

Chicago Community Health Profile: North Lawndale

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Executive Summary

This profile has been created in an effort to understand the nature of health in the North Lawndale community, along with the associated challenges and opportunities. Because comprehensive studies in the literature have shown that health largely, but not entirely, varies with structural issues like poverty, race, and income inequality, we start our exploration by examining such measures. To add context to these measures, we compare values for the North Lawndale community area to measures for the other 76 community areas in Chicago, to Chicago itself, and to the United States. Remaining sections discuss birth outcomes, mortality, measures of morbidity, and life expectancy.

Section 1. Demographics and Socio-Economic Status

North Lawndale underwent a dramatic demographic transition between 1950 and 1960 as its population declined and changed from majority White to virtually all Black. In 1998, about 40,000 people lived in North Lawndale compared to about 120,000 people in 1960. North Lawndale is also one of the poorest community areas in the city, ranking among the poorest 10 (out of 77) on all but one related measure. For example, according to the 1990 census North Lawndale ranked 9th in percent of people living below the poverty level (eight community areas were poorer and 68 were richer) and also 9th for the percent of children living below the poverty level. In fact, more than half of all children under 18 years of age in North Lawndale were living in poverty in 1990.

Section 2. Birth Outcomes

Infant mortality in North Lawndale was about one and one-half times as high as that in Chicago for the years 1981-1995. Surprisingly however, in 1996 – 1998 (the latest years with available data) North Lawndale's infant mortality rate (11.2) approached Chicago's rate (10.8 infant deaths per 1,000 live births). This may be compared with a rate of 7.1 for the United States and 4.0 for Japan. North Lawndale's infant mortality rate ranked 33rd highest among the 77 community areas for this latest time interval. But getting closer to Chicago's rate is not necessarily the good news because Chicago has one of the highest rates in the United States and further, the United States ranks 25th highest among 27 industrialized countries in the world.

Other closely related measures of birth outcome such as low birth weight, births to teen mothers, prenatal care, sudden infant death syndrome (SIDS or crib death), and mothers who smoke during pregnancy are not as positive. All of these measures rank among the worst 15 community areas in the City. Infant mortality may have declined in North Lawndale, but these other measures have not improved and some, like mothers who deliver without receiving any prenatal care, have gotten much worse, increasing from 2% in 1981-83 to 8% in 1996-98.

Section 3. Leading Causes of Death

Thirteen of the leading causes of death in North Lawndale are examined in this section, and 9 of them have ranks that may be compared with other community areas. North Lawndale ranks among the 20 worst community areas on 6 of these 9 measures. North Lawndale's overall mortality rate of 823 deaths per 100,000 population ranks it 15th

among all other community areas. It is 34% higher than Chicago's rate and 72% higher than the U.S. rate. These are not merely abstract numbers. For example, if North Lawndale had the same mortality rates as the United States 170 fewer residents of North Lawndale would die each year.

The overall mortality rate in North Lawndale has been declining over the past 16 years, as have rates for several other causes of death in a manner generally consistent with the rest of the country. Among these are:

- Heart Disease
- All Cancer
- Breast Cancer
- Prostate Cancer
- Homicide
- Stroke
- Unintentional Injury

On the other hand, rates for other causes of death have been remaining steady or even increasing:

- Colorectal Cancer
- Lung Cancer
- HIV Infection
- Motor Vehicle Injury
- Diabetes Mellitus

Thus, although there have been some notable gains over the past 16 years, North Lawndale's mortality rates remain very high.

Section 4. Communicable Diseases and Other Measures of Morbidity

Many important measures of health do not result in death but do substantially damage health and quality of life. This section considers seven such measures. Three of them are sexually transmitted diseases (STDs). All are among the highest in Chicago and Chicago's rates are among the highest in the United States. For example, the rate for gonorrhea in North Lawndale was 967 per 100,000 population (a rank of 11th highest among community areas) compared with 461 for Chicago and 123 for the United States. The good news is that the rates for gonorrhea, syphilis, and chlamydia have been declining since the early nineties in North Lawndale as well as in Chicago and the United States. In addition to the damage that these STDs do in and of themselves, they are also responsible for such conditions as pelvic inflammatory disease and infertility in women. Indeed, such diseases harm women even more than they do men.

Two other communicable diseases, AIDS and TB, have also been declining for the past several years. This is due to new treatments and/or greater access to already existing treatments.

Finally, we consider two other measures of morbidity. One is elevated lead screens among children ages 0 – 6. Although this rate has declined 25% over the past two years, in 1998 it was still 166, twice as high as Chicago's rate of 81. Most of this lead poisoning comes from exposure to lead based paint, paint that was made illegal over 20 years ago but that still covers the walls of many houses in Chicago's poorer neighborhoods. The other measure considered here is domestic violence against women, derived from data made available by the Chicago Police Department. North Lawndale's rate has increased in the last 2 years to 4,782 which may be compared with Chicago's rate of 3,480.

Section 5. Life Expectancy

Perhaps the single best number that represents the health of a community is life expectancy – how many years an average person may expect to live after birth. In North Lawndale this number was 63.6 years in 1990, which was the 7th lowest life expectancy among the community areas. This may be compared with the 1990 life expectancy of Chicago which was 70.4 years. Notably, North Lawndale's life expectancy in 1990 was 3 years less than its life expectancy in 1980 which was 66.6 years. This is a stunning statistic. While life expectancy all over the world increased in the decade between 1980 and 1990, North Lawndale's actually decreased.

The implications of these numbers are noteworthy. For example, the average resident of North Lawndale would not live long enough to collect his or her social security benefits or to be eligible for Medicare. North Lawndale's life expectancy (of 63.6 years) may be set into context by considering the life expectancies of Japan (79.3), France (77.6), Cuba (75.5), the United States (75.4), and Mexico (71.8). We pose the question: What does it mean that North Lawndale, sitting in the middle of the third largest city in the richest country in the world, has a life expectancy between 8 and 12 years shorter than two of the poorest countries in the hemisphere – Cuba and Mexico?

Section 6. Conclusion

Much of the epidemiological literature cited in this report indicates that health is substantially affected by factors that may be located in the social structure of a community – factors like poverty, race, and income inequality. The health of North Lawndale may be considered as an exemplar of this dynamic. On almost all of the measures considered in this report North Lawndale ranks among the 20 worst off community areas. Further, North Lawndale exhibits only one rate better than those of Chicago or the United States and that is AIDS morbidity. And for only one measure, again AIDS morbidity, has North Lawndale achieved the Goal for the Year 2000 as set forth by the federal government. Although some measures have been improving, some have not. The result is that the health of far too many North Lawndale residents remains unacceptably poor.

What, therefore, should be done? This is perhaps the question that arises first from considering a report like this and will best be left for community residents, agencies and institutions that serve the North Lawndale community. Among the answers will be addressing the structural challenges named above, improving important behavioral

practices such as diet, exercise, substance consumption (cigarettes, alcohol, illegal drugs, etc.), and improving access to medical care.

We hope that this report illuminates the need for some of these changes and thus helps to improve the health of the residents of North Lawndale.

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