



# **Community Health Status Assessment**

## **Data Briefs**



## Data Contents

### Demographics

- Demographics
- Socioeconomic Status

### Leading Causes of Death

- All Cause Mortality
- Leading Causes of Death
- Years of Potential Life Lost

### Chronic Diseases

- Coronary Heart Disease
- Cerebrovascular Disease
- Diabetes
- Cancer
- Lung Cancer
- Colorectal Cancer
- Breast Cancer
- Prostate Cancer

### Maternal Child Health

- Birth
- Fertility
- Teen Birth
- Low Birth Weight
- Inadequate Prenatal Care
- Infant Mortality

### Injury

- Homicide
- Suicide
- Firearm

- Motor Vehicle Accident
- Unintentional Injury

#### Communicable Diseases

- Gonorrhea
- Syphilis
- Chlamydia
- Tuberculosis
- HIV/AIDS

#### Healthcare Utilization

- Asthma
- Diabetes Related Conditions
- Uncontrolled Hypertension

#### Summary

#### Data Notes



# **Demographics and Socio-Economic Status**





## Demographics

### Summary:

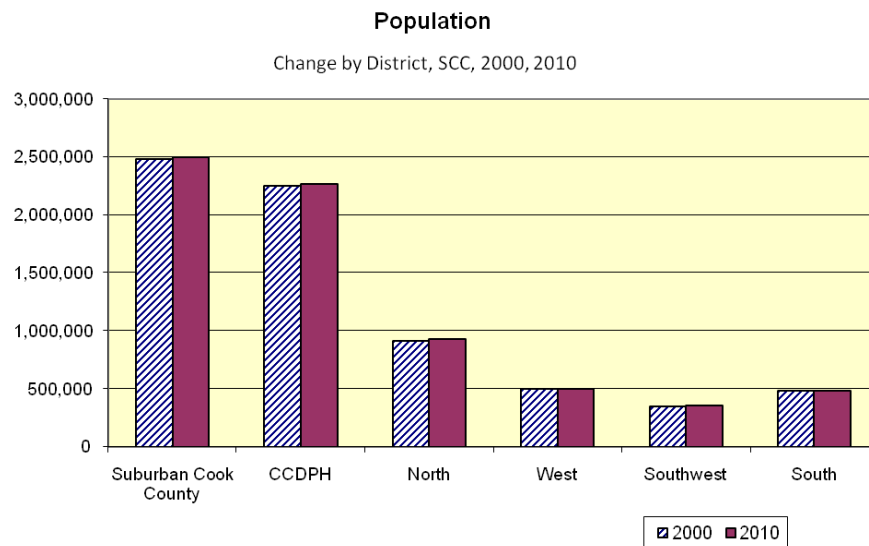
Between the 2000 and 2010 censuses, there was very little population growth in Suburban Cook County (SCC). The racial/ethnic make-up in the Cook County Department of Public Health (CCDPH) jurisdiction however changed drastically. The total minority population increased by over 31%, while the non-Hispanic white population decreased by 14%. Hispanics had the largest rate of growth, 44.4%. In 2000, there were more African Americans than Hispanics (309,884 and 302,740 respectively), and by the 2010 Census the Hispanic population (437,161) exceeded the African American population (371,478).

From the 2005-2009 American Community estimations CCDPH had an aging population where both the median age increased (37.2 to 38.7) and the number of middle aged (45-64 years) persons increased by about 12% for both sexes.

### Population Change

Between the 2000 and 2010 Censuses there was very little population change in Suburban Cook County. The population grew 0.7% from 2,480,727 in 2000 to 2,499,077 in 2010.

Figure 1

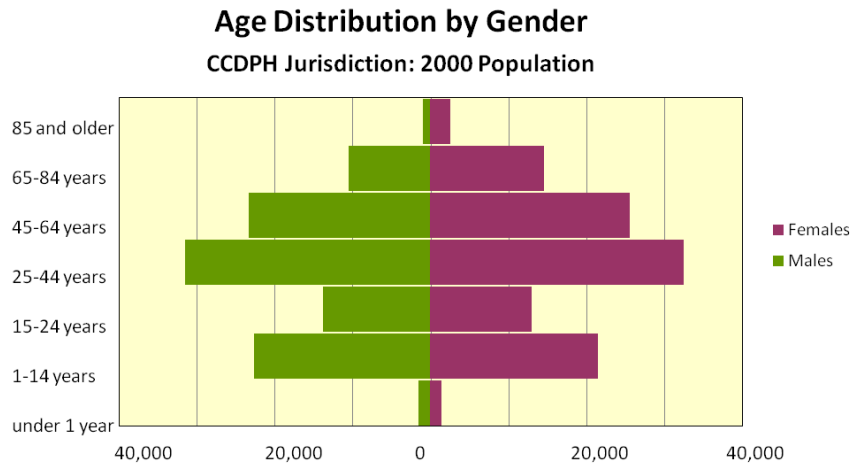


### Age Distribution

In the 2000 population there were more people aged 25-44. Since there were women of childbearing age, there was a potential for increased fertility and population growth.

The age ratios were very similar except over 85 there were more females than males, women outnumbered men nearly 3 to 1.

**Figure 2**

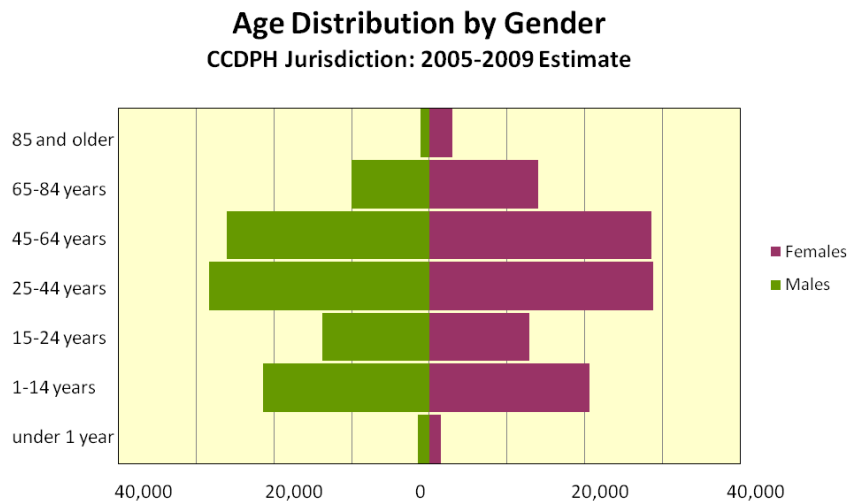


### Age Distribution

The narrowing of the age Structure changes showed there was evidence of an aging population in the CCDPH jurisdiction.

From the 2005-2009 American Community Survey, there were far fewer people 24-44 age range (-9.9 males and -11.6% females) and the 45-64 age range increased about 12% for both males and females. In addition to the aging population, the narrow structure suggests a fertility decline<sup>i</sup>.

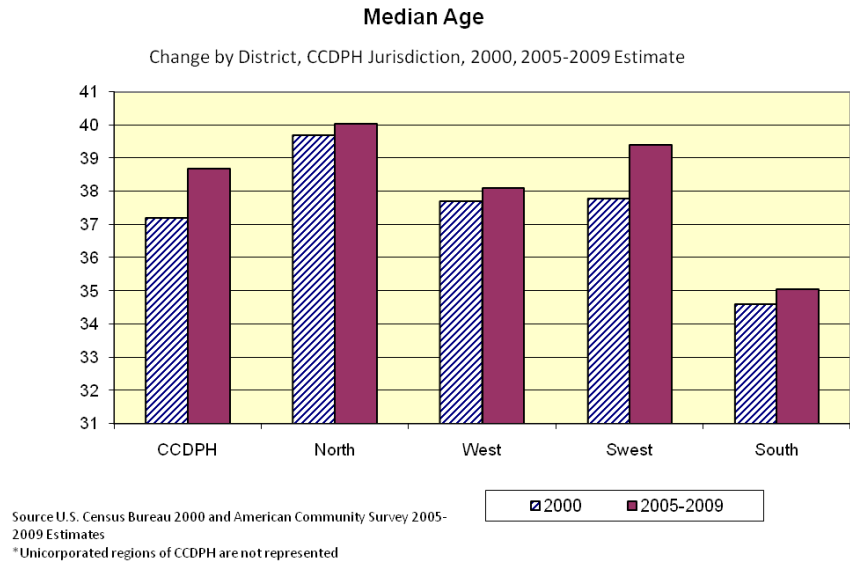
**Figure 3**



**2005-2007****Median Age**

The median age increased 4% in the CCDPH jurisdiction from 37.2 to 38.7, which suggests an older population. There were also increases seen in each district, most notably the Southwest district which increased from 37.8 to 39.4.

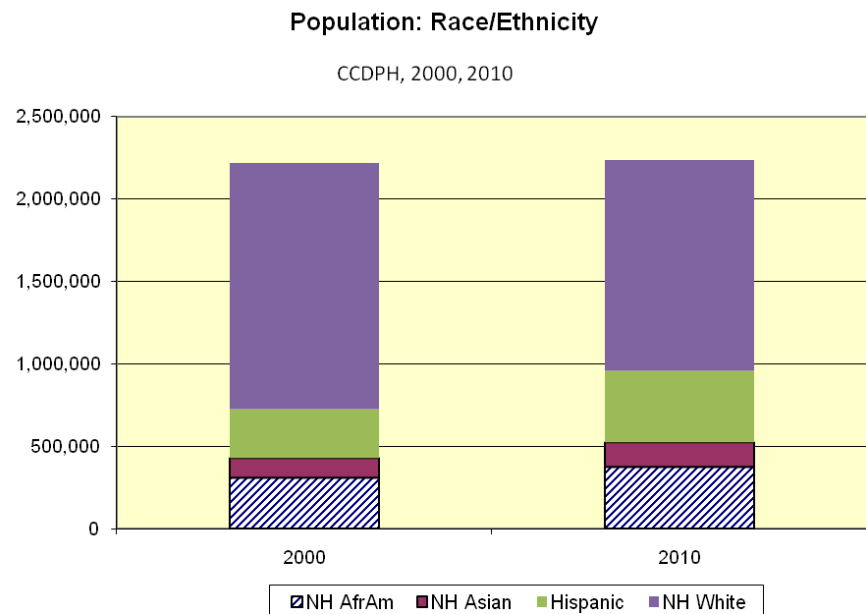
From the 2005-2009 estimates there were vast differences between the North and South districts. The North had the oldest population in SCC, with a median age of 40.1 whereas the South had the youngest population, 35.1.

**Figure 4****Race/Ethnicity**

There a shift in the racial/ethnic makeup in the CCDPH region between the 2000 and 2010 censuses. There were population increases for all racial and ethnic groups except non-Hispanic Whites. There was a 44% increase in the Hispanic population from 302,000 to 437,000.

There was nearly a 20% increase in African Americans (310,000 to 371,000) and over 30% increase in the Asian population (115,000 to 150,000).

Whites were the only group to experience a decrease, 1,494,000 to 1,280,000.

**Figure 5**

Source U.S. Census Bureau 2000 and 2010 Census

Table 1

**Population†**

Change by District SCC, 2000, 2010

	2000	2010	% Change
Suburban Cook County	2,480,727	2,499,077	0.7%
CCDPH	2,252,021	2,266,671	0.7%
North	914,353	927,503	1.4%
West	503,144	499,207	-0.8%
Southwest	349,994	358,357	2.4%
South	484,530	481,604	-0.6%

† Source U.S. Census Bureau 2000 and 2010 Census

Table 2

**Age Distribution†**

Change by Gender, CCDPH Jurisdiction\*, 2000, 2005-2009 estimate

	2000	2005-2009	% Change
<b>Males</b>			
<i>Under 1 Year</i>	15,361	15,006	-2.3%
<i>1-14</i>	226,009	214,795	-5.0%
<i>15-24</i>	138,046	137,798	-0.2%
<i>25-44</i>	314,817	283,601	-9.9%
<i>45-64</i>	232,927	260,975	12.0%
<i>65-84</i>	104,743	100,418	-4.1%
<i>85 and older</i>	9,555	11,860	24.1%
<i>Total</i>	1,041,458	1,024,454	-1.6%
<b>Females</b>			
<i>Under 1 Year</i>	14,666	14,665	0.0%
<i>1-14</i>	215,063	205,381	-4.5%
<i>15-24</i>	129,549	128,088	-1.1%
<i>25-44</i>	324,973	286,889	-11.7%
<i>45-64</i>	255,541	285,136	11.6%
<i>65-84</i>	146,292	139,141	-4.9%
<i>85 and older</i>	25,659	29,200	13.8%
<i>Total</i>	1,111,743	1,088,500	-2.1%

† Source U.S. Census Bureau; 2000 Census and American Community Survey 2005-2009 Estimates

\* Unincorporated regions of CCDPH are not represented

Table 3

**Median Age†**

Change by District, CCDPH Jurisdiction\*, 2000, 2005-2009 estimate

	2000	2005-2009	% Change
CCDPH	37.2	38.7	4%
North	39.7	40.1	1%
West	37.7	38.1	1%
Swest	37.8	39.4	4%
South	34.6	35.1	1%

† Source U.S. Census Bureau; 2000 Census and American Community Survey 2005-2009 Estimates

\* Unincorporated regions of CCDPH are not represented

Table 4

**Race/Ethnicity†**

CCDPH, 2000, 2010

	2000	2010	% change
<b>Total</b>	2,252,021	2,266,671	0.7%
<b>Race</b>			
<i>NH AfrAm</i>	309,884	371,478	19.9%
<i>NH Asian</i>	114,915	150,145	30.7%
<i>Hispanic</i>	302,740	437,161	44.4%
<i>NH White</i>	1,494,540	1,280,574	-14.3%

† Source U.S. Census Bureau 2000 and 2010 Census

<sup>i</sup> Yaukey, D. a. (2001). *Demography, The Study of Human Population* (2nd ed.). Prospect Heights, IL: Waveland Press.



## Socioeconomic Status

### Summary:

Despite an increase in the median income in the Cook County Department of Public Health (CCDPH) jurisdiction (\$52,746 to \$58,974), there were increases in both unemployment and poverty in every district within the CCDPH jurisdiction. The South and West districts were hit hardest with median unemployment around 12% and nearly 30% of the population living at less than 200% of the federal poverty level.

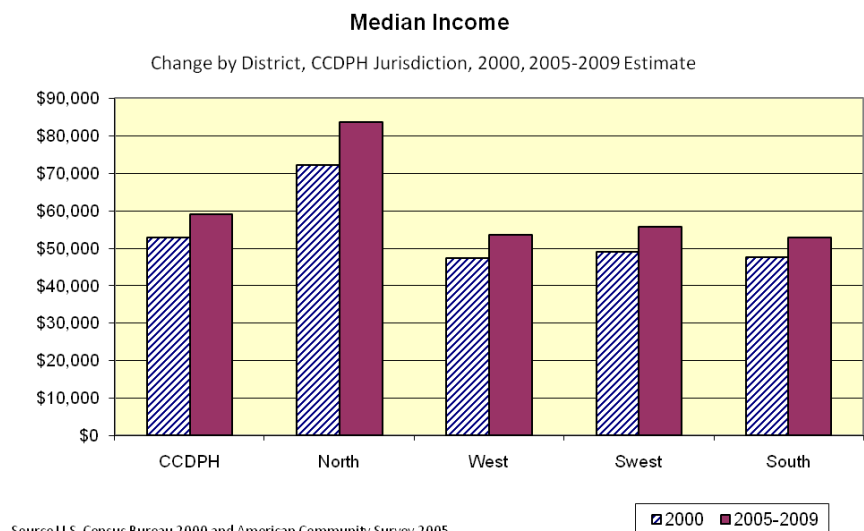
Roughly 26% of adults over the age of 25 in CCDPH jurisdiction do not have a high school diploma, this rate has changed very little between 2000 and the 2005-2009 estimates.

### Median Income

Median income increased 12% in the CCDPH jurisdiction (\$52,746 to \$58,974), between the 2000 Census and the 2005-2009 American Community survey. Note that these figures are not adjusted for inflation, hence the increase in median income may be less.

Estimated at \$83,673, the median income in the North district was over 27,000 dollars more than median income of next district.

Figure 1

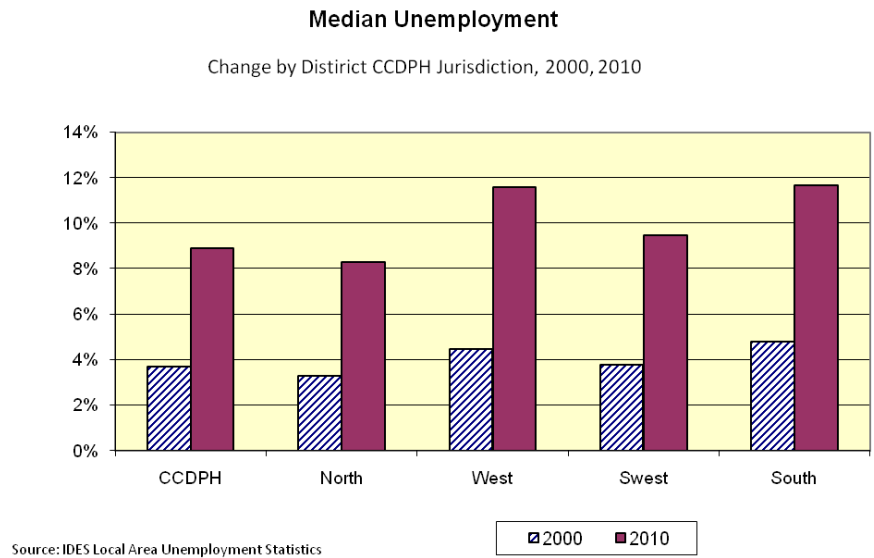


## Median Unemployment

Since between 2000 and 2010, median unemployment rates increased in the CCDPH jurisdiction and each of the districts. Overall the percentage of unemployed people increase by 140%, from 3.7% in 2000 to 8.9% in 2010.

In 2010, the West and South districts had the highest median unemployment rates with both near 12%.

**Figure 2**

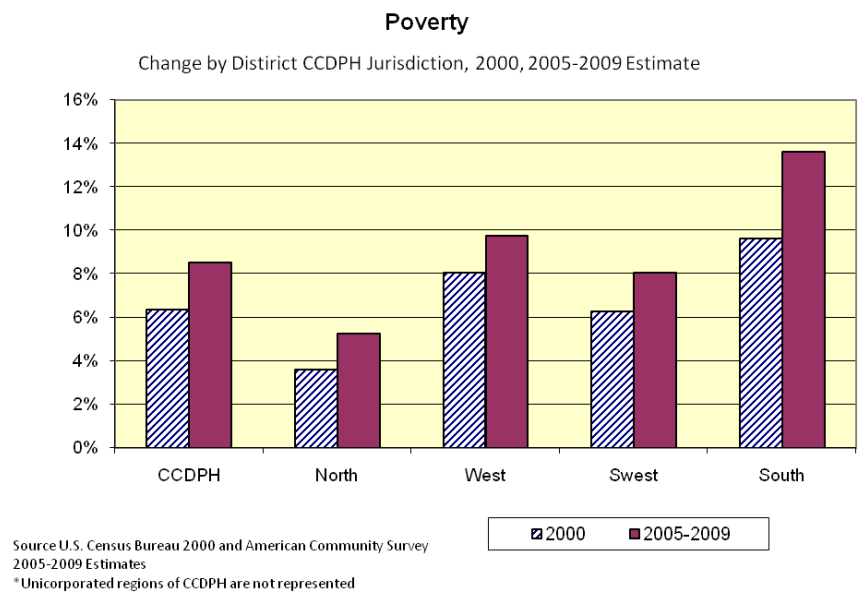


## Poverty

Poverty increased 34% from 6.4% in 2000 to 8.5% of people living at or below the federal poverty level according to the 2005-2009 ACS estimates.

The South district had the highest percentage of people living in poverty, 13.6% in 2005-2009.

**Figure 1**



### Poverty By Race/Ethnicity

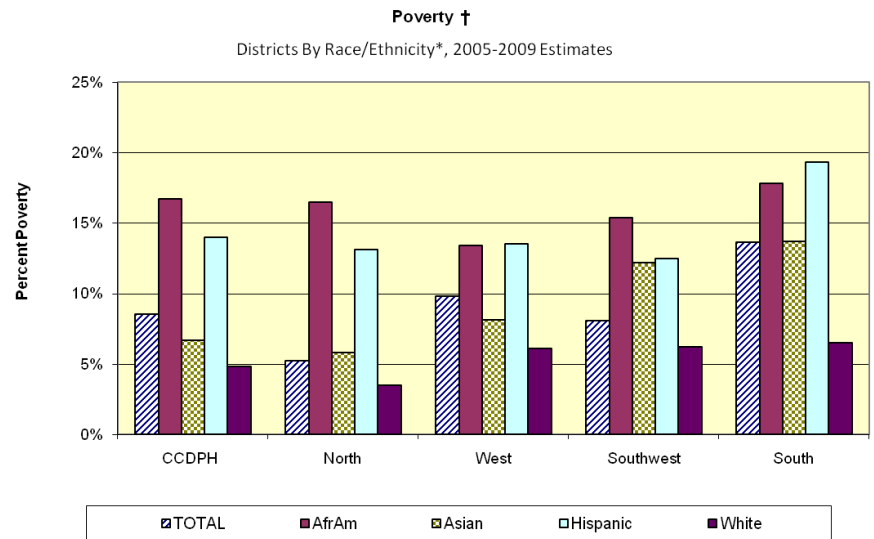
There were racial differences in poverty levels within the CCDPH jurisdiction.

Less than 5% of Whites in the CCDPH jurisdiction were at or below the federal poverty level, whereas 16.7% of African Americans (AAs) and 14.0% of Hispanics lived in poverty.

The South District had the greatest percentage of people of different races/ethnicities in poverty: 13.7% of Asians, 17.8% of AAs, and 19.3% of Hispanics were at or below the federal poverty level.

The North district had the lowest percentage of people in poverty but the greatest disparity, 16.5% of AAs compared to 3.5% of Whites.

**Figure 2**



†Source: U.S. Census Bureau; American Community Survey 2005-2009 Estimates

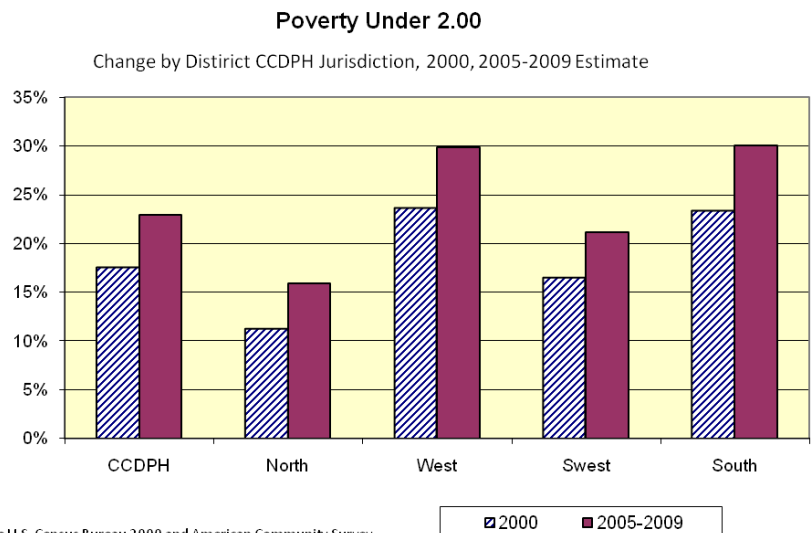
\*Unincorporated regions of CCDPH not represented

### Poverty Under 2.00

The percentage of people living at or below 200% of the federal poverty level increased in all areas of CCDPH. Between the 2000 Census and the 2005-2009 ACS, there was an increase in CCDPH from 17.5% to 22.9%. The North district experienced a 41% increase, from 11.3% to 15.9%.

While there was a larger increase in the North, in the West and South districts nearly 30% of people were living below 200% of the federal poverty level in 2005-2009.

**Figure 3**



Source: U.S. Census Bureau 2000 and American Community Survey 2005-2009 Estimates

\*Unincorporated regions of CCDPH are not represented

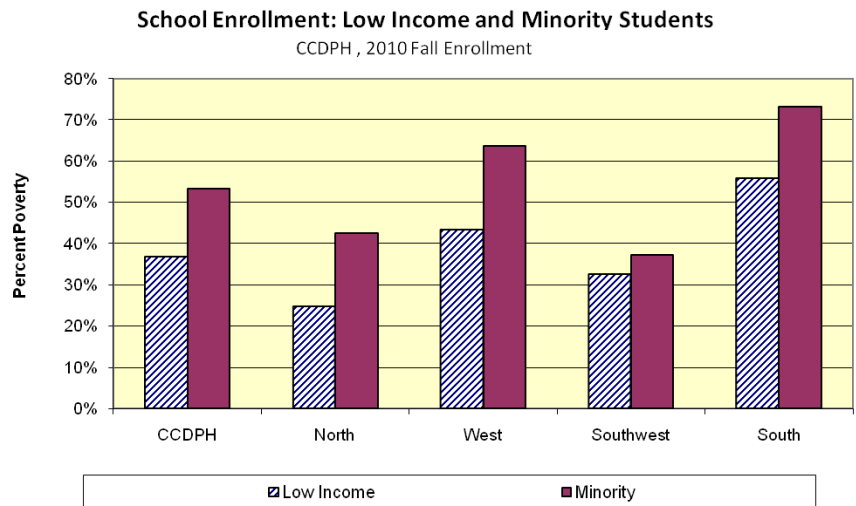


### Percent Enrolled students – Low income and Minority

Overall, 37.7% of the students in the CCDPH jurisdiction were low income and 53.3% were minority students in 2010.

The South district had the most low income (56.0%) and minority students (73.2%) enrolled in 2010 whereas the North district had the fewest (24.9% low income and 42.4% minority).

Figure 6



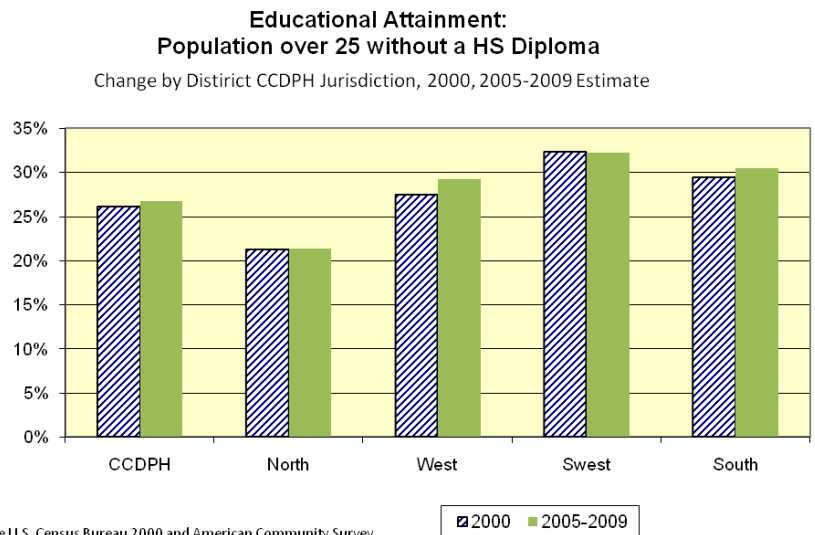
Source: Illinois State Board of Education Fall Enrollment Counts 2010-2011

### Educational Attainment

The total population of people over 25 without a high school diploma or the equivalent changed very little between the 2000 Census and the 2005-2009 ACS.

In the CCDPH jurisdiction, the percentage of persons over 25 with a high school diploma was around 26%. The highest percentage of people without high school diplomas were in the Southwest district, over 32% at both time periods.

Figure 7



Source: U.S. Census Bureau 2000 and American Community Survey 2005-2009 Estimates  
\*Unincorporated regions of CCDPH are not represented

Table 1

**Median Income Change by District†**

Change by District, CCDPH Jurisdiction\*, 2000, 2005-2009 estimate

	2000	2005-2009	% Change
CCDPH	52,746	58,974	12%
North	72,194	83,673	16%
West	47,315	53,404	13%
Swest	48,843	55,735	14%
South	47,579	52,863	11%

† Source U.S. Census Bureau; 2000 Census and American Community Survey 2005-2009 Estimates

\* Unincorporated regions of CCDPH are not represented

Table 2

**Median Unemployment**

Change by District, CCDPH Jurisdiction, 2000, 2010

	2000	2010	% Change
CCDPH	3.7%	8.9%	140.5%
North	3.3%	8.3%	151.5%
West	4.5%	11.6%	157.8%
Swest	3.8%	9.5%	150.0%
South	4.8%	11.7%	143.7%

Source: IDES Local Area Unemployment Statistics

Table 3

**Poverty †**

Change by District, CCDPH Jurisdiction\*, 2000, 2005-2009 estimate

	2000	2005-2009	% Change
CCDPH	6.4%	8.5%	34.2%
North	3.6%	5.2%	46.3%
West	8.1%	9.8%	21.3%
Swest	6.3%	8.1%	28.0%
South	9.7%	13.6%	41.1%

† Source U.S. Census Bureau; 2000 Census and American Community Survey 2005-2009 Estimates

\* Unincorporated regions of CCDPH are not represented

Table 4

**Poverty †**

Districts By Race/Ethnicity\*

2005-2009 Estimates

	CCDPH		North		West		Southwest		South	
	n	%	n	%	n	%	n	%	n	%
Total	178,024	8.5%	44,016	5.2%	45,717	9.8%	26,213	8.1%	62,078	13.6%
<b>Race</b>										
NH/AlrAm	56,970	16.7%	3,004	16.5%	8,486	13.4%	4,356	15.4%	41,124	17.8%
NH/Asian	8,374	6.7%	5,750	5.8%	1,047	8.1%	835	12.2%	742	13.7%
Hispanic	50,807	14.0%	13,749	13.1%	22,747	13.5%	5,719	12.5%	8,592	19.3%
NH/White	60,262	4.8%	21,035	3.5%	13,314	6.1%	14,903	6.2%	11,010	6.5%

† Source U.S. Census Bureau; American Community Survey 2005-2009 Estimates

\* Unincorporated regions of CCDPH are not represented

Table 5

**Poverty Under 2.00 †**

Change by District, CCDPH Jurisdiction\*, 2000, 2005-2009 estimate

	2000	2005-2009	% Change
CCDPH	17.5%	22.9%	30.7%
North	11.3%	15.9%	41.1%
West	23.6%	29.8%	26.2%
Swest	16.5%	21.2%	28.4%
South	23.3%	30.1%	28.8%

† Source U.S. Census Bureau; 2000 Census and American Community Survey 2005-2009 Estimates

\* Unincorporated regions of CCDPH are not represented

Table 6

**School Enrollment Percent Low-income and Minority by District†**

CCDPH Jurisdiction, 2010 Fall enrollment

	Enrolled	Low Income		Minority	
		n	%	n	%
CCDPH	433474	160258	37.0%	231107	53.3%
North	178250	44322	24.9%	75667	42.4%
West	102090	44308	43.4%	65053	63.7%
Swest	60398	19739	32.7%	22504	37.3%
South	92736	51889	56.0%	67883	73.2%

† Source: Illinois State Board of Education Fall Enrollment Counts 2010-2011

Table 7

**Population over 25 without a high school diploma Change by District†**

CCDPH Jurisdiction\*, 2000, 2005-2009 estimate

	2000		2005-2009		% Change
	n	%	n	%	
CCDPH	369317	26.1%	372842	26.7%	2.4%
North	123234	21.2%	122686	21.3%	0.4%
West	87984	27.5%	88933	29.2%	6.4%
Swest	71977	32.3%	72342	32.2%	-0.3%
South	86121	29.4%	88881	30.4%	3.6%

† Source U.S. Census Bureau; 2000 Census and American Community Survey 2005-2009 Estimates

\* Unincorporated regions of CCDPH are not represented



# Leading Causes of Death

## All Cause

### What is it?

All cause mortality rate is the number of total deaths from any cause per 100,000 people in a population over a certain time period.

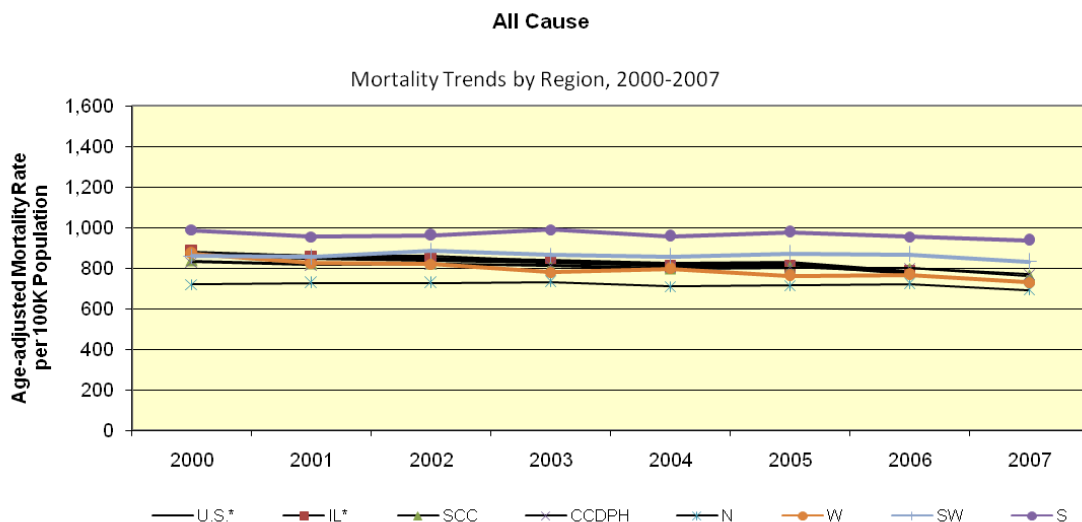
### Why is it important?

All cause mortality can assist in monitoring and comparing the health of populations, serve as a proxy for life expectancy<sup>i</sup> and can be one of several factors used to calculate population size<sup>ii</sup>. Additionally, all cause mortality is also used as a health outcome to measure the success of an intervention.<sup>iii</sup>

### Trends: 2000-2007

All cause mortality rates declined slightly between 2000 and 2007 for the U.S., Illinois, Suburban Cook County (SCC), and Cook County Department of Public Health's (CCDPH) jurisdiction and districts. From 2000 to 2007, the average mortality rate for the South district (981.1/100,000) was consistently higher than the average mortality rates for other districts, SCC (807.1/100,000), Illinois (833.7/100,000), and the U.S. (831.5/100,000).

Figure 1



Source: IDPH Death Pull File 2000-2007,  
\*National Center for Health Statistics, Compressed Mortality File 2000-2006

**2005-2007****By Race/Ethnicity**

The overall mortality rate for SCC (788.2/100,000) was similar to mortality rates for Illinois (798.6/100,000) and the U.S. (791.9/100,000).

The African American (AA) mortality rate for SCC was 33% higher than the AA mortality rate for the U.S. (1,365.6 and 1,026.5/100,000 respectively). Mortality rates for Asians and Hispanics throughout the SCC region were also higher than respective rates for the U.S. and Illinois.

**By Gender**

Males across all regions had higher mortality rates than females. The mortality rate for males in SCC (976.0/100,000) was 46% higher than the mortality rate for females (664.5/100,000). Except for the Southwest and South districts, overall mortality rates for males and females in SCC was similar to respective rates in the U.S. and Illinois. The highest mortality rates were among males (1,200.9/100,000) and females (794.5/100,000) in the South district.

**By Age Group**

Except for infant mortality, 542.6/100,000, mortality increased as age increased. The lowest mortality rate (10.9/100,000) occurred among persons 5-14 and the highest (16,554.9/100,000) was for those 85 years and older. The majority of deaths (62.1% or 35,146 deaths) occurred after age 75.

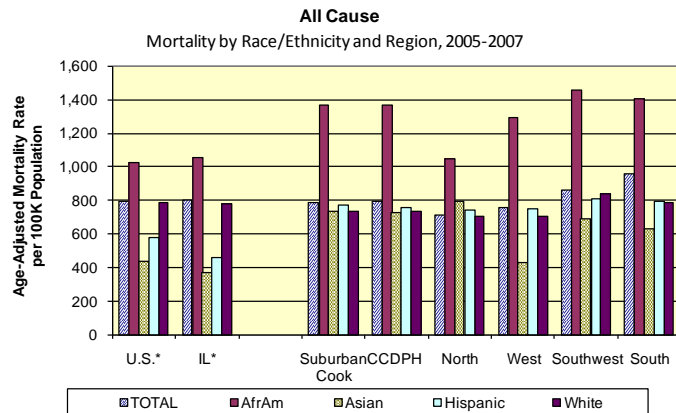
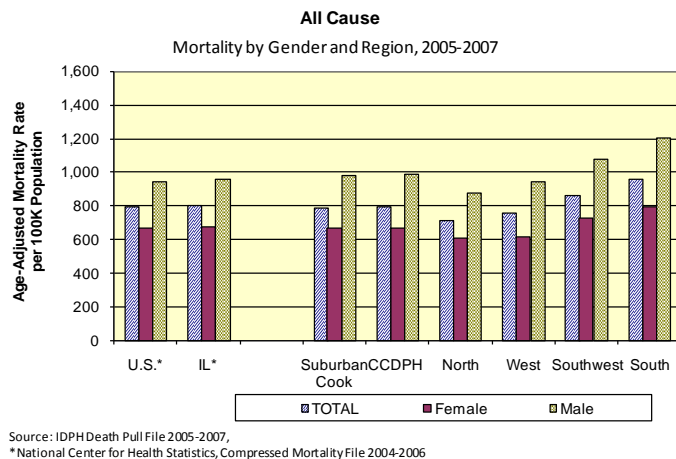
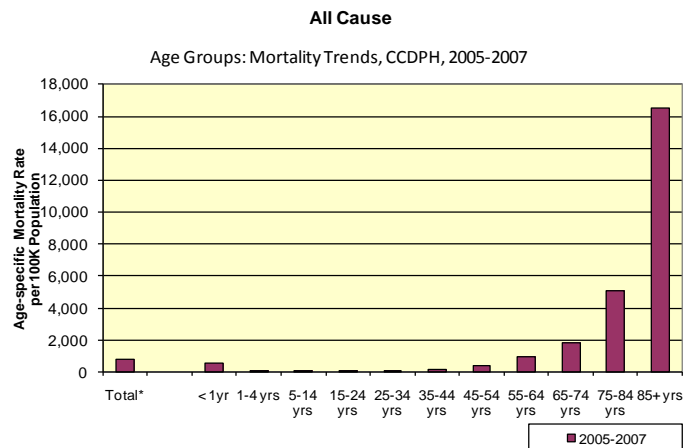
**Figure 2****Figure 3****Figure 4**

Table 1

**All Cause  
Mortality by Region  
2000-2007**

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	2,403,351	869.0	2,416,425	854.5	2,443,387	845.3	2,448,288	832.7	2,397,615	816.5	2,448,017	825.9	2,426,264	776.5	na	na
IL*	106,634	883.3	2,416,425	859.7	106,667	859.4	105,325	837.1	102,670	807.1	103,974	806.8	102,171	782.4	na	na
Suburban Cook	22,142	838.2	21,743	823.0	21,734	822.6	21,433	810.9	21,061	797.1	21,199	801.8	21,146	799.8	20,176	763.0
CCDPH	19,789	830.7	19,405	814.4	19,518	819.4	19,404	814.2	19,096	801.6	19,099	801.5	19,074	800.5	18,353	770.1
North	7,019	721.0	7,096	728.1	7,094	728.4	7,134	731.5	6,925	709.9	6,975	715.5	7,053	723.2	6,773	693.7
West	4,834	873.3	4,571	825.5	4,546	820.1	4,328	779.8	4,407	797.9	4,222	763.1	4,236	767.7	4,031	729.4
Swest	3,577	860.6	3,555	854.0	3,667	884.3	3,592	865.0	3,561	858.9	3,618	872.7	3,595	867.6	3,448	833.0
South	4,359	988.6	4,183	954.1	4,211	961.8	4,350	990.5	4,203	956.6	4,284	978.0	4,190	955.8	4,101	936.8

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007. \*National Center for Health Statistics, Compressed Mortality File 2004-2006



Table 2

**All Cause**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	7,271,896	791.9	308,815	798.6	62,521	788.2	56,526	790.7	20,801	710.8	12,489	753.4	10,661	857.8	12,575	956.9
NH AfrAm	859,603	1,026.5	46,591	1,056.2	7,955	1,365.6	7,067	1,369.7	215	1,044.6	1,452	1,290.5	614	1,456.2	4,786	1,403.8
NH Asian	125,789	436.4	3,557	369.5	1,143	733.0	950	724.6	770	792.6	78	429.5	54	685.8	48	628.7
Hispanic	386,581	580.0	10,558	462.6	2,162	771.6	2,002	758.1	479	743.8	961	749.3	259	807.0	303	793.4
NH White	5,845,141	790.1	246,037	783.2	50,804	733.2	46,113	737.2	19,199	703.8	9,925	707.7	9,684	836.0	7,305	785.0
Female	3,680,611	671.4	160,247	678.5	33,297	664.5	30,002	664.9	11,349	607.4	6,447	617.6	5,821	723.8	6,385	794.5
Male	3,591,285	943.6	148,568	958.1	29,219	976.0	26,519	982.3	9,448	877.0	6,042	944.7	4,840	1,072.1	6,189	1,200.9

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007. \*National Center for Health Statistics; Compressed Mortality File 2004-2006

Table 3

**All Cause**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2005-2007

CCDPH 2005-2007		
	n	rate
Total	56,526	790.7
<b>Age Groups</b>		
< 1yr	634	542.6
1-4 yrs	94	26.8
5-14 yrs	109	10.9
15-24 yrs	655	77.9
25-34 yrs	789	86.1
35-44 yrs	1,487	136.4
45-54 yrs	3,594	384.0
55-64 yrs	5,701	937.5
65-74 yrs	8,317	1,810.8
75-84 yrs	16,698	5,063.8
85+ yrs	18,448	16,554.9

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2005-2007

---

<sup>i</sup> López E, Arce P. [A comparison of the causes of adult mortality and its effects on life-expectancy across the regions of Colombia]. *Biomedica*. 2008 Sep;28(3):414-22. Spanish. PubMed PMID: 19034364.

<sup>ii</sup> MEASURE Evaluation: Lesson 5. USAID Global Health Bureau. <http://www.cpc.unc.edu/measure>. Accessed March 2011.

<sup>iii</sup> Aschengrau, A. Seage III, G. (2008). *Essentials of Epidemiology in Public Health* – 2<sup>nd</sup> Edition. Sudbury, MA: Bartlett Publishers, Inc.



## Leading Causes of Death

### What is it?

Leading causes of death ranks the most common causes of death by frequency. Leading causes of death are ranked with one representing the most frequent cause of death, two representing the second most frequent cause of death and so on. The top 10 leading causes of death are listed here. Due to small numbers, only the top five leading causes of death are listed for race/ethnicity and age groups.

### Why is it important?

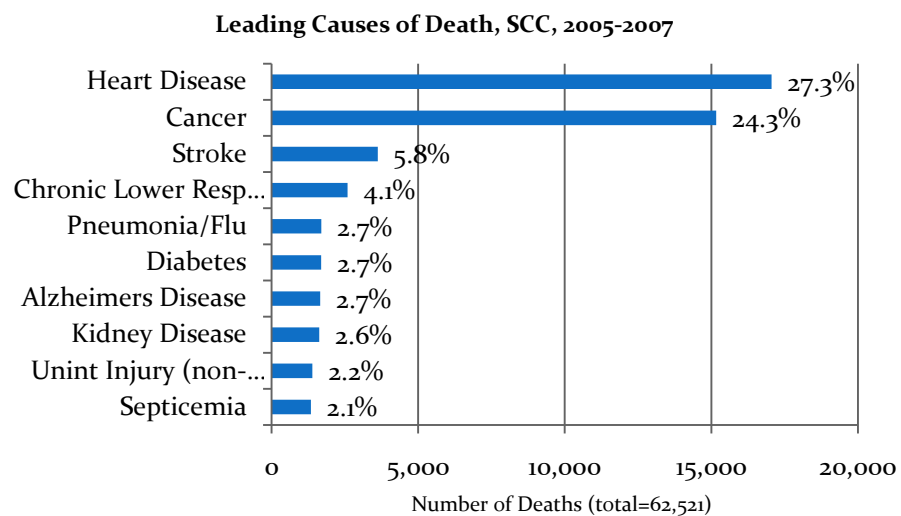
The leading causes of death can assist in assessing the health of a population and the burden of cause-specific mortality. Most of the leading causes of death are preventable and/or controllable through lifestyle and environmental changes. Ranking the frequency of causes of death can also assist in prioritizing health problems, target interventions to improve help, and serve as a factor for resource allocation.

### 2005-2007

From 2005 to 2007, there were 62,521 deaths in Suburban Cook County (SCC), or about 20,840 deaths per year. Seventy-seven percent of all deaths in SCC were attributed to the top 10 leading causes of death. The first-, second- and third-leading causes of death were heart disease (17,053 deaths or 27.3%), cancer (15,164 deaths or 24.3%), and stroke (3,622 deaths or 5.8%).

### Overall

Figure 1



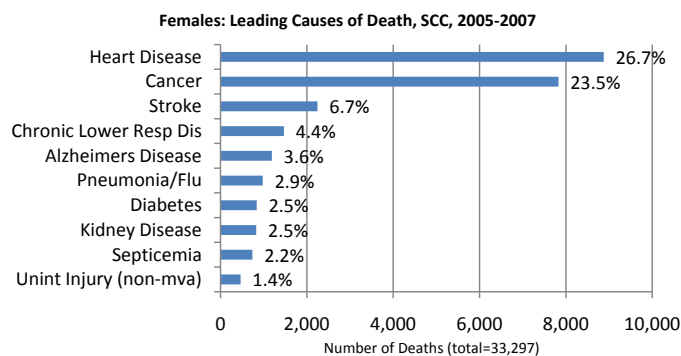
Source: IDPH Death Pull File, 2005-2007

## Gender

### Females

There were 33,297 deaths among females from 2005 to 2007, an average of 11,100 female deaths per year in SCC. Of all deaths, 76.4% were attributed to the 10 leading causes of death. The first-, second- and third-leading causes of death were heart disease (8,876 deaths or 26.7%), cancer (7,828 deaths or 23.5%), and stroke (2,247 deaths or 6.7%).

Figure 2

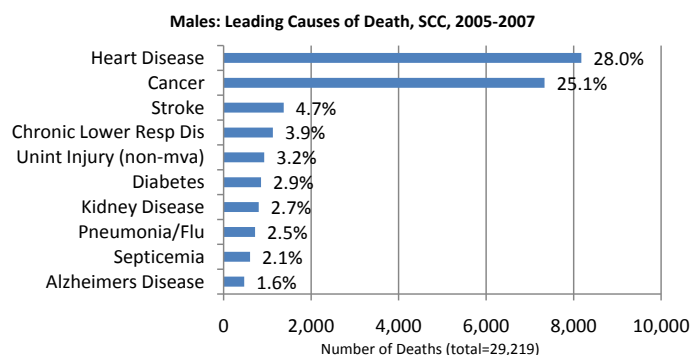


Source: IDPH Death Pull File, 2005-2007

### Males

There were 29,219 deaths among males from 2005 to 2007, an average of 9,740 male deaths per year in SCC. Of all deaths, 76.6% were attributed to the 10 leading causes of death. The first-, second- and third-leading causes of death were heart disease (8,176 deaths or 28.0%), cancer (7,335 deaths or 25.1%), and stroke (1,375 deaths or 4.7%).

Figure 3



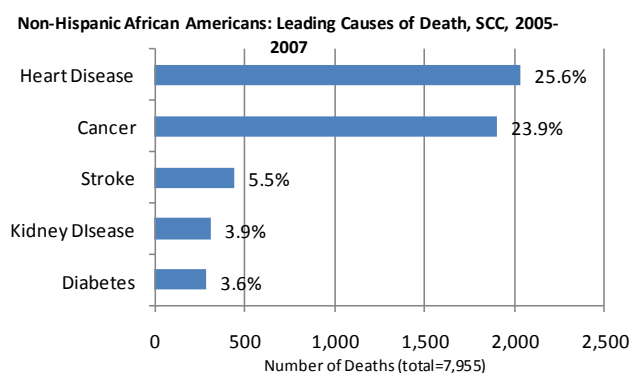
Source: IDPH Death Pull File, 2005-2007

## Race/Ethnicity

### African Americans

There were 7,995 deaths among African Americans from 2005 to 2007, an average of 2665 deaths per year in SCC. Of all deaths, 62.5% were attributed to the top 5 leading causes of death, including heart disease (2,033 deaths or 25.6%), cancer (1,903 deaths or 23.9%), stroke (1,903 deaths or 5.5%), kidney disease (310 deaths or 3.9%) and diabetes (285 deaths or 3.6%).

Figure 4

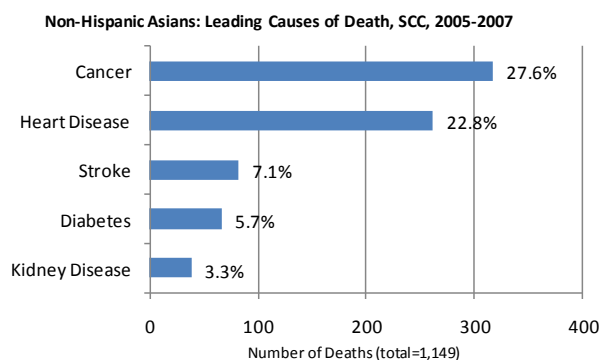


Source: IDPH Death Pull File, 2005-2007

## Asians

Figure 5

There were 1,149 deaths among Asians from 2005 to 2007, an average of 383 deaths per year in SCC. Of all deaths, 66.6% were attributed to the top 5 leading causes of death, including cancer (317 deaths or 27.6%), heart disease (260 deaths or 22.8%), stroke (82 deaths or 7.1%), as well as diabetes (66 deaths or 5.7%) and kidney disease (38 deaths or 3.3%).

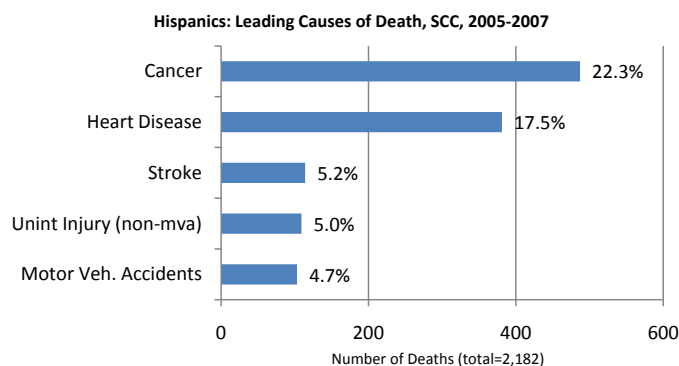


Source: IDPH Death Pull File, 2005-2007

## Hispanics

Figure 6

There were 2,182 deaths among Hispanics from 2005 to 2007, an average of 728 deaths per year in SCC. Of all deaths, 55% were attributed to the top 5 leading causes of death, including cancer (487 deaths or 22.3%), heart disease (381 deaths or 17.5%), stroke (103 deaths or 5.2%), as well as unintentional injury and motor vehicle accidents.

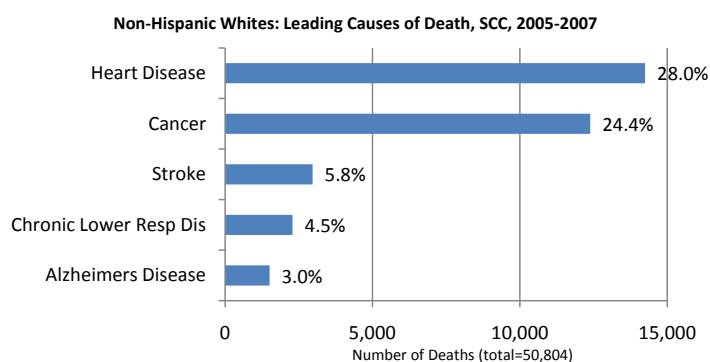


Source: IDPH Death Pull File, 2005-2007

## Whites

Figure 7

There were 50,804 deaths among Whites from 2005 to 2007, an average of 16,934 deaths per year in SCC. Of all deaths, 65.7% were attributed to the top 5 leading causes of death, including heart disease (14,245 deaths or 28.0%), cancer (12,384 deaths or 24.4%), and stroke (2,968 deaths or 5.8%), as well as chronic lower respiratory disease and Alzheimer's Disease.



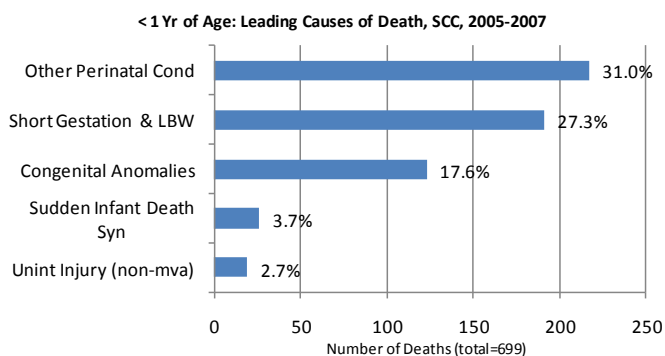
Source: IDPH Death Pull File, 2005-2007

## Age Groups

### < 1 Yrs

There were 699 deaths among infants less than 1 years of age from 2005 to 2007, an average of 233 deaths per year in SCC. Of all deaths, 82.4% were attributed to the top 5 leading causes of death, including perinatal conditions such as fetal growth/malnutrition, complications of pregnancy, etc. (217 deaths or 31.0%), short gestation and low birth weight (191 deaths or 27.3%), and congenital anomalies (123 deaths or 17.6%).

**Figure 8**

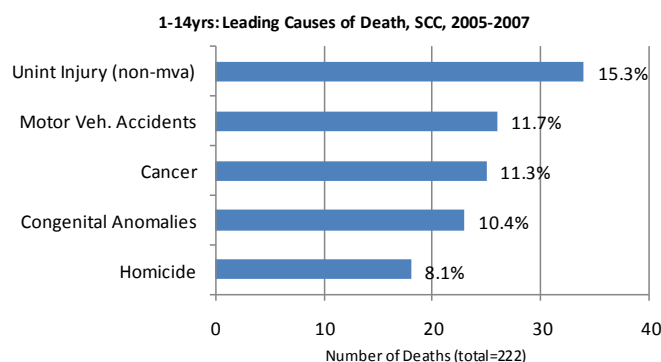


Source: IDPH Death Pull File, 2005-2007

### 1-14 Yrs

There were 222 deaths among children ages 1 to 14 years from 2005 to 2007, an average of 74 deaths per year in SCC. Of all deaths, 56.8% were attributed to the top 5 leading causes of death, including unintentional injuries (34 deaths or 15.3%), motor vehicle accidents (25 deaths or 11.3%), as well as congenital anomalies and homicides.

**Figure 9**

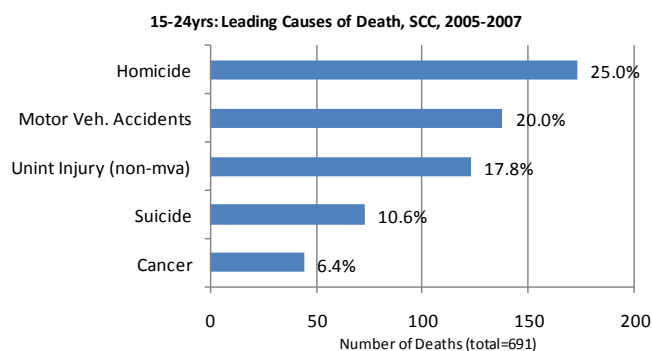


Source: IDPH Death Pull File, 2005-2007

### 15-24 Yrs

There were 691 deaths among the 15-24 age group from 2005 to 2007, an average of 230 deaths per year. Of all deaths, 73.0% were attributed to the top 5 leading causes of death, including homicide (173 deaths or 25.0%), motor vehicle accidents (138 deaths or 20.0%), unintentional injury (123 deaths or 17.8%), suicide (73 deaths or 10.6%) and cancer (44 deaths or 6.4%).

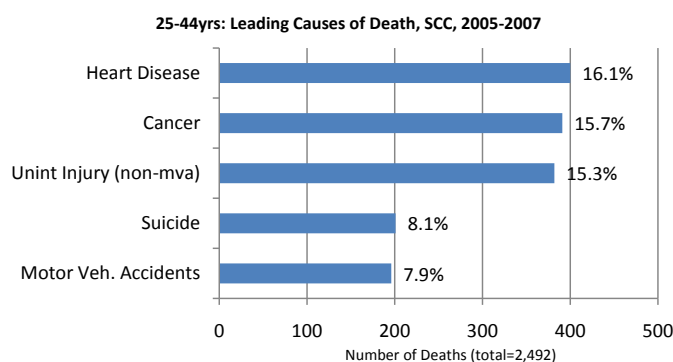
**Figure 10**



Source: IDPH Death Pull File, 2005-2007

**25-44 Yrs**

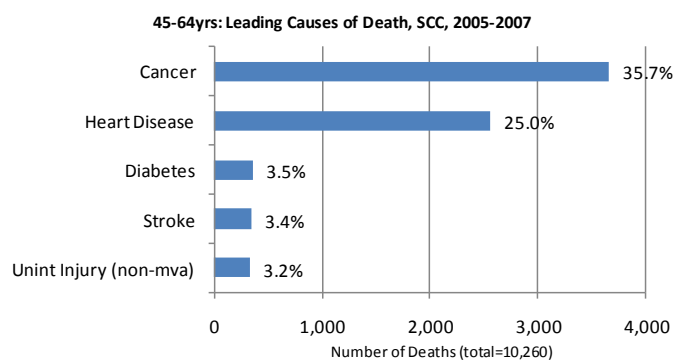
There were 2,492 deaths among adults 25-44 years of age from 2005 to 2007, an average of 831 deaths per year. Of all deaths, 63.0% were attributed to the top 5 leading causes of death, including heart disease (400 deaths or 16.1%), cancer (391 deaths or 15.7%), unintentional injury (382 deaths or 15.3%), suicide (201 deaths or 8.1%), and motor vehicle accidents (196 deaths or 7.9%).

**Figure 11**

Source: IDPH Death Pull File, 2005-2007

**45-64 Yrs**

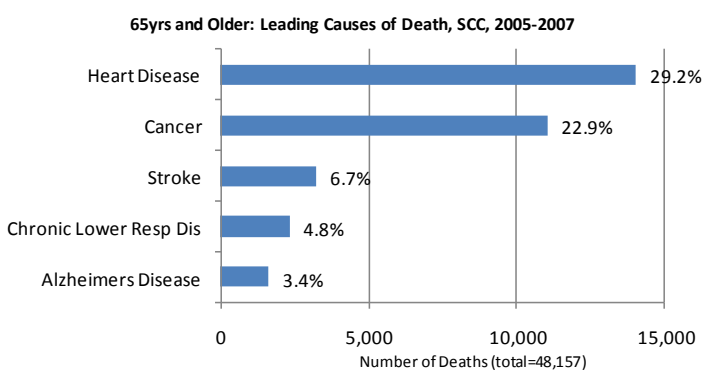
There were 10,260 deaths among adults aged 45-64 years from 2005 to 2007, an average of 3,420 deaths per year. Of all deaths, 70.7% were attributed to the top 5 leading causes of death, including cancer (3,660 deaths or 35.7%), heart disease (2,564 deaths or 25.0%), diabetes (360 deaths or 3.5%), stroke (344 deaths or 3.4%) and unintentional injuries (330 deaths or 3.2%).

**Figure 12**

Source: IDPH Death Pull File, 2005-2007

**65+ Yrs**

There were 48,157 deaths among adults aged 65 years and older from 2005 to 2007, an average of 16,052 deaths per year. Of all deaths, 66.9% were attributed to the top 5 leading causes of death, including heart disease (14,041 or 29.2%), cancer (11,042 deaths or 22.9%), stroke (3,219 deaths or 6.7%), chronic lower respiratory disease (2,313 deaths or 4.8%) and Alzheimer's Disease (1,625 deaths or 3.4%).

**Figure 13**

Source: IDPH Death Pull File, 2005-2007



Table 1

**Leading Causes of Death**

SCC, 2005-2007

*total number of deaths = 62,521*

	#	%
Heart Disease	17,053	27.3%
Cancer	15,164	24.3%
Stroke	3,622	5.8%
Chronic Lower Resp Dis	2,594	4.1%
Pneumonia/Flu	1,696	2.7%
Diabetes	1,694	2.7%
Alzheimers Disease	1,661	2.7%
Kidney Disease	1,629	2.6%
Unint Injury (non-mva)	1,393	2.2%
Septicemia	1,342	2.1%

*Source: IDPH Death Pull File, 2005-2007*

Table 2

**Females: Leading Causes of Death**

SCC, 2005-2007

*total number of deaths = 33,297*

	#	%
Heart Disease	8,876	26.7%
Cancer	7,828	23.5%
Stroke	2,247	6.7%
Chronic Lower Resp Dis	1,469	4.4%
Alzheimers Disease	1,191	3.6%
Pneumonia/Flu	977	2.9%
Diabetes	838	2.5%
Kidney Disease	827	2.5%
Septicemia	738	2.2%
Unint Injury (non-mva)	465	1.4%

*Source: IDPH Death Pull File, 2005-2007*

Table 3

**Males: Leading Causes of Death**

SCC, 2005-2007

*total number of deaths = 29,219*

	#	%
Heart Disease	8,176	28.0%
Cancer	7,335	25.1%
Stroke	1,375	4.7%
Chronic Lower Resp Dis	1,125	3.9%
Unint Injury (non-mva)	928	3.2%
Diabetes	856	2.9%
Kidney Disease	802	2.7%
Pneumonia/Flu	719	2.5%
Septicemia	604	2.1%
Alzheimers Disease	470	1.6%

*Source: IDPH Death Pull File, 2005-2007*

Table 4

**Non-Hispanic African Americans: Leading Causes of Death**  
 SCC, 2005-2007

total number of deaths = 7,955

	#	%
Heart Disease	2033	25.6%
Cancer	1903	23.9%
Stroke	441	5.5%
Kidney Disease	310	3.9%
Diabetes	285	3.6%

Source: IDPH Death Pull File, 2005-2007

Table 5

**Non-Hispanic Asians: Leading Causes of Death**  
 SCC, 2005-2007

total number of deaths = 1,149

	#	%
Cancer	317	27.6%
Heart Disease	262	22.8%
Stroke	82	7.1%
Diabetes	66	5.7%
Kidney Disease	38	3.3%

Source: IDPH Death Pull File, 2005-2007

Table 6

**Hispanics: Leading Causes of Death**  
 SCC, 2005-2007

total number of deaths = 2,182

	#	%
Cancer	487	22.3%
Heart Disease	381	17.5%
Stroke	103	5.2%
Unint Injury (non-mva)	114	5.0%
Motor Veh. Accidents	109	4.7%

Source: IDPH Death Pull File, 2005-2007

Table 7

**Non-Hispanic Whites: Leading Causes of Death**  
 SCC, 2005-2007

total number of deaths = 50,804

	#	%
Heart Disease	14,245	28.0%
Cancer	12,384	24.4%
Stroke	2,968	5.8%
Chronic Lower Resp Dis	2,288	4.5%
Alzheimers Disease	1,508	3.0%

Source: IDPH Death Pull File, 2005-2007

Table 8

**< 1 Yr of Age: Leading Causes of Death**  
 SCC, 2005-2007

total number of deaths = 699

	#	%
Other Perinatal Cond	217	31.0%
Short Gestation & LBW	191	27.3%
Congenital Anomalies	123	17.6%
Sudden Infant Death Syn	26	3.7%
Unint Injury (non-mva)	19	2.7%

Source: IDPH Death Pull File, 2005-2007

Table 9

**1-14yrs: Leading Causes of Death**  
 SCC, 2005-2007

total number of deaths = 222

	#	%
Unint Injury (non-mva)	34	15.3%
Motor Veh. Accidents	26	11.7%
Cancer	25	11.3%
Congenital Anomalies	23	10.4%
Homicide	18	8.1%

Source: IDPH Death Pull File, 2005-2007

Table 10

**15-24yrs: Leading Causes of Death**  
 SCC, 2005-2007

total number of deaths = 691

	#	%
Homicide	173	25.0%
Motor Veh. Accidents	138	20.0%
Unint Injury (non mva)	123	17.8%
Suicide	73	10.6%
Cancer	44	6.4%

Source: IDPH Death Pull File, 2005-2007

Table 11

**25-44yrs: Leading Causes of Death**  
 SCC, 2005-2007

total number of deaths = 2,492

	#	%
Heart Disease	400	16.1%
Cancer	391	15.7%
Unint Injury (non-mva)	382	15.3%
Suicide	201	8.1%
Motor Veh. Accidents	196	7.9%

Source: IDPH Death Pull File, 2005-2007

Table 12

**45-64yrs: Leading Causes of Death**  
 SCC, 2005-2007

*total number of deaths = 10,260*

	#	%
Cancer	3,660	35.7%
Heart Disease	2,564	25.0%
Diabetes	356	3.5%
Stroke	344	3.4%
Unint Injury (non-mva)	330	3.2%

*Source: IDPH Death Pull File, 2005-2007*

Table 13

**65yrs and Older: Leading Causes of Death**  
 SCC, 2005-2007

*total number of deaths = 48,157*

	#	%
Heart Disease	14,041	29.2%
Cancer	11,042	22.9%
Stroke	3,219	6.7%
Chronic Lower Resp Dis	2,313	4.8%
Alzheimers Disease	1,625	3.4%

*Source: IDPH Death Pull File, 2005-2007*

## Years of Potential Life Lost (75 years)

### What is it:

Because the majority of deaths occur among older populations, mortality rates are more reflective of causes of death among the elderly<sup>i</sup>. Years of potential life lost (YPLL) is a useful tool to describe premature mortality among younger populations<sup>ii,iii</sup>. There are two components of YPLL, which measure the effect of premature mortality of those who die before the age of 75: total years of life lost and average years of life lost. The total years of life lost provides an estimate of the burden of a disease or condition while the average years of life lost provides an estimate of the average age at which people die of the condition.

### Why is it important:

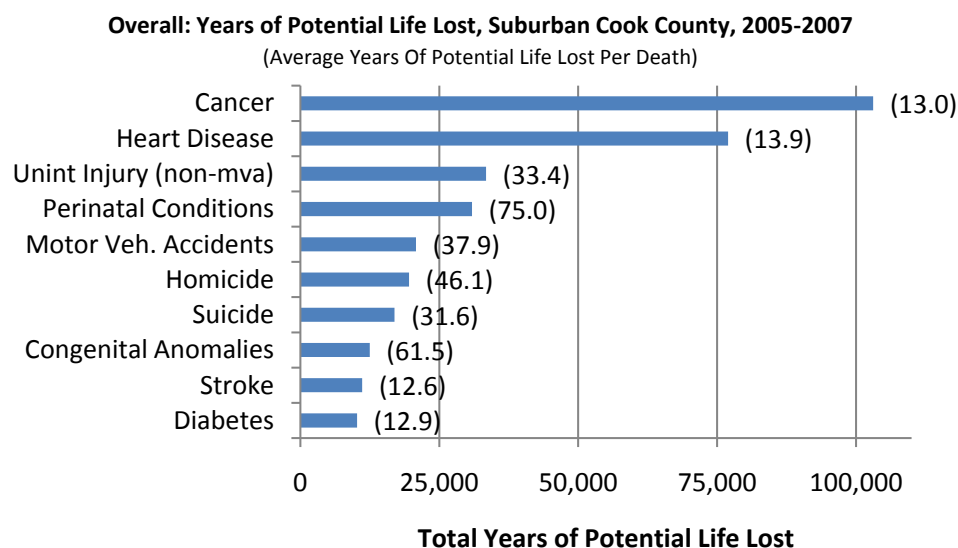
Assessing premature mortality rates and describing the leading causes of premature death, resources can be targeted toward strategies that will extend years of life<sup>iv</sup>. This measure is also useful in quantifying social and economic loss owing to premature death<sup>v</sup>.

## 2005-2007

In Suburban Cook County (SCC) cancer and heart disease contributed the most YPLL. The total YPLL for cancer was 103,083 years with an average of 13.0 YPLL per death. Heart disease accounted for a total of 76,968 YPLL with an average of 13.9 YPLL per death. Unintentional injuries, motor vehicle accidents and acts of violence (homicide and suicide) accounted for four of the top ten leading causes of YPLL. Due to death at a very young age, perinatal conditions and congenital anomalies resulted in the highest YPLL per death (75.0 and 61.5 YPLL per death respectively).

## Overall

Figure 1



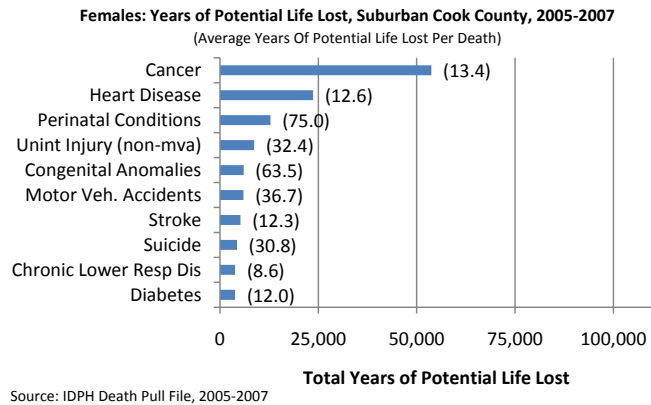
Source: IDPH Death Pull File, 2005-2007

## Gender

### Females

Cancer (53,719 YPLL), heart disease (23,679 YPLL), and perinatal conditions (12,825 YPLL) were the leading contributors of YPLL amongst females in SCC from 2005-2007. Perinatal conditions (75.0 YPLL per death), congenital anomalies (63.5 YPLL per death), and motor vehicle accidents (36.7 YPLL per death) contributed to the highest YPLL per death among females.

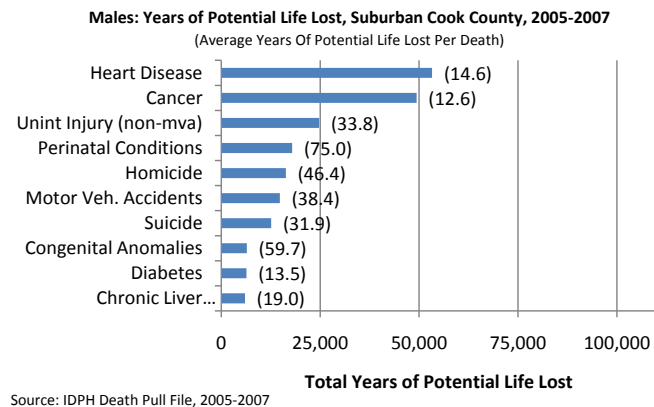
**Figure 2**



### Males

Heart disease (53,290 YPLL), cancer (49,364 YPLL), and unintentional injuries (24,725 YPLL) were the leading contributors of YPLL amongst males in SCC from 2005-2007. Perinatal conditions (75.0 YPLL per death), congenital anomalies (59.7 YPLL per death), and homicide (46.4 YPLL per death) contributed to the highest YPLL per death among males.

**Figure 3**

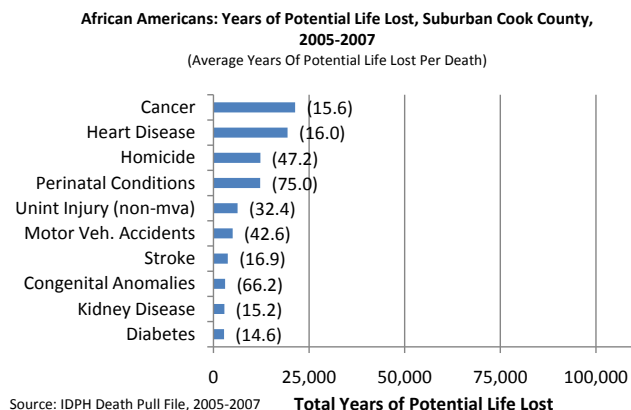


## Race/Ethnicity

### African Americans

Cancer (21,364 YPLL), heart disease (19,365 YPLL), and homicide (12,275 YPLL) were the leading contributors of YPLL amongst African Americans in SCC from 2005-2007. Perinatal conditions (75.0 YPLL per death), congenital anomalies (66.2 YPLL per death), and homicide (47.2 YPLL per death) contributed to the highest YPLL per death among African Americans.

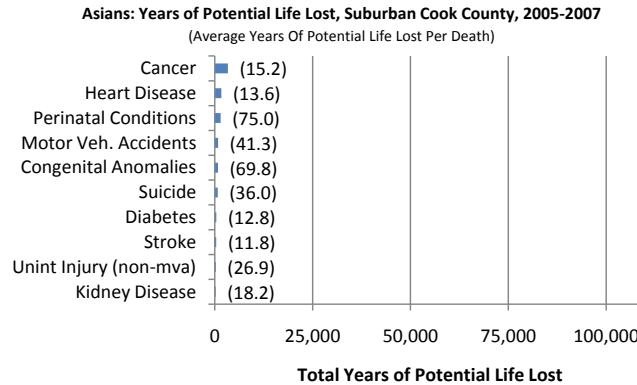
**Figure 4**



### Asians

Cancer (3,341 YPLL), heart disease (1,675 YPLL), and perinatal conditions (1,500 YPLL) were the leading contributors of YPLL amongst Asians in SCC from 2005-2007. Perinatal conditions (75.0 YPLL per death), congenital anomalies (69.8 YPLL per death), and motor vehicle accidents (41.3 YPLL per death) contributed to the highest YPLL per death among Asians.

**Figure 5**

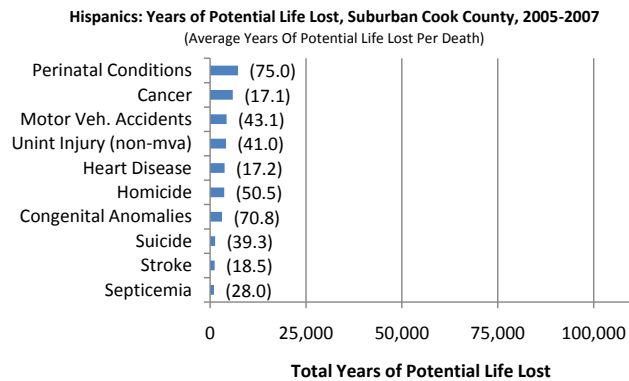


Source: IDPH Death Pull File, 2005-2007

### Hispanics

Perinatal conditions (7,275 YPLL), cancer (5,911 YPLL), and motor vehicle accidents (4,305 YPLL) were the leading contributors of YPLL amongst Hispanics in SCC from 2005-2007. Perinatal conditions (75.0 YPLL per death), congenital anomalies (70.8 YPLL per death), and homicide (50.5 YPLL per death) contributed to the highest YPLL per death among Hispanics.

**Figure 6**

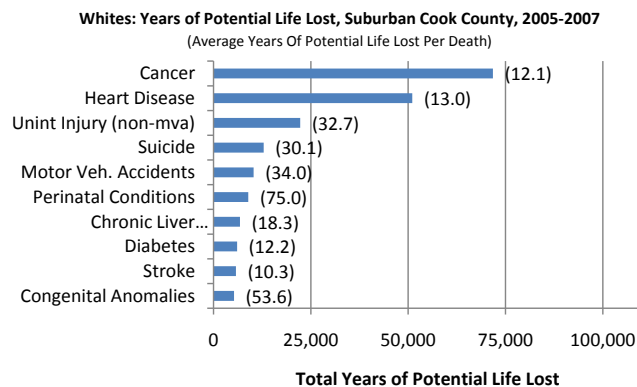


Source: IDPH Death Pull File, 2005-2007

### Whites

Cancer (71,754 YPLL), heart disease (51,038 YPLL), and unintentional injuries (22,269 YPLL) were the leading contributors of YPLL amongst Whites in SCC from 2005-2007. Perinatal conditions (75.0 YPLL per death), congenital anomalies (53.6 YPLL per death), and motor vehicle accidents (34.0 YPLL per death) contributed to the highest YPLL per death among Whites.

**Figure 7**



Source: IDPH Death Pull File, 2005-2007

Table 1

**Overall: Years of Potential Life Lost**

Suburban Cook County, 2005-2007

	# of Deaths	Total YPLL	Avg. YPLL
Cancer	7,927	103,083	13.0
Heart Disease	5,544	76,968	13.9
Unint Injury (non-mva)	999	33,407	33.4
Perinatal Conditions	412	30,896	75.0
Motor Veh. Accidents	549	20,794	37.9
Homicide	424	19,552	46.1
Suicide	536	16,945	31.6
Congenital Anomalies	203	12,484	61.5
Stroke	885	11,122	12.6
Diabetes	791	10,203	12.9

Table 2

**Females: Years of Potential Life Lost**

Suburban Cook County, 2005-2007

	# of Deaths	Total YPLL	Avg. YPLL
Cancer	4,000	53,719	13.4
Heart Disease	1,884	23,678	12.6
Perinatal Conditions	171	12,825	75.0
Unint Injury (non-mva)	268	8,682	32.4
Congenital Anomalies	95	6,034	63.5
Motor Veh. Accidents	163	5,979	36.7
Stroke	423	5,199	12.3
Suicide	141	4,338	30.8
Chronic Lower Resp Dis	446	3,854	8.6
Diabetes	321	3,848	12.0

Table 3

**Males: Years of Potential Life Lost**

Suburban Cook County, 2005-2007

	# of Deaths	Total YPLL	Avg. YPLL
Heart Disease	3,660	53,290	14.6
Cancer	3,927	49,364	12.6
Unint Injury (non-mva)	731	24,725	33.8
Perinatal Conditions	239	17,921	75.0
Homicide	352	16,319	46.4
Motor Veh. Accidents	386	14,815	38.4
Suicide	395	12,607	31.9
Congenital Anomalies	108	6,450	59.7
Diabetes	470	6,355	13.5
Chronic Liver Dis/Cirrhosis	315	5,991	19.0



Table 4

**African Americans: Years of Potential Life Lost**

Suburban Cook County, 2005-2007

	# of Deaths	Total YPLL	Avg. YPLL
Cancer	1,369	21,364	15.6
Heart Disease	1,212	19,365	16.0
Homicide	260	12,275	47.2
Perinatal Conditions	163	12,225	75.0
Unint Injury (non-mva)	195	6,313	32.4
Motor Veh. Accidents	118	5,031	42.6
Stroke	222	3,743	16.9
Congenital Anomalies	46	3,047	66.2
Kidney Disease	188	2,853	15.2
Diabetes	190	2,770	14.6

Table 5

**Asians: Years of Potential Life Lost**

Suburban Cook County, 2005-2007

	# of Deaths	Total YPLL	Avg. YPLL
Cancer	220	3,341	15.2
Heart Disease	123	1,675	13.6
Perinatal Conditions	20	1,500	75.0
Motor Veh. Accidents	21	868	41.3
Congenital Anomalies	12	838	69.8
Suicide	21	756	36.0
Diabetes	32	408	12.8
Stroke	32	377	11.8
Unint Injury (non-mva)	10	269	26.9
Kidney Disease	13	237	18.2

Table 6

**Hispanics: Years of Potential Life Lost**

Suburban Cook County, 2005-2007

	# of Deaths	Total YPLL	Avg. YPLL
Perinatal Conditions	97	7,275	75.0
Cancer	346	5,911	17.1
Motor Veh. Accidents	100	4,308	43.1
Unint Injury (non-mva)	101	4,144	41.0
Heart Disease	220	3,786	17.2
Homicide	73	3,684	50.5
Congenital Anomalies	44	3,117	70.8
Suicide	33	1,297	39.3
Stroke	64	1,181	18.5
Septicemia	36	1,009	28.0

Table 7

**Whites: Years of Potential Life Lost**

Suburban Cook County, 2005-2007

	# of Deaths	Total YPLL	Avg. YPLL
Cancer	5,944	71,754	12.1
Heart Disease	3,925	51,038	13.0
Unint Injury (non-mva)	681	22,269	32.7
Suicide	428	12,895	30.1
Motor Veh. Accidents	303	10,302	34.0
Perinatal Conditions	119	8,921	75.0
Chronic Liver Dis/Cirrhosis	372	6,804	18.3
Diabetes	498	6,055	12.2
Stroke	559	5,757	10.3
Congenital Anomalies	98	5,257	53.6

---

<sup>i</sup>Dranger E, Remington P. YPLL: A Summary Measure of Premature Mortality Used in Measuring the Health of Communities. Madison, WI: University of Wisconsin Population Health Institute;2004. Issue Brief 5(7).

<sup>ii</sup>Centers for Disease Control and Prevention. Premature Mortality in the United States: Public Health Issues in the Use of Years of Potential Life Lost. MMWR. 35(2s);15-11s. <http://www.cdc.gov/mmwr/preview/mmwrhtml/00001773.htm>. Accessed March 2011.

<sup>iii</sup> Gardner JW, Sanborn JS. Years of potential life lost (YPLL)--what does it measure? Epidemiology. 1990 Jul;1(4):322-9.

<sup>iv</sup> McDonnell S, Vossberg K, Hopkins RS, Mittan B. Using YPLL in health planning. Public Health Rep. 1998;113:55-61.

<sup>v</sup> Gardner JW, Sanborn JS. Years of potential life lost (YPLL)--what does it measure? Epidemiology. 1990 Jul;1(4):322-9.



# Chronic Diseases



## Coronary Heart Disease

### What is it?

Coronary heart disease (CHD) is a narrowing of the small blood vessels that supply blood and oxygen to the heart. Plaque builds up inside the coronary arteries, reducing blood flow to the heart. This process starves the heart of oxygen and can result in chest pain (angina) or a heart attack.<sup>i</sup>

### What causes it?

Factors that increase the risk of CHD include smoking, lack of exercise, obesity, diabetes, high blood pressure, and elevated total cholesterol levels.<sup>ii</sup>

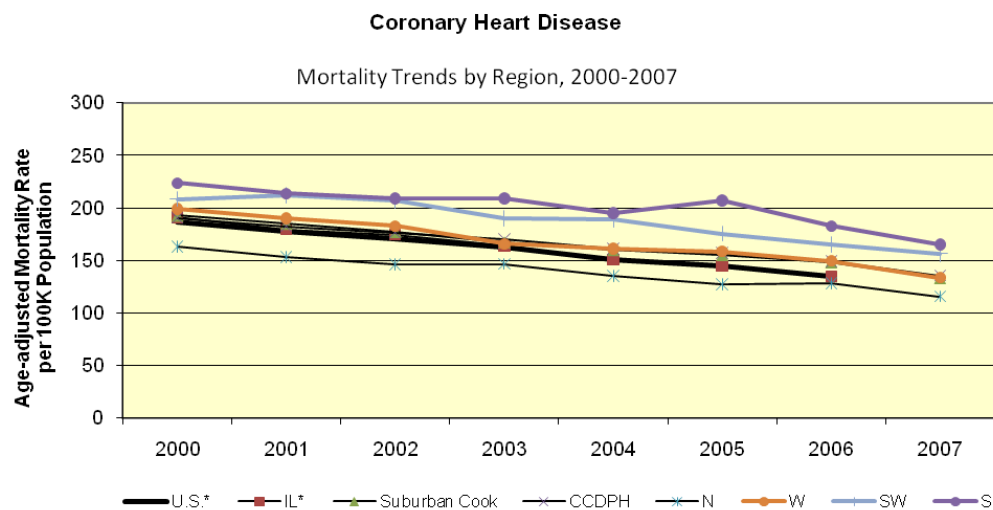
### Why is it important:

CHD is the leading cause of death in Suburban Cook County (SCC), responsible for over 3,500 deaths in 2007 and results in large costs to the health care system and lower productivity. Survival of a CHD event results in a lower quality of life and can include disability, depression, on-going medical treatment/expense and premature death.

### 2000-2007

Age-adjusted CHD mortality rates declined for the U.S., Illinois, SCC, Cook County Department of Public Health's jurisdiction (CCDPH) and all 4 districts (North, West, Southwest, South) of SCC (Figure 1). In SCC, the CHD mortality rate declined by 30% between 2000 and 2007 (from 192.6/100,000 to 133.2/100,000). During the same time period, the CHD mortality rates for the North and West districts were at or below the U.S. rate while in the Southwest and South districts CHD mortality rates were above the US rate. The South district had the highest CHD mortality rate with an average mortality rate of 164.8 per 100,000.

Figure 1



Source: IDPH Death Pull File 2000-2007,

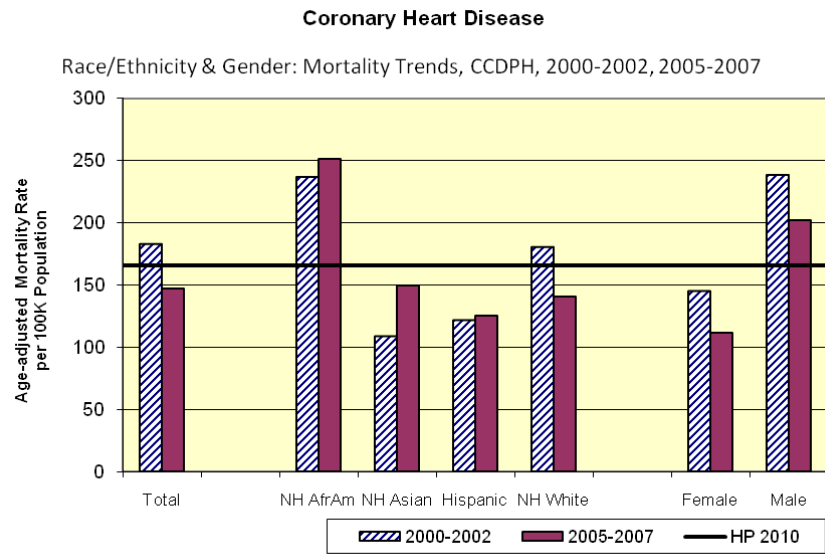
\*National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race/ethnicity and Gender**

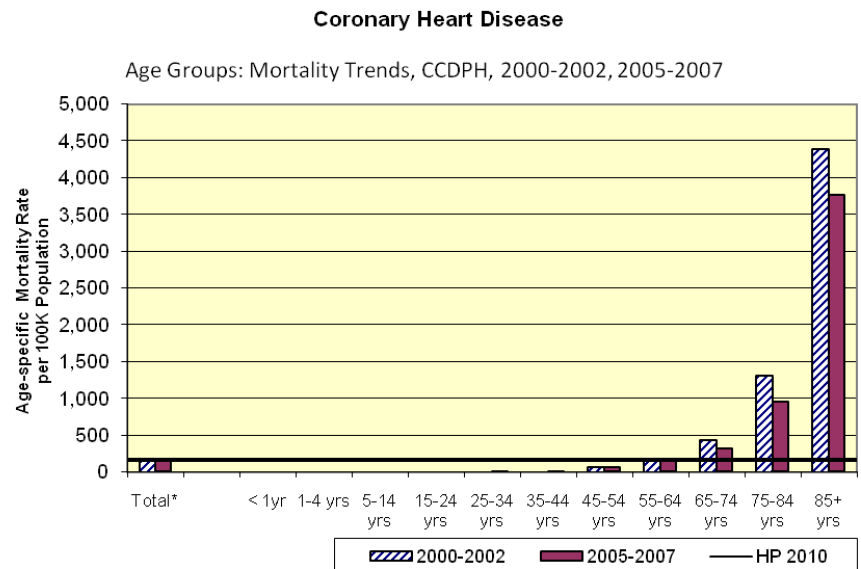
Overall, the CHD mortality rate decreased from 183.1/100,000 (2000-2002) to 147.3/100,000 (2005-2007). The decrease in CHD mortality among Whites (11,579 to 8,959 deaths) was a major contributor to the overall CHD mortality rate.

Between 2000-2002 and 2005-2007 the CHD mortality rates increased for African Americans (AA) (237.2 to 251.7/100,000) and Asians (108.6 to 149.3/100,000).

Despite a decrease for both males and females, in 2005-2007 males (202.1/100,000) continued to have a higher rate of CHD mortality compared to females (111.4/100,000).

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

Although 80% of the people who die of CHD are 65 years of age or older, the CHD mortality rate among this age group decreased. The largest decrease in CHD mortality rates occurred among those aged 85 years and older from 4,389.1/100,000 (2000-2002) to 3,771.7/100,000 (2005-2007).

**Figure 3**

**2005-2007****By Race/Ethnicity**

From 2005-2007, the overall CHD mortality rate for SCC (145.6/100,000) met the Healthy People (HP) 2010 CHD mortality goal of 166.0 deaths/100,000.

The CHD mortality rate for AAs (249.8/100,000) was 80% higher than Whites (138.4/100,000) in SCC and more than 40% higher than AAs in the U.S. (173.1/100,000).

With a CHD mortality rate of 185.0/100,000, the South district was the only district not to have met the HP 2010 goal. CHD mortality rates were highest in the South district for AAs (264.8/100,000) and Hispanics (179.0/100,000).

**2005-2007****By Gender**

In SCC, the CHD mortality rate for males (202.1/100,000) was almost twice that for females (111.4/100,000). Although males had higher CHD mortality rates, CHD was still the leading cause of death among women (see Leading Causes of Death, pg 2.).

The CHD mortality rate for males in SCC and all the districts were higher than the HP2010 goal. Females in the South district had the highest CHD mortality rate (142.0/100,000) compared to females in other regions.

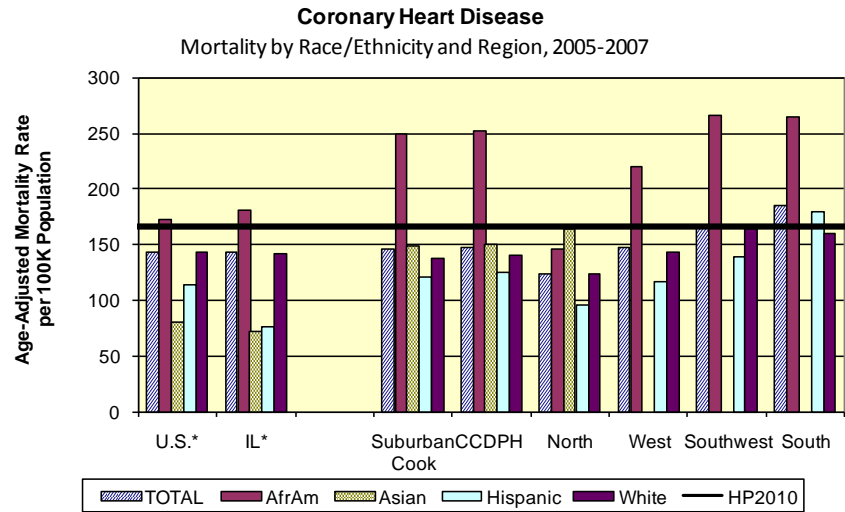
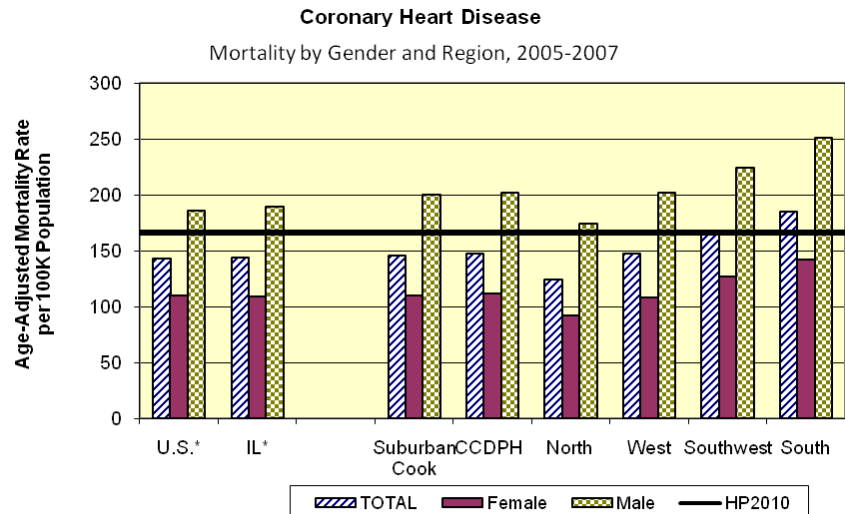
**Figure 4****Figure 5**

Table 1

**Coronary Heart Disease  
Mortality by Region  
2000-2007**

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	515,204	186.8	502,189	177.8	494,382	170.9	480,028	162.8	451,326	150.2	445,687	144.4	425,425	135.0	na	na
IL*	23,018	190.9	22,012	179.5	21,688	174.5	6,909	163.8	19,211	150.4	18,774	144.7	17,747	134.8	na	na
Suburban Cook	5,120	192.6	4,911	184.8	4,709	177.1	4,444	167.2	4,247	159.9	4,126	155.3	3,941	148.4	3,538	133.2
CCDPH	4,555	190.3	4,369	182.5	4,224	176.4	4,068	170.0	3,855	161.2	3,753	157.0	3,570	149.3	3,243	135.6
North	1,594	163.0	1,499	153.1	1,432	146.3	1,435	146.6	1,324	135.3	1,249	127.3	1,259	128.3	1,133	115.5
West	1,119	199.0	1,062	190.2	1,021	182.6	929	165.9	896	161.0	886	158.4	837	149.4	744	133.4
Swest	880	208.4	894	211.9	873	206.6	801	190.1	795	189.1	734	175.4	690	165.1	656	156.3
South	962	223.7	914	213.5	898	208.9	903	209.1	840	195.1	884	207.2	784	182.7	710	165.1

NCD-10 code: I20-I25

\*\*Unspecified estimate (N&lt;20)

-Rate not calculated (N&lt;20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available



Table 2

**Coronary Heart Disease**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	13,148	183.1	10,566	147.3
<b>Race</b>				
<i>NH AfrAm</i>	1,080	237.2	1,136	251.7
<i>NH Asian</i>	138	108.6	161	149.3
<i>Hispanic</i>	226	121.4	241	125.1
<i>NH White</i>	11,579	180.7	8,959	140.3
<b>Gender</b>				
<i>Female</i>	6,816	145.2	5,250	111.4
<i>Male</i>	6,332	238.3	5,315	202.1
<b>Age Groups</b>				
<i>&lt; 1yr</i>	**	~	0	~
<i>1-4 yrs</i>	0	~	0	~
<i>5-14 yrs</i>	0	~	**	~
<i>15-24 yrs</i>	**	~	0	~
<i>25-34 yrs</i>	**	~	31	3.4
<i>35-44 yrs</i>	157	14.4	113	10.4
<i>45-54 yrs</i>	657	70.2	602	64.3
<i>55-64 yrs</i>	1,061	174.5	1,054	173.3
<i>65-74 yrs</i>	2,021	440.0	1,417	308.5
<i>75-84 yrs</i>	4,336	1,314.9	3,145	953.7
<i>85+ yrs</i>	4,891	4,389.1	4,203	3,771.7

^ICD-10 code: I20-I25

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Coronary Heart Disease**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	1,322,438	143.1	55,732	143.2	11,605	145.6	10,566	147.3	3,641	123.7	2,467	147.1	2,080	165.6	2,378	185.0
<b>Race</b>																
NH AfrAm	135,491	173.1	7,521	180.8	1,285	249.8	1,136	251.7	24	146.8	221	220.5	100	265.7	791	264.8
NH Asian	21,713	80.4	645	71.3	195	148.1	161	149.3	124	163.8	**	~	**	~	**	~
Hispanic	63,195	114.2	1,344	76.9	253	120.4	241	125.1	48	95.9	113	117.3	33	138.8	47	179.0
NH White	1,093,761	143.9	45,822	142.1	9,794	138.4	8,959	140.3	3,420	123.2	2,096	143.2	1,935	164.3	1,508	160.2
<b>Gender</b>																
Female	632,275	110.4	27,022	109.3	5,769	110.2	5,250	111.4	1,803	92.4	1,209	108.5	1,086	127.4	1,152	142.0
Male	690,163	185.8	28,710	189.4	5,835	199.5	5,315	202.1	1,837	173.9	1,258	201.7	994	224.1	1,226	251.1

\*ICD-10 code: I20-I25

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> Morrow DA, Gersh BJ. Chronic coronary artery disease. In: Libby P, Bonow RO, Mann DL, Zipes DP, eds. Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine. 8th ed. Philadelphia, Pa: Saunders Elsevier;2007: chap 54.

<sup>ii</sup> Coronary artery disease. National Lung, Heart, and Blood Institute.  
[http://www.nhlbi.nih.gov/health/dci/Diseases/Cad/CAD\\_WhoIsAtRisk.html](http://www.nhlbi.nih.gov/health/dci/Diseases/Cad/CAD_WhoIsAtRisk.html). Accessed March 2011.



## Cerebrovascular Disease

### What is it?

Cerebrovascular disease, also known as a stroke, occurs when an artery in the brain bursts or is clogged by a blood clot. This disruption in blood flow cuts off the supply of oxygen to the cells in that part of the brain; brain cells begin to die resulting in brain damage.<sup>i</sup>

### What causes it?

Factors that increase the risk of stroke include atrial fibrillation, hypertension, high cholesterol, diabetes, atherosclerosis, tobacco use, advanced age (55+ years) and previous history of stroke.<sup>ii</sup>

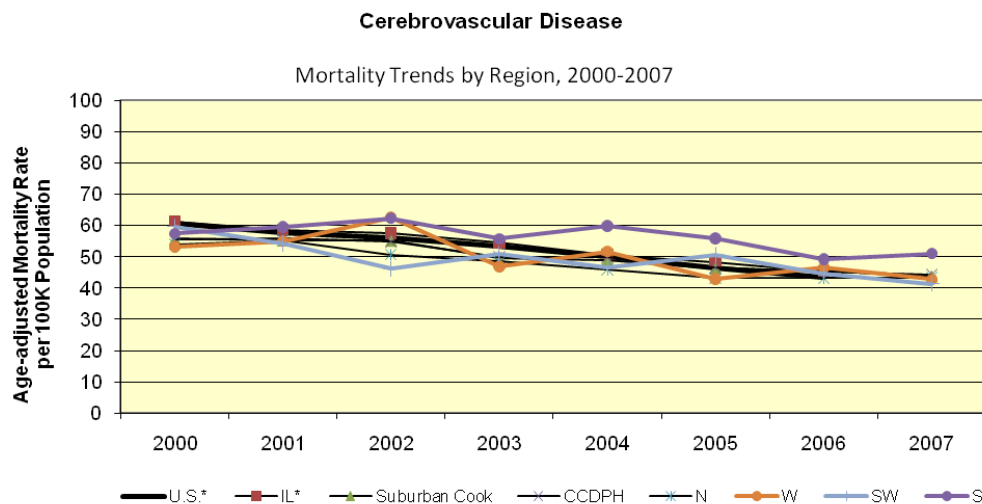
### Why is it important:

Stroke is the third leading cause of death in the U.S. and a leading cause of adult disability<sup>iii</sup>. Likewise, stroke is the third leading cause of death in Suburban Cook County (SCC), responsible for 1,167 deaths in 2007. Survival of a stroke event may result in a lower quality of life and can include disability, depression, on-going medical treatment/expense and premature death.

### 2000-2007

Age-adjusted stroke mortality rates steadily declined for the U.S., Illinois, SCC, Cook County Department of Health's jurisdiction (CCDPH) and all 4 districts (North, West, Southwest, South) in SCC. In SCC, the stroke mortality rate declined by 22% between 2000 and 2007. With the exception of the South district, stroke mortality rates for SCC remained below the U.S. rate. The South district had the highest stroke mortality rate from 2000-2007, ranging from 62.4/100,000 in 2002 to 49.3/100,000 in 2006.

Figure 1



Source: IDPH Death Pull File 2000-2007,

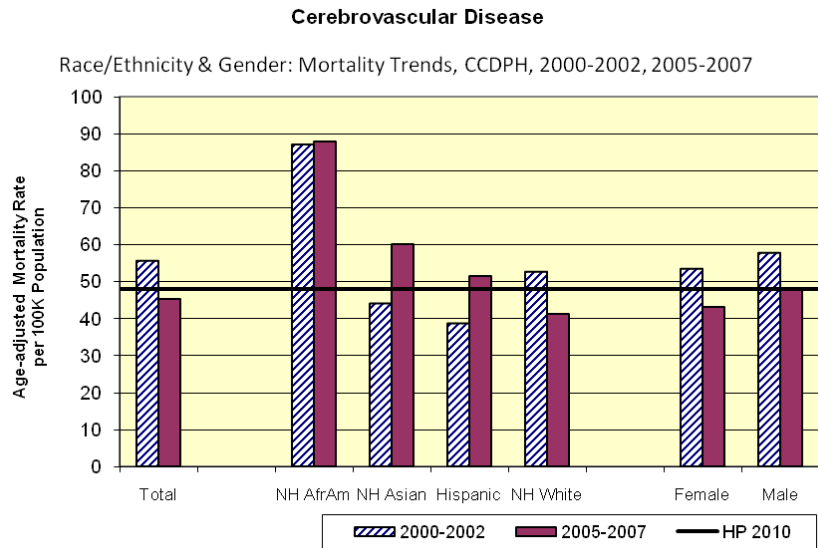
\* National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race/Ethnicity and Gender**

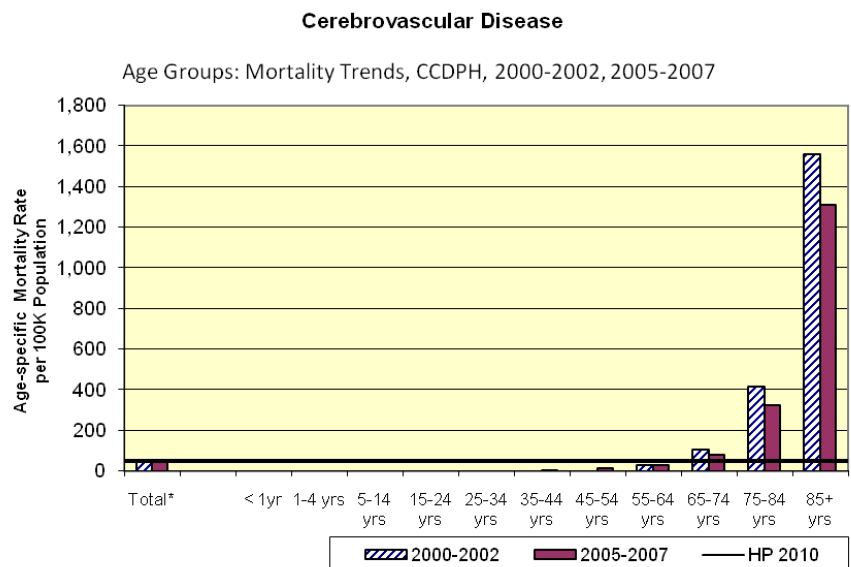
From 2000-2002 to 2005-2007, the overall stroke mortality rate for CCDPH decreased 18% (55.4 to 45.5/100,000).

Stroke mortality rates increased for Asians (44.1 to 60.1/100,000) and Hispanics (38.7 to 51.4/100,000). While the stroke mortality rate for African Americans (AA) remained stable (approximately 87.5/100,000), AAs had the highest stroke mortality rate of all racial/ethnic groups.

Stroke mortality rates decreased for both males (57.7 to 48.4/100,000) and females (53.4 to 43.2/100,000), though males had higher stroke mortality than females.

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

Stroke mortality rates among those ages 85 years and older decreased from 1,560.6/100,000 in 2000-2002 to 1,312.0/100,000 in 2005-2007. Despite the decrease, the majority of stroke deaths occurred after the age of 84 (77% of stroke deaths during 2005-2007 were among those aged 85 and over).

**Figure 3**

**2005-2007****By Race/Ethnicity**

Overall, AAs in SCC had a disproportionately high stroke mortality rate (87.1/100,000), more than double the rate for Whites (41.0/100,000). AA stroke mortality rates were above the HP2010 goal of 48.0/100,000 in the U.S., Illinois, SCC and all districts except for the North district.

Stroke mortality rates for Asian and Hispanics in SCC and CCDPH did not meet the HP2010 goal. The stroke mortality rate for Asians was highest in the North district, 68.9/100,000. Mortality rates among Hispanics in the North district (52.5/100,000) and West district (54.8/100,000) were higher than the HP2010 goal.

**2005-2007****By Gender**

Males had higher stroke mortality rates than females at the national, state, county and district levels. In SCC, the stroke mortality rate for males was 48.6/100,000 compared to 42.8/100,000 for females.

Females in all geographic areas met the HP 2010 goal. Males in the Southwest and South districts did not meet the HP goal (51.5/100,000 and 57.1/100,000 respectively).

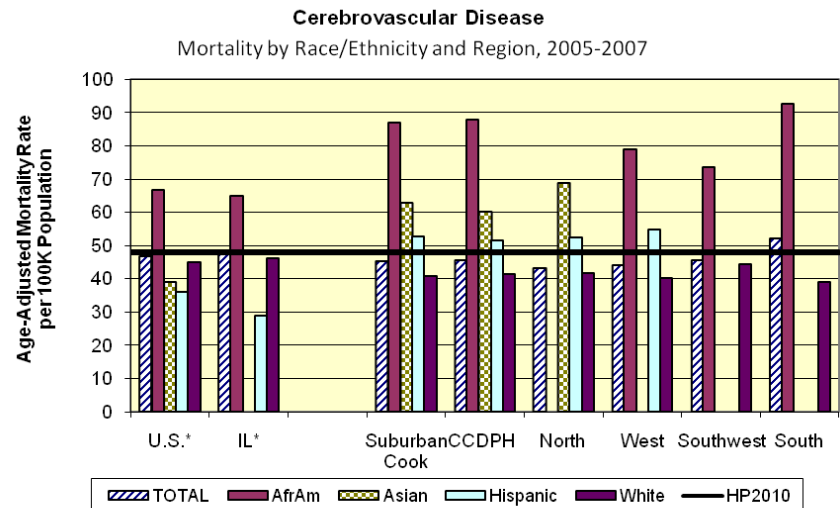
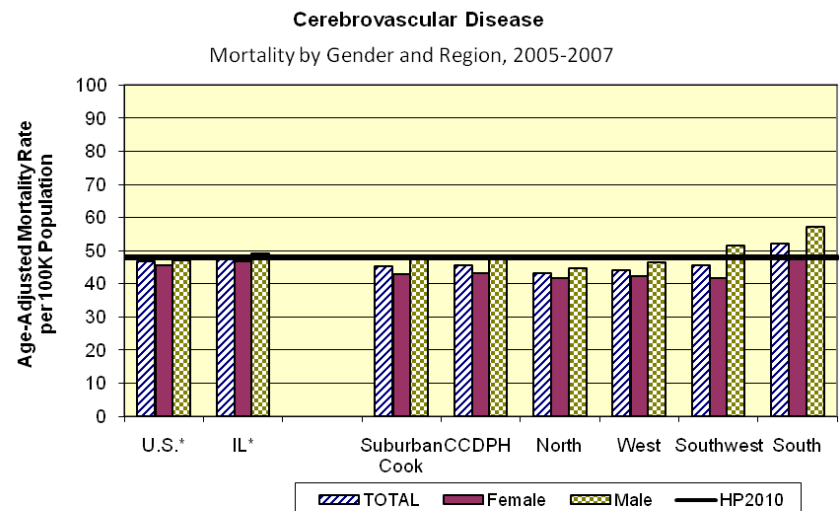
**Figure 4****Figure 5**

Table 1

**Cerebrovascular Disease**  
Mortality by Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	167,661	60.9	163,538	57.9	162,672	56.2	157,689	53.5	150,074	50.0	143,579	46.6	137,119	43.6	na	na
IL*	7,429	61.4	7,230	58.6	7,183	57.6	6,909	54.5	6,489	50.6	6,252	48.2	5,989	45.4	na	na
Suburban Cook	1,491	55.8	1,476	55.3	1,477	55.2	1,326	49.7	1,308	49.0	1,233	46.2	1,222	45.8	1,167	43.7
CCDPH	1,336	55.6	1,338	55.8	1,321	54.9	1,197	49.9	1,196	49.8	1,120	46.7	1,090	45.4	1,062	44.3
North	530	54.1	542	55.3	497	50.7	475	48.5	450	45.9	423	43.2	424	43.2	425	43.3
West	305	53.2	313	55.0	361	62.7	268	47.0	293	51.7	243	42.9	265	46.6	244	42.9
Swest	253	59.6	230	54.3	197	46.2	216	50.9	197	46.6	215	50.6	189	44.6	174	41.4
South	248	57.5	253	59.5	266	62.4	238	55.8	256	59.9	239	56.0	212	49.3	219	51.1

^ICD-10 code: I60-I69

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Cerebrovascular Disease**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	3,995	55.4	3,272	45.5
<b>Race</b>				
<i>NH AfrAm</i>	392	87.2	390	87.9
<i>NH Asian</i>	53	44.1	66	60.1
<i>Hispanic</i>	79	38.7	104	51.4
<i>NH White</i>	3,439	52.7	2,696	41.3
<b>Gender</b>				
<i>Female</i>	2,525	53.4	2,038	43.2
<i>Male</i>	1,470	57.7	1,234	48.4
<b>Age Groups</b>				
< 1yr	**	~	**	~
1-4 yrs	0	-	**	~
5-14 yrs	**	~	0	-
15-24 yrs	**	~	**	~
25-34 yrs	**	~	**	~
35-44 yrs	44	4.0	34	3.1
45-54 yrs	121	12.9	124	13.2
55-64 yrs	185	30.4	188	30.9
65-74 yrs	502	109.3	367	79.9
75-84 yrs	1,378	417.9	1,075	326.0
85+ yrs	1,739	1,560.6	1,462	1,312.0

^ICD-10 code: I60-I69

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007



Table 3

**Cerebrovascular Disease**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	430,772	46.6	18,730	48.0	3,622	45.2	3,272	45.5	1,272	43.2	752	44.2	578	45.5	670	52.1
<b>Race</b>																
NH AfrAm	52,240	66.7	2,666	65.0	441	87.1	390	87.9	**	-	76	79.0	28	73.6	272	92.7
NH Asian	10,545	38.8	269	31.2	82	62.9	66	60.1	57	68.9	**	-	**	-	**	-
Hispanic	20,616	36.0	513	29.0	114	52.9	104	51.4	24	52.5	54	54.8	**	-	**	-
NH White	345,025	45.0	15,172	46.2	2,968	41.0	2,696	41.3	1,172	41.7	617	40.4	532	44.3	375	39.2
<b>Gender</b>																
Female	260,862	45.7	11,590	46.7	2,247	42.8	2,038	43.2	820	41.8	467	42.4	357	41.6	394	48.7
Male	169,910	47.0	7,140	49.0	1,375	48.6	1,234	48.4	452	44.7	285	46.3	221	51.5	276	57.1

\*ICD-10 code: I60-I69

\*\*Unspecified estimate (N<20)

-Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> About Stroke. American Stroke Association. [http://www.strokeassociation.org/STROKEORG/AboutStroke/About-Stroke\\_UCM\\_308529\\_SubHomePage.jsp](http://www.strokeassociation.org/STROKEORG/AboutStroke/About-Stroke_UCM_308529_SubHomePage.jsp). Accessed March 2011.

<sup>ii</sup> About Stroke. Centers for Disease Control and Prevention. <http://www.cdc.gov/stroke/conditions.htm>. Accessed March 2011.

<sup>iii</sup> Heron MP, Hoyert DL, Murphy SL, Xu JQ, Kochanek KD, Tejada-Vera B. Deaths: Final data for 2006, National Vital Statistics Reports 2009;57(14):1-15.



## Diabetes (any cause of death)

### What is it?

Diabetes mellitus is a group of diseases in which the body either does not properly utilize or does not produce insulin resulting in high blood glucose levels.<sup>i</sup>

### What causes it?

Type 1 diabetes (also called juvenile diabetes) results from the body's failure to produce insulin. Type 1 diabetes accounts for 5%-10% of all diagnosed diabetes cases. Type 1 diabetes is an auto-immune disease. The causes of Type 1 diabetes are unknown.<sup>ii</sup>

Type 2 diabetes (also called adult onset diabetes) results from the body not utilizing insulin. It is associated with obesity, physical inactivity, family history, and race/ethnicity.<sup>iii</sup>

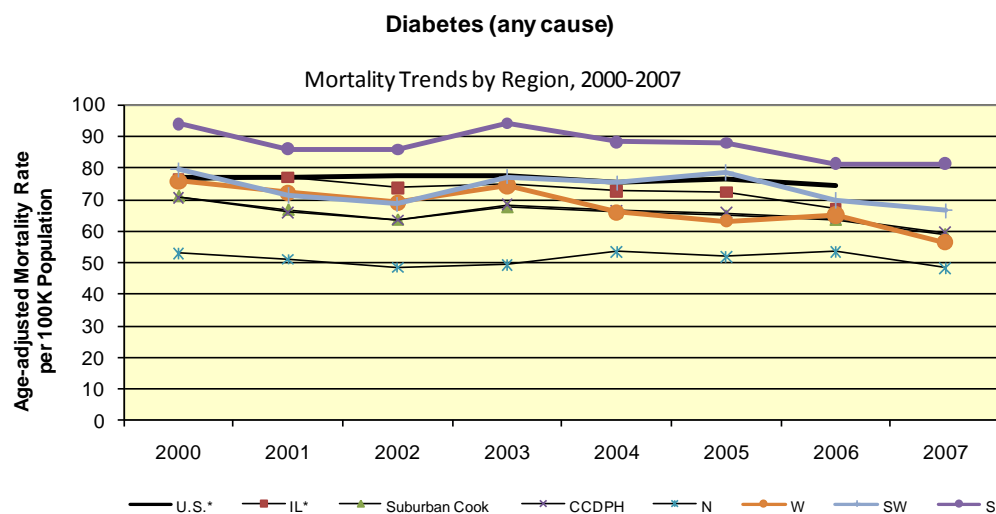
### Why is it important:

Over 1,600 people die each year in Suburban Cook County (SCC) due to diabetes-related conditions. Complications from diabetes include neuropathy, blindness, and cardiovascular disease.<sup>iv</sup>

### 2000-2007

From 2000 to 2007, diabetes mortality rates declined in the U.S., Illinois, SCC, Cook County Department of Public Health's jurisdiction (CCDPH) and districts. While the diabetes mortality rate for the U.S. only declined 3% between 2000 and 2007, the rate in SCC declined by 17% (from 71.0/100,000 in 2000 to 59.0/100,000 in 2007). The largest mortality rate decrease (25%) in SCC occurred in the West district from 75.8/100,000 in 2000 to 56.5/100,000 in 2007. The South district had the highest diabetes mortality rate from 2000-2007 ranging from 94.2/100,000 in 2003 to 81.4/100,000 in 2007.

Figure 1



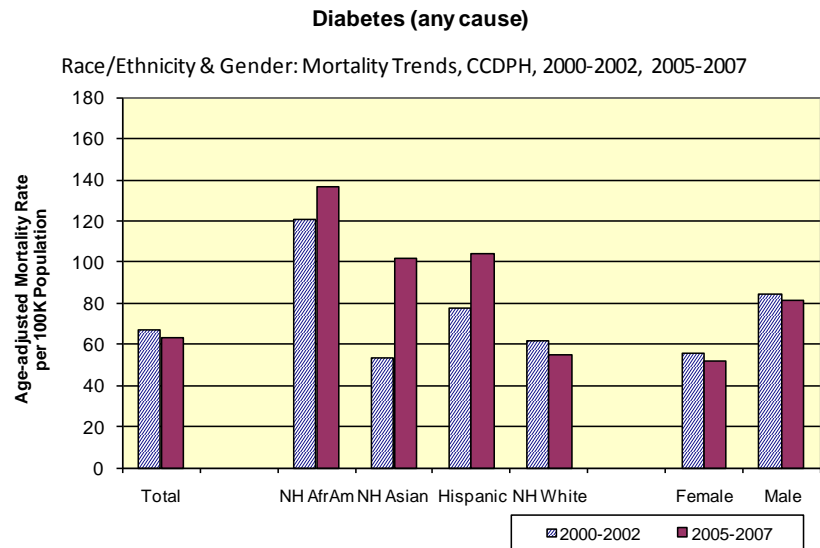
Source: IDPH Death Pull Source: IDPH Death Pull File 2000-2007,  
\*National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race and Gender**

Overall diabetes the in the CCDPH jurisdiction mortality rate remained stable (approximately 65.0/100,000) from 2000-2002 to 2005-2007. The largest increase in diabetes mortality rates occurred among Asians, almost doubling from 53.0/100,000 in 2000-2002 to 101.0/100,000 in 2005-2007.

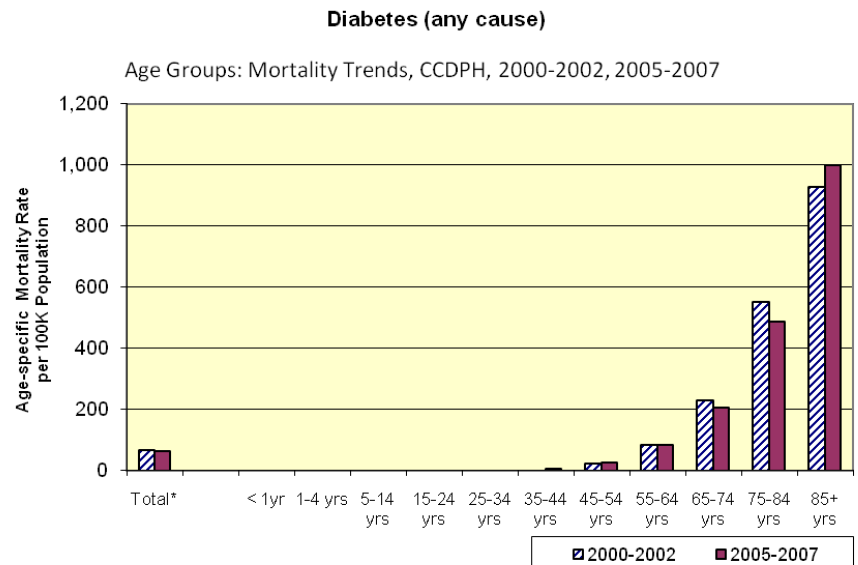
Diabetes mortality rates also increased for African Americans (AA) from 120.8 to 136.8/100,000 and Hispanics from 77.2 to 103.9/100,000.

The diabetes mortality rate remained stable for Whites, males, and females.

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

Over 80% of all deaths due to diabetes occurred after the age of 64 years.

After age 44, the diabetes mortality rate more than doubled for each subsequent age group. For example, the diabetes mortality rate for ages 45-54, 55-74 and 75-84 increased from 25.6 to 85.3 to 207.7 to 487.9/100,000 respectively for each age group.

**Figure 3**

**2005-2007****By Race/Ethnicity**

The diabetes mortality rate in SCC (62.5/100,000) was lower than Illinois (69.7/100,000) and the U.S. (75.5/100,000).

Diabetes mortality rates were highest for AAs compared to other racial/ethnic groups across all regions. In SCC, the AA diabetes mortality rate (135.9/100,000) was higher than the AA rate for Illinois (101.2/100,000).

The overall diabetes mortality rates among Asians in SCC, were much higher than the U.S. and Illinois rates, notably in the North district, 113.8/100,000 which was double the U.S. rate (56.3/100,000).

**2005-2007****By Gender**

Across all regions, diabetes mortality rates for males were higher than females. In SCC, the diabetes mortality rate for males was 81.0/100,000 compared to females at 50.8/100,000.

Diabetes mortality rates for males (108.3/100,000) and females (68.0/100,000) were the highest in the South district

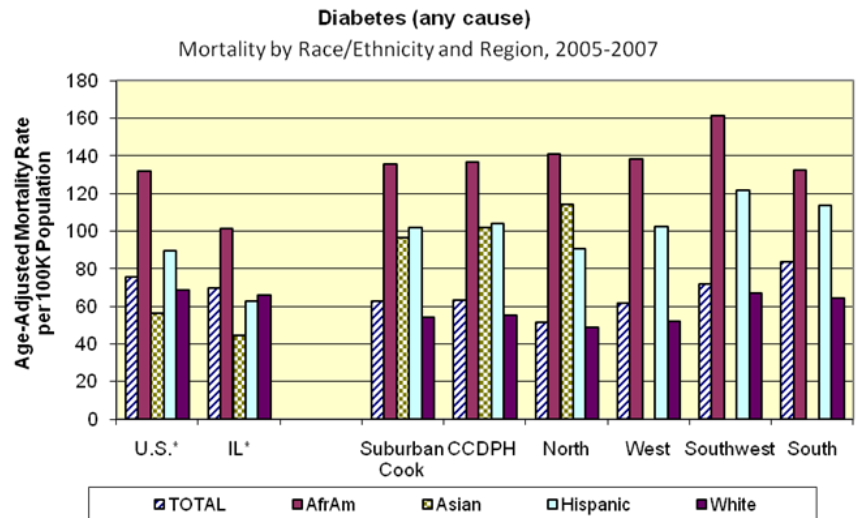
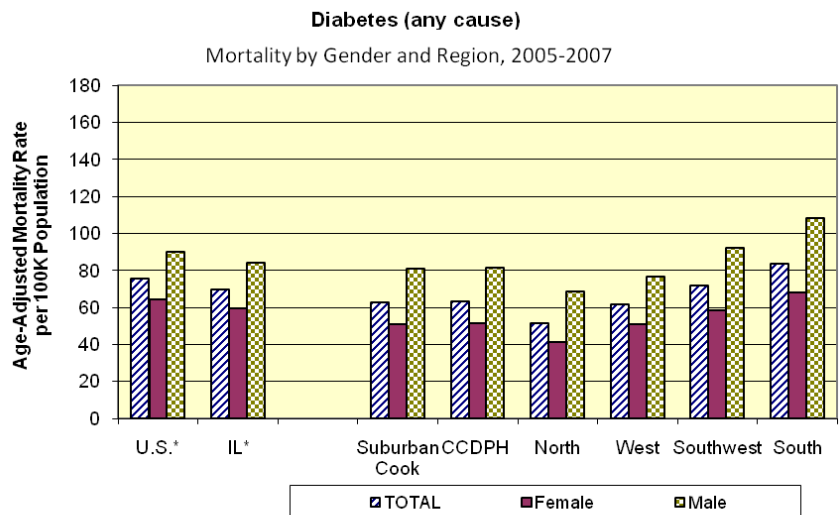
**Figure 4****Figure 5**

Table 1

**Diabetes (all causes)**  
Mortality by Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	213,062	77.0	218,125	77.3	224,089	77.8	227,573	77.7	225,450	75.6	233,615	76.7	231,037	74.4	na	na
IL*	9,136	76.2	9,383	77.1	9,088	73.8	9,329	74.8	9,209	72.8	9,208	72.4	8,619	67.0	na	na
Suburban Cook	1,874	71.0	1,763	66.7	1,681	63.6	1,784	67.5	1,742	65.9	1,712	64.9	1,679	63.5	1,560	59.0
CCDPH	1,687	70.7	1,576	66.0	1,517	63.5	1,632	68.4	1,587	66.5	1,570	65.8	1,533	64.2	1,422	59.5
North	516	53.0	497	51.2	472	48.5	481	49.4	522	53.6	507	52.0	522	53.6	471	48.3
West	418	75.8	396	72.2	380	69.0	413	74.5	361	65.9	348	63.3	357	65.1	313	56.5
Swest	334	79.5	303	71.3	288	68.6	325	77.3	317	75.4	328	78.6	293	69.7	280	66.5
South	419	94.0	380	86.1	377	85.8	413	94.2	387	88.3	387	88.0	361	81.4	358	81.4

^ICD-10 code: E10-E14 (any cause of death: underlying, 1st, 2nd, etc.)

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Diabetes (any cause)**

Mortality Trends, CCDPH By Race, Gender, & Age Groups  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	4,780	66.7	4,525	63.2
<b>Race</b>				
<i>NH AfrAm</i>	581	120.8	661	136.8
<i>NH Asian</i>	79	53.0	116	101.6
<i>Hispanic</i>	169	77.2	217	103.9
<i>NH White</i>	3,900	61.6	3,497	55.2
<b>Gender</b>				
<i>Female</i>	2,442	55.2	2,299	51.7
<i>Male</i>	2,338	84.3	2,226	81.4
<b>Age Groups</b>				
<i>&lt; 1yr</i>	0	~	0	-
<i>1-4 yrs</i>	0	~	0	-
<i>5-14 yrs</i>	0	~	**	-
<i>15-24 yrs</i>	**	-	**	-
<i>25-34 yrs</i>	26	2.8	**	-
<i>35-44 yrs</i>	75	6.9	71	6.5
<i>45-54 yrs</i>	239	25.5	240	25.6
<i>55-64 yrs</i>	520	85.5	519	85.3
<i>65-74 yrs</i>	1,062	231.2	954	207.7
<i>75-84 yrs</i>	1,820	551.9	1,609	487.9
<i>85+ yrs</i>	1,036	929.7	1,115	1,000.6

^ICD-10 code: E10-E14 (any cause of death: underlying, 1st, 2nd, etc.)

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Diabetes (any cause)**  
Mortality, U.S., IL, SCC, and Districts, By Race & Gender  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	464,652	75.5	17,827	69.7	4,951	62.5	4,525	63.2	1,500	51.3	1,018	61.6	901	71.6	1,106	83.6
<b>Race</b>																
NH AfrAm	71,341	132.1	2,886	101.2	745	135.9	661	136.8	23	140.9	141	138.2	66	161.5	431	132.5
NH Asian	10,823	56.3	270	44.5	135	96.4	116	101.6	95	113.8	**	~	**	~	**	~
Hispanic	36,227	89.4	795	63.0	230	102.1	217	103.9	42	90.7	106	102.4	33	121.8	36	113.5
NH White	341,581	68.5	13,750	65.8	3,803	54.4	3,497	55.2	1,334	48.6	757	52.3	790	66.8	616	64.4
<b>Gender</b>																
Female	233,177	64.5	9,155	59.5	2,498	50.8	2,299	51.7	757	41.4	528	51.1	470	58.5	544	68.0
Male	231,475	90.2	8,672	84.2	2,453	81.0	2,226	81.4	743	68.5	490	76.4	431	92.3	562	108.3

^ICD-10 code: E10-E14 (any cause of death: underlying, 1st, 2nd, etc.)

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006



---

<sup>i</sup> 2011 National Diabetes Fact Sheet. Centers for Disease Control and Prevention. <http://www.cdc.gov/diabetes/pubs/general11.htm#what>. Accessed March 2011.

<sup>ii</sup> Diabetes Basics: Type 1. American Diabetes Association. <http://www.diabetes.org/diabetes-basics/type-1/>. Accessed March 2011.

<sup>iii</sup> Diabetes Basics: Type 2. American Diabetes Association. <http://www.diabetes.org/diabetes-basics/type-2/>. Accessed March 2011.

<sup>iv</sup> Living with Diabetes: Complications. American Diabetes Association. [http://www.diabetes.org/living-with-diabetes/complications/?utm\\_source=WWW&utm\\_medium=DropDownLWD&utm\\_content=Complications&utm\\_campaign=CON](http://www.diabetes.org/living-with-diabetes/complications/?utm_source=WWW&utm_medium=DropDownLWD&utm_content=Complications&utm_campaign=CON). Accessed March 2011.

## Cancer

### What is it?

Cancer is a term used for diseases in which abnormal cells grow and divide without control, spread to other tissues, and do not function normally. There are over 100 different types of cancer which occur in various parts of the body. Lung, prostate, and colon cancer are the leading causes of cancer death for men; lung, breast, and colon cancer are the leading causes of cancer death for women.<sup>i</sup>

### What causes it?

Cancer is usually attributed to several factors including environmental exposure (e.g. tobacco, sun, radiation, asbestos, etc.), risk factors (poor diet, physical inactivity, being overweight/obese, older age, genetics, and some viruses and bacterium). Some causes of cancer are unknown.<sup>ii</sup>

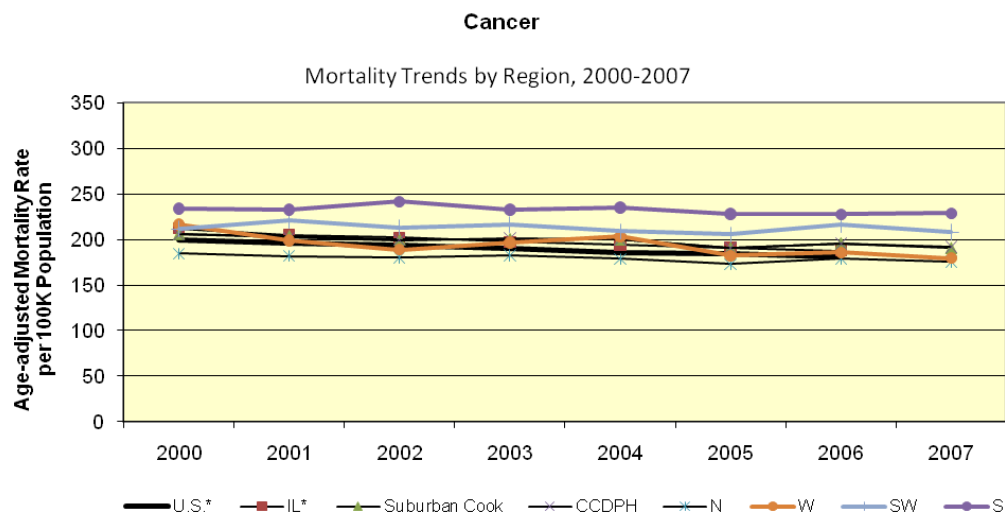
### Why is it important:

Cancer is the 2<sup>nd</sup> leading cause of death in the U.S. and Suburban Cook County (SCC). More than 5,000 SCC residents died of cancer in 2007.

### 2000-2007

Age adjusted cancer mortality rates at the U.S., SCC, Cook County Department of Public Health's jurisdiction (CCDPH) and district levels declined from 2000 to 2007. In SCC, the cancer mortality rate declined 7% from 205.9/100,000 in 2000 to 190.7/100,000 in 2007. While cancer mortality rates in the South and Southwest districts declined, both districts had higher average cancer mortality rates than the other districts (232.5/100,000 and 212.6/100,000 respectively).

Figure 1



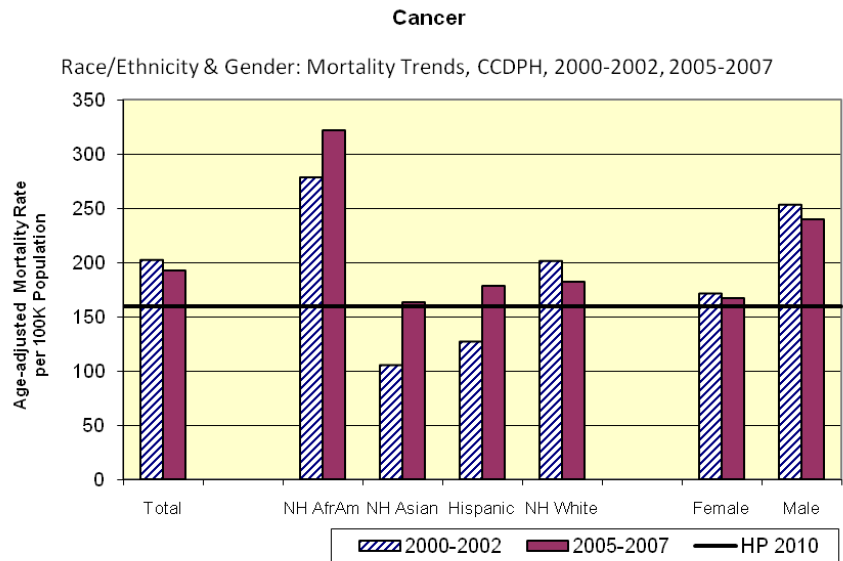
Source: IDPH Death Pull File 2000-2007,  
\*National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race/Ethnicity and Gender**

The overall cancer mortality rate for CCDPH decreased slightly from 202.2/100,000 in 2000-2002 to 192.7/100,000 in 2005-2007.

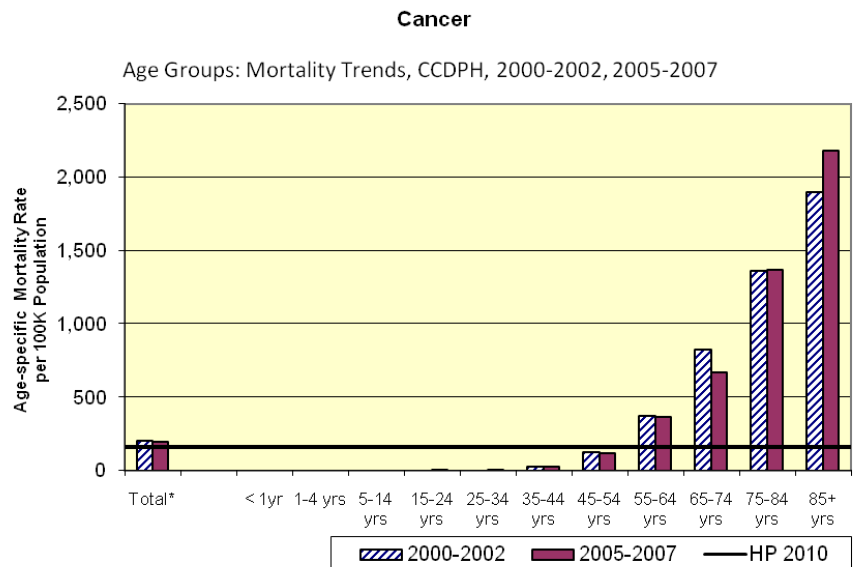
Except for Whites, cancer mortality rates increased for all races/ethnicities between 2000-2002 and 2005-2007. The cancer mortality rate for African Americans (AA) increased from 277.9 to 322.1/100,000 and Hispanics increased from 126.5 to 178.1/100,000.

Cancer mortality rates have slightly decreased for both females (171.1 to 167.0/100,000) and males (253.4 to 240.0/100,000) between 2000-2002 and 2005-2007.

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

Cancer mortality rates decreased for all age groups below the age of 75. Among those 65-74 years of age, the cancer mortality rate decreased nearly 20% from 824.7/100,000 in 2000-2002 to 665.8/100,000 in 2005-2007.

The cancer mortality rate increased for those 85 years and older from 1,898.9/100,000 (2000-2002) to 2,183.3/100,000 (2005-2007).

**Figure 3**

**2005-2007****By Race/Ethnicity**

The overall cancer mortality rate for SCC (192.5/100,000) was above the Healthy People (HP) 2010 goal of 159.9/100,000.

The cancer mortality rates for AAs (323.3/100,000), Hispanics (189.3/100,000), and Whites (182.0/100,000) in SCC were above the HP2010 goal. Additionally, in SCC, the mortality rate for AAs (323.3/100,000) was 77% higher than the rate for Whites (182.0/100,000).

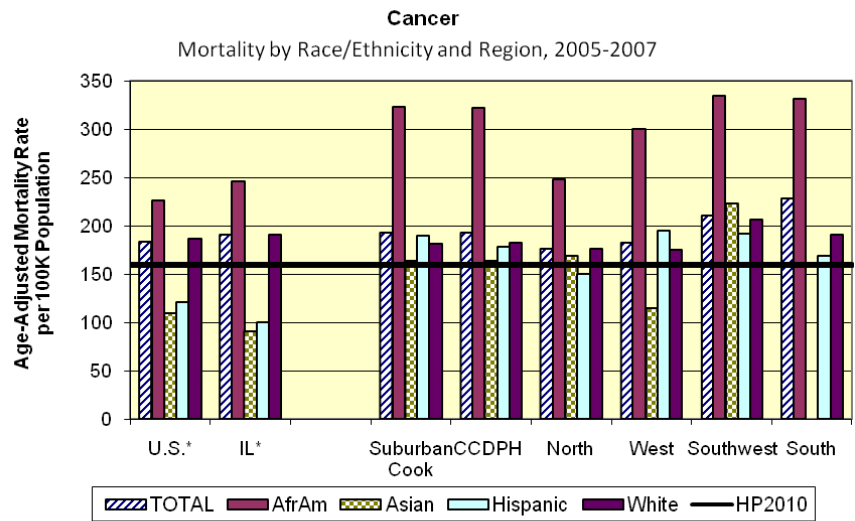
The South district had the highest overall cancer mortality rate (228.0/100,000) compared to other districts and regions.

**2005-2007****By Gender**

In general, males had higher cancer mortality rates than females. In SCC, the cancer mortality rate for males (238.4/100,000) was 40% higher than for females (167.6/100,000).

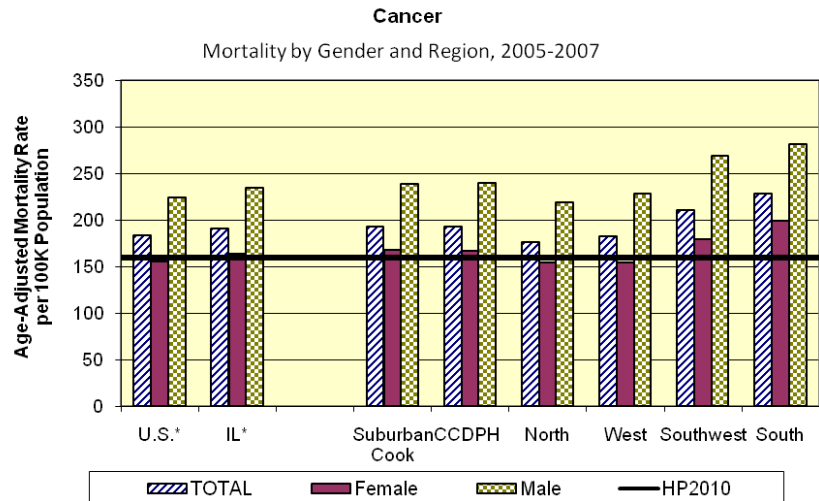
The cancer mortality rate for males in all regions was above the HP2010 goal. Females were below the HP2010 goal in the North and West districts (153.9/100,000 and 154.5/100,000 respectively).

The highest cancer mortality rates for both males (281.5/100,000) and females (199.3/100,000) were in the South district.

**Figure 4**

Source: IDPH Death Pull File 2005-2007.

\* National Center for Health Statistics, Compressed Mortality

**Figure 5**

Source: IDPH Death Pull File 2005-2007.

\* National Center for Health Statistics, Compressed Mortality

Table 1

**Cancer**  
Mortality by Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	553,091	199.6	553,768	196.0	557,271	193.5	556,902	190.1	553,888	185.8	559,312	183.8	559,888	180.7	na	na
IL*	25,365	212.1	7,230	204.8	24,737	202.1	24,464	197.3	24,289	193.9	24,250	191.2	24,084	187.5	na	na
Suburban Cook	5,388	205.9	5,337	203.8	5,240	199.9	5,258	200.4	5,240	199.9	5,017	190.9	5,139	195.7	5,008	190.7
CCDPH	4,865	205.3	4,788	202.0	4,724	199.2	4,774	201.1	4,739	199.8	4,537	190.9	4,639	195.3	4,554	191.7
North	1,791	184.4	1,769	181.8	1,755	180.4	1,776	182.6	1,739	178.6	1,684	173.0	1,741	179.0	1,710	175.8
West	1,151	216.2	1,068	198.8	1,016	188.7	1,065	196.4	1,093	203.2	988	182.2	994	185.6	964	179.4
Swest	874	211.3	912	221.2	876	213.4	895	216.2	858	208.8	848	205.5	893	216.6	857	207.9
South	1,049	233.9	1,039	232.6	1,077	241.5	1,038	232.8	1,049	235.0	1,017	227.7	1,011	227.7	1,023	228.7

\*ICD-10 code: C00-C97

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Cancer**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2000-2002, 2005-2007

	CCDPH 2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	14,377	202.2	13,730	192.7
<b>Race</b>				
<i>NH AfrAm</i>	1,456	277.9	1,679	322.1
<i>NH Asian</i>	213	105.1	270	163.5
<i>Hispanic</i>	338	126.5	430	178.1
<i>NH White</i>	12,277	200.6	11,283	182.7
<b>Gender</b>				
<i>Female</i>	7,163	171.1	7,053	167.0
<i>Male</i>	7,213	253.4	6,676	240.0
<b>Age Groups</b>				
< 1yr	0	-	**	~
1-4 yrs	**	~	**	~
5-14 yrs	22	2.2	**	~
15-24 yrs	44	5.2	39	4.6
25-34 yrs	88	9.6	71	7.7
35-44 yrs	352	32.3	283	26.0
45-54 yrs	1,172	125.2	1,118	119.4
55-64 yrs	2,286	375.9	2,201	361.9
65-74 yrs	3,788	824.7	3,058	665.8
75-84 yrs	4,500	1,364.7	4,503	1,365.6
85+ yrs	2,116	1,898.9	2,433	2,183.3

^ICD-10 code: C00-C97

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Cancer**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SOC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	1,673,088	183.4	72,623	190.8	15,164	192.5	13,730	192.7	5,135	175.9	2,946	182.4	2,598	210.0	3,051	228.0
<b>Race</b>																
NH A/rAm	186,827	226.5	10,783	245.9	1,903	323.3	1,679	322.1	49	247.8	336	300.1	143	334.6	1,151	331.2
NH Asian	33,640	109.2	979	90.9	316	163.3	270	163.5	212	169.1	23	114.7	21	222.7	**	-
Hispanic	77,311	120.8	2,126	100.2	487	189.3	430	178.1	91	150.0	215	195.0	63	191.5	61	168.9
NH White	1,365,645	186.7	58,329	191.2	12,384	182.0	11,283	182.7	4,755	176.1	2,360	174.8	2,364	206.1	1,804	190.9
<b>Gender</b>																
Female	805,767	155.5	35,856	163.4	7,828	167.6	7,053	167.0	2,674	153.9	1,480	154.5	1,321	179.3	1,578	199.3
Male	867,321	224.2	36,767	234.0	7,335	238.4	6,676	240.0	2,460	218.4	1,466	228.4	1,277	269.0	1,473	281.5

\*ICD-10 code: C00-C97

\*\*Unspecified estimate (N&lt;20)

-Rate not calculated (N&lt;20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> What is cancer. National Cancer Institute. <http://www.cancer.gov/cancertopics/cancerlibrary/what-is-cancer>. Accessed March 2011.

<sup>ii</sup> What causes cancer. American Cancer Society. <http://www.cancer.org/Cancer/CancerCauses/index>. Accessed March 2011.



## Lung Cancer

### What is it?

Lung cancer results from uncontrolled cell growth in tissues of the lung. In many cases lung cancer metastasizes, spreading to other tissues in the body.<sup>i</sup>

### What causes it?

Cigarette smoking and/or exposure to tobacco smoke is the most common cause of lung cancer. Other causes include exposure to carcinogens such as asbestos and radon.<sup>ii</sup>

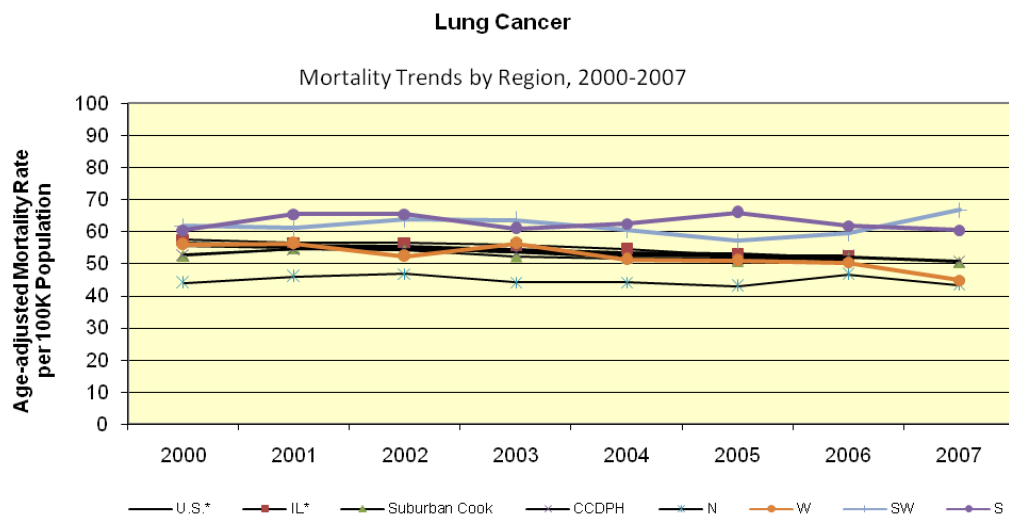
### Why is it important:

Lung cancer is the leading cause of cancer death among men and women in the U.S., Illinois, and Suburban Cook County (SCC). Lung cancer is responsible for more than 1,300 deaths in SCC each year. Most lung cancer deaths can be prevented by not beginning to smoke or quitting smoking, and eliminating exposure to tobacco smoke.

### 2000-2007

Between 2000 and 2007, age-adjusted lung cancer mortality rates remained stable for the U.S., Illinois, SCC, Cook County Department of Public Health's jurisdiction (CCDPH) and districts. In 2000 the lung cancer mortality rate for SCC was 52.5/100,000 compared to 50.5/100,000 in 2007. The average lung cancer mortality rates for the South district (62.8/100,000) and Southwest district (61.7/100,000) were higher than rates for the U.S., Illinois, and SCC from 2000 to 2007.

Figure 1



Source: IDPH Death Pull File 2000-2007,

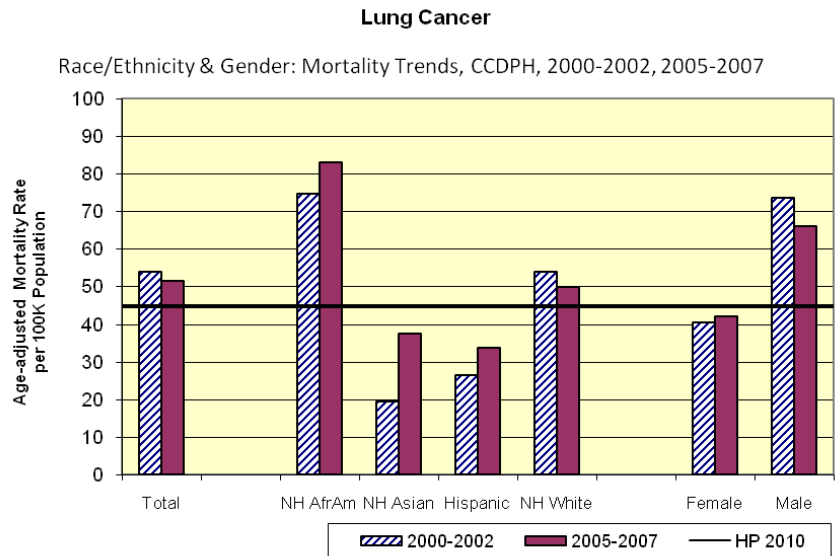
\*National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race and Gender**

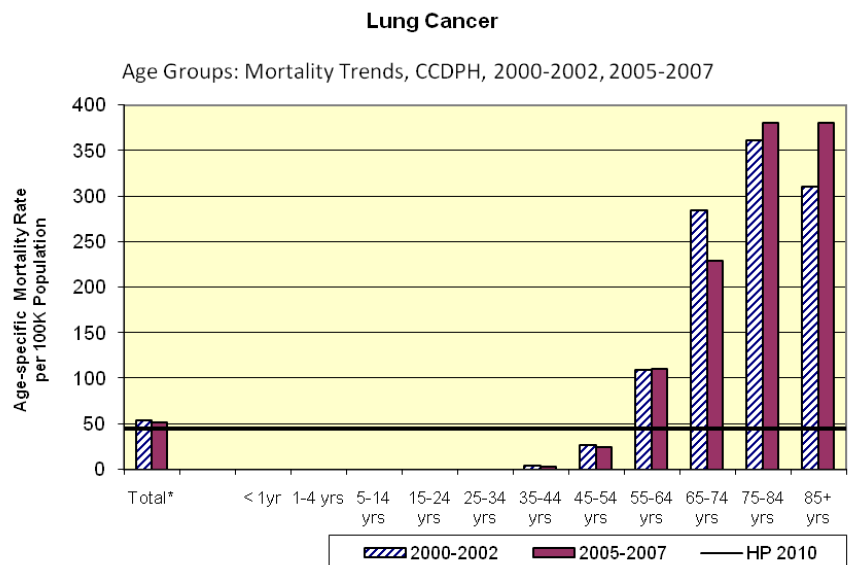
The overall lung cancer mortality rate in the CCDPH jurisdiction decreased slightly from 53.9/100,000 in 2000-2002 to 51.5/100,000 in 2005-2007.

Lung cancer mortality rates increased for all racial/ethnic groups except for Whites. The rate for African Americans (AA) increased, 74.7 to 82.9/100,000. The lung cancer mortality rate among Asians increased from 19.5 to 37.6/100,000 and Hispanics from 26.4 to 33.8/100,000.

The rate for females remained essentially unchanged (approximately 41.0/100,000), with a slight decrease from 73.6 to 66.2/100,000 for males.

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

The majority of deaths due to lung cancer occurred among those ages 65 years and older. From 2005-2007 there were 3,669 deaths were due to lung cancer; of these deaths, 75% (2,732 deaths) occurred among those 65 years and older.

**Figure 3**

**2005-2007****By Race/Ethnicity**

The overall lung cancer mortality rate for SCC (51.1/100,000) was similar to the rate for the U.S. (52.4/100,000) and Illinois (53.3/100,000).

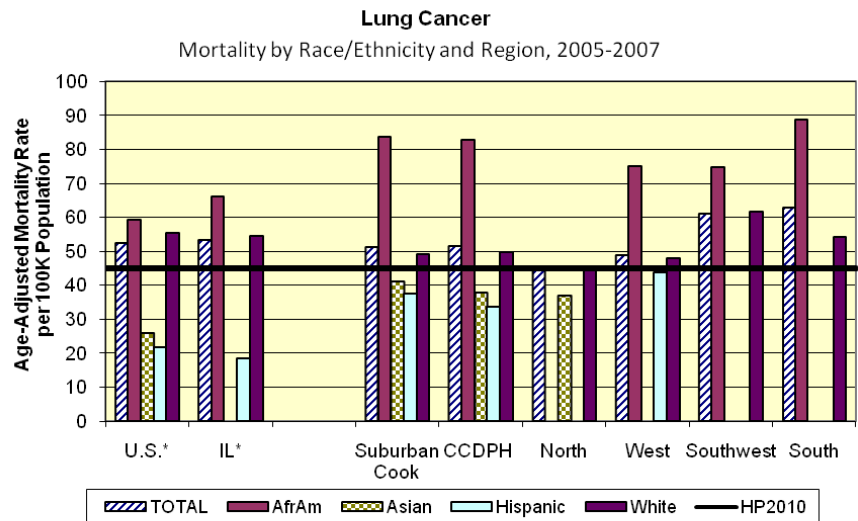
AAs in SCC had the highest rate of lung cancer mortality (83.7/100,000) compared to AA rates in Illinois (66.2/100,000) and the U.S. (59.4/100,000). The lung cancer mortality rate for AAs was 86% higher than the Healthy People (HP)2010 goal of 44.9/100,000.

Asians and Hispanics in SCC were below the HP2010 goal. Whites were above the HP2010 goal in each district; the highest rate, 61.7/100,000, occurred in the Southwest district.

**2005-2007****By Gender**

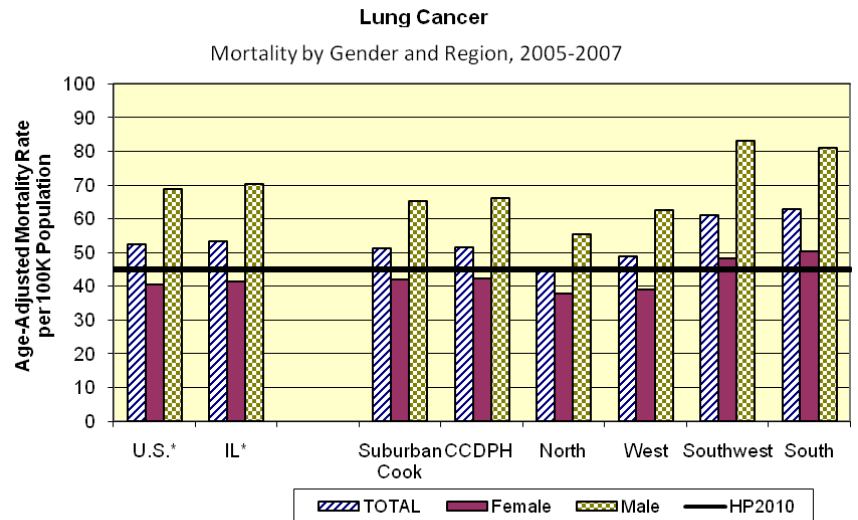
In SCC, the lung cancer mortality rate for males (65.3/100,000) was 50% higher than for females (41.9/100,000). Although lung cancer mortality rates were higher in males than females, lung cancer is still the leading cause of cancer death for both females and males.

The lung cancer mortality rate for males was highest in the Southwest district (83.1/100,000) and for females in the South district (50.5/100,000). These rates were higher than respective rates at the national and state levels.

**Figure 4**

Source: IDPH Death Pull File 2005-2007.

\*National Center for Health Statistics, Compressed Mortality

**Figure 5**

Source: IDPH Death Pull File 2005-2007.

\*National Center for Health Statistics, Compressed Mortality

Table 1

**Lung Cancer**  
Mortality by Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	155,431	56.1	155,973	55.3	157,630	54.9	157,992	54.1	158,009	53.2	159,220	52.6	158,600	51.5	na	na
IL*	6,828	57.4	6,793	56.5	6,847	56.4	6,854	55.8	6,489	54.7	6,613	52.6	6,671	52.5	na	na
Suburban Cook	1,369	52.5	1,429	54.7	1,416	54.1	1,370	52.3	1,352	51.7	1,333	50.9	1,358	51.9	1,323	50.5
CCDPH	1,249	52.8	1,291	54.5	1,289	54.4	1,268	53.4	1,229	51.8	1,221	51.4	1,241	52.3	1,207	50.8
North	427	44.0	446	45.9	456	46.9	429	44.1	429	44.1	417	42.9	453	46.6	420	43.2
West	293	55.9	298	56.3	278	52.3	301	56.3	272	51.3	271	51.0	266	50.4	240	44.8
Southwest	255	61.7	253	61.1	261	63.7	265	63.6	248	60.4	237	57.1	246	59.5	275	66.8
South	274	60.4	294	65.4	294	65.4	273	60.9	280	62.4	296	65.9	276	61.7	272	60.4

NCD-10 code: C34

\*\*Unspecified estimate (N&lt;20)

-Rate not calculated (N&lt;20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Lung Cancer**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	3,829	53.9	3,669	51.5
<b>Race</b>				
<i>NH AfrAm</i>	391	74.7	439	82.9
<i>NH Asian</i>	42	19.5	58	37.6
<i>Hispanic</i>	63	26.4	70	33.8
<i>NH White</i>	3,309	54.1	3,077	49.8
<b>Gender</b>				
<i>Female</i>	1,679	40.6	1,766	42.2
<i>Male</i>	2,149	73.6	1,903	66.2
<b>Age Groups</b>				
< 1yr	0	~	0	~
1-4 yrs	0	~	0	~
5-14 yrs	0	~	0	~
15-24 yrs	**	~	0	~
25-34 yrs	**	~	**	~
35-44 yrs	51	4.7	34	3.1
45-54 yrs	259	27.7	228	24.4
55-64 yrs	667	109.7	674	110.8
65-74 yrs	1,307	284.6	1,053	229.3
75-84 yrs	1,193	361.8	1,255	380.6
85+ yrs	346	310.5	424	380.5

^ICD-10 code: C34

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Lung Cancer**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	475,829	52.4	20,088	53.3	4,014	51.1	3,669	51.5	1,290	44.3	777	48.7	758	61.1	844	62.7
<b>Race</b>																
NH AfrAm	49,093	59.4	2,937	66.2	499	83.7	439	82.9	**	~	87	75.1	31	74.7	313	88.6
NH Asian	7,712	25.7	242	22.6	73	41.1	58	37.6	44	36.8	**	~	**	~	**	~
Hispanic	13,051	21.8	344	18.4	82	37.5	70	33.8	**	~	43	43.8	**	~	**	~
NH White	403,273	55.4	16,447	54.6	3,333	49.1	3,077	49.8	1,217	45.0	639	47.9	709	61.7	512	54.1
<b>Gender</b>																
Female	206,867	40.5	8,878	41.3	1,940	41.9	1,766	42.2	647	37.7	368	38.9	353	48.2	398	50.5
Male	268,962	68.6	11,210	70.3	2,074	65.3	1,903	66.2	643	55.4	409	62.5	405	83.1	446	81.0

\*ICD-10 code: C34

\*\*Unspecified estimate (N&lt;20)

~Rate not calculated (N&lt;20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> What you need to know about: Lung cancer. National Cancer Institute.  
<http://www.cancer.gov/cancertopics/wyntk/lung/page3>. Accessed March 2011.

<sup>ii</sup> Lung cancer prevention. National Cancer Institute.  
<http://www.cancer.gov/cancertopics/pdq/prevention/lung/Patient/page3#Keypoint5>. Accessed March 2011.



## Colorectal Cancer

### What is it?

Colorectal cancer, also called colon cancer or large bowel cancer includes cancerous growths in the colon or rectum.

### What causes it?

Risk factors include age (over 50), family history of colorectal cancer, chronic inflammatory bowel diseases, benign polyps, physical inactivity, and a diet high in fat.<sup>i</sup> Many of the symptoms of colorectal cancer are associated with abnormal digestion and elimination.

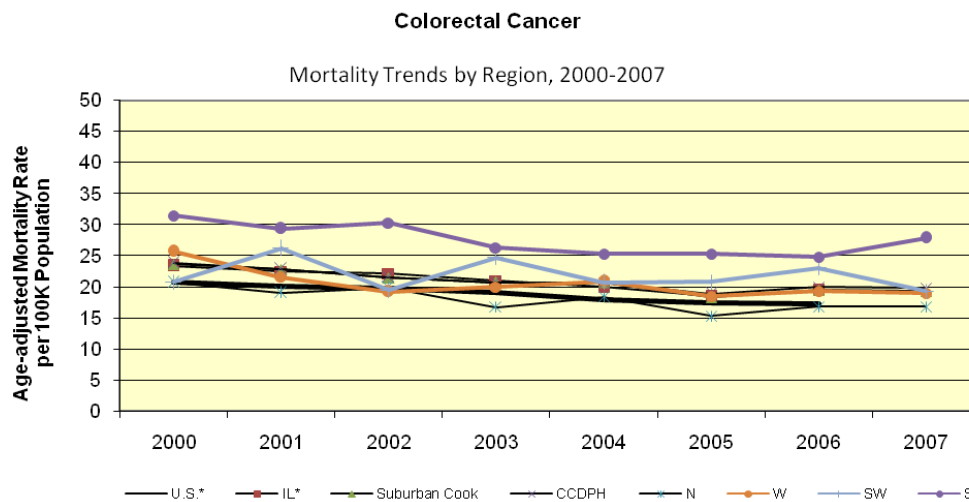
### Why is it important:

Colorectal cancer is the 2<sup>nd</sup> leading cause of cancer death in the U.S.<sup>ii</sup>, Illinois, and Suburban Cook County (SCC). Over 500 people died of colorectal cancer in SCC in 2007.

### 2000-2007

Colorectal cancer mortality rates declined slightly from 2000-2007 for the U.S., Illinois, SCC, Cook County Department of Public Health's jurisdiction (CCDPH) and all 4 districts (North, West, Southwest, South) of SCC. The average colorectal cancer mortality rate for SCC (20.7/100,000) during the period 2000-2007, was lower than the average rate for Illinois (24.5/100,000) and the U.S. (22.0/100,000). The colorectal cancer mortality rate for the South district (with an average rate of 27.6/100,000), was higher than that of the U.S., Illinois, and SCC.

Figure 1



Source: IDPH Death Pull File 2000-2007,

\* National Center for Health Statistics, Compressed Mortality File 2000-2006

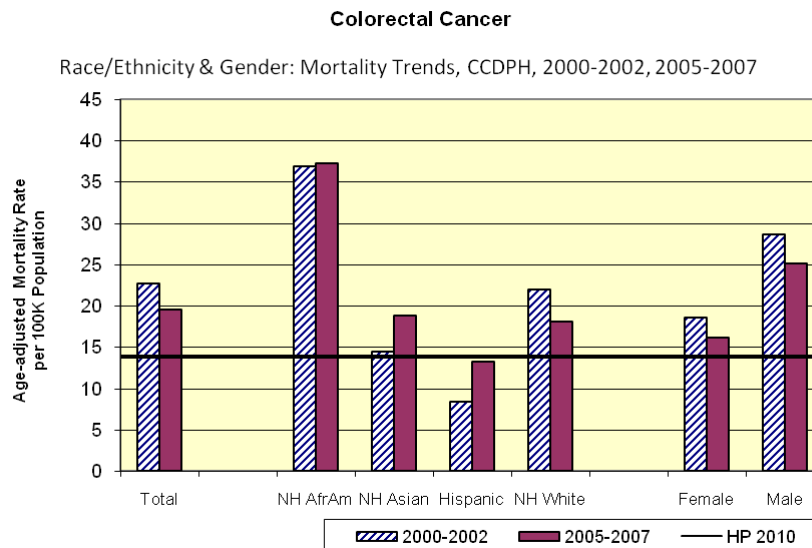


**2000-2002 VS. 2005-2007****By Race/Ethnicity and Gender**

From 2000-2002 to 2005-2007, the colorectal cancer mortality rate (approximately 37.0/100,000) for African Americans (AA) remained unchanged. However, AAs had the highest rate of colorectal cancer mortality compared to other racial/ethnic groups.

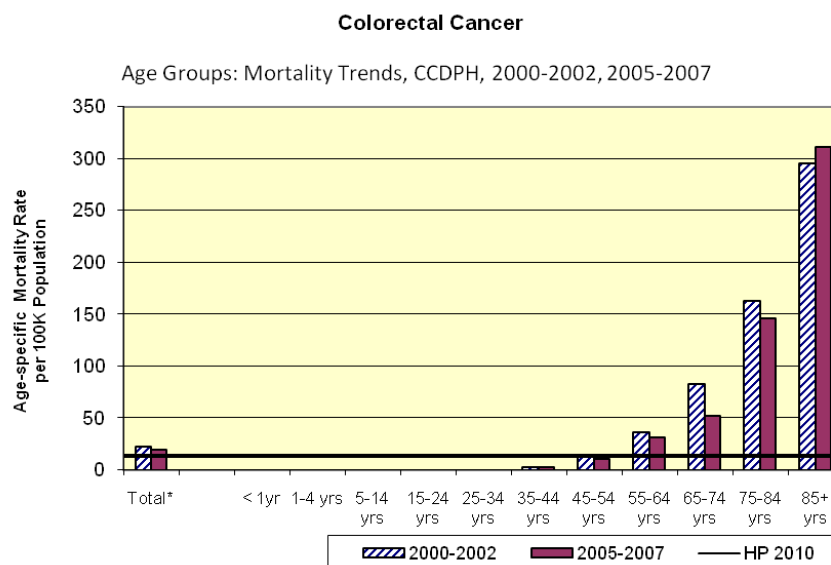
Colorectal cancer rates increased for Asians (14.5 to 18.9/100,000) and Hispanics (8.4 to 13.2/100,000), while the rate for Whites decreased (22.0 to 18.1/100,000).

From 2000-2002 to 2005-2007, colorectal cancer mortality rates decreased for both males (from 28.6 to 25.1/100,000) and females (18.6 to 16.1/100,000).

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

The majority of colorectal cancer deaths (76%) occurred after the age of 65 years.

From ages 55 to 84, colorectal cancer mortality rates declined. The 65-74 age group had the largest decline (37%) from 82.7/100,000 in 2000-2002 to 52.0/100,000 in 2005-2007.

**Figure 3**

**2005-2007****By Race/Ethnicity**

Colorectal cancer mortality rates for AAs were disproportionate compared to rates for other racial/ethnic groups in the U.S., Illinois, SCC and districts. Furthermore, the AA colorectal cancer mortality rate in SCC (36.9/100,000) was almost 50% higher than the rate for AAs in the U.S. (25.0/100,000) and was more than double the Healthy People (HP) 2010 goal of 13.9/100,000.

In SCC, colorectal cancer rates for Asians (20.1/100,000) and Whites (17.4/100,000) were above the HP 2010 goal. Hispanics were the only racial/ethnic group to have met the HP2010 goal.

**2005-2007****By Gender**

In 2005-2007, colorectal cancer mortality rates for males in the U.S., Illinois, SCC, and districts were not only higher than rates for females, but also were above the HP2010 goal.

In SCC, the colorectal cancer mortality rate for males (24.4/100,000) was 50% higher than for females (15.7/100,000).

Colorectal cancer mortality rates for both males (32.7/100,000) and females (21.9/100,000) were highest in the South district.

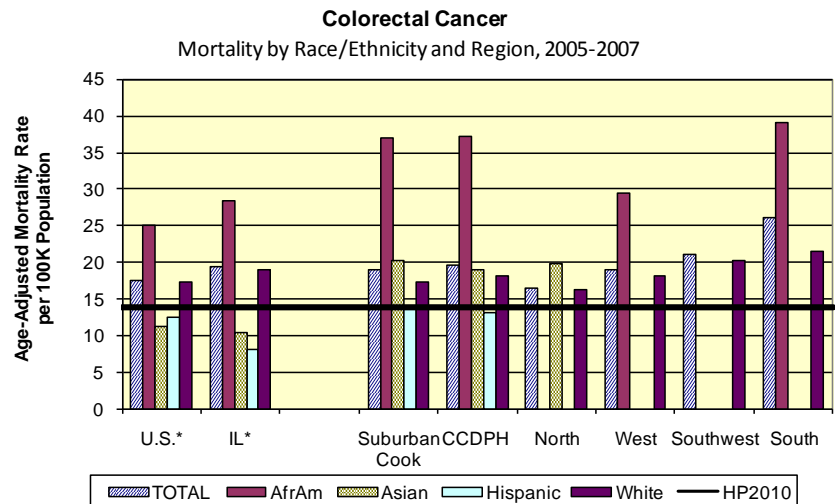
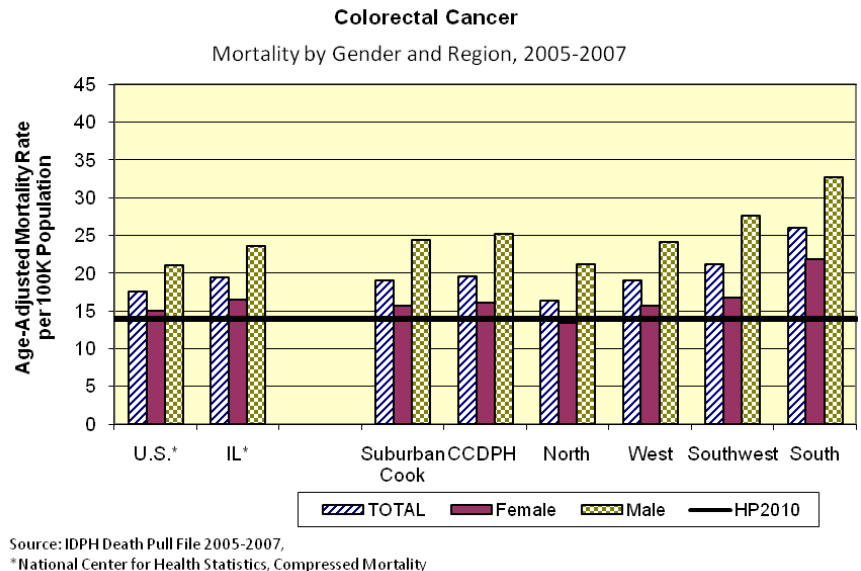
**Figure 4****Figure 5**

Table 1

**Colorectal Cancer**  
Mortality by Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	57,477	20.8	56,887	20.1	56,741	19.7	55,958	19.1	53,772	18.0	53,252	17.4	53,549	17.2	na	na
IL*	2,799	23.4	2,737	22.5	2,711	22.1	2,623	21.0	2,520	20.0	2,376	18.6	2,516	19.4	na	na
Suburban Cook	621	23.6	600	22.8	565	21.4	546	20.7	546	20.7	483	18.3	514	19.4	509	19.3
CCDPH	568	23.9	544	22.9	513	21.5	492	20.7	492	20.7	451	18.9	477	20.0	472	19.8
North	202	20.7	185	19.0	194	19.9	164	16.8	180	18.4	150	15.3	165	16.9	164	16.8
West	138	25.7	119	21.6	105	19.3	108	20.0	115	20.9	103	18.5	107	19.3	104	19.0
Swest	88	20.8	110	26.2	81	19.5	104	24.7	86	20.7	86	20.8	96	23.1	81	19.3
South	140	31.5	130	29.3	133	30.3	116	26.3	111	25.3	112	25.3	109	24.8	123	27.8

^ICD-10 code: C18-C21

\*\*Unspecified estimate (N<20)

-Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Colorectal Cancer**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	1,625	22.8	1,400	19.6
<b>Race</b>				
<i>NH AfrAm</i>	191	36.8	191	37.3
<i>NH Asian</i>	29	14.5	31	18.9
<i>Hispanic</i>	22	8.4	30	13.2
<i>NH White</i>	1,374	22.0	1,141	18.1
<b>Gender</b>				
<i>Female</i>	814	18.6	712	16.1
<i>Male</i>	811	28.6	688	25.1
<b>Age Groups</b>				
< 1yr	0	~	0	~
1-4 yrs	0	~	0	~
5-14 yrs	0	~	0	~
15-24 yrs	**	~	**	~
25-34 yrs	**	~	**	~
35-44 yrs	29	2.7	28	2.6
45-54 yrs	124	13.2	103	11.0
55-64 yrs	221	36.3	194	31.9
65-74 yrs	380	82.7	239	52.0
75-84 yrs	537	162.9	481	145.9
85+ yrs	329	295.2	347	311.4

^ICD-10 code: C18-C21

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Colorectal Cancer**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	160,573	17.5	7,412	19.4	1,506	19.0	1,400	19.6	479	16.3	314	19.0	263	21.1	344	26.0
<b>Race</b>																
<i>NH African</i>	20,205	25.0	1,219	28.4	214	36.9	191	37.3	**	--	33	29.5	**	--	134	39.2
<i>NH Asian</i>	3,343	11.1	107	10.3	38	20.1	31	18.9	25	19.7	**	--	**	--	**	--
<i>Hispanic</i>	7,737	12.5	159	8.1	36	14.0	30	13.2	**	--	**	--	**	--	**	26.0
<i>NH White</i>	128,375	17.4	5,886	18.9	1,210	17.4	1,141	18.1	442	16.2	260	18.1	235	20.2	204	21.4
<b>Gender</b>																
<i>Female</i>	79,879	15.0	3,759	16.5	766	15.7	712	16.1	243	13.4	163	15.7	131	16.8	175	21.9
<i>Male</i>	80,694	21.0	3,653	23.5	740	24.4	688	25.1	236	21.2	151	24.2	132	27.6	169	32.7

\*CD-10 code: C18-C21

\*\*Unspecified estimate (N<20)

--Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> Colorectal cancer risk factors. Centers for Disease Control and Prevention.  
[http://www.cdc.gov/cancer/colorectal/basic\\_info/risk\\_factors.htm](http://www.cdc.gov/cancer/colorectal/basic_info/risk_factors.htm). Accessed March 2011.

<sup>ii</sup> Colorectal (Colon Cancer). Centers for Disease Control and Prevention. Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion.  
<http://www.cdc.gov/cancer/colorectal>. Accessed March 2011.



## Breast Cancer (female only)

### What is it?

Breast cancer is a malignant tumor that starts from cells of the breast. It is found mostly in females, but men can get breast cancer, too (note that this brief is limited to breast cancer among females).

### What causes it?

Risk factors for breast cancer can include genetics, menstrual/reproductive history, being overweight or obese, physical inactivity and high mammographic density.<sup>i</sup>

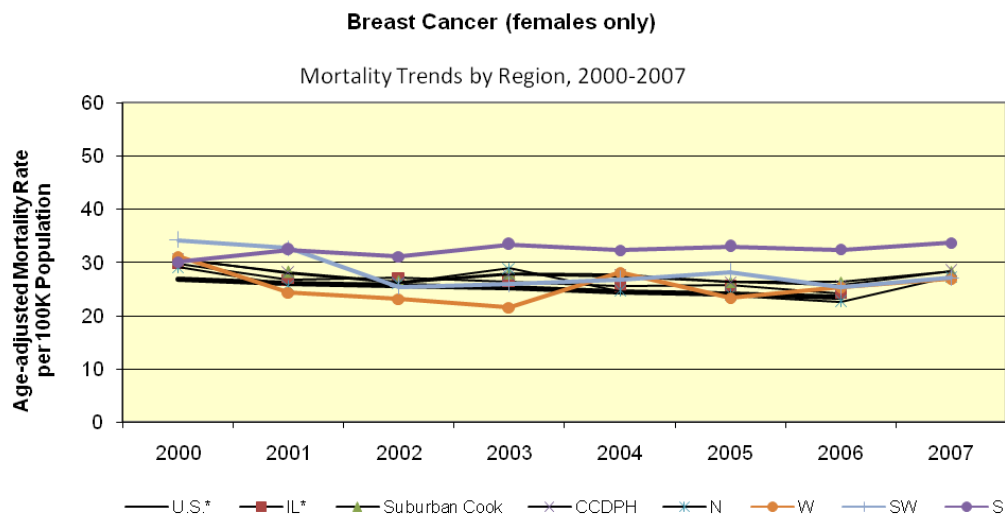
### Why is it important:

Breast cancer is the second leading cause of cancer death among females in the U.S., Illinois, and Suburban Cook County (SCC). From 2000 to 2007, an average of 418 females per year died of breast cancer in SCC.

### 2000-2007

From 2000 to 2007, breast cancer mortality rates decreased in the U.S., Illinois, and Suburban Cook County (SCC), and Cook County Department of Public Health's jurisdiction (CCDPH). In SCC, the breast cancer mortality rate decreased from 30.6/100,000 in 2000 to 28.3/100,000 in 2007. Similar decreases in breast cancer mortality rates occurred in the North, West, and Southwest districts. In the South district, however, breast cancer mortality rates increased from 30.1/100,000 in 2000 to 33.7/100,000 in 2007.

Figure 1



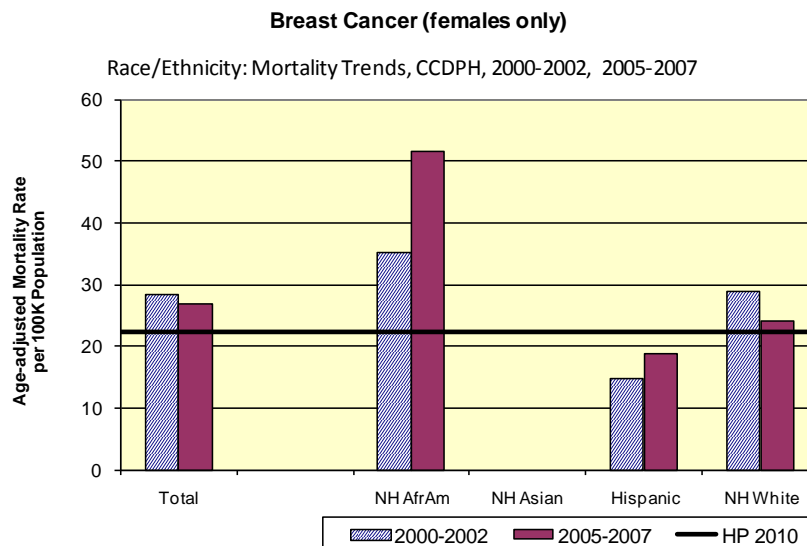
Source: IDPH Death Pull File 2000-2007,

\*National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race/Ethnicity**

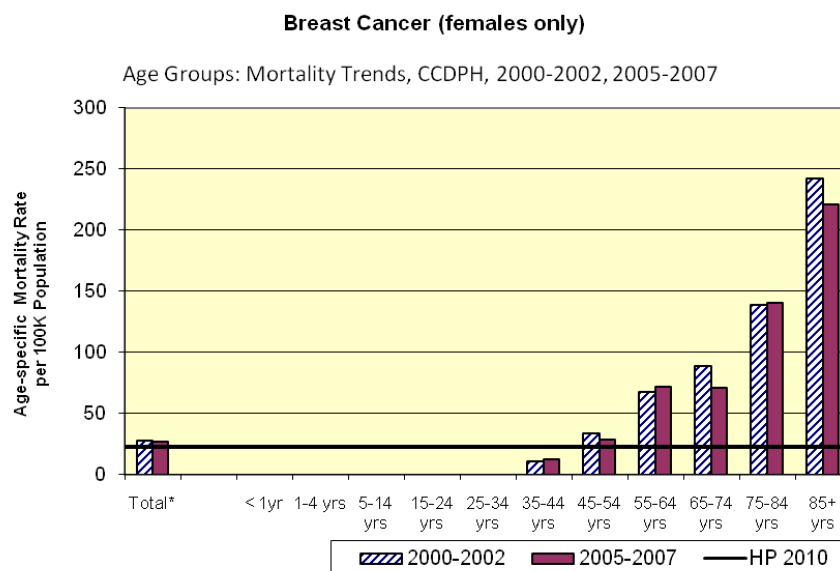
From 2000-2002 to 2005-2007, the overall breast cancer mortality rate for CCDPH decreased from 28.3/100,000 to 26.8/100,000, which was largely due to the decrease in the breast cancer mortality rate for Whites (28.7 to 24.2/100,000).

The breast cancer mortality rate for African Americans (AA) increased nearly 50 % from 35.1/100,000 to 51.6/100,000. A small increase in breast cancer mortality rates occurred for Hispanics, from 14.8/100,000 in 2000-2002 to 18.9/100,000 in 2005-2007.

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

Breast cancer mortality rates increased as age increased and over half of all deaths in 2005-2007 occurred after the age of 75 (6,936/13,730 deaths.)

Between 2000-2002 and 2005-2007, there was a 19% decrease in breast cancer mortality among women ages 65-74 (824.7 to 665.8/100,000). The breast cancer mortality rate, among women over 85, increased 14% from 1898.9/100,000 to 2183.3/100,000.

**Figure 3**

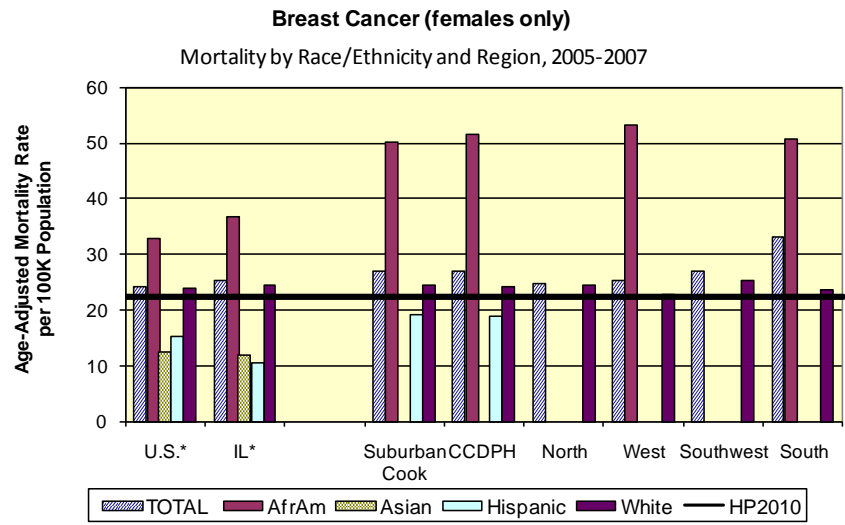


**2005-2007****By Race/Ethnicity****Figure 4**

Breast cancer mortality rates for all racial/ethnic groups in SCC were higher than corresponding rates in Illinois and U.S.

The breast cancer mortality rate for AAs in SCC (50.2/100,000) was 53% higher than the rate for AAs in the U.S. (32.8/100,000) and was more than double the rate of the Health People (HP) 2010 goal of 22.3/100,000.

The breast cancer mortality rate for Whites in SCC (24.6/100,000) was slightly above the HP 2010 goal while the rate for Hispanics in SCC (19.1/100,000) was below the HP 2010 goal.



Source: IDPH Death Pull File 2005-2007,

\*National Center for Health Statistics, Compressed Mortality

Table 1

**Breast Cancer (females only)**  
Mortality by Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	41,872	26.8	41,394	26.0	41,514	25.6	41,620	25.2	40,954	24.5	41,116	24.1	40,821	23.5	na	na
IL*	2,045	29.8	1,846	26.7	1,897	27.1	1,872	26.4	1,830	25.5	1,865	25.7	1,771	24.2	na	na
Suburban Cook	464	30.6	425	28.3	400	26.4	420	28.0	416	27.7	402	26.3	392	26.3	425	28.3
CCDPH	421	30.7	381	28.0	359	26.3	379	27.8	372	27.5	365	26.3	347	25.7	388	28.4
North	165	29.2	146	25.8	149	26.2	163	29.0	137	24.6	136	23.9	125	22.7	156	27.3
West	94	31.1	75	24.3	70	23.2	70	21.5	87	28.1	74	23.4	76	25.3	81	26.9
Swest	83	34.2	75	32.8	58	25.4	59	25.9	64	26.8	68	28.2	61	25.4	63	27.1
South	79	30.1	85	32.4	82	31.2	87	33.4	84	32.3	87	33.0	85	32.5	88	33.7

\*ICD-10 code: C50, Females Only

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Breast Cancer (females only)**

Mortality: Race/Ethnicity & Age Groups, CCDPH  
2000-2002, 2005-2007

	CCDPH			
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	1,161	28.3	1,100	26.8
<b>Race</b>				
<i>NH AfrAm</i>	125	35.1	184	51.6
<i>NH Asian</i>	**	~	**	~
<i>Hispanic</i>	28	14.8	36	18.9
<i>NH White</i>	995	28.7	856	24.2
<b>Age Groups</b>				
< 1yr	0	~	0	~
1-4 yrs	0	~	0	~
5-14 yrs	0	~	0	~
15-24 yrs	0	~	**	~
25-34 yrs	**	~	**	~
35-44 yrs	64	11.4	73	13.0
45-54 yrs	163	33.6	141	29.1
55-64 yrs	218	67.7	233	72.3
65-74 yrs	229	89.3	182	71.0
75-84 yrs	282	138.9	285	140.4
85+ yrs	196	242.1	179	221.1

^ICD-10 code: C50, Females Only

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 2

**Breast Cancer (females only)**  
Mortality: Race/Ethnicity by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	122,891	24.0	5,466	25.2	1,219	27.0	1,100	26.8	417	24.6	231	25.2	192	26.9	260	33.1
<b>Race</b>																
NH AfrAm	16,869	32.8	1,004	36.8	203	50.2	184	51.6	**	~	37	53.3	**	~	122	50.6
NH Asian	2,370	12.3	85	11.9	**	~	**	~	**	~	**	~	**	~	**	~
Hispanic	5,899	15.2	140	10.4	40	19.1	36	18.9	**	~	**	~	**	~	**	~
NH White	97,096	24.0	4,211	24.4	950	24.6	856	24.2	381	24.6	175	22.9	170	25.2	130	23.6

\*ICD-10 code: C50, Females Only

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> Learn about cancer. What are the risk factors for breast cancer?. American Cancer Society.  
<http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-risk-factors>. Accessed March 2011.



## Prostate Cancer

### What is it?

There are several types of cells in the prostate, but nearly all prostate cancers start in the gland cells. Cancer results from uncontrolled growth of abnormal cells. Some prostate cancers can grow and spread quickly, but most of the time, prostate cancer grows slowly.<sup>i</sup>

### What causes it?

Prostate cancer is caused by changes in the DNA of a prostate cancer cell; it is not known what influences these changes. Risk factors for prostate cancer include age, diet, race and family history.<sup>ii</sup>

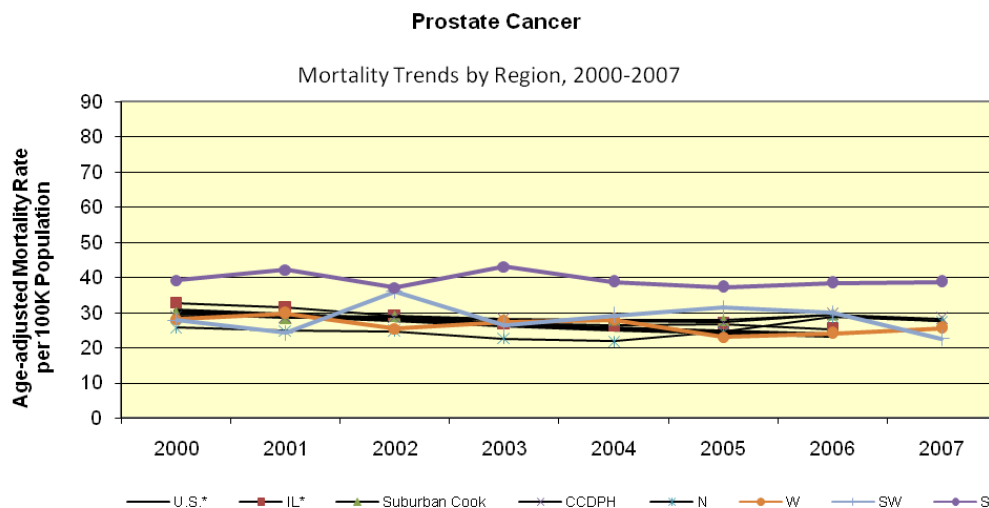
### Why is it important:

Prostate cancer is the second leading cause of cancer death among men in the U.S., Illinois, and Suburban Cook County (SCC). Approximately 260 men die each year in SCC due to prostate cancer.

### 2000-2007

Prostate cancer mortality rates in the U.S., Illinois, Suburban Cook County (SCC), Cook County Department of Public Health's jurisdiction (CCDPH) and districts remained stable from 2000-2007. The prostate cancer mortality rate for SCC in 2000 was 29.8/100,000 compared to 27.5/100,000 in 2007. Prostate cancer mortality rates for the South district were higher than other geographic regions, with an average rate of 39.3/100,000.

Figure 1



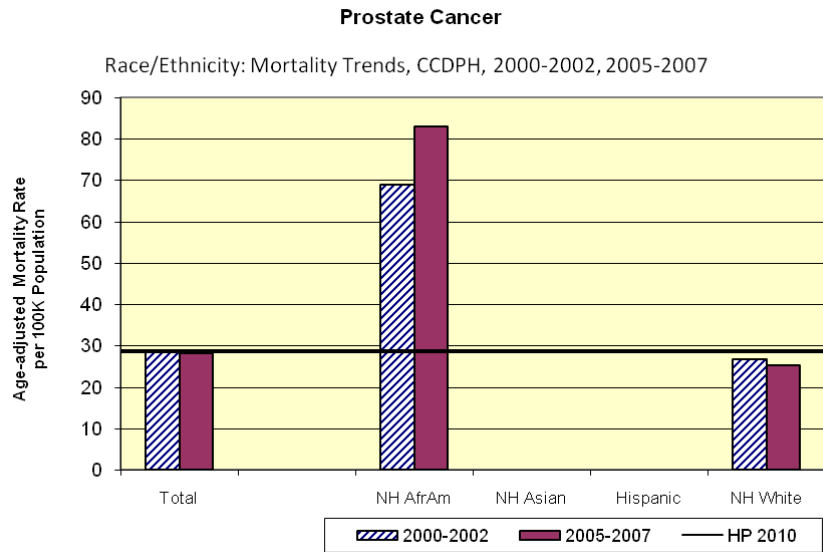
Source: IDPH Death Pull File 2000-2007,

\*National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race/Ethnicity**

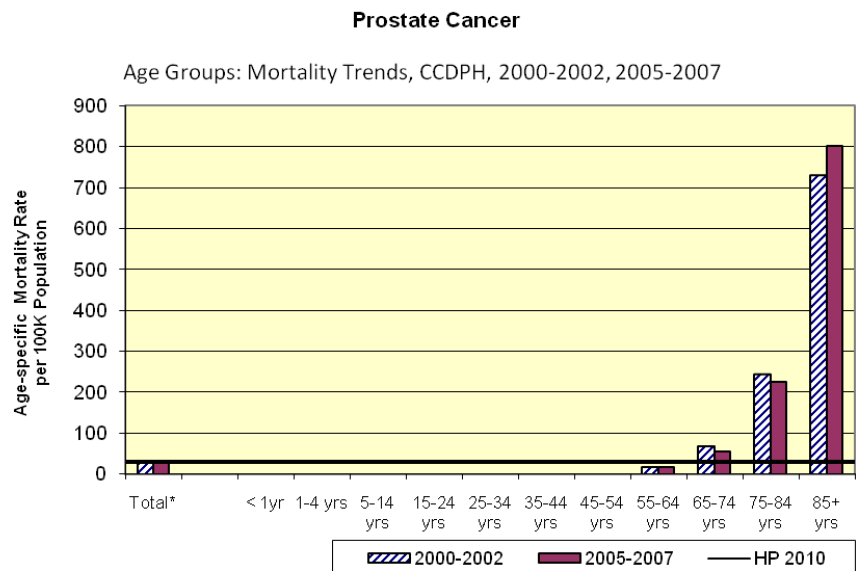
Between 2000-2002 and 2005-2007, in the CCDPH jurisdiction, prostate cancer mortality rates remained stable. The in 2005-2007 prostate cancer mortality rate in CCDPH (28.8/100,000) met the Healthy People 2010 (HP) goal of 28.8/100,000.

Mortality rates due to prostate cancer for African American (AA) males increased 20% from 68.9/100,000 in 2000-2002 to 83.0/100,000 in 2005-2007.

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

Prostate cancer mortality rates increased as age increased, in 2005-2007 nearly 35% of all prostate cancer mortality occurred among men over age 85 (244/704 deaths).

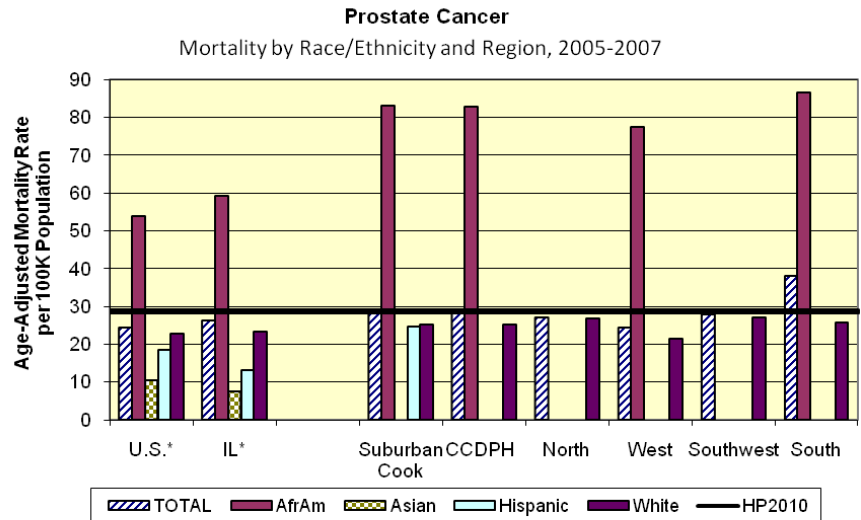
Between 2000-2002 and 2005-2007, the prostate cancer mortality rate decreased slightly or stayed the same for persons under 85. The mortality rate increased for men over 85 from 728.5 to 800.7/100,000.



**2005-2007****By Race/Ethnicity**

AA males had the highest prostate cancer mortality rate compared to other racial/ethnic groups. The prostate cancer mortality rate for African American males in SCC (83.2/100,000) was more than 50% higher than the rate for AA males in the U.S. (53.9/100,000) and was nearly three times higher than the HP 2010 goal.

Prostate cancer mortality rates for Hispanics (24.8/100,000) and Whites (25.2/100,000) in SCC were below the HP2010 goal.

**Figure 3**

Source: IDPH Death Pull File 2005-2007,

\*National Center for Health Statistics, Compressed Mortality



Table 1

**Prostate Cancer**  
Mortality by Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	31,078	30.4	30,719	29.1	30,446	27.9	29,554	26.5	29,004	25.4	28,905	24.5	28,372	23.5	na	na
IL*	1,409	32.8	1,402	31.6	1,331	29.2	1,234	26.9	1,228	26.3	1,270	26.7	1,220	25.3	na	na
Suburban Cook	275	29.8	270	28.4	275	29.0	264	28.2	259	28.0	255	27.9	272	29.4	255	27.5
CCDPH	241	28.9	244	28.7	246	28.8	237	27.9	229	27.5	222	27.2	246	29.4	236	28.2
North	87	25.7	87	24.8	84	24.7	82	22.6	74	21.8	84	24.5	97	28.7	92	27.5
West	57	28.1	61	29.7	53	25.4	56	27.3	56	27.9	46	23.0	48	24.0	51	25.6
Swest	39	27.8	35	24.3	51	36.0	37	26.5	41	29.2	42	31.4	42	29.9	34	22.6
South	58	39.1	61	42.2	58	37.1	62	43.1	58	38.7	50	37.2	59	38.4	59	38.7

\*ICD-10 code:C61, Males Only

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Prostate Cancer**

Mortality: Race/Ethnicity & Age Groups, CCDPH  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	731	28.8	704	28.3
<b>Race</b>				
<i>NH AfrAm</i>	104	68.9	118	83.0
<i>NH Asian</i>	**	~	**	~
<i>Hispanic</i>	**	~	**	~
<i>NH White</i>	600	26.6	560	25.3
<b>Age Groups</b>				
< 1yr	0	~	0	~
1-4 yrs	0	~	0	~
5-14 yrs	0	~	0	~
15-24 yrs	0	~	*	~
25-34 yrs	0	~	0	~
35-44 yrs	0	~	0	~
45-54 yrs	**	~	**	~
55-64 yrs	50	17.5	51	17.8
65-74 yrs	138	68.0	111	54.7
75-84 yrs	311	245.4	287	226.4
85+ yrs	222	728.5	244	800.7

^ICD-10 code:C61, Males Only

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Prostate Cancer**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	86,281	24.4	3,718	26.1	782	28.3	704	28.3	273	26.9	145	24.2	118	27.9	168	38.1
<b>Race</b>																
NH AfrAm	14,188	53.9	831	59.2	133	83.2	118	83.0	**	~	23	77.4	**	~	82	86.6
NH Asian	1,076	10.3	25	7.5	**	~	**	~	**	~	**	~	**	~	**	~
Hispanic	3,912	18.6	91	13.3	22	24.8	**	~	**	~	**	~	**	~	**	~
NH White	66,663	22.8	2,752	23.3	619	25.2	560	25.3	257	26.9	113	21.5	107	27.2	83	25.7

^ICD-10 code: C61, Males Only

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> Learn about cancer. What is Prostate Cancer?. American Cancer Society.  
<http://www.cancer.org/Cancer/ProstateCancer/OverviewGuide/prostate-cancer-overview-what-is-prostate-cancer>. Accessed March 2011.

<sup>ii</sup> Bostwick DG et al. Human prostate cancer risk factors. *Cancer*. 2004 Nov 15;101(10 Suppl):2371-490.  
Review. PubMed PMID: 15495199.



# Maternal Child Health

## Birth Rate

### What is it?

The crude birth rate is the number of live births for a specified geographic area divided by the total population for that area and multiplied by 1,000.<sup>i</sup> The birthrate, along with the crude death rate and migration, can determine the rate of growth for a population.

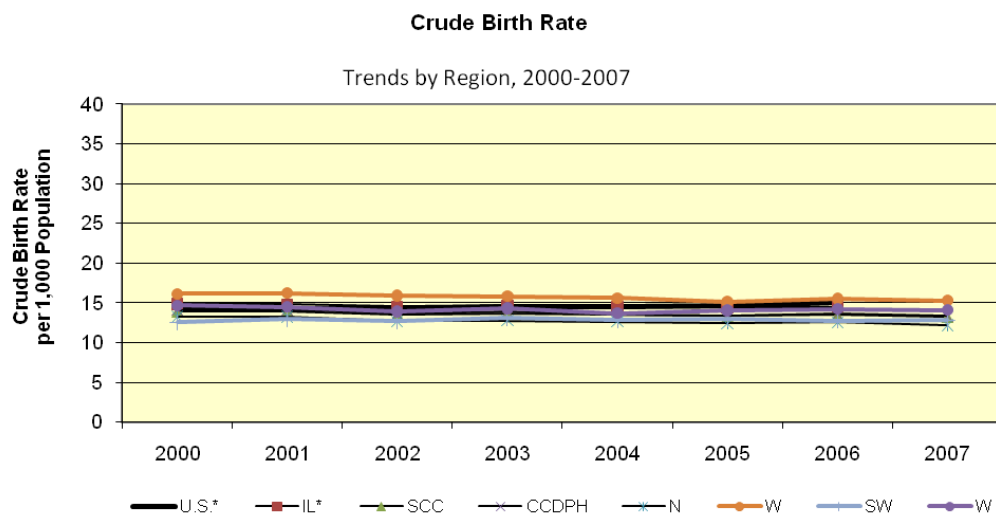
### Why is it important?

In the 1900s, the birth rate in the U.S. was high and unstable. Over a century it has fluctuated but has been relatively stable for the past 20 years. Much of the stabilization can be attributed to family planning and contraceptives. Family planning is listed as one of the CDC's Ten Great Public Health Achievements of the 20<sup>th</sup> Century and has led to the ability to control family size and prevent unwanted pregnancies<sup>ii</sup>.

### 2000-2007

From 2000 to 2007, birth rates have remained stable for the U.S., Illinois, Suburban Cook County (SCC) and districts. The average birthrate in SCC (13.6/1,000) was slightly lower than the U.S. birthrate (14.5/1,000). Birthrates were similar between the districts with the exception of the West district which had a slightly higher birthrate (15.7/1,000).

Figure 1



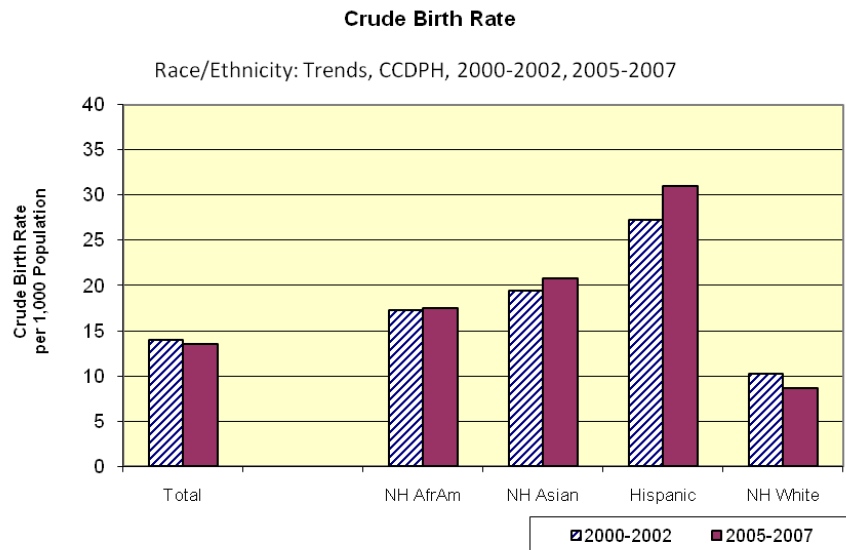
Source: IDPH Birth Pull File 2000-2007,  
\*NCHS, Division of Vital Statistics, Natality public-use data 2000-2006

**2000-2002 VS. 2005-2007****By Race/Ethnicity**

The birth rate decreased slightly between 2000-2002 and 2005-2007 in the Cook County Department of Public Health's (CCDPH) jurisdiction (14/1,000 to 13.5/1,000).

The birthrate among African Americans (AAs) changed very little and remained close to 17/100,000. Births to Asians increased slightly (19.5/1,000 to 20.8/1,000). Whites were the only group to experience a decrease in births and there over 7,000 fewer births in the 2005-2007 period.

Hispanics had the highest birthrate and increased 13.6% from 27.3/1,000 in 2000-2002 to 30.9/1,000 in 2005-2007.

**Figure 2****2005-2007****By Race/Ethnicity**

Birthrates for Asians (20.2/1,000) and African Americans (16.9/1,000) in SCC were similar to national and state trends. Whites had a lower birthrate (8.8/1,000) in SCC compared to 11.6/1,000 in the U.S. Hispanics had a higher birthrate in SCC compared to the U.S. (30.8/1,000 and 27.8/1,000 respectively).

The greatest variation between race/ethnicity was in the South district, where Whites had a birth rate of 7.6/1,000 whereas Hispanics had a birthrate of 33.9/1,000.

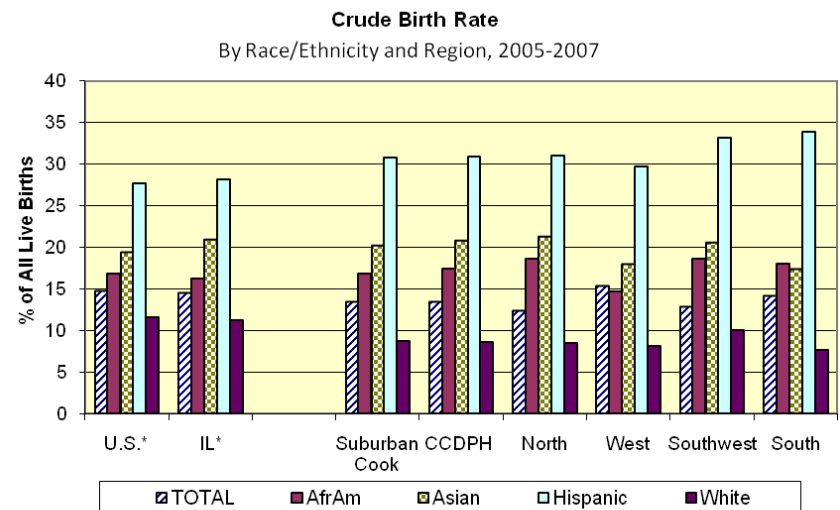
**Figure 3**

Table 1

**Crude Birth Rate**  
By Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	4,058,814	14.4	4,025,933	14.3	4,021,726	14.3	4,089,950	14.5	4,112,052	14.6	4,138,349	14.7	4,265,555	15.1	na	na
IL*	185,036	14.9	184,064	14.8	180,622	14.8	182,495	14.7	180,778	14.5	179,020	14.4	180,572	14.5	na	na
Suburban Cook	34,618	14.0	34,673	14.0	33,609	13.5	34,028	13.7	33,401	13.5	33,144	13.4	33,481	13.5	32,945	13.3
CCDPH	31,727	14.1	31,890	14.2	30,819	13.7	31,221	13.9	30,555	13.6	30,304	13.4	30,667	13.6	30,170	13.4
North	12,094	13.2	12,142	13.3	11,595	12.7	11,681	12.8	11,549	12.6	11,360	12.4	11,475	12.6	11,127	12.2
West	8,206	16.1	8,251	16.2	8,084	15.9	8,053	15.8	7,940	15.6	7,679	15.1	7,875	15.5	7,779	15.3
Swest	4,426	12.5	4,570	12.9	4,496	12.7	4,642	13.2	4,515	12.8	4,562	12.9	4,511	12.8	4,523	12.8
South	7,001	14.7	6,927	14.5	6,644	13.9	6,845	14.3	6,551	13.7	6,703	14.0	6,806	14.3	6,741	14.1

Birth Rates are live births per 1,000 population in specified group

\*Unspecified estimate (N<5)

-Rate not calculated(N<5)

Rates based on 2000 census population for all regions

Source: IDPH Birth Pull File 2000-2007, \*National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2000-2006

na-not available



Table 2

**Crude Birth Rate**

Race/Ethnicity & Age Groups, CCDPH  
2000-2002, 2005-2007

	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	94,436	14.0	91,141	13.5
<b>Race</b>				
<i>NH AfrAm</i>	16,006	17.3	16,176	17.5
<i>NH Asian</i>	6,772	19.5	7,224	20.8
<i>Hispanic</i>	24,725	27.3	28,034	30.9
<i>NH White</i>	46,705	10.2	39,444	8.6

Rates are live births per 1,000 population

\*Unspecified estimate (N<5)

-Rate not calculated(N<5)

Rates based on 2000 census population for all regions

Source: IDPH Birth Pull File 2005-2007, \*National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2004-2006

Table 3

**Crude Birth Rate**  
Race/Ethnicity by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	12,515,956	14.8	540,370	14.5	99,570	13.4	91,141	13.5	33,962	12.4	23,333	15.3	13,596	12.8	20,250	14.1
<b>Race</b>																
NH AfrAm	1,779,778	16.9	92,350	16.3	17,225	16.9	16,176	17.5	1,028	18.7	2,732	14.7	1,356	18.6	11,060	18.1
NH Asian	665,201	19.3	27,673	20.9	8,324	20.2	7,224	20.8	5,926	21.3	609	17.9	409	20.6	280	17.4
Hispanic	2,970,931	27.8	130,438	28.2	29,321	30.8	28,034	30.9	8,666	31.0	12,817	29.7	3,039	33.2	3,512	33.9
NH White	6,885,091	11.6	288,816	11.3	44,386	8.8	39,444	8.6	18,237	8.6	7,114	8.2	8,759	10.0	5,334	7.6

Rates are live births per 1,000 population

\*Unspecified estimate (N<5)

-Rate not calculated(N<5)

Rates based on 2000 census population for all regions

Source: IDPH Birth Pull File 2005-2007, \*National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2004-2006

---

<sup>i</sup> "Statistical Measures and Definitions". NAPHSIS. May 19, 2010  
<<http://www.naphsis.org/index.asp?bid=1205>>.

<sup>ii</sup> Centers for Disease Control and Prevention. (1999). Achievements in Public Health, 1900-1999: Family Planning. *Morbidity and Mortality Weekly Report* (48), 1073-1080.



## Fertility Rate

### What is it?

The general fertility rate is the number of live births for a specified geographic area divided by the female population ages 15-44 years for that area, and the resulting fraction multiplied by 1,000.<sup>i</sup>

### Why is it important?

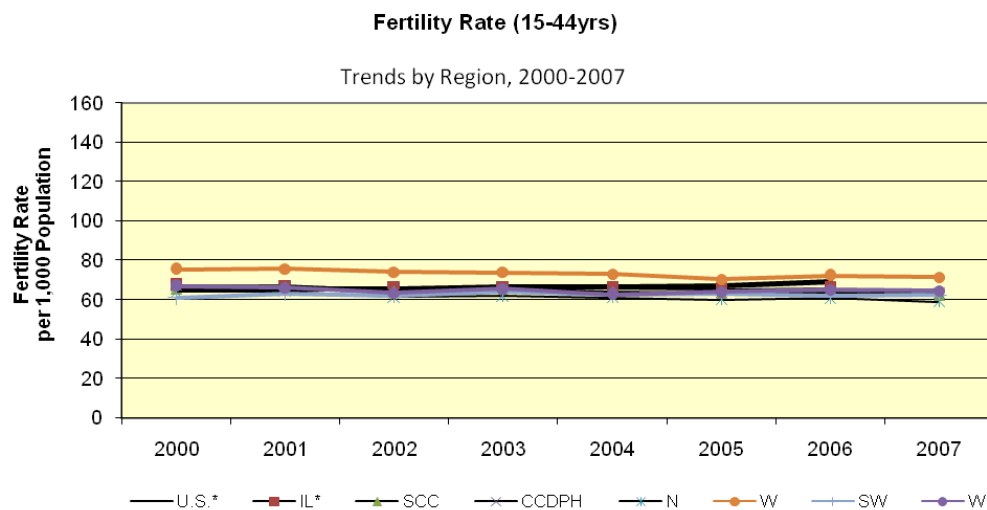
The fertility rate is the number of births to women of child bearing age. Fertility affects the age structure of a population and helps drive population growth.<sup>ii</sup>

A high fertility rate indicates there will be more young people in a population and faster growth. Great variance in fertility rates exists between races in the United States, with some racial/ethnic groups growing at a faster rate than others. Nationwide, Hispanics have the highest fertility rate and the greatest rate of growth, whereas non-Hispanic Whites have very low fertility and population growth overall.<sup>iii</sup>

### 2000-2007

From 2000 to 2007, fertility rates have remained stable in Suburban Cook County (SCC) and was lower, on average (64.0/1,000), than Illinois (66.3/1,000) and the United States (66.6/1,000). Fertility rates varied little between districts, with the exception of the West district which has had the highest fertility rate (73.4/1,000). This may be due in part to a larger population of Hispanic women of child bearing age living in the West district.

Figure 1

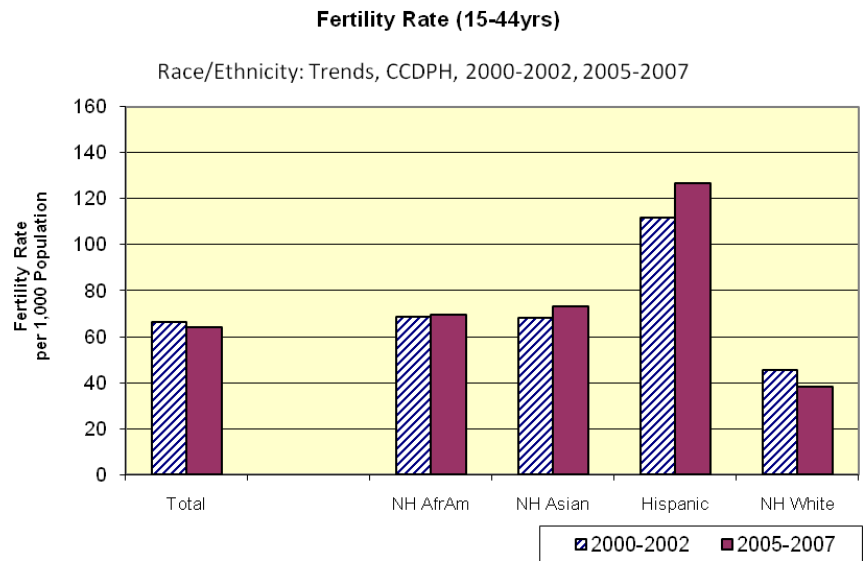


Source: IDPH Birth Pull File 2000-2007.

\*NCHS, Division of Vital Statistics, Natality public-use data 2000-2006

**2000-2002 VS. 2005-2007****By Race/Ethnicity**

Overall there was a slight decrease in fertility rates between 2000-2002 and 2005-2007 in the Cook County Department of Public Health's jurisdiction (CCDPH). Whites had the lowest fertility rate, decreasing 15.6% from 45.5/1,000 in 2000-2002 to 38.4/1,000 in 2005-2007. Hispanics had the highest fertility rate increasing 13.4% from 111.8/1,000 in 2000-2002 to 126.8/1,000 in 2005-2007.

**Figure 2****2005-2007****By Race/Ethnicity**

The SCC fertility rate (63.0/1,000) was similar to that of the U.S. (67.7/1,000) and Illinois (65.7/1,000). Whites in SCC had a lower fertility rate (38.9/1,000) than Whites in the U.S. and Illinois (56.0 and 46.5/1,000 respectively). African Americans and Asians had very similar fertility rates (approximately 70/1,000), both regionally and nationally. Compared to other racial/ethnic groups, Hispanics had the highest fertility rate in the U.S., Illinois, SCC and all districts. The highest Hispanic fertility rate occurred in the South district with a rate of 73.2 per 1,000.

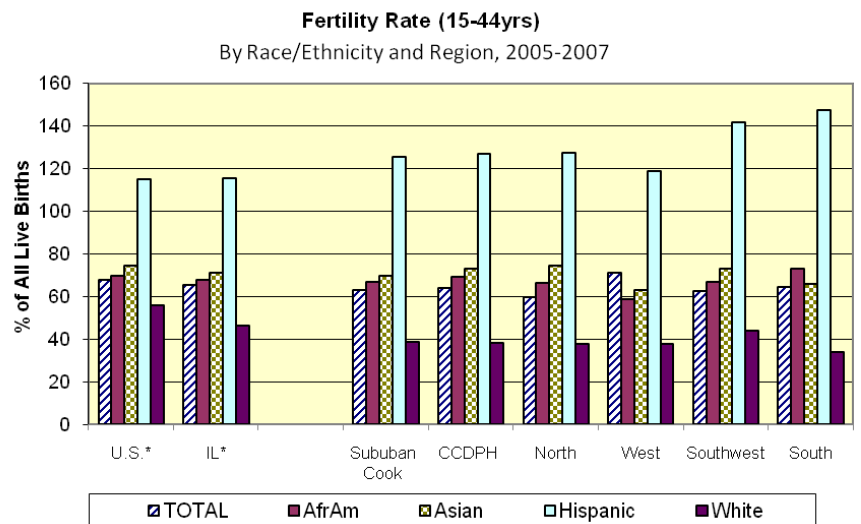
**Figure 3**

Table 1

**Fertility Rate (15-44yrs)**

By Region

2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	4,058,814	65.9	4,025,933	65.3	4,021,726	65.3	4,089,950	66.4	4,112,052	66.7	4,138,349	67.1	4,265,555	69.2	na	na
IL*	185,036	67.5	184,064	67.1	180,622	66.9	182,495	66.5	180,778	65.9	179,020	65.3	180,572	65.8	na	na
Suburban Cook	34,618	65.7	34,673	65.8	33,609	63.8	34,028	64.6	33,401	63.4	33,144	62.9	33,481	63.5	32,945	62.5
CCDPH	31,727	66.9	31,890	67.2	30,819	64.9	31,221	65.8	30,555	64.4	30,304	63.9	30,667	64.6	30,170	63.6
North	12,094	64.0	12,142	64.3	11,595	61.4	11,681	61.8	11,549	61.1	11,360	60.1	11,475	60.7	11,127	58.9
West	8,206	75.4	8,251	75.8	8,084	74.3	8,053	74.0	7,940	73.0	7,679	70.6	7,875	72.4	7,779	71.5
Swest	4,426	61.1	4,570	63.1	4,496	62.1	4,642	64.1	4,515	62.4	4,562	63.0	4,511	62.3	4,523	62.5
South	7,001	67.0	6,927	66.3	6,644	63.6	6,845	65.5	6,551	62.7	6,703	64.2	6,806	65.1	6,741	64.5

Birth Rates are live births per 1,000 population (15-44yr Females)

\*Unspecified estimate (N&lt;5)

-Rate not calculated(N&lt;5)

Rates based on 2000 census population for all regions

Source: IDPH Birth Pull File 2000-2007, \*National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2000-2006

na-not available

Table 2

**Fertility Rate (15-44yrs)**

Race/Ethnicity &amp; Age Groups, CCDPH

2000-2002, 2005-2007

	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	94,436	66.3	91,141	64.0
<b>Race</b>				
<i>NH AfrAm</i>	16,006	68.6	16,176	69.3
<i>NH Asian</i>	6,772	68.4	7,224	72.9
<i>Hispanic</i>	24,725	111.8	28,034	126.8
<i>NH White</i>	46,705	45.5	39,444	38.4

Birth Rates are live births per 1,000 population (15-44yr Females)

\*Unspecified estimate (N&lt;5)

-Rate not calculated(N&lt;5)

Rates based on 2000 Census Population for SCC

Source: IDPH Birth Pull File 2005-2007, \*National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2004-2006

Table 3

**Fertility Rate (15-44yrs)**  
Race/Ethnicity by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	12,515,956	67.7	540,370	65.7	99,570	63.0	91,141	64.0	33,962	59.9	23,333	71.5	13,596	62.6	20,250	64.6
<b>Race</b>																
NH AirAm	1,779,778	69.6	92,350	68.1	17,225	66.9	16,176	69.3	1,028	66.3	2,732	58.9	1,356	67.1	11,060	73.2
NH Asian	665,201	74.5	27,673	71.3	8,324	69.9	7,224	72.9	5,926	74.4	609	63.3	409	73.3	280	66.0
Hispanic	2,970,931	115.2	130,438	115.8	29,321	125.7	28,034	126.8	8,666	127.3	12,817	118.9	3,039	141.7	3,512	147.5
NH White	6,885,091	56.0	288,816	46.5	44,386	38.9	39,444	38.4	18,237	37.8	7,114	37.8	8,759	43.9	5,334	34.1

Birth Rates are live births per 1,000 population (15-44yr Females)

\*Unspecified estimate (N<5)

-Rate not calculated (N<5)

Rates based on 2000 Census Population for SCC

Source: IDPH Birth Pull File 2005-2007, \*National Center for Health Statistics (NCHS), Division of Vital Statistics. Natality public-use data 2004-2006



---

<sup>i</sup> "Statistical Measures and Definitions". NAPHSIS. May 19, 2010  
<<http://www.naphsis.org/index.asp?bid=1205>>.

<sup>ii</sup> Yaukey, D. a. (2001). *Demography, The Study of Human Population* (2nd ed.). Prospect Heights, IL: Waveland Press.

<sup>iii</sup> Martin JA, H. B. (2010). Births: Final data for 2007. *National vital statistics reports* , 58 (20).



## Teen Birth (15-19 yrs)

### What is it?

The teen birth rate is measured as the number of births to teens ages 15-19 per 1,000 females in the population 15-19.

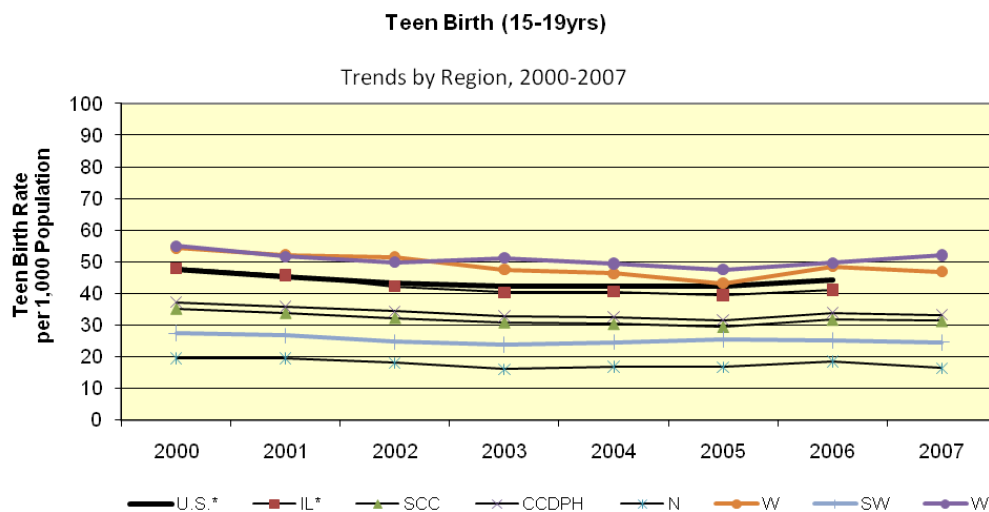
### Why is it important?

Teen mothers are more likely to have negative birth outcomes such as. Teen mothers are also less likely to be married or have social support. They are also more likely to smoke and less likely to initiate prenatal care in the first trimester, which can lead to poor birth outcomes such as preterm delivery and low birth weight babies.<sup>i ii</sup>

### 2000-2007

The national rates of teen births declined between 2000 and 2005, but experienced an increase in 2006. This trend was also seen in Suburban Cook County (SCC), but overall there was a slight decrease in teen birth rate from 37.2/1,000 in 2000 to 33.2/1,000 in 2007. While the teen birth rate in SCC was lower than the U.S., the South and West districts had the highest rates of teen births in the county with both districts having an average teen birth rate near 50/1,000.

Figure 1



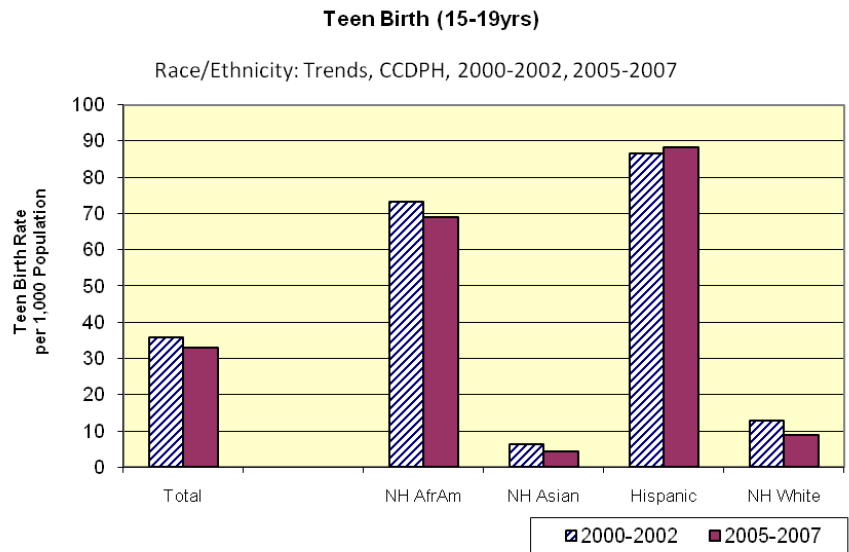
Source: IDPH Birth Pull File 2000-2007.

\*NCHS, Division of Vital Statistics, Natality public-use data 2000-2006

**2000-2002 VS. 2005-2007****By Race/Ethnicity**

There was a slight decrease in the teen birth rate in the Cook County Department of Public Health's (CCDPH) jurisdiction between 2000-2002 and 2005-2007. This was seen for all racial/ethnic groups except Hispanics, where the fertility rate slightly increased from 86.6 to 88.1/1,000.

Teen birth rates were highest amongst African Americans (AAs) and Hispanics, 69.1 and 88.1/1,000 respectively. The teen birth rate for Hispanics (88.1/1,000) was nearly ten times the rate for White teens (9.0/1,000).

**Figure 2**

Source: IDPH Birth Pull File 2000-2007,

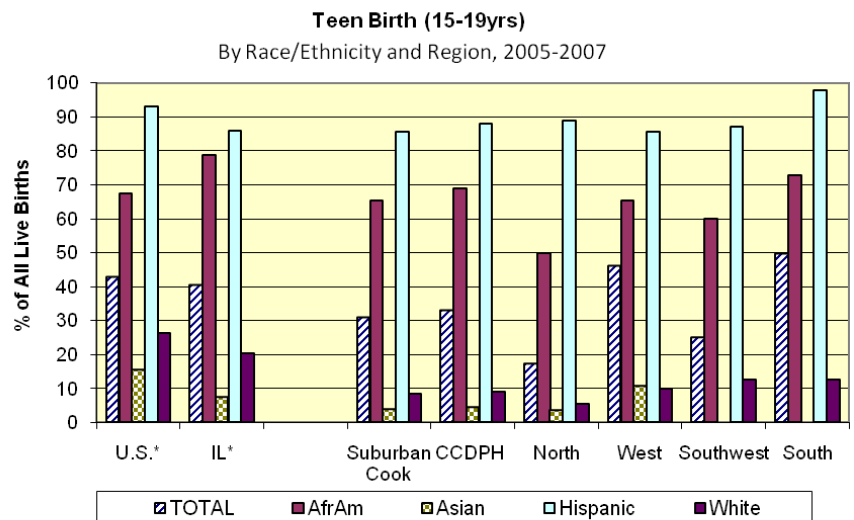
\* National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2000-2006

**2005-2007****By Race/Ethnicity**

The total teen birth rate for SCC (30.8/1,000) fell below both the national (42.9/1,000) and Illinois (40.4/1,000) rates. Teen birth rates for Asians and Whites in SCC were much lower than rates for the U.S. and Illinois.

The South district had the highest teen birth rate (49.8/1,000), while North district had the lowest (17.2/1,000).

Forty five percent of all births in SCC occur among Hispanics. Furthermore, the highest teen birth rate was among Hispanics in the South district (97.9/1,000).

**Figure 3**

Source: IDPH Birth Pull File 2005-2007,

\* National Center for Health Statistics, Compressed Natality File

Table 1

**Teen Birth (15-19yrs)**  
By Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	468,990	47.7	445,944	45.4	425,493	43.3	414,580	42.2	415,262	42.3	414,593	42.2	435,436	44.3	na	na
IL*	20,714	48.0	19,758	45.8	18,217	42.2	17,405	40.3	17,520	40.6	17,041	39.5	17,752	41.1	na	na
Suburban Cook	2,825	35.1	2,721	33.9	2,596	32.3	2,485	30.9	2,444	30.4	2,371	29.5	2,549	31.7	2,518	31.3
CCDPH	2,679	37.2	2,577	35.8	2,471	34.3	2,367	32.9	2,349	32.6	2,274	31.6	2,439	33.9	2,392	33.2
North	523	19.5	522	19.4	484	18.0	430	16.0	453	16.9	450	16.8	497	18.5	440	16.4
West	895	54.4	859	52.2	845	51.4	782	47.5	762	46.3	711	43.2	799	48.6	772	46.9
South	315	27.4	307	26.7	284	24.7	274	23.8	283	24.6	294	25.6	289	25.1	282	24.5
South	946	54.9	889	51.6	858	49.8	881	51.2	851	49.4	819	47.6	854	49.6	898	52.2

Birth Rates are live births per 1,000 population (15-19yr Females)

\*Unspecified estimate (N<5)

-Rate not calculated(N<5)

Rates based on 2000 census population for all regions

Source: IDPH Birth Pull File 2000-2007, \*National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2000-2006

na-not available

Table 2

**Teen Birth (15-19yrs)**

Race/Ethnicity & Age Groups, CCDPH  
2000-2002, 2005-2007

	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	7,727	35.8	7,105	32.9
<b>Race</b>				
<i>NH AfrAm</i>	2,774	73.1	2,622	69.1
<i>NH Asian</i>	77	6.4	52	4.3
<i>Hispanic</i>	3,203	86.6	3,258	88.1
<i>NH White</i>	1,648	12.8	1,155	9.0

Birth Rates are live births per 1,000 population (15-19yr Females)

\*Unspecified estimate (N<5)

-Rate not calculated(N<5)

Rates based on 2000 Census Population for SCC

Source: IDPH Birth Pull File 2005-2007, \*National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2004-2006

Table 3

**Teen Birth (15-19yrs)**  
Race/Ethnicity by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	1,265,291	42.9	52,313	40.4	7,438	30.8	7,105	32.9	1,387	17.2	2,282	46.2	865	25.1	2,571	49.8
<b>Race</b>																
NH AfrAm	297,828	67.5	18,690	78.7	2,752	65.4	2,622	69.1	113	49.8	472	65.4	166	60.0	1,871	72.8
NH Asian	19,150	15.3	335	7.5	58	3.8	52	4.3	33	3.5	12	10.6	*	-	*	-
Hispanic	415,619	93.2	16,632	86.0	3,367	85.6	3,258	88.1	912	88.9	1,571	85.6	352	87.2	423	97.9
NH White	503,529	26.5	16,551	20.3	1,242	8.6	1,155	9.0	324	5.5	223	9.9	340	12.7	268	12.8

Birth Rates are live births per 1,000 population (15-19yr Females)

\*Unspecified estimate (N<5)

-Rate not calculated(N<5)

Rates based on 2000 Census Population for SCC

Source: IDPH Birth Pull File 2005-2007, \*National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2004-2006

---

<sup>i</sup> Centers for Disease Control and Prevention. (2009). Sexual and reproductive health of persons aged 10-24 years - United States, 2002-2007. *Surveillance Summaries, Morbidity and Mortality Weekly* , 58 (SS-6).

<sup>ii</sup> Ventura SJ, M. T. (2001). Births to teenagers in the United States, 1940-2000. *National Vital Statistics Report* , 49 (10).



## Singleton Low Birth Weight

### What is it?

Singleton Low birth weight (LBW) refers to infants weighing less than 5 pounds 8 ounces (2,500 grams). This percentage is calculated by the number of low birth weight singleton births per 100 singleton births (multiple births which often result in low birth weight infants are excluded). Low birth weight is most often attributed to preterm birth (less than 37 weeks gestation) and maternal factors, most commonly maternal smoking.<sup>i</sup>

### Why is it important:

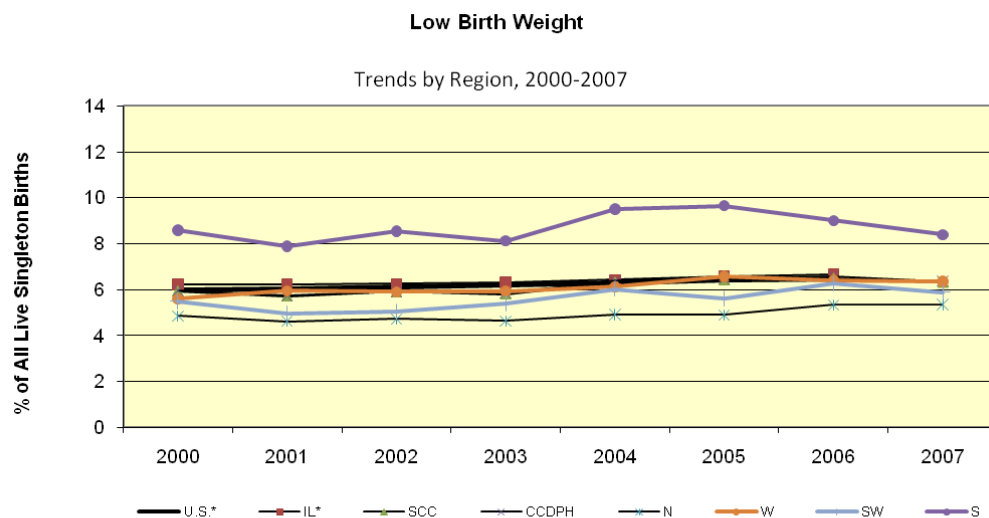
Low birth weight is the greatest factor for neonatal mortality (occurring within the first 28 days of life).<sup>ii</sup> Low birth weight babies are also more likely to have disabilities and suffer greater morbidity later in life.<sup>iii</sup>

### 2000-2007

The LBW rate increased in Suburban Cook County (SCC) from 5.9% in 2000 to 6.6% in 2007. The average LBW rate was the same locally as it was nationally (6.1%).

Most variability in LBW occurred in the South district, which also has had the highest LBW rate (8.8%) from 2000 to 2007. However, the disparity in LBW rates between the North and the South districts narrowed from 75.5% higher in 2000 to 58.5% higher in 2007. This, however, was not due to a decrease in the LBW rate in the South district, but an increase in the LBW rate in the North district (4.9% in 2000 to 5.3% in 2007).

Figure 1



Source: IDPH Birth Pull File 2000-2007,

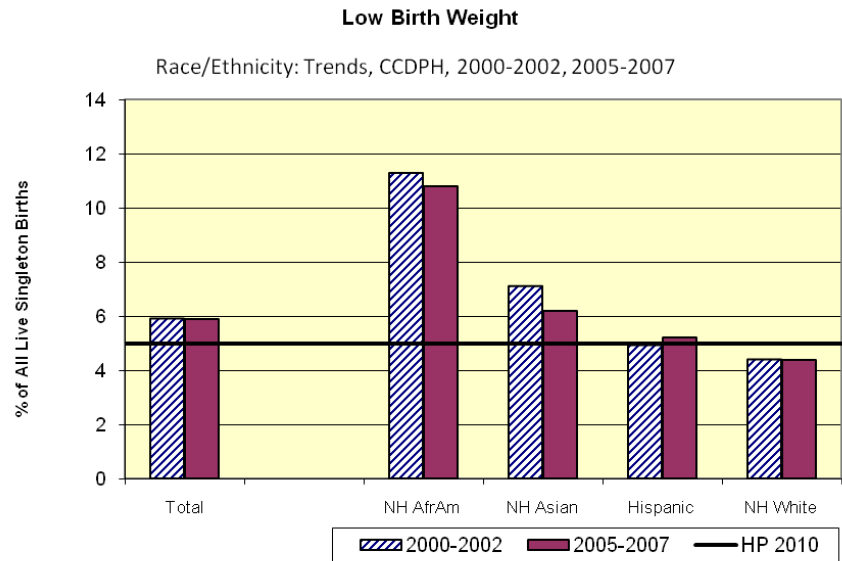
\*National Center for Health Statistics, Compressed Natality File 2000-2006



**2000-2002 VS. 2005-2007****By Race/Ethnicity**

From 2000-2002 to 2005-2007, the overall LBW rate (5.9%) remained the same in the Cook County Department of Public Health's (CCDPH) jurisdiction. CCDPH did not Healthy People (HP) 2010 goal of 5% of babies born with LBW.<sup>iv</sup>

LBW rates were highest among African Americans (AAs) in CCDPH. However, there has been a slight reduction in the LBW rate among AAs (11.3% in 2000-2002 to 10.8% in 2005-2007). LBW rates among Asians decreased from 7.1 to 6.2%. The slight increase in the LBW rate (from 4.9% to 5.2%) among Hispanics resulted in the rate being above the HP2010 goal.

**Figure 2****2005-2007****By Race/Ethnicity**

From 2005 to 2007, the LBW rate for SCC was 5.9%. Most of the districts were close to this percentage except the South district which had LBW rate of 8.2%.

The LBW rate among AAs in SCC (10.8%) was more than double the HP2010 goal. Asians were above the HP2010 goal of 5% in all CCDPH districts, while LBW rate among Hispanics was very close to 5% in each district. The LBW rate among Whites (4.4%) in SCC was the lowest compared to other racial/ethnic groups.

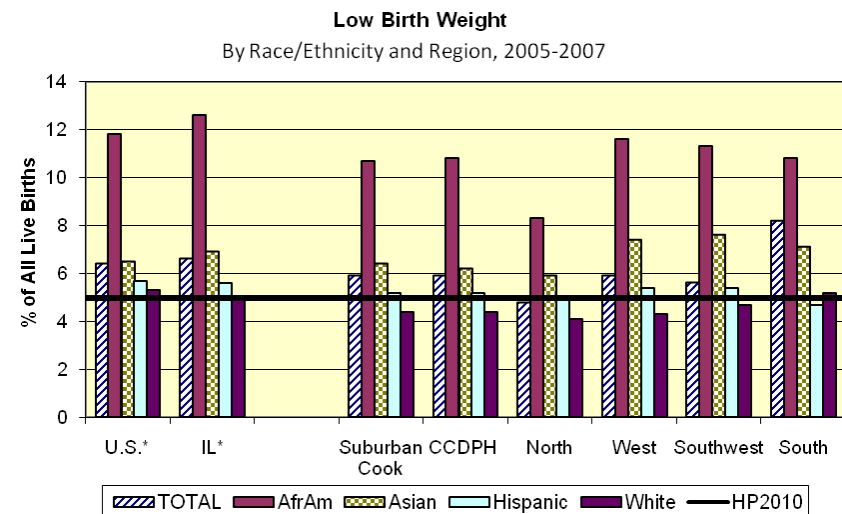
**Figure 3**

Table 1

**Low Birth Weight**  
By Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
U.S.*	235,679	6.0	235,404	6.0	237,999	6.1	245,104	6.2	250,444	6.3	256,065	6.4	267,218	6.5	na	na
IL*	11,125	6.2	11,057	6.2	10,876	6.3	11,080	6.3	11,161	6.4	11,345	6.6	11,594	6.7	na	na
Suburban Cook	1,977	5.9	1,908	5.7	1,909	5.9	1,900	5.8	2,030	6.3	2,045	6.4	2,092	6.5	2,003	6.3
CCDPH	1,820	6.0	1,758	5.7	1,754	5.9	1,757	5.9	1,875	6.4	1,889	6.5	1,937	6.6	1,850	6.4
North	566	4.9	538	4.6	525	4.7	517	4.6	541	4.9	531	4.9	587	5.3	572	5.3
West	444	5.6	474	5.9	463	5.9	463	5.9	470	6.1	487	6.6	487	6.4	478	6.4
Swest	233	5.5	219	5.0	219	5.0	240	5.4	263	6.0	247	5.6	272	6.3	257	5.9
South	577	8.6	527	7.9	547	8.6	537	8.1	601	9.5	624	9.6	591	9.0	543	8.4

Percent of singleton births with birth weight less than 2,500 grams

\*Unspecified estimate (N&lt;5)

-Rate not calculated(N&lt;5)

Source: IDPH Birth Pull File 2000-2007, \*National Center for Health Statistics, Compressed Natality File 2000-2006

na-not available

Table 2

**Low Birth Weight**

Race/Ethnicity &amp; Age Groups, CCDPH

2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	%	n	%
<b>Total</b>	5,241	5.9	5,412	5.9
<b>Race</b>				
<i>NH AfrAm</i>	1,709	11.3	1,746	10.8
<i>NH Asian</i>	462	7.1	445	6.2
<i>Hispanic</i>	1,178	4.9	1,451	5.2
<i>NH White</i>	1,875	4.4	1,754	4.4

Percent of singleton births with birth weight less than 2,500 grams

\*Unspecified estimate (N&lt;5)

-Rate not calculated(N&lt;5)

Source: IDPH Birth Pull File 2000-2007, \*National Center for Health Statistics, Compressed Natality File 2000-2006

Table 3

**Low Birth Weight**  
Race/Ethnicity by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>TOTAL</b>	773,727	6.4	34,100	6.6	5,863	5.9	5,412	5.9	1,615	4.8	1,376	5.9	762	5.6	1,659	8.2
<b>Race</b>																
NH AfrAm	203,491	11.8	11,188	12.6	1,842	10.7	1,746	10.8	85	8.3	318	11.6	153	11.3	1,190	10.8
NH Asian	42,228	6.5	1,839	6.9	529	6.4	445	6.2	349	5.9	45	7.4	31	7.6	20	7.1
Hispanic	164,871	5.7	7,188	5.6	1,527	5.2	1,451	5.2	423	4.9	698	5.4	164	5.4	166	4.7
NH White	354,828	5.3	13,833	5.0	1,945	4.4	1,754	4.4	751	4.1	309	4.3	414	4.7	280	5.2

Percent of singleton births with birth weight less than 2,500 grams

\*Unspecified estimate (N&lt;5)

-Rate not calculated(N&lt;5)

Source: IDPH Birth Pull File 2005-2007, \*National Center for Health Statistics, Compressed Natality File 2004-2006

---

<sup>i</sup> Ventura, S. J. (2003). Trends and Variations in Smoking During Pregnancy and Low Birth Weight: Evidence From the Birth Certificate, 1990–2000. *Pediatrics* , 1176-1180.

<sup>ii</sup> Eberstein, I. W. (1990). Infant Mortality by Cause of Death: Main and Interaction Effects. *Demography* , 27 (3), 413-430.

<sup>iii</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2010). Child Health U.S.A 2010.

<sup>iv</sup> U.S. Department of Health and Human Services. (2000). Healthy People 2010: Understanding and Improving Health. (2nd Ed.).

## Inadequate Prenatal Care

### What is it?

Inadequate prenatal care (IPNC) is measured by the percentage of births to women beginning prenatal care after the 3<sup>rd</sup> month of pregnancy or receiving no prenatal care.

### Why is it important:?

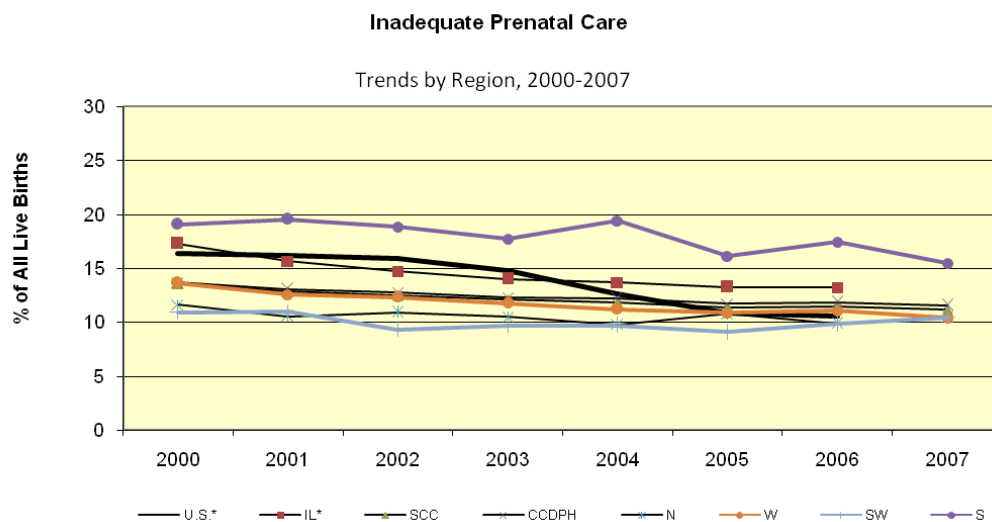
Beginning prenatal care in the first trimester of pregnancy is important because it allows the health of the fetus to be monitored. Women who do not begin prenatal care early are more likely to have poor outcomes such as preterm birth and low birth weight babies.<sup>i</sup>

Nationally, African Americans (AA) and Hispanics are two times more likely than Whites to receive IPNC.<sup>ii</sup>

### 2000-2007

The overall percentage of women who received IPNC declined in Suburban Cook County (SCC) from 13.6% in 2000 to 11.5 % in 2007 and nationally from 16.4% in 2000 to 10.6% in 2006. The South district has had the highest rates of IPNC, though rates have improved from 19.1% in 2000 to 15.5% in 2007.

Figure 1



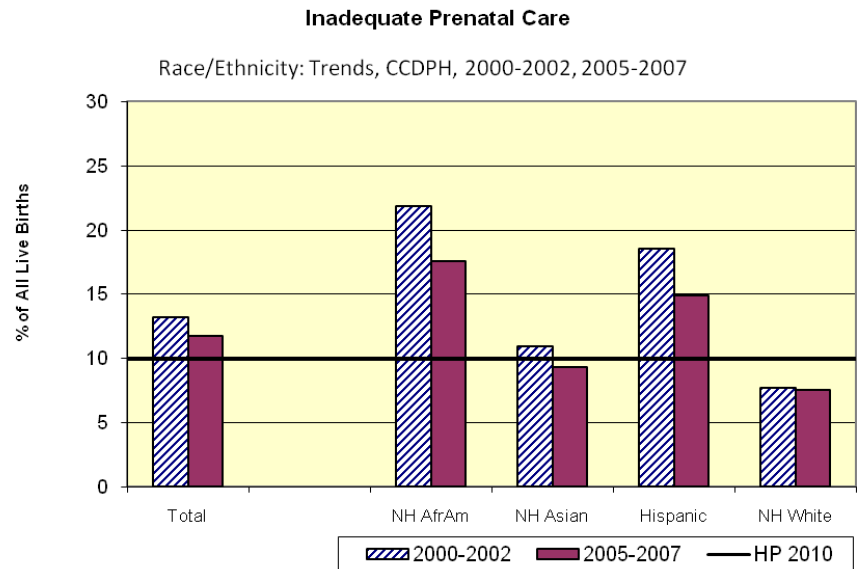
Source: IDPH Birth Pull File 2000-2007.

\*National Center for Health Statistics, Compressed Natality File 2000-2006

**2000-2002 VS. 2005-2007****By Race/Ethnicity**

The IPNC rate decreased for all racial/ethnic groups, between 2000-2002 and 2005-2007, in the Cook County Department of Public Health's (CCDPH) jurisdiction.

IPNC rates for African Americans (AAs) decreased from 21.8% to 17.6% and from 18.6% to 14.9% for Hispanics. The decrease in the IPNC rate for Asians (from 10.9% to 9.3%) resulted in Asians meeting the HP 2010 goal of 10% in 2005-2007. IPNC rates among Whites did not change.

**Figure 2****2005-2007****By Race/Ethnicity**

The IPNC rate for SCC (11.3%) was slightly above the HP2010 goal. Compared to other districts, IPNC rates among racial/ethnic groups in the West district were the least disparate.

The IPNC rate among Hispanics in the North district (19.2%) was higher than respective rates in other districts, the U.S. and IL.

The IPNC rate among AAs in the South district (19.0%) was higher than respective rates in other districts, and the U.S.

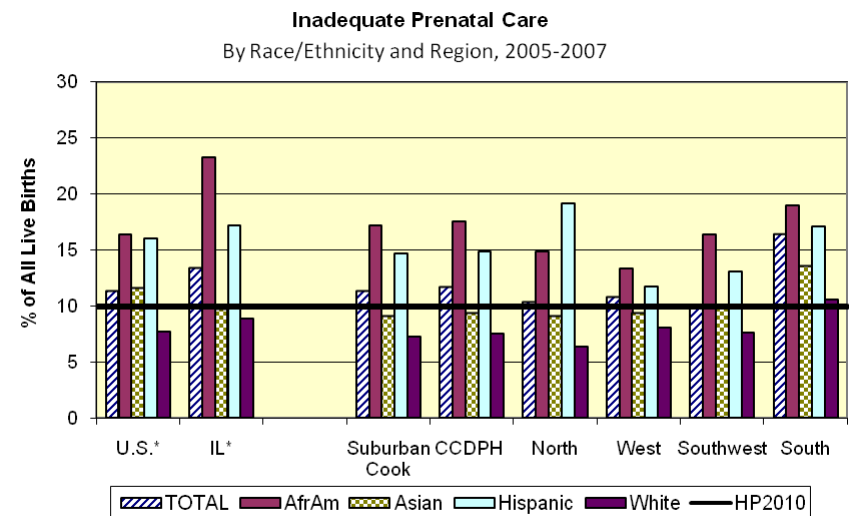
**Figure 3**

Table 1

**Inadequate Prenatal Care**

By Region

2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
U.S.*	665,428	16.4	654,058	16.2	641,444	15.9	603,706	14.8	518,557	12.6	448,499	10.8	451,068	10.6	na	na
IL*	31,974	17.3	28,788	15.6	26,566	14.7	25,578	14.0	24,767	13.7	23,713	13.2	23,917	13.2	na	na
Suburban Cook	4,711	13.6	4,454	12.8	4,197	12.5	4,117	12.1	3,954	11.8	3,765	11.4	3,843	11.5	3,683	11.2
CCDPH	4,346	13.7	4,172	13.1	3,936	12.8	3,838	12.3	3,733	12.2	3,558	11.7	3,640	11.9	3,490	11.6
North	1,405	11.6	1,281	10.6	1,268	10.9	1,225	10.5	1,134	9.8	1,226	10.8	1,137	9.9	1,165	10.5
West	1,120	13.6	1,035	12.5	996	12.3	949	11.8	890	11.2	836	10.9	872	11.1	808	10.4
Swest	484	10.9	501	11.0	419	9.3	451	9.7	438	9.7	414	9.1	444	9.8	473	10.5
South	1,337	19.1	1,355	19.6	1,253	18.9	1,213	17.7	1,271	19.4	1,082	16.1	1,187	17.4	1,044	15.5

Percentage of all live births to women beginning prenatal care after the 3rd month of pregnancy or receiving no prenatal care

\*Unspecified estimate (N&lt;5)

-Rate not calculated(N&lt;5)

Source: IDPH Birth Pull File 2000-2007, \*National Center for Health Statistics, Compressed Natality File 2000-2006

na-not available



Table 2

**Inadequate Prenatal Care**

Race/Ethnicity &amp; Age Groups, CCDPH

2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	%	n	%
<b>Total</b>	12,454	13.2	10,688	11.7
<b>Race</b>				
<i>NH AfrAm</i>	3,493	21.8	2,844	17.6
<i>NH Asian</i>	741	10.9	674	9.3
<i>Hispanic</i>	4,587	18.6	4,168	14.9
<i>NH White</i>	3,590	7.7	2,975	7.5

Percentage of all live births to women beginning prenatal care after the 3rd month of pregnancy or receiving no prenatal care

\*Unspecified estimate (N<5)

-Rate not calculated(N<5)

Source: IDPH Birth Pull File 2000-2007, \*National Center for Health Statistics, Compressed Natality File 2000-2006

Table 3

**Inadequate Prenatal Care**  
Race/Ethnicity by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>TOTAL</b>	1,418,124	11.3	72,397	13.4	11,291	11.3	10,688	11.7	3,528	10.4	2,516	10.8	1,331	9.8	3,313	16.4
<b>Race</b>																
NH AfrAm	291,609	16.4	21,487	23.3	2,967	17.2	2,844	17.6	153	14.9	366	13.4	222	16.4	2,103	19.0
NH Asian	77,051	11.6	2,687	9.7	757	9.1	674	9.3	538	9.1	57	9.4	41	10.0	38	13.6
Hispanic	476,889	16.1	22,457	17.2	4,308	14.7	4,168	14.9	1,661	19.2	1,510	11.8	397	13.1	600	17.1
NH White	530,582	7.7	25,589	8.9	3,232	7.3	2,975	7.5	1,165	6.4	575	8.1	669	7.6	566	10.6

Percentage of all live births to women beginning prenatal care after the 3rd month of pregnancy or receiving no prenatal care

\*Unspecified estimate (N<5)

-Rate not calculated(N<5)

Source: IDPH Birth Pull File 2005-2007 , \*National Center for Health Statistics, Compressed Natality File 2004-2006

---

<sup>i</sup> "Pediatric and Pregnancy Surveillance System". CDC. February 2011  
<[http://www.cdc.gov/pednss/what\\_is/pnss\\_health\\_indicators.htm](http://www.cdc.gov/pednss/what_is/pnss_health_indicators.htm)>.

<sup>ii</sup> Martin J.A., H. B. (2010). Births: Final data for 2007. *National vital statistics reports* , 58 (20).

## Infant Mortality

### What is it?

Infant mortality is the number of deaths to infants under one year of age per 1,000 live births in a given year. The single greatest factor contributing to infant mortality is low birth weight.<sup>i</sup> Factors that contribute to low birth weight are preterm birth and maternal factors such as smoking and substance abuse. Not only does maternal smoking contribute to low birth weight it is also associated Sudden Infant Death Syndrome (SIDS) which has historically been a significant cause of infant mortality.<sup>ii</sup>

### Why is it important?

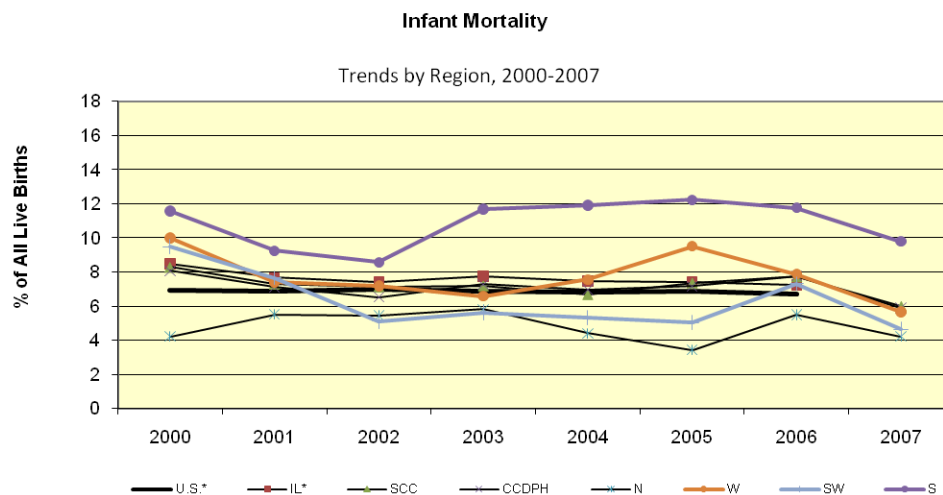
The infant mortality rate is often used as a basic tool to measure the health of a population and for comparison between populations.<sup>iii</sup>

Touted as one of the greatest public health achievements of the 20<sup>th</sup> century, great progress has been made to reduce the rate of infant mortality since 1900.<sup>iv</sup> Efforts included improved medical interventions to help sick and premature babies and the Back-to-Sleep Campaign which reduced the number of SIDS-related deaths.

### 2000-2007

Between 2000 and 2007, the average rate of infant mortality in Suburban Cook County (SCC) was very close to the U.S. rate (7.2/1,000 and 6.8/1,000 respectively). Due to small numbers of infant deaths, there was great variation between years and between districts. From 2000 to 2007, on average, the South district had the highest infant mortality rate, 10.8/1,000, which was double the infant mortality rate of the North district, 4.8/1,000.

Figure 1



Source: IDPH Birth/Death Pull File 2000-2007,

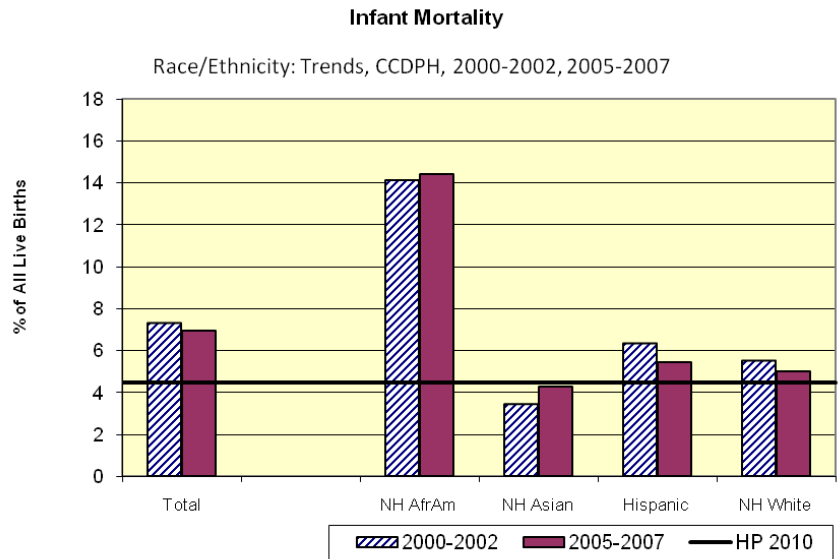
\* National Center for Health Statistics, Compressed Natality/Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race**

The infant mortality rate for the Cook County Department of Public Health's (CCDPH) jurisdiction decreased slightly from 7.3/1,000 in 2000-2002 to 6.9/1,000 in 2005-2007.

From 2000-2002 to 2005-2007, while the infant mortality rate among Asians increased slightly from 3.4 to 4.3/1,000, the rate was below the Healthy People (HP) 2010 goal of 4.5/1,000. The infant mortality rate among African Americans (AA) in the same time periods remained the same (approximately 14.3/1,000).

Infant mortality rates decreased slightly for Hispanics (from 6.3 to 5.5/1,000) and for Whites (from 5.5 to 5.0/1,000).

**Figure 2****2005-2007****By Race/Ethnicity**

During 2005-2007, the infant mortality rate for SCC was 15.1 per 1,000, slightly higher than the Illinois and U.S. rates (14.5 and 14.1/1,000 respectively).

The infant mortality rate in the South district was 11.3/1,000 which was more than double that of the North district, which was 4.4/1,000.

In all regions, the rates of infant mortality for African Americans was approximately double that of Whites and Hispanics. The West district had the highest rate of infant mortality for African Americans (17.8 per 1,000), followed by the South district (14.3 per 1,000).

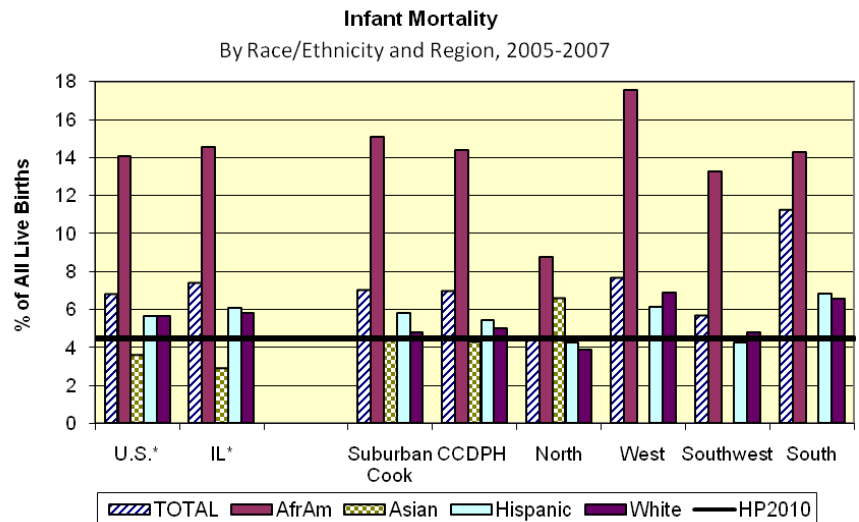
**Figure 3**

Table 1

**Infant Mortality**  
By Region  
2000-2007

	2000			2001			2002			2003			2004			2005			2006			2007		
	n	rate		n	rate		n	rate		n	rate		n	rate		n	rate		n	rate		n	rate	
U.S.*	28,035	6.9		27,568	6.8		28,034	7.0		28,025	6.9		27,936	6.8		28,440	6.9		28,527	6.7		na	na	
IL*	1,568	8.5		1,413	7.7		1,339	7.4		1,412	7.7		1,349	7.5		1,328	7.4		1,309	7.2		na	na	
Suburban Cook	287	8.3		253	7.3		240	7.1		245	7.2		223	6.7		244	7.4		259	7.7		197	6.0	
CODPH	256	8.1		227	7.1		201	6.5		227	7.3		213	7.0		217	7.2		238	7.8		178	5.9	
North	51	4.2		67	5.5		63	5.4		68	5.8		51	4.4		39	3.4		63	5.5		47	4.2	
West	82	10.0		61	7.4		58	7.2		53	6.6		60	7.6		73	9.5		62	7.9		44	5.7	
Swet	42	9.5		35	7.7		23	5.1		26	5.6		24	5.3		23	5.0		33	7.3		21	4.6	
South	81	11.6		64	9.2		57	8.6		80	11.7		78	11.9		82	12.2		80	11.8		66	9.8	

Number of infant deaths (less than 1yr old) per 1,000 live births

\*\*Unspecified estimate (N<20), \*Unspecified estimate (N<5)

-Rate not calculated (N<20), -Rate not calculated(N<5)

Source: IDPH Birth/Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Natality/Mortality File 2000-2006

na-not available

Table 2

**Infant Mortality**

Race/Ethnicity & Age Groups, CCDPH  
2000-2002, 2005-2007

	CCDPH			
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	685	7.3	632	6.9
<b>Race</b>				
<i>NH AfrAm</i>	225	14.1	233	14.4
<i>NH Asian</i>	23	3.4	31	4.3
<i>Hispanic</i>	155	6.3	153	5.5
<i>NH White</i>	259	5.5	197	5.0

Number of infant deaths (less than 1yr old) per 1,000 live births

\*Unspecified estimate (N<5)

-Rate not calculated(N<5)

Source: IDPH Birth Pull File 2000-2007

Table 3

**Infant Mortality**  
Race/Ethnicity by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	84,903	6.8	3,986	7.4	699	7.0	632	6.9	149	4.4	178	7.6	77	5.7	228	11.3
<b>Race</b>																
NH AfrAm	25,063	14.1	1,342	14.5	260	15.1	233	14.4	9	8.8	48	17.6	18	13.3	158	14.3
NH Asian	2,390	3.6	80	2.9	36	4.3	31	4.3	25	4.2	*	-	*	-	*	-
Hispanic	16,780	5.6	793	6.1	170	5.8	153	5.5	37	4.3	79	6.2	13	4.3	24	6.8
NH White	38,978	5.7	1,680	5.8	213	4.8	197	5.0	71	3.9	49	6.9	42	4.8	35	6.6

Number of infant deaths (less than 1yr old) per 1,000 live births

\*Unspecified estimate (N<5)

-Rate not calculated(N<5)

Source: IDPH Birth/Death Pull File 2005-2007, \*National Center for Health Statistics, Compressed Natality/Mortality File 2004-2006



---

<sup>i</sup> Martin J.A., (2010). Births: Final data for 2007. *National vital statistics reports* , 58 (20).

<sup>ii</sup> Anderson, M. J. (2005). Sudden Infant Death Syndrome and prenatal maternal smoking: rising attributed risk in the Back to Sleep era. *BMC Medicine* , 3 (4).

<sup>iii</sup> Allotey, D. D. (2003). Infant mortality rate as an indicator of population health. *J Epidemiology Community Health* , 57:344-346 .

<sup>iv</sup> Centers for Disease Control and Prevention. (2002). Infant Mortality and Low Birth Weight Among Black and White Infants United States, 1980–2000. *Morbidity and Mortality Weekly Report* (51), 589-592.



# Injury & Violence

## Homicide

### What is it?

Homicide is the intentional use of force against another resulting in death.<sup>i</sup>

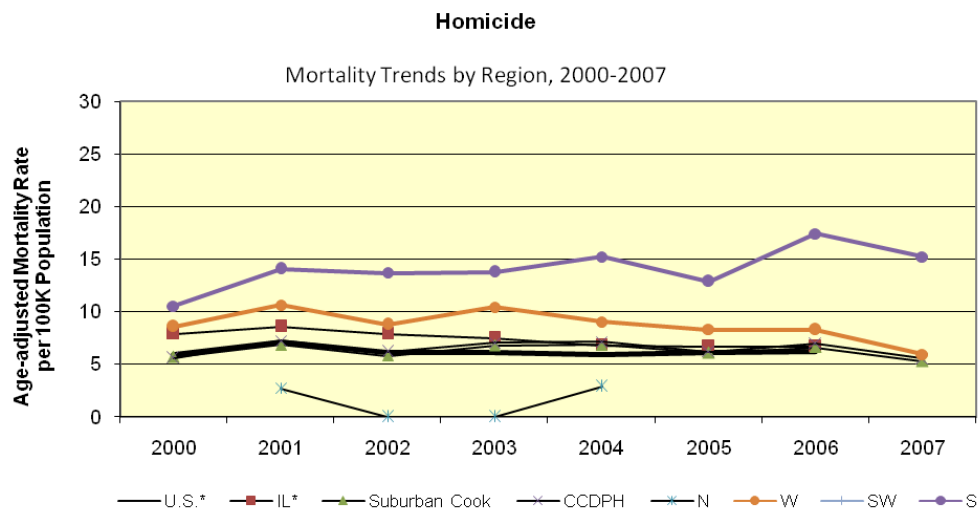
### Why is it important?

Homicide is often associated with other crimes, notably robbery.<sup>i</sup> Motivation is usually different between genders as well. Among female victims, homicide is often associated with intimate partner violence, whereas male victims are often related to drugs.<sup>i</sup> From 2005 to 2007, homicide was the leading cause of death of young adults (15-24 years of age) in Suburban Cook County (SCC) accounting for 25% of all deaths among this age group.<sup>ii</sup> According to the Centers for Disease Control and Prevention, the average cost per homicide was \$1.3 million in lost productivity and \$4,906 in medical costs.<sup>iii</sup>

### 2000-2007

Overall, homicide rates were steady at the state and national level (on average 7.4/100,000 in Illinois and 6.2/100,000 in the United States). Homicide decreased in many areas of SCC except for the South which experienced a 34% increase (10.6/100,000 to 15.2/100,000) between 2000 and 2007. The average homicide rate for the South district (14.1/100,000) was more than double the average homicide rate in SCC (6.3/100,000).

Figure 1



Source: IDPH Death Pull File 2000-2007.

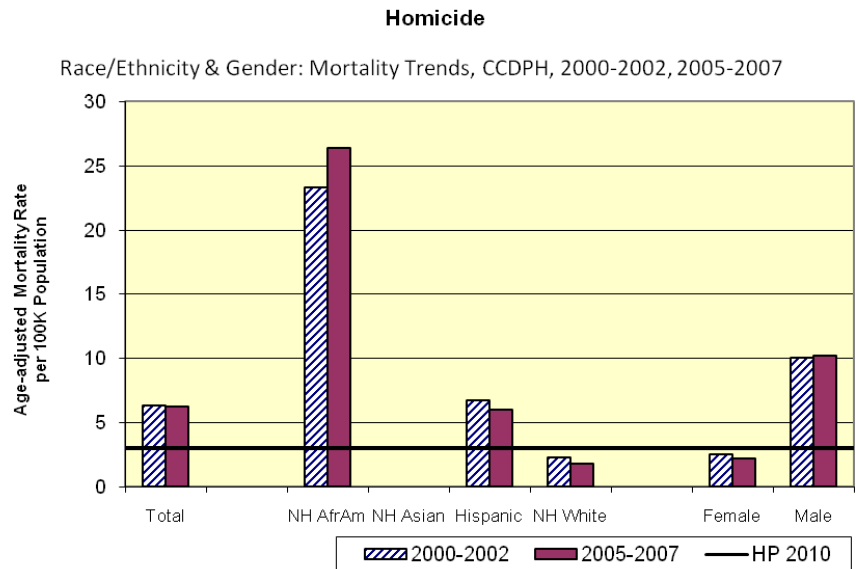
\*National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race/Ethnicity and Gender**

From 2000-2002 to 2005-2007, the overall homicide rate for the Cook County Department of Public Health's (CCDPH) jurisdiction (6.3/100,000) remained stable.

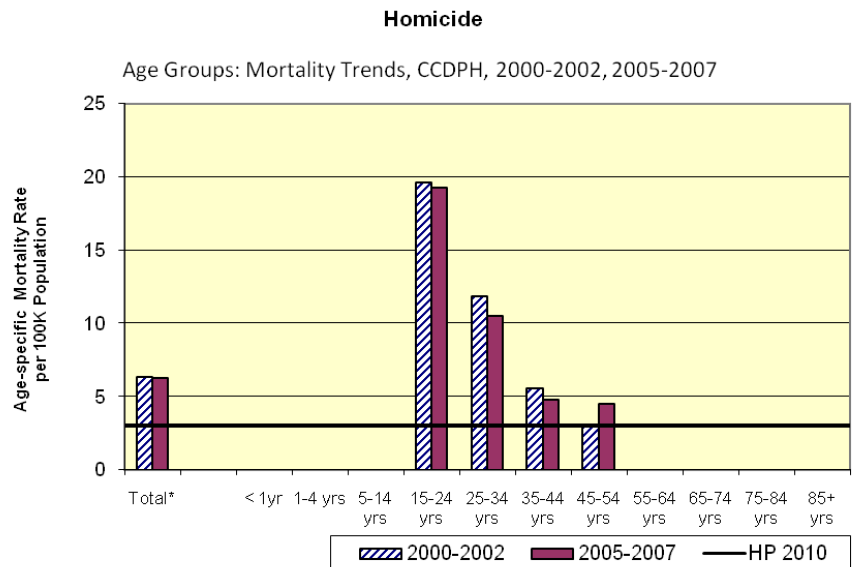
While homicide rates decreased amongst Whites and Hispanics between 2000-2002 and 2005-2007, among African Americans (AA) there was a 12.8% increase in the homicide rate (23.3/100,000 in 2000-2002 to 26.3/100,000 in 2005-2007).

Homicide rates for females and males remained stable from 2000-2002 to 2005-2007.

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

During both time periods, approximately 65% of all homicides occurred among the age group 15-34 years. The highest homicide rate was among the 15-24 year age group (19.3/100,000 in 2005-2007) over 6 times the Healthy People (HP) 2010 goal of 6.0/100,000.

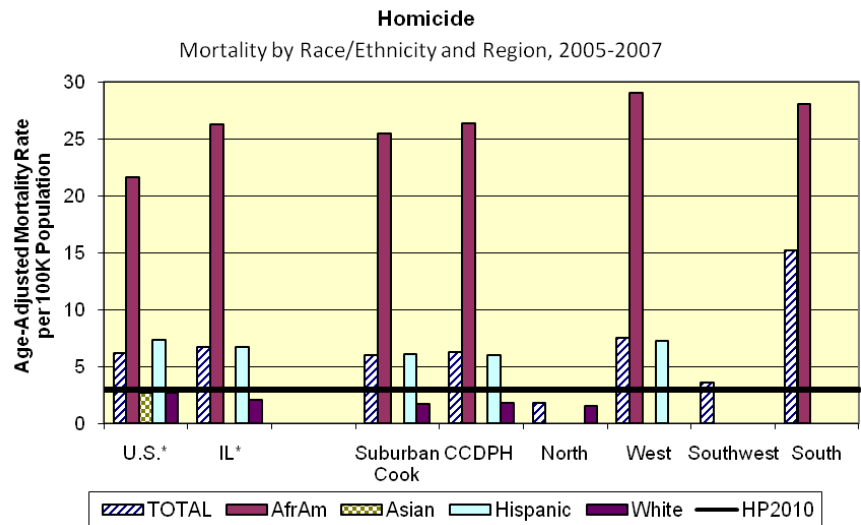
Homicide rates increased 50% among people aged 45-54 (3.0/100,000 in 2000-2002 to 4.5/100,000 in 2005-2007).

**Figure 3**

**2005-2007****By Race/Ethnicity**

In the U.S., IL, SCC, and districts (excluding the North district), homicide rates were disproportionately higher among AA compared to other racial/ethnic groups.

The homicide rate for AA in SCC (25.5/100,000) was higher than the U.S. rate (21.6/100,000) and 743% higher than the HP 2010 goal. The homicide rates among AA in the West (29.1/100,000) and South (28.1/100,000) were the highest compared to the U.S., IL, SCC or any district regardless of the racial/ethnic group.

**Figure 4**

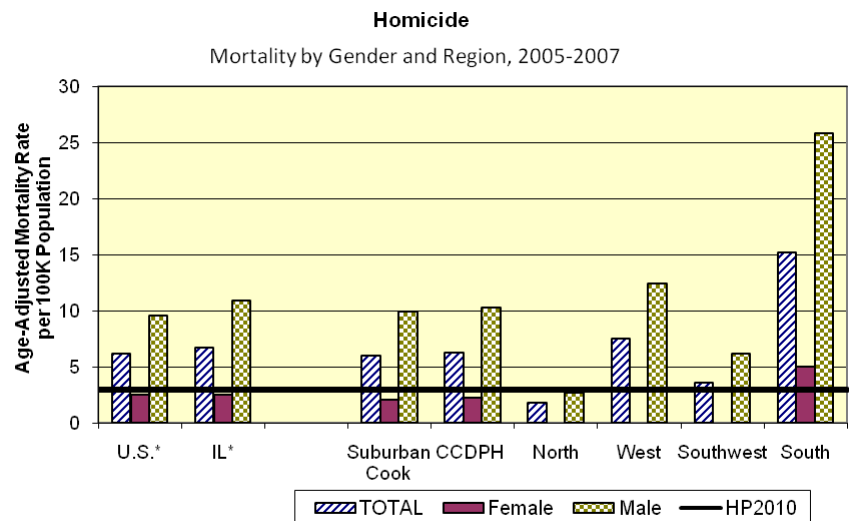
Source: IDPH Death Pull File 2005-2007,

\*National Center for Health Statistics, Compressed Mortality

**2005-2007****By Gender**

The SCC homicide rate for males and females (9.9 and 2.1/100,000 respectively) were similar to U.S. and IL rates. In SCC, the homicide rate for males was nearly five times greater than that for females and was disproportionately higher in all regions.

In SCC, 48% of all homicides occurred in the South district. The homicide rate among males in the South district (25.8/100,000) was nearly 10 times greater than males in the North district (2.6/100,000). The South district also was the only district where the homicide rate among females (5.0/100,000) was higher than the HP 2010 goal.

**Figure 5**

Source: IDPH Death Pull File 2005-2007,

\*National Center for Health Statistics, Compressed Mortality

Table 1

**Homicide**  
Mortality by Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	16,765	5.9	20,308	7.1	17,638	6.1	17,732	6.1	17,357	5.9	18,124	6.1	18,573	6.2	na	na
IL*	991	7.9	1,087	8.6	1,016	7.9	966	7.5	871	6.8	866	6.7	865	6.7	na	na
Suburban Cook	136	5.7	165	6.8	139	5.8	164	6.8	165	6.8	146	6.1	160	6.6	127	5.3
CCDPH	120	5.6	157	7.2	133	6.2	154	7.1	155	7.2	134	6.2	153	7.0	120	5.5
North	**	~	24	2.7	**	~	**	~	26	2.9	**	~	**	~	**	~
West	43	8.6	54	10.6	44	8.8	53	10.5	45	9.0	42	8.3	42	8.3	30	6.0
Swest	**	~	**	~	**	~	**	~	**	~	**	~	**	~	**	~
South	48	10.6	64	14.1	62	13.7	63	13.8	69	15.3	59	12.9	80	17.4	70	15.2

^ICD-10 code: X85-Y09, U01-U02, Y87.1

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Homicide**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	410	6.3	407	6.3
<b>Race</b>				
<i>NH AfrAm</i>	219	23.3	248	26.3
<i>NH Asian</i>	**	~	**	~
<i>Hispanic</i>	75	6.7	67	6.0
<i>NH White</i>	100	2.3	80	1.8
<b>Gender</b>				
<i>Female</i>	86	2.6	75	2.2
<i>Male</i>	324	10.0	332	10.2
<b>Age Groups</b>				
<i>&lt; 1yr</i>	**	~	**	~
<i>1-4 yrs</i>	**	~	**	~
<i>5-14 yrs</i>	**	~	**	~
<i>15-24 yrs</i>	165	19.6	162	19.3
<i>25-34 yrs</i>	109	11.9	96	10.5
<i>35-44 yrs</i>	61	5.6	52	4.8
<i>45-54 yrs</i>	28	3.0	42	4.5
<i>55-64 yrs</i>	**	~	**	~
<i>65-74 yrs</i>	**	~	**	~
<i>75-84 yrs</i>	**	~	**	~
<i>85+ yrs</i>	**	~	**	~

^ICD-10 code: X85-Y09, U01-U02, Y87.1

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Homicide**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	54,054	6.1	2,602	6.7	433	6.0	407	6.3	48	1.8	114	7.5	36	3.6	209	15.2
<b>Race</b>																
NH AfrAm	25,424	21.6	1,571	26.3	263	25.5	248	26.3	**	~	56	29.1	**	~	170	28.1
NH Asian	1,159	2.7	**	~	**	~	**	~	**	~	**	~	**	~	**	~
Hispanic	10,315	7.3	417	6.7	73	6.1	67	6.0	**	~	37	7.2	**	~	**	~
NH White	16,160	2.7	528	2.1	85	1.7	80	1.8	30	1.5	**	~	**	~	**	~
<b>Gender</b>																
Female	11,383	2.5	480	2.5	77	2.1	75	2.2	**	~	**	~	**	~	37	5.0
Male	42,671	9.5	2,122	10.9	356	9.9	332	10.2	35	2.6	95	12.4	30	6.1	172	25.8

^CD-10 code: X85-Y09, U01-U02, Y87.1

\*\*Unspecified estimate (N<20)

--Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006



---

<sup>i</sup> Centers for Disease Control and Prevention. (2010). Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2007. *Surveillance Summaries, Morbidity and Mortality Weekly*, 59 (SS-4).

<sup>ii</sup> Cook County Department of Public Health; IDPH Death Pull File, 2005-2007

<sup>iii</sup> Corso PS, Mercy JA, Simon TR, Finkelstein EA, & Miller TR. Medical Costs and Productivity Losses Due to Interpersonal Violence and Self- Directed Violence. *American Journal of Preventive Medicine*, 2007: 32(6): 474-482.

## Suicide

### What is it?

A suicide is a death resulting from the use of force against oneself.<sup>i</sup> Only intentional suicides are included in this report. Deaths due to risk taking behavior such as drug use and reckless driving are not considered suicide.

### Why is it important?

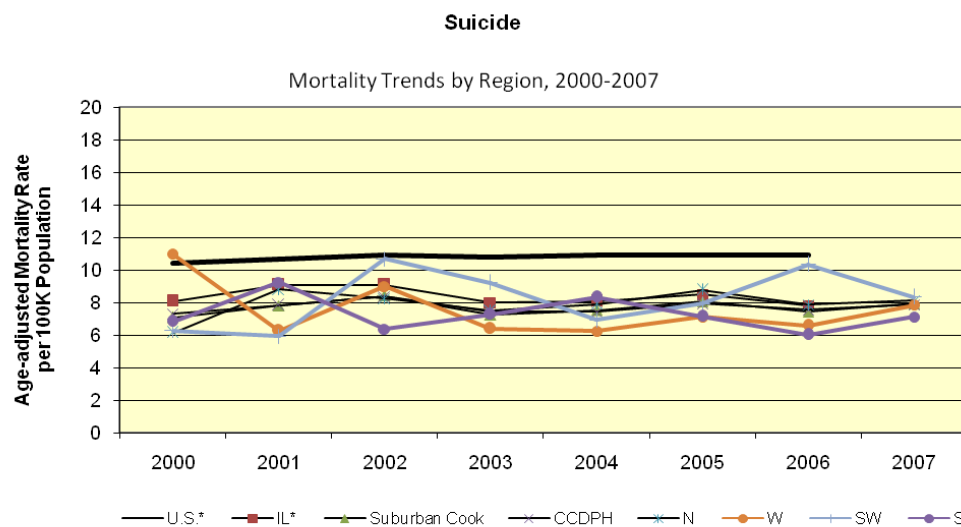
In 2007, suicide accounted for 198 deaths in Suburban Cook County (SCC). Nationally, suicide is the second leading cause of death for persons 25-34, and the third for persons 15-24. Most suicides occur among men and in persons 35-54. Women are also 2-3 times more likely than men to attempt suicide than complete suicide. The greatest gender disparity occurs with suicide mortality, as men commit suicide about 4 times more than women.<sup>ii</sup>

In addition to mortality, attempted suicides or acts of violence against oneself, are a cause of morbidity and hospitalization among young people 15 to 24. It is estimated that there are 100 to 200 suicide attempts in this age group for every completed suicide.<sup>iii</sup>

### 2000-2007

From 2000 to 2007, the SCC suicide rate (approximately 7.7/100,000) remained below the U.S. suicide rate (approximately 10.8/100,000). However, the suicide rate for SCC remained above the Healthy People (HP) 2010 goal of no more than 5.0/100,000.

Figure 1



Source: IDPH Death Pull File 2000-2007.

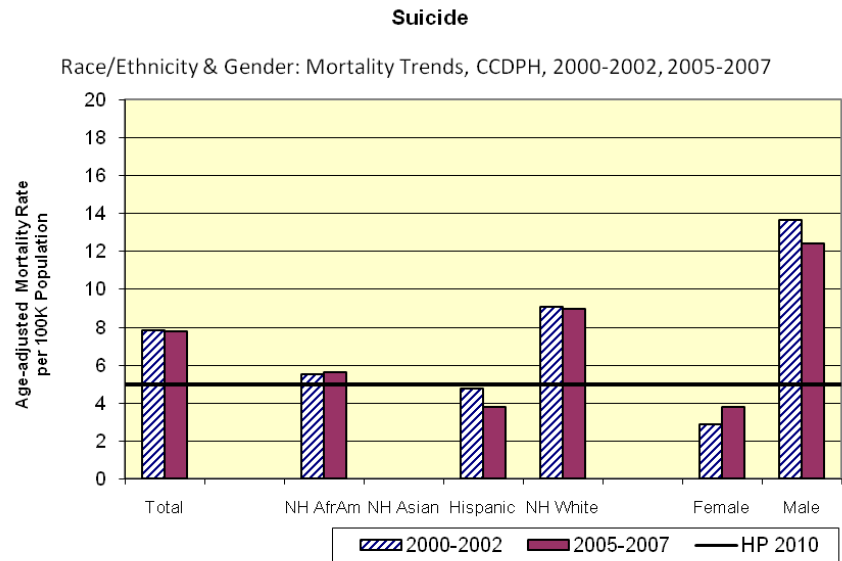
\*National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race/Ethnicity and Gender**

From 2000-2002 to 2005-2007, the suicide rate in the Cook County Department of Public Health's (CCDPH) jurisdiction remained unchanged (approximately 7.8/100,000).

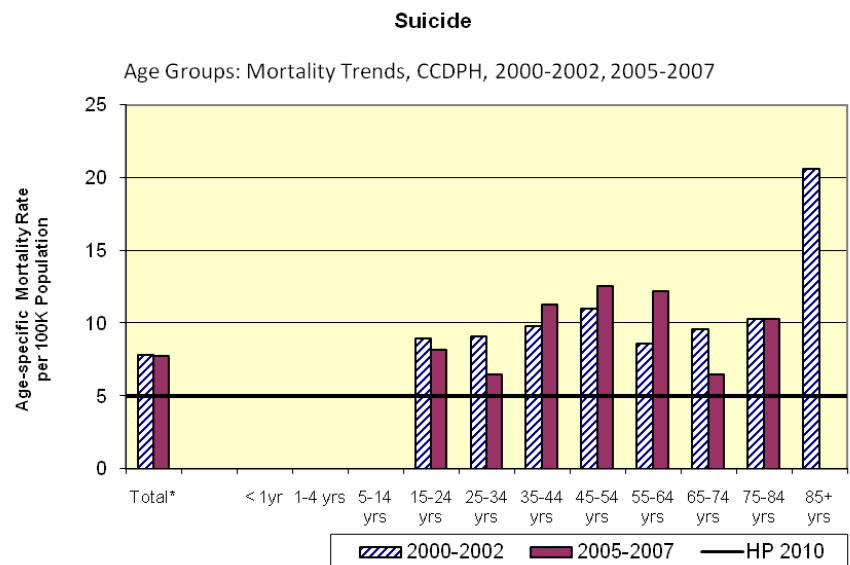
Suicide rates remained stable for all racial/ethnic groups except Hispanics. The suicide rate for Hispanics decreased from 4.7/100,000 in 2000-2002 to 3.8/100,000 in 2005-2007.

The suicide rate among females increased 31% (from 2.9/100,000 in 2000-2002 to 3.8/100,000 in 2005-2007). The rate of suicide among males during this same time period decreased 10% (from 13.7/100,000 in 2000-2002 to 12.4/100,000 in 2005-2007).

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

In 2005-2007, the majority of suicides (46%) occurred among persons aged 35-54, accounting for 241 deaths.

From 2000-2002 to 2005-2007, the suicide rate increased for adults aged 35-64 years. The largest increase was among the age group 55-64 years which increased from 11.0/100,000 to 12.6/100,000.

**Figure 3**

**2005-2007****By Race/Ethnicity**

The overall suicide rate in SCC (7.8/100,000) was below the rates for U.S. (10.9/100,000) and similar to the rate for IL (8.1/100,000).

The suicide rate for Asians in SCC was 7.3/100,000, twice the IL suicide rate for Asians (3.5/100,000). Forty percent of suicides among Asians in Illinois occurred in SCC.

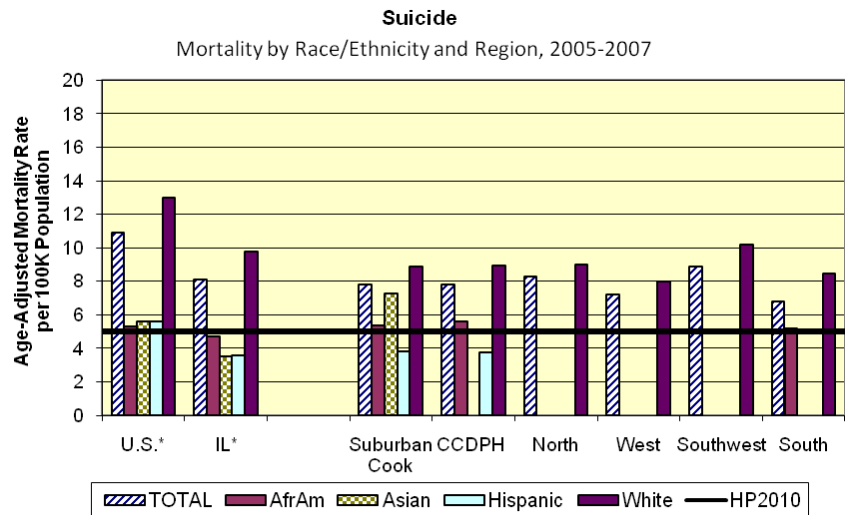
Compared to other racial/ethnic groups, Whites had the highest suicide rate (8.9/100,000), and accounted for over 80% of all suicides in SCC. In all four districts, Whites were the only racial/ethnic group to have suicide rates above the HP 2010 goal.

**2005-2007****By Gender**

The suicide rate for males in SCC (12.4/100,000) was lower than respective rates in the U.S. and Illinois (18.0 and 13.5/100,000 respectively).

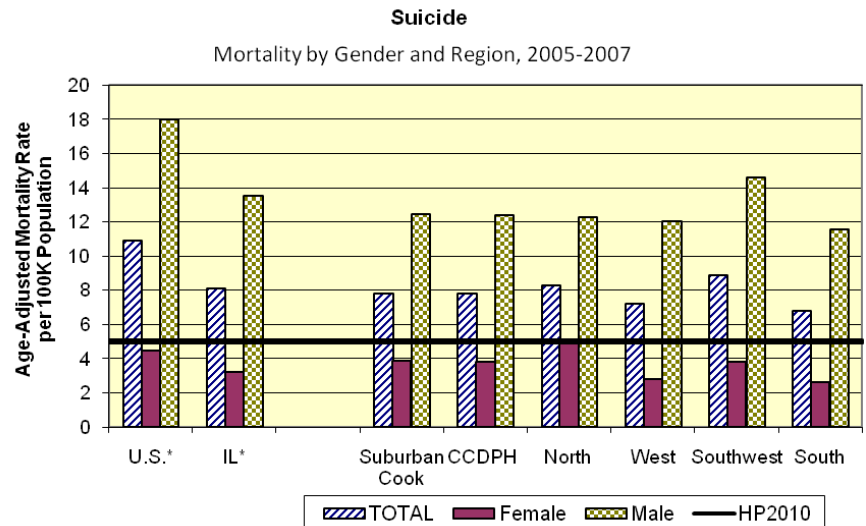
Compared to other districts within SCC, the Southwest district had the highest suicide rates in SCC for males (14.6/100,000) and the North district for females (3.8/100,000).

Gender differences occurred in all regions but the greatest gender difference within SCC was in the Southwest district where the rate for males (14.6/100,000) was nearly four times the rate for females (3.8/100,000).

**Figure 4**

Source: IDPH Death Pull File 2005-2007,

\*National Center for Health Statistics, Compressed Mortality

**Figure 5**

Source: IDPH Death Pull File 2005-2007,

\*National Center for Health Statistics, Compressed Mortality

Table 1

**Suicide**  
Mortality by Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	29,350	10.4	30,622	10.7	31,655	10.9	31,484	10.8	32,439	10.9	32,637	10.9	33,300	10.9	na	na
IL*	1,003	8.1	1,139	9.1	1,145	9.1	1,011	8.0	1,028	8.1	1,086	8.5	1,010	7.8	na	na
Suburban Cook	177	7.1	194	7.8	210	8.4	181	7.2	187	7.5	201	8.1	186	7.4	198	8.0
CCDPH	165	7.3	176	7.9	189	8.4	169	7.5	167	7.4	179	7.9	171	7.6	177	7.9
North	57	6.2	80	8.8	77	8.3	71	7.5	73	7.9	82	8.8	73	7.9	76	8.1
West	55	11.0	32	6.3	45	9.0	32	6.4	31	6.2	36	7.1	33	6.6	39	7.9
South	22	6.3	21	6.0	38	10.7	33	9.2	25	6.9	28	7.9	37	10.3	29	8.3
South	31	6.8	43	9.2	29	6.4	33	7.3	38	8.3	33	7.2	28	6.0	33	7.1

\*ICD-10 code: X60-X84, U03, Y87.0

\*\*Unspecified estimate (N<20)

-Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Suicide**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	530	7.9	527	7.8
<b>Race</b>				
<i>NH AfrAm</i>	43	5.5	48	5.6
<i>NH Asian</i>	**	~	**	~
<i>Hispanic</i>	36	4.7	31	3.8
<i>NH White</i>	429	9.0	428	8.9
<b>Gender</b>				
<i>Female</i>	102	2.9	134	3.8
<i>Male</i>	428	13.7	393	12.4
<b>Age Groups</b>				
<i>&lt; 1yr</i>	0	~	0	~
<i>1-4 yrs</i>	0	~	0	~
<i>5-14 yrs</i>	**	~	**	~
<i>15-24 yrs</i>	76	9.0	69	8.2
<i>25-34 yrs</i>	83	9.1	60	6.5
<i>35-44 yrs</i>	107	9.8	123	11.3
<i>45-54 yrs</i>	103	11.0	118	12.6
<i>55-64 yrs</i>	52	8.6	74	12.2
<i>65-74 yrs</i>	44	9.6	30	6.5
<i>75-84 yrs</i>	34	10.3	34	10.3
<i>85+ yrs</i>	23	20.6	**	~

^ICD-10 code: X60-X84, U03, Y87.0

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Suicide**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	98,376	10.9	3,124	8.1	585	7.8	527	7.8	231	8.3	108	7.2	94	8.9	94	6.8
<b>Race</b>																
<i>NH African</i>	5,832	5.3	259	4.7	51	5.4	48	5.6	**	~	**	~	**	~	29	5.2
<i>NH Asian</i>	2,262	5.6	56	3.5	23	7.3	**	~	**	~	**	~	**	~	**	~
<i>Hispanic</i>	6,572	5.6	173	3.6	33	3.8	31	3.8	**	~	**	~	**	~	**	~
<i>NH White</i>	82,258	13.0	2,612	9.8	473	8.9	428	8.9	201	9.0	76	8.0	89	10.2	62	8.5
<b>Gender</b>																
<i>Female</i>	20,595	4.5	631	3.2	152	3.9	134	3.8	71	4.9	22	2.8	21	3.8	**	2.6
<i>Male</i>	77,781	18.0	2,493	13.5	433	12.4	393	12.4	160	12.3	86	12.0	73	14.6	74	11.6

^ICD-10 code: X60-X84, U03, Y87.0

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> Centers for Disease Control and Prevention. (2010). Surveillance for Violent Deaths — National Violent Death Reporting System, 16 States, 2007. *Surveillance Summaries, Morbidity and Mortality Weekly* , 59 (SS-4).

<sup>ii</sup> Xu JQ, K. K.-V. (2010). Deaths: Final data for 2007. *National vital statistics reports* , 58 (19).

<sup>iii</sup> Centers for Disease Control and Prevention. (2010). *Suicide: Facts at a Glance*. Atlanta, GA.





## Firearm Related

### What is it?

Firearm fatalities include homicides and suicides where the weapon was a firearm, as well as firearm accidents.

### Why is it important?

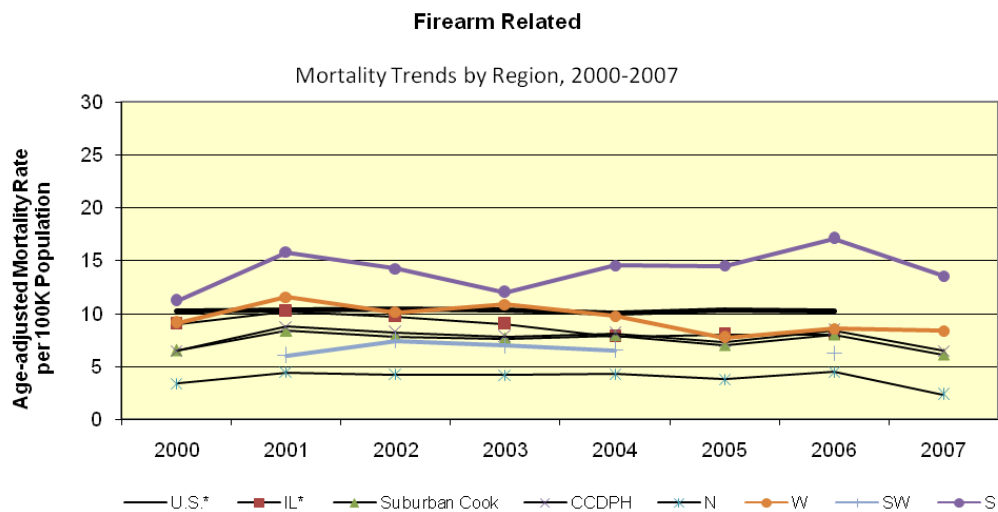
Firearm fatalities are preventable. In 2006, of all the firearm fatalities in the U.S., 54.6 percent were suicide and 41 percent were homicide.<sup>i</sup>

Firearm injuries have a high case fatality rate, approximately 40%.<sup>ii</sup> For the number of firearm fatalities there are more than double that amount that are injured but survive, resulting in a large source of morbidity.<sup>ii</sup>

### 2000-2007

Between 2000 and 2007, the U.S. firearm mortality rate remained stable (approximately 10.2/100,000). While the rate of firearm fatalities in Suburban Cook County (7.4/100,000) was lower than the national rate, the Suburban Cook County (SCC) rate was still higher than the Healthy People (HP) 2010 goal of 3.6/100,000. The South district was the only district to experience an increase in firearm mortality and reached a high of 17.1/100,000 in 2006. From 2000 to 2007, the gap between districts widened; the firearm mortality rate was only 3 times greater in the South than the North in 2000, but in 2007 it was nearly 6 times greater.

Figure 1



Source: IDPH Death Pull File 2000-2007,

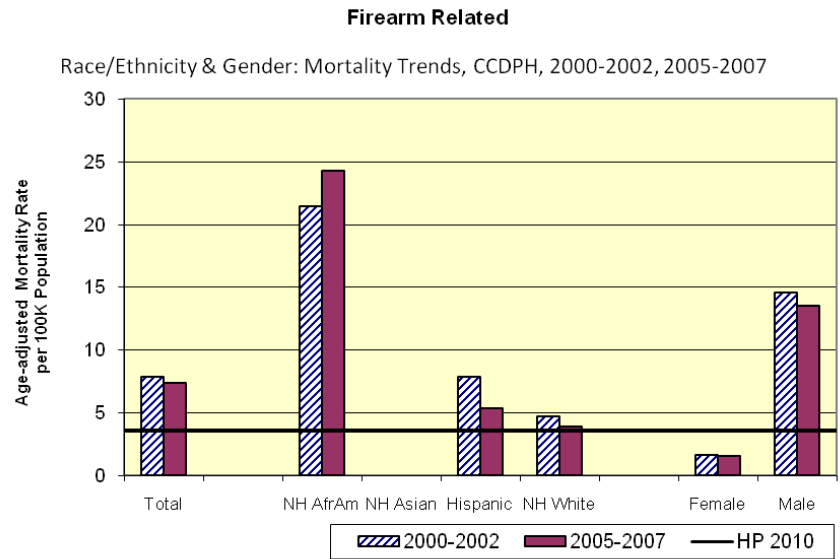
\*National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race and Gender**

The overall firearm mortality rate decreased slightly in the Cook County of Department of Public Health's (CCDPH) jurisdiction (7.8/100,000 in 2000-2002 to 7.4/100,000 in 2005-2007).

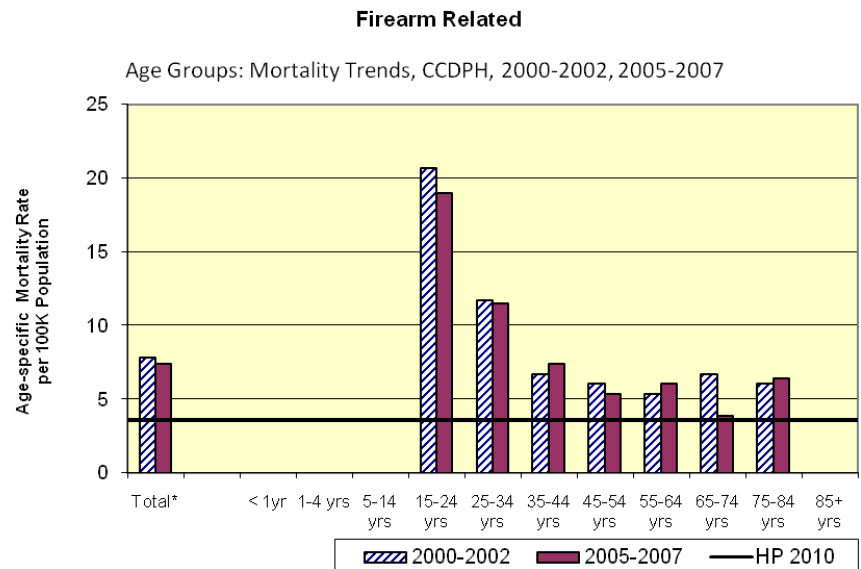
Rates for the highest group, African Americans (AA), however increased 13% (21.5/100,000 in 2000-2002 to 24.3/100,000 in 2005-2007). Furthermore, nearly half of all firearm related deaths in CCDPH occurred among AA (229/485 deaths).

The firearm mortality rate among males remained higher than the rate for females.

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

Firearm mortality primarily affects younger people. Over half of the firearm fatalities (265 deaths) in the CCDPH Jurisdiction occurred among people aged 15 to 34.

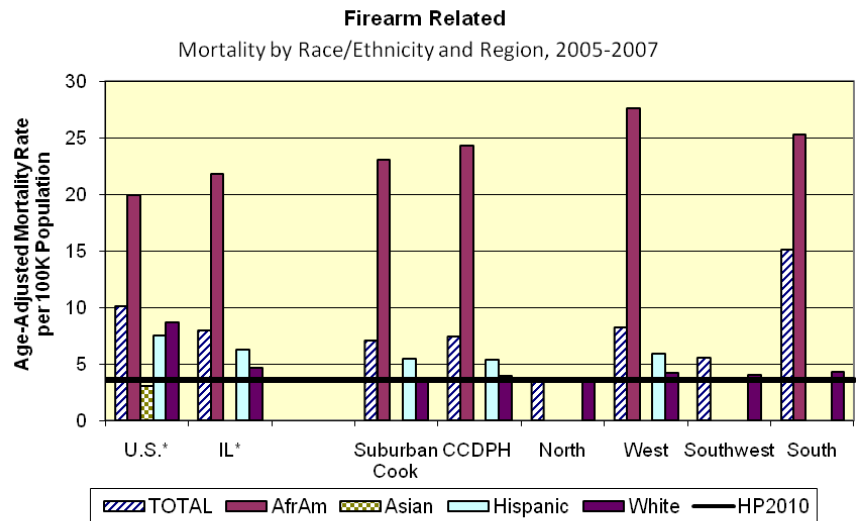
While most of the firearm mortality occurred among people 15-24, there was a slight decrease in mortality in this age group (20.7/100,000 in 2000-2002 to 19.0/100,000 in 2005-2007).

**Figure 3**

**2005-2007****By Race/Ethnicity**

Overall, the highest mortality rate due to firearms was among AAs (24.3/100,000). The South district firearm mortality rate (15.1/100,000) was double the rate for (7.1/100,000). Of the 513 total firearm related deaths in SCC between 2005 and 2007, 30% occurred among African Americans in the South district.

The North district was the only district to meet the HP2010 goal of 3.9 per 100,000.

**Figure 4****2005-2007****By Gender**

Overall males were more likely to suffer a firearm related death in SCC. Only 10% of firearm mortalities in SCC occurred among females. In each district, fewer than 20 firearm fatalities amongst females occurred, except the South district which had 26 female firearm fatalities.

The firearm mortality rate among males in SCC (13.0/100,000) was lower than the national rate for males (18.0/100,000). The rate for males in the South district (27.3/100,000) was 1.5 times the national rate.

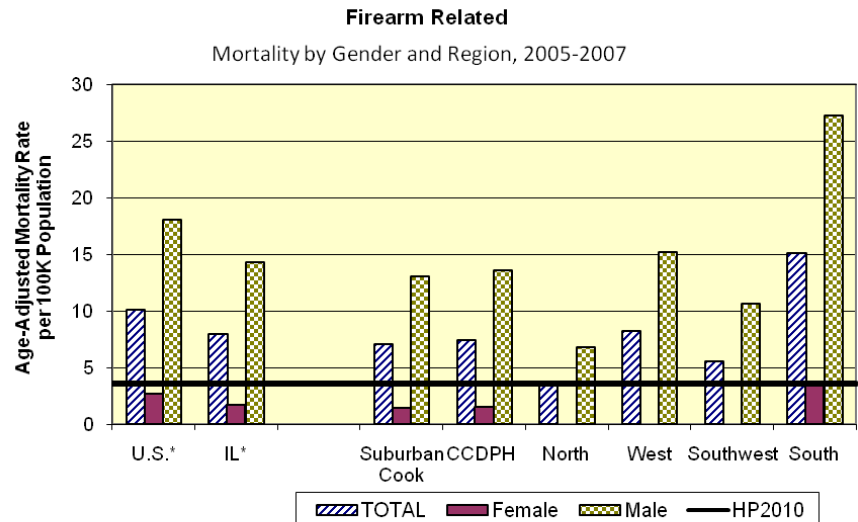
**Figure 5**

Table 1

**Firearm Related  
Mortality by Region  
2000-2007**

	2000			2001			2002			2003			2004			2005			2006			2007		
	n	rate		n	rate		n	rate		n	rate		n	rate		n	rate		n	rate		n	rate	
U.S.*	28,663	10.2		29,573	10.3		30,242	10.4		30,136	10.3		29,569	10.0		30,694	10.3		30,896	10.2		na		na
IL*	1,130	9.0		1,289	10.2		1,231	9.7		1,146	9.0		994	7.8		1,019	8.0		1,036	8.0		na		na
Suburban Cook	157	6.5		203	8.4		190	7.8		186	7.6		192	7.9		170	7.0		195	8.0		148		6.1
CCDPH	141	6.5		192	8.8		180	8.2		172	7.8		176	8.1		160	7.3		184	8.4		141		6.5
North	30	3.4		40	4.5		39	4.2		39	4.2		40	4.3		35	3.8		41	4.5		22		2.3
West	46	9.1		59	11.6		51	10.1		55	10.8		49	9.8		39	7.7		43	8.6		42		8.4
Swest	**	~		21	6.0		26	7.4		24	7.0		22	6.5		**	~		22	6.3		**		~
South	50	11.2		72	15.8		64	14.3		54	12.0		65	14.6		66	14.5		78	17.1		62		13.6

\*ICD-10 code: U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Firearm Related**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	513	7.8	485	7.4
<b>Race</b>				
<i>NH AfrAm</i>	196	21.5	229	24.3
<i>NH Asian</i>	**	~	**	~
<i>Hispanic</i>	75	7.9	56	5.3
<i>NH White</i>	222	4.7	188	3.9
<b>Gender</b>				
<i>Female</i>	53	1.6	52	1.6
<i>Male</i>	460	14.6	433	13.6
<b>Age Groups</b>				
<i>&lt; 1yr</i>	0	~	0	~
<i>1-4 yrs</i>	**	~	**	~
<i>5-14 yrs</i>	**	~	**	~
<i>15-24 yrs</i>	174	20.7	160	19.0
<i>25-34 yrs</i>	107	11.7	105	11.5
<i>35-44 yrs</i>	73	6.7	81	7.4
<i>45-54 yrs</i>	57	6.1	51	5.4
<i>55-64 yrs</i>	33	5.4	37	6.1
<i>65-74 yrs</i>	31	6.7	18	3.9
<i>75-84 yrs</i>	20	6.1	21	6.4
<i>85+ yrs</i>	**	~	**	~

^ICD-10 code: U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Firearm Related**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	91,159	10.1	3,049	7.9	513	7.1	485	7.4	98	3.5	124	8.2	57	5.6	206	15.1
<b>Race</b>																
NH AfrAm	23,506	19.9	1,320	21.8	240	23.0	229	24.3	**	~	53	27.6	**	~	154	25.3
NH Asian	1,272	~	**	~	**	~	**	~	**	~	**	~	**	~	**	~
Hispanic	10,211	7.5	375	6.3	62	5.5	56	5.3	**	~	31	5.9	**	~	**	~
NH White	55,033	8.7	1,275	4.7	199	3.7	188	3.9	84	3.7	38	4.2	34	4.0	32	4.3
<b>Gender</b>																
Female	12,292	2.7	328	1.7	53	1.4	52	1.6	**	~	**	~	**	~	26	3.6
Male	78,867	18.0	2,721	14.3	460	13.0	433	13.6	86	6.8	114	15.2	53	10.6	180	27.3

^ICD-10 code: U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> Xu JQ, K. K.-V. (2010). Deaths: Final data for 2007. *National vital statistics reports* , 58 (19).

<sup>ii</sup> Carter, G. (Ed.). (2002). *Guns in American Society*. Santa Barbara: ABC-CLIO.



## Motor Vehicle Accident

### What is it?

Motor vehicle accident mortality involves the death of a driver, passenger, or pedestrian (including bicyclists) as the result of a collision with a motor vehicle.

### Why is it important?

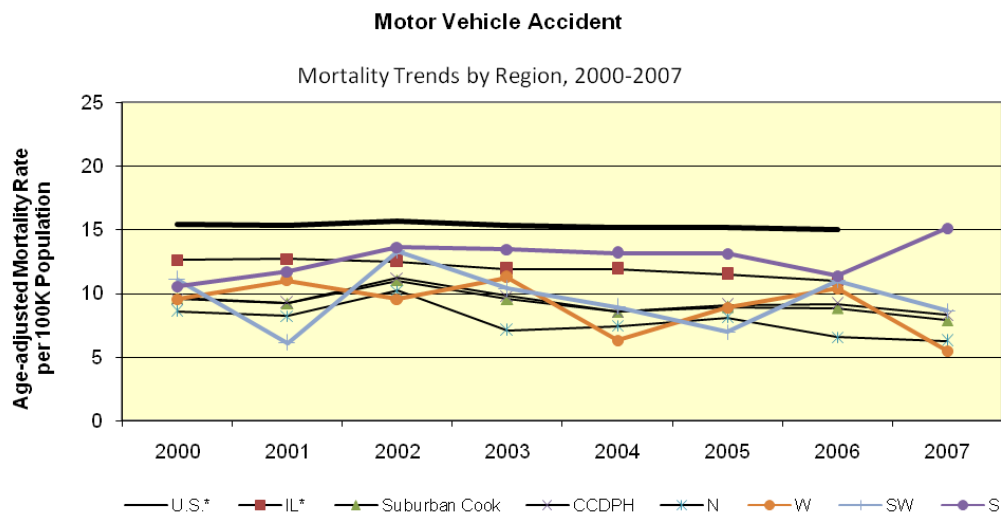
While great efforts have been made to reduce injuries and fatalities in the last century, nationwide, motor vehicle accidents (MVA) were the leading cause of death for people 1 to 44 years old.<sup>i</sup> In 2007, MVAs accounted for 195 deaths in SCC.

MVAs are preventable. Alcohol and age are important factors in MVA fatalities. Young drivers are more likely to be involved in an accident and young passengers are more likely to become injured.<sup>ii</sup> Safety belts and child safety seat use as well as abstinence from alcohol are the best ways to prevent MVAs.

### 2000-2007

From 2000 to 2007, the MVA mortality rate remained stable for the U.S. (approximately 15/100,000). During this same time period, the MVA mortality rate in SCC was consistently lower than national rates. Overall, the MVA mortality rate in SCC decreased for all districts except the South district where the MVA mortality rate increased from 10.5/100,000 in 2000 to 15.1/100,000 in 2007.

Figure 1



Source: IDPH Death Pull File 2000-2007,

\*National Center for Health Statistics, Compressed Mortality File 2000-2006

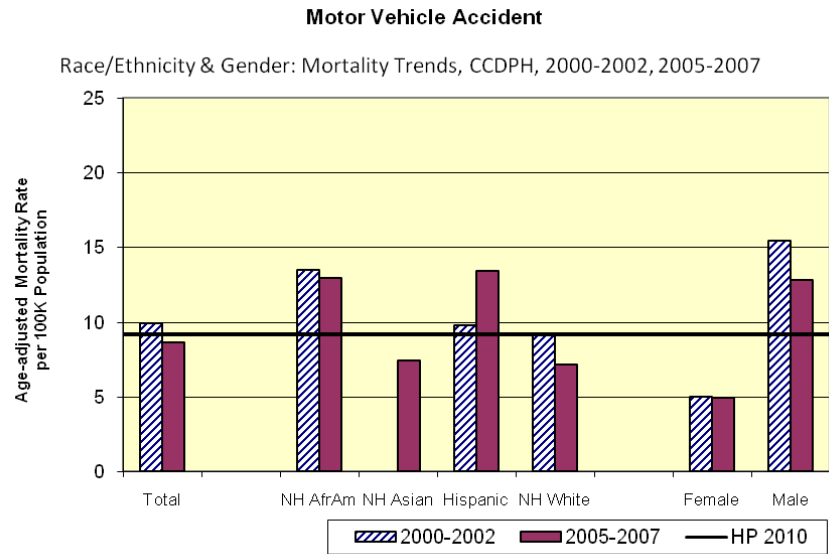


**2000-2002 VS. 2005-2007****By Race/Ethnicity and Gender**

Between 2000-2002 and 2005 - 2007, the overall MVA mortality rate in Cook County Department of Public Health's (CCDPH) jurisdiction decreased from 9.9 to 8.6/100,000. This decrease resulted in CCDPH reaching the Healthy People 2010 goal of 9.2/100,000.

Between 2000-2002 and 2005 - 2007, mortality rates for Hispanics increased from 9.8 to 13.4/100,000. Rates for Whites decreased from 9.1 to 7.2/100,000.

There was no change in the MVA mortality rate among females (5.0/100,000), while the MVA mortality rate for males decreased by 16.8%.

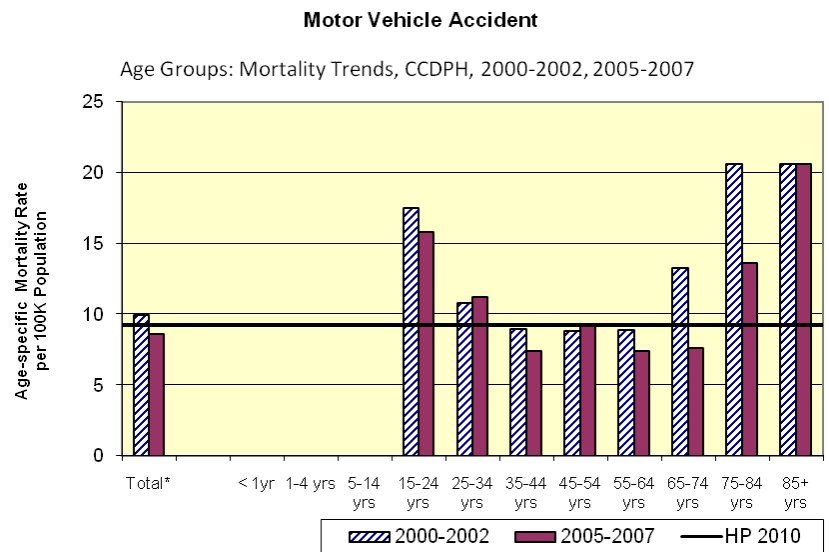
**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

Between 2000-2002 and 2005 - 2007, MVA mortality rates decreased for the majority of age groups.

The largest decrease in MVA mortality rates (from 20.6 to 13.6/100,000) was among the 75-84 year age group.

While, the highest MVA mortality rate for both 2000-2002 and 2005-2007 was among those adults 85 and older (20.6/100,000), youth and young adults (15-34 yrs) accounted for 40% of all MVA deaths.

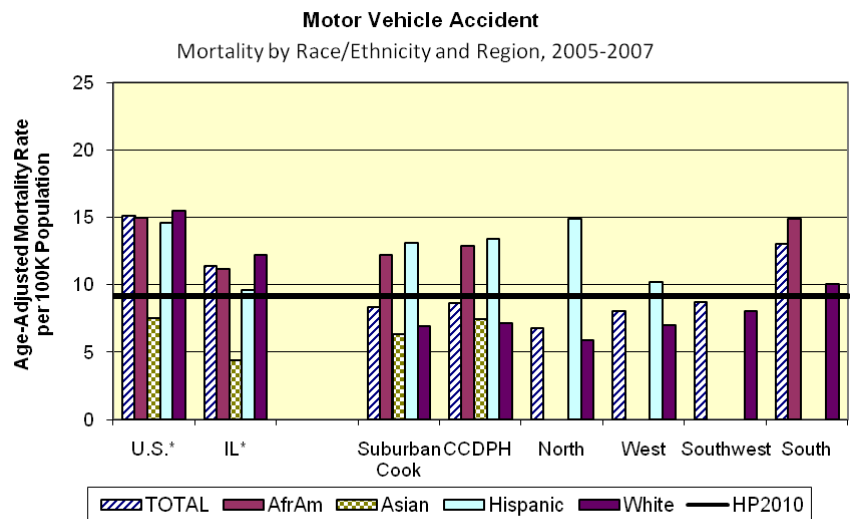
In 2005-2007, adults ages 35-74 met the HP 2010 goal.

**Figure 3**

**2005-2007****By Race/Ethnicity**

Compared to other racial/ethnic groups in SCC, MVA mortality rates were the highest among Hispanics (13.1/100,000) and African Americans (AA) (12.2/100,000) in SCC were above the HP 2010 goal.

Between districts, the highest MVA mortality rates were among Hispanics in the North district (14.9/100,000) and AAs in the South district (110.2/100,000 respectively.)

**Figure 4**

Source: IDPH Death Pull File 2005-2007.

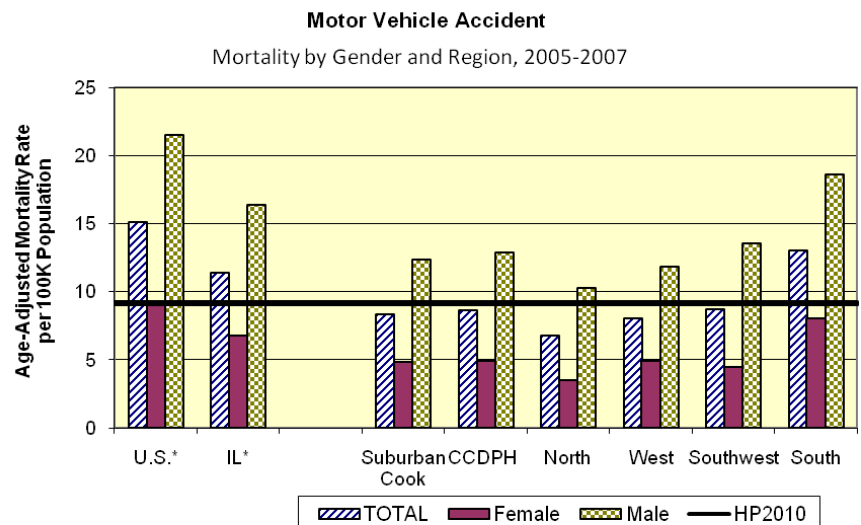
\* National Center for Health Statistics, Compressed Mortality

**2005-2007****By Gender**

Compared to females, males had disproportionate MVA mortality rates in all regions. In SCC, the MVA mortality rate among males (12.3/100,000) was more than twice the rate among females (4.9/100,000). However, rates for both males and females were below comparative rates for Illinois and the U.S.

The highest MVA mortality rates for males and females (18.6 and 8.0/100,000 respectively) were among residents in the South district.

Males throughout the region did not meet the HP 2010 goal, while females met the goal.

**Figure 5**

Source: IDPH Death Pull File 2005-2007.

\* National Center for Health Statistics, Compressed Mortality

Table 1

**Motor Vehicle Accident  
Mortality by Region  
2000-2007**

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	43,358	15.4	43,790	15.3	45,380	15.7	44,763	15.3	44,936	15.2	45,345	15.2	45,319	15.0	na	na
IL*	1,568	12.6	1,585	12.7	1,579	12.5	1,511	11.9	1,513	11.9	1,469	11.5	1,416	11.0	na	na
Suburban Cook	238	9.6	228	9.2	272	11.0	237	9.6	213	8.5	219	8.9	219	8.8	195	7.9
CCDPH	213	9.6	207	9.3	250	11.2	219	9.8	193	8.5	201	9.1	205	9.2	185	8.3
North	76	8.6	75	8.2	92	10.2	64	7.1	68	7.4	72	8.1	59	6.6	57	6.2
West	49	9.5	56	11.0	48	9.5	57	11.2	32	6.3	45	8.9	53	10.4	28	5.5
Swest	40	11.1	22	6.1	48	13.3	37	10.4	32	8.9	24	7.0	40	11.0	30	8.6
South	48	10.5	54	11.7	62	13.6	61	13.4	61	13.2	60	13.1	53	11.4	70	15.1

\*ICD-10 code: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Motor Vehicle Accident**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	666	9.9	577	8.6
<b>Race</b>				
<i>NH AfrAm</i>	118	13.5	115	12.9
<i>NH Asian</i>	**	~	22	7.4
<i>Hispanic</i>	86	9.8	98	13.4
<i>NH White</i>	432	9.1	335	7.2
<b>Gender</b>				
<i>Female</i>	181	5.0	174	5.0
<i>Male</i>	485	15.4	403	12.8
<b>Age Groups</b>				
<i>&lt; 1yr</i>	**	~	**	~
<i>1-4 yrs</i>	**	~	**	~
<i>5-14 yrs</i>	**	~	**	~
<i>15-24 yrs</i>	147	17.5	133	15.8
<i>25-34 yrs</i>	99	10.8	103	11.2
<i>35-44 yrs</i>	98	9.0	81	7.4
<i>45-54 yrs</i>	82	8.8	87	9.3
<i>55-64 yrs</i>	54	8.9	45	7.4
<i>65-74 yrs</i>	61	13.3	35	7.6
<i>75-84 yrs</i>	68	20.6	45	13.6
<i>85+ yrs</i>	23	20.6	23	20.6

^ICD-10 code: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Motor Vehicle Accident**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CCDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	135,585	15.1	4,398	11.4	618	8.4	577	8.6	182	6.8	123	8.1	92	8.7	180	13.0
<b>Race</b>																
NH AfrAm	16,343	15.0	620	11.2	121	12.2	115	12.9	**	~	**	~	**	~	87	14.9
NH Asian	2,911	7.5	61	4.4	23	6.3	22	7.4	**	~	**	~	**	~	**	~
Hispanic	18,128	14.6	480	9.6	103	13.1	98	13.4	34	14.9	34	10.2	**	~	**	~
NH White	95,470	15.5	3,189	12.2	364	7.0	335	7.2	125	5.9	67	7.0	71	8.1	72	10.0
<b>Gender</b>																
Female	41,490	9.0	1,349	6.8	191	4.9	174	5.0	51	3.5	39	4.9	25	4.5	59	8.0
Male	94,095	21.5	3,049	16.4	427	12.3	403	12.8	131	10.2	84	11.9	67	13.6	121	18.6

^ICD-10 code: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81

\*\*Unspecified estimate (N<5)

~Rate not calculated (N<5)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> Ten Leading causes of death and injury. Centers for Disease Control and Prevention.  
<http://www.cdc.gov/injury/wisqars/LeadingCauses.html>. Accessed February 2011.

<sup>ii</sup> Centers for Disease Control and Prevention. (1999). Achievements in Public Health, 1900-1999 Motor-Vehicle Safety: A 20th Century Public Health Achievement. Morbidity and Mortality Weekly Report (48), 369-374.



## Unintentional Injury (excluding motor vehicle accident)

### What is it?

Unintentional injuries account for the majority of accidental deaths. The leading types of unintentional injuries are falls and poisonings (including drug overdose)<sup>i</sup> followed by fires and drowning.

### Why is it important?

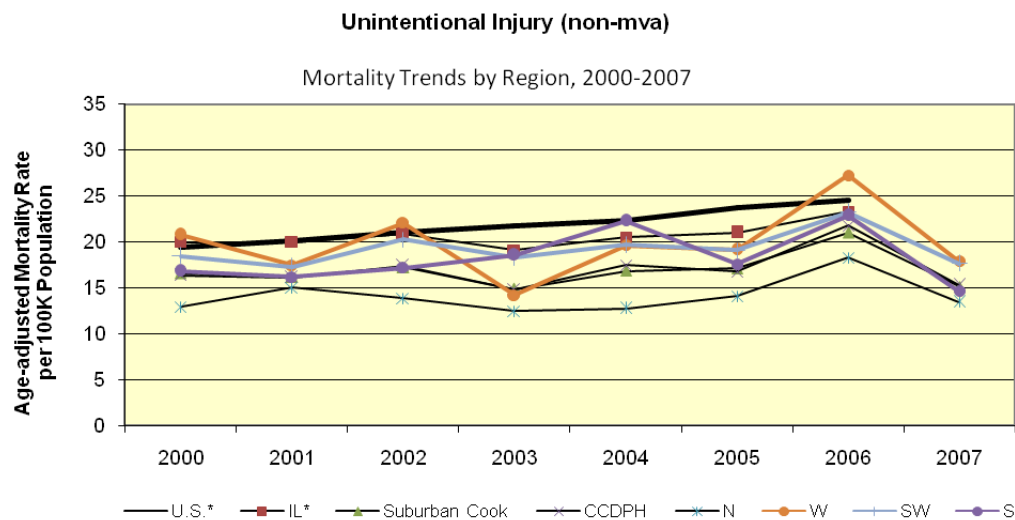
Many of the deaths attributed to unintentional injuries are preventable. Unintentional poisonings, most often due to drug overdose are the leading cause of death for people 35-44 in the U.S.<sup>ii</sup> Unintentional drowning and fire/burns were the second and third leading cause of death for persons aged 1-9 in the U.S.<sup>ii</sup>

In Suburban Cook County (SCC), unintentional injuries are the leading cause of death for children 1-14 years of age. (see leading causes of death)

### 2000-2007

From 2000 to 2006, deaths due to unintentional injuries increased 26% for U.S. from 19.4 to 24.6/100,000. One major source of this increase is drug overdose/unintentional poisoning. From 2000 to 2007, deaths increased by 26% as well in SCC from 16.6/100,000 to 21.0/100,000. From 2000 to 2006 the firearm mortality rate for SCC remained below the U.S. rate.

Figure 1



Source: IDPH Death Pull File 2000-2007,

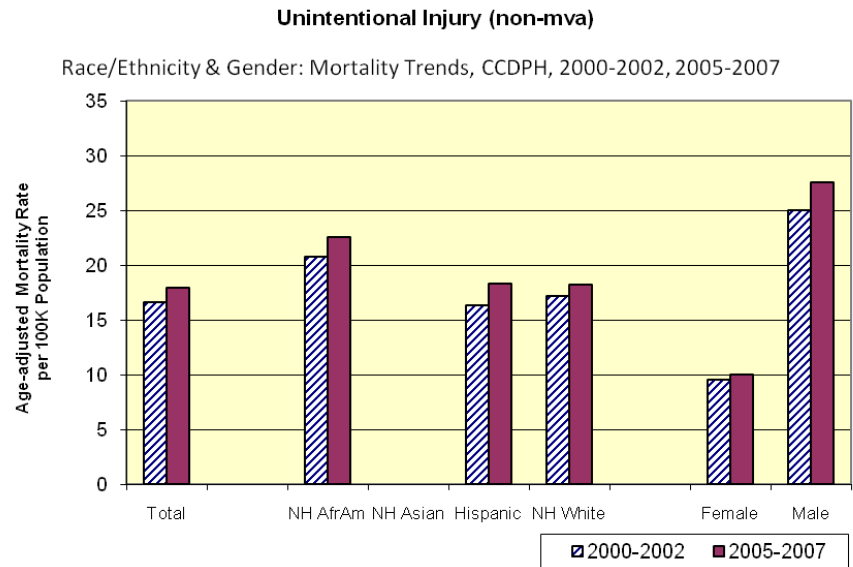
\* National Center for Health Statistics, Compressed Mortality File 2000-2006

**2000-2002 VS. 2005-2007****By Race and Gender**

From 2000-2002 to 2005-2007, the unintentional injury mortality rate for Cook County of Public Health's (CCDPH) jurisdiction increased 7% from 16.6 to 18.0/100,000.

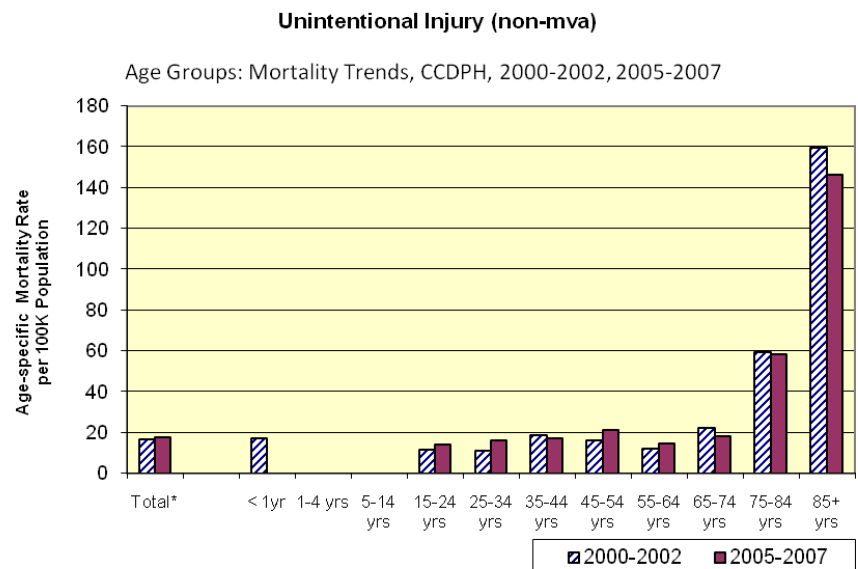
While the highest unintentional injury mortality rate was among African Americans (AA), the largest increase in unintentional mortality rates was among Hispanics (from 16.3 to 18.4/100,000)

While the unintentional injury mortality rate for females remained stable (approximately 9.8/100,000), the rate of males increased from 25.0 to 27.6/100,000.

**Figure 2****2000-2002 VS. 2005-2007****By Age Groups**

Unintentional injury mortality was one of the top five leading causes of death among children and adults 1-44 years of age in 2005-2007.<sup>iii</sup>

From 2000-2002 to 2005-2007, the largest increase in unintentional mortality rates (48%) was among adults ages 24-34 which increased from 11.0 to 16.3/100,000.

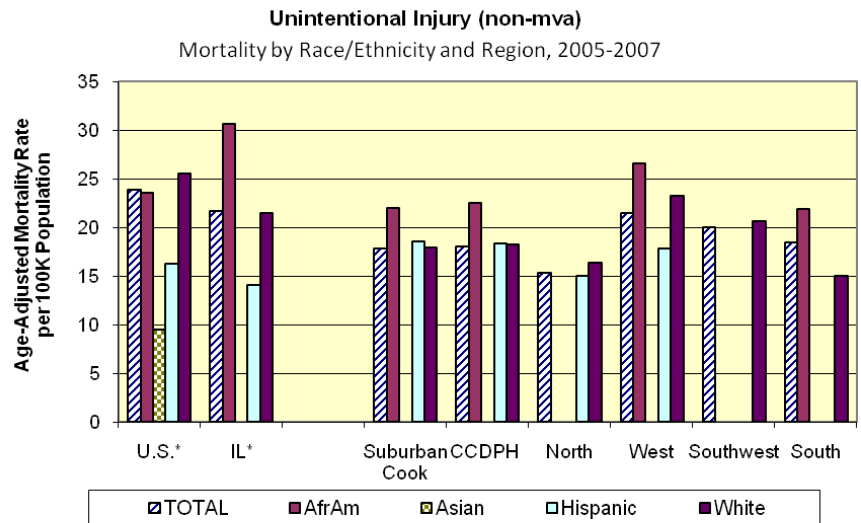
**Figure 3**



**2005-2007****By Race/Ethnicity**

While African Americans had higher mortality rates in the South and West districts (21.9/100,000 and 26.6/100,000 respectively), Whites accounted for a greater number of unintentional injury fatalities in SCC, 1,016 v. 196.

Unintentional injury mortality rates were much lower in SCC than U.S. and Illinois rates for all groups except Hispanics which were 18.5/100,000 in SCC compared to 16.0/100,000 for the U.S. and 14.1/100,000 in Illinois.

**Figure 4****2005-2007****By Gender**

Unintentional injury mortality for males was consistently higher than females in all areas of SCC.

While the rate of unintentional injury mortality for SCC was lower than that of the U.S. and Illinois, the West and Southwest districts had higher mortality rates for males (both were 32.6/100,000).

In 2005-2007, unintentional injuries were the fifth leading cause of death for males in SCC.<sup>iii</sup>

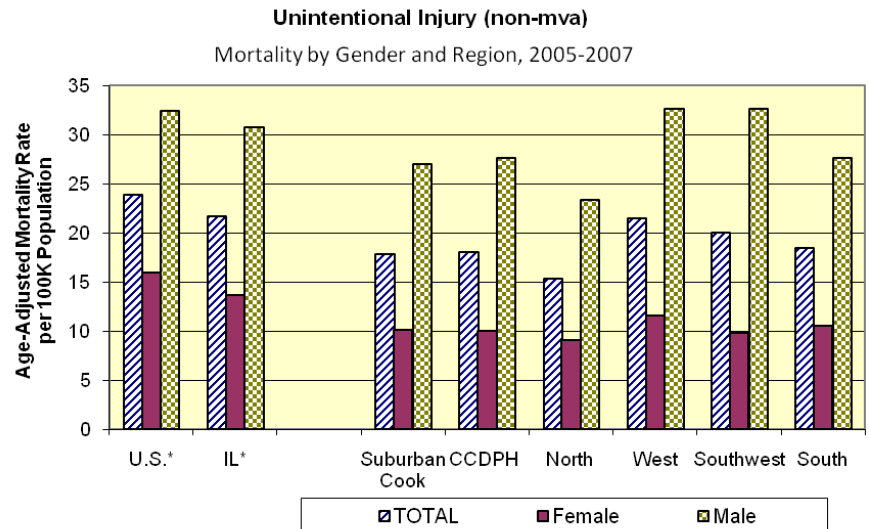
**Figure 5**

Table 1

**Unintentional Injury (non-mva)**  
Mortality by Region  
2000-2007

	2000		2001		2002		2003		2004		2005		2006		2007	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.*	54,093	19.4	57,180	20.1	60,749	21.0	63,892	21.8	66,415	22.3	71,754	23.7	75,566	24.6	na	na
IL*	2,456	20.0	2,479	20.0	2,624	20.9	6,909	19.1	2,609	20.5	2,697	21.0	3,011	23.3	na	na
Suburban Cook	422	16.6	415	16.2	440	17.3	379	14.9	430	16.9	437	17.1	533	21.0	385	15.1
CCDPH	376	16.4	374	16.1	401	17.4	342	14.9	402	17.5	386	16.8	499	21.8	352	15.3
North	122	12.9	142	15.0	129	13.9	116	12.5	120	12.8	132	14.1	169	18.3	127	13.5
West	107	20.8	92	17.5	116	22.1	74	14.2	104	19.7	100	19.1	140	27.3	92	17.9
Swest	70	18.4	66	17.3	76	20.3	68	18.3	74	19.7	73	19.1	85	23.3	64	17.6
South	77	16.8	74	16.2	80	17.2	84	18.6	104	22.3	81	17.6	105	22.9	69	14.6

\*ICD-10 code: \*ICD 10: V01, V01.9, V05-V08.9, V09.1, V09.3-V11.9, V15-V18.9, V19.3, V19.7-V19.9, V80-V80.2, V80.6-V80.9, V81.2-V81.9, V82.2-V82.9, V87.9, V88.9, V89.1, V89.3-X59, Y85-Y86.9

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

na-not available

Table 2

**Unintentional Injury (non-mva)**

Mortality: Race/Ethnicity, Gender, & Age Groups, CCDPH  
2000-2002, 2005-2007

CCDPH				
	2000-2002		2005-2007	
	n	rate	n	rate
<b>Total</b>	1,151	16.6	1,237	18.0
<b>Race</b>				
<i>NH AfrAm</i>	147	20.8	181	22.5
<i>NH Asian</i>	**	~	**	~
<i>Hispanic</i>	87	16.3	101	18.4
<i>NH White</i>	897	17.2	926	18.2
<b>Gender</b>				
<i>Female</i>	397	9.6	402	10.0
<i>Male</i>	754	25.0	835	27.6
<b>Age Groups</b>				
<i>&lt; 1yr</i>	20	17.1	**	~
<i>1-4 yrs</i>	**	~	**	~
<i>5-14 yrs</i>	**	~	**	~
<i>15-24 yrs</i>	97	11.5	118	14.0
<i>25-34 yrs</i>	101	11.0	149	16.3
<i>35-44 yrs</i>	205	18.8	191	17.5
<i>45-54 yrs</i>	152	16.2	199	21.3
<i>55-64 yrs</i>	73	12.0	91	15.0
<i>65-74 yrs</i>	103	22.4	84	18.3
<i>75-84 yrs</i>	196	59.4	193	58.5
<i>85+ yrs</i>	178	159.7	163	146.3

^ICD-10 code: \*ICD 10: V01, V01.9, V05-V08.9, V09.1, V09.3-V11.9, V15-V18.9, V19.3, V19.7-V19.9, V80-V80.2, V80.6-V80.9, V81.2-V81.9, V82.2-V82.9, V87.9, V88.9, V89.1, V89.3-X59, Y85-Y86.9

\*\*Unspecified estimate (N<20)

~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Death Pull File 2000-2007

Table 3

**Unintentional Injury (non-mva)**  
Mortality: Race/Ethnicity & Gender by Region  
2005-2007

	U.S.A.*		IL*		SCC		CDPH		North		West		Southwest		South	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
<b>TOTAL</b>	215,808	23.8	8,368	21.7	1,355	17.8	1,237	18.0	428	15.3	332	21.4	222	20.0	255	18.4
<b>Race</b>																
NH AfrAm	23,177	23.6	1,589	30.7	196	22.1	181	22.5	**	~	44	26.6	**	~	116	21.9
NH Asian	3,039	9.5	61	6.2	**	~	**	~	**	~	**	~	**	~	**	~
Hispanic	15,792	16.3	552	14.1	107	18.5	101	18.4	27	15.0	47	17.9	**	~	**	~
NH White	170,778	25.5	6,103	21.5	1,016	17.9	926	18.2	376	16.4	239	23.3	195	20.6	116	15.0
<b>Gender</b>																
Female	82,558	16.0	3,025	13.7	452	10.1	402	10.0	150	9.1	103	11.6	66	9.8	83	10.5
Male	133,250	32.4	5,343	30.7	903	27.0	835	27.6	278	23.3	229	32.6	156	32.6	172	27.6

\*ICD-10 code: \*ICD 10: V01, V01.9, V05-V08.9, V09.1, V09.3-V11.9, V15-V18.9, V19.3, V19.7-V19.9, V80-V80.2, V80.6-V80.9, V81.2-V81.9, V82.2-V82.9, V87.9, V88.9, V89.1, V89.3-X59, Y85-Y86.9  
 \*\*Unspecified estimate (N<20)  
 ~Rate not calculated (N<20)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population  
 Source: IDPH Death Pull File 2000-2007, \*National Center for Health Statistics, Compressed Mortality File 2004-2006

---

<sup>i</sup> Centers for Disease Control and Prevention. (July 2010). *Unintentional Drug Poisoning in the United States*. National Center for Injury Prevention and Control, Atlanta GA.

<sup>ii</sup> Ten Leading causes of death and injury. Centers for Disease Control and Prevention. <http://www.cdc.gov/injury/wisqars/LeadingCauses.html>. Accessed February 2011.

<sup>iii</sup> Cook County Department of Public Health. IDPH Death Pull File, 2005-2007.



# Communicable Diseases



## Gonorrhea

### What is it?

Infection with the bacterium *Neisseria gonorrhoeae* (GC) causes gonorrheal infections, the second most commonly reported communicable disease in both Cook County Department of Public Health's (CCDPH's) jurisdiction, Illinois and in the United States.<sup>i</sup> Gonorrheal infections are easily treated with appropriate antibiotics, but drug-resistant strains are on the rise.<sup>i</sup>

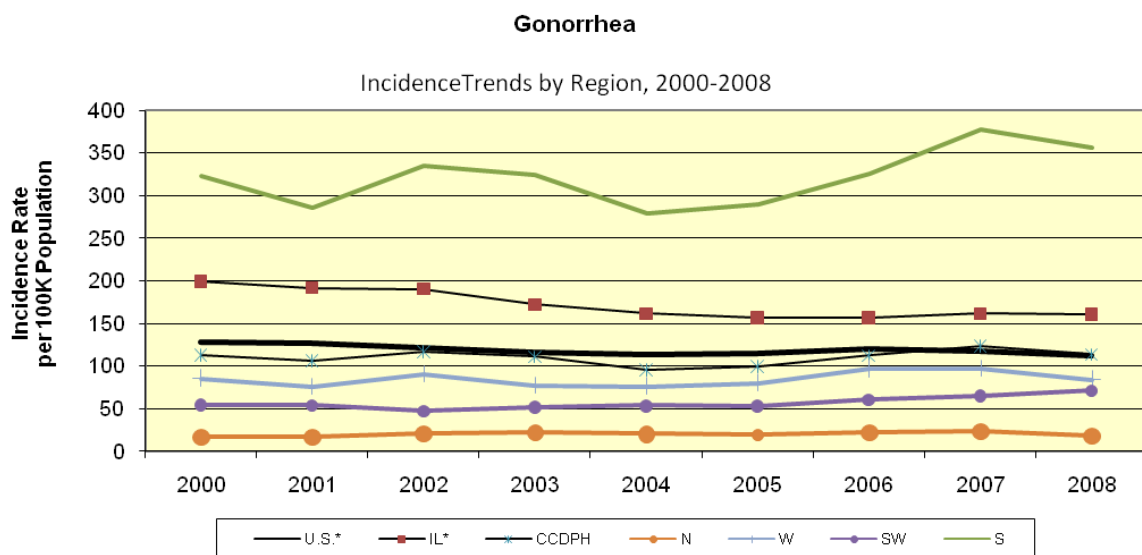
### Why is it important:

Gonorrheal infections can facilitate transmission and acquisition of HIV when present in a sexual partner. HIV targets white blood cells, which the body uses to fight infections like gonorrhea. For example, among HIV-infected males, gonococcal urethritis increased HIV concentration in semen 5- to 8-fold compared with HIV-infected men without urethritis.<sup>ii,iii</sup>

### 2000-2008

Gonorrhea (GC) rates were relatively stable between 2000 – 2008. In 2008, although the GC rate (113.6 per 100,000 population) in CCDPH's jurisdiction was slightly below the U.S. rate, the CCDPH GC rate was 6 times higher than the Healthy People (HP) 2010 goal of 19.0 per 100,000 population. The 2008 gonorrhea rate in the South district was notably higher than the rates in the other districts in CCDPH's jurisdiction. These rates reflect the disparity in gonorrhea rates in African Americans compared with other race/ethnicity groups (see Figure 2).

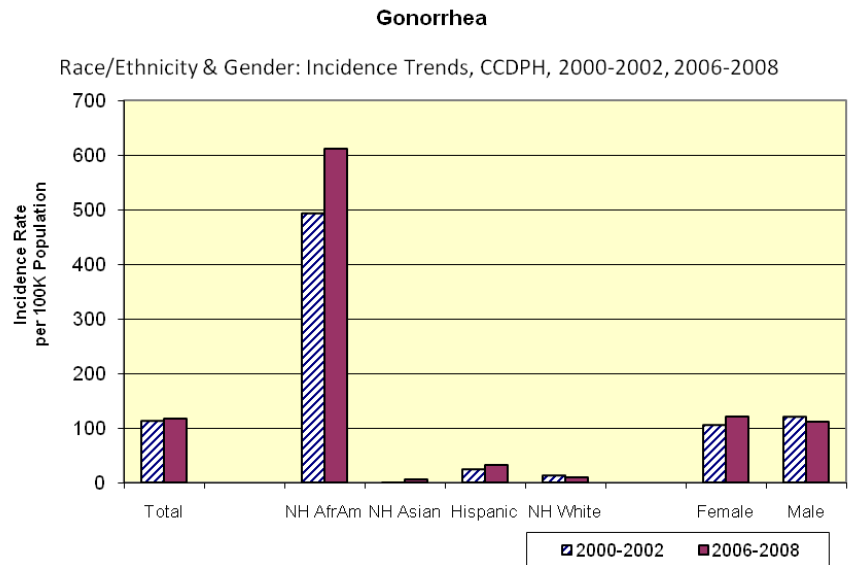
Figure 1



**2000-2002 vs. 2006-2008****By Race and Gender**

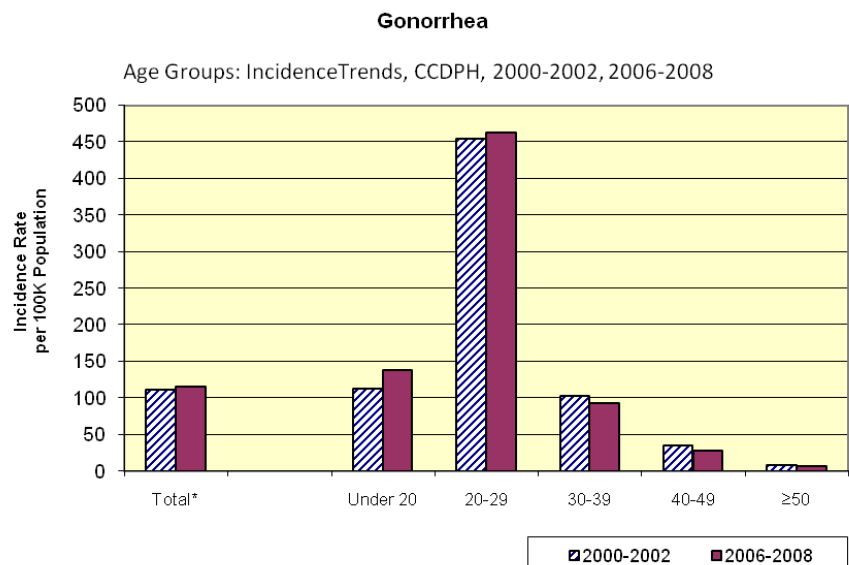
For CCDPH, gonorrhea rates changed very little from 2000-2002 (111.8/100,000) to 2006-2008 (116.5 per 100,000).

In CCDPH's jurisdiction, the gonorrhea rate in African Americans (2006-2008) was 612.2 per 100,000 population, 19 times higher than the rate in Hispanics (32.3 per 100,000 population), and 64 times higher than the rate in non-Hispanic Whites (9.5 per 100,000 population).

**Figure 2****2000-2002 vs. 2006-2008****By Age Groups**

Gonorrhea rates in CCDPH were highest in persons under 30 years of age, a trend that was consistent comparing 2000-2002 with 2006-2008. Persons aged 20-24 years of age had the highest rates of gonorrhea (638.8 per 100,000 population for years 2006-2008). This rate is 34 times higher than the HP 2010 goal (19.0 per 100,000 population).

In persons under 15-19 years of age, gonorrhea rates increased 26%, rising from 457.9 per 100,000 between 2000-2002 to 575.4 per 100,000 between 2006-2008.

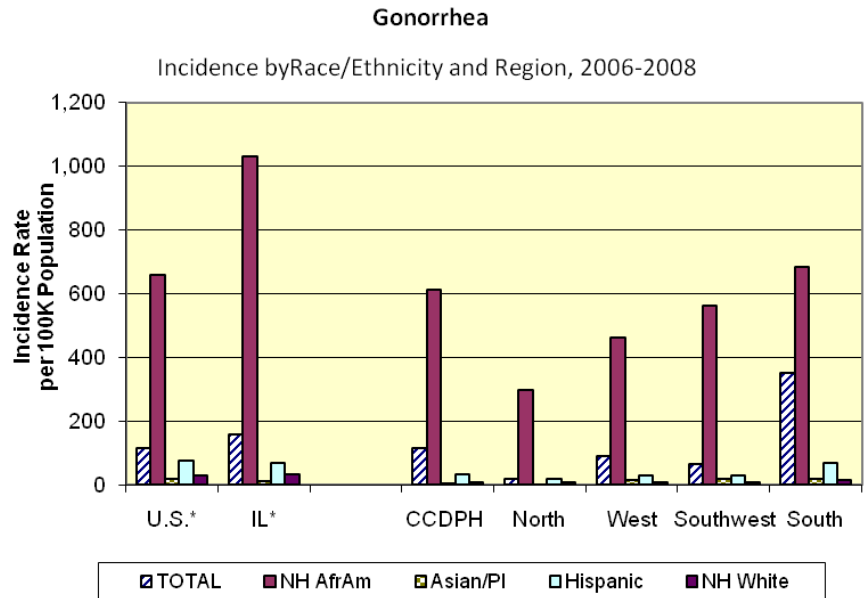
**Figure 3**



**2006-2008****By Race/Ethnicity and Region**

In CCDPH's jurisdiction, African Americans represent less than 20% of the total population yet 72% of all gonorrhea cases diagnosed between 2006-2008 were African Americans.

Across all districts in CCDPH, gonorrhea rates were highest in African Americans, ranging from a low of 297.6 per 100,000 population in the North District to a high of 683.4 per 100,000 population in the South district.

**Figure 4****By Gender and Region**

Gonorrhea rates were similar in males and females across all regions: in CCDPH's districts, in Illinois, and in the U.S. overall. The gonorrhea rate among females in the South district (2006-2008) was 360.2 per 100,000; in South district males, the rate was 345.1 per 100,000 population. These South district rates are more than three times higher than the average CCDPH rate of gonorrhea.

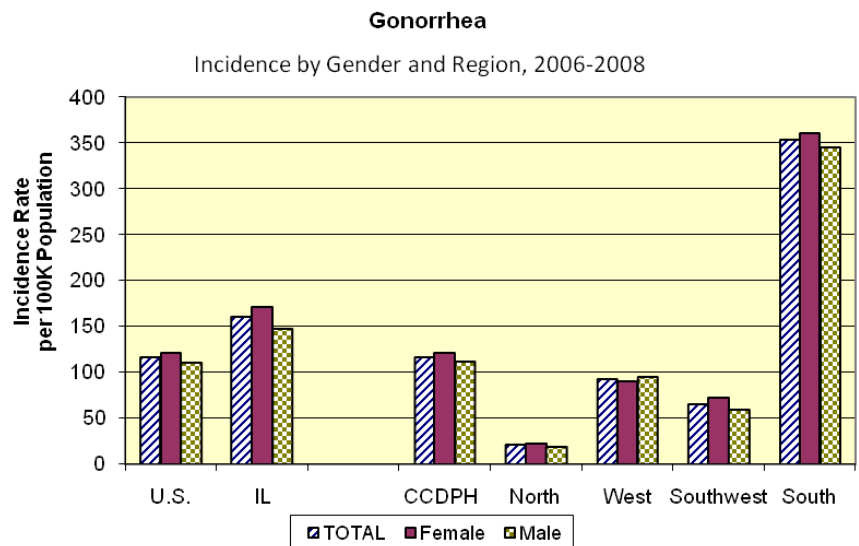
**Figure 5**

Table 1

**Gonorrhea  
Incidence by Region  
2000-2008**

	2000		2001		2002		2003		2004		2005		2006		2007		2008	
	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*
U.S.	363,136	128.7	361,705	126.8	351,852	122.0	335,104	115.2	330,132	112.4	339,593	114.6	358,366	119.7	355,991	118.0	336,742	111.6
IL	24,812	199.4	24,025	191.9	24,026	190.7	21,817	172.4	20,597	162.0	20,019	156.9	20,186	157.3	20,813	161.9	20,674	160.9
CCDPH	2,545	113.0	2,389	106.0	2,626	116.5	2,500	111.0	2,158	95.8	2,257	100.2	2,530	112.3	2,782	123.5	2,560	113.6
North	155	17.0	152	16.6	187	20.5	199	21.8	183	20.0	178	19.5	205	22.4	214	23.4	161	17.6
West	436	85.8	387	76.1	463	91.1	392	77.1	388	76.3	409	80.5	492	96.8	494	97.2	429	84.4
South	194	55.0	193	54.7	169	47.9	184	52.1	190	53.8	189	53.6	214	60.6	231	65.5	252	71.4
	1,543	323.1	1,363	285.4	1,596	334.2	1,548	324.1	1,333	279.1	1,381	289.2	1,557	326.0	1,800	376.9	1,701	356.2

\* Rates based on 2000 Census population for CCDPH; for U.S. and Illinois, rates based on CDC Wonder online database.

Table 2

**Gonorrhea**

Incidence Trends, CCDPH By Race/Ethnicity, Gender, & Age Groups  
2000-2002, 2006-2008

CCDPH				
	2000-2002		2006-2008	
<b>Total</b>	7,560	111.8	7,872	116.5
<b>Race</b>				
<i>NH AfrAm</i>	4,554	492.1	5,665	612.2
<i>NH Asian</i>	10	2.9	19	5.5
<i>Hispanic</i>	213	23.5	293	32.3
<i>NH White</i>	555	12.1	436	9.5
<b>Gender</b>				
<i>Female</i>	3,663	105.1	4,215	120.9
<i>Male</i>	3,896	119.0	3,657	111.7
<b>Age Groups</b>				
<i>Under 20</i>	2,172	113.3	2,657	138.6
<i>20-29</i>	3,785	455.5	3,845	462.7
<i>30-39</i>	1,047	103.6	939	92.9
<i>40-49</i>	380	36.1	300	28.5
<i>≥50</i>	176	9.0	131	6.7

\*Unspecified estimate (N<5)

~Rate not calculated(N<5)

Rates based on 2000 Census Population for SCC

Table 3

**Gonorrhea**  
Incidence by Race/Ethnicity&Gender by Region  
2006-2008

	U.S.		IL		CCDPH		North		West		Southwest		South	
	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*
<b>TOTAL</b>	1,051,099	116.5	61,673	160.0	7,872	116.5	580	21.1	1,415	92.8	697	65.8	5,058	353.0
<b>Race/Ethnicity†</b>														
<i>NIH/AI/Am</i>	567,074	659.5	44,496	1,029.9	5,665	612.2	164	297.6	858	462.9	409	561.7	4,183	683.4
<i>NIH/Asian</i>	6,438	18.8	153	11.3	19	5.5	6	2.2	6	17.6	4	20.1	3	18.7
<i>Hispanic</i>	72,638	75.4	2,789	69.5	293	32.3	56	20.1	133	30.8	29	31.6	72	69.5
<i>NIH/White</i>	157,926	31.7	7,128	34.2	436	9.5	167	7.8	69	7.9	87	10.0	113	16.2
<b>Gender</b>														
<i>Female</i>	557,204	121.7	33,580	171.7	4,215	120.9	325	23.2	709	90.7	397	72.2	2,712	360.2
<i>Male</i>	491,296	110.5	28,092	148.0	3,657	111.7	255	19.0	706	94.9	300	59.0	2,346	345.1

Note: NH = non-Hispanic; PI = Pacific Islander.

\* Rates based on 2000 census population for all regions except U.S.; U.S. rates from CDC Wonder online database.

† Excludes persons <15 years of age for US and IL totals and rates.

---

<sup>i</sup> CDC. STD Surveillance, 2009 – Gonorrhea. Available at: <http://www.cdc.gov/std/stats09/gonorrhea.htm> (last accessed, 3/30/2011).

<sup>ii</sup> Sadiq ST, Taylor S, Copas AJ, et al. The effects of urethritis on seminal plasma HIV-1 RNA loads in homosexual men not receiving antiretroviral therapy. Sex Transm Infect 2005; 81:120-123.

<sup>iii</sup> Cohen MS, Hoffman IF, Royce RA, et al. Reduction of concentration of HIV-1 in semen after treatment of urethritis: Implications for prevention of sexual transmission of HIV-1. Lancet 1997; 349:1868-1873.

## Syphilis

### What is it?

Syphilis infections are caused by the bacterium *Treponema pallidum* and are classified in stages (primary, secondary, and latent). Syphilis is referred to as “the great imitator” because clinical manifestations can be easily mistaken for other medical conditions. Infections are transmitted through direct contact with chancres, or syphilis sores, which are present during the first two stages (primary and secondary syphilis).<sup>i</sup>

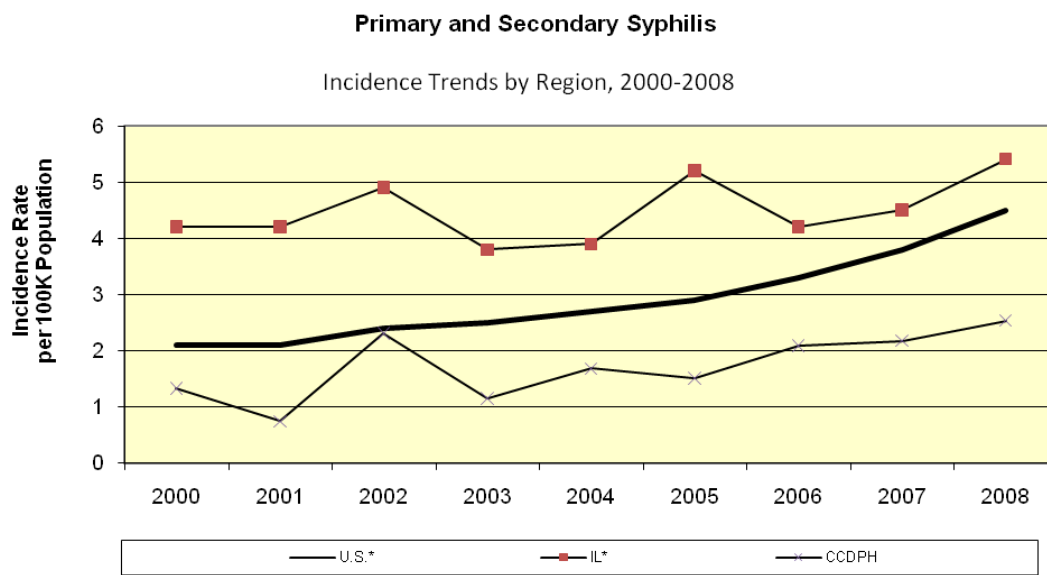
### Why is it important?

Syphilis can spread from a pregnant woman to her baby if she does not receive treatment. Babies with syphilis may have birth defects or may be stillborn. Syphilis infections can also facilitate the transmission and acquisition of HIV. Persons are 2 to 5 times more likely to acquire HIV when syphilis is also present.<sup>ii</sup> In 2009, Cook County (including the City of Chicago) ranked second in the US in the number of primary and secondary syphilis cases behind Los Angeles.<sup>iii</sup>

### 2000-2008

Though somewhat lower than rates in Illinois and the US, rates for Cook County Department of Public Health (CCDPH) primary and secondary (P & S) syphilis rose between 2000 and 2008. In the CCDPH jurisdiction, the 2008 rate of P & S syphilis was 2.5 per 100,000 population, 12.5 times the Healthy People (HP) 2010 goal of 0.2 per 100,000 population. Between 2005 and 2006, the rate of P & S syphilis in the CCDPH jurisdiction increased 40%, from 1.5 per 100,000 population to 2.1 per 100,000 population. Nationally, rates increased 18%, from 4.1 per 100,000 population in 2007 to 4.8 per 100,000 population in 2008.

Figure 1

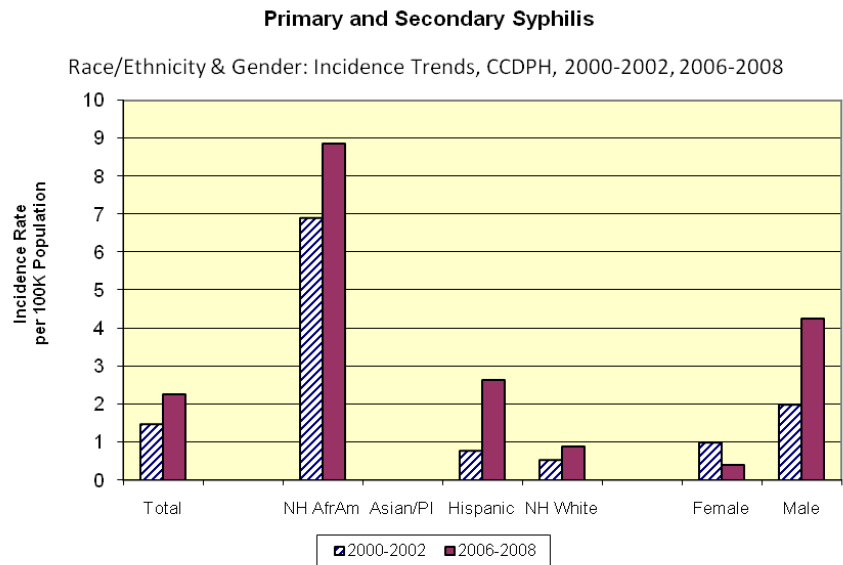


**2000-2002 vs. 2006-2008****By Race/Ethnicity and Gender**

P & S syphilis cases increased from a rate of 1.5 per 100,000 population between 2000-2002 to a rate of 2.3 per 100,000 population between 2006-2008.

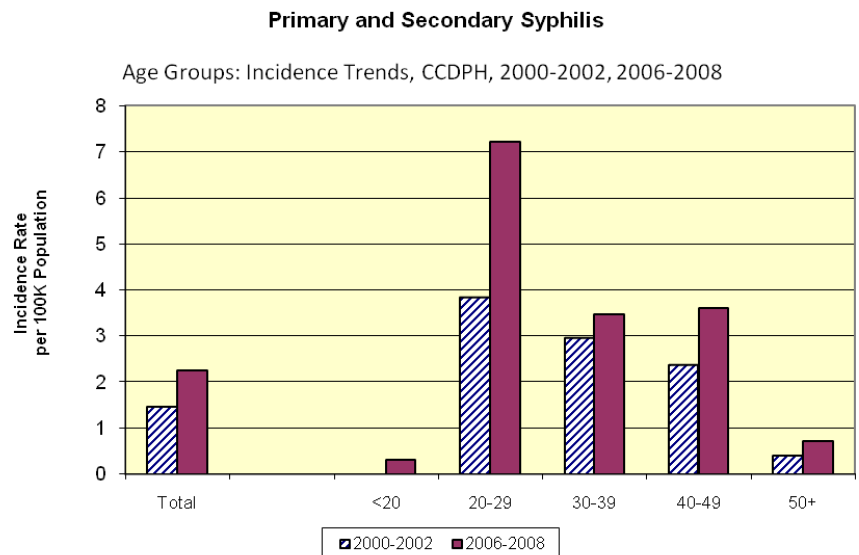
African Americans in CCDPH had the highest rate of P & S syphilis between 2006-2008 (8.9 per 100,000 population), 45 times higher than the HP 2010 goal.

The P & S rate in males between 2006-2008 was 4.2 per 100,000 population, 10 times higher than the average rate in females over the same time (0.4 per 100,000 population).

**Figure 2****2000-2002 vs. 2006-2008****By Age Groups**

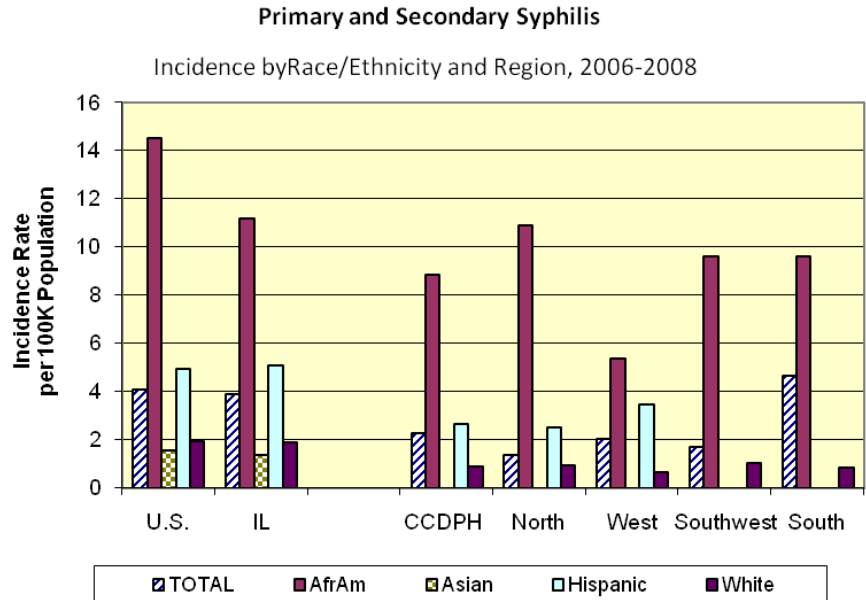
Among those aged 20-29 years, the P & S syphilis rate nearly doubled, from 3.9 per 100,000 population between 2000-2002 to 7.2 per 100,000 population between 2006-2008.

Rates also increased in other age groups over the two time periods: in those aged 30-39 years, the rate increased 17% from 3.0 to 3.5 per 100,000 population. Among those aged 40-49 years, the P & S rate increased 50% from 2.4 per 100,000 population between 2000-2002 to 3.6 per 100,000 population between 2006-2008. Finally, in those aged 50 years and older, the rate increased 75% from 0.4 per 100,000 population between 2000-2002 to 0.7 per 100,000 population between 2006-2008.

**Figure 3**

**2006-2008****By Race/Ethnicity and Region**

P & S syphilis rates were higher in African Americans locally, statewide and nationally. In CCDPH's jurisdiction, the P & S syphilis rate in African Americans (2006-2008) ranged from a low of 5.4 per 100,000 population in the West district to a high of 10.9 per 100,000 population in the North district.

**Figure 4****By Gender and Region**

The P & S rate in the CCDPH jurisdiction between 2006-2008 was 2.3 per 100,000 population, below the overall rate in the U.S (4.1/100,000).

The P & S syphilis rate (2006-2008) in males was substantially higher than the rate in females locally, statewide and nationally. In the South district during 2006-2008, the rate among males was 8.8 per 100,000 population, nearly 10 times higher than the rate among females in the South (0.9 per 100,000 population).

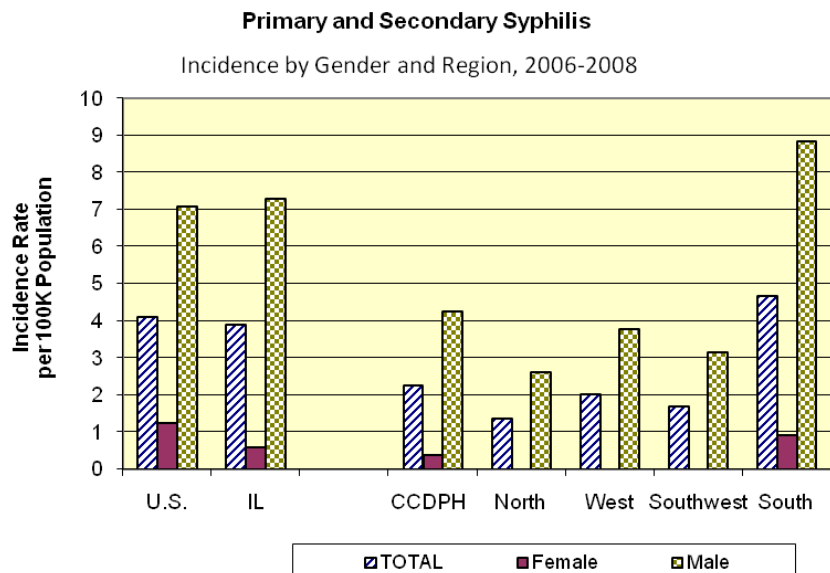
**Figure 5**



Table 1

**Primary and Secondary Syphilis  
Incidence by Region  
2000-2008**

	2000		2001		2002		2003		2004		2005		2006		2007		2008	
	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*
U.S.	5,979	2.1	6,103	2.1	6,862	2.4	7,177	2.5	7,980	2.7	8,724	2.9	9,756	3.3	11,466	3.8	13,500	4.5
IL	411	4.2	408	4.2	479	4.9	374	3.8	386	3.9	525	5.2	431	4.2	464	4.5	554	5.4
CCDPH	30	1.3	17	0.8	52	2.3	26	1.2	38	1.7	34	1.5	47	2.1	49	2.2	57	2.5
North	†	¶	†	¶	7	0.8	5	0.5	9	1.0	7	0.8	14	1.5	16	1.7	7	0.8
West	†	¶	†	¶	14	2.8	9	1.8	13	2.6	8	1.6	12	2.4	9	1.8	10	2.0
Swest	†	¶	0	0.0	10	2.8	†	¶	7	2.0	†	¶	†	¶	6	1.7	9	2.6
South	20	4.2	10	2.1	21	4.4	11	2.3	9	1.9	17	3.6	18	3.8	18	3.8	31	6.5

\* Rates based on 2000 Census population for CCDPH; for U.S. and Illinois, rates based on CDC Wonder online database.

† Unspecified estimate (N<5).

¶ Rate not calculated (N<5).

Table 2

**Primary and Secondary Syphilis**

Incidence Trends, CCDPH By Race/Ethnicity, Gender, & Age Groups  
2000-2002, 2006-2008

	SCC			
	2000-2002		2006-2008	
	n	rate	n	rate
<b>Total</b>	99	1.5	153	2.3
<b>Race</b>				
<i>NH AfrAm</i>	64	6.9	82	8.9
<i>Asian/PI</i>	*	~	*	~
<i>Hispanic</i>	7	0.8	24	2.6
<i>NH White</i>	24	0.5	41	0.9
<b>Gender</b>				
<i>Female</i>	34	1.0	14	0.4
<i>Male</i>	65	2.0	139	4.2
<b>Age Groups (Years)</b>				
<20	*	~	6	0.3
20-29	32	3.9	60	7.2
30-39	30	3.0	35	3.5
40-49	25	2.4	38	3.6
≥50	8	0.4	14	0.7

Note: NH = Not Hispanic; PI = Pacific Islander.

\*Unspecified estimate (N<5).

~Rate not calculated (N<5).

Rates based on 2000 census population for CCDPH.

Table 3

**Primary and Secondary Syphilis  
Incidence by Race/Ethnicity & Gender by Region  
2006-2008**

	U.S.		IL		CCDPH		North		West		Southwest		South	
	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*
<b>TOTAL</b>	34,722	3.9	1,449	3.9	153	2.3	37	1.3	31	2.0	18	1.7	67	4.7
<b>Race/Ethnicity**</b>														
<i>NH Asian</i>	15,362	17.9	634	14.7	82	8.9	6	10.9	10	5.4	7	9.6	59	9.6
<i>Asian/PI</i>	536	1.6	18	1.3	†	¶	†	¶	0	0.0	0	0.0	0	0.0
<i>Hispanic</i>	5,306	5.5	235	5.9	24	2.6	7	2.5	15	3.5	†	¶	0	0.0
<i>NH White</i>	11,634	2.3	493	2.4	41	0.9	20	0.9	6	0.7	9	1.0	6	0.9
<b>Gender</b>														
<i>Female</i>	5,392	1.2	114	0.6	14	0.4	†	¶	†	¶	†	¶	7	0.9
<i>Male</i>	29,317	6.6	1,335	7.3	139	4.2	35	2.6	28	3.8	16	3.1	60	8.8

Note: NH = non-Hispanic; PI = Pacific Islander

\* Rates based on 2000 census population for all regions except U.S.; U.S. rates from CDC Wonder online database

† Unspecified estimate (N<5)

¶ Rate not calculated (N<5)

\*\* Excludes person <15 years of age for U.S. and IL totals and rates

---

<sup>i</sup> CDC. STD Surveillance, 2009 – Syphilis. Available at <http://www.cdc.gov/std/Syphilis/STDFact-MSM-Syphilis.htm> (last accessed 3/30/2011).

<sup>ii</sup> CDC. STD Facts—Syphilis and MSM. Available at: <http://www.cdc.gov/std/Syphilis/STDFact-MSM-Syphilis.htm> (last accessed 3/18/2011).

<sup>iii</sup> CDC. STD Surveillance, 2009 – Table 31. Available at: <http://cdc.gov/std/statso9/tables/31.htm> (last accessed 3/30/2011).

## Chlamydia

### What is it/what causes it?

Chlamydial infections are caused by the bacterium *Chlamydia trachomatis*. *C. trachomatis* infections are easily cured with appropriate antibiotics. Though chlamydial infections are the most commonly reported communicable disease in Cook County Department of Public Health's (CCDPH) jurisdiction as well as the United States overall, underreporting is a significant problem because most individuals with chlamydial infections are asymptomatic and do not seek testing.<sup>i</sup>

### Why is it important?

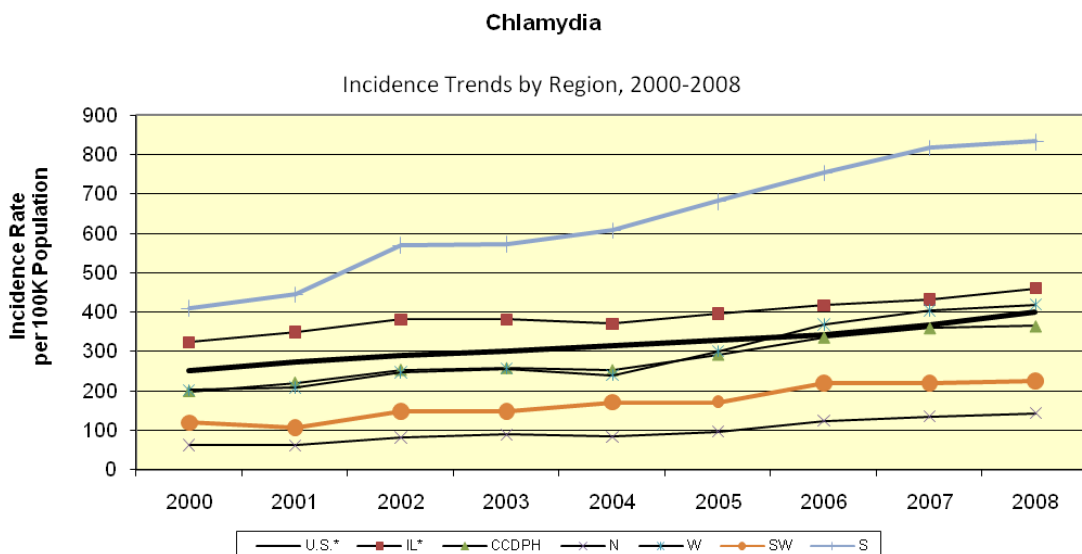
Because most people with chlamydial infections have no symptoms, many infections may go untreated. Untreated chlamydial infections, in turn, can lead to significant reproductive sequelae, including fallopian tube scarring and infertility in females and urethritis and epididymitis in males.<sup>i</sup>

### 2000-2008

Between 2000 - 2008, chlamydia rates increased for the U.S., Illinois, and all four districts within CCDPH's jurisdiction. Rates in the South district increased more sharply than rates in the other regions. In 2008, the rate in the South District was 833.1 per 100,000 population; the rate in the West district was 417.8 per 100,000 population.

Although rates have increased between 2000 - 2008, it is not clear whether these increases are a result of more new *C. trachomatis* infections or whether they reflect increases in the ease and availability of testing for *C. trachomatis* or some combination of these factors.

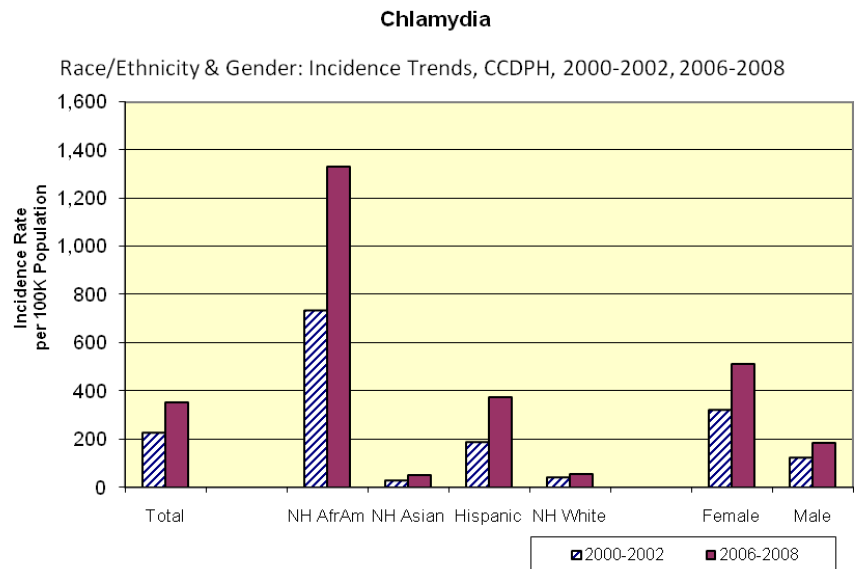
Figure 1



**2000-2002 vs. 2006-2008****By Race and Gender**

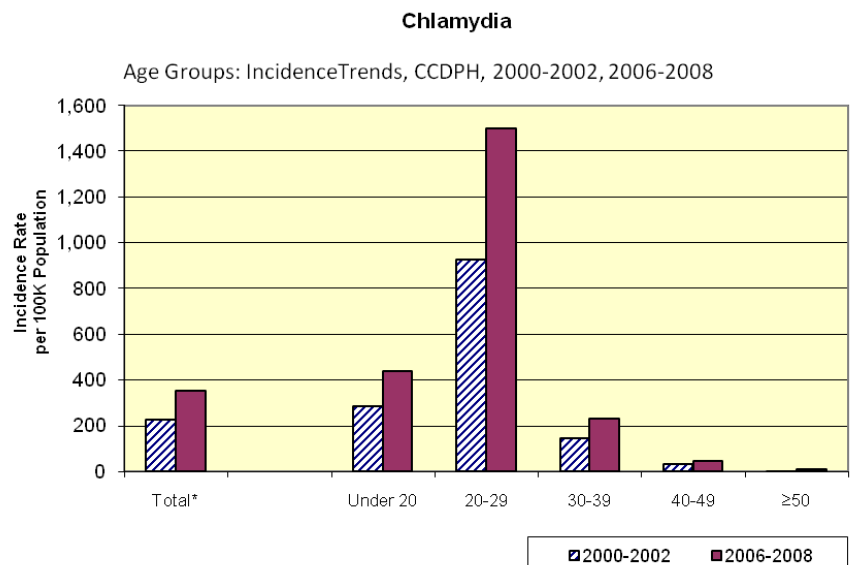
Chlamydia rates within CCDPH's jurisdiction increased from 224.4 per 100,000 population between 2000-2002 to 353.6 per 100,000 population between 2006-2008.

The overall chlamydia rate of 1,333.5 per 100,000 population in African Americans (2006-2008) was 3.6 times higher than the rate in Hispanics (375.1 per 100,000 population) and 25 times the rate in Whites and Asians (54.1 and 53.2 per 100,000 population, respectively).

**Figure 2****2000-2002 vs. 2006-2008****By Age Groups**

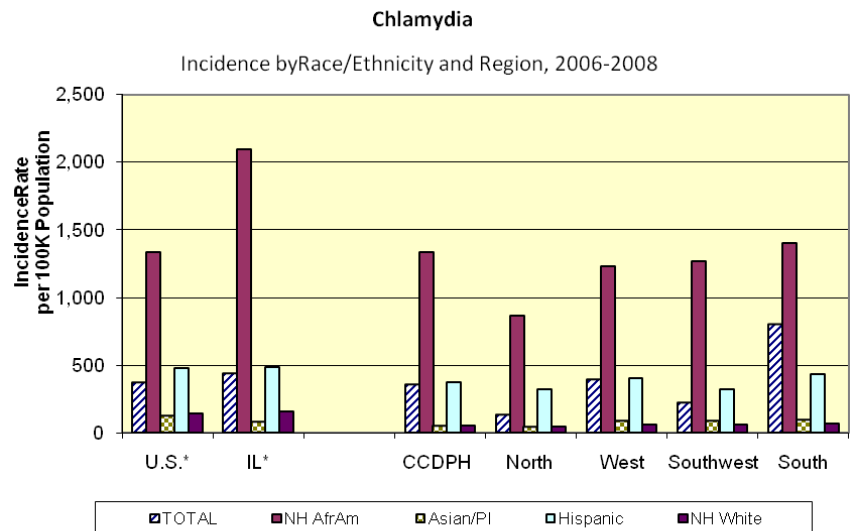
In most age groups, chlamydia rates were higher between 2006-2008 than 2000-2002. In persons aged 15-19 years, the chlamydia rate increased 56% from 1,168.1 per 100,000 population during 2000-2002 to 1,825.9 per 100,000 population during 2006-2008.

Between 2006-2008, the highest chlamydia rate was in persons aged 20-24 years (2,161.8 per 100,000 population), and the second highest rate was in persons 15-19 years of age (1,825.9 per 100,000 population).

**Figure 3**

**2006-2008****By Race/Ethnicity and Region**

For years 2006-2008, disparity in rates by race/ethnicity was similar in the U.S., Illinois and each CCDPH district. Chlamydia rates were highest in African Americans. In the CCDPH jurisdiction, rates in African Americans ranged from a low of 865.6 per 100,000 population in the North district to 1,403.6 per 100,000 population in the South district.

**Figure 4****By Gender and Region**

In CCDPH's jurisdiction during 2006-2008, the chlamydia rate in females was 511.8 per 100,000 population, 2.8 times higher than the rate in males (185.1 per 100,000 population).

Females in the South district had the highest chlamydia rate (1,134.3 per 100,000 population).

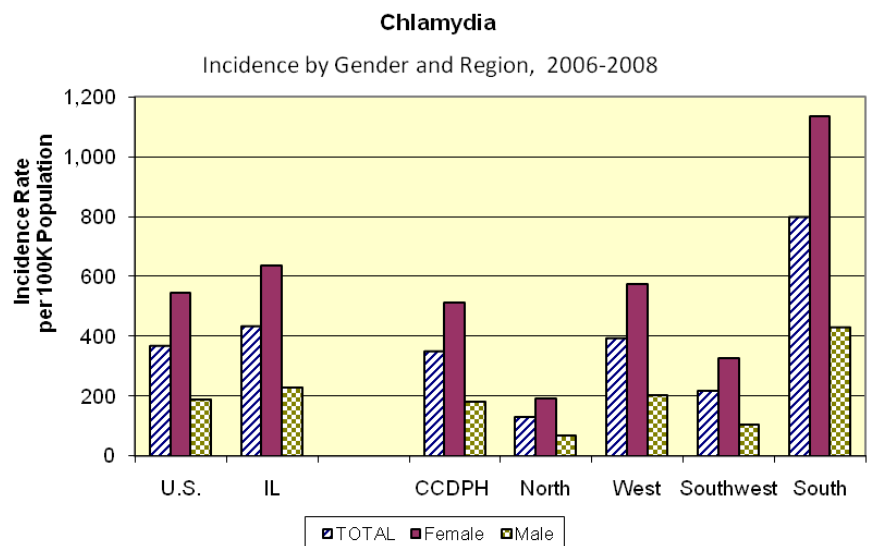
**Figure 5**

Table 1

**Chlamydia**  
Incidence by Region  
2000-2008

	2000		2001		2002		2003		2004		2005		2006		2007		2008	
	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*
U.S.	709,452	251.4	783,242	274.5	834,555	289.4	877,478	301.7	929,462	316.5	976,445	329.4	1,033,911	344.3	1,108,374	387.5	1,210,523	401.3
IL	40,350	324.3	43,716	349.2	48,101	381.7	48,294	381.7	47,185	371.1	50,559	396.1	53,586	417.6	55,470	431.6	59,169	460.4
CCDPH	4,478	198.7	4,975	220.8	5,714	253.6	5,811	257.9	5,695	252.8	6,585	292.3	7,574	336.1	8,110	359.9	8,219	364.8
North	569	62.2	560	61.2	745	81.5	804	87.9	753	82.4	876	95.8	1,126	123.2	1,235	135.1	1,302	142.4
West	1,028	202.2	1,060	208.5	1,257	247.3	1,302	256.1	1,217	239.4	1,524	299.8	1,866	367.1	2,049	403.1	2,124	417.8
South	418	118.4	373	105.7	520	147.3	518	146.8	602	170.6	600	170.0	770	218.2	772	218.8	793	224.7
South	1,955	409.3	2,121	444.1	2,722	569.9	2,735	572.7	2,902	607.6	3,254	681.3	3,599	753.6	3,904	817.4	3,979	833.1

\* Rates based on 2000 Census population for CCDPH; for U.S. and Illinois, rates based on CDC Wonder online database.



Table 2

**Chlamydia**

Incidence Trends, CCDPH By Race/Ethnicity, Gender, & Age Groups  
2000-2002, 2006-2008

CCDPH				
	2000-2002		2006-2008	
	n	rate*	n	rate*
<b>Total</b>	15,167	224.4	23,903	353.6
<b>Race/Ethnicity</b>				
<i>NH AfrAm</i>	6,785	733.2	12,340	1,333.5
<i>Asian/PI</i>	101	29.0	185	53.2
<i>Hispanic</i>	1,701	187.7	3,399	375.1
<i>NH White</i>	1,746	38.2	2,473	54.1
<b>Gender</b>				
<i>Female</i>	11,109	318.6	17,845	511.8
<i>Male</i>	4,053	123.8	6,058	185.1
<b>Age Groups (Years)</b>				
<15	230	15.7	228	15.5
15-19	5,258	1,168.1	8,219	1,825.9
20-24	5,474	1,400.9	8,447	2,161.8
25-29	2,233	507.2	4,026	914.4
30-39	1,462	144.7	2,330	230.6
40-49	325	30.9	492	46.8
50+	185	9.5	161	8.3

Note: NH = non-Hispanic; PI = Pacific Islander.

\* Rates based on 2000 census population for CCDPH.

Table 3

**Chlamydia**  
Incidence by Race/Ethnicity & Gender by Region  
2006-2008

	U.S.		IL		CCDPH		North		West		Southwest		South	
	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*	n	rate*
<b>TOTAL</b>	3,349,808	371.1	168,225	436.5	23,903	353.6	3,663	133.5	6,039	396.0	2,335	220.5	11,482	801.4
<b>Race/Ethnicity†</b>														
NH African	1,137,228	1,332.7	90,576	2,096.5	12,340	1,333.5	477	865.6	2,279	1,229.5	925	1,270.3	8,591	1,403.6
Asian/Pi	43,213	126.3	1,110	81.6	185	53.2	123	44.3	29	85.3	18	90.5	15	93.3
Hispanic	462,232	479.6	19,488	486.0	3,399	375.1	893	319.9	1,743	403.7	295	321.8	448	432.1
NH White	705,746	141.8	31,973	153.4	2,473	54.1	990	46.5	505	57.9	522	59.8	453	64.8
<b>Gender</b>														
Female	2,494,452	544.9	124,550	637.0	17,845	511.8	2,724	194.3	4,495	575.3	1,794	326.1	8,541	1,134.3
Male	846,746	190.4	43,669	230.0	6,058	185.1	939	70.0	1,544	207.6	541	106.4	2,941	432.6

Note: NH = non-Hispanic; PI = Pacific Islander.

\* Rates based on 2000 census population for all regions except U.S.; U.S. rates from CDC Wonder online database.

† Excludes persons <15 years of age for US and IL totals and rates.

---

<sup>i</sup> STD Facts – Chlamydia. Available at <http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm> (last accessed 3/25/2011).



## Tuberculosis

### What is it?

Tuberculosis (TB) is an infection caused by the bacterium *Mycobacterium tuberculosis*, which spreads from person to person when a contagious individual sneezes, coughs, or speaks and the TB germs are inhaled by others.<sup>i</sup> Tuberculosis usually infects the lungs but can infect any part of the body, including the kidney, brain or spine.<sup>i</sup> Close contacts of TB cases, such as household members, coworkers or others who spend considerable time together, can become infected.<sup>i</sup>

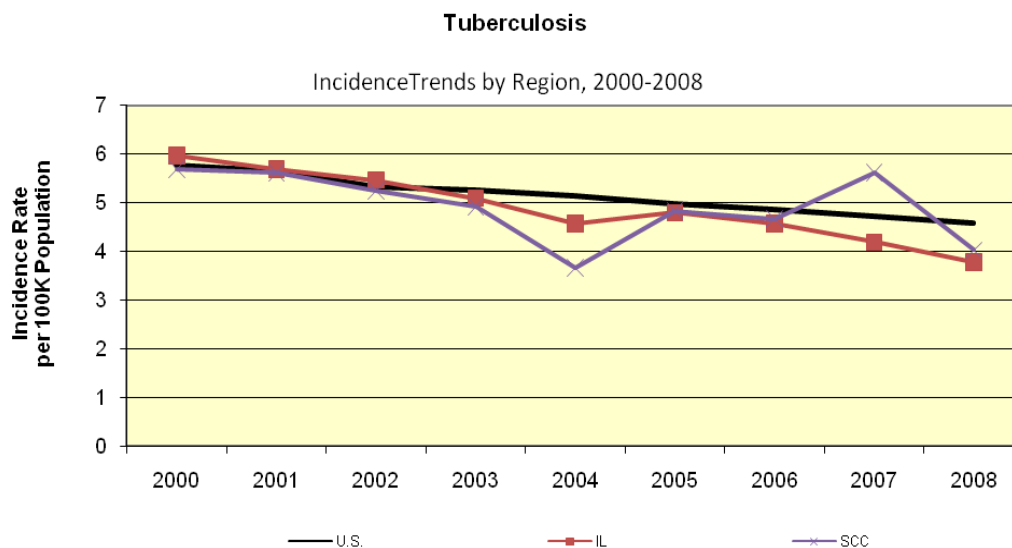
### Why is it important?

Approximately 2 billion persons worldwide may be infected with the non-contagious form of TB, latent TB infection<sup>ii</sup>; of these, about 10% will go on to develop active TB, which is contagious and potentially deadly.<sup>iii</sup> If untreated, a single TB case may infect as many as 10 other people.<sup>ii</sup> TB is also an indicator disease in persons with HIV, and persons with HIV and latent TB infection are much more likely to develop active TB.<sup>iii</sup>

### 2000-2008

Overall, TB rates in the U.S. declined at a rate of about 0.2 cases per 100,000 population per year between 2000 and 2008. The 2008 TB rate in the U.S. was 4.6 cases per 100,000 population. Though there has been some fluctuation, overall, the trend in Suburban Cook County (SCC) was downward; the 2008 TB rate in SCC was 4.6 cases per 100,000 population, somewhat lower than the 2008 TB rate in the U.S.

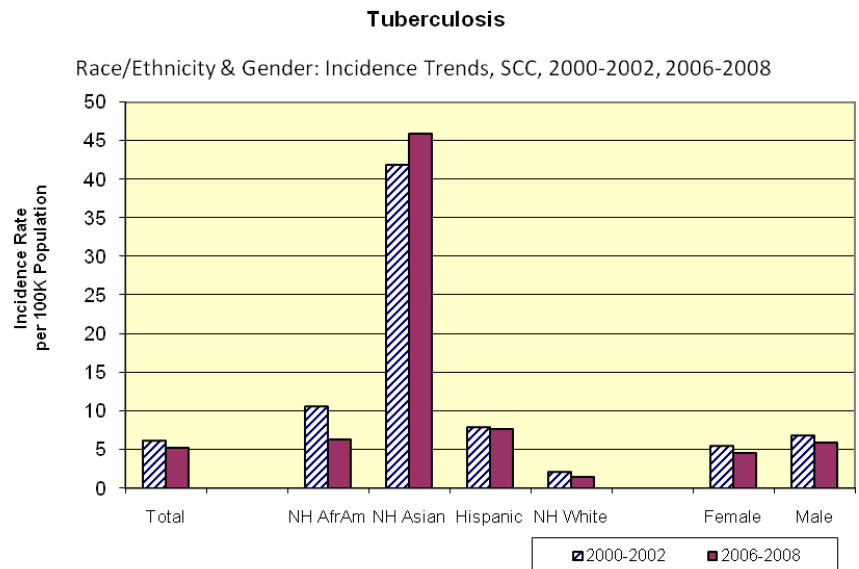
Figure 1



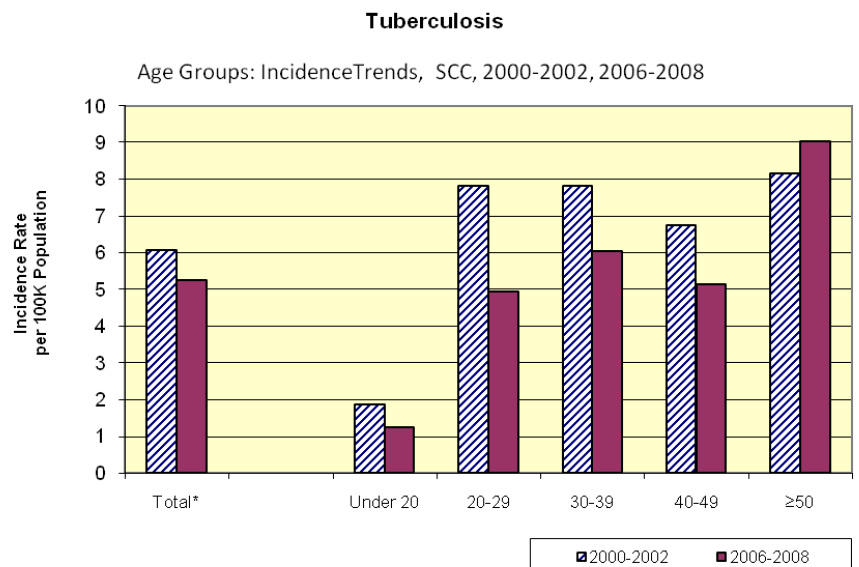
**2000-2002 vs. 2006-2008****By Race and Gender**

Overall, the TB rate decreased 13% from 6.1 per 100,000 between 2000-2002 to 5.3 per 100,000 population between 2006-2008.

Asian/Pacific Islanders in SCC were disproportionately affected by TB relative to other race/ethnicity groups. The rate in Asian/Pacific islanders was 46.0 per 100,000 population, 6 times higher than the rate in Hispanics (7.7 per 100,000.), 7 times higher than the rate in African Americans (6.4 per 100,000 population) and 31 times higher than the rate in Whites (1.5 per 100,000).

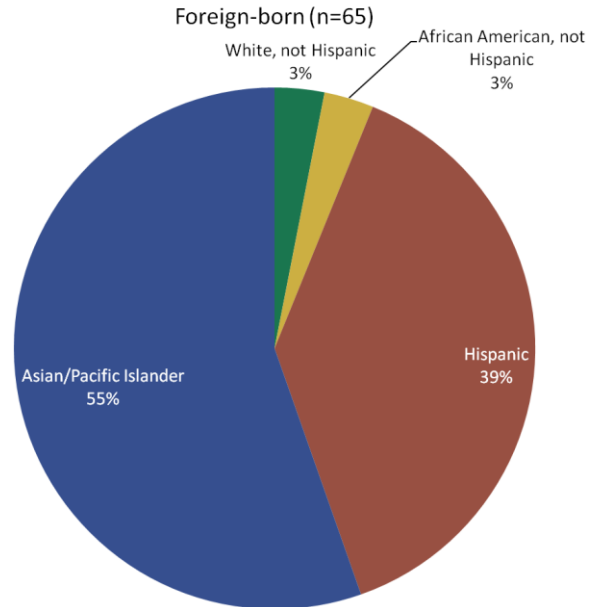
**Figure 2****2000-2002 vs. 2006-2008****By Age Groups**

There was a decrease in TB rates from 2000-2002 and 2006-2008 in all age groups except for persons aged 50 and over. Between 2006-2008, the TB rate in those aged 50 years and over was 9.0 per 100,000 population, which was approximately 10% higher than the TB rate between 2000-2002.

**Figure 3**

**Foreign born****Figure 4**

There are important race/ethnicity differences in the distribution of cases by birthplace. Among those born overseas, 55% of TB cases were among Asian/Pacific Islanders and 39% were among Hispanics in 2010.

**Domestic**

Among cases born in the U.S., only 4% were Asian/Pacific Islander, with much larger proportions of White and African American (43% and 32%, respectively) relative to those born overseas (3% each, White and African American).

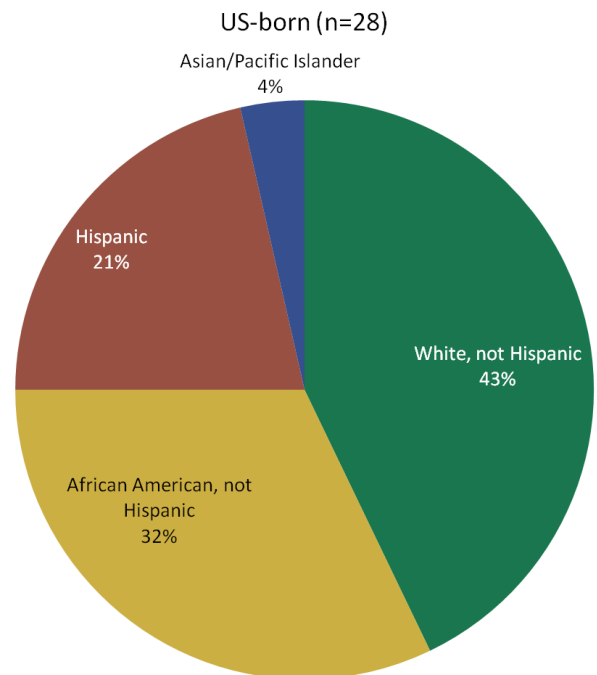
**Figure 5**

Table 1

**Tuberculosis  
Incidence by Region  
2000-2008**

	2000		2001		2002		2003		2004		2005		2006		2007		2008	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.	16,310	5.8	15,945	5.6	15,056	5.3	14,836	5.3	14,500	5.1	14,067	5.0	13,727	4.9	13,288	4.7	12,904	4.6
IL	743	6.0	707	5.7	680	5.5	633	5.1	569	4.6	596	4.8	569	4.6	521	4.2	469	3.8
SCC	141	5.7	139	5.6	130	5.2	122	4.9	91	3.7	120	4.8	116	4.7	139	5.6	100	4.0

Rates based on 2000 Census Population for SCC

Table 2

**Tuberculosis**

Incidence Trends, SCC By Race/Ethnicity, Gender, & Age Groups  
2000-2002, 2006-2008

CCDPH				
	2000-2002		2006-2008	
	n	rate	n	rate
<b>Total</b>	410	6.1	356	5.3
<b>Race</b>				
<i>NH AfrAm</i>	97	10.5	59	6.4
<i>NH Asian</i>	146	42.0	160	46.0
<i>Hispanic</i>	71	7.8	70	7.7
<i>NH White</i>	93	2.0	67	1.5
<b>Gender</b>				
<i>Female</i>	189	5.4	161	4.6
<i>Male</i>	221	6.8	195	6.0
<b>Age Groups</b>				
<i>Under 20</i>	36	1.9	24	1.3
<i>20-29</i>	65	7.8	41	4.9
<i>30-39</i>	79	7.8	61	6.0
<i>40-49</i>	71	6.7	54	5.1
<i>≥50</i>	159	8.2	176	9.0

\*Unspecified estimate (N<5)

~Rate not calculated(N<5)

Rates based on 2000 Census Population for SCC



---

<sup>i</sup> CDC. Basic TB Facts. Available at: <http://www.cdc.gov/tb/topic/basics/default.htm> (last accessed 3/30/2011).

<sup>ii</sup> WHO. TB fact sheet #104. Available at: <http://www.who.int/mediacentre/factsheets/fs104/en/index.html> (last accessed 3/30/2011).

<sup>iii</sup> CDC. TB Fact Sheets – latent TB Infections vs. TB Disease. Available at; <http://www.cdc.gov/tb/publications/factsheets/general/LTBAndActiveTB.htm> (last accessed 3/30/2011).



## What is it?

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). HIV attacks white blood cells in the immune system (T cells and CD4 cells) and gradually destroys the body's ability to fight infections. When an individual with HIV develops certain infections, like tuberculosis or *Mycobacterium avium* complex (MAC), or certain cancers (e.g., Kaposi's sarcoma) or whose CD4 cells drop below 200 (or CD4% drops below 14%), the person is considered to have progressed to AIDS.<sup>i</sup>

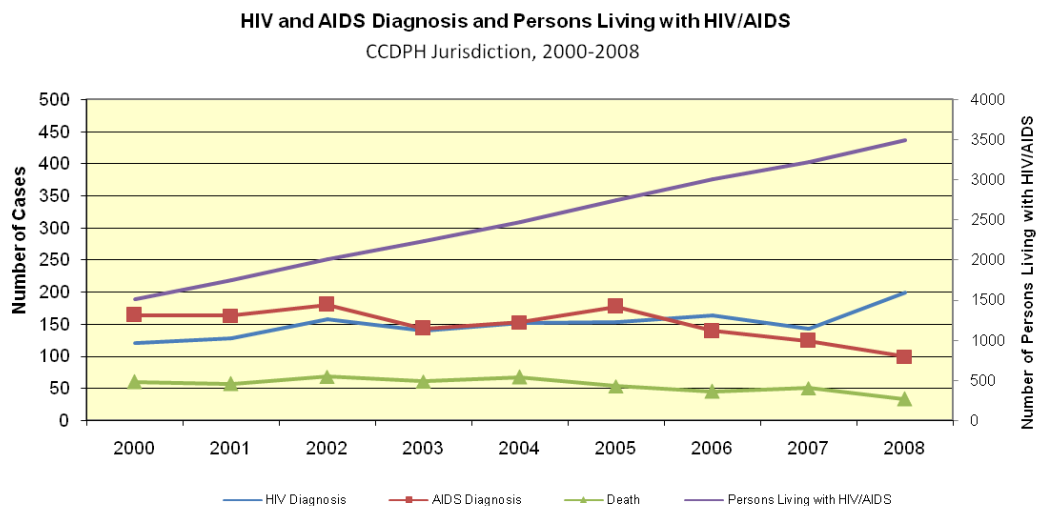
## Why is it important?

There is no cure for HIV/AIDS. HIV can spread even when people do not appear sick and does not exert its effects for years after infection. Since 1981, the year HIV/AIDS was first described, more than 20 million people have died from HIV/AIDS worldwide and up to 40 million may be living with HIV/AIDS.<sup>i</sup> In the United States, the CDC estimates that 21% of persons with HIV infection do not realize they are infected.<sup>ii</sup>

## 2000-2008

Though AIDS diagnoses and HIV/AIDS deaths decreased in the Cook County Department of Public Health's (CCDPH's) jurisdiction since 2005, the number of persons living with HIV/AIDS (PLWHA) continued to increase each year. Every year from 2000 through 2008, nearly 300 additional persons were living with HIV/AIDS in Suburban Cook County (SCC), increasing from 1,510 PLWHA in 2000 to 3,488 PLWHA in 2008.

Figure 1

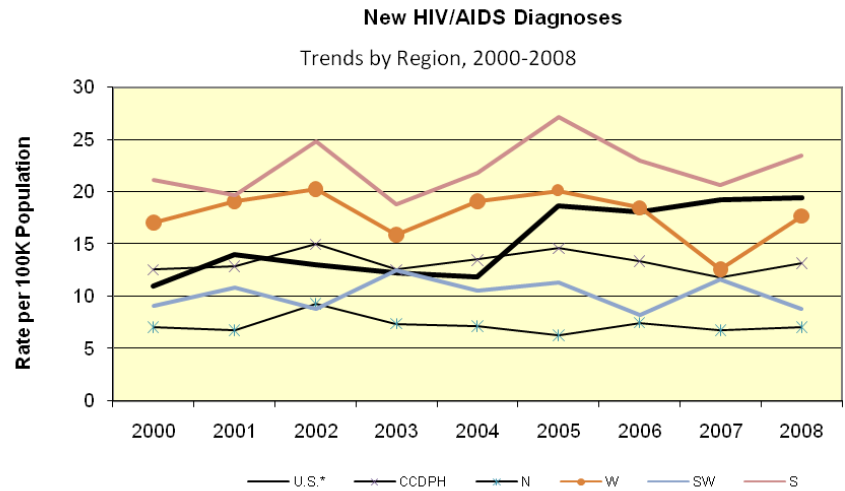


## Trends in New HIV/AIDS Diagnoses

2000-2008

Figure 2

Rates of new HIV/AIDS diagnoses were higher in the South and West districts of CCDPH's jurisdiction relative to CCDPH's overall rate and the national rate. The average rate of new HIV/AIDS diagnosis between 2000-2008 in the South district was 22.3 per 100,000 population, 67% higher than the average CCDPH rate (13.3 per 100,000 population) over the same period. Rates were lowest in the North district, averaging 7.3 per 100,000 population, about three times lower than the average rate in the South district.



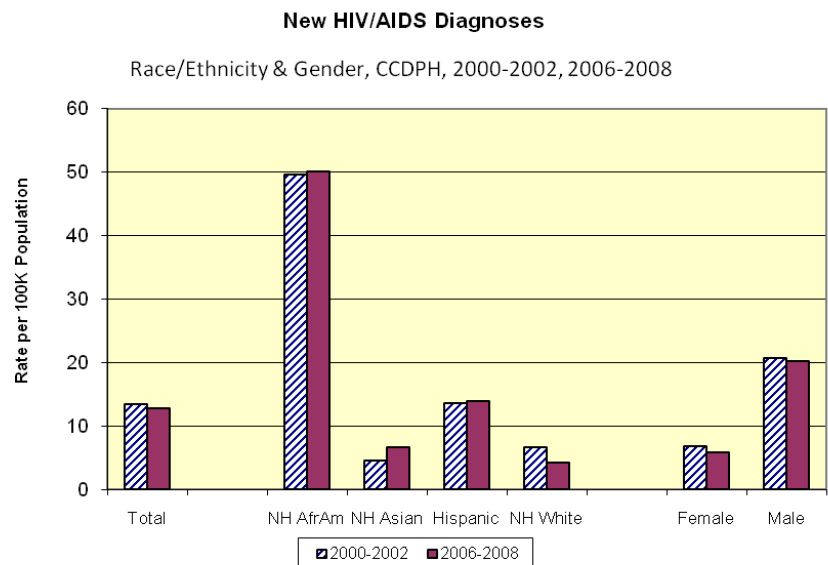
## 2000-2002 vs. 2006-2008

By Race and Gender

Figure 3

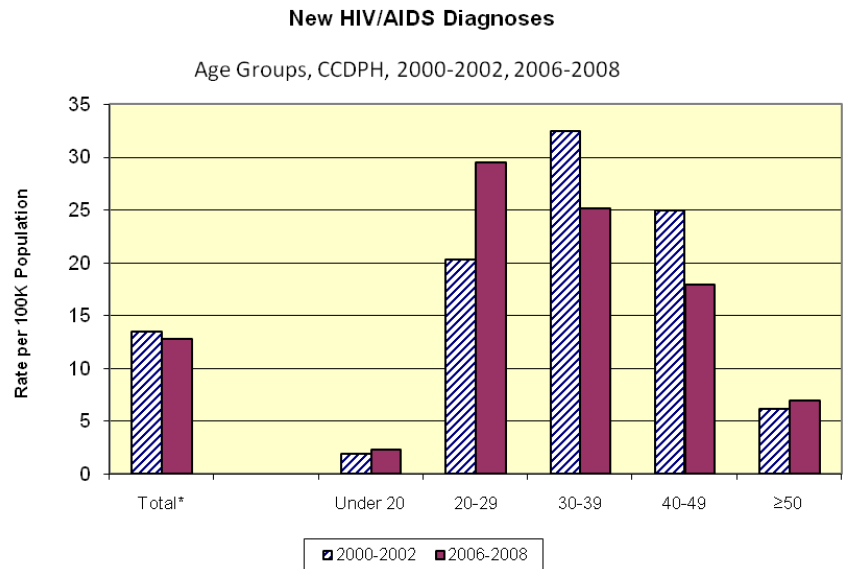
Overall, the rate of new HIV/AIDS diagnosis decreased slightly from 13.5 per 100,000 population between 2000-2002 to 12.8 per 100,000 population between 2006-2008.

Between 2006-2008 in CCDPH's jurisdiction, the rate of new HIV/AIDS diagnoses was highest in non-Hispanic African Americans (50.1 per 100,000 population), 3.6 times higher than the rate of new HIV diagnosis in Hispanics (13.9 per 100,000 population), and 12 times higher than the rate of new HIV/AIDS diagnosis in non-Hispanic Whites (4.2 per 100,000 population).



**2000-2002 vs. 2006-2008****By Age Groups**

The rate of new HIV/AIDS diagnosis increased among those aged 20-29 years, from 20.3 per 100,000 population between 2000-2002 to 29.5 per 100,000 population between 2006-2008. However, the rate of new HIV/AIDS diagnosis among persons aged 30-39 decreased, from 32.4 per 100,000 population between 2000-2002 to 25.1 per 100,000 population between 2006-2008. Together, these data indicate that the average age at which persons received a new HIV/AIDS diagnosis decreased between the two periods.

**Figure 4**

## Reported HIV Infection by Risk Behavior 2000-2008

**Figure 5**

The number of new HIV/AIDS diagnoses has fluctuated over time, but may be decreasing in suburban Cook County. On average, 300 new HIV/AIDS cases are diagnosed each year. Of these, just over half are in men who have sex with men and 27% are a result of high risk heterosexual contact. The number of new HIV/AIDS diagnoses resulting from injection drug use decreased from 55 in 2000 to 38 in 2008.

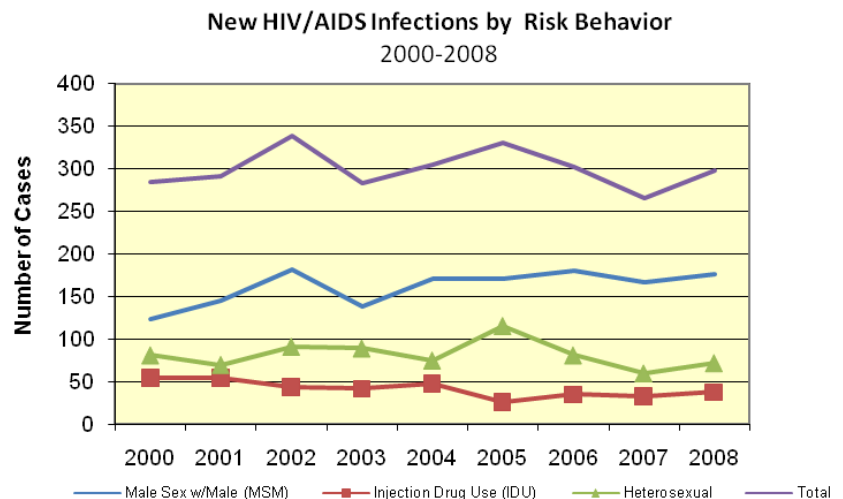


Table 1

**HIV and AIDS Diagnosis and Persons Living with HIV/AIDS**  
**Count by Year, CCDPH Jurisdiction**  
**2000-2008**

	2000	2001	2002	2003	2004	2005	2006	2007	2008
HIV Diagnosis	121	130	160	142	152	155	168	143	205
AIDS Diagnosis	162	161	176	142	151	174	132	119	87
Death	60	57	68	61	67	52	45	49	31
Persons Living with HIV/AIDS	1507	1741	2009	2232	2468	2745	3000	3213	3474

Table 2

**New HIV Diagnoses  
Incidence by Region  
2000-2008**

	2000		2001		2002		2003		2004		2005		2006		2007		2008	
	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate	n	rate
U.S.	31,161	11.0	40,007	14.0	37,529	13.0	35,678	12.3	35,053	11.9	38,286	18.6	37,536	18.0	40,478	19.2	41,269	19.4
CCDPH	285	12.6	291	12.9	338	15.0	283	12.6	304	13.5	330	14.6	302	13.4	266	11.8	298	13.2
North	65	7.1	62	6.8	85	9.3	68	7.4	66	7.2	58	6.3	69	7.5	62	6.8	65	7.1
West	87	17.1	97	19.1	103	20.3	81	15.9	97	19.1	102	20.1	94	18.5	64	12.6	90	17.7
Swest	32	9.1	38	10.8	31	8.8	44	12.5	37	10.5	40	11.3	29	8.2	41	11.6	31	8.8
South	101	21.1	94	19.7	119	24.9	90	18.8	104	21.8	130	27.2	110	23.0	99	20.7	112	23.5

Table 3

**New HIV Diagnoses**

Trends, CCDPH By Race/Ethnicity, Gender, & Age Groups  
2000-2002, 2006-2008

CCDPH				
	2000-2002		2006-2008	
<b>Total</b>	914	13.5	866	12.8
<b>Race</b>				
<i>NH AfrAm</i>	460	49.7	464	50.1
<i>NH Asian</i>	16	4.6	23	6.6
<i>Hispanic</i>	123	13.6	126	13.9
<i>NH White</i>	303	6.6	192	4.2
<b>Gender</b>				
<i>Female</i>	238	6.8	204	5.9
<i>Male</i>	676	20.7	662	20.2
<b>Age Groups</b>				
<i>Under 20</i>	37	1.9	45	2.3
<i>20-29</i>	169	20.3	245	29.5
<i>30-39</i>	327	32.4	254	25.1
<i>40-49</i>	262	24.9	188	17.9
<i>≥50</i>	119	6.1	134	6.9

Note: NH=non-Hispanic; PI = Pacific Islander.

Rates based on 2000 Census Population for CCDPH.

Table 4

**Reported HIV Infection by Risk Behavior**  
**Count by Year, CCDPH Jurisdiction**  
**2000-2008**

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Male Sex w/Male (MSM)	124	145	182	139	171	171	180	167	177
Infection Drug Use (IDU)	55	55	44	42	48	26	35	33	38
Heterosexual	81	70	91	89	75	115	81	60	72
Total	285	291	338	283	304	330	302	266	298



---

<sup>i</sup> CDC. Revised Surveillance Case Definitions for HIV Infection Among Adults, Adolescents, and Children Aged <18 Months and for HIV Infection and AIDS Among Children Aged 18 Months to <13 Years --- United States, 2008. MMWR. 57(RR10):1-8, 2008.

<sup>ii</sup> CDC. HIV Testing. Available at: <http://www.cdc.gov/hiv/topics/testing/index.htm> Accessed March 2011.



# Healthcare Access & Utilization



## Health Care Access and Utilization

### What is it?

Preventable hospitalizations rates are a fundamental indicator to measure health care access and utilization. Thus, higher rates of "preventable hospitalizations" identify areas where potential improvements can be made in the quality of the U.S. health care system. Receiving primary care promptly for chronic disease symptoms and/or conditions, hospitalization often can be avoided. Thus, potentially preventable hospitalizations are hospitalizations that could have been prevented through better access to and utilization of primary care. Communities with poorer access to coordinated primary care tend to have higher rates of potentially preventable hospitalizations.<sup>i</sup>

### Why is it important:

As the population in SCC ages, the number of people in Suburban Cook County (SCC) living with a chronic disease is increasing as well as the costs to treat these diseases. According to the Agency for Healthcare Research, "Improving the quality and effectiveness of outpatient services and disease management may reduce the demand placed on the system by reducing potentially preventable hospitalizations".<sup>ii</sup>

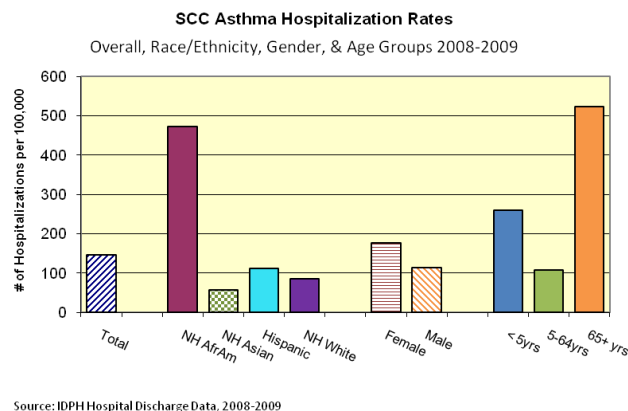
### Asthma

From 2008 to 2009 there were 7,258 hospitalizations due to asthma in SCC, resulting in a hospitalization rate of 146.2/10,000. Although African Americans (AA) comprised approximately 14% of the SCC population, 44% of asthma hospitalizations were among AAs. The asthma hospitalization rate for AAs (472.1/100,000) was more than 5 times the rate of Whites (86.1/100,000). The hospitalization rate for Hispanics was 111.9/100,000 and for Asians it was 56.7/100,000.

The asthma hospitalization rate for females (176.0/100,000) was 54% higher than the rate for males (114.5/100,000).

The asthma hospitalization rate among the age group <5yrs (259.1/100,000) was close to the Healthy People (HP) 2010 goal of 250/100,000. The rate for the 5-64 yrs age group (108.7/100,000) was over the HP goal of 77/100,000. The asthma hospitalization rate among the 65+ age group (523.3/100,000) was more than 4 times the rate of the HP goal of 110/100,000.

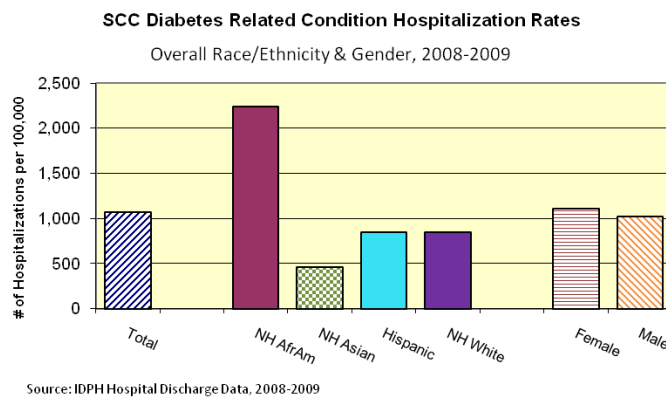
Figure 1



## Diabetes related

From 2008 to 2009 there were 52,924 diabetes related hospitalizations in SCC, resulting in a hospitalization rate of 1,066.4/100,000. The diabetes related hospitalization rate for African Americans (2,243.7/100,000) was 2.6 times higher than the rate among Whites (846.6/100,000). The Hispanic diabetes related hospitalization rate (845.7/100,000) was similar to that of Whites. Asians had the lowest diabetes related hospitalization rate (462.4/100,000).

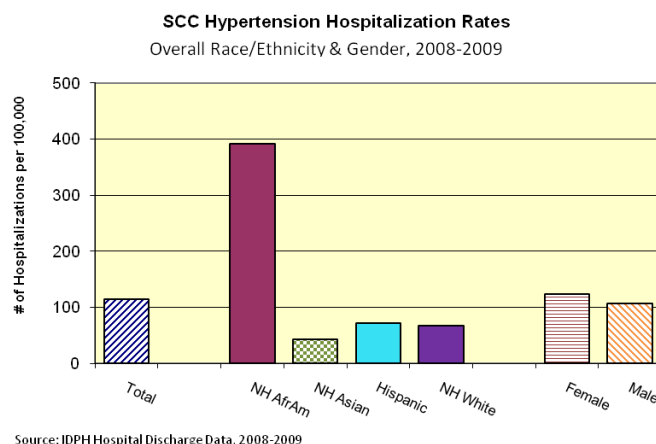
Figure 2



## Uncontrolled Hypertension

From 2008 to 2009 there were 5,712 hospitalizations due to uncontrolled hypertension in SCC, resulting in a hospitalization rate of 115.1/100,000. Although African Americans (AA) comprised approximately 14% of the SCC population, 47% of uncontrolled hypertension hospitalizations were among AAs. The hospitalization rate for AAs (392.3/100,000) was almost 6 times the rate of Whites (67.3/100,000). The hospitalization rate for Hispanics was 72.7/100,000 and for Asians it was 42.9/100,000.

Figure 3



**Table 1****SCC Asthma Hospitalization Rates**

Overall Race/Ethnicity, Gender &amp; Age Groups, 2008-2009

SCC 2008-2009		
	n	rate
<b>Total</b>	7,258	146.2
<b>Race</b>		
<i>NH AfrAm</i>	3,212	472.1
<i>NH Asian</i>	156	56.7
<i>Hispanic</i>	711	111.9
<i>NH White</i>	2,900	86.1
<b>Gender</b>		
<i>Female</i>	4,513	176.0
<i>Male</i>	2,745	114.5
<b>Age Groups</b>		
<i>&lt; 5yrs</i>	877	259.1
<i>5-64yrs</i>	4,673	108.7
<i>65+ yrs</i>	1,708	523.3

^ICD-9 code: 493 – 493.9

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Hospital Discharge

**Table 2****SCC Diabetes Related Condition Hospitalization Rates**

Overall Race/Ethnicity &amp; Gender, 2008-2009

SCC 2008-2009		
	n	rate
<b>Total</b>	52,924	1,066.4
<b>Race</b>		
<i>NH AfrAm</i>	15,265	2,243.7
<i>NH Asian</i>	1,272	462.4
<i>Hispanic</i>	5,375	845.7
<i>NH White</i>	28,506	846.6
<b>Gender</b>		
<i>Female</i>	28,367	1,106.0
<i>Male</i>	24,555	1,023.9

^ICD-9 code: 250.1-250.9 (Primary diagnosis - Secondary Diagnosis 1-3)

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Hospital Discharge

Table 3

**SCC Hypertension Hospitalization Rates**  
Overall Race/Ethnicity & Gender, 2008-2009

SCC 2008-2009		
	n	rate
<b>Total</b>	5,712	115.1
<b>Race</b>		
<i>NH AfrAm</i>	2,669	392.3
<i>NH Asian</i>	118	42.9
<i>Hispanic</i>	462	72.7
<i>NH White</i>	2,266	67.3
<b>Gender</b>		
<i>Female</i>	3,161	123.2
<i>Male</i>	2,551	106.4

^ICD-9 code: 401-405.99

Rates based on 2000 Census Population for SCC; Age-adjusted rates based on U.S. Standard 2000 Population

Source: IDPH Hospital Discharge

---

<sup>i</sup> 1. Bindman AB, Grumbach K, Osmond D, et al. Preventable hospitalizations and access to health care. JAMA 1995;274:305--11.

<sup>ii</sup> Stranges E, Friedman B. Potentially preventable hospitalization rates declined for older adults, 2003-2007. HCUP. 2009; Statistical Brief #83.



# Summary



# CCDPH: Key Health Indicator Trend Summary by Race, Ethnicity and Gender (2000-2002 vs. 2005-2007)

Indicator			Race/Ethnicity				Gender		
			CCDPH	African American	Asian	Hispanic	White	Female	Male
Chronic Disease	All Cause	# deaths / population x 100,000 (age adjusted)	↑	↻	↓	↓	↑	↑	↻
	Coronary Heart Disease	# deaths / population x 100,000 (age adjusted)	↓	↻	↑	↔	↓	↓	↻
	Stroke	# deaths / population x 100,000 (age adjusted)	↓	↔	↑	↑	↓	↓	↻
	Diabetes (all cause)	# deaths / population x 100,000 (age adjusted)	↓	↻	↑	↑	↓	↓	↻
	Asthma	# deaths / population x 100,000 (age adjusted)	↓	↻	*	*	↓	↔	↓
	All Cancer	# deaths / population x 100,000 (age adjusted)	↓	↻	↑	↑	↓	↓	↻
	Lung Cancer	# deaths / population x 100,000 (age adjusted)	↓	↻	↑	↑	↓	↔	↻
	Colorectal Cancer	# deaths / population x 100,000 (age adjusted)	↓	↔	↑	↑	↓	↓	↻
	Breast Cancer (female)	# deaths / population x 100,000 (age adjusted)	↓	↻	*	↑	↓	X	X
	Prostate Cancer	# deaths / population x 100,000 (age adjusted)	↔	↻	*	*	↓	X	X
Maternal and Child Health	Birth Rate	# births / population x 1,000	↔	↔	↑	↻	↓	X	X
	Fertility Rate	# births / # females aged 15-44 yrs x 1,000	↔	↔	↑	↻	↓	X	X
	Teen Birth Rate	# births to females 15-19 yrs/# of females 15-19yrs x 1,000	↓	↓	↓	↻	↓	X	X
	Late or No Prenatal Care	% of births to mothers who received no or late PNC	↓	↻	↓	↓	↓	X	X
	Low Birth Weight	% of singleton births to infants weighing less than 2,500 grams	↔	↻	↓	↑	↔	X	X
	Infant Mortality	# of deaths of infants less than 1 year old / # of births x 1,000	↔	↔	↑	↓	↓	X	X

KEY:

- ↑ Trend is increasing, or getting worse
- ↓ Trend is decreasing, or getting better
- ↔ No change in trend, or staying the same

The following symbols notate health inequalities (i.e. groups with the largest gap compared to the CCDPH rate)

- ↻ Has the largest inequality and the gap is increasing
- ↻ Has the largest inequality and the gap is decreasing
- ↔ Has the largest inequality with no change in the gap

# CCDPH: Key Health Indicator Trend Summary by Race, Ethnicity and Gender (2000-2002 vs. 2005-2007)

Indicator			Race/Ethnicity					Gender	
			CCDPH	African American	Asian	Hispanic	White	Female	Male
Injury	Homicide	# deaths / population x 100,000 (age adjusted)	↔	⬆	*	⬇	⬇	⬇	↔
	Suicide	# deaths / population x 100,000 (age adjusted)	↔	↔	*	⬇	↔	⬆	⬇
	Firearm	# deaths / population x 100,000 (age adjusted)	⬇	⬆	*	⬇	⬇	↔	⬇
	Motor Vehicle	# deaths / population x 100,000 (age adjusted)	⬇	⬇	*	⬆	⬇	↔	⬇
	Unint Inj (non-mva)	# deaths / population x 100,000 (age adjusted)	⬆	⬆	*	⬆	⬆	↔	⬆
Communicable Disease^	Chlamydia	# of new reported cases / population x 100,000	⬆	⬆	⬆	⬆	⬆	⬆	⬆
	Gonorrhea	# of new reported cases / population x 100,000	↔	⬆	⬆	⬆	⬇	⬆	⬇
	Syphilis	# of new reported cases / population x 100,000	⬆	⬆	*	⬆	⬆	⬇	⬆
	HIV	# of new reported cases / population x 100,000	⬆	⬆	⬆	⬆	⬇	↔	⬆
	Tuberculosis	# of new reported cases / population x 100,000	⬇	X	X	X	X	X	X

note: \* n<20, number and rate not given

^communicable disease data for all regions, 2000-2002 vs. 2006-2008

^health inequity is measured by the gap between the group with highest rate and the overall CCDPH rate

x: not available/applicable



Indicator			Suburban Cook County Rate (2005-2007)																				
			Healthy People 2010	By Region								Race/Ethnicity								Gender			
				U.S. (2005-2006)		IL (2005-2006)		S.C.C. (2005-2007)		African American		Asian		Hispanic		White		Female		Male			
			#	rate	#	rate	#	rate	#	rate	#	rate	#	rate	#	rate	#	rate	#	rate			
Chronic Disease	All Cause	Mortality	x	7,271,896	791.9	308,815	798.6	62,521	788.2	7,955	1,365.5	1,143	733.0	2,182	771.6	50,804	733.2	33,297	664.5	29,219	976.0		
	Coronary Heart Disease	Mortality	166.0	1,322,438	143.1	55,732	143.2	11,605	145.6	1,285	249.8	195	148.1	253	120.4	9,794	138.4	5,769	110.2	5,835	199.5		
	Stroke	Mortality	48.0	430,772	46.6	18,730	48.0	3,622	45.2	441	87.1	82	62.9	114	52.9	2,968	41.0	2,247	42.8	1,375	48.6		
	Diabetes (all cause)	Mortality	x	464,652	75.5	17,827	69.7	4,951	62.5	745	135.9	135	96.4	230	102.1	3,803	54.4	2,498	50.8	2,453	81.0		
	Asthma	Mortality	x	11,313	1.2	557	1.4	108	1.4	43	5.7	*	~	*	~	60	0.9	72	1.6	36	1.1		
	All Cancer	Mortality	159.9	1,673,088	183.4	72,623	190.8	15,164	192.5	1,903	323.3	316	163.3	487	189.3	12,384	182.0	7,828	167.6	7,335	238.4		
	Lung Cancer	Mortality	44.9	475,829	52.4	20,088	53.3	4,014	51.1	499	83.7	73	41.1	82	37.5	3,333	49.1	1,940	41.9	2,074	65.3		
	Colorectal Cancer	Mortality	13.9	160,573	17.5	7,412	19.4	1,506	19.0	214	36.9	38	20.1	36	14.0	1,210	17.4	766	15.7	740	24.4		
	Breast Cancer (female)	Mortality	22.3	206,867	40.5	8,878	41.3	1,219	27.0	203	50.2	*	~	40	19.1	950	24.6	x	x	x	x		
	Prostate Cancer	Mortality	28.8	86,281	24.4	3,718	26.1	782	28.3	133	83.2	*	~	22	24.8	619	25.2	x	x	x	x		
Maternal and Child Health	Birth Rate			12,515,956	14.8	540,370	14.5	99,570	13.4	17,225	16.9	8,324	20.2	29,321	30.8	44,386	8.8	x	x	x	x		
	Fertility Rate			12,515,956	67.7	540,370	65.7	99,570	63.0	17,225	66.9	8,324	69.9	29,321	125.7	44,386	38.9	x	x	x	x		
	Teen Birth Rate			1,265,291	42.9	52,313	40.4	7,438	30.8	2,752	65.4	58	3.8	3,367	85.6	1,242	8.6	x	x	x	x		
	Late or No Prenatal Care			1,418,124	11.3	72,397	13.4	11,291	11.3	2,967	17.2	757	9.1	4,308	14.7	3,232	7.3	x	x	x	x		
	Low Birth Weight			773,727	6.4	34,100	6.6	5,863	5.9	1,842	10.7	529	6.4	1,527	5.2	1,945	4.4	x	x	x	x		
	Infant Mortality			84,903	6.8	3,986	7.4	699	7.0	260	15.1	36	4.3	170	5.8	213	4.8	x	x	x	x		
Injury	Homicide	3.0	54,054	6.1	2,602	6.7	433	6.0	263	25.5	*	~	73	6.1	85	1.7	77	2.1	356	9.9			
	Suicide	5.0	98,376	10.9	3,124	8.1	585	7.8	51	5.4	23	7.3	33	3.8	473	8.9	152	3.9	433	12.4			
	Firearm		91,159	10.1	3,049	7.9	513	7.1	240	23.0	*	~	62	5.5	199	3.7	53	1.4	460	13.0			
	Motor Vehicle		135,585	15.1	4,398	11.4	618	8.4	121	12.2	23	6.3	103	13.1	364	7.0	191	4.9	427	12.3			
	Unint Inj (excluding mva)		215,808	23.8	8,368	21.7	1,355	17.8	196	22.1	*	~	107	18.5	1,016	17.9	452	10.1	903	27.0			
Communicable Disease	Chlamydia																						
	Gonorrhea																						
	Syphilis																						
	HIV																						
	TB																						



## Data Notes



## Data Notes

### Race and Ethnicity

**African American:** The designation of African American includes Non-Hispanic Blacks and African Americans.

**Asian:** The designation of Asian includes Non-Hispanic Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, and other Pacific Islander Race and non Hispanic ethnicity.

**Hispanic:** The designation of Hispanic includes Mexican, Puerto Rican, Cuban and other Hispanic ethnicity and any race.

**White:** The designation of White includes Non-Hispanic Whites.

**Native American:** Due to small numbers the subpopulation of Native Americans and/or Alaska Native were excluded from analysis.

**Multiple races:** Currently there is currently no capacity to specify more than one race on a birth or death certificate.

### Methods

#### *Rates and Calculations*

**Birth Rate:** Number of births per 1,000 persons in a population.

**Fertility Rate:** Number of births per 1,000 women of childbearing age (15-44 years of age) in a population.

**Teen Birth Rate:** Number of births to teenagers 15-19 per 1,000 females 15-19.

**Infant mortality:** Number of deaths of infants less than one year per 1,000 live births.

**Mortality Rate:** Number of deaths per 100,000 persons in a population.

**Age Adjusted Rates:** Before applying the mortality rate for each age group, the population is weighted for the 2000 U.S. standard population.

**Years of Potential Life Lost:** The age of the decedent is subtracted from the endpoint age of 75.

**Leading cause of death:** Ranking of the number of total deaths.

#### *Small Numbers*

**Rates per 100,000:** Numbers smaller than 20 are not reported due to unstable rate estimates.

Rates per 1,000 and percentages: Numbers smaller than 5 are not reported due to unstable rate estimates.

## **Data Sources**

Mortality: Illinois Department of Public Health Death Pull File 2000-2007

Maternal and Child Health: Illinois Department of Public Health Birth Pull File 2000-2007

Population: U.S. Census Bureau, 2000 Census, 2010 Census and American Community Survey 2005-2009

Communicable Disease: CDC Wonder,

## **Data limitations**

Population:

Because the American Community Survey only estimated topics by town, unincorporated areas within the CCDPH Jurisdiction were excluded from analysis.

Mortality:

Some categories of cause of death may be not mutually exclusive. For example firearm related deaths may also fall under the category of homicide or suicide. There may also exist multiple causes of death such as Diabetes or Heart Disease.

Maternal and Child Health:

A note on infant mortality: Infant mortality can be calculated two ways. In general infant mortality is the number of deaths per 1,000 live births. Mortality rates by age also include deaths of infants under the age of 1 per 100,000 population.

## **Case Definitions**

*Mortality*

Chronic Disease:

Asthma: ICD-10 code: J45-J46

Breast Cancer: ICD-10 code: C00-C97

Cancer: ICD-10 code: C00-C97

Cerebrovascular Disease: ICD-10 code: I60-I69

Coronary Heart Disease: ICD-10 code: I20-I25

Colorectal Cancer: ICD-10 code: C18-C21

Diabetes: ICD-10 code: E10-E14 (any cause of death: underlying, 1st, 2nd, etc.)

Lung Cancer: ICD-10 code: C34

Prostate Cancer: ICD-10 code: C61, Males Only

### Violence and Injury

Firearm related: ICD-10 code: U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0

Homicide: ICD-10 code: X85-Y09, U01-U02, Y87.1

Motor Vehicle Accident: ICD-10 code: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81

Suicide: ICD-10 code: X60-X84, U03, Y87.0

Unintentional Injury (not motor vehicle accident): ICD-10 code: V01, V01.9, V05-V08.9, V09.1, V09.3-V11.9, V15-V18.9, V19.3, V19.7-V19.9, V80-V80.2, V80.6-V80.9, V81.2-V81.9, V82.2-V82.9, V87.9, V88.9, V89.1, V89.3-X59, Y85-Y86.9

### Maternal and Child Health

Low birth weight: Singleton birth to an infant weighing less than 5 pounds 8 ounces (2500 grams).

Inadequate prenatal care: Prenatal care began after 3<sup>rd</sup> month of pregnancy or no prenatal care received.

### Communicable Disease

Chlamydia:

Human Immunodeficiency Virus (HIV):

Gonorrhea:

Primary and Secondary Syphilis:

Tuberculosis:

### Healthcare Access

Uncontrolled Hypertension: ICD-9 Code: 401-405.99

Asthma: ICD-9 Code: 493 – 493.9

Diabetes Related Conditions: ICD-9 Code: 250.1-250.9 (Includes primary or secondary diagnosis)