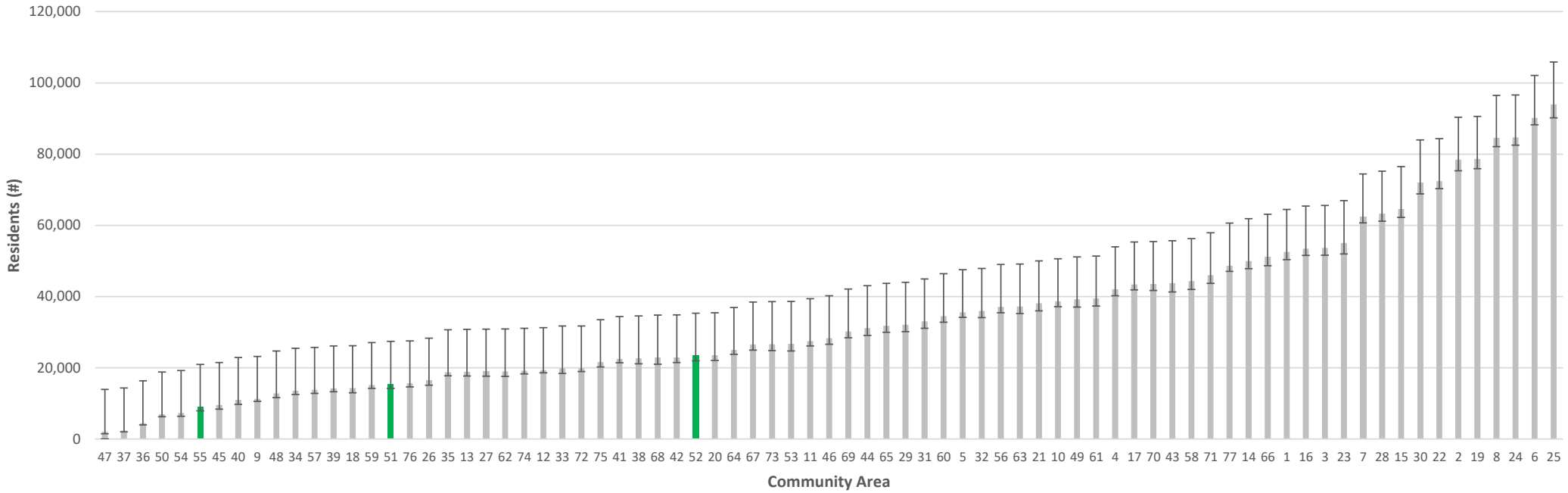
HEALTH IMPACT ASSESSMENT

RMG/SOUTHSIDE RECYCLING PERMIT APPLICATION

CDPH
Chicago Department of Public Health

Appendix D Part 2:
Existing Conditions Summary

D2. Chicago resident population by community area, 2015-2019

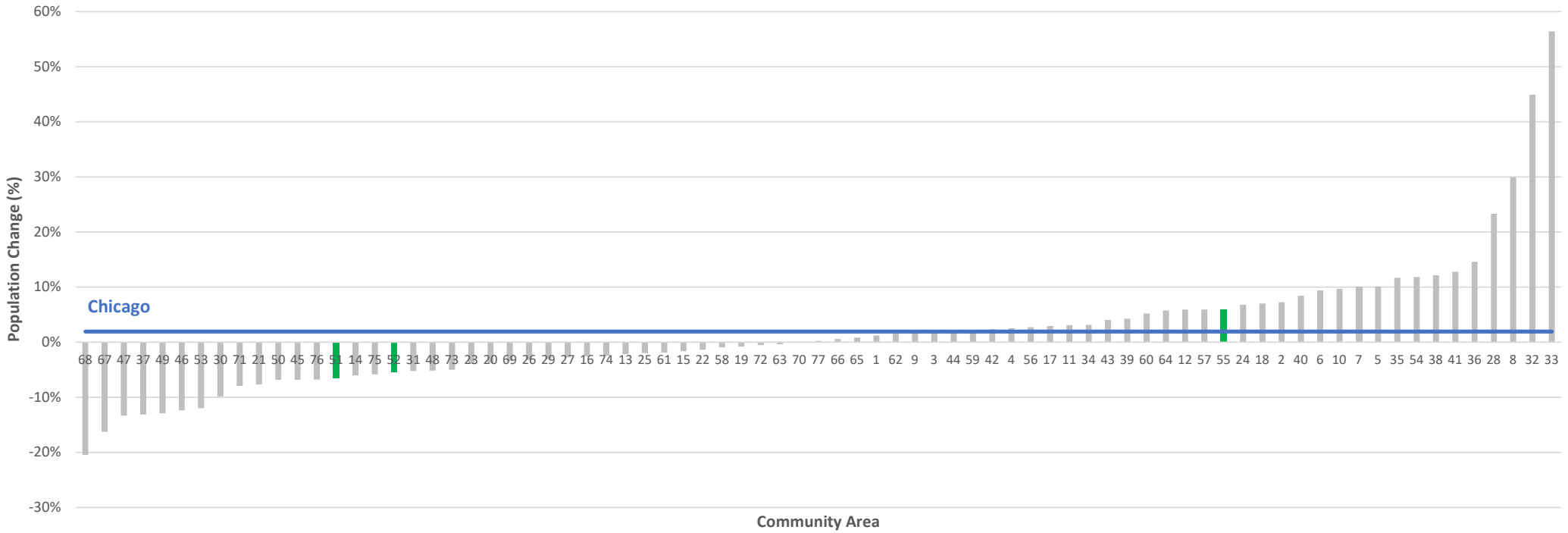


Indicator Definition:
Average population over the time period. The average population for Chicago over the 2015-2019 time period is 2,709,534 $\pm$ 108.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B01001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D3. Chicago population change (%) between 2010 and 2020 by community area

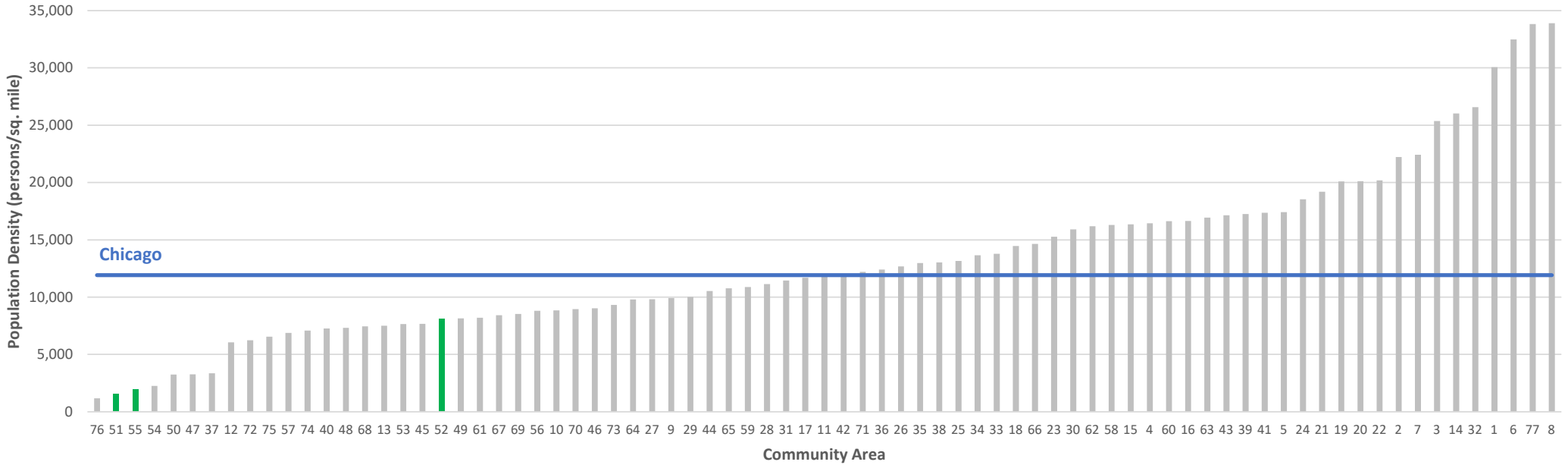


Indicator Definition:
Relative percentage change between 2010 and 2020 total population counts.

Data Source:
United States Census Bureau, Decennial Census (Table P012); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Data for 2010 and 2020 comes from the Decennial Census, which represents a complete count of all residents (as opposed to an estimate based on a survey). The U.S. census counts each resident of the country, where they live on April 1, every ten years ending in zero. The Constitution mandates the enumeration to determine how to apportion the House of Representatives among the states. For more information on the Decennial Census, see here. The relative percentage change was calculated by subtracting the total population in 2010 by the total population in 2020 and dividing by the total population in 2010, and then multiplying by 100 to get the percent.

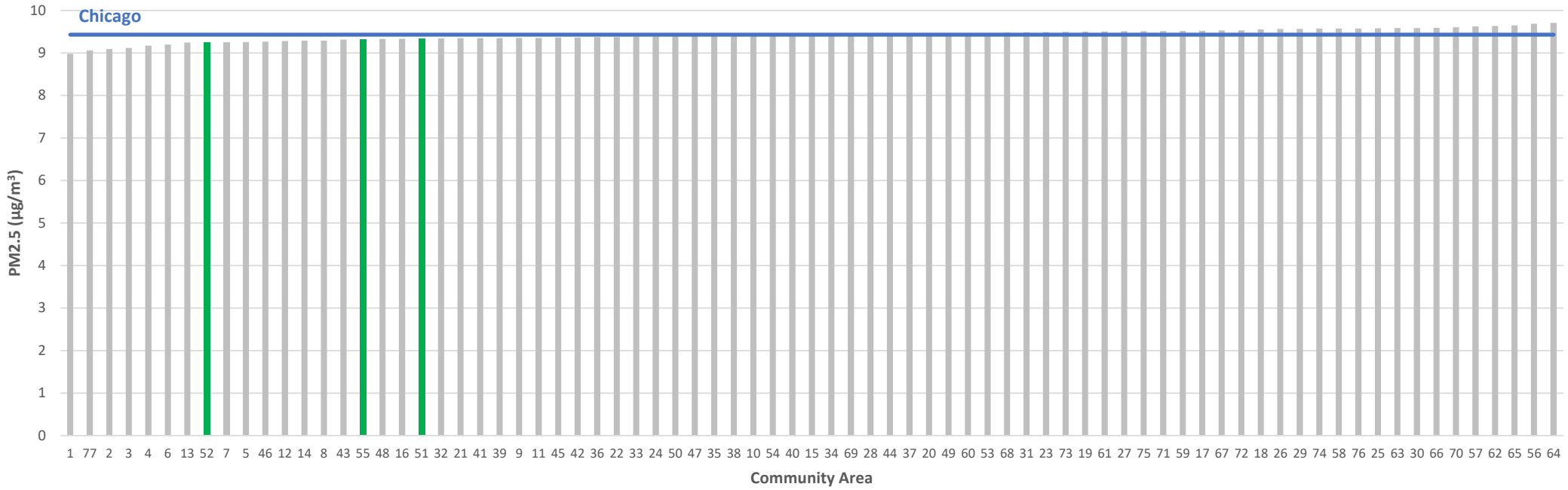
D4. Chicago population density (persons/square mile) by community area, 2015-2019



Indicator Definition:
Exact count of population divided by the land area in square miles.

Data Source:
U.S. Census Bureau Gazetteer Files (2015 files); Data curated by Metopio.

D5. Particulate matter (PM2.5) concentration (micrograms per cubic meter) in Chicago by community area, 2017

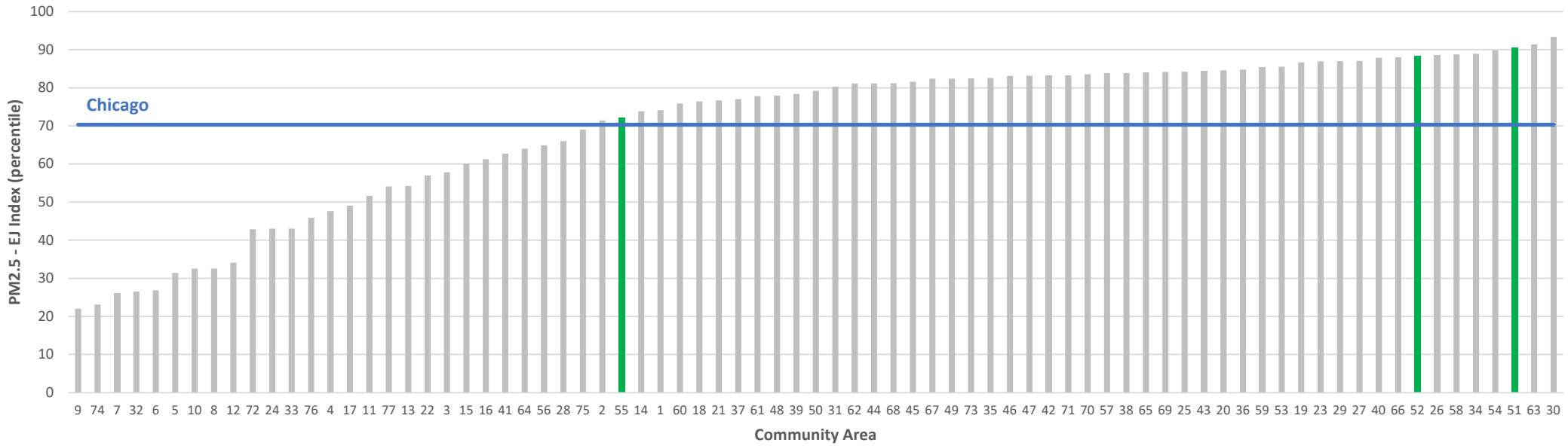


Indicator Definition:
Annual average concentration in micrograms per cubic meter. PM 2.5, or particulate matter smaller than 2.5 microns in diameter, is one of the most dangerous pollutants because the particles can penetrate deep into the alveoli of the lungs.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
Common sources of PM2.5 emissions include power plants and industrial facilities. Secondary PM2.5 can form from gases, such as oxides of nitrogen (NOx) or sulfur dioxide (SO2), reacting in the atmosphere. These data were estimated by the EPA Office of Air and Radiation from a fusion of monitoring and air quality modeling data.

D6. Weighted index of vulnerability to particulate matter smaller than 2.5 microns in diameter (PM 2.5) in Chicago by community area, 2017

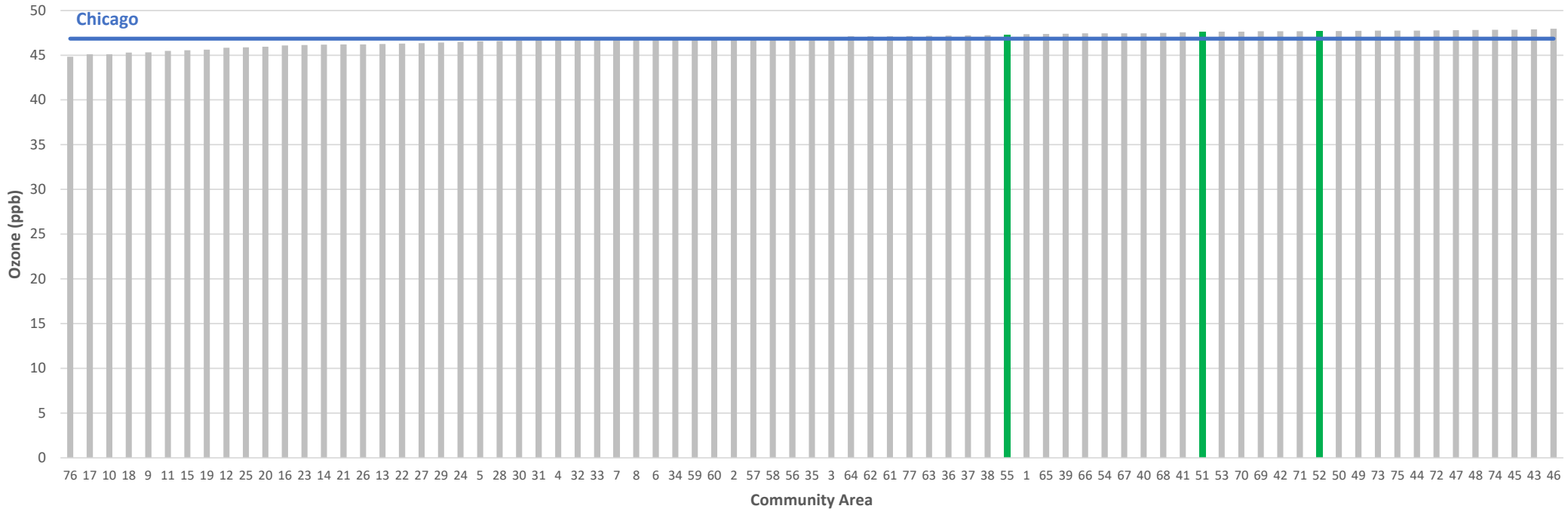


Indicator Definition:
Weighted index of vulnerability to particulate matter. Measures exposure to PM 2.5 in the air, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
Common sources of PM2.5 emissions include power plants and industrial facilities. Secondary PM2.5 can form from gases, such as oxides of nitrogen (NOx) or sulfur dioxide (SO2), reacting in the atmosphere. These data were estimated by the EPA Office of Air and Radiation from a fusion of monitoring and air quality modeling data. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D7. Atmospheric ozone (parts per billion) in Chicago by community area, 2017

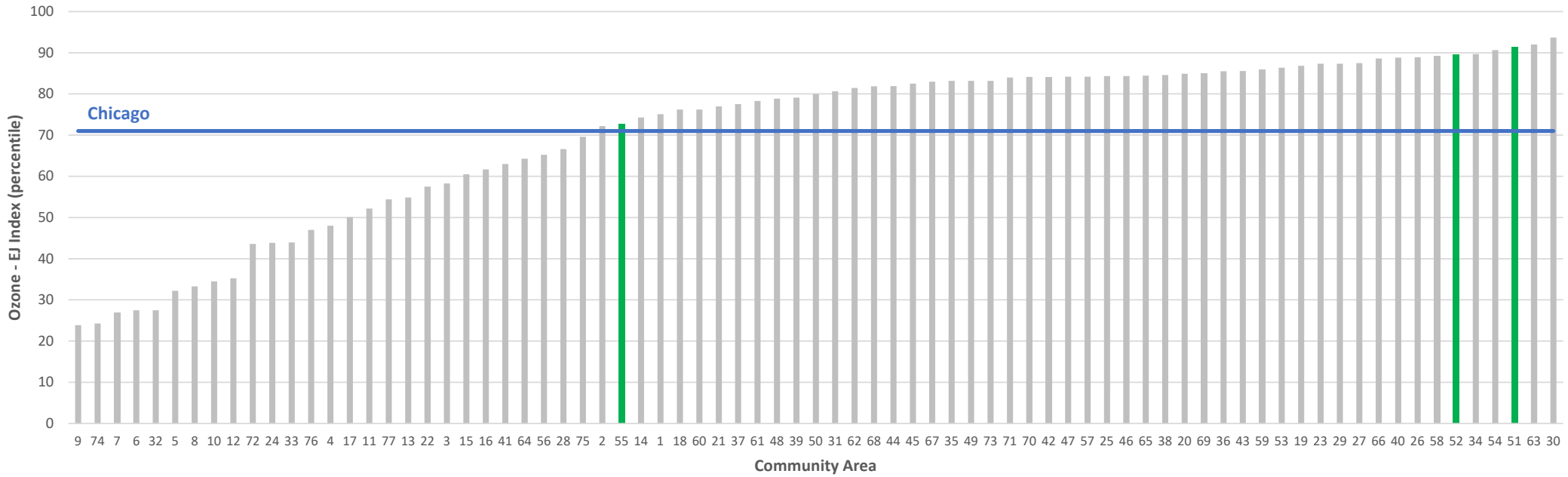


Indicator Definition:
Summer seasonal daily average, maximum 8-hour ozone concentration in air.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
The daily maximum 8-hour average is the average of the highest rolling 8-hour average ozone concentration recorded on each day. This reflects the highest sustained concentration of ozone experienced over the course of each summer (May-September) day. Ozone (O3) is not usually emitted directly into the air, but is created at ground level by a chemical reaction between oxides of nitrogen (NOx) and volatile organic compounds (VOCs) in the presence of sunlight. These ozone precursors are emitted by motor vehicles, industrial facilities and power plants as well as natural sources. These data were estimated by the EPA Office of Air and Radiation from a fusion of monitoring and air quality modeling data.

D8. Weighted index of vulnerability to ozone in Chicago by community area, 2017

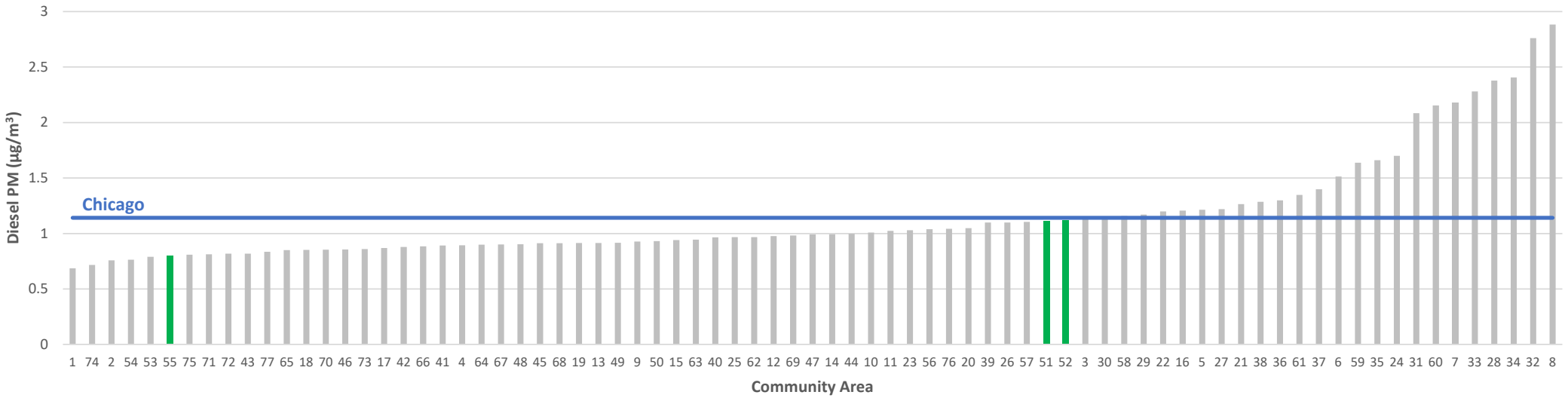


Indicator Definition:
Weighted index of vulnerability to ozone. Measures exposure to ozone in the air, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
The daily maximum 8-hour average is the average of the highest rolling 8-hour average ozone concentration recorded on each day. This reflects the highest sustained concentration of ozone experienced over the course of each summer (May-September) day. Ozone (O3) is not usually emitted directly into the air but is created at ground level by a chemical reaction between oxides of nitrogen (NOx) and volatile organic compounds (VOCs) in the presence of sunlight. These ozone precursors are emitted by motor vehicles, industrial facilities and power plants as well as natural sources. These data were estimated by the EPA Office of Air and Radiation from a fusion of monitoring and air quality modeling data. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D9. Average annual particulate matter (PM) from diesel engines (micrograms per cubic meter) in Chicago by community area, 2014

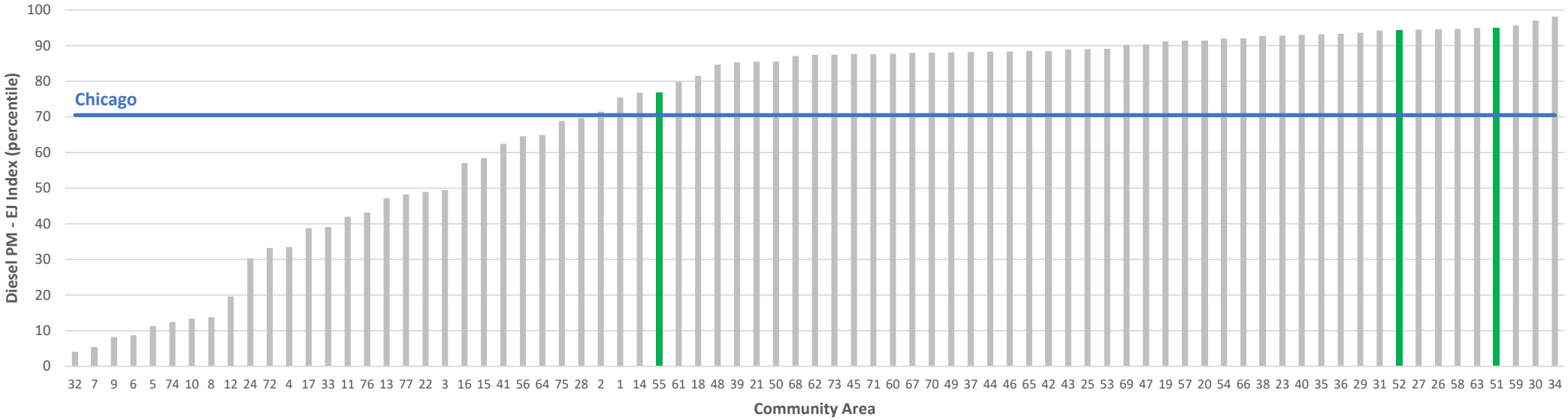


Indicator Definition:
Average annual particulate matter from diesel engines, in micrograms per cubic meter.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN, via National-Scale Air Toxics Assessment (NATA)); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
A mixture of particles that is part of diesel exhaust. EPA lists diesel exhaust as a mobile-source air toxic due to the health effects linked to exposure to whole diesel exhaust. See here for more information on how NATA estimated ambient concentrations of diesel particulate matter.

D10. Weighted index of vulnerability to diesel particulate matter (PM) in Chicago by community area, 2014

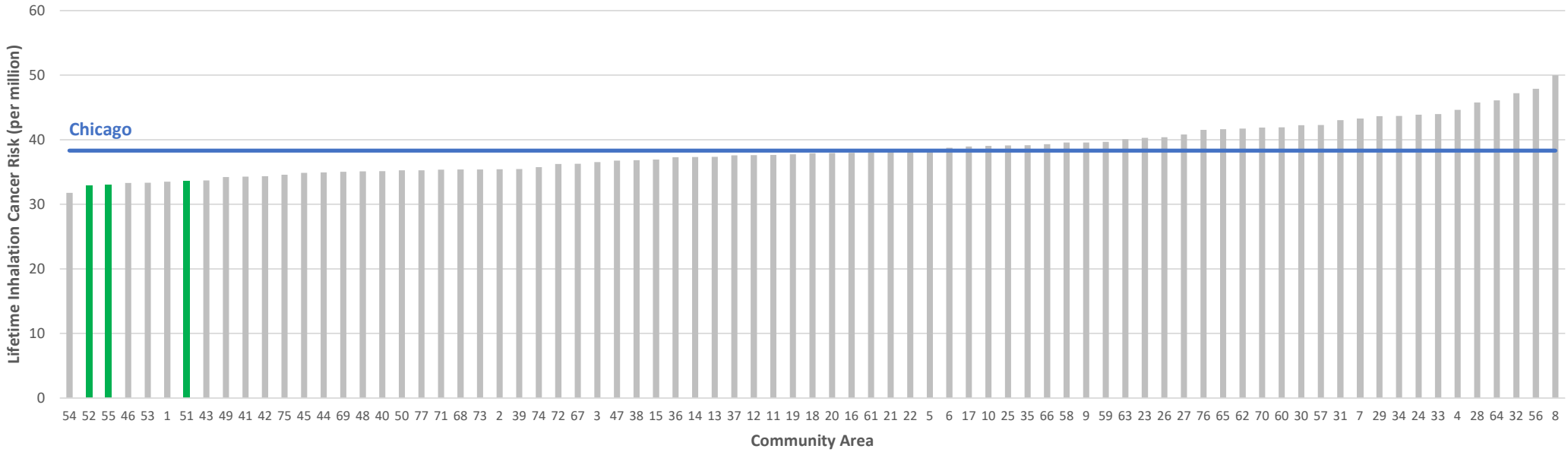


Indicator Definition:
Weighted index of vulnerability to diesel particulate matter. Measures exposure to diesel particulate matter, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN, via National-Scale Air Toxics Assessment (NATA)); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
A mixture of particles that is part of diesel exhaust. EPA lists diesel exhaust as a mobile-source air toxic due to the health effects linked to exposure to whole diesel exhaust. See here for more information on how NATA estimated ambient concentrations of diesel particulate matter. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D11. Lifetime inhalation cancer risk per million for Chicago by community area, 2014

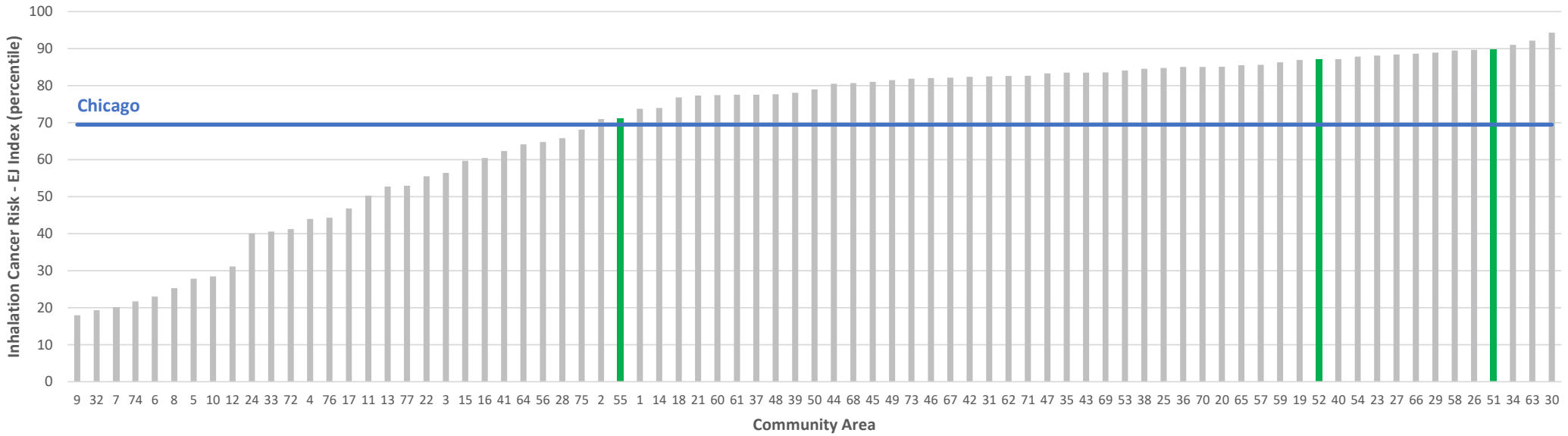


Indicator Definition:
Estimated lifetime risk of developing cancer as a result of inhaling carcinogenic compounds in the environment, per million people.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN, via National-Scale Air Toxics Assessment (NATA)); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
This is a modeled estimate based on exposure to 138 carcinogens, and not derived from actual cancer statistics.

D12. Weighted index of vulnerability to lifetime inhalation cancer risk for Chicago by community area, 2014

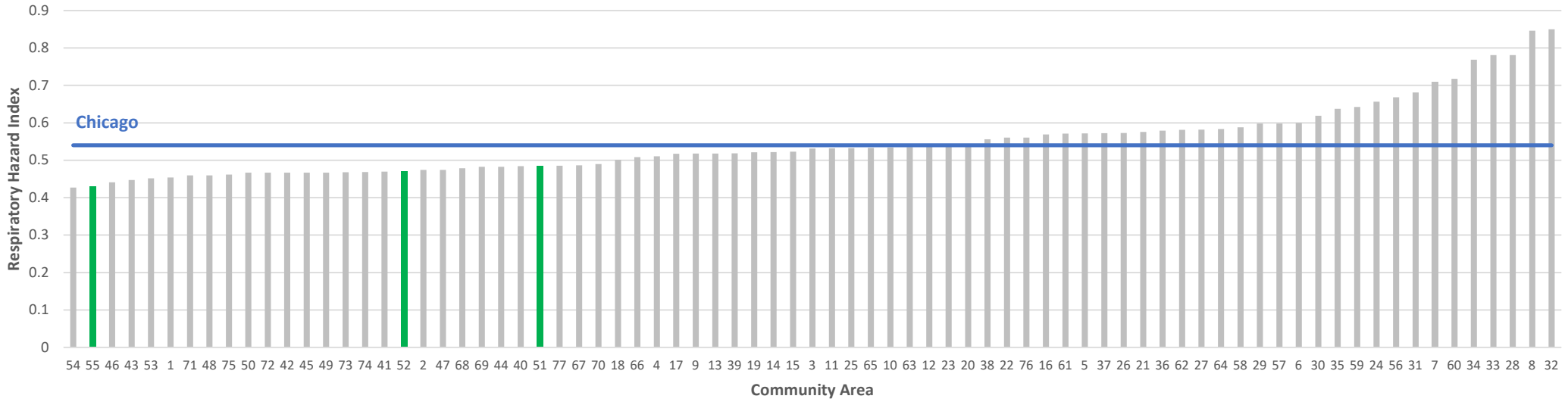


Indicator Definition:
Weighted index of vulnerability to lifetime inhalation cancer risk. Measures exposure to airborne carcinogens, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
This is a modeled estimate based on exposure to 138 carcinogens, and not derived from actual cancer statistics. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D13. Respiratory Hazard Index for Chicago by community area, 2014

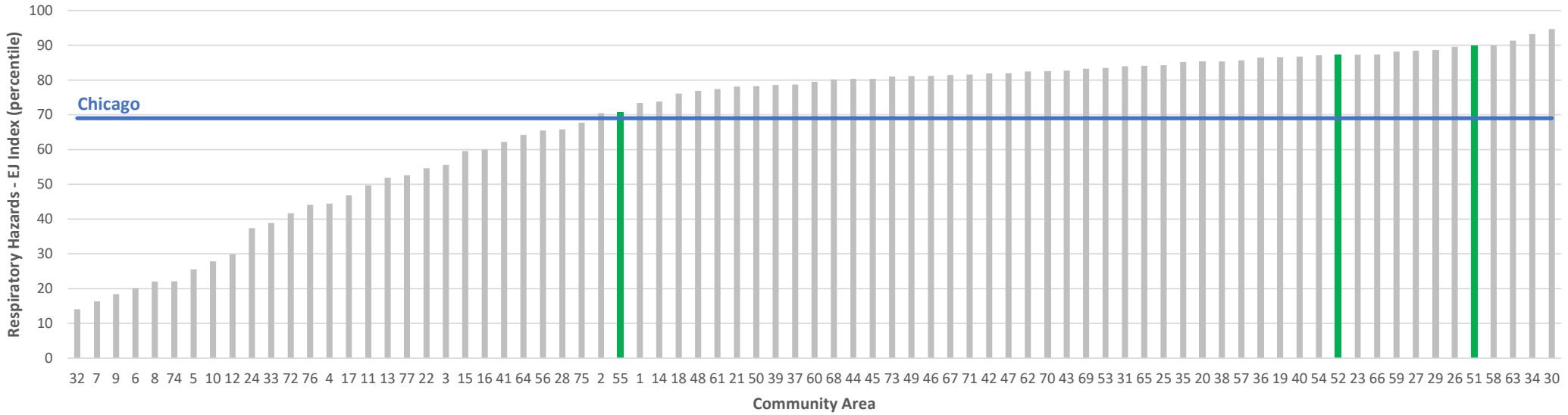


Indicator Definition:
Hazard index for respiratory effects. A value higher than 1 indicates a higher risk, while a value below 1 indicates a lower risk.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN, via National-Scale Air Toxics Assessment (NATA)); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
This is a modeled estimate based on exposure to airborne toxins, and not derived from actual health statistics.

D14. Weighted index of vulnerability to respiratory hazards for Chicago by community area, 2014

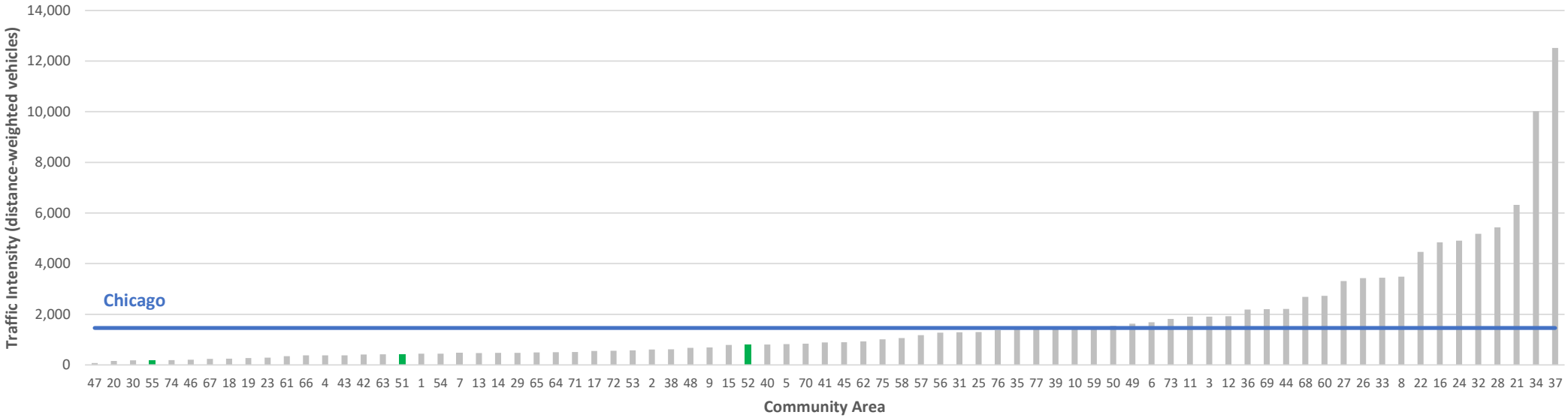


Indicator Definition:
Weighted index of vulnerability to respiratory hazards. Measures exposure to airborne toxins, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN, via National-Scale Air Toxics Assessment (NATA)); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
This is a modeled estimate based on exposure to airborne toxins, and not derived from actual health statistics. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D15. Proximity to vehicle traffic (distance-weighted vehicles) in Chicago by community area, 2017

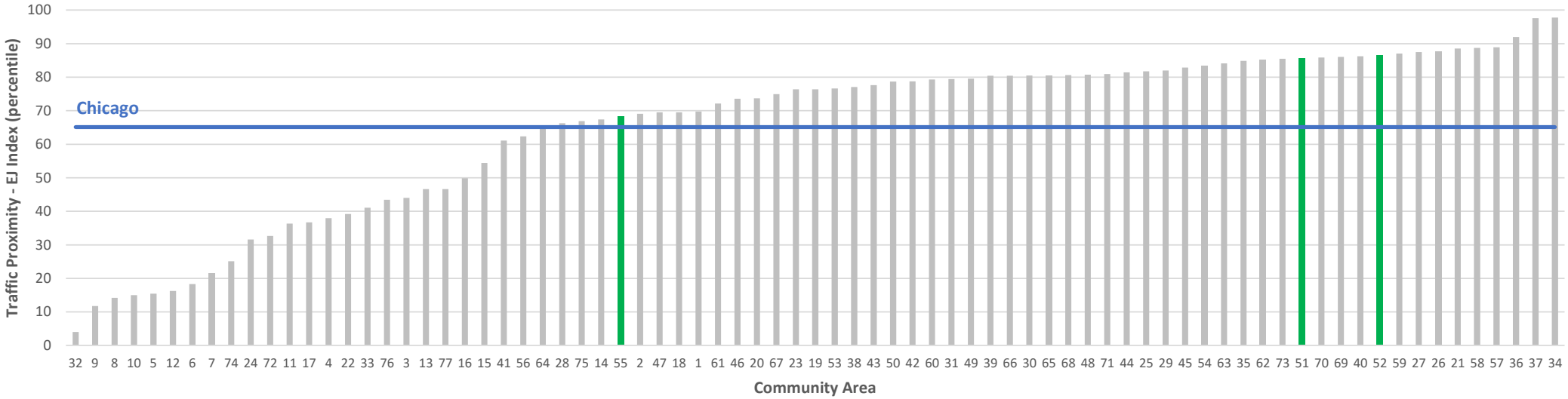


Indicator Definition:
A measure of proximity to vehicle traffic, defined as the annual average of the daily count of vehicles within 500 meters, divided by their distance in meters. Higher values indicate higher exposure to heavy traffic.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN and the Department of Transportation); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
This topic essentially measures how many vehicles pass by 1/2 kilometer of the average location within a geography, with emphasis on vehicles passing closer by. A value of 50 (which is close to the average value in the US) could mean 500 vehicles per day, on a road 10 meters away, or it could mean 5,000 vehicles per day on a road 100 meters away, or 25,000 vehicles per day (one every three seconds) on a highway 1/2 kilometer away. Proximity is defined relative to the centroid of the Census block, then aggregated up into larger geographic units.

D16. Weighted index of vulnerability to nearby traffic in Chicago by community area, 2017

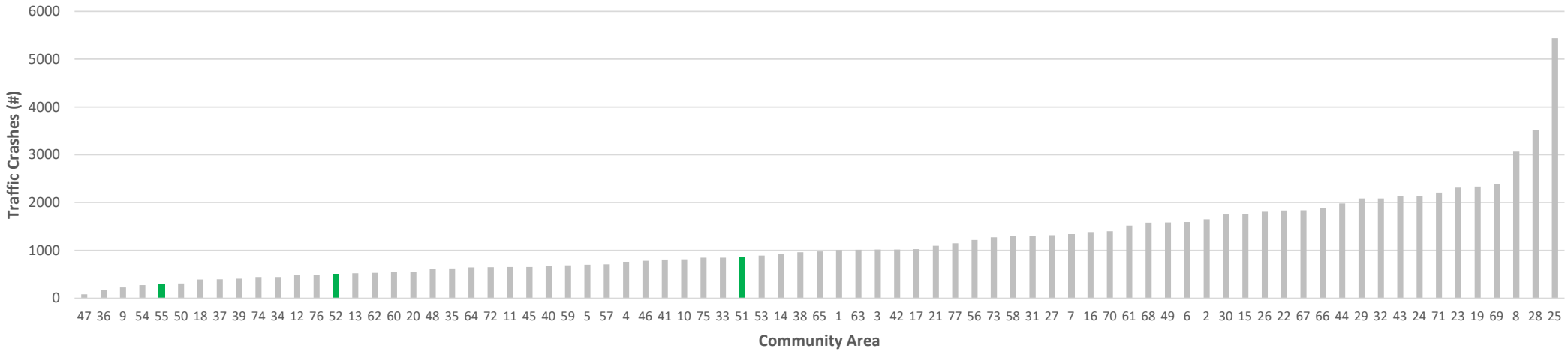


Indicator Definition:
Weighted index of vulnerability to nearby traffic. Measures proximity to traffic, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN and the Department of Transportation); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
Proximity is defined relative to the centroid of the Census block, aggregated up into larger geographic units. For example, a single highway with 16,000 AADT at 400 meters distance would result in a score of 16,000/400=40, which is close to the median person's block group traffic proximity indicator value in the US. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D17. Number of traffic crashes occurring on Chicago city streets by community area, 2020

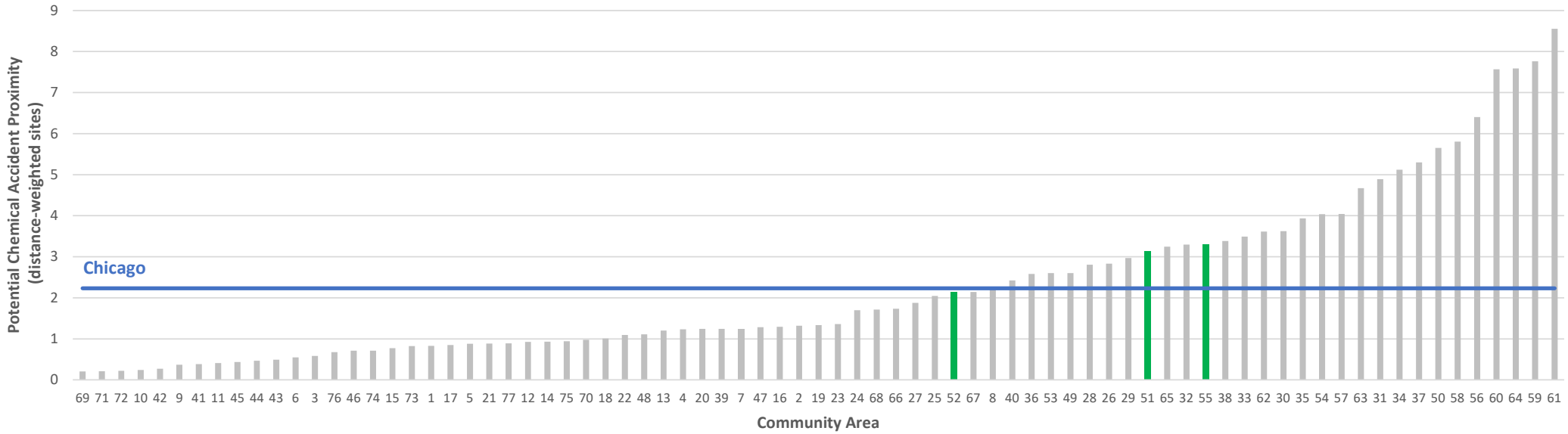


Indicator Definition:
Crashes on city streets under the jurisdiction of Chicago Police Department (CPD). 91,426 total traffic crashes in Chicago in 2020.

Data Sources:
Chicago Police Department; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
A traffic crash within the city limits for which CPD is not the responding police agency, typically crashes on interstate highways, freeway ramps, and on local roads along the City boundary, are excluded from this dataset. As per Illinois statute, only crashes with a property damage value of $1,500 or more or involving bodily injury to any person(s) and that happen on a public roadway and that involve at least one moving vehicle, except bike dooring, are considered reportable crashes. However, CPD records every reported traffic crash event, regardless of the statute of limitations, and hence any formal Chicago crash dataset released by Illinois Department of Transportation may not include all the crashes listed here.

D18. Proximity to potential chemical accidents (distance-weighted sites) in Chicago by community area, 2020

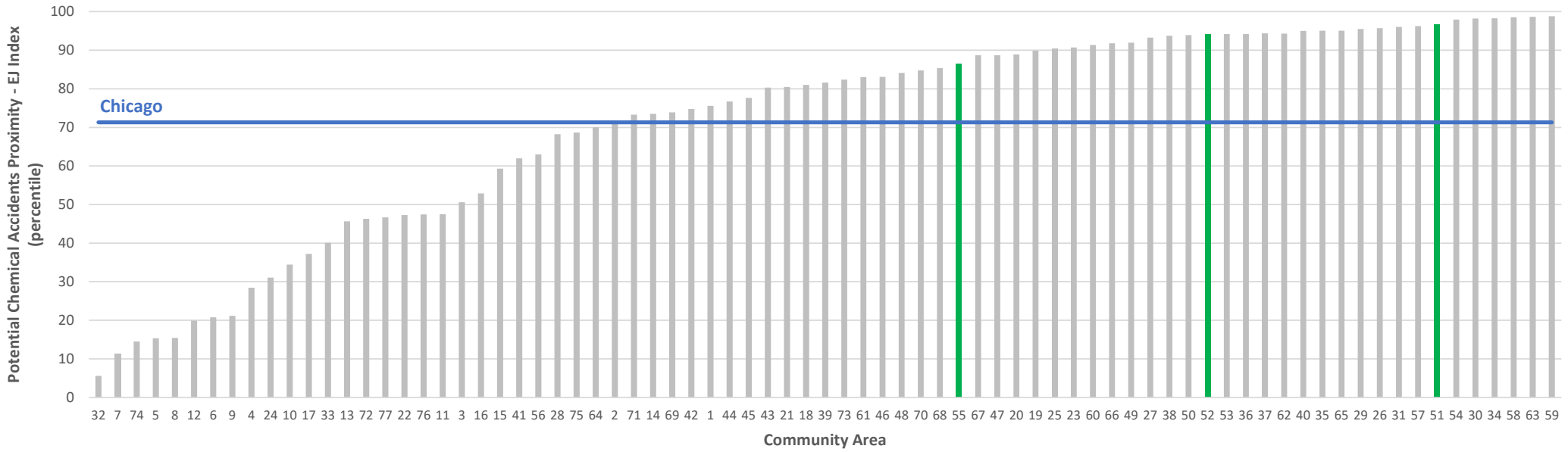


Indicator Definition:
A measure of proximity to potential chemical accidents, defined as the count of proposed and listed RMP (potential chemical accident management plan) sites within 5km (or the closest one further than 5km), each divided by distance in km. Higher values indicate closer proximity to major sites.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
Accidental releases of toxic substances and incidents involving fires and explosions can result from the production, use, or transport of industrial materials. Evacuations, injuries and deaths have resulted in some cases. Concern about the risks of chemical accidents led Congress to pass the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA), and amendments to the Clean Air Act (CAA) (section 112(r)), which together created reporting and planning obligations for a variety of facility types, the EPA, and state and local planning and response organizations. The facilities discussed here as "RMP facilities" are those facilities required by the CAA to file risk management plans. The regulations under CAA section 112(r) establishes a List of Regulated Substances—72 substances listed because of their high acute toxicity and 60 because of their flammable or explosive potential—along with threshold quantities (TQs) for each. The listed substances are those that pose the greatest risk of harm from accidental releases. If a facility maintains a quantity of any such chemical above those TQs, it must file an RMP with EPA. Calculated from EPA RMP database, retrieved 04/05/2020. If there are two sites within 5km, one 1km away and one 4km away, then the number of distance-weighted sites would be 1/1 + 1/4 = 1.25.

D19. Weighted index of vulnerability to potential chemical accidents in Chicago by community area, 2020

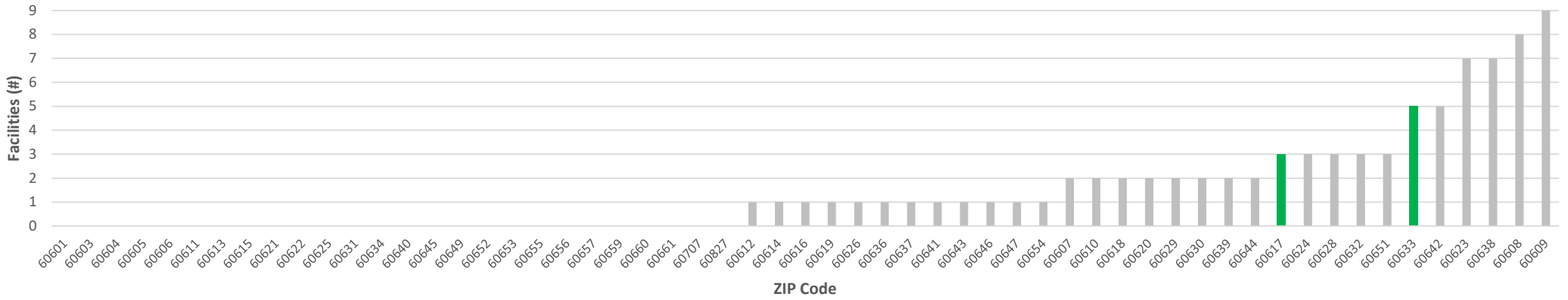


Indicator Definition:
Weighted index of vulnerability to potential chemical accidents. Measures proximity to RSD (potential accident) sites, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards. Potential chemical accidents are defined as the count of proposed and listed RMP (potential chemical accident management plan) sites within 5km (or the closest one further than 5km).

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
Calculated from EPA RMP database, retrieved 04/05/2020. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D20. Chicago facilities reporting releases as part of the Toxic Release Inventory (TRI) Program to US EPA by ZIP Code, 2020

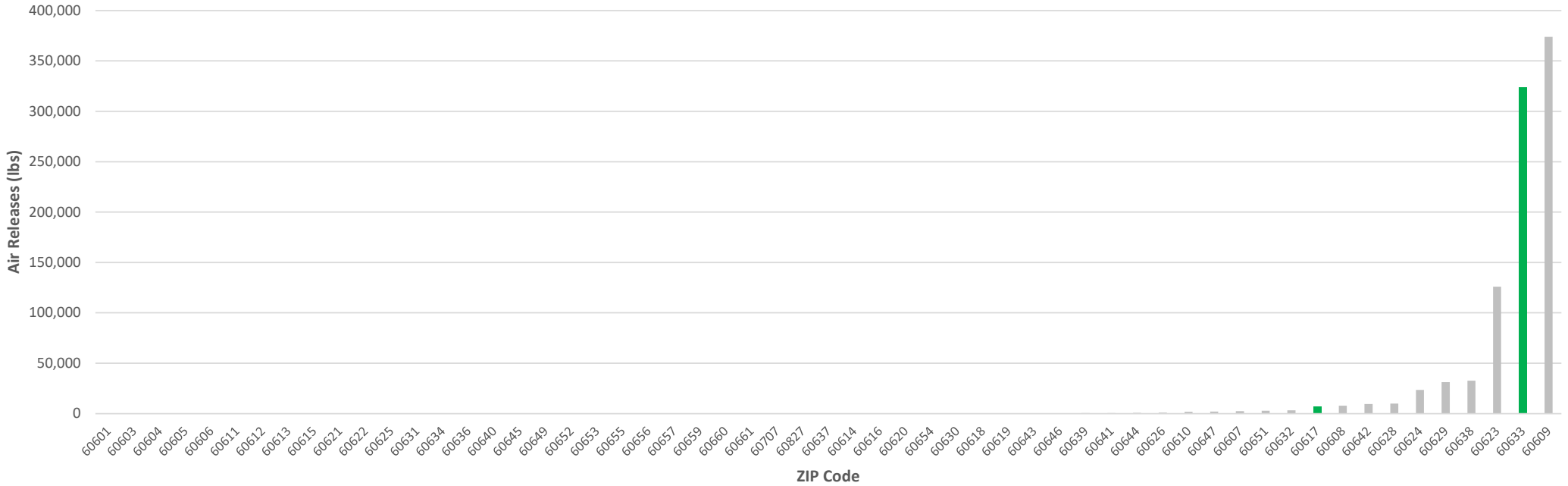


Indicator Definition:
Number of facilities located in Chicago that reported to the Toxic Release Inventory Program for 2020 releases. A "release" refers to different ways that toxic chemicals from industrial facilities enter the air, water and land. Releases include spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment. There were 84 facilities in Chicago that reported 2020 data as part of the TRI Program.

Data Sources:
Environmental Protection Agency (EPA), Toxic Release Inventory (TRI) Program, 2020 TRI National Analysis dataset, released October 2021; Data was extracted using the Tri Toxics Tracker which has been analyzed and interpreted by the Chicago Department of Public Health Environmental Permitting & Inspection Program. See here for more information on how to find, understand and use TRI data.

Technical Notes:
The Toxic Release Inventory (TRI) Program tracks the management of certain toxic chemicals that may pose a threat to human health and the environment. U.S. facilities in different industry sectors must report annually how much of each chemical is released to the environment and/or managed through recycling, energy recovery and treatment. A "release" of a chemical means that it is emitted to the air or water or placed in some type of land disposal. The information submitted by facilities is compiled in the Toxics Release Inventory. There are currently 770 individually listed chemicals and 33 chemical categories covered by the TRI Program. Facilities that manufacture, process or otherwise use these chemicals in amounts above established levels must submit annual reporting forms for each chemical. Note that the TRI chemical list doesn't include all toxic chemicals used in the U.S. Facilities that report to TRI are typically larger facilities involved in manufacturing, metal mining, electric power generation, chemical manufacturing and hazardous waste treatment. Not all industry sectors are covered by the TRI Program, and not all facilities in covered sectors are required to report to TRI. Congress originally determined the industry sector scope of TRI, requiring reporting by facilities in the manufacturing sectors, as defined by Standard Industry Classification (SIC) codes 20 through 39. Congress also granted the EPA Administrator the authority to add sectors to or delete sectors from the scope of TRI. Via such authority, EPA added seven industry sectors in 1997 and natural gas processing facilities in 2021.

D21. Air releases in pounds reported to US EPA as part of Chicago facilities' on-site Toxic Release Inventory by ZIP Code, 2020

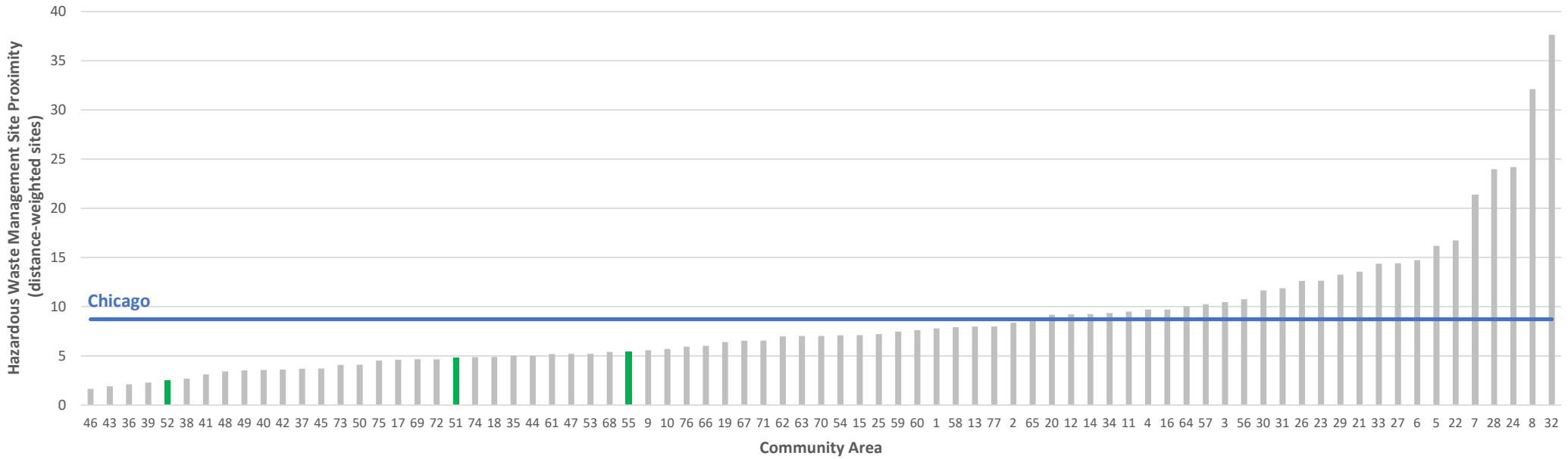


Indicator Definition:
Amount of toxic chemical air releases, in pounds, from an industrial facility located in Chicago reported to the Toxic Release Inventory (TRI) Program for 2020. Air releases include both point sources (e.g., a smokestack) and non-point sources, such as leaks (referred to as "fugitive" emissions on the TRI reporting form). A total of 962,073 pounds of toxic chemicals were reported as being released into the air by Chicago industrial facilities in 2020.

Data Sources:
Environmental Protection Agency (EPA), Toxic Release Inventory (TRI) Program, 2020 TRI National Analysis dataset, released October 2021; Data was extracted using the Tri Toxics Tracker which has been analyzed and interpreted by the Chicago Department of Public Health Environmental Permitting & Inspection Program. See here for more information on how to find, understand and use TRI data.

Technical Notes:
See here to learn more about TRI data quality.

D22. Proximity to hazardous waste management sites (distance-weighted sites) in Chicago by community area, 2020

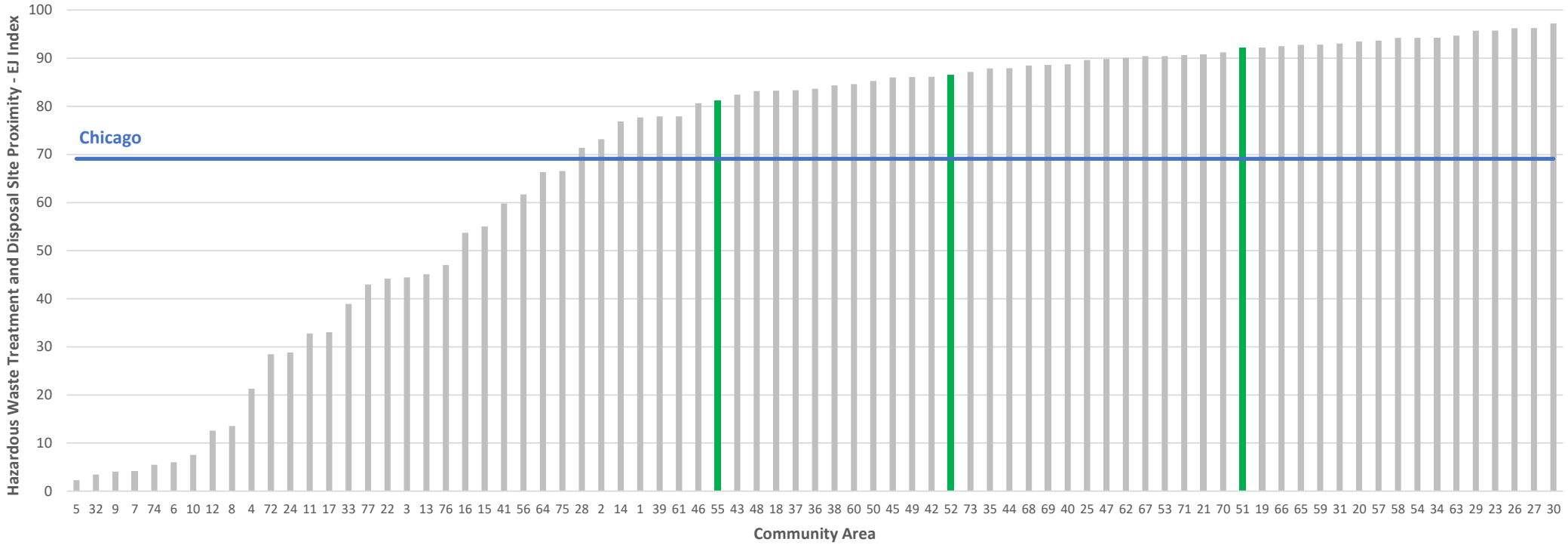


Indicator Definition:
A measure of proximity to hazardous waste management sites, defined as the count of hazardous waste Treatment, Storage, and Disposal Facilities (TSDFs) within 5km (or the closest one further than 5km), each divided by distance in km. Higher values indicate closer proximity to major sites.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN (TSD)); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
The Resource Conservation and Recovery Act (RCRA), an amendment to the Solid Waste Disposal Act, was enacted in 1976 to address the growing volumes of municipal and industrial solid waste generated nationwide. RCRA was further amended in 1984 with the addition of the Hazardous and Solid Waste Amendments. RCRA Subtitle C establishes a federal program to manage hazardous wastes from "cradle to grave," or from generation to disposal, to ensure that hazardous waste is managed in a manner that protects human health and the environment. EPA has developed Subtitle C regulations governing hazardous waste generation, transportation, and the several hundred active treatment, storage or disposal facilities (TSDFs). TSDF data calculated from EPA RCRAInfo database, retrieved 7/6/2020. If there are two sites within 5km, one 1km away and one 4km away, then the number of distance-weighted sites would be 1/1 + 1/4 = 1.25.

D23. Weighted index of vulnerability to hazardous waste treatment and disposal sites in Chicago by community area, 2020

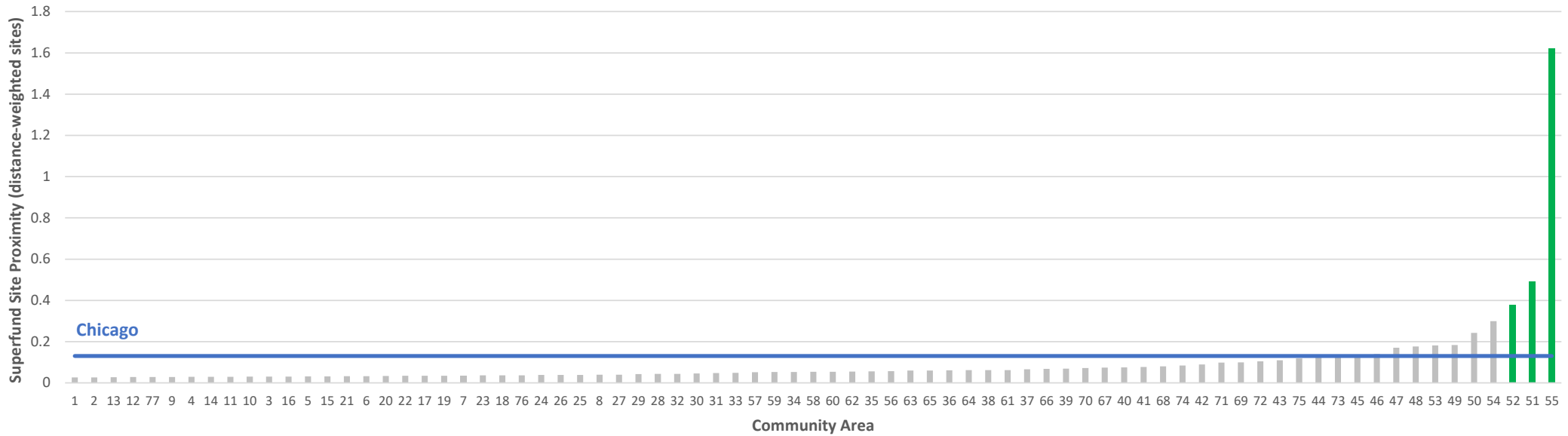


Indicator Definition:
Weighted index of vulnerability to hazardous waste treatment and disposal sites. Measures proximity to hazardous waste Treatment, Storage, and Disposal Facilities (TSDFs) within 5km (or the closest one further than 5km) weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN (TSD)); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
TSDF data calculated from EPA RCRAInfo database, retrieved 7/6/2020. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D24. Proximity to Superfund sites (distance-weighted sites) in Chicago by community area, 2020

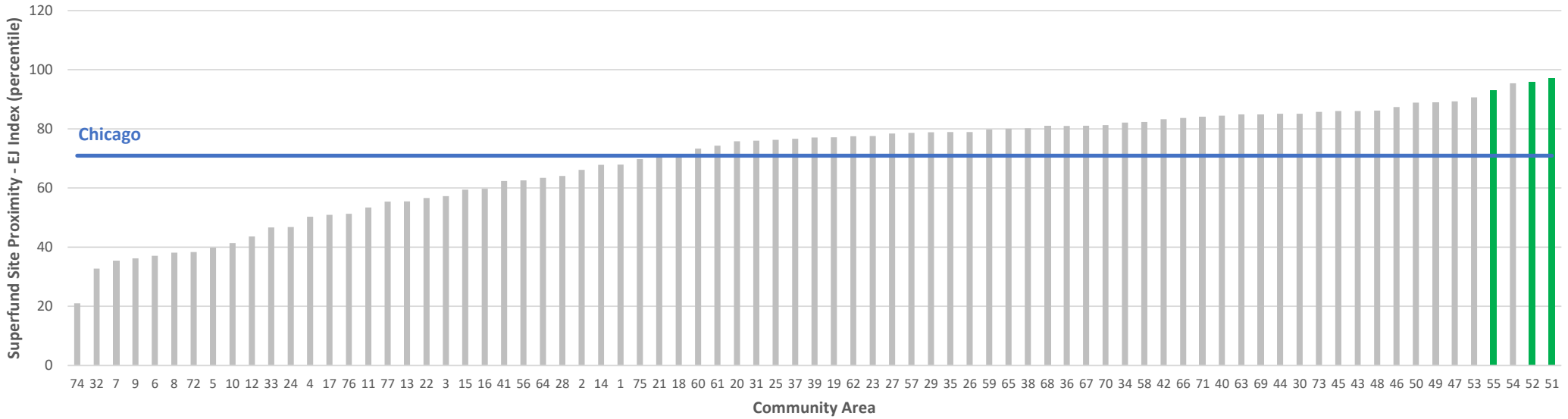


Indicator Definition:
A measure of proximity to Superfund (toxic waste) sites, defined as the count of proposed and listed National Priorities List (NPL) sites within 5km (or the closest one further than 5km), each divided by distance in km. Higher values indicate closer proximity to major sites.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN (Superfund)); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
EPA places sites on the National Priorities List (NPL) (a key subset of all "Superfund" sites) based on a defined set of criteria and a public comment process. Inclusion of a site on the NPL does not impose a financial obligation on EPA, nor does it assign liability to any party. The NPL serves primarily informational purposes, identifying sites that appear to warrant remedial actions, thereby conveying to policymakers and the public the size and nature of the nation's cleanup challenges. The contaminants in NPL sites may reach humans in a number of ways. Volatile contaminants may enter the atmosphere and reach individuals via the inhalation route. Particularly in dry climates or seasons, contaminants on the surface of some sites can become airborne and reach people directly through inhalation or indirectly after being deposited on surfaces that people may contact. Contaminants can also enter the food chain if the wind disperses them onto land used for agriculture. Some contaminants may migrate into groundwater. People may be exposed via drinking water derived from the aquifer, through vapor intrusion into their residences or through other routes. Calculated from EPA CERCLIS database, retrieved 04/22/2020. If there are two sites within 5km, one 1km away and one 4km away, then the number of distance-weighted sites would be 1/1 + 1/4 = 1.25.

D25. Weighted index of vulnerability to Superfund (toxic waste) sites in Chicago by community area, 2020

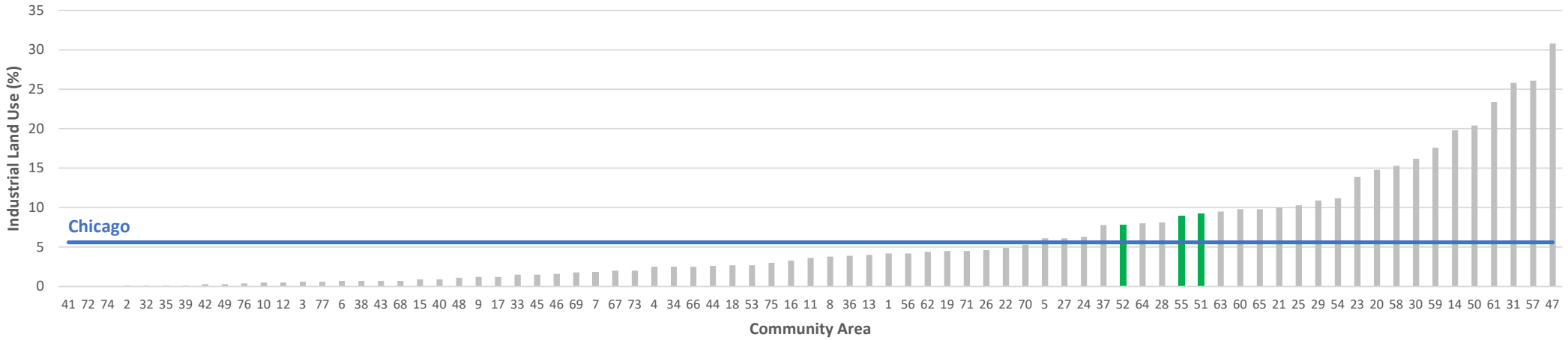


Indicator Definition:
Weighted index of vulnerability to Superfund (toxic waste) sites. Measures proximity to Superfund sites, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN (Superfund)); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
Calculated from EPA CERCLIS database, retrieved 04/22/2020. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D26. Percentage of industrial land use in Chicago by community area, 2015



Indicator Definition:
Percent of parcel-based land use inventoried as mineral extraction, general industrial (< 100,000 sq. ft.), manufacturing/processing, warehousing/distribution, flex or indeterminate and storage.

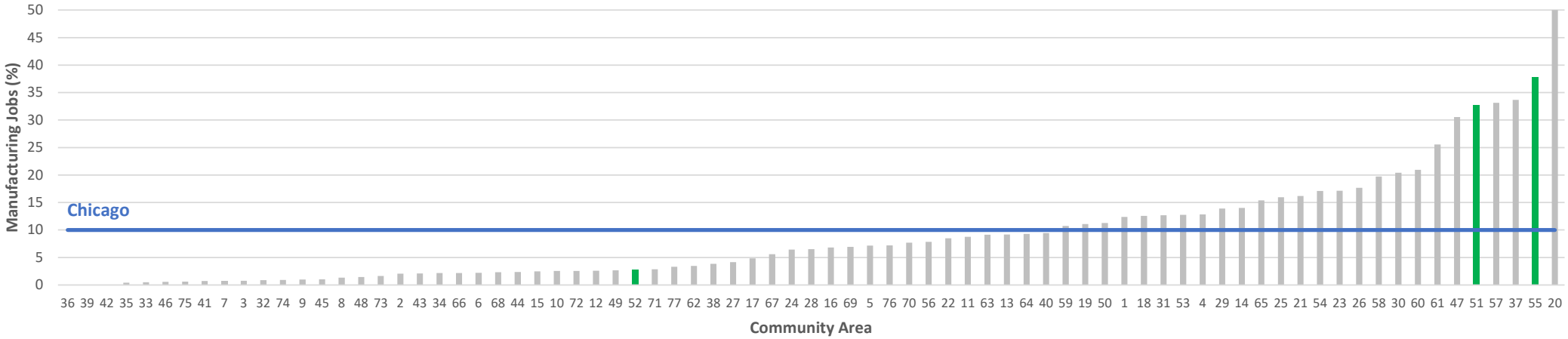
Data Sources:
Chicago Metropolitan Agency for Planning (CMAP) analysis of the 2015 Land Use Inventory; Data was extracted from the Community Data Snapshot, Chicago Community Area Series, August 2021 Release by the Chicago Department of Public Health.

Technical Notes:
Land use polygons are derived directly from parcel GIS files provided by the seven counties in the CMAP region.

Industrial land uses:

- Mineral Extraction includes coal mining; crude petroleum and natural gas mining; stone, sand, and clay quarrying. Includes active sites, as well as inactive sites where there has been no visible attempt at reclamation or re-use.
- General Industrial < 100,000 sq. ft. includes smaller-scale manufacturing and warehousing operations. Primary identification criteria is the categorization of built property as “Industrial” by county assessor; and is not involved in mineral extraction, larger-scale Industrial uses, or storage.
- Manufacturing/Processing >= 100,000 sq. ft. Properties where the manufacturing of goods is the sole on-site activity.
- Warehousing/Distribution >= 100,000 sq. ft. Primary activity on the parcel is the storage and distribution of goods. Does not include commercial storage.
- Flex or Indeterminate >= 100,000 sq. ft. Industrial properties where there is no clear use or is a mix of office space with manufacturing and/or warehousing on the parcel, or where the specific function cannot be discerned.
- Long-term storage facilities including commercial (public) storage, yacht storage, and auto junkyards.

D27. Percentage of jobs in manufacturing sector (by workplace location) in Chicago by community area, 2018

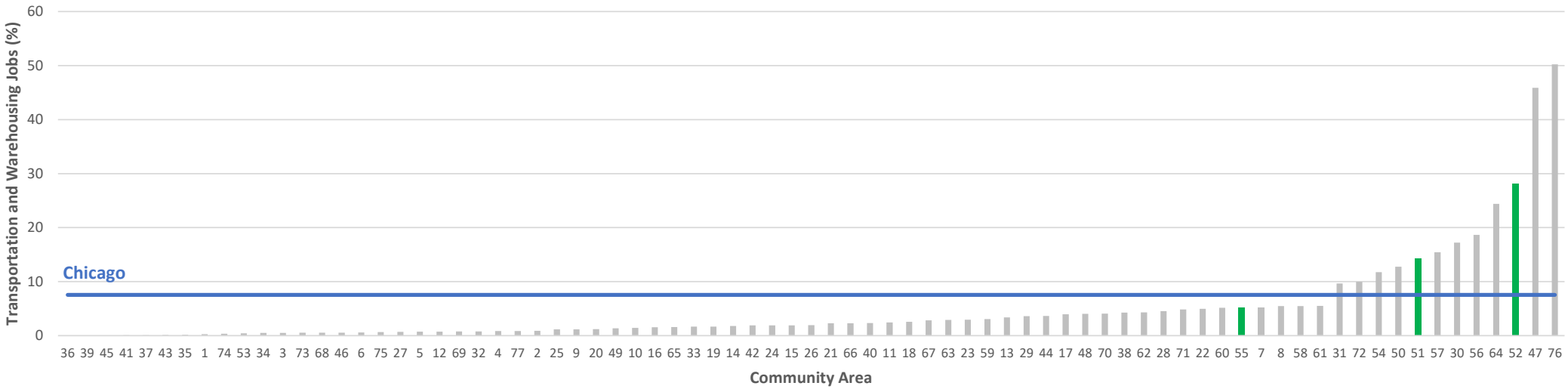


Indicator Definition:
Percent of all wage/salary jobs that are held at businesses in NAICS sectors 31-33 (Manufacturing), based on the location of the workplace.

Data Sources:
United States Bureau of Labor Statistics, LEHD Origin-Destination Employment Statistics (LODES) (Residence Area Characteristics); Data curated by Metopio using data downloaded from LODES.

Technical Notes:
The Longitudinal Employer-Household Dynamics (LEHD) Origin-Destination Employment Statistics (LODES) dataset is a product of the US Bureau of Labor Statistics. The BLS measures labor market activity, working conditions, price changes, and productivity in the US economy to support public and private decision making. The LODES data are an extract of the LEHD data infrastructure, which is composed of administrative records, census and survey data focused on the labor market, worker, and firm statistics. State unemployment insurance reporting and account information and federal worker earnings records provide information on employment location for covered jobs and residential information for workers, which form the basis of the LODES data product. The core jobs data come from states that are part of the Local Employment Dynamics (LED) Partnership, a voluntary federal-state partnership that was started in 1999. However, these data are not available in all states for all years of the series. Effectively, LODES provides counts of unemployment insurance covered wage and salary jobs, covering employers in the private sector and state and local government, and accounting for approximately 95 percent of wage and salary jobs. The data released by LEHD are based on tabulated and modeled administrative data, which are subject to error. Because the estimates are not derived from a probability-based sample, no sampling error measures are applicable. However, the data are subject to non-sampling errors, which can be attributed to many sources: misreported data, late reporters whose records are missing and imputed, and geographic/industry edits and imputations. The accuracy of the data is impacted by the joint effects of these non-sampling errors. While no direct measurement of these joint effects has been obtained, precautionary steps are taken in all phases of collection and processing to minimize the impact of non-sampling errors. NAICS is the North American Industry Classification System, which groups establishments into industries based on the activity in which they are primarily engaged. NAICS sectors 31-33 include the following industries: Food Manufacturing, Beverage and Tobacco Product Manufacturing, Textile Mills, Textile Product Mills, Apparel Manufacturing, Leather and Allied Product Manufacturing, Wood Product Manufacturing, Paper Manufacturing, Printing and Related Support Activities, Petroleum and Coal Products Manufacturing, Chemical Manufacturing, Plastics and Rubber Products Manufacturing, Nonmetallic Mineral Product Manufacturing, Primary Metal Manufacturing, Fabricated Metal Product Manufacturing, Machinery Manufacturing, Computer and Electronic Product Manufacturing, Electrical Equipment, Appliance, and Component Manufacturing, Transportation Equipment Manufacturing, Furniture and Related Product Manufacturing, and Miscellaneous Manufacturing.

D28. Percentage of jobs in transportation and warehousing sector (by workplace location) in Chicago by community area, 2018

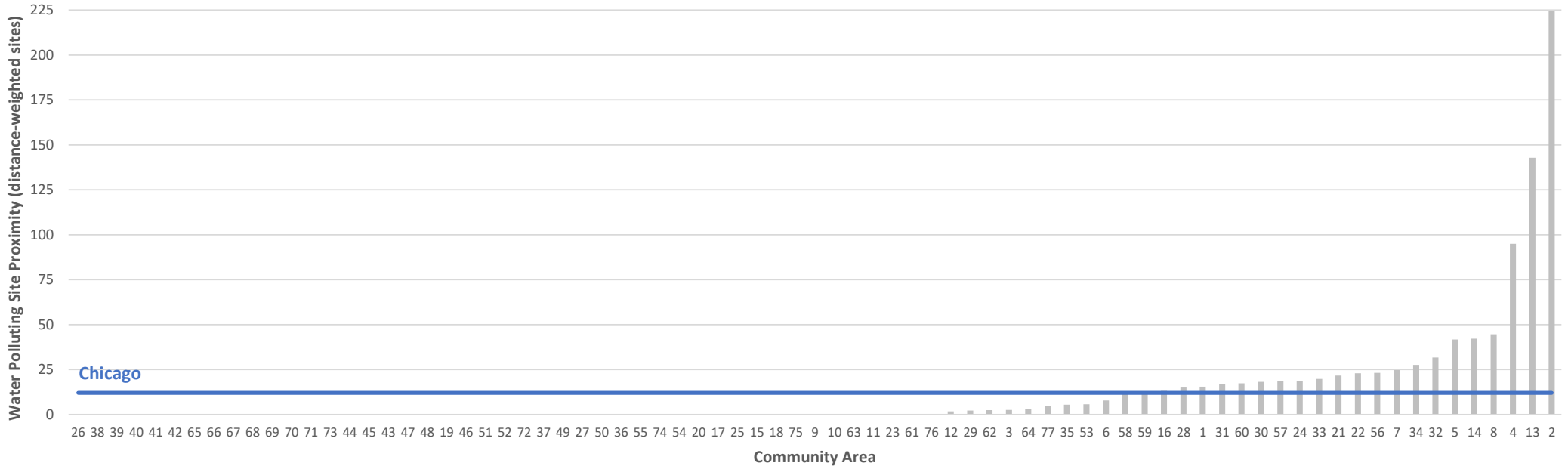


Indicator Definition:
Percent of all wage/salary jobs that are held at businesses in NAICS sectors 48-49 (Transportation and Warehousing), based on the location of the workplace.

Data Sources:
United States Bureau of Labor Statistics, LEHD Origin-Destination Employment Statistics (LODES) (Residence Area Characteristics); Data curated by Metopio using data downloaded from LODES.

Technical Notes:
The Longitudinal Employer-Household Dynamics (LEHD) Origin-Destination Employment Statistics (LODES) dataset is a product of the US Bureau of Labor Statistics. The BLS measures labor market activity, working conditions, price changes, and productivity in the US economy to support public and private decision making. The LODES data are an extract of the LEHD data infrastructure, which is composed of administrative records, census and survey data focused on the labor market, worker, and firm statistics. State unemployment insurance reporting and account information and federal worker earnings records provide information on employment location for covered jobs and residential information for workers, which form the basis of the LODES data product. The core jobs data come from states that are part of the Local Employment Dynamics (LED) Partnership, a voluntary federal-state partnership that was started in 1999. However, these data are not available in all states for all years of the series. Effectively, LODES provides counts of unemployment insurance covered wage and salary jobs, covering employers in the private sector and state and local government, and accounting for approximately 95 percent of wage and salary jobs. The data released by LEHD are based on tabulated and modeled administrative data, which are subject to error. Because the estimates are not derived from a probability-based sample, no sampling error measures are applicable. However, the data are subject to non-sampling errors, which can be attributed to many sources: misreported data, late reporters whose records are missing and imputed, and geographic/industry edits and imputations. The accuracy of the data is impacted by the joint effects of these non-sampling errors. While no direct measurement of these joint effects has been obtained, precautionary steps are taken in all phases of collection and processing to minimize the impact of non-sampling errors. NAICS is the North American Industry Classification System, which groups establishments into industries based on the activity in which they are primarily engaged. NAICS sectors 48-49 include the following industries: Air Transportation, Rail Transportation, Water Transportation, Truck Transportation, Transit and Ground Passenger Transportation, Pipeline Transportation, Scenic and Sightseeing Transportation, Support Activities for Transportation, Postal Service, Couriers and Messengers, and Warehousing and Storage.

D29. Proximity to water polluting sites (distance-weight sites) in Chicago by community area, 2020

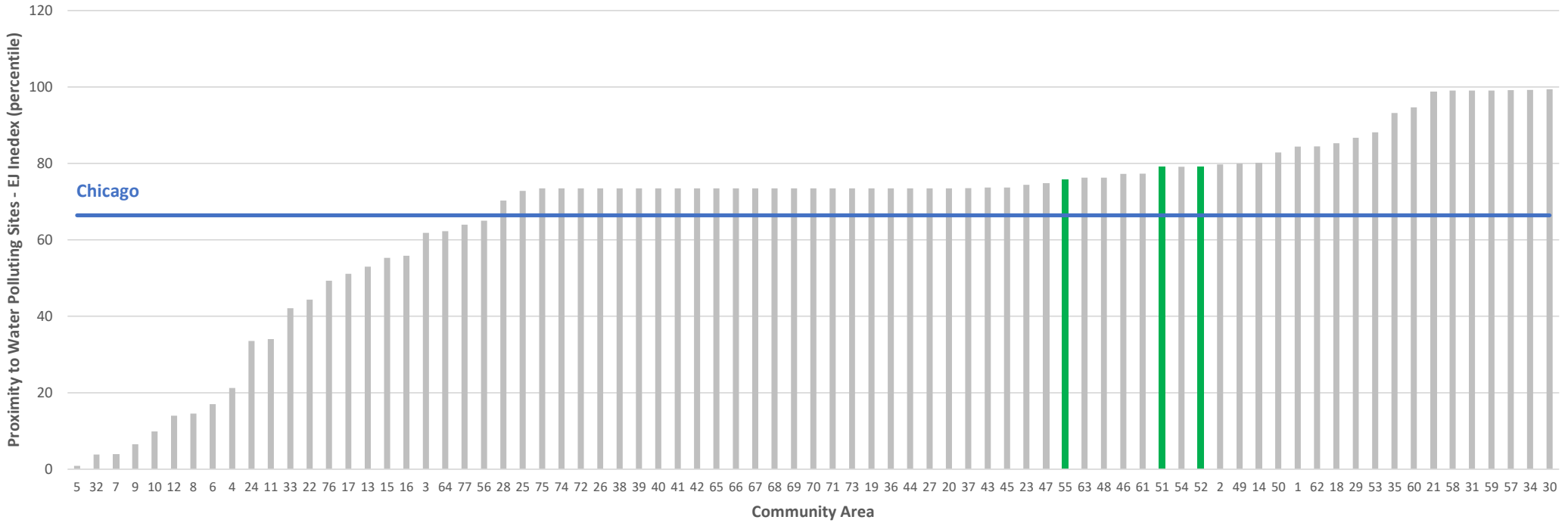


Indicator Definition:
A measure of proximity to water polluting facilities, defined as the count of National Pollutant Discharge Elimination System major facilities within 5km (or the closest one further than 5km), each divided by distance in km. Higher values indicate closer proximity to major discharge sites.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN, via the EPA's PCS/ICIS database); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
Calculated from RSEI modeled toxic concentrations to stream reach segments, retrieved 7/6/2020. EPA's Risk-Screening Environmental Indicators (RSEI) model helps policy makers, researchers, and communities explore data on releases of toxic substances from industrial and federal facilities. RSEI incorporates information from the Toxics Release Inventory (TRI) on the amount of toxic chemicals released, together with factors such as the chemical's fate and transport through the environment, each chemical's relative toxicity, and potential human exposure. If there are two facilities within 5km, one 1km away and one 4km away, then the number of distance-weighted sites would be 1/1 + 1/4 = 1.25.

D30. Weighted index of vulnerability to water polluting sites in Chicago by community area, 2020

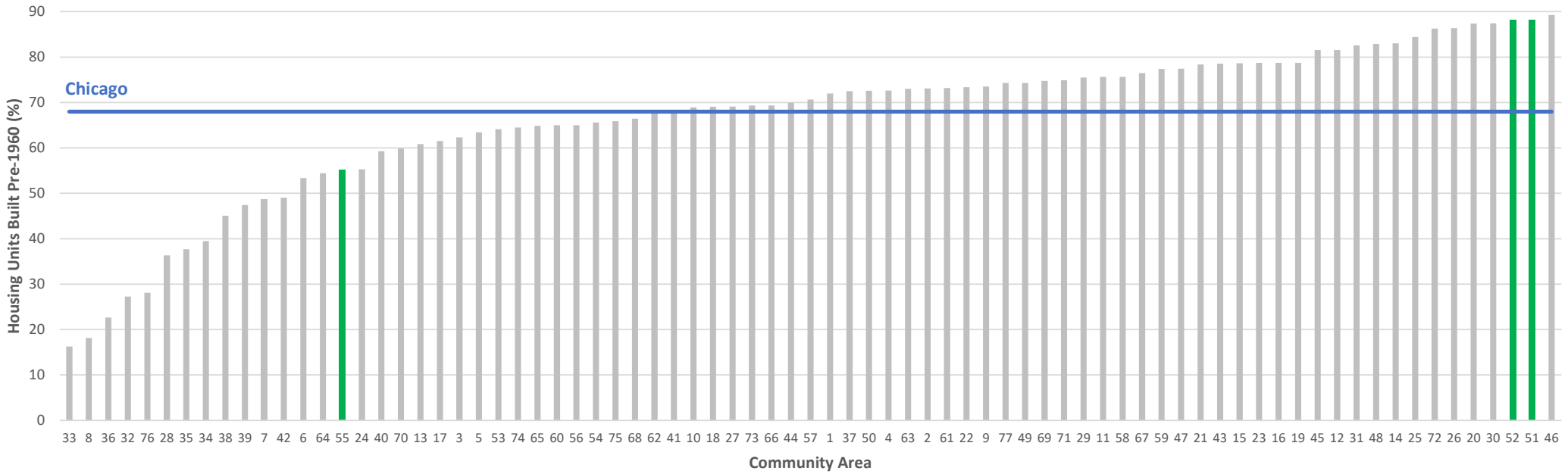


Indicator Definition:
Weighted index of vulnerability to water polluting sites. Measures proximity to water polluting sites, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA) (EJSCREEN, via the EPA's PCS/ICIS database); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
Calculated from RSEI modeled toxic concentrations to stream reach segments, retrieved 7/6/2020. EPA's Risk-Screening Environmental Indicators (RSEI) model helps policy makers, researchers, and communities explore data on releases of toxic substances from industrial and federal facilities. RSEI incorporates information from the Toxics Release Inventory (TRI) on the amount of toxic chemicals released, together with factors such as the chemical's fate and transport through the environment, each chemical's relative toxicity, and potential human exposure. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D31. Percentage of housing units built pre-1960, as an indicator of potential lead paint exposure, in Chicago by community area, 2014-2018

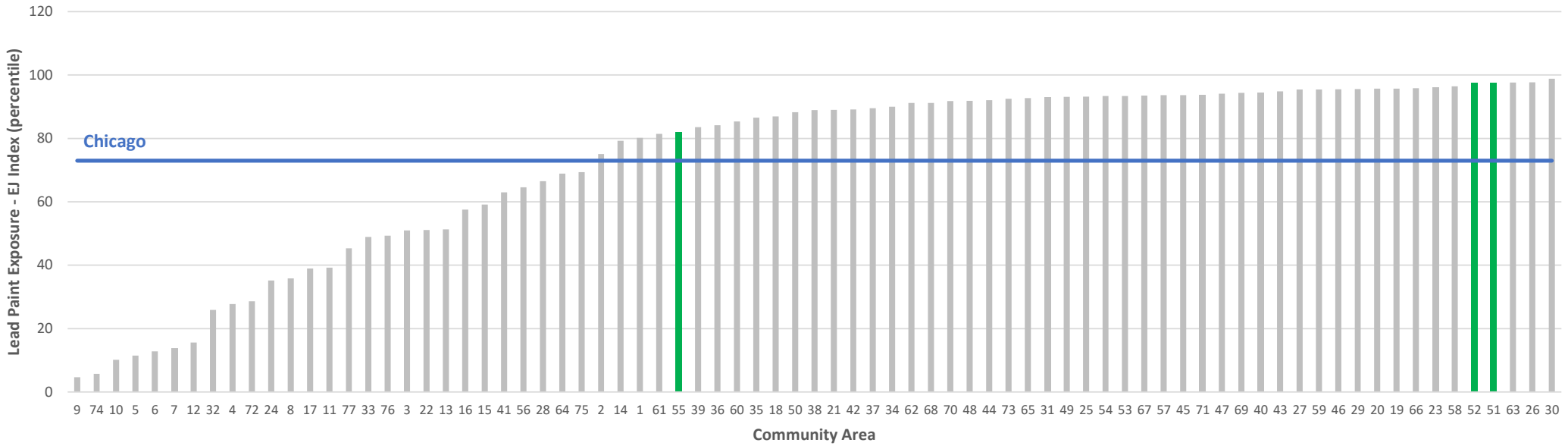


Indicator Definition:
Percent of housing units built pre-1960, as an indicator of potential lead paint exposure. Roughly half of such housing actually contains significant lead-based paint.

Data Sources:
Environmental Protection Agency (EPA) Derived from American Community Survey estimates); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
The question of "Year Structure Built" was asked at both occupied and vacant housing units. Year structure built refers to when the building was first constructed, not when it was remodeled, added to, or converted. Housing units under construction are included as vacant housing if they meet the housing unit definition, that is, all exterior windows, doors, and final usable floors are in place. The data relate to the number of units built during the specified periods that were still in existence at the time of interview. The year the structure was built provides information on the age of housing units. Data on year structure built are more susceptible to errors of response and non-reporting than data for many other questions because respondents must rely on their memory or on estimates by people who have lived in the neighborhood a long time.

D32. Weighted index of vulnerability to lead paint exposure in Chicago by community area, 2014-2018

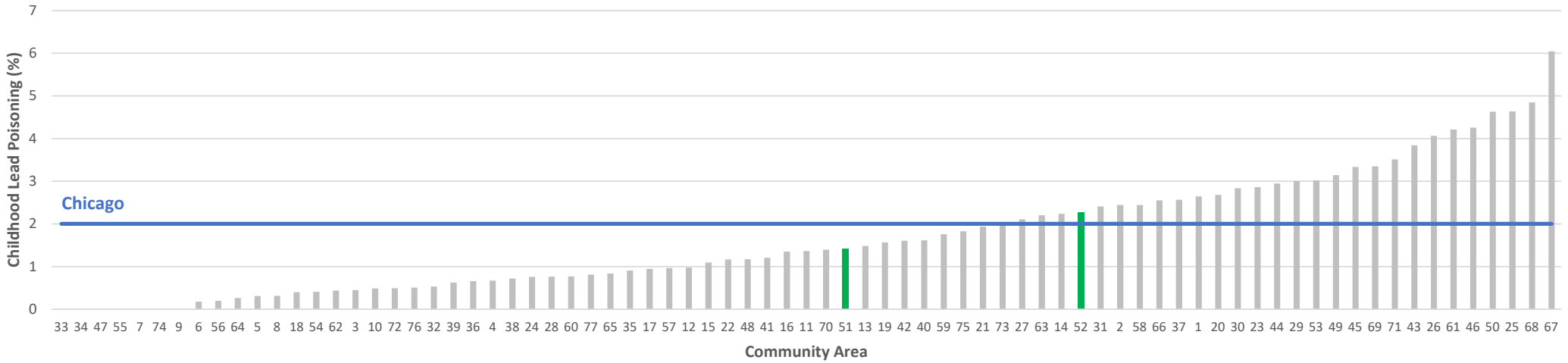


Indicator Definition:
Weighted index of vulnerability to lead paint exposure. Measures exposure to housing built before 1960 and at risk of containing lead, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.

Data Sources:
Environmental Protection Agency (EPA) Derived from American Community Survey estimates); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
The question of "Year Structure Built" was asked at both occupied and vacant housing units. Year structure built refers to when the building was first constructed, not when it was remodeled, added to, or converted. Housing units under construction are included as vacant housing if they meet the housing unit definition, that is, all exterior windows, doors, and final usable floors are in place. The data relate to the number of units built during the specified periods that were still in existence at the time of interview. The year the structure was built provides information on the age of housing units. Data on year structure built are more susceptible to errors of response and non-reporting than data for many other questions because respondents must rely on their memory or on estimates by people who have lived in the neighborhood a long time. This index is weighted by the vulnerability of the population. See the documentation for the EPA's EJ Indexes for more information.

D33. Percentage of Chicago children ages 1-5 years with blood lead level at or above 5 micrograms per deciliter by community area, 2020

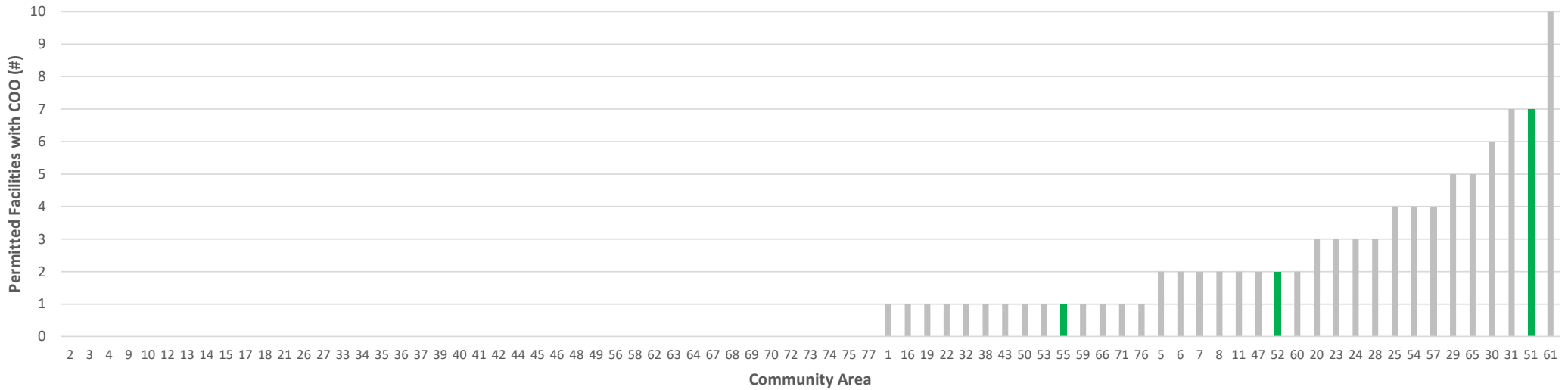


Indicator Definition:
Percent of children ages 1-5 with blood lead level at or above 5 micrograms per deciliter.

Data Sources:
Chicago Department of Public Health, Lead Poisoning Prevention Program; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Number of children aged 1-5 with peak annual blood lead level (bll) 5 or more micrograms of lead per deciliter (µg/dL) blood, venous draw, among all children aged 1-5 getting any blood lead test (venous or capillary). Not all children get bll tests - these numbers are limited to the children who have gotten tested and had those test results reported to CDPH. Since many children get multiple tests in any given year, the child's peak venous bll or peak capillary bll (if there was no venous blood test) was used to determine the child's age and address for the denominator.

D34. Number of air permitted facilities in Chicago with a current certificate of operation (COO), A1 and A2 class type, by community area, 11/1/2021

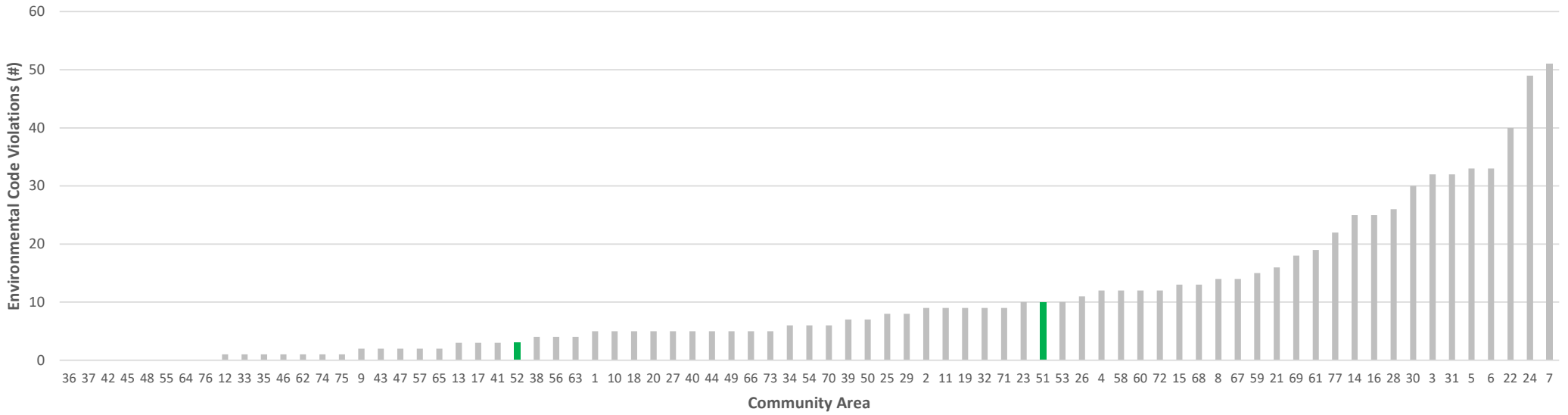


Indicator Definition:
Number of facilities in Chicago with a current air pollution control permit and certificate of operation (COO) for A1 and A2 class types. There were a total 94 facilities in Chicago that met this definition on 11/1/2021.

Data Sources:
Chicago Department of Public Health, Environmental Permitting & Inspections Program. Data analyzed and interpreted by the Chicago Department of Public Health Environmental Permitting & Inspections Program.

Technical Notes:
A1 category is a facility whose potential and actual emissions are 100 tons or more per year. A2 category is a facility with potential to emit more than 100 tons per year, but whose actual emissions are less than 100 tons per year.

D35. Number of environmental code violations in Chicago by community area, October 19, 2018 - January 14, 2021

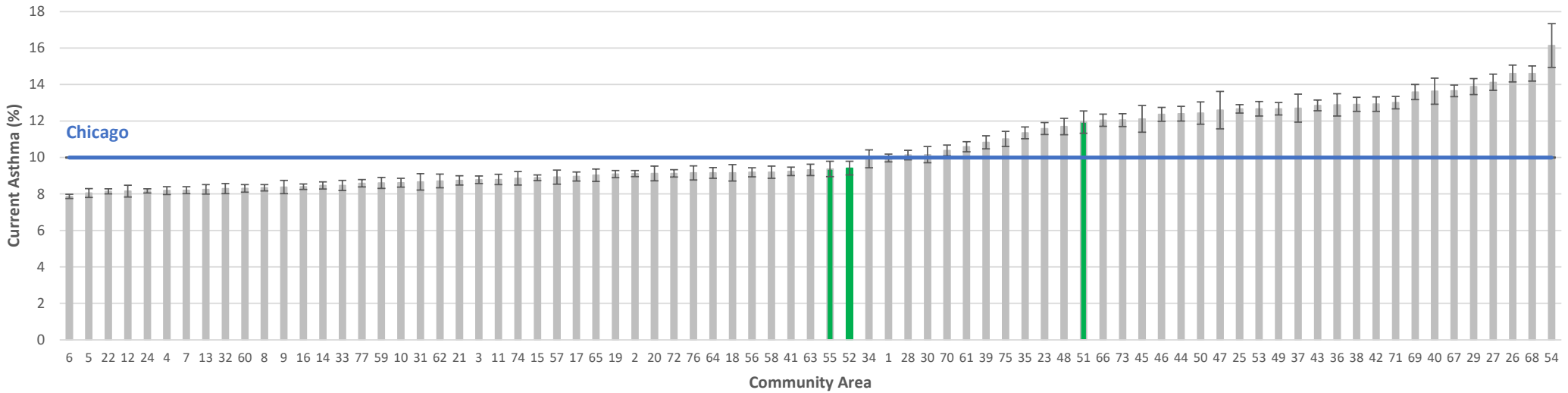


Indicator Definition:
Number of Municipal and State code violation notices issued by the Chicago Department of Public Health (CDPH) environmental inspectors between October 19, 2018 – January 14, 2021 that have completed the administrative hearing process and are considered ”closed” and the disposition is either “default” or “liable plea” and a fine was assessed. There were a total 794 code violations in Chicago that met this definition during the specified time period.

Data Sources:
Chicago Department of Public Health, Environmental Permitting & Inspections Program. Data was extracted from the City of Chicago Data Portal Environmental Enforcement Table which has been analyzed and interpreted by the Chicago Department of Public Health Environmental Permitting & Inspections Program.

Technical Notes:
Environmental violations that are still “active” in the administrative hearing process (e.g., case is not closed) or are “closed” and disposition is “nonsuit” were excluded.

D36. Percentage of Chicago adults (aged 18 and older) with asthma currently by community area, 2018

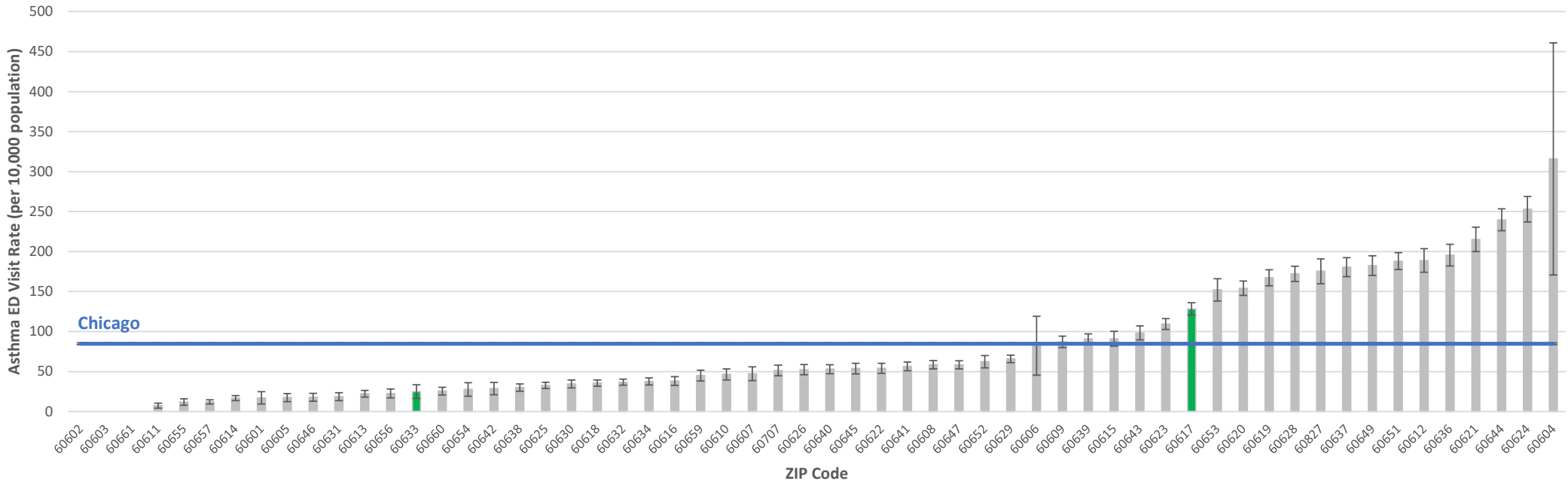


Indicator Definition:
Percent of residents (civilian, non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

Data Sources:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. This survey-based indicator requires a doctor diagnosis of asthma, which may not include all persons with asthma. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D37. Age-adjusted emergency department (ED) visit rate (per 10,000 population) due to asthma for Chicago residents by ZIP Code, 2017

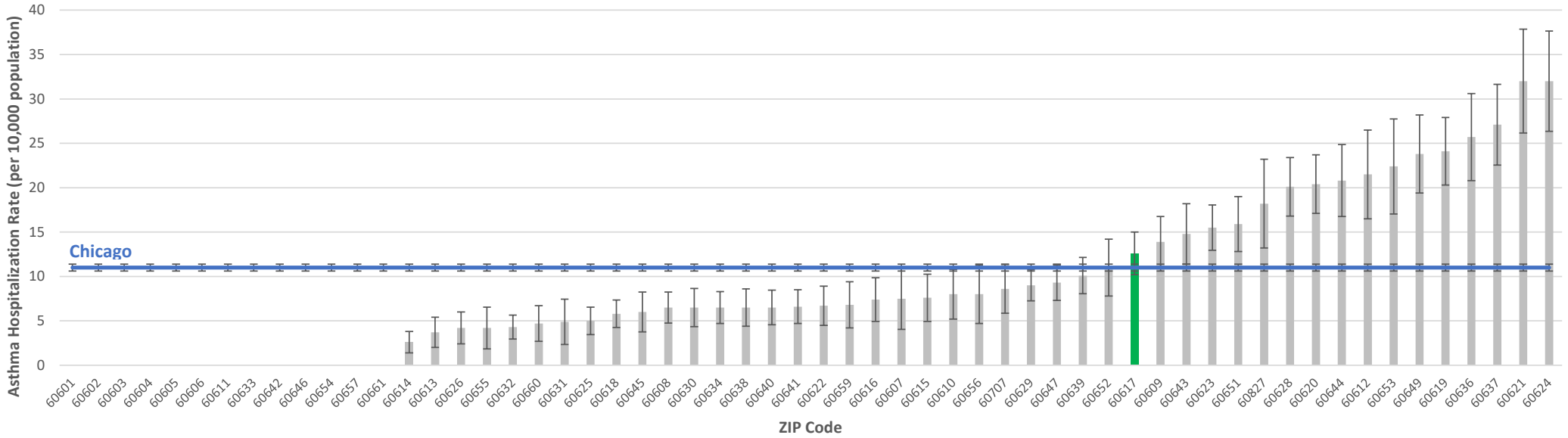


Indicator Definition:
Age-adjusted rate of emergency department visits with primary diagnosis as asthma, excluding discharges to Veterans Administration hospitals.

Data Sources:
Illinois Department of Public Health, Hospital Discharge Data; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who visited the emergency department due to asthma (ICD-10-CM codes: J4520 J4521 J4522 J4530 J4531 J4532 J4540 J4541 J4542 J4550 J4551 J4552 J45901 J45902 J45909 J45990 J45991 J45998) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as emergency department visits per 10,000 population. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions. Because the IDPH dataset provides information on hospitalization discharges and not individual persons, the rates reported may not necessarily reflect rates per person; that is, persons who are admitted to an emergency department more than once in a year may be counted more than once. The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D38. Age-adjusted hospitalization rate (per 10,000 population) due to asthma for Chicago residents by ZIP Code, 2017

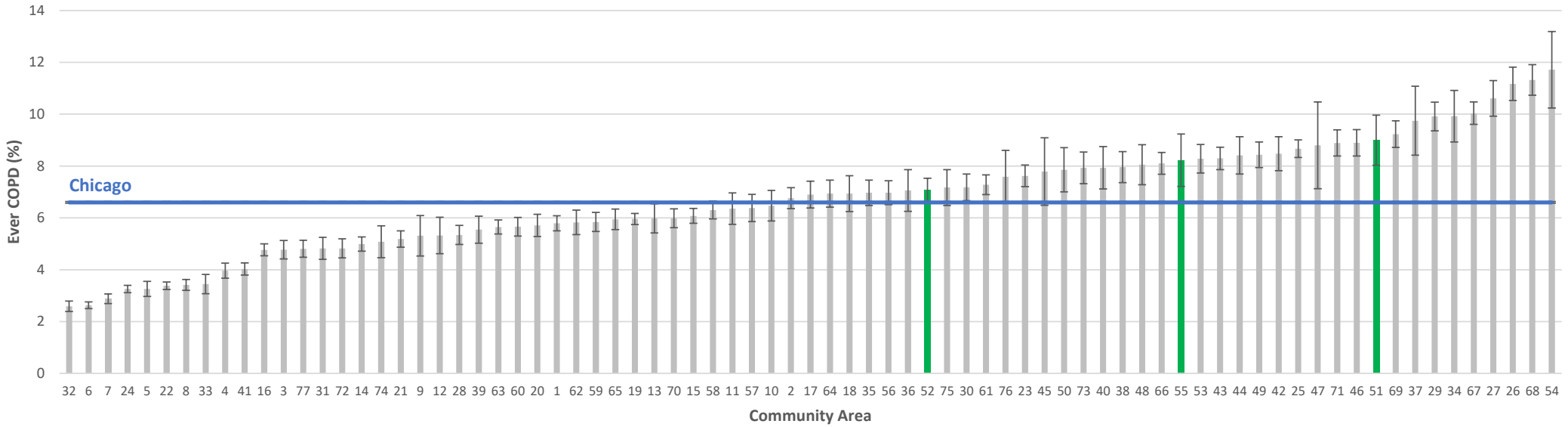


Indicator Definition:
Age-adjusted rate of hospitalization discharges with primary diagnosis as asthma, excluding discharges to Veterans Administration hospitals.

Data Sources:
Illinois Department of Public Health, Hospital Discharge Data; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who were hospitalized due to asthma (ICD-10-CM codes: J4520 J4521 J4522 J4530 J4531 J4532 J4540 J4541 J4542 J4550 J4551 J4552 J45901 J45902 J45909 J45990 J45991 J45998) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as hospital discharges per 10,000 population. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions. Because the IDPH dataset provides information on inpatient hospitalization discharges and not individual persons, the rates reported may not necessarily reflect rates per person; that is, persons who are hospitalized more than once in a year may be counted more than once. The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D39. Percentage of Chicago adults (aged 18 and older) ever diagnosed with chronic obstructive pulmonary disease (COPD) by community area, 2018

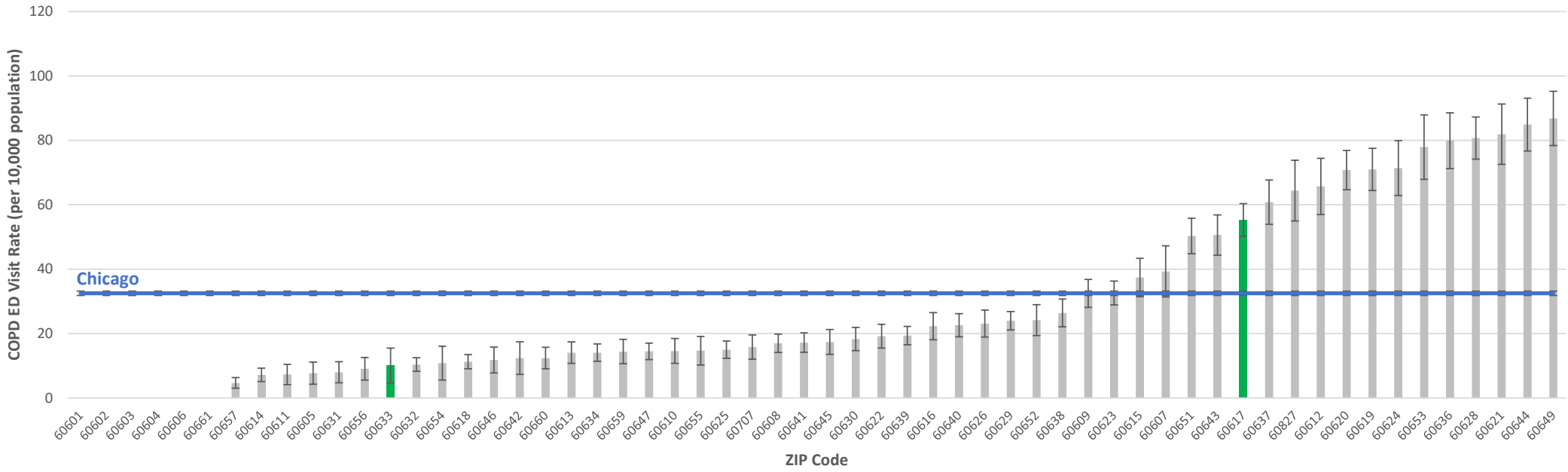


Indicator Definition:
Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.

Data Sources:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. The indicator is based on being diagnosed by a physician and respondent recall of the diagnosis and might underestimate the true prevalence. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D40. Age-adjusted emergency department (ED) visit rate (per 10,000 population) due to COPD for Chicago residents by ZIP Code, 2017

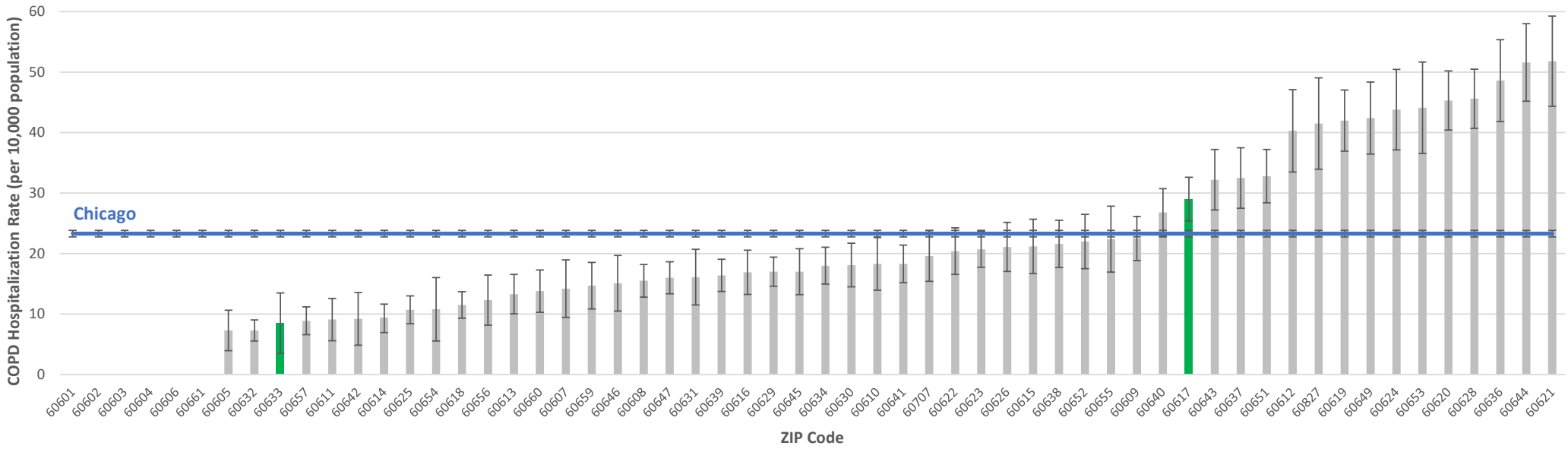


Indicator Definition:
Age-adjusted rate of emergency department visits with primary diagnosis as chronic obstructive pulmonary disease (COPD), excluding discharges to Veterans Administration hospitals.

Data Sources:
Illinois Department of Public Health, Hospital Discharge Data; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who visited the emergency department due to chronic obstructive pulmonary disease (ICD-10-CM codes: J40-J44) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as emergency department visits per 10,000 population. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions. Because the IDPH dataset provides information on hospitalization discharges and not individual persons, the rates reported may not necessarily reflect rates per person; that is, persons who are admitted to an emergency department more than once in a year may be counted more than once. The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D41. Age-adjusted hospitalization rate (per 10,000 population) due to COPD for Chicago residents by ZIP Code, 2017

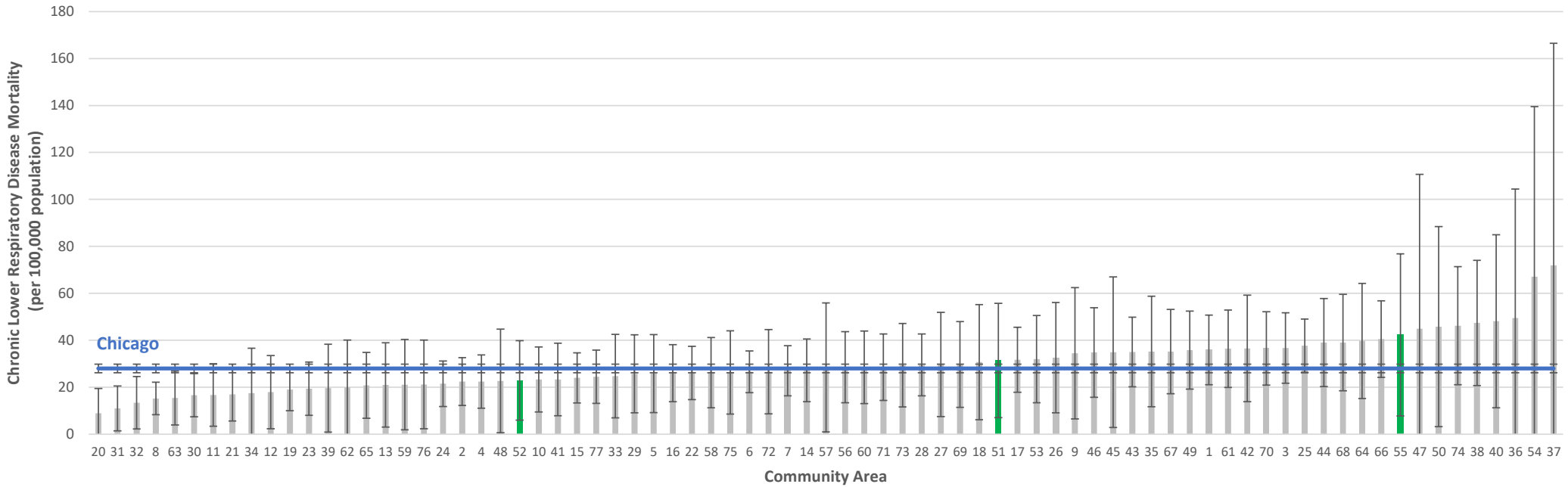


Indicator Definition:
Age-adjusted rate of hospitalization discharges with primary diagnosis as chronic obstructive pulmonary disease (COPD) excluding discharges to Veterans Administration hospitals.

Data Sources:
Illinois Department of Public Health, Hospital Discharge Data; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who were hospitalized due to chronic obstructive pulmonary disease (ICD-10-CM codes: J40-J44) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as hospital discharges per 10,000 population. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions. Because the IDPH dataset provides information on inpatient hospitalization discharges and not individual persons, the rates reported may not necessarily reflect rates per person; that is, persons who are hospitalized more than once in a year may be counted more than once. The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D42. Age-adjusted mortality rate (per 100,000 population) due to chronic lower respiratory disease for Chicago residents by community area, 2015-2019

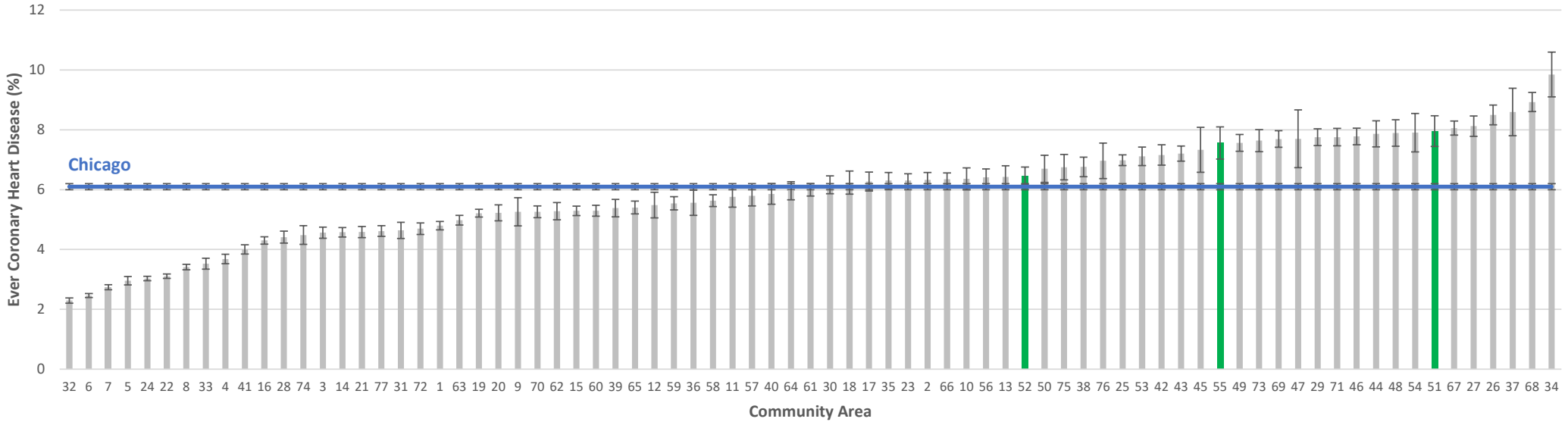


Indicator Definition:
Age-adjusted rate of people who died due to chronic lower respiratory disease.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to chronic lower respiratory disease (ICD-10 codes: J40-J44) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D43. Percentage of Chicago adults (aged 18 and older) ever diagnosed with coronary heart disease by community area, 2018

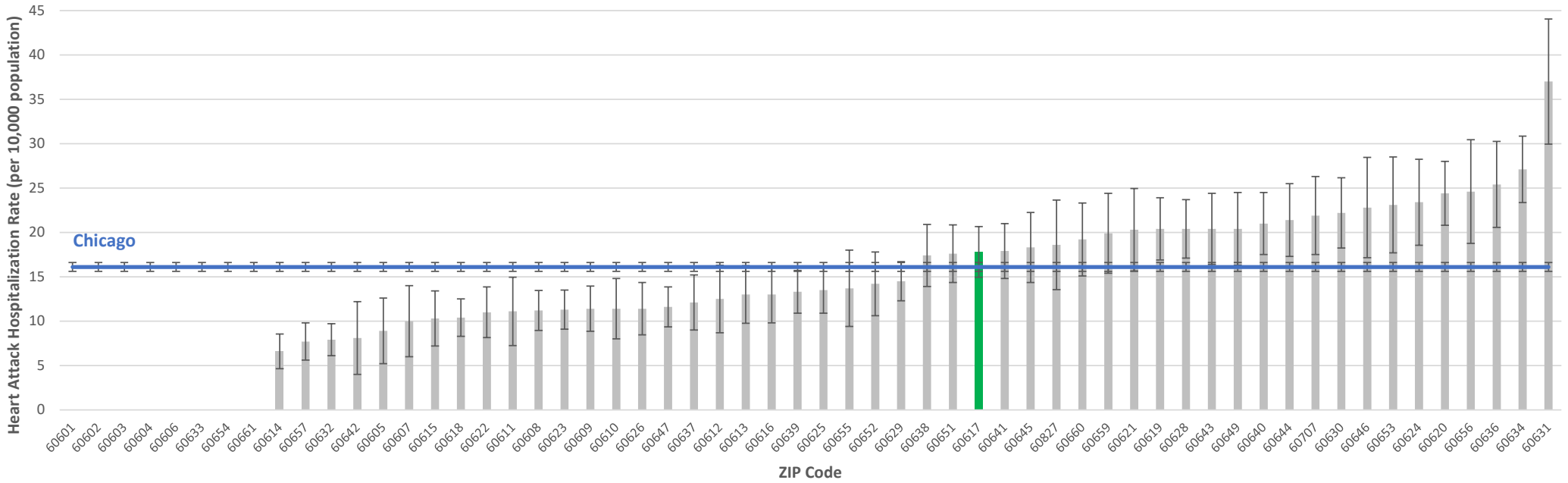


Indicator Definition:
Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have angina or coronary heart disease.

Data Sources:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. The indicator is based on being diagnosed by a physician and respondent recall of the diagnosis and might underestimate the true prevalence. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D44. Age-adjusted hospitalization rate due to heart attack (per 10,000 population) for Chicago residents by ZIP Code, 2017

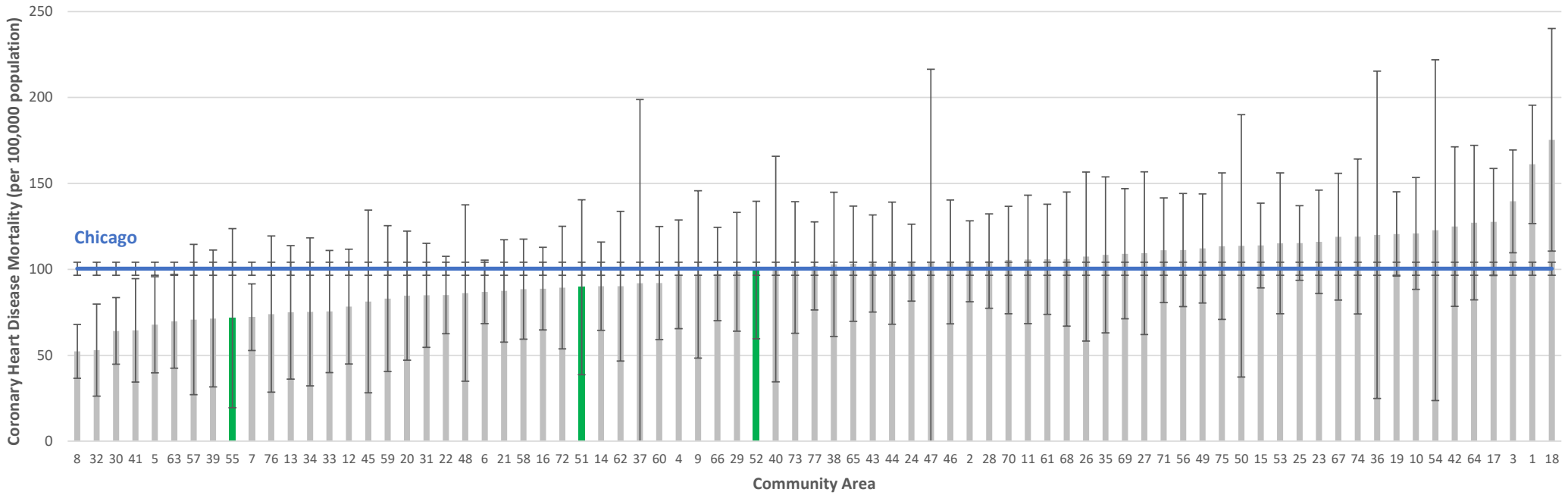


Indicator Definition:
Age-adjusted rate of hospitalization discharges with primary diagnosis as heart attack, excluding discharges to Veterans Administration hospitals.

Data Sources:
Illinois Department of Public Health, Hospital Discharge Data; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who were hospitalized due to heart attack (ICD-10-CM codes: I21, I22) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as hospital discharges per 10,000 population. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions. Because the IDPH dataset provides information on inpatient hospitalization discharges and not individual persons, the rates reported may not necessarily reflect rates per person; that is, persons who are hospitalized more than once in a year may be counted more than once. The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D45. Age-adjusted mortality rate (per 100,000 population) due to coronary heart disease for Chicago residents by community area, 2015-2019

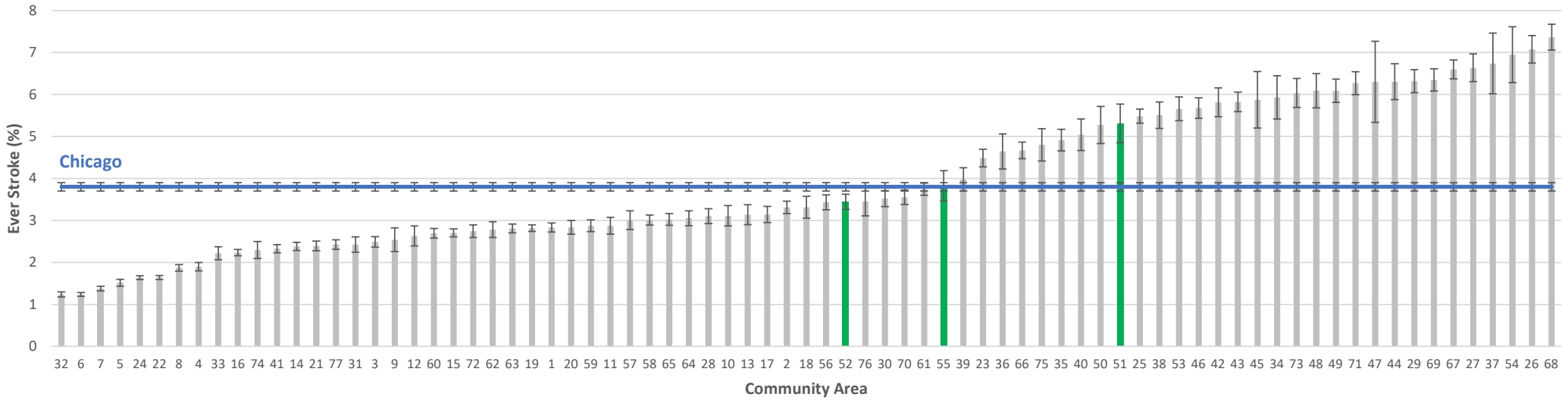


Indicator Definition:
Age-adjusted rate of people who died due to coronary heart disease.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to coronary heart disease (ICD-10 codes: I20-I25) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D46. Percentage of Chicago adults (aged 18 and older) ever diagnosed with stroke by community area, 2018

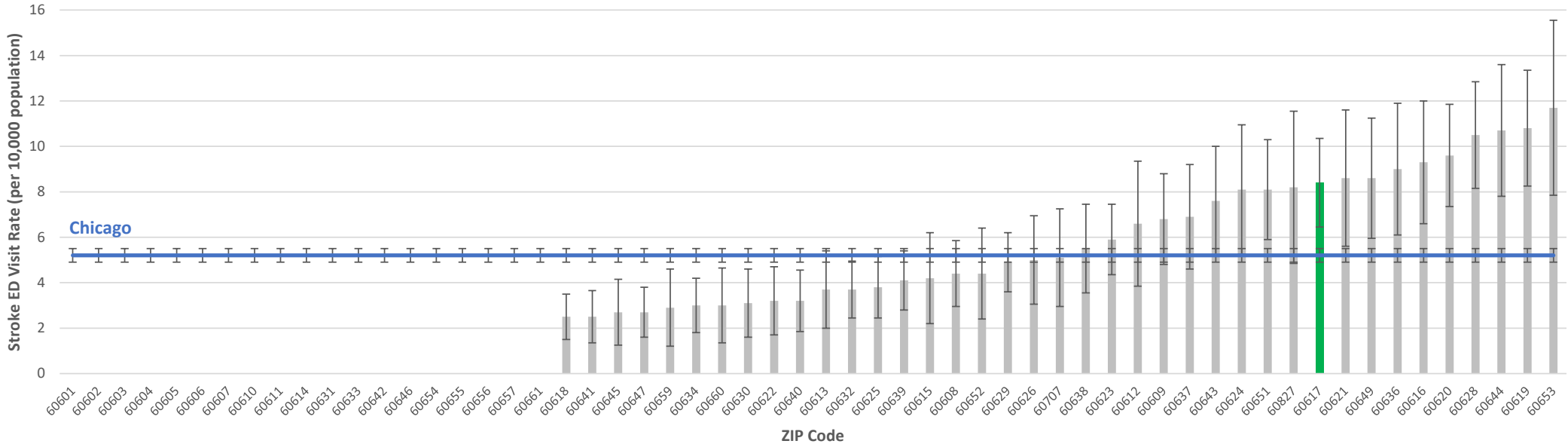


Indicator Definition:
Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke.

Data Sources:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. The indicator is based on being diagnosed by a physician and respondent recall of the diagnosis and might underestimate the true prevalence. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D47. Age-adjusted emergency department (ED) visit rate due to stroke (per 10,000 population) for Chicago residents by ZIP Code, 2017

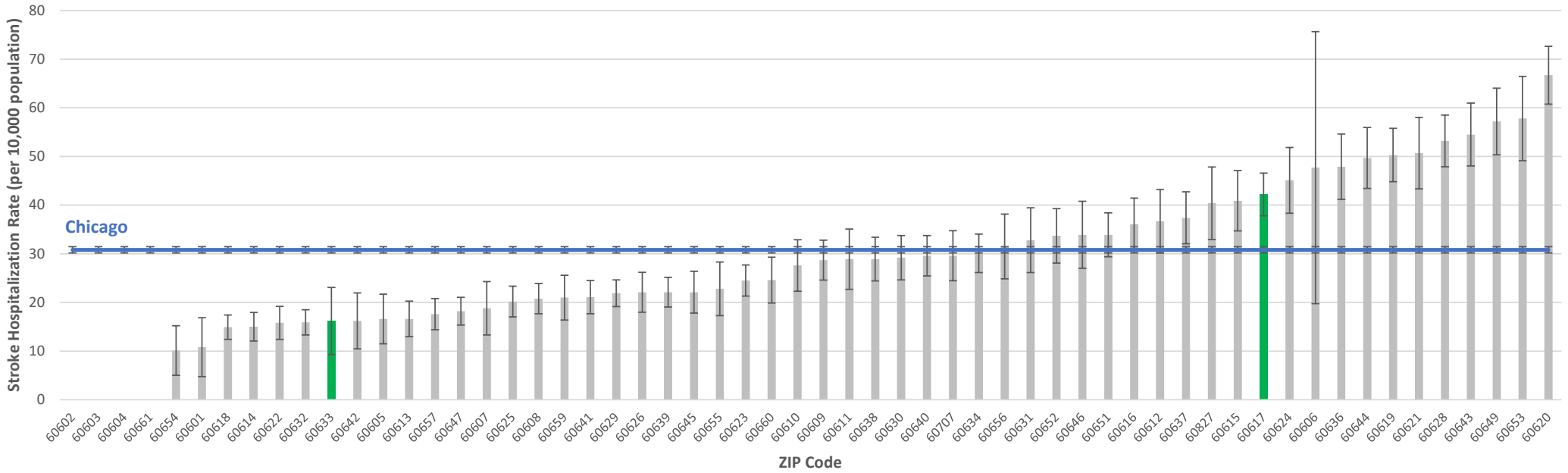


Indicator Definition:
Age-adjusted rate of emergency department visits with primary diagnosis as stroke, excluding discharges to Veterans Administration hospitals.

Data Sources:
Illinois Department of Public Health, Hospital Discharge Data; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who visited the emergency department due to stroke (ICD-10-CM codes: I60-I69) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as emergency department visits per 10,000 population. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions. Because the IDPH dataset provides information on hospitalization discharges and not individual persons, the rates reported may not necessarily reflect rates per person; that is, persons who are admitted to an emergency department more than once in a year may be counted more than once. The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D48. Age-adjusted hospitalization rate due to stroke (per 10,000) for Chicago residents by ZIP Code, 2017

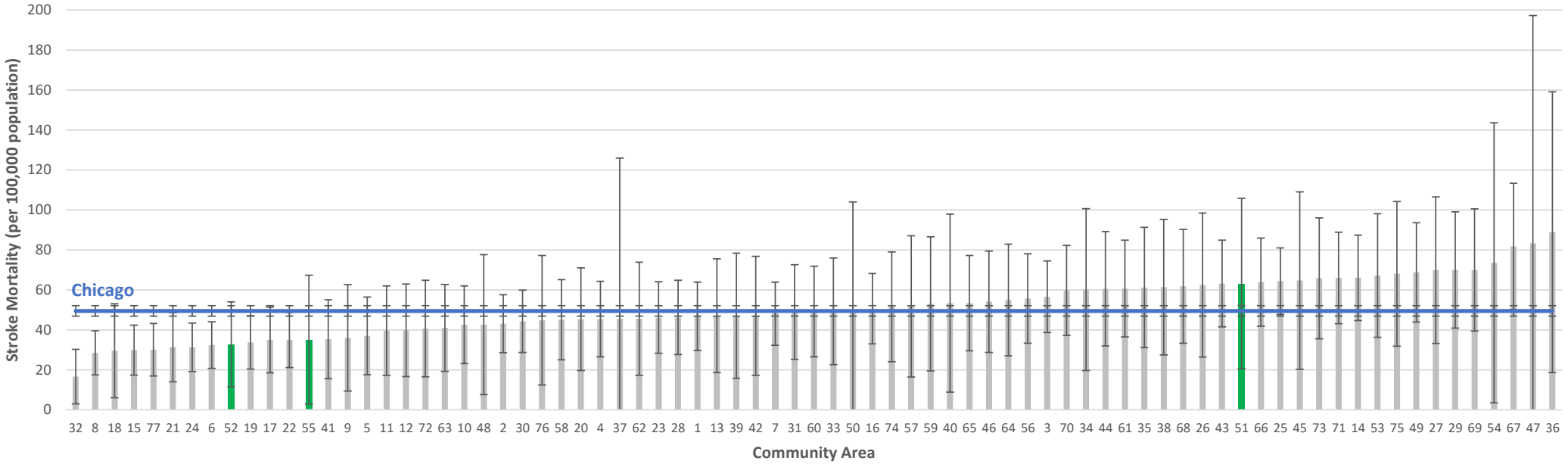


Indicator Definition:
Age-adjusted rate of hospitalization discharges with primary diagnosis as stroke, excluding discharges to Veterans Administration hospitals.

Data Sources:
Illinois Department of Public Health, Hospital Discharge Data; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who were hospitalized due to stroke (ICD-10-CM codes: I60-I69) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as hospital discharges per 10,000 population. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions. Because the IDPH dataset provides information on inpatient hospitalization discharges and not individual persons, the rates reported may not necessarily reflect rates per person; that is, persons who are hospitalized more than once in a year may be counted more than once. The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D49. Age-adjusted mortality rate (per 100,000 population) due to stroke for Chicago residents by community area, 2015-2019

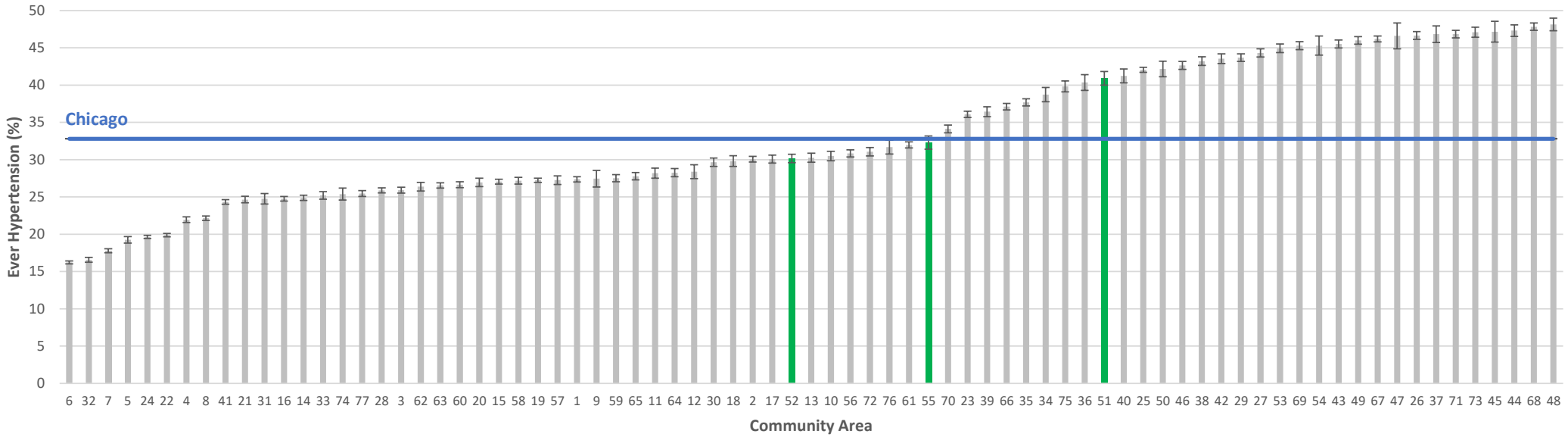


Indicator Definition:
Age-adjusted rate of people who died due to stroke.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to stroke (ICD-10 codes: I60-I69) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D50. Percentage of Chicago adults (aged 18 and older) ever diagnosed with hypertension (high blood pressure) by community area, 2018

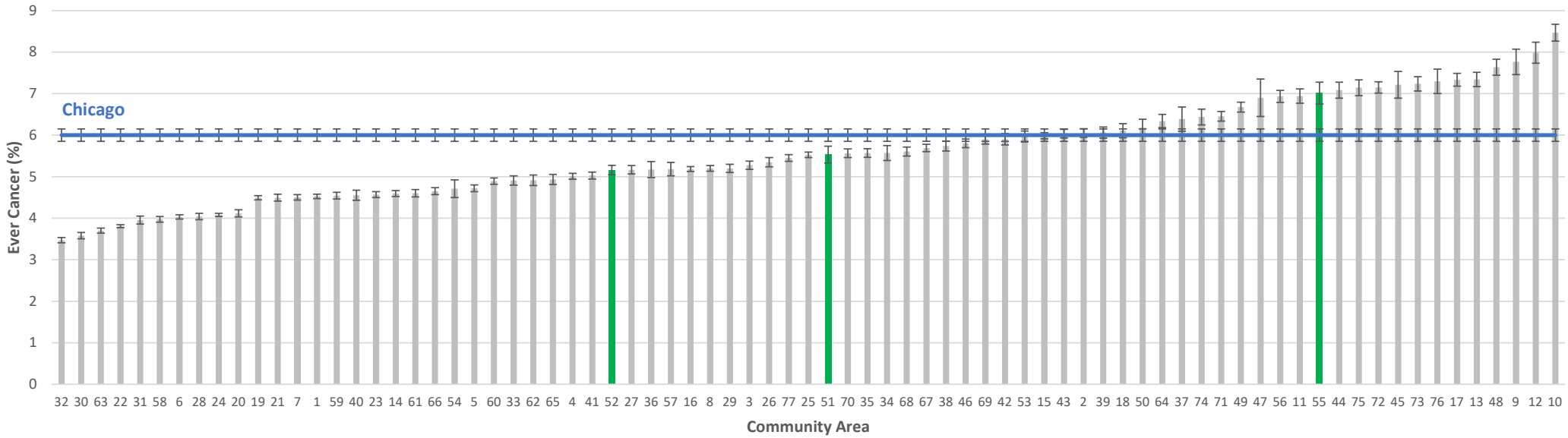


Indicator Definition:
Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

Data Sources:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. Indicator does not measure the proportion of adults who currently have diagnosed high blood pressure and might result in an underestimate of the prevalence of high blood pressure. Indicator is based on having been told that one has high blood pressure and is subject to recall and actually having been told. Additionally, reports are not validated against actual blood pressure measurements or medical records. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D51. Percentage of Chicago adults (aged 18 and older) ever diagnosed with cancer by community area, 2018

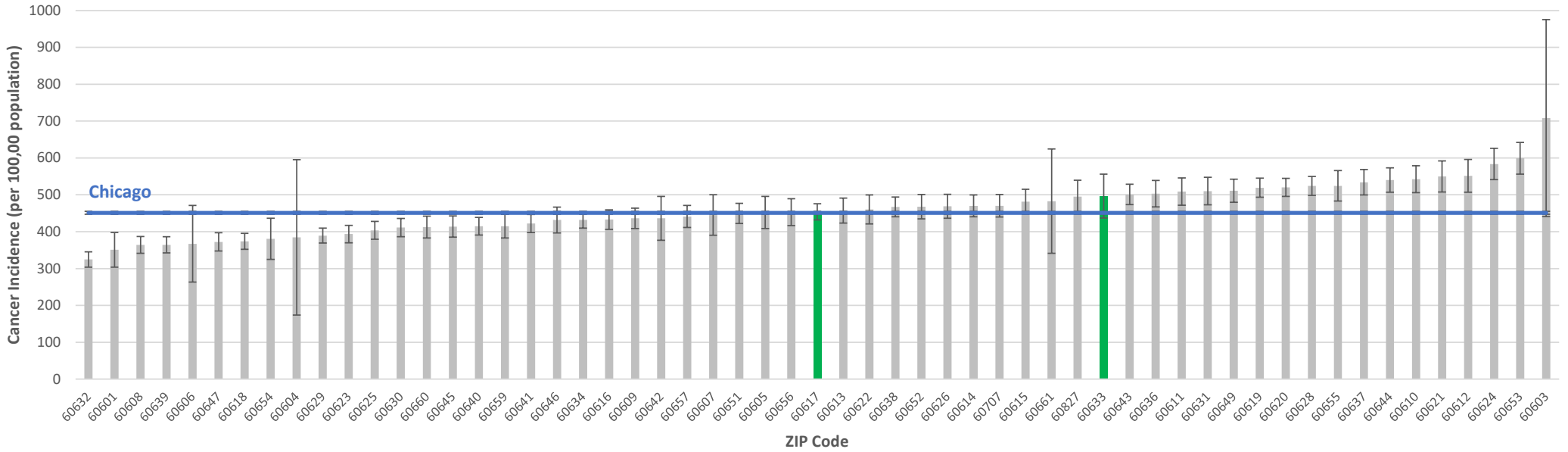


Indicator Definition:
Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have cancer (other than skin cancer).

Data Sources:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D52. Age-adjusted cancer diagnosis rate (per 100,000 population) for Chicago residents by ZIP Code, 2014-2018

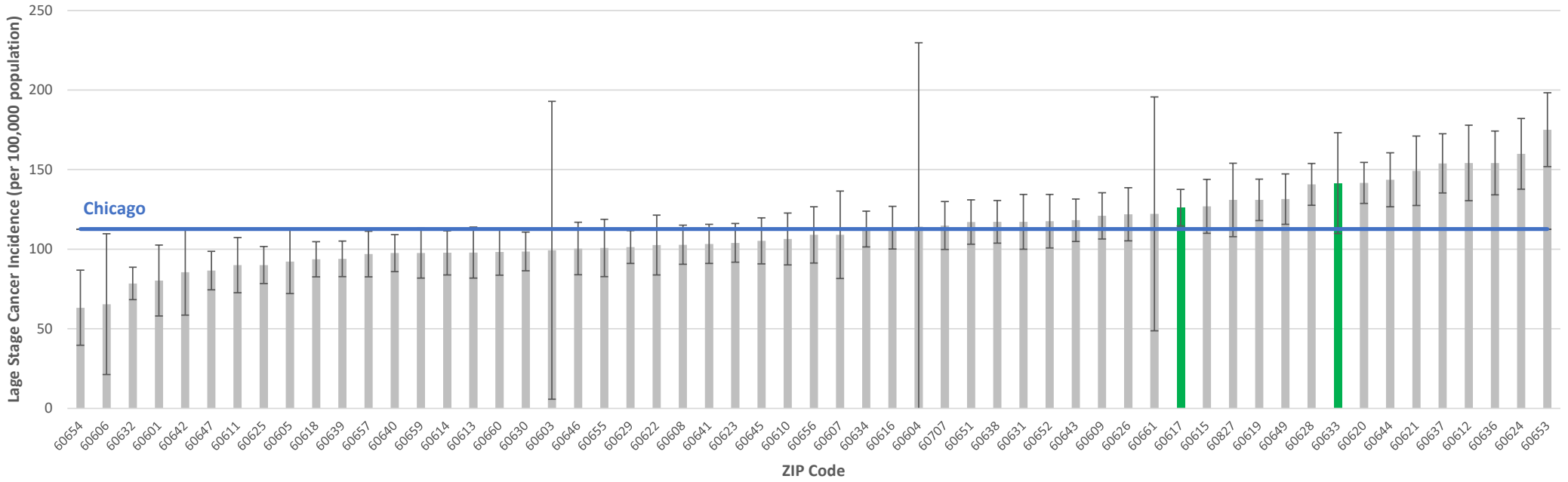


Indicator Definition:
Average annual diagnosis rate for all invasive cancers. Does not include pre-cancerous diagnoses such as breast cancer in situ or urinary cancer in situ. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D53. Age-adjusted distant metastases/systemic disease cancer diagnosis rate (per 100,000 population) for Chicago residents by ZIP Code, 2014-2018

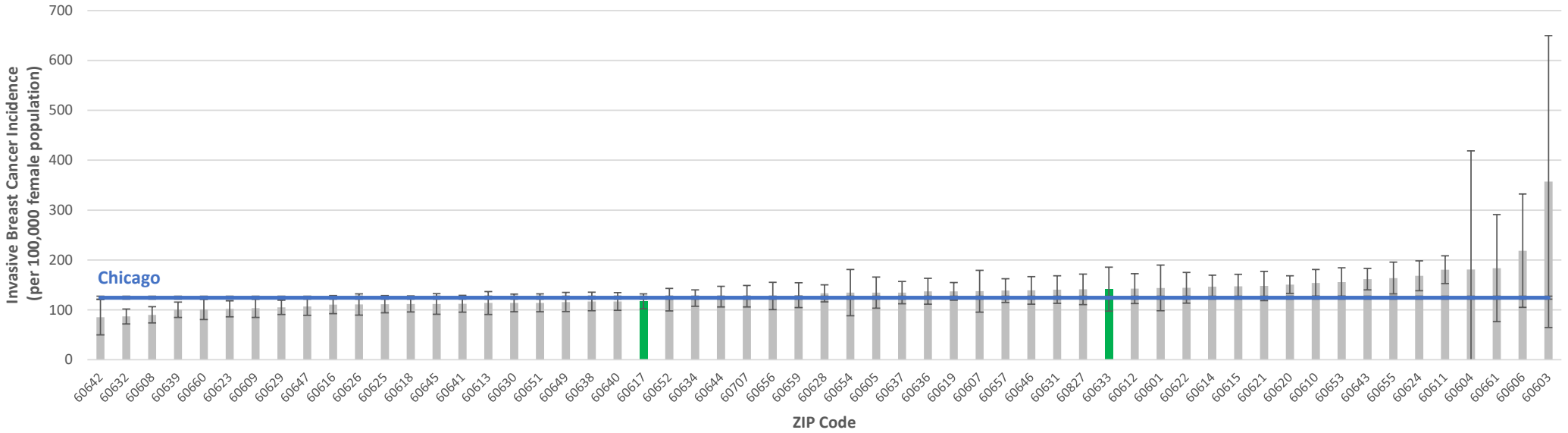


Indicator Definition:
Average annual diagnosis rate for all invasive cancers with stage of disease at diagnosis is classified as distant metastases/systemic disease. Does not include pre-cancerous diagnoses such as breast cancer in situ or urinary cancer in situ. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D54. Age-adjusted invasive breast cancer diagnosis rate (per 100,000 female population) for Chicago residents by ZIP Code, 2014-2018

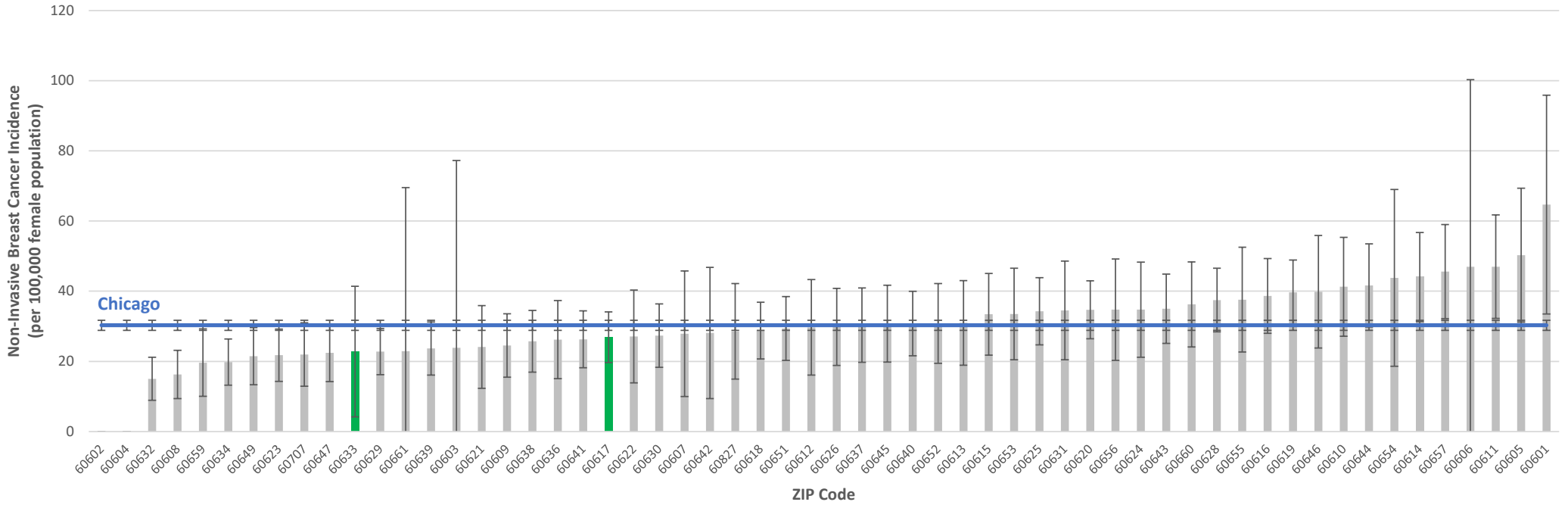


Indicator Definition:
Average annual diagnosis rate for invasive breast cancer in females. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER group 26000, behavior code 3. Women only. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D55. Age-adjusted breast in-situ cancer diagnosis rate (per 100,000 female population) for Chicago residents by ZIP Code, 2014-2018

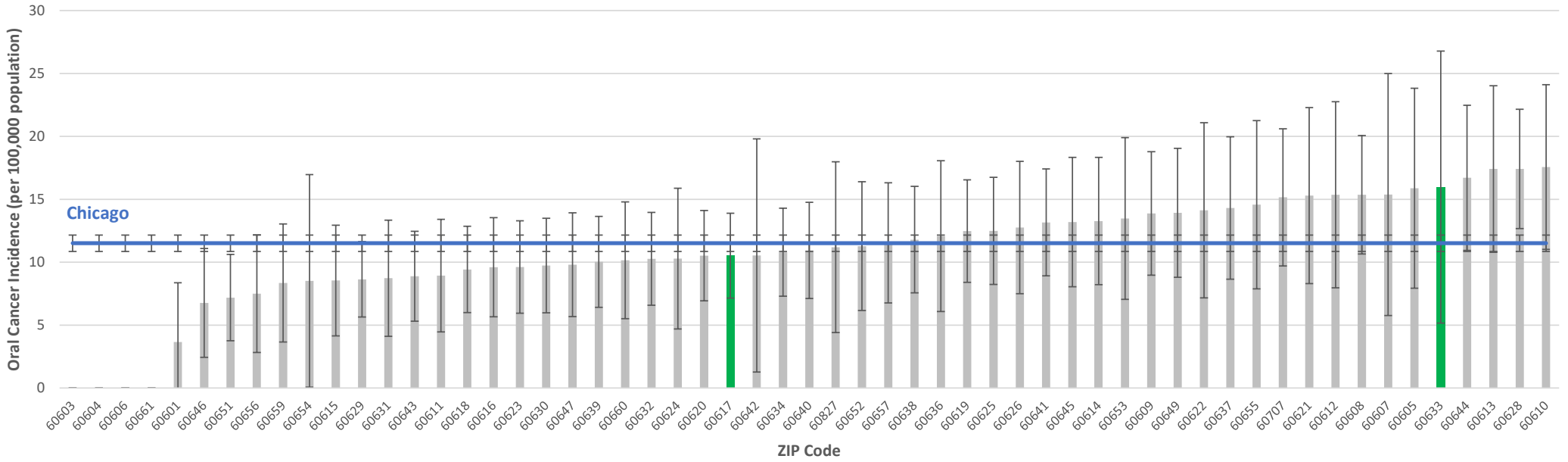


Indicator Definition:
Average annual diagnosis rate for breast in-situ cancer in females. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER group 26000, behavior code 2. Women only. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D56. Age-adjusted oral cancer diagnosis rate (per 100,000 population) for Chicago residents by ZIP Code, 2014-2018

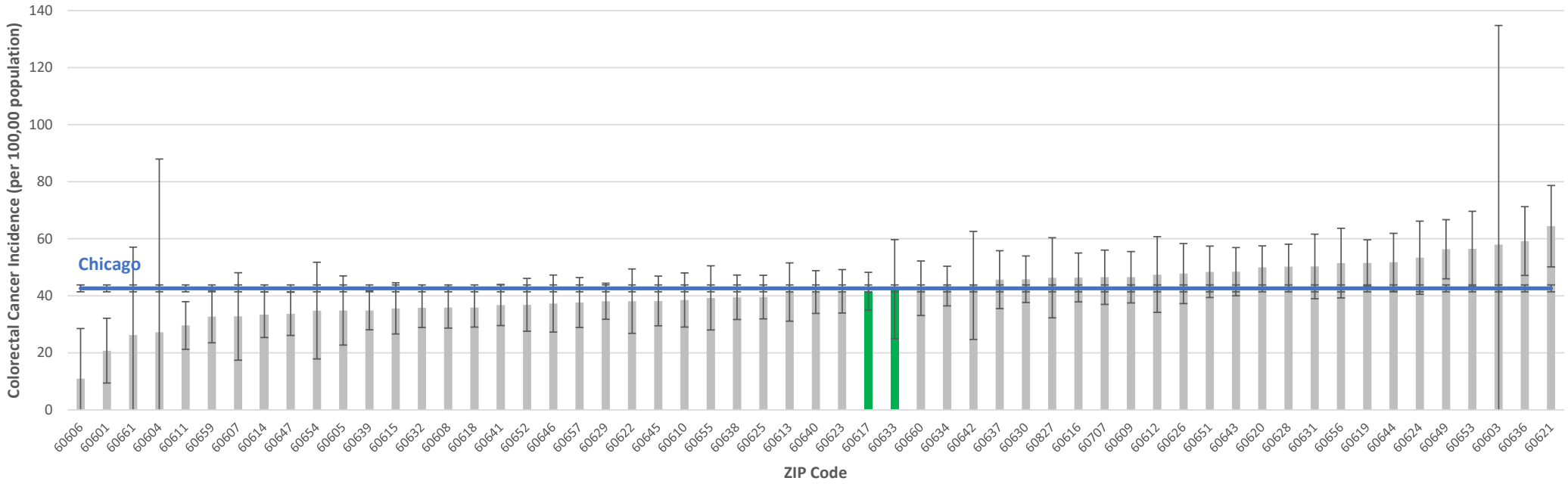


Indicator Definition:
Average annual diagnosis rate for oral cancer (oral cavity and pharynx). Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER groups 20010-20100. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D57. Age-adjusted colorectal cancer diagnosis rate (per 100,000 population) for Chicago residents by ZIP Code, 2014-2018

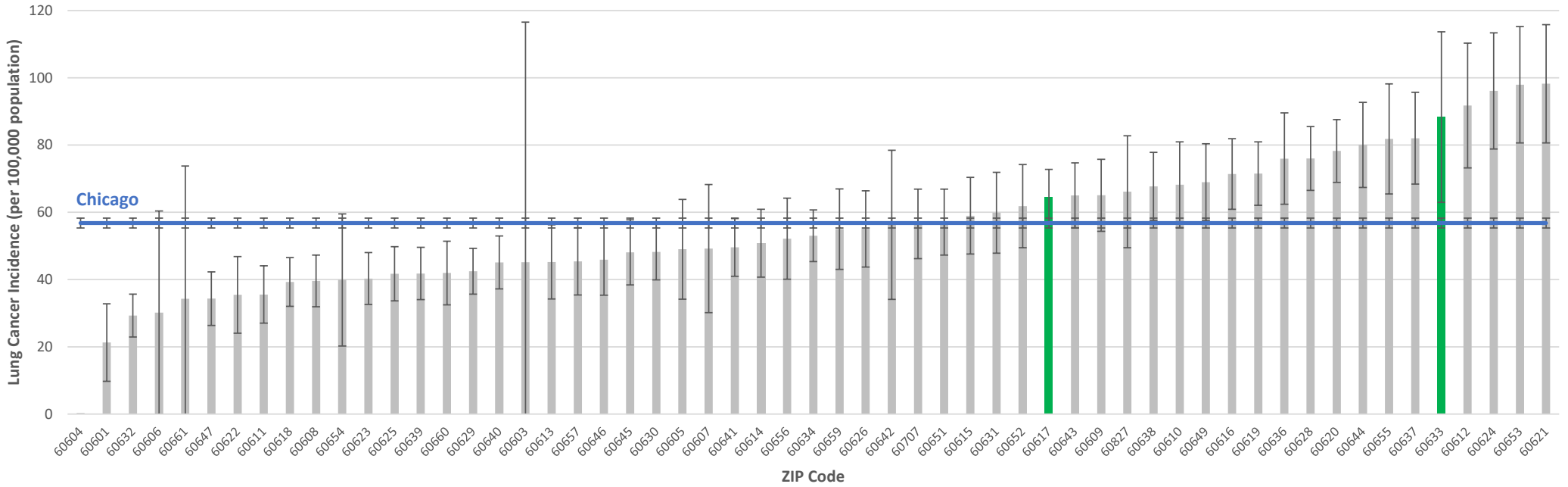


Indicator Definition:
Average annual diagnosis rate for colorectal cancer. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER groups 21041-21052. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D58. Age-adjusted lung cancer diagnosis rate (per 100,000 population) for Chicago residents by ZIP Code, 2014-2018

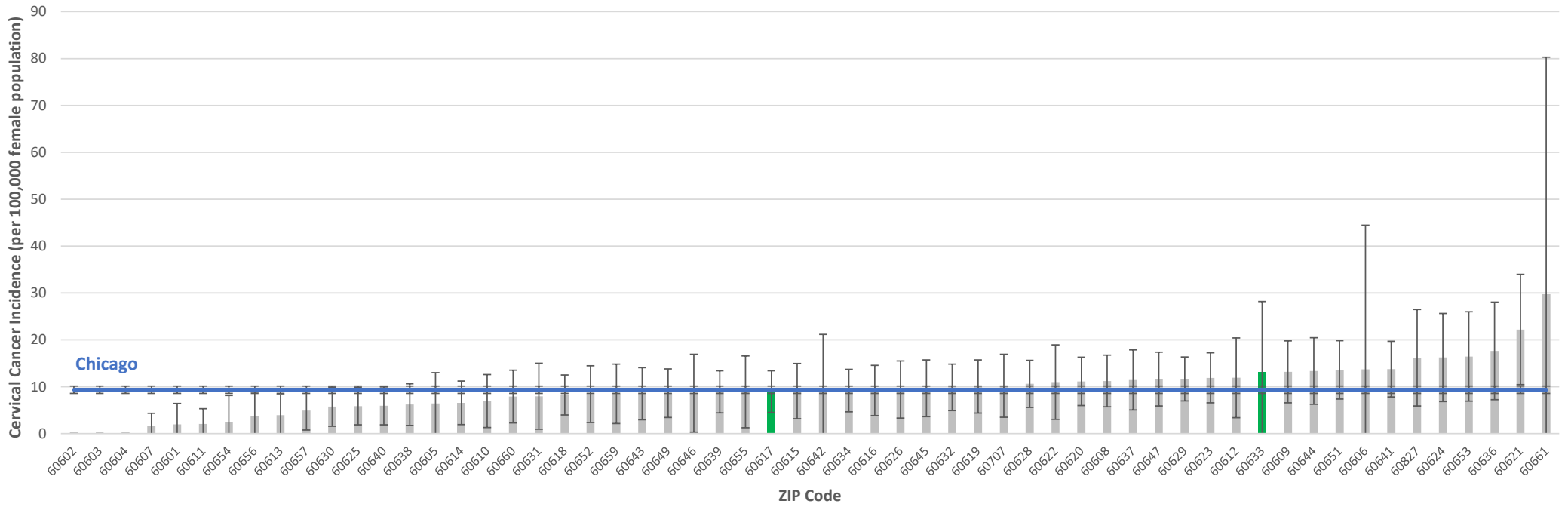


Indicator Definition:
Average annual diagnosis rate for lung and bronchus cancer. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER group 22030. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D59. Age-adjusted cervical cancer diagnosis rate (per 100,000 female population) for Chicago residents by ZIP Code, 2014-2018

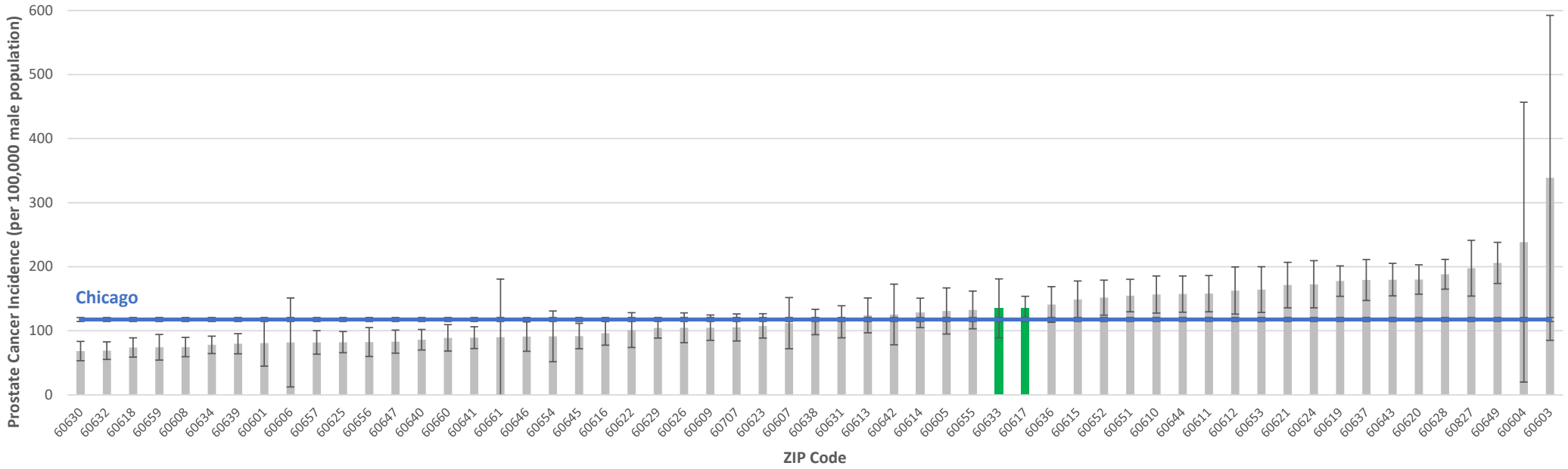


Indicator Definition:
Average annual diagnosis rate for cervical cancer. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER group 27010. Women only. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D60. Age-adjusted prostate cancer diagnosis rate (per 100,000 male population) for Chicago residents by ZIP code, 2014-2018

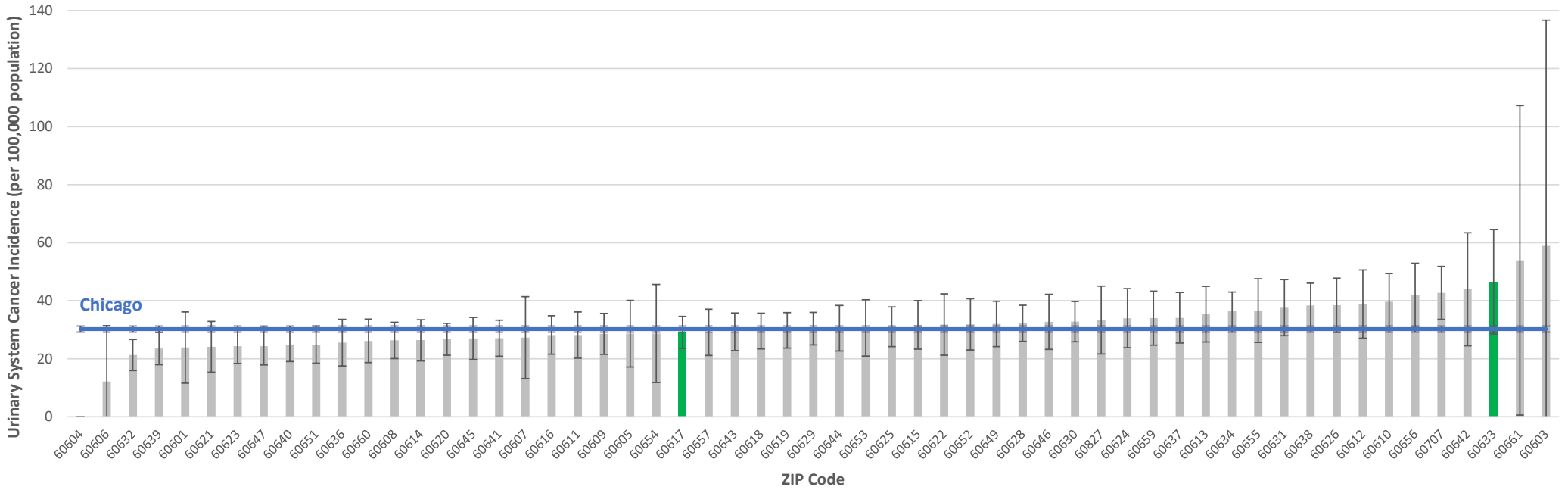


Indicator Definition:
Average annual diagnosis rate for prostate cancer. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER group 28010. Men only. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D61. Age-adjusted urinary system cancer diagnosis rate (per 100,000 population) for Chicago residents by ZIP Code, 2014-2018

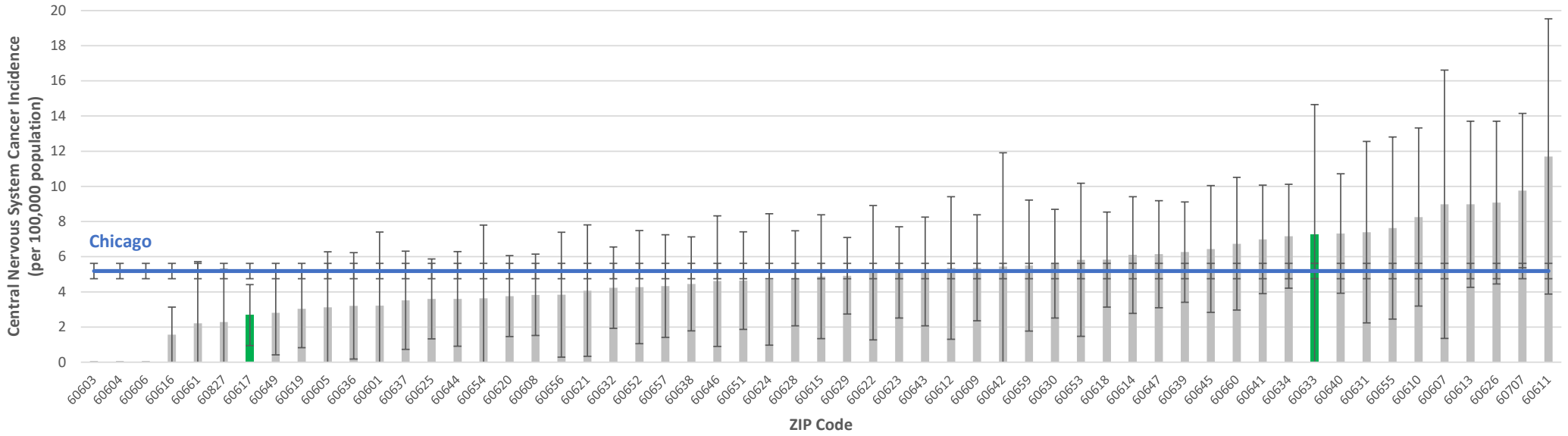


Indicator Definition:
Average annual diagnosis rate for urinary system (bladder and kidney) cancer. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER groups 29010 and 29020. Excludes in-situ cases. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D62. Age-adjusted central nervous system cancer diagnosis rate (per 100,000 population) for Chicago residents by ZIP Code, 2014-2018

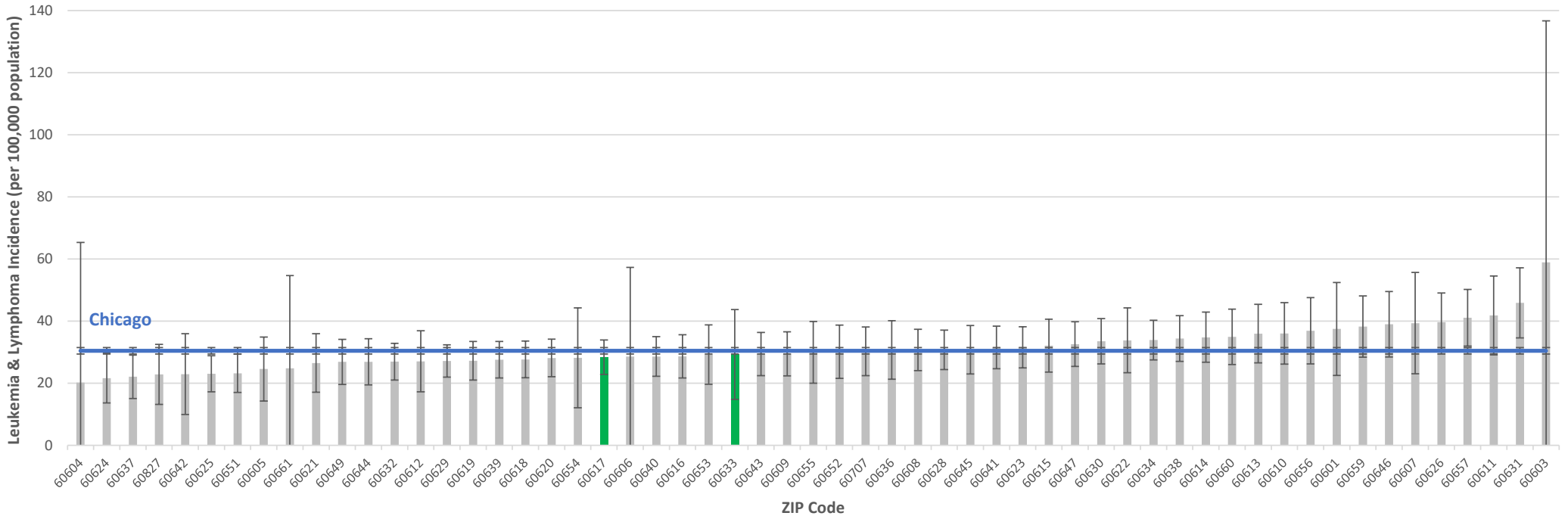


Indicator Definition:
Average annual diagnosis rate for central nervous system cancers, including brain. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER groups 31010-31040. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D63. Age-adjusted leukemia and lymphoma diagnosis rate (per 100,000 population) for Chicago residents by ZIP Code, 2014-2018

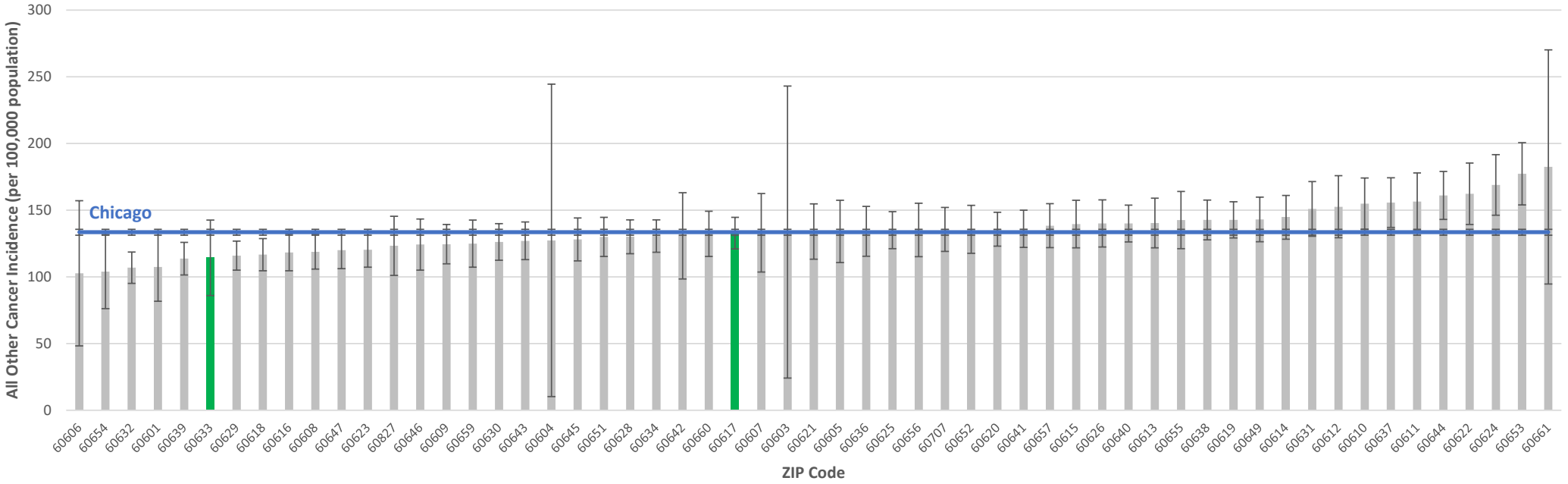


Indicator Definition:
Average annual diagnosis rate for leukemias and lymphomas (Hodgkin's and non-Hodgkin's). Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER groups 33010-33012, 33041-33042, and 35011-35043. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D64. Age-adjusted all other cancer diagnosis rate (per 100,000 population) for Chicago residents by ZIP Code, 2014-2018

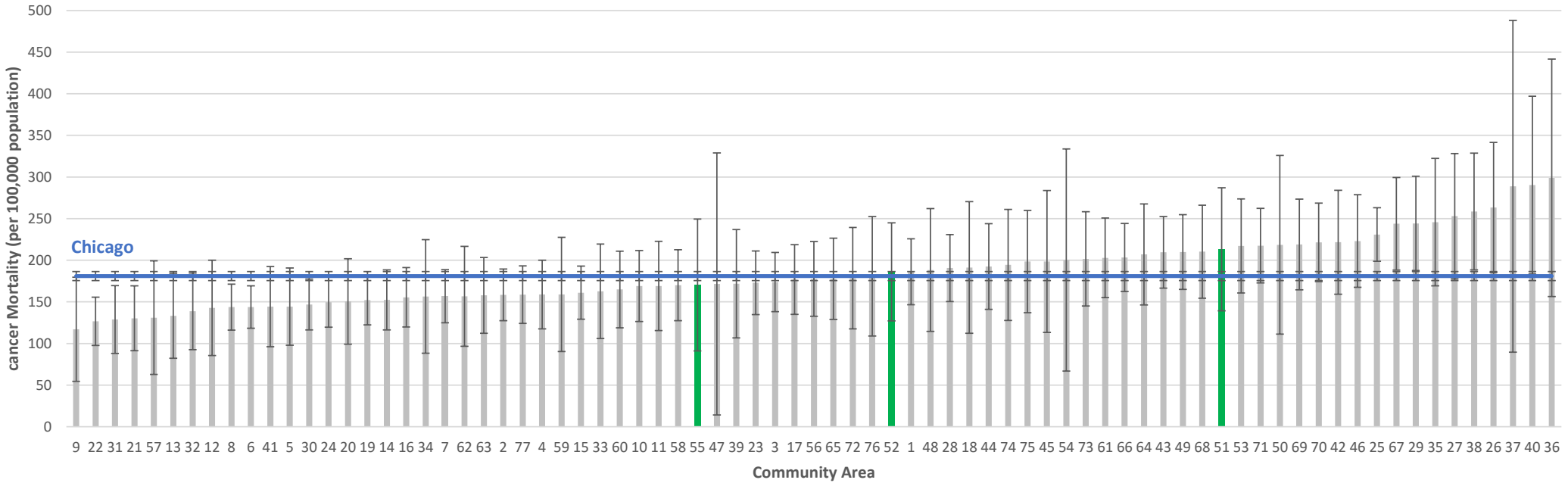


Indicator Definition:
Average annual diagnosis rate for cancers of the esophagus, stomach, liver, pancreas, bone, skin (melanomas), uterus, ovary, testis, plasma (myelomas), breast-invasive (male), and all other sites. Age-adjusted.

Data Sources:
Illinois Department of Public Health, Illinois State Cancer Registry, public data, 1986-2018, data as of November 2020; (See the here for more information.); United States Census Bureau, American Community Survey, 2014-2018 5-Year Estimates Detailed Tables: Sex by Age for Chicago ZIP Code Tabulation Area (See here for more information).

Technical Notes:
SEER groups 21010-21030, 21060, 21071, 21072, 21080, 21090, 21100, 21110, 21120, 21130, 22010, 22020, 22050, 22060, 23000,24000,25010,26000,27020-27040,28020,27050,27060, 27070,28030, 28040, 29030, 29040, 30000, 32010, 32020,3 4000, 36010, 36020, 37000. Age-adjusted rates and standard errors were calculated using the Year 2000 Standard and rate algorithms from the National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER). The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See here for specific information on the estimation of ZIP Code population counts.

D65. Age-adjusted mortality rate (per 100,000 population) due to cancer for Chicago residents by community area, 2015-2019

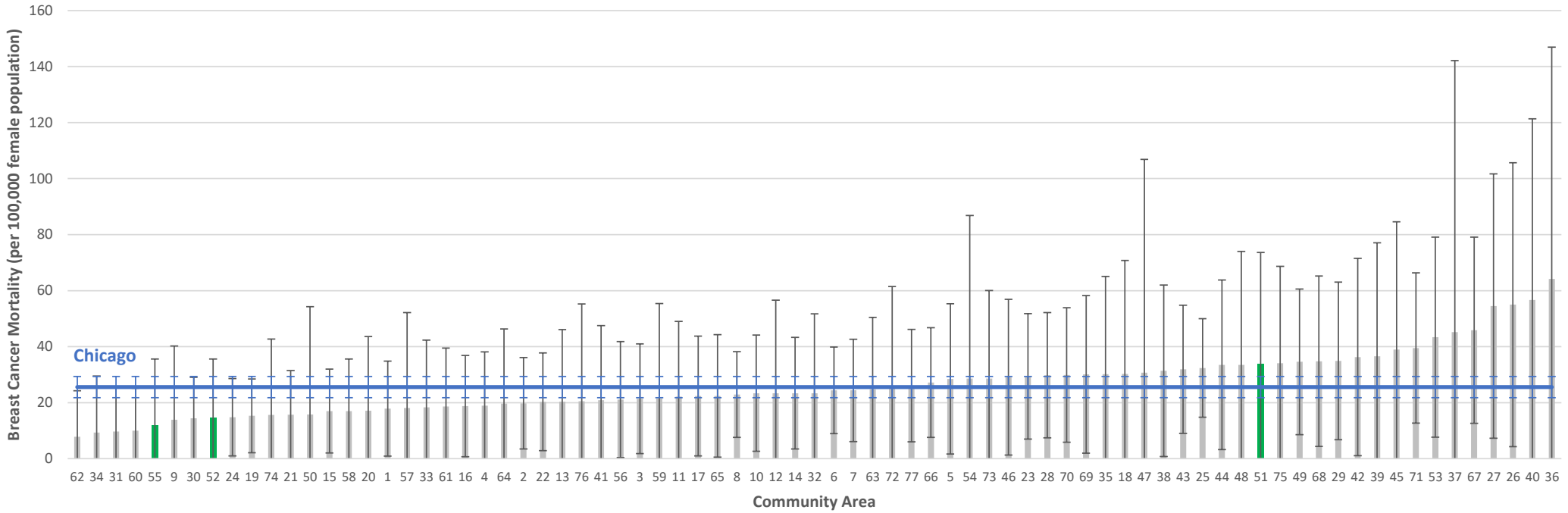


Indicator Definition:
Age-adjusted rate of people who died due to cancer.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to cancer (ICD-10 codes: C00-C97) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D66. Age-adjusted mortality rate (per 100,000 female population) due to breast cancer for Chicago residents by community area, 2015-2019

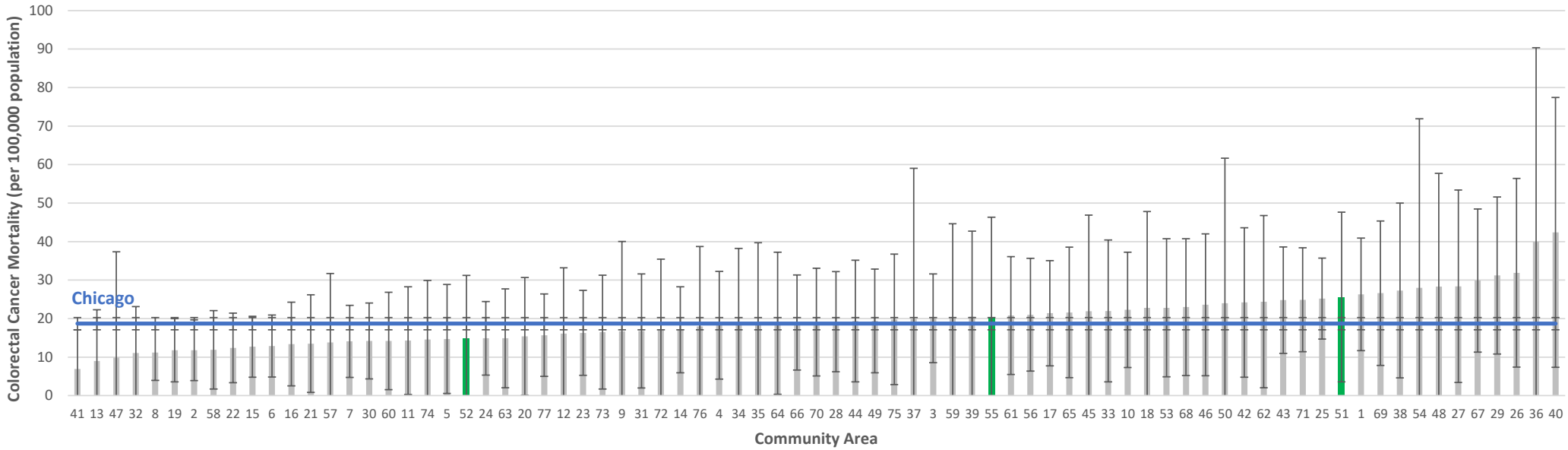


Indicator Definition:
Age-adjusted rate of female deaths due to breast cancer.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of female deaths due to breast cancer (ICD-10 code: C50) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D67. Age-adjusted mortality rate (per 100,000 population) due to colorectal cancer for Chicago residents by community area, 2015-2019

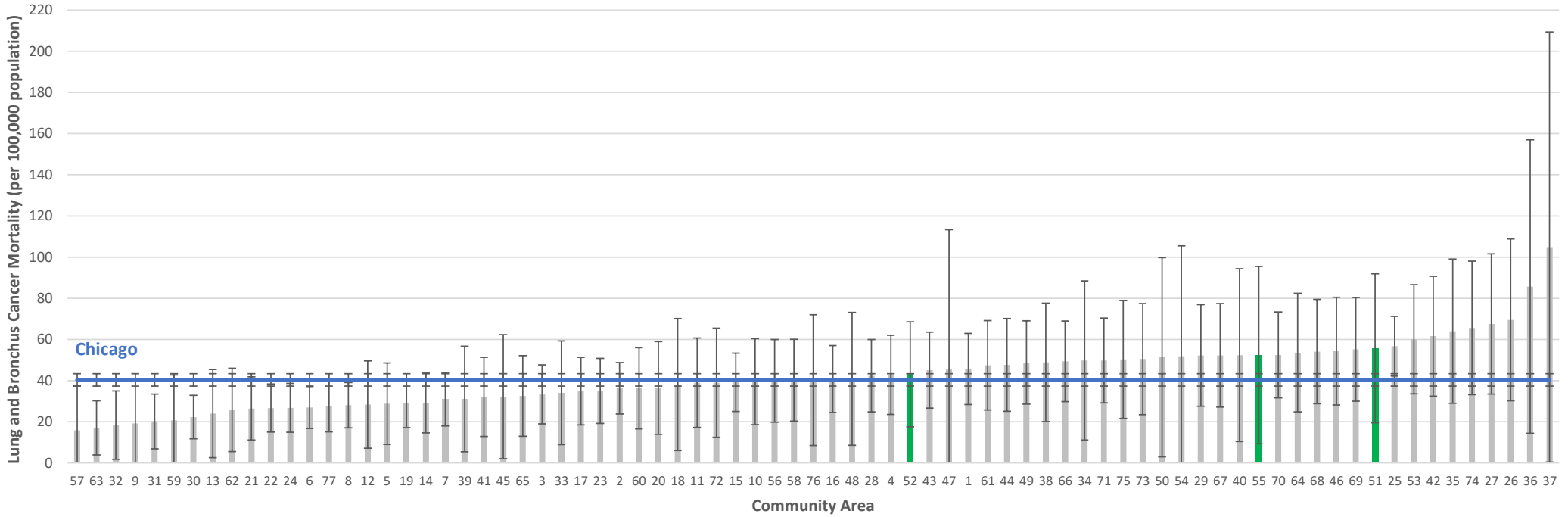


Indicator Definition:
Age-adjusted rate of people who died due to colorectal cancer.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to colorectal cancer (ICD-10 codes: C18-C21, C26.0) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D68. Age-adjusted mortality rate (per 100,000 population) due to lung and bronchus cancer for Chicago residents by community area, 2015-2019

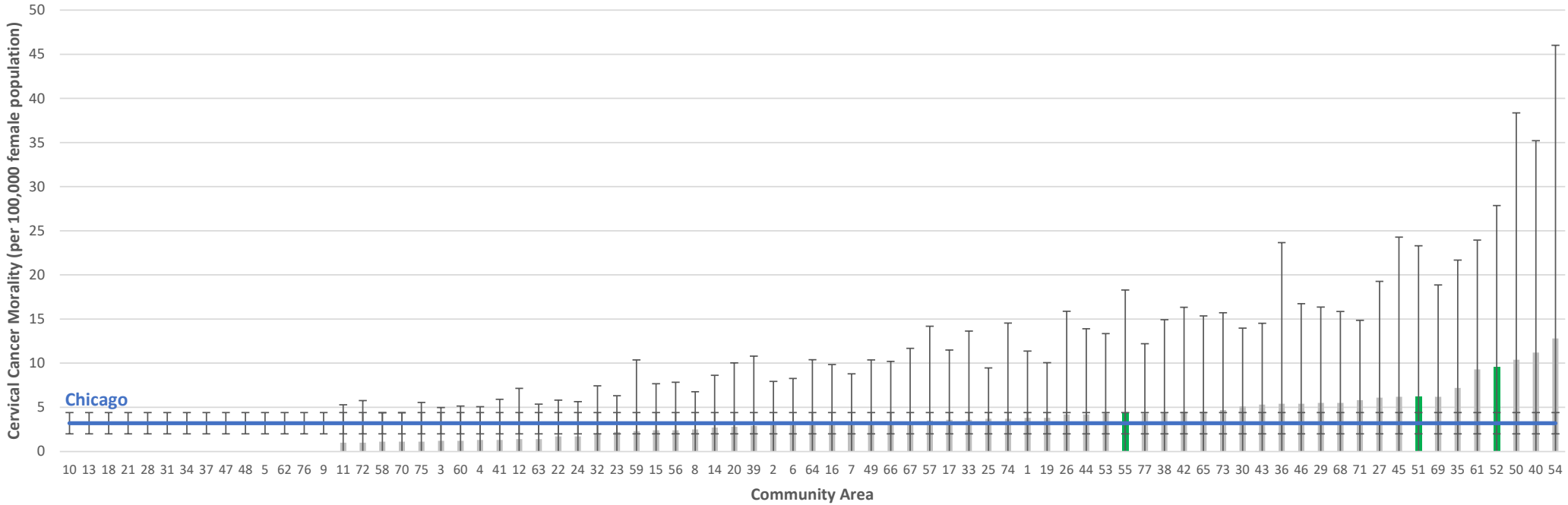


Indicator Definition:
Age-adjusted rate of people who died due to lung cancer.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to lung cancer (ICD-10 code: C34) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D69. Age-adjusted mortality rate (per 100,000 female population) due to cervical cancer for Chicago residents by community area, 2015-2019

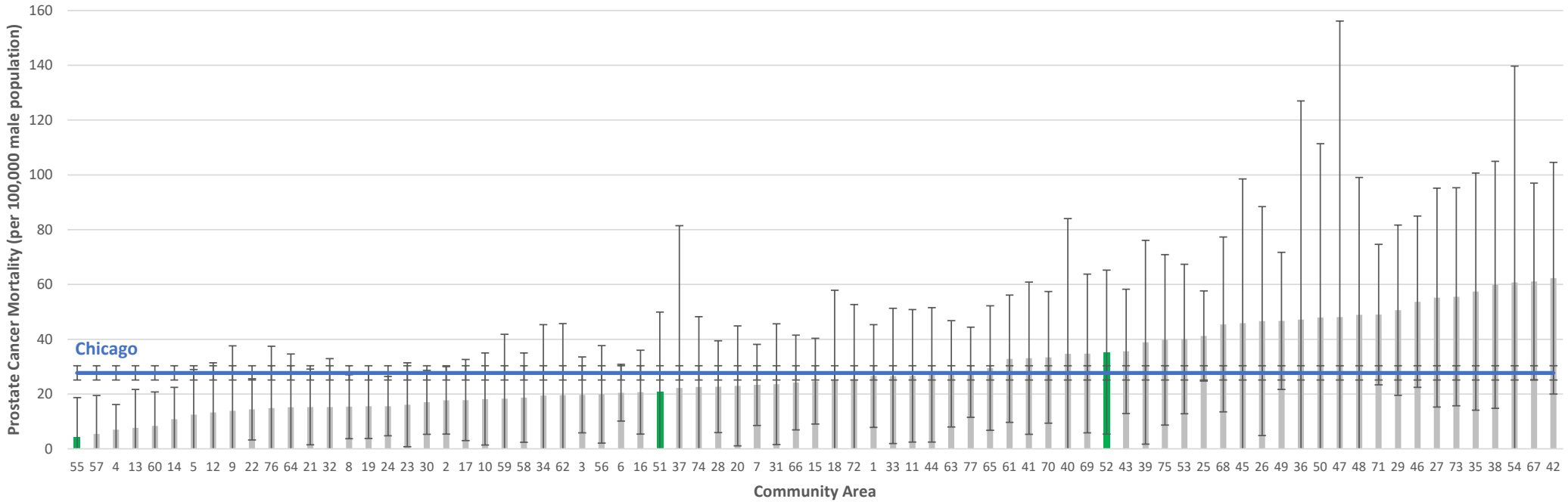


Indicator Definition:
Age-adjusted rate of female deaths due to cancer of the uterine cervix.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of female deaths due to cancer of the uterine cervix (ICD-10 code: C53) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D70. Age-adjusted mortality rate (per 100,000 male population) due to prostate cancer for Chicago residents by community area, 2015-2019

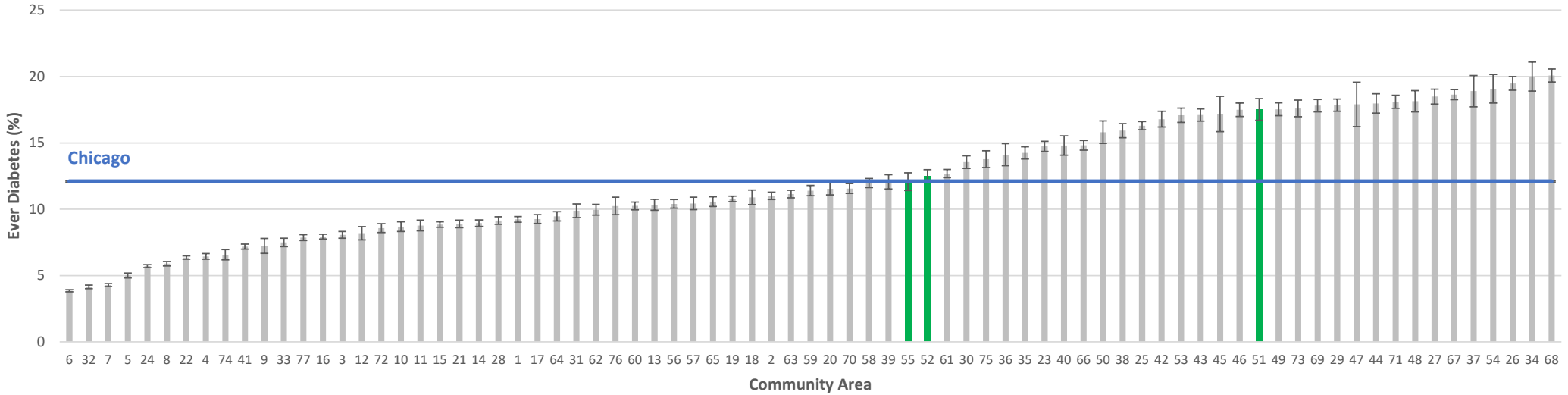


Indicator Definition:
Age-adjusted rate of male deaths due to prostate cancer.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of male deaths due to prostate cancer (ICD-10 code: C61) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D71. Percentage of Chicago adults (aged 18 and older) ever diagnosed with diabetes by community area, 2018

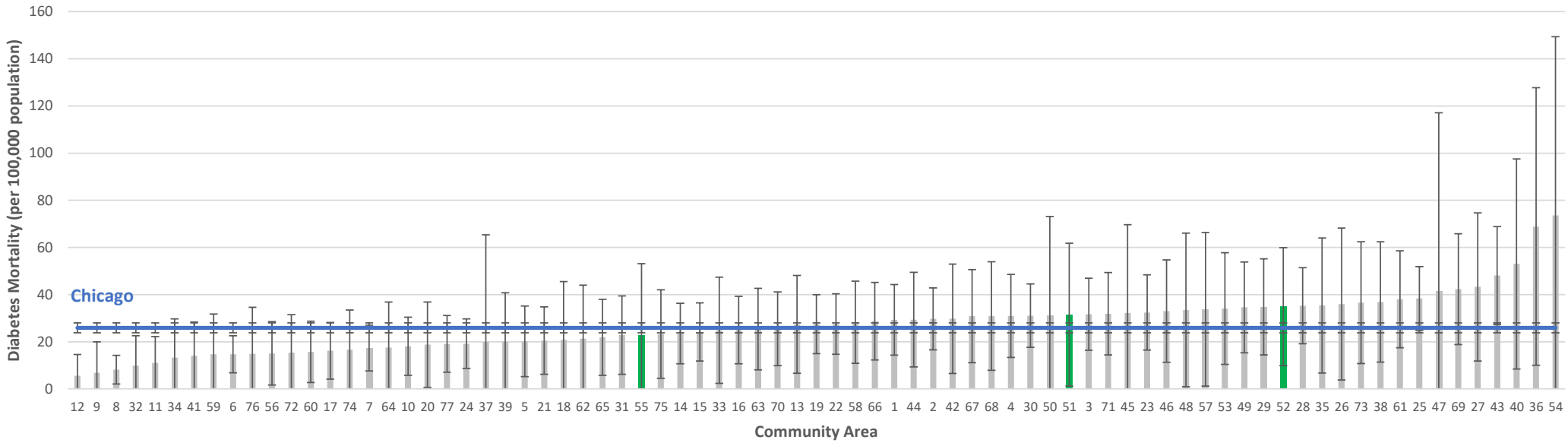


Indicator Definition:
Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy.

Data Source:
PLACES; Diabetes Atlas; Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Respondents were considered to have diagnosed diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diagnosed diabetes. People who reported having diagnosed diabetes were then asked at what age they were diagnosed. The indicator is based on being diagnosed by a physician and respondent recall of the diagnosis and might underestimate the true prevalence. Furthermore, approximately one-fourth of diabetes cases are undiagnosed. Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D72. Age-adjusted mortality rate (per 100,000 population) due to diabetes for Chicago residents by community area, 2015-2019

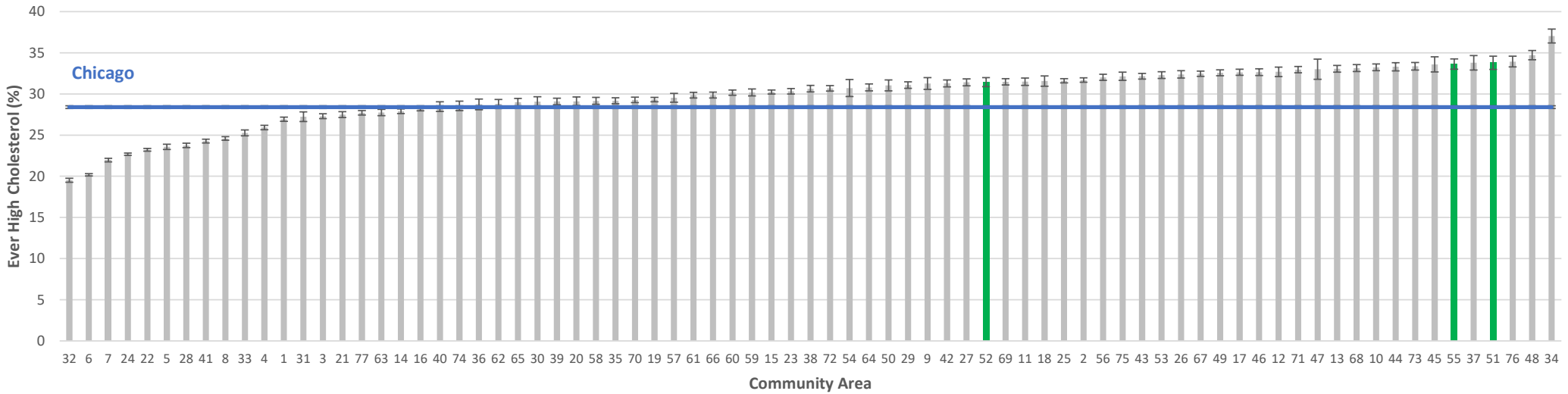


Indicator Definition:
Age-adjusted rate of people who died due to diabetes.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to diabetes (ICD-10 codes: E10-E14) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D73. Percentage of Chicago adults (aged 18 and older) ever diagnosed with high cholesterol by community area, 2017

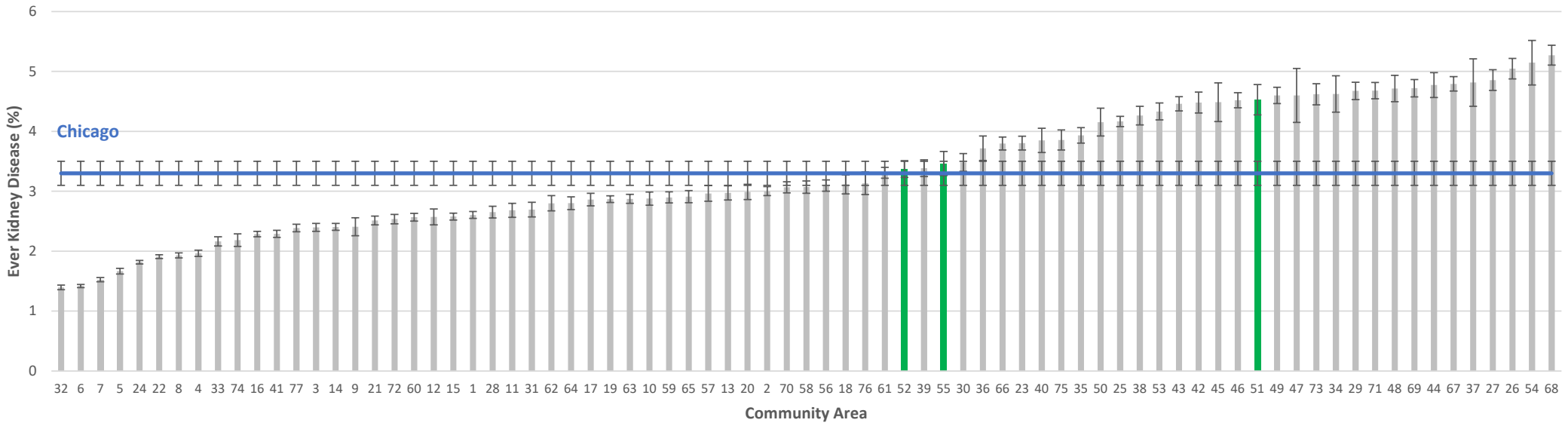


Indicator Definition:
Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high cholesterol.

Data Source:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS); Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
The indicator is based on being diagnosed by a physician and respondent recall of the diagnosis and might underestimate the true prevalence. Validity and reliability of this indicator can be low because patients might not be aware of the specific tests conducted on their blood samples collected in clinical settings, or the patients cannot afford to go to see doctor to get cholesterol checked. Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D74. Percentage of Chicago adults (aged 18 and older) ever diagnosed with kidney disease by community area, 2018

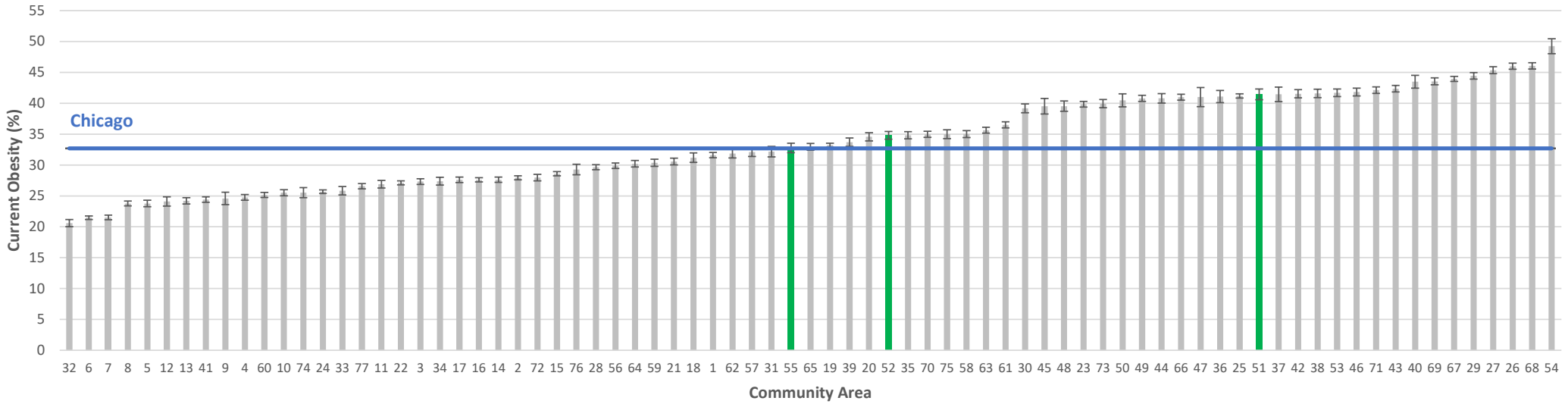


Indicator Definition:
Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease.

Data Source:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
The indicator is based on being diagnosed by a physician and respondent recall of the diagnosis and might underestimate the true prevalence. Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D75. Percentage of Chicago adults (aged 18 and older) who are currently obese (BMI ≥ 30) by community area, 2018

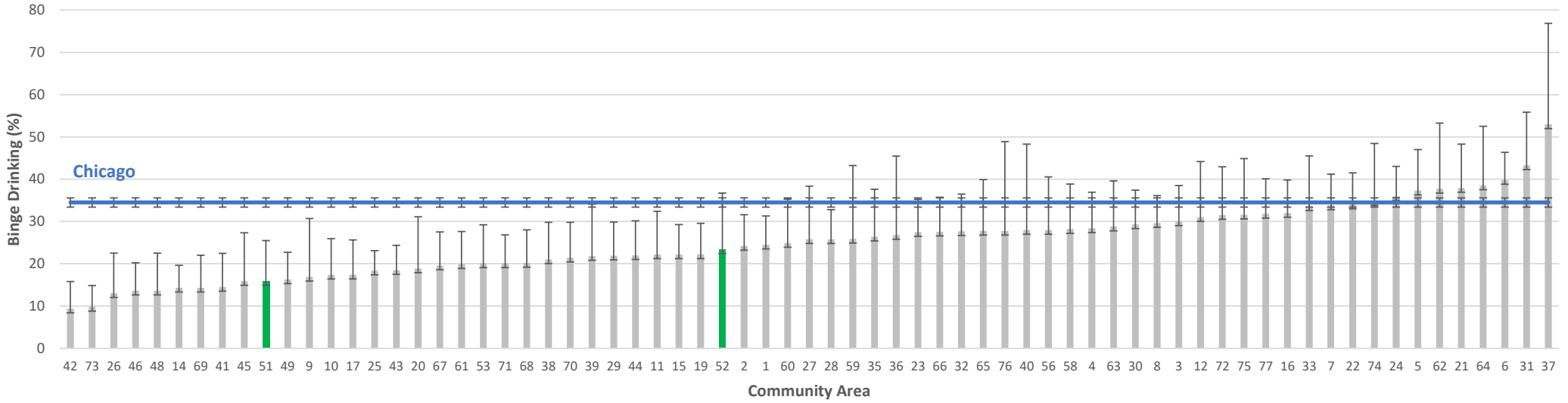


Indicator Definition:
Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Data Source:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Respondents were considered to be obese if their body mass index was 30 or greater. Body mass index (weight [kg]/height [m]²) was derived from self-report of height and weight. Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. Self-reports of height and weight lead to lower BMI estimates compared with estimates obtained when height and weight are measured. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D76. Percentage of Chicago adults who report binge drinking in the past month by community area, 2016-2018

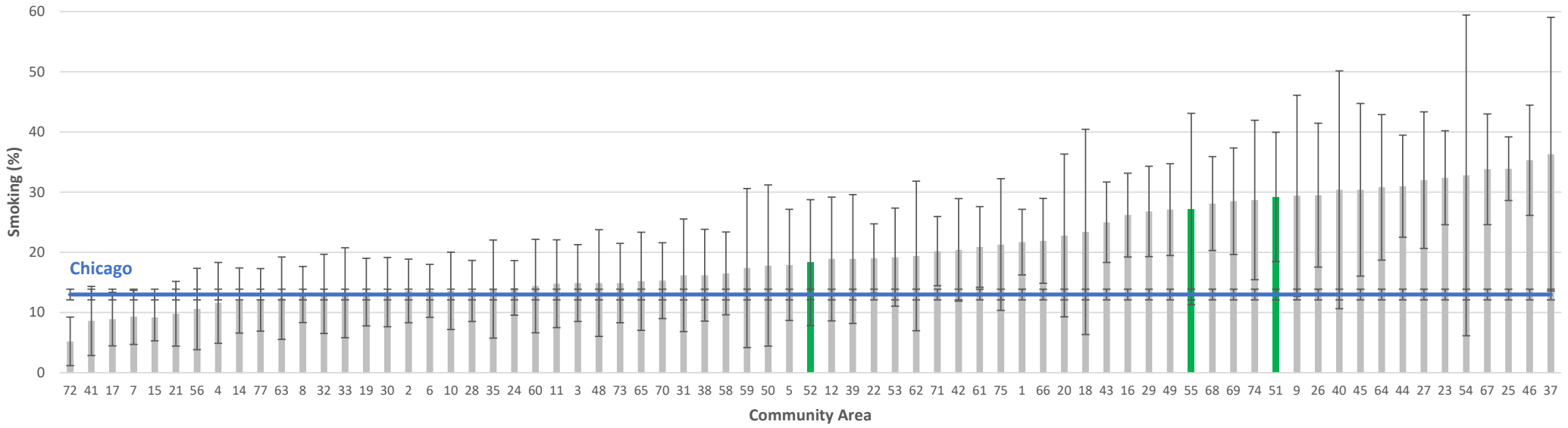


Indicator Definition:
Percent of adults who report binge drinking (men having 5 or more drinks on one occasion, women having 4 or more drinks on one occasion) in the past month.

Data Source:
Chicago Department of Public Health, Healthy Chicago Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Estimated number of adults who report binge drinking (men having 5 or more drinks on one occasion, women having 4 or more drinks on one occasion) in the past month divided by the estimated number of adults, expressed as a percent. This percent is weighted to represent the population from which the sample was drawn, the household population of adults 18 years of age and older who reside in the City of Chicago. Rates are not shown when their Relative Standard Error (RSE) is greater than 50%, indicating an imprecise and unreliable estimate. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D77. Percentage of Chicago adults who report cigarette smoking by community area, 2016-2018

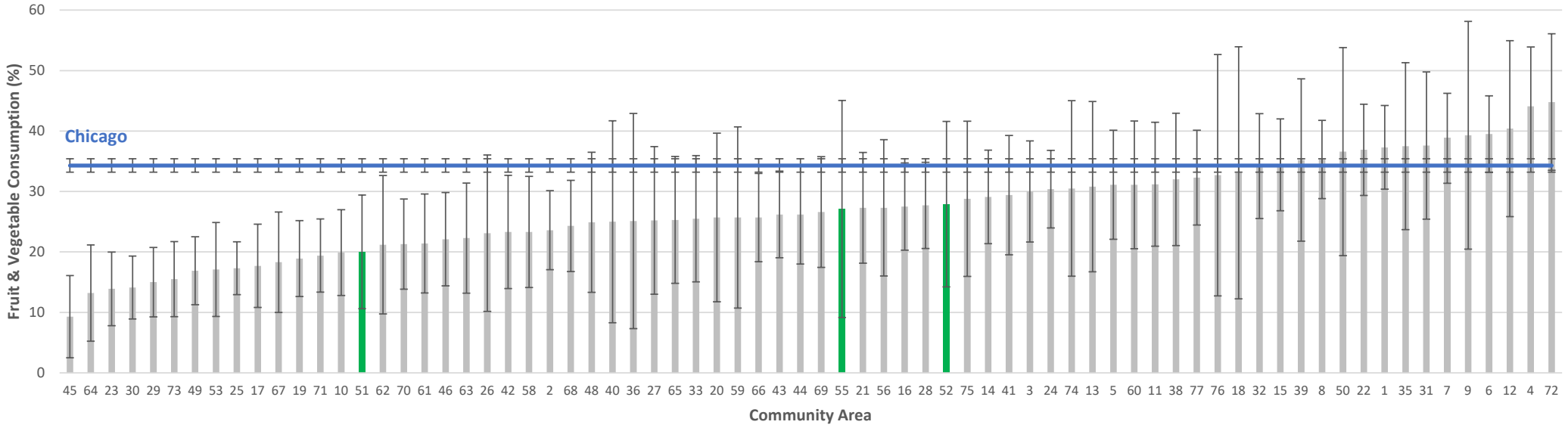


Indicator Definition:
Percent of adults who report that they've smoked at least 100 cigarettes in their life and report that they now smoke cigarettes every day or some days.

Data Source:
Chicago Department of Public Health, Healthy Chicago Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Estimated number of adults aged 18 years and older who report that they've smoked at least 100 cigarettes in their life and report that they now smoke cigarettes every day or some days divided by the estimated number of adults, expressed as a percent. This percent is weighted to represent the population from which the sample was drawn, the household population of adults 18 years of age and older who reside in the City of Chicago. Rates are not shown when their Relative Standard Error (RSE) is greater than 50%, indicating an imprecise and unreliable estimate. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D78. Percentage of Chicago adults who reported eating five or more servings of fruits and vegetables (combined) daily by community area, 2016-2018

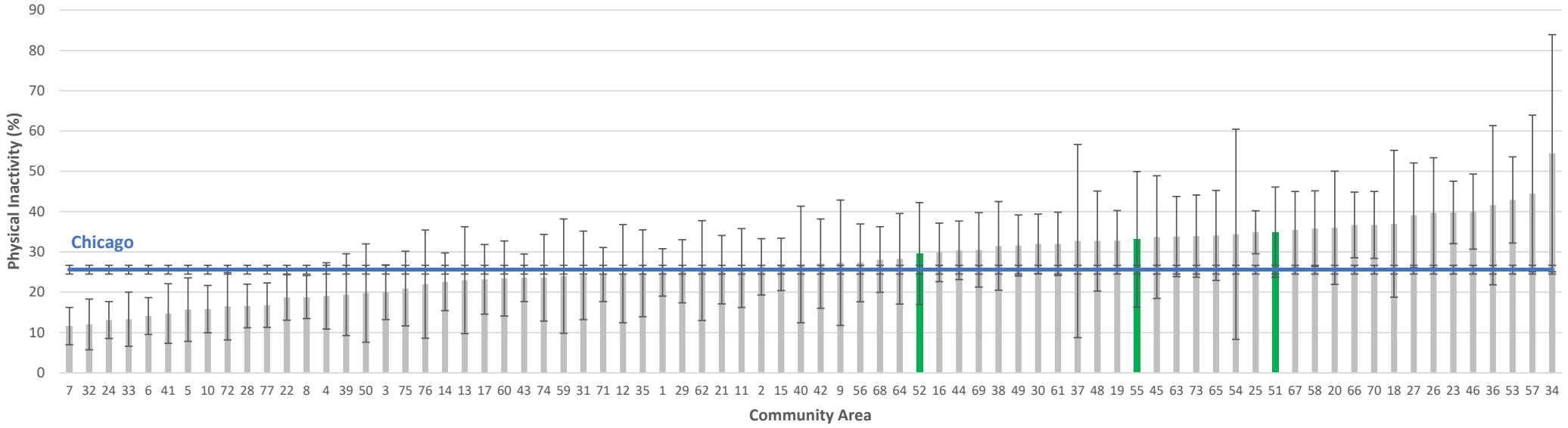


Indicator Definition:
Percent of adults who reported eating five or more servings of fruits and vegetables (combined) daily.

Data Source:
Chicago Department of Public Health, Healthy Chicago Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Estimated number of adults aged 18 years and older who reported eating five or more servings of fruits and vegetables (combined) daily divided by the estimated number of adults, expressed as a percent. This percent is weighted to represent the population from which the sample was drawn, the household population of adults 18 years of age and older who reside in the City of Chicago. Rates are not shown when their Relative Standard Error (RSE) is greater than 50%, indicating an imprecise and unreliable estimate. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D79. Percentage of Chicago adults who reported they did not participate in any physical activity or exercise in the past month by community area, 2016-2018

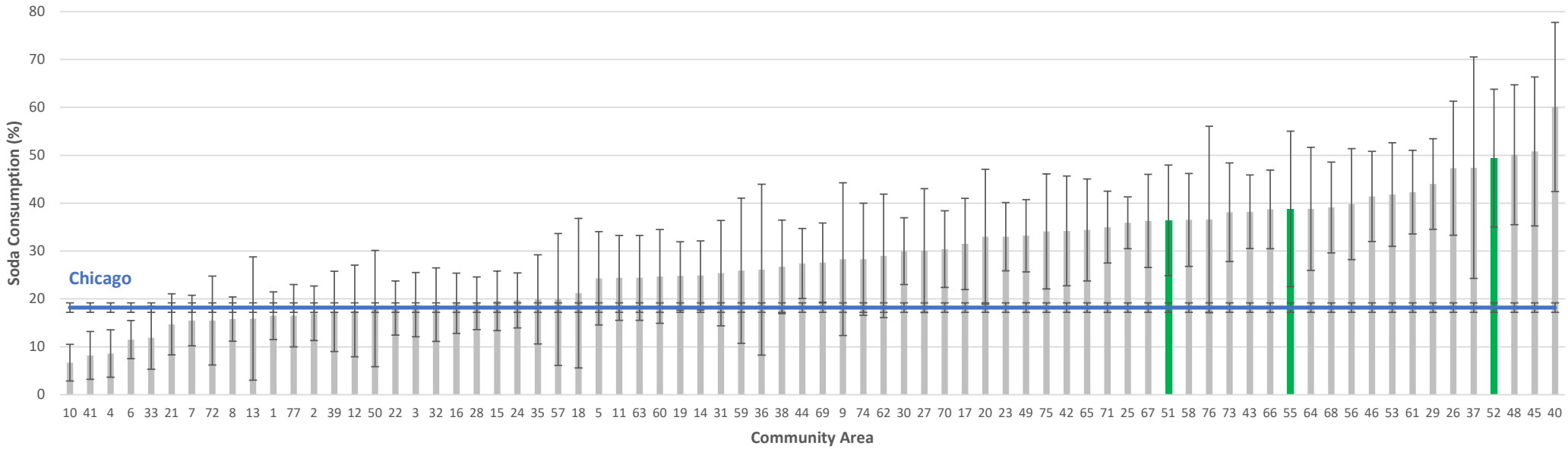


Indicator Definition:
Percent of adults who reported that they did not participate in any physical activities or exercises in the past month.

Data Source:
Chicago Department of Public Health, Healthy Chicago Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Estimated number of adults aged 18 years and older who reported that they did not participate in any physical activities or exercises in the past month divided by the estimated number of adults, expressed as a percent. This percent is weighted to represent the population from which the sample was drawn, the household population of adults 18 years of age and older who reside in the City of Chicago. Rates are not shown when their Relative Standard Error (RSE) is greater than 50%, indicating an imprecise and unreliable estimate. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D80. Percentage of Chicago adults who drank soda, pop or other sweetened drinks at least once per day in the past month by community area, 2016-2018

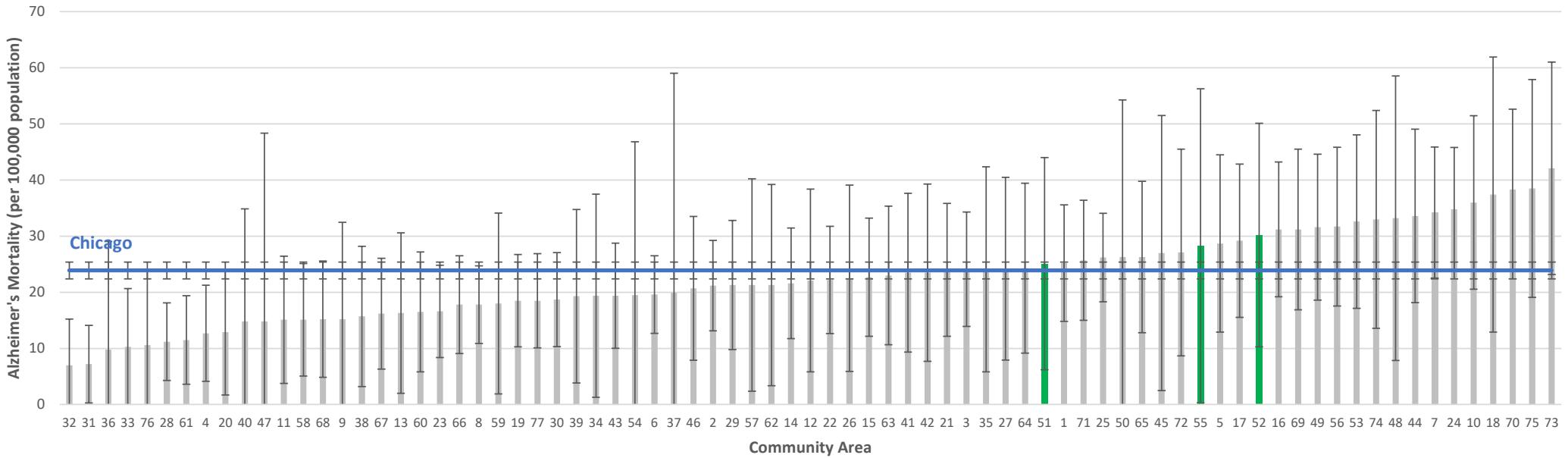


Indicator Definition:
Percent of adults who drank soda or pop or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks at least once per day in the past month.

Data Source:
Chicago Department of Public Health, Healthy Chicago Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Estimated number of adults aged 18 years and older who drank soda or pop or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks at least once per day in the past month divided by the estimated number of adults, expressed as a percent. This percent is weighted to represent the population from which the sample was drawn, the household population of adults 18 years of age and older who reside in the City of Chicago. Rates are not shown when their Relative Standard Error (RSE) is greater than 50%, indicating an imprecise and unreliable estimate. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D81. Age-adjusted mortality rate (per 100,000 population) due to Alzheimer's disease for Chicago residents by community area, 2015-2019

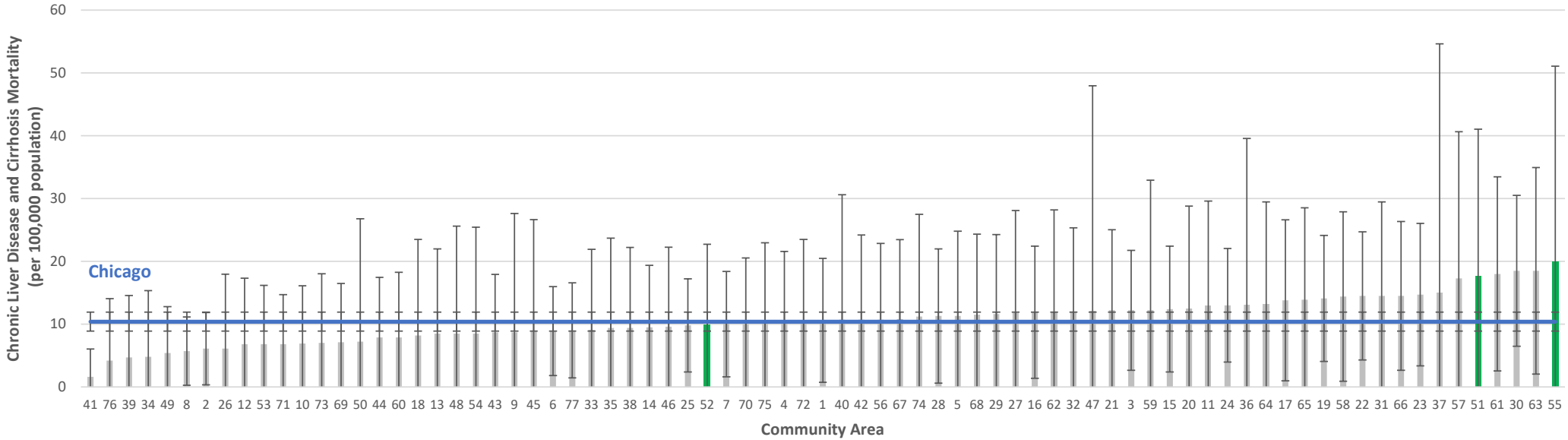


Indicator Definition:
Age-adjusted rate of people who died due to Alzheimer's disease.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to Alzheimer's disease (ICD-10 code: G30) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D82. Age-adjusted mortality rate (per 100,000 population) due to chronic liver disease and cirrhosis for Chicago residents by community area, 2015-2019

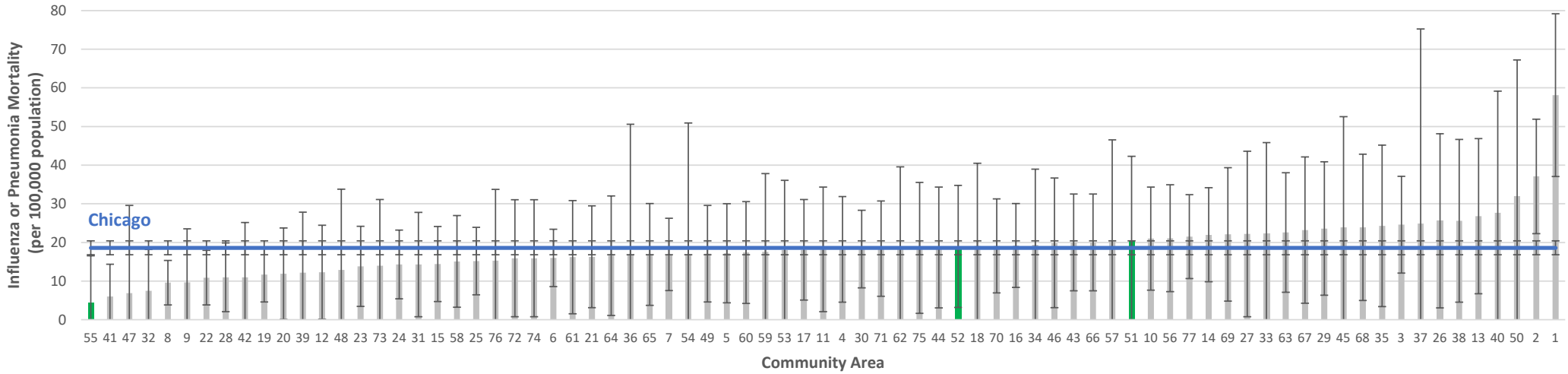


Indicator Definition:
Age-adjusted rate of people who died due to chronic liver disease and cirrhosis.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to chronic liver disease and cirrhosis (ICD-10 codes: K70, K73–K74) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D83. Age-adjusted mortality rate (per 100,000 population) due to influenza and pneumonia for Chicago residents by community area, 2015-2019

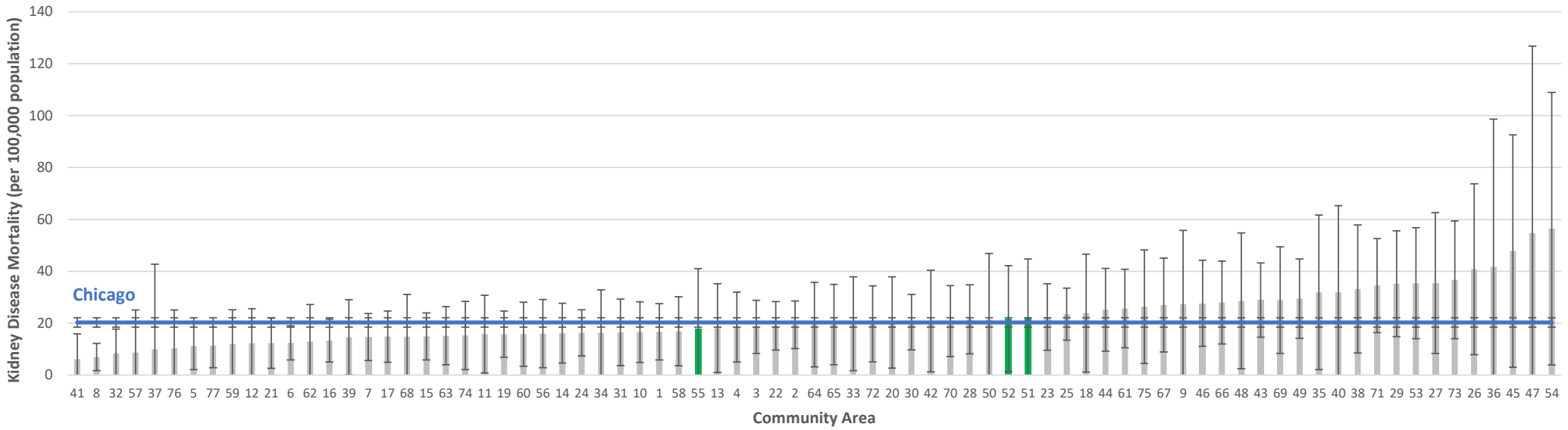


Indicator Definition:
Age-adjusted rate of people who died due to influenza or pneumonia.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to influenza or pneumonia (ICD-10 codes: J09-J18) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D84. Age-adjusted mortality rate (per 100,000 population) due to kidney disease for Chicago residents by community area, 2015-2019

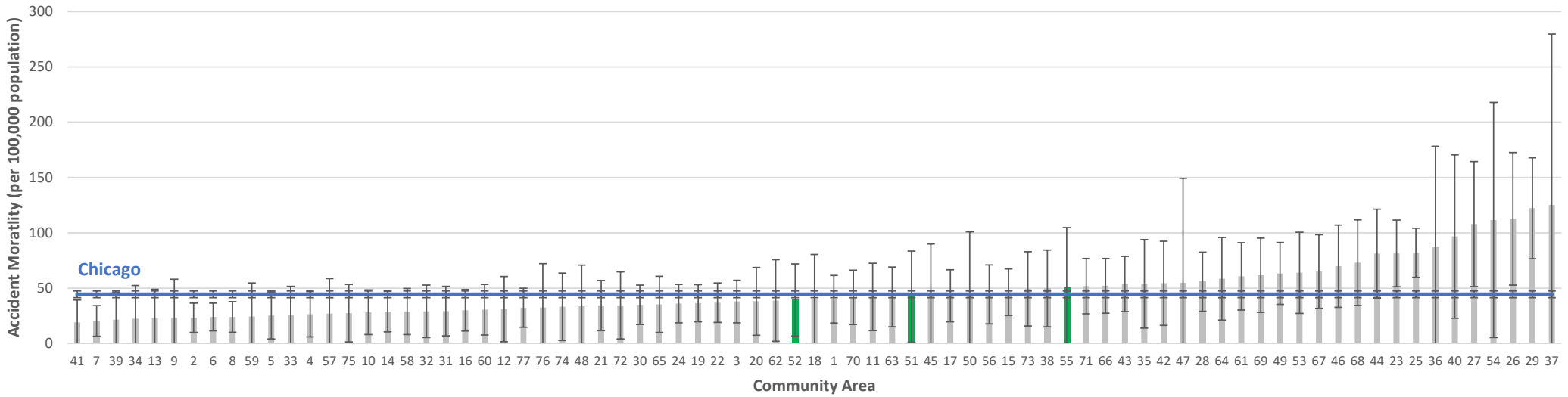


Indicator Definition:
Age-adjusted rate of people who died due to kidney disease, including nephritis, nephrotic syndrome and nephrosis.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to nephritis, nephrotic syndrome and nephrosis (ICD-10 codes: N00-N07,N17-N19,N25-N27) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D85. Age-adjusted mortality rate (per 100,000 population) due to accident for Chicago residents by community area, 2015-2019

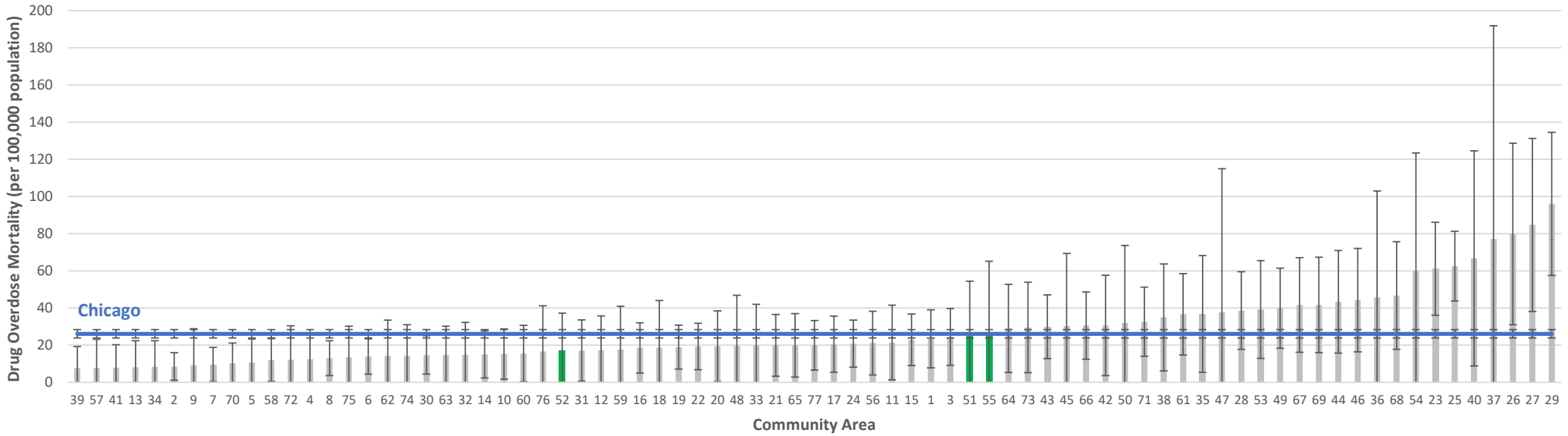


Indicator Definition:
Age-adjusted rate of people who died due to an unintentional injury.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to accident (ICD-10 codes: V01-X59,Y85-Y86) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D86. Age-adjusted mortality rate (per 100,000 population) due to drug overdose for Chicago residents by community area, 2015-2019

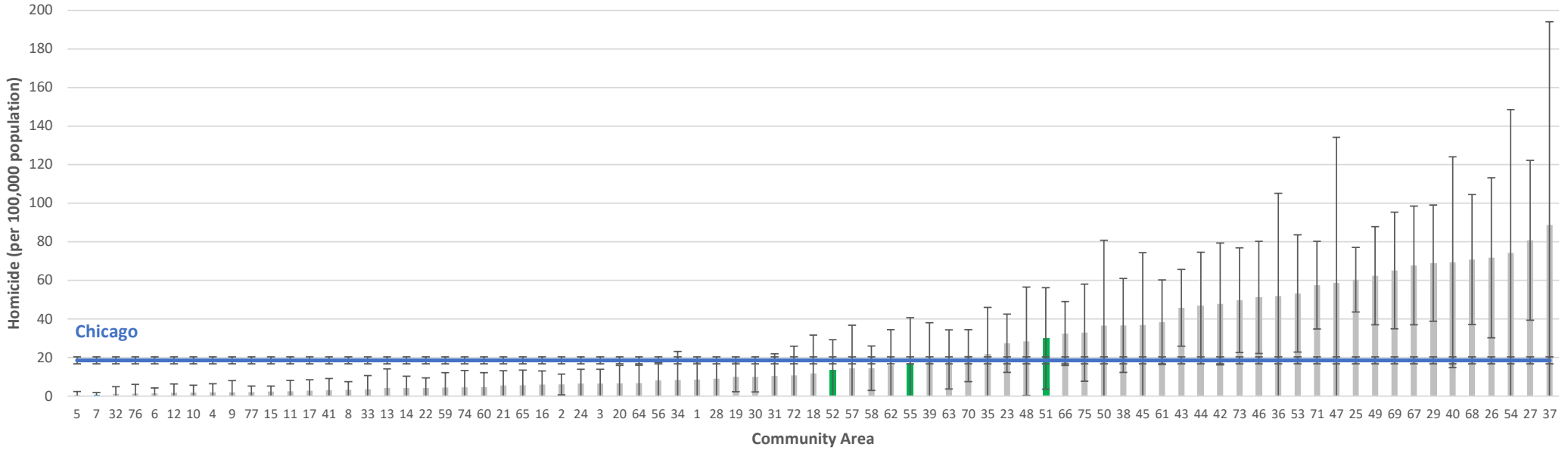


Indicator Definition:
Age-adjusted rate of people who died due to a drug overdose.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to a drug overdose (ICD-10 codes: X40–X44, accidental poisoning by drugs; X60–X64, intentional self-poisoning by drugs; X85, assault by drug poisoning; Y10–Y14, drug poisoning of undetermined intent) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D87. Age-adjusted mortality rate (per 100,000 population) due to homicide for Chicago residents by community area, 2015-2019

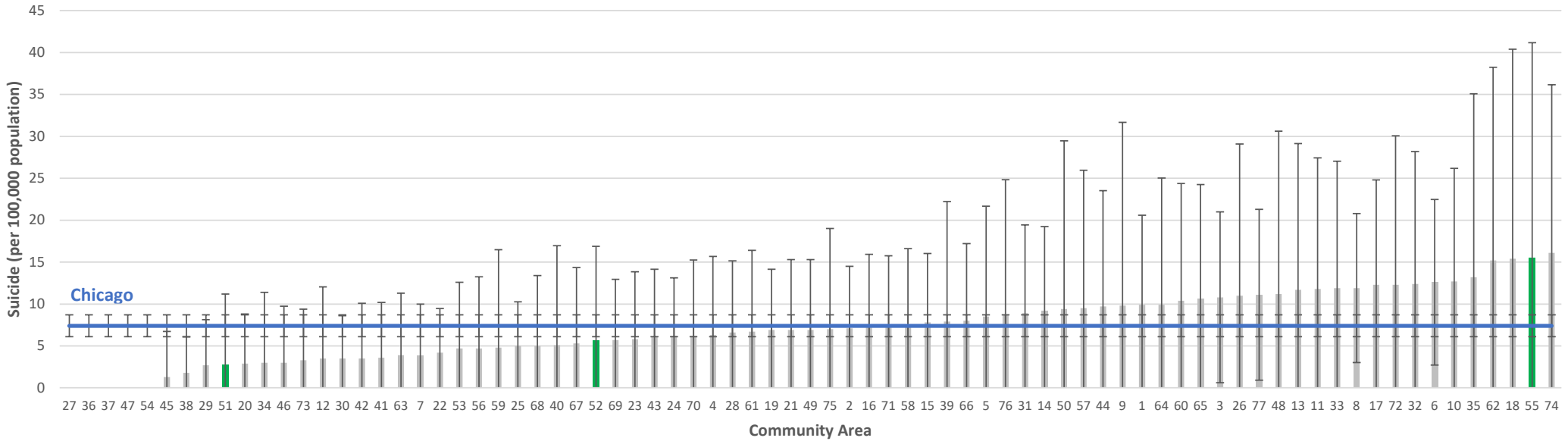


Indicator Definition:
Age-adjusted rate of people who died due to homicide.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to homicide (ICD-10 codes: U01-U02,X85-Y09,Y87.1) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D88. Age-adjusted mortality rate (per 100,000 population) due to suicide for Chicago residents by community area, 2015-2019

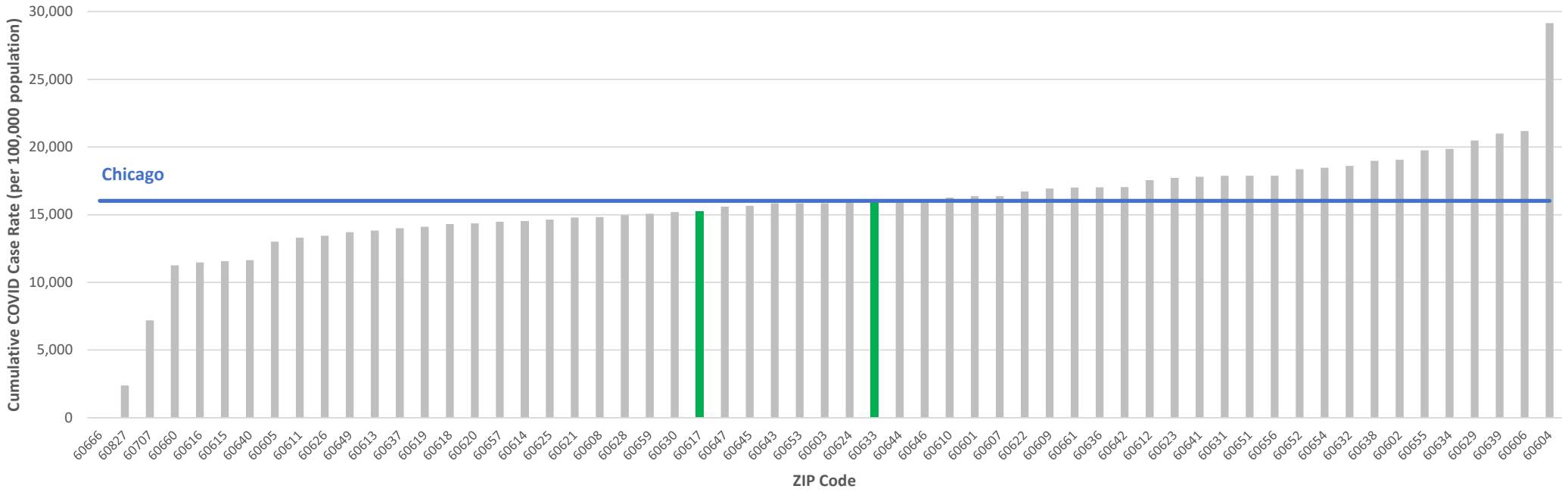


Indicator Definition:
Age-adjusted rate of people who died due to suicide.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2015-2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of persons who died due to suicide (ICD-10 codes: U03, X60-X84, Y87.0) divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as deaths per 100,000 population. Average annual deaths during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D89. Cumulative COVID case rate (per 100,000 population) for Chicago residents by ZIP Code, 3/1/2020 - 1/1/2022

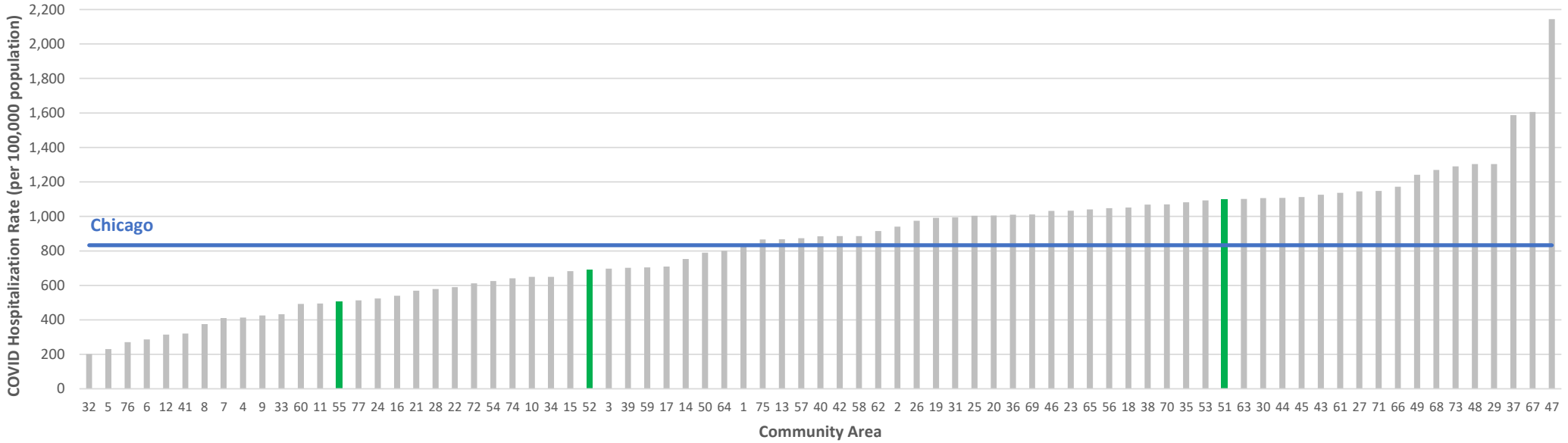


Indicator Definition:
Cumulative PCR and antigen positive cases per 100,000 population, beginning 3/1/2020 and ending 1/1/2022.

Data Sources:
Cook County Medical Examiner; Illinois Department of Public Health, Illinois' National Electronic Disease Surveillance System (I-NEDSS); United States Census Bureau, American Community Survey, 2018 5-Year Estimates; Data was extracted from the Chicago Data Portal which has been analyzed and interpreted by the Chicago Department of Public Health.

Technical Notes:
Cases with a positive molecular (PCR) or antigen test. Only Chicago residents are included based on the home address as provided by the medical provider or the Cook County Medical Examiner. Each person is counted as a case only once. Rates are per 100,000 population. Rates for counts between 1 and 9 are suppressed. Data are provisional and subject to change.

D90. Hospitalization rate (per 100,000 population) due to COVID for Chicago residents by community area, 2020

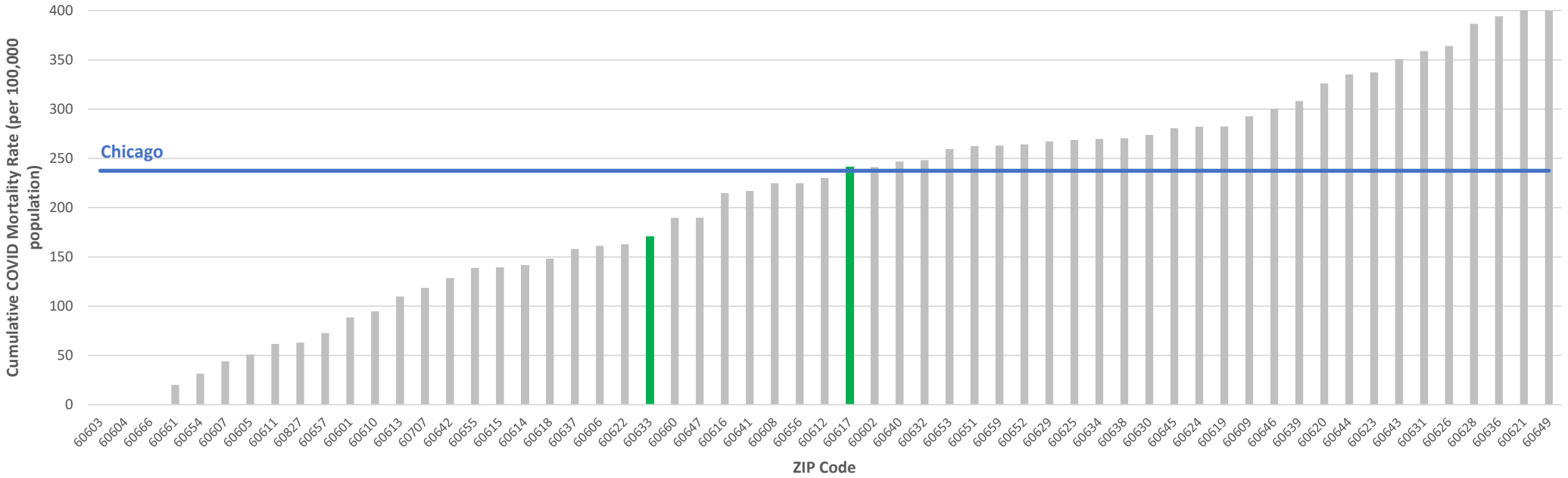


Indicator Definition:
Rate of hospitalizations among COVID-19 cases per 100,000 population.

Data Sources:
Illinois Department of Public Health, ESSENCE, Illinois' National Electronic Disease Surveillance System (I-NEDSS); United States Census Bureau, American Community Survey, 1-Year and 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Hospitalizations are those occurring among cases. Only one hospitalization is counted for each case. Demographic data are based on what is reported by medical providers or collected by CDPH during follow-up investigation. Missing or unknown data are not included in the stratifications. Rates are per 100,000 population. Denominators for zip codes are from the U.S. Census Bureau American Community Survey 5-year estimate. Denominators for citywide data are from the U.S. Census Bureau American Community Survey 1-year estimates. Data are provisional and subject to change.

D91. Cumulative COVID mortality rate (per 100,000 population) for Chicago residents by ZIP Code, 3/1/2020 - 1/1/2022

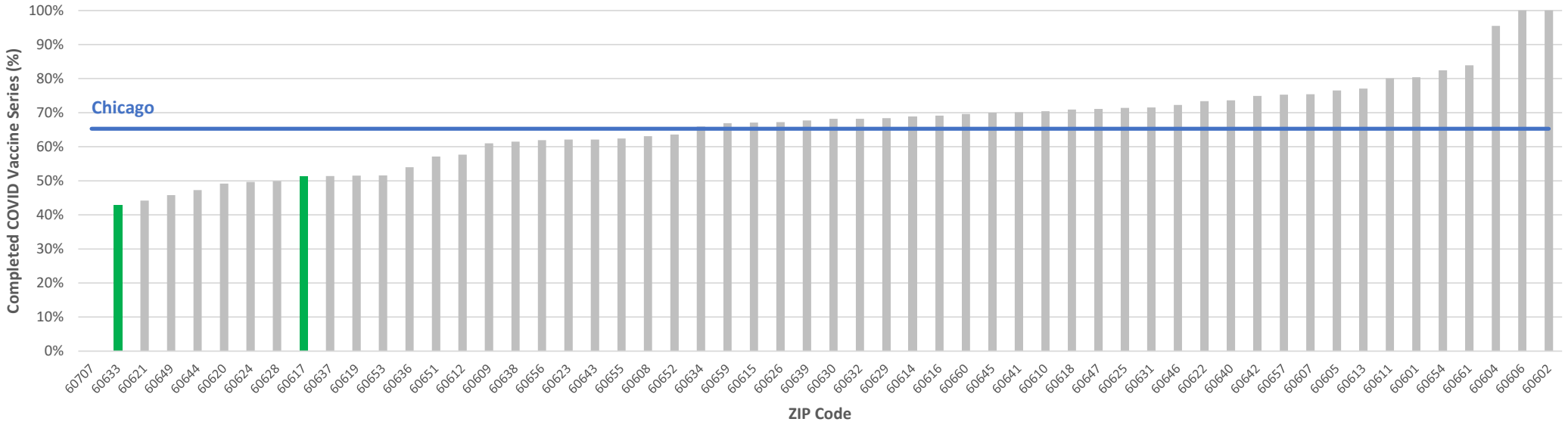


Indicator Definition:
Cumulative deaths due to COVID per 100,000 population, beginning 3/1/2020 and ending 1/1/2022.

Data Sources:
Cook County Medical Examiner; Illinois Department of Public Health, Illinois' National Electronic Disease Surveillance System (I-NEDSS); United States Census Bureau, American Community Survey, 2018 5-Year Estimates; Data was extracted from the Chicago Data Portal which has been analyzed and interpreted by the Chicago Department of Public Health.

Technical Notes:
Cases with a positive molecular (PCR) or antigen test. Only Chicago residents are included based on the home address as provided by the medical provider or the Cook County Medical Examiner. Each person is counted as a case only once. Rates are per 100,000 population. Rates for counts between 1 and 9 are suppressed. Data are provisional and subject to change.

D92. Percentage of Chicago residents (5 years and older) with completed COVID vaccine series by ZIP Code, as of 1/10/2022

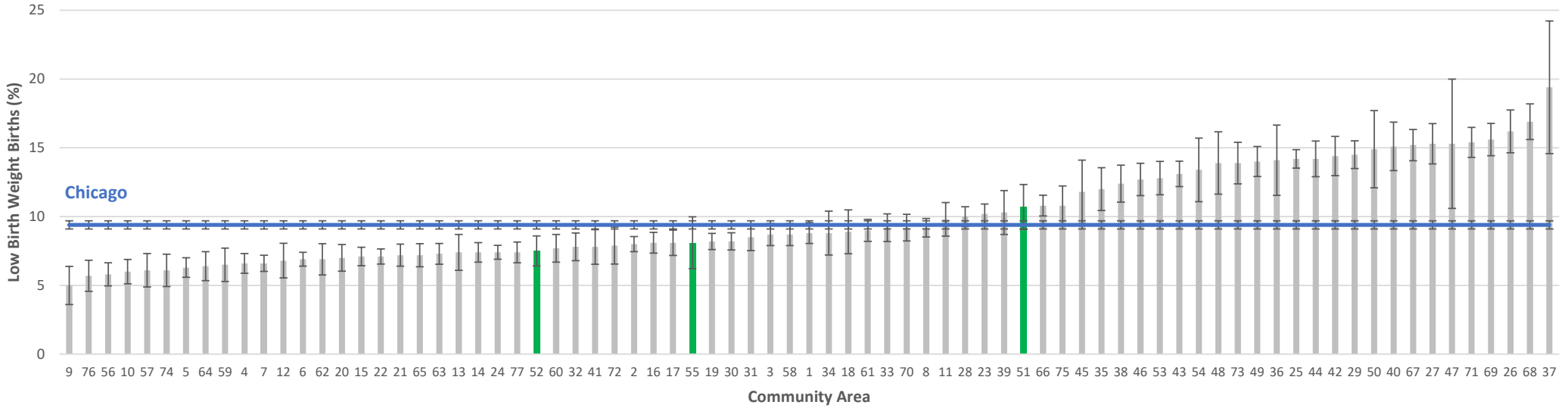


Indicator Definition:
Percentage of the population that has completed the COID-19 vaccine series: the first dose of a one-dose series, the second dose of a two-dose series as of 1/10/2022. Requirements vary depending on the vaccine received. Pfizer and Moderna vaccines require two doses for a completed series. Johnson & Johnson is a single-dose vaccine.

Data Sources:
Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE); United States Census Bureau, American Community Survey, 2019 5-Year Estimates; Data was extracted from the Chicago Data Portal which has been analyzed and interpreted by the Chicago Department of Public Health.

Technical Notes:
Coverage percentages are calculated based on cumulative number of people who have a completed vaccine series in each ZIP Code. Actual counts may exceed population estimates and lead to >100% coverage, especially in areas with small population sizes. Additionally, the medical provider may report a work address or incorrect home address for the person receiving the vaccination which may lead to over or under estimates of vaccination coverage by geography. All data are provisional and subject to change. Information is updated as additional details are received and it is, in fact, very common for recent dates to be incomplete and to be updated as time goes on. At any given time, this dataset reflects data currently known to CDPH.

D93. Percentage of births that were low birth weight (< 2500 grams) for Chicago residents by community area, 2013-2017

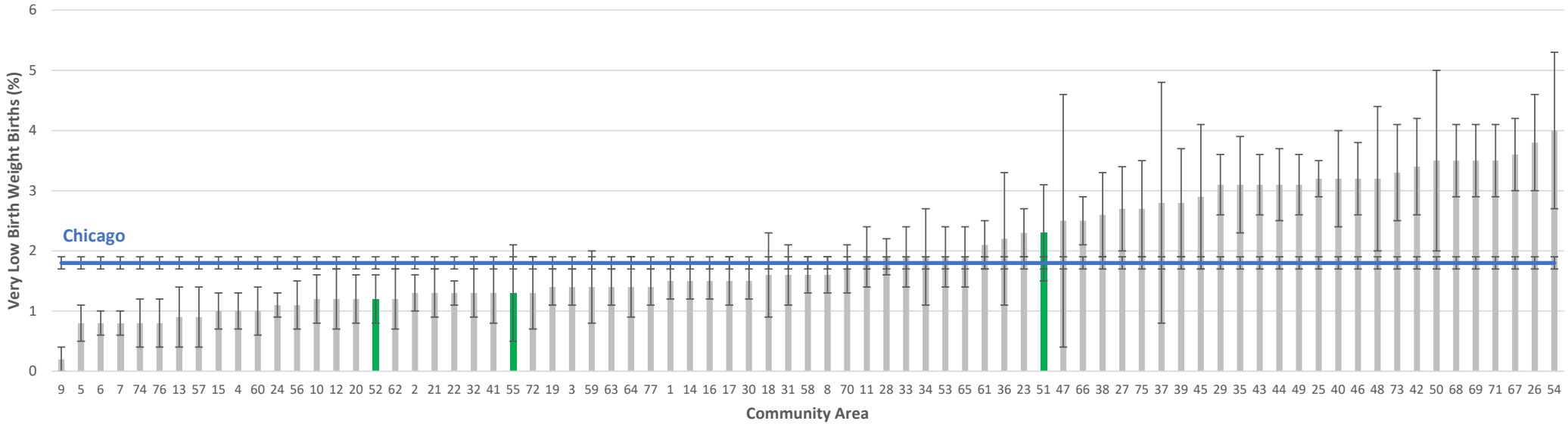


Indicator Definition:
Percent of births with a birthweight less than 2500 grams (5.5 pounds).

Data Sources:
Illinois Department of Public Health, Birth Certificate Data Files; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Percent of births with a birthweight less than 2500 grams among those births with a valid birthweight. Average annual low birthweight and live births during the specific 5-year time period were used to calculate percentage. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D94. Percentage of births that were very low birth weight (< 1500 grams) for Chicago residents by community area, 2103-2017

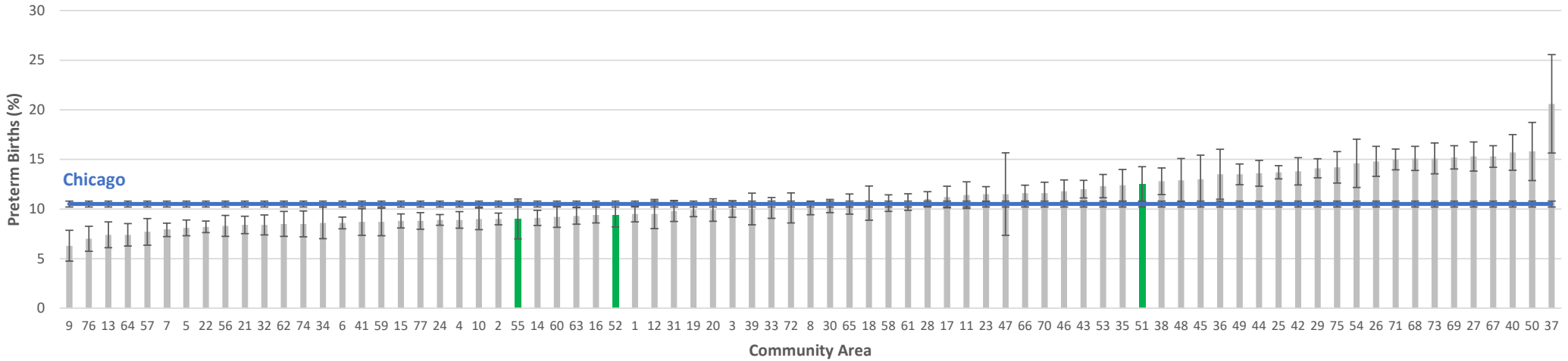


Indicator Definition:
Percent of births with a birthweight less than 1500 grams (3.25 pounds).

Data Sources:
Illinois Department of Public Health, Birth Certificate Data Files; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Percent of births with a birthweight less than 1500 grams among those births with a valid birthweight. Average annual very low birthweight and live births during the specific 5-year time period were used to calculate percentage. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D95. Percentage of births that were preterm (< 37 weeks gestation) for Chicago residents by community area, 2013-2017

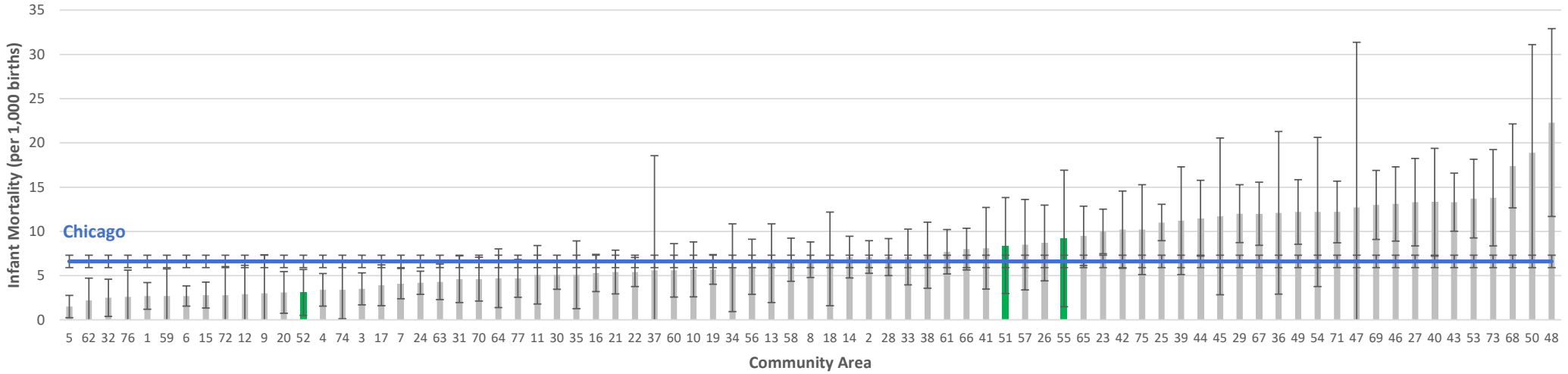


Indicator Definition:
Percent of births with valid gestational age less than 37 weeks.

Data Sources:
Illinois Department of Public Health, Birth Certificate Data Files; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Percent of births with less than 37 weeks gestation among all births with valid gestational ages. Average annual preterm and live births during the specific 5-year time period were used to calculate percentage. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D96. Infant mortality rate (per 1,000 births) for Chicago residents by community area, 2013-2017

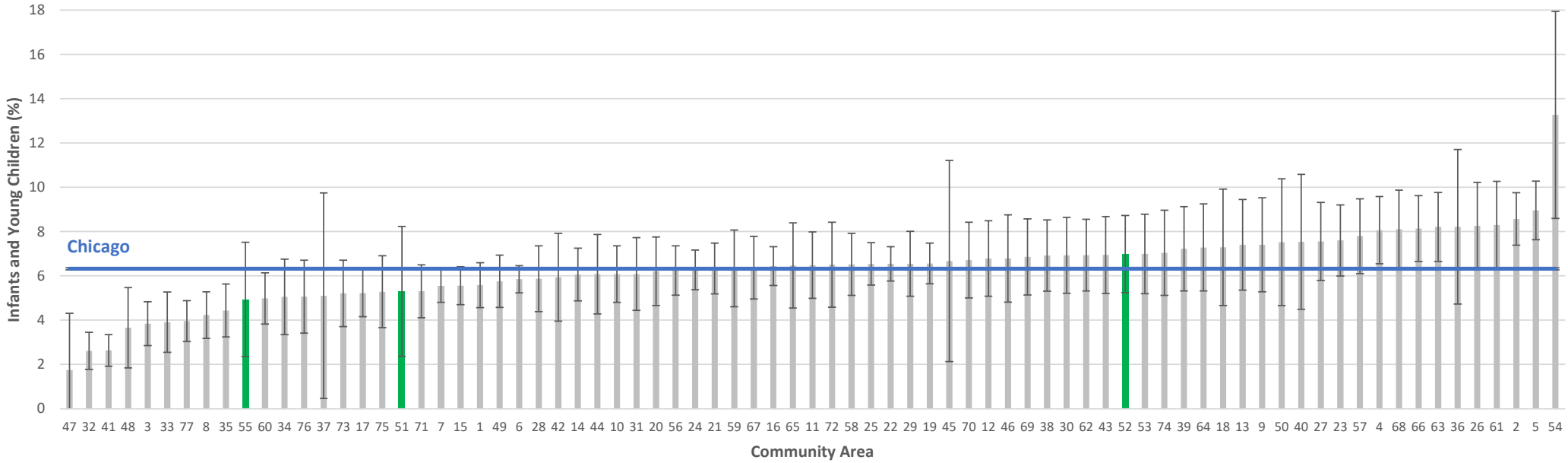


Indicator Definition:
Infants (under one year of age) deaths per 1,000 live births.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files, Birth Certificate Data Files; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Infants (under one year of age) deaths per 1,000 live births. Average annual deaths and births during a specific 5-year time period were used to calculate mortality rates. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D97. Percentage of Chicago population under age five (5) by community area, 2015-2019

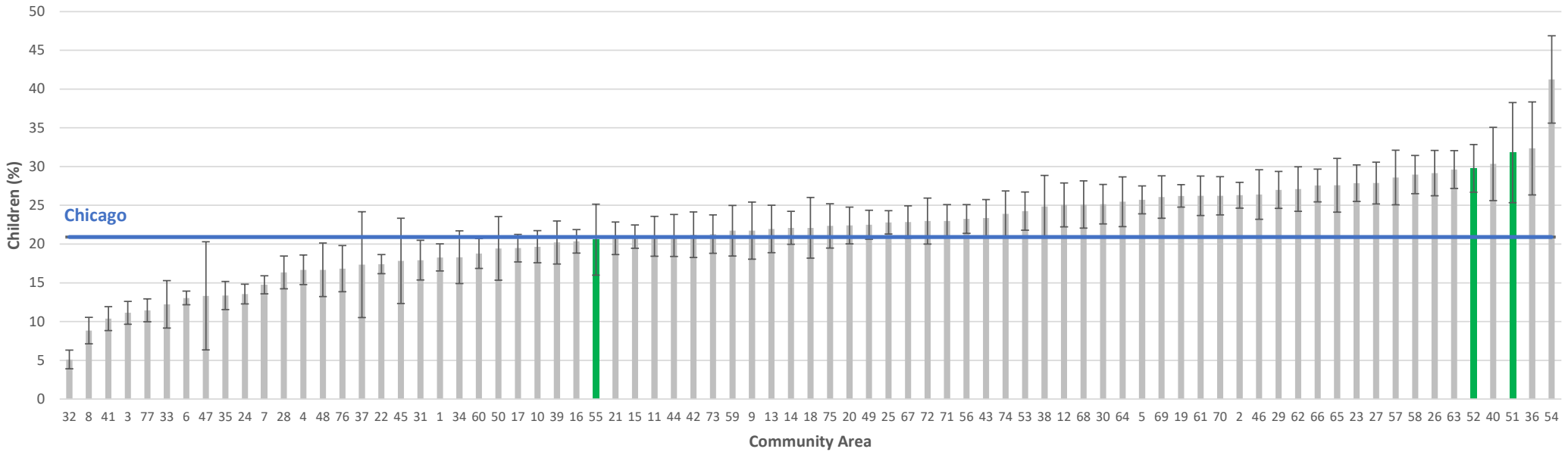


Indicator Definition:
Percent of residents who are 0 - 4 years old.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B01001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D98. Percentage of Chicago population under age 18 by community area, 2015-2019

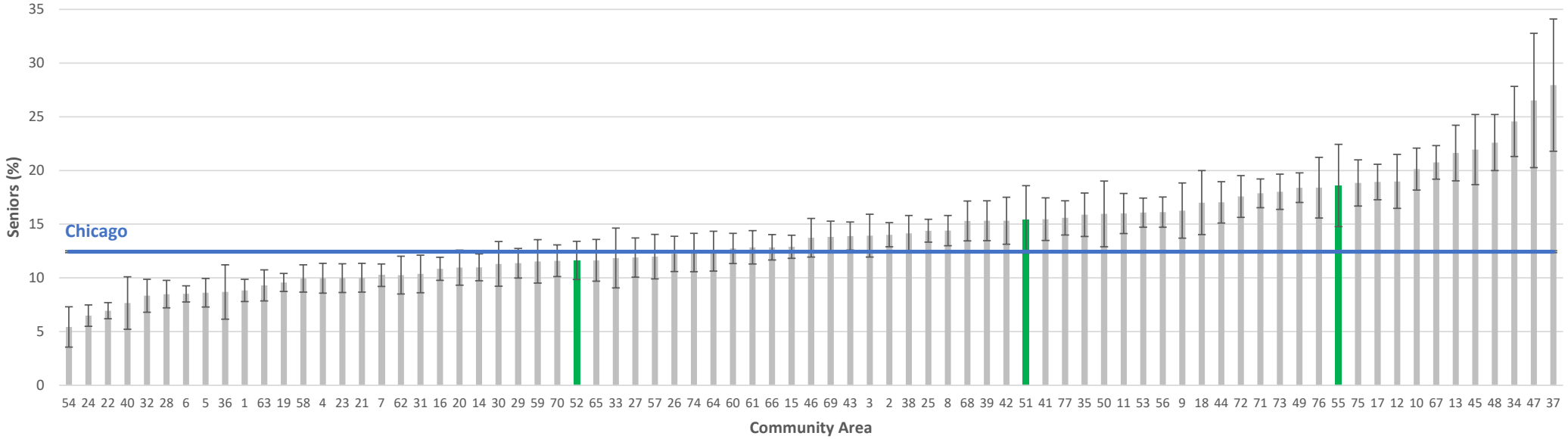


Indicator Definition:
Percent of residents who are 0 - 17 years old.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B01001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D99. Percentage of Chicago population who are 65 years and older by community area, 2015-2019

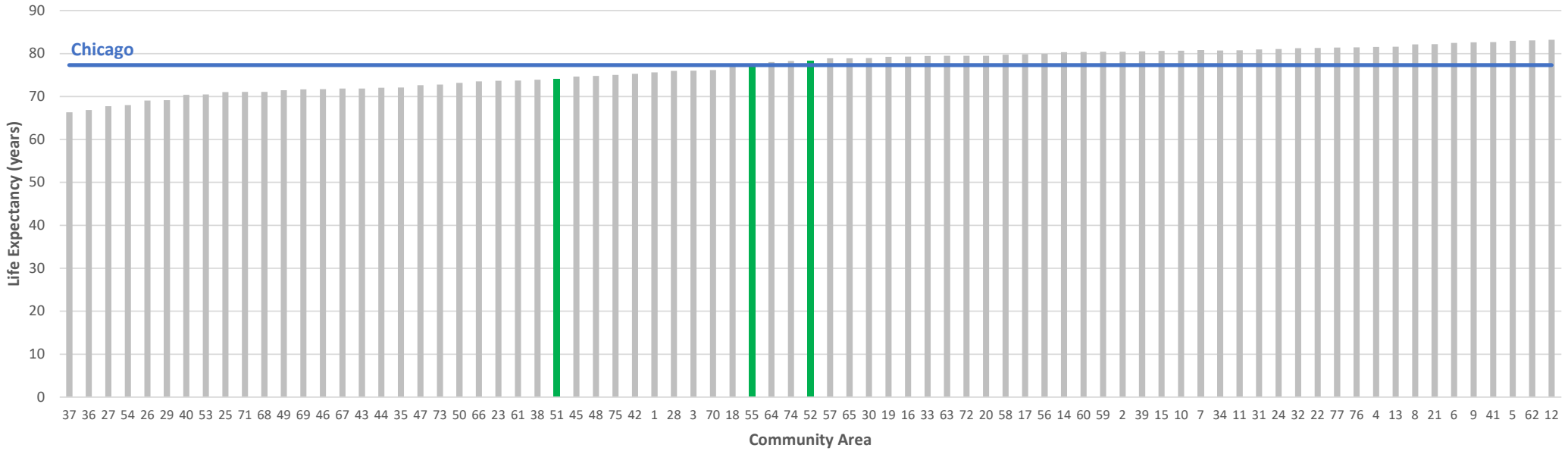


Indicator Definition:
Percent of residents who are 65 years old and older.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B01001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D100. Life expectancy for Chicago residents by community, 2019

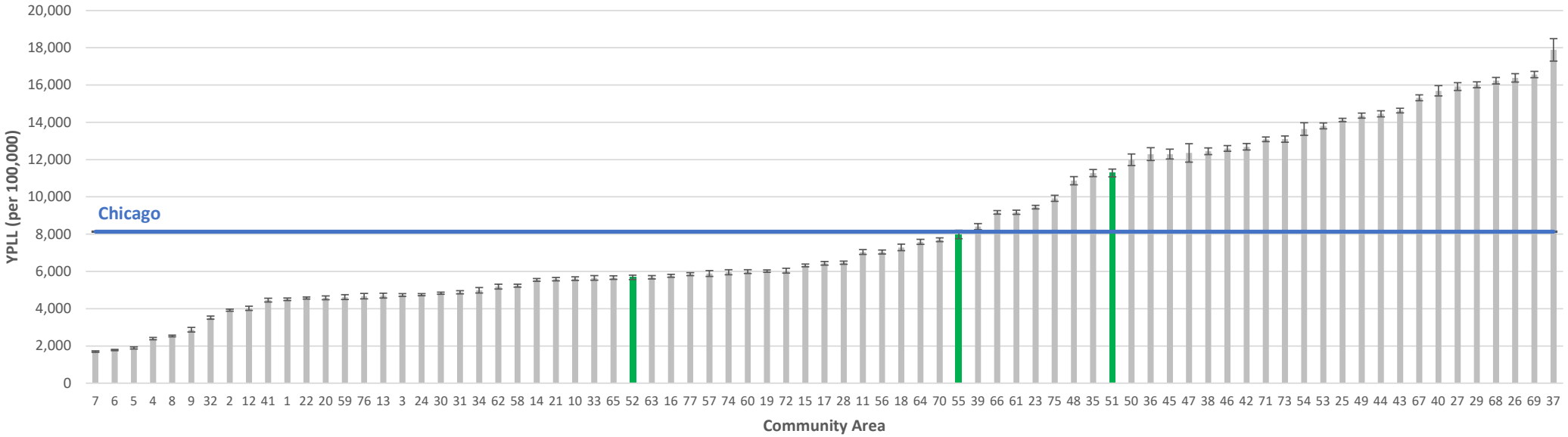


Indicator Definition:
The average number of years a person may expect to live.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2019 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The number of years a person born in a particular year could expect to live if death rates remained the same as they are in that particular year. Two years of data were combined to allow for small area calculations. Abridged life tables were calculated for 2018-2019. For simplicity we refer to these years as 2019 but it should be noted that all analyses are based on two-year averages centered on January 1 of the second of these years. Where age-specific death counts equaled zero, "0.5" was substituted to allow for stable calculations. Life expectancy was calculated using the Chiang Methodology using age-specific death rates for ages 0-1, 1-4, 5-9 and in subsequent 5-year age groups to age 85, with an open-ended interval beginning at age 85.

D101. Years potential life lost (YPLL) per 100,000 population for Chicago residents by community area, 2013-2017

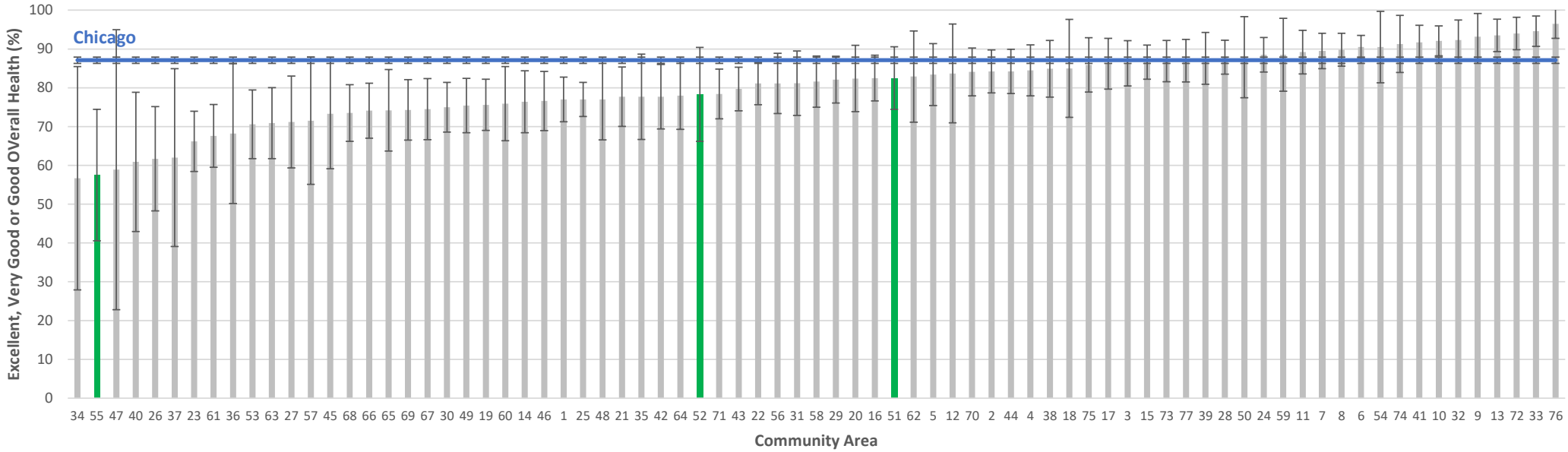


Indicator Definition:
Years of productive life lost per 100,000 population.

Data Sources:
Illinois Department of Public Health, Death Certificate Data Files; United States Census Bureau, American Community Survey, 2017 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Total number of persons who died before age 75 (ICD-10 codes: All causes) divided by the total population under 75 during a specified time period expressed as years of productive life lost per 100,000 population. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D102. Percentage of Chicago adults (aged 18 and older) whose self-reported overall health is excellent, very good or good by community area, 2016-2018

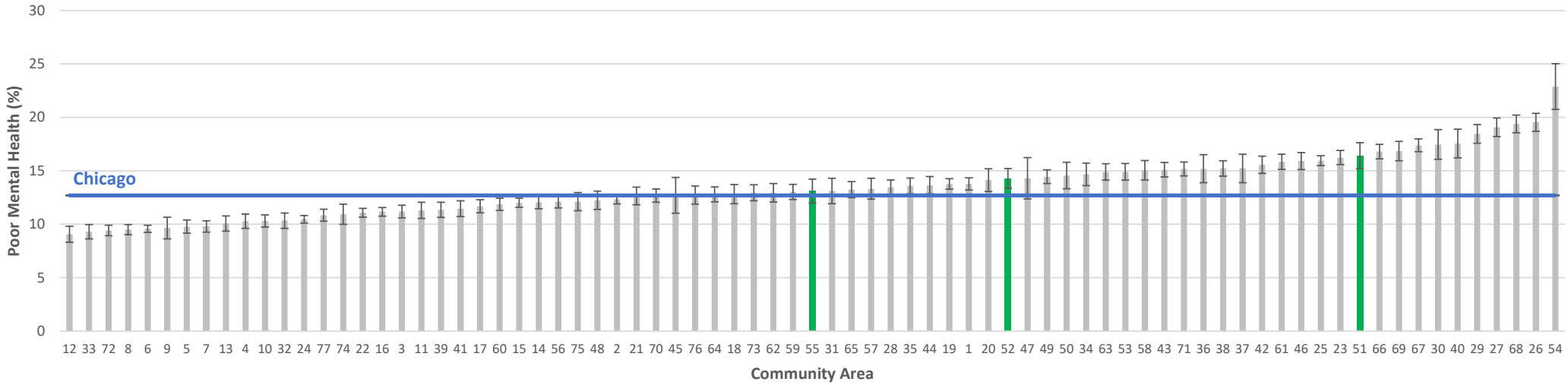


Indicator Definition:
Percent of adults who reported that their overall health is good, very good or excellent.

Data Source:
Chicago Department of Public Health, Healthy Chicago Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Estimated number of adults aged 18 years and older who reported that their overall health is good, very good or excellent divided by the estimated number of adults, expressed as a percent. This percent is weighted to represent the population from which the sample was drawn, the household population of adults aged 18 years and older who reside in the City of Chicago. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D103. Percentage of Chicago adults (aged 18 and older) with poor self-reported mental health by community area, 2018

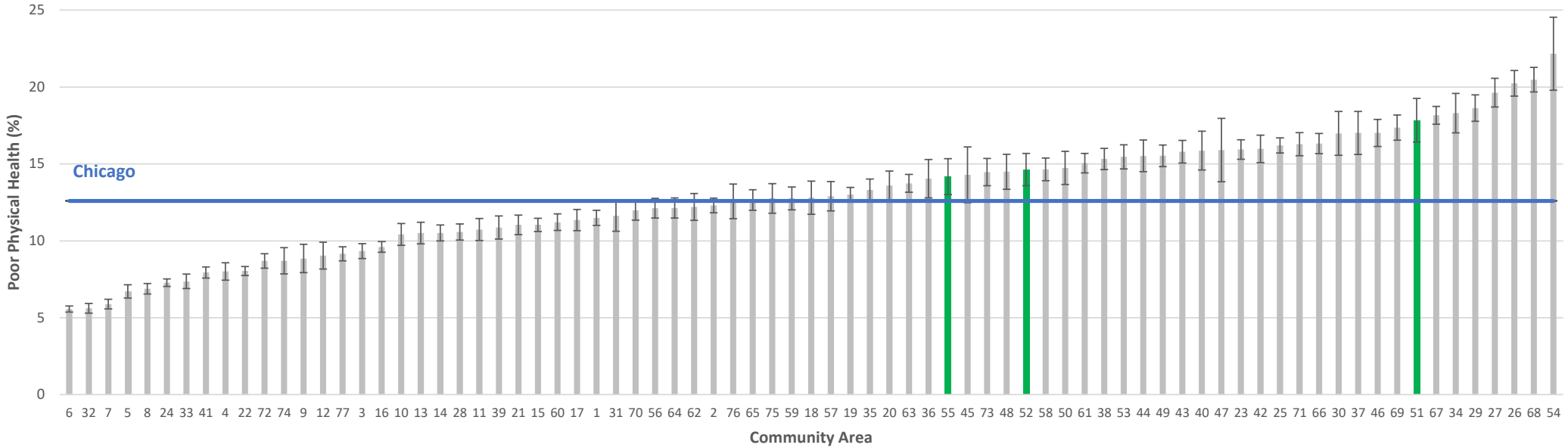


Indicator Definition:
Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Data Source:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
This measure is based on self-assessment only and does not include an objective health component. Self-rated health status is a subjective measure; therefore, assessing its reliability and validity is difficult. Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D104. Percentage of Chicago (aged 18 and older) with poor self-reported physical health by community area, 2018

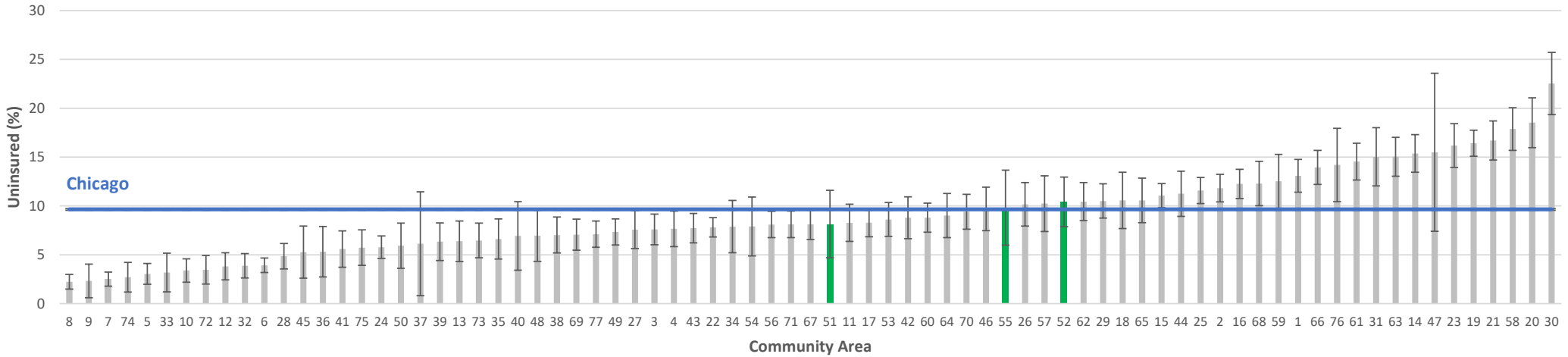


Indicator Definition:
Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their physical health was not good.

Data Source:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
This measure is based on self-assessment only and does not include an objective health component. Self-rated health status is a subjective measure; therefore, assessing its reliability and validity is difficult. Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D105. Percentage of Chicago residents without health insurance by community area, 2015-2019

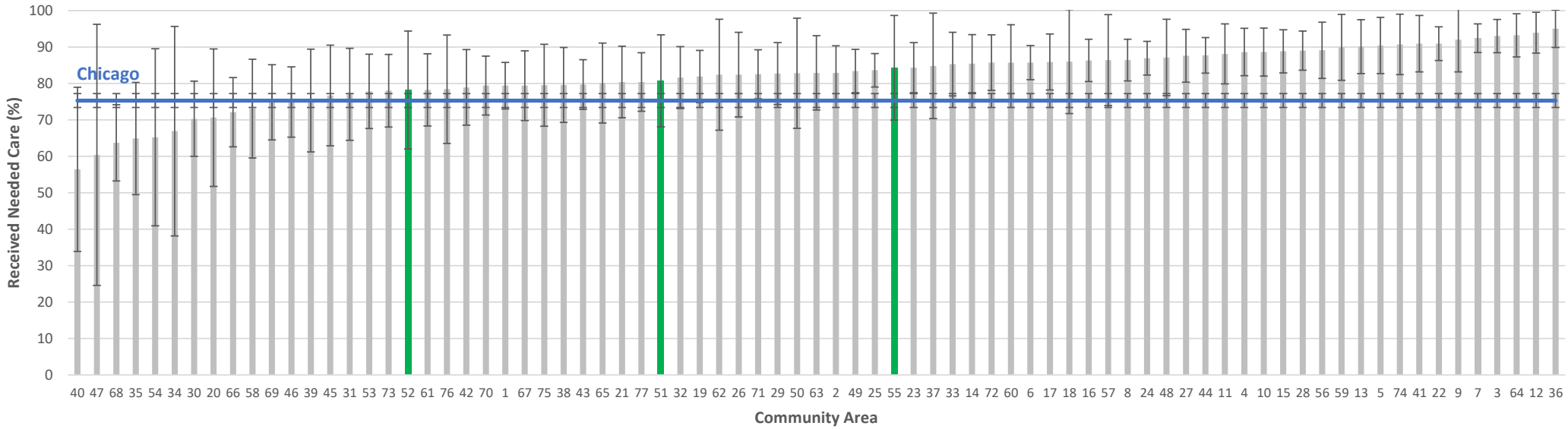


Indicator Definition:
Percent of residents without health insurance (at the time of the survey).

Data Source:
United States Census Bureau, American Community Survey, 2019 5-Year Estimates (Tables B27001/C27001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Some American Community Survey estimates are averaged over five years, and so only gradually incorporate the effects of the Affordable Care Act, which began to be implemented in 2013. The American Community Survey asks whether the respondent did not have health insurance at the time of the survey (which could be at any point during the year). The Current Population Survey, also by the U.S. Census, asks whether respondents lacked health insurance for the full year. As a result, the uninsured rate for the American Community Survey (this topic) tends to be slightly higher than the rate reported by the Current Population Survey, which is often used in news media. Starting in 2017, "Juveniles" includes people age 18, and "Young Adults" is people aged 19-39, contrary to other indicators, where 18-year-olds are counted as adults. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D106. Percentage of Chicago adults who report it is "usually" or "always" easy to get the care, tests or treatment they needed by community area, 2016-2018

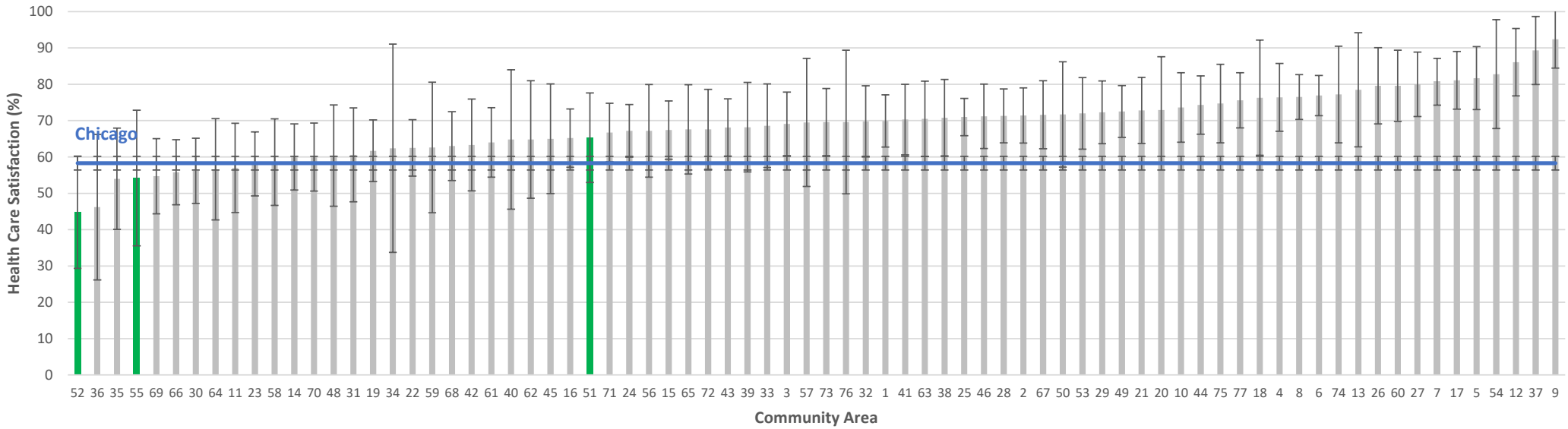


Indicator Definition:
Percent of adults who report that it is "usually" or "always" easy to get the care, tests or treatment they needed through their health plan.

Data Source:
Chicago Department of Public Health, Healthy Chicago Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Estimated number of adults aged 18 years and older who report that it is "usually" or "always" easy to get the care, tests or treatment they needed through their health plan, divided by the estimated number of adults who report that they have some type of health care coverage and needed care, tests or treatment in the past 12 months, expressed as a percent. This percent is weighted to represent the population from which the Healthy Chicago Survey sample was drawn, the household population of adults 18 years of age and older who reside in the City of Chicago. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D107. Percentage of Chicago adults who report they were very satisfied with the health care they received in the past year by community area, 2016-2018

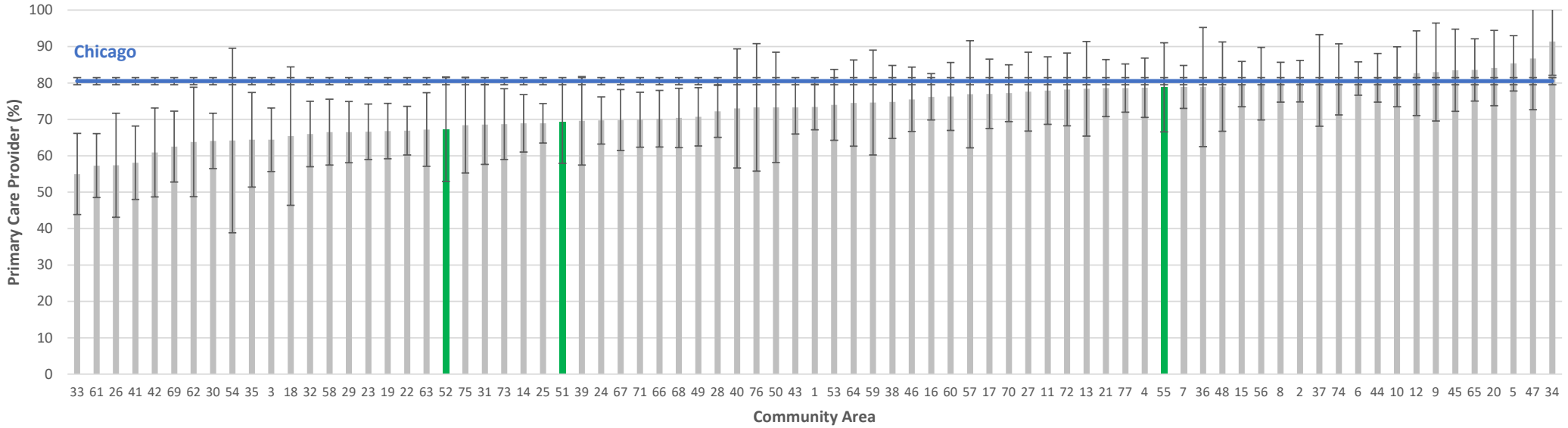


Indicator Definition:
Percent of adults who report that they were very satisfied with the health care they received in the past year.

Data Source:
Chicago Department of Public Health, Healthy Chicago Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Estimated number of adults aged 18 years and older who report that they were very satisfied with the health care they received in the past year divided by the estimated number of adults aged 18+ who have accessed some health care in the past year, expressed as a percent. This percent is weighted to represent the population from which the Healthy Chicago Survey sample was drawn, the household population of adults 18 years of age and older who reside in the City of Chicago. Percentages are not shown when their Relative Standard Error (RSE) is greater than 50%, indicating an imprecise and unreliable estimate. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D108. Percentage of Chicago adults who have a primary care provider by community area, 2016-2018

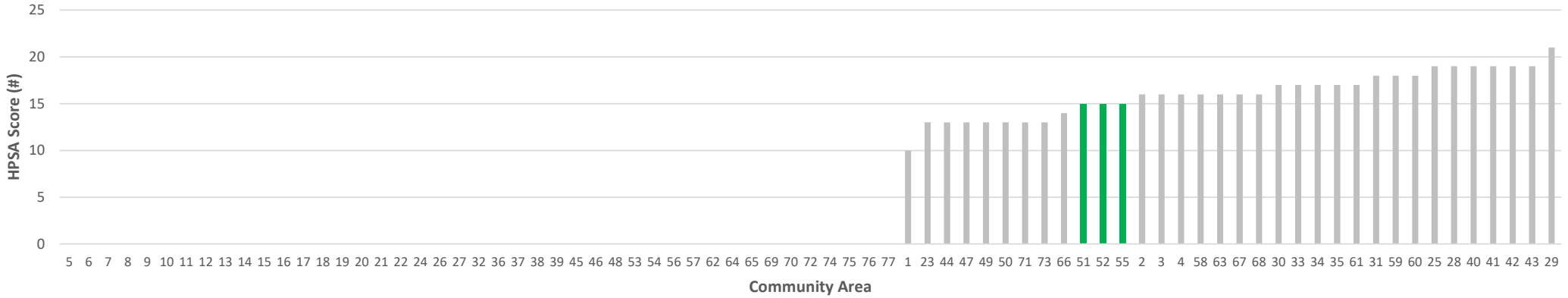


Indicator Definition:
Percent of adults who report that they have at least one person they think of as their personal doctor or health care provider.

Data Source:
Chicago Department of Public Health, Healthy Chicago Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Estimated number of adults aged 18 years and older who report that they have at least one person they think of as their personal doctor or health care provider divided by the estimated number of adults, expressed as a percent. This percent is weighted to represent the population from which the sample was drawn, the household population of adults aged 18 years and older who reside in the City of Chicago. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D109. Health Professional Shortage Area (HPSA) score (0-26) by community area, 2021

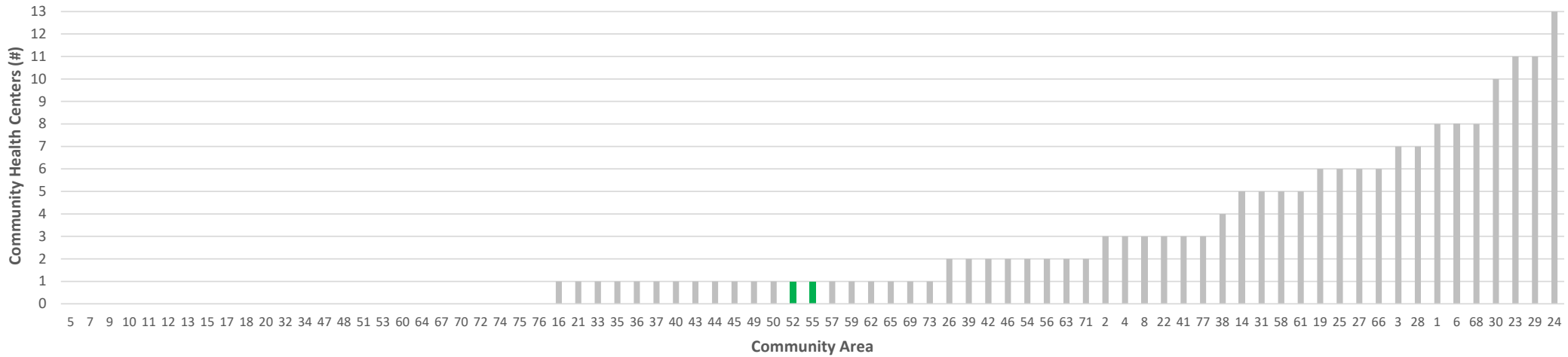


Indicator Definition:
A Health Professional Shortage Area (HPSA) is a geographic area, population group, or health care facility that has been designated by the Health Resources and Services Administration (HRSA) as having a shortage of health professionals. There are three categories of HPSAs: Primary Care, Dental Health and Mental Health. The HPSA Score developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority.

Data Source:
Health Resources and Services Administration; Data was extracted from the HPSA Find tool which has been analyzed and interpreted by the Chicago Department of Public Health.

Technical Notes:
34 community areas were designated within Cook County, Illinois as being geographic or population HPSAs, their HPSA score is reflected in the chart. Community areas in the chart with a HPSA score of zero are not designated HPSAs. More information on HPSAs and shortage designations can be found here.

D110. Number of community health centers in Chicago by community area, 2022

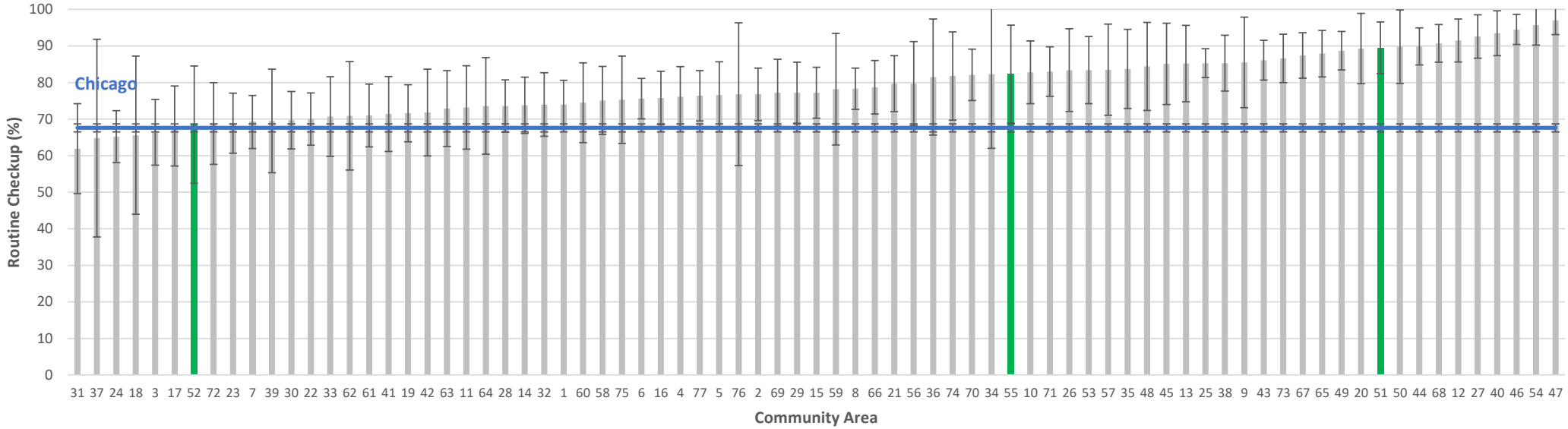


Indicator Definition:
Number of community health centers including federally qualified health centers and similar community health centers as well as free clinics that provide child, adult and senior medical care, OB/GYN prenatal care, behavioral health care, substance use disorder treatment, oral health care, vision care and pharmacy services. Health centers serve everyone, with or without insurance.

Data Source:
Chicago Department of Public Health; Illinois Primary Health Care Association (IPHCA); U.S. Health Resources & Services Administration (HRSA); Data was extracted from the City of Chicago Data Portal Public Health Services – Chicago Primary Care Community Health Centers Table , IPHCA Chicago CHC map, and the HRSA Data Warehouse Find a Health Center which was compiled and analyzed by the Chicago Department of Public Health (CDPH).

Technical Notes:
Different services may be offered at different locations, though some provide a range of services at one site. Some health centers serve special populations (e.g., homeless, migrant, public housing).

D111. Percentage of Chicago adults who visited a doctor or health care provider for a routine checkup in the past year by community area, 2016-2018

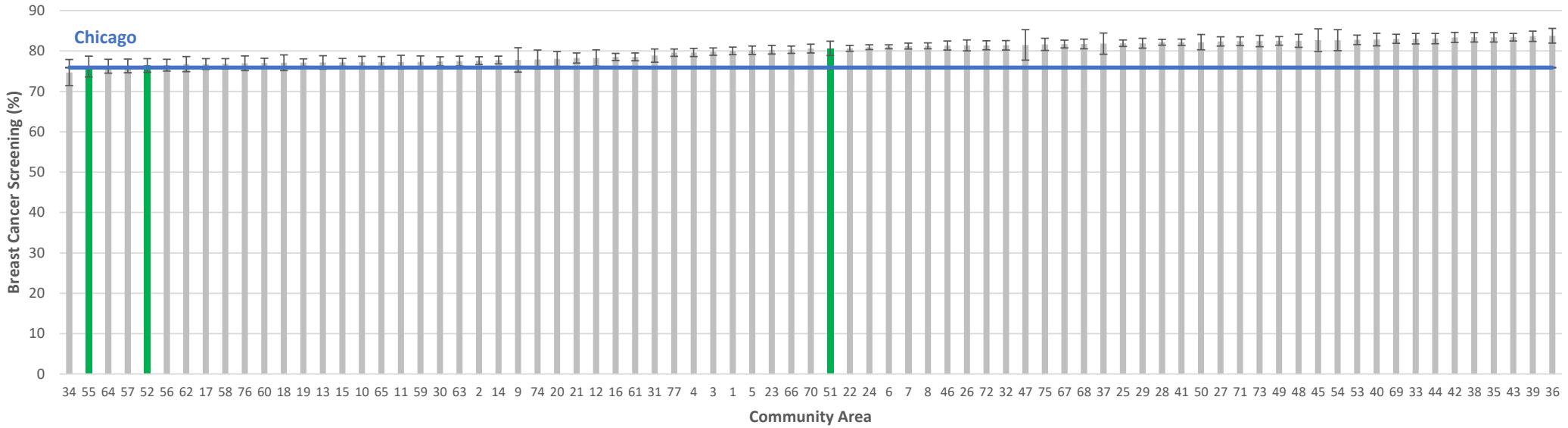


Indicator Definition:
Percent of adults who visited a doctor or health care provider for a routine checkup in the past year.

Data Source:
Chicago Department of Public Health, Healthy Chicago Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Estimated number of adults aged 18 years and older who visited a doctor or health care provider for a routine checkup in the past year divided by the estimated number of adults, expressed as a percent. This percent is weighted to represent the population from which the sample was drawn, the household population of adults aged 18 years and older who reside in the City of Chicago. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D112. Percentage of Chicago female adults aged 50-74 years who had a mammogram within the previous two years by community area, 2018

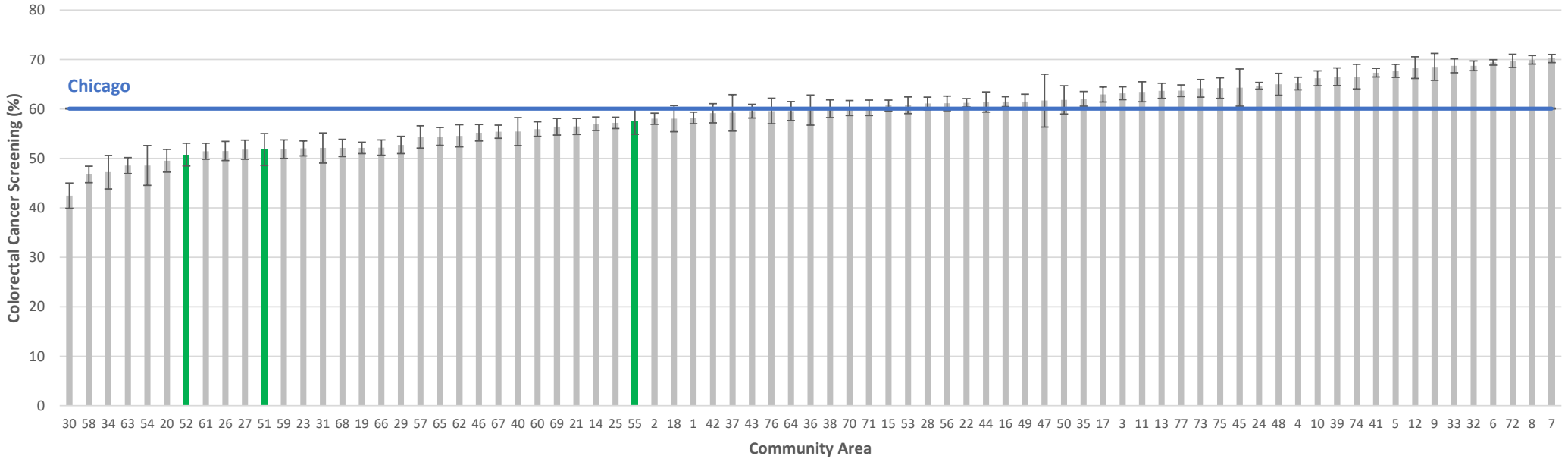


Indicator Definition:
Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

Data Sources:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. Recommendations for mammography screening are not always consistent among national groups.

D113. Percentage of Chicago adults aged 50-75 years who had a fecal occult blood test (FOBT), sigmoidoscopy and/or a colonoscopy by community area, 2018

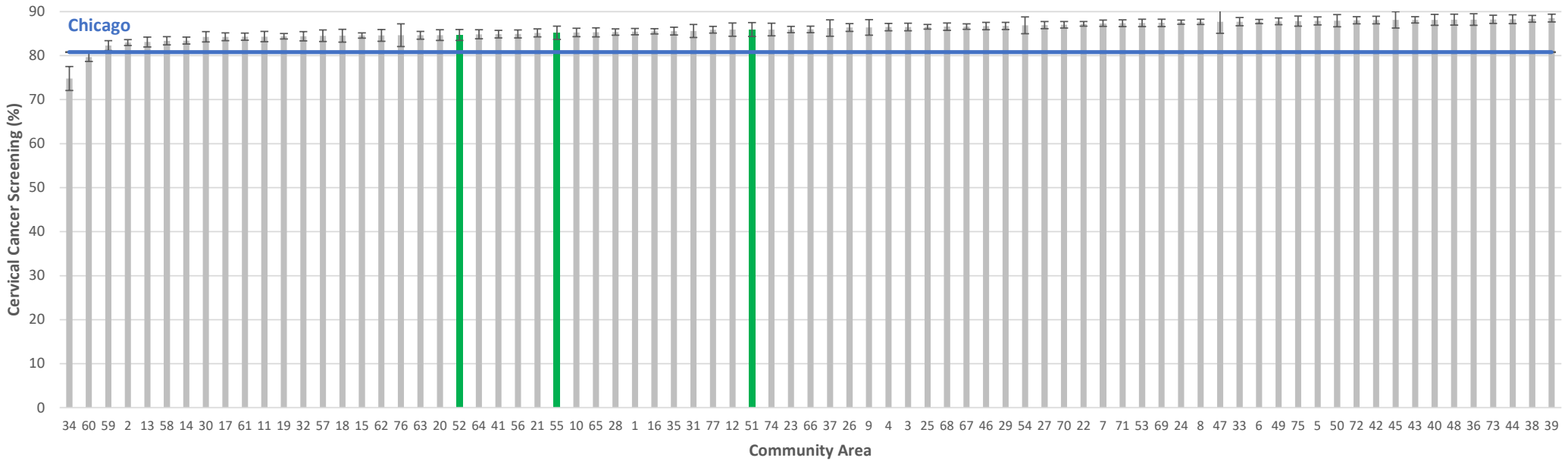


Indicator Definition:
Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Data Sources:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. National colorectal cancer screening guidelines vary regarding the choice of screening test, the appropriate screening interval, and the age at which screening should occur.

D114. Percentage of Chicago female adults aged 21-65 years who had a Pap smear within the previous 3 years by community area, 2016

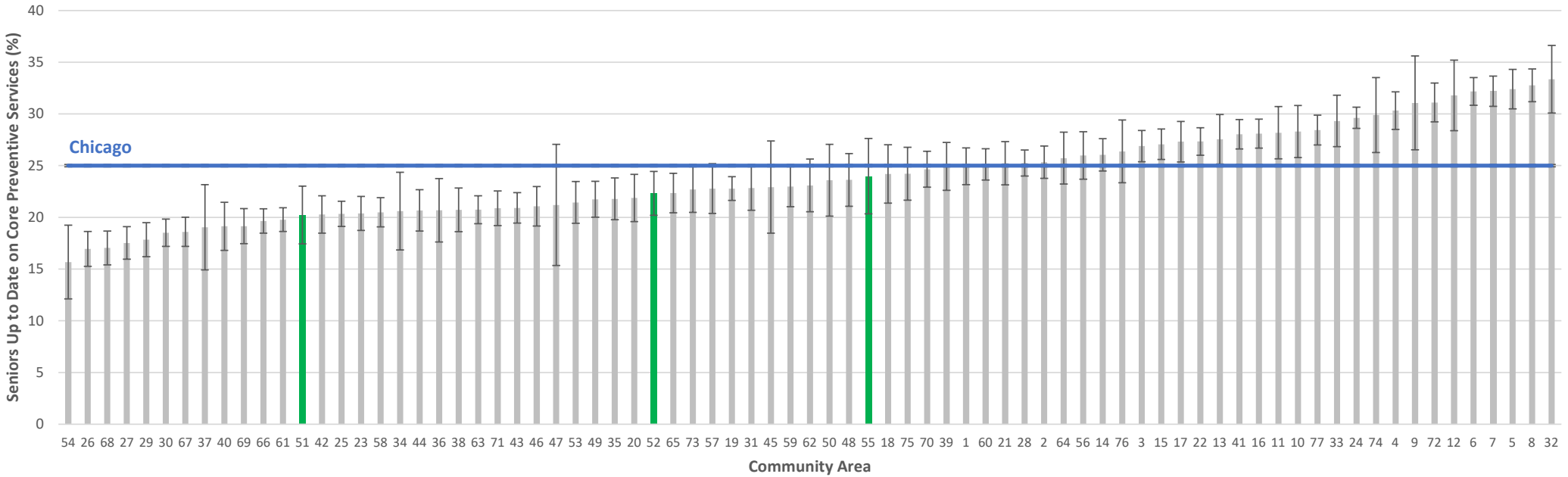


Indicator Definition:
Percent of resident female adults aged 21-65 years who report having had a Papanicolaou (Pap) smear within the previous 3 years for detection and prevention of cervical cancer.

Data Sources:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. Excludes women who have had a hysterectomy. Recommendations for screening frequency vary by risk factor and a 3-year interval might not be appropriate for some women.

D115. Percentage of Chicago adults aged 65 and older who report being up to date on a core set of clinical preventive services by community area, 2018

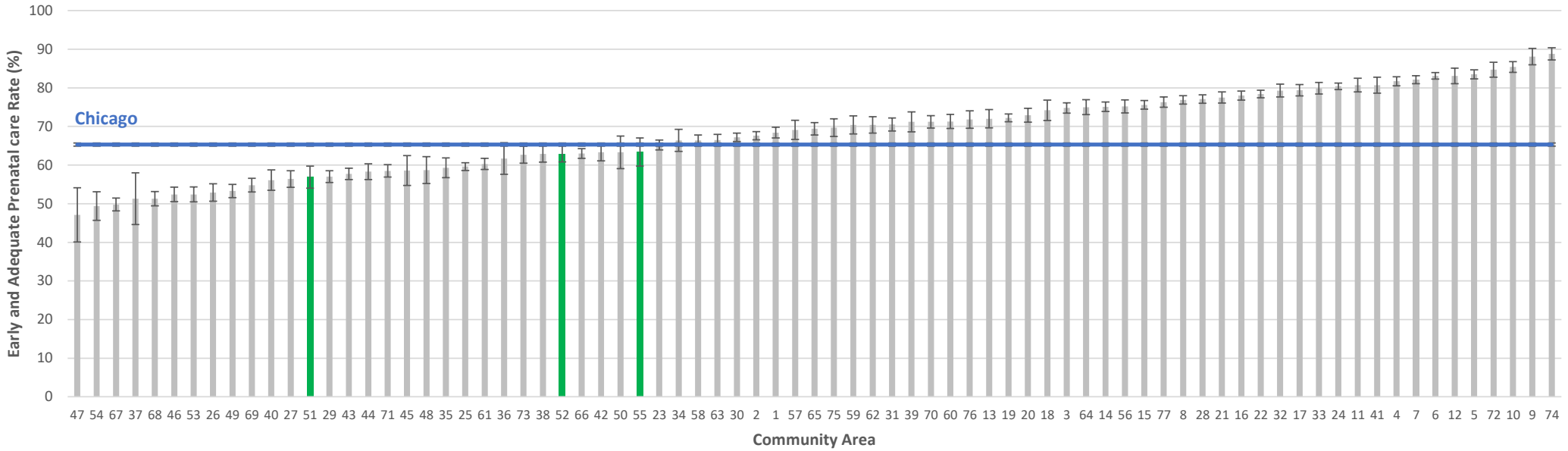


Indicator Definition:
Percent of resident adults aged 65 and older who report being up to date on a core set of clinical preventive services. Women reporting having received all of the following: an influenza vaccination in the past year; a pneumococcal vaccination (PPV) ever; either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the previous 10 years; and a mammogram in the past 2 years. Men reporting having received all of the following: an influenza vaccination in the past year; a PPV ever; and either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the past 10 years.

Data Sources:
PLACES; Behavioral Risk Factor Surveillance System (BRFSS). Data curated by Metopio using data downloaded from PLACES. See the here for more information on the methodology.

Technical Notes:
Small area estimates (Census tract) are based on the methodology detailed here and are not appropriate for evaluating programs or tracking changes in single Census tracts over time. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D116. Percentage of births where mother received adequate prenatal care for Chicago residents by community area, 2013-2017

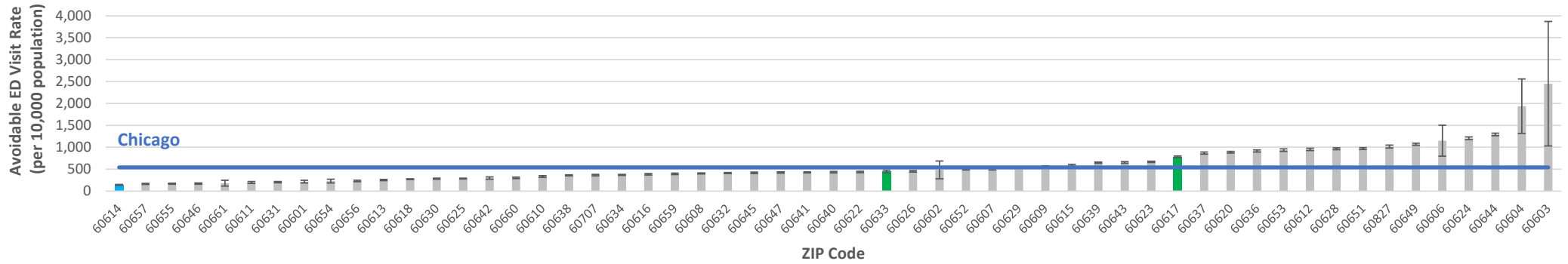


Indicator Definition:
Percent of births where mother received adequate prenatal care by the Adequacy of Prenatal Care Utilization Index (APNCU).

Data Sources:
Illinois Department of Public Health, Birth Certificate Data Files; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Percentage of births where mother received adequate prenatal care by the Adequacy of Prenatal Care Utilization Index (APNCU) among total births. The APNCU uses two elements obtained from the birth certificate-when prenatal care began and the number of prenatal visits from when prenatal care began until delivery. The final APNCU measure combines these two dimensions into a single summary score. Adequate prenatal care is defined as a score of 80% or greater. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D117. Avoidable emergency department (ED) discharge rate (per 10,000 population) for Chicago residents by ZIP Code, 2017

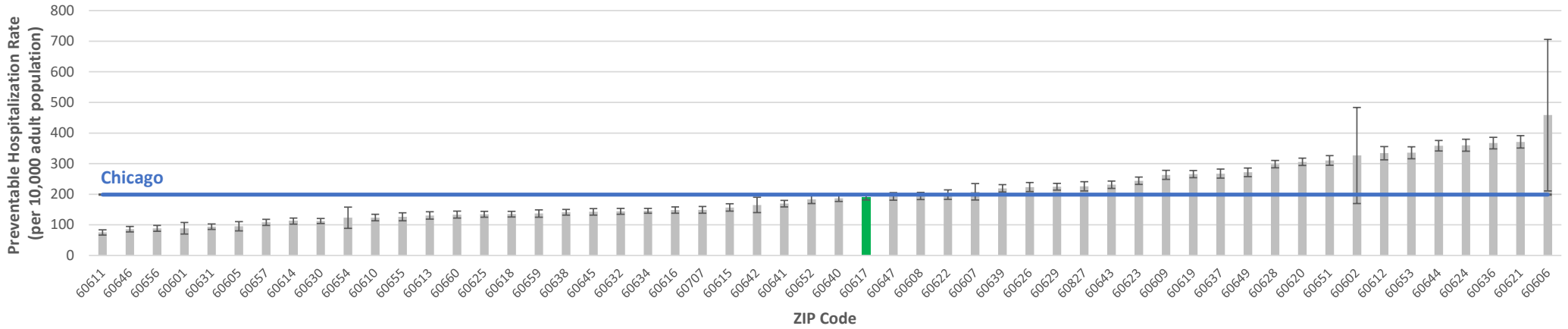


Indicator Definition:
Age-adjusted rate of emergency department (ED) discharges that are non-urgent or primary care treatable, excluding discharges to Veterans Administration hospitals.

Data Source:
Illinois Department of Public Health, Hospital Discharge Data; United States Census Bureau, American Community Survey, 2017 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of avoidable ED visits divided by the corresponding age-specific population with a primary ICD-10-CM diagnostic code of: B354, B355, B370, B372, B373, B3741, B3742, B3749, B3781, B3782, B3783, B3784, B3789, B379, B86, B880, B889, G441, H01141, H01142, H01143, H01144, H01145, H01146, H01149, H10011, H10012, H10013, H10019, H10021, H10022, H10023, H10029, H1010, H1011, H1012, H1013, H10221, H10222, H10223, H10229, H10231, H10232, H10233, H10239, H1030, H1031, H1032, H1033, H10401, H10402, H10403, H10409, H10411, H10412, H10413, H10419, H10421, H10422, H10423, H10429, H10431, H10432, H10433, H10439, H1044, H1045, H10501, H10502, H10503, H10509, H10511, H10512, H10513, H10519, H10521, H10522, H10523, H10529, H10531, H10532, H10533, H10539, H1089, H109, H66001, H66002, H66003, H66004, H66005, H66006, H66007, H66009, H66011, H66012, H66013, H66014, H66015, H66016, H66017, H66019, H6610, H6611, H6612, H6613, H6620, H6621, H6622, H6623, H663X1, H663X2, H663X3, H663X9, H6640, H6641, H6642, H6643, H6690, H6691, H6692, H6693, H70091, H70092, H70093, H70099, J00, J028, J029, J060, J069, J208, J209, J310, J311, J312, J320, J321, J322, J323, J324, J328, J329, J3501, J3502, J3503, J351, J352, J353, J358, J359, L298, L299, L740, L741, L742, L743, M532x8, M533, M5403, M5404, M5405, M5406, M5407, M5408, M5409, M545, M5489, M549, M62830, N3000, N3001, N3010, N3011, N3020, N3021, N3030, N3031, N3040, N3041, N3080, N3081, N3090, N3091, N390, N72, N760, N761, N762, N763, N771, N978, R51, Z0000, Z0000, Z0001, Z005, Z006, Z0070, Z0071, Z008, Z0100, Z0101, Z0110, Z01110, Z01118, Z0112, Z0120, Z0121, Z0130, Z0131, Z01411, Z01419, Z0142, Z01810, Z01811, Z01812, Z01818, Z0182, Z0183, Z0184, Z0189, Z020, Z021, Z022, Z023, Z024, Z025, Z026, Z0271, Z0279, Z0281, Z0282, Z0283, Z0289, Z029, Z046, Z048, Z049, Z08, Z09, Z3200, Z3201, Z3202, Z760. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as emergency department visits per 10,000 population. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. U.S. Postal Service ZIP Codes are designed to meet the day-to-day operational needs of the U.S. Postal Service and tend to change frequently. To account for this instability, as well as the emergence of new ZIP Codes over time and low population estimates in certain ZIP Codes (i.e. less than 20,000 residents), the following steps were taken: The total number of emergency department discharges and total population of ZIP Codes 60707, 60638 and 60827 were included, regardless of whether the individual resided within the Chicago city limits. Data are suppressed for counts less than 10. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions. Because the IDPH dataset provides information on emergency department discharges and not individual persons, the counts and rates reported may not necessarily reflect rates per person; that is, persons who are hospitalized more than once in a year may be counted more than once. When fewer than 20 visits during the period of study were recorded, the rate and confidence interval estimates are unreliable; this instability should be considered when making comparisons. The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See http://www.census.gov/geo/ZCTA/zcta.html for specific information on the estimation of ZIP Code population counts.

D118. Preventable hospitalization rate (per 10,000 adult population) for Chicago residents by ZIP Code, 2017

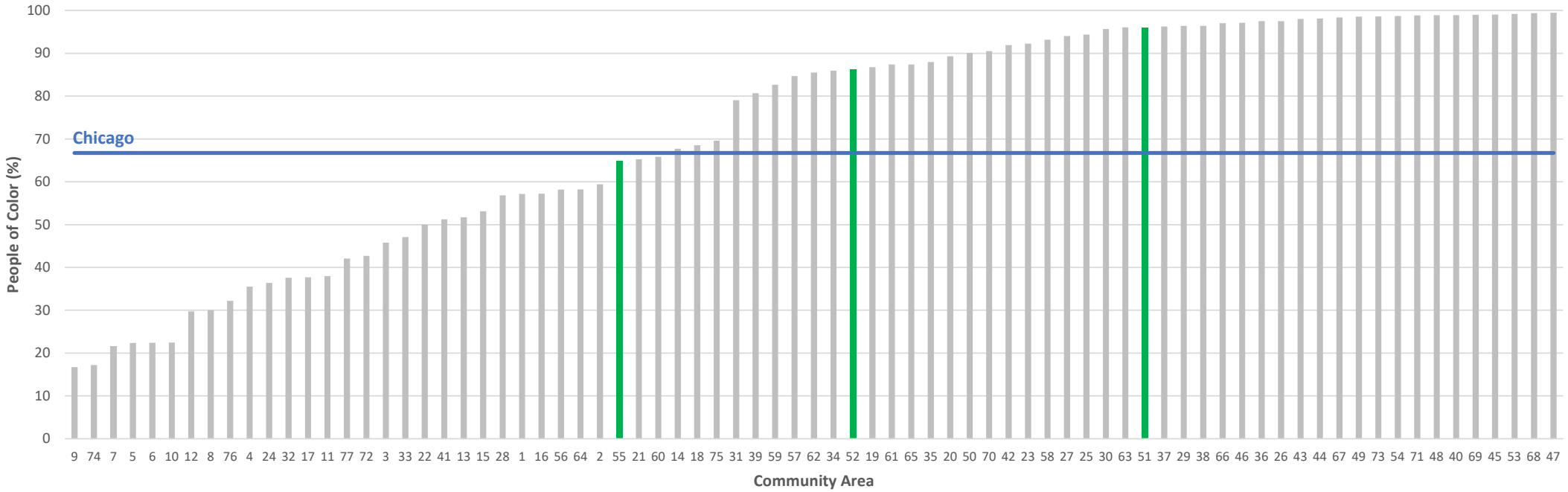


Indicator Definition:
Age-adjusted rate of preventable hospitalization rates among adults, excluding discharges to Veterans Administration hospitals.

Data Source:
Illinois Department of Public Health, Hospital Discharge Data; United States Census Bureau, American Community Survey, 2017 5-Year Estimates; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Age-specific number of preventable hospitalization discharges divided by the corresponding age-specific population. The resulting age-specific rates are multiplied by the proportion of the US Census 2000 Standard population in each age group. Age-adjusted rate is the sum of these weighted rates expressed as discharges per 10,000 population. Including inpatient hospitalization discharges among adults 18 and older for any of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, dehydration, bacterial pneumonia, or urinary tract infection. For specific ICD-10 Codes see: https://qualityindicators.ahrq.gov/Modules/PQI_TechSpec_ICD10_v60.aspx. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time. U.S. Postal Service ZIP Codes are designed to meet the day-to-day operational needs of the U.S. Postal Service and tend to change frequently. To account for this instability, as well as the emergence of new ZIP Codes over time and low population estimates in certain ZIP Codes (i.e. less than 20,000 residents), the following steps were taken: The total number of inpatient hospitalization discharges and total population of ZIP codes 60707, 60638 and 60827 were included, regardless of whether the individual resided within the Chicago city limits. Data are suppressed for counts less than 10. Rate estimates for Chicago overall include all visits and population counts for the ZIP Codes that lie completely within city limits as well as 60707, 60638 and 60827 that cross the city limit. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions. Because the IDPH dataset provides information on inpatient hospitalization discharges and not individual persons, the counts and rates reported may not necessarily reflect rates per person; that is, persons who are hospitalized more than once in a year may be counted more than once. When fewer than 20 visits during the period of study were recorded, the rate and confidence interval estimates are unreliable; this instability should be considered when making comparisons. The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. See http://www.census.gov/geo/ZCTA/zcta.html for specific information on the estimation of ZIP Code population counts.

D119. Percentage of Chicago population identifying as a person of color by community area, 2015-2019

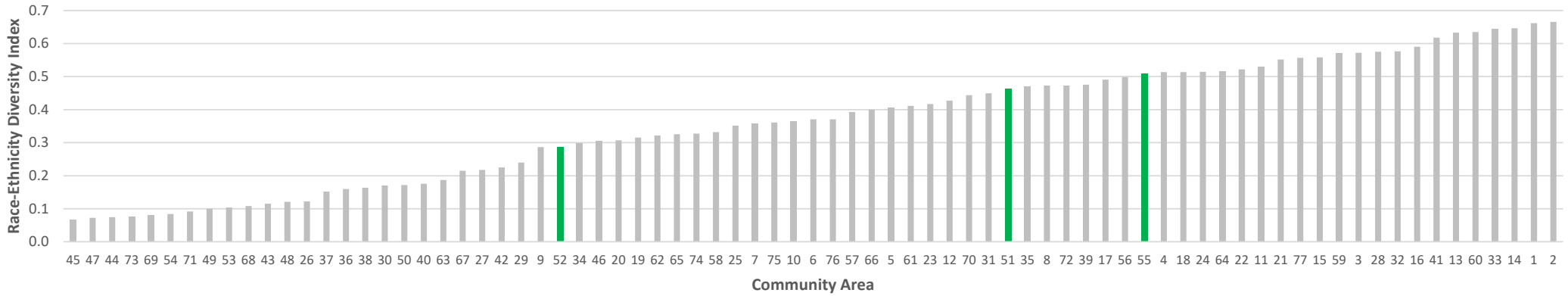


Indicator Definition:
Percent of residents who identify as Asian or Pacific Islander, Hispanic or Latino, Native American, non-Hispanic Black, or as being of two or more races.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B01001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health.

Technical Notes:
This percentage was calculated by subtracting the population of non-Hispanic Whites from the total population, and dividing by the total population multiplied by 100. The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here.

D120. Race-Ethnicity Diversity Index by Chicago community area, 2015-2019



Indicator Definition:
The Race-Ethnicity Diversity Index measures the probability that any two residents of an area, chosen at random, belong to different racial and ethnic backgrounds. A score of 0 represents a perfectly homogenous community; the higher the score, the more diverse the area. The highest possible score is 0.875, not 1.

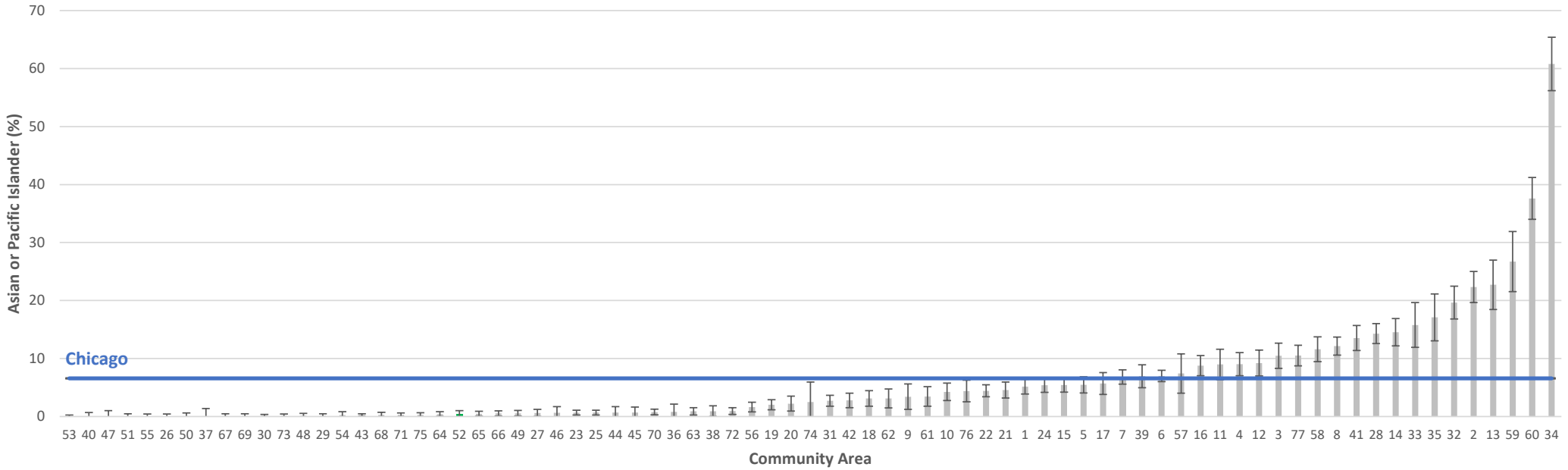
Data Source:
United States Census Bureau, American Community Survey (ACS: Table B03002); Calculated by Metopio.

Technical Notes:
The index includes Non-Hispanic White, Non-Hispanic Black, Hispanic/Latino, Asian, American Indian/Alaskan, Pacific Islander/Hawaiian, other, and two or more races. Per OMB 15, ethnicity supercedes race: a resident identifying as Hispanic is counted as such regardless of race, including "two or more races". The index is calculated according to the formula at http://diversity.missouristate.edu/DiversityIndex.htm. Because the composition of the Index can vary depending on the data source and the researcher, this Index can only be compared to those calculated by other researchers if the same components are used.

Some sample scores:
- 100% Race/Ethnicity A = 0
- 50% A, 50% B = 0.5
- 25% A, 25% B, 25% C, 25% D = 0.75
- Split evenly between 8 = 0.875 (highest score possible)
- 90% A, 10% B = 0.18

The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here.

D121. Percentage of Chicago population identifying as Asian or Pacific-Islander by community area, 2015-2019

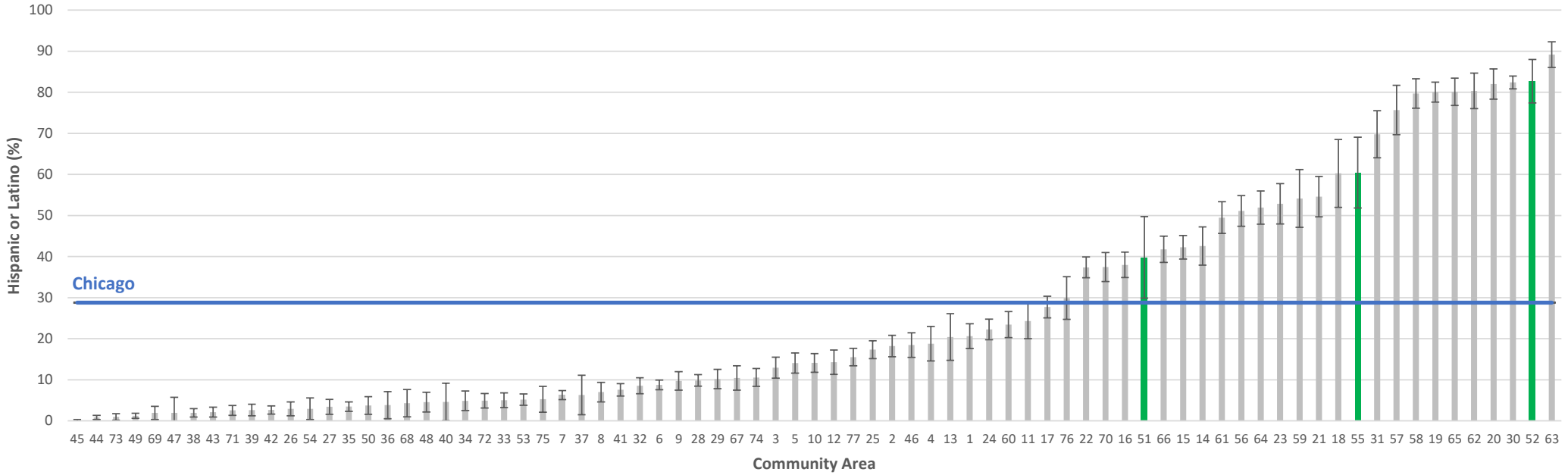


Indicator Definition:
Percent of residents who identify as Asian or Pacific-Islander.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B01001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D122. Percentage of Chicago population identifying as Hispanic or Latino by community area, 2015-2019

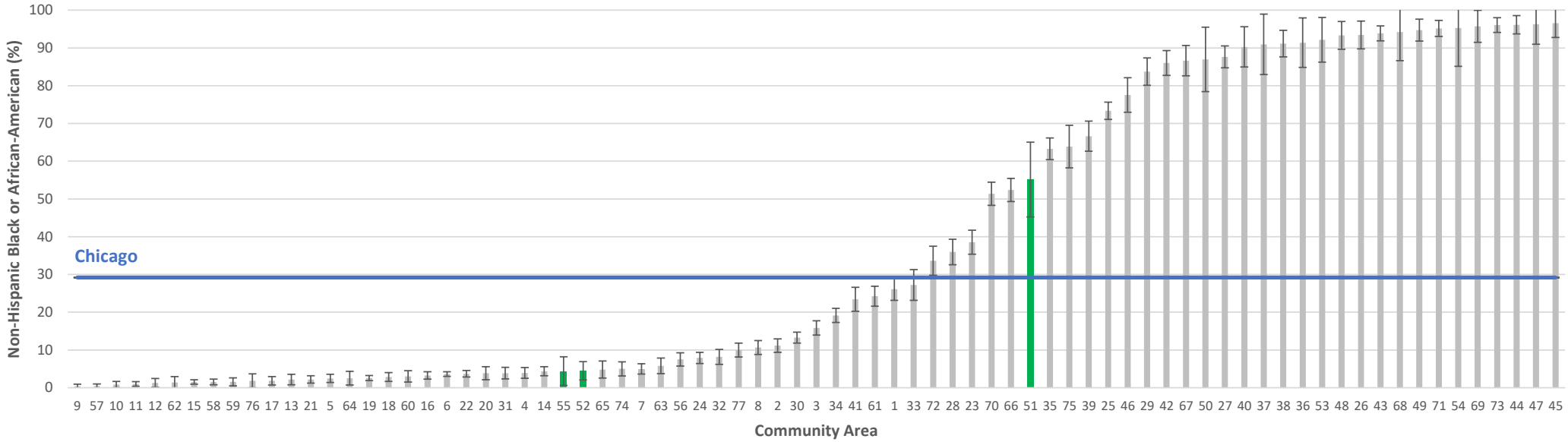


Indicator Definition:
Percent of residents who identify as Hispanic or Latino.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B01001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D123. Percentage of Chicago population identifying as non-Hispanic Black or African-American by community area, 2015-2019

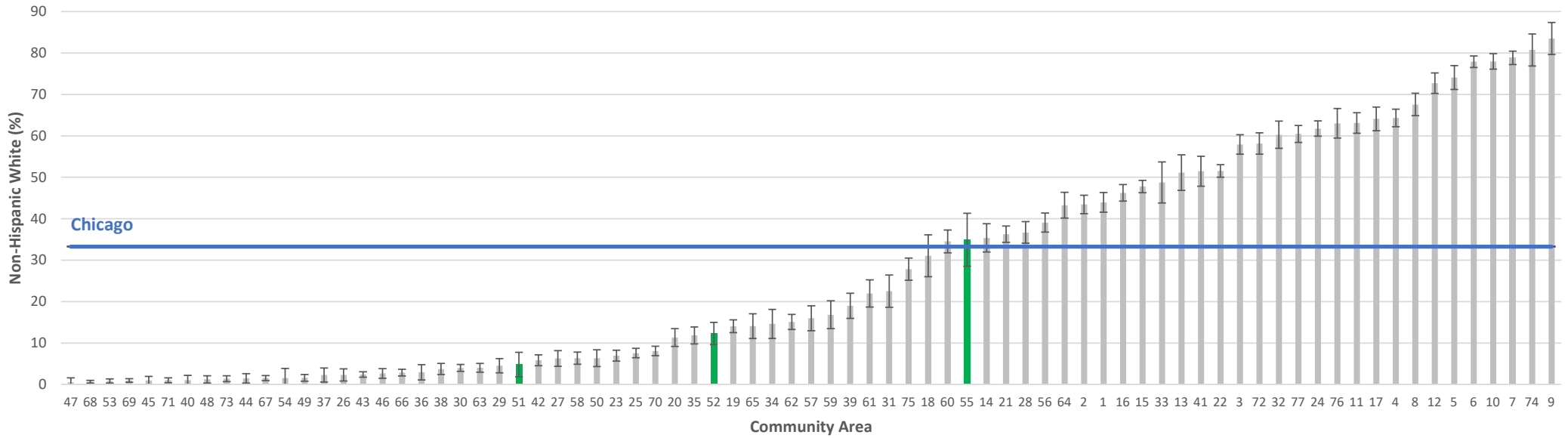


Indicator Definition:
Percent of residents who identify as Black or African-American and not Hispanic or Latino.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B01001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D124. Percentage of Chicago population identifying as non-Hispanic White by community area, 2015-2019

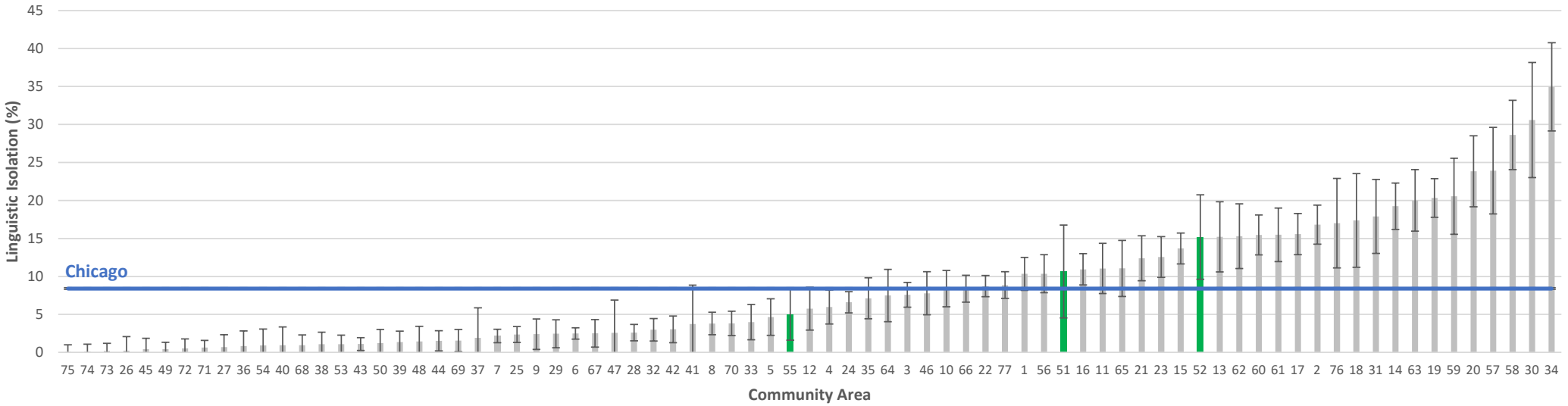


Indicator Definition:
Percent of residents who identify as White and not Hispanic or Latino.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B01001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D125. Percentage of Chicago households in which all members aged 14 years and older speak English less than "very well" by community area, 2015-2019

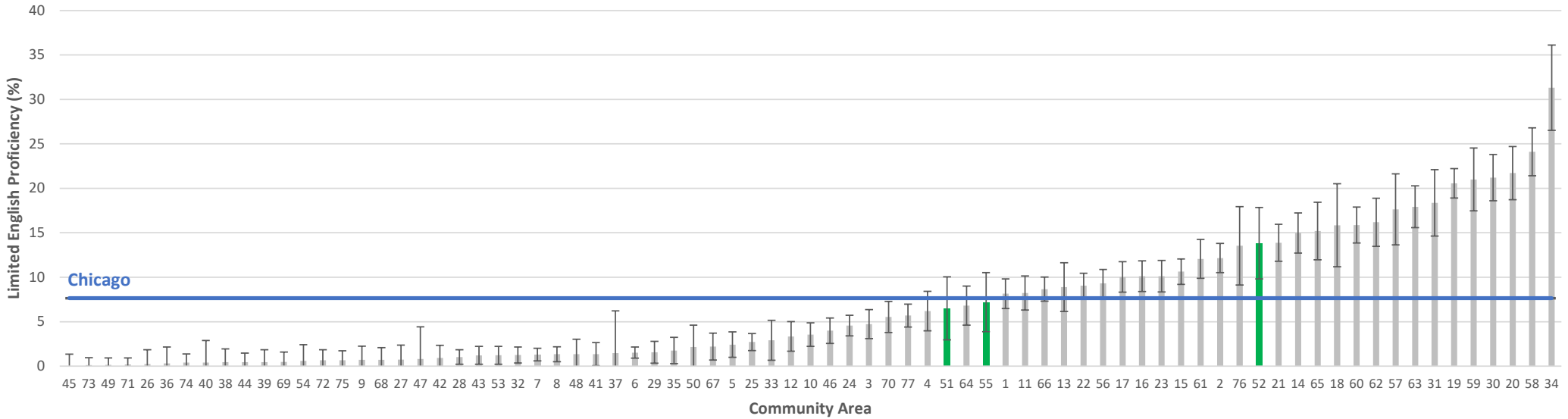


Indicator Definition:
Percent of occupied households in which no member 14 years old and over speaks English "very well."

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B16002); Data curated by Metopio.

Technical Notes:
If a household includes members who self-report being able to speak English "well", but no members reporting "very well", it may still be considered a household with limited English proficiency. The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D126. Percentage of Chicago population aged five years and older with limited English proficiency by community area, 2015-2019

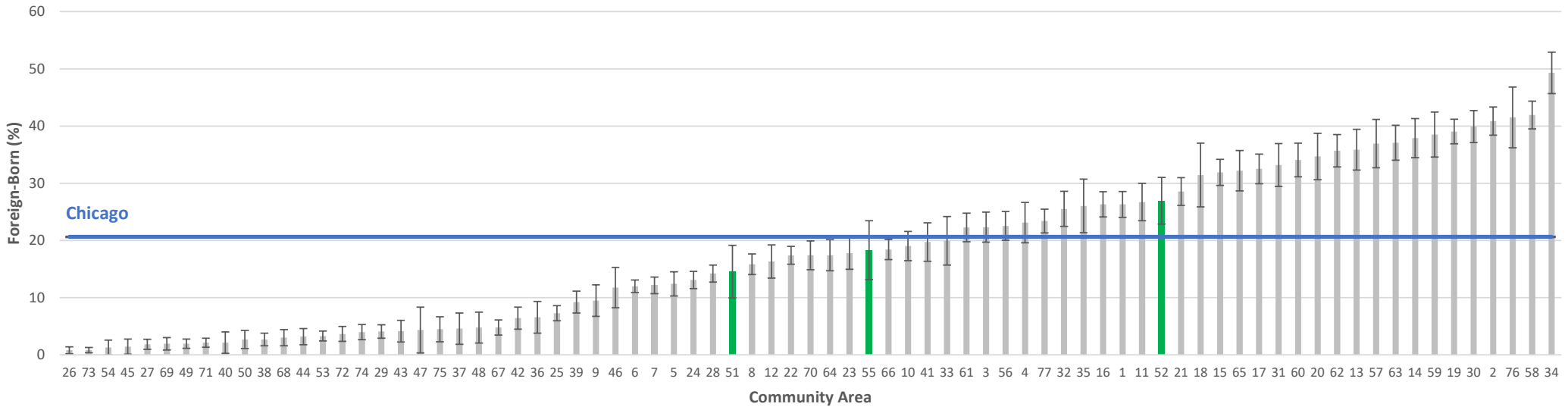


Indicator Definition:
Percentage of residents 5 years and older who do not speak English "very well".

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B16004); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D127. Percentage of Chicago population who are foreign-born by community area, 2015-2019

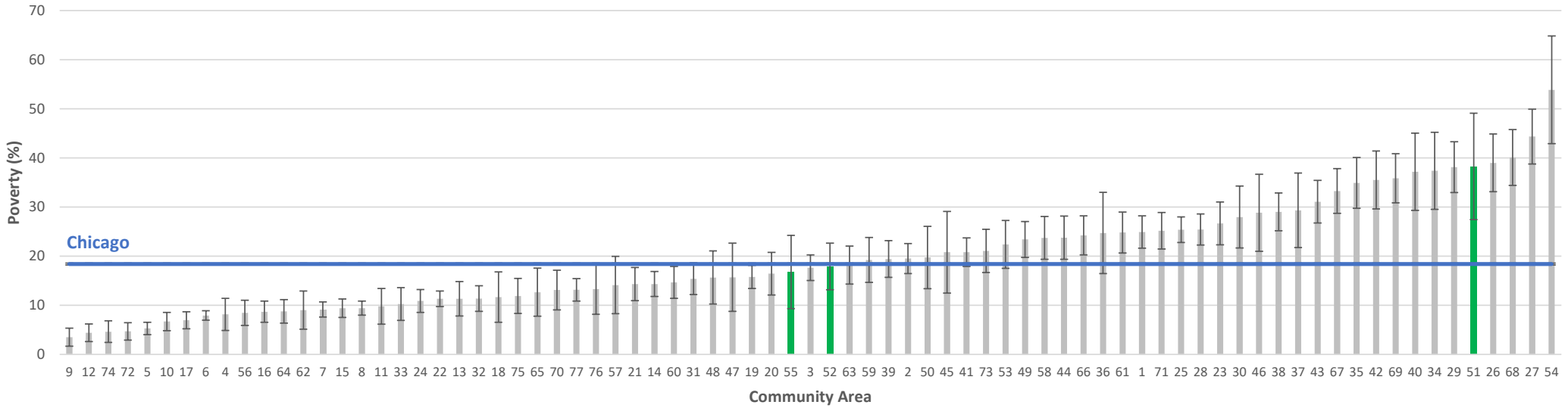


Indicator Definition:
Percent of residents who were not U.S. citizens at the time of birth (includes both naturalized citizens and those who are not currently citizens).

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B05002); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Those born abroad to American citizens are not included here, only those who were not citizens at the time of birth. The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D128. Percentage of Chicago residents in families that are in poverty (below the Federal Poverty Level) by community area, 2015-2019

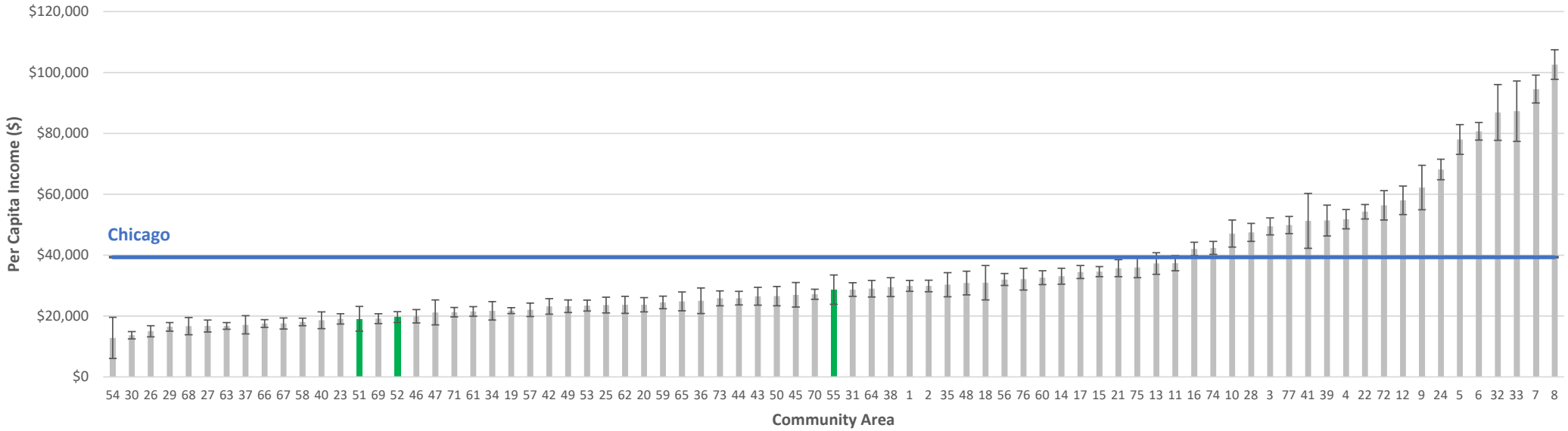


Indicator Definition:
Percent of residents in families that are in poverty (below the Federal Poverty Level).

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B17001); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Based on reported income for the past 12 months, adjusted for inflation.The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D129. Per capita income by Chicago community area, 2015-2019

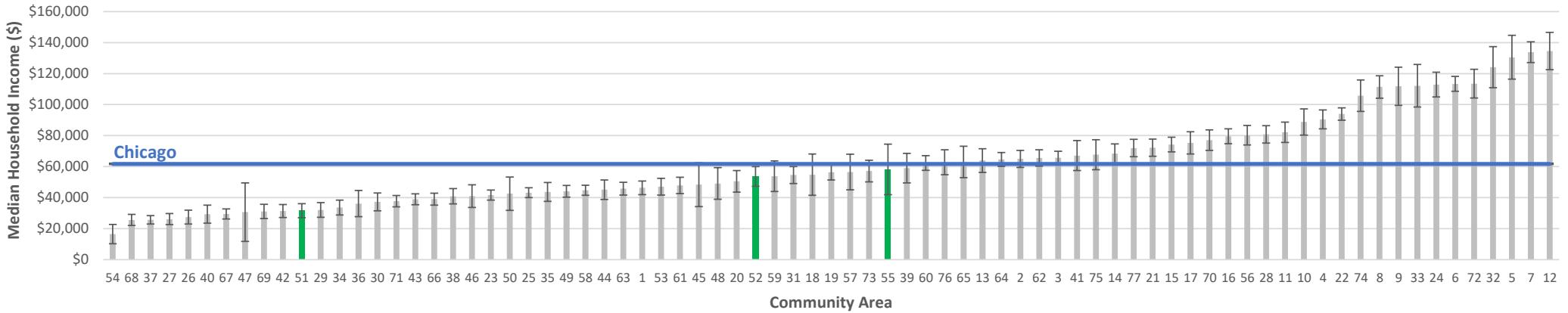


Indicator Definition:
Per capita income is the mean income computed for every man, woman, and child in a particular group including those living in group quarters. It is derived by dividing the aggregate income of a particular group by the total population in that group. This measure is rounded to the nearest whole dollar.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B19013); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Values above $250,000 or below $2,500 are coded as $250,000 or $2,500. Inflation-adjusted to 2021 dollars. The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D130. Median household income by Chicago community area, 2015-2019

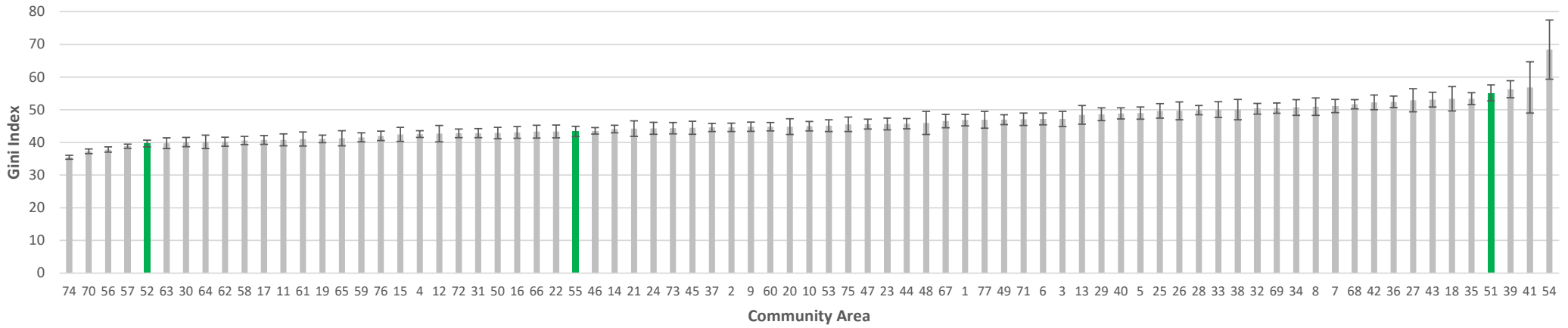


Indicator Definition:
Income in the Past 12 Months - Income of Households: This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. Although the household income statistics cover the past 12 months, the characteristics of individuals and the composition of households refer to the time of interview. Thus, the income of the household does not include amounts received by individuals who were members of the household during all or part of the past 12 months if these individuals no longer resided in the household at the time of interview. Similarly, income amounts reported by individuals who did not reside in the household during the past 12 months but who were members of the household at the time of interview are included. However, the composition of most households was the same during the past 12 months as at the time of interview. The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median. For households and families, the median income is based on the distribution of the total number of households and families including those with no income. The median income for individuals is based on individuals 15 years old and over with income. Median income for households, families, and individuals is computed on the basis of a standard distribution.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B19013); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Values above $250,000 or below $2,500 are coded as $250,000 or $2,500. Inflation-adjusted to 2021 dollars. The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D131. Gini index of income inequality for Chicago by community area, 2015-2019

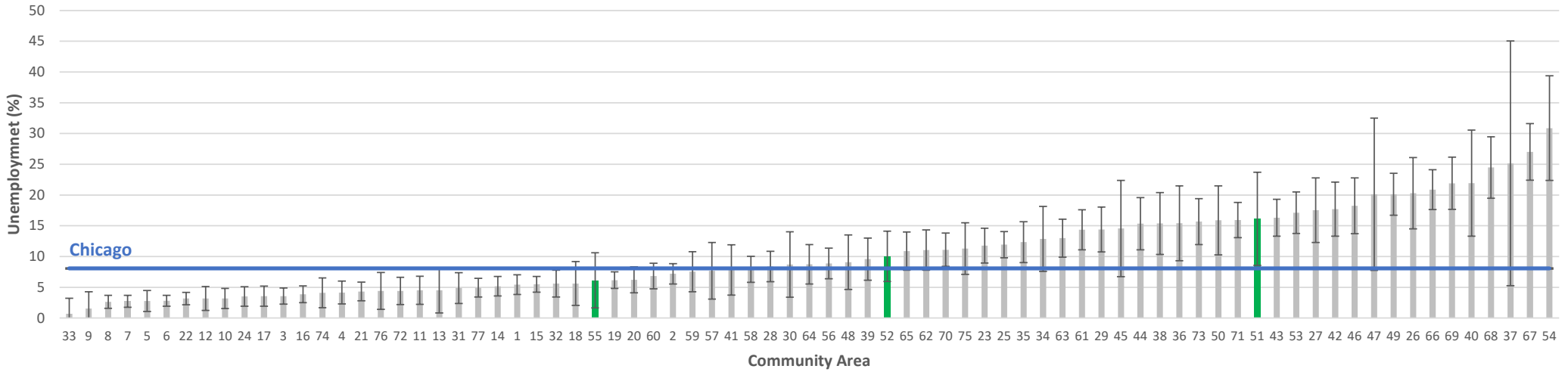


Indicator Definition:
The Gini index measures how much the distribution of income deviates from a fully equal distribution. A value of 0 represents perfect equality (every household has the same income), and a value of 100 represents perfect inequality (one household has all the income).

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B19083); Calculated by Metopio.

Technical Notes:
On a state or national basis, high values of the Gini index are usually perceived as undesirable, because they indicate high income inequality. However, on a very local basis such as Census Tracts or ZIP Codes, high values of the Gini index may be misleading, because a diversity in incomes within the locality could be desirable (for instance, affordable housing units alongside market-rate rentals). In contrast, low values of the Gini index could indicate high levels of income-based segregation such as whole neighborhoods that are entirely poor or wealthy, which could be undesirable. The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D132. Percentage of Chicago residents 16 and older in the civilian labor force who are actively seeking employment by community area, 2015-2019

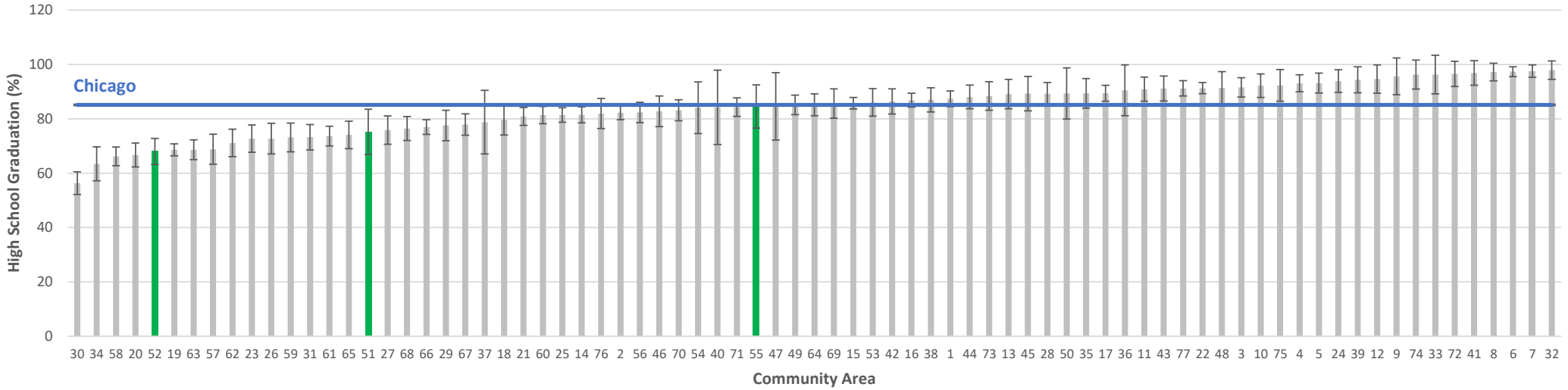


Indicator Definition:
Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Data Source:
United States Census Bureau, American Community Survey (ACS: Tables B23025, B23001, and C23002); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
This is the "simple" or U-3 unemployment rate, similar to the one most commonly cited in the media. Because this unemployment rate comes from Census data, it may differ from the Bureau of Labor Statistics one released each month. Both this rate and the BLS one have been criticized for painting an unduly rosy picture of the labor market by excluding people who have become discouraged and stopped actively looking for jobs and treating temporary and part-time workers who cannot find full-time employment as "employed". Because this Census estimate is an annual or five-year average unemployment rate, it is automatically seasonally adjusted. The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D133. Percentage of Chicago residents 25 or older with at least a high school degree including GED and any higher education by community area, 2015-2019

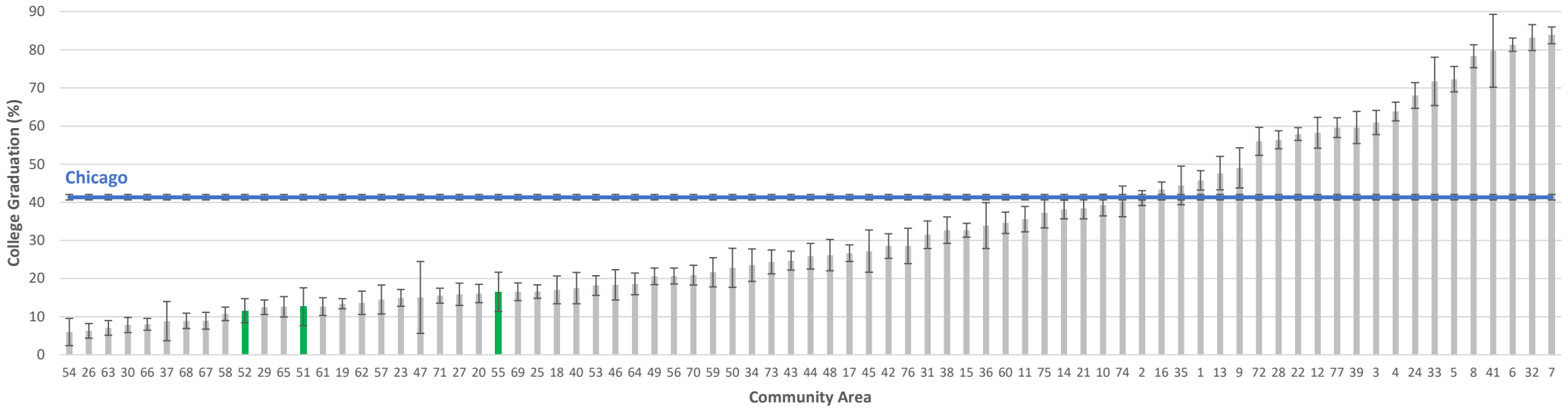


Indicator Definition:
Percent of residents 25 or older with at least a high school degree: including GED and any higher education.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B15002); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D134. Percentage of Chicago residents 25 or older with a four-year college (bachelor's) degree or higher by community area, 2015-2019

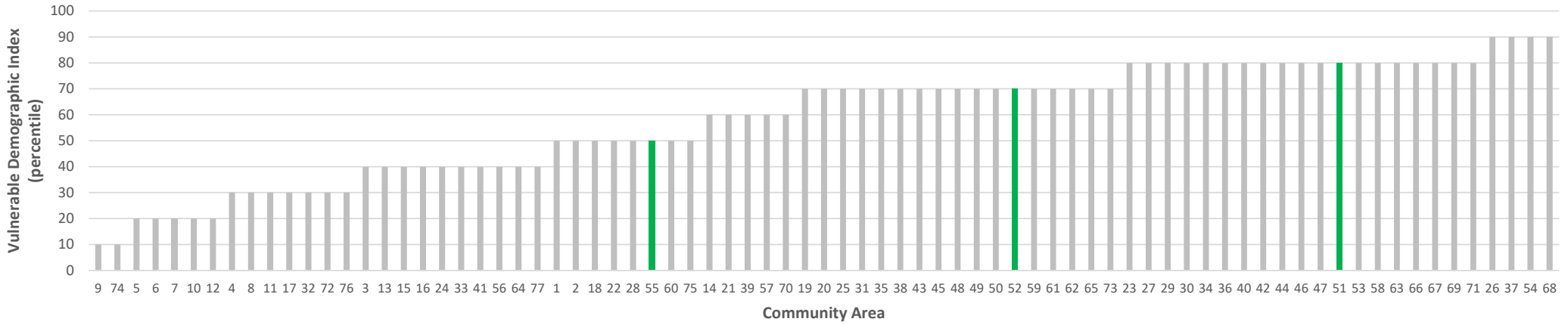


Indicator Definition:
Percent of residents 25 or older with a four-year college (bachelor's) degree or higher.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B15002); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D135. Vulnerable demographic index by Chicago community area, 2013-2017



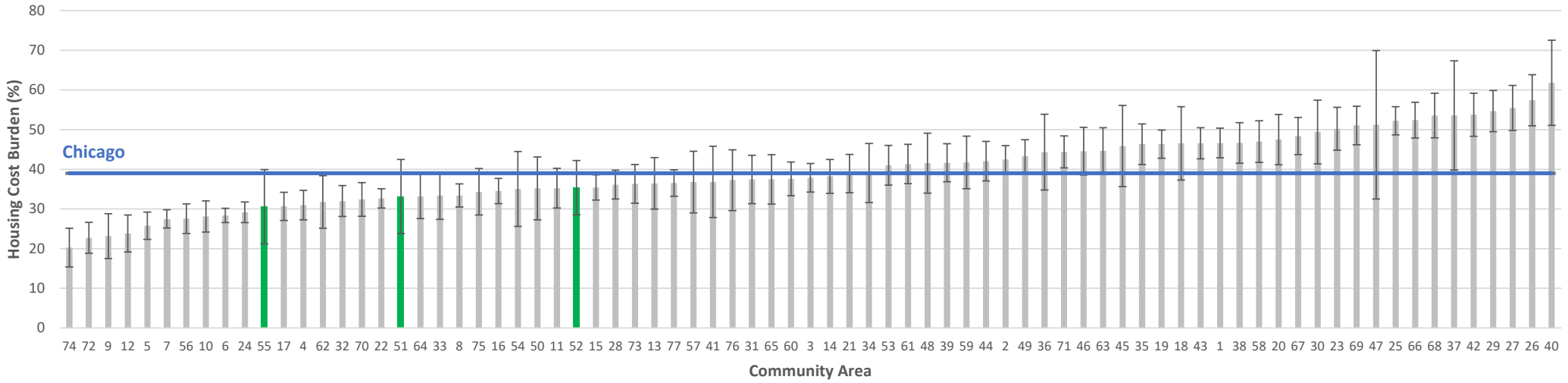
Indicator Definition:
Index of vulnerable populations, a composite of low-income, minority, age <5, age 65+, below high school education, and linguistically isolated individuals. The index is constructed using national statistics as benchmarks, and thus represents the degree to which this area has a higher proportion of vulnerable residents than the nation as a whole. Reported as a percentile rank nationally, where 0 = lowest percentage of vulnerable residents, and 100 = highest percentage of vulnerable residents.

Data Source:
Environmental Protection Agency (EPA) (EJSCREEN); Data curated by Metopio using data downloaded from EJSCREEN. See the technical documentation for EJSCREEN for more information.

Technical Notes:
EJSCREEN uses demographic factors as very general indicators of a community's potential susceptibility to the types of environmental factors included in this screening tool. EJSCREEN has been designed in the context of EPA's EJ policies, including EPA's Final Guidance on Considering Environmental Justice During the Development of an Action (U.S. EPA, 2010). That guidance document explained EPA's focus on demographics as an indicator of potential susceptibility to environmental pollution. There are six demographic indicators in EJSCREEN:

- Percent Low-Income: The percent of a block group's population in households where the household income is less than or equal to twice the federal "poverty level."
- Percent People of Color: The percent of individuals in a block group who list their racial status as a race other than white alone and/or list their ethnicity as Hispanic or Latino. That is, all people other than non-Hispanic white-alone individuals. The word "alone" in this case indicates that the person is of a single race, not multiracial.
- Less than high school education: Percent of people age 25 or older in a block group whose education is short of a high school diploma.
- Linguistic isolation: Percent of people in a block group living in linguistically isolated households. A household in which all members age 14 years and over speak a non-English language and also speak English less than "very well" (have difficulty with English) is linguistically isolated.
- Individuals under age 5: Percent of people in a block group under the age of 5.
- Individuals over age 64: Percent of people in a block group over the age of 64.

D136. Percentage of occupied housing units in Chicago spending more than 30% of income on housing by community area, 2015-2019

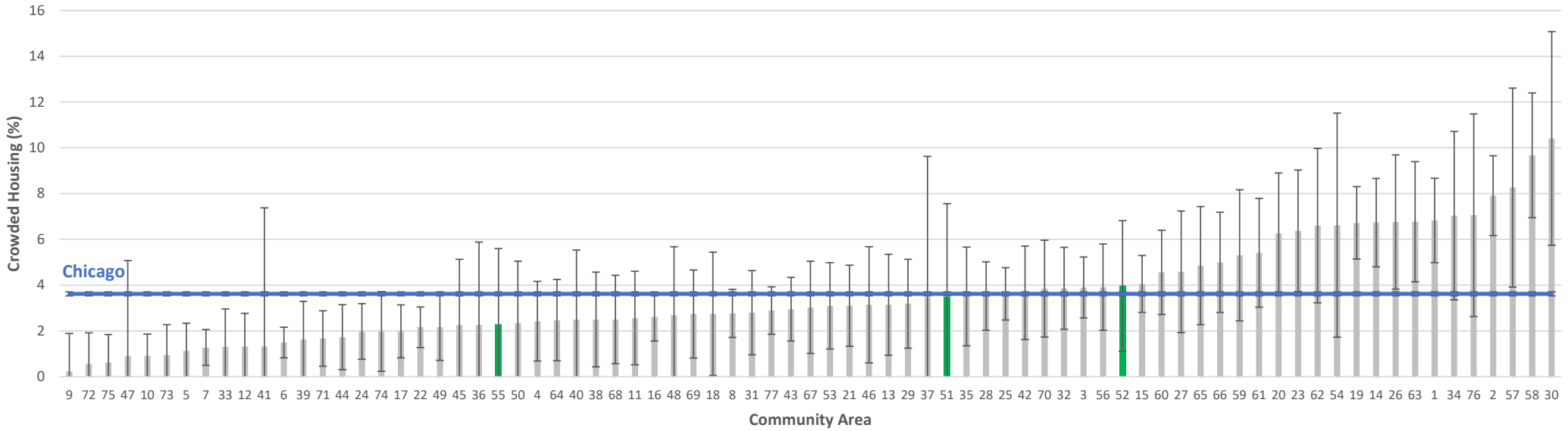


Indicator Definition:
Percent of occupied housing units spending more than 30% of income on housing are considered housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Data Source:
United States Census Bureau, American Community Survey (ACS: Tables B25070/B25091); Data curated by Metopio.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D137. Percentage of occupied housing units in Chicago with more than one occupant per room by community area, 2015-2019

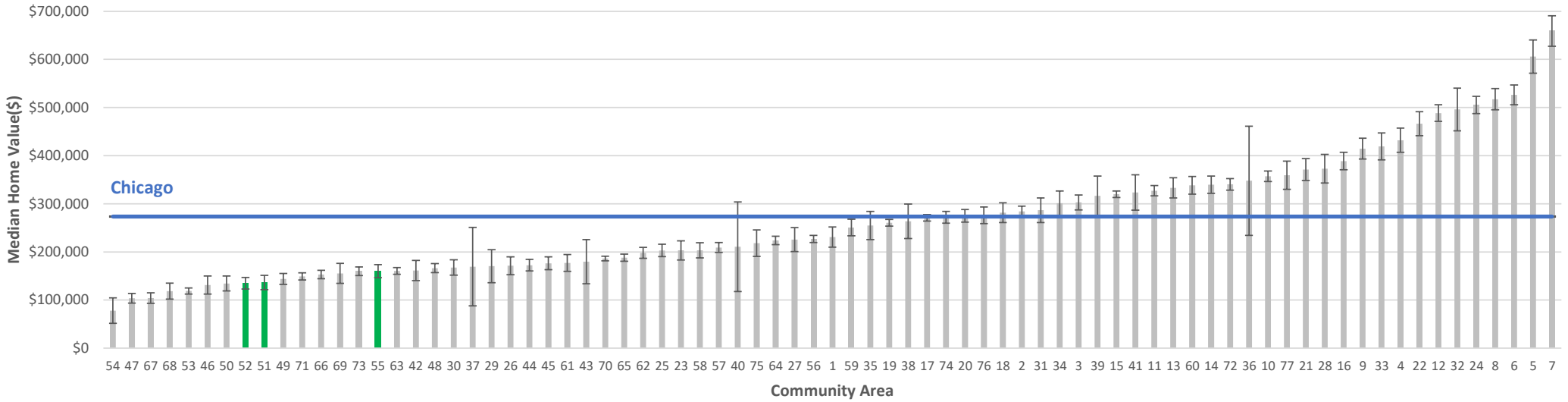


Indicator Definition:
Percent of occupied housing units with more than one occupant per room (e.g. three occupants in a one-bedroom apartment).

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B25014); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D138. Median home value in Chicago by community area, 2015-2019

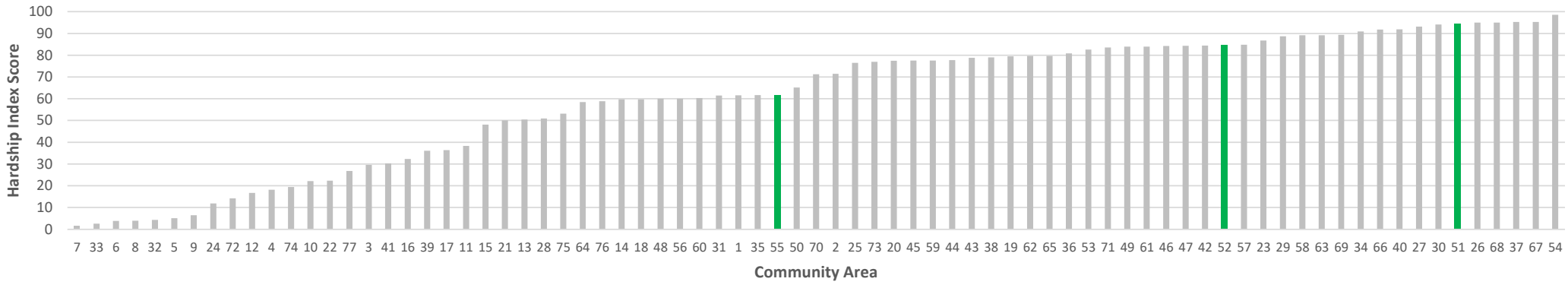


Indicator Definition:
The median is the home value in the middle, if all homes were lined up from least to most valuable. This measure is lower than the average home value because that would be skewed by the most valuable homes.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table B25077); Data curated by Metopio.

Technical Notes:
Owner-occupied housing units. Values above $2,000,000 are coded as $2,000,001. Values are self-reported estimates, not based on property tax assessments or sale prices. Inflation-adjusted to 2021 dollars. The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D139. Hardship Index by Chicago community area, 2015-2019



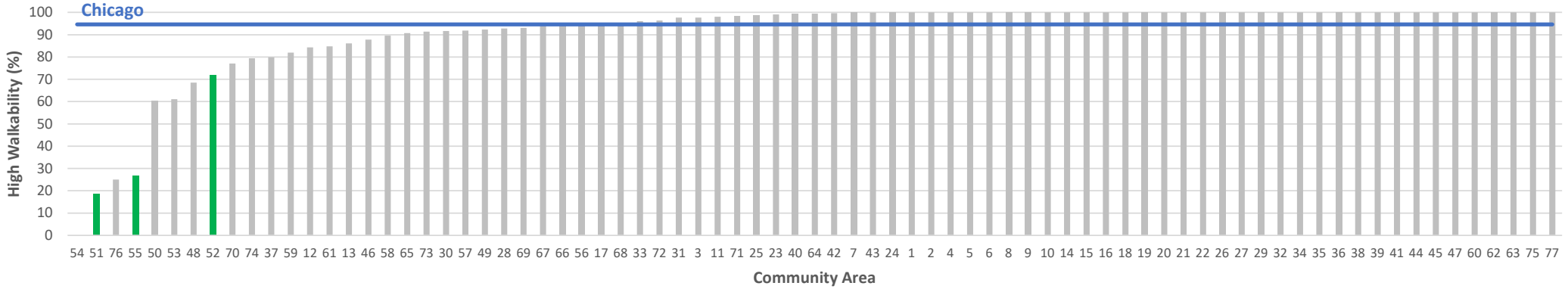
Indicator Definition:
The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes.

Data Source:
United States Census Bureau, American Community Survey; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Scores are standardized from 0 to 100. The population counts and socioeconomic measures used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. In general, data at the Census Tract level will have a higher variance than data at a larger geographic area (e.g. ZIP code or city), though to our knowledge they would not be biased. The Index is evenly scaled from 0 to 100, similar to a rank-ordered list. It does not preserve the ratio between two places, and we cannot say that one place experiences "twice as much hardship" as another place. Instead, compare different places using the constituent indicators. Developed by Richard P. Nathan and Charles F. Adams, Jr. of the Brookings Institution, 1976.

The Hardship Index includes the following indicators:
- Crowded housing (more than one person per room)
- Poverty rate for households
- Unemployment rate
- Adults with a high school degree or equivalent
- Age dependency ratio (% of residents who are <18 or >65 years old, compared to those of working age)
- Per-capita income

D140. Percentage of Chicago residents whose home and workplace locations are within the high walkability layer category by community area, 2015

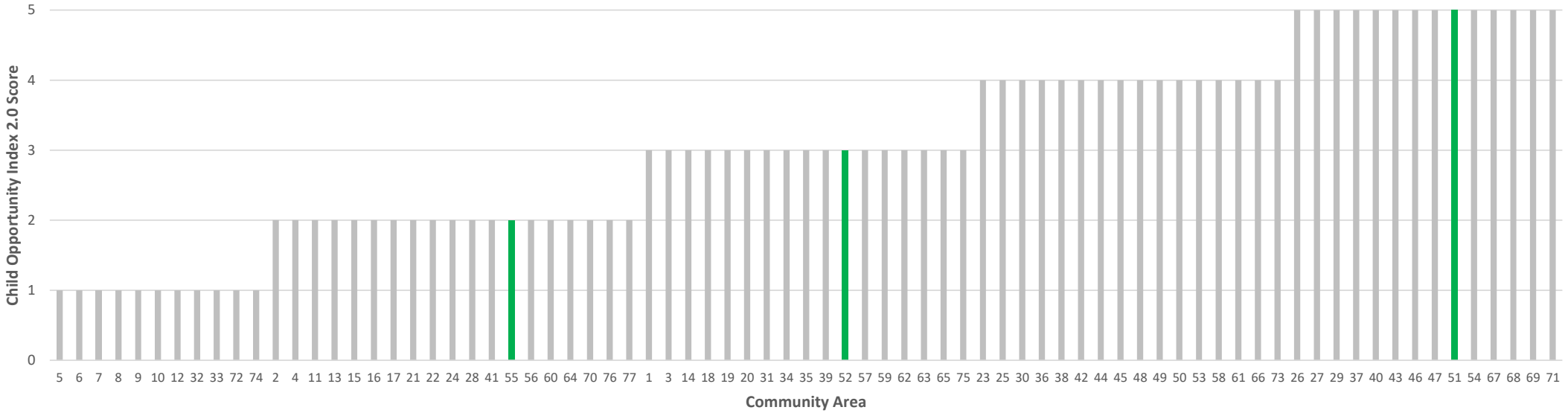


Indicator Definition:
Percentage of residents plus jobs whose home and workplace locations, respectively, are within each Walkability Layer category. The CMAP Walkability Layer is based on several factors: the number of amenities within walking distance; population/employment density; bicycle/pedestrian crashes and fatalities; and physical characteristics (e.g., tree cover, block length). It does not currently account for the presence or absence of sidewalks. To be truly walkable, beyond sidewalks and infrastructure, a community must have destinations to which people want to walk. When a large number of destinations are close to one another and arranged so that residents and visitors can comfortably and conveniently access them on foot, walking becomes a desirable mode of transportation. Some of the destinations that pedestrians should be able to comfortably access on foot include grocery stores, schools, parks and places where people gather, restaurants and retail shopping, civic buildings and places of worship. When these destinations are close to where people live, it becomes convenient to walk to perform basic errands, access everyday goods and services, and engage in community life. These concentrations of destinations typically occur in urban neighborhoods and suburban downtowns. A combination of moderate- to high-density housing, public transit and transportation options, as well as employment opportunities are other key components of walkable neighborhoods. The concentration of people – residents, visitors, employees – provides local businesses with regular customers. When a large number of potential customers either live within walking distance, work nearby, or can easily access the area by bus, bike, or train, there is less need for parking. Large surface parking lots increase the distance between businesses and destinations. People who have several safe, convenient transportation options are more likely to walk to reach nearby destinations.

Data Source:
Chicago Metropolitan Agency for Planning analysis of the 2015 Walkability Layer; Data was extracted from the Community Data Snapshot, Chicago Community Area Series, August 2021 Release by the Chicago Department of Public Health.

Technical Notes:
CMAP conducted an analysis to estimate the walkability of the region based on current infrastructural conditions and access to destinations. While several measures of walkability exist, this analysis borrowed the principles promoted by Jeff Speck that walkability is achieved when four conditions are met simultaneously: the walk is useful (there is a proper reason for walking), the walk is safe and feels safe, the walk is comfortable, and the walk is interesting. Many factors, such as street network design, land development patterns, and streetscaping can be utilized to achieve walkability in these four fields. The four criteria are closely interconnected and not mutually exclusive, as they can share similar strategies that contribute to achieving the goals of multiple categories. This document is an explanation of how CMAP derived the walkability metric.

D141. Child Opportunity Index 2.0 (scored as Very Low = 5, Low = 4, Moderate = 3, High = 2, Very High = 1) by Chicago community area, 2015

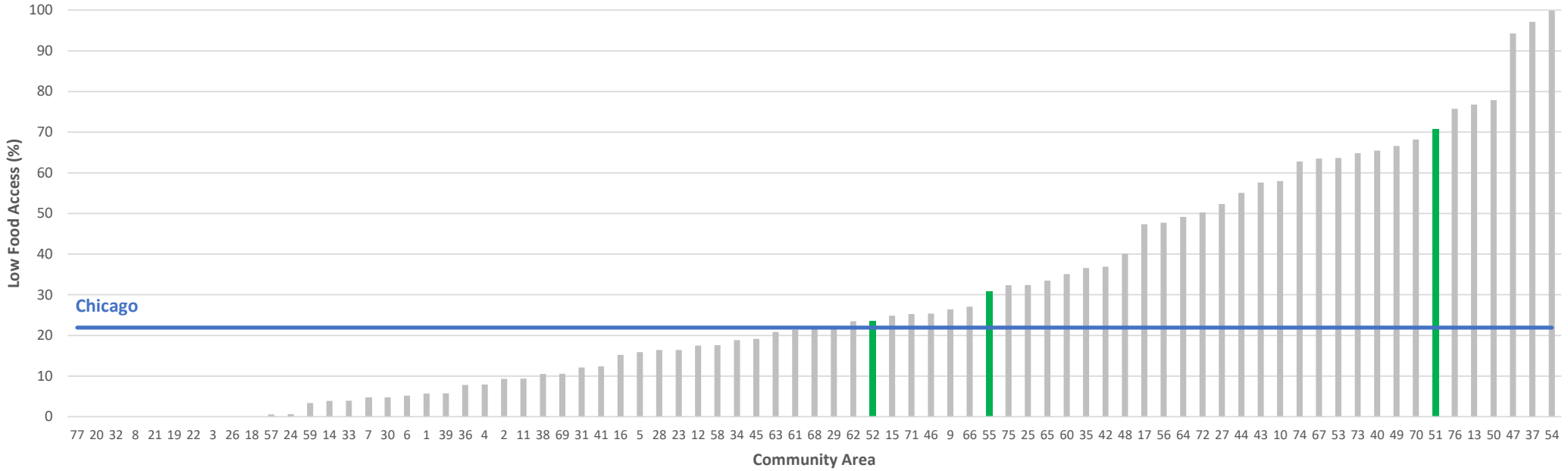


Indicator Definition:
A composite index that captures neighborhood resources and conditions that matter for children's healthy development scored as Very Low (5), Low (4), Moderate (3), High (2), and Very High (1)

Data Source:
Diversitydatakids.org ; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The Child Opportunity Index 2.0 (COI 2.0) is a composite index that captures neighborhood resources and conditions that matter for children's healthy development in a single metric. The index focuses on contemporary features of neighborhoods that are affecting children. It is based on 29 indicators spanning 3 domains: education, health and environment, and social and economic. Four tracts that had missing data on more than 50% of indicators in any of the three domains have no data. COI 2.0 is comprised of indicators measured on different scales, such as counts, percentages or U.S. dollars. To combine these indicators, the raw values of each indicator are standardized using a z-score transformation. Z-scores are aggregated and weighted to achieved domain and overall scores. Scores for census tracts within Chicago were divided into quintiles to group areas as Very Low (5), Low (4), Moderate (3), High (2), and Very High (1).

D142. Percentage of Chicago residents who have low access to food (further than 1/2 mile from the nearest supermarket) by community area, 2019

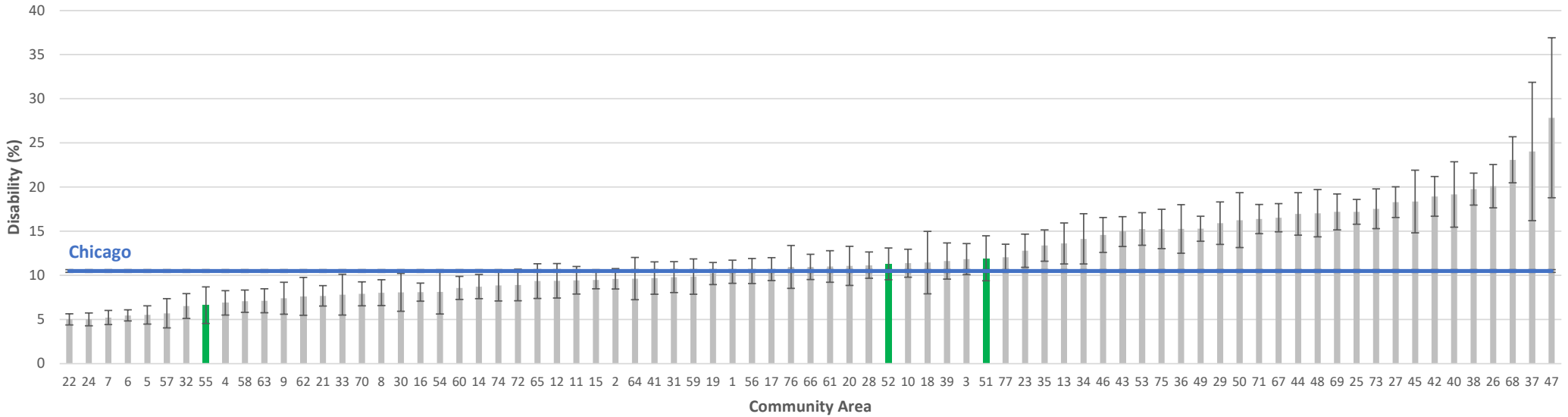


Indicator Definition:
Percent of residents who have low access to food, defined solely by distance: further than 1/2 mile from the nearest supermarket in an urban area, or further than 10 miles in a rural area.

Data Source:
USDA, Economic Research Service, Food Access Research Atlas; Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
The original "Low Access" designation applied to the entire Census tract if >33% of residents, or 500 residents, had low access. This indicator is continuous rather than binary to allow for closer examination, but broadly speaking areas with >33% low food access are the ones officially designated as Low Access. This indicator measures only physical access to food; residents cannot necessarily afford that food. For further documentation, see here.

D143. Percentage of Chicago residents with a disability by community area, 2015-2019

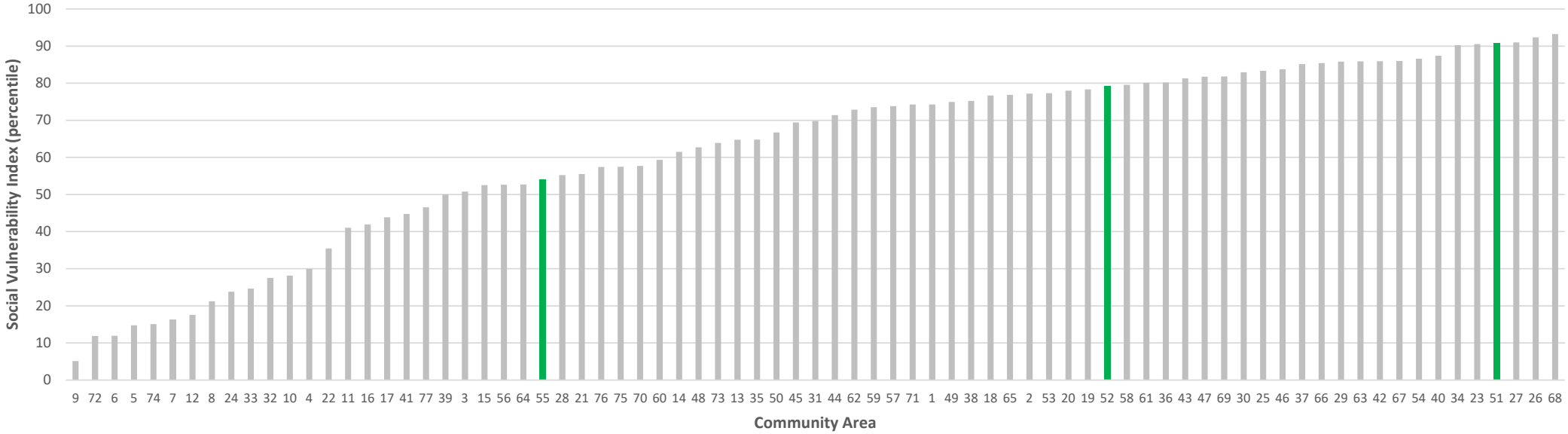


Indicator Definition:
Percent of residents with a disability, defined as one or more sensory disabilities or difficulties with everyday tasks.

Data Source:
United States Census Bureau, American Community Survey (ACS: Table S1810); Data was extracted from the Chicago Health Atlas which has been analyzed and interpreted by the Chicago Department of Public Health Office of Epidemiology.

Technical Notes:
Measuring the concept of disability is complex, and this definition does not necessarily align with self-reported "disabled" status. Instead, it provides an estimate of the percentage of the population who, in the absence of accommodation, may have a disability. The American Community Survey (ACS) uses a series of monthly samples to produce annually updated estimates for the same small areas (census tracts and block groups) formerly surveyed via the decennial census long-form sample. Initially, five years of samples were required to produce these small-area data. Once the Census Bureau, released its first 5-year estimates in December 2010; new small-area statistics now are produced annually. The Census Bureau also will produce 3-year and 1-year data products for larger geographic areas. The ACS includes people living in both housing units (HUs) and group quarters (GQs). The ACS is conducted throughout the United States and in Puerto Rico. For more information on the design and methodology of the American Community Survey, see here. Detailed information about definitions in the American Community Survey can be found here. Though answering the American Community Survey is required by law, it does not have a 100% response rate. Additional technical documentation can be found here. 90% margin of error/confidence intervals, the range in which the true value resides 90% of the time.

D144. Social Vulnerability Index by Chicago community area, 2014-2018



Indicator Definition:
The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability).

Data Source:
Centers for Disease Control and Prevention (CDC) (Agency for Toxic Substances and Disease Registry / Geospatial Research, Analysis, and Services Program); Data extracted from UIC School of Public Health via Metopio.

Technical Notes:
Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or a disease outbreak, or an anthropogenic event such as a harmful chemical spill. The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. ATSDR's Geospatial Research, Analysis & Services Program (GRASP) created Centers for Disease Control and Prevention Social Vulnerability Index (CDC SVI or simply SVI, hereafter) to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event. Metopio multiplied the original SVI by 100 for readability, converting the values from 0 - 1 to 0 - 100. The components of the SVI are grouped into four themes: Socioeconomic, Household Composition & Disability, Minority Status & Language, Housing Type & Transportation. These themes are then combined into the SVI. See more information about the SVI here.