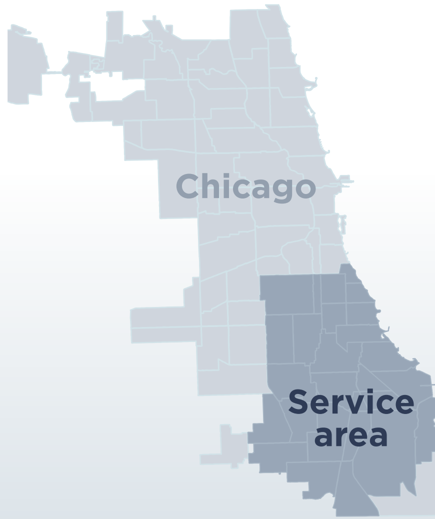
AT THE FOREFRONT
UChicago Medicine

2021-2022 CHNA Executive Summary



The University of Chicago Medical Center's Community Health Needs Assessment (CHNA) is used to identify community health priorities and make decisions on where to commit resources that can most effectively improve the health and wellness of community members.

The Medical Center used primary and secondary data during the prioritization process to determine the health priorities for Fiscal Years (FY) 2023-2025. The University of Chicago Medical Center's 2021-2022 CHNA can be found at **UChicagoMedicine.org/UCMC-CHNA**.

COVID-19 impact

COVID-19 has had a disproportionate impact on our South Side community. In 2020, COVID-19 became the third leading cause of death in the service area. The University of Chicago Medicine has worked to address the impact of COVID-19 through patient care, testing and vaccination programs, community education, research and patient case investigation, and contact tracing.

Of the community resident survey respondents:

42.8% delayed or avoided medical care due to the COVID-19 pandemic

40.3% have experienced loss of employment several days every month since March 2020

33.3% higher hospitalization rate in the service area than in Cook County in 2021

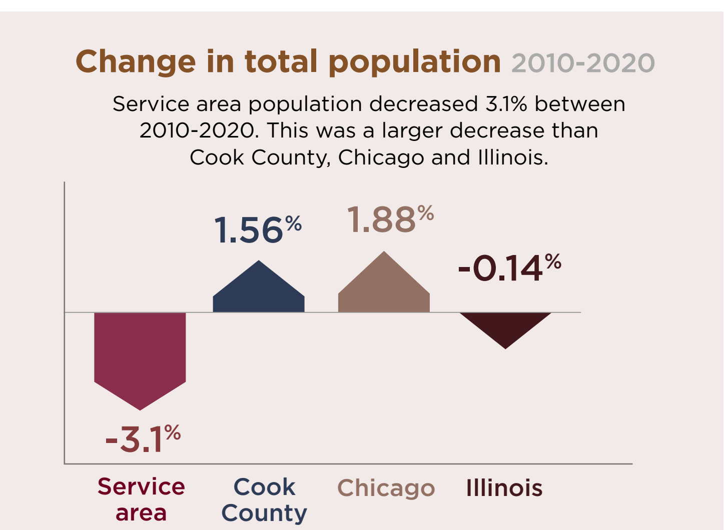
Key Findings from the 2021-2022 CHNA

Demographics (12-ZIP code service area)

626,264 Total service area population

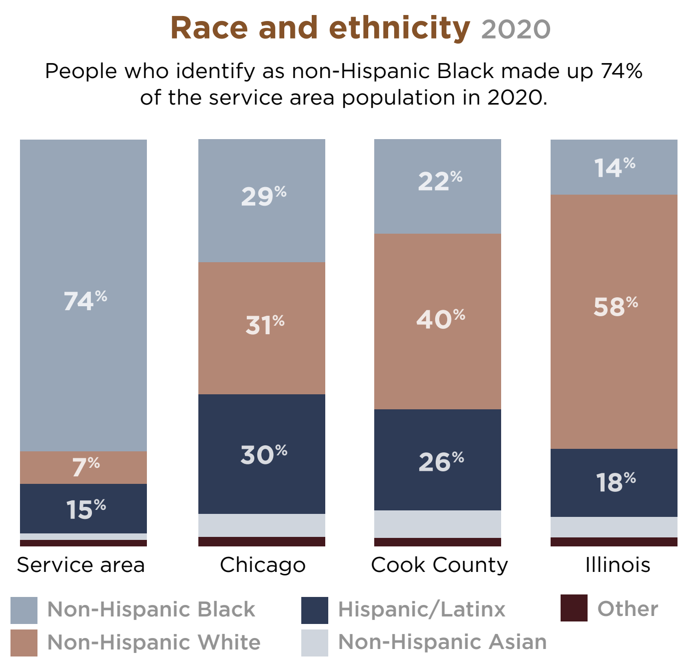
Change in total population 2010-2020

Service area population decreased 3.1% between 2010-2020. This was a larger decrease than Cook County, Chicago and Illinois.



Race and ethnicity 2020

People who identify as non-Hispanic Black made up 74% of the service area population in 2020.



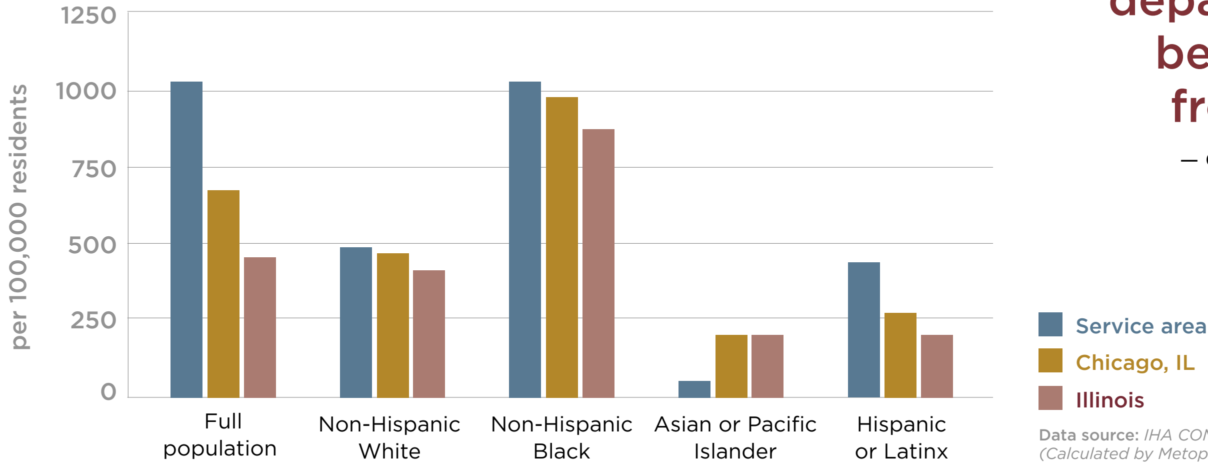
Chronic Disease

Preventable chronic disease hospitalization rates rank in the top 5% percent in Illinois. These diseases affect Black community members at an unequal rate.

Heart Disease

Heart failure hospitalization rate by race/ethnicity 2016-2020

The service area has the highest rate of hospital admissions for heart failure compared to Chicago and Illinois. Non-Hispanic Blacks are admitted at a higher rater than other racial and ethnic groups.



Data source: *IHA COMPdata Informatics (Calculated by Metopio)*

> "Healthcare on the South Side is really hard to get, so the emergency department (ED) becomes the front door."
>
> — Community member in focus group

Diabetes

30% higher The rate of diabetes is 30% higher in the service area than in the rest of Chicago.

Highest 5% Type 2 diabetes hospitalization rate ranks in the top 5% of the state.

Cancer

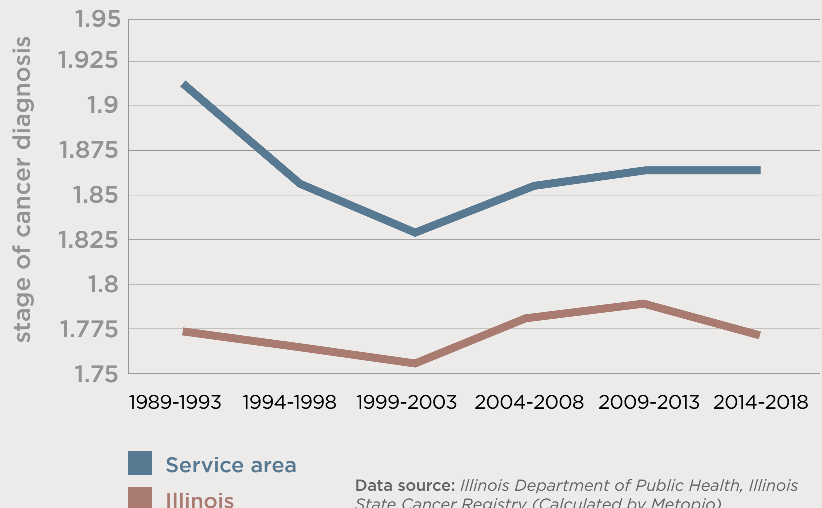
- Lung, prostate, and other cancers are higher in the 12 ZIP code service area compared to the city average
- Residents in parts of the South Side are more likely to receive a severe initial cancer diagnosis (stage 4 or metastatic cancer) than those living in other areas of Chicago

▲12% The problem is expected to grow worse in the years ahead, with the incidence of cancer projected to grow 12% in the next 10 years.

▲49% The CDC predicts cancer rates will increase by 49% from 2015 to 2050.

Average stage of cancer at diagnosis

On average, people who live in our service area have a more advanced stage of cancer when they are diagnosed than other residents in Illinois.



Data source: *Illinois Department of Public Health, Illinois State Cancer Registry (Calculated by Metopio)*

Trauma in the Community

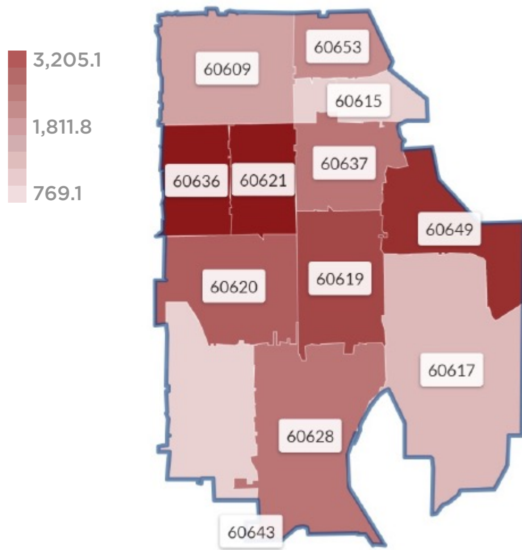
Community members surveyed expressed violent crime and mental health as top health priorities. Note: Areas on the maps with darker red have higher rates.

Violence

Secondary data revealed that high rates of violent crime are correlated with a lack of economic opportunities.

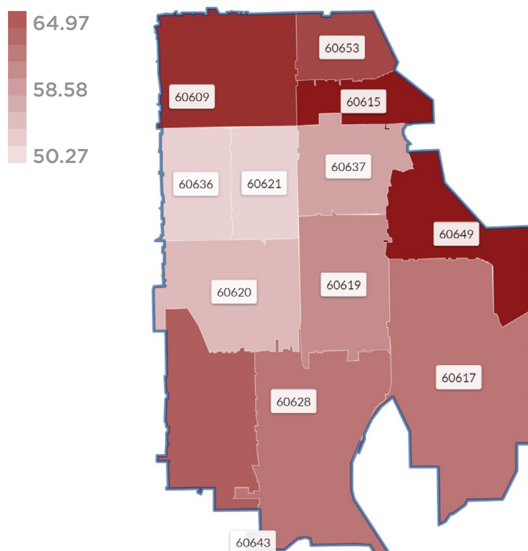
Violent crime 2016-2020

The University of Chicago Medical Center Service Area: 1,689 crimes per 100,000 residents



Labor force participation 2016-2020

59.15% of people 16 and older living in the service area are employed or participate in the labor force.



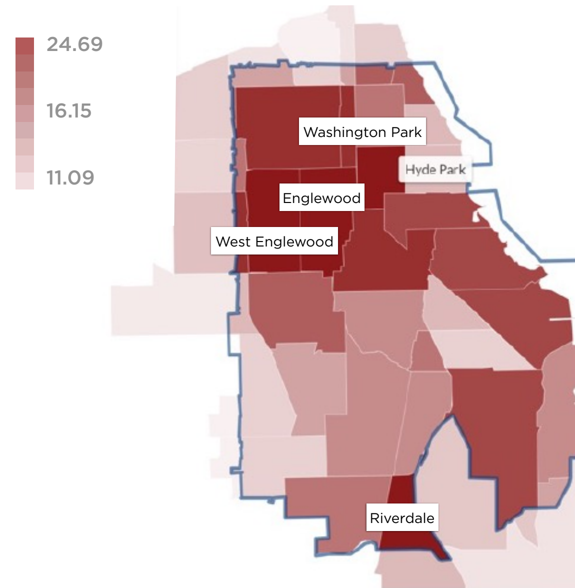
Data source for both maps: *FBI Crime Data Explorer, Crime data portal, and American Community Survey (Tables B23023, B23001, and C23002)*

Mental Health

Focus group participants reported that loneliness, isolation, and crime contribute to poor mental health in the community. Secondary data shows a relationship between poor mental health and a lower sense of community belonging.

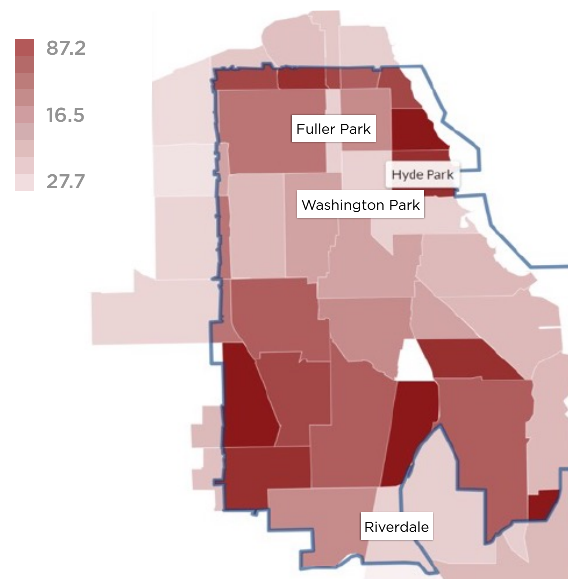
Self-reported poor mental health 2019

16.41% of adults living in the service area reported poor mental health or "not good" mental health during 14 or more days in the past 30 days.



Community belonging rate 2016-2018

This rate refers to the sense of belonging people feel in their community.



Data sources for both maps: *CDC PLACES and CDPH Health Chicago Survey*

Social Determinants of Health

Social determinants of health are conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect health outcomes and risks, functioning, and quality of life.[1]

Poverty[2] **26.7%** live below the federal poverty level

Unemployment **15.8%** in the service area compared to **8.1%** in Chicago and **5.4%** in the United States

Food Insecurity[3] **17.5%** of residents in the service area are food insecure

Nearly half of Chicago's residents living in food deserts[4] live in the University of Chicago Medical Center service area

Access to Care

8.6% do not have insurance

56% of all South Side residents leave the South Side to get their care

60% of residents seeking medical care use emergency and inpatient services for needs that could be treated in clinics or doctor's offices

Service area is a Health Professional Shortage area[5]

Priorities for Fiscal Years 2023-2025

Based upon the data from the CHNA, the following health issues will be prioritized for the next three years.

Prevent and manage chronic diseases
- Heart Disease
- Diabetes
- Cancer

Build trauma resiliency[6]
- Violence Prevention and Recovery
- Mental Health

Reduce inequities caused by social determinants of health
- Access to Care
- Food Insecurity
- Workforce Development

Multiple strategies to address these health issues can be found in more detail in the FY 2023-2025 Strategic Implementation Plan at UChicagoMedicine.org/UCMC-CHNA

To provide feedback or comments on the Community Health Needs Assessment, please email uch-communitybenefit@UChicagoMedicine.org

[1] Office of Disease Prevention and Health Promotion. Healthy People 2030. Available at: https://health.gov/healthypeople/priority-areas/social-determinants-health

[2] Poverty is defined as percent of residents living below the Federal Poverty Thresholds. Federal Poverty Thresholds are based on household size, age of household members, and family's total income. If a family's total income is less than the family's threshold, then that family and every individual in the household is considered in poverty. In 2020, the Federal Poverty Threshold for a 1-person household was $12,760 whereas a 4-person household was $26,200 and an 8-person household was $44,120.

[3] Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

[4] Food desert is an area not having a supermarket for at least one mile in any direction.

[5] Health Professional Shortage area is defined by the Health Resources and Services Administration as a geographic area with too few primary care, dental and mental health providers and services.

[6] Resilience is the human ability to adapt in the face of tragedy, trauma, adversity, hardship, and ongoing significant life stressors. Newman, R. (2005). APA's resilience initiative. *Professional Psychology: Research and Practice, 36*(3), 227–229. Available at: https://psycnet.apa.org/doi/10.1037/0735-7028.36.3.227