Pregnancy Prevention</b> The Teen Pregnancy Prevention Program promotes positive behaviors through strategies such as classroom instruction, after-school program (ASPIRA Club), counseling, mentoring, parenting education, and collaboration with community youth service providers to encourage students to make decisions and choose behaviors that prevent at-risk behaviors that lead to early pregnancy.	Empower Latino youth by developing and nurturing their leadership, intellectual, cultural, and social potential so that they may contribute their skills and dedication to the community.	Puerto Rican and Latino youth		Not available	<a href="http://www.aspirall.org">http://www.aspirall.org</a>
Jane Addams Hull House Association		Provides services to youth through a diverse array of programs and activities during nontraditional after school hours. Programs aid youth in acquiring skills and information that assist them in avoiding behaviors that will negatively impact their lives. Activities focus on academic support, life skills, prevention education, violence intervention, mentoring, community service, nutrition and physical activity, and the cultural arts. Also features teen pregnancy prevention and abstinence education.	Help youth increase their self-esteem, decision-making, leadership, and communication skills; provide youth prevention strategies to reduce their vulnerability for at-risk behaviors; provide youth with adult and peer support systems that encourage and reinforce positive choices	Chicago youth who are at risk of becoming victims of violence or substance abuse, or who are impacted by health issues	Just Us Kids in the Community provides intensive after school support to 6th, 7th, and 8th graders from Phoebe Hearst Elementary School. Life skills prevention education is one of the primary activities.	Not available	<a href="http://www.hullhouse.org">http://www.hullhouse.org</a>



Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Chicago Youth Centers	Teen Leadership Development After-School Program	Youth ages 13-19 participate in activities that include: tutoring, life skills development, violence prevention, pregnancy prevention, cooking and nutrition, service learning, leadership development, computer training, CYC's Visual and Performing Arts Program, and sports and fitness.	Improve reproductive health knowledge; promote healthy lifestyle choices; increase utilization of clinic services	At-risk, low-income youth ages 13-19 in seven Chicago neighborhoods: North Lawndale, Humboldt Park, South Shore, Riverdale/Altgeld, Bronzeville, Bridgeport, Roseland/Pullman	Provides information and training, starting with an eight-week summer session followed by weekly group meetings throughout the school year; offers one-on-one support through an ongoing, personal relationship with the project coordinator, who serves as friend and advocate; provides job skills training and employment in community outreach; enables participants to work in their own schools and neighborhoods as peer advocates, providing information and serving as role models	Not available	<a href="http://chicago-youthcenters.org">http://chicago-youthcenters.org</a>
Options for Youth	Peer Advocates for Health	A community-based program for adolescent African-American males, ages 14-19, living on Chicago's South Side. Peer Advocates for Health provides reproductive health information to young men utilizing trained peer advocates from 10 different high schools, talking one-on-one with their peers. Provides information through group presentations, workshops, health fairs, "Let's Talk About It" sessions for middle school students, a drop-in center for students located in gang-neutral territory, and basketball breakout sessions and boxing practice at local park district field houses.	Improve reproductive health knowledge; promote healthy lifestyle choices; increase utilization of clinic services	Adolescent African-American males, ages 14-19, living on Chicago's South Side	Provides information and training, starting with an eight-week summer session followed by weekly group meetings throughout the school year; offers one-on-one support through an ongoing, personal relationship with the project coordinator, who serves as friend and advocate; provides job skills training and employment in community outreach; enables participants to work in their own schools and neighborhoods as peer advocates, providing information and serving as role models	Peer advocates have provided information to more than 8,000 other adolescents and distributed 50,000 condoms in neighborhoods on the south side of Chicago. In 2009, peer advocates provided information to 1,393 other adolescents-637 boys and 756 girls--through community outreach in their schools and neighborhoods. Peer advocates reach nearly 300 other youth each year through formal presentations at local middle schools, health fairs, and an after-school drop-in center for guys.	<a href="http://options4youth.org/index.htm">http://options4youth.org/index.htm</a>

Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Male Involvement Project targets young, low-income, minority males living in the Chicago area. The initiative is implemented through numerous community-based projects; Peer Advocates for Health targeting teens ages 14-18; Project Brotherhood focusing on males ages 14-45	Project Brotherhood	Provides medical and social support services to sexually active men who are determined to be socially or medically at risk by the medical providers at the Woodland Health Center.	The Male Project is intended to integrate family planning services and education into programs in which young men are already receiving other health, education, and social services. The project engages men in reproductive health care and is designed to involve community-based organizations in developing, implementing, and testing approaches for delivery of family planning/reproductive health education and services to men.	Males ages 14-45 residing in Chicago's Woodlawn neighborhood	The project includes a social support group that meets weekly during the clinic session in a drop-in center setting and outreach and education through five community barbershops.	Project Brotherhood has provided medical and social services at weekly health clinics-- including physical exams, general healthcare and illness management, health counseling, HIV counseling and testing, educational sessions on STD/HIV prevention, family planning services for fathers, and other health seminars-- to approximately 21,000 clients.	<a href="http://www.projectbrotherhood.net/">http://www.projectbrotherhood.net/</a>
Chicago Women's Health Center		Provides workshops, single classes and multisection classes on women's and adolescent health issues in a variety of settings, including schools, community groups, and detention centers. Educational programs focus on health information and access to health care with the goal of empowerment and healthy decision making. A corps of trained health educators are available to present on a wide variety of topics, including sexually transmitted infections, safer sex, and contraception.				Not available	<a href="http://www.chicagowomenshealthcenter.org/">http://www.chicagowomenshealthcenter.org/</a>





Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Black Women for Reproductive Justice (BWRJ)	Don't Get Caught--Wrap It Up	Seeks to educate and inform Black women about their reproductive health, but also to promote and support Black women's activism and leadership on reproductive health and related social justice. BWRJ's niteclub project provides safe sex education at nightclubs, lounges, and dance clubs. Volunteers help carry out this initiative and go through a six-hour condensed version of the SSEX facilitator training.	Educate Black women and girls about basic reproductive health issues	Black women throughout Chicago and Illinois		Not available	<a href="http://www.bwrj.org/">http://www.bwrj.org/</a>
Black Women for Reproductive Justice (BWRJ)	Safer Sex Educational Experiences (SSEX)	Teaches individuals not only about HIV/AIDS and STI prevention and transmission, but also about healthy intimacy alternatives. Through its SSEX facilitators trainings, BWRJ has built a corps to help facilitate the numerous requests for trainings. Facilitators go through an intensive 12-hour comprehensive reproductive and sexual health training.		Black women throughout Chicago and Illinois	Trained SSEX facilitators conduct workshops at community-based organizations, women's groups, disability rights groups, women's shelters, high schools, and colleges and universities. Facilitators make a one-year commitment to do at least three workshops and/or training through BWRJ.	Not available	<a href="http://www.bwrj.org/">http://www.bwrj.org/</a>
Black Women for Reproductive Justice (BWRJ)	Sexuality Awareness and Women In Worship (SAWW)	"Through this initiative, BWRJ is working to forge critical relationships with the Black church in order to move them to be more responsive to the reproductive health needs of the Black women who comprise the majority of many of their congregations.		Black women throughout Chicago and Illinois		Not available	<a href="http://www.bwrj.org/">http://www.bwrj.org/</a>

Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Illinois Subsequent Pregnancy Project (ISPP)		Helps first-time adolescent mothers graduate high school and prevent a second unplanned pregnancy. The program is based upon an integrated model of service delivery with two primary interventions: intensive home visiting coupled with substantive training through membership in a peer support group. Girls are referred to the program by physicians, social service agencies, and school counselors.		In Chicago, there are seven communities where teens can access the program, including Englewood, Ravenswood and Evanston. The program is also available at three Chicago Public Schools: Curie Metropolitan, Bogan Computer Technical, and Orr Academy high schools.		Over the past 15 years, the project has served approximately 4,000 young mothers in 30 different communities. Of those 4,000, only 3% had a second pregnancy while in the program, and 85% have remained in school or graduated.	<a href="http://www.dhs.state.il.us/page.aspx?item=34327">http://www.dhs.state.il.us/page.aspx?item=34327</a>
Illinois Caucus for Adolescent Health (ICAH)		Provides free professional development trainings to educators and youth service providers throughout Illinois to provide instruction on how to establish and implement a responsible sexual health education program. ICAH also provides several resources on sexual health for school health teachers, nurses, counselors, public health officials, community health workers, and other adolescent service providers.	Prepare youth to advocate for policies and practices that promote positive adolescent sexual health and parenting at the local, state, and federal levels; increase access to and equity of adolescent sexual healthcare services and sexuality education in schools and communities	Chicago teens		Not available	<a href="http://www.icah.org/">http://www.icah.org/</a>



Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Planned Parenthood of Illinois (PPL)		Provides affordably priced, high-quality reproductive healthcare services to women and families throughout Illinois. PPL's ongoing youth and teen programs focus on teen pregnancy prevention; comprehensive, age-appropriate sexuality education; and promoting academic achievement. PPL's flagship peer education program, Teen Awareness Group (TAG), is a prevention-focused peer education program for high school students that provides training to teens--who are paid educators--to hold forums in schools and throughout the community that educate other teens, parents, and community members about making healthy decisions.		Chicago		Not available	<a href="http://www.plannedparenthood.org/illinois/">http://www.plannedparenthood.org/illinois/</a>
Rush Adolescent Family Center		Provides a full range of prenatal care, family planning and pregnancy prevention counseling, and education services to teens and young adults ages 12-23. The center offers services on a sliding-fee scale but serves all patients regardless of income or ability to pay. The center is made up of three program areas: <ul style="list-style-type: none"> <li>• Prenatal Care Program, providing a full range of prenatal care services along with prenatal counseling and education</li> <li>• Family Planning Program, providing confidential gynecological care, contraceptive and counseling services</li> <li>• Community Education Program, providing pregnancy prevention and family life education to teens and preteens attending Chicago-area schools and community agencies</li> </ul>				Not available	<a href="http://www.rush.edu/rumc/page-1099918808196.html">http://www.rush.edu/rumc/page-1099918808196.html</a>

Organization	Program/ Initiative Name	Program Description	Program Goals/ Objectives	Targeted Community Areas/ Populations	Specific Activities	Accomplishments	Web Link
Erie Teen Health Center		A freestanding comprehensive teen health in the Chicagoland area. With regard to sexual and reproductive health, Erie Teen Health Center provides the following services for adolescents (ages 12-19): (1) family planning, (2) contraceptive decision making support, (3) low-cost contraception, (4) pregnancy testing, and (5) STD/HIV counseling, testing, and treatment.				Not available	<a href="http://67.222.52.172/?page_id=85">http://67.222.52.172/?page_id=85</a>
Pilsen Wellness Center (formerly known as the Pilsen-Little Village Community Mental Health Center)	Teen Pregnancy Prevention Program	Operates nine distinct program sites throughout the Chicagoland area. The center specializes in culturally competent mental health services, addictions treatment, afterschool programming, alternative education, and HIV prevention. The Teen Pregnancy Prevention Program, funded by the Illinois Department of Human Services, Division of Community Health and Prevention, offers a curriculum-based abstinence program series to area schools requesting sex education instruction for their enrolled students. The Game Plan curriculum for 6th through 8th grades and the Navigator curriculum for high school students are evidenced-based models shown statistically to influence student attitudes, thus encouraging the delayed onset of sexual activity by participating adolescents.		The organization has historically served the predominantly Latino-origin communities of Pilsen (Lower West Side) and Little Village (South Lawndale) in Chicago, and has since expanded the original service areas to include Archer Heights, New City, Brighton Park, Gage Park, McKinley Park, and South Chicago		Not available	<a href="http://www.pilsenwellnesscenter.org/pilsen_teen_pregnancy_prevention.html">http://www.pilsenwellnesscenter.org/pilsen_teen_pregnancy_prevention.html</a>

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