General health status in nine Chicago community areas

HEALTH SNAPSHOT NO.1

Maureen R. Benjamins, Bijou R. Hunt, and Jana L. Hirschtick

eneral health status can be measured in numerous ways, including self-reported health and physically and mentally unhealthy days.¹ Self-reported, or subjective health, is a simple and reliable assessment that predicts future disability, hospitalizations, and overall mortality.²-⁴ Using this measure of health, more than one in ten US adults report being in fair or poor health in general.⁵ Another way to assess overall health is to ask individuals to count the number of days in the past month that their physical or mental health was not good. On average, American adults report 3-4 days per month of poor health for both physical and mental health.⁶ This health snapshot presents general health status findings from the Sinai Community Health Survey 2.0, a community-driven, representative survey of nine communities in Chicago.

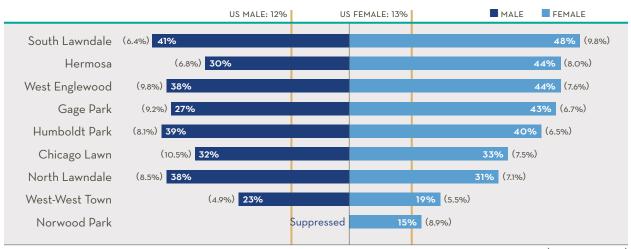
WHICH COMMUNITIES ARE MOST AFFECTED?

- In South Lawndale, 48% of females and 41% of males reported fair or poor health status.
- The average number of physically unhealthy days in the past month was six or more for females in South Lawndale, Hermosa, and Gage Park.

WHO IS MOST AFFECTED?

- Among non-Hispanic Black adults and adults of Puerto Rican or Mexican origin, about one in three reported fair or poor health status.
- Females of Puerto Rican origin had an average of 8.4 physically unhealthy days in the past month.
- The average number of mentally unhealthy days in the past month was five or more for adults of Puerto Rican origin and non-Hispanic White females.

FIGURE 1: Percent reporting fair or poor health status by community area and sex

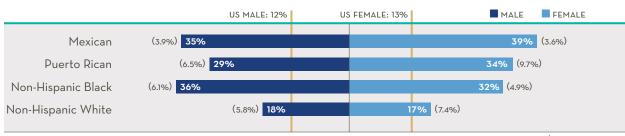


Sampled West Town community area west of Western Avenue only US DATA SOURCE: National Health Interview Survey, 2015 (age-adjusted)

PREVALENCE (STANDARD ERROR)

- The percentage of females reporting fair or poor health status ranged from a high of 48% for females in South Lawndale to a low of 15% for females in Norwood Park.
- The percentage of males reporting fair or poor health status ranged from a high of 41% for males in South Lawndale to a low of 23% for males in west-West Town.

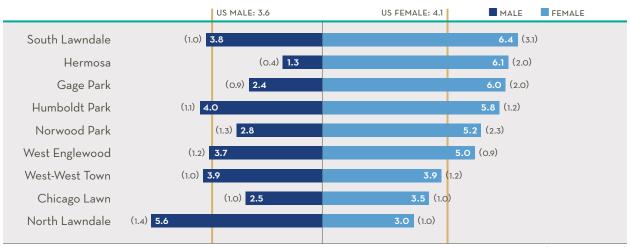
FIGURE 2: Percent reporting fair or poor health status by race/ethnicity and sex



US DATA SOURCE: National Health Interview Survey, 2015 (age-adjusted) Rao-Scott Chi-Square p-value = 0.0960 (males); p = 0.1085 (females) PREVALENCE (STANDARD ERROR)

- The percentage of females reporting fair or poor health status was highest for females of Mexican origin (39%) and lowest for non-Hispanic White females (17%).
- The percentage of males reporting fair or poor health status was highest for non-Hispanic Black males (36%) and lowest for non-Hispanic White males (18%).
- The differences in the percentage reporting fair or poor health status by race/ethnic group were not statistically significant for males or females.

FIGURE 3: Average number of physically unhealthy days in past month by community area and sex

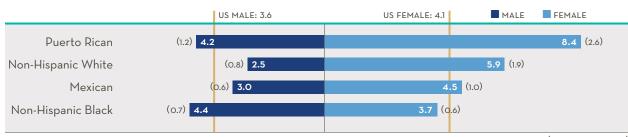


Sampled West Town community area west of Western Avenue only US DATA SOURCE: Behavioral Risk Factor Surveillance System, 2014

AVERAGE (STANDARD ERROR)

- Among females, the average number of physically unhealthy days in the past month ranged from a high of 6.4 days for females in South Lawndale to a low of 3.0 days for females in North Lawndale.
- Among males, the average number of physically unhealthy days in the past month ranged from a high of 5.6 days for males in North Lawndale to a low of 1.3 days for males in Hermosa.

FIGURE 4: Average number of physically unhealthy days in past month by race/ethnicity and sex



US DATA SOURCE: Behavioral Risk Factor Surveillance System, 2014 Adjusted Wald Test p-value = 0.2457 (males); p = 0.2469 (females) AVERAGE (STANDARD ERROR)

- Among females, the average number of physically unhealthy days in the past month was highest for females of Puerto Rican origin (8.4 days) and lowest for non-Hispanic Black females (3.7 days).
- Among males, the average number of physically unhealthy days in the past month was highest for non-Hispanic Black males (4.4 days) and lowest for non-Hispanic White males (2.5 days).
- The differences in the average number of physically unhealthy days in the past month by race/ethnic group were not statistically significant for males or females.

FIGURE 5: Average number of mentally unhealthy days in past month by community area and sex



Sampled West Town community area west of Western Avenue only US data source: Behavioral Risk Factor Surveillance System, 2014 AVERAGE (STANDARD ERROR)

- Among females, the average number of mentally unhealthy days in the past month ranged from a high of 4.7 days for females in South Lawndale to a low of 1.8 days for females in Gage Park.
- Among males, the average number of mentally unhealthy days in the past month ranged from a high of 3.9 days for males in Humboldt Park to a low of 0.6 days for males in Norwood Park.

FIGURE 6: Average number of mentally unhealthy days in past month by race/ethnicity and sex



US data source: Behavioral Risk Factor Surveillance System, 2014 Adjusted Wald Test p-value = 0.3367 (males); p = 0.3751 (females) AVERAGE (STANDARD ERROR)

- Among females, the average number of mentally unhealthy days in the past month was highest for females of Puerto Rican origin (5.7 days) and lowest for females of Mexican origin (2.4 days).
- Among males, the average number of mentally unhealthy days in the past month was highest for males of Puerto Rican origin (5.0 days) and lowest for non-Hispanic Black males (2.0 days).
- The differences in the average number of mentally unhealthy days in the past month by race/ethnic group were not statistically significant for males or females.

ABOUT THE SURVEY

Sinai Urban Health Institute (SUHI) is a unique, nationally-recognized research center on the west side of Chicago. Our mission is to achieve health equity among communities through excellence and innovation in data-driven research, interventions, evaluation, and collaboration. SUHI is a proud member of Sinai Health System. For more information about SUHI, visit www.SUHIChicago.org.

SUHI designed and conducted the Sinai Community Health Survey 2.0 in partnership with our Community Advisory Committee and The University of Illinois at Chicago Survey Research Laboratory (SRL). SRL administered surveys face-to-face in both English and Spanish to randomly selected households from each of the nine surveyed communities. Interviewers randomly selected up to two adults (18 and over) per household. Data collection took place between March 2015 and September 2016 with a final sample size of 1,543 adults. Survey results are representative at the community area level for all communities with the exception of West Town, which was sampled west of Western Avenue only. More information about the survey is available at www.SinaiSurvey.org.

DEFINITIONS

Fair or poor health status was defined as responding either 'fair' or 'poor' when asked whether, in general, your health is excellent, very good, good, fair, or poor.

Number of physically unhealthy days was defined as the number of days during the past 30 days in which your physical health was poor.

Number of mentally unhealthy days was defined as the number of days during the past 30 days in which your mental health was poor.

METHODS

We used sampling weights to compute statistical estimates to ensure (1) the estimates accounted for the differential probability of the selection of respondents; and (2) the demographic profile of survey respondents matched the community area demographic profiles from the 2010–2014 American Community Survey. The Rao-Scott Chi-Square test and Adjusted Wald Test were used to test for statistical differences by race/ethnic group and sex. Findings were suppressed when the number of observations was less than five.

REFERENCES

- 1. General health status. HealthyPeople.gov Web site. https://www.healthypeople.gov/2020/about/foundation-health-measures/general-Health-Status. Accessed December 20, 2016.
- 2. Idler E, Benyamini Y. Self-rated health and mortality: A review of 28 studies. J Health Soc Behav. 1997; 38(1): 21-37.
- 3. Gold M, Franks P, Erickson P. Assessing the health of the nation. The predictive validity of a preference-based measure and self-rated health. *Med Cαre*. 1996; 34(2): 163-177.
- 4. Idler EL, Kasl SV. Self-ratings of health: Do they also predict change in functional ability? *J Gerontol B Psychol Sci Soc Sci.* 1995; 50B: S344-S353.
- 5. Blackwell DL, Villarroel MA. Tables of summary health statistics for U.S. adults: 2015 National Health Interview Survey. National Center for Health Statistics. 2016. http://www.cdc.gov/nchs/nhis/SHS/tables.htm.
- 6. Zack MM. Health-related quality of life-United States, 2006 and 2010. MMWR Suppl. 2013; 62(3): 105-111.



