



# Post-traumatic stress disorder in nine Chicago community areas

HEALTH SNAPSHOT NO.7

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

**P**ost-traumatic stress disorder (PTSD) is an intense, recurrent emotional response to a traumatic incident, with symptoms such as reliving the event through flashbacks and nightmares, avoidance, and increased arousal.<sup>1</sup> PTSD can be triggered by a number of adverse life events, including abuse, physical or sexual assault, and combat exposure.<sup>2</sup> Over the course of a lifetime, about 7% of adults in the US experience PTSD.<sup>3</sup> Individuals with PTSD often have additional mental and physical health issues such as anxiety and substance use disorders,<sup>4</sup> and obesity and diabetes.<sup>5</sup> This health snapshot presents PTSD 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 the neighboring communities of west-West Town and Humboldt Park, at least one in ten adults had been diagnosed with PTSD.
- At least one in four females in Humboldt Park and North Lawndale had current PTSD symptoms.

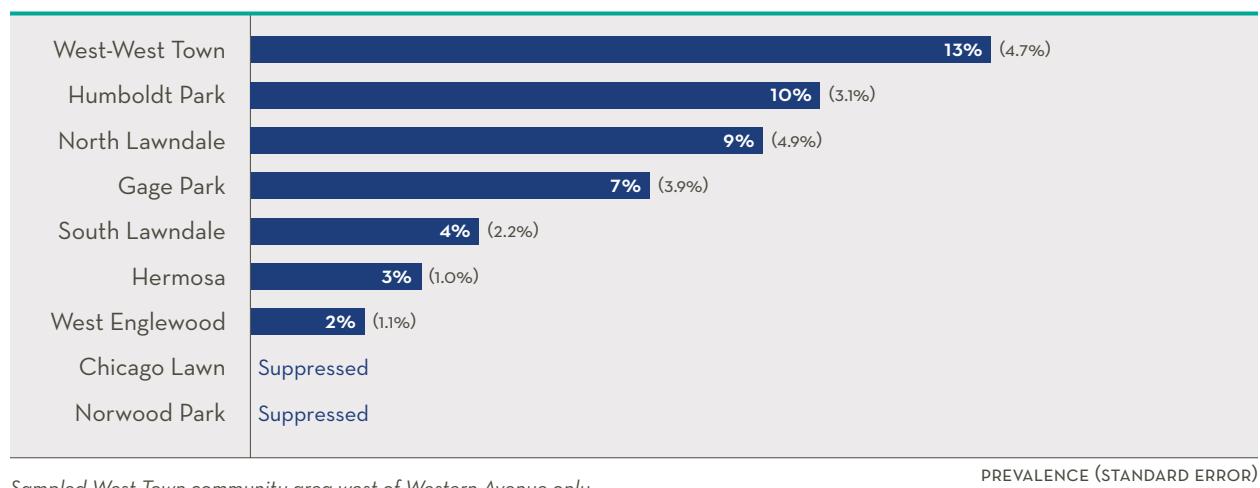
### WHO IS MOST AFFECTED?

- Among adults of Puerto Rican origin, about one in six had been diagnosed with PTSD and one in three had current PTSD symptoms.
- About one in five non-Hispanic Black adults had current PTSD symptoms.

---

**FIGURE 1: Prevalence of diagnosed post-traumatic stress disorder by community area**

---



*Sampled West Town community area west of Western Avenue only  
No national comparison data available*

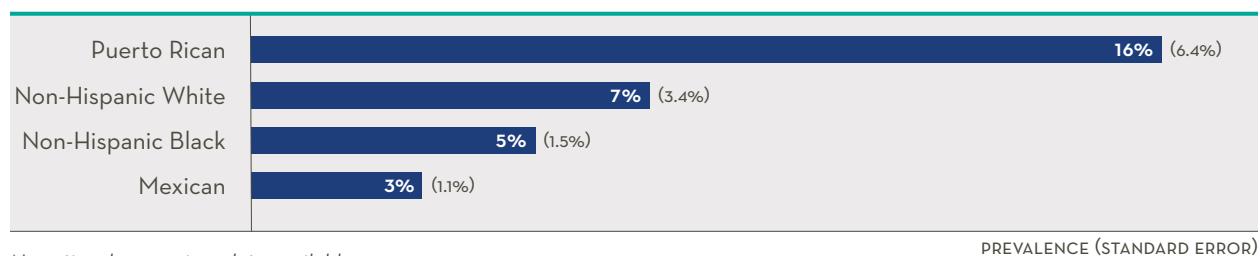
PREVALENCE (STANDARD ERROR)

- The prevalence of diagnosed PTSD ranged from a high of 13% in west-West Town to a low of 2% in West Englewood.
- In west-West Town and Humboldt Park, at least one in ten adults had been diagnosed with PTSD.

---

**FIGURE 2: Prevalence of diagnosed post-traumatic stress disorder by race/ethnicity**

---

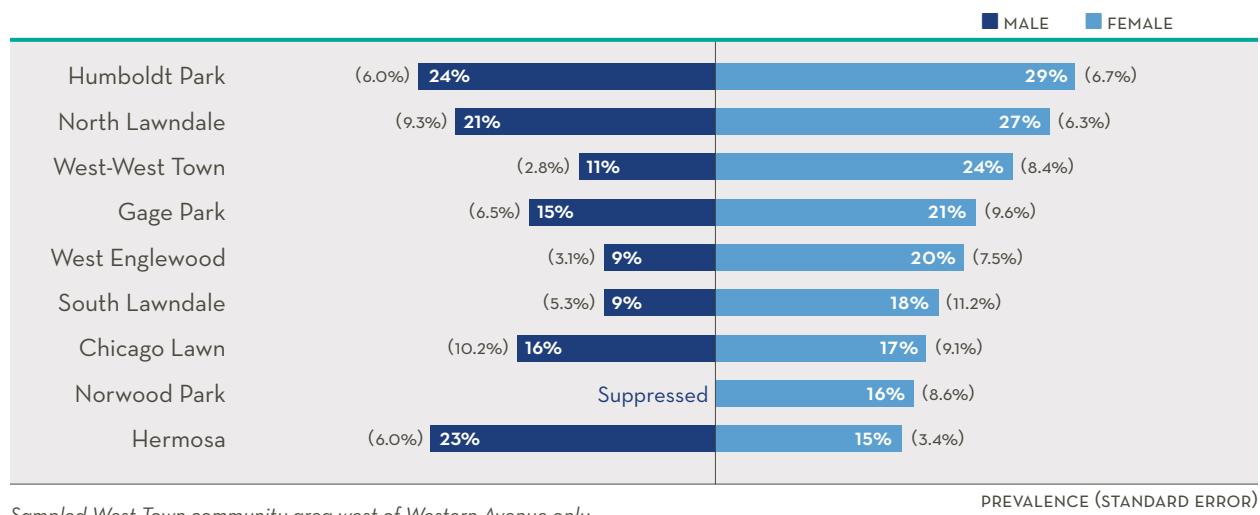


*No national comparison data available  
Rao-Scott Chi-Square p-value = 0.0237*

PREVALENCE (STANDARD ERROR)

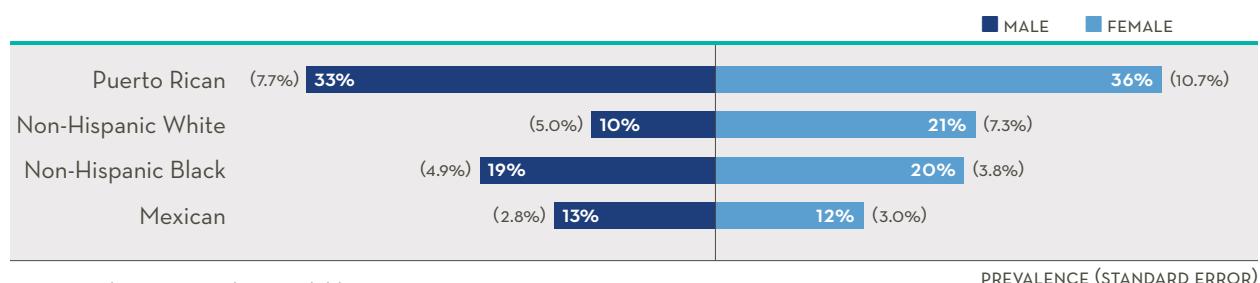
- There was a statistically significant difference in the prevalence of diagnosed PTSD by race/ethnic group, which was highest for adults of Puerto Rican origin (16%) and lowest for adults of Mexican origin (3%).
- About one in six adults of Puerto Rican origin had been diagnosed with PTSD.

**FIGURE 3: Prevalence of current post-traumatic stress disorder symptoms by community area and sex**



- Among females, the prevalence of current PTSD symptoms ranged from a high of 29% for females in Humboldt Park to a low of 15% for females in Hermosa.
- Among males, the prevalence of current PTSD symptoms ranged from a high of 24% for males in Humboldt Park to a low of 9% for males in West Englewood and South Lawndale.

**FIGURE 4: Prevalence of current post-traumatic stress disorder symptoms by race/ethnicity and sex**



- Among females, the prevalence of current PTSD symptoms was highest for females of Puerto Rican origin (36%) and lowest for females of Mexican origin (12%).
- Among males, the prevalence of current PTSD symptoms was highest for males of Puerto Rican origin (33%) and lowest for non-Hispanic White males (10%).
- These differences in the prevalence of current PTSD symptoms 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](http://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](http://www.SinaiSurvey.org).

## DEFINITIONS

*Diagnosed PTSD* was defined as having ever been told by a doctor, nurse, or other health professional that you had post-traumatic stress disorder.

*The presence of current PTSD symptoms* was defined as scoring at least 14 out of 30 on the six-item Post-Traumatic Stress Disorder Scale-Civilian (PCL-C-6).<sup>6</sup> If one scale item was missing, the mean value from the five answered items was imputed to calculate a score. A score was not calculated for respondents with two or more missing scale items.

## 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 was used to test for statistical differences by race/ethnic group overall or by sex, as appropriate. Findings were suppressed when the number of observations was less than five.

---

## REFERENCES

1. Coping with a traumatic event. Centers for Disease Control and prevention. <https://www.cdc.gov/masstruma/factsheets/public/coping.pdf>. Accessed January 19, 2017.
2. Post-traumatic stress disorder: Risk factors. Mayo Clinic. <http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/basics/risk-factors/con-20022540>. Accessed January 19, 2017.
3. Kessler RC, Berglund P, Demler O, et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005; 62: 593-602.
4. Kessler RC, Sonnega A, Bromet E, et al. Posttraumatic stress disorder in the National Comorbidity Survey. *Arch Gen Psychiatry*. 1995; 52: 1048-1060.
5. Farr OM, Ko B-J, Joung KE, et al. Posttraumatic stress disorder, alone or additively with early life adversity, is associated with obesity and cardiometabolic risk. *Nutr Metab Cardiovasc Dis*. 2015; 25(5): 479-488.
6. Ruggiero KJ, Del Ben K, Scotti JR, Rabalais AE. Psychometric properties of the PTSD Checklist—Civilian version. *J Trauma Stress*. 2003; 16(5): 495-502.

