

Healthy Chicago 2.0: Utilizing and Maximizing Data and Research

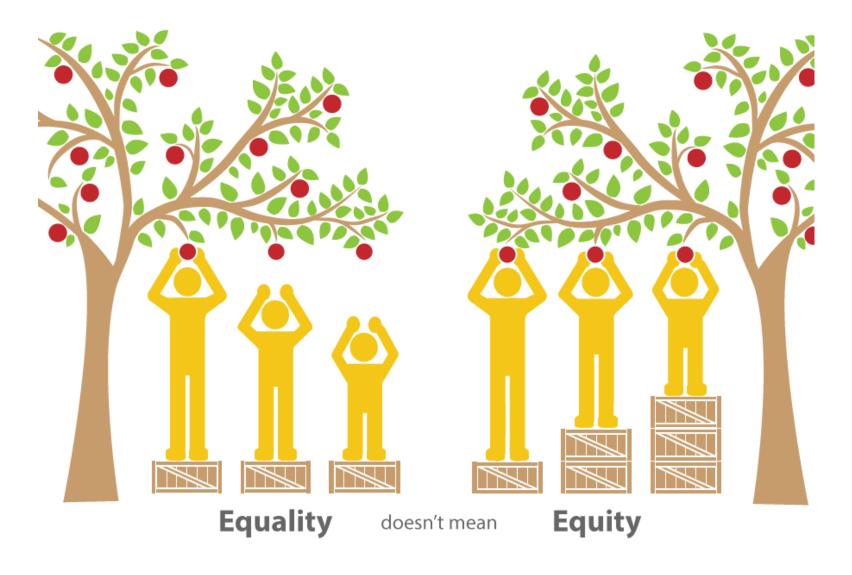
Nikhil Prachand
Director of Epidemiology
March 4, 2016

Healthy Chicago 2.0 Vision

"A city with strong communities and collaborative stakeholders, where all residents enjoy equitable access to resources, opportunities and environments that maximize their health and well-being"



Focus on Health Equity



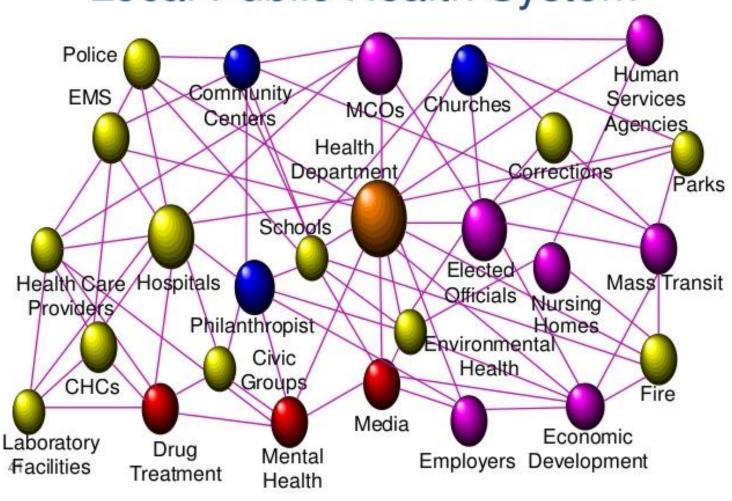
Social Determinants of Health

Neighborhood and Built Environment Economic **Health Care** Stability Social **Determinants** of Health Social and Education Community Context

"Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." (Healthy People 2020, CDC)

Health-In-All Policies

Local Public Health System



Timeline, 2014-2016



Community Health Status Assessment

- CDPH and HC2 Data Committee worked to acquire and analyze over 60 datasets
- Produced a data compendium that was used by action teams to develop priority areas and identify priority populations
- Over 240 data indicators were created, of which 75 became measurable objectives for the plan

Action Areas

Health Conditions

- Behavioral Health
- Child & Adolescent Health
- Chronic Disease

- Infectious Disease
- Violence & Injury

Root Causes

- Access to healthcare
- Education

Environment & Community
 Conditions
 (housing, economic development, education opportunity, safety)

Essential Supports

Data & Research

 Partnerships & Community Engagement

Addressing Action Areas

• **32** goals

• **82** measurable objectives

- **216** strategies
 - Many cross-cutting
 - Involve multi-sector partnerships

GOAL

Improve Chicago's built environment and transportation so that residents can live and age well in healthy communities

Objectives

- Increase the percentage of adults who walk, bike, or take public transportation to work by 10%
- Increase percentage of people who feel safe in their community*

Strategies

- Continue implementation of Chicago's Pedestrian Plan and institutionalize Chicago's Complete Streets Policy and CDOT's Pedestrian First modal hierarchy by prioritizing pedestrians in the planning, design, operations and maintenance of the built environment
- Continue to Implement the Streets for Cycling Plan 2020, Chicago's bikeway network plan, and adopt an updated, policy-based, citywide bike plan that includes equity, health and economic development
- Foster partnerships between bike share and public health providers to identify local needs and health inequities in support of equitable planning and increased use of the Diwy program
- Improve the public transit system by investing in CTA and Metra commuter railroad modernization that ensures full accessibility for riders of all ages and abilities
- Promote the Make Way for People program and encourage art and programmed activities in public spaces
- Continue the Large Lot Program to make city-owned vacant land available to current property owners
- Examine ways to encourage and fund development near transit that includes mix land use
- Implement the Age Riendly Chicago plan, which incorporates emerging Aging in Community policies and guidelines



People who feel safe using parks, playgrounds & walking paths in their neighborhoods

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Utilizing and Maximizing Data and Research

Goal 1: Assure equitable access to quality data

Goal 2: Public health research will be coordinated and disseminated widely



- Improving data access is an integral part of Healthy Chicago 2.0
- There is much traditional and non-traditional health data that needs to be liberated and shared to fully understand and help address the root causes of health inequity
- Needs tools to ensure that policymakers, researchers, and residents have the opportunity to utilize high quality and timely data
- Implementation team will be developed to make an action plan and identify owners of strategies

- Launch citywide public health data partnership in 2016
 - Begin with HC2 data partners
 - Demonstrate value of <u>non-traditional</u> data in measuring impact on health
 - Demonstrate value of timely data
 - Identify new potential sources of data that measure root causes of health inequity
 - Conduct an environmental scan of health data and data systems

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Data Sources

- City of Chicago
 - Public Health
 - Healthy Chicago Survey
 - Communicable Disease
 - Environmental Permitting & Inspection
 - Food Safety
 - Immunization
 - Lead
 - HIV/STI
 - TB
 - Chicago Fire Department
 - Chicago Housing Authority
 - Chicago Park District
 - Chicago Police Department
 - Chicago Public Library
 - Chicago Public Schools
 - Chicago Transit Authority
 - 311
 - Buildings
 - Cultural Affairs
 - Business Affairs
 - Emergency and Management Communication
 - Family & Support Services
 - Planning and Development
 - Transportation
- Greater Chicago Food Depository
- National Association for the Education of Young Children
- Infobase

- Cook County
 - Department of Public Health
 - Medical Examiner's Office
 - Assessor's Office
 - Chicago Board of Election Commissioners
- State of Illinois
 - Department of Human Services
 - WIC/Cornerstone
 - Healthcare and Family Services
 - Early Intervention
 - Department of Public Health
 - Behavioral Risk Factor Surveillance
 - Illinois Cancer Registry
 - Vital Records
 - Hospital/ED Discharge Data
 - Illinois EPA
 - Alcohol and Substance Abuse
 - State Board of Education
- United States Government
 - Department of Labor
 - Department of Agriculture (USDA)
 - Department of Education
 - Census Bureau
 - Centers for Disease Control & Prevention
 - Housing & Urban Development (HUD)
 - Oceanic and Atmospheric Administration (NOAA)
 - Postal Service (USPS)

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- National Association for the Education of Young Children
- Infobase Retail/Marketing

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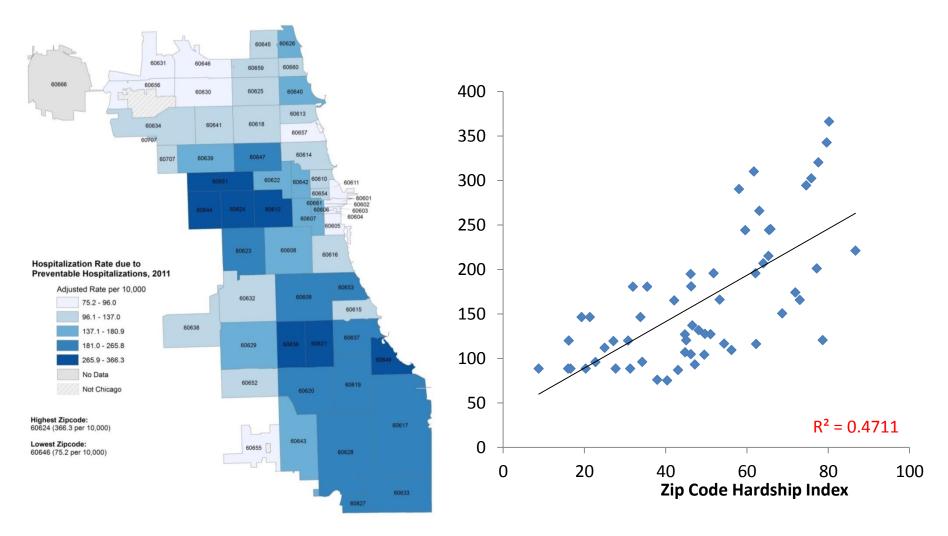
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Evaluating Chicago Clean Indoor Air Act using IDPH Hospital Discharge Data

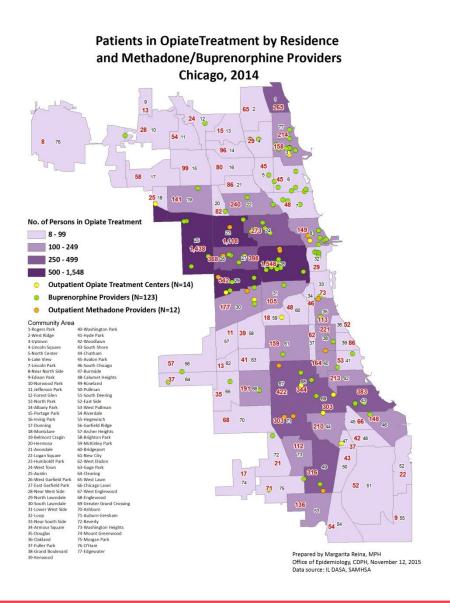


| | AGE ADJUSTED RATE (per 10,000) | | | | | | | | | | | | |
|----------|--------------------------------|------|------|------|------|------|------|------|------|------|------|------|---|
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | Trend |
| Acute MI | 22.2 | 22.0 | 22.1 | 22.0 | 21.0 | 20.1 | 18.4 | 17.8 | 17.4 | 16.8 | 17.0 | 15.9 | 2000-2003 ↔ (p=0.98) 2003-2007 ↓ (p=0.01) 2007-2011 ↔ (p=0.051) |
| Stroke | 33.3 | 32.8 | 32.1 | 30.1 | 30.7 | 29.0 | 30.0 | 27.8 | 28.0 | 28.3 | 27.8 | 27.6 | 2000-2011 ↓ (p<0.001) |

Exploring the Relationship between Preventable Hospitalizations and Economic Hardship



Identifying Opiate Treatment Deserts using CFD Ambulance Run Data



Opioid Overdose Rate*, Chicago Community Areas 2014 76 17 18 23 25 Opioid Overdose Rate* per 100,000^ 0.0 - 53.2 26 27 32 53.3 - 120.4 29 120.5 - 241.2 241.3 - 375.6 30 376.7 - 1,054.2 60 35 59 ^ Among adults 18 years and older 1. West Garfield Park (26) 1.054.2 57 61 2. East Garfield Park (27) 672.4 3. North Lawndale (29) 375.6 63 56 62 4. Humboldt Park (23) 371.9 5. Austin (25) 278.2 42 64 67 66 65 Chicago 98.7 45 46 44 47 72 52 50

Prepared by Margarita Reina, MPH

February 16, 2016

Chicago Department of Public Health, Office of Epidemiology

*Based on CFD ambulance runs to suspect opioid

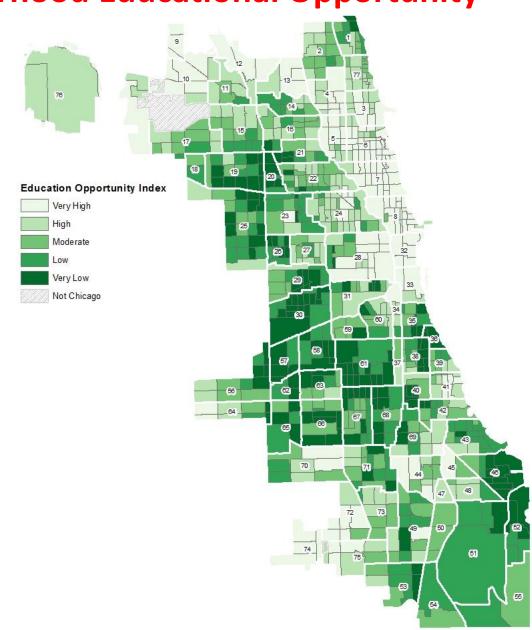
overdose where Narcan was administered.

Source: Chicago Fire Department, 2014

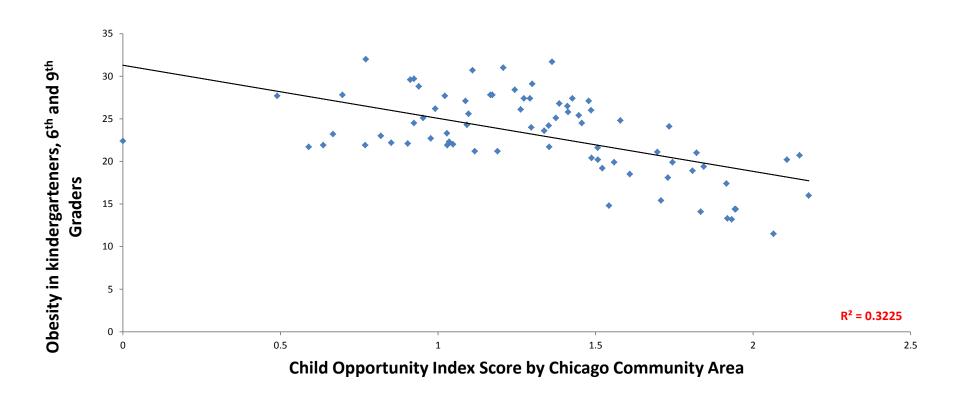
US Census, 2010

Measuring Neighborhood Educational Opportunity

- Adult educational attainment
- Student (school) poverty rate
- Reading proficiency rate
- Math proficiency rate
- Early childhood education neighborhood participation patterns
- High school graduation rate
- Proximity to high-quality early childhood education centers
- Proximity to early childhood education centers of any type
 - State Board of Education
 - US Census
 - Chicago Public Schools
 - NAEYC (Accreditation body)



Educational Opportunity and Obesity



Obesity among CPS kindergarteners, sixth and ninth graders is greater in children with less educational opportunity.

Measuring Overall Child Opportunity by Neighborhood

Educational

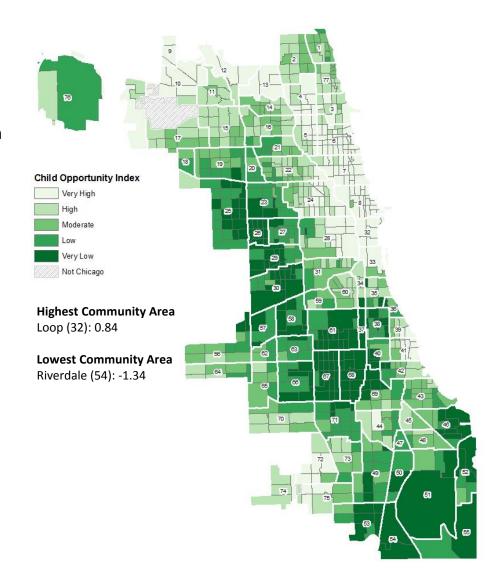
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Health and Environmental

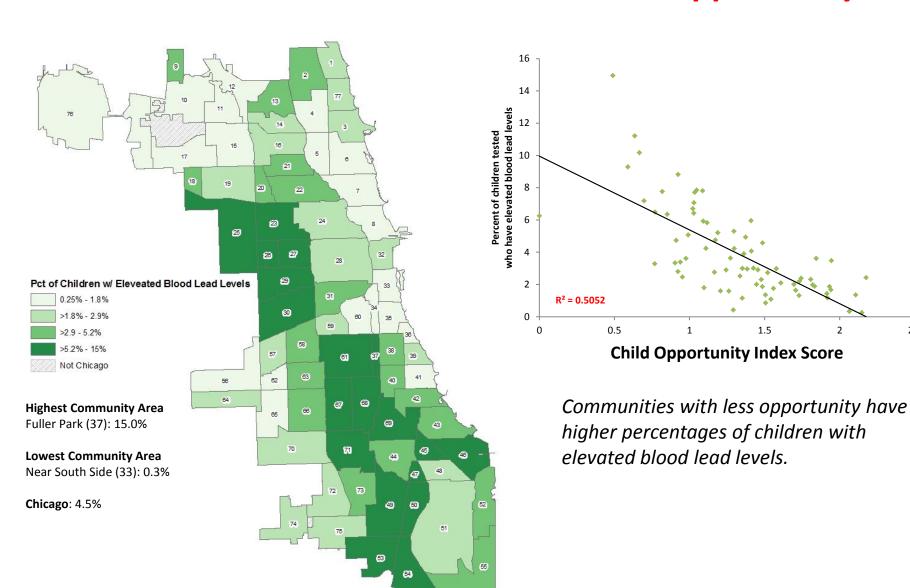
- Retail healthy food index
- Proximity to toxic waste release sites
- Volume of nearby toxic release
- Proximity to parks and open spaces
- Housing vacancy rates
- Proximity to health care facilities

Economic

- Neighborhood foreclosure rate
- Poverty rate
- Unemployment rate
- Public assistance rate
- Proximity to employment

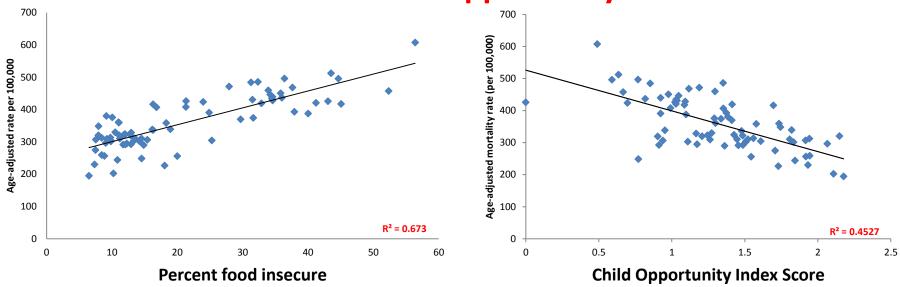


Elevated Blood Lead Level and Child Opportunity



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Diet-related Mortality, Food Insecurity and Child Opportunity



Diet-related mortality rates are higher in communities with more food insecurity and less opportunity.

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Data Gaps/Opportunities

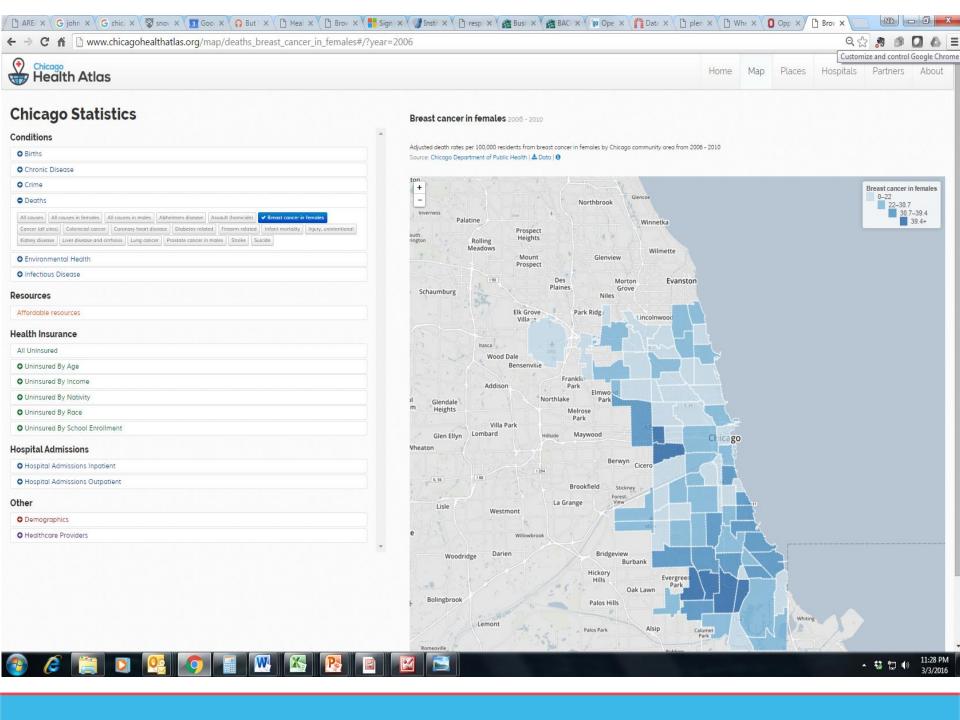
- Hospital/Clinic Systems/EHR
- Academic institutions/Clinical Research
- Criminal Justice/Legal Sector
- Public/Private Insurance
- Business Development
- Built Environment/Engineering
- Social Media/Internet/IOT
- Technology/Communication

- Legislative/Revenue
- Community-based organizations
- Policy/Advocacy Groups
- Philanthropies/Charities
- Private Education
- Faith Communities
- Recreational/Entertainment
- Financial/Private Capital Sector
- Real Estate

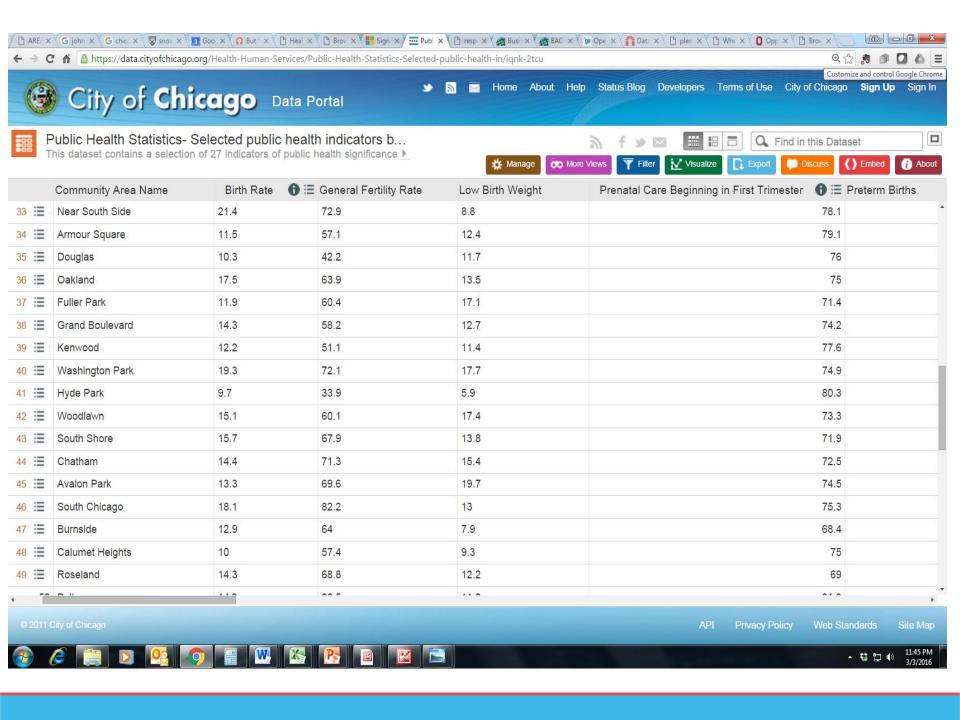
Established data partnership will work with CDPH and implementation team to form the foundation for a data sharing network

- Establish a functional public health data sharing network by 2020
 - Address barriers to data sharing by proposing new inter and intra-jurisdictional policies and working to change regulations
 - Legal/regulatory
 - HIPAA/Privacy
 - Ethics of not sharing
 - CDPH plans to make a public use dataset available from the first two rounds of the Healthy Chicago Survey by 2017

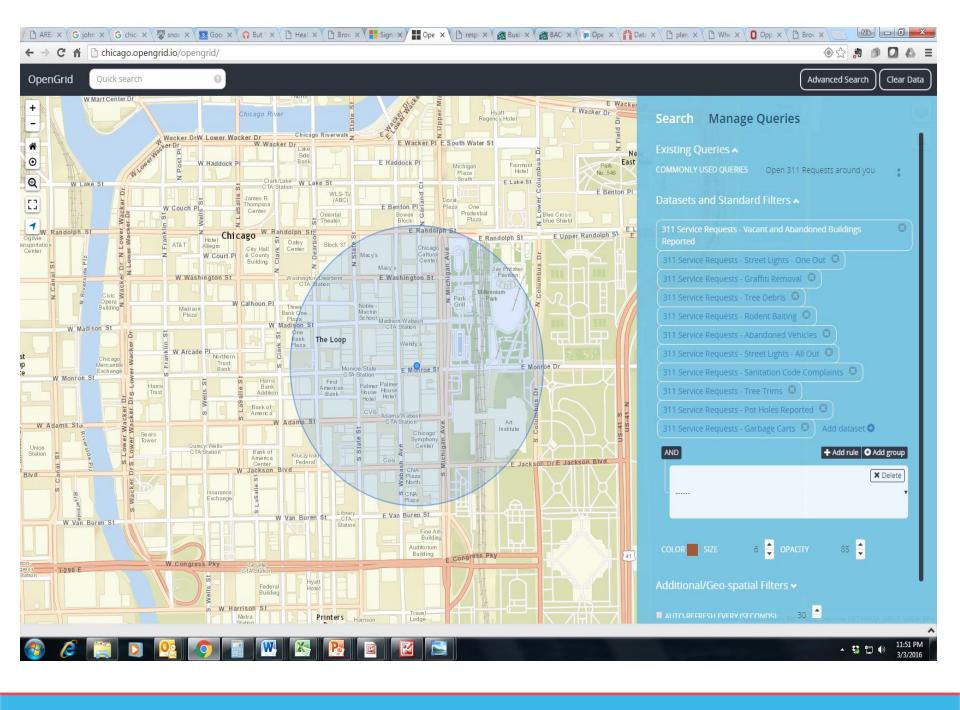
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 - Leverage existing informatics initiatives to build a data sharing infrastructure
 - Chicago Health Atlas
 - Chicago Data Portal
 - Open Grid
 - Plenar.io



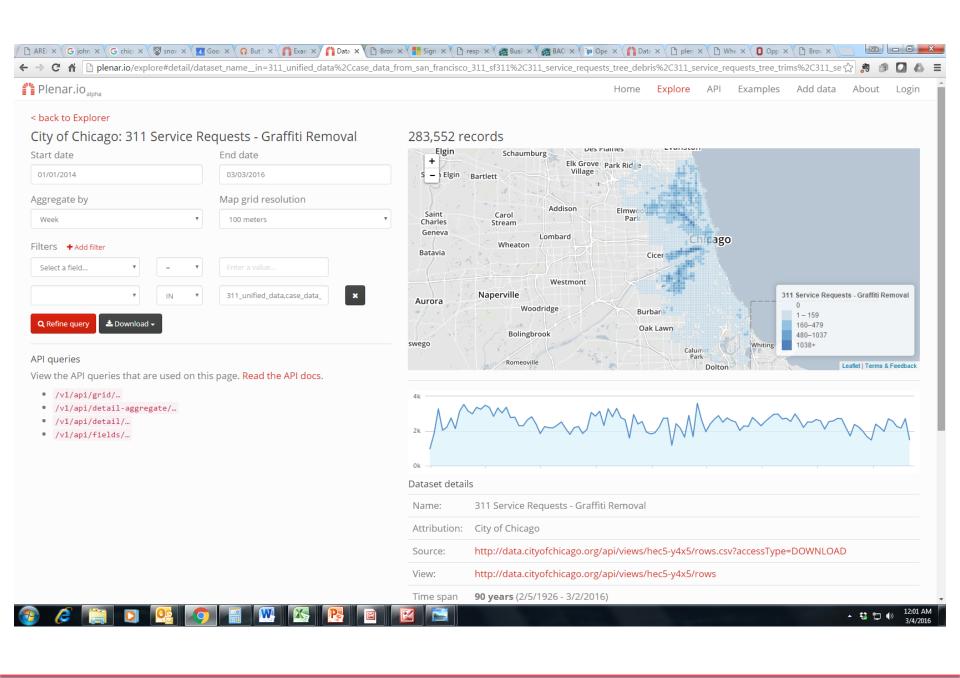
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 - Landscape scan will be required

Assuring equitable access to quality data

- Demonstrating value of population data to measure and monitor health will help commit partners to this effort
- Stubborn challenges lie ahead in overcoming barriers to data sharing
- Building a secure, electronic data sharing network requires significant resources

Implementation Healthy Chicago 2.0

- Launch in March
- CDPH and stakeholders to further develop work plans and identify implementation teams
- Implementation teams will work to identify strategy owners and develop action plans
- CDPH will monitor implementation and progress
- Publish annual Healthy Chicago 2.0 updates

Healthy Chicago Partnerships























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