



WePLAN2020 Community Health Assessment Executive Summary

The Cook County Department of Public Health Community Health Assessment (CHA) is the result of a process of collection, organization and analysis of health data by public health staff and many community partners over the course of several months. That data includes the opinions and expertise of many residents as well as people who have worked for decades to promote the health and well-being of the people of Cook County. The CHA is made up of four parts: Assessments of community health status; performance of the local public health system; community themes and strengths; and forces in society that produce health inequities. Many of the findings of these four parts overlap and are related.

The CHA is important because it guides the activities of both CCDPH and community partners over the next five years. The CHA is a source of information that residents, institutions, and leaders of Cook County can use. They can use it to inform their own discussions of what needs to be done to prevent illness and disease, improve population health, and achieve health equity. The CHA is required by the Illinois Department of Public Health and the Public Health Accreditation Board.

The Local Public Health System Assessment is based on benchmarks known as “essential services” of public health. In the USA, governmental public health departments use standards based on ten defined essential services. On September 1st 2015, key informants and community partners met to give their opinions on the degree to which the systems involved in public health are meeting those standards. The system was judged to be performing optimally in surveillance of disease, and the capacity to enforce health laws and regulations. Large gaps in data availability were noted. Lower performance was identified in essential services related to assuring personal health care, assuring a competent public health workforce, and research for solutions to health problems.

The Community Themes and Strengths Assessment surveyed residents through a web page and in person. Between August and October, 2015, nearly 1,200 people responded. The survey aimed to identify themes that are of interest to the community, perceptions about the quality of life, opinions about conditions that support health, and community assets. One-half to three-quarters of respondents described their communities as very good places to live and raise children. Other suburban places in Cook County, primarily located in the south and west, were rated by respondents as fair or poor places to live. The survey found differences by race and income in self-reported health status. Respondents with income over \$50,000 per year reported their health status as good to excellent. More than one of every ten respondents surveyed reported their health as fair or poor. Of this group of people, 83% reported their annual income as \$50,000 or less. Blacks, Asians and Latinos made up 53% of the people reporting their health as poor or fair. Quality of life and conditions that support health were determined most often by where a person lived, their race & ethnicity, and income.



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The Community Health Status Assessment of suburban Cook County residents found most areas of suburban Cook County showed a greater than 10% increase in the proportion of residents living under the federal poverty level between the year 2000 and later in the decade. Many areas showed an increase in the proportion of residents living below the federal poverty level of greater than 50%. We found health inequities in multiple health status indicators by both geography and race. For example, the infant mortality rate has been more than twice as high in municipalities in Southern Cook County compared to those in the North over the years 2008-2012. Black and Latino infant mortality is higher for Black and Latino babies than for White babies. The Black-White inequity in infant mortality is particularly alarming: Between the years 2008 and 2012, the chance that a Black baby in suburban Cook County would not live to their first birthday averaged four times higher than for a White baby.

The purpose of the Forces of Change Assessment is to identify the “powerful organized interests that develop structures and support policies and practices that can either contribute to health equity or cause health inequities” according to the National Association of County and City Health Officials. Twenty-six people met in focus groups to provide information about the availability of resources necessary to achieve optimal health of individuals and health equity in the population of residents of suburban Cook County. Most focus group members identified very wealthy people and corporations as having more power than average people to create, enforce, implement, and change decisions, policies, investments, rules and laws. Most focus group members identified patterns of decisions, policies, investments, rules, and laws as harming people of color, middle-class and working people, and women, while benefiting wealthy people, corporations, White people, and men. Most focus group members identified the Affordable Care Act and the budget of the State of Illinois as both opportunities and threats that affect the local public health system and community.