

**Progress Report
to the
Chicago Community
Trust**

Grant ID# C2005-01173

October 2006

**Translating Sinai's
Improving Community
Health Survey
Into
ACTION**

 **SINAI**
Sinai Health System
Urban Health Institute

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Progress Report to the Chicago Community Trust

By the Sinai Urban Health Institute

October 2006

The impact of Sinai's Improving Community Health Survey on efforts toward improved health in some of Chicago's most vulnerable communities has been substantial. Since completing the Sinai survey in April 2003, community-level health data have documented the health status of six Chicago community areas and identified important racial/ethnic and geographic disparities that were previously unknown. Furthermore, with generous support from the Chicago Community Trust during the past two years, we have had the opportunity to disseminate survey findings widely, translate results into creative new interventions and empower others to do the same.

This is a narrative report prepared for the Chicago Community Trust under Grant ID# C2005-01173. We highlight major successes and challenges for the extended 16-month grant period, July 1, 2005 through October 30, 2006 and present results in three major categories: (1) Data Analysis; (2) Dissemination; and (3) the Creation of Effective Interventions.

A financial report is also attached (Appendix A). While this grant was awarded in September 2005, it was post-dated to start on July 1, 2006. Thus, expenses reported reflect the grant-period: July 1, 2005-June 30, 2006. Funds supporting activities from June 30, 2006 to present come from another Chicago Community Trust award along with other sources that have helped support activities since June 30, 2006 to the present.

The Chicago Community Trust award has been invaluable to the Sinai Urban Health Institute (SUHI), the Sinai Health System and to all those who have taken action as a result of the survey findings. Support from the Trust has enabled SUHI to advance its mission to facilitate research, inform public policy, and educate providers for improved health in urban communities. Thus, while the grant formally supports the staff time of one epidemiologist, several SUHI members, health care providers, researchers, community leaders and residents of Chicago have benefited from this project. The results of this grant thus go beyond the efforts of one individual and we hope that this narrative adequately illustrates this picture.

Part 1. Data Analysis

As described in earlier reports, Sinai's Improving Community Health Survey is extensive and contains over 600 variables. Analyses of these variables continue to inform us about the ways to improve community health. Several of the main "health topics" have been examined since completion of the survey in 2003. In brief, during this grant period, SUHI completed in-depth analyses of adult and childhood obesity, diabetes, high blood pressure, physical activity, HIV screening, mammography screening, and perceived racism, including calculations of confidence intervals and tests of significance to assess variations by community area.

We have also served as a clearinghouse for community level data by responding to 83 data requests since completion of the survey and 26 during this grant cycle. Data requests have come from community organizations, health care providers and researchers pursuing grants and/or initiatives. (Appendix B: List of Data Requests). The survey data have also been an important resource to many doctoral and masters' level students at various academic institutions. We have shared the dataset with the University of Illinois at Chicago School of Public Health for teaching purposes and with 12 researchers interested in analyzing community level data, writing grant proposals and designing new community programs. In addition to sharing the dataset, we have offered technical assistance and served as a liaison to working collaboratively in our public health efforts. The researchers and their topics of interest are listed in Appendix C: List of Data Sharing Agreements. One key example of how researchers and communities have benefited from Sinai's survey is described in a news story presented in Exhibit A. Other examples of the types of data explorations being conducted by public health leaders in Chicago include: examining barriers to accessing healthy foods; and the built environment and its impact on obesity prevalence.

Exhibit A. Theory Into Practice: Research Helps Latino Community Help Itself

The partnership between the School of Public Health and Chicago's Humboldt Park community illustrates what is possible when academic theory meets real life. The result is an innovative research approach that helps create culturally sensitive, mutually beneficial programs.

In 2004, a Sinai Health Systems report brought to light health disparities in Chicago and the need for preventive community-based health interventions. Armed with these findings and grants from the Centers for Disease Control and Prevention, UIC's School of Public Health partnered with Humboldt Park community representatives to explore how they deploy resources to solve problems like psychological distress, poor educational and economic resources, prevalence of asthma and diabetes, HIV/AIDS and housing shortages.

Researcher Michele Kelley is the driving force behind the collaborative relationship between UIC and the Humboldt Park community, located on Chicago's West Side. "Sinai's report was extremely valuable to us," said Kelley. "We are trying to build on the momentum of that report and fill in some of the gaps, especially on adolescent health."

The neighborhood is interested in improving its ability to heal itself. By engaging with the community, Kelley helps its members identify, think through and answer their own health questions.

"We can't assume we will go into a community and create change," said Kelley. "The community has locally relevant insight and knowledge, and it's my job to try to understand it so that I don't inadvertently get in the way of the learning process we're sharing with each other. Our collaboration advances public health science, and we are learning how to be more effective in reducing and eliminating ethnic disparities in health."

Kelley currently is working on plans for the community's first-ever survey on adolescent health. The survey will identify critical health issues for youth as well as factors that may hold them back from becoming healthy adults.

Working with teens from Café Teatro Batey Urbano, a youth-driven alternative cultural arts and community action organization, Kelley will show them how to conduct their own research and analyze results. Youth in the community have first-hand knowledge about their peers and can provide advice on the survey while helping Kelley determine strategies to engage the interest of families to increase the response rate.

Ultimately the group will convene a youth summit to discuss their findings and develop a health action plan. Kelley foresees the group tapping into Batey Urbano's new radio station as a way to disseminate health information to local teens. By working with the community to conduct their own research, she is one step closer to accomplishing her goal.

José López, a leader in the community and executive director of the Puerto Rican Cultural Center, has watched the partnership with the School of Public Health encourage community growth.

"The university does not come into the community and impose precepts and concepts but works with us to find ways to deal with health issues," said López. "It not only has created consciousness, but has brought the concept of participatory research to us. It's a process of continuous dialogue."

University of Illinois at Chicago School of Public Health Newsroom
http://www.uic.edu/sph/news/news_122.html

Part 2. Dissemination

In the first year of completing the survey, we published ten key findings from the survey (*Sinai's Improving Community Health Survey Report 1*, January 2004). During this grant period (July 1, 2005-June 30, 2006), we published ten additional findings as *Sinai's Improving Community Health Survey Report 2* in September 2005 (Appendix D). Report 2, produced collectively by several SUHI members, includes new health topics such as high blood pressure, nutrition, grocery store accessibility, physical activity and cancer screening. In addition, this report includes a unique section on ways in which data from Report 1 were translated into successful interventions. With the release of this report, we invited the original Survey Design Committee members to validate and help us further translate the survey findings into action. This meeting was held at the Sinai Health System in October 2005 as a celebration of initial successes from the survey findings and inspiration for future efforts. Requests for *Sinai's Improving Community Health Survey Report 2* have been just as extensive as those from Report 1, and with generous support of the Chicago Community Trust, we ordered 500 reports and have already distributed close to half.

Several articles describing the survey results have also appeared in peer-reviewed journals (Exhibit B). During this grant cycle, one article appeared in the *American Journal of Public Health* and three manuscripts were submitted for peer-review. Of the latter, one article on diabetes prevalence and mortality in a Puerto Rican community has been accepted and will be published in the December 2006 issue of the *Journal of Community Health*; and the two remaining manuscripts (on childhood obesity and on mammography screening) are currently under review. Copies of these manuscripts along with the published article are included in Appendix D. Other manuscripts under preparation by SUHI members include topics such as: severe obesity among adults; HIV screening; prevalence of high blood pressure among young African Americans; perceived racism and varied coping

mechanisms among different racial/ethnic groups in Chicago; arthritis and related activity limitations; and the value of community health data in initiating new programs.

Exhibit B. Sinai's Improving Community Health Survey Journal Publications

- Whitman S, Silva A, Shah AM, Ansell D. **Diversity and Disparity: GIS and Small-Area Analysis in Six Chicago Neighborhoods.** *Journal of Medical Systems* 2004;28(4):397-411.
- Dell JL, Whitman S, Shah AM, Silva A, Ansell D. **Smoking in 6 Diverse Chicago Communities – A Population Study.** *American Journal of Public Health* 2005;95(6):1036-42.
- *Shah AM, Whitman S, Silva A. **Variations in the Health Conditions of 6 Chicago Community Areas: A Case for Local-Level Data.** *American Journal of Public Health* 2006;96(8):1485-91.
- *Whitman S, Silva A, Shah AM. **Disproportionate Impact of Diabetes in a Puerto Rican Community of Chicago.** *Journal of Community Health* 2006; full citation to be available in December?
- *Shah A, Margellos H, Whitman S. **Elevated Prevalence of Childhood Obesity in Six Chicago Community Areas: Findings from a Community Health Survey.** *Journal of Urban Health*, submitted August 2006.
- *Whitman S, Shah AM, Silva A, Ansell D. **Mammography Screening in Six Diverse Communities in Chicago – A Population Study.** *Cancer Prevention and Detection*, under review. Responded to comments, October 2006.

All SUHI publications are available in pdf from our website:

<http://www.sinai.org/urban/publications.asp>

* Copies attached in Appendix D.

Since completing the survey in April 2003, we have made nearly 150 presentations locally and nationally, of which 27 were during this grant cycle. We presented to various community organizations, hospital administrators, health care providers and foundations. Appendix E provides a complete list of presentations during this grant period.

A few presentations are noteworthy and illustrate how dissemination activities have benefited the communities. For instance, after sharing copies of *Sinai's Improving Community Health Reports 1 and 2* with leadership at Saint Anthony's Hospital, they decided to organize a Health Summit for their staff

and community partners in February 2006. At this meeting, SUHI presented findings about the health of people living in South Lawndale and then helped facilitate a discussion on how to target efforts and prioritize initiatives. The group collectively raised important issues related to access to care, and an action plan to address the high prevalence of diabetes and asthma in the community were outlined.

Many outside of SUHI are also presenting the Sinai survey data and organizing to deliver evidence-based interventions. For example, in August 2006, SUHI responded to a data request about Puerto Ricans. With these data, Dean Madeline Vargas from the Humboldt Park Vocational School and Miguel Morales from the Community Organizing for Obesity Prevention in Humboldt Park Project presented survey data on obesity, asthma and diabetes among Puerto Ricans in Humboldt Park and West Town at the National Puerto Rican Coalition Conference. In this manner, we believe the survey data are sustaining themselves as community leaders and residents disseminate the survey data to raise awareness and take collective action for improved community health.

SUHI has also presented survey findings at several national conferences, including the National HIV Prevention Conference, Community-Campus Partnerships, and the Annual American Public Health Association (APHA) meeting. Presenting at national conferences has benefited SUHI by not only giving staff the opportunity to develop skills, but also in offering a broader context with which to frame our work. For instance, SUHI's presence at APHA in November 2005 was notable. At this meeting, SUHI spearheaded and organized a Special Session titled 'Local Area Health Survey Data'. (The abstract and list of invited speakers for this Special Session are attached as part of Appendix E.) At this session, SUHI presented the impact of local area survey findings on efforts in Chicago to create new programs and target resources more effectively. We learned that our work is comparable

to the progressive efforts put forth by the Los Angeles County Department of Health and the New York City Department of Health and Human Hygiene. In this context, we believe that our work, originally funded by The Robert Wood Johnson Foundation and now by the Chicago Community Trust, has put Chicago on the map in examining local area health and we hope will serve as a model for evidence-based public health practice in our City and State. In addition to this Special Session, SUHI members presented on “Levels of physical activity in six diverse communities in Chicago” and “Overweight children in diverse Chicago communities: Results from a Community Health Survey” in November 2005. Since completion of the survey, SUHI has made 16 presentations at national forums and have three additional abstracts accepted for presentation at APHA in November 2006 (Appendix E).

Part 3. Creation of Effective Interventions

As described earlier, *Sinai's Improving Community Health Survey* has been instrumental in demonstrating the value of local area health data not only in quantifying the health of communities, but also, and more importantly, in effects to improve health. In fact, it has been so successful that the Sinai survey served as model for data-driven public health programming in two additional Chicago areas, a Jewish community and an Asian community.

Jewish Community Survey

In 2003-2004, the Jewish Federation of Metropolitan Chicago completed a community health survey of the Jewish population in West Rogers Park/Peterson Park.

The idea of implementing a community health survey for this population came from *Sinai's Improving Community Health Survey*. Having completed this survey, the Jewish community has demonstrated how local area data can shape programs and funding. For instance, because of the strikingly high childhood obesity prevalence, the Jewish Federation and the Associated Talmud Torah

school system, along with SUHI staff, designed a school-based childhood obesity initiative and received nearly \$500,000 from Polk Brothers Foundation, Michael Reese Health Trust and Washington Square Health Foundation to support a two-year pilot project. Data from the survey have been prepared in a recent report (Appendix F) and were disseminated at a Community Forum earlier this month (Exhibit C).

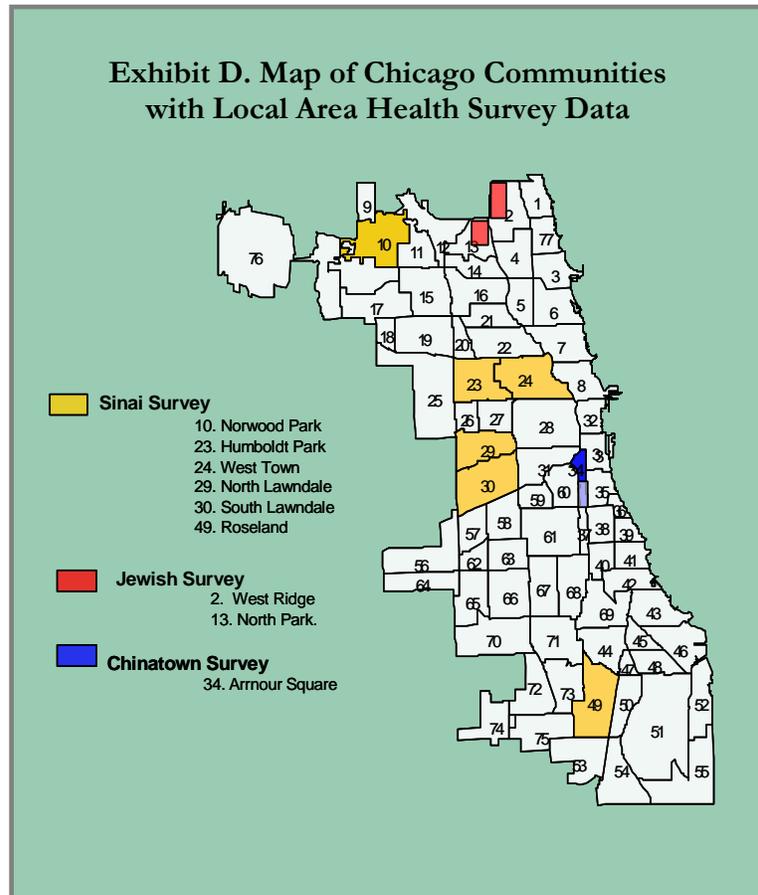


Chicago Chinatown Community Health Survey

The impact of *Sinai's Improving Community Health Survey* inspired public health leaders in Chicago to gather local health data about an Asian community. In February 2005, SUHI presented survey findings and described the implications of community level data to the Asian Health Coalition of Illinois (AHCI) Board of Directors. In addition, SUHI was involved in publishing an article on the lack of Asian health data in Illinois (Appendix F). The presentation along with this article inspired leaders to advocate for local area health data for Asian Americans in Chicago, particularly for Asian-subgroups. In July 2006, AHCI and SUHI were successful in obtaining \$50,000 from the Illinois Department of Public Health (IDPH) to replicate the Sinai survey model in Chicago's Chinatown community. With these funds, SUHI, AHCI and the Chinese American Service League (CASL) collaborated to develop a survey instrument (translated into Chinese and pre-tested in Mandarin and Cantonese), train interviewers and begin data collection by the end of October 2006.

A press conference announcing the *Chicago Chinatown Community Health Survey* (CCCHS) to the community was held on September 29, 2006. Distinguished panelists at the conference included Drs. Hong Liu, Executive Director of AHCI, Eric Whitaker, Director of IDPH, Steven Whitman, Director of SUHI, and Thomas Mason, Commissioner of Cook County Department of Health. Initial survey data will be available in January 2007 with the goal of guiding programs and funds for improved health services in the Chinatown community. In addition, CCCHS, we believe, will reinforce the need for local Asian subgroup data, de-mystify the Asian "model minority" concept, and serve as model for future health surveys in other Asian communities in Chicago.

Thus, as a result of these survey initiatives, health data for 8 local populations, across 9 community areas, will be available. That is, in addition to the original six communities surveyed, we now have information about the Jewish population in West Rogers Park/Peterson Park and will have information about the Chinese population in Chinatown (Exhibit D). In addition, the dialogue on racial/ethnic health disparities in Chicago will include groups formerly excluded, like the Jewish and Chinese-Asian populations. If our work continues, as we predict it will, we plan to collect health information about other racial/ethnic groups (e.g., another Asian subgroup like the South Asian population), so that further community level comparisons can be done. Thus, we hope that all Chicago communities will be empowered to benefit from knowledge about their health.



From the start, we have always stated that, “If we do not use data gathered by these surveys to make things better, we will have failed”. Efforts to translate data findings into improved programs and awards have been expansive, and SUHI has already demonstrated its success from previous years.¹ Briefly, a few examples include informing policy makers to reallocate funds for smoking cessation

¹ See Chicago Community Trust Grant Report #C2003-00844, Available at www.sinaiurbanhealthinstitute.org, Publications.

programs in North Lawndale and inspiring a collective call for action by health care providers to address disparities. During this past year, SUHI has been intimately involved in providing technical support to community organizations and health care institutions, which are pursuing and evaluating such initiatives. We have built on accomplishments and describe progress made to date in major health topics including: *diabetes, smoking, arthritis, asthma and obesity*.

1) Diabetes: A journal article documenting elevated diabetes prevalence and mortality rates for diabetes in the Puerto Rican community of Humboldt Park-West Town was accepted for publication in the December issue of the *Journal of Community Health* (as mentioned earlier, see manuscripts in Appendix D). Along with these findings, SUHI has been working with community leaders and diabetes experts to strategize on how best to prevent and manage diabetes in the community. An Expert Community Task Force has been convened and is in the process of preparing a Diabetes Action Plan to release along with data findings at a press conference in December 2006. The purpose of the conference will not only be to present the magnitude of the problem of diabetes in the community, but also, and more importantly, to present action steps the Task Force along with the community and policy makers intend to take in response.

2) Smoking: Our first publication of the survey findings appeared in the *American Journal of Public Health*, June 2005 on the prevalence of smoking in six Chicago communities. Following the widespread dissemination of these findings and extensive media attention, we received a five-year, \$1.4 million grant, which started in May 2006, to bring smoking cessation programs to North Lawndale, the community with the highest smoking rate among the six communities surveyed. During the first year of this grant, SUHI is working with the Sinai Community Institute to design an evidence-based and culturally appropriate smoking cessation program for the North Lawndale

community, making a special effort to target unique groups such as pregnant women and youth. By May 2007, we will have developed at least three targeted interventions based on best practices to be implemented in churches, physician's offices and clinics.

3) Arthritis: SUHI has been involved in coordinating efforts by the Arthritis Foundation-Greater Chicago Chapter to bring new initiatives to North Lawndale. Motivated by the elevated prevalence of arthritis and activity limitations identified by our survey, the Foundation decided to target its efforts in North Lawndale. While efforts have been earnest, appropriate community resources and lack of funding for community staff have thus far limited our success. That is, implementing a physical activity program is not enough in a resource-poor community like North Lawndale. SUHI is thus working with the Arthritis Foundation to build on existing community assets by finding an appropriate program space, paying community trainers for their time and expertise, and providing transportation for the target population to take advantage of new programs. In spite of these challenges, SUHI is strategizing with the Foundation on ways to address arthritis and arthritis-related pain management for residents in the community.

4) Asthma: As a result of our survey data, which for the first time specifically quantified the impact of asthma on children living in inner-city Chicago communities, SUHI was awarded \$123,000 by the Illinois Department of Public Health (IDPH) to develop and pilot an intervention for African American children with severe asthma. The designed intervention utilized Lay Health Educators (LHE), recruited from the same communities being targeted by the intervention and trained by our program, to teach children with severe asthma and their families how to better manage asthma. The education component included 3-4 sessions over a 6 month period and was provided in the family's home whenever possible. We recruited children into the program from November 2004-July 2005.

Each child was followed-up for 12 months following the initial education session for evaluation purposes. The pilot was so successful in reducing asthma-related morbidity and urgent health resource utilization that IDPH has now funded an expansion of the developed LHE model to six target areas throughout Illinois with particularly high pediatric asthma rates. SUHI will receive nearly a million dollars to serve as the coordination, training and evaluation entity for the IDPH expansion project. Approximately another \$1,000,000 is going to the six target areas over three years. The work is underway and offers great promise.

5) Obesity: The elevated prevalence of childhood obesity documented by our survey led to important institutional and community action. At the Sinai Health System, survey data were the focus of a Health Summit in May 2005, which resulted in a Sinai Obesity Task Force. This Task Force meets monthly and discusses ways to bring clinical and community-based childhood obesity programs to Sinai. The Obesity Task Force, as part of the Sinai Children's Hospital, has secured funding for a dietician who runs the Weight Management clinic, facilitates the Task Force and prepares mini-grants to expand childhood obesity-related programs. Examples of such activities include a "Doctor's Walking Club" (Exhibit E) and a partnership with a new YMCA in Little Village where Sinai Health System would provide diabetes workshops in exchange for allowing patients to use their facility. New initiatives, including an exercise referral program for children with weight concerns at the Douglas Park Field House and a nutrition, physical activity and



behavioral counseling program for Sinai youth and families, are in the planning phases and pursuit of funding to support these programs is underway.

At the community level, survey data has had tremendous impact on one west-side community. After a presentation of Sinai's data at a CLOCC Quarterly Meeting in September 2003, the Otho S.A. Sprague Memorial Institute approached SUHI about taking action to address the elevated prevalence of obesity. With a financial commitment from the Sprague Institute, SUHI, CLOCC and community partners (Puerto Rican Cultural Center (PRCC) and Centro Sin Fronteras (CSF)), conceived of "Community Organizing for Obesity Prevention - Humboldt Park (CO-OP HP)" and has since mobilized the community around health and wellness as it pertains to obesity.

To guide their work, one of the first activities of CO-OP HP was to investigate the specific knowledge, attitudes and behaviors contributing to the obesity prevalence documented by the Sinai survey. The group conducted several focus groups and administered *The Community Survey in Humboldt Park*. SUHI was involved with many aspects of this formative research and took the lead role in designing the questionnaire, training interviewers from PRCC and CSF to implement and enter the survey data into a database, analyzing the data and preparing the final report. (See Appendix G for the Final Report and Executive Summary). Findings from this report and the focus groups shaped CO-OP HP's efforts to improve the accessibility to healthier food and exercise options in the community.

In addition, one single individual, Leoni Calderon, has been particularly inspiring and is worth mentioning. Inspired by the efforts of CO-OP HP, Ms. Calderon took it upon herself to develop and conduct dance-aerobic classes for women and children at the Humboldt Park Field House.

Several participants, including Ms. Calderon have already lost weight. While there are many involved, SUHI continues to provide technical support to CO-OP Humboldt Park and believes that this community-based initiative serves as a model for other Chicago communities to mobilize for improved health. A celebration of CO-OP Humboldt Park accomplishments was held on October 14, 2006. A press release of this event, along with selected articles about CO-OP Humboldt Park and a description of its activities from the local newspaper *La Voz* is attached in Appendix G.

The sequence of events that followed the completion of *Sinai's Improving Community Health Survey* has been far-reaching. Two years after completing the survey, we believe that donors, policy makers, community organizations and residents are still buzzing around the findings and continue to discover ways of taking action.

Efforts to translate data into creative interventions have been limited in Roseland. While we have made several presentations in the community over the last 2-3 years, few data requests and/or initiatives (that we are aware of) have resulted. We believe that the data provide concrete evidence of the health issues facing residents of Roseland and could result in improved health programming and resources for the community. We recently made contacts with leaders at Roseland Hospital and efforts to inspire community groups and residents will continue until we are instrumental in Roseland just as we have been in other communities.

With two years of funding from the Chicago Community Trust, we believe *Sinai's Improving Community Health Survey* has been tremendously successful in driving evidence-based community interventions and empowering communities to advocate and mobilize around health. Much has been accomplished during this past year, but our work will not be done until greater health equity in

Chicago is achieved. With the support of the Chicago Community Trust and all those dedicated to improving the health of communities, we believe that *Sinai's Improving Community Health Survey* has been legendary and its findings will continue to be translated to advance efforts toward improving health.

Financial Report Summary

The Financial Report for Chicago Community Trust Grant ID# 2005-01173 is attached, Appendix A. The Financial Report details all expenses during the grant cycle, from July 1, 2005-June 30, 2006 and indicates that we had \$4,507 remaining at the end of the grant period. With permission from the Chicago Community Trust, we request that these funds be used to continue efforts related to survey activities, specifically in supporting the salary of Ami M. Shah, Survey Project Director.

List of Appendices

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 - D. Sinai Urban Health Institute Publications
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 - 2. *American Journal of Public Health* article, "Variations in the Health Conditions of 6 Chicago Community Areas: A Case for Local-Level Data"
 - 3. 3 manuscripts on diabetes, mammogram screening, and obesity
 - E.
 - 1. List of Presentations
 - 2. Special Session at American Public Health Association 2005
 - 3. Accepted Abstracts at American Public Health Association 2006
 - F.
 - 1. *Report on the Findings of The Jewish Community Health Survey*
 - 2. *AAPI Nexus* article, "Measuring State-Level Asian American and Pacific Islander Health Disparities: The Case of Illinois"
 - G. CO-OP Humboldt Park Materials:
 - 1. Executive Summary and Report: *The Community Survey in Humboldt Park: Preventing Obesity and Improving Our Health*
 - 2. Media clippings from *La Voz* and *Chicago Sun Times*
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Appendix A: Financial Report, July 1, 2005-June 30, 2006 **[Cleared for Online Posting]**

Appendix B: List of Data Requests, July 2005-September 2006

	Date	Information Requested	Requested By	Affiliation	Purpose of Info Request
1	9/1/05	Survey background info	Nicole Laurie Intern	Rand, Inc. in Washington DC	For a national inventory of cities conducting local area surveys on health insurance and access to care for the purpose of giving recommendations to the Primary Prevention Project with Washington DC.
2	10/12/2005	Several publications including Report 1	Chicago Urban League	Anthony Clark and Ann Clark	Research & Planning Department
3	11/17/2005	Reports 1 and 2, interest in our work for policy related issues	Erika E. de la Riva	Illinois Dept. of Human Services Division of Community Health and Prevention 1112 South Wabash, 3rd Floor Chicago 60605-2309	Research and strategic planning within the IL DHHS
4	11/22/2005	Obesity prevalence	Stephanie W. Smith, MD, MPH, Resident Physician	Cook County-Loyola-Provident Family Medicine Program smwsmith@comcast.net	My plan is to carry out a pilot project to measure prevalence among kindergarten children in a limited area of west suburban Cook.
5	1/4/2006	Survey Instrument and dataset	Neal Shah, 2nd Year MPH student at UIC	UIC SPH Student working with Joan Kennelly and Deb Rosenberg for his capstone project	For capstone project at SPH
6	1/6/006	Survey Instrument and dataset	Lara Jones	UIC SPH PHD Candidate	For dissertation work
7	1/6/2006	Survey Instrument and dataset	Jane Burke-Miller	UIC SPH PHD Candidate	Wants to analyze data on psychological distress in women with measures of neighborhood characteristics.
8	1/25/2006	Survey Instrument and Findings	Kameka Brown	Roseland area research	Working on PhD and attempting to establish relationships with stakeholders. Hopes to incorporate survey finding into my preliminary NIH F31 predoctoral application.
9	1/23/1006	General info on obesity data	Sydney Smith	9th grader in Austin, TX	Class project, teach wants us to collect, analyze, and interpret data, and formulate geographic questions re childhood obesity
10	2/27/2006	Interested in the Survey Instrument	Sarah Rittner	Northwestern University (Feinberg School of Medicine, Institute for Healthcare Studies)	Working with Westside Health Authority in carrying out community based research
11	2/28/2006	Interested in survey to guide in their efforts	Joanne Kouba, MS, RD, LDN	Registered Dietitian and faculty member at Loyola University	Interested in community based interventions re obesity and youth in Maywood area
12	3/9/2006	Fruits/veggies Consumption	Jonathan Necheles	Children's Memorial Hospital	Overweight and obesity data findings and survey methods overall.
13	3/13/2006	Survey dataset	Jenny Levin	Sinai and UIC SPH Student, Capstone project	Racism and health variables for Capstone project SPH
14	3/28/2006	Survey dataset - and text	Jeannie Belinda Concha	UIC School of Public Health	Dissertation on measures of depression

Appendix B: List of Data Requests, July 2005-September 2006

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	files			
15 4/11/2006	Asthma graph for grant	Molly Martin, MD, MAPP	Departments of Preventive Medicine and Pediatrics, Rush University	CBPR Grant re Pediatric Asthma
16 4/13/2006	Depression and Mental Health in Puerto Rican community	Michele Kelly	University of Illinois at Chicago School of Public Health	Grant proposal to do community based research in Humboldt Park/West Town
17 4/19/2006	Obesity and perceived stress measures	Cheryl Rucker-Whitaker	Rush University Medical Center, Dept of Preventive Medicine	Writing a grant to address health disparities among minority and underserved women, esp re to obesity
18 5/25/2006	Reports 1 and 2	Jenna Garcia	Schweitzer Fellow	Planning on doing some community service with DePaul University
19 6/15/2006	Obesity data and Community of Wellness (COW) Exec Summary	Beth Skripsky	La Rabida's "Fit Matters" program	Interested in obesity work in Latino and African American children
20 6/15/2006	COW Survey training	Peter Rockers and Katherine Kaufer Christoffel	CLOCC and COMP	Pilot study to examine environmental and genetic features associated with early adiposity re-bound in overweight children
21 6/20/2006	Asthma Survey questions	Joseph Battle Jr., Student at U of I Champaign	Summer Research Opportunity Program internship with Little Village Environmental Justice Organization (LVEJO)	Preparing an asthma survey linked to the environment (air pollution and pollution from coal power plants
22 8/3/2006	Mental Health Findings	Sherneron and David Wilson	Family Focus and Sinai's Behavioral Health Dept.	Writing a grant application and interested in mental health data and lack of services.
23 8/24/2006	Asthma Survey Findings Among Puerto Ricans in HP-WT	Madeline Roman-Vargas	Dean of the Humboldt Park Vocational School	Data requested for a presentation at Puerto Rican Coalition Conference
24 6/15/2006	Obesity data and Community of Wellness (COW) Exec Summary	Beth Skripsky	La Rabida's "Fit Matters" program	Interested in obesity work in Latino and African American children
25 6/15/2006	COW Survey training	Peter Rockers and Katherine Kaufer Christoffel	CLOCC and COMP	Pilot study to examine environmental and genetic features associated with early adiposity re-bound in overweight children
26 6/20/2006	Asthma Survey questions	Joseph Battle Jr., Student at U of I Champaign	Summer Research Opportunity Program internship with Little Village Environmental Justice Organization (LVEJO)	Preparing an asthma survey linked to the environment (air pollution and pollution from coal power plants

Appendix C: List of Data Sharing Agreements

	Date	Name of Researcher	Purpose of Data Analyses
1	9/10/2004	Jeannie Concha	Secondary analyses of survey data on access to mental health care services in Latino communities
2	7/15/2007	Elizabeth Lynch	Post-doctoral Research: weight perceptions, food choices that mothers make in North Lawndale
3	9/22/2005	Jane Burke-Miller	Doctoral Research, CES-D, multilevel analysis, Hispanics
4	11/17/2005	Jennifer Hebert-Beirne	Interest in assessing access to health care module
5	11/17/2005	Lara M Jones	Dissertation research on relationship between build food environment and intake of fruits and vegetables for adults
6	11/17/2005	Deborah Rosenberg	Interested in dataset to teach a class at UIC SPH
7	9/29/2005	Neal Shah	MCH best practices, capstone presentation, MPH student
8	1/17/2006	Jennifer Levin	Analyzed hypertension and racism data for her Capstone Project at UIC SPH, MPH student
9	3/9/2006	April Oh	Interested in built community and social context of disparities in cancer and obesity prevention
10	6/13/2006	Megan Huisinigh-Schutz	Working with Jim Webster at Chicago IOM and at UIC SPH on obesity research
11	9/25/2006	Jeannie Concha	Post-doctoral Research: weight perceptions, food choices that mothers make in North Lawndale
12	9/30/2006	Kameka Brown	Analyses of survey data to examine and address health concerns in Roseland

Appendix D

List of Sinai Urban Health Institute Publications and Submitted Manuscripts

July 2005-September 2006

Sinai's Improving Community Health Survey Report 2

Shah AM, Whitman S (and many SUHI contributors)

Sinai Health System, September 2005

Variations in the Health Conditions of 6 Chicago Community Areas: A Case for Local-Level Data.

Shah AM, Whitman S, Silva A.

American Journal of Public Health 2006;96(8):1485-91.

Disproportionate Impact of Diabetes in a Puerto Rican Community of Chicago.

Whitman S, Silva A, Shah AM.

Journal of Community Health 2006; full citation to be available in December?

Elevated Prevalence of Childhood Obesity in Six Chicago Community Areas: Findings from a Community Health Survey.

Shah A, Margellos H, Whitman S.

Journal of Urban Health, *submitted August 2006.*

Mammography Screening in Six Diverse Communities in Chicago – A Population Study.

Whitman S, Shah AM, Silva A, Ansell D.

Cancer Prevention and Detection, *manuscript under review. Responded to comments, October 2006.*

Appendix E: List of Presentations regarding Sinai's Improving Community Health Survey Data Findings, July 2005-September 2006

	Date	Presenter/s	Presentation Subject	Group Name	# Attend	Audience
1	7/13/2005	Ami Shah and Helen Margellos	Health Disparities in Chicago	DePaul University Sociology Class, Prof. Tracey Lewis-Elligan	20	Juniors and Seniors at DePaul University
2	8/1/2005	Ami Shah	Health Disparities in Chicago	Albert Schweitzer Fellows presentation at Sinai	30	Schweitzer Fellows
3	8/28/2005	Steve Whitman	Greenflag Meeting	Healthy Schools Campaign Partners	15	Community members and staff from the Campaign
4	9/23/2005	Ami Shah	North and South Lawndale Community Health	St. Anthony's Hospital Planning Committee	5	Administrative staff, VP of Government Affairs and Programa CIELO Coordinator
5	9/27/2005	Steve Whitman	Health of Six Chicago Communities	St. Mary's Hospital Hospital staff	25	Physicians and health care providers working in minority communities
6	9/27/2005	Steve Whitman	Health of Six Chicago Communities	St. Elizabeth's Hospital Hospital staff	40	Physicians and health care providers working in minority communities
7	10/6/2005	Abigail Silva	Using Data to improve health of the community	St. Elizabeth's Dept of Family Medicine	20	Residents and housestaff
8	11/1/2005	Ami Shah	Health Medicine Research Policy Group	HMRPG Board Members	15	Board members for the Health Medicine Policy Research Group
9	11/17/2005	Ami Shah	Meet the Challenge: Health Summit in Little Village, Pilsen and Back of the Yards	St Anthony and SUHI partner to discuss community health	35	CBOs from 3 Mexican-American neighborhoods and various state and city wide agencies
10	12/12/2005	Ami Shah	Sinai's Improving Community Health Survey Reveal Local Area Health Disparities	APHA Epidemiology Panel Organized by SUHI: Local Area Health Survey Data	40	APHA members and others interested in local area surveys
11	12/13/2006	Kristi Allgood	Levels of physical activity in six diverse communities in Chicago	APHA Panel on Unhealthy Populations: Obesity and Lack of physical activity are key factors	40	APHA members and others interested in physical activity
12	12/14/2006	Melanie Estarziau	Overweight children in diverse Chicago communities: Results from a Community Health Survey	APHA MCH Epidemiology Panel: Race and Ethnicity in Maternal and Child Health	40	APHA members and others interested in childhood obesity
13	1/4/2006	Steve Whitman	Northwestern University Epidemiology Class	Northwestern University epidemiology class	60	Students in public health and medicine
14	1/12/2006	Abigail Silva	Assessing a Community's Health	UIC Dept of Family Medicine Residents	4	Family Medicine Residents
15	1/27/2006	Steve Whitman	Disparities in Risk for Cardiovascular Disease in Chicago Communities	Expecting Success Conference on Cardiovascular Disease at Sinai	60	Sinai house staff and invited guests (some foundations, etc...)

Appendix E: List of Presentations regarding Sinai's Improving Community Health Survey Data Findings, July 2005-September 2006

	Date	Presenter/s	Presentation Subject	Group Name	# Attend	Audience
16	2/3/2006	Steve Whitman	Community Survey Data in Six Chicago Communities	Chicago Leadership Training	30	Leaders in Chicago
17	2/8/2006	Steve Whitman	Community Survey Data in Six Chicago Communities	UIC Urban Architecture Class	30	Students and staff at UIC School of Architecture
18	2/10/2006	Ami Shah	Community Survey Data and its Impact in Six Chicago Communities	Asian Health Coalition Board	6	Conference call presentation with Asian Health Coalition Board Members
19	2/27/2006	Ami Shah	Community Survey Data in Six Chicago Communities: South Lawndale	St Anthony Hospital	40	Directors/medical staff at St. Anthony's Hospital
20	3/29/2006	Ami Shah	Community Survey Data in Six Chicago Communities	Roseland Hospital	2	Meeting with Cardio-Pulmonary Department
21	4/23/2006	Teena Francois & Ami Shah	Health Disparities Research in Chicago	UIC School of Medicine, National Medical Students Association	15	Students and some faculty from UIC School of Medicine
22	5/2/2006	Steve Whitman	Community Survey Data	Residents from Access Health Clinics	5	Family Medicine Residents
23	6/22/2006	Ami Shah	Significance of Disparities in Improving Health Care Quality	Sinai Medical Group Board	15	Presented to the SMG Board with Alex Kahl on behalf of Steve and Ed
24	6/27/2006	Ami Shah	Disparities in Chicago	ED Summer Research Students	8	Summer students working with Dr. Zun
25	6/29/2006	Ami Shah	Disparities in Chicago	Orientation to Dept of Medicine	17	Dept of Medicine Interns
26	6/21/2006	Ami Shah	Disparities in Chicago	Cook County Hospital	30	University of Chicago Summer Links program for undergraduate students interested in public services and medicine
27	8/30/2006	Ami Shah	Health Disparities in Chicago	University of Illinois at Chicago	200	First year medical students plenary on cultural competency and health disparities
				Total Since July 2005	847	

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American Public Health Association (APHA) Annual Conference

December 2005, Philadelphia, PA

Epidemiology Special Session 3021.0

Invited Panel: **Local Area Health Survey Data**

Monday, December 12, 2005 - 8:30-10 AM

Purpose: To explore differences in the methods and findings of health surveys of local area surveys
Relevance: This Special Session will be most relevant to public health leaders and epidemiologists interested in local area disease prevalence, geographic variations and racial/ethnic disparities in health.

In recent years, there has been a growing demand for local area health information for targeting resources, community planning and eliminating health disparities in large urban settings. Information on chronic disease prevalence rates, quality of life measures, and risk factors, including access to services, are critical to public health efforts to monitor and improve health. While much of these data are routinely available through national and statewide surveys, such as the Behavioral Risk Factor Surveillance Survey (BRFSS), the National Health Inventory Survey (NHIS) and the National Health and Examination Survey (NHANES), they are not generally designed to provide information at the local (e.g. county, city or neighborhood) level, where they could be most useful in planning and shaping health policies and interventions.

Recently, public health agencies and social epidemiologists have begun to monitor the health status local populations through surveys. For instance, the Centers for Disease Control and Prevention (CDC), which conducts the state-based health BRFSS survey, has designed the Selected Metropolitan/ Micropolitan Area Risk Trends (SMART) project to mathematically estimate prevalence proportions for smaller geographic areas. Others have conducted health surveys at the county level (e.g. LA County Health Survey); at the city level (e.g. New York NHANES); and at the community or neighborhood level (New York City Community Health Survey and Sinai's Community Health Survey in six Chicago communities). All of this has been pursued in response to the growing need for information about the health of local populations.

In an effort share experiences with those who have been involved in generating these local level data and with those who are interested in such data about their communities, we propose this Special Session. We hope to initiate a dialogue about both methodological issues (including limitations and challenges) and findings by examining surveys that have been conducted in different U.S. urban centers. For example, how have these surveys pursued information about pediatric asthma and what have they found? How about obesity and diabetes and their respective risk factors? What about smoking prevalence and attempts to quit? Etc.

At the conclusion of this proposed Special Session, the participants will be able to:

- Compare and contrast the methodologies and findings of these local area estimates;
- Understand the importance of local area health survey data and how they relate to existing data when profiling community health and targeting health promotion efforts;
- Discuss the relevance of health survey data for smaller geographic areas and/or sub-groups of a population in relation to examining disparities in health;

Discussion Questions

- a) Do we need local area data? Why?
- b) What do we learn beyond what we already know?
- c) How does local area data improve our knowledge and/or overall health?
- d) Can we afford this? How much does it cost? Does it matter if we conduct these surveys by phone or in person?
- e) Has there been any benefit of the local area data? Any interventions? Health policies? Any improvements in health?

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Invited Panelists

Moderator(s): Steven Whitman, PhD

Invited speakers: Cheryl Wold, MPH; Lorna Thorpe, PhD; Ali Mokdad, PhD; Ami M. **Shah**, MPH

Steven Whitman, PhD (Moderator)

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Steve Whitman, Ph.D., is the Director (and founder) of the Urban Health Institute at Mount Sinai Hospital in Chicago. Prior to this position he was founder and Director of the Epidemiology Program of the Chicago Department of Public Health for 10 years.

In 2002 Whitman was the Principal Investigator of a Robert Wood Johnson Foundation funded door-to-door random household health survey, the largest ever conducted in Chicago. The survey consisted of 1700 adult interviews and 800 child interviews in 6 racially/ethnically and SES diverse community areas in the city. Findings from the survey were featured in over 40 different media reports, 110 presentations, and several publications to date.

During his five years at the Urban Health Institute, his group has generated \$7,300,000 in grants in areas such as QI in cardiovascular care, HIV, obesity, pediatric asthma, etc.

Ali Mokdad, PhD

Branch Chief, Behavioral Surveillance Branch

CDC Epidemiologist, CDC/NCCDPHP/DACH

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Dr. Ali Mokdad received his Ph.D. in quantitative epidemiology from Emory University. He joined the Centers for Disease Control and Prevention (CDC) in 1990 where he has served in various positions with the International Health Program, the Division of Nutrition and Physical Activity, and the National Immunization Program. Dr. Mokdad has worked extensively on monitoring the dual epidemics of obesity and diabetes in the United States. He has authored over 150 peer-reviewed scientific publications.

Dr. Mokdad was appointed Chief of the Behavioral Surveillance Branch in the Division of Adult and Community Health in 2002. As Chief of the Behavioral Surveillance Branch, Dr. Mokdad provides expert leadership in the planning, development, and execution of epidemiologic research, surveillance, technical assistance, interventions, and evaluation activities related to chronic disease and their outcomes. He also manages and directs the Behavioral Risk Factor Surveillance System (BRFSS), the world's largest standardized telephone survey, to enable the CDC, state health departments, and other health and education agencies to monitor risk behaviors related to chronic diseases, injuries, and death in the United States.

SMART BRFSS (Selected Metropolitan/Micropolitan Area Risk Trends from the Behavioral Risk Factor Surveillance System)

Established in 1984 by the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. All states and the District of Columbia use a disproportionate stratified sample (DSS) design. Puerto Rico, Guam, and the U.S. Virgin Islands use a simple random sample design. More than 300,000 adults were interviewed in 2004, making the BRFSS the largest telephone health survey in the world.

As the usefulness of the BRFSS has increased, so has the demand for local-level data. 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. Metropolitan (with at least one urbanized area of 50,000 or more inhabitants) and micropolitan (with at least one urban

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cluster of at least 10,000 but less than 50,000 inhabitants) statistical areas were included in the analysis if there were 500 or more interviews in the area. The SMART BRFSS analysis has yielded estimates for over 140 metropolitan and micropolitan statistical areas for the BRFSS data years 2002, 2003, and 2004. Data also were calculated for those counties within these metropolitan and micropolitan statistical areas that had a large enough sample size to produce weighted prevalence estimates.

Cheryl Wold, MPH

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Ms. Wold is the Chief of the Health Assessment Unit in the Los Angeles County Department of Health Services. She directs the Los Angeles County Health Survey, a population-based telephone survey that provides health information about adults and children in Los Angeles County, overseeing the analysis and dissemination of findings from the Survey as well as other publications about the health status of Los Angeles residents (e.g., Key Indicators of Public Health). Cheryl also co-chairs the Children's Planning Council Data Partnership Committee and is a research partner with First 5 LA, a Commission that funds grants and programs to improve the well-being of young children and families.

Los Angeles County Health Survey

The Los Angeles County Health Survey is a comprehensive, periodic, random-digit-dialed telephone survey that provides valuable information relating to the health and well-being of adults and children in LA County. Findings from the survey are disseminated broadly via several means, including LA Health and other publications, publications from partnering organizations, the web, and journal articles. Data from the survey are used to identify health problems and inequities; support funding requests, advocacy efforts and planning of programs; inform policies to improve health; and, evaluate the impact of programs and policies.

Bonnie Kerker, PhD

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Bonnie Kerker is the Assistant Commissioner of the Bureau of Epidemiology Services at the New York City Department of Health and Mental Hygiene. The Bureau is a multidisciplinary unit with the goal of combining epidemiologic research and data analyses with policy and program development and recommendations. As part of this work, the Bureau is responsible for conducting the Community Health Survey (CHS), a telephone based survey designed to provide local area estimations of health behaviors, health care access and health status.

In 2001, Dr. Kerker received a PhD from the Yale University School of Epidemiology and Public Health, in Epidemiology and Health Policy. Prior to joining the Health Department in 2003, she worked at Casey Family Services, a non-profit agency providing foster care services to children and families. The focus of her work has been on health disparities, cocaine use among pregnant women, mental health in the foster care system, and tobacco use in New York City.

The New York City Community Health Survey

The New York City Department of Health and Mental Hygiene has conducted the Community Health Survey (CHS) annually since 2002. The CHS is a telephone survey, based on the Behavioral Risk Factor Surveillance System (BRFSS), and includes questions on demographics, health behaviors, health care access and health status. In addition, we tailor the questionnaire annually to the City's needs, by including questions suggested by individuals working in Health Department programs, in order to increase the practicality of the data.

We use a neighborhood-stratified random digit dial method to reach about 10,000 adult New Yorkers every year. This enables us to survey a random sample of adults within each neighborhood, and thus to provide estimates at the local level. These data have been extremely useful to community-based organizations, and others working to implement programs at the neighborhood level. They have also been essential in understanding health disparities in New York City, and in advocating for policy-change at the city level.

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My presentation will describe this survey in more detail, and talk about how we use these data to inform both program planning and policy-making within the Department, in other city agencies, and in the communities we serve. This discussion includes our dissemination techniques, and some examples of how our data have influenced specific programs and policies in New York City.

Ami M. Shah, MPH

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Ami M. Shah is an epidemiologist at the Sinai Urban Health Institute, a research institute of the Sinai Health System in Chicago, IL. Ami joined the Sinai Urban Health Institute three years ago as the coordinator of the Improving Community Health Survey, a population based household survey conducted in six Chicago Community Areas. Findings from this survey have been disseminated at over 100 different venues and are being used to develop interventions and bring greater resources to these Chicago communities. Ami has been responsible for helping dissemination efforts by responding to data requests from community groups and government agencies, writing reports, and preparing presentations.

In Chicago, Ami has also been involved in forming a Chicago-group of the South Asian Public Health Association. Prior to her work in Chicago, Ami was a Research and Evaluation Program Associate at EngenderHealth, an international reproductive health organization. She received her MPH from the Columbia University School of Public Health and a bachelor's from the University of Chicago.

Sinai's Improving Community Health Survey in Six Chicago Community Areas

Sinai's Improving Community Health Survey is a comprehensive community health survey conducted in six of Chicago's 77 Community Areas. The survey was conducted face-to-face with 1,699 randomly selected adults (18-75yrs) and caretakers of 811 randomly selected children (0-12yrs) from September 2002-April 2003. The findings of the survey revealed substantial disparities in health between the six communities and identified where and to what extent these disparities exist in Chicago. Survey data illustrate intimate health profiles of these community areas and are instrumental in shaping interventions, targeting resources and guiding health policies in Chicago communities.

Appendix E

American Public Health Association November 2006 Abstract Submissions

Hypertension in Six Chicago Communities: Local survey data offers opportunity for improved health

Ami Shah, MPH, Teena Francois, MPH, Steven Whitman, PhD

Hypertension is one of the leading causes of cardiovascular morbidity and mortality in the United States. Its prevalence has increased in the past decade not only because of the aging population but also because of the lack of exercise and poor eating habits behind the growing obesity epidemic. Nationally, the condition disproportionately affects non-Hispanic Blacks (35%) compared to non-Hispanic Whites (23%) and Hispanics (24%). Other risk factors associated with HBP include diabetes, smoking, and social stressors such as racism and poverty. Despite the gravity of the condition, little is known about its prevalence at the local level where targeted interventions would be most effective.

To gather such local level information to shape interventions, a comprehensive health survey was implemented in six racially/ethnically diverse community areas in Chicago. Self-reported data were gathered about 1,699 adults (age 18-75 years) from randomly selected households from each community area. Respondents were asked if they were ever diagnosed with high blood pressure as well as other associated health outcomes and risk behaviors.

The age-adjusted prevalence of adults diagnosed with HBP in two non-Hispanic Black communities, North Lawndale and Roseland, were 41% and 39%, respectively. These rates are twice as high in Norwood Park (26%), a predominately non-Hispanic White community, and South Lawndale (17%), a predominately Mexican American community. While similar racial and ethnic disparities have been documented at the national level, these data draw attention to important disparities at the local level and offer opportunities to reduce them.

Further analysis suggest that the prevalence of HBP among younger adults (18-44 years) in the two NH-Black communities was about 22% compared to only 13% in Norwood Park and 15% in South Lawndale. Young adults in the two NH-Black communities appear to have a far greater risk of developing hypertension and suffering from its long-term consequences. Data also indicate that less than half of adults in some communities are not managing their blood pressure with medications, suggesting that many are living with uncontrolled HBP.

Survey data indicate to what extent and in what way HBP burdens these six communities and offers insight on how to intervene. In the context of race, poverty and growing health disparities in Chicago and the United States, these local area data are imperative to effectively alleviate the burden of hypertension and ensure the right to health for all.

Learning Objectives:

- Recognize the need for community level data to determine underlying causes of risk factors associated with hypertension;
- Present variations in the prevalence of high blood pressure in six racially/ethnically diverse Chicago communities, compared to Chicago and national averages;
- Understand the importance of the social and environmental context of health in developing effective interventions and improved policies to address hypertension, especially in urban minority communities.

Associations Between Experiences of Perceived Discrimination/Racism and Poor Health Outcomes in Six Chicago Communities: Results from a Community Health Survey

Teena Francois, MPH Jocelyn Hirschman, MPH, Ami Shah, MPH, Steven Whitman, PhD

Introduction: Race is a key determinant of health in the US. The evidence to demonstrate causal directionality in the relationship between health outcomes and discrimination is forthcoming; however, perceived racial discrimination has been associated to hypertension, mental health and perceived quality of life. Community level data will augment existing research through the description of associations found in diverse populations.

Methods: A comprehensive health survey was implemented in six racially/ethnically diverse community areas in Chicago. Self-reported data were gathered from 1,699 adults (age 18-75 years) from randomly selected households. Four community areas were homogenous: two predominately NH-black, one NH-white and one Mexican-American. Two communities were heterogeneous in their racial/ethnic make-up consisting of Puerto Rican, Mexican American, NH-

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black and NH-white residents. Respondents were asked if they ever experienced discrimination due to their race/ethnicity, in what setting they experienced it and how they coped with the experience.

Results: The minority communities demonstrated significantly higher rates of perceived racism ranging from 78 to 85% compared to the predominately NH-white community. Survey data revealed consistent associations between perceived racism and diagnosis of high blood pressure, depression and poor perceived quality of life. Our presentation will further explore the variations in these and other associations of health outcomes as a result of experienced discrimination due to race/ethnicity.

Implications: Community level data have important implications for progressing our understanding of the affects of racial discrimination on health outcomes. Such data establishment the framework for advanced studies in this area.

Learning Objectives:

- Describe the disparities in health status for residents of six communities as compared to Chicago and national averages.
- Recognize the relationships between experienced discrimination due to race/ethnicity and negative health outcomes.
- Recognize the need for community level data to further the understanding of the affects of perceived racism/discrimination on health status.

Use of Back Sleeping to Reduce Incidence of Sudden Infant Death Syndrome in Six Chicago Communities: Results from a Community Health Survey

Teena Francois, MPH Jocelyn Hirschman, MPH, Ami Shah, MPH, Steven Whitman, PhD

Introduction: SIDS is one of the leading causes of death among infants in the United States, resulting in approximately 5000 infant deaths each year in the US. Non-Hispanic black infants and infants born to mothers of lower socioeconomic status are disproportionately affected by infant deaths attributed to SIDS. While there are many prevention strategies to reduce the incidence of SIDS, sleep positioning has been identified as one effective modifiable risk factor. One of the national Healthy People 2010 objectives is for 70% of infants to be put to sleep on their backs. However, this goal has not been met for black communities. Local level data, which are rarely available, are useful to monitor SIDS determinants and to ultimately shape effective community programs to prevent SIDS.

Methods: A comprehensive health survey was implemented in six racially/ethnically diverse community areas in Chicago. Face to face interviews were completed with 1,699 adults from randomly selected households. The survey asked respondents about infant sleep position knowledge and practices and whether their physician had ever educated them about SIDS.

Results: In these communities, less than half (43%) of the caretakers stated that infants should sleep on their back, 30% said on their sides and still 27% said their stomach. Non-Hispanic black and Mexican respondents were least likely to believe that infants should be put to sleep on their backs. Sleep positions most often used, provider recommendations and other underlying social and environmental factors associated with community level disparities will be further explored in the presentation.

Implications: Community level data about SIDS have important implications for developing local area programs or social marketing campaigns. Such data make for effective allocation of resources and design of interventions.

Learning Objectives:

- Recognize the need for community level data to determine underlying causes of risk factors associated with SIDS;
- Observe variations in SIDS mortality at the community level, compared to Chicago and national averages.
- Describe differences in knowledge and practices with regards to infant sleep position in six Chicago communities, and how it compares to national Healthy People goals.
- Understand the importance of the social and environmental context of health in developing effective interventions and improved policies to combat SIDS, especially in urban minority communities.

Appendix F

1. *Report on the Findings of The Jewish Community Health Survey*
2. *AAPI Nexus* article, “Measuring State-Level Asian American and Pacific Islander Health Disparities: The Case of Illinois”

(also available at: www.sinaiurbanhealthinstitute.org)

Appendix G:

Community Organizing for Obesity Prevention in Humboldt Park (CO-OP HP) Materials

1. Report Executive Summary
2. Report on Community Survey in Humboldt Park
3. News Clippings from *La Voz* and *Chicago Sun Times*
4. Press release: Humboldt Park Community Takes Grassroots Action to Fight Neighborhood Obesity Epidemic