1. **U Chicago Medicine Community Health Profiles:** [**Community Profile: Auburn Gresham**](https://edge.sitecorecloud.io/unichicagomc-81nbqnb3/media/pdfs/adult-pdfs/community/chna-community-profiles/auburn-gresham-community-profile.pdf) **:** Are comprehensive reports developed by the University of Chicago Medicine to assess the health status and needs of various communities in the Chicago area. These profiles provide valuable insights into a range of health indicators, such as access to healthcare, chronic disease prevalence, mental health, maternal and child health, environmental factors, and socio-economic conditions. The reports highlight disparities in health outcomes across different neighborhoods and aim to identify priority areas for improvement, guiding both public health interventions and policy decisions. Through the Community Health Profiles, UChicago Medicine seeks to foster collaboration with local organizations and stakeholders to address health inequities and improve overall well-being in the region.
2. **Chicago Metropolitan Agency for Planning’s (CMAP) Community Data Snapshots:** [**Community Data Snapshots: Explore your community's data - Chicago Metropolitan Agency for Planning**](https://cmap.illinois.gov/data/community-data-snapshots/)**:** Provide a detailed overview of key socio-economic, demographic, and environmental data for communities across the seven-county Chicago region. These snapshots include information on population trends, income levels, education, housing, transportation, employment, and health. They are designed to help local governments, organizations, and planners understand the specific needs and challenges of different neighborhoods. By presenting data in an accessible format, CMAP's Community Data Snapshots support informed decision-making, promote equitable development, and guide policies aimed at improving quality of life and addressing regional disparities.
3. **CCDPH\_community\_profile:** [**TOC CCDPH**](https://cookcountypublichealth.org/wp-content/uploads/2018/12/cook-county-department-of-public-healths-jurisdiction-0608r.pdf)**:** [**CHSA\_appendix-D\_final.pdf**](https://cookcountypublichealth.org/wp-content/uploads/2022/06/CHSA_appendix-D_final.pdf)**:** Provides an in-depth look at the health status and needs of the communities within Cook County, Illinois. The profile includes data on a wide range of health indicators, such as chronic diseases, mental health, maternal and child health, environmental factors, and access to healthcare. It also highlights social determinants of health, including income, education, and housing, which affect overall well-being. The Community Profile aims to identify health disparities across different regions of the county, helping to guide public health interventions and policy decisions. By offering a clear picture of local health challenges, the profile supports efforts to improve health outcomes and reduce inequalities in Cook County.
4. **America'sHealthRankings-Illinois- Explore Health Measures and Rankings in Illinois | AHR, for Data sources:** [**Explore Health Measures and Rankings in Illinois | AHR**](https://www.americashealthrankings.org/explore/states/IL)**:** Provides a comprehensive analysis of the state’s health performance, offering detailed insights into various health measures and rankings. It includes data on key health indicators such as chronic diseases, mental health, maternal and child health, nutrition, and access to healthcare. These rankings are compiled from a range of reputable data sources, including federal agencies, state-level health departments, and other trusted organizations. The goal is to identify strengths and challenges in Illinois' healthcare landscape, helping policymakers, healthcare providers, and residents understand the state's health status and areas requiring improvement. The data sources used in the rankings include the Centers for Disease Control and Prevention (CDC), U.S. Census Bureau, National Center for Health Statistics (NCHS), and other public health databases.
5. **NYC.gov Community Health Profiles (**[**website**](https://a816-health.nyc.gov/hdi/profiles/)**)**

Organized by tabs. Slow to load and laggy to use[[1]](#footnote-1). Can compare indicators to other NYC communities/districts and to NYC overall. Data is primarily conveyed through tables and figures. Sources are listed with the methodology, too. The data is sourced from the NYC health department. Mentions of instances of racial inequity/racial health disparities are scarcely laced; present in the “social and economic conditions’ tab. Formatted as an interactive web page (PDF available; printer friendly). Accessibility settings include language selections and font sizing. Overall impression, clunky to use with less information than expected.

1. **Department of Health & Social Care Public Health Profiles (United Kingdom) (**[**website**](https://fingertips.phe.org.uk/profile/health-profiles/data)**)**

This health profile tool captures the entire United Kingdom. The geography is stratified by 4 area types, which are then further stratified by area, group type, and group – depending on the initial area type selected. Area types include counties, districts, England, and regions. Health data is presented through 7 measure categories and 38 individual indicators. Fairly comprehensive data with plenty of charts, tables, and trend data. Measurements can be compared to other area types within the UK. There is no PDF form, nor can the community health profiles be easily shared through PDF or email. Overall, very menu-heavy with lots of clicking around to find data.

1. **Houston Health Department Community Health Profiles and Reports (**[**website**](https://www.houstonhealth.org/services/data-reporting/planning-evaluation-research/community-health-profiles-reports)**)**

Community health profiles were available for 4 of Houston’s communities via 31-page PDFs. Three measure categories and 22 individual health indicators are presented. Can compare indicators among the other 3 communities and to Houston overall. Data is conveyed through a single figure per indicator, followed by a comprehensive narrative explanation. Several health indicators recognize that health disparities exist among certain race/ethnic groups. Overall, reads like a report. Data is not conveniently presented.

1. **Pennsylvania Department of Health (**[**website**](https://www.pa.gov/content/dam/copapwp-pagov/en/health/documents/topics/healthstatistics/vitalstatistics/countyhealthprofiles/documents/current/index.html)**)**

PA’s community health profile is a great example for CCDPH to model after. PA’s CHP captures all 67 PA counties via a simple interactive webpage. There are 8 measure categories with a total of 88 health indicators. For each county, a map is provided of that county’s location within the state. Data is presented exclusively through tables. County data is compared against PA overall. Some measurements/indicators are broken down by sex (female or male), but racial health inequities are missing, as are risk factors. The webpage is not easily printable, nor available in PDF form. The website works well on mobile. The raw data is downloaded for each county.

The left hand side of this website is a scroll bar that includes a table of items linking to different pages. These items include an introduction, each county’s community profile, pages dedicated to each measurement that provides trend data for all counties within PA, and a page on the methodology. Overall, this webpage is easy to navigate, conveys a lot of information, but is still missing plenty of useful health indicators.

1. **Native American Community Health Center, Phoenix, AZ – Community Health Profile 2009 (**[**website**](http://www.uihi.org/wp-content/uploads/2017/08/Phoenix-Community-Health-Profile_Final-PDF.pdf)**)**

The Urban Indian Health Institute created 34 community health profiles to examine the health of American Indians and Alaskan Natives (AI/AN). This document is presented as a PDF. There are 5 measures with 19 health indicators total. Each health indicator is paired with a narrative explanation – that makes mention of risk factors – and either a table or figure to convey the quantitative data. All of the AI/AN health data is compared against “All race” within Phoenix, AZ in 2009. A reference page is provided but the raw data cannot be downloaded.

This CHP does an excellent job at presenting a lot of text and figures without overcrowding the page or being too lengthy. Still, the PDF is simple to navigate and easy to read.

1. **Vermont’s Community Health Profiles (**[**website**](http://blueprintforhealth.vermont.gov/community-health-profiles)**)**

The Blueprint supports produces an annual profile data on the health status, health care utilization, and health care outcomes of the patients of the 13 Blueprint hospital service area communities in Vermont. There are 46 health indicators relating to hospital service utilization and need. The data is compared against the other 12 communities and against Vermont overall. No summaries or interpretation was given, though detailed explanations of each table and figure were. The information was presented in a very lengthy PDF. On the parent website in which this PDF was found, an explanation on the methodology is available, as well as downloads to the raw data.

This is an example of how a CHP that exclusively presents data via figures and tables may look. Overall, not an advisable design for CCDPH’s purposes.

**Selected Key Takeaways**

* Navigation should not require excessive clicking
* Page should not be too long
* Consider including an introduction on how to use the CHPs
* Consider adding a methodology section
* Consider adding a sidebar of all of the zip codes/jurisdictions with profiles for easy navigation (see PA website)
* Ensure data is downloadable
* Do not overcrowd page is text
* Include a figure of a map where the community is located in relation to the rest of the communities
* Include short summaries and interpretation of the data per measurement and/or indicator
* Ensure website is PDF/printer friendly
* Include sources and/or download to data set
  + Link to Health Atlas
* Include trend data (few examples of other CHPs including this)
* Consider comparing the data to the other communities, to the state, or nationally
* Ensure health equity is emphasized via indicators and summaries/interpretation

1. Tested on a high-end gaming pc and iPhone 16 Max. [↑](#footnote-ref-1)