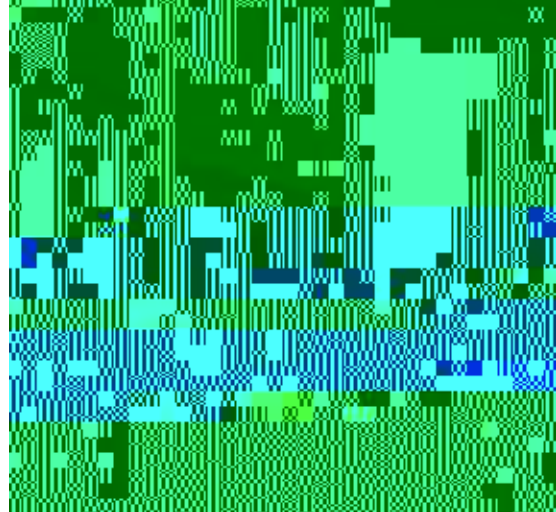
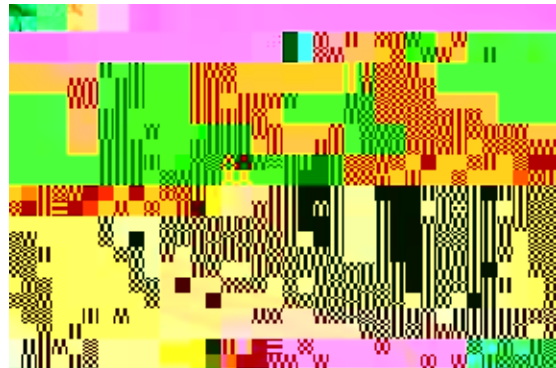
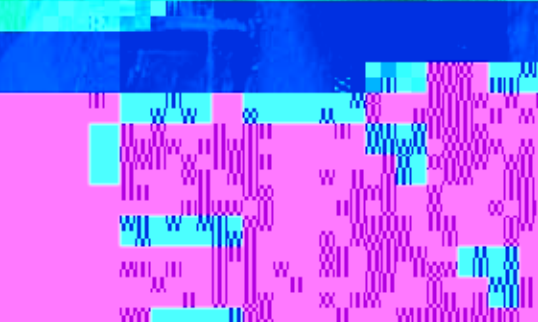


# A, E E



# A

*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,



# A. . . . .

This work was supported by the Aetna Foundation and Aetna Inc.

Research Associate/Project Director

We would like to acknowledge the following organizations and individuals for their contributions to this report:

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Daniel Block, PhD, director and geography professor  
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John Owens, research intern  
Noah Sager, research intern

*University of Michigan Center for Health Equity Research and Promotion*

Deidre Weber, senior research coordinator, Center for Healthcare Equity/Institute for Healthcare Studies (report production)  
Sherin George, research intern, Center for Healthcare Equity/Institute for Healthcare Studies (analysis of key informant interview data)



The key findings of this report are summarized below.

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 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 ( g. 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

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.

#### COMMUNITY ASSETS

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.

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.

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




## Chicago's 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.

Source: U.S. Census Bureau





New York City

Los Angeles

San Jose

San Diego

Chicago

Houston

Philadelphia

Phoenix

Dallas

San Antonio

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%
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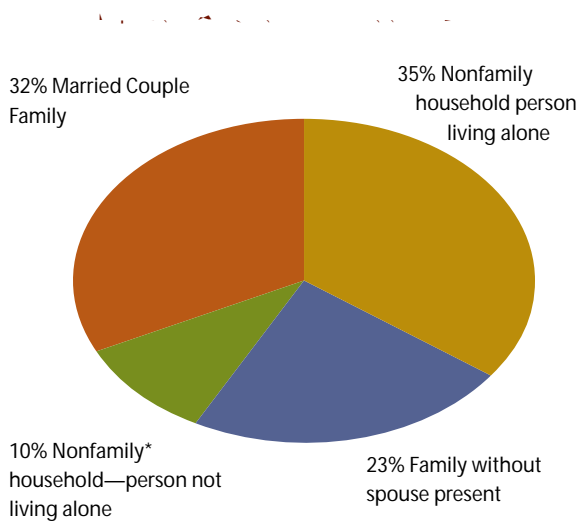
(continued)

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

American Community Survey, Census 2000, 77 G. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.





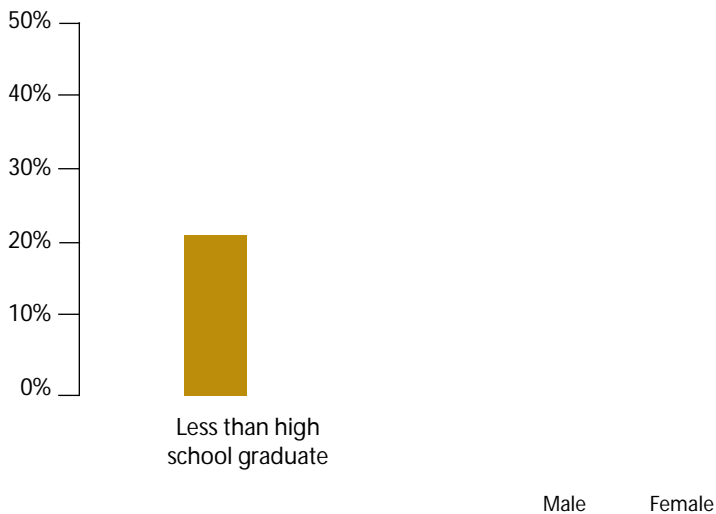
*A nonfamily household consists of a householder living alone (a one-person household) or where the householder shares the home exclusively with people to whom he/she is not related.*

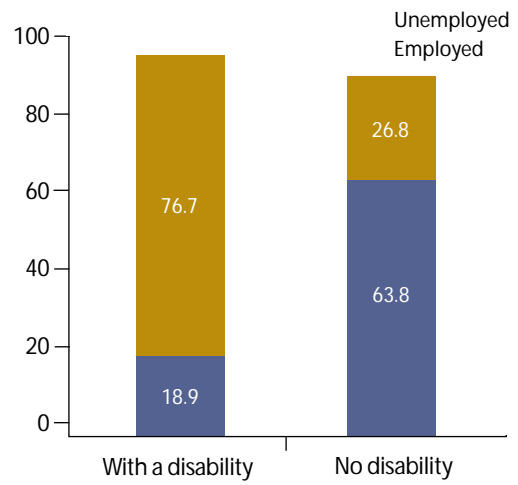
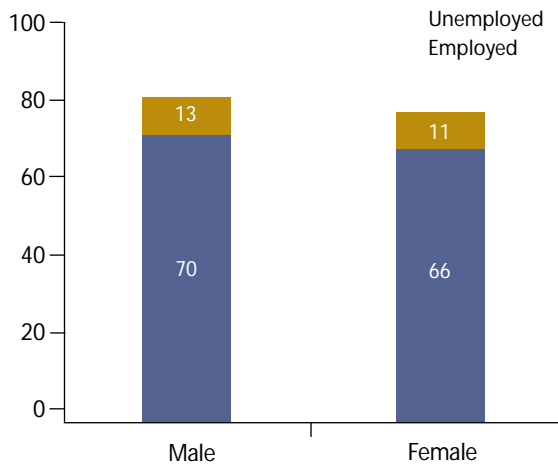
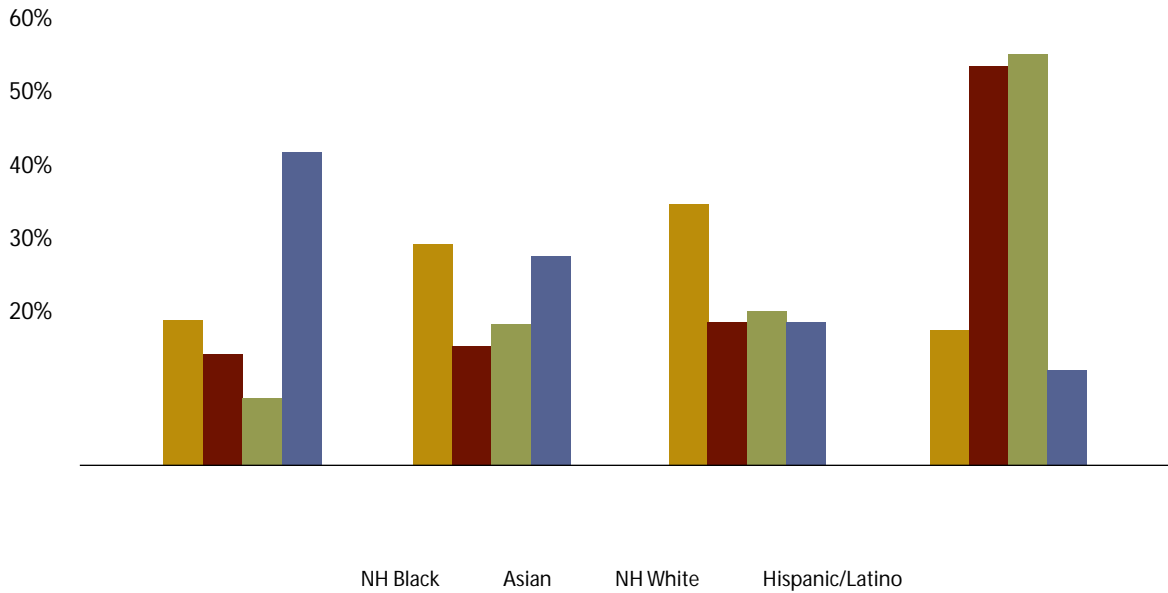
Sources: Decennial Censuses, U.S. Department of Commerce, Bureau of the Census, 2010

Adapted from: *Healthcare Equity and Access: A National Agenda for the 21st Century*. Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

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).

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





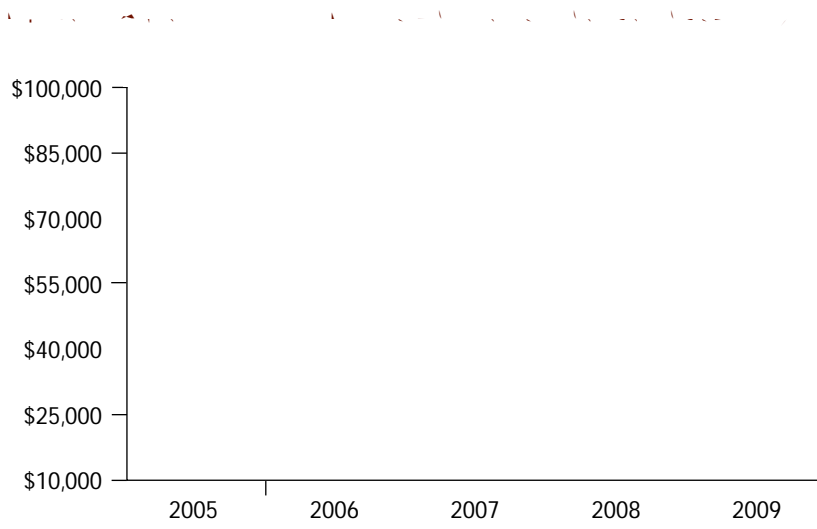
Source: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2009

Author: Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

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

Author: Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

In 2009, Whites had a lower unemployment rate







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

Since 2002, the percentage of all families with income below the poverty level has remained below 20% ( g. 20). The percentage of female-headed



## C. 2019-2020 Annual Report

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## **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 100 cities (YRBS of the nation).<sup>13</sup> The prevalence of overweight among Chicago high school students is 27.5% (95% CI 24.7%–30.3%), compared with 11.7% among high school students in 100 other cities (95% CI 10.2%–13.2%).

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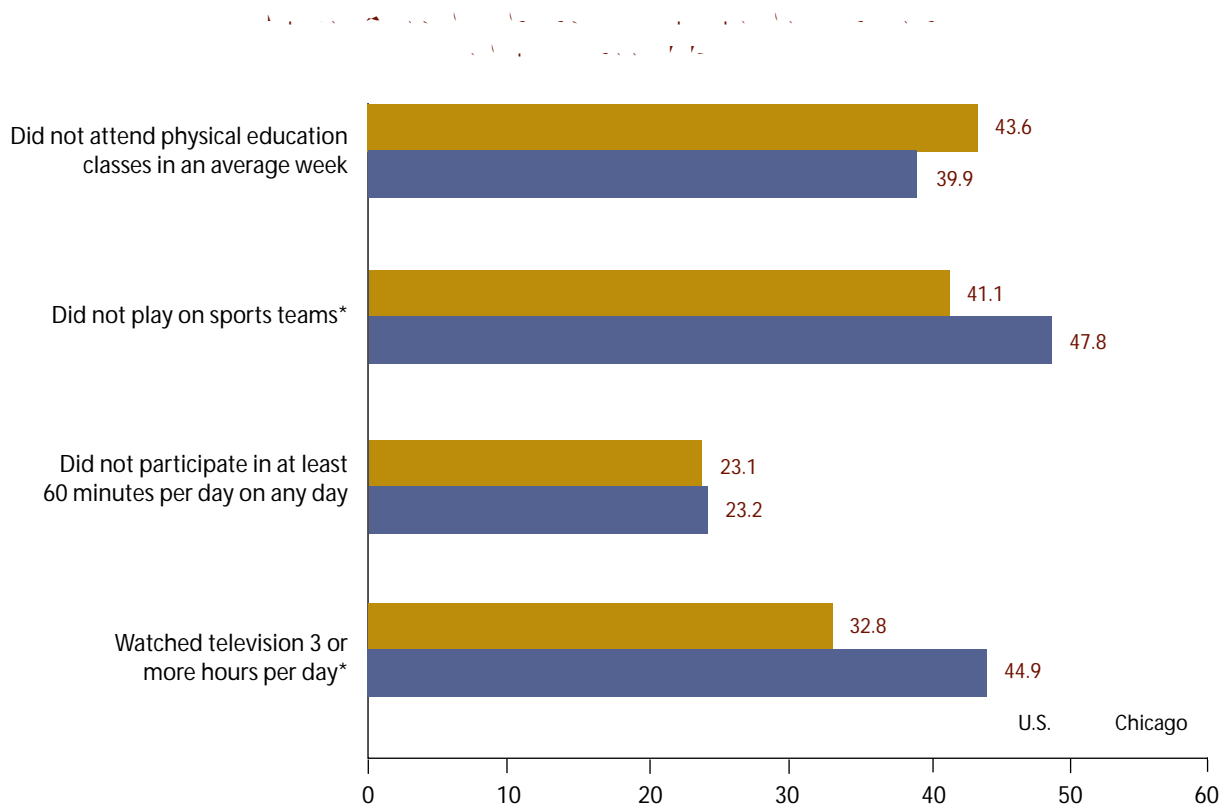
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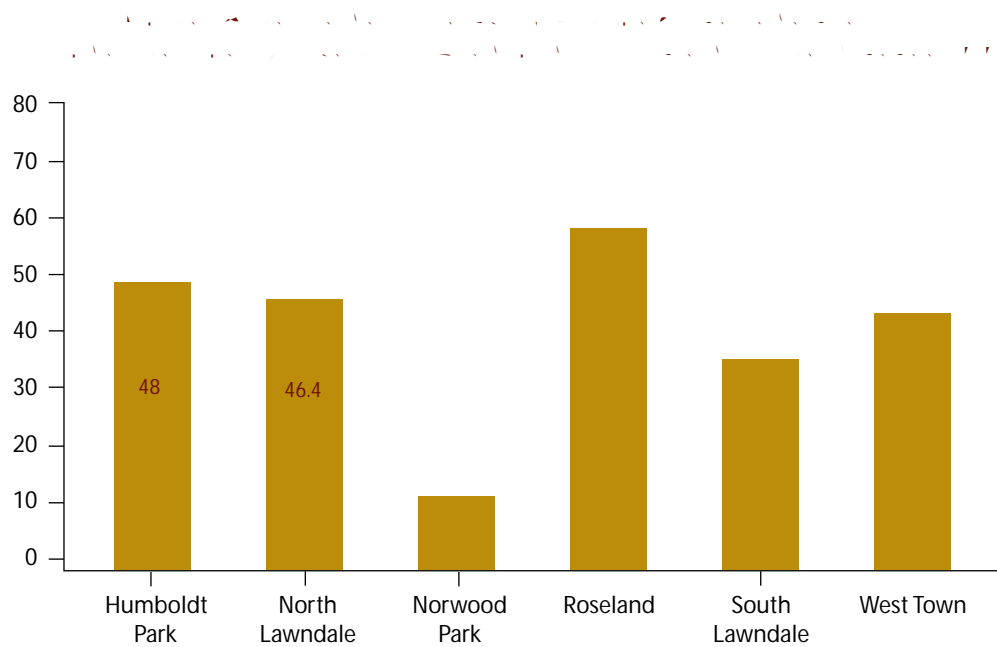
indicate a lack of safe places in the community to exercise and play sports.

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).

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 neighborhoods in Chicago. The survey was designed to measure the prevalence of obesity among children and adolescents, and to identify factors associated with obesity, such as diet, physical activity, and access to safe places to exercise and play sports.



\* Significant,  $p < 0.01$ ; ^ During the 7 days prior to the survey  
 Source: CDC Youth Risk Behavior Survey, 2009



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

Chicago's Health Equity Plan | Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

multiple stakeholders from four community areas  
(Albany Park, Chicago Lawn, South Lawndale, and



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 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).

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.

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

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

(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.

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 (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 (di036)13(e8(y)39(9e/S)3(t,000 school S85 0.574 scnor

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

### *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.

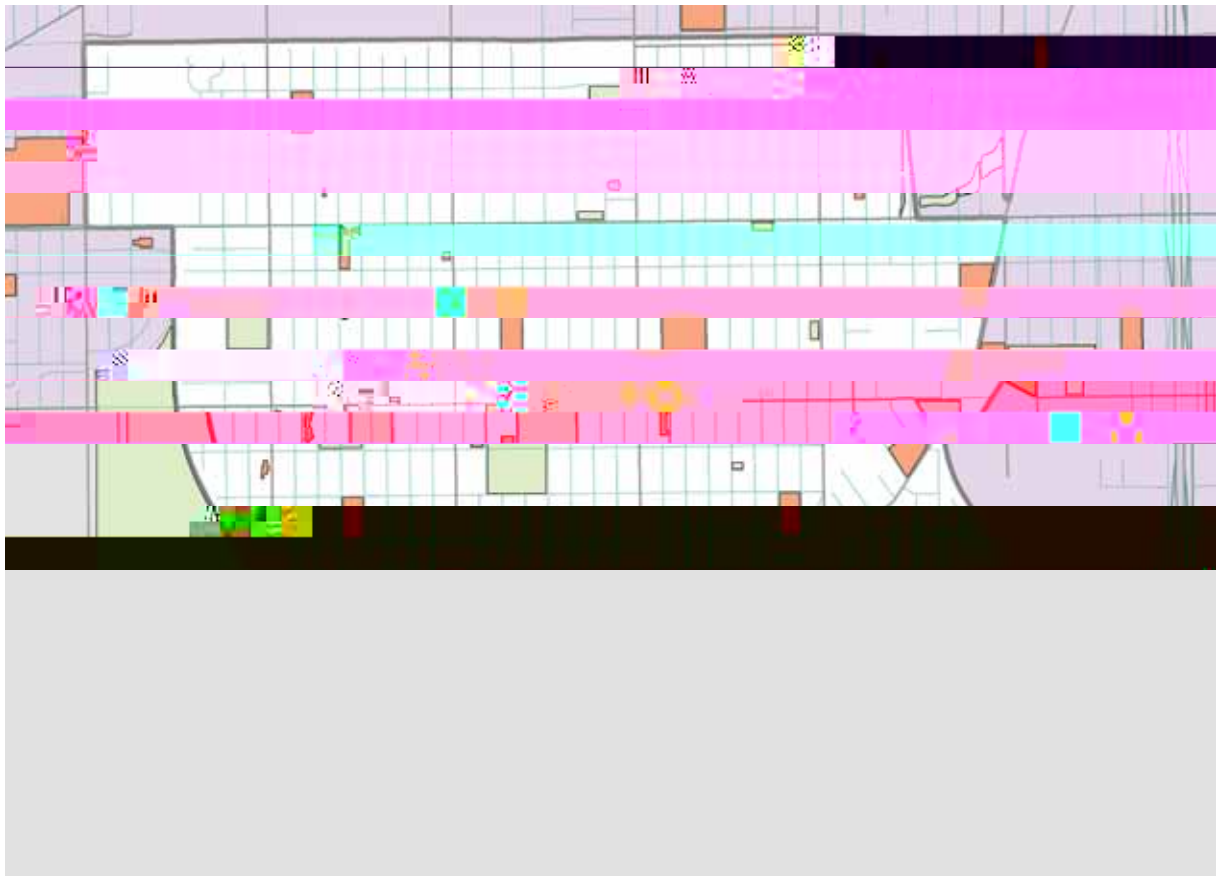
### *Recess*

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*

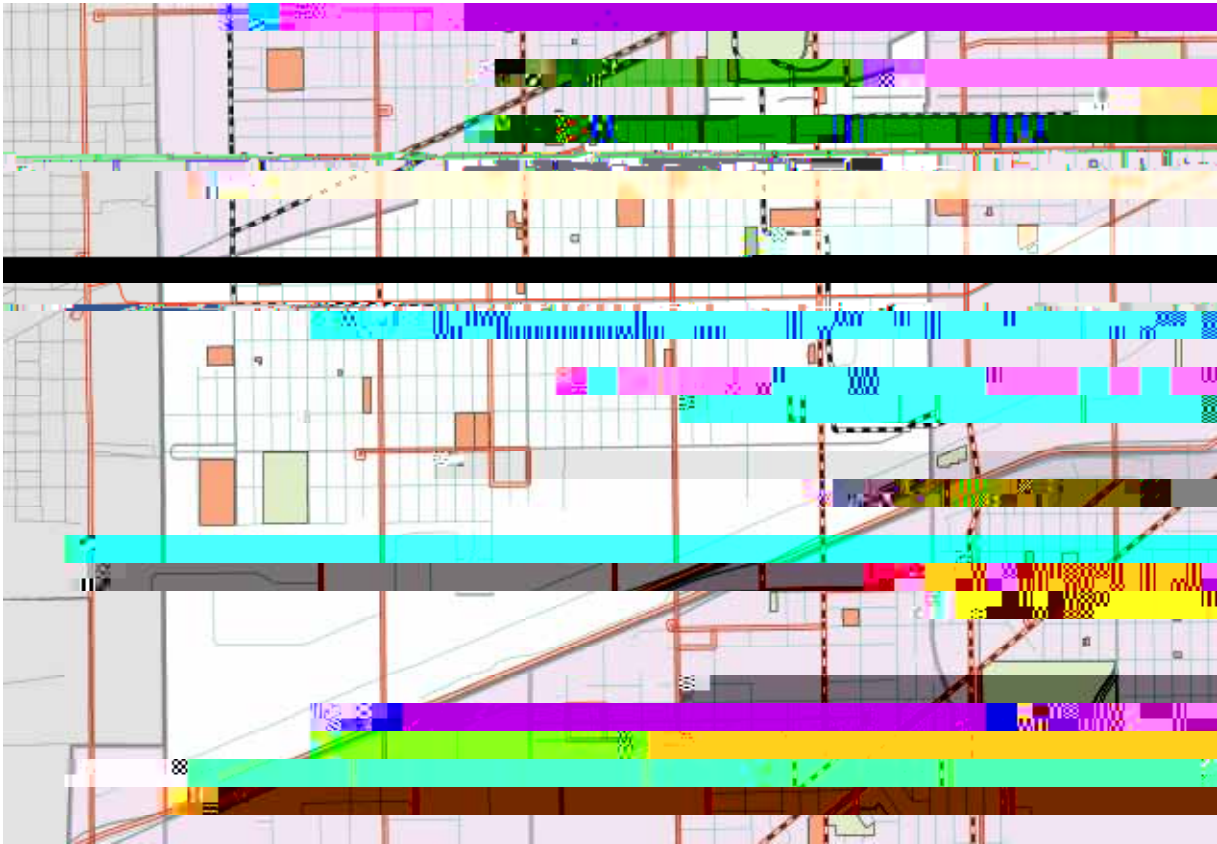
The School Health Profiles (Profiles) is a system of surveys assessing school health policies and programs in states, territories, and large urban school











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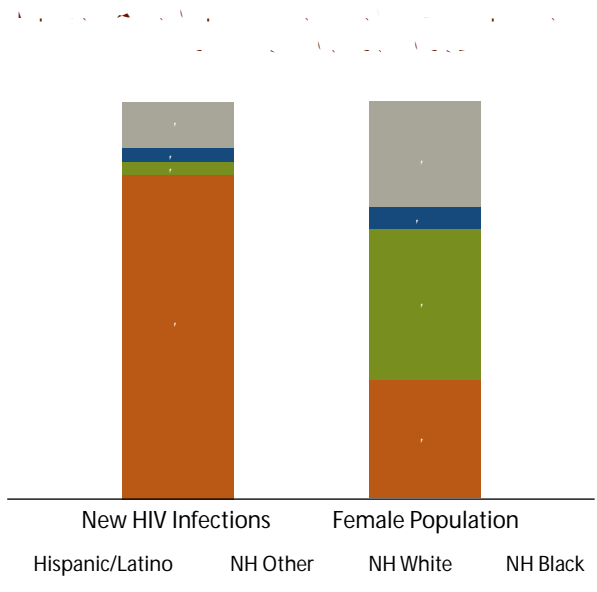
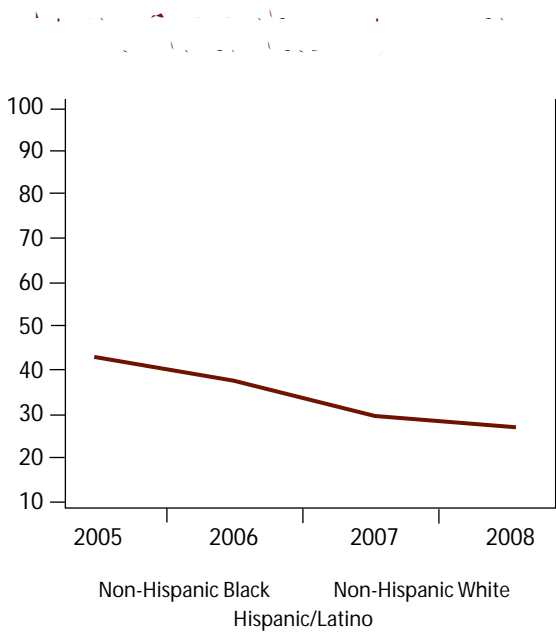


Today, more people than ever before are living with HIV/AIDS. People with HIV are living longer than in years past because of better treatments. Also, more people become infected with HIV than die from the disease each year. While the total number of people living with HIV in the U.S. is increasing, 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.

The Chicago Department of Public Health's STI/HIV





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

Adapted from: Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

**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 ( g. 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.

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

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

**Diagnoses of HIV infection.** MSM is the leading mode of transmission of HIV in Chicago ( g. 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.

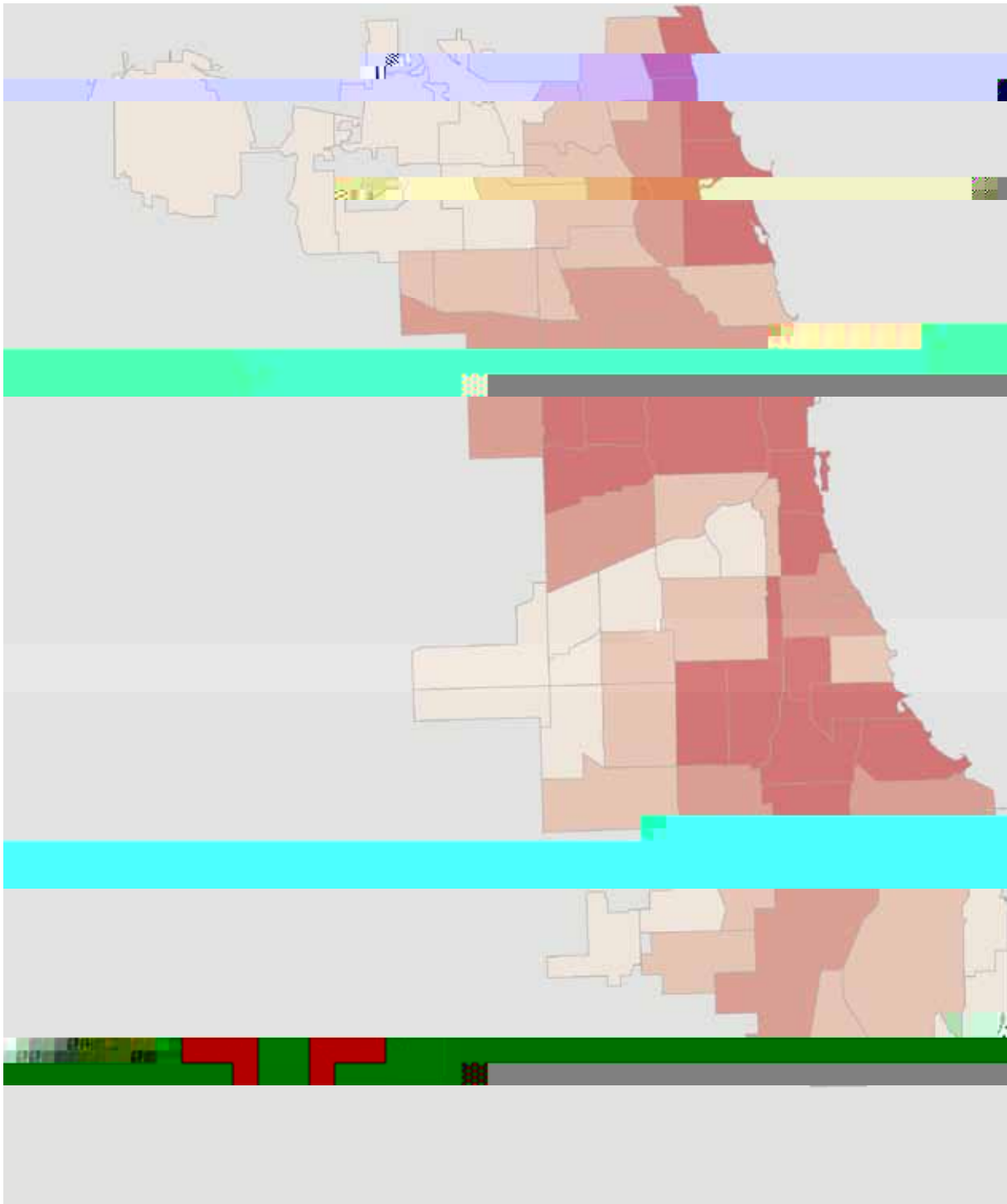
**AIDS Diagnoses.** MSM continue to represent the largest number of AIDS diagnoses, accounting for over half of all cases in 2008 ( g. 7). While the



of Whites (84%), Blacks (40%), and Hispanics/Latinos



Figure 1. Chicago's 77 geographic areas, 2000-2010



ages 18–64

### *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.

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 dents

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.

**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.

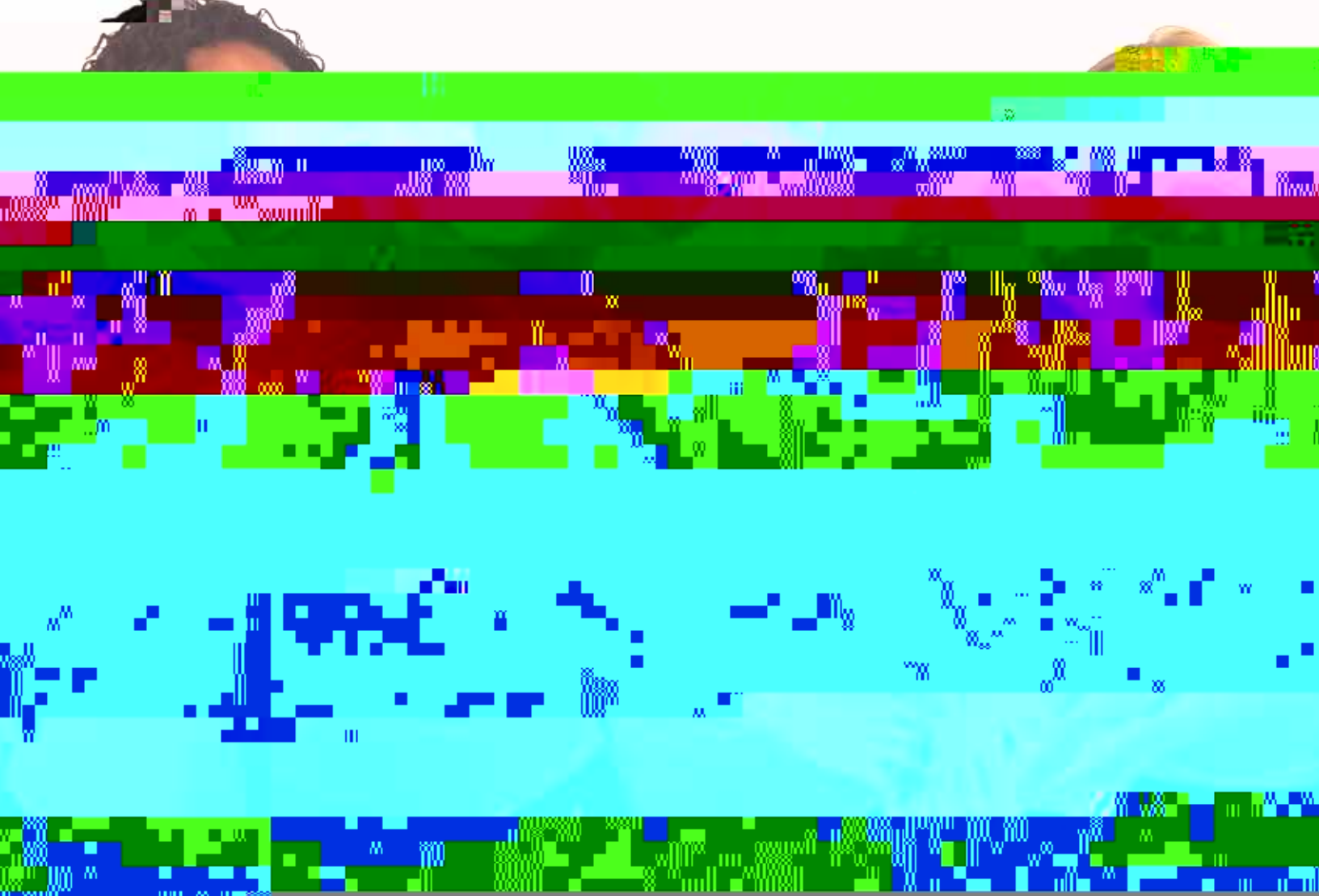
The city, through CDPH and other city departments, funds a wide array of community-based prevention, education, counseling, testing, treatment, and human services programs designed to confront the epidemic.

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

1. **Get Yourself Tested**



- 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
-



## B • C • D •

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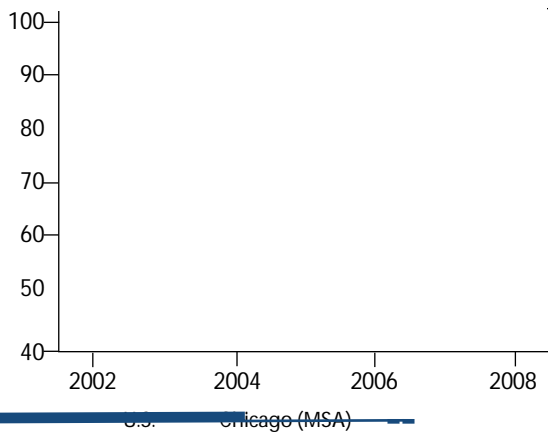
*Despite recent improvements in U.S. breast cancer survival rates, disparities on the basis of race/ethnicity and socioeconomic factors persist. Poor women and those who are uninsured have poorer breast cancer survival than their more advantaged counterparts.<sup>1,2</sup> Although White women are slightly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





The Sinai Urban Health Institute analyzed breast cancer mortality rates by Chicago community area using data from 2000–2005 ( g. 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>





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.

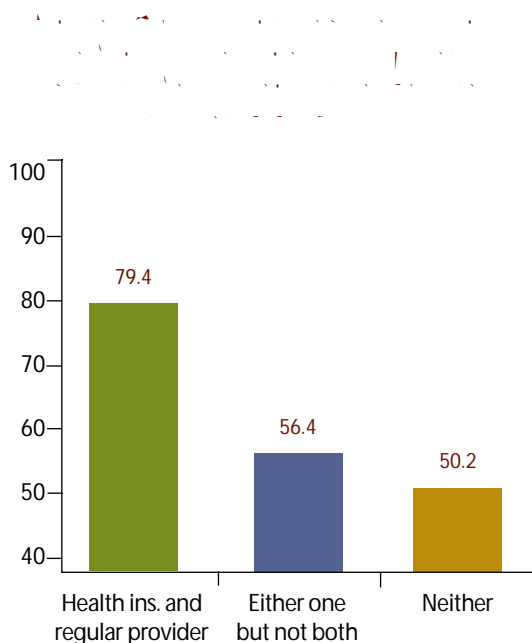


Figure 6 shows the variability in self-reported mammography utilization among women from the 10 different racial and ethnic communities surveyed. Less than 50% of Chinese women (Armour Square) and Cambodian women (Albany Park) reported that they received a mammogram within the past two years. These proportions 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.

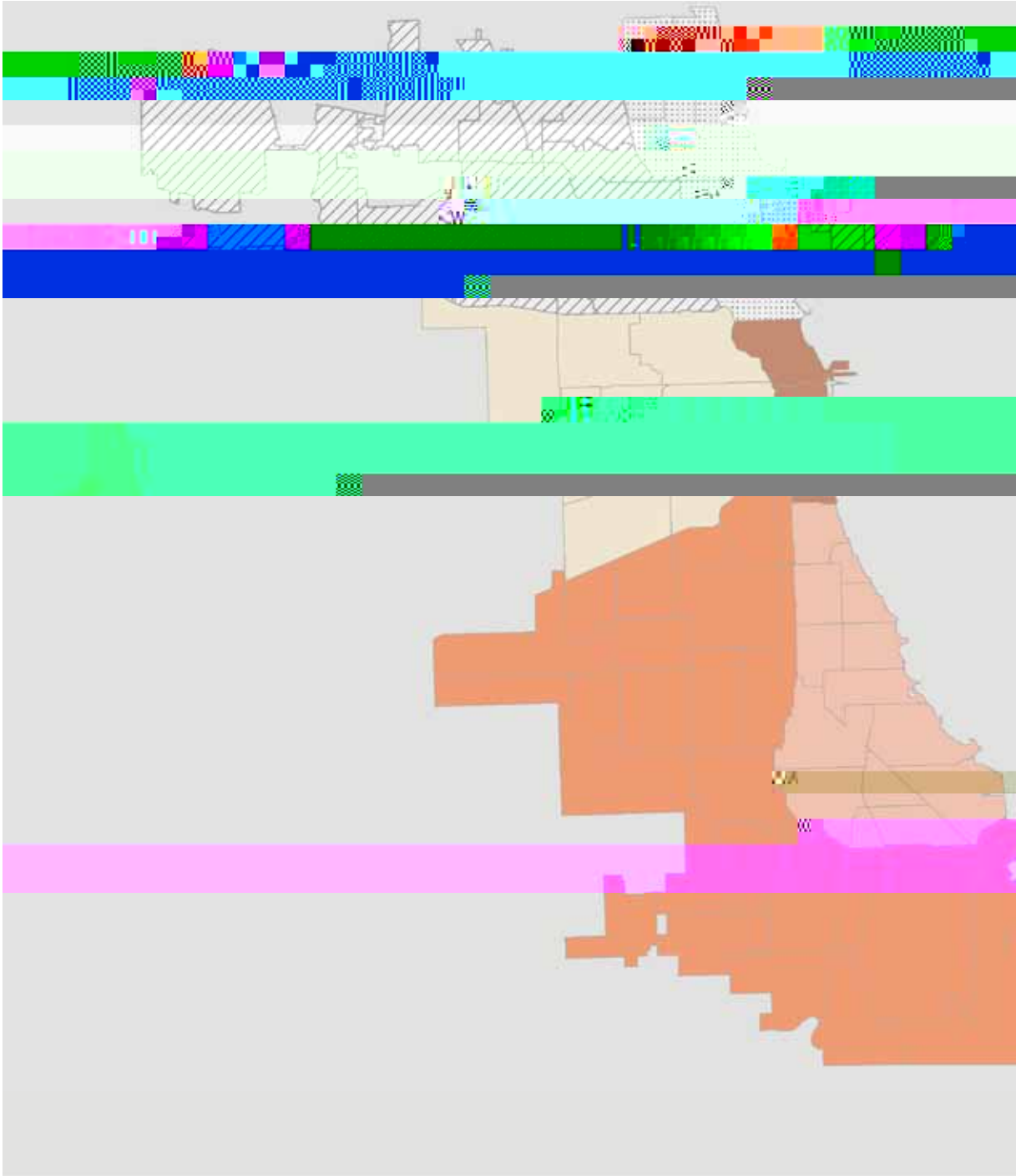
Source: 2008 CDC BRFSS Survey.

Northwestern University Feinberg School of Medicine,  
Center for Healthcare Equity/Institute for Healthcare Studies, 2011.




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

	N	%	95% CI
<b>Overall</b>			
Black	416	80.3	75.8 - 84.1
Hispanic/Latino	158	77.1	69.4 - 83.4
<b>.S.*</b>		76.0	
<b>I *</b>		75.8	73.9 - 77.7



**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."*

#### *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).

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.

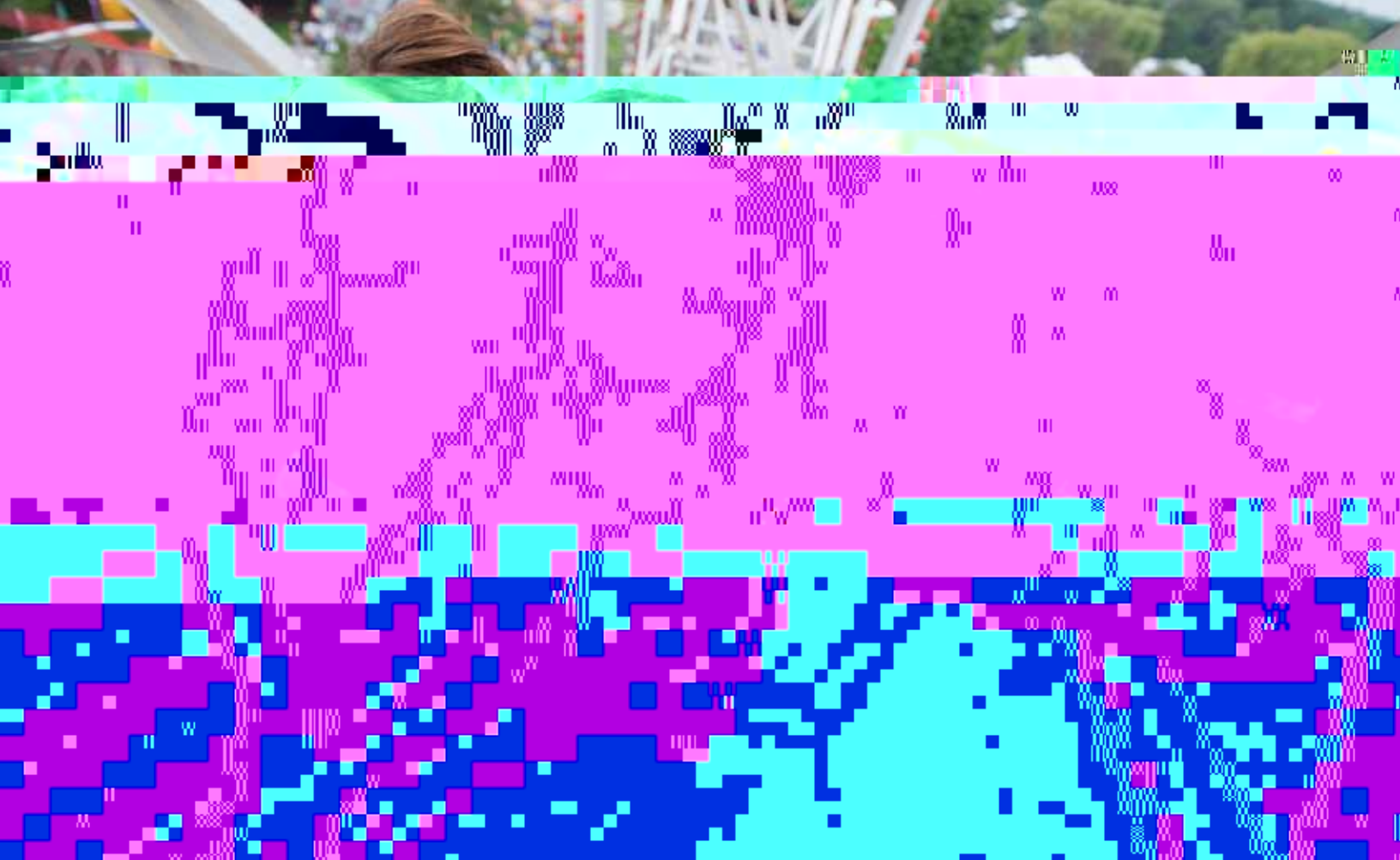
*Source: The Metropolitan Chicago Breast Cancer Task Force Report.*

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



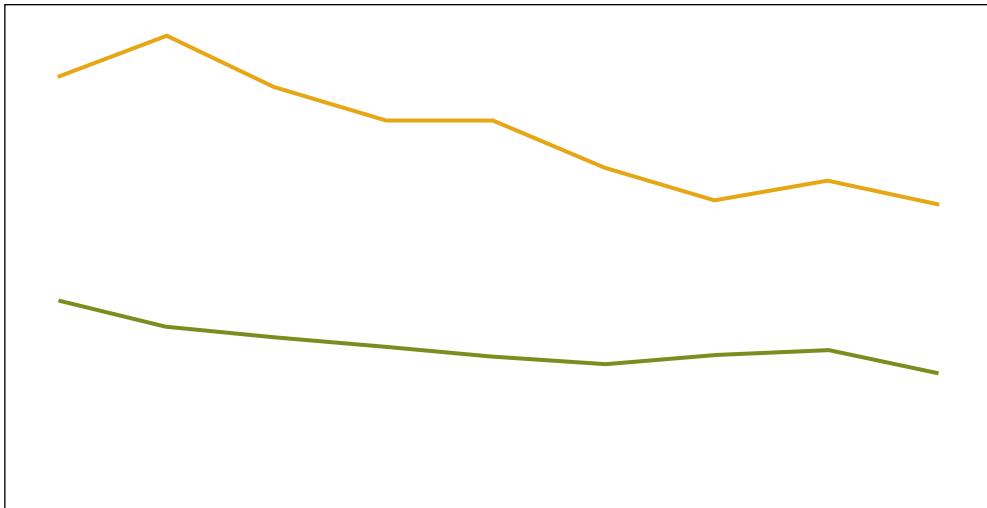
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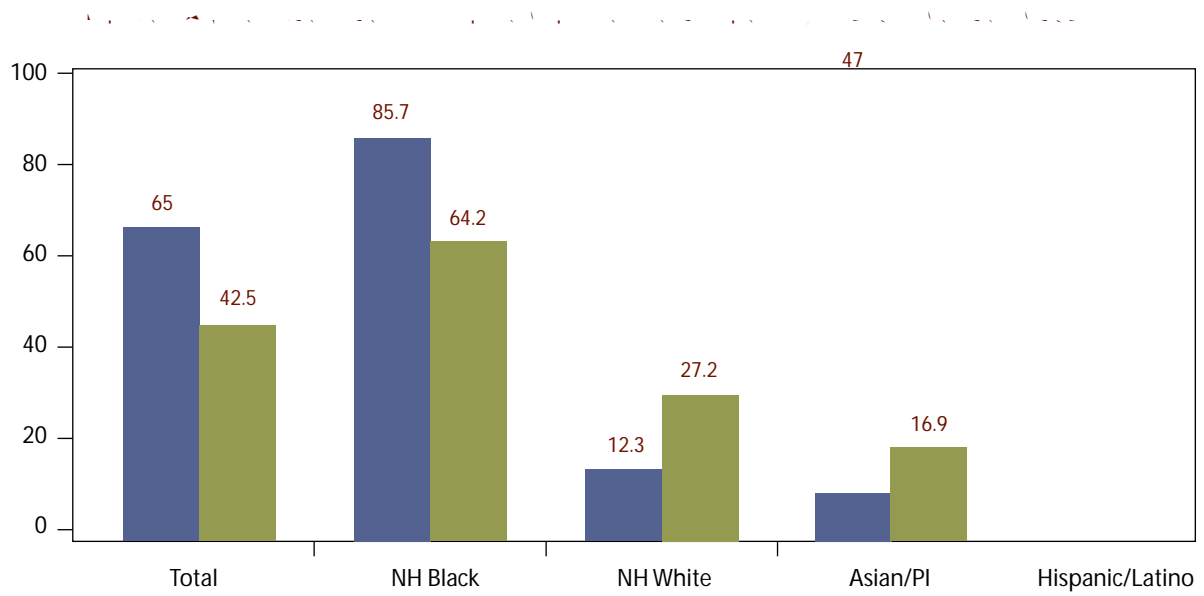


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*The adverse effects of teen births on both teen parents and their children are well documented. Teen mothers have less education, are more likely to be in poor health, and are more likely to rely on public assistance.<sup>1</sup> Only about 50% of 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





NH White	211	28.0
NH Black	3516	33.4
Hispanic/Latino	2420	28.5
Other/Unknown	37	21.6
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

Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

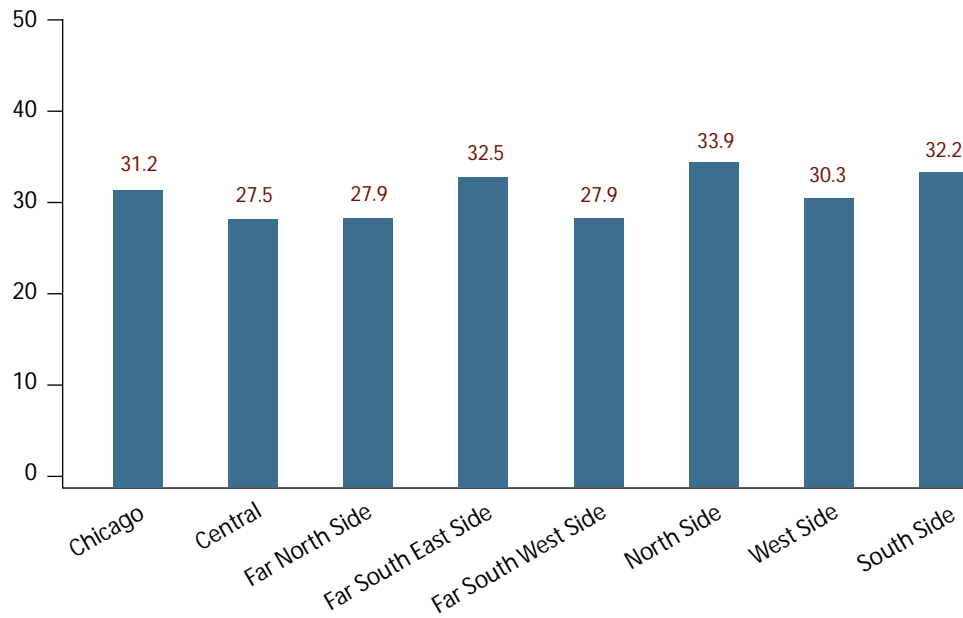
One-quarter of U.S. teenagers giving birth will bear another child within two years. Repeated births within 24 months of an index birth occur more commonly among African American (23%) and Hispanic/Latina (22%) girls than White adolescent mothers (17%).

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).

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



Source: Chicago Dept of Public Health

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Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

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.

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%).

There is substantial evidence to indicate that women who receive insufficient, late, or no prenatal care have increased risks of poor pregnancy outcome.



1. *Phylogenetic Analysis*  
2. *Phylogenetic Analysis*  
3. *Phylogenetic Analysis*  
4. *Phylogenetic Analysis*

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

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.

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 5th 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.

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

Methodist Youth Services (MYS) is a nonpro t, 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 certi ed 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

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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3. Centers for Disease Control and Prevention. National Vital Statistics System Birth Data. <http://www.cdc.gov/nchs/births.htm>.
4. Centers for Disease Control and Prevention. Teen Pregnancy. <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm#>.
5. Centers for Disease Control and Prevention. Preventing Teen Pregnancy 2010–2015. See reference 2.



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*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.

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%.

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.

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>

Crash Type	2007	2008	2009	% Change
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





	2010	2011	2012	Change	% Change	2010	2011	2012	Change	% Change
Pedestrians	42	52	31	-21	-40.4%	3,813	3,379	3,173	-206	-6.1%
Pedalcyclist	3	5	5	0	0	1,817	1,527	1,472	-55	-3.6%

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

Source: Illinois Dept of Transportation

American Journal of Public Health, 2011, 101(11):1776-1778

Northwestern University Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

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.

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



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 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

Area	Population	Usage Rate
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%
Residential (190)	71,259	90.9%
U.S./Illinois Highways (40)	23,614	91.8%
Interstate/59 Illinois Highway (118)	92,614	92.6%

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





	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
FY09	> 36.0									

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.

**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.

**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





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.

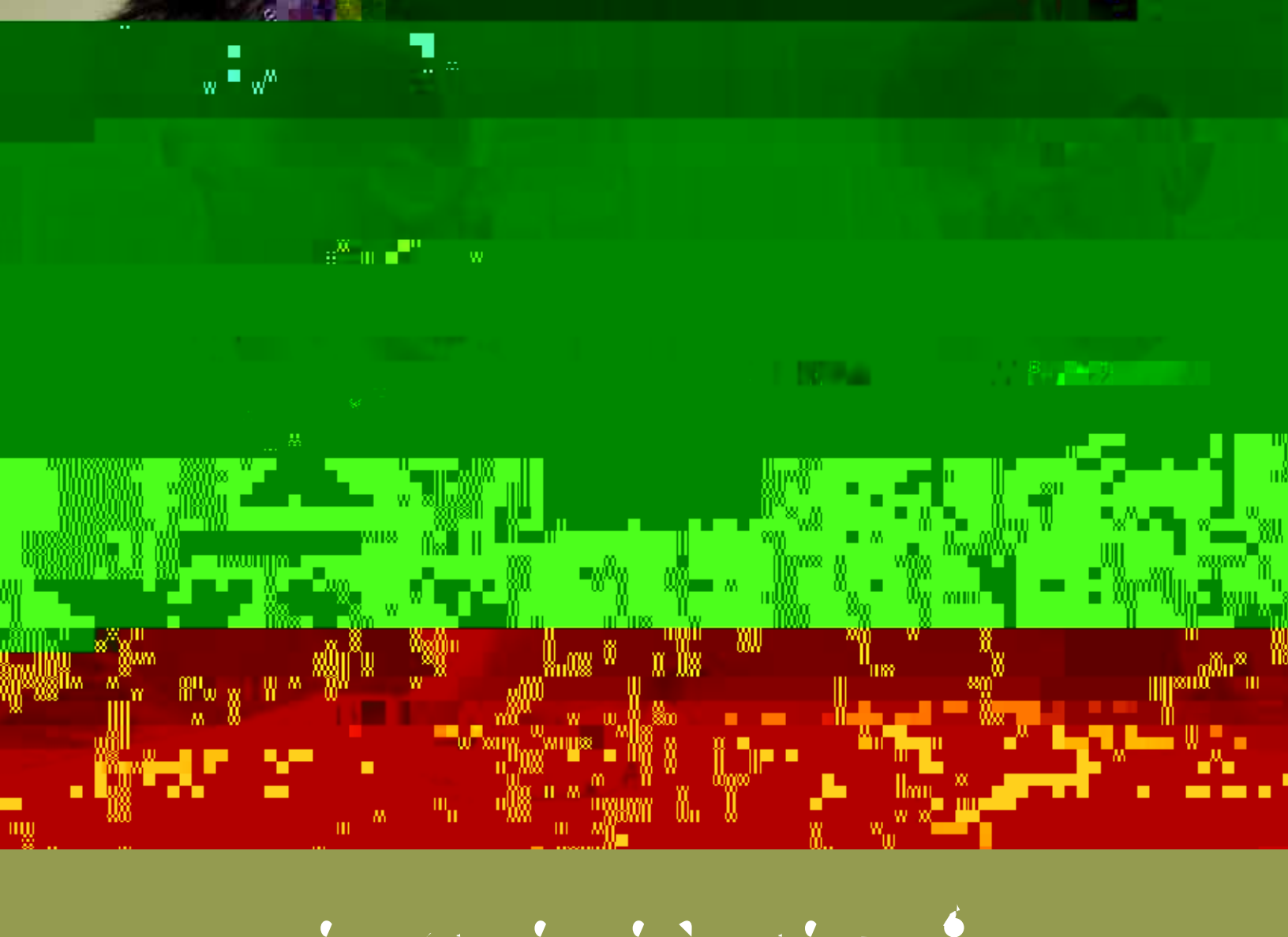
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Older Adult Drivers. 2011; [http://www.cdc.gov/MotorVehicleSafety/Older\\_Adult\\_Drivers/adult-drivers\\_factsheet.html](http://www.cdc.gov/MotorVehicleSafety/Older_Adult_Drivers/adult-drivers_factsheet.html).

12. National Highway Traffic Safety Administration. *How States Achieve High Seat Belt Use Rates*: U.S. Department of Transportation, National Highway Traffic Safety Administration; 2008.
13. National Highway Traffic Safety Administration. *Lives saved in 2009 by restraint use and minimum-drinking-age laws*: US Department of Transportation, National Highway Traffic Safety Administration; 2010.
14. Centers for Disease Control and Prevention. Vital Signs: Nonfatal, Motor Vehicle–Occupant Injuries (2009) and Seat Belt Use (2008) Among Adults—United States. *Morbidity and Mortality Weekly Report*. 2011;59:1681-1686. [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5951a3.htm?s\\_cid=mm5951a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5951a3.htm?s_cid=mm5951a3_w). Accessed July 5, 2011.
15. Illinois Department of Transportation Division of Traffic



*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.*

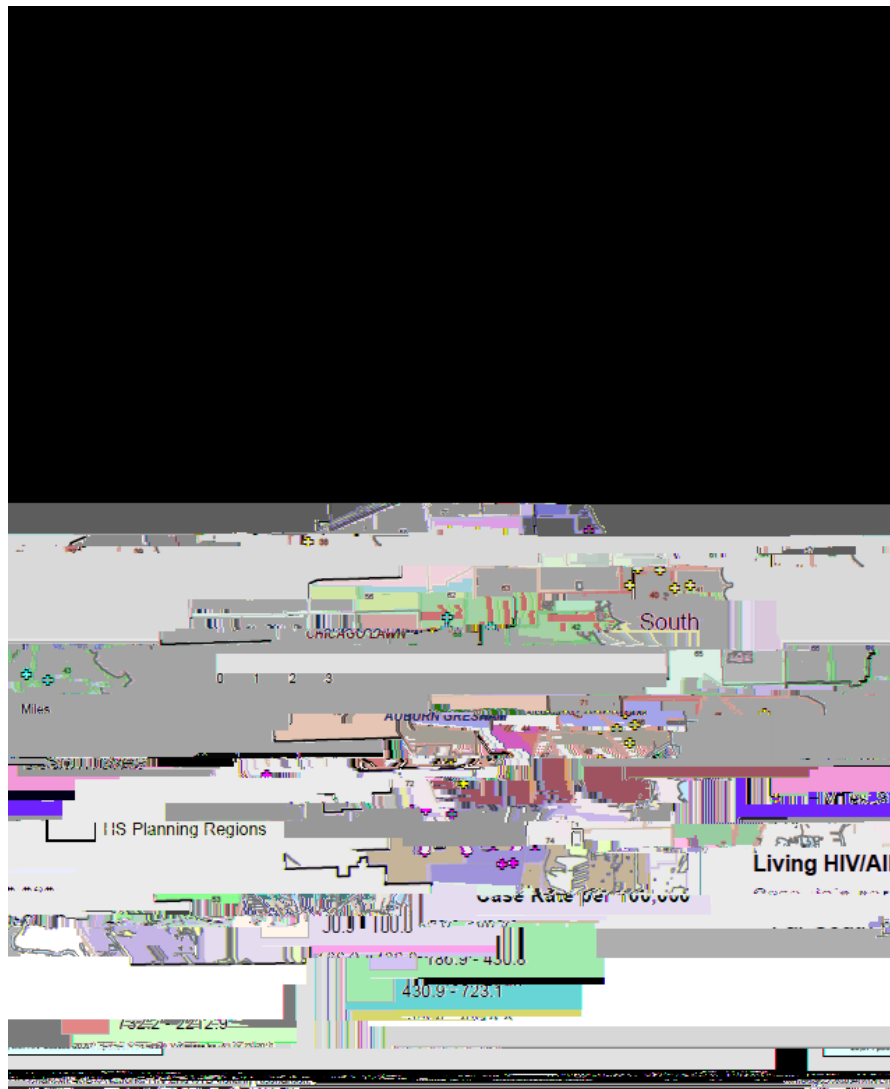
*This section provides citywide maps of Chicago's health care resources, including primary care clinics, primary and specialty care physicians, hospitals, HIV test sites, and breast cancer screening and treatment services. These resources are also plotted on street maps for four Chicago community areas: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

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).

This map shows the distribution of Chicago's 36 hospitals by health system planning region. Hospitals were

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, composed of 49% of the population. Eighty-six percent of physicians practicing in community areas shaded in dark blue see the greatest number of potential patients, composed of 49% of the population.



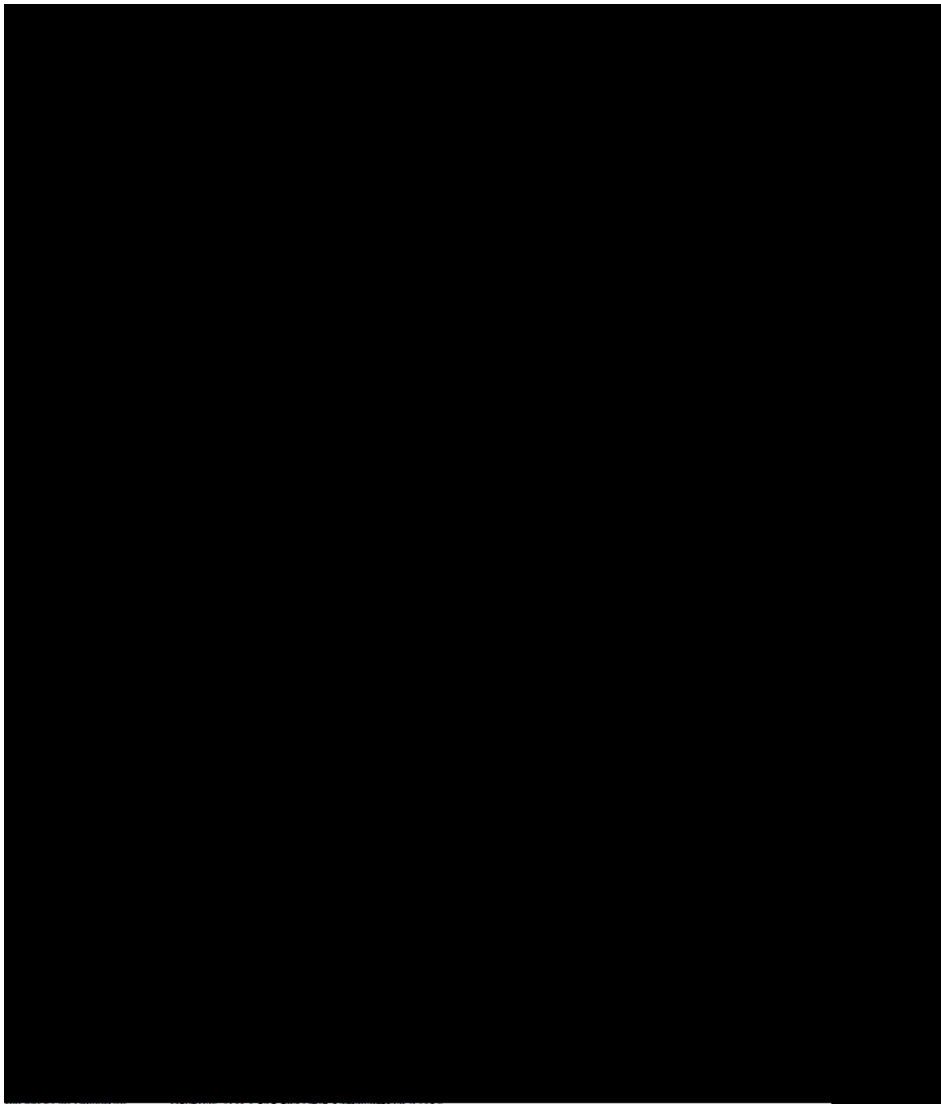
A. Northwestern University  
 Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

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.

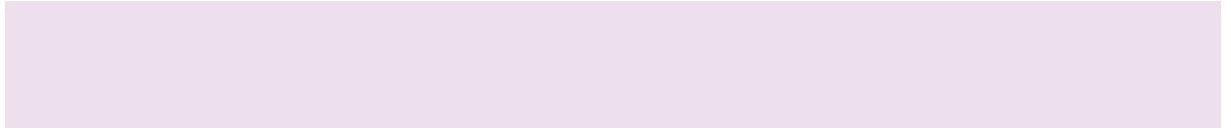


## Health System Planning Regions



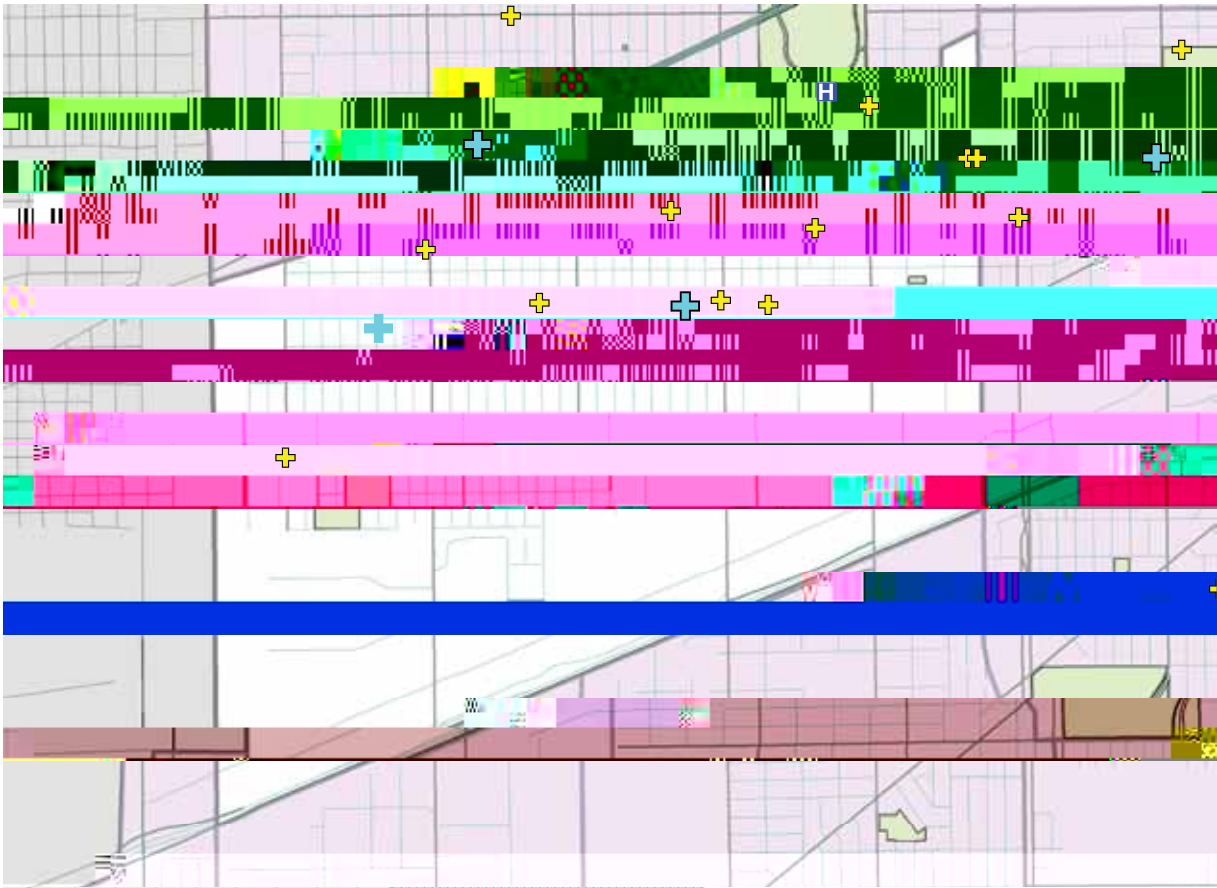
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Feinberg School of Medicine, Center for Healthcare Equity/Institute for Healthcare Studies, 2011.

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.





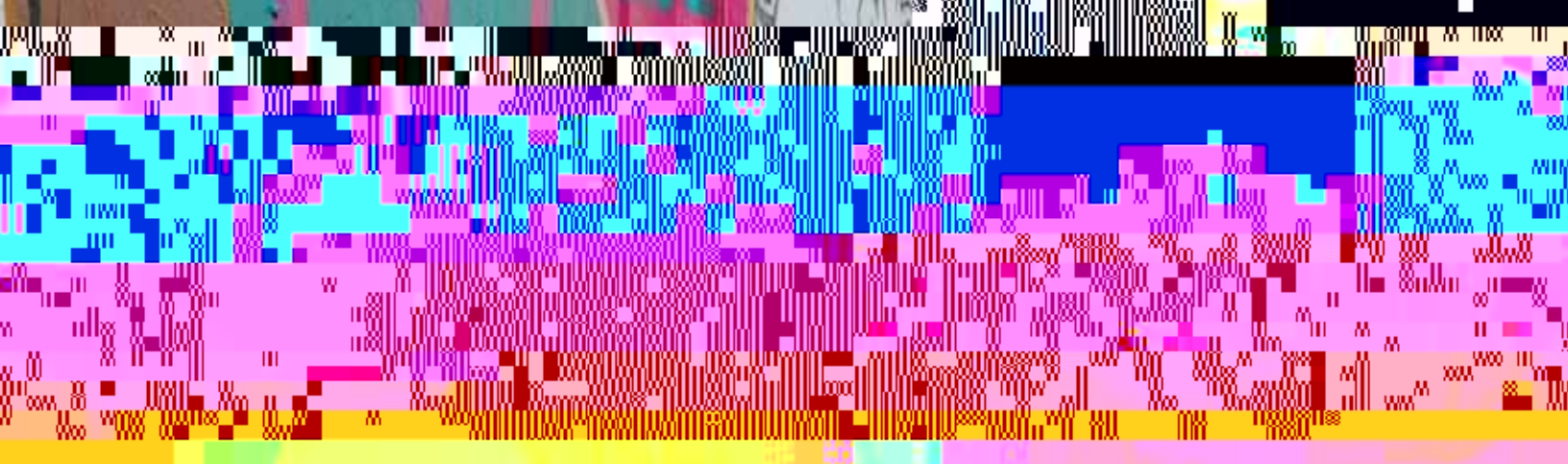






*The environment in which people live, work, play, socialize and learn is a major influence on their health and well-being.*





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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.



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

#### Behavioral Risk Factor Surveillance System

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, CPDH 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

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

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

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>.

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 ve veion estimasu10(eas wsnit)-9(y ar)10(eas)11(. F)31(or02

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>

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

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

How tall are you without shoes?; How much do you weigh without shoes?; BMI calculated based on responses to height and weight. CDC YRBS, Chicago and U.S., 2009

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

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

Sinai Improving Community Health Survey, Sinai Urban Health Institute. 2002–2003.

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**

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

During the past 7 days, how many times did you eat fruit? CDC YRBS, Chicago and U.S., 2009

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

Percentage of high school students who

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

During the past 7 days, how many times did you eat green salad?

CDC YRBS, Chicago and U.S., 2009

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

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

During the past 7 days, how many times did you eat potatoes?

CDC YRBS, Chicago and U.S., 2009

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

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

During the past 7 days, how many times did you eat carrots?

CDC YRBS, Chicago and U.S., 2009

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

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

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

CDC YRBS, Chicago and U.S., 2009

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

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

During the past 12 months, on how many sports teams did you play?

CDC YRBS, Chicago and U.S., 2009

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

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

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

CDC YRBS, Chicago and U.S., 2009

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

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

On an average school day, how many hours do you watch TV?

CDC YRBS, Chicago and U.S., 2009

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

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

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

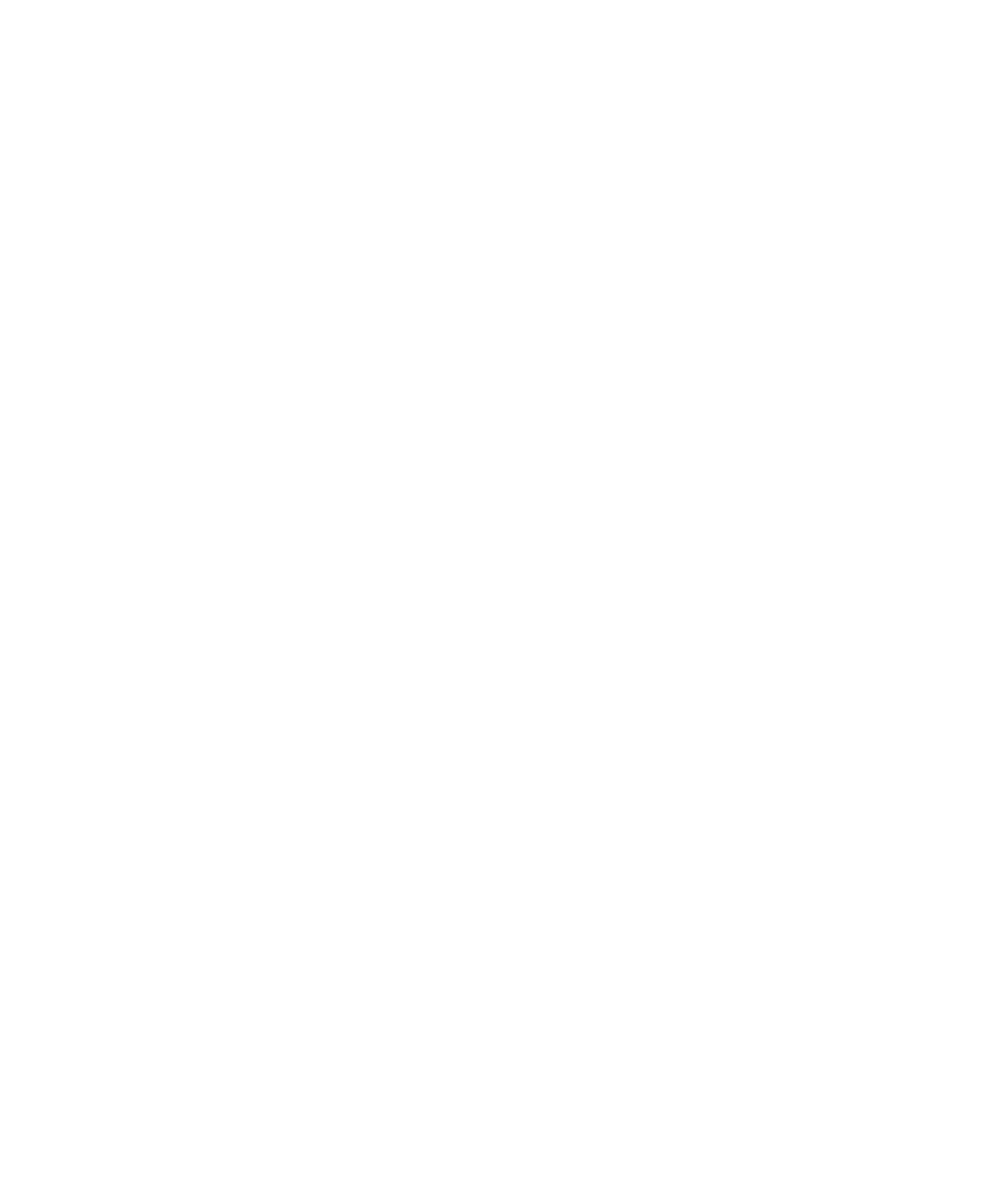
CDC YRBS, Chicago and U.S., 2009

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

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 07/23/2010, and mortality







Illinois Department of Public Health (IDPH), Office of Epidemiology (Chicago); National Vital Statistics System, Vital Statistics Online—Birth Data Files (U.S.)

**Sexual initiation**

Percentage of high school students who reported having had sexual intercourse, by race/ethnicity, gender, and age

Have you ever had sexual intercourse?

CDC YRBS, Chicago, 2009

**Sexual activity**

Percentage of sexually experienced high school students who reported being sexual active, by gender

During the past 3 months, with how many people did you have sexual intercourse?

CDC YRBS, Chicago, 2009

**Contraceptive use**

Percentage of sexually experienced high school students who reported using a condom or other method of protection at last intercourse, by gender

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?

CDC YRBS, Chicago, 2009

**Forced sex**

Percentage of sexually experienced high school students who reported having had forced sex, by gender.

Have you ever been physically forced to have sexual intercourse when you did not want to?

CDC YRBS, Chicago, 2009



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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.

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.

Percent change in rates, percents, or total counts between years are calculated using the following formula:

$$\frac{(\text{rate}_{\text{year2}} - \text{rate}_{\text{year1}})}{(\text{rate}_{\text{year1}})} \times 100$$

A rate ratio is used to report the magnitude of the difference between two rates:  $\text{rate}_{\text{group1}} / \text{rate}_{\text{group2}}$

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 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 transportations patterns.

- 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

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 Doctor Finder	<a href="https://extapps.ama-assn.org/doctor_finder/recaptcha.jsp">https://extapps.ama-assn.org/doctor_finder/recaptcha.jsp</a>
Specialty Care Physicians	AMA Doctor Finder	<a href="https://extapps.ama-assn.org/doctor_finder/recaptcha.jsp">https://extapps.ama-assn.org/doctor_finder/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/">http://www.cds.org/</a> <a href="http://www.cds.org/nda_dentist/clinic.html#chiclinics">nda_dentist/clinic.html#chiclinics</a>
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>

^ Data for 2010 unless noted otherwise. \* Data available for Auburn Gresham only

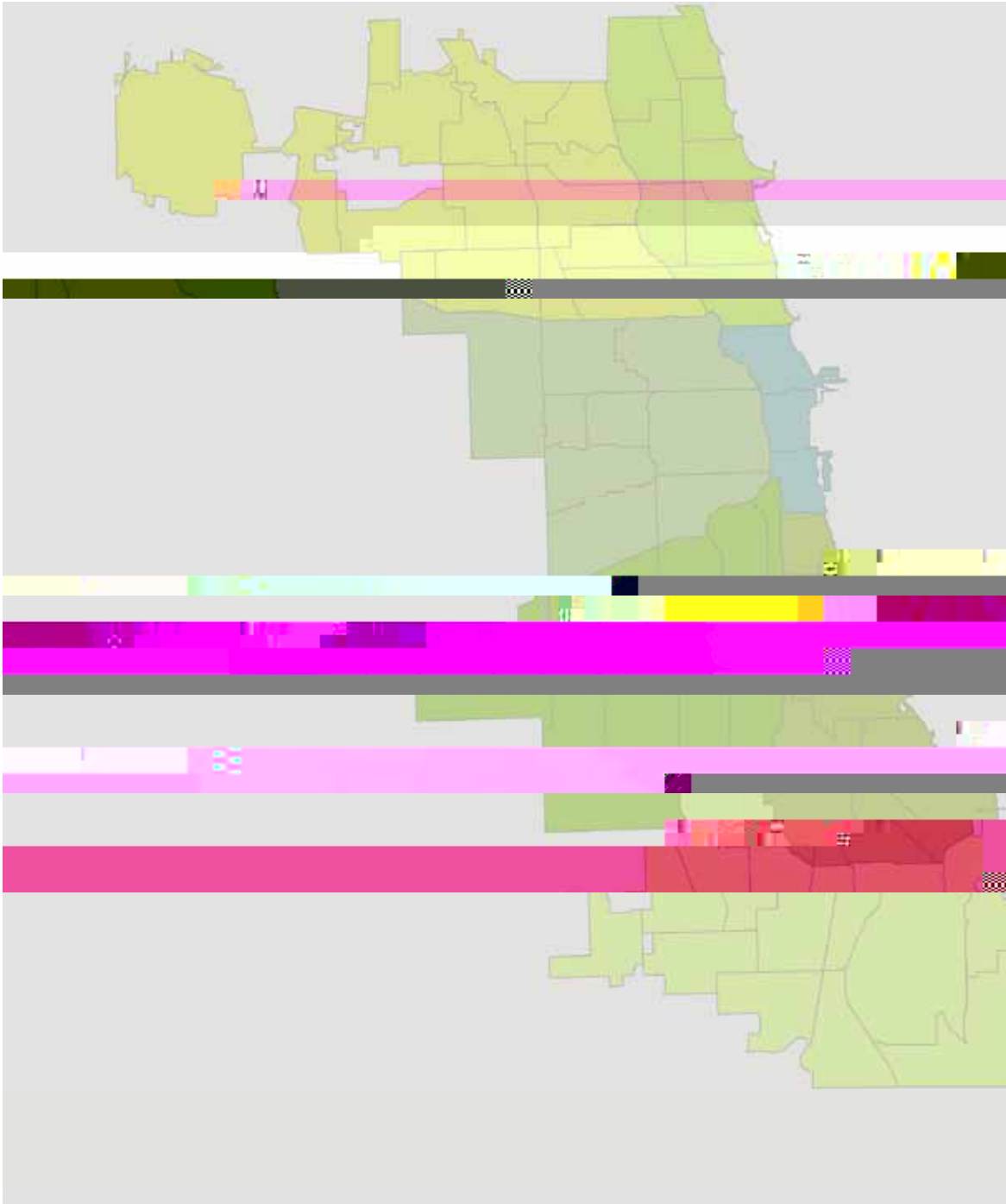
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2. Boston Public Health Commission Research Office. *Health of Boston 2010*. Boston, Massachusetts 2010.







	7901 South Racine Chicago, IL 60620 <a href="http://www.gagdc.org/index.html">http://www.gagdc.org/index.html</a>	August 31, 2010
	3663 South Wabash Ave., 3rd Floor Chicago, IL 60653 <a href="http://perspectivescs.org/">http://perspectivescs.org/</a>	August 31, 2010
	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
	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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	2744 West 63rd Street Chicago, IL 60629 <a href="http://www.imancentral.org/">http://www.imancentral.org/</a>	September 8, 2010
	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
	2701 W. 68th St. Chicago, IL 60629 <a href="http://www.healthychicagolawn.org/">http://www.healthychicagolawn.org/</a>	September 9, 2010
	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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Table 1. Community-based organizations in Chicago, Illinois, that have been identified as potential partners for the implementation of the National Cancer Institute's National Cancer Action Plan (NCAP) in Chicago, Illinois.		
Organization	Address	Date of contact
Enlace Chicago	2756 S. Harding Chicago, IL 60623 <a href="http://www.enlacechicago.org/">http://www.enlacechicago.org/</a>	September 8, 2010
Project Vida	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
Chicago Department of Public Health	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
Ward 22	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> Ward22@cityofchicago.org	November 8, 2010

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# AIDS / AIDS 4: 1

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>









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.						

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	www.projectvida.org
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	www.projectvida.org
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	http://www.thenightministry.org/
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 on-site at various locations throughout Chicago.		Lakeview (Boys Town), Andersonville	HIV testing offered at BioScrip Pharmacy, Man's Country, Steamworks, and TPAN	Not available	http://www.tpan.com/





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 one-year special project of innovative signage, 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		





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)	(1) Hosts free breast health awareness educational workshops and community breast cancer forums; (2) Attend various community health fairs and events to disseminate information on importance of preventative health screenings and how to obtain mammograms; (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.	Oct 2008 and April 2010: Outreach and Education: HHL has reached over 26,000 women through 885 outreach activities. Navigating Women to Services: 1. HHL staff have navigated 1,563 unique requests specifically for a doctor's appointment or an annual mammogram and generated 386 annual reminders. 2. Assisted approximately 1,350 women obtain mammograms and their results. 3. Partnered with Harmony Health Plan, a Medicaid HMO serving Chicago to help women with insurance get routine mammograms. 4. Created and utilized tracking forms and an effective tracking system for outreach and education through to community navigation efforts. 5. Collected basic demographic and mammography history data on 2,260 women who completed a service request with HHL.	<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>
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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	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	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>




<p>A coalition of 20 members including HIV/AIDS, reproductive justice, women's health, and gay men's health organizations</p>	<p>Chicago Female Condom Campaign</p>	<p>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.</p>	<p>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</p>		<p>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.</p>	<p>Not available</p>	<p><a href="http://www.ringonit.org">http://www.ringonit.org</a></p>
<p>Local Initiatives Support Corporation's Chicago Office (LISC/Chicago)</p>	<p>Elev8</p>	<p>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 nationwide</p>	<p>Chicago Department of Public Health, Illinois Department of Public Health, and LISC/Chicago</p>				

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Planned Parenthood of Illinois (PPL)		Provides a broadly 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 Pregnancy 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>† Behavioral Services: Individualized range of prenatal care services along with prenatal counseling and education</li> <li>† Obstetrics: Individualized prenatal care, contraceptive and counseling services</li> <li>† Family Life: Individualized prenatal care, contraceptive and counseling services 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>



