



## DRIVING HEALTH EQUITY THROUGH DATA

***Equity and social justice demand public health and health care interventions that address root causes, social determinants of health, and health disparities.***

Last spring, as the Coronavirus pandemic raged, Illinois learned that Black, Latinx and other POC residents were much more likely to get sick from and die of COVID-19. These outcomes threw into sharp relief the **cost of structural racism that produces disparities** in chronic disease, access to care, and social determinants of health like overcrowded housing, prevalence of working in low-wage essential jobs, and other measures of social vulnerability.

### **Problem:**

Traditional public health data on births, causes of deaths, and certain diseases collected by existing methods do not do enough to help communities, local governments and the state understand local health concerns and community and social factors associated with health. Nor do they help identify policies and interventions that address health inequities. While the Chicago Department of Public Health conducts an annual Healthy Chicago survey of Chicago residents to get additional data at a granular neighborhood level to illuminate what's needed in different parts of the city, similar data are not available anywhere else in the state.

Data are scattered, incomplete, or lack enough granularity to **target action where, when and for whom** it's needed. The state and local governments, along with private stakeholders like hospitals, funders, non-profits and communities need this data to develop effective policies and achieve health equity goals.

### **Solution:**

**Conduct an annual Healthy Illinois Survey** to create a common dataset and baseline from which HFS, IDPH, IDHS and its partners in the private sector can make decisions and track progress.

The Healthy Illinois Survey would collect information, ideally at the zip code level, on a range of topics including: access to health services, civic engagement, childhood experiences, chronic health conditions, COVID-19, diet, financial security, food security, mental health, community conditions, physical activity, safety, substance use and violence. This data could help inform the state's ongoing pandemic response, help guide healthcare transformation and the development of public health interventions and policies to address health inequities at the state and local level.

### **Cost:**

An annual multi-mode, address-based health survey that would provide valid results would cost approximately \$1.25M - \$2M annually.

- **Option 1, \$1.75M, 14,500 completed interviews:** county-level estimates for all counties, some zip code groupings, Chicago community areas, and demographic stratifications (race, ethnicity, gender, age etc.)
- **Option 2, \$2.5M, 22,500 completed interviews:** County-level, plus small area estimates for the 200 largest zip codes, plus the 85 Chicago zip codes, and zip code groupings for less populated areas; includes demographic stratifications.