

Health disparities in Chicago

- Diabetes is the leading cause of US hospitalizations:
 - ❖ Humboldt Park and South Lawndale have the highest age-adjusted rates of diabetes-related hospitalization;
 - ❖ South Lawndale has double the age-adjusted rate for lower-extremity amputations due to diabetes, exceeding the Chicago rate average.
- CVD hospitalizations:
 - ❖ Humboldt Park and South Chicago have higher hospitalization rates due to CVD compared to the city of Chicago average.
- Prevalence of risk factors:
 - ❖ Hispanics and African Americans have higher obesity rates than non-Hispanic whites;
 - ❖ A higher proportion of African Americans have high blood pressure compared to non-Hispanic Whites;
 - ❖ A higher proportion of African Americans do not exercise compared to non-Hispanic whites;
 - ❖ Almost three-quarters of Hispanics and African Americans surveyed report eating food not prepared at home;
 - ❖ Half of them reported eating at fast food restaurants when eating out;
 - ❖ North Lawndale and South Chicago have been designated “food deserts”: people have to travel long distances for groceries.
 - ❖ African American and Hispanics experience important socio-economic disadvantages: low education, low income, high unemployment, high poverty, reduced access to adequate health care.

“The promotion of health and longevity may be more successful at preventing disease and improving both the quality and quantity of our lives than attacking individual diseases.”

Dr. Battler, et al. BJM 2008

For more information on CEED, please contact:

**Sheila R. Castillo,
CEED Project Manager**

UIC- Midwest Latino Health Research, Training and Policy Center
1640 West Roosevelt Road, Suite 636 (MC 625)
Chicago, IL 60608,
Phone: (312) 413- 0507
Fax: (312) 996-3212
E-mail: srcastil@uic.edu

www.CeedChicago.org

UIC UNIVERSITY OF ILLINOIS
AT CHICAGO

Midwest Latino Health Research, Training and Policy Center
Healthy Cities Collaborative/ Great Cities Institute

Chicago Department of Public Health

CEED is funded by the Centers for Disease Control and Prevention (CDC)'s Racial and Ethnic Approaches to Community Health (REACH) US.



People at Risk



Why are Hispanics and African Americans more likely to develop diabetes or to have a heart attack?

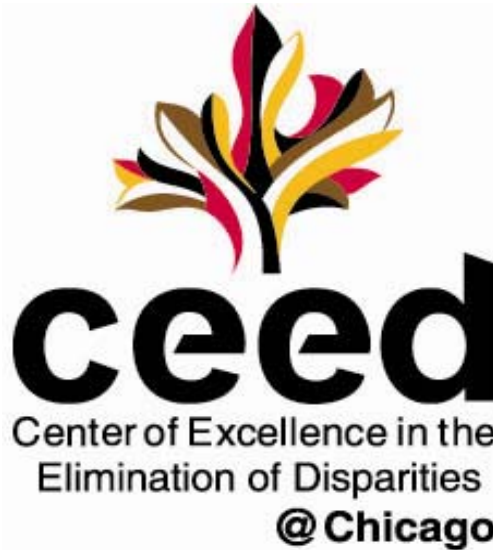
Why should we be worried about diabetes and heart disease?

Diabetes and heart disease are among the top ten leading causes of death for both African American and Hispanic/Latino populations in Chicago and nationwide.

Diabetes and heart disease are associated with serious complications, early disabilities and lower quality of life in those afflicted, as well as their families and communities.

Cardiovascular disease (CVD), including heart disease and stroke, is also one of the leading causes of disability in the United States. CVD costs an estimated \$300 billion annually as measured in health care expenditures, medications, and lost productivity due to disability and death.

Diabetes is the leading cause of non-traumatic amputations, blindness, and severe kidney disease, and is a major contributor to heart disease and stroke in Hispanics and African Americans.



Risk factors for diabetes and cardiovascular disease

Risk factors are those conditions that increase the chances of developing diabetes and/or CVD.

Obesity or overweight, lack of physical activity, high blood pressure, and high blood cholesterol are important risk factors that affect a growing number of Americans.

These risk factors disproportionately affect low income populations, and are more common among Hispanics and African Americans than whites.

What does CEED @ Chicago propose to address these health disparities?

CEED @ Chicago will form a broad network of coalitions and organizations to work together, share mutual resources and implement projects that will improve the social factors influencing the health of Hispanic/Latino and African American communities.

CEED Approaches:

CEED will be working in areas of healthy food, healthy eating, fitness and physical activity, CEED will:

- ❖ Serve as an information clearinghouse on social determinants of health disparities;
- ❖ Promote the growth of collaborative, sustainable coalitions and partnerships in order to impact access to resources for healthy food and physical activity;
- ❖ Support systems change around healthy food, healthy eating, fitness and physical activity;
- ❖ Disseminate promising practices in healthy food systems and physical activity.