

# HEALTHY CHICAGO 2025



## Community Health Status Assessment



**Purpose:** A key component of a community health assessment is the data analysis. Collecting data on health status, health conditions, and health behaviors provides community members, stakeholders and partners with a baseline and comparison on how their community and city is fairing. To focus this assessment on health and racial equity, along with the health indicators, we collect and analyze data on social determinants of health and structural and institutional inequities. All these data together tell a story that, aligned with other data from the other assessments, helps the local public health system identify overarching needs and strengths to direct efforts and resources.

**Process:** Community Health Status Assessment (CHSA) development began in February 2019 by the Chicago Department of Public Health (CDPH) Office of Epidemiology. After studying various approaches to addressing health equity, CDPH determined that assessment should be expanded to include more non-traditional domains of health data in order to more fully understand the spectrum of upstream predictors of health and well-being of Chicago residents and neighborhoods. In March 2019, CDPH convened a group of external subject matter experts from the Partnership for Healthy Chicago (“Partnership”) in areas as diverse as structural racism, real estate, community planning and development, food access and security, environmental health, public safety and health systems organization to discuss and prioritize domains and indicators. Consensus was reached to base the domains in concordance with the Bay Area Regional Health Inequities Initiative framework. Domains in this framework ordered from ‘downstream to upstream’ included: mortality and disease, individual risk behaviors, living conditions, institutional inequities and social inequities. CDPH Office of Epidemiology spent several months compiling and

summarizing over 140 indicators extracted from over 30 data sources. CHSA data was presented to city leadership and Partnership members in April of 2019 . Findings from CHSA data were utilized by all 9 of the Healthy Chicago 2025 workgroups to prioritize Healthy Chicago themes and priority areas. CDPH and Partnership determined that the findings compiled through the data assessment should be made public in an accessible and organized format. CHSA presentation was expanded into a 200-page CDPH Healthy Chicago (HC) 2025 Data Compendium that was published and distributed publicly in October 2019 . Over 6,000 users have accessed the HC 2025 Data Compendium from the City of Chicago website as of November 2021. Since publication, data from the assessment has been used integrally by several citywide plans instituted by the Mayor's Office including Invest South/West, Our City (Neighborhood Development), Our Safety, Solutions Toward Ending Poverty (STEP-Public Safety), My CHI, My future (Education) and We Will Chicago (Citywide Planning Initiative).



## SUMMARY OF MAJOR FINDINGS:

- ➔ Chicago is experiencing major shifts in racial demographics, residence and economic infrastructure .
- ➔ Chicago's Black population is decreasing and the Latinx population is aging and moving to new areas of the city farther from the central and northside job centers.
- ➔ Poverty and affluence have become more concentrated and segregated by geography. Lending capital extremely disproportionately distributed to central and north side neighborhoods.
- ➔ Overall employment landscape has changed from primarily manufacturing jobs to professional/administrative jobs for several generations. Professional job centers concentrated in central and north side neighborhoods.
- ➔ Life expectancy is a measure that can best reflect the overall impact of large citywide changes in living conditions.
- ➔ Whites are now living 80.2 years on average, while Latinx are living an average of 80.0 years and Blacks are living 71.4 years on average. This gap between Black and white life expectancy keeps widening. The gap was driven primarily by premature deaths that results from reasons listed below. These outcomes are described in the mortality and disease section of the CHSA presentation.
  - chronic diseases
  - mental health and substance use (opioid overdose)
  - injury related to violence (gun-related homicide)
  - infectious disease (HIV) and maternal and infant health (infant mortality).



## RISK BEHAVIORS:

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These health outcomes and risk behaviors are the result of racial inequities that affect neighborhoods in the following ways (organized by assessment domains and compendium location):

- ➔ Living Conditions and Institutional Inequities- Physical Environment (pages 82 -123 and 179- 196 in the HC Data Compendium)- How our neighborhoods are built/designed connects to our ability to have a healthy life. For example, people who live in stable neighborhoods where people feel safe walking around, have well-lit streets and transit options, affordable housing options, and easy access to commercial services, retail and full service grocery stores with affordable food live longer with fewer chronic diseases.
- ➔ Living Conditions and Institutional Inequities - Social Environment (pages 144-166 and 179- 196 in the HC Data Compendium)- Communities where people have strong relationships within the community are important for physical, mental, and social well-being. Violence, inequitable stops/ arrests by police, toxic stress, access to health care, alcohol and drug use, recreational and cultural opportunities, civic participation, incarceration and others are explored as an impact on health outcomes.
- ➔ Living Conditions and Institutional Inequities Economy and Work Environment (pages 124 – 141 and 179- 196 in the HC Data Compendium) Having enough money, employment opportunities without discrimination and job stability and paid leave make it easier to get what you need to stay healthy, such as health insurance, medication, and a safe place to live.
- ➔ Institutional Inequities - Educational Environment (pages 167- 196 in the HC Data Compendium) - Getting an education has lifelong benefits that affect health by making sure people have money, a safe place to live, and knowledge about health choices. Preschool utilization, school quality, academic achievement, graduation rates, school discipline, attendance are examined as indicators in this domain.