



SHIP Vision

Optimal physical, mental and social well-being for all people in Illinois through a high-functioning public health system comprised of active public, private and voluntary partners.



Illinois
State Health Improvement Plan
State Health Profile Assessment

Illinois State Board of Health

May 2007

Prepared by



**State Health Improvement Plan
State Health Profile Assessment**

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Executive Summary

Purpose and Process

The purpose of the State Health Profile Assessment was to develop a set of measures that broadly communicate the “health profile” of Illinois’ population. It is important to collect these data in a manner that facilitates the description of health disparities experienced by special populations. A subcommittee of the State Health Improvement Plan (SHIP) team was formed and reviewed the following data, with presentation to the Planning Team on January 27, 2006:

- Healthy People 2010 Leading Health Indicators and Objectives—Healthy People 2010 provides a framework for prevention for the United States, with national health objectives designed to identify the most significant preventable threats to health and establish national goals to reduce these threats. The two goals are: a) increase quality and years of healthy life and b) eliminate health disparities.
- Centers for Disease Control and Prevention State Health Profiles—profiles are collected in partnership with all 50 states and housed at the National Center for Health Statistics.
- Illinois Project for Local Assessment of Need (IPLAN) indicators—the group of indicators used by certified local health jurisdictions when developing a community health assessment and plan every five years.

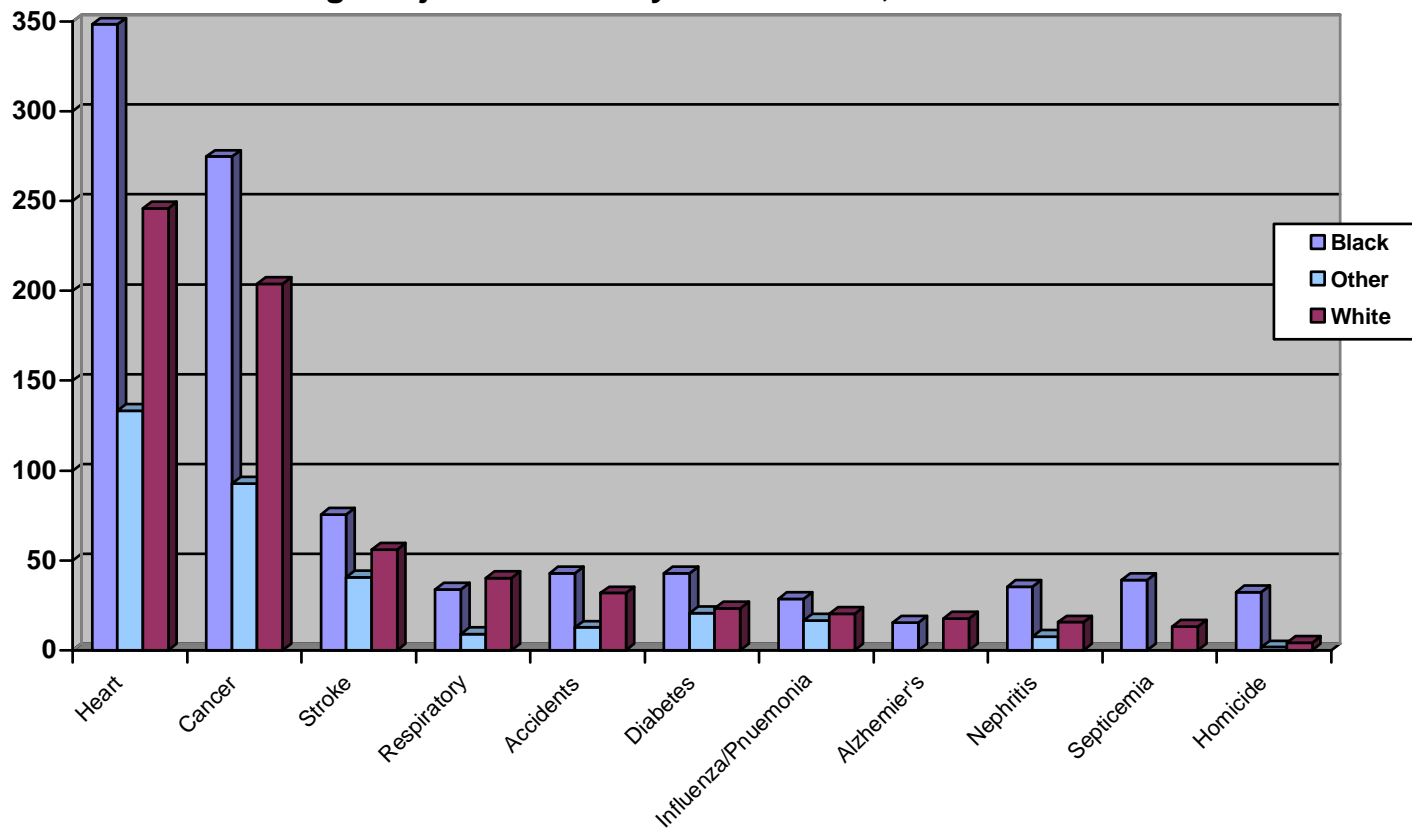
The Healthy People 2010 Leading Health Indicators and other HP 2010 objectives provided a main focus for comparison to Illinois data and a framework for categorizing the indicators in the profile. The committee also reviewed information on leading causes of death and years of potential life lost (YPLL). Attempts were made to collect data by gender, race, ethnicity, education, income, age, and geography. The final categories included:

- General Health
- Access to Healthcare
- Arthritis
- Asthma
- Cancer
- Diabetes
- Environmental Health
- Heart Disease and Stroke
- HIV
- Immunizations
- Injury and Violence

- Maternal, Infant and Child Health
- Mental Health
- Occupational Safety and Health
- Oral Health
- Overweight and Obesity
- Physical Activity
- Public Health Infrastructure
- Responsible Sexual Behavior
- Sexually Transmitted Diseases
- Substance Abuse
- Tobacco Use

Graphic summaries of the data on mortality and years of potential life lost are presented in the following charts.

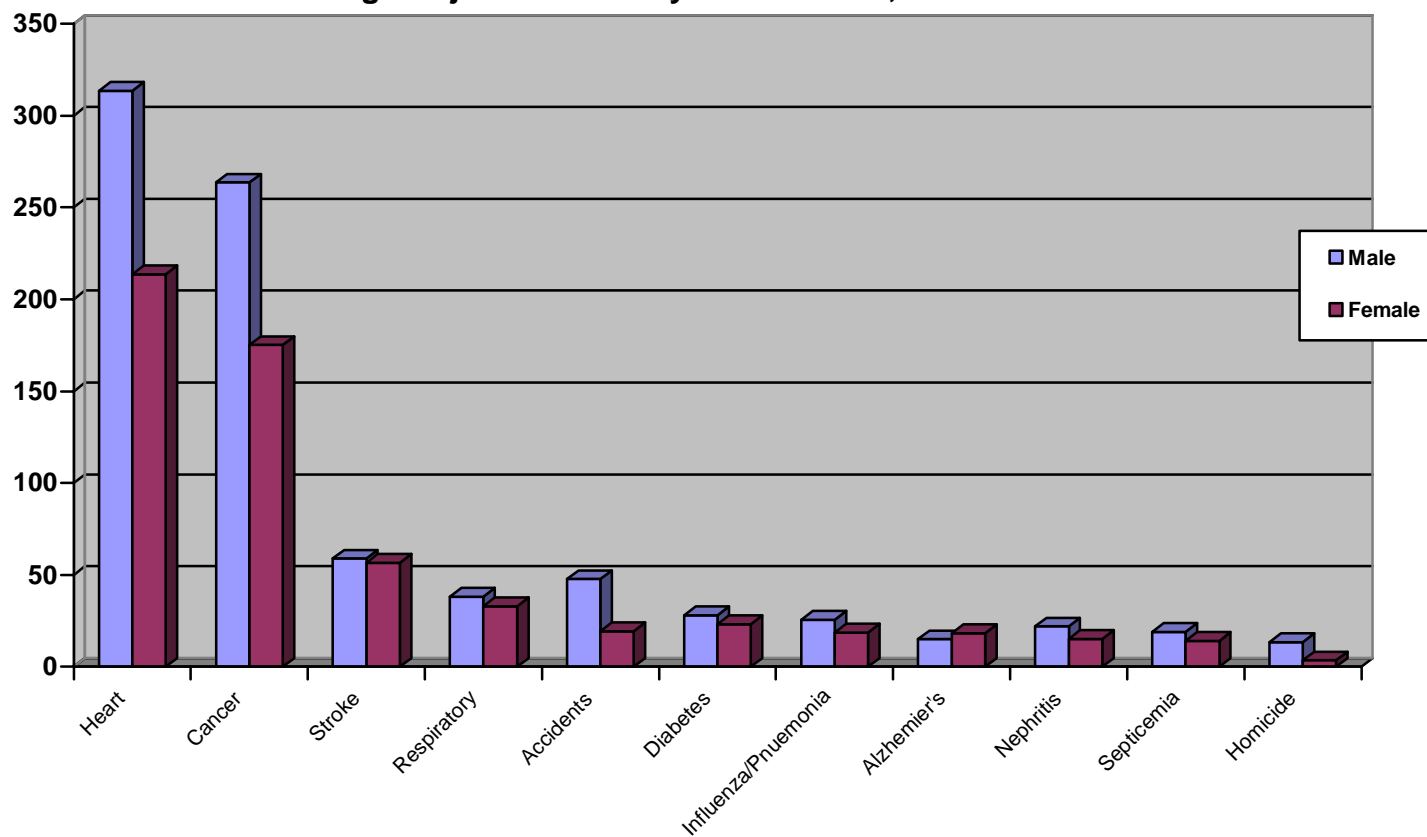
Leading Causes of Death- IL 2001 By Race
Age Adjusted Mortality Rate Per 100,000



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.

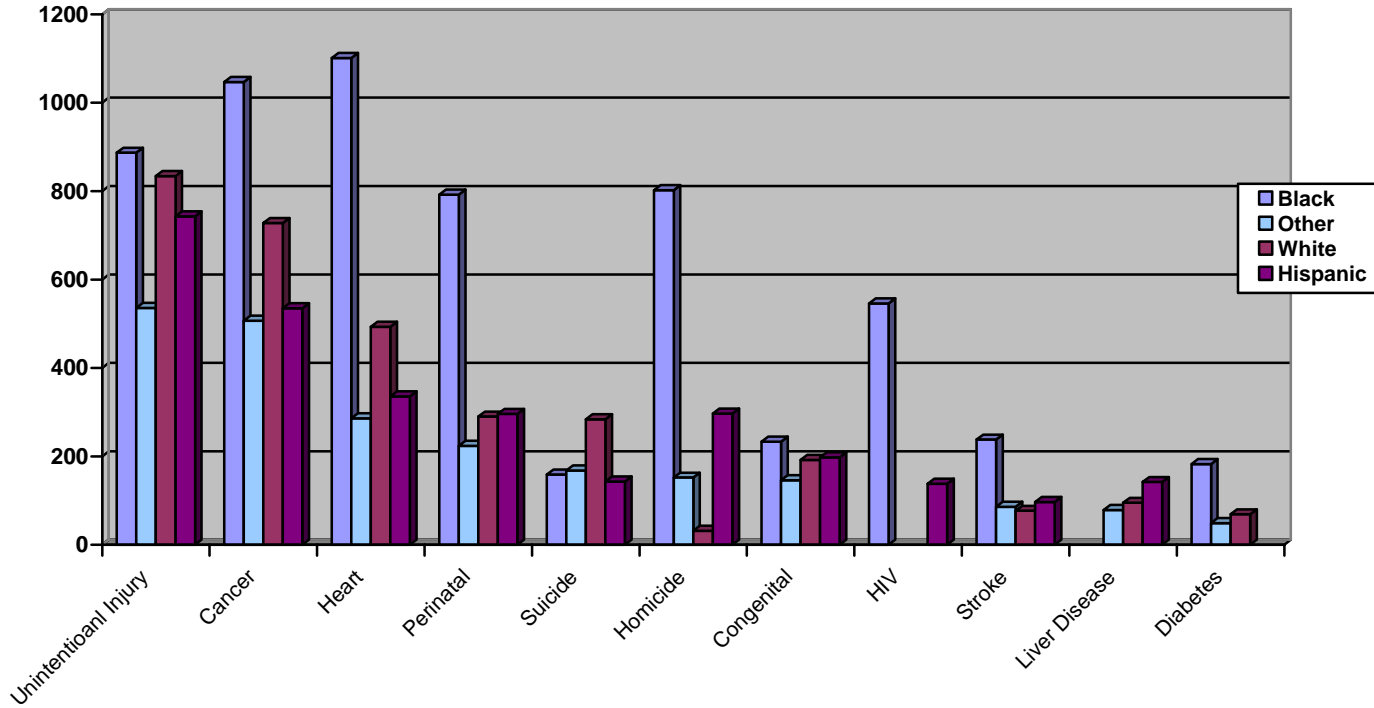
**Leading Causes of Death- IL 2001 By Gender
Age Adjusted Mortality Rate Per 100,000**



Source: CDC Compressed Mortality File

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

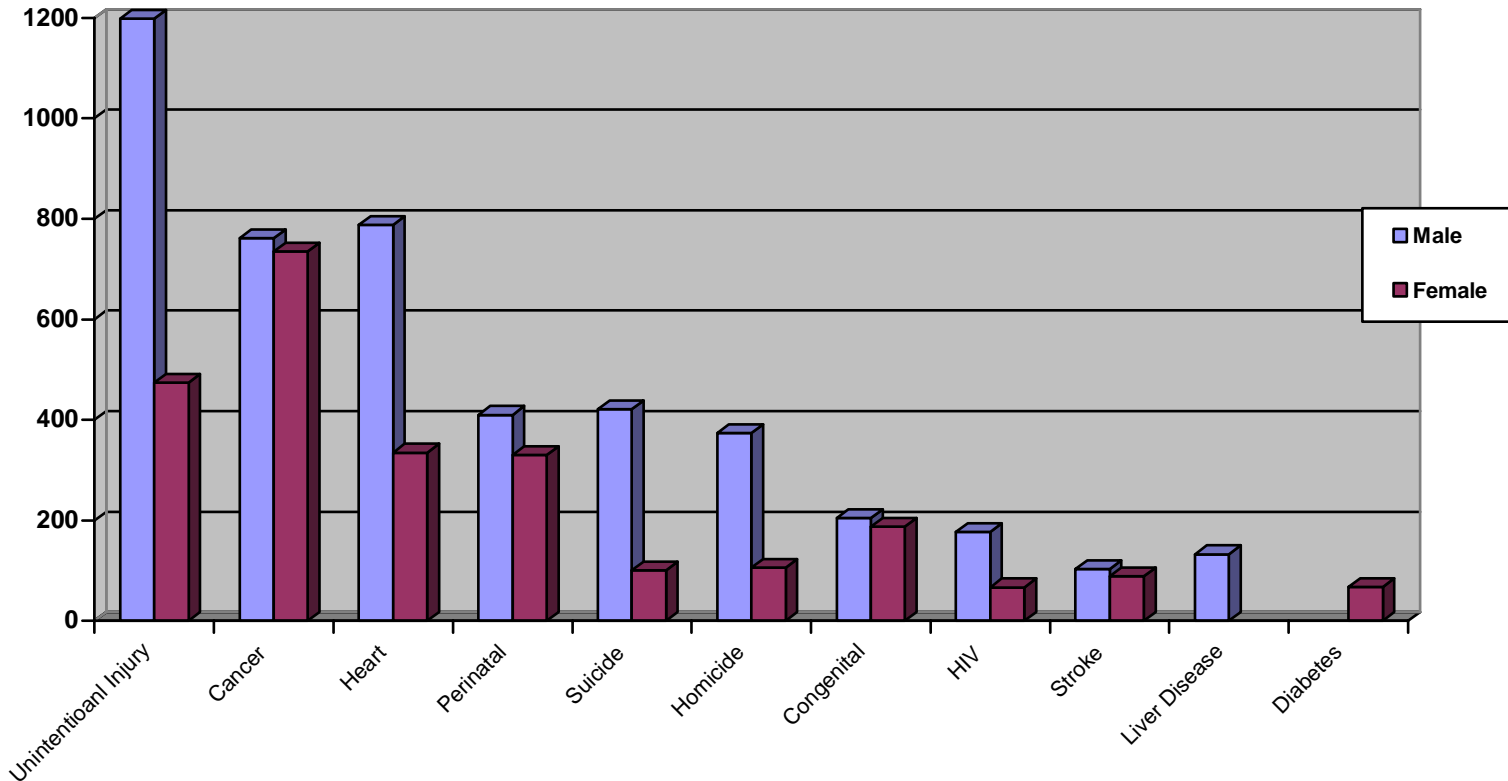
**Leading Causes of Years of Potential Life Lost- IL 2001 By Race
Age Adjusted YPLL Rate Per 100,000**



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

The figure above presents data on the leading causes of years of potential life lost by race and Hispanic ethnicity. The causes are ordered by their ranking when considering the total population.

Leading Causes of Years of Potential Life Lost- IL 2001 By Gender
Age Adjusted YPLL Rate Per 100,000



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

The figure above presents data on the leading causes of years of potential life lost by gender. The causes are ordered by their ranking when considering the total population.

Ranking of Categories

The committee used seven criteria to rank 19 of the categories for which there were comparison data. The seven criteria included:

- **Comparison criterion.** How do the Illinois values for the various indicators related to each category compare to the HP 2010 objectives and/or the national value?
- **Trend criterion.** Does there appear to be a trend moving in the right direction, no trend/stable, or a trend moving in the wrong direction?
- **Disparities criterion.** Are there disparities by the categorization variables of age, race, ethnicity, gender, socioeconomic status, geography, and education?
- **Magnitude criterion.** What proportion of the population is affected?
- **Youth criterion-** To what degree do the health issues included in the category affect young people (under 18 years of age)?
- **Severity criterion.** How severe are the consequences regarding mortality, morbidity, years of potential life lost, years lived with a disability, or a chronic disease?
- **Data criterion.** What are the availability, timeliness, and accuracy of the data for each of the indicators included in a category?

A summary of the results of this ranking exercise is included below under the heading *Health Status Findings*. More complete information on the ranking exercise is included in Appendix A.

Findings

Key Finding

- The committee's efforts revealed as much about the state of our information systems infrastructure as it did about the health of the population.

General Findings

- Illinois has many advantages regarding public health data such as the IPLAN data system, Behavioral Risk Factor Surveillance System (BRFSS) data specific to local health departments, etc.
- A broad assessment such as this requires a tremendous amount of time, effort and searching for different data sets many of which are of varying quality and timeliness.
- Integration of systems and disparate data sources is a significant challenge.
- It appears that resources for data collection, analysis, dissemination, and use are inadequate to meet needs.

- The committee's efforts revealed serious challenges regarding issues of data quality, timeliness, and availability.
- The availability of data for subpopulations (race, age, income, etc.) is uneven and must be improved
- If we are serious about reducing disparities, then we need to be able to document them.
- Efforts should be made to maintain and improve upon sub-state and sub-county data collection, availability, and use.

Enhancements should be made to expand the use and availability of geocoding and other GIS applications.

Health Status Findings

- Illinois compares favorably in only six of 33 HP2010 goals under consideration in this profile.
- When **considering all seven criteria**, the categories ranked most important were Injury and Violence; Overweight and Obesity; and Maternal, Infant and Child. Mental Health, HIV, Diabetes, and Cancer had equal rankings just behind the top three followed by Access, Tobacco Use, and Physical Activity (graphs on pages 6 and 7 and Table 1 below).
- When considering the **comparison criteria**, Tobacco Use; Overweight and Obesity; Maternal, Infant and Child; Injury and Violence; HIV; Heart Disease; Cancer; and Access were the categories in which Illinois compared most unfavorably to the benchmark data (Table 2 below).
- Generally speaking, **trends** were relatively stable across the categories. However, the rankings on the trend criterion suggest that the categories with the worst recent trends are Overweight and Obesity, Diabetes, Injury and Violence, Access, and General Health (Table 3 below).
- Although adequate data on subpopulations were difficult (or impossible) to find, **disparities** were apparent in the data on many of the indicators. A discernible disparity was evident on at least one of the subpopulations

(age, race, ethnicity, gender, geography, education, and income) in every category except Asthma. Overall, Injury and Violence, Diabetes, Cancer, and General Health were the categories ranked as having the most disparity. Heart Disease and Stroke, Arthritis, and Access followed the top four (Table 4 below).

- The **magnitude criterion** speaks to the issue of what proportion of the population is affected. A group of nine categories were ranked at the top including (in no particular order) Physical Activity; Overweight and Obesity; Oral Health; Mental Health; Maternal, Infant and Child; Injury and Violence; Heart Disease and Stroke; Diabetes; and Cancer (Table 5 below).
- The **youth criterion** was an attempt to weight more heavily those health issues that differentially affect the young (under 18 years) population. Four categories tied at the top of this ranking: Tobacco Use, Responsible Sexual Behavior, Injury and Violence, and Asthma. Substance Abuse and Sexually Transmitted Diseases followed the top four (Table 6 below).
- The **severity criterion** attempted to quantify the consequences of the health issue in question regarding mortality, morbidity, years of life lost, and years of life with disability or chronic disease. A group of 11 categories were tied for the highest rank and are (in no particular order) Tobacco Use; Physical Activity; Overweight and Obesity; Mental Health; Maternal, Infant and Child; Injury and Violence; HIV; Heart Disease and Stroke; Diabetes; Cancer; and Asthma (Table 7 below).
- The categories were ranked on the **data criterion** to suggest the areas that seemed to have the poorest data available regarding timeliness, accessibility, and ability to disaggregate by subpopulations. The categories that were ranked as having the poorest quality of data were Sexually Transmitted Diseases, Responsible Sexual Behavior, HIV, and Asthma followed by Substance Abuse, Physical Activity, Mental Health, and Immunizations¹. For two categories, Environmental Health and Occupational Health, the data available at the time of the ranking exercise were insufficient and those two categories were not ranked. Although data may be available that the subcommittee did not have the time or resources to gather, the fact that there were insufficient data to include them in this exercise suggests *ipso facto* that they should be considered as having a poor data “score” on the criterion (Table 8 below).

- When considering the criteria, severity was ranked highest, followed by magnitude and then the comparison between Illinois and the benchmark data (Table 9 below).

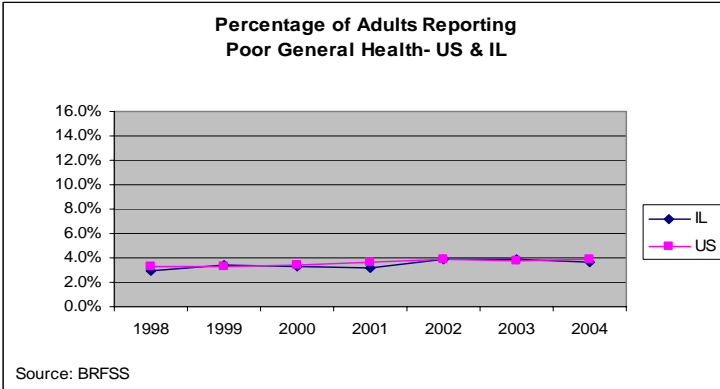
Findings Summary

The committee considered various indicators for each of the categories and arrived at a final list that included 65 indicators. Data were collected from multiple sources for Illinois, wherever possible disaggregating the data by race, ethnicity, education, income, age, and geography. The Healthy People 2010 (HP 2010) goals for the indicators were included wherever available.

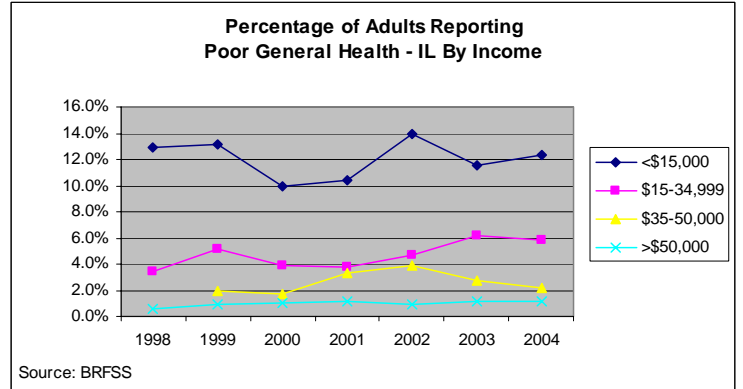
The following summary of the data was prepared for presentation to the full SHIP team. For each of the categories, the summary includes a graph depicting the comparison of the Illinois value to the US value and where available the HP 2010 goal. Additionally, for each indicator there are three to seven supplementary graphs that depict intra-state comparisons by the categorization variables of race, ethnicity, education, income, age, and geography. The data presented here are sub-sets of the full range of data collected.

The State Health Profile-Full Assessment document (beginning on page 38) includes graphical displays of all of the data that were collected.

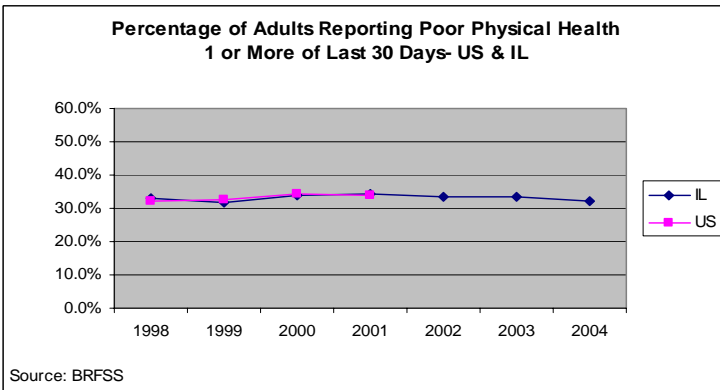
General Health



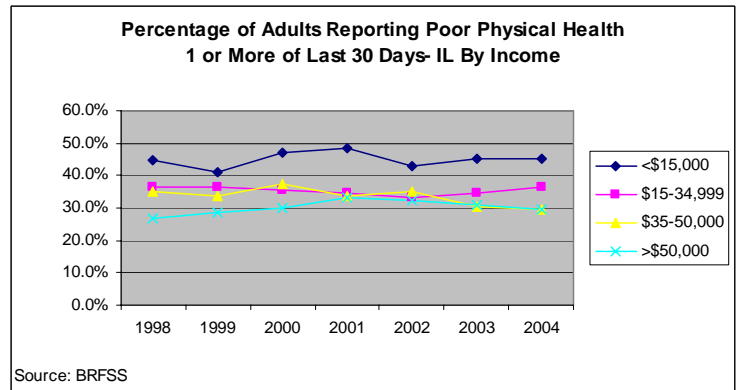
- The percentage of Illinois adults reporting poor general health is similar to the US percentage.



The percentage of persons with health insurance follows an income gradient with lower income individuals more likely to report poor health.

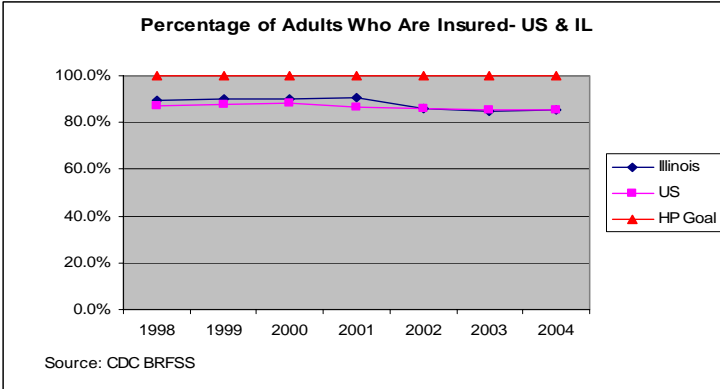


- The percentage of Illinois residents reporting one or more days of poor physical health in the past 30 days is similar to the US percentage.

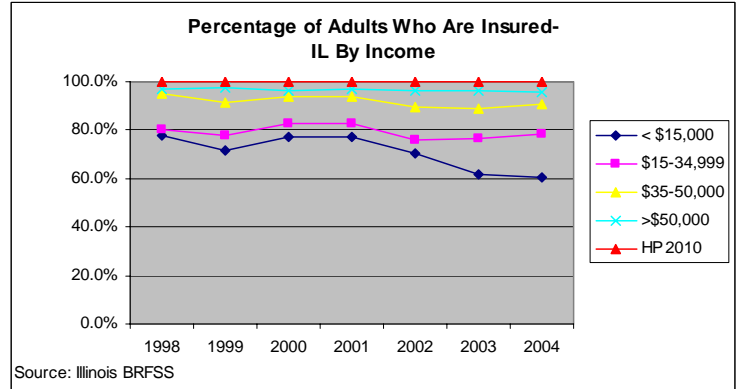


- Lower income individuals are more likely to report poor physical health.

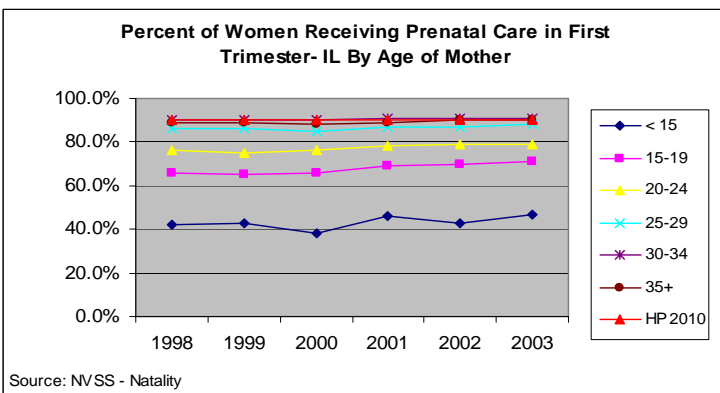
Access to Healthcare



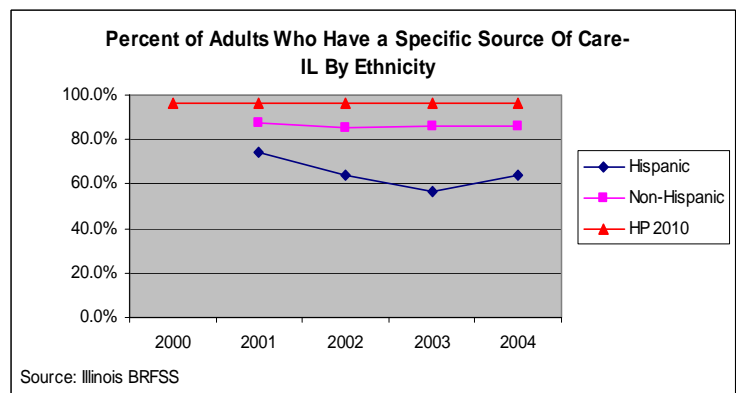
- The percentage of Illinois adults with health insurance is similar to the US percentage and below the HP 2010 goal.



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

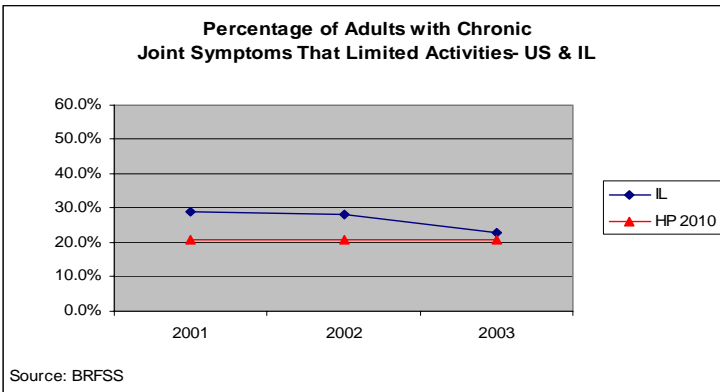


- Younger women are less likely to begin prenatal care in the first trimester.

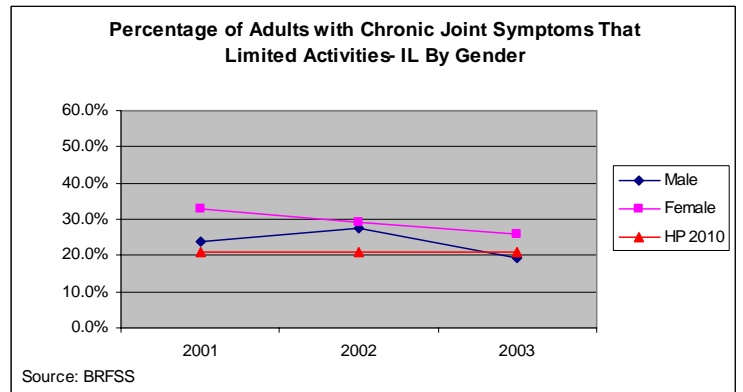


- Hispanics are less likely to have a specific, single source of care.

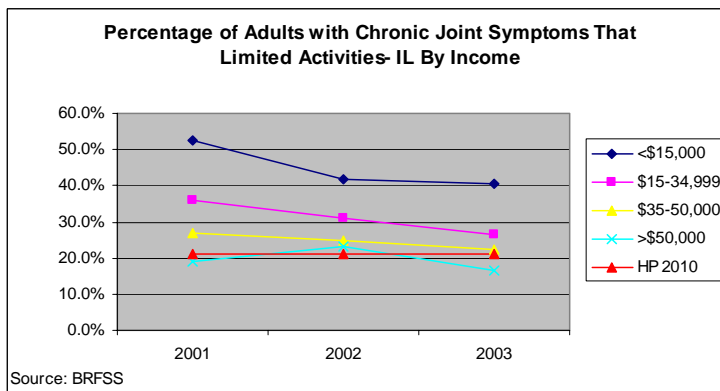
Arthritis



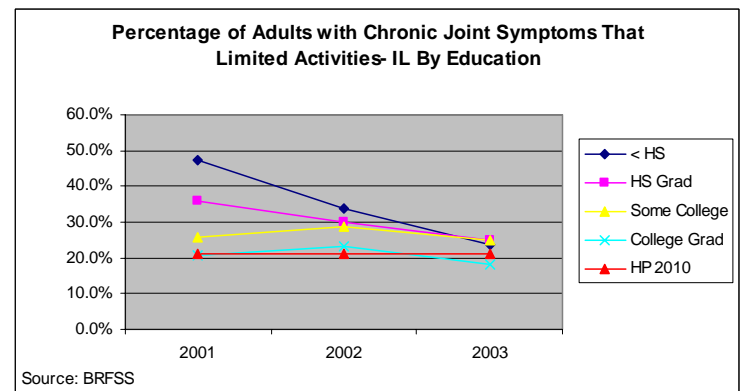
- The percentage of Illinois residents with activity limitations because of joint pain has been above the HP 2010 goal and was approximately equivalent to the goal in 2003.



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

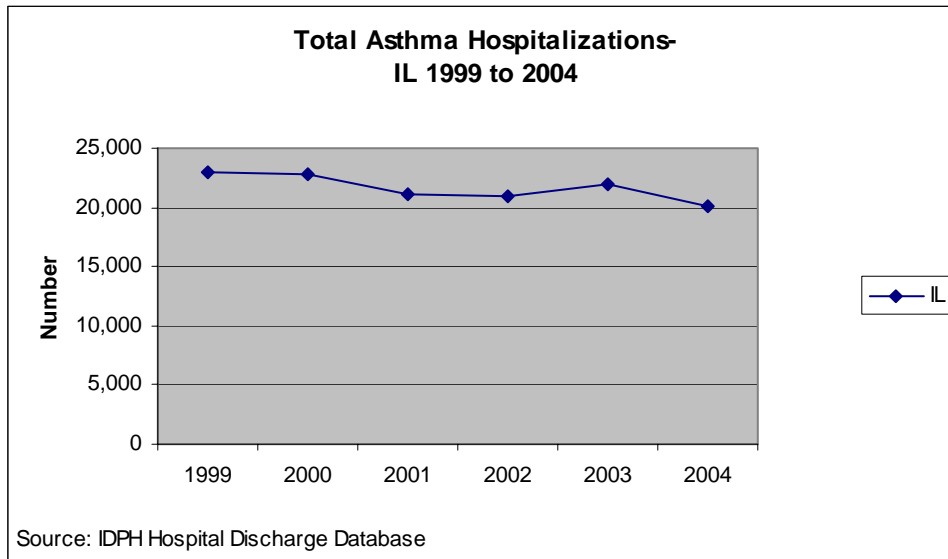


- Activity limitation because of joint pain is more prevalent in lower income populations.

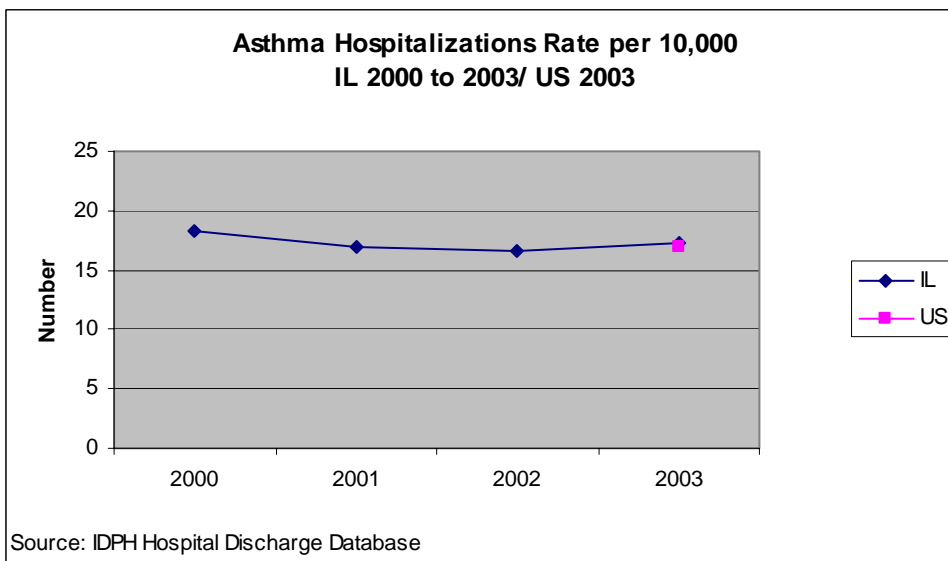


- Activity limitation because of joint pain has been more prevalent in populations with lower educational attainment but that difference has subsided in recent years.

Asthma

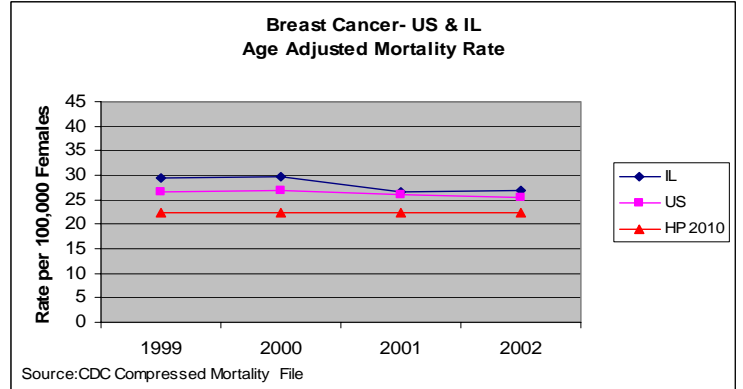
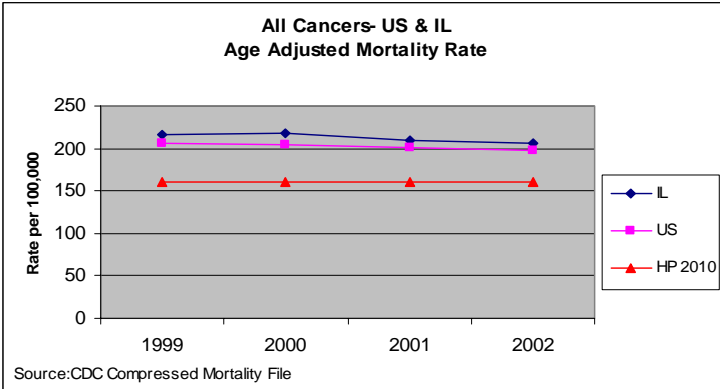


- Total asthma hospitalizations have averaged more than 20,000 per year since 1999.



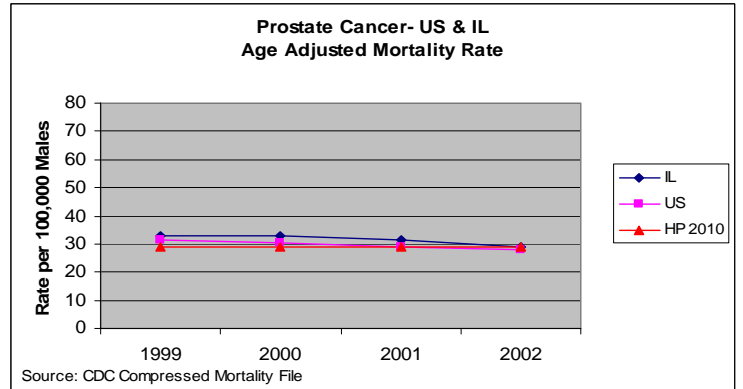
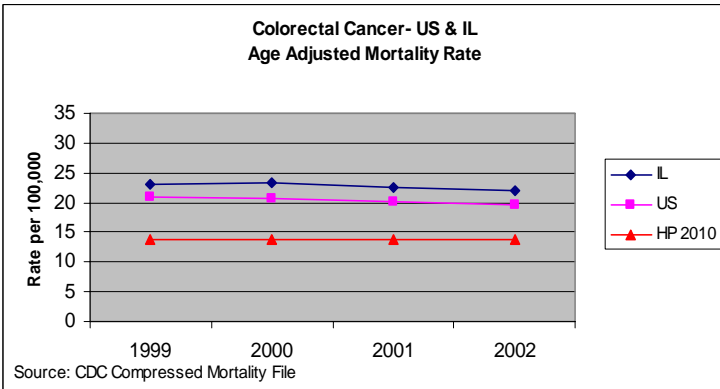
- The Illinois hospitalization rate for asthma from 2000 to 2003 is similar to the national rate for 2003.

Cancer



- The Illinois mortality rate for lung cancer is similar to the US rate and higher than the HP 2010 goal.

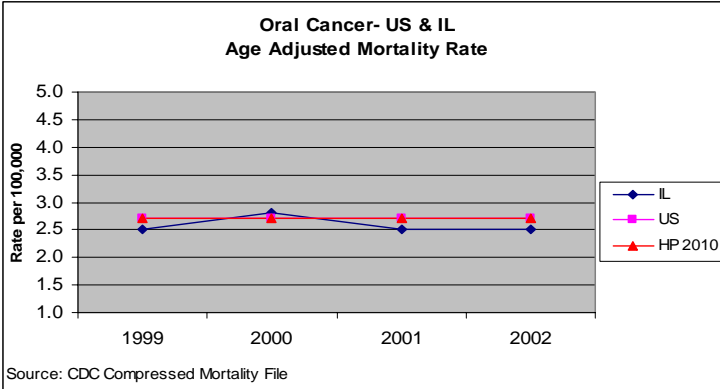
- The breast cancer mortality rate for Illinois females is similar to the US rate.



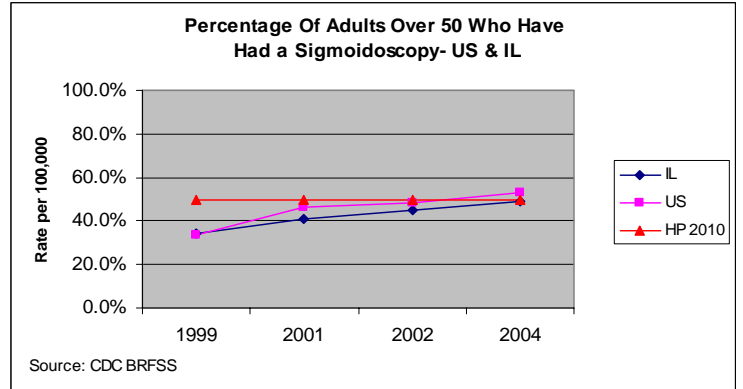
- The Illinois mortality rate for colorectal cancer is higher than the US rate and the HP 2010 goal.

- The mortality rate for prostate cancer in Illinois males is similar to the US rate.

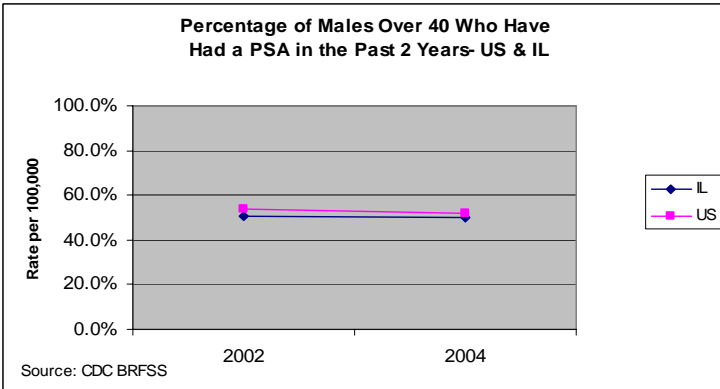
Cancer



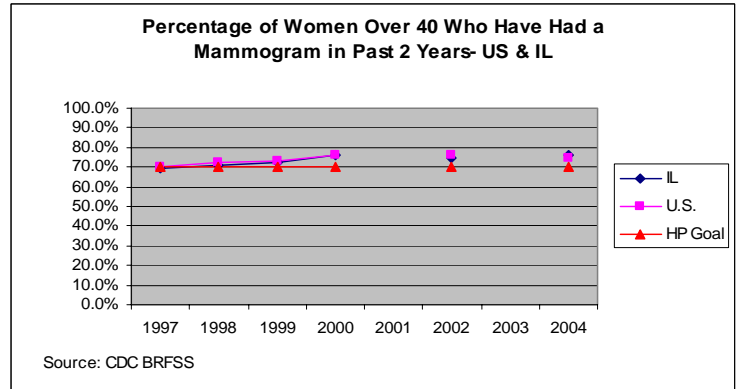
- The oral cancer mortality rate in Illinois is similar to the US rate.



- The percentage of adults over 50 who have had a sigmoidoscopy (colorectal cancer screening) is similar to the US rate and the HP 2010 goal.

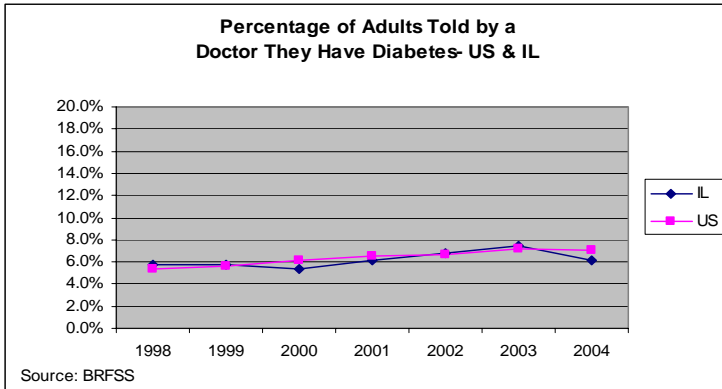


- The percentage of Illinois males over 40 who have had a prostate specific antigen (PSA) test is similar to the US rate.

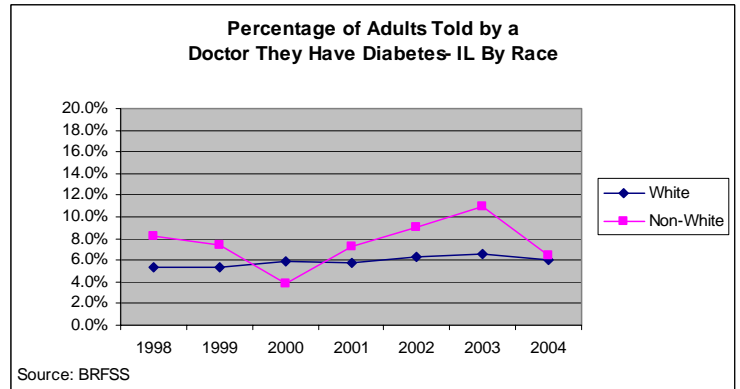


- The percentage of women over 40 who have had a mammogram in the past two years is similar to the US rate.

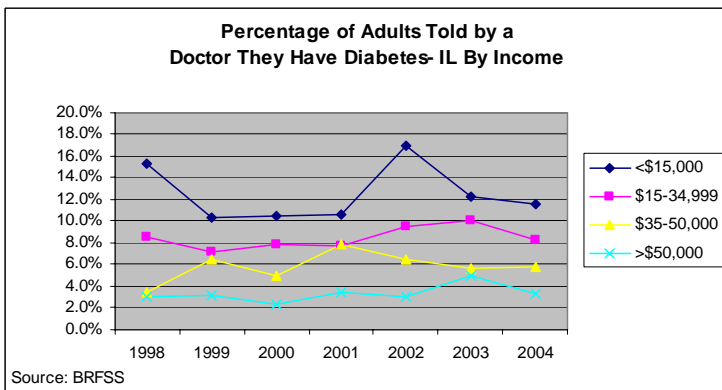
Diabetes



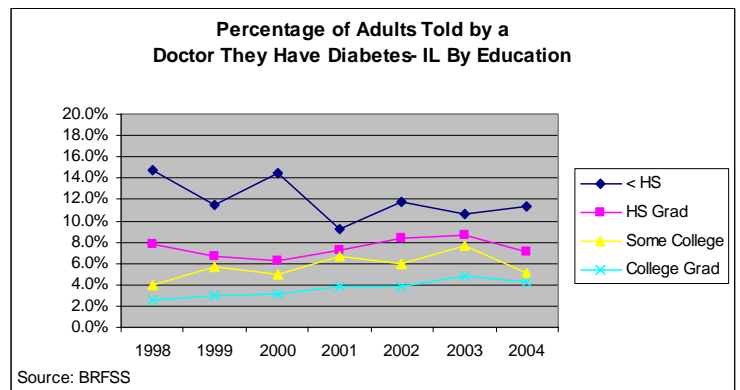
- The percentage of adults told by a doctor they are diabetic is similar in Illinois and the US.



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

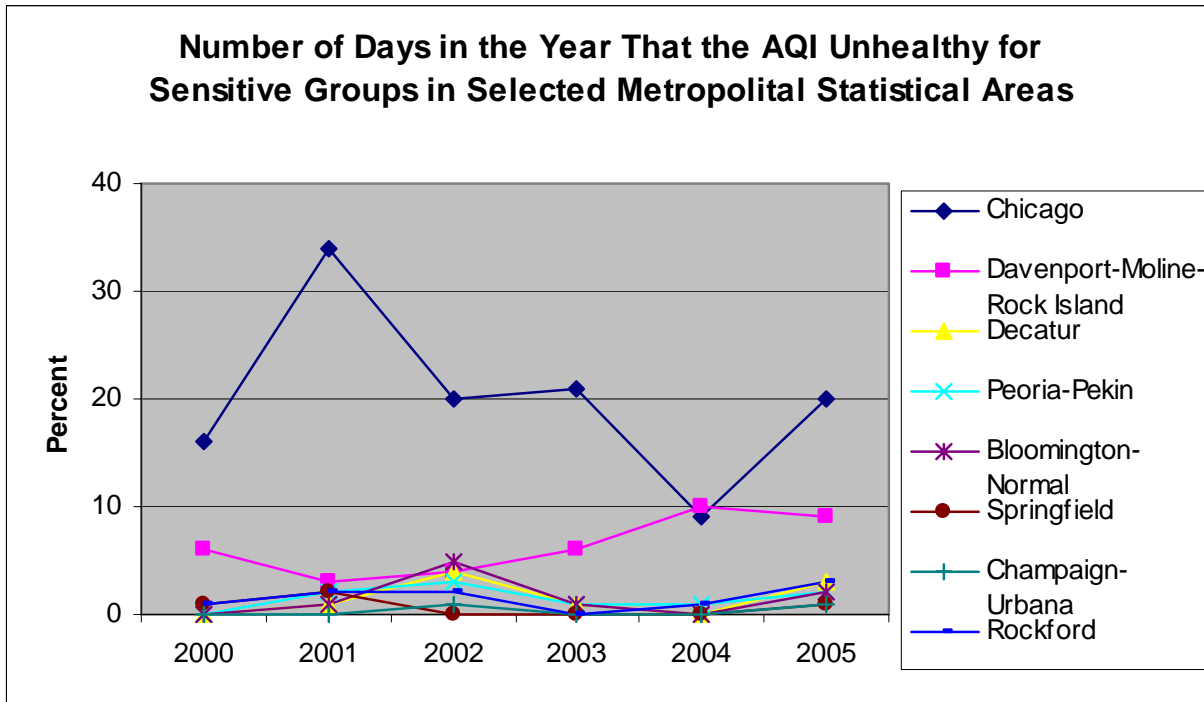


- There is a clear income gradient for persons reporting a diabetes diagnosis with lower income individuals more likely to report having been diagnosed.



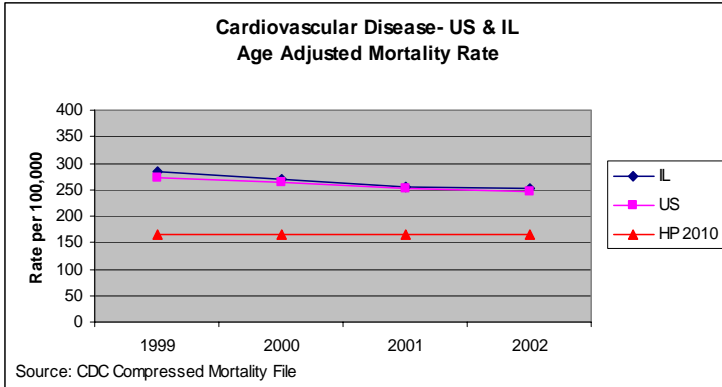
- In Illinois, persons with less education are more likely to report their doctor gave them a diagnosis of diabetes.

Environmental Health

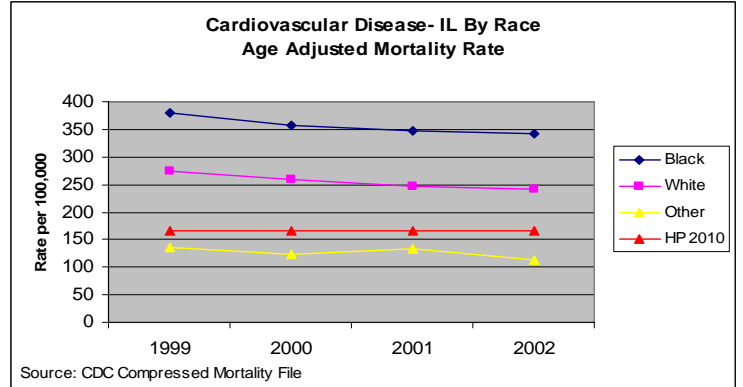


- The figure above shows the number of days in the year that the Air Quality Index (AQI) was unhealthy for sensitive groups in selected Illinois metropolitan statistical areas.

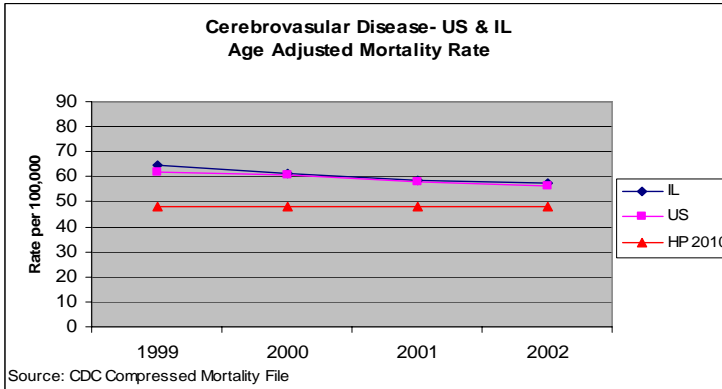
Heart Disease and Stroke



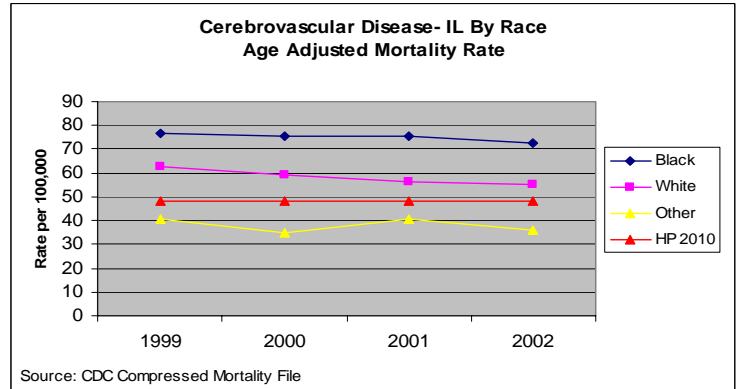
- The Illinois mortality rate as a result of cardiovascular disease is similar to the US rate.



- Blacks have a higher cardiovascular mortality rate than Whites and Others.

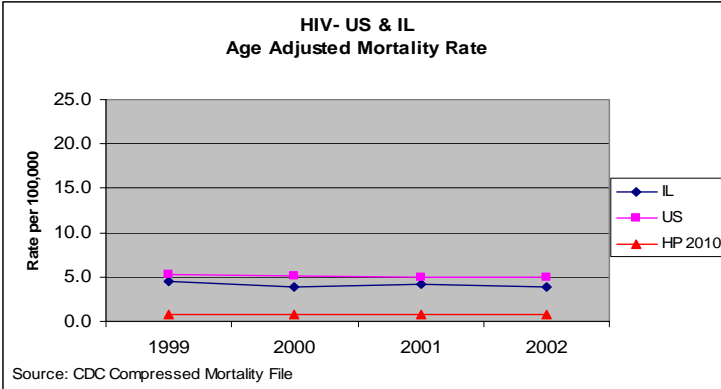


- The mortality due to cerebrovascular disease in Illinois is similar to the US rate.

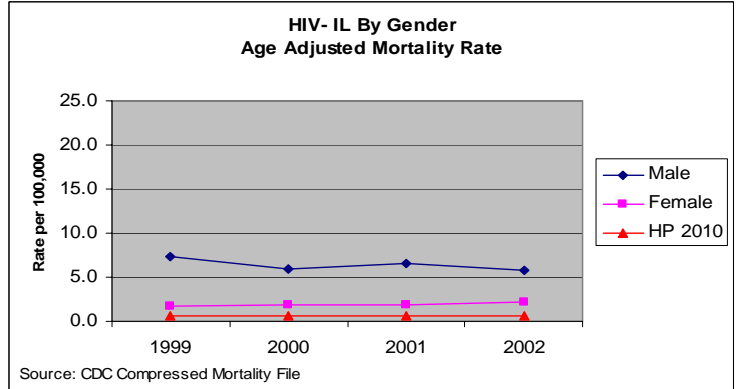


- Blacks have a higher cerebrovascular mortality rate than Whites and Others.

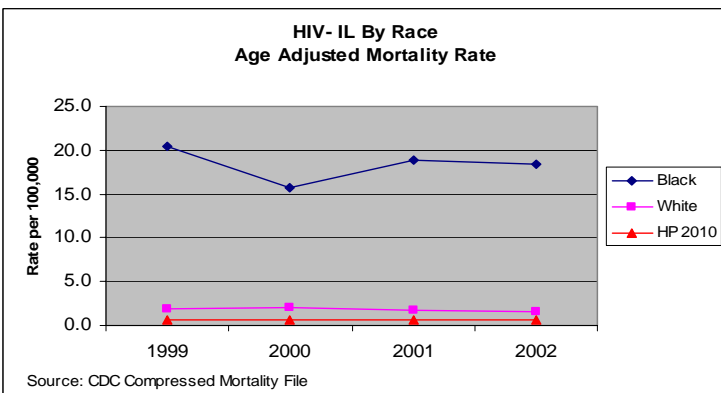
HIV



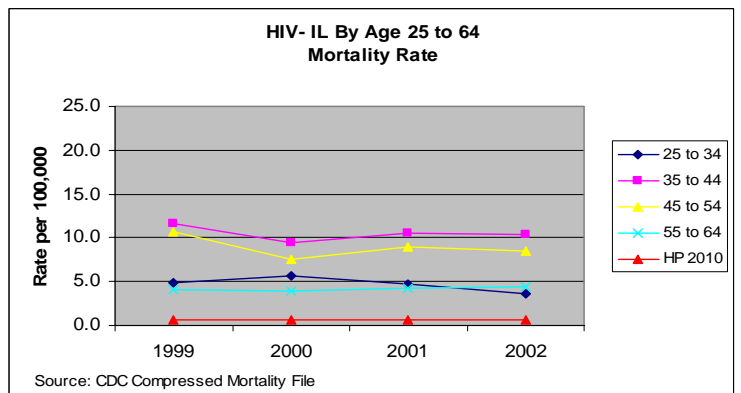
- The HIV mortality rate in Illinois is similar to the US rate.



- Illinois males have a higher HIV mortality rate than females.

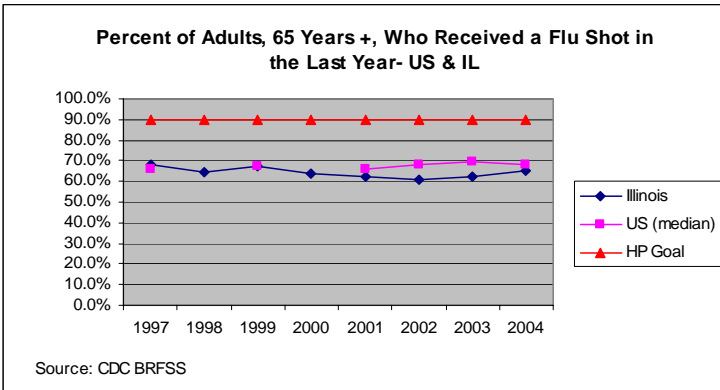


- Blacks have a higher HIV mortality rate than Whites.

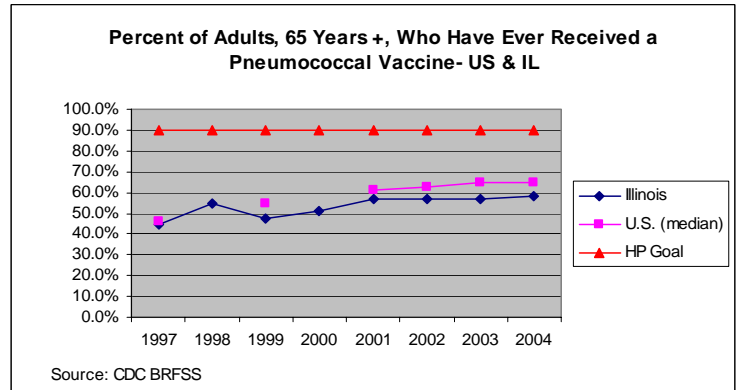


- People in the 35 to 44 and 45 to 54 year age groups have the highest HIV mortality rates.

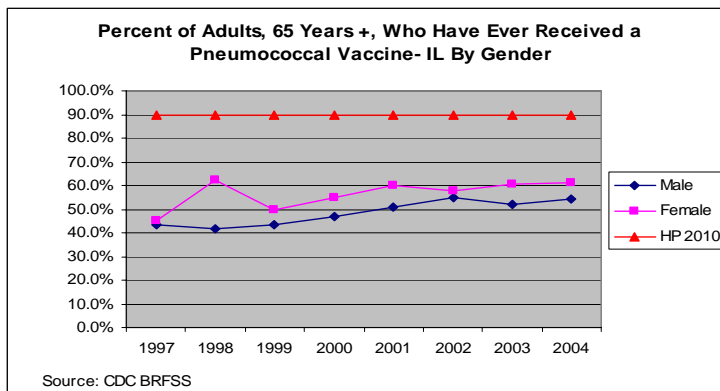
Immunizations



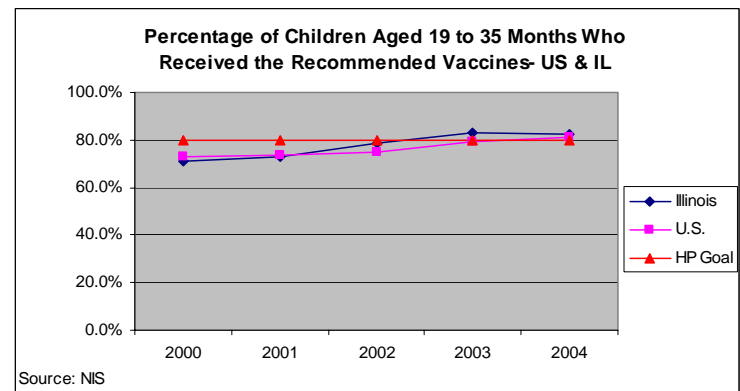
- The percentage of adults over 65 who received the flu shot in Illinois is below the HP 2010 goal.



- The percentage of the over 65 population who have received the pneumococcal vaccine in the last year in Illinois is below the HP 2010 goal.

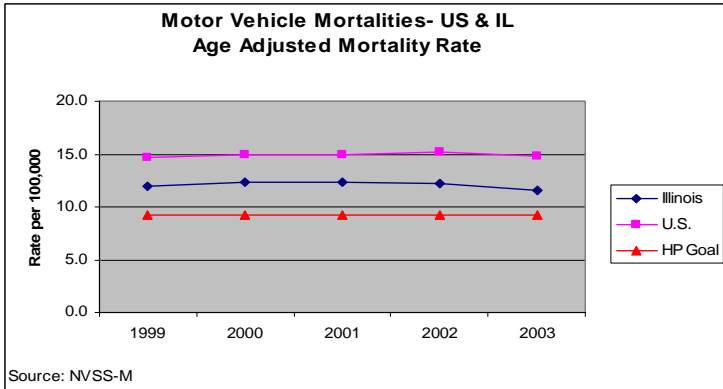


- Males are less likely to have had the pneumococcal vaccination.

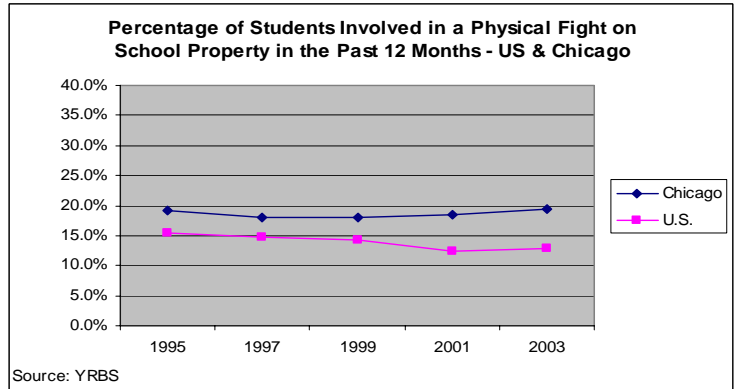


- The percentage of children receiving the basic vaccination series is similar to the median for the US.

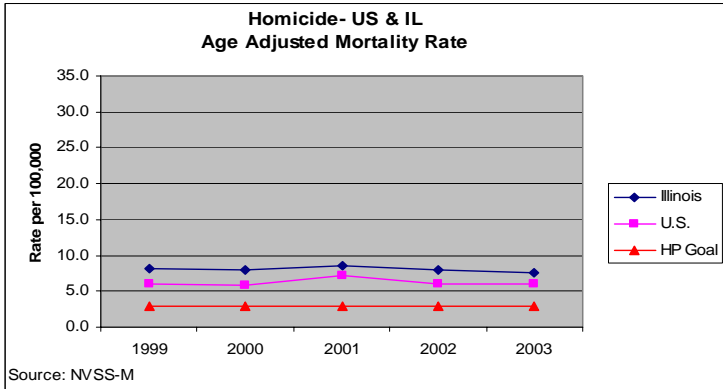
Injury and Violence



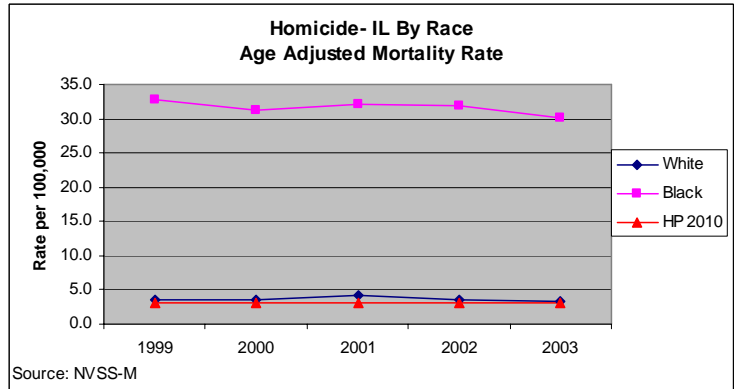
- The mortality rate for motor vehicle crashes in Illinois is above the HP 2010 goal.



- The percentage of high school students in Chicago involved in physical fight in the past 12 months is higher than the US percentage.

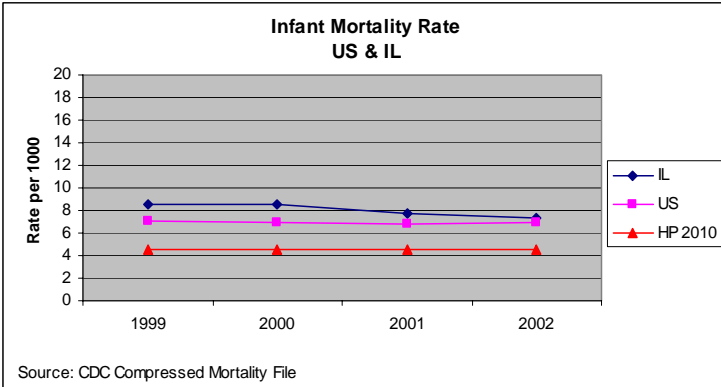


- The homicide rate for Illinois is higher than the rate for the US.

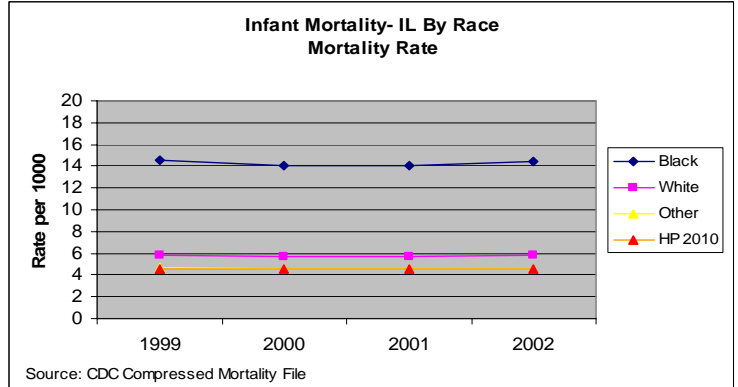


- The homicide rate for Blacks is higher than for Whites in Illinois.

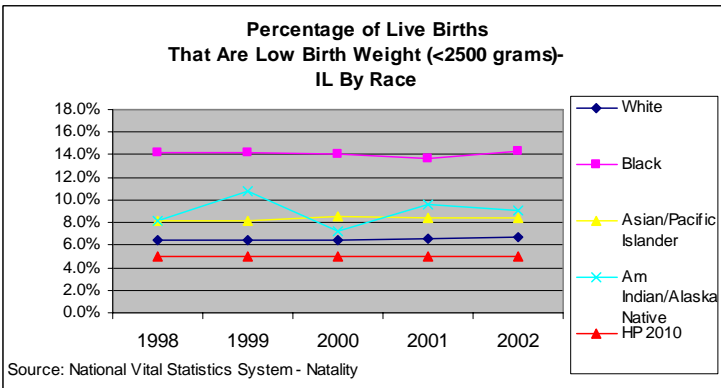
Maternal, Infant and Child



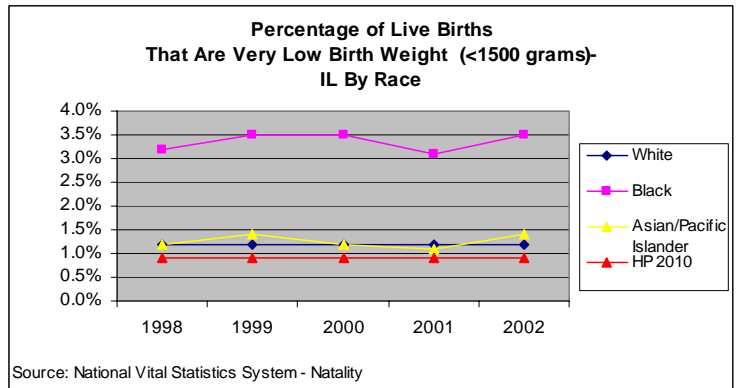
- The infant mortality rate has been higher in Illinois than in the US, but in 2002 it was very similar.



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

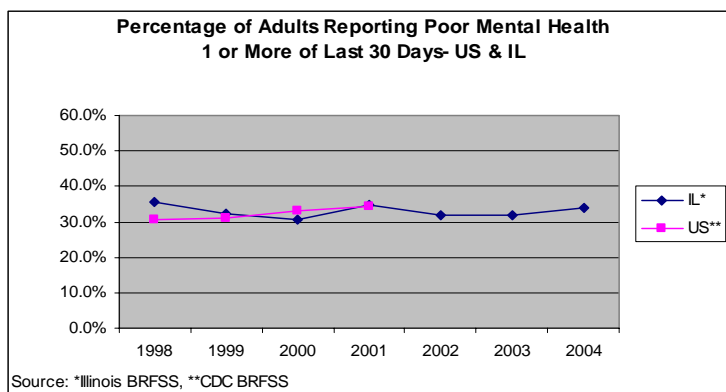


- The Low Birth Weight rate in Illinois is higher for Blacks, Asian/Pacific Islanders and American Indian/Alaska Natives than for Whites.

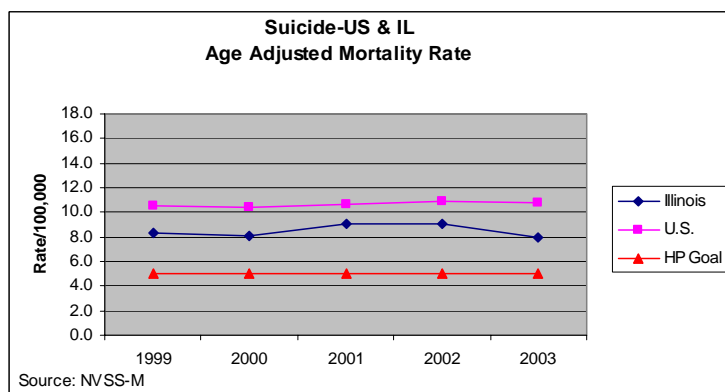


- The rate of Very Low Birth Weight in Illinois is higher for Blacks than for other race categories.

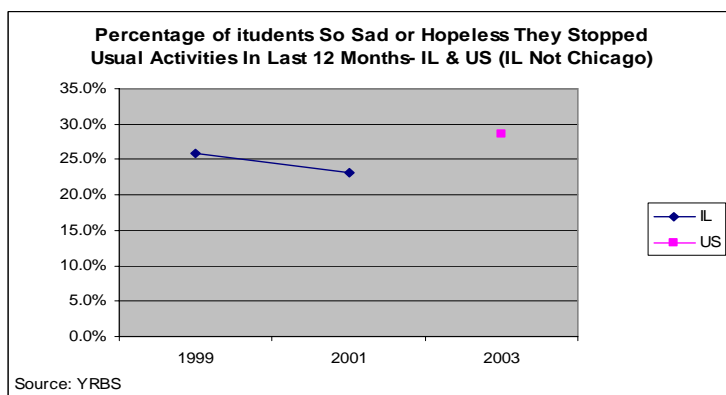
Mental Health



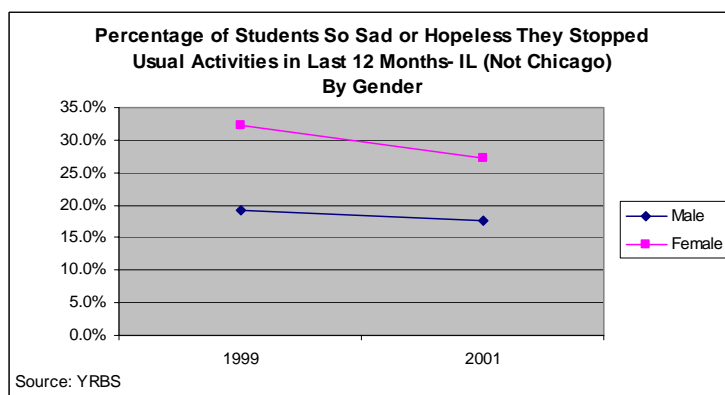
- The percentage of adults reporting one or more poor mental health days in the past 30 days is similar to the percentage for the US.



- The suicide mortality rate in Illinois is lower than the US rate but higher than the HP 2010 goal.

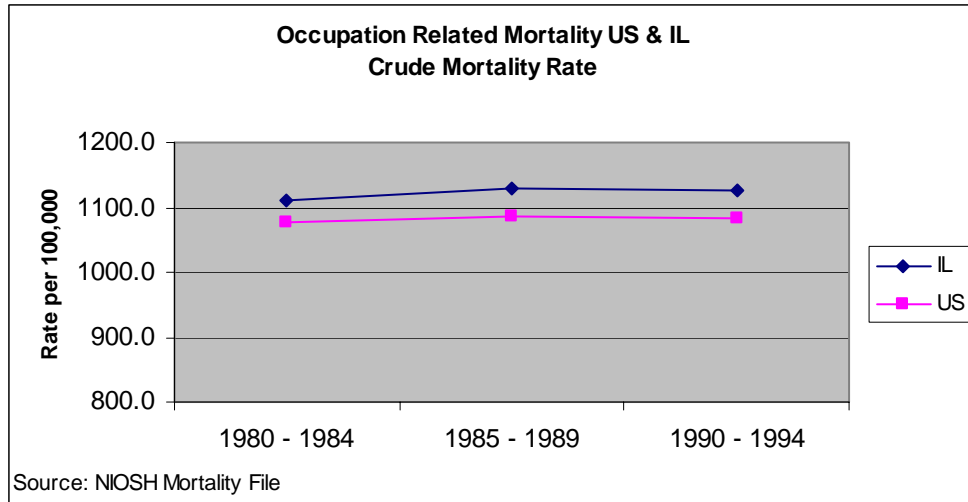


- The percentage of Illinois students (outside Chicago) who reported they have felt so sad or hopeless they stopped their usual activities was lower in 1999 and 2001 than the percentage for the US in 2003.

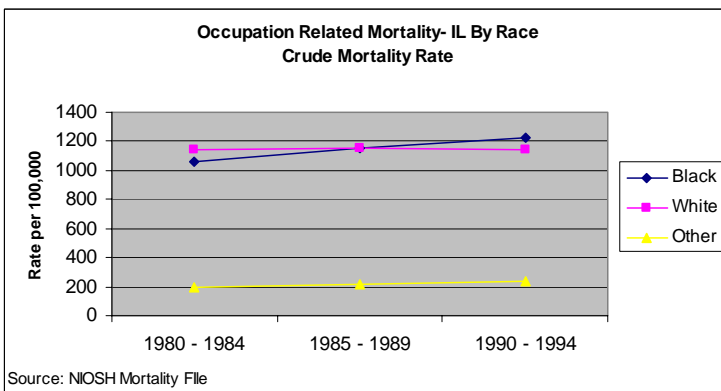


- Female students in Illinois (outside Chicago) are more likely than males to report they have felt so sad or hopeless they stopped their usual activities.

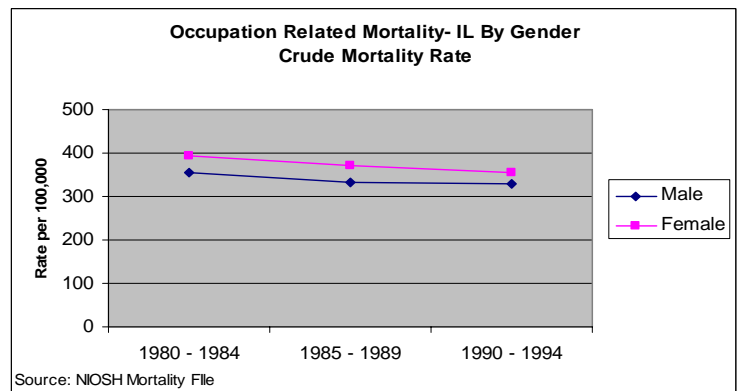
Occupational Safety and Health



- Occupation related crude mortality rates in Illinois were higher than the US rates for the time periods 1980 to 1984, 1985

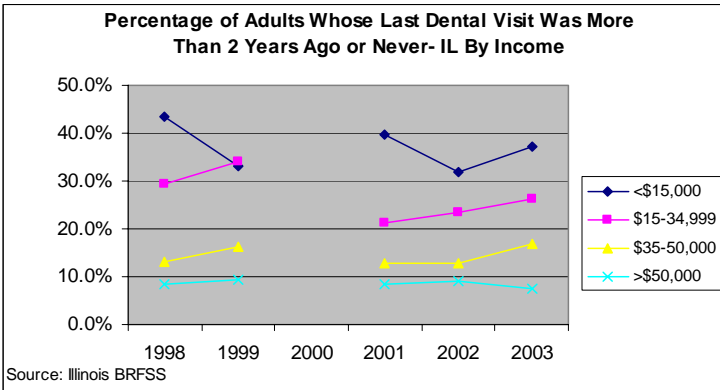


- Occupation related mortality in Illinois was similar for Blacks and Whites while the Other race category had a lower rate.

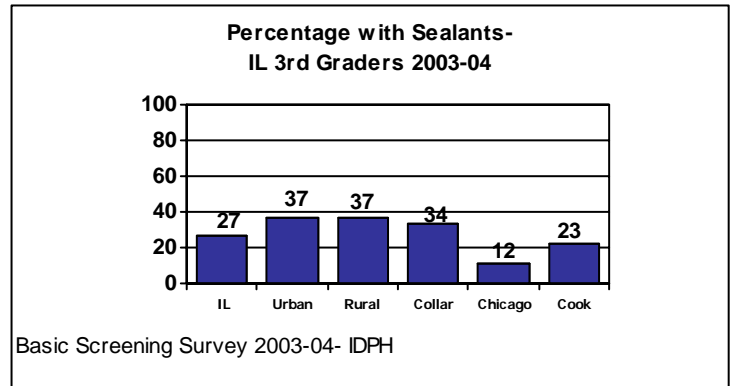


- Occupation related mortality in Illinois was similar for males and females.

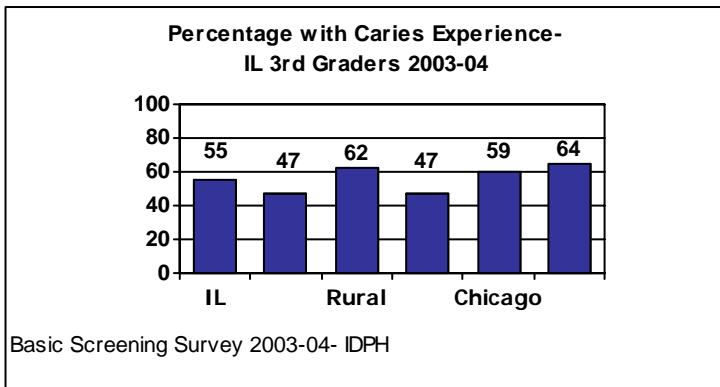
Oral Health



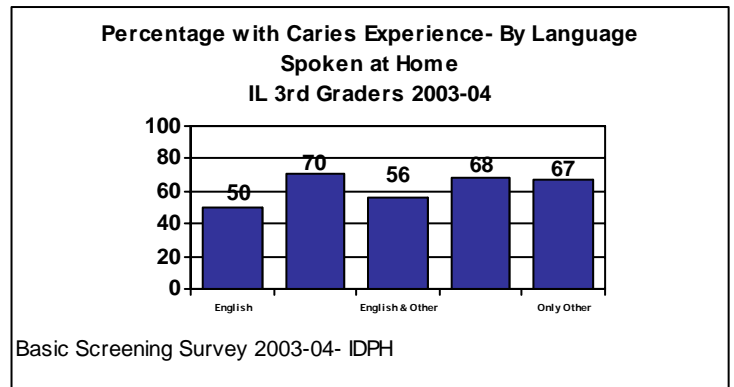
- Adults with lower incomes were more likely to have never seen a dentist or not seen a dentist in the past two years.



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

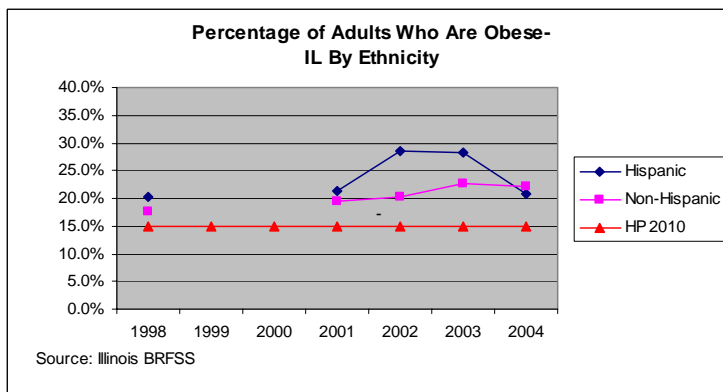
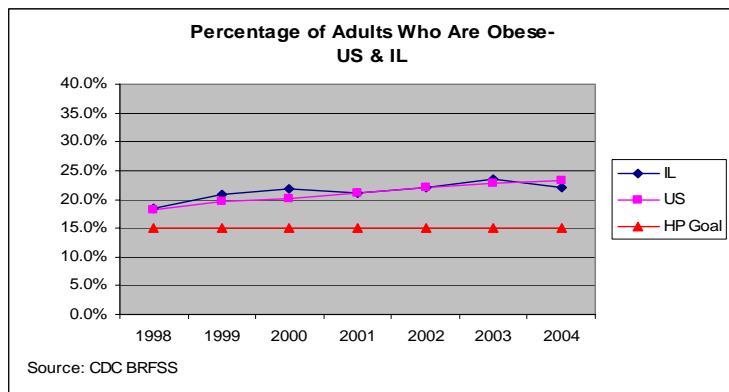


- The percentage of 3rd grade students in Illinois who have had a dental caries (cavity) experience is shown above by geographic area. The HP 2010 goal is 42 percent.



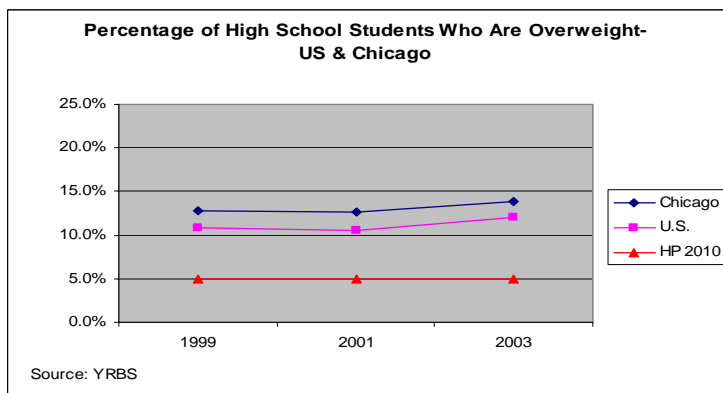
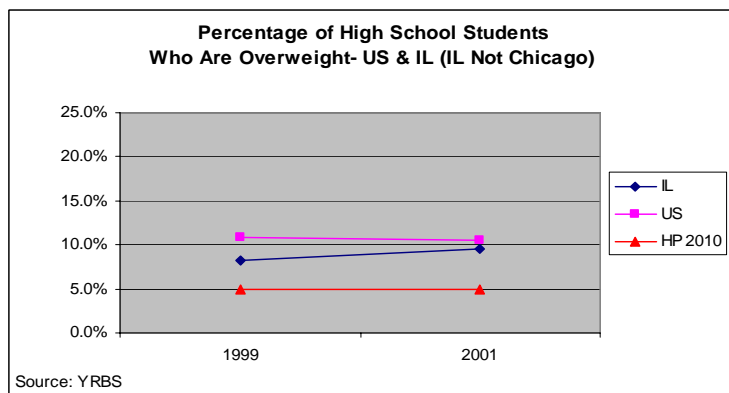
- The percentage of 3rd grade students in Illinois who have had a dental caries (cavity) experience is shown above by language spoken at home. The HP 2010 goal is 42 percent.

Overweight and Obesity



- The percentage of adults who are obese in Illinois is similar to the US percentage.

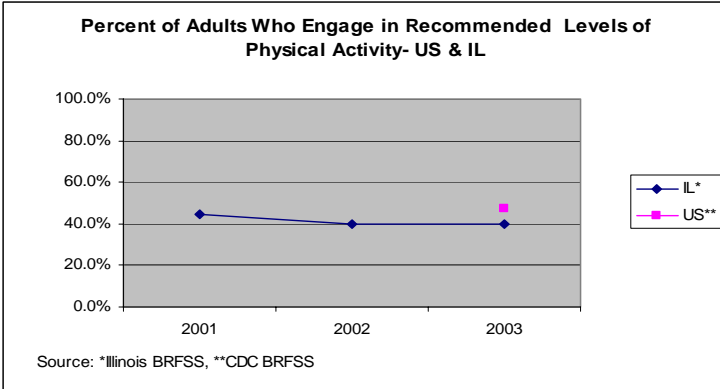
- In Illinois the Hispanic population has had a higher prevalence of obesity; however in 2004 that difference subsided.



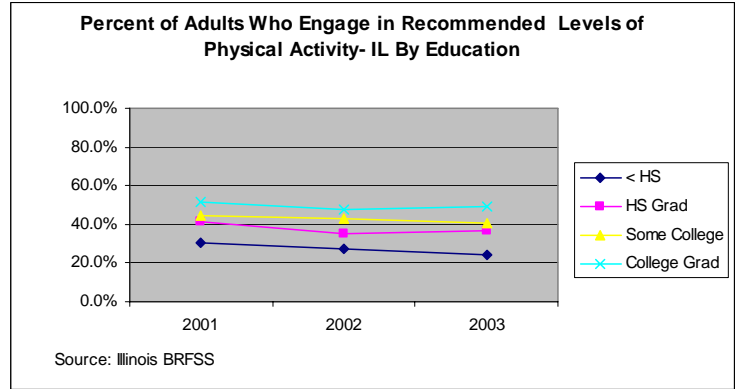
- The percentage of Illinois high school students (outside Chicago) who are overweight is similar to the US percentage.

- The percentage of Chicago high school students who are overweight is higher than the US percentage.

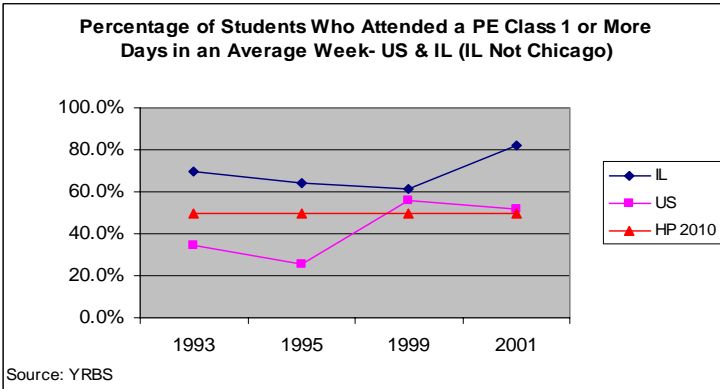
Physical Activity



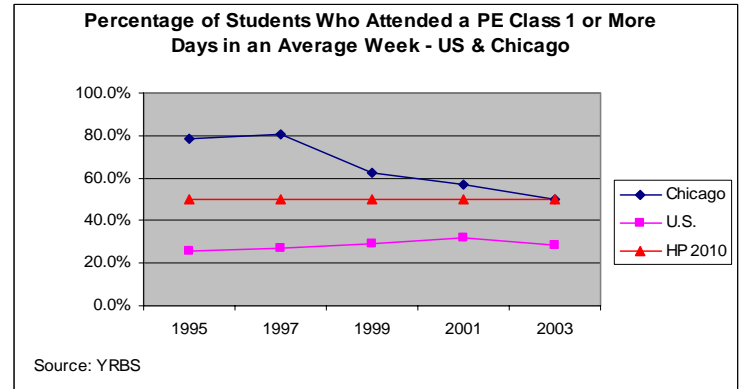
- The percentage of adults that engage in the recommended level of physical activity in Illinois is similar to the US percentage.



- In Illinois individuals with lower educational attainment are less likely to report engaging in the recommended level of physical activity.



- The percentage of Illinois high school students (outside Chicago) who participated in physical education classes is higher than the US percentage.



- The percentage of Chicago high school students who participated in physical education classes has been higher than the US percentage but has been declining.

Public Health Infrastructure

The objectives below have been revised from the Healthy People 2010 objectives regarding public health infrastructure data needs to focus on state and local data access. Assuring that state and local public health staff and community health planners have access to the data necessary for appropriate community health assessment, program planning and evaluation is critical to the proper functioning of the public health system. HP 2010 objective numbers (e.g., 23.3, 23.5) are listed for each objective.

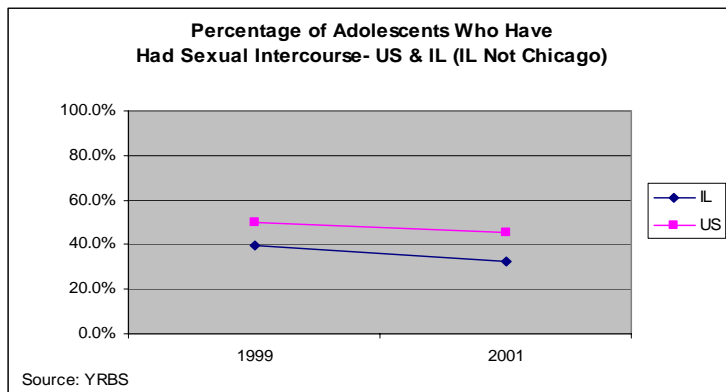
- 23-3. Increase the use of geocoding of health information to promote use of geographic information systems (GIS) at all levels**

- 23-5. Increase the proportion of Leading Health Indicators and Health Status Indicators, for which data—especially for select populations—are available at the State and local levels**

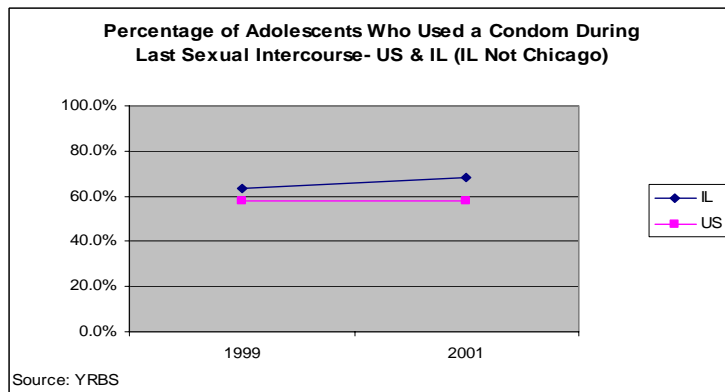
- 23-6. Increase the proportion of Healthy People 2010 objectives that are tracked regularly at the state and local levels**

- 23-7. Increase the proportion of Healthy People 2010 objectives for which state and local data are released within one year of the end of data collection**

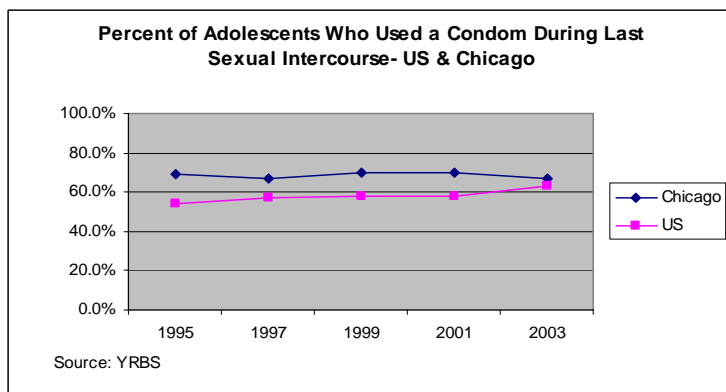
Responsible Sexual Behavior



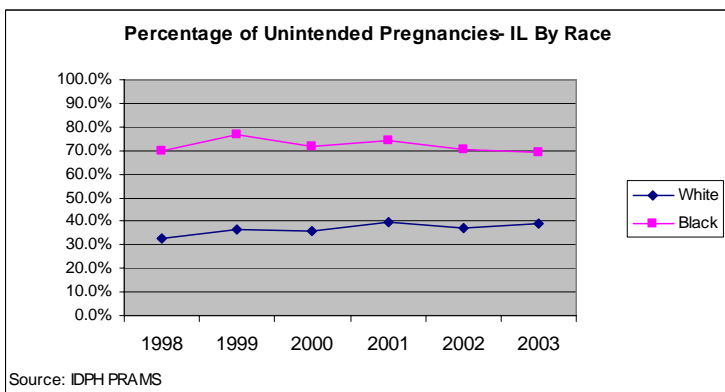
- The percentage of Illinois high school students (outside Chicago) who have had intercourse is lower than the US percentage.



- The percentage of Illinois high school students (outside Chicago) who used a condom during last intercourse is higher than the US percentage.

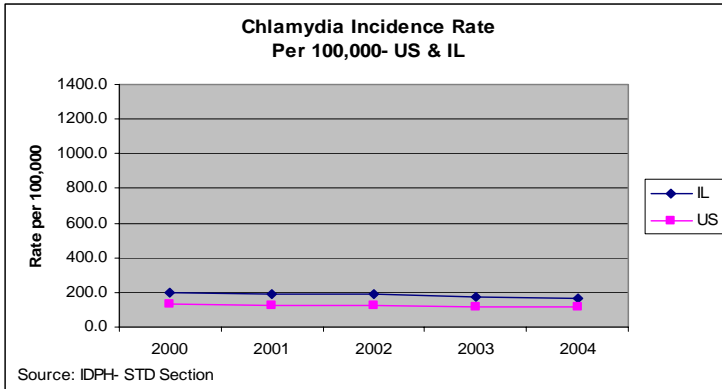


- The percentage of Chicago high school students who used a condom during last intercourse has been higher than the US percentage but was approximately equivalent in 2003.

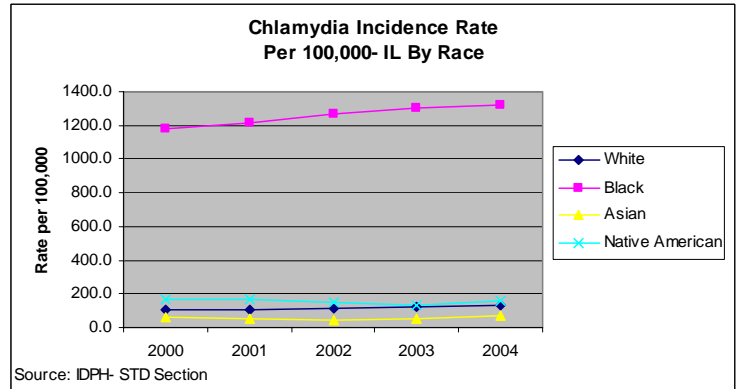


- Blacks were more likely to report unintended pregnancies than Whites in Illinois.

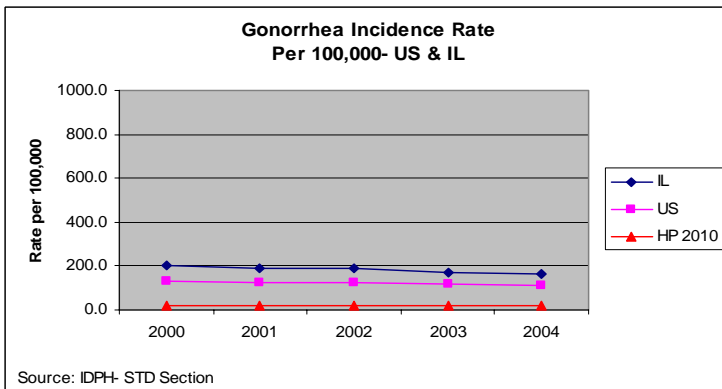
Sexually Transmitted Diseases



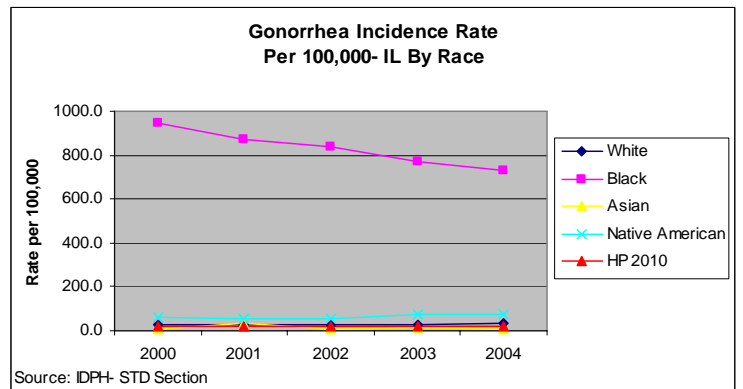
- The chlamydia incidence rate in Illinois is similar to the US rate.



- The chlamydia incidence rate is higher in the Black population in Illinois than the other race categories.

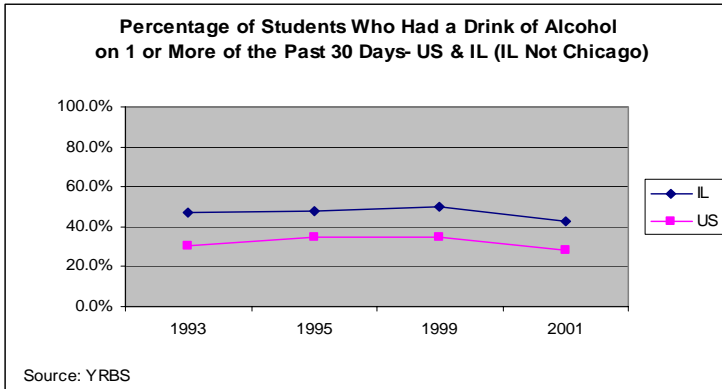


- The gonorrhea incidence rate in Illinois is similar to the US rate.

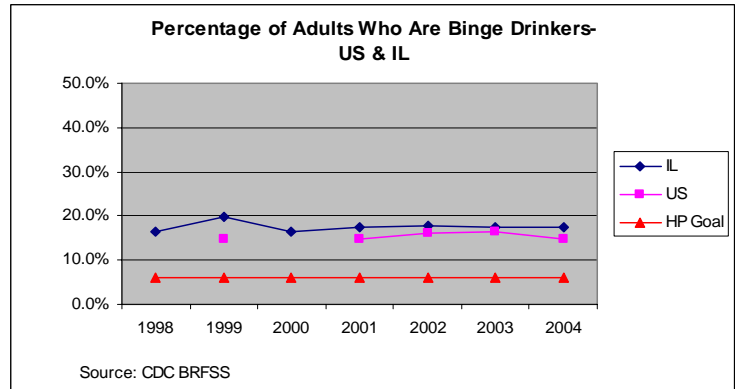


- The gonorrhea incidence rate is higher in the Black population than the other race categories in Illinois.

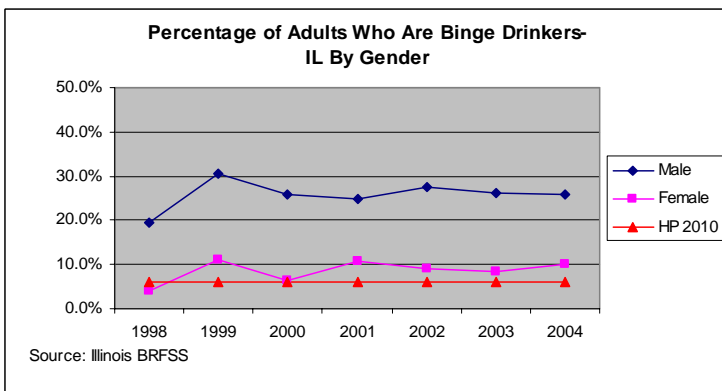
Substance Abuse



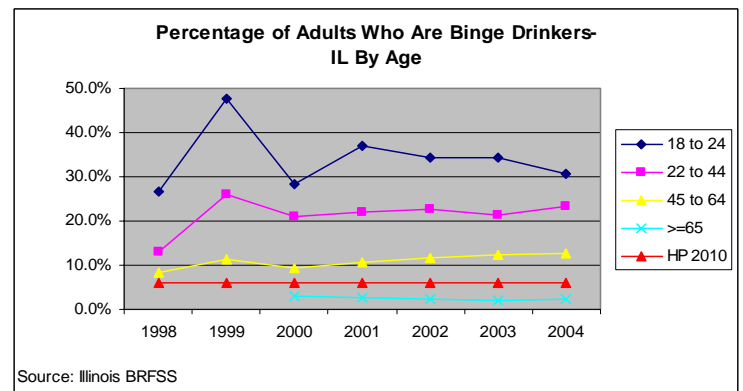
- Students in Illinois (outside Chicago) have a higher prevalence of current alcohol use than in the US in total.



- The percentage of Illinois adults who engage in binge drinking is similar to the US percentage.

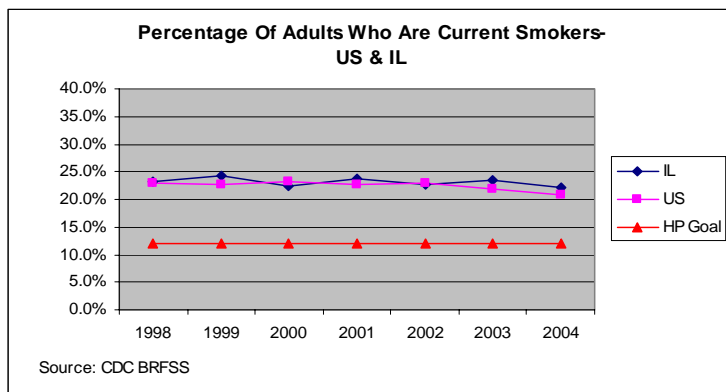


- In Illinois males are more likely to engage in binge drinking.

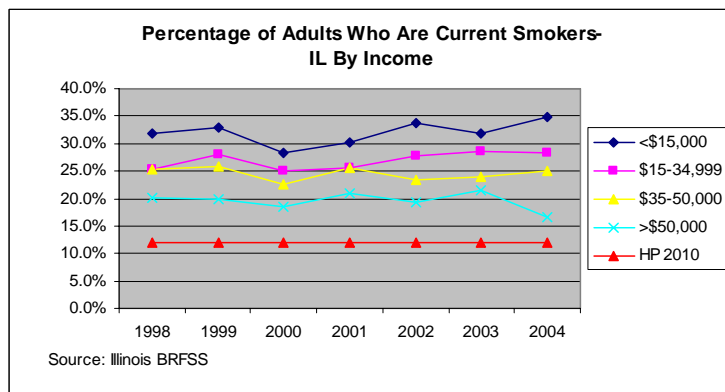


- Binge drinking follows a clear age gradient.

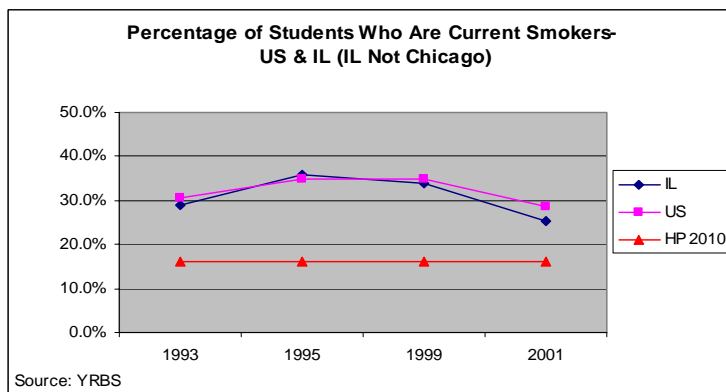
Tobacco Use



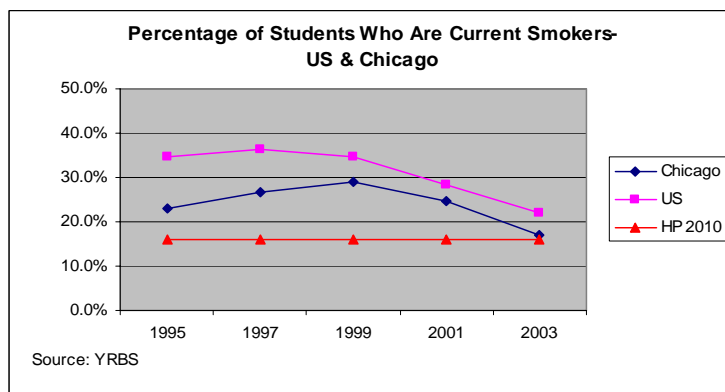
- The percentage of Illinois adults who are current smokers is similar to the US percentage.



- There is an income gradient regarding current smoking with individuals in lower income categories more likely to be current smokers.



- The percentage of Illinois high school students (outside Chicago) who are current smokers is similar to the US percentage.



- The percentage of Chicago high school students who are current smokers is lower than the US percentage.

Illinois Socio-demographics Summary

General Characteristics	Number	Percent	U.S.
Total population	12,419,293		
Male	6,080,336	49.0	49.1%
Female	6,338,957	51.0	50.9%
Median age (years)	34.7	(X)	35.3
Under 5 years	876,549	7.1	6.8%
18 years and over	9,173,842	73.9	74.3%
65 years and over	1,500,025	12.1	12.4%
One race	12,184,277	98.1	97.6%
White	9,125,471	73.5	75.1%
Black or African American	1,876,875	15.1	12.3%
American Indian and Alaska Native	31,006	0.2	0.9%
Asian	423,603	3.4	3.6%
Native Hawaiian and Other Pacific Islander	4,610	0.0	0.1%
Some other race	722,712	5.8	5.5%
Two or more races	235,016	1.9	2.4%
Hispanic or Latino (of any race)	1,530,262	12.3	12.5%
Average household size	2.63	(X)	2.59
Average family size	3.23	(X)	3.14
Social Characteristics	Number	Percent	U.S.
Population 25 years and over	7,973,671		
High school graduate or higher	6,493,228	81.4	80.4%
Bachelor's degree or higher	2,078,049	26.1	24.4%
Disability status (population 5 years and over)	1,999,717	17.6	19.3%
Foreign born	1,529,058	12.3	11.1%
Male, Now married, except separated (population 15 years and over)	2,628,842	56.1	56.7%
Female, Now married, except separated (population 15 years and over)	2,577,351	51.3	52.1%
Speak a language other than English at home (population 5 years and over)	2,220,719	19.2	17.9%
Economic Characteristics	Number	Percent	U.S.
In labor force (population 16 years and over)	6,230,617	65.4	63.9%
Median household income in 1999 (dollars)	46,590	(X)	41,994
Median family income in 1999 (dollars)	55,545	(X)	50,046
Per capita income in 1999 (dollars)	23,104	(X)	21,587
Families below poverty level	244,303	7.8	9.2%
Individuals below poverty level	1,291,958	10.7	12.4%

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

State Health Profile Assessment Full Assessment

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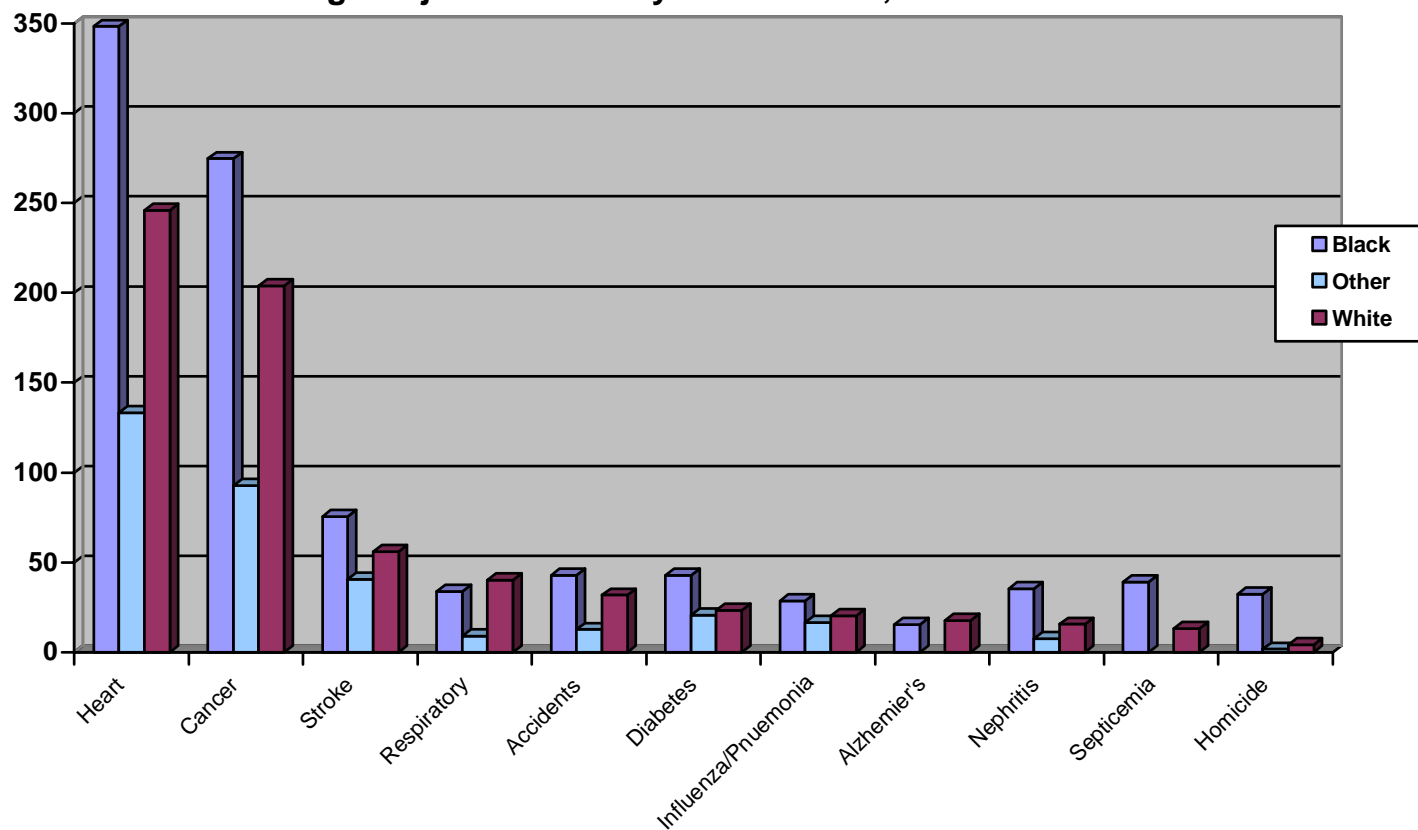
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Health Indicators and Measures

Leading Causes of Mortality

Measure Age adjusted rates for leading causes of mortality

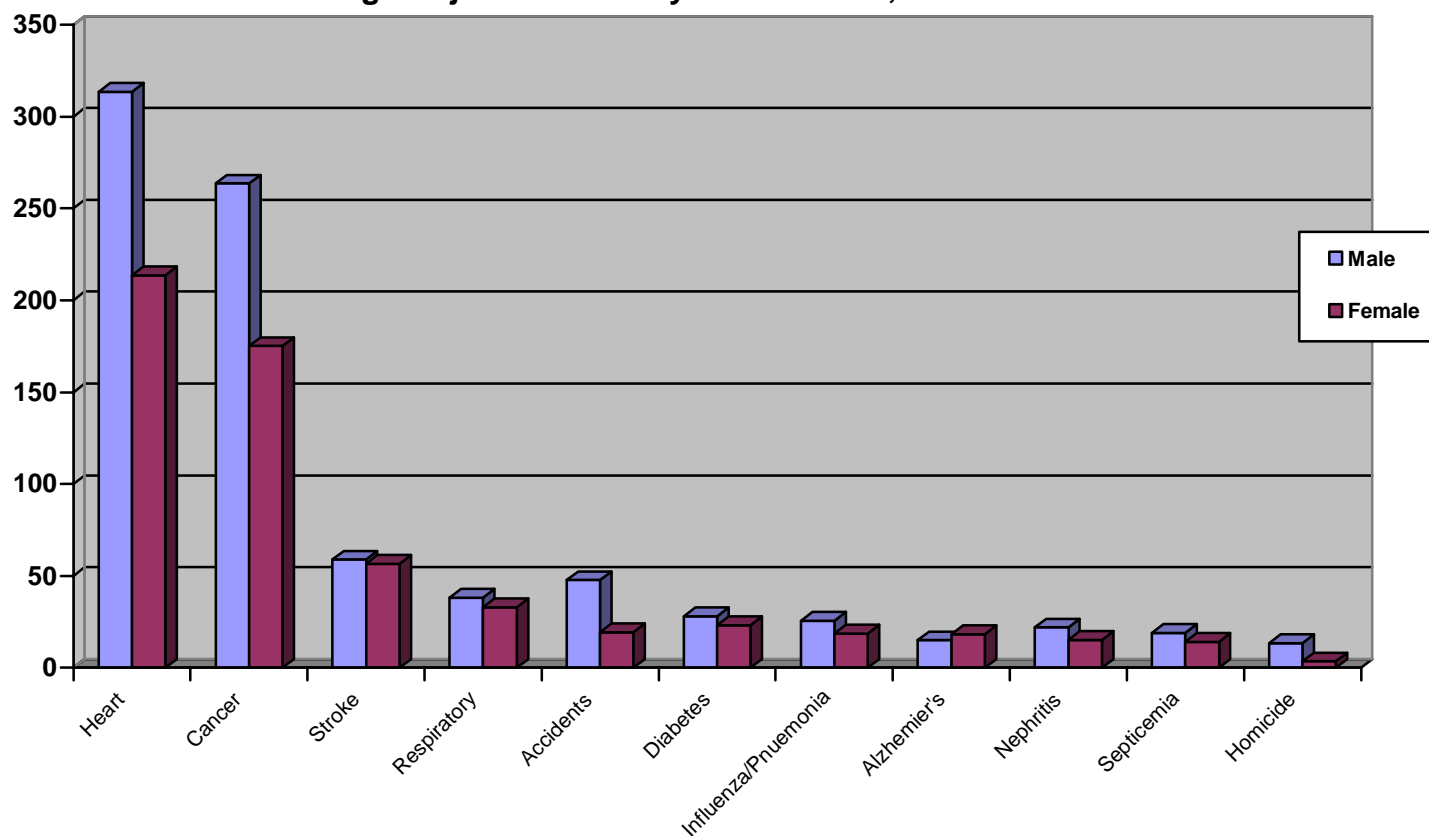
**Leading Causes of Death- IL 2001 By Race
Age Adjusted Mortality Rate Per 100,000**



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

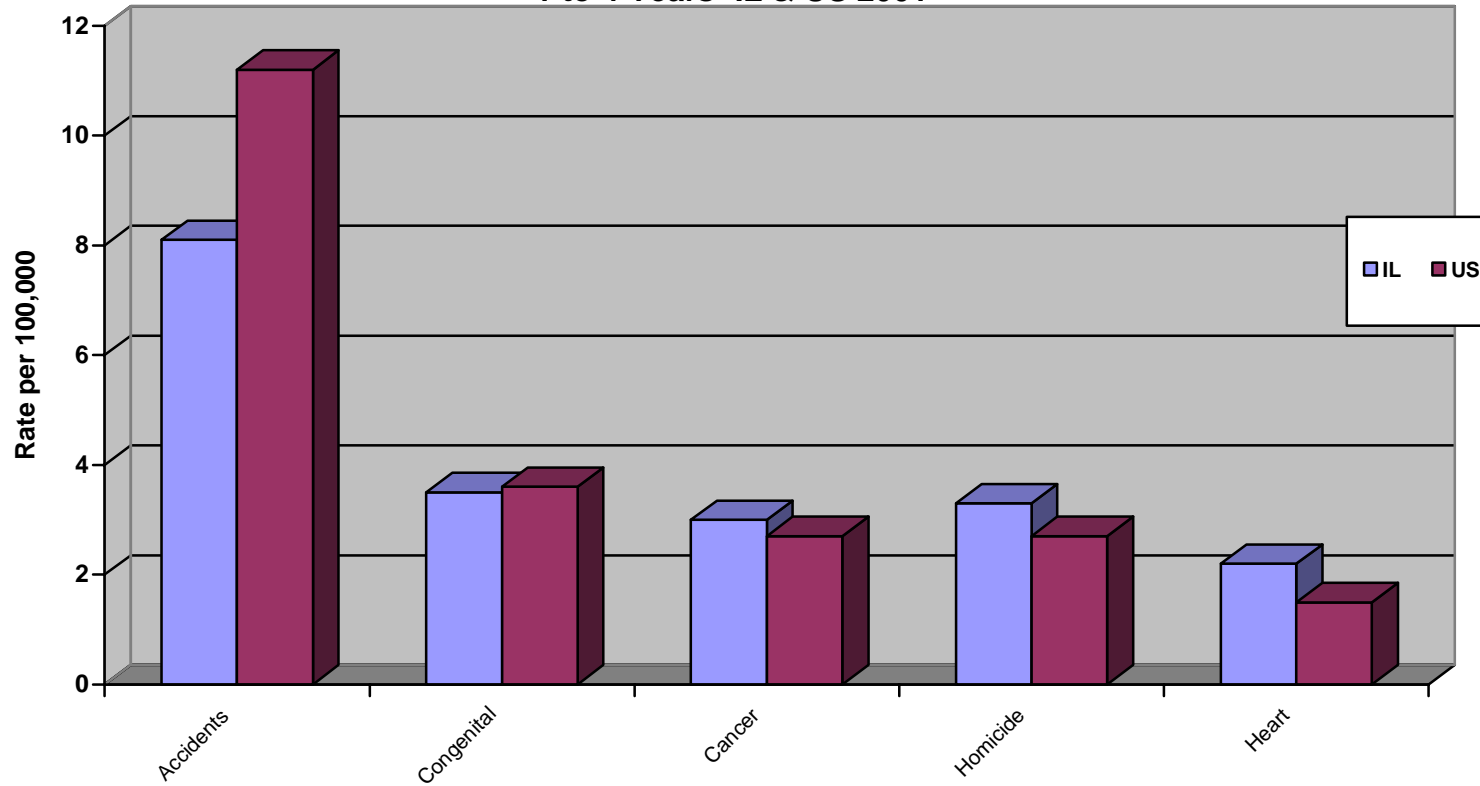
**Leading Causes of Death- IL 2001 By Gender
Age Adjusted Mortality Rate Per 100,000**



Source: CDC Compressed Mortality File

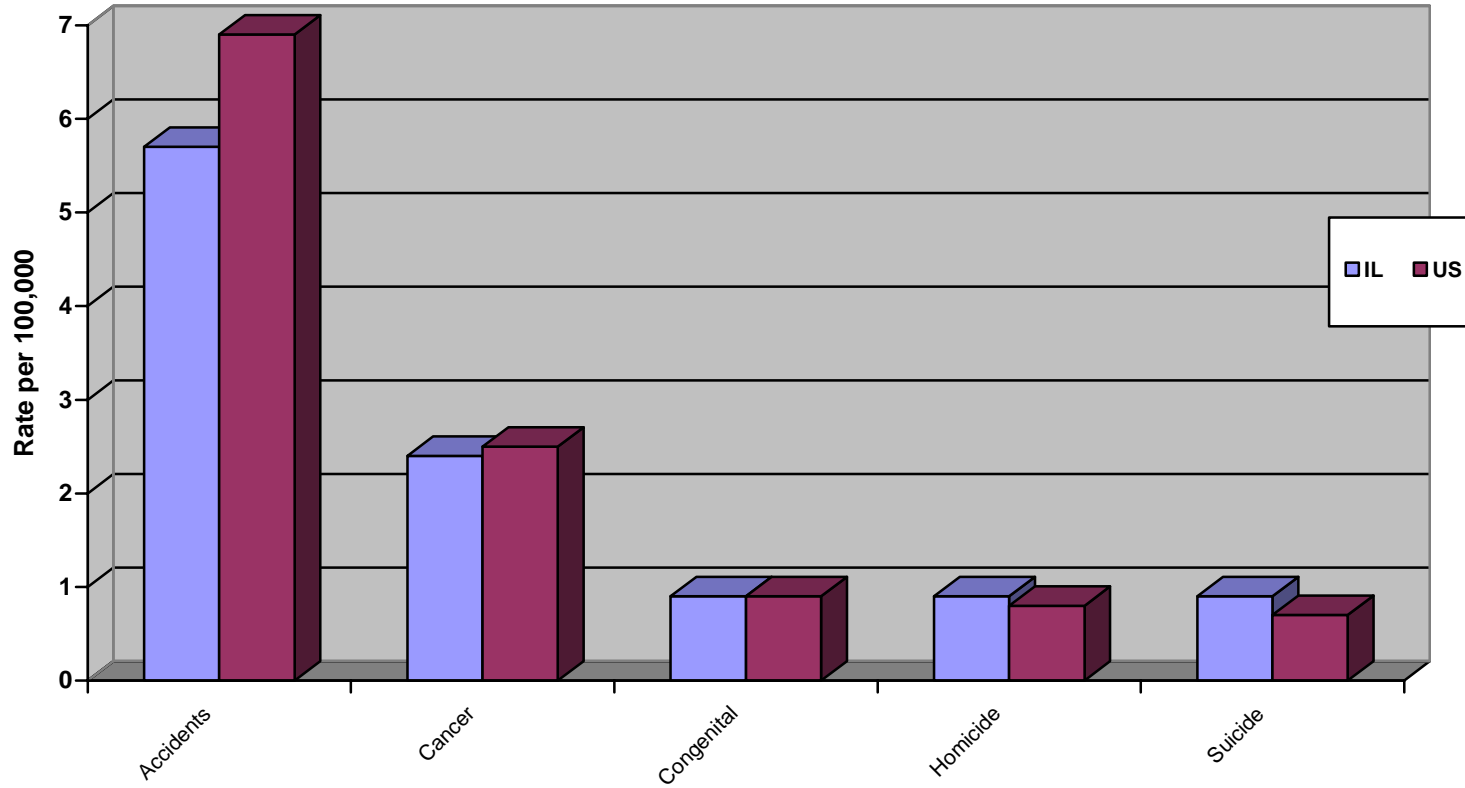
The figure above presents data on the leading causes of mortality by gender. The causes are ordered by their ranking when considering the total population

Leading Causes of Death- IL 2001 By Age 1 to 4 Years- IL & US 2001



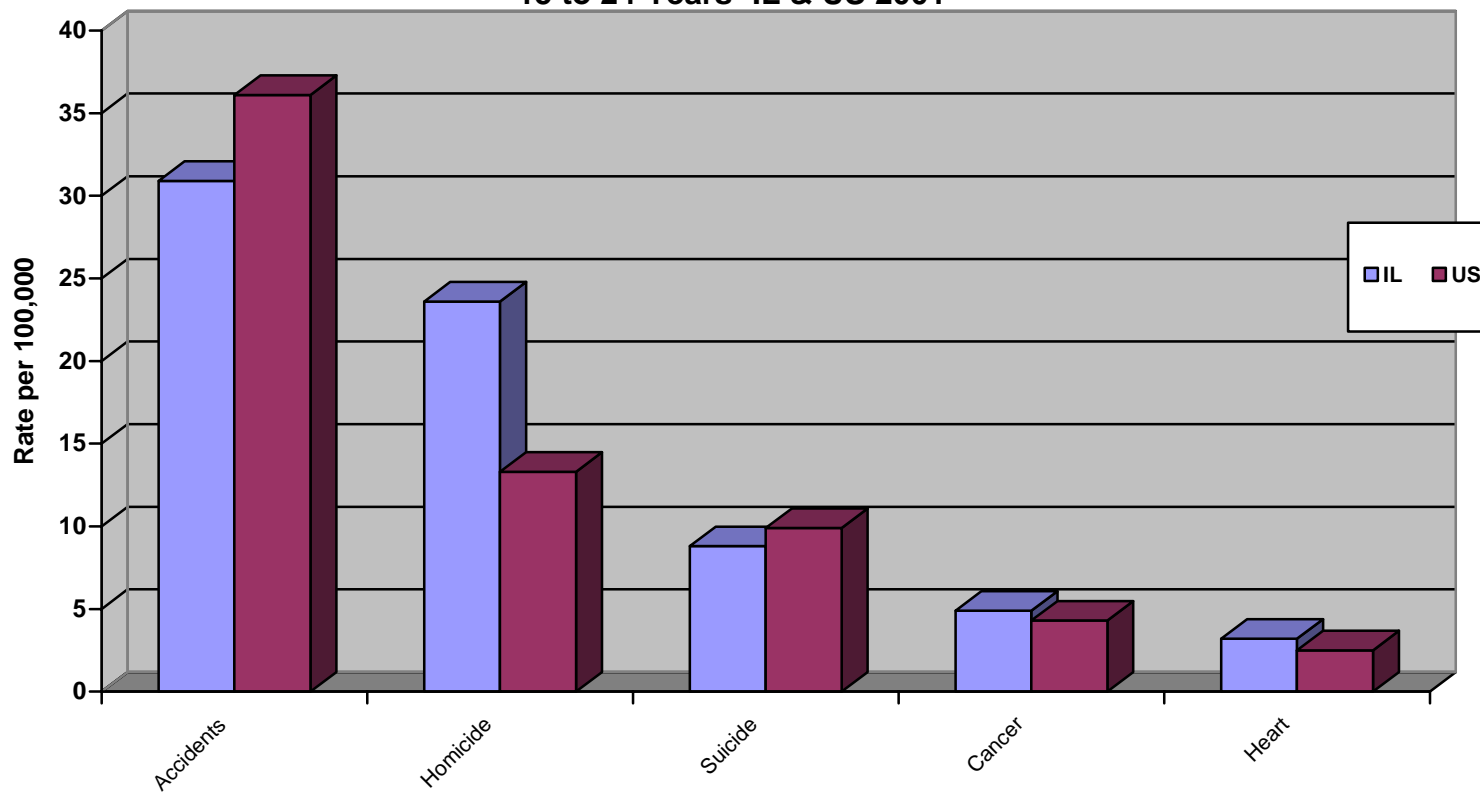
Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2001 By Age
5 to 14 Years- IL & US 2001



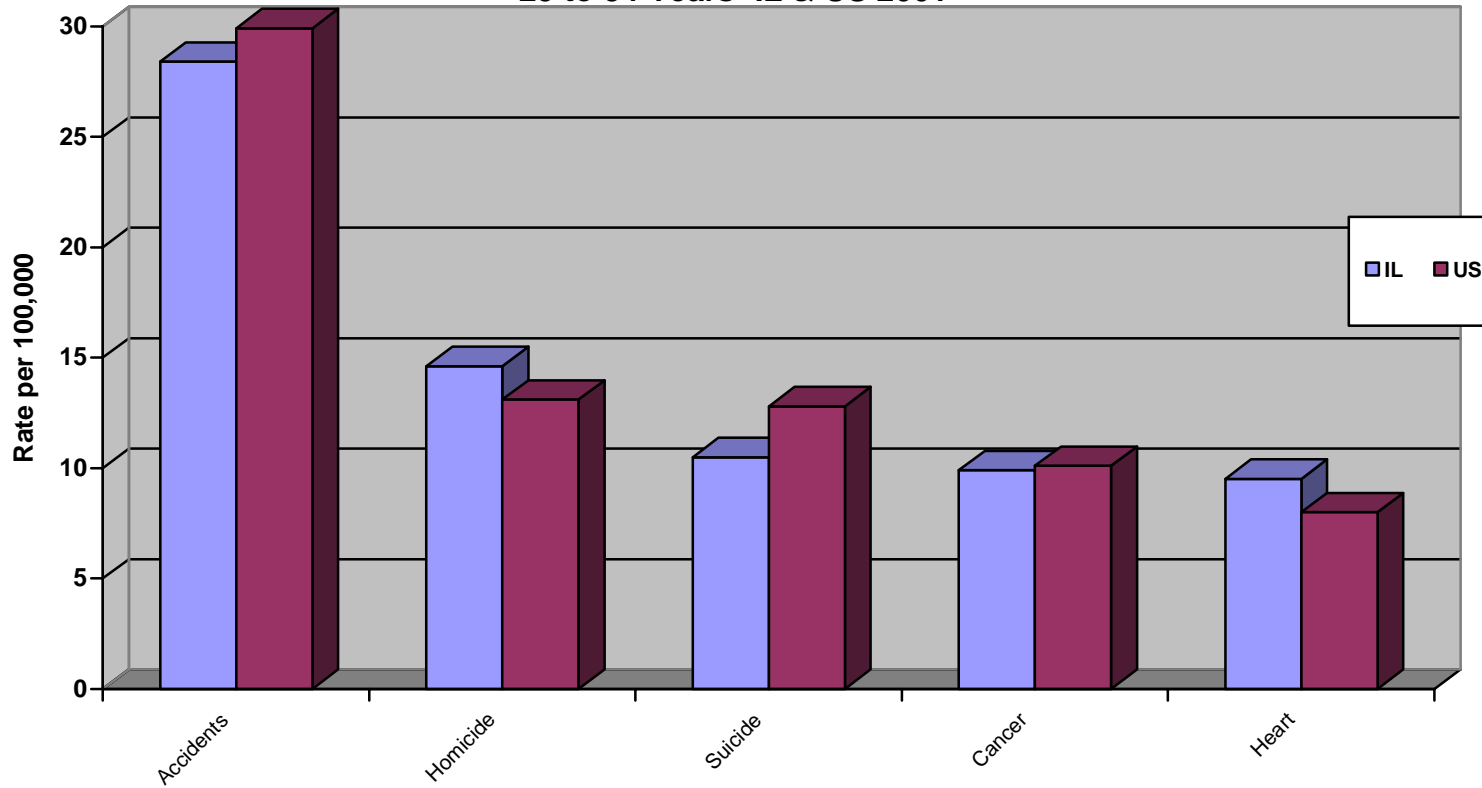
Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2001 By Age 15 to 24 Years- IL & US 2001



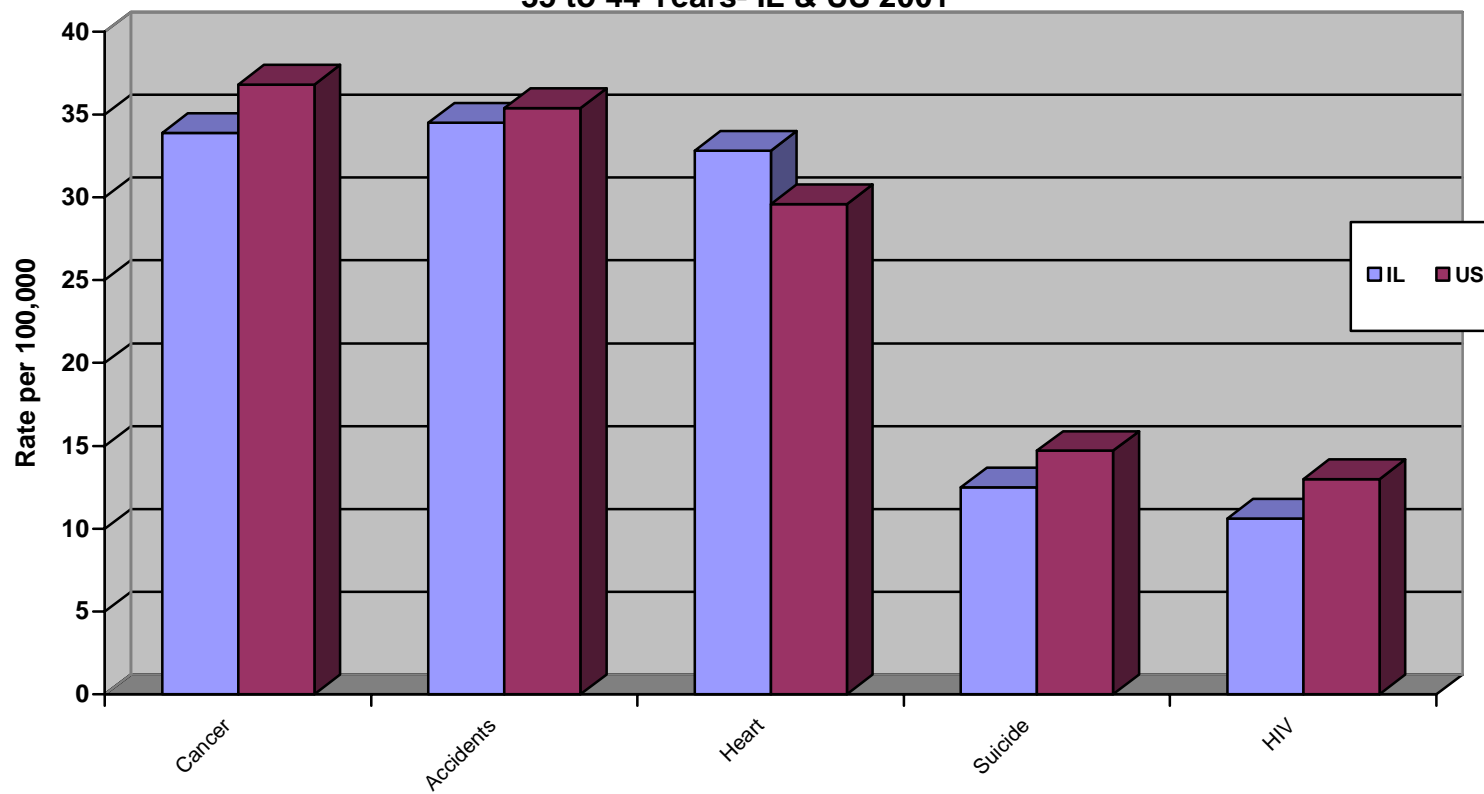
Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2001 By Age
25 to 34 Years- IL & US 2001



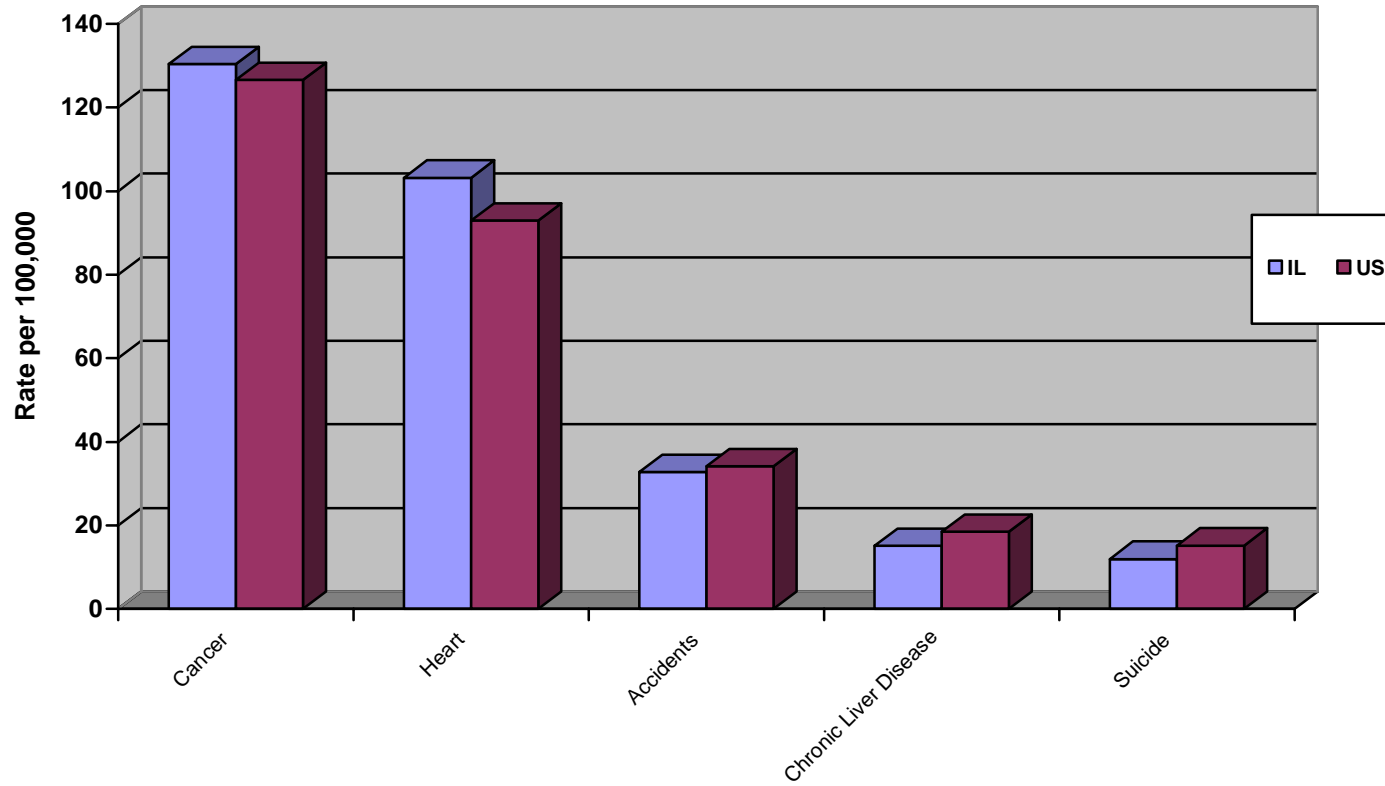
Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2001 By Age 35 to 44 Years- IL & US 2001



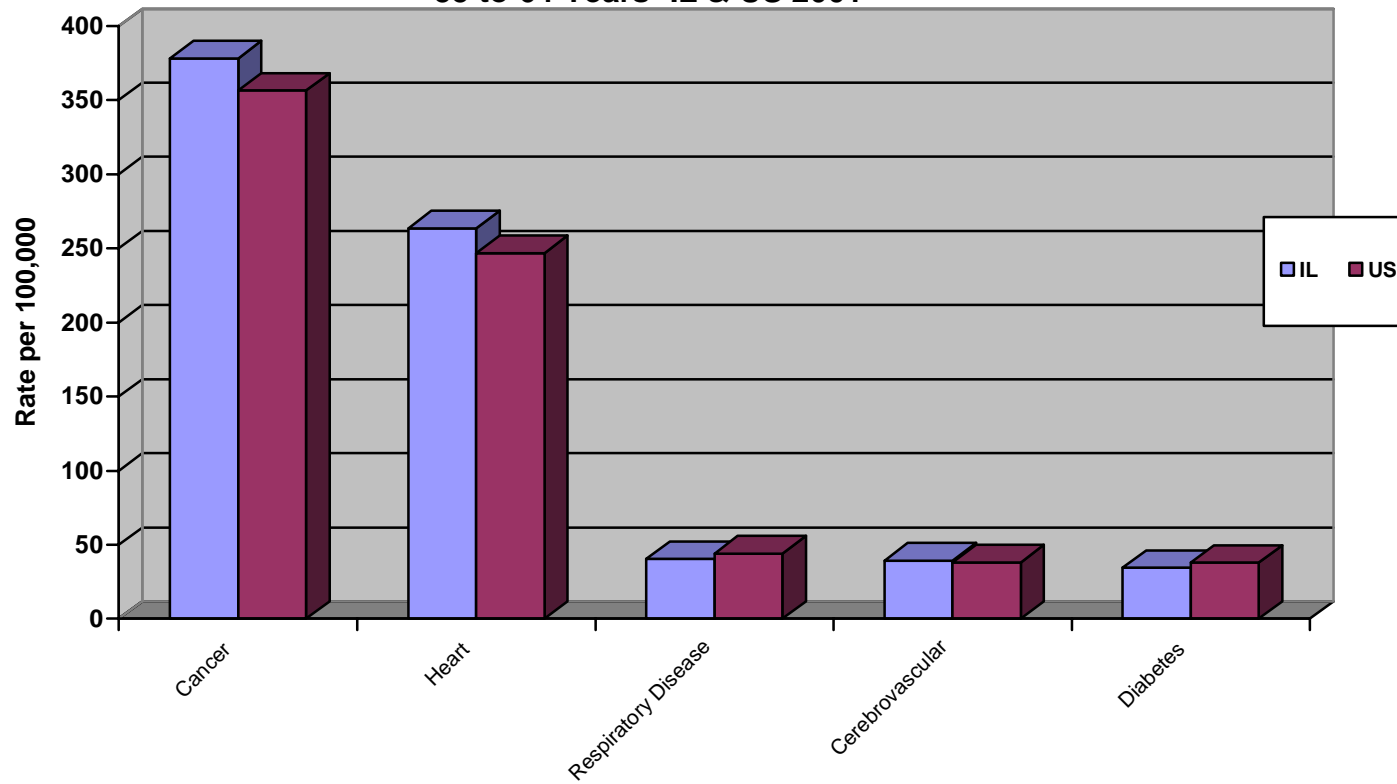
Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2001 By Age
45 to 54 Years- IL & US 2001



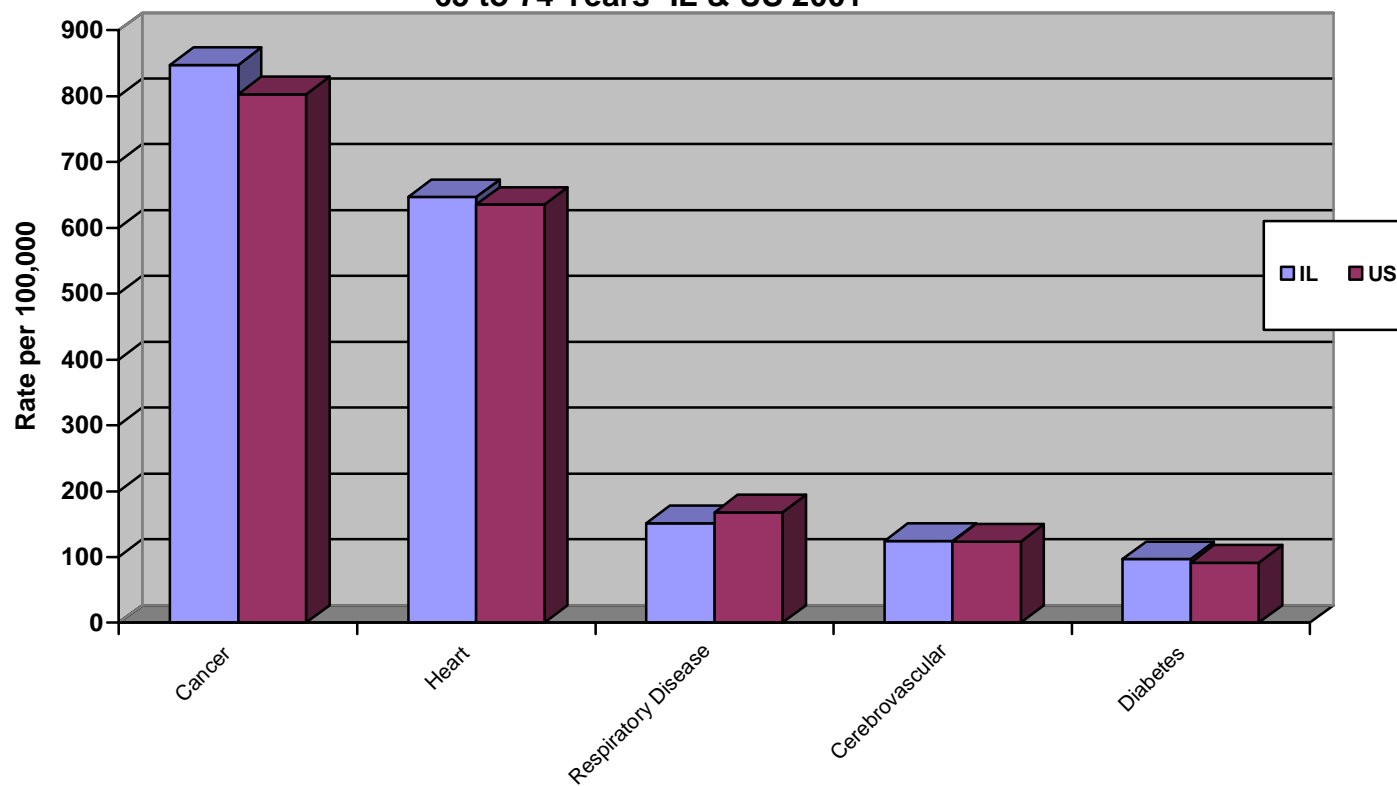
Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2001 By Age
55 to 64 Years- IL & US 2001



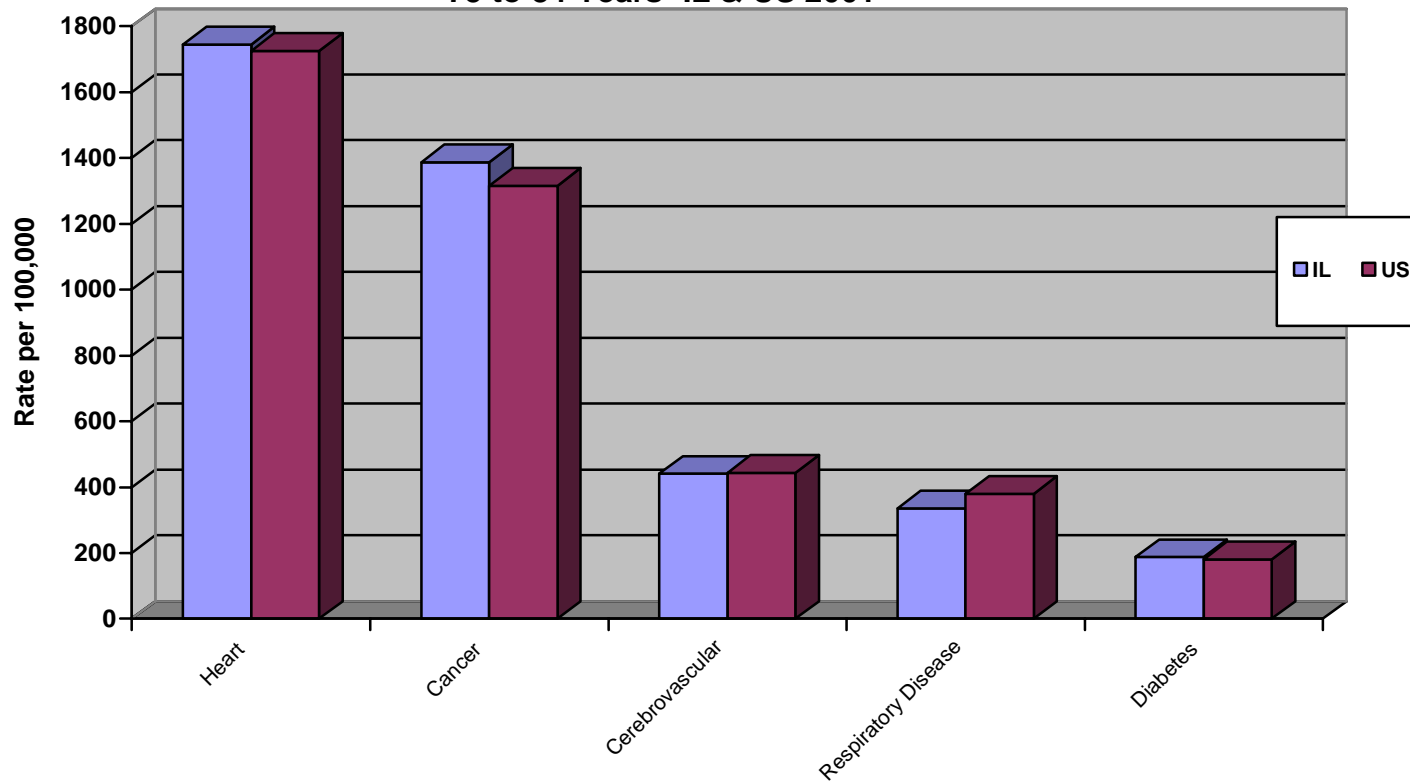
Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2001 By Age
65 to 74 Years- IL & US 2001



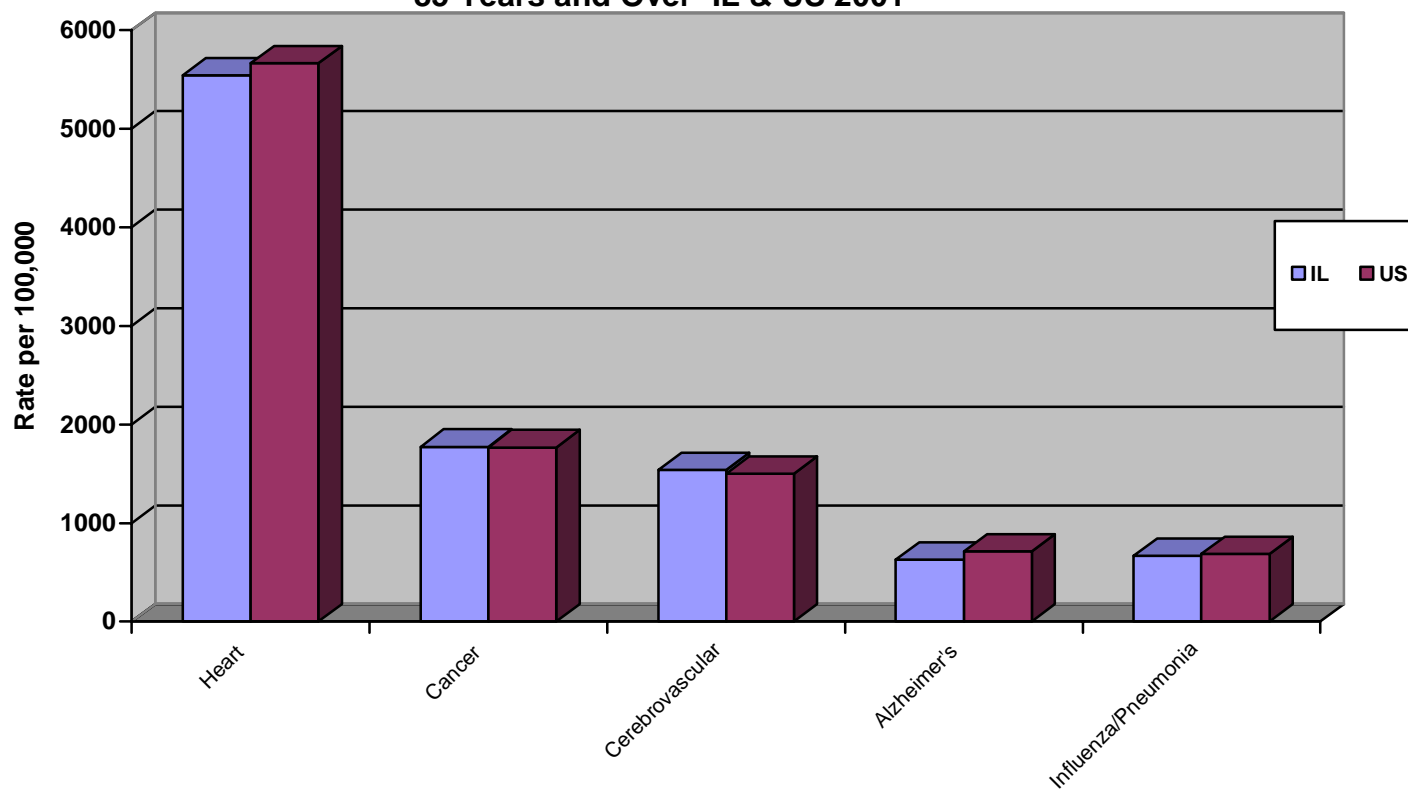
Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2001 By Age
75 to 84 Years- IL & US 2001



Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2001 By Age
85 Years and Over- IL & US 2001

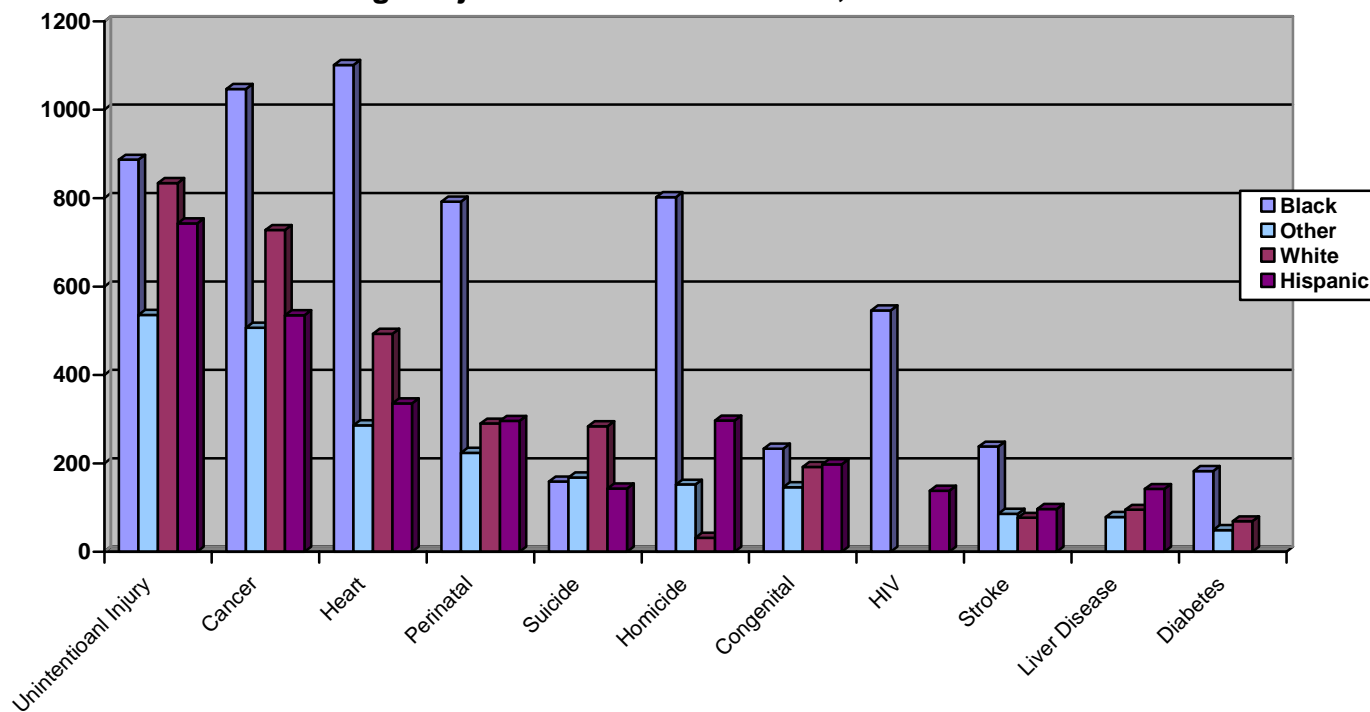


Source: CDC Compressed Mortality File

Years of Potential Life Lost

Measure Age adjusted rate for years of potential life lost

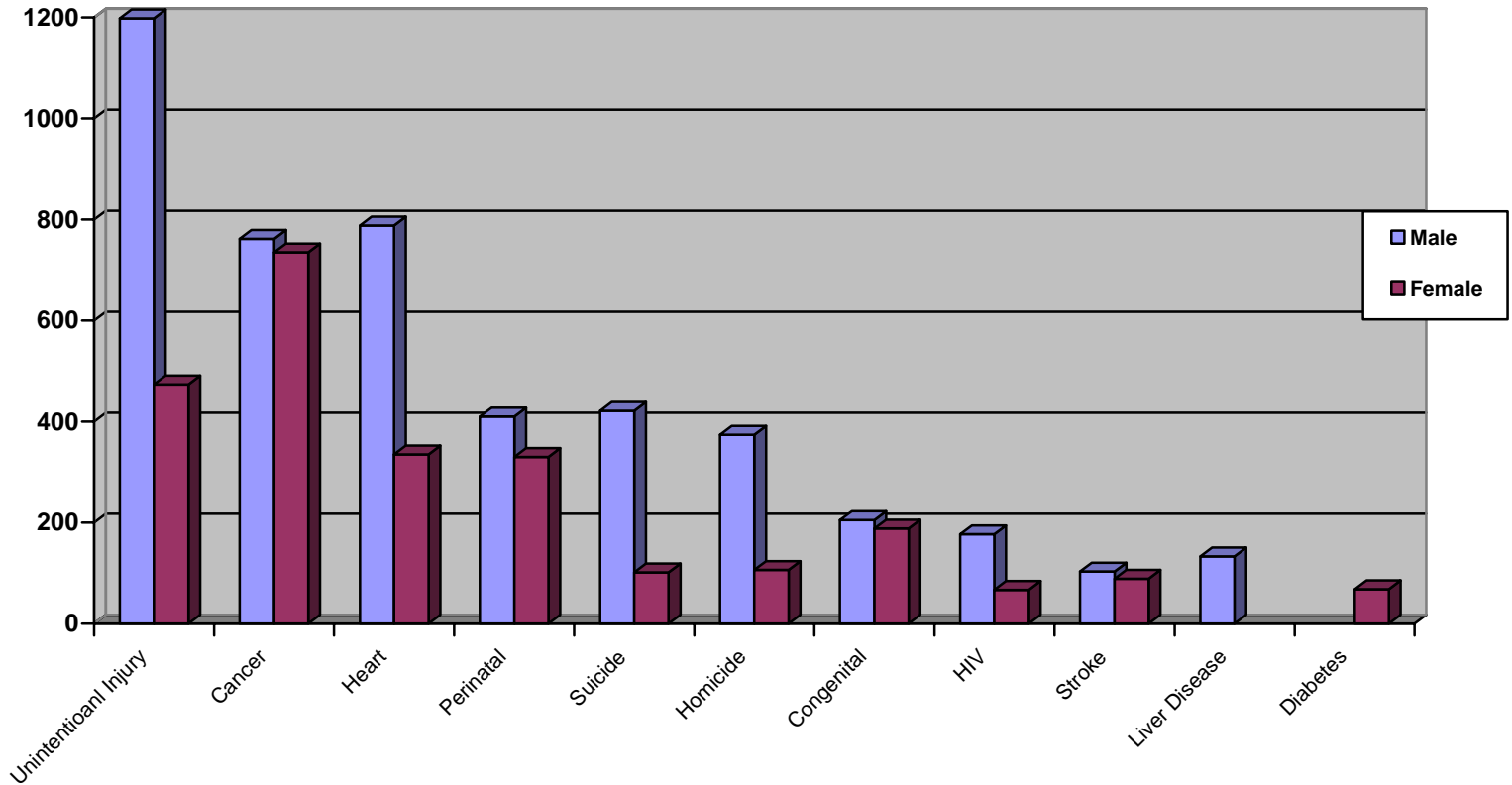
Leading Causes of Years of Potential Life Lost- IL 2001 By Race
Age Adjusted YPLL Rate Per 100,000



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

The figure above presents data on the leading causes of potential life lost by race and Hispanic ethnicity. The causes are ordered by their ranking when considering the total population

Leading Causes of Years of Potential Life Lost- IL 2001 By Gender
Age Adjusted YPLL Rate Per 100,000



Source: CDC/WISQUARS- 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

General Health

General health status

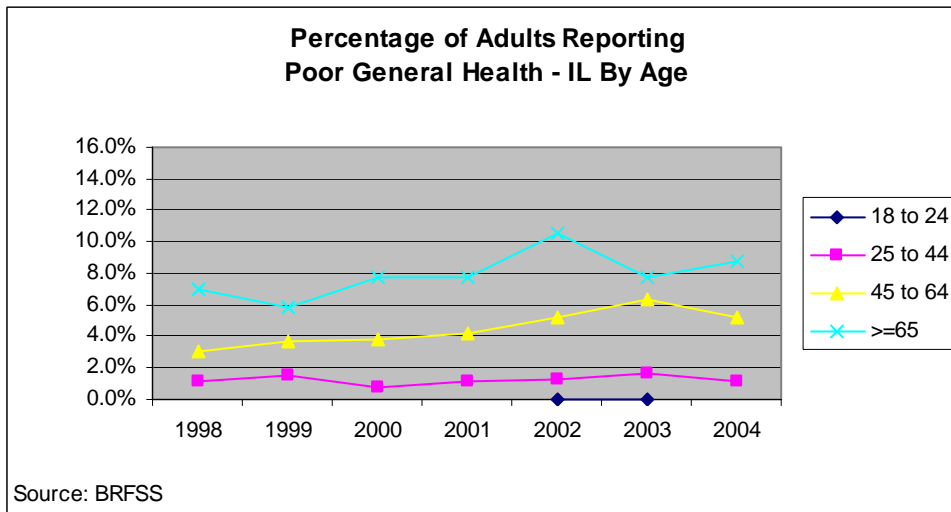
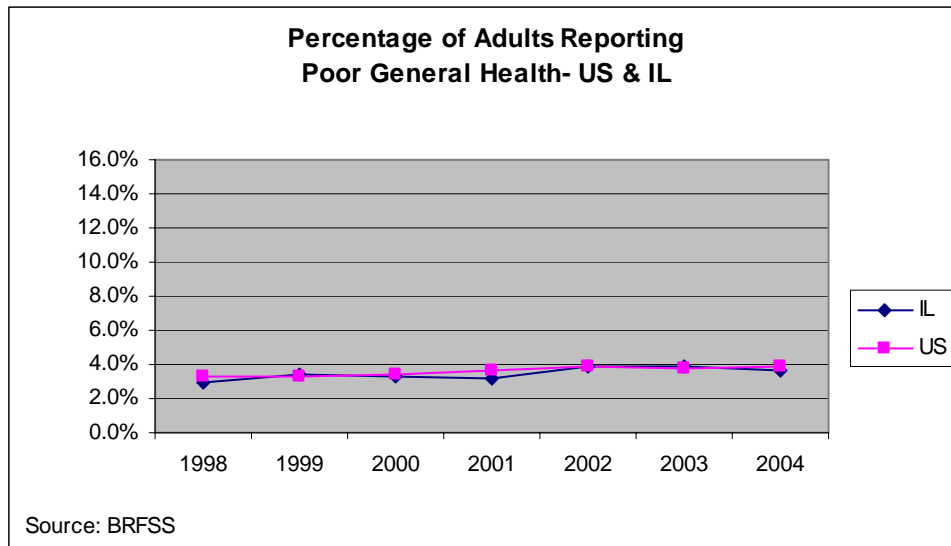
Measure

Percentage of adults who reported poor general health

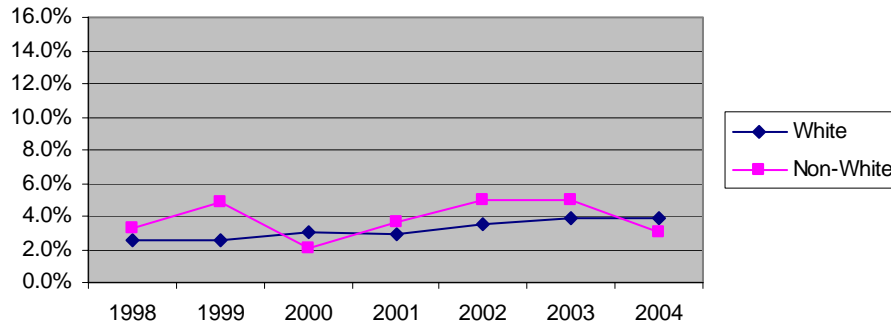
Measure

Percentage of adults who reported having poor physical health one or more days in the past 30 days

General Health

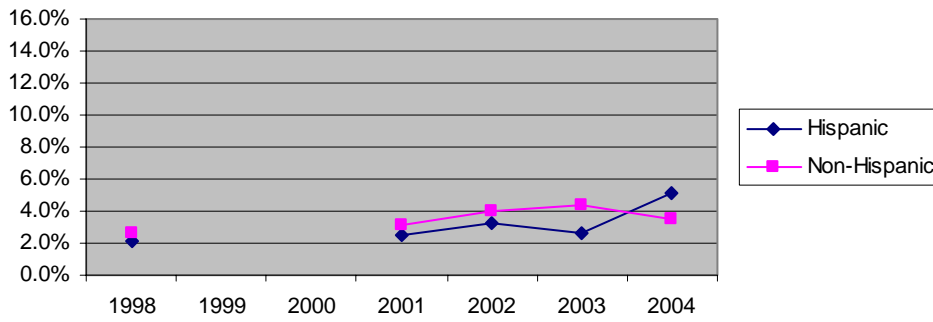


Percentage of Adults Reporting Poor General Health- IL By Race



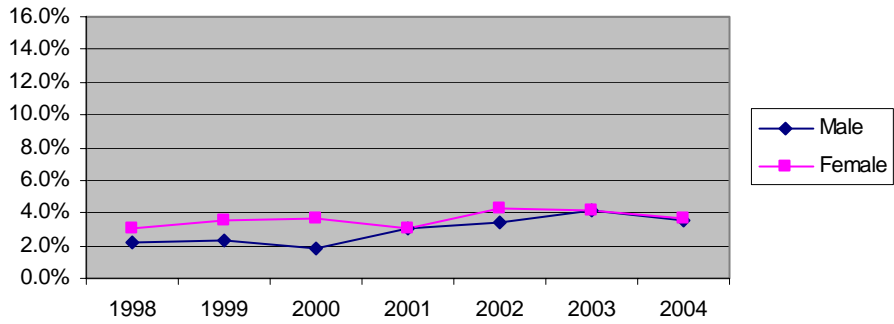
Source: BRFSS

Percentage of Adults Reporting Poor General Health- IL By Ethnicity



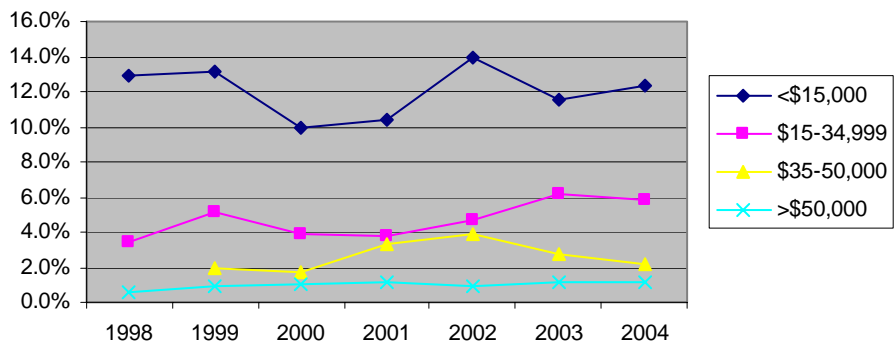
Source: BRFSS

Percentage of Adults Reporting Poor General Health- IL By Gender



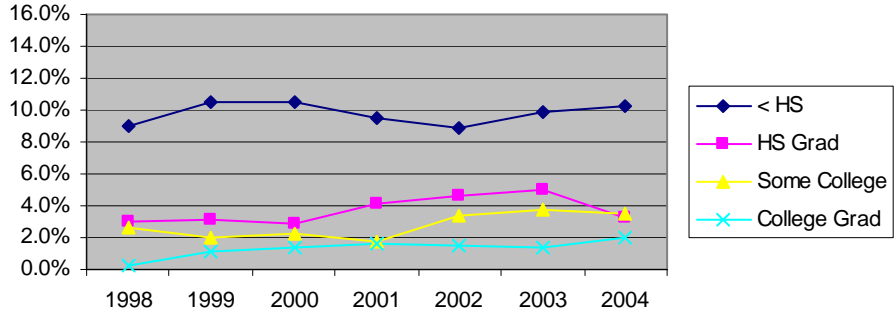
Source: BRFSS

Percentage of Adults Reporting Poor General Health - IL By Income



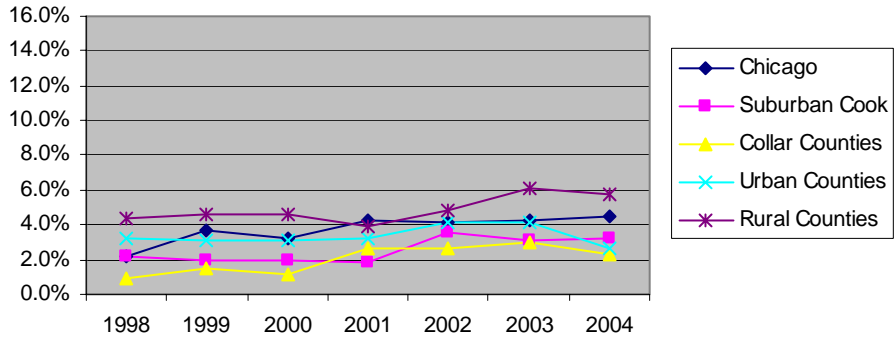
Source: BRFSS

Percentage of Adults Reporting Poor General Health - IL By Education



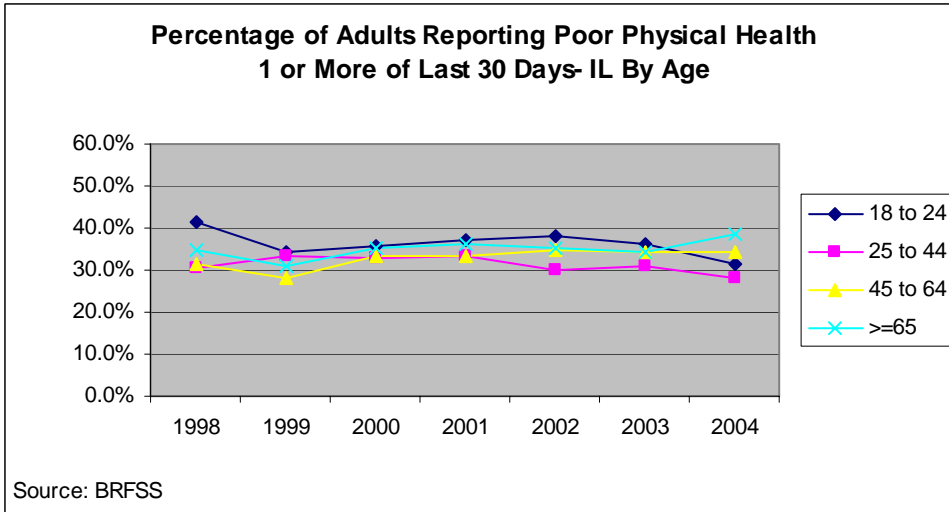
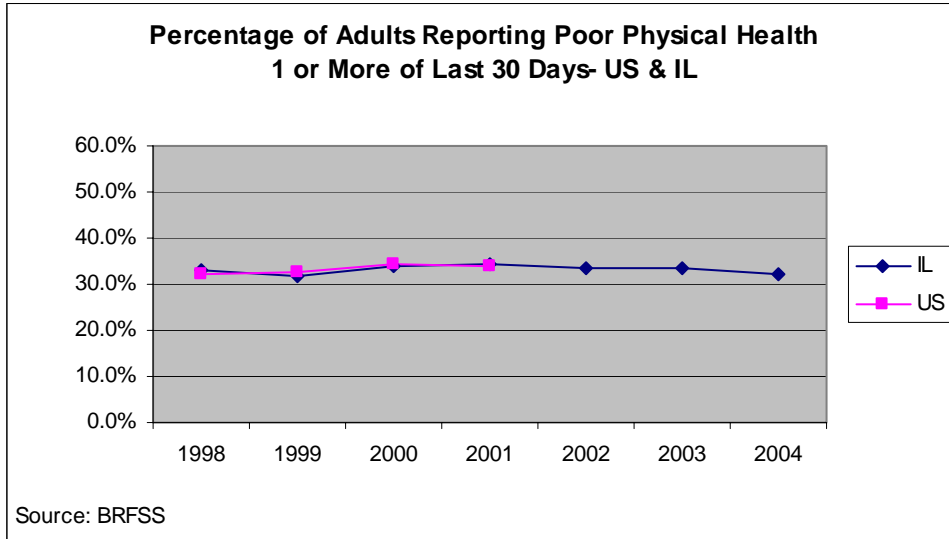
Source: BRFSS

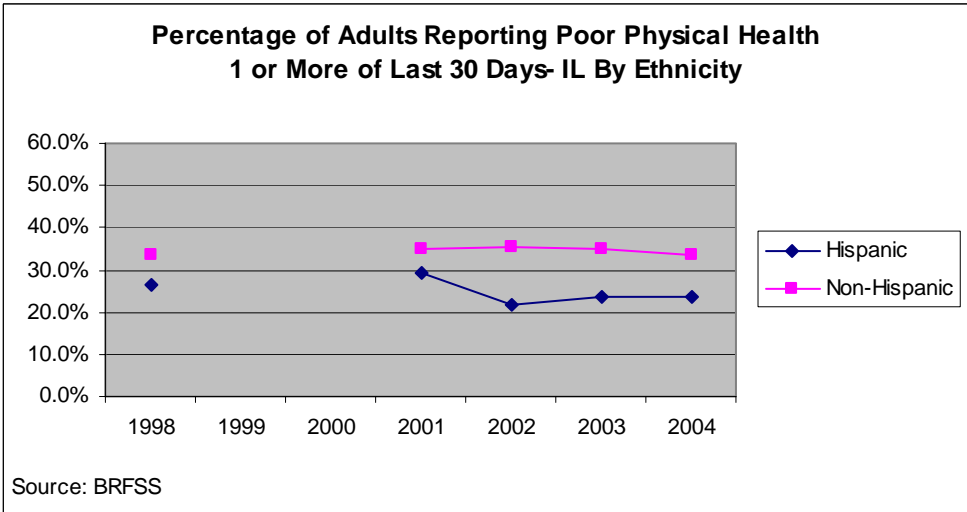
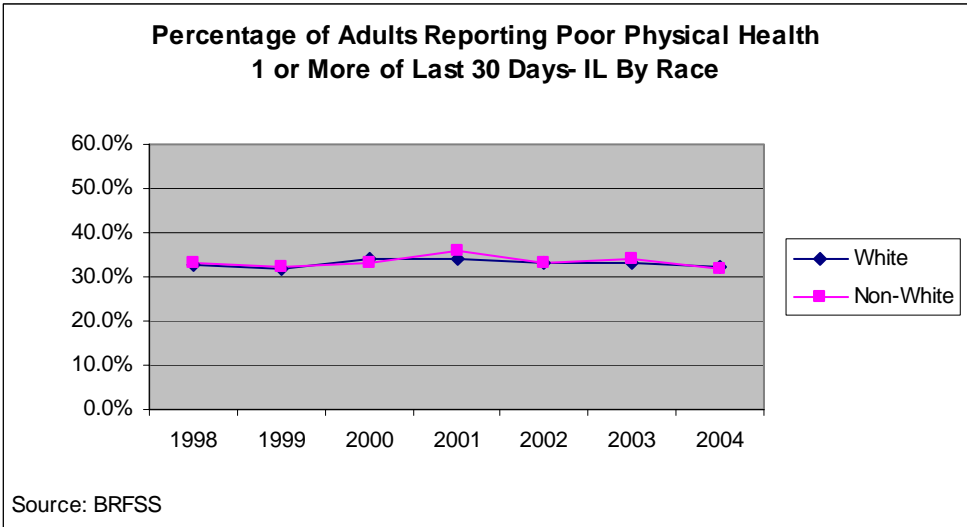
Percentage of Adults Reporting Poor General Health - IL By Geographical Region



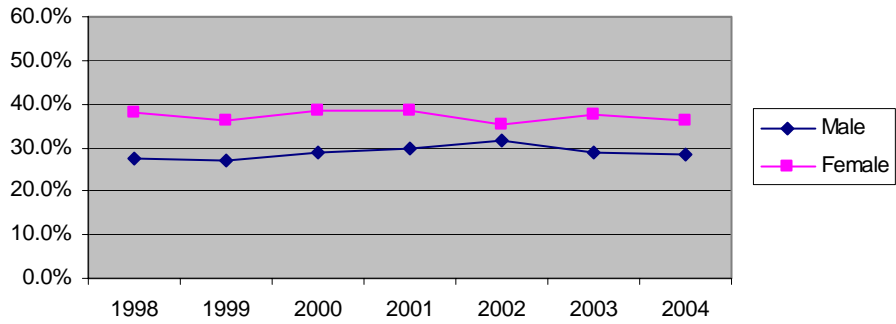
Source: BRFSS

Physical Health



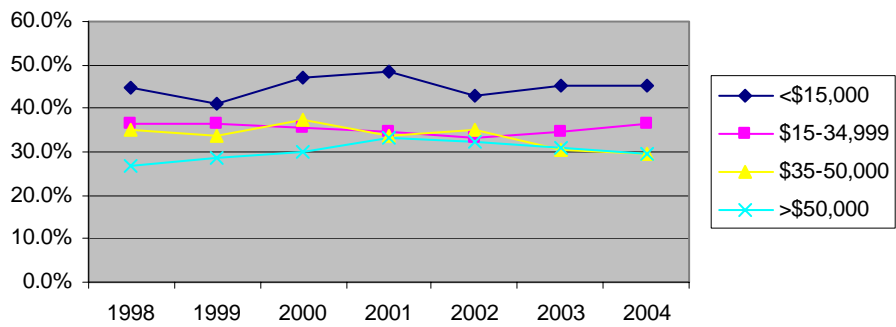


**Percentage of Adults Reporting Poor Physical Health
1 or More of Last 30 Days- IL By Gender**

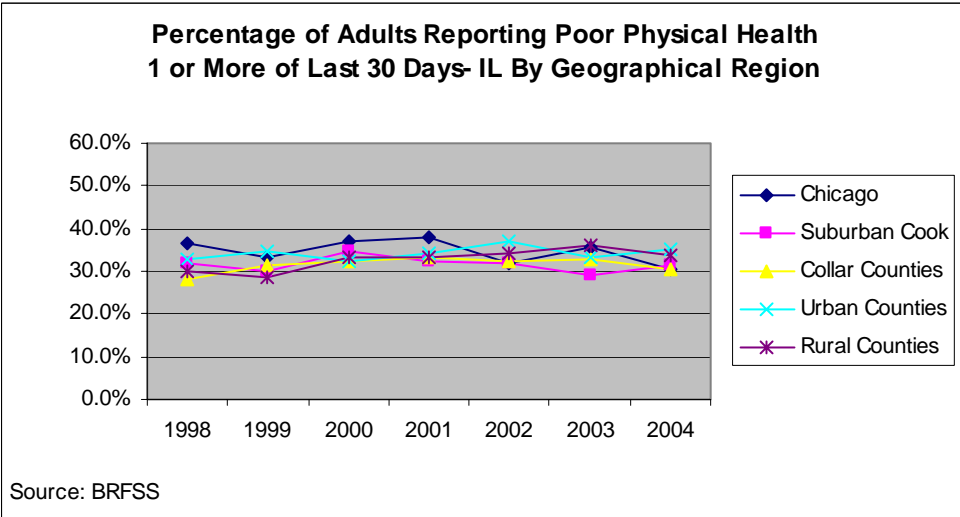
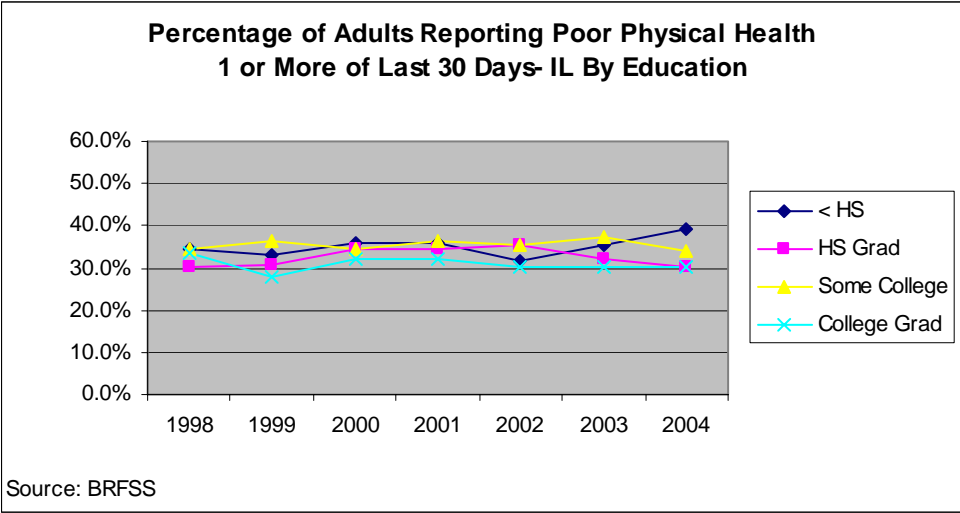


Source: BRFSS

**Percentage of Adults Reporting Poor Physical Health
1 or More of Last 30 Days- IL By Income**



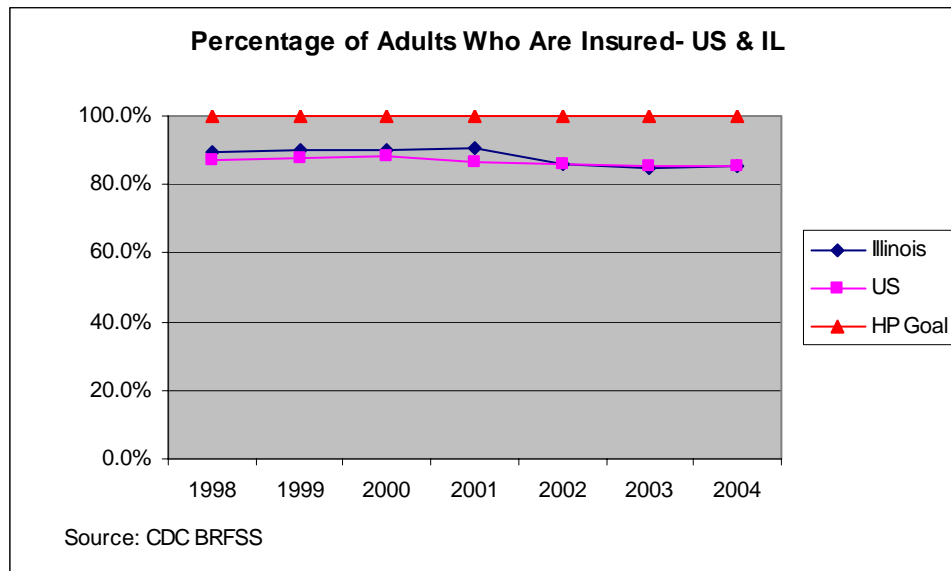
Source: BRFSS

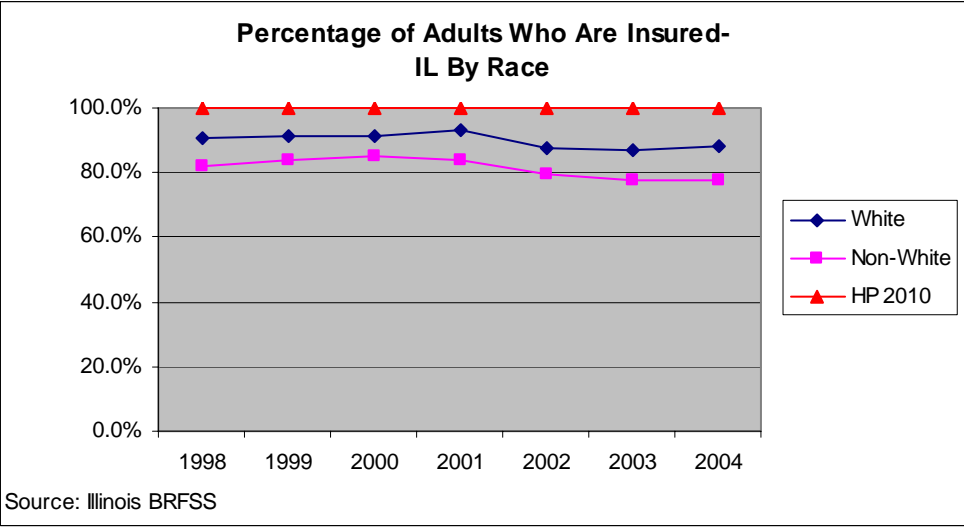
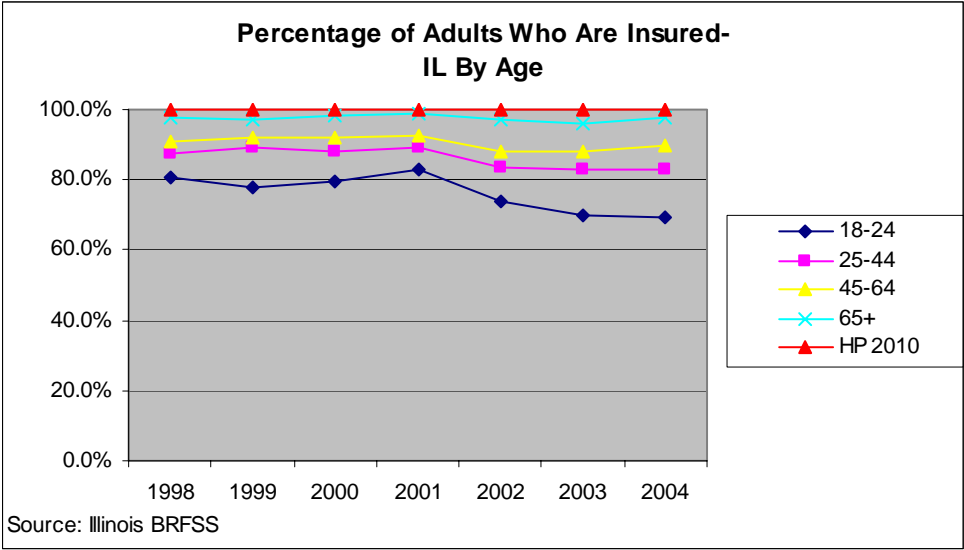


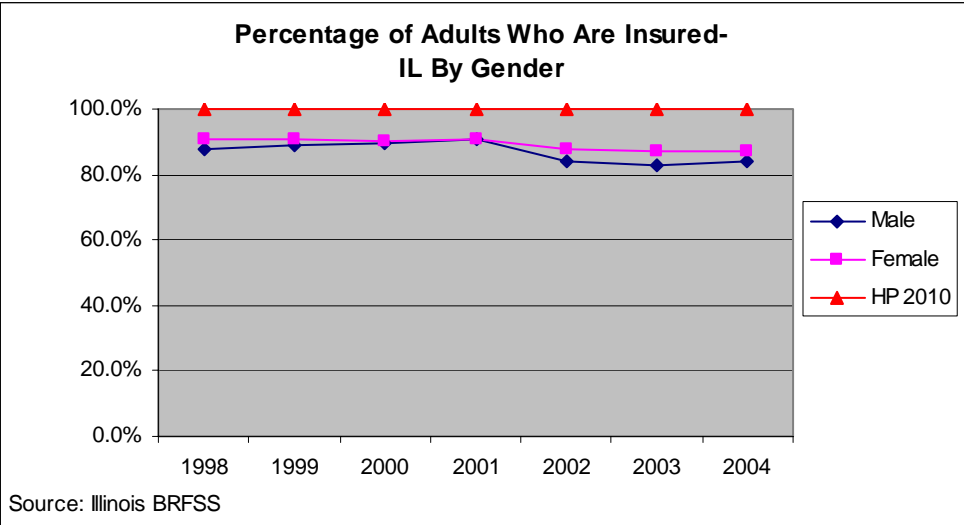
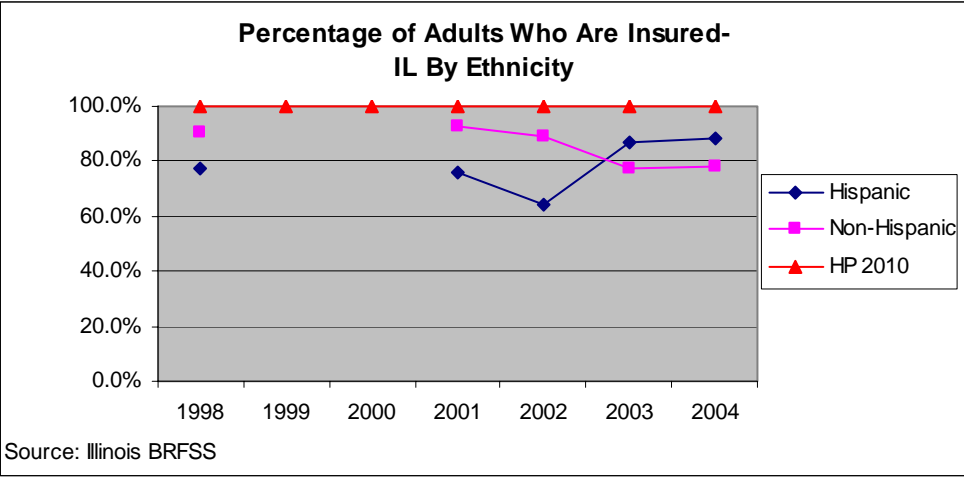
Access to Health Care

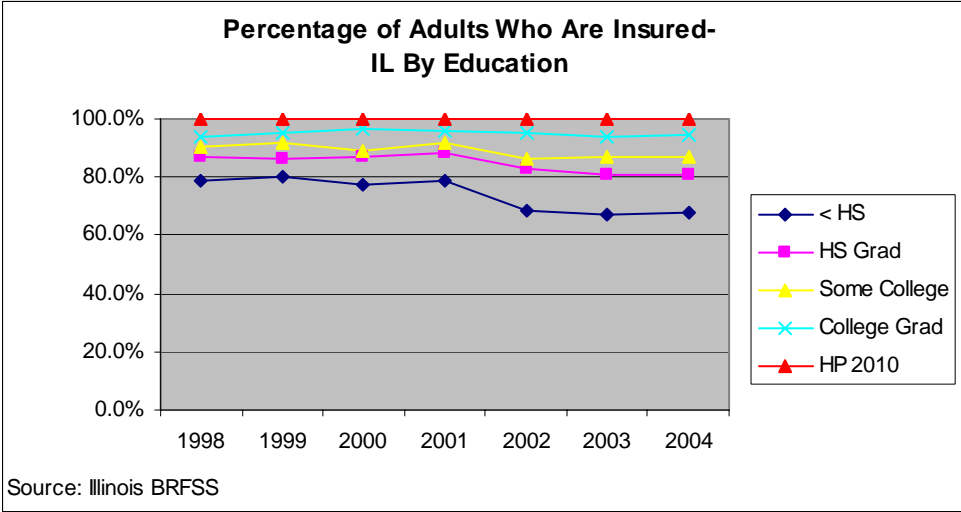
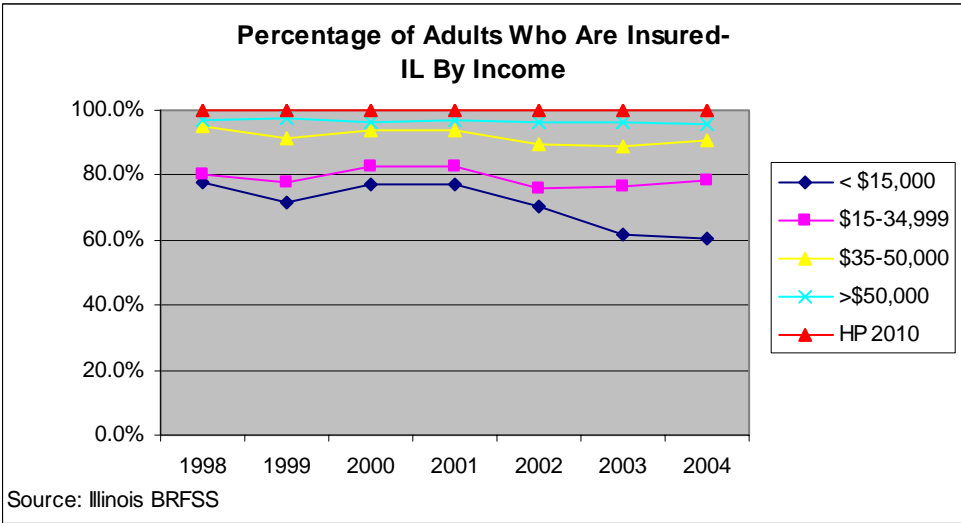
1-1.	Increase the proportion of persons with health insurance
Measure	Percentage who have a health plan
1-4a.	Increase the proportion of persons who have a specific source of ongoing care
Measure	Percentage that think of one person as personal doctor
1-4b.	Increase the proportion of children and youth aged 17 years and under who have a specific source of ongoing care
Measure	Not currently collected
16-6a.	Increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy
Measure	Percentage of mothers who begin prenatal care in first trimester

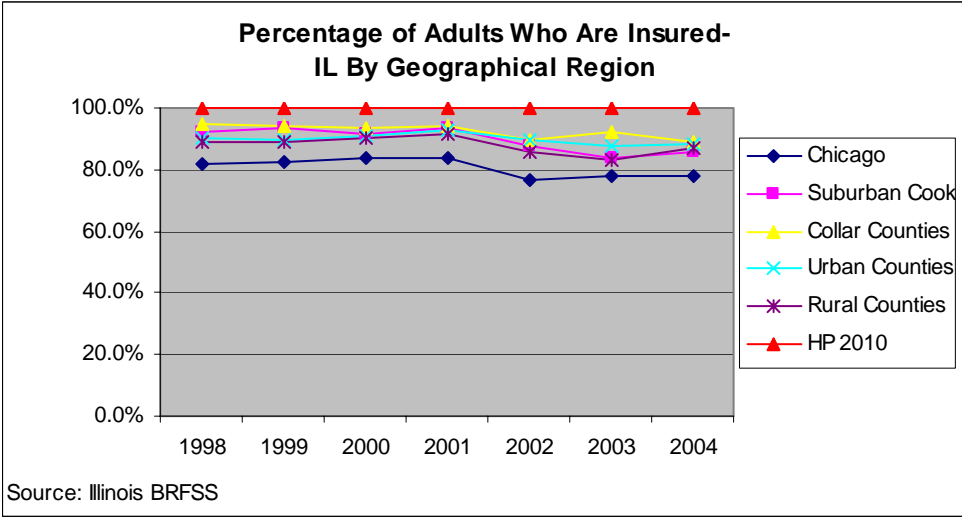
Access to Health Care



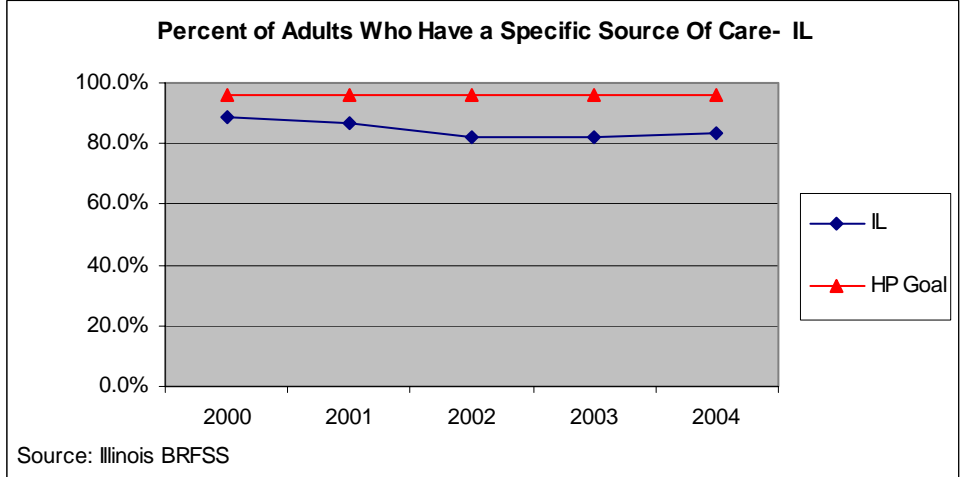


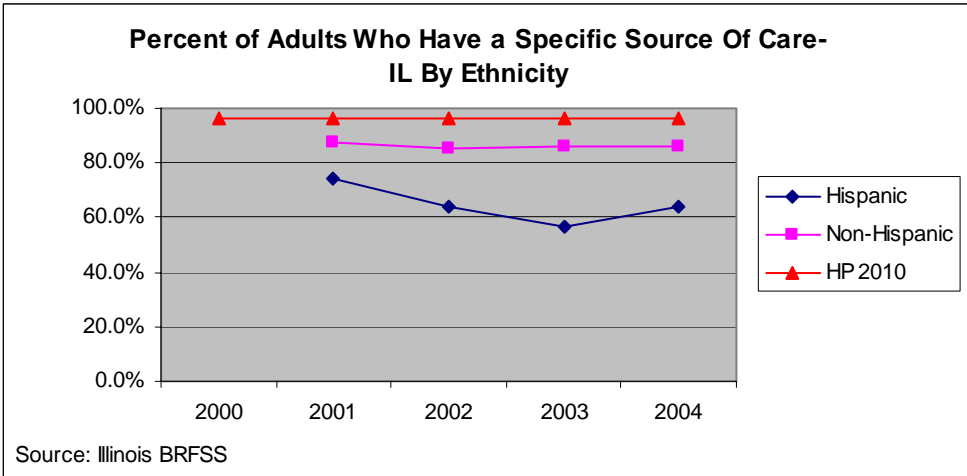
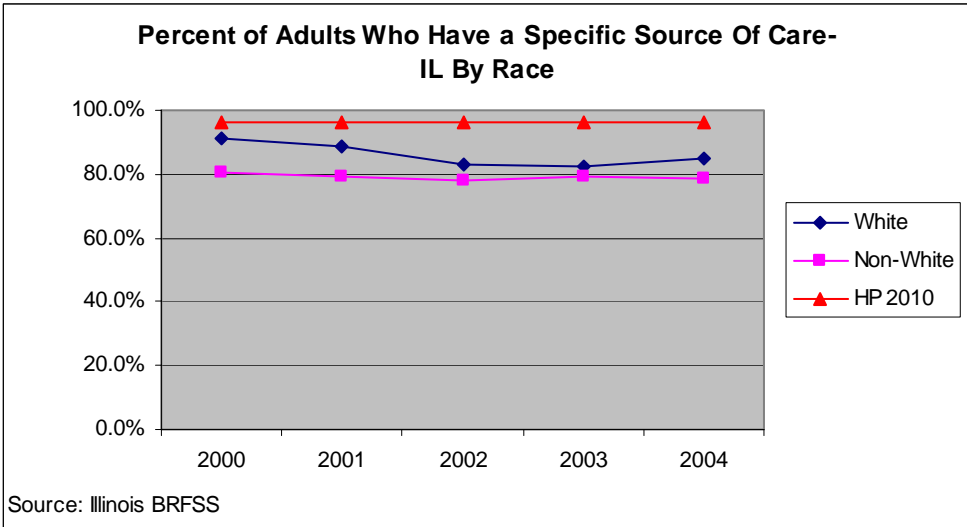


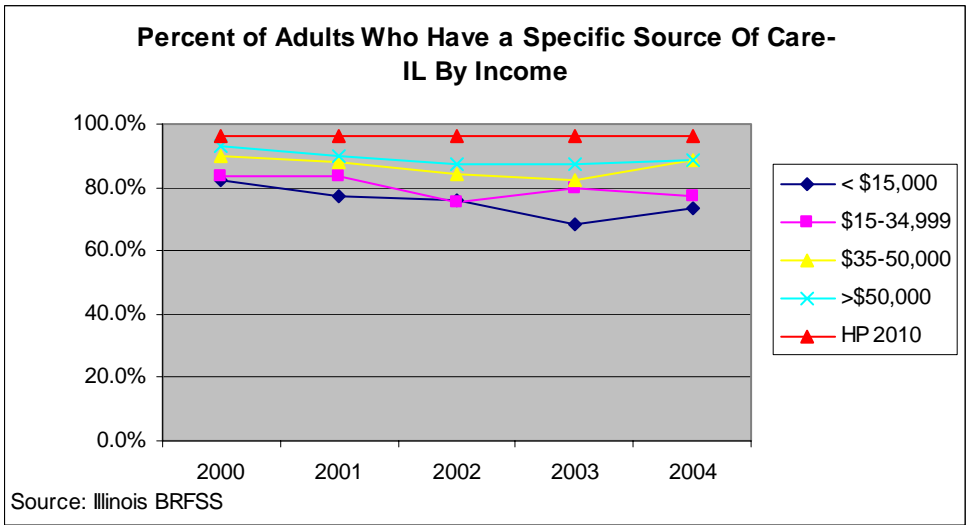
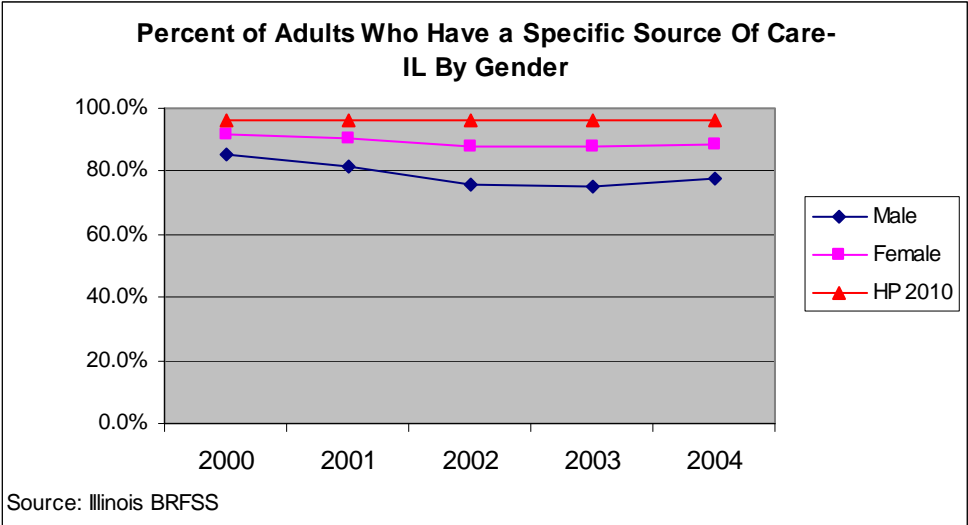


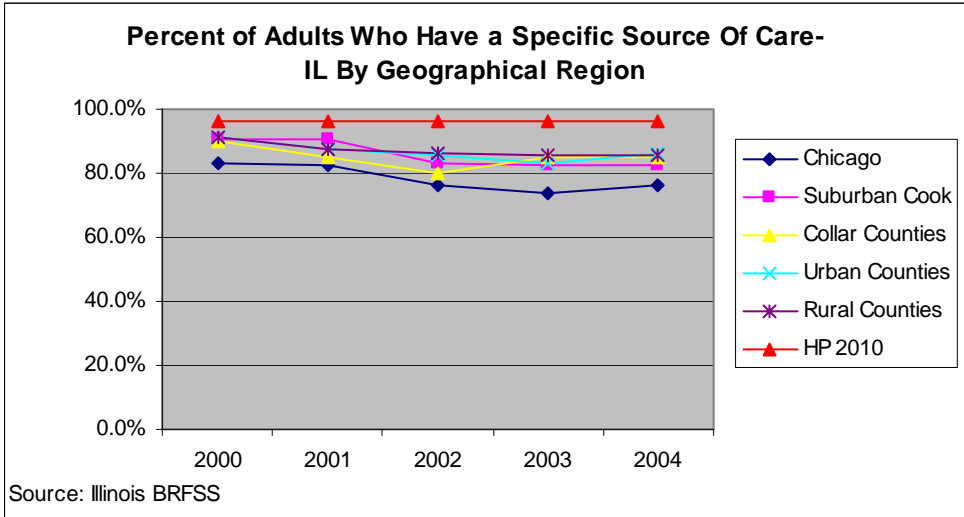
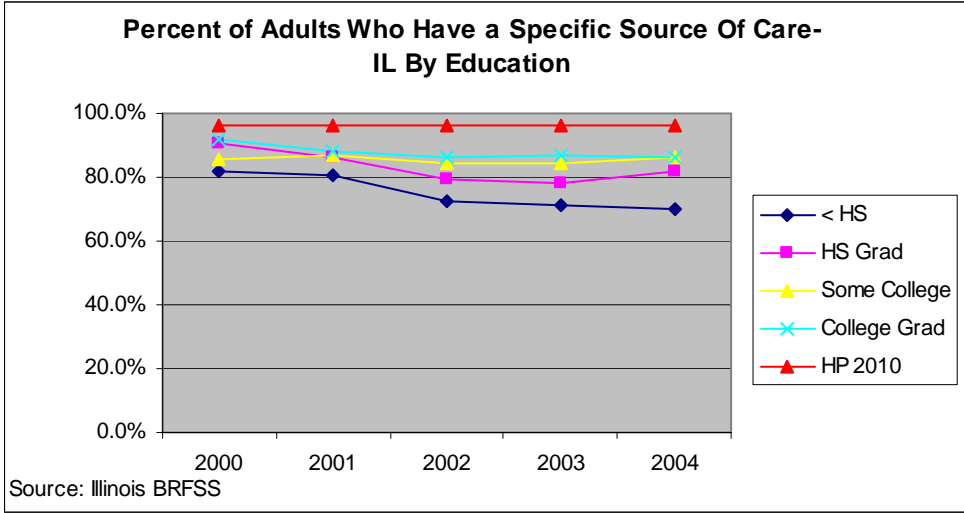


Specific Source Of Care

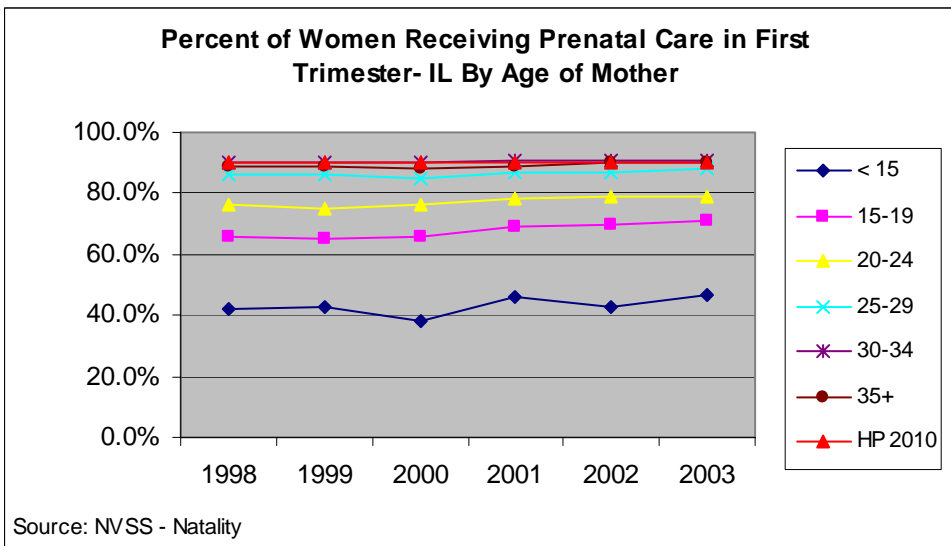
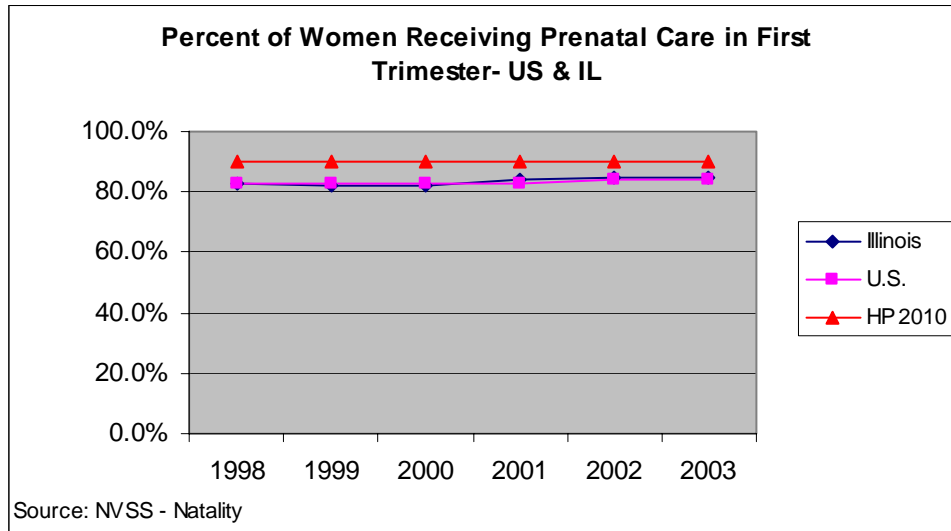




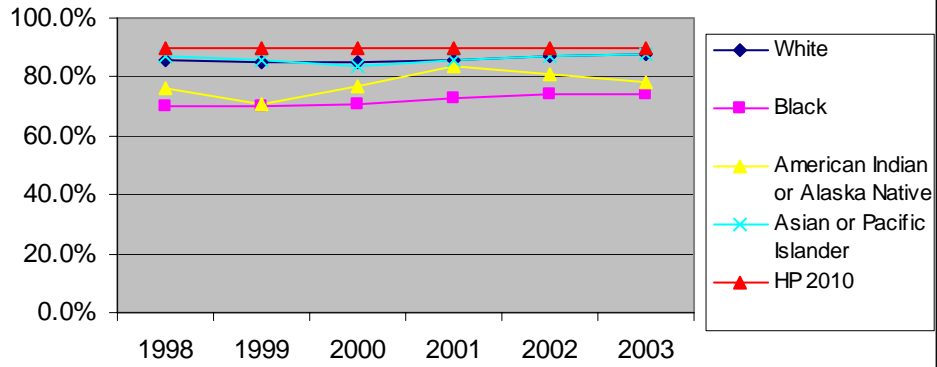




Prenatal Care

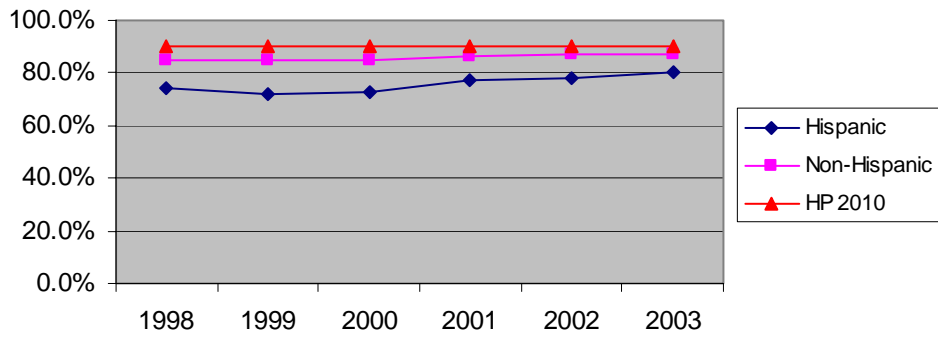


Percent of Women Receiving Prenatal Care in First Trimester- IL By Race

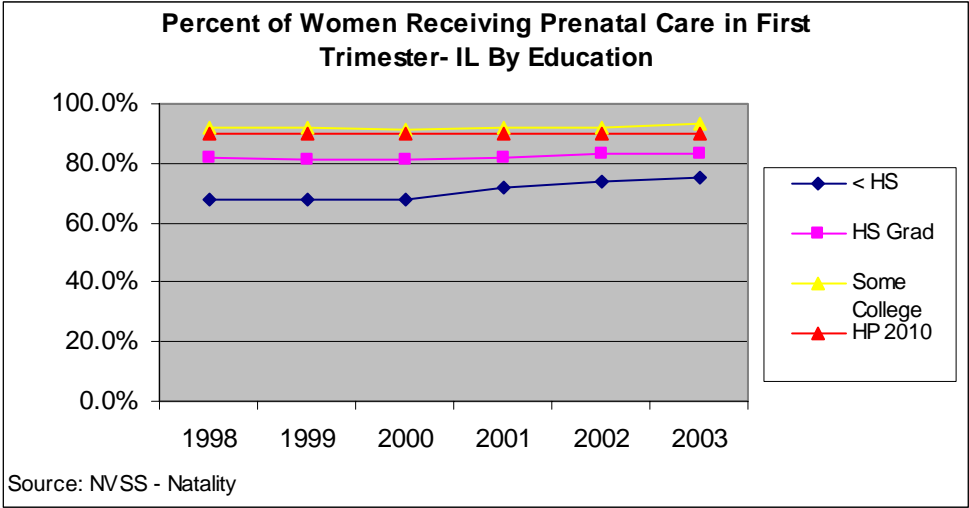


Source: NVSS - Natality

Percent of Women Receiving Prenatal Care in First Trimester- IL By Ethnicity



Source: NVSS - Natality



Arthritis

2-1

Increase the mean number of days without severe pain among adults who have chronic joint symptoms

Measure

Not currently collected

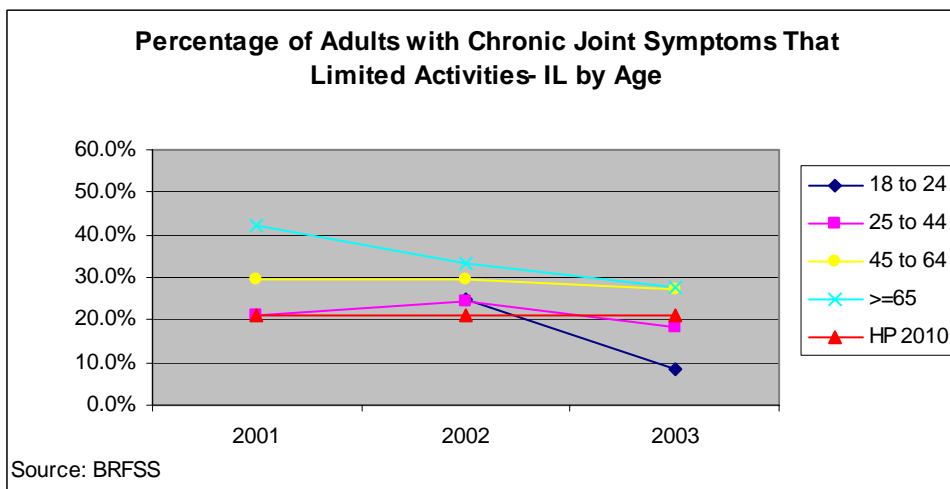
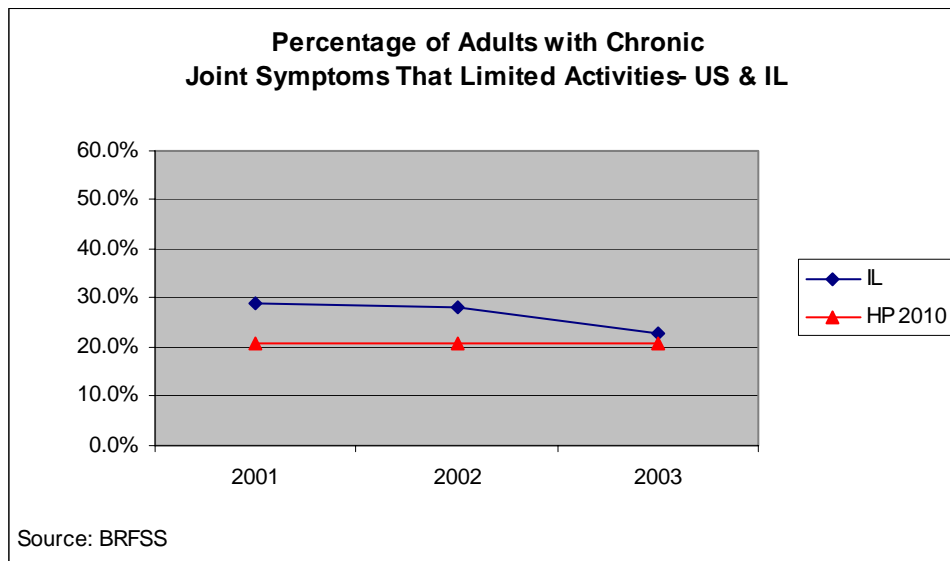
2-2

Reduce the proportion of adults with chronic joint symptoms who experience a limitation in activity due to arthritis

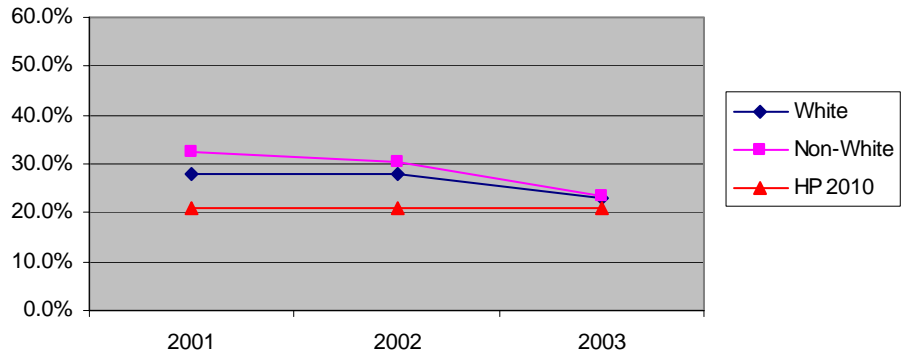
Measure

Percentage of adults with chronic joint symptoms that limited activities

Arthritis

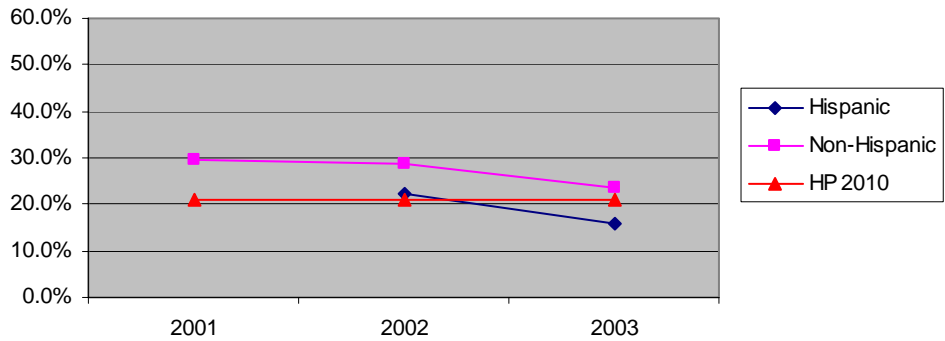


Percentage of Adults with Chronic Joint Symptoms That Limited Activities- IL By Race

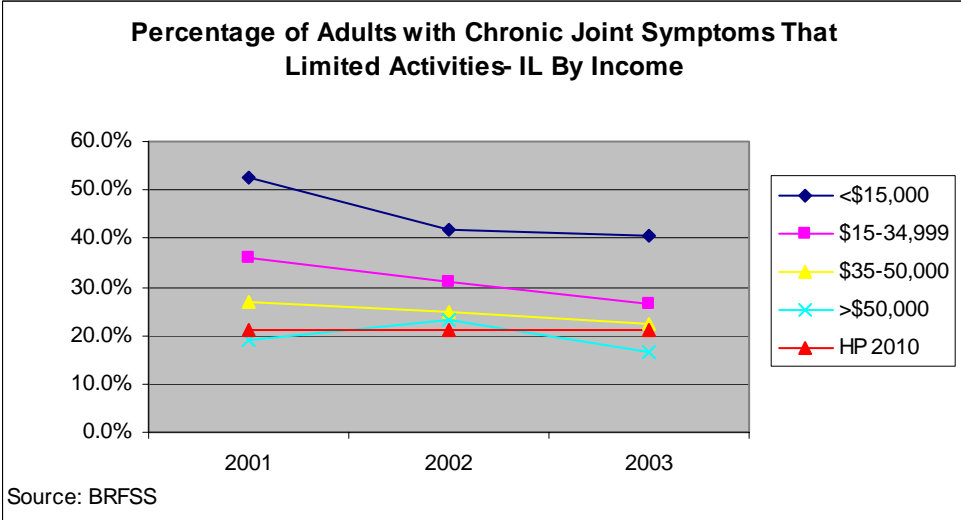
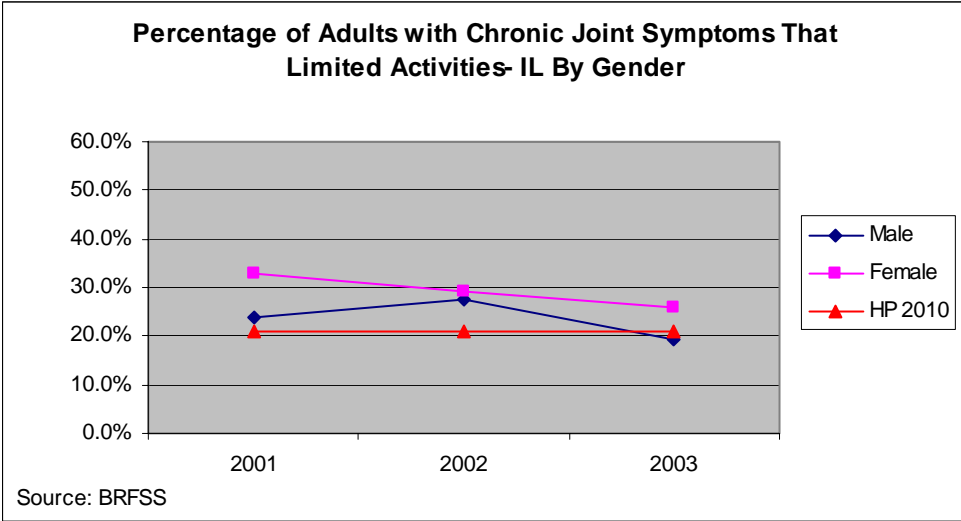


Source: BRFSS

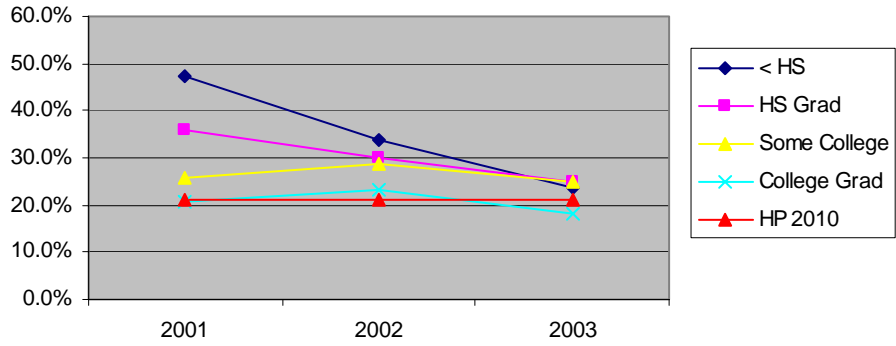
Percentage of Adults with Chronic Joint Symptoms That Limited Activities- IL By Ethnicity



Source: BRFSS

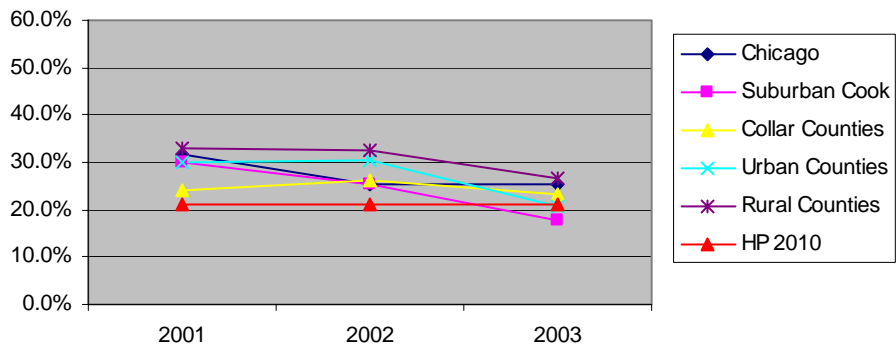


Percentage of Adults with Chronic Joint Symptoms That Limited Activities- IL By Education



Source: BRFSS

Percentage of Adults with Chronic Joint Symptoms That Limited Activities- IL by Geographical Region

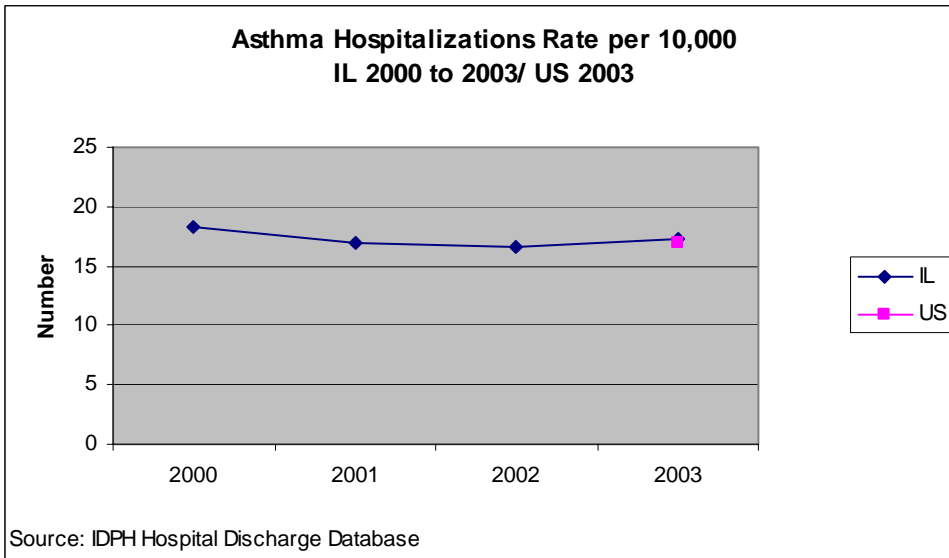
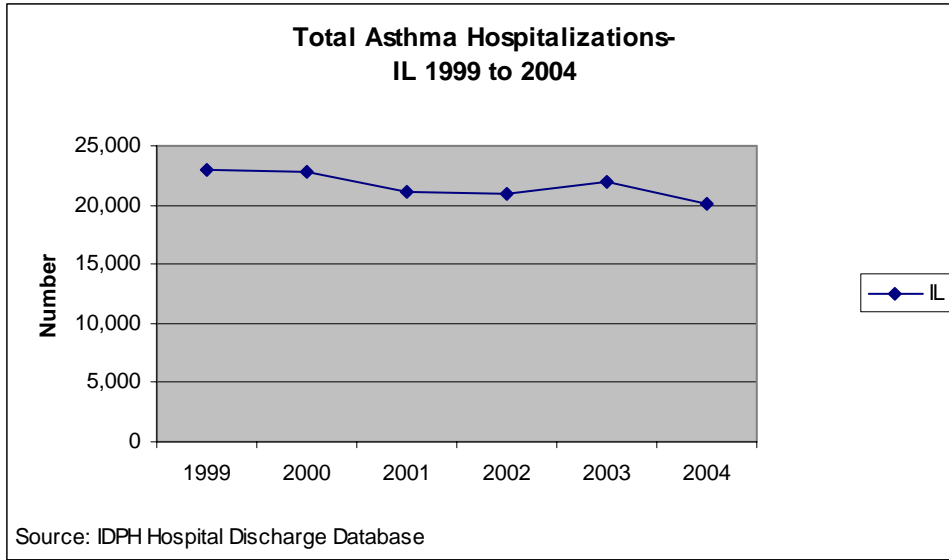


Source: BRFSS

Asthma

24-2 Reduce hospitalizations for asthma
Measure Asthma hospitalization rate

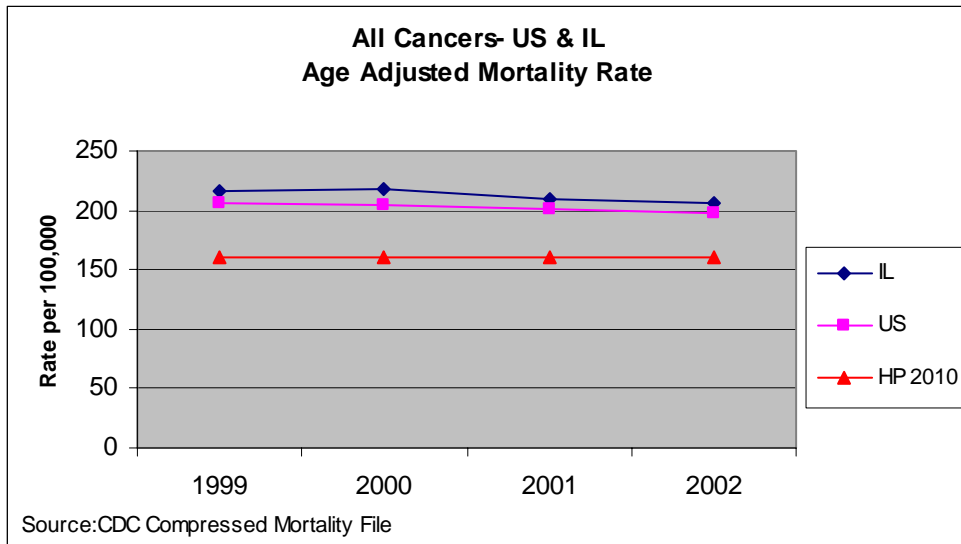
Asthma

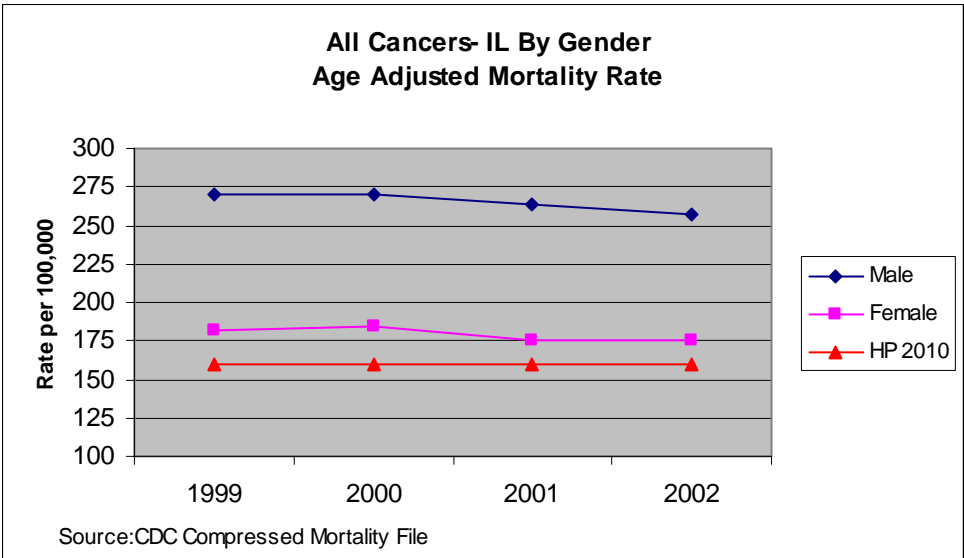
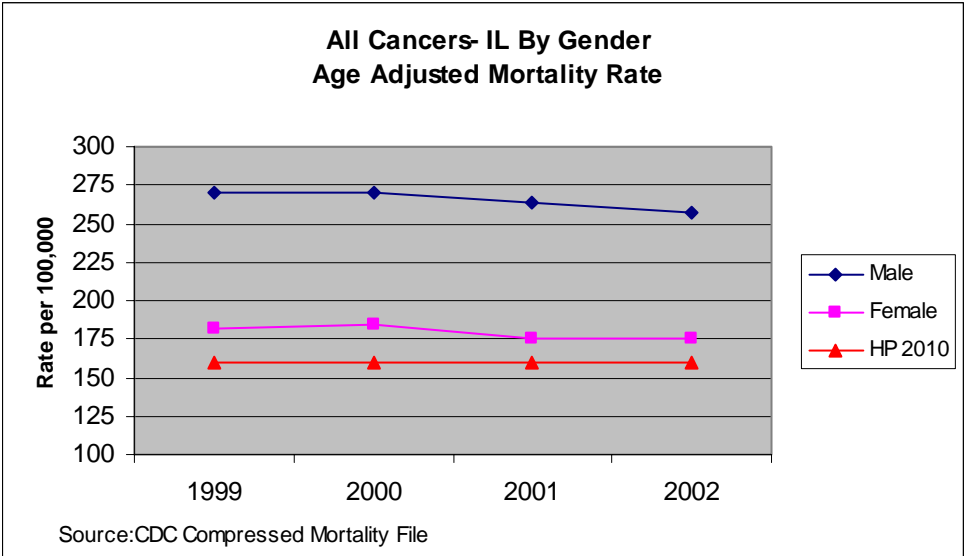


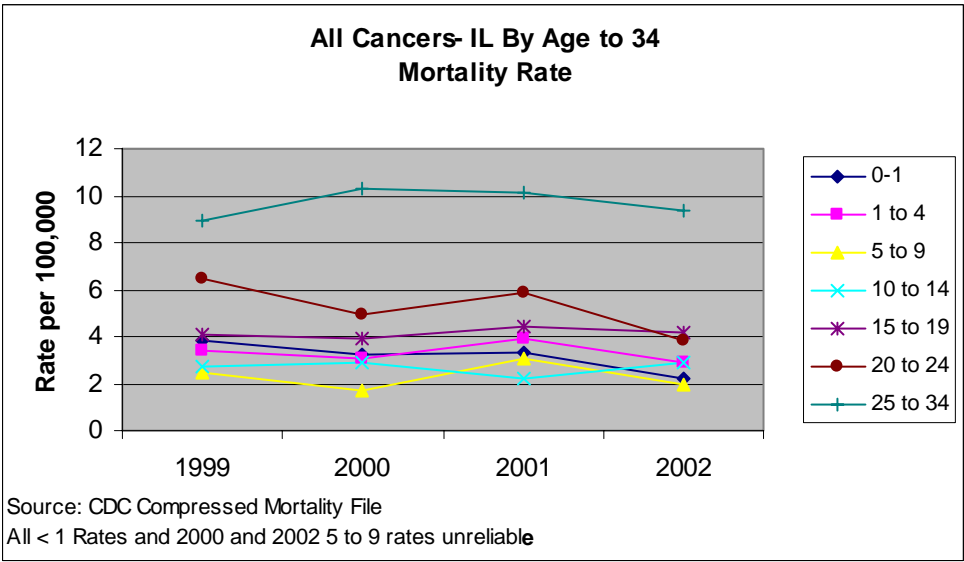
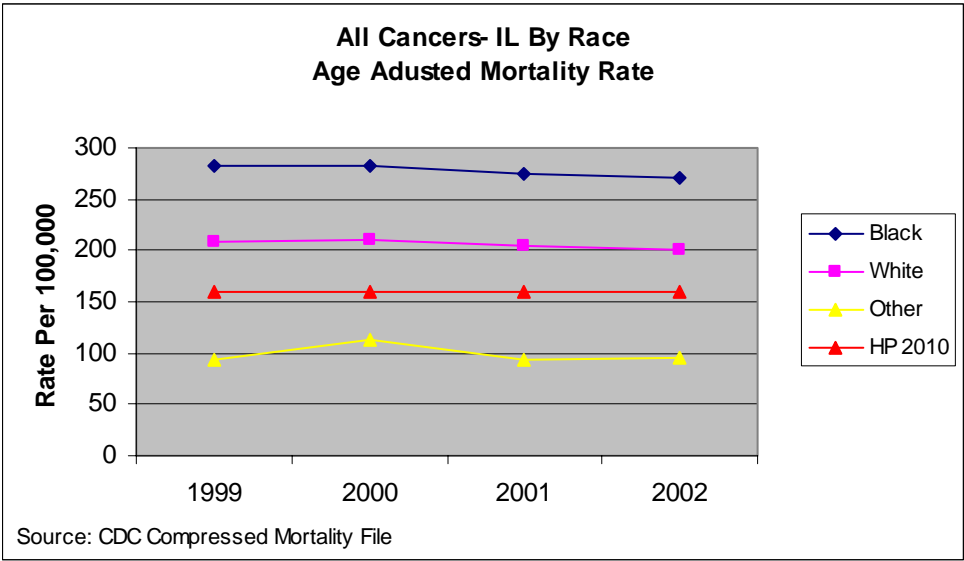
Cancer

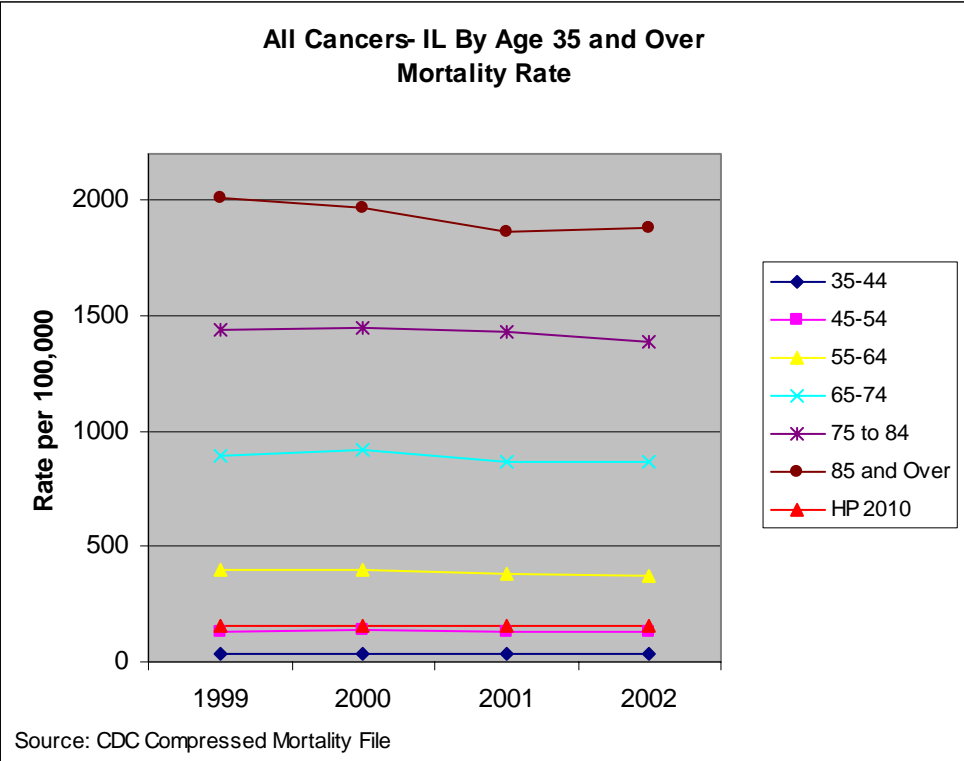
- 3-1. Reduce the overall cancer death rate
 Measure All cancer mortality rate
- 3-2. Reduce the lung cancer death rate
 Measure Lung cancer mortality rate
- 3-3. Reduce the breast cancer death rate
 Measure Breast cancer mortality rate
- 3-5. Reduce the colorectal cancer death rate
 Measure Colorectal cancer mortality rate
- 3-6. Reduce the oropharyngeal (oral) cancer death rate
 Measure Oropharyngeal (oral) cancer mortality rate
- 3-7. Reduce the prostate cancer mortality rate
 Measure Prostate cancer death rate
 Measure Percentage of males over 40 that have had a PSA test in the past two years
- 3-12. Increase the proportion of adults who receive a colorectal cancer screening examination
 Measure Percentage of adults over 50 that have had a sigmoidoscopy (colorectal cancer screening)
- 3-13. Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding two years
 Measure Percentage of women 40 and older who have had a mammogram in the past two years

All Cancers

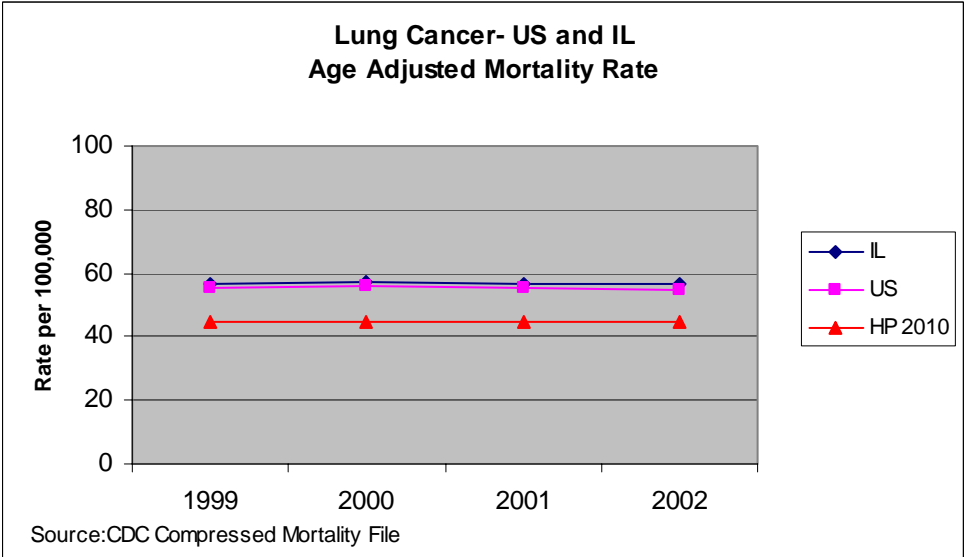


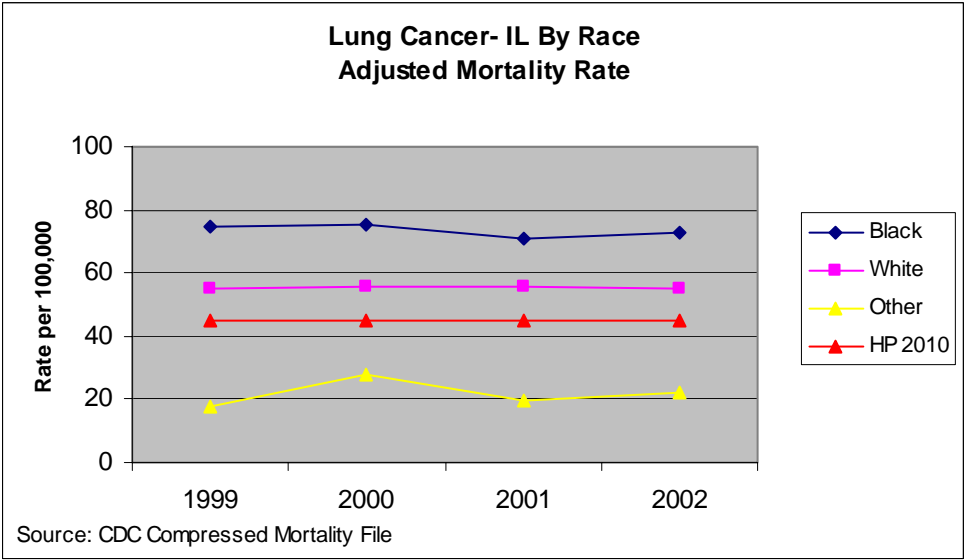
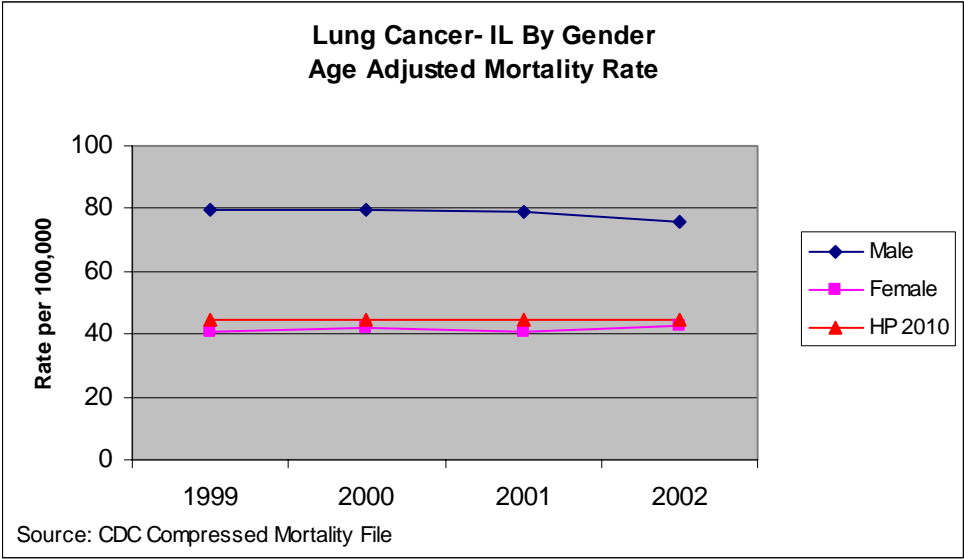


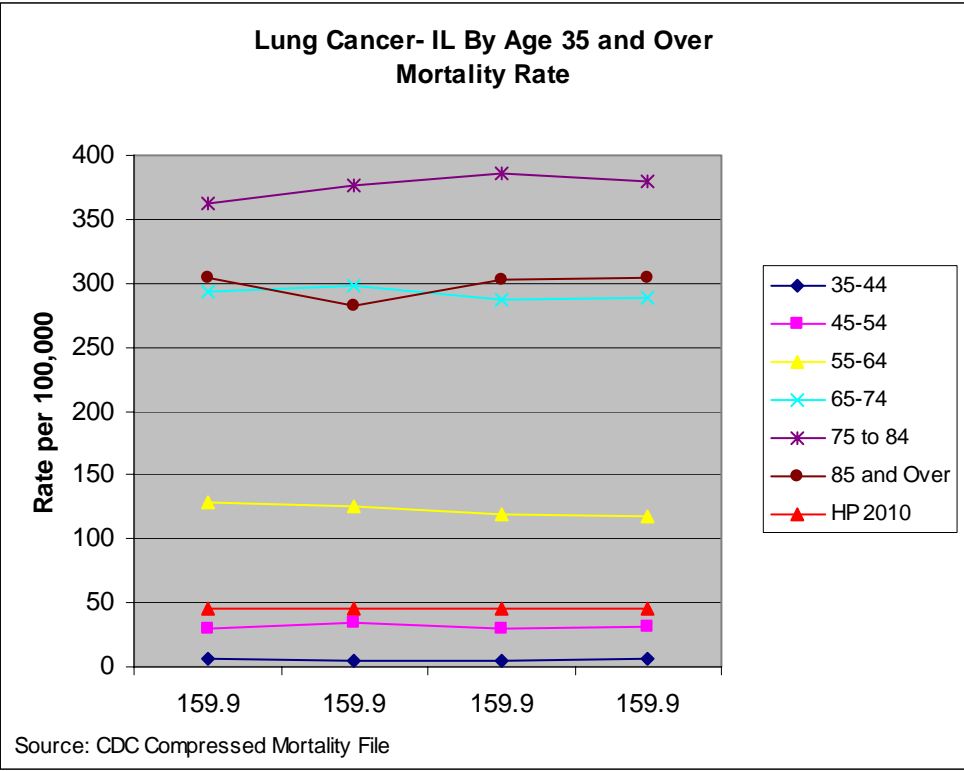
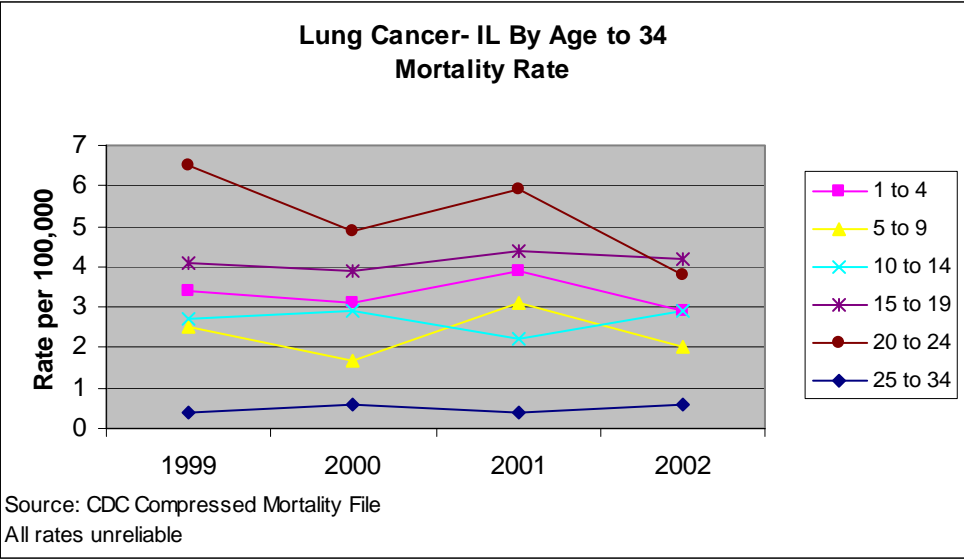




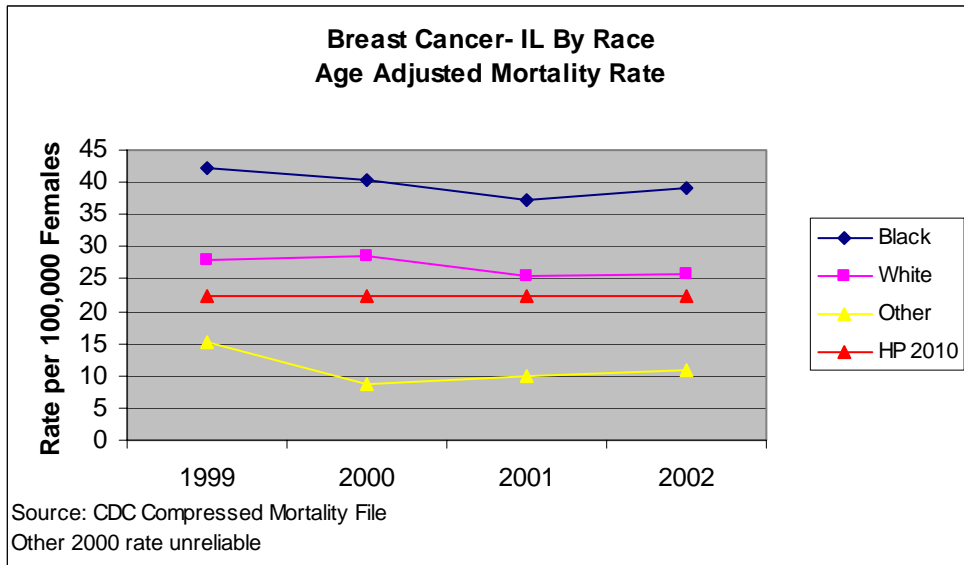
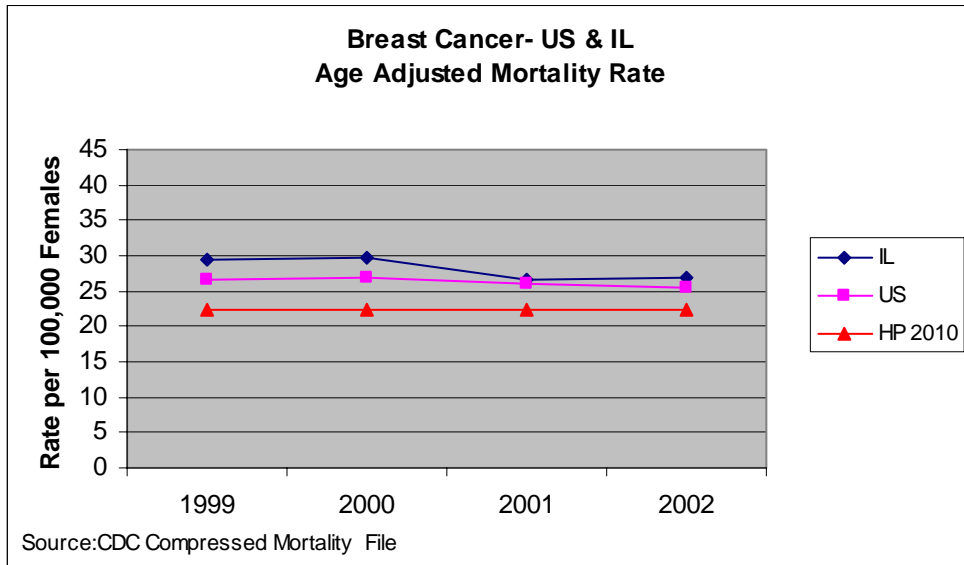
Lung Cancer



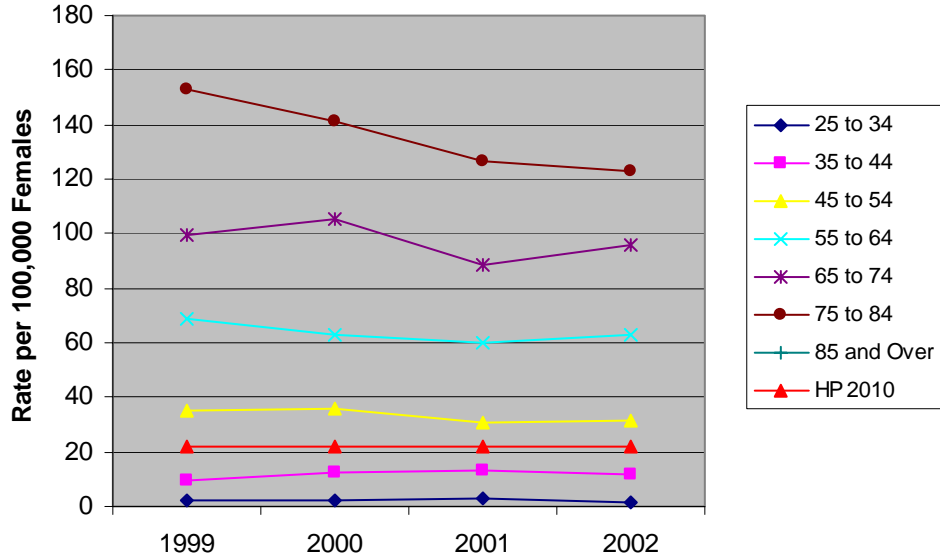




Breast Cancer



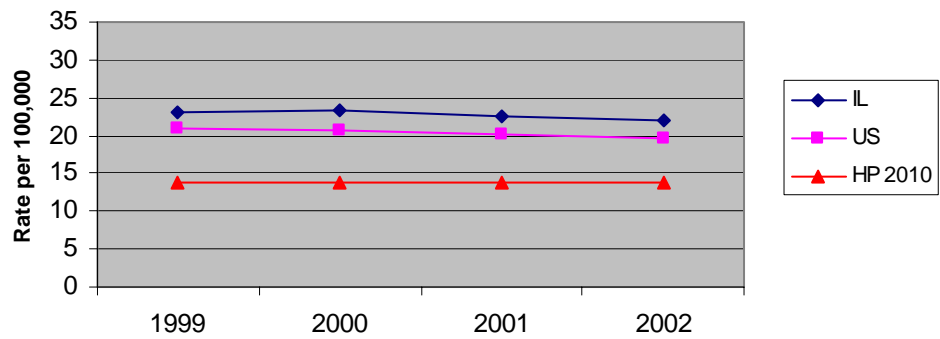
Breast Cancer- IL By Age 25 and Over Mortality Rate



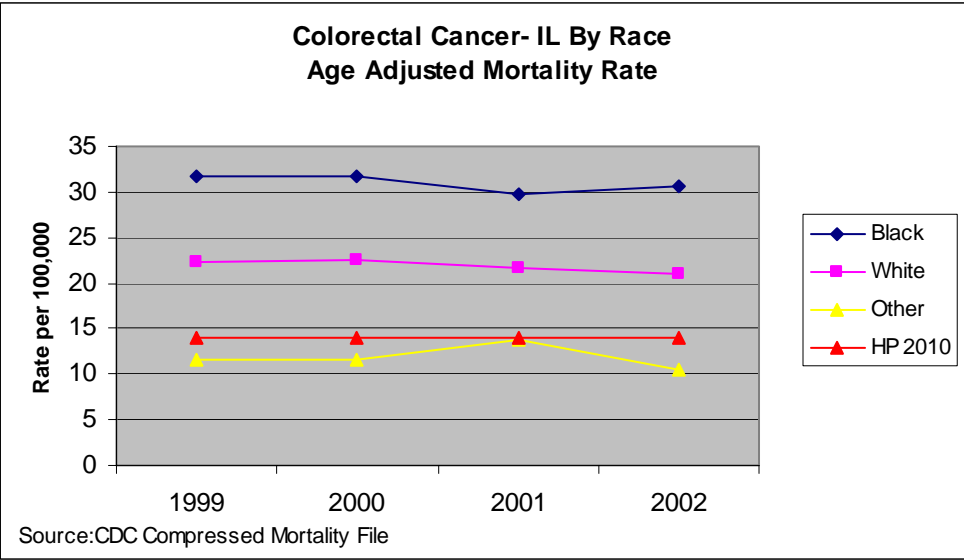
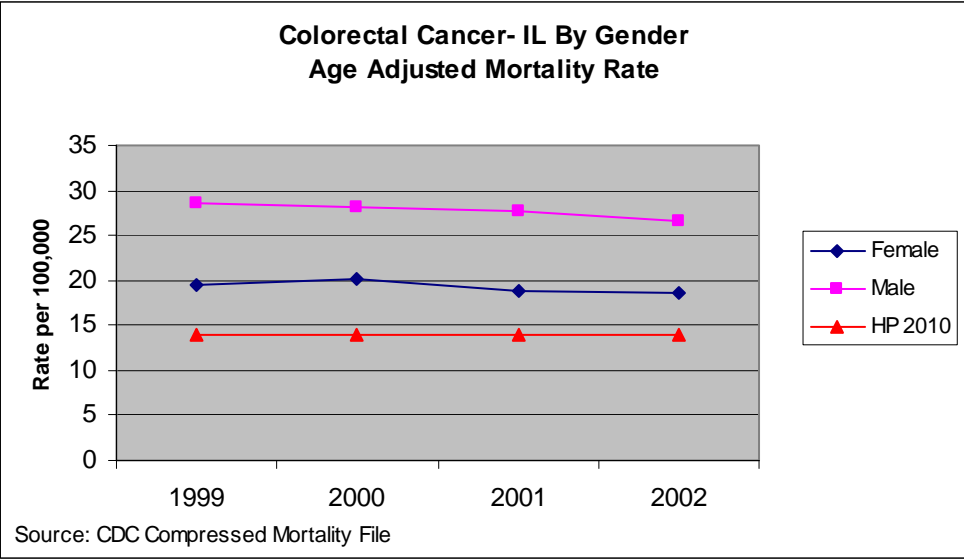
Source: CDC Compressed Mortality File
2002 25 to 34 rate unreliable

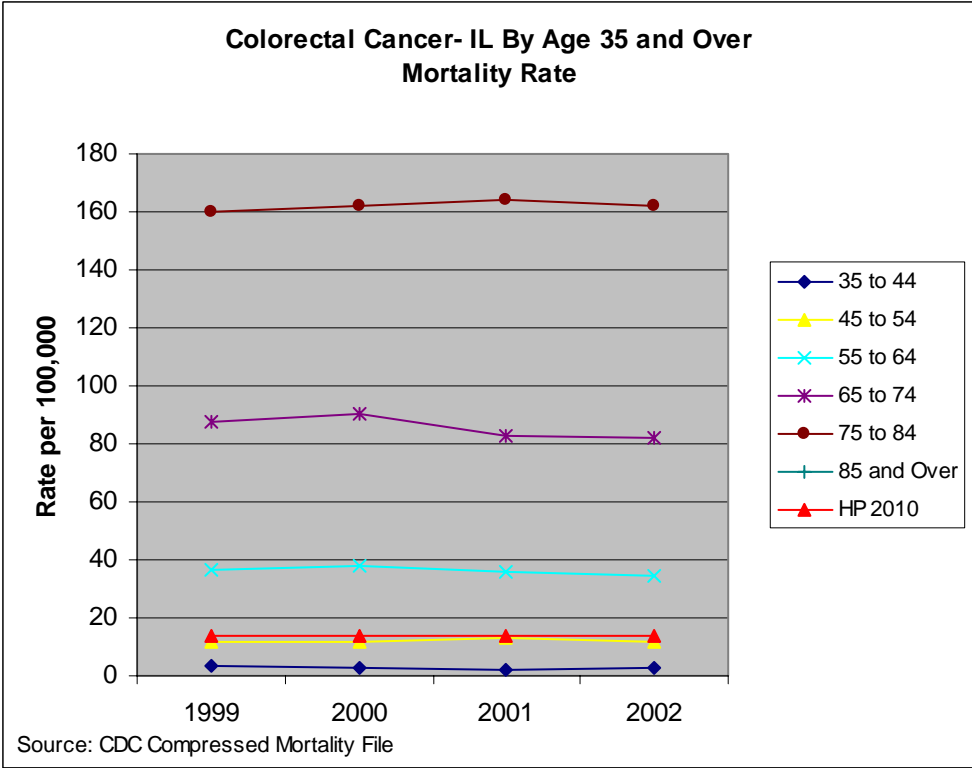
Colorectal Cancer

Colorectal Cancer- US & IL Age Adjusted Mortality Rate

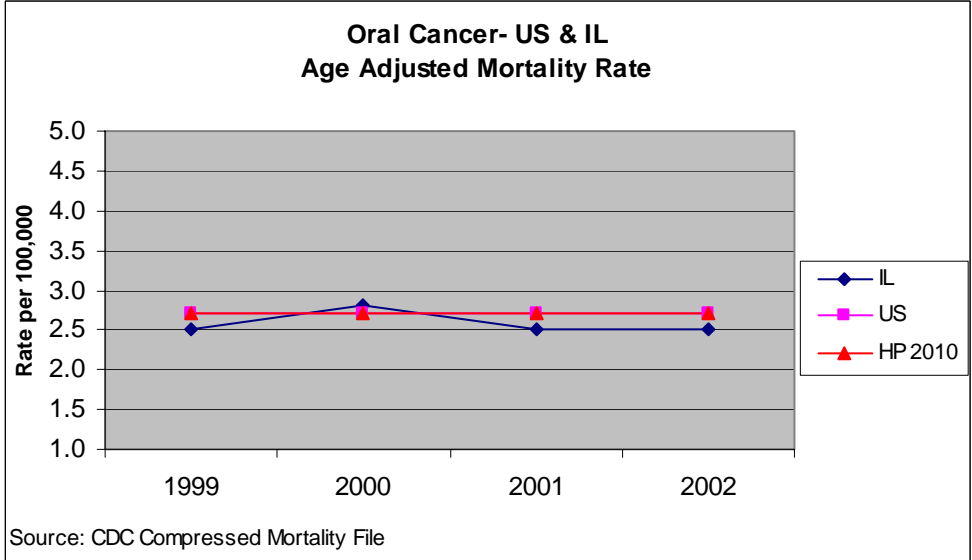


Source: CDC Compressed Mortality File

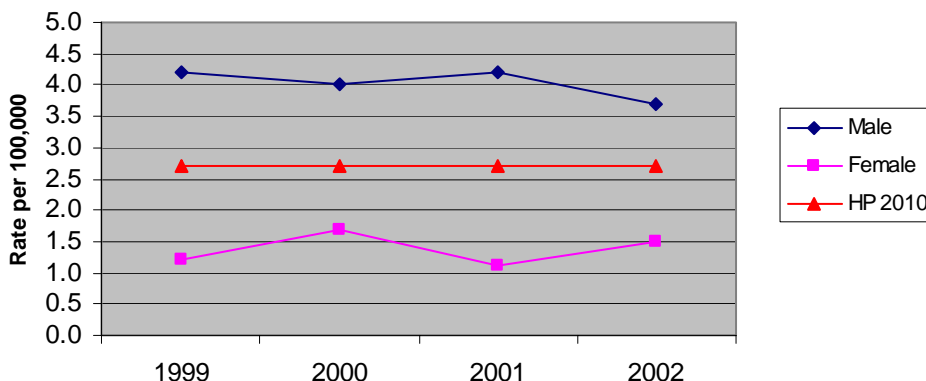




Oral Cancer

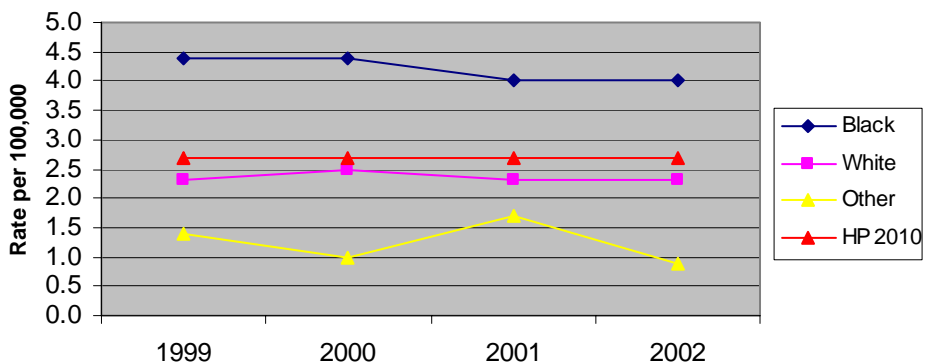


**Oral Cancer- IL By Gender
Age Adjusted Mortality Rate**



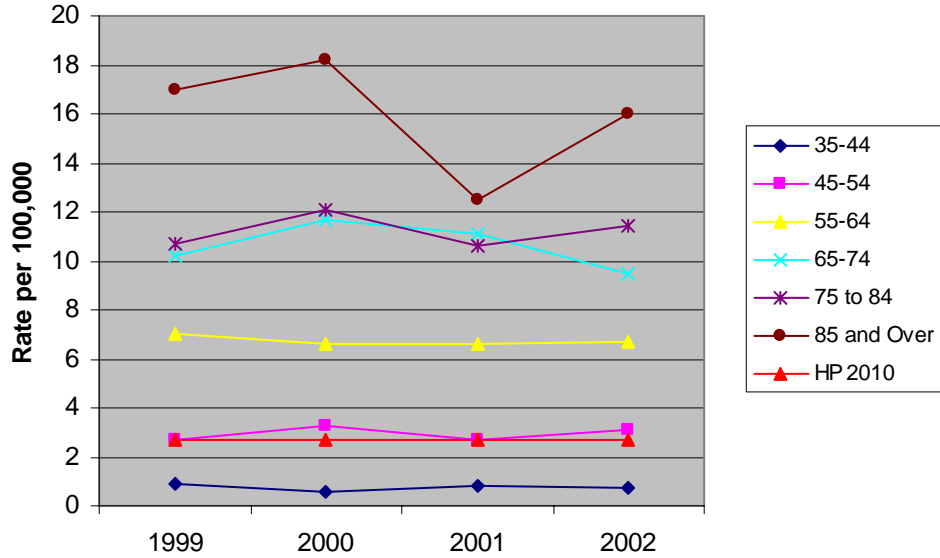
Source: CDCCompressed Mortality File

**Oral Cancer- IL By Race
Age Adjusted Mortality Rate**



Source: CDC Compressed Mortality File
Rates for Other all unreliable

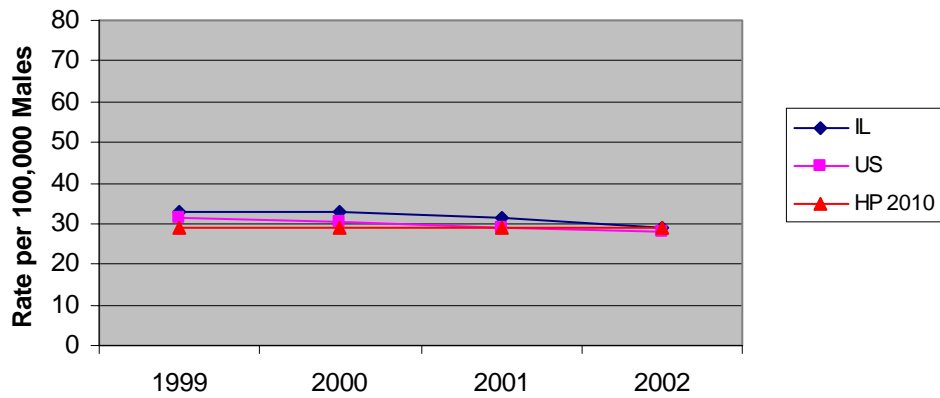
Oral Cancer- IL By Age 35 and Over Mortality Rate



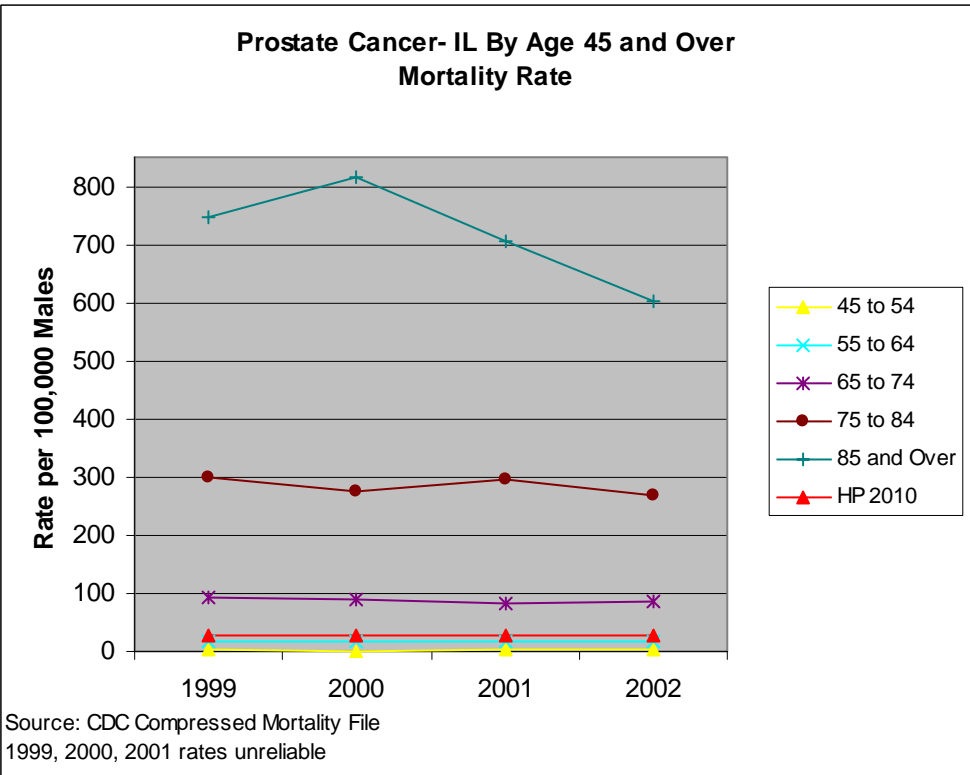
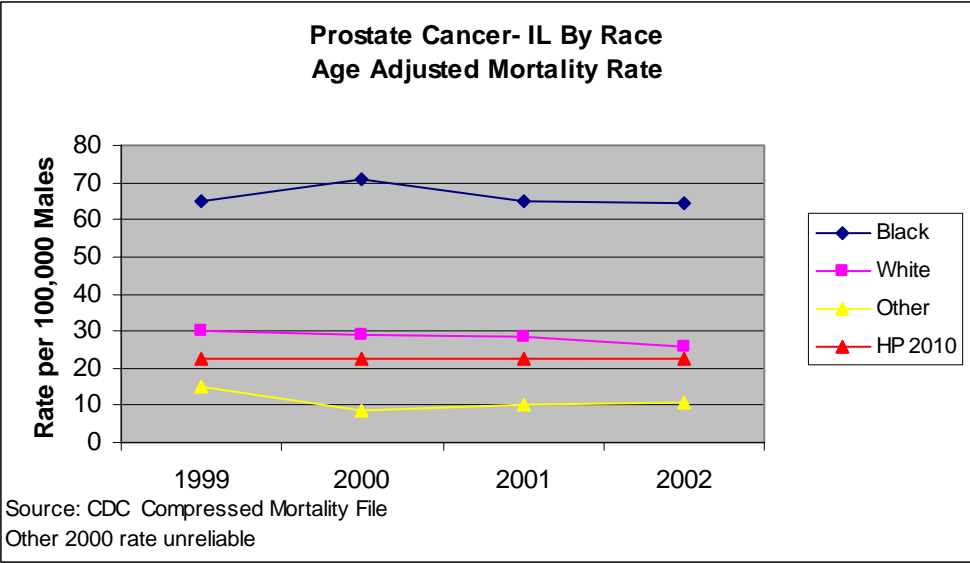
Source: CDC Compressed Mortality File
Rates for 35 to 44 unreliable

Prostate Cancer

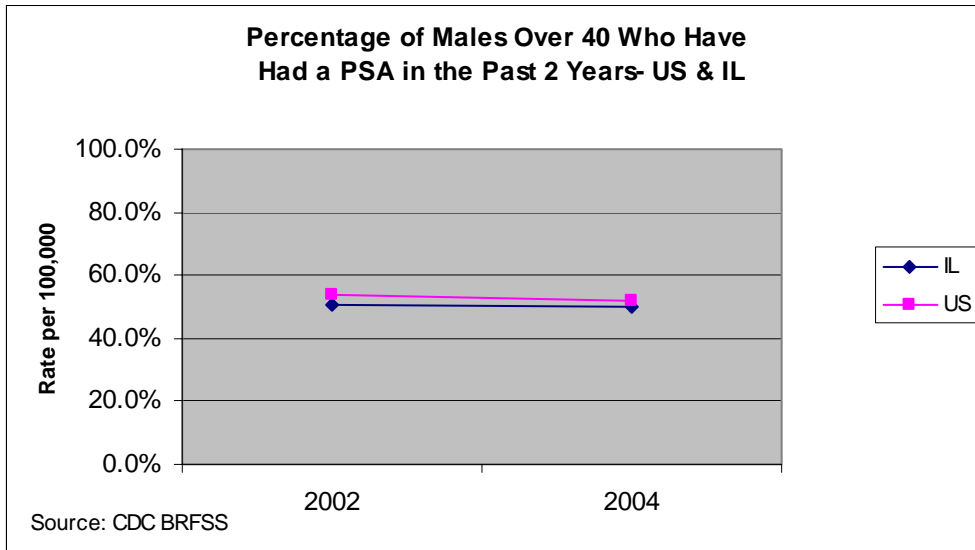
Prostate Cancer- US & IL Age Adjusted Mortality Rate



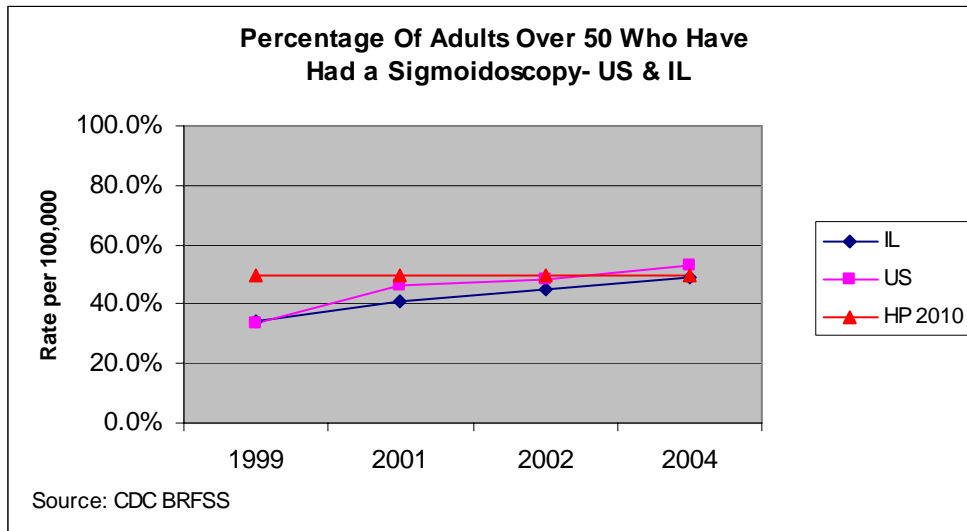
Source: CDC Compressed Mortality File



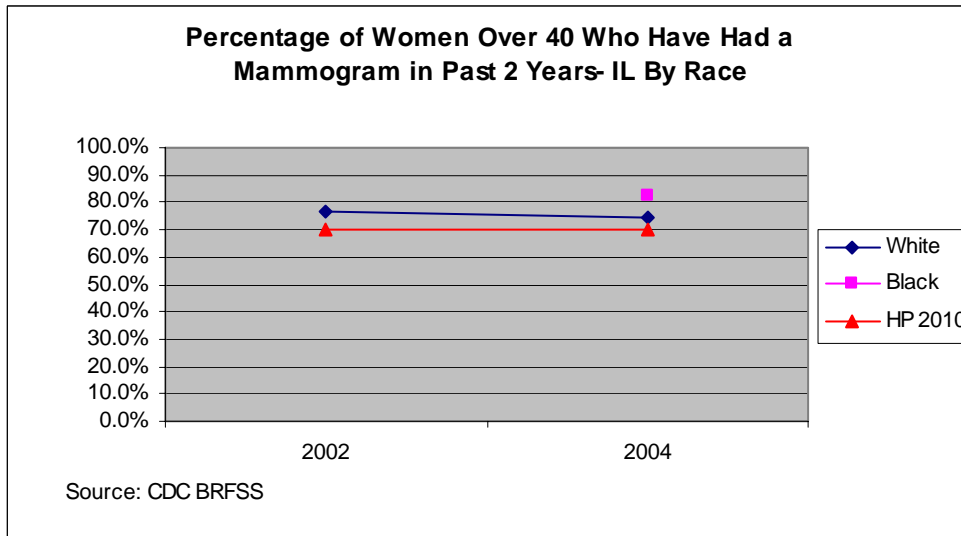
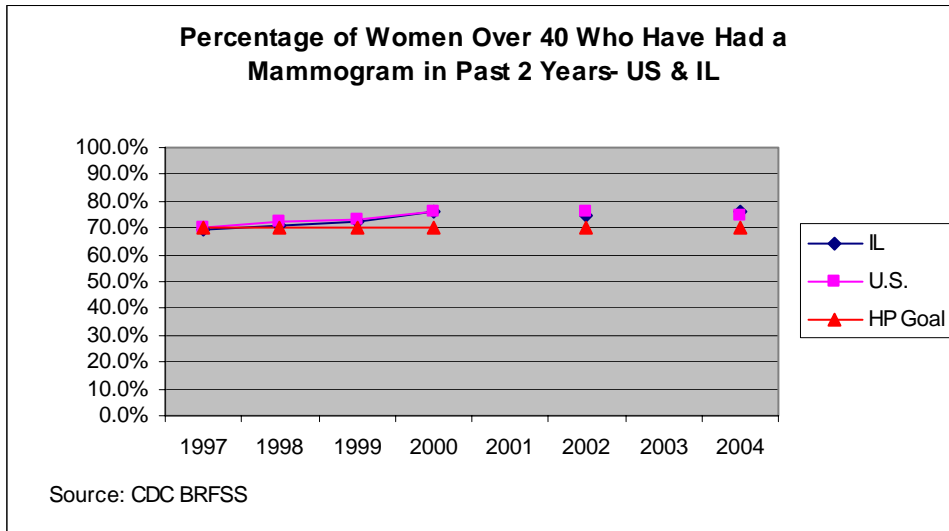
PSA Test



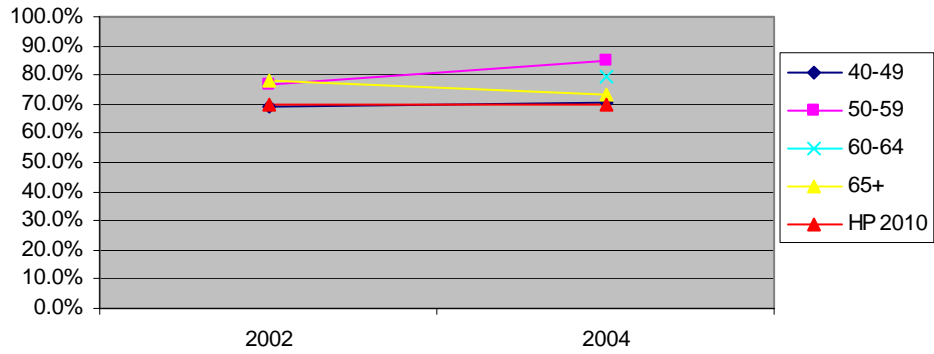
Sigmoidoscopy (colorectal cancer screening)



Mammograms

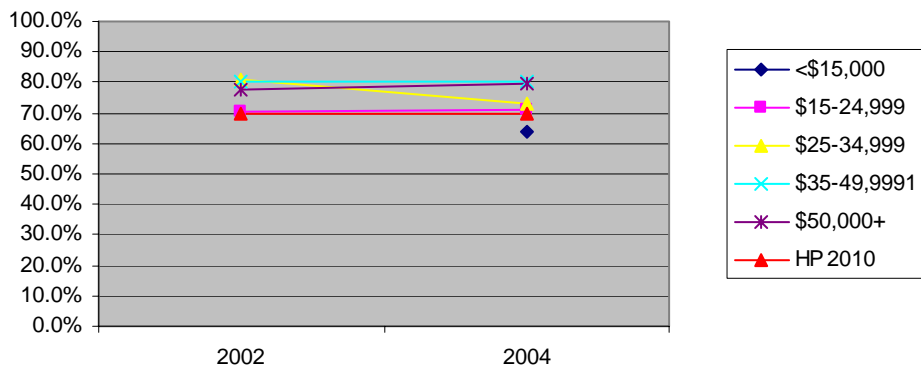


Percentage of Women Over 40 Who Have Had a Mammogram an Past 2 Years- IL By Age

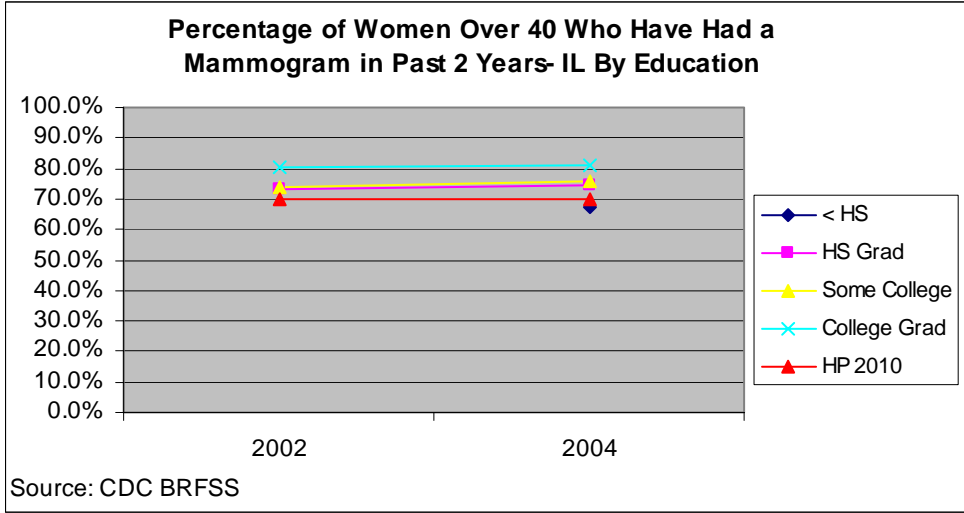


Source: CDC BRFSS

Percentage of Women Over 40 Who Have Had a Mammogram in Past 2 Years- IL By Income



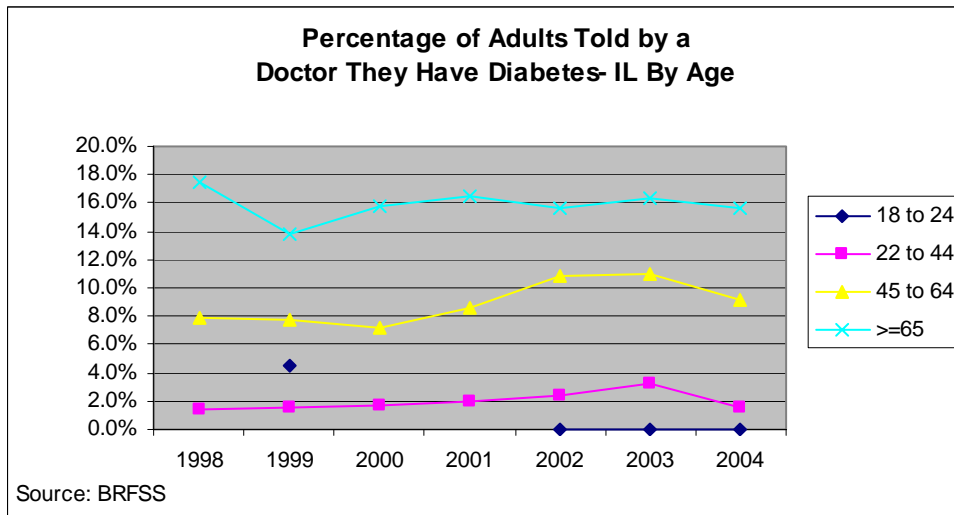
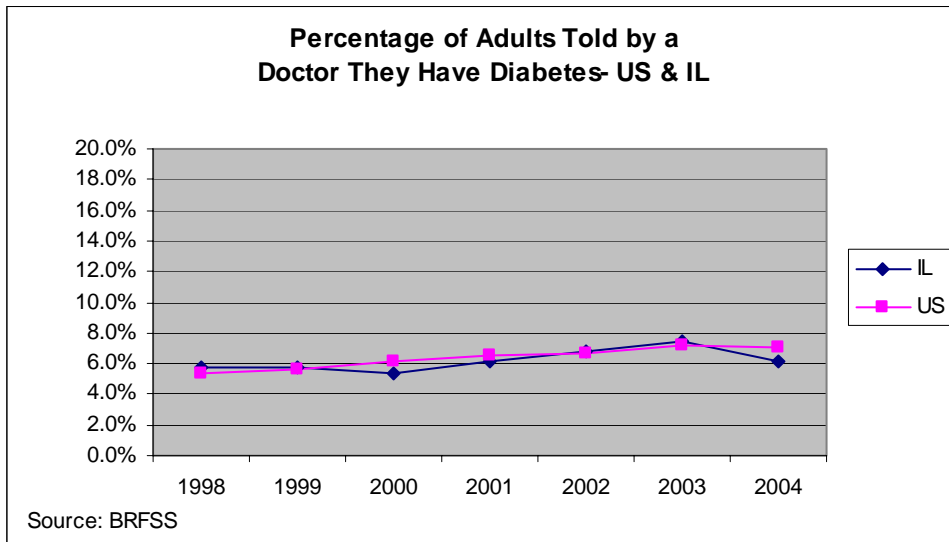
Source: CDC BRFSS



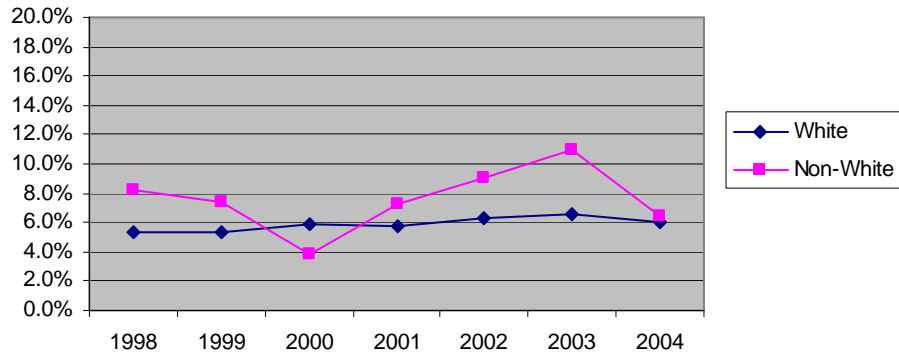
Diabetes

5-3. Reduce the overall cases of diabetes diagnosed
 Measure Percentage told by a doctor they have diabetes

Diabetes

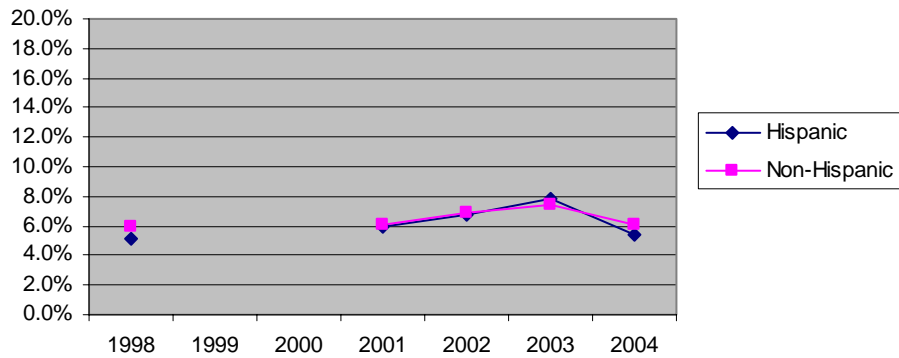


Percentage of Adults Told by a Doctor They Have Diabetes- IL By Race



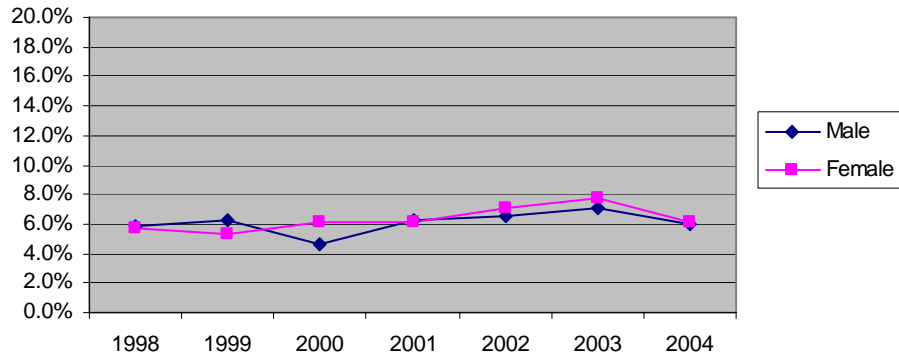
Source: BRFSS

Percentage of Adults Told by a Doctor They Have Diabetes- IL By Ethnicity



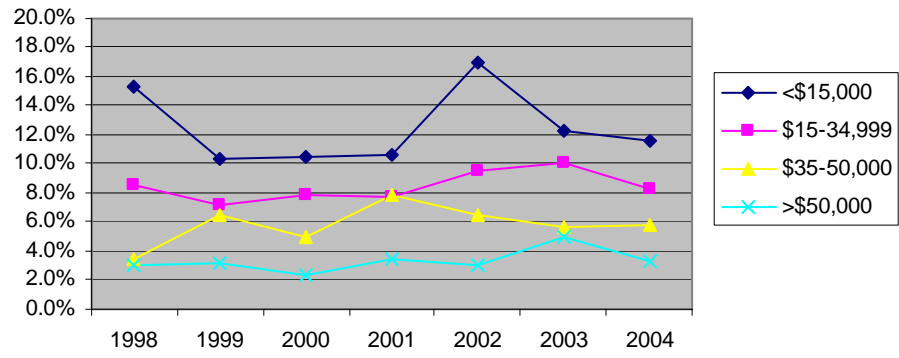
Source: BRFSS

Percentage of Adults Told by a Doctor They Have Diabetes- IL By Gender



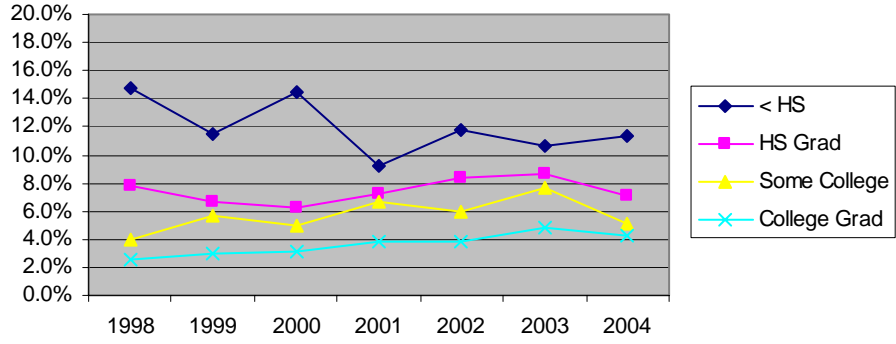
Source: BRFSS

Percentage of Adults Told by a Doctor They Have Diabetes- IL By Income



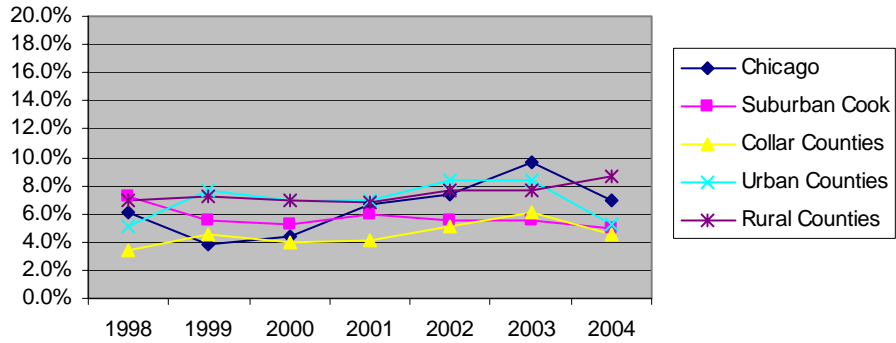
Source: BRFSS

Percentage of Adults Told by a Doctor They Have Diabetes- IL By Education



Source: BRFSS

Percentage of Adults Told by a Doctor They Have Diabetes- IL By Geographical Region

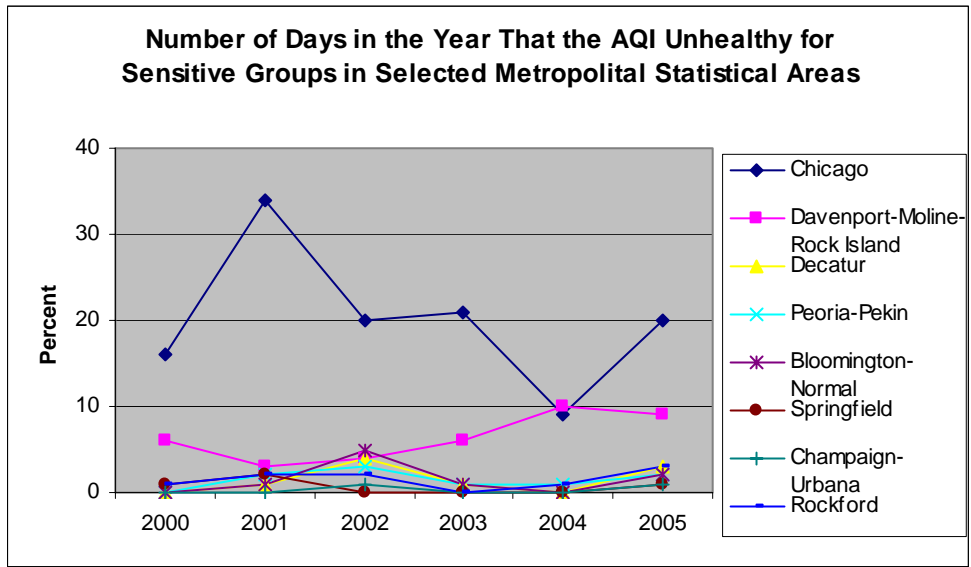


Source: BRFSS

Environmental Health

- 8-1a. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency’s health-based standards for ozone
- Measure Number of days in the year that the Air Quality Index unhealthy in selected metropolitan statistical areas (MSA)
- 27-10. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke
- Measure **Not currently collected**

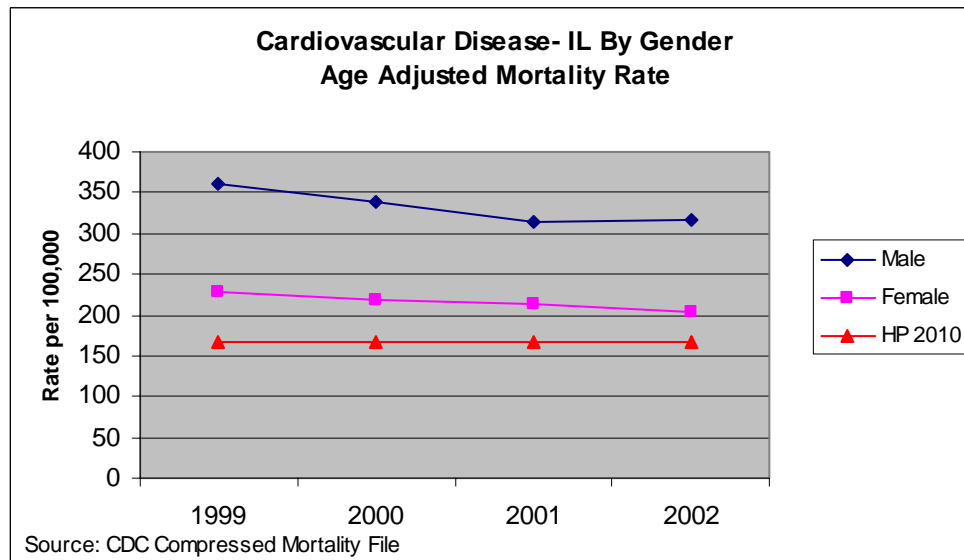
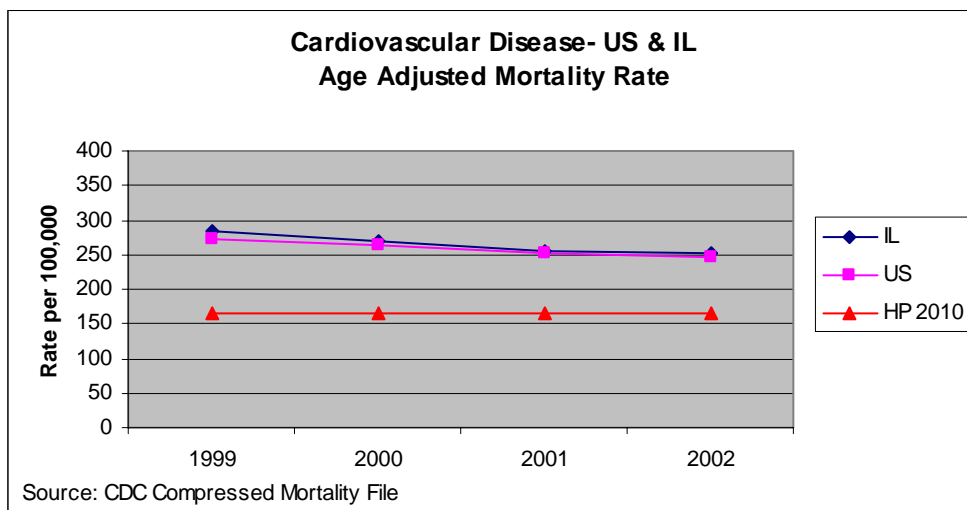
Environmental Health

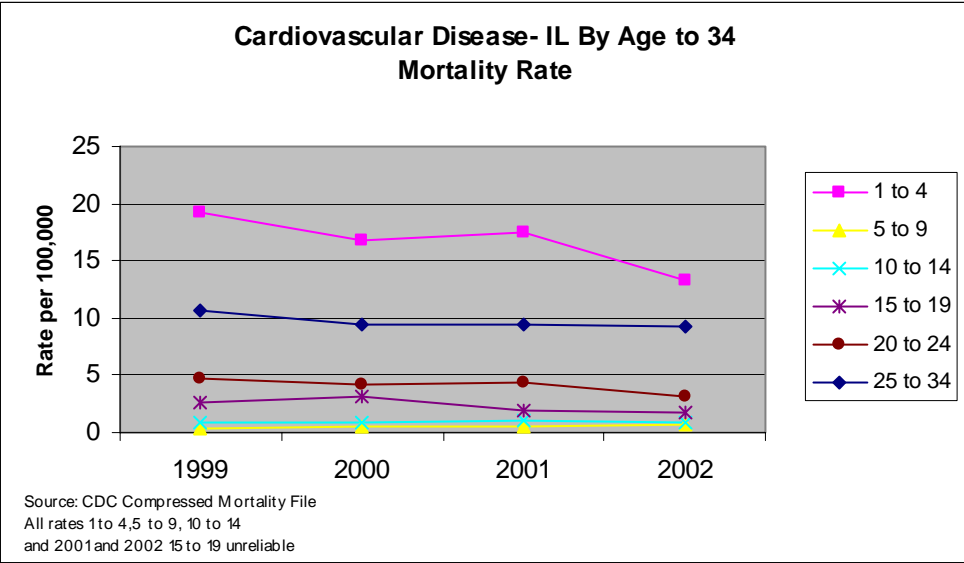
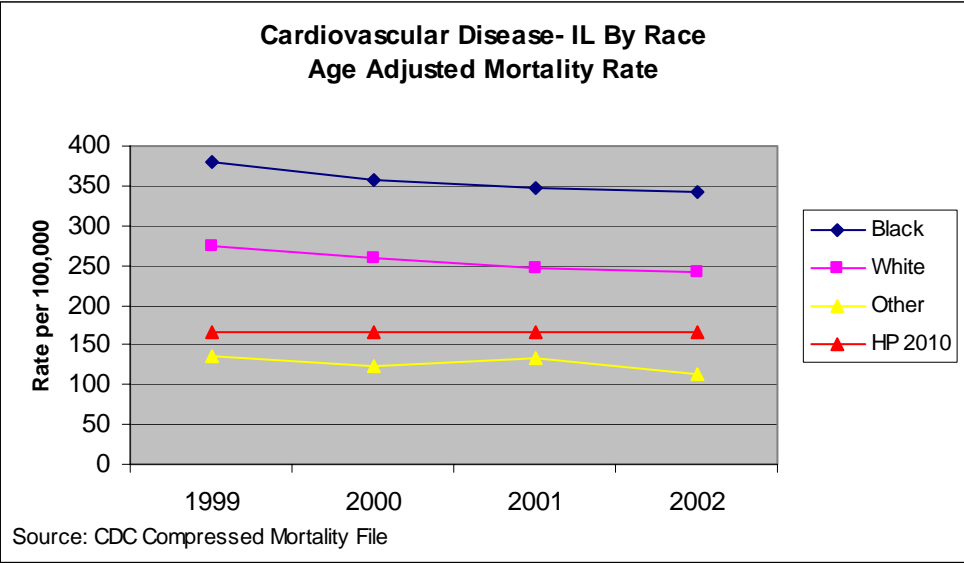


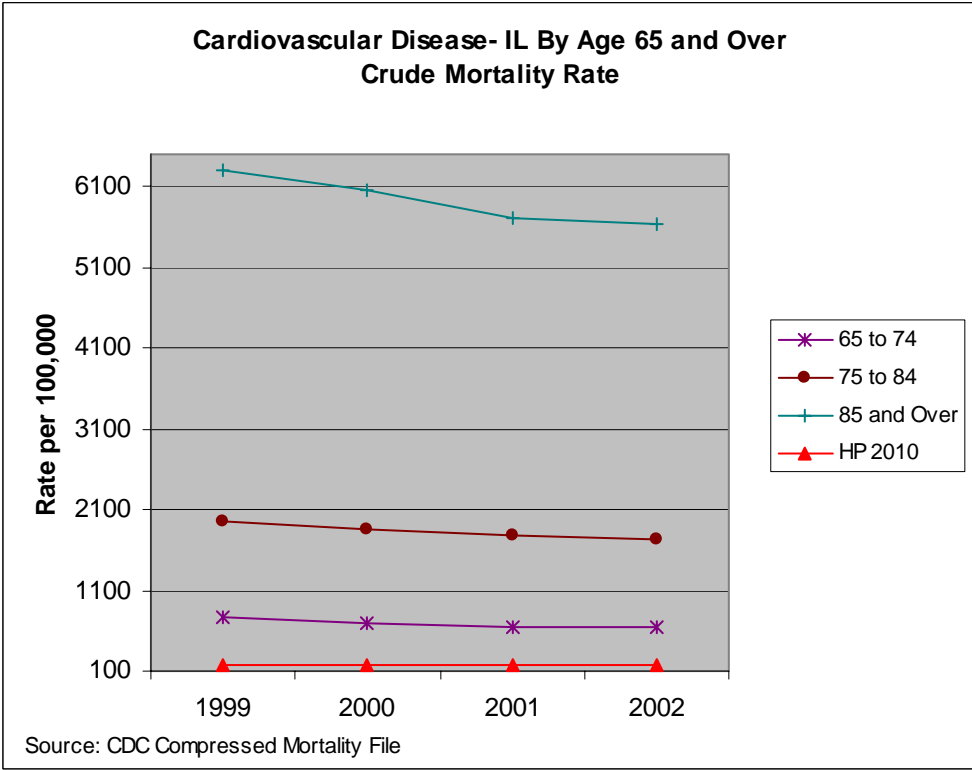
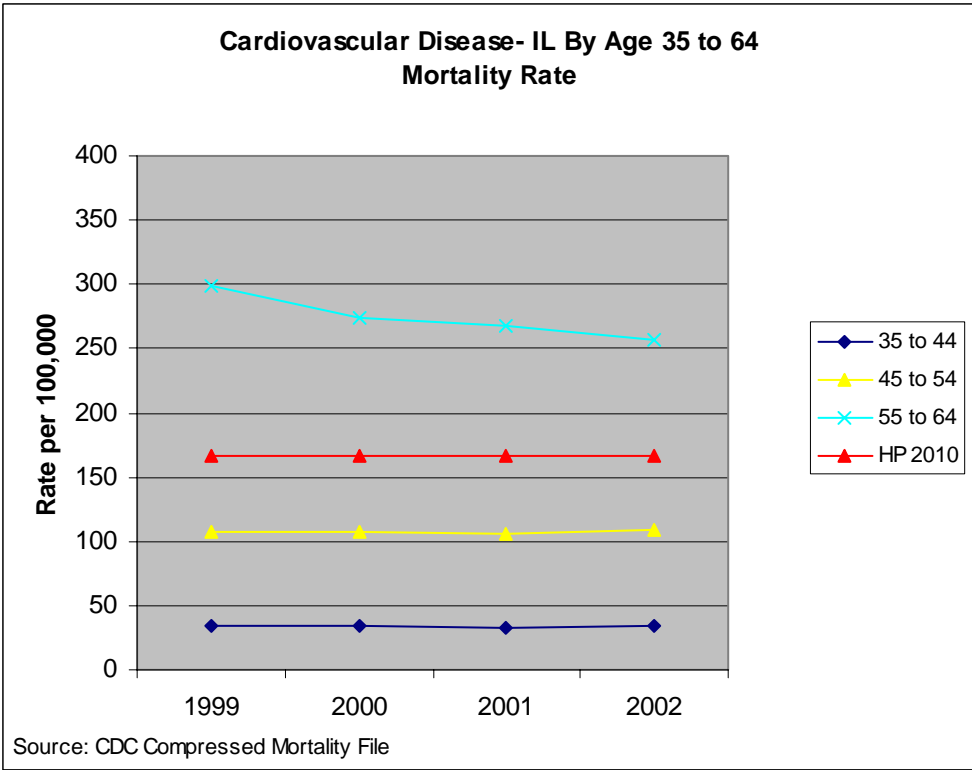
Heart Disease and Stroke

12-1.	Reduce coronary heart disease deaths
Measure	Coronary heart disease mortality rate
12-7.	Reduce stroke deaths
Measure	Cerebrovascular disease mortality rate
12-15	Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years
Measure	Percentage of adults that have had their cholesterol checked

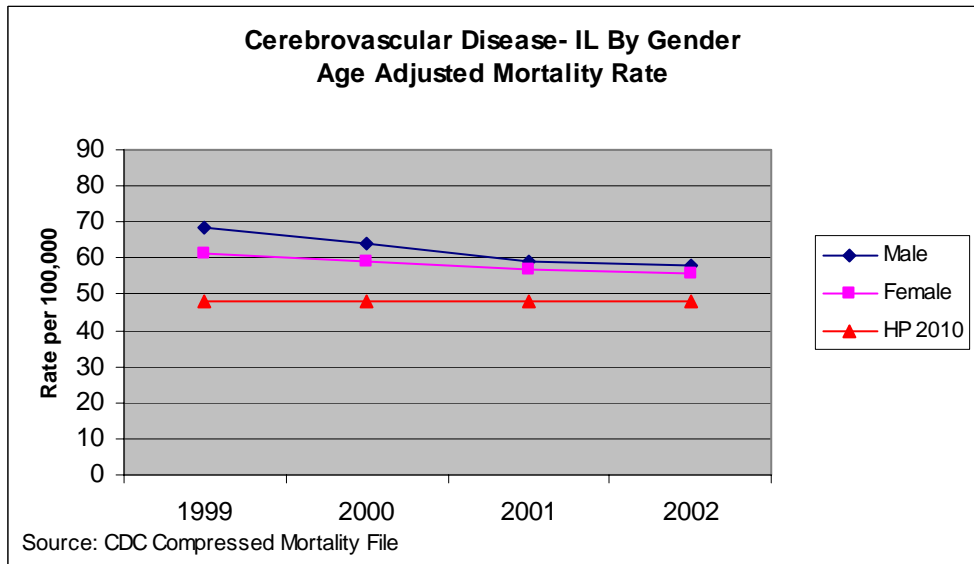
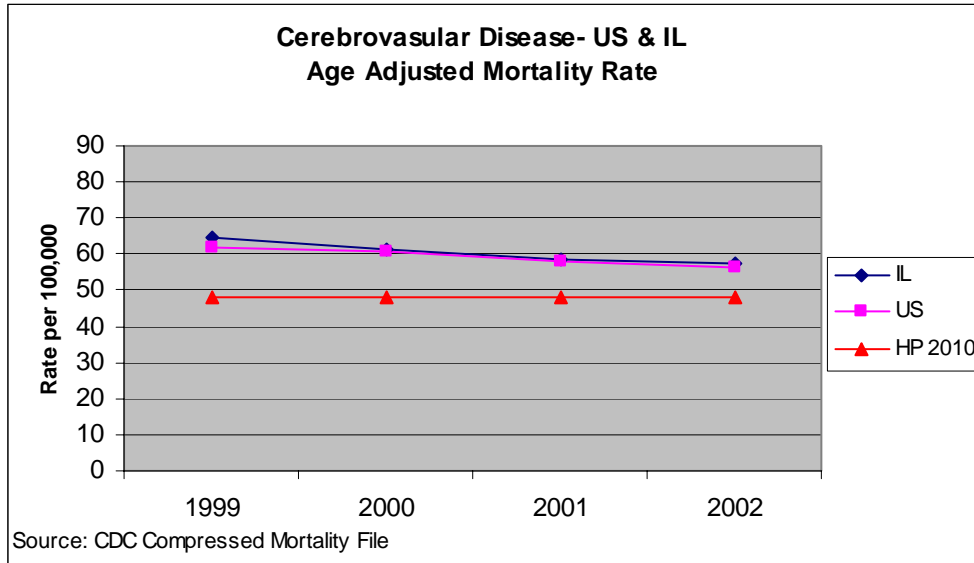
Heart/Cardiovascular Disease

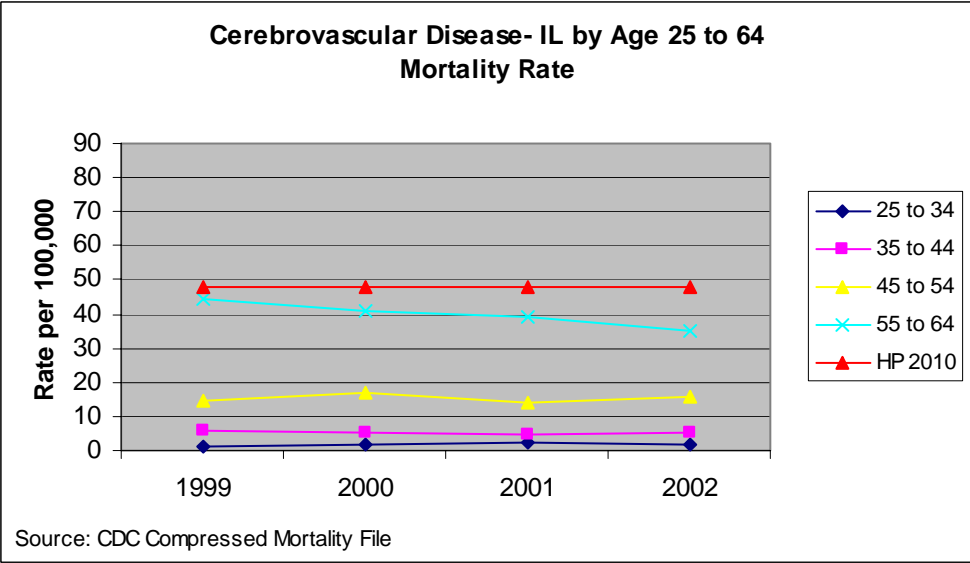
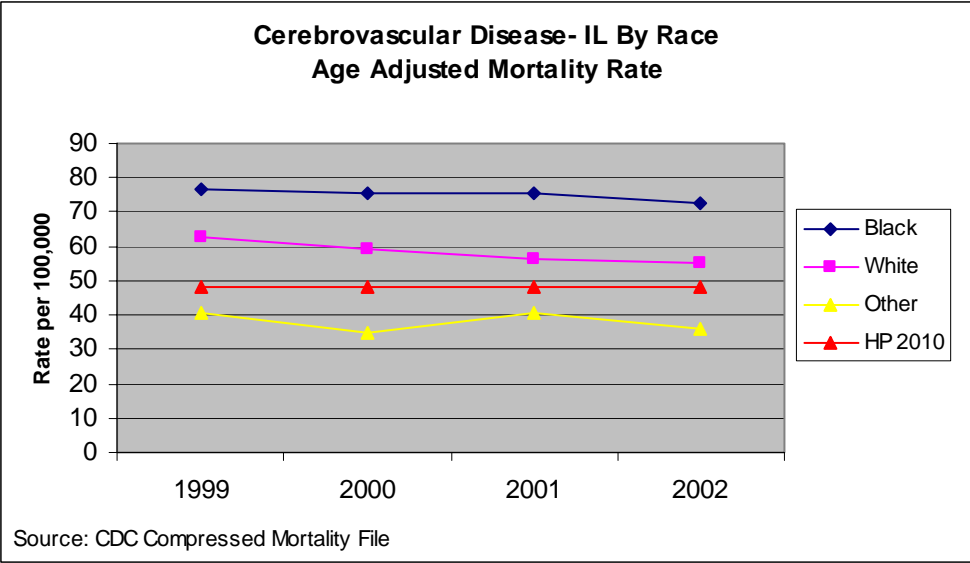




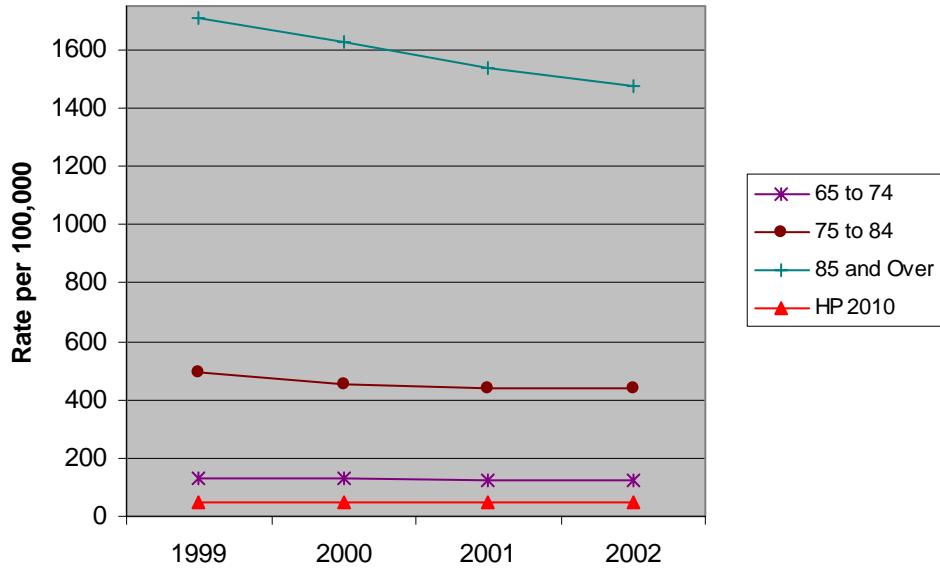


Stroke/Cerebrovascular Disease





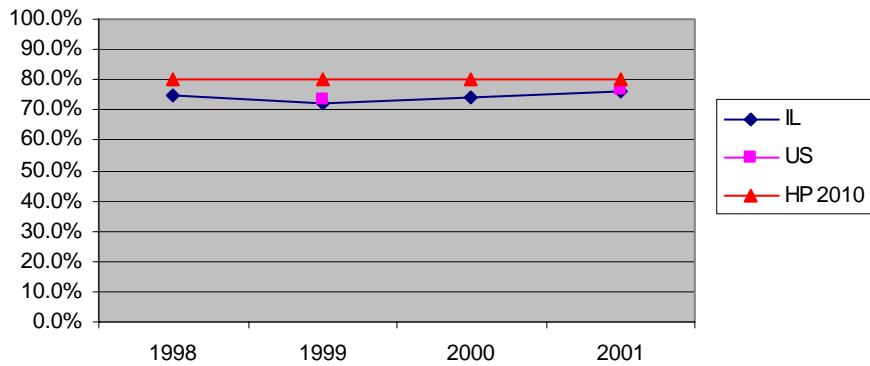
Cerebrovascular Disease- IL by Age 65 and Over Mortality Rate



Source: CDC Compressed Mortality File

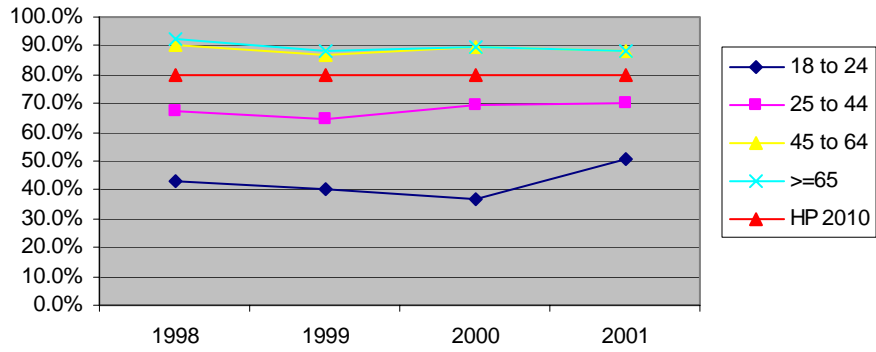
Cholesterol

Percentage of Adults Who Have Ever Had Cholesterol Checked- US & IL



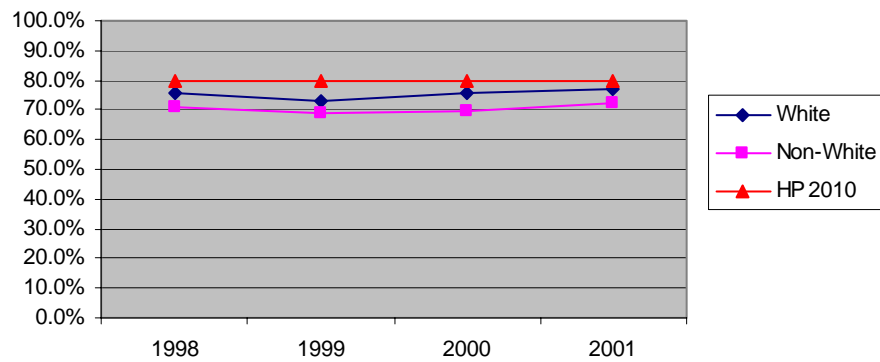
Source: BRFSS

Percentage of Adults Who Have Ever Had Cholesterol Checked- IL By Age



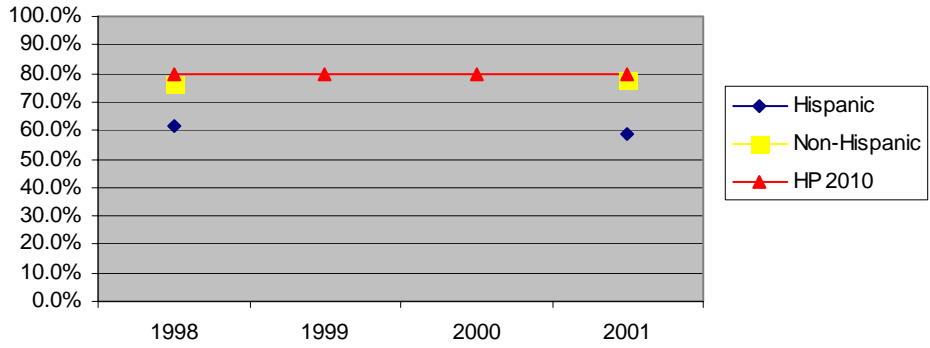
Source: BRFSS

Percentage of Adults Who Have Ever Had Cholesterol Checked- IL By Race



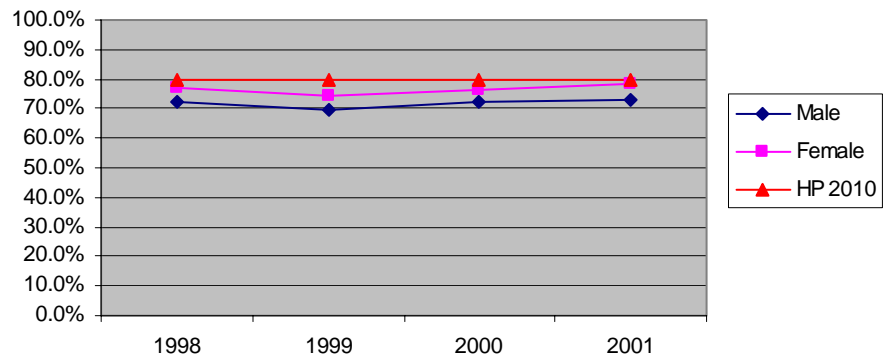
Source: BRFSS

Percentage of Adults Who Have Ever Had Cholesterol Checked- IL By Ethnicity



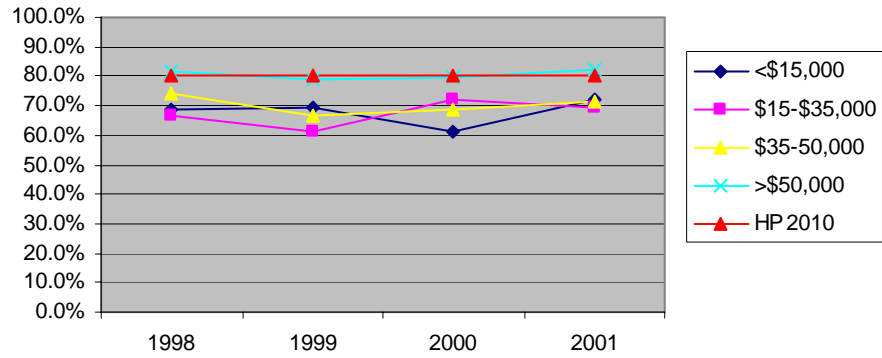
Source: BRFSS

Percentage of Adults Who Have Ever Had Cholesterol Checked- IL By Gender



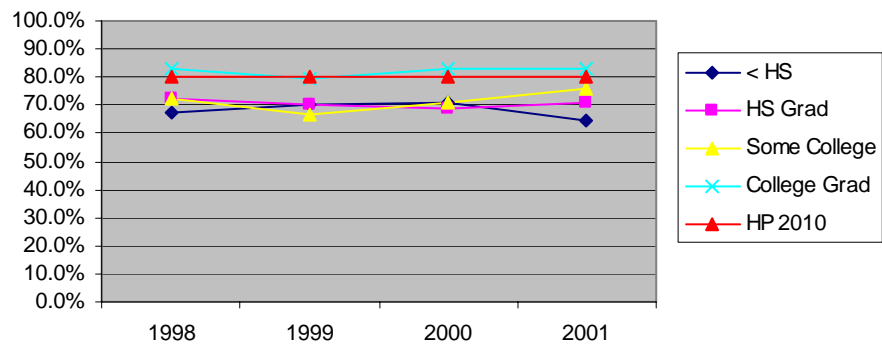
Source: BRFSS

Percentage of Adults Who Have Ever Had Cholesterol Checked- IL By Income



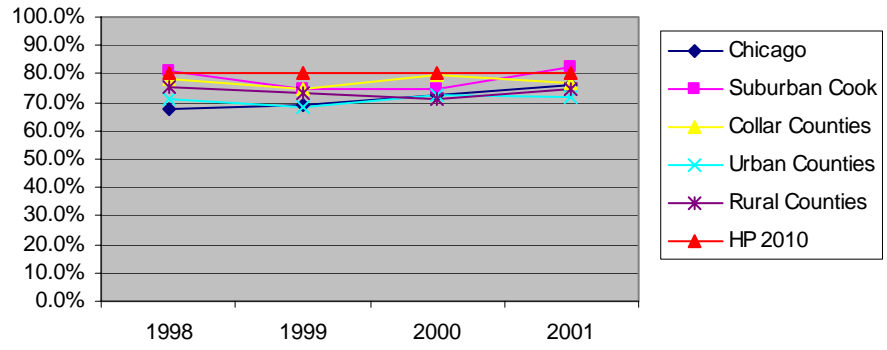
Source: BRFSS

Percentage of Adults Who Have Ever Had Cholesterol Checked- IL By Education



Source: BRFSS

Percentage of Adults Who Have Ever Had Cholesterol Checked- IL By Geographical Region

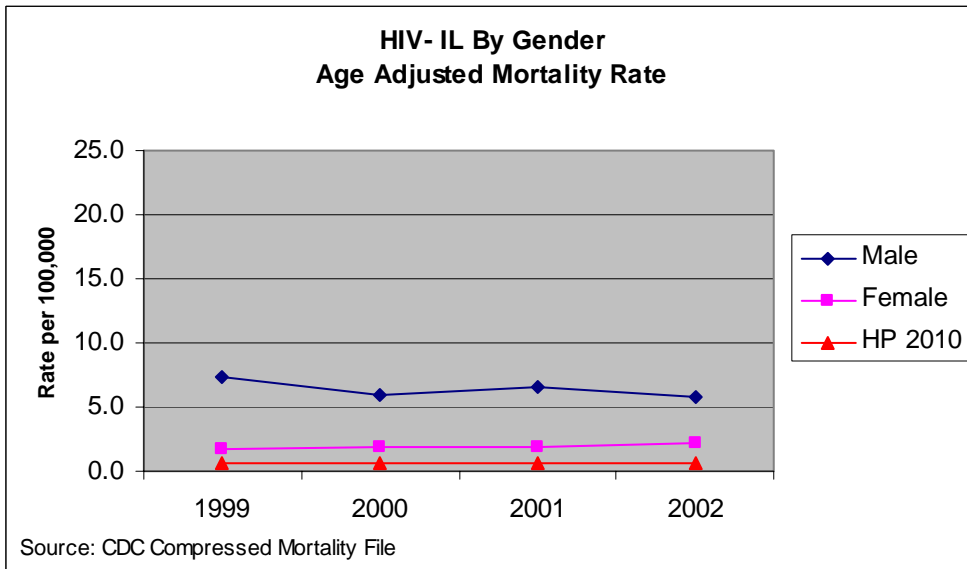
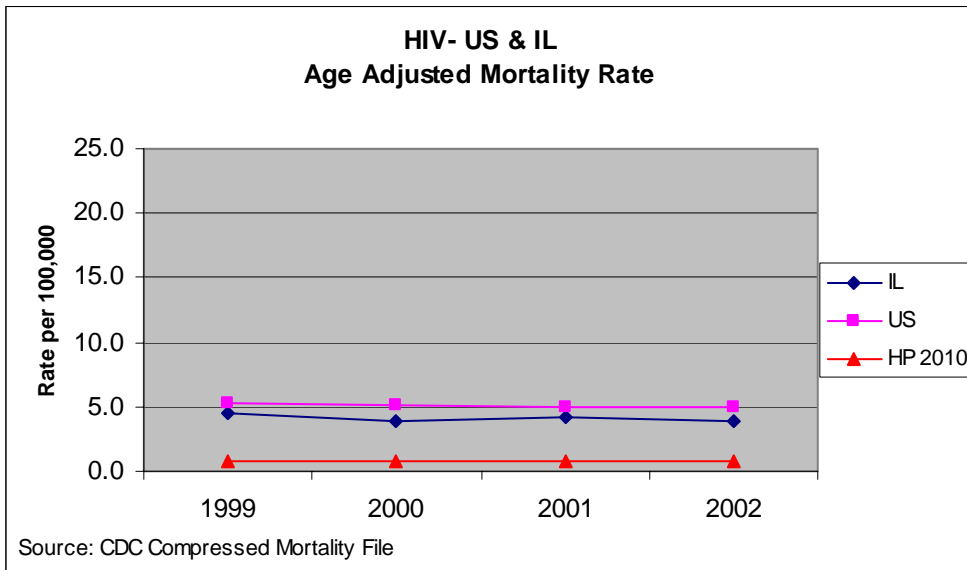


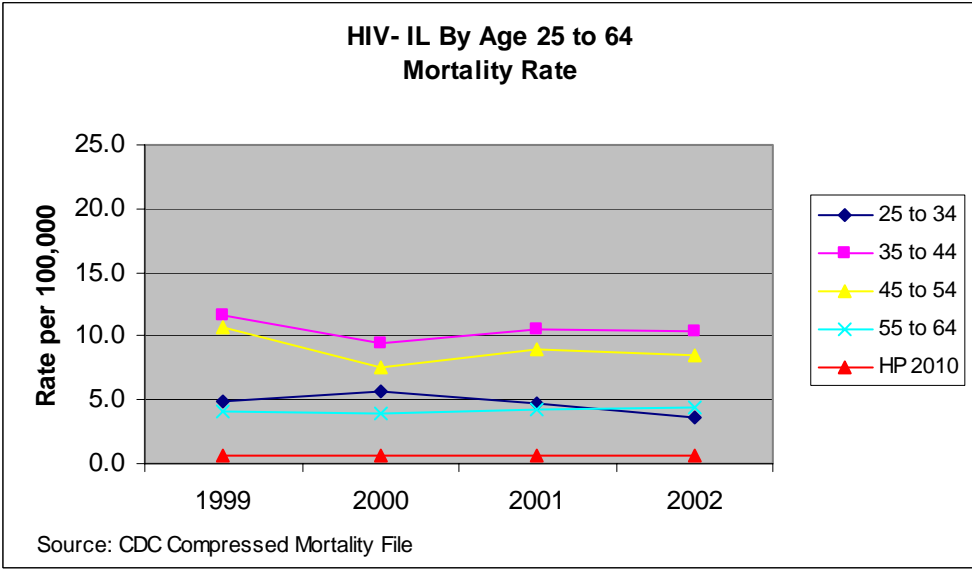
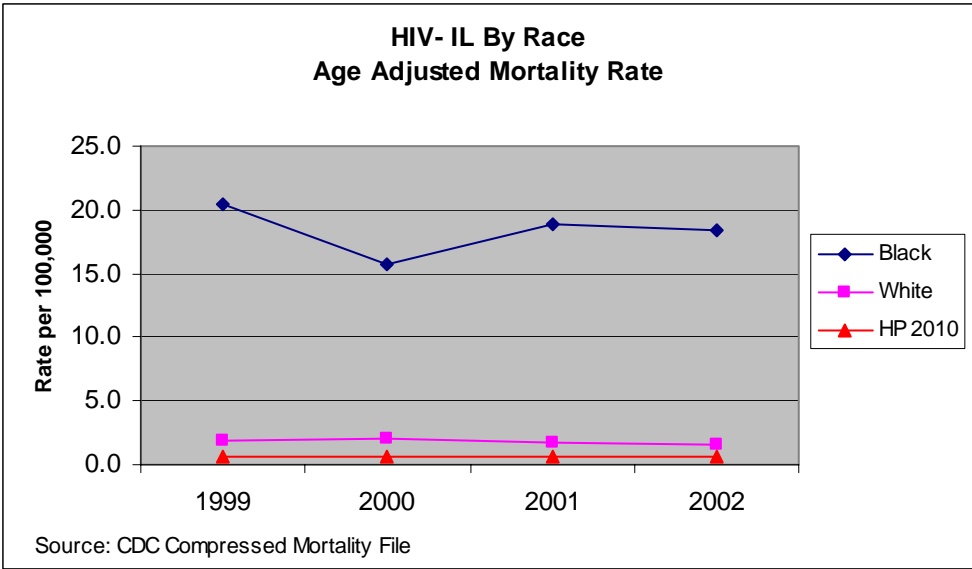
Source: BRFSS

HIV

13-14. Reduce deaths from HIV infection
Measure HIV infection incidence rate

HIV

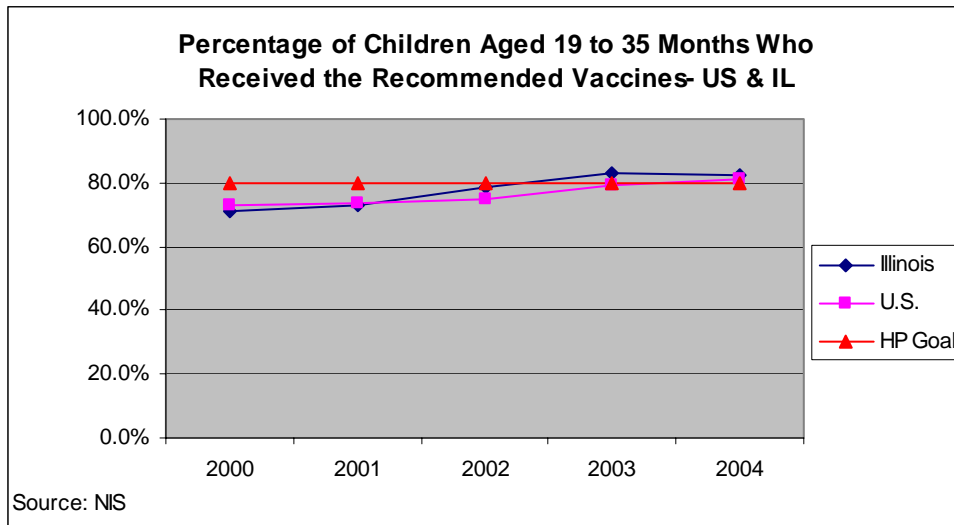




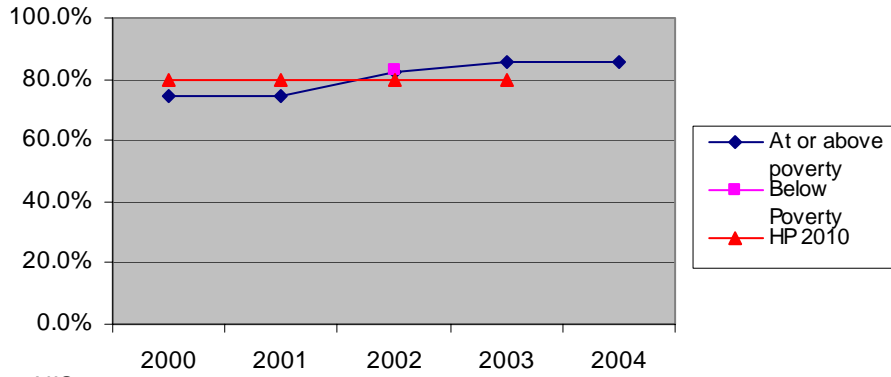
Immunizations

- 14-24a. Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least five years
- Measure Basic series vaccination rates
- 14-29a Increase the proportion of noninstitutionalized adults who are vaccinated annually against influenza
- Measure Percentage of adults that had flu shot in past 12 months
- 14-29b Increase the proportion of noninstitutionalized adults who have ever been vaccinated against pneumococcal disease
- Measure Percentage of adults that have ever had pneumonia vaccination

Children

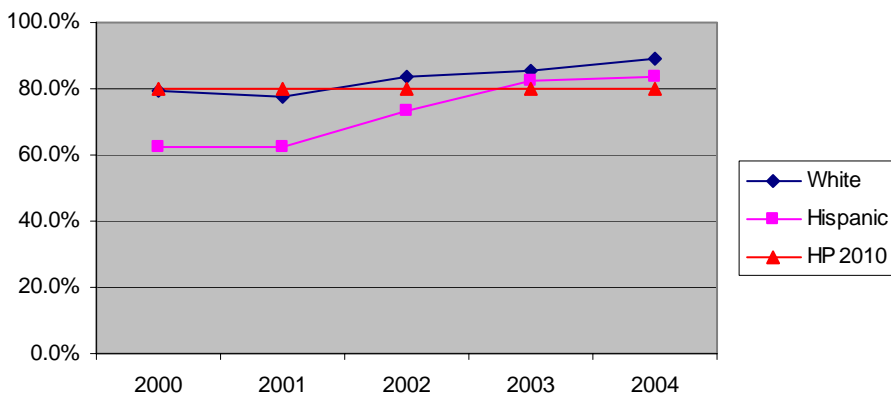


Percentage of Children Aged 19 to 35 Months Who Received the Recommended Vaccines- IL By Poverty Status

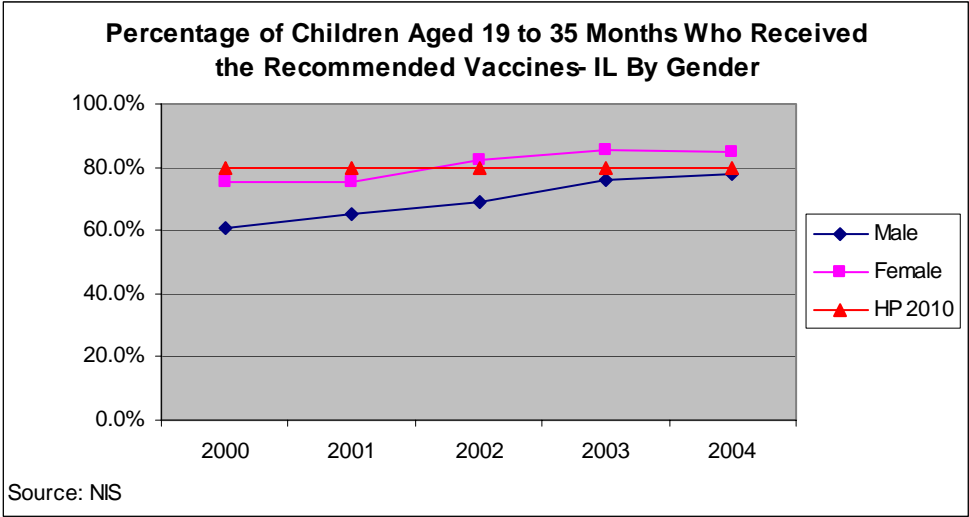


Source: NIS

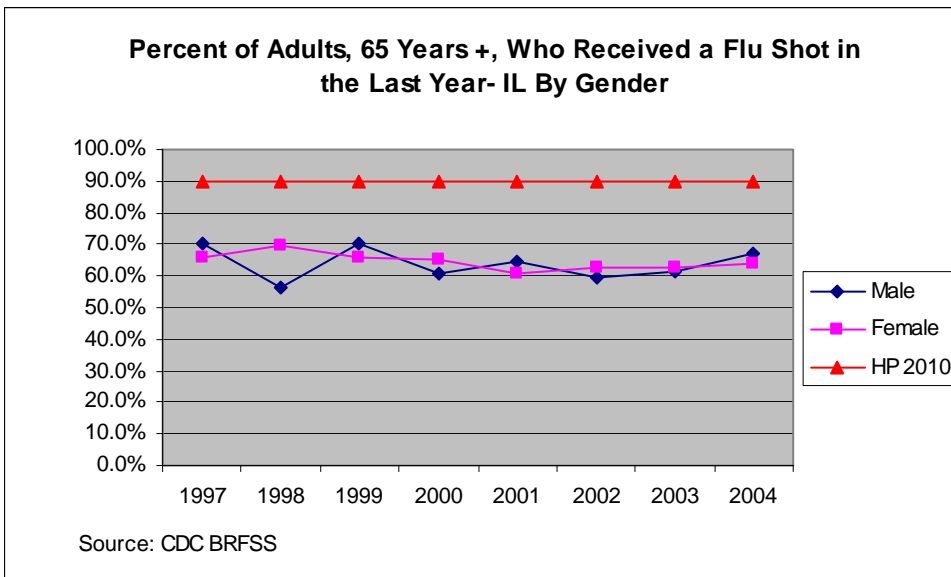
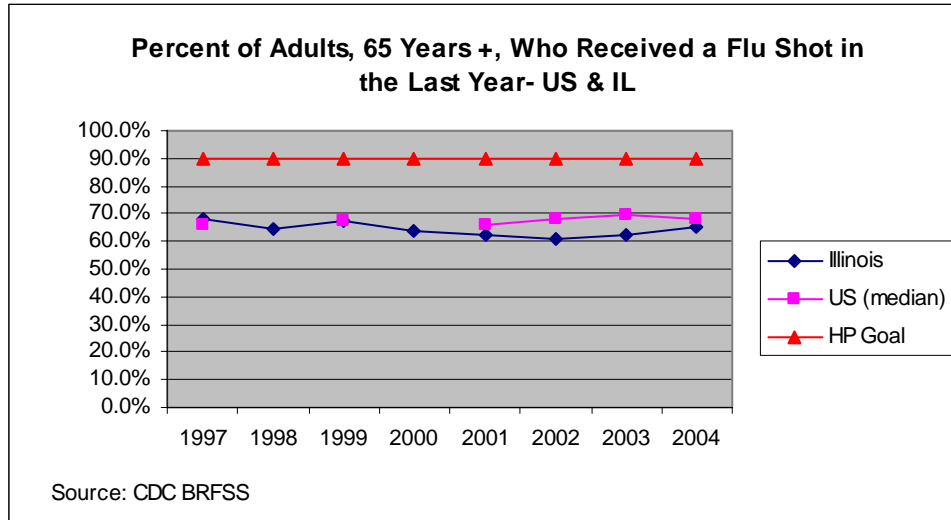
Percentage of Children Aged 19 to 35 Months Who Received the Recommended Vaccines- IL White & Hispanic



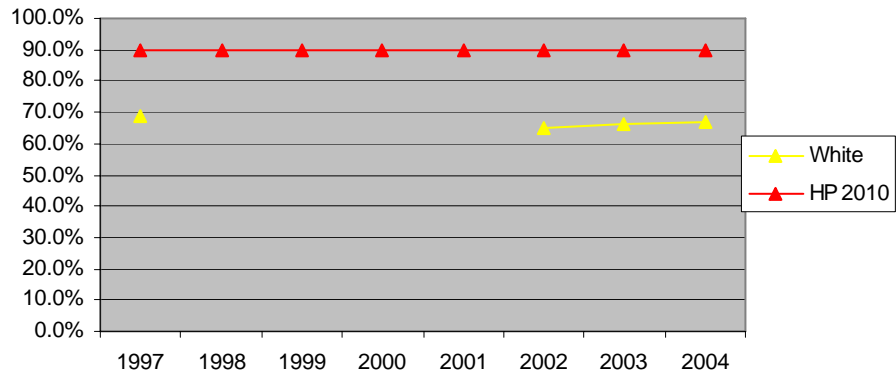
Source: NIS



Adults- Flu Shot

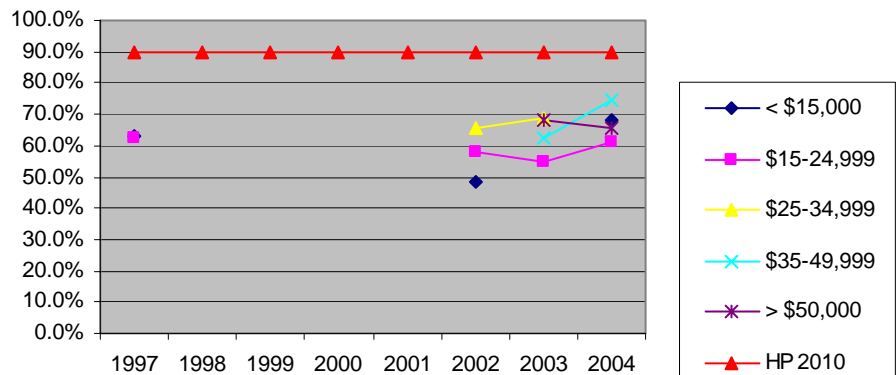


Percent of Adults, 65 Years +, Who Received a Flu Shot in the Last Year- IL By Race



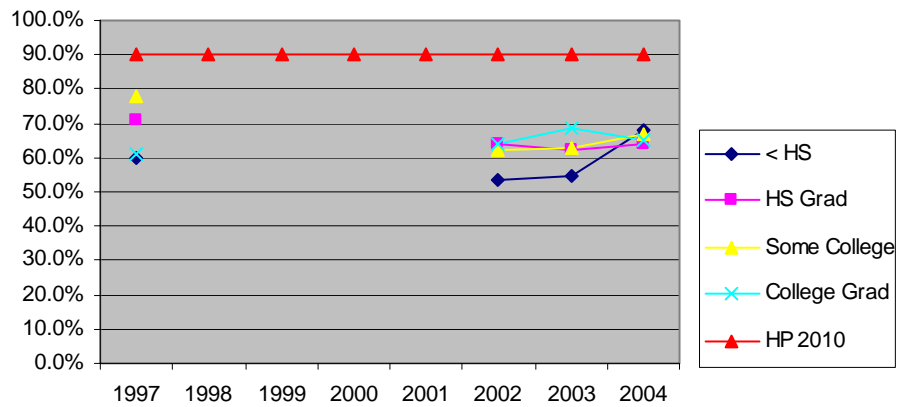
Source: CDC BRFSS

Percent of Adults, 65 Years +, Who Received a Flu Shot in the Last Year- IL By Income



Source: CDC BRFSS

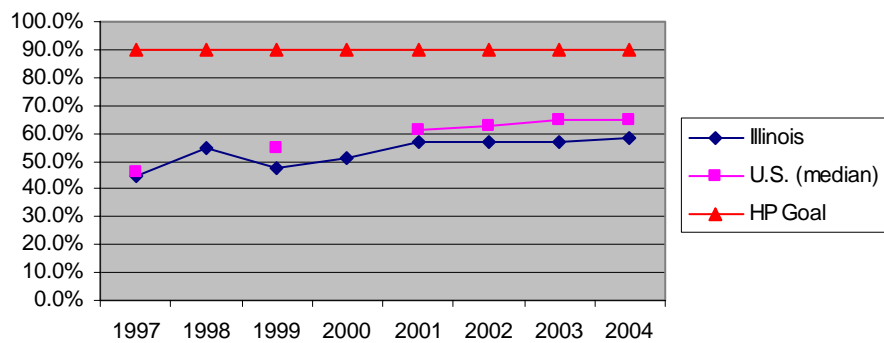
Percent of Adults, 65 Years +, Who Received s Flu Shot in the Last Year- IL By Education



Source: CDC BRFSS

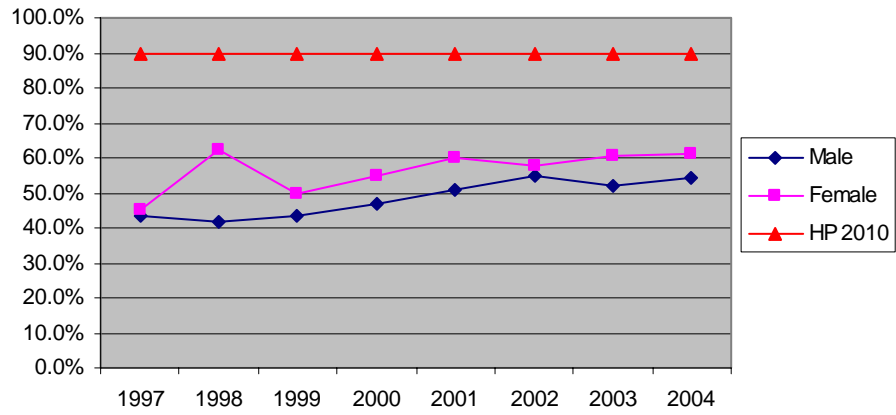
Pneumonia Vaccine

Percent of Adults, 65 Years +, Who Have Ever Received a Pneumococcal Vaccine- US & IL



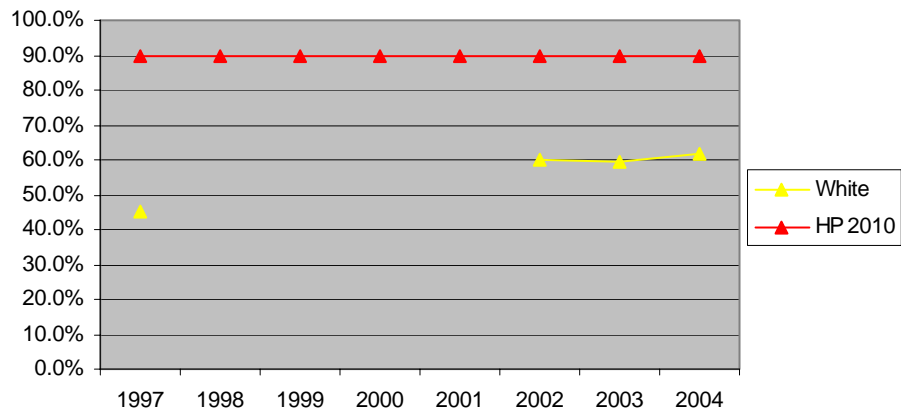
Source: CDC BRFSS

Percent of Adults, 65 Years +, Who Have Ever Received a Pneumococcal Vaccine- IL By Gender



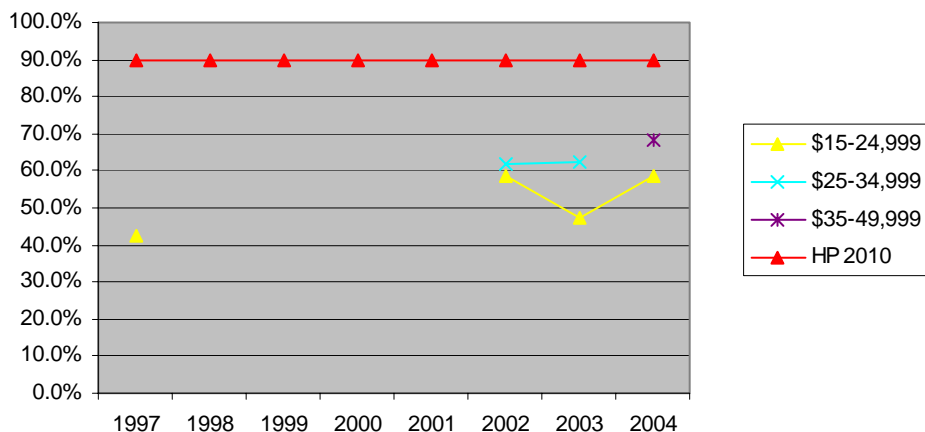
Source: CDC BRFSS

Percent of Adults, 65 Years +, Who Have Ever Received a Pneumococcal Vaccine- IL By Race



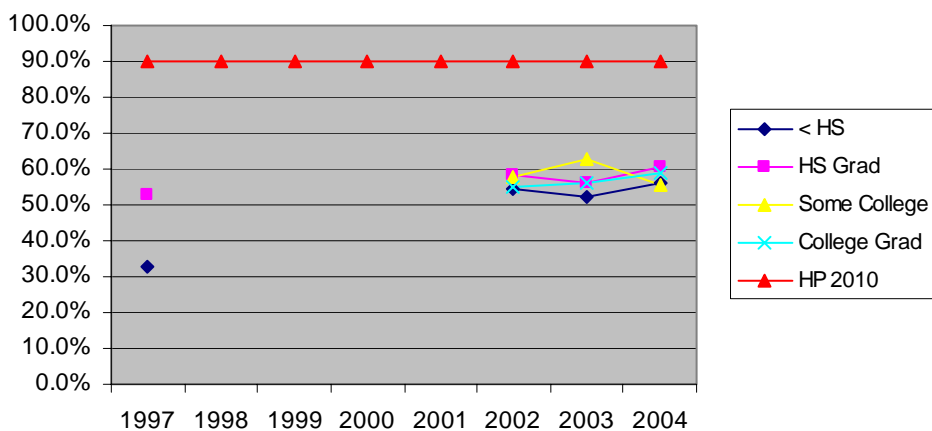
Source: CDC BRFSS

Percent of Adults, 65 Years +, Who Have Ever Received a Pneumococcal Vaccine- IL By Income



Source: CDC BRFSS

Percent of Adults, 65 Years +, Who Have Ever Received a Pneumococcal Vaccine- IL By Education

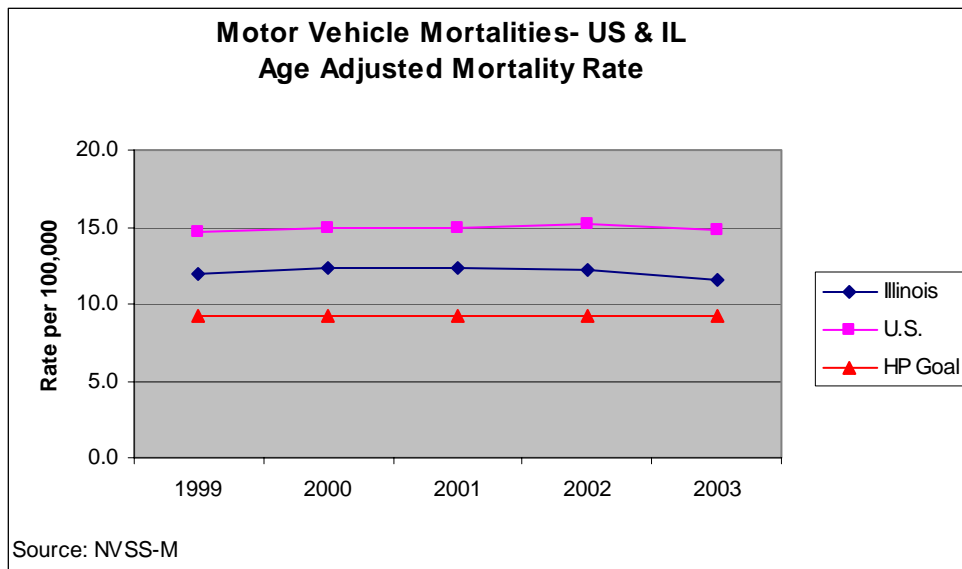


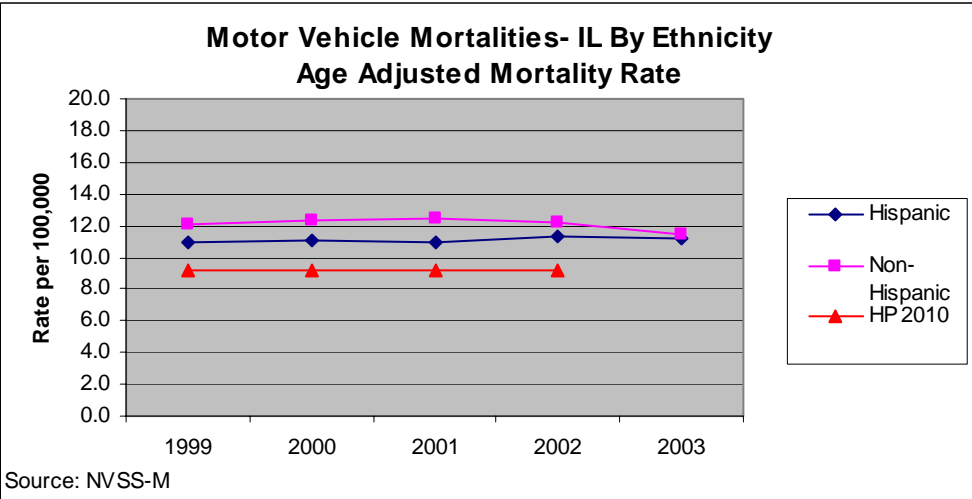
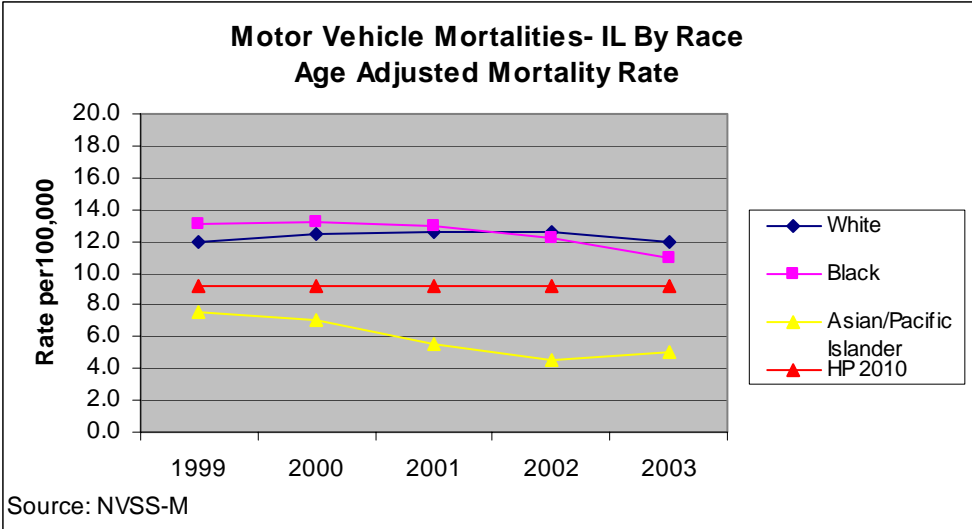
Source: CDC BRFSS

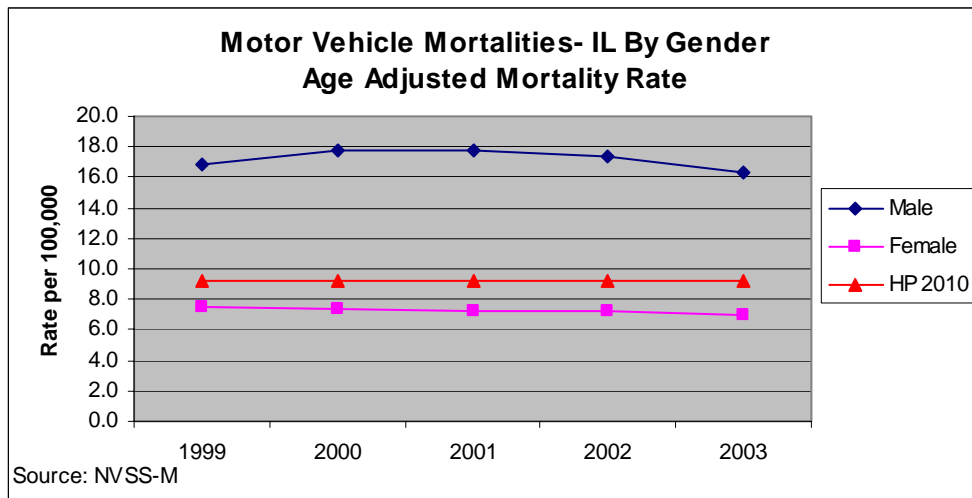
Injury and Violence

15-15a.	Reduce deaths caused by motor vehicle crashes
Measure	Motor vehicle mortality rates
15-32.	Reduce homicides
Measure	Homicide rate
15-38	Reduce physical fighting among adolescents
Measure	Percentage of high school students who were in a physical fight
	Reduce violence related injuries
Measure	Violence related hospitalization rate

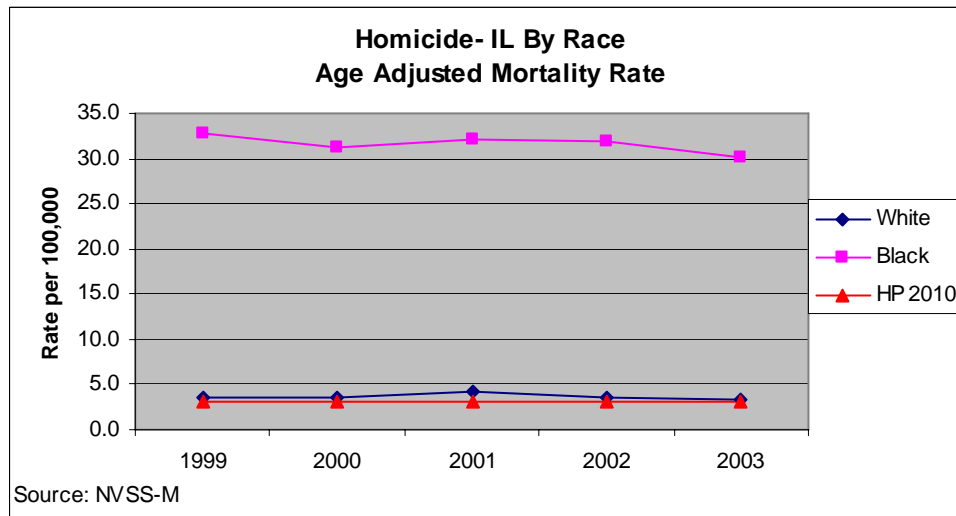
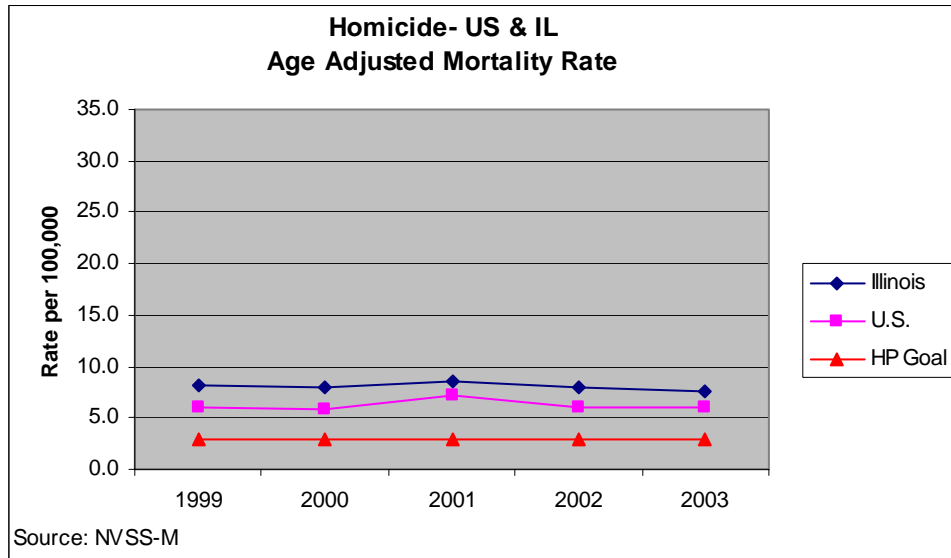
Motor Vehicle Crashes

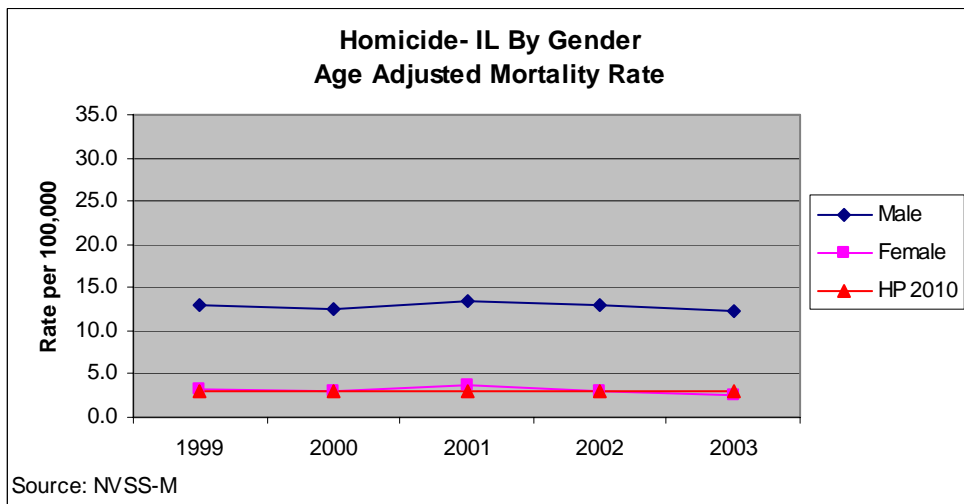
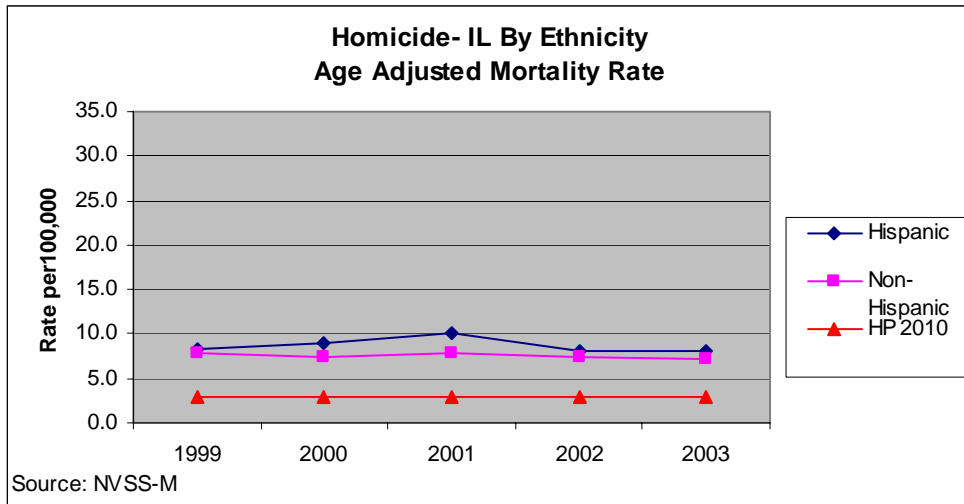




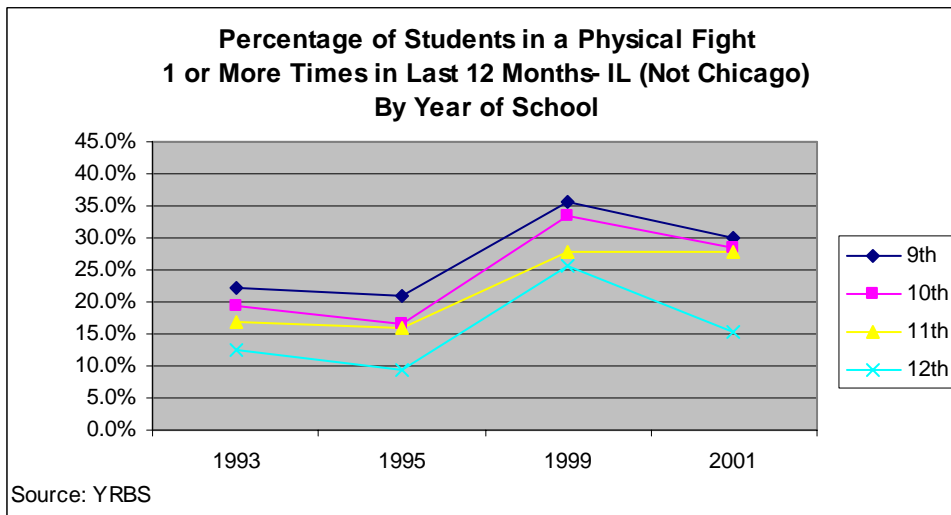
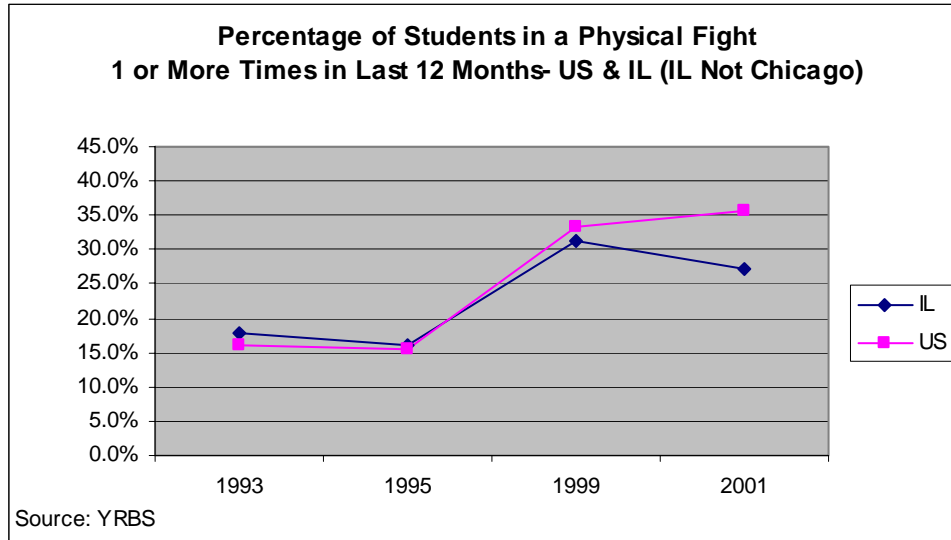


Homicide

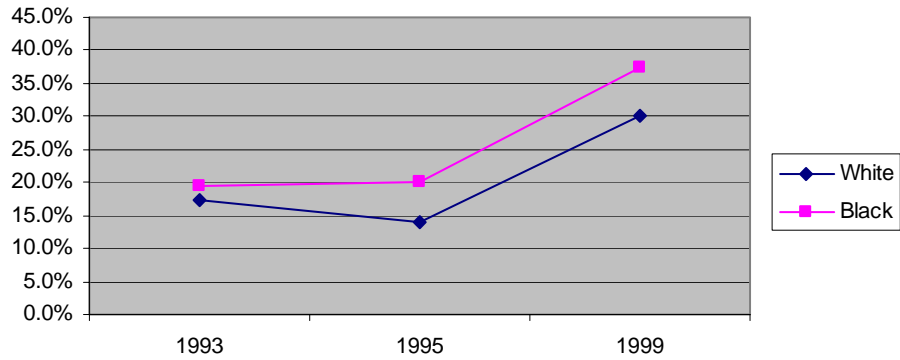




High School Fighting- Illinois Excluding Chicago

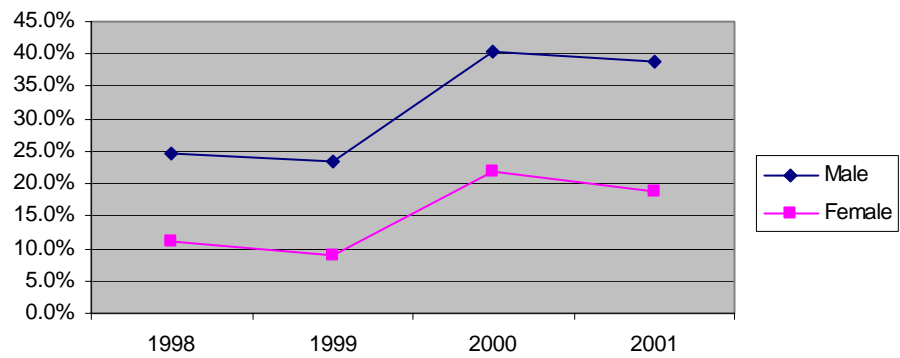


**Percentage of Students in a Physical Fight
1 or More Times in Last 12 Months- IL (Not Chicago)
By Race**



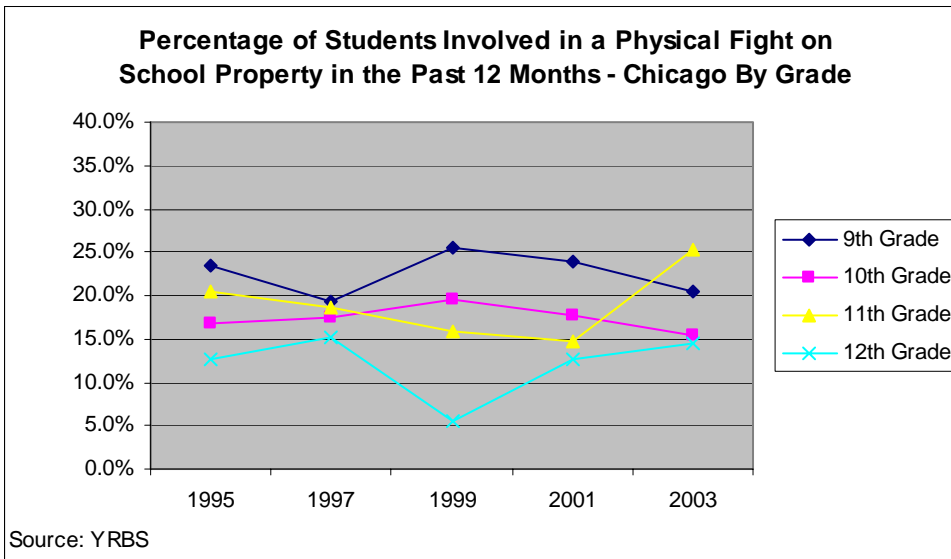
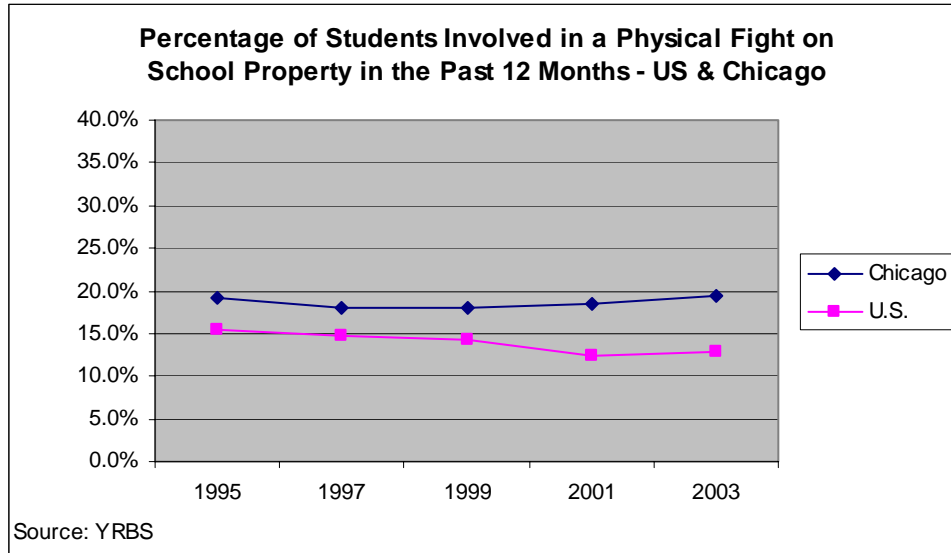
Source: YRBS

**Percentage of Students in a Physical Fight
1 or More Times in Last 12 Months- IL (Not Chicago)
By Gender**

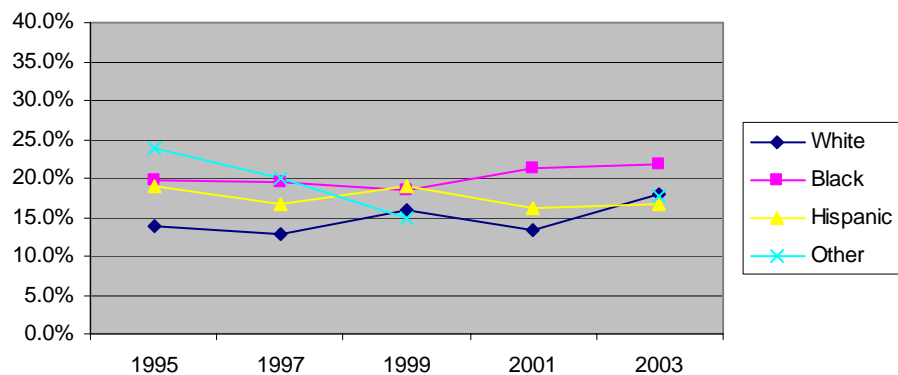


Source: YRBS

High School Fighting- Chicago

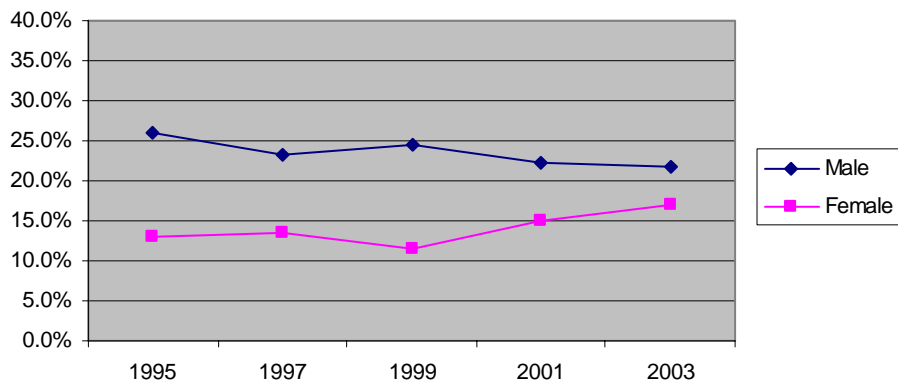


Percentage Of Students Involved in a Physical Fight on School Property in the Past 12 Months - Chicago By Race



Source: YRBS

Percentage of Students Involved in a Physical Fight on School Property in the Past 12 Months - Chicago By Gender

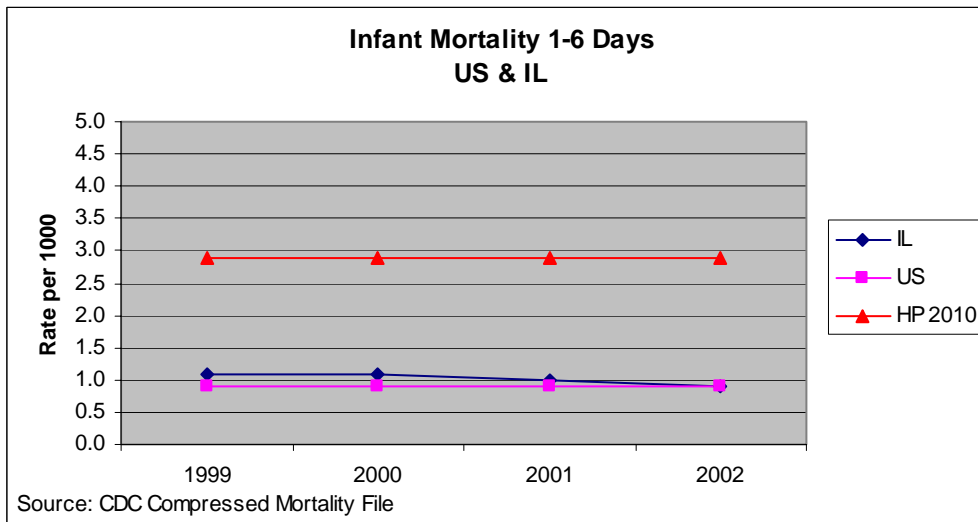
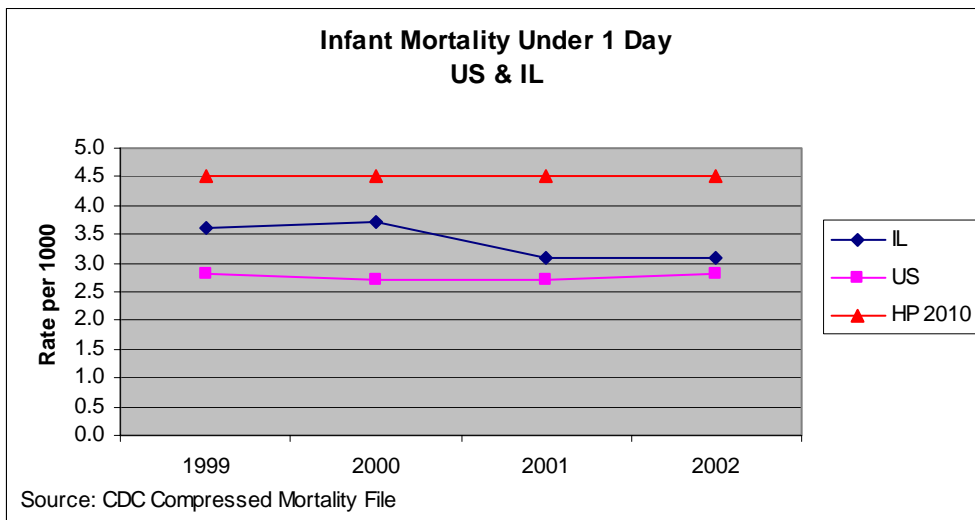


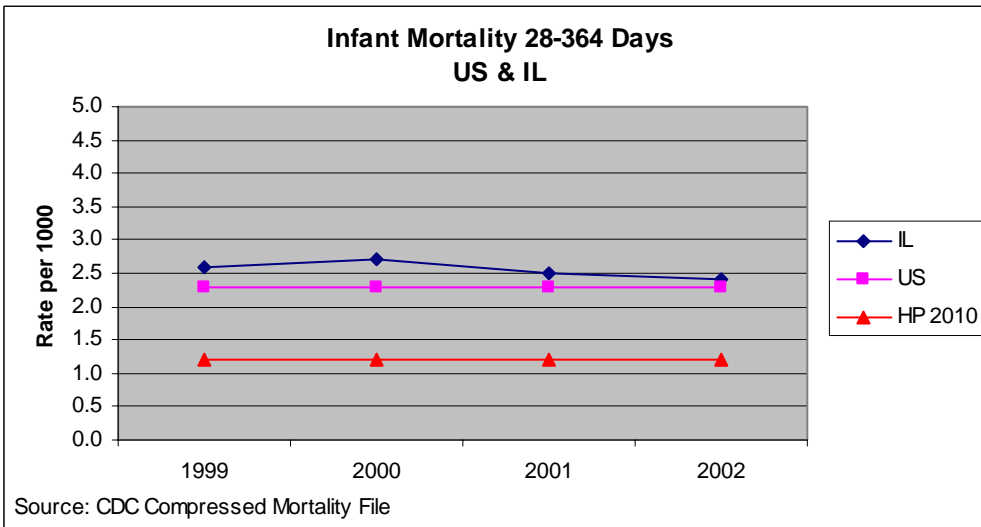
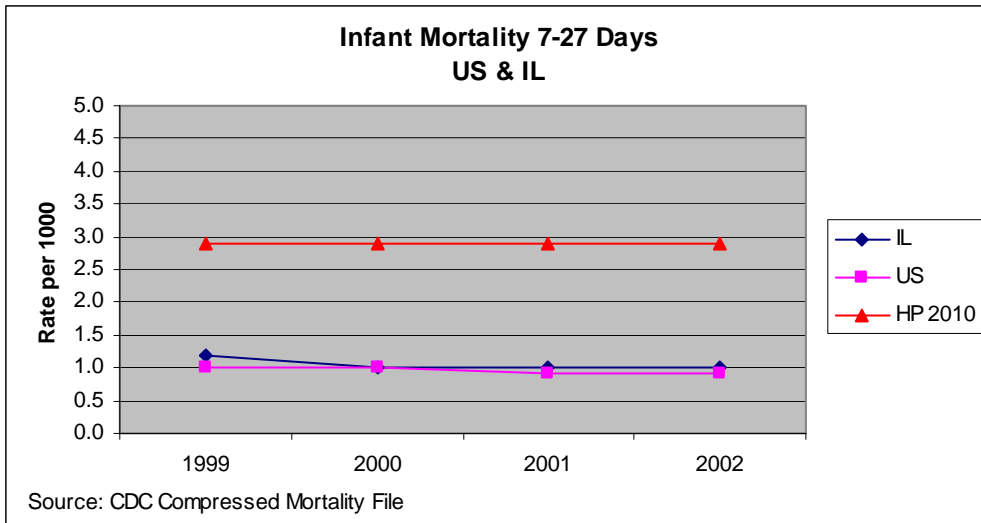
Source: YRBS

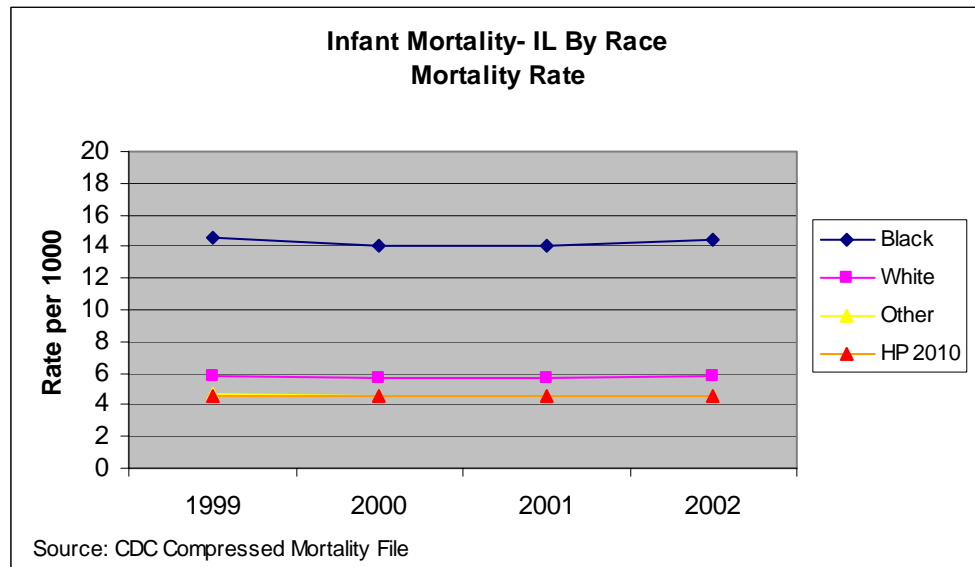
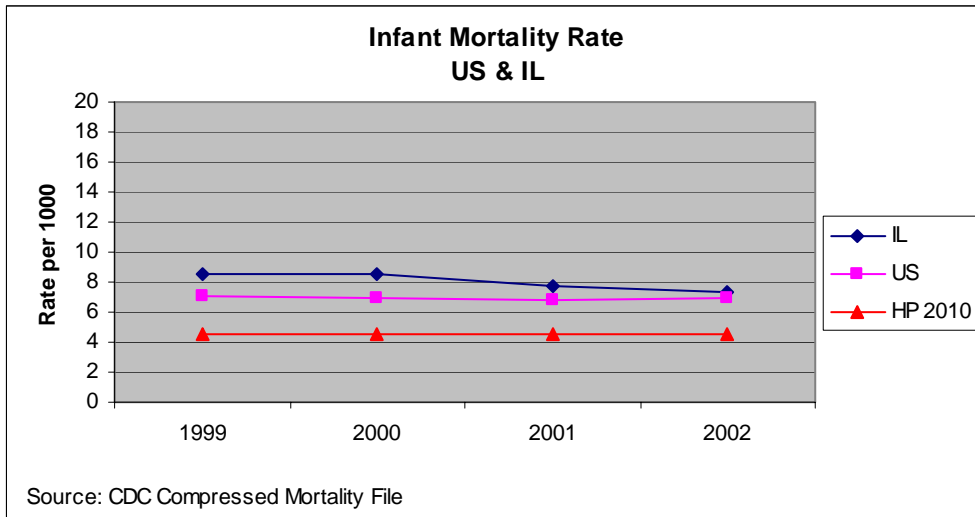
Maternal, Infant and Child Health

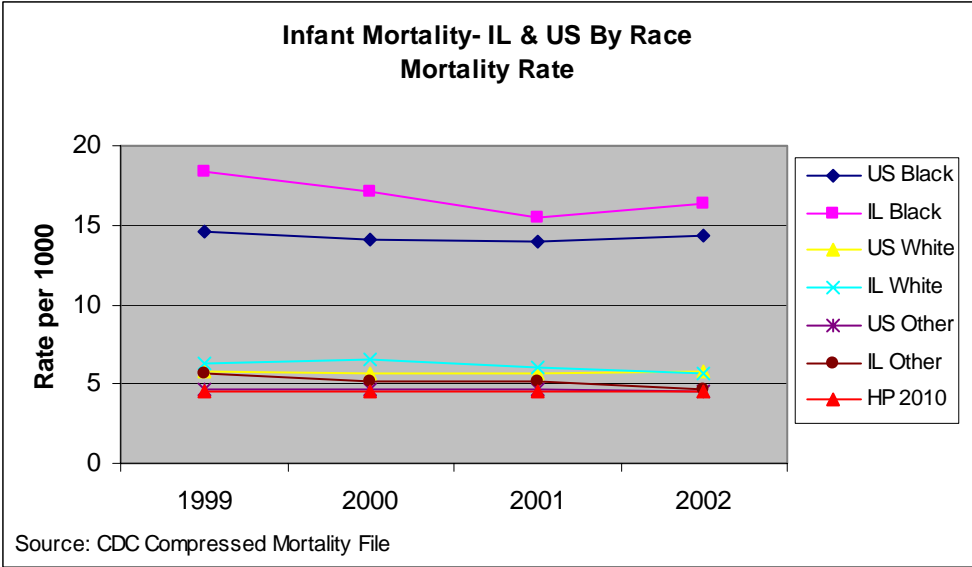
- 16-1. Reduce fetal and infant deaths
- Measure Fetal and infant mortality rate
- 16-10.a Reduce low birth weight (LBW) and very low birth weight (VLBW)
- Measure LBW rate
- 16-10.b. Reduce very low birth weight (VLBW)
- Measure VLBW rate

Infant Death

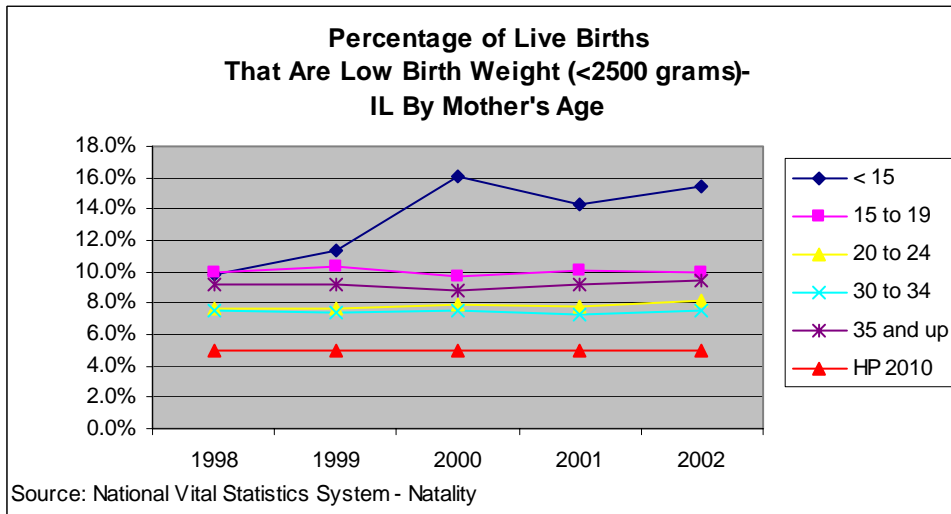
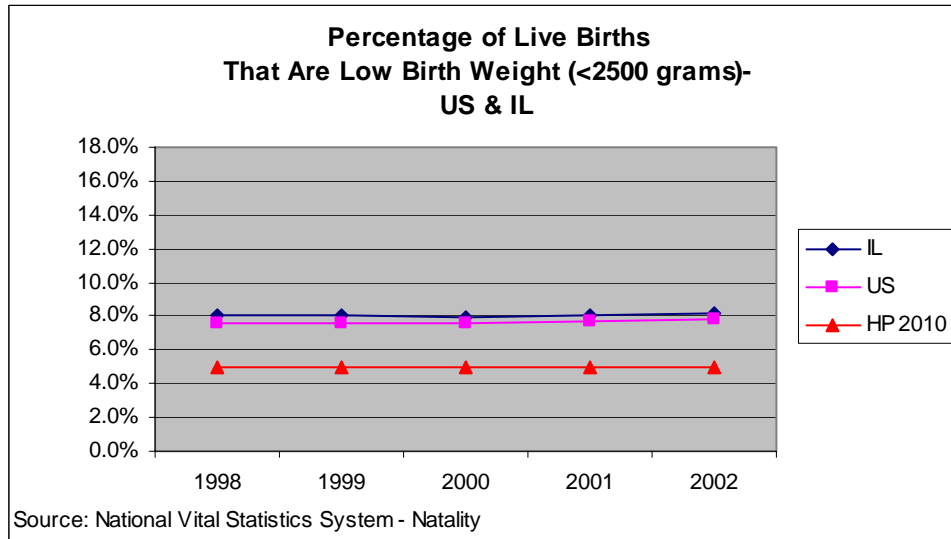


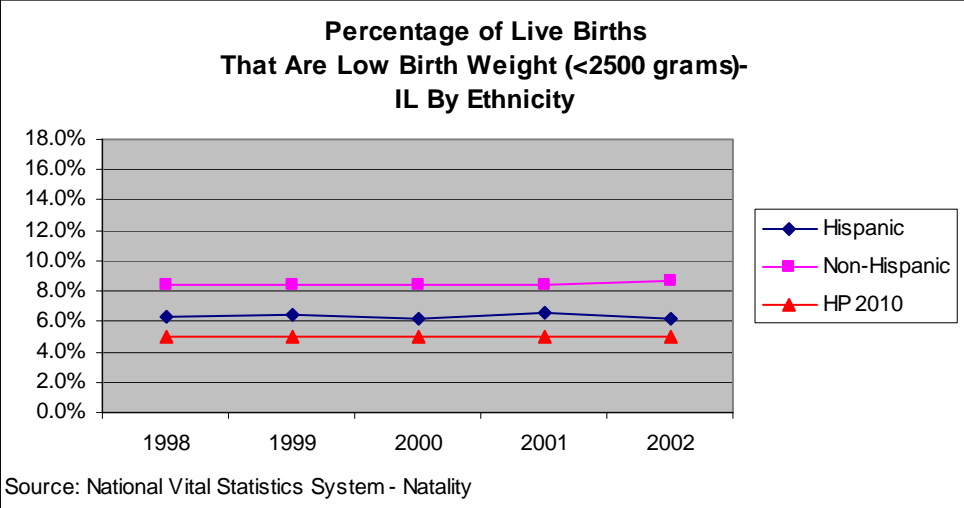
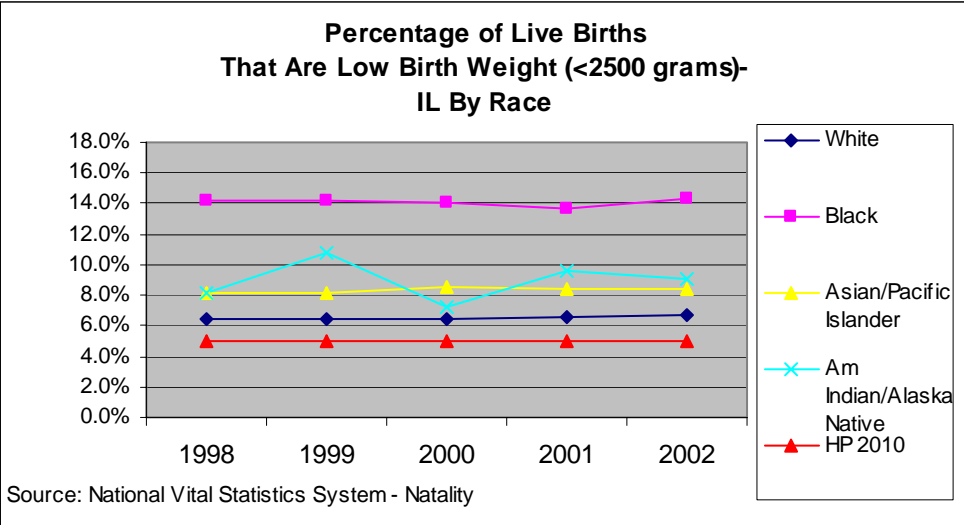




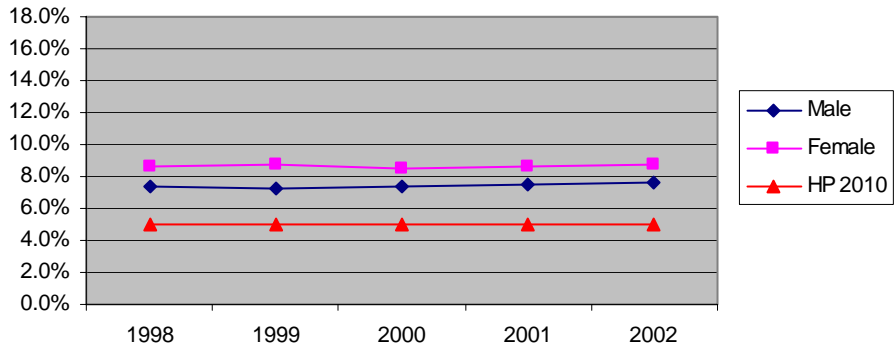


Low Birth Weight



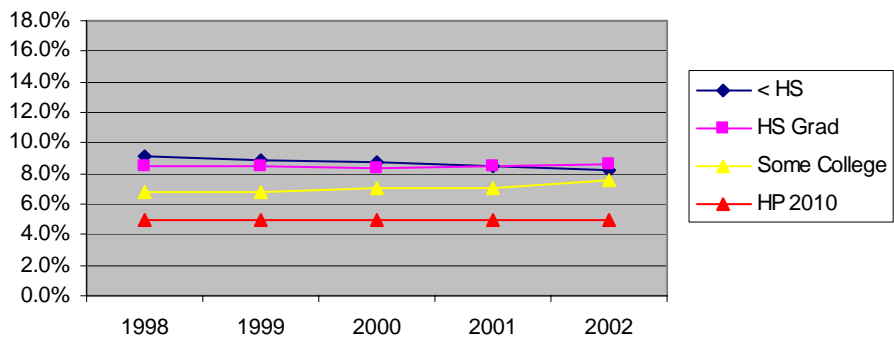


**Percentage of Live Births
That Are Low Birth Weight (<2500 grams)-
IL By Baby's Gender**



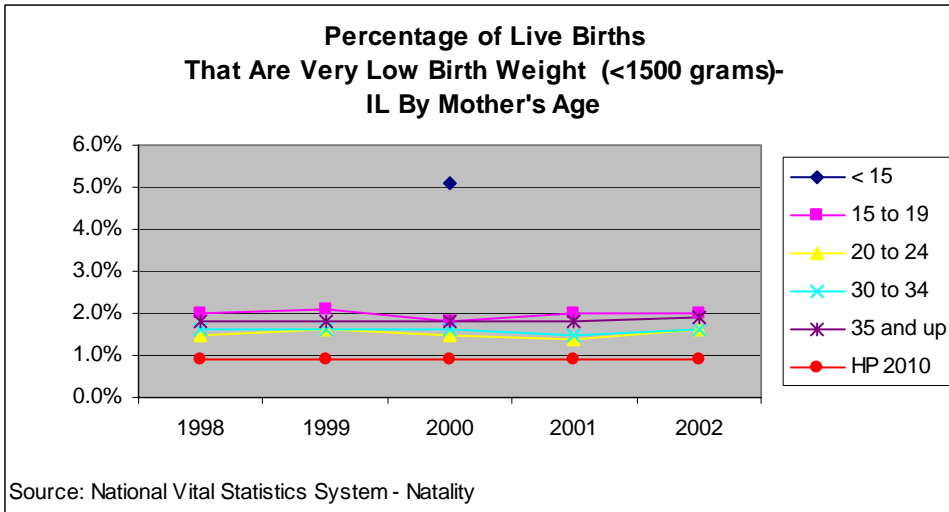
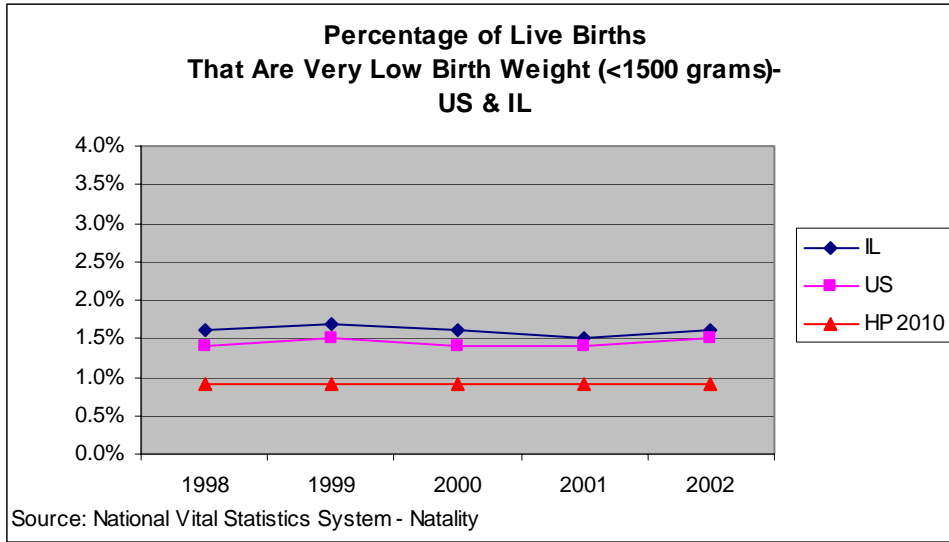
Source: National Vital Statistics System - Natality

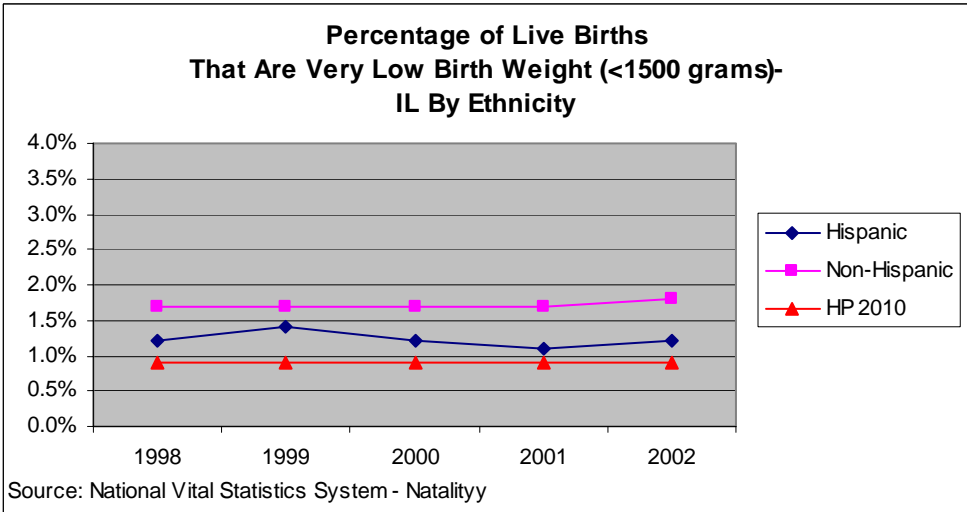
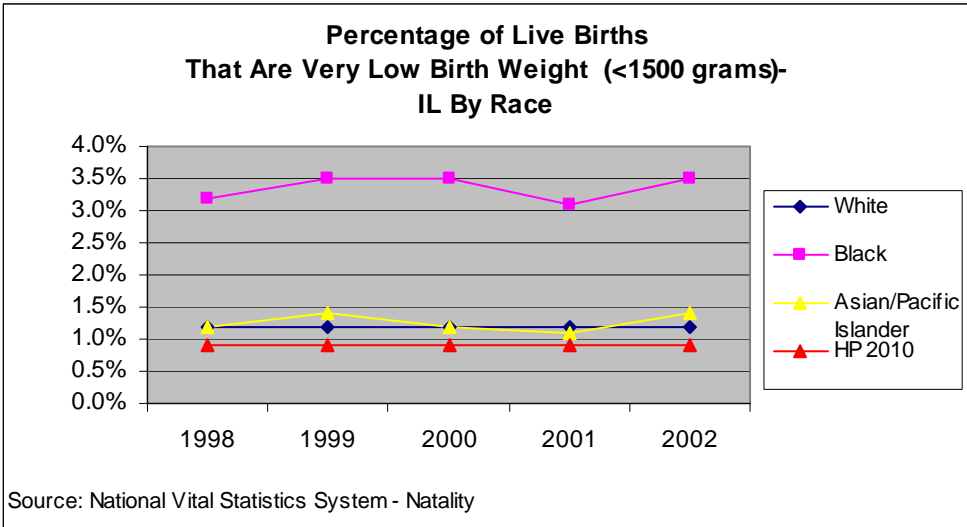
**Percentage of Live Births
That Are Low Birth Weight (<2500 grams)- IL By Education**



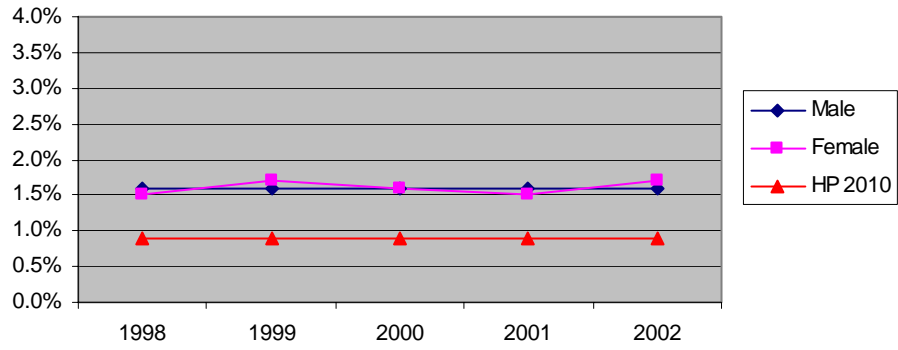
Source: National Vital Statistics System - Natality

Very Low Birth Weight



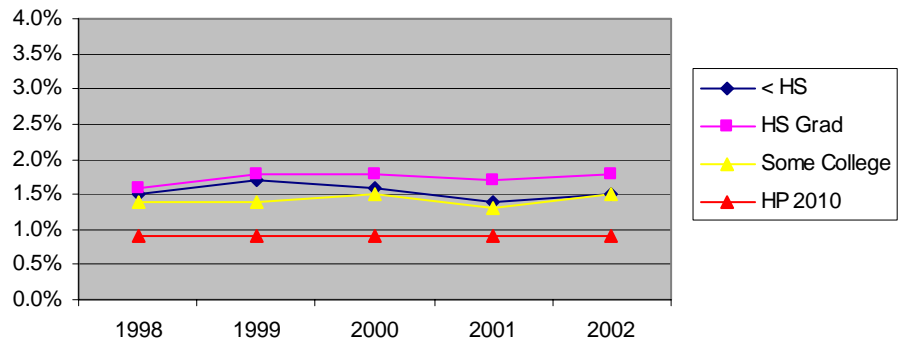


**Percentage of Live Births
That Are Very Low Birth Weight (<1500 grams)-
IL By Baby's Gender**



Source: National Vital Statistics System - Natality

**Percentage of Live Births
That Are Very Low Birth Weight (<1500 grams)-
IL By Education**

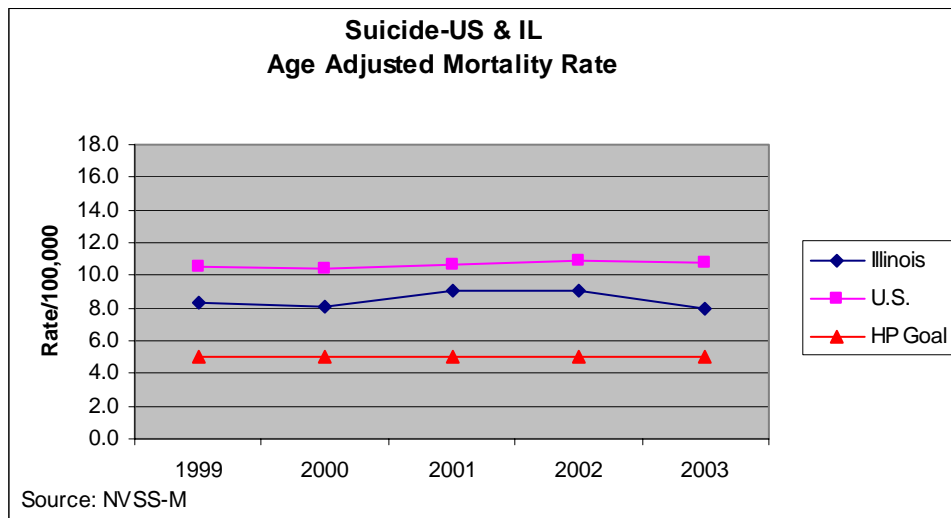


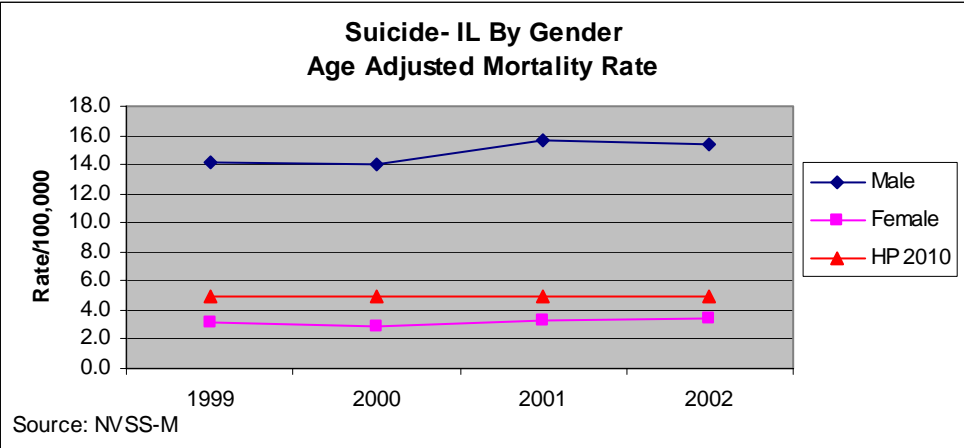
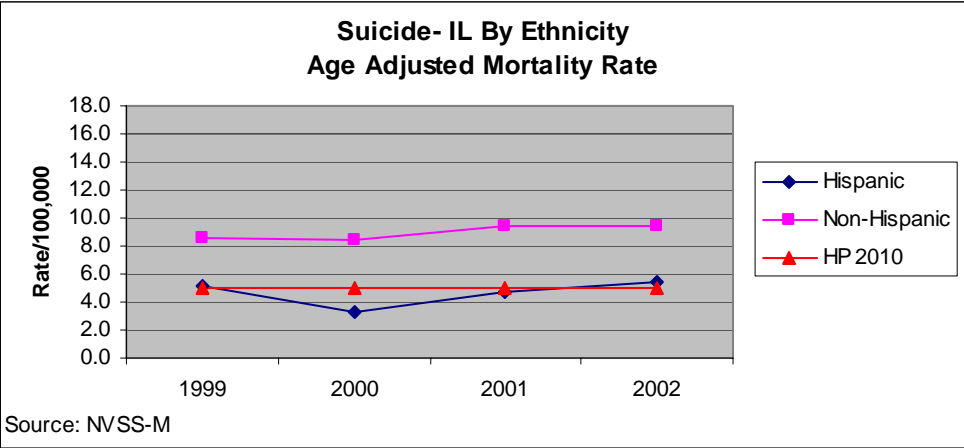
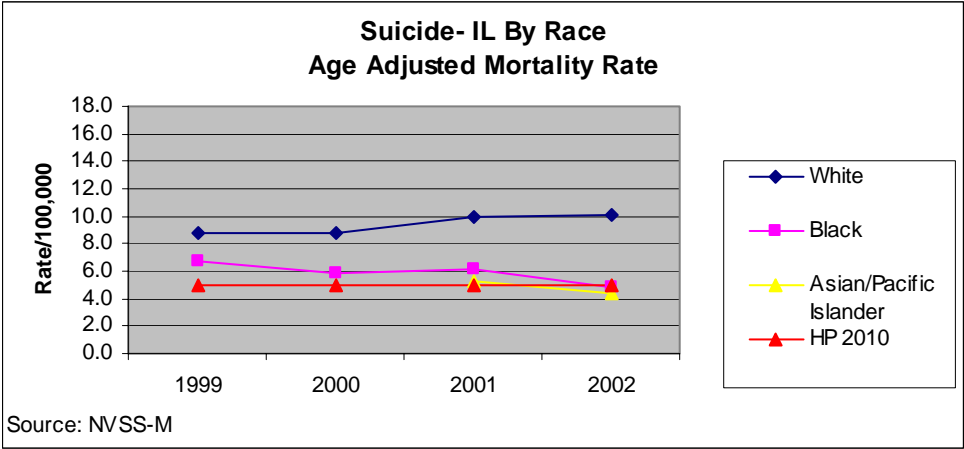
Source: National Vital Statistics System - Natality

Mental Health

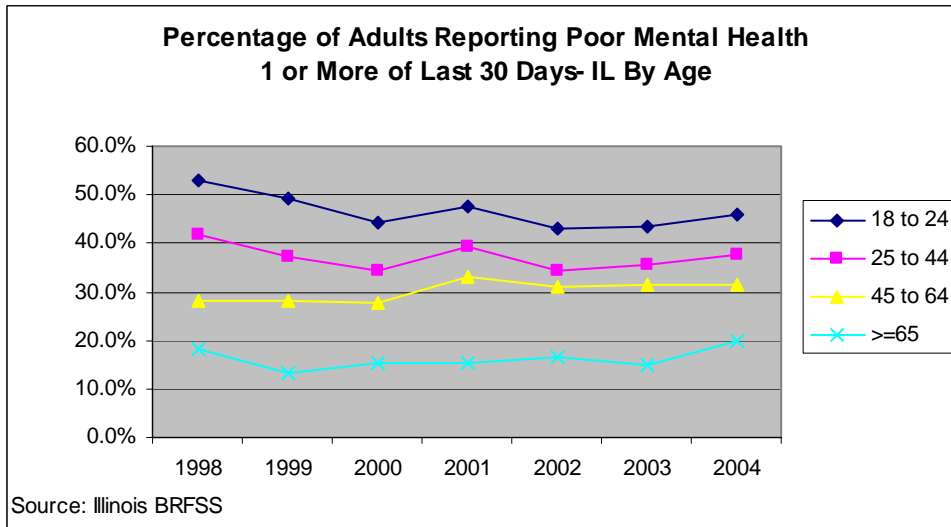
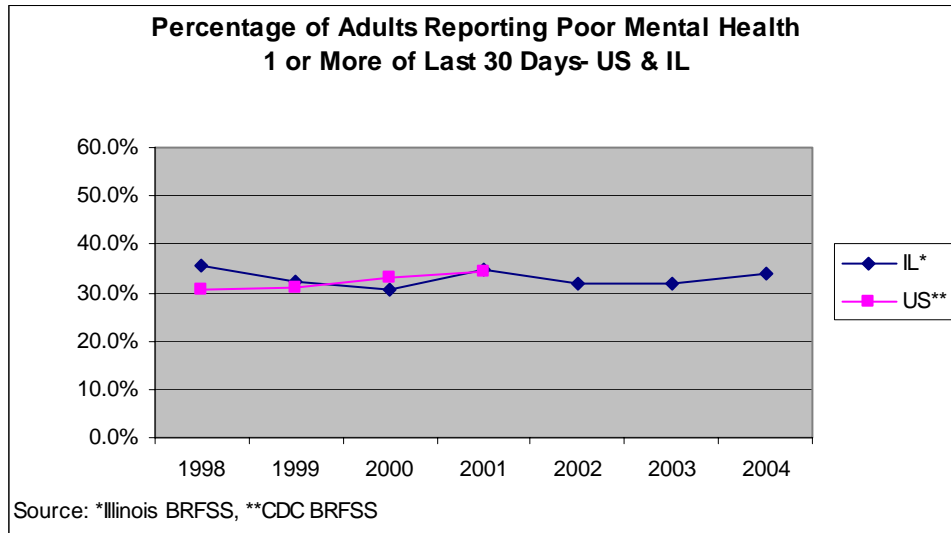
18-1	Reduce the suicide rate
Measure	Suicide rate
18-9b.	Increase the proportion of adults with recognized depression who receive treatment
Measure	Not currently collected
	Days during the past 30 days mental health not good
Measure	Percentage of adults who reported having poor mental health one or more days in the past 30 days
	Adolescent mental health
Measure	Percentage of high school students that felt so sad or hopeless almost every day for >two weeks in a row that they stopped doing some usual activities

Suicide

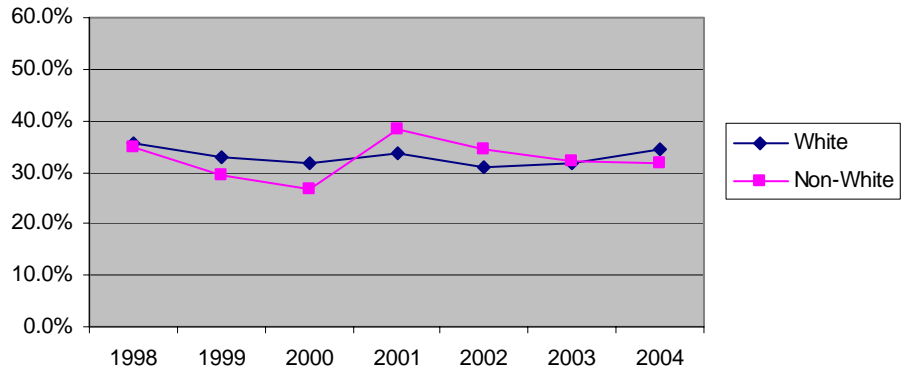




Poor Mental Health

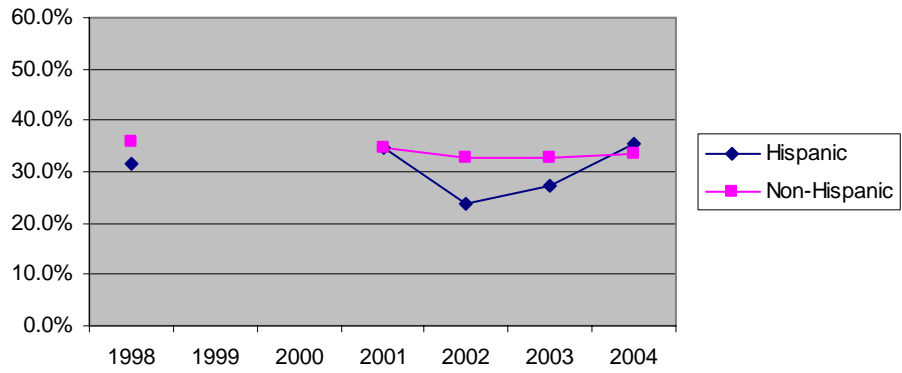


**Percentage of Adults Reporting Poor Mental Health
1 or More of Last 30 Days- IL By Race**



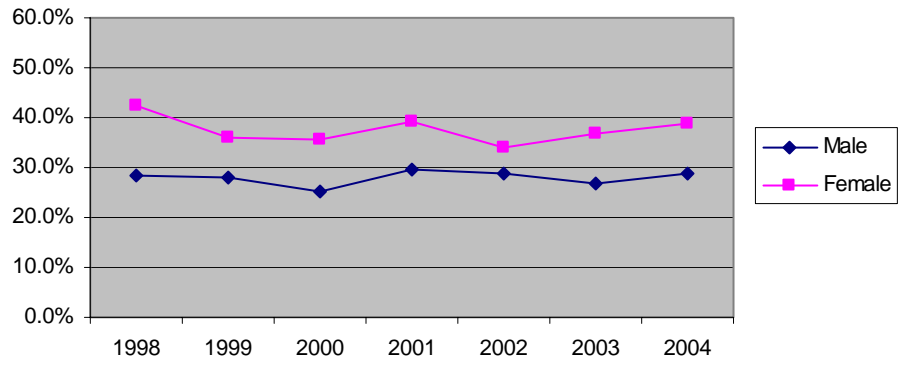
Source: Illinois BRFSS

**Percentage of Adults Reporting Poor Mental Health
1 or More of Last 30 Days- IL By Ethnicity**



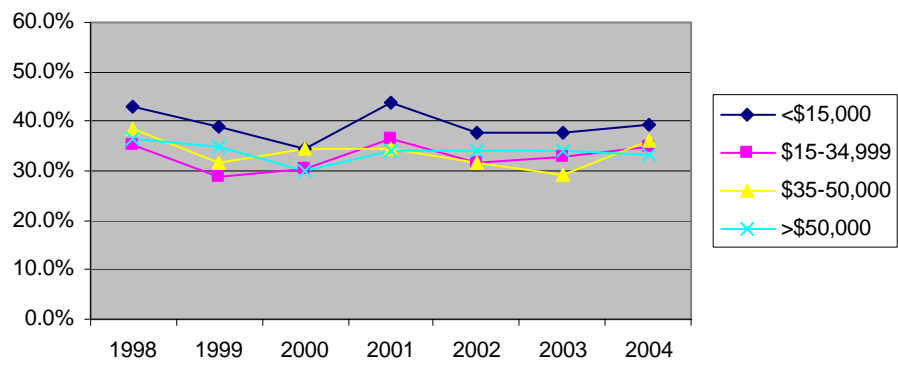
Source: Illinois BRFSS

**Percentage of Adults Reporting Poor Mental Health
1 or More of Last 30 Days- IL By Gender**

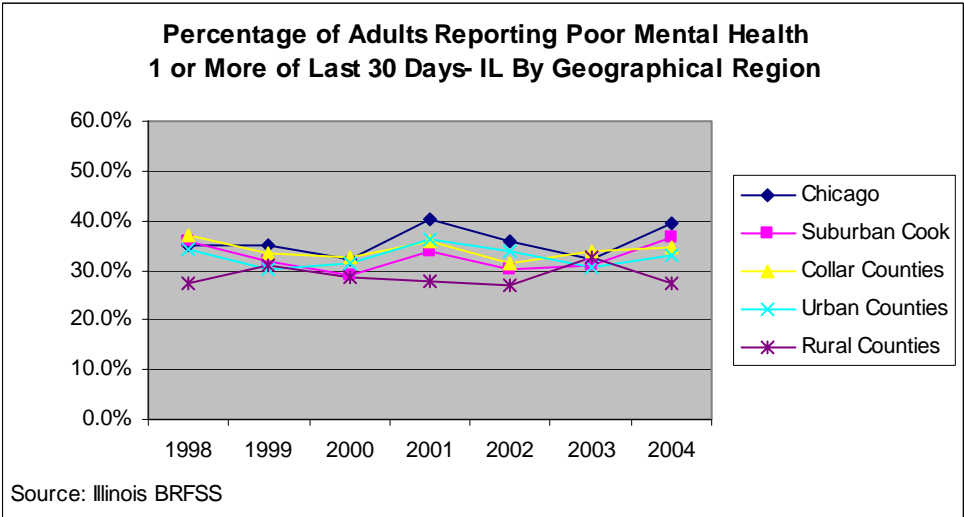
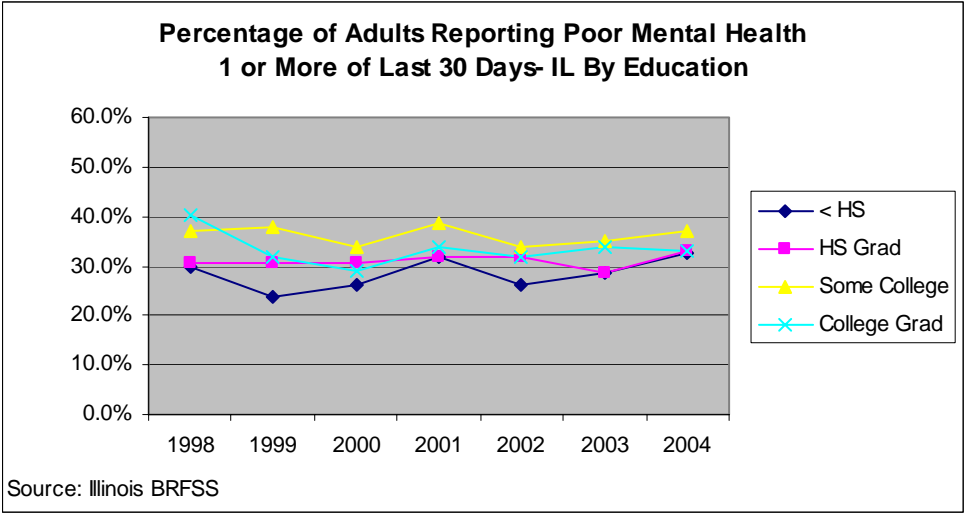


Source: Illinois BRFSS

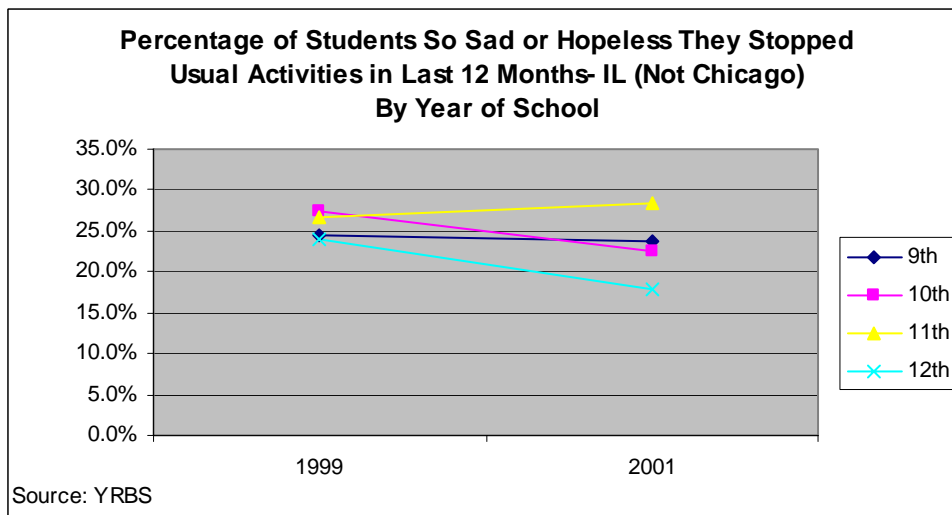
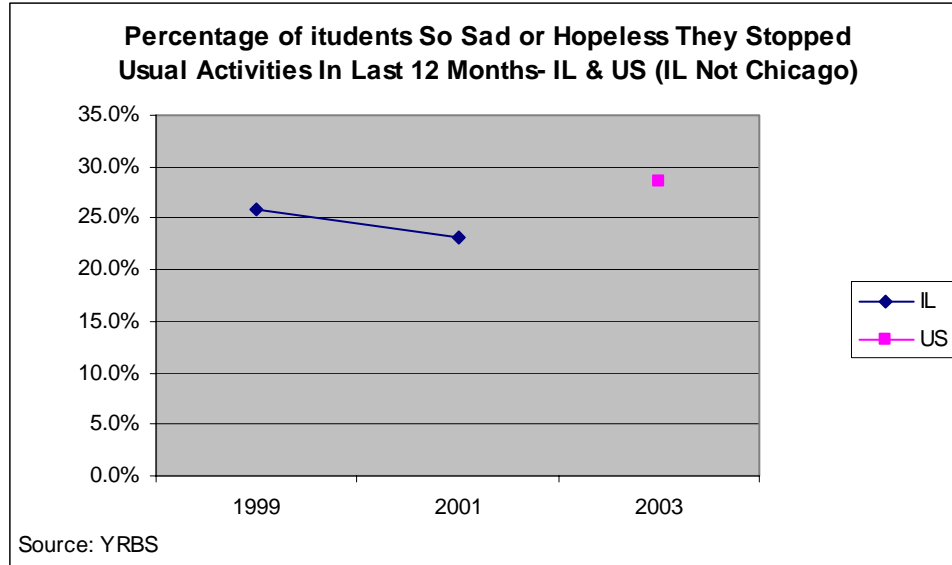
**Percentage of Adults Reporting Poor Mental Health
1 or More of Last 30 Days- IL By Income**

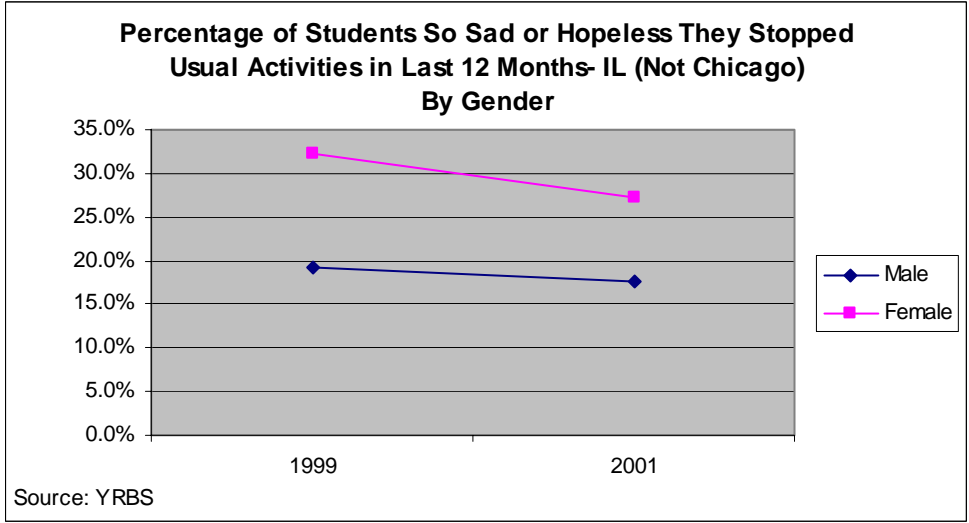
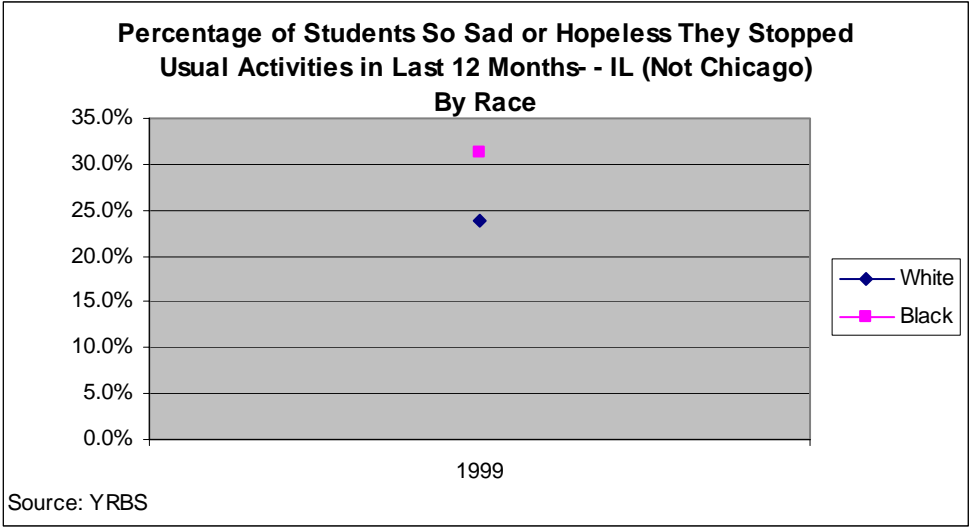


Source: Illinois BRFSS



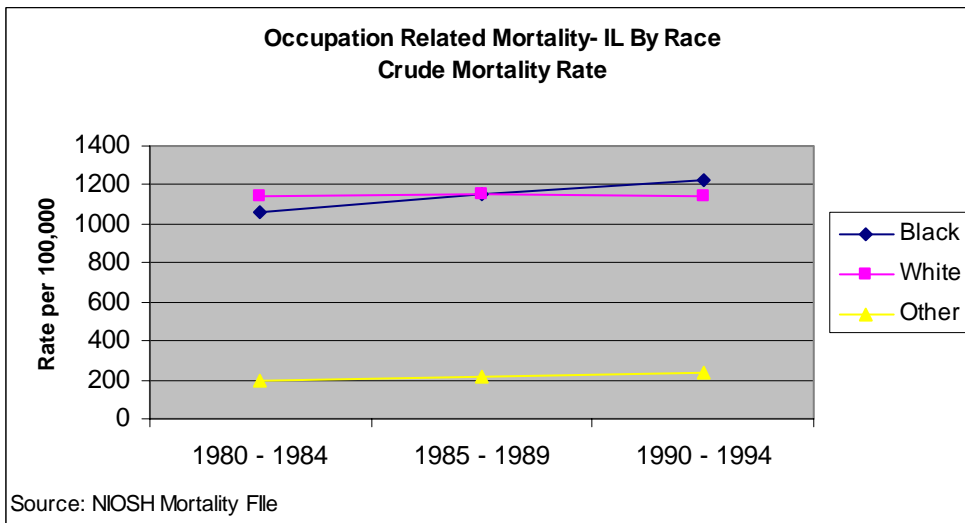
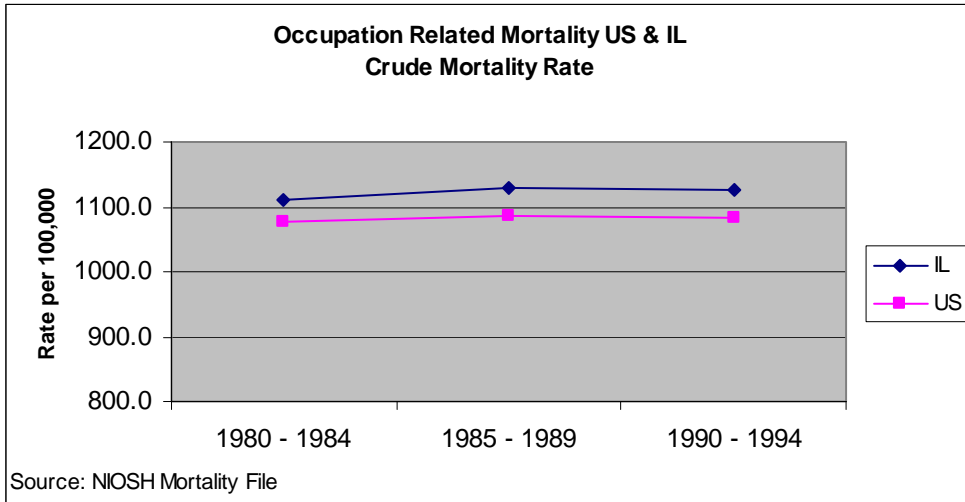
Youth Feeling Sad or Hopeless- Illinois Excluding Chicago



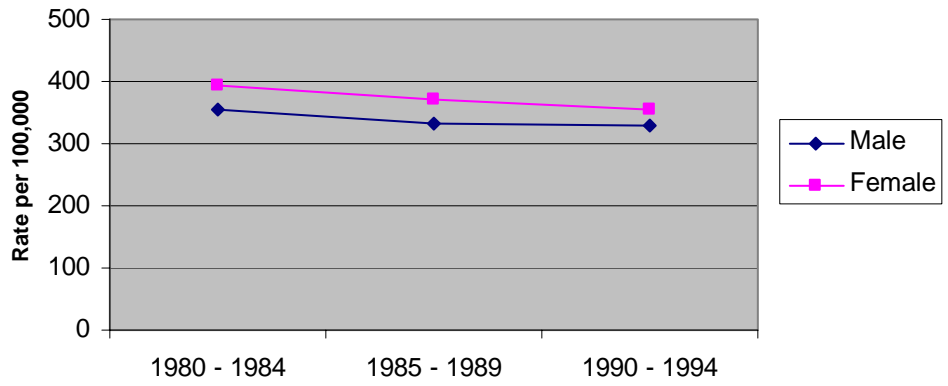


Occupational Safety and Health

20-1. Reduce deaths from work-related injuries
Measure Occupation Related mortality rate



Occupation Related Mortality- IL By Gender Crude Mortality Rate

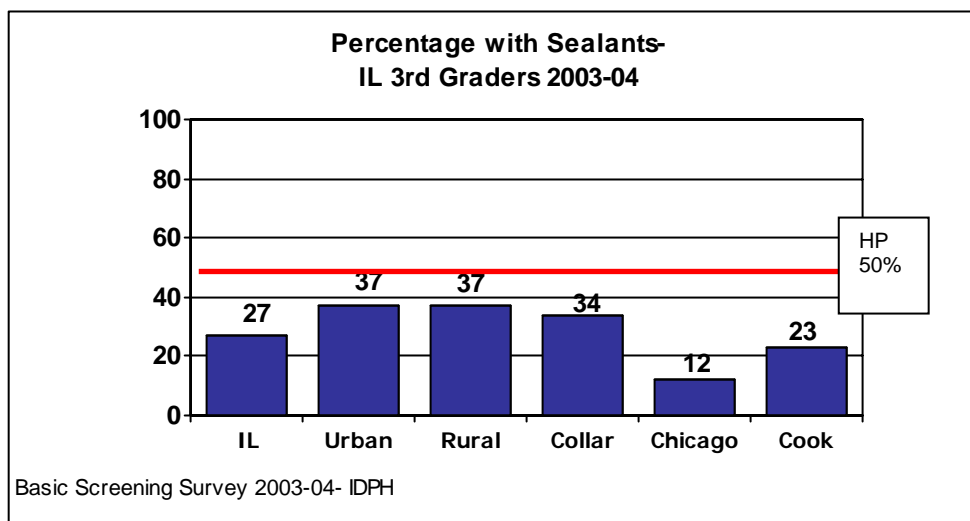
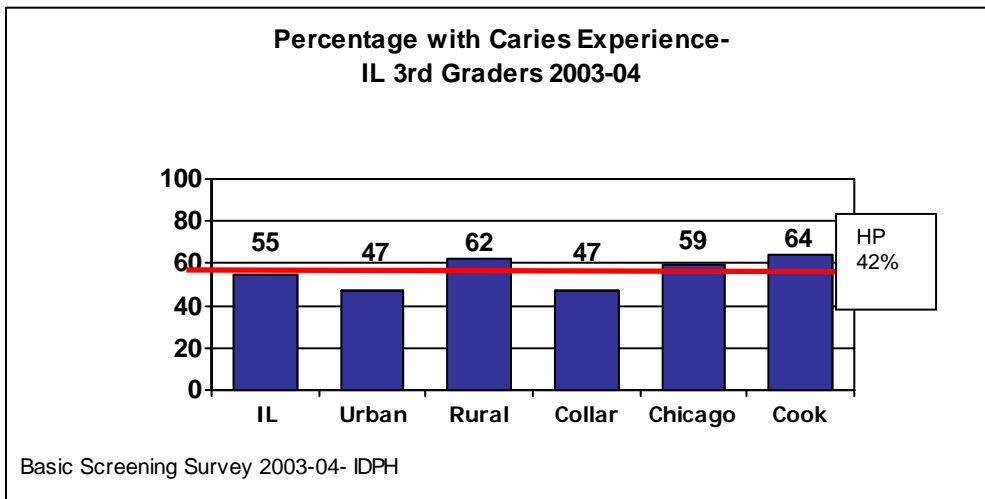


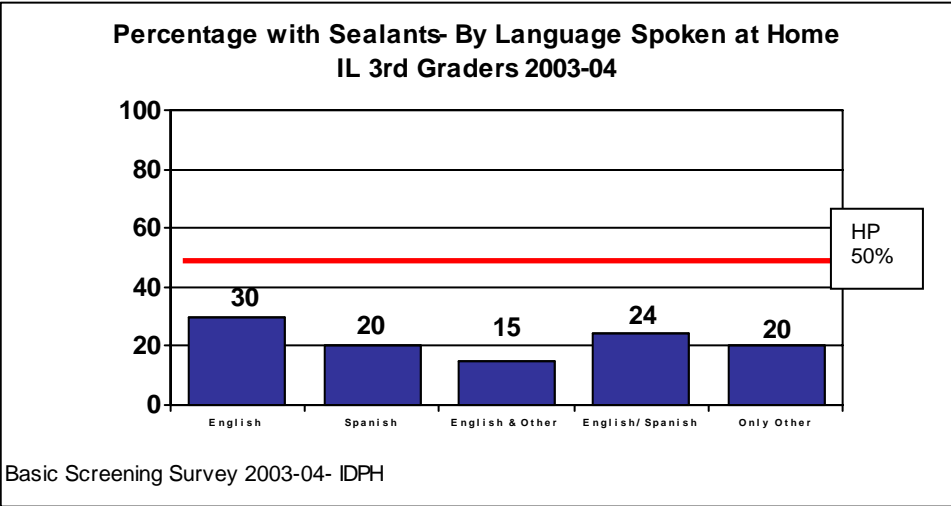
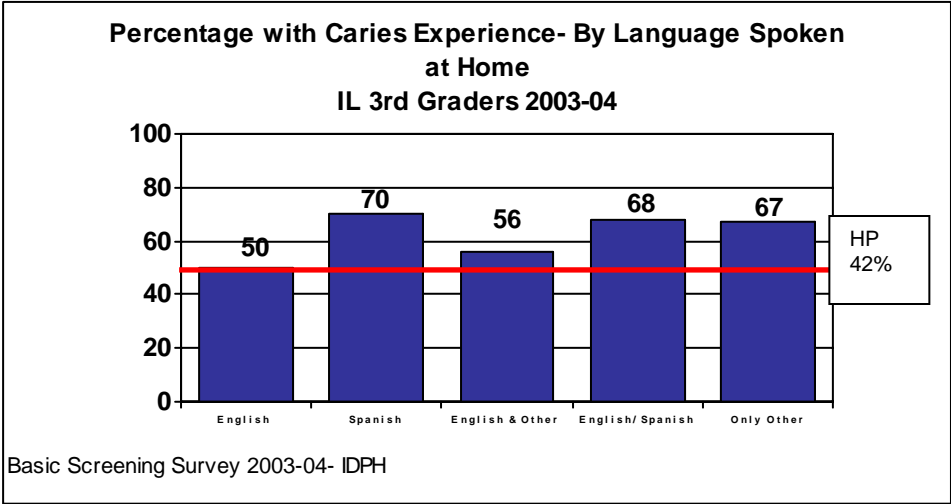
Source: NIOSH Mortality File

Oral Health

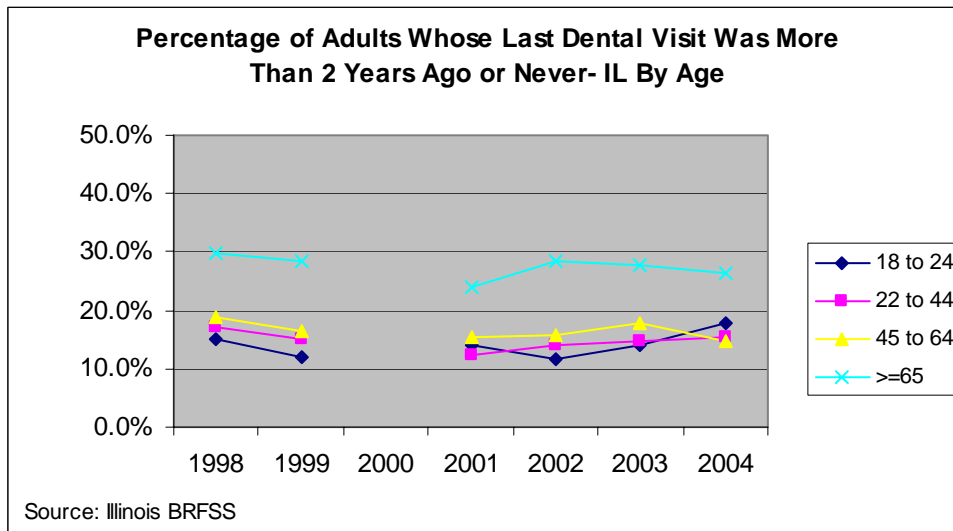
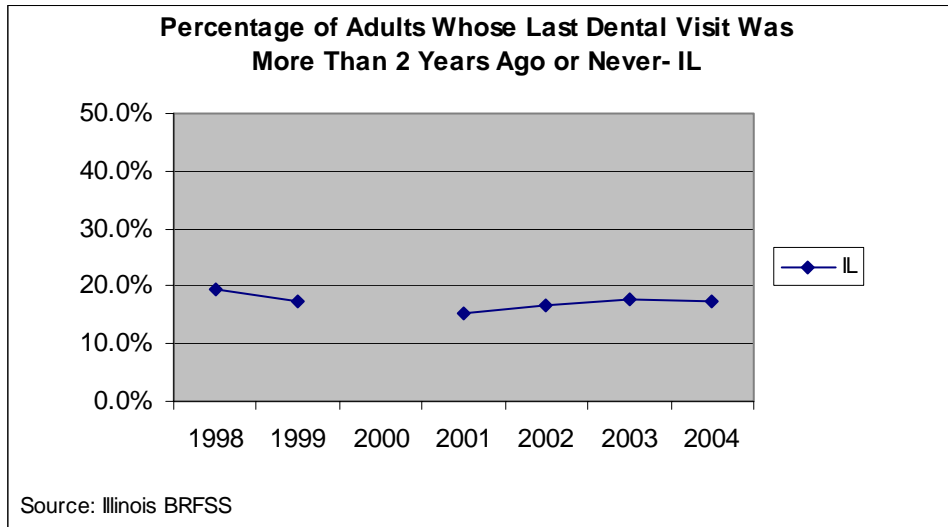
- Measure 21-1b. Percentage with dental sealant (third graders).
Reduce the proportion of children with dental caries (cavity) experience in their primary and permanent teeth
- Measure Percentage with dental caries (cavity) experience (third graders).
Last dental visit (1 year, 1-2 years, >2 years/never)
- Measure Percentage last dental visit more than two years or never

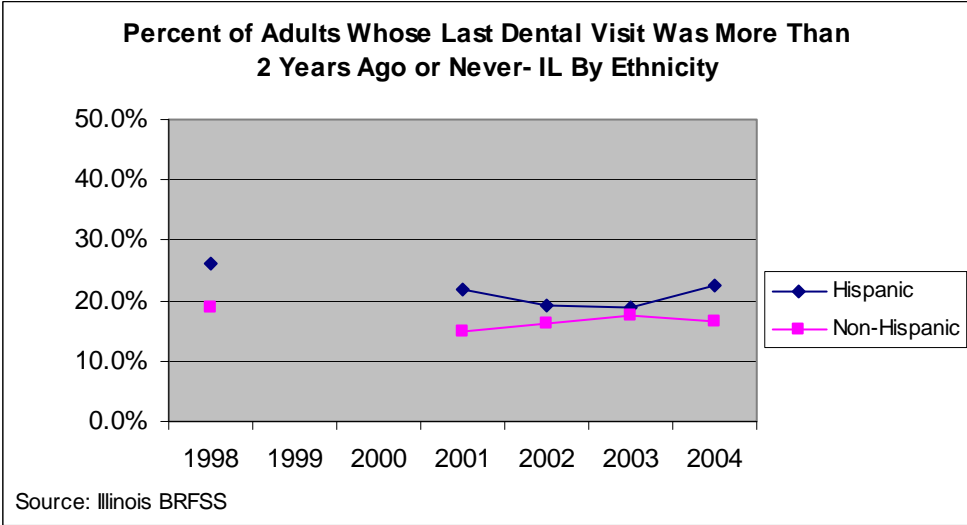
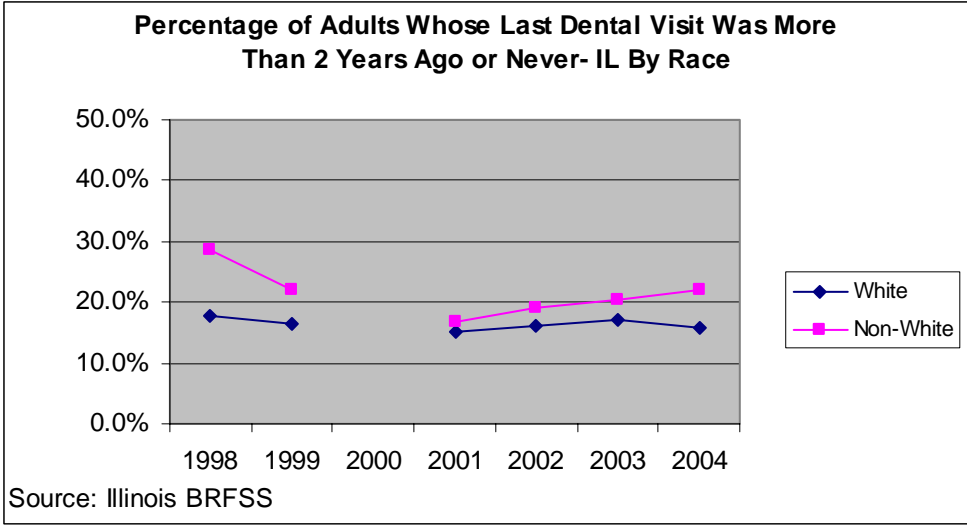
Dental Sealants

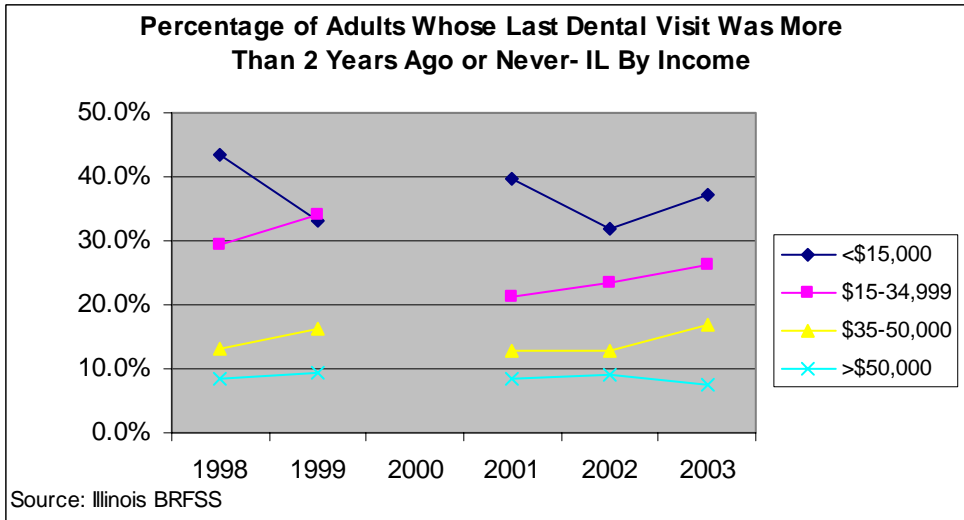
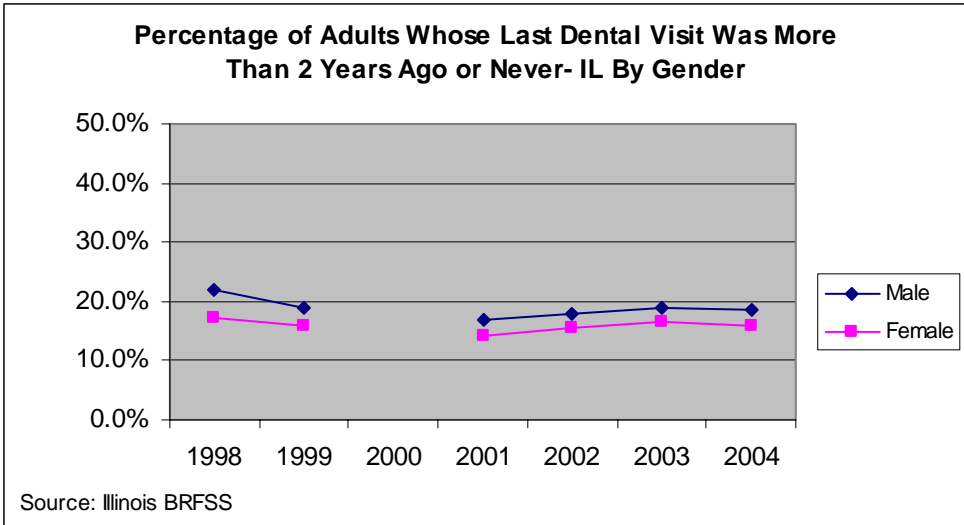


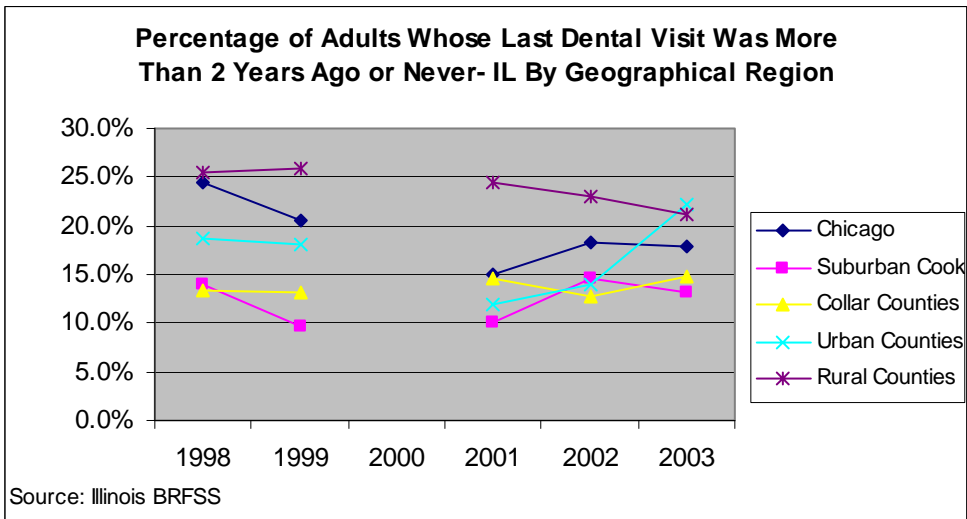
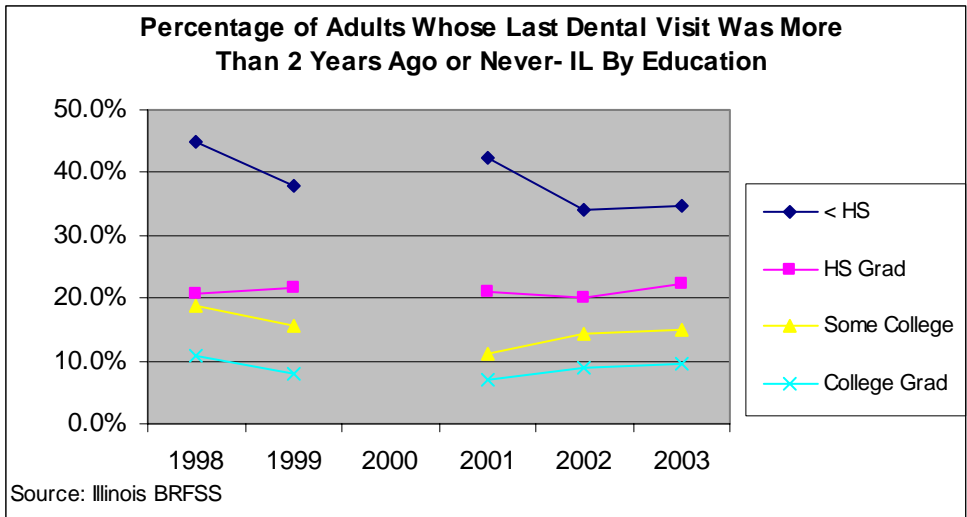


Adult Dental Visit





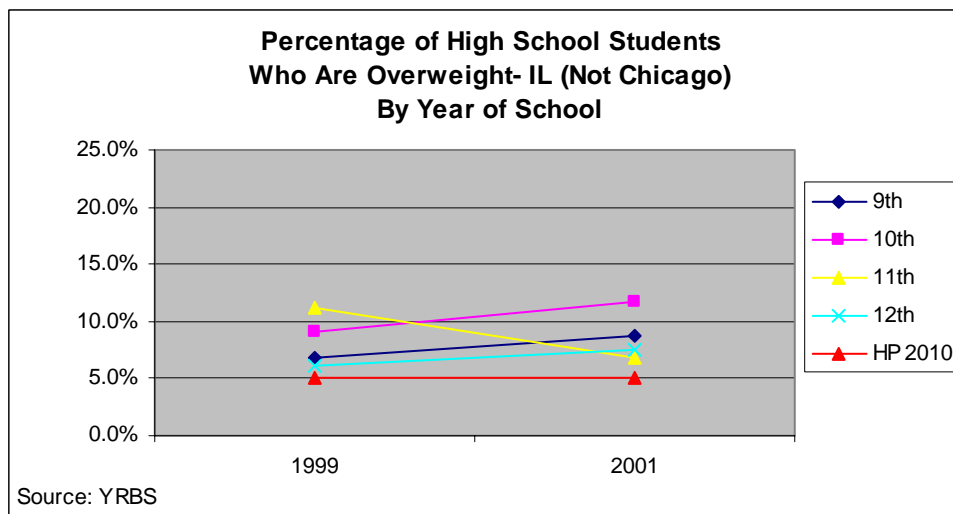
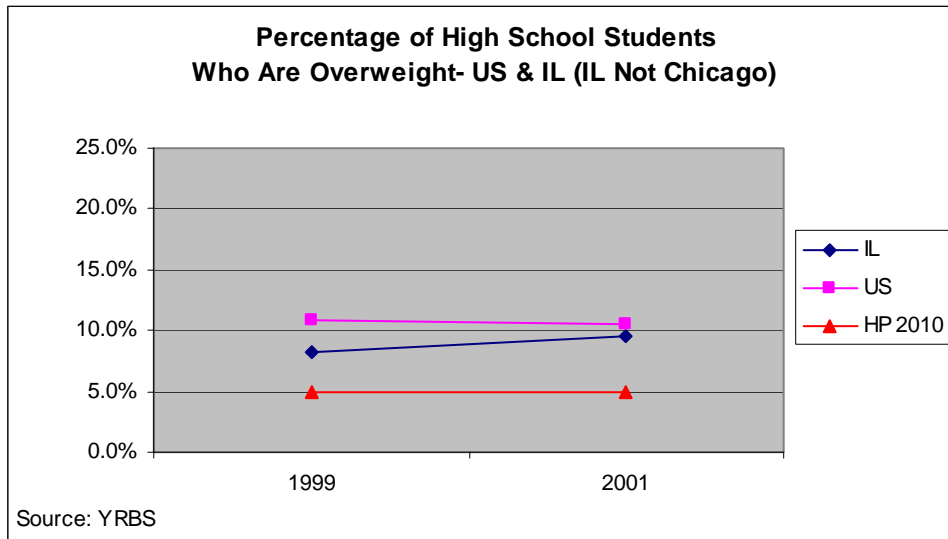




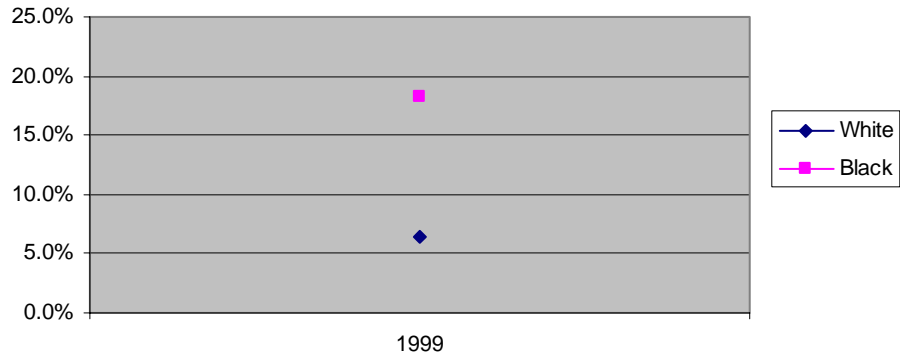
Overweight and Obesity

- 19-3c. Reduce the proportion of children and adolescents who are overweight or obese
- Measure Percentage of high school students who are overweight or obese
- Measure Percentage of high school students who describe themselves as slightly or very overweight
- 19-2. Reduce the proportion of adults who are obese
- Measure Percentage of adults who are obese

Overweight and Obesity- Illinois Excluding Chicago

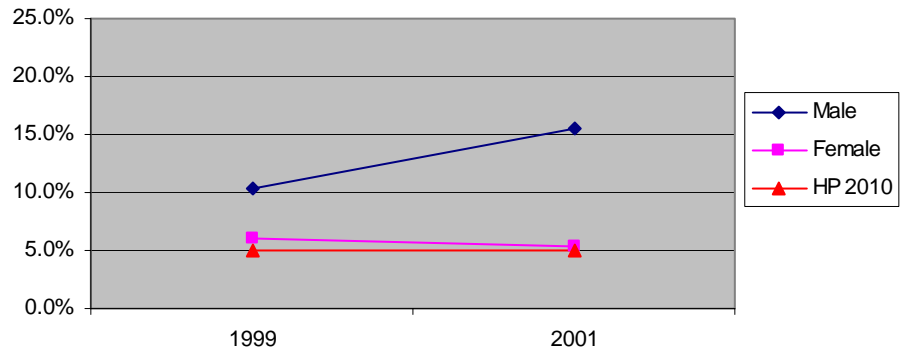


Percentage of High School Students Who Are Overweight- IL (Not Chicago) By Race



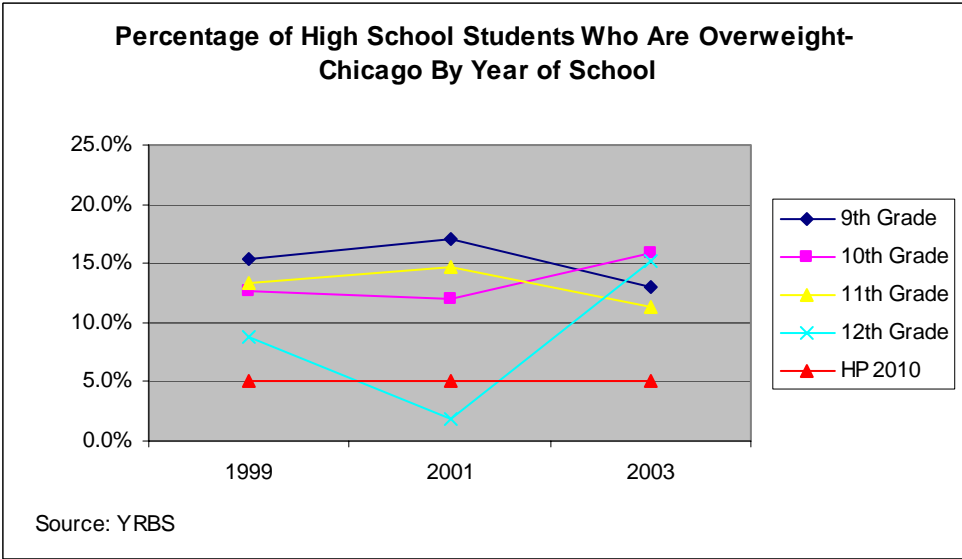
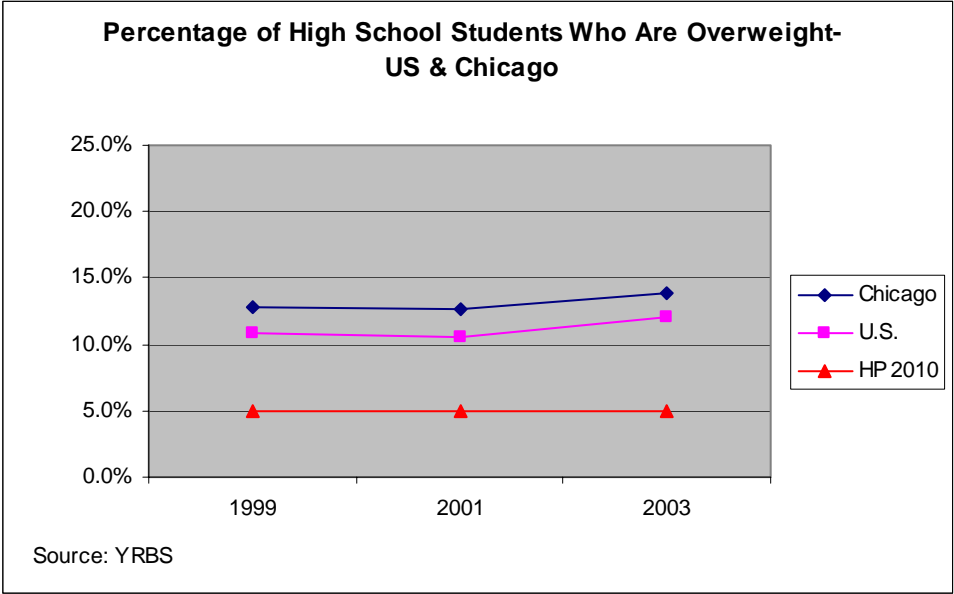
Source: YRBS

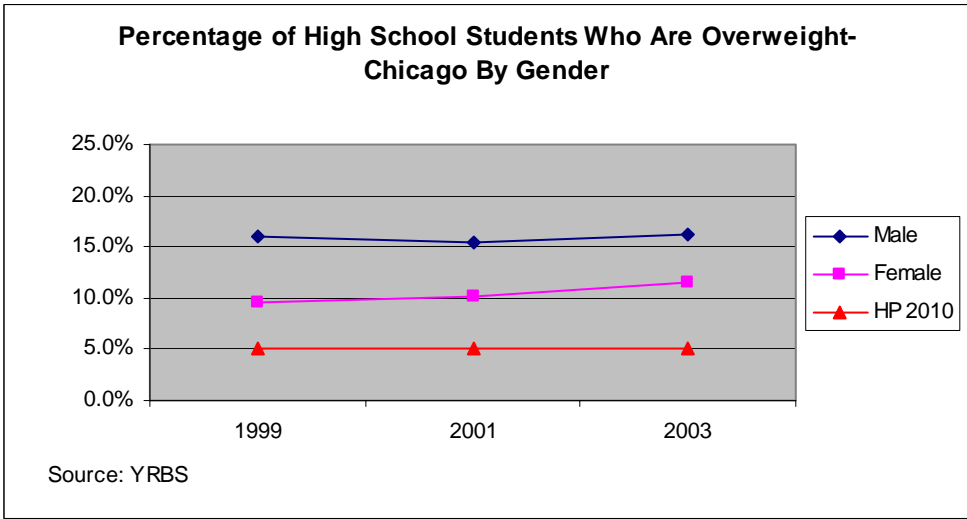
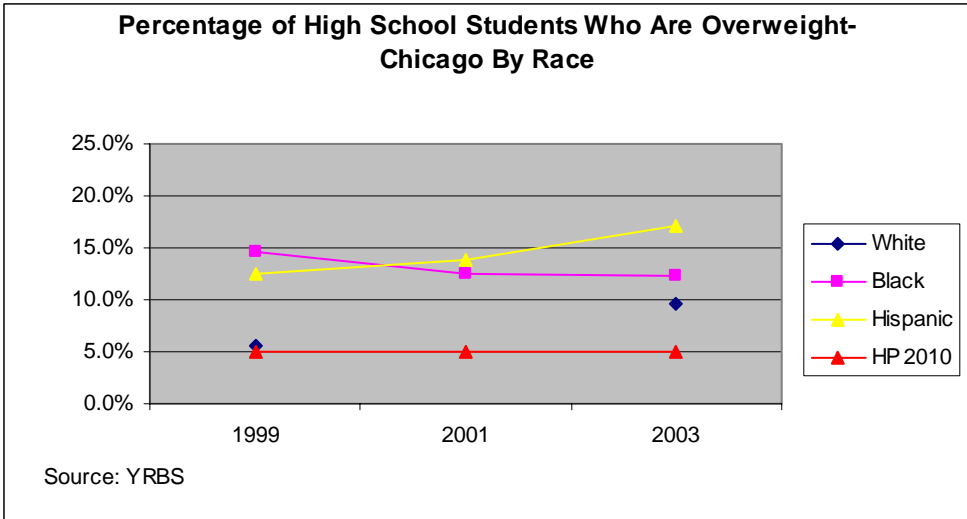
Percentage of High School Students Who Are Overweight- IL (Not Chicago) By Gender



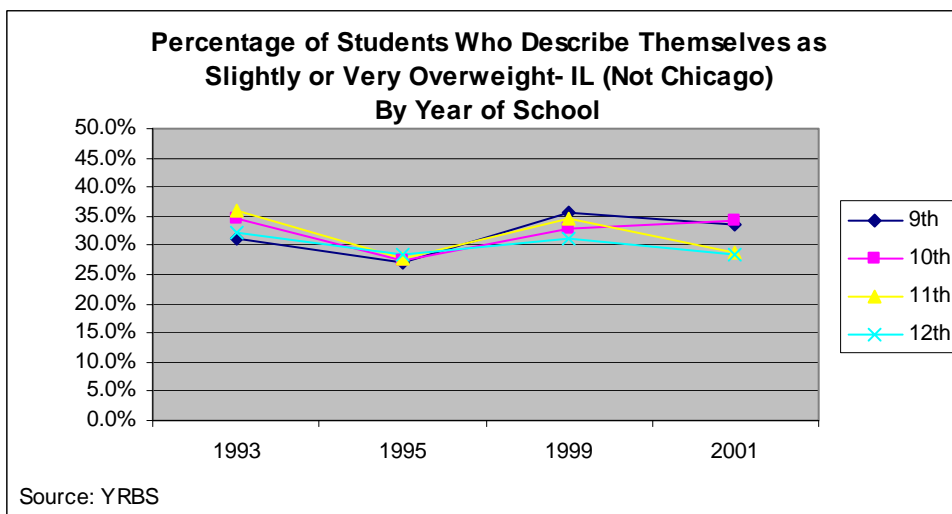
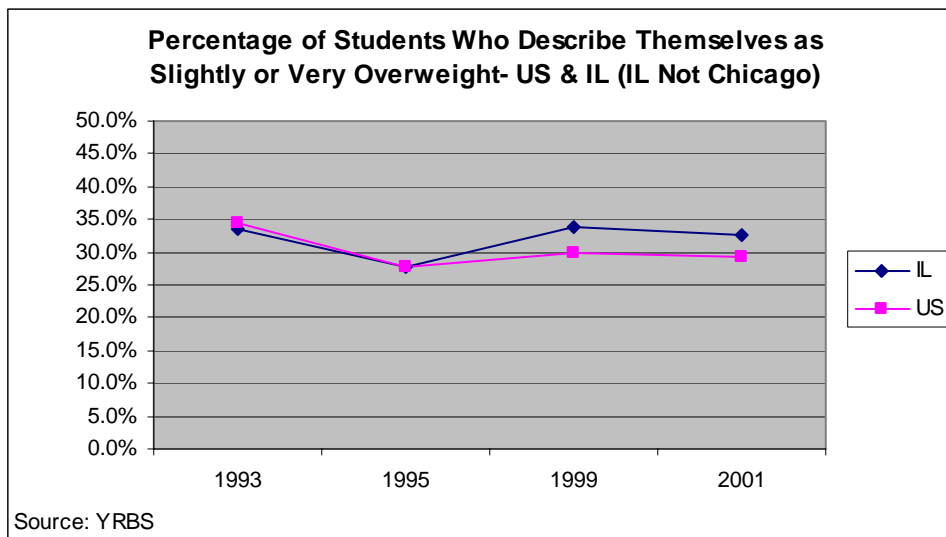
Source: YRBS

Overweight and Obesity- Chicago

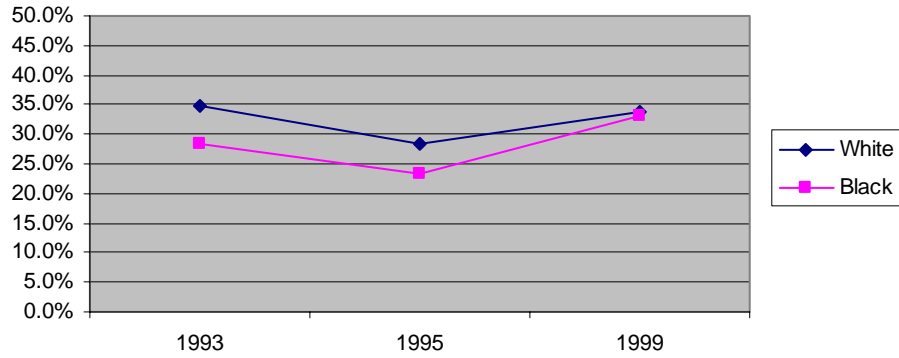




Youth Who Describe Themselves As Slightly Or Very Overweight- Chicago

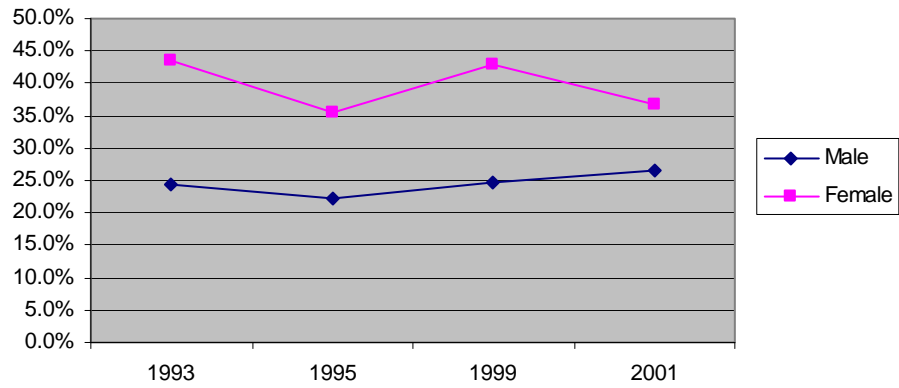


Percentage of Students Who Describe Themselves as Slightly or Very Overweight- IL (Not Chicago) By Race



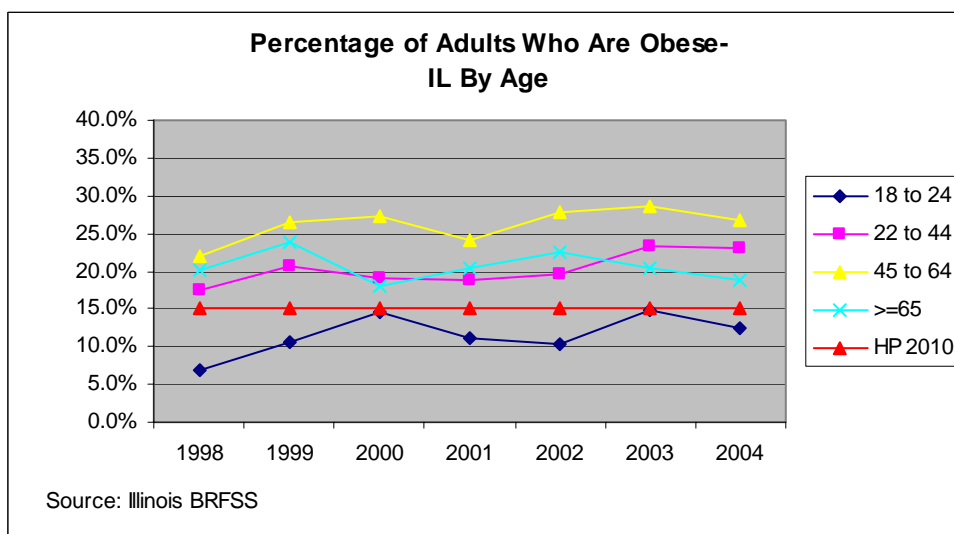
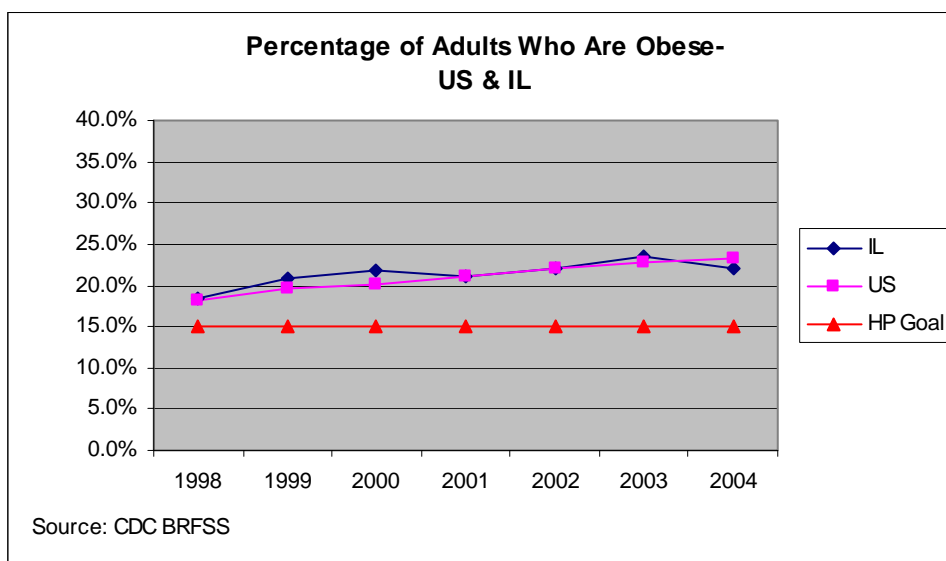
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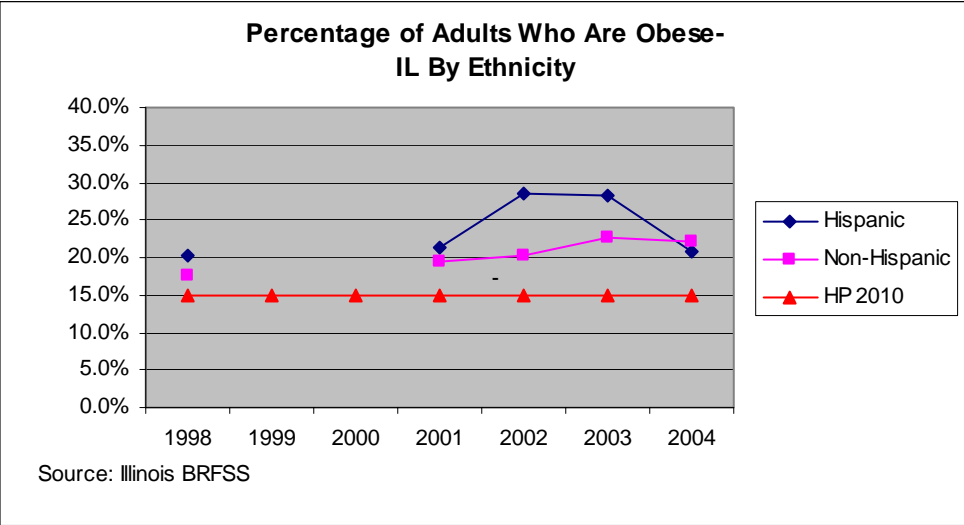
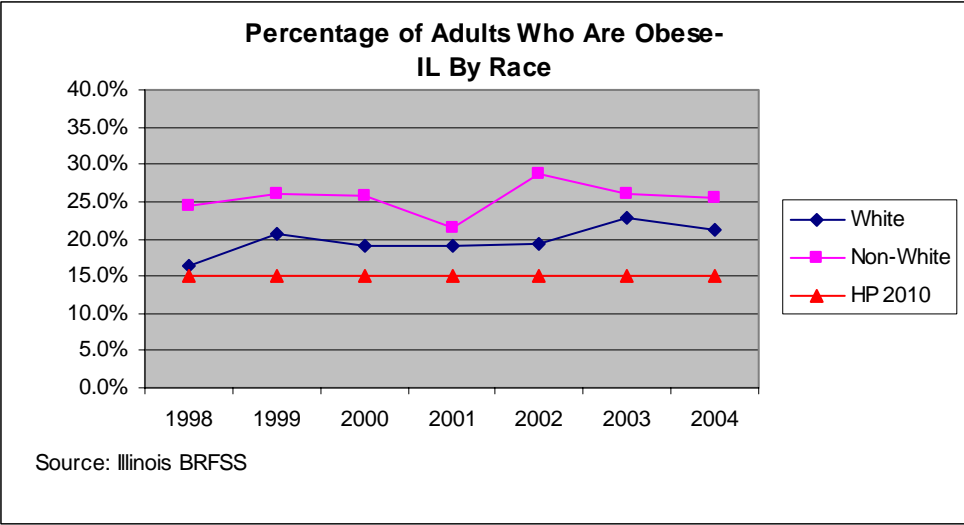
Percentage of Students Who Describe Themselves as Slightly or Very Overweight- IL (Not Chicago) By Gender



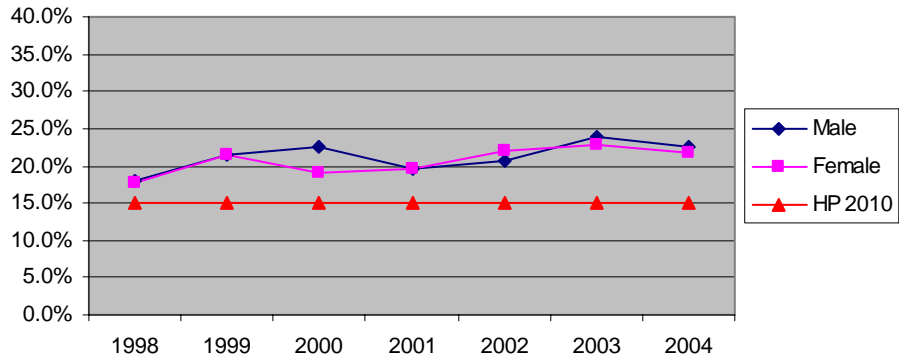
Source: YRBS

Adult Obesity



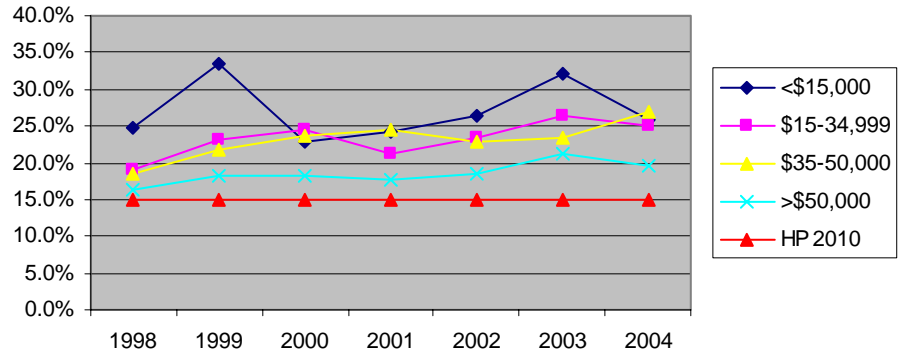


Percentage of Adults Who Are Obese-IL By Gender



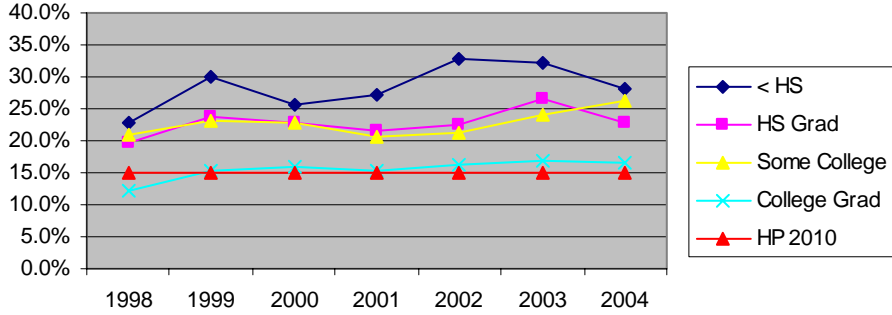
Source: Illinois BRFSS

Percentage of Adults Who Are Obese-IL By Income



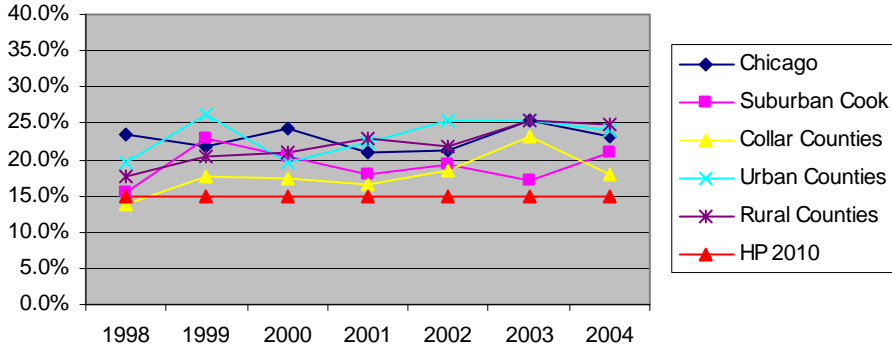
Source: Illinois BRFSS

Percentage of Adults Who Are Obese-IL By Education



Source: Illinois BRFSS

Percentage of Adults Who Are Obese-IL By Geographical Region

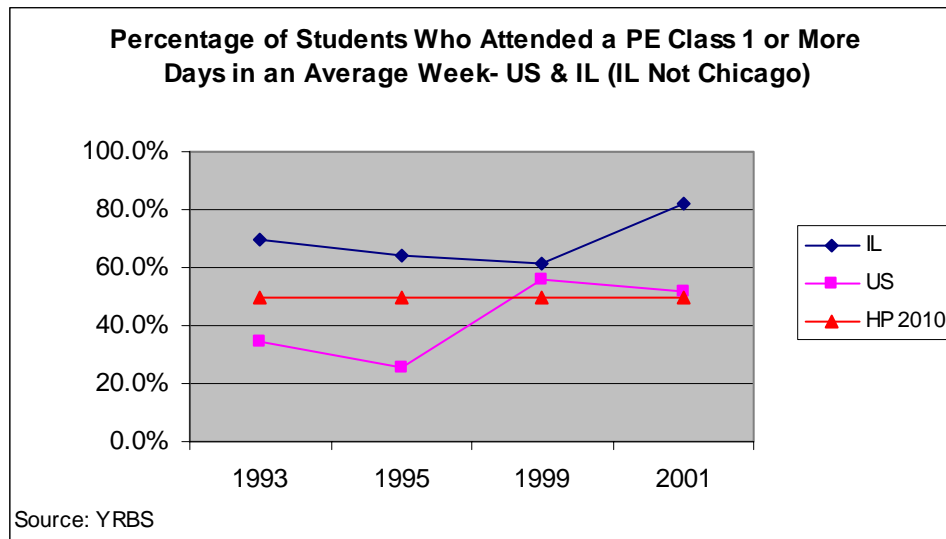


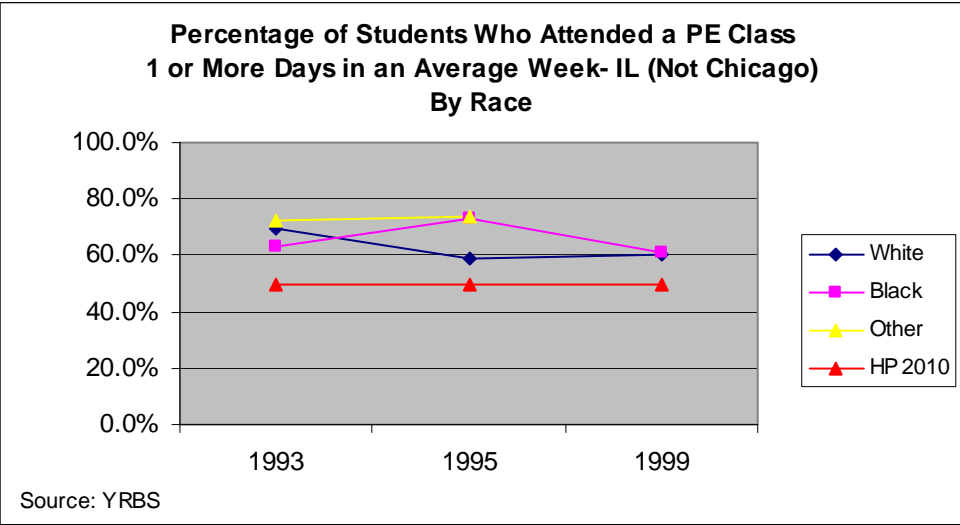
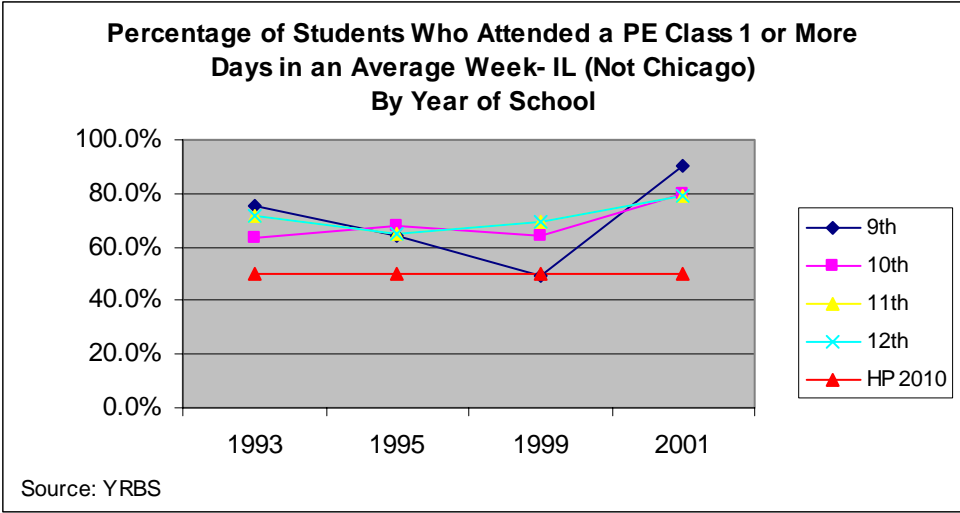
Source: Illinois BRFSS

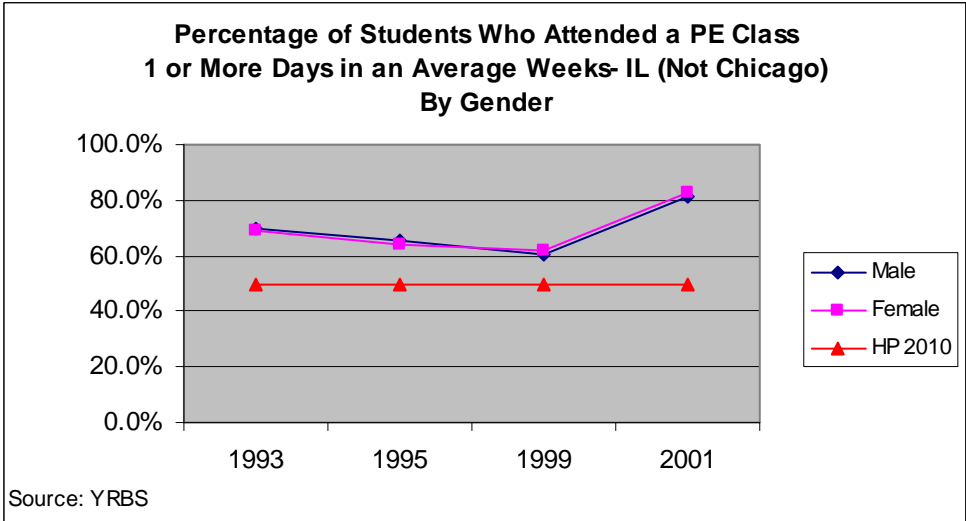
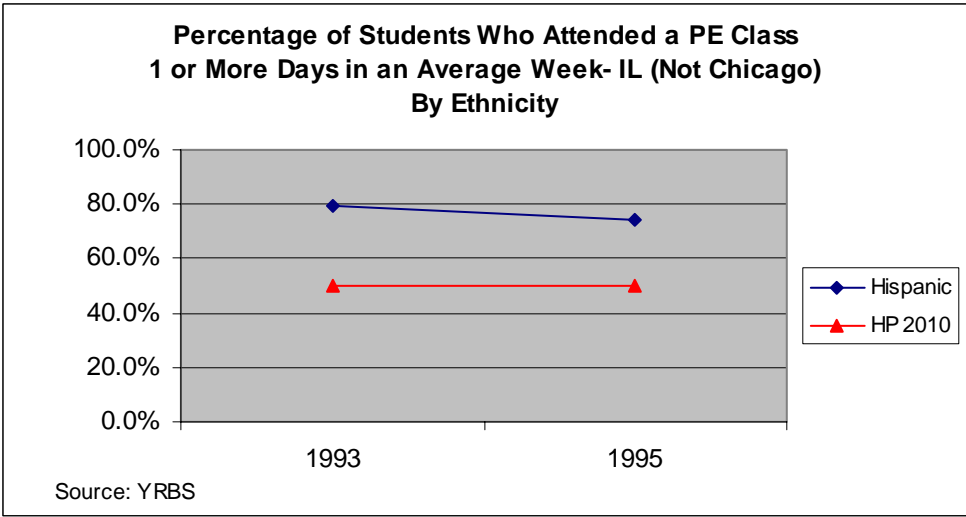
Physical Activity

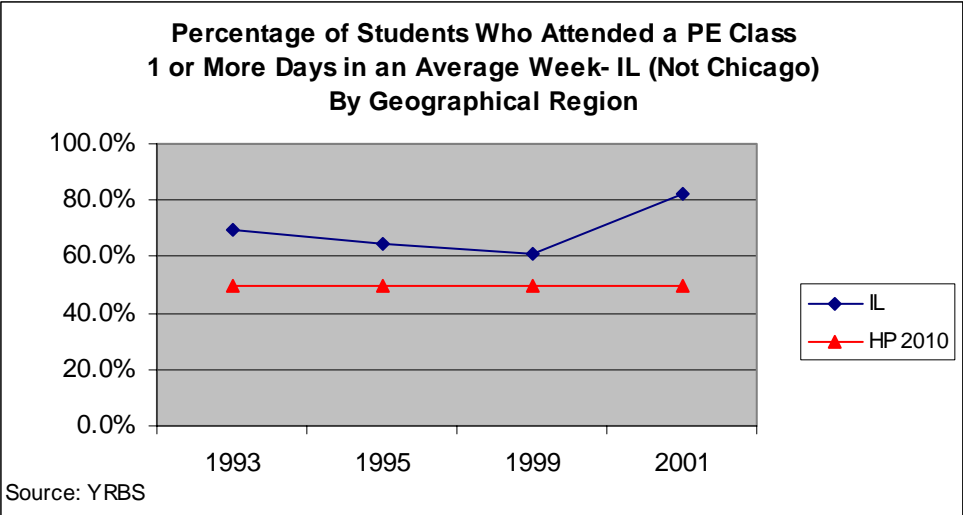
Physical Activity	
22-9	Increase the proportion of adolescents who participate in daily school physical education
Measure	Percentage of high school students who participated daily in physical education
22-7.	Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness three or more days per week for 20 or more minutes per occasion
Measure	Percentage of high school students who participated in sufficient vigorous physical activity
22-2.	Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.
Measure	Percentage of adults that meet standard for moderate physical activity

Physical Education Classes- Illinois Excluding Chicago

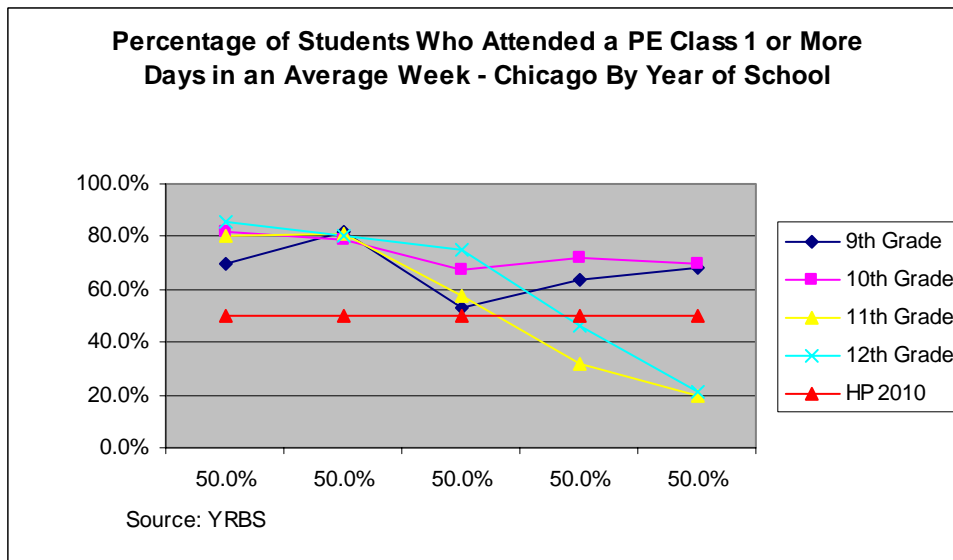
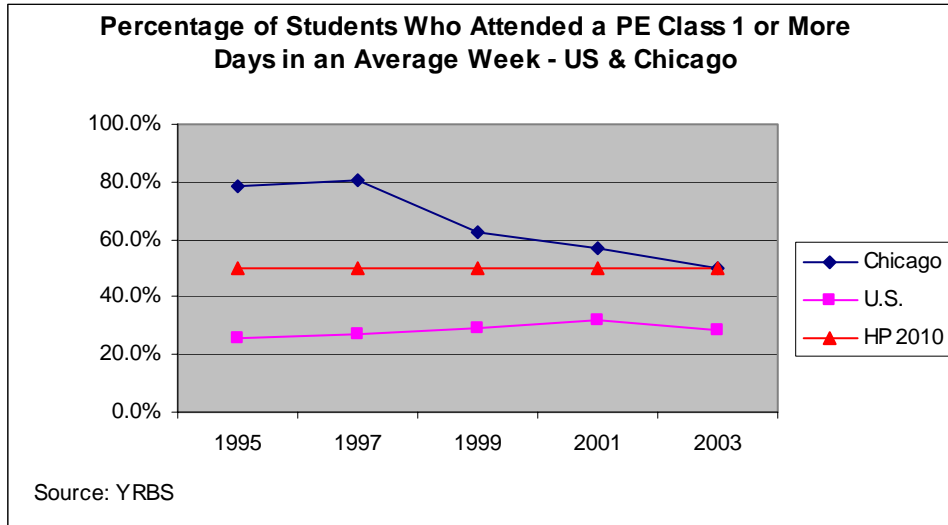




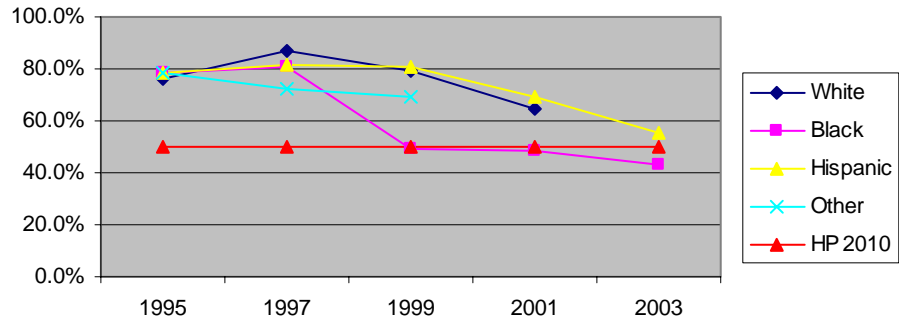




Physical Education Classes- Chicago

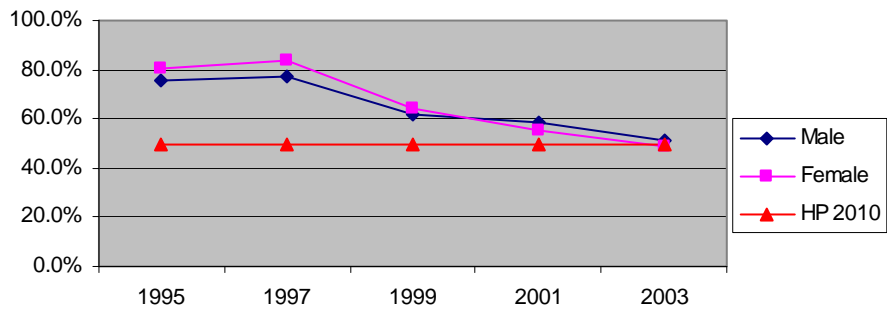


Percentage of Students Who Attended a PE Class 1 or More Days in an Average Week - Chicago By Race



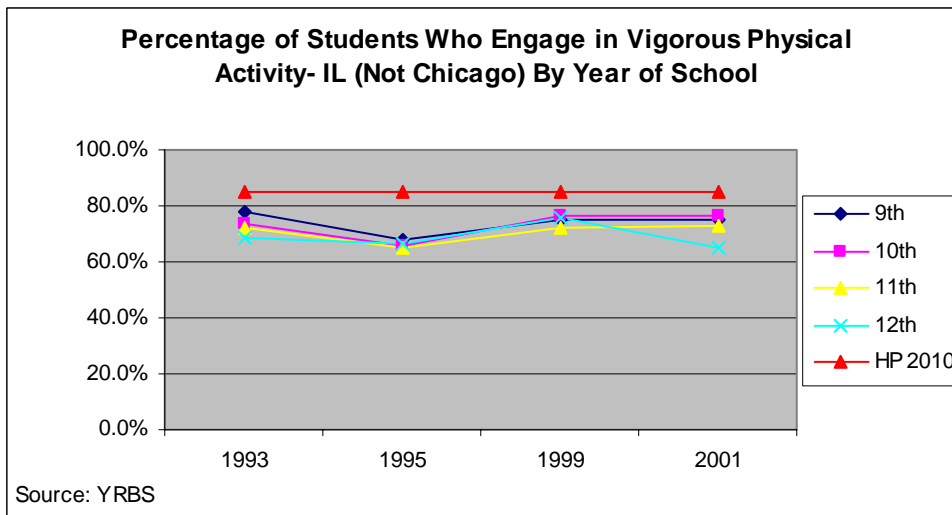
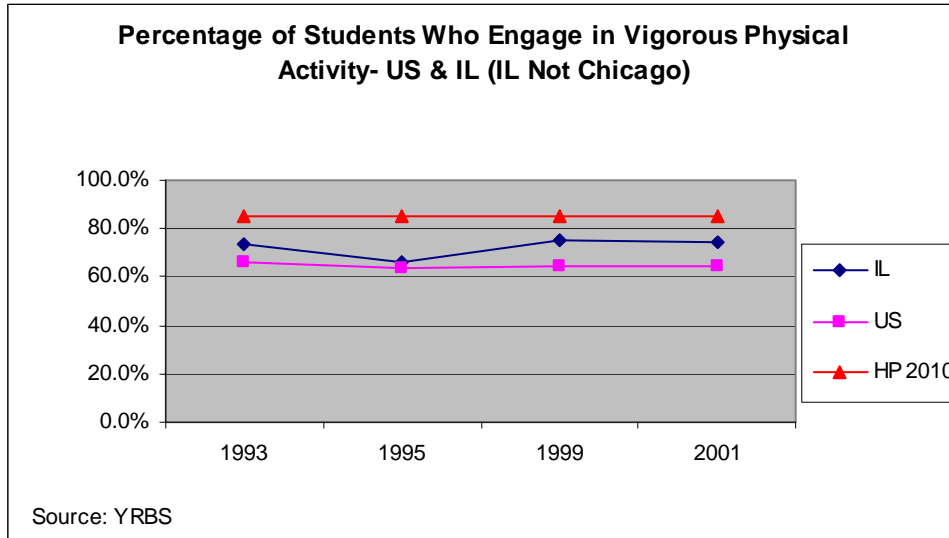
Source: YRBS

Percentage of Students Who Attended a PE Class 1 or More Days in an Average Week - Chicago By Gender

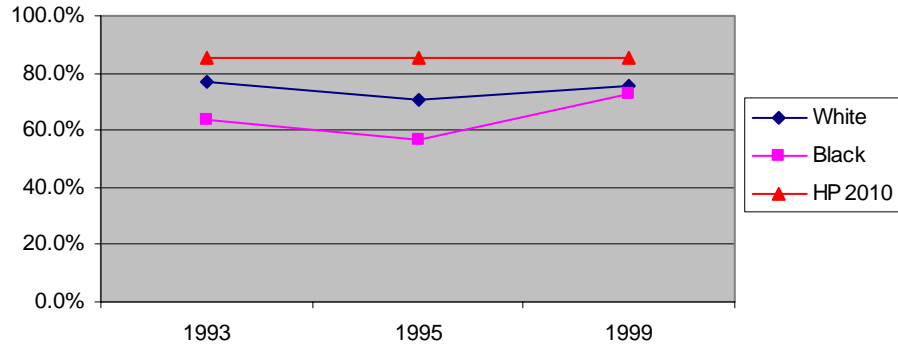


Source: YRBS

Adolescent Physical Activity- Illinois Excluding Chicago

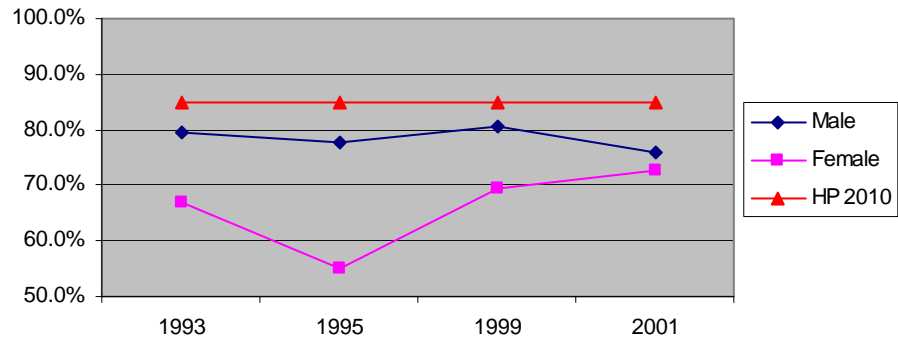


Percentage of Students Who Engage in Vigorous Physical Activity- IL (Not Chicago) By Race



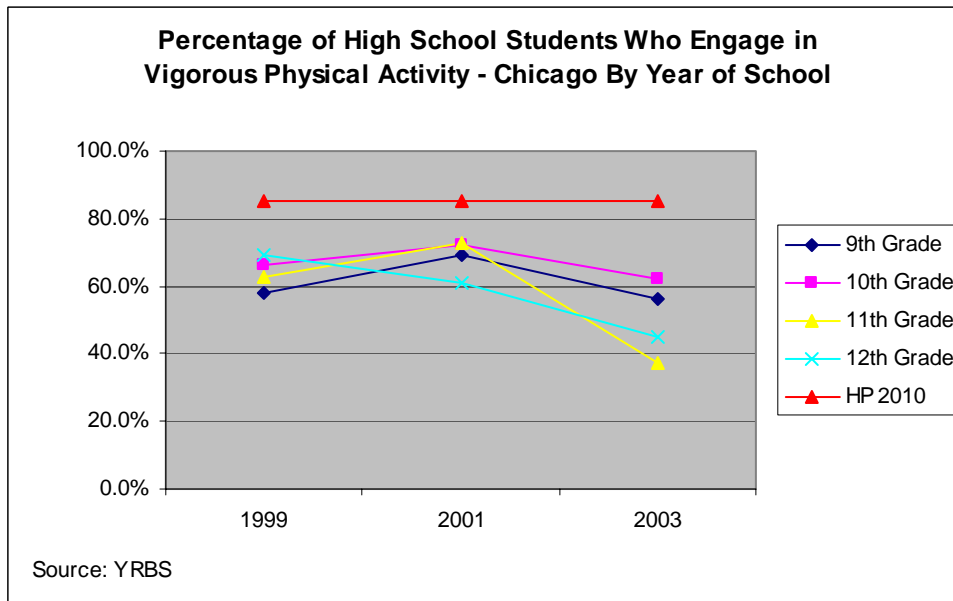
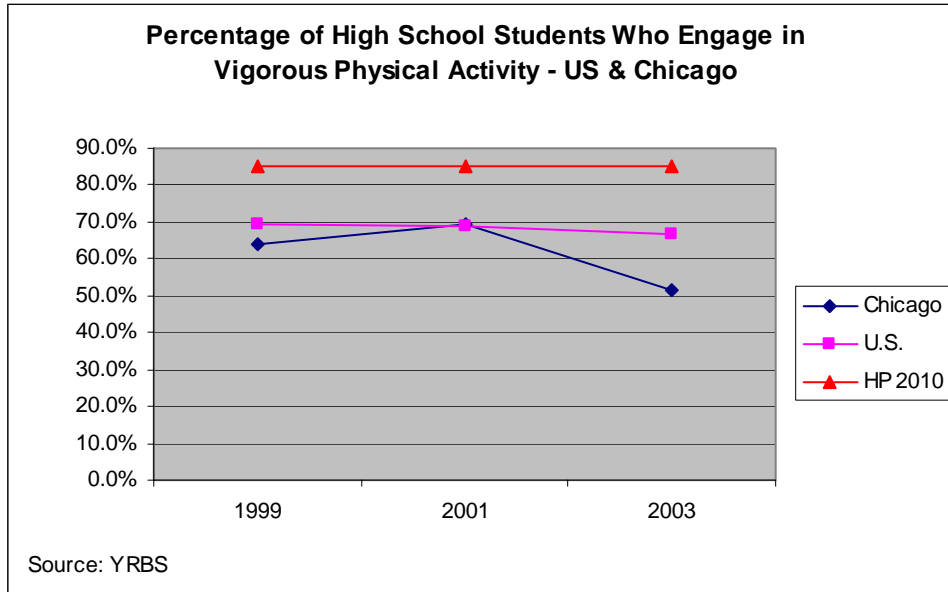
Source: YRBS

Percentage of Students Who Engage in Vigorous Physical Activity- IL (Not Chicago) By Gender

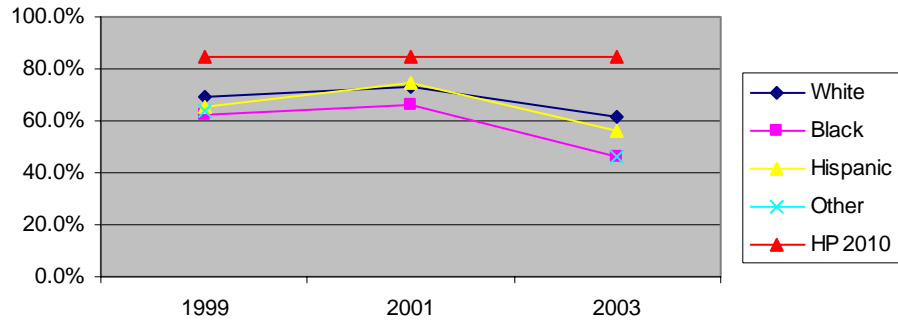


Source: YRBS

Adolescent Physical Activity- Chicago

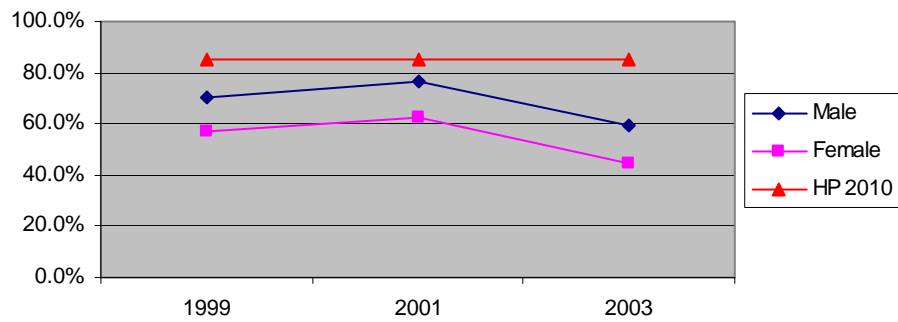


Percentage of High School Students Who Engage in Vigorous Physical Activity - Chicago By Race



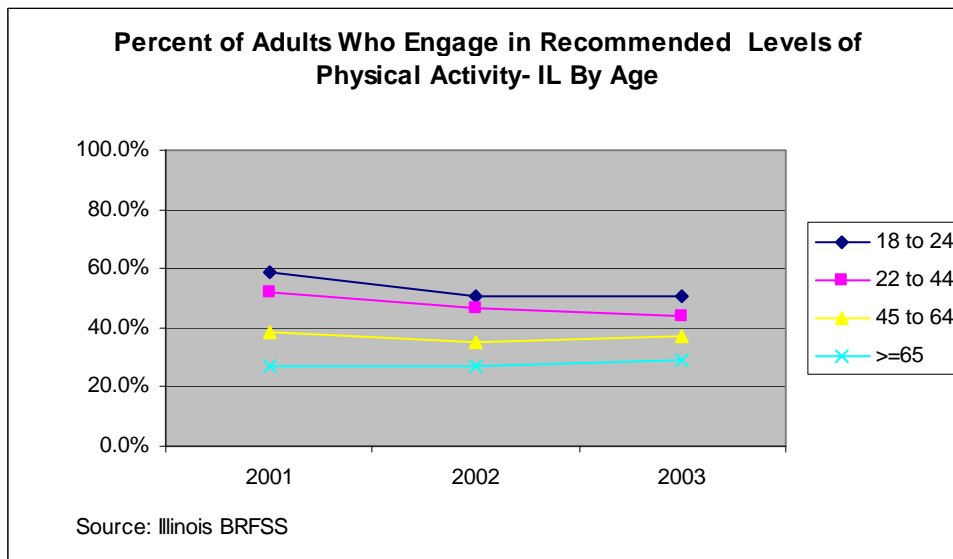
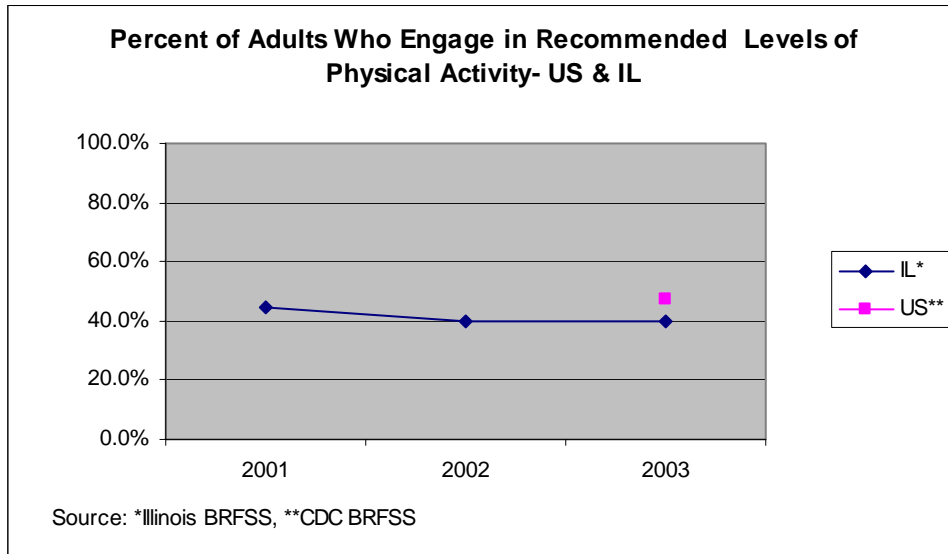
Source: YRBS

Percentage of High School Students Who Engage in Vigorous Physical Activity - Chicago By Gender

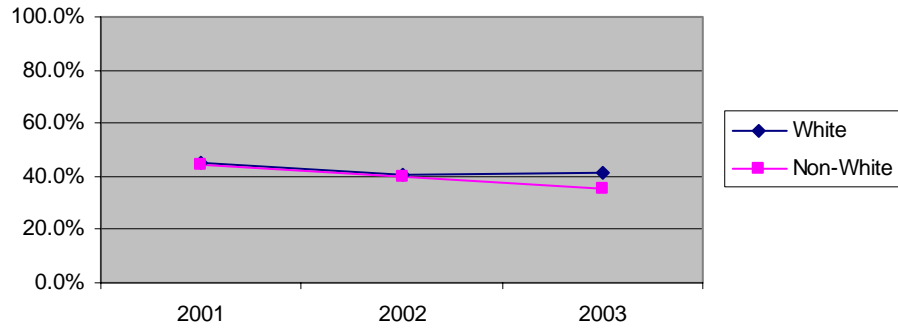


Source: YRBS

Adult Physical Activity

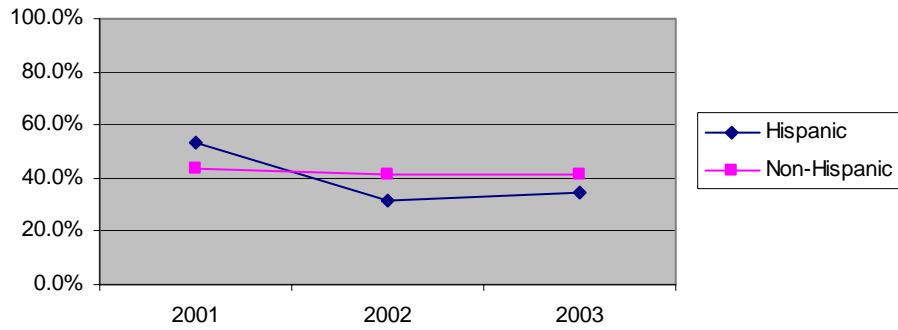


Percent of Adults Who Engage in Recommended Levels of Physical Activity- IL By Race



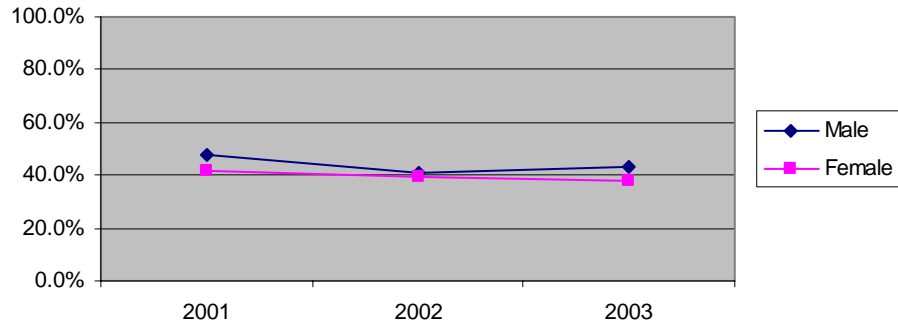
Source: Illinois BRFSS

Percent of Adults Who Engage in Recommended Levels of Physical Activity- IL By Ethnicity



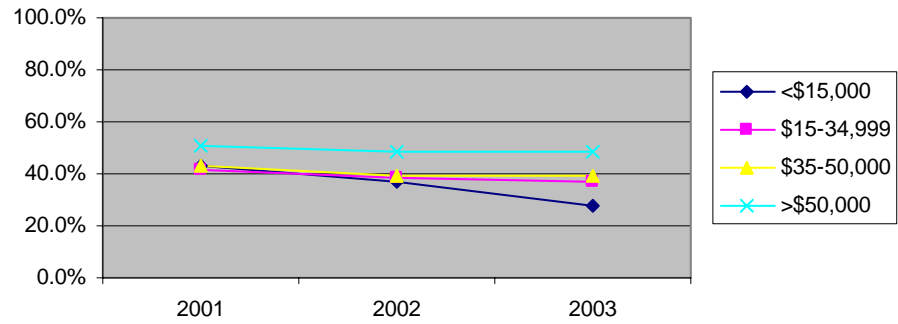
Source: Illinois BRFSS

Percent of Adults Who Engage in Recommended Levels of Physical Activity- IL By Gender



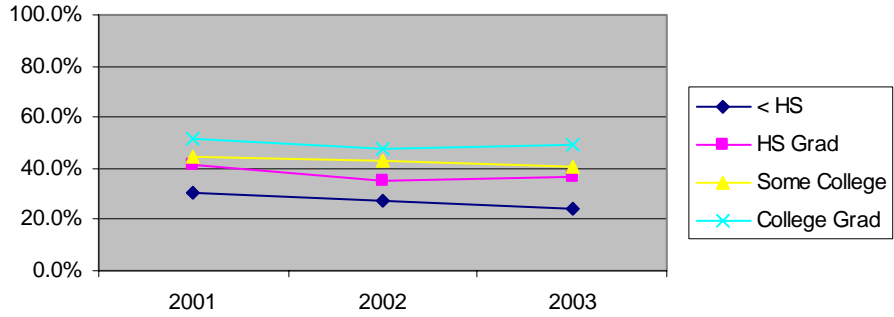
Source: Illinois BRFSS

Percent of Adults Who Engage in Recommended Levels of Physical Activity- IL By Income



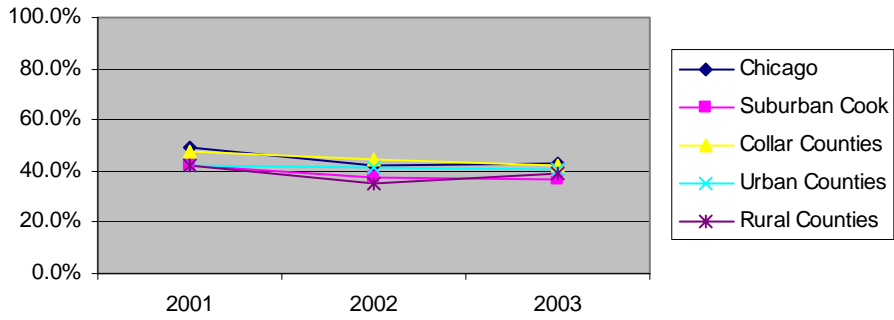
Source: Illinois BRFSS

Percent of Adults Who Engage in Recommended Levels of Physical Activity- IL By Education



Source: Illinois BRFSS

Percent of Adults Who Engage in Recommended Levels of Physical Activity- IL By Geographical Region



Source: Illinois BRFSS

All Data and Information Systems Objectives\

The objectives below have been revised from the HP 2010 objectives regarding public health infrastructure data needs to focus on state and local data access. Ensuring that state and local public health staff and community health planners have access to the data necessary for appropriate community health assessment, program planning and evaluation is critical to the proper functioning of the public health system.

- 23-3. Increase the use of geocoding of health information to promote use of geographic information systems (GIS) at all levels**

- 23-5. Increase the proportion of Leading Health Indicators and Health Status Indicators, for which data—especially for select populations—are available at the State and local levels**

- 23-6. Increase the proportion of Healthy People 2010 objectives that are tracked regularly at the state and local level**

- 23-7. Increase the proportion of Healthy People 2010 objectives for which state and local data are released within one year of the end of data collection**

Responsible Sexual Behavior

25-11. Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active

Measure Percentage of high school students who engaged in sexual behaviors

Percentage of high school students who were currently sexually active and who used a condom during last sexual intercourse

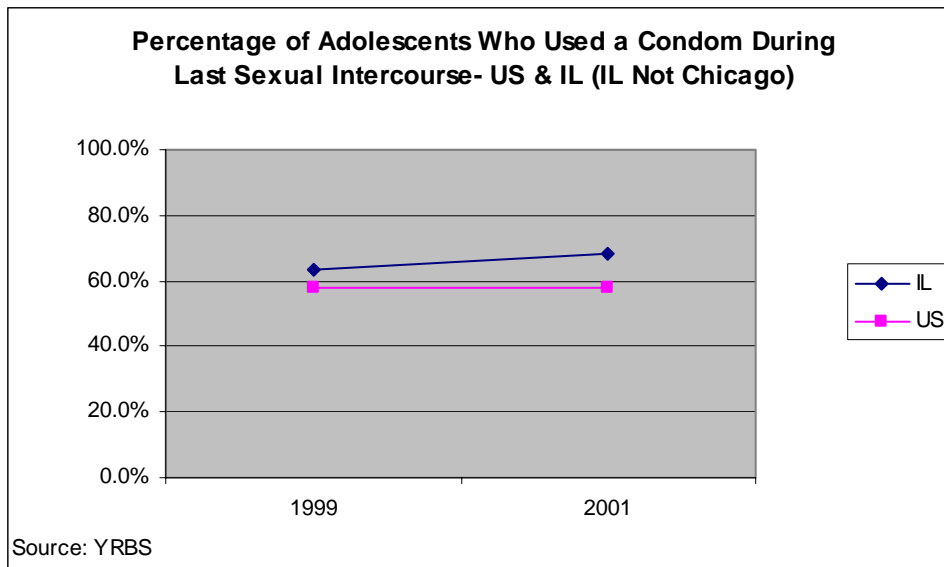
13-6a. Increase the proportion of sexually active persons who use condoms

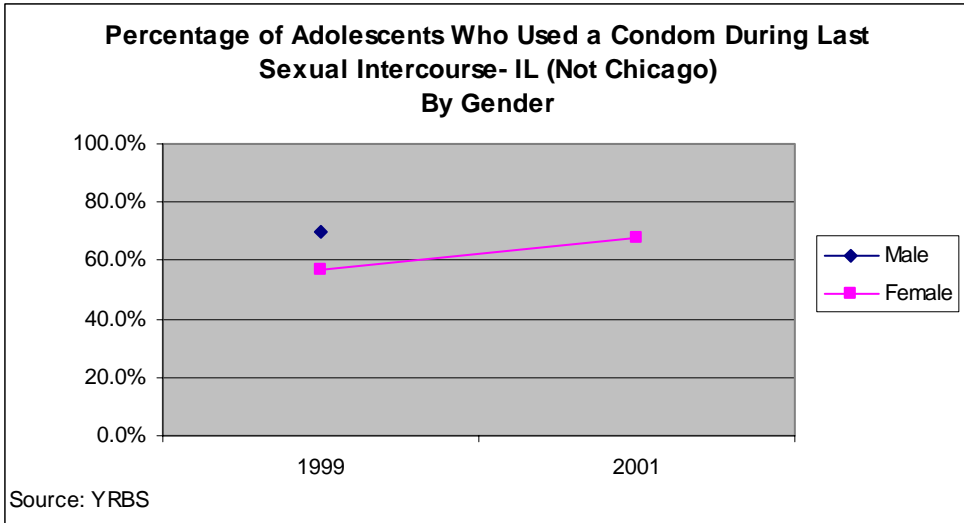
Measure **Not currently collected**

9-1 Unintended pregnancy

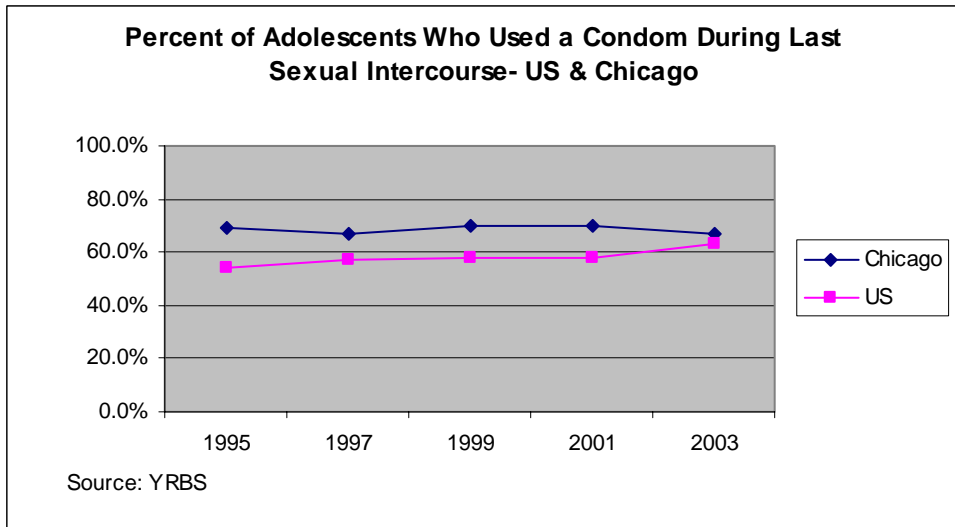
Measure Percentage of pregnancies that are unintended

Adolescent Condom Use- Illinois Excluding Chicago

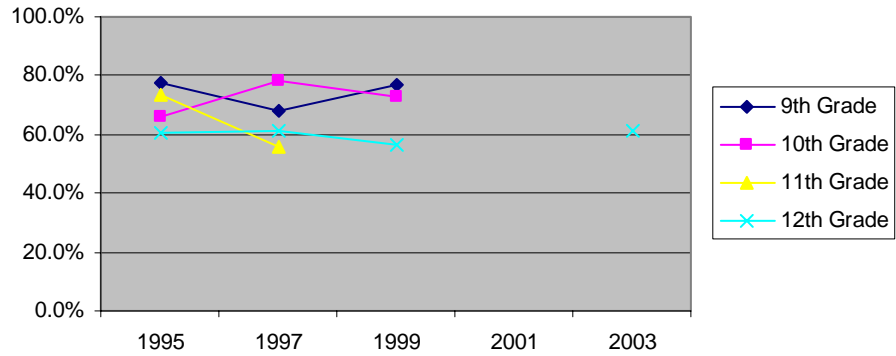




Adolescent Condom Use- Chicago

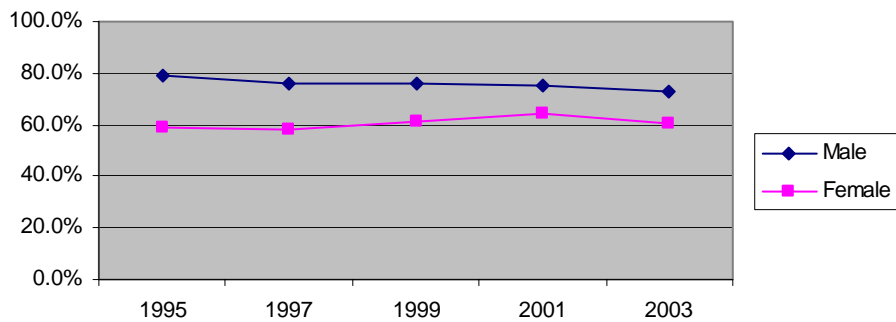


Percent of Adolescents Who Used a Condom During Last Sexual Intercourse- Chicago By Year of School

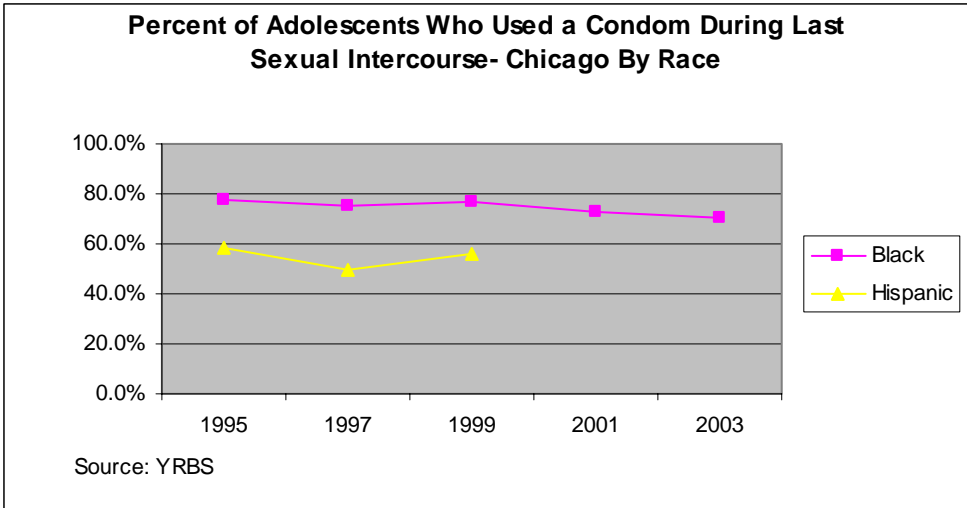


Source: YRBS

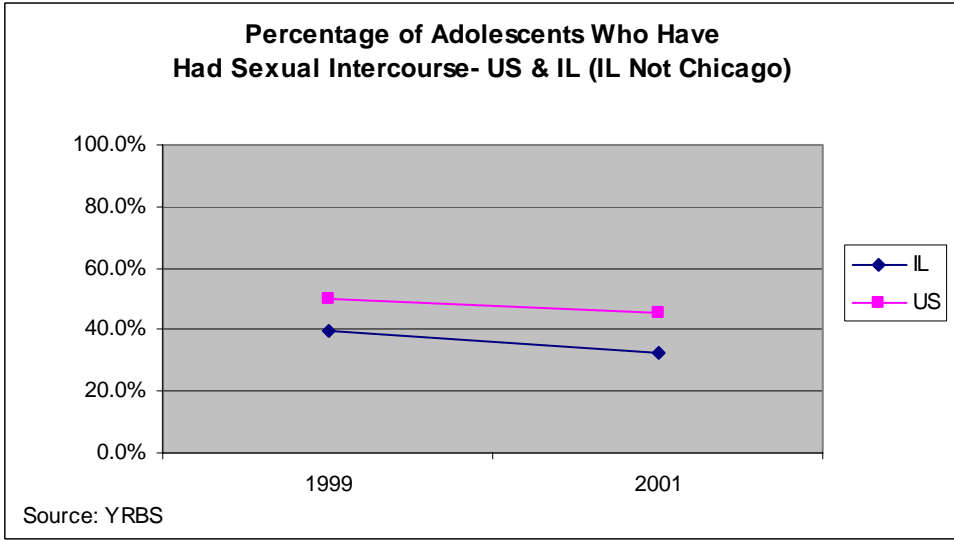
Percent of Adolescents Who Used a Condom During Last Sexual Intercourse- Chicago By Gender

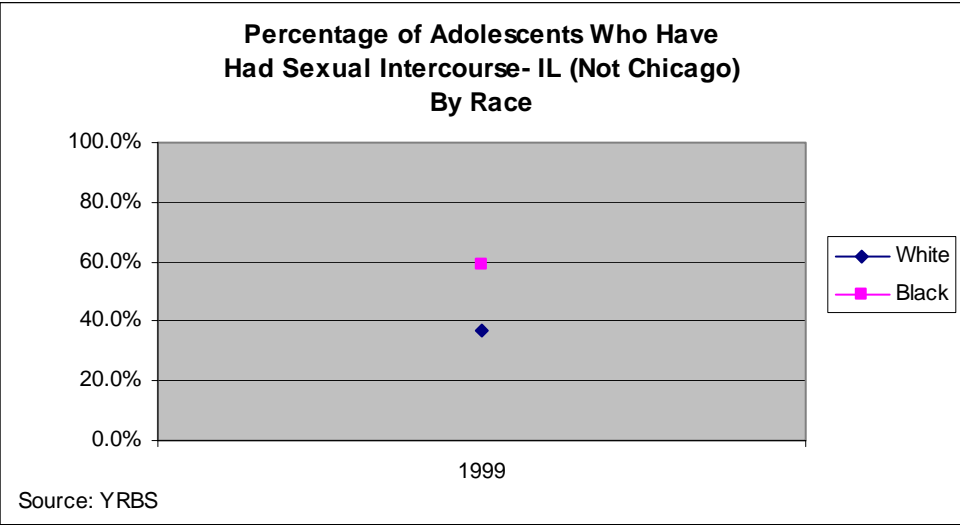
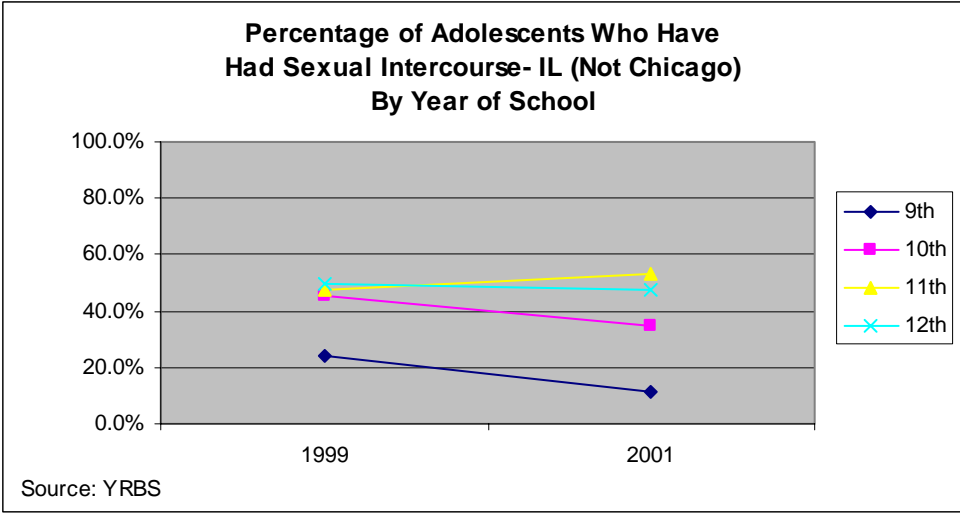


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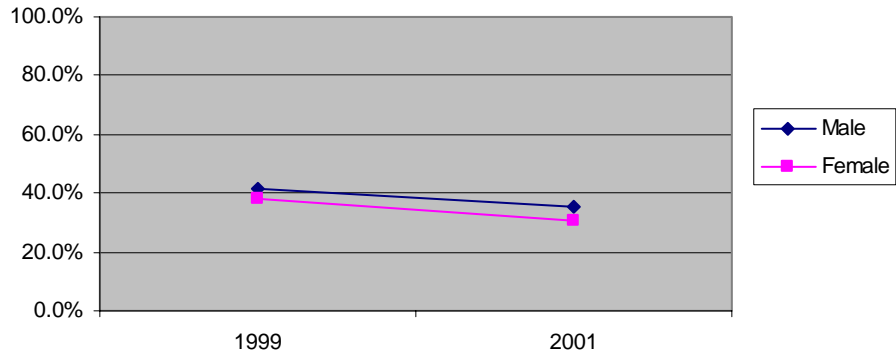


Adolescent Sexual Activity- Illinois Excluding Chicago





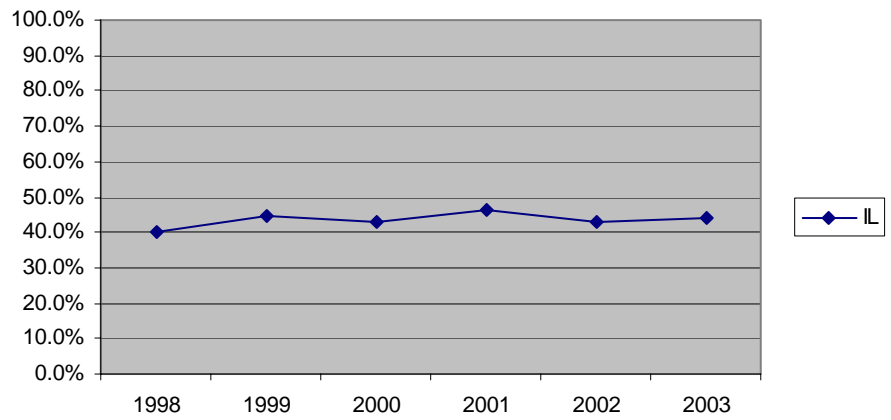
Percentage of Adolescents Who Have Had Sexual Intercourse- IL (Not Chicago) By Gender



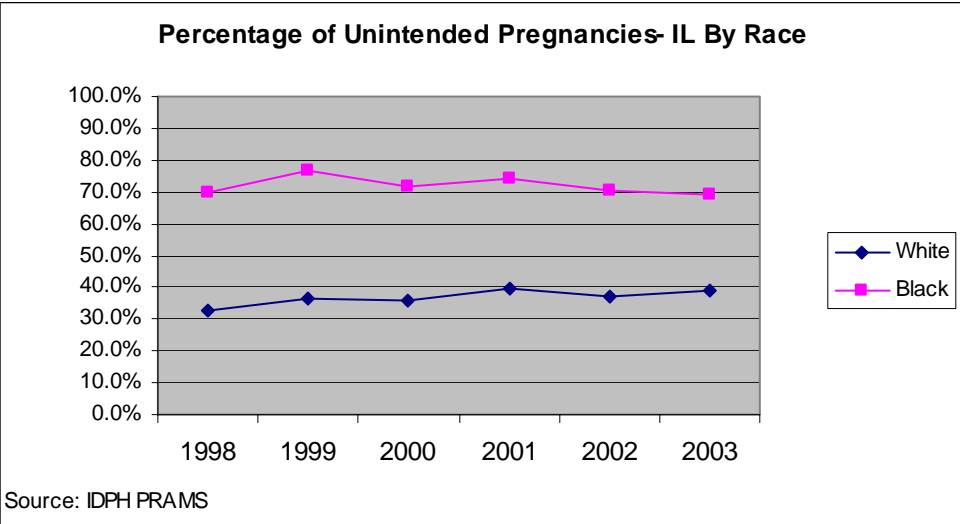
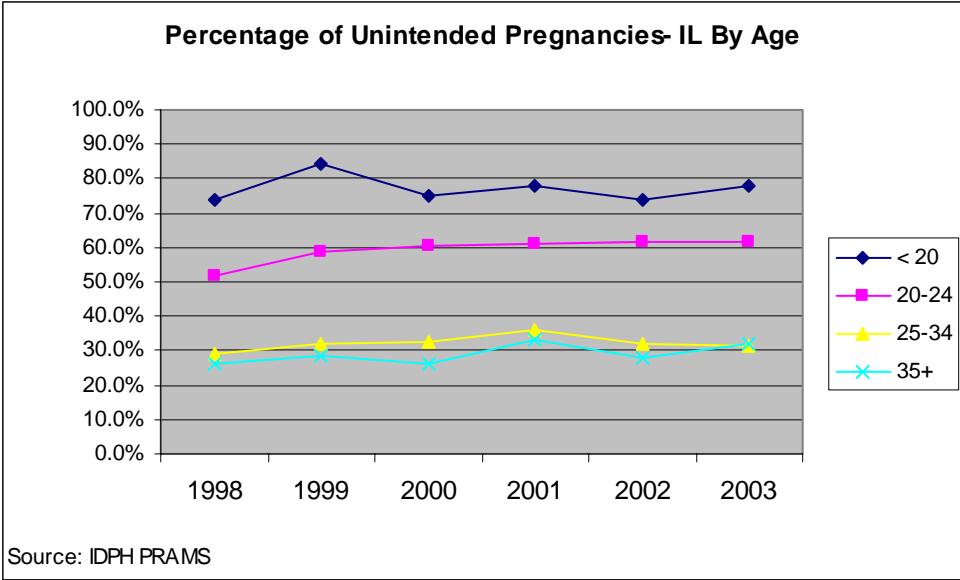
Source: YRBS

Unintended Pregnancy

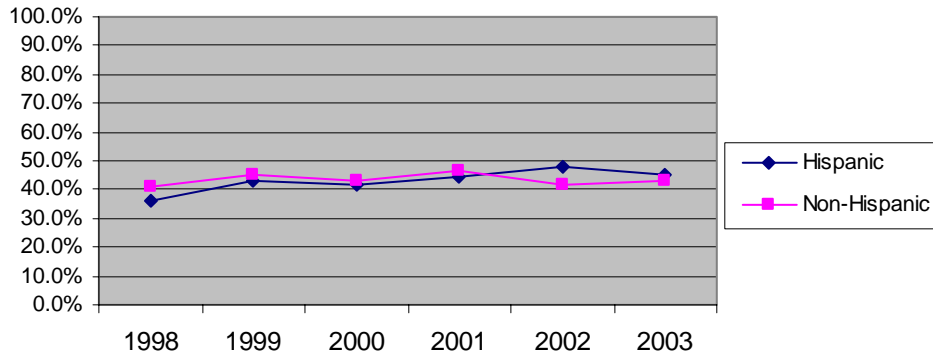
Percentage of Unintended Pregnancies - US



Source: IDPH PRAMS

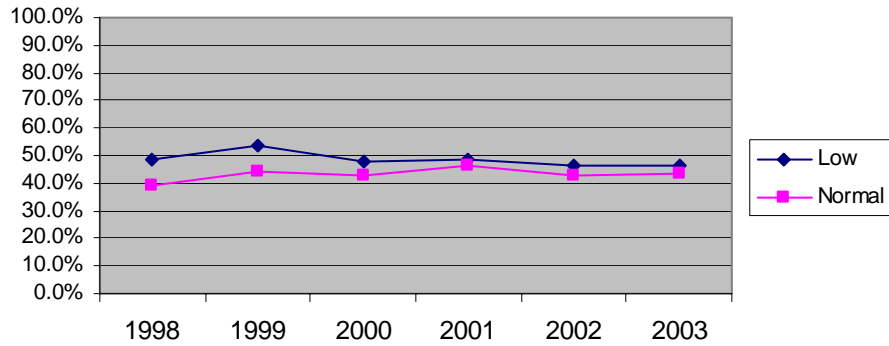


Percentage of Unintended Pregnancies- IL By Ethnicity



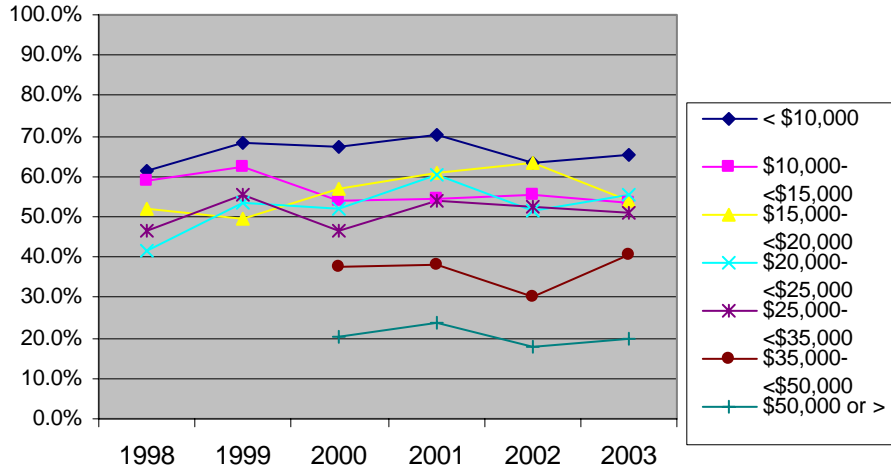
Source: IDPH PRAMS

Percentage of Unintended Pregnancies- IL By Birth Weight



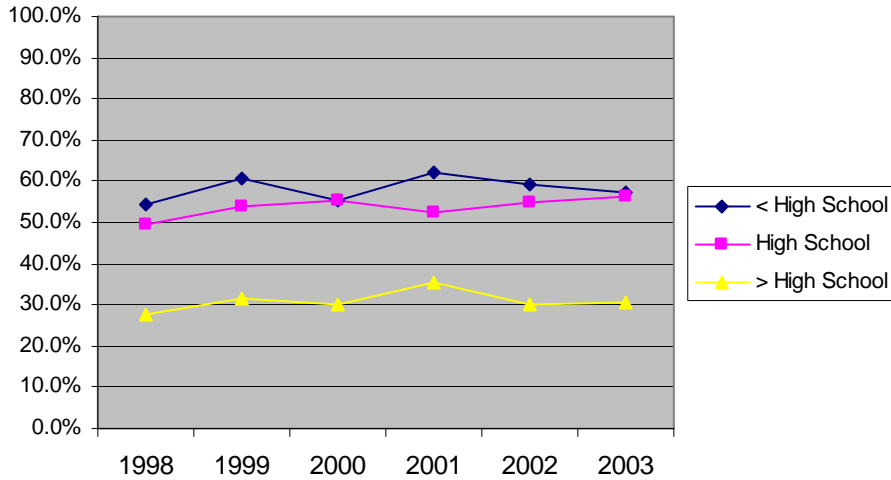
Source: IDPH PRAMS

Percentage of Unintended Pregnancies- IL By Income



Source: IDPH PRAMS

Percentage of Unintended Pregnancies- IL By Education

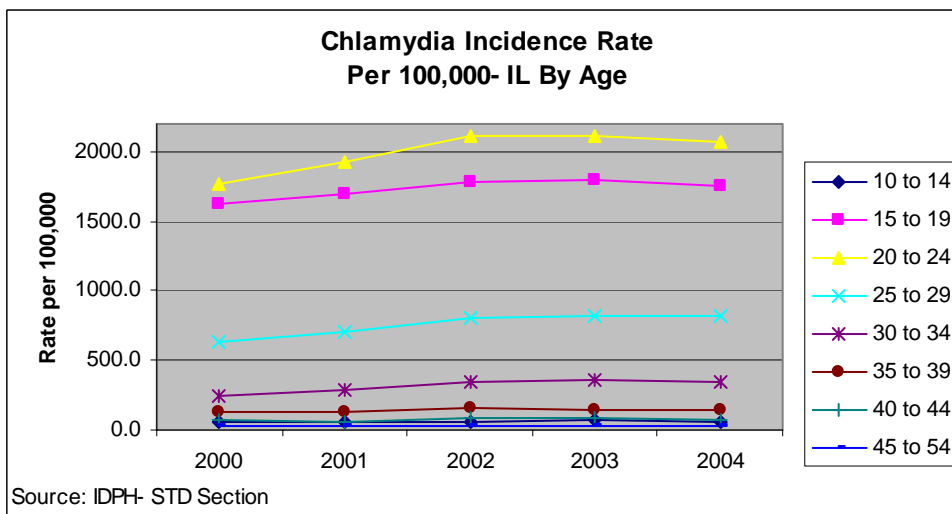
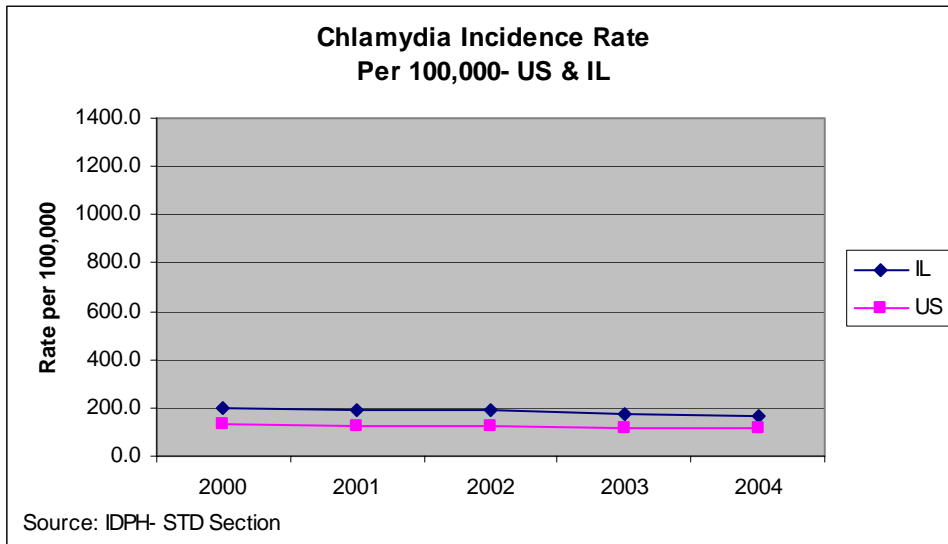


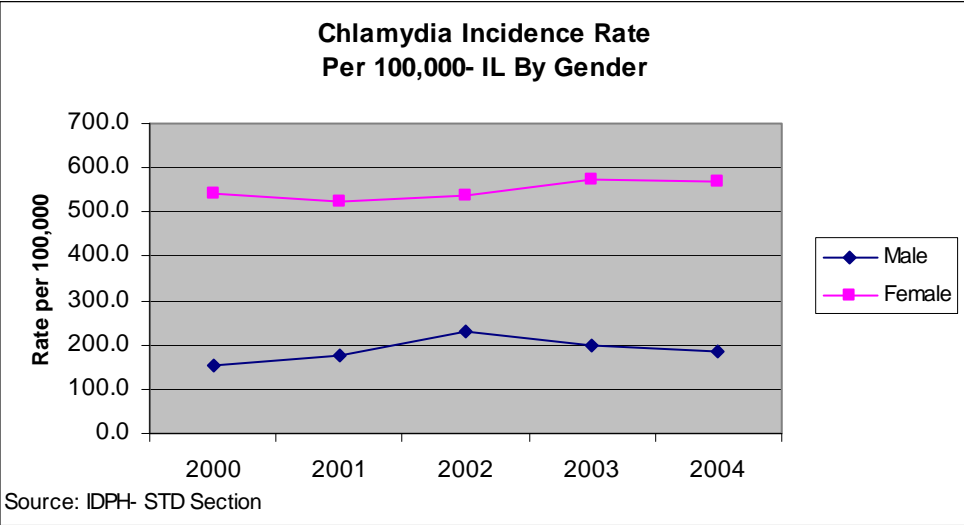
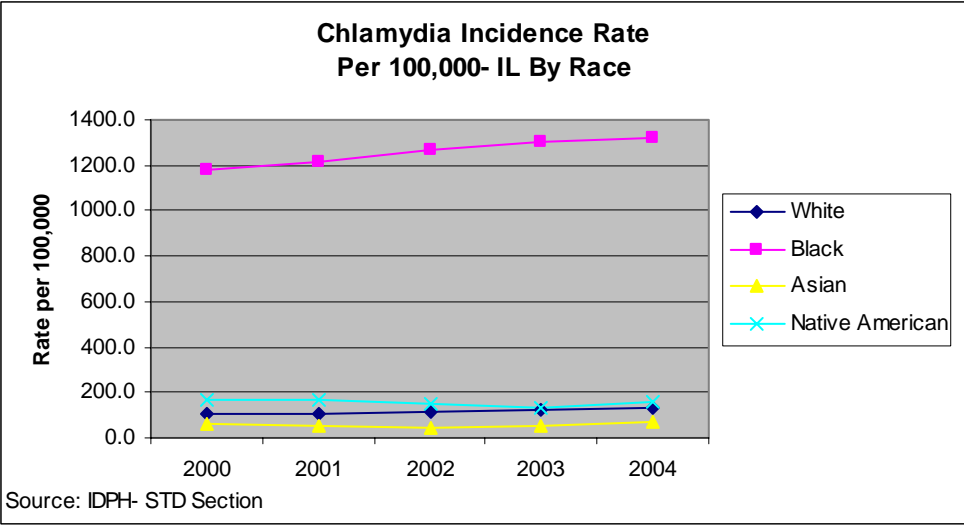
Source: IDPH PRAMS

Sexually Transmitted Diseases

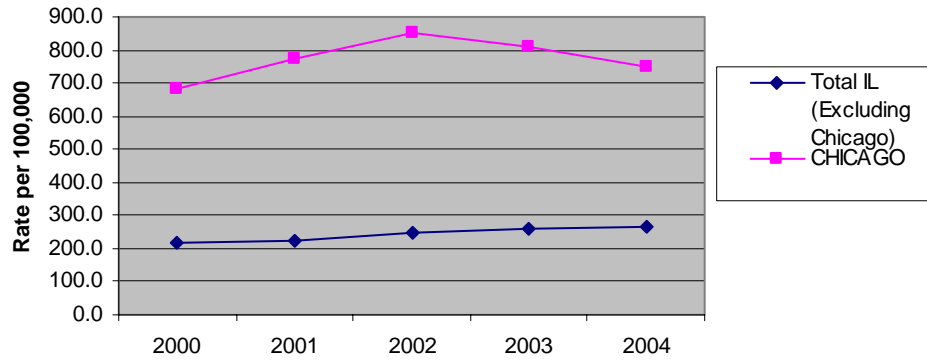
- 25-1 Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections
- Measure Chlamydia incidence rate
- 25-2 Reduce gonorrhea
- Measure Gonorrhea incidence rate

Chlamydia





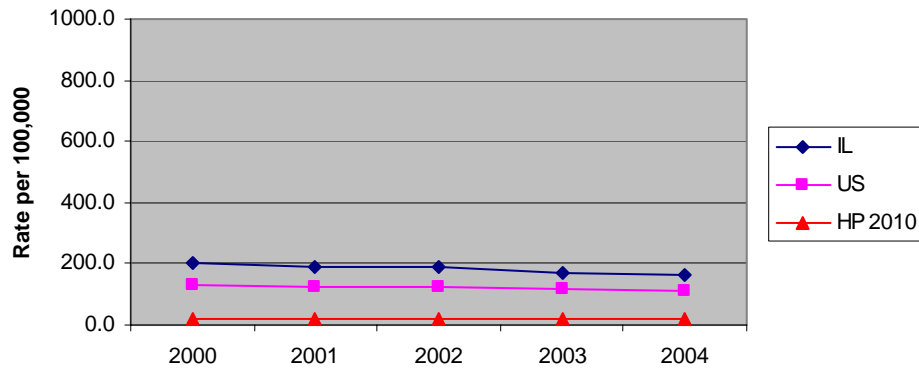
**Chlamydia Incidence Rate
Per 100,000- IL By Geographical Area**



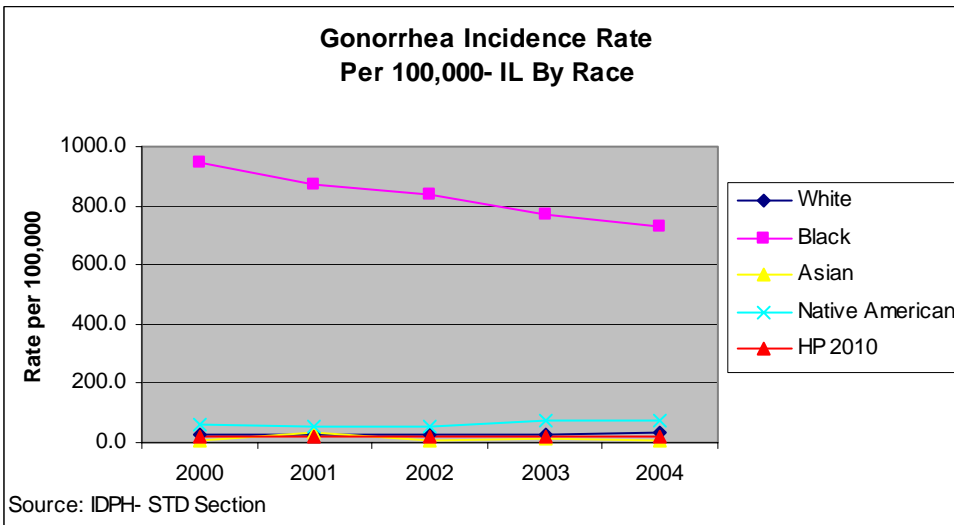
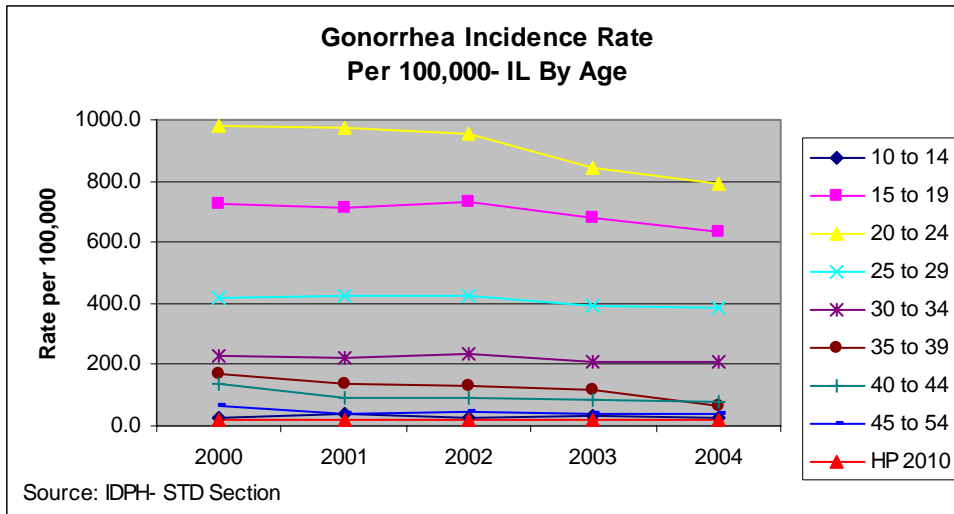
Source: IDPH- STD Section

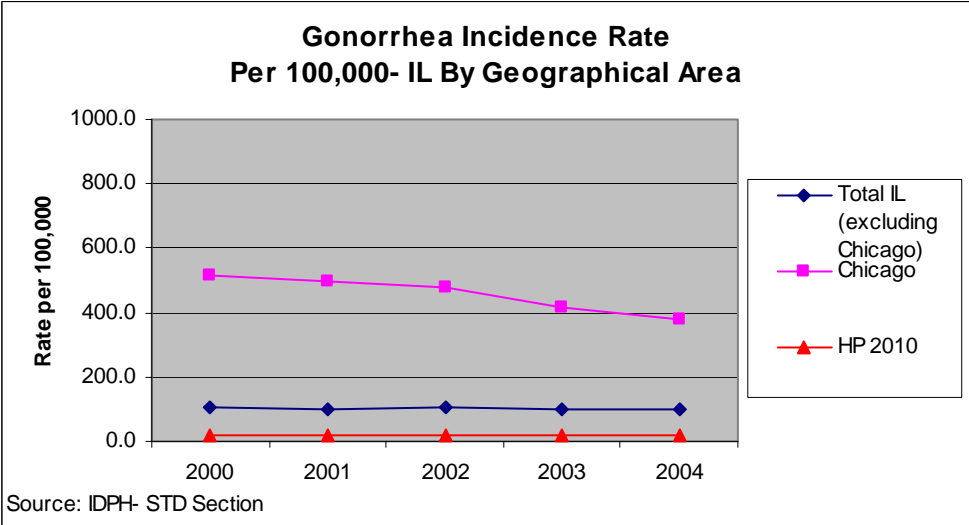
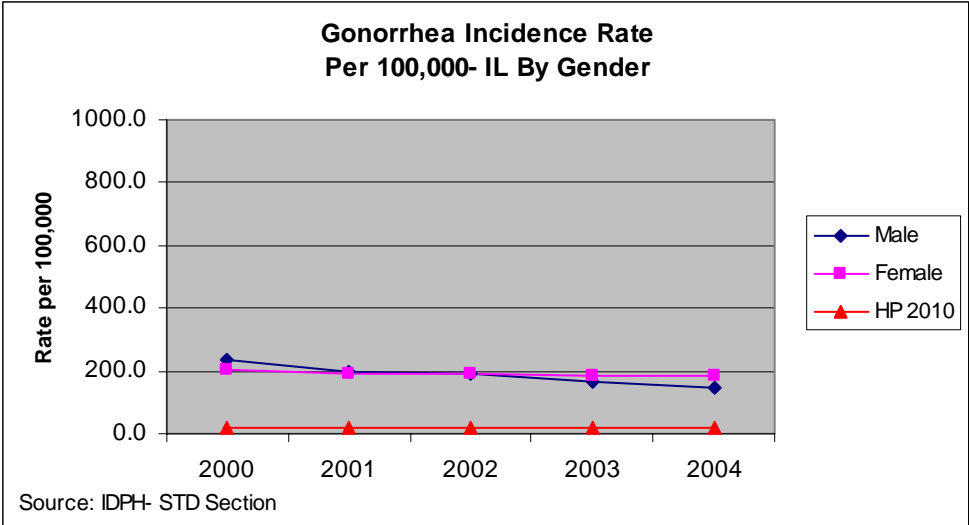
Gonorrhea

**Gonorrhea Incidence Rate
Per 100,000- US & IL**



Source: IDPH- STD Section

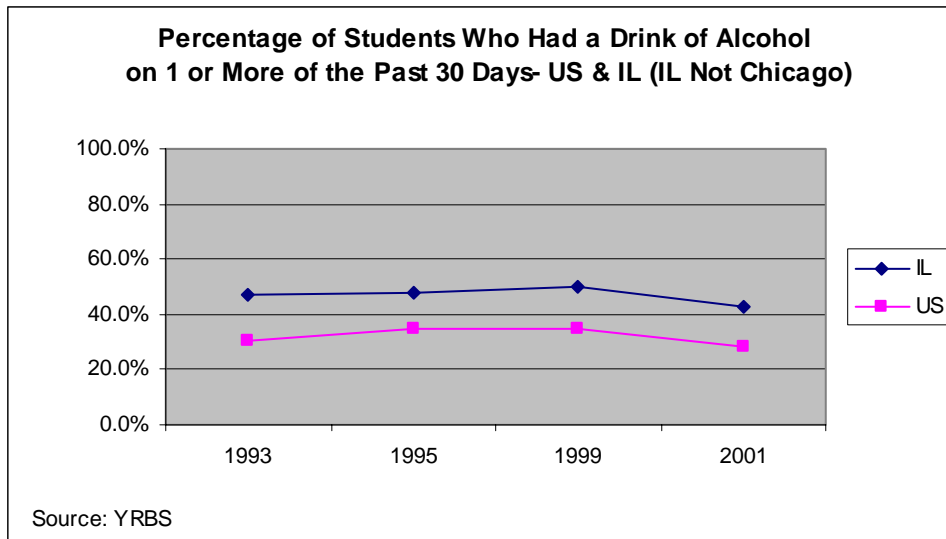


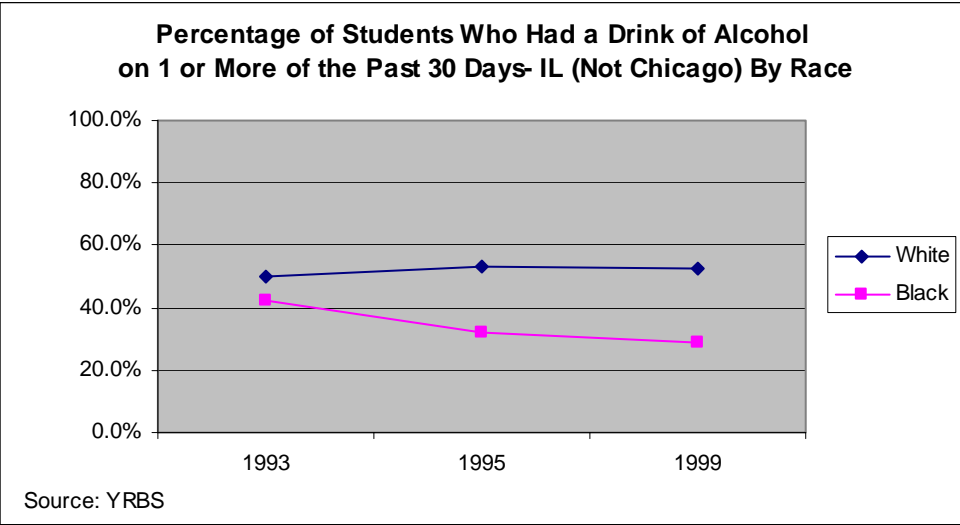
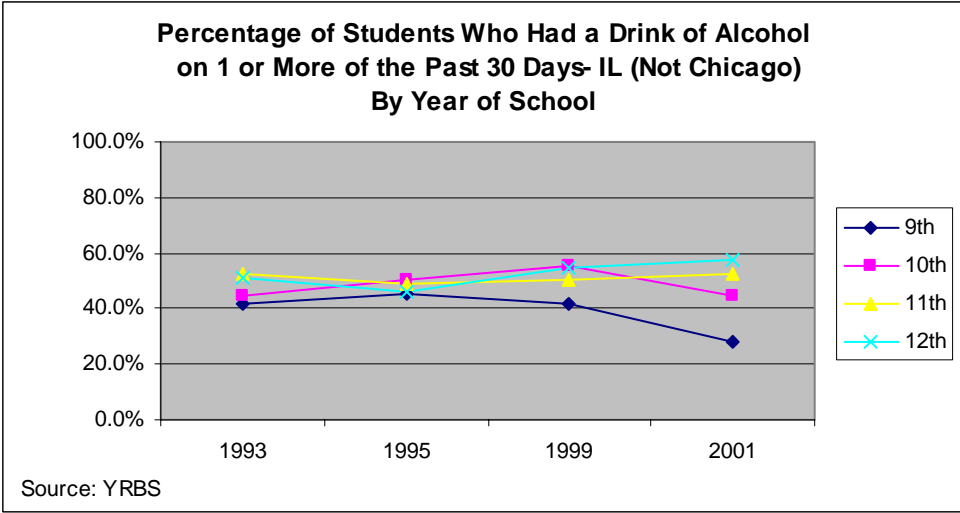


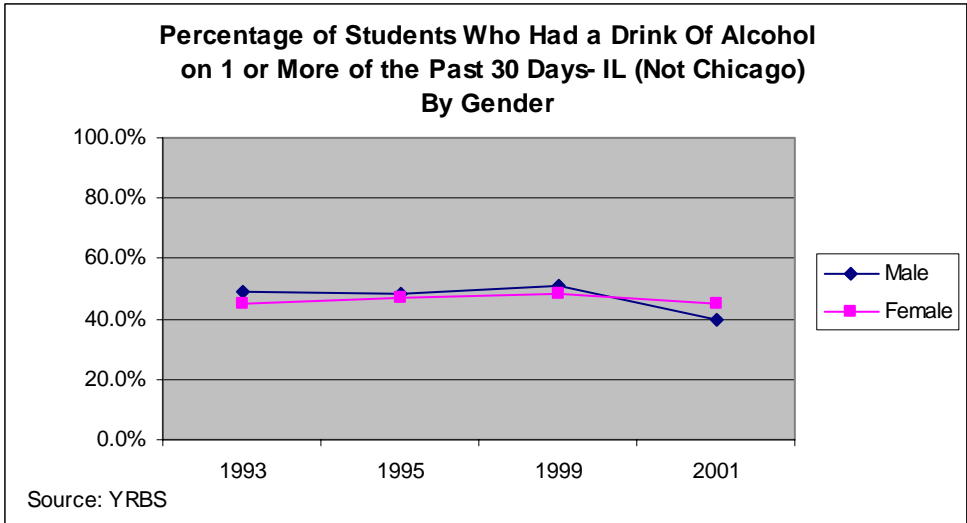
Substance Abuse

26-10a.	Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days
Measure	Percentage of students who had at least one drink of alcohol on one or more of the 30 days
	Percentage of students who used any illicit drug in the past 30 days
26-10c.	Reduce the proportion of adults using any illicit drug during the past 30 days
Measure	Not currently measured
26-11c.	Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month
Measure	Percentage of adults having five or more drinks on one occasion in the past 30 days

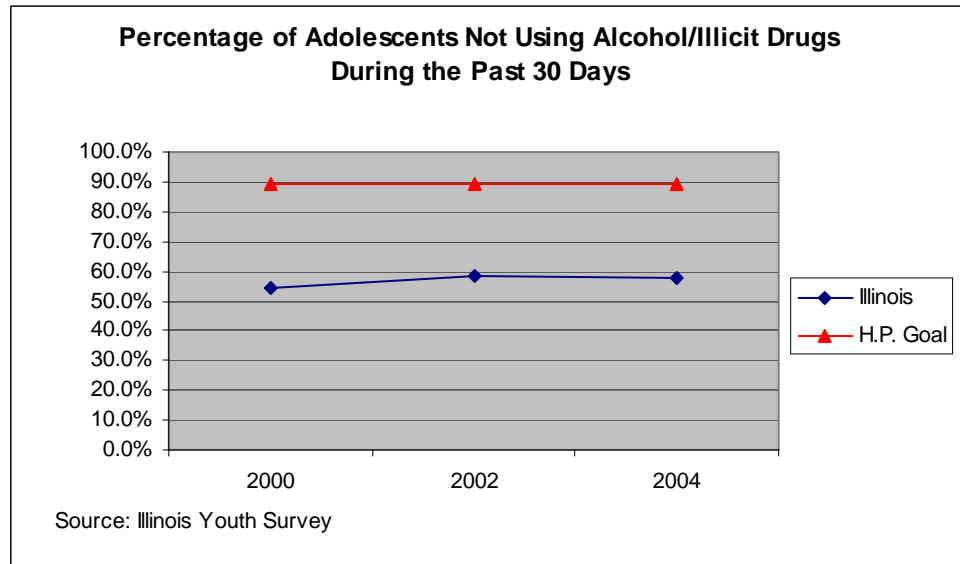
**Adolescent Alcohol Use-
Illinois Excluding Chicago**



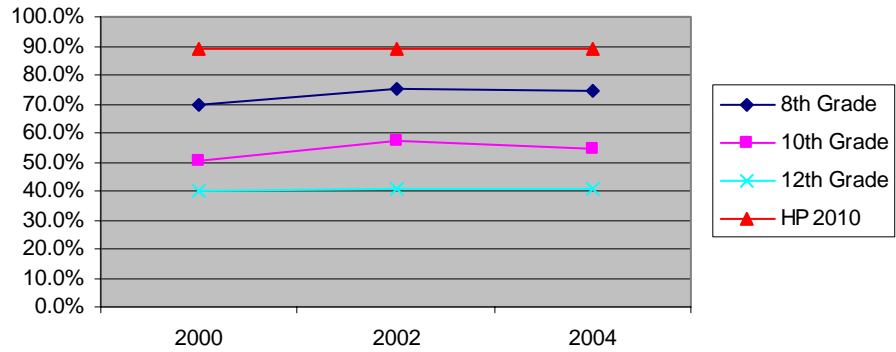




Adolescent Alcohol and Drug Use

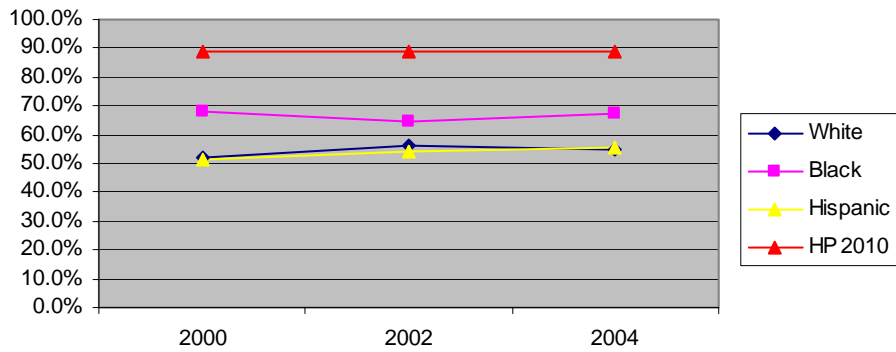


Percentage of Adolescents Not Using Alcohol/Illicit Drugs During the Past 30 Days- IL By Year of School



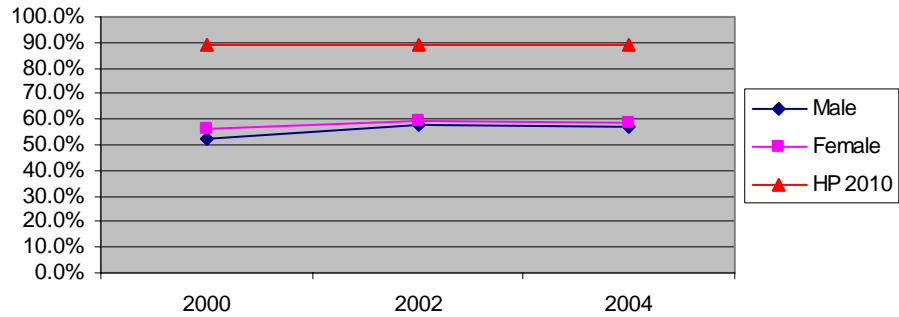
Source: Illinois Youth Survey

Percentage of Adolescents Not Using Alcohol/Illicit Drugs During the Past 30 Days- IL By Race



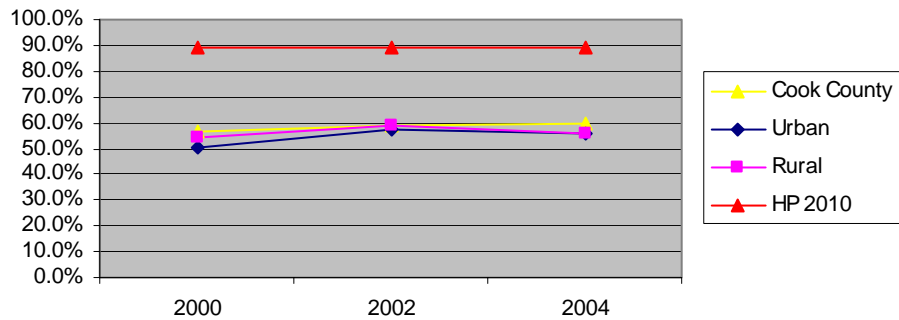
Source: Illinois Youth Survey

Percentage of Adolescents Not Using Alcohol/Illicit Drugs During the Past 30 Days- IL By Gender



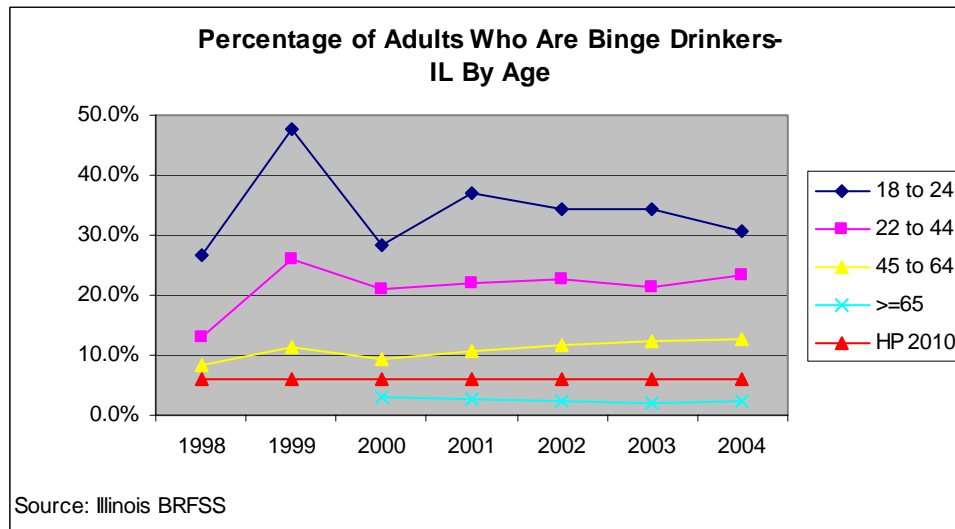
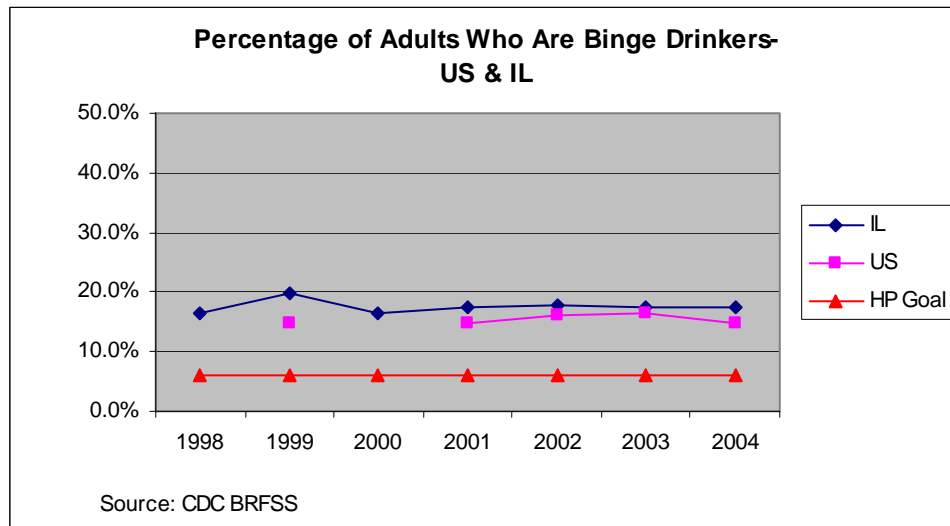
Source: Illinois Youth Survey

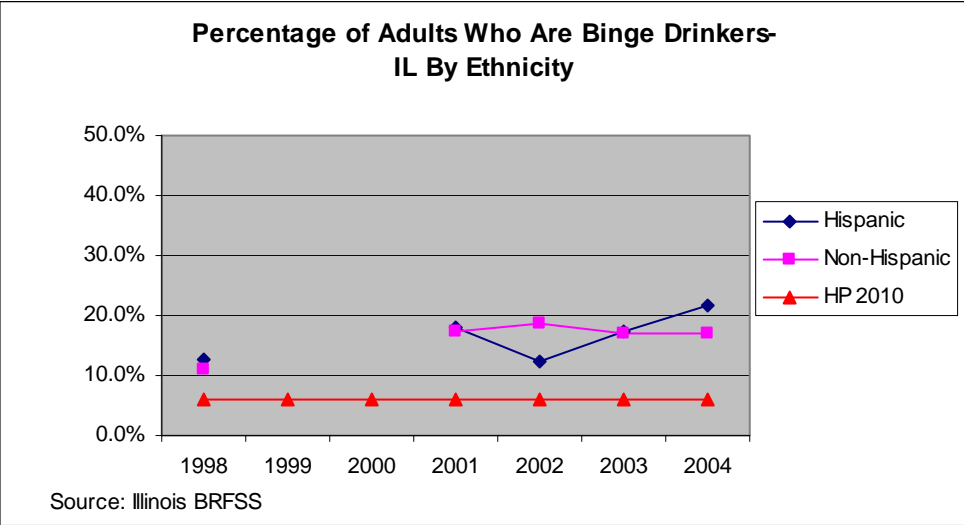
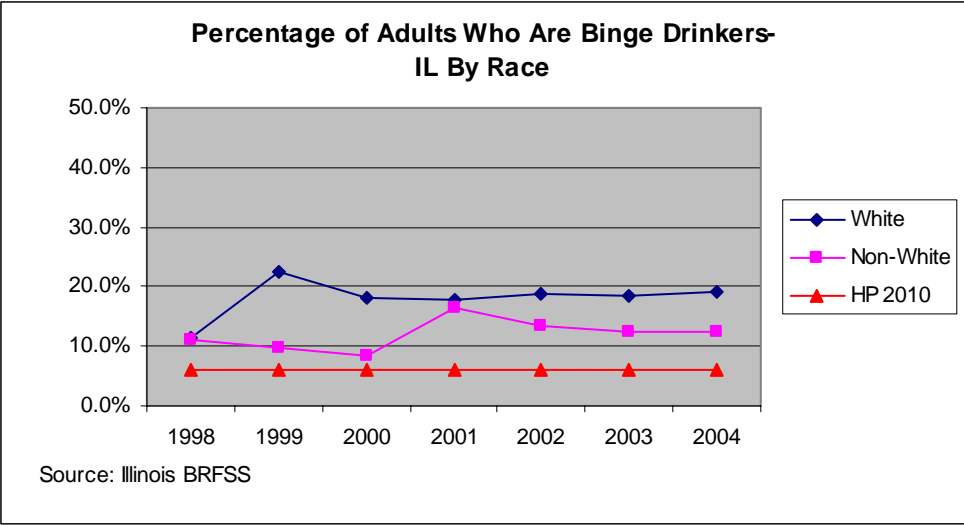
Percentage of Adolescents Not Using Alcohol/Illicit Drugs During the Past 30 Days- IL By Geographical Region

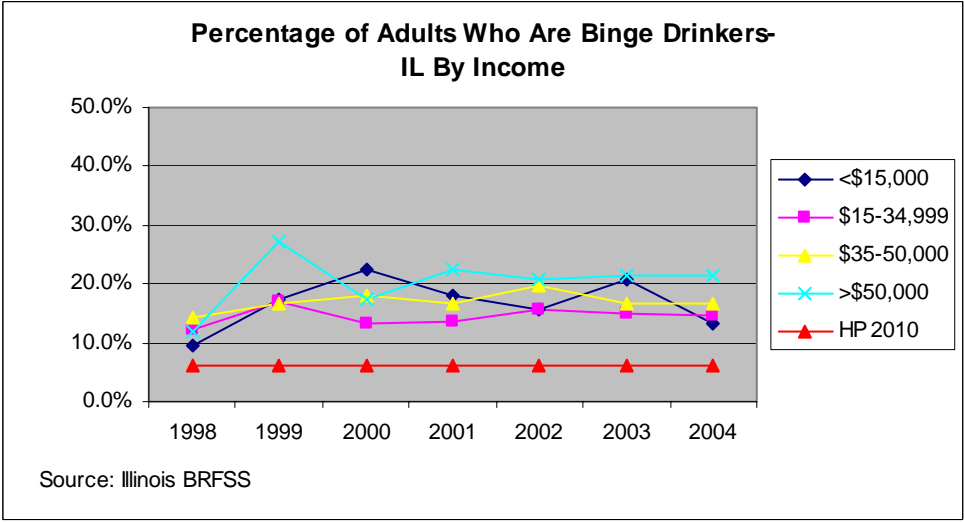
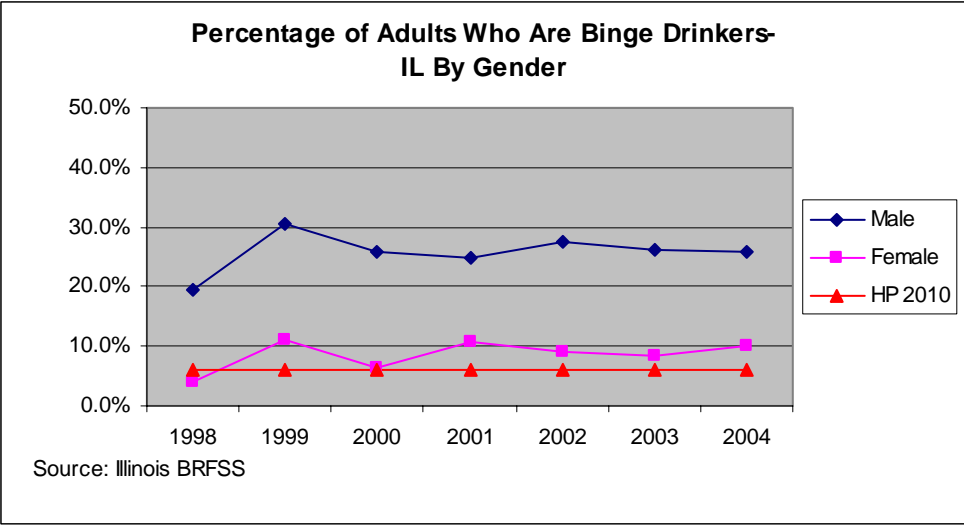


Source: Illinois Youth Survey

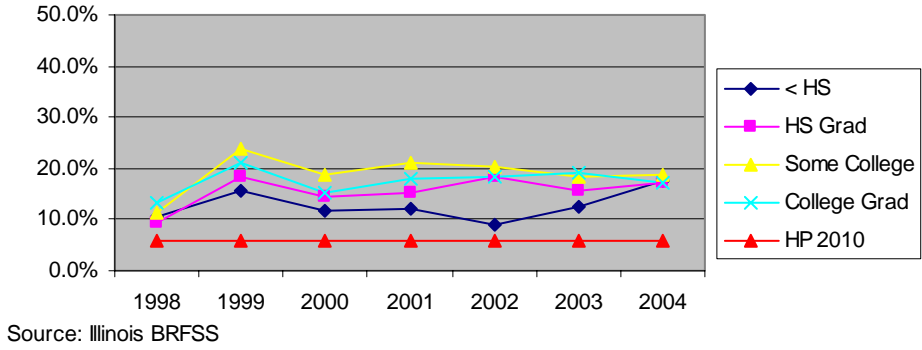
Adult Binge Drinking



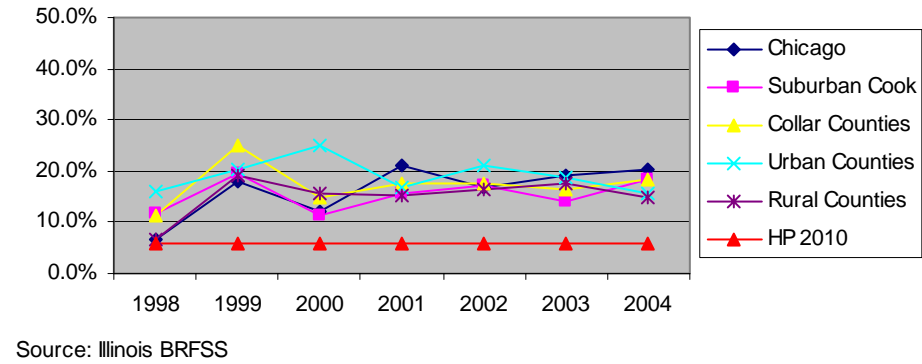




**Percentage of Adults Who Are Binge Drinkers-
IL By Education**



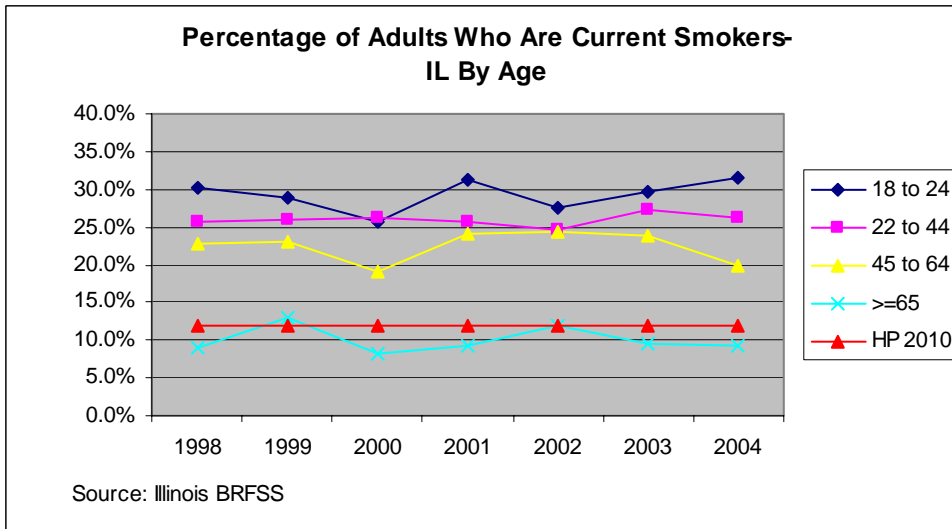
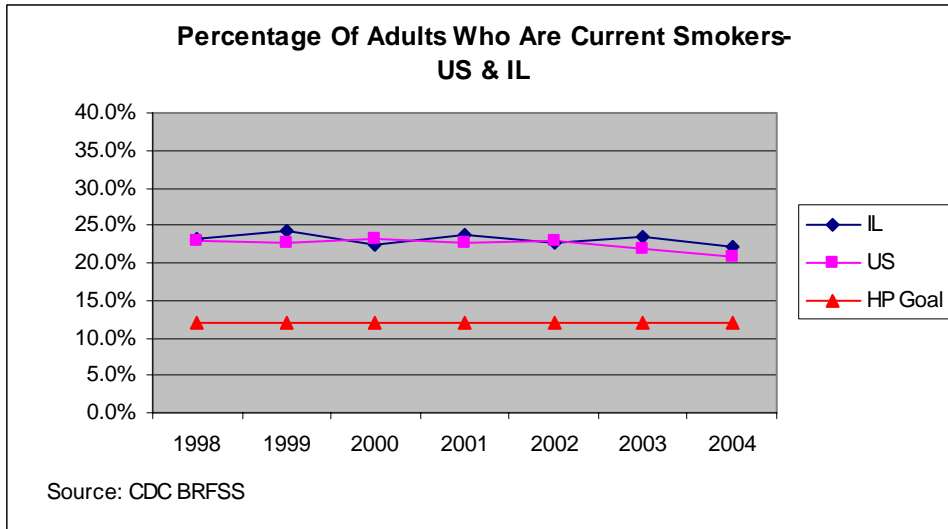
**Percentage of Adults Who Are Binge Drinkers-
IL By Geographical Region**



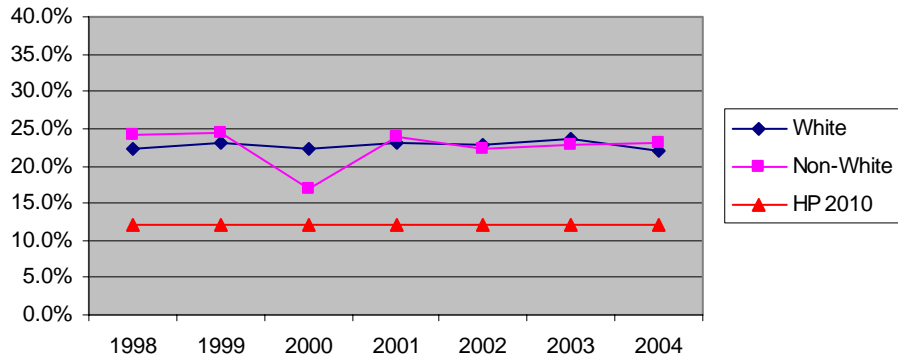
Tobacco Use

- 27-1a. Reduce cigarette smoking by adults
- Measure Percentage of adults that are smokers
- 27-2b. Reduce cigarette smoking by adolescents
- Measure Percentage of high school students who are current smokers

Adult Smoking

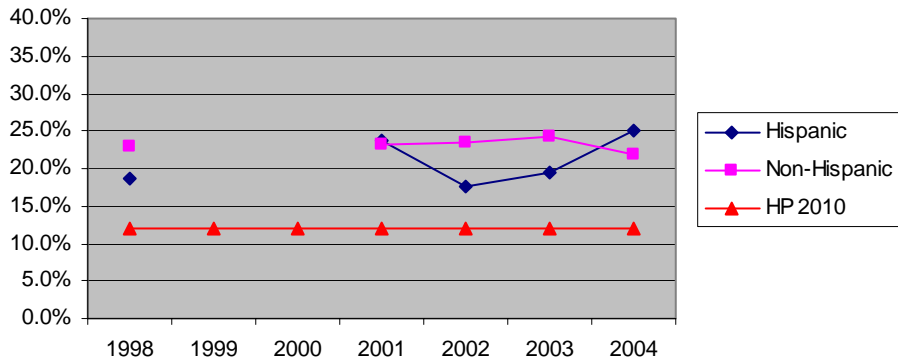


**Percentage of Adults Who Are Current Smokers-
IL By Race**

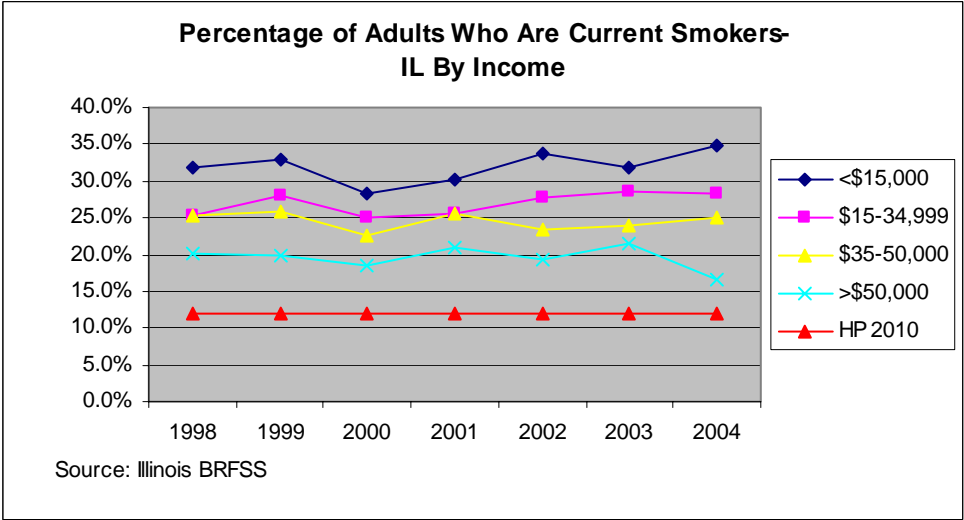
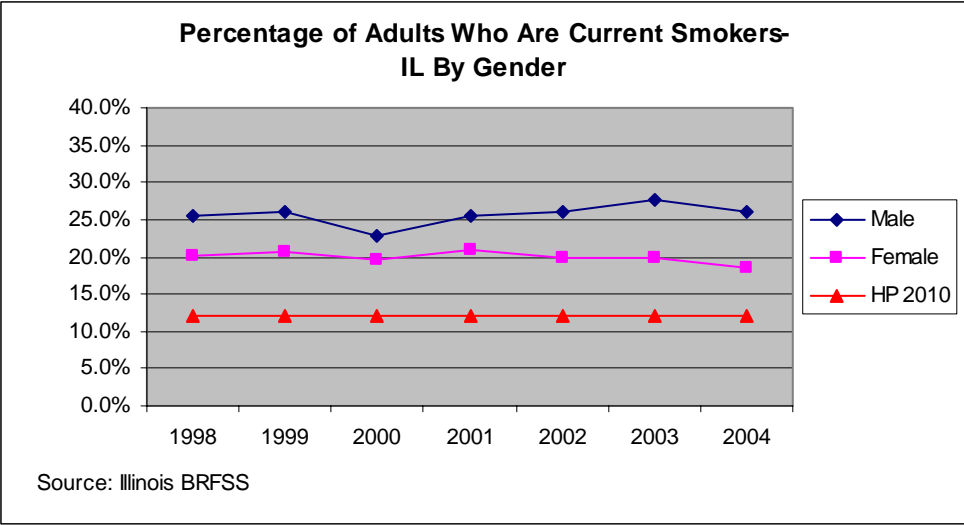


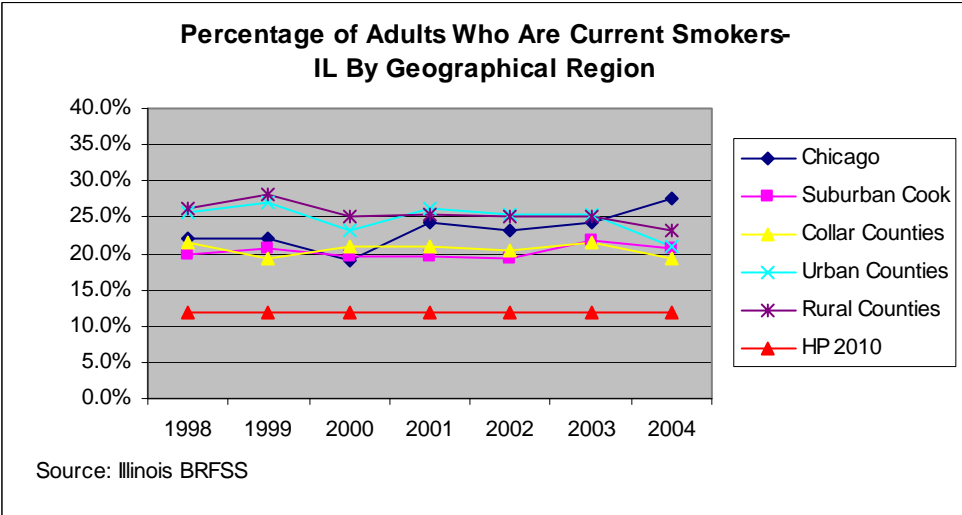
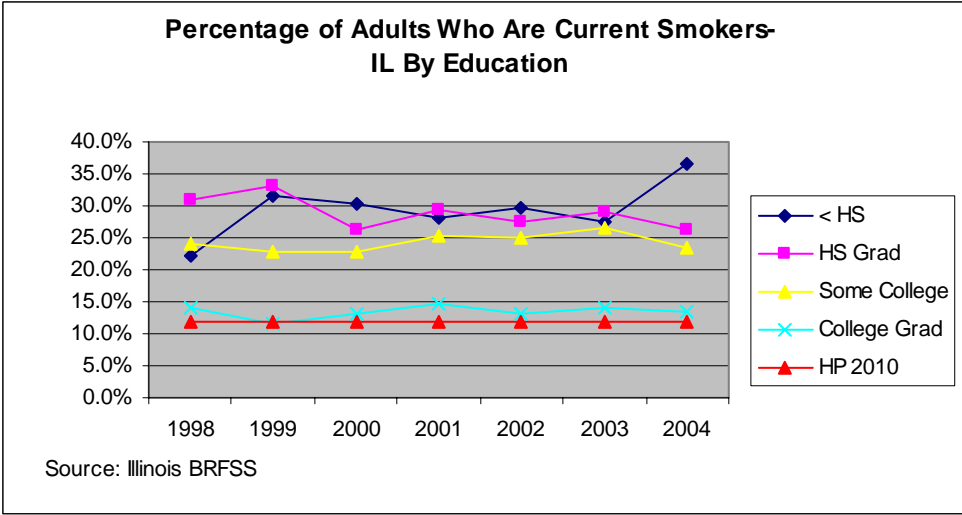
Source: Illinois BRFSS

**Percentage of Adults Who Are Current Smokers-
IL By Ethnicity**

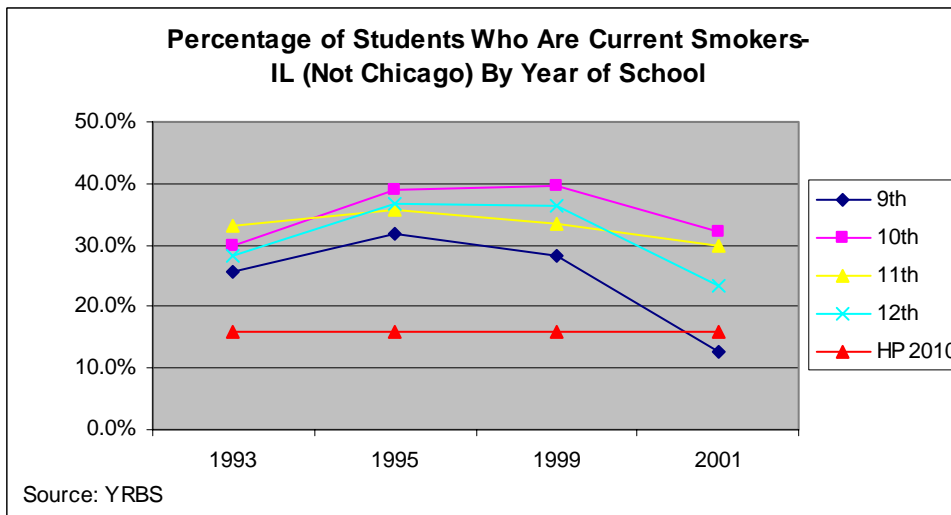
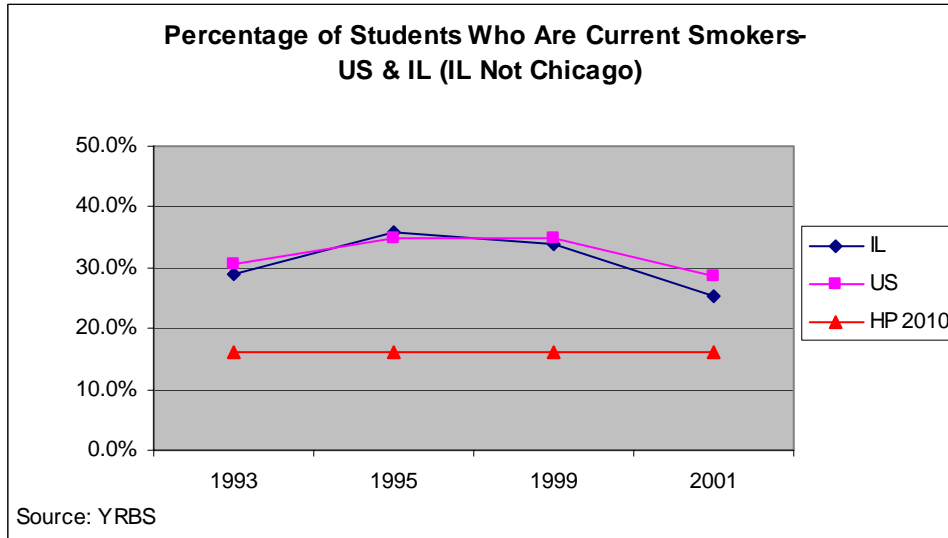


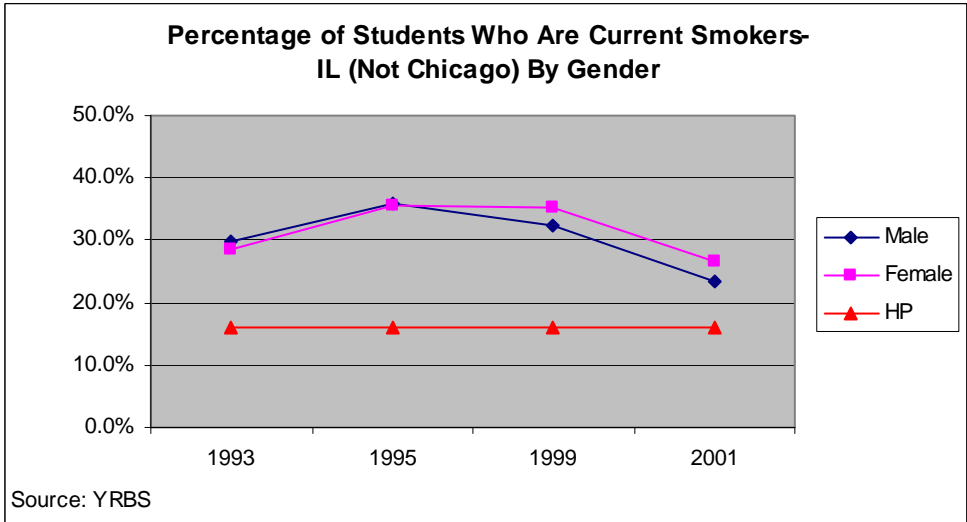
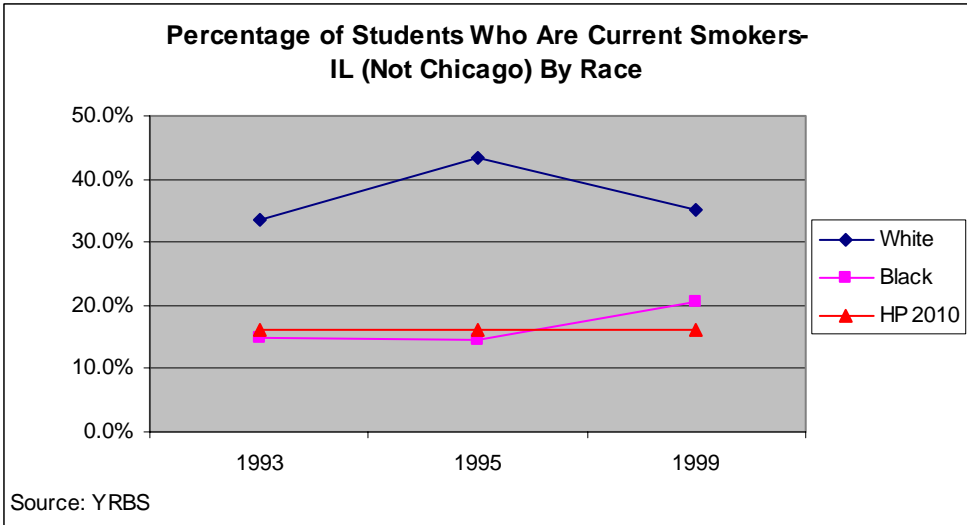
Source: Illinois BRFSS



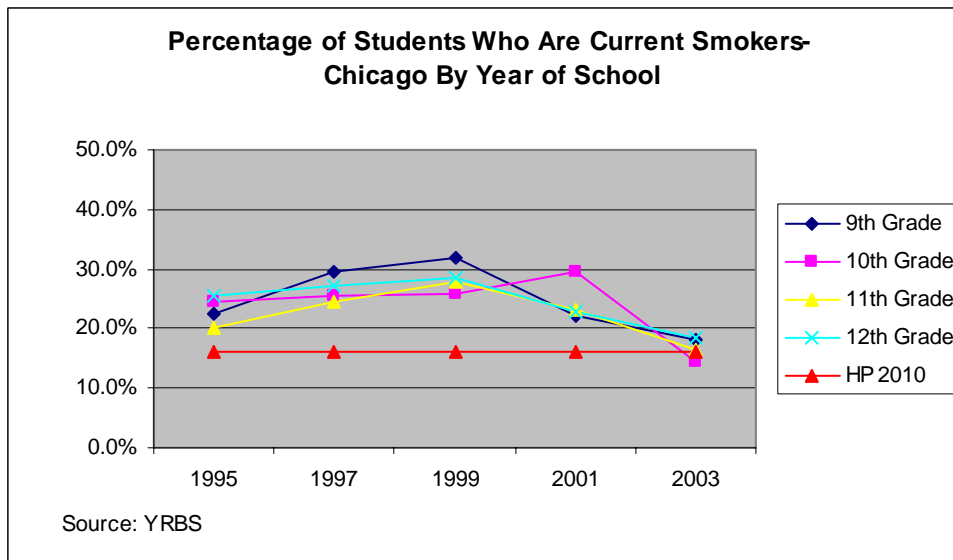
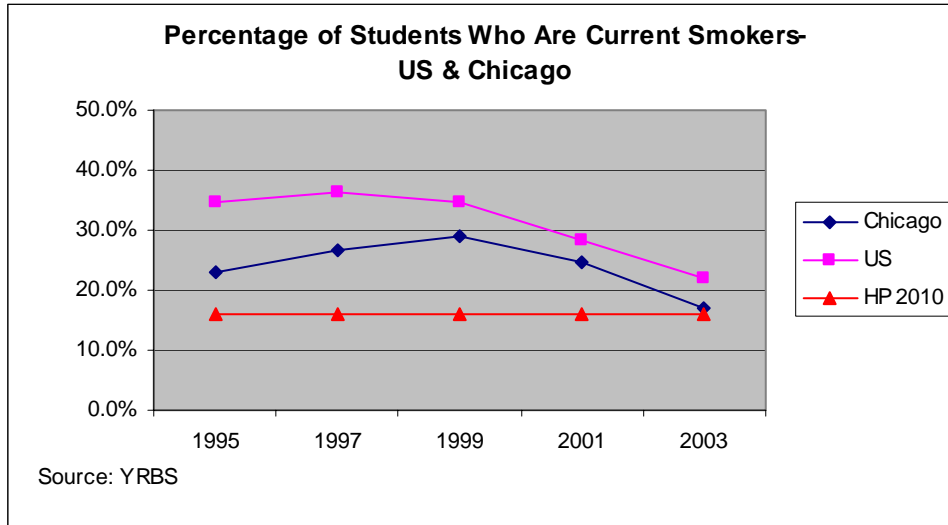


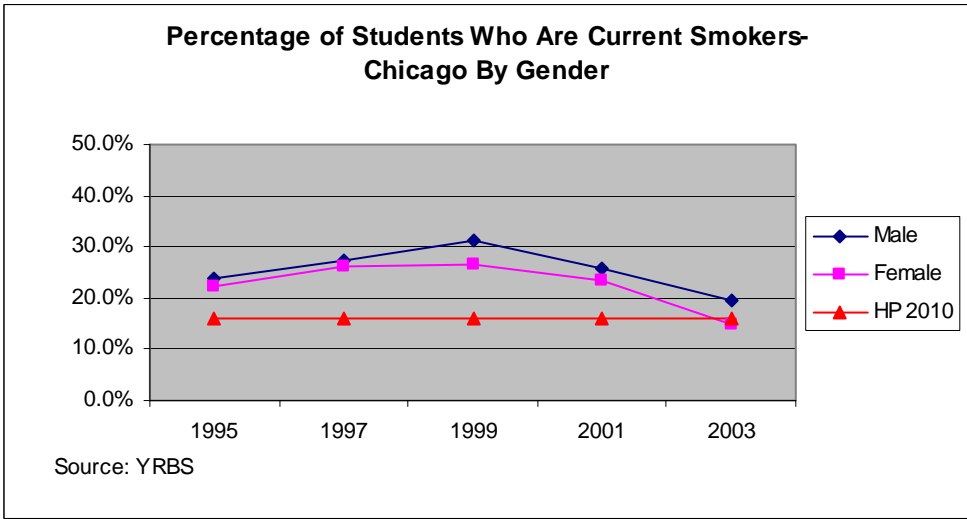
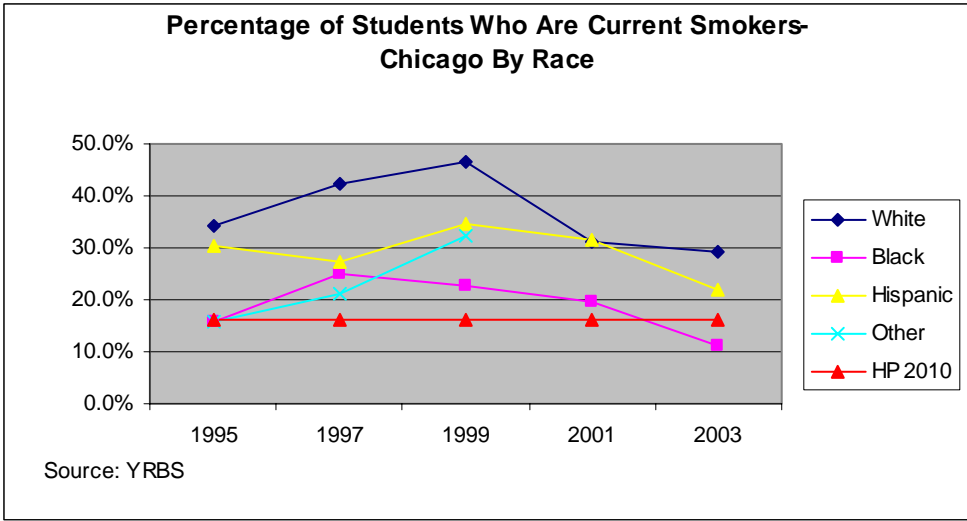
Adolescent Smoking- Illinois Excluding Chicago





Adolescent Smoking- Chicago





Appendix A

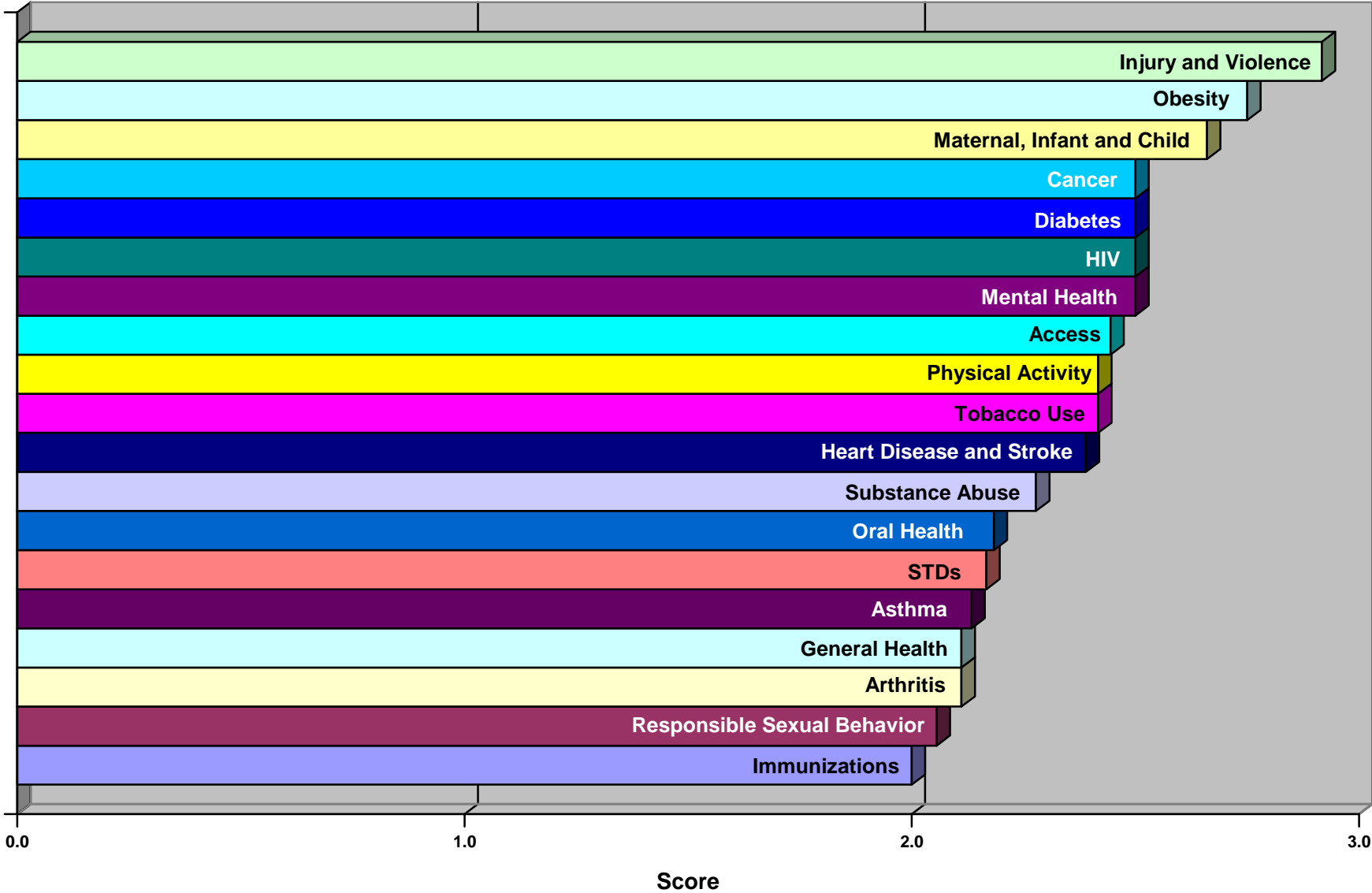
Ranking of the Healthy People 2010 Categories

The committee used seven criteria to rank 19 of the categories for which there were comparison data. The seven criteria included:

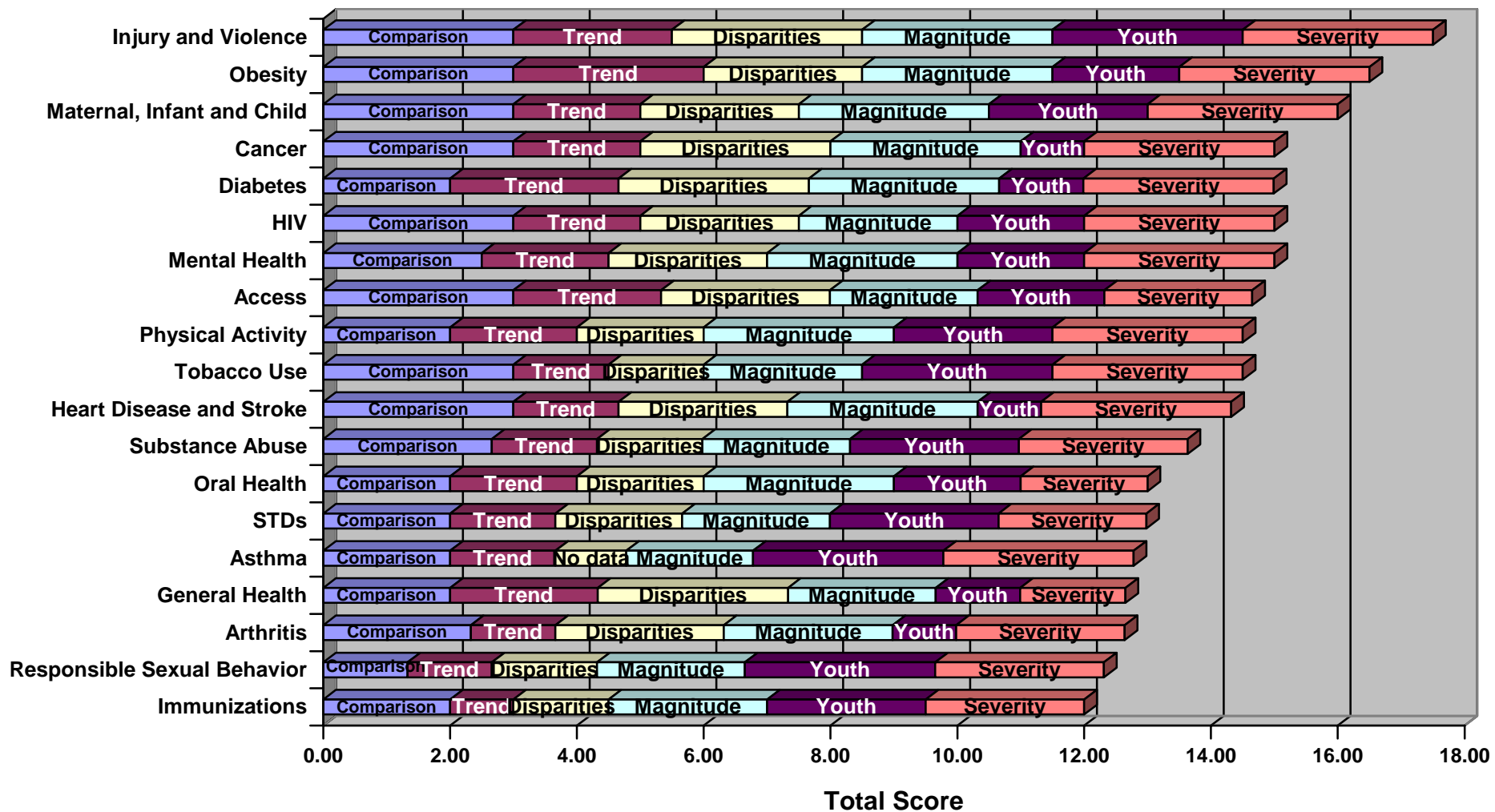
- **Comparison criterion.** How do the Illinois values for the various indicators related to each category compare to the HP 2010 objectives and/or the national value?
- **Trend criterion.** Does there appear to be a trend moving in the right direction, no trend/stable, or a trend moving in the wrong direction?
- **Disparities criterion.** Are there disparities by the categorization variables of age, race, ethnicity, gender, socioeconomic status, geography, and education?
- **Magnitude criterion.** What proportion of the population is affected?
- **Youth criterion-** To what degree do the health issues included in the category affect young people (under 18 years of age)?
- **Severity criterion.** How severe are the consequences regarding mortality, morbidity, years of potential life lost, years lived with a disability, or a chronic disease?
- **Data criterion.** What are the availability, timeliness, and accuracy of the data for each of the indicators included in a category?

The categories were ranked on a scale from 1 to 3 with higher scores suggesting a more urgent problem. For example, a 3 on the comparison criterion means Illinois is worse than the US value and/or HP 2010 objective, whereas a 1 means the Illinois value is better than those comparison values. The graphical and tabular displays that follow provide summaries of the data from the exercise.

Ranking of Categories by Seven Criteria



Relative Contribution of Each Criterion to Overall Ranking



Total Mean Score

Table 1	Mean
Injury and Violence	2.91
Overweight and Obesity	2.75
Maternal, Infant and Child	2.66
Cancer	2.50
Diabetes	2.50
HIV	2.50
Mental Health	2.50
Access	2.44
Physical Activity	2.41
Tobacco Use	2.41
Heart Disease	2.38
Substance Abuse	2.27
Oral Health	2.18
STDs	2.16
Asthma	2.13
Arthritis Total	2.11
General Health	2.11
Responsible Sexual Behavior	2.05
Immunizations	2.00

Comparison Mean Score

Table 2	Mean
Tobacco Use	3.00
Overweight and Obesity	3.00
Maternal, Infant and Child	3.00
Injury and Violence	3.00
HIV	3.00
Heart Disease and Stroke	3.00
Cancer	3.00
Access	3.00
Substance Abuse	2.66
Mental Health	2.50
Arthritis	2.33
STDs	2.00
Physical Activity	2.00
Oral Health	2.00
Immunizations	2.00
Diabetes	2.00
Asthma	2.00
General Health	2.00
Responsible Sexual Behavior	1.33

Trend Mean Score

Table 3	Mean
Overweight and Obesity	3.00
Diabetes	2.66
Injury and Violence	2.50
Access	2.33
General Health	2.33
Physical Activity	2.00
Oral Health	2.00
Mental Health	2.00
Maternal, Infant and Child	2.00
HIV	2.00
Cancer	2.00
Asthma	2.00
Substance Abuse	1.66
STDs	1.66
Heart Disease and Stroke	1.66
Tobacco Use	1.50
Responsible Sexual Behavior	1.33
Arthritis	1.33
Immunizations	1.00

Disparities Mean Score

Table 4	Mean
Injury and Violence	3.00
Diabetes	3.00
Cancer	3.00
General Health	3.00
Heart Disease and Stroke	2.66
Arthritis	2.66
Access	2.66
Overweight and Obesity	2.50
Mental Health	2.50
Maternal, Infant and Child	2.50
HIV	2.50
STDs	2.00
Physical Activity	2.00
Oral Health	2.00
Substance Abuse	1.66
Responsible Sexual Behavior	1.66
Tobacco Use	1.50
Immunizations	1.50
Asthma	

Magnitude Mean Score

Table 5	Mean
Physical Activity	3.00
Overweight and Obesity	3.00
Oral Health	3.00
Mental Health	3.00
Maternal, Infant and Child	3.00
Injury and Violence	3.00
Heart Disease and Stroke	3.00
Diabetes	3.00
Cancer	3.00
Arthritis	2.66
Tobacco Use	2.50
Immunizations	2.50
HIV	2.50
Substance Abuse	2.33
STDs	2.33
Responsible Sexual Behavior	2.33
Access	2.33
General Health	2.33
Asthma	2.00

Youth Mean Score

Table 6	Mean
Tobacco Use	3.00
Responsible Sexual Behavior	3.00
Injury and Violence	3.00
Asthma	3.00
Substance Abuse	2.66
STDs	2.66
Physical Activity	2.50
Maternal, Infant and Child	2.50
Immunizations	2.50
Overweight and Obesity	2.00
Oral Health	2.00
Mental Health	2.00
HIV	2.00
Access	2.00
Diabetes	1.33
General Health	1.33
Heart Disease and Stroke	1.00
Cancer	1.00
Arthritis	1.00

Severity Mean Score

Table 7	Mean
Tobacco Use	3.00
Physical Activity	3.00
Overweight and Obesity	3.00
Mental Health	3.00
Maternal, Infant and Child	3.00
Injury and Violence	3.00
HIV	3.00
Heart Disease and Stroke	3.00
Diabetes	3.00
Cancer	3.00
Asthma	3.00
Substance Abuse	2.66
Responsible Sexual Behavior	2.66
Arthritis	2.66
Immunizations	2.50
STDs	2.33
Access	2.33
Oral Health	2.00
General Health	1.66

Data Mean Score

Table 8	Mean
STDs	3.00
Responsible Sexual Behavior	3.00
HIV	3.00
Asthma	3.00
Substance Abuse	2.66
Physical Activity	2.50
Mental Health	2.50
Immunizations	2.50
Heart Disease and Stroke	2.33
Cancer	2.33
General Health	2.33
Tobacco Use	2.00
Overweight and Obesity	2.00
Oral Health	2.00
Injury and Violence	2.00
Arthritis	2.00
Access	2.00
Diabetes	1.66
Maternal, Infant and Child	1.00

Criterion Mean Score

Table 9	Mean
Severity Criteria	2.70
Magnitude Criteria	2.70
Comparison Criteria	2.37
Disparities Criteria	2.34
Data Criteria	2.33
Trend Criteria	1.92
Effect Criteria	1.92
