

CCDPH Data

Rachel Rubin, MD, MPH
Senior Medical Officer and Co-Lead



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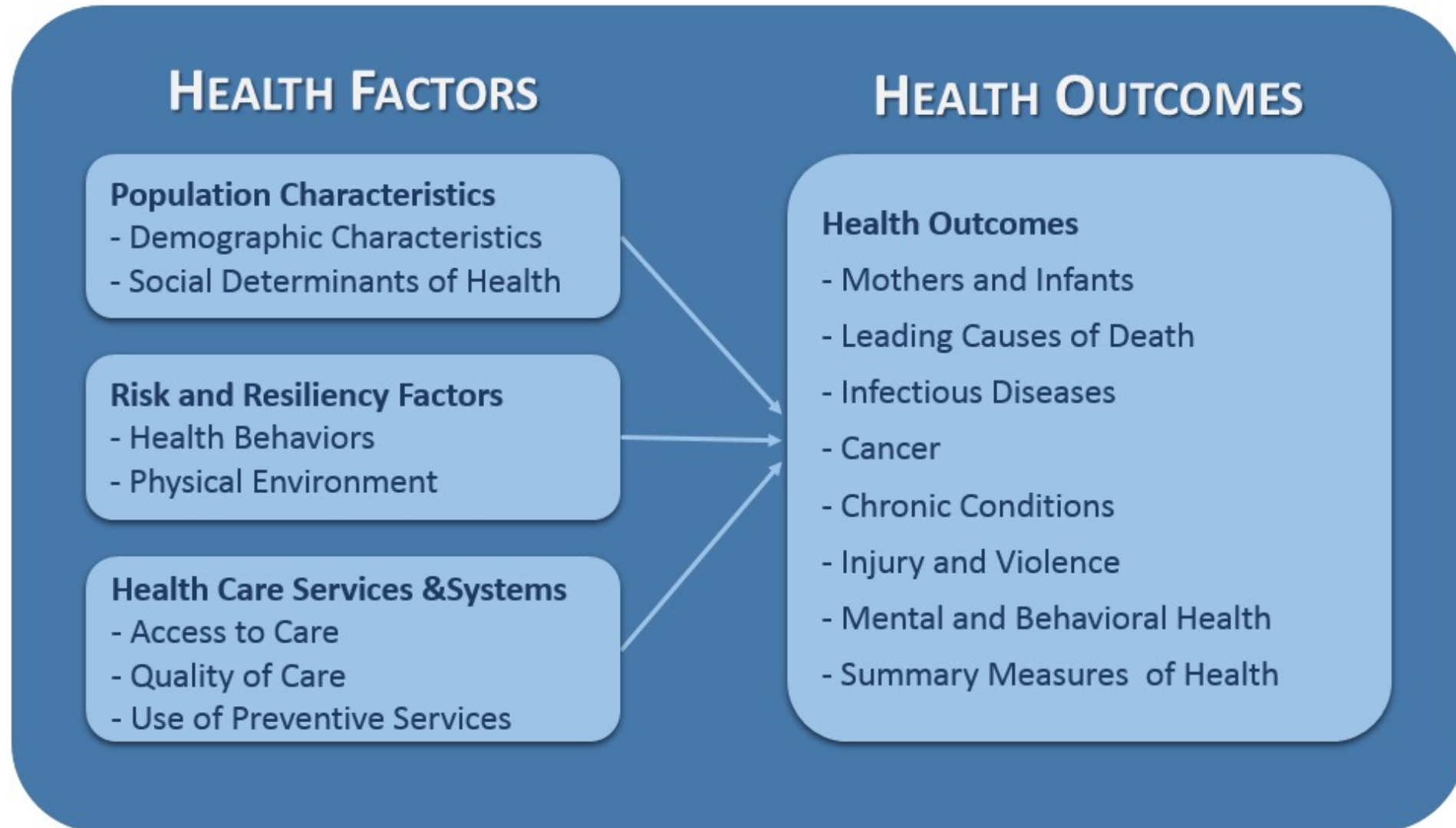


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Goals

- Develop a shared vocabulary around key public health terminology
- Review CCDPH and other public health data to inform CCH strategic planning process
- Discuss patterns and themes across data

Classical Public Health Model



Definitions

- **Health disparity:** A disproportionate difference in health between groups.
 - This term does not address the chain of events that produce it.
- **Health inequities:** “Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill. (Whitehead, 1992)
- **Structural racism:** “... macrolevel systems, social forces, institutions, ideologies, and processes that interact with one another to generate and reinforce inequities among racial and ethnic groups... [does] not require the actions or intent of individuals.” (Gee, 2011)
- **Health equity:** “... the assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need...” (Jones, 2014)
- **Social determinants:** “The conditions in which people are born, grow, live, work and age,” which are “shaped by the distribution of money, power and resources.” (WHO, 2022)
- **Social risk factors:** “the adverse social conditions associated with poor health, such as food insecurity and housing instability.” (Alderwick and Gottlieb, 2019)



Health Equity Framework



Modified from Solar, O., & Irwin, A. (2007). A conceptual framework for action on the social determinants of health.



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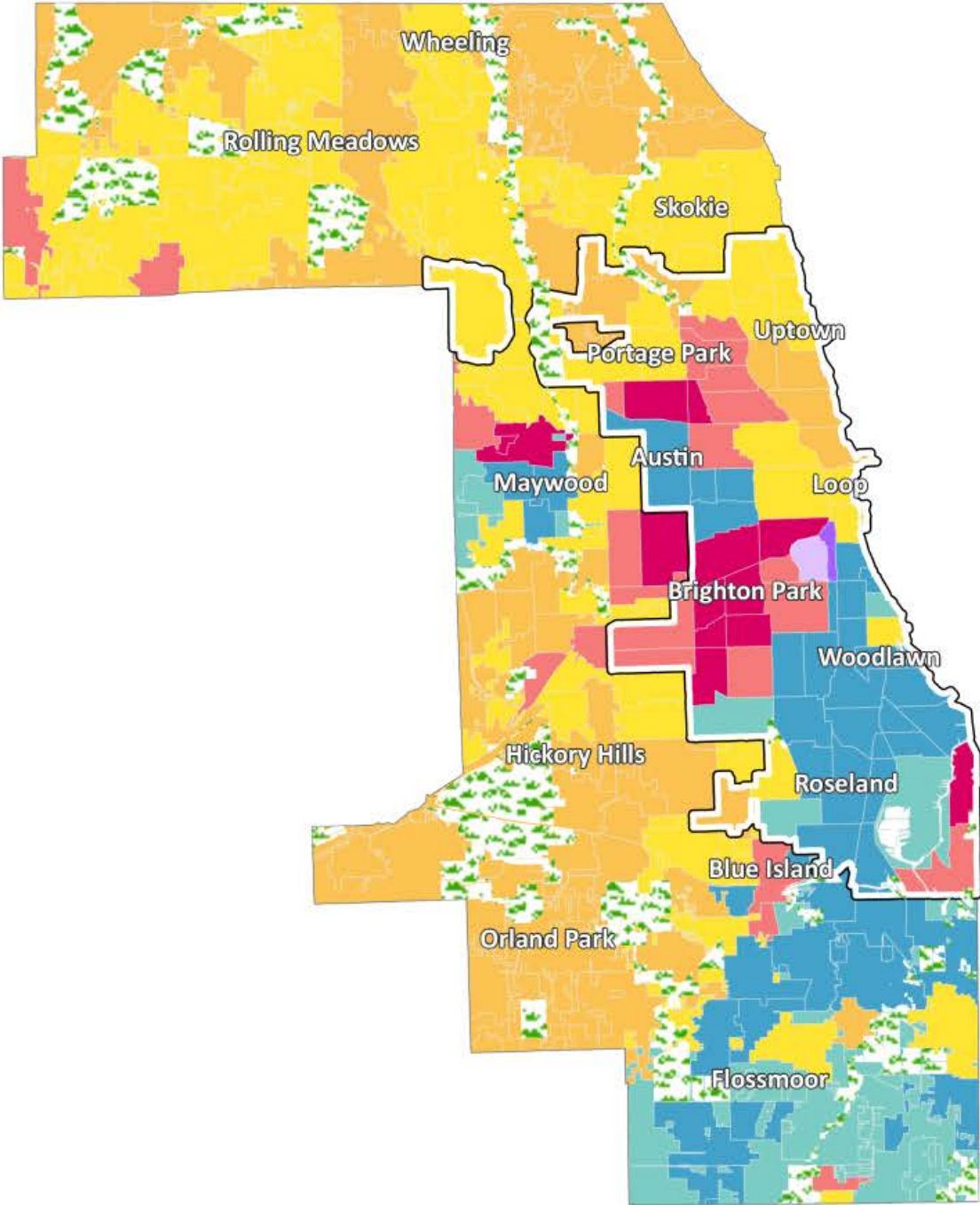
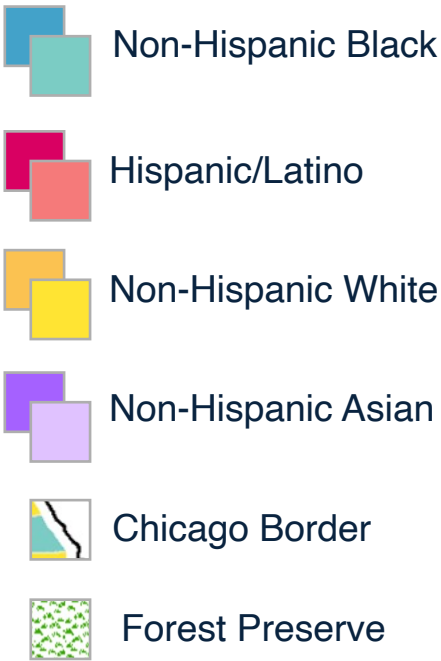
Demographic Data



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MAP 2 | Racial and Ethnic Groups (2016)

Color is used to show the predominate racial/ethnic groups in Cook County, IL. Darker colors show where the predominant racial/ethnic group makes up 70% or more of the local population.



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MAP 6 | Limited English Speakers (2016)

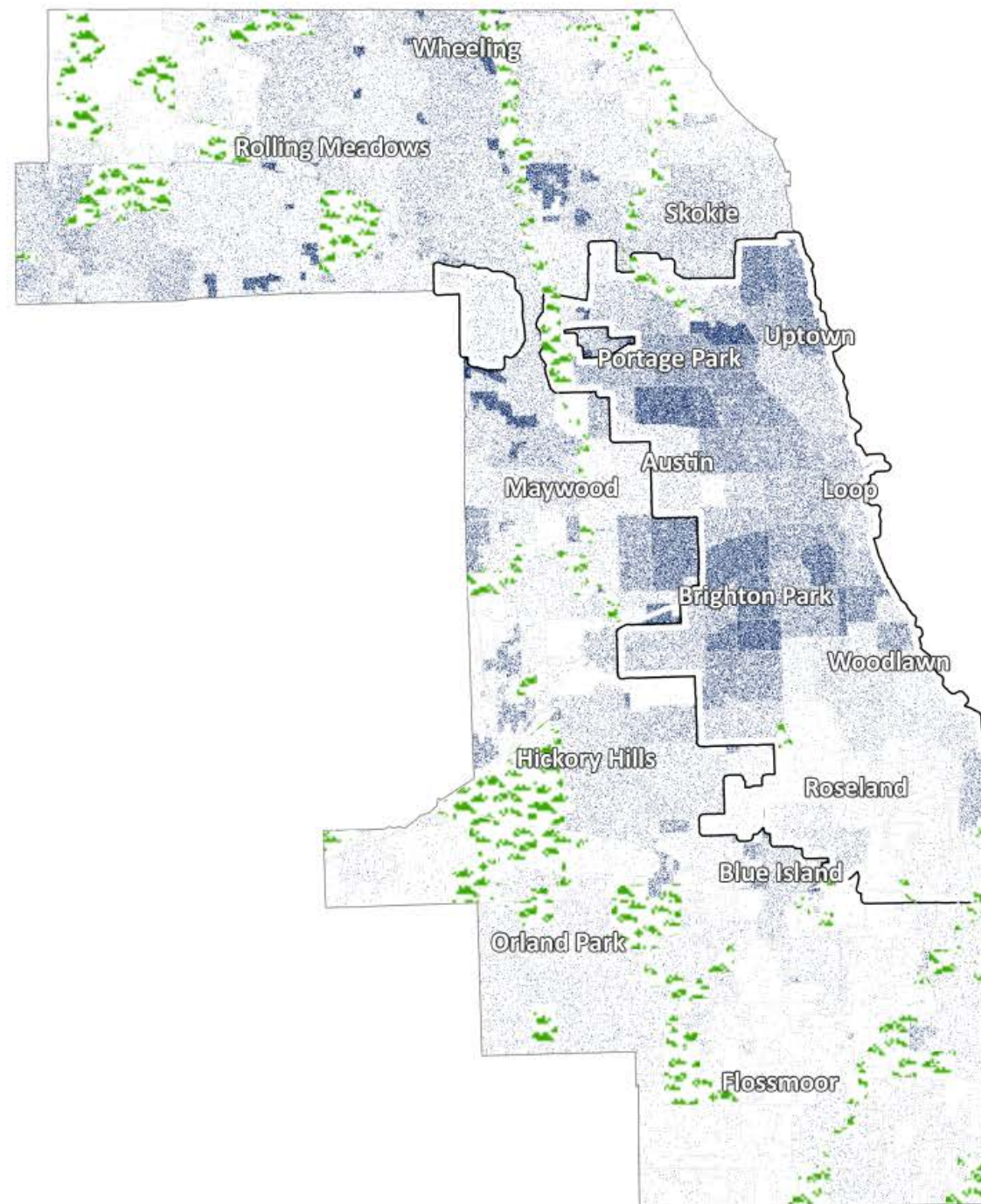
These dots show people in Cook County, IL communities over the age of 5 who speak English less than “very well”.



1 Blue Dot = 5 people



Chicago Border



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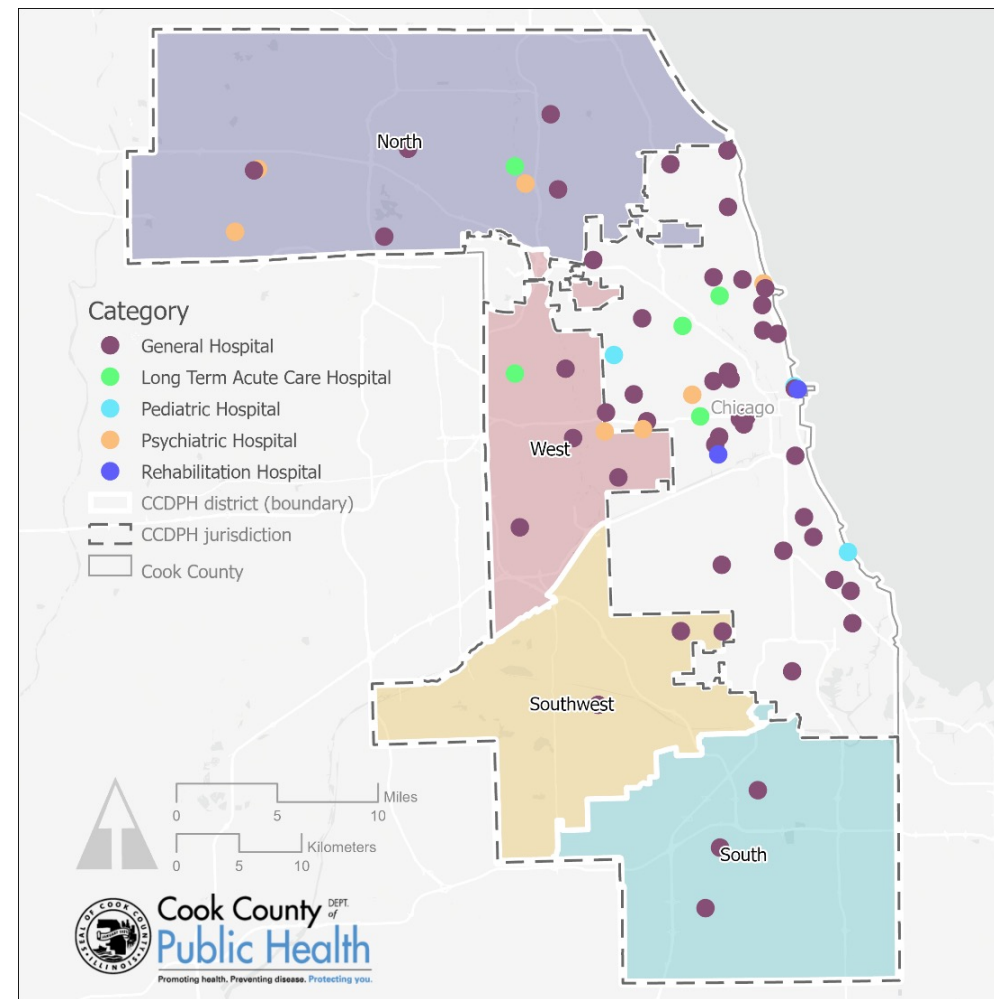
Social Determinants



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Access to Care | Licensed Hospitals

As of 2021, the concentration of hospitals of all types is lower throughout Suburban Cook County districts when compared to the City of Chicago. Our jurisdiction lacks specialty hospitals, and care is spread over a massive landscape.



Data source: Illinois Department of Public Health, Licensed Hospital Directory (2021).



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Access to Care | Medically Underserved

Medically Underserved Areas (MUAs)

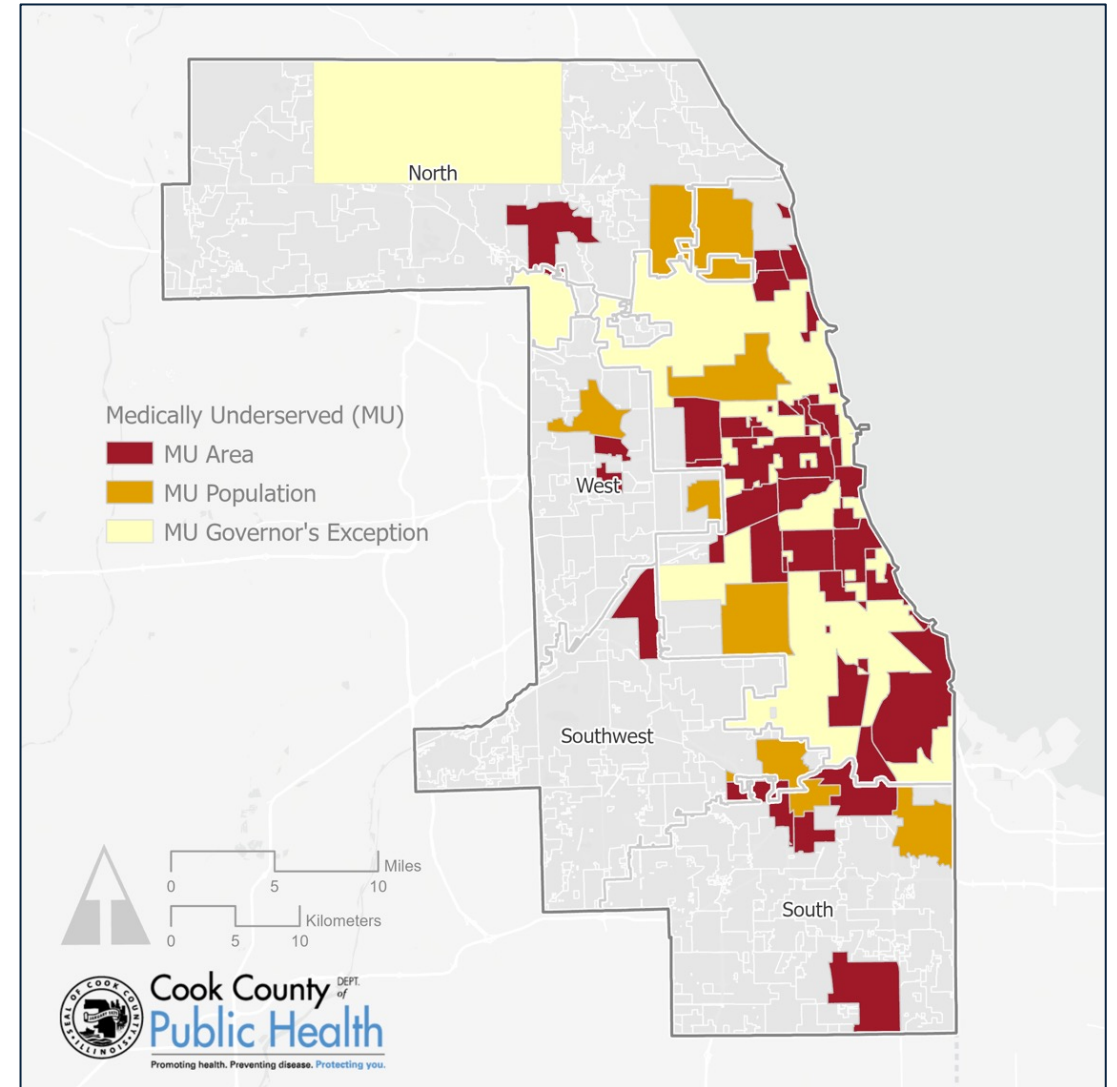
- ❑ *Designated places lacking adequate medical services according to federal guidelines. The data is useful for targeting areas for increased medical services.*

Medically Underserved Populations (MUPs)

- ❑ *Some areas are underserving certain specific populations (such as those with low-income, or non-English speakers) and are designated as MUPs.*

MU Population – Governor’s Exception

- ❑ *Additionally, the state’s governor (or other chief executive officer of the state) can designate areas that lack medical services in a particular area, these are labeled as “Governor’s Exception.”*



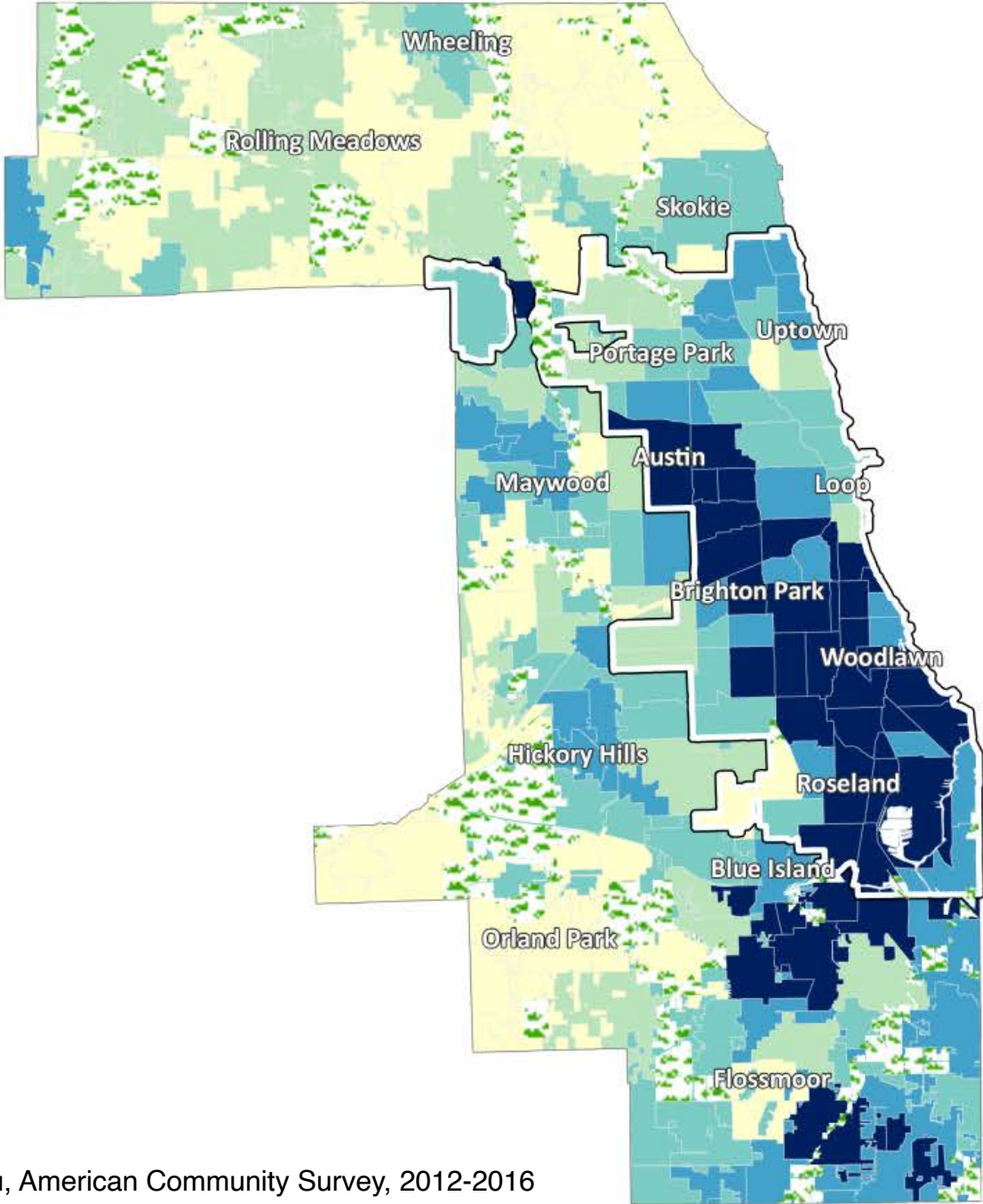
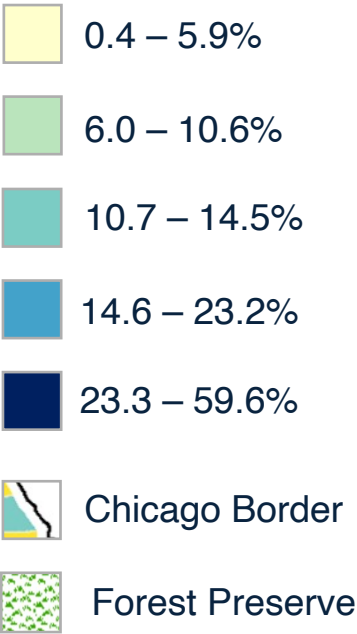
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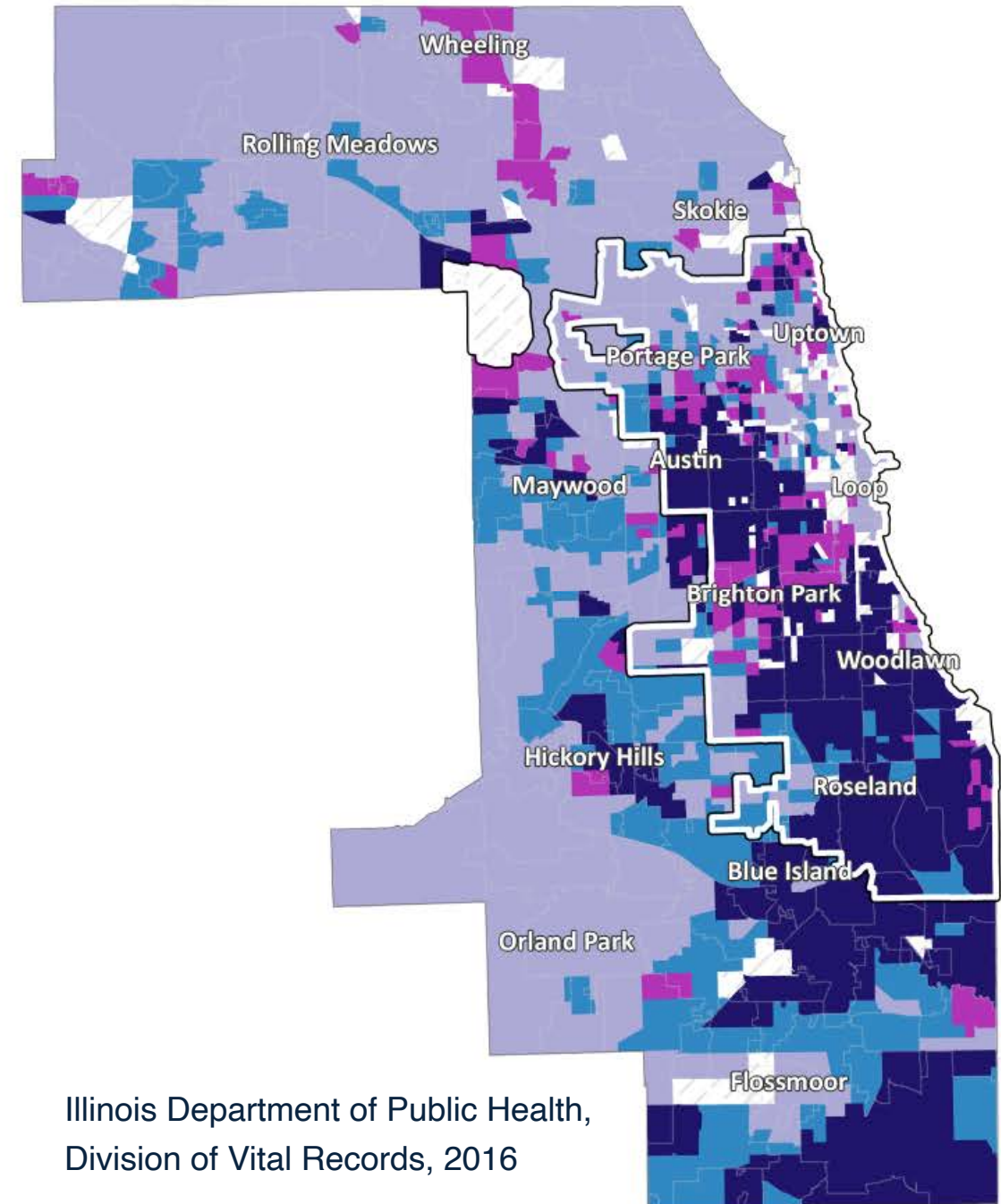
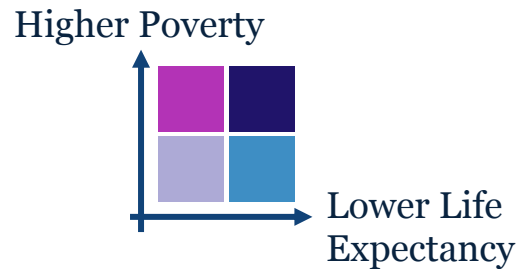
Data source: Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis and Services Program. CDC/ATSDR Social Vulnerability Index (2018).

Geographic distribution (%) of households living at or below the 100% Federal Poverty Level in Cook County, Illinois (2016, ACS 5-Year Estimates)



Map 29b | Life Expectancy at Birth vs. Neighborhood Poverty Rate

Life expectancy (2016 estimates) in Cook County ranges from 60 to 90 years. This map shows the relationship between life expectancy and neighborhood level poverty. Here, life expectancy has been categorized as **lower or higher** than the average life expected in the U.S for 2016 (78.6 years). Poverty has been categorized as lower or higher than 15% of households in a neighborhood being at or below the federal poverty line.



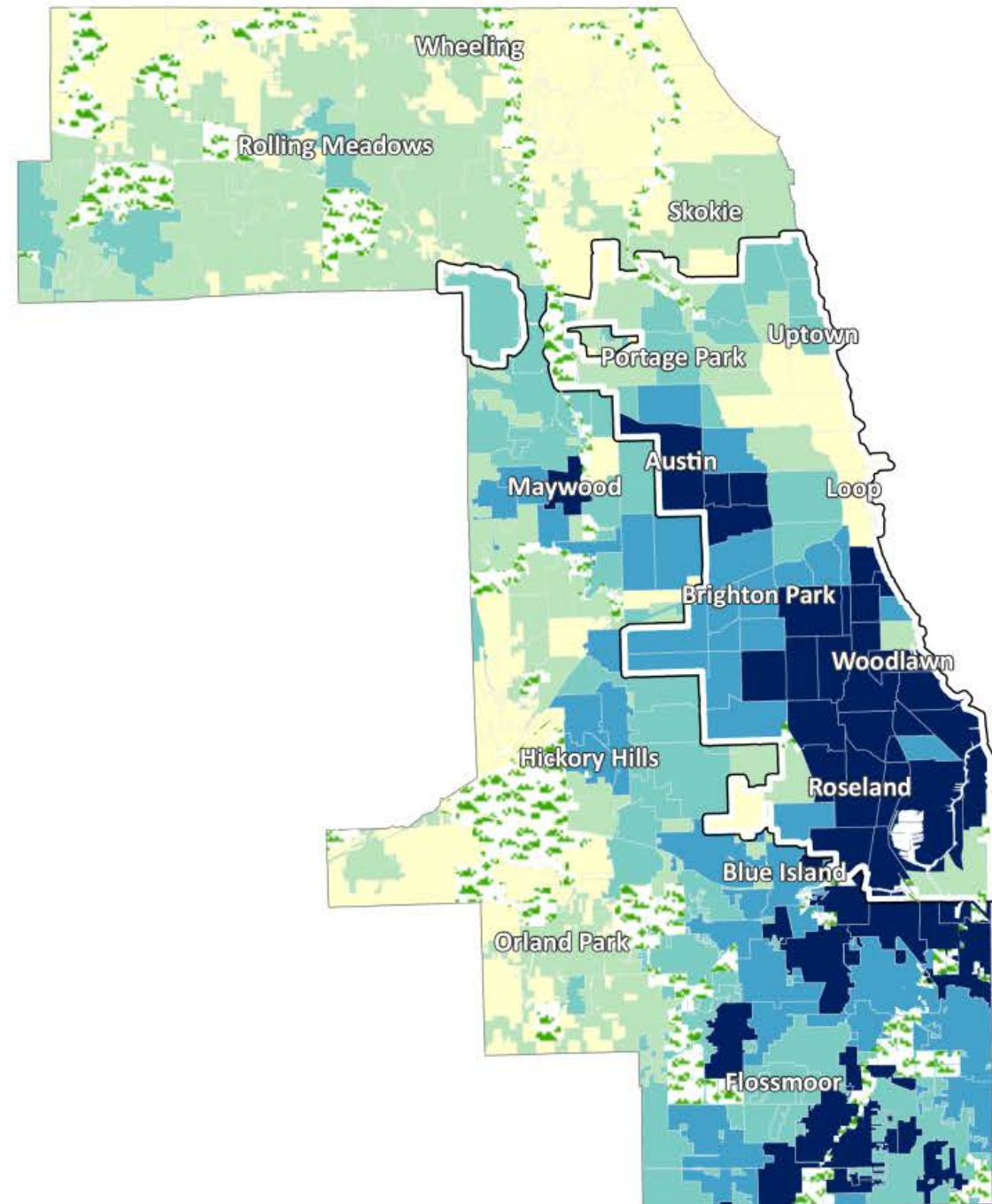
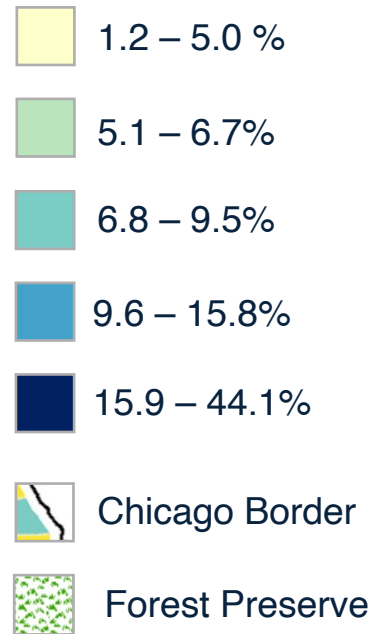
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Illinois Department of Public Health,
Division of Vital Records, 2016

Geographic distribution of unemployment among individuals aged 16 or older in Cook County, Illinois (2016, ACS 5-Year Estimates)



U.S. Census Bureau, American Community Survey, 2012-2016

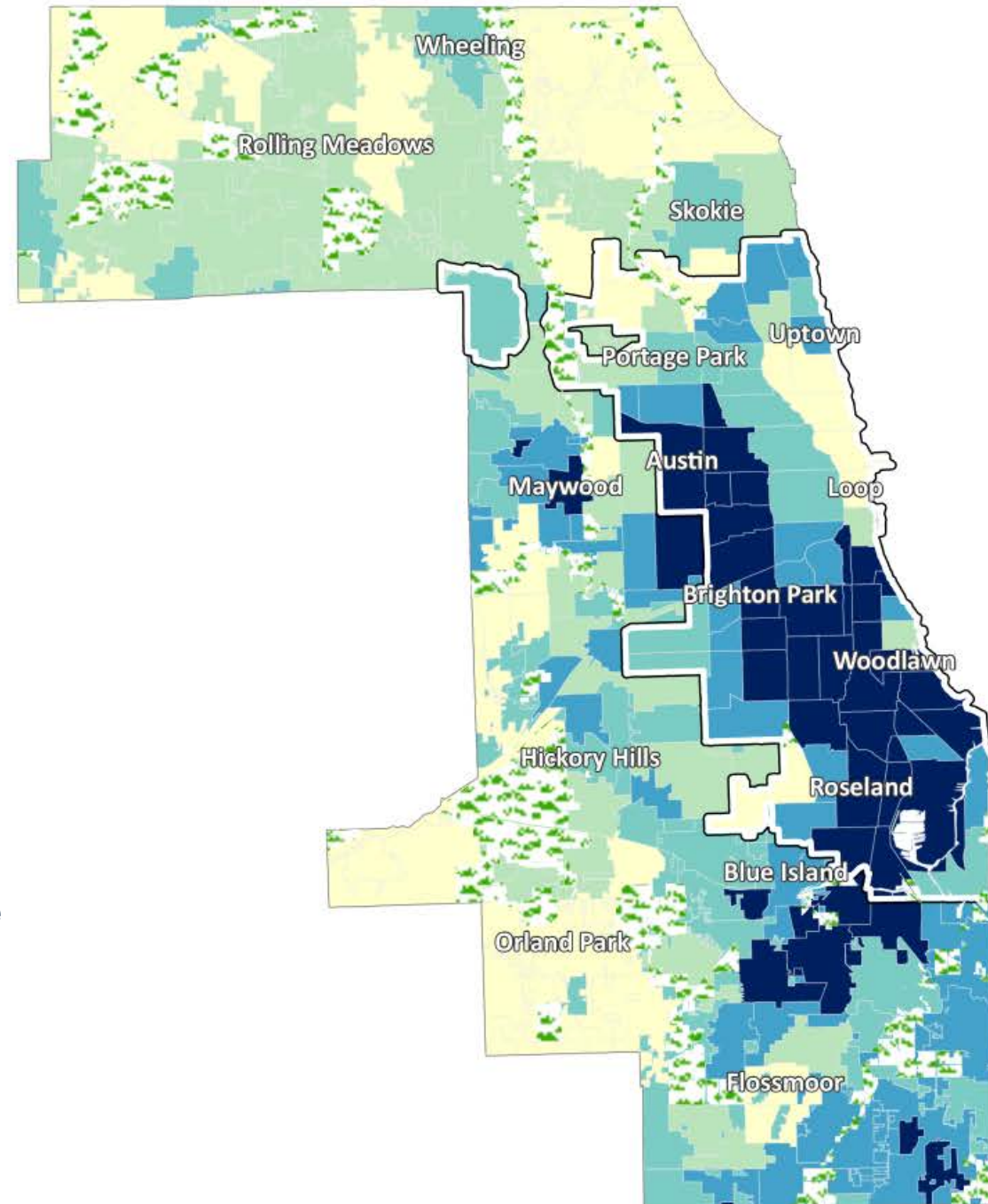
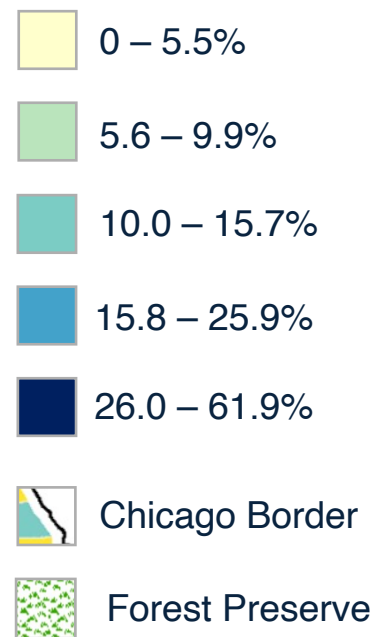


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Geographic distribution of households receiving SNAP benefits in Cook County, Illinois (2016, ACS 5-Year Estimates)



U.S. Census Bureau, American Community Survey, 2012-2016

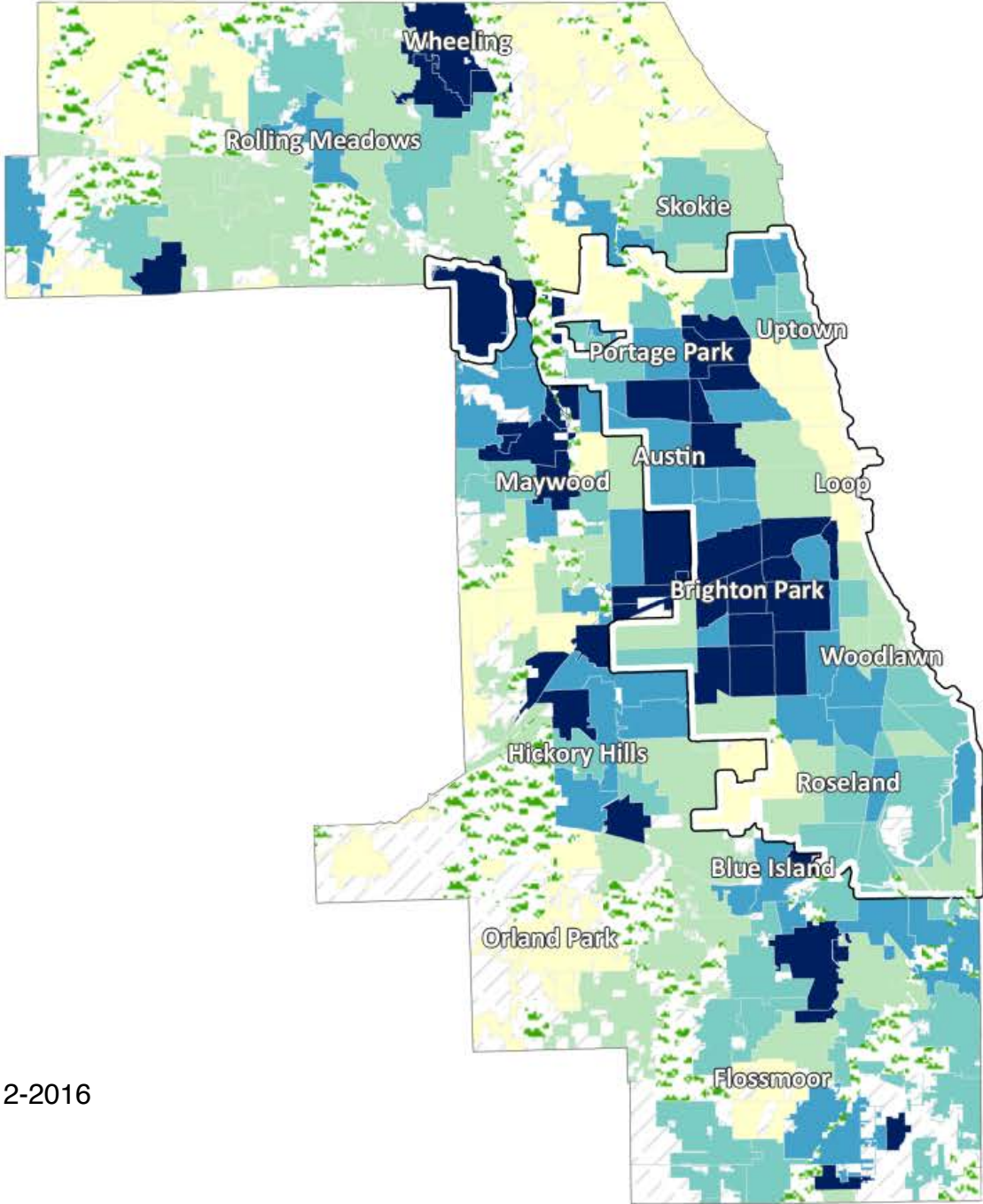
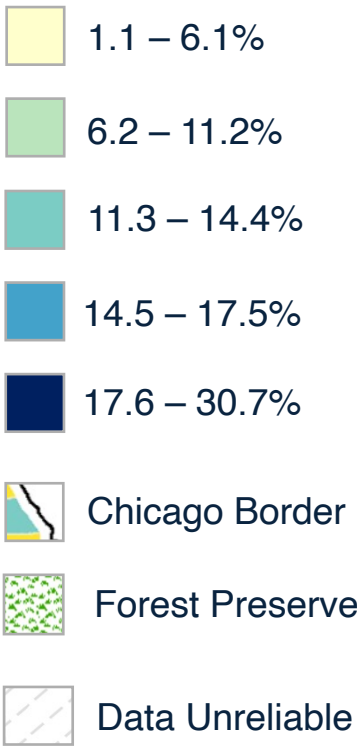


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Geographic distribution of uninsured individuals in Cook County, Illinois (2016, ACS 5-Year Estimates)



U.S. Census Bureau, American Community Survey, 2012-2016



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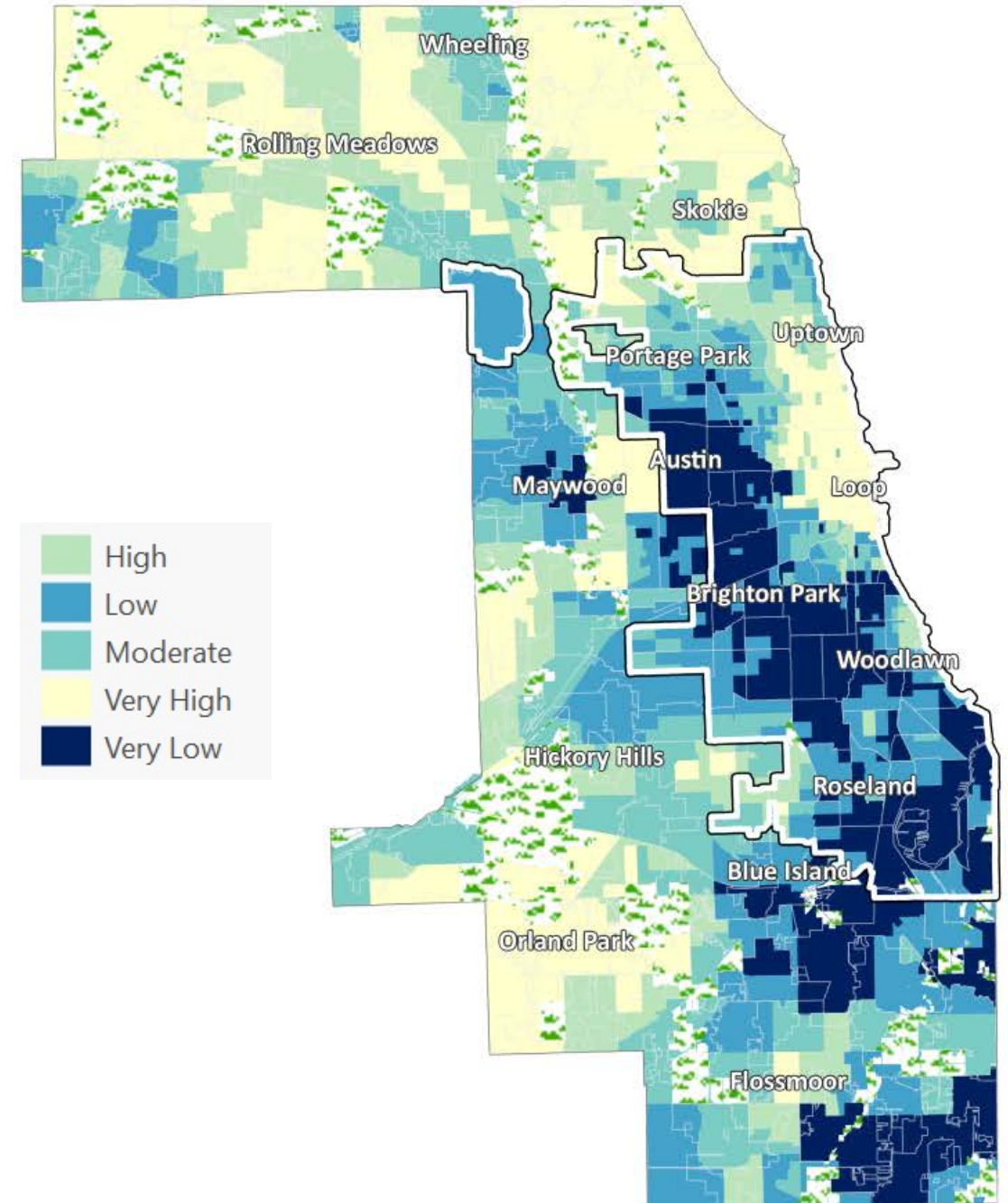
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MAP 27 | Child Opportunity

The Child Opportunity Index shown at the census tract level (data from 2007 to 2013).

The Child Opportunity Index is a composite measure of neighborhood-based opportunities, at the census tract level, that influence children's health and development. The index includes measures in three domains of neighborhood opportunity:

- **Educational opportunities** (e.g., quality early childhood education)
- **Health and environmental opportunities** (e.g., access to healthy food, green spaces; toxic exposures)
- **Social and Economic opportunities** (e.g., low poverty).



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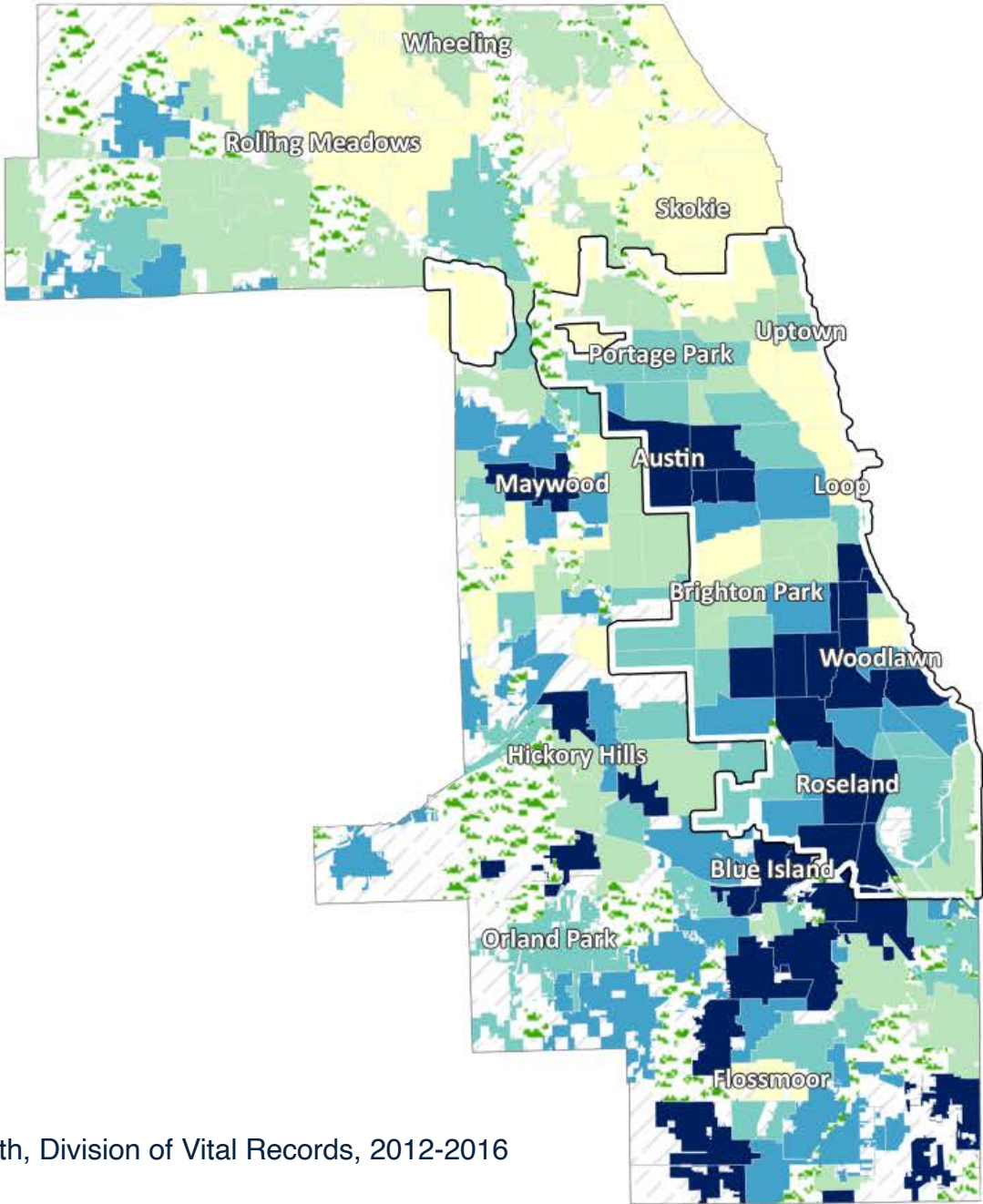
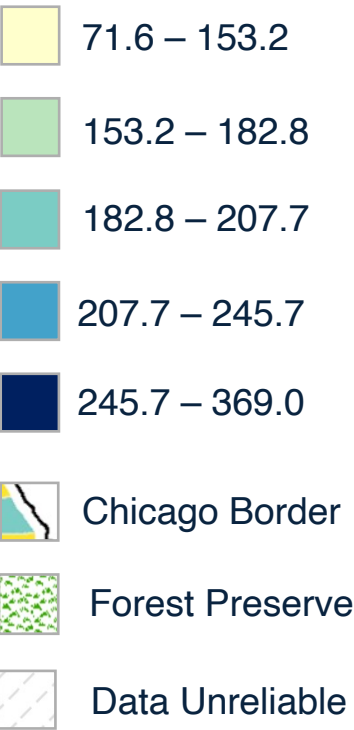
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Health Outcomes



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Age-adjusted chronic disease-related mortality rates per 100,000 in Cook County, Illinois (Heart Disease)



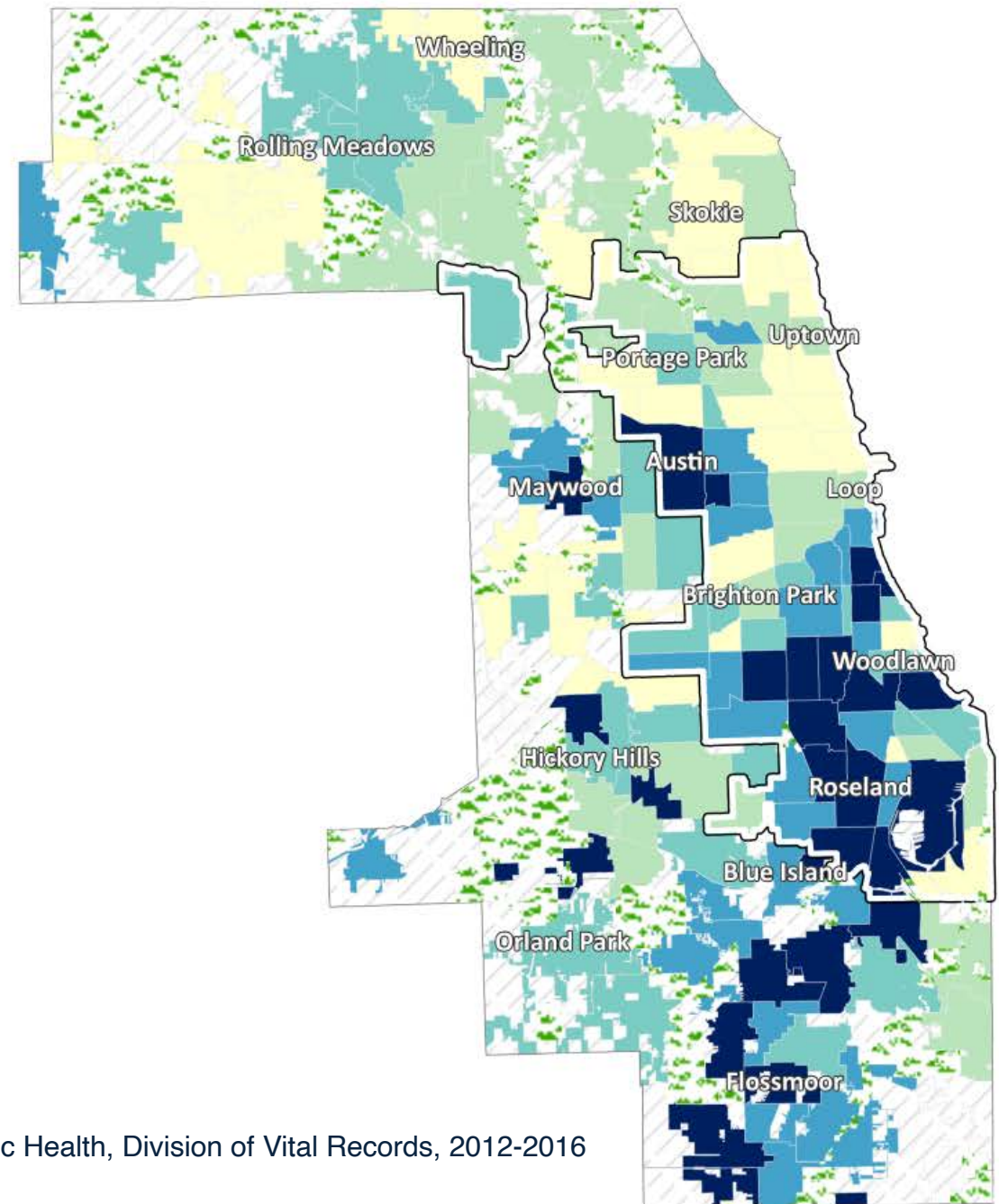
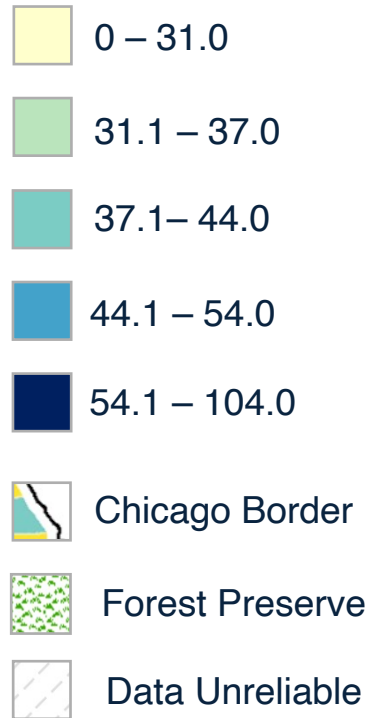
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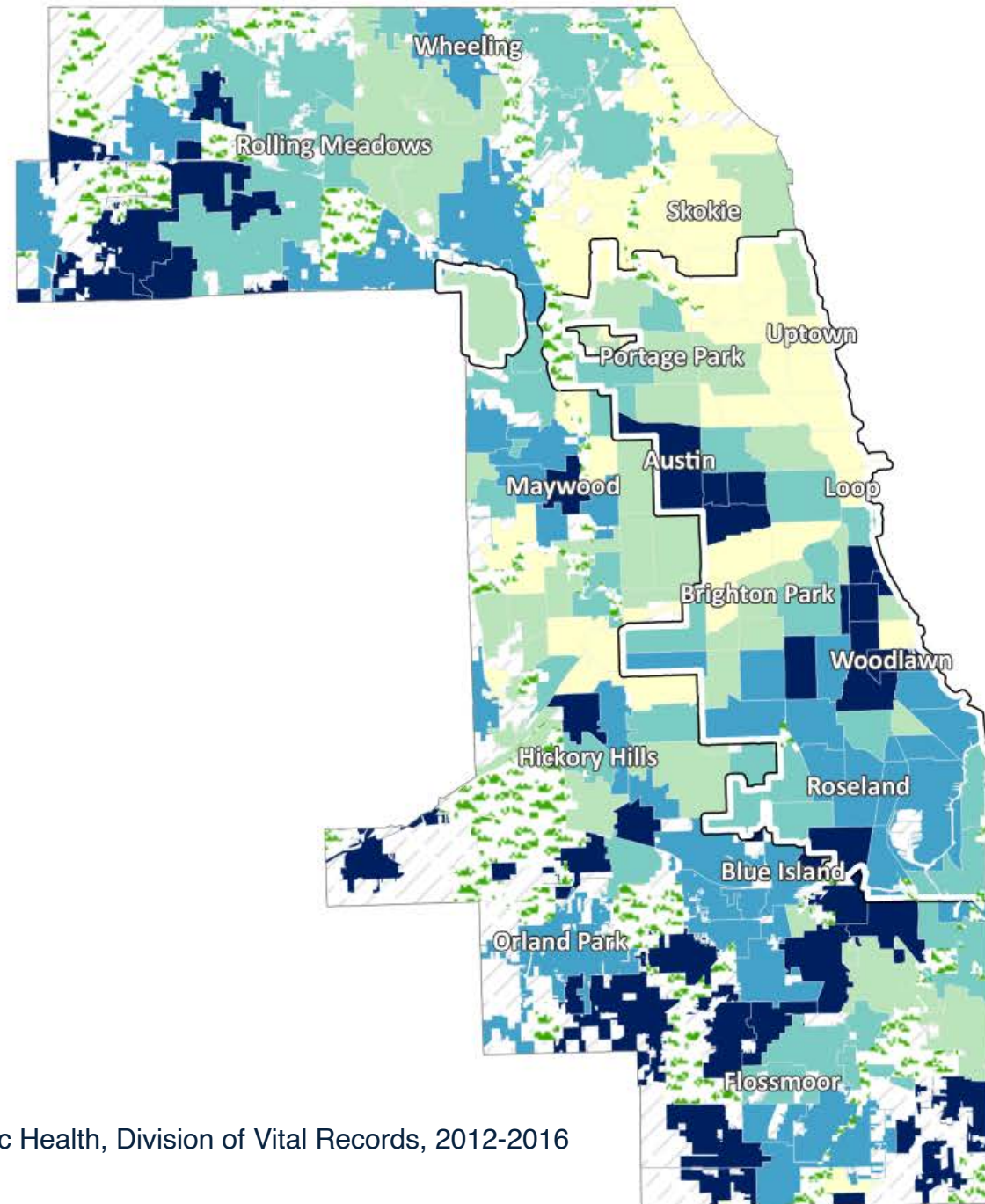
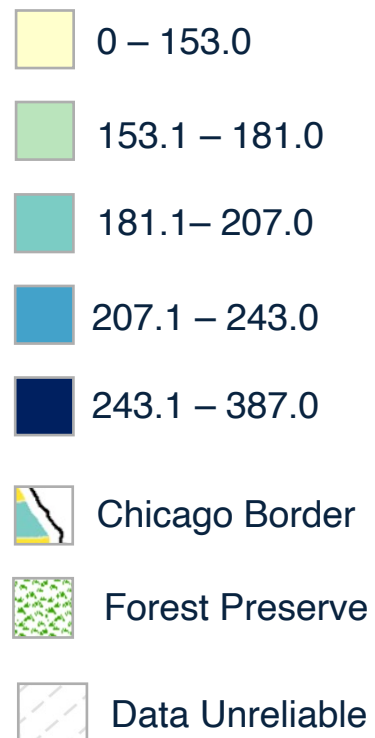
Cook County
Public Health

Illinois Department of Public Health, Division of Vital Records, 2012-2016

Age-adjusted chronic disease-related mortality rates per 100,000 in Cook County, Illinois
(Stroke/Cerebrovascular Disease)



Age-adjusted chronic disease-related mortality rates per 100,000 in Cook County, Illinois (Cancer)



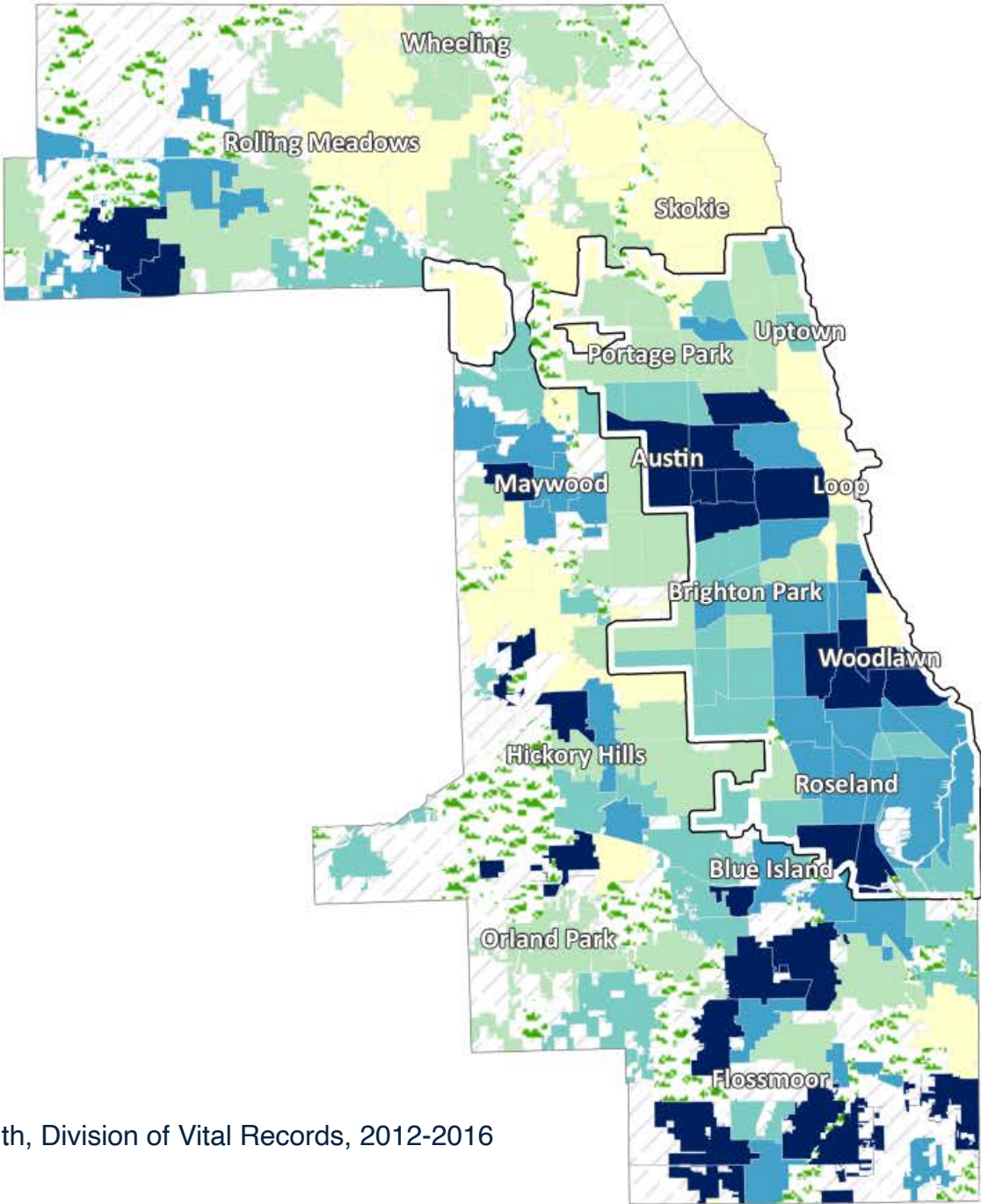
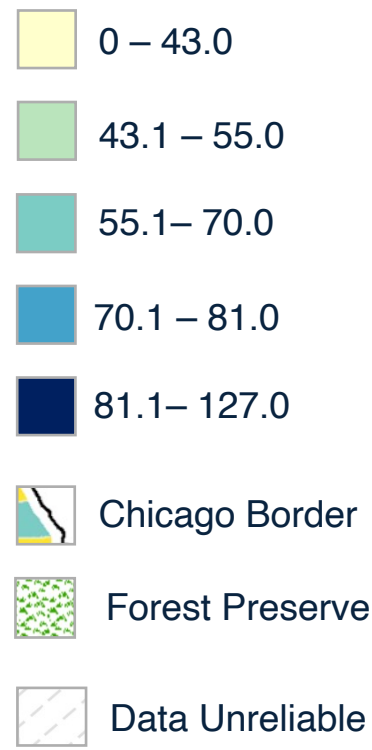
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Illinois Department of Public Health, Division of Vital Records, 2012-2016

Age-adjusted chronic disease-related mortality rates per 100,000 in Cook County, Illinois (Diabetes)



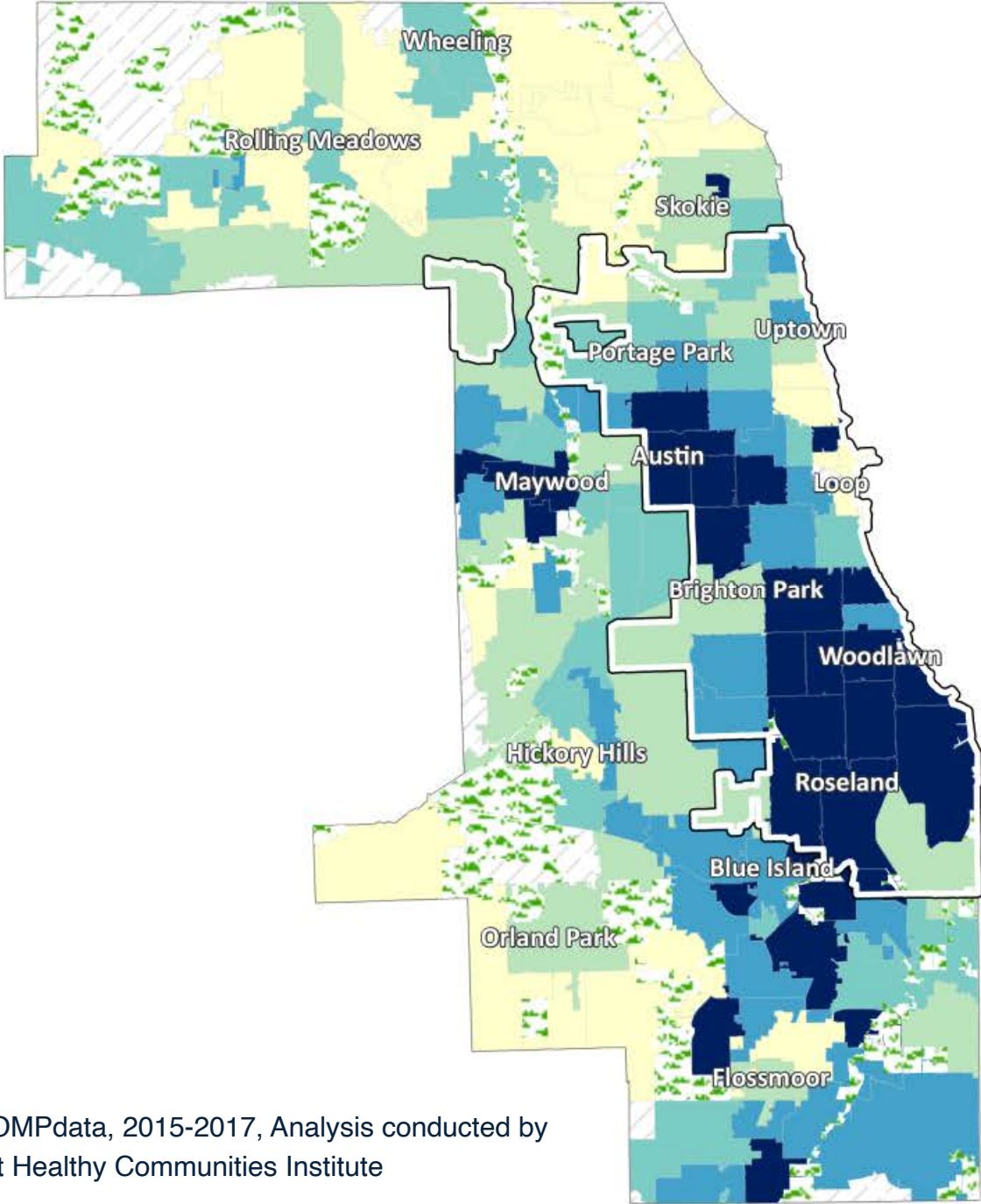
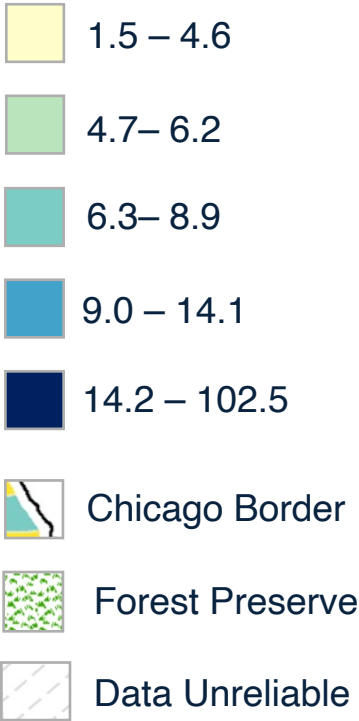
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Illinois Department of Public Health, Division of Vital Records, 2012-2016

Age-adjusted **asthma hospitalization** rates
per 10,000 in Cook County, Illinois (Adults)



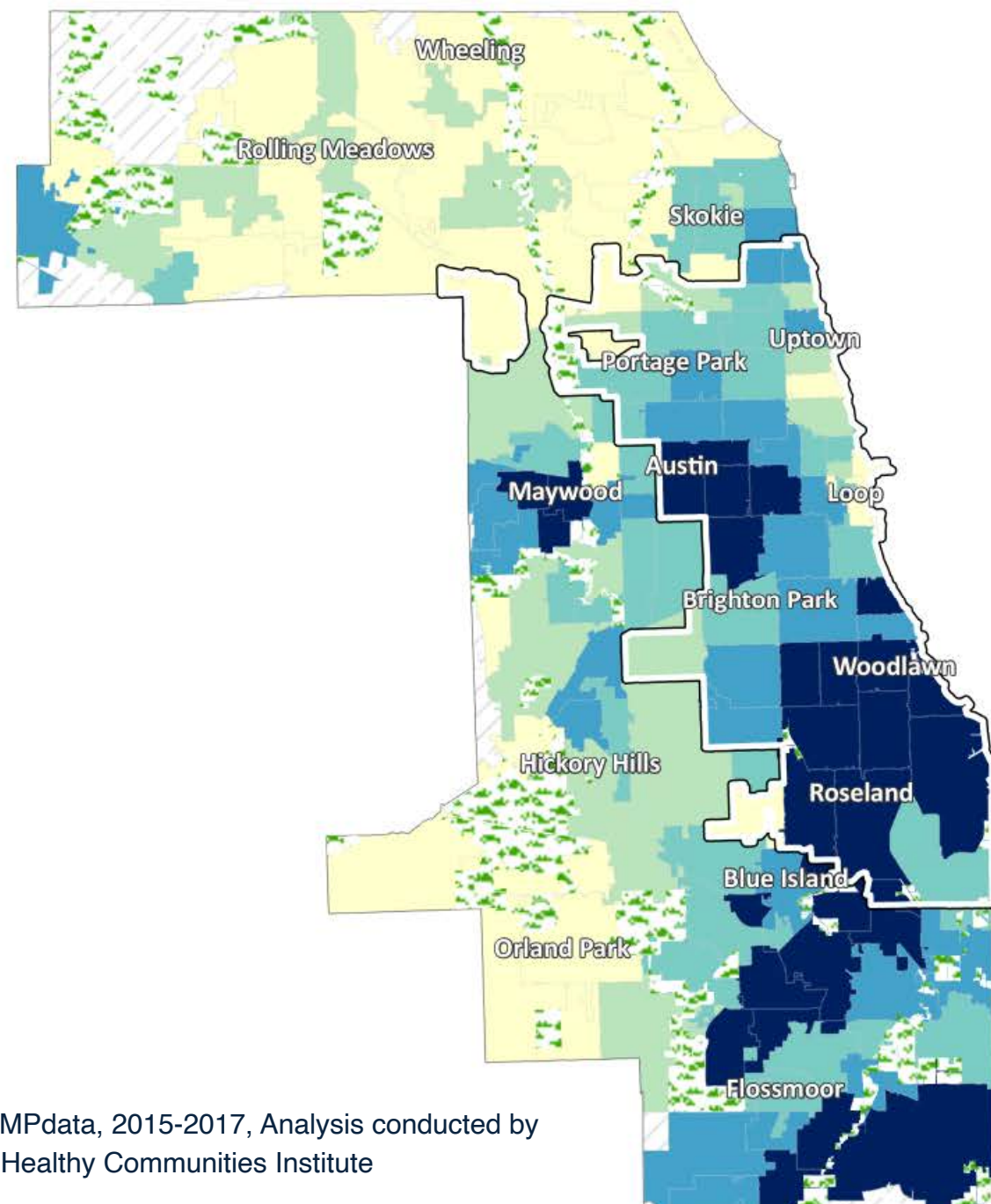
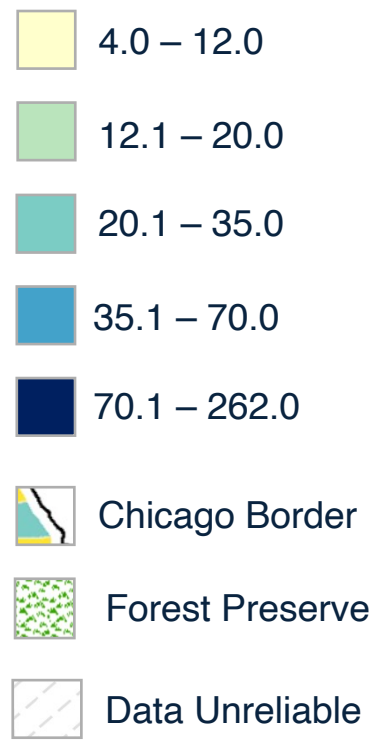
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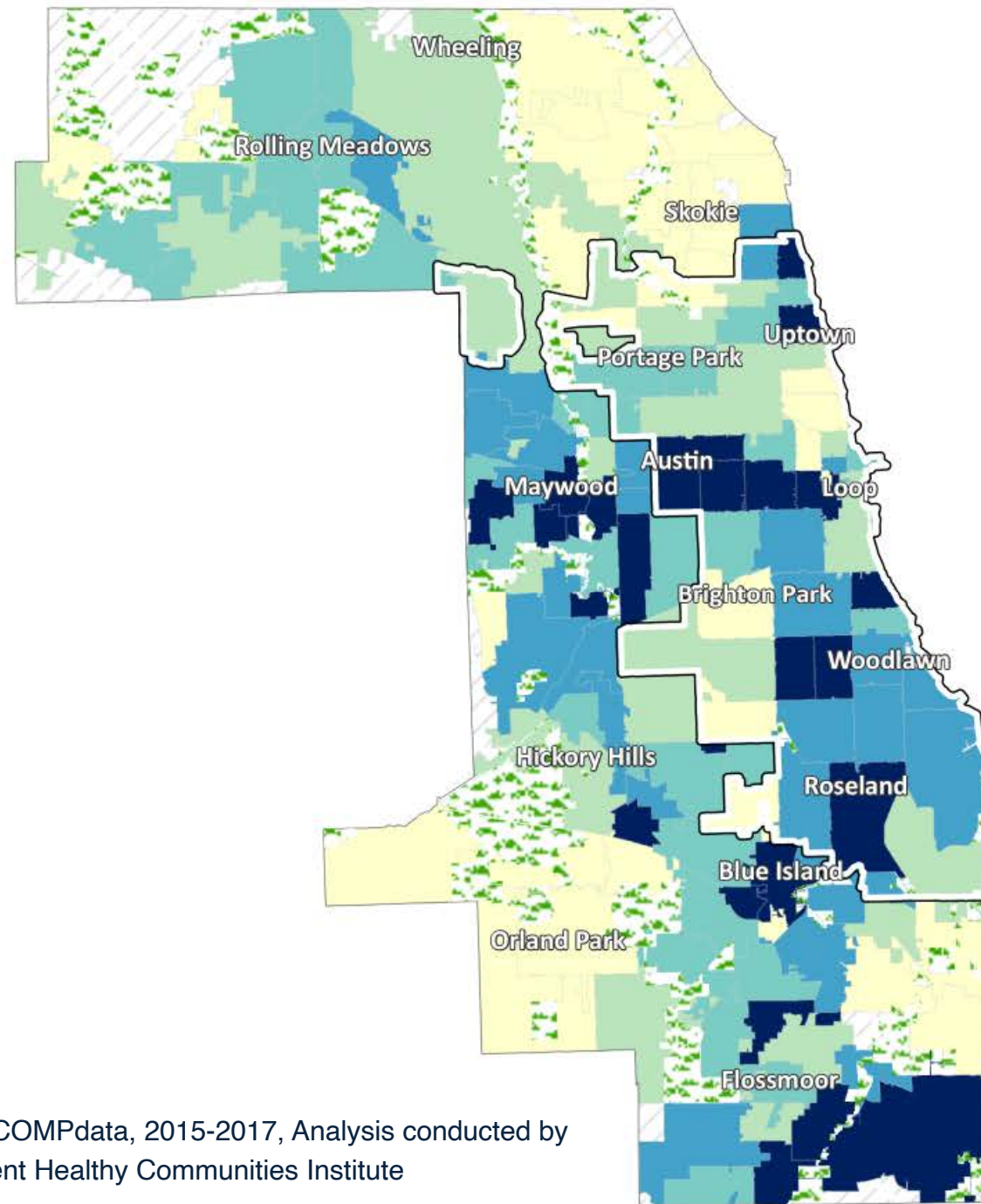
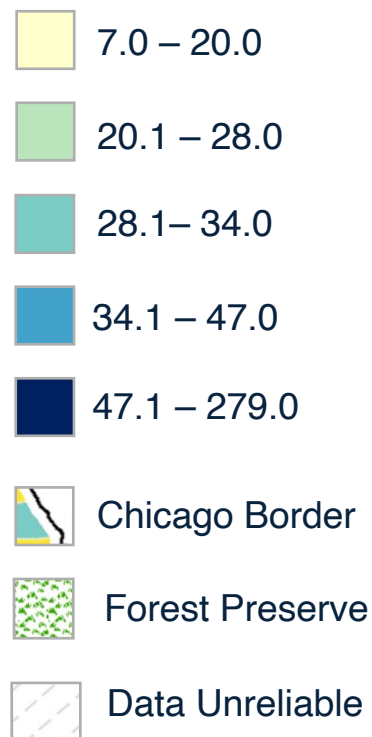
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Illinois COMPdata, 2015-2017, Analysis conducted by
Conduent Healthy Communities Institute

Age-adjusted **asthma emergency department visit** rates per 10,000 in Cook County, Illinois (**Adults**)



Age-adjusted **suicide/self-inflicted injury** emergency department visit rates per 10,000 in Cook County, Illinois (**Adults**)



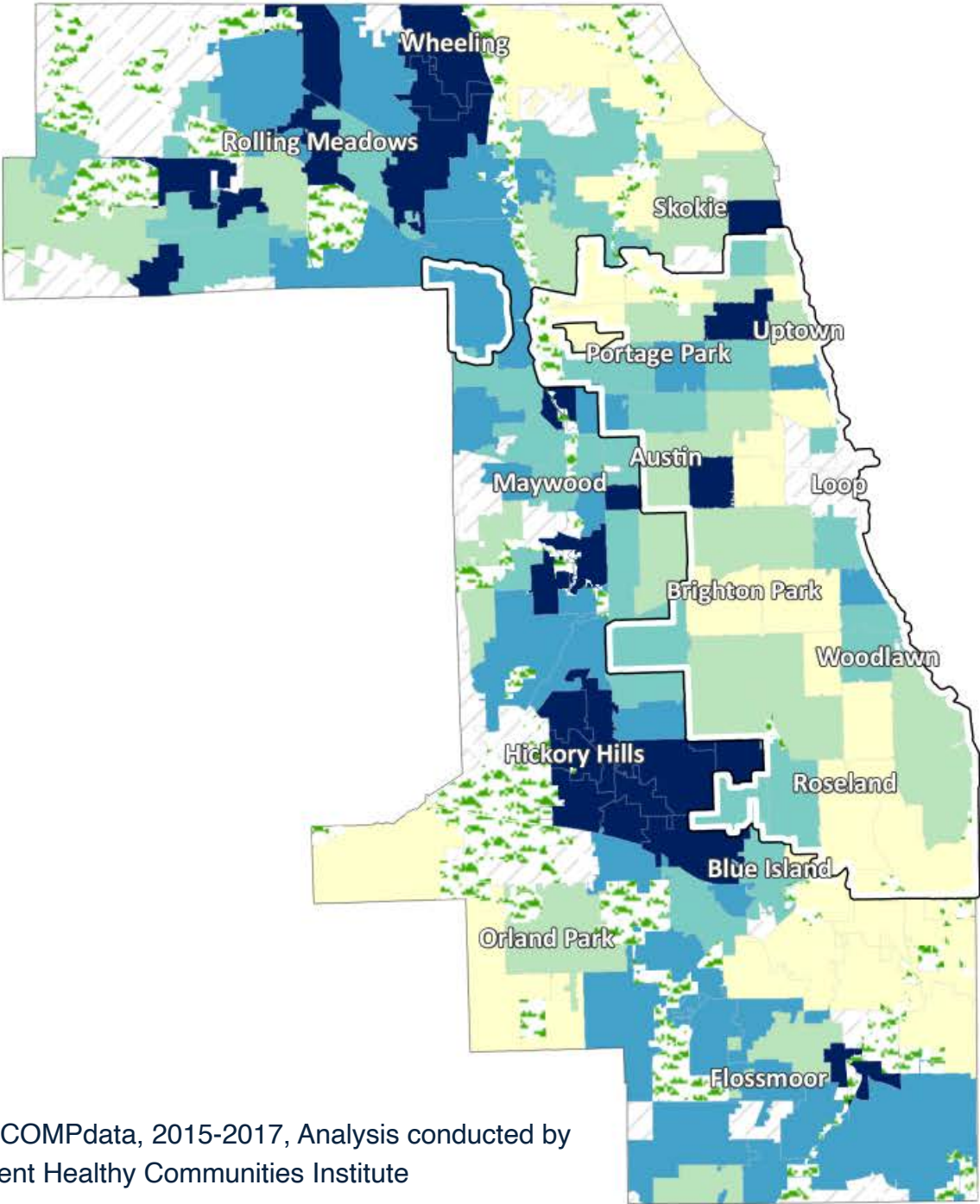
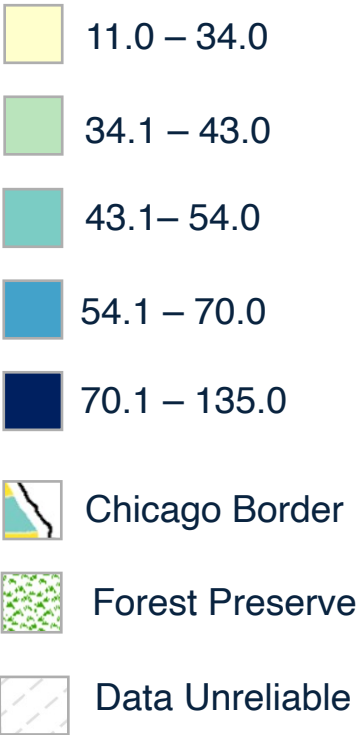
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Illinois COMPdata, 2015-2017, Analysis conducted by
Conduent Healthy Communities Institute

Age-adjusted **suicide/self-inflicted injury**
emergency department visit rates per 10,000 in
Cook County, Illinois (**Children** 10 to 17 years old)



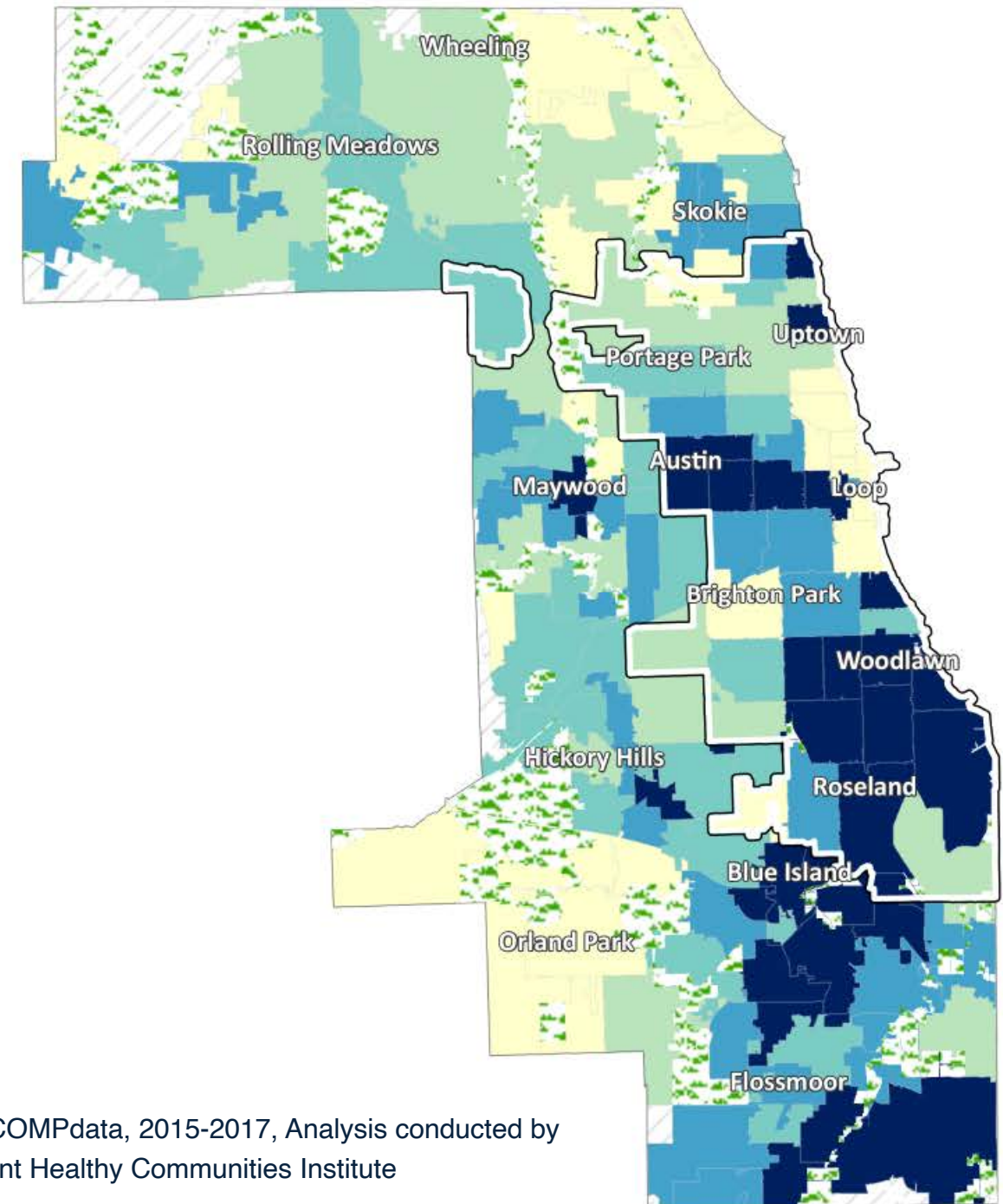
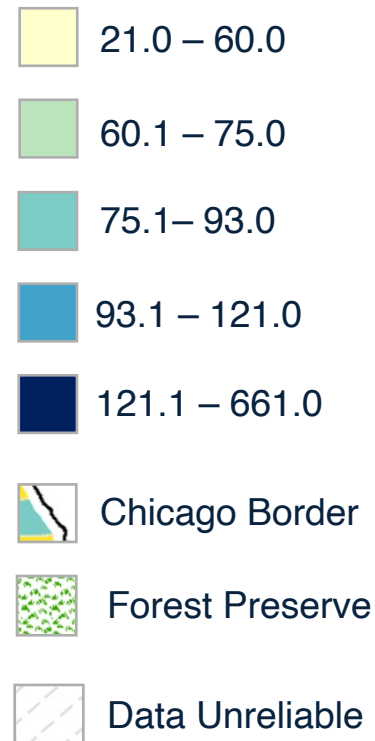
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Illinois COMPdata, 2015-2017, Analysis conducted by
Conduent Healthy Communities Institute

Age-adjusted **mental health emergency** department visit rates per 10,000 in Cook County, Illinois (**Adults**)



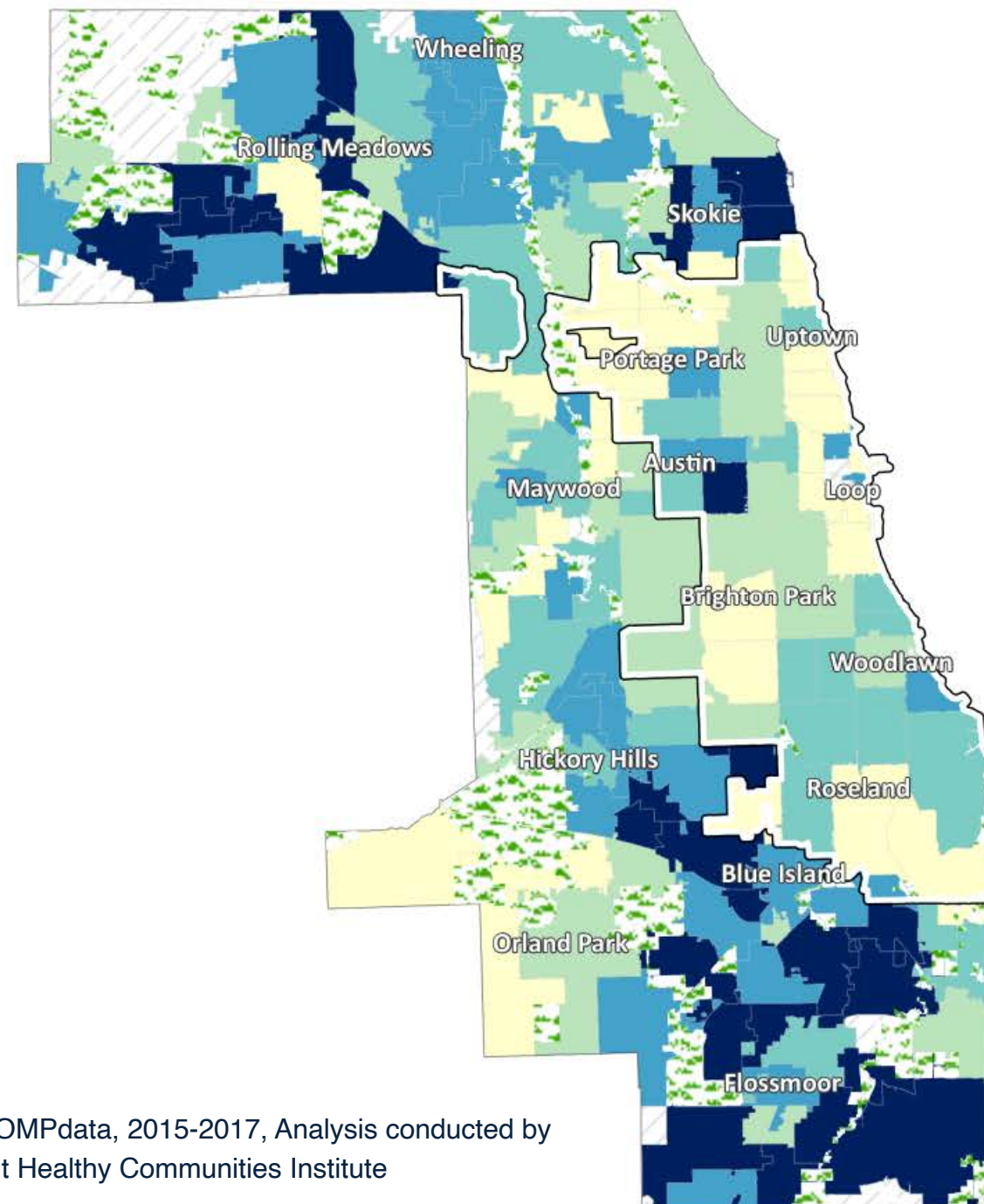
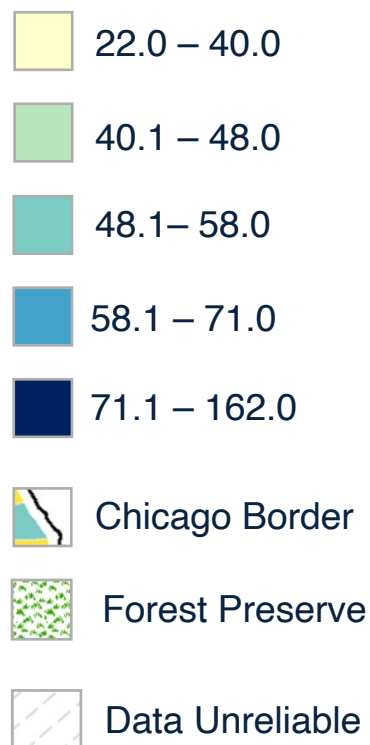
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Illinois COMPdata, 2015-2017, Analysis conducted by
Conduent Healthy Communities Institute

Age-adjusted **mental health emergency**
department visit rates per 10,000 in
Cook County, Illinois (**Children** under 18)



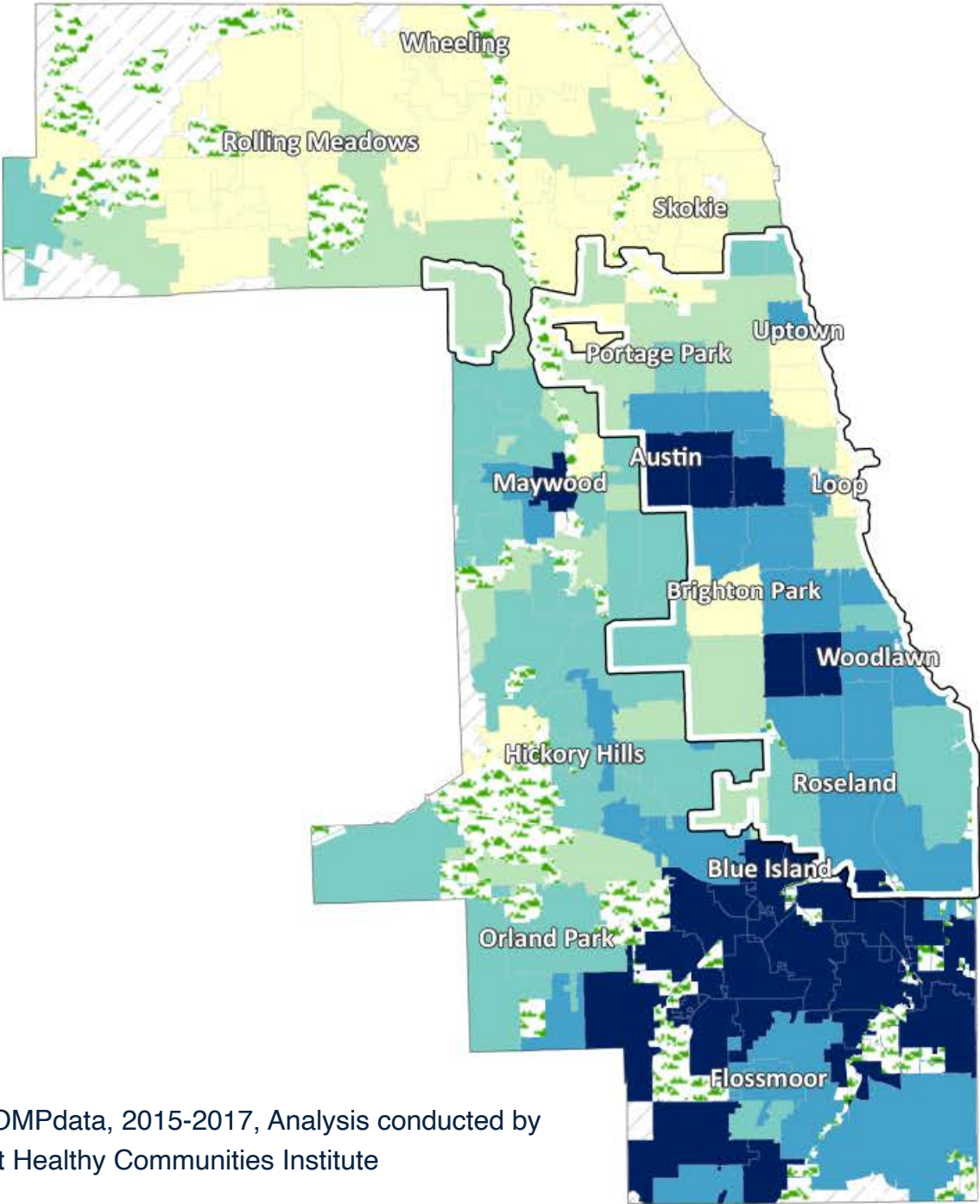
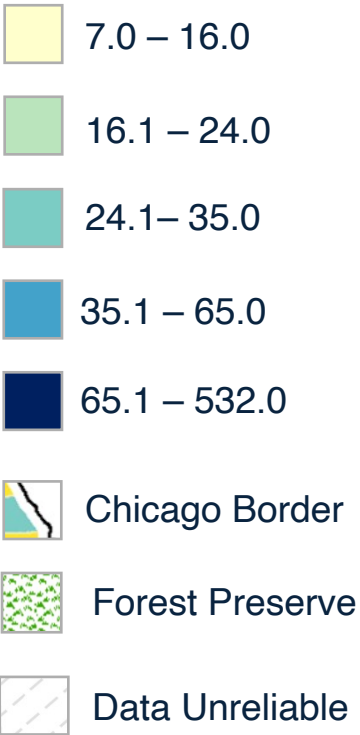
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Illinois COMPdata, 2015-2017, Analysis conducted by
Conduent Healthy Communities Institute

Age-adjusted **substance use** emergency department visit rates per 10,000 in Cook County, Illinois (**Adults**)



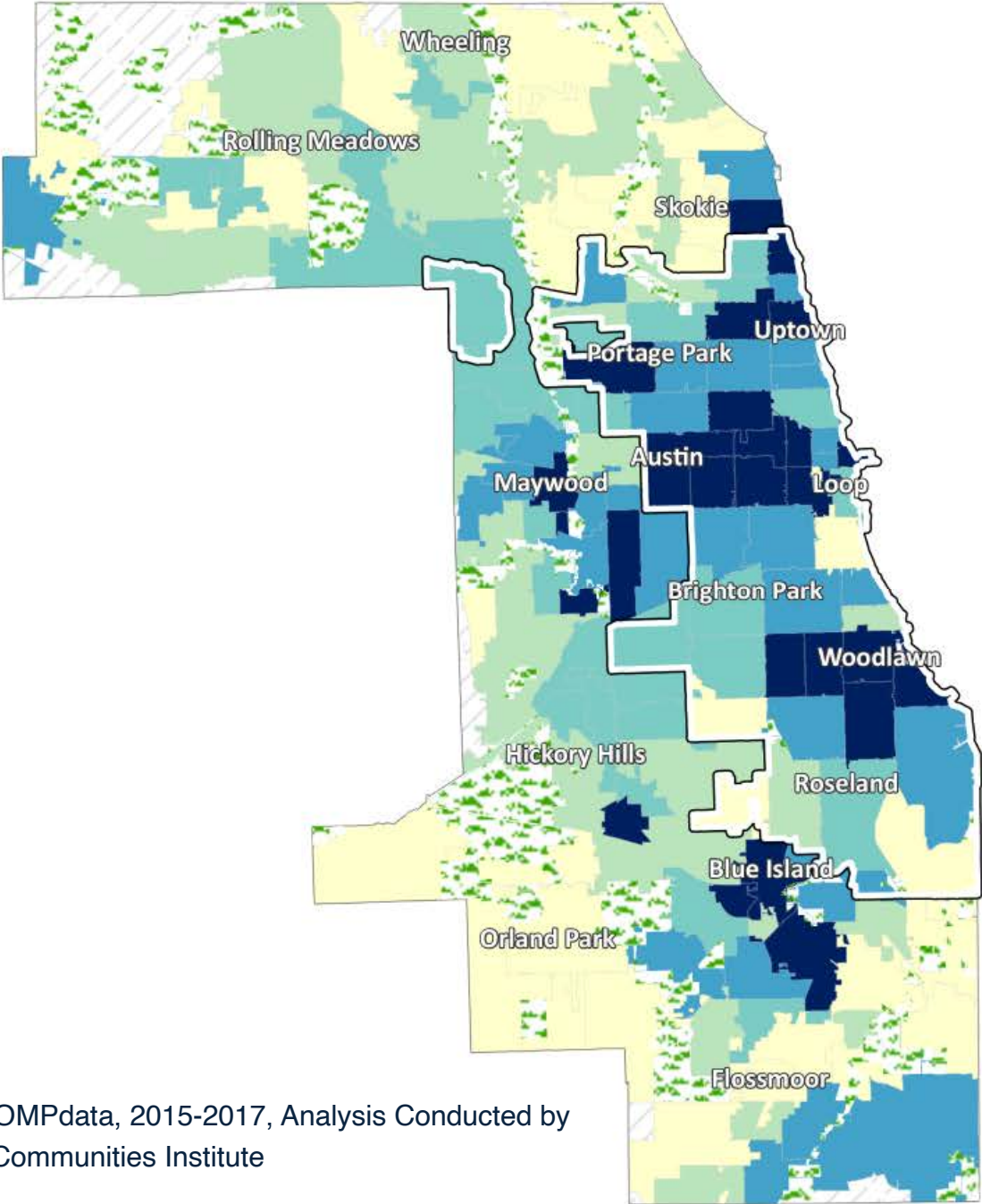
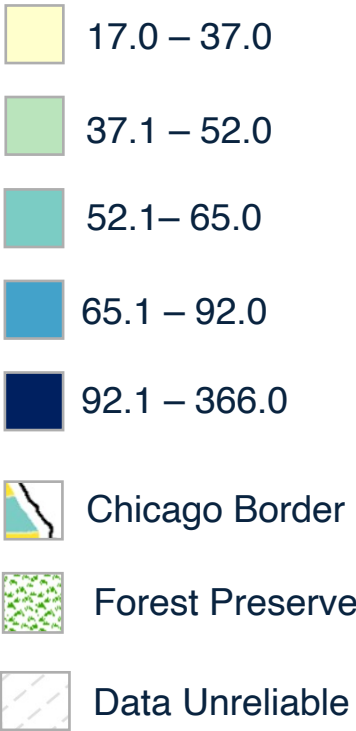
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Illinois COMPdata, 2015-2017, Analysis conducted by
Conduent Healthy Communities Institute

Age-adjusted **alcohol use emergency** department visit rates per 10,000 in Cook County, Illinois (**Adults**)



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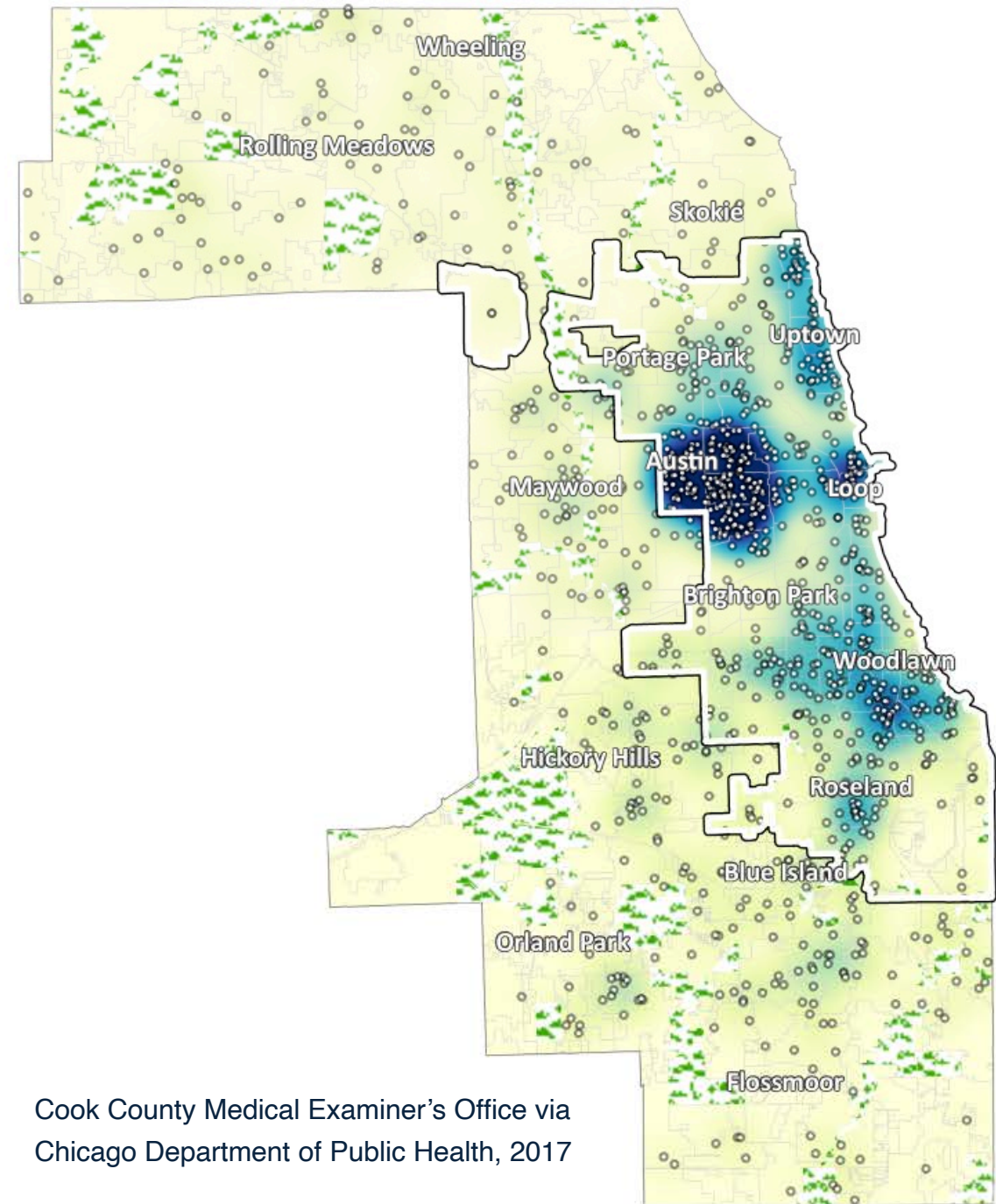
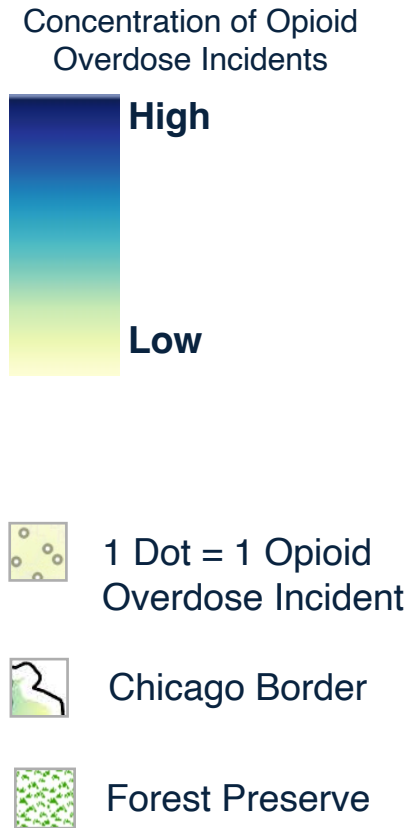


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Illinois COMPdata, 2015-2017, Analysis Conducted by
Healthy Communities Institute

Map 30 | Opioid Incidence

Cook County opioid overdose incidents in 2017.



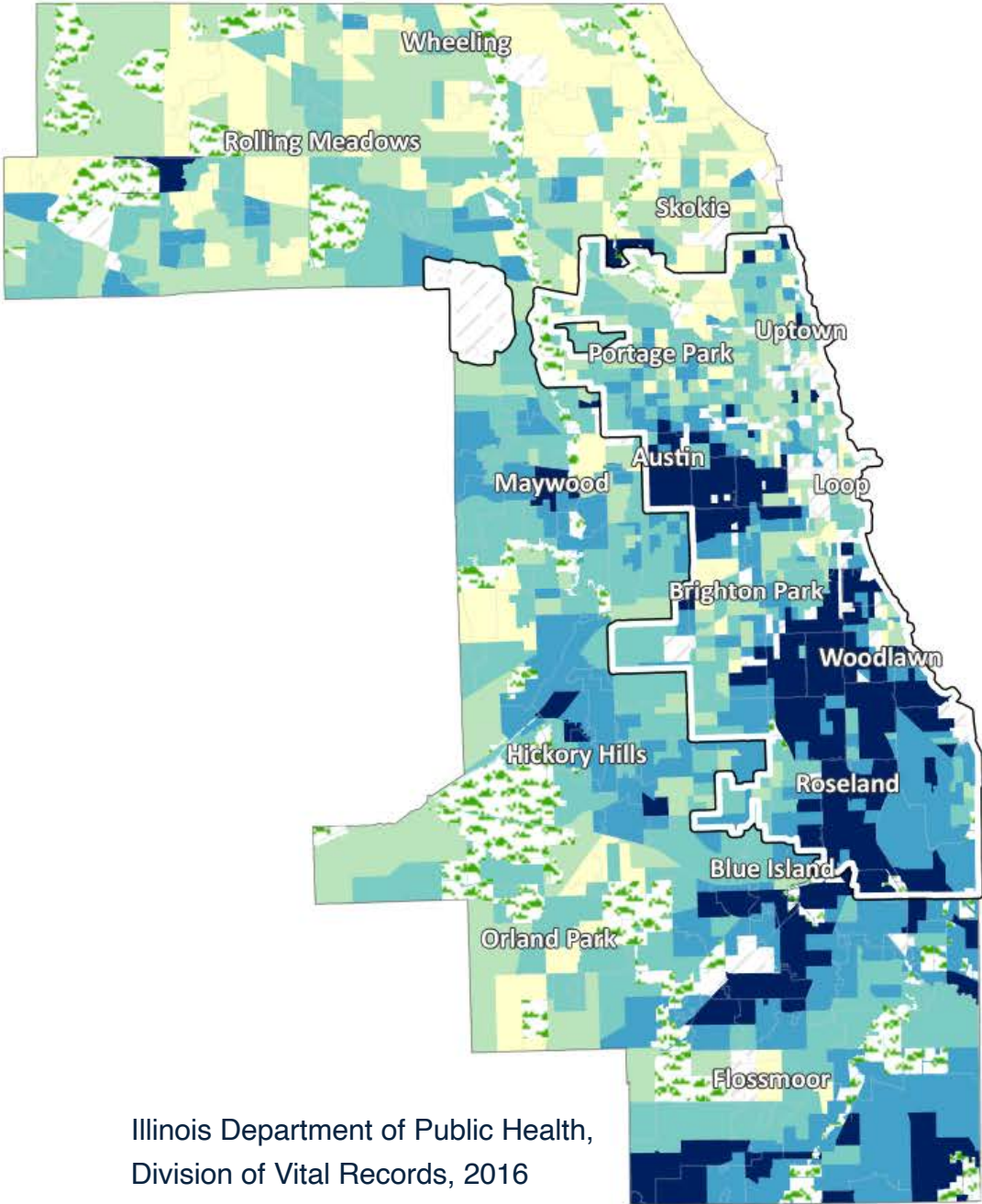
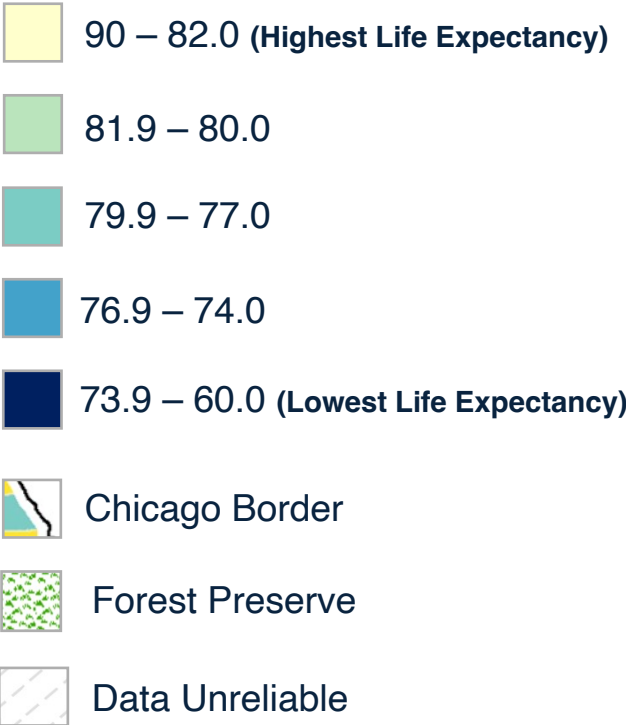
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Cook County Medical Examiner's Office via
Chicago Department of Public Health, 2017

Estimated life expectancy at birth, 2016



Illinois Department of Public Health,
Division of Vital Records, 2016



Structural Racism and Health



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“Racism is so universal in this country, so widespread, and deep-seated, that it is invisible because it is so normal”

BRING U.S. TOGETHER



VOTE CHISHOLM 1972
UNBOUGHT AND UNBOSSSED



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The Professional Society Consensus

ANA: ... “Nurse administrators **look beyond the immediate environment to the wider community** for opportunities to contribute or participate in efforts to promote health and human rights.”

AAFP: “The AAFP opposes all forms of institutional racism and supports family physicians to actively work to **dismantle racist and discriminatory practices** and policies in their organizations and communities.”

AAP: “... the AAP calls on pediatricians to create welcoming, culturally competent medical practices, to advocate for policies that advance **social justice**, and to engage leaders in their communities to reduce health disparities.”

APHA: “Racism may be intentional or unintentional. It operates at various levels in society. **Racism is a driving force of the social determinants of health** (like housing, education and employment) and is a barrier to health equity.”

AMA: “Health equity, defined as optimal health for all, is a goal toward which our AMA will work by advocating for health care access, research and data collection, promoting equity in care, increasing health workforce diversity, influencing determinants of health, and voicing and modeling commitment to health equity.”

ACP: “Efforts must be made to reduce the effect of environmental stressors that disproportionately threaten to harm the health and well-being of racial and ethnic communities.”

<http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Archives/Nursess-Role-in-Ethics-and-Human-Rights.pdf>

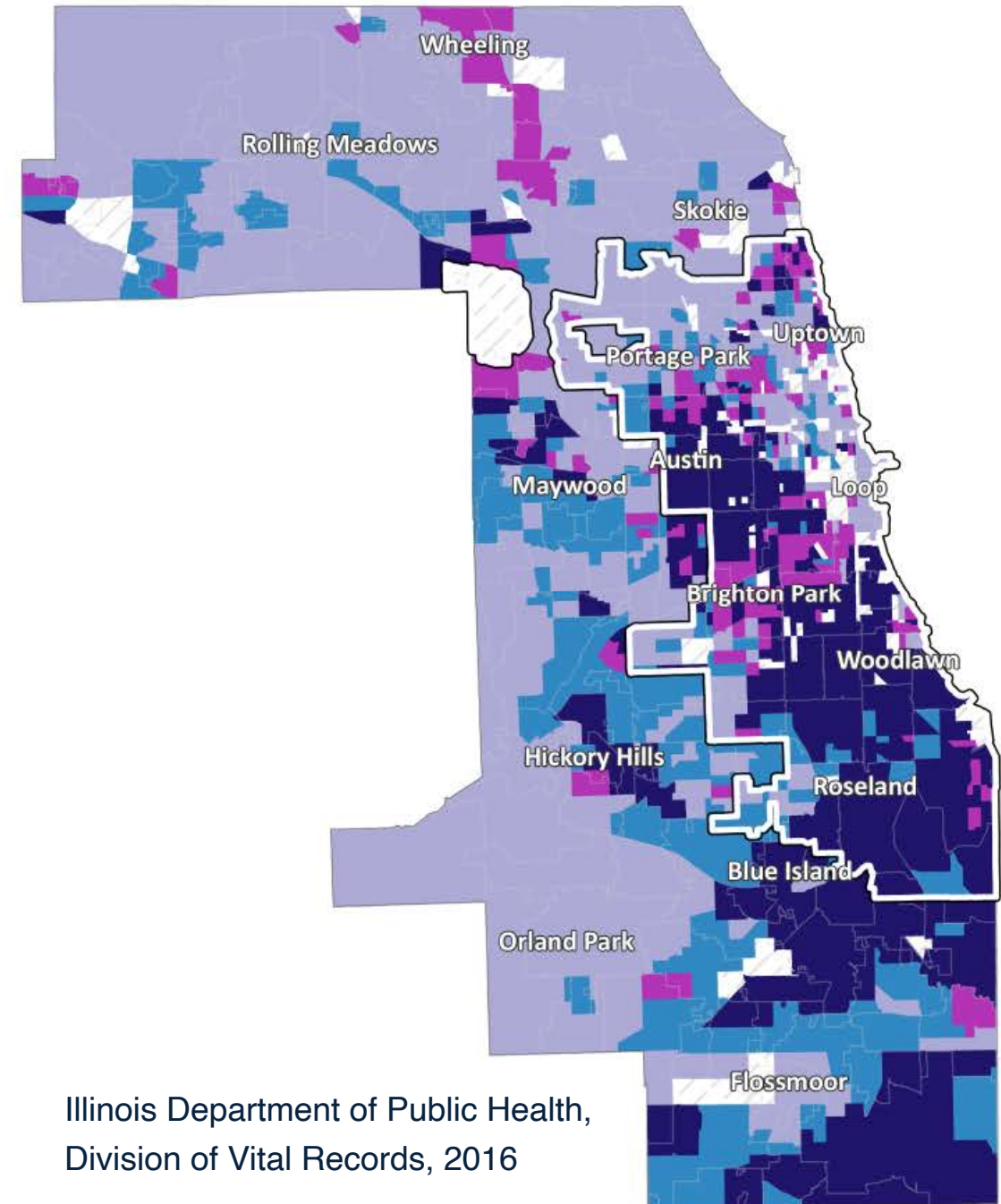
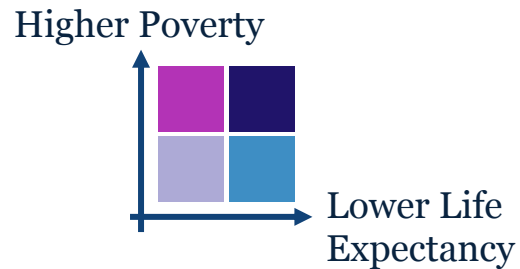
<https://www.apha.org/topics-and-issues/health-equity/racism-and-health>

<https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Addresses-Racism-and-Its-Health-Impact-on-Children-and-Teens.aspx>

<https://www.aafp.org/about/policies/all/institutional-racism.html>

Map 29b | Life Expectancy at Birth vs. Neighborhood Poverty Rate

Life expectancy (2016 estimates) in Cook County ranges from 60 to 90 years. This map shows the relationship between life expectancy and neighborhood level poverty. Here, life expectancy has been categorized as **lower or higher** than the average life expected in the U.S for 2016 (78.6 years). Poverty has been categorized as lower or higher than 15% of households in a neighborhood being at or below the federal poverty line.



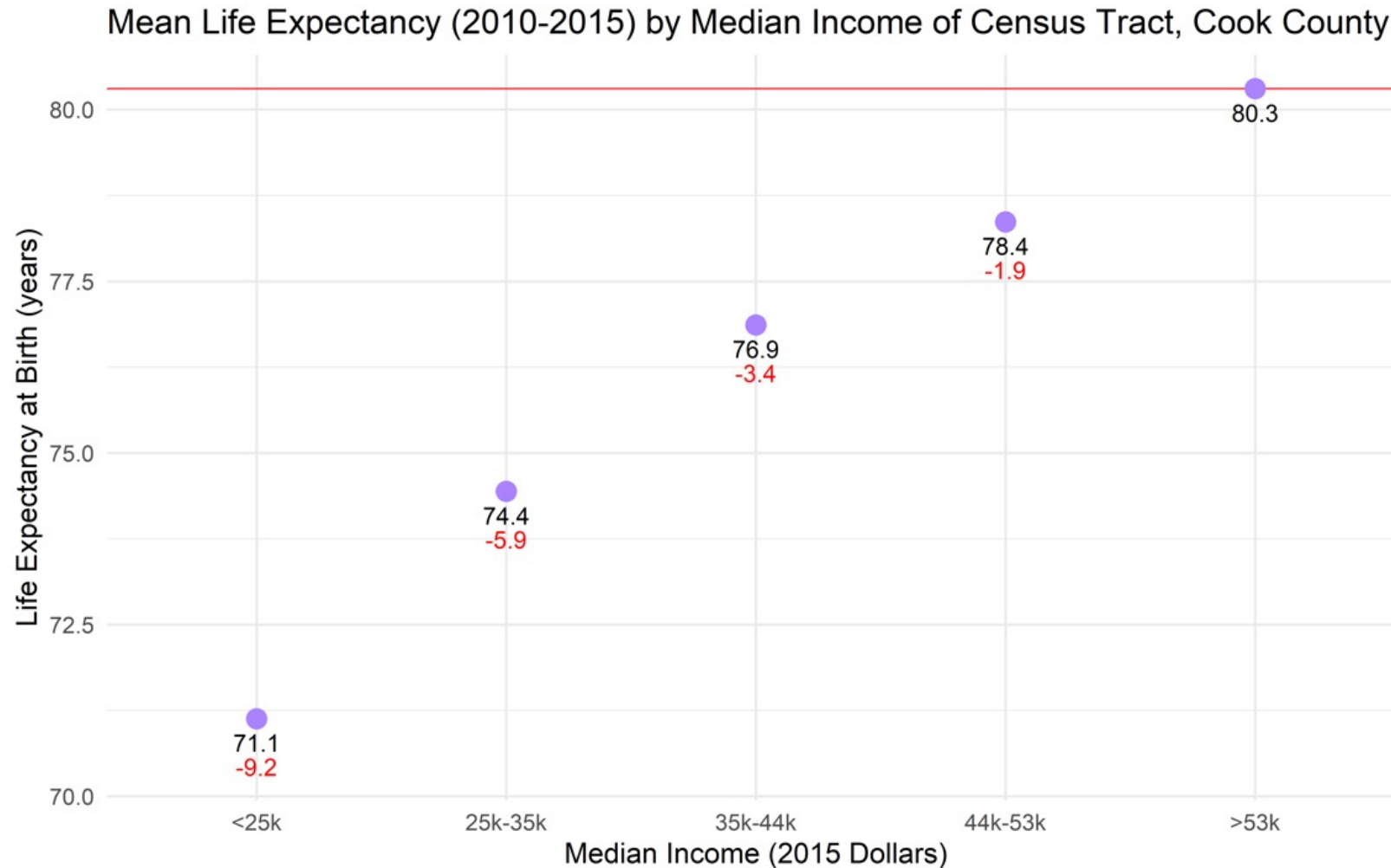
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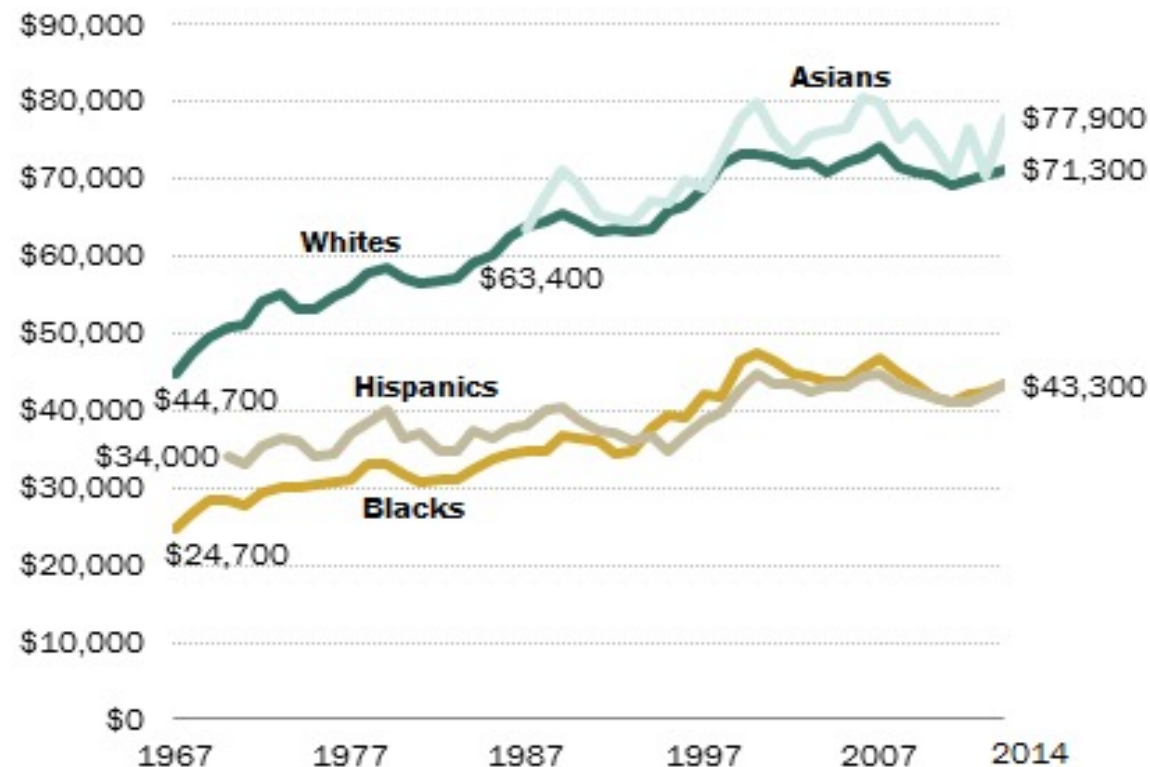
Illinois Department of Public Health,
Division of Vital Records, 2016

Average Life Expectancy (2003-2007) by Median Income of Census Tract/Municipality (2009), Cook County



Racial gaps in household income persist

Median adjusted household income in 2014 dollars



Note: Income standardized to a household size of three and is reported for the calendar year prior to the survey year. For details, see Methodology. Race and ethnicity are based upon the race and ethnicity of the head of household. Whites, blacks and Asians include only those who reported a single race. Native Americans and mixed-race groups not shown. Data for whites, blacks and Asians from 1970 to 2014 include only non-Hispanics. Data for whites and blacks prior to 1970 include Hispanics. Data for Hispanics not available prior to 1970. Data for Asians not available prior to 1987. Asians include Pacific Islanders. Source: Pew Research Center tabulations of the 1968-2015 Current Population Survey Annual Social and Economic Supplement (IPUMS)

"On Views of Race and Inequality, Blacks and Whites are Worlds Apart"

PEW RESEARCH CENTER



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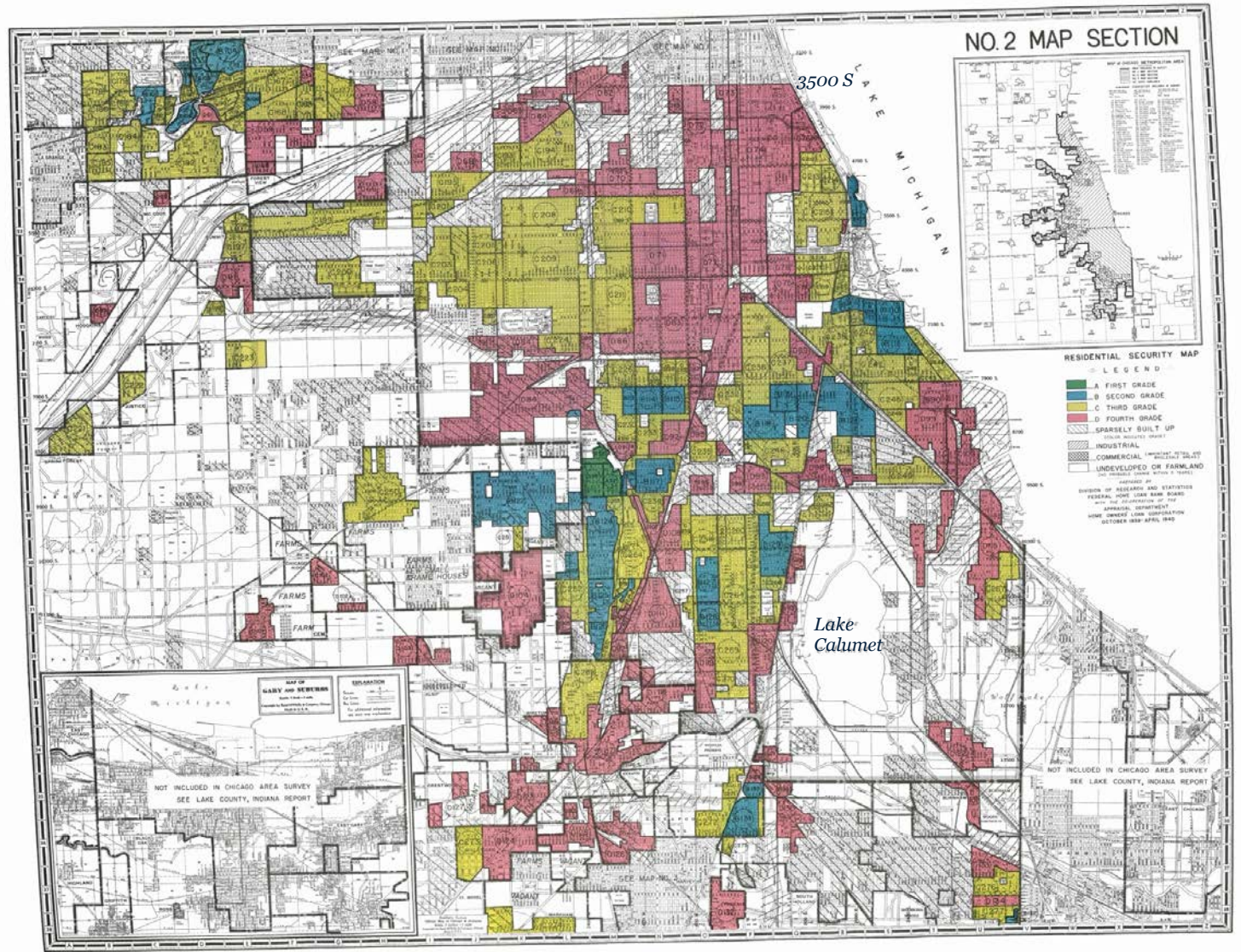
1934–1968: FHA Mortgage Insurance Requirements Utilize Redlining:

“The FHA also explicitly practiced a policy of “redlining” when determining which neighborhoods to approve mortgages in.”

“... color-coded maps indicating the level of security for real estate investments... appraisers divided neighborhoods by categories including occupation, income and ethnicity of inhabitants:

C (yellow) were neighborhoods that were “definitely declining.” Generally, sparsely populated fringe areas that were typically bordering on all black neighborhoods.

D (red) (hence the term “red-lining”) were areas in which “things taking place in 3 (“C”) had already happened.” Black and low income neighborhoods were considered to be the worst for lending”.



From: <https://dsl.richmond.edu/panorama/redlining/#loc=11/41.75/-87.771&city=chicago-il&area=D130&text=downloads>

Accessed: 3/21/2022



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Structural Racism and Health Inequities

- Economic injustice
- Deprivation, less access to health promoting environments
- Environmental and occupational health inequities
- Targeted marketing of health harming substances
- Lower access to quality healthcare
- Political exclusion
- Mass incarceration
- Regressive education funding policy



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Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). America: Equity and Equality in Health 3 Structural racism and health inequities in the USA: evidence and interventions. In *www.thelancet.com* (Vol. 389). [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)

In Summary

- Long history of discrimination and racist policies disproportionately affecting residents of the near west and southern parts of Cook County.
- This has resulted in areas of concentrated poverty and low opportunity.
- Racist structures, and their impact, have persisted.
- As a result, populations residing in those areas suffer from low access to the social determinants of health and experience worse health outcomes.
- CCH's patient population predominantly comes from these communities.



Health Equity Strategies for Healthcare

- Make health equity a strategic priority
- Develop structures and processes to support health equity work
- Deploy specific strategies to address the multiple determinants of health
- Decrease institutional racism within the organization
- Identify ways the organization can decrease structural racism
- Develop partnerships with community organizations to improve health and equity

Wyatt, R. (2016). *Achieving Health Equity: A Guide for Health Care Organizations*.
<https://www.nihb.org/docs/10262016/IHIAchievingHealthEquityWhitePaper.pdf>



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“You must never look away from this. You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land, with great violence, upon the body.”

Ta-Nehisi Coates
Between the World and Me

Acknowledgements

CCDPH Epidemiology Unit

CDPH Epidemiology Unit

Illinois Public Health Institute

Alliance for Health Equity



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