

# **Chicago Community Health Profile: South Lawndale**

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## **Executive Summary**

This profile has been created in an effort to understand the nature of health in the South Lawndale community, along with the associated challenges and opportunities. Because comprehensive studies in the literature have shown that health often, but not always, varies with structural issues like poverty, race/ethnicity, and income inequality, we start our exploration by examining such measures. To add context to these measures, we compare values for the South 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.

As is discussed in the Methodological Notes, the data presented are especially intriguing because on many of the measures South Lawndale residents exhibit low mortality rates even though the community area is relatively poor. Throughout the health profile we keep this issue, often called the “epidemiologic paradox”, in mind as we try to understand and comment on the data while providing background information and observations on prevention.

### **Section 1. Demographics and Socio-Economic Status**

In 1930, South Lawndale’s population, numbering about 75,000, was essentially all White. Because we do not have reliable Hispanic population data until the 1980 Census, we do not know for sure when the Hispanic population began to increase. But by 1980, the non-Hispanic White population was about 35,000 and the Hispanic population stood at 55,000. If we can judge by other nearby community areas, this trend of decreasing White and increasing ethnic population happened in the decades between 1950 and 1970. In 1998, almost 88,000 people lived in South Lawndale, approximately 83% of whom were Hispanic. South Lawndale is a poor community area, ranking 23<sup>rd</sup> poorest of the 77 community areas in the city.

### **Section 2. Birth Outcomes**

Infant mortality in South Lawndale has been consistently lower than Chicago over all the years examined in this report. At 7.9, South Lawndale even compares favorably with the U.S. rate of 7.1.

Other closely related measures of birth outcome such as low birth weight, births to teenage mothers, prenatal care, and mothers who smoke during pregnancy are also quite positive. In most of these measures, South Lawndale’s rates are considerably lower than those of Chicago. In fact, Chicago mothers are 81% more likely to smoke than are South Lawndale mothers.

### **Section 3. Leading Causes of Death**

South Lawndale’s All Cause mortality rate of 520 deaths per 100,000 population ranks it 43<sup>rd</sup> among Chicago’s community areas. It is 15% lower than Chicago’s rate but 8% higher than the U.S. rate. The All Cause mortality rate in South Lawndale has been declining steadily over the past 18 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 Sites of Cancer
- Lung Cancer
- Stroke

For three causes of death, Pneumonia & Influenza (P&I), Unintentional Injury, and Homicide, the mortality rate has fluctuated significantly between 1981- 1998. P & I has been decreasing since 1987-1989 and Homicide has been decreasing since 1993-1995, while Unintentional Injury has been on the upswing since 1990-1992.

The most alarming trend is that Diabetes Mellitus mortality in South Lawndale has increased 270% between 1984-1986 and 1996-1998, making it one and a half times the Chicago rate and more than twice the U.S. rate.

#### **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). 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, STDs often harm women even more than they do men. For each of the three, South Lawndale has lower rates than Chicago. The good news is that the rates for gonorrhea and syphilis have been declining since the early nineties in South Lawndale, Chicago and the United States.

AIDS incidence in South Lawndale and Chicago has been declining since the 1993-1995 time period, although the Chicago decline is precipitous and the South Lawndale decline is modest. The decrease is likely due to new treatments and/or greater access to already existing treatments. Tuberculosis (TB), another communicable disease, has sadly been on the increase in South Lawndale since 1987-1989.

We also consider two other measures of morbidity. One is elevated lead screens in children aged 0 – 6. This rate in South Lawndale has paralleled Chicago, declining over the past two years to about 80 elevated screens per 1,000 children, compared to Chicago's rate of about 70. 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. South Lawndale's rate is 2,824 compared to Chicago's rate of 3,583.

#### **Section 5. Life Expectancy**

Perhaps the single best measure that represents the health of a community is life expectancy – how many years an average person may expect to live after birth. In South Lawndale this number was 73.3 years in 1990, a rank of 42 among the 77 community

areas. This compares quite favorably with the 1990 life expectancy of Chicago that was 70.4 years. Notably, South Lawndale's life expectancy in 1990 was 1.5 years higher than its life expectancy in 1980 while Chicago's life expectancy remained exactly the same between 1980 and 1990.

South Lawndale's life expectancy (73.3 years at birth) 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). Keep in mind that there are certain problems with assuming that the South Lawndale numbers are totally reliable. As we discuss in the Methodological Notes, we need to take into account the confounding theories of the "healthy migrant," Census undercounts of undocumented immigrants, and migration of elderly, ill immigrants.

### **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 – negative factors like poverty, racial or ethnic discrimination, and income inequality on the one hand and on the other, positive factors like family support, community solidarity, cultural practices and healthy diet. The health of South Lawndale may be considered as an exemplar of this dynamic.

There is much to be learned here and even more to question. How do we make sense of the fact that South Lawndale, a poor community area, has health outcomes that are often much better than those of Chicago? If it is true that there is something in the structure or behavioral practices of this community that confers good health, how can we discover it and help other less healthy community areas access that wisdom? Then there are issues specific to this Hispanic community, like diabetes, and TB, which may be related to ethnicity or immigration status.

It is vitally important that research begin to resolve some of these unanswered questions for South Lawndale, for the rest of Chicago, and for other U.S. urban areas. The Sinai Urban Health Institute hopes to become a participant in this effort.

We hope that this report is illuminating and that it helps to further improve the health of the residents of South Lawndale.