

August 2019

Healthy Chicago **databook**

Older Adult Health



CENTER FOR COMMUNITY HEALTH EQUITY

DEPAUL UNIVERSITY RUSH UNIVERSITY

Executive Summary

An age-friendly city is a place where all residents have a full capacity to lead long and healthy lives, where health inequities—or disparities that are avoidable, unnecessary, and unfair—are not accepted.

This report provides rich new data on the health of older adults—defined as those age 65 years and older—in the city of Chicago. Drawing on the Healthy Chicago Survey, the American Community Survey, Hospital Discharge Data, State Vital Records, and other data sources, we describe the population profile and root cause conditions for older adults:

- The older adult population in Chicago is diverse and increasing in size. One quarter of older adults are 80 years or older.
- Overall, 16% of older adults live below the Federal Poverty Level and 25% live in areas of high economic hardship. Almost half of Chicago’s older adults would not be able to afford an unexpected \$400 emergency expense.
- Older adults report a high level of neighborhood belonging and a large majority perceive their neighborhoods to be safe. However, non-Hispanic black older adults are least likely to feel safe compared to other racial and ethnic groups.

We observed many positive aspects of health for Chicago’s older adults:

- Over 90% of older adults had a routine checkup in the past year, and 96% of older adults report having a personal health care provider. These rates did not differ by gender or race/ethnicity.
- Almost 90% of older adults report that they were able to get the care they needed.
- Rates of screening for breast cancer and colorectal cancer reveal no differences by race/ethnicity.
- Less than 10% of older adults report having difficulty accessing fresh fruits and vegetables.

Chicago’s older adults also face important health challenges:

- Inequities in life expectancy persist in older age. Once they reach age 65, Latinx and non-Hispanic white older adults are expected to live over 2.5 years longer than non-Hispanic black older adults.
- Rates of preventable hospitalization are highest among non-Hispanic black older adults, with a rate that is 1.6 times the rate among non-Hispanic white older adults.
- Older adults are less likely to be physically active compared to adults age 18–64 years. Older women are more likely to be physically inactive compared to men.
- Significant variation exists by race/ethnicity in receiving needed care and health care satisfaction, with Latinx and non-Hispanic black older adults being less likely to report receiving the care they needed compared to non-Hispanic white older adults. Non-Hispanic white older adults were more likely to report being very satisfied with the healthcare they received compared to Latinx older adults.



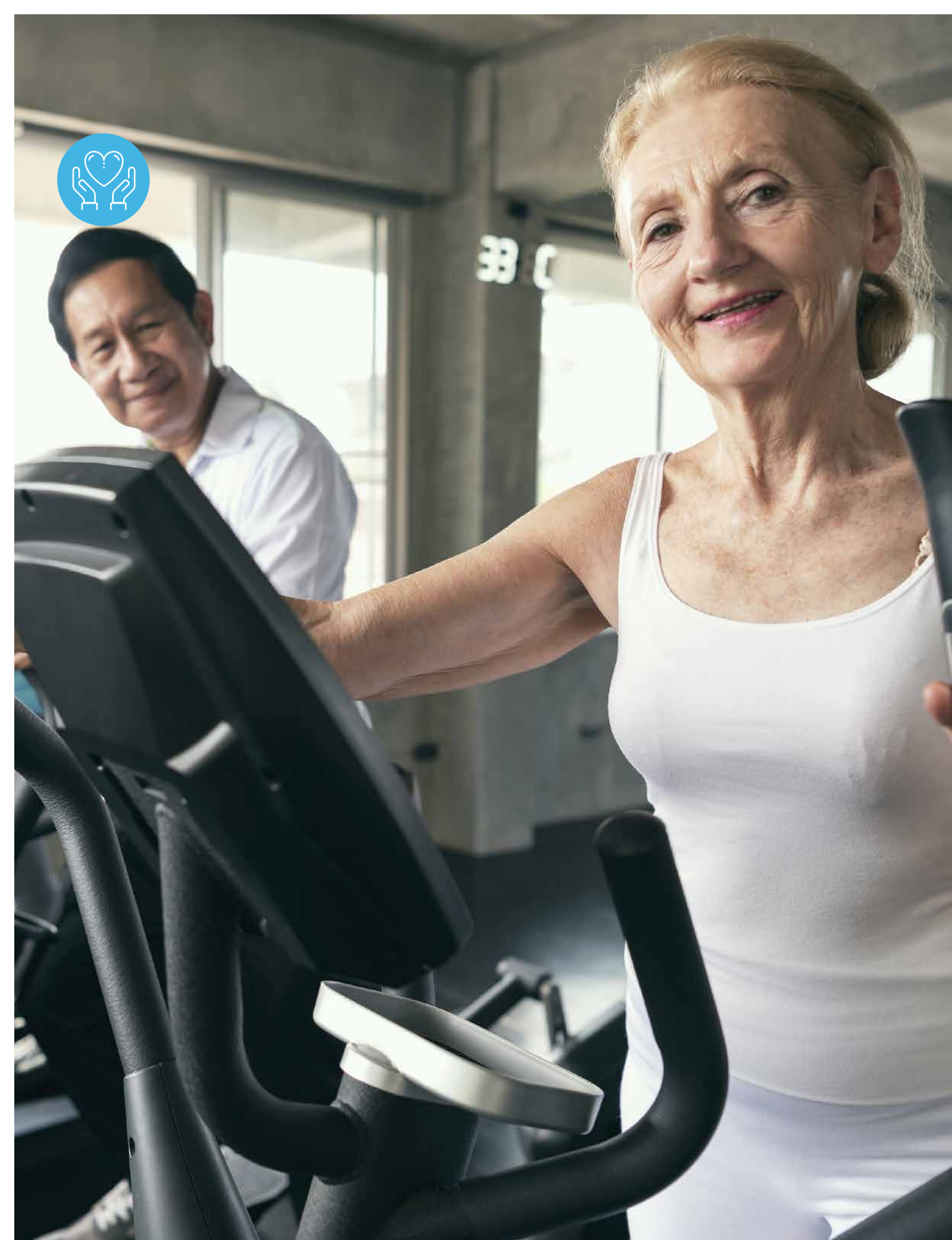


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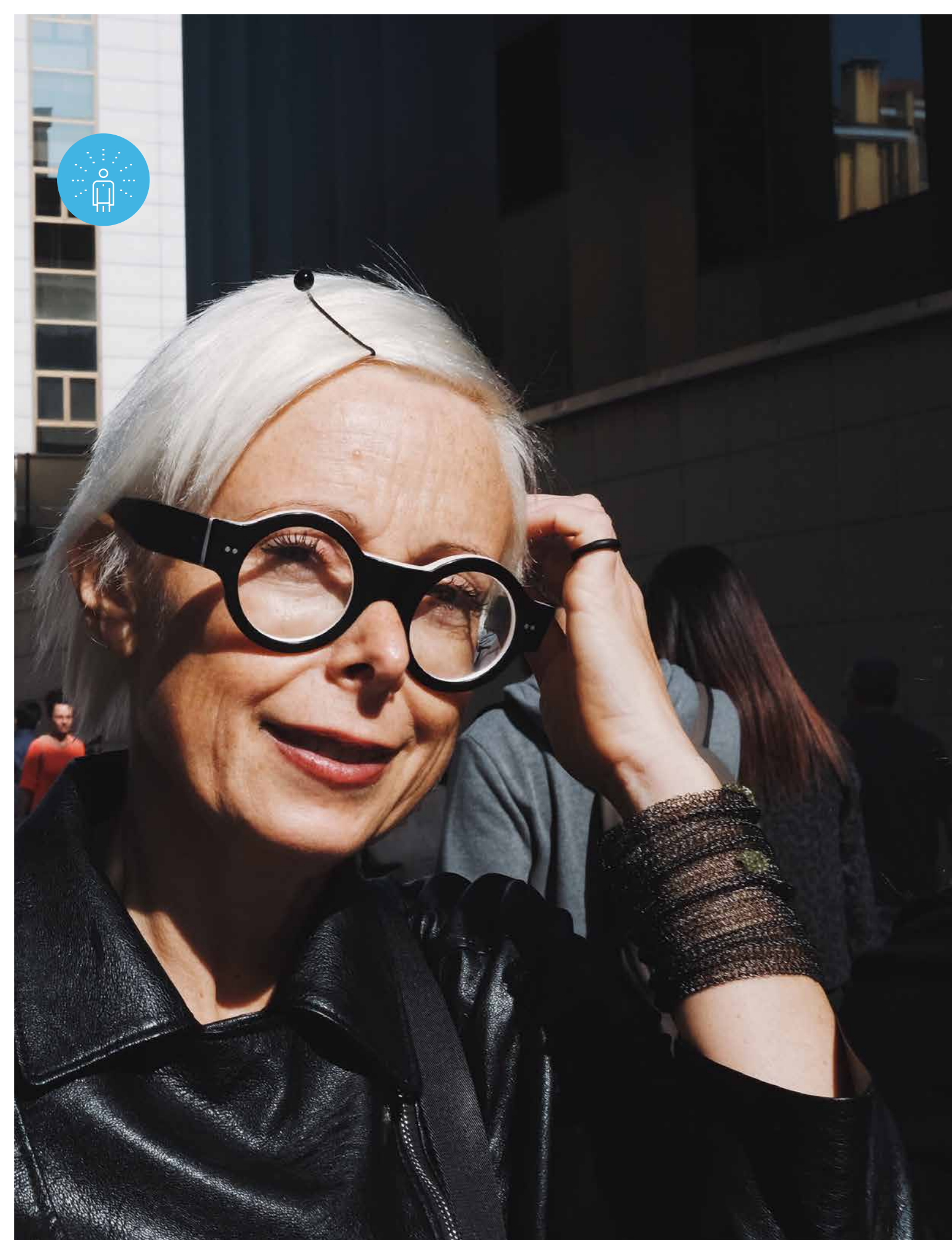
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Introduction

Chicago Department of Public Health Introduction

Dear Partners,

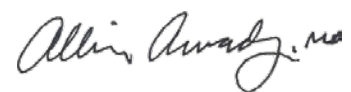
Chicago, along with the rest of the United States, is aging. In 2016, there were more than 300,000 adults over the age of 65 living in Chicago, and this number is expected to grow. As Chicagoans continue to live longer, the City of Chicago is committed to supporting aging residents to live healthy lives.

In this report, the Chicago Department of Public Health (CDPH) presents, for the first time, comprehensive data on the overall health of older adults in Chicago. These data will support [Healthy Chicago 2.0](#), the citywide plan to improve health equity, by characterizing the older adult population in Chicago and identifying where health inequities exist. To achieve this, we analyze health outcomes among older adults by race/ethnicity and gender, and compare outcomes among older adults to Chicago adults overall. By utilizing a range of data sources, CDPH is able to report on an array of health metrics, including root causes of health, health status, access to care, behavioral health, chronic disease and injury. Data describing sexual health among older adults in Chicago were most recently published as a special section in CDPH's 2018 [HIV/STI Surveillance Report](#).

While this report provides important new insights into older adult health, CDPH also acknowledges that there are gaps in our current data. Many topics vitally important to older adults—such as dementia, access to prescription medication, and caregiving—are not available through our current data sources. CDPH is committed to finding additional resources and opportunities to measure those gaps. We also need to learn more about what is causing the health challenges that our report illuminates.

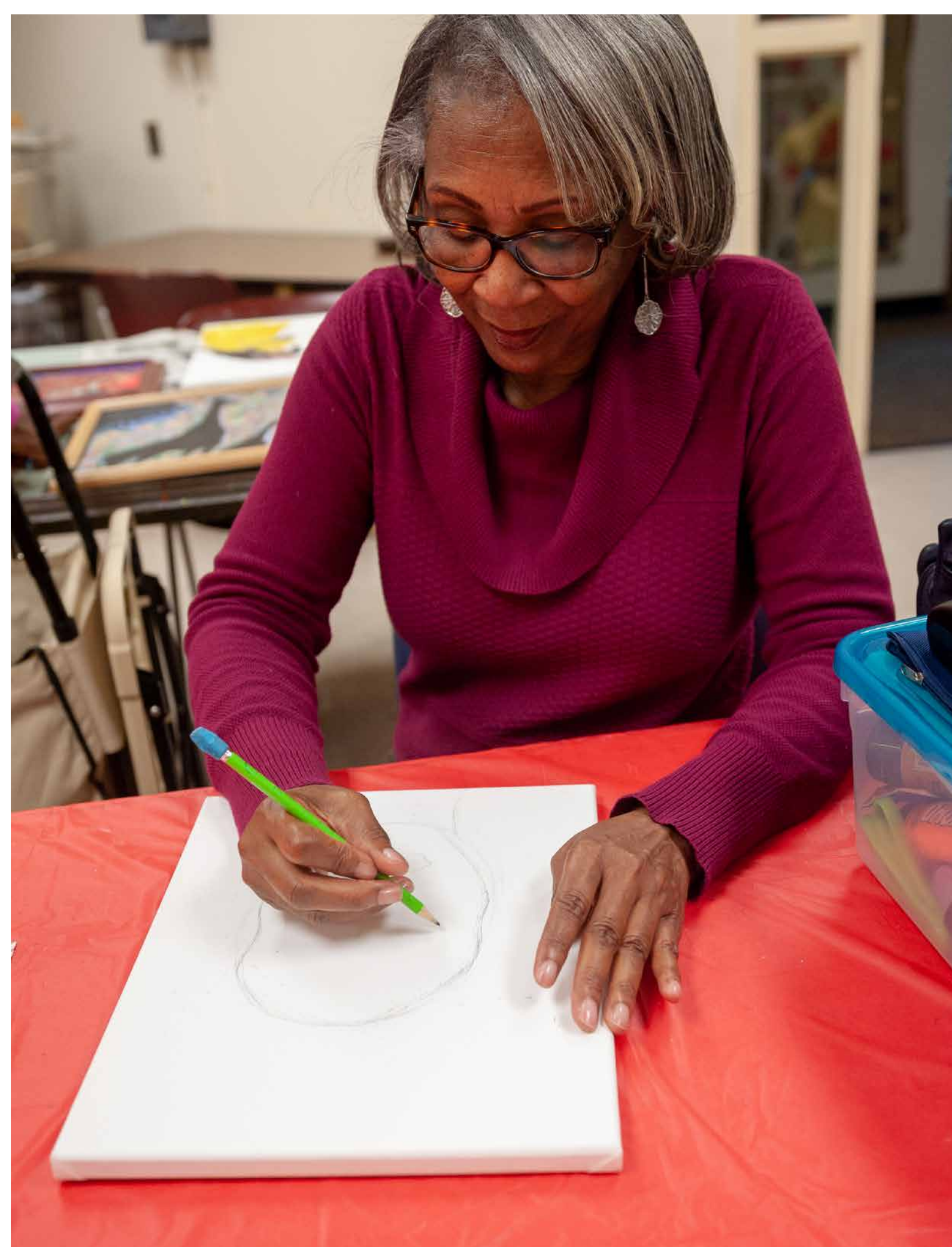
CDPH is grateful to partner with the Center for Community Health Equity (CCHE) to release this report. Their expertise in health equity, particularly related to healthy aging, was invaluable in selecting indicators and interpreting results.

This report serves as a first step. We hope you use these data for community planning, advocacy, grant writing and program development. With new information to guide us, CDPH looks forward to collaborating with other public agencies and service organizations on ways to ensure an Age-Friendly Chicago. Together, we can create a city with strong communities, where all residents, including older adults, enjoy equitable access to resources, opportunities and environments that maximize their health and well-being.



Allison Arwady, MD, MPH

Acting Commissioner, Chicago Department of Public Health



Center for Community Health Equity Introduction

Dear Partners,

What are the health and well-being outcomes of persons over the age of 65 residing in Chicago? Are these health and well-being outcomes experienced by all persons over the age of 65 in Chicago?

These driving questions spurred the Center for Community Health Equity to partner with the Chicago Department of Public Health and others in Chicago with a keen understanding of aging in the City at the end of 2017 in order to produce this inaugural report.

The goal of the *Center for Community Health Equity* is to improve community health outcomes and contribute to the elimination of health inequities in Chicago. Co-founded by DePaul and Rush in 2015, our work is transdisciplinary. The students, faculty, and community partners linked through the Center all share a desire to conduct meaningful research that contributes to social justice in our communities. Deliberate action based on data can change seemingly intractable problems. All of the Center affiliates desire that the information shared in the Older Adult Health Databook will be a springboard for Chicago to be a recognized global leader in implementing innovative solutions to healthy aging, especially in diverse, urban environments.

According to the 2015 WHO World Ageing and Health Report, healthy aging is the process of developing and maintaining the functional ability that enables well-being in older age. Healthy aging is partially based on the “healthspan” or “health in years” concept regarding the reduction of years lived with disability. However, healthy aging also is about supporting what older persons identify as being important for well-being—a purposeful role, relationships, possibility of enjoyment, autonomy, security, and potential for personal growth. Finally, healthy aging is about improving the vibrancy and resilience of communities where older adults reside. A key World Health Organization activity for the last objective is the Age-Friendly City movement in which Chicago has been participating. The World Health Organization has identified eight components of an age-friendly city: (1) housing, (2) social participation, (3) respect and social interaction, (4) civic participation and employment, (5) communication and information, (6) Community support and health services, (7) outdoor spaces and buildings, and (8) Transportation. The eight domains of an age-friendly city overlap what *Healthy Chicago 2.0* describes at the root causes of health in Chicago: the built environment, economic development, housing, and education. These root causes of health are critical drivers of population health—not only for the population at large, but also for older adults in particular.

At present, no descriptive epidemiology report of the state of health and well-being exists for older residents of Chicago. The team who embarked on generating this databook through collective action felt that honing insights from data could be a key step in understanding the distance from where we are now to where we want to be as an innovator in the Healthy Aging Movement. Having a balanced resource would guide efforts to strengthen the ability to design, implement, and monitor the impacts of efforts to eliminate health disparities in older persons residing in Chicago.

The process of achieving healthy aging for all will be arduous and long. Many people will need to believe that the intent is worth the journey. Many challenges will need to be overcome. Many options will have to be attempted. However, improvements will come. The goal of healthy aging is worth pursuing.

This report is one step in the right direction for Chicago. May future iterations of the report show the progress of the people in the region to achieve healthy aging.



A handwritten signature in black ink, appearing to read 'Raj C. Shah'.

Raj C. Shah, MD

Geriatrician and Associate Professor, Family Medicine and Rush Alzheimer's Disease Center
Co-Director, Center for Community Health Equity



Healthy Chicago 2.0

In 2016, Mayor Rahm Emanuel and CDPH launched Healthy Chicago 2.0, a plan developed in collaboration with the Partnership for Healthy Chicago and over 200 stakeholders to improve the health and well-being of Chicago’s residents over the next four years. The goals, objectives and action steps in the plan were developed to achieve our vision of “a city with strong communities and collaborative stakeholders, where all residents enjoy equitable access to resources, opportunities and environments that maximize their health and well-being.”



Older Adult Priorities

Stakeholders used data from a comprehensive community health assessment process that included focus groups, oral histories, surveys and surveillance to determine areas of highest needs. The health and wellbeing of older adults is specifically called out in the plan in the Addressing Root Causes section:

Goal:

Improve Chicago’s built environment and transportation so that residents can live and age well in healthy communities.

Strategy:

Implement the Age-Friendly Chicago Plan, which incorporates emerging Aging in Community policies and guidelines.

The Age-Friendly Chicago Plan, developed by the Department of Family and Support Services in conjunction with older adult residents and experts in the field of aging, recommends the implementation of policies and programming that support health for older adults, including accessible streets/sidewalks for walking, safe neighborhoods, accessible public buildings, affordable housing, access to information about health and other resources, and transit accessibility.

In addition to the specific Healthy Chicago 2.0 strategy for older adult health, many of the plan goals address factors that support older adults throughout the city, with a focus on communities of color and health equity:

<p>Goal: Improve disease management</p>	<p>Objective: Decrease hospitalizations due to diabetes-related complications in high hardship communities by 10%</p>
<p>Goal: Decrease incidence of victimization and exposure to violence and strengthen community protective factors</p>	<p>Objective: Reduce violent crime involving a gun in public spaces by 20%</p>
<p>Goal: Chicagoans have access to coordinated systems that effectively address behavioral health</p>	<p>Objective: Increase utilization of mental health treatment among those with the greatest need by 10%</p>
<p>Goal: Reduce the prevalence of and inequities in obesity and obesity-related diseases</p>	<p>Objective: Increase fruit and vegetable consumption among African American adults by 5%</p> <p>Objective: Increase physical activity among adults living in high poverty by 5%</p>
<p>Goal: Create and maintain affordable, safe, healthy, accessible and supportive housing</p>	<p>Objective: Decrease the number of households with high housing cost burden by 5%</p>
<p>Goal: Increase the economic vibrancy, diversity and financial security of communities to reduce economic inequity</p>	<p>Objective: Increase the percentage of low income people who have savings and assets</p>

How to Read This Report

When using the data in this report, keep in mind the following guidance:

Data Sources and Indicator Definitions

This report combines data from multiple sources to describe the health of older adults in Chicago. Detailed descriptions of each data source and indicator can be found in the Methodology section of this report.

Healthy Chicago 2.0

If the indicator is a Healthy Chicago 2.0 indicator, it will be flagged with this symbol: HEALTHY CHICAGO 2.0 INDICATOR

Terminology

Throughout the report, NH Asian/PI refers to non-Hispanic Asian/Pacific Islander, NH Black/AA refers to non-Hispanic Black/African American and NH White refers to non-Hispanic White. The term older adults refers to adults aged 65 years and older, including those living in group quarters (e.g. nursing homes, hospice and residential care) except for data derived from the Healthy Chicago Survey.

Charts

Charts throughout the report are displayed in the following way. When available, charts will display data for indicators stratified by gender and race/ethnicity.

Figure # **INDICATOR TITLE**

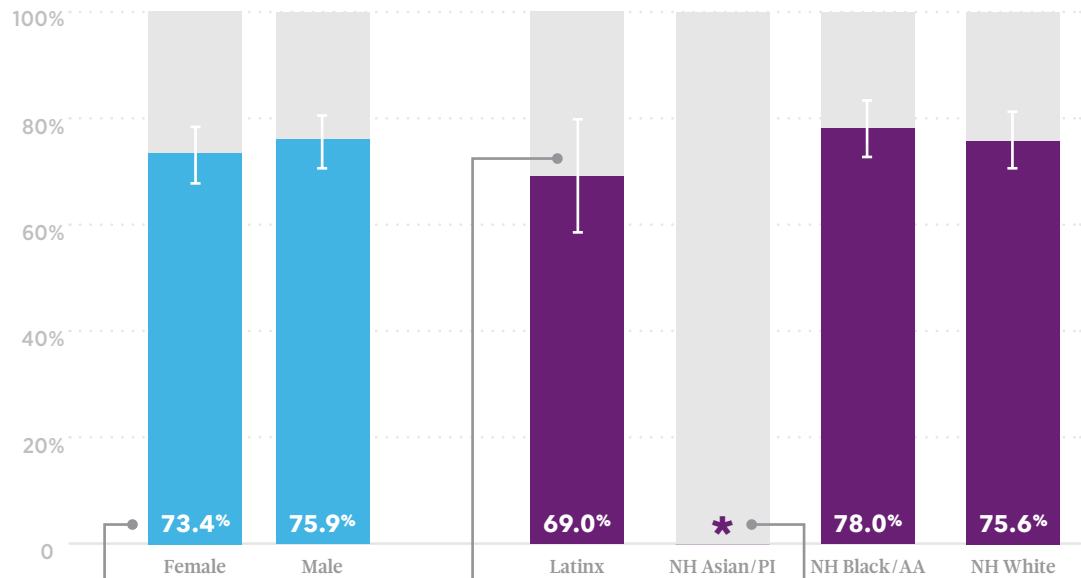
Chart title.

Summary statements for the indicator describe the results shown in the charts, including any statistically significant differences by gender or race/ethnicity

Compares older adults to younger adults and Chicago adults overall

HEALTHY CHICAGO 2.0 INDICATOR

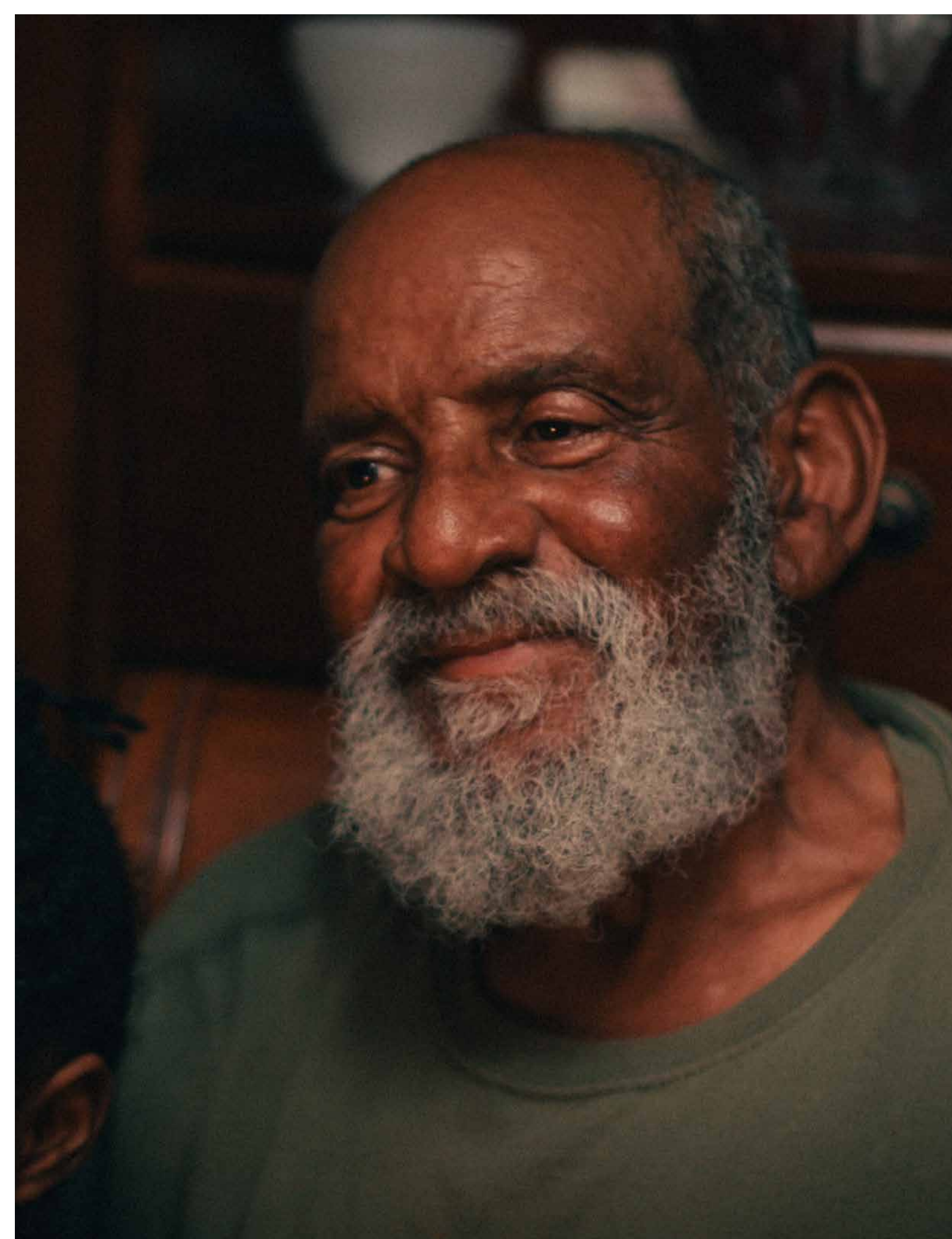
Chicago adults	61.4% ¹
18-64 years	63.4% ¹
65 years and older	75.0%¹



Point estimate value

95% confidence interval bar

Indicates that numbers are too small for a reliable estimate





Older Adults in Chicago



Population Profile

Key Points

- ★ The older adult population in Chicago is increasing, both in terms of the overall number of older adults in the city, and the proportion they make up of the overall population. [VIEW THE CHART](#)
- ★ An estimated 84,943 Chicago older adults live in areas of high economic hardship. [VIEW THE CHART](#)
- ★ One quarter of Chicago older adults speak English less than “very well.” [VIEW THE CHART](#)
- ★ One quarter of older adults are 80 years or older. [VIEW THE CHART](#)

Figure 1

DEMOGRAPHICS

Percentage of older adults in Chicago.

From 2010 to 2016, the percentage of older adults in Chicago has increased from 10.1% to 11.8% of the total population.¹ In 2016, there were an estimated 318,756 older adults living in Chicago.

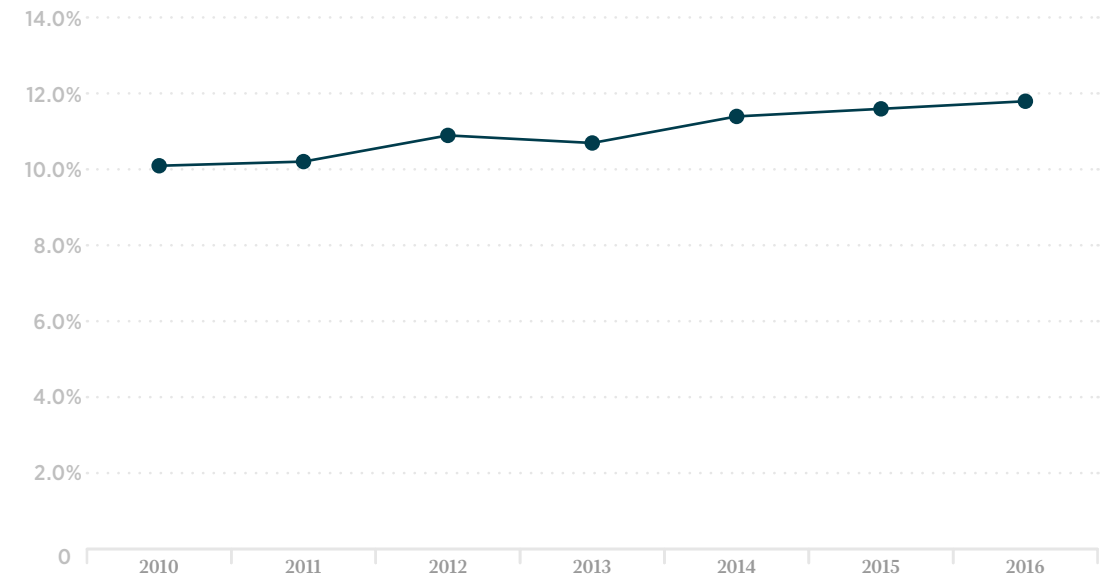
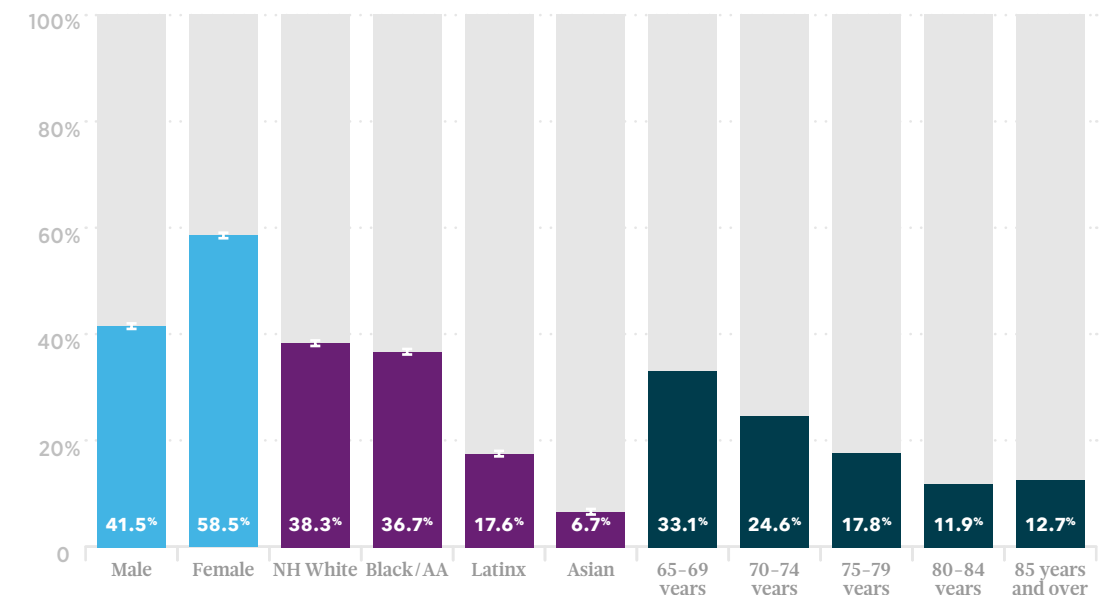


Figure 2

DEMOGRAPHICS

Demographics of older adults in Chicago by Gender Race/Ethnicity Age

In Chicago overall, there are more female than male older adults.¹ The largest percentage of the overall older adult population in Chicago is NH White and Black/AA, 38.3% and 36.7% respectively. The Latinx community represents 17.6% of the older adult population. About one-third of the older adult population in Chicago is 65–69 years old and 25% are 80 years and older.



Source: 1. American Community Survey, U.S. Census Bureau, 2016 1-year estimates; Confidence intervals not available for age

Figure 3 **POPULATION**

Number of older adults by Chicago census tracts and community areas.

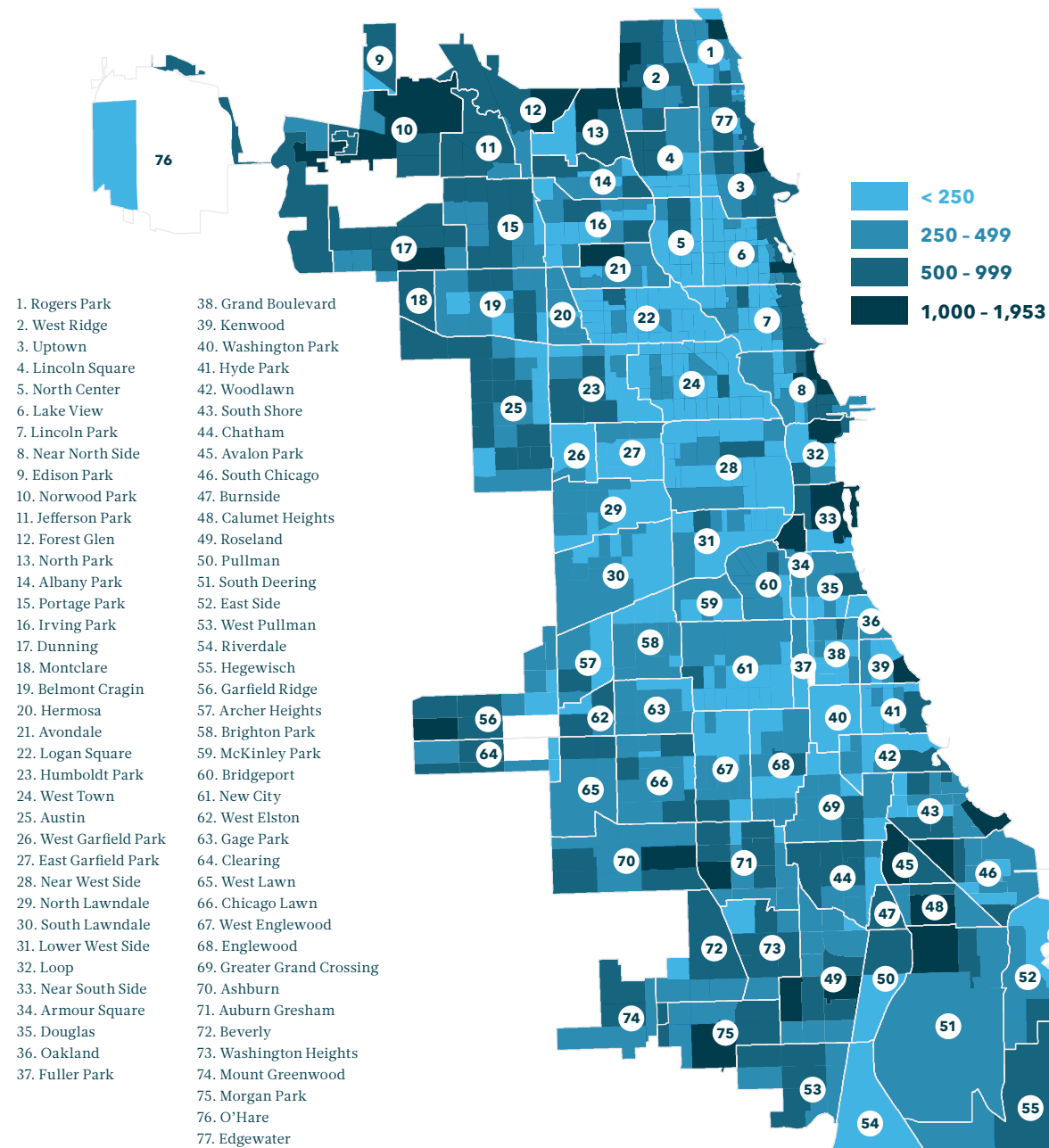


Figure 4 **ECONOMIC HARDSHIP**

The Economic Hardship Index is composed of six indicators: crowded housing, poverty, unemployment, education level, dependent population and per capita income. This composite measure provides a more comprehensive assessment of economic hardship than any of the component measures alone and allows associations between economic factors and health outcomes to be assessed. An estimated 84,943 older adults live in areas of high economic hardship.¹

Source: 1. American Community Survey, U.S. Census Bureau, 2016 5-year estimates

Figure 5 **MARITAL STATUS**

Marital status of older adults in Chicago.

Almost 40% of older adults in Chicago are currently married, and 28% are widowed.¹ Only 15% of older adults in Chicago were never married.

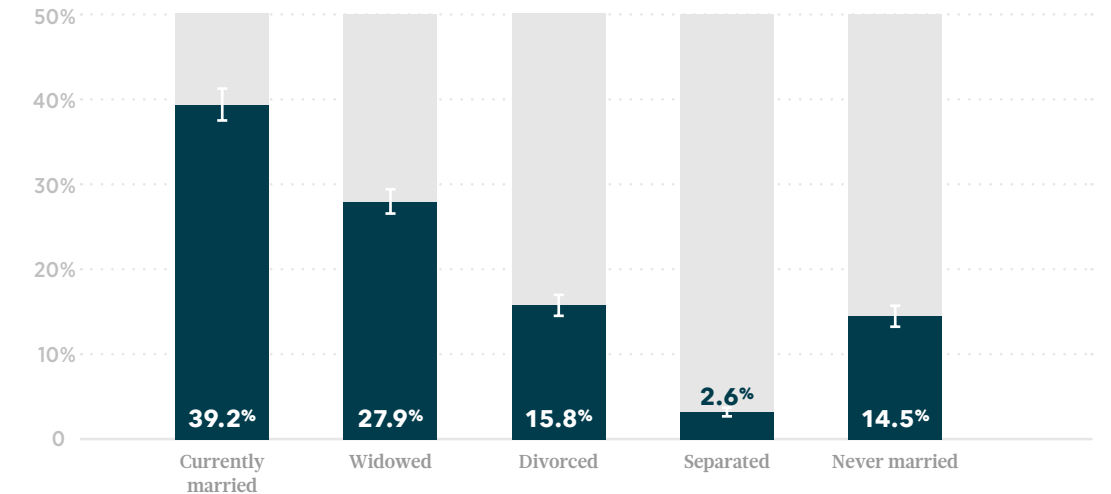


Figure 6 **EDUCATIONAL ATTAINMENT**

Educational attainment of older adults in Chicago.

More than 75% of all older adults have completed at least a high school degree, and almost one quarter (23%) have a Bachelor's degree or higher.¹

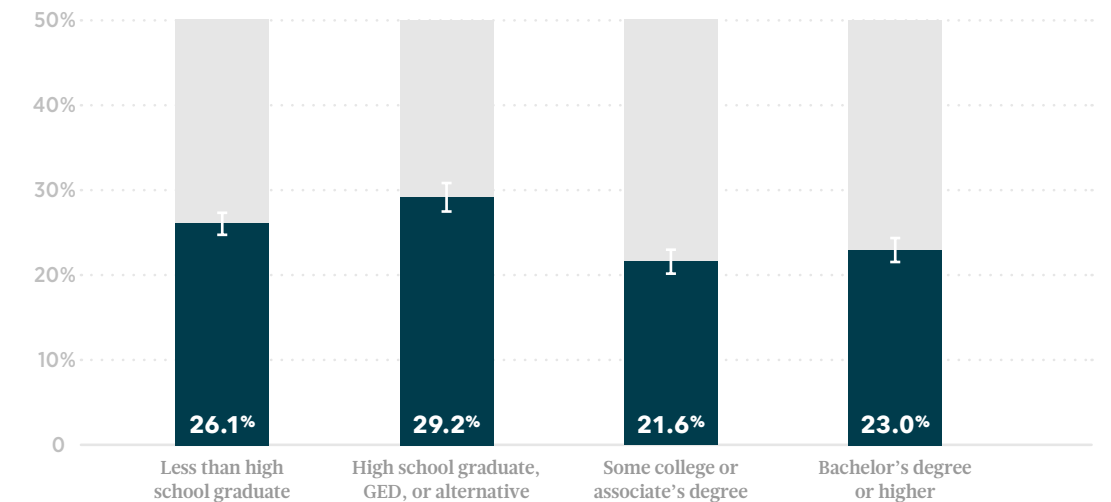


Figure 7 **LANGUAGE**

Almost one quarter of older adults in Chicago (22.1%) speak English less than "very well."¹

Figure 8 **OLDER ADULTS LIVING ALONE**

About one-third (32.6%) of Chicago's older adult population is living alone.

Source: 1. American Community Survey, U.S. Census Bureau, 2016 1-year estimates



Root Causes of Health

Key Points

- ★ Overall, 16% of Chicago older adults live below the Federal Poverty Level. [VIEW THE CHART](#)
- ★ 46% of Chicago older adults wouldn't be able to afford an unexpected \$400 expense. [VIEW THE CHART](#)
- ★ 24% of older adults live more than 1/2 mile from a grocery store and 9.2% say that it is difficult to access fresh fruits and vegetables. [VIEW THE CHART](#)
- ★ Older adults report a high level of neighborhood belonging and a large majority perceive their neighborhoods to be safe. However, NH Black/AA older adults report feeling less safe compared to other race/ethnicity groups. [VIEW THE CHART](#)

Figure 9

FINANCIAL INSECURITY

Overall, 15.9% of older adults in Chicago live below 100 percent of the federal poverty level.¹

Chicago adults	16.6% ¹
18-64 years	16.7% ¹
65 years and older	15.9%¹

Overall, 45.8% of older adults in Chicago report that they could not pay for an unexpected \$400 expense using cash or its equivalent.²

Among those who could not pay the expense in full, older adults reported that they would cover a \$400 emergency expense by:

- Putting it on a credit card and paying it off over time — 51.4%
- Borrowing from a friend or family member — 18.5%
- Using money from a bank loan or line of credit — 10.8%
- Using a payday loan, deposit advance or overdraft — 4.0%
- Selling something — 3.0%
- Some other way — 7.0%
- Would not know how to pay expense — 22.9%

Figure 10

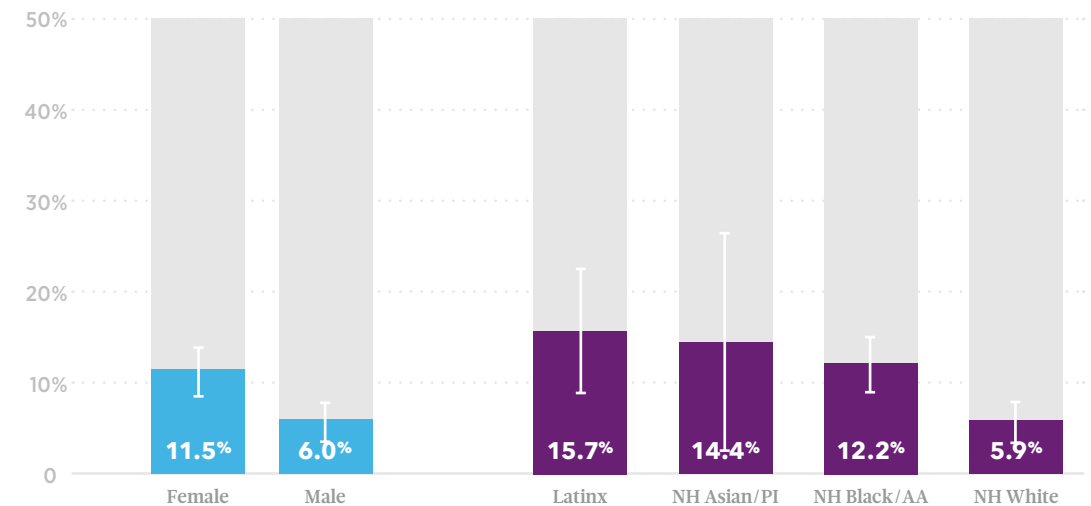
DIFFICULTY ACCESSING HEALTHY FOODS

Percentage of older adults who report that it is difficult to access fresh fruits and vegetables.

Chicago adults	9.3% ²
18-64 years	9.3% ²
65 years and older	9.2%²

Overall, 9.2% of older adults report that it is difficult to access fresh fruits and vegetables.² More older women than men report difficulty access fresh fruits and vegetables, as do Latinx and NH Black/AA older adults.

Approximately 24% of older adults live more than 1/2 mile from a large grocery store.³ Only 1% are considered to have low food access, living more than one mile from a large grocery store.³ 20.5% of Chicago's older adults received Food Stamp/SNAP benefits.¹



Source: 1. American Community Survey, U.S. Census Bureau, 2016 1-year estimates; 2. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017; 3. Food Access Research Atlas, U.S. Department of Agriculture (USDA), 2015

Figure 11

NEIGHBORHOOD BELONGING

Percentage of older adults who feel like they are a part of their neighborhood.

Overall, 75% of older adults in Chicago feel like they are a part of their neighborhood.¹ There are no differences by gender or race/ethnicity.

HEALTHY CHICAGO 2.0 INDICATOR

Chicago adults	61.4% ¹
18-64 years	63.4% ¹
65 years and older	75.0%¹

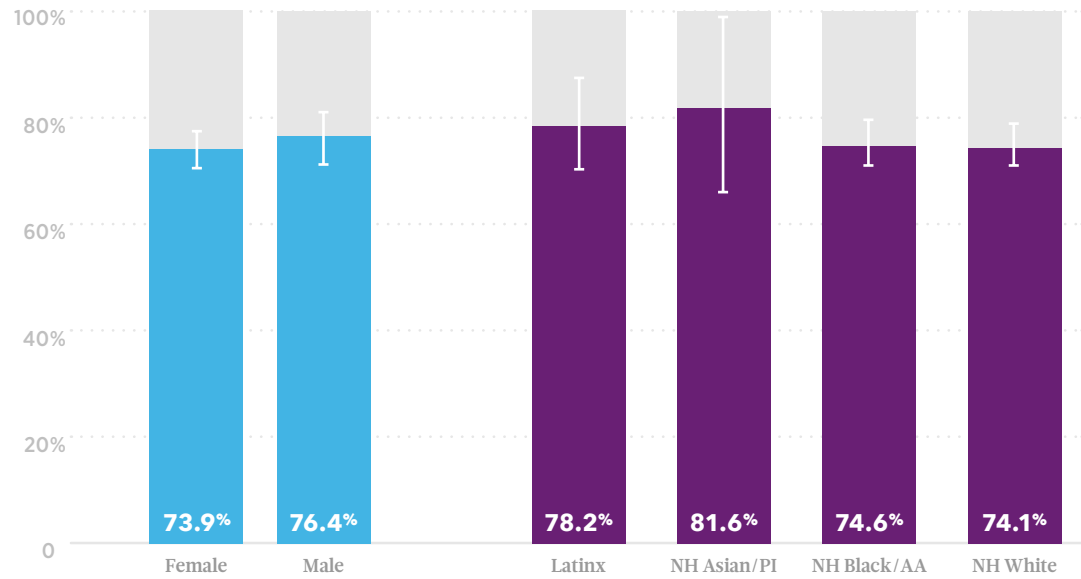


Figure 12

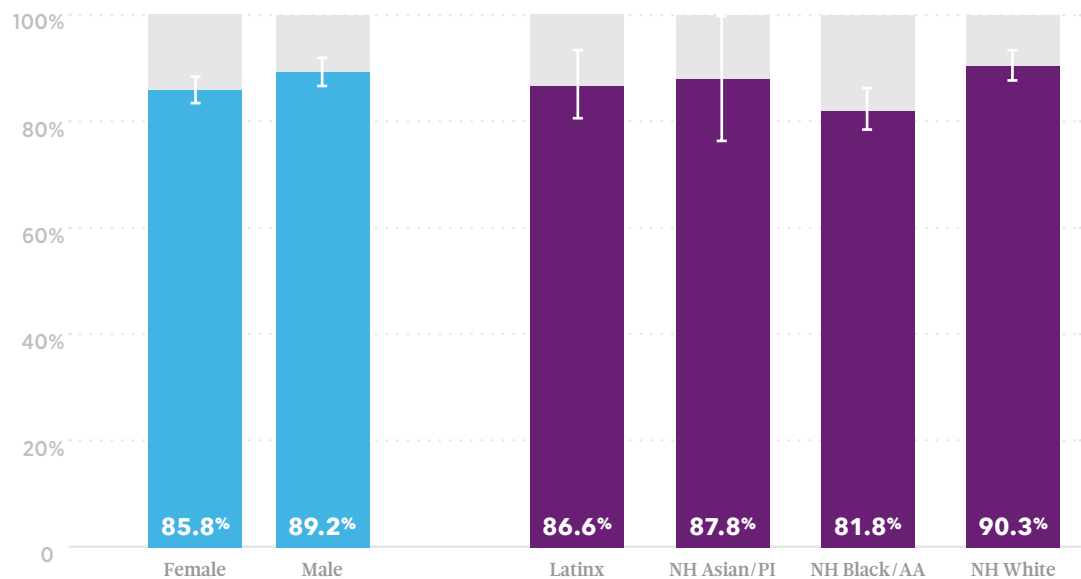
PERCEIVED NEIGHBORHOOD SAFETY

Percentage of older adults who feel safe all or most of the time in their neighborhood.

Approximately 87% of older adults in Chicago feel safe all or most of the time in their neighborhood.¹ While there is no difference by gender, NH Black/AA older adults are less likely to report feeling safe compared to NH White older adults.

HEALTHY CHICAGO 2.0 INDICATOR

Chicago adults	76.0% ¹
18-64 years	74.1% ¹
65 years and older	87.3%¹



Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017



Health Status

Key Points

- ★ Once they reach age 65, older adults in Chicago are expected to live to 84.1 years. Latinx and NH White older adults are expected to live over 2.5 years longer than NH Black/AA older adults. [VIEW THE CHART](#)
- ★ NH Black/AA and Latinx older adults have higher rates of emergency department visits and hospitalizations. [VIEW THE CHART](#)
- ★ Heart disease, cancer and stroke are the three leading causes of death for older adults, regardless of gender or race/ethnicity. [VIEW THE CHART](#)
- ★ More than one third of Chicago older adults have a disability. [VIEW THE CHART](#)

Figure 13 **LIFE EXPECTANCY AT 65**

HEALTHY CHICAGO 2.0 INDICATOR

Life expectancy at age 65 for older adults in Chicago.

Life expectancy at age 65 years old is the average age a person can expect to live to, once they reach age 65.¹ Once they reach age 65, Latinx and NH white older adults in Chicago are expected to live over 2.5 years longer than NH Black/AA older adults.



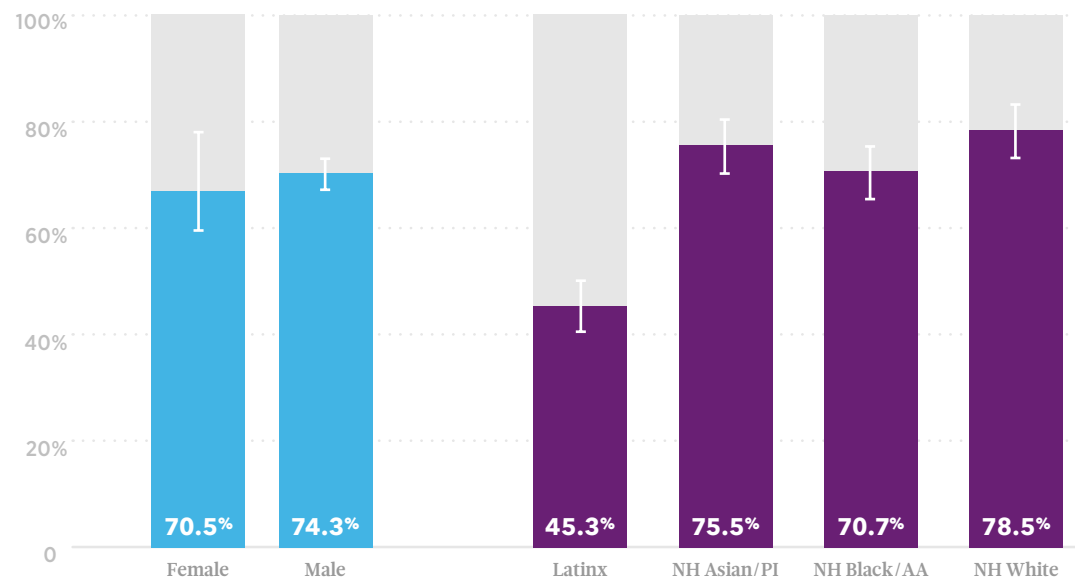
Figure 14 **SELF RATED HEALTH STATUS**

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of older adults who rate their overall health as excellent, very good or good.

Approximately 72% of older adults in Chicago rate their overall health as excellent, very good or good.² While there is no difference by gender, Latinx older adults rate their overall health worse than other race/ethnicity groups.

Chicago adults 82.0%²
 18-64 years 83.7%²
 65 years and older 72.1%²



Source: 1. Death Certificate Data Files, Illinois Department of Public Health, Division of Vital Records, 2016; 2. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017

Figure 15 **DISABILITY AND INDEPENDENT LIVING**

Nearly 1 in 4 older adults (24.6%) in Chicago report having a health problem that requires the use of special equipment such as a cane or wheelchair.¹

More than one third (36.2%) of Chicago older adults have a disability.²

- 11.4% report a hearing disability
- 8.6% report a vision disability
- 10.8% report cognitive disabilities
- 10.4% report self-care disabilities

Almost 20 percent (19.5%) of Chicago's older adults report difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental or emotional problem.

Figure 16 **LEADING CAUSES OF DEATH**

Top causes of death and crude death rates per 100,000 older adults in Chicago, by gender.

In 2015, the 10 leading causes of death for older adults accounted for 79.1% of deaths occurring in Chicago.³ Heart disease and cancer top the list as the leading causes of death among older adults.

CHICAGO # rank, rate		MALE # rank, rate	FEMALE # rank, rate
4534.2	All causes	2589.1	2050.6
#1 1276.9	Heart disease	#1 749.8	#1 563.6
#2 1072.6	Cancer	#2 675.1	#2 442.9
#3 310.1	Stroke	#3 157.0	#3 153.8
#4 199.0	Alzheimer's disease	#7 67.6	#4 121.0
#5 190.0	Chronic lower respiratory disease	#4 106.9	#5 87.0
#6 156.5	Diabetes	#5 94.4	#6 67.4
#7 121.3	Kidney disease	#6 75.6	#8 50.5
#8 113.3	Influenza and pneumonia	#8 65.3	#7 50.9
#9 83.5	Septicemia	#9 46.1	#9 38.8
#10 64.8	Unintentional injury	#10 46.1	#10 31.0

Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017; 2. American Community Survey, U.S. Census Bureau, 2016 1-year estimates; 3. Death Certificate Data Files, Illinois Department of Public Health, Division of Vital Records, 2015

Figure 17 **LEADING CAUSES OF DEATH**

Top causes of death and crude death rates per 100,000 older adults in Chicago, by race/ethnicity.

Heart disease, cancer and stroke ranked as the top three leading causes of death across all race/ethnicity groups, though there are disparities in mortality rates. Heart disease and cancer accounted for 54% in deaths for NH Black/AA older adults.¹

CHICAGO # rank, rate		LATINX # rank, rate	NH ASIAN/PI # rank, rate	NH BLACK/AA # rank, rate	NH WHITE # rank, rate
4534.2	All causes	3289.1	3340.8	4920.0	4742.1
#1 1276.9	Heart disease	#1 800.3	#1 894.9	#1 1359.5	#1 1443.1
#2 1072.6	Cancer	#2 722.2	#2 788.8	#2 1276.3	#2 1061.6
#3 310.1	Stroke	#3 264.2	#3 251.9	#3 382.0	#3 271.9
#4 199.0	Alzheimer's disease	#4 176.2	#5 112.7	#5 194.2	#5 227.3
#5 190.0	Chronic lower respiratory disease	#8 70.5	#8 66.3	#4 207.2	#4 237.1
#6 156.5	Diabetes	#5 166.1	#4 145.8	#6 192.4	#7 123.0
#7 121.3	Kidney disease	#6 108.2	#7 86.2	#7 157.2	#8 98.9
#8 113.3	Influenza and pneumonia	#7 83.0	#6 106.1	#9 107.3	#6 133.7
#9 83.5	Septicemia	–	–	#8 113.8	#9 76.7
#10 64.8	Unintentional injury	#9 70.5	#9 59.7	–	#10 68.6
–	Chronic liver disease	#10 60.4	–	–	–
–	Hypertension	–	#10 59.7	#10 84.2	–

Figure 18 **EMERGENCY DEPARTMENT (ED) VISITS**

Primary insurance used for ED visits among older adults.

Overall, older adults accounted for 11% of all Emergency Department visits (4,161.5 per 10,000 older adults).²

PRIMARY INSURANCE	PERCENT
Medicare	75.2%
Medicaid	5.9%
Private Insurance	13.3%
Self-Pay	2.8%
Other	2.9%

Source: 1. Death Certificate Data Files, Illinois Department of Public Health, Division of Vital Records, 2015; 2. Emergency Department Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017

Figure 19 **EMERGENCY DEPARTMENT (ED) VISITS**

Emergency Department visit rate per 10,000 older adults.

Older men and women visit the Emergency Department at similar rates.¹ NH Black/AA and Latinx older adults visit the Emergency Department at higher rates than NH White and NH Asian/PI older adults.¹

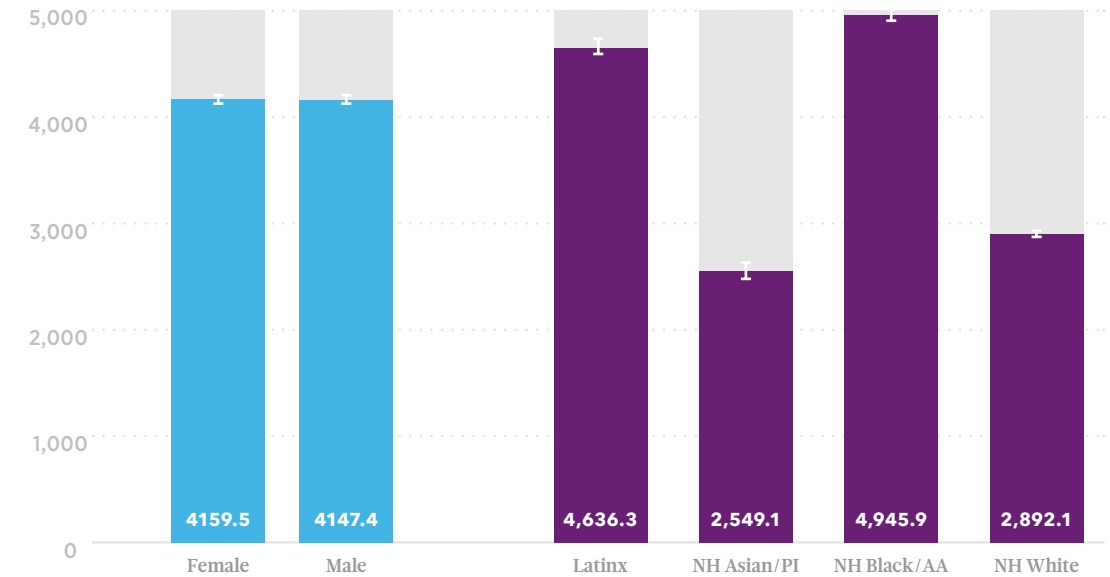


Figure 20 **INPATIENT HOSPITALIZATIONS**

Primary insurance used for inpatient hospitalizations among older adults.

Overall, older adults accounted for 29% of all inpatient hospital stays (3,517.5 per 10,000 older adults).²

PRIMARY INSURANCE	PERCENT
Medicare	81.6%
Medicaid	4.6%
Private Insurance	10.6%
Self-Pay	1.2%
Other	2.0%

Source: 1. Emergency Department Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017; 2. Hospital Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017

Figure 21

INPATIENT HOSPITALIZATIONS

Inpatient hospital discharge status among older adults.

The average length of an inpatient stay among older adults is 5.8 days, compared to 5.1 days for all ages.¹

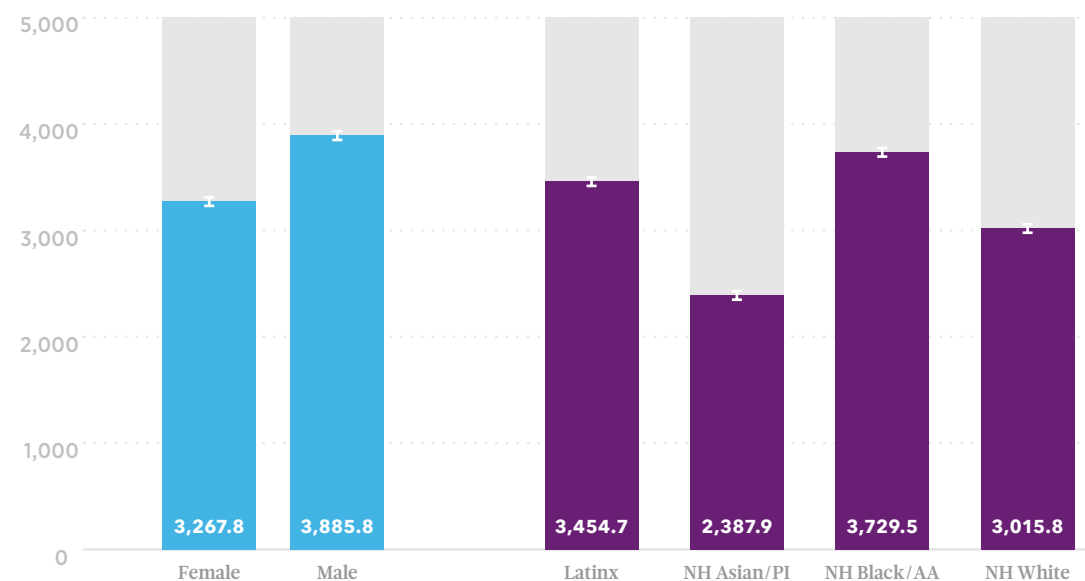
DISCHARGED/TRANSFERRED TO:	OLDER ADULTS	ALL AGES
Home or self care	45.6%	72.1%
Nursing facility	23.9%	9.9%
Home under care of home health service	14.9%	7.1%
Inpatient rehab facility	3.4%	1.8%
Died	3.2%	1.5%
Hospice	2.8%	1.1%
Long Term Care Hospital (LTCH), intermediate care facility, or short term general hospital	4.3%	3.1%
Left against medical advice or discontinued care	1.0%	2.1%
Psychiatric hospital or unit	0.3%	0.5%
Other	0.6%	0.8%

Figure 22

INPATIENT HOSPITALIZATIONS

Inpatient hospitalization rate per 10,000 older adults.

Older men have higher hospitalization rates than older women.¹ Hospitalization rates among older adults differed by race/ethnicity with the highest rates among NH Black/AA older adults, followed by Latinx, NH White and NH Asian/PI.



Source: 1. Hospital Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017



Access to Care

Key Points

- ★ Older adults in Chicago have high rates of having a personal health care provider and having a routine check-up in the past year. [VIEW THE CHART](#)
- ★ Rates of preventable hospitalizations are highest among NH Black/AA older adults, followed by Latinx, NH White, and NH Asian/PI older adults. [VIEW THE CHART](#)
- ★ A majority of older adults report being satisfied with the health care they received in the past year, though this differs by race/ethnicity. [VIEW THE CHART](#)

Figure 23

NO HEALTH INSURANCE COVERAGE

Percentage of older adults who report having no health insurance coverage.

Overall, 1.3% of older adults in Chicago report not having health insurance coverage.¹ Both Latinx and NH Asian/PI older adults report higher rates of no health insurance coverage compared to NH Whites, 14 times and 9 times respectively.

HEALTHY CHICAGO 2.0 INDICATOR

Chicago adults	11.4% ¹
18-64 years	13.1% ¹
65 years and older	1.3%¹

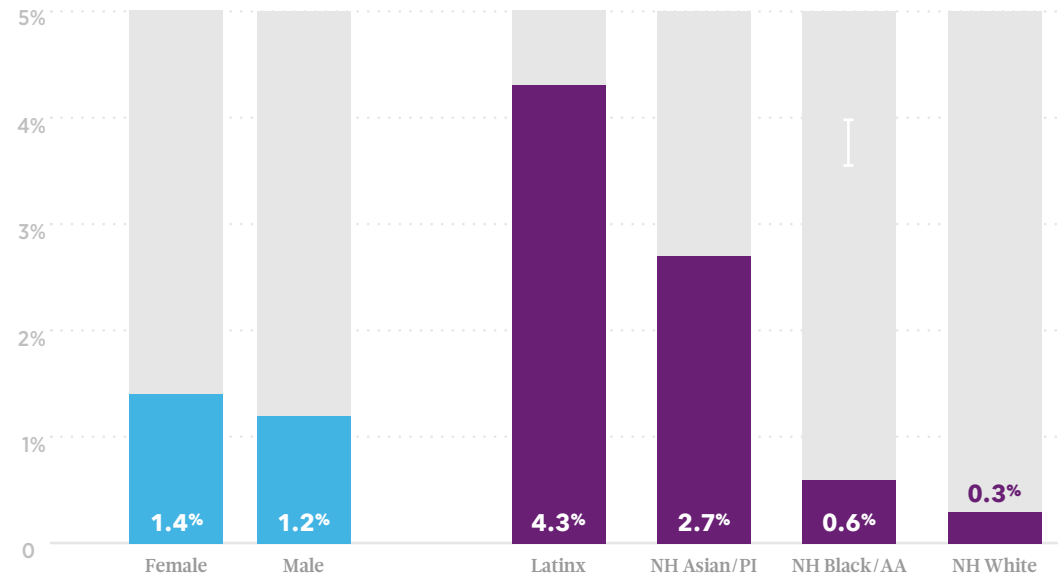


Figure 24

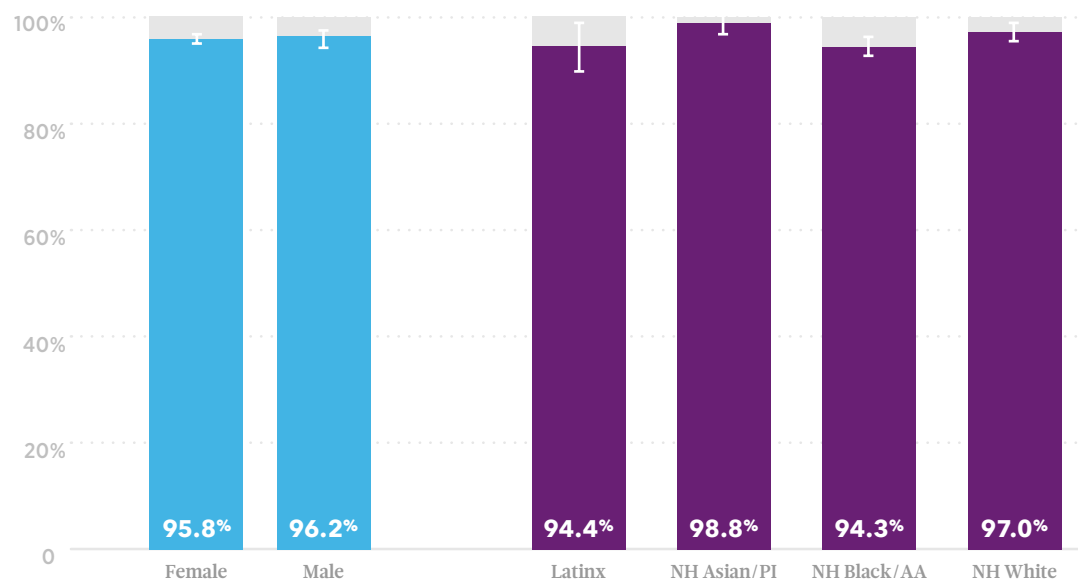
PERSONAL HEALTH CARE PROVIDER

Percentage of older adults who report having a personal health care provider.

Overall, 96% of older adults in Chicago report having a personal health care provider.² There is no difference between older men and women, or by race/ethnicity.

HEALTHY CHICAGO 2.0 INDICATOR

Chicago adults	82.9% ²
18-64 years	80.6% ²
65 years and older	96.0%²



1. American Community Survey, U.S. Census Bureau, 2016 1-year estimates; 2. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017; Confidence intervals not available for health insurance coverage

Figure 25

ROUTINE CHECK-UP IN PAST YEAR

Percentage of older adults who report having a routine check-up in the past year.

Overall, 90.7% of older adults in Chicago report having a routine check-up in the past year.¹ There is no difference between older men and women, or by race/ethnicity.

HEALTHY CHICAGO 2.0 INDICATOR

Chicago adults	77.0% ¹
18-64 years	74.6% ¹
65 years and older	90.7%¹

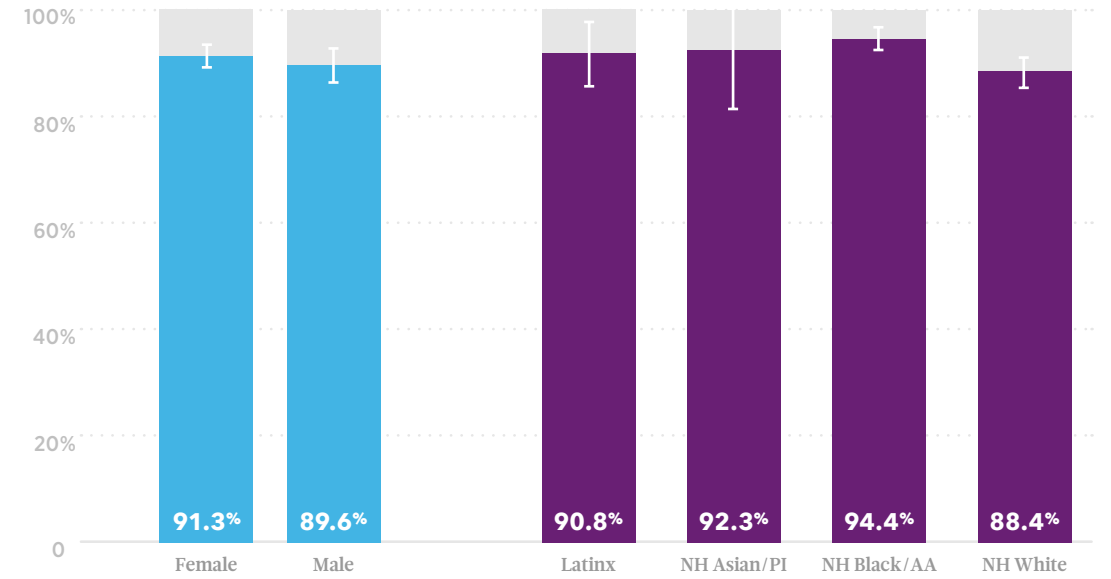


Figure 26

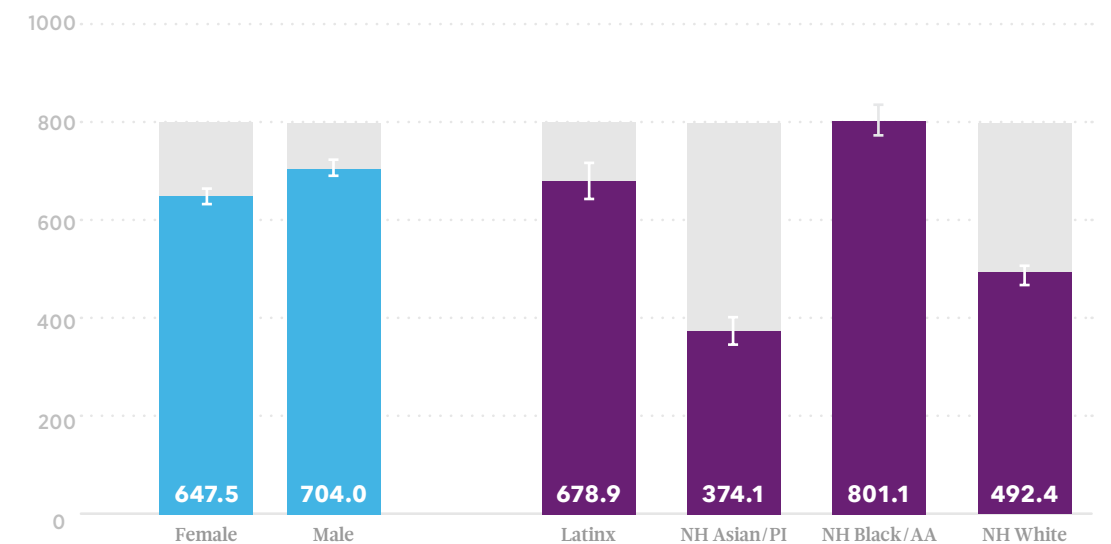
PREVENTABLE HOSPITALIZATIONS

Preventable hospitalization rate per 10,000 older adults.

Overall, 18,437 (671.0 per 10,000) older adults were hospitalized for a condition that could have been managed in a clinic setting (i.e. preventable hospitalizations).² Older men are hospitalized for preventable causes at higher rates than older women. Rates differ significantly by race/ethnicity.

HEALTHY CHICAGO 2.0 INDICATOR

Chicago adults	198.6 per 10,000 ²
18-64 years	105.9 per 10,000 ²
65 years and older	671.0 per 10,000²



Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017; 2. Hospital Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017

Figure 27

ANNUAL DENTAL CLEANING

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of older adults who had their teeth cleaned in the past year.
Overall, 63.4% of older adults report that they had their teeth cleaned by a dentist or dental hygienist in the past year.¹ This rate was highest among NH White older adults.

Chicago adults	61.3% ¹
18-64 years	61.0% ¹
65 years and older	63.4%¹

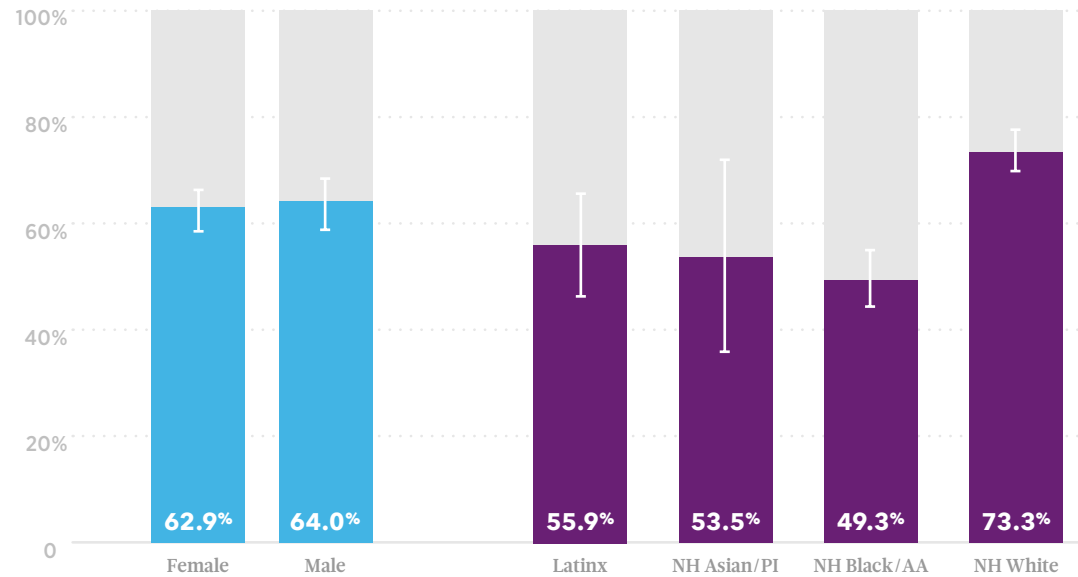


Figure 29

RECEIVED NEEDED CARE

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of older adults who report getting the care they needed through their health coverage.
Overall, 89.4% of older adults report that they were able to get the care they needed through their health coverage.¹ There was no difference by gender. NH Black/AA older adults were less likely to report that they received the care they needed compared to NH White older adults.

Chicago adults	83.2% ¹
18-64 years	82.0% ¹
65 years and older	89.4%¹

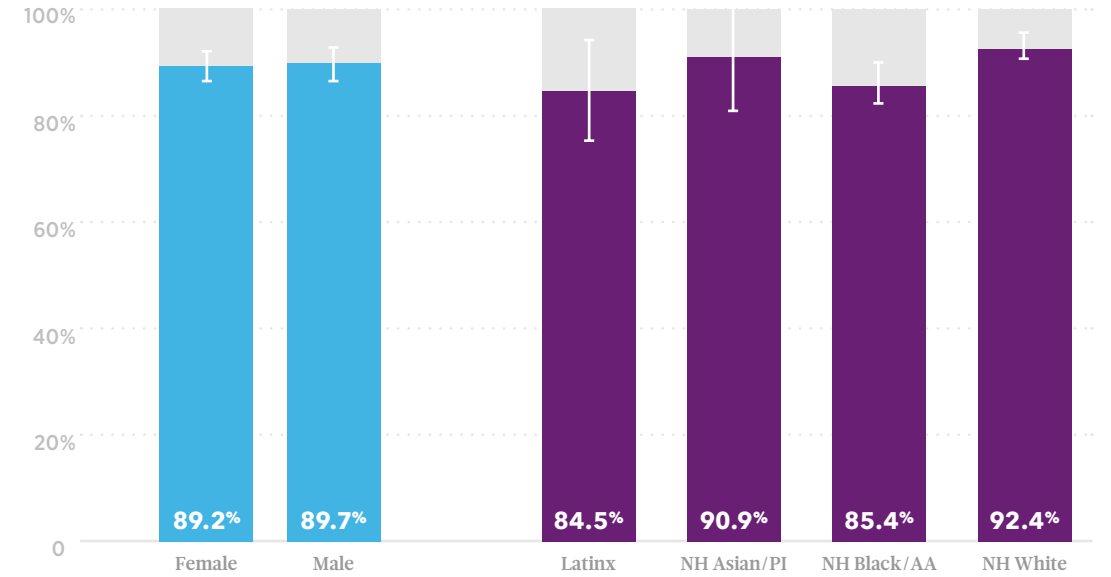


Figure 28

DENTAL CARE EMERGENCIES

HEALTHY CHICAGO 2.0 INDICATOR

Dental care emergency department visit rate per 10,000 older adults.
Overall, 509 (18.2 per 10,000) older adults visited the Emergency Department for a dental-related concern.² There is no difference in rates between older men and women. NH Whites are the least likely to visit the ED for dental care emergencies.

Chicago adults	31.2 per 10,000 ²
18-64 years	33.9 per 10,000 ²
65 years and older	18.2 per 10,000²

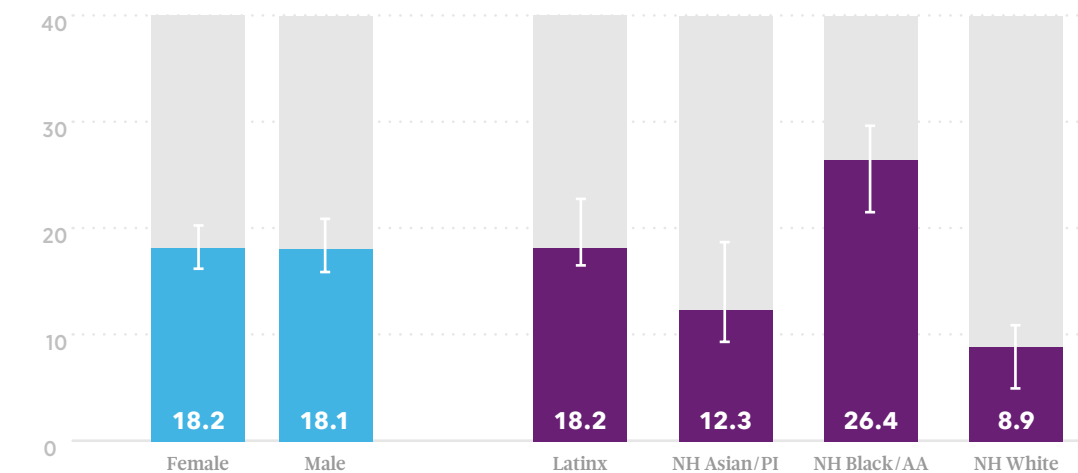


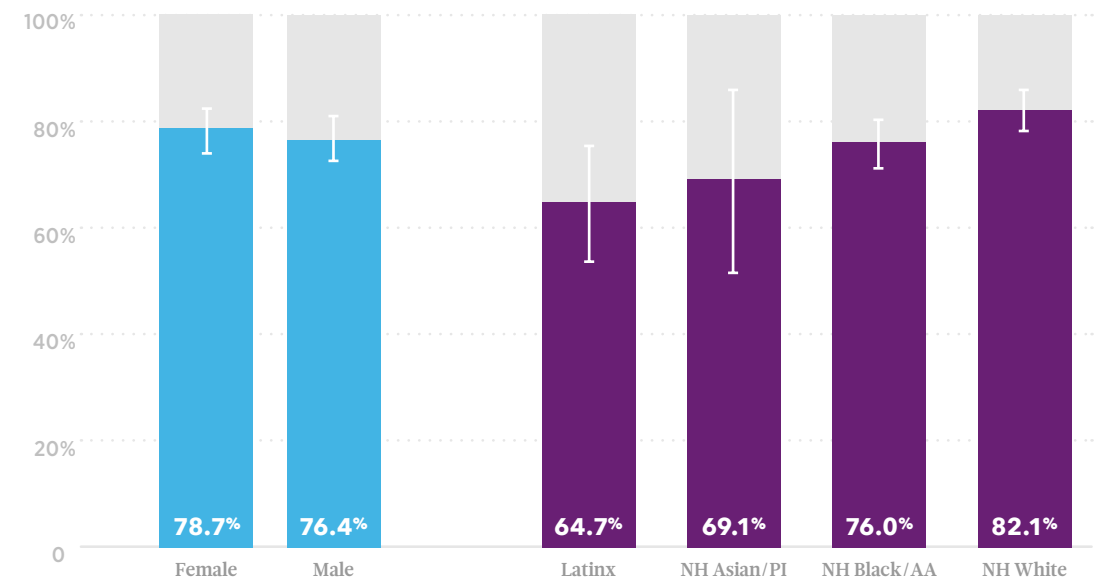
Figure 30

HEALTH CARE SATISFACTION

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of older adults who report being very satisfied with the health care they received.
Overall, 77.8% of older adults in Chicago report being very satisfied with the health care they received in the past year.¹ There is no difference between older men and older women. NH White older adults report higher satisfaction with their health care than Latinx older adults.

Chicago adults	67.5% ¹
18-64 years	65.6% ¹
65 years and older	77.8%¹



Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017; 2. Emergency Department Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017

1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017



Behavioral Health

Key Points

- ★ Approximately one in ten older adults report psychological distress in the past month, about half the rate of younger adults. [VIEW THE CHART](#)
- ★ Behavioral health hospitalizations are highest among male and NH Black/AA older adults. [VIEW THE CHART](#)
- ★ Suicide attempts and suicide mortality rates are significantly higher among older men compared to older women in Chicago. [VIEW THE CHART](#)

Figure 31

PSYCHOLOGICAL DISTRESS

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of older adults reporting any psychological distress in the past month.

Chicago adults	16.5% ¹
18-64 years	17.7% ¹
65 years and older	9.6%¹

Overall, 9.6% of older adults report mild, moderate or serious psychological distress in the past month, about half the rate of younger adults.¹ In total, 2.5% of older adults report serious psychological distress. Rates are similar across genders and race/ethnicity groups.

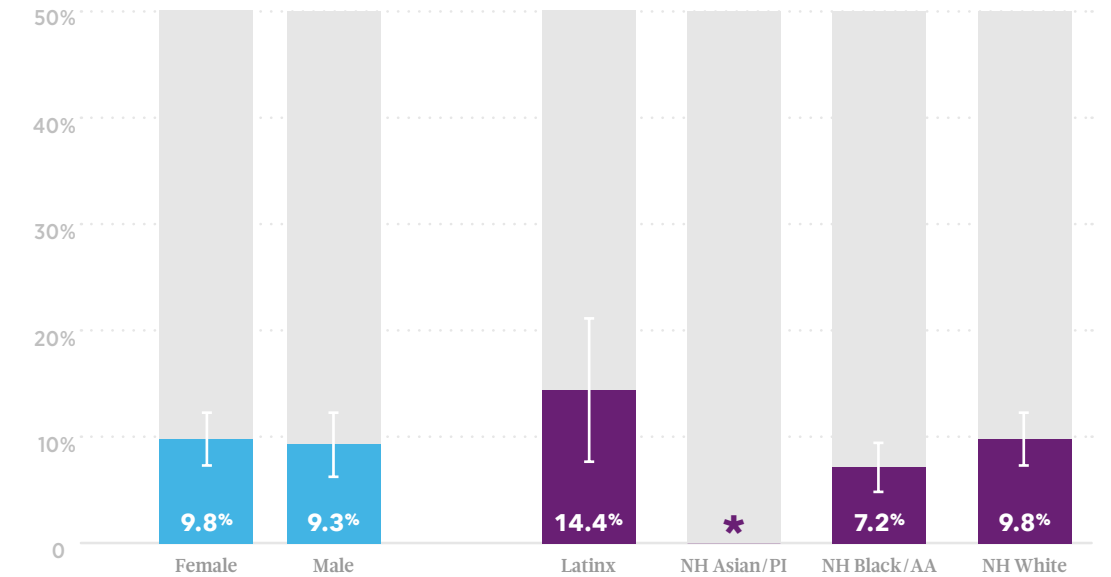


Figure 32

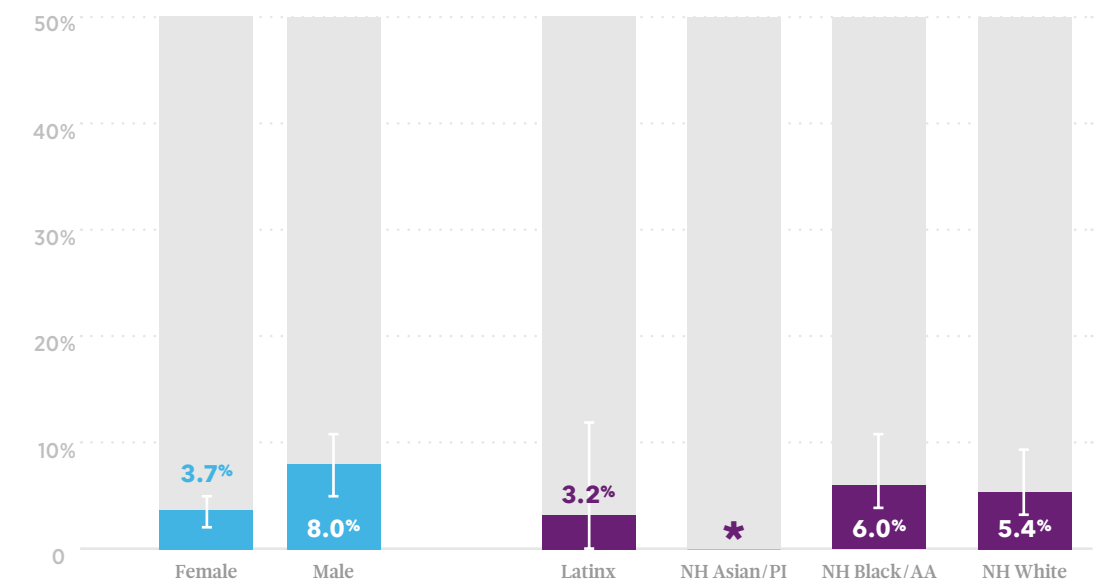
BINGE DRINKING

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of older adults who report binge drinking in the past month.

Chicago adults	25.1% ¹
18-64 years	28.5% ¹
65 years and older	5.4%¹

Overall, 5.4% of older adults report consuming four (female) or five (male) alcoholic beverages on one occasion in the past month.¹ Older men report higher rates of binge drinking compared to older women. There is no difference by race/ethnicity.



Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017; * Indicates data are suppressed due to small numbers

Figure 33

SUICIDE ATTEMPT HOSPITALIZATIONS

Age adjusted rate of suicide attempts per 10,000 older adults.

Overall, 819 (29.0 per 10,000) older adults were hospitalized for a suicide attempt.¹ Rates are higher among older men compared to older women. NH White older adults are hospitalized for a suicide attempt at higher rates than NH Black/AA, NH Asian/PI, and Latinx older adults.

Chicago adults 70.3 per 10,000¹
 18-64 years 78.6 per 10,000¹
65 years and older 29.0 per 10,000¹

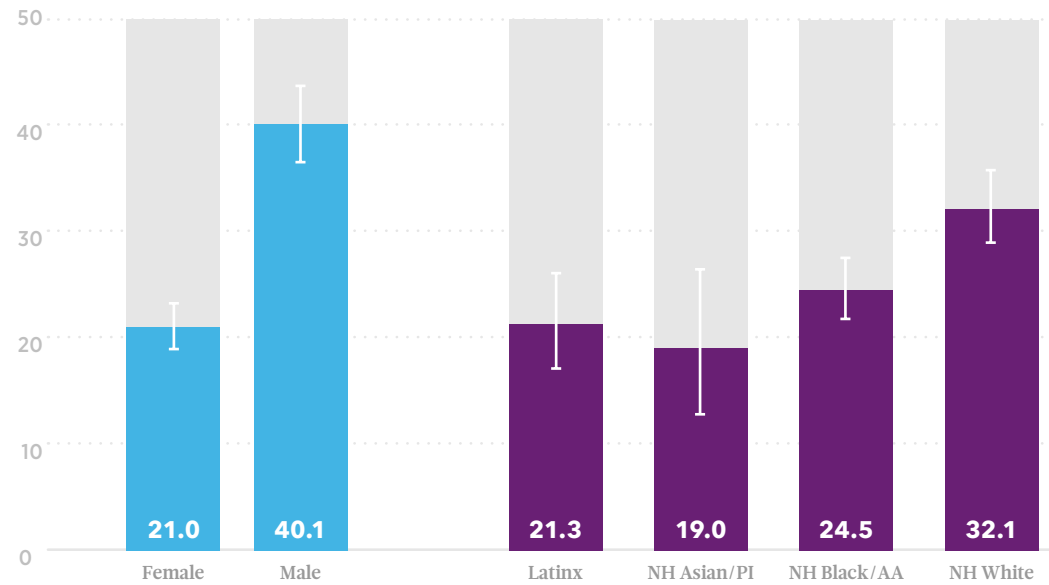


Figure 34

SUICIDE MORTALITY

Age adjusted rate of suicide mortality per 100,000 older adults.

Overall, 9.8 per 100,000 older adults died due to suicide.² Older men die from suicide at higher rates than older women. NH White and NH Asian older adults die from suicide at statistically significantly higher rates than NH Black/AA, and Latinx older adults.

Chicago adults 8.9 per 100,000²
 18-64 years 8.7 per 100,000²
65 years and older 9.8 per 100,000²

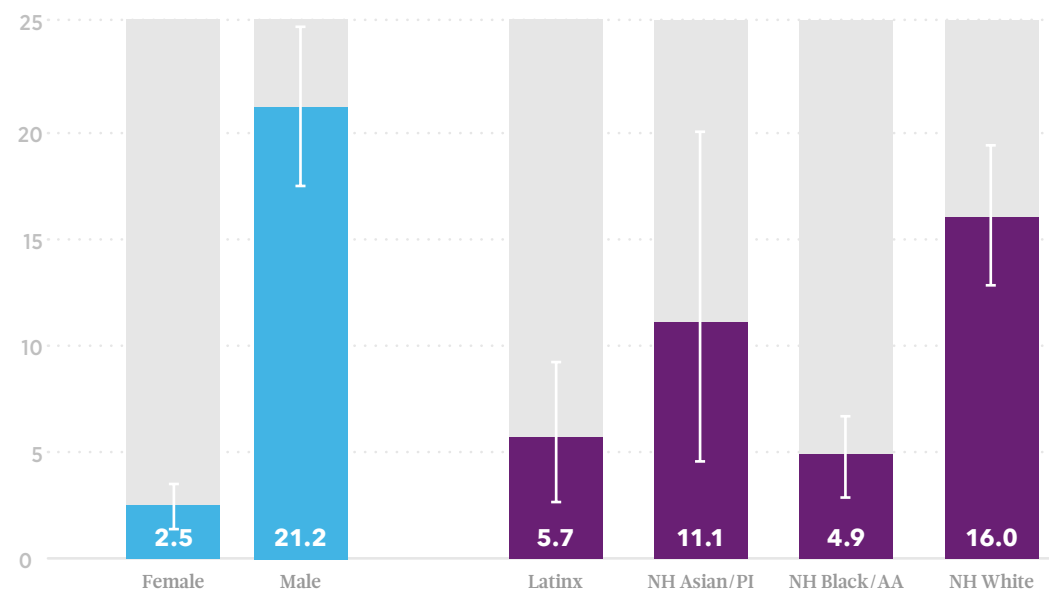


Figure 35

BEHAVIORAL HEALTH HOSPITALIZATIONS

HEALTHY CHICAGO 2.0 INDICATOR

Age adjusted rate of behavioral health hospitalizations per 10,000 older adults.

Overall, 2,952 (103.9 per 10,000) older adults were hospitalized for a behavioral health condition.¹ Older men are more likely than older women to be hospitalized for a behavioral health concern. Behavioral health hospitalizations were highest among NH Black/AA followed by NH White, Latinx and NH Asian.

Chicago adults 204.4 per 10,000¹
 18-64 years 224.9 per 10,000¹
65 years and older 103.9 per 10,000¹

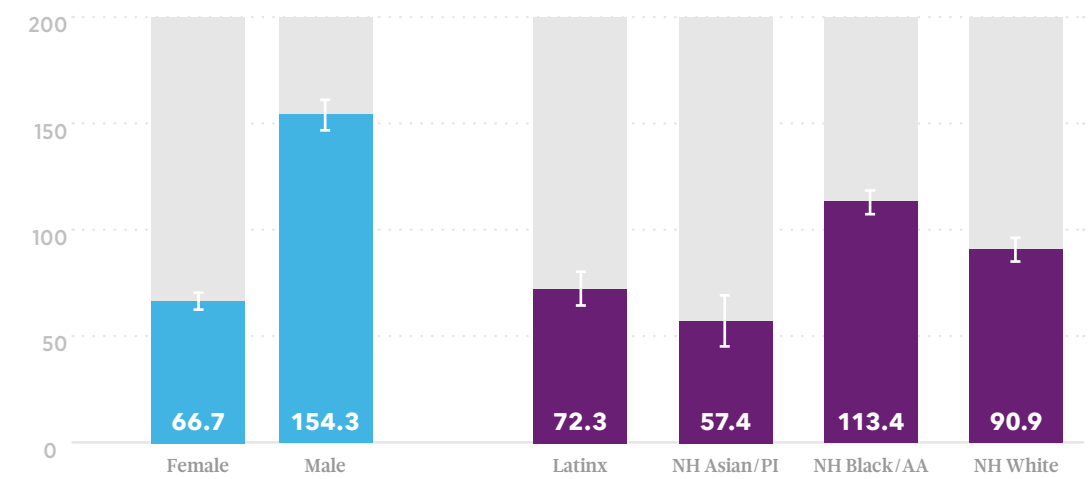


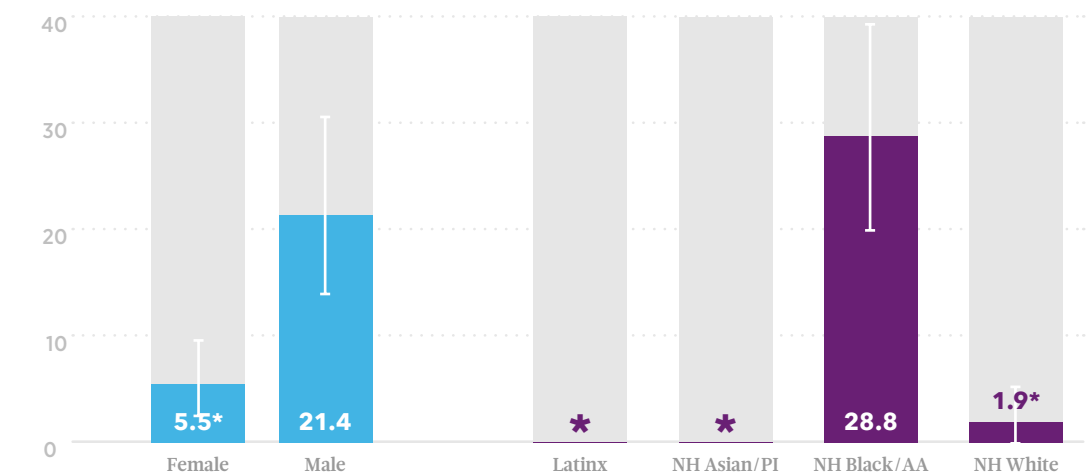
Figure 36

OPIOID OVERDOSE MORTALITY

Age adjusted rate of opioid-related overdose deaths per 100,000 older adults.

Overall, 12.2 per 100,000 older adults died from an opioid-related overdose.² Fatal opioid-related overdose rates are higher among older men compared to women and higher among NH Black/AA, compared to NH White, Latinx and NH Asian. Among older adult fatal overdoses, 72% involved heroin, 57% involved fentanyl, and 20% involved an opioid pain reliever.

Chicago adults 31.5 per 100,000²
 18-64 years 35.5 per 100,000²
65 years and older 12.2 per 100,000²



Source: 1. Hospital Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017; 2. Cook County Medical Examiner's Office, 2017. *The count is less than 10, so rates may be unstable. Interpret with caution.



Chronic Disease

Key Points

- ★ Overall, nearly 75% of older adults are up-to-date on breast and colorectal cancer screenings. [VIEW THE CHART](#)
- ★ Approximately 10% of older adults smoke, compared to 20% among younger adults. The rate among NH Black/AA older adults (17.5%) is nearly double the rate among NH White older adults (7.9%). [VIEW THE CHART](#)
- ★ Latinx and NH Black/AA older adults have higher rates of diabetes and diabetes-related hospitalizations compared to NH Asian/PI and NH White older adults. [VIEW THE CHART](#)
- ★ While asthma prevalence is similar across race/ethnicity groups, NH Black/AA older adults have significantly higher rates of emergency department visits due to asthma. [VIEW THE CHART](#)

Figure 37

BREAST CANCER SCREENING

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of women aged 65–74 years who received a mammogram in the past two years.

Older Women (65–74 years) 75.1%¹

Overall, 75.1% of women aged 65–74 years in Chicago have received a mammogram within the past two years.¹ Older women of all race/ethnicities have similar rates of receiving a mammogram in the past two years.

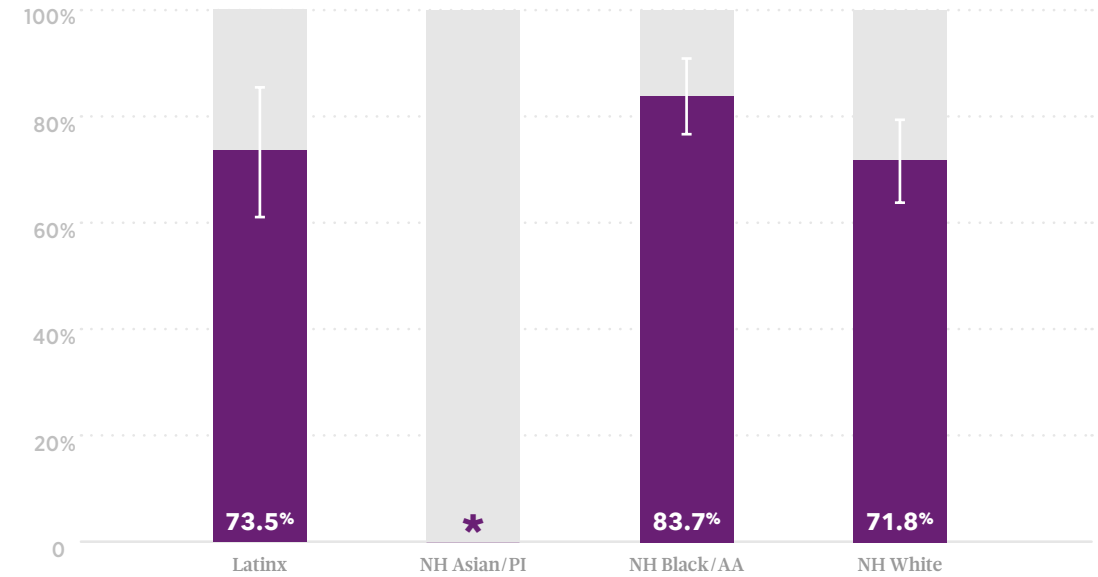


Figure 38

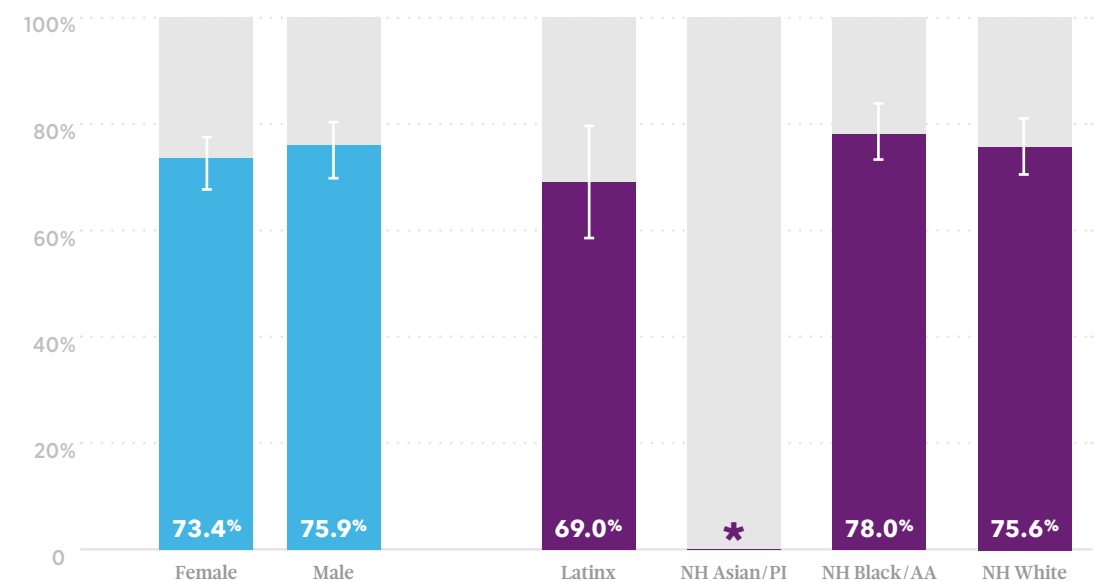
COLORECTAL CANCER SCREENING

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of adults aged 65–75 years who have met the colorectal cancer screening guideline.

Older Adults (65–75 years) 74.6%¹

Overall, 74.6% of adults aged 65–75 years have met the colorectal cancer screening guideline.¹ There is no difference by gender or race/ethnicity.



Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015–2017; * Indicates data are suppressed due to small numbers

Figure 39

DAILY SODA CONSUMPTION

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of older adults who report drinking soda, pop or other sugar sweetened beverages at least once a day.

Approximately one in five older adults report drinking soda, pop or other sugar sweetened beverages at least once a day in the past month.¹ There is no difference in this rate by gender. NH Black/AA and Latinx older adults have higher rates of soda consumption compared to NH White older adults.

Chicago adults	26.1% ¹
18-64 years	27.1% ¹
65 years and older	20.5%¹

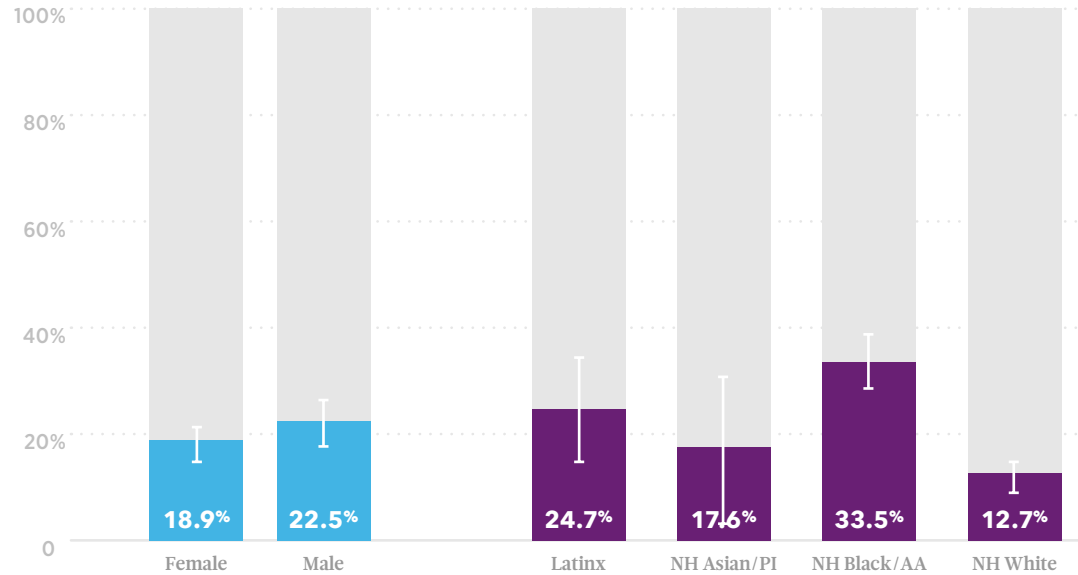


Figure 41

CURRENT SMOKING

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of older adults who report current smoking.

Among older adults, 10.7% report that they currently smoke cigarettes.¹ Smoking rates are similar between older men and women. Older NH Black/AA adults are significantly more likely to smoke compared to older NH White adults.

Chicago adults	19.1% ¹
18-64 years	20.5% ¹
65 years and older	10.7%¹

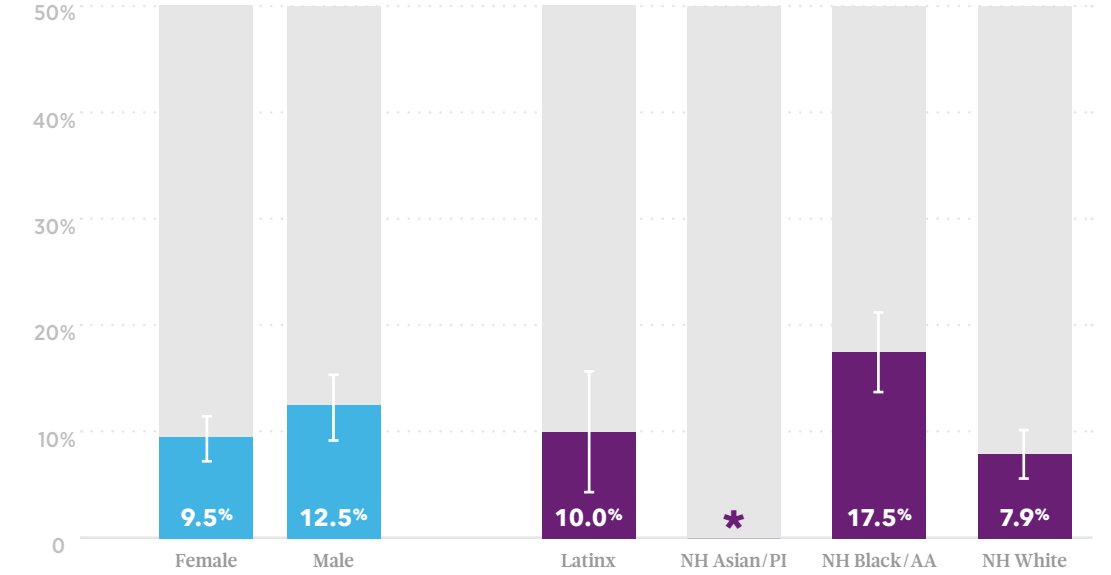


Figure 40

5+ DAILY SERVINGS OF FRUITS & VEGETABLES

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of older adults who report eating five or more daily servings of fruits and vegetables.

Overall, 23.6% of older adults report eating five or more daily servings of fruits and vegetables.¹ While there is no difference by gender, older NH White adults are twice as likely as older NH Black/AA and Latinx adults to eat 5+ daily servings of fruits and vegetables.

Chicago adults	28.8% ¹
18-64 years	29.7% ¹
65 years and older	23.6%¹

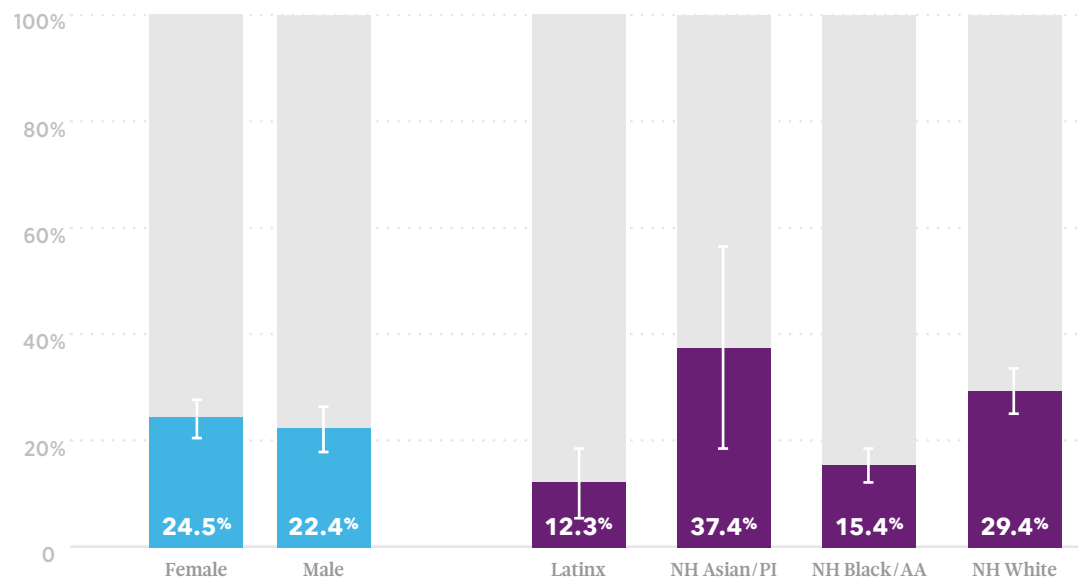


Figure 42

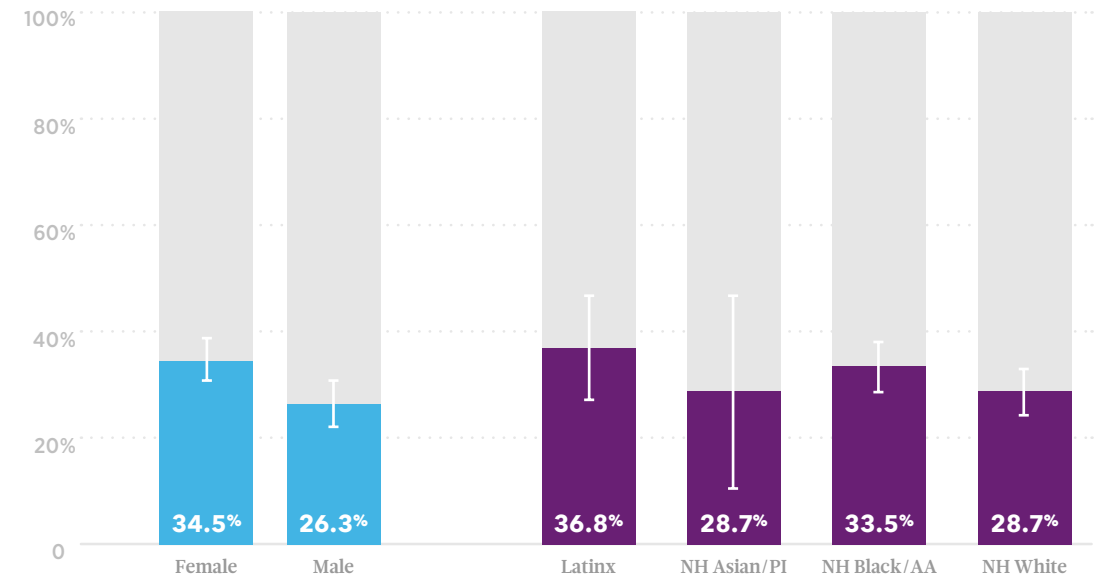
PHYSICAL INACTIVITY

HEALTHY CHICAGO 2.0 INDICATOR

Percentage of older adults who report no physical activity in the past month.

Overall, 31.1% of older adults report no physical activity in the past month and older women are less likely to have had any activity in the past month compared to older men.¹ There is no difference by race/ethnicity.

Chicago adults	24.8% ¹
18-64 years	23.7% ¹
65 years and older	31.1%¹



Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017

Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017 * Indicates data are suppressed due to small numbers

Figure 43 **HYPERTENSION**

Percentage of older adults who report ever being diagnosed with hypertension.
 Overall, 62.1% of older adults have ever been told by a health care professional that they have hypertension or high blood pressure.¹ There is no difference by gender. Diagnosed hypertension is highest among NH Black/AA older adults.

Chicago adults 27.8%¹
 18-64 years 21.9%¹
65 years and older 62.1%¹

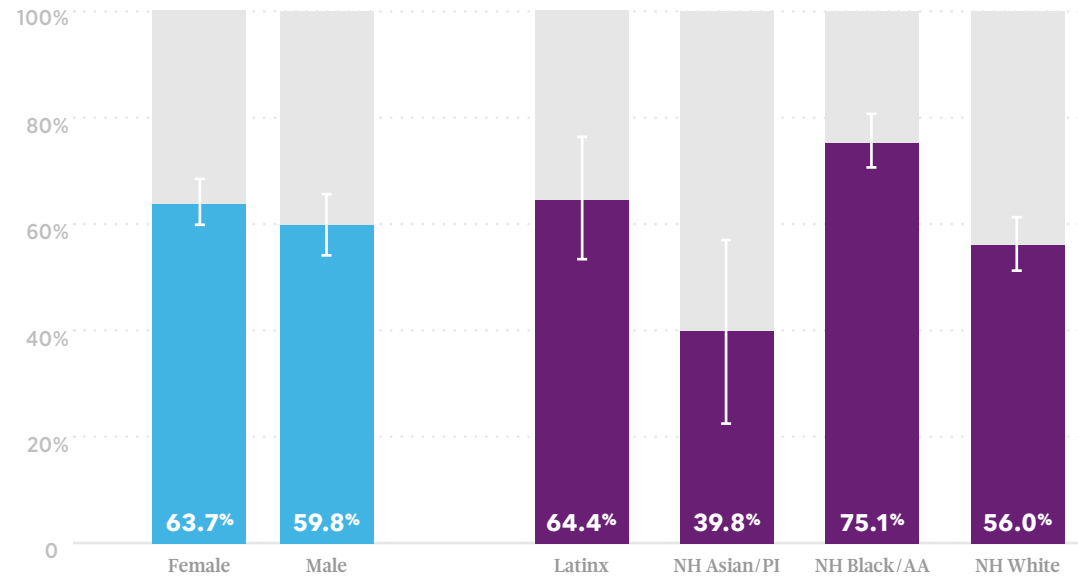
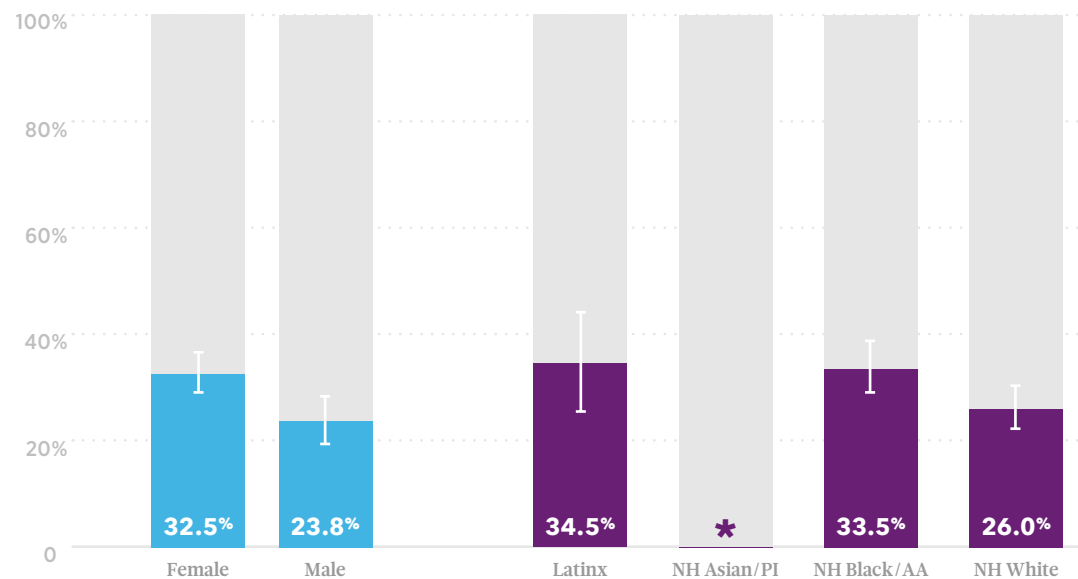


Figure 44 **OBESITY**

Percentage of older adults who are obese.
 In Chicago, 28.9% of older adults have a body mass index that classifies them as obese.¹ Older women have significantly higher rates of obesity compared to older men. Latinx and NH Black/AA older adults have significantly higher rates of obesity compared to NH White older adults.

HEALTHY CHICAGO 2.0 INDICATOR
 Chicago adults 29.8%¹
 18-64 years 29.9%¹
65 years and older 28.9%¹



Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017; * Indicates data are suppressed due to small numbers

Figure 45 **DIABETES**

Percentage of older adults who report ever being diagnosed with diabetes.
 Overall, 21.3% of older adults in Chicago have diagnosed diabetes.¹ Older men and women have similar prevalence rates of diabetes. One in three Latinx and NH Black/AA adults have diabetes, compared to one in eight NH White older adults.

Chicago adults 9.8%¹
 18-64 years 7.8%¹
65 years and older 21.3%¹

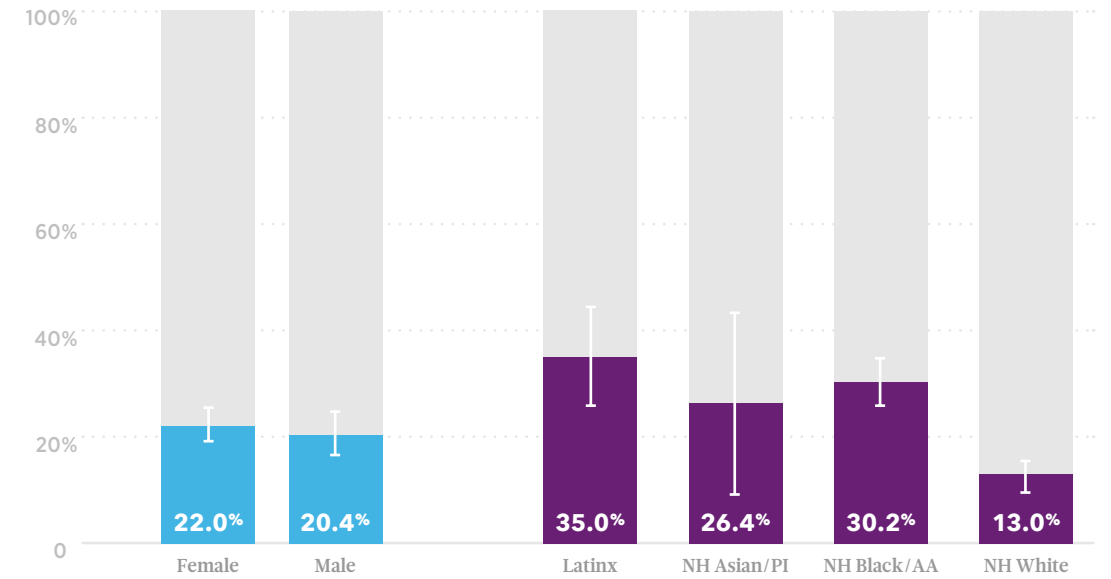
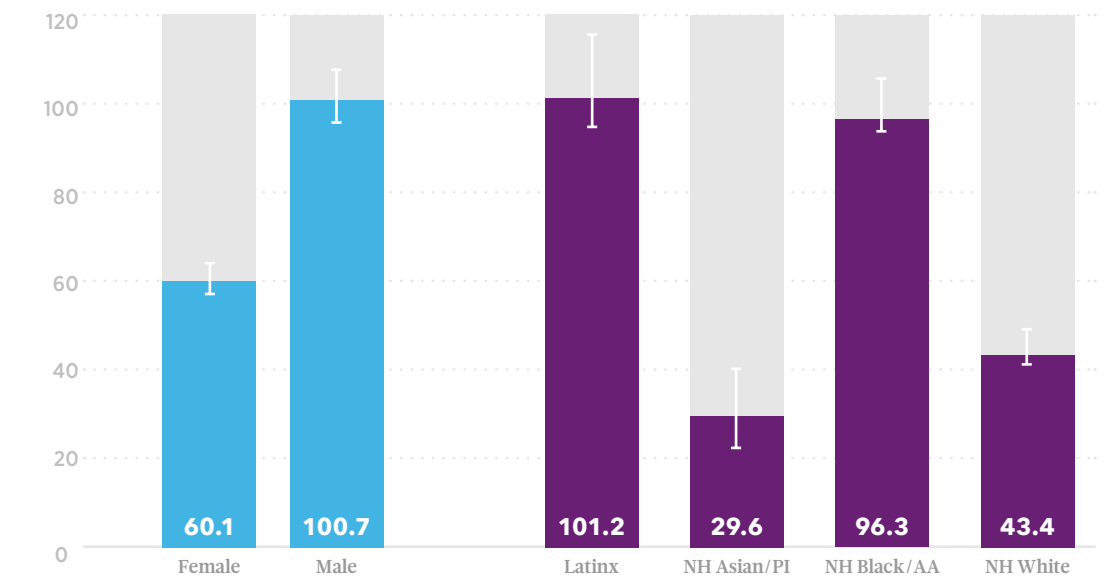


Figure 46 **DIABETES-RELATED HOSPITALIZATIONS**

Age adjusted rate of diabetes-related hospitalizations per 10,000 older adults.
 Overall, 2,122 (76.4 per 10,000) older adults were hospitalized for a diabetes-related concern. Older men are hospitalized for a diabetes-related concern at higher rates than older women.² NH Black/AA and Latinx older adults are hospitalized for diabetes at significantly higher rates than other race/ethnicity groups.

Chicago adults 33.0 per 10,000²
 18-64 years 24.4 per 10,000²
65 years and older 76.4 per 10,000²



Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017; 2. Hospital Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017

Figure 47 **ASTHMA**

Percentage of older adults who report being diagnosed with current asthma.
 Overall, 7.9% of older adults have asthma that has been diagnosed by a health care professional.¹ Older adults have similar rates of diagnosed asthma regardless of gender or race/ethnicity.

Chicago adults	9.3% ¹
18-64 years	9.5% ¹
65 years and older	7.9%¹

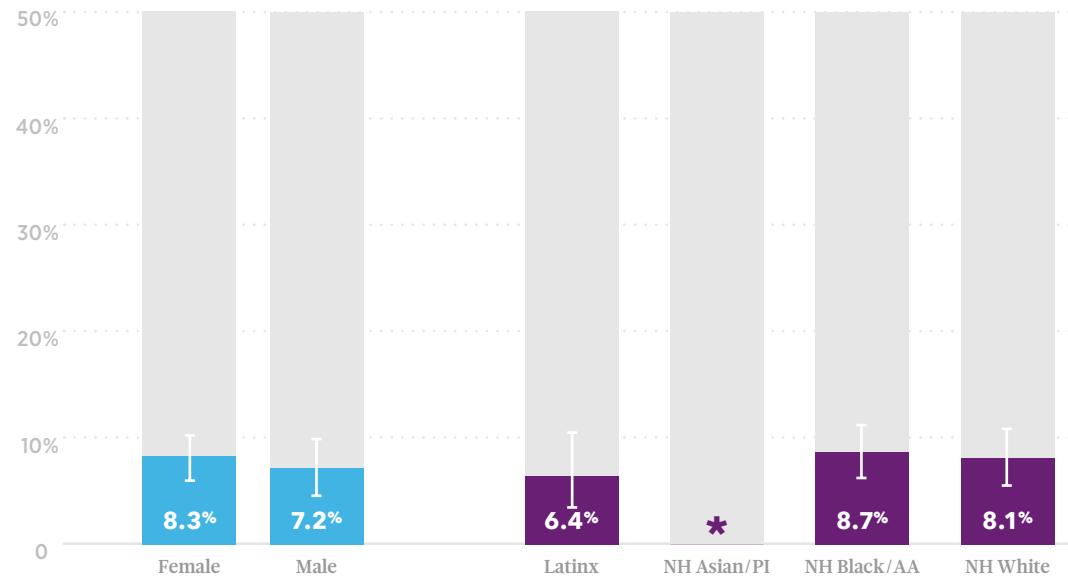
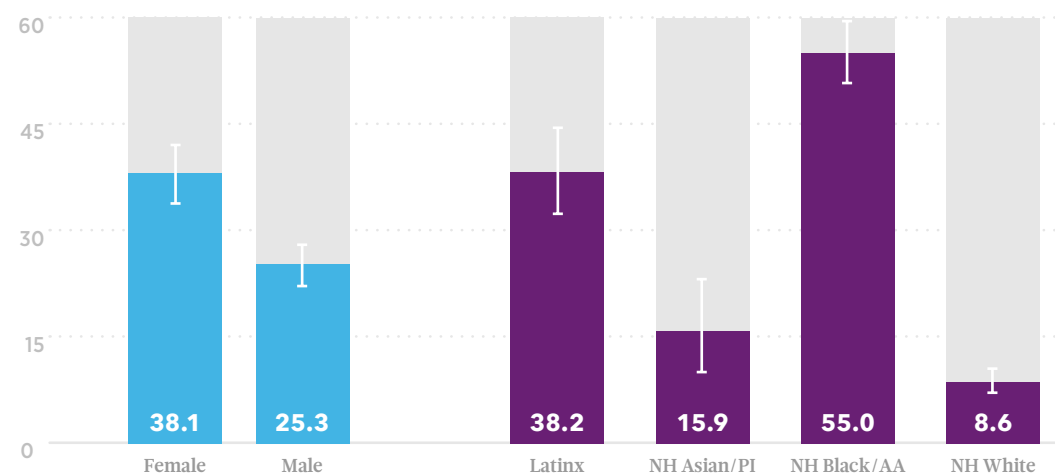


Figure 48 **ASTHMA ED VISITS**

Age adjusted rate of asthma-related emergency department visits per 10,000 older adults.
 Overall, 930 (32.9 per 10,000) older adults visited the ED for asthma.² Older women are more likely to visit the emergency department due to asthma than older men. NH Black/AA and Latinx older adults are significantly more likely to visit the ED due to asthma than NH Asian/PI and NH White older adults.

Chicago adults	71.3 per 10,000 ²
18-64 years	78.9 per 10,000 ²
65 years and older	32.9 per 10,000²



Source: 1. Healthy Chicago Survey, Chicago Department of Public Health, 2015-2017; 2. Emergency Department Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017; * Indicates data are suppressed due to small numbers

Figure 49 **COPD HOSPITALIZATIONS**

Age adjusted rate of COPD hospitalizations per 10,000 older adults.
 Overall, 3,305 (119.2 per 10,000) older adults were hospitalized for COPD.¹ Rates were similar among older men and women. Hospitalization rates for COPD were highest among NH Black/AA followed by NH White, Latinx and NH Asian/PI older adults.

Chicago adults	34.7 per 10,000 ¹
18-64 years	18.2 per 10,000 ¹
65 years and older	119.2 per 10,000¹

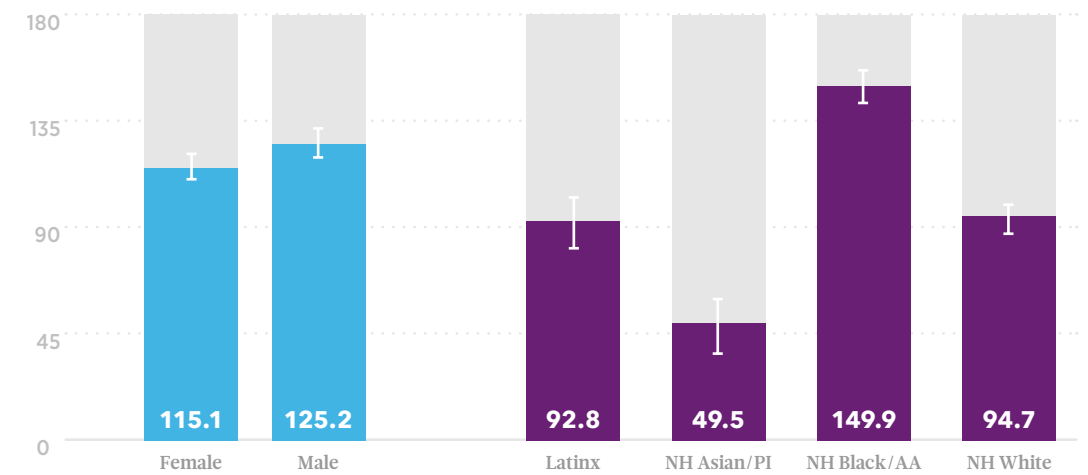
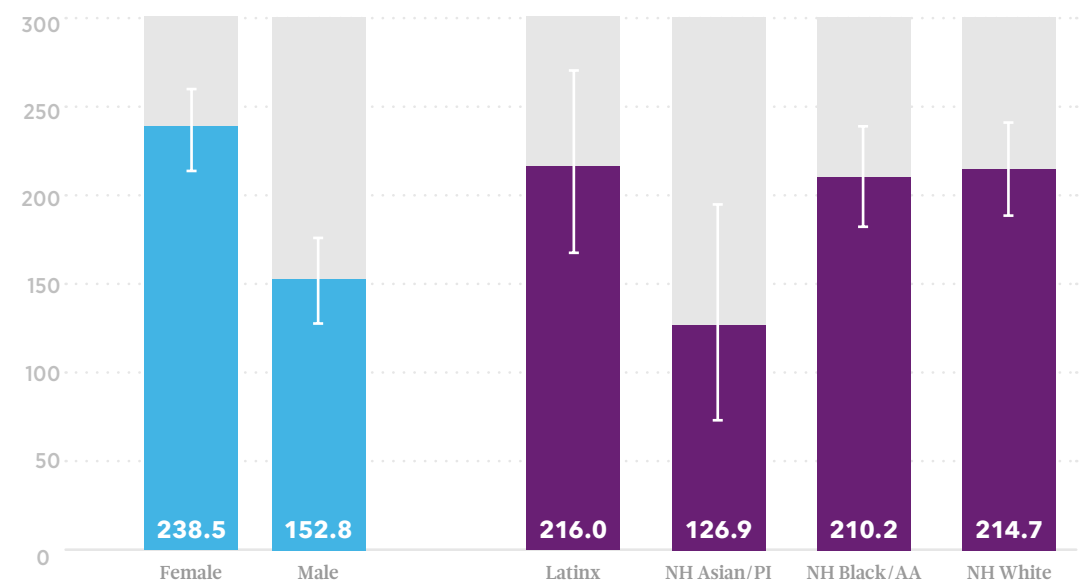


Figure 50 **ALZHEIMER'S DISEASE MORTALITY**

Age adjusted rate of Alzheimer's Disease mortality per 100,000 older adults.
 Overall, 207.3 per 100,000 older adults died due to Alzheimer's Disease.² Older women die from Alzheimer's Disease at higher rates than older men. There is no difference by race/ethnicity.

Chicago adults	33.3 per 100,000 ²
18-64 years	0.5 per 100,000 ²
65 years and older	207.3 per 100,000²



Source: 1. Hospital Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017; 2. Death Certificate Data Files, Illinois Department of Public Health, Division of Vital Records, 2015

Figure 51

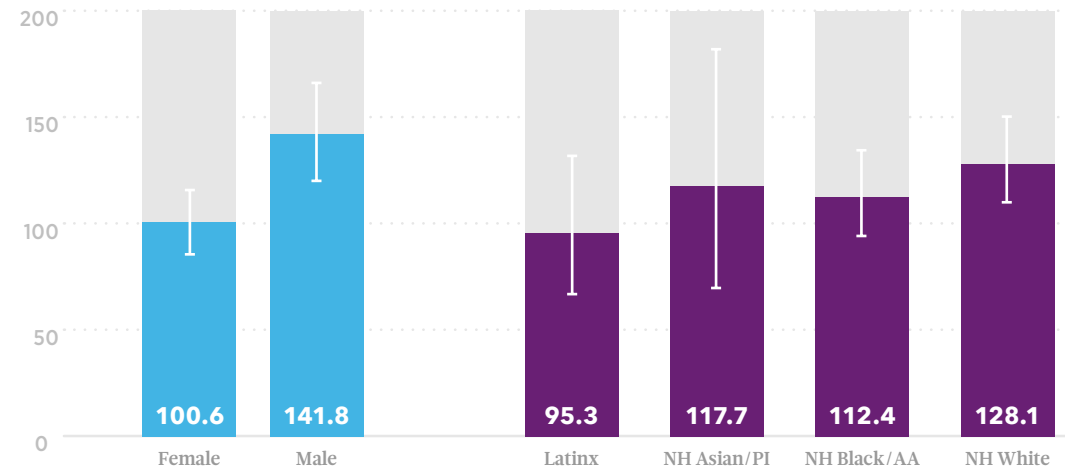
INFLUENZA/PNEUMONIA MORTALITY

Age adjusted rate of Influenza/Pneumonia mortality per 100,000 older adults.

Overall, 116.6 per 100,000 older adults died due to Influenza/Pneumonia.¹ Older men die from Influenza/Pneumonia at higher rates than older women. There is no difference by race/ethnicity.

In 2015, 53.1% of older adults in Chicago reported receiving a flu shot or flu vaccine in the past 12 months.²

Chicago adults 23.4 per 100,000¹
 18-64 years 5.7 per 100,000¹
65 years and older 116.6 per 100,000¹



Injury

Key Points

- ★ In 2016, over 7,000 older adults were hospitalized in Chicago due to a fall. Falls are the leading cause of hospitalization among older adults in the United States. [VIEW THE CHART](#)
- ★ Older adults represent 7% of serious traffic injuries and they account for 16% of all traffic crash fatalities. [VIEW THE CHART](#)

Source: 1. Death Certificate Data Files, Illinois Department of Public Health, Division of Vital Records, 2015; 2. Healthy Chicago Survey, Chicago Department of Public Health, 2015

Figure 52

HOSPITALIZATIONS DUE TO FALLS

Age adjusted rate of hospitalizations due to falls per 10,000 older adults.

Overall, 7,377 (270.8 per 10,000) older adults were hospitalized for a fall-related injury. Men and women are hospitalized for a fall-related injury at similar rates.¹ NH White older adults are hospitalized for fall-related injuries at higher rates than all other race/ethnicity groups. NH Black/AA older adults had the lowest rates.

Chicago adults 62.4 per 10,000¹
 18-64 years 21.7 per 10,000¹
65 years and older 270.8 per 10,000¹

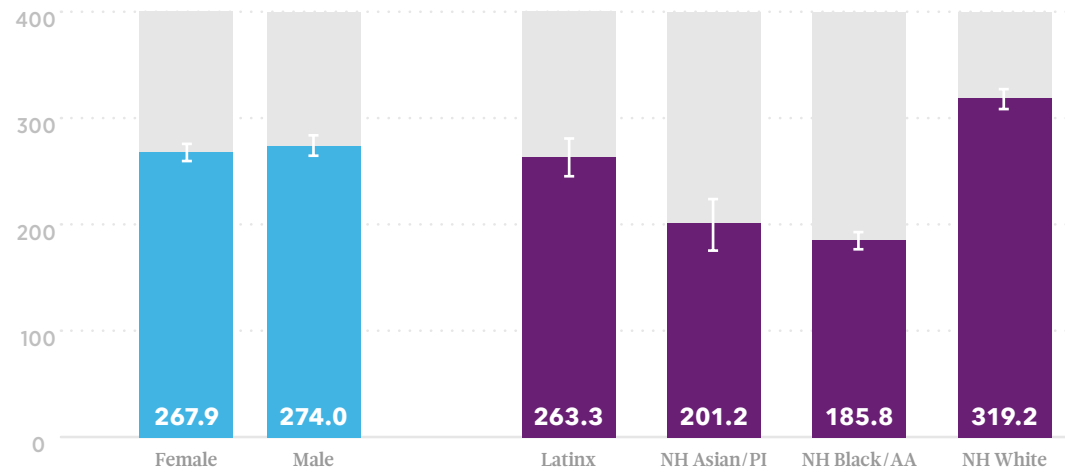


Figure 53

SERIOUS TRAFFIC INJURIES & FATALITIES

In 2016, older adults in Chicago represented 7.2% of all serious injuries from traffic crashes when age of victim was known.² Serious injuries for older adults totaled 149 out of 2,174 serious crash injuries for Chicago overall.

In 2016, older adults in Chicago represented 15.7% of all fatalities from traffic crashes when age of victim was known.² Fatalities among older adults totaled 17 deaths out of 115 traffic crash deaths for Chicago overall.

HEALTHY CHICAGO 2.0 INDICATOR

65 years and older 7.2%²

65 years and older 15.7%²



Source: 1. Hospital Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality, 2017; 2. Illinois Roadway Crash Data, Illinois Department of Transportation, 2016



Methodology

Data Sources

American Community Survey, U.S. Census Bureau:

The American Community Survey (ACS) is an ongoing annual survey conducted by the U.S. Census Bureau. Data collected include social, economic, housing and population data. ACS data are released in two waves each year: a 1-year dataset and a 5-year dataset combining 5 years of survey data.

Cook County Medical Examiner’s Office:

Opioid-related overdose death data are provided by the Cook County Medical Examiner’s Office. Opioid related overdose deaths include any fatal overdose that involved: heroin, fentanyl, methadone, buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol.

Death Certificate Data Files, Illinois Department of Public Health, Division of Vital Records:

Death files are received from the Illinois Department of Public Health. The death files contain most information from the death certificate for every death during a given calendar year. Death certificates are processed and analyzed by a standardized system that is used in most countries throughout the world, the International Classification of Diseases (ICD). The system is periodically revised to reflect advances in medical knowledge and public health priorities. The ICD-10, the most recent update, is being used for Illinois deaths effective with data from 1999 to the present.

Emergency Department (ED) Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality:

This dataset contains all ED visits that occurred among Chicago residents. It only includes ED visits that did not result in an inpatient hospital stay. Because the dataset provides information on ED visits and not individual persons, the counts and rates reported may not necessarily reflect rates per person; that is, persons who visit the ED more than once in a year may be counted more than once. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Healthy Chicago Survey, Chicago Department of Public Health:

The Healthy Chicago Survey (HCS) is an annual telephone survey of adults conducted by CDPH to collect information on the population’s health status, health access patterns, disease and risk factor prevalence and health behaviors. The HCS is a

cross-sectional telephone survey of adults aged 18 and older who live in private residences in the city of Chicago. Participants are able to complete the survey via landline or cell phone and interviews are conducted in English and Spanish. All data collected are self-reported. For this report, data from the 2015 (n=2,406), 2016 (n=2,726) and 2017 (n=3,310) waves of data collection were pooled together in order to increase sample size and improve statistical reliability. Of the total sample (n=8,442), 2,031 participants were older adults (age 65+). Data are weighted to be representative of Chicago’s older adult population.

Hospital Discharge Data, Illinois Department of Public Health, Division of Patient Safety and Quality:

This dataset contains all discharges for inpatient hospitalizations that occurred among Chicago residents. Because the IDPH dataset provides information on hospital inpatient 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. IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions.

Illinois Roadway Crash Data, Illinois Department of Transportation:

The Illinois Department of Transportation (IDOT) collects motor vehicle crash reports from law enforcement agencies throughout the state of Illinois. The data are provisional and are based on information submitted to IDOT for motor vehicle related crashes occurring on Illinois public roadways. The data are updated as information is received from various agencies throughout the state.

Food Access Research Atlas, United States Department of Agriculture (USDA):

The Food Access Research Atlas maps food access indicators for census tracts using ½-mile and 1-mile distance to the nearest supermarket. Estimates are based on a 2015 list of supermarkets, the 2010 Decennial Census, and the 2010-14 American Community Survey (ACS). A supermarket is defined as: supermarkets, supercenters, and large grocery stores. Information is obtained from two directories—stores authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits and stores in TDLinX, a Nielsen directory. This definition excludes military commissaries and warehouse club stores such as Sam’s Club, Costco, and BJ’s, along with drug stores, dollar stores, and convenience stores.



Indicator Definitions

Population Profile

Population:

Number of older adults (65 years and older) expressed as a percentage of the total population of Chicago. Source: American Community Survey, 2010 to 2016 1-year estimates

Demographics:

Percentage of older adults (65 years and older) by gender, race/ethnicity and age. Source: American Community Survey, 2016 1-year estimates

Population of Older Adults by Chicago Census Tracts and Community Areas:

Number of older adults (65 years and older) by Chicago census tract. White boundaries represent Chicago's 77 community areas. Source: American Community Survey, 2016 5-year estimates

Economic Hardship:

The Economic Hardship Index was developed as the Intercity Hardship Index by The Nelson A. Rockefeller Institute of Government (Montiel, LM et al., 2004). It is composed of six indicators:

- Unemployment, defined as the percent of the civilian population over the age of 16 who were unemployed;
- Dependency, the percentage of the population that are under the age of 18 or over the age of 64;
- Education, the percentage of the population over the age of 25 who have less than a high school education;
- Income Level, the per capita income;
- Crowded Housing, measured by the percent of occupied housing units with more than one person per room; and

Root Causes of Health

Financial Insecurity:

Percentage of older adults (65 years and older) who live below 100 percent of the Federal Poverty Level. The Federal Poverty Level (also called Federal Poverty Guideline, Federal Poverty Line, or FPL) is a measure of household income issued every year by the U.S. Department of Health and Human Services. It is based both on household income and household size. In

- Poverty, the percent of people living below the Federal Poverty Level.

The index compares the economic condition of communities relative to one another and over time. Calculated values are categorized into relative tertiles (equal intervals) of high, medium, and low. Source: American Community Survey, 2016 5-year estimates

Marital Status:

The marital status classification identifies five major categories: now married (except separated), widowed, divorced, separated, and never married. These terms refer to the marital status at the time of data collection. Source: American Community Survey, 2016 1-year estimates

Educational Attainment:

Data on educational attainment are derived from a single question that asks, "What is the highest grade of school... has completed, or the highest degree...has received?" Source: American Community Survey, 2016 1-year estimates

Language:

Percentage of older adults who report speaking English less than "very well." Source: American Community Survey, 2016 1-year estimates

Older Adults Living Alone:

Percentage of older adults who live alone. Source: American Community Survey, 2016 1-year estimates

2019, the Federal Poverty Level for an individual was an annual income \$12,490, for a household of two was \$16,910 and for a household of four was \$25,750. Source: American Community Survey, 2016 1-year estimates

Ability to afford a \$400 emergency expense describes the percentage of older adults (65 years and older) who would pay for an emergency expense that costs \$400 by: putting it on

your credit card and paying it off in full at the next statement or with money currently in your checking/savings account or with cash. Other response options included by: putting it on your credit card and paying it off over time; using money from a bank loan or line of credit; borrowing from a friend or family member; using a payday loan, deposit advance or overdraft; selling something or some other way. Numbers are weighted to be representative of the older adult population in Chicago. Source: Healthy Chicago Survey, 2015-2017

Difficulty Accessing Healthy Foods:

Percentage of older adults (65 years and older) who reported that it is very or somewhat difficult to get fresh fruits and vegetables. This number is weighted to be representative of the older adult population in Chicago. Source: Healthy Chicago Survey, 2015-2017

Low food access describes the percentage of older adults (65 years and older) who live more than ½ mile or 1 mile from a large supermarket by census tract. Source: Food Access Research Atlas, 2015

Health Status

Life Expectancy at 65:

Life expectancy at age 65 years old is the average age a person can expect to live to, once they reach age 65. Source: Death Certificate Data Files, 2016

Self Rated Health Status:

Percentage of older adults (65 years and older) who reported that their overall health is good, very good or excellent. This number is weighted to be representative of the older adult population in Chicago. Source: Healthy Chicago Survey, 2015-2017

Disability and Independent Living:

Respondents who report any one of the following six disability types are considered to have a disability.

- **Hearing difficulty:** deaf or having serious difficulty hearing (DEAR). Source: American Community Survey, 2016 1-year estimates
- **Vision difficulty:** blind or having serious difficulty seeing, even when wearing glasses (DEYE). Source: American Community Survey, 2016 1-year estimates
- **Cognitive difficulty:** Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM). Source: American Community Survey, 2016 1-year estimates

Neighborhood Belonging:

Percentage of older adults (65 years and older) who reported that they feel like they are a part of their neighborhood. This number is weighted to be representative of the older adult population in Chicago. Source: Healthy Chicago Survey, 2015-2017

Perception of Neighborhood Safety:

Percentage of older adults (65 years and older) who report that they feel safe in their neighborhood "all of the time" or "most of the time." This number is weighted to be representative of the older adult population in Chicago. Source: Healthy Chicago Survey, 2015-2017

- **Ambulatory difficulty:** Having serious difficulty walking or climbing stairs (DPHY). Source: American Community Survey, 2016 1-year estimates
- **Self-care difficulty:** Having difficulty bathing or dressing (DDRS). Source: American Community Survey, 2016 1-year estimates
- **Independent living difficulty:** Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping (DOUT). Source: American Community Survey, 2016 1-year estimates

Leading Causes of Death:

Top causes of death by crude death rate per 100,000 older adults (65 years and older), stratified by gender and race/ethnicity. Source: Death Certificate Data Files, 2015

Emergency Department (ED) Visits:

Number of emergency department (ED) visits, excluding discharges to Veterans Administration hospitals among older adults (65 years and older). Source: Emergency Department (ED) Discharge Data, 2017

Inpatient Hospitalizations:

Number of inpatient hospitalization discharges, excluding discharges to Veterans Administration hospitals, among older adults (65 years and older). Source: Hospital Discharge Data, 2017

Access to Care

Health Insurance Coverage:

Percentage of older adults (65 years and older) with no health insurance coverage among the total civilian non-institutionalized population. Source: American Community Survey, 2016 1-year estimates

Personal Health Care Provider:

Percentage of older adults (65 years and older) who report that they have at least one person they think of as their personal doctor or health care provider. This number is weighted to represent the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Routine Check-up in Past Year:

Percentage of older adults (65 years and older) who visited a doctor or health care provider for a routine check-up in the past year. This number is weighted to represent the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Preventable Hospitalizations:

Age-adjusted rate of inpatient hospitalization discharges, excluding discharges from Veterans Administration hospitals, among older adults (65 years 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. Specific ICD-10-CM codes used are defined by the Agency for Healthcare Research and Quality. Source: Hospital Discharge Data, 2017

Behavioral Health

Psychological Distress:

Percentage of older adults (65 years and older) who reported mild, moderate or serious psychological distress based on how often they felt nervous, hopeless, restless or fidgety, depressed, worthless, or that everything was an effort in the past 30 days (Kessler 6 Score). This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Annual Dental Cleaning:

Percentage of older adults (65 years and older) who report that they've had their teeth cleaned by a dentist or dental hygienist in the past year. This number is weighted to represent the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Dental Care Emergencies:

Age-adjusted rate of emergency department (ED) visits, excluding visits to Veterans Administration hospitals, among older adults (65 years and older) for non-traumatic dental care. Non-traumatic dental care in the ED is defined using ICD-10-CM codes by the Association of State and Territorial Dental Directors. Source: Emergency Department (ED) Discharge Data, 2017

Received Needed Care:

Percentage of older adults (65 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. This number is weighted to represent the older population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Health Care Satisfaction:

Percentage of older adults (65 years and older) who report that they were very satisfied with the health care they received in the past year. This number is weighted to represent the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Binge Drinking:

Percentage of older adults (65 years and older) who reported binge drinking in the past month (men having 5 or more drinks on one occasion, women having 4 or more drinks on one occasion). This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Suicide Attempts:

Age-adjusted rate of inpatient hospitalization discharges, excluding discharges from Veterans Administration hospitals, among older adults (65 years and older) due to any listed diagnosis code for attempted suicide or intentional self-inflicted injury. Specific ICD-10-CM codes are defined by the Healthcare Cost and Utilization Project Clinical Classification Software. Source: Hospital Discharge Data, 2017

Suicide Mortality:

Age-adjusted rate of older adults (65 years and older) who died due to suicide. Source: Death Certificate Data Files, 2011-2015

Behavioral Health Hospitalizations:

Age-adjusted rate of inpatient hospitalization discharges, excluding discharges to Veterans Administration hospitals, among older adults (65 years and older), with a primary diagnosis code of: substance use disorder (includes due to:

Chronic Disease

Breast Cancer Screening:

Percentage of older women (65 to 74 years) who reported having a mammogram in the past two years. This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Colorectal Cancer Screening:

Percentage of older adults (65 to 75 years) who reported having a colonoscopy in the past 10 years, or a sigmoidoscopy in the past 5 years with a blood stool test in the past 3 years, or a blood stool test in the past year. This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Current Smoking:

Percentage of older adults (65 years and older) who reported that they've smoked at least 100 cigarettes in their life and report that they now smoke cigarettes every day or some days. This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

5+ Daily Servings Fruits and Vegetables:

Percentage of older adults (65 years and older) who reported eating five or more servings of fruits and vegetables (combined) daily. This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

alcohol, amphetamines, cannabis, cocaine, drug induced mental disorders, hallucinogens, opioids, sedatives, hypnotics, tranquilizers, barbiturates, and other) and mental disorders (adjustment disorders, anxiety disorders, attention deficit, conduct, and disruptive behavior disorders, disorders usually diagnosed in infancy, childhood, or adolescence, impulse control disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, suicide and intentional self-inflicted injury, screening and history of mental health and substance abuse codes, miscellaneous disorders). Specific ICD-10-CM codes are defined by the Healthcare Cost and Utilization Project Clinical Classification Software. Source: Hospital Discharge Data, 2017

Opioid Overdose Mortality:

Age-adjusted rate of older adults (65 years and older) who died from an opioid-related overdose and were a resident of Chicago. Source: Cook County Medical Examiner's Office, 2017

Daily Soda Consumption:

Percentage of older adults (65 years and older) who drank soda, 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. This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Physical Inactivity:

Percentage of older adults (65 years and older) who reported that they did not participate in any physical activity or exercise in the past month. This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Hypertension:

Percentage of older adults (65 years and older) who reported that a doctor, nurse or other health professional has ever diagnosed them with high blood pressure (excludes borderline high, pre-hypertensive or hypertension diagnosed only during pregnancy). This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Obesity:

Percentage of older adults (65 years and older) who reported a height and weight that yield a body mass index of 30 or greater. This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Diabetes:

Percentage of older adults (65 years and older) who reported that a doctor, nurse or other health professional has ever diagnosed them with diabetes (excludes pre-diabetes or diabetes only during pregnancy). This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Diabetes-Related Hospitalizations:

Age adjusted rate of inpatient hospitalization discharges, excluding discharges to Veterans Administration hospitals, among older adults (65 years and older) due to diabetes mellitus with or without related complications. ICD-10-CM codes are defined by the Agency for Healthcare Research and Quality and include: diabetes with short term complications, diabetes with long term complications, uncontrolled diabetes, and lower extremity amputation. Source: Hospital Discharge Data, 2017

Asthma:

Percentage of older adults (65 years and older) who reported that a doctor, nurse or other health professional has diagnosed them with asthma, and they currently have asthma. This number is weighted to be representative of the older adult population of Chicago. Source: Healthy Chicago Survey, 2015-2017

Injury**Fall-Related Hospitalizations:**

Age adjusted rate of inpatient hospitalization discharges, excluding discharges to Veterans Administration hospitals, among older adults (65 years and older) relating to a fall. Specific ICD-10-CM codes are defined by the Healthcare Cost and Utilization Project Clinical Classification Software. Source: Hospital Discharge Data, 2017

Asthma ED Visits:

Age adjusted rate of emergency department visits excluding visits to Veterans Administration emergency departments, among older adults (65 years and older) due to asthma. Specific ICD-10-CM codes used are defined by the Agency for Healthcare Research and Quality. Source: Emergency Department (ED) Discharge Data, 2017

COPD Hospitalizations:

Age adjusted rate of inpatient hospitalization discharges, excluding discharges to Veterans Administration hospitals, among older adults (65 years and older) due to COPD. Specific ICD-10-CM codes used are defined by the Agency for Healthcare Research and Quality. Source: Hospital Discharge Data, 2017

Alzheimer's Disease Mortality:

Age-adjusted rate of older adults (65 years and older) who died due to Alzheimer's Disease (ICD-10 code: G30). Source: Death Certificate Data Files, 2015

Influenza/Pneumonia Mortality:

Age-adjusted rate of older adults (65 years and older) who died due to influenza or pneumonia (ICD codes: J09-J18). Source: Death Certificate Data Files, 2015

Serious Traffic Injuries & Fatalities:

Number of older adults (65 years and older) who died or sustained an incapacitating injury due to traffic crashes in Chicago (excluding highways) regardless of address of residence. An incapacitating injury is any non-fatal injury which prevents the injured person from walking, driving, or normally continuing the activities he/she was capable of performing before the injury occurred. It includes severe lacerations, broken limbs, skull or chest injuries, and abdominal injuries. Source: Illinois Roadway Crash Data, 2016



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Healthy Chicago **databook**

Older Adult Health

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