IMPACT DUPAGE

DRIVING DUPAGE FORWARD

Community Profile

PHASE Three

2018 Assessment

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2018 Assessment

Introduction

The Community Profile answers the following questions:

How healthy is the community?

What does the health status of the community look like?

To answer these questions, we use quantitative data from the Impact DuPage Community Dashboard, supplemented by additional data provided by the DuPage County Health Department's Communicable Disease and Epidemiology unit. The Community Dashboard also includes a Data Scoring Tool, which provides a summary of indicator comparisons and assists with identifying the most pressing needs in our community.

Indicators are organized in the following sections:

1. Demographics
2. Social Determinants of Health
3. Access to Care
4. Behavioral Risk Factors
5. Environmental Health
6. Mental Health
7. Maternal and Child Health
8. Chronic Conditions
9. Death, Injury, and Violence
10. Communicable Disease

Below is a legend describing the symbols used throughout this document for comparisons to other locations and values.

Indicator Legend

The gauge represents the **distribution** of communities reporting the data, and tells you how you compare to other communities. Keep in mind that in some cases, high values are "good" and sometimes high values are "bad."

Green represents the "best" 50th percentile.

Yellow represents the 50th to 25th quartile.

Red represents the "worst" quartile.

The circle represents a comparison to a **target value**.

The current value has met, or is better than the target value.

The current value not met the target value.

The diamond represents a comparison to a **single value**.

The current value is lower than the comparison value.

The current value is higher than the comparison value.

The current value is not statistically different from the comparison value.

The square represents the measured **trend**.

There has been a non-significant increase over time.

There has been a non-significant decrease over time.

There has been a significant increase over time.

There has been a significant decrease over time.

There has been neither a statistically significant increase nor decrease over time.

The triangle represents a comparison to a **prior value**.

The current value is higher than the previously measured value.

The current value is lower than the previously measured value.

Demographics

Demographic characteristics include measures of total population, as well as the percent of total population by age group, gender, race/ethnicity, and the rate of change in population over time. Socioeconomic characteristics are also examined, such as the number of residents with incomes below the federal poverty level.

DuPage County is home to 929,026 residents. Between 2010 and 2018, the population of DuPage County changed by +1.32%, while the population of Illinois changed by -0.48%. The median age in DuPage County is 39.6 years.

Source: Claritas, 2018

Population by Age Group

Population by Age Group	County: DuPage		State: Illinois	
	Persons	% of Population	Persons	% of Population
0-4	54,245	5.84%	770,257	6.03%
5-9	56,270	6.06%	787,649	6.17%
10-14	60,470	6.51%	816,939	6.40%
15-17	38,470	4.14%	508,183	3.98%
18-20	38,041	4.09%	535,615	4.19%
21-24	48,412	5.21%	698,326	5.47%
25-34	113,901	12.26%	1,714,476	13.43%
35-44	119,153	12.83%	1,660,497	13.00%
45-54	128,653	13.85%	1,668,567	13.07%
55-64	130,789	14.08%	1,660,072	13.00%
65-74	85,018	9.15%	1,139,147	8.92%
75-84	37,975	4.09%	553,784	4.34%
85+	17,629	1.90%	254,930	2.00%

Population by Sex

Population by Sex	County: DuPage		State: Illinois	
	Persons	% of Population	Persons	% of Population
Male	456,178	49.10%	6,273,815	49.14%
Female	472,848	50.90%	6,494,627	50.86%

Population by Race

Population by Race	County: DuPage		State: Illinois	
	Persons	% of Population	Persons	% of Population
White	689,682	74.24%	8,888,079	69.61%
Black/African American	49,183	5.29%	1,819,806	14.25%
American Indian/Alaskan Native	2,616	0.28%	46,387	0.36%
Asian	110,964	11.94%	727,482	5.70%
Native Hawaiian/Pacific Islander	363	0.04%	4,887	0.04%
Some Other Race	51,325	5.52%	943,677	7.39%
2+ Races	24,893	2.68%	338,124	2.65%

Population by Ethnicity

Population by Ethnicity	County: DuPage		State: Illinois	
	Persons	% of Population	Persons	% of Population
Hispanic/Latino	138,733	14.93%	2,234,148	17.50%
Non-Hispanic/Latino	790,293	85.07%	10,534,294	82.50%

Population Age 15+ by Marital Status

Population Age 15+ by Marital Status	County: DuPage		State: Illinois	
	Persons	% of Population Age 15+	Persons	% of Population Age 15+
Never Married	232,099	30.62%	3,672,917	35.34%
Married, Spouse present	400,106	52.78%	4,688,141	45.11%
Married, Spouse absent	24,656	3.25%	420,208	4.04%
Divorced	63,020	8.31%	1,011,427	9.73%
Widowed	38,160	5.03%	600,904	5.78%

Population Age 5+ by Language Spoken at Home

Population Age 5+ by Language Spoken at Home	County: DuPage		State: Illinois	
	Persons	% of Population Age 5+	Persons	% of Population Age 5+
Speak Only English	644,077	73.63%	9,252,112	77.11%
Speak Spanish	91,728	10.49%	1,609,880	13.42%
Speak Asian/Pac Islander Lang	43,103	4.93%	350,661	2.92%
Speak Indo-European Lang	88,999	10.17%	659,860	5.50%
Speak Other Lang	6,874	0.79%	125,672	1.05%

Households by Income

Households by Income	County: DuPage		State: Illinois	
	Households	% of Households	Households	% of Households
Under $15,000	20,009	5.81%	505,184	10.40%
$15,000 - $24,999	19,336	5.61%	431,616	8.88%
$25,000 - $34,999	20,776	6.03%	417,453	8.59%
$35,000 - $49,999	33,359	9.68%	594,752	12.24%
$50,000 - $74,999	53,988	15.67%	807,942	16.63%
$75,000 - $99,999	44,246	12.85%	609,560	12.54%
$100,000 - $124,999	37,921	11.01%	456,165	9.39%
$125,000 - $149,999	29,500	8.56%	312,833	6.44%
$150,000 - $199,999	34,934	10.14%	323,993	6.67%
$200,000 - $249,999	18,063	5.24%	155,569	3.20%
$250,000 - $499,999	20,785	6.03%	163,265	3.36%
$500,000+	11,531	3.35%	80,919	1.67%

Average Number Vehicles Available	Housing Units	Owner-Occupied Housing Units Average Value	Owner-Occupied Housing Units Median Value	Percent Housing Unit Change: 2010 to 2018
1.9 Vehicles	366,450 Housing units	$404,684	$322,910	2.88%

Employed Civilian 16+ by Industry

Employed Civilian 16+ by Industry	County: DuPage		State: Illinois	
	Persons	% of Employed Civilian 16+ Population	Persons	% of Employed Civilian 16+ Population
Accommodation/Food Services	32,371	6.67%	439,642	7.19%
Admin/Spprt/Waste Mgmt	20,314	4.18%	258,408	4.23%
Agriculture/Forest/Fish/Hunt	1,069	0.22%	67,657	1.11%
Entertainment/Rec Svcs	10,719	2.21%	121,868	1.99%

Employed Civilian 16+ by Industry	County: DuPage		State: Illinois	
	Persons	% of Employed Civilian 16+ Population	Persons	% of Employed Civilian 16+ Population
Construction	23,132	4.76%	322,697	5.28%
Educational Svcs	42,625	8.78%	570,165	9.33%
Fin/Insur/RE/Rent/Lse	42,518	8.76%	445,717	7.29%
Health Care/Soc Asst	58,790	12.11%	819,836	13.42%
Information	12,654	2.61%	119,304	1.95%
Mgmt of Companies	853	0.18%	8,159	0.13%
Total Manufacturing	61,511	12.67%	756,248	12.38%
Oth Svcs, Not Pub Admin	21,816	4.49%	284,712	4.66%
Prof/Sci/Tech/Admin	50,822	10.47%	445,016	7.28%
Public Administration	11,034	2.27%	222,391	3.64%

Workers by Means of Transportation to Work

Workers by Means of Transportation to Work	County: DuPage		State: Illinois	
	Workers	% of Workers	Workers	% of Workers
Worked at Home	27,211	5.71%	262,520	4.37%
Walked	7,440	1.56%	184,262	3.07%
Bicycle	1,275	0.27%	38,150	0.63%
Carpooled	34,223	7.18%	480,850	8.00%
Drove Alone	370,395	77.74%	4,421,682	73.57%
Public Transport	31,941	6.70%	557,930	9.28%
Other	3,938	0.83%	64,674	1.08%

Claritas, 2018

Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

People Living Below Poverty Level

7.0%
(2012-2016)

IL Counties

U.S. Counties

IL Value
(14.0%)

US Value
(15.1%)

Prior Value
(7.4%)

Trend

People Living Below Poverty Level
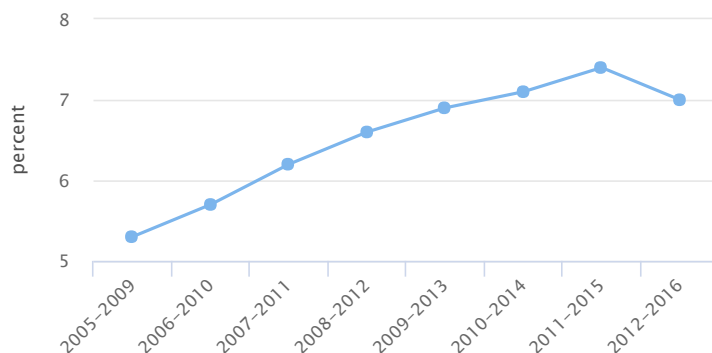
People Living Below Poverty Level by Age
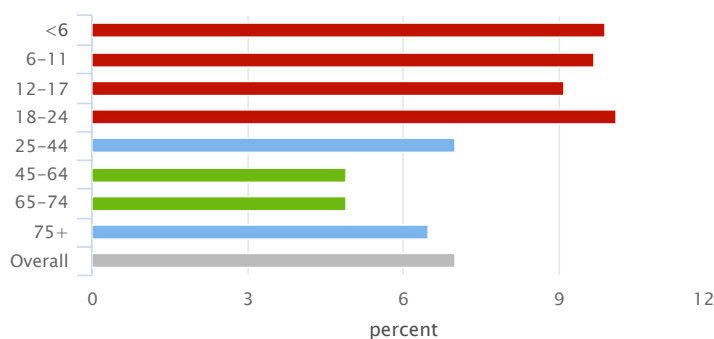
☐ Significantly **better** than the overall value

☐ Significantly **worse** than the overall value

☐ Not significantly different than the overall value (or no confidence intervals available)

People Living Below Poverty Level by Gender
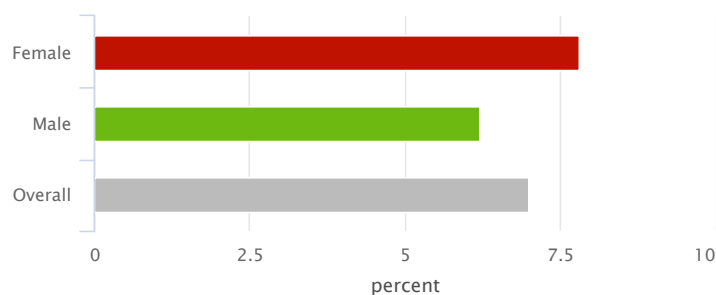
☐ Significantly **better** than the overall value

☐ Significantly **worse** than the overall value

☐ Not significantly different than the overall value (or no confidence intervals available)

Source: American Community Survey

People Living Below Poverty Level by Race/Ethnicity

Race/Ethnicity	percent

American Indian or Alas…
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or Other…
Other
Two or More Races
White, non-Hispanic
Overall

0   8   16   24   32

percent

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: American Community Survey

People Living 200% Above Poverty Level

People Living 200% Above Poverty Level

81.4%
(2012-2016)

IL Counties   U.S. Counties

IL Value   US Value
(69.1%)   (66.4%)

Prior Value   Trend
(80.9%)

People Living 200% Above Poverty Level

86

84

82

80

percent

2005–2009 2006–2010 2007–2011 2008–2012 2009–2013 2010–2014 2011–2015 2012–2016

Source: American Community Survey

Generated by www.impactdupage.org on July 9, 2018.

Social Determinants of Health

The social determinants of health are the conditions in which people live, learn, work, and play. These conditions can include factors such as socioeconomic status, education, the physical environment, employment, social support networks, and access to health care.

Social determinants have a large impact on health and well-being. While DuPage County is doing well overall, it is important to note that not all populations and communities within the county are living under the same conditions. In order to achieve health equity, where everyone has the opportunity to reach optimal health and well-being, the social determinants of health must be addressed through both county-wide approaches and by targeting resources towards communities or populations with the greatest need.

Economic Stability

Median Household Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to healthcare and better health outcomes, since many families get their health insurance through their employer. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

Median Household Income

$81,521
(2012-2016)

IL Counties	U.S. Counties
IL Value ($59,196)	US Value ($55,322)
Prior Value ($79,658)	Trend

Median Household Income by Race/Ethnicity

Race/Ethnicity	
American Indian or Alas…	
Asian	
Black or African American	
Hispanic or Latino	
Native Hawaiian or Other…	
Other	
Two or More Races	
White, non–Hispanic	
Overall	

dollars (0, 30k, 60k, 90k, 120k)

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)
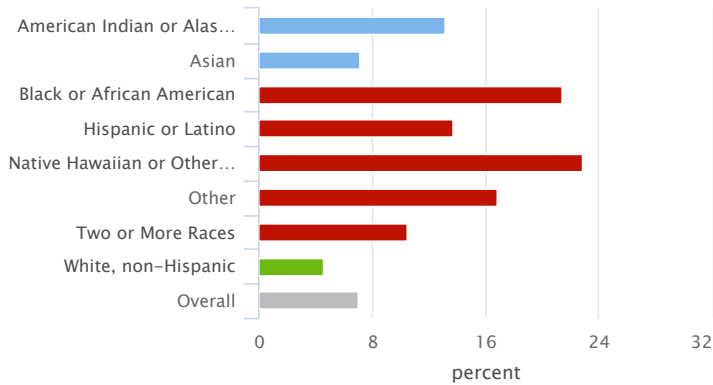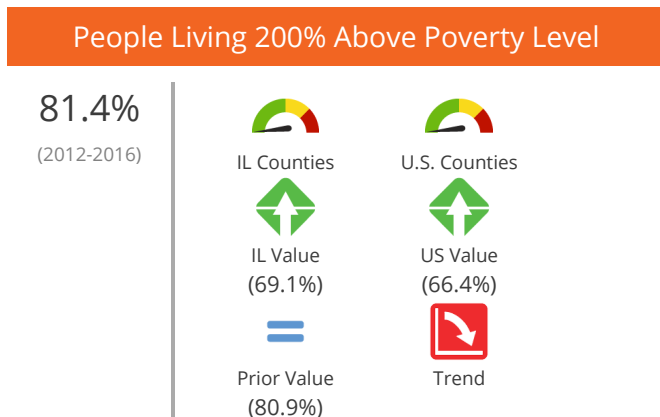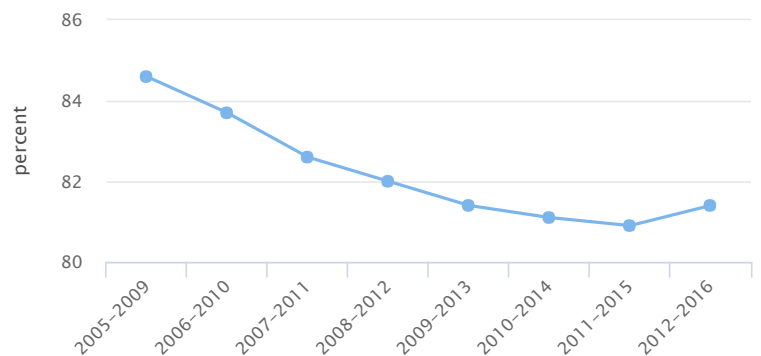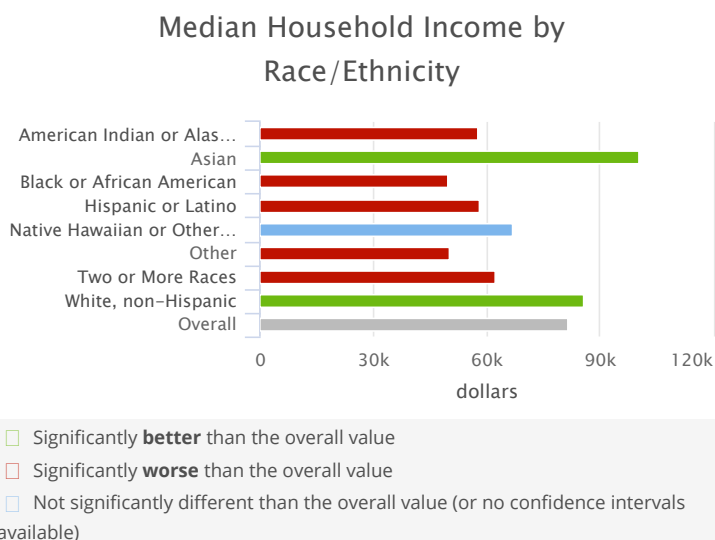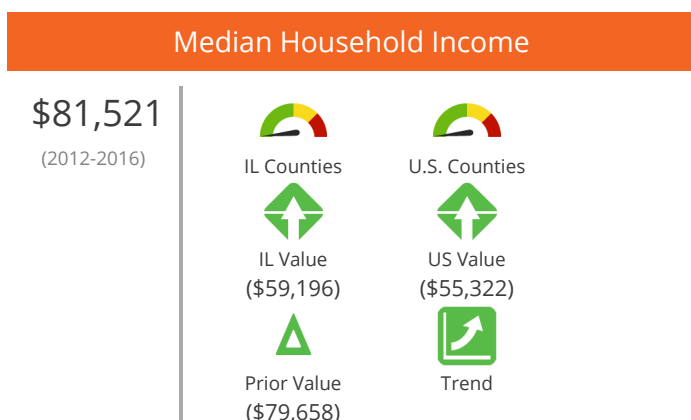
Source: American Community Survey

Public Benefit Program Utilization

Households receiving public assistance generally have difficulty providing adequate care for all members of the household. Individuals in these households may not be able to afford the resources necessary to succeed in school and at work, and in some cases, may defer or decline treatment for health conditions.

Households with Cash Public Assistance Income

1.4%
(2012-2016)

IL Counties	U.S. Counties
IL Value (2.5%)	US Value (2.7%)
Prior Value (1.4%)	Trend

Students Eligible for the Free Lunch Program

24.8%
(2015-2016)

IL Counties	U.S. Counties
IL Value (46.6%)	US Value (42.6%)
Prior Value (30.3%)	Trend
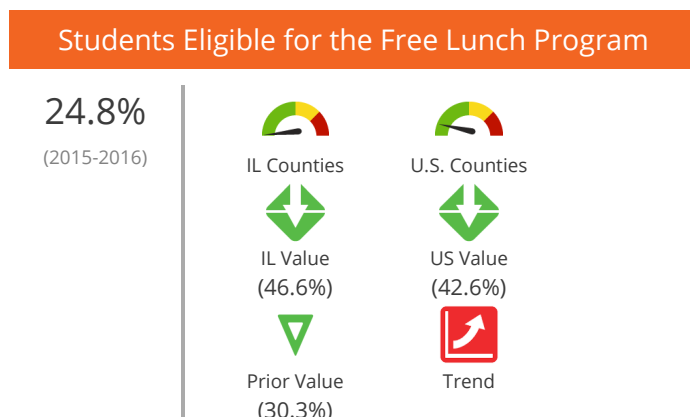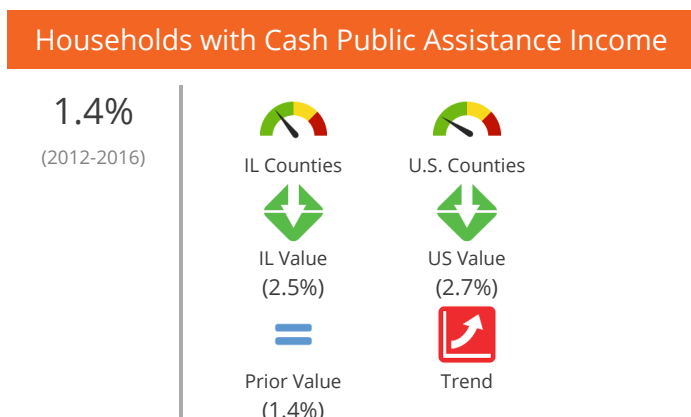
Source: American Community Survey

Source: National Center for Education Statistics

Persons Receiving SNAP Benefits

64,045
Persons
(2017)

▽ Prior Value
(66,848)

↗ Trend

Source: Illinois Department of Human Services

Individuals Enrolled in Medicaid

133,266
Persons
(June 30, 2017)

▽ Prior Value
(136,220)

↗ Trend

Source: Illinois Department of Healthcare and Family Services

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Community Food System

According to the Committee on World Food Security, "food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life." The availability and accessibility of healthy foods are important elements of DuPage County's community food system. To assess the system, we examine socioeconomic factors, public benefit program utilization, and rates of food insecurity.

The emergency food system functions as a safety net to promote food security. There are 50 emergency food pantries in DuPage County (Northern Illinois Food Bank, 2017). In 2017, Northern Illinois Food Bank distributed more than 14 million pounds of food in DuPage County.

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the United States. A survey commissioned by the Food Research and Action Center (FRAC) found that one in four Americans worries about having enough money to put food on the table in the next year. Food insecurity is associated with chronic health problems in adults including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues including major depression.

Food Insecurity Rate

7.3%
(2015)

IL Counties   U.S. Counties

IL Value   US Value
(11.7%)   (13.7%)

▽ Prior Value
(8.0%)

↘ Trend

Source: Feeding America

Child Food Insecurity Rate

13.4%
(2015)

IL Counties   U.S. Counties

IL Value   US Value
(17.3%)   (19.3%)

▽ Prior Value
(14.6%)

↘ Trend

Source: Feeding America

Households with No Car and Low Access to a Grocery Store

0.8%
(2015)

IL Counties   U.S. Counties

Prior Value
(0.9%)

Source: U.S. Department of Agriculture - Food Environment Atlas

Food Insecure Children Likely Ineligible for Assistance

45%
(2015)

IL Counties   IL Value
(32%)

US Value
(34%)   Prior Value
(46%)

Trend
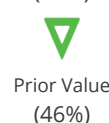
Source: Feeding America

Food Availability and Accessibility

The accessibility, availability, and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet composed of nutritious foods, in combination with an active lifestyle, can reduce the incidence of

heart disease, cancer, and diabetes, and is essential to maintain a healthy body weight and prevent obesity. Low-income and underserved areas often have limited numbers of stores that sell healthy foods. People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets.

People with Low Access to a Grocery Store

23.6%
(2015)

IL Counties   U.S. Counties

Prior Value
(27.3%)

Source: U.S. Department of Agriculture - Food Environment Atlas

People 65+ with Low Access to a Grocery Store

2.6%
(2015)

IL Counties   U.S. Counties

Prior Value
(3.2%)

Source: U.S. Department of Agriculture - Food Environment Atlas

Low-Income and Low Access to a Grocery Store

4.0%
(2015)

IL Counties   U.S. Counties

Prior Value
(4.0%)

Source: U.S. Department of Agriculture - Food Environment Atlas

SNAP Certified Stores

0.5
Stores per 1,000 population
(2016)

IL Counties   U.S. Counties

Prior Value
(0.4)   Trend

Source: U.S. Department of Agriculture - Food Environment Atlas

Housing

Homeownership and Housing Affordability

Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

Homeownership has many benefits for both individuals and communities. Homeowners are more likely to improve their homes and to be involved in civic affairs, both of which benefit the individual and the community as a whole. In addition, homeownership provides tax benefits.

Renters Spending 30% or More of Household Income on Rent

43.9%
(2012-2016)

IL Counties

U.S. Counties

IL Value
(49.6%)

US Value
(47.3%)

Prior Value
(46.8%)

Trend

Source: American Community Survey

Homeownership

69.1%
(2012-2016)

IL Counties

U.S. Counties

IL Value
(59.6%)

US Value
(55.9%)

Prior Value
(69.6%)

Trend

Source: American Community Survey

Homelessness

Homelessness significantly impacts health and well-being. Factors that contribute to homelessness include substance abuse, mental and physical illness, inadequate wages, lack of affordable housing, and domestic violence. Health issues, including infectious diseases and premature death, are more prevalent among homeless individuals.

Homelessness

280
Persons
(January 2018)

Prior Value
(316)

Trend

Source: DuPage County Continuum of Care

Length of Time Homeless

54
Nights
(FY 2017)

Prior Value
(57)

Source: DuPage County Continuum of Care

Return to Homelessness

17%
(FY 2017)

Prior Value
(19%)

Source: DuPage County Continuum of Care

Education

Performance and Resources K-12

High School Graduation

93.6%
(2014-2015)

IL Counties

IL Value
(85.6%)

US Value
(83.2%)

Prior Value
(93.3%)

Trend

HP 2020 Target
(87%)
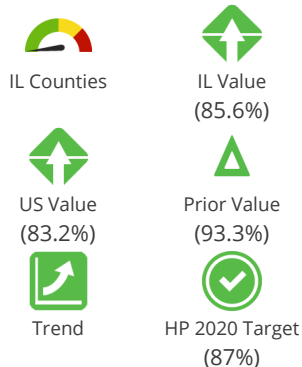
Source: County Health Rankings

Student-to-Teacher Ratio

15.0
Students
per teacher
(2015-2016)

IL Counties

U.S. Counties

IL Value
(15.6)

US Value
(17.7)

Prior Value
(15.1)

Trend
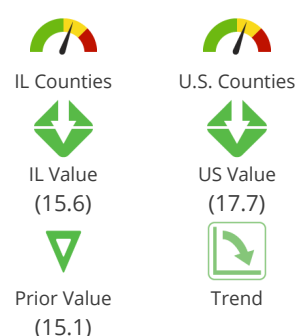
Source: National Center for Education Statistics

Educational Attainment - High School Diploma

Graduating high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates are also an important indicator of the performance of the educational system. According to the Office of Disease Prevention and Health Promotion, high school graduation leads to lower rates of health problems as well as risk for incarceration.

People 25+ with a High School Degree or Higher

92.4%
(2012-2016)

IL Counties

U.S. Counties

IL Value
(88.3%)

US Value
(87.0%)

Prior Value
(92.4%)

Trend
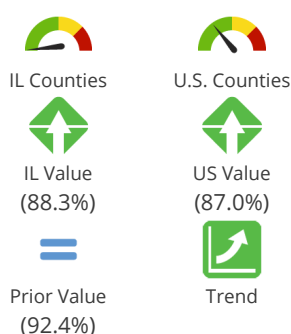
Source: American Community Survey

People 25+ with a High School Degree or Higher by Race/Ethnicity

- ☐ Significantly **better** than the overall value
- ☐ Significantly **worse** than the overall value
- ☐ Not significantly different than the overall value (or no confidence intervals available)

Educational Attainment - Bachelor's Degree

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures, and communities. Having a degree also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about $1 million more per lifetime than their non-graduate peers.

People 25+ with a Bachelor's Degree or Higher

47.3%
(2012-2016)

IL Counties	U.S. Counties
IL Value (32.9%)	US Value (30.3%)
Prior Value (46.7%)	Trend

Source: American Community Survey

People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity

American Indian or Alas…
Asian
Black or African American
Hispanic or Latino
Native Hawaiian or Other…
Other
Two or More Races
White, non-Hispanic
Overall

percent
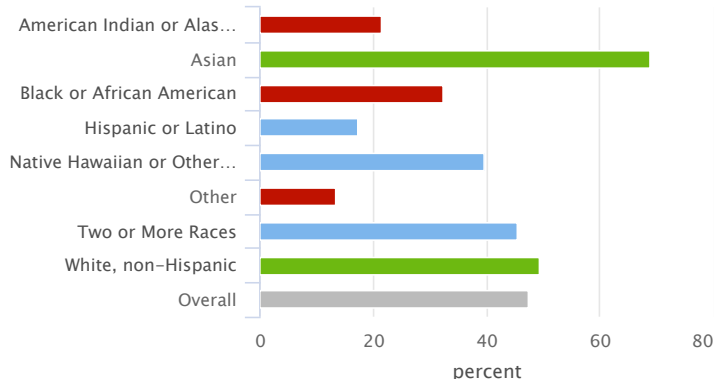
☐ Significantly **better** than the overall value
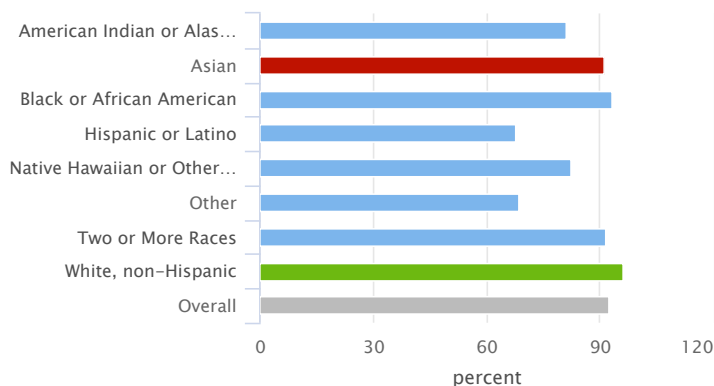☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Civic Engagement

Voting is one of the most fundamental rights of a democratic society. Exercising this right allows a nation to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of turnout indicates that citizens are involved in and interested in who represents them in the political system.

Voter Turnout: General Election

70.8%
(2016)

IL Counties	IL Value (70.6%)
US Value (41.9% in 2014)	Prior Value (49.2%)
Trend	
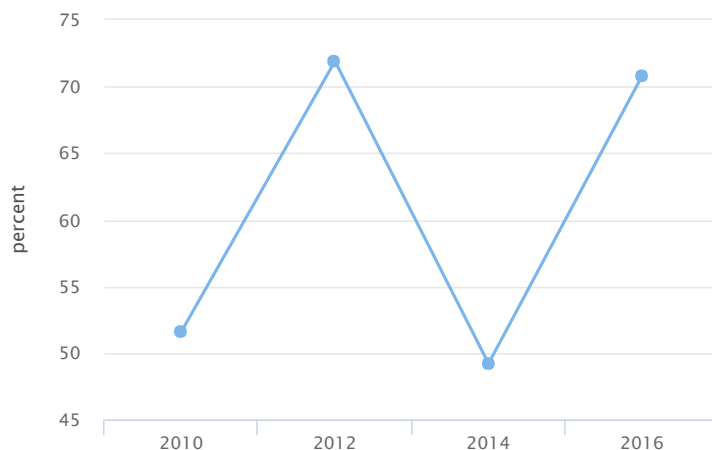
Source: Illinois State Board of Elections

Voter Turnout: General Election

percent

2010   2012   2014   2016

12

Crime

A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. According to the FBI'S Uniform Crime Reporting Program, violent crime includes four offenses: murder and nonnegligent manslaughter, rape, robbery, and aggravated assault. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services.

Violent Crime Rate

Violent Crime Rate

86.5
Crimes per 100,000 population

(2012-2014)

| IL Counties | IL Value (388.3) |
| Prior Value (97.3) | Trend |
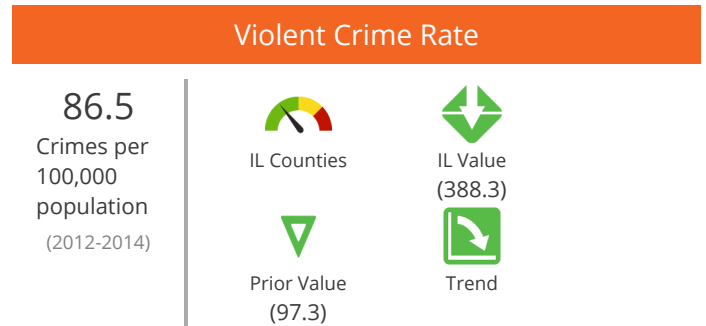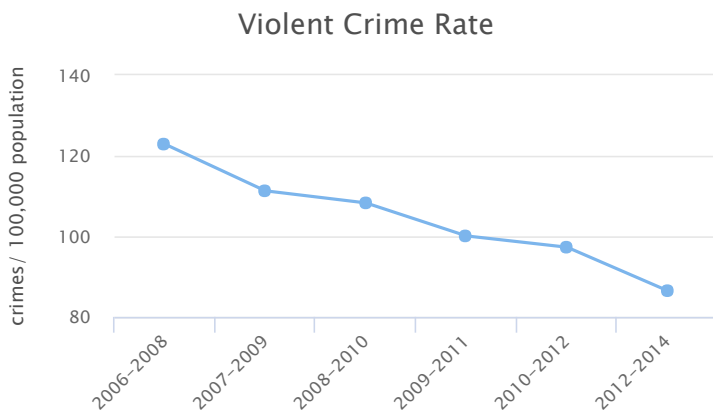
Source: County Health Rankings

Linguistic Isolation

Households that are linguistically isolated may have difficulty accessing services that are available to fluent English speakers. The language barrier may prevent such households from receiving transportation, medical, and social services, as well as limit employment and schooling opportunities. In cases of national or local emergency, linguistically isolated households may not receive important notifications.

Linguistic Isolation

4.7%
(2012-2016)

IL Counties	U.S. Counties
IL Value (4.7%)	US Value (4.5%)
Prior Value (4.6%)	Trend
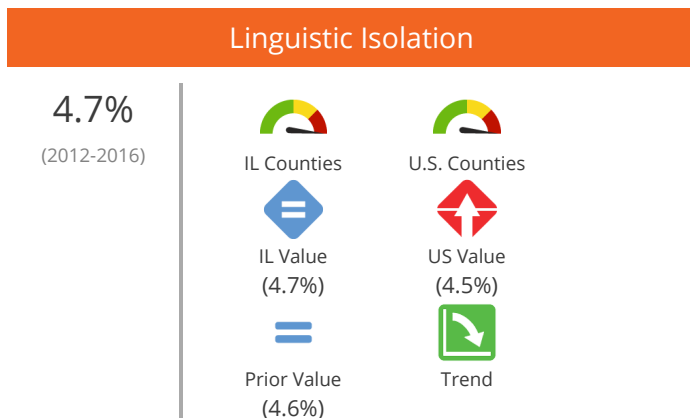
This indicator shows the percentage of households in which every member aged 14 years or older has some difficulty speaking English.

Source: American Community Survey

Transportation

Public transportation offers mobility to U.S. residents, particularly people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation is also beneficial because it reduces fuel consumption, minimizes air pollution, and relieves traffic congestion.

The Healthy People 2020 national health target is to increase the proportion of workers who take public transportation to work to 5.5%.

Workers Commuting by Public Transportation

6.5%
(2012-2016)

IL Counties	U.S. Counties
IL Value (9.2%)	US Value (5.1%)
Prior Value (6.4%)	Trend

HP 2020 Target
(5.5%)

Source: American Community Survey

Workers Commuting by Public Transportation by Race/Ethnicity
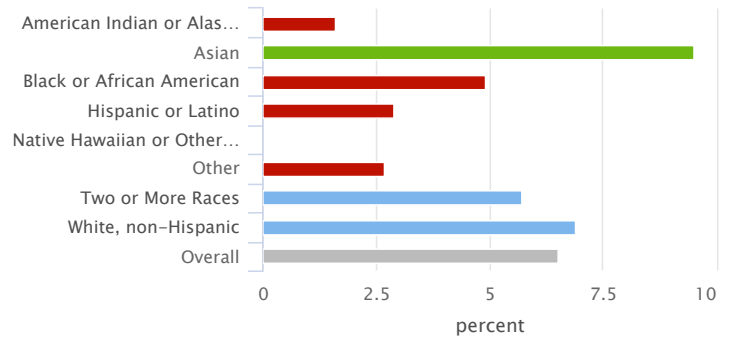
- ☐ Significantly **better** than the overall value
- ☐ Significantly **worse** than the overall value
- ☐ Not significantly different than the overall value (or no confidence intervals available)

Commute

Workers who Drive Alone to Work

77.5%
(2012-2016)

IL Counties	U.S. Counties
IL Value (73.4%)	US Value (76.4%)
Prior Value (78.0%)	Trend

Source: American Community Survey

Generated by www.impactdupage.org on June 11, 2018.

Solo Drivers with a Long Commute

41.6%
(2012-2016)

IL Counties	U.S. Counties
IL Value (40.4%)	US Value (34.7%)
Prior Value (41.8%)	Trend

Source: County Health Rankings

Access to Care

Health Insurance

Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums.

The Healthy People 2020 national health target is to increase the proportion of people with health insurance to 100%.

Health insurance for children is particularly important. To stay healthy, children require regular checkups, dental and vision care, and medical attention for illness and injury. Children with health insurance are more likely to have better health throughout their childhood and adolescence. They are more likely to receive required immunizations, fall ill less frequently, obtain necessary treatment when they do get sick, and perform better at school. Having health insurance lowers barriers to accessing care, which is likely to prevent the development of more serious illnesses. This is not only of benefit to the child but also helps lower overall family health costs.

The Healthy People 2020 national health target is to increase the proportion of people with health insurance to 100%.

Adults with Health Insurance

92.9%
(2016)

U.S. Counties

IL Value (90.8%)

US Value (88.0%)

Prior Value (93.0%)

Trend

HP 2020 Target (100.0%)

Source: American Community Survey

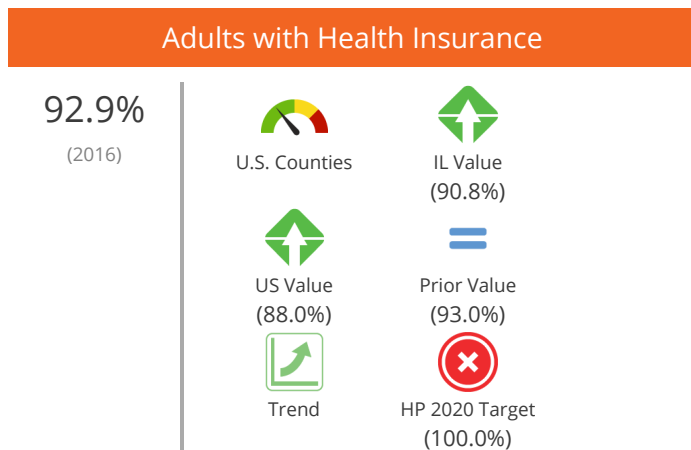### Children with Health Insurance

97.5%
(2016)

U.S. Counties

IL Value (97.6%)

US Value (95.5%)

Prior Value (97.0%)

Trend

HP 2020 Target (100.0%)

Source: American Community Survey

Persons with Public Health Insurance Only

Persons with Public Health Insurance Only

14.4%
(2016)

IL Value (23.1%)

US Value (23.0%)

Prior Value (13.6%)

Trend

Source: American Community Survey

Persons with Public Health Insurance Only by Age

Age	percent
0–17	~19
18–34	~10
35–64	~7
65+	~34
Overall	~14
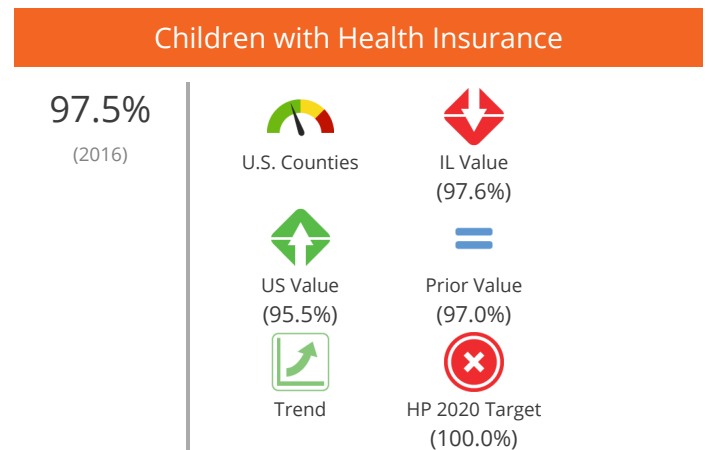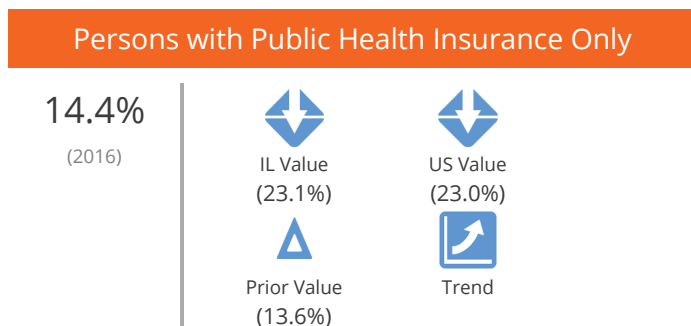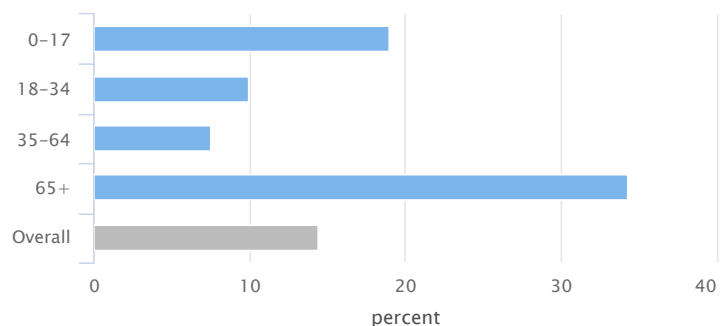
Individuals Enrolled in Medicaid

The Medical Assistance Program is administered by the Illinois Department of Health and Family Services. These medical benefits are available to children, adults with disabilities, seniors, and other adults that meet income and residency requirements. This indicator provides both insight on access to care and the economic status of residents.

Individuals Enrolled in Medicaid

133,266
Persons
(June 30, 2017)

Prior Value
(136,220)

Trend

Individuals Enrolled in Medicaid by Enrollee

- ACA Newly Eligible
- Adults
- Adults with Disabilities
- Children
- Other Adults
- Seniors
- Overall

0   40k   80k   120k   160k
Persons

Source: Illinois Department of Healthcare and Family Services

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Healthcare Accessibility

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. Communities that lack a sufficient number of primary care providers typically have members who delay necessary care when sick and conditions can become more severe and complicated.

Primary Care Provider Rate

133
Providers per 100,000 population
(2015)

IL Counties

U.S. Counties

IL Value
(81)

US Value
(75)

Prior Value
(133)

Trend

Source: County Health Rankings

Non-Physician Primary Care Provider Rate

64
Providers per 100,000 population
(2017)

IL Counties

U.S. Counties

IL Value
(65)

US Value
(81)

Prior Value
(55)

Trend

Source: County Health Rankings

People who are unable to afford to see a doctor may not receive the proper medical services when they need them. This can lead to missed diagnoses, untreated conditions, and adverse health outcomes. People who cannot afford to see a doctor are less likely to get routine checkups and screenings. When they become ill, they generally delay seeking treatment until the condition is more advanced and therefore more difficult and costly to treat. Maintaining regular contact with a health care provider is especially difficult for low-income people, who are less likely to have health insurance. This often results in emergency room visits, which raises overall costs and lessens the continuity of care.

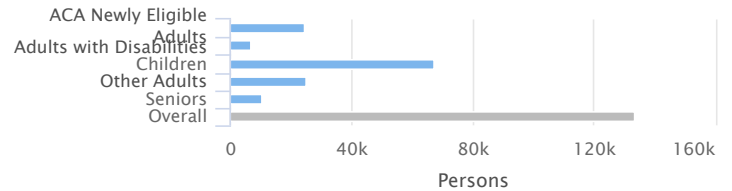People who lack a regular source of health care may not receive the proper medical services when they need them. This can lead to missed diagnoses, untreated conditions, and adverse health outcomes. People without a regular source of health care are less likely to get routine checkups and screenings. When they become ill, they generally delay seeking treatment until the condition is more advanced and therefore more difficult and costly to treat. Young children and elderly adults are most likely to have a usual source of care, whereas adults aged 18 to 64 years are the least likely. Maintaining regular contact with a health care provider is especially difficult for low-income people, who are less likely to have health insurance. This often results in emergency room visits, which raises overall costs and lessens the continuity of care.

This indicator shows the percentage of adults that report having a time in the past 12 months when they needed to see a doctor but could not due to cost.

Adults Unable to Afford to See a Doctor

9.3%
(2014)

=

Prior Value
(12.0%)

Impact DuPage
2018 Target
(8.3%)
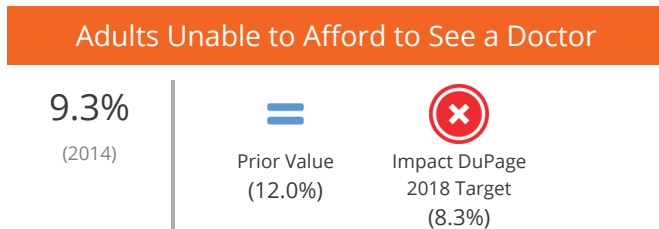
Source: Illinois Behavioral Risk Factor Surveillance System

This indicator shows the percentage of adults that report having one or more persons they think of as their personal doctor or health care provider.

Adults with a Usual Source of Health Care

85.0%
(2014)

=

Prior Value
(88.4%)

Impact DuPage
2018 Target
(89.25%)

Source: Illinois Behavioral Risk Factor Surveillance System

Oral Health

Oral health has been shown to impact overall health and well-being. According to the Centers for Disease Control and Prevention, nearly one-third of all adults in the United States have untreated tooth decay, or tooth caries, and one in seven adults aged 35 to 44 years old has periodontal (gum) disease. Given these serious health consequences, it is important to maintain good oral health. It is recommended that adults and chil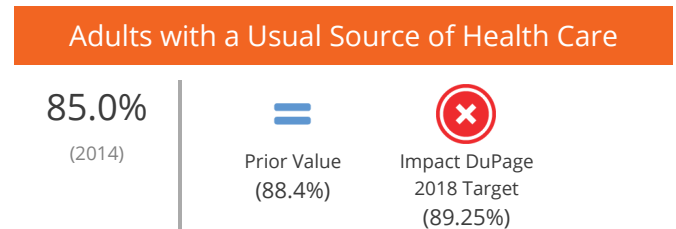dren see a dentist on a regular basis. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions. Maintaining good oral health by using preventive dental health services is one way to reduce oral diseases and disorders.

In DuPage County, there are 103 dentists per 100,000 population (County Health Rankings, 2016). This rate is trending upward and is higher than both the Illinois (75 dentists/100,000 pop) and United States (67 dentists/100,000 pop) rates.
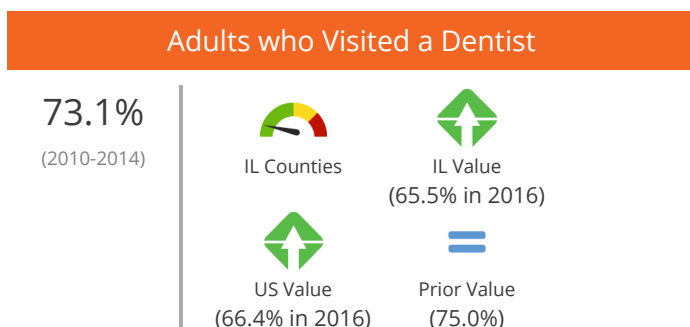
Adults who Visited a Dentist

73.1%
(2010-2014)

IL Counties

IL Value
(65.5% in 2016)

US Value
(66.4% in 2016)

Prior Value
(75.0%)

Source: Illinois Behavioral Risk Factor Surveillance System

Age-Adjusted ER Rate due to Dental Problems

21.0
ER visits per 10,000 population
(2014-2016)

IL Counties

IL Value
(61.0)

Source: Illinois Hospital Association

Generated by www.impactdupage.org on June 11, 2018.
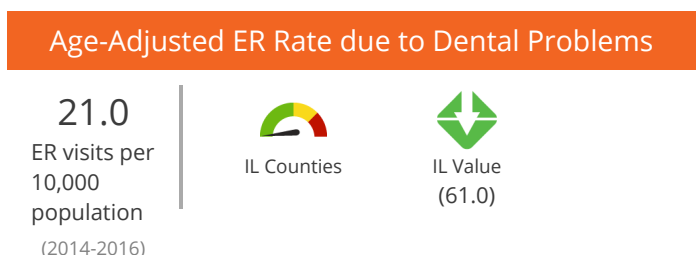
Behavioral Risk Factors

Many behaviors have a strong influence on health and well-being, such as eating habits, physical activity, substance abuse, and tobacco use. Research shows that personal health behaviors play a large role in premature morbidity and mortality (Institute of Medicine, 2001). For example, poor eating habits and lack of physical activity can lead to overweight and obesity, which in turn increases the risk of chronic diseases such as diabetes, hypertension, and coronary heart disease (Institute of Medicine, 2001). Cigarette smoking leads to an increased risk of many diseases, including heart disease, the leading cause of death in the United States (Institute of Medicine, 2001). This particular behavioral risk factor is the single largest cause of preventable deaths and disease in the United States (Centers for Disease Control and Prevention, 2018). The study of health risk behaviors is valuable in deciding where to target resources to reduce behavioral risks and their resulting consequences.

Exercise, Nutrition, and Weight

While one of DuPage County's strengths is its access to recreation and exercise opportunities, obesity rates in children remain a concern.

A child with obesity is more likely to be obese through adolescence and have high cholesterol, high blood sugar, asthma, and mental health problems. Preschool-age children that are overweight or obese have a five times greater chance of being overweight or obese as adults.

In addition, food availability and accessibility are critical measures to monitor for overall health, including obesity. Food system measures are discussed in more detail in the Social Determinants section.

Children and Adolescents with Obesity

14.8%
(2016-2017 School Year)

Prior Value (14.4%)

Trend

Impact DuPage 2018 Target (14.4%)

Source: DuPage County Health Department

Adults 20+ who are Obese

23.0%
(2013)

IL Counties

U.S. Counties

IL Value (27.3%)

Prior Value (23.9%)

HP 2020 Target (30.5%)

Impact DuPage 2018 Target (22.7%)

Source: Centers for Disease Control and Prevention

Children in WIC with Obesity

15.1%
(2016)

US Value (14.5% in 2014)

Prior Value (15.5%)

Impact DuPage 2018 Target (14.9%)

Source: DuPage County Health Department

Children in WIC with Obesity by Hispanic Origin
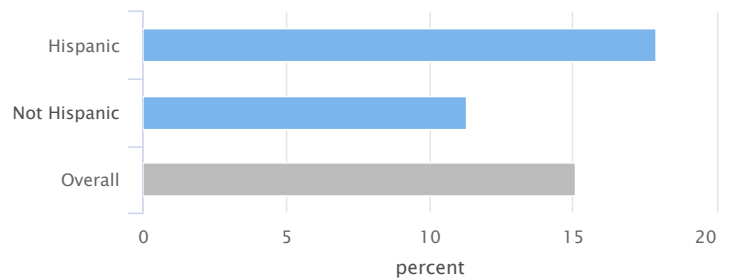
percent

The Built Environment

Proximity to exercise opportunities, such as parks and recreation facilities, has been linked to an increase in physical activity among residents. Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy. Furthermore, exercise reduces the risk of cardiovascular disease, type 2 diabetes and metabolic syndrome, and some cancers.

Access to Exercise Opportunities

99.8%
(2018)

IL Counties	U.S. Counties
IL Value (91.3%)	US Value (83.1%)

Source: County Health Rankings
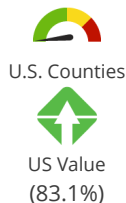
Adults 20+ who are Sedentary

17.2%
(2013)

IL Counties	U.S. Counties
IL Value (21.2%)	Prior Value (18.3%)

HP 2020 Target (32.6%)
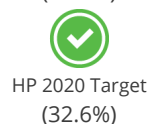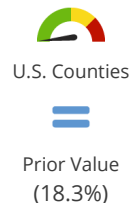
Source: Centers for Disease Control and Prevention

Fast food is often high in fat and calories and lacking in recommended nutrients. Frequent consumption of these foods and an insufficient consumption of fresh fruits and vegetables increase the risk of overweight and obesity. Individuals who are overweight or obese are at increased risk for serious health conditions, including coronary heart disease, type-2 diabetes, multiple cancers, hypertension, stroke, premature death and other chronic conditions. Fast food outlets are more common in low-income neighborhoods and studies suggest that they strongly contribute to the high incidence of obesity and obesity-related health problems in these communities.

Fast Food Restaurant Density

0.90
Restaurants per 1,000 population
(2014)

IL Counties	U.S. Counties
Prior Value (0.93)	Trend

Source: U.S. Department of Agriculture - Food Environment Atlas

Farmers Market Density

0.02
Markets per 1,000 population
(2016)
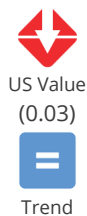
US Value (0.03)	Prior Value (0.02)
Trend	

Source: U.S. Department of Agriculture - Food Environment Atlas

Substance Use

Substance abuse is a major public health issue that has a strong impact on individuals, families, and communities. The use of illicit drugs, abuse of alcohol, and addiction to pharmaceuticals is linked to serious health conditions such as heart disease, cancer, and liver diseases, exacting over $600 billion annually in costs related to lost work productivity, healthcare, and crime. Substance abuse also contributes to a wide range of social, physical, mental, and public health problems such as teenage pregnancy, HIV/AIDs, STIs, domestic violence, child abuse, motor vehicle crashes, crime, homicide, and suicide. Because of these far-reaching consequences of substance abuse, treatment programs have been developed to counter addiction. In particular, a combination of behavioral therapy and treatment medications tailored to an individual's particular abusive pattern and other mental, emotional, or medical issues is suggested to help overcome addiction.

Age-Adjusted ER Rate due to Substance Abuse

16.2
ER visits per 10,000 population 18+ years

(2014-2016)

IL Counties

IL Value
(22.6)

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to Substance Abuse

10.0
Hospitalization per 10,000 population 18+ years

(2014-2016)

IL Counties

IL Value
(16.2)

Source: Illinois Hospital Association

Alcohol

Drinking alcohol has immediate physiological effects on all tissues of the body, including those in the brain. Alcohol is a depressant that impairs vision, coordination, reaction time, judgment, and decision-making, which may in turn lead to harmful behaviors. According to the Centers for Disease Control and Prevention, excessive alcohol use, either in the form of heavy drinking (drinking more than 15 drinks per week on average for men or more than eight drinks per week on average for women), or binge drinking (drinking more than five drinks during a single occasion for men or more than four drinks during a single occasion for women), can lead to increased risk of health problems, such as liver disease and

unintentional injuries. Alcohol abuse is also associated with a variety of other negative outcomes, including employment problems, legal difficulties, financial loss, family disputes, and other interpersonal issues.

The Healthy People 2020 national health target is to reduce the proportion of adults ages 18 and over who drink excessively to 25.4%.

Adolescents and Alcohol

According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking at a young age are more likely to develop alcohol dependence than those who begin drinking at age 21. Patterns formed during adolescence play a critical role in health throughout adulthood. Alcohol use also impairs judgment and can lead to other high-risk behaviors such as drunk driving and irresponsible sexual activity.

Among 12th graders that used alcohol in the past year, the percentage who usually obtained alcohol from their parents with their permission was 39.0% (Illinois Youth Survey, 2016)

Adults who Drink Excessively

22.4%
(2016)

IL Counties

U.S. Counties

IL Value
(21.1%)

US Value
(18.0%)

Prior Value
(19.8%)

HP 2020 Target
(25.4%)

Source: County Health Rankings

Teens who Use Alcohol

41%
(2016)

IL Counties

IL Value
(44% in 2014)

Prior Value
(45%)

Trend

Impact DuPage
2018 Target
(39%)

Source: Center for Prevention Research and Development, Illinois Youth Survey

Drinking alcohol has immediate effects that can increase the risk of many harmful health conditions. According to the CDC, excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking more than 4 drinks during a single occasion for men or more than 3 drinks during a single occasion for women), can lead to increased risk of health problems such as liver disease or unintentional injuries. There are approximately 75,000 deaths attributable to excessive alcohol use each year in the United States. This makes excessive alcohol use the 3rd leading lifestyle-related cause of death for the nation. In the single year 2003, there were over 2 million hospitalizations and over 4 million emergency room visits for alcohol-related conditions.

Age-Adjusted ER Rate due to Alcohol Abuse

43.8
ER visits per 10,000 population 18+ years
(2014-2016)

IL Counties

IL Value (52.1)

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to Alcohol Abuse

21.7
Hospitalization per 10,000 population 18+ years
(2014-2016)

IL Counties

IL Value (17.3)
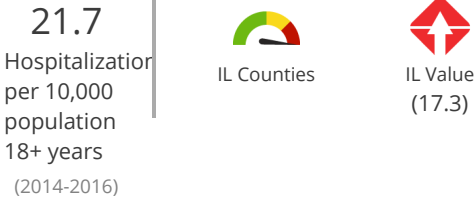
Source: Illinois Hospital Association

Tobacco

Tobacco is the agent most responsible for avoidable illness and death in America today. According to the Centers for Disease Control and Prevention, tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. The World Health Organization states that approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects such as cancer, respiratory infections, and asthma.

The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12.0%.

Adults who Smoke
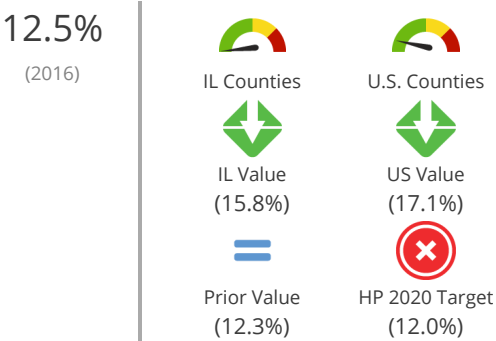
12.5%
(2016)

IL Counties

U.S. Counties

IL Value (15.8%)

US Value (17.1%)

Prior Value (12.3%)

HP 2020 Target (12.0%)

Source: County Health Rankings

Teens who Smoke

6%
(2016)

IL Counties

IL Value (13% in 2014)

Prior Value (10%)

Trend
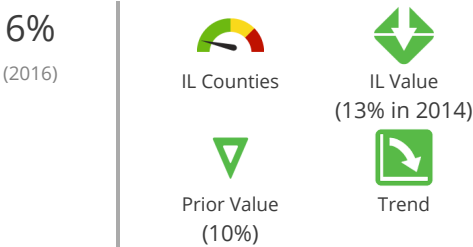
Source: Center for Prevention Research and Development, Illinois Youth Survey

Marijuana

Among youth, illicit drug use is associated with heavy alcohol use, tobacco use, delinquency, violence, and suicide. Marijuana is the most commonly abused illicit drug in the United States. Marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty thinking and problem solving, and problems with learning and memory. Many research studies have shown that marijuana's adverse effects on learning and memory can last for days or weeks after the acute effects of the drug have worn off. Chronic marijuana use can lead to addiction. Addictive behaviors may result in harmful effects on social functioning in the context of family, school, work, and recreational activities.

Teens who Use Marijuana

22%
(2016)

IL Counties

IL Value
(27% in 2014)

Prior Value
(24%)

Trend

Impact DuPage
2018 Target
(23.5%)

Source: Center for Prevention Research and Development, Illinois Youth Survey

Teen Perception of Marijuana Risk

49.0%
(2016)

Prior Value
(48.0%)

Trend

Impact DuPage
2018 Target
(50%)

Source: Center for Prevention Research and Development, Illinois Youth Survey

Opioids

Drug overdose deaths are the leading cause of injury death in the United States. In 2015, opioids (largely prescription pain relievers and heroin) were involved in 63% of all drug overdose deaths in the United States (1). The number of opioid overdose deaths in the United States more than tripled between 2000 and 2015 (1). Drug overdose deaths may be accidental, intentional, or of undetermined intent.

The number of deaths attributed to opiate overdoes in DuPage County was called a public health epidemic in 2013 by the DuPage County Coroner. In 2016, the number of deaths in DuPage due to fentanyl overdose increased by 100% from 2015 and deaths due to a combination of heroin and fentanyl increased 370%.

Since 2014, the DuPage Narcan Program has focused on training first responders to recognize and respond to an opioid overdose with naloxone.

(1) National Center on Health Statistics, CDC WONDER

Heroin and Fentanyl Deaths
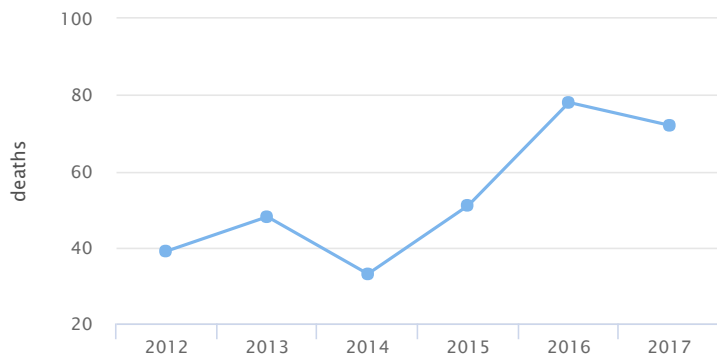
Source: DuPage County Coroner

Monthly Lives Saved by DuPage Narcan Program

Source: DuPage County Health Department

Generated by www.impactdupage.org on June 6, 2018.
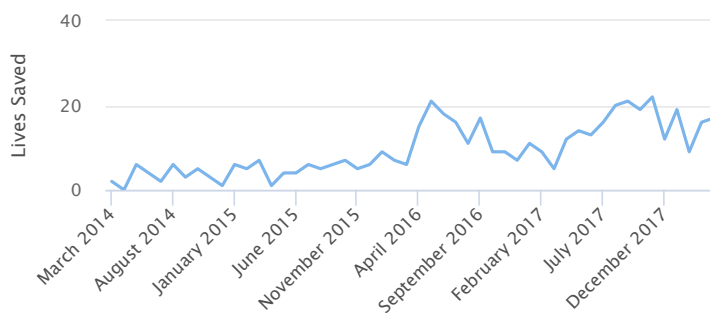
Environmental Health

Air Quality

Annual Ozone Air Quality

While ozone is an important shield against ultraviolet rays in the Earth's upper atmosphere, it is a pollutant that can cause health problems at ground level. Ground-level ozone is formed when volatile organic compounds (VOCs) and nitrogen oxides (NOx) react in sunlight; both of these pollutants are found in emissions from vehicles, motorized equipment, factories, and some consumer products. Ozone primarily affects the respiratory tract, causing breathing difficulties, aggravating existing lung diseases, and inflaming lung tissue. Although everyone is susceptible to ozone's effects, children, people with lung disease, and older adults tend to be more sensitive to ozone.

This indicator gives a grade to each county in the U.S. based on the annual number of high ozone days.

Annual Ozone Air Quality			
3 (2013-2015)	Air Quality Index	Prior Value (5)	Trend

Source: American Lung Association

Recognized Carcinogens Released into Air

Recognized carcinogens are compounds with strong scientific evidence that they can induce cancer. In industry, there are many potential exposures to carcinogens. Generally, workplace exposures are considered to be at higher levels than public exposures. These data only reflect releases of chemicals, not whether (or to what degree) workers or the public has been exposed to those chemicals.

This indicator shows the quantity (in pounds) of reported and recognized carcinogens released into the air.

The quantity is based on fugitive and point source emissions of 179 recognized U.S. Occupational Safety and Health Administration (OSHA) carcinogens. Data from all industry sectors subject to reporting under the Toxic Release Inventory (TRI) program are included.

Recognized Carcinogens Released into Air		
44,197 Pounds (2016)	Prior Value (43,602)	Trend

Source: U.S. Environmental Protection Agency

Annual Particle Pollution

Particle pollution refers to the amount of particulate matter in the atmosphere. Inhaling particulate matter can adversely affect health through illnesses such as asthma or cardiovascular problems, or premature death. The smaller the particulate matter, the more hazardous it is to health.

This indicator gives a grade to each county in the U.S. based on the average annual number of days that exceed U.S. particle pollution standards (PM2.5).

Annual Particle Pollution

1	Air Quality Index	Prior Value (1)	Trend
(2010-2012)			
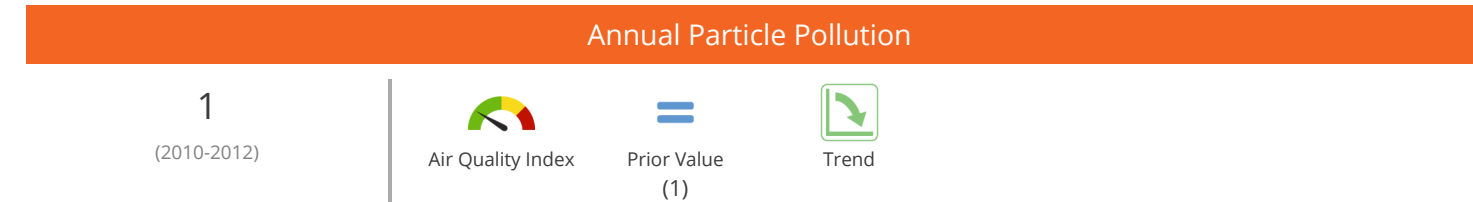
Source: American Lung Association

Water Quality

Public drinking water systems are required to monitor approximately 90 contaminants and indicators regulated by the Environmental Protection Agency. A health-based violation occurs when a contaminant exceeds its Maximum Contamination Limit (MCL)—the highest amount allowed in drinking water—or when water is not treated properly. Limiting the levels of microorganisms, chemicals, and other contaminants in a community's public water supply reduces residents' risk of waterborne diseases, cancer, and other adverse outcomes.

This indicator shows the percentage of people who get water from public water systems that have received at least one health-based violation in the reporting period.

Drinking Water Violations

1.7%	IL Counties	U.S. Counties	IL Value (1.8%)
(FY 2013-14)			
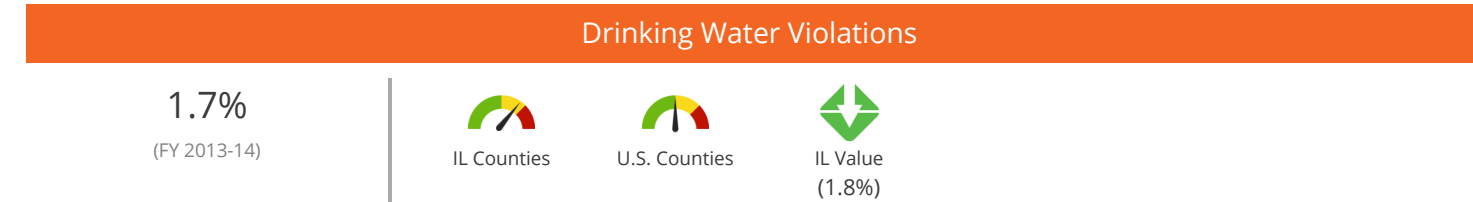
Source: County Health Rankings

Toxic Chemicals

Persistent, Bioaccumulative, and Toxic Chemicals, such as lead and mercury, can cause harmful effects to the environment and humans alike. However, these data only reflect releases and other waste management activities of chemicals, not whether (or to what degree) the public has been exposed to those chemicals.

This indicator shows the total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released.

PBT Released

768 Pounds	Prior Value (2,158)	Trend
(2016)		
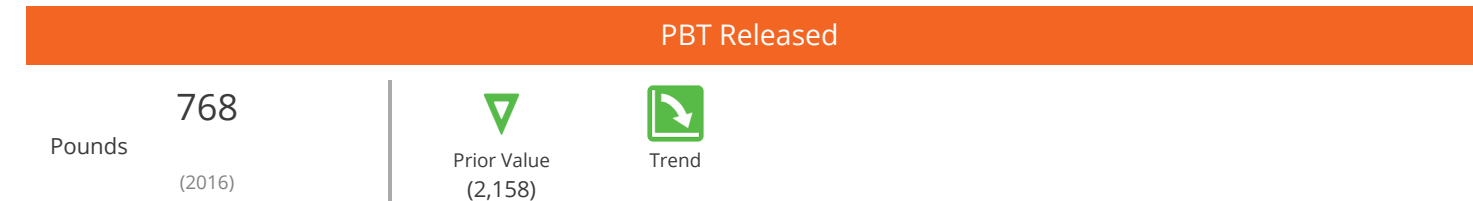
Source: U.S. Environmental Protection Agency

Foodborne Illness

Organism	2013		2014		2015		2016		2017**	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Enteric *E. coli* infections*	54	5.88	18	1.96	14	1.53	24	2.61	24	2.61
Hepatitis A	4	--	8	0.87	5	0.54	2	--	3	--
Listeria monocytogenes	2	--	2	--	2	--	0	--	4	--
Salmonella	128	13.94	115	12.53	133	14.49	119	12.96	104	11.33
Shigellosis	18	1.96	18	1.96	27	2.94	21	2.29	14	1.53

[1]Rates for less than five cases not calculated due to increased unreliability.
*Includes O157:H7, STEC, EIEC, ETEC, EPEC
**2017 data are provisional

Source: Illinois Department of Public Health/DuPage County Health Department CD Review

Generated by www.impactdupage.org on June 11, 2018.

Mental Health

Mental disorders are one of the leading causes of disability in the United States. In any given year, approximately 13 million American adults have a seriously debilitating mental illness. Furthermore, unstable mental health can lead to suicide, which accounts for the death of approximately 30,000 Americans every year. An individual's mental health is affected by a combination of factors, including biology (genes/brain chemistry), life experiences (trauma/abuse), and family history regarding mental health problems. Due to the complex interplay between so many factors, it is especially important to recognize early warning signs, such as too much or too little sleep, rapid weight loss or weight gain, lack of energy and motivation in talking to people or participating in usual activities, or feelings of helplessness. It is important to recognize and address potential psychological issues before they become critical, particularly because the greatest opportunity for prevention is among young people.

This indicator shows the average number of days that adults reported their mental health was not good in the past 30 days.

This indicator shows the percentage of adults who stated that their mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days.

Poor Mental Health: Average Number of Days

3.1
Days
(2016)

IL Counties	U.S. Counties
IL Value (3.5)	US Value (3.8)
Prior Value (3.4)	

Source: County Health Rankings

Frequent Mental Distress

9.1%
(2016)

IL Counties	U.S. Counties
IL Value (10.0%)	US Value (15.0%)
Prior Value (9.2%)	

Source: County Health Rankings

Depression: Medicare Population

14.1%
(2015)

IL Counties	U.S. Counties
IL Value (15.1%)	US Value (16.7%)
Prior Value (13.9%)	Trend

Source: Centers for Medicare & Medicaid Services

Depression: Medicare Population by Age
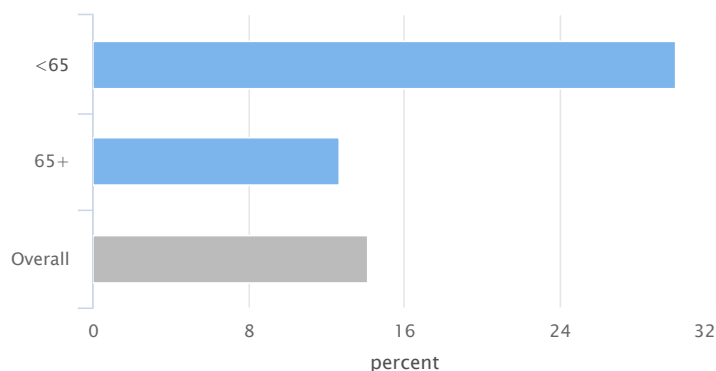
Source: Centers for Medicare & Medicaid Services

Age-Adjusted Hospitalization Rate due to Mental Health

47.1
Hospitalization per 10,000 population 18+ years
(2014-2016)

IL Counties	IL Value (59.0)

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to Pediatric Mental Health

44.9
Hospitalization per 10,000 population under 18 years
(2014-2016)

IL Counties	IL Value (51.1)

Source: Illinois Hospital Association

26

Suicide

Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. More than 33,000 people kill themselves each year according to the Centers for Disease Control and Prevention, but suicide deaths only account for part of the problem. An estimated 25 attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental problems. Other repercussions of suicide include the combined medical and lost work costs on the community, totaling to over $30 billion for all suicides in a year, and the emotional toll on family and friends. Men are about four times more likely than women to die of suicide, but three times more women than men report attempting suicide. Suicide occurs at a disproportionately higher rate among adults 75 years and older.

The Healthy People 2020 national health target is to reduce the suicide rate to 10.2 deaths per 100,000 population.

Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injury

23.6
ER visits per 10,000 population 18+ years

(2014-2016)

IL Counties

IL Value (31.3)

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury

30.0
Hospitalization per 10,000 population 18+ years

(2014-2016)

IL Counties

IL Value (34.0)

Source: Illinois Hospital Association

Age–Adjusted ER Rate due to Suicide and Intentional Self–inflicted Injury by Race/Ethnicity

ER visits/ 10,000 population 18+ years
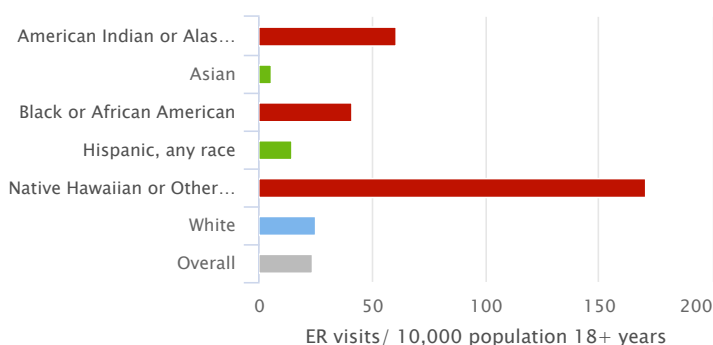
- ☐ Significantly **better** than the overall value
- ☐ Significantly **worse** than the overall value
- ☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age-Adjusted Death Rate due to Suicide

9.3
Deaths per 100,000 population

(2014-2016)

U.S. Counties

IL Value (10.5)

US Value (13.2)

Prior Value (8.9)

Trend

HP 2020 Target (10.2)

Source: Centers for Disease Control and Prevention

Adolescent Mental Health

Suicide among adolescents is a serious public health issue in the United States. It is a leading cause of death for youth; approximately 4,600 lives are lost each year due to suicide. However, many more adolescents survive suicide attempts than actually die. Approximately 157,000 youth receive medical care at Emergency Departments for intentional self-inflicted injuries each year. Risk factors include depression, physical/mental illness, alcohol/substance abuse, incarceration, and loss or other stressful life events. Gender differences are apparent: although females are more likely to report attempting suicide than males, males are more likely to actually commit suicide than females. Studies show that addressing psychiatric illness through early recognition, intervention, and treatment is an effective way to combat suicidal behavior.

According to the 2016 Illinois Youth Survey, 15% of 12th grade students in DuPage County reported that they seriously considered attempting suicide in the past 12 months. Nearly a third (29%) of 12th grade students reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, at some point in the past 12 months.

Moreover, 38% of 8th grade students, 30% of 10th grade students, and 24% of 12th grade students in DuPage County reported being bullied over the past 12 months (Illinois Youth Survey, 2016).

Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury

59.0
ER visits per 10,000 population aged 10-17

(2014-2016)

IL Counties   IL Value (56.4)

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury

61.3
Hospitalization per 10,000 population aged 10-17

(2014-2016)

IL Counties   IL Value (64.9)

Source: Illinois Hospital Association

Age–Adjusted ER Rate due to Adolescent Suicide and Intentional Self–inflicted Injury by Race/Ethnicity

American Indian or Alas…	
Asian	
Black or African American	
Hispanic, any race	
White	
Overall	

ER visits/ 10,000 population aged 10–17

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age–Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self–inflicted Injury by Race/Ethnicity

American Indian or Alas…	
Asian	
Black or African American	
Hispanic, any race	
White	
Overall	

hospitalizations/ 10,000 population aged 10–17

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Generated by www.impactdupage.org on June 11, 2018.

Maternal & Child Health

Births

The well-being of mothers, infants, and children is an important indicator of the overall health of the community. Outcomes of pregnancy and childbirth can be affected by both health and social factors, such as income and access to healthcare (U.S. Department of Health and Human Services, n.d.)

DuPage County Live Births by Year, 2007-2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Births	11,640	11,312	10,820	10,783	10,767	10,542	10,573	10,732	10,896	10,836
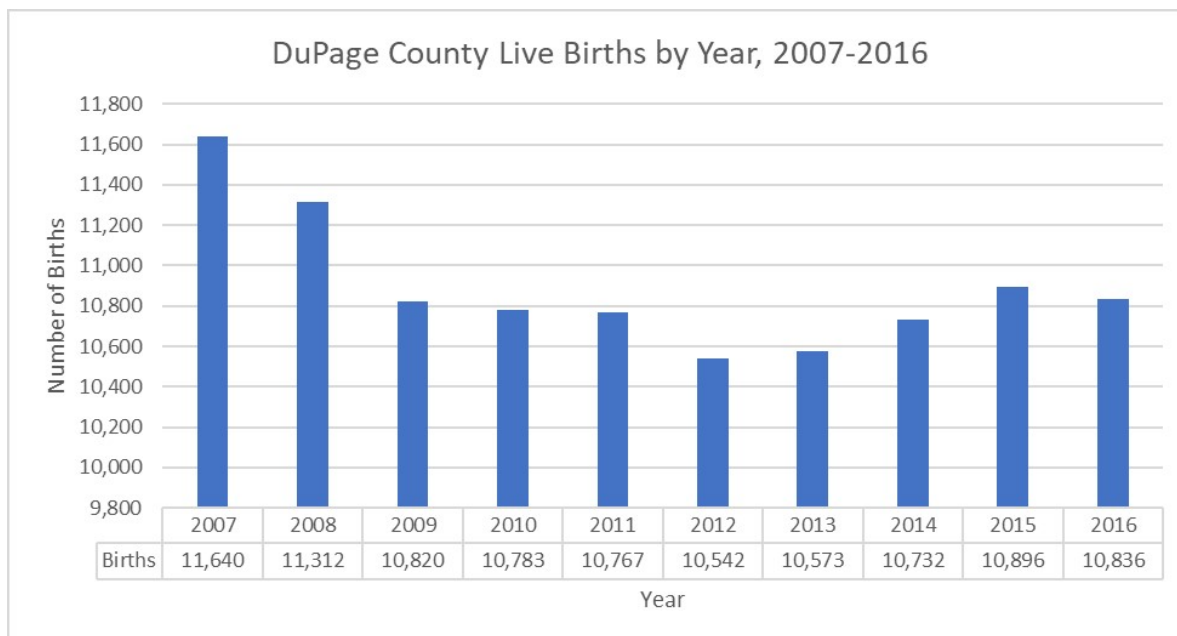
Source: Illinois Department of Public Health

Teen Births

Teen birth is of concern for the health outcomes of both the mother and the child. Pregnancy and delivery can be harmful to teenagers' health, as well as social and educational development. Babies born to teen mothers are more likely to be born preterm and/or low birth weight. Responsible sexual behavior is one of the ten leading health indicators of Healthy People 2020. Responsible sexual behavior reduces unintended pregnancies, thus, reducing the number of births to adolescent females.

This indicator shows the percentage of all live births to females under 18 years of age.

Teen Births

0.6%
(2016)

IL Counties

IL Value
(1.4%)

US Value
(3.5%)

Prior Value
(0.5%)

Trend

Teen Births
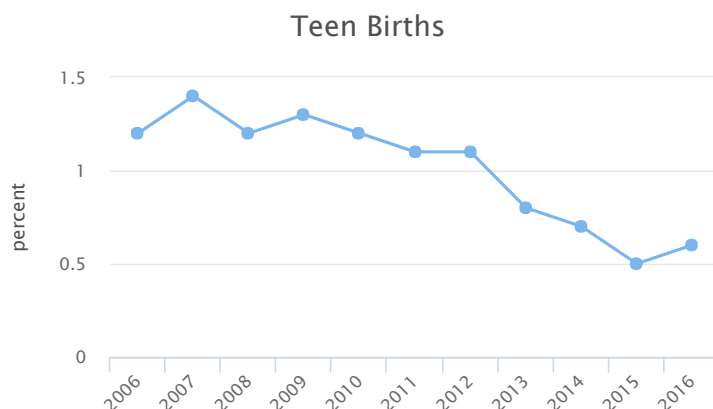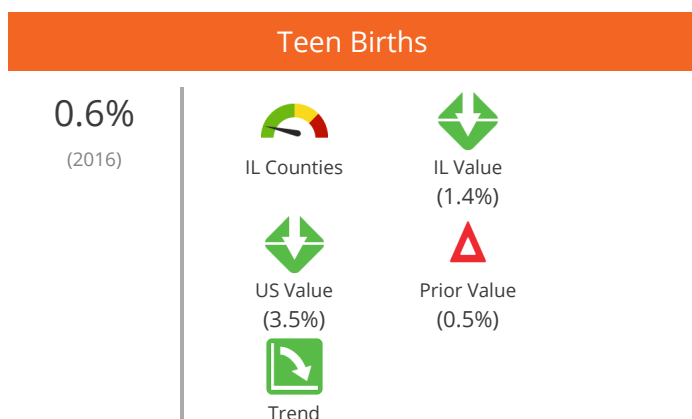
Source: Illinois Department of Public Health

n=252

	Ages 17 and Younger	Age 18-19
	Percent	
Total	21.03	78.97
Mother's Race & Ethnicity		
Asian	0	3.52
Black	9.43	19.1
White	90.57	77.39
Hispanic or Latino	71.7	51.26
Not Hispanic or Latino	28.3	48.74
Marital Status		
Married	3.77	12.56
Not Married	96.23	87.44
Infant Weight		
Normal Birth Weight >2500g	98.11	93.97
Moderately Low Birth Weight 1500-2499g	1.89	5.03
Very Low Birth Weight <1500g	0	1.01

Source: Illinois Department of Public Health

Babies with Low Birth Weight

Babies born with low birth weight are more likely than babies of normal weight to have health problems and require specialized medical care in the neonatal intensive care unit. Low birth weight is typically caused by premature birth and fetal growth restriction, both of which are influenced by a mother's health and genetics. The most important things an expectant mother can do to prevent low birth weight are to seek prenatal care, take prenatal vitamins, stop smoking, and stop drinking alcohol and using drugs.

The Healthy People 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8%.

This indicator shows the percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).

Babies with Low Birth Weight

7.3%
(2016)

IL Counties	IL Value (8.2% in 2014)
US Value (8.2%)	Prior Value (6.8%)
Trend	HP 2020 Target (7.8%)

Babies with Low Birth Weight
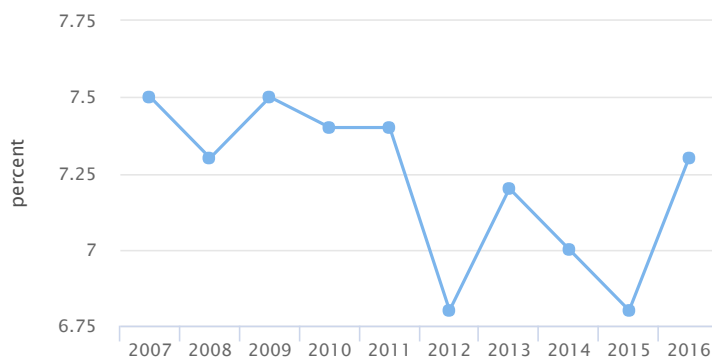
Source: Illinois Department of Public Health

n=738

	Low Birth Weight	Very Low Birth Weight
	Percent	
Total	6.77	1.17
Mother's Race & Ethnicity		
Asian	10.2	0.63
Black	11.21	2.99
White	5.74	1.1
Hispanic or Latino	6.18	1.52
Not Hispanic or Latino	6.86	1.06
Infant's Gender		
Female	7.96	1.38
Male	5.68	0.97
Mother's Education Level		
Less than high school	7.75	1.55
High school graduate	7.21	1.32
At least some college	6.6	1.11
Marital Status		
Married	6.7	1
Not Married	7.03	1.74
Mother's Age		
19 years and younger	5.16	0.79
20 to 24 years	5.92	1.39
25 to 29 years	6.42	1.17
30 to 34 years	6.43	1.17
35 years and older	8.26	1.09

Source: Illinois Department of Public Health

Preterm Birth

Preterm Births

9.3% (2016)

IL Counties

IL Value (10.1% in 2014)

Prior Value (8.8%)

Trend

HP 2020 Target (9.4%)

Preterm Births
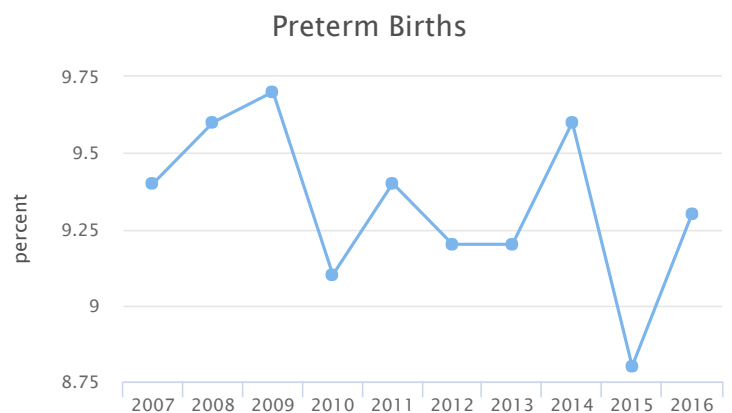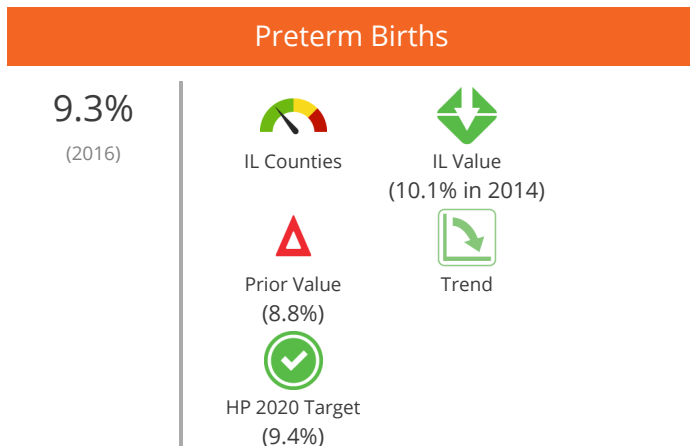
Source: Illinois Department of Public Health

Prenatal Care

Early and adequate prenatal care is an important component of maternal health. Prenatal care allows healthcare providers to identify and treat any problems early and counsel women on steps they can take to have a healthy pregnancy.

Source: Office on Women's Health

Levels of First Trimester and Adequate Care, 2015		
	First Trimester **(n = 8631)**	**Adequate Care** **(n = 8754)**
	Percent	
Total	81.36	80.34
Mother's Race & Ethnicity		
Asian	81.22	80.74
Black	65.83	60.99
White	82.64	81.75
Hispanic or Latino	70.09	73.61
Not Hispanic or Latino	84.08	81.93
Mother's Education Level		
Less than high school	65.65	68.31
High school graduate	70.98	71.96
At least some college	84.65	82.96
Marital Status		
Married	85.00	83.41
Not Married	68.44	69.59
Mother's Age		
19 years and younger	58.61	55.95
20 to 24 years	65.68	66.03
25 to 29 years	80.55	78.72
30 to 34 years	85.93	84.37
35 years and older	83.88	84.30

Source: Illinois Department of Public Health

Breastfeeding

Breastfeeding has numerous benefits. Breast milk contains nutrients and antibodies that are important for the baby's health and may lower the baby's risk of diseases such as asthma, type II diabetes, ear and respiratory infections, and sudden infant death syndrome (SIDS). Breastfeeding also has health benefits for the mother, including a lower risk of type II diabetes and certain types of breast and ovarian cancer.

Source: Centers for Disease Control and Prevention

DuPage County Infants Being Breastfed at Discharge, 2015	

n=9788

	Infants Being Breastfed
	Percent
Total	89.83
Mother's Race & Ethnicity	
Asian	94.46
Black	76.53
White	90.07
Hispanic or Latino	89.21
Not Hispanic or Latino	90.02
Mother's Education Level	
Less than high school	85.07
High school graduate	82.61
At least some college	91.56
Marital Status	
Married	91.83
Not Married	82.87
Mother's Age	
19 years and younger	82.54
20 to 24 years	87.37
25 to 29 years	90.72
30 to 34 years	91.08
35 years and older	88.66

Source: Illinois Department of Public Health

Infant Mortality

Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.

The Healthy People 2020 national health target is to reduce the infant mortality rate to 6 deaths per 1,000 live births.

Infant Mortality Rate

4.0
Deaths per 1,000 live births

(2014-2016)

IL Counties	IL Value (6.3)
US Value (5.9 in 2013-2015)	Prior Value (4.3)
Trend	HP 2020 Target (6.0)

Source: Illinois Department of Public Health
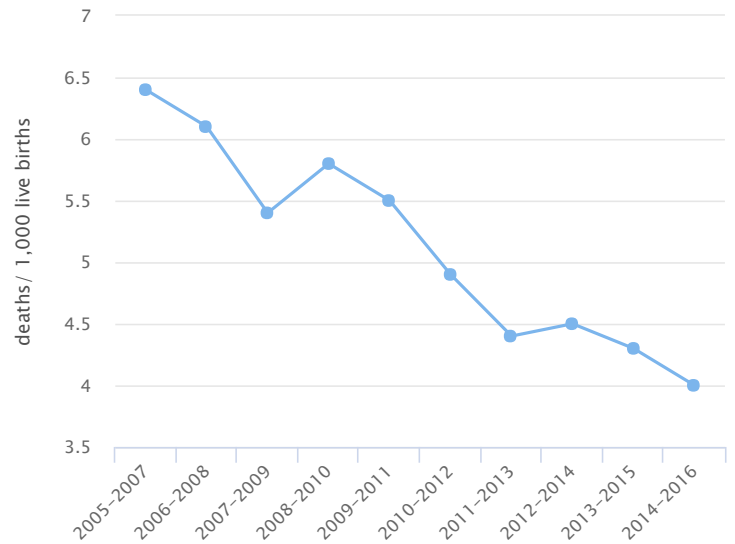
Infant Mortality Rate

Infant, Neonatal, and Postneonatal* Mortality Rates per 1,000 live births - DuPage County, 2007-2016

Year	Number of Live Births	Number of Infant Deaths	Infant Mortality Rate	Number of Neonatal Deaths	Neonatal Mortality Rate	Number of Postneonatal Deaths	Postneonatal Mortality Rate
2007	11,640	55	4.73	41	3.52	14	1.2
2008	11,312	71	6.28	55	4.86	16	1.41
2009	10,820	54	4.99	37	3.42	17	1.57
2010	10,783	61	5.66	46	4.27	15	1.39
2011	10,767	51	4.74	42	3.9	9	0.84
2012	10,542	36	3.41	30	2.85	6	0.57
2013	10,588	46	4.34	34	3.21	12	1.13
2014	10,732	55	5.12	51	4.75	4	0.37
2015	10,896	30	2.75	25	2.29	5	0.46
2016	10,836	39	3.6	31	2.86	8	0.74

*Infant is defined as those less than 1 year of age; neonatal is defined as ages 0-28 days; post neonatal is defined as ages 29 days through less than one year.
Source: Illinois Department of Public Health

Generated by www.impactdupage.org on June 11, 2018.

Chronic Conditions

Heart Disease

Coronary Heart Disease

Coronary heart disease (also called coronary artery disease) occurs when the coronary arteries become narrowed or clogged by fat and cholesterol deposits (plaques) and cannot supply enough blood to the heart. As the arteries narrow, or as the plaques rupture, the flow of blood to the heart can slow or stop, causing chest pain (angina), shortness of breath, a heart attack, or other symptoms. According to the Centers for Disease Control and Prevention, coronary heart disease is the most common type of heart disease, causing nearly 400,000 deaths per year and costing over $100 billion overall in health services, medication, and lost productivity.

The Healthy People 2020 national health target is to reduce the coronary heart disease death rate to 103.4 deaths per 100,000 population.

Age-Adjusted Death Rate due to Coronary Heart Disease

68.3
Deaths per 100,000 population

(2014-2016)

IL Counties	U.S. Counties	IL Value (90.7)	US Value (96.8)	Prior Value (72.7)
Trend	HP 2020 Target (103.4)			
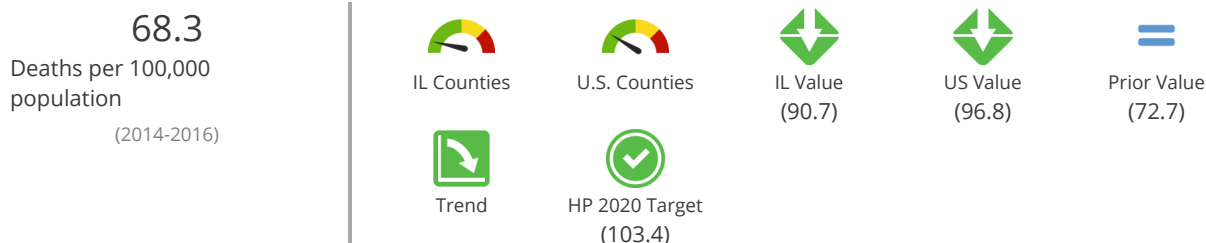
Source: Centers for Disease Control and Prevention

Heart Failure

Heart failure is a condition in which the heart can't pump enough blood to the body's other organs. This can result from a variety of conditions including coronary artery disease, diabetes, past heart attack, hypertension, heart infections, diseases of the heart valves or muscle, and congenital heart defects. Because the heart is not able to work efficiently, blood backs up in the tissues causing edema or swelling. Edema can occur in the legs and ankles as well as in the lungs, where it causes shortness of breath, especially while lying down. According to the Centers for Disease Control and Prevention, approximately round 5.7 million people in the United States have heart failure, and about half of people who develop heart failure will die within five years of diagnosis.

Age-Adjusted ER Rate due to Heart Failure

2.7
ER visits per 10,000 population 18+ years

(2014-2016)

IL Counties	IL Value (8.1)

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to Heart Failure

26.5
Hospitalization per 10,000 population 18+ years

(2014-2016)

IL Counties	IL Value (34.3)
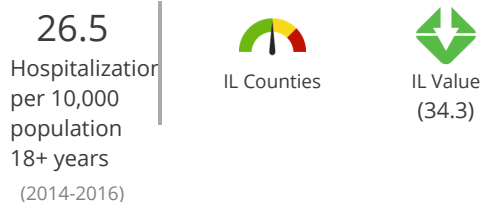
Source: Illinois Hospital Association

Atrial Fibrillation: Medicare Population

9.7%
(2015)

IL Counties	U.S. Counties
IL Value (8.7%)	US Value (8.1%)
Prior Value (9.6%)	Trend

Source: Centers for Medicare & Medicaid Services

Hyperlipidemia: Medicare Population

48.6%
(2015)

IL Counties	U.S. Counties
IL Value (46.2%)	US Value (44.6%)
Prior Value (48.9%)	Trend

Source: Centers for Medicare & Medicaid Services

Hypertension

Hypertension, also known as high blood pressure, is a significant increase in blood pressure in the arteries. Many people with hypertension may not experience symptoms, even if their blood pressure is dangerously high. However, a few might experience severe headaches, dizziness, irregular heartbeats, and other symptoms. Hypertension is the leading cause of stroke and a major cause of heart attacks, and if left untreated can lead to damage of the blood vessels and kidneys, vision loss, and angina. Many factors affect blood pressure, including salt intake, kidney health, and hormone levels. The risk for high blood pressure increases with obesity, diabetes, high salt intake, high stress levels, high alcohol intake, and tobacco use. According to the CDC, nearly 1 in 3 adults have hypertension with only half of these individuals having their condition under control.

Age-Adjusted ER Rate due to Hypertension

17.2
ER visits per 10,000 population 18+ years
(2014-2016)

| IL Counties | IL Value (32.5) |

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to Hypertension

2.0
Hospitalization per 10,000 population 18+ years
(2014-2016)

| IL Counties | IL Value (4.0) |

Source: Illinois Hospital Association

Hypertension: Medicare Population

53.6%
(2015)

| IL Counties | U.S. Counties | IL Value (56.4%) | US Value (55.0%) | Prior Value (53.8%) |

Trend

Source: Centers for Medicare & Medicaid Services

Stroke

Cerebrovascular disease refers to conditions, including stroke, caused by problems with the blood vessels supplying the brain with blood. A stroke occurs when blood vessels carrying oxygen to the brain burst or become blocked, thereby cutting off the brain's supply of oxygen and other nutrients. Lack of oxygen causes brain cells to die, which can lead to brain damage and disability or death. Cerebrovascular disease is a leading cause of death in the United States, and although it is more common in older adults, it can occur at any age. The most important modifiable risk factor for cerebrovascular disease and stroke is high blood pressure. Other risk factors include high cholesterol, heart disease, diabetes mellitus, physical inactivity, obesity, excessive alcohol use, and tobacco use.

The Healthy People 2020 national health target is to reduce the stroke death rate to 34.8 deaths per 100,000 population.
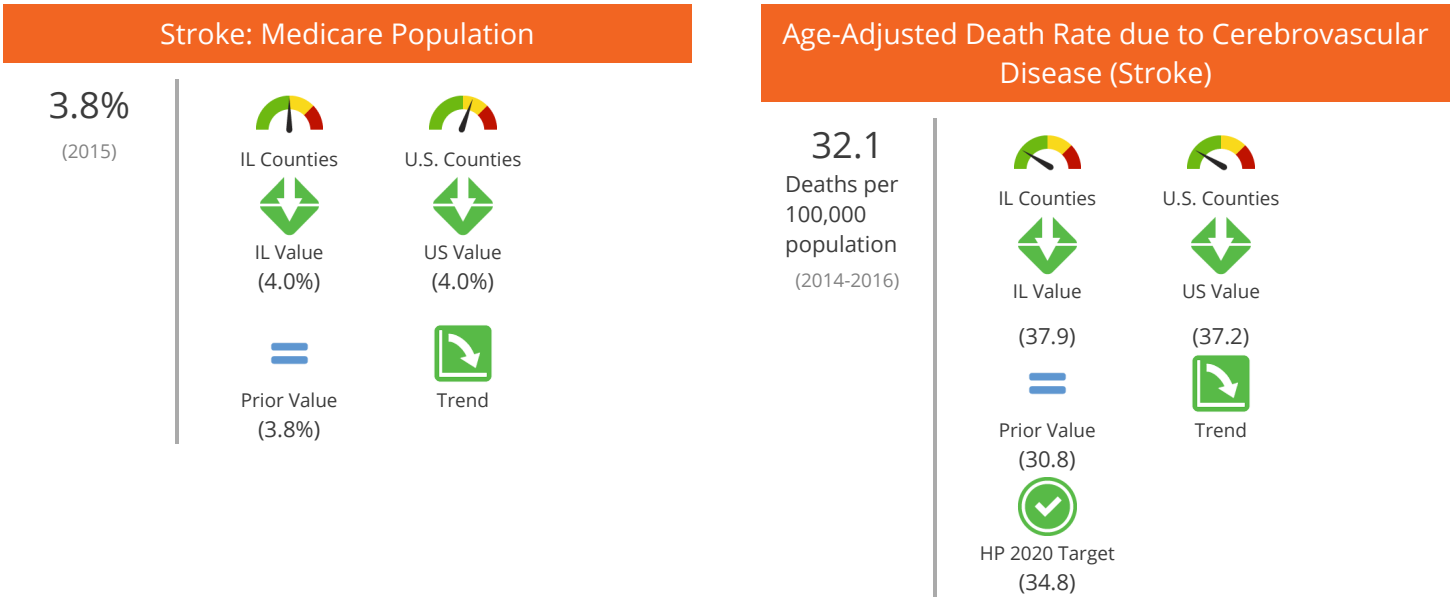
Stroke: Medicare Population		
3.8% (2015)	IL Counties	U.S. Counties
	IL Value (4.0%)	US Value (4.0%)
	Prior Value (3.8%)	Trend

Source: Centers for Medicare & Medicaid Services

Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)		
32.1 Deaths per 100,000 population (2014-2016)	IL Counties	U.S. Counties
	IL Value (37.9)	US Value (37.2)
	Prior Value (30.8)	Trend
	HP 2020 Target (34.8)	

Source: Centers for Disease Control and Prevention

Cancer

Cancer is the second leading cause of death in the United States. The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer. According to the NCI, lung, colon and rectal, breast, pancreatic, and prostate cancer lead to the greatest number of annual deaths.

Cancer: Medicare Population					
9.3% (2015)	IL Counties	U.S. Counties	IL Value (8.6%)	US Value (7.8%)	Prior Value (9.2%)
	Trend				
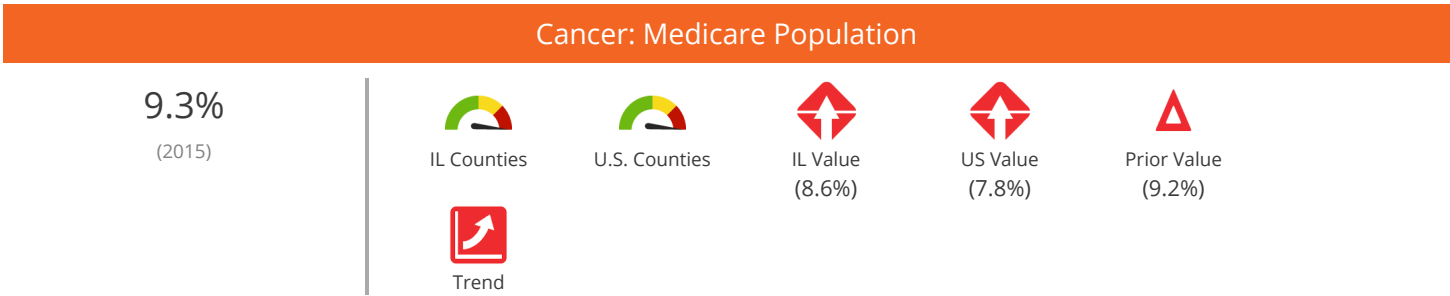
Source: Centers for Medicare & Medicaid Services

Breast Cancer

Breast cancer is a leading cause of cancer death among women in the United States. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Breast cancer is associated with increased age, hereditary factors, obesity, and alcohol use. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.7 deaths per 100,000 females.

Breast Cancer Incidence Rate

145.1

Cases per 100,000 females

(2010-2014)

IL Counties

U.S. Counties

IL Value
(130.0)

US Value
(123.5)

Prior Value
(145.0)

Trend

Source: National Cancer Institute

Age-Adjusted Death Rate due to Breast Cancer

21.6

Deaths per 100,000 females
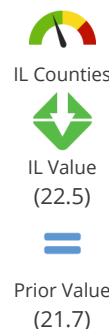
(2010-2014)

IL Counties

U.S. Counties

IL Value
(22.5)

US Value
(21.2)

Prior Value
(21.7)

Trend

HP 2020 Target
(20.7)

Source: National Cancer Institute

Mammography Screening: Medicare Population

68.2%

(2014)

IL Counties

U.S. Counties

IL Value
(64.3%)

US Value
(63.1%)

Prior Value
(67.8%)

Trend
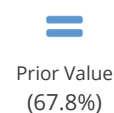
Source: The Dartmouth Atlas of Health Care

Lung Cancer

According to the American Lung Association, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking. While the mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer among women continues to increase. African Americans have the highest risk of developing lung cancer.

The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 population.

Lung and Bronchus Cancer Incidence Rate

54.5
Cases per 100,000 population

(2010-2014)

IL Counties

U.S. Counties

IL Value
(66.8)

US Value
(61.2)

Prior Value
(56.1)

Trend
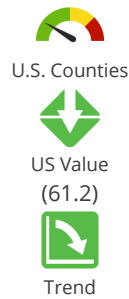
Source: National Cancer Institute

Age-Adjusted Death Rate due to Lung Cancer

37.1
Deaths per 100,000 population

(2010-2014)

IL Counties

U.S. Counties

IL Value
(47.6)

US Value
(44.7)

Prior Value
(38.7)

Trend
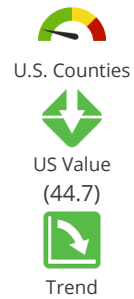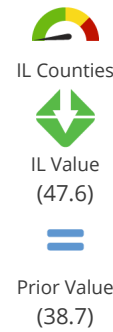
HP 2020 Target
(45.5)

Source: National Cancer Institute

Prostate Cancer

The prostate is a gland found only in males, and is located below the bladder and in front of the rectum. Prostate cancer is a leading cause of cancer death among men in the United States. According to the American Cancer Society, about 1 in 7 men will be diagnosed with prostate cancer. And about 1 in 36 will die from prostate cancer. The two greatest risk factors for prostate cancer are age and race, with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S.

The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.8 deaths per 100,000 males.

Prostate Cancer Incidence Rate

117.9
Cases per 100,000 males

(2010-2014)

IL Counties

U.S. Counties

IL Value
(119.4)

US Value
(114.8)

Prior Value
(123.2)

Trend

Source: National Cancer Institute

Prostate Cancer Incidence Rate by Race/Ethnicity
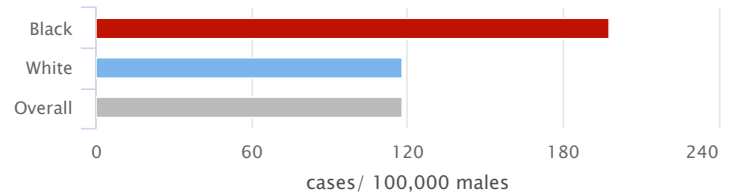
Black
White
Overall

cases/100,000 males

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Age-Adjusted Death Rate due to Prostate Cancer

18.3
Deaths per 100,000 males
(2010-2014)

IL Counties (2006-2010)	U.S. Counties	IL Value (20.9)	US Value (20.1)	Prior Value (19.9)

Trend | HP 2020 Target (21.8)

Source: National Cancer Institute

Colorectal Cancer

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer--cancer of the colon or rectum-- is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the United States. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Risks and benefits of using different screening methods, such as stool-based tests, sigmoidoscopies, and colonoscopies, vary. The US Preventive Service Task Forces recommends that screening begin at age 50 and continue until age 75; however, testing may need to begin earlier or be more frequent if colorectal cancer runs in the family, or if there is a previous diagnosis of inflammatory bowel disease. Speak with a doctor about when to begin screening and how often to be tested.

The Healthy People 2020 national health target is to reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population.

Colorectal Cancer Incidence Rate

38.5
Cases per 100,000 population
(2010-2014)

IL Counties | U.S. Counties

IL Value (44.5) | US Value (39.8)

Prior Value (39.2) | Trend

HP 2020 Target (39.9)

Age-Adjusted Death Rate due to Colorectal Cancer

12.1
Deaths per 100,000 population
(2010-2014)

IL Counties | U.S. Counties

IL Value (15.8) | US Value (14.8)

Prior Value (12.4) | Trend

HP 2020 Target (14.5)

Source: National Cancer Institute

Source: National Cancer Institute

Colon Cancer Screening: Sigmoidoscopy or Colonoscopy

69.8%
(2010-2014)

IL Counties

US Value
(67.3% in 2012)

Prior Value
(60.9%)
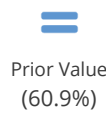
Source: Illinois Behavioral Risk Factor Surveillance System

Cervical Cancer

Cervical cancer forms in tissues of the cervix (the organ that connects the uterus and vagina) and is slow-growing. Cervical cancer that is detected early is one of the most successfully treatable cancers, and can be cured by removing or destroying the pre-cancerous or cancerous tissue. Cervical cancer is detected by Pap test screenings and is most often caused by human papillomavirus (HPV), which is a type of infection transmitted through sexual contact and can lead to cervical cancer. The American College of Obstetricians and Gynecologists recommends that all women aged 21-29 have a Pap test every 3 years while women aged 30-65 should have a Pap test and an HPV test every 5 years or a Pap test alone every 3 years.

The Healthy People 2020 national health target is to reduce the uterine cervical cancer incidence rate to 7.1 cases per 100,000 population.

Cervical Cancer Incidence Rate

5.9
Cases per 100,000 females
(2010-2014)

U.S. Counties

IL Value
(7.7)

US Value
(7.5)

Prior Value
(5.7)

Trend

HP 2020 Target
(7.3)

Source: National Cancer Institute
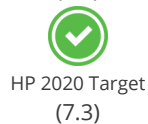
Pap Test in Past Year

71.3%
(2010-2014)
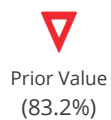
IL Counties

Prior Value
(83.2%)

Source: Illinois Behavioral Risk Factor Surveillance System

Oral Cavity and Pharynx Cancer

Oral cancer forms in tissues of the mouth or the oropharynx (the part of the throat at the back of the mouth). The known risk factors for developing oral cancer are tobacco use and heavy alcohol consumption. According to the American Cancer Society, individuals who both smoke and drink excessively are 30 times more likely to develop oral cancer than those who do not smoke or drink.

Oral Cavity and Pharynx Cancer Incidence Rate

11.6
Cases per 100,000 population
(2010-2014)

IL Counties	U.S. Counties	IL Value (11.9)	US Value (11.5)	Prior Value (11.1)

Trend

Source: National Cancer Institute

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease, or COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD most commonly includes chronic bronchitis and emphysema and usually results from tobacco use, although it can also be a result of pollutants in the air, genetic factors, and respiratory infections. Common symptoms include shortness of breath, wheezing, and chronic cough. Although there is no cure for COPD, smoking cessation, medications, and therapy or surgery can help individuals manage their symptoms.

Age-Adjusted ER Rate due to COPD

6.9
ER visits per 10,000 population 18+ years
(2014-2016)

IL Counties	IL Value (22.7)

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to COPD

15.4
Hospitalization per 10,000 population 18+ years
(2014-2016)

IL Counties	IL Value (21.8)

Source: Illinois Hospital Association

COPD: Medicare Population

8.8%
(2015)
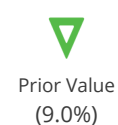
IL Counties	U.S. Counties	IL Value (11.2%)	US Value (11.2%)	Prior Value (9.0%)

Trend

Source: Centers for Medicare & Medicaid Services

Generated by www.impactdupage.org on June 11, 2018.

Arthritis

Arthritis is a collection of conditions and disorders of the joints, bones, muscles, cartilage and other connective tissues. According to the Arthritis Foundation, more than 50 million adults have doctor-diagnosed arthritis, and arthritis is the number 1 cause of disability in the U.S. Two common types of arthritis are Osteoarthritis (OA)and Rheumatoid arthritis (RA).

Osteoarthritis (OA), sometimes called degenerative joint disease, is the most common form of arthritis. OA is characterized by the breakdown of the joint's cartilage as well as bony overgrowth, leading to pain and joint stiffness. Common risk factors for OA include genetics, advanced age, obesity, and injury.

Rheumatoid arthritis (RA) is a systemic inflammatory arthritis and an autoimmune disease that typically affects the small joints of the hands and feet, but can also impact other organs. Symptoms include pain, swelling, stiffness and loss of function of the affected joint. Treatments include medications, lifestyle changes and surgery.

Rheumatoid Arthritis or Osteoarthritis: Medicare Population

| 31.7%
(2015) | IL Counties | U.S. Counties | IL Value
(32.0%) | US Value
(30.0%) | Prior Value
(31.1%) |
| --- | --- | --- | --- | --- | --- |
| | Trend | | | | |
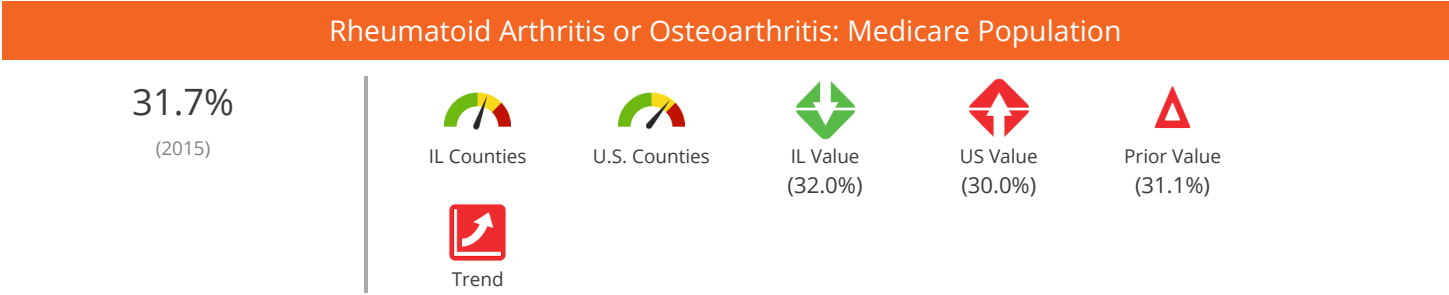
Source: Centers for Medicare & Medicaid Services

Osteoporosis

Osteoporosis is a progressive disease that causes bones to become fragile and more likely to break due to a minor fall or, in serious cases, even when sneezing. The most commonly affected bones are the hip, spine, and wrist. The disease often progresses unnoticed over many symptomless years until a fracture occurs. Osteoporosis affects more than 40 million Americans and contributes to an estimated 2 million bone fractures per year. According to the National Osteoporosis Foundation, the number of fractures due to osteoporosis is projected to increase to over 3 million by the year 2025 and cost $25.3 billion annually. Though there is no cure, healthy lifestyle choices such as healthy diet, exercise, and certain medications can help prevent further bone loss and reduce the risk of fractures.

Osteoporosis: Medicare Population

| 7.1%
(2015) | IL Counties | U.S. Counties | IL Value
(6.0%) | US Value
(6.0%) | Prior Value
(7.2%) |
| --- | --- | --- | --- | --- | --- |
| | Trend | | | | |
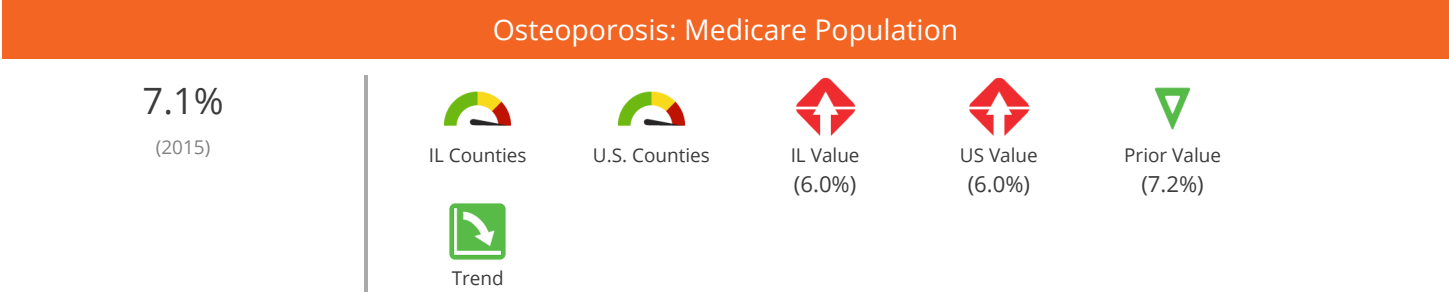
Source: Centers for Medicare & Medicaid Services

Diabetes

According to National Diabetes Education Program, "diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both." Diabetes can have a harmful effect on most organ systems in the human body; it is a frequent cause of renal disease and lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. The prevalence of diagnosed type 2 diabetes increased sixfold in the latter half of the last century according to the Centers for Disease Control and Prevention (CDC). Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. The CDC estimates the direct economic cost of diabetes in the United States to be about $100 billion per year. This figure does not take into account the indirect economic costs attributable to potential work time lost to diabetes- related illness or premature death.

Age-Adjusted ER Rate due to Diabetes

10.4
ER visits per 10,000 population 18+ years

(2014-2016)

IL Counties

IL Value (25.3)

Age-Adjusted Hospitalization Rate due to Diabetes

10.6
Hospitalization per 10,000 population 18+ years

(2014-2016)

IL Counties

IL Value (17.4)

Age–Adjusted ER Rate due to Diabetes by Race/Ethnicity
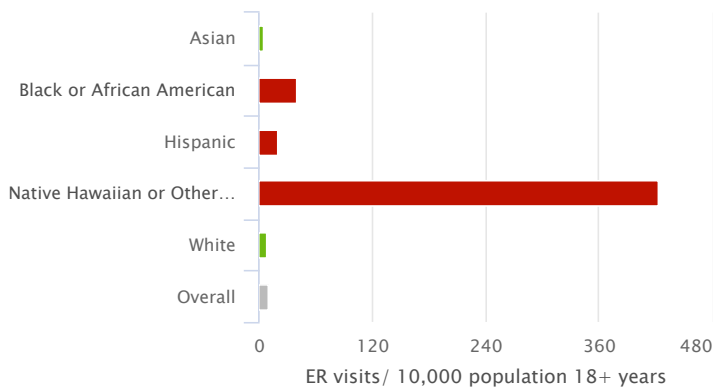
Race/Ethnicity	
Asian	
Black or African American	
Hispanic	
Native Hawaiian or Other…	
White	
Overall	

ER visits/ 10,000 population 18+ years

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age–Adjusted Hospitalization Rate due to Diabetes by Race/Ethnicity

Race/Ethnicity	
American Indian or Alas…	
Asian	
Black or African American	
Hispanic	
Native Hawaiian or Other…	
White	
Overall	

hospitalizations/ 10,000 population 18+ years

*Value may be statistically unstable and should be interpreted with caution.

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

44
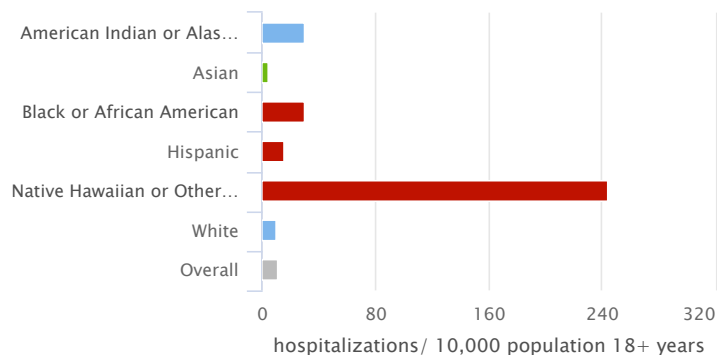
Age-Adjusted ER Rate due to Uncontrolled Diabetes

1.7
ER visits per 10,000 population 18+ years
(2014-2016)

IL Counties

IL Value (3.5)

Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes

0.9
Hospitalization per 10,000 population 18+ years
(2014-2016)

IL Value (1.6)

Age-Adjusted ER Rate due to Uncontrolled Diabetes by Race/Ethnicity
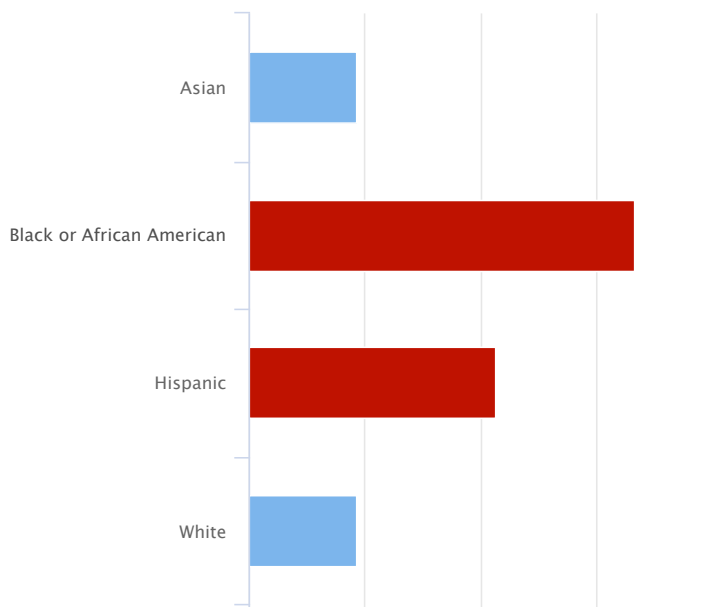
- ☐ Significantly **better** than the overall value
- ☐ Significantly **worse** than the overall value
- ☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes by Race/Ethnicity
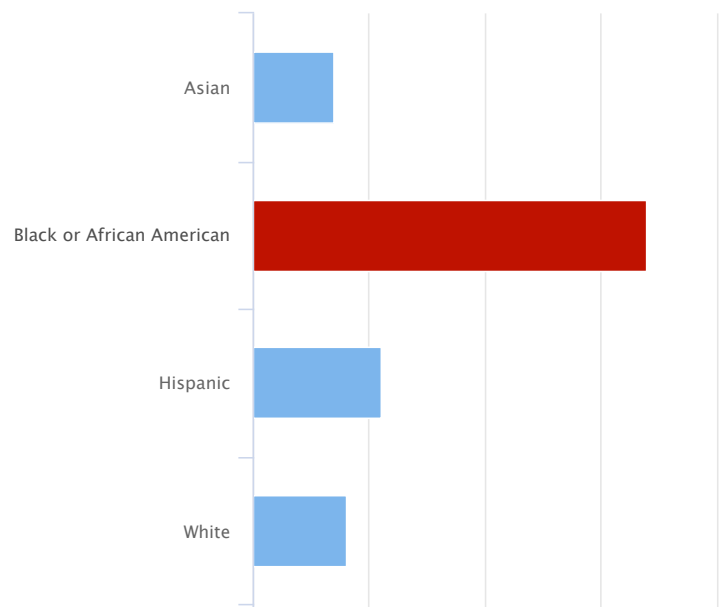
- ☐ Significantly **better** than the overall value
- ☐ Significantly **worse** than the overall value
- ☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age-Adjusted ER Rate due to Short-Term Complications of Diabetes

2.8
ER visits per 10,000 population 18+ years
(2014-2016)

IL Counties

IL Value (5.6)

Age-Adjusted ER Rate due to Short-Term Complications of Diabetes by Race/Ethnicity

Asian	
Black or African American	
Hispanic	
White	
Overall	

0   4   8   12   16
ER visits/ 10,000 population 18+ years

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes

3.7
Hospitalization per 10,000 population 18+ years
(2014-2016)

IL Counties

IL Value (6.8)

Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes by Race/Ethnicity

Asian	
Black or African American	
Hispanic	
White	
Overall	

0   4   8   12   16
hospitalizations/ 10,000 population 18+ years

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age-Adjusted ER Rate due to Long-Term Complications of Diabetes

2.9
ER visits per 10,000 population 18+ years
(2014-2016)

IL Counties

IL Value
(7.2)
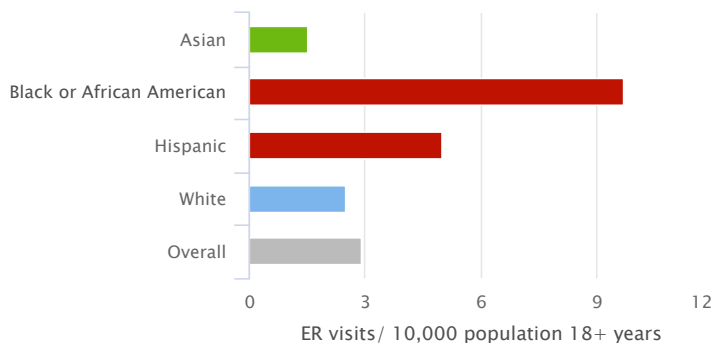
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes

5.8
Hospitalization per 10,000 population 18+ years
(2014-2016)

IL Counties

IL Value
(8.7)

Age–Adjusted ER Rate due to Long–Term Complications of Diabetes by Race/Ethnicity

ER visits/ 10,000 population 18+ years

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age–Adjusted Hospitalization Rate due to Long–Term Complications of Diabetes by Race/Ethnicity

hospitalizations/ 10,000 population 18+ years
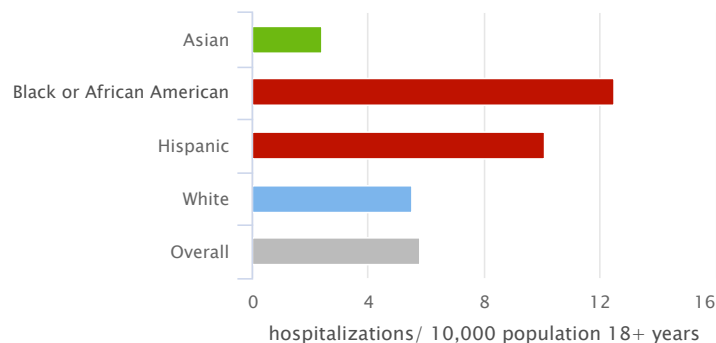
☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Adults 20+ with Diabetes

8.1%
(2013)

IL Counties

U.S. Counties

IL Value
(9.1%)

Prior Value
(8.5%)

Source: Centers for Disease Control and Prevention

Diabetes: Medicare Population

23.0%
(2015)

IL Counties

U.S. Counties

IL Value
(26.3%)

US Value
(26.5%)

Prior Value
(23.3%)

Trend

Source: Centers for Medicare & Medicaid Services

Asthma

Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. Asthma is one of the most common long-term diseases of children, but it also affects millions of adults nationwide. Symptoms can include tightness in the chest, coughing, and wheezing. These symptoms are often brought on by exposure to inhaled allergens, such as dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death.

Age-Adjusted ER Rate due to Asthma			Age-Adjusted Hospitalization Rate due to Asthma		
26.4 ER visits per 10,000 population (2014-2016)	IL Counties	IL Value (50.1)	**7.1** Hospitalization per 10,000 population (2014-2016)	IL Counties	IL Value (9.2)

Age–Adjusted ER Rate due to Asthma by Race/Ethnicity

American Indian or Alas…
Asian
Black or African American
Hispanic
Native Hawaiian or Other…
White
Overall

ER visits/ 10,000 population

Age–Adjusted Hospitalization Rate due to Asthma by Race/Ethnicity

American Indian or Alas…
Asian
Black or African American
Hispanic
Native Hawaiian or Other…
White
Overall

hospitalizations/ 10,000 population

*Value may be statistically unstable and should be interpreted with caution.

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age-Adjusted ER Rate due to Pediatric Asthma

48.6

ER visits per 10,000 population under 18 years

(2014-2016)

IL Counties

IL Value (74.4)

Age-Adjusted Hospitalization Rate due to Pediatric Asthma

9.8

Hospitalization per 10,000 population under 18 years

(2014-2016)

IL Value (9.8)

Age–Adjusted ER Rate due to Pediatric Asthma by Race/Ethnicity

Race/Ethnicity	
American Indian or Alas…	
Asian	
Black or African American	
Hispanic	
White	
Overall	

ER visits/ 10,000 population under 18 years

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age–Adjusted Hospitalization Rate due to Pediatric Asthma by Race/Ethnicity

Race/Ethnicity	
American Indian or Alas…	
Asian	
Black or African American	
Hispanic	
White	
Overall	

hospitalizations/ 10,000 population under 18

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age-Adjusted ER Rate due to Adult Asthma

18.7

ER visits per 10,000 population 18+ years

(2014-2016)

IL Counties

IL Value
(41.7)

Age-Adjusted Hospitalization Rate due to Adult Asthma

6.1

Hospitalization per 10,000 population 18+ years

(2014-2016)

IL Counties

IL Value
(9.0)

Age–Adjusted ER Rate due to Adult Asthma by Race/Ethnicity

- American Indian or Alas…
- Asian
- Black or African American
- Hispanic
- Native Hawaiian or Other…

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Age–Adjusted Hospitalization Rate due to Adult Asthma by Race/Ethnicity

- Asian
- Black or African American
- Hispanic

☐ Significantly **better** than the overall value
☐ Significantly **worse** than the overall value
☐ Not significantly different than the overall value (or no confidence intervals available)

Source: Illinois Hospital Association

Adults with Current Asthma
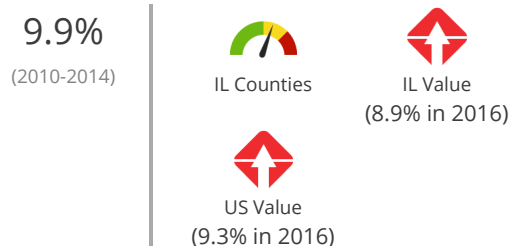
9.9%

(2010-2014)

IL Counties

IL Value
(8.9% in 2016)

US Value
(9.3% in 2016)

Asthma: Medicare Population

6.4%

(2015)

IL Counties

U.S. Counties

IL Value
(7.9%)

US Value
(8.2%)

Prior Value
(4.2%)

Trend

Source: Illinois Behavioral Risk Factor Surveillance System

Source: Centers for Medicare & Medicaid Services

50
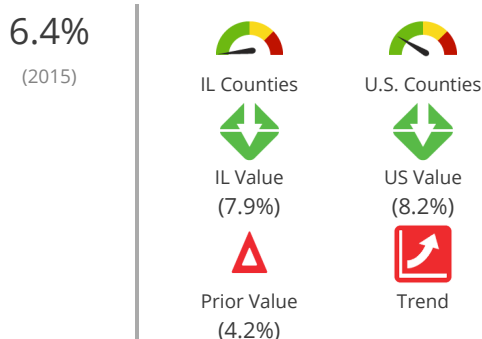
Kidney Disease

Nephritis, nephrotic syndrome, and nephrosis are diseases associated with the kidney, and as a group are one of the top ten leading causes of death in the United States. Kidney disease is most often caused by diabetes or high blood pressure, which slowly damage the blood vessels in the kidneys and decrease their ability to remove waste from the blood. According to the American Kidney Fund, it is estimated that 40% of people with diabetes will develop chronic kidney disease (CKD). CKD is more common among women, but men with CKD are 50% more likely to progress to kidney failure. The risk for kidney failure is also higher for some race/ethnic groups, especially African Americans and Native Americans. Medicare expenditures for kidney failure account for about 6.7% of Medicare spending each year. For each kidney disease patient who does not progress to dialysis, Medicare savings are estimated at $250,000.

Chronic Kidney Disease: Medicare Population		
16.7% (2015)	IL Counties	U.S. Counties
	IL Value (18.3%)	US Value (18.1%)
	Prior Value (15.4%)	Trend

Age-Adjusted Death Rate due to Kidney Disease		
12.4 Deaths per 100,000 population (2014-2016)	IL Counties	U.S. Counties
	IL Value (17.1)	US Value (13.3)
	Prior Value (12.9)	Trend

Source: Centers for Medicare & Medicaid Services
Generated by www.impactdupage.org on June 11, 2018.

Source: Centers for Disease Control and Prevention

Death, Injury, and Violence

Life Expectancy

In DuPage County, the life expectancy is 83.5 years for females and 80.1 years for males (Institute of Health Metrics and Evaluation, 2014). This expectancy exceeds the Illinois values of 81.3 years and 76.7 years, respectively (Institute of Health Metrics and Evaluation, 2014).

Leading Causes of Death

In 2016, there were 6,339 deaths of individuals who lived in DuPage County (Illinois Department of Public Health). Below are the top ten leading causes of death.

Leading Causes of Death, DuPage County and Illinois

		DuPage County		Illinois	
Rank	**Cause of Death**	**Number of Deaths**	**Percent of Deaths**	**Number of Deaths**	**Percent of Deaths**
1	Cancer	1,525	24.1%	24,396	22.8%
2	Heart Disease	1,326	20.9%	25,017	23.4%
3	Stroke	361	5.7%	5,660	5.3%
4	Alzheimer's Disease	306	4.8%	3,878	3.6%
5	Chronic Lower Respiratory Disease	282	4.4%	5,632	5.3%
6	Accidents	260	4.1%	5,506	5.1%
7	Kidney Disease	126	2.0%	2,518	2.4%
8	Diabetes	120	1.9%	2,782	2.6%
9	Influenza and Pneumonia	115	1.8%	2,177	2.0%
10	Septicemia	88	1.4%	1,704	1.6%

Source: Illinois Department of Public Health Vital Statistics

Leading causes of death vary considerably by age. Nationally and in DuPage County, younger people are more likely to die from unintentional injuries (Centers for Disease Control and Prevention, 2017). Indeed, it is the leading cause of death for DuPage County residents ages 15 to 44. Chronic disease, such as cancer and heart disease, are leading causes of death for those aged 45 and older.

DuPage County Leading Causes of Death and Counts, by Age Group, 2015

<1 Year	1 to 4 Years	5 to 14 Years	15 to 24 Years	25 to 44 Years	45 to 64 Years	65 or more Years
Perinatal Conditions (17)	Malignant Neoplasms (1)	Intentional Self-Harm (5)	Unintentional Injuries (30)	Unintentional Injuries (72)	Malignant Neoplasms (363)	Heart Disease (1,132)
Congenital Anomalies (8)	Viral Infection, Unspecified (1)	Congenital Anomalies (2)	Intentional Self-Harm (17)	Malignant Neoplasms (28)	Heart Disease (204)	Malignant Neoplasms (1,058)
Septicemia (2)	Metabolic Disorders (1)	Malignant Neoplasm (1)	Malignant Neoplasm (4)	Intentional Self-Harm (25)	Unintentional Injuries (90)	Cerebrovascular Disease (320)
Heart Disease (1)		Heart Disease (1)	Assault (Homicide) (3)	Heart Disease (18)	Chronic Liver Disease and Cirrhosis (50)	Chronic Lower Respiratory Diseases (285)
Kidney Disease (1)		Unintentional Injuries (1)	Other and Unspecified Convulsions (2)	Chronic Liver Disease and Cirrhosis (5)	Diabetes Mellitus (30)	Alzheimer's Disease (217)

Source: Illinois Department of Public Health Vital Statistics - DuPage County Mortality Files

Premature Death

This indicator shows the Years of Potential Life Lost before age 75 per 100,000 population.

Years of Potential Life Lost (YPLL) is an estimate of premature mortality. It represents the number of years a person would have lived if he or she had not died before a predetermined age, in this case 75 years. On a population level, the measurement gives more weight to deaths occurring among younger people and therefore YPLL is an alternative measure to death rates. When applied to different specific causes of death, YPLL can measure the relative impact of various diseases on the population and can be used to emphasize specific causes of death affecting younger age groups. YPLL is frequently used to quantify social and economic losses due to premature death.

Premature Death

3,761.8
Years per 100,000 population
(2014)

IL Value (6,125.0)

US Value (6,447.3)

Prior Value (3,700.5)

Source: DuPage County Health Department

Premature Death by Leading Causes of Death
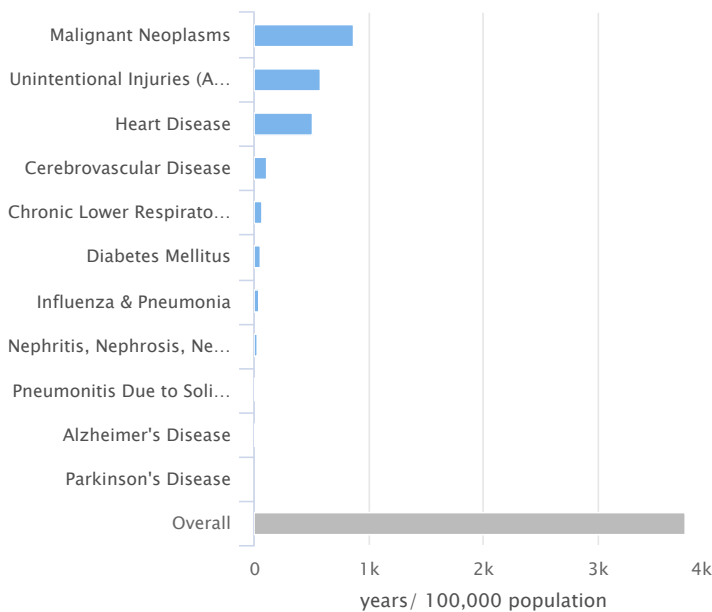
Source: DuPage County Health Department

Premature Death by Selected Injury Causes of Death
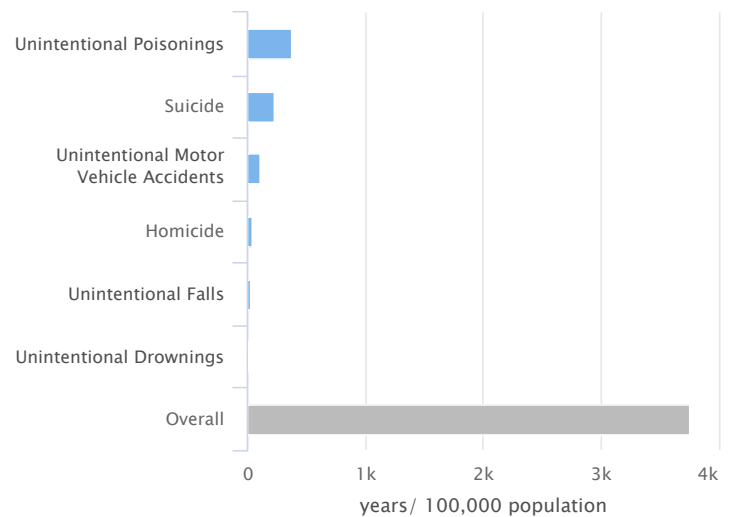
Source: DuPage County Health Department

Unintentional Injury

Unintentional injuries are a leading cause of death for residents of DuPage County ages 5 to 42 years.

Injury Mortality Rates by Type for DuPage County, Illinois, and the United States in 2015: Number of Deaths per 100,000			
	DuPage County	**Illinois**	**United States**
All Unintentional Injuries	26.2	37.8	47.5
Motor Vehicle Accidents	4.9	8.2	11.7
Falls	7.1	8.2	10.8
Drowning	0.7	0.8	1.2
Firearm-related Deaths	3.4	9.4	11.5
Poisonings	10	13.3	15.4
Homicides	1	6.7	5.8

Source: Illinois Department of Public Health Vital Statistics - DuPage County Mortality Files

Drug Poisoning

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last few decades. The majority of deaths due to pharmaceutical overdose involve opioid analgesics (prescription painkillers). Those who die from drug overdose are more likely to be male, Caucasian, or between the ages of 45 and 49. Although the majority of drug overdose deaths are accidental, they may also be intentional or of undetermined intent.

Death Rate due to Drug Poisoning

12.0
Deaths per 100,000 population
(2014-2016)

IL Counties	U.S. Counties
IL Value (15.4)	US Value (16.9)
Prior Value (10.6)	Trend

Source: County Health Rankings

Death Rate due to Drug Poisoning

deaths / 100,000 population vs. 2004–2010, 2006–2012, 2012–2014, 2013–2015, 2014–2016
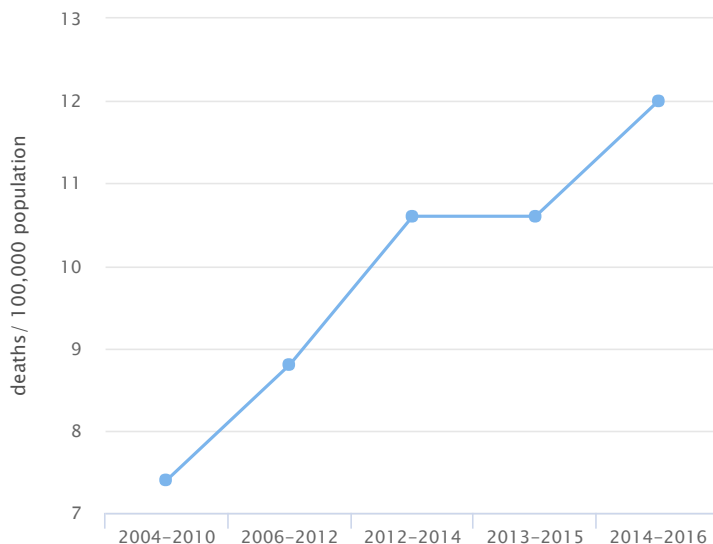
Source: County Health Rankings

Child Abuse

There are several types of child abuse including physical, sexual, and emotional abuse. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

Substantiated Child Abuse Rate

4.1
Cases per 1,000 children
(2015)

IL Counties	IL Value (9.7)
US Value (9.2)	Prior Value (3.2)
Trend	

Source: Illinois Department of Children and Family Services

Substantiated Child Abuse Rate

cases / 1,000 children vs. 2010, 2011, 2012, 2013, 2014, 2015

Source: Illinois Department of Children and Family Services

54
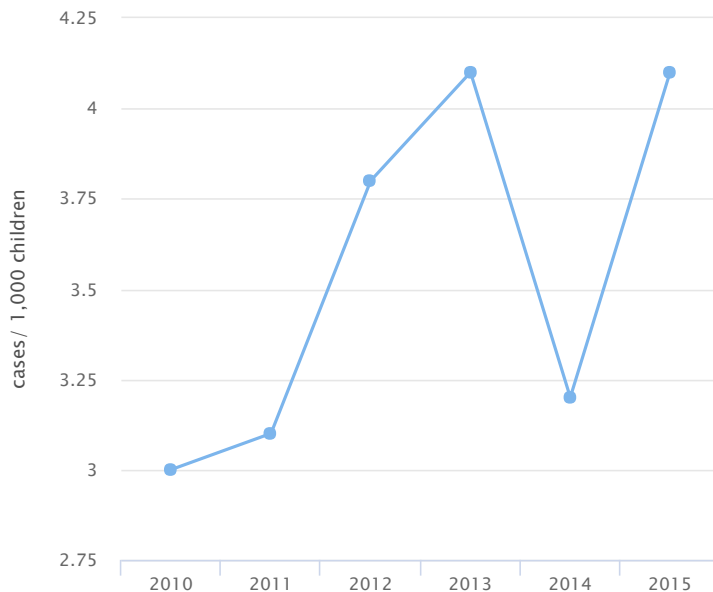
Domestic Violence

According to the National Coalition Against Domestic Violence, "domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse."

If you or someone you know is a victim of domestic abuse, reach out for help by calling the Domestic Violence Hotline at 630-469-5650 (DuPage) or (877) 863-6338 (Illinois).

Orders of Protection		
1,708 Orders of Protection (2016)	Prior Value (1,588)	Trend

Source: Illinois Courts

Deaths due to Domestic Violence		
7 Deaths (FY 2017)	Prior Value (1)	Trend

Source: Illinois Coalition Against Domestic Violence

Generated by www.impactdupage.org on June 11, 2018.

Communicable Diseases

Vaccine Preventable Diseases

Infectious diseases remain major causes of illness, disability, and death. Many of these are preventable through the appropriate and timely use of readily available vaccines. Vaccines protect more than the vaccinated individuals, they protect the entire community. By raising immunity levels in the majority of the population, the risk posed by unvaccinated individuals is greatly reduced.

Vaccine Preventable Diseases, Number of cases in DuPage County 2013-2017					
Disease	**2013**	**2014**	**2015**	**2016**	**2017***
Chickenpox (Varicella)	78	76	36	56	35
Haemophilus influenza, invasive	10	5	15	13	9
Hepatitis A	4	8	5	2	3
Hepatitis B	3	5	2	2	1
Hepatitis B (carriers)	110	112	137	122	101
Measles	0	0	0	0	0
Mumps	0	2	8	11	8
N. meningitidis, invasive	0	0	1	1	0
Pertussis (whooping cough)	43	22	49	105	35
Streptococcus pneumonia, invasive (<5 years old)	4	3	0	2	1
Diphtheria	0	0	0	0	0
Polio	0	0	0	0	0
Rubella	0	0	0	0	0
Tetanus	0	0	0	0	0
Influenza, deaths in <18yrs old	1	0	0	0	0
Influenza, ICU admissions	78	152	43	69	117

*Provisional and subject to change
Source: Illinois Department of Public Health/DuPage County Health Department CD Review

Immunization-Preventable Pneumonia and Influenza

Vaccination

Influenza is a contagious disease caused by the influenza virus. The flu can cause severe illness and life-threatening complications particularly in older people, young children, pregnant women, and people with certain health conditions. It can lead to pneumonia and can be dangerous for people with heart or breathing conditions. The Centers for Disease Control and Prevention (CDC) estimates that in the United States, 5% to 20% of the population on average gets the flu and more than 200,000 people are hospitalized each year. The seasonal influenza vaccine can prevent serious illness and death. The CDC recommends annual vaccinations to prevent the spread of influenza.

The Healthy People 2020 national health target is to increase the proportion of adults who receive an influenza vaccination to 70%.

Pneumococcal pneumonia is a serious condition characterized by high fever, cough, shortness of breath, and meningitis. It is a contagious disease and can be spread by respiratory secretions from coughing or sneezing. Pneumococcal pneumonia is the leading cause of vaccine-preventable death and illness in the United States--it kills about 1 out of every 20 people who develop the disease. The pneumococcal vaccine is very effective at preventing severe disease, hospitalization, and death. The Centers for Disease Control and Prevention (CDC) recommends the current vaccine for adults ages 65 years and older and for children ages 2 and older who are at high risk for disease.

This indicator shows the percentage of adults who received an influenza vaccination in the past year.

This indicator shows the percentage of adults who have ever received a pneumococcal (pneumonia) vaccine.
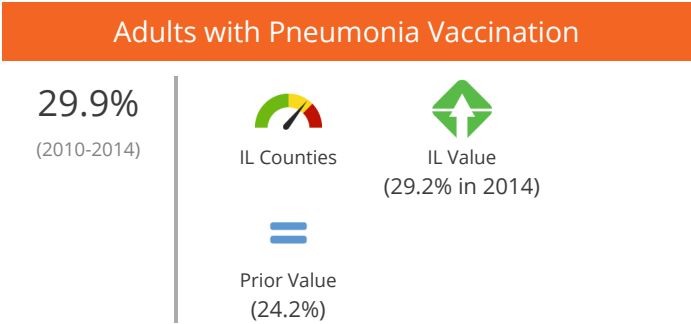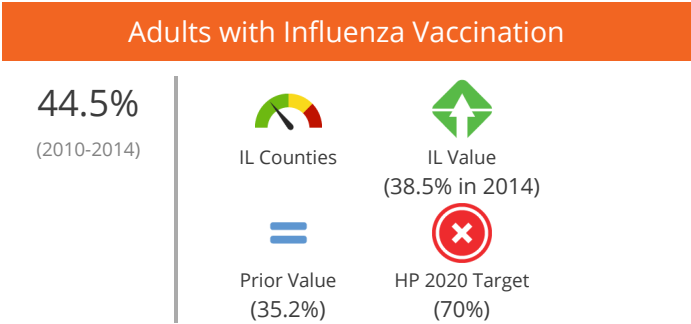
Adults with Influenza Vaccination

44.5%
(2010-2014)

IL Counties

IL Value
(38.5% in 2014)

Prior Value
(35.2%)

HP 2020 Target
(70%)

Source: Illinois Behavioral Risk Factor Surveillance System

Adults with Pneumonia Vaccination

29.9%
(2010-2014)

IL Counties

IL Value
(29.2% in 2014)

Prior Value
(24.2%)

Source: Illinois Behavioral Risk Factor Surveillance System

Emergency Room and Hospitalization Rates

Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza

9.4
ER visits per 10,000 population 18+ years
(2014-2016)

IL Counties

IL Value
(11.0)

Source: Illinois Hospital Association

Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza

2.2
Hospitalization per 10,000 population 18+ years
(2014-2016)

IL Value
(2.2)

Source: Illinois Hospital Association

Reported Influenza Cases in the Intensive Care Unit (ICU) by Age Group in DuPage County, 2012-2017 (n=455)

Age Group	Hospitalized	Hospitalized and Died
0-4	17	0
5-17	13	1
18-64	136	12
65+	233	43

*Data for 2017 is provisional and subject to change.
Source: I-NEDSS

Bacterial Pneumonia

Pneumonia is an inflammation of the lungs that is usually caused by infection with bacteria, viruses, fungi or other organisms. According to the Mayo Clinic, more than 60,000 Americans die of pneumonia every year. Pneumonia is a particular concern for older adults and people with chronic illnesses or impaired immune systems, but it can also strike young, healthy people. Worldwide, it is a leading cause of death in children. Although signs and symptoms vary, many cases of pneumonia develop suddenly, with chest pain, fever, chills, cough and shortness of breath. Infection often follows a cold or the flu, but it can also be associated with other illnesses or occur on its own. Some forms of bacterial pneumonia are treatable with antibiotics, but antibiotic-resistant strains are a growing problem.

Age-Adjusted Hospitalization Rate due to Bacterial Pneumonia

16.6

Hospitalization per 10,000 population 18+ years

(2014-2016)

IL Counties

IL Value (21.6)

Source: Illinois Hospital Association

Age-Adjusted ER Rate due to Bacterial Pneumonia

11.8

ER visits per 10,000 population 18+ years

(2014-2016)

IL Counties

IL Value (21.5)

Source: Illinois Hospital Association

Vaccination Rates for School-Age Students

Vaccination Rates for School-Age Students, DuPage County and Illinois, 2015-2016 School Year		
Vaccine	**DuPage County**	**Illinois**
Polio	97.55	98.26
Diphtheria, Pertussis, Tetanus (DTP/DTap)	97.09/96.56	97.59/97.54
Measles	97.56	98.26
Rubella	97.54	98.25
Mumps	97.54	98.25
Hepatitis B	97.32	98.56
Haemophilus influenzae **type b**	96.44	96.51
Varicella/Chickenpox	97.36	97.83

Source: Illinois State Board of Education

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) and sexually transmitted infections (STIs) refer to diseases and infections caused by pathogens transmitted primarily through sexual contact. These infections can be caused by bacteria, viruses, or parasites that can transmitted through bodily fluids such as vaginal fluid, semen, or blood. Someone infected with one of these pathogens may not show symptoms. The most commonly reported STD in the United States is chlamydia (Centers for Disease Control and Prevention).

Chlamydia

	Chlamydia trachomatis Infection Cases and Rate per 100,000, 2012-2016					
Year	**DuPage County**		**Illinois**		**United States**	
	Cases	**Rate**	**Cases**	**Rate**	**Cases**	**Rate**
2012	1,861	203.0	67,701	527.7	1,422,976	460.9
2013	1,883	205.4	63,797	497.2	1,401,906	454.1
2014	2,056	224.2	66,536	518.6	1,441,789	467.0
2015	2,382	259.8	69,610	542.5	1,526,658	494.5
2016	2,417	263.6	72,201	562.7	1,598,354	517.7

Source: Illinois Department of Public Health and Centers for Disease Control and Prevention

Gonorrhea

	Gonorrhea Infection Cases and Rate per 100,000, 2012-2016					
Year	**DuPage County**		**Illinois**		**United States**	
	Cases	**Rate**	**Cases**	**Rate**	**Cases**	**Rate**
2012	239	26.1	18,149	141.5	334,826	108.5
2013	258	28.1	16,464	128.3	333,004	107.9
2014	242	26.4	15,970	124.5	350,062	113.4
2015	307	33.5	17,130	133.5	395,216	128.0
2016	390	42.5	21,199	165.2	468,514	151.7

Source: Illinois Department of Public Health and Centers for Disease Control and Prevention

Syphilis

Year	DuPage County		Illinois		United States	
	Cases	**Rate**	**Cases**	**Rate**	**Cases**	**Rate**
2012	19	2.1	1,500	11.7	30,170	9.8
2013	34	3.7	1,607	12.5	34,304	11.1
2014	41	4.5	1,682	13.1	39,451	12.8
2015	42	4.6	1,974	15.4	48,045	15.6
2016	59	6.4	2,398	18.7	56,738	18.4

Syphilis (primary, secondary, early latent) Infection Cases and Rate per 100,000, 2012-2016

Source: Illinois Department of Public Health and Centers for Disease Control and Prevention

HIV/AIDS

The human immunodeficiency virus (HIV) damages the immune system, eventually leading infected individuals to develop acquired immunodeficiency syndrome (AIDS), a chronic and potentially life-threatening condition. People infected with HIV may develop mild infections or chronic symptoms like fever, fatigue, shortness of breath, and weight loss. If left untreated, HIV typically progresses to AIDS in about 10 years, at which point the immune system is weakened to the point of being unable to fight infections. Men who have sex with men of all races, African Americans, and Hispanics/Latinos are disproportionately affected by HIV.

Today, more people than ever before are living with HIV/AIDS. People with HIV are living longer than in years past because of better treatments. Also, more people become infected with HIV than die from the disease each year. While the total number of people living with HIV in the US is increasing, the number of annual new HIV infections has remained stable in recent years.

HIV Diagnosed Cases

41
Cases
(2017)

Prior Value
(32)

Trend

Source: Illinois Department of Public Health

HIV Diagnosed Cases
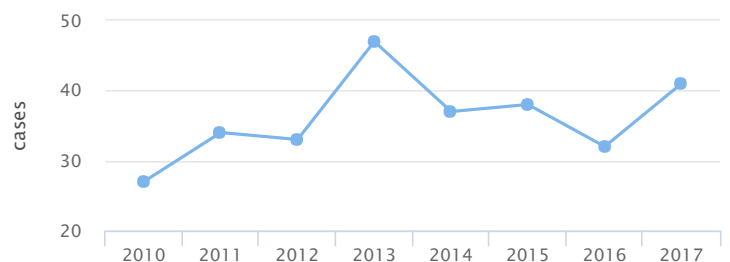
Select Communicable Diseases

Tuberculosis

Tuberculosis (TB) is a bacterial disease that usually affects the lungs, although other parts of the body can also be affected. The TB bacteria are spread through the air when a person with untreated pulmonary TB coughs or sneezes. Prolonged exposure to a person with untreated TB is usually necessary for infection to occur. In 9 out of 10 exposed people, the immune system halts the spread of the infection and the infected person does not become sick or spread disease to others. However, the bacilli remain dormant and can be activated if the immune system becomes severely weakened by HIV, diabetes, chemotherapy cancer treatments, or other causes. A person with TB disease is contagious until he/she has been on appropriate treatment for several days to weeks. The most effective way to stop the spread of tuberculosis is for TB patients to cover the mouth and nose when coughing, and to take all TB medicine exactly as prescribed by their physician.

Tuberculosis Cases

39
Cases
(2015)

△
Prior Value
(34)

↗
Trend

Source: Illinois Department of Public Health

Tuberculosis Cases
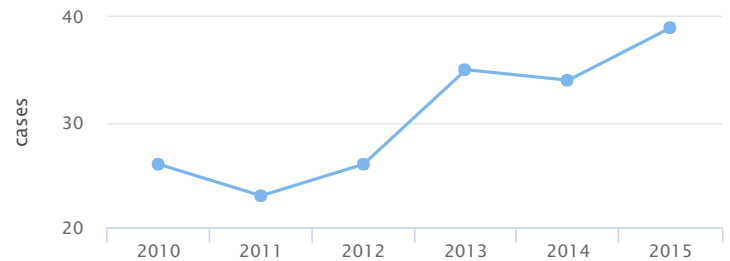
Healthcare-Associated Infections

Central Line Associated Bloodstream Infections in the Adult Medical/Surgical ICU, 2016	
DuPage County Hospital	**Standardized Infection Ratio (SIR)** **# Infections, # Central Line Days**
Advocate Good Samaritan Hospital **(Downers Grove)**	SIR = 0.69* 2 infections, 3334 central-line days
AMITA Health Adventist Medical Center GlenOaks **(Glendale Heights)**	SIR = N/A 0 infections, 781 central-line days
AMITA Health Adventist Medical Center Hinsdale **(Hinsdale)**	SIR = 0.95* 2 infections, 2094 central-line days
Edward Hospital **(Naperville)**	SIR = 0.54* 1 infection, 2148 central-line days
Elmhurst Memorial Hospital **(Elmhurst)**	SIR = 0† 0 infections, 4031 central-line days
Northwestern Medicine Central DuPage Hospital **(Winfield)**	SIR = 0.88* 2 infections, 2612 central-line days

†Statistically significantly better than national average or performing at the best possible rate
*Not statistically better or worse than national average
Source: Illinois Hospital Report Card

DuPage County Hospital	Standardized Infection Rate (SIR) \# Infections, \# Central-Line Days
Advocate Good Samaritan Hospital **(Downers Grove)**	SIR = 0.31* 1 infection, 79,718 patient days
AMITA Health Adventist Medical Center GlenOaks **(Glendale Heights)**	SIR = 0* 0 infections, 27,008 patient days
AMITA Health Adventist Medical Center Hinsdale **(Hinsdale)**	SIR = 0.37* 1 infection, 54,134 patient days
Edward Hospital **(Naperville)**	SIR = 1* 4 infections, 103,229 patient days
Elmhurst Memorial Hospital **(Elmhurst)**	SIR = 0* 0 infections, 72,448 patient days
Northwestern Medicine Central DuPage Hospital **(Winfield)**	SIR = 0.86* 3 infections, 100,765 patient days

*Not statistically better or worse than national average
Source: Illinois Hospital Report Card

Generated by www.impactdupage.org on June 11, 2018.

Appendices

I.   Data Scoring Tool – Methodology
II.   DuPage Data Scoring Tool

Conduent Healthy Communities Institute Data Scoring Tool - Methodology

Scoring Method

Data Scoring is done in three stages:
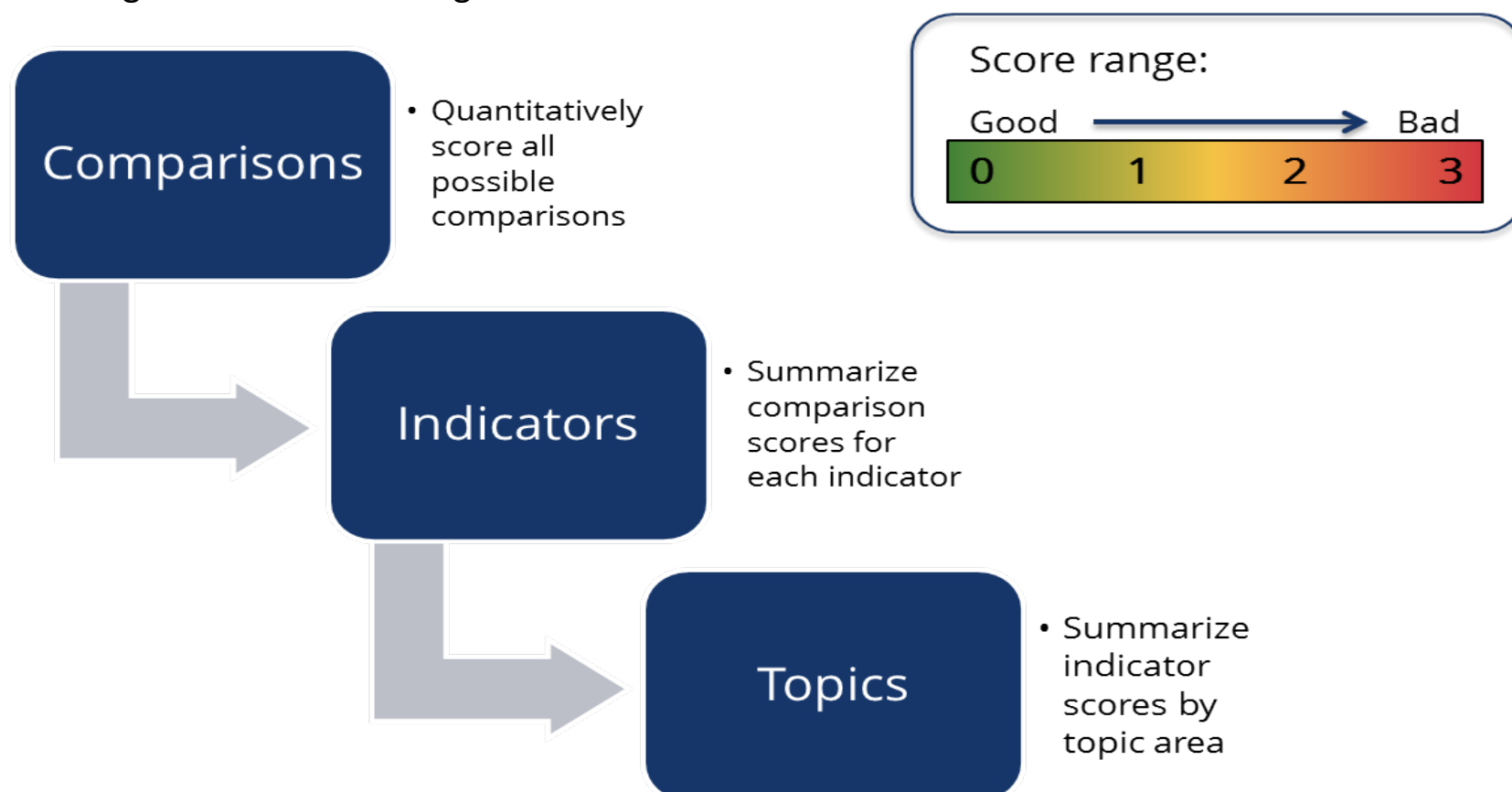
For each indicator, your county is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.

Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons ("in the red") scored high, whereas indicators with good comparisons ("in the green") scored low.

HCI Platform County Distribution Gauge

Comparison to Values: State, National, and Targets

Your county is compared to the state value, the national value, and target values. Targets values include the nation-wide Healthy People 2020 (HP2020) goals as well as locally set goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

HCI Platform Compare to State or National Value

HCI Platform Compare to Healthy People 2020 Target

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Significant Disparities

When a given indicator has data available for subgroups like race/ethnicity, age or gender—and values for we are able determine if there is a significant difference between the subgroups value and the overall two values with non-overlapping confidence intervals. Only significant differences in which a subgroup is the overall value are identified.

How to Cite Conduent HCI's Data Scoring Tool

Conduent Healthy Communities Institute (Year). Data Scoring Tool. Title of web site. Retrieved date. URL o

Example: Conduent Healthy Communities Institute (2015). Data Scoring Tool. Kansas Health Matters.

Healthy Communities Institute
Data Scoring Tool

Indicators Score

County: DuPage
DuPage County
Total indicators: 178
Tuesday 29th of May 2018 08:04:19 AM

Indicator	County Distribution		Value		Target		Trend	Score	Precision	Age
	State	US	State	US	HP2020	Local				
Breast Cancer Incidence Rate	3	3	3	3	1.5		3	2.83	High	
Atrial Fibrillation: Medicare Population	3	3	3	3	1.5		2	2.61	High	
Cancer: Medicare Population	3	3	2	3	1.5		2	2.44	High	
Mean Travel Time to Work	3	3	2	3	1.5		2	2.44	High	
Solo Drivers with a Long Commute	3	3	2	3	1.5		2	2.44	High	
Osteoporosis: Medicare Population	3	3	3	3	1.5		1	2.39	High	
Adults who Drink Excessively	3	3	2	3	1.5	0	1.5	2.17	High	
Food Insecure Children Likely Ineligible for Assistance	3	3	3	3	1.5	0	2.17	High	
SNAP Certified Stores	3	3	1.5	1.5	1.5		2	2.11	Medium	
Age-Adjusted Hospitalization Rate due to Alcohol Abuse	3	1.5	3	1.5	1.5		1.5	2.00	Low	35-44, 45-64
Fast Food Restaurant Density	3	3	1.5	1.5	1.5		1.5	2.00	Medium	
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2	2	1	2	1.5		3	2.00	High	
Liquor Store Density	2	2	2	2	1.5		2	1.94	High	
Hyperlipidemia: Medicare Population	2	2	2	2	1.5		1	1.89	High	
Linguistic Isolation	3	3	1	2	1.5		1	1.89	High	
Children with Low Access to a Grocery Store	3	2	1.5	1.5	1.5		1.5	1.83	Low	
Physical Environment Ranking	3	1.5	1.5	1.5	1.5		1.5	1.75	Low	
Alzheimer's Disease or Dementia: Medicare Population	3	2	2	1	1.5		1	1.72	High	
Farmers Market Density	2	2	1.5	1.5	1.5		1.5	1.67	Medium	
People with Low Access to a Grocery Store	2	2	1.5	1.5	1.5		1.5	1.67	Low	
Syphilis Incidence Rate	3	2	0	0	1.5		3	1.67	High	
Children and Adolescents with Obesity	1.5	1.5	1.5	1.5	1.5		2	1.61	Low	
Heroin and Fentanyl Deaths	1.5	1.5	1.5	1.5	1.5		2	1.61	Low	
HIV Diagnosed Cases	1.5	1.5	1.5	1.5	1.5		2	1.61	Low	
Teen Perception of Marijuana Risk	1.5	1.5	1.5	1.5	1.5		2	1.61	Low	
Tuberculosis Cases	1.5	1.5	1.5	1.5	1.5		2	1.61	Low	
Adults with Current Asthma	2	1.5	1.5	1.5	1.5		1.5	1.58	Low	
Drinking Water Violations	2	2	1	1.5	1.5		1.5	1.58	Medium	
Annual Ozone Air Quality	1.5	1	1.5	1.5	1.5		2	1.53	Low	
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-in	1	1.5	2	1.5	1.5		1.5	1.50	Low	15-17
Age-Adjusted ER Rate due to Alcohol Abuse	3	1.5	0	1.5	1.5		1.5	1.50	Low	18-24, 25-34, 35-44, 45-64
Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pr	2	1.5	1	1.5	1.5		1.5	1.50	Low	65-84, 85+
Age-Adjusted Hospitalization Rate due to Substance Abuse	3	1.5	0	1.5	1.5		1.5	1.50	Low	18-24, 25-34
Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	2	1.5	1	1.5	1.5		1.5	1.50	Low	65-84, 85+
Chronic Kidney Disease: Medicare Population	1	1	1	1	1.5		3	1.50	High	
Grocery Store Density	1	2	1.5	1.5	1.5		1.5	1.50	Medium	
Severe Housing Problems	3	2	0	0	1.5		2	1.44	High	
Adults with Influenza Vaccination	0	1.5	1.5	1.5	3		1.5	1.42	Low	
Adults with Pneumonia Vaccination	1	1.5	1.5	1.5	1.5		1.5	1.42	Low	
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	1.5	1.5	1	1.5	1.5		1.5	1.42	Low	0-4
High Cholesterol Prevalence	0	1.5	1.5	1.5	3		1.5	1.42	Low	
Deaths due to Domestic Violence	1.5	1.5	1.5	1.5	1.5		1	1.39	Low	
PBT Released	1.5	1.5	1.5	1.5	1.5		1	1.39	Low	
Recognized Carcinogens Released into Air	1.5	1.5	1.5	1.5	1.5		1	1.39	Low	
Preterm Births	1	1.5	1.5	1.5	1		1.5	1.36	Medium	
Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Inten	1	1.5	1	1.5	1.5		1.5	1.33	Low	15-17
Age-Adjusted Hospitalization Rate due to Adult Asthma	2	1.5	0	1.5	1.5		1.5	1.33	Low	65-84, 85+
Age-Adjusted Hospitalization Rate due to Asthma	2	1.5	0	1.5	1.5		1.5	1.33	Low	0-4, 5-9, 65-84, 85+
Age-Adjusted Hospitalization Rate due to Heart Failure	2	1.5	0	1.5	1.5		1.5	1.33	Low	65-84, 85+
Age-Adjusted Hospitalization Rate due to Mental Health	2	1.5	0	1.5	1.5		1.5	1.33	Low	18-24, 25-34, 85+
Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-in	2	1.5	0	1.5	1.5		1.5	1.33	Low	18-24, 25-34
Low-Income and Low Access to a Grocery Store	1	1	1.5	1.5	1.5		1.5	1.33	Low	
Non-Physician Primary Care Provider Rate	1	1	2	3	1.5		0	1.33	High	
People 65+ with Low Access to a Grocery Store	1	1	1.5	1.5	1.5		1.5	1.33	Low	
Prostate Cancer Incidence Rate	2	2	1	2	1.5		0	1.33	High	
Student-to-Teacher Ratio	2	2	1	0	1.5		1.5	1.33	High	
Voter Turnout: General Election	1	1.5	1	1.5	1.5		1.5	1.33	Medium	
Oral Cavity and Pharynx Cancer Incidence Rate	0	1	1	2	1.5		2	1.28	High	
Adult Fruit and Vegetable Consumption	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Age-Adjusted ER Rate due to Hepatitis	1.5	1.5	0	1.5	1.5		1.5	1.25	Low	
Age-Adjusted Hospitalization Rate due to Hepatitis	1.5	1.5	0	1.5	1.5		1.5	1.25	Low	45-64
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	1.5	1.5	0	1.5	1.5		1.5	1.25	Low	65-84, 85+
Clinical Care Ranking	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Health Behaviors Ranking	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Morbidity Ranking	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Mortality Ranking	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Social and Economic Factors Ranking	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Stroke: Medicare Population	1	2	1	1	1.5		1	1.22	High	
Teens who Use Marijuana	2	1.5	0	1.5	1.5		1	1.22	Medium	
Adults with Health Insurance	1.5	1	1	1	2		1	1.19	High	25-34
High Blood Pressure Prevalence	0	1.5	1.5	1.5	1		1.5	1.19	Low	
Age-Adjusted ER Rate due to Asthma	1	1.5	0	1.5	1.5		1.5	1.17	Low	0-4, 10-14, 18-24, 5-9
Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia an	1	1.5	0	1.5	1.5		1.5	1.17	Low	25-34, 35-44
Age-Adjusted ER Rate due to Pediatric Asthma	1	1.5	0	1.5	1.5		1.5	1.17	Low	0-4, 5-9
Age-Adjusted ER Rate due to Pediatric Mental Health	1	1.5	0	1.5	1.5		1.5	1.17	Low	10-14, 15-17
Age-Adjusted ER Rate due to Substance Abuse	1	1.5	0	1.5	1.5		1.5	1.17	Low	18-24, 25-34
Age-Adjusted Hospitalization Rate due to Dehydration	1	1.5	0	1.5	1.5		1.5	1.17	Low	65-84, 85+
Age-Adjusted Hospitalization Rate due to Diabetes	1	1.5	0	1.5	1.5		1.5	1.17	Low	45-64, 65-84, 85+
Age-Adjusted Hospitalization Rate due to Hypertension	1	1.5	0	1.5	1.5		1.5	1.17	Low	65-84, 85+
Age-Adjusted Hospitalization Rate due to Long-Term Complications of	1	1.5	0	1.5	1.5		1.5	1.17	Low	45-64, 65-84, 85+
Age-Adjusted Hospitalization Rate due to Pediatric Mental Health	1	1.5	0	1.5	1.5		1.5	1.17	Low	10-14, 15-17
Chlamydia Incidence Rate	1	1	0	0	1.5		3	1.17	High	
Homelessness	1.5	1.5	1.5	1.5	1.5		0	1.17	Low	

Healthy Communities Institute
Data Scoring Tool

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DuPage County
Total indicators: 178
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Indicators Score

Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP2020	Target Local	Trend	Score	Precision	Age
Renters Spending 30% or More of Household Income on Rent	3	2	0	1	1.5		0	1.17	High	
Teen Perception of Alcohol Risk	1.5	1.5	1.5	1.5	1.5		0	1.17	Low	
Teens who Use Alcohol	2	1.5	1	1.5	1.5		0	1.17	Medium	
Annual Particle Pollution	1.5	0	1.5	1.5	1.5		1	1.14	Low	
Children with Health Insurance	1.5	0	2	1	2		0	1.14	High	
Babies with Low Birth Weight	1	1.5	1.5	0	1		1.5	1.11	Medium	
Gonorrhea Incidence Rate	2	1	0	0	1.5		2	1.11	High	
Unemployed Workers in Civilian Labor Force	1	1	0	1	1.5		2	1.11	High	
Age-Adjusted Death Rate due to Breast Cancer	1	1	1	2	2		0	1.06	High	
Age-Adjusted ER Rate due to Adult Asthma	0	1.5	0	1.5	1.5		1.5	1.00	Low	18-24, 25-34, 35-44
Age-Adjusted ER Rate due to Community Acquired Pneumonia	0	1.5	0	1.5	1.5		1.5	1.00	Low	65-84, 85+
Age-Adjusted ER Rate due to COPD	0	1.5	0	1.5	1.5		1.5	1.00	Low	45-64, 65-84, 85+
Age-Adjusted ER Rate due to Dehydration	0	1.5	0	1.5	1.5		1.5	1.00	Low	65-84, 85+
Age-Adjusted ER Rate due to Dental Problems	0	1.5	0	1.5	1.5		1.5	1.00	Low	18-24, 25-34, 35-44
Age-Adjusted ER Rate due to Diabetes	0	1.5	0	1.5	1.5		1.5	1.00	Low	65-84, 85+
Age-Adjusted ER Rate due to Heart Failure	0	1.5	0	1.5	1.5		1.5	1.00	Low	65-84, 85+
Age-Adjusted ER Rate due to Hypertension	0	1.5	0	1.5	1.5		1.5	1.00	Low	65-84, 85+
Age-Adjusted ER Rate due to Long-Term Complications of Diabetes	0	1.5	0	1.5	1.5		1.5	1.00	Low	65-84, 85+
Age-Adjusted ER Rate due to Mental Health	0	1.5	0	1.5	1.5		1.5	1.00	Low	18-24, 25-34, 85+
Age-Adjusted ER Rate due to Short-Term Complications of Diabetes	0	1.5	0	1.5	1.5		1.5	1.00	Low	
Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injur	0	1.5	0	1.5	1.5		1.5	1.00	Low	18-24, 25-34
Age-Adjusted ER Rate due to Uncontrolled Diabetes	0	1.5	0	1.5	1.5		1.5	1.00	Low	65-84, 85+
Age-Adjusted ER Rate due to Urinary Tract Infections	0	1.5	0	1.5	1.5		1.5	1.00	Low	18-24, 65-84, 85+
Age-Adjusted Hospitalization Rate due to Community Acquired Pneum	0	1.5	0	1.5	1.5		1.5	1.00	Low	65-84, 85+
Age-Adjusted Hospitalization Rate due to COPD	0	1.5	0	1.5	1.5		1.5	1.00	Low	65-84, 85+
Age-Adjusted Hospitalization Rate due to Short-Term Complications of	0	1.5	0	1.5	1.5		1.5	1.00	Low	18-24
Homeownership	1	0	0	0	1.5		3	1.00	High	
Households with No Car and Low Access to a Grocery Store	0	0	1.5	1.5	1.5		1.5	1.00	Low	
Workers who Drive Alone to Work	0	1	2	2	1.5		0	1.00	High	55-59, 60-64
Age-Adjusted Death Rate due to Alzheimer's Disease	1	0	1	0	1.5		2	0.94	High	
Depression: Medicare Population	0	1	1	0	1.5		2	0.94	High	
Hypertension: Medicare Population	0	1	1	1	1.5		1	0.89	High	
Infant Mortality Rate	1	1.5	0	1.5	0		1	0.89	Medium	
Recreation and Fitness Facilities	0	0	1.5	1.5	1.5		1	0.89	Medium	
Substantiated Child Abuse Rate	0	1.5	0	0	1.5		2	0.86	Medium	
Insufficient Sleep	1	0	1	0	1.5		1.5	0.83	Medium	
Ischemic Heart Disease: Medicare Population	1	1	1	1	1.5		0	0.83	High	
People 65+ Living Alone	0	1	0	1	1.5		1.5	0.83	High	
Age-Adjusted Death Rate due to Suicide	1.5	0	0	0	1		2	0.81	High	
Mothers who Smoked During Pregnancy	0	1.5	0	0	3		1	0.81	High	
Pedestrian Death Rate	2	1.5	0	0	0		1	0.81	High	
Adults 20+ with Diabetes	0	0	0	1.5	1.5		1.5	0.75	Medium	
Life Expectancy for Females	0	0	1	1	1.5		1	0.72	High	
Life Expectancy for Males	0	0	1	1	1.5		1	0.72	High	
People 25+ with a High School Degree or Higher	0	0	1	1	1.5		1	0.72	High	65+
Workers Commuting by Public Transportation	0	0	3	0	0		1	0.72	High	16-19, 20-24, 65+
Cervical Cancer Incidence Rate	1.5	0	0	0	0		2	0.69	High	
Access to Exercise Opportunities	0	0	1	0	1.5		1.5	0.67	Medium	
Frequent Mental Distress	0	0	1	0	1.5		1.5	0.67	Medium	
Poor Mental Health: Average Number of Days	0	0	1	0	1.5		1.5	0.67	Medium	
Poor Physical Health: Average Number of Days	0	0	0	1	1.5		1.5	0.67	Medium	
Teens who Smoke	0	1.5	0	1.5	1.5		0	0.67	Medium	
Violent Crime Rate	0	1.5	0	1.5	1.5		0	0.67	Medium	
Persons with Disability Living in Poverty	1.5	0	0	0	1.5		1	0.64	Medium	
Teen Births	0	1.5	0	0	1.5		1	0.64	Medium	
Asthma: Medicare Population	0	0	0	0	1.5		2	0.61	High	
Children Living Below Poverty Level	0	0	0	0	1.5		2	0.61	High	
Death Rate due to Drug Poisoning	0	0	0	0	1.5		2	0.61	High	
Households without a Vehicle	0	0	0	0	1.5		2	0.61	High	
People 65+ Living Below Poverty Level	0	0	0	0	1.5		2	0.61	High	
People Living 200% Above Poverty Level	0	0	0	0	1.5		2	0.61	High	
People Living Below Poverty Level	0	0	0	0	1.5		2	0.61	High	12-17, 18-24, 6-11, <6
Primary Care Provider Rate	0	0	0	0	1.5		2	0.61	High	
Students Eligible for the Free Lunch Program	0	0	0	0	1.5		2	0.61	High	
Adults 20+ who are Obese	0	0	0	1.5	0		1.5	0.58	Medium	
Adults 20+ who are Sedentary	0	0	0	1.5	0		1.5	0.58	Medium	
Age-Adjusted Death Rate due to Prostate Cancer	1.5	1	0	1	0		0	0.58	High	
Adults who Smoke	0	0	0	0	2		1.5	0.56	High	
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0	0	0	0	1		2	0.56	High	
Age-Adjusted Death Rate due to Kidney Disease	0	0	0	1	1.5		1	0.56	High	
Alcohol-Impaired Driving Deaths	0	1	0	0	1.5		1	0.56	High	
Food Environment Index	0	0	1	0	1.5		1	0.56	High	
Frequent Physical Distress	0	0	0	0	1.5		1.5	0.50	Medium	
Households with Cash Public Assistance Income	0	0	0	0	1.5		1.5	0.50	High	
Mammography Screening: Medicare Population	0	0	1	1	1.5		0	0.50	High	
Preventable Hospital Stays: Medicare Population	0	1	0	1	1.5		0	0.50	High	
Self-Reported General Health Assessment: Poor or Fair	0	0	0	0	1.5		1.5	0.50	Medium	
Colorectal Cancer Incidence Rate	0	1	0	1	1		0	0.44	High	
Child Food Insecurity Rate	0	0	0	0	1.5		1	0.39	High	
Food Insecurity Rate	0	0	0	0	1.5		1	0.39	High	
People 25+ with a Bachelor's Degree or Higher	0	0	0	0	1.5		1	0.39	High	65+
Single-Parent Female Households	0	0	0	0	1.5		1	0.39	High	
Single-Parent Households	0	0	0	0	1.5		1	0.39	High	

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	County Distribution		Value		Target		Trend			
Indicator	**State**	**US**	**State**	**US**	**HP2020**	**Local**	**Trend**	**Score**	**Precision**	**Age**
Diabetes: Medicare Population	0	1	0	0	1.5		0	0.33	High	
Heart Failure: Medicare Population	0	1	0	0	1.5		0	0.33	High	
High School Graduation	0	0	1	0	1		0	0.28	High	
Age-Adjusted Death Rate due to Influenza and Pneumonia	0	0	0	0	1.5		0	0.17	High	
COPD: Medicare Population	0	0	0	0	1.5		0	0.17	High	
Dentist Rate	0	0	0	0	1.5		0	0.17	High	
Lung and Bronchus Cancer Incidence Rate	0	0	0	0	1.5		0	0.17	High	
Median Household Income	0	0	0	0	1.5		0	0.17	High	
Per Capita Income	0	0	0	0	1.5		0	0.17	High	
Age-Adjusted Death Rate due to Colorectal Cancer	0	0	0	0	0		0	0.00	High	
Age-Adjusted Death Rate due to Coronary Heart Disease	0	0	0	0	0		0	0.00	High	
Age-Adjusted Death Rate due to Lung Cancer	0	0	0	0	0		0	0.00	High	

Healthy Communities Institute
Data Scoring Tool

Topics Score

Topic	Indicators	Score
Other Chronic Diseases	4	1.61
Environment	20	1.44
Transportation	6	1.37
County Health Rankings	6	1.33
Children's Health	9	1.26
Environmental & Occupational Health	9	1.26
Substance Abuse	17	1.26
Exercise, Nutrition, & Weight	20	1.24
Immunizations & Infectious Diseases	14	1.24
Older Adults & Aging	20	1.21
Other Conditions	4	1.17
Women's Health	5	1.16
Mental Health & Mental Disorders	14	1.11
Heart Disease & Stroke	14	1.10
Teen & Adolescent Health	6	1.09
Respiratory Diseases	21	1.01
Diabetes	10	0.97
Maternal, Fetal & Infant Health	5	0.96
Prevention & Safety	3	0.95
Cancer	12	0.94
Economy	20	0.90
Access to Health Services	7	0.88
Men's Health	3	0.88
Social Environment	15	0.87
Public Safety	5	0.86
Oral Health	3	0.81
Wellness & Lifestyle	7	0.74
Education	4	0.68
Mortality Data	15	0.59