

State Health Improvement Plan

State Health Profile Summary

Illinois Department of Public Health



October 29, 2009

Prepared by
Illinois Public Health Institute



Introduction to the Summary

This report provides a summary of the information contained in the full State Health Profile, developed to inform the 2009/2010 State Health Improvement Planning process.

The information in the Summary is organized according to the health status-related Strategic Issue identified in the 2007 State Health Improvement Plan (Access, Obesity, Physical Activity, Violence and Alcohol, Tobacco and Other Drugs). In addition, information regarding the Disparities Strategic Issue is embedded throughout this summary through the presentation of health data disaggregated by race, gender, education, income and geography. The Introduction to the full Profile is included below for reference. The intention of the Summary document is to provide a more focused view of the data in the larger Profile.

Introduction to the Full Profile

As part of the 2007 Illinois State Health Improvement Plan (SHIP), the State Health Profile was constructed to be a kind of “report card” regarding the health of the population in Illinois. The Profile was designed with the input of the members of the 2005-2007 State Health Improvement Plan Team, representing organizations from many of the sectors that comprise the public health system in Illinois.

The indicators were chosen through an iterative process that utilized multiple rounds of prioritization of health conditions and associated measures of morbidity, mortality and risk factors to arrive at a final list of 65 indicators. The various committees and individuals who participated in these processes also functioned under the assumption that, to the greatest degree possible, data should be sought that could be disaggregated by social factors known to be associated with differential health outcomes (these include race, ethnicity, education, income, gender and geography). The SHIP Team recognized that

there are certainly other important factors and supports improvement in the collection, analysis and dissemination of health data that can be segmented by these additional categories but was faced with the paucity of such data at this time. In addition to assisting the SHIP Team in identifying priority health conditions, the Profile helped to surface data gaps as a concern that ultimately became a Strategic Issue in the 2007 SHIP.

This iteration of the Profile highlighted, once again, a related issue, that of the *fragmentation* of the data systems. This difficulty bears directly on questions regarding the availability of data to elements of the public health system including organizations and government entities for planning and evaluation purposes. The difficulty of finding reliable, publicly-accessible, Illinois-specific data for each of the indicators, across all age groups and disaggregated for the various social factors and further, bringing all the resulting data into a common framework for graphical expression for comparative purposes, would be hard to overstate. No less than 14 separate sources of data were utilized, many of which were sources of multiple databases multiplying the total number of sources several times. However, in addition to the difficulties enumerated above, it is important to note that Illinois' public health data system is remarkable in the degree of support over a relatively long period of time for data collection and dissemination *at the county level*. This is due primarily to the availability of Behavioral Risk Factor data at the county level going back to the early 1990's. Few other states have such a long and consistent set of data and the usefulness of the Profile as well as other public health planning efforts throughout the state are greatly enhanced by this robust dataset.

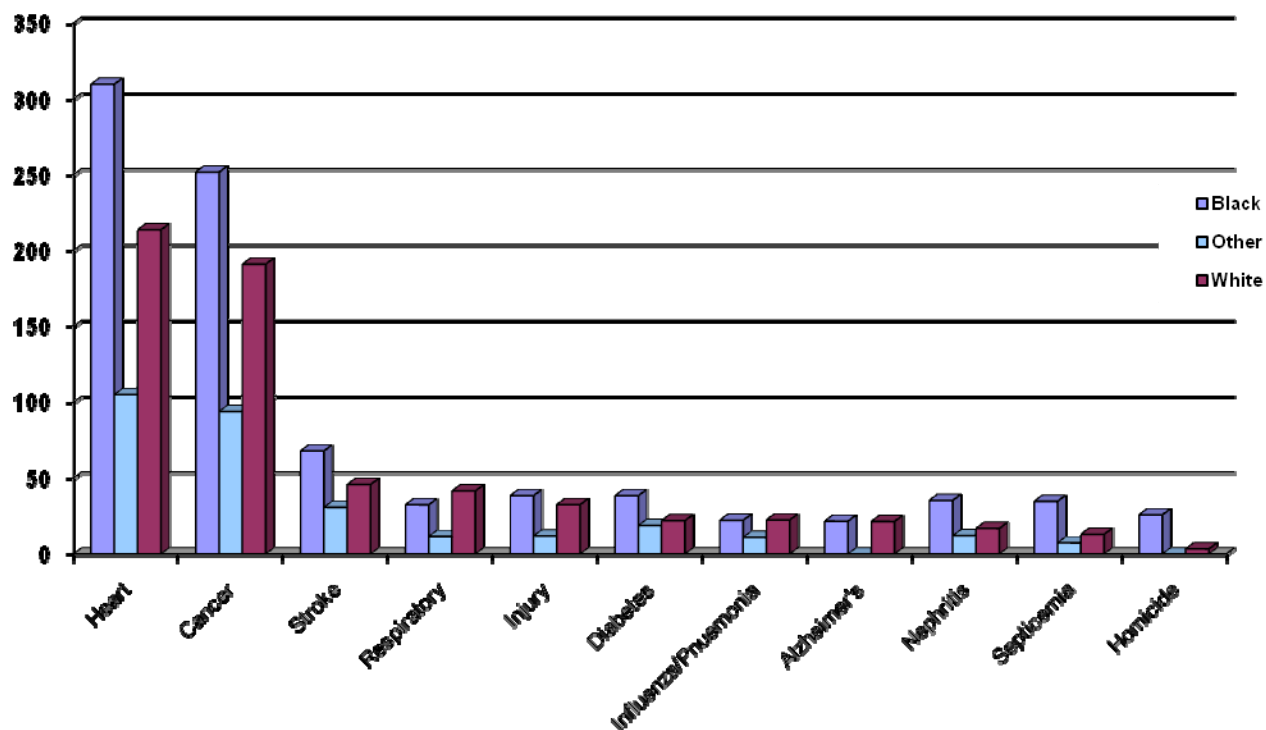
In addition to the social disaggregations, the 2007 Team directed that comparative national data be sought wherever possible and that the Healthy People 2010 goals and objectives be used for comparison purposes and as an organizing framework. The Profile therefore includes 65 indicators grouped under 25 of the 28 Healthy People Focus Areas. In addition, data is presented for

leading causes of mortality and of years of potential life lost. For each indicator the Illinois estimate is compared to the US estimate and the Healthy People 2010 Target. Where available, the Illinois data is presented disaggregated for the social factors.

The current Profile adds two or three years of data points to the data presented in 2007, providing longer time trends for comparison for most indicators. This iteration of the Profile also benefitted from some data newly available since the previous report. These include new state-level data from the Youth Risk Behavior (YRBS) system after a prolonged absence of data and asthma data from the IDPH State of Asthma 2009.

We hope that the data contained here, while not exhaustive, will provide a set of lenses through which those involved in public health can view their work, their various publics and the future of population health in Illinois.

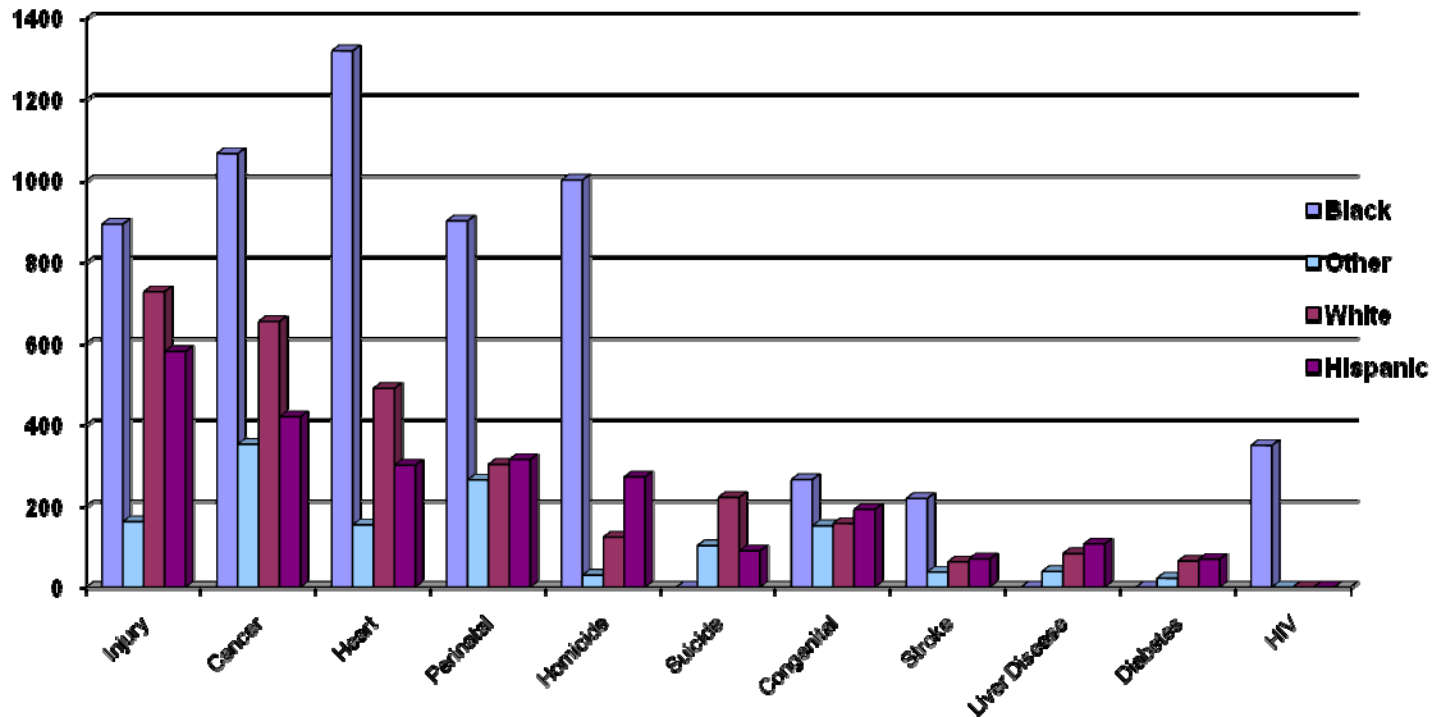
**Leading Causes of Death- IL 2005 By Race
Age Adjusted Mortality Rate Per 100,000**



Source: CDC Compressed Mortality File

The figure above presents data on the leading causes of mortality by race. The causes are ordered by their ranking when considering the total population.

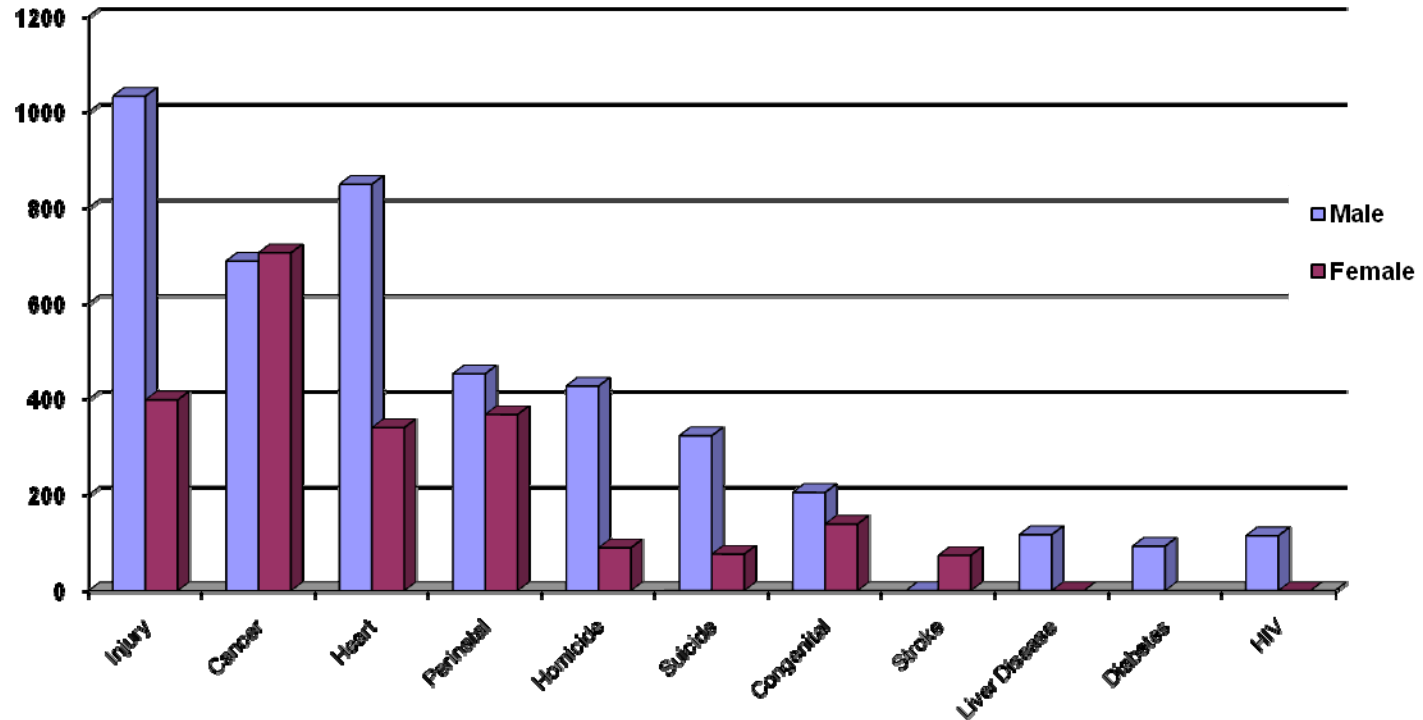
**Leading Causes of Years of Potential Life Lost- IL 2005 By Race and Ethnicity
Age Adjusted YPLL Rate Per 100,000**



Source: CDC/WISQARS- National Center for Health Statistics Vital Statistics System.

The figure above presents data on the leading causes of potential life lost by race and ethnicity. The causes are ordered by their ranking when considering the total population. If data are missing for a race or ethnic category then the cause was not one of the ten leading causes for that demographic category.

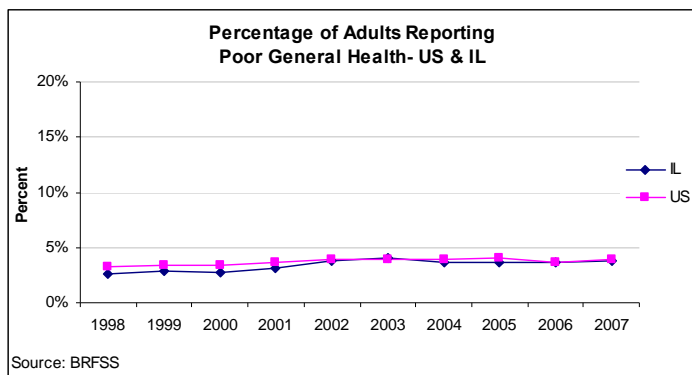
**Leading Causes of Years of Potential Life Lost- IL 2005 By Gender
Age Adjusted YPLL Rate Per 100,000**



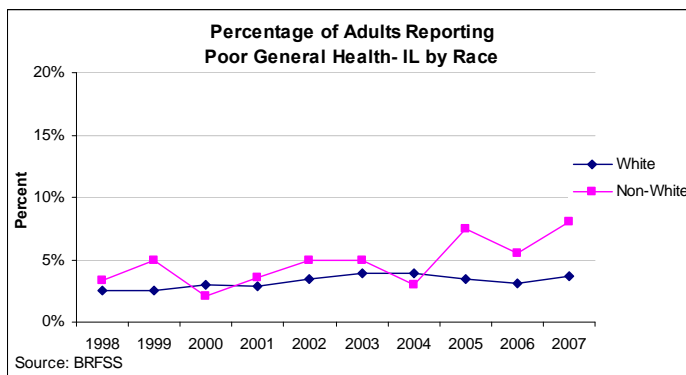
Source: CDC/WISQARS- National Center for Health Statistics Vital Statistics System.

The figure above presents data on the leading causes of potential life lost by gender. The causes are ordered by their ranking when considering the total population. If data are missing, then the cause was not one of the ten leading causes for that demographic category.

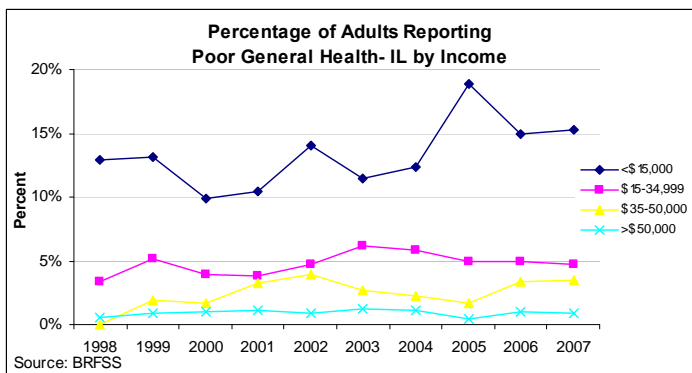
General Health



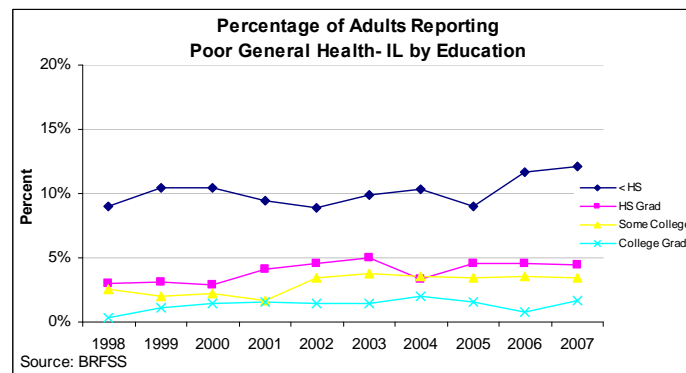
- The percentage of Illinois adults reporting poor general health is similar the US percentage.



- Non-white residents are more likely to report poor general.

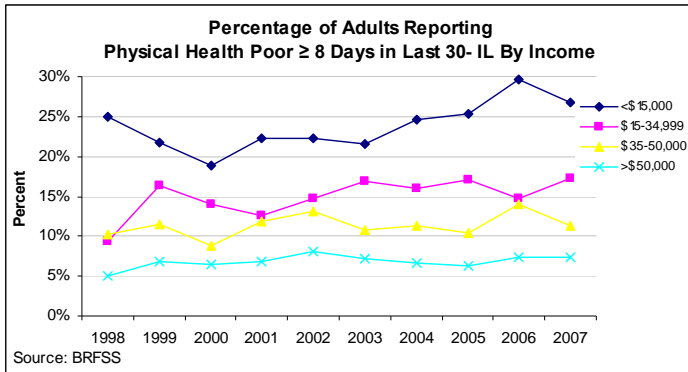


- Reports of poor general health follow a gradient by income with lower income residents more likely to report poor health.

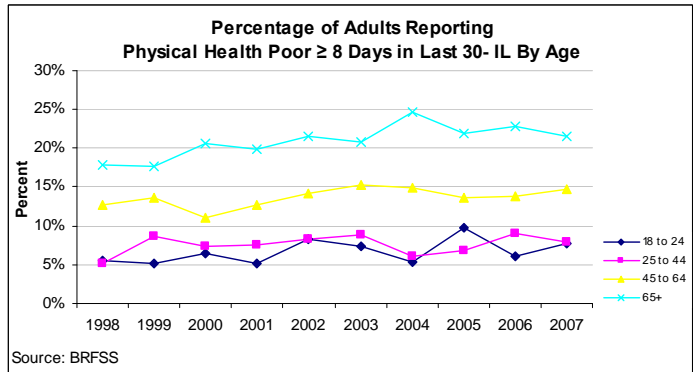


- Reports of poor physical health follow a gradient by education.

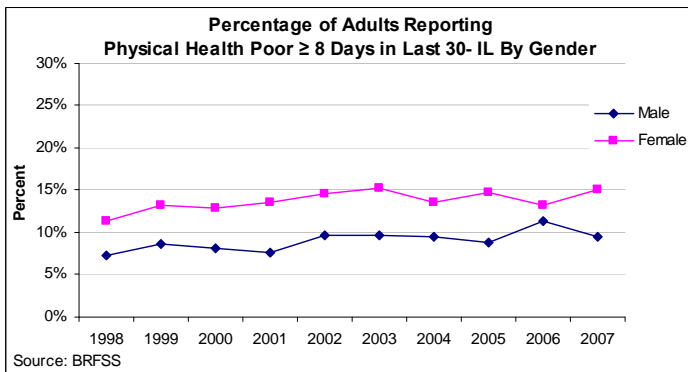
Physical Health



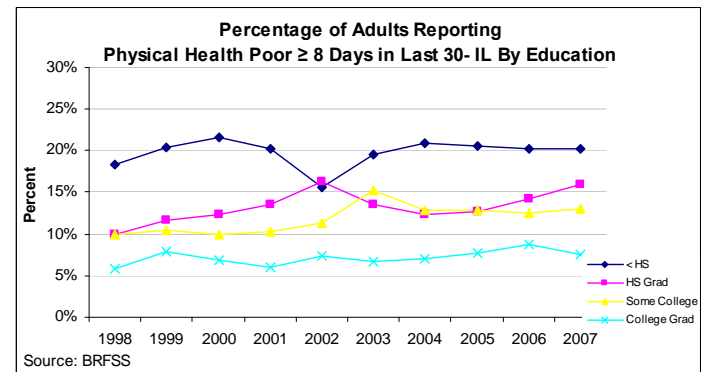
- Reports of poor physical health follow a gradient by income.



- Reports of poor physical health follow a gradient by age.



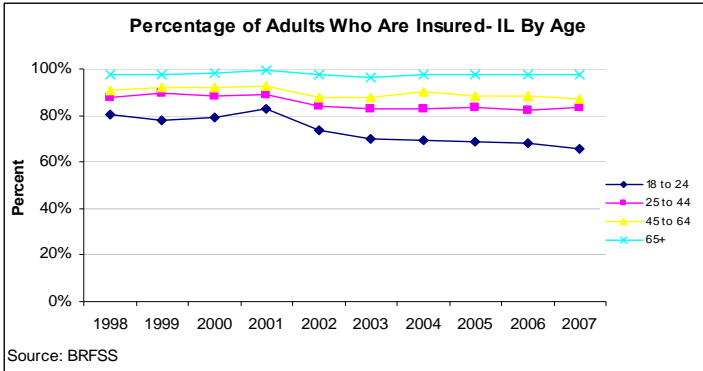
- A slightly higher percentage of males report poor physical health.



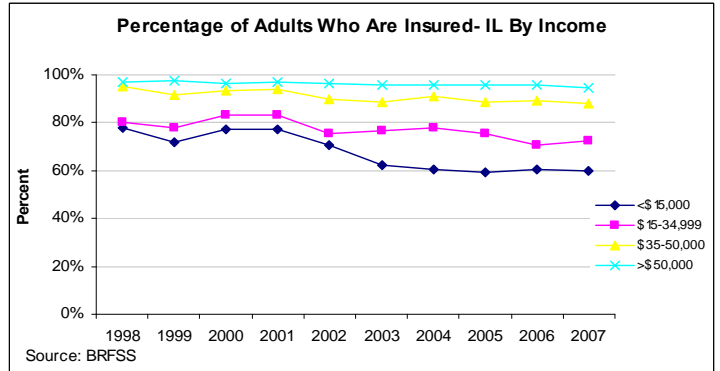
- Reports of poor physical health follow a gradient by education.

2007 Ship Strategic Priority- Access

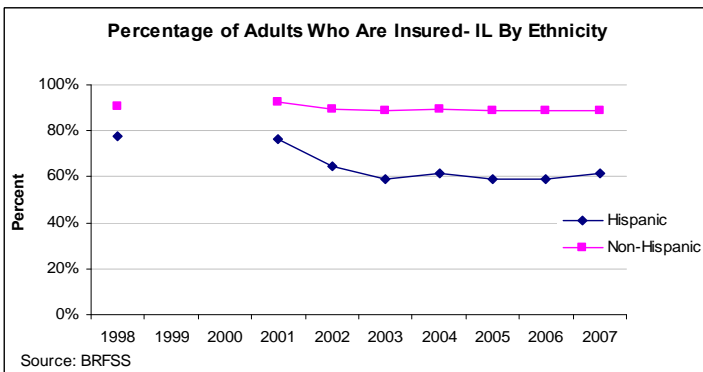
Insurance/Source of Care



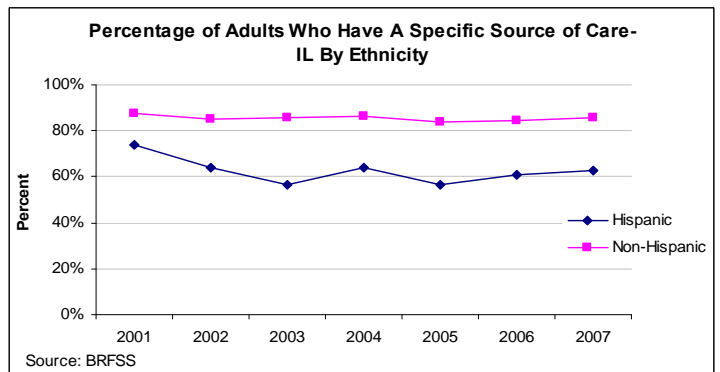
- Access to insurance follows a gradient by age with younger people less likely to have health insurance.



- The percentage of persons with health insurance follows an income gradient with lower income individuals less likely to have health insurance.

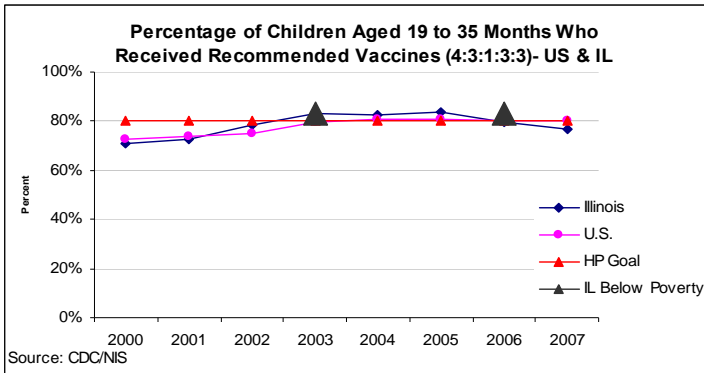


- Hispanics are less likely to be insured.

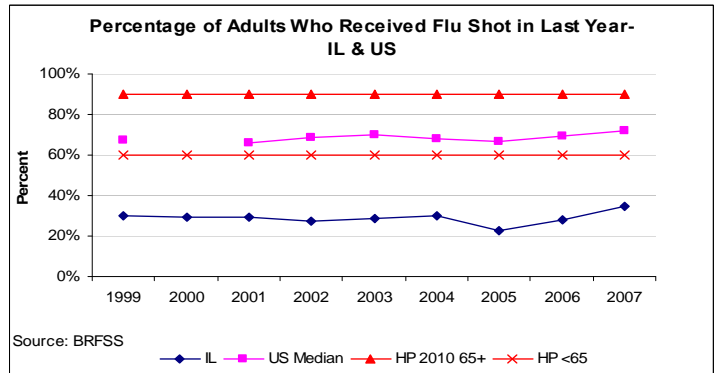


- Hispanics are less likely to have a specific, single source of care.

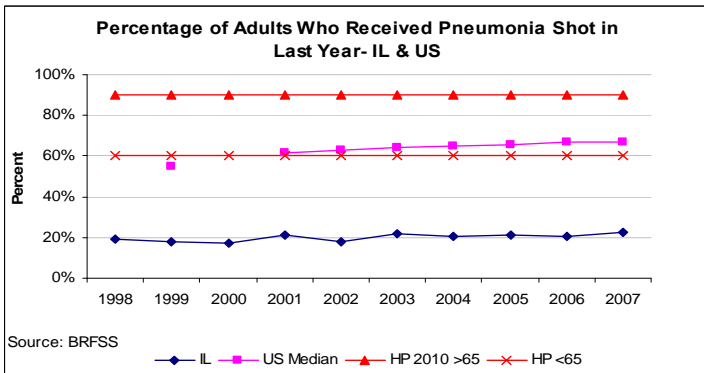
Immunizations



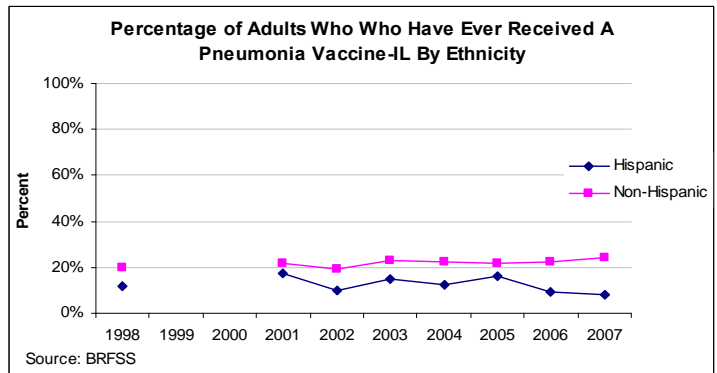
- The percentage of Illinois children receiving the basic vaccination series is similar to the US.



- The percentage of Illinois adults receiving the flu vaccination is below the HP 2010 goal.

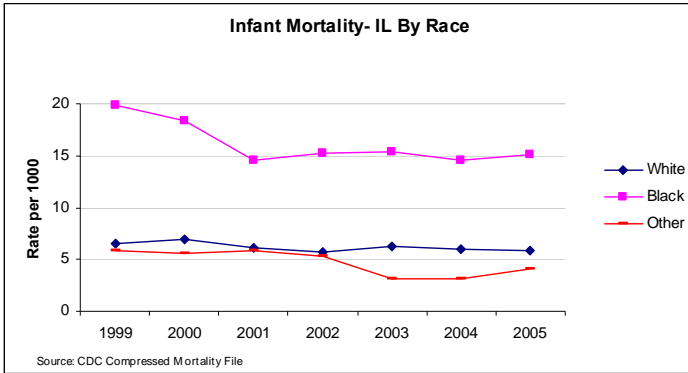


- The percentage of Illinois adults receiving the pneumonia vaccination is below the HP 2010 goal.

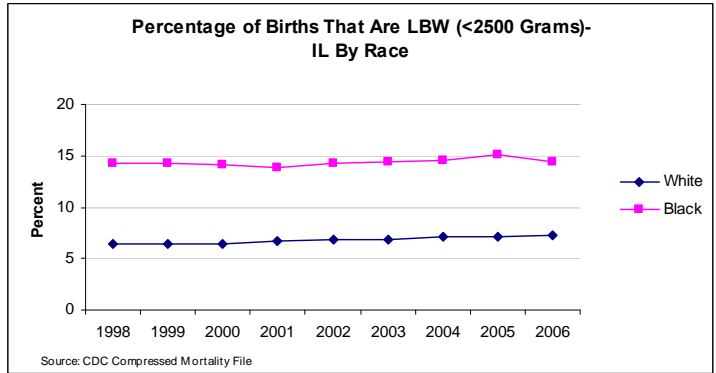


- The percentage of Hispanic adults who have ever received the pneumonia vaccine is lower than for Non-Hispanics.

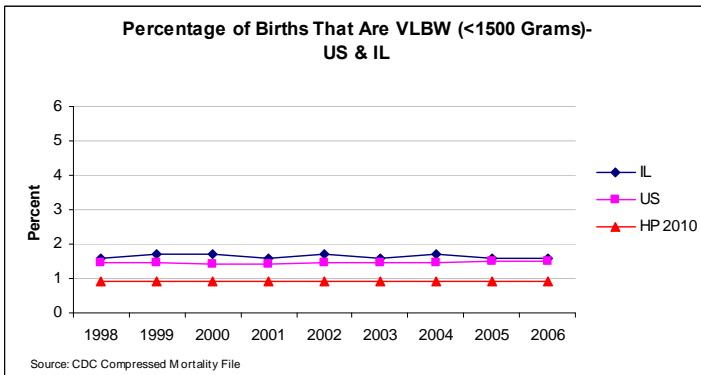
Maternal, Infant and Child



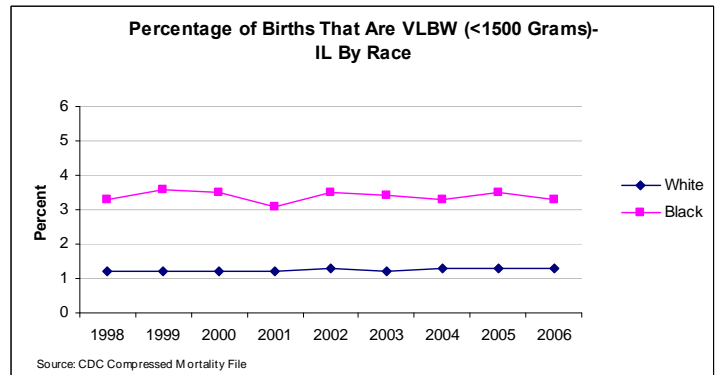
- The infant mortality rate for Blacks is much higher than for other race categories.



- The rate of Low Birth Weight in Illinois is much higher for Blacks than for Whites.

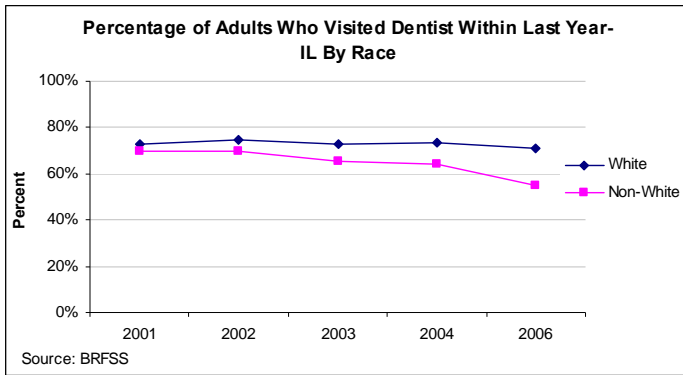


- The rate of Very Low Birth Weight in Illinois is similar to the US and above the HP 2010 target.

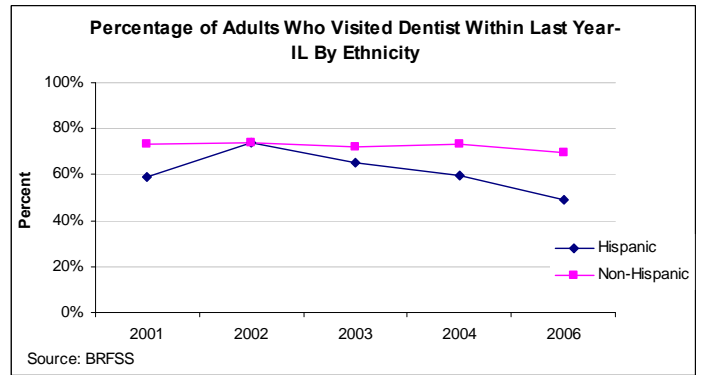


- The rate of Very Low Birth Weight is much higher for Blacks than for Whites in Illinois.

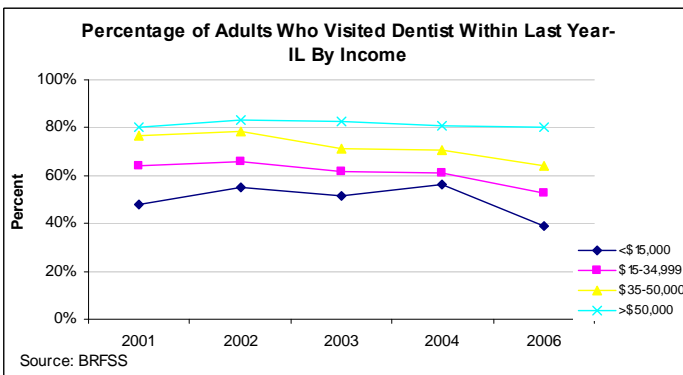
Oral Health



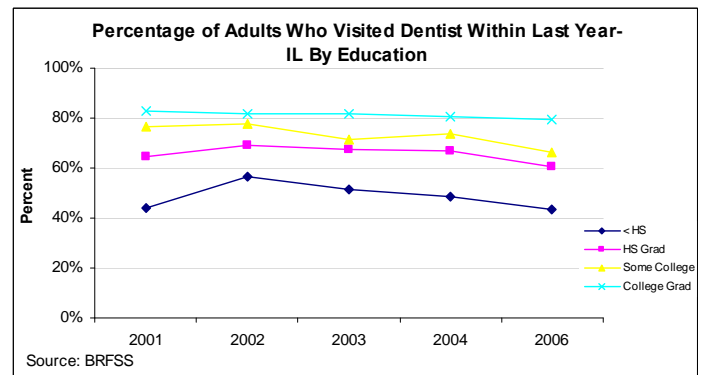
- Non-White adults were less likely to have seen a dentist in the past year.



- Hispanic adults were less likely to have seen a dentist in the past year.

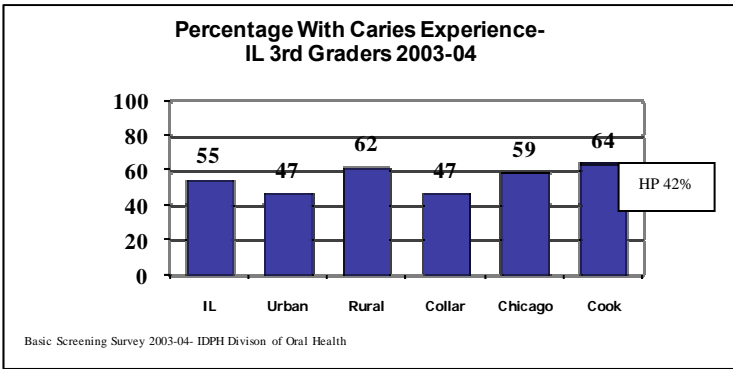


- Adults with lower incomes were less likely to have seen a dentist in the past year.

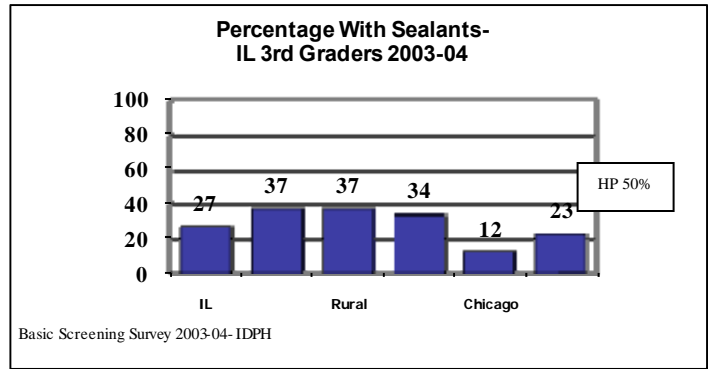


- Adults with less education were less likely to have seen a dentist in the past year.

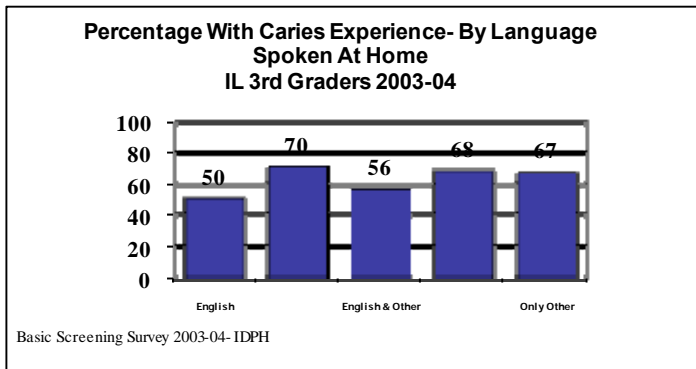
Oral Health



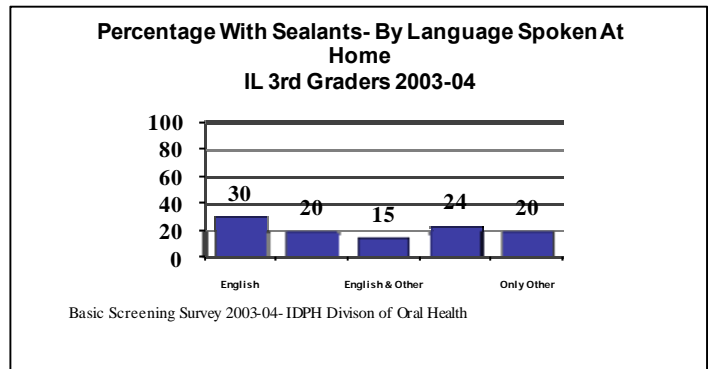
- The percentage of 3rd grade students in Illinois who have had a dental caries (cavity) experience is shown above by geographic area. The HP 2010 goal is 42 percent.



- The percentage of Illinois 3rd graders with sealants is shown above by geographic area. The HP 2010 goal is 50 percent.

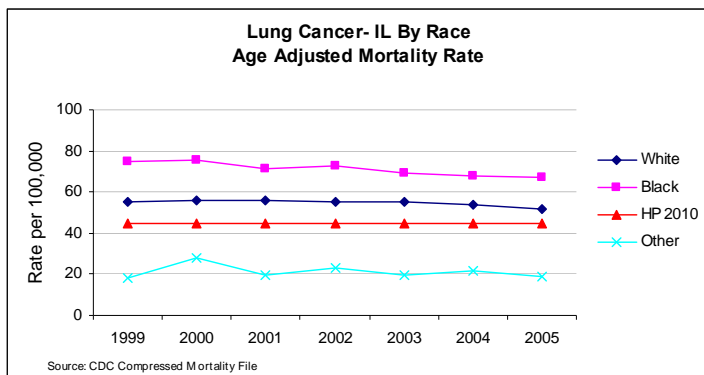


- The percentage of 3rd grade students in Illinois who have had a dental caries (cavity) experience is shown above by language spoken at home. The HP 2010 goal is 42 percent.

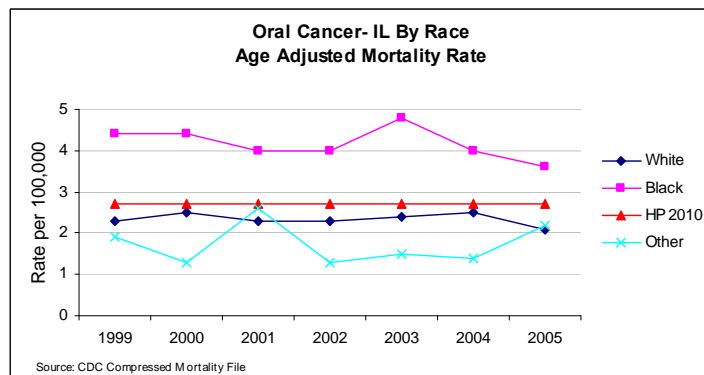


- The percentage of 3rd grade students in Illinois with sealants is shown above by language spoken at home. The HP 2010 goal is 42 percent.

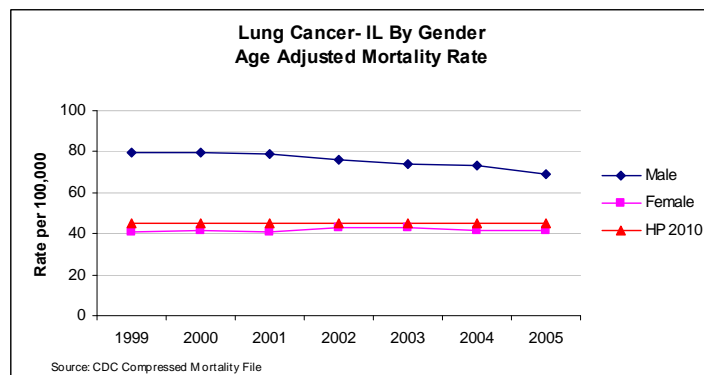
2007 Ship Strategic Priority- Alcohol, Tobacco and Other Drugs



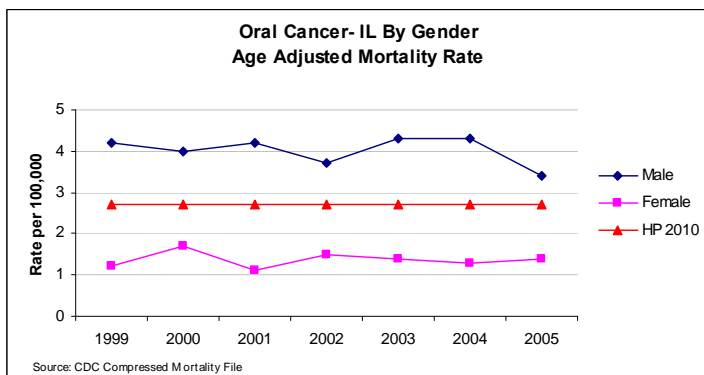
- Blacks have higher mortality rates due to lung cancer.



- Blacks have higher mortality rates due to oral cancer.

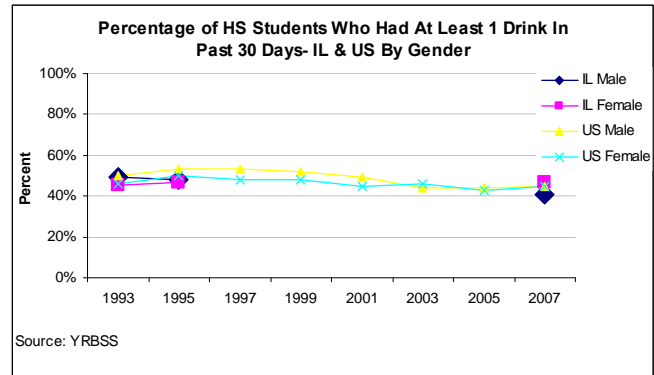
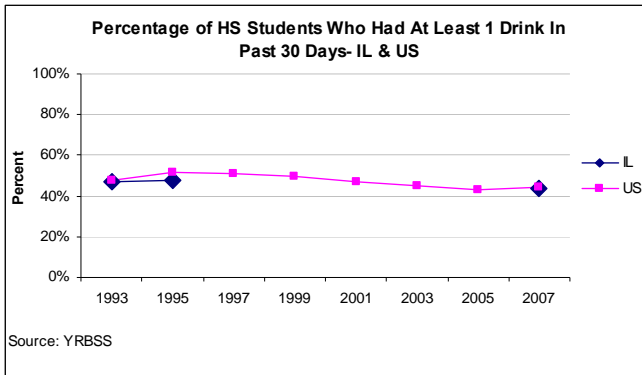


- Males have higher mortality rates due to lung cancer.

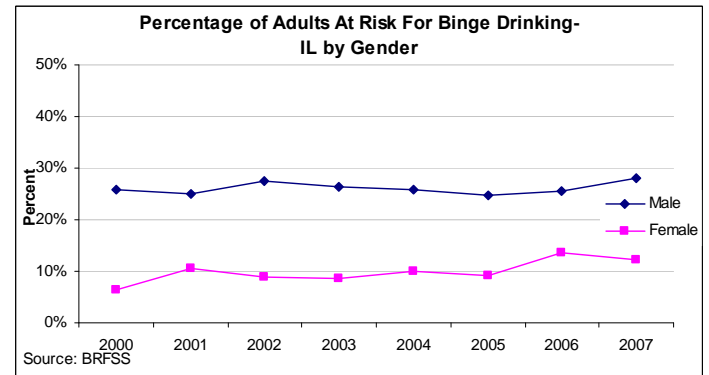
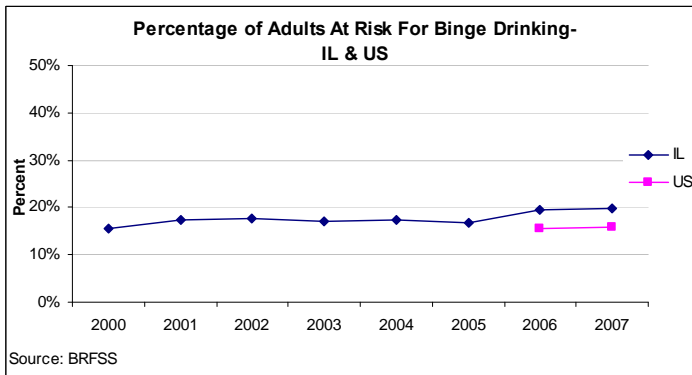


- Males have higher mortality rates due to oral cancer.

Alcohol

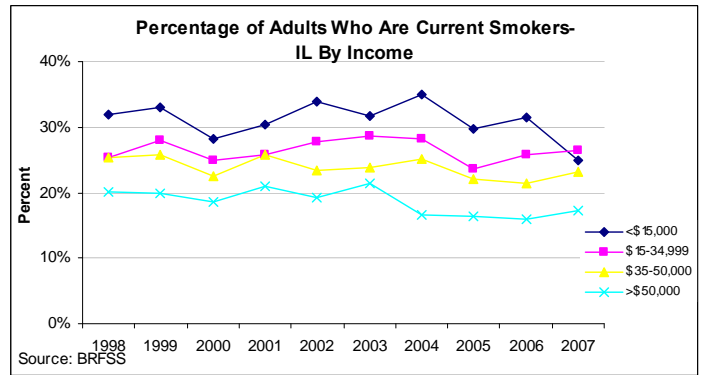
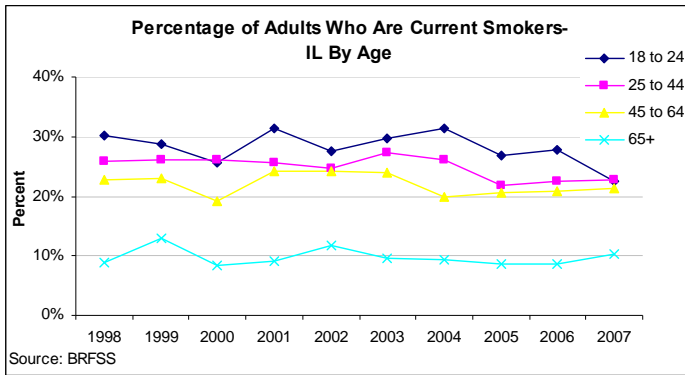


- The percentage of Illinois HS students who are current alcohol users has been similar to the US percentage both overall and for each gender separately.



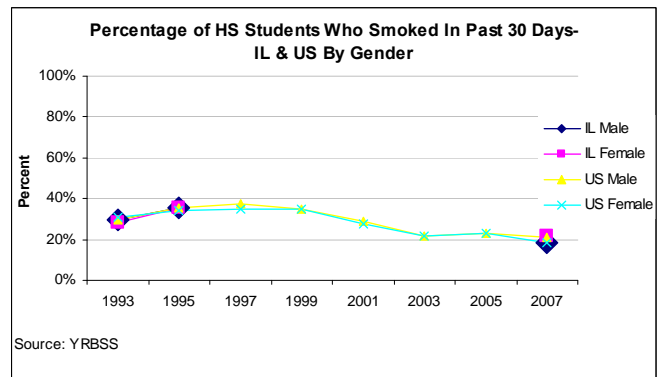
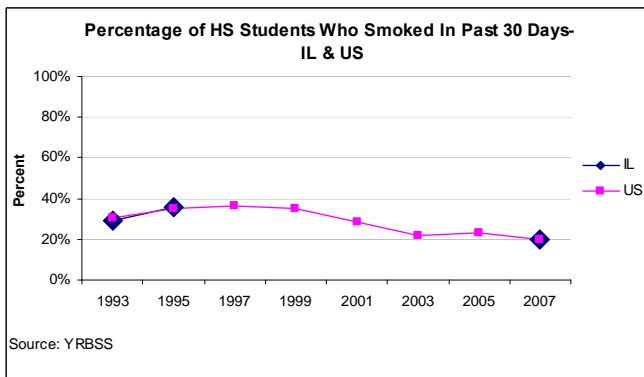
- The percentage of Illinois adults who are at risk for binge drinking has been higher than the US percentage.
- Illinois males are more at risk for binge drinking than females.

Tobacco



- The percentage of Illinois adults who are current smokers follows an age gradient.

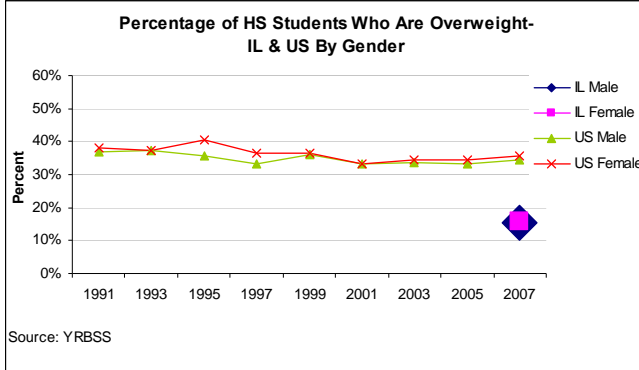
- Low income Illinois residents are more likely to be current smokers.



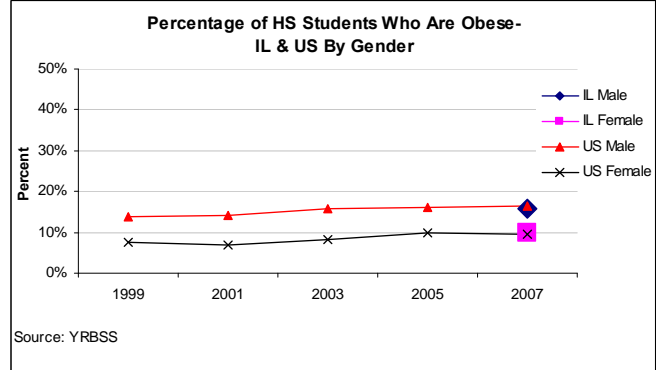
- The percentage of Illinois HS students who are current smokers has been similar to the US percentage both overall and for each gender separately.

2007 Ship Strategic Priority- Physical Activity/Obesity

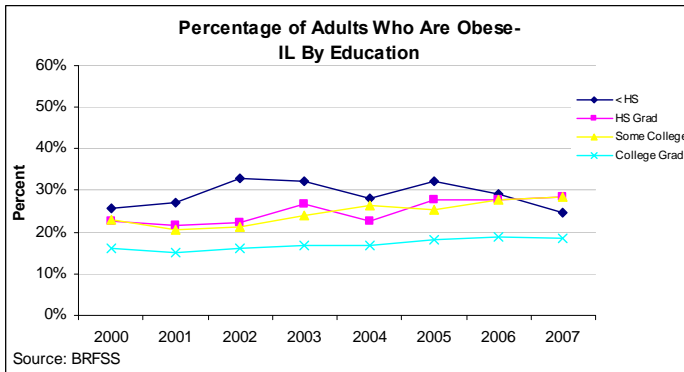
Overweight and Obesity



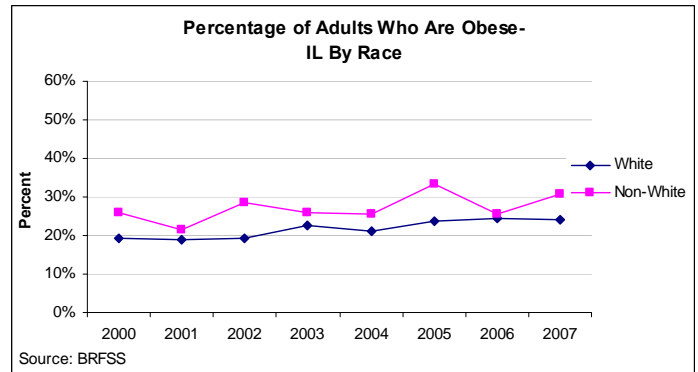
- The percentages of HS students who are overweight in Illinois are lower than the US percentages for both males and females.



- The percentages of HS students who are obese in Illinois are similar to the US percentages for both males and females.

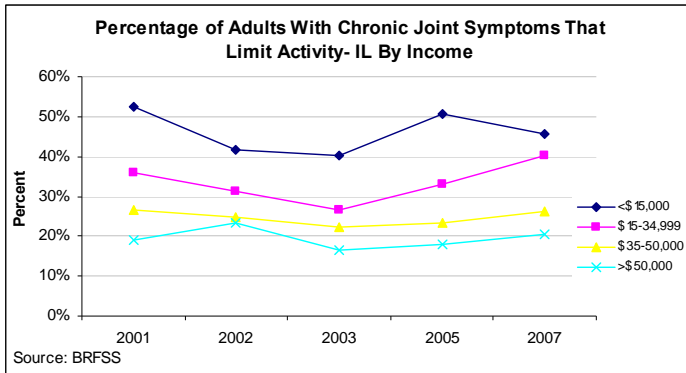


- The percentage of adults who are obese in Illinois follows a gradient by education level.

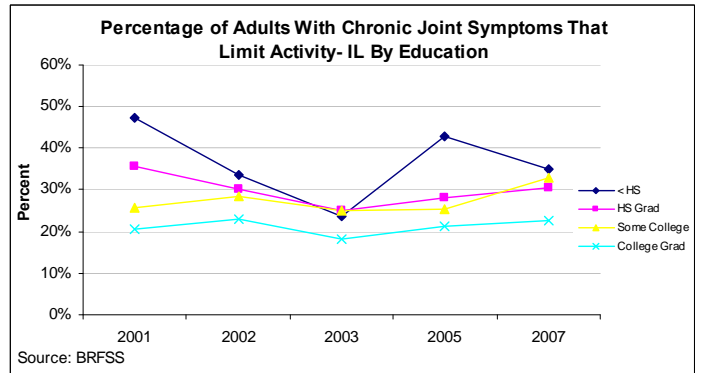


- The percentage of adults who are obese is higher for Non-Whites.

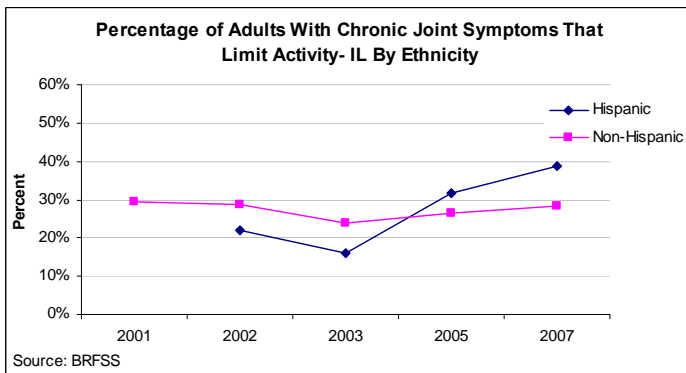
Arthritis



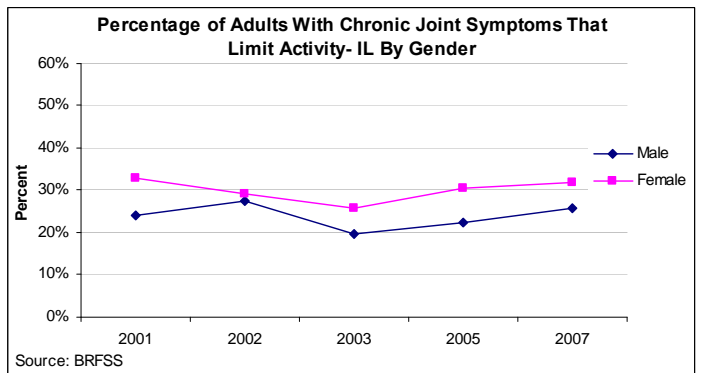
- Activity limitation because of joint pain is more prevalent in lower income populations.



- Activity limitation because of joint pain follows a gradient by education.

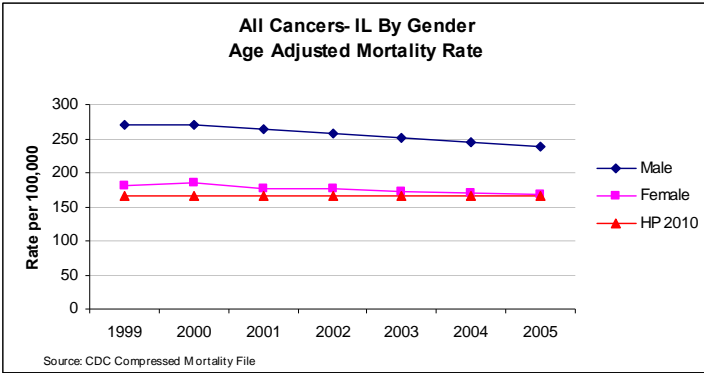


- Hispanics are more likely to report activity limitation because of joint pain.

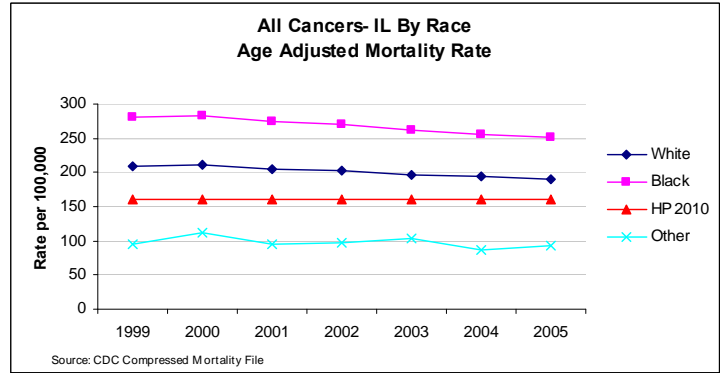


- Women are more likely to report activity limitation because of joint pain.

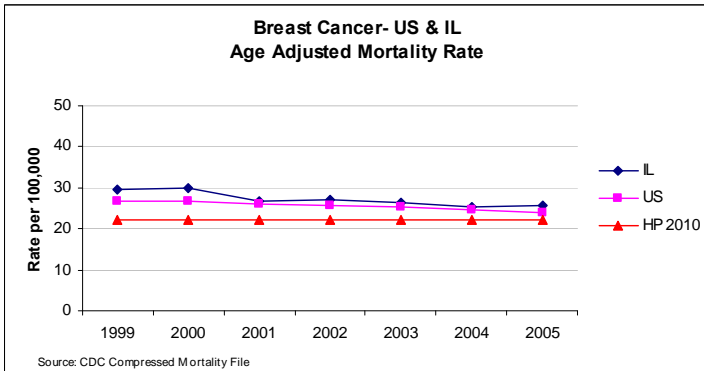
Cancer



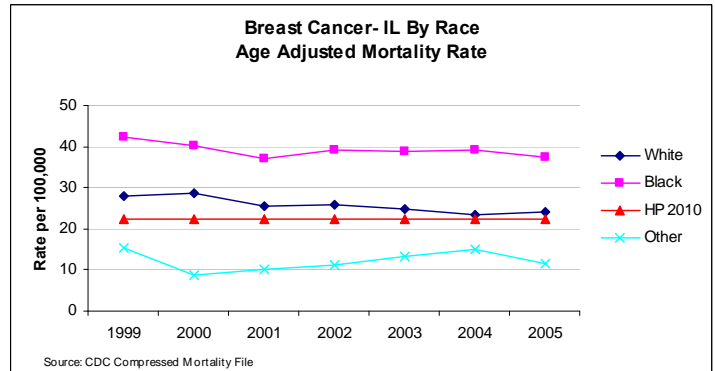
- Males have higher rates for mortality due to all cancers.



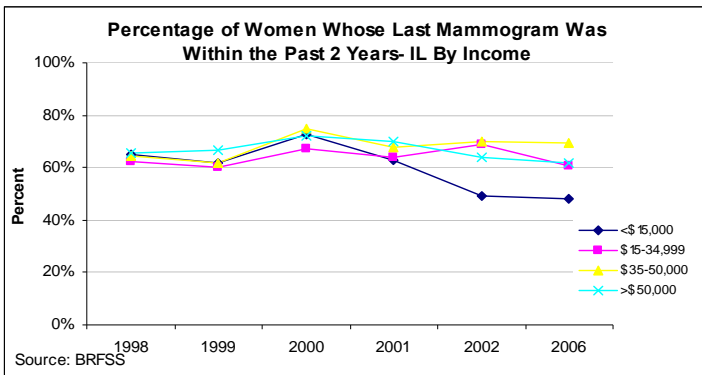
- Blacks have higher mortality rates due to all cancers.



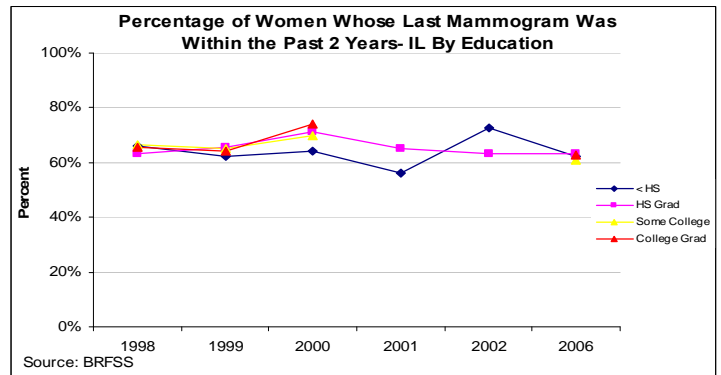
- Mortality rates due to breast cancer in IL are similar to the US rates and above the HP 2010 target.



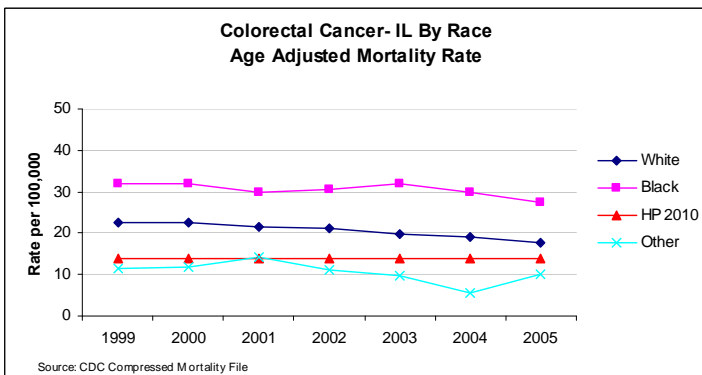
- Black women have higher mortality rates due to breast cancer.



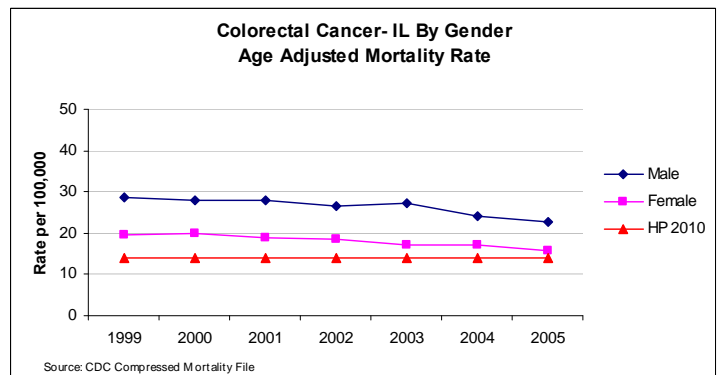
- Lower income women are less likely to have had a mammogram in the past two years.



- The percentage of women who have had a mammogram in the past two years has shown a varied pattern by education.

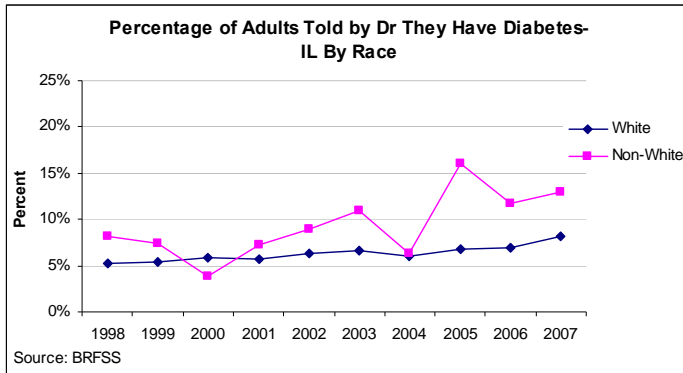


- Blacks have higher mortality rates due to colorectal cancer.

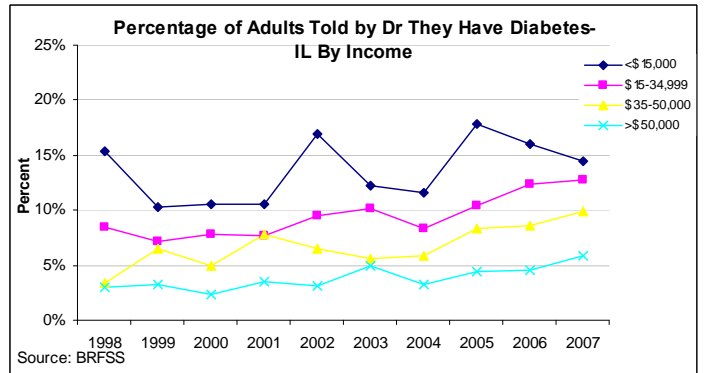


- Males have higher mortality rates due to colorectal cancer.

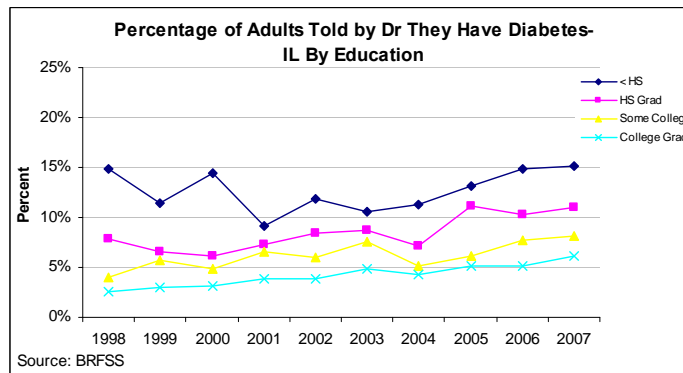
Diabetes



- In Illinois Non-White persons are more likely to report the doctor has told them they are diabetic.

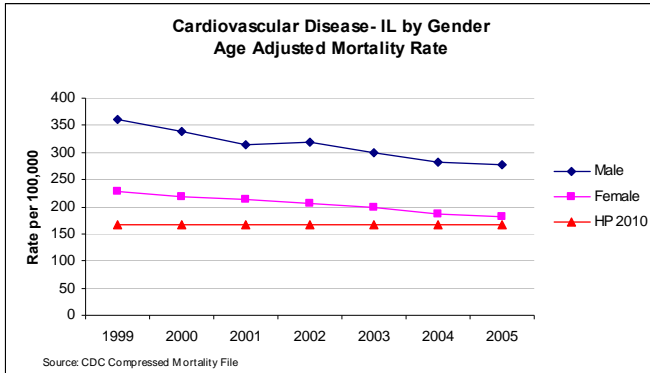


- There is a clear income gradient for persons reporting a diabetes diagnosis with lower income individuals more likely to report having been diagnosed.

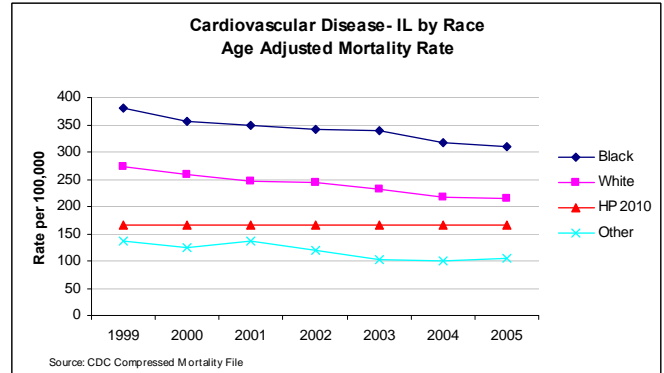


- In Illinois, persons with less education are more likely to report their doctor gave them a diagnosis of diabetes.

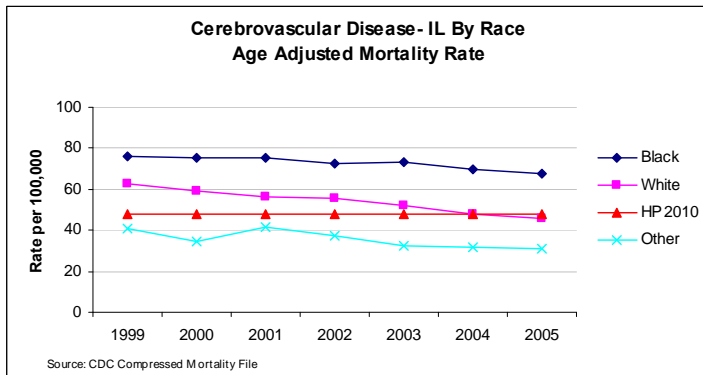
Heart Disease and Stroke



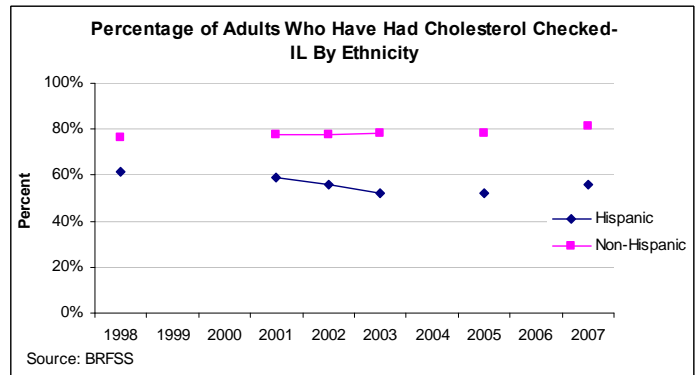
- Males have a higher cardiovascular mortality rate.



- Blacks have a higher cardiovascular mortality rate.

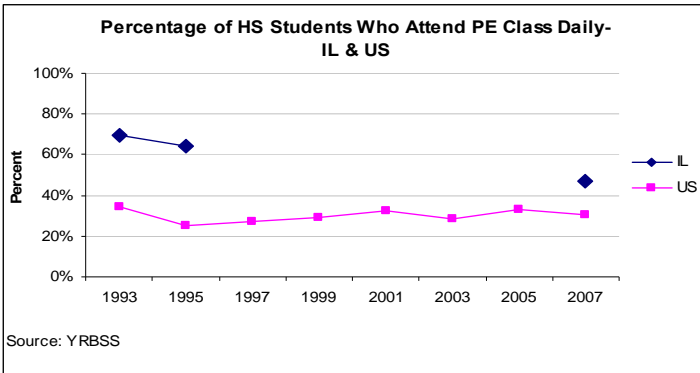


- Blacks have a higher mortality rate due to cerebrovascular disease.

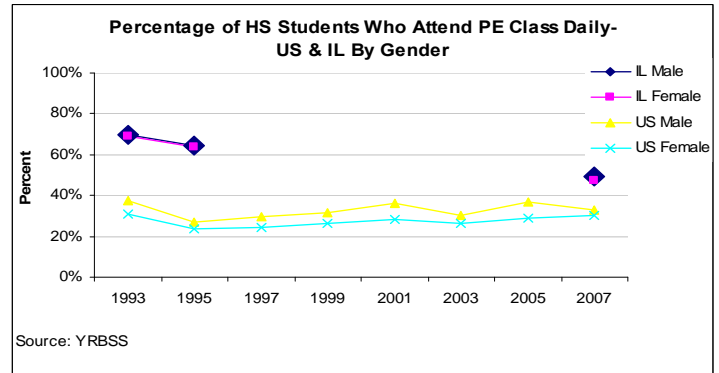


- Hispanics are less likely to report having their cholesterol checked.

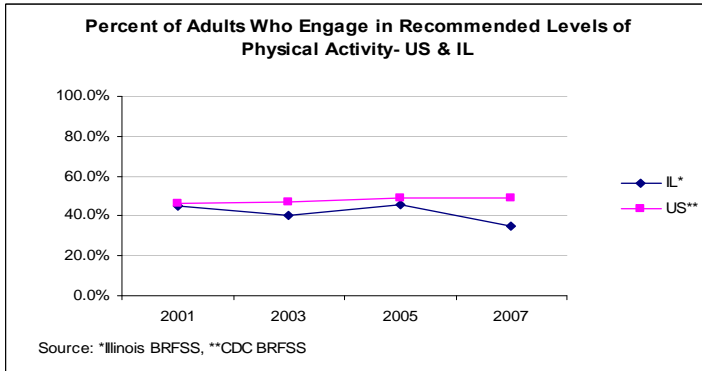
Physical Activity



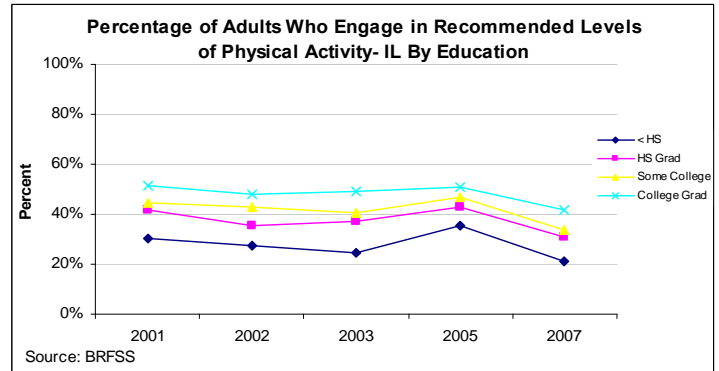
- The percentage of HS students who attend PE class daily is slightly higher in Illinois than the US.



- The percentage of HS students who attend PE class daily is slightly higher in Illinois than the US for both genders.



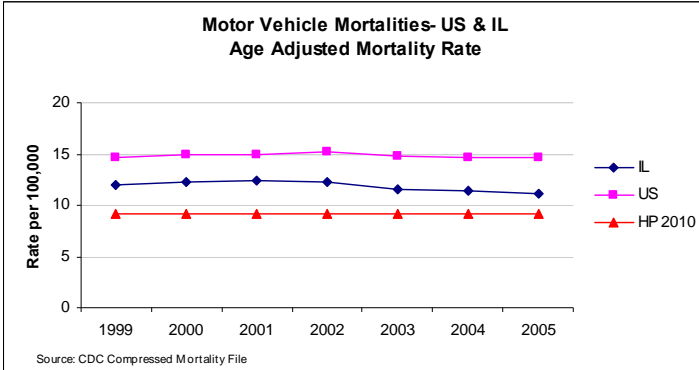
- The percentage of adults who get the recommended physical activity is slightly lower in Illinois than the US.



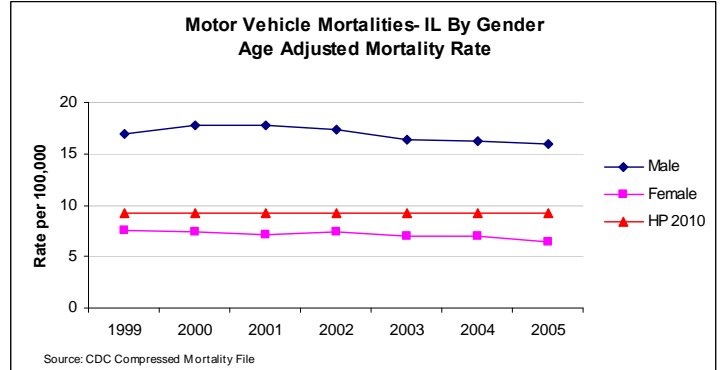
- The percentage of adults who get the recommended physical activity follows a gradient by income.

2007 Ship Strategic Priority- Violence/Injury

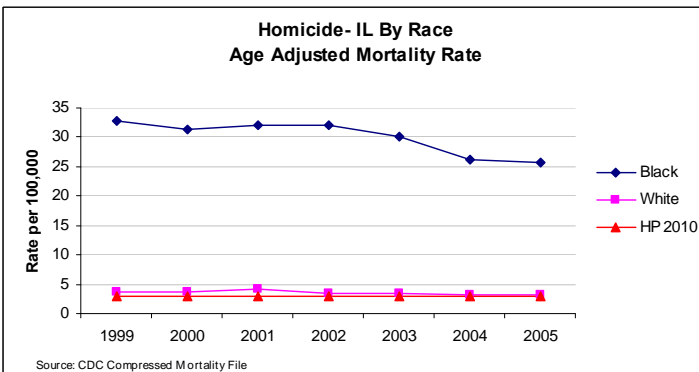
Motor Vehicle Deaths/ Homicide/ Fighting



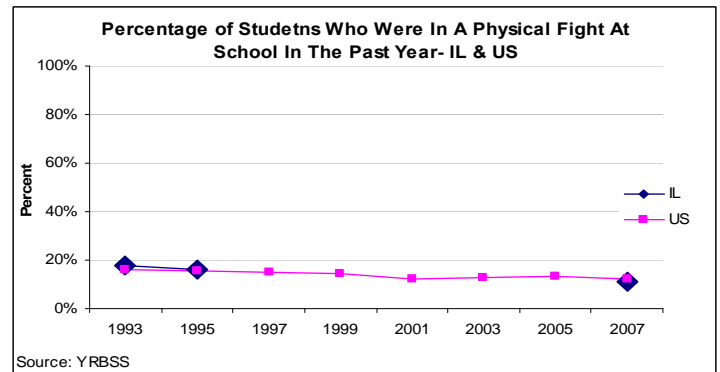
- The mortality rate for motor vehicle crashes in Illinois is higher than the HP 2010 goal.



- The mortality rate for motor vehicle crashes is higher for males in Illinois.

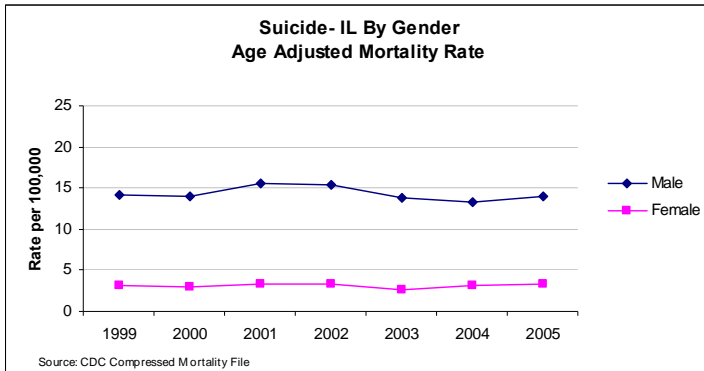


- The homicide rate for Blacks is much higher than for Whites in Illinois.

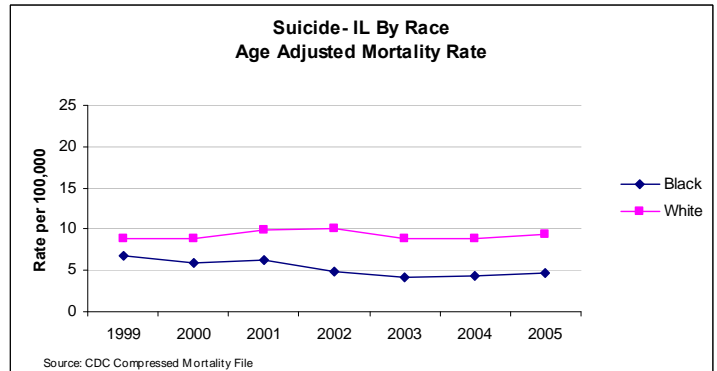


- The percentage of Illinois HS students who reported being in a fight in the past year is similar to the US percentage.

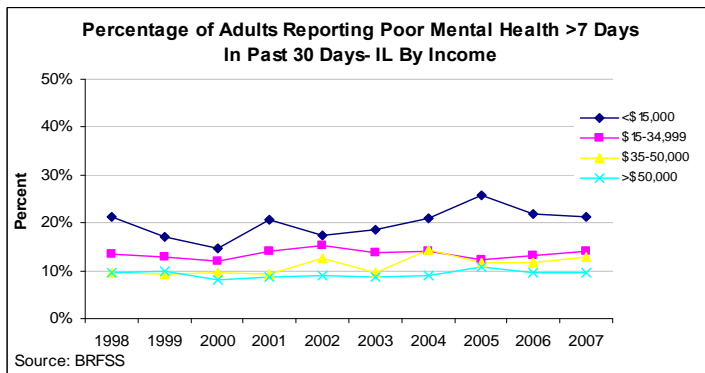
Mental Health/Suicide



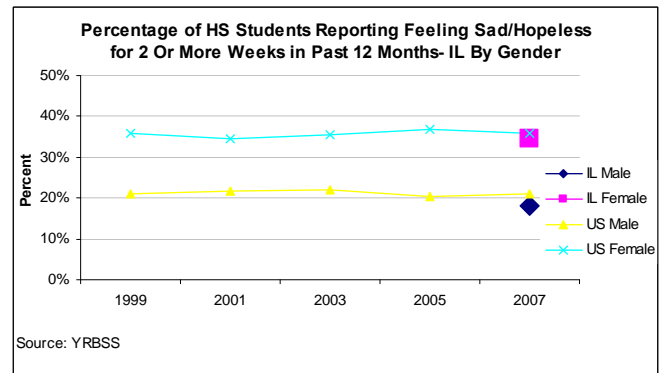
- The rate of suicide in Illinois is higher for males than females.



- The rate of suicide in Illinois is higher for Whites than for Blacks.



- The percentage of adults reporting poor mental health follows an income gradient.



- The percentage of HS students who report they have felt sad or hopeless for more than two weeks in the past year was similar to the US percentages for both males and females.

List of Data Sources

- Behavioral Risk Factor Surveillance System (BRFSS)
- Center for Disease Control and Prevention (CDC) Compressed Mortality File
- Center for Disease Control and Prevention (CDC) WISQARS (Web-based Injury Statistics Query and Reporting System)
- Center for Disease Control and Prevention's (CDC) National Immunization Survey (NIS)
- Center for Disease Control and Prevention (CDC) Wonder- Natality
- Center for Disease Control and Prevention (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS)- CPONDER
- Illinois Department of Public Health (IDPH) Burden of Asthma 2009
- Illinois Department of Public Health (IDPH) Division of Oral Health- Basic Screening Survey 2003-04
- Illinois Department of Public Health (IDPH) Illinois Pregnancy Risk Assessment Monitoring System (PRAMS)
- Illinois Project for Local Assessment of Needs (IPLAN) Data System
- Illinois Youth Survey (IYS)
- Youth Risk Behavior Surveillance System (YRBSS)