The Chicago Health Equity Reader
Edited by: Fernando De Maio, Raj Shah, John Mazzeo, David Ansell

Health Disparities and Social Justice Conference
DePaul University
August 12, 2016
INITIAL SEARCH FOR DOCUMENTS

- Literature search on Medline (Pubmed)
- Review personal files
- Review reference lists and google scholar ‘cited by’ lists
- Suggestions from colleagues

INITIAL SCREENING

- De Maio created first selection of approx. 250 documents
- De Maio and Shah reviewed these abstracts, choosing priority documents for consideration (approx. 75)

EDITORIAL REVIEW

- De Maio, Shah, Mazzeo, and Ansell reviewed 5 waves of 15 articles, further narrowing the selection
- Review meetings included feedback from students

PRELIMINARY SELECTION

- First draft of the reader is shared to elicit feedback
Contents

• Part I: A Divided City
• Part II: Separate and Unequal Health Care
• Part III: The Health Gap
• Part IV: Communities Matter
• Part V: Taking Action
Dear Sir:

Mindful of the above offer an example of the community regulations. At the bottom of the page, the community regulations are equivalent to a public search for caus.

The years preceding the outbreak of World War II, the enforcement of segregation led to the wholesale displacement and patterns of disaffection to end this displacement. The Chicago is un-

On June 28, 1962, the Medical Institute of the United States Civil Rights Act of 1964, the complaint is a right of Chicago that is, births.

VIRGINIA BEACH DOWNTOWN MEDICAL COMMITTEE FOR HUMAN RIGHTS

WILL THE REAL SICKLE CELL PROGRAM PLEASE COME FORWARD

Inferior medical care is an oppressive cross that Black and poor people struggling in America have always been forced to bear. Nowhere is the fact more apparent than in the lack of government interest in researching or trying to cure or prevent Sickle Cell Anemia. Why is this so? We are living in a racist, exploitative society, and the victims of Sickle Cell disease are chiefly Black people. At one point in time Black people, as shackled slaves, were very much the asset in the building of America's economy. However, today, Black people have become a liability. Because we are also struggling for liberation from this oppressive society, we are disposable and economically expendable. Black community of America, now represent a great threat to Capitalist America. In order to protect itself from this threat, the United States ruling circle has made genocide (the systematic extermination of a whole race of people) the fascist order of the day.

Members of the Black Panther Party (Illinois State Chapter) and community volunteers have, for nearly a year now, been waging a vigorous campaign to fight Sickle Cell Anemia. (Shown here screening and testing one of over 7,000 people, in the Chicago area alone, who have benefited from the free tests.)

Free sickle cell tests to the people, in all, 7,312 people in the Chicago and Maywood Black communities were tested. Out of this number of people, 614 were found to have the Sickle Cell Trait or the actual disease itself. Sickle Cell Anemia is tragic and criminal that these 614 Black people had previously not known that they were victims of the Sickle Cell disease. The Black community knows full well whom to indict for this blatant neglect of their medical needs.

But research on the effects of Sickle Cell Trait (which in many cases could be just as dangerous as the actual disease and about which very little is known) is not necessary. This racist line of reasoning ignores the plight of the people to determine their own medical priorities. Others have tried to avoid responsibility by arguing that Sickle Cell screening is only necessary after mass education of the people as to the nature of Sickle Cell. Those who advance this argument refuse to see that screening and mass education must go hand
Community Health in a Chicago Slum

When health activists talk about community involvement in health policy, they usually mean participation in the governance of existing institutions delivering services. "Organizing" the community is seen as a necessary political activity to redress community grievances about inadequate, insensitive, and unresponsive providers. Much health activism in the 1960s and 1970s was focused on transferring power through a consumers/community majority either in governance (CEO Neighborhood Health Center) or in the planning process (National Health Planning Act). This has been left to the sociologists and medical anthropologists to examine the relationships between community social fabric and its health status.

The article by John L. McKnight that follows tells of the experiences in political action among a poor Chicago community concerned about its health. He examines the relationship between a community's sense of self-determination and its health status. This community, having gained access to and control of health care providers, still found itself dealing with the same health problems. The community asked the Center for Urban Affairs at Northwestern University, where McKnight is Associate Director, for help with this persisting and continuing problem. Unburdened by institutionalized, the staff helped citizens recognize the realities of the community that led to "health problems." Much to almost everyone's surprise, the causes of hospital services were not very sensitive to manipulation of medical services, but could be addressed through political and social action organization. This revelation came as no surprise to McKnight, who had previously said, "The evidence indicates that our health requires minor changes in individual, socio-economic and environmental relations, rather than medical investments." The relationship between the community and the...
Fig. 3. Number of nonfatal gunshot victims in Chicago by police beat, 2006–2012.

Source: Illinois State Trauma Registry.

FIGURE 1—Density map of gunshot wound (GSW) mortality and distance from a trauma center: Chicago, IL, 1999-2009.
THE NEW ENGLAND JOURNAL OF MEDICINE

SPECIAL ARTICLE

TRANSFERS TO A PUBLIC HOSPITAL
A Prospective Study of 467 Patients

ROBERT L. SCHIFF, M.D., DAVID A. ANSELL, M.D., JAMES E. SCHLOSSER, M.D., ANN MORRISON, M.D., AND STEVEN WHITMAN, M.D.

Abstract In recent years there has been a dramatic increase in the number of patients transferred to public hospitals in the United States. We prospectively studied 467 medical and surgical patients who were transferred from the emergency departments of other hospitals in the Chicago area to Cook County Hospital and subsequently admitted. The proportion of patients who died was 9% higher than the proportion transferred in the 2 years before the study.

A comparison of the availability and affordability of a market basket in two communities in the Chicago area

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Submitted 16 March 2005: Accepted 12 December 2005

Abstract

Objective: The purpose of the present study was to characterise the food landscape of an inner city African American neighbourhood and its mixed-race suburban neighbour. Detailed analysis focuses on the relationship between community store mix and price, availability and produce quality.

Design: A market basket study was completed by members of the Chicago Food Systems Collaborative. The US Department of Agriculture's standard market basket survey and methodology were used. Additional items and analyses were added in consultation with community members.

Setting: Austin is a lower-middle-class African American community of 117,500 on the western edge of Chicago. Oak Park, which borders Austin, is an upper-middle-income suburb of 52,500 with a mixed racial profile.

Subjects: A market basket survey of every retail food store in Austin and Oak Park was completed. A total of 154 were included.

Results: Results indicate that Austin has many grocery stores and few supermarkets. Many Austin groceries stores carry produce that is usually competitively priced, but often of unacceptable quality. Supermarkets had the best selection. Prices were

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SOCIAL SCIENCE & MEDICINE

The effects of racial density and income incongruity on pregnancy outcomes

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Panelists

Jana Hirschtick, MPH
Sinai Urban Health Institute

Noam Ostrander, PhD MPH LCSW
Department of Social Work
DePaul University

Magdalena Nava, MPH
Greater Humboldt Park Community Diabetes Empowerment Center
You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land, with great violence, upon the body.

Ta-Nehisi Coates