

# Healthy Chicago Spotlight: Healthy Kids



**When children have the opportunity and resources to be healthy, they are more likely to grow into healthy adults.**

Chicago has made considerable progress over the past several years improving the health and well-being of our children. In fact, since 2010, the youth smoking rate has decreased by 20%, and the teen birth rate by almost 40%.

Even with this progress, challenges remain. This report provides the latest information on the health of Chicago's youth and identifies lingering health inequities – meaning children in certain neighborhoods and communities face worse health outcomes when compared to their peers from other neighborhoods.

Last year, Mayor Rahm Emanuel, the Chicago Department of Public Health (CDPH) and community partners launched Healthy Chicago 2.0, a citywide plan providing more than 200 action steps to improve health equity. This latest report builds on that plan, providing new data on the health and well-being of Chicago's children across five key areas. Mayor Emanuel has called for a series of town hall meetings to discuss this report and discuss new policies the City of Chicago can champion to improve opportunities for children, especially those in neighborhoods facing the greatest need.



Improving Homes



Empowering Parents



Promoting Vaccines



Reducing Obesity



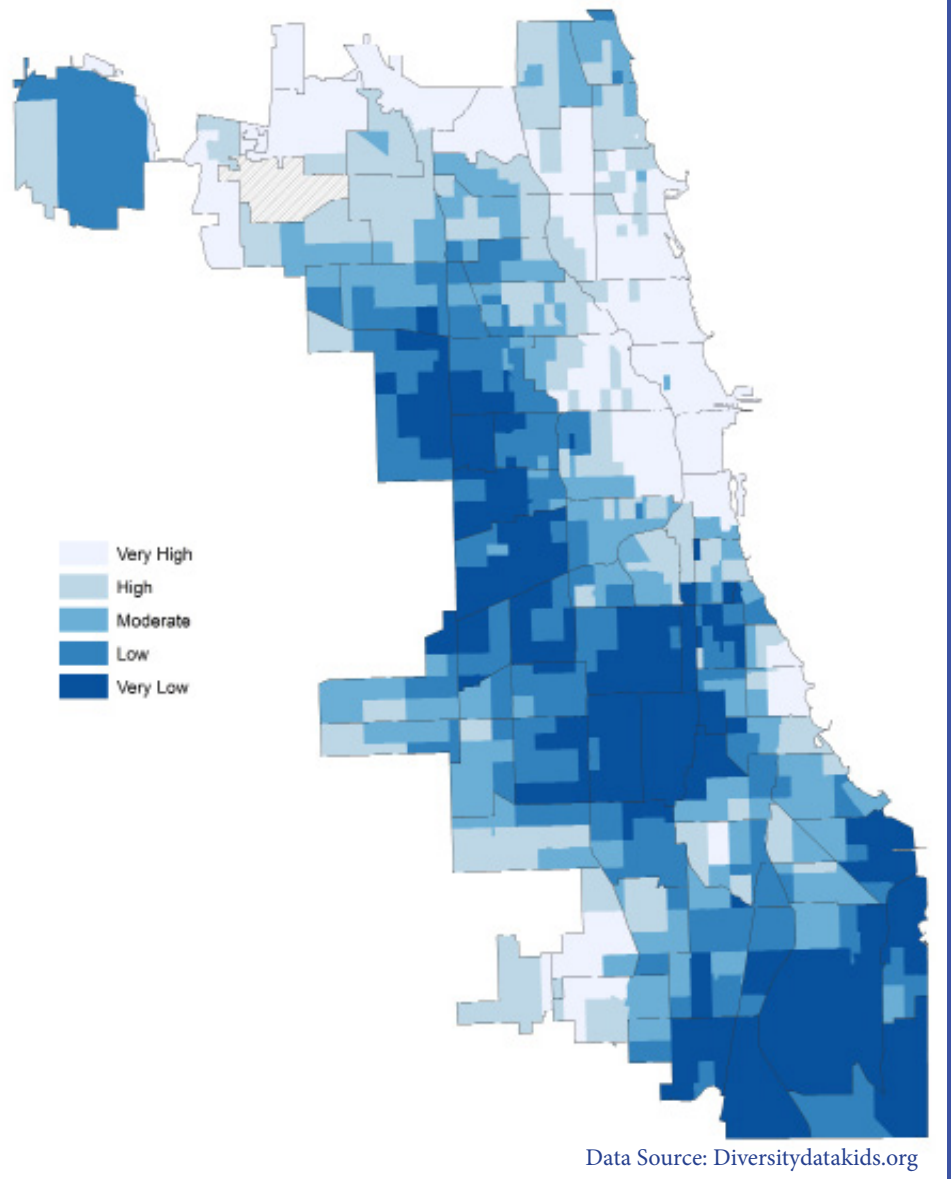
Mitigating Trauma

# Child Opportunity Index

The citywide Healthy Chicago 2.0 plan to improve health equity prioritizes the health and well-being of Chicago's children. To help identify the neighborhoods most in need of targeted supports and resources, CDPH applied the child opportunity index.

This index measures community characteristics that influence a child's health and development. These features are organized into three overarching domains of opportunity: educational, health and environmental, and social and economic. All of these factors are combined into a relative, composite measure of overall opportunity for children living within a particular community. This new spotlight report takes that work a step farther, by providing a more detailed picture of child health across five key areas. By addressing these areas we can improve health for all of Chicago's children – but in particular for children growing up in communities with lower opportunity.

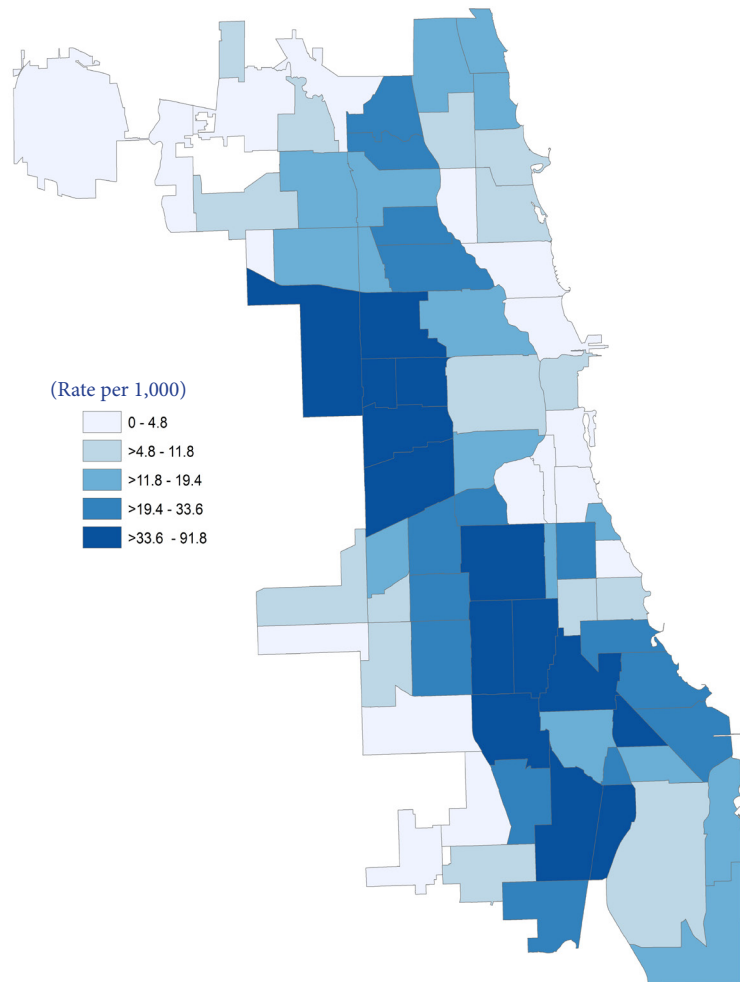
Child Opportunity by census tract, 2014



# Improving Homes

Health begins in the home. By ensuring every home is free of health hazards, we can help more young people grow up in a safe, healthy environment. As recently as the 1990s, one in four Chicago children had a blood lead level of 10 micrograms per deciliter or more, then the level of concern according to the Centers for Disease Control and Prevention (CDC). Following a citywide effort led by CDPH, those numbers have dropped to less than one child out of 100. Even still, one case is too many. Furthermore, children in neighborhoods with very low child opportunity are almost five times more likely to have lead exposure than those in high opportunity areas. For instance, in 2014, Englewood had a lead exposure rate 46 times higher than Lincoln Park. Knowing that the overwhelming majority of lead exposure occurs because of home-based hazards, CDPH dispatches trained inspectors to homes of children with elevated blood levels to help identify and remedy those hazards. CDPH is testing a predictive model to target homes that are more likely to present hazards to young children. By better focusing our efforts, we can further bring down the rates of lead exposure, asthma and other home-related diseases so the next generation of Chicagoans can grow up healthy.

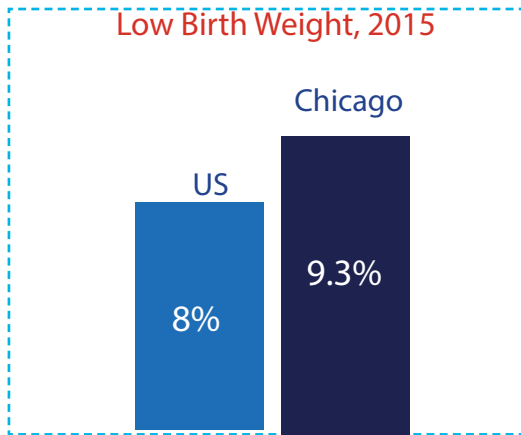
## Elevated blood lead levels among children by community area, 2015



Data Source: CDPH Lead Poisoning Prevention Program.

Healthy Chicago 2.0 Target:  
Reduce the percentage of lead-exposed children living in very low childhood opportunity areas by 10% annually.

# Empowering Parents

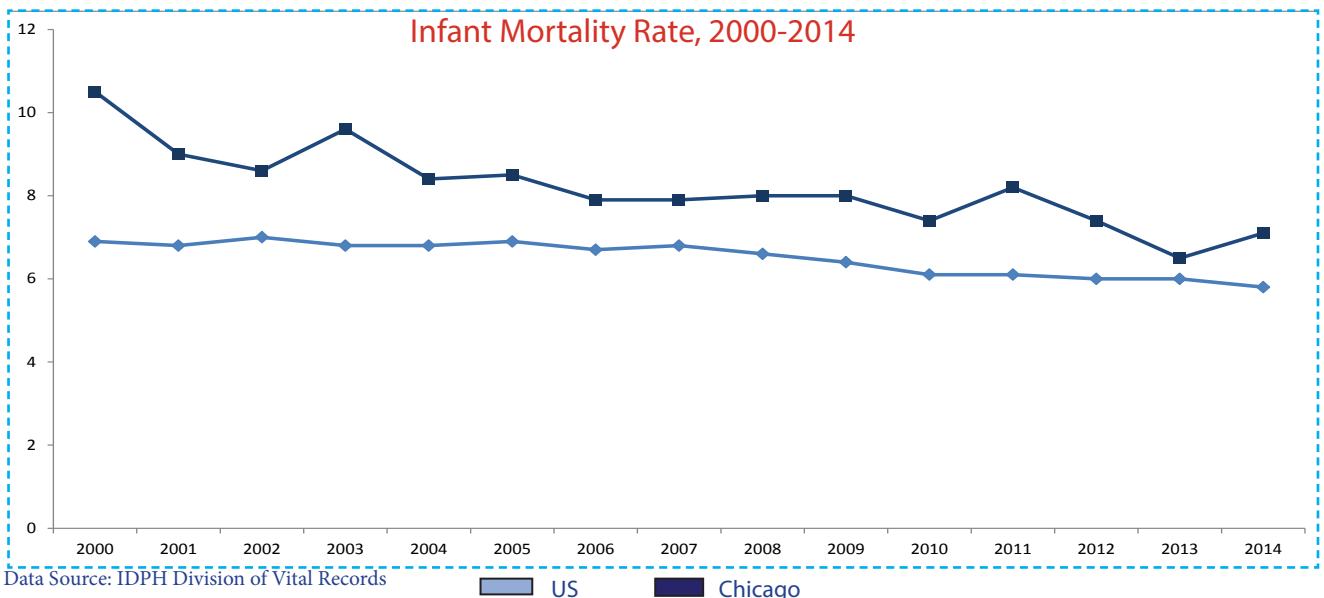


Data Source: IDPH Division of Vital Records

As a city, we must do all we can to prepare and support parents and guardians, including encouraging family-friendly employment practices. In 2016, Mayor Emanuel's Working Families Task Force issued recommendations to strengthen protections for workers and their families. This led to the passage of the city's first paid sick leave law. The new law ensures workers can earn at least five days of sick time from their employer, meaning parents will no longer be forced to choose between caring for a sick child and keeping their job. Building on this success, we can identify additional ways to empower working families and help them better support their children. Increased paid parental leave is one option as it is associated with fewer depressive symptoms among mothers, as well as increased immunization rates and reduced mortality rates among infants.

**Healthy Chicago 2.0 Target:**  
Reduce Infant mortality in high hardship communities by 10%

Chicago has a higher infant mortality rate than the national average, and although we have seen a reduction in infant mortality rates citywide since 2000, there is still work to be done. Neighborhoods including Washington Heights, Chatham and Garfield Park have infant mortality rates that are more than double the city average, and infants in Chicago have a higher chance of being born at a low birth-weight, leading to higher rates of medical complications later in life. Supporting families with paid sick leave and parental leave represents a commitment on the part of the city to enact policies that put families first.



Data Source: IDPH Division of Vital Records

US Chicago

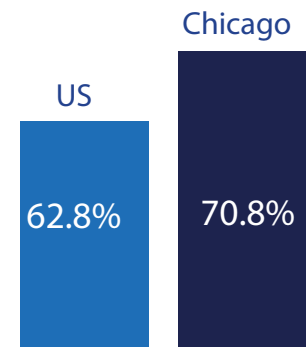


# Promoting Vaccines

In order to grow into healthy adults, children and adolescents must have access to vaccines that will help protect them from diseases. CDPH provides nearly 1 million vaccines to approximately 500,000 children every year either directly or through clinical partners, at no cost to families. Illinois law requires children to be vaccinated against Hepatitis B, Diphtheria/Tetanus/Pertussis (DTaP, Tdap), Haemophilus influenzae B, Pneumococcal disease, Polio, Measles/Mumps/Rubella (MMR), Varicella, Meningococcal disease (MCV4) before starting certain grades in school. Additionally, CDPH provides between 6,000 and 8,000 influenza vaccines every year through more than 70 free flu clinics.

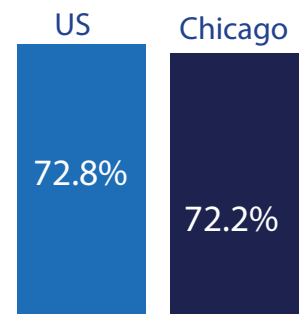
Two years ago, CDPH was recognized by the CDC for the unprecedented increase in HPV vaccinations following a targeted public education and provider outreach campaign that is now used as a national model. As a result of these efforts, in 2015, over 70% of 13-15 year old children received at least one dose of HPV vaccination, well over the national average of 62%. This progress means fewer instances of cervical and other cancers that HPV can cause. Even still, these numbers are below the Healthy People 2020 goal of 80%. In 2016, the CDC invested additional funding in CDPH's efforts to further increase HPV vaccination coverage. CDPH is currently working with partners to identify additional funding to increase HPV coverage rates.

## HPV Vaccination Coverage among 13-17 year olds, 2015



Data Source: National Immunization Survey

## Vaccine Series Coverage Among Children 19-35 months., 2015



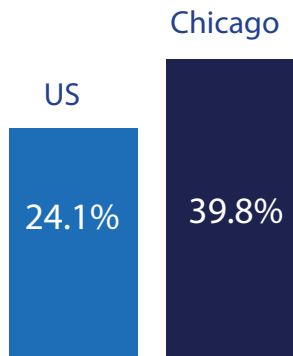
Data Source: National Immunization Survey

**Healthy Chicago 2.0 Target:**  
Increase the percentage of adolescent females that are vaccinated against HPV to 80%.



# Reducing Obesity

## Kindergartners who are obese or overweight, 2015-2016\*

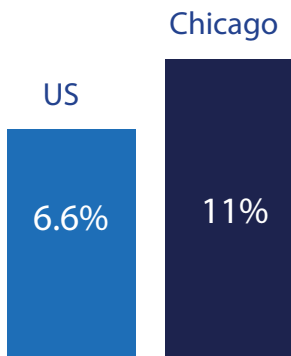


Data Source: Chicago Public Schools, US is 2005-2010

Obesity continues to be a challenge for cities and states across the nation, as more young people become overweight or obese. In Chicago, the rate of public school kindergartners who are overweight or obese is almost 40%. This is substantially higher than the national rate of 24%.

In Chicago, severe racial disparities exist. Latino kindergartners are 28% more likely to enter school overweight than non-Hispanic white children. Latino and African American youth are also more likely to engage in unhealthy behaviors related to obesity, including increased rates of soda consumption and decreased rates of physical activity and produce consumption.

## Students who did not eat any vegetables in 7 days, 2013



Data Source: Chicago Public Schools

To help reduce rates of obesity, CDPH has worked directly with the Chicago Public Schools (CPS) to increase physical activity and nutritious eating among children, including standardizing the physical education curriculum, guaranteeing recess at all schools, improving nutritional standards for breakfast and lunch meals and launching programs like PlayStreets to ensure children in targeted neighborhoods have opportunities to engage in physical activity outside of the school year. Even with these ongoing initiatives, there is more work to push back against this dangerous, national trend.

**Healthy Chicago 2.0 Target:**  
Decrease the percentage of CPS kindergartners who are obese by 5%.



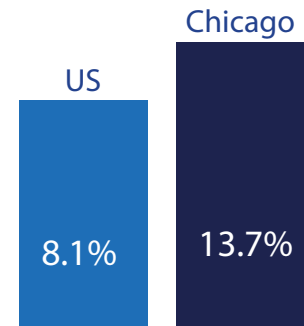


# Mitigating Trauma

Children exposed to traumatic events can face increased health issues, both physical and behavioral, their entire lives. A subset of Chicago neighborhoods continues to grapple with gun violence and homicide, and children from those neighborhoods are more likely to engage in school fights or face suspension. They are also more likely to do poorly in school, resulting in lowered graduation rates. To overcome these trends, we must work to mitigate the impact of trauma young people are facing while also identifying new opportunities to prevent the violence from occurring in the first place.

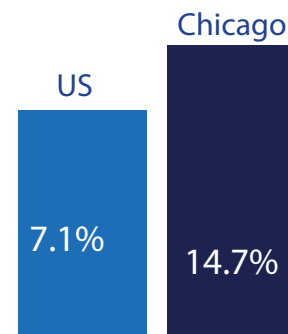
In 2016, the U.S. Department of Health and Human Services awarded \$5 million to CDPH to launch a new Resiliency in Communities After Stress and Trauma (ReCAST) Institute that will deliver trauma-informed training in neighborhoods disproportionately impacted by gun violence, helping families and residents better understand and deal with trauma. CPS received a companion grant to increase services in the classroom. These efforts will build on work already underway by CDPH and CPS to both prevent violence and mitigate its impact. Even with these additional investments, there remain new opportunities for other city agencies and partners to help reduce trauma in Chicago's children.

High school students who were in a physical fight at school at least once in the past year, 2013



Data Source: Youth Risk Factor Behavioral Surveillance System

High school students who missed school due to safety concerns at least once in the past month, 2013



Data Source: Youth Risk Factor Behavioral Surveillance System

## Healthy Chicago 2.0 Target:

City agencies and community-based organizations are trained and understand the impact that violence and trauma has on individuals and communities.



The numbers are clear. When it comes to the health of children, we have made real progress in Chicago, but there is still more work to be done. For more information on the town hall meetings or to join Healthy Chicago 2.0 efforts, please email [healthychicago2.0@cityofchicago.org](mailto:healthychicago2.0@cityofchicago.org).