

Chicago's south side suffers most from unhealthy neighborhoods

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The south and southwest sides of Chicago suffer the most in terms of residents' health and access to basic health resources, according to a new study of 77 Chicago neighborhoods.

The study from Northwestern University Feinberg School of Medicine in collaboration with the Chicago Department of Public Health is the first comprehensive profile compiled in one document of the health of residents and resources in Chicago neighborhoods. The study was made possible with support from the Aetna Foundation and Aetna Inc.

The 150-page study of Chicago neighborhoods -- available at <http://chicagohealth77.org> -- tracks the prevalence of five key public health issues for the entire city. The health issues -- which serve as the cornerstone of the Chicago public health agenda being released tomorrow -- are childhood obesity, breast cancer, HIV/AIDS, teen pregnancy and motor vehicle injury and death.

These are public health issue priorities with large-scale impact and known, effective strategies to address them.

The study also tracked healthy resources and assets such as parks, easy access to high-quality medical care, safe places to exercise and stores that sell affordable healthy foods such as [fresh fruits and vegetables](#).

Illustrating the imbalance of resources, the south and southwest regions of Chicago have the highest breast [cancer mortality rates](#), but few breast

health services, such as mammogram testing sites, exist for women in these areas. Rather, breast health resources are concentrated in the north and northwest regions, which also have the lowest [breast cancer mortality](#) rate.

The study examined the local resources available to address each health problem for four underserved, racially diverse neighborhoods: Albany Park (northwest), Chicago Lawn (southwest), South Lawndale and Auburn Gresham (both far south.)

Though the south and southwest regions of Chicago have high rates of HIV infection, HIV test sites are more plentiful in the north, central and west regions.

"People in the south and southwest don't have the same opportunity to improve their health status," said Julie Yonek, research associate at the Center for Healthcare Equity at Northwestern's Feinberg School and lead author of the study. "They won't have the same opportunity to find out their HIV status, which would enable them to have access to early treatment and delays the progression of the disease."

"The issues and disparities outlined in this report are unacceptable, which is why we have to work together as a city to align our focus and resources to create a healthier city for all Chicagoans," said Chicago's Commissioner of Health Bechara Choucair, M.D. "Our new public health agenda, which launches tomorrow, will be Chicago's first comprehensive [public health](#) agenda and the most direct assault on racial and ethnic health disparities in the city of Chicago."

Chicago Lawn, for example, is a community with few resources to encourage physical activity and healthy eating, according to the study. Compared to the other three communities, the neighborhood has far fewer stores to buy fresh produce or places to be physically active. Many

health experts point to the importance of the availability of supermarkets, playgrounds and other environmental factors as key factors in reducing childhood obesity rates.

"Residents' health suffers and health care costs rise when people live in unhealthy neighborhoods," said Romana Hasnain-Wynia, study coauthor and director of Northwestern's Center for Healthcare Equity. "Everyone in the city is affected when people can't easily find a doctor, go for a walk or buy a piece of fruit."

"You can have the most impact when you focus on the biggest problem," said Hasnain-Wynia, also an associate professor of medicine at the Feinberg School. "This information helps the city identify where it should target its resources to reduce disparities in health care, such as providing funding for free clinics in a neighborhood, if there's a scarcity of primary care providers."

For each winnable battle, the study reveals major health disparities according to race and ethnicity. Black residents, who comprise an estimated 33 percent of Chicago's population, and Hispanic/Latino residents, who comprise 27 percent of the population, fare worse than white residents. (The population figures are from 2009.)

Racial/Ethnic Disparities

Childhood Obesity

In 2009, a higher proportion of black (22.6%) and Hispanic/Latino (22.4%) Chicago high school students were overweight, compared with white students (11.8%).

HIV/AIDS

In 2008, blacks in Chicago accounted for 60% of the HIV diagnoses in adolescents and adults despite representing one-third of Chicago's population.

Teen Pregnancy

In 2007, more than 95% of Chicago's teen births occurred among black and Hispanic/Latina females.

Breast Cancer

The most recent Chicago data available (3-year average, 2005-2007) indicate that the cancer mortality rate for black women is 1.62 times higher than for white women (38.3 per 100,000 females vs. 23.6 per 100,000 females).

Motor Vehicle Injury and Death

In 2007, the death rate in Chicago from motor vehicle accidents was highest among blacks (11.3 per 100,000 population), approximately twice that of whites (5.5 per 100,000 population).

A series of maps were created for the study illustrating the prevalence of disease rates and distribution of Chicago's health care resources including primary care clinics, primary and specialty-care physicians, hospitals, HIV test sites and breast health services.

"The maps help communities identify areas where resources are lacking," Yonek said. "Documenting health and resources at the community level helps people feel accountable. Now they can see how to make a difference."

Provided by Northwestern University

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