South Side Population Health Study

A Findings Report to the Community
Dear Friends & Colleagues,

I write with gratitude for your support of the South Side Health & Vitality Studies, which began under the Urban Health Initiative at the University of Chicago. The Studies are conducted via a partnership between researchers and physicians at the University working with community practitioners and residents who care about health in the region. The South Side Population Health Study collected data on health, technology use, and use of community resources from participants on Chicago’s South Side.

This report includes general findings from the South Side Population Health Study. If you are interested in accessing the data from this study or would like more information on the work we do to help improve health on Chicago’s South Side, please call (773) 834-8534.

We encourage you to review this report and share it with your community members and other local organizations.

Thank you,

Stacy Tessler Lindau, MD, MAPP
Principal Investigator, South Side Health & Vitality Studies

Dr. Lindau is a tenured Associate Professor of Ob/Gyn, Medicine-Geriatrics, the Comprehensive Cancer Center, and is core faculty in the MacLean Center on Clinical Medical Ethics at the University of Chicago. She leads the South Side Health & Vitality Studies, a family of inter-related community-engaged “science in service to community” efforts, including HealtheRx and MAPSCorps. HealtheRx and MAPSCorps aim to improve health and health care and develop people for the health care work force of the future while strengthening our community businesses and organizations.
The South Side Health & Vitality Studies is the work of community leaders and residents, as well as doctors and researchers at the University of Chicago who are invested in the health and vitality of the community. Since 2008, we have worked together studying the health of people living on the South Side and identifying common health problems, the use of technology for health purposes, and residents’ knowledge about community resources.

This study was done with support from many local leaders. Between November 2012 and July 2013, trained interviewers visited residents in neighborhoods on the east and west sides of the community to conduct a one-hour in-home survey. This is a quick look at some of the things we learned from the study.

Who participated in the study?
Participants came from a random selection of households in the community. One adult in each household was randomly selected to participate.

Participants were adults 35 years or older who agreed to be in the study. Participants could take the survey in English or Spanish. This study had a total of 267 participants.

We would have liked to include younger people and a larger number of people, but had to narrow our focus to stay within our budget. Community and University leaders worked together to decide which communities and age groups would be included.

What questions were asked?
We asked study participants about these health topics:

- Physical and mental health
- Health-related behaviors
- Computer and phone ownership and internet use
- Awareness and use of community resources

We also measured participants’ height, weight, waist size, and blood pressure, and did a finger prick blood test for diabetes.

Study participants were given a booklet with information about their health that summarized the results of the physical health measures. The booklet also provided guidelines about preventive health and contact information for finding a primary care doctor.

The booklet directed those in need of a primary care doctor to the South Side Health Care Collaborative for information about community health centers, free health clinics, and area hospitals.

Participants could choose to get a letter in the mail with their diabetes test results and were given a toll-free number to call and confidentially receive their results with counseling.

Who supported the study?
Several community leaders provided letters of support to encourage community participation in the study:

- Warren Brodine (Former CEO of Chicago Family Health Center)
- State Senator Jacqueline Y. Collins
- Alderman John A. Pope (10th Ward)
- Alderman Latasha R. Thomas (17th Ward)
- Reverend Zaki L. Zaki of East Side United Methodist Church

In addition to those listed above, many other leaders and residents helped us launch an education and engagement campaign to raise awareness of the study in the community.

South Side Health Care Collaborative
For more information about the South Side Health Care Collaborative, please call (773) 702-1000 or visit http://uhi.uchospitals.edu/south-side-healthcare-collaborative
Table 1. Characteristics of participants as compared to city and state data

<table>
<thead>
<tr>
<th>Self-reported race/ethnicity</th>
<th>% of study participants</th>
<th>% of City of Chicago residents*</th>
<th>% of State of Illinois residents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>68%</td>
<td>33%</td>
<td>15%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>19%</td>
<td>25%</td>
<td>16%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>10%</td>
<td>45%</td>
<td>72%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>% of study participants</th>
<th>% of City of Chicago residents*</th>
<th>% of State of Illinois residents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>37%</td>
<td>48%</td>
<td>49%</td>
</tr>
<tr>
<td>Women</td>
<td>63%</td>
<td>52%</td>
<td>51%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>% of study participants</th>
<th>% of City of Chicago residents*</th>
<th>% of State of Illinois residents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-49</td>
<td>33%</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>50-64</td>
<td>46%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>65+</td>
<td>21%</td>
<td>10%</td>
<td>13%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>% of study participants</th>
<th>% of City of Chicago residents*</th>
<th>% of State of Illinois residents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>27%</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>High school grad/GED</td>
<td>32%</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>21%</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>College degree and higher</td>
<td>21%</td>
<td>39%</td>
<td>39%</td>
</tr>
</tbody>
</table>

*Source: US Census Bureau 2012 American Community Survey

This study included adults ages 35 years and older. More people in our study population (68 %) identified as Black non-Hispanic compared to the City of Chicago and the State of Illinois as a whole. The U.S. Census estimates that 71% of people living on Chicago’s South Side identify as Black or African American non-Hispanic (U.S. Census Bureau, 2011).

Table 2. Health insurance status of participants as compared to city and state data

<table>
<thead>
<tr>
<th>Health insurance status</th>
<th>% of study participants</th>
<th>% of City of Chicago residents*</th>
<th>% of State of Illinois residents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private insurance</td>
<td>42%</td>
<td>60%</td>
<td>67%</td>
</tr>
<tr>
<td>Medicaid/Medicare</td>
<td>47%</td>
<td>32%</td>
<td>31%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>24%</td>
<td>16%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Source: US Census Bureau 2012 American Community Survey
Almost one quarter of our study population reported having no form of health insurance. Of those who were uninsured in this study, 42% were ages 35-49, and 54% were ages 50-64. This study was completed before health insurance became more available as a result of the Affordable Care Act.

The Affordable Care Act allows people who could not afford health insurance in the past to now be covered by offering options that fit people’s needs and budgets. Illinois State residents can participate in the Health Insurance Marketplace to find affordable healthcare through private insurance or through health programs like Medicaid. Everyone must have health insurance by March 31, 2014, or pay a fee.

The Affordable Care Act
For more information about the Affordable Care Act, visit http://www.communityhealth.org

Getting insured
For information on getting health insurance, please visit http://getcoveredillinois.gov/ or call (866) 311-1119

Physical and emotional health

Self-reported physical and emotional health of study participants

- 4 -
Blood glucose and diabetes

Healthy People 2020* explains diabetes this way:

“Diabetes occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body’s cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic problems can occur, leading to the development of serious, disabling complications.

Effective therapy can prevent or delay diabetes complications. However, almost 25% of Americans with diabetes are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes in the next several years. Few people receive effective preventive care, which makes diabetes an immense and complex public health challenge.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups make up 25% of all adult patients with diabetes in the US. Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.”

*Source: www.healthypeople.gov; accessed February 10, 2014

The amount of Hemoglobin A1c (HbA1c) in blood tells how well a person’s sugars have been controlled over the past three months. Testing for HbA1c shows if a person is at risk for diabetes or if s/he has diabetes. Prediabetes is when HbA1c levels are higher than normal but not high enough to be called diabetes. Guidelines from the American Diabetes Association§ and study participants’ self-reported diabetes history were used to group people as having diagnosed or undiagnosed diabetes and prediabetes.

§Source: http://care.diabetesjournals.org/content/37/Supplement_1/S81.full.pdf+html; accessed February 10, 2014

<table>
<thead>
<tr>
<th>HbA1c level</th>
<th>Physician diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>No diabetes and no prediabetes</td>
<td>Less than 5.6%</td>
</tr>
<tr>
<td>Prediabetes</td>
<td>5.7-6.4%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6.5% or greater</td>
</tr>
</tbody>
</table>

- Diabetes in our study area is 13% higher than in the national population (NHANES 2011-2012)
- 26% of participants with diabetes had never been diagnosed by a doctor
- 73% of participants with prediabetes had never been diagnosed by a doctor
- 91% of participants with undiagnosed prediabetes or undiagnosed diabetes chose to receive their test results from this study and can now begin taking steps to treat their disease

Go4Life
Exercise is one way to help manage and prevent diabetes. Go4Life tip sheets are simple one-page guides that provide information to help you add exercise and physical activity to your daily routine. To learn more, visit www.go4life.nia.nih.gov/resources/tip-sheets
Blood pressure and hypertension

Blood pressure was measured using a portable blood pressure (BP) monitor. All participants received an explanation of their results immediately after their BP reading.

We used recommendations from the National Institutes of Health (NIH)* to categorize blood pressure results:

<table>
<thead>
<tr>
<th>Systolic BP (mmHg)</th>
<th>Diastolic BP (mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Less than 120</td>
</tr>
<tr>
<td></td>
<td>Less than 80</td>
</tr>
<tr>
<td>Pre-hypertension</td>
<td>120-139</td>
</tr>
<tr>
<td></td>
<td>80-89</td>
</tr>
<tr>
<td>Hypertension‡</td>
<td>Greater than 139</td>
</tr>
<tr>
<td></td>
<td>Greater than 89</td>
</tr>
</tbody>
</table>


‡If a person has a systolic blood pressure greater than 139 mmHg and a diastolic blood pressure greater than 89 mmHg, and has been diagnosed with high blood pressure by a physician, they have “diagnosed hypertension.” If a person has a blood pressure greater than 139/89 mmHg and has never been diagnosed, they have “undiagnosed hypertension.”

- 47% of study participants had high blood pressure
  • 29% of Illinois residents have high blood pressure (NHANES 2011-2012)
  • 34% of US residents have high blood pressure (NHANES 2011-2012)

Hypertension, also known as high blood pressure, is easily detected. There are many ways to lower blood pressure to prevent hypertension, including eating less salt, getting physical activity, not smoking, and losing weight. 31% of participants had high blood pressure but had never been diagnosed by a doctor. In the City of Chicago, the leading cause of death of people ages 35 and older is heart disease (Jones RC et al, 2013). If we can prevent people from developing hypertension, we can reduce suffering, disability, and deaths due to heart disease, stroke, and heart attack.

Body Mass Index and obesity

Body Mass Index (BMI) is a number calculated from a person’s weight and height. BMI is used to screen for weight categories that might lead to health problems.* Obesity-related health problems include heart disease, stroke, type 2 diabetes and some kinds of cancer. These are some of the leading causes of preventable disability and death.

*Source: www.cdc.gov/healthyweight/assessing/bmi; accessed March 7, 2014

<table>
<thead>
<tr>
<th>Body Mass Index (kg/m²)</th>
<th>Weight status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 - 24.9</td>
<td>Normal</td>
</tr>
<tr>
<td>25.0 - 29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30.0 and greater</td>
<td>Obese</td>
</tr>
</tbody>
</table>


- 54% of study participants were obese
  • 29% of Illinois residents are obese (NHANES 2011-12)
  • 29% of US residents are obese (NHANES 2011-12)
  • 50% of non-Hispanic black US residents are obese (NHANES 2011-12)
Cancer prevention screenings

**Breast Cancer Screening** (for women ages 50-74 years)
- 96% of women ages 50-74 have had a mammogram at least once in their life
- 76% of women who have had a mammogram had their last mammogram less than two years ago

Although there is debate about how often women should get a mammogram, the United States Preventive Services Task Force (USPSTF) recommends that women ages 50 to 74 get a mammogram once every two years*

**Cervical Cancer Screening** (for all women up to 65 years old)
- 96% of women have had a Pap smear at least once in their life
- 80% of women who have had a Pap smear got their last Pap smear less than three years ago

USPSTF recommends that women ages 21 to 65 be screened for cervical cancer with a Pap smear every three years*

**Colon Cancer Screening** (for men and women ages 50 and older)
- 48% of people ages 50 and older have never had a colonoscopy

USPSTF recommends that men and women ages 50 to 75 be screened for colon cancer with a colonoscopy once every 10 years*


**Food insecurity**

Study participants’ responses to:
“I’m worried food will run out before I have money to buy more” (past 12 months)
- 59% never true
- 26% sometimes true
- 15% often true

Study participants’ responses to:
“My food has run out and I do not yet have money to buy more” (past 12 months)
- 57% never true
- 30% sometimes true
- 13% often true

- 47% of study participants were food insecure: they worried food would run out or they experienced a time when food did run out
- Of people who have run out of food before, only 13% know where the closest food pantry is in their neighborhood

MAPSCorps

Every summer, the MAPSCorps program employs high school youth to work with science-oriented University students and research professionals to collect data on local services. MAPSCorps participants walk every block of our communities, observing, collecting, cataloguing, and analyzing data about all the public-facing businesses and organizations. Data collected through MAPSCorps allow us to link services to the community residents who need them.

For more information on MAPSCorps, visit http://healthrex.org and http://abclocal.go.com/wls/story?section=news/local&id=9194624 to watch the story on ABC7
Technology ownership and internet use

47% of these participants were ages 50-64 and 27% were ages 65 and older.

Study participants’ telephone ownership

- 49% cell phone only
- 42% cell phone and landline
- 7% landline only
- 2% no cell phone or landline

Study participants’ computer ownership

- 39% no laptop or desktop
- 16% desktop only
- 15% laptop only
- 30% desktop and laptop

Study participants’ internet use

- 47% of study participants who never use the internet were ages 50-64 and 40% were ages 65 and older.
- 34% never use internet
- 42% daily
- 24% less than daily
- 2% no cell phone or landline

Perception of community assets

For more information about community resources in your area, go to http://healtherx.org and click on “search for services.” You will be able to search for places, programs, and services located near you. You can also connect with a Community Health Information Specialist.

Study participants’ perception of community resources

Resources

- Too few
- Just enough
- Too many

Percent of respondents

100
90
80
70
60
50
40
30
20
10
0

Pharmacies
Places to exercise
Fast food restaurants
Practical ways to use this information

This study was designed to collect information that community members can use. This report highlights just a few findings from the study. Here are some suggestions for how you or your organization could use this information:

- **Target your health programming to community needs**
  To understand which health conditions to focus on, you can use questions and methods from the study survey to track change over time among the people you serve.

- **Attract employers, businesses, and service providers to your community**
  To show businesses that many working-age people in our communities are healthy, feel good about their physical and mental health, and are actively using technology, you can use this information to highlight the need for health-promoting businesses and organizations.

- **Engage your boards, your constituents, and your funders**
  To demonstrate the value of the work your organization is doing and as current evidence for the need for funding in areas important to community residents, you can use information from this study to help you write key sections of your grant proposals, such as “Characteristics of the Population Served,” “Evidence of Need,” or “Preliminary Studies.”

**Who paid for this study?**

This study was funded by the Office of the [Urban Health Initiative](http://uhi.uchospitals.edu/) and the research laboratory of Stacy Lindau, MD, MAPP, in the Depts. of Obstetrics/Gynecology and Medicine at the University of Chicago. The creation of this report was funded in part by the Chicago Core for Biomarkers in Population-Based Aging Research at the University of Chicago (NIA grant #5P30 AG 012857). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Aging or the National Institutes of Health.

**How can I get additional data from this study?**

We encourage all individuals and organizations interested in improving the health and vitality of our community to use the data collected from this study. For more information, contact Lori Garibay at [lgaribay@babies.bsd.uchicago.edu](mailto:lgaribay@babies.bsd.uchicago.edu) or 773.834.8534

**How can I get involved with the South Side Health & Vitality Studies and other efforts to improve health on Chicago’s South Side?**

For more information on the South Side Health & Vitality Studies, please visit [http://www.sshvs.org/](http://www.sshvs.org/). Many community organizations and partners are involved with the work of SSHVS. If you are interested in partnering with us, we invite you to join one of our many working groups. These groups meet monthly. To get involved, please contact Lori Garibay at [lgaribay@babies.bsd.uchicago.edu](mailto:lgaribay@babies.bsd.uchicago.edu) or 773.834.8534

**Citations**


For additional information about our work:


Please visit http://www.healthexr.org/

Acknowledgements

This report was created by Lori Garibay, MPH, MA; Jen Makelarski, PhD, MPH; and other researchers with the South Side Health & Vitality Studies, under the leadership of Stacy Lindau, MD, MAPP. The research team would like to acknowledge the designer Amber Matthews as well as the following individuals for their help in developing this report:

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A Note about the Data

A study population is the larger population from which study participants are selected. Participants are selected randomly to try to make the group of study participants representative of the larger population. However, for a variety of reasons, the group of study participants is often not representative of the larger population. For example, females are more likely to choose to participate in studies than males. So, the percentage of females in a group of study participants is often higher than in the larger study population. This is called a “bias,” or error. To try to correct for this bias, “weights” can be used. Weights use the probability (or chance) of being selected to participate in a study for each participant to determine how much each participant’s response counts towards a calculation. In other words, if the percentage of males in the group of study participants is lower than in the study population, the response from those males would count more towards the final calculation.

This study did not use weighted data. However, all of the percentages we report here are within five percentage points of the weighted results, with one exception. The emotional health ratings were higher than the weighted estimates. Survey weights can be provided to researchers. For more information, please contact Lori Garibay at lgaribay@babies.bsd.uchicago.edu or 773.834.8534.
HealthRx is a free list of places and programs that are near you and matched to your health needs.

Services include:

- Physical Fitness Services
- Recreation & Community Services
- Nutrition Services
- Parenting Services
- Daycare & Childcare Services
- Professional Services
- Vocation & Education Services
- Safety & Prevention Services
- Other Goods
- Medical & Healthcare Services
- Mental Health & Substance Abuse Services
- Technology Services
- Transportation Services
- Housing Services
- Family Planning & Pregnancy Services
- Social Services

The places and programs listed on your HealthRx can help you stay healthy, live independently, and manage disease.

If you live in one of these zip codes, you can get a HealthRx!

60609  60615  60617  60619  60620  60621
60633  60636  60637  60649  60653

Visit www.healthrx.org or call (773) 834-2356 and speak with a Community Health Information Specialist to learn more!